



## Neoadjuvant Recombinant Apatinib added to Docetaxel, Epirubicin for Women with Stage III Breast Cancer

Xiangmei Zhang<sup>1</sup> and Yunjiang Liu<sup>2\*</sup>

<sup>1</sup>Fourth Hospital of Hebei Medical University, China

<sup>2</sup>Department of Breast Cancer, Fourth Hospital of Hebei Medical University, China

### Clinical Image

Apatinib is an antiangiogenic agent and approved for the treatment of advanced gastric cancer in China. Here we presented a 59-year-old female patient with triple-negative invasive breast carcinoma treated by combination of apatinib with neoadjuvant chemotherapy (paclitaxel 165 mg/m<sup>2</sup> day 1; cisplatin 40 mg, day 1 to day 3; apatinib 500 mg, day 1 to day 21; cycles were repeated every 3 weeks) for six cycles achieved Pathological Complete Response (PCR) in our clinical trial. Ultrasound showed a BIRADS 5 category of breast tumor, and draining lymph nodes involvement before treatment (Figure 1). Mammography displayed the tumor within the right side, 2.5 cm in diameter before treatment, and achieved complete response after neoadjuvant therapy (Figure 2A and B). Needle and core biopsy proved the infiltrating ductal carcinoma in breast and LN (Figure 3A). On immunohistochemical testing, the cancer cells were strongly negative for estrogen, progesterone receptors and Her-2/neu. Post-operation histopathology showed no infiltrating lobular carcinoma or ductal carcinoma *in situ* (Figure 3B).

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#### \*Correspondence:

Yunjiang Liu, Department of Breast Cancer, Fourth Hospital of Hebei Medical University, 12 Jiankang Road, Shijiazhuang, Hebei, China, 050011, Fax: 8631186077634; Tel: 8631186095588; E-mail: lyj818326@126.com

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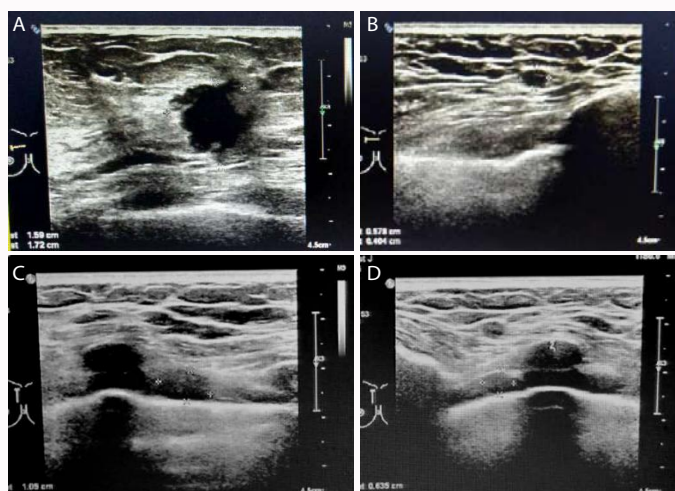
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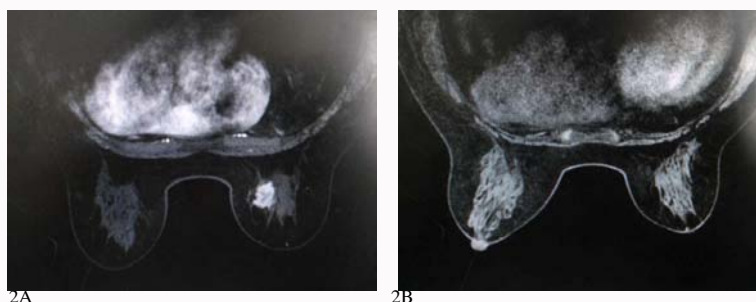
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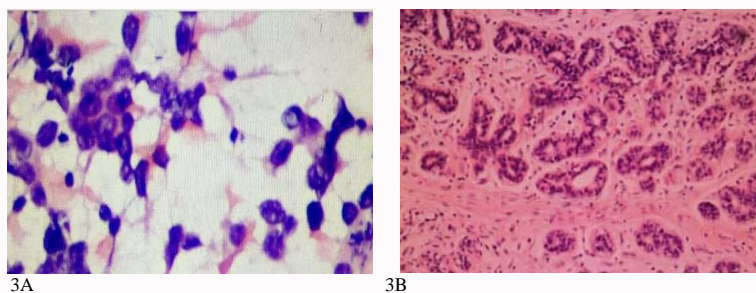
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**Figure 1:** An ultrasonographic image of the right breast reveals an irregular (panel A and B), hypoechoic mass, 2.0 cm by 1.7 cm by 1.6 cm, at the 11 o'clock position, multiple draining lymph nodes enlargement (panel C and D).



**Figure 2:** Mastography shows a mixed-density nodule in right breast measuring 2.5 cm in greatest dimension before treatment (panel A), and the mass regression after 6 cycles therapy (panel B).



3A

3B

**Figure 3:** Needle biopsy proved the infiltrating ductal carcinoma in breast and LN (panel A). Post-operation histopathology showed no infiltrating lobular carcinoma or ductal carcinoma *in situ* (panel B).