

Date: 27 April 2019 . 98/2/7.

Patient's Name: N.D.

Responsible Physician: Dr.Omranipour.

Patient Presentation:

-A 47 year old female with past history of right breast cancer 7 years ago which underwent MRM (Pathology: IDC, T=3cm, 25 involved LNs, ER+, PR+, HER-2 +) and received adjuvant chemoRT and tamoxifen and dipherelin. 3 years later, she had right breast reconstruction with TRAM flap.

-Four years after her primary cancer, she was found to have metastatic right supraclavicular LAP and received regional RT. Tamoxifen was changed to letrozole too.

-One year ago, she presented with left axillary LAP which diagnosed to be metastatic breast carcinoma(ER+, PR-, HER-2 -). In mammography, breast US, and breast MRI no lesion was found in the left breast. PET was negative except for left axillary LAP. She Underwent left axillary lymph node dissection (9 out of 13 LNs involved) and Letrozole was changed to Aromasin. Now she has been scheduled to receive left Axilla RT.

Question: Is it necessary to treat left breast(RT or mastectomy)?

Recommended Plan: Left breast should be treated; at least breast RT is recommended.