

“A 32 year old woman with bilateral
breast masses”

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BOTSOGO

BOTSWANA ONCOLOGY
GLOBAL OUTREACH

Motivation for discussion

Young patient/ PS 0

Managed in multidisciplinary team

Almost co-ordinated care

Metastatic disease

Metastatic disease almost an immediate death sentence in our setting.

Doing relatively well

Can we set a future plan for her?



History of Present Illness

- Patient OM
- 32 years female at diagnosis
- Presented 2012
- Premenopausal
- Nulliparous
- Single
- Tennis player



History of Present Illness (continued)

- HIV negative
- History of lumpectomy for benign breast lump 2004
- No family history of cancer
- Smoked for 3 years
- Casual drinker

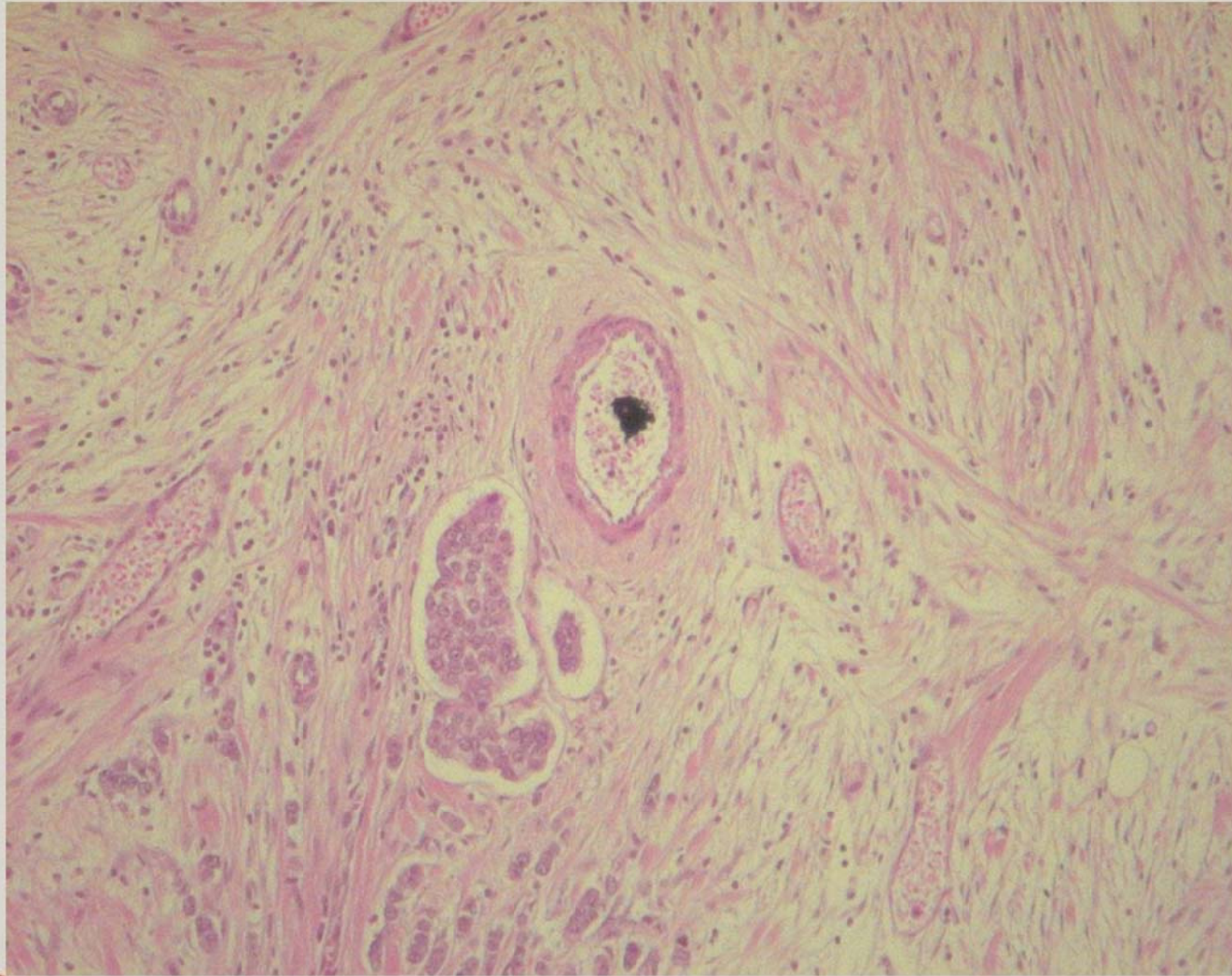


History of Present Illness (continued)

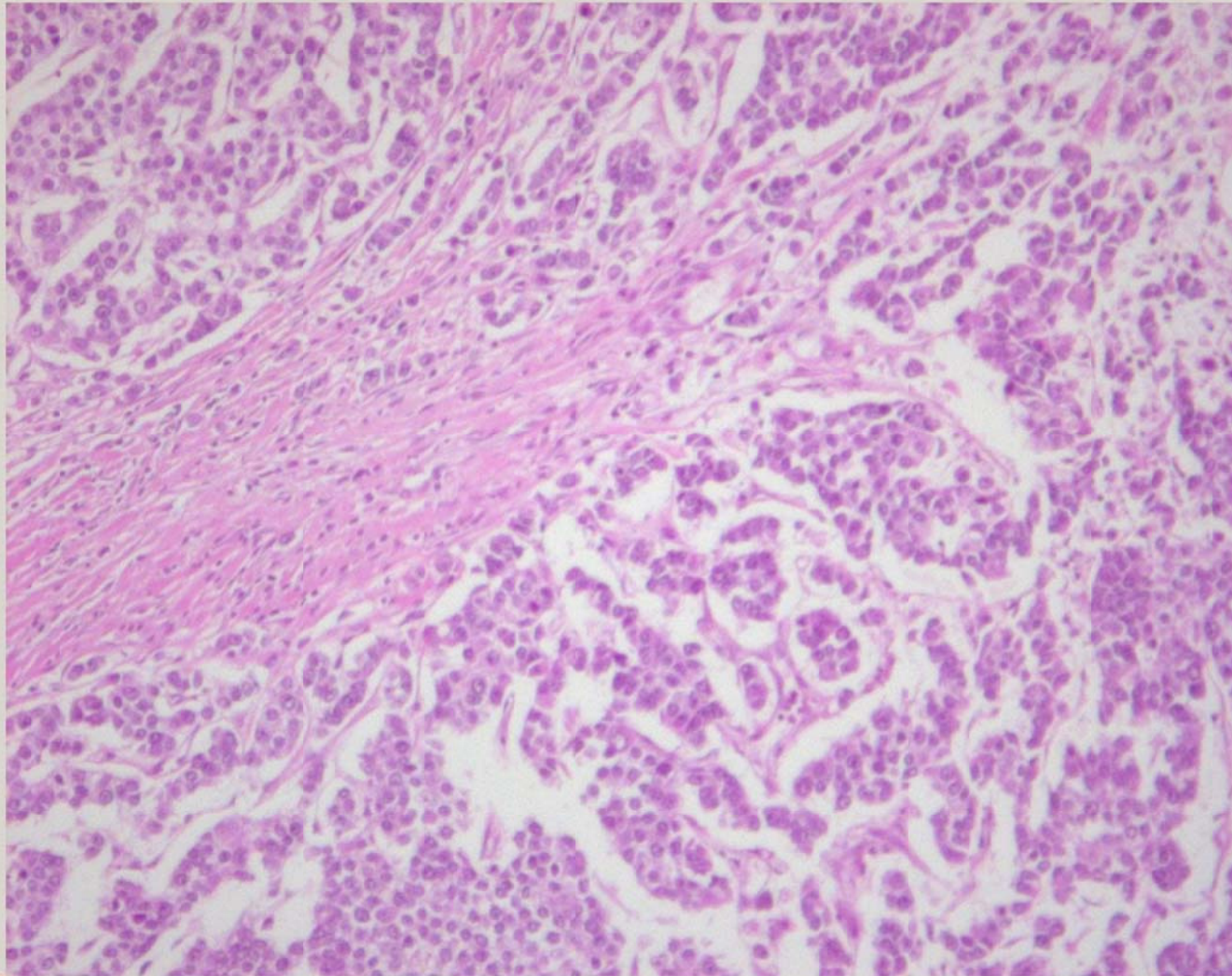
- Presented with a history of a right breast lump which had been there for a year.
- Lump did not particularly bother her except that it was not going away. Was somehow tender on exertion
- FNA confirmed malignant cells.
- Patient underwent mastectomy and axillary dissection.



