

Date: 25.10.2025; 1404/08/03

Patient's Name: H.A

Responsible Physician: Dr. Sarkarde

Patient presentation:

53 Y/O female, right breast mass

1403/09, US: 27*20mm with microcalcification, B5, axillary node: neg

1403/09, MG: right lateral spiculated oval mass, B4c

1403/09, CNB: IDC, ER70-80%, PR: neg, HER-2: neg, Ki67: 30%

Contrast enhanced MG: left calcification which underwent VAB

1403/11: right BCS + ALND (IDC, pT: 3.5cm, G3, LVI: pos, ALND: 2/5, pT2 N1a and VAB: DCIS: G2, ER: pos

Planned to start chemo and perform left margin re-excision between chemo and XRT. Also, genetic test was ordered (still did not perform).

1404/04/28: chemotherapy terminated.

1404/05: margin re-excision in form of left lumpectomy (IDC, pT: 1.2cm, G1/3, DCIS: pos, distance from closest margin 1cm, LVI: neg, pT1c Nx

ER: 70-80%, PR: 5%, HER-2: 0, Ki67: 5%

She is going to take bilateral RT and letrozole

Question:

What should be done regarding left axilla?

Recommended plan:

Axillary staging is not indicated based on INSEMA study. Adjuvant treatment should be continued.