

**A 69 year-old woman with breast mass
and bloody fine needle aspirate**

Presenters

Dr. Chowdhury, Dr. Weissleder, and Dr. Castro



BOTSOGO

BOTSWANA ONCOLOGY
GLOBAL OUTREACH

Continuing Medical Education Announcement

Harvard Medical School

RSS 3081: Monthly BOTSOGO Tumor Board; 2018-2019 Academic Year

Today's Objectives:

- Describe the need for timely cancer case presentation and referral to treatment
- Formulate a multi-disciplinary plan for the care of common and complex oncologic cases
- Adopt successful, sustainable strategies to mitigate barriers to quality cancer care common in resource constrained environments

Target Audience:

Oncologists, internists, surgeons, radiation oncologists, infectious disease specialists, nurses, physicists, therapists, technicians, research staff, administrators, policy makers.



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Statements

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The Harvard Medical School designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity

This activity meets the criteria of the Massachusetts Board of Registration in Medicine for 1.0 credits of Risk Management Study

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- To claim your CME credit for attendance at this session of the BOTSOGO Tumor Board, please fill out our survey after the Tumor Board.
- You can do this at your convenience on your personal or work computer by navigating to www.botsogo.org
 - Click “What We Do”
 - Click “Tumor Board”
 - Click the link under the section “Continuing Education Credits,” and complete and submit the survey
- Or follow the link that was emailed to our MGH BOTSOGO email list: www.tinyurl.com/tumorboard



Case Discussion- Dr. Dryden-Peterson



Patient history

- 69 year old female, HIV negative, parity 10
- family hx: sister- esophagus cancer
- social hx: drinking and smoking snuff reported
- no other known co-morbidities