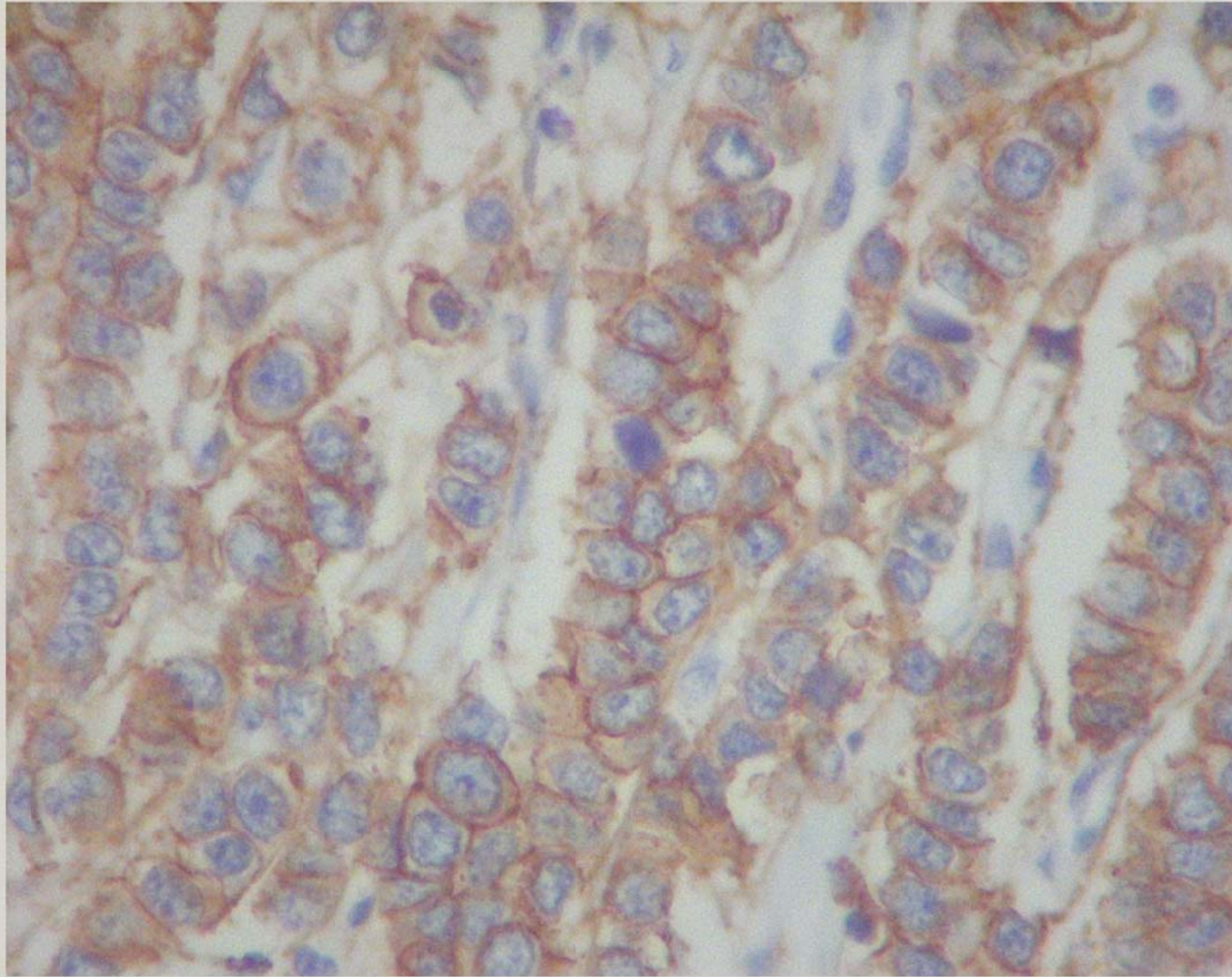
Pathology



Pathology



Pathology



Imaging

- CXR normal
- USS abdomen normal



Diagnosis

- T2N2aM0
- ER positive , PR negative
- HER II positive

- PS0



Lab Results

FBc: Normal

U&E: Normal

LFTs: Normal

Ca 15-3 : Normal



Adjuvant chemotherapy

- Adriamycin and Cyclophosphamide 5 cycles at PMH.
- Then taxane not available.
- Patient for adjuvant radiation.
- We discussed with Drs PMH if patient could not get a taxane since she was such high risk.
- Referred to Bokamoso. Received 3 cycles taxane.



Radiation

- Chest wall/ supra clavicular and axillary boost

Radiation Oncology - Course: 1 Protocol:						
Treatment Site	Current Dose	Modality	From	To	Elapsed Days	Fx.
Treatment Summary: 2012						
CHEST WALL	4,500 cGy	x06	2013/	2013/	29	20
RT SCF	4,500 cGy	x06	2013/	2013/	32	20
BOOST RT SCAR	1,000 cGy	Electro ns	2013/	2013/	5	5
POST AXILLA	1,170 cGy	x06	2013/	2013/	8	6



Treatment

- Tamoxifen.
- Herceptin commenced at PMH.
- Then supply was inconsistent so she got a guarantee to have Herceptin at GPH
- (Herceptin readily available at PMH now)



History of Present Illness (continued)

- Noticed a lump in the left breast.
- Patient said mammogram had been done and showed a benign lump.
- 3 cycles on Herceptin, doctor noticed that the lump was slightly grown and tender.
- Patient was not too keen to have a biopsy but finally conceded when breast was quite painful
- Pathology confirmed carcinoma

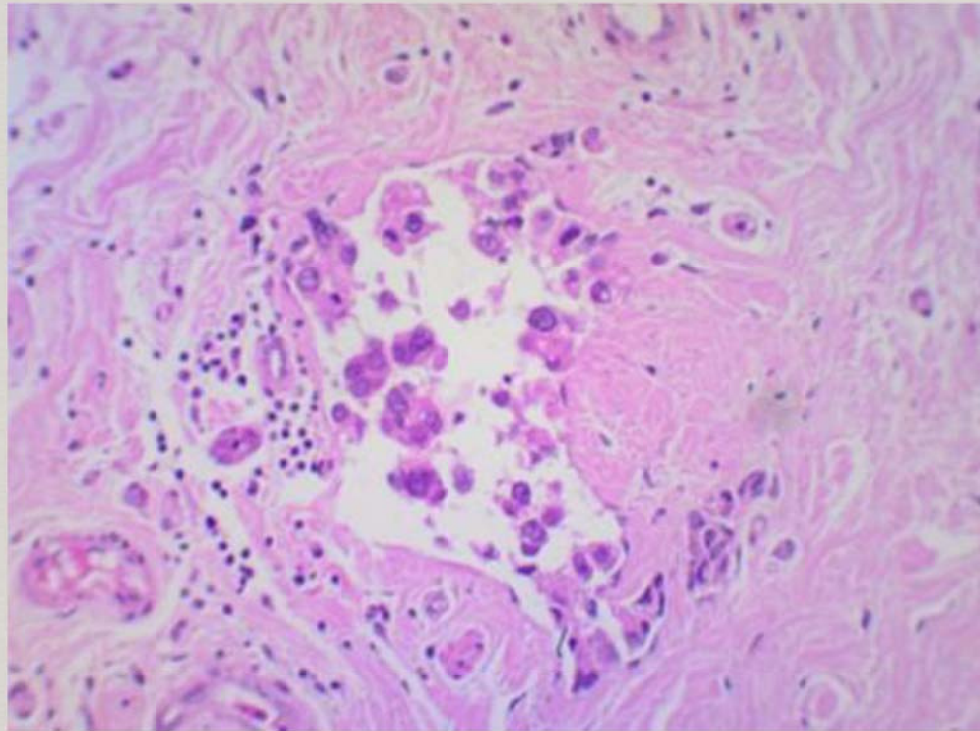


History of Present Illness (continued)

