



® ADO e. V.
in der DGGG e. V.
in der DGBC e. V.
Guidelines Breast
Version 2021.12

STÄNDIGKEIT
STÄNDIGKEIT
STÄNDIGKEIT

Diagnosis and Treatment of Patients with early and advanced Breast Cancer

Breast Cancer Risk and Prevention



AGO e. V.
in der DGGG e. V.
in der DGK e. V.
Guidelines Breast
Version 2021.12

www.ago-online.de
FACHGEBIET
LEITUNG
STELLE

Breast Cancer Risk and Prevention

- **Versions 2003–2020:**
Schmutzler mit Albert / Bischoff / Blohmer / Ditsch / Fasching / Fehm /
Kiechle / Maass / Müller-Schimpfle / Mundhenke / Rhiem / Rody /
Schmidt / Schmutzler / Stickeler / Thomssen
- **Version 2021:**
Park-Simon / Witzel

Principles of Prevention

- Women at increased risk for breast cancer are not considered *patients* but *healthy women or counselees*
- A comprehensive informed consent taking into consideration all potential side effects and risks is warranted prior to offering preventive measures
- Highest priority: „First, do no harm!“

(Primum nil nocere)

AGO e. V.
in der DGGG e. V.
in der DGO e. V.
Guidelines Breast
Version 2021.12

www.ago-online.de
FACHGESELLSCHAFT
FÜR GYNEKOLOGIE
UND GEBURTSHILFE

Indication for Genetic Testing of *BRCA1/2* Genes and Possibly Further Risk Genes?

(Part 2 of 2 - testing according to disease)

Oxford LoE: 2b GR: B AGO: ++

- **Other recommended criteria:**
 - own disease of triple negative breast cancer ≤ 60 yrs. of age
 - own disease of ovarian cancer
 - if therapeutically relevant (e.g. PARPi)

* Inclusion criteria of the German Consortium of Hereditary Breast and Ovarian Cancer (GCHBOC) based on a *BRCA1/2* mutation prevalence ≥ 10% tested in 21,401 families. All mutation carriers should be registered in scientific databases, to validate the inclusion and exclusion criteria (including population-based studies).

1. Couch FJ, Hart SN, Sharma P, et al. Inherited mutations in 17 breast cancer susceptibility genes among a large triple-negative breast cancer cohort unselected for family history of breast cancer. *J Clin Oncol.* 2015;33(4):304-11.
2. Meindl A, German Consortium for Hereditary B, Ovarian C. Comprehensive analysis of 989 patients with breast or ovarian cancer provides *BRCA1* and *BRCA2* mutation profiles and frequencies for the German population. *Int J Cancer.* 2002;97(4):472-80.
3. Hahnen E, Lederer B, Hauke J et al. Germline Mutation Status, Pathological Complete Response, and Disease-Free Survival in Triple-Negative Breast Cancer: Secondary Analysis of the GeparSixto Randomized Clinical Trial. *JAMA Oncol.* 2017 Oct 1;3(10):1378-1385. doi: 10.1001/jamaoncol.2017.1007. PMID: 28715532; PMCID: PMC5710508.
4. Harter P, Hauke J, Heitz F, et al. Prevalence of deleterious germline variants in risk genes including *BRCA1/2* in consecutive ovarian cancer patients (AGO-TR1). *PLoS One* 2017;12:e0186043.
5. Engel C, Rhiem K, Hahnen E, et al. Prevalence of pathogenic *BRCA1/2* germline mutations among 802 women with unilateral triple-negative breast cancer without family cancer history. *BMC Cancer.* 2018;18(1):265. Published 2018 Mar 7. doi:10.1186/s12885-018-4029-y
6. Litton JK, Hurvitz SA, Mina LA, et al. Talazoparib versus chemotherapy in patients with germline *BRCA1/2*-mutated HER2-negative advanced breast cancer: final overall survival results from the EMBRACA trial. *Ann Oncol.* 2020 Nov;31(11):1526-1535. doi: 10.1016/j.annonc.2020.08.2098. Epub 2020 Aug 20. PMID: 32828825.
7. Robson M, Im SA, Senkus E, et al. Olaparib for Metastatic Breast Cancer in Patients with a Germline *BRCA* Mutation *N Engl J Med*

2017;377:523-533

8. Manchanda R, Gaba F. Population Based Testing for Primary Prevention: A Systematic Review. *Cancers (Basel)*. 2018 Nov 5;10(11).

