

## **BREAST CANCER MANAGEMENT: THE NEW APPROACH**

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**Introduction:** Breast cancer treatment strategies have evolved significantly with our increasing understanding of the disease. This study aims to compare treatment approaches over the last five decades and their impact on patient survival.

**Methods:** We analysed statistics from MILAN, NSABP (USA), and EORTC presented at the 1st European Breast Cancer Conference in 1998. The evolution of treatment was traced from extensive surgery to conservative approaches, the introduction of adjuvant chemotherapy, and finally to primary systemic therapy (PST).

**Results:** Adjuvant chemotherapy was introduced post mastectomy for positive axillary glands in the 1970s. Due to the results achieved when compared with surgery alone, adjuvant treatment was then introduced for negative axillary glands in the 1980s. With systemic therapy becoming standard in the 1990s improved survival was seen in Europe and USA.<sup>1,2</sup> The identification of Tumour Biology has led to better decision making in the Neoadjuvant setting (Primary Systemic Therapy). Early surgery delays systemic treatment, and blinds response to doctor and/or patient, resulting in unnecessary costs and toxicities.

Our analysis reveals that PST has emerged as superior to standard adjuvant treatments. Key advantages include:

1. Potential to treat micro-metastatic disease at diagnosis
2. Improved evaluation of treatment efficacy for medical practitioners
3. Enhanced patient engagement and psychological outcomes
4. A positive treatment response can minimize the extent of surgery<sup>3,4</sup>
5. Opportunity to identify resistant tumour clones for targeted follow-up therapies following PST and limited surgery

**Conclusions:** Breast cancer should be approached as a potential systemic disease from the outset. The implementation of tumour biology assessment has led to targeted PST becoming the standard of care at diagnosis. Newly diagnosed patients should be referred to a multidisciplinary team or a Medical Oncologist for comprehensive disease management planning prior to any surgical intervention.

This shift towards primary systemic therapy represents a significant change in breast cancer management, offering improved patient outcomes and more personalized treatment approaches.

1. Cancer of the Breast – The past decade

<https://www.nejm.org/doi/full/10.1056/NEJM198001103020203>

2. Analysis of Breast Cancer Mortality in the US -1975 to 2019

<https://jamanetwork.com/journals/jama/fullarticle/2813878>

3. Long-term overall survival of patients who undergo breast-conserving therapy or mastectomy for early operable HER2-Positive breast cancer after preoperative systemic therapy: an observational cohort study

<https://www.sciencedirect.com/science/article/pii/S2667193X24000395>

4. Breast cancer patients can safely avoid extensive removal of lymph nodes if they respond well to primary systemic treatment - EBCC 14

<https://event.eortc.org/ebcc14/2024/03/22/breastcancer-patients-can-safely-avoid-extensive-removal-of-lymph-nodes-if-they-respond-well-to-primary-systemic-treatment/>