



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2021.1D

FORSCHEN
LEHREN
HEILEN

Diagnostik und Therapie früher und fortgeschrittener Mammakarzinome

Lokoregionäres Rezidiv



Lokoregionäres Rezidiv

■ Versionen 2002–2020:

**Audretsch / Bauerfeind / Brunnert / Budach /
Costa / Dall / Fehm / Fersis / Friedrich / Harbeck /
Gerber / Göhring / Hanf / Kühn/ Lisboa / Lux / Maass /
Mundhenke / Rezai / Simon / Solbach/ Solomayer /
Souchon / Thomssen / Wenz / Wöckel/**

■ Version 2021:

Blohmer / Ditsch

Screened data bases


Pubmed 2005 - 2019, ASCO 2005 – 2020, SABCS 2009 – 2020, Cochrane data base

Guidelines

1. F. Cardoso ,A. Costa , E. Senkus et al; 3rd ESOeESMO international consensus guidelines for Advanced Breast Cancer (ABC 3) The Breast 31 (2017) 244e259
2. Cardoso F, Costa A, Norton L et al; ESO-ESMO 2nd international consensus guidelines for advanced breast cancer (ABC2). Breast. 2014 Oct;23(5):489-502.
3. Lin NU, Thomssen C, Cardoso F et al; European School of Oncology-Metastatic Breast Cancer Task Force. International guidelines for management of metastatic breast cancer (MBC) from the European School of Oncology (ESO)-MBC Task Force: Surveillance, staging, and evaluation of patients with early-stage and metastatic breast cancer. Breast. 2013 Jun;22(3):203-10.
4. NCCN (National Comprehensive Cancer Network, 2019);
https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf, Version 3.2019 —
September 6, 2019 (download 25. Jan. 2020)
5. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms.

Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 045OL; https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf (letzter Zugriff 25.01.2020)

6. Harms W, Budach W, Dunst J et al; Breast Cancer Expert Panel of the German Society of Radiation Oncology (DEGRO). DEGRO practical guidelines for radiotherapy of breast cancer VI: therapy of locoregional breast cancer recurrences. Strahlenther Onkol. 2016 Apr;192(4):199-208.

<div>  Loco-regional Recurrence Incidence and Prognosis </div>																							
<div> <p>© AGO e. V. in der DGCG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2021.1D</p> <p>www.ago-online.de</p> <p>FORSCHEN LEBEN HEILEN</p> </div>	<table> <tr> <th>Localization</th><th>10-y. incidence (%)</th><th>5-y. Overall Survival (%)</th></tr> <tr> <td>Ipsilateral recurrence¹ (post BEO + irradiation)</td><td>10 (2–20)</td><td>65 (45–79)</td></tr> <tr> <td>Chest wall¹ (post mastectomy)</td><td>4 (2–20)</td><td>50 (24–78)</td></tr> <tr> <td>As above plus supraclavicular fossa² Axilla:</td><td>34%</td><td>49% (3-y. OS)</td></tr> <tr> <td>After ALND¹</td><td>1 (0.1–8)</td><td>55 (31–77)</td></tr> <tr> <td>After SLNE⁴</td><td>1</td><td>93%</td></tr> <tr> <td>Multiple localizations²</td><td>16 (8–19)</td><td>21 (18–23)</td></tr> </table>	Localization	10-y. incidence (%)	5-y. Overall Survival (%)	Ipsilateral recurrence¹ (post BEO + irradiation)	10 (2–20)	65 (45–79)	Chest wall¹ (post mastectomy)	4 (2–20)	50 (24–78)	As above plus supraclavicular fossa² Axilla:	34%	49% (3-y. OS)	After ALND ¹	1 (0.1–8)	55 (31–77)	After SLNE ⁴	1	93%	Multiple localizations²	16 (8–19)	21 (18–23)	
Localization	10-y. incidence (%)	5-y. Overall Survival (%)																					
Ipsilateral recurrence¹ (post BEO + irradiation)	10 (2–20)	65 (45–79)																					
Chest wall¹ (post mastectomy)	4 (2–20)	50 (24–78)																					
As above plus supraclavicular fossa² Axilla:	34%	49% (3-y. OS)																					
After ALND ¹	1 (0.1–8)	55 (31–77)																					
After SLNE ⁴	1	93%																					
Multiple localizations²	16 (8–19)	21 (18–23)																					
	¹ Haffty et al. Int J Radiat Oncol Biol Phys 21(2):293-298, 1991; ² Reddy JP. Int J Radiat Oncol Biol Phys 80(5):1453-7, 2011; ³ Karabali-Dalamaga S et al. Br Med J 2(6139):730-733,1978; ⁴ Andersson Y, et al. Br J Surg 99(2):226-31,2012																						

1. Haffty BG, Fischer D, Beinfeld M et al; Prognosis following local recurrence in the conservatively treated breast cancer patient. Int J Radiat Oncol Biol Phys 21(2):293-298, 1991
2. Reddy JP, Levy L, Oh JL et al; Long-term outcomes in patients with isolated supraclavicular nodal recurrence after mastectomy and doxorubicin-based chemotherapy for breast cancer. Int J Radiat Oncol Biol Phys 80(5):1453-7, 2011
3. Karabali-Dalamaga S., Souhami R. L., O'Higgins N. J. et al; Natural history and prognosis of recurrent breast cancer. Br Med J 2(6139):730-733, 1978
4. Andersson Y, de Boniface J, Jönsson PE et al; Swedish Breast Cancer Group; Swedish Society of Breast Surgeons. Axillary recurrence rate 5 years after negative sentinel node biopsy for breast cancer. Br J Surg 99(2):226-31, 2012
5. Lowery AJ, Kell MR, Glynn RW et al; Locoregional recurrence after breast cancer surgery: a systematic review by receptor phenotype. Breast Cancer Res Treat. 2012 Jun;133(3):831-41. www.tumorregister-muenchen.de
6. Neuman HB, Schumacher JR, Francescatti AB et al. Alliance/American College of Surgeons Clinical Research Program Cancer Care Delivery Research Breast Cancer Surveillance Working Group. Risk of Synchronous Distant Recurrence at Time of Locoregional Recurrence in Patients With Stage II and III

Breast Cancer (AFT-01). J Clin Oncol. 2018;36(10):975-980.

7. Holleczeck B, Stegmaier C, Radosa JC et al. Risk of loco-regional recurrence and distant metastases of patients with invasive breast cancer up to ten years after diagnosis - results from a registry-based study from Germany. BMC Cancer. 2019 May 30;19(1):520.
8. https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.4/LL_Mammakarzinom_Langversion_4.04.pdf (8.1.2021)

Lokoregionäres Rezidiv Staging

Untersuchung vor Behandlung

- Histologische Sicherung
- Re-Evaluierung von ER, PR, HER2
- Komplettes Re-Staging
- „Liquid biopsy“
- ¹⁸F-FDG PET-CT

Oxford		
LoE	GR	AGO
5	D	++
3b	B	++
5	D	++
5	D	-
2b	B	-

1. Veronesi U, Marubini E, Del Vecchio M et al; Local recurrences and distant metastases after conservative breast cancer treatments: partly independent events. J Natl Cancer Inst 87(1):19-27, 1995
2. Hölzel D, Engel L, Schmidt M et al; Modell zur primären und sekundären Metastasierung beim Mammakarzinom und dessen klinische Bedeutung. Strahlenther Onkol 177:10-24, 2001
3. Tennant S, Evans A, Macmillan D et al; CT staging of loco-regional breast cancer recurrence. A worthwhile practice? Clin Radiol. Sep;64(9):885-90, 2009
4. F. Cardoso ,A. Costa , E. Senkus et al; 3rd ESOeESMO international consensus guidelines for Advanced Breast Cancer (ABC 3) The Breast 31 (2017) 244e259
5. Sacchini V. Restaging Patients With Locoregional Relapse: Is There Any Benefit? : Commentary on "Radiological Staging for Distant Metastases in Breast Cancer Patients with Confirmed Local and/or Locoregional Recurrence: How Useful are Current Guideline Recommendations?" by Elfgen, Constanze et al. Ann Surg Oncol. 2019;26(11):3415-3417.
6. Poodt IGM, Schipper RJ, de Greef BTA et al., Sentinel Node And Recurrent Breast Cancer (SNARB) Research Group. Screening for distant metastases in patients with ipsilateral breast tumor recurrence: the impact of different imaging modalities on distant recurrence-free interval. Breast Cancer Res

Treat. 2019;175(2):419-428.

Frühes Mammakarzinom (M0) - eBC

Prognosefaktoren I

Faktor	Oxford		
	LoE	GR	AGO
▪ Tumorgröße - pT	1a	A	++
▪ Lymphknotenstatus - pN	1a	A	++
▪ Histologischer Typ (muzinös, tubulär etc.)	2b	B	++
▪ Grading (Elston & Ellis) – G	2a	B	++
▪ Alter	2a	B	++
▪ Histologisch nachgewiesener Einbruch in Lymph- und/oder Blutgefäße (L1, V1)	1b	B	++
▪ pCR nach NACT* bei (Lum B-like, HER2+, TN)	1a	A	++
▪ Erhöhtes Rezidivrisiko bei initial invasiv lobulärem Typ, cT3/4, N+	2a	B	+/-
▪ Übergewicht (BMI > 30 kg/m ²)	1b	B	+
▪ Resektionsstatus – R0 / R1	1a	A	+

* NACT = Neoadjuvante Chemotherapie

General references

1. Balic M, Thomssen C, Würtle R et al. St. Gallen/Vienna 2019: A Brief Summary of the Consensus Discussion on the Optimal Primary Breast Cancer Treatment. Breast Care (Basel). 2019 Apr;14(2):103-110.
2. Harris LN, Ismaila N, McShane LM et al.: Use of Biomarkers to Guide Decisions on Adjuvant Systemic Therapy for Women With Early-Stage Invasive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline. J Clin Oncol. 2016 Apr 1;34(10):1134-50.
3. Febbo PG, Ladanyi M, Aldape KD, et al. (2011) NCCN Task Force report: Evaluating the clinical utility of tumor markers in oncology. J Natl Compr Canc Netw 9 Suppl 5: S1-32; quiz S33.
4. Coates AS, Winer EP, Goldhirsch A, et al. Tailoring therapies--improving the management of early breast cancer: St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2015. Ann Oncol. 2015 Aug;26(8):1533-46.

Tumor size

1. Coates AS, Winer EP, Goldhirsch A, et al. Tailoring therapies--improving the management of early breast cancer: St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2015. Ann Oncol. 2015 Aug;26(8):1533-46.
2. Balic M, Thomssen C, Würtle R et al. St. Gallen/Vienna 2019: A Brief Summary of the Consensus Discussion on the Optimal Primary Breast Cancer Treatment. Breast Care (Basel). 2019 Apr;14(2):103-110.

Lymph node status

1. Coates AS, Winer EP, Goldhirsch A, et al. Tailoring therapies--improving the management of early breast cancer: St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2015. Ann Oncol. 2015 Aug;26(8):1533-46.
2. Balic M, Thomssen C, Würstlein R et al. St. Gallen/Vienna 2019: A Brief Summary of the Consensus Discussion on the Optimal Primary Breast Cancer Treatment. Breast Care (Basel). 2019 Apr;14(2):103-110.

Histological type (mucinous, tubular etc.)

1. Dieci MV, Orvieto E, Dominici M. Rare breast cancer subtypes: histological, molecular, and clinical peculiarities. Oncologist. 2014 Aug;19(8):805-13.
2. Horlings HM, Weigelt B, Anderson EM et al. Genomic profiling of histological special types of breast cancer. Breast Cancer Res Treat. 2013 Nov;142(2):257-69.
3. Weigelt B, Geyer FC, Reis-Filho JS. Histological types of breast cancer: how special are they? Mol Oncol. 2010 Jun;4(3):192-208.

