Triple Negative Breast Cancer

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Conflict of Interest

- I have no conflict of interest
Case Presentation
Stage IV - Lung Metastatic Triple Negative Breast Cancer

- S. N
- Presented in July 2018
- 42 years old, African, Para 4 (1st child at 22yrs, last child at 38 yrs of age), BF
- P/C - enlarging left breast mass over 8 months
- First noticed left breast lump in November 2017
- Biopsy showed benign features, no malignancy
- Lump continued growing, became painful
- Excisional biopsy (lumpectomy) in July 2018
- PMHx- HPT on Rx, HIV negative
- FHx- Nil
Physical Examination

• July 2018
• Left healing lumpectomy scar, no palpable breast lump
• Swollen, tender left upper limb from shoulder to elbow
• Partial weakness of the left upper limb
• Matted ipsilateral axillary lymphadenopathy
• No supraclavicular lymphadenopathy
Diagnostic Work-up

**Histology:** July 2018

- Excisional biopsy (lumpectomy); left breast lump. (Hx-Initial biopsy was benign, but suspected malignancy).
- White nodular tumour 4.2cm, extending to the radial margins, infiltrating ductal carcinoma, Grade 3, associated DCIS of comedo-necrosis type
- Positive LVSI
- ER/PR/HER 2 neu - negative
Staging CT scans

CT Scans Thorax/Abdomen/Pelvis (July 2018)

• Metastatic left axillary LNs with surrounding fat infiltration, measuring up to 3cm in size
• Nodular thickening of the brachial plexus in the left axilla – brachial plexopathy
• Multiple bilateral lung nodules measuring up to 2.5cm
• Normal liver and bones
Further Work-up

Haematological
• FBC, U&Es, LFTs – Normal
• Cancer Markers- Normal limits CA 15-3 – 20.4 U/ml (<31.3) and CEA 0.9

Echocardiography: EF 85%

SUMMARY: 42 year old with Stage T2 N2 M1 (Lung Metastases)
Treatment

Chemotherapy started in July 2018
• Given 4 AC initially every 21 days (could not afford GCSFs for dose-dense chemotherapy)

Interval Restaging CT scans
• October 2018 showed almost complete resolution of the lung nodules; solitary residual approx 1.5cm nodule in the right lung
• Previously demonstrated axillary lymphadenopathy no longer present
Further Treatment

• Repeat Echo- EF 80%
• Received 2 more cycles of AC - 3 weekly
• Followed by 4 cycles of Docetaxel every 21 days
• Completed chemotherapy in February 2019
• Restaging CT scans in March 2019- NAD
Surgery

• Referred for left modified radical mastectomy—May 2019
• Unfortunately only simple mastectomy done, no lymphadenectomy
• Small volume residual disease measuring 1.5cm in size

Post Surgery

- Referred for left chest wall, axillary and supra-clavicular radiotherapy
- Delayed due to machine break-down
- Seen 4 months post surgery (September 2019) with a persistent cough and multiple subcutaneous nodules on the left chest wall, up to 2cm and left axillary discrete mobile LN 3cm
RESTAGING

-Restaging requested: CT scans but could not afford


-USS abdomen and Pelvis - NAD

-Bone Scan: Tc 99m NAD

Treatment:

- Radiotherapy given from Sep-Oct 2019

- 50Gy/25#/5 weeks, plus 10Gy boost to chest wall nodules and left axilla (good response with complete regression of lesions)
Restaging CT Scans

Restaging CT scans: Nov 2019

- Bilateral lung nodules and small right pleural effusion
- Appearances of lymphangitis carcinomatosis
- Mediastinal LNopathy
- No liver or bone Mets

IMP: Disease progression
Further Management

• Prescribed chemotherapy with Vinorelbine and Capecitabine but could not afford
• Paclitaxel given instead but erratic supply
• Unfortunately developed disease progression after 2 cycles of giving it at 5 weekly intervals
• Patient deteriorated, with worsening constant cough, SOB – Oxygen dependent
• Drainage of right pleural effusion in January 2020
• Commenced on Vinorelbine and Capecitabine in January 2020 and is currently doing much better but occasional cough.
• No longer O$_2$ dependent, getting back to normal duties
Challenges

• **Delayed diagnosis** in the younger patients- Initial biopsy (December 2017- Benign)

• **Inadequate/inappropriate surgery**
  1. Lumpectomy done in July 2018 with positive margins (affects patients’ outcomes)
  2. Simple mastectomy done in May 2019 (referral had been for MRM)

• **How aggressive to go in the younger patients**- in the presence of metastatic disease? Single agent chemotherapy or combination; dose dense vs 3 weekly? Any room for maintenance chemotherapy post initial combination therapy?

• **Role of local therapies** i.e. surgery and radiotherapy in metastatic disease?

• **Drug cost and supply issues**? Expensive medication and erratic supply of chemotherapy drugs

• **Any room for clinical studies** especially for cisplatin/carboplatin (in absence of BRCA testing), PARP inhibitors, immunotherapy?

• **How do we improve on screening, diagnostic work-up and management guidelines** in a country where it is difficult to have dedicated breast cancer units and MDTs?
THANK YOU