Hormone receptor and HER2 positive breast cancer

Esther Kang, Clinical Oncology Trainee
University Kebangsaan Malaysia
Disclosure

None
Ms JMI, 35 year old, premenopausal
Feb 2013
• Right breast lump measuring 5 x 5cm, clinically palpable axillary lymph node 3cm
• US Breast: suspicious right breast lesion
• Mammogram: right breast lesion BIRADS 3
• Biopsy: Infiltrating ductal carcinoma, grade 3, ER 70%, PR 30%, HER2 positive
• Laboratory parameters: within normal range
• CT staging: no distant metastasis

Diagnosis: cT2N1M0, triple positive, right infiltrating ductal carcinoma
Feb – June 2013

- Neoadjuvant chemotherapy
  - FE90C x 3 and Docetaxel x 3
  - Clinical assessment while ongoing chemotherapy

<table>
<thead>
<tr>
<th></th>
<th>C1 (FEC)</th>
<th>C2 (FEC)</th>
<th>C3 (FEC)</th>
<th>C4 (T)</th>
<th>C5 (T)</th>
<th>C6 (T)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>5x5cm</td>
<td>5x4cm</td>
<td>4x4cm</td>
<td>3x3cm</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Axillary LN</td>
<td>3x3cm</td>
<td>3x3cm</td>
<td>2x2cm</td>
<td>2x2cm</td>
<td>1x1cm</td>
<td>-</td>
</tr>
</tbody>
</table>
July 2013

- Wide local excision and axillary clearance
- HPE: residual microscopic foci of IDC, margins clear, 0/21 lymph nodes, ER/PR positive, HER2 3+ (ypT1N0M0)
- Started on Tamoxifen 20mg OD

Nov 2013 – Dec 2013

- Radiotherapy to right breast (40 gray in 15 daily fractions) + boost (16GY in 8 daily fractions)
Feb 2014
• Started on Herceptin
• ECHO baseline EF: 75%

June 2014
• Completed 6 cycles of Herceptin
• ECHO: EF 62% - Subsequent Herceptin withheld

July 2014
• Repeat ECHO: EF 65%
• Resumed Herceptin

Sept 2014
• Completed 9 cycles of Herceptin
• ECHO: EF 69%
Jan 2015
• Completed 15 cycle of Herceptin
• ECHO: EF 56% - stopped Herceptin

Jan 2017 (2 years post completion Herceptin)
• ECHO: EF 63%, clinically asymptomatic

June 2018
• Decided on extended hormonal therapy

Nov 2018
• Clinical assessment unremarkable, planned yearly ECHO
Discussion

Is neoadjuvant trastuzumab superior to adjuvant trastuzumab?

Is there a limitation in terms of time frame for the commencement of Trastuzumab?

Would the addition of Pertuzumab benefit her?

How should OFS be included in her adjuvant endocrine therapy if this patient is keen on trying for another child?