

# NEOADJUVANT THERAPY IN THE HER2-POSITIVE SETTING: update for breast surgeons

*What are the latest  
recommendations  
for patients with  
HER2-positive early  
breast cancer?*

**International guidelines recommend  
neoadjuvant therapy in HER2-positive  
early breast cancer<sup>1-3</sup>**



**ESMO Guidelines:**

T<sub>≥2</sub> and/or N<sub>≥1</sub><sup>1</sup>



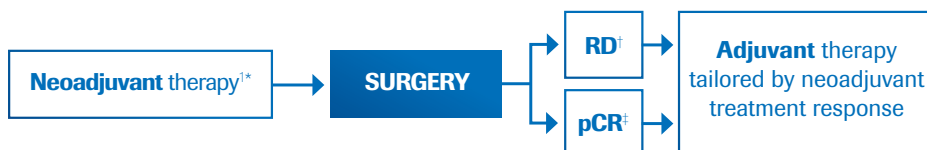
**NCCN Guidelines:**

T<sub>≥2</sub> and/or N<sub>≥1</sub><sup>2</sup>



**St Gallen Guidelines:**

Stage 2 or 3<sup>3</sup>



<sup>\*</sup>ESMO Guidelines recommend neoadjuvant chemotherapy + trastuzumab ± pertuzumab for HER2-positive early breast cancer.

<sup>†</sup>Residual invasive disease; <sup>‡</sup>pathological complete response.

# Advantages of neoadjuvant therapy<sup>4-6</sup>

Consideration of neoadjuvant therapy is one of the key early decisions in the treatment of a patient with HER2-positive early breast cancer.<sup>4</sup>



## Enhances surgical options<sup>4-6</sup>

- Downstages tumours to permit breast-conserving surgery
- De-escalates surgical treatment of the axilla



## Enables early response assessment<sup>4,5</sup>

- Permits monitoring of response to therapy at an early stage
- Provides an opportunity to adjust adjuvant treatment depending on the response to neoadjuvant treatment



## Allows time for genetic testing and surgical planning<sup>5,7</sup>

- Enables tailoring of surgery and helps decision-making

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For further information, videos and resources please visit <https://www.rocheinteract.com.au/breastsurgeons>  
One-time registration is quick and easy.



ESMO: European Society for Medical Oncology; HER2: human epidermal growth factor receptor 2; NCCN: National Comprehensive Cancer Network; pCR: pathological complete response; RD: residual disease.

References: 1. Cardoso F *et al. Ann Oncol* 2019;30:1194–1220. 2. NCCN Breast Cancer Guidelines, Version 5.2020, 15 July 2020. Available at [https://www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf) Accessed August 2020. 3. Burstein H *et al. Ann Oncol* 2019;30:1541–1557. 4. Cain H *et al. Clin Oncol* 2017;29:642–652. 5. Heilat G *et al. AJGP* 2019;48:604–608. 6. King T, Morrow M. *Nat Rev Clin Oncol* 2015;12:335–343. 7. Chatterjee A, Erban J. *Gland Surg* 2017;6:119–124.

Further information is available on request from Roche Products Pty Limited, ABN 70 000 132 865, Level 8, 30–34 Hickson Road, Sydney NSW 2000. Medical Information: 1800 233 950. EMVKAD0265 EC-AU-10435 Prepared Oct20