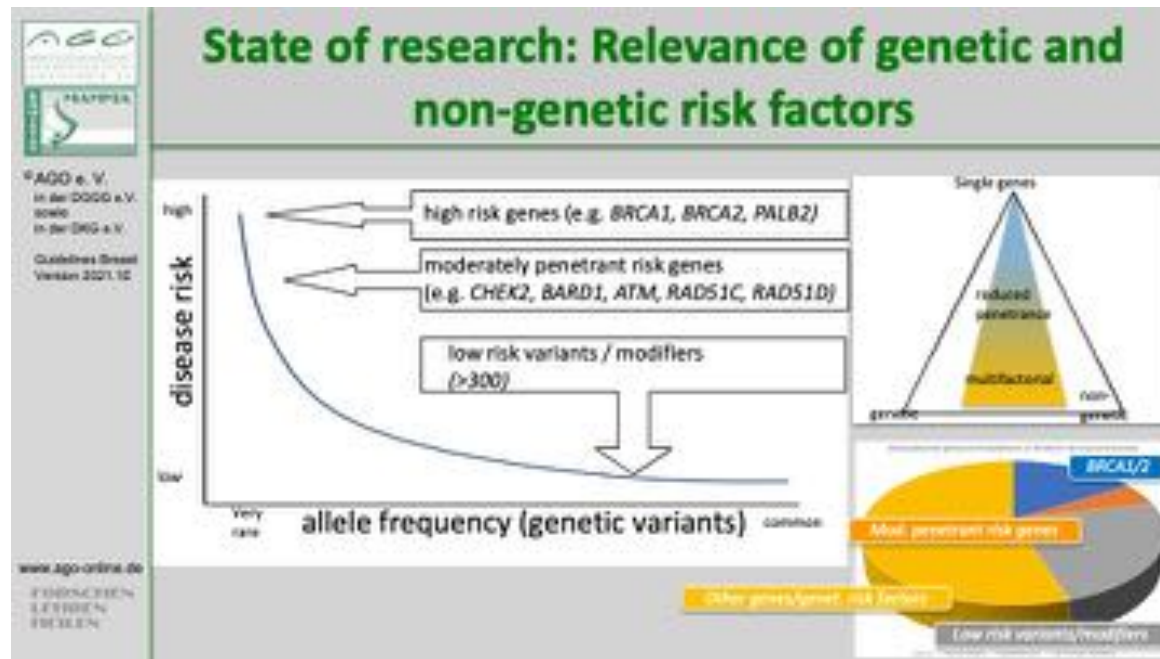
Checklist according to Public Health Insurance Policies (German GKV)

© AGO e.V.
in der DGGG e.V.
in der DGG e.V.
Guidelines Breast
Version 2021.12

www.ago-online.de
0 180 600 000 000
0 180 600 000 000
0 180 600 000 000

online tool provided by the GC-HBOC, V2_05.08.2020
<https://familaerer-brust-und-eierstockkrebs-koeln.de/informationen/downloads>

1. Kast K, Rhiem K, Wappenschmidt B, et al., Prevalence of BRCA1/2 germline mutations in 21.401 families with breast and ovarian cancer. J Med Genet 2016;53:465-71.
2. Rhiem K, Bücker-Nott HJ, Hellmich M, et al. Benchmarking of a checklist for the identification of familial risk for breast and ovarian cancers in a prospective cohort. Breast J. 2019;25(3):455–460. doi:10.1111/tbj.13257



1. Couch FJ, Shimelis H, Hu C, et al. Associations between cancer predisposition testing panel genes and breast cancer JAMA Oncol 2017;3:1190-1196.
2. Couch FJ, Nathanson KL, Offit K. Two decades after BRCA: setting paradigms in personalized cancer care and prevention. Science. 2014;343(6178):1466-70.
3. Hauke J, Horvath J, Groß E, et al. Gene panel testing of 5589 BRCA1/2-negative index patients with breast cancer in a routine diagnostic setting: results of the German Consortium for Hereditary Breast and Ovarian Cancer. Cancer Med. 2018 Mar 9. doi: 10.1002/cam4.1376.
4. Castera L, Harter V, Muller E. et al.: Landscape of pathogenic variations in a panel of 34 genes and cancer risk estimation from 5131 HBOC families. Genetics in Medicine. Genet Med. 2018 Jul 10. doi: 10.1038/s41436-018-0005-9.
5. Ghousaini M, Fletcher O, Michailidou K et al. Genome-wide association analysis identifies three new breast cancer susceptibility loci. Nat Genet 2012; 44: 312–318
6. Michailidou K, Hall P, Gonzalez-Neira A et al. Large-scale genotyping identifies 41 new loci associated with breast cancer risk. Nat Genet 2013; 45: 353–361, 361e1–361e2
7. Michailidou K, Beesley J, Lindstrom S et al. Genome-wide association analysis of more than 120,000 individuals identifies 15 new susceptibility loci for breast cancer. Nat Genet 2015; 47: 373–380

