Lobular breast cancer is harder to detect in screening than other types of breast cancer, such as invasive ductal cancer (IDC) and invasive ductal cancer with no special type (IDC/NST). Invasive lobular carcinoma (ILC), also known as lobular breast cancer, is the second most common histological type of breast cancer. It is currently treated like the most common IDC, and specific therapies are not usually needed.

ILC impacts more women than do cancers of the kidney, brain, pancreas, liver, or ovaries.

ILC is the second most common type of breast cancer, after IDC.

Lobular breast cancer is not a "rare" cancer. In most cases, they can identify lobular breast cancers as well as other types of breast cancers.

Invasive lobular cancer grows in a linear pattern through the breast without distorting the surrounding structures or forming a lump.

Lobular breast tumors do not usually recur any time after initial diagnosis, and are hard to feel in self exams.

Healthy VS. Cancer Cells

Invasive Ductal Carcinoma (IDC) Tumor Cells

Invasive Lobular Carcinoma (ILC) Tumor Cells

In 2021, the projected incidence of ILC was 10 times higher than in 2000, and is currently treated like the more common IDC. In large ILC tumors, the absence of the protein E-Cadherin that enables clumping can result in larger and later stage tumors when detected and diagnosed.

Similar to IDC, and in rarer cases, ILC can metastasize to the bones, lungs, and in rarer cases, leptomeninges (lining of the brain and spinal cord).

In 2022, 15% of breast cancer deaths were due to ILC, which is currently treated like the more common IDC.

ILC often recurs later than IDC, and studies show that ILC can metastasize to unusual places.