



January 29th 2015

Dear Ms. [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 converted your case reports into a structured summary to be reviewed by a medical and a radiation oncologist in the Breast Disease Management Group at Tata Memorial Centre. We asked the following question(s) on your behalf:

1. Is FISH test for HER2/neu status recommended?
2. What is the recommended regimen for adjuvant chemotherapy therapy?
3. What is the recommended regimen for adjuvant radiation therapy?

Tata Memorial Centre's opinion is summarized as follows:

1. FISH test to determine the HER2/neu status is recommended.
2. Additionally, after completing four cycles of adjuvant chemotherapy with Cyclophosphamide 500 mg/m², Epirubicin 90 mg/m², and Fluorouracil 500 mg/m² every three weeks, further adjuvant chemotherapy with a Taxane (such as Paclitaxel) is recommended.
3. If results of the FISH test report that the HER2/neu status is positive then targeted therapy with Trastuzumab (Herceptin) is recommended concurrently with Paclitaxel.
4. Adjuvant Loco-Regional Radiation therapy (LRRT) to the whole breast at a dosage of 45 Gy in 25 fractions and supraclavicular fossa at a dosage of 50 Gy in 25 fractions over five weeks, along with the Tumor Bed Boost (TBB) at a dosage of 15 Gy in six fractions over one week, is recommended.

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

For your convenience, we have included below standard dosage as per the National Comprehensive Cancer Network guidelines, which are globally accepted and often recommended by Tata Memorial Centre as well.

- i. Adjuvant chemotherapy with Taxane (i.e., Paclitaxel) may be administered as below:
 - I. Paclitaxel 80mg/m² once weekly for 12 cycles.
Or
 - II. Paclitaxel 175 mg/m² every three weeks for four cycles.

ii. If HER2/neu status is positive and if treatment with Trastuzumab (Herceptin) is affordable, then Trastuzumab (Herceptin) may be administered concurrently with Paclitaxel as follows:

I. Trastuzumab (Herceptin) 2mg/kg once weekly for 12 cycles, with 4 mg/kg loading dose for the first cycle, followed by a maintenance therapy of Trastuzumab 6mg/kg every three weeks for one year is recommended. .

Or

II. Trastuzumab (Herceptin) 6 mg/kg once every three weeks for 4 cycles, with 8 mg/kg loading dose for the first cycle, followed by a maintenance therapy of Trastuzumab 6mg/kg every three weeks for one year is recommended.

Please discuss this opinion with your treating medical oncologist, especially if you are unable to afford treatment with Trastuzumb (Herceptin). You may also reach out to Navya Network for an expert opinion from Tata Memorial Centre on this matter. Duration of treatment with Trastuzumab may be changed or alternate therapies may be considered, if feasible as an efficacious treatment option.

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: 31 Years Old

Clinical Diagnosis: Operable Breast Cancer (OBC)

Path TNM Stage-SubCategory: Stage IIB - T2 N1 M0

Menopausal Status: Pre-Menopausal

Breast Cancer Laterality: Right

Upper Outer Quadrant: Yes

Chest CT Date: November 29th 2014

Chest CT: Normal

Abdomen / Pelvis CT Date: November 29th 2014

Abdomen/ Pelvis CT: Normal

Prior Surgery:

Surgery Breast:

Timing	Surgery	Surgery Date
Primary	BCS- Lumpectomy or Wide Excision	October 29th 2014

Surgery Lymph Node:

Timing	Surgery	Surgery Date
Primary	Axillary Lymph Node Dissection (ALND)	October 29th 2014

Pathological Tumor Size (cm) Dimension 1 : 2.50

Pathological Tumor Size (cm) Dimension 2 : 2.20

Pathological Tumor Size (cm) Dimension 3 : 2.00

Number of Positive Axillary Pathological Lymph Nodes: 1



Number of Axillary Pathological Lymph Nodes Resected: 10

Malignant Breast Disease: Invasive Ductal Carcinoma (IDC)

Cancer Grade: II

Extensive Intraductal Component: Negative

Lymphovascular Invasion: Positive

Margins - Surgery1: Negative (>10mm)

Estrogen Receptors ER - Status: Negative

Progesterone Receptors PR - Status: Negative

HER 2 NEU Receptors - Status: Intermediate

HER 2 NEU Receptors - IHC: 2+

HER 2 NEU Receptors - Fish: Not Done

Prior Chemotherapy:

Chemotherapy:

Timing	Chemotherapy SubCategory	Treatment Start Date
Adjuvant	CEF- C(500)E(90)F(500)q3w*1	November 20th 2014

Functional Status- ECOG Score: 0

Bone Marrow (Hematologic) Function : Adequate

Kidney (Renal) Function : Adequate

Liver (Hepatic) Function: Adequate

Heart (Cardiac) Function : Adequate



Planned Treatment:

Timing	Chemotherapy SubCategory
Adjuvant	CEF- C(500)E(90)F(500)q3w*5



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If you have any questions, please call +91 9845423460 or email gitika@navyatech.in

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