

breast cancers. Primary chemotherapy was initiated more than 20 years ago as part of the multidisciplinary treatment for patients presenting with stage III disease. Its aim was to achieve tumor shrinkage to facilitate irradiation or surgery, and both modalities were followed by additional (adjuvant) chemotherapy. Although in locally advanced breast cancer randomized studies comparing this strategy with a more classical approach consisting of local-regional modality followed by systemic therapy were lacking, there is now doubt that primary chemotherapy contributed to improve survival and became a standard treatment approach. The mounting interest for primary chemotherapy has resulted in an increasing number of studies performed in patients with operable breast cancer. From available reports of both randomized and non-randomized studies, the most immediate and recognized benefit of this new approach is primary tumor downstaging enabling to increase the frequency of breast-conserving procedures in women who are otherwise candidate for mastectomy. However, the main scope of primary chemotherapy is to further improve the continuous relapse-free survival through eradication of distant micrometastases. Only a few randomized studies are so far available to answer this question and they have confirmed that primary chemotherapy is at least as effective as the more traditional approach of surgery followed by systemic treatment in high-risk patients. To conceive and operate a more radical departure from the traditional dogma, physicians should be encouraged to join current and future clinical trials.

DI-3-2 No

C.J.H. Van de Velde. *The Netherlands*

Abstract not available.