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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Contemporary Therapeutic Approaches for Early Breast Cancer: An Overview of the NCCN Clinical Guidelines

Announcer:
Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by Lilly, we're joined by Dr. Rachel Jimenez, Associate Program Director at the Harvard Radiation Oncology Residency Program in Boston. Dr. Jimenez is here to share a brief overview of the current therapeutic approaches recommended for early breast cancer in the NCCN Clinical Practice Guidelines in Oncology. Let's hear from her now.

Dr. Jimenez:
The NCCN clinical practice guidelines provide a wealth of information in the therapeutic management of early breast cancer, and the specific recommendations

offered vary increasingly based on tumor biology. So broadly speaking, for early-stage, hormone-receptor-positive HER2-negative breast cancer, upfront surgical management typically with lumpectomy and sentinel lymph node biopsy is advised with either adjuvant radiation and at least five years of endocrine therapy or adjuvant chemotherapy, followed by radiation and endocrine therapy. The recommendations for surgery currently seek to limit extensive axillary surgery and the removal of numerous lymph nodes under the patient's arm, because extensive surgery is known to increase the risk of arm or hand swelling, called lymphedema. Therefore, the current guidelines advise removal of the tumor and a limited number of lymph nodes under the arm. Decisions regarding radiation treatment are then informed by what is found at the time of surgery, but also seek to limit the duration of treatment and the extent of tissue exposed to radiation.

In select populations, NCCN guidelines suggest consideration of omission of radiation therapy altogether if the cancer risk is low.

Finally, the decision to use chemotherapy is made in part based upon the genomic profile of the cancer that's removed at the time of surgery. Due to advances in our understanding of tumor biology, we're finding that an increasing number of women with hormone-receptor-positive and HER2-negative breast cancer may be able to safely forego chemotherapy as part of successful treatment for breast cancer.

In contrast, for early stage HER2-positive or triple-negative breast cancer, the paradigm has shifted increasingly toward upfront systemic therapy, meaning that patients receive chemotherapy plus other targeted biologic agents first. This is then followed by surgery, which NCCN again advises to be as conservative as possible, followed by radiation. Patients may also receive additional systemic therapy after surgery or radiation owing in part to how well the tumor responded to that initial course of systemic therapy.

Overall, the trend in breast cancer management as reflected in the NCCN guidelines is towards more targeted therapy, which allows for less invasive surgery and less intensive medication and radiation regimens. Now, the NCCN guidelines will continue to evolve and change in response to new research and insights in the field of breast cancer, but this is the current overview of therapeutic approaches for early breast cancer reflected in the NCCN practice guidelines.

Announcer:
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