

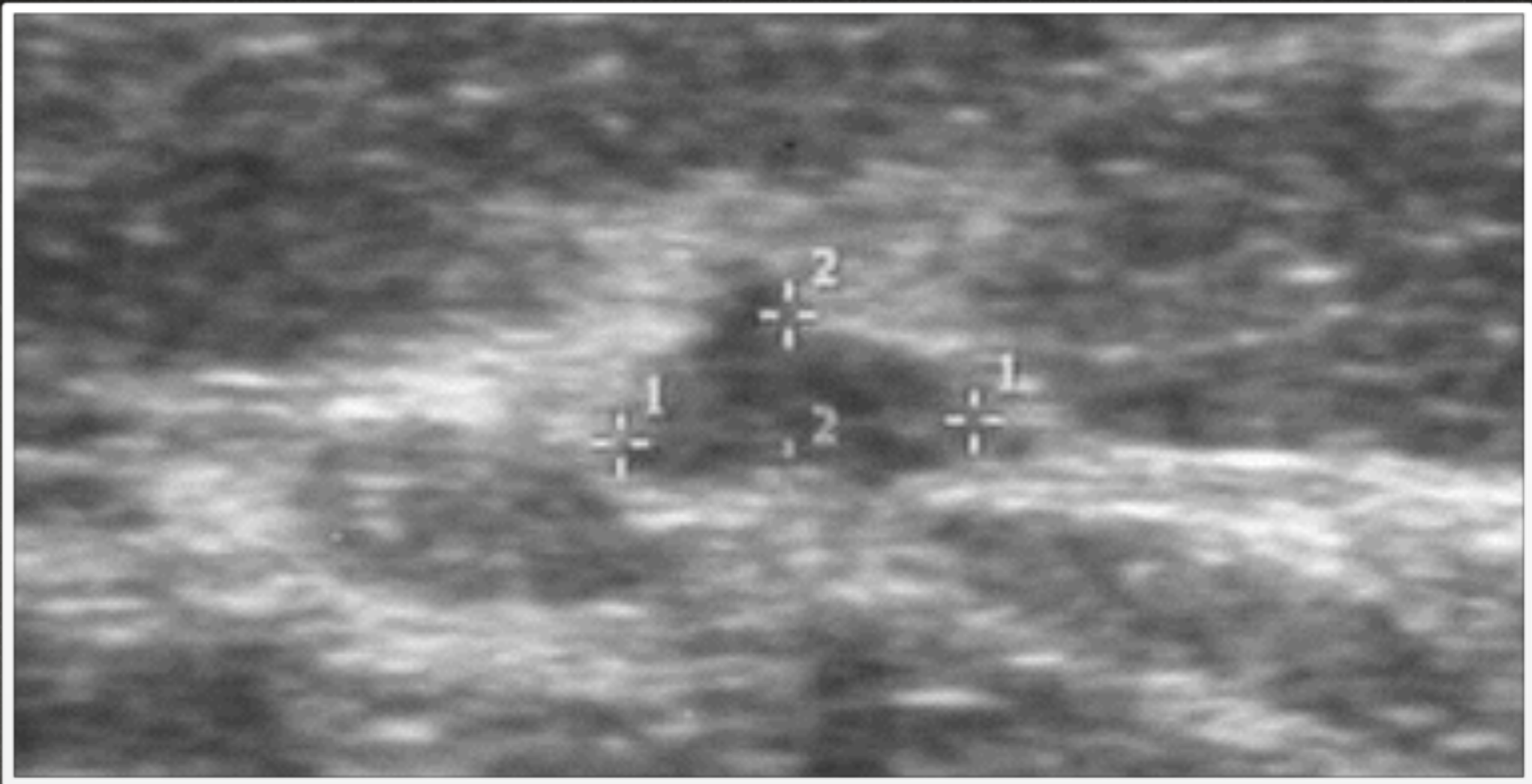


CASE 1.

32 yo woman

- small palpable mass located in left breast approximately 2cm
- upper outer quarter
- no palpable lymph nodes

ULTRASOUND IMAGING



BIRADS 4B

20mm irregular, hipoechogenic mass
no enlarged axillary lymph nodes

BI-RADS

Table 2 BI-RADS fourth edition – final categories^(2,4).

