

定義病理完全緩解對於早期乳癌先期化療的預後影響

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**Definition of Pathologic Complete Response on Prognosis After Neoadjuvant
Chemotherapy in early breast cancer**

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Purpose:

The neoadjuvant chemotherapy for early breast cancer was begun in early 1980's. The exact definition of pathologic complete response (pCR) and its prognostic impact on survival in early breast cancer is uncertain.

Methods:

Tumor response at surgery and its association with outcome of 266 patients with primary breast cancer receiving neoadjuvant chemotherapy in Mackay Memorial Hospital were analyzed.

Results:

Disease-free survival (DFS) significantly superior in patients with no invasive and no in situ residuals in breast or nodes ($n = 1$), patients with residual ductal carcinoma in situ only ($n = 7$), and patients with no invasive residuals in breast but involved nodes ($n = 8$), compared with only focal-invasive disease in the breast ($n = 39$), and gross invasive residual disease ($n = 211$; $P = 0.105$). Overall-survival (OS) has the same tendency ($P = 0.305$). Tumor size change in both DFS and OS had no specific differences.

Conclusions:

pCR defined as no invasive or no in situ residuals in breast with or without nodes involved can discriminate between patients with favorable and unfavorable outcomes. Patients with focal-invasive residues and involved lymph nodes should not be considered as having achieved pCR. The tumor size change couldn't predict the post-operative outcome.