Tumor grade (Elston & Ellis)

1. Thomas JS, Kerr GR, Jack WJ et al. Histological grading of invasive breast carcinoma--a simplification of existing methods in a large conservation series with long-term follow-up. Histopathology. 2009 Dec;55(6):724-31.
2. Coates AS, Winer EP, Goldhirsch A, et al. Tailoring therapies--improving the management of early breast cancer: St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2015. Ann Oncol. 2015 Aug;26(8):1533-46.
3. Balic M, Thomssen C, Würstlein R et al. St. Gallen/Vienna 2019: A Brief Summary of the Consensus Discussion on the Optimal Primary Breast Cancer Treatment. Breast Care (Basel). 2019 Apr;14(2):103-110.
4. Rakha EA, Aleskandarani M, Toss MS et al. Breast cancer histologic grading using digital microscopy: concordance and outcome association. J Clin Pathol. 2018 Aug;71(8):680-686.
5. O'Shea AM, Rakha EA, Hodi Z et al. Histological grade of invasive carcinoma of the breast assessed on core needle biopsy = modifications to mitotic count assessment to improve agreement with surgical specimens. Histopathology. 2011 Sep;59(3):543-8.

Age

1. Johnson HM, Irish W, Muzaffar M et al. Quantifying the relationship between age at diagnosis and breast cancer-specific mortality. Breast Cancer Res Treat. 2019 Oct;177(3):713-722
2. Liu YR, Jiang YZ, Yu KD et al. Different patterns in the prognostic value of age for breast cancer-specific mortality depending on hormone receptor status: a SEER population-based analysis. Ann Surg Oncol. 2015 Apr;22(4):1102-10.
3. Brandt J, Garne JP, Tengrup I et al. Age at diagnosis in relation to survival following breast cancer: a cohort study. World J Surg Oncol. 2015 Feb 7;13:33.

Histologically proven lymph and/or blood vessel invasion

1. Ryu YJ, Kang SJ, Cho JS et al. Lymphovascular invasion can be better than pathologic complete response to predict prognosis in breast cancer treated with neoadjuvant chemotherapy. Medicine (Baltimore). 2018 Jul;97(30):e11647

pCR after NACT* in Luminal B-like, HER2 and TN Breast Cancer

1. Nekljudova V, Loibl S, von Minckwitz G et al. Trial-level prediction of long-term outcome based on pathologic complete response (pCR) after neoadjuvant chemotherapy for early-stage breast cancer (EBC). Contemp Clin Trials. 2018 Aug;71:194-198.
2. Cortazar P, Geyer CE Jr. Pathological complete response in neoadjuvant treatment of breast cancer. Ann Surg Oncol. 2015 May;22(5):1441-6.
3. Cortazar P, Zhang L, Untch M et al. Pathological complete response and long-term clinical benefit in breast cancer: the CTNeoBC pooled analysis. Lancet. 2014 Jul 12;384(9938):164-72.

Increased risk of recurrence in invasive-lobular BC, cT3/4, N+

1. Huober J, Schneeweiss A, Blohmer J-U, et al. Factors predicting relapse in early breast cancer patients with a pathological complete response after neoadjuvant therapy – Results of a pooled analysis based on the GBG meta-database, SABCS 2018; P2-08-01
2. Thomas M, Kelly ED, Abraham J et al. Invasive lobular breast cancer: A review of pathogenesis, diagnosis, management, and future directions of early stage disease. Semin Oncol. 2019 Apr;46(2):121-132.

Obesity (BMI > 30 kg/m²)

1. Chan DSM et al. Body mass index and survival in women with breast cancer—systematic literature review and meta-analysis of 82 follow-up studies Ann Oncol. Oct 2014; 25(10): 1901–1914.
2. Xia X, Chen W, Li J et al. Body mass index and risk of breast cancer: a nonlinear dose-response meta-analysis of prospective studies. Sci Rep. 2014 Dec 15;4:7480.
3. Houssami, N., et al., The association of surgical margins and local recurrence in women with early-stage invasive breast cancer treated with breast-conserving therapy: a meta-analysis. Ann Surg Oncol, 2014. 21(3): p. 717-30.

Resection status (R0 / R1)

1. Harris LN, Ismaila N, McShane LM et al.: Use of Biomarkers to Guide Decisions on Adjuvant Systemic Therapy for Women With Early-Stage Invasive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline. J Clin Oncol. 2016 Apr 1;34(10):1134-50.
2. Febbo PG, Ladanyi M, Aldape KD, et al. (2011) NCCN Task Force report: Evaluating the clinical utility of tumor markers in oncology. J Natl Compr Canc Netw 9 Suppl 5: S1-32; quiz S33.

Frühes Mammakarzinom (M0) – eBC

Prognosefaktoren II

Faktor	Oxford		
	LoE	GR	AGO
▪ ER / PR	2a	B	++
▪ HER2 (IHC, ISH)	2b	B	++
▪ ER / PR / HER2 / Ki-67 zur Abschätzung des molekularen Typs	2b	B	++
▪ uPA / PAI-1 (Femtele® ELISA) in N0	1a	A	+
▪ Proliferationsmarker			
▪ Ki-67 vor, während oder nach der Behandlung	1a	B	+

ER/PR

1. Allison KH, Hammond MEH, Dowsett M et al. Estrogen and Progesterone Receptor Testing in Breast Cancer: ASCO/CAP Guideline Update. J Clin Oncol. 2020 Jan 13;JCO1902309 (und: Arch Pathol Lab Med. 2020 Jan 13).
2. Jorns JM. Breast Cancer Biomarkers: Challenges in Routine Estrogen Receptor, Progesterone Receptor, and HER2/neu Evaluation. Arch Pathol Lab Med. 2019 Dec;143(12):1444-1449.

HER2

1. Ross, J.S., Slodkowska, E.A., Symmans, W.F., et al. 2009. The HER-2 receptor and breast cancer: ten years of targeted anti-HER-2 therapy and personalized medicine. Oncologist 14, 320–368.
2. Slamon, D.J., Clark, G.M., Wong, S.G. et al. 1987. Human breast cancer: correlation of relapse and survival with amplification of the HER-2/neu oncogene. Science 235, 177–182.
3. Wolff AC, Hammond ME, Hicks DG, et al.: Recommendations for human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists clinical practice guideline update. J Clin Oncol 2013, 31(31):3997-4013.

uPA/PAI-1

1. Harris LN, Ismaila N, McShane LM, et al.: Use of Biomarkers to Guide Decisions on Adjuvant Systemic Therapy for Women With Early-Stage Invasive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline. *J Clin Oncol.* 2016 Apr 1;34(10):1134-50.
2. Jänicke, F., Prechtel, A., Thomssen, C., et al. 2001. Randomized adjuvant chemotherapy trial in high-risk, lymph node-negative breast cancer patients identified by urokinase-type plasminogen activator and plasminogen activator inhibitor type 1. *J. Natl. Cancer Inst.* 93, 913–920.
3. Look, M.P., van Putten, W.L.J., Duffy, M.J., et al. 2002. Pooled analysis of prognostic impact of urokinase-type plasminogen activator and its inhibitor PAI-1 in 8377 breast cancer patients. *J. Natl. Cancer Inst.* 94, 116–128.
4. Thomssen, C., Harbeck, N., Dittmer, J et al.: 2009. Feasibility of measuring the prognostic factors uPA and PAI-1 in core needle biopsy breast cancer specimens. *J. Natl. Cancer Inst.* 101, 1028–1029.
5. Harbeck N, Schmitt M, Meisner C, et al. Ten-year analysis of the prospective multicentre Chemo-N0 trial validates American Society of Clinical Oncology (ASCO)-recommended biomarkers uPA and PAI-1 for therapy decision making in node-negative breast cancer patients. *Eur J Cancer.* 2013 May;49(8):1825-35.
6. Ettl J, Klein E, Hapfelmeier A, et al. Decision impact and feasibility of different ASCO-recommended biomarkers in early breast cancer: Prospective comparison of molecular marker EndoPredict and protein marker uPA/PAI-1. *PLoS One.* 2017 Sep 6;12(9):e0183917.

Ki-67

1. Cheang, M.C.U., Chia, S.K., Voduc, D. et al.: 2009. Ki67 index, HER2 status, and prognosis of patients with luminal B breast cancer. *J. Natl. Cancer Inst.* 101, 736–750. doi:10.1093/jnci/djp082.
2. Fasching, P.A., Heusinger, K., Haeberle, L., et al. 2011. Ki67, chemotherapy response, and prognosis in breast cancer patients receiving neoadjuvant treatment. *BMC Cancer* 11, 486.
3. Coates AS, Winer EP, Goldhirsch A, et al.: Tailoring therapies--improving the management of early breast cancer: St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2015. *Ann Oncol.* 2015 Aug;26(8):1533-46.
4. Luporsi, E., André, F., Spyrtos, F., et al. 2012. Ki-67: level of evidence and methodological considerations for its role in the clinical management of breast cancer: analytical and critical review. *Breast Cancer Res. Treat.* 132, 895–915.
5. Urruticoechea, A., Smith, I.E. & Dowsett, M. 2005. Proliferation marker Ki-67 in early breast cancer. *J. Clin. Oncol.* 23, 7212–7220..

6. Varga, Z., Diebold, J., Dommann-Scherrer, C. et al. 2012. How reliable is Ki-67 immunohistochemistry in grade 2 breast carcinomas? A QA study of the Swiss Working Group of Breast- and Gynecopathologists. PLoS ONE 7, e37379.
7. Viale, G., Giobbie-Hurder, A., Regan, M.M., et al. 2008a. Prognostic and predictive value of centrally reviewed Ki-67 labeling index in postmenopausal women with endocrine-responsive breast cancer: results from Breast International Group Trial 1-98 comparing adjuvant tamoxifen with letrozole. J. Clin. Oncol. 26, 5569–5575.
8. Viale, G., Regan, M.M., Mastropasqua, M.G. et al. 2008b. Predictive value of tumor Ki-67 expression in two randomized trials of adjuvant chemoendocrine therapy for node-negative breast cancer. J. Natl. Cancer Inst. 100, 207–212.
9. Petrelli, F., et al., Prognostic value of different cut-off levels of Ki-67 in breast cancer: a systematic review and meta-analysis of 64,196 patients. Breast Cancer Res Treat, 2015. 153(3): p. 477-91.
10. Nitz U, Gluz O, Huober J et al. Final analysis of the prospective WSG-AGO EC-Doc versus FEC phase III trial in intermediate-risk (pN1) early breast cancer: efficacy and predictive value of Ki67 expression. Ann Oncol. 2017 Nov 1;28(11):2899.
11. Dowsett M, Ellis MJ, Dixon JM, et al. Evidence-based guidelines for managing patients with primary ER+ HER2- breast cancer deferred from surgery due to the COVID-19 pandemic. Breast Cancer. 2020 Jun 8;6:21.
12. Smith I, Robertson J, Kilburn L, et al. Long-term outcome and prognostic value of Ki67 after perioperative endocrine therapy in postmenopausal women with hormone-sensitive early breast cancer (POETIC): an open-label, multicentre, parallel-group, randomised, phase 3 trial. Lancet Oncol. 2020 Nov;21(11):1443-1454
13. Nielsen TO, Leung SCY, Rimm DL, et al. Assessment of Ki67 in Breast Cancer: Updated recommendations from the International Ki67 in Breast Cancer Working Group. J Natl Cancer Inst. 2020 Dec 28:djaa201.

