

# NCCN/JCCNB Seminar in Japan 2014

Triple Negative Breast Cancer  
Case conference 1.

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- Case 1            43 y.o.
- C.C.              palpable tumor in the breast
- F.H. & P.H.      nothing particular     /   B.H. 1G1P
- C.H.              She was referred to our hospital for treatment  
after receiving breast ca. from a general hospital.

➤ Pathological Dx

Left invasive ductal carcinoma, cT2N2M0StageIIIA  
tumor size=2.5cm, HG3, NG3,  
ER-(AS=0), PgR-(AS=0), HER2 (score0)

➤ Therapeutic course;

She received primary systematic therapy (FEC followed by wPTX).  
After finished 4 cycle of FEC her tumor was downsizing to  
1.3cm, and then expand to 2.4cm darling wPTX.

Q.1

What would you likely recommend ?

- 1 . Operation
- 2 . Going on chemotherapy
- 3 . Others

## ➤ We chose Operation

Partial mastectomy and axillary lymph nodes dissection were performed

## Postoperative pathological Dx

Residual IDC, tumor size 3.8cm, HG3, NG3, preoperative chemotherapy effect grade0, n 7/20, ER- (AS2), PgR- (AS2), HER2 score0, margin neg.

She received irradiation therapy (50Gy/25fr+ boost 10Gy/5fr)

Q.2

After operation and irradiation therapy,  
do you recommend to add on any systematic therapy?

1. Yes
2. No
3. Others

- We chose no additional systematic therapy

After 8 months local inflammatory recurrence of the breast and distant recurrence of mediastinal lymph nodes.

Pathological Dx of local rec was IDC, ER-, PgR-, HER2 score 0.

Q.3

Specifically, which agent or regimen, if any, would you employ ?

-Progression disease after AT-based chemotherapy for TNBC-

1. Taxane
2. Taxane + bevacizumab
3. Oral 5-FU prodrug (such as capecitabine, S-1)
4. Platinum (single or combination)
5. Others regimen (vinorelbine, Eribulin, Gemcitabine...)
6. Others



8m. after surgery : she start to take capecitabine

10m. After surgery : progression (cancerous pleurisy),  
changed to Eribulin  
maximal effect PR, but her symptom improved.

15m. After surgery : progression (cancerous pleurisy),  
changed to carboplatin + DTX  
slightly improvement in symptom and  
2month later symptom became uncontrollable  
and best supportive care was chosen.

18m. After surgery : she pass on peacefully.