




DOUBLE TROUBLE

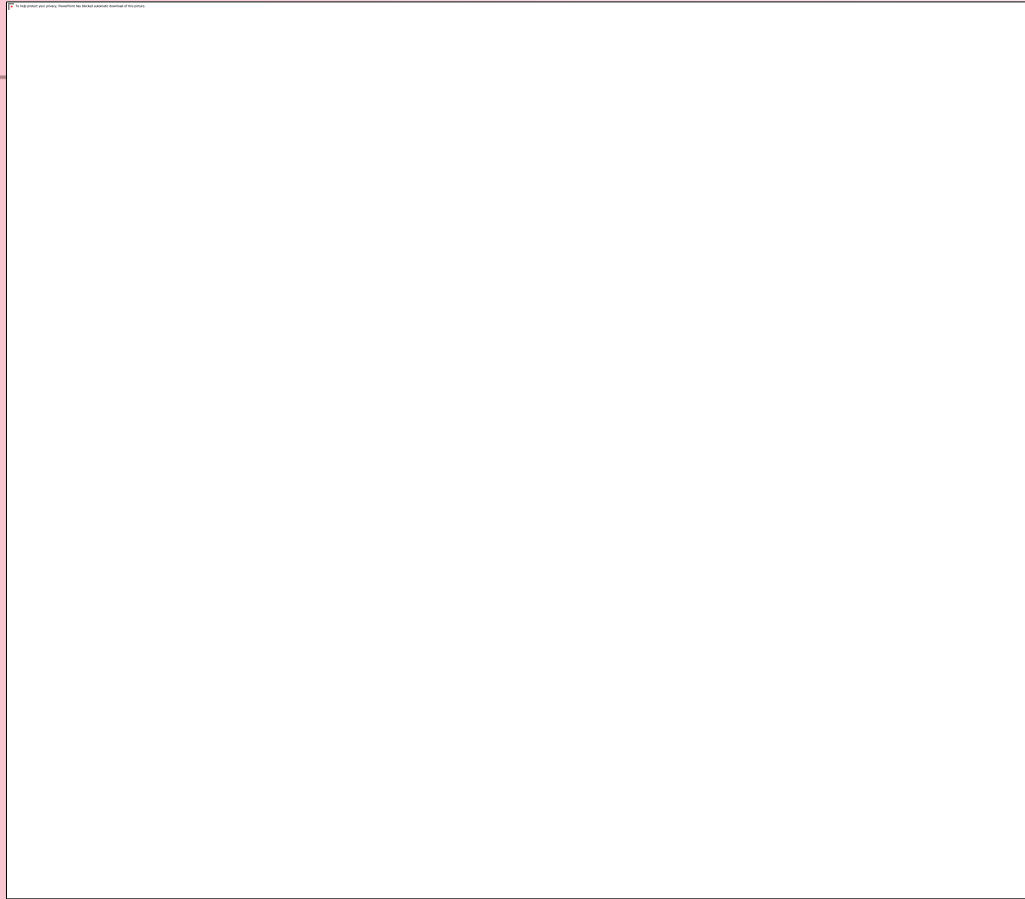


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INITIAL PRESENTATION JUNE 2020

- ❁ 43-year-old premenopausal woman presents to outpatient clinic for evaluation after recent diagnosis of stage IV breast cancer.



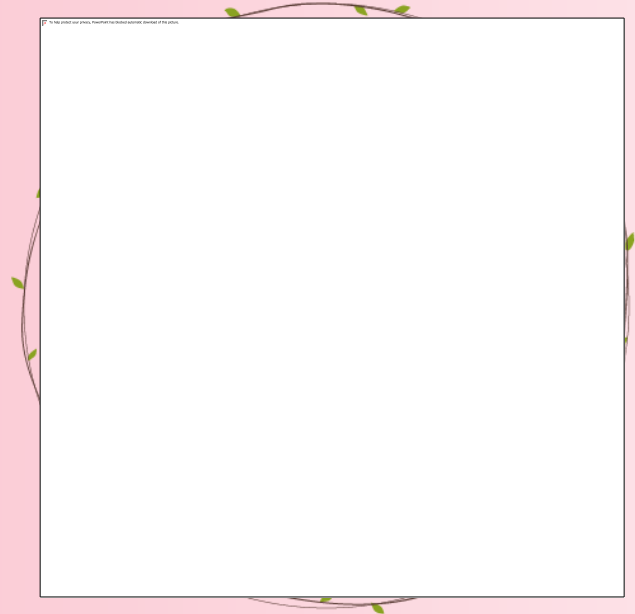


BILATERAL MAMMOGRAM REPORT

MAY 2020

Ovoid hypoechoic mass with microlobulated margins, 5cm from nipple measuring 0.92x0.73x0.86 cm

