

Diagnosis and Treatment of Patients with Early and Advanced Breast Cancer



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Therapy algorithms

Preamble:

Therapy options shown in the algorithms are based on the current AGO recommendations, but cannot represent all evidence-based treatment options, since prior therapies, performance status, comorbidities, patient preference, etc. must be taken into account for the actual treatment choice. In individual cases, other evidence-based treatment options (not listed here) may also be appropriate and justified.

Regardless of approval status, the algorithms only take into account drugs that were available in Germany at the time the algorithm was last updated.

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Therapy Algorithms

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■ Version 2021:

Schneeweiss / Bauerfeind / Fehm / Müller / Thomssen / Witzel / Wöckel / Janni

■ Format legend:

-  **Text** Definitions, features, parameters
-  **Text** Therapy with grade of recommendation AGO+ or AGO++
-  **Text** Therapy with grade of recommendation AGO+/- (case by case decision)
-  Recommended path with grade of recommendation AGO+ oder AGO++
-  Path of case by case decision (grade of recommendation AGO+/-)
-  Arrow points to the next therapy option at progression
- **AGO++** AGO grade of recommendation of this path

Content

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Version 2021.1E

- **eBC**
 - **(Neo)adjuvant therapy of HER2-positive breast cancer**
 - **Axillary surgery and neoadjuvant chemotherapy (NACT)**
 - **Adjuvant endocrine therapy in premenopausal patients**
 - **Adjuvant endocrine therapy in postmenopausal patients**

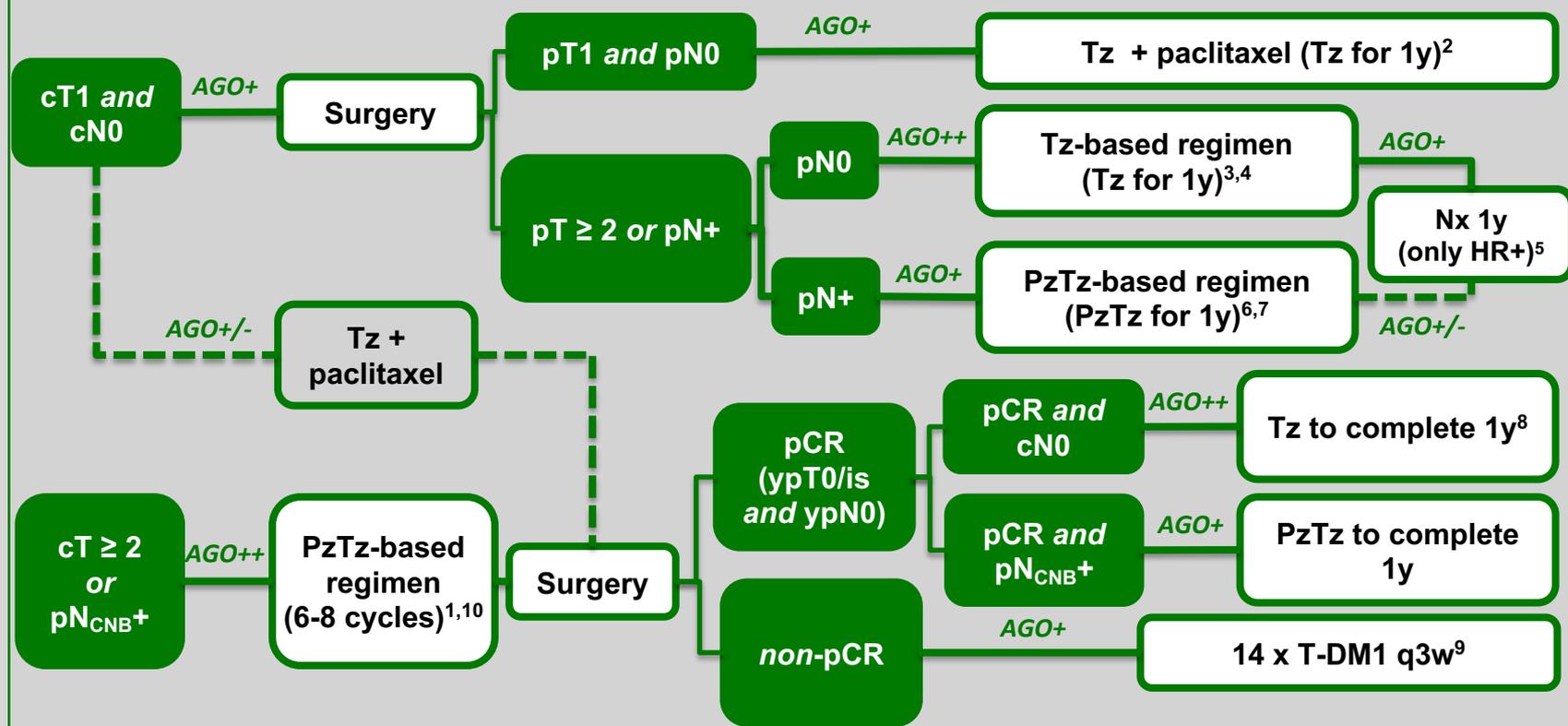
- **mBC**
 - **HR-positive/HER2-negative metastatic breast cancer: strategies**
 - **HR-positive/HER2-negative metastatic breast cancer: endocrine-based first line treatment**
 - **HER2-positive metastatic breast cancer: 1st-3rd-line**
 - **Triple-negative metastatic breast cancer**

