ESMO Preceptorship Programme

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*A long long time ago…*
DISCLOSURE

Nil
1998

- Ms Ng, civil servant
- F/44, good past health
- pT2 (3.5x2.8x2cm) pN1 (3/22) M0 IDC right breast, Modified radical mastectomy done
- ER 102 /300  PR 26 / 300  C-erb B2 positive
- Grade II, LVI-ve

- Adjuvant treatment: CMF x 6 (refused RT) → Tamoxifen x 1 yr → TRAM → completed 5 years Tamoxifen in 2004
11/2013 (64yo)
- lung, bone (T1, bilat prox femur, R pelvis), distant LN mets

- L SCF biopsy:
  - Metastatic breast cancer
  - ER 270/300
  - PR 5/300
  - HER2 +ve
Pertuzumab/ Trastuzumab/ Paclitaxel/ Carboplatin/ Denosumab Q3w x 8 → Good partial response
Maintenance Pertuzumab + Herceptin + Denosumab (refuse hormonal treatment)
2/2016

- Leptomeningeal brain metastases, extracranial disease in control
- Treatment: WBRT 30Gy/10fr & Memantine (6 month)
- Herceptin /Lapatinib /Xeloda /Denosumab (since 4/2016)
8/2018 (67 yo)
- Mental slowness, otherwise well
- MRI brain: PD in leptomeningeal mets
- Volunteered hx of poor drug compliance with xeloda and lapatinib since 2/2018
- PET-CT: extra-cranial disease control still good
Plan:
- Resume intended dosage & frequency of Herceptin/Lapatinib/Xeloda/Denosumab
- Consider T-DM1 upon frank disease progression
Discussion
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