

# 19<sup>th</sup> Euro Congress on Cancer Science and Therapy & 25<sup>th</sup> Cancer Nursing & Nurse Practitioners Conference

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## Do breast cancer units treat patients based on their own neoadjuvant protocols?

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In the CHLO Breast Unit, which incorporates 4 hospitals, we treat almost 300 new breast cancer patients per year. In most cases, the international guidelines are very clear regarding locally advanced breast cancer, allowing a vast number of options in the grey area that concerns the Unit's experience. We consider that the Unit's experience and tumor staging, but also tumor biology, patient's preference, individual risk factors and relative contraindications should be the principal considerations for the neoadjuvant treatment decision (according to international data). For this reason, we have formulated an internal protocol which allows us, not only to include all the indicated patients, but also to compile a database for their follow-up. In our protocol, triple negative, Her2 positive tumors and luminal B-like with high proliferative index, equal or above 2 cm (cT2N0), are proposed for neoadjuvant treatment. Patients with hormone dependent tumors that refuse surgical treatment, older patients, or patients with severe comorbidities, as well as selected luminal-A-like patients, are included in neoadjuvant hormonal treatment, which in some cases is extended over 8 months.

### Biography

Vasco Fonseca has a degree in Medicine from the University of Lisbon in 2000. He is trained as a Medical Oncologist at the IPO of Lisbon and is currently working at the CHLO, in "Maria José Nogueira Pinto" Centre, as well as for the Portuguese National Military Forces. He is currently developing clinical trials in the area of breast cancer. He is the author of clinical protocol for Breast Cancer of the CHLO and has publications in reputed journals.

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