

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

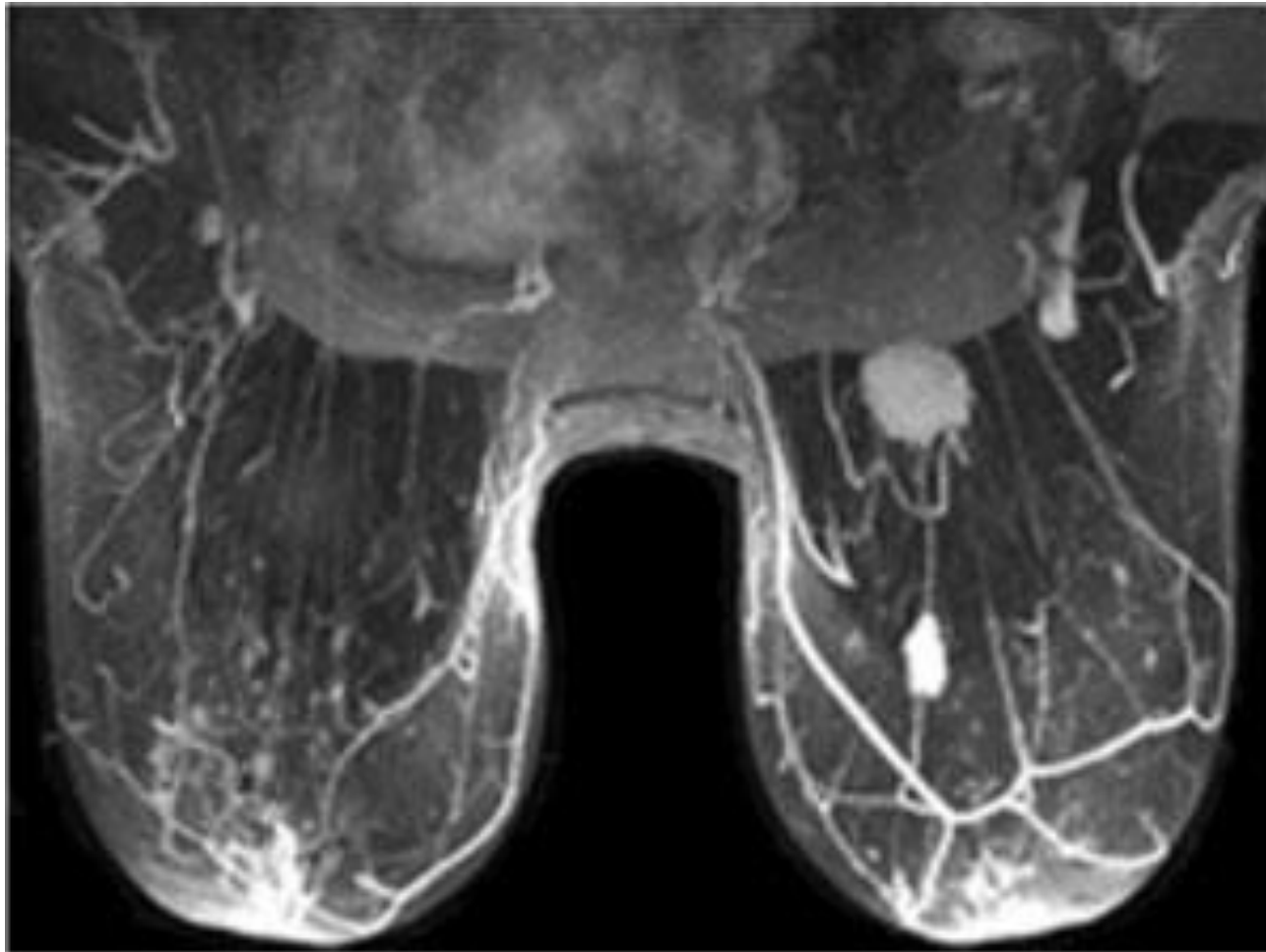
Bilateral mammography : No obvious lesion M2

