



AMALA INSTITUTE OF MEDICAL SCIENCES (AIMS)

(Unit of Amala Cancer hospital Society) Amala Nagar, Thrissur, Pin-680 555



DEPARTMENT OF MEDICAL ONCOLOGY AND HAEMATOLOGY

OPD NOTES

Name:	Jameela.K.A	Age/Sex:	63/F	ID:	3336175	Date:	05.01.2026
Diagnosis	Metastatic Ca breast Mets to multiple LNs, left breast, liver and lung C1 palliative chemo with paclitaxel started 02.12.2025 ER/PR- negative, Her2 neu-3+ C1 THP given on 15.12.2025.						
HOPI	Has come for C2 THP, had grade1 mucosities, LOA. No FN.						
Past History	HTN x 2 months DLP x 1 year (Not on medication)						
Personal & Family history	Family History Sister -Ca Breast @ 70 years Aunt - ? Ca endometrium Personal History Menarche – 13 years Menopause- 50 years G3P3L2 LCB-31 years						
Allergies	Nil						
Examination	ECOG:1 Ht:151 cm , Wt:55 kg (last 59.8 Kg) BSA:1.58 Grade1 mucosities , O/E : Right breast ulcerated wound + ve ,No active discharge, wound still open						
Reports	HPR 17.11.25 Edge Wedge Biopsy-Right Breast-Invasive mammary carcinoma PET CT 17.11.25 <ul style="list-style-type: none">FDG Avid large lobulated heterogeneously enhancing centrally necrotic soft tissue mass lesion in retro and infra areolar region of right breast infiltration skin and nipple areolar complex with exophytic ulceroproliferative component.FDG avid multiple heterogeneously enhancing necrotic deposits adjacent to mass -Satellite lesionsFDG avid enhancing lesions in retroareolar and lower inner quadrant of left breastFDG avid multiple enlarged right axillary,right internal mammary, supraclavicular ,left level V cervical ,Intraabdominal and retroperitoneal LNFDG avid multiple peripherally enhancing centrally hypo dense lesions in both lobes of liverFDG avid sub pleural nodule in posterior basal segment of right lung lower lobe						

- Imaging features are in favour of locally advanced primary right breast malignancy with satellite lesions, metastases to multiple LNs, left breast ,liver and lung

Serology - Negative (21-11-2025)

Blood reports -21.11.2025-WNL

Slides and Block review at Amala (26-11-2025)- Invasive carcinoma -IHC awaited

ECHO (27-11-2025)- EF-69.85%, No RWMA, Good LV

HISTOPATHOLOGY REPORT (S- 13786/25):

Edge wedge biopsy right breast - Slide review: Invasive breast carcinoma; NST.

Result						
Variant of uncertain significance (VUS) was detected by NGS. No clinically significant deletions/duplications were detected by NGS/MLPA.						
Primary Findings						
Gene [#] (Transcript)	Variant Type	Variant	Zygosity	Disease (OMIM)	Inheritance	Classification ^{\$}
ATM (+) (ENST00000675843.1)	SNV	c.6624C>A p.His2208Gln MISSENSE	Heterozygous 71X(49.3%)	{Breast cancer, susceptibility to} (OMIM#114480)	Autosomal dominant	Uncertain Significance
ATM (c.6624C>A: p.His2208Gln): Uncertain Significance						
Nucleotide change: chr11:108325361:C>A Transcript ID: ENST00000675843.1 Variant Consequence: MISSENSE	Protein change: p.His2208Gln Zygosity: Heterozygous Location: Exon 46	cDNA change: c.6624C>A Total depth: 71x Variant Allele Depth: 35x				

IMMUNOHISTOCHEMISTRY FINDINGS:

(All internal/external controls have worked appropriately).

SL NO	IHC MARKER	CLONE	LOCALISATION	INTENSITY	REMARKS
1	ER	SP1	Nuclear	-	Negative
2	PR	IE2	Nuclear	-	Negative
3	HER2/neu	4B5	Membranous	Strong	Positive % of stained cells : 70-80% Complete membranous staining Score: 3+
4	Ki67	30-9	Nuclear	Strong	High (60-70%)

Plan	Can offer THP regimen with peg gcsf support . Trastuzumab+ pertuzumab+ docetaxel once in every 3 weeks with peg gcsf support , with reassessment after 3 and 6 cycles, followed by maintenance. Endocrine review for Hbaic and optimization of sugars. Echo once in 3 cycles. C2 today, peg gcsf after 24 hours. CBC to do and inform on 15.01.2026. C3 due on 28.01.2026 with CBC, LFT, RFT, calcium Reimage after 3#
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