(Neo)adjuvant Therapy of HER2-positive Breast Cancer



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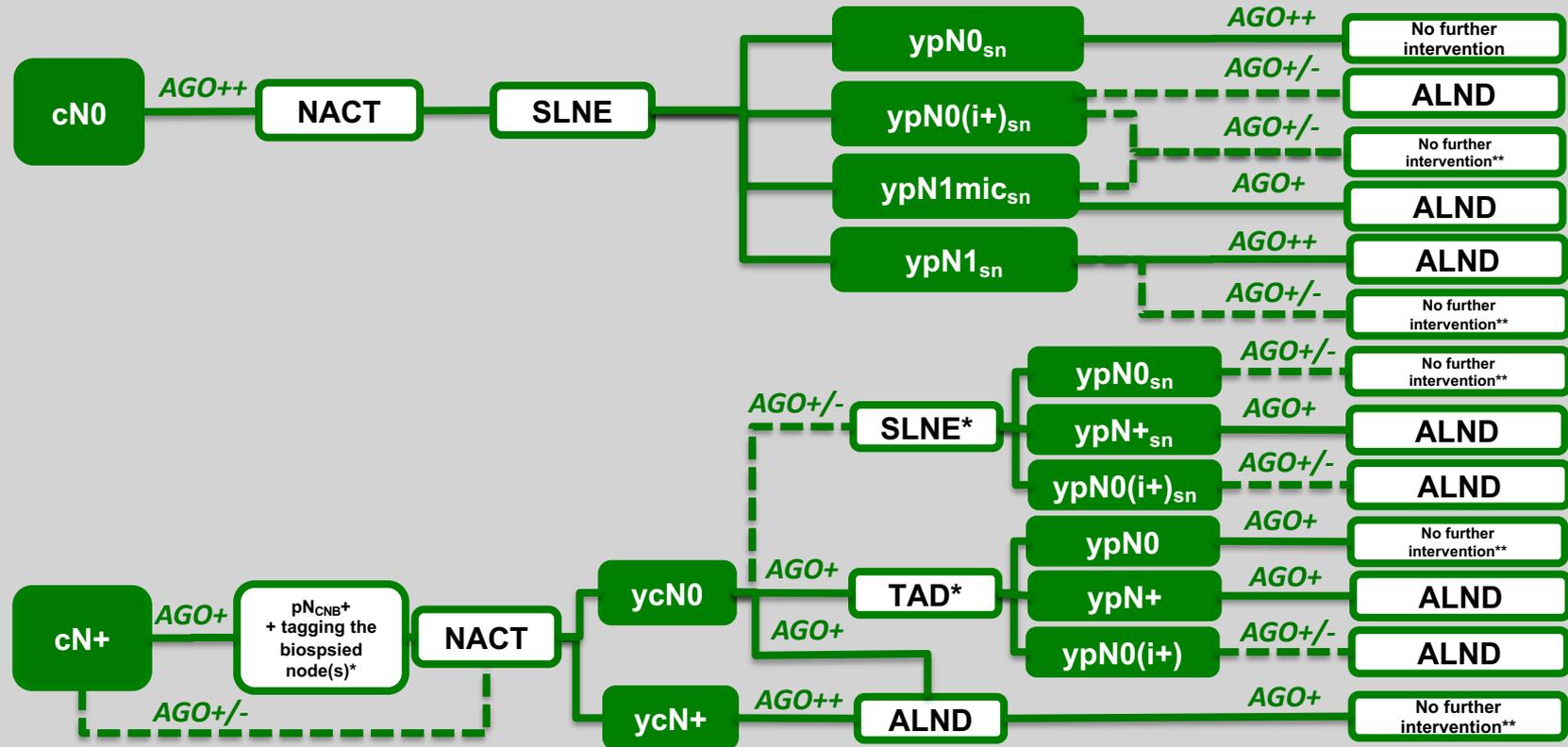


