In this retrospective analysis, 103 pre-treatment tumour tissue samples were analyzed by immunohistochemistry for CD3 and CD8 staining. We assessed the immunoreactiveness of both CD3 and CD8 in the primary tumour and axillary lymph nodes. Ki67, CD8+ cytotoxic T cells, and CD3+ T cells were assessed by immunohistochemistry in formalin-fixed paraffin-embedded (FFPE) tissue sections. A standardized immune-based assay for classification of cancer, Immunoscore® (Hermitte et al., 2016), was used for statistical analyses. This assay is the first standardized immune-based assay for tumor classification and is associated with a better clinical outcome in breast cancer patients (Yamamoto et al., 2017). The Immunoscore® is a binary score that ranges from 0 to 3, based on the number of CD3+ T cells in the tumour center and around the invasive margin. A higher score indicates a lower risk of recurrence and a better clinical outcome. We found that high Immunoscore correlates with pathological CR in breast cancer patients. Furthermore, the Immunoscore® is associated with better 3-year recurrence-free survival (RFS) and overall survival (OS) in patients with high Immunoscore at chemotherapy start. These associations were maintained even after adjusting for clinical and pathological characteristics. In conclusion, the use of the Immunoscore® can help to identify patients with a higher likelihood of response to chemotherapy and a better clinical outcome.