AB193. SOH21AS245. Atypical invasive lobular carcinoma of the breast: clinicopathologic profile and outcomes over a 10-year period

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Background: Invasive lobular carcinoma (ILC) accounts for 10–15% of invasive breast cancers. Typical ILC is estrogen receptor (ER) positive and human epidermal growth factor receptor 2 (HER2) negative. Atypical lobular subtypes appear to differ from typical ILCs. This study aimed to analyse the various biologic phenotypes of invasive lobular carcinoma and compare their clinical and prognostic parameters.

Methods: All patients with ILC treated in a tertiary referral breast cancer centre from January 2005 to April 2015 were identified from a prospectively maintained database. Clinicopathologic and outcome data was collected and analysed according to tumour biology.

Results: A total of 359 patients with ILC were treated. Typical lobular tumour biology was observed in 88.9% (n=319) and atypical biologic phenotypes in 11.1% (n=40). Comparing typical and atypical ILCs, mean tumour size was similar (29.4 vs. 24.8 mm, P=0.157). Atypical ILCs were higher grade (35.0% grade 3 vs. 10.7% grade 3, P<0.001) and a higher proportion of atypical ILCs had lymphovascular invasion. Among node-positive ILCs the atypical group had greater nodal burden with mean number of positive lymph nodes 12 vs. 6, P=0.026. The majority of atypical ILCs underwent neo-adjuvant chemotherapy. A greater proportion of atypical ILCs showed >50% therapeutic response. There was no statistically significant difference in 5-year disease free survival between the two groups.

Conclusions: Atypical ILCs are more frequently higher grade and have a higher nodal burden. Although they more frequently undergo neo-adjuvant chemotherapy this does not appear to translate to reduced surgical burden or better long-term outcomes.

Keywords: Atypical; breast; cancer; lobular; typical

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Footnote

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