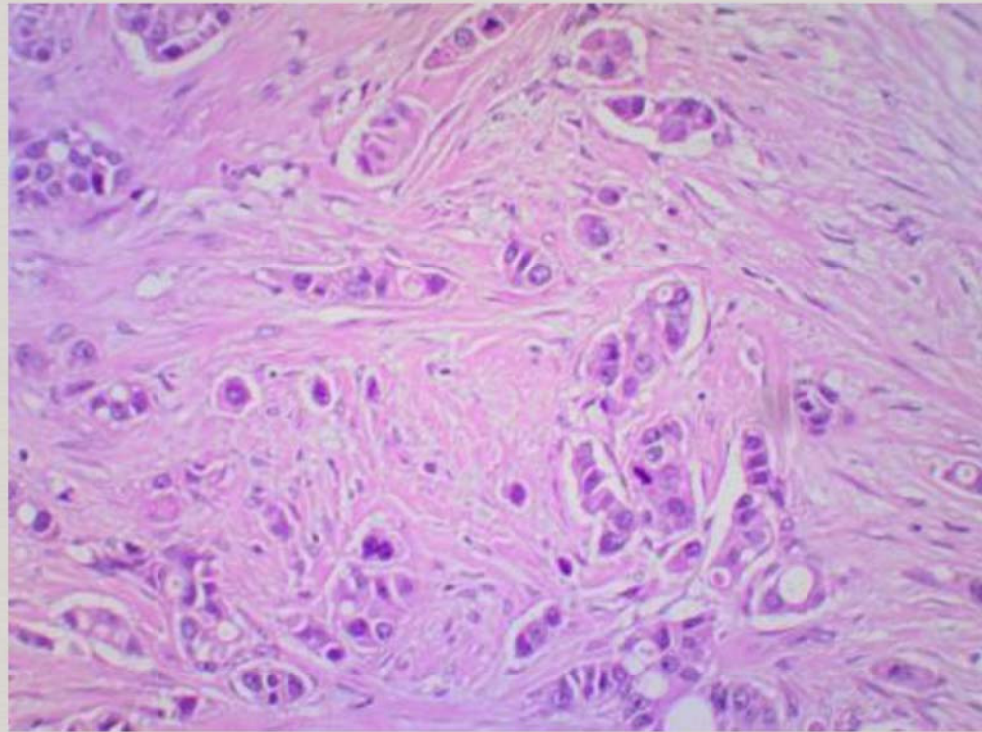
- Patient had 6 cycles of neoadjuvant chemo(cisplatin and Vinorelbine) at Bokamoso.
- Then proceeded with mastectomy and axillary node dissection



