A 45 year old pre-menopausal woman presents with right breast tenderness.

Bilateral mammograpy : No obvious lesion M2

USS: U5 lesion in right breast biopsied
        Further ill defined area of uncertain significance
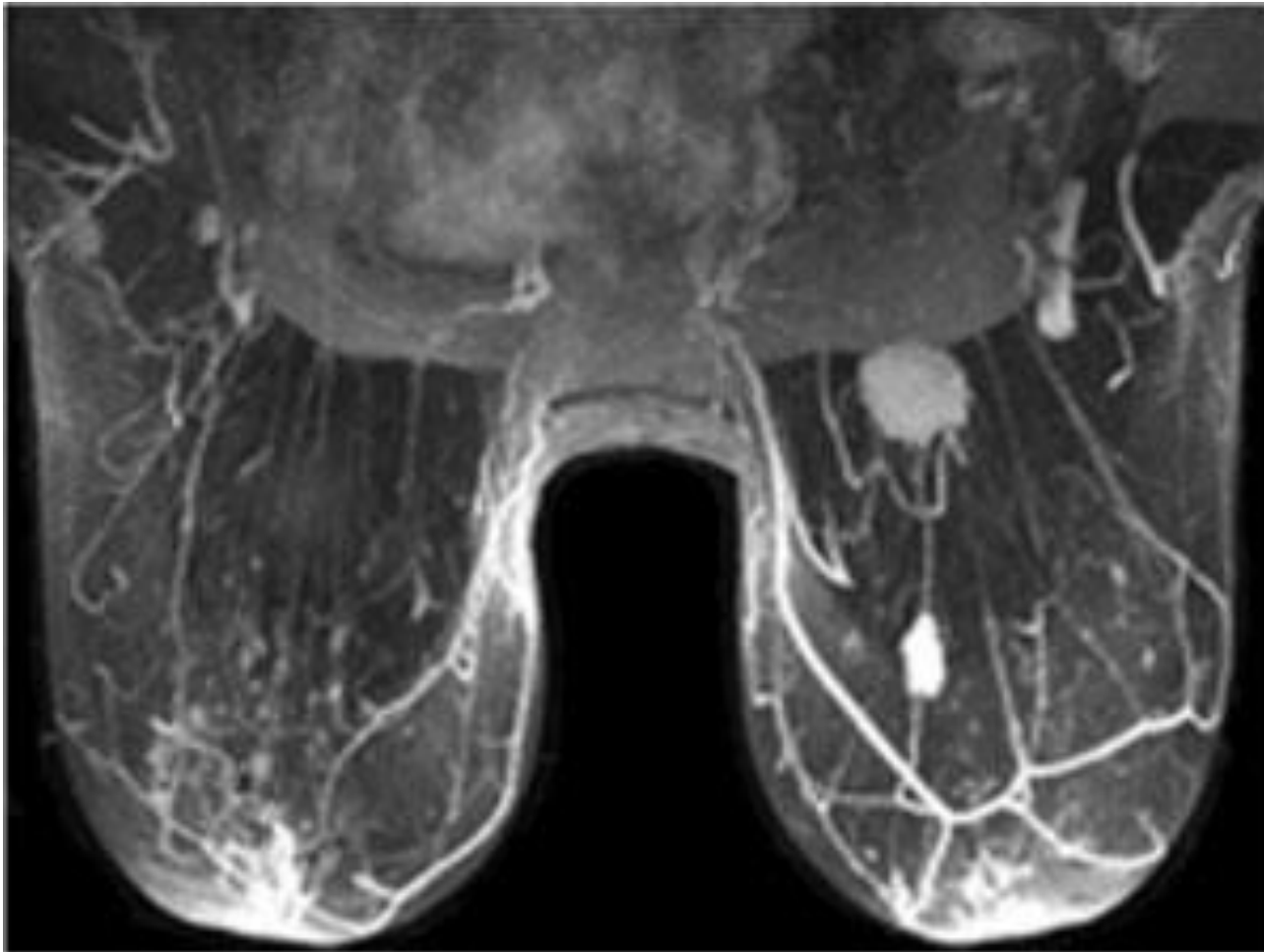   No nodes,
        Left breast U1

Biopsy: Grade 2 lobular carcinoma,
                ER 8/8 Her 2 awaited

What do you advise ?

