Invasive Lobular Breast Cancer Factsheet
Introduction

We hope that this information helps you to discuss any questions you have with your Medical Team. The Breast Cancer Foundation are here to help you, contact details are contained in this leaflet, and full details of the free services we offer can be found on our website www.breastcancerfoundation.ky

What is invasive lobular breast cancer?

The breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are supported by glandular, fibrous, and fatty tissue.

Breast cancer starts when cells in the breast begin to divide and grow in an abnormal way. Invasive lobular breast cancer occurs when these abnormal cancer cells have started to grow within the lobules and then spread into the surrounding tissue.

Invasive lobular breast cancer accounts for approximately 10-15% of all breast cancers. It can occur at any age but is most common in women between 45 and 55 years of age. Sometimes more than one area of invasive lobular cancer is found within the same breast. In a small number of women, it can sometimes be found in both breasts. Men can also get invasive lobular breast cancer, but this is very rare.
**What are the symptoms?**

Any change to the breast due to invasive lobular breast cancer may be quite subtle and so it is more likely to show up as a hardening and/or thickening of the breast tissue rather than a definite lump.

So, at its earliest stages, invasive lobular carcinoma may cause no signs and symptoms. As it grows larger, invasive lobular carcinoma may cause:

- An area of thickening in part of the breast
- A new area of fullness or swelling in the breast
- A change in the texture or appearance of the skin over the breast, such as dimpling or thickening
- A newly inverted nipple
- Invasive lobular carcinoma is less likely than other forms of breast cancer to cause a firm or distinct breast lump.

**How is diagnosis made?**

Invasive lobular breast cancer can be difficult to diagnose if there are no obvious symptoms. It may sometimes be seen on a mammogram (breast x-ray), so in some women invasive lobular breast cancer is found when attending routine breast screening.

It is important that you see your doctor if you have any symptoms. They may refer you to a specialist breast doctor. The breast specialist should take your medical history and examines your breasts. They also feel for any swollen (enlarged) lymph nodes under your arms and at the base of your neck.

You have some of the following tests:

- a mammogram (an x-ray of the breasts)
- an ultrasound (if you are under 35 you are more likely to have an ultrasound scan instead of a mammogram)
- a biopsy – a small sample of cells or tissue is taken from your breast and looked at under a microscope
- a breast MRI scan – this scan uses magnetic fields to create images of the breast tissue
What are the treatments?

The treatment for invasive lobular breast cancer is the same as for the more common type of breast cancer (invasive breast cancer NST).

Usually, you have surgery to remove the area of cancer and a surrounding area of healthy tissue. This operation is called breast conserving surgery, or a wide local excision or lumpectomy.

Invasive lobular breast cancer is sometimes found in more than one area within the breast. In that case, it might not be possible to remove just the area of the cancer. Your doctor may then recommend removal of the whole breast (a mastectomy).

If you choose to, you can have a new breast made (breast reconstruction) at the same time as mastectomy or some time afterwards.

After the surgery you might have:

- radiotherapy
- chemotherapy
- hormone therapy
- targeted cancer drug therapy
- drugs that help prevent or slow down bone thinning (osteoporosis) or bone damage
- a combination of these treatments

You may have surgery to your armpit called a sentinel lymph node biopsy. This means having about 3-5 lymph nodes removed. Sometimes surgeons must remove more lymph nodes. Your doctor will let you know whether you need this.

You might have chemotherapy or hormone therapy before surgery called neoadjuvant therapy. The aim is to shrink the cancer down. This means that some people may be able to have breast conserving surgery, who may have needed removal of the breast (mastectomy).

Your doctor considers many things before deciding the best treatment for you. Therefore, your treatment may be different from other people with breast cancer.
What are the adjuvant (additional) treatments?

After surgery, you may need medical treatment. This is called adjuvant (additional) therapy and includes chemotherapy, radiotherapy, hormone therapy and targeted therapies. The aim of these treatments is to reduce the risk of breast cancer cells returning in the same breast or the opposite breast – or spreading somewhere else in the body.

**Radiotherapy**

If you have breast-conserving surgery, you will usually be given radiotherapy to reduce the risk of breast cancer returning in the same breast. If you have had a mastectomy you may be given radiotherapy to the chest in the area where you had your surgery. This may be the case if the tumour was large, if there was a high risk that cancer cells may have been left behind or if cancer cells are found in the lymph nodes under the arm (axilla). (you will find Information on Radiation for primary (early) breast cancer on the BCF website).

**Chemotherapy**

Chemotherapy is recommended for some people. This will depend on various features of the cancer, such as its size, its grade (how quickly the cells are dividing and how different they are to normal breast cells) and whether the lymph nodes are affected. (you will find information on chemotherapy on the BCF Website).
**Hormone (endocrine) Therapy**

All cancers are tested using breast tissue from a biopsy or after surgery to see if they are hormone sensitive (oestrogen receptor positive or ER+). Cancers that are hormone sensitive have receptors on the cell surface that bind to the female hormone oestrogen, which stimulates the cancer cell to grow.

