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Pre-surgical chemotherapy for breast cancer may be associated with improved outcomes

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<u>Pre-surgical Chemotherapy for Breast Cancer May Be Associated with Improved Outcomes</u>

<u>Abstract</u>

Background: Historical studies suggest no difference in disease outcome between neoadjuvant and adjuvant approaches in breast cancer. We hypothesize neoadjuvant chemotherapy (NCT) may offer several benefits, possibly improving quality of life outcomes.

Methods: Retrospective review of Tumor Registry data of breast cancer patients from 2011-2015. Pathologists reviewed cases from 2012 and 2013 to provide additional RCB (residual cancer burden) scores.

Results: From 2011-2015 there were 2,707 breast cancer cases and 455 patients received NCT. RCB score was documented in 348 with excellent outcome in 41% (pCR in 115 patients, 28 RCB I). There were 137 RCB II and 68 RCB III. Clinically positive nodes were present in 202 of 455 and 77 (38%) had clearance of nodal disease. Of these 45 had axillary dissections.

Discussion: Neoadjuvant therapy was associated with excellent response rates. Thirty eight percent of patients with positive nodes converted to node negative although over 50% underwent axillary dissection. Higher utilization of NCT could decrease need for axillary dissection thereby lowering incidence of lymphedema and improving quality of life for survivors.

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