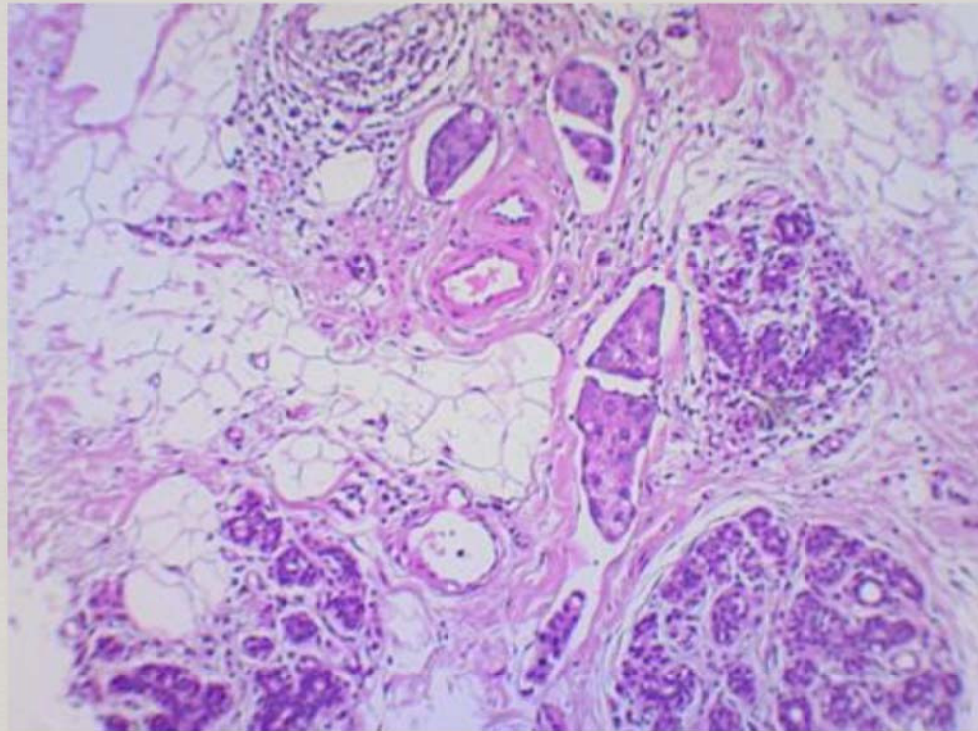
Pathology 2014 left breast



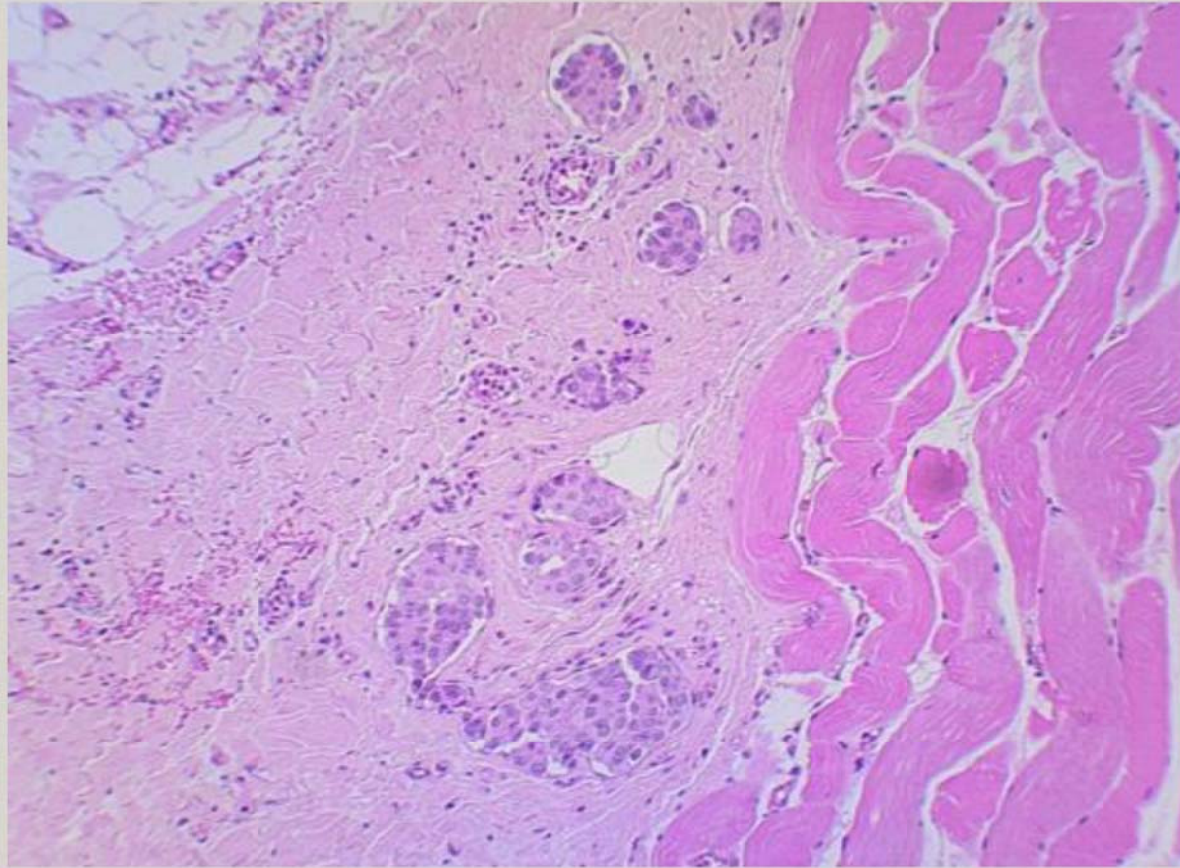
Pathology 2014 left breast



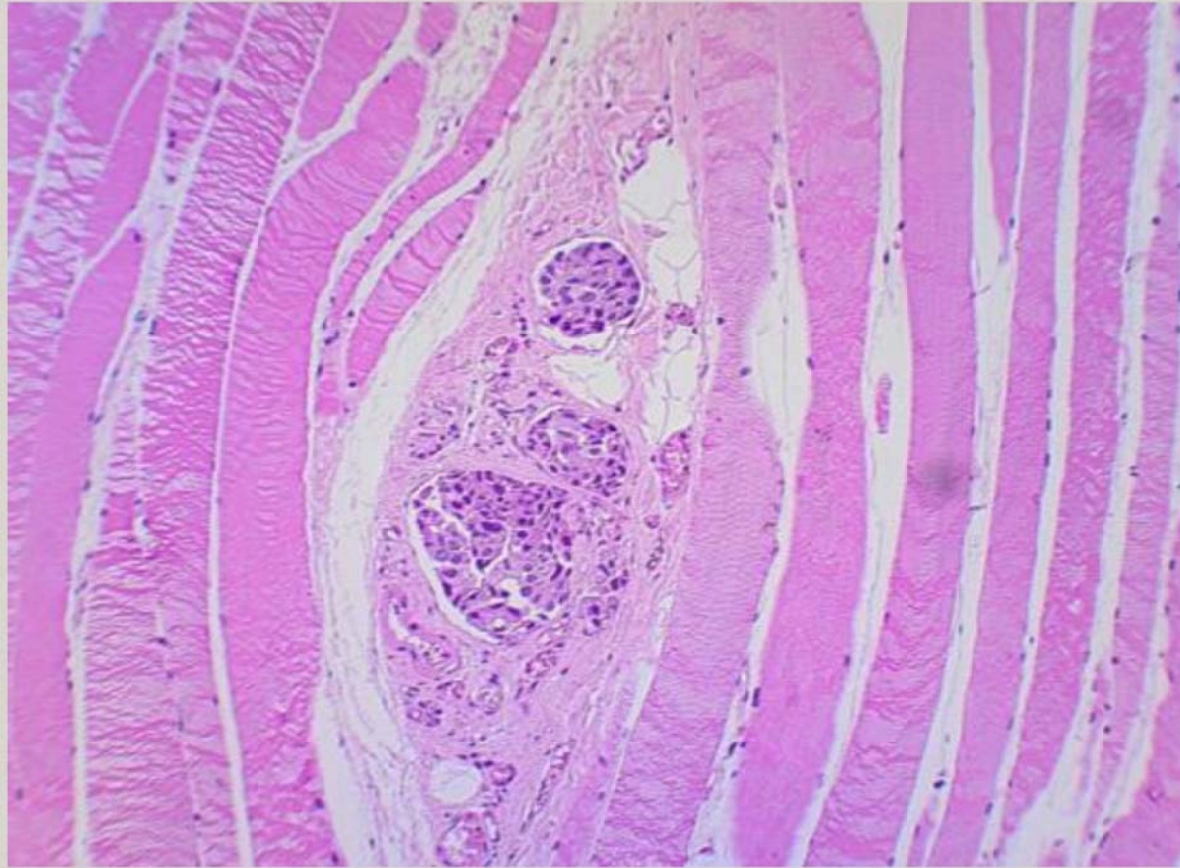
Pathology 2014 left breast



Pathology 2014 left breast



Pathology 2014 left breast



Pathology 2014 left breast

COMMENT Summary of finding LEFT BREAST						
Specimen						
Specimen type	MASTECTOMY					
Location (quadrant)	Central involving all quadrants					
Tumour						
Histological type	INVASIVE MAMMARY CARCINOMA, NST	Size (mm)	>50mm			
Grade (Bloom & Richardson)	*3 BRE Score 9/9) (Post chemotherapy)					
Tubules	3/3					
Pleomorphism:	3/3					
Mitoses:	3/3					
In-situ component	HG DCIS	Size (mm)	Interwoven 2%			
Surgical margins (invasive lesion)	1mm deep margin skeletal muscle					
Surgical margins (in situ lesion)	>10mm					
Chemotherapeutic response	Minimal pathological response locally or in node					
Miller-Payne:	Grade 2					
Sataloff:	T-C; N-C					
V-marker	PENDING FURTHER SECTIONS					
Invasion of adjacent structures	Dermis of skin (inflammatory carcinoma) and into skeletal muscle (<u>pectoralis</u>)					
Perineural invasion	Present					
Lymphovascular invasion	PRESENT					
Other breast quadrants	NAD					
OTHER	NAD					
Receptors	ER	*Pending	PR	*Pending	Her2	*Pending
Left lymph nodes: Post chemotherapy						
Number of nodes	5					
Nodes with metastases	5					
Location	Sentinel and sampling					
Perinodal spread	PRESENT					
Stage						
pT	ypT4d	pN	ypN2a	pM	present	
STAGE GROUP:IIIB						



Pathology 2014 left breast

- **Miller-Payne System**

- Grade 1 No change or some alteration to individual malignant cells, but no reduction in overall cellularity (pNR).
- **Grade 2** A minor loss of tumour cells, but overall cellularity still high; up to 30% loss (pPR)
- Grade 3 Between an estimated 30% and 90% reduction in tumour cells (pPR)
- Grade 4 A marked disappearance of tumour cells such that only small clusters or widely or widely dispersed individual cells remain; >90% loss of tumour cells (almost pCR)
- Grade 5 No malignant cells identifiable in sections from the site of the tumour; only vascular fibroelastotic stroma remains, of them containing macrophages; however ductal carcinoma in-situ may be present (pCR).

- **Sataloff Method**

- **Tumour** T-A Total or near total therapeutic effect (pCR)
- T-B >50% therapeutic effect; but less than total or near total (pPR)
- **T-C** <50% therapeutic effect; but effect evident (pPR)
- T-D No therapeutic effect (pNR)
- **Nodes** N-A Evidence of therapeutic effect, no metastatic disease
- N-B No nodal metastasis or therapeutic effect
- **N-C** Evidence of therapeutic effect, but nodal metastasis present
- N-D Viable metastatic disease, no therapeutic effect



Pathology 2014 left breast

- **DIAGNOSIS**
- LEFT BREAST (MASTECTOMY SPECIMEN):
 - a) EXTENSIVE RESIDUAL GRADE 3 MAMMARY CARCINOMA WITH EXTENSIVE LYMPHATIC PERMEATION (INFLAMMATORY CARCINOMA).
 - b) TUMOUR INFILTRATES INTO NIPPLE DERMIS AND UNDERLYING PECTORALIS MUSCLE.
 - c) ALTHOUGH MARGINS ARE TECHNICALLY CLEAR, THERE ARE NUMEROUS EMBOLI PRESENT THAT ADEQUACY OF EXCISION IS ALMOST CERTAINLY COMPROMISED.
 - d) PERINEURAL INFILTRATION.
 - e) INTERWOVEN HIGH-GRADE DUCTAL CARCINOMA IN-SITU.
- LEFT BREAST AXILLARY SAMPLING:
 - FIVE OUT OF FIVE NODES SHOW METASTATIC MAMMARY CARCINOMA WITH EXTRANODAL SPREAD.



Results of Immunohistochemical stains

Marker	Assessment	Interpretation
Oestrogen receptors	Proportion of positive cells	0
	Intensity of staining (1 - 3)	0
	Allred score	0/8
Progesterone receptors	Proportion of positive cells	0
	Intensity of staining (1 – 3)	0
	Allred score	0/8
Her2 Over expression not requested)	Corrected Score (0-3+)	3+
		Positive (SISH ~ 33%
E-cadherin	Positive confirming ductal differentiation	



Radiation

- Left chest wall, supra clav and axillary in October 2014

Treatment Summary: 2014

Radiation Oncology - Course: 2 Protocol:						
Treatment Site	Current Dose	Modality	From	To	Elapsed Days	Fx.
LT TANS	5,000 cGy	10 MV	2014/01/01	2014/01/31	37	25
LT SCF	5,000 cGy	6 MV	2014/01/01	2014/01/31	37	25
LT POST AXILLA	900 cGy	6 MV	2014/01/01	2014/01/08	8	5
Lt Scar Boost	1,000 cGy	6 MeV	2014/01/01	2014/01/06	6	5

- (Comment on radiation technique for bilateral breast irradiation if patient presents concurrently)