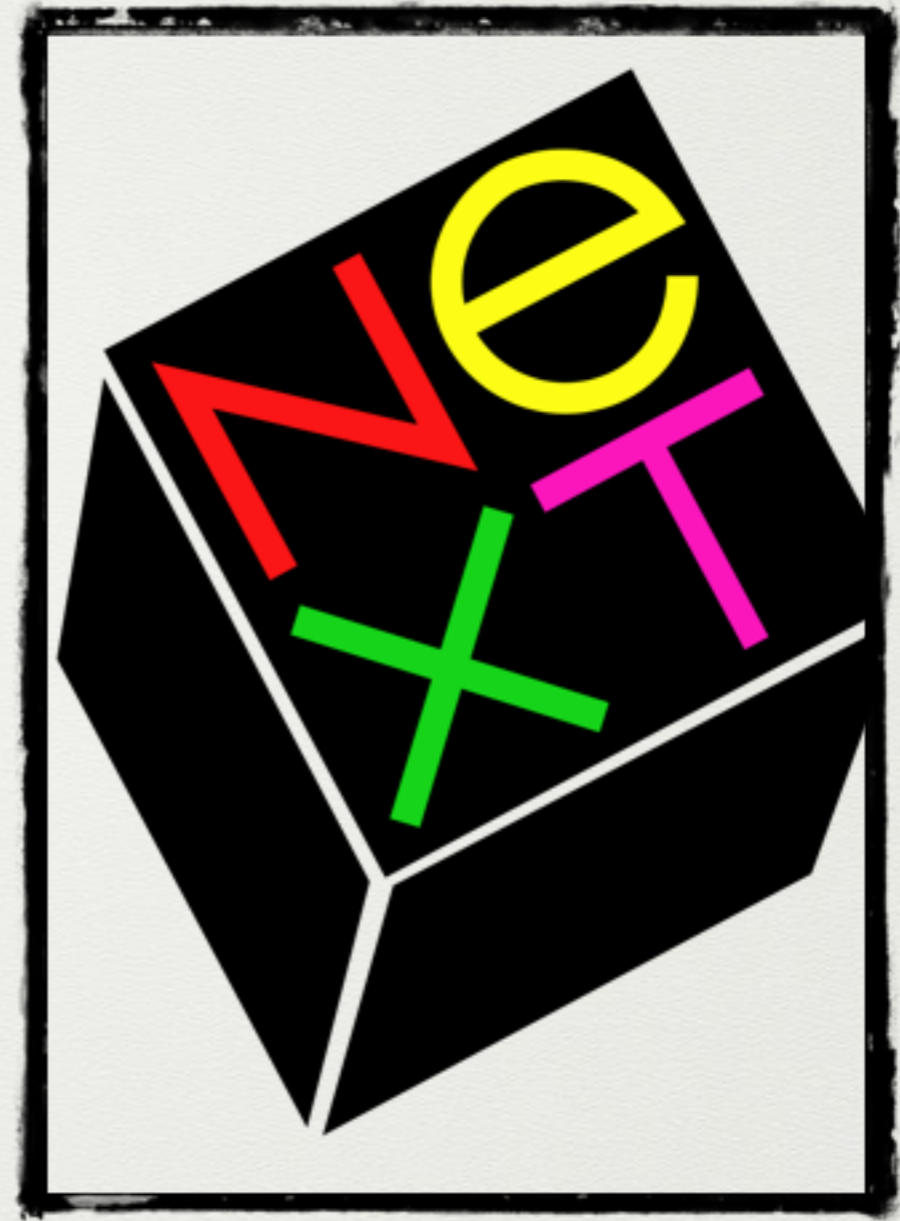
Category	Definitions
1	Negative
0	Additional evaluation required
2	Benign findings
3	Probably benign findings
4A	Low malignancy suspicion
4B	Intermediate malignancy suspicion
4C	Moderate malignancy suspicion
5	Highly suggestive of malignancy



