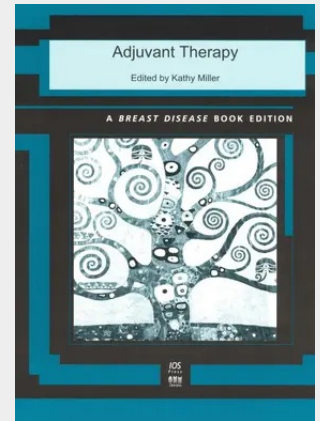


Adjuvant Therapy

The efficacy of adjuvant chemotherapy was first demonstrated in the early 1970's. Prolonged follow-up of these trials confirms the lasting improvement in overall survival with the administration of adjuvant chemotherapy. The early meta-analysis offers the practicing physician a good sense of the broad trends in adjuvant therapy (both chemotherapy and hormonal therapy) but falls short during periods of rapid changes in available agents or approaches. This volume deals with different views on the early overview. One view highlights therapeutic advances that have not yet been incorporated. Another view places the overview in context, contrasting the consensus recommendations with actual delivery of therapy in the community. While the overview provides meaningful guidelines for the patient with an 'average risk' early breast cancer, oncologists routinely struggle with patients at either end of the risk spectrum. In this volume, the use of neoadjuvant chemotherapy is looked at, which was initially reserved for patients with locally advanced or inflammatory disease. Adjuvant treatment decisions are based largely on the results of randomized clinical trials. But trials attempt to simplify. Consequently, virtually every trial is necessarily unrepresentative of the general population of breast cancer patients. Another point is that in real life, clinical therapy frequently requires a series of negotiations between patient and physician, especially with the explosion of the Internet, which makes it easier for patients to find (mis)information.


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