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

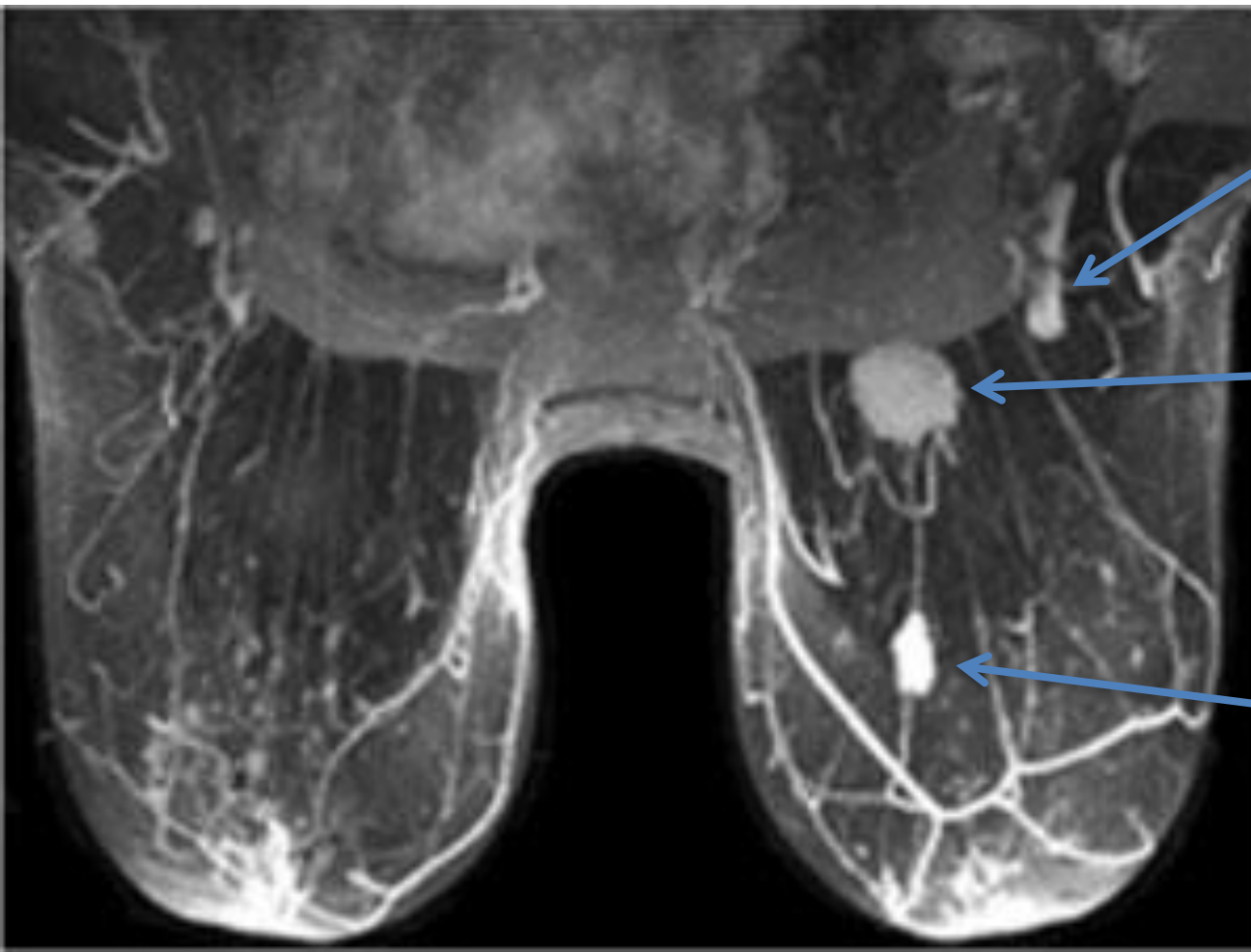
What do you advise ?