MRI breasts or a 2

Comment on the prone MRI scan
Must see more than one lesion or a 1   No obvious nodes or a 2

She wishes to avoid a mastectomy

What do you advise ?

Must advise mastectomy and Sentinel node biopsy or a 1, even if has neo adjuvant chemo

Reconstruction is an option and there will be operations to allow post immediate reconstruction XRT
Could have neoadjuvant chemo if surgeon feels it will make operation easier.
Is a 4 if asks re family Hx Examiners note say none

45 yr old woman PS 0 undergoes
Right mastectomy and sentinel node biopsy
Pathology:
2 tumours   4 cm G2 Lobular ER8 Her2 neg.
               1.5 cm G2 Lobular ER8 Her2 neg.
               Closest resection margin 1mm at the
deep.
Isolated tumour cells in 1 of 2 sentinel nodes

What systemic treatment you would recommend?
Explain benefit (if any) as absolute survival advantage.
Adjuvant chemotherapy 5% benefit for a 3, only 1%
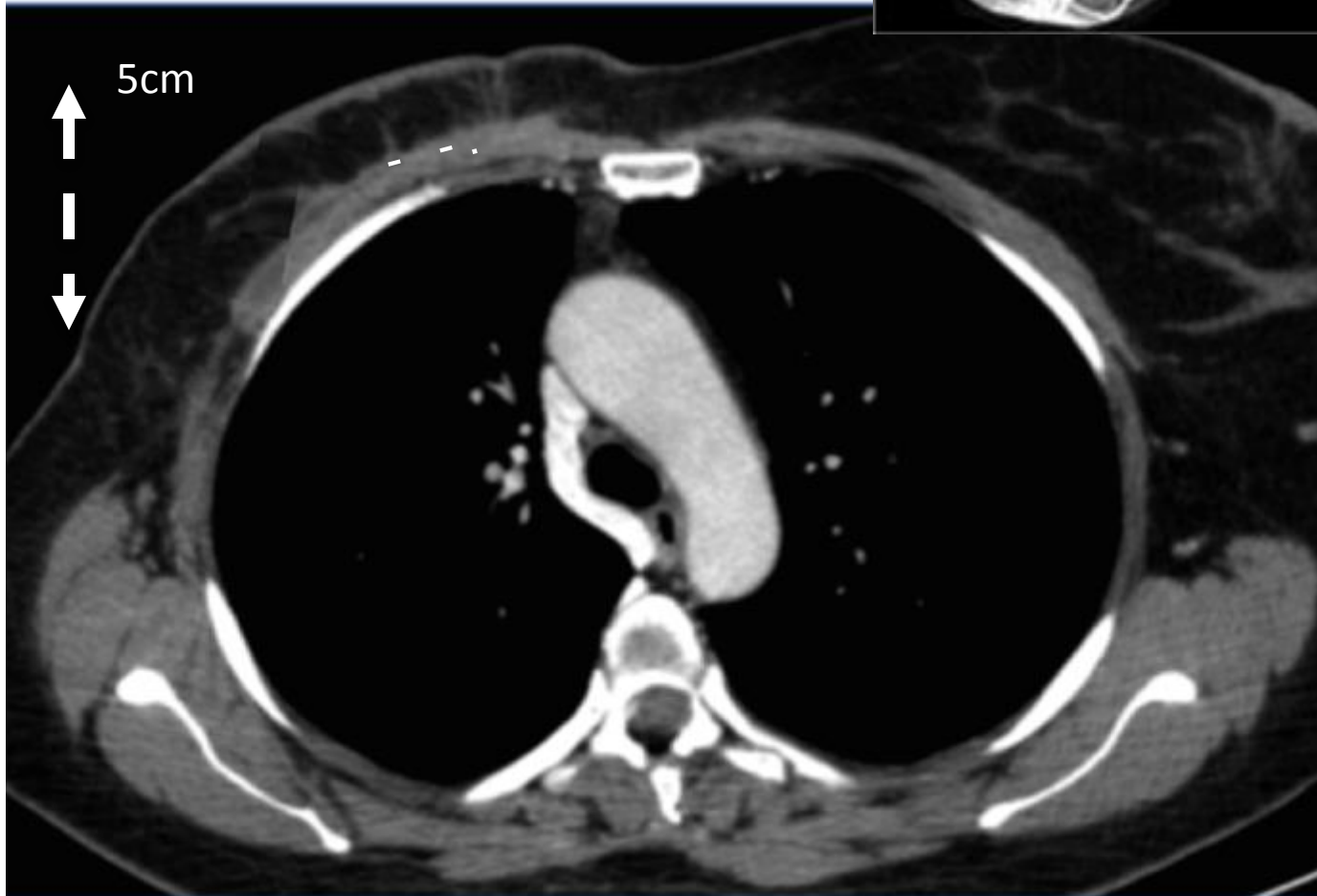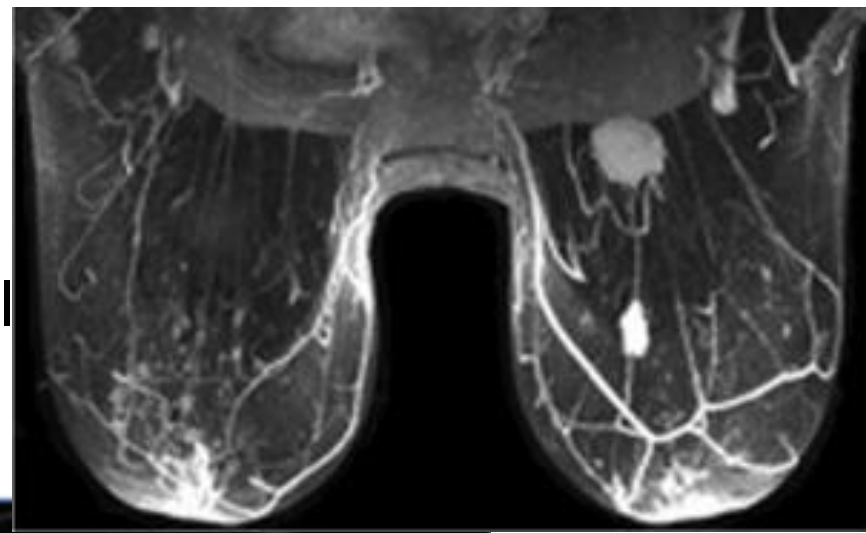better with Taxane so not required for a 4
If asks re menopausal status she is pre menopausal,
implied on slide 1
Must offer adjuvant Tamoxifen or a 1
2019 Note this predates oncotype

