Date: 2021/02/13;25/11/1399

Patient's Name: S.M

Responsible Physician: Dr. Omranipour

Patient presentation:

- 25years – Female

_ Presented with bilateral breast cancer 3years ago proved after excisional biopsy of masses (IDC +DCIS; G3; ER+ 80%; PR +50%; HER2 3+; Ki67 30-35%; lymphatic invasion +; PNI +)

_Received neoadjuvant chemotherapy then bilateral Breast Conserving Surgery (Margins Free and SLN bilateral negative) then radiotherapy done and received herceptine and tamoxifen.

_Last year a suspicious region was seen in MRI that could not be found in Target Sonography so MR targeted biopsy was done : Pathology result: Fibrocystic changes.
_Genetic Test Negative.

_5 months later [last month] a small lesion was seen at 7 o'clock of her left breast and Sonoguided biopsy of it done.

_Vaccum assisted biopsy Pathology result:

(1st opinion): at least microinvasive carcinoma in one small focus
(ER-; PR -; HER2 3+).
(2nd opinion): high grade DCIS
No sufficient tissue for definitive interpretation of microinvasion (ER + 12%; PR-; HER 2 +; Ki67 16-35%).

-Left skin sparing mastectomy done:
_Result: IDC; G3; tumor site 7o'clock zone rare microscopic foci <0.1 cm in aggregate (p T1mi). Presence of high grade DCIS comprising more than90% of tumor amount. LVI -; PNI -; only one duct of DCIS involving anterior margin 0.1 cm; other margins free.
_Now is receiving letrozole

Question: Is it necessary for the patient to receive chemotherapy? What about herceptine therapy?

Considered plan: Because of the size of tumor in final report only Hormone therapy is enough.