



February 3<sup>rd</sup> 2015

Dear [REDACTED],

Thank you for reaching out to Tata Memorial Centre for an expert opinion in regard to assessing your treatment options. Navya Network is pleased to offer this online consultation service for Tata Memorial Centre.

We had converted your case reports (submitted to us on December 22<sup>nd</sup>, 2014) into a structured summary to be reviewed by a medical oncologist and a radiation oncologist in the Breast Disease Management Group at Tata Memorial Centre. The report from that consultation, including the expert opinion of the radiation oncologist and the medical oncologist, was submitted to you on January 5<sup>th</sup> and January 16<sup>th</sup> 2015, respectively.

For follow-up, we converted your case reports into a structured summary to be reviewed by a medical oncologist and a radiation oncologist in the Breast Disease Management Group at Tata Memorial Centre.

We have now asked the following question(s) on your behalf:

1. Should the planned adjuvant chemotherapy with Cyclophosphamide 500 mg/m<sup>2</sup>, Epirubicin 90 mg/m<sup>2</sup>, and Fluorouracil 500 mg/m<sup>2</sup> every three weeks (as mentioned in the structured summary) be continued for five cycles or is an alternate chemotherapy regimen recommended at this time?
2. What is the recommended regimen for adjuvant radiation therapy?
3. What is the recommended regimen for adjuvant hormone therapy?

Tata Memorial Centre's opinion is summarized as follows:

1. The planned adjuvant chemotherapy with Cyclophosphamide 500 mg/m<sup>2</sup>, Epirubicin 90 mg/m<sup>2</sup>, and Fluorouracil 500 mg/m<sup>2</sup> every three weeks (as mentioned in the structured summary) for five cycles is recommended.
2. Alternatively, adjuvant chemotherapy with Docetaxel (i.e. a Taxane) and Cyclophosphamide is also an acceptable option.
3. After completing the adjuvant chemotherapy, adjuvant Loco-Regional Radiation therapy (LRRT) to the whole breast at a dosage of 45 Gy in 25 fractions over five weeks, along with Tumor Bed Boost (TBB) at a dosage of 15 Gy in six fractions over one week, is recommended.
4. Adjuvant hormone therapy with Tamoxifen 20mg daily for 5 years to 10 years i.e. until dose limiting toxicity, is recommended.

We hope that the expert opinion is helpful in determining the course of your treatment.



Please note that for Breast Conservation Therapy (BCT), postoperative radiation is necessary after Lumpectomy (surgical removal of only the cancerous tumor/lump in the breast). You may discuss the specifics of radiation therapy with your radiation oncologist.

For your convenience, we have included below standard dosage per the National Comprehensive Cancer Network guidelines, which are globally accepted and often recommended by Tata Memorial Centre as well. Please discuss the following with your treating medical oncologist:

If the alternate chemotherapy regimen with a Taxane and Cyclophosphamide is given, then Docetaxel 75mg/m<sup>2</sup> and Cyclophosphamide 600 mg/m<sup>2</sup> every three weeks for three cycles is recommended.

Please do not hesitate to write to us or call us with any questions.

Sincerely,

Gitika Srivastava

**CASE SUMMARY Navya ID** [REDACTED] **Expert Opinion ID** [REDACTED], Ms. [REDACTED].

**Age:** 35 Years Old

**Past Medical History:** Hypothyroid ( On Thyrox 50mg from Dec 7th 2014)

**Clinical Diagnosis:** ?Operable Breast Cancer (OBC)

**Path TNM Stage-SubCategory:** Stage IA - T1 N0 M0

**Menopausal Status:** Pre-Menopausal

**Breast Cancer Laterality:** Right

**Ipsilateral - Mass Character on US Date:** November 14th 2014

**Ipsilateral - Mass Character on US:** Solid

**Initial Ultrasound Size (cm):** 2.30\*1.30

**Initial Ultrasound Text:** Right axillary lymphadenopathy

**Prior Surgery 1:**

**Surgery Breast:**

Timing	Surgery	Surgery Date
Primary	BCS- Excisional Biopsy	November 20th 2014

**Pathological Tumor Size (cm) Dimension 1:** 1.80

**Pathological Tumor Size (cm) Dimension 2:** 1.00

**Prior Surgery 2:**

Timing	Surgery	Surgery Date
Primary	BCS- Revision BCS	December 8th 2014

**Surgery Lymph Node:**

Timing	Surgery	Surgery Date
Primary	ALND-level 1	December 8th 2014

**Note:** No residual tumor

**Number of Positive Axillary Pathological Lymph Nodes: 0**

**Number of Axillary Pathological Lymph Nodes Resected: 9**

**Malignant Breast Disease:** Invasive Ductal Carcinoma (IDC)

**Cancer Grade:** II

**Modified Richardson Bloom Score :** 7

**Ductal Carcinoma In Situ:** Yes

**Lymphovascular Invasion:** Positive

**Margins - Surgery 2 :** Negative (>10mm)

**Estrogen Receptors ER - Status:** Positive

**Estrogen Receptors ER - Allred:** 8

**Progesterone Receptors PR - Status:** Positive

**Progesterone Receptors PR - Allred:** 8

**HER 2 NEU Receptors - Status:** Negative

**HER 2 NEU Receptors - IHC:** 1+

**Functional Status- ECOG Score:** 0

**Bone Marrow (Hematologic) Function :** Adequate

**Kidney (Renal) Function :** Adequate

**Liver (Hepatic) Function:** Adequate

**Heart (Cardiac) Function :** Adequate



**LV Ejection Fraction:** 60.00

**Ki-67 :** 14-20%

**Prior Chemotherapy:**

<b>Timing</b>	<b>Chemotherapy SubCategory</b>	<b>Treatment Start Date</b>
Adjuvant	CEF- C(500)E(90)F(500)q3w*1	January 12th 2015



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If you have any questions, please call +91 9845423460 or email [gitika@navyatech.in](mailto:gitika@navyatech.in)

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