

Date: 7 Sep 2019 . 98/6/16.

Patient's Name: R.N.

Responsible Physician: Dr. Omranipour.

Patient Presentation:

- A 60 year old female presented with right breast inflammatory carcinoma (IDC, ER+, PR+, HER2-, Ki67 20%, N2 and mild right upper limb lymphedema in clinical examination).

-Staging was requested and she was referred for NAC.

-Abdominopelvic CT scan and bone scan was normal; mediastinal LAP was reported in thoracic CT scan; PET scan showed multiple metastatic thoracic and mediastinal LNs.

-Letrozole was prescribed by her oncologist.

-One month after initiation of therapy, she was examined again: Progressed breast disease and lymphedema, right supraclavicular LAP, left breast medial part erythema and left axillary LAP.

Question: Regarding disease progression, is chemotherapy recommended? Is more work up of right supraclavicular LAP and left breast and axilla helpful?

Recommended Plan: Systemic chemotherapy should be initiated as soon as possible; no further work up is necessary.