



Clinicopathological Features and Outcomes of Invasive Lobular Breast Cancer

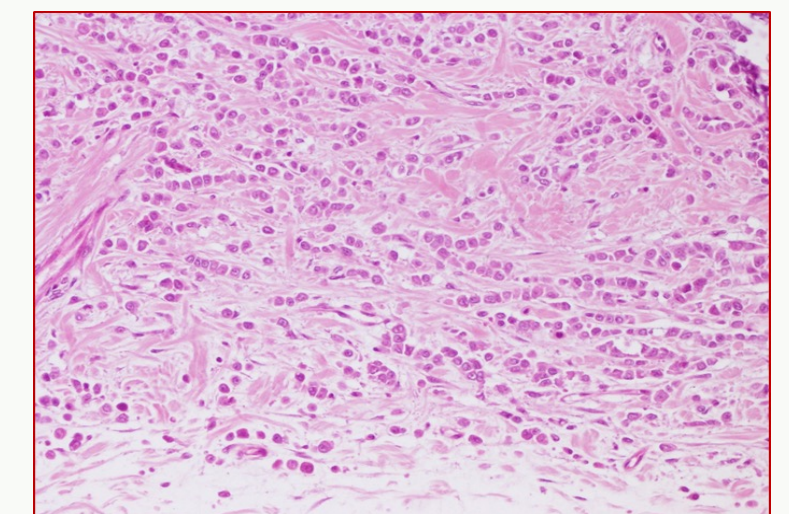
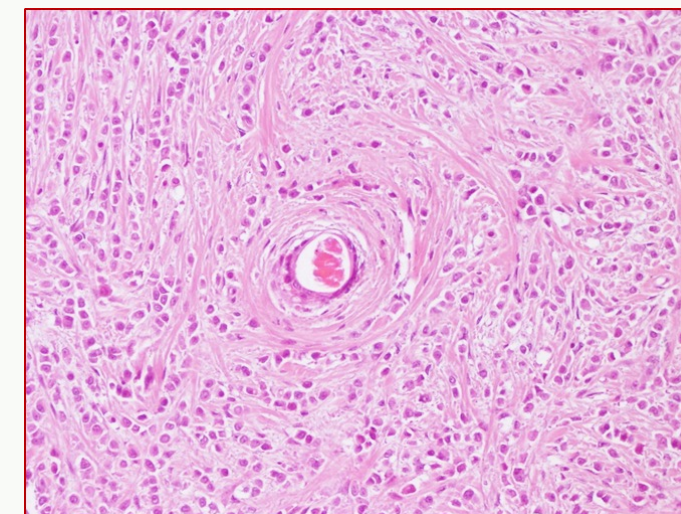
A 13-Year Experience from the Salah Azaiz Institute

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- ILC: a distinct histological entity with specific epidemiological, clinical, radiological, and pathological features; but management is similar to NS subtype
- ILC = 5-15% of invasive breast carcinoma ⁽¹⁾
- In the national Tunisian register = 3% ⁽²⁾

