

Date: 2018/10/20

Patient's Name: A.A

Responsible Physician: Dr. Assarian

Patient presentation:

41 years, Female, Negative family history

Presented with three right breast masses (at 10,11, and 12 o'clock),the largest one diameter was 27 mm. Core needle biopsy :

Invasive ductal carcinoma + DCIS. IHC : ER +/PR + / HER2- /Ki67 20%.Axillary lymph nodes were involved in Ultrasound.

She underwent neoadjuvant chemotherapy. Axillary lymph nodes were free in post-chemotherapy Ultrasound. Mastectomy and

sentinel lymph node biopsy was performed in which 2 out of 2 sentinel lymph nodes were free according to frozen section. In

permanent pathology report one of the aforementioned lymph nodes were involved by a 2.4 mm tumor.

Question: Is axillary dissection mandatory or radiotherapy can be sufficient?

Recommended tests:-no further test needed

Recommended plan: axillary dissection is suggested but we can consider radiotherapy alone if the patient accepts the recurrence risk.

Breast Disease Research Center