

Date: 1405/05/31, 2026/08/22

Patient's Name: A.L

Responsible Physician: Dr. Omranipour

Patient Presentation:

55 Y/O Female

Family History: Father with laryngeal cancer

Diagnosis: Right breast cancer

Initial Imaging:

Mammography, breast MRI and ultrasound demonstrated an approximately 48-mm spiculated lesion in the upper right breast, with a heterogeneous non-mass enhancement extending toward the sub areolar region.

Suspicious right axillary lymphadenopathy.

Pathology:

Core Needle Biopsy: Invasive ductal carcinoma, Grade 2

ER: Negative

PR: Negative

HER2: 3+ (positive)

Ki-67: 25%

Axillary lymph node biopsy: Positive for metastatic carcinoma

Initial Staging

Whole-body bone scan: Negative

CT chest: No pulmonary metastases

CT abdomen/pelvis: Liver lesions/nodes highly suspicious for metastatic disease

Thyroid nodule: FNA consistent with benign follicular nodular/adenomatous colloid nodule

Treatment:

Patient received systemic therapy for HER2-positive breast cancer.

Post treatment PET/CT:

Residual right breast lesion measuring approximately 19 × 14 mm, with no significant FDG uptake.

No metabolically active hepatic lesion identified.

Mild metabolically active portahepatis lymph node, which is indeterminate finding and may represent residual nodal metastasis versus reactive change. Close follow-up is advised.

Question:

Would this patient benefit from local intervention?

Recommended Plan:

- ✓ Surgery is not recommended in this step
- ✓ Liver MRI should be done first

