

# ANALYSIS OF THE EFFECTIVENESS OF PERTUZUMAB AS NEOADYUVANT TREATMENT IN PATIENTS WITH HER2-POSITIVE BREAST CANCER

N. de Béjar Riquelme<sup>1</sup>, J.C. Titos Arcos<sup>1</sup>, Á.A. Agámez Luengas<sup>2</sup>, V. Domínguez Leñero<sup>1</sup>, M. Soria Soto<sup>1</sup>, M.A. Meroño Saura<sup>1</sup>, A. Gómez Gil<sup>1</sup>, C. Fernández Zamora<sup>1</sup>, B. Arribas Díaz<sup>1</sup>, M.T. Alonso Domínguez<sup>1</sup>, J. León Villar<sup>1</sup>.

<sup>1</sup>Hospital Morales Meseguer, Pharmacy. Murcia, Spain.

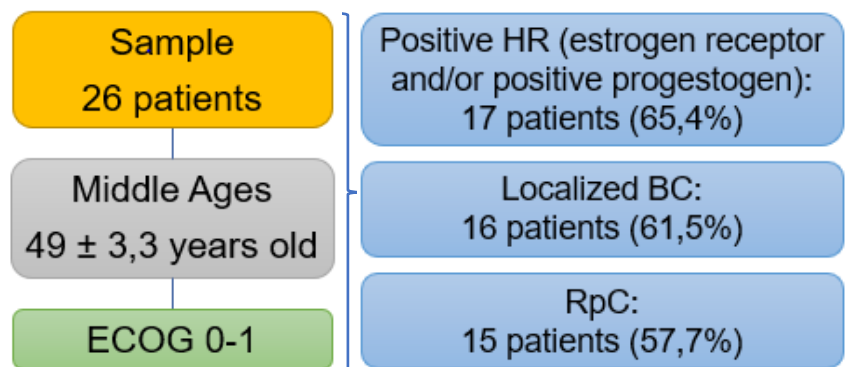
<sup>2</sup>Hospital Morales Meseguer, Intensive Medicine. Murcia, Spain.

**BACKGROUND.** According to several neoadjuvant studies, Pertuzumab combined with chemotherapy based on Trastuzumab is effective in early and advanced HER2-positive breast cancer (BC). Based on the highest rate (51,9%) of complete pathological responses (CpR) (ypT0ypN0) with the combination of Pertuzumab and Trastuzumab with Docetaxel-Carboplatin (P-TCH scheme) in the pivotal Tryphaena study, we want to analyze the pathological responses in our population.

**OBJECTIVE.** To analyze the effectiveness of the P-TCH scheme as a neoadjuvant treatment in patients with localized or locally advanced HER2-positive BC.

**METHOD.** Analytical observational study of patients on neoadjuvant chemotherapy treatment by HER2-positive BC, comparing two groups (both were homogeneous): patients with positive hormone receptors (HR) and negative HR, in a general hospital. Data were obtained from manual and computerized medical records and electronic prescription for a period of 2 years (2015-2017). Effective treatment was considered the CpR, defined as the absence of residual infiltrating carcinoma at the time of surgery, by pathological anatomy (ypT0ypN0).

## RESULTS



### Independent predictors for effectiveness

Negative HR	77,8%	p 0,07
Localized BC	53,3%	p 0,4
Radiological response after 6 cycles of chemotherapy	86,7% OR 3,3 IC 95% 1,2-5,5	p <0,001

**CONCLUSION.** Double anti-HER2 therapy is effective as a neoadjuvant treatment in patients with HER2-positive BC, with a percentage of responses similar to the pivotal study. The BC stratification did not correlate with the response to treatment, although patients with negative HR showed a higher percentage of RpC; however, it would be necessary to expand the sample to obtain definitive conclusions.