

Interactive Tumor Board

Moderator: Debu Tripathy, MD

Panelists: Christy Russell, MD, Ben O. Anderson, MD, Ruth O'Regan, MD

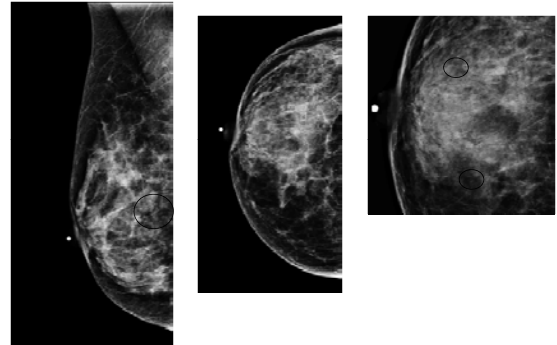
Case Presentation and Screening Options

- 62-year-old Caucasian female whose mother died of ovarian cancer at age 55 and a maternal cousin with breast cancer age 42 and had a negative BRCA 1 and 2 test, including BART testing. She asks you about optimal breast screening
- For screening you recommend:
 1. Annual mammogram
 2. Annual breast MRI and mammogram
 3. Annual breast MRI

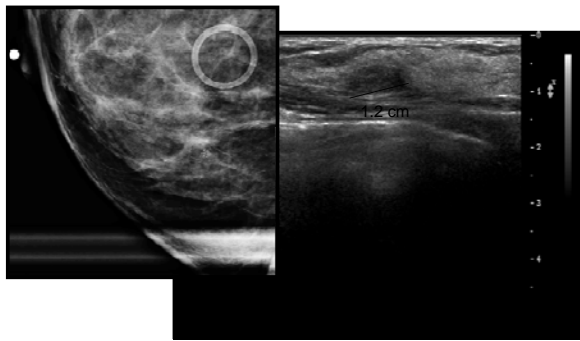
Case (Continued)

- Patient undergoes a screening mammogram that shows a subtle irregular 1 cm mass in central, slightly upper outer left breast
- Mass confirmed by ultrasound.
- U/S-guided core biopsy shows intermediate grade infiltrating lobular carcinoma

Case #1 (continued)

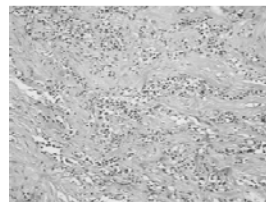


Case #1 (continued)

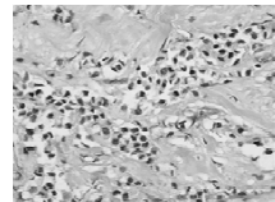


Case #1 (continued)

H&E stain low power



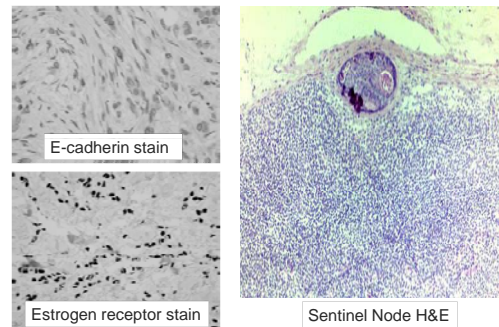
H&E stain higher power



Case #1 (continued)

- Due to several areas of microcalcifications and biopsy-proven mass without calcifications, she undergoes a left mastectomy and sentinel node biopsy
- Pathology shows 1.2 cm Grade II infiltrating lobular carcinoma, 2mm medial margins, and no pathology associated with microcalcifications
- ER/PgR+, HER2-negative
- One of 3 sentinel nodes are involved with a 2.5 mm focus
- Staging chest x-ray is negative and CBC/chemistries are normal

Case #1 (continued)



Case (Continued)

- Is re-excision indicated?
 1. Yes
 2. No
- Is full axillary dissection indicated?
 1. Yes
 2. No

Case (Continued)

- No further surgery is performed. The patient seeks a medical oncology consult and is willing to consider chemotherapy in addition to hormonal therapy if it is felt to confer a reasonable benefit.
- You would recommend the following:
 1. Hormonal therapy
 2. Chemotherapy followed by hormonal therapy
 3. Gene profiling testing and chemotherapy initially if recurrence score is intermediate or high
 4. Gene profiling testing and chemotherapy initially if recurrence score is high

Interactive Case Workshop

Moderator: Debu Tripathy, MD

Panelists: Hope Rugo, MD

Case Presentation

- A 57-year-old African American woman is referred to you after undergoing a lumpectomy and sentinel node biopsy for a 0.6 cm Grade II infiltrating ductal cancer that is HER2+ (ratio 6.7), ER+, PR-, with 0/1 nodes.
- As initial systemic adjuvant therapy, you recommend:
 1. Aromatase inhibitor
 2. Aromatase inhibitor plus trastuzumab
 3. Paclitaxel plus trastuzumab
 4. Docetaxel, carboplatin and trastuzumab (TCH)
 5. Other

Case Presentation

- A 67-year-old African American woman with a history of hypertension is referred to you after undergoing a mastectomy and axillary node dissection for a 3.4 cm Grade II infiltrating ductal cancer that is HER2+ (ratio 6.7), ER-, PR-, with 6/13 nodes.

- As systemic adjuvant therapy, you recommend:
 1. Doxorubicin plus cyclophosphamide (AC) followed by paclitaxel and trastuzumab (given for 1 year)
 2. Doxorubicin plus cyclophosphamide (AC) followed by docetaxel and trastuzumab (given for 1 year)
 3. Docetaxel, carboplatin and trastuzumab (TCH)

Case Presentation

- The patient receives AC-T/H and recurs 1 years later in the liver and lung. Biopsy of the liver shows Grade III adenocarcinoma, ER/PR/HER2-negative. ECOG PS is 0-1, with mild abdominal pain, normal LFTs

- As systemic adjuvant therapy, you recommend:
 1. A HER2-targeted containing regimen
 2. Taxane
 3. Capecitabine
 4. Taxane with an antimetabolite
 5. Platinum-containing regimen
 6. Ixabepilone or eribulin
 7. Other (including bevacizumab)