8. Milne RL, Kuchenbaecker KB, Michailidou K et al. Identification of ten variants associated with risk of estrogen-receptor-negative breast cancer. *Nat Genet* 2017; 49: 1767–1778
9. Michailidou K, Lindstrom S, Dennis J et al. Association analysis identifies 65 new breast cancer risk loci. *Nature* 2017; 551: 92–94
10. Fachal L, Aschard H, Beesley J, Barnes DR, Allen J, Kar S, Pooley KA, Dennis J, Michailidou K, Turman C et al: Fine-mapping of 150 breast cancer risk regions identifies 191 likely target genes. *Nat Genet* 2020.
11. Dorling L, Carvalho S, Allen J et al. Breast-Cancer Risk Genes — Association Analysis in More than 113,000 Women. *NEJM* 2021 DOI: 10.1056/NEJMoa1913948

Genes with Moderate to High Lifetime Risk for Breast Cancer

Cumulative risk for breast cancer

- high: *BRCA1, BRCA2, PALB2*
- moderate: *ATM, CHEK2, BARD1, RAD51C, RAD51D*

Clinical benefit* of a genetic test

- *BRCA1, BRCA2*
- *PALB2*
- *ATM, BARD1, CHEK2, RAD51C, RAD51D*

* Efficacy of preventive strategies.

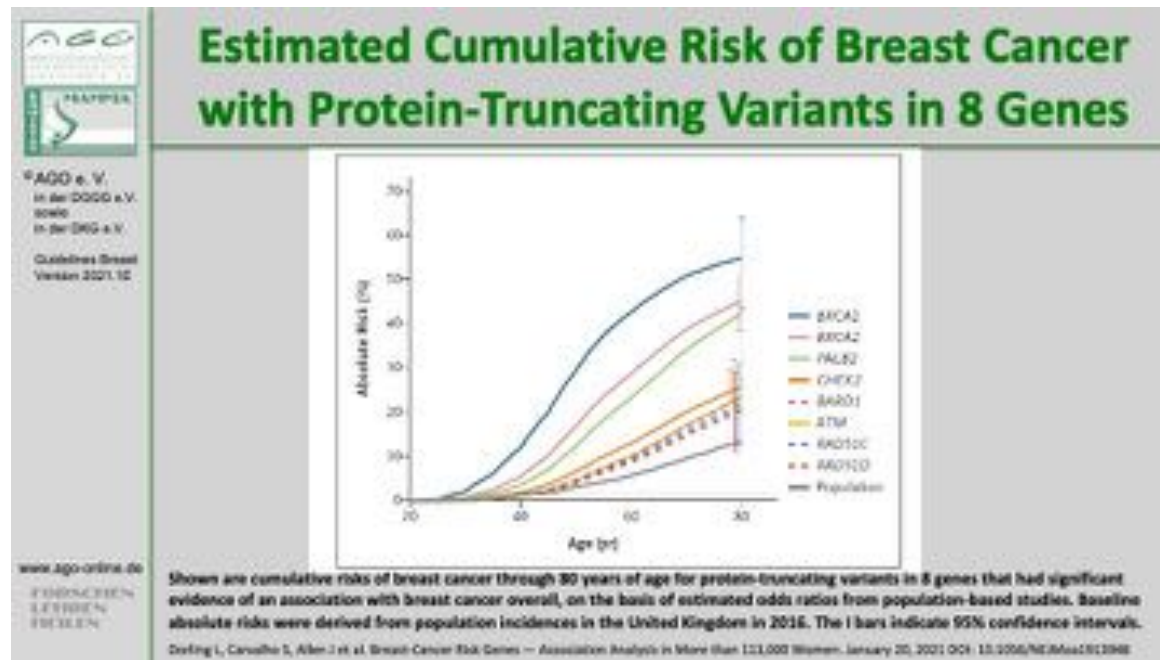
* Participation in prospective registries or studies is highly recommended.

