# Patient-Based Panel Discussion: Breast Cancer

All Speakers: Drs. Gandhi, Bhave, Kalinsky, Torres, Arciero, Meisel, Jagsi, King

Cases presented by Tyler Kristoff, MD

# Clinical Presentation

A 68-year-old postmenopausal woman presents with a screening mammographic abnormality in the right breast. She has a history of well-controlled hypertension and mild osteoarthritis but is otherwise active and independent. She has no family history of breast or ovarian cancer.

## Workup

- Diagnostic mammogram and ultrasound: 1.4 cm irregular mass at 2 o'clock, right breast. BI-RADS 5.
- Axillary ultrasound: No suspicious lymph nodes identified.
- Core needle biopsy: Invasive ductal carcinoma, grade 2. ER 95%, PR 20%, HER2-negative (IHC 1+). Ki67: 10%.
- Oncotype DX Recurrence Score: 20.
- Staging: cT1cN0M0, clinical stage I.

## Surgical Plan

- The patient plans to undergo breast-conserving surgery

# Discussion

Should sentinel lymph node biopsy be performed?

Should whole breast radiation therapy be recommended or omitted?

Is there sufficient evidence to support omitting both interventions simultaneously?

How would the discussion change if this patient's biopsy showed invasive lobular carcinoma instead?

How does this change your perspective on adjuvant endocrine therapy if radiation or SNLB are omitted? Are you more likely to extend past 5 years?

# Case 2

A 52-year-old premenopausal woman presents with a palpable 5.2 cm left breast mass and palpable ipsilateral axillary lymphadenopathy. She is a never-smoker with no significant past medical history. ECOG is 0. Baseline echocardiogram shows LVEF 62%.

## Diagnostic Workup

- Core needle biopsy of the breast mass: Invasive ductal carcinoma, grade 3, ER 0%, PR 0%, HER2 IHC 3+
- Axillary lymph node FNA: Positive for metastatic carcinoma
- Staging imaging (CT chest/abdomen/pelvis, bone scan): No distant metastases
- Clinical staging: cT3 N1 M0 — Stage IIIA

# Discussion

What is your neoadjuvant regimen selection? Do you see yourself incorporating T-DXd based on results of DESTINY-Breast11?

If you do incorporate T-DXd into your neoadjuvant regimen, how would you manage ILD during neoadjuvant treatment?

# Case 2 continued

The patient gets your choice of neoadjuvant therapy.

## Surgical Pathology

- Residual invasive carcinoma: 1.8 cm in the breast
- 2 of 14 axillary lymph nodes positive for metastatic carcinoma (ypT1c ypN1a)
- Residual Cancer Burden class II

Would you offer adjuvant T-DXd for residual disease if it was not used preoperatively?

If you did give neoadjuvant T-DXd in the neoadjuvant setting, how would you approach residual disease?

How would perioperative T-DXd influence your treatment sequencing if there was metastatic recurrence?

# Q&A