

WHAT IS PATIENT ADVOCACY?



Patient Advocates: Individuals who seek to learn about lobular breast cancer to:

Help advance research

Research
Advocacy

Help educate others

Education
Advocacy

HELPFUL PUBLICATIONS

Click the link or scan the QR code to read the article



[Lobular Carcinoma of the Breast: A Comprehensive Review with Translational Insights.](#)



[Clinicopathological Features and Outcomes Comparing Patients With Invasive Ductal and Lobular Breast Cancer.](#)



[Invasive lobular carcinoma of the breast: the increasing importance of the special subtype.](#)

**Visit the LBCA
Publication
Library**



lobularbreastcancer.org/ilc-publications-library

This brochure was produced under the guidance of [LBCA's Scientific Advisory Board](#) and with the input of patient advocates.



INFORMATION ABOUT LOBULAR BREAST CANCER



We envision a world in which lobular breast cancer is found early, treated effectively, and eradicated permanently.

Want to become a patient advocate?

Visit LBCA's advocacy website pages.



[Research
Advocacy](#)



[Education
Advocacy](#)

Visit the LBCA website for more information, resources, and to learn about volunteering.

lobularbreastcancer.org

WHAT IS LOBULAR BREAST CANCER ?

Also known as invasive lobular carcinoma (ILC), it is the 2nd most common subtype of breast cancer after invasive ductal carcinoma (IDC).

About 15% of all breast cancers diagnosed in the U.S. each year are lobular.

- ILC is usually hormone receptor-positive (>90% of cases).
- Lobular tumors metastasize most commonly to the liver, lungs, and bones, but can also metastasize to uncommon sites such as the gastrointestinal tract, ovaries, or the lining of the brain (leptomeninges).
- Despite a generally good prognosis, some studies suggest an increased risk of late recurrence (after 5 years).
- More research is needed to understand relapse drivers and therapy resistance.

ILC DEMOGRAPHICS*

* Source: NCI SEER-22. 2016-2020.

Age/Gender

Most ILC diagnoses occur in women > age 60

Race/Ethnicity

73% of ILC diagnoses are non-Hispanic White

12% are Hispanic

9% are non-Hispanic Black

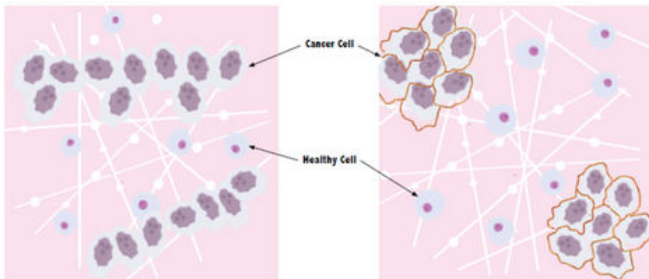
5% non-Hispanic Asian/

Pacific Islanders



UNDER THE MICROSCOPE

ILC Tumor Cells VS **IDC Tumor Cells**
Cells grow in single file formation Cells clump together in "lumps"



IMAGING AND TREATMENT

Imaging

Because it usually does not form lumps, invasive lobular carcinoma can be hard to feel and to see on imaging.

- ILC is often found larger when the tumor is already 2 cms, and involves the axillary lymph nodes (in the arm pit).
- There are not yet specific guidelines for best detecting initial, or screening for recurrent ILC tumors.

Treatment

Hormone therapy is recommended for both pre- and post menopausal patients with hormone receptor positive ILC.

- Aromatase inhibitors and tamoxifen are used most commonly.
- Chemotherapy may be beneficial for some patients with ILC, but there is ongoing research into when it is most effective for those with early stage hormone receptor positive disease.

Everyone is different. Discuss your imaging and treatment options with your care team.

WHAT IS THE LOBULAR BREAST CANCER ALLIANCE (LBCA)?

LBCA is a national nonprofit organization founded and guided by patients to address the lack of ILC information and research.

- LBCA is guided by an advisory board of international clinicians and researchers with ILC expertise.
- LBCA provides comprehensive information on ILC through documents and webinars.
- LBCA helps individuals and scientists work together on ILC advocacy and research.

LBCA RESOURCES

LBCA has resources to help you talk with your care team and more.

- Questions for My Doctor*
- ILC Fact Sheet*
- Frequently Asked Questions (FAQs)*
- Information on Metastatic ILC*
- ILC Stories
- Educational Videos
- Information on Open ILC Clinical Trials
- Breast Cancer Patient Support

**available in 15 languages*

Scan here

to visit the
LBCA Resources Page



lobularbreastcancer.org/resources