- always MMG

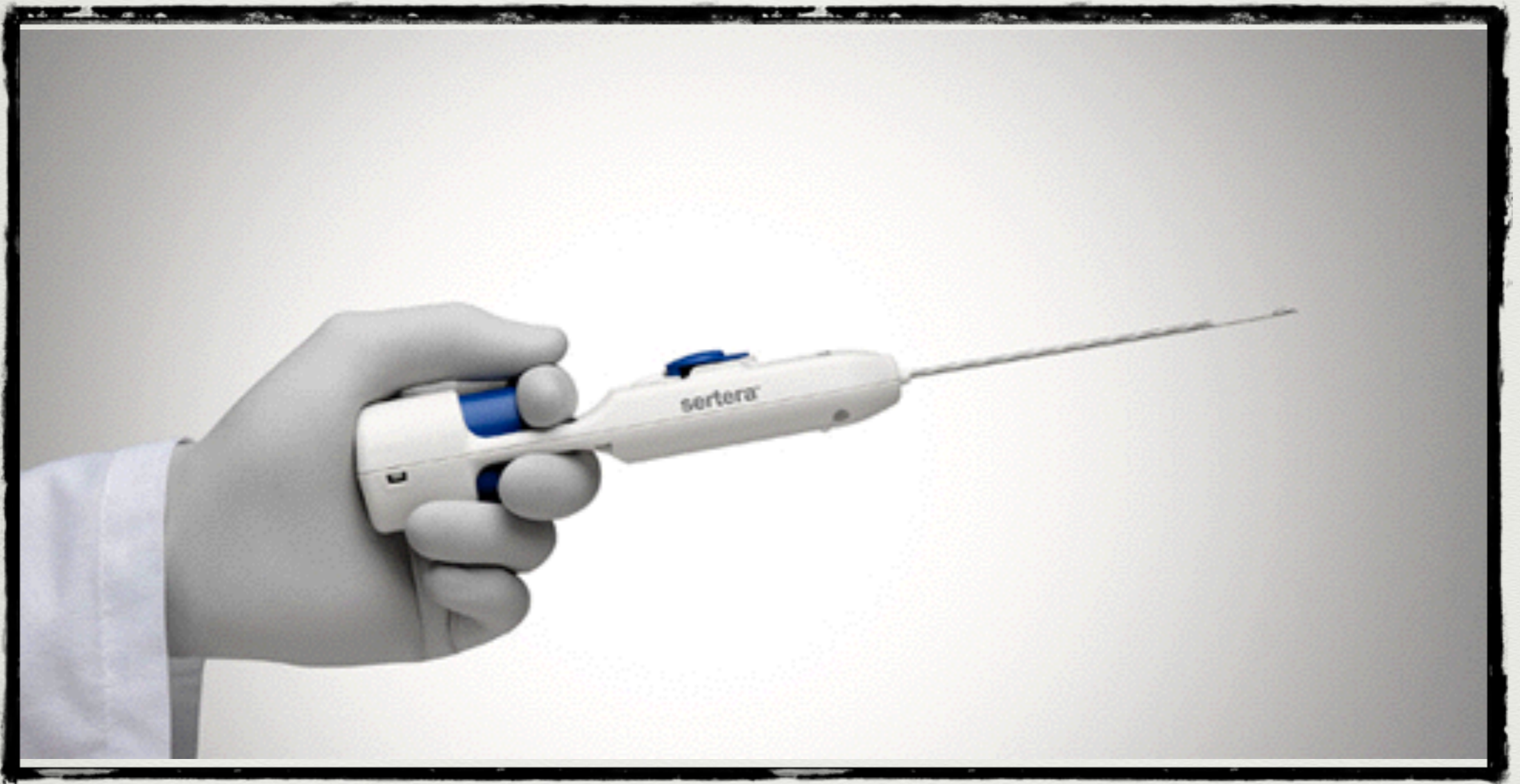


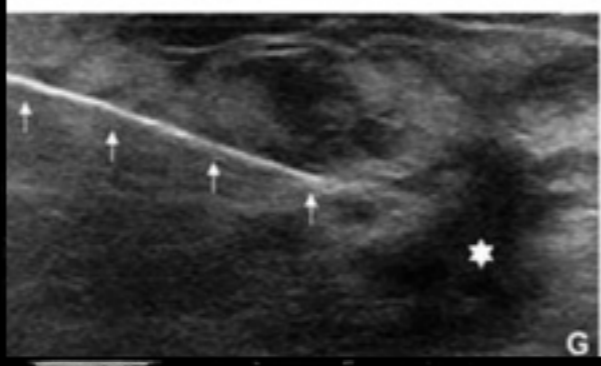