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CNB, core needle biopsy; HR, hormone receptor; Nx, Neratinib; pCR, pathological complete response; Pz, Pertuzumab; q3w, every 3 weeks; T-DM1, Trastuzumab emtansine; Tz, Trastuzumab; y, year

Axillary Surgery and Neoadjuvant Chemotherapy (NACT)

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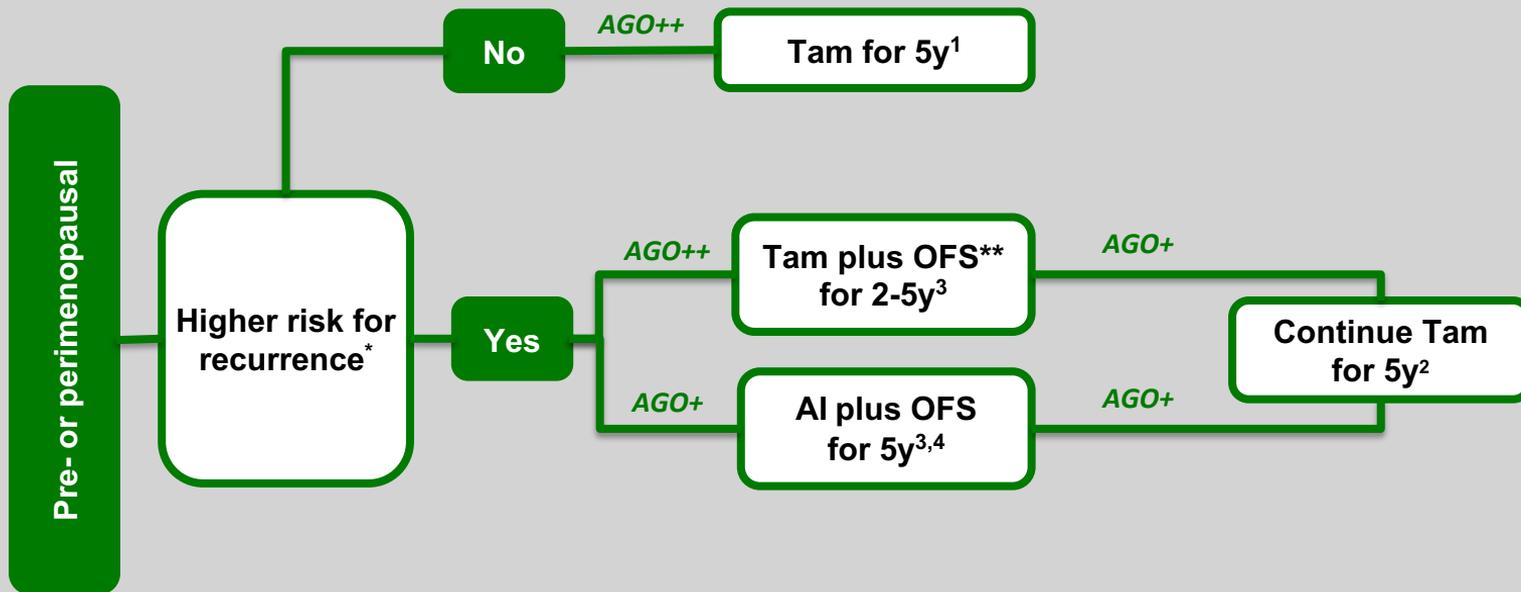


