

# Invasive lobular breast cancer

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## 1. What is invasive lobular breast cancer?

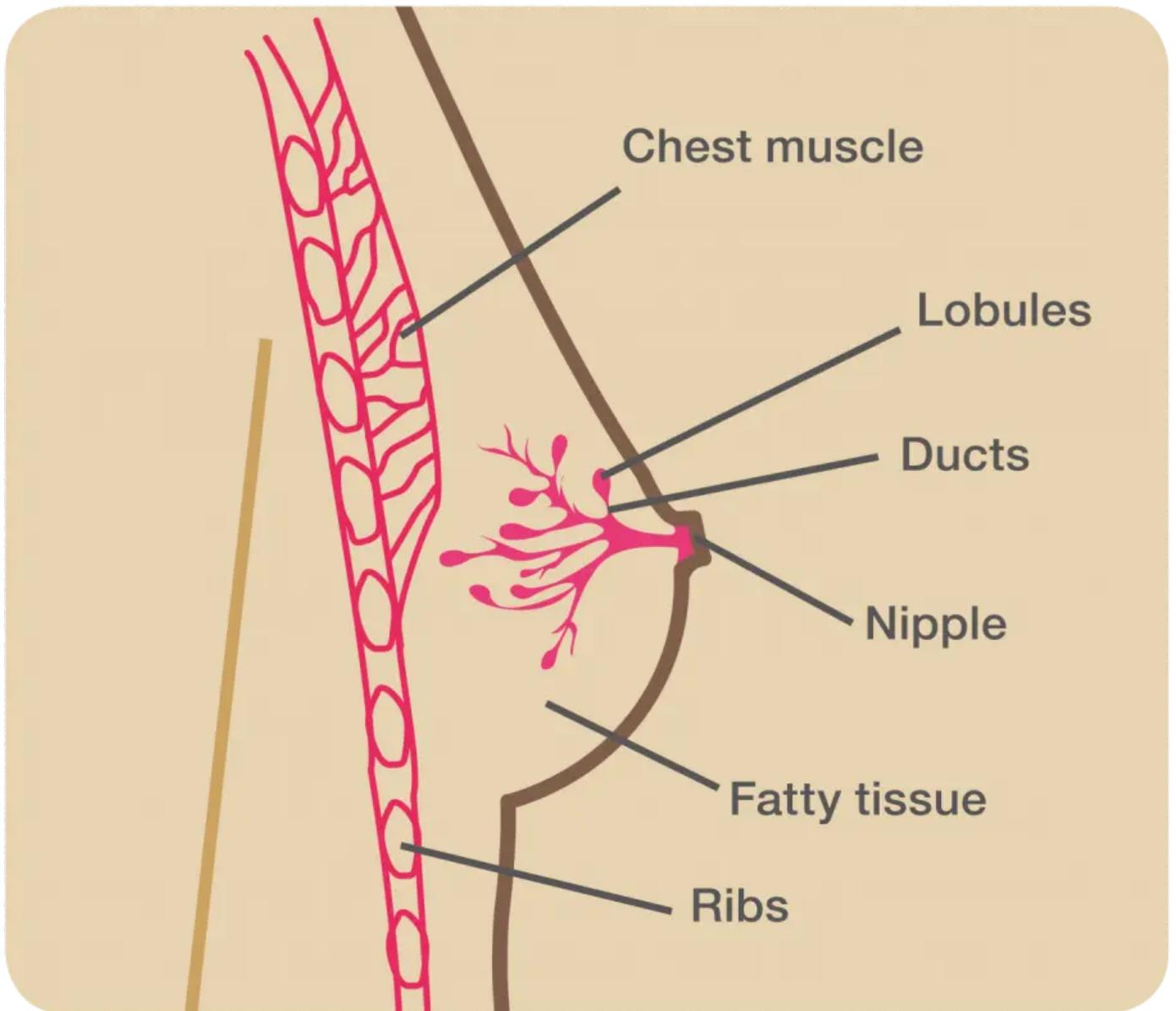
Breast cancer starts when cells in the breast begin to divide and grow in an abnormal way.

Invasive lobular breast cancer is a type of breast cancer that starts in the lobules (milk-producing glands) of the breast. It accounts for up to 15% of all breast cancers.

'Invasive' means the cancer cells have spread outside the lobules into the surrounding breast tissue.

Invasive lobular breast cancer can occur at any age but is most common in older women. Men can also get invasive lobular breast cancer but this is very rare. Find out more about breast cancer in men.

Sometimes invasive lobular breast cancer is found mixed with other types of breast cancer such as DCIS (ductal carcinoma in situ) or invasive ductal breast cancer.



## 2. What are the symptoms of invasive lobular breast cancer?

Possible symptoms of invasive lobular breast cancer include:

- A lump or an area that feels thicker or harder than the rest of the breast
- A change in the shape or size of the breast
- Changes in skin texture such as puckering or dimpling
- Changes to the nipple
- Discharge from the nipple
- Pain in the breast and armpit that's there all of the time
- A lump or swelling under the arm

Invasive lobular breast cancer may not cause any obvious changes to the breast, like a definite lump.