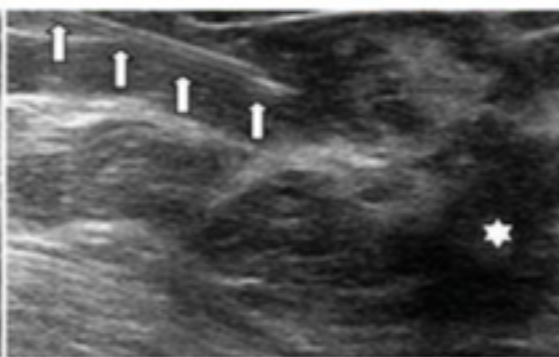
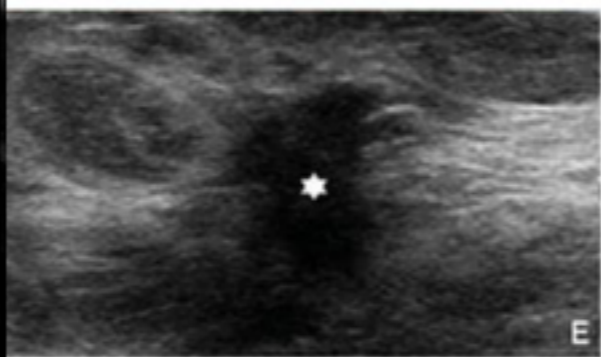
WHAT

