For Immediate Release

Ask After Diagnosis
A New Trend in Breast Cancer Treatment:
Neoadjuvant Chemotherapy Can Reduce Tumour Size and The Need for Mastectomy

(PRESS RELEASE – 27 September 2017) Neoadjuvant chemotherapy (NAC) is increasingly being used in local patients with early operable breast cancer in recently years to reduce tumour size and enable breast-conserving surgery to be performed on patients who would otherwise resort to mastectomy, according to the latest study conducted by the Hong Kong Breast Cancer Registry (HKBCR).

Different from adjuvant chemotherapy, which is used after surgery to kill any cancer cells that might remain in the body, NAC is used to shrink a tumour so that other treatments, such as surgery, are possible. It was first adopted in the 1980s as a treatment for women with locally advanced, marginally inoperable breast cancer.

Highlights of HKBCR Report No. 9

The Hong Kong Breast Cancer Registry Report No. 9 has been released today, along with a sub-analysis on the use of NAC. **Dr. Polly Cheung, Chairman of HKBCR Steering Committee** concluded that 54% of the Hong Kong breast cancer patients were diagnosed with stage II or above diseases, more than 80% of them received chemotherapy as part of their cancer treatment. Patients diagnosed with higher cancer stage required more treatments. The treatment option for breast cancer is dependent on four factors including cancer stage (tumour size, lymph node status and metastasis), breast cancer biomarkers (estrogen receptor, progesterone receptor, and Ki-67 proliferation index), grading of breast cancer cells, and genomic profiling. Dr. Cheung advised patients diagnosed with breast cancer to ask more about their cancers and the possible treatment to them.

A New Trend: The Use of NAC on Breast Cancer Patients

The sub-analysis on the use of NAC covers 12,729 local women diagnosed with invasive breast cancer between 2006 and 2015 and looks into the effectiveness of NAC on users, in terms of pathological complete responses, the rate of breast-conserving surgery and change of breast cancer biomarkers.

The results indicated that in the cohort, 928 patients (7%) received chemotherapy in neoadjuvant setting, while 61% had chemotherapy in adjuvant or palliative setting. A noteworthy change in clinical practice was observed that the use of NAC in Hong Kong breast cancer patients doubled from 5% in 2006-2010 to 9% in 2011-2015.

The median tumour size among the patients treated with NAC was 4.0 cm (range: 0.3 – 20 cm). More patients with higher cancer stage received NAC, in that the proportions of patients treated with NAC increased from 3% for stage IIA disease to 26% for stage III disease. Higher proportions of patients with more aggressive biological subtypes of breast cancer, including HER2 positive (ER or PR positive) (12%), HER2 positive (ER and PR negative) (9%) and triple negative (9%) were treated with NAC.

Dr. Carol Kwok, HKBCR Steering Committee member said at today's media conference, "Neoadjuvant chemotherapy is a new hope for women with breast cancer. It has been proven to be able to facilitate the surgical approach in treating breast cancer, either by converting an inoperable cancer to one that is operable, or by converting a candidate for mastectomy to one who might be treated successfully with breast-conserving therapy. The aim of NAC is to shrink the tumour in the breast, and kill any other breast cancer cells that may be present elsewhere in the body. "

<u>One-fifth of the Patients Achieved Pathological Complete Responses</u>

One-fifth of the patients who were treated with NAC had no more invasive tumours found in their breast and axillary lymph node after NAC (pathological complete responses). In particular, the best result was observed in patients with HER2 positive (ER and PR negative) subtype, in which almost half (49%) of them achieved pathological complete responses after NAC; followed by patients with triple negative (30%) and HER2 positive (ER or PR positive) subtypes.

Regarding surgery options, the patients with stage II disease who had NAC appeared to have a significantly higher rate (46%) of breast-conserving surgery.

Alterations in important breast cancer biomarkers (estrogen receptor, progesterone receptor, HER2 status and Ki-67 proliferation index) were found in some patients. Physicians would retest these biomarkers on the residual tumour so as to personalise patient care and further adjuvant therapies.

Ms. Monica Yiu, a breast cancer survivor who received NAC shared at the press conference, "Upon diagnosis of my clinically stage II breast cancer, the doctor told me that mastectomy is the next thing I should do, but I didn't want it. So I consulted another doctor who recommended NAC." Eventually Ms Yiu had her tumour size reduced from 3 cm to 0.5 cm after NAC so that breast-conserving surgery became a possible option.