It is decided to offer radiotherapy

Clips mark the area where the
tumour was close to the chest wall

Draw your treatment

5cm

Must realise cannot use standard marks to treat,
Red is ideal back edge for tangents will cover part of opp breast
but keep to 2cm lung for a 4. Divergent beam red must do similar
IMRT to arc around and spare lung is a 4
Blue is electrons will need 12MeV for a 3 any other energy is a 2
At or inside inner or outside outer yellow is a 1,

5cm
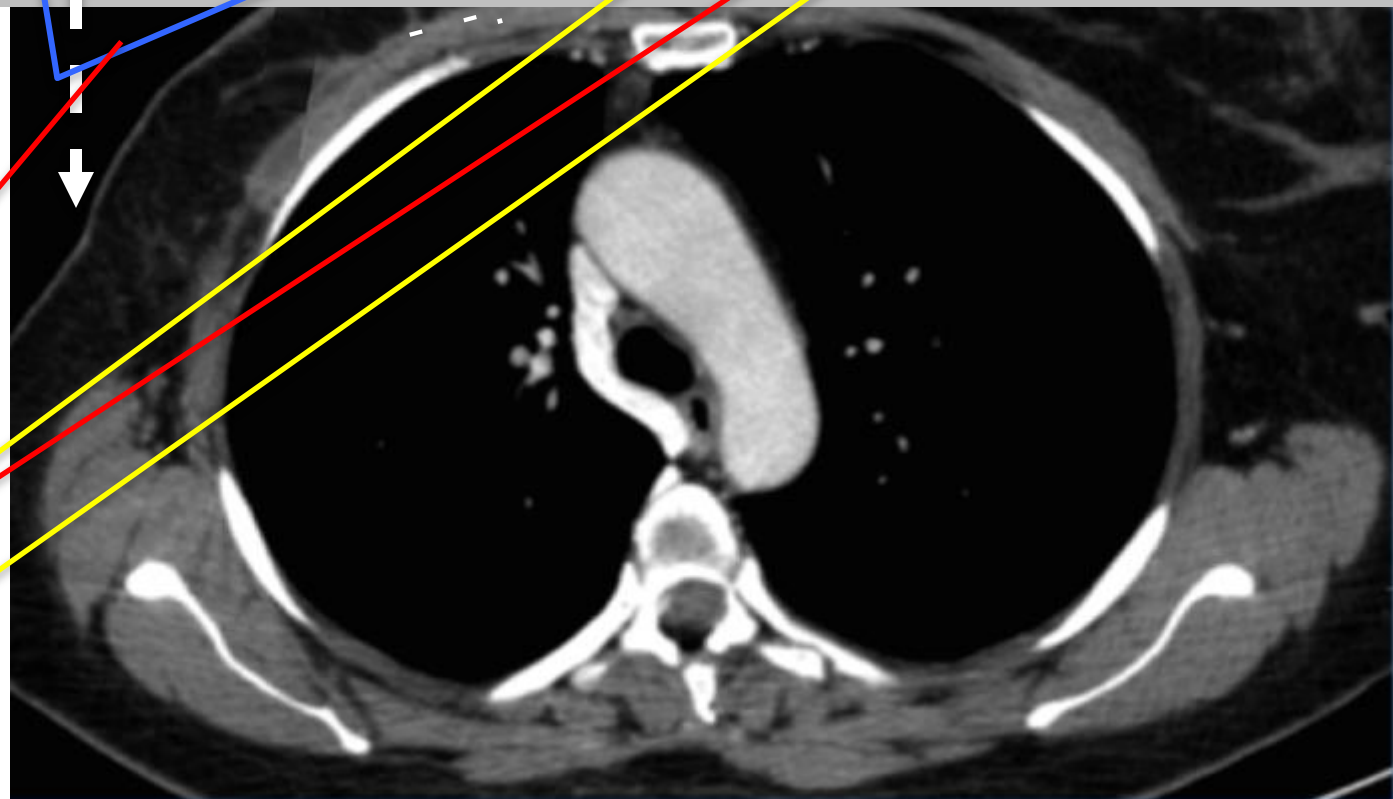
Seven years later aged 53 on Tamoxifen,
she has 4 months of intermittent abdominal pain.

CT scan: Ascites and peritoneal nodules
                    bone metastases.
                    No lung or liver metastases

CA125:   130IU/l (0-35)

What is the most likely diagnosis?

Recurrent breast is a 3 primary peritoneal/ovarian is a 2

Peritoneal biopsy: Lobular cancer ER pos Her2 neg

What do you advise?

