

Date: 2020/12/12; 22/09/1399

Patient's Name: A.Gh

Responsible Physician: Dr.Alipour

Patient presentation:

- 57years – positive family history (thyroid, ovary, soft tissue sarcoma)
- Referred by her Oncologist for future planning after 4 courses of chemotherapy for left breast carcinoma (IDC; G2; ER +70%; PR+50%; HER2- ; Ki 67 3-5%)
- Self history of pretreatment swollen breast albeit sonographic report of a single 13mm mass in left breast(6o'clock). BIRADS 4 and multiple suspicious axillary lymphadenopathies plus a cluster of microcalcification at the same location in her mammography.
- Presently in physical exam there is a region of palpable thickening about 3-4 cm in lower outer quadrant with multiple axillary lymph nodes (CNB is not done for them)
- New sonography showed increased size of primary mass to 18 mm, but in physical exam nothing was found.
- Patient has had evidence of some bone metastasis in thoracic, lumbosacral spines in bone scan before chemotherapy.

Question: 1-Is she fit to be incorporated in the metastatic survey? if so:

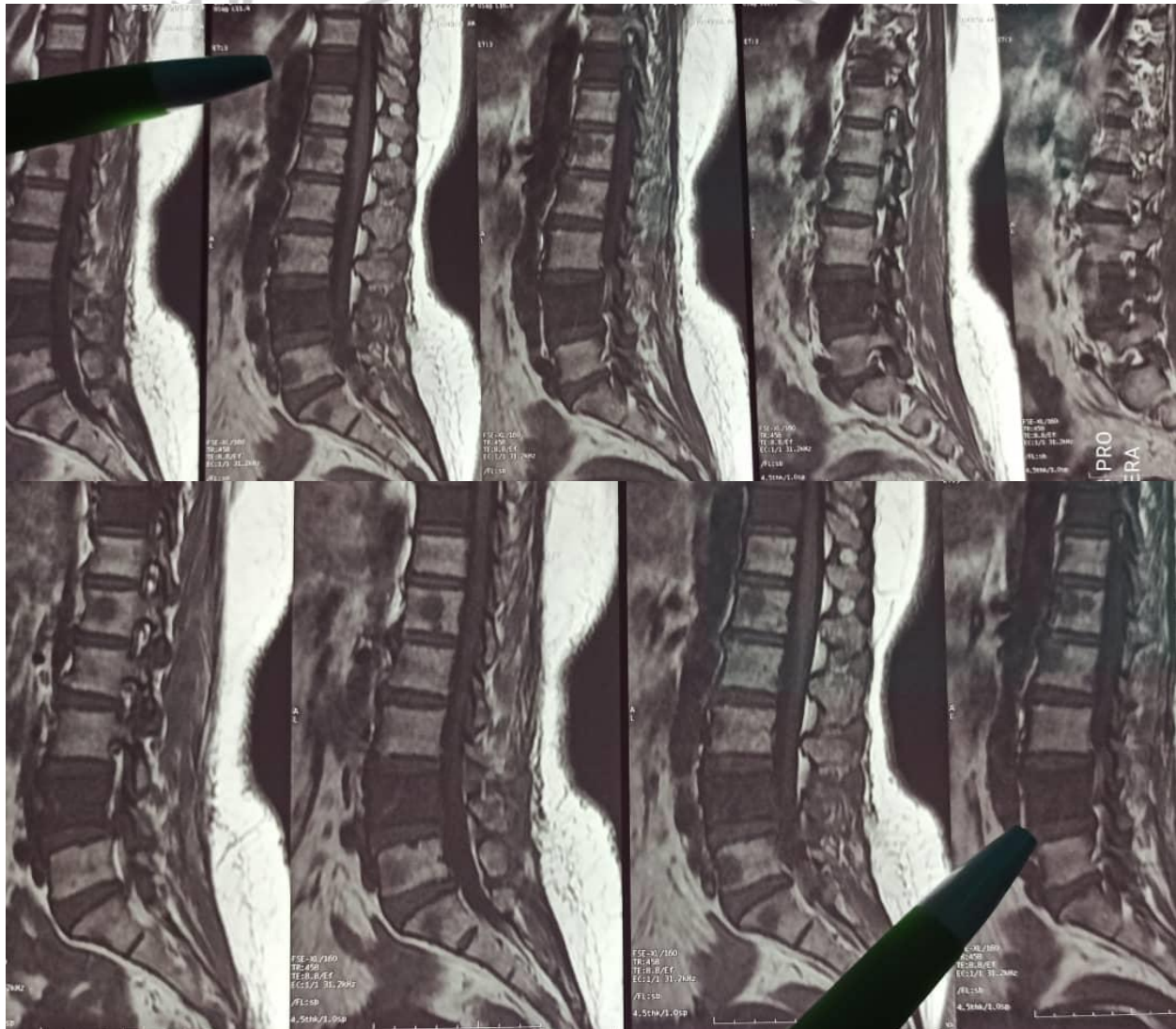
2- Shall we do the surgery now or at the end of chemotherapy?