Post-treatment Ki-67

1. Dowsett M, Smith IE, Ebbs SR, et al: Prognostic Value of Ki67 Expression After Short-Term Presurgical Endocrine Therapy for Primary Breast Cancer. Journal of the National Cancer Institute 99:167-170, 2007
2. Ellis MJ, Tao Y, Luo J, et al: Outcome Prediction for Estrogen Receptor-Positive Breast Cancer Based on Postneoadjuvant Endocrine Therapy Tumor Characteristics. J. Natl. Cancer Inst. 100:1380-1388, 2008
3. Ellis M, Luo J, Tao Y, et al: Tumor Ki67 Proliferation Index within 4 Weeks of Initiating Neoadjuvant Endocrine Therapy for Early Identification of Non-Responders. Cancer Res 69, 2010
4. DeCensi A, Guerrieri-Gonzaga A, Gandini S, et al: Prognostic significance of Ki-67 labeling index after short-term

presurgical tamoxifen in women with ER-positive breast cancer. *Annals Oncol* 2011 Mar;22(3):582-7.



© AGO e. V.
in der DGGO e. V.
sowie
in der DKG e. V.
Guidelines Breast
Version 2021.1D

www.ago-online.de
FORSCHEN
LEBEN
HEILEN

Reproducibility – Quality assurance is key for clinical decision making

- **ER/PR: concordance** central vs local is high (97%; Plan B, SABCs 2014)
- **Grade: concordance** central vs local is 68% (PlanB, JCO 2016)
- **HER2: frequency of false-positive test results** 6% (ASCO /CAP JCO 2013)
- **Impact of routine pathologic review in N0 BC:** 20% changes: grade 40%, LVI 26%, N 15%, margin 12% (JCO 2012)
- **pN0 from MIRROR study:** pN0 was upstaged in 22%, in central pathology review (Ann Oncol 2012)
- **Ki-67:**
 - Inter- and intraobserver variability in measurement of Ki-67 is high (J Nat. Cancer Institute 2011)
 - High reproducibility for low and high Ki67 levels (J Pathol 2002)
 - Standardized methodology improves analytical validity (JNCI 2020)

1. Gluz O, Nitz UA, Christgen M, et al. West German Study Group Phase III PlanB Trial: First Prospective Outcome Data for the 21-Gene Recurrence Score Assay and Concordance of Prognostic Markers by Central and Local Pathology Assessment. J Clin Oncol. 2016 Jul 10;34(20):2341-9.
2. Hammond, M.E.H., Hayes, D.F., Dowsett, M., et al. 2010. American Society of Clinical Oncology/College Of American Pathologists guideline recommendations for immunohistochemical testing of estrogen and progesterone receptors in breast cancer. J. Clin. Oncol. 28, 2784–2795.
3. Sloane, J.P., Amendoeira, I., Apostolikas, N., et al. 1999. Consistency achieved by 23 European pathologists from 12 countries in diagnosing breast disease and reporting prognostic features of carcinomas. European Commission Working Group on Breast Screening Pathology. Virchows Arch. 434, 3–10.
4. Vestjens, J.H.M.J., Pepels, M.J., Boer, M. de, et al. 2012. Relevant impact of central pathology review on nodal classification in individual breast cancer patients. Ann. Oncol. 23, 2561–2566.
5. Kennecke, H.F., Speers, C.H., Ennis, C.A., et al. 2012. Impact of routine pathology review on treatment for node-negative breast cancer. J. Clin. Oncol. 30, 2227–2231.
6. Wolff AC, Hammond ME, Hicks DG, et al.: Recommendations for human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists clinical practice guideline update. J Clin Oncol 2013, 31(31):3997-4013.

7. Dowsett M, Nielsen TO, A'Hern R, et al: Assessment of Ki67 in breast cancer: recommendations from the International Ki67 in Breast Cancer working group. J Natl Cancer Inst 2011, 103(22):1656-1664.
8. Mengel M, von Wasielewski R, Wiese B, et al. Inter-laboratory and inter-observer reproducibility of immunohistochemical assessment of the Ki67 labelling index in a large multi-centre trial. J Pathol. 2002 Nov;198(3):292-9.
9. Nielsen TO, Leung SCY, Rimm DL, et al. Assessment of Ki67 in Breast Cancer: Updated recommendations from the International Ki67 in Breast Cancer Working Group. J Natl Cancer Inst. 2020 Dec 28:djaa201.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2021.1D

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Metaanalysis: TNBC and Local Recurrence

Wang et al, Surg Oncol. 2013 Dec;22(4):247-55.

n = 15312 BC-patients, 22 studies, Hazard-ratios

BCT	vs.	ME
ILRR	0.75 (0.65–0.87)	
DM	0.68 (0.60–0.76)	

TNBC-subtype	vs.	other subtype
ILRR	1.88 (1.58–2.22)	
DM	2.12 (1.72–2.62)	

TNBC-subtype	vs.	HER2-subtype
ILRR	0.69 (0.53–0.91)	
DM	n.s.	

ILRR: ipsilateral locoregional recurrence

DM: distant metastasis

TNBC: triple negative breast cancer

BCT: breast conserving therapy

ME: mastectomy

Risk factors for loco-regional recurrence after mastectomy

Karlsson et al. Ann Oncol 23:2852-8, 2012

IBCSG-study, 13 randomised studies; n = 8106 pts

Risk factors for 10 years cumulative incidence

→ 15% chest wall	age < 40; ≥ 4 pos. lymph nodes, 0-7 pos. lymph nodes
→ 10% supraclavicular	≥ 4 pos. lymph nodes
→ 5% local recurrence axilla	age < 40; tumor size unknown, 0-7 neg. lymph nodes

Peng G et al. Biosci Reports 39 (9), 2019

metaanalysis, 20 publications, n = 11.244 pts, pT1-2 pN0 post mastectomy

Local recurrence risk

→ age	HR 1,77 (p=0,001)
→ L1/V1	HR 2,23 (p<0,001)
→ Grading	HR 1,66 (p<0,001)
→ Her2-status	HR 1,65 (p<0,027)
→ menopausal status	HR 1,36 (p=0,015)
→ Resection margins	HR 2,56 (p=0,014)

1. Karlsson P, Cole BF, Chua BH et al. Patterns and risk factors for locoregional failures after mastectomy for breast cancer: an International Breast Cancer Study Group report. Ann Oncol. 2012 Nov;23(11):2852-8.
2. Peng G, Zhou Z, Jiang M, Yang F. Can a subgroup at high risk for LRR be identified from T1-2 breast cancer with negative lymph nodes after mastectomy? A meta-analysis. Biosci Rep. 2019;39(9).

Frühes Mammakarzinom (M0) – eBC

Prognosefaktoren III

Faktor	Oxford		
	LoE	GR	AGO
▪ Genexpressionsprofile (GEP; Multigene Assays, Gensignaturen)			
▪ MammaPrint® (N0-1)	1b	A	+
▪ Oncotype DX® (N0-1, HR+, HER2-)	1b	A	+
▪ EndoPredict® (N0-1, HR+, HER2-)	2b	B	+
▪ Prosigna® (N0-1, HR+, HER2-)	2b	B	+
▪ Breast Cancer Index® (N0-1, HR+ HER2-)**	2b	B	+/-*
▪ PREDICT® Algorithmus (https://breast.predict.nhs.uk/)	1b	A	+
▪ Klinisch-pathologischer Score für inv. lobuläres Mammakarzinom (Nodalstatus, Tumorgroße, Lymphgefäßinvasion LVI)	2b	B	+/-
▪ CTSS Clinical Treatment Score**	2b	B	+
▪ CPS-EG Score	2b	B	+

* Sollten nur im Kontext der klinisch-pathologischen Faktoren (Tumorgroße, Nodalbefall, Grading, Ki-67, ER, PR, HER2) eingesetzt werden

** Abschätzung des Spätrezidiv-Risikos

Gene expression profiles (GEP; Multigene Assays, Gene expression signatures)

(*Should only be used in the context of clinico-pathological criteria (e.g. tumor size, number involved lymph nodes, grade, Ki67) for therapeutic decision making)

MammaPrint®

1. Slambrouck L, Darrigues L, Laurent C et al. Decentralization of Next-Generation RNA Sequencing-Based MammaPrint® and Blueprint® Kit at University Hospitals Leuven and Curie Institute Paris. Transl Oncol. 2019 Dec;12(12):1557-1565.
2. Mitterpergher L, Delahaye LJM, Witteveen AT et al. MammaPrint and Blueprint Molecular Diagnostics Using Targeted RNA Next-Generation Sequencing Technology. J Mol Diagn. 2019 Sep;21(5):808-823
3. Viale G, de Snoo FA et al.; MINDACT investigators. Immunohistochemical versus molecular (Blueprint and MammaPrint) subtyping of breast carcinoma. Outcome results from the EORTC 10041/BIG 3-04 MINDACT trial. Breast Cancer Res Treat. 2018 Jan;167(1):123-131
4. Duffy MJ, Harbeck N, Nap M et al. Clinical use of biomarkers in breast cancer: Updated guidelines from the European Group on Tumor Markers (EGTM). Eur J Cancer. 2017 Apr;75:284-298.
5. Cardoso F, van't Veer LJ et al.; MINDACT Investigators. 70-Gene Signature as an Aid to Treatment Decisions in Early-Stage Breast Cancer. N Engl J Med. 2016 Aug 25;375(8):717-29.

6. Buyse, M., Loi, S., van't Veer, L., et al. 2006. Validation and clinical utility of a 70-gene prognostic signature for women with node-negative breast cancer. *J. Natl. Cancer Inst.* 98, 1183–1192. doi:10.1093/jnci/djj329.
7. Drukker CA, Elias SG, Nijenhuis M. et al. Gene expression profiling to predict the risk of locoregional recurrence in breast cancer: a pooled analysis. *Breast Cancer Res Treat.* 2014 Dec;148(3):599-613.
8. Exner R, Bago-Horvath Z, Bartsch R, et al. The multigene signature MammaPrint impacts on multidisciplinary team decisions in ER+, HER2- early breast cancer. *Br J Cancer.* 2014 Aug 26;111(5):837-42.
9. Jonsdottir K, Assmus J, Slewa A, et al. Prognostic value of gene signatures and proliferation in lymph-node-negative breast cancer. *PLoS One.* 2014 Mar 5;9(3):e90642.
10. Mook, S., Schmidt, M.K., Weigelt, B., et al. 2010. The 70-gene prognosis signature predicts early metastasis in breast cancer patients between 55 and 70 years of age. *Ann. Oncol.* 21, 717–722. doi:10.1093/annonc/mdp388.
11. Mook, S., Schmidt, M.K., Rutgers, E.J., et al. 2009a. Calibration and discriminatory accuracy of prognosis calculation for breast cancer with the online Adjuvant! program: a hospital-based retrospective cohort study. *Lancet Oncol.* 10, 1070–1076. doi:10.1016/S1470-2045(09)70254-2.
12. Mook, S., Schmidt, M.K., Viale, G., et al. 2009b. The 70-gene prognosis-signature predicts disease outcome in breast cancer patients with 1-3 positive lymph nodes in an independent validation study. *Breast Cancer Res. Treat.* 116, 295–302. doi:10.1007/s10549-008-0130-2.
13. van de Vijver, M.J., He, Y.D., van't Veer, L.J., et al. 2002. A gene-expression signature as a predictor of survival in breast cancer. *N. Engl. J. Med.* 347, 1999–2009. doi:10.1056/NEJMoa021967.
14. van Veer, L.J. 't, Dai, H., van de Vijver, M.J. et al. 2002. Gene expression profiling predicts clinical outcome of breast cancer. *Nature* 415, 530–536. doi:10.1038/415530a.
15. Cardoso F, van't Veer LJ, Bogaerts J, et al. 70-Gene Signature as an Aid to Treatment Decisions in Early-Stage Breast Cancer. *N Engl J Med.* 2016 Aug 25;375(8):717-29.
16. Cardoso F, van 't Veer L, Poncet C, et al. MINDACT: Long-term results of the large prospective trial testing the 70-gene signature MammaPrint as guidance for adjuvant chemotherapy in breast cancer patients. *ASCO 2020*, #506

Oncotype DX®

1. Sparano JA, Gray RJ, Makower DF et al. Clinical Outcomes in Early Breast Cancer With a High 21-Gene Recurrence Score of 26 to 100 Assigned to Adjuvant Chemotherapy Plus Endocrine Therapy: A Secondary Analysis of the TAILORx Randomized Clinical Trial. *JAMA Oncol.* 2019 Sep 30.

