

Date: 2020/11/28 ; 08/09/1399

Patient's Name: Z.M

Responsible Physician: Dr.Omranipour

Patient presentation:

- 41years –Negative family history
- NGS genetic test for breast cancer showed her , CHECK2 positive
- Presented with Right breast mass 3cm in small size breasts .
- Core needle biopsy proved IDC (ER+70% ; PR+ 70% ;HER2 3+ ; Ki67 20%) with involved axillary lymph node at FNA (T2N1 clinical).
- Neoadjuvant chemotherapy preceded bilateral NSM (nipple sparing mastectomy) & simultaneous reconstruction done.

Surgical pathology: No residue of Invasive component (complete pathologic response) ,but DCIS present in Right breast. Sentinel lymph node biopsy done by dual method (Tc & Blue dye) none of five nodes harvested were involved.

Left Breast Pathology : Normal

-Question: Is it essential for her to receive radiotherapy? Can we omit it?

considered plan: Due to increased risk of local recurrence in these group of patients performing radiotherapy is mandatory. Search for different kinds of cancer in her family members. Oophorectomy could be considered for her.