Metastatic Carcinoma of Breast
Progressive diseases after initial response of CDK4/6 inhibitor & Eribulin
Disclosure

There is no conflicts of interest.
Particulars of the patients

- 47 years lady
- Menstrual history – Post menopausal
- Obstetric history – 3 children
- OCP history – Taken for 17 years till menopause
- Family history – No family History of carcinoma.
Presenting complaints

- In January 2013, presented with right breast lump and diagnosed as stage IV (Liver Mets) breast carcinoma.
- HPR showed infiltrative ductal carcinoma, grade II.
- Core Biopsy: ER & PR positive, HER2 – Negative.
Treatment history

Received 8 cycles FEC at Neo-adjuvant treatment
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Complete response on repeat PET CT in July 2013.
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Wide local excision with axillary clearance
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Radiotherapy to the conserved breast & supraclavicular fossa
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Started Tamoxifen after completion of chemotherapy
Well on follow up till June 2015, at that time her MRI showed progression of disease in the liver

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Advised for single agent weekly Paclitaxel (12 week) up to 29, August 2015

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Started Letrozole per orally

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Stopped Letrozole from Nov, 2015

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PET-CT follow up showed good response at Nov 2015 and Started Exemestane and Everolimus per orally along with inj. Goserelin 3 monthly

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Exemestane and Everolimus orally along with inj. Goserelin 3 monthly continued and 3 monthly follow up showed Radiological response
Exemestane and Everolimus per orally along with inj. Goserelin 3 monthly continued till May 2016

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From June 2016, Exemestane and Everolimus stopped and Fulvestrant was started, as her size of liver lesions increased

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Fulvestrant continued till March 2017 with regular follow up.

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On June 2017 PET CT scan showed disease progression.

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From June 2017, she is on Fulvestrant monthly + Palbociclip (D1-21; QW4) + Denosumab (QW4) started

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Complaints of pelvic pain & received RT 30 Gy / 10 # to painful bone metastasis from 20/11/17 to 02/01/18
PET CT Scan on June 2017
PET CT (20/3/18) showed progressive disease in liver lesions along new lesions in lung and mediastinum and T6 vertebral body but metabolic improvement of acetabulum so Fulvestrant & Palbociclib stopped

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Eribulin was started along with Denosumab

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After 4 cycle PET CT (June 2018) showed marked metabolic & morphologic improvement in metastatic liver lesions; Resolution of Lung lesions & mediastinal Nodes; Metabolic improvement of bone lesions

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Completed Inj Eribulin only 8th cycle day 8 was given on 01/09/2018
Treatment history

Was on follow up and base line follow up on Dec, 2018 showed increase of CA15.3 and USG of Whole Abdomen showed multiple hepatic SOLs.

Then, PET CT was done on January, 2019 which showed mild progression of hepatic lesions along with new uptake at mediastinal lymph nodes.

Then, she has been advised to start oral Vinorelbine as her ECOG performance status is 1.

Oral Vinorelbine has been started from February, 2019.

Continued till April, 2019 and biochemical and imaging studies showed static disease.

On May, 2019 she developed SOB along with ascites and USG showed Multiple SOLs in liver, Huge ascites and B/L pleural Effusion

Oral Vinorelbine kept hold and discontinues. It has been decided to go for only palliative and supportive management.
Discussion

- What is the best treatment option in her current situation?
- Decision of starting oral vinorelbine is justified?
- Sequence and switching of hormonal therapy?