

**Date:** 2021/02/20;02/12/1399

**Patient's Name:** H.M.M.Kh.

**Responsible Physician:** Dr.Omranipour.

**Patient presentation:**

- 40years female.

– (12/97) Right breast mass only lumpectomy done: IDC (Medullary features) 4\*3 cm; Grade2; ER+; PR-; HER2 3+; Ki 67 70-75%; Margins free (but unlabeled); lymphovascular and perineural invasion present.

-(1/98) Thorax & abdomino pelvic CT scan: only abnormal findings in right Breast and bilateral axillary lymph nodes.

-(2/98) BCS (breast conserving surgery) done: NO tumoral cell- Margins free- 2 sentinel lymph nodes and 6 non sentinel lymph nodes all free of tumor.

-Received 8 courses chemotherapy then Herceptine & radiotherapy.

-Under Tamoxifen therapy (3/99) Right Axillary lump & erythema & enlargement in right breast presented.

-Mammography & Sonography:

Diffuse breast edema (BIRADS4): IBC (inflammatory breast carcinoma) or right axillary lymphadenopathies.

-(4/99) CNB of right axillary mass: Metastatic carcinoma of breast origin. ER +20%; PR+ 5%; HER2 -.

-(4/99) Right axillary dissection done:2 lymph nodes extracted (3 & 3.2 cm) both involved with extranodal extension of tumor.

-(10/99) Left axillary mass in found in BSE (breast self-examination).

-Sonography: both right & left Axillary multiple level 1 & 2 lymphadenopathies.

Previous session multidisciplinary plan was:

1- Perform complete metastatic work up:

\_Spiral thoracic CT scan: multiple dispersed nodules Maximum diameter 11mm in favor of metastatic lesions, left hilar lymphadenopathies.

Mediastinal lymphadenopathies in perivascular region. Max SAD 24mm  
Bilateral axillary lymph nodes; SAD Max left side 34mm

2- CNB of left Axilla lymph node: metastatic carcinoma most probably of breast origin; ER+70%; PR+ 50%; HER2-.

-Her oncologist proposed bilateral Mastectomy and then adjuvant chemotherapy

-The patient is not obedient in consuming medication and now is intermittently taking 500 mg of capcitabine daily.

**Question:** What is the best plan for her treatment?

**Considered plan:** Continue systemic therapy (Aromasine, Xeloda), perfectly.

