

**Date:** 2020/10/31; 10/8/1399

**Patient's Name:** S.M

**Responsible Physician:** Dr. Kavyani & Dr. Tavakol

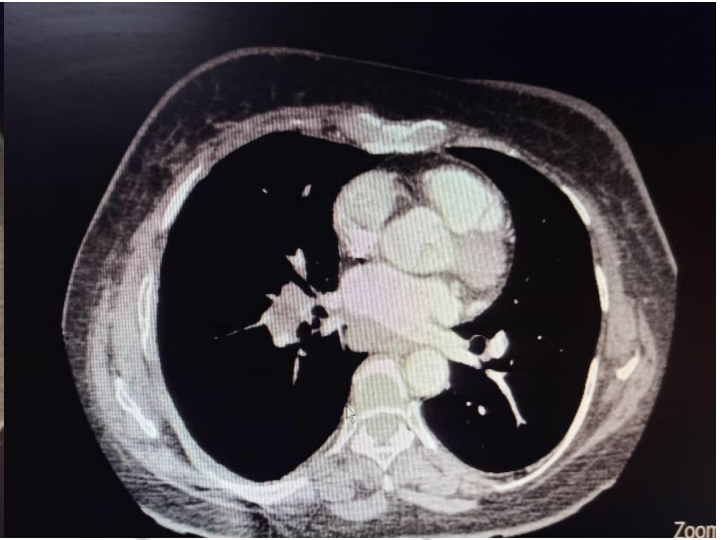
**Patient presentation:**

- 54years, positive family history (breast cancer in her sister and colon cancer of brother)
- Presented with multiple Bilateral breast cancer masses [largest of right breast 34mm – largest of left breast 47 mm] and multiple axillary lymphadenopathies (IDC –ER+90% ;PR +55% ;HER2 - ; Ki67 65%)
- She had suspicious mediastinal lymph nodes and multiple bone metastasis. now after 7courses of chemotherapy that is received during 5 past months.
- In recent PET scan metastasis seem to be inactive and gone all over the body except breasts that are active.
- PMH: Cardiac issues & diabetes
- Patient has asked for bilateral mastectomy

**Question:** Does she profit of bilateral mastectomy?

**Recommended tests:** After PET scan review it seems that bone metastasis are more in number and volume although they are sclerotic contrary to beforehand so it's better to have MRI for better evaluation of lumbosacral bone metastasis.

**Considered plan:** surgery is allowed only in clinical trial [metastatic breast cancer] after MRI justifies blackout of metastatic bone lesions.



Breast Disease Research Center