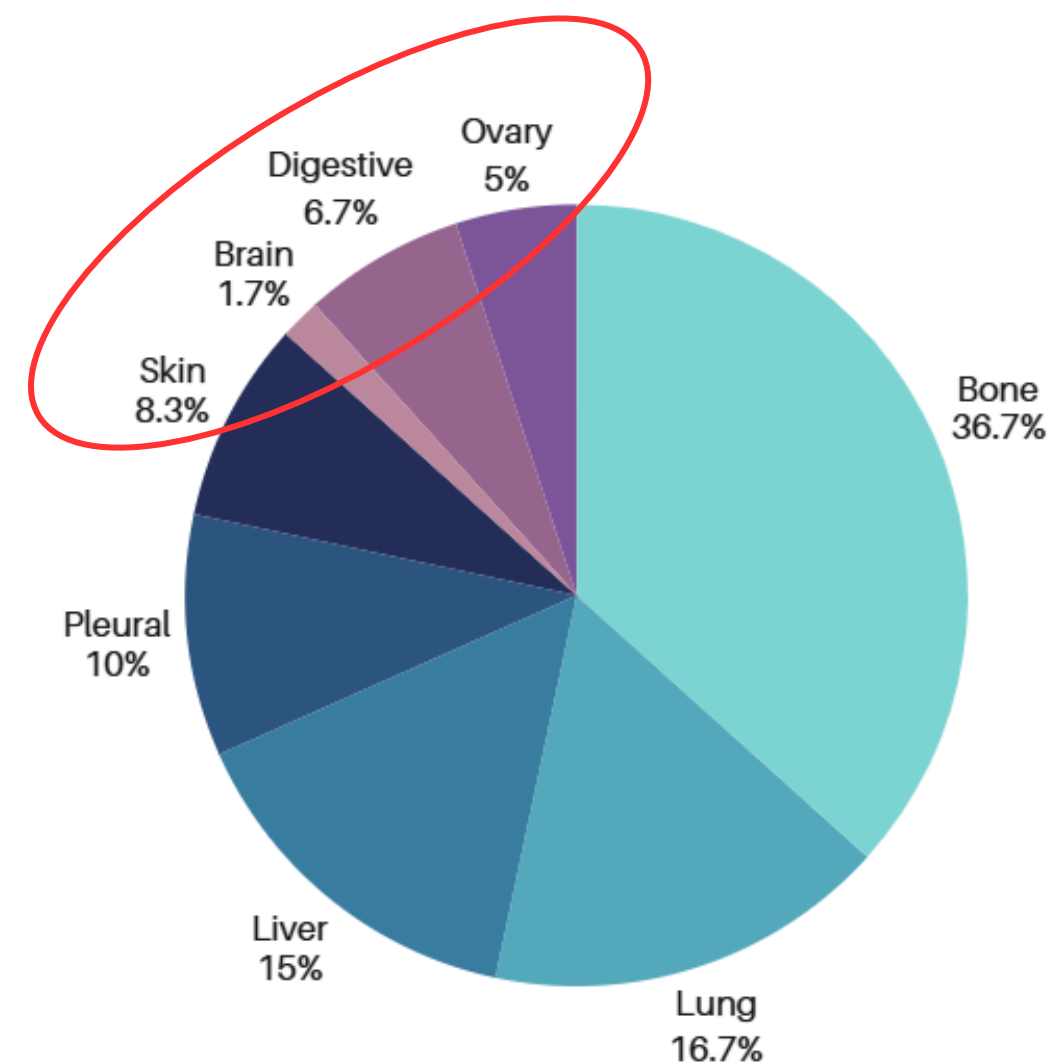


1: WHO classification of tumours of the breast. 4th edition 2012.