Check menopausal status, could switch to an AI for a 3
Add Bisphosphonate or Denosumab for a 3
Straight to chemo is a 1, if considers needs a rapid
response is a 2
Surgery is a 1
Drain ascites is a 1 as minimal
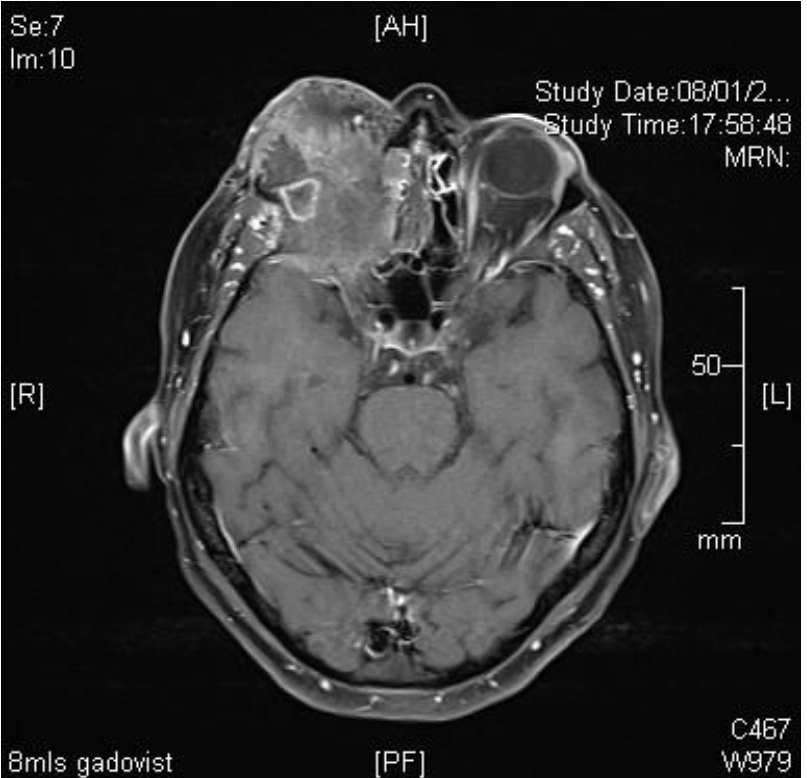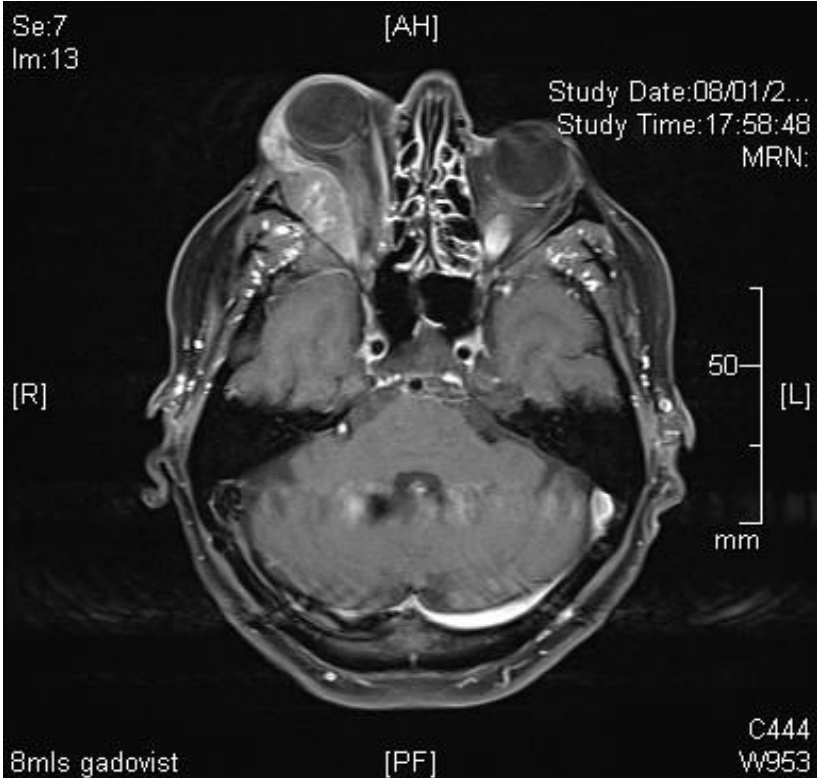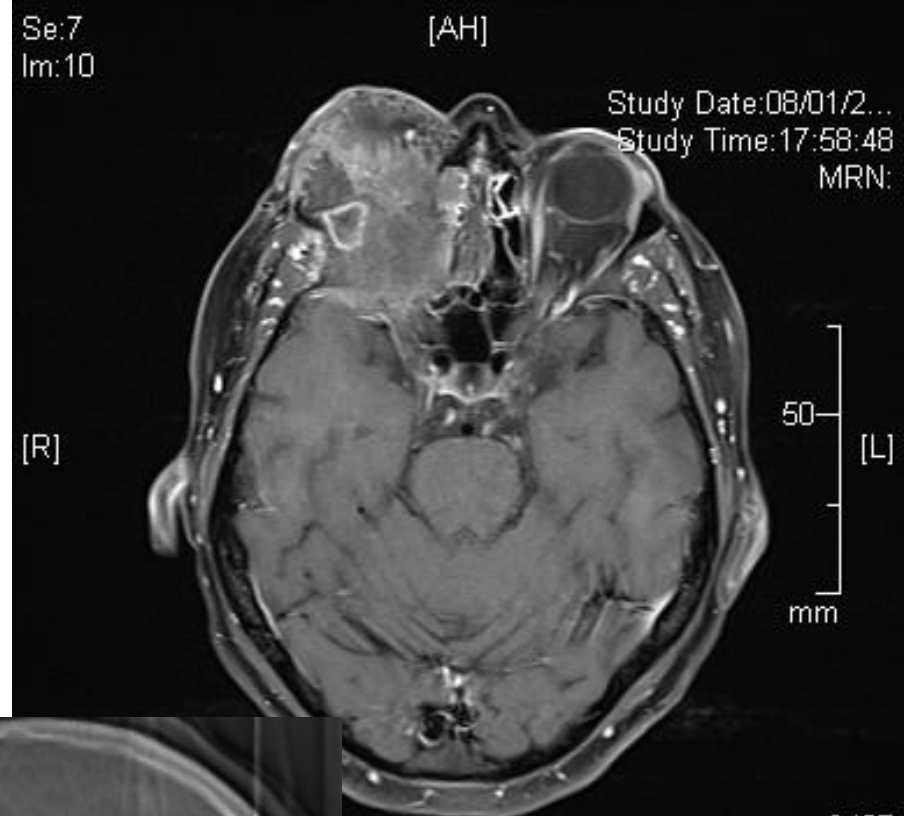2019 note, this predates CD4/6 inhibitors

