

My journey as a triple-negative patient with breast cancer

I am a 65-year-old woman who was diagnosed with triple-negative breast cancer in mid-March' 2021, at that time, it was graded as Grade 2 (2+2+2) ER, PgR, Her2neu negative suggestive infiltrating carcinoma of the right breast with Ki67 30%–40%. I am a chronic obstructive pulmonary disease (COPD) patient on regular Seroflo Inhaler and Montair 10 mg tablets. Otherwise, I have no other medical issues.

As my daughter resides in Mumbai, I opted to get my treatment there as she is my primary caregiver. I arrived in Mumbai in mid-April among a surging second wave of the COVID pandemic. There was a lot of apprehension regarding the pandemic as I had got just one shot of my vaccine but I was reassured by my oncologist that I should follow all the COVID rules and I would be fine once I was in the hospital, they would take care of everything. I immediately got admitted on arrival on April 15th for tests and surgery. My positron emission tomography–computed tomography (PET-CT) scan showed a 2.9 cm × 2.6 cm nodule in the upper quadrant of the right breast (maximum standardized uptake value [SUVmax] 10.6) and an additional satellite nodule 1.2 cm × 0.9 cm (SUVmax 6.2). There was no significant fluorodeoxyglucose (FDG) uptake in the rest of the scan, though there were some nodules (non-FDG avid) nodules and lesions in the lungs, I suppose this is because I am a COPD patient. My onco surgeon decided on lumpectomy after taking a go-ahead from the pulmonologist. I was operated on April 19, 2021, and my frozen section mentions 1. The right axillary node is negative for metastasis 2. Invasive breast carcinoma, high grade, tumor size 3.2 cm, and the closest margin are the base and inferior which are free, but close. The base is 1mm and the inferior margin is 1.5 cm away. Here, the Grade was revised to III, RB score revised to 3 + 3 + 3 = 9 and Ki-67 index to 70%–80%, EIC negative, node was negative for metastasis, and CerbB2 negative (score 0).

My surgery went off well and recovery was good so I started my six cycles of chemotherapy from May 5, 2021, with an injection of docetaxel (Doceaqualip) 100 mg and cyclophosphamide 800 mg. I was also prescribed an injection of Peg GCSF 6 mg to be taken on the 2nd day after my chemo session. I took it after every session.

Chemotherapy comes with its own challenges like nausea, constipation, diarrhea peripheral neuralgia

etc., but my greatest challenge was fever and upper respiratory tract infection... swollen, painful tonsils, and severe cough, this happened after almost every chemo session. I did visit a pulmonologist after my first episode of fever, cough, and swollen tonsils, an X-ray was done which showed an upper respiratory tract infection. I was prescribed antibiotics Azithral, cough syrup, and advised steam inhalation, with these my fever subsided, cough took a long time to go, but after every chemo, the fever and cough would be back.

My six cycles of chemotherapy got over on August 18, 2021, thereafter I went in for 20 cycles of radiation (1 month) starting on September 15th. There were not many complications during radiation except for the expected redness, swelling, and discoloration of the area. Harsh side effects such as peeling of the skin and sores were avoided by the application of good quality moisturizer as advised by my radiation doctor. One month after completion of radiation therapy, a bone DEXA scan, ultrasonography (USG) abdomen pelvis, complete blood count (CBC), liver function test (LFT), Vit D3, and B12 were done with no significant problems.

I entered the fourth part of my treatment oral metronomic chemotherapy. My medical oncologist prescribed capecitabine 500 mg (2 tablets in the morning and 1 at bedtime) for 14 days and 1 week off. This I continued for 6 months without missing a single dose. The plan was to continue for 1 year.

I was asked to get my genetic mutations testing BRACA done, which I got done around 1st week of December 2021 and the result stated no pathogenic or likely variants causative of the reported phenotype was detected. I was happy, my treatment was going well, of course, oral chemotherapy has its side effects. I would feel tired and fatigued, there was pigmentation in my soles of my feet and palm of my hands, feet skin was peeling, cut, lesions under my feet but I managed quite well and avoided infections. I kept my hands and feet well moisturized, being winter time I wore cotton socks to protect my feet. There was one disturbing symptom... low-grade fever. I would have a fever of 99°–100° off and on, cough, and painful tonsils, a few tablets of paracetamol would bring it down. I attributed all this to my COPD condition, the change of weather, and even thought that my immunity was compromised since I was on oral chemo medications.