ALND, axillary lymph node dissection; CNB, core needle biopsy; NACT, neoadjuvant chemotherapy; SN, sentinel node; SLNE, sentinel lymph node excision; TAD, targeted axillary dissection (SLNE + TLNE); TLNE, targeted lymph node excision; * participation in AXSANA study recommended; **for radiotherapy procedures see recommendations for radiotherapy

Adjuvant Endocrine Therapy in Premenopausal Patients

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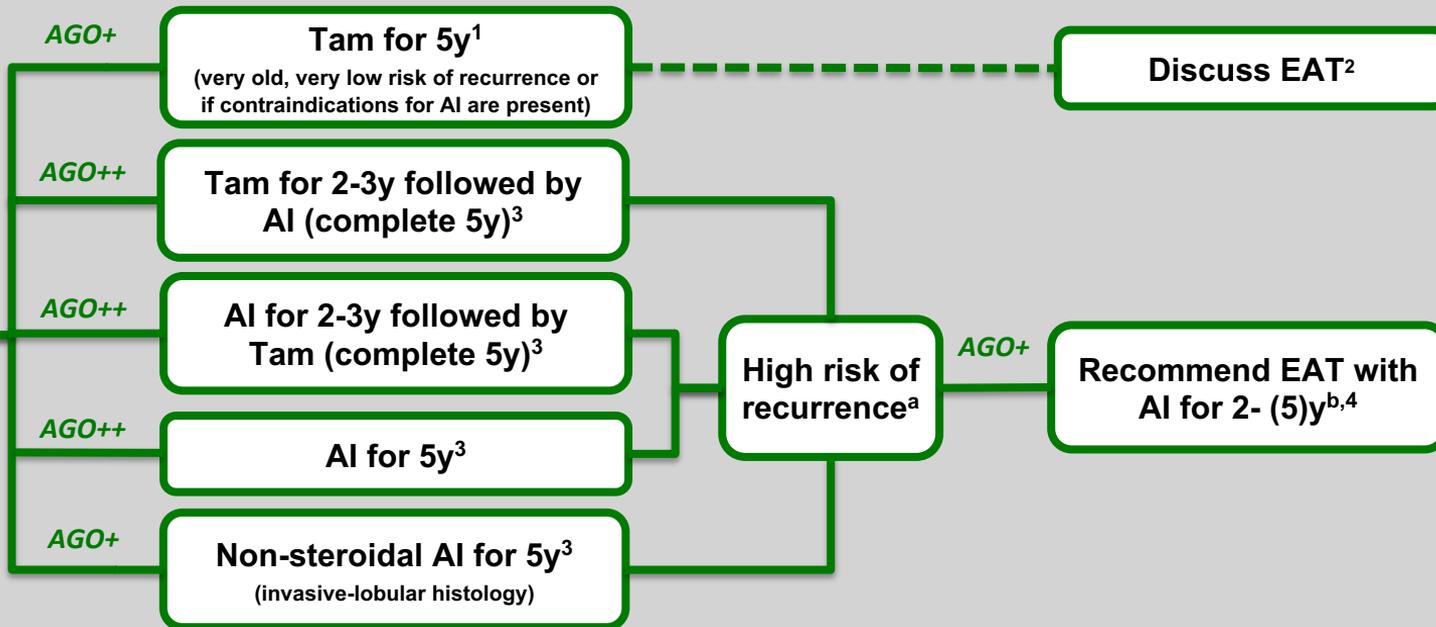
* Administration of chemotherapy was a surrogate marker for higher risk of recurrence in clinical trials

** OFS also in case of remaining or recurring ovarian function within 24 months after chemotherapy induced amenorrhea

AI, aromatase inhibitor; OFS, ovarian function suppression; Tam, tamoxifen; y, years

