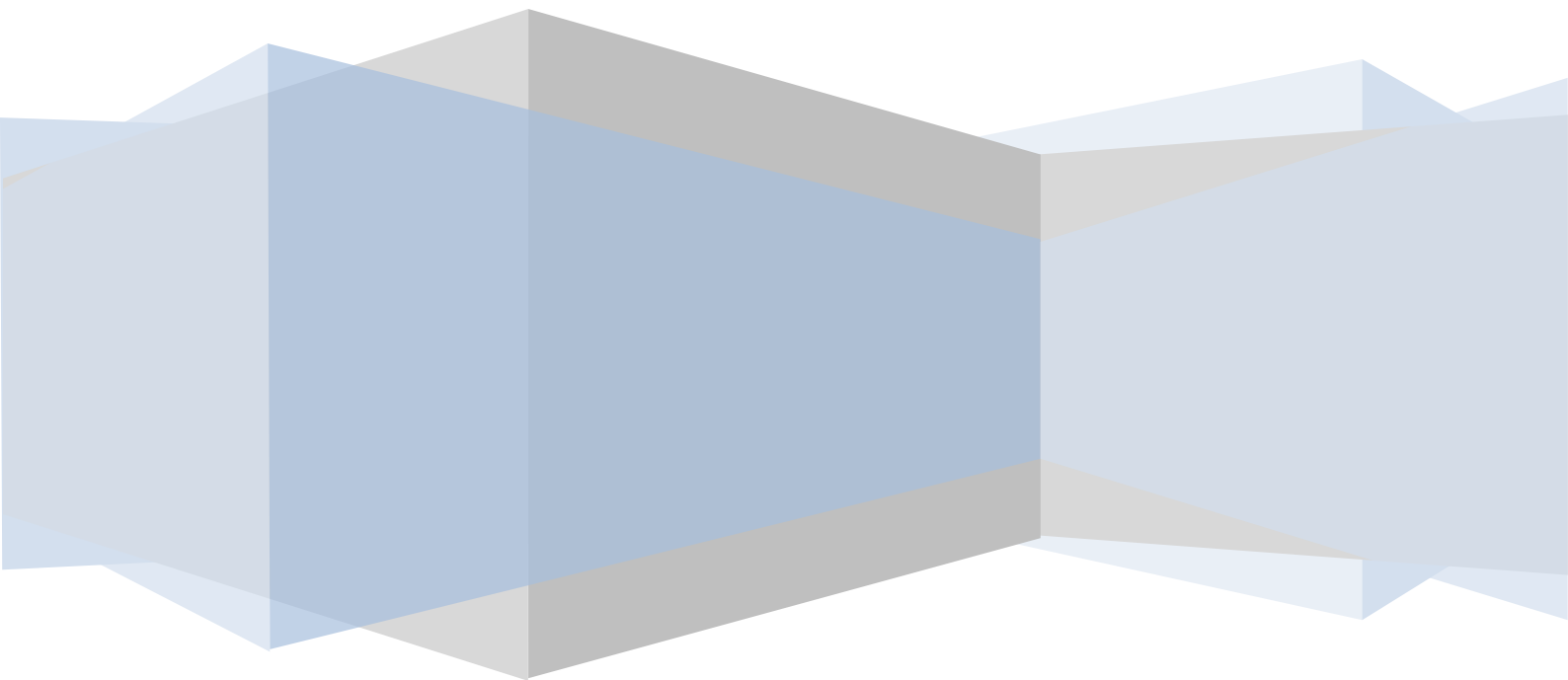


## **Tumour Board Recommendation Report**

**Patient Name: Mrs. [REDACTED], 68 Years, Female**

**Diagnosis: CA Breast**



## RECOMMENDATION FOR TREATMENT

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Dear Mrs. [REDACTED]

Thank you for reaching out to Cancer Samiksha; an online expert opinion portal to evaluate your cancer treatment pathway.

Based upon the details provided by you on the Samiksha portal ([www.cancersamiksha.org](http://www.cancersamiksha.org)), we have prepared a structured summary of your case and presented to a Tumour Board.

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

*“Is Radiation and one year targeted chemotherapy recommended at this time?”*

The Cancer Samiksha Tumour Board’s opinion is summarized as follows:

1. Adjuvant Radiation is required.
2. Trastuzumab / Biological therapy for one year with total 17 doses to be given. These doses are usually given once in every three weeks. Out of 17 doses, 4 are already given to the patient so remaining 13 Trastuzumab / Biological therapy doses needs to be given.
3. Regular follow-up is required to assess disease status.

We hope that the Tumour board’s opinion will be helpful in determining / confirming the course of your treatment plan.

Please discuss this opinion with your treating oncologist(s).

Samiksha is pleased to provide the following information on treatment recommendation(s) per the National Comprehensive Cancer Network (NCCN), which lists the globally accepted guidelines for the treatment of cancers. As per latest NCCN guidelines for the Breast cancer, if preoperative chemotherapy is given then Adjuvant Radiation therapy to Chest wall, Axillary and SCF node should be given.

Please feel free to write to us or call us with any questions.

Sincerely,

Dr. [REDACTED]  
Tumor board co-coordinator

## CLINICAL HISTORY

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ID: 1058

Name: Mrs. [REDACTED]  
Current Diagnosis: Breast Cancer

Age: 68 Years  
Gender : Female

**Family History of Cancer:** Nil

**Habits:** Nil

**Symptoms:** None (at present)

**Past Medical History:** K/C/O Diabetes and Hypertension

**ECOG Score:** 0 (Patient is able to do all daily activities by herself.)

**Clinical Information:** Post Menopausal.

### Investigations and prior treatment listed below:

19/05/2017	Sonography of Breast	Solid breast mass measuring 62 X 54 mm and axillary lymph nodes measuring 16 X 21 mm
19/05/2017	FNAC	Ductal Carcinoma cells seen
22/05/2017	Pathology	Normal
22/05/2017	2D Echo	EF 60% and trivial MR and TR
23/05/2017	PET CT	Left Breast mass and axillary nodes seen. Rest normal
25/05/2017	First Chemotherapy Cycle	FAC Protocol
02/06/2017	Biopsy of Lump	Extensive DCIS of Comedo (Note: After first chemo 50-70% response was observed hence decided to do surgery)
14/06/2017	Surgery – LEFT MRM with Axillary Dissection	HPE - Extensive high grade DCIS of Comedo, papillary & cribriform type. Grade –III Stage – PT1NoMx, ER & PR- NEGATIVE, Her2Neu- POSITIVE 3+
	Post Surgery	3 Chemotherapy cycles with FAC given Additional 4 targeted chemotherapy cycles (Paclitaxel- 250mg + Biceltis-440mg) were given. Last chemo cycle was reported on 17/11/2017

## DOCTOR'S BIO DATA

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**Medical Oncologist**

**Dr.** [REDACTED]

MBBS, MD - General Medicine, DM - Oncology  
Hematologic Oncologist, Medical Oncologist, 19 Years Experience



**Surgical Oncologist**

**Dr.** [REDACTED]

MBBS, MS - General Surgery, MCh - Surgical Oncology, MCh - Surgical  
Oncology, Certified Training in Thoracic Surgical Oncology  
Surgical Oncologist, 14 Years Experience



**Radiation Oncologist**

**Dr.** [REDACTED]

MBBS, MD – Radiotherapy  
Radiation Oncologist, 6 Years Experience