

## How to Sequence Treatment Therapies in Hr+ and LN+ EBC?

Yi-Fang Tsai, M.D., Ph. D.

As the advance of systemic treatment, the standard care endorses neoadjuvant therapy to a majority of patients harboring clinically positive lymph nodes (LN), especially in HER2 positive or triple-negative breast cancers. However, the hormone receptor-positive (HR +) /HER2-negative (HER2 -) breast cancer is composed of a diversity of disease, and the response to chemotherapy may not excel that in other subtypes. The surgical benefit from neoadjuvant therapy may be minor and would not impact the surgical decision in this so-called "Luminal tumors". Hence, whether upfront surgery or induction therapy will be most beneficial for the HR+/HER2- and LN+ early breast cancer is controversial, and ambiguity exists in decision making about the sequence of treatment.

The mainstream of treatment for HR+/HER2- disease remains on endocrine therapy, or addition of chemotherapy in populations with high risks of recurrence. Risk assessment becomes critical to tailor optimal treatment plans and find who may omit chemotherapy, following the trial results of gene expression assays. For node-positive HR+/HER2- tumors, a selected population with low genomic risk did not appear to benefit from adjuvant chemotherapy. Such evidence challenges the role of neoadjuvant chemotherapy in HR+/HER2- tumors with limited nodes involvement. In addition, the efficacy of CDK4/6 inhibitors in cooperated with tumor response assessed by the genomic assays is under investigation. The concepts above shape a complex and diverse scenario in the sequence and choices of treatment for the HR+/HER2- and LN+ tumors. Here we will discuss the debatable issue based on current evidence and recommendations from experts.