

Date: 1405/06/21, 2026/09/12

Patient's Name: A.R

Responsible Physician: Dr. Sarkarde

Patient Presentation:

A 56Y/O female

Past Medical History: Unremarkable

Family History: Sister with breast cancer

Initial Presentation & Imaging

Mehr 1404: Breast ultrasound revealed two breast masses:

- 12 o'clock: 24 mm
- 2 o'clock: 30 mm

Suspicious axillary lymph node was also noted.

Initial Core Needle Biopsy

2 o'clock lesion:

Invasive ductal carcinoma (IDC)

Triple-negative

Grade 2

Ki-67: 70%

12 o'clock lesion:

No malignancy identified on the initial biopsy.

Axilla CNB: positive for malignancy

Patient received neoadjuvant chemotherapy.

Due to an inadequate response to chemotherapy, repeat pathological assessment was performed.

Repeat Biopsy (1404/12):

Repeat biopsy was obtained from the 12 o'clock lesion.

Pathology showed:

- Invasive ductal carcinoma
- ER-positive
- PR-negative
- HER2: 0

- Ki-67: 5%
- Grade 1

Pathology Review (1405/03): Previous pathology specimens were re-reviewed.

2 o'clock lesion: Invasive ductal carcinoma, triple-negative

12 o'clock lesion: Invasive ductal carcinoma, luminal phenotype

Surgery:

The patient subsequently underwent mastectomy with sentinel lymph node biopsy.

Final Surgical Pathology

Greatest dimension of invasive tumor: 1.7 cm

Histologic grade: Grade 1

Tumor: Single focus

Associated DCIS: Present

Surgical margins: Negative

Sentinel lymph nodes:

2 sentinel lymph nodes examined

Intraoperative assessment: Negative

Permanent pathology: 1/2 sentinel lymph nodes positive

Question:

What is the best treatment plan?

Recommended Plan:

- ✓ Preoperative ALND was preferred over axillary radiotherapy without completion dissection.