HIGHLIGHTS FROM SSO’S ACCLAIMED NEOADJUVANT THERAPY ISSUES IN BREAST CANCER WEBINAR SERIES

GENERAL CONCEPTS

• Individual trials and metaanalyses confirm that survival after NAC is equal to survival after adjuvant chemotherapy.
• When NAC is given, all chemotherapy is delivered prior to surgery unless there is disease progression on treatment. Newer studies are exploring whether patients who do not have a path CR with NAC benefit from additional post-op chemotherapy.
• Rates of pCR and the prognostic implications of failure to achieve pCR vary by subtype. pCR correlates most closely with prognosis in triple negative breast cancer and is poorly correlated with prognosis in ER/PR positive, HER-2 negative cancer.
• Persistently positive nodes after NAC are the most important predictor of locoregional recurrence for patients treated with both BCT and mastectomy.
• Multidisciplinary consultation pre-treatment allows the appropriate work-up and facilitates decision making regarding surgery and RT.

SURGICAL ISSUES

• The use of NAC allows BCT in approximately 20-30 % of patients requiring mastectomy for a large tumor relative to the size of the breast. Pathologic complete response is not necessary for BCT.
• The use of NAC decreases the incidence of axillary metastases in tumors of all sizes.
• It is not necessary to resect the entire original tumor bed in patients undergoing BCT after NAC, but suspicious calcifications and other residual imaging abnormalities must be resected.
• In the patient who is clinically node negative at presentation, sentinel node biopsy after NAC reduces the need for axillary dissection. Patients with negative sentinel nodes after NAC have a low rate of nodal recurrence after sentinel node biopsy alone.
• In the patient who is node positive at presentation and becomes clinically node negative after NAC, sentinel node biopsy is appropriate. False negative rates of sentinel node biopsy can be minimized with the use of dual tracer mapping, retrieval of ≥3 sentinel negative nodes in order to eliminate axillary dissection, or marking of a positive node with a clip. Local recurrence rates after sentinel node biopsy alone in this circumstance are unknown.

RADIATION ISSUES

• Postmastectomy radiotherapy and node field irradiation in patients having BCT are considered standard when positive nodes are present after NAC.
• The relative importance of pre-NAC stage and degree of response to NAC in predicting locoregional recurrence and the benefit of RT is being examined in ongoing clinical trials.
WEBINAR 1

William J. Gradishar, MD, FACP
Betsy Bramsen Professor of Breast Oncology
Division of Hematology and Medical Oncology
Department of Medicine, Feinberg School Medicine
Northwestern University
Chicago, Illinois

Sarah A. McLaughlin, MD
Associate Professor of Surgery
Mayo Clinic
Jacksonville, Florida

W. Fraser Symmans, MD
Professor and Director of Research Operations
Department of Pathology
UT MD Anderson Cancer Center
Houston, Texas

WEBINAR 2

Elizabeth A. Mittendorf, MD, PhD
Associate Professor
Department of Breast Surgical Oncology
University of Texas MD Anderson Cancer Center
Houston, Texas

Tari A. King, MD
Chief, Breast Surgery
Dana Farber/Brigham and Women’s Cancer Center
Associate Professor of Surgery
Harvard Medical School
Boston, Massachusetts

Alice Ho, MD
Assistant Member
Department of Radiation Oncology
Memorial Sloan Kettering Cancer Center
New York, New York

WEBINAR 3

Terry Mamounas, MD, MPH, FACS
Medical Director, Comprehensive Breast Program
University of Florida Health Cancer Center
Professor of Surgery
University of Central Florida
Orlando, Florida

Abram Recht, MD, FASTRO
Vice Chair, Department of Radiation Oncology
Beth Israel Deaconess Medical Center
Professor of Radiation Oncology
Harvard Medical School
Boston, Massachusetts

Harold J. Burstein, MD
Dana Farber Cancer Institute
Harvard Medical School
Boston, Massachusetts

MODERATOR

Monica Morrow, MD
Chief, Breast Service
Anne Burnett Windfohr Chair of Clinical Oncology
Memorial Sloan Kettering Cancer Center
New York, New York

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