Dear ...

Firstly, I want thank you and your team for the excellent treatment that I have received, since my diagnosis of lobular breast cancer. This letter in no way changes my appreciation of this. However, I do have concerns about how I will be monitored moving forward, largely due to the distinctiveness of the disease.

Following my [insert whatever treatment you have had here e.g. lumpectomy, mastectomy], I would like to raise the issue of having an annual MRI scan as follow up, rather than a mammogram. As you are aware it is common for mammogram to fail to identify lobular breast cancer due to its distinctive manifestation. As a result lobular breast cancer is often diagnosed at a later stage with resultant larger tumour and possibility of spread to nodes or beyond.

My own results and diagnosis reflect research referenced below, which recommend MRI as the gold standard for monitoring for lobular breast cancer.

Between (insert date)....... and my mastectomy in (insert date)......... I had (number of mammograms)......mammograms, that did not identify a tumour/ identified a tumour of ...(size). Pathology following surgery found the tumour to be (…. cm).

Stress is a known factor in the development of cancer and I am concerned that the protocol that is meant to be keeping me safe is actually increasing that stress due to my lack of confidence in it being the most appropriate and medically evidenced method of monitoring.

I am aware that the majority of treatment plans are based on research conducted for ductal breast cancer rather than lobular, a very distinctive and separate disease in its initial growth, presentation and potential spread. I am aware that many clinical decisions are guided by NICE (for England, Wales and Northern Ireland)/SIGN (Scotland) and local Trust guidelines. Current guidelines do not take into account the most up-to-date and increasing evidence that ILC and IDC are distinctive diseases and should be treated differently in terms of diagnosis, treatment and follow-up.

I therefore ask you to consider the most current relevant medical evidence and request a MRI scan rather than mammogram as follow-up. Should you disagree with my request, can you please provide me with your evidence-based rationale for denying my request?

I look forward to hearing from you.

Thank you

Yours sincerely

Name...

**Key points and References**

‘*Studies have repeatedly shown that MRI is superior to conventional imaging, not only in terms of its increased sensitivity for detecting ILC, but also for the detection of ipsilateral and contralateral disease’*

Johnson, K., Sarma, D. & Hwang, E.S. Lobular breast cancer series: imaging. *Breast Cancer Res* **17,** 94 (2015). https://doi.org/10.1186/s13058-015-0605-0

‘*The gain seems to be high, but also in women with a biopsy history of lobular carcinoma in situ’*

Mann RM, Kuhl CK, Moy L. Contrast-enhanced MRI for breast cancer screening. J Magn Reson Imaging. 2019 Aug;50(2):377-390. doi: 10.1002/jmri.26654. Epub 2019 Jan 18. PMID: 30659696; PMCID: PMC6767440.

**‘***Mammograms are less sensitive for the detection of ILC than for invasive ductal carcinoma (IDC): up to 30% of ILCs are not visualized at mammography’*

Porter AJ, Evans EB, Foxcroft LM, Simpson PT, Lakhani SR. Mammographic and ultrasound features of invasive lobular carcinoma of the breast. *J Med Imaging Radiat Oncol* 2014; 58: 1–10. doi: <https://doi.org/10.1111/1754-9485.12080>

Copy to:

Dr .......(your Gp)