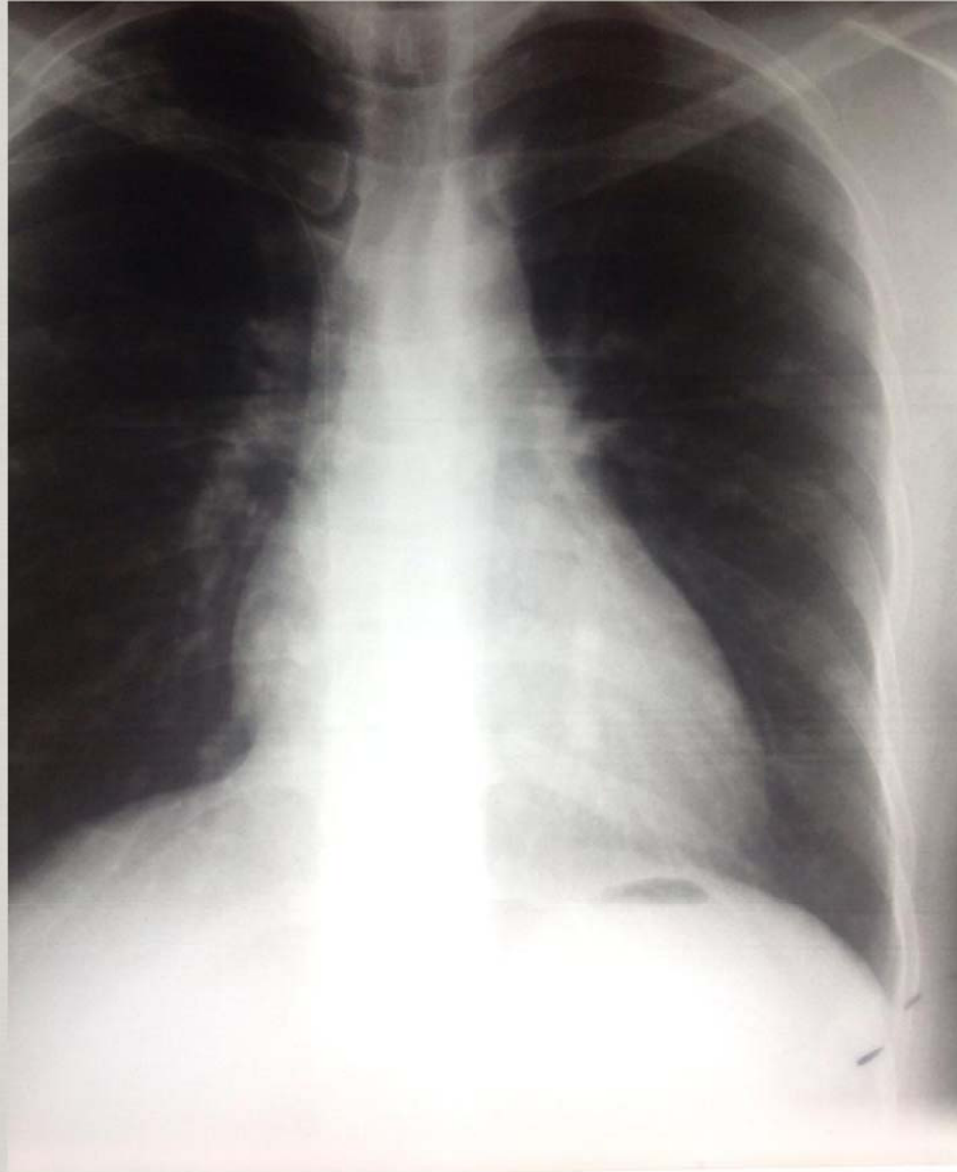


History of Present Illness (continued)

- Patient noted to be still having menstruation, offered Zoladex
- January 2015, patient came for Zoladex (One dose)
- CXR ordered showed multiple cannon ball lesion.