Comment on the prone MRI scan



MRI scan: Right breast see arrows below

Left breast Normal



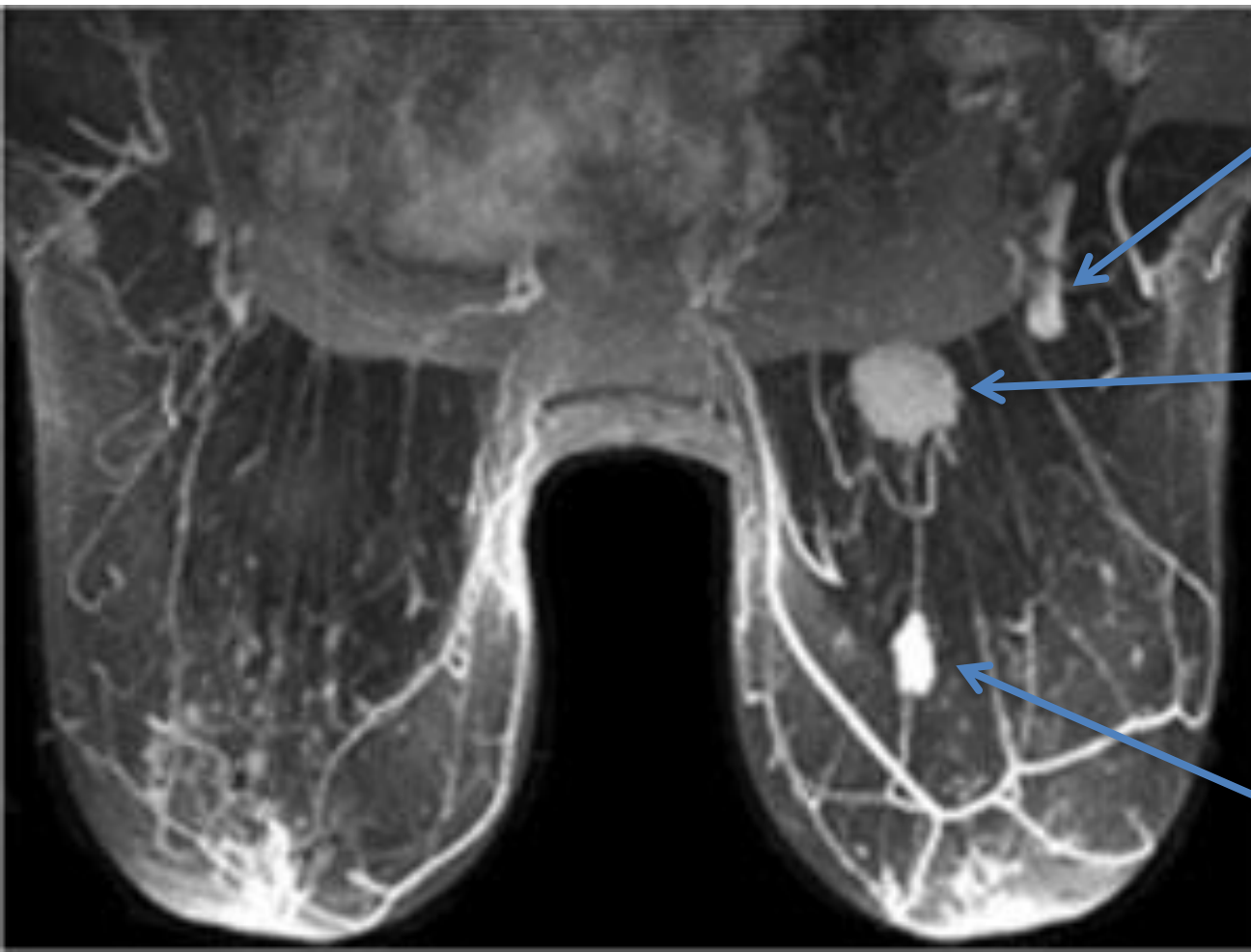
Probable
reactive nodes

3cm no muscle
Invasion

1.5cm lesion

Summary MRI and Histology

She wishes to avoid a mastectomy
What do you advise ?



No Malignancy

3cm no muscle
invasion

G2 Lobular
ER 8/8 Her2 Neg

1.5cm lesion

G2 Lobular
ER 8/8 Her2 Neg

45 year old woman PS 0 undergoes:
Right mastectomy and sentinel node biopsy

Pathology:

2 tumours: 4 cm G2 Lobular ER8/8 Her2 neg.

1.5 cm G2 Lobular ER8/8 Her2

neg.

