Invasive lobular carcinoma (ILC) is increasingly recognized as a unique breast cancer histological subtype. We aimed to determine the incidence and clinicopathological characteristics of young breast cancer patients.

**Methods**

We retrospectively reviewed the records of female patients aged ≤40 diagnosed with ILC, both classic ILC and mixed invasive lobular-ductal carcinoma (ILC-IDC), between 2008 and 2017 in two centres in Alexandria, Egypt. We determined their incidence and clinicopathological characteristics.

Out of the 1228 patients, 4.4% (n=54) were diagnosed with invasive lobular carcinoma, in which 29 out of 54 were classic ILC (54%) as shown in figure 1.

The median age at diagnosis was 37 years (Range: 24 – 40 years), and 25% had a positive family history of BC. The majority of the patients underwent MRM (82.4%), and nearly a quarter (13.7%) had a multifocal disease. The mean tumour size was 4.4 cm ±2.1, while positive axillary lymph nodes were 6.7±7.7, with TNM stage III being the most common – 64%. All patients had grade 2 tumours. The lymphovascular invasion was present in 65% of the patients. Nearly half (48.6%) had an extracapsular extension. Almost all patients had estrogen/progesterone receptor-positive tumours (97.8%). At a median follow up of 28 months (Range: 2 – 135), 41% of the patients (n=22) developed recurrences. 77% out of the 22 relapses were distant recurrences. The median disease-free survival was 36 months (95% CI: 30.1 – 41.9).

**Conclusions**

Invasive lobular carcinoma is infrequent in young breast cancer patients. Our results confirm that ILC tumours are frequently intermediate grade and almost exclusively hormone-receptor-positive, even in young breast cancer patients. Distant relapses are the most common, despite the short follow-up.

All authors declare no conflicts of interest