



It's not all over...

- Aiming for about 3-4 years after diagnosis of metastatic breast cancer.
- Bone-only cases are the longest surviving.
- 10% will be alive at 5 years.
- Patients with metastatic Her 2 positive breast cancers are the exception and can live for many years.

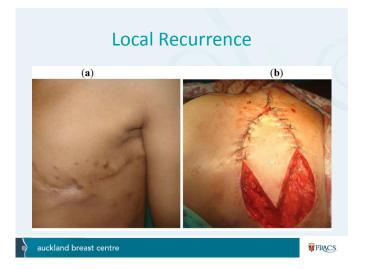
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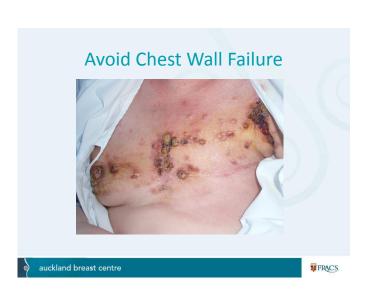
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Local Recurrence

- 1 in 4 local recurrences will herald distant disease.
- Stage with PET CT or Bone scan/CT
- Treat isolated LR aggressively—surgery & radiotherapy

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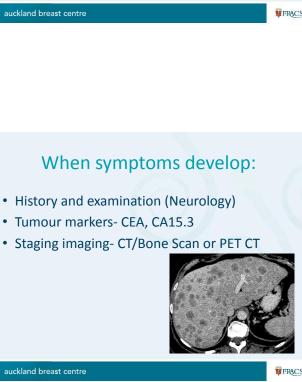






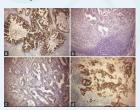
Distant Metastases • Why don't we screen for them? • Historically- no proven benefit. • Needs further trials...

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When symptoms develop: to biopsy a metastasis-

 Aim to biopsy a metastasis-30% will change E/P receptor 15% will change Her 2 receptor



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Systemic Options

- Consider a trial
- Endocrine- preferred in ER +
- Chemotherapy- sequential
- Anti-Her 2- Transtuzumab/ Pertuzumab
- Bisphosphonates for bone support and to reduce bone events. (Inhibit Osteoclasts)

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Is there a role for Mx with mets?

In selected cases:

- A Toilet Mastectomy:
 For symptom management
- Survival benefit to reduce tumour burden

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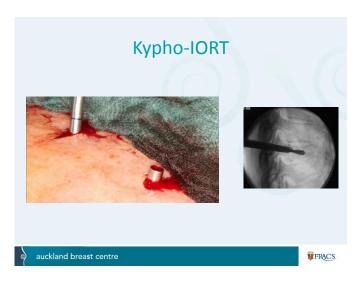
Other Local Treatments

- Bone
 - Prevent or treat fracture
 - Prevent or Rx spinal cord compression
- Liver resection
- · Chest Wall Radiation
- Bone Radiation
- Kypho IORT

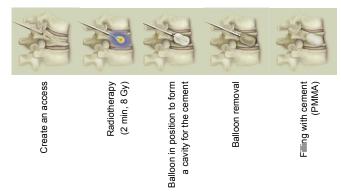


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Kypho-IORT intraoperative radiotherapy during kyphoplasty



Mrs CP 54

- Vague abdo discomfort/nausea months
- June 2012 Presents to ophthalmologist with diplopia-CT shows infiltrative disease in orbital muscles, intracanal disease around left optic nerve.
- IX: 60 mm ILC right breast EP + Her 2 -Ascites, mesenteric fat involvement, T9-10 disease

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- Letrozole, Exemestane, Tamoxifen sequentailly with each resistance-last one 2016-splenic lesions
- Leuproprelin to reduce estrogen levels
- · Orbital radiation 2012
- 2017 Symptom free
- · Enduring response

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Mrs ES 47

- June 2012 Symptomatic 16 mm Grade 2 IDC E+ P- Her 2 neg (on FISH) Node positive
- Pre-op CT scan- liver mets
- Commenced on AC Chemo
- Liver biopsy MBC E+ P- Her 2 FISH +ve
- Clinically rapid response breast/axilla
- CT good response to breast/axilla; not to liver Thickening in colon (had been troubled with constip.)

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Mrs ES 47

- Colonoscopy- Splenic flexure colon Ca R Hemicolectomy
- Commenced Tamoxifen
- Nov 2012 US no breast or axillary lesion
- CT May 2013 Liver mets progressing
- Commenced paclitaxel/herceptin

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Mrs ES 47

- Aug 2013 Liver-good response to treatment.
- Moved onto Herceptin monotherapy
- Nov 2014 Breast lesion returns
- Right partial mastectomy/ whole breast radiorx 37 mm Gd 3 IDC E+ P/Her 2-
- Herceptin/Letrozole

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Mrs ES 47

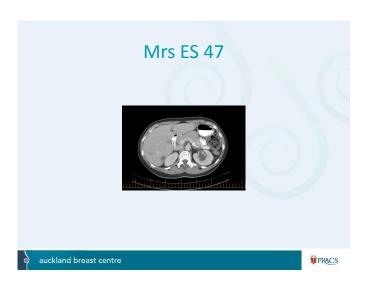




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Mrs ES 47

- May 2015 liver lesions progress Herceptin discontinued Exemestane commenced
- · Right posterior hepatic resection, and segment 2 metasectomy. 3 x mets EP +P weak Her 2 +
- Re-commenced Herceptin
- Oct 2015 portocaval nodes. No other disease.



Mrs ES 47

- Oct 2015 Portal lymphadenectomy 2/5 nodes E+ P weak Her 2 –
- Stopped AI/Herceptin
- Dec 2015 New small liver lesion Commenced Capecitabine
- · July 2016 Disease still responding

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Mrs ES 47

- Dec 2016 Liver progressing On vinoralbine
- When loses effectiveness will shift back to weekly paclitaxel as she has not progressed on it.

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Mrs ES 47

- · What has life been like?
- Full time employment-building construction
- Multiple trips to UK/Europe
- Very active

"Does not look like she has MBC"

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- Tailor the treatment
- Fluid treatment plans
- It's not over until it's over

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