

AGGRESSIVE BREAST CANCER

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Case presentation

- ⊙ N.K. presented in 2011 October at 51 years of age with small mass over the upper outer quadrant of her left breast.
- ⊙ Non-smoker, non-alcoholic, postmenopausal women
- ⊙ There was no family history of breast or ovarian cancer in a primary relative.
- ⊙ Mammogram, ultrasound , PET-CT scan and trucut biopsy was performed and patient was diagnosed with **clinical stage II B (cT2N1M0) invasive ductal carcinoma of the left breast**

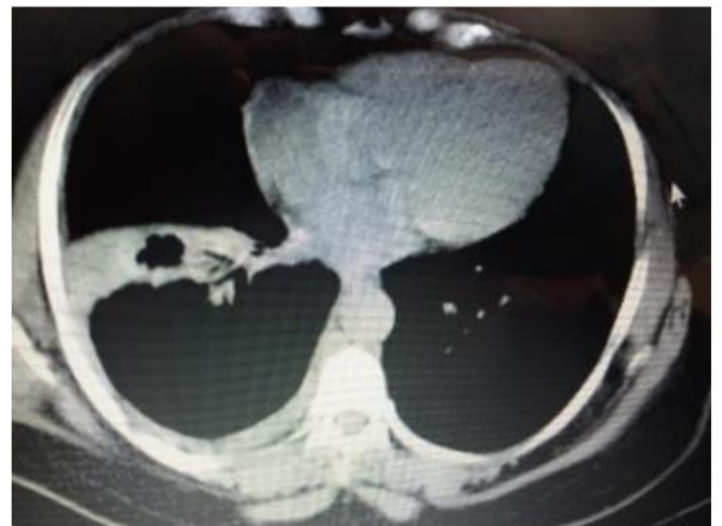
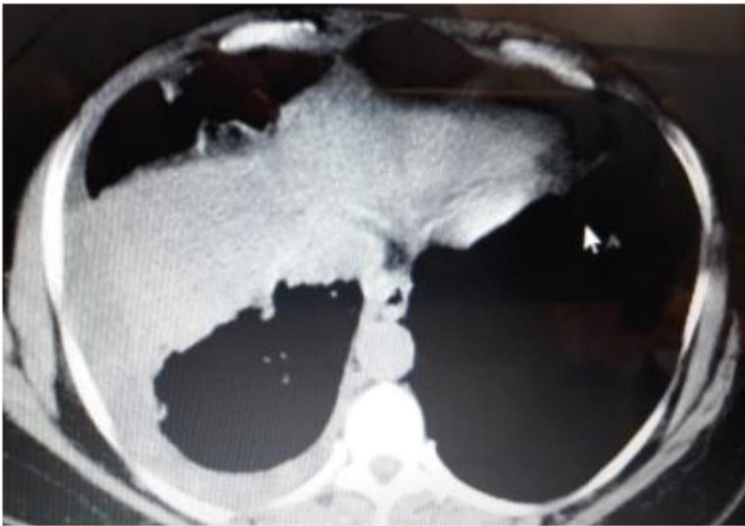
Treatment

- ⊙ 02.12.2011- Left Modified Radical Mastectomy was performed
- ⊙ **Pathohistology : pT2pN3cMO, G2, R0, LVI+ ,ER+, PR+, Her2/Neu(–) score 1**
- ⊙ She was treated with adjuvant chemotherapy (**4 cycle AC followed by 4 cycles Paclitaxel**)
- ⊙ Radiotherapy for chest wall and regional lymph nodes (2Gr/50Gr) was performed
- ⊙ Hormone therapy with letrozole was recommended for 5 years.

