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

Patient's Name: D.

Responsible Physician: Dr. Alipour

Patient Presentation:

A 37 Y/O female

-Initial Imaging: Breast ultrasound revealed skin thickening, classified as BI-RADS 4.

-Diagnosis: Inflammatory breast cancer (IBC)

-Immunohistochemistry:

- ER: Positive
- PR: Positive
- HER2: Positive

Treatment History:

-The patient received chemotherapy following the diagnosis of inflammatory breast cancer.

-During chemotherapy, bone metastases were detected.

-The case was discussed at a tumor board in the patient's home city, where surgical intervention was proposed.

Metastatic Work-up:

-CT scan: Extensive sclerotic lesions involving the skeleton and vertebrae, suggestive of bone metastases.

-Whole-body bone scan: Widespread skeletal metastases.

- No repeat metastatic work-up was performed after completion of chemotherapy.

Question:

In a patient with HER2-positive inflammatory breast cancer and widespread bone metastases, should surgery of the primary breast tumor be considered, or should management focus on systemic therapy?

Recommended Plan:

- ✓ If the patient responds to systemic therapy, breast surgery is not considered urgent at this stage.
- ✓ However, surgery may remain a treatment option for the patient, depending on the clinical response and subsequent reassessment.

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