Date: 2020/11/21; 1/9/1399

Patient's Name: S.B.G

Responsible Physician: Dr. Aghili & Dr. Jalaeefar

Patient presentation:

- 37years, positive family history of breast, gastric, testicular and soft tissue cancers
- Six months ago started her rectal bleeding due to a large ulcerated rectal mass of a well differentiated mucin producing adenocarcinoma (Core needle biopsy) with perirectal fat involvement and the secondary presentation of partial obstruction.
- Endoscopic rectal ultrasound staging:T3N2 ; 3cm from anal verge
- CAP CT scan: No Metastasis
- Received: CRT:5400/30 EBRT +400/1BRT+ Xeloda 1500mg BD followed by 3 courses of XELOX
- Surgery postponed due to pancytopenia and finally done 3 months ago as ultra low anterior resection + loop ileostomy
- Surgical Pathology: signet ring cell Adenocarcinoma, poorly differentiated, 3*2 cm, mesorectum intact, Margins free, Lymphovascular invasion - , Pelvic lymph nodes2/8
- Involved.(ypT2pN1) as partial response.
- She was candidate for 3 courses of XELOX after surgery meanwhile she complained of new finding of a left Breast mass.
- In mammography there was 2 masses of 21 & 18 mm.

- Core Needle Biopsy proved them: Metastatic Signet ring Carcinoma of Colonic primary
- PET/CT: Mild hyper metabolic soft tissue density nodule in left breast 17*20 mm; SUV max=2.7 and normal axillary lymph nodes. circumferential rectal wall thickening due to inflammatory process ;NO other FDG avid lesion is noted throughout the body

Question: Treatment Plan?

Recommended steps: The patient should receive her last remainder dose of chemotherapy

Considered plan: Breast surgery is recommended to ascertain the diagnosis and plan next treatments.