Oxford		
LoE	GR	AGO
1b	A	++
1b	B	+
1b	A	++*
3a	B	+*
3a	B	+/-*

1. Antoniou AC, Casadei S, Heikkinen T, et al. Breast-cancer risk in families with mutations in PALB2. *N Engl J Med*. 2014;371(6):497-506.
2. Buys SS, Sandbach JF, Gammon A, et al. A study of over 35,000 women with breast cancer tested with a 25-gene panel of hereditary cancer genes. *Cancer* 2017 May 15;123(10):1721-1730. doi: 10.1002/cnrc.30498. Epub 2017 Jan 13
3. Bick U, Engel C, Krug B, et al. High-risk breast cancer surveillance with MRI: 10-year experience from the German consortium for hereditary breast and ovarian cancer. *Breast Cancer Res Treat*. 2019;175(1):217–228. doi:10.1007/s10549-019-05152-9
4. Couch FJ, Shimelis H, Hu C, et al. Associations between cancer predisposition testing panel genes and breast cancer *JAMA Oncol* 2017;3:1190-1196.
5. Couch FJ, Nathanson KL, Offit K. Two decades after BRCA: setting paradigms in personalized cancer care and prevention. *Science*. 2014;343(6178):1466-70.
6. Hauke J, Horvath J, Groß E, et al. Gene panel testing of 5589 BRCA1/2-negative index patients with breast cancer in a routine diagnostic setting: results of the German Consortium for Hereditary Breast and Ovarian Cancer. *Cancer Med*. 2018 Apr;7(4):1349-1358. doi: 10.1002/cam4.1376. Epub 2018 Mar 9.
7. Shimelis H, LaDuca, Hu C et al.: Triple-negative breast cancer risk genes identified by multigene hereditary cancer panel testing. *J Natl Cancer Inst* 2018 Aug 7.doi:10.1093/jnci/djy106.
8. Southey MC, Goldgar DE, Winqvist R et al. PALB2, CHEK2 and ATM rare variants and cancer risk: data from COGS. *J Med Genet*. 2016

Dec;53(12):800-811. doi: 10.1136/jmedgenet-2016-103839. Epub 2016 Sep 5. PMID: 27595995; PMCID: PMC5200636.

9. Yang X, Song H, Leslie G et al. Ovarian and Breast Cancer Risks Associated With Pathogenic Variants in RAD51C and RAD51D. *J Natl Cancer Inst.* 2020 Dec 14;112(12):1242-1250. doi: 10.1093/jnci/djaa030. PMID: 32107557; PMCID: PMC7735771.
10. Yang X, Leslie G, Doroszk A et al. Cancer Risks Associated With Germline PALB2 Pathogenic Variants: An International Study of 524 Families. *J Clin Oncol.* 2020 Mar 1;38(7):674-685. doi: 10.1200/JCO.19.01907. Epub 2019 Dec 16. PMID: 31841383; PMCID: PMC7049229.
11. Dorling L, Carvalho S, Allen J et al. Breast-Cancer Risk Genes — Association Analysis in More than 113,000 Women. January 20, 2021 DOI: 10.1056/NEJMoa1913948
12. <https://www.konsortium-familiaerer-brustkrebs.de/konsensusempfehlung/>, last accessed 21th January 2021



1. Dorling L, Carvalho S, Allen J et al. Breast-Cancer Risk Genes — Association Analysis in More than 113,000 Women. January 20, 2021
DOI: 10.1056/NEJMoa2113948

Current Clinical Impact of Further Risk Genes

- Further moderate and low-risk gene variants are most likely transmitted by an oligo- or polygenic trait.
- The penetrance of such genes depends on the own and family cancer history.
- Single low-risk variants confer only small risk elevations and also seem to be associated with specific tumor subtypes. Potential multiplicative effects that may be relevant for risk stratification and provision of clinical prevention strategies remain to be elucidated. Therefore, analysis of multiple gene regions may be of clinical relevance in the future.
- * Therefore, genetic testing of moderate and low-risk genes and variants should only be performed within large prospective cohort studies like the German Consortium for Hereditary Breast and Ovarian Cancer (GC-HBOC).

	Oxford		
	LoE	GR	AGO
• Clinical genetic testing of moderate-risk genes, e.g. gene panels	1b	B	+
• Clinical genetic testing for low-risk variants (polygenic risk score)	2b	B	+/-*
• Referral to centers of the GC-HBOC or cooperating centers	5	D	+

