

Meeting abstract

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Complete pathological response in patients with locally advanced cancer of breast and positive Her2/neu with neoadjuvant chemotherapy

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Background

This retrospective study was made with the purpose of evaluating the rate of complete pathological response (CPR) of the tumor and CPR of the axillary lymph nodes in patients with Her2/neu dealt with preoperative systemic treatment.

Materials and methods

We retrospectively reviewed thirty-three (n: 33) clinical records of females with diagnosis of locally advanced breast cancer with positive Her 2/neu receptors, which was treated with preoperative chemotherapy in the Institute from January 2004 to December 2005. The median of age was of 58 +/- 14 years (rank: 36–91 years). The initial clinical stages were: IIA, n: 1 (3%); IIB, n: 3 (9%), IIIA, n: 19 (58%) and IIIB, n: 10 (30%). The initial nodal stage were: N0, n: 5 (15%); N1, n: 9 (27%), and N2, n: 19 (58%). Twenty-one (64%) patients had both hormonal ER and PR negatives. The combination of Anthracyclines and Taxanes was prescribed in n: 17 (52%) and n: 8 (24%) received in addition neoadjuvant Trastuzumab (Herceptin). A breast conservative surgery was performed in four (n: 4) patients, the rest of patients a modified radical mastectomy was made. The median number of dissected nodes was of 13 +/- 7 nodes (rank: 3–32) and median of the percentage of metastatic nodes was of 15 +/- 24% (rank: 0–72%).

Results

The rate of tumor CPR was achieved in 9/33 patients (27%) and the rate of nodal CPR was noted in 11/33 patients (33%). The patients who received neoadjuvant Trastuzumab had same tumor CPR and axillary lymph node CPR of 38% (3/8). An 18% (6/33) of the patients presented total CPR (tumor and nodal). The tumor or axillary lymph nodes CPR was no associated with age, histology, menopause status, initial clinical or nodal stage, use of neoadjuvant Trastuzumab or the scheme of chemotherapy or the state of ER/PR. Sixty-six percent of complete pathologic responders had negative axillary lymph nodes compared to 21% of patients who did not have a complete pathologic response (P = 0.013).

Conclusion

The rate of tumor and nodal CPR is within of the reported in the literature. It is important to emphasize the promising benefit and the controversial role of preoperative Trastuzumab in these patients. Others molecular biological factors must be studied like favorable predicting of pathological response.