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Breast Cancer
DISCLOSURE OF INTEREST
61/F

- Rt CA breast cT4N3M0
- P/E
  - 13x13cm mass over R UOQ, overlying skin erythema
  - Right axillary LN 2cm in size

- Core Bx: IDC, ER 0, PR 0, cerbB2 score 3
- Right axilla FNAC: METASTATIC CARCINOMA, consistent with breast origin.

- CT Thorax + abd + pelvis with contrast: (9/8/2018):
  - Multiple enlarged LNs in right axilla, both level 1, Level 2 and internal mammary chain
  - No distant metastasis
- Bone scan: no bone met

- Given TCHP (trastuzumab, pertuzumab, carboplatin, and docetaxel) x 6 (last dose 15/2/19)

- CT 2/2019:
  - Significant reduction in size of right breast lesion and axillary LNs
  - IMC LNs resolved
Right MRM 19/3/2019
- Infiltrative ductal carcinoma
- ypT1a (1.3mm, DCIS 5cm) N0 (0/14) Gr 3
- LVP -ve, IDC extensive
- ER 0, PR 0, c-erbB2 score 3
- deep margin 4mm

Herceptin continued
Completed LRRT on 30/5/2019
- Given Herceptin 12\textsuperscript{th} in 7/2019
- Admitted x dizziness/ headache/ clumpsiness
- GCS full, limb power full

CTB on 17/7/19:
\begin{itemize}
  \item Rt basal ganglia isodense lesion with surrounding edema, compressed on Rt lateral ventricle with mild MLS
  \item Lt basal ganglia round isodense lesion
\end{itemize}

- CXR: No obvious mass
- LRFT N

Consulted Neurosurgery
\begin{itemize}
  \item In view of >= 3 lesion over CT brain, likely brain metastasis.
  \item The lesions are deep seated. The patient is unlikely benefit from neurosurgical intervention
\end{itemize}
- Pending PET-CT x restaging
- Plan for WBRT and switch to 2\textsuperscript{nd} line