Impact of pre-operative MRI on surgical management of patients with invasive lobular carcinoma of the breast

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Introduction:
• Invasive lobular carcinoma (ILC) accounts for approximately 5-15% of breast cancer
• ILC tends to be diffusely infiltrative and clinically and radiologically occult.
• NICE guidelines recommend use of pre-operative MRI to assess tumour size if breast conserving surgery (BCS) is being considered for ILC
• MRI has high sensitivity in the detection of multifocal and multicentric disease
• It also detects other incidental ipsilateral breast lesions in an additional 34% and contralateral breast lesions in up to 10% of patients necessitating further imaging such as second look ultrasound.
• MRI remains an expensive and time consuming imaging modality

Aim:
• We wish to determine how pre-operative breast MRI impacts surgical management of patients in our unit.

Method:
• Retrospective study
• All MRI studies performed over a 4 year period from September 2011 to August 2015
• Cases confirmed as ILC or having lobular features from final surgical histology
• Cases with final surgical histology other than ILC or carcinoma with lobular features

Contralateral breast findings: 9/168 (5%) required contralateral breast surgery, imaging findings confirmed on final surgical histology

In 5 (3%) women the index tumour was larger than expected compared with mammography and ultrasound findings resulting in more radical surgery (mastectomy instead of breast conserving surgery)

In 5 (3%) women the index tumour was smaller resulting in downgrading of planned surgery (breast conserving surgery from mastectomy).

In total 29 (17%) patients had a change in surgical management due to MRI findings.

Discussion:
• MRI may potentially delay surgery however our results indicate it should be offered pre-operatively to women whom have proven carcinoma with lobular features, and invasive lobular carcinoma.