

Surgical Management of the Breast and Axilla after Neoadjuvant Therapy

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Abstract

The indications for the use of neoadjuvant chemotherapy (NAC) for the management of breast cancer have broadened immensely in recent years. Initially intended mostly for inoperable breast cancers, this modality has then become the standard of care for locally advanced cancers. This treatment allowed safe surgical margin resection and in many patients with large tumors it allowed breast conserving surgery, avoiding the need for mastectomy. As clinical experience with NAC has increased along with the introduction of novel medications and better understanding of tumor biology, the indications for its use have become even more common for the treatment of some subtypes of early breast cancer. Furthermore, the use of NAC was found to have an impact on decreasing the need for axillary lymph node dissection in selected patients presenting initially with positive lymph nodes. This article will review the current practice and indications of NAC in breast cancer as well as some controversial issues regarding the surgical management of the breast and the axilla following neoadjuvant treatment.

Key words: breast cancer, neoadjuvant chemotherapy, breast conserving surgery, sentinel node, biological treatment