Case Presentation
Breast Cancer
“An Incomplete Pathological Response May Be Risky Business”

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Financial Disclosure

I have not had any relevant financial relations during the past 12 months to disclose.
Off Label Use Disclosure

I do not intend to discuss an off label use of a product during this activity.
Case Presentation

• 39 yo, premenopausal, woman with no family history of breast cancer, self palpates a lump in her right breast in 10/2017.

• Mammogram in 10/2017 and 02/2017 revealed scattered fibroglandular elements in both breasts. BIRADS category 2 benign findings.

• Right breast U/S performed due to enlarging right breast mass 05/2018.
  • “Targeted ultrasound demonstrates a discontinuous area at 6 o'clock anterior depth 6 cm. This irregular area is of mixed echogenicity with possible cystic areas and is difficult to measure. This correlates as palpated and with mammography findings. Color flow imaging demonstrates that there is vascularity present.”
  • “Additionally, there is a lymph node in the right axilla on the mediolateral oblique view only.”
Case Presentation

• Bilateral Breast MRI:
  • “Numerous irregular masses with intervening non-mass enhancement involving the entire lower outer right breast measuring 5.3 x 13.3 x 3.7 cm all suggestive of invasive malignancy. Additional separate 1.7 cm reniform mass within the upper outer right breast may be due to separate malignancy or abnormal intramammary lymph node. “
  • “Multiple large abnormal right axillary lymphadenopathy, biopsy proven metastatic axillary lymph nodes.”
Case Presentation

• Right breast biopsy and right axillary node biopsy:
  • IDC ER-97%, PR-0.4%, HER-2/NEU-1+
  • Grade II/III
  • DCIS present
  • Right axillary node positive for metastatic carcinoma.

• Clinical staging: cT3 cN1f

• Genetics Testing positive for a FAM175A exon 9 mutation
dd adriamycin / cyclophosphamide followed by dd paclitaxel x 4 cycles

Right breast mastectomy and axillary lymph node dissection:
- Final surgical pathology:
  - ypT2 ypN2a (7/17)

XRT 50Gy/25Fx
Treatment

• Based on TEXT and SOFT data:
  • Premenopausal women at high risk of recurrence benefit from ovarian suppression PLUS AI over tamoxifen alone.
Treatment

ANYTHING ELSE?
Treatment

- 13-22% chance of complete pathological response in HER-2 negative disease after neoadjuvant chemotherapy
- For everyone else 20-30% chance of relapse.
- ER+ disease = a progressive risk of recurrence at 10, 15 and 20 years post treatment.
CREATE-X

Figure 1. Trial Design.

Neoadjuvant chemotherapy involved at least four cycles of an anthracycline. However, if the anthracycline was administered for less than four cycles, one of the following four regimens could be used: fluorouracil and epirubicin (at a dose of ≥100 mg per square meter of body-surface area)
Figure 2. Kaplan–Meier Estimates of Disease-free Survival and Overall Survival.

Panels A and B show disease-free survival and overall survival, respectively, in the full analysis set (primary analysis). Tick marks indicate censored data. Panels C and D show disease-free survival and overall survival, respectively, in the subgroup of patients with triple-negative breast cancer (i.e., breast cancer that was negative for estrogen receptors, progesterone receptors, and HER2).
OUR PATIENT

Now in her 3\textsuperscript{rd} month of adjuvant capecitabine

Currently on exemestane following B/L oophorectomy