Systematic Literature Review of Breast Lobular Carcinoma in Situ (LCIS) Risk of Future Malignancy and Management

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Introduction: In our aim to collate current practices for the management of lobular carcinoma in situ (LCIS) from UK breast surgeons, a systematic review was conducted to identify different management modalities for LCIS and the risk of malignant potential associated with LCIS.

Method: The systematic search used NHSAthens between the dates of 2005 to June 2013, using the key words; lobular neoplasia; LCIS and atypical lobular hyperplasia, identified relevant papers that were then manually selected for inclusion in the literature review based on their relevance, study design and power.

Results: Surveillance is currently the commonest management strategy for LCIS, however initially unilateral mastectomy was the treatment of choice, as it was believed LCIS was a precancerous lesion. Evidence showing that the presence of LCIS conferred an increased risk in both the ipsilateral and contralateral breasts led to surgeons favouring less invasive management. Chemoprevention may be a viable option rather than ‘watchful waiting’ in some patients.

Recent level 3 evidence has shown that despite not being a local malignant precursor lesion, LCIS does confer an approximately seven-fold increased risk of invasive breast cancer in both breasts.

Conclusion: Evidence in the literature suggests 10-20% of patients identified with LCIS develop breast carcinoma in the 15-25 years after initial diagnosis, raising the question as to whether greater risk reducing approaches such as surgery and chemoprevention are needed rather than surveillance alone. A sense of agreement is required with regards to the recommended guidelines presented to clinicians by the varying different advisory bodies.