After responding for a year she presented with orbital swelling.

Biopsy : lobular carcinoma

How will you treat with radiotherapy?
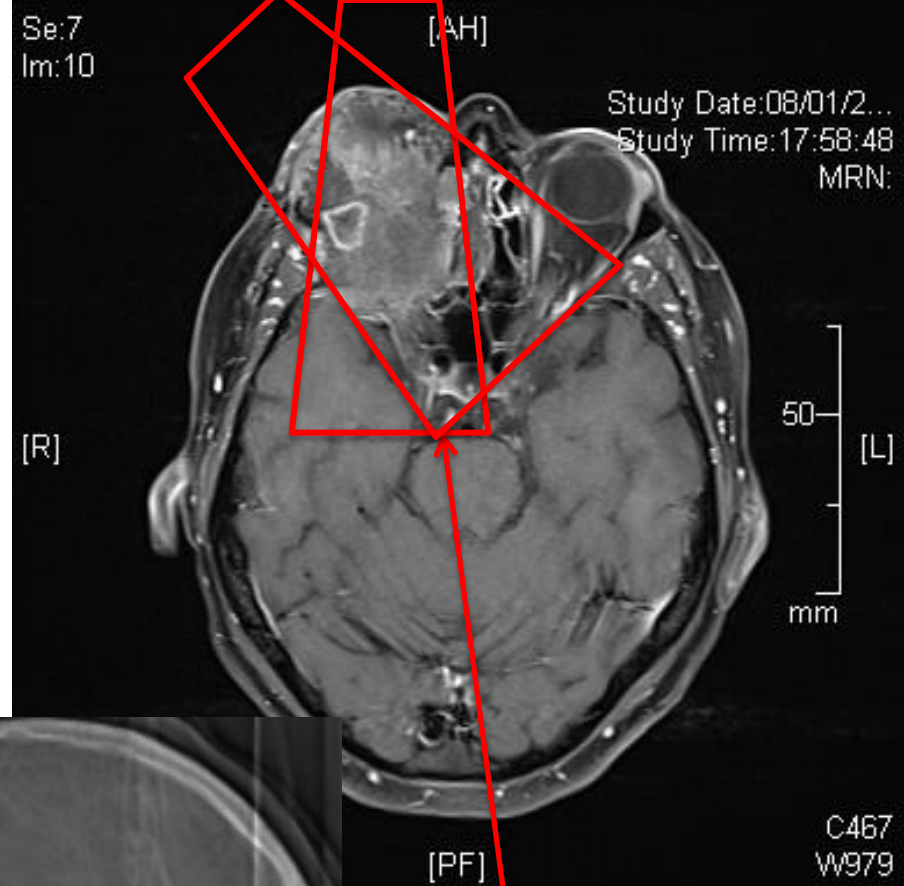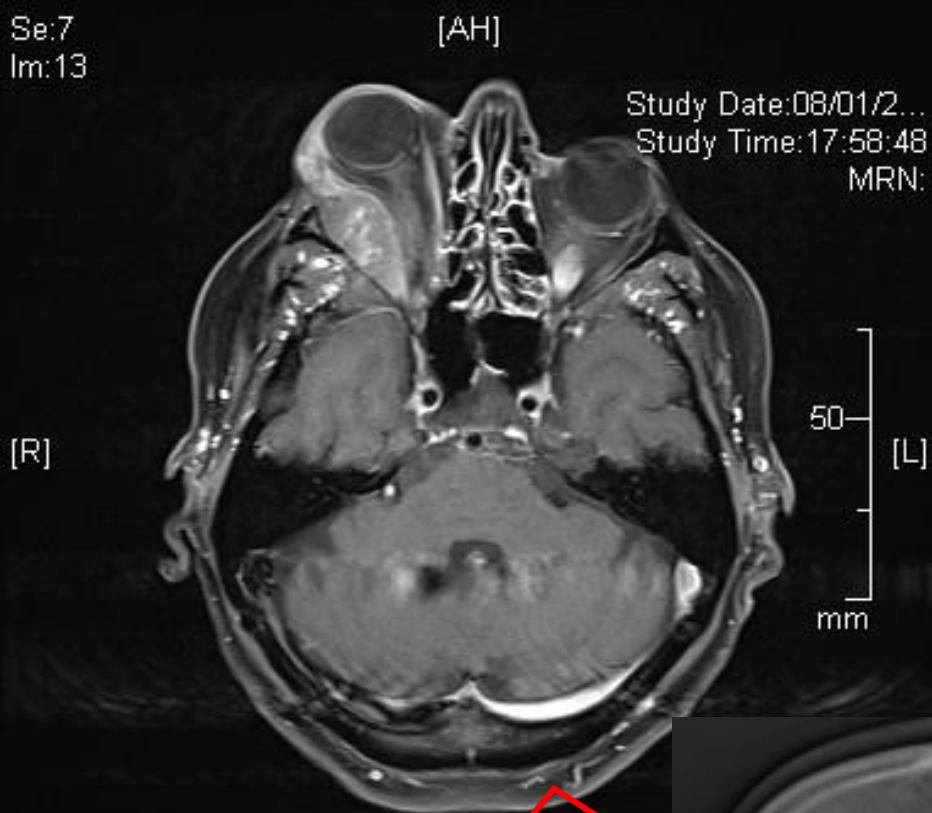