



February 9th 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 two surgical oncologists in the Breast Disease Management Group at Tata Memorial Centre. We asked the following question(s) on your behalf:

Is treatment with neoadjuvant chemotherapy (NACT), to reduce the size of the tumor/lump recommended, or is Modified Radical Mastectomy (MRM), which includes Mastectomy (i.e. complete removal of breast) with Axillary Lymph Node Dissection (ALND) (i.e. axillary clearance) recommended at this time?

Tata Memorial Centre's opinion is summarized as follows:

1. If breast conservation is desired, then neoadjuvant chemotherapy (NACT) is recommended at this time.
2. Core biopsy is recommended prior to neoadjuvant chemotherapy (NACT), to know the immunohistochemical status (i.e. ER/PR and HER2/neu status).
3. Neoadjuvant chemotherapy with Doxorubicin 60mg/m² and Cyclophosphamide 600mg/m² given every three weeks for four cycles is recommended.
4. After completion of four cycles neoadjuvant chemotherapy, the treating surgical oncologist should assess the feasibility of Breast Conservation Therapy (BCT), which includes Lumpectomy (i.e. removal only of the cancerous tumor/lump in the breast) and radiation therapy. If the tumor size has reduced, i.e., there is a good response to the NACT, then BCT with immediate reconstruction may be considered.
5. Please note that for immediate reconstruction, pedicle flap (i.e., consisting of the full thickness of the skin and the subcutaneous tissue, attached by tissue through which it receives its blood supply) for a partial reconstruction is necessary, and if cosmetically adequate tissue is present in the back (i.e., behind), then BCT and immediate reconstruction with Lat Dorsi flap (LD flap) may be considered.
6. Otherwise, if breast conservation is not desired, then Modified Radical Mastectomy (MRM), which includes Mastectomy (i.e. complete removal of breast) with Axillary Lymph Node Dissection (ALND) (i.e. axillary clearance) is recommended at this time.

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



Please note that if breast conservation is not feasible after completion of neoadjuvant chemotherapy (NACT), i.e., if tumor size has not reduced i.e., there is not a good response to four cycles of NACT, and breast conservation is still desired, then additional NACT may be recommended to reduce the size of the tumor/lump. Otherwise, Modified Radical Mastectomy (MRM), which includes Mastectomy (i.e. complete removal of breast) with Axillary Lymph Node Dissection (ALND) (i.e. axillary clearance) is recommended.

Please note that for Breast Conservation Therapy (BCT), postoperative radiation is always necessary after Lumpectomy (surgical removal of only the cancerous tumor/lump in the breast). You may discuss the specifics of radiation therapy with your radiation oncologist.

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: 51 Years Old

Clinical Diagnosis: Large Operable Breast Cancer (LOBC)

Clinical TNM Stage: Stage IIIA - T3 N1 M0

Menopausal Status: Post-Menopausal

Initial Clinical Tumor Size1 (cm): 7.00

Initial Clinical Tumor Size2 (cm): 5.00

Initial Clinical Tumor Size3 (cm): 4.00

Axillary Clinical Lymph Nodes: Yes

Breast Cancer Laterality: Left

Central: Yes

Desires BCT: Yes

Breast Size: 38 (Moderate)

Abnormal Ipsilateral Mammogram Date: January 28th 2015

Abnormal Ipsilateral Mammogram: Localized Microcalcification

Abnormal Ipsilateral Mammogram Text: Spiculated lesions with necrosis

Chest X-Ray Date: January 28th 2015

Chest X-Ray: Normal

Bone Scan: Not Done

FDG-PET: Not Done

Diagnosis Made By: Fine Needle Aspiration Cytology (FNAC)



Malignant Breast Disease: Invasive Ductal Carcinoma (IDC)

Functional Status- ECOG Score: 0

Bone Marrow (Hematologic) Function: Adequate

Kidney (Renal) Function: Adequate

Liver (Hepatic) Function: Adequate

Planned Treatment:

Timing	Surgery
Primary	Mast- Modified Radical Mastectomy (MRM)



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

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