Date: 1405/08/09, 2026/10/31

Patient's Name: J.N.

Responsible Physician: Dr. Omranipour

Patient Presentation:

A 32Y/O female with Left breast mass first identified approximately three years ago.

Initial Imaging (2022):

-Breast ultrasound:

- Hypo echoic lesions at the 1, 9, and 12 o'clock positions, classified as BI-RADS 3.
- A 14 × 7.5 mm multilobulated mass between the 9 and 10 o'clock positions.
- Left axillary lymphadenopathy and a 36 × 27 mm heterogeneous mass in the left axilla.

-Breast MRI:

- Multiple mass-like and non-mass enhancement areas in the lower inner quadrant, as well as the lateral and posterior portions of the left breast.
- BI-RADS 4C
- Marked left axillary lymphadenopathy.

-CT scan: No significant abnormalities reported.

Histopathology:

-Breast core needle biopsy: Invasive ductal carcinoma with a mucinous component.

-Histologic grade: Grade 1

-Immunohistochemistry:

- ER: Positive
- PR: Positive
- HER2: Negative
- Ki-67: 40%

-Axillary biopsy: Mucinous adenocarcinoma.

-Whole-body metastatic work-up: Negative at the time of initial evaluation.

Treatment History:

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-The patient received nine cycles of chemotherapy.

-Last chemotherapy session: August 2023.

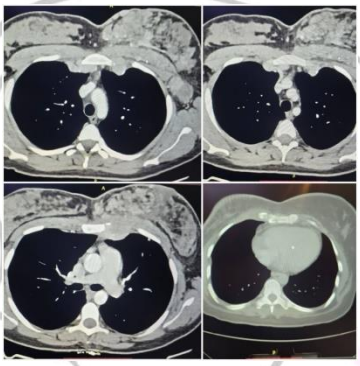
-The breast mass decreased in size following chemotherapy.

-The patient subsequently discontinued all treatment and was lost to follow-up.

Current Clinical Presentation:

-The patient has now presented with an enlarged, swollen, and inflamed left breast with skin lesions.

- The current extent of disease and metastatic status has not yet been established.



Question:

Given the patient's progressive local disease following discontinuation of treatment, should surgery be considered at this stage, or should systemic therapy be initiated first, followed by reassessment of surgical resectability?

Recommended Plan:

- ✓ CT scan re-reviews: The patient is considered to have oligometastatic disease involving the sternum.
- ✓ Surgical status: According to the Tumor Board, the disease is currently unresectable.
- ✓ Biopsy: Obtain a biopsy from the breast skin lesions.
- ✓ Systemic therapy: Initiate an aromatase inhibitor in combination with ovarian suppression and a CDK4/6 inhibitor.
- ✓ Reassessment: Repeat PET scan after treatment and re-discuss the case at the Tumor Board.