3-Is there any need to change the line or kind of treatment?

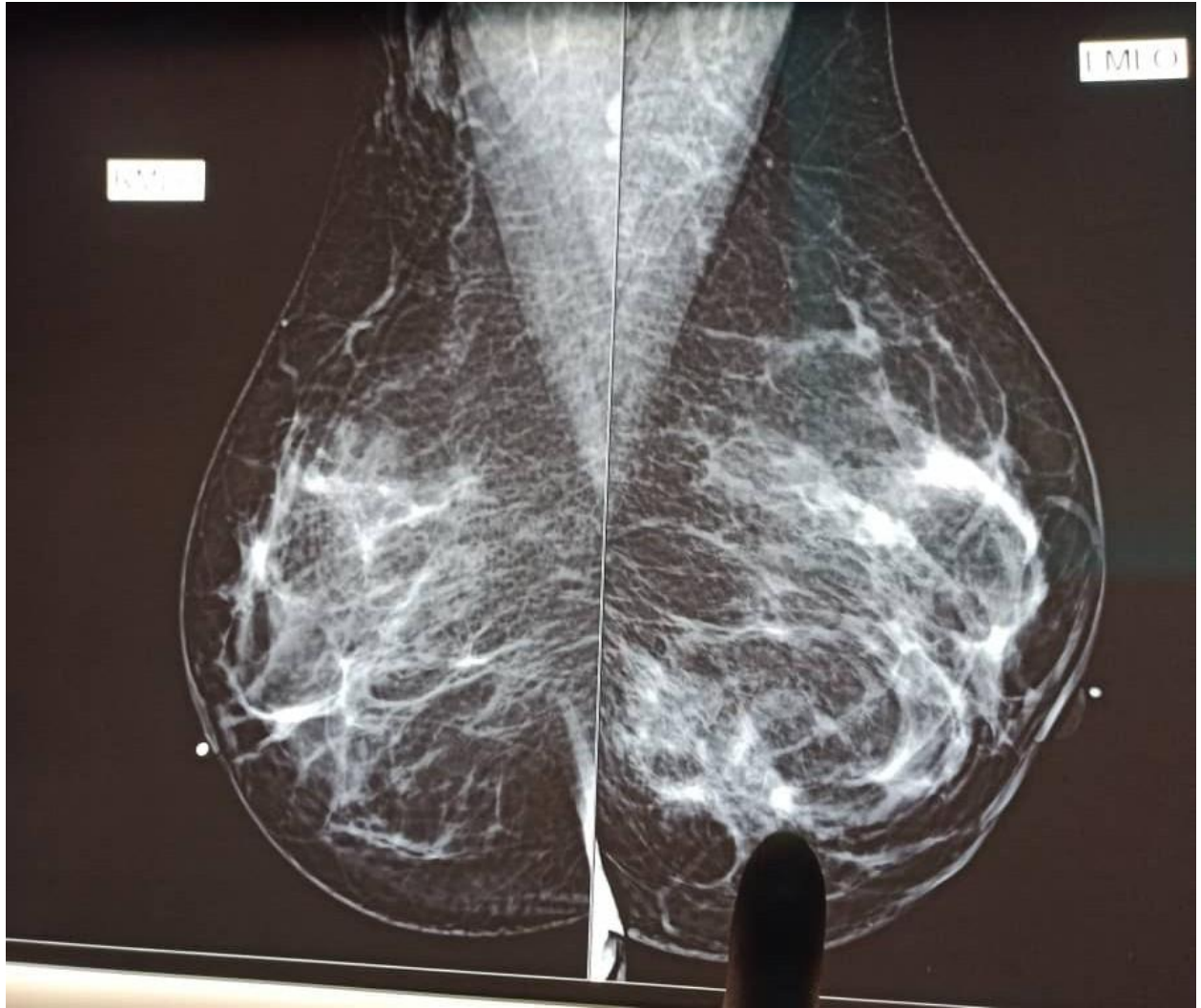
4-What is the best imaging modality to assess response to chemotherapy in her?

new findings: multiple bone metastasis in the MRI of spinal column.

Considered plan: First lumbar spine radiotherapy is necessary plus receiving bisphosphonate; if the patient decides to be in the surgery can be done if not change the line of systemic therapy to hormone therapy and 3 months later reevaluate the patient.







Breast Disease Research Center