Adjuvant Endocrine Therapy in Postmenopausal Patients

Postmenopausal before the start of adjuvant therapy



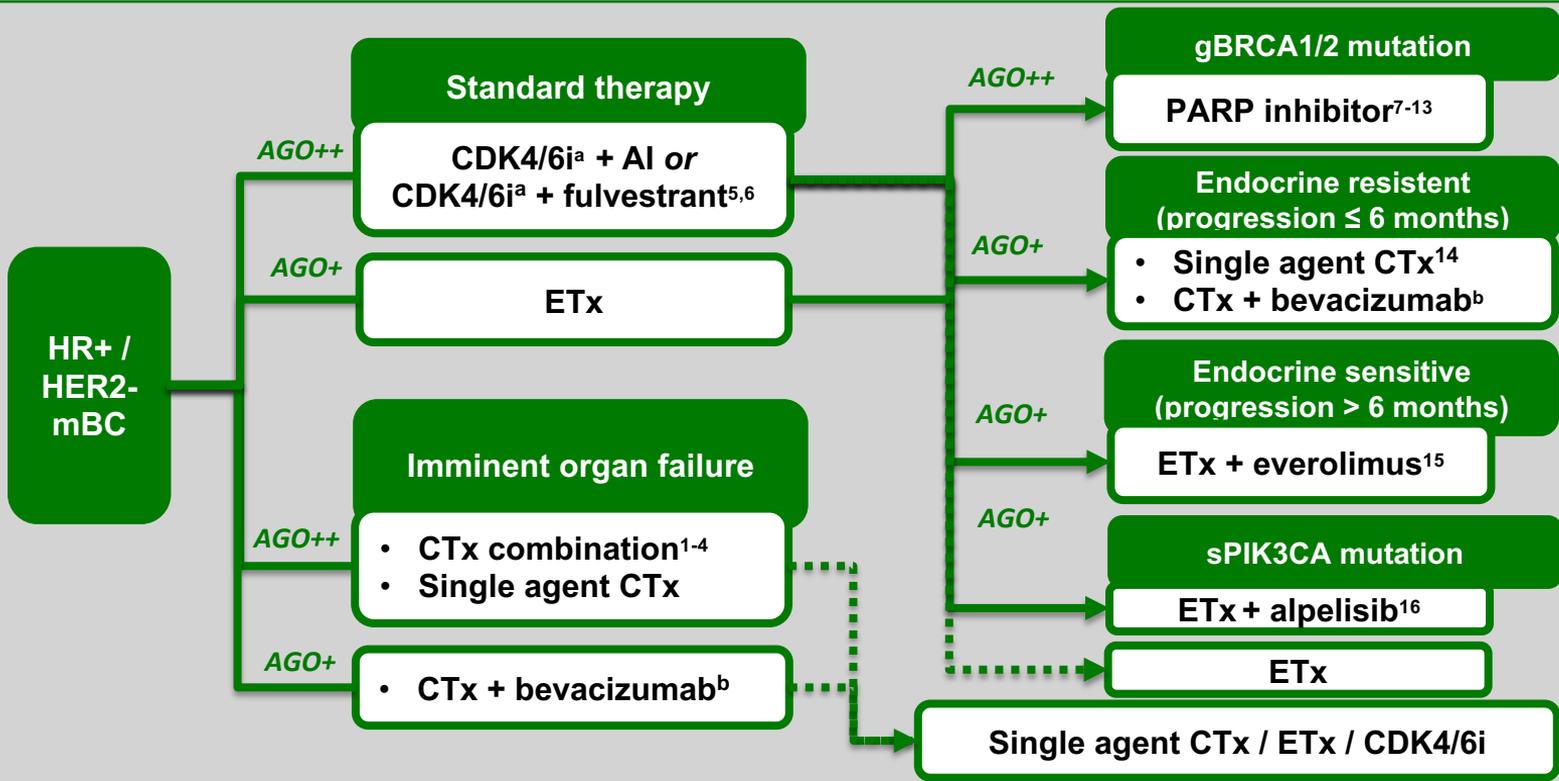
AI, aromatase inhibitor; EAT, extended adjuvant therapy; Tam, tamoxifen; y, years;

^a decision criteria may include: condition after neo(adjuvant) chemotherapy (indicating high risk), positive lymph node status, T2/T3 tumors, elevated risk of recurrence based on immuno-histochemical criteria or based on multi-gene expression assays, high CTS5-Score; ^b up to date no impact on overall survival