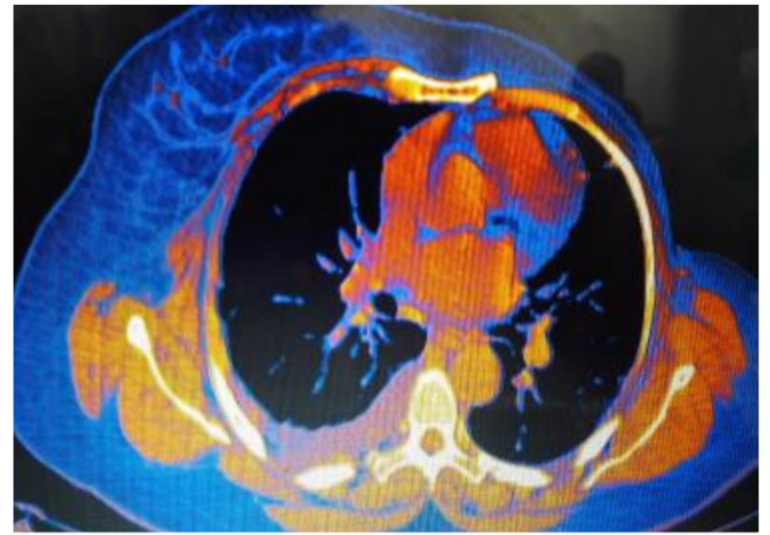
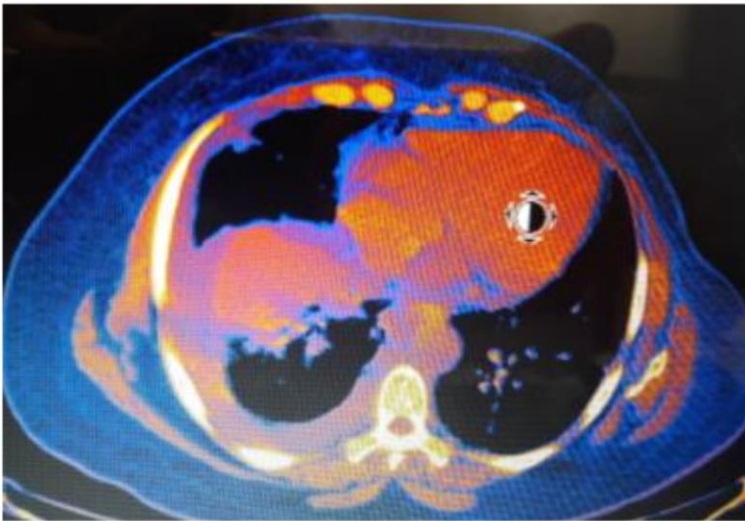
First Relapse

- ⊙ In August 2013 patient referred to hospital with complaints of dyspnea, cough lasting for 1 month
- ⊙ CT scan revealed pleural effusion (17.09.13)
- ⊙ PET-CT scan revealed no FDG positive lesion (20.09.13)
- ⊙ Pathohistology examination with immunochemistry of pleural effusion : **Adenocarcinoma ER(-), PR(-) Her2/Neu- score 2 (SISH Positive)**
- ⊙ Abdomen and Cranial MRI- metastatic lesion was not revealed (30.09.13)

CT scan



PET-CT scan

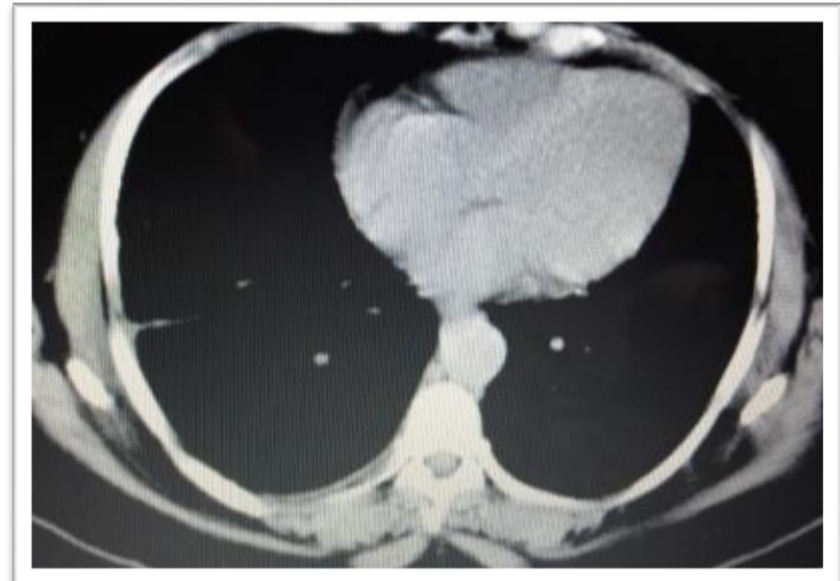
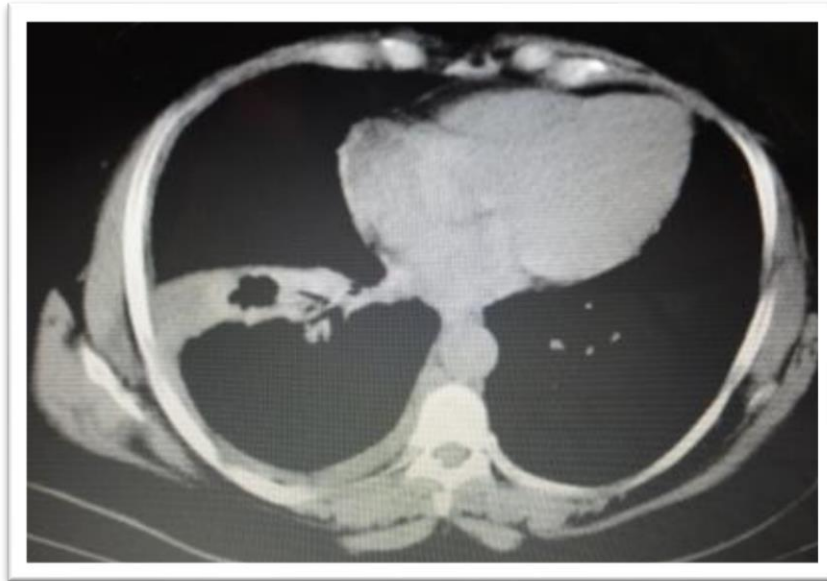