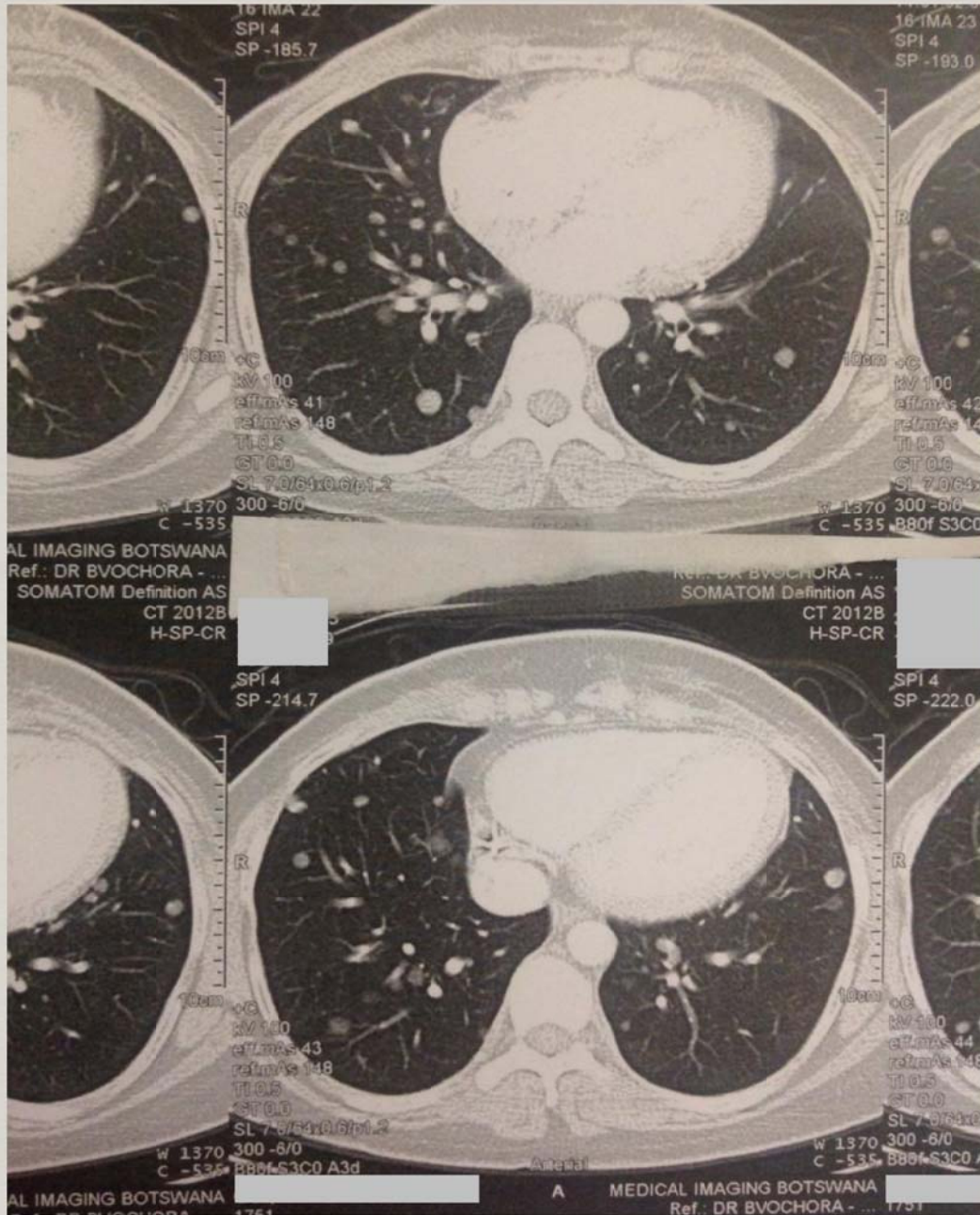
Jan 2015 CXR



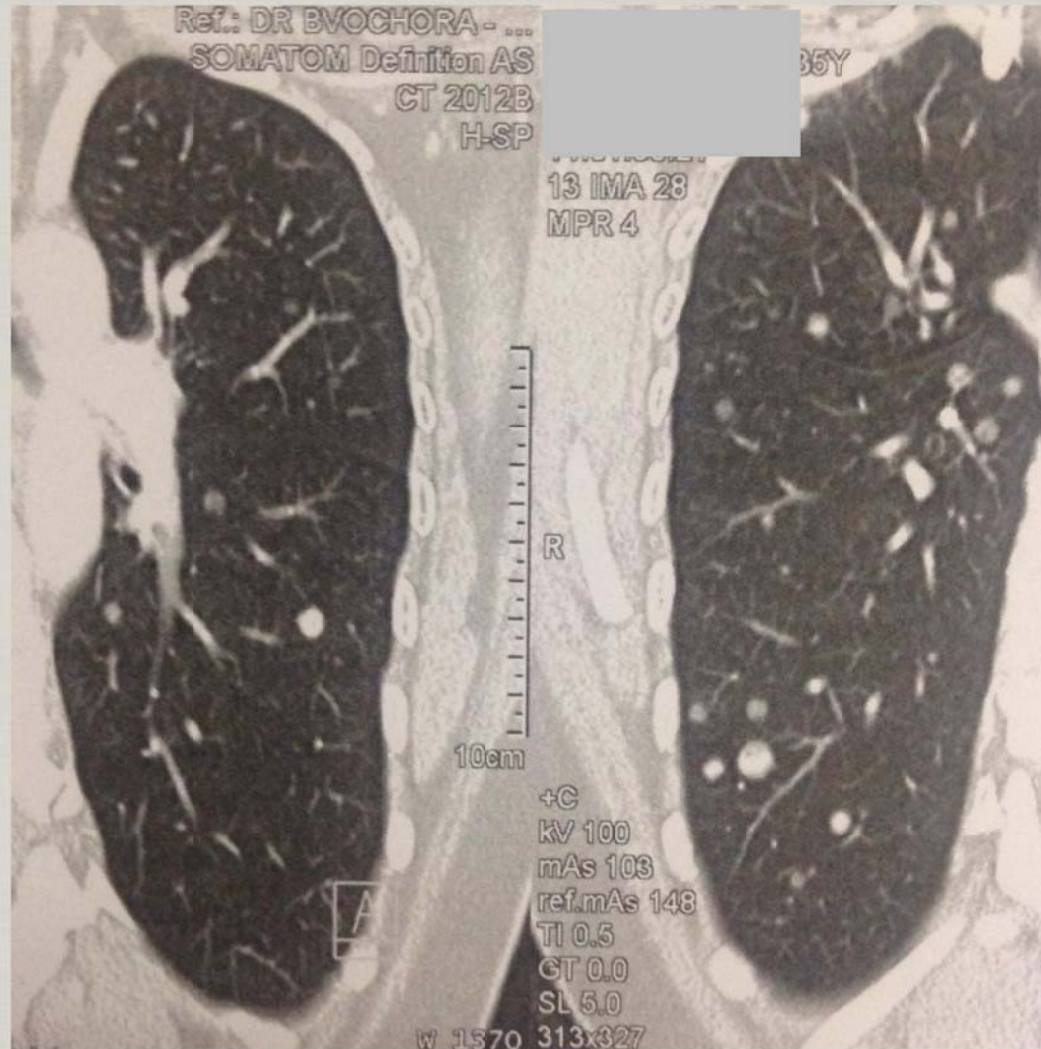
Jan 2015 CXR



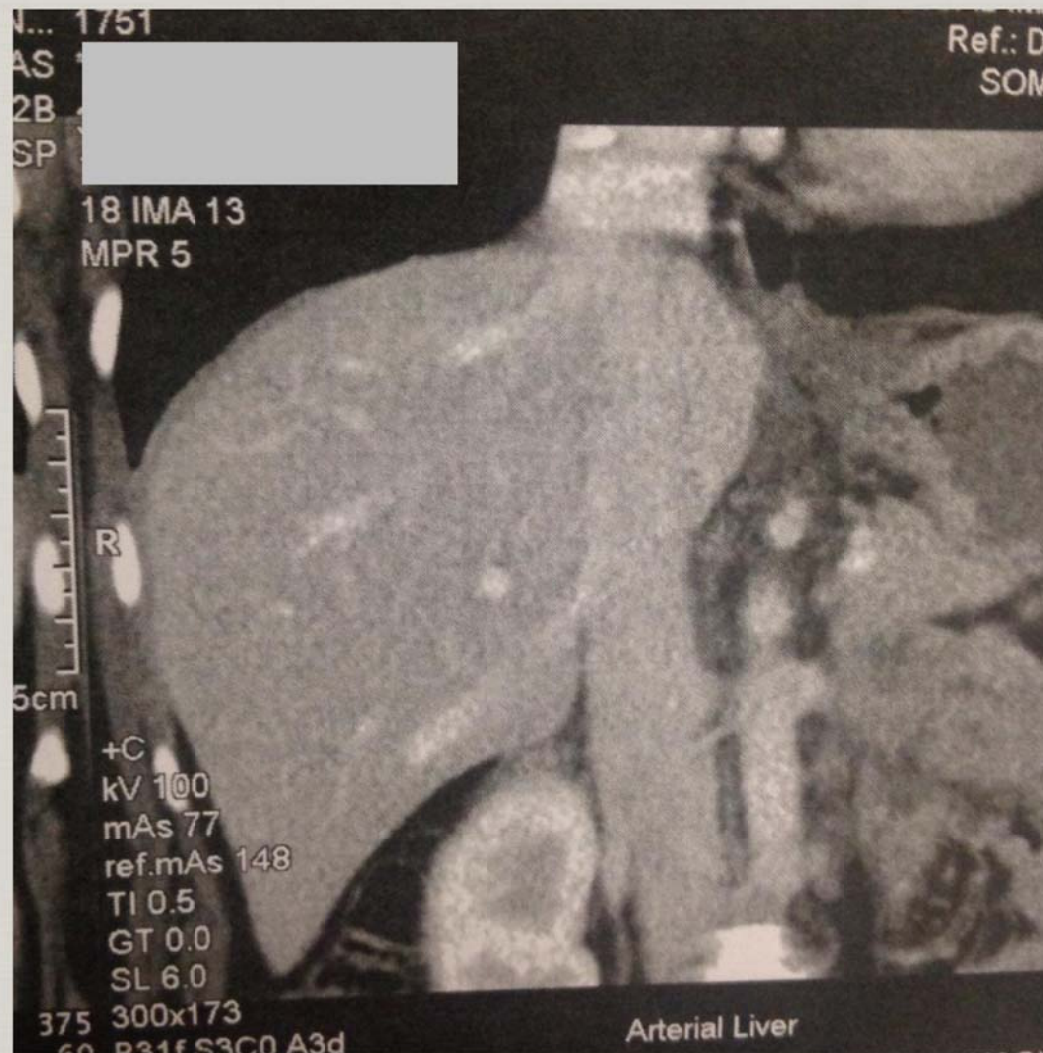
CT Scans



CT Scans



CT Scans



CT scans

Also showed a retrosternal/ manubrial soft tissue density

Blastic changes involving T11, L1 and L3 vertebral bodies consistent with metastases



Interval History

- Offered Xeloda and Lapatinib
- Commenced Xeloda
- Commenced biphosphonates (/ availability at PMH?)
- Awaiting guarantee for lapatinib