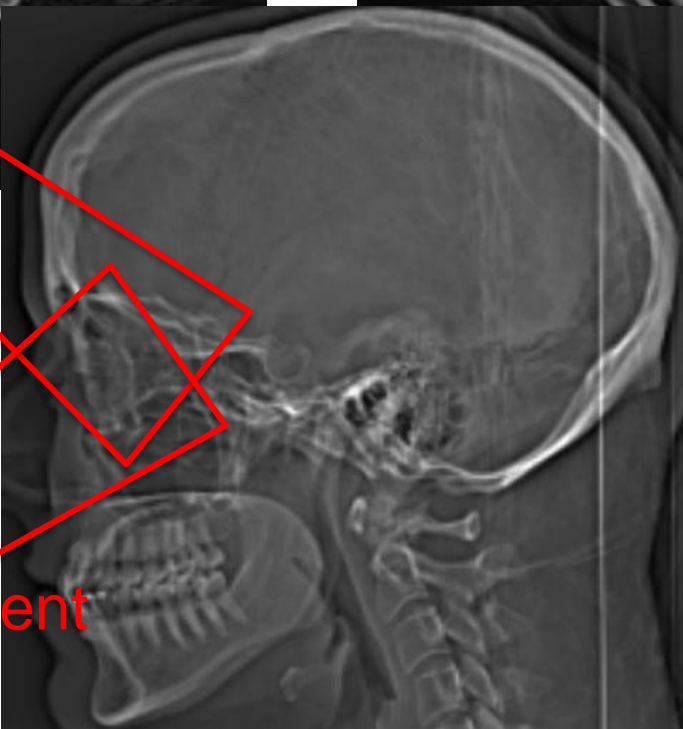Examiners note leave on screen and hand paper to draw on
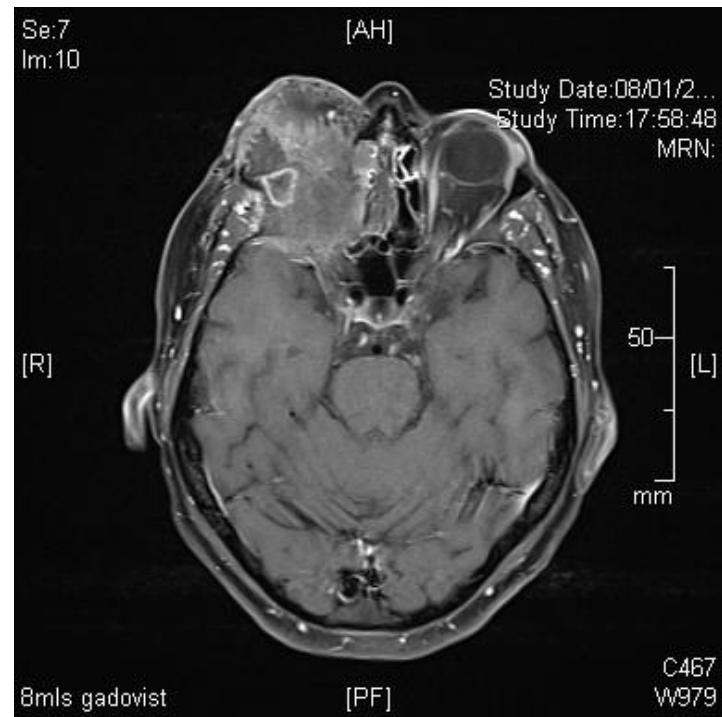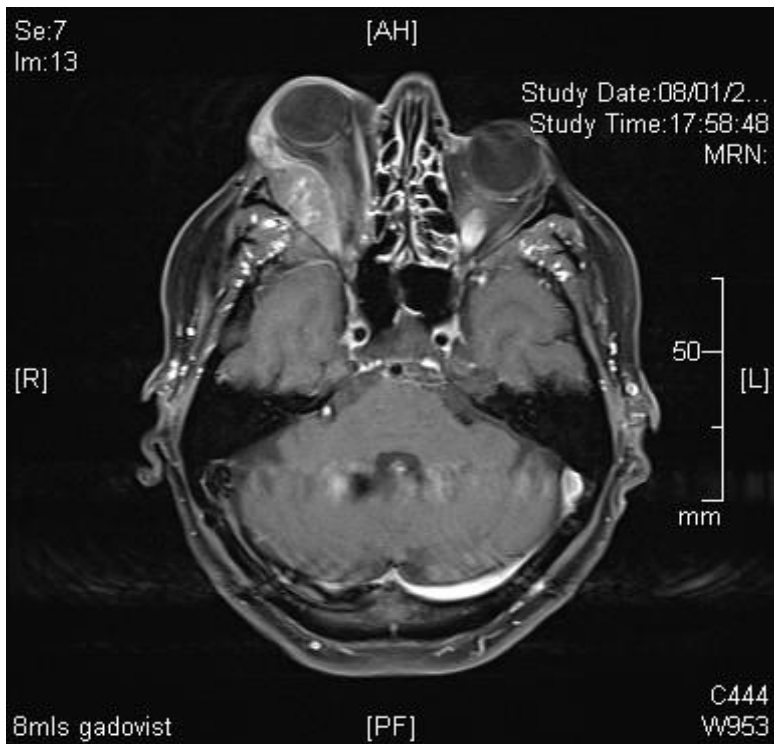
- Draw treatment,
- State dose and Fractionation

