

**Date:** 2020/10/24; 3/8/1399

**Patient's Name:** M.M

**Responsible Physician:** Dr. Mahmoudzadeh

**Patient presentation:**

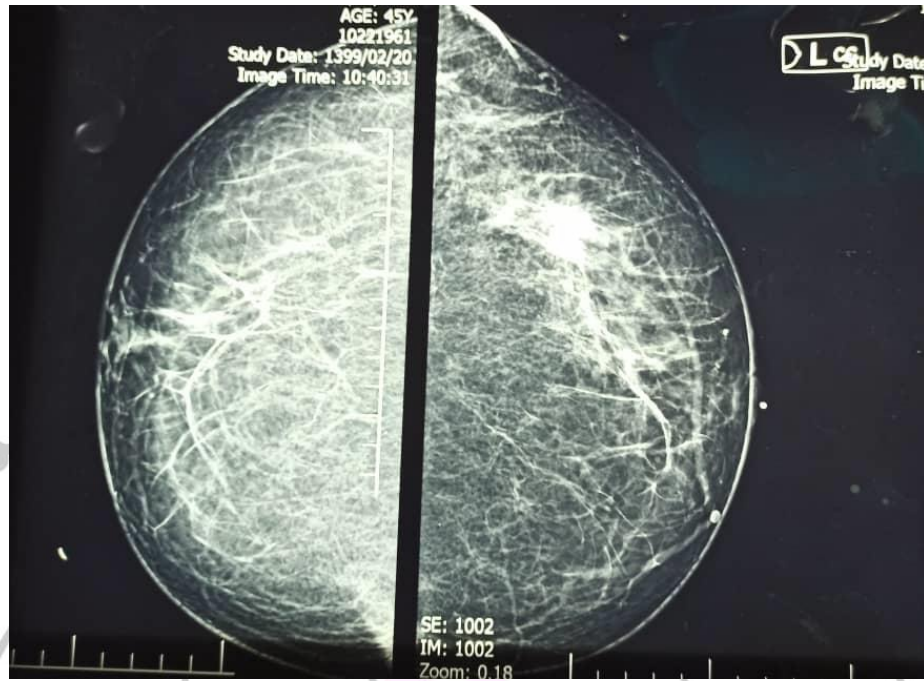
- 45years, female
- Presented with multiple left breast masses (OIQ-30 &28 mm). [2020/4]
- Core needle biopsy result: IDC(G2) + DCIS (solid type) ; ER+12-15% ;PR+ 1% ;HER2 3+; Ki67 15-20% ;axillary lymph node FNA involved.
- At the same time metastatic work up done. (Bone scan & Spiral CT scans) In addition to breast mass and axillary lymphadenopathies she had one faint nodule in posteromedial zone of middle lobe of right lung and 6 hypo vascular lesions in 6<sup>th</sup> segment of her liver and a 6mm calcification in 7<sup>th</sup> segment.
- Now [2020/10] after termination of her neo adjuvant chemotherapy PET scan done: Left axillary(SUV max=7.3) and right upper cervical submandibular(SUV max=3.9) FDG –avid adenopathies otherwise normal.

**Question:** Is it necessary to have MRI for assessing response to treatment?

Surgery of primary site shall be performed?

**Recommended tests:** No need to MRI. To enter in trial having good response in CT scan is enough.

**Considered plan:** surgery is recommended only if the patient accepts taking part in the trial [metastatic breast cancer].



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