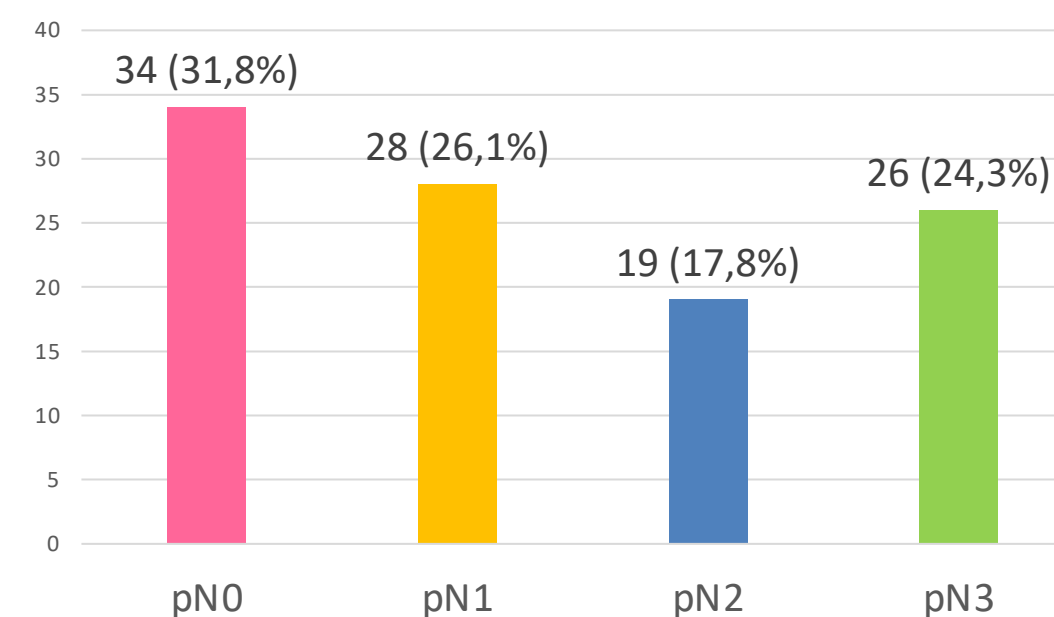
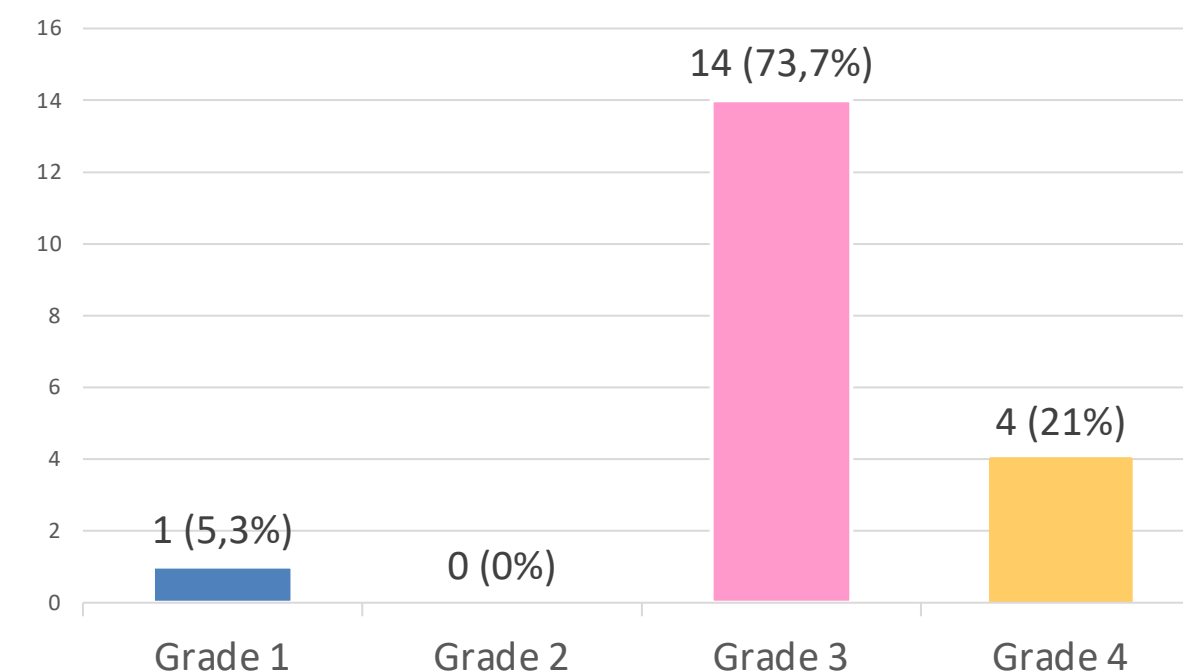
2: Registre des cancers nord-tunisie données 2004-2006. 2012.

- Retrospective, descriptive study
- Patients diagnosed and treated for ILC at the Salah Azaiz Institute
- January 2000 to December 2012
- We report clinical and pathological characteristics, outcome and prognosis.

