Date: 10 Aug 2019. 98/5/19.

Patient's Name: F.M.

Responsible Physician: Dr. Omranipour.

Patient Presentation:

- A 57 year old female with past history of right breast cancer 8 years ago which had been underwent MRM (IDC+DCIS, T=4cm[25% DCIS], LN=0/12, ER+, PR+, HER-) and right breast reconstruction with LD flap and prosthesis one year later, presented with enlargement, inflammation, and pain of right reconstructed breast 10 months ago.

-In breast MRI, a mass in deep central part of left breast posterior to prosthesis and in anterolateral aspect of sternal body and distal part of manubrium measuring 70*40**33mm, with extension to chest wall, endothoracic fascia, and parietal pleura, with amorphous enhancement in mid sternal body(in favor of involvement) was reported. All findings were claimed to be in favor of recurrence (B5). Capsular rupture of prosthesis was also seen.

- The mass was biopsied and metastatic carcinoma(ER+, PR-, HER-, CK7+, GATA+) was confirmed. She had no distant metastasis in thoracic and abdominopelvic CT scan and bone scan.

- She received 3 sessions of chemotherapy with good response in recent thoracic CT scan.

-She underwent chest wall resection (hemisternectomy+resection of anterior part of 2^{nd},3^{rd}, and 4^{th} right rib).

-Pathology: Microscopic residue of invasive carcinoma in soft tissue attached to anterior portion of specimen; the tumor is morphologically suggestive of IDC with medullary features; size of largest invasive carcinoma is 4mm and overall size is 10mm (G2); no extension to underlying bone; tumor focally extends to anterior margin.

Question: Is adjuvant RT recommended?

Recommended Plan: Adjuvant RT is not recommended.