ESMO Preceptorship Programme

A Challenging Case of Triple Negative Metastatic Breast Cancer

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CA Breast– Hong Kong – 27/11/2018
Disclosure

- None
History

- Mdm Lam
- 67 years old lady
- Retired office worker
- Mother with CA breast
- Non smoker, non drinker
- Good past health
- ECOG 1
History

- Presented with R breast mass in 5/2017
- P/E – 5cm mobile R breast mass; 3cm R axillary LN
- USG breasts 6/2017 – R8-9H 5cm mass with multiple enlarged LNs at level 1&2
- Core biopsy of R breast mass
  - IDC, ER 4/8, PR 0/8, HER2 –ve, Ki 67 -75%
- FNA of R axillary LN
  - IDC, triple –ve
- PET CT 6/2017 – No distant metastases
Progress

- Given neoadjuvant chemotherapy consisting of 4 cycles of epirubicin/ cyclophosphamide followed by 4 cycles of docetaxel
- P/E after 8 cycles of chemo
  - R breast mass reduced to 2cm
  - Axillary LN was no longer palpable
- R MRM done 9/12/2017
Progress

- **R MRM pathology:**
  - Invasive ductal carcinoma, 45mm
  - Modified Bloom and Richardson grade 2
  - Peritumoral lymphovascular invasion +ve
  - 25/25 axillary LNs with metastatic ductal carcinoma, extracapsular invasion +ve
  - Margins clear, closest 4mm
  - ER 0/8, PR 0/8, HER2 –ve
  - ypT2N3a
Progress

- 1/2018 Started on adjuvant capecitabine
- 4/2018 After 5 cycles of capecitabine, noted new R chest wall erythema crossing midline; PET CT confirmed disease relapse at R chest wall, R axillary LN and mediastinal LN
- 4/2018 Switched to eribulin
- 6/2018 After 2 cycles of eribulin, developed progressive R chest wall nodules and erythema; PET CT confirmed progressive disease of R chest wall with new subcarinal and lower cervical LNs
Progress

- 6/2018 BRCA testing pending
  Switched to weekly paclitaxel/ carboplatin
  Given RT to R chest wall & regional LNs (30Gy/10Fr)
- 7/2018 After 2 weeks of paclitaxel/ carboplatin, developed new significant right pleural effusion
- 7/2018 Switched to nab-paclitaxel/ carboplatin/ bevacizumab
- Overall fair tolerance to chemotherapy requiring dose delay and dose reduction; Also an episode of neutropenic fever
- Patient was very keen to explore possibility of using immunotherapy
Progress

- 7/2018 BRCA 1& 2 testing –ve
- 8/2018 FoundationOne Genomic Testing
  - Microsatellite stable
  - CCND1 amplified (predict sensitivity to CDK4/6 inhibitor)
- 9/2018 FNAC of L SCF LN – metastatic adenocarcinoma, ER/PR/HER2 –ve, PDL1 <1%
- 10/2018 Excisional Bx of chest wall nodule done for NGS
  - CCND1 amplified
  - PTEN amplified (predict sensitivity to everolimus & olaparib)

What is the next appropriate step of treatment?
Summary

- 67 years old
- N+ CA R breast, ER 4/8 PR 0/8 HER2 -ve → neoadjuvant epirubicin/ cyclophosphamide + docetaxel → R MRM → ypT2N3a, triple –ve → capecitabine
- PD → eribulin
- PD → paclitaxel/ carboplatin → nab-paclitaxel/ carboplatin/ bevacizumab
- Repeat SCF LN FNAC – triple –ve
- BRCA –ve
- NGS – CCND1 amplified, PTEN amplified, microstallite stable
Thank you