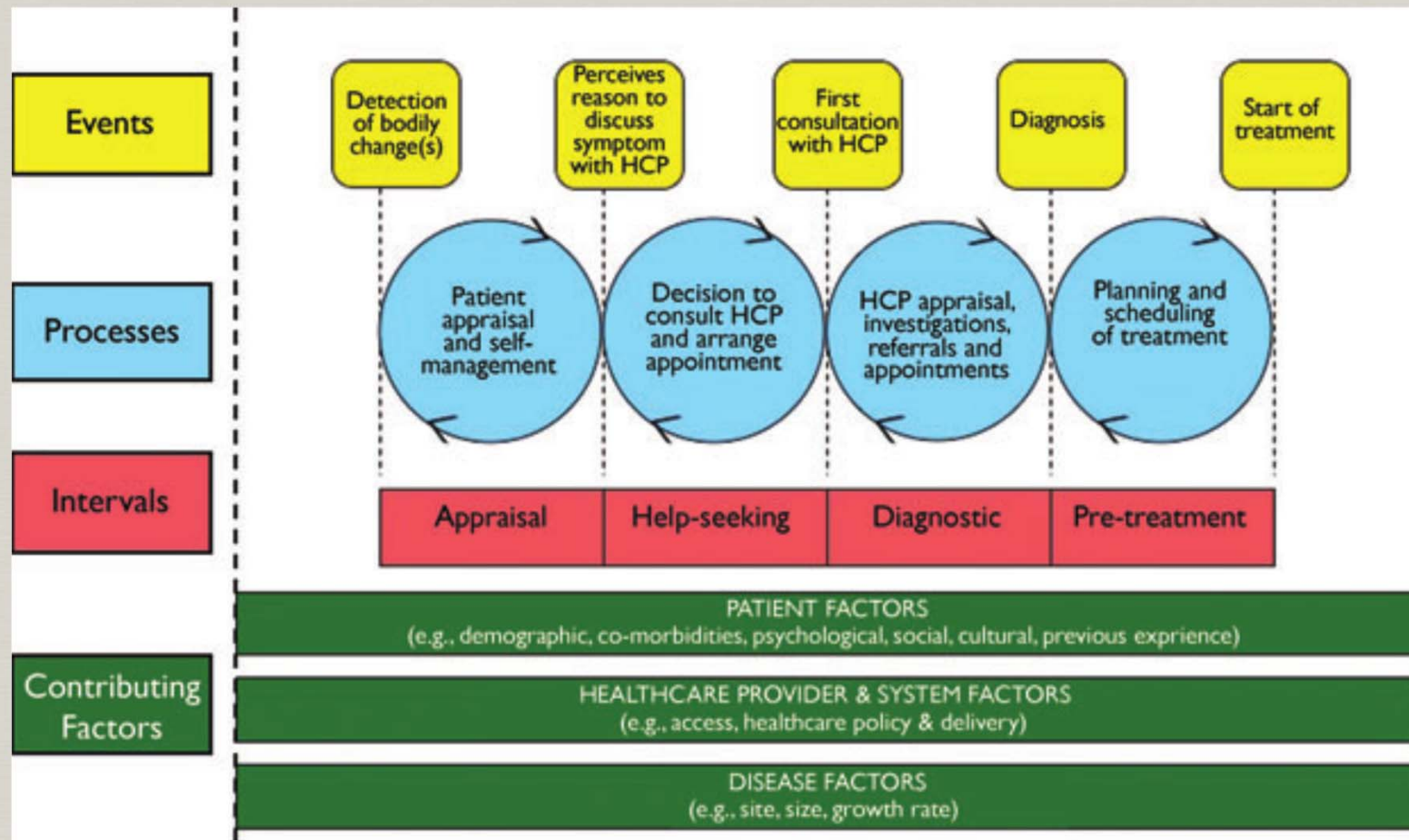
Initial Presentation

Presented to a primary clinic in Southeastern Botswana in mid-2018 with painless left breast lump for 3 months

On exam, non-tender mass of 4cm in diameter, some distortion and nipple retraction, no discharge.



Pathways to treatment (Walter's model)



Walter, F., Webster, A., Scott, S. & Emery, J. The Andersen Model of Total Patient Delay: a systematic review of its application in cancer diagnosis. *J Health Serv Res Policy* **17**, 110-118 (2012).



Diagnostic testing, FNA #1

Two weeks later, had FNA performed

-smear shows blood only, no ductal cells seen.

-recommendation: unsatisfactory, repeat FNA urgently at NHL or do urgent biopsy.

