

Date: 16.03.2024; 1402/12/26

Patient's Name: H.B

Responsible Physician: Dr.Esphandbod

Patient presentation: A 69 year-old woman who had bilateral IDC, ER: positive, PR: positive, HER-2: triple positive in year 1398. She underwent bilateral mastectomy, Chemotherapy (AC), Herceptin intake and then AI. In the follow up of last year, she had Plural effusion.

PET scan: Hypermetabolic circumferential left pleural thickening along with pleural effusion, invading to mediastinum, Anterior and posterior mediastinal masses involving the pericardium, At least one hypermetabolic right hepatic lobe metastasis, Hypermetabolic left hilar and retrocrural adenopathies, Subcentimeter nodules in bilateral lungs, below PET resolution.

Treatments: Gemzar, Cisplatin, Pertuzumab, Herceptin then Fulvestrant, Pertuzumab and Herceptin.

Follow up PET scan in 1402:

Mediastinal mass plural nodules with increased cortex thickening, Hilar and Paratracheal lymph nodes increase in liver hyperactive lesions

Plural biopsy: Metastasis with breast origin, GATA: positive.

Question:

What is the treatment plan?

Recommended plan:

- Immunotherapy or single agent Taxan continue Herceptin and after 6 cycles of Taxan start Tamoxifen.

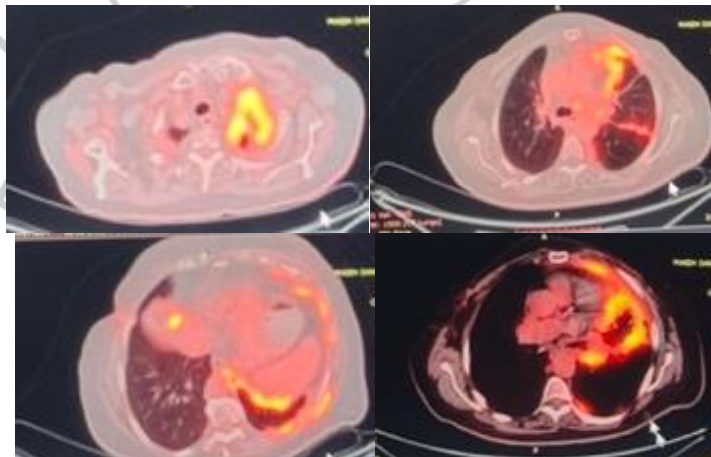


Figure 1, 2, 3 & 4: PET scan shows mediastinal metastasis (1402).

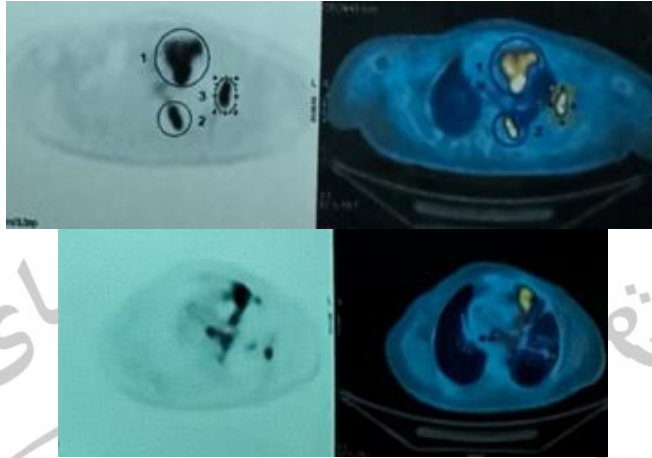


Figure 5 & 6: PET scan shows mediastinal metastasis (1401).

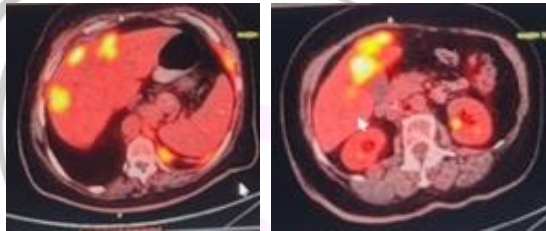


Figure 7 & 8: PET scan shows Liver metastasis (1402).

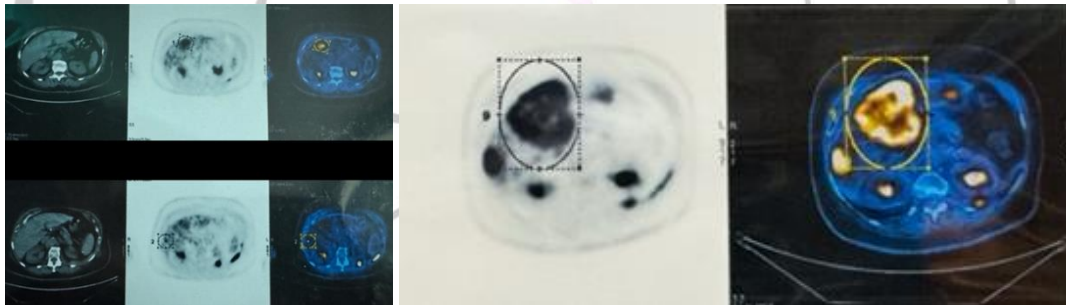


Figure 9 & 10: PET scan shows Liver metastasis (1401).