1. Borde J, Ernst C, Wappenschmidt B et al. Performance of breast cancer polygenic risk scores in 760 female CHEK2 germline mutation carriers. J Natl Cancer Inst. 2020 Dec 29:djaa203. doi: 10.1093/jnci/djaa203. Epub ahead of print. PMID: 33372680.
2. Couch FJ, Shimelis H, Hu C, et al. Associations between cancer predisposition testing panel genes and breast cancer JAMA Oncol 2017;3:1190-1196.
3. Cuzick J, Brentnall AR, Segal C, et al. Impact of a Panel of 88 Single Nucleotide Polymorphisms on the Risk of Breast Cancer in High-Risk Women: Results From Two Randomized Tamoxifen Prevention Trials. J Clin Oncol. 2016;JCO2016698944.
4. Dunning AM, Michailidou K, Kuchenbaecker KB, et al. Breast cancer risk variants at 6q25 display different phenotype associations and regulate ESR1, RMND1 and CCDC170. Nat Genet. 2016;48(4):374-86.
5. Dorling L, Carvalho S, Allen J et al. Breast-Cancer Risk Genes — Association Analysis in More than 113,000 Women. January 20, 2021 DOI: 10.1056/NEJMoa1913948
6. Hauke J, Horvath J, Groß E, et al. Gene panel testing of 5589 BRCA1/2-negative index patients with breast cancer in a routine diagnostic setting: results of the German Consortium for Hereditary Breast and Ovarian Cancer. Cancer Med 2018 Apr;7(4):1349-1358. doi: 10.1002/cam4.1376. Epub 2018 Mar 10.
7. Mavaddat N, Pharoah PD, Michailidou K, et al. Prediction of breast cancer risk based on profiling with common genetic variants. J Natl Cancer Inst. 2015;107(5).
8. Mavaddat N, Michailidou K, Dennis J et al. Polygenic Risk Scores for Prediction of Breast Cancer and Breast Cancer Subtypes. Am J

Hum Genet. 2019 Jan 3;104(1):21-34. doi: 10.1016/j.ajhg.2018.11.002. Epub 2018 Dec 13. PMID: 30554720; PMCID: PMC6323553.

9. Michailidou K, Beesley J, Lindstrom S, et al. Genome-wide association analysis of more than 120,000 individuals identifies 15 new susceptibility loci for breast cancer. Nat Genet. 2015;47(4):373-80.

Non BRCA-associated Hereditary Cancer Syndromes with Increased Risk for Breast Cancer		
Syndrome	Gene	Risk for malignancy
Li-Fraumeni	TP53	Breast, endometrium, colorectal, small intestine, stomach, hepatobiliary, skin, osteosarcoma, soft tissue sarcoma, urogenital, CNS, AML, leukemia, lymphoma, lung
Cowden	PTEN	Breast, endometrium, thyroid, colorectal, kidney, melanoma
Hereditary diffuse gastric cancer syndrome	CDH1	Hereditary diffuse gastric cancer, lobular invasive breast cancer
Peutz-Jeghers syndrome	STK11/LKB1	Colorectal, small intestine, stomach, pancreas, testicle, endometrium
Lynch	MLH1, MSH2, MSH6, PMS2, EPCAM	Endometrium, ovary, colorectal, small intestine, stomach, hepatobiliary, pancreas, kidney, urogenital, CNS
Ataxia telangiectasia (AT-syndrome)	ATM	Breast cancer, leukemia, stomach, melanoma, sarcoma
Fanconi Anemia	BRCA2, BRIP1, RAD51C, PALB2	AML, MDS, SOC, medulloblastoma, nephroblastoma, breast, pancreas, ovary

1. di Masi A, Antoccia A. NBS1 Heterozygosity and Cancer Risk. Curr Genomics. 2008;9(4):275-81.
2. Gao P, Ma N, Li M, et al. Functional variants in NBS1 and cancer risk: evidence from a meta-analysis of 60 publications with 111 individual studies. Mutagenesis. 2013;28(6):683-97.
3. Meindl A, Hellebrand H, Wiek C, et al. Germline mutations in breast and ovarian cancer pedigrees establish RAD51C as a human cancer susceptibility gene. Nat Genet. 2010;42(5):410-4.
4. Song H, Dicks E, Ramus SJ, et al. Contribution of Germline Mutations in the RAD51B, RAD51C, and RAD51D Genes to Ovarian Cancer in the Population. J Clin Oncol. 2015;33(26):2901-7.
5. Goldgar DE, Healey S, Dowty JG, et al. Rare variants in the ATM gene and risk of breast cancer. Breast Cancer Res. 2011;13(4):R73.
6. Engel C, Loeffler M, Steinke V, et al. Risks of less common cancers in proven mutation carriers with lynch syndrome. J Clin Oncol. 2012;30(35):4409-15.
7. Hearle N, Schumacher V, Menko FH, et al. Frequency and spectrum of cancers in the Peutz-Jeghers syndrome. Clin Cancer Res. 2006;12(10):3209-15.
8. Benusiglio PR, Malka D, Rouleau E, et al. CDH1 germline mutations and the hereditary diffuse gastric and lobular breast cancer syndrome: a multicentre study. J Med Genet. 2013;50(7):486-9.
9. Tan MH, Mester JL, Ngeow J, et al. Lifetime cancer risks in individuals with germline PTEN mutations. Clin Cancer Res. 2012;18(2):400-7.

