European School of Oncology

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"Treatment of HR positive, HER 2 negative metastatic breast cancer in premenopausal women "

Introduction

Although hormonal-therapy is the preferred first-line treatment for hormone-responsive, HER2 negative metastatic breast cancer, no data from clinical trials support the choice between hormonal-therapy and chemotherapy. The dilemma for the treatment of these patients is derived from the site of metastasis and size of metastases as well as whether they are premenopausal or postmenopausal patients. There are very few studies that confirm the best choice of treatment for premenopausal patients with hormone-dependent metastatic disease.

Case

This is the case about 38 years old women, premenopausal, ECOG PS=0, heavy smoker over 20 years, without family history for breast cancer and regular controls with breast ultrasonography every 6 months. In August 2015 the patient was operated due to a pathologically proven invasive ductal carcinoma of the left breast . Radical mastectomy with dissection of the left axilla was performed (3 were positive from 7 removed lymph nodes with primer tumor size of 4 sm) - pTNM=pT2pN1Mx, Stage IIB. IHH was ER ++ (40%), PgR ++ (50%), Ki 67 + (25%), p53 – (5%), Her2/neu – (0%). CT with i.v contrast of the thorax and abdomen were normal. In September 2015 the patient was set on chemotherapy with AC (Doxorubicin 60 mg/m2 IV inf. on day 1, Cyclophosphamide 600 mg/m2 IV inf. on day 1, cycled every 21 days for 4 cycles, followed by: Paclitaxel 175 mg/m2 IV inf. cycled every 21

days for 4 cycles , after that RT (50Gy, 25fr, 2Gy/fr) was planned. On the last course of the chemotherapy the patient sufferd from the severe pain in her legs with parestesia of the legs and arms. The patient refused the RT and she was set on the hormonal therapy with LHRH agonist (amp. Triptorelin i.m) and tabl. Tamoxifen 10mg 2x1 (from april 2016). Regular monitoring of tumor markers (CEA, Ca 15-3) and breast ultrasound were normal (may 2016) but the patient suffered for the severe pain in her chest, spine and legs so the MRI of the spine was performed (june 2016) that showed degenerative changes at Th11-12 and L1-L2 and CT with i.v contrast of lung and abdomen that also was normal. The pain in the bones got worse so bone scan with Tc (august 2016) was performed and showed no pathological accumulation. During the whole treatment of the patient there were occasional menstrual cycles.

Conclusion

Follow-up Breast ultrasound (november 2016) was with normal findings, but in february 2017 (11 months after the hormone therapy was started) floating spherical formation appeared under operating scar as confirmed by fine-needle biopsy as a classification group 5. Tumor markers (CEA and Ca 15-3) were normal, CT of the lung and abdomen were normal. The patient was operated on and the result was : carcinoma mammae metastaticum lymphoglandulorum axillae (4 positive lymph nodes) . IHH was: ER +++ (60%), PgR - (0%), Ki67 ++ (35%), Her2/neu – (0%). The treatment plan for the patient was to start with chemotherapy with CMF protocol, after that RT (50Gy/ 25fr) and hormonal therapy. The patient is in good general condition, there are occasional menstrual cycles, but still feeling bone pain , so the Zolendronic acid 4 mg infusion was also started.

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