Closest resection margin 1mm -

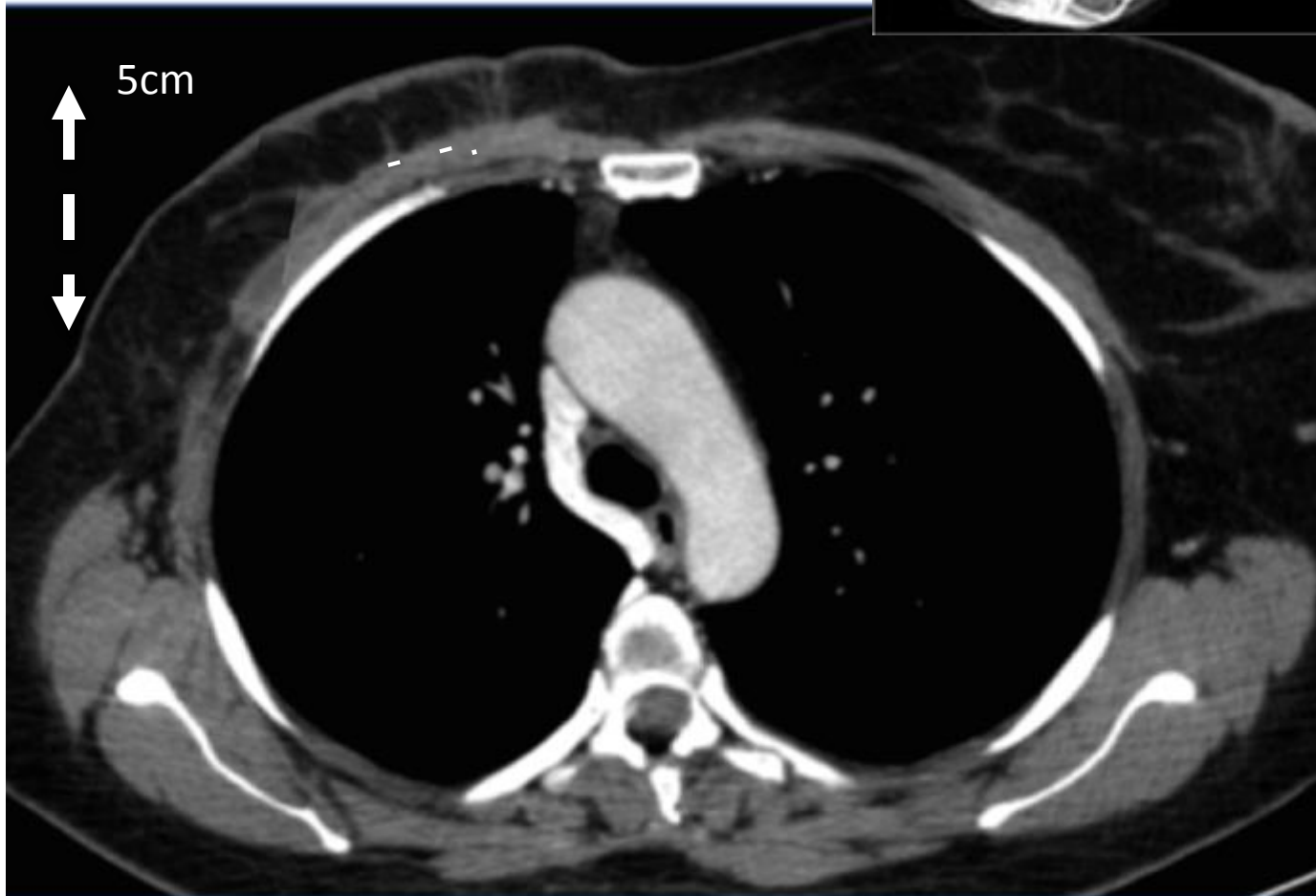
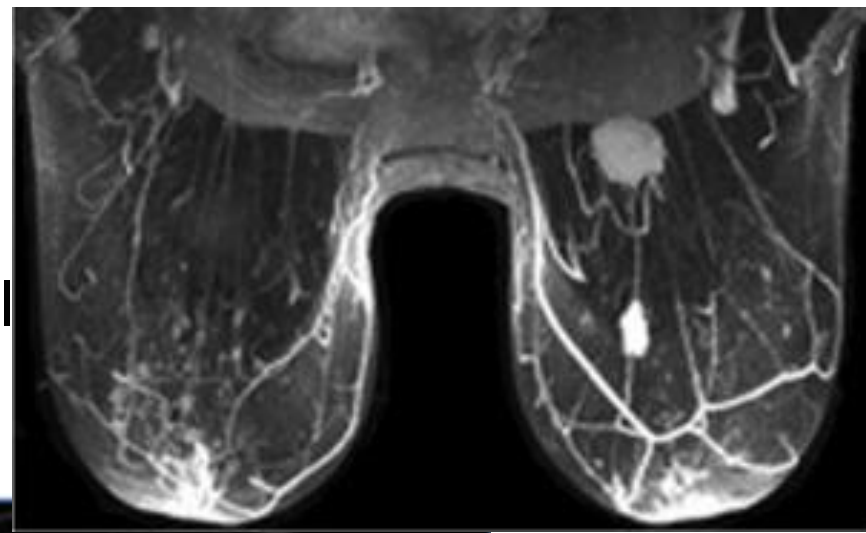
deep.

Isolated tumour cells in 1 of 2 sentinel nodes.

What systemic treatment would you recommend?

Explain benefit as an absolute survival advantage.

It is decided to offer radiotherapy
Clips mark the area where the
tumour was close to the chest wall



Examiners note
leave up on
screen and pass
paper to draw on

She elects to have chest wall radiotherapy.

Clips mark the tumour bed.

Draw your treatment



Seven years later aged 53 on tamoxifen, she has 4 months of mild intermittent abdominal pain.

CT scan: small volume ascites and peritoneal nodules
 bone metastases
 no lung or liver metastases

CA125: 130IU/l (0-35)

What is the most likely diagnosis?

