An Unusual Site of Colonic Metastasis from Hormone Positive Breast Cancer

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INTRODUCTION

The most common sites for metastasis of breast cancer are brain, bone, liver, and lung. Metastatic involvement of the GI tract secondary to breast cancer is very rare. The most frequent sites of GI tract involvement are the stomach and the small intestine, while colorectal metastases are even rarer

CASE DESCRIPTION

- 65-year-old postmenopausal female with a past medical history of Stage III, pT2pN3Mx, invasive lobular carcinoma, grade I, ER+ 74%, PR + 37%, HER-2 negative, Ki-67 of 30%, 45/46 LN positive, invasive breast cancer diagnosed 7 years ago.
- Status post bilateral mastectomy, adjuvant chemotherapy, radiation, letrozole therapy.
- History of stage IA non-small cell carcinoma status post lobectomy.
- She presented to the clinic with new onset back pain and anemia.

MANAGEMENT

- Magnetic Resonance Imaging (MRI) of her spine revealed thoracic spine compression.
- Routine screening colonoscopy revealed an area of mucosal irregularity in the descending colon.
- Colonic and bone biopsy revealed evidence of metastatic mammary cancer, ER+ 70%, PR-ve, HER2 negative, Ki-67 2%.
- No surgical intervention was suggested for her colonic metastatic disease and the decision was made to proceed with systemic therapy.
- She started with few cycles of systemic chemotherapy followed by hormone therapy with faslodex and abemaciclib. She tolerated chemotherapy well except for mild peripheral neuropathy and hand-foot-mouth syndrome.
- Restaging scans with PET CT after six months post systemic therapy did not show any evidence of disease.
- Currently, she remains in remission with regular monitoring with imaging and colonoscopies.

DISCUSSION

- Recurrence of breast cancer to an unusual site can often be misdiagnosed as primary cancer. The diagnosis of colonic metastasis is often difficult due to their unclassical presentation and rarity. Any new suspicious lesion in a patient with a history of breast cancer should be pathologically diagnosed before any surgical intervention.
- Surgical resection has not been shown to improve overall survival. Immunohistochemical staining of the metastatic lesion is essential to evaluate the benefit of anti-hormonal therapy.

CONCLUSION

-Emphasis on routine screening especially in patients with metastatic disease
-Immuno-histochemical staining of any suspicious lesion prior to invasive therapeutic management.
-Surgical management as the last resort, has not shown to improve over all survival.

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