

Date: 08.11.2025; 1404/08/17

Patient's Name: Z.L

Responsible Physician: Dr. Farzin

Patient presentation:

52 Y/O female, 7 years ago had MRM,
1403: local recurrence underwent CNB: IDC, HER-2:3+, ER: +, PR:-, Ki67: 5-10%, She received THP then TH and referred for surgery but did not do that due to financial shortcomings. Added to the local recurrence she had skeletal bony metastasis. Now she is receiving Herceptin+letrozole+pertuzumab

Question:

Does she need RT to the breast?
Skeletal metastasis needs radical or palliative XRT?

Recommended plan:

Since it has been a long time from surgery, it is not recommended to radiate the chest wall. For metastatic lesions if there is fracture risk performs palliative XRT.

Breast Diseases Research Center