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Breast Cancer is the most common malignant disease among women of all ages and an important cause of morbidity and mortality. Although screening campaigns allow the detection of most tumors at an early stage, many patients are still victims of an invasive disease. Patients who have a locally advanced, non-metastatic breast cancer (stage III), can benefit from a neoadjuvant treatment that will reduce the size of the tumor and its extension thus making it accessible for surgical resection.

A favorable response to neoadjuvant treatment is associated with a longer disease free survival.

Our study reviews retrospectively the factors affecting the response to neoadjuvant chemotherapy in 70 patients diagnosed from 2010 to 2015 in a cross-sectional approach, in order to orient the therapeutic approach and have a better assessment of the prognosis.

We found that younger patients ($p = 0.006$) as well as the expression of HER2/neu receptor by the tumor ($p = 0.002$) are both factors of good prognosis. Also, the use of trastuzumab (Herceptine®) in neoadjuvant therapy of HER2-overexpressing tumors ($p < 0,001$) is essential for a better treatment response.

Keywords: breast cancer; neoadjuvant chemotherapy; locally advanced breast cancer

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