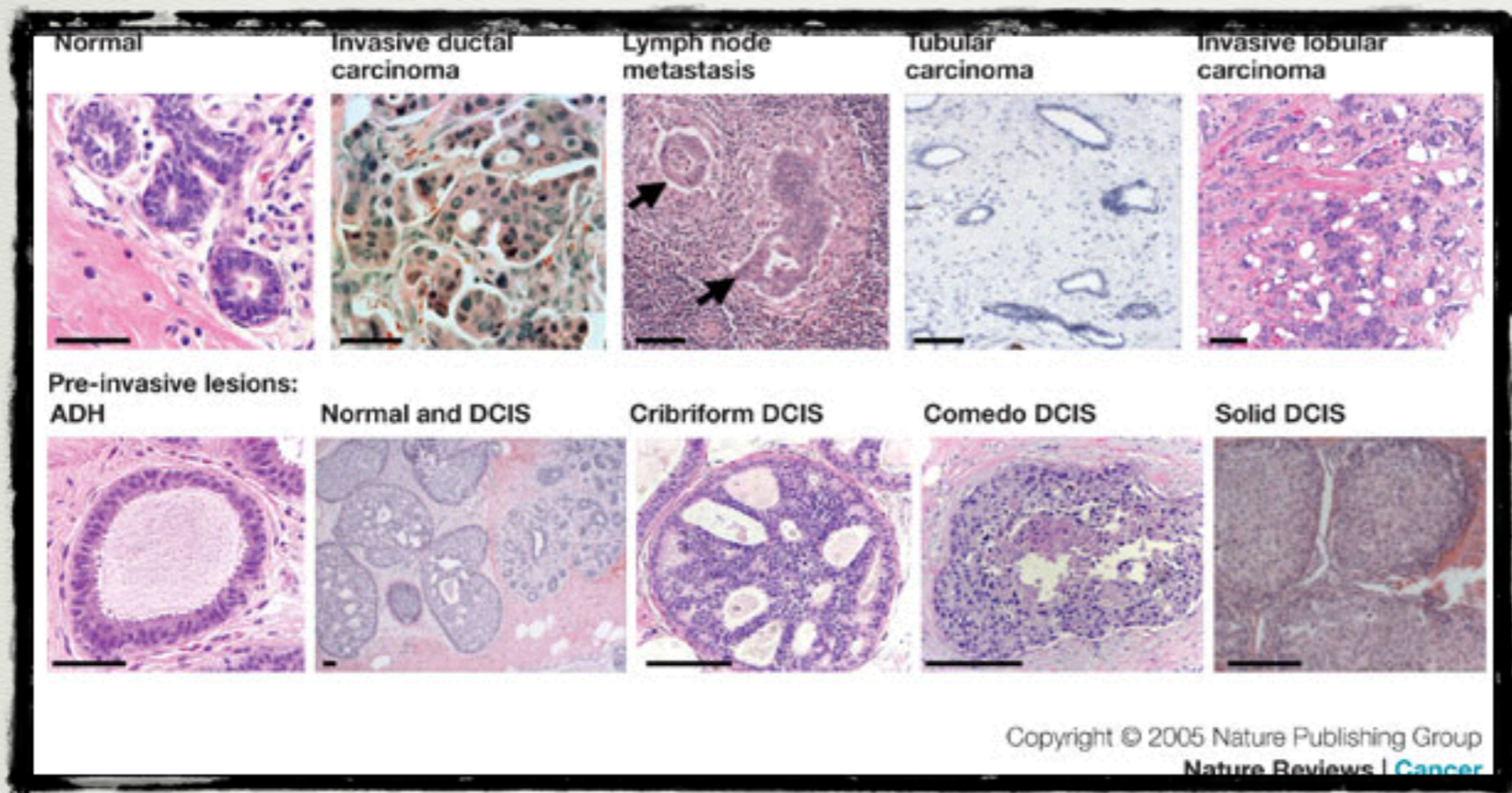


biopsy

- FNA
- CNB
- mammotome







Invasive ductal carcinoma = Ca invasivum NOS
 G2
 RE 40%, PGR 30%
 HER2 3+
 Ki67 - 40%
 Luminal B HER2 positive

before surgery

- blood testes
- chest x-ray
- abdomen ultrasound



what kind of surgery?????????



TUMORECTOMY + SLNB

Full HP report

- tumor 17x10x7mm
- ca invasium NOS, G2
- lymph nodes 0/2
- luminal B HER 2 positive, RE 50%, PgR 40%
- pT1cN0

chemotherapy AC

- 4xAC
- Doxorubicin 60mg/m²
(TTE!!!!)
- Cyclophosphamide
600mg/m²
- every 3 weeks x 4 times=
12 weeks treatment



Trastuzumab





- iv/ sc
- I 8mg/kg, II- XVIII 6mg/kg iv or 600mg sc
- every 3 weeks
- 1 year treatment: 17-18 infusions

Full HP

- tumor 22x10x7mm
- ca invasium NOS, G2
- lymph nodes 0/2
- luminal B HER 2 positive, RE 50%, PgR 40%
- pT2N0

- adjuvant hormone therapy ????????

