Practice 8 [1]

Appropriate to consider the pre-operative use of chemotherapy or hormonal therapy (systemic, neoadjuvant therapy) informed by hormone and HER2 receptor status, for all patients where these therapies are clinically indicated.

Context
National and international guidelines recommend that all patients with early breast cancer be tested for hormone and HER2 receptor status. For many patients with operable breast cancer whose hormone and HER2 receptor status is known, chemotherapy or hormone/endocrine therapy given before surgery (neoadjuvant) has a number of benefits compared to surgery as the first treatment.

Neoadjuvant therapy can shrink the cancer, improving the chance of achieving breast conserving surgery rather than mastectomy. It also allows for an early evaluation of the response of the cancer to therapy, enabling ineffective treatment to be discontinued, and alternate treatments to be considered.

Studies have shown that giving systemic treatment either before or after surgery is equally as effective, in terms of overall survival and disease progression.

Value to patients
Consideration of systemic neoadjuvant therapy in eligible patients based on hormone and HER2 receptor status, with consideration of tumour size, grade and nodal involvement, by the multidisciplinary team and discussion with patients will enable patients to realise the potential benefits of this approach.

Supporting evidence


Source URL: https://thestatement.canceraustralia.gov.au/the-practices/practice-8

Links