

Nikola Milašević, MD, specialist of Internal medicine  
Clinic for Oncology and Radiotherapy, Montenegro

# Metastatic breast cancer

# Patient A.G, 65 years old

- ◉ Right mastectomy and axillar lymphadenectomy in 2006.
- ◉ HP: Ca ductale invasivum, HG2, NG2, HER2 3+, ER +++, PR++, Igl 3/15
- ◉ Adjuvant CHT (FAC VI ck) and postoperative radiotherapy.
- ◉ Adjuvant hormonal therapy – Nolvadex, 5 years.

- ◉ Regular oncological controls from 2006 till 2012.
- ◉ Progression of the disease - Meta hepatitis October 2012.
- ◉ Biopsy of metastasis in liver, HP: Carcinoma metastaticum hepatitis (breast), HER2 3+, ER ++, PR+.
- ◉ CHT: Paclitaxel + Trastuzumab
- ◉ Radiological complete response after 6 ck of 3 wk Paclitaxel
- ◉ Continuation of Trastuzumab and starting AI (Femozol)
- ◉ Regular controls till june 2013

- ◉ In june 2013 progression of the disease in liver.
- ◉ CHT Xeloda + Lapatinib.
- ◉ Partial regression of the disease in next 6 months.
- ◉ In february 2014 progression of the disease in the brain.

- ◉ Gamma Knife of two meta lesions (size 12mm and 22mm) in the brain.
- ◉ On control MR of the brain after two months, normal report-without metastasis.
- ◉ Continuation of Herceptin + Lapatinib.
- ◉ Introduction of Exemestan.
- ◉ In 1.5 year without progression of the disease.

- ◉ In August 2015 progression of the disease in lungs (pleural effusions) and in the liver.
- ◉ Continuation of the treatment with CHT (Navelbin).
- ◉ After 6 ck complete radiological response in the lungs an partial regression in the liver.

- ⦿ For the next 3 months without progression
- ⦿ Trastuzumab + Fulvestrant in therapy.
- ⦿ In march 2016 progression of the disease in the brain (multiple metastasis).
- ⦿ Whole brain irradiation.
- ⦿ On control MR of the brain - partial response.
- ⦿ Three months after palliative RT patient had ischemic brain infarction.
- ⦿ It is now hospitalised on neurological department, ECOG 4.