HR-positive/HER2-negative Metastatic Breast Cancer: Strategies

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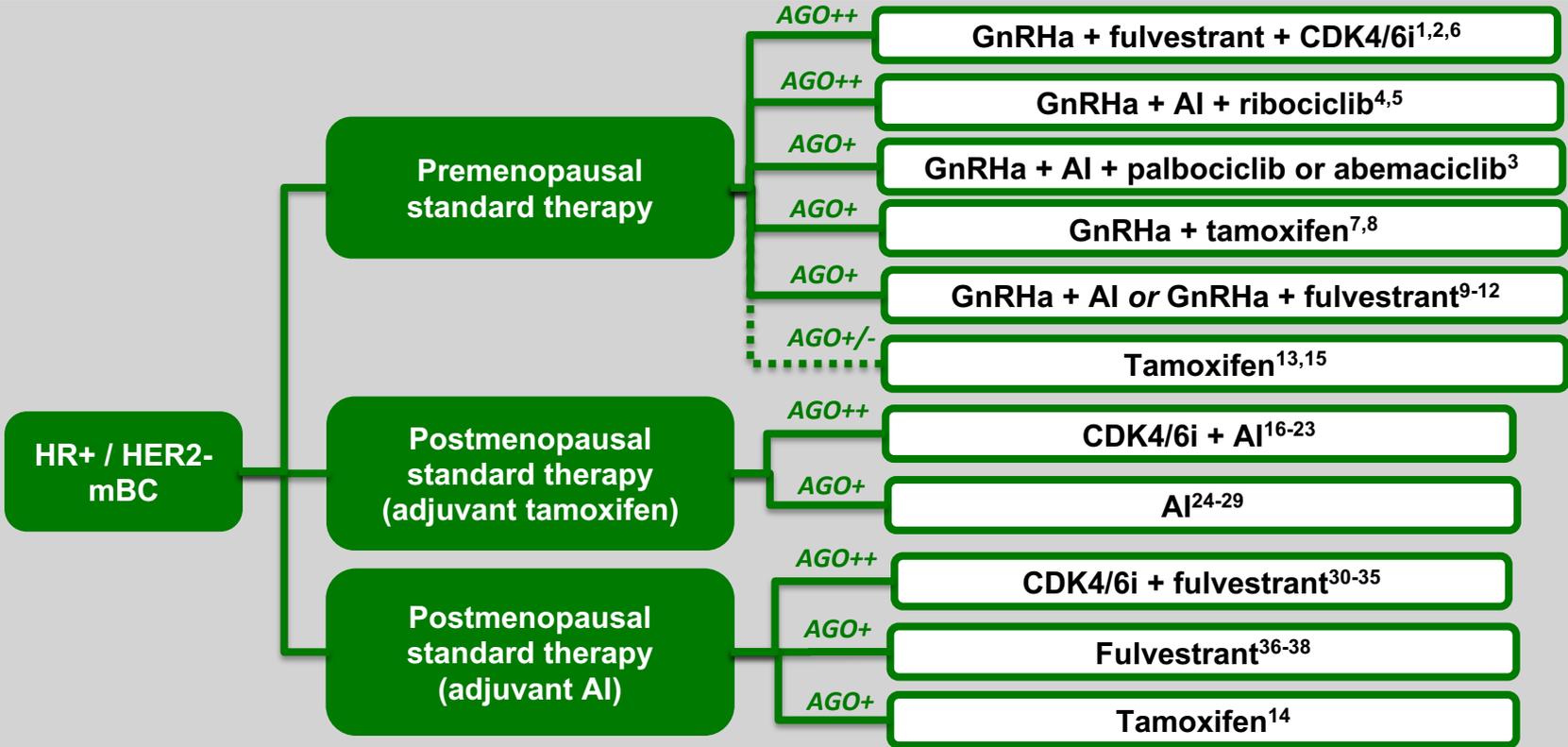


AI, aromatase inhibitor; CDK4/6i, CDK4/6 inhibitor; CTx, chemotherapy; ETx, endocrine therapy; gBRCA1/2, germ line BRCA1/2 mutation; HR, hormone receptor; mBC, metastatic breast cancer; sPIK3CA, somatic PIK3CA mutation; ^a premenopausal add OFS; ^b bevacizumab + paclitaxel or + capecitabine; ^c after approval

HR-positive/HER2-negative Metastatic Breast Cancer: Endocrine-based First Line Treatment

