



Metachronous Breast Cancer- A Case Report

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Abstract

We are presenting a rare case of bilateral breast cancer case of 60 year old female. By definition Synchronous cancers were defined as those occurring within 6 months of the first primary cancer, while Metachronous cancers were defined as those occurring more than 6 months later. Bilateral synchronous breast cancer is an uncommon finding in women presenting with multiple breast lumps. Metachronous breast tumors account for 5% to 6% of cancer cases whereas Synchronous breast tumor reported to account nearly 1% to 2% of women with breast cancer..

Keywords: Metachronous lesion, Synchronous lesion, Infiltrating ductal carcinoma.

Case Summary

Mrs. Pandey resident of Kanpur city presented with the history of left breast lump in 2019 diagnosed as Infiltrating ductal carcinoma with tissue biopsy IHC Hormonal Status ER+/PR+/Her-2+, She Underwent 3 cycle CEF Chemotherapy, followed by MRM, Followed by again 3 cycle CEF of chemotherapy, Following by received hypofractional radiotherapy 16# by 4 field except (IMF). last on 24/12/19, After one and half year of treatment patient developed right breast lump core needle biopsy proven to be again infiltrating ductal carcinoma high grade for that she received four cycle of chemotherapy paclitaxil 300mg along peripheral stem cell transplant support all done into different center now she has been registered at J.K Cancer institute Kanpur for further treatment. Her whole Body PET-CT on 21/07/2022 Right Breast (which is still not operated). Having Metabolically active soft tissue

lesion Right SCF/Infra clavicular/Right Axilla/intrapectoral muscle/abdominal lymph node/skeletal lesion - high uptake in above all sites mentioned above was present along with multiple liver metastasis.

At J.K Cancer institute Kanpur she planned to clinch her IHC status along tumor marker CA-15-3/ CA 27.29/CEA along receptor status to finalized her final work in order provide her suitable receptor friendly chemotherapy.

At our Institute she diagnosed as Metachronous bilateral breast carcinoma.

Discussion

By definition Synchronous cancers were defined as those occurring within 6 months of the first primary cancer, while Metachronous cancers were defined as those occurring more than 6 months later. Bilateral synchronous breast cancer is an uncommon finding in women presenting with

multiple breast lumps. Metachronous breast tumours account for 5% to 6% of cancer cases whereas Synchronous breast tumor reported to account nearly 1% to 2% of women with breast cancer.

The cancer can be invasive or noninvasive. The incidence pattern of synchronous cancer is similar to that of unilateral disease, although without any notable trends in recent decades. Although its etiology is not well understood, however it appears that this familial link is more likely with metachronous bilateral breast cancer than either unilateral or synchronous bilateral cases. Furthermore, the risk of having breast cancer is substantially increased with a first-degree relative with bilateral breast cancer. Such lower disease free survival and high rates of distant metastasis is a recognized feature of bilateral synchronous tumors, which therefore have a worse overall survival compared to unilateral tumours. However, there does not appear to be any difference in survival if synchronous tumours are compared to the metachronous ones. The gradual increase in the incidence of synchronous disease during the 1970s coincides with the introduction of routine and bilateral mammography as part of the diagnostic work-up in women with unilateral cancer. Bilateral cancers are detected early by preclinical work-up, and classified as synchronous disease rather than diagnosed later as metachronous disease. Synchronous breast cancer has a poorer prognosis than metachronous or unilateral breast cancer. Nowadays, the incidence of local recurrences, bilateral cancer, and distant metastasis are reduced with the use of adjuvant systemic therapy, mainly tamoxifen and chemotherapy that became clinical practice.

Conclusion: The incidence of invasive cancer detected by random biopsy of the opposite breast is not high enough to justify routine adoption of this procedure. The remaining breast must be followed for the remainder of the patient life by physical examination and annual mammography. The treatment of the secondary primary breast cancer should be that appropriate for the stage of

the disease. The prognosis for the woman with a second primary breast cancer is quite favorable and is dependent on the stage of both the first and the second cancer.

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