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Taipei International Breast Cancer Symposium

台北國際乳癌研討會

Speech Abstract

Topic:
Optimizing Survival: Individualized Adjuvant Strategies for Maximizing Neoadjuvant Benefits
Abstract

HER2-positive breast cancer accounts for about 15%of all breast cancers and this cancer subtype was historically associated with poor outcome. The addition of HER2-targeting therapies to standard treatment has dramatically improved the prognosis for patients with HER2-positive breast cancer in both the early and metastatic breast cancer and transformed HER2+ breast cancer from the one with the worst to the subgroup with the best prognosis. Treatment of HER2-positive early breast cancer has evolved rapidly over the past several years.

The introduction of trastuzumab in early-stage, HER2-positive breast cancer was a landmark in the treatment of this disease, improving not only disease-free survival but also overall survival and changing its natural history. In the neoadjuvant setting, dual HER2 blockade with trastuzumab and pertuzumab plus chemotherapy has increased the rate of pathologic complete response (pCR) but also improved long-term outcome. Additionally, the use of the antibody-drug conjugate (ADC) trastuzumab-emtansine (T-DM1) in patients who have residual disease (no pCR) after neoadjuvant therapy has led to a significant improvement in invasive disease-free as well as overall survival underlining the importance of selecting patients by response to neoadjuvant therapy.

Adjuvant therapy still plays an important role in treating early HER2-positive breast cancer. In patients with low volume or low-risk disease surgery followed by a only 12 weeks of Paclitaxel only plus Trastuzumab for one year has become an acceptable alternative to the 24 week anthracycline based therapy. However, particularly for patients with T1C and cN0 stages, neoadjuvant therapy should be considered. This approach aims to increase the probability of achieving pathological complete response (pCR), thus allowing patients to benefit from completed 1-yr anti HER2 treatment or ensuring those who do not achieve pCR can receive a full course of antibody-drug conjugate (ADC) treatment. This strategy has shown promise in reducing both the risk of recurrence and overall mortality in this patient population.