

SUNDAY, DEC 20 Hall 325 14:30 - 16:00 Multidisciplinary patient case

14:30 - 14:45 BoneT. Ishikawa, JP14:45 - 15:00 Tumour board discussion

15:00 - 15:15 HepatitisJ. Lubel, AU15:15 - 15:30 Tumour board discussion

15:30 - 15:45 Fear of cancer recurrence/progression J. Turner, AU 15:45 - 16:00 Tumour board discussion



A patient with breast cancer, depressed and with chronic active hepatitis B has an indication for chemo followed by aromatase inhibitors

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Dr Aapro is/was a consultant for

Amgen, BMS, Celgene, Clinigen, Eisai, Genomic Health, GSK, Helsinn, Hospira, JnJ, Novartis, Merck, Merck Serono, Pfizer, Pierre Fabre, Roche, Sandoz, Tesaro, Teva, Vifor

and has received honoraria for lectures at symposia of

Amgen, Bayer Schering, Cephalon, Chugai, Eisai, Genomic Health, GSK, Helsinn, Hospira, Ipsen, JnJ OrthoBiotech, Kyowa, Merck, Merck Serono, Novartis, Pfizer, Pierre Fabre, Roche, Sandoz, Sanofi, Tesaro, Taiho, Teva, Vifor

No responsibility accepted for involuntary errors or omissions.

The list may be incomplete, and does not reflect consultancy for NGOs, Universities, Governmental agencies, and others

Patient with breast cancer, depressed

67 years old, retired bank manager, plays golf twice a week. Husband supportive, no children. On paroxetine since 3 years for depression

Patient with breast cancer, depressed

Refused BCS, had mastectomy for left–sided ductal invasive BrCa G2, pT1c 1.5 cm, pN0 (sn i-), ER 50%, PgR 40%, Ki-67 30%, Her-2 neg

Patient with chronic active hepatitis B

Therapy is currently recommended for patients with evidence of chronic active hepatitis B disease (ie, abnormal aminotransferase levels, positive HBV DNA findings, positive or negative hepatitis B e antigen [HBeAg])

Has an indication for chemo followed by aromatase inhibitors

 What about the hepatitis?
What about bisphosphonates or denosumab?
And her fear of relapse as time goes by?