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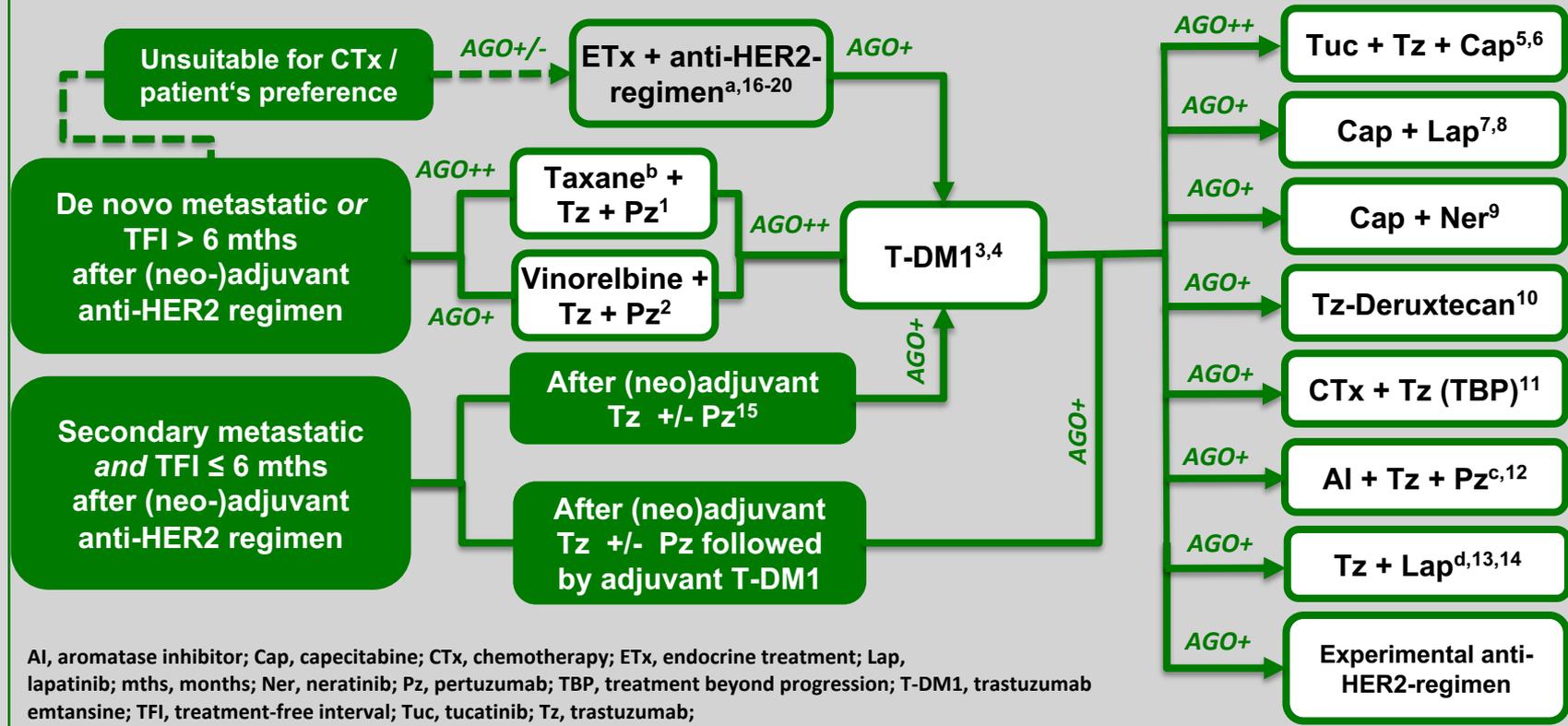


AI, aromatase inhibitor; CDK4/6i, CDK4/6 inhibitor; GnRHa, GnRH agonist; HR, hormone receptor; mBC, metastatic breast cancer