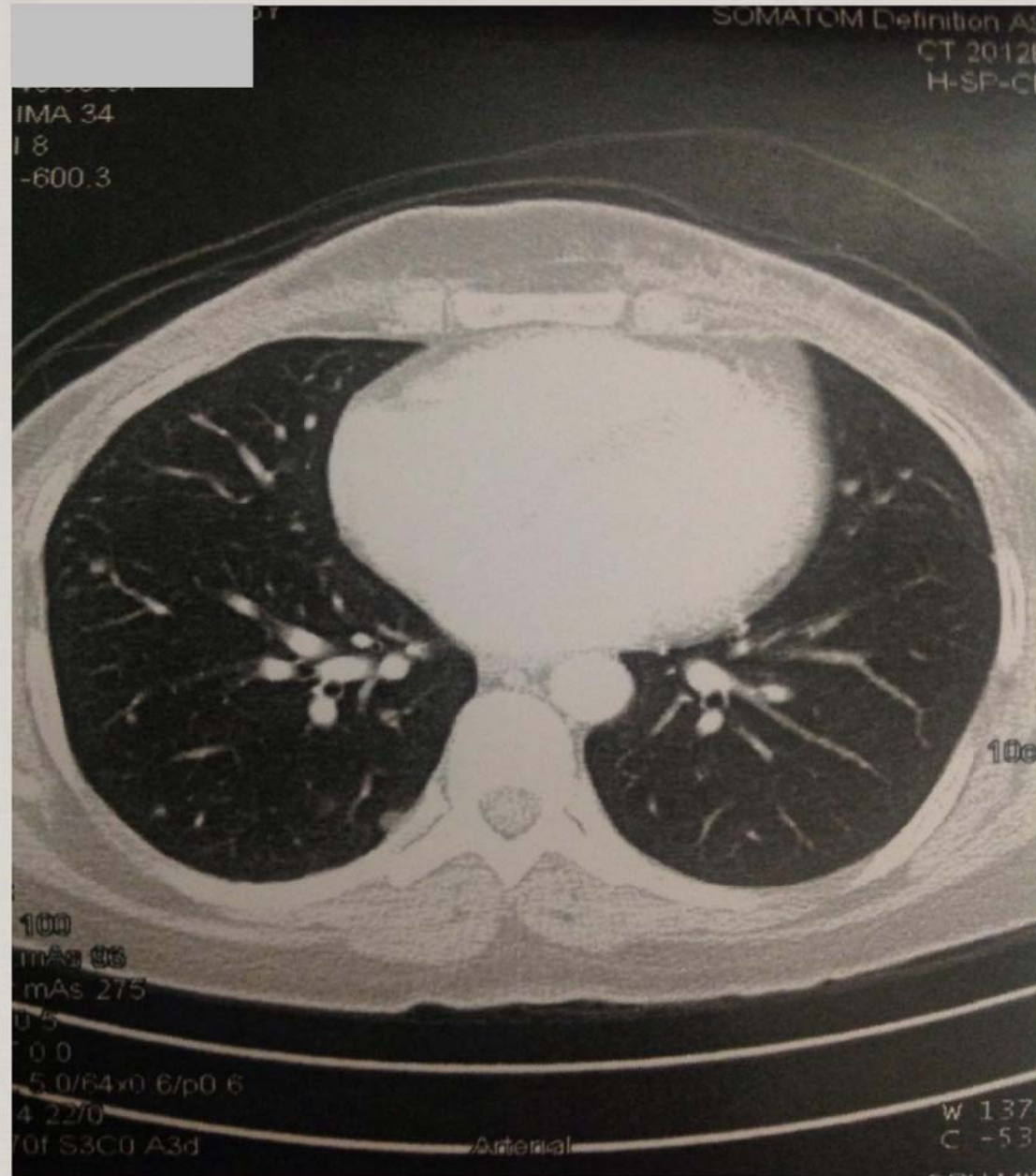
Reassessment 2015

PMH CT scan down

Had guarantee to perform CTs in private

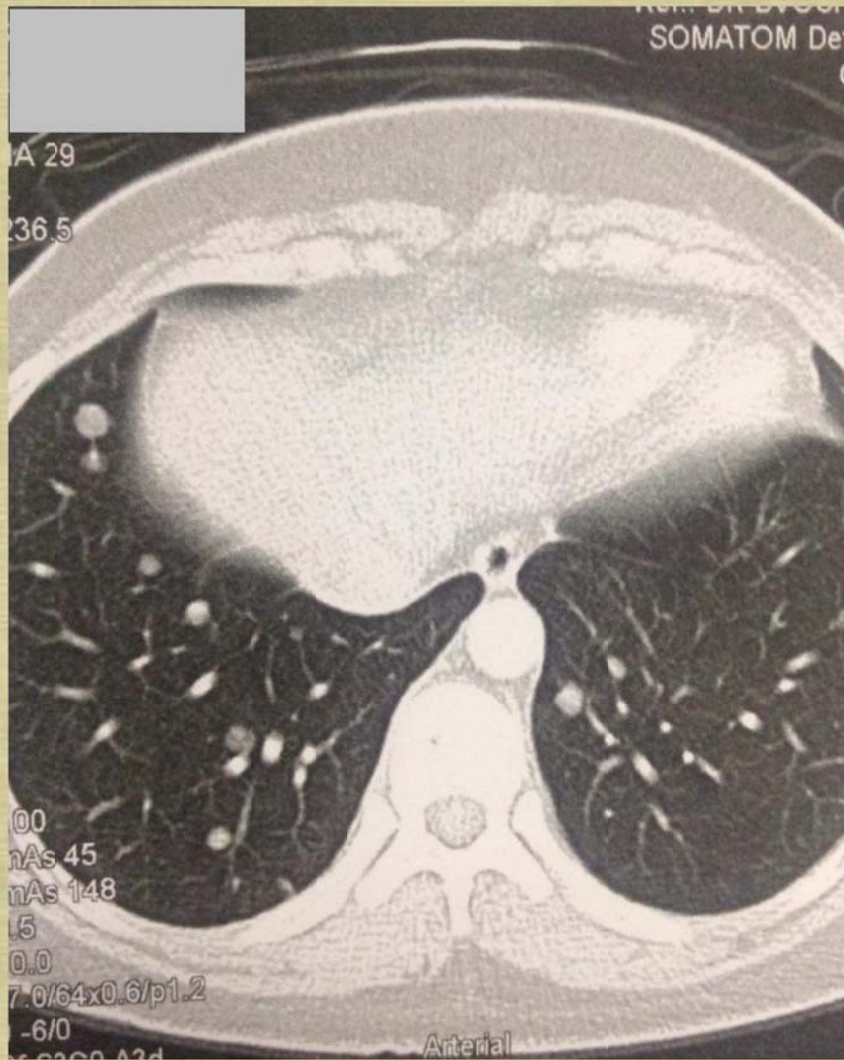


Scans May 2015

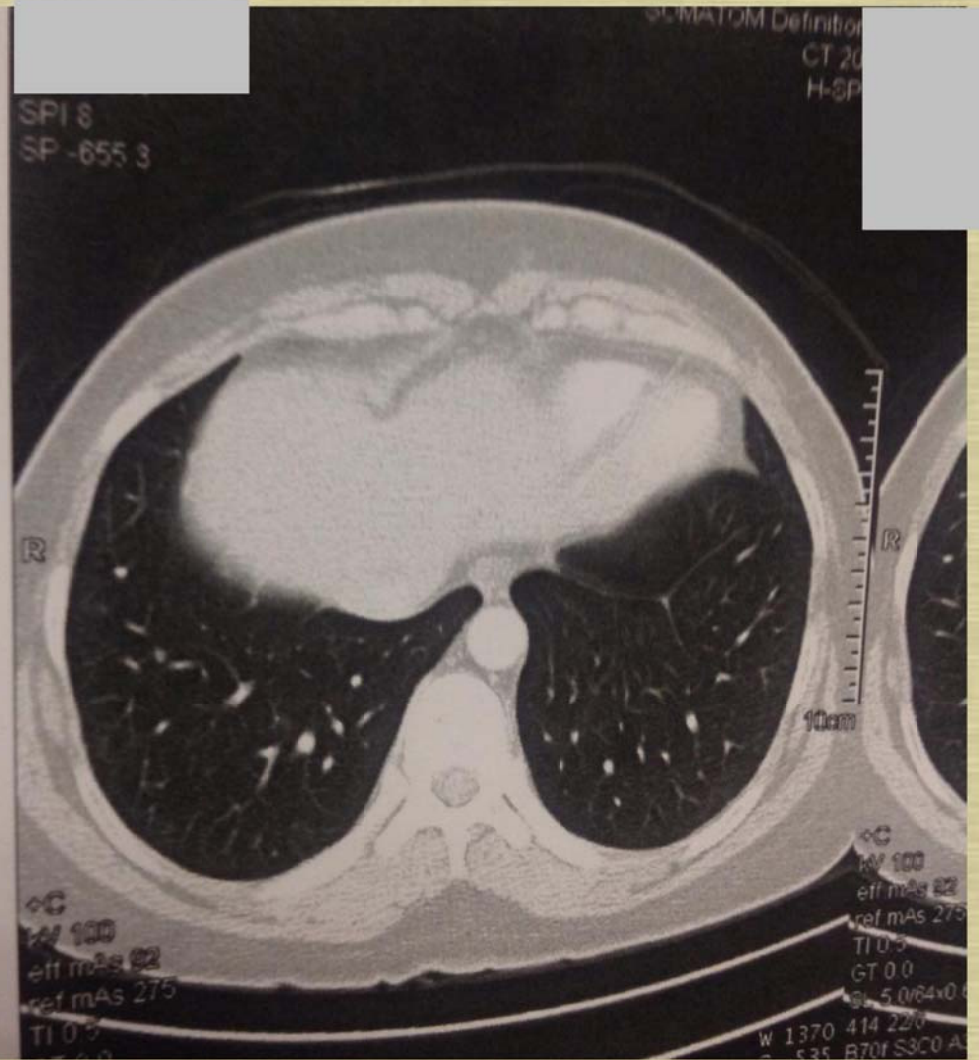


Compared scans

Jan 2015



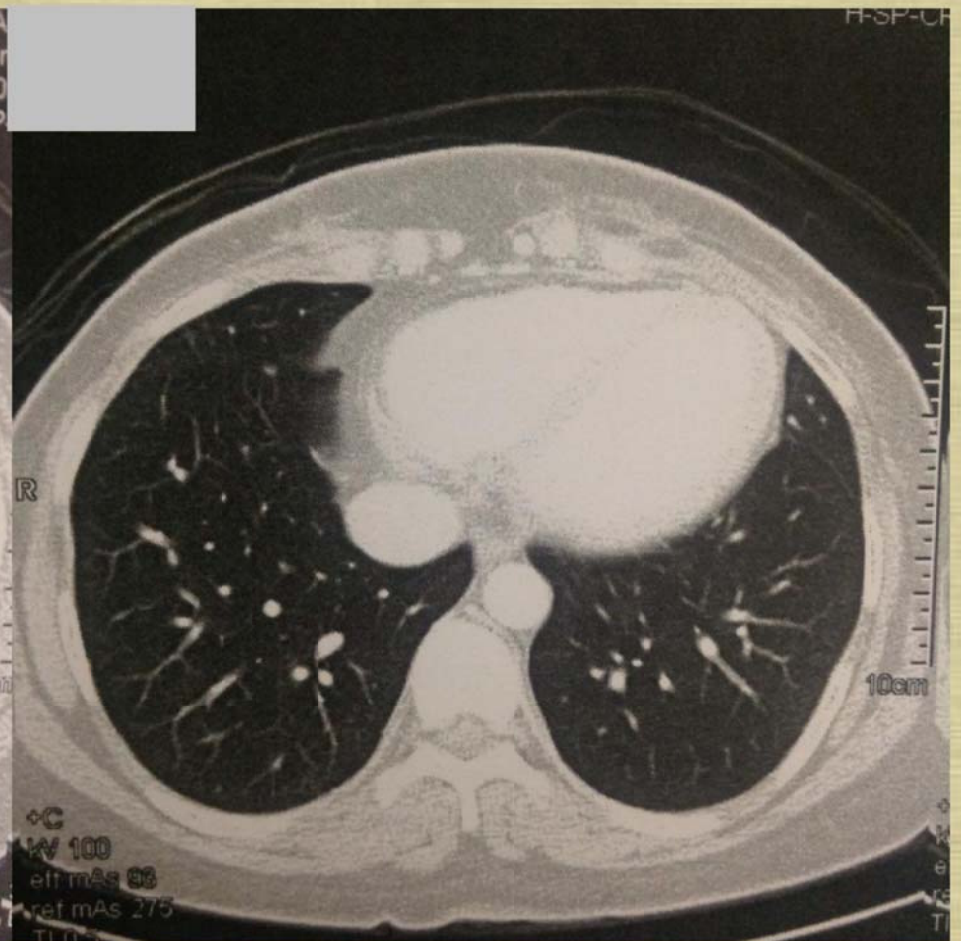
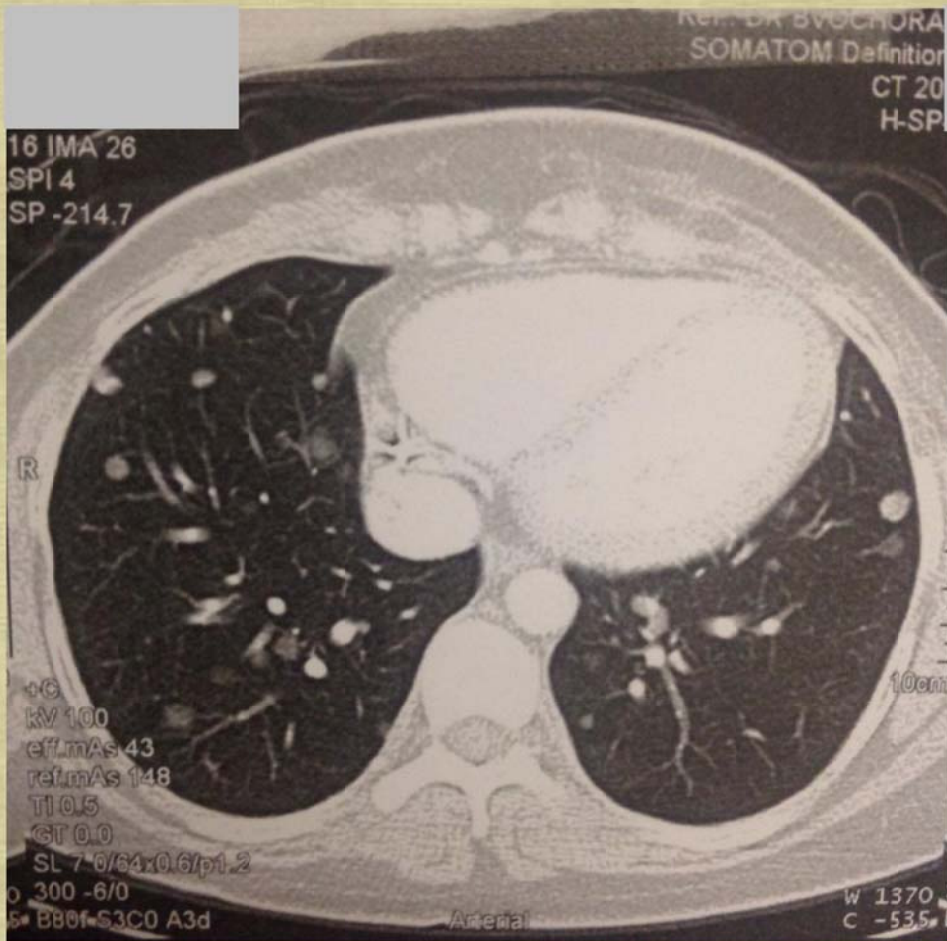
May 2015"



Compared scans

Jan 2015