-enrolled in Potlako



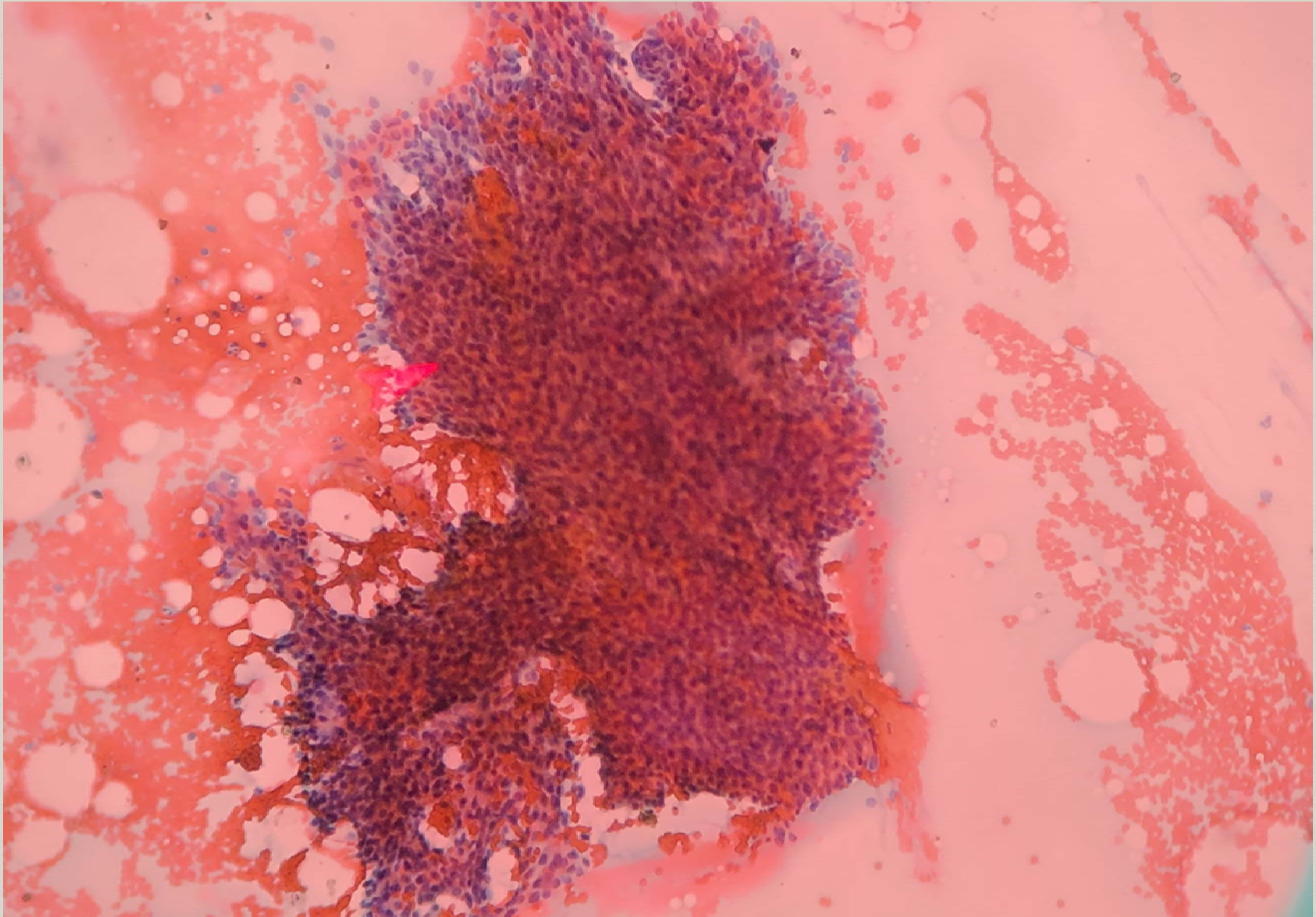
Diagnostic testing, FNA #2

4 weeks after initial presentation, had second FNA performed at PMH/NHL

-Ductal Carcinoma