Treatment

- ⊙ Patient was treated **3 cycles Paclitaxel/ Trastuzumab**
- ⊙ After 3 cycle control CT scan revealed complete response(29.11.2013)

Before treatment (17.09.13)

After 3 cycle treatment (29.11.13)

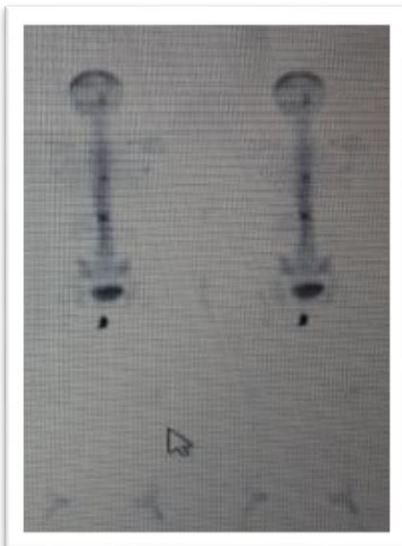


Treatment

- ⊙ After 6 cycle Paclitaxel/Trastuzumab PET-CT scan was performed in 04.03.2014
- ⊙ PET-CT scan (04.03.14) revealed hypermetabolic lesion in T7and T12
- ⊙ Radiotherapy with total dose 8 Gr in single fraction for both T 7 and T 12 was performed
- ⊙ Paclitaxel was discontinued after 6 cycles due to patient's complaint of neuropathy and continued treatment with 12 cycle target therapy (Trastuzumab) + Zometa until 03.09.2014
- ⊙ In 16.06.14 Bone scintigraphy and Spinal MRI was demonstrated partial response in metastatic lesions.



**PET-CT Scan
04.03.14**



**Bone
scintigraphy**

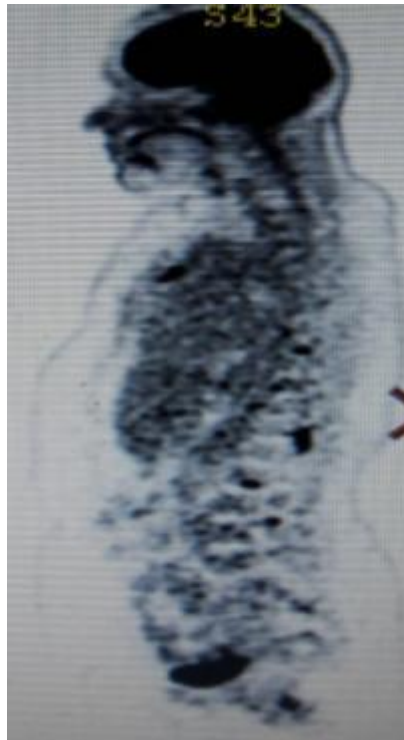
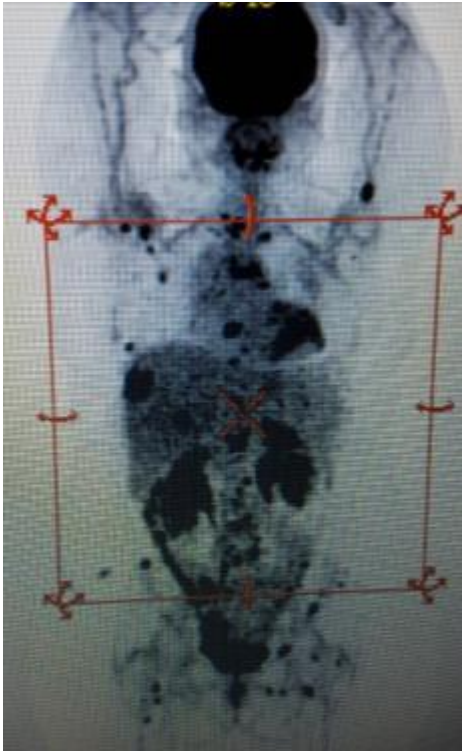
**After
Treatment**



