Invasive Lobular Carcinoma Diagnosis and Treatment: Unique Driver in Patient and Provider Stress

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Background

- Invasive lobular carcinoma (ILC), 2nd most common breast cancer (BC) subtype, representing approximately 15% BCs[1]
- ILCs have unique morphology, biology, and growth patterns[2]
- ILCs can evade detection by physical exam and standard imaging, up to 30% of ILCs are mammographically occult, when compared to other BC subtypes, ILCs tend to have a more advanced stage at presentation[3]
- The size of mammographically-detected ILCs can be underestimated; in up to 70% of cases, pathologic size is larger than expected,[3] metastasis are also difficult to detect and follow
- For both patients and providers, this lack of concordance can result in significant distress, treatment related uncertainty that is ongoing
- Negative impact of diagnosis and treatment of ILC on the mental health of patients and providers may be underappreciated

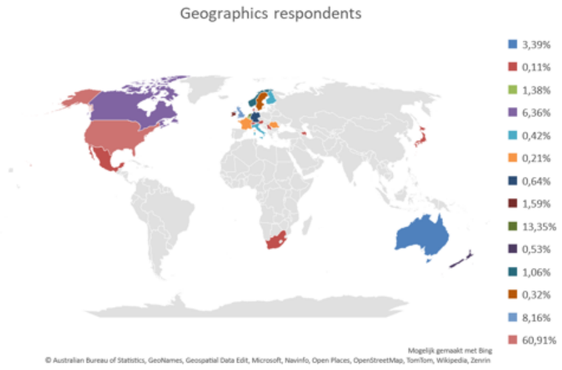
Study Objectives

- To investigate the psychological impact of ILC diagnosis and treatment on patients and providers
- To identify factors that exacerbate and mitigate patient and provider stress

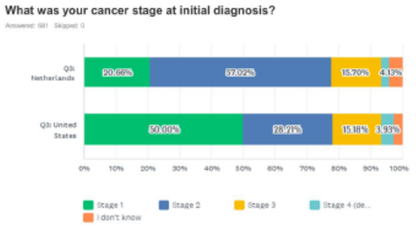
Methods

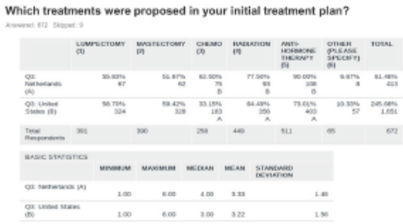
- Online survey available via moderated social media groups composed of patients who self-identified as having ILC and consented to participation in research study
- Personal interviews with physicians involved in care of breast cancer patients were performed
- IRB review and exemption

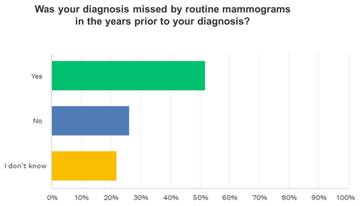
Results

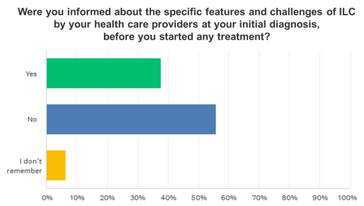


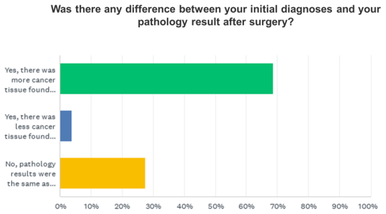
- 971 unique survey responses with over 10 countries represented

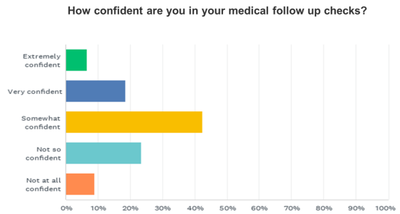












- The majority of respondents reported ILC was missed on routine screening mammogram (52%), and (55%) did not receive specific information pertaining to the diagnosis of ILC
- When compared to preoperative imaging (mammogram, ultrasound, MRI), 68% of respondents had more extensive disease identified in surgical pathology
- When comparing responses from US and Netherlands (NL), NL patients diagnosed with more advanced disease and consequently, NL patients more frequently recommended to undergo treatment with chemo and radiation
- Provider stress: interviews with multidisciplinary treatment team reveal feelings of uncertainty, guilt/self-blame, sadness

Conclusions

- ILC is a distinct pathologic entity with unique diagnostic and treatment challenges. These challenges result in diagnostic delays, unexpected and often negative changes during treatment, and persistent feelings of insecurity and distress.
- Recognition of ILC disease impact on patients and providers is critical for future research considerations, stress management strategies/burnout mitigation, and improved patient care.

References

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