

February 3rd 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 medical oncologists in the Breast Disease Management Group at Tata Memorial Centre. We asked the following question(s) on your behalf:

1. Should the currently planned neoadjuvant chemotherapy (NACT) with Cyclophosphamide 500 mg/m², Epirubicin 90 mg/m², and Fluorouracil 500 mg/m² every 3 weeks for three cycles, followed by Paclitaxel 175 mg/m² once every two weeks for two cycles and Trastuzumab (Herceptin) 2 mg/kg weekly for four cycles, with 4 mg/kg loading dose of Trastuzumab for the first cycle be continued or is an alternate chemotherapy regimen recommended at this time?
2. Is maintenance therapy with Trastuzumab (Herceptin) 6 mg/kg once every three weeks for one year recommended?

Tata Memorial Centre's opinion is summarized as follows:

1. The currently planned NACT with Cyclophosphamide 500 mg/m², Epirubicin 90 mg/m², and Fluorouracil 500 mg/m² every 3 weeks for three cycles, followed by Paclitaxel 175 mg/m² once every two weeks for two cycles and Trastuzumab (Herceptin) 2 mg/kg weekly for four cycles, with 4 mg/kg loading dose of Trastuzumab for the first cycle (as mentioned above) is recommended.
2. Maintenance therapy with Trastuzumab (Herceptin) 6 mg/kg once every three weeks for one year is recommended.
3. If the treating oncologist determines that there is significant toxicity or side effects due to the treatment with Cyclophosphamide, Epirubicin, and Fluorouracil, then modifying the chemotherapy regimen to include only Epirubicin 90 mg/m² and Cyclophosphamide 600 mg/m² is recommended.
4. After completing adjuvant chemotherapy, adjuvant hormone therapy with Tamoxifen 20 mg daily for 10 years is recommended.

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



Please discuss this opinion with your treating medical oncologist. You may reach out to us for an expert opinion from Tata Memorial Centre for the further treatment plan for surgery, radiation therapy, and hormone therapy, recommendation for which will depend on the response to the planned neoadjuvant chemotherapy (NACT).

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: 36 Years Old

Clinical Diagnosis: Locally Advanced Breast Cancer (LABC)

Clinical TNM Stage: Stage IIIA - T3 N1 M0

Menopausal Status: Pre-Menopausal

Breast Cancer Laterality: Left

Upper Outer Quadrant: Yes

Desires BCT: No

Initial Clinical Tumor Size (cm) Dimension 1: 6.00

Initial Clinical Tumor Size (cm) Dimension 2: 3.00

Axillary Clinical Lymph Nodes: Yes

Axillary Clinical - Lymph Node Size (cm) Dimension 1: 1.00

Axillary Clinical - Lymph Node Size (cm) Dimension 2: 1.00

Abnormal Mammogram Date: December 8th 2014

Breast Laterality	Mammogram Text	BIR ADS
Left	Scattered areas of architectural distortion in the UOQ, interspersed with scattered and tight clusters of pleomorphic calcifications. Associated skin thickening and nipple retraction	V

Ipsilateral - Mass Character on US Date: December 17th 2014

Ipsilateral Clinical Tumor Size - Quadrant:

Quadrant/ Position	Initial Ultrasound Size (cm)	BIRADS
4 '0 Clock	2.4*1.7*2.4 with internal vascularity	IV
3'0 Clock	0.7*0.6*0.6 Coarse Calcification	III OR IV
10' 0 Clock	2.1*1.7*2.5 with internal vascularity	IV

Ipsilateral - Axillary Clinical Lymph Node US Date: December 17th 2014

Ipsilateral - Axillary Clinical Lymph Node US Text: Multiple enlarged axillary lymph nodes largest measuring 1.7 cm

PET Scan Date: December 12th 2014

FDG-PET: Normal

FDG-PET Text 1: Metabolically active foci in multiple enhancing focal lesions in the left breast(known malignancy), with significant left axillary and retro pectoral nodes.

FDG-PET Text 2: Metabolically inactive tiny 0.3 cm subpleural nodule in the right middle lobe is of uncertain significance.

Malignant Breast Disease: Invasive Ductal Carcinoma (IDC)

Cancer Grade: III

Estrogen Receptors ER - Status: Positive

Progesterone Receptors PR - Status: Positive

HER 2 NEU Receptors - Status: Positive

Functional Status- ECOG Score: 1

Prior Chemotherapy:

Planned/ Received Chemotherapy in two Hospitals:

Timing	Hospital	Planned therapy	Chemotherapy SubCategory	Note
Neoadjuvant	CMC, Vellore	PH- P(175)H(6)q2w*4- -> E(90)C(600)q2w*4 - ->MRM+ Oophorectomy-- >LRRT-- >Exmestane(10y) +Maintance Trastuzumab(1y)	Received PH- P(175)q2w/H(4)qw*1 on December 13th 2014	After the first cycle, patient consulted TMC
Neoadjuvant	TMC, Kolkata	(CEF- C(500)E(90)F(500)*3 --> Taxane*2 cycles)+H (Trastuzumab). Interim assessment for surgery	Received CEF- C(500)E(90)F(500)q3w* 1 on December 27th 2014	Patient is currently following this plan.

Bone Marrow (Hematologic) Function : Adequate

Kidney (Renal) Function : Adequate

Liver (Hepatic) Function: Adequate

Heart (Cardiac) Function : Adequate

LV Ejection Fraction: 57.00



Navya Network is a Cambridge, MA based company with offices in Bangalore, India. Navya Network is founded by graduates of Harvard University, MIT Sloan School of Management, and the Stanford School of Medicine. Navya's innovative and scalable decision making system is a technology powered solution for complex medical questions. Navya's software solutions are efficient engines to gather and synthesize individual goals of care, evidence specific to an individual medical case, and expert opinion, for evaluating treatment alternatives. Navya's goal is to assist in bringing clarity to the complexity of evaluating treatment alternatives. Navya's system collects the best available information and expertise from several worldwide sources relevant to a specific previously diagnosed medical case and assesses treatment decisions. For more information, please visit www.navyanetwork.com

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

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