

## 2<sup>nd</sup> World Congress on **Breast Cancer**

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### Starting hormone therapy immediately after histological diagnosis of breast cancer

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**B**reast Cancer is a public health issue worldwide. The time from diagnosis to treatment initiation varies from country to country and regionally within a country, mainly due to differences in the healthcare infrastructure. Early diagnosis and prompt treatment initiation are key factors in patients' survival rates. When treatment starts late it has a negative impact on survival rates. Most of the times these situations can be foreseen by understanding; how the health infrastructure particularly works. Currently there is a rising trend, with a high percentage of patients with "Luminal" like breast cancer who only undergo adjuvant endocrine therapy. It is beneficial for the patients to start this treatment as earlier as possible after diagnosis. It seems that no major risks are associated with the interruption of endocrine therapy to start afterwards adjuvant chemotherapy and later reintroduction of the endocrine therapy as an adjuvant treatment. This is only applicable to patients with indication to adjuvant chemotherapy and not to neoadjuvant chemotherapy that should start as promptly as possible. The safety of interrupting hormone therapy to later reintroduce it has not been fully clarified, although this strategy is usually used in clinical practice, namely when patients wish to get pregnant. On the other hand several data from neoadjuvant setting show that primary endocrine therapy is efficacious and safe. In "luminal A" like early breast cancer, particularly in the subgroup of elderly patients that refuse surgery, the maintenance of endocrine therapy as the unique oncologic treatment has shown promising results. Based on current medical practice, the authors argue that introducing early endocrine therapy is a valid option and should be considered under clinical guidelines. Nevertheless, the authors highlight that care should be taken avoiding generalizing this strategy before the obtainment of more robust data. It is noteworthy that the most globally used clinical guidelines (from ESMO and NCCN) do not support the therapeutic strategy herein described. The authors argue that such strategy should be evaluated by those entities because the early introduction of hormone therapy may increase the survival time of breast cancer patients. The reduction of the mortality rate is expected to be more obvious in countries where a longer time-span from diagnosis to adjuvant treatment is noted.

#### Biography

Vasco Carvalho Lourenço da Fonseca is currently an oncologist. Along his career, he had the privilege to work on some health reference units, as well as in a renewed research center. His interest in his community and in societal issues, lead him to integrate the list that is currently in functions at Câmara Municipal de Lisboa (City hall).

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