**PURPOSE**

- Neoadjuvant chemotherapy is the treatment of choice in locally advanced breast carcinoma.
- Pertuzumab is approved in combination with trastuzumab and chemotherapy for the neoadjuvant treatment of patients with HER2 positive breast cancer.

**MATERIAL AND METHODS**

- **Retrospective descriptive study**
- **Inclusion criteria:** patients with confirmed diagnosis of HER2 positive breast cancer in treatment with pertuzumab in combination with trastuzumab and taxanes as neoadjuvant treatment.
- **Period:** Mars 2017-september 2018.
- **Efficacy endpoint:** complete pathological response (pCR) which is related to efficacy and with a longer long-term survival.
- **Safety:** adverse effects (AE) were collected for safety profile assessment.

**RESULTS**

<table>
<thead>
<tr>
<th>Pacientes</th>
<th>n=28</th>
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<tbody>
<tr>
<td>Edad</td>
<td>50 años (rango 31-74)</td>
</tr>
<tr>
<td>Initial ECOG 0-1</td>
<td>100%</td>
</tr>
<tr>
<td>LVEF</td>
<td>61 % (mean)</td>
</tr>
<tr>
<td>Afectación axilar</td>
<td>89 %</td>
</tr>
<tr>
<td>Receptor Hormonal (+)</td>
<td>47%</td>
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**Chemotherapy:**

- **1st Sequence:**
  - 4 CYCLES c/21 d
  - n=26 AC
  - n=2 TCH
  - n=1 FEC

- **2nd Sequence:**
  - Taxanes
    - n=27 Paclitaxel c/7
    - n=1 Docetaxel c/21

**Pertuzumab and Trastuzumab**

**Radiation:**

- Radiotherapy and hormone therapy were used when necessary.

**Safety:**

- **AE grade 1-2:** neurotoxicity, nausea and diarrhea.
- **No adverse events grade 3-4 were recorded**

**Efficacy:**

- **No adverse events grade 3-4 were recorded:** 13 cases with pRC, in 3 patients there was a Miller and Payner grade 4 response and in one patient grade 3.
- **The rest of the patients will have surgery soon.**

**CONCLUSIONES**

- The data obtained so far are quite encouraging because of the good pRC rate obtained. We must take them with caution due to the low number of patients who have received treatment up to now. But this treatment is going to improve the prognosis of the disease with a tolerable toxicity profile.

**References:** Lancet Oncol. 2016 Jun;17(6):791-800