

AIM

To compare invasive lobular carcinoma (ILC) patients with invasive carcinoma of no special type (NST) patients regarding risk and pattern of distant metastasis, and distant disease-free survival (DDFS), overall survival (OS) and breast cancer-specific survival (BCSS).

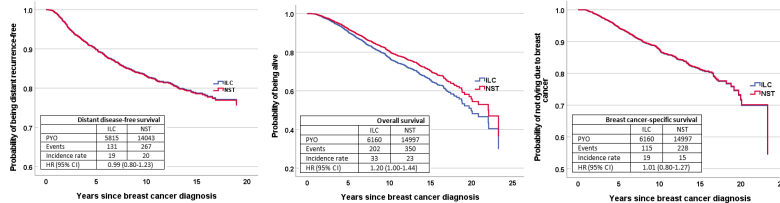
CONCLUSION

Histological **subtype** was **not** a prognostic factor regarding the risk of disease metastasis and dying from breast cancer. However, a **different metastatic pattern** was observed, with **more abdominal metastases** and **longer time to recurrence** in ILC patients.

PATIENTS AND METHODS

- Erasmus MC Breast Cancer Cohort
- ILC patients matched to NST patients on age at diagnosis, year of birth, stage and estrogen receptor (ER)-status
- Cox proportional hazards models for associations between subtype and DDFS, OS and BCSS

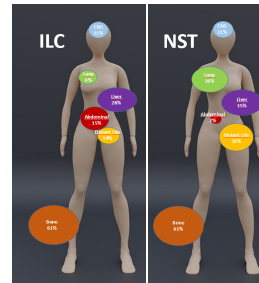
RESULTS



Abbreviations: PYO, person-years of observation; HR, Hazard Ratio; CI, Confidence Interval. Incidence rate per1000 PYO. Adjusted for tumor size (pT) and type of surgery

	ILC	NST	
N	584	1434	
B&R grade			<i>p</i> <.001
I	13%	17%	
II	71%	46%	
III	16%	37%	
pT1	44%	56%	<i>p</i> <.001
pT2	40%	39%	
pT3	14%	4%	
pT4	2%	1%	
Lumpectomy	53%	66%	<i>p</i> <.001
Mastectomy	47%	34%	
Distant metastasis	22%	19%	<i>p</i> =.062
Time since BC diagnosis*	5.7 (0.3-16.9)	3.6 (0.4-18.9)	<i>p</i> <.001
Deceased	35%	24(%)	<i>p</i> =.407
Time to overall death*	7.7 (0.1-22.3)	5.9 (0.5-23.3)	<i>p</i> <.001
Time to BC death*	7.1 (1.1-19.2)	5.7 (0.9-23.3)	<i>p</i> <.05

Abbreviations: B&R, Bloom & Richardson; BC, breast cancer
*Median years (range)



LAY ABSTRACT

We investigated whether recurrence and spreading of breast cancer differs between patients with invasive lobular cancer type (ILC) and invasive cancer of no-special type (NST), and whether the risk of dying from breast cancer differs. We compared 584 ILC patients with 1434 NST patients, who were comparable regarding age, year of birth, stage and hormone sensitivity. We observed **no differences** between ILC and NST in the **risk of breast cancer recurrence** and **dying from BC**. However, **ILC** patients more often had **spreading to abdominal organs**, and **NST** patients more often to **lung and lymph nodes**. Further, the **time to disease recurrence** was **longer** in ILC patients.