Most invasive lobular cancers are oestrogen receptor positive, which means that your doctor may recommend that you have hormone therapy. Hormone Therapies work in different ways to block the effect of hormones on cancer cells. There are several drugs and your doctor will tell you which on they think is most appropriate for you.

If Oestrogen receptors are not present (oestrogen receptor negative or ER-) tests may be done to find out whether the breast cancer is sensitive to progesterone, another hormone.

**Targeted Therapies**

This group of drugs works by stopping specific ways that breast cancer cells divide and grow. The best-known targeted therapy is Herceptin, but the benefits of others are being looked at in clinical trials and will become available in the future. Only people whose cancer has high levels of HER2 (HER2 positive or HER2+) a protein that makes cancer cells grow, will benefit from having Herceptin.

There are various tests to measure HER2 levels which are done on breast tissue removed by biopsy or during surgery. If your cancer is found to be HER2 Negative, then Herceptin will not be of benefit to you. Most invasive breast cancer tumours are HER2 Negative.

There are many other targeted therapy drugs, please refer to our leaflet “**Targeted Therapies**” on our website for more information on these drugs including Herceptin and their possible side effects.
What is the Oncotype DX test?

Oncotype DX is a test that predicts how likely breast cancer is to come back after surgery and the likely benefit of having chemotherapy.

The test gives a score between 0 and 100, and people who score above a certain number are more likely to be offered chemotherapy (see Oncotype DX score).

Who is Oncotype DX for?

The test is suitable for people recently diagnosed with early stage breast cancer that:

- has not spread to the lymph nodes under the arm
- is oestrogen receptor positive
- is HER2 negative
- The test may also be considered for some people whose breast cancer affects one to three lymph nodes under the arm.

The test is not suitable for people whose breast cancer is oestrogen receptor negative or HER2 positive.

Why is it used?

Your specialist may consider recommending the Oncotype DX test if the benefit of chemotherapy for you is less clear.

Chemotherapy may be given after surgery to reduce the risk of breast cancer coming back in future.

Whether you are offered chemotherapy depends on several features of your breast cancer. These include the size and grade of the cancer; whether it has spread to any of the lymph nodes
under the arm; and whether the cancer is hormone receptor and HER2 positive or negative. For some people, the benefit of chemotherapy is clear, but for others it is less clear.

**How does it work?**

The test is done on a small amount of breast cancer tissue removed during your surgery and does not involve having any more tissue removed. The tissue is sent to a laboratory in the USA, where the test is carried out. The test looks at groups of genes found in breast cancer.

The results are given separately from your pathology report and are sent to your specialist usually within 10–14 days.

If your specialist has recommended you have hormone therapy before surgery, the test must be done on cancer cells removed before you start hormone therapy.

**Oncotype DX score**

The test gives a score, known as a recurrence score, from 0 to 100.

The higher the score, the more likely breast cancer is to come back and the more likely you are to benefit from having chemotherapy as well as hormone therapy.

Your specialist will use the score, along with other information about your breast cancer, to help decide whether chemotherapy would benefit you.

The same study suggests that women with a score of 0 to 15 who are aged 50 or under will not get any benefit from having chemotherapy in addition to hormone therapy.

If you have a score of 16 or above and are aged 50 or under, your specialist will discuss your test result with you to help decide if you are likely to benefit from chemotherapy.

**Availability and cost**

If Oncotype DX is suitable for you, it should be covered by your insurance provider.

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*The aim of the Breast Cancer Foundation is to help anyone living in Cayman who is worried or diagnosed with Breast Cancer (at no cost to the individual).*
BCF would like to thank the following in helping to create this leaflet:

The Foundation’s Medical Advisor –

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About the Foundation

The Foundation was started in 2008, this was the 10th Anniversary of the passing of Brenda Tibbetts-Lund, who had a very courageous battle with breast cancer, even before her diagnosis, Brenda had been very active in the Cayman community promoting breast health. Having sponsored the Brenda Tibbitts Lund walk/run in her honour, Kim Lund wanted to do something special in 2008. That is when the Breast Cancer Gala Dinner idea was born, all funds raised from the Gala Dinner were to benefit breast cancer patients here in Cayman. After that gala, the realization that there was an enormous demand for funds for breast cancer patients culminated in Kim Lund and James Bovell (Owners/Brokers at RE/MAX), along with John Broadbent Cayman Islands to take the decision to found a not-for-profit charity (NPO 124) and make the Gala Dinner and Annual Event, since its inception it has become one of the most anticipated and prestigious black (pink actually) tie events on the island.

The Foundation was created originally to provide sponsorship for the Lions Club of Tropical Gardens for the Brenda Tibbitts-Lund annual walk and to provide financial support for the CI Cancer Society for the assistant they give out to breast cancer patients, this is still the case over twelve years later. The Foundation has grown to be so much more. In 2015 the Foundation launched its own Wellness Program which provides a multitude of holistic and medical services to anyone going through breast cancer. The organization also works diligently in raising Awareness and providing local practitioners with the training, skill, and medical equipment to be able to help breast cancer patients in the best way possible this along with providing mammograms where needed and a full, prosthetic/bra service for those who have undergone breast surgery.