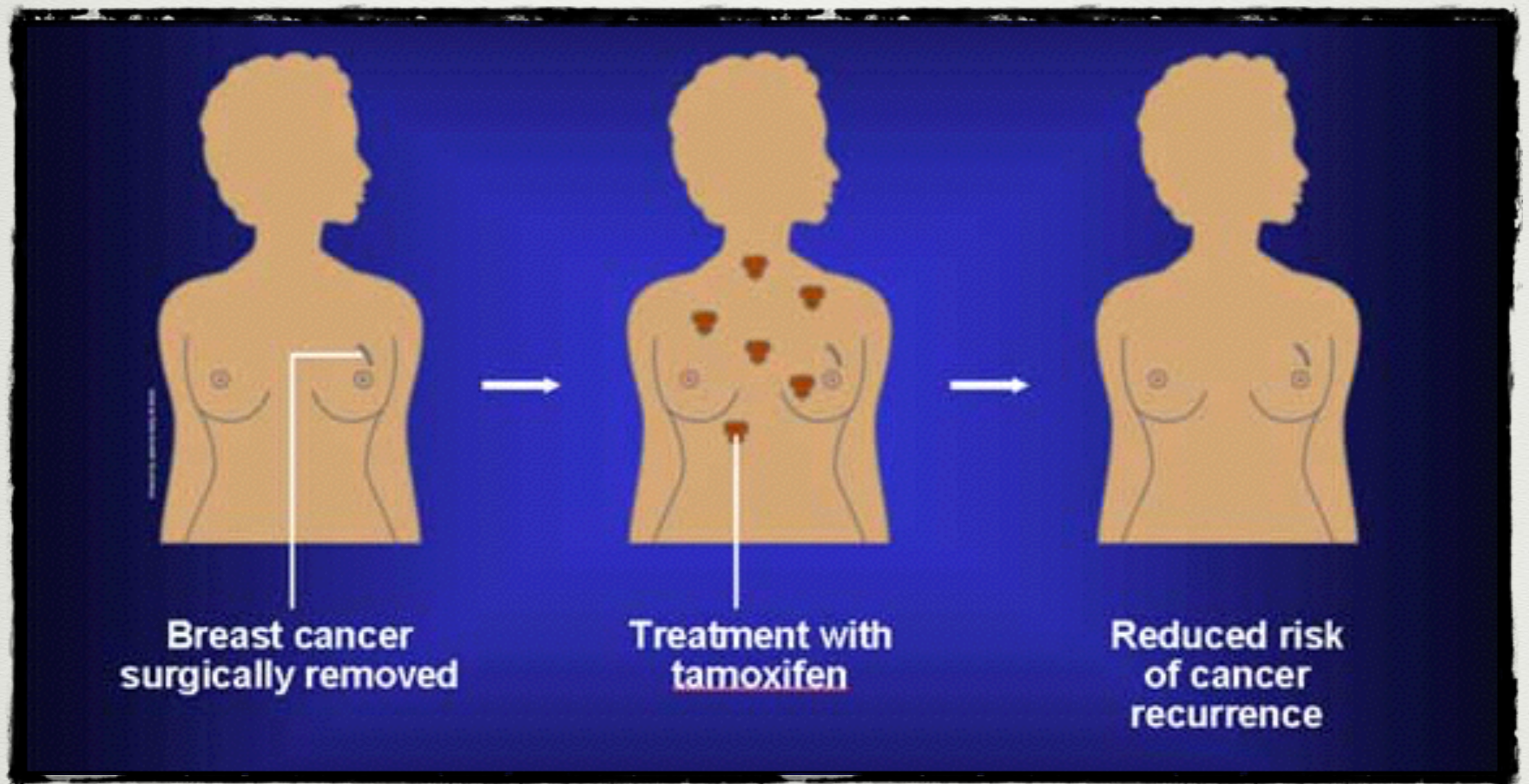
- anastrozol

- zoladex 3,6mg (GnRH analogue)

- tamoxifen

- fulvestrant

- ??????????????????????



- Tamoxifen 20mg p.o.
- daily
- 5 - 8 years
- ultrasound tv every 6m

treatment:

- tumorectomy+ SLNB
- chth 4xAC-> Trastuzumab+ Tamoxifen
- ...



Radiotherapy + Trastuzumab + Tamoxifen

team work: answers

- WHAT SURGERY
- WHAT ONCOLOGICAL TREATMENT: chth/
hth/ith/rth
- SEQUENCE OF TREATMENT

case 2

- 39 yo woman
- ultrasound/ MMG mass 2cm N negative
- Ca invasivum NOS
- G3
- RE 0, PgR 0, HER2 1+
- Ki67 45%, St Gallen summary??????

case 2

- Tumorectomy+ SLNB= pT2N0
- chth 4xAC-> 12xPTX,
- 4xAC every 3 weeks=12 weeks-> PTX weekly x12=
summary of 24 weeks treatment
- radiotherapy

case 3

- 60 yo woman
- ultrasound/ MMG 5cm mass+ 3 cm axillary lymph nodes
- Ca invasivum NOS
- G1
- RE 100%, PgR 90%, HER2 1+, Ki67 11%
- luminal A

case 3

- neoadjuvant chth 6xAT
- doxorubicin 60mg/m²+ docetaxsel 100mg/m²
- 6x every 3 weeks= 18 weeks chth

case 3

- mastectomy+ axillar lymphadenectomy
- ypT2N1, lymph 3/21
- Ca invasivum NOS
- G1
- RE 100%, PgR 90%, HER2 1+, Ki67 11%
- luminal A

HTH

- hth Zoladex? Tamoxifen? Anastrozol?

