

## **Landmark shift: pre-surgery chemotherapy for operable breast cancer**

Wendy Wilson, 56, had begun to make healthier choices but in May 2010 she was diagnosed with breast cancer.

Wendy met with Dr. Jean-François Boileau who leads the [Neoadjuvant Locally Advanced Breast Cancer Clinic](#) at [Sunnybrook's Odette Cancer Centre](#). She was getting prompt care and on her way to contributing to research that may mean a landmark shift in the treatment approach for many women newly diagnosed.

Dr. Boileau, a surgical oncologist with the [Odette Breast Cancer Care](#) team, is leading in Canada two clinical trials on chemotherapy before surgery (neoadjuvant chemotherapy) and collaborating with medical oncologists and radiation oncologists such as Dr. Sonal Gandhi and Dr. Jacqueline Spayne. The Odette Centre is one of only two centres in Canada chosen to participate in this large multi-centre clinical trial across North America hosted by the NSABP ([National Surgical Adjuvant Breast and Bowel Project](#)).

Usually, neoadjuvant chemotherapy is recommended to patients with locally advanced or inoperable breast cancer, to reduce tumour size so more of the breast can be saved during surgery. Increasingly, neoadjuvant chemotherapy is being offered to patients with more operable breast cancer. Wendy is one of over 500 participants in Phase III trials for women with operable breast cancer.

“Neoadjuvant therapy is a good example of personalized care,” says Dr. Boileau. “For an increasing number of patients, it is difficult to identify residual cancer cells at the time of surgery. With neoadjuvant chemotherapy, the response to the treatment is known up front by monitoring response to chemotherapy in the tumour itself. If the response is not optimal, treatment can be changed, or the patient may be a candidate for novel therapies in other clinical trials.”

Neoadjuvant chemotherapy has strong potential to better target cancer cells, lower the risk of recurrence and better measure response to therapy for women also diagnosed with high-risk breast cancer subgroups like HER-2 positive (tests positive for HER 2 (human epidermal growth factor receptor 2) which is treatable with therapies such as Herceptin) or [‘triple negative’](#) (defined as negative for the three standard markers including estrogen receptor, HER2 and progesterone receptor).

“These types of more aggressive breast cancers are also responding well to neoadjuvant chemotherapy,” says Dr. Boileau, who did his surgical oncology fellowship at the [University of Toronto](#).

“When I first heard the words ‘you have cancer’, I felt like my life was completely upside-down,” says Wendy. “Then I made up my mind: there’s no way I’m giving in. I still have things I need to do.” She credits Dr. Boileau and his team for being a lifeline of sorts. Earlier this year, her daughter Melissa and son-in-law Sunny welcomed their third child into the family – another grandson for Wendy who loves spending time with all of her grandchildren.