



Chemotherapy given before breast cancer surgery is called neoadjuvant (nee-oh-ad-joo-vant) chemotherapy. It shrinks the lump (tumour) in the breast so it is easier to remove.

Who needs neoadjuvant chemotherapy?

Surgery is the main treatment for most breast cancers. Removing a small breast tumour with surgery is usually straightforward, but removing a large tumour can be difficult. Neoadjuvant chemotherapy shrinks the tumour, making it easier to remove.

You may be offered neoadjuvant chemotherapy if:

- you have a large tumour that cannot be removed without shrinking it first
- your tumour could be removed without needing to remove your whole breast (mastectomy) if it was smaller.

In addition, most people with inflammatory breast cancer, and many with triple negative or HER2 positive cancers, have neoadjuvant chemotherapy.

! Important:

Research shows that people who have chemotherapy before their surgery do just as well in the long term as people who have surgery first.

What are the advantages?

Neoadjuvant chemotherapy can:

- make the tumour smaller, which makes it easier for your surgeon to remove
- give your doctor a chance to see if the chemotherapy is working and change the treatment if needed
- change the amount of surgical treatment required
- allow more time for you and your doctor to plan other parts of your treatment.

Are there any disadvantages?

There are no major disadvantages to having this type of treatment.

Sometimes neoadjuvant chemotherapy shrinks the tumour so much it becomes difficult for your doctor to get information about the cancer after it is removed. In some cases, the tumour disappears completely. Neoadjuvant chemotherapy can also make it harder to tell whether the cancer had spread to any lymph nodes before the treatment started.

This information is normally used to decide:

- the risk of the cancer coming back
- whether any further treatment is needed.

If this happens to you, don't worry. The fact that the tumour has shrunk so much is a good sign. It shows that the chemotherapy has been working. Your doctor will plan any further treatment based on the scans and other tests you had before you started treatment.

Chemotherapy before breast cancer surgery (neoadjuvant chemotherapy)

What does neoadjuvant chemotherapy involve?

Neoadjuvant chemotherapy usually involves having a combination of chemotherapy drugs:

- every 2 or 3 weeks
- for 4, 6 or 8 cycles (repeats)
- for up to 6 months in total.

Some people have all the chemotherapy before surgery. Other people have some chemotherapy before surgery and some after surgery.

People with HER2-positive cancer may also have another drug called an HER2-inhibitor at the same time as their neoadjuvant chemotherapy.

How will I know if the treatment is working?

During the chemotherapy, you will have regular check-ups to see if the treatment is working.

Your doctor will examine the tumour and measure it to see if it is shrinking. You may also have some tests before, during or after chemotherapy. These can include ultrasounds, mammograms and magnetic resonance imaging (MRI) scans.

If the tumour is not shrinking, your doctor may talk to you about other treatment options. These can include:

- changing your chemotherapy drugs
- stopping the chemotherapy and having surgery earlier
- having radiotherapy.

Does neoadjuvant chemotherapy cause any side effects?

Chemotherapy given before surgery can cause side effects just like chemotherapy given at any other time.

Talk to your doctor or nurse about what to expect. You can also read the eviQ patient information sheets on common side effects of cancer treatments.

How do I know neoadjuvant chemotherapy is right for me?

Everyone's cancer is different and your doctor will discuss your treatment options with you.

Ask your doctor to explain why they are recommending neoadjuvant chemotherapy for you.

Is it safe to delay my surgery?

It is common to feel anxious about delaying your surgery to have neoadjuvant chemotherapy. However, research shows that people who have chemotherapy before their surgery do just as well in the long term as people who have surgery first.

If you feel worried or anxious about delaying your surgery, talk to your doctor or nurse about your concerns.

Glossary

Neoadjuvant = any cancer treatment given before the main treatment

Chemotherapy = treatment with drugs that kill or damage the cancer cells, or stop them from dividing and growing

Surgery = treatment that involves cutting into the body to remove tissues affected by cancer or other diseases

Tumour = a lump or growth formed by cells from the body. Many cancers form tumours

Inflammatory breast cancer = a rare type of breast cancer that affects lymphatic vessels in the skin of the breast

HER2-positive breast cancer = a type of breast cancer that tests positive for the HER2 protein. HER2 stands for human epidermal growth factor receptor 2

HER2-inhibitor = a type of drug used to treat HER2-positive breast cancer

Working together to lessen the impact of cancer

Cancer Institute NSW PO Box 825, Alexandria, NSW 1435
 t +61 (0)2 8374 5600 f +61 (0)2 8374 3600 e information@cancerinstitute.org.au
www.cancerinstitute.org.au