Hypoechoic mass with irregular, serrated, microlobulated margins, foci increased echogenicity, calcifications measuring 0.92x0.95x0.79 cm



MAMMOGRAM GUIDED BIOPSY

JUNE 2020



SURGICAL PATHOLOGY REPORT

** NOTE: ADDENDUM SINCE PREVIOUS REPORT **

CLINICAL INFORMATION:

Foci of micro Ca++ 1) d/3, 2-3:00 - 2) p/3, 2:00

DIAGNOSIS:

A) Left breast, 2 to 3 o'clock, distal third, stereotactic biopsy:

Ductal carcinoma in situ

Nuclear grade: high

Pattern: solid, cribriform and micropapillary patterns

Necrosis: identified

Microcalcifications: identified in association with Ductal carcinoma in situ

B) Left breast, 2 to 3 o'clock, proximal third, stereotactic biopsy:

Infiltrating ductal carcinoma with mucinous features, grade 2.

No lymphatic vessel invasion identified.

Ductal carcinoma in situ identified.

Calcifications present in association with ductal carcinoma in situ.

MAMMOGRAM GUIDED JUNE 2020



✿ ER positive: 95%

✿ PR positive: 70%

✿ HER-2: equivocal, negative by FISH

LEFT AXILLARY NODE BIOPSY JUNE 2020



SURGICAL PATHOLOGY REPORT

CLINICAL INFORMATION:

Abnormal LN - 1.91 x 0.70 x 0.97 cm, cortex 0.57 cm. Highly suggestive mets.

DIAGNOSIS:

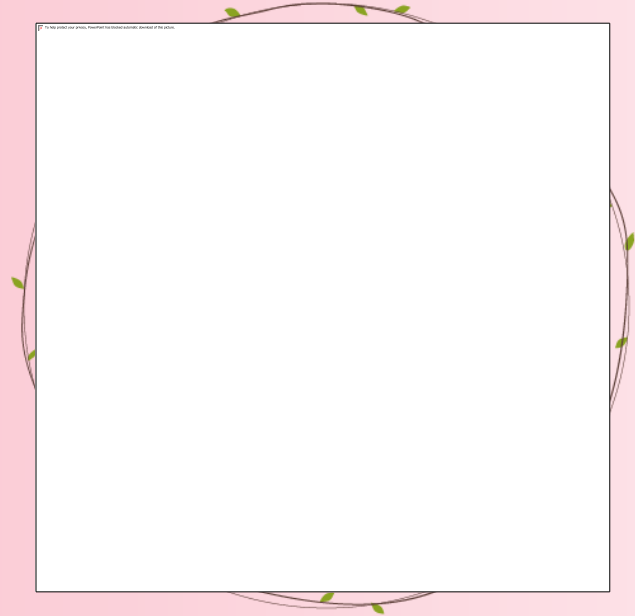
A) Left axillary node, core needle biopsy:
Metastatic carcinoma involving lymph node.



BREAST MRI JUNE 2020

Multifocal disease of left breast
extending from biopsy site to the
nipple/areola

Left axillary lymph node at level I
with malignancy





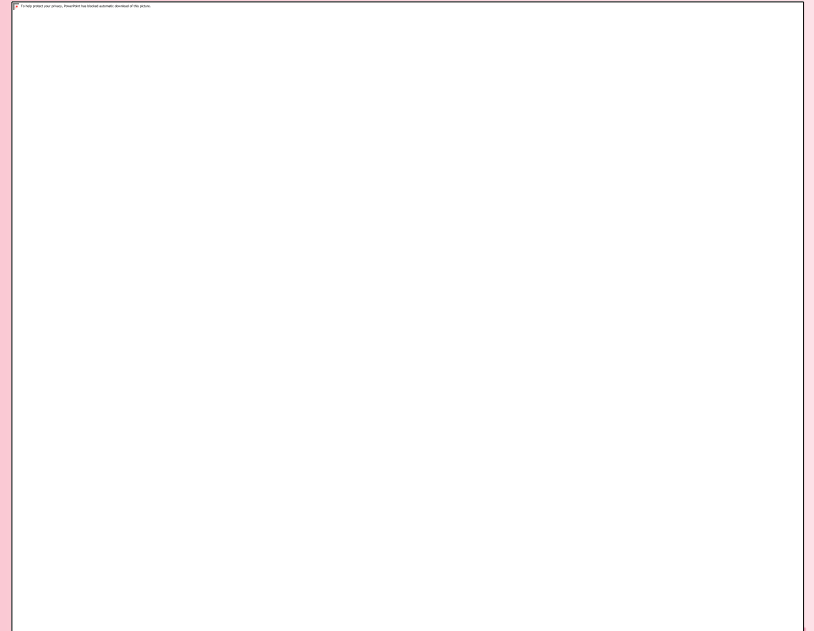
PET CT SCAN

JUNE 2020

Hypermetabolic lesion left breast plus axillary compartment

Mild hypermetabolic right lung lesion. Mild mediastinal subcarinal lymph node.

