

# 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 biosy
- 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 4cm.
- 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