HER2-positive Metastatic Breast Cancer: 1st-3rd-line

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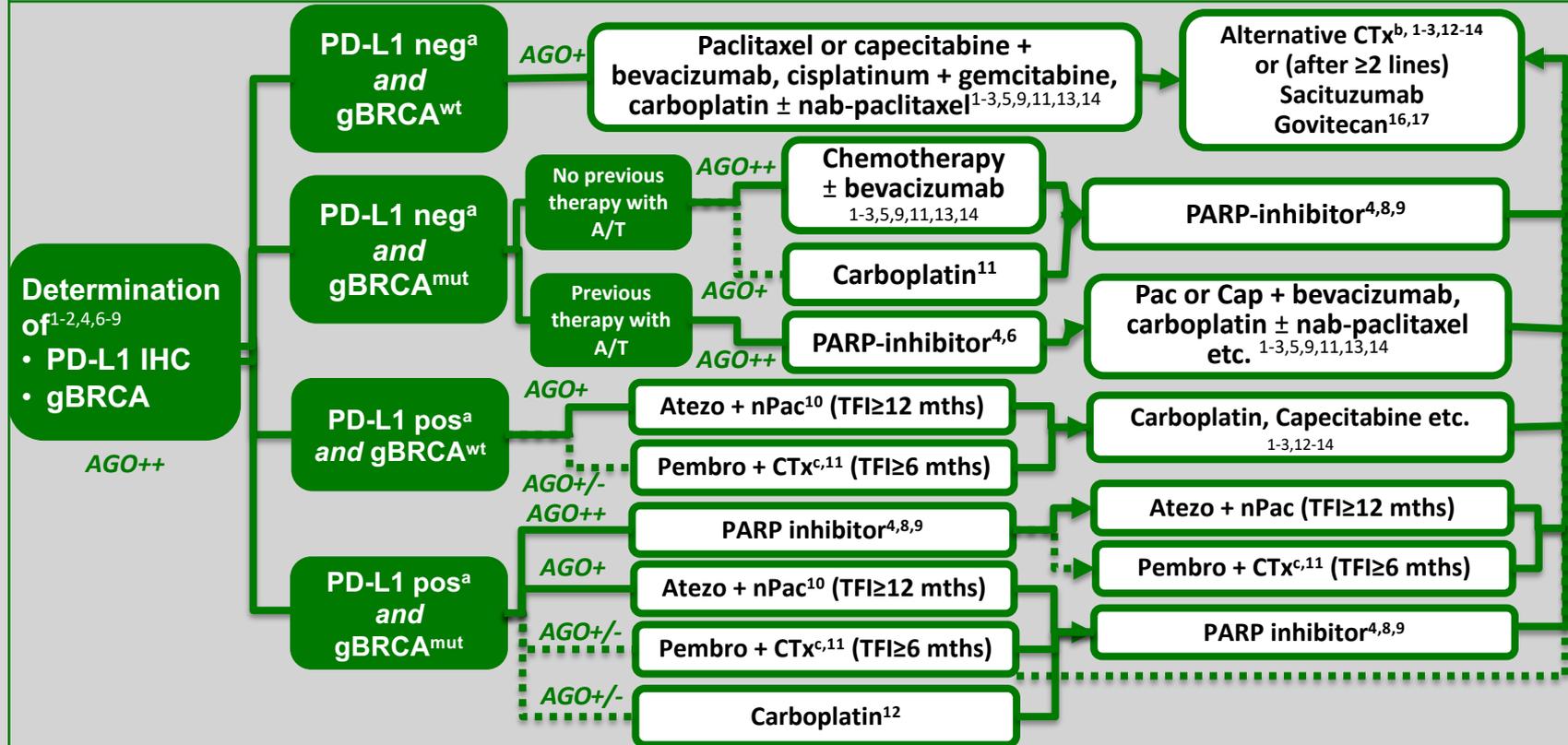


AI, aromatase inhibitor; Cap, capecitabine; CTx, chemotherapy; ETx, endocrine treatment; Lap, lapatinib; mths, months; Ner, neratinib; Pz, pertuzumab; TBP, treatment beyond progression; T-DM1, trastuzumab emtansine; TFI, treatment-free interval; Tuc, tucatinib; Tz, trastuzumab;
^a no OS benefit, consider induction chemotherapy + anti-HER2-therapy (followed by ETx + anti-HER2-therapy as maintenance therapy); ^b docetaxel (++) , paclitaxel (++) or nab-paclitaxel (+); ^c only HR positive; ^d only for HR negative

Triple-negative Metastatic Breast Cancer

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A, anthracycline; Atezo, atezolizumab; Cap, capecitabine; gBRCA, germ line BRCA mutation; IHC, immunohistochemistry; mths, months; mut, mutated; neg, negative; nPac, nab-paclitaxel; Pac, paclitaxel; PD-L1, programmed cell death ligand 1; Pembro, pembrolizumab; pos, positive; T, taxane; TFI, treatment-free interval; wt, wild type; ^a IC<1% (neg) or ≥1% (pos); ^b use of not previously used compounds or regimen; ^c nPac, Pac oder Carboplatin+Gemcitabin