

## Editorial

---

Bernhard C. Pestalozzi

*Department of Oncology, University Hospital Zurich, Zurich, Switzerland*

*E-mail: bernhard.pestalozzi@usz.ch*

This 2009 monograph attempts a comprehensive review and comment on all clinical aspects of invasive lobular breast carcinoma (ILBC). We are very happy to present to the reader these concise state-of-the-art summaries and thoughtful analyses. The first review on the epidemiology of ILBC written by Peter M. Ravdin focuses on and supports the intriguing hypothesis that combined hormone replacement therapy (HRT) particularly increases the risk of ILBC compared to invasive ductal carcinoma (IDC) in postmenopausal women. The second paper by Glen Kristiansen and Christian Pilarsky makes the point on molecular pathology of ILBC. The authors systematically review the molecular evolution, putative precursor lesions, genetic changes (including the loss of E-Cadherin), epigenetic changes, microRNAs and experimental models of ILBC. In the third paper Zsuzsanna Varga and Elizabeth Mallon review the histologic and immunophenotypic characteristics of ILBC. They describe the recognized special subtypes of ILBC, the problems in grading it, differential diagnosis, immunohistochemistry, prognosis and pitfalls in routine practice. The fourth review on the radiology of ILBC by Maren Michael, Elisabeth Garzoli and Cecilia Reiner concisely summarises and illustrates the literature on the formidable diagnostic difficulties posed by this slowly infiltrating carcinoma. The fifth paper by Konstatin J. Dedes and Daniel Fink discusses the clinical presentation and more importantly the

surgical management of ILBC. They discuss the major questions of breast conserving surgery versus mastectomy, the role of surgical margins, and the sentinel lymph node technique. In the sixth paper Ulf Petrusch and Bernhard C. Pestalozzi present clinical and newly recognized prognostic features of ILBC. While in early years the prognosis of ILBC is better than the prognosis of IDC, two recent series with long-term follow-up suggest that in later years the prognosis of ILBC becomes worse than the prognosis of IDC. The seventh paper on systemic treatment of ILBC by Simone Anna Farese and Stefan Aebi eloquently details the scarcity of data and the complexity of the subject. Neoadjuvant chemotherapy of ILBC results in very low rates of pathological complete remissions leading many authors to advise against it. There is insufficient data for adjuvant treatment of ILBC which is based on strategies developed for IDC. The eighth paper by Elizabeth Mallon and Zsuzsanna Varga makes the point on relapse of ILBC. As in the diagnosis of primary ILBC, this diagnosis is challenging for the pathologist. In the last contribution Zsuzsanna Varga and Elizabeth Mallon very nicely illustrate their points with four case descriptions.

We hope that these concise summaries may contribute to further investigation and thought on ILBC, a disease entity of exceptional clinical relevance and scientific interest.