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### Metastatic HER-2 positive breast cancer

The patient is a single 36 years old woman that her Chief Complaint is change in Right breast skin. Invasive ductal carcinoma is confirmed by breast biopsy (ER and PR positive, highKi67 and HER2 positive). Staging work up was conducted and plural effusion detected that was malignant also abnormal absorption in manubrium in Bone scan.

By starting the chemotherapy, the oncologist faced to abnormality in the contralateral breast cancer. She was operated and received more local treatment, local recurrence and .... Then when was on anti-HER2 and Endocrine Therapy brain metastasis were observed in MRI so radiotherapy was chosen. Eventually uncontrolled local recurrence, more than three line of chemotherapy, repeated brain metastasis result in failure in survival.

There are some discussions in these patients:

- Local treatment for primary in metastatic breast cancer
- Radiotherapy in metastatic patients who are high risk for local recurrence
- Discordancy in IHC result
- Management of Brain Metastasis
- Sequencing of systemic treatment
- Management of local recurrence on chest wall

And even more subjects depend on time and audience concepts. In the nutshell I hope to have an interactive discussion end to wrap up with some take home messages.

### Biography

Ali Hessami is a technical manager of Mostoufi pathobiology laboratory, Iran. He is Graduate of clinical and anatomical pathology with board degree (1998-2002), Iran medical university of science, Tehran, Iran. And Post-Doctoral Training, "Attestation de formation spécialisée (AFSA)" in nephropathology (2004-2005), university of René Descartes, Henri Mondor hospital, Paris, France. He is a Member of cancer institute (2008-2011), Tehran, Iran

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