FNA #2

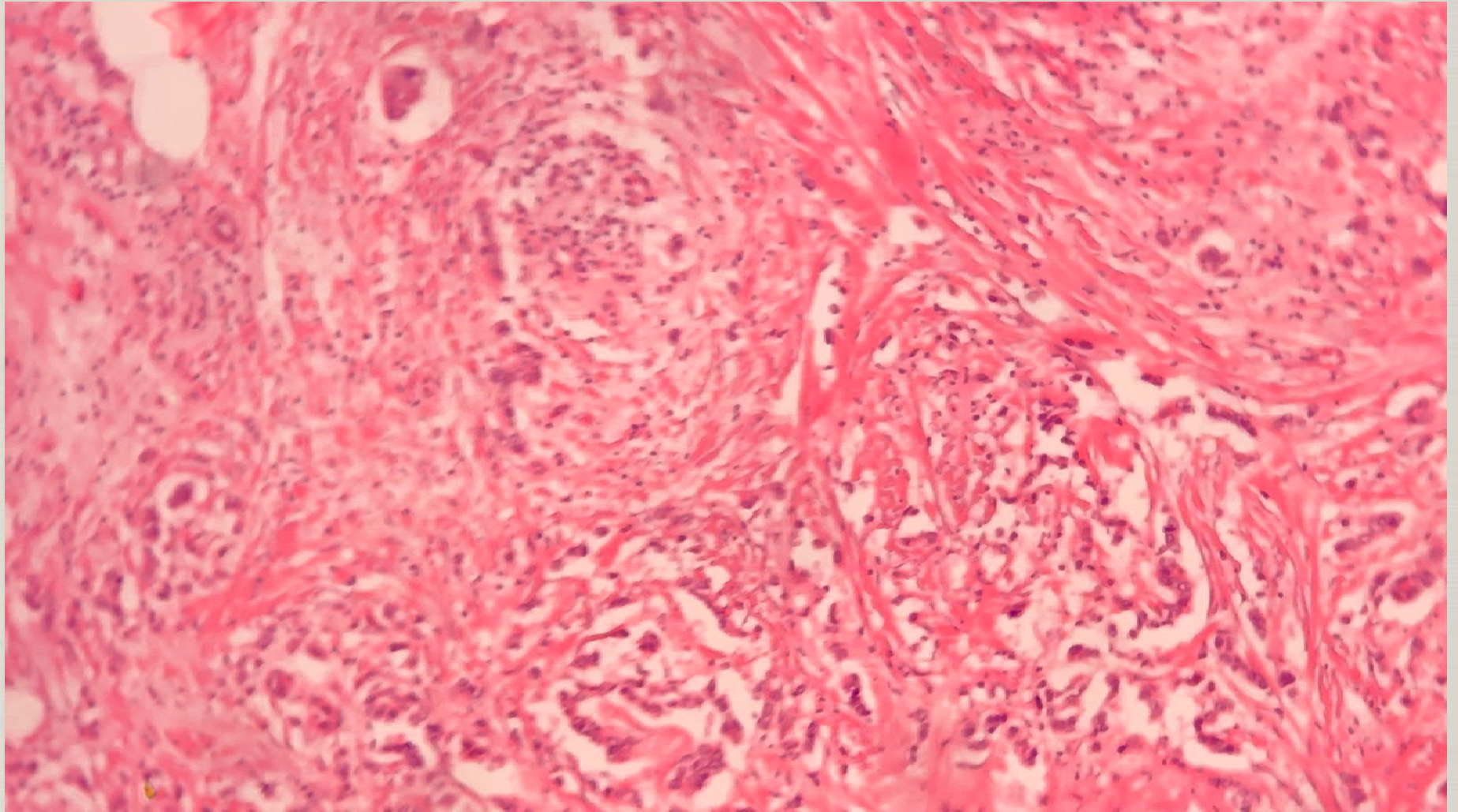


Initial treatment

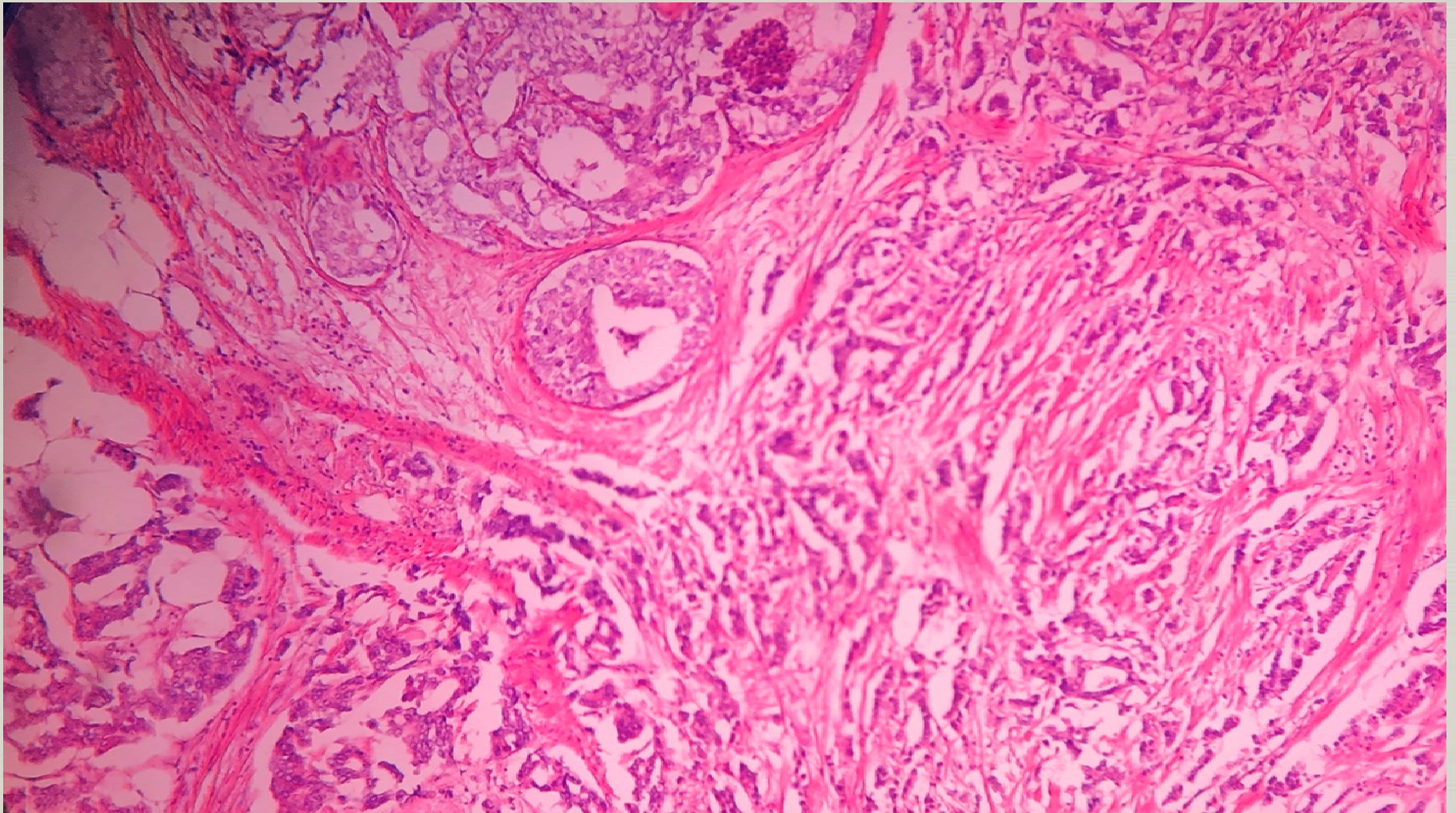
14 weeks after initial presentation, underwent lumpectomy at district hospital



