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Long Response in Cutaneous Metastasis of Breast Cancer

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Case Overview

- ◉ 70 y.o. Woman
- ◉ ECOG PS 0
- ◉ Past medical history: Dyslipidemia; Peripheral angiopathy
- ◉ Drug history: warfine, sinvastatin, gabapentin, tramadol, metoclopramide
- ◉ No history of drug / alcohol intake
- ◉ Gynecological history:
Menarche at age 14, menopause at age 50, G3P2, 1 expontaneous abortion,
Hormonal contraception for 20 years, hormonal therapeutic substitution for 5 y.
- ◉ Palpable breast Lump → Mammography:
Right Breast Nodule 5.5cm Bi-Rads 5

11.2005



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Case Overview

- ▶ Right Modified Radical Mastectomy
- ⊙ **Ductal Invasive Carcinoma pT3N3M0.**
ER-pos, PR- pos, HER2-pos – Intrinsic subtype Luminal B-like

- ▶ Adjuvante ChT + RT + HT
 - **FAC** 6 cycles with good tolerance. Doxorubicin cumulative dose 200mg/m²
 - RT right chest wall and lymph node areas, total 50 Gy
 - HT with Anastrozole

- ⊙ **Cutaneous relapse**
- ▶ 1st Line Paliative ChT with **Capecitabina + Trastuzumab**
16 cycles; Best response: Partial Response
- ▶ For exhaust ChT suspends capecitabine, keeps **Trastuzumab** and starts **Letrozole**.

- ⊙ **Cutaneous Progression**
- ▶ Starts **Capecitabine + Trastuzumab**
Best response: Partial Response

11.2005

4. 2006

10. 2006

DFS 20 m

07.2007

05.2008

PFS 3 m

09.2008

PFS 21 m

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Case Overview

◉ Cutaneous Progression

▶ 3rd Line Palliative ChT with **Vinorelbin + Trastuzumab**

- Vascular leg ulcer – contraindication to keep vinorelbine
- Best response: Partial Response

06.2010

▶ Started **Letrozol + Trastuzumab**

PFS 6 m

03.2011

▶ Slight cutaneous progression → Changes AI for **Exemestan + Trastuzumab**

09.2011

PFS 5 m

◉ Cutaneous Progression

▶ 4rd Line Palliative ChT with **Paclitaxel (weekly) + Trastuzumab**

- Best Response: Partial Response
- Peripheral neuropathy Grade 2 + Exhaust Treatment

02.2012

▶ **Fulvestran + Trastuzumab**

PFS 12 m

12.2012

◉ Cutaneous Progression

- Inclusion in **TDM-1** clinical trial (TDM1 arm)
- Abandoned Clinical Trial for failure to timely treatment, in management following excessive anticoagulation with ear bleeding.
- Best Response: **complete response**

12.2013

01.2015

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- ⊙ Inclusion in TDM-1 clinical trial (TDM1 arm)
 - Best Response: complete response



Figure 1. End of TDM1 Treatment

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Case Overview

▶ Tamoxifen + Trastuzumab

PFS 12 m

03.2015

⊙ **Cutaneous Recurrence - Ulcerative lesion with satellite skin nodules**

03.2016



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Case Overview

- **Cutaneous Recurrence**

03.2016



Long Response in Cutaneous Metastasis of Breast Cancer

Case Overview

- ◉ **Cutaneous Recurrence - ulcerative lesion with satellite skin nodules**

03.2016

- ▶ Brachitherapy

- ▶ Restarted TDM1

07.2016

Last medical visit – ECOG 1. Complete wound healing.



→ Clear benefit of adding trastuzumab even after progression in HER2-positive breast cancer.

→ After multiple chemotherapy lines TDM1 represents additional benefit for this patient, who has already achieved an OS of more than 10 years.

→ Particularly in the case of cutaneous metastasis, only with prompt recognition of progression, with a close surveillance, comes the opportunity to treat the progression of disease, to improve survival rates.