

Date: 1405/07/04, 2026/09/26

Patient's Name: F.M

Responsible Physician: Dr. Omranipour

Patient Presentation:

A 54 Y/O female

History of right breast cancer, diagnosed approximately 6 years ago.

Initial treatment included:

Neoadjuvant chemotherapy

Breast surgery

Adjuvant radiotherapy

Adjuvant Tamoxifen, which she continued until recently.

Initial Pathology (6 years ago)

Invasive ductal carcinoma (IDC) with residual invasive carcinoma following neoadjuvant chemotherapy.

Multiple tiny foci of residual invasive carcinoma, measuring approximately 1–8 mm.

Lymph nodes: 3/5 positive

ER: 25%

PR: negative

HER2: negative

Ki-67: 5%

Current Breast Imaging:

Breast ultrasound:

Right breast mass measuring approximately 11×10 mm

No suspicious axillary lymphadenopathy identified.

Current Core Needle Biopsy:

Invasive carcinoma with ductal and lobular features

Grade 1

Associated DCIS: positive

ER: 70%

PR: 20%

HER2: 0 (negative)

Ki-67: 10%

PET/CT demonstrates:

Hyper metabolic soft-tissue mass in the ventromedial zone of the right breast

SUVmax: 6.2

Findings are suspicious for recurrent/residual malignancy.

No evidence of hyper metabolic lesions suspicious for distant metastatic disease.

Question:

The patient strongly prefers repeat breast-conserving surgery (re-BCS).

Is she a candidate for re BCS?

Recommended Plan:

- ✓ Re-BCS with subsequent partial-breast irradiation is a feasible treatment option.

