A Poor Metachronous Married-to-be on a Biosimilar in a Charity Clinic

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No disclosure to declare
Case Vignette

- Ma HTZH, 27-year-old poor lady, postponed her marriage for a right sided breast lump.
- No family history of breast/ovarian cancer.
- Bilateral Breast USG and guided biopsy
- Simple mastectomy & lymph node sampling
- Invasive ductal carcinoma (IDC), B&R grade II, LVI+, ER/PR- 0%, Cerb-2 positive (3+), T3N0M0
- Received chemotherapy AC-T at Shwe Yaung Hnin Si Cancer Foundation Charity Clinic.
- RT in Yangon General Hospital
At that moment, Herceptin was available in local market but not feasible for a charity clinic.

Three months following RT, a new lump appeared at contralateral breast.

IDC, similar ER/PR result.

Simple mastectomy and lymph node sampling were done (T2N0M0).

Recently, local FDA approved a biosimilar of trastuzumab.

She luckily received the donation of the biosimilar company via Foundation and now completed 16th cycle.

Getting married soon and wants a baby ASAP.
Discussion Points

- Standards of breast cancer care in a developing country (BRCA, BCS)
- Limitations & best available options
- Chemotherapy, targeted therapy & pregnancy
- Evidence of biosimilars
- NGOs/CSOs in cancer care of a developing country