Choudhury: My journey

These fever episodes were ongoing for 3–4 months and as months went by, the fever was getting higher 100°–102° and happening more frequently.

I went back for my review checkup after 6 months, my mammogram, USG abdomen pelvis, LFT, and other blood tests did not show any significant problems except for some fluid collection (3.6 cm × 2.4 cm × 1.2 cm) in the surgery site.

I thought I was cancer free but then my fever was back with cough, my second part of the journey begins... I was devastated....

I visited my pulmonologist, I was asked to do a CT scan of the lungs where pulmonary nodules in the left lower lobes were new findings and suspicious cytology. Since I was febrile with the cough I was admitted for intravenous antibiotics, and my fever and cough subsided. Bronchoscopy with BAL + EUBS-guided TBNA was done. PET scan revealed an increase in activity and size of mediastinal lymph nodes, metabolically active angiocentric nodule with multiple metabolic activity consolidation, and ground glass attenuation involving both lungs, my operated breast showed metabolically active lesions concerning residual/recurrence of the disease. My cancer was back! But the most devastating news was yet to come... the cytology report. It was metastatic poorly differentiated anaplastic carcinoma with a note. All the immunohistochemistry markers for carcinoma breast, lung, ovary, mesothelioma, and angiosarcoma are negative. I was confused, in a dilemma as to how could I have a relapse/reoccurrence and that too in one of the most lethal form! I was on oral medications, my BRACA was negative, I am a relatively active person even during treatment I would regularly do my exercises as shown by the cancer care sister, these are 6–7 exercises mostly of the upper body so I would also do some simple yoga exercises to keep my body flexible. I would walk (even indoors during COVID times) 2–3 times a day whenever I was well enough.

I went back to my medical oncologist he suggested we send the biopsy sample for review to a renowned pathologist in the city. The results were the same. Metastatic high-grade carcinoma cells are consistent with the origin in known primary breast cancer. There was no doubt now I have to undergo further treatment. This was mentally, physically, and emotionally very difficult, my body barely got any respite from my earlier treatment which got over in October 2021 and I was still on oral medicines. In 2021, I started my chemotherapy on the 1st week of May, and exactly a year later, I was

back in the chemotherapy ward. My chemo sessions began at the end of May 2022. I got six cycles of injection nab-paclitaxel (Bevetex) 280 mg + injection carboplatin 500 mg. Pegasta 6 mg was administered on 2nd day after every chemo session.

These chemo medications besides usual nausea, constipation, and diarrhea would make me tired, fatigued, and worse my head more precisely, the base would feel intense pressure, even my ears would feel a lot of pressure. This pressure in head/ear would be there for 3–4 cycles of chemo though the intensity subsided with each chemo. My chest also felt very heavy, especially during bathing which left me extremely tired, but this too subsided as the sessions went on. My surgery breast felt as if there were a lot of activity going on, this I experienced in the first 1–3 chemos, thereby it subsided. There were a few hard areas and swelling in the breast before treatment which gradually disappeared. My 2nd chemo gave me severe allergies my lips, mouth, and throat were swollen and I was itching. My oncologist prescribed antihistamine tablets I had the medicines for almost a week, I was also given Dexamethasone 4 mg 2 times a day for 3 days, because of this allergic reaction doctor prescribed Granisetron 300 mg instead of Pegasta 600 mg. I was also getting numbness in my hands and feet. This allergy and tingling of hands and feet were there after almost each chemo, though the intensity decreased. My 5th and 6th chemotherapy were reduced to nab-paclitaxel 200 mg + carboplatin 400 mg as my platelets after the 4th session was low (95,000) and I was experiencing a lot of dizziness. I was prescribed Vertin 8 mg three times a day for 5 days after which the dizziness was resolved.

I completed my sixth cycle on September 16th. I have to get my PET scan, CBC, LFT, and RFT done after a month. This will show where I stand as far as the disease goes. I am hoping for the best. These last 2 years have been very difficult, most of which has been spent on my treatments. I am a positive person and am active both mentally and physically, I have a lot of faith and trust in my team of doctors and I am sure they try and do their best for their patients. I am indebted to them and others in the hospital who always take care of their patients with a smile and a lot of patience.

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