

**Date: 26.04.2025; 1404/02/06**

**Patient's Name: Z.F**

**Responsible Physician: Dr. Emami**

**Patient presentation:**

58 Y/O

Ascending colon polyp: metastatic carcinoma (poorly diff carcinoma)

**US:**

LT Irregular mass 9.5\*7mm B5

RT 26.5 8 12 mass + LN+

**CNB:**

LT Invasive ductile carcinoma: Invasive ductile carcinoma Grade 1 ER100 PR 100 HER-2 Ki-67 50%

RT ILC G1 ER100 PR100 Ki67 10%HER2 2+

**Hemicolectomy:**

Unremarkable colon wall and 1/10 LN involved with metastatic carcinoma

**RT BCS:** pleomorphic invasive lobular carcinoma T: 4.2 cm LN: 0/5

**LT BCS:** mixed invasive breast carcinoma NOS (85%) invasive lobular (15%)

**T:** 1.3 cm LN: 0/8 but 4.5 cm tumor deposit

**Question:**

Best plan?

**Recommended plan:**

Pathology review is suggestive of visceral metastasis of lobular carcinoma.

In recognition of that: Hormone therapy is enough