10. Masciari S, Dillon DA, Rath M, et al. Breast cancer phenotype in women with TP53 germline mutations: a Li-Fraumeni syndrome consortium effort. *Breast Cancer Res Treat.* 2012;133(3):1125-30.
11. Antoniou AC, Casadei S, Heikkinen T, et al. Breast-cancer risk in families with mutations in PALB2. *N Engl J Med.* 2014;371(6):497-506.
12. Weber-Lassalle N, Hauke J, Ramser J, et al. BRIP1 loss-of-function mutations confer high risk for familial ovarian cancer, but not familial breast cancer. *Breast Cancer Res.* 2018 Jan 24;20(1):7. doi: 10.1186/s13058-018-0935-9.
13. Couch FJ et al.: Associations between cancer predisposition testing panel genes and breast cancer. *JAMA Oncology* 2017, DOI: 10.1001/jamaoncol.2017.042
14. Hauke J, Horvath J, Groß E, et al. Gene panel testing of 5589 BRCA1/2-negative index patients with breast cancer in a routine diagnostic setting: results of the German Consortium for Hereditary Breast and Ovarian Cancer. *Cancer Med.* 2018 Mar 9. doi: 10.1002/cam4.1376.



Current version of the TruRisk® BC/OC* Gene Panel by the German Consortium (GC-HBOC)

© AGO e. V.
in der DGGG e. V.
in der DGG e. V.
Guidelines Breast
Version 2021.12

ATM	BRCA1	BRCA2	BRCA2	BRIP1	CDH1	CYBB2	PALE2
BRIS1C	BRIS1B	BRIS1	EPCAM	MLH1	MSH2	MSH6	PMS2
PTEN	STK11	APC	FAM175A	FANCC	FANCM	HRR23	MEN1
MRE11A	MUTYH	NBN	NF1	POLD1	POLE	RAD50	RECQL
SMARCA4	XRCC2						

Selection of genes:	11 BC/OC "core genes" (Data on risk increase)
	7 other syndrome-associated genes (Lynch, Cowden, Peutz-Jeghers) with suspected BC/OC association
	16 BC/OC candidate genes from scientific projects (validation in the GC-HBOC)
Strategy: Validation in prospective cohort, continuous expansion and improvement	

*BC=breast cancer, OC=ovarian cancer

www.ago-online.de

AGO e. V.
in der DGGG e. V.
in der DGG e. V.

www.dgbc-online.de
FACHGESAMTAG
DEUTSCHE
GESELLSCHAFT FÜR
BRUSTKREBBS
FORSCHUNG

Distinct Genetically Subtypes Defines Distinct Tumor Entities

© AGO e. V.
in der DGBC e. V.
sowie
in der DGBCF e. V.


Guidelines Breast
Version 2021.10

Distinct genetic subtypes of breast cancer may show distinct clinical features. Prior to the offer risk reducing clinical procedures the following facts and data should be addressed:

- Age related disease penetrance?
- Typical histopathological features?
- Sensitivity to current screening modalities?
- Better survival of early detected tumors?
- Natural disease course?
- Response to anti-tumor therapy?

Genotype-phenotype-correlations must be known before performing preventive clinical measures

1. Pirie A, Guo Q, Kraft P, et al. Common germline polymorphisms associated with breast cancer specific survival. *Breast Cancer Res.* 2015;17(1):58.
2. Mulligan AM, Couch FJ, Barrowdale D, et al. Common breast cancer susceptibility alleles are associated with tumour subtypes in BRCA1 and BRCA2 mutation carriers: results from the Consortium of Investigators of Modifiers of BRCA1/2. *Breast Cancer Res.* 2011;13(6):R110.
3. Fasching PA, Pharoah PD, Cox A, et al. The role of genetic breast cancer susceptibility variants as prognostic factors. *Hum Mol Genet.* 2012;21(17):3926-39.
4. Broeks A, Schmidt MK, Sherman ME, et al. Low penetrance breast cancer susceptibility loci are associated with specific breast tumor subtypes: findings from the Breast Cancer Association Consortium. *Hum Mol Genet.* 2011;20(16):3289-303.
5. Weischer M, Nordestgaard BG, Pharoah P, et al. CHEK2*1100delC heterozygosity in women with breast cancer associated with early death, breast cancer-specific death, and increased risk of a second breast cancer. *J Clin Oncol.* 2012;30(35):4308-16.