Mrs. Eliza Fok, Chairman of Hong Kong Breast Cancer Foundation advised those who have been diagnosed with breast cancer to be aware of their right to ask more about their disease and the treatment options available to them, as well as the support service and resources available at the HKBCF Breast Cancer Support Centre, for example treatment preparation group and talks given by medical and healthcare professionals. Besides, 'Early Detection Saves Lives' is what the HKBCF has been advocating. "Cancers diagnosed at early stage implies less traumatic treatment options and higher survival rate. Women are advised to start from the age of 40 a habit of the 3-step breast screening, including a monthly breast self-examination, a clinical breast examination and a mammography screening every 2 years that helps detect breast cancer at the earliest possible time."

Notes for Editors

Neoadjuvant chemotherapy may be recommended in the following situations to reduce the size of the tumor:

- If the tumor size is too big to be removed in an operation;
- If a patient has inflammatory breast cancer;
- For patient to have breast conserving surgery (lumpectomy) instead of mastectomy;
- So that a smaller amount of tissue can be removed;
- To allow more time for genetic testing if the patient has a strong family history of breast cancer (as one may decide to have a different type of surgery if found to have an inherited breast cancer gene mutation)
- To delay surgery if the patient is pregnant so that she can deliver her baby as near to full term as possible (certain breast cancer chemotherapy drugs have been found to be safe in pregnancy)
- To give patient extra time to consider surgical options, including breast reconstruction

Source: Breast Cancer Network Australia (BCNA)
www.bcna.org.au/understanding-breast-cancer/treatment/neoadjuvant-chemotherapy

Hong Kong Breast Cancer at a glance

Breast cancer remains the number one cancer affecting women in Hong Kong. The BCR Report No.9 reveals that lack of physical exercise (78%), no breastfeeding (66%), overweight/obesity (39%) and high level of stress (37%) were the most common risk factors for breast cancer observed among local patients. All these three risk factors are lifestyle-related and modifiable.

Ninety percent (90%) of the patients reported to have discovered painless lump while 25 percent (25%) of the patients had their first medical consultation 3 months after the discovery of symptoms.

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Event Photos

1. Dr. Polly Cheung, Chairman of HKBCR Steering Committee (left), Dr. Carol Kwok, HKBCR Steering Committee member (right), Mrs. Eliza Fok, Chairman of Hong Kong Breast Cancer Foundation (second from the left) and Ms. Monica Yiu, a breast cancer survivor, at the press conference where the BCR Report No. 9 and the results of a study on neoadjuvant chemotherapy were released. The results show an increasing trend of using neoadjuvant chemotherapy to reduce tumour size and enable breast-conserving surgery to be performed on breast cancer patients.

2. Ms. Monica Yiu did not take the medical advice on an immediate surgery after her diagnosis of breast cancer. Instead she sought a second opinion from another doctor, who advised her to undertake more assessment and thereafter affirmed that neoadjuvant chemotherapy is suitable for her. Neoadjuvant chemotherapy helped downsize her tumour and thus enabled breast-conserving surgery. Monica reminds those affected by breast cancer to be aware of their right to ask more about their disease and the treatment options available to them.

Photos Download：https://goo.gl/KPoYgZ

Hong Kong Breast Cancer Registry

The Hong Kong Breast Cancer Registry (BCR), was established in 2007 by the Hong Kong Breast Cancer Foundation as the most comprehensive registry on breast cancer in Hong Kong. The Registry has already collected more than 19,000 breast cancer patients' data for statistics and follow-up studies. The population-based BCR aims to collect data from all local breast cancer cases, including risk exposures, clinical examination, treatments, clinical outcomes and survival. The analysis and research will allow patients, medical professionals and public health policy makers to gauge local breast cancer facts, leading to improved prevention, detection, treatment and care of the disease.

Website: www.hkbcf.org/breastcancerregistry

Hong Kong Breast Cancer Foundation

The Hong Kong Breast Cancer Foundation was set up on 8 March 2005, as a non-profit charitable organisation dedicated to mitigating the threat of breast cancer to the local community through education, patient support and research & advocacy. Its mission is to promote breast health awareness, support breast cancer patients on their road to recovery, and advocate breast health education and cancer care in Hong Kong.

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