2. Sparano JA, Gray RJ, Makower DF et al. Adjuvant Chemotherapy Guided by a 21-Gene Expression Assay in Breast Cancer. *N Engl J Med*. 2018 Jul 12;379(2):111-121.
3. Sparano JA, Paik S. Development of the 21-gene assay and its application in clinical practice and clinical trials. *J Clin Oncol*. 2008 Feb 10;26(5):721-8.
4. Nitz U, Gluz O, Christgen M et al. Reducing chemotherapy use in clinically high-risk, genomically low-risk pN0 and pN1 early breast cancer patients: five-year data from the prospective, randomised phase 3 West German Study Group (WSG) PlanB trial. *Breast Cancer Res Treat*. 2017 Oct;165(3):573-583.
5. Albain, K.S., Barlow, W.E., Shak, S. et al. 2010. Prognostic and predictive value of the 21-gene recurrence score assay in postmenopausal women with node-positive, oestrogen-receptor-positive breast cancer on chemotherapy: a retrospective analysis of a randomised trial. *Lancet Oncol*. 11, 55–65.
6. Cronin, M., Sangli, C., Liu, M.-L., et al. 2007. Analytical validation of the Oncotype DX genomic diagnostic test for recurrence prognosis and therapeutic response prediction in node-negative, estrogen receptor-positive breast cancer. *Clin. Chem*. 53, 1084–1091.
7. Dowsett, M., Cuzick, J., Wale, C. et al. 2010. Prediction of risk of distant recurrence using the 21-gene recurrence score in node-negative and node-positive postmenopausal patients with breast cancer treated with anastrozole or tamoxifen: a TransATAC study. *J. Clin. Oncol*. 28, 1829–1834.
8. Gluz O, Nitz UA, Christgen M, et al. West German Study Group Phase III PlanB Trial: First Prospective Outcome Data for the 21-Gene Recurrence Score Assay and Concordance of Prognostic Markers by Central and Local Pathology Assessment. *J Clin Oncol*. 2016 Jul 10;34(20):2341-9.
9. Mamounas, E.P., Tang, G., Fisher, B., et al. 2010. Association between the 21-gene recurrence score assay and risk of locoregional recurrence in node-negative, estrogen receptor-positive breast cancer: results from NSABP B-14 and NSABP B-20. *J. Clin. Oncol*. 28, 1677–1683.
10. Paik, S., Shak, S., Tang, G., et al 2004. A multigene assay to predict recurrence of tamoxifen-treated, node-negative breast cancer. *N. Engl. J. Med*. 351, 2817–2826.
11. Paik, S., Tang, G., Shak, S., et al 2006. Gene expression and benefit of chemotherapy in women with node-negative, estrogen receptor-positive breast cancer. *J. Clin. Oncol*. 24, 3726–3734.
12. Sparano JA, Gray RJ, Makower DF, et al: Prospective Validation of a 21-Gene Expression Assay in Breast Cancer. *N Engl J Med* 2015, 373(21):2005-2014.
13. Tang, G., Cuzick, J., Costantino, J.P., e al. 2011. Risk of recurrence and chemotherapy benefit for patients with node-

negative, estrogen receptor-positive breast cancer: recurrence score alone and integrated with pathologic and clinical factors. J. Clin. Oncol. 29, 4365–4372.

14. Harbeck N, Gluz O, Kuemmel S, et al. Endocrine therapy alone in patients with intermediate or high-risk luminal early breast cancer (0-3 lymph nodes), Recurrence Score <26 and Ki67 response after preoperative endocrine therapy: Primary outcome results from the WSG-ADAPT HR+/HER2- trial. SABCS 2020, GS4-04.
15. Kalinsky K, Barlow WE, Meric-Bernstam F, et al. First results from a phase III randomized clinical trial of standard adjuvant endocrine therapy (ET) +/- chemotherapy (CT) in patients (pts) with 1-3 positive nodes, hormone receptor-positive (HR+) and HER2-negative (HER2-) breast cancer (BC) with recurrence score (RS) < 25: SWOG S1007 (RxPonder). SABCS 2020, GS3-00.

EndoPredict®

1. Filipits M, Dubsky P, Rudas M et al. Prediction of Distant Recurrence Using EndoPredict Among Women with ER+, HER2- Node-Positive and Node-Negative Breast Cancer Treated with Endocrine Therapy Only. Clin Cancer Res. 2019 Jul 1;25(13):3865-3872.
2. Buus R, Sestak I, Kronenwett R et al. Comparison of EndoPredict and EPclin With Oncotype DX Recurrence Score for Prediction of Risk of Distant Recurrence After Endocrine Therapy. J Natl Cancer Inst. 2016 Jul 10;108(11).
3. Martin M, Brase JC, Ruiz A et al. Prognostic ability of EndoPredict compared to research-based versions of the PAM50 risk of recurrence (ROR) scores in node-positive, estrogen receptor-positive, and HER2-negative breast cancer. A GEICAM/9906 sub-study. Breast Cancer Res Treat. 2016 Feb;156(1):81-9.
4. Sestak I, Buus R, Cuzick J et al. Comparison of the Performance of 6 Prognostic Signatures for Estrogen Receptor-Positive Breast Cancer: A Secondary Analysis of a Randomized Clinical Trial. JAMA Oncol. 2018 Apr 1;4(4):545-553.
5. Sestak I, Martín M, Dubsky P et al. Prediction of chemotherapy benefit by EndoPredict in patients with breast cancer who received adjuvant endocrine therapy plus chemotherapy or endocrine therapy alone. Breast Cancer Res Treat. 2019 Jul;176(2):377-386.
6. Dubsky P, Brase JC et al.; Austrian Breast and Colorectal Cancer Study Group (ABCSCG). The EndoPredict score provides prognostic information on late distant metastases in ER+/HER2- breast cancer patients. Br J Cancer. 2013 Dec 10;109(12):2959-64.
7. Dubsky P, Filipits M, et al.; Austrian Breast and Colorectal Cancer Study Group (ABCSCG). EndoPredict improves the prognostic classification derived from common clinical guidelines in ER-positive, HER2-negative early breast cancer. Ann

Oncol. 2013 Mar;24(3):640-7.

8. Blank PR, Filipits M, Dubsky P, et al. Cost-effectiveness analysis of prognostic gene expression signature-based stratification of early breast cancer patients. *Pharmacoeconomics*. 2015 Feb;33(2):179-90.
9. Buus, R., I. Sestak, R. Kronenwett, et al (2016). "Comparison of EndoPredict and EPclin With Oncotype DX Recurrence Score for Prediction of Risk of Distant Recurrence After Endocrine Therapy." *J Natl Cancer Inst* 108(11)
10. Denkert, C., Kronenwett, R., Schlake, W. et al. 2012. Decentral gene expression analysis for ER+/Her2- breast cancer: results of a proficiency testing program for the EndoPredict assay. *Virchows Arch*. 460, 251–259. doi:10.1007/s00428-012-1204-4.
11. Dubsky, P., Filipits, M., Jakesz, R. et al. 2012. EndoPredict improves the prognostic classification derived from common clinical guidelines in ER-positive, HER2-negative early breast cancer. *Ann. Oncol.* doi:10.1093/annonc/mds334.
12. Dubsky P, Brase JC, Jakesz R, et al. The EndoPredict score provides prognostic information on late distant metastases in ER+/HER2- breast cancer patients. *Br J Cancer*. 2013 Dec 10;109(12):2959-64
13. Dubsky, San Antonio 2017
14. Filipits, M., Rudas, M., Jakesz, R., et al. 2011. A new molecular predictor of distant recurrence in ER-positive, HER2-negative breast cancer adds independent information to conventional clinical risk factors. *Clin. Cancer Res*. 17, 6012–6020. doi:10.1158/1078-0432.CCR-11-0926.
15. Kronenwett, R., Bohmann, K., Prinzler, J et al. 2012. Decentral gene expression analysis: analytical validation of the Endopredict genomic multianalyte breast cancer prognosis test. *BMC Cancer* 12, 456. doi:10.1186/1471-2407-12-456.
16. Martin M, Brase JC, Calvo L, et al. Clinical validation of the EndoPredict test in node-positive, chemotherapy-treated ER+/HER2- breast cancer patients: results from the GEICAM 9906 trial. *Breast Cancer Res* 2014; 16(2): R38.
17. Sinn P, Aulmann S, Wirtz R, et al. Multigene Assays for Classification, Prognosis, and Prediction in Breast Cancer: a Critical Review on the Background and Clinical Utility. *Geburtshilfe Frauenheilkd*. 2013 Sep;73(9):932-940.

Prosigna®

1. Berchtold E, Vetter M, Gündert M et al. Comparison of six breast cancer classifiers using qPCR. *Bioinformatics*. 2019 Sep 15;35(18):3412-3420.
2. Ohara AM, Naoi Y, Shimazu K et al. PAM50 for prediction of response to neoadjuvant chemotherapy for ER-positive breast cancer. *Breast Cancer Res Treat*. 2019 Feb;173(3):533-543.
3. Lænkholm AV, Jensen MB, Eriksen JO et al. PAM50 Risk of Recurrence Score Predicts 10-Year Distant Recurrence in a

Comprehensive Danish Cohort of Postmenopausal Women Allocated to 5 Years of Endocrine Therapy for Hormone Receptor-Positive Early Breast Cancer. *J Clin Oncol*. 2018 Mar 10;36(8):735-740.

4. Laenkholm AV, Jensen MB, Eriksen JO et al. The ability of PAM50 risk of recurrence score to predict 10-year distant recurrence in hormone receptor-positive postmenopausal women with special histological subtypes. *Acta Oncol*. 2018 Jan;57(1):44-50.
5. Jensen MB, Lænkholm AV, Nielsen TO et al. The Prosigna gene expression assay and responsiveness to adjuvant cyclophosphamide-based chemotherapy in premenopausal high-risk patients with breast cancer. *Breast Cancer Res*. 2018 Jul 27;20(1):79.
6. Duffy MJ, Harbeck N, Nap M et al. Clinical use of biomarkers in breast cancer: Updated guidelines from the European Group on Tumor Markers (EGTM). *Eur J Cancer*. 2017 Apr;75:284-298.
7. Harris LN, Ismaila N et al.; American Society of Clinical Oncology. Use of Biomarkers to Guide Decisions on Adjuvant Systemic Therapy for Women With Early-Stage Invasive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline. *J Clin Oncol*. 2016 Apr 1;34(10):1134-50.
8. Liu MC, Pitcher BN, Mardis ER et al. PAM50 gene signatures and breast cancer prognosis with adjuvant anthracycline- and taxane-based chemotherapy: correlative analysis of C9741 (Alliance). *NPJ Breast Cancer*. 2016;2. pii: 15023.
9. Liu S, Chapman JA, Burnell M et al. Prognostic and predictive investigation of PAM50 intrinsic subtypes in the NCIC CTG MA.21 phase III chemotherapy trial. *Breast Cancer Res Treat*. 2015 Jan;149(2):439-48.
10. Gnant M, Filipits M et al.; Austrian Breast and Colorectal Cancer Study Group. Predicting distant recurrence in receptor-positive breast cancer patients with limited clinicopathological risk: using the PAM50 Risk of Recurrence score in 1478 postmenopausal patients of the ABCSG-8 trial treated with adjuvant endocrine therapy alone. *Ann Oncol*. 2014 Feb;25(2):339-45.
11. Dowsett M, Sestak I, Lopez-Knowles E, et al. Comparison of PAM50 risk of recurrence score with oncotype DX and IHC4 for predicting risk of distant recurrence after endocrine therapy. *J Clin Oncol*. 2013;31(22):2783–2790.
12. Fernandez-Martinez A, Pascual T, Perrone G et al. Limitations in predicting PAM50 intrinsic subtype and risk of relapse score with Ki67 in estrogen receptor-positive HER2-negative breast cancer. *Oncotarget*. 2017 Mar 28;8(13):21930-21937.
13. Chia, S.K., Bramwell, V.H., Tu, D., et al. A 50-gene intrinsic subtype classifier for prognosis and prediction of benefit from adjuvant tamoxifen. *Clin. Cancer Res*. 2012; 18, 4465–4472.
14. Nielsen, T.O., Parker, J.S., Leung, S., et al. A comparison of PAM50 intrinsic subtyping with immunohistochemistry and

