

## Introduction

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The efficacy of adjuvant chemotherapy was first demonstrated by the National Surgical Adjuvant Breast and Bowel Project (NSABP) and by the Milan Istituto Nazionale per lo Studio e la Cura dei Tumori, in the early 1970's. Prolonged follow-up of these trials confirms the lasting improvement in overall survival with the administration of adjuvant chemotherapy. In the past three decades, literally hundreds of randomized controlled trials have been performed examining the role of adjuvant chemotherapy. This mountain of often-conflicting data is best understood by examining the work of the Early Breast Cancer Trialists' Collaborative Group (EBCTCG). This meta-analysis offers the practicing physician a good sense of the broad trends in adjuvant therapy (both chemotherapy and hormonal therapy) but falls short during periods of rapid changes in available agents or approaches. We begin with two views of the Overview. Drs. Hudis and Dang highlight therapeutic advances that have not yet been incorporated into the Overview. Dr. Perez places the Overview on context, contrasting the consensus recommendations with actual delivery of therapy in the community.

While the Overview provides meaningful guidelines for the patient with an 'average risk' early breast cancer, oncologists routinely struggle with patients at either end of the risk spectrum. Dr. Green and colleagues review the use of neoadjuvant chemotherapy. Initially reserved for patients with locally advanced or inflammatory disease, they emphasize the potential advantages of neoadjuvant therapy. Equally vexing is the

patient with a small primary tumor. When does the risk of toxicity outweigh the benefit of adjuvant chemotherapy? Dr. Soule takes us through the data and decisions for the patient at low risk of recurrence.

Adjuvant treatment decisions are based largely on the results of randomized clinical trials. But trials, by their nature, attempt to simplify through the rigorous application of study entry criteria. Consequently, virtually every trial is necessarily unrepresentative of the general population of breast cancer patients. In real life patients differ considerably in co-morbid conditions, psychosocial circumstances, as well as emotional and spiritual needs. In real life clinical therapy frequently requires a series of negotiations between patient and physician; the patient's needs and opinions definitely matter. The explosion of the internet makes it easier for patients to gain direct access to information and (sometimes) misinformation. Dr. Helft delves into the evolving role of the internet in patient treatment decisions.

Seasoned oncologists recognize the completion of adjuvant therapy begins a new phase in their relationship with the patient. What constitutes a 'rational' plan for follow-up after treatment? Opinions vary widely. Dr. Mollick and Carlson take us through the evidence, pointing out potential sources of bias and gaps in our knowledge. Finally, any follow-up plan must take into account the long-term complications of adjuvant chemotherapy. Dr. Partridge and Winer review the harm we may cause in our quest to improve survival.