

**Kara Laing**

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**From:** Clifford Hudis [hudisc@mskcc.org]  
**Sent:** Monday, April 11, 2005 3:54 PM  
**To:** Dr. Kara Laing  
**Subject:** RE: From Dr. Kara Laing

I'd try hormonal rx. I have never seen an ER/PR negative invasive lobular.  
Cliff

..... Original Message .....

On Mon, 11 Apr 2005 12:57:04 -0230 "Dr. Kara Laing" <KLAING@nctrf.nf.ca>  
wrote:

ER was negative and PR was weakly positive in < 10% which we consider negative. Can get it  
rechecked.

She did have Capecitabine after Taxotere which is our usual drug after anthracycline &  
taxane. I did try to give her XT but she had ++ toxicity so we used them sequentially.

Thanks for you speedy reply.

Take care, Kara

-----Original Message-----

From: Hudis, Clifford/Medicine [mailto:hudisc@mskcc.org]  
Sent: Sunday, April 10, 2005 6:46 PM  
To: Dr. Kara Laing  
Subject: RE: From Dr. Kara Laing

ER and PR NEGATIVE invasive lobular? Very rare, to say the least. If you are sure it is  
Invasive lobular I would repeat the ER/PR. If it is really ER/PR negative and she is s/p  
FAC, docetaxel, vinorelbine, gemcitabine, cyclophos/mtx, and weekly paclitaxel. Would  
normally try Capecitabine, but you could also consider carbo b/c it is acting a little  
like an ovarian or peritoneal. We don't have a clinical trial option at this time. Good  
luck, Cliff

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From: Dr. Kara Laing [mailto:KLAING@nctrf.nf.ca]  
Sent: Saturday, April 09, 2005 11:34 AM  
To: Hudis, Clifford/Medicine  
Subject: From Dr. Kara Laing

Dear Cliff,

I am writing about a patient of mine at the request of her and her husband.  
This 46 yo lady was diagnosed in July 2002 with infiltrating lobular ca of left breast  
pT2N1M1 with biopsy proven liver mets. ER/PR negative and HER 2 non-overexpressor.

She has had FAC, Taxotere, Capecitabine, Navelbine, Gemcitabine, oral cyclo  
+ MTX and weekly Taxol.

She had brief (<6 month) responses to the first three and then progressed.

She has not responded to the last several.

She has liver, bone, large pleural based mets with pleural effusions and extensive  
peritoneal disease with small amount of ascites. We have recently drained a right  
effusion.

I have told her that I don't think we have any more standard options and that it is  
unlikely that she will respond to anything giving the resistant nature of her disease.

She and her husband asked me to contact someone in US re:possible trials etc. She has been  
to see Maureen Trudeau previously as well.

Her PS is now ECOG 3. Prior to this last worsening with the right effusion and increased  
abdominal disease she was still quite active. She is a lovely lady with 3 young children

and does her best to keep going. Her husband who is one of our colleagues (pediatric orthopedics) is having a difficult time understandably and wanted to know about other options. I realize that they are likely not any but did want to ask for their benefit.

Thanks and take care,  
Kara

Kara Laing, MD, FRCPC  
Director of Medical Oncology, NCTRF  
Assistant Professor, Faculty of Medicine, MUN  
(709)777-8095

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