MRI

Progression

After 12 cycle Target therapy control PET-CT scan was performed in 23.09.14
PET-CT scan (23.09.14) revealed new multiple liver lesions and bone lesions.
Brain MRI was without metastasis



2nd line treatment

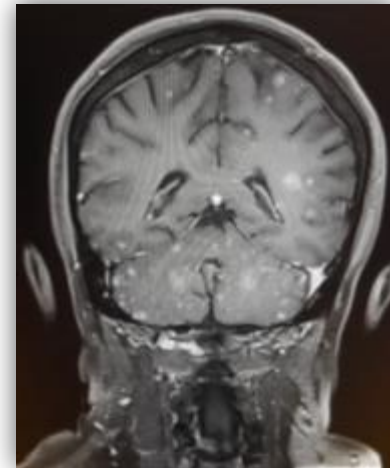
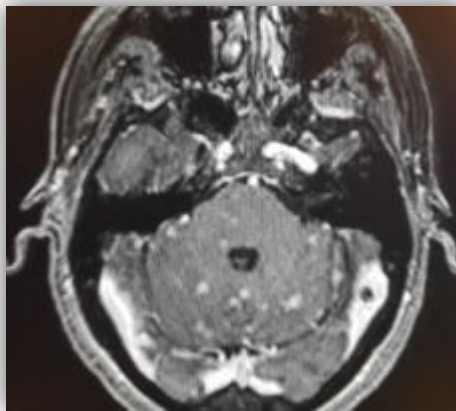
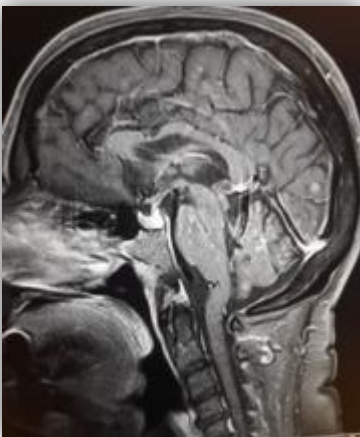
- ⊙ Biopsy of liver revealed **low differentiation adenocarcinoma ER(-) Pr(-) Her2(+)score3**
- ⊙ Treatment was continued with **Lapatinib/Xeloda**. After 5 cycle chemotherapy partial response in liver metastasis but progression in bone metastasis was revealed
- ⊙ Treatment was continued with Kadcyla(Trastuzumab emtansine,T-DM1)

3rd line treatment

- ⊙ After 3 cycle treatment with T-DM1 patient refused treatment (Last treatment with T-DM1 was in July 2012)
- ⊙ In February patient referred to our hospital with dyspnea, cough
- ⊙ CT scan revealed progression in liver metastasis, pleural effusion (Cytologically proved malignant pleural effusions)
- ⊙ Restarted treatment with T-DM1

