Long Response in Cutaneous Metastasis of Breast Cancer
70 y.o. Woman
ECOG PS 0
Past medical history: Dyslipidemia; Peripheral angiopathy
Drug history: warfine, sinvastatin, gabapentin, tramadol, metoclopramide
No history of drug / alcohol intake
Gynecological history:
Menarche at age 14, menopause at age 50, G3P2, 1 expontaneous abortion, Hormonal contraception for 20 years, hormonal therapeutic substitution for 5 y.

Palpable breast Lump → Mammography:
Right Breast Nodule 5.5cm Bi-Rads 5

11.2005
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Case Overview

- Right Modified Radical Mastectomy
- **Ductal Invasive Carcinoma pT3N3M0.**
  ER-pos, PR-pos, HER2-pos – Intrinsic subtype Luminal B-like

- Adjuvante ChT + RT + HT
  - **FAC** 6 cycles with good tolerance. Doxorubicin cumulative dose 200mg/m2
  - RT right chest wall and lymph node areas, total 50 Gy
  - HT with Anastrozole

- Cutaneous relapse
  - 1st Line Paliative ChT with **Capecitabina + Trastuzumab**
    16 cycles; Best response: Partial Response
  - For exhaust ChT suspends capecitabine, keeps **Trastuzumab and starts Letrozole.**

- Cutaneous Progression
  - Starts **Capecitabine + Trastuzumab**
    Best response: Parcial Response

DFS 20 m
PFS 3 m
PFS 21 m
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Case Overview

- **Cutaneous Progression**
  - 3rd Line Paliative ChT with **Vinorelbine + Trastuzumab**
    - Vascular leg ulcer – contraindication to keep vinorelbine
    - Best response: Partial Response
  - Started **Letrozol + Trastuzumab**
    - Slight cutaneous progression → Changes AI for **Exemestane + Trastuzumab**
  - Cutaneous Progression
    - 4rd Line Paliative ChT with **Paclitaxel (weekly) + Trastuzumab**
      - Best Response: Partial Response
      - Peripheral neuropathy Grade 2 + Exhaust Treatment
  - **Fulvestran + Trastuzumab**
    - Inclusion in **TDM-1 clinical trial (TDM1 arm)**
    - Abandoned Clinical Trial for failure to timely treatment, in management following excessive anticoagulation with ear bleeding.
    - Best Response: **complete response**

PFS:
- 6 m
- 5 m
- 12 m

**Date:**
- 06.2010
- 03.2011
- 09.2011
- 02.2012
- 12.2012
- 12.2013
- 01.2015
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Case Overview

- Inclusion in TDM-1 clinical trial (TDM1 arm)
  - Best Response: complete response

Figure 1. End of TDM1 Treatment
Long Response in Cutaneous Metastasis of Breast Cancer
Case Overview

- Tamoxifen + Trastuzumab

- Cutaneous Recurrence - Ulcerative lesion with satellite skin nodules

PFS 12 m 03.2015

03.2016
Long Response in Cutaneous Metastasis of Breast Cancer

Case Overview

- Cutaneous Recurrence

03.2016
Long Response in Cutaneous Metastasis of Breast Cancer
Case Overview

- Cutaneous Recurrence - ulcerative lesion with satellite skin nodules
  - Brachitherapy
  - Restarted TDM1

- Clear benefit of adding trastuzumab even after progression in HER2-positive breast cancer.
- After multiple chemotherapy lines TDM1 represents additional benefit for this patient, who has already achieved an OS of more than 10 years.
- Particularly in the case of cutaneous metastasis, only with prompt recognition of progression, with a close surveillance, comes the opportunity to treat the progression of disease, to improve survival rates.