Lumpectomy



Lumpectomy



Pathology review

Initial report 2 days after surgery

-ductal carcinoma, + lymphovascular invasion

-positive margin (orientation not marked)

-no nodes sampled

-Path staging pT3pNxMx

-Pending ER, PR, HER2 testing and will be reported in an addendum



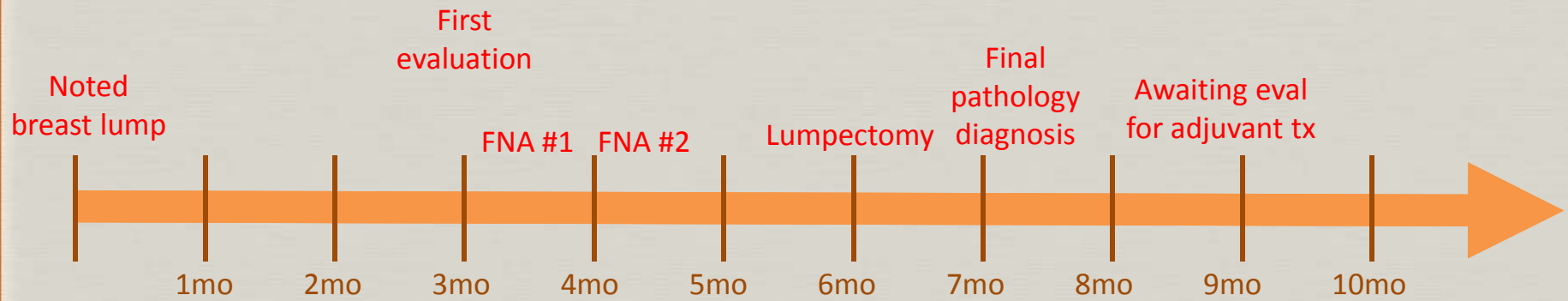
Evaluation for adjuvant therapy

24 weeks after initial presentation...

- Metastatic evaluation completed (chest x-ray, US abdomen)
- ER+/PR+/HER2- (returned 4wks after surgery)
- Awaiting review at breast multidisciplinary clinic for further management



Pathway to treatment



MoH FNA Training- Dr. Chowdhury



Use of Radiology to Improve Yield- Dr. Weissleder



Future Breast Cancer Diagnostics- Dr. Castro

