



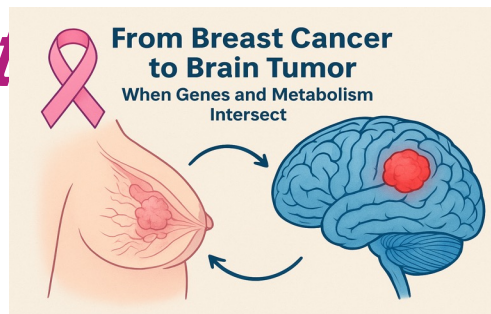
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Genetic Predisposition and Metabolic Factors Linking Bilateral Breast Cancer and Subsequent Glioblastoma: A Case Report



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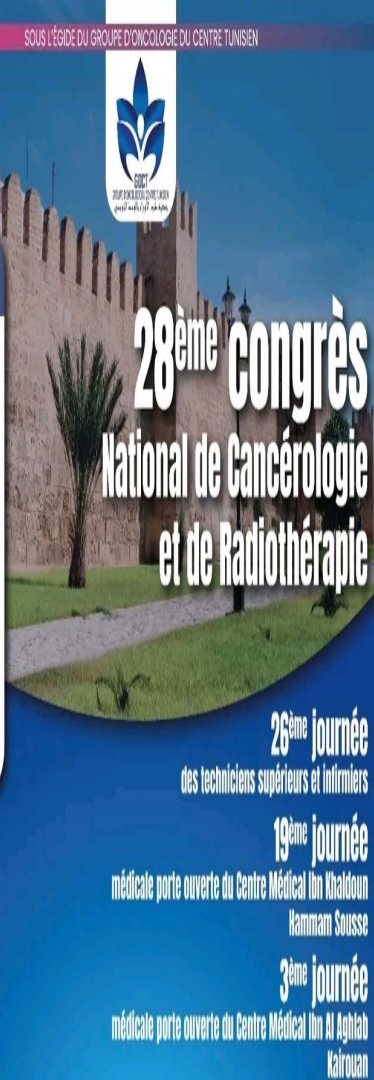
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Materials and Methods: *A Case Report*





Patient: 61-year-old woman, history of right breast invasive ductal carcinoma (SBR II) diagnosed in 2005. Treated with quadrantectomy, axillary lymph node dissection (4/16 nodes positive), adjuvant chemotherapy (6 cycles) and radiotherapy (6 sessions). ER and PR negative.

Histopathology 2005: invasive ductal carcinoma, SBR II, ER/PR negative

Follow-up: September 2025, presenting with 3 epileptic seizures.

Investigations:

MRI brain: intra-axial parietal left mass (22×19 mm), vasogenic edema, bilateral frontal bone lesions (secondary appearance).

FDG-PET/CT: hypermetabolic hilar process, lytic bone lesions in left iliac wing and L4; no cervical or supraclavicular uptake



Bilateral mammography: no suspicious breast recurrence.

Biological findings: Hypertension, hypercholesterolemia, elevated HbA1c, and creatinine



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Results



Key Findings:

Genetic predisposition

**TP53 hotspot mutation
(codon 273)**
**Elevated oxidative stress
(↑MDA, ↓SOD).**

**BRCA1
heterozygous
mutation
(c.5266dupC)**

**Correlations suggest a BRCA1–
p53–ROS interplay promoting
glioma genesis in genetically
predisposed patients.**

**Rapid tumor
progression despite
Stupp protocol**



✓ **Glioblastoma occurring 20 years after
breast cancer.**

Time between BC and GBM (years)



Pathophysiological Overlap:

- Altered DNA repair & tumor suppressor pathways.
- Pro-inflammatory and angiogenic microenvironment.