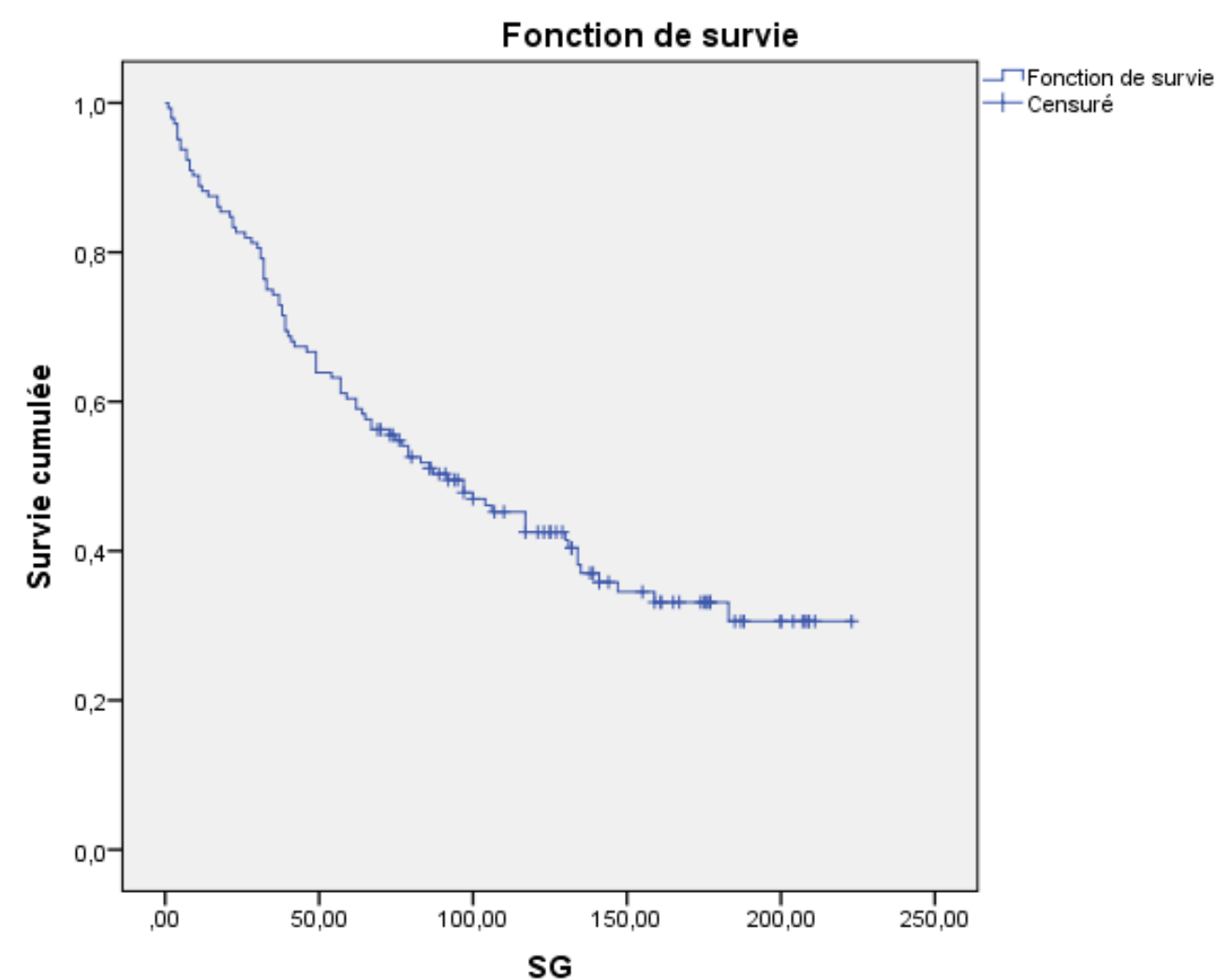
- Of a total of 225 cases of ILC, **156 cases** were included.
- Median age = 50
- 15.4% had a family history of breast cancer
- Presentation: palpable breast mass in 79.5%
- Bilateral tumors = **3.8%**
- Median tumor size = 54mm [10-180]
- Nodal involvement was present in 51.3%
- Metastatic disease at diagnosis = 17.9%
- RH positive = 81%
- HER2+3= 14.7%



- Surgery was performed in 123 M0 pts (96.1%):
 - Upfront surgery = 97 pts
 - After neoadjuvant CT = 26 pts
 - Most were pathologically **unresponsive to CT**:
Chevallier Grade 3/4 = 18pts
despite clinical downstaging in 19 pts
- pN+ = 68.7% ; pN2-3= 42.1%
- Adjuvant LRRT = 86.2% of operated pts
- ET: for all RH+ patients
- With OFS: 35 pts for high-risk disease



- After a median follow-up of 73.5 months
 - 5-y-OS: 61%
 - 5-y-DFS: 59%



Parameter	RR	95%CI	p
Age <40	1.745	0.498-6.097	0.3831
Clinical Stage III	0.385	0.115-1.287	0.1212
Elevated CA15-3 >30UI	4.534	1.503-13.681	0.0073
pN+	9.414	2.332-38.004	0.0016
Capsular rupture	1.043	0.366-2.971	0.9377
LVSI+	1.577	0.392-6.348	0.5217

- ILC remains a relatively rare breast cancer subtype.
- **HR positive** expression is frequent.
- **Poor response to neoadjuvant CT.**
- Physicians should be aware of **atypical sites** of recurrences.
- Management aligns with that of invasive ductal carcinoma in the absence of specific guidelines.