

February 2nd 2015

Dear Ms. [REDACTED],

Thank you for reaching out to Tata Memorial Centre for an expert opinion in regard to assessing your treatment options. Navya Network is pleased to offer this online consultation service for Tata Memorial Centre.

We converted your case reports into a structured summary to be reviewed by a surgical oncologist in the Breast Disease Management Group at Tata Memorial Centre. We asked the following question(s) on your behalf:

1. Is neoadjuvant chemotherapy (NACT) or upfront Breast Conservation Therapy (BCT), which includes Lumpectomy (i.e. removal only of the cancerous tumor/lump in the breast) and radiation therapy, recommended at this time?
2. If treatment by neoadjuvant chemotherapy (NACT), then what is the recommended regimen for NACT?

Tata Memorial Centre's opinion is summarized as follows:

1. If breast conservation is desired, then instead of upfront Breast Conservation Therapy (BCT), neoadjuvant chemotherapy (NACT) is recommended at this time.
2. Since the clinical tumor size (i.e. size of the cancerous tumor/lump in the breast) is 5.20*3.20*5.40 cm, and tumor/lesion is multifocal (i.e., there is more than one tumor, all of which have arisen from one original tumor), upfront Breast Conservation Therapy (BCT) is not recommended.
3. Core biopsy is recommended prior to neoadjuvant chemotherapy (NACT), to know the immunohistochemical status (i.e. ER/PR and Her2/neu status). Therefore the treatment plan with NACT will depend upon the results of the immunohistochemical test.
4. If Her2/neu status is positive, then neoadjuvant chemotherapy (NACT) with Paclitaxel (i.e., a Taxane) and Trastuzumab (Herceptin) is recommended.
5. If Her2/neu status is negative, then neoadjuvant chemotherapy (NACT) with Doxorubicin 60mg/m² and Cyclophosphamide 600mg/m² every three weeks for four cycles is recommended.
6. After completion of the neoadjuvant chemotherapy (NACT), the treating surgical oncologist should assess the feasibility of breast conservation Therapy (BCT). If the tumor size has reduced, i.e., there is a good response to the NACT, and if breast conservation is desired, then Breast Conservation Therapy, which includes Lumpectomy (removal only of the cancerous tumor/lump in the breast) and radiation therapy, may be considered. Otherwise, Modified Radical Mastectomy (MRM i.e. complete removal of breast), which includes Mastectomy (i.e. complete removal of breast) with Axillary Lymph Node Dissection (ALND) (i.e. axillary clearance), is recommended.

We hope that the expert opinion is helpful in determining the course of your treatment.

For your convenience, we have included below standard dosage as per the National Comprehensive Cancer Network guidelines, which are globally accepted and often recommended by Tata Memorial Centre as well.

- i. Neoadjuvant chemotherapy (NACT) with Paclitaxel (i.e., Taxane) may be administered as below:
 - I. Paclitaxel 80mg/m² once weekly for 12 cycles.
Or
 - II. Paclitaxel 175 mg/m² every three weeks for four cycles.

- ii. If HER2/neu status is positive and if treatment with Trastuzumab (Herceptin) is affordable, then Trastuzumab (Herceptin) may be administered concurrently with Paclitaxel as follows:
 - I. Trastuzumab (Herceptin) 2mg/kg once weekly for 12 cycles, with 4 mg/kg loading dose for the first cycle, followed by a maintenance therapy of Trastuzumab 6mg/kg every three weeks for one year is recommended. .
Or
 - II. Trastuzumab (Herceptin) 6 mg/kg once every three weeks for 4 cycles, with 8 mg/kg loading dose for the first cycle, followed by a maintenance therapy of Trastuzumab 6mg/kg every three weeks for one year is recommended.

Please discuss this opinion with your treating medical oncologist, especially if you are unable to afford treatment with Trastuzumab (Herceptin). You may also reach out to Navya Network for an expert opinion from Tata Memorial Centre on this matter. Duration of treatment with Trastuzumab may be changed or alternate therapies may be considered, if feasible as an efficacious treatment option.

You may reach out to us for an expert opinion from Tata Memorial Centre for treatment plan for chemotherapy, recommendation for which will depend upon the immunohistochemical report (i.e. ER/PR and Her2Neu status) after core biopsy.

Please do not hesitate to write to us or call us with any questions.

Sincerely,

Gitika Srivastava.

CASE SUMMARY Navya ID [REDACTED] Expert Opinion ID [REDACTED], Ms. [REDACTED].

Age: 27 Years Old

Past Medical History: Hypothyroid

Clinical Diagnosis: Locally Advanced Breast Cancer (LABC)

Clinical TNM Stage: Stage IIIC - any T N3 M0

Menopausal Status: Pre-Menopausal

Initial Clinical Tumor Size (cm) Dimension 1: 5.20

Initial Clinical Tumor Size (cm) Dimension 2: 3.20

Initial Clinical Tumor Size (cm) Dimension 3: 5.40

Axillary Clinical Lymph Nodes: Yes

Apical Clinical Lymph Nodes: Yes

Breast Cancer Laterality: Right

Upper Outer Quadrant: Yes

Multifocal: Yes

Desires BCT: Yes

Breast Size: 34 (Moderate)

Abnormal Ipsilateral Mammogram Date: January 13th 2015

Abnormal Ipsilateral Mammogram Text: Lesion seen in lateral half, predominantly in the superior part, with no calcification

Ipsilateral - Initial Ultrasound Date: January 13th 2015

Quadrant	Dimensions
9-11 o'clock	5.40*3.10*4.00
11 o'clock	3.00*1.40*1.70

Ipsilateral - Ultrasound Size - BIRADS- Notes: Dilated tortuous tubular area seen in superior areolar region? duct involvement; BIRADS V

Ipsilateral - Axillary Clinical Lymph Node US Size (cm):

Size 1	4.1*2.6
Size 2	1.7*2.3

Ipsilateral - Axillary Clinical Lymph Node US Text: Rt axillary lymphadenopathy seen.

PET Scan Date: January 27th 2015

FDG-PET: Abnormal

FDG-PET Text: Multiple lesions in the Rt breast with metastatic axillary, retro pectoral and infraclavicular lymph nodes; no abnormality seen elsewhere in the body

Diagnosis Made By: Fine Needle Aspiration Cytology (FNAC)

Malignant Breast Disease: Invasive Ductal Carcinoma (IDC)

Cancer Grade: III

Functional Status- ECOG Score: 0

Bone Marrow (Hematologic) Function : Adequate

Kidney (Renal) Function : Adequate

Liver (Hepatic) Function: Adequate

Heart (Cardiac) Function : Adequate

Planned Treatment:

Timing	Treatment
Primary	BCS- Quadrantectomy NAC Sparing + Axillary Lymph Node Dissection (ALND) with reconstruction



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If you have any questions, please call +91 9845423460 or email gitika@navyatech.in

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