

Date: 10.01.2026; 1404/10/20

Patient's Name: F.A

Responsible Physician: Dr. Elahi

Patient presentation:

40 Y/O female with negative FH

MRI: Rt retroareolar non-mass enhancement, 10*3 cm (B4b), Lt 1-5 o'clock near zone to mid zone non-mass enhancement 14*8 cm (B5), NAC is involved, Lt Ax LN thick

Rt VAB: Sclerosing adenosis

Lt 1 o'clock CNB: DCIS, ER positive

Lt Ax LN Bx: Neg

Review Pathology

Rt: Sclerosing adenosis

Lt: Focus of ADH

Previous MDT: review exact slides of DCIS

Review: confirmed DCIS

Left: skin sparing mastectomy+ retro-pectoral implant

Right: partial mastectomy and mammoplasty

Final pathology:

Rt: Sclerosing adenosis and atypical columnar cell change

Lt: DCIS high grade, 70 mm, microinvasion 1mm, G3, margin free (superficial 5 mm), ER neg, Her2+++, ki67 40%, SLNB free 0/2

Question:

Given the extensive in situ component, a reported 1-mm focus of invasion can be considered reliable, and therefore chemotherapy is omitted?

The second question is whether radiotherapy is indicated, considering that the tumor extended from the 1 to 4 o'clock and was close to the skin over a wide area, although an intraoperative margin of 5–10 mm from the skin was achieved.

Recommended plan:

The case was not discussed.