Tumor Board

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Early Stage ER+ ve Breast Cancer

- 50 year Perimenopausal woman
  Routine screening Mammogram reveal
  1.3 x 1.4cm mass in left Breast
Diagnostic work up

- 1 Assessment of general health status
- 2 Assessment of primary Tumor
- 3 Assessment of Regional lymph nodes
- 4 Assessment of metastatic disease
• On physical and U/S – No nodes in axilla
• Core biopsy – grade 2 IDC
• ER+, PR+ and HER 2 – ve by IHC
• MDT
• patient opted for BCS
• Underwent Lumpectomy with Sentinel node biopsy
• Choice of surgery
• Sentinel node Biopsy – Adequate for staging
• Because regional lymph node status remains one of the strongest predictors of long term prognosis
• Lymphoedema
• 25% - axillary clearance
• 15 % - Following RT (no Sx)
• Less than 10% - SLNB
• HPE Report
• IDC 1.9 cm, grade 2,
• Ki 67 31%,
• ER +ve,
• PR +ve and HER 2 -ve
• Adjuvant systemic therapy
• HR + ve
• HER 2 – ve
- After Lumpectomy and sentinel node biopsy
- Adjuvant chemotherapy
- Would this patient benefit from chemo
- Hormone receptor + ve
- HER 2 –ve
Would this patient benefit from chemo

- EBCTCG overview
- Relative benefit of chemotherapy is similar in all the subgroups independent of Age, stage, Grade and ER status.
• The risk of individual patient is determined by biology and burden of disease.
• Absolute benefit of chemo in Low burden Luminal A – extremely small
• St Gallen guidelines for Luminal cases with unclear indications for chemo, that the decision depend on ER, PR, HER2 and Ki67
• Selective help of Genomic tests – Mammaprint, Oncotype Dx, Prosigna ROR and Endopredict.
• Luminal B
• HER 2 + ve patients treated with Chemo +ET and Trastuzumab
  Tripple Negative Tumors benefit from chemotherapy
Except a small group low risk special histological types (apocrine, secretory juvenile and adenoid cystic)
Radiotherapy

- RT consistently reduces recurrence by 2/3
- Can we avoid RT
- Hypofractionation
- Boost to tumor bed
• Pt has T1N0Mx

• Can we avoid Radiation
RT after BCS

- Whole Breast radiation therapy
- Alone reduces the 10 year risk of any first recurrence by 15% includes locoregional and Distant
- Boost Irradiation gives further 50% RR in patients unfavourable risk factors
• Hypofractionation
• Accelerated partial Breast Irradiation
• Treat only area at high risk
• Lumpectomy cavity
• Treated in a shorter time frame
• Twice a day over 4 – 5 days
Endocrine Therapy

• The choice depend on patients menopausal status
• Premenopausal
• Tamoxifen 20 mg / day for 5 – 10 yrs
• Postmenopausal – Aromatase inhibitors
Summary

• Perimenopausal woman
• 1.9 cm
• Node negative
• ER +, PR +, HER 2 -ve
Locally advanced Breast ca

• 58 yr old postmenopausal woman presented with 9 months history of

• Lump in Right breast measuring 5 cm x 7 cm with matted lymphadenopathy 3.5 x 4 cm.

• Skin over the breast indurated and erythematous

• No SCLN and opposite axillary nodes
• Core needle biopsy
• IDC grade 3
• ER +
• PR+
• HER2 +
• Further staging studies
• Complete physical examination
• Blood counts
• RFT
• LFT
• Bone scan
• CT chest and Abdomen
IBC

- Inflammatory Breast Cancer
- 2% of patients
- Clinically aggressive sub type
- Rapid onset (< 6 months)
- Diffuse erythema and edema over 1/3 of the Breast, peau d’orange, tenderness, warmth.
- HPE – Tumor infiltrates in to Dermal lymphatics
Neo adjuvant chemotherapy

- Tumor shrinkage > 50% in >70%
- Tumor progression very uncommon
- EORTC 10902
- FEC was used
- 23% were down staged
- 16% were inoperable initially were operable
- NSABP -18
- Similar results
• NSABP -27
• Addition of Docetaxel to AC
• Doubled pCR 13% -26%
• Better DFS and OS
• Neo Adjuvant anti HER 2 agents
• Patient underwent neo adjuvant therapy
• 4 cycles were given
• Good clinical response
• Operated
• MRM +ANC
• Complete chemotherapy
• Start the adjuvant Trastuzumab
• Plan for RT
• Patient received adjuvant RT to Chest wall and Axilla.
• Post mastectomy indications
• Tumors >5 cm
• Involvement of skin and axilla
• > 4 axillary nodes
• Patient received Trastuzumab concurrently and continued beyond Radiation
• Patient has ER+ , PR + disease
• Upfront AI
FOLLOW UP

• To detect early local recurrences or contralateral Breast ca
• To evaluate therapy related complications
• To motivate patients continuing ET
• To provide psychological support