- clinical prognostic factors in tamoxifen-treated estrogen receptor-positive breast cancer. *Clin. Cancer Res.* 2010; 16, 5222–5232.
15. Ohnstad HO, Borgen E, Falk RS et al. Prognostic value of PAM50 and risk of recurrence score in patients with early-stage breast cancer with long-term follow-up. *Breast Cancer Res.* 2017 Nov 14;19(1):120.
 16. Prat A, Lluch A, Turnbull AK et al. A PAM50-Based Chemoendocrine Score for Hormone Receptor-Positive Breast Cancer with an Intermediate Risk of Relapse. *Clin Cancer Res.* 2017 Jun 15;23(12):3035-3044.
 17. Wuerstlein R, Sotlar K, Gluz O et al. The West German Study Group Breast Cancer Intrinsic Subtype study: a prospective multicenter decision impact study utilizing the Prosigna assay for adjuvant treatment decision-making in estrogen-receptor-positive, HER2-negative early-stage breast cancer. *Curr Med Res Opin.* 2016 Jul;32(7):1217-24.
 18. Sestak I, Cuzick J, Dowsett M, et al. Prediction of late distant recurrence after 5 years of endocrine treatment: a combined analysis of patients from the Austrian breast and colorectal cancer study group 8 and arimidex, tamoxifen alone or in combination randomized trials using the PAM50 risk of recurrence score. *J Clin Oncol.* 2015;33(8):916–922.
 19. Wallden B, Storhoff J, Nielsen T et al. Development and verification of the PAM50-based Prosigna breast cancer gene signature assay. *BMC Med Genomics.* 2015 Aug 22;8:54.
 20. Prat A, Cheang MC, Martín M, et al. Prognostic significance of progesterone receptor-positive tumor cells within immunohistochemically defined luminal A breast cancer. *J Clin Oncol.* 2013;31(2):203–209.
 21. Prat, A., Parker, J.S., Fan, C., et al. Concordance among gene expression-based predictors for ER-positive breast cancer treated with adjuvant tamoxifen. *Ann. Oncol.* 2012; 23, 2866–2873.
 22. Parker, J.S., Mullins, M., Cheang, M.C.U., et al. Supervised risk predictor of breast cancer based on intrinsic subtypes. *J. Clin. Oncol.* 2009; 27, 1160–1167.
 23. Perou, C.M., Sørli, T., Eisen, M.B., et al. 2000. Molecular portraits of human breast tumours. *Nature* 2000; 406, 747–752.

Breast Cancer Index®

1. Bartlett JMS, Sgroi DC, Treuner K et al. Breast Cancer Index and prediction of benefit from extended endocrine therapy in breast cancer patients treated in the Adjuvant Tamoxifen-To Offer More? (aTTom) trial. *Ann Oncol.* 2019 Nov 1;30(11):1776-1783.
2. Jerevall PL, Brommesson S, Strand C, et al. Exploring the two-gene ratio in breast cancer--independent roles for HOXB13 and IL17BR in prediction of clinical outcome. *Breast Cancer Res Treat.* 2008;107(2):225–234.

3. Jansen MP, Sieuwerts AM, Look MP, et al. HOXB13-to-IL17BR expression ratio is related with tumor aggressiveness and response to tamoxifen of recurrent breast cancer: a retrospective study. *J Clin Oncol*. 2007;25(6):662–668.
4. Ma XJ, Hilsenbeck SG, Wang W, et al. The HOXB13:IL17BR expression index is a prognostic factor in early-stage breast cancer. *J Clin Oncol*. 2006;24(28):4611–4619.

PREDICT (<https://breast.predict.nhs.uk/>)

1. Wishart GC, Azzato EM, Greenberg DC, et al. PREDICT: a new UK prognostic model that predicts survival following surgery for invasive breast cancer. *Breast Cancer Res*. 2010; 12(1): R1.
2. Candido Dos Reis FJ, Wishart GC, Dicks EM, et al. An updated PREDICT breast cancer prognostication and treatment benefit prediction model with independent validation. *Breast Cancer Res*. ; 2017;19(1):58.

Lobular Score:

1. De Nonneville A, Jauffret C, Goncalves A. et al. Adjuvant chemotherapy in lobular carcinoma of the breast: a clinicopathological score identifies high-risk patient with survival benefit *Breast Cancer Res Treat*. 2019 Jun;175(2):379-387. : Points-based risk score: pN1 = 6 points, tumor size > 2cm = 3 points, LVI = 2 points; low risk = < 5 points; high risk 5-11 points.
2. Fu R, Yang J, Wang H et al.: A nomogram for determining the disease-specific survival in invasive lobular carcinoma of the breast: A population study. *Medicine (Baltimore)*. 2020 Oct 23;99(43):e22807.

CTS Clinical Treatment Score

1. Lakhanpal R, Sestak I, Shadbolt B, et al. IHC4 score plus clinical treatment score predicts locoregional recurrence in early breast cancer. *Breast*. 2016;29:147–152.
2. Richman J, Ring A, Dowsett M, Sestak I. Clinical validity of clinical treatment score 5 (CTS5) for estimating risk of late recurrence in unselected, non-trial patients with early oestrogen receptor-positive breast cancer. *Breast Cancer Res Treat*. 2020 Nov 21.

CPS-EG Score

- Loibl S, Weber K, Huober J et al.: Risk Assessment after Neoadjuvant Chemotherapy in Luminal Breast Cancer Using a

Clinicomolecular Predictor. Cancer Res. 2018 Jul 15;24(14):3358-3365.

- Mittendorf EA, Jeruss JS, Tucker SL et al.:Validation of a novel staging system for disease-specific survival in patients with breast cancer treated with neoadjuvant chemotherapy. J Clin Oncol. 2011 May 20;29(15):1956-62.

Frühes Mammakarzinom (M0) – eBC

Prognosefaktoren IV

Faktor	Oxford		
	LoE	GR	AGO
▪ Disseminierte Tumorzellen (DTC, im Knochenmark)	1a	A	+/-
▪ Zirkulierende Tumorzellen (CTC, im Blut, Cell Search®) [§]	1b	A	+/-
▪ CTC vor NACT (in Bezug auf OS, DDFS, LRFI)	1b	B	+/-
▪ Therapieentscheidungen basierend auf CTC-Phänotypen	3a	C	-
▪ Cell-free DNA (cfDNA, im Blut, für DFS, PFS, OS)	2b ^a	B	+/-

[§] Validierte klinische Daten nur verfügbar für diesen Assay

DTC

1. Diel, I.J., Kaufmann, M., Costa, S.D., et al. Micrometastatic breast cancer cells in bone marrow at primary surgery: prognostic value in comparison with nodal status. J. Natl. Cancer Inst. 1996; 88, 1652–1658.
2. Janni, W., Vogl, F.D., Wiedswang, G. et al. Persistence of disseminated tumor cells in the bone marrow of breast cancer patients predicts increased risk for relapse--a European pooled analysis. Clin. Cancer Res. 2011; 17, 2967–2976.
3. Mathiesen, R.R., Borgen, E., Renolen, A., et al. 2012. Persistence of disseminated tumor cells after neoadjuvant treatment for locally advanced breast cancer predicts poor survival. Breast Cancer Res. 2012; 14, R117.
4. Molloy, T.J., Bosma, A.J., Baumbusch, L.O., et al. The prognostic significance of tumour cell detection in the peripheral blood versus the bone marrow in 733 early-stage breast cancer patients. Breast Cancer Res. 2011;13, R61.

DTC and radiation

1. Mignot F, Loirat D, Dureau S, et al. Disseminated Tumor Cells Predict Efficacy of Regional Nodal Irradiation in Early Stage Breast Cancer. Int J Radiat Oncol Biol Phys. 2019 Feb 1;103(2):389-396.
2. Goodman CR, Seagle BL, Friedl TWP, et al. Association of Circulating Tumor Cell Status With Benefit of Radiotherapy and Survival in Early-Stage Breast Cancer. JAMA Oncol. 2018 Aug 1;4(8):e180163.

CTC

1. Cristofanilli, M., Budd, G.T., Ellis, M.J., et al. 2004. Circulating tumor cells, disease progression, and survival in metastatic breast cancer. *N. Engl. J. Med.* 351, 781–791. doi:10.1056/NEJMoa040766.
2. Cristofanilli, M., Hayes, D.F., Budd, G.T., et al. 2005. Circulating tumor cells: a novel prognostic factor for newly diagnosed metastatic breast cancer. *J. Clin. Oncol.* 23, 1420–1430. doi:10.1200/JCO.2005.08.140.
3. Giuliano, M., Giordano, A., Jackson, S., et al. 2011. Circulating tumor cells as prognostic and predictive markers in metastatic breast cancer patients receiving first-line systemic treatment. *Breast Cancer Res.* 13, R67. doi:10.1186/bcr2907.
4. Lucci, A., Hall, C.S., Lodhi, A.K., et al. 2012. Circulating tumour cells in non-metastatic breast cancer: a prospective study. *Lancet Oncol.* 13, 688–695. doi:10.1016/S1470-2045(12)70209-7.
5. Rack B, Schindlbeck C, Jückstock J, et al. Circulating tumor cells predict survival in early average-to-high risk breast cancer patients.; SUCCESS Study Group. *J Natl Cancer Inst.* 2014 May 15;106(5).
6. Riethdorf, S., Müller, V., Zhang, L., et al. 2010. Detection and HER2 expression of circulating tumor cells: prospective monitoring in breast cancer patients treated in the neoadjuvant GeparQuattro trial. *Clin. Cancer Res.* 16, 2634–2645. doi:10.1158/1078-0432.CCR-09-2042.
7. Zhang, L., Riethdorf, S., Wu, G., et al. 2012. Meta-analysis of the prognostic value of circulating tumor cells in breast cancer. *Clin. Cancer Res.* 18, 5701–5710. doi:10.1158/1078-0432.CCR-12-1587.
8. Bidard F-C, Michiels S, Mueller V, et al. IMENEO: International MEta-analysis of circulating tumor cell detection in early breast cancer patients treated by NEOadjuvant chemotherapy. *SABCS 2016*, S3-01
9. Hartkopf AD, Brucker SY, Taran F-A, et al. International pooled analysis of the prognostic impact of disseminated tumor cells from the bone marrow in early breast cancer: Results from the PADDY study. *SABCS 2018*, GS5-07
10. Trapp E, Janni W, Schindlbeck C, et al; SUCCESS Study Group. Presence of Circulating Tumor Cells in High-Risk Early Breast Cancer During Follow-Up and Prognosis. *J Natl Cancer Inst.* 2018 Oct 11. doi: 10.1093/jnci/djy152. [Epub ahead of print] PMID: 30312434
11. Bidard FC, Michiels S, Riethdorf S, et al. Circulating Tumor Cells in Breast Cancer Patients Treated by Neoadjuvant Chemotherapy: A Meta-analysis. *J Natl Cancer Inst.* 2018 Jun 1;110(6):560-567.

