

Long term treatment of de novo metastatic breast carcinoma with occult primary

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De novo metastatic breast carcinoma is breast cancer that has already metastasized before the initial diagnosis. Most commonly breast cancer spreads to the liver, brain, bones, and lungs. If the primary tumor is never found the cancer is labeled an occult primary. A 55-year-old woman presented with bilateral knee pain, fever, anemia and elevated inflammatory markers. MSCT showed multiple osteolytic lesions, and malignant cells were found in the bone marrow and ascites. First line treatment with paclitaxel and carboplatin was started in 06/2014. Simultaneously, pamidronate was initiated for the osteolytic lesions. After a year, it was replaced by zoledronate. Therapy success was evaluated by monitoring tumor markers, CEA, Ca125 and Ca15-3. Letrozole was chosen as next line treatment in 12/2014, because the earlier biopsy showed that the cancer was HR+, Her2/neu-. Because of new lesions in the liver, in 09/2016 letrozole was replaced with tamoxifen. An increase in tumor markers in 02/2018 prompted the next lines of treatment, first with fulvestrant, 8 cycles, and afterwards, exemestane for a month. In 07/2018 she began treatment with paclitaxel, 4 cycles. Doxorubicin has been prescribed in 11/2018 as a last line treatment, to which she has been responding positively. Advanced breast cancer is a multisystem disease whose treatment is difficult and long. In this case, the patient has been undergoing treatment for 5 years. Her treatment regimen was planned in accordance with the standard guidelines for breast carcinomas with the same characteristics, as if the primary tumor had been found in the breast.