

**Date:** 24.10.2020 ; 1399.8.3

**Patient's Name:** Z.A.F

**Responsible Physician:** Dr. Musavi; Dr. Saberi

**Patient Presentation:**

- Female.43 years
- Right breast masses (multifocal breast lesions in MRI) .ClinicallyT2 N1.
- core needle biopsy ( 7.2019) IDC+ DCIS ;ER+90%;PR+70%;HER2 3+; Ki67 30-35%)
- Metastatic workup (8.2019): Bone scan suspicious single metastasis in left ilium
- Spiral CT scan of thorax & abdomen & pelvis
- Some small nonspecific scattered pulmonary nodules up to 4 mm recommended to be followed up in 3 months
- Neo adjuvant chemotherapy done
- Restaging complete spiral CT scan :Only one 15 mm sclerotic lesion of left ilium that has been 11mm &lytic previously(may be to progression of disease or response to treatment that couldn't be proved by this modality)
- MRM done, pathology: Invasive ductal carcinoma (G2)- 35 axillary lymph nodes free of tumor and breast radiotherapy done.
- Pelvic MRI: only one 16mm left iliac bone lesion otherwise Normal
- Consultation to perform biopsy of the lesion was unsuccessful.

**Question:** Is it logic to start Metastases directed therapy (LOCAL Radiotherapy) without pathologic confirmation

**Recommended work up & plan:** possible to have tissue diagnosis of the lesion under fluoroscopic guidance, Pelvic radiotherapy is advised.