Risikofaktoren für ein nochmaliges Rezidiv

	Oxford		AGO
	LoE	GR	
▪ Tumorgroße	2a	B	
▪ Multifokalität	2a	B	
▪ Lokalisation	2b	B	
▪ Negativer Progesteronrezeptor	3b	B	
▪ Hohes Grading	3b	C	
▪ Verzicht auf Radiotherapie beim ersten Rezidiv	3b	C	
▪ Verzicht auf Chemotherapie beim ersten Rezidiv	3b	C	
<u>Risikofaktoren für Metastasen / Überleben</u>			
▪ Frühes (<2–3 J.) vs. spätes Rezidiv	2b	B	
▪ LVSI / Grad / ER-negative /-positive Resektionsränder (falls > 2 Faktoren positiv)	3b	B	
<u>Prädiktive Faktoren für therapeutische Erwägungen</u>			
▪ HER2	2b	B	++
▪ ER und PR	2b	B	++

Parameters in local recurrence to define risk for re-recurrence

Statement: Tumour size

1. Wapnir IL, Anderson SJ, Mamounas EP et al; Prognosis after ipsilateral breast tumor recurrence and locoregional recurrences in five National Surgical Adjuvant Breast and Bowel Project node-positive adjuvant breast cancer trials. J Clin Oncol 24: 2028-37, 2006
2. Lannin DR, Haffty BG; End results of salvage therapy after failure of breast-conservation surgery. Oncology (Huntingt) 18(3):272-9, 2004 discussion 280-2, 285-6, 292.

Statement: Multifocality

1. Wapnir IL, Anderson SJ, Mamounas EP et al; Prognosis after ipsilateral breast tumor recurrence and locoregional recurrences in five National Surgical Adjuvant Breast and Bowel Project node-positive adjuvant breast cancer trials. J Clin Oncol 24: 2028-37, 2006

Statement: Localisation

1. Cheng SH, Horng CF, Clarke JL et al; Prognostic index score and clinical prediction model of local regional recurrence after mastectomy in breast cancer patients. Int J Radiat Oncol Biol Phys

64(5):1401-9, 2006

2. Lannin DR, Haffty BG; End results of salvage therapy after failure of breast-conservation surgery. Oncology (Huntingt) 18(3):272-9, 2004 discussion 280-2, 285-6, 292.

Statement: ER-pos/PgR-pos vs ER-pos/PgR-neg or ER-neg/PgR-neg

1. Wapnir IL, Gelber S, Anderson SJ et al; CALOR trial investigators. Poor Prognosis After Second Locoregional Recurrences in the CALOR Trial. Ann Surg Oncol. 2017 Feb;24(2):398-406

Statement: high tumour grade/ omission of chemotherapy/ omission of radiotherapy

1. Bounous VE, Novara L, Scicchitano F et al; A retrospective analysis on 197 cases of breast cancer local recurrence: Biology, treatment, and prognosis. Breast J. 2019 Nov 25. doi: 10.1111/tbj.13698

Statement: Early vs. Late recurrence

1. Lee JS, Kim SI, Park HS et al; The impact of local and regional recurrence on distant metastasis and survival in patients treated with BCT. J Breast Cancer 14:191-7, 2011
2. Halverson KJ, Perez CA, Kuske RR et al; Survival following locoregional recurrence of breast cancer: univariate and multivariate analysis. Int J Radiat Oncol Biol Phys 23(2):285-91, 1992
3. Wapnir IL, Anderson SJ, Mamounas EP et al; Prognosis after ipsilateral breast tumor recurrence and locoregional recurrences in five National Surgical Adjuvant Breast and Bowel Project node-positive adjuvant breast cancer trials. J Clin Oncol 4(13):2028, 2006
4. Lee YJ, Park H, Kang CM et al. Risk stratification system for groups with a low, intermediate, and high risk of subsequent distant metastasis and death following isolated locoregional recurrence of breast cancer. Breast Cancer Res Treat. 2019 Oct 23. doi: 10.1007/s10549-019-05469-5.

LVSI/Grade/ERneg/close margins

Change from close margin to positive margin

1. Panet-Raymond V, Truong PT, Alexander C et al; Clinicopathological factors of the recurrent tumor to predict outcome in patients with ipsilateral breast tumor recurrence. Cancer 117:2035, 2011

Margin width and Re-excision in breast conservativ treatment. a Danish breast coopertive group of 11.900 women.

1. A. Bodilson et al; St Antonio Breast cancer symposium Dez.2015. Increased risk of IBTR associated with final positive margin.

Predictive factors for treatment considerations

Statement: HER-2

1. Clemons M, Hamilton T, Goss P; Does treatment at the time of locoregional failure of breast cancer alter prognosis? Cancer Treat Rev 27(2): 83–97, 2001

Statement: ER and PR

1. Clemons M, Hamilton T, Goss P; Does treatment at the time of locoregional failure of breast cancer alter prognosis? Cancer Treat Rev 27(2): 83–97, 2001
2. Haffty BG, Reiss M, Beinfield M et al; Ipsilateral breast tumor recurrence as a predictor of distant disease: implications for systemic therapy at the time of local relapse. J Clin Oncol 14: 52–57, 1996
3. Kuo SH, Huang CS, Kuo WH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Oncology Biol Phys 72: 1456-64, 2008



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2021.1D

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Clinicopathological Factors of the Recurrent Tumor to Predict Outcome in Patients with Ipsilateral Breast Tumor Recurrence

Panet-Raymond V et al. Cancer 117:2035, 2011

n = 6020 pts., retrospective cohort-study
pT1/2, N0 tumors, breast conserving treatment
269 ipsilateral breast tumor recurrences (IBTR)

Multivariate analysis:

TTR < 48 months

LVSI (of the LRR)

ER negative LR-tumor

high grade

close margins of recurrent tumor

→ if ≥ 2 factors positive ⇒ worse OS

Ipsilaterales Rezidiv nach BET – Operative Therapie

	Oxford		
	LoE	GR	AGO
■ Mastektomie (Ziel: R0)	3b	B	++
■ Re-Brusterhaltende Operation mit R0-Resektion + Partialbrustbestrahlung*	2b	B	+
■ Re-Brusterhaltende Operation mit R0-Resektion	2b	B	+/-
■ Axilläre Intervention nach primärer Axilla-dissektion falls cN0	4	C	-
■ SLNE nach prim. SLNE falls cN0**	2a	B	-
■ Palliative Operation in der M1-Situation (z.B. Schmerz, Ulzeration, psychosoziale Indikation)	5	D	+

* Nach Vorstellung im Tumorboard
 ** Wenn der Wächterlymphknoten nicht aufgefunden werden kann, sollte keine axilläre Dissektion durchgeführt werden, auch eine operative Intervention außerhalb der ipsilateralen Axilla wird nicht empfohlen.

Statement: Mastectomy (aim: R0)

1. Alpert TE, Kuerer HM, Arthur DW et al; Ipsilateral breast tumor recurrence after breast conservation therapy: outcomes of salvage mastectomy vs. salvage breast-conserving surgery and prognostic factors for salvage breast preservation. Int J Radiat Oncol Biol Phys 63(3):845-51, 2005
2. Shin E, Suemasu K, Sonoo H et al; Analysis of ipsilateral breast tumor recurrences after breast-conserving treatment based on the classification of true recurrences and new primary tumors. Breast Cancer 12(2):104-11, 2005
3. Kolben T, Schwarz TM, Goess C et al; Surgical management of ipsilateral breast tumor recurrence. Int J Surg. 2015 Nov;23(Pt A):141-6.
4. NCCN (National Comprehensive Cancer Network, 2019); https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf, Version 3.2019 — September 6, 2019 (download 25. Jan. 2020)

Statement: Re-BEO with R0-Resection (+Partialbrustbestrahlung):

1. Sellam Y, Shahadi ID, Gelernter I et al; Local recurrence of breast cancer: Salvage lumpectomy as an option for local treatment. Breast J. 2019 Jul;25(4):619-624.

2. Forster T, Akbaba S, Schmitt D et al; Second breast conserving therapy after ipsilateral breast tumor recurrence - a 10-year experience of re-irradiation. J Contemp Brachytherapy. 2019;11(4):312-319.
3. Cozzi S, Jamal DN, Slocker A et al; Second breast-conserving therapy with interstitial brachytherapy (APBI) as a salvage treatment in ipsilateral breast tumor recurrence: a retrospective study of 40 patients. J Contemp Brachytherapy. 2019;11(2):101-107.
4. Salvage Mastectomy Versus Second Conservative Treatment for Second Ipsilateral Breast Tumor Event: A Propensity Score-Matched Cohort Analysis of the GEC-ESTRO Breast Cancer Working Group Database. Hannoun-Levi JM, Gal J, Van Limbergen E, et al. Int J Radiat Oncol Biol Phys. 2020 Dec 29:S0360-3016(20)34722-2. doi: 10.1016/j.ijrobp.2020.12.029.

Statement: Axillary intervention (SNE/AxDiss) after prior SNE and BCS if cNO

1. Intra M, Trifirò G, Viale G et al; Second biopsy of axillary sentinel lymph node for reappearing breast cancer after previous sentinel lymph node biopsy. Ann Surg Oncol 12(11):895- 899, 2005
2. Taback B, Nguyen P, Hansen N et al; Sentinel lymph node biopsy for local recurrence of breast cancer after breast-conserving therapy. Ann Surg Oncol 13(8):1099-104, 2006
3. Port ER, Garcia-Etienne CA, Park J et al; Reoperative sentinel lymph node biopsy: a new frontier in the management of ipsilateral breast tumor recurrence. Ann Surg Oncol. 14(8):2209-14, 2007
4. Derkx F, Maaskant-Braat AJ, van der Sangen MJ et al; Staging and management of axillary lymph nodes in patients with local recurrence in the breast or chest wall after a previous negative sentinel node procedure. Eur J Surg Oncol 36(7):646-51, 2010
5. Barone JL, Feldman SM, Estabrook A et al; Reoperative sentinel lymph node biopsy in patients with locally recurrent breast cancer. Am J Surg 194(4):491-3, 2007
6. Maaskant-Braat AJ, Voogd AC, Roumen RM et al; Repeat sentinel node biopsy in patients with locally recurrent breast cancer: a systematic review and meta-analysis of the literature. Breast Cancer Res Treat. 2013 Feb;138(1):13-20. doi: 10.1007/s10549-013-2409-1. Epub 2013 Jan 23
7. Kothari MS, Rusby JE, Agusti AA et al; Sentinel lymph node biopsy after previous axillary surgery: A review. Eur J Surg Oncol. 2012 Jan;38(1):8-15. doi: 10.1016/j.ejso.2011.10.003. Epub 2011 Oct 26.
8. Uth CC, Christensen MH, Oldenbourg MH et al; Sentinel Lymph Node Dissection in Locally Recurrent Breast Cancer. Ann Surg Oncol. 2015 Jan 7. [Epub ahead of print]

9. Ugras S, Matsen C, Eaton A et al; Reoperative sentinel lymph node biopsy is feasible for locally recurrent breast cancer, but is it worthwhile? Ann Surg Oncol. 2016 March ; 23(3): 744–748. doi:10.1245/s10434-015-5003-4.
10. Jakub JW. Sentinel Lymph Node Biopsy for Ipsilateral Breast Tumor Recurrence, Technically Feasible but Influence on Oncologic Outcomes Yet to be Completely Defined. Ann Surg Oncol. 2019;26(8):2319-2321.
11. Poodt IGM, Vugts G, Schipper RJ et al. Sentinel Node and Recurrent Breast Cancer (SNARB) study group. Prognostic impact of repeat sentinel lymph node biopsy in patients with ipsilateral breast tumour recurrence. Br J Surg. 2019;106(5):574-585.

