Dr Angela Dalia Ricci
Addarii Medical Oncology Unit
Sant’Orsola Malpighi Hospital, University of Bologna, Italy

An astonishing complete response to prolonged neoadjuvant chemotherapy in HER-2 Inflammatory Breast Cancer
DISCLOSURE OF INTEREST

- None
M.D. 56 ys ♂, Italy

History of Presenting Illness

September 2017: presented with skin ulceration and bleeding in right breast.

Mammography: a large mass extended nearly in all quadrants with skin thickening and multiple axillary nodes.

Histology: invasive ductal carcinoma of no special type G3, ER-positive (60%), PR-negative, Her2/Neu-positive (score of 3+), Ki-67-positive (40%).

CT scan, FDG-PET and bone scan: no metastases.

Premorbid: ECOG 0
No history of familial breast and ovarian cancer

Past Medical History: bilateral additive mastoplasty; hypertension.
Neoadjuvant chemotherapy

**Pertuzumab**
- 1° cycle: 840 mg
- 2°-12° cycle: 420 mg every 3 weeks

**Trastuzumab**
- 1° cycle 8 mg/kg
- 2°-12° cycle: 6 mg/kg every 3 weeks

**Paclitaxel**
- 1°-24° cycle: 80 mg/m2 every week.

After 6 cycles of treatment (18 cycles of weekly Paclitaxel):
- onycholysis G1
- dorsal HFS G2
- peripheral oedema

After 2 additional cycles (6 cycles of weekly Paclitaxel):
- disabling lipodermatosclerosis.

Only Trastuzumab and Pertuzumab were administered for 4 additional cycles (total of 12 cycles).
Following discussion with a multidisciplinary team, she underwent right mastectomy and axillary lymph node dissection.

Histological examination revealed no residual cancer cells and pathological complete response (pCR) according to Residual Cancer Burden.
ESMO Preceptorship Programme

Thank you for your attention!