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Treatment decision making in metastatic breast cancer patient with obesity
DISCLOSURE OF INTEREST

- No disclosure
Introduction

- Female patient, D.G., 64 years, postmenopausal
- No family history for malignant diseases

- Comorbidities:
  - Hypertension (stabile with therapy)
  - Obesity (W:103kg, BMI: 36)
  - ECOG PS 1
Diagnostic considerations

- Nov 2017. mammography: BI RADS LD5 DD2

- Chest and abdomen CT:
  - pleural effusion
  - multiple liver metastases (up to 50mm)
  - spleen metastases
  - osteoblastic metastases of lumbal vertebra
Diagnostic considerations

- PH: Invasive ductal breast carcinoma, histology grade 2, IHC: Allred score: ER:8 (85%), PR 6 (15%); HER 2:1+, Ki 67:35%.
- Kidney function normal, eGFR: 130ml/min
- Liver function: AST, ALT, total bilirubin gr1
- Heart ultrasound: left ventricular EF 66%
Treatment

- Breast tumor board: AC chemotherapy, 4cy
- After 1st cy: FN with cough
- Patient didn’t see the oncologist
- She was referred to pulmologist
- TH: oral AB
Treatment

- 2nd cy: Cht doses unchanged
- GCSF secondary prophylaxis added
- D9 2nd cy: FN (Neu 0.07x10⁹/L + fever 39.1°C)
- Severe fatigue, cough, tachycardia 120/min
- Dyspnea under control with opioid treatment
- Oral mucositis gr 2
- PLT count decreased gr 3, skin hematoma, prolonged bleeding time (hemostasis normal)
Treatment

- Admitted as an emergency
- TH: meropenem 1gr Q8h IV + GCSF, platlet transfusion
- Pt afebrile and stabile
- E.coli isolated from blood cultures
- 14 days of parenteral antibiotic
- GCSF: 8 doses (prophylaxis + th)
- Fully recovered
Results and follow up

- Bone scan: multiple osteoblastic metastases in cranial bones, sternum, ribs, toracal and lumbal vertebra, sacral bone, both femoral bones
- Abdominal US: multiple liver metastases up to 63 mm
- Chest X-ray: right pleural effusion
- CEA: 264.59 ng/ml, CA 15-3: 569.4 U/ml
Results and follow up

- Breast tumor board (March 2018.): wPaclitaxel
- ECOG PS 2
- 3 months on therapy without major toxicities, SD as a best response
- Achieving disease control
- Aromatase inhibitor (Letrozole in cursu), without toxicities
Discussion

Q1: What would be your choice for 1\textsuperscript{st} line cht having in mind comorbidities?

Q2: How would you plan the 2\textsuperscript{nd} cy of AC cht?

Q3: What would be your treatment decision having in mind toxicities and complications developed after the first 2 cy of AC cht?