Metastases suspected although active infection may present similarly.



CT OF THE CHEST WITH IV CONTRAST

JUNE 2020



- ❁ Redemonstration cluster of hypodense lesions of lateral quadrant of left breast
- ❁ Slightly nodular, non-enlarged left axillary lymphadenopathy with adjacent surgical clip
- ❁ Right lower lobe perihilar mass with associated right hilar and subcarinal lymphadenopathy most compatible with right pulmonary and right hilar/mediastinal lymph node metastatic disease

INITIAL EVALUATION

JUNE 2020



PAST MEDICAL HISTORY

 Hypothyroidism

 Anxiety

 Rosacea

SOCIAL HISTORY

 Non-smoker

 No alcohol consumption

 No illicit drug use

FAMILY HISTORY



Form 1: A large vertical rectangular box with a decorative vine border. Inside the box, at the top, is the text: "In this space you should describe the family members of the past."

Form 2: A smaller vertical rectangular box with a plain white background.

Form 3: A large vertical rectangular box with a plain white background.

Form 4: A smaller vertical rectangular box with a plain white background.

Form 5: A large vertical rectangular box with a decorative vine border. Inside the box, at the top, is the text: "In this space you should describe the family members of the past."

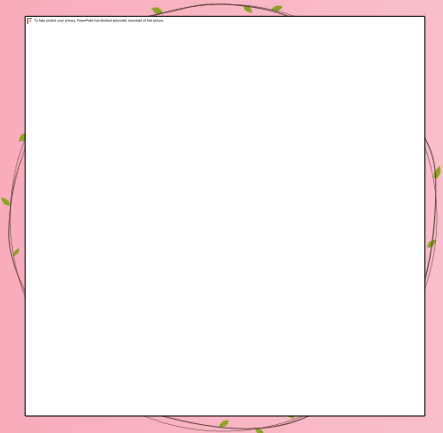
Form 6: A smaller vertical rectangular box with a plain white background.

Form 7: A large vertical rectangular box with a decorative vine border. Inside the box, at the top, is the text: "In this space you should describe the family members of the past."

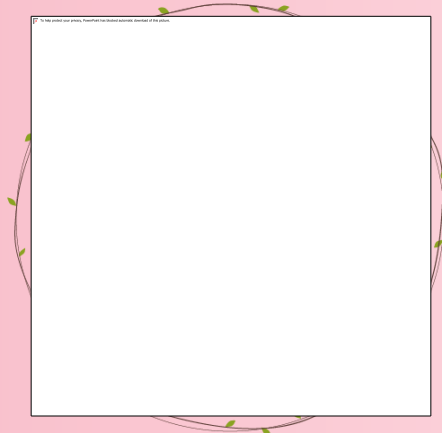
Form 8: A tilted rectangular box with a plain white background.



