Date: 1405/08/16, 2026/11/07

Patient's Name: F.T

Responsible Physician: Dr. Alipour

Patient Presentation:

A 60Y/O female

Diagnosis: Right breast cancer with pulmonary metastases.

The patient has been receiving systemic chemotherapy for approximately two years for pulmonary metastatic disease.

She has now been referred for consideration of breast surgery.

Recent Response Assessment:

According to the treating oncologist, the pulmonary lesions have completely resolved.

The most recent PET scan reportedly shows no evidence of residual pulmonary metastatic disease.

Breast and Axillary Ultrasound:

The most recent ultrasound dated 29/07 (year to be confirmed), showed:

A 3-mm skin abnormality in the upper inner quadrant, possibly representing a tumor-related scar.

No definite evidence of a residual breast tumor.

An 11-mm lymph node with altered echogenicity in the right axilla.

Chest CT Findings:

Previous chest CT: A 7-mm nodule in the right upper lobe.

Recent chest CT: Several small pulmonary nodules, measuring up to 8 mm in diameter.

Question:

Is Primary tumor resection indicated?

Recommended Plan:

- ✓ Since pembrolizumab will be continued regardless of surgical intervention, the added benefit of surgery is considered minimal.
- ✓ Accordingly, surgery is not recommended at this stage, and the patient is advised to remain under follow-up.

Breast Diseases Research Center