Breast Cancer Case Presentations

Christin Knowlton, MD  
William McGeehin, MD, FACS  
Mary Pronovost, MD, FACS  
Elizabeth Whalen, MD  
Moderated by: Debra Brandt, DO
Case & Question

• 47 yo perimenopausal women- abnormal mammogram on screening and very dense tissue with a 1.5 cm density. Physical exam of breast was unremarkable, but an axillary Lymph node was detected. - Biopsy of breast – confirmed ER/PR/HER-2 negative invasive ductal carcinoma. US guided biopsy of LN confirmed the same. There was no family history of breast cancer. Cancer genetics is negative You recommend?
You recommend

1. Proceed to surgery
2. Neoadjuvant chemotherapy and then surgery with full axillary dissection
3. Neoadjuvant chemotherapy with sentinel lymph node biopsy
4. Other
If neoadjuvant is given, your recommendation for the positive lymph node pre chemotherapy is?

- 1. Place a clip in the positive LN
- 2. Place a localization in the positive LN
- 3. SLN without clip or localization
- 4. Patient will require full ALN so no clip/ localization needed
If 7 mm residual disease is found in single axillary LN post surgery, you would recommend?

- Post-mastectomy RT with axillary tangents
- Post-mastectomy RT
- No radiation
- Radiation to axilla only

- If Breast conserving treatment? Would you radiate axilla
How would you screen this patient over the next 5 years?

1. Clinic visit and mammogram and US yearly
2. Clinic visit every 6 months and mammo and US yearly
3. Clinic visit every 6 months with alternating MRI and Mammo /US
4. Other
Case and Question

• 72 yo obese female found to have a small area of asymmetry on screening mammogram. US revealed a 0.8 cm taller than wide hypoechoic irregular mass - Core biopsy : IDC grade2 ER+, PR+ Her-2 negative

• PMH hypothyroidism and obesity

• G2P2 menopause age 52

• She underwent breast conserving surgery
Would you perform?

• SLN biopsy
She is found to have stage 1- T1cN0-1.2 cm, SLN bx-neg, margins negative (no tumor on ink) – What would be appropriate adjuvant radiation?

- 5 weeks of whole breast +/- boost to lumpectomy cavity
- 3 weeks of accelerated WBI +/- boost to lumpectomy cavity
- Accelerated partial breast
- No RT

- What is this was DCIS? Would margin status change your mind?