

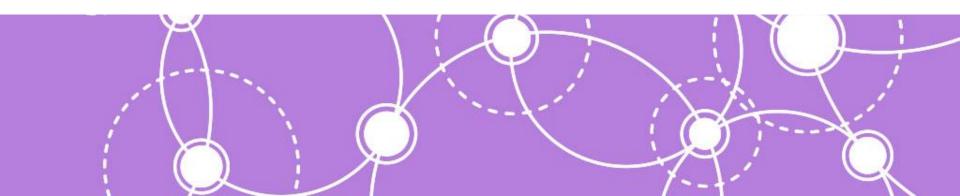
ESMO Preceptorship Programme

Breast Cancer – Lisbon – September 16th – 17th, 2016



Dr Filip Kohutek Faculty Hospital Trencin, Trencin, Slovakia

Neoadjuvant radiotherapy in patient with locally advanced breast cancer



Patient's profile

⊙60- years old female patient

- ischaemic heart disease with chronic heart failure, LVEF < 50% diabetes mellitus type 2, liver steatosis (ALT, AST < 1,5 ULN)

⊙May 2007 – Ca mammae I dx T4b-cN1M0 stage III.B

core cut: IDC, G3, ER 0%, PR 0%, Her2 N/A



Neoadjuvant treatment

o2 cycles of CMF – good effect!

- after 2 cycles- cancelled due to hematological toxicity (severe thrombocytopenia) and GI toxicity (G3), worsening of PS (0>2)

neoadjuvant RT (breast + ipsilateral regional LN)
 50Gy

-> downstaging - > surgery (August 2007) mastectomy + ALND I dx, R0 achieved

IDC, G3, ER -, PR-, her2 N/A



Subsequent therapy

⊙Due to significant improvement of PS (2- > 0) and good effect of neoadjuvant

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- > CMF in adjuvant setting was tried
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+ 4 cycles up to 6 cycles (September – December 2007)
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after 3 months - > progression (bilateral lung MTS)
--> palliative CT
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1st line – docetaxel - > life threatening FN

2nd line- capecitabine (progression after 5th cycle) (February- May 2008)

3rd line – NVB, 5-FU, leucovorin (progression after 2 cycles) (June- July 2008)

4th line – CBDCA, gemcitabine (progression after 4 cycles) (August – October 2008)

5th line – paclitaxel weekly (deceased after 2 months) (October – December 2008)

19 months granted on therapy



Neoadjuvant RT?

- •Limited data are available on role of neoadjuvant RT in LABC
- •Neoadjuvant RT is an option:
- if neoadjuvant CT does not achieve satisfactory outcomes in downstaging
 - if neoadjuvant CT is not feasible

 Santos et al.: DFS significantly better in patients achieving pCR after neoadjuv. RT

Impact on survival rates is unclear, more PTs

Santos et al., J Clin Oncol 29, 2011 (suppl 27; abstr 113)



Thank you for your attention! F Kohutek

