Comparison of mastectomy with breast-conserving surgery in invasive lobular carcinoma: 15-Year results
János Fodor, Tibor Major, József Tóth, Zoltán Sulyok, Csaba Polgár

ABSTRACT
Background: Invasive lobular cancer (ILC) is biologically distinct from invasive ductal cancer and there is disagreement regarding appropriate local management of this disease.
Aim: The current study reports long term results comparing mastectomy with breast-conserving surgery (BCS) in the treatment of ILC.
Material and methods: Study includes 235 women with ILC treated between 1983 and 1987. All of them underwent axillary dissection and either mastectomy (n = 163) or BCS (n = 72). 50 Gy adjuvant radiotherapy (RT) was given for 53 BCS and 81 mastectomy patients. The BCS group was compared with the mastectomy group.
Results: Patients treated with mastectomy or BCS had a similar outcome at 15 years with regard to distant metastasis-free (62% vs. 70%; p, 0.2017) and breast cancer-specific (62% vs. 70%; p, 0.1728) survival. In the BCS group the actuarial rate of ipsilateral in breast recurrences was 10% with and 53% without RT at 15 years (relative risk [RR], 0.10; p < 0.0001). In the mastectomy group the actuarial rate of chest wall recurrences was 16% with and 13% without RT at 15 years (RR, 1.45; p, 0.3965). Isolated ipsilateral in breast recurrence did not (RR, 1.73; p, 0.2767) but isolated chest-wall recurrence did (RR, 2.65; p, 0.0089) adversely affect cause-specific survival.
Conclusion: Breast cancer specific survival is not affected by the type of surgical treatment. BCS and RT is a safe option to control local disease in patients with ILC.
Keywords: Invasive lobular breast cancer; Mastectomy; Breast-conserving therapy