Statement: Palliative surgery in M1-situation

1. Rapiti E. et al; Complete Excision of Primary Breast Tumor Improves Survival of Patients With Metastatic Breast Cancer at Diagnosis. Journal of Clinical Oncology 2743-2749, 2006



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2021.1D

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Mastectomy vs. BCS + partial breast irradiation

- 1327 pts. from 7 European countries with first local recurrence 01/1995 - 06/2017
- ME vs. BCS + Brachytherapy
- Propensity Score matched control (1:1): clinical and histopathological factors
- Primary endpoint: 5-y OS; secondary endpoints: e.g. 5-y-DFS, complications
- Median follow-up 75.4 months
- No differences in 5-y OS and sec. Endpoints: 5-y -OS: 88 vs. 87%
cumulative incidence 2. recurrence: 2.3 vs. 2.8%
- 5-y incidence of mastectomy after 1. recurrence 3.1%

Hannoun-Levi et al. Int J Radiat Oncol Biol Phys. 2020

Thoraxwandrezidiv nach Mastektomie Axilläres Rezidiv – Operative Therapie

	Oxford		
	LoE	GR	AGO
▪ Kurative Situation: R0-Resektion (auch mit tieferen Thoraxwandanteilen in ausgewählten Fällen: HR-pos., primär N-)	2b	A	++
▪ Palliative Situation: Resektion tieferer Thoraxwandanteile	5	D	+/-
▪ Palliative Operation bei M1-Situation (z.B. Schmerz, Ulzeration, psychosozial)	5	D	+
▪ SLNE nach früherem SLNE bei cN0*	3b	B	-

* Wenn der Wächterlymphknoten nicht aufgefunden werden kann, sollte keine axilläre Dissektion durchgeführt werden, auch eine operative Intervention außerhalb der ipsilateralen Axilla wird nicht empfohlen.

Statement: Curative situation: R0-resection

1. Mignano JE, Gage I, Piantadosi S et al; Local recurrence after mastectomy in patients with T3pN0 breast carcinoma treated without postoperative radiation therapy. Am J Clin Oncol 30(5):466-72, 2007

Statement: Palliative situation: Resection of deep parts of the chest wall

1. Mignano JE, Gage I, Piantadosi S et al; Local recurrence after mastectomy in patients with T3pN0 breast carcinoma treated without postoperative radiation therapy. Am J Clin Oncol 30(5):466-72, 2007
2. Pfannschmidt J, Geisbüsch P, Muley T et al; Surgical resection of secondary chest wall tumors. Thorac Cardiovasc Surg 53(4):234-9, 2005
3. Wakeam E, et al, Annals of Surgery 267: 646-55 (2018)
Chest wall resection for recurrent breast cancer in the modern era: a systematic review and meta-analysis
4. Christopherson K, Lei X, Barcenas C et al. Outcomes of Curative-Intent Treatment for Patients With Breast Cancer Presenting With Sternal or Mediastinal Involvement. Int J Radiat Oncol Biol Phys. 2019;104(3):574-581.

Statement: Palliative surgery in M1-situation (e.g. pain, ulceration, psychosocial)

1. Rapiti E. et al; Complete Excision of Primary Breast Tumor Improves Survival of Patients With Metastatic Breast Cancer at Diagnosis. Journal of Clinical Oncology 2743-2749, 2006

Statement: Re-SLN after SLN:

1. Ugras et al., Annals of Surgical Oncol 23: 744-8, 2016
2. Jakub JW. Sentinel Lymph Node Biopsy for Ipsilateral Breast Tumor Recurrence, Technically Feasible but Influence on Oncologic Outcomes Yet to be Completely Defined. Ann Surg Oncol. 2019;26(8):2319-2321.

Lokoregionäres Rezidiv und R0-Resektion – Systemische Therapie

	Oxford		
	LoE	GR	AGO
▪ Nach histopathologischer Re-Evaluation des Rezidivtumors (ER, PR, HER2)			
▪ Endokrine Therapie bei hormonrezeptorpositiven Tumoren	2b	B	++
▪ Chemotherapie (ggfs. präoperativ)	2b	B	+
▪ Bei HER2-überexprimierenden Tumoren Chemotherapie und HER2-zielgerichtete Therapie	5	D	+

Statement: Endocrine therapy in endocrine responsive disease

1. Borner M, Bacchi M, Goldhirsch A et al; First isolated locoregional recurrence following mastectomy for breast cancer: results of a phase III multicenter study comparing systemic treatment with observation after excision and radiation. Swiss Group for Clinical Cancer Research. J Clin Oncol. 12(10):207, 1994
2. Lê MG, Arriagada R, Spielmann M et al; Prognostic factors for death after an isolated local recurrence in patients with early-stage breast carcinoma. Cancer 94(11):2813-20, 2002
3. Halverson KJ, Perez CA, Kuske RR et al; Locoregional recurrence of breast cancer: a retrospective comparison of irradiation alone versus irradiation and systemic therapy. Am J Clin Oncol. 15(2):93-101, 1992

Statement: Chemotherapy

1. Easson AM, McCready DR; Management of local recurrence of breast cancer. Expert Rev Anticancer Ther 4(2):219-26, 2004
2. Rauschecker H, Clarke M, Gatzemeier et al; Systemic therapy for treating locoregional recurrence in women with breast cancer. Cochrane Database Syst Rev. 2001;(4):CD002195. Review.

3. Kuo SH, Huang CS, Kuo WH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Radiation Oncology Biol Phys 72: 1456-64, 2008.
4. Aebi S, Gelber S, Anderson SJ et al; CALOR investigators. Chemotherapy for isolated locoregional recurrence of breast cancer (CALOR): a randomised trial. Lancet Oncol. 2014 Feb;15(2):156-63.
5. Wapnir IL et al. Annals of Surgical Oncology, February 2017, Volume 24, Issue 2, pp 398–406

Statement: Trastuzumab - based therapy in HER-2 overexpressing tumors

So far, extrapolations from adjuvant HER2-directed studies and from studies in metastatic breast cancer

1. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 22:suppl 7:vii11-9, 2012
2. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms. Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 045OL; https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2021.1D

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Locoregional recurrence Chemotherapy

■ CALOR Trial update

n = 163 (2003–2010), median follow-up of 4.9 years, all R0 resection

5-y DFS: 69% (95% CI 56–79) with chemotherapy

vs. 57% (44–67) without chemotherapy (hazard ratio 0.59

[95% CI 0.35–0.99]; p = 0.046): 24 (28%) patients vs. 34 (44%).

**Adjuvant chemotherapy was significantly more effective in
ER negative disease ($p_{\text{interaction}} = 0.046$).**

Multivariate analysis: predictors of survival

chemotherapy for primary cancer (HR 3.55, p = 0.03)

interval from primary surgery (HR 0.87, p = 0.05)

Wapnir IL et al. Annals of Surgical Oncology, February 2017, Volume 24, Issue 2, pp 398–406



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2021.1D

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Loco-regional Recurrence Chemotherapy

■ CALOR Trial update

Endpoint	ER-positive			ER-negative		
	CT	No-CT	HR (95%CI)	CT	No-CT	HR (95%CI)
10-yr DFS	50%	59%	1.07 (0.57 – 2.00)	70%	34%	0.29 (0.13 – 0.67)
Interaction P-Value =0.013						
10-yr OS	76%	66%	0.70 (0.32 – 1.55)	73%	53%	0.48 (0.19 – 1.20)
Interaction P-value =0.53						
10-yr BCFI	58%	62%	0.94 (0.47 – 1.85)	70%	34%	0.29 (0.13 – 0.67)
Interaction P-value = 0.034						

Wapnir IL et al. Annals of Surgical Oncology, February 2017, Volume 24, Issue 2, pp 398–406

Lokoregionäres Rezidiv (R1-Resektion/Inoperabilität) – Systemische Therapie

	Oxford		
	LoE	GR	AGO
Nach histopathologischer Re-Evaluation des Rezidivtumors (ER, PR, HER2)			
▪ Endokrin-basierte Therapie bei hormonrezeptorpositiven Tumoren analog fernmetastasierter Situation	2b	B	++
▪ Chemotherapie und zielgerichtete Therapie (prä- oder postoperativ) analog fernmetastasierter Situation	2b	B	++

Statement: Endocrine therapy in endocrine responsive disease

1. Borner M, Bacchi M, Goldhirsch A et al; First isolated locoregional recurrence following mastectomy for breast cancer: results of a phase III multicenter study comparing systemic treatment with observation after excision and radiation. Swiss Group for Clinical Cancer Research. J Clin Oncol. 12(10):207, 1994
2. Lê MG, Arriagada R, Spielmann M et al; Prognostic factors for death after an isolated local recurrence in patients with early-stage breast carcinoma. Cancer 94(11):2813-20, 2002
3. Halverson KJ, Perez CA, Kuske RR et al; Locoregional recurrence of breast cancer: a retrospective comparison of irradiation alone versus irradiation and systemic therapy. Am J Clin Oncol. 15(2):93-101, 1992

Statement: Chemotherapy (pre- or postoperatively)

1. Kuo SH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Radiat Oncol Biol Phys 72: 1456-64 (2008)
2. Tokunaga Y, Hosogi H, Nakagami M et al; A case of chest wall recurrence of breast cancer treated with paclitaxel weekly, 5'-deoxy-5-fluorouridine, arterial embolization and chest wall resection. Breast

- Cancer. 2003;10(4):366-70.
3. Easson AM, McCready DR; Management of local recurrence of breast cancer. Expert Rev Anticancer Ther 4(2):219-26, 2004
 4. Rauschecker H, Clarke M, Gatzemeier W et al; Systemic therapy for treating locoregional recurrence in women with breast cancer. Cochrane Database Syst Rev. 2001;(4)
 5. Kuo SH, Huang CS, Kuo WH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Radiation Oncology Biol Phys 72: 1456-64, 2008
 6. NCCN Guidelines (National Comprehensive Cancer Network, 2019); https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf, Version 3.2019 — September 6, 2019 (download 25. Jan. 2020)
 7. F. Cardoso ,A. Costa , E. Senkus et al; 3rd ESOeESMO international consensus guidelines for Advanced Breast Cancer (ABC 3) The Breast 31 (2017) 244e259

Statement: Trastuzumab based therapy in HER-2 overexpressing tumors

1. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 22:suppl 7:vii11-9, 2012
2. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms. Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 045OL; https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf

Statement: Checkpoint-Inhibitoren bei PD-L1 Überexpression

1. Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for previously untreated locally recurrent inoperable or metastatic triple-negative breast cancer (KEYNOTE-355): a randomised, placebo-controlled, double-blind, phase 3 clinical trial. Cortes J, Cescon DW, Rugo HS et al; KEYNOTE-355 Investigators. Lancet. 2020 Dec 5;396(10265):1817-1828.

