Breast Cancer Lung Metastases: Principles of Diagnosis and Management

Mark Harries MA FRCP PhD

Guy’s and St Thomas’s NHS Foundation Trust
Kings College London

January 2016
Who Gets Lung metastases?

- Common in MBC
- Usually another site
- More common in TNBC
Symptoms?

- Breathlessness
- Cough
- Pain
- Haemoptysis
Immediate principles

- Confirm the diagnosis
  - Imaging
  - Biopsy
Imaging

- **CXR**
- **CT scan**
- **PET/CT**
  - Benign or Malignant
  - Extent
- **EBUS**
  - Mediastinal nodes
Getting Tissue from Metastatic Disease

- **Confirm Diagnosis**
  - recent patient sarcoid
  - TB
  - IHC - recent patient TTF-1 pos = lung ca

- **Confirm Receptors**
  - Recent patient three changes of phenotype
Getting Tissue from Metastatic Disease

- Percutaneous
- CT
- EBUS
Immediate principles

- Extent of disease
  - Single, oligo or multiple mets
Urgent management issues

- Bronchial obstruction
- SVCO
- Pleural Effusion
Single and Oligo - Lung metastasis

Role of surgery or Ablation/RT?

Literature Review: selection bias, publication bias, small series, retrospective nature.

Suggestion that some patients do well
Role of surgery

KB - 50yrs old
Secretory Ca of Breast
Long DFI
Resection of lung mets 2008
Again 2011
Well since
Role of radiofrequency ablation?

- Useful for control of oligometastatic disease in some patients
- Does it improve OS?
- Some anatomical limitations
Multiple Lung Mets

Systemic therapy

- endocrine Rx first-line?
- Choice of chemotherapy
  - Combinations
  - Avastin
  - HER2 targeted therapy
  - Weekly Paclitaxel
  - Vinorelbine and Capecitabine
Multiple Lung Mets

Palliative and Supportive Care

- Pleural pain
- O2
- Drains
- Steroids
- SOB
  - Pall care