

Date: 20.12.2025; 1404/09/29

Patient's Name: F.R

Responsible Physician: Dr. Sarkarde

Patient presentation:

50 Y/O female with bilateral breast cancer

MG: obscured densities in both breasts, Right: B5, left: B4

FCMV: multiple groups of pleomorphic microcalcification in OUQ of Lt breast

Right: IDC, G2, ER: 90%, PR: 60%, HER-2: -, Ki67:10%

Left: 4 o'clock: IDC, G1, ER: 90%, PR:40%, HER-2:-, Ki67:5%

10 o'clock: IDC, G1,

She received NACT U/S: Right: 35*20*20mm

Left: 8.5*5.5mm, 5 o'clock, both axilla normal

Abdomino pelvic CT: scattered sclerotic bone lesion, bone metastasis could be the first DDX.

Question:

Considering the patient willingness to conserve the left breast is it palliative or curative treatment as possible bony metastasis exists?

Recommended plan:

CT review confirmed bone metastasis. Letrozol and Palbociclib should be administered. In case of local advancement surgery is advised.