

Clinicopathologic Response to Neoadjuvant Chemotherapy in Breast Cancer Patients: A Retrospective Analysis

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Introduction

- NACT downstages locally advanced tumours
- Enables breast-conserving surgery (BCS)
- Tests tumour chemosensitivity in vivo
- pCR predicts survival in TNBC and HER2+
- Response differs by molecular subtype
- Local subtype-specific data are limited

Aim

To evaluate response to NACT and surgical outcomes by molecular subtype.

Methods

- Retrospective study, RTEH, 2017–2025
- NACT followed by surgery; SPSS 26
- Excluded: metastatic, lost to follow-up
- Response graded on surgical pathology

221

patients analysed

28%

pathological CR

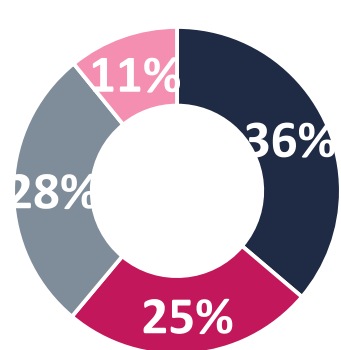
65%

objective response

45%

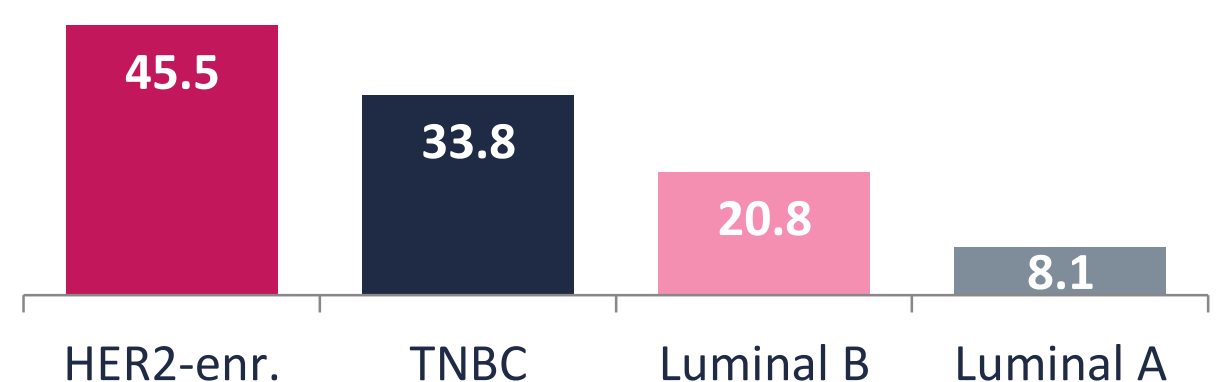
breast conserved

Molecular subtypes (n = 221)

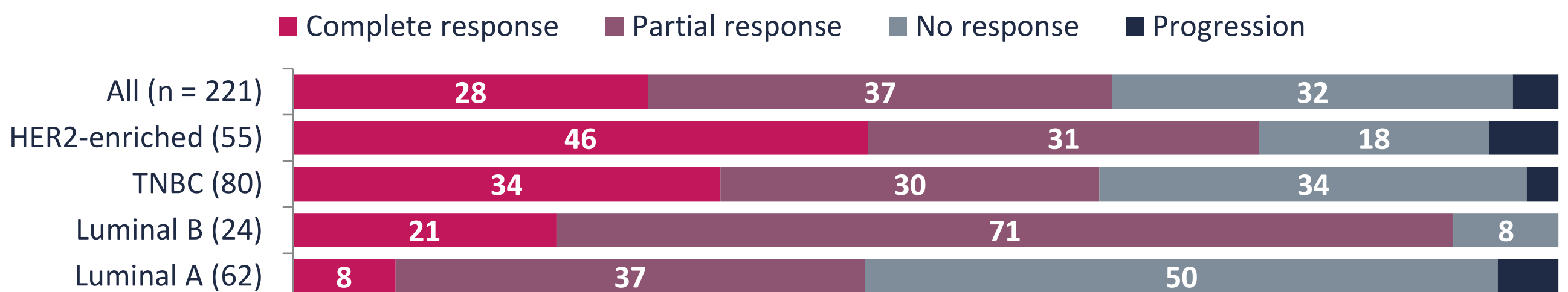


- TNBC n = 80
- HER2-enriched n = 55
- Luminal A n = 62
- Luminal B n = 24

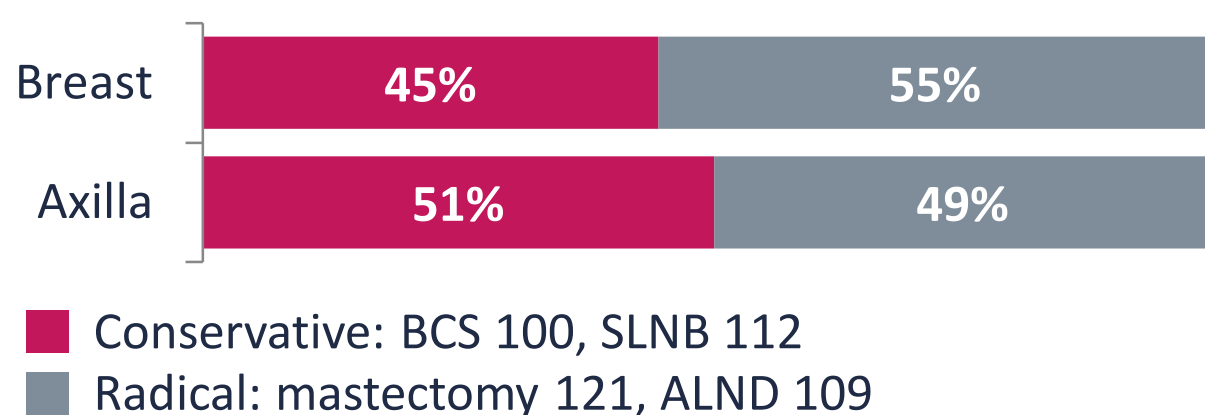
pCR by subtype (%)



Response to NACT by molecular subtype (% of patients)



Surgical outcomes (%)



Discussion

- **HER2-enriched** and TNBC were most chemosensitive
- **Luminal A**: lowest pCR (8%); half did not respond
- **Luminal B**: mainly partial response (71%)
- **Progression** on NACT was rare (3.6%)
- **De-escalation**: BCS 45%, SLNB 51%

Conclusion: Response to NACT is subtype-dependent: best in HER2-enriched and TNBC, poor in Luminal A. NACT enabled breast and axillary conservation in about half of patients; selection should be individualised in a multidisciplinary tumour board.

References: 1. Cortazar P, et al. Lancet. 2014;384:164–72. 2. EBCTCG. Lancet Oncol. 2018;19:27–39.

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