*AGO e. V.
 in der DGHG e. V.
 sowie
 in der DGCG e. V.
 Guidelines Breast
 Version 2021.12

www.ago-online.de
 07 530042 3100 %
 07 530042 3100 %
 07 530042 3100 %

VUS: Problems and Questions

- „A Variant of Unknown Significance (VUS IARC class 3) is a genetic variant with unknown clinical relevance.“ (Plon et al. Hum Mutat 2008)
- Most VUS are extremely rare (≤3 variants in >80% of families)
- Classification of sequence variants should be performed according to the IARC classification system
- Frequency of VUS (IARC class 3) increases with numbers of tested genes
- Clinical interpretation and decision making depending on the IARC classification system is not standardized yet
- In silico prediction tools (PolyPhen2, SIFT) are not adequate or sufficient for clinical decision making
- Additional analyses are required, e.g. in vitro splicing assay, functional assay, segregation analysis, co-occurrence analysis, large case / control studies

1. Plon SE, Eccles DM, Easton D, et al. Sequence variant classification and reporting: recommendations for improving the interpretation of cancer susceptibility genetic test results. *Human mutation*. 2008;29(11):1282-91.
2. Ernst C, Hahnen E, Engel C, et al. Performance of in silico prediction tools for the classification of rare BRCA1/2 missense variants in clinical diagnostics. *BMC Med Genomics*. 2018;11(1):35. Published 2018 Mar 27. doi:10.1186/s12920-018-0353-y


Variant classification proposed by IARC

(Plon et al., Human Mutation, 2008)

Proposed Classification System for Sequence Variants Identified by Genetic Testing		
Class	Description	Probability of being pathogenic
5	Definitely pathogenic	> 0,99
4	Likely pathogenic	0,95 – 0,99
3	Uncertain	0,05 – 0,949
2	Likely not pathogenic or of little clinical significance	0,001 – 0,049
1	Not pathogenic or of no clinical significance	< 0,001

Only class 4 and 5 variants are considered clinically relevant.

1. Plon SE, Eccles DM, Easton D, et al. Sequence variant classification and reporting: recommendations for improving the interpretation of cancer susceptibility genetic test results. Human mutation. 2008;29(11):1282-91.



AGO e. V.
 in der DGHG e. V.
 in der DGHG e. V.
 Guidelines Breast
 Version 2021.12

www.ago-online.de
 0 530 004 310 74
 0 53 000 0 74
 0 53 000 0 74

Classification of IARC Class 3 Variants

Requires additional information and analyses, e.g.

- **Co-occurrence data from large data banks**
- **Segregation analysis**
- **Functional analysis etc.**
- **Data should be pooled in large study groups (e.g. ENIGMA)**

*Most class 3 variants can be downgraded to clinically irrelevant classes 1 or 2 by these analyses. Few are upgraded to the clinically relevant classes 4 or 5. Any re-evaluation of the IARC class should be communicated to the tested persons (see for example the concept of supervision in centres of the German Consortium/GC-HBOC).

1. Spurdle AB, Healey S, Devereau A, et al. ENIGMA--evidence-based network for the interpretation of germline mutant alleles: an international initiative to evaluate risk and clinical significance associated with sequence variation in BRCA1 and BRCA2 genes. Human mutation. 2012;33(1):2-7.

Oxford		
LoE	GR	AGO
5	0	++

- | | LoE | GR | AGO |
|---|-----|----|-----|
| According to the Genetic Diagnostic Law | | | |
| According to the Medical Devices Act,
e.g. risk assessment requires professional training and expertise | S | D | ++ |
| Application of software for risk calculation requires professional training and experience | | | |
| Communicate absolute risks within a manageable timeframe | | | |
| Communicate risk and benefit of a multimodal intensive surveillance program | | | |
| Communicate risk and benefit of preventive clinical methods | | | |
| Communicate competing risks, e.g. risk of disease progression in relation to risk of a secondary primary in women already affected by primary breast cancer | | | |
| Allow appropriate time for consideration | | | |

1. Phi XA, Houssami N, Hooning MJ et al., Accuracy of screening women at familial risk of breast cancer without a known gene mutation.. Eur J of Cancer 2017;85:31-38

Multimodal Intensive Surveillance Program*

		Oxford		
		LoE	GR	AGO
•	Program für BRCA-Carriers			
•	For the detection of early stage cancers	2b	B	++
•	Clinical breast exam			
	> = 25 Jahre	Semi-annually		
•	Sonography			
	> = 25 Jahre	Semi-annually		
•	Mammogram			
	> = 40 Jahre	Bi-annually		
•	Breast MRI			
	> = 25 Jahre	Annually		
•	For improvement of metastasis-free interval	2b	B	+
•	Survivors after tumors in childhood and radiotherapy of thoracic wall (e.g. M. Hodgkin)	2a	B	++

* The multimodal intensified early detection program should be carried out within the framework of transparent quality assurance and appropriate evaluation.

