

Date: 7 Aug 2019. 98/5/19.

Patient's Name: R.R.

Responsible Physician: Dr. Omranipour.

Patient Presentation:

-A 45year old female presented with stiffness in upper part of left breast. Mammography reported a heterodensity focus measuring 15mm in upper part of left breast (B4) and breast ultrasound showed a hypoechoic mass measuring 12*6mm at 11-12 o'clock of left breast and no LAP. US-guided CNB was done and pathology examination reported IDC, G2 (core tissue totally measuring 2*1.5*0.5cm); ER+, PR+, HER2 2+(CISH has been requested), Ki67 8-10%.

-She underwent BCS (wire-guided)+SLNB.

-Surgery specimen pathology: Sclerosing adenosis, usual ductal hyperplasia papillary type, fibroadenomatosis with UDH and micropapillary apocrine metaplasia, small foci of duct ectasia; no LN involvement (0/9);

-Pathology review reported no evidence of tumor either.

-Breast ultrasound was requested to evaluate the presence of residual tumor; it reported tissue distortion in surgical bed with no obvious evidence of tumor residue and MRI was recommended.

Question: What should be done regarding no tumor evidence in surgical specimen? What type of hormone therapy is recommended?

Recommended Plan: Breast MRI 3 months later is recommended. Tamoxifen should be administered.

PE-2035-9805.