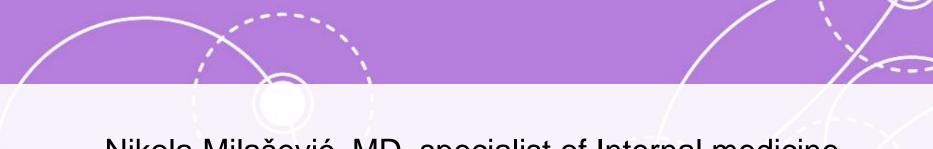


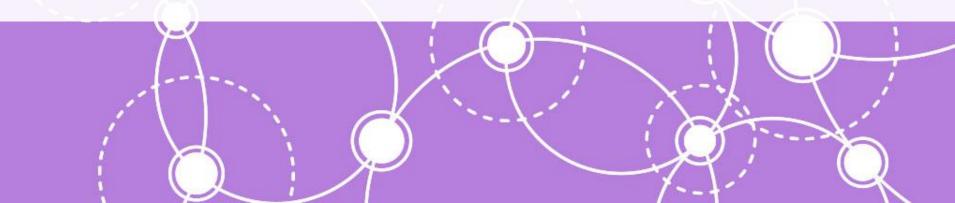
ESMO Preceptorship Programme

Breast Cancer – Lisbon, Portugal – 16.09-17.09.2016



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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 hepatis October 2012.
- Biopsy of metastasis in liver, HP: Carcinoma metastaticum hepatis (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.