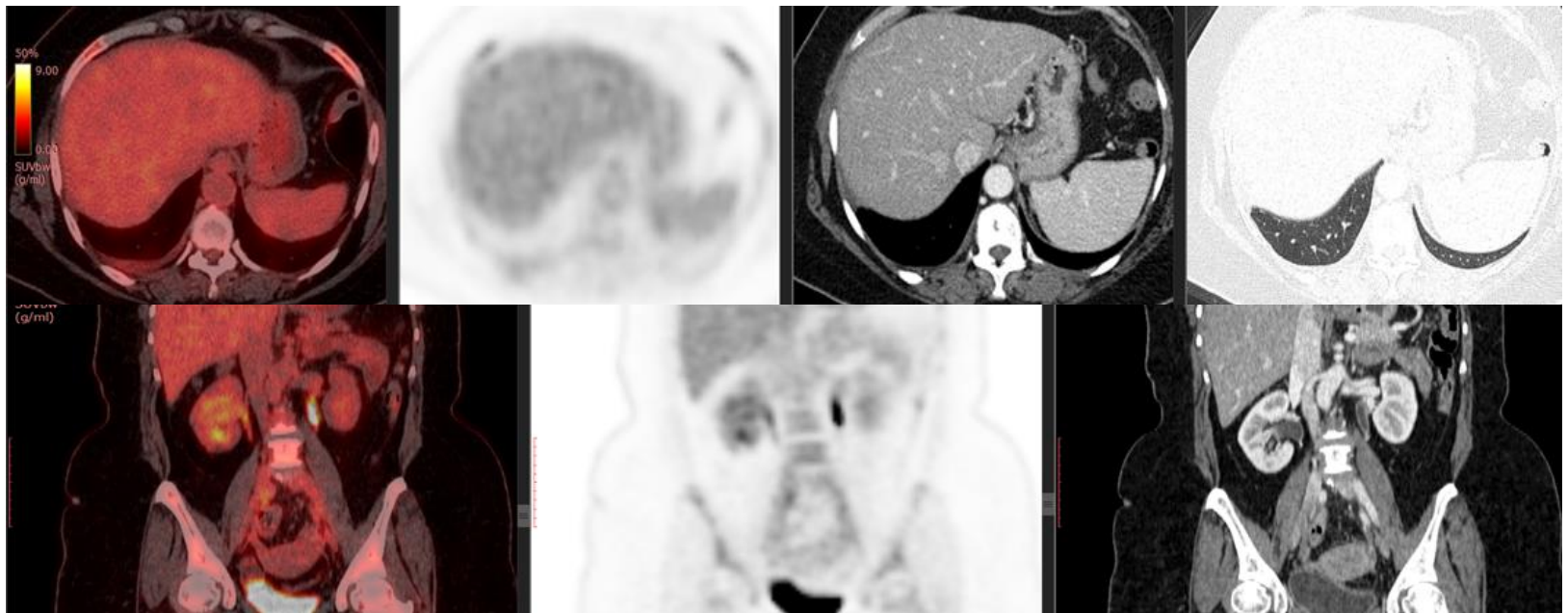
Progression

- ⊙ After 5 cycles T-DM1 patient complained of dizziness.
- ⊙ MRI scan revealed multiple brain lesion
- ⊙ Palliative whole brain radiotherapy was done with 3 Gr/30Gr in “True Beam 2.0 STX”