In some people it's found during routine breast screening before any symptoms are noticed, but lobular breast cancer can sometimes be more difficult to see on a mammogram than other types of breast cancer.

Find out more about the signs and symptoms of breast cancer and how to check your breasts.

### **3. How is invasive lobular breast cancer diagnosed?**

Invasive lobular breast cancer is diagnosed using a range of tests. These may include:

- A mammogram (breast x-ray)
- An ultrasound scan (using sound waves to produce an image)
- A core biopsy of the breast and sometimes lymph nodes (using a hollow needle to take a sample of tissue to be looked at under a microscope – several tissue samples may be taken at the same time)
- A fine needle aspiration (FNA) of the breast and sometimes lymph nodes (using a fine needle and syringe to take a sample of cells to be looked at under a microscope)

Invasive lobular breast cancer can sometimes be more difficult than other types of breast cancer to locate and measure using ultrasound or a mammogram, so you may have a magnetic resonance imaging (MRI) scan of your breast. An MRI uses magnetism and radio waves to produce a series of images of the inside of the body. It doesn't expose the body to x-ray radiation.

An MRI scan can sometimes provide a more accurate picture of the size of this type of cancer, and whether it affects more than one area in the breast. Both breasts will be checked.

Sometimes more than one area of invasive lobular cancer is found in the same breast.

### **4. How is invasive lobular breast cancer treated?**

#### **Surgery**

Surgery to remove the cancer is usually the first treatment for invasive lobular breast cancer.

The type of surgery recommended may be:

- Breast-conserving surgery: removal of all the cancer with a margin (border) of normal breast tissue around it, also called wide local excision or lumpectomy
- A mastectomy: removal of all the breast tissue, usually including the nipple area

If breast-conserving surgery is being considered, an MRI scan may be recommended to assess the size of the cancer (if you haven't already had one to confirm the diagnosis). Your breast surgeon will discuss this with you.

Even after an MRI scan, it can sometimes be difficult to estimate the size of an invasive lobular breast cancer before surgery. Because of this, some people who have breast-conserving surgery may need a second operation. In some cases, a mastectomy will be recommended as the second operation.

Invasive lobular breast cancer can affect more than one area in the breast. If this is the case the breast surgeon may recommend a mastectomy, but this will depend on the position of the areas affected and the size of your breast.

If you're going to have a mastectomy, you'll usually be offered [breast reconstruction](#).

Many women who have a mastectomy without breast reconstruction choose to wear a prosthesis – an artificial breast form that fits inside the bra. Find out more about [breast prostheses](#), [bras](#) and [clothes](#) after surgery.

Some women choose not to have reconstruction and not to wear a prosthesis after their mastectomy.

Your treatment team will want to check if any of the lymph nodes (glands) under the arm contain cancer cells. This, along with other information about your breast cancer, helps them decide whether you'll benefit from any additional treatment after surgery.

You can find out more about surgery to the lymph nodes on our [surgery page](#).

## **5. What are the adjuvant (additional) treatments for invasive lobular breast cancer?**

After surgery you may need further treatment. This is called adjuvant (additional) therapy and can include:

- [Chemotherapy](#)
- [Radiotherapy](#)
- [Hormone \(endocrine\) therapy](#)

- Targeted (biological) therapy
- Bisphosphonates

The aim of these treatments is to reduce the risk of breast cancer cells returning in the same breast or developing in the other breast, or spreading somewhere else in the body.

Which treatment you have will depend on your individual situation.

Sometimes chemotherapy or hormone therapy may be given before surgery. This is known as neo-adjuvant or primary therapy.

## 6. Follow-up after treatment

You'll continue to be monitored after your hospital-based treatments (such as surgery, chemotherapy or radiotherapy) finish. This is known as follow-up.

Whether you had breast-conserving surgery or a mastectomy (with or without reconstruction), it's also important to be aware of any changes to the breast, chest or surrounding area.

It can be difficult to know how your breast or scar should feel. The area around the scar may feel lumpy, numb or sensitive. This means that you'll need to get to know how it looks and feels so you know what is normal for you. This will help you to feel more confident about noticing changes and reporting them early to your GP or breast care nurse. Having breast cancer in one breast means the risk of developing cancer in the other breast (a new primary breast cancer) is slightly higher than in someone who's never had breast cancer. With invasive lobular breast cancer, this risk may be slightly higher than with other types of breast cancer, but it's still very low overall. Therefore it's important to be aware of any new changes in the other breast and to report these as soon as possible.

## 7. Further support

Being diagnosed with breast cancer can be a difficult and frightening time.

There may be times when you feel alone or isolated. There are people who can support you so don't be afraid to ask for help if you need it.

Some people find it helpful to discuss their feelings and concerns with their breast care nurse or specialist. If you'd like to talk through your feelings and concerns in more depth over a period of time, you may want to see a counsellor or psychologist. Your breast care nurse, specialist or GP can arrange this.

You may find our information on coping emotionally helpful.

You can also call Breast Cancer Now's [Helpline](#) on 0808 800 6000 and talk through your diagnosis, treatment and how you're feeling with one of our breast care nurses.

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**Last reviewed:** March 2020

Next planned review begins 2022

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