# INVASIVE LOBULAR CARCINOMA

This fact sheet provides a general overview of invasive lobular carcinoma (ILC). More information can be found on komen.org. If you have specific questions, talk with your doctor.

## Questions to ask your doctor:

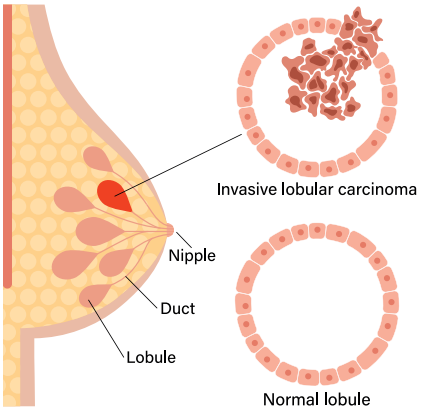
- What tests were done on my tumor? What are the hormone receptor status and HER2 status of my tumor?
- What is the stage of my breast cancer and what does that mean?
- Do you recommend I get genetic testing for inherited gene mutations? If so, how will the results impact my treatment plan?
- What are my treatment options?
- What is my prognosis with treatment?
- Is there a clinical trial you can suggest for me? If so, how can I learn more?
- What support is available to me and my loved ones?

## What is invasive lobular carcinoma?

Invasive lobular carcinoma (ILC) is breast cancer that begins in the lobules (sacs that produce milk). The cancer cells then grow and spread beyond the lobules.

With early breast cancer, the cancer hasn't spread beyond the breast tissue and nearby lymph nodes. However, as with all early breast cancers, ILC can metastasize (spread) to other parts of the body.

ILC tends to be slow-growing and may be more likely to appear in both breasts compared to other types of breast cancer.




## Who gets ILC?

We don't know what causes ILC, but it's the second most common type of invasive breast cancer after invasive ductal carcinoma (IDC), which is breast cancer that begins in the milk ducts. ILC accounts for about 5% to 10% of all invasive breast cancers. It occurs most often in women over age 50.

Risk factors for ILC may include a personal history of lobular carcinoma in situ (LCIS) and a family history of cancer, which may be due to an inherited gene mutation.

## Signs and symptoms

Breast cancer, including ILC, may be found when there are warning signs, such as a change in the size or shape of the breast or nipple discharge. See a doctor if you notice any changes in your breasts or underarm areas.

## Screening and detection

While most early breast cancers are found with a screening mammogram, ILC is harder to detect on a mammogram. The cancer cells in ILC tend to grow in a single file pattern in the breast without forming a mass, so it can be harder to find on a mammogram than IDC.

Imaging tests, such as a diagnostic mammogram, breast ultrasound or breast MRI, may be done to detect a breast change.

If these tests cannot rule out breast cancer, a biopsy will be done as it's the only test that can diagnose breast cancer.

## Treatment options for early ILC

Treatment for breast cancer is based on the stage (extent) of the cancer and the characteristics of the tumor. Breast cancer cells will be tested for hormone receptor status and HER2 status. ILC is often hormone receptor-positive, meaning the breast cancer cells need hormones (estrogen and/or progesterone) to grow. ILC is also often HER2-negative, meaning the breast cancer cells don't have a lot of HER2 protein (which can cause the cancer to grow) on their surface.

This fact sheet is intended to be a brief overview. For more information, visit komen.org or call Susan G. Komen's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Friday, 9 a.m. to 10 p.m. ET, or email at helpline@komen.org. Se habla español.

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## Resources

**Susan G. Komen®**
1-877 GO KOMEN
(1-877-465-6636)
komen.org

**Lobular Breast Cancer Alliance**
lobularbreastcancer.org

## Related online resources:

- Breast Biopsy
- Breast Cancer Screening and Follow-Up Tests
- Clinical Trials
- If you Find a Breast Lump or Change
- Metastatic Breast Cancer: Treatment Overview
- Support After a Breast Cancer Diagnosis
- Treatment Overview for Breast Cancer

Like other early invasive breast cancers, early ILC is usually treated with some combination of the following:

- Surgery: Used to remove cancer from the breast. Some lymph nodes in the underarm area may also be removed and checked for cancer. Surgery may be a lumpectomy or a mastectomy.
- Radiation therapy: Used to kill cancer cells in the breast and nearby lymph nodes with high-energy X-rays.
- Chemotherapy: Used to kill cancer cells anywhere in the body.
- Hormone therapies: Used to treat hormone receptor-positive ILC.
- HER2-targeted therapies: Used to treat HER2-positive ILC.
- CDK4/6 inhibitors: Used with hormone therapy to treat hormone receptor-positive ILC.
- PARP inhibitors: Used to treat HER2-negative ILC in people with a *BRCA1* or *BRCA2* inherited gene mutation.
- Immunotherapy: Used to treat some triple negative breast cancers (hormone receptor-negative and HER2-negative).

## Treatment options for metastatic ILC

Like other metastatic (stage 4) breast cancers, metastatic ILC is treated with drug therapies, including those outlined above.

## Prognosis (life expectancy)

Similar to other breast cancers, prognosis varies with the stage of the tumor. A scale of 0 to 4 is used. The earlier the stage, the better the prognosis tends to be. For any given stage, the prognosis for ILC and IDC is similar. ILC may be diagnosed in later stages.

## Recurrence and metastases

Sometimes, breast cancer recurs (comes back). ILC tends to recur later than IDC. This isn't related to ILC itself, but rather that ILC is more likely than IDC to be hormone receptor-positive.

Like all breast cancers, ILC can spread to other parts of the body, such as the bones, lungs, liver or brain. However, it may spread to different areas when compared to other breast cancers. For example, ILC may spread to the gastrointestinal tract or ovaries.

## Clinical trials

If you have breast cancer, we encourage you to join a clinical trial. Clinical trials offer people the chance to try new treatments and possibly benefit from them. Learning a new treatment is better than the standard of care may also help others in the future.

## Coping and support

A breast cancer diagnosis can be difficult for you and your loved ones. You're processing a lot of information and dealing with many emotions. You may feel overwhelmed, anxious, scared or angry. This is normal.

Emotional, social and practical support may improve your overall well-being. Take time to process the information you're given by your doctor and ask questions. Learn all you can in order to make decisions that are best for you.