1. Albert US, Schreer I; Arbeitsgruppe der Stufe-3-Leitlinie Mammakarzinom. S3 guideline breast cancer: update on early detection, and mammography screening. Radiologe. 2019 Jan;59(1):13-18. doi: 10.1007/s00117-018-0473-6.
2. Bick U, Engel C, Krug B, et al. High-risk breast cancer surveillance with MRI: 10-year experience from the German consortium for hereditary breast and ovarian cancer. Breast Cancer Res Treat. 2019;175(1):217–228. doi:10.1007/s10549-019-05152-9
3. Ellen Warner: Screening BRCA1 and BRCA2 Mutation Carriers for Breast Cancer. Review. Cancers 2018, 10, 477; doi:10.3390/cancers10120477
4. Evans, D.G.; Kesavan, N.; Lim, Y. et al.: MRI breast screening in high-risk women: Cancer detection and survival analysis. Breast Cancer Res. Treat. 2014, 145: 663–672
5. Leach MO, Boggis CR, Dixon AK, et al. Screening with magnetic resonance imaging and mammography of a UK population at high familial risk of breast cancer: a prospective multicentre cohort study (MARIBS). Lancet. 2005;365(9473):1769-78.
6. Meindl A, Ditsch N, Kast K, et al. Hereditary breast and ovarian cancer: new genes, new treatments, new concepts. Dtsch Arztebl Int. 2011;108(19):323-30.

HEREDITÄRE
BRUST- UND
EIERSTOCKKREBSE

High-risk breast cancer surveillance with MRI

© ADO e. V.
in der DGGG e. V.
in der DGG e. V.
Guidelines Breast
Version 2021.12

	30-39 years		40-49 years		≥50 years	
	Detection rate (%)	PPV (%)	Detection rate (%)	PPV (%)	Detection rate (%)	PPV (%)
BRCA1	43.2	29.4	21.8	25.5	30.5	33.3
BRCA2	22.7	23.3	24.3	27.5	16.3	23.5
BRCA1/2-non carriers with high risk	2.9	2.8	7.4	6.8	10.9	13.8

PPV: Positive predictive value

Detection performance of annual multimodality screening rounds with MRI by risk group and age

www.ado-online.de
FUNKTIONEN
LERNEN
HILFE

Bick U, Engel C, Krug B, et al. High-risk breast cancer surveillance with MRI: 10-year experience from the German consortium for hereditary breast and ovarian cancer. *Breast Cancer Res Treat.* 2019;175(1):217-228. doi:10.1007/s10549-019-05152-9

1. Bick U, Engel C, Krug B et al.: German Consortium for Hereditary Breast and Ovarian Cancer (GC-HBOC). High-risk breast cancer surveillance with MRI: 10-year experience from the German consortium for hereditary breast and ovarian cancer. *Breast Cancer Res Treat.* 2019 May;175(1):217-228. doi: 10.1007/s10549-019-05152-9. Epub 2019 Feb 6. PMID: 30725383.

Surveillance Program for Female Carriers of Pathogenic BRCA Mutations after Primary Breast Cancer acc. to GC-HBOC *

		Oxford		
		LoE	GR	AGO
▪ Multimodal intensive lifelong surveillance program				
▪ For detection of early stage breast cancers		2a	B	++
▪ Clinical breast exam	> = 25 Jahre	Semi-annually		
▪ Sonography	> = 25 Jahre	Semi-annually		
▪ Mammogram	> = 40 Jahre	Biannually		
▪ Breast MRI (until ACR1)	> = 25 Jahre	Annually		
▪ For mortality reduction (10-year survival)		3a	C	+/-*
* Follow-up care should be carried out as part of transparent quality assurance and appropriate evaluation.				

1. Albert US, Schreer I; Arbeitsgruppe der Stufe-3-Leitlinie Mammarkarzinom. S3 guideline breast cancer: update on early detection, and mammography screening. Radiologe. 2019 Jan;59(1):13-18. doi: 10.1007/s00117-018-0473-6.
2. Bick U, Engel C, Krug B et al.: German Consortium for Hereditary Breast and Ovarian Cancer (GC-HBOC). High-risk breast cancer surveillance with MRI: 10-year experience from the German consortium for hereditary breast and ovarian cancer. Breast Cancer Res Treat. 2019 May;175(1):217-228. doi: 10.1007/s10549-019-05152-9. Epub 2019 Feb 6. PMID: 30725383.
3. Carbine NE, Lostumbo L, Wallace J et al.: Risk-reducing mastectomy for the prevention of primary breast cancer. Cochrane Database