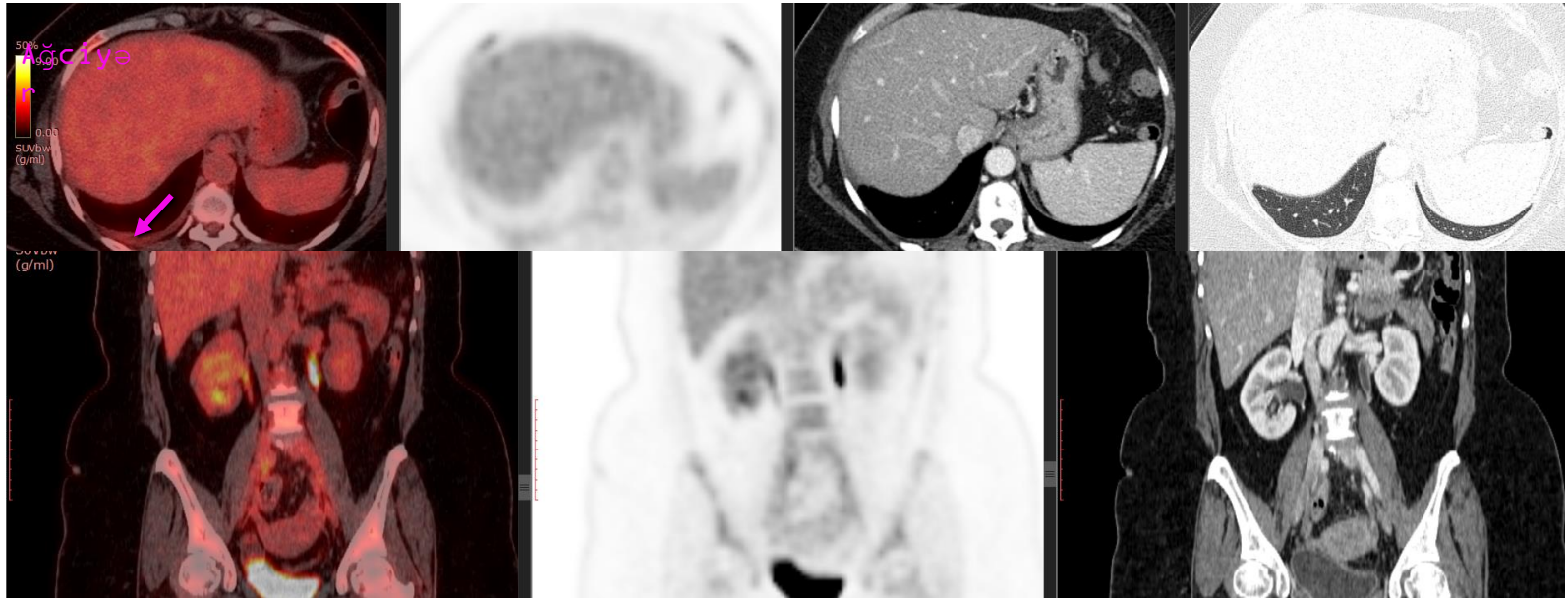


Case presentation

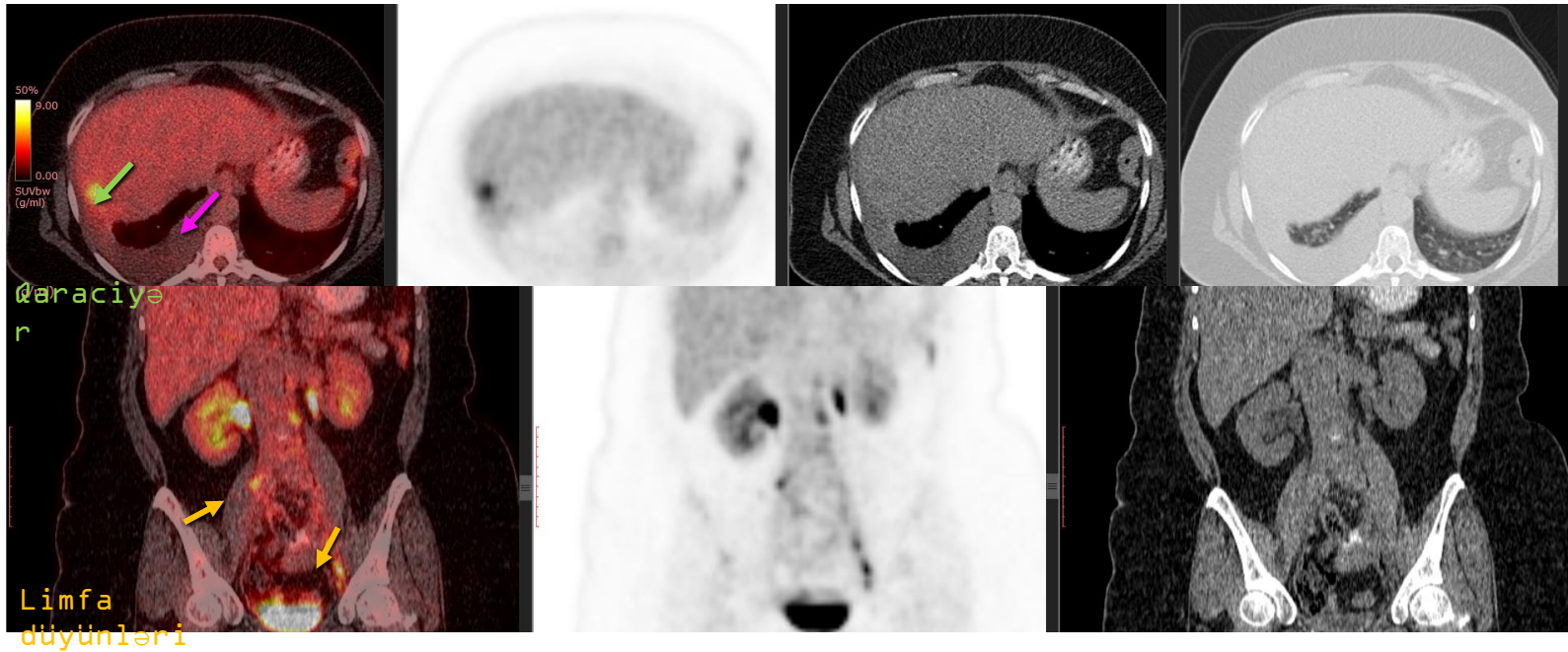
Treatment was continued with 2 cycle T-DM1. After treatment with overall 9 cycle T-DM1 control PET-CT scan revealed complete response in bone and liver metastasis .