- Tamoxifen 2-3 years-> Anastrozole till 8 years
- adjuvant radiotherapy



Case 1

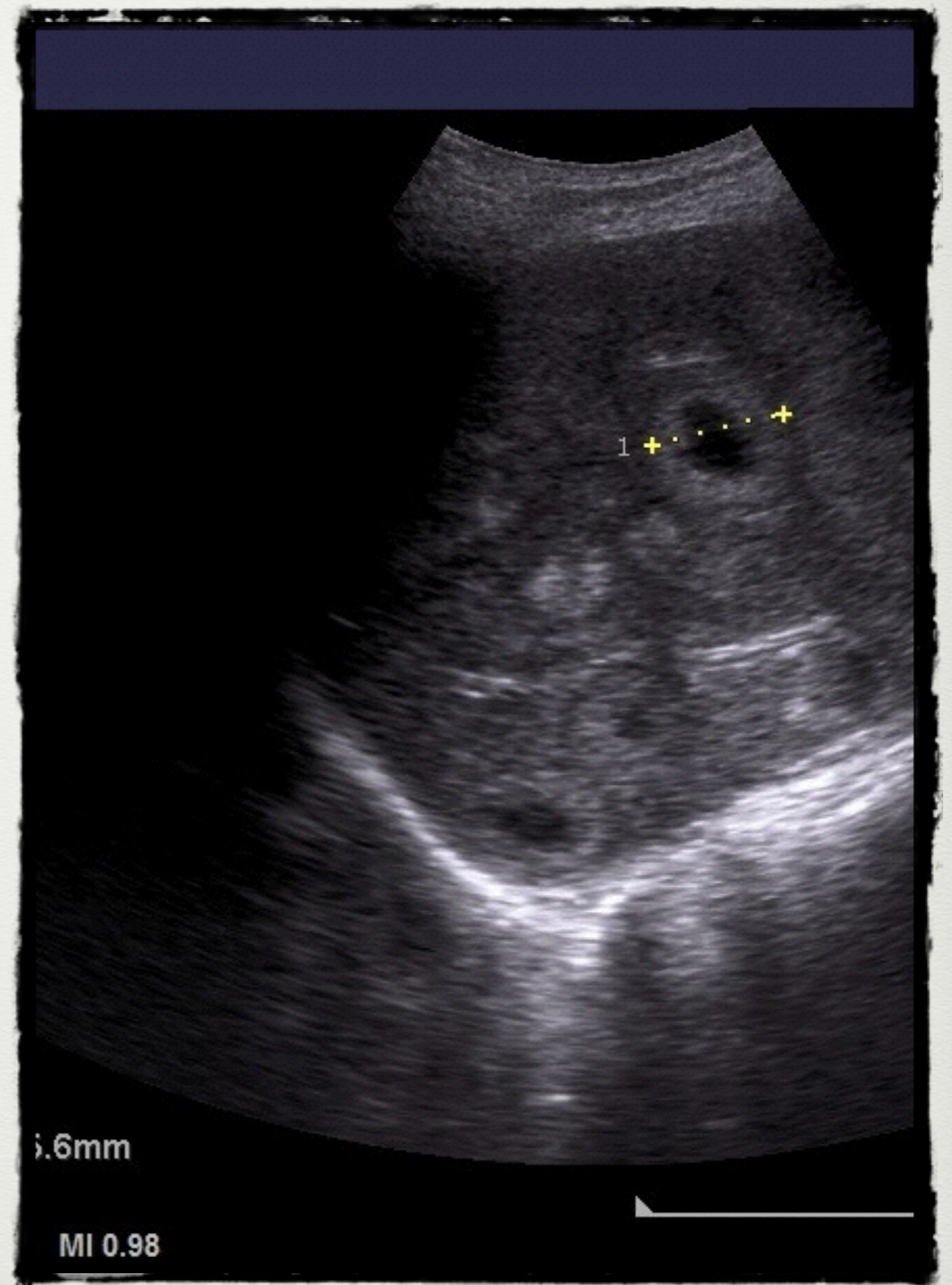
- 28 yo women
- anaemia
- weight loss 3kg/ 6 months
- 1 month pain in lower abdomen left side
- 1 week palpable mass in lower abdomen left side
- 1 week blood in stool

- NEXT????????????????

