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

Patient's Name: R.R

Responsible Physician: Dr.Alipour.Dr.Gumar

Patient presentation:

- 49years – negative family history.

-(1398) Because of high grade DCIS and due to her request Right mastectomy done. Received NO chemotherapy or radiotherapy. Since then is on daily Tamoxifen.

-(5/1399) Because of spontaneous left nipple discharge work up done.

-Sonogram: Left breast mass(8o'clock). multiple hyperechoic lesions in retroareolar region in favor of multiple papillomas. BIRADS4

-Mammography: BIRADS 3-ACR 3.

-MRI: Left breast BIRADS 4 oval suspicious heterogenous mass 11mm.

-VAB(vacuum assisted biopsy) of mass: IDC [ER+ strong & diffuse; PR+50%; Her2-; Ki67 12-15%; Grade1; Lymphovascular and perineural invasion not identified] .

- Patient asked for mastectomy.

-Pathology report: Papillary ductal carcinoma insitu, tumor size not measurable, it does not form any mass and is dispersed in central & lower central part of the breast. All 5 resected sentinel lymph node were free of tumor.

-Second opinion double check of VAB pathology done: Extensive wide spectrum intra ductal papillary DCIS & Florid solid & papillary & atypical hyperplasia. These are consistent with IDC unless it had been taken from an intra cyctic neoplasm in that case tumor/ host interface (cyst wall) could not be assessed.

-Her oncologist started chemotherapy and proposed a minimum of 4 courses of it to ensure sufficiency of treatment.

Question: Considering the small amount of invasive component is chemotherapy really requisite? Shall we perform radiotherapy?

Considered plan: It is recommended for her to receive 6 courses of chemotherapy and no need to radiotherapy.