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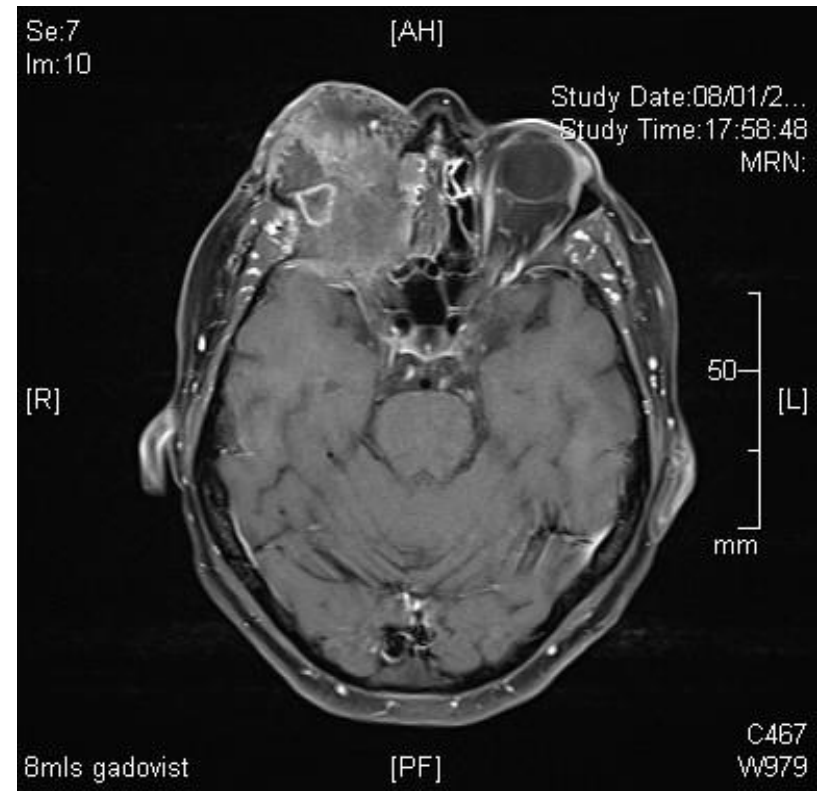
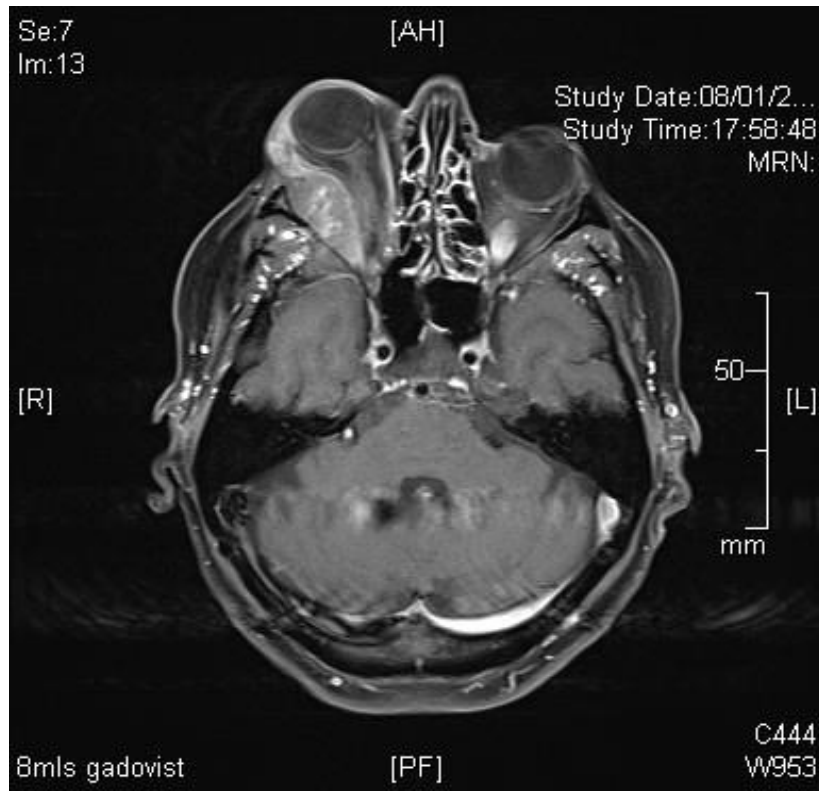
Peritoneal biopsy: lobular cancer ER pos Her2 neg

What do you advise?

After responding for a year she presented with orbital swelling.

Biopsy : lobular carcinoma

How will you treat with radiotherapy?



Draw your treatment.

