

ESMO Preceptorship Programme

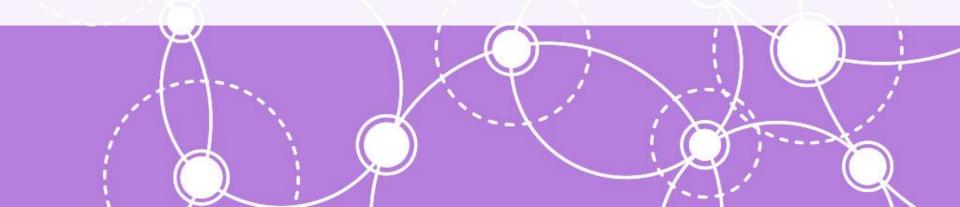
Breast Cancer – Lisbon – 16-17 Sep 2016



Dr. Andrea Otilia Onisim

Institute of Oncology "Prof.Dr.Ion Chiricuta" Cluj-Napoca, Romania

A BRCA2-Mutant, Triple-Negative, **Early Breast Cancer Case**



Case at presentation

- T.M., 35 year-old caucasian woman
- Patient characteristics:
 - one pregnancy → one birth at 28 years
 - no personal history of malignancies or other diseases
 - no family history of breast or ovarian cancer
- Physical exam (May 2014):
 - ECOG PS= 0
 - post-lumpectomy right upper breast scar
 - no breast or axillary palpable lesions



Primary treatment

- the patient presented to our Institute (May 2014) after breast-conserving surgery (BCS)
- the **histopathological report** revealed a 14 mm invasive medullary carcinoma in the upper external quadrant of the right breast :
 - → resection margins less than 1 mm;
 - → grade III Nottingham;
 - → important lymphocyte infiltrate;
 - → no tumor necrosis, no lympho-vascular or perineural invasion;
 - → HER2 negative; ER, PR negative; ki 67= 70%.
- Chest, abdomen, pelvis CT scan no distant metastases
- re-excision and right axillary lymph node dissection (June 2014) :
 - → no tumor remnant
 - → 23 axillary lymph nodes negative for tumor
- Triple negative invasive medullary breast carcinoma pT1cN0M0, stage IA



Postoperative treatment

- Adjuvant chemotherapy (Jun-Nov 2014):
 - → EC: Epirubicin 100 mg/m ² IV + Cyclophosphamide 600 mg/m ² IV on day 1 every 3 weeks for 4 cycles
 - → CMF: Cyclophosphamide 100 mg/m ² PO on days 1-14 + Methotrexate 40 mg/m ² IV on days 1 and 8 + 5-FU 600 mg/m ² IV on days 1 and 8 every 4 weeks for 4 cycles
- Adjuvant radiotherapy (Jan 2015) → 3D-CRT of 50.40 Gy in 28 fractions



Follow-ups

Regular follow-ups every 4 months → 26 months disease-free interval

BRCA 1/2 testing (March 2016)



carrier of a class 5 BRCA2 mutation (chr13; exon 24; BRCA2 - c.9253delA)

Recommendations:

- regular visits
- annual ipsilateral and contralateral mammography alternating with MRI
- gynecological consultation



Discussion

Lifetime risk	BRCA1 mutation	BRCA2 mutation
Breast cancer	65% [CI: 44-78%]	45% [CI: 31–56%]
Ovarian cancer	39% [CI: 18-54%]	11% [CI: 2.4–19%)

Annals of Oncology 22 (Supplement 6): vi31-vi34, 2011

- Up to 20% of women with TNBC carry a BRCA1/2 gene mutation
- BCS vs. Mastectomy in mutation carriers
- BRCA-mutant TNBC: prediction of chemosensitivity (DNA-damaging agents)
 - benefit from platinum-based chemoT (neoadjuvant /adjuvant)
 - future perspectives → PARP inhibitors in the adjuvant setting

Annals of Oncology 26 (Supplement 5): v8-v30, 2015

- Risk reduction strategies to be discussed :
 - → bilateral/ contralateral prophylactic mastectomy
 - → prophylactic bilateral salpingo-oophorectomy