- Ultrasound imagining: multiple

Ultrasound imaging

multiple irregular lesions -
susp. metastases

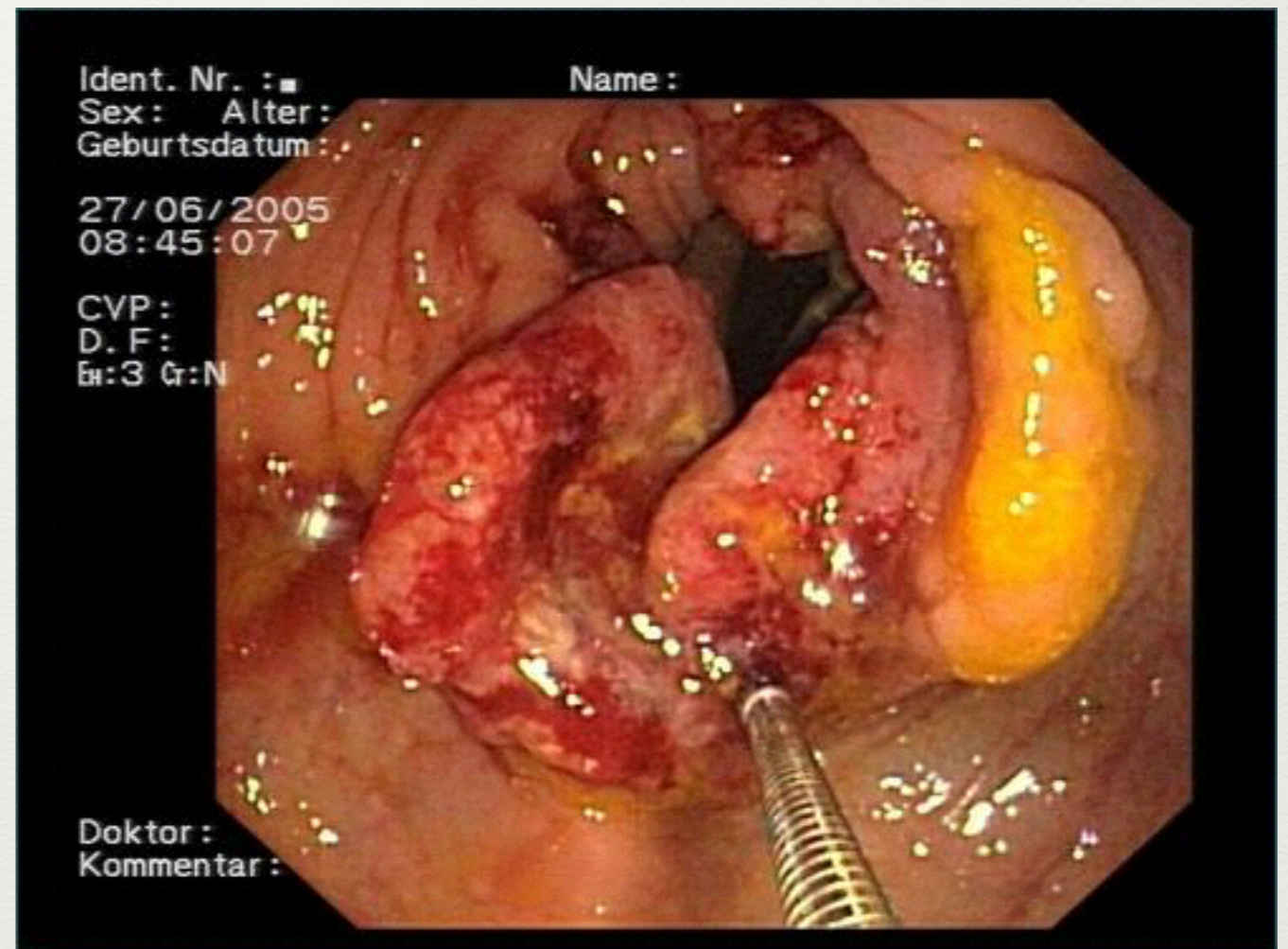


form where?!

- lung
- colorectal
- breast

symptoms+ clinical experience

- colonoscopy



tumor

- rectum
- 5cm bleeding mass
- adenocarcinoma

CT scan

- abdomen before treatment+ chest- why?
- lungs negative

presurgery chth

- FOLFIRI 6 cycles out of 12 planned
- PR 30% reduction in size of metastases
- surgery performed: tumor resection+ liver metastasectomy

post surgery CT scan

- massive progression in liver

II line chth

- FOLFOX+ Avastin
- 5FU+ Levofolic+ Oxaliplatin+ Bewacizumab-
standard of 12 cycles, then up to toxicity and
tolerance
- after 6 cycles progression- recidiva localis infiltrating
sacral bone+ pain symptoms

Palliative irradiation

- course of irradiation due to symptomatic bone infiltration- severe nausea, vomiting, anorexia
- bisphosphonates

KRAS mutation present

- NO cetuximab/ panitumumab

TODAY

- 7 months post diagnosis
- 3 months I line chth-> palliative surgery-> PD
- 3 months II line chth-> PD
- RTH+ bisphosphonates