

Pure or mixed type invasive lobular carcinoma; are they different from each other?



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Breast cancer
Lobular
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Mixed

To The Editor,

I wish to congratulate Haque and colleagues for their article [1] in which they investigated outcomes of the clinical characteristics and survival pleomorphic lobular carcinoma (PLC) versus invasive lobular carcinoma (ILC). They reported that PLC patients had higher rates of poorly differentiated tumors, ER-disease, and HER2+ disease when compared to patients with ILC. However, the authors did not describe whether mixed type ILC (ILC + invasive ductal carcinoma) cases were excluded or not. These cases might show different clinical and pathological characteristics other than pure ILC. This issue should be defined to get better comparison between PLC and ILC.

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Conflict of interest

I have no conflict of interest to declare.

Reference

- [1] Haque W, Arms A, Verma V, et al. Outcomes of pleomorphic lobular carcinoma versus invasive lobular carcinoma. *Breast* 2019;43:67–73.

Kadri Altundag*

MKA Breast Cancer Clinic, Tepe Prime, Ankara, Turkey

* MKA Breast Cancer Clinic, Tepe Prime, Cankaya, 06800, Ankara, Turkey.

E-mail address: altundag66@yahoo.com.

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Reply to the letter “Pure or mixed type invasive lobular carcinoma; are they different from each other?”



To the Editor,

I would like to thank Dr. Altundag for his correspondence. The authors do believe that our study [1] has helped further describe both clinical and pathologic differences between invasive lobular carcinoma (ILC) and pleomorphic lobular carcinoma (PLC) of the breast. In this particular report, we only included patients with pure ILC, which is described as having International Classification of Diseases for Oncology 3 (ICD-O-3) histology code 8520. We did not include mixed histologies, such as ICD-O-3 code 8522, which includes a mix of invasive ductal and lobular carcinoma, or ICD-O-3 code 8524, which includes infiltrating lobular mixed with other types of carcinoma. The purpose of the present study was to study and compare the clinical characteristics of pure ILC and PLC, and for this reason, we did not include patients with a mixed histology. It is true that mixed type ILC and pure ILC have distinct clinical features [2,3],

and that in the future, further studies should be performed to better elucidate clinical characteristics of patients with mixed type ILC.

Disclaimers

None. This has never been presented/published before in any form. All authors declare that conflicts of interest do not exist.

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References

- [1] Haque W, Arms A, Verma V, et al. Outcomes of pleomorphic lobular carcinoma versus invasive lobular carcinoma. *Breast* 2019;43:67–73.

- [2] Zengel B, Yararbas U, Duran A, et al. Comparison of the clinicopathological features of invasive ductal, invasive lobular, and mixed (invasive ductal + invasive lobular) carcinoma of the breast. *Breast Canc* 2015;22:374–81.
- [3] Suradevara A, Paruchuri LP, Banisaeed N, et al. The clinical behavior of mixed ductal/lobular carcinoma of the breast: a clinicopathologic analysis. *World J Surg Oncol* 2010;8:51.

Waqar Haque^{a,*}, Bin S. Teh^a

^a *Department of Radiation Oncology, Houston Methodist Hospital,
Houston, TX, USA*

* Corresponding author. Department of Radiation Oncology
Houston Methodist Hospital, Cancer Center and Research Institute
Weil Cornell Medical College, Houston, TX 77030, USA.
E-mail address: waqarh786@gmail.com (W. Haque).

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