Invasive Lobular Carcinoma (ILC)

- >95% express E-Cadherin, a protein that holds cells together.
- Cells are single, spherical shapes.

Invasive Ductal Carcinoma (IDC)

- No expression of E-Cadherin.
- Tumors clump together in masses or "lumps".
- Cells have irregular shapes and sizes.

**Cellular Biology and Behaviors to Identify ILC**

- Laminin is the control center of the cell.
- DNA and RNA are contained in the nucleus.
- A gelatinous liquid fills the cell cytoplasm.
- The intracellular volume is reduced.

**Clinical Behavior and Molecular Features of ILC**

- ILC impacts more women than other cancers of the kidney, brain, pancreas, liver, or ovaries.
- Lobular breast tumors frequently recur many years after primary diagnosis.
- They can metastasize to unusual places such as the breast, swelling, and in rarer cases leptomeninges (lining of the brain and spinal cord).
- Symptoms such as dimpling, hardening of the breast, swelling, or pain.

**Screening**

- Since ILC is a slow-growing cancer, screening mammograms are still important as 15% of all breast cancers.
- The standard of care for early signs of ILC includes annual mammograms.

**Treatment**

- An individual's treatment plan for ILC depends on many factors, including the size and grade of the cancer, genetic factors, and the patient's overall health.
- Surgery, chemotherapy, and radiation are common treatments.

**Factsheet**

- Invasive Lobular Carcinoma (ILC) is currently treated like the standard treatment protocols for invasive ductal cancer (IDC).
- More research is needed to better understand ILC's biology and behaviors to identify ILC.
- Invasive Lobular Carcinoma (ILC) also has unique subtypes and variants.

**Projected Incidence**

- 2021 Projected Incidence from ACS Surveillance Research (Source: SEER data) [4]