Ipsilaterales Rezidiv nach primärer BEO – Strahlentherapie

	Oxford		
	LoE	GR	AGO
Nach Re-BEO			
▪ Ganzbrustbestrahlung (falls keine adjuvante RT erfolgt war)	3b	C	++
▪ Erneute Bestrahlung mittels Partialbrustbestrahlung/perkutane RT (falls adjuvante RT erfolgt ist)	2b	B	+
Nach Mastektomie			
▪ Thoraxwandbestrahlung +/- regionäre Lymphknoten (14% befallene supraklavikuläre LK)	2b	B	+/-
▪ Dosisescalation der Bestrahlung	3b	C	-
▪ Erneute Bestrahlung (ggf. als Brachytherapie) mit Hyperthermie	3a	C	+

Statement: Whole breast radiation

1. McCready DR, Fish EB, Hiraki GY et al; Total mastectomy is not always mandatory for the treatment of recurrent breast cancer after lumpectomy alone. Can J Surg 35(5):485 :485-8, 1992
2. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms. Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 045OL; https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf (download 25.Jan 2020)
3. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 22:suppl 7:vii11-9, 2012
4. Skinner HD, Strom EA, Motwani SB et al; Radiation dose escalation for locoregional recurrence of breast cancer after mastectomy. Radiat Oncol 8: 13, 2013

Statement: Re-irradiation (breast)

1. Hannoun-Levi JM et al; Partial breast irradiation as second conservative treatment for local breast

- cancer recurrence. *Int J Radiat Oncol Biol Phys* 60(5):1385-92, 2004
2. Kuerer HM; Repeat breast-conserving surgery for in-breast local breast carcinoma recurrence: the potential role of partial breast irradiation. *Cancer* 100(11):2269-80, 2004
 3. Alpert TE, Kuerer HM, Arthur DW et al; Ipsilateral breast tumor recurrence after breast conservation therapy: outcomes of salvage mastectomy vs. salvage breast-conserving surgery and prognostic factors for salvage breast preservation. *Int J Radiat Oncol Biol Phys* 63(3):845-51, 2005
 4. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol* 22:suppl 7:vii11-9, 2012
 5. Skinner HD, Strom EA, Motwani SB et al; Radiation dose escalation for locoregional recurrence of breast cancer after mastectomy. *Radiat Oncol* 8: 13, 2013
 6. Linthorst M, van Geel AN, Baaijens M et al; Re-irradiation and hyperthermia after pulsed dose rate (PDR) brachytherapy moulds for breast cancer local recurrences. *Int J Radiat*
 7. *Surgery for recurrent breast cancer . Radiother Oncol* 2013;109:188-93
 8. Linthorst M, van Geel AN, Baartman EA et al; Effect of a combined surgery, re-irradiation and hyperthermia therapy on local control rate in radio-induced angiosarcoma of the chest wall. *Strahlenther Onkol* 2013;189:387-393
 9. Datta NR et al; Hyperthermia and radiation therapy in locoregional recurrent breast cancer: A systematic review and metaanalysis. *Int J Rad Oncol* 94:1073-87 (2016)
 10. Sellam Y, Shahadi ID, Gelernter I et al; Local recurrence of breast cancer: Salvage lumpectomy as an option for local treatment. *Breast J.* 2019 Jul;25(4):619-624. doi: 10.1111/tbj.13290
 11. Forster T, Akbaba S, Schmitt D et al; Second breast conserving therapy after ipsilateral breast tumor recurrence - a 10-year experience of re-irradiation. *J Contemp Brachytherapy.* 2019 Aug;11(4):312-319. doi: 10.5114/jcb.2019.87001
 12. Cozzi S, Jamal DN, Slocker A et al; Second breast-conserving therapy with interstitial brachytherapy (APBI) as a salvage treatment in ipsilateral breast tumor recurrence: a retrospective study of 40 patients. *J Contemp Brachytherapy.* 2019 Apr;11(2):101-107. doi: 10.5114/jcb.2019.84689
 13. Hannoun-Levi JM, Gal J, Van Limbergen E, et al.: Salvage Mastectomy Versus Second Conservative Treatment for Second Ipsilateral Breast Tumor Event: A Propensity Score-Matched Cohort Analysis of the GEC-ESTRO Breast Cancer Working Group Database. *Int J Radiat Oncol Biol Phys.* 2020 Dec 29:S0360-3016(20)34722-2. doi: 10.1016/j.ijrobp.2020.12.029.

Statement: Curative situation: irradiation of the chest wall +/- regional lymph nodes

1. Wahl AO, Rademaker A, Kiel KD et al; Multi-Institutional Review of Repeat Irradiation of Chest Wall and Breast for Recurrent Breast Cancer. Int J Radiat Oncol Biol Phys. 2007 Sep 13

Statement Re-Irradiation of the chest wall with hyperthermia

1. Auoragh A, Strnad V, Ott OJ et al; Re-irradiation of the chest wall for local breast cancer recurrence : Results of salvage brachytherapy with hyperthermia. Strahlenther Onkol. 2016 Sep;192(9):617-23.
2. Datta NR, Puric E, Klingbiel D et al; Hyperthermia and Radiation Therapy in Locoregional Recurrent Breast Cancers: A Systematic Review and Meta-analysis. Int J Radiat Oncol Biol Phys. 2016 Apr 1;94(5):1073-87.
3. Oldenburg S, Valk C, van Os R et al; Rib fractures after reirradiation plus hyperthermia for recurrent breast cancer: Predictive factors. Strahlenther Onkol. 2016
4. Oldenburg S, et al., Re-Irradiation und hyperthermia for recurrent breast cancer encuirasse. Strahlentherapie und Onkologie 194: 206-214, 2018

Thoraxwandrezidiv nach Mastektomie Axilläres Rezidiv – Lokale Behandlung

	Oxford		
	LoE	GR	AGO
<u>Thoraxwandrezidiv (R0-Resektion) nach Mastektomie</u>			
▪ Falls keine Postmastektomie-Bestrahlung erfolgte			
▪ Kurative Situation: Bestrahlung der Brustwand +/- regionären LK	2b	B	+
▪ Zweit-Bestrahlung (Thoraxwand + Hyperthermie)	1b	B	+/-
<u>Axilläres Rezidiv</u>			
▪ Bestrahlung der Axilla nach R0-Resektion			
▪ Keine adjuvante Axillabestrahlung erfolgt	3b	C	+
▪ Adjuvante Axillabestrahlung erfolgt	5	D	+/-

Statement: If no prior postmastectomy radiotherapy

1. Wahl AO, Rademaker A, Kiel KD et al; Multi-Institutional Review of Repeat Irradiation of Chest Wall and Breast for Recurrent Breast Cancer. Int J Radiat Oncol Biol Phys 70(2):477-84, 2008

Statement: Re-irradiation (chest wall + hyperthermia)

1. Zagar TM, Oleson JR, Vujaskovic Z et al; Hyperthermia combined with radiation therapy for superficial breast cancer and chest wall recurrence: a review of the randomised data. Int J Hyperthermia 26(7):612-7, 2010
2. Auoragh A, Strnad V, Ott OJ et al; Re-irradiation of the chest wall for local breast cancer recurrence : Results of salvage brachytherapy with hyperthermia. Strahlenther Onkol. 2016 Sep;192(9):617-23.
3. Datta NR, Puric E, Klingbiel D et al; Hyperthermia and Radiation Therapy in Locoregional Recurrent Breast Cancers: A Systematic Review and Meta-analysis. Int J Radiat Oncol Biol Phys. 2016 Apr 1;94(5):1073-87.
4. Oldenborg S, Valk C, van Os R et al; Rib fractures after reirradiation plus hyperthermia for recurrent breast cancer: Predictive factors. Strahlenther Onkol. 2016 Apr;192(4):240-7.

Statement Axillary recurrence

1. NCCN Guidelines (National Comprehensive Cancer Network, 2019);
https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf, Version 3.2019 — September 6, 2019
(download 25. Jan. 2020)
2. Konkin DE, Tyldesley S, Kennecke H et al; Arch Surg. Management and outcomes of isolated axillary node recurrence in breast cancer 141(9):867-72, 2006
3. Ishitobi M, Matsushita A, T Nakayama et al; Regional lymphatic recurrence after salvage surgery for ipsilateral breast tumor recurrence of breast cancer without local treatment for regional lymphatic basin. J Surg Oncol 2014;110:265-269

Lokoregionäres Rezidiv

Therapieoptionen bei nicht kurativen Fällen

- **Begleitende Radio-Chemotherapie**
- **Hyperthermie***
 - In Kombination mit Radiotherapie
 - In Kombination mit Chemotherapie
- **Intra-arterielle Chemotherapie**
- **Photodynamische Therapie**
- **Elektrochemotherapie**

Oxford		
LoE	GR	AGO
3b	C	+
1b	B	+
4	C	+/-
4	C	+/-
4	C	+/-
3b	C	+/-

* In Zentren, die auf der DKG-Website gelistet sind

Statement: Concomitant radio-chemotherapy

1. McCormick B; Counterpoint: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):345 – 8, 2007
2. Jones EL, Marks LB, Prosnitz LR; Point: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):339-44, 2007
3. Cai G, Cao L, Kirova YM et al; Prospective results of concurrent radiation therapy and weekly paclitaxel as salvage therapy for unresectable locoregionally recurrent breast cancer. Radiat Oncol. 2019;14(1):115.

Statement: Hyperthermia + radiotherapy +/- chemotherapy

1. McCormick B; Counterpoint: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):345 – 8, 2007
2. Jones EL, Marks LB, Prosnitz LR; Point: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):339-44, 2007
3. Bischoff J, Lindner LH, Issels RD et al; Clinical impact of locoregional hyperthermia in gynecological oncology. Zentralbl Gynakol 128(5):255-60, 2006

4. Zoul Z; Weekly paclitaxel combined with local hyperthermia in the therapy of breast cancer locally recurrent after mastectomy--a pilot experience. *Onkologie*. 27(4):385-8, 2004
5. Li G; Local hyperthermia combined with external irradiation for regional recurrent breast carcinoma. *Int J Clin Oncol*. 9(3):179-83.
6. Oldenburg S, Van Os RM, Van rij CM et al; Elective re-irradiation and hyperthermia following resection of persistent locoregional recurrent breast cancer: A retrospective study. *Int J Hyperthermia* 26(2):136-44, 2010
7. Vujaskovic Z, Kim DW, Jones E et al; A phase I/II study of neoadjuvant liposomal doxorubicin, paclitaxel, and hyperthermia in locally advanced breast cancer *Int J Hyperthermia* 26(5):514-21, 2010
8. Kouloulas VE, Koukourakis GV, Petridis AK et al; The efficacy of caelyx and hyperthermia for anticancer treatment. *Recent Pat Anticancer Drug Discov* 2(3):246-50, 2007
9. Kouloulas VE, Dardoufas CE, Kouvaris JR et al; Liposomal doxorubicin in conjunction with reirradiation and local hyperthermia treatment in recurrent breast cancer: a phase I/II trial. *Clin Cancer Res* 8(2):374-82,2002
10. Feyerabend T, Wiedemann GJ, Jäger B et al; Local hyperthermia, radiation, and chemotherapy in recurrent breast cancer is feasible and effective except for inflammatory disease. *Int J Radiat Oncol Biol Phys* Apr 1;49(5):1317-25, 2001
11. Linthorst M, Baaijens M, Wiggenraad R et al; Local control rate after the combination of re-irradiation and hyperthermia for irresectable recurrent breast cancer: Results in 248 patients. *Radiother Oncol* 2015; May 19
12. De-Colle C, Weidner N, Heinrich V et al; Hyperthermic chest wall re-irradiation in recurrent breast cancer: a prospective observational study. *Strahlenther Onkol*. 2019;195(4):318-326.
13. Dharmaiah S1, Zeng J2, Rao VS et al; Clinical and dosimetric evaluation of recurrent breast cancer patients treated with hyperthermia and radiation. *Int J Hyperthermia*. 2019;36(1):986-992.

Statement: Intraarterial chemotherapy

1. Murakami M, Kuroda Y, Nishimura S et al; Intraarterial infusion chemotherapy and radiotherapy with or without surgery for patients with locally advanced or recurrent breast cancer. *Am J Clin Oncol* 24(2):185-91, 2001

Statement: Photodynamic therapy

1. Allison R, Mang T, Hewson G et al; Photodynamic therapy for chest wall progression from breast carcinoma is an underutilized treatment modality. *Cancer* 91(1):1-8,2001.
2. Wyss P, Schwarz V, Dobler-Girdziunaite D et al; Photodynamic therapy of locoregional breast cancer recurrences using a

chlorin-type photosensitizer Int J Cancer. 93(5):720-4, 2001

Statement: Electrochemotherapy

1. Campana LG, Valpione S, Falci C et al; The activity and safety of electrochemotherapy in persistent chest wall recurrence from breastcancer after mastectomy: a phase-II study. Breast Cancer Res Treat 134(3):1169-78, 2012
2. Matthiessen LW, Johannesen HH, Hendel HW et al; Electrochemotherapy for large cutaneous recurrence of breast cancer: a phase II clinical trial. Acta Oncol 51(6):713-212012
3. Sersa G, Cufer T, Paulin SM et al; Cancer Treat Rev. Electrochemotherapy of chest wall breast cancer recurrence 38(5):379-86, 2012