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“Luminal A: What can we expect in premenopausal patients? Good or bad news?”

Introduction:

Breast cancer subtypes are associated with distinct patterns of metastatic spread with notable differences in survival after relapse. Median durations of survival with distant metastasis in average are 2.2 (luminal A), 1.6 (luminal B), 1.3(luminal/HER2), 0.7 (HER2 enriched), and 0.5 years (basal-like; $P < .001$). The question is still opened about the first treatment of Luminal A/ 2-2,5cm, N1a(1+ l.n) breast cancer: hormone v.s chemotherapy, RT v.s no RT? Are we overtreating or sub treating these patients?

Case:

This is the case about 41 years old premenopausal woman who in april 2007 was diagnosed with: Carcinoma lobullare mammae lat.dex. She underwent an radical mastectomy with dissection of the axilla (pTNM = pT2 (2,5cm) pN1a (12/1+) M0, G1,R0,V0,L0, IHH=ER 2+, PR 3+, HER 1+).

It was decided that the patient should start with adjuvant chemotherapy (EC75 protocol – from april-july 2007) and hormonal therapy with Tamoxifen of 5 years (july 2007 - june 2012).

One month after the discontinuation of Tamoxifen a **local relapse** occurred and the patient was placed on a first-line treatment for metastatic disease - a double hormone blockade with LHRH agonist and AI (Anastrozole 1mg) from 07/2012 until 08/2013).

In august 2013 there was a **visceral progress of the disease** with pulmonal and mediastinal metastases for witch the first–line chemotherapy for metastatic disease was started (Docx 75 x 8 cycles / 08/2013-12/2013), and in February 2014 because of the partial response the first line chemotherapy was continued with Capecitabine (2/2014-11/2014).

In November 2014 there was a progress of the disease with **bone metastases** and the second line chemotherapy was started with Epirubicin 60 x 4 (11/2014-2/2015) and bisphosphonates were added.

After second line chemotherapy the decision was to start with second line hormonal therapy with Exemestane (03/2015-04/2016) and Everolimus (3/2015-10/2015).

In January 2016 there was a progress of the disease with **brain metastases** (showed on MRI of the brain because of the headache) , the palliative WBRT (30Gy/10fr) was conducted and the decision was for the third line hormonal therapy with Fulvestrant 500mg i.v (04/2016-12/2016).

In December 2016, the CT of the chest and abdomen revealed **visceral progress** with diffuse hepatic metastases, metastasis in the right renal gland, right massive pleural effusion with atelectasis with left nodular changes and sclerotic changes in the skeleton. The decision was third line chemotherapy with Paclitaxel 80mg/m² (from 2/2017)

In October 2017 the new CT of the chest and abdomen showed : lungs with fibrosis without effusion, a hepatic with reduced metastases up to 22 mm, an identical finding on the skeleton. The patient was in a **stable disease** and a good general condition and set on Exemestane.

Conclusion

The patient now has 51 years old. She has 10 years survival Luminal A metastatic disease with stable metastatic disease.

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