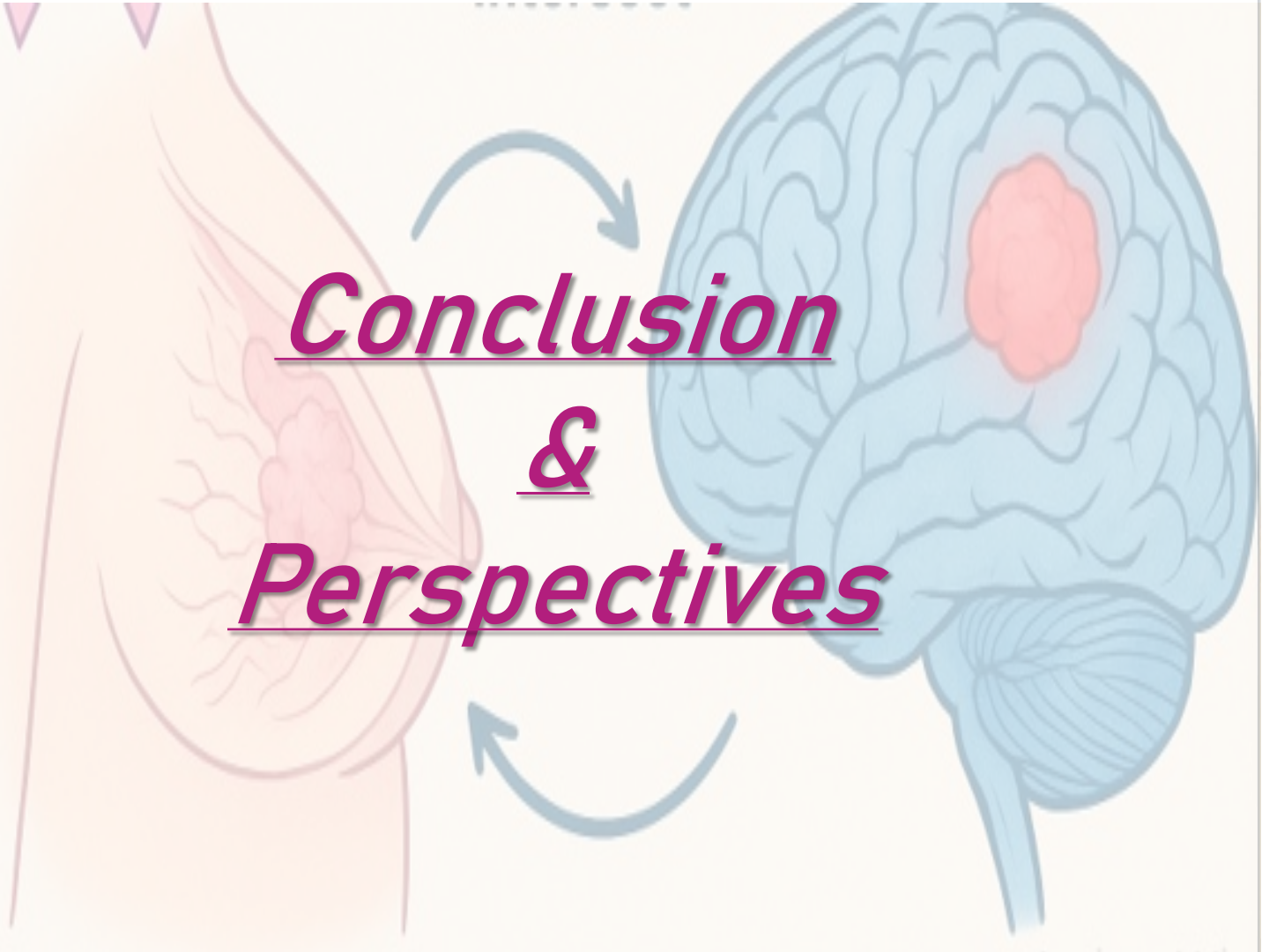
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Conclusion & Perspectives





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Conclusion

This rare association between bilateral breast cancer and glioblastoma highlights a potential shared molecular and metabolic background involving BRCA1 and TP53..

- ❖ The latency of 20 years is consistent with reported series.
- ❖ Negative hormone receptor status may influence tumor biology.
- ❖ Metabolic disturbances may create a pro-tumoral glial microenvironment.

Perspectives

Highlights the need for long-term surveillance of cancer survivors.

Neurological follow-up in high-risk survivors

Molecular profiling (BRCA, PTEN, p53).

Long-term cancer survivors need genetic counseling and multidisciplinary follow-up.

Metabolic health optimization (Mediterranean diet, lifestyle, cardiometabolic care) may reduce risks.

Exploring the role of Mediterranean diet & lifestyle interventions as supportive strategies in neuro-oncology.