

Dear Ms. As..... He.....

Following the evaluation of the patient's file by the multidisciplinary **eKonsey Breast Cancer Board**, the following clinical findings and recommendations have been established:

The patient is younger than 45 years of age. Although the tumor diameter in the right breast is <2.5 cm, a solitary metastasis measuring 37x26 mm with high FDG uptake is present in the right axillary region. Biopsy results indicate Invasive Ductal and Lobular Carcinoma with tubular differentiation (Estrogen Receptor %89, Progesterone Receptor %94, HER2 Negative, Ki-67 %40).

Due to the Ki-67 index being at 40% and the potential for curative outcome, the council initially recommends **chemotherapy for cytoreduction**.

Metastatic Status: A lytic metastasis in the right transverse process of the T7 vertebra is clearly observed (SUVmax: 16.25). Consequently, the patient is classified as **Oligometastatic Stage 4, HR-positive, HER2-negative**. If the patient experiences pain symptoms related to the vertebral metastasis, early-stage local radiotherapy is recommended for pain palliation.

Treatment Plan and Follow-up:

1. **Post-Chemotherapy Re-evaluation:** Following the completion of chemotherapy, the extent of cytoreduction must be re-evaluated.
2. **Surgical Intervention:** If cytoreduction is achieved, breast-conserving surgery and adjuvant radiotherapy plans should be reconsidered. Depending on the response to systemic chemotherapy, breast-conserving surgery combined with sentinel lymph node dissection or Level 1-2 axillary lymph node dissection may be recommended.
3. **Axillary Management:** Considering the possibility of a complete response after systemic chemotherapy, it is advised to mark the metastatic lymph node in the axilla with a clip for "targeted" axillary lymphadenectomy.
4. **Adjuvant Radiotherapy:** The necessity of adjuvant radiotherapy due to the potential risk of residual microscopic cancer following surgery will be finalized in a subsequent council meeting.

Rationale for Treatment Strategy: Current international oncology guidelines (NCCN, ESMO) generally suggest Endocrine Therapy + CDK4/6 inhibitor combination as the first-line treatment for HR-positive / HER2-negative Stage 4 breast cancer. However, our council recommends chemotherapy as the initial step due to the massive tumor load in the right axilla with very high metabolic activity (SUVmax: 23.07) and the relatively high Ki-67 index (40%). This strategy aims for rapid tumor shrinkage, symptom control, and the potential for a cure through subsequent surgery.

Further Recommendations: In addition to the current findings, performing a **Brain MRI** and a **Hereditary Genetic Panel** is recommended. These assessments will be critical for determining future secondary systemic treatment steps. We wish the patient a speedy recovery.

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