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Examiners note: say use any of the sections to illustrate your treatment

For a 4

For a 4

Ant and angled right lateral to avoid exit through left eye: 4

Sup/inf oblique; 4

Single right lateral field angled away from contralateral lens or ant field only: 2

Electrons: 1

Dose – 20-30 Gy in 5-10 fractions, 4-10 MV: 4

Longer fractionation: 2 Single fraction: 1

Essentials

- MRI breasts or a 1
- Sees more than one breast lesion or a 1 no pathological nodes or a 2
- Must advise a mastectomy for a 3 WLE is a 1 Family history for a 4
- Offers chemotherapy for 5% benefit a 4 no taxane is a 4
- Must offer Tamoxifen or a 1
- At end of chemo offers RT to chest wall only and Tamoxifen for 5 -10 years or AI if sure postmenopausal best answer is wait 5 years on Tam for a 4
- RT to chest wall only or a 1, Bolus yes or mo
- Sensilble field back edge near red for a 4
- CT scan interpretation 3 of 4 findings is a 4, 2 of 4 is a 3 1 of 4 is a 2
- Recurrent breast likely for 3 vs primary peritoneal

Essentials
- Peritoneal relapse advises hormonal therapy chemo is a 1
- Eye mass start steroids or a 1 Radiotherapy for a 3 all others is a 1
- Eye field is a lateral or superior wedged pair, Not superficial or orthovoltage electrons is a 1
- Dose 20-30 GY in 5-10 F for a 3