May 2015



BOTSWANA ONCOLOGY
GLOBAL OUTREACH

Monitoring



c/o pain hands ++

Occasionally needs analgesia

Grade II (pain, discomfort occasionally affecting daily activity)

No longer actively playing tennis



Monitoring

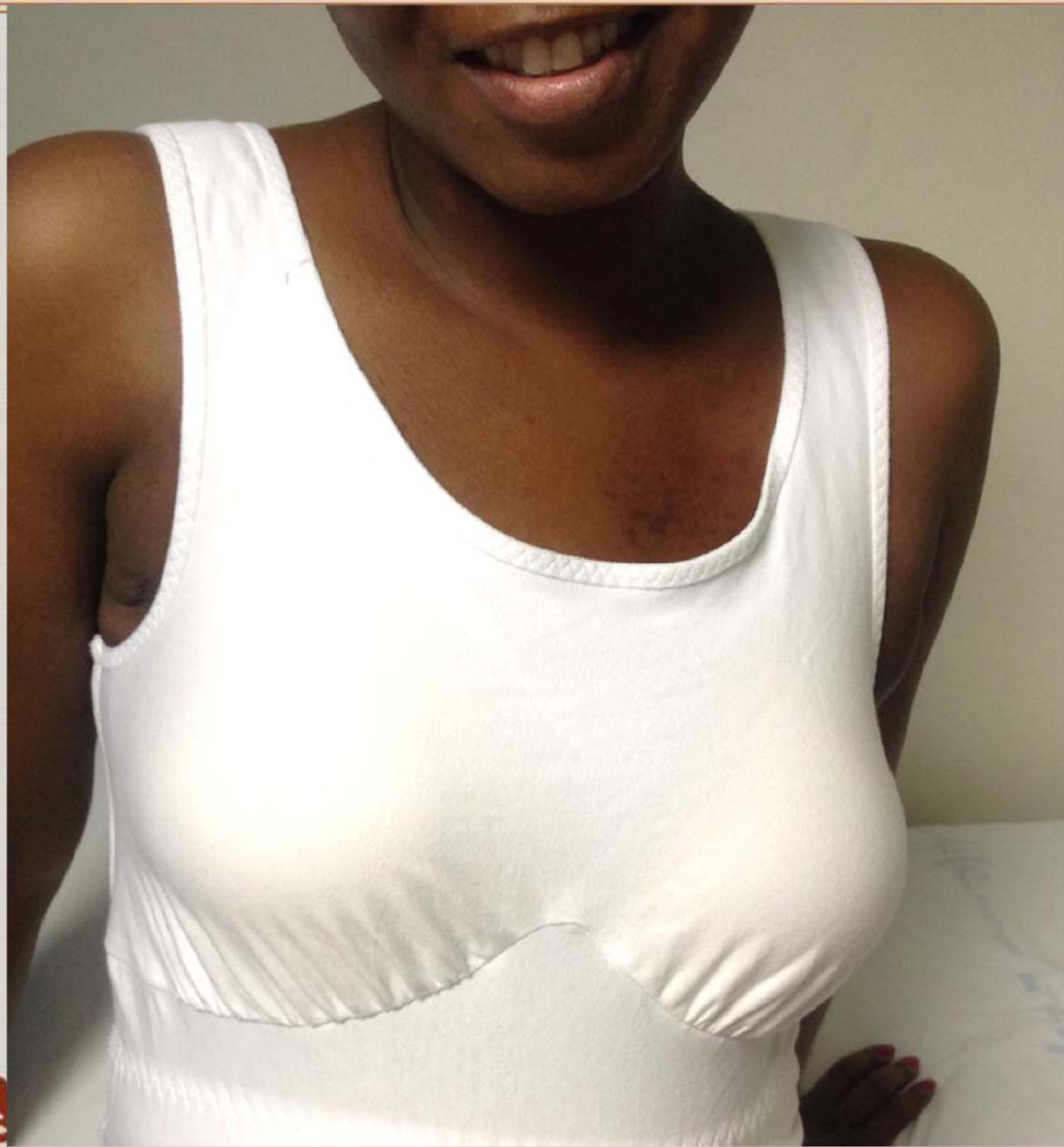
Ca 15-3; 28.5

FBC Normal

U&E Normal

LFTs: Normal (ALP?)





WHAT IS THE NEXT STEP WHEN SHE
PROGRESSES

