Triple Positive Breast Cancer

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ESMO Preceptorship Programme
DISCLOSURE OF INTEREST

- No conflicts of interest.
Early Breast Cancer

- 40-year-old Female with Rt. Axillary Lymphadenopathy
- Rt. Breast mass 5 x 5 cm
  - MMG : BIRADS 5
  - CNB : IDC gr.2 ER 90% , PR 90% , HER2 2+ , Ki67 50%
  - DISH for HER2/Cep17 : 2.275 , HER2 copy no. 4.0
  - CT Chest + Upper Abdomen , Bone scan : unremarkable
- Dx : Breast Cancer cT3N1M0
Rx Early Breast Cancer

- July - November 2015: **Neoadjuvant** AC x 4 → P x 4
- January 2016: **Rt.MRM + TRAM flap** (13/1/2016)
  - ypT2N2M0
- March - May 2016: **PORT**
  - Rt. Breast 5000 cGy + Rt.Axilla 1000 cGy
- March 2016 - March 2017: **Adjuvant Trastuzumab** Q3W x 18
- March 2016 - March 2018: **Tamoxifen**
HR+ / HER2+ Metastatic Breast Cancer

- March 2018: **Bone metastasis at T2, L2-3, Rt.Iliac**
  - No visceral metastasis
- April 2018: **TAH + BSO** (21/4/2018)
- April 2018: start **Letrozole + Pamidronate**
- August 2018: **PD** ↑Bone metastasis , No visceral metastasis
  - start **Fulvestrant**
- August - November 2018: **SD**
HR+ / HER2+ Metastatic Breast Cancer

- **December 2018**: PD ↑Bone metastasis + ↑Bone pain
  - New Liver metastasis + Lung metastasis *but* No crisis
- **January 2019**: TL spine XRT 10Fx
  - start **Exemestane** → slightly ↑size of Liver metastasis
- **March 2019**: start **Docetaxel + Pertuzumab + Trastuzumab**
  - **June 2019**: TPH x 5 cycles
    - **SD** slightly ↓Liver + Lung metastasis
    - Neuropathy gr.1
AC 4 → P 4 → Rt.MRM → PORT → Trastuzumab → Tamoxifen → HR+ / HER2+

BSO → Letrozole → Fulvestrant → Exemestane → Spine XRT → HR+ / HER2+

Docetaxel → Pertuzumab → Trastuzumab → TPH

ESMO PRECEPTORSHIP PROGRAMME
Thank you for your attention!