A retrospective review of neoadjuvant chemotherapy for breast cancer in a single institution in Hong Kong
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Background
Breast cancer is the commonest female cancer worldwide, accounting for 26.6% of all new cancers in females diagnosed in Hong Kong in 2016. [1] Neoadjuvant systemic therapy could be considered in certain subgroups of patients with operable disease at presentation, as it could be of prognostic value. Achievement of pathologic complete response has been shown to be a prognostic indicator for clinical outcome, especially in patients with triple negative or HER2 positive disease. [2,3] In our cohort of 220 patients, patients have been treated according to the department protocol.

Objectives and scope of study
• To study the pathologic complete response rate of neoadjuvant breast cancer treatment
• To determine the prognostic factors for loco-regional failure and cancer specific survival
• Patients who were offered neoadjuvant systemic treatment for breast cancer at ONC/PYNEH with radical intent, during the period 1st January 2013 – 31st December 2019

Results
Treatment outcomes including disease free survival (DFS) and overall survival (OS) were analyzed by Kaplan-Meier method

Conclusions
The pathologic complete response rate (pCR) observed in this audit ranges from 6.5-37.9%. Higher pCR rate is observed in triple negative and HER2 positive subgroups, whilst the lowest pCR rate is evident in patients with hormonal responsive, HER2 negative disease. Overall, achievement of pCR appears to be associated with more favourable outcome in terms of overall and disease survival, regardless of subtype; with a larger benefit is apparently demonstrated in the triple negative subgroup. These findings correspond to that quoted in international studies. [4, 5]

In terms of the prognostic factor on survival and disease relapse, triple negative status is a strong risk factor for disease relapse, with a statistically significant p value <0.05.

Reference