

Date: 31.08.2024; 1403/06/10

Patient's Name: P.S

Responsible Physician: Dr.Esfandbod

Patient presentation: A 36-year-old woman with a history of Hodgkin's lymphoma at the age of 15, who was treated with Adriamycin and chest radiation therapy, underwent neoadjuvant chemotherapy (TC 6 cycles) and mastectomy in 1402 due to breast cancer (IDC, Grade: 2, ER: negative, PR: negative, HER-2: double positive, CISH: negative, Ki67: 25-30%, Genetic: BRCA negative). Surgical pathologic results showed IDC, Grade: 3, LVI: positive, Tumor size: 35mm, Lymph nodes: 4/8. Metastasis work up was unremarkable. After that, she underwent 25 sessions of radiotherapy. The patient has a recurrence at the mastectomy site and lung and subcarinal metastases are reported during follow up. During the treatment with Gemzar and cisplatin, she is treated with IVIG due to MS. New PET CT scan results show high uptake lesion in lung and hilar lymph nodes. The patient was treated with Gamzar and navelbine, but now she has vision loss and carcinomatous lymphangitis.

Question:

What is the next treatment plan?

Recommended plan:

- Treatment with Enhertu (fam-trastuzumab deruxtecan)