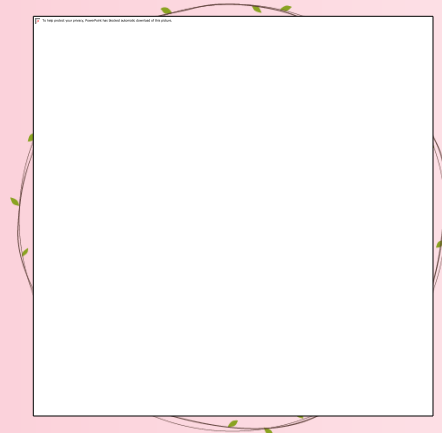
GENETIC STUDIES



Negative



Negative



Negative

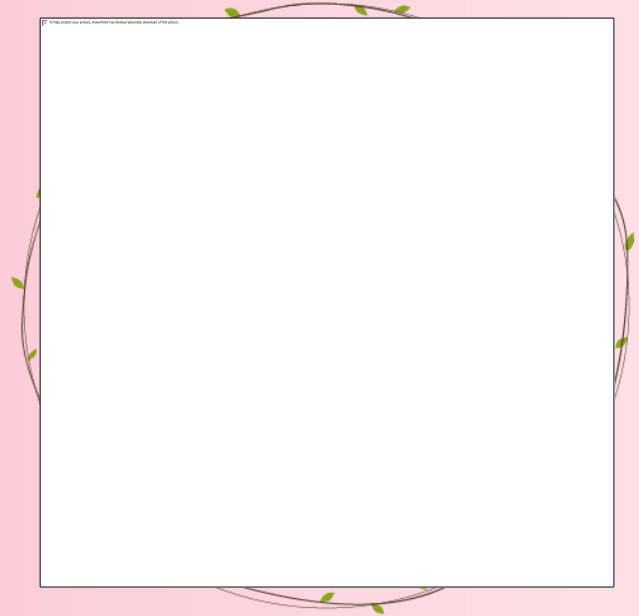


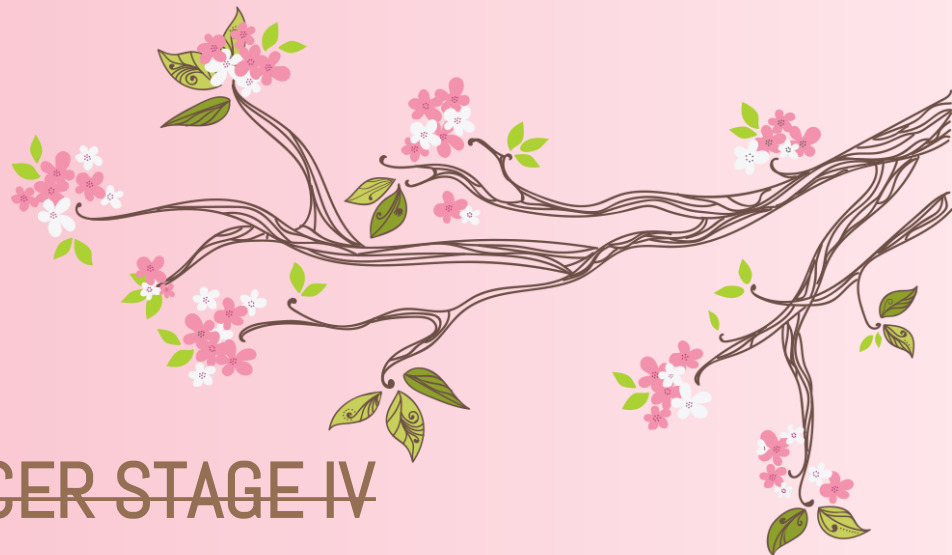
CT GUIDED CORE BIOPSY

JULY 2020

Adenocarcinoma

TTF1+, PD-L1 TPS negative <1%,
BRAF V600E negative, **EGFR Exon
19 Mutated**, ALK and ROS-1 negative





~~BREAST CANCER STAGE IV~~



**BREAST CANCER STAGE IIA +
LUNG CANCER STAGE IIIA**

ZOLADEX INITIATED ON JULY
2020



THERAPEUTIC APPROACH



- ✿ Combined chemoradiotherapy with Carboplatin and Taxol for stage IIIA lung cancer
- ✿ Completion of 12 cycles weekly neoadjuvant Carboplatin and Taxol
- ✿ Neoadjuvant dose dense Adriamycin cyclophosphamide
- ✿ Breast surgery
- ✿ Osimertinib

THERAPY TIMELINE

August 2020

Initiated
chemoradiotherapy
with Carbo/Taxol for
Lung cancer stage IIIA

September 2020

Continue weekly
Carbo/Taxol to
complete 12 cycles for
breast cancer

October 2020

Completes 12 cycles
of Carbo/Taxol

December 2020

Completed dose
dense Adriamycin
Cyclophosphamide



PET CT SCAN DECEMBER 2020



❁ Right lung lower lobe 1.5 x 1.7 cm SUV 3.0

❁ Right hilar space SUV 6.9

❁ No other FDG avid lesions

THERAPY TIMELINE

December 2020

Started on
Anastrozole to
combine with Zoladex

January 2021

Initiated
Osimertinib

February 2021

Held Osimertinib prior
to breast surgery
Left breast
mastectomy

April - March 2021

Completed
Radiotherapy for
breast cancer.
Surveillance PET CT
every 6 months



DISCUSSION



❁ Importance of further evaluation of new lesions

❁ Accurate diagnosis and staging

❁ Best possible treatment for each **INDIVIDUAL** case



THANK YOU ! !





QUESTIONS ?