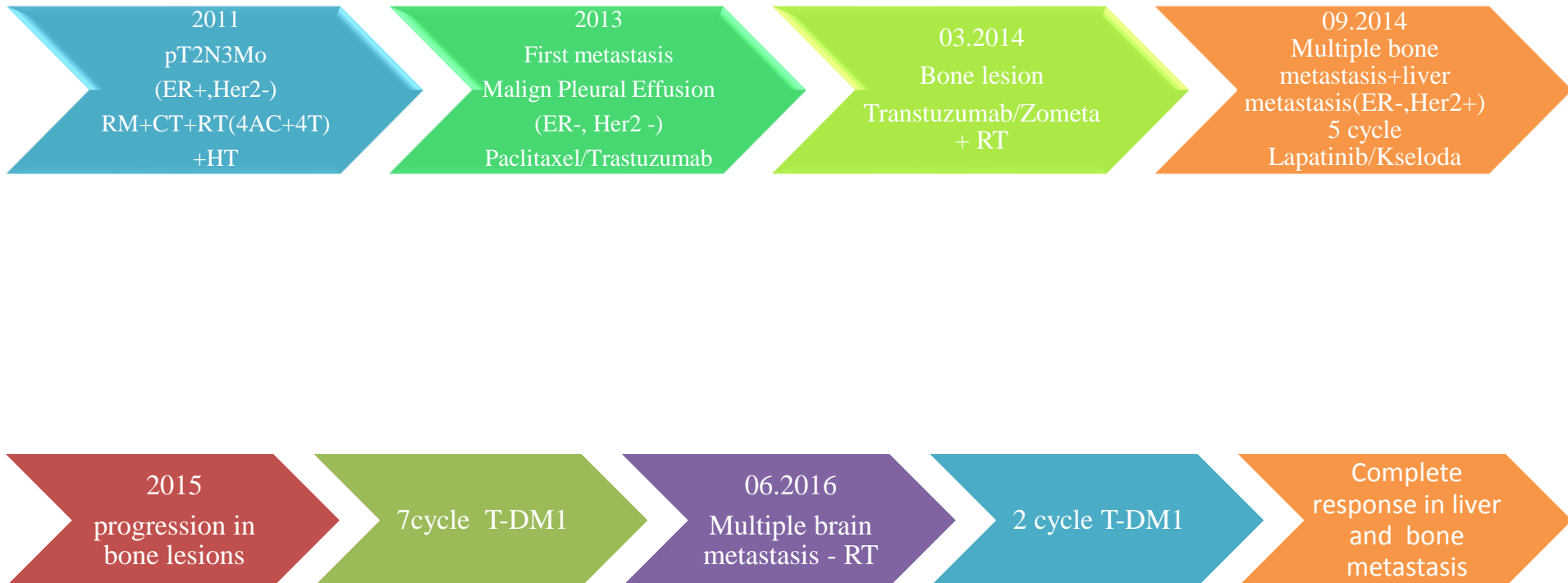
06.09.2016



29.02.2016



Conclusion



Questions

- ⊙ *Is it important to biopsy metastasis of breast cancer?*
- ⊙ *What is the discordance between primary and mets for hormone and her2 receptor status*
- ⊙ *How hormone status changes in metastasis affects prognosis?*
- ⊙ *Should we continue treatment with T-DM1?*
- ⊙ *Which drug could be used in case of progression with T-DM1 in this case?*



Thank you for your attention!