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Beyond Palliation: Complete Response in Advanced Triple-Negative Breast Cancer with Bone Metastases

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Abstract

Background

Breast cancer with distant metastasis involving skeletal component results in complications like pain, pathologic fractures, spinal cord compression, and hypercalcemia of malignancy. Mammography, CT, technetium-99m bone scintigraphy and histopathological examination assess the cancer and metastasis. Anthracycline- and taxane-based chemotherapy regimens are used in both adjuvant and neoadjuvant. Here, we present a rare case of early-onset, highly proliferative, invasive Triple Negative Breast Cancer (TNBC) with osseous metastasis achieving complete pathological response with palliative gemcitabine-carboplatin and zoledronate therapy.

Methods

A 33-year-old multiparous woman presented with a painless, progressively enlarging left breast lump with ipsilateral axillary lymphadenopathy. Mammographic evaluation demonstrated increased fibroglandular density. Histopathological examination revealed proliferating tumor cells with intraductal extension suggesting Grade 1 Invasive carcinoma with negative ER, PR and HER2 and a high Ki-

67 index (40%), confirming a triple negative phenotype. CECT demonstrated malignant left breast changes with lesions in the third, sixth and twelfth dorsal vertebrae; the first and fourth lumbar vertebrae; the first sacral vertebra and bilateral iliac bones with left acetabulum. Skeletal metastasis was further consolidated by the 99mTc-MDP whole body bone scan. Based on the triple assessment, a diagnosis of highly proliferative triple negative invasive carcinoma of the left breast with bony metastases (Stage IV disease) was formulated. She received six cycles of gemcitabine-carboplatin chemotherapy with zoledronate, showing regression of breast and nodal disease and sclerosis of bone lesions. Modified radical mastectomy achieved complete pathological response (ypT0N0), followed by adjuvant radiotherapy, with no evidence of recurrence on follow-up.

Conclusion

This case illustrates a rare instance of complete pathological response to palliative gemcitabine-carboplatin chemotherapy and zoledronate in a young patient with metastatic triple-negative breast cancer underscoring potential chemosensitivity of TNBC and highlighting the role of multimodal therapy in achieving favorable outcomes, even in advanced-stage disease.

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