

Case 1: 40 year old premenopausal female with

- MRI – 1.0 mass effect at site of biopsy
- Lumpectomy performed
- DCIS - 1.2 cm – negative margins - 2.0 mm
- Estrogen receptor: Positive (>95%, strong),
- Progesterone receptor: Positive (1-2%, strong)
- Surgical Oncologists
 - Options?
 - SNB?
 - How would you follow her at her age? Mammograms yearly? When do you consider MRI or less than yearly follow up?
- Medical Oncologists
 - Adjuvant endocrine therapy considerations?
- Radiation Oncologists
 - When do you consider omitting radiation for DCIS

Case 2:
30 year old premenopausal female presents with a palpable left breast mass.

- Breast Imaging (mammogram, ultrasound, bilateral breast MRI) reveal a 2.5 cm left breast mass with no clinical node involvement.
- Biopsy reveals: IDC, grade 3, ER+ (90%), PR+ (90%), H2N+ (3+)
- Clinical exam reveals a palpable 3 cm mobile mass with no palpable lymphadenopathy. Lumpectomy is possible given breast to mass ratio.
- Surgeons –
 - She sees you first and brings her genetic testing (she received a kit for Christmas) ad she is negative for BRCA1/2, PALB2, CHEK2, PTEN.
 - Options?
 - Do you send her for neoadjuvant or take her to surgery?

Case 2:
30 year old premenopausal female presents with a palpable left breast mass.

- Medical Oncologists–
 - She presents to discuss neoadjuvant treatment for her cT2 (2.5 cm), cN0 ER+/PR+/H2N+ breast cancer.
 - Do you add pertuzumab to her regimen?

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- You give her TCHP neoadjuvant therapy, imaging shows improvement but not a complete clinical response and she has a mastectomy with sentinel node biopsy.
 - She has residual disease (pT1a, pN1m)
 - Surgeons: Does she need an axillary dissection?
 - Medical Oncologists: What do you offer in the adjuvant setting (H2Ntargeted / TDM1 / endocrine considerations / Neratinib)?
 - Radiation Oncologists: Does she need Radiation given the micrometastatic disease in the node?

Case 3:

35 year old premenopausal female presents with a palpable right breast mass.

- Surgeon/Medical Oncologists–
 - She presents to discuss neoadjuvant treatment for her cT2 (2.5 cm), cN1, ER+/PR+/H2N+ breast cancer confirmed by mammogram and ultrasound with core bx.
 - Other work up?

- You give her TCHP neoadjuvant therapy and she has a mastectomy with sentinel node biopsy.
 - She has a pathologic complete response in breast and axilla.
 - Surgeons: Does she need an axillary dissection?
 - Medical Oncologists:
 - Do you continue give herceptin plus pertuzumab in adjuvant setting / just herceptin?
 - What do you offer in the adjuvant setting (H2Ntargeted / TDM1 / endocrine considerations / Neratinib)?
 - Radiation Oncologists: Does she need Radiation given node positive disease prior to neoadjuvant?

Case 3:

35 year old premenopausal female presents with a palpable right breast mass.

- Medical Oncologists–
 - Her surgeon took her for upfront lumpectomy and axillary dissection (pT1c (1.1 cm), pN1) and she presents to discuss adjuvant treatment ER+/PR+/H2N+ breast cancer.
 - Medical Oncologists: Do you add pertuzumab to her regimen I the adjuvant setting?

Case: 4

Examination

- 58 year old woman found to have left breast mass.
 - Prior history of Her-2 +++ breast cancer on right side 8 years ago.
 - On thyroid replacement therapy but no other medications.
 - Family history shows 1 sister with breast cancer at age 50.
 - Patient wants breast conservation !
- Left breast mass 5 cm clinically

Case: 4

Radiology

Pathology

- 4.5 cm mass on mammogram and ultrasound
 - A few <1 cm nodes in left axilla noted
- Ultrasound guided biopsy of breast mass.
 - "triple negative" infiltrating ductal cancer

Case: 4

Clinical questions -- Stage cT2N1M0

- Is there a role for neoadjuvant chemotherapy in "triple negative" breast cancer?
- If so, what chemotherapy program would be recommended?
- What would be the best management for this patient?

Case: 4

- Patient refuses neoadjuvant chemotherapy
- Oncoplastic surgery and sentinel node biopsy performed!
- Pathology – 4.5 cm TNBC and One of two positive nodes show infiltrating ductal cancer with TNBC (pT2N1)
- What adjuvant chemotherapy program would be recommended?
- What other therapy would be recommended for this patient?
- Clinical Trials?

Case: 5

- 62 yo female diagnosed with pT2pN1M1 ER (+), PR (+), Her 2 neu (-) left breast invasive ductal carcinoma
 - Medical Oncology
 - Treatment options?
 - Clinical trial?
- Oligometastatic disease with one T10 lesion in bone scan and MRI
 - Radiation oncologist
 - Treatment options?
 - Clinical trial?
- Mastectomy with SNB

Thank you
