

## The role of conservative therapy in invasive lobular carcinoma of the breast

Cristiana Vidali<sup>1</sup>, Maurizio Amichetti<sup>2</sup>, Michele Antonello<sup>3</sup>, Pierluigi Api<sup>4</sup>,  
Cynthia Aristei<sup>5</sup>, Alberto Bonetta<sup>6</sup>, Tiziana Iannone<sup>7</sup>, Ornella Lora<sup>8</sup>,  
Stefano Neri<sup>9</sup>, Maria Carla Valli<sup>10</sup>, Giampaolo Zini<sup>11</sup>

Radiotherapy Departments of <sup>1</sup>Trieste, <sup>2</sup>Trento, <sup>3</sup>Mestre, <sup>4</sup>Ferrara, <sup>5</sup>Perugia, <sup>6</sup>Cremona, <sup>7</sup>Belluno,  
<sup>8</sup>Padova, <sup>9</sup>Bologna, <sup>10</sup>Como, <sup>11</sup>Reggio E., Italy

**Introduction.** Several studies have shown that conservative surgery (CS) followed by radiation therapy (RT) provides a low incidence of local recurrences (2-4%) in the management of invasive ductal carcinoma (IDC), but the outcome of invasive lobular carcinoma (ILC) is difficult to assess because a high incidence of ipsilateral recurrences has been reported. The authors reviewed 409 patients with ILC treated by quadrantectomy and subsequent radiotherapy.

**Patients and methods.** Whole breast external beam irradiation was performed using a cobalt unit or a linear accelerator; the total dose was 46-50 Gy (2 Gy/fr); 325 patients received a boost to the tumor bed (10-20 Gy).

**Results.** Local relapses were observed in 17 patients (4.2%) and the mean time to local failure was 58.7 months (range 13-130 months); local control was 96% in T1 and 95% in T2 carcinomas. The incidence of local relapse was higher (5.9% versus 3.2%) in patients with intraductal component (IC). Recurrences underwent salvage mastectomy in 15 cases (88%); 13 of these patients are disease free, 4 developed distant metastases.

**Conclusion.** The difficulties to define the extent of the lesion and the supposed high rate of multicentricity of the tumour have limited the conservative approach to ILC in many institutions. Since ILC are often multifocal and poorly delimited, the excisional biopsy and the lumpectomy may be probably inadequate. The pattern of local recurrences in our series was characterised by a high risk in proximity of the surgical bed despite the primary surgery. Many authors suggest that the presence of an extensive IC could affect the prognosis. In our series IC was found in 134 (32.7%) cases, but it was extensive only in 77 cases; in these patients the rate of local recurrences was relevant (7.8%). The incidence of synchronous and metachronous bilateral breast recurrences was not significantly higher than in the published data concerning IDC. In conclusion, this retrospective study indicates that CS in ILC provides a good probability of local control.

Correspondence to: Christiana Vidali, M.D., Dept. Radioterapia Ospedale Maggiore Via Pietà 19, I- 34100 Trieste, Italy. Phone: +39 040 399 24 02; Fax: +39 040 661 082; E-mail: crisinfo@tin.it