Clinicopathological features of invasive lobular carcinoma compared with invasive ductal carcinoma: single institute analysis

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Abstract

Purpose: Invasive lobular carcinoma (ILC) is the second most common type of invasive breast cancer, but it is rare in Japan, and the clinicopathological features of ILC have remained unclear. We reviewed them in a single Japanese institute.

Methods: The medical records of 551 patients with invasive breast cancer who underwent operation in our department between 1990 and 2008 were reviewed. The clinicopathological features of 21 patients with ILC, their disease-free survival (DFS), and overall survival (OS) were retrospectively investigated and compared with those of 530 patients with invasive ductal carcinoma (IDC).

Results: ILC accounted for 3.4% of all invasive breast cancers. There were no differences between the patients with ILC and those with IDC regarding age at diagnosis, tumor size, lymph node involvement, and distant metastasis. ILC patients showed more frequent ER and PgR expression, and less frequent HER2 expression. DFS and OS of ILC patients were similar to those of IDC.

Conclusions: The incidence of ILC was relatively low in Japan. There are several clinicopathological characteristics of ILC; however, the prognosis of ILC is not significantly different from that of IDC and thus no differences in the therapeutic management are considered to be necessary.

Key words: breast cancer, invasive lobular carcinoma, prognosis, therapeutic management

Introduction

Invasive lobular carcinoma (ILC) is known to be the second most common histologic subtype of invasive breast cancer following invasive ductal carcinoma (IDC), and constitutes 5-15% of all breast cancer in most Western reports 1, 2, 3, 4). In Asian countries, it accounts for 1-4% 5, 6, 7), which is much lower than in the Western reports.

Previous studies have reported that ILC has characteristics that are different from IDC, such as older age at onset, larger tumor size, increased propensity for multifocality and multicentricity, higher risk of bilateral breast cancer, more frequent expression of estrogen receptor (ER) and progesterone receptor (PgR), and less frequent expression of human epidermal growth factor receptor 2 (HER 2) 8, 9, 10, 11, 12, 13). The prognosis for ILC compared to IDC is unclear. Some studies reported that ILC is correlated to a better OS in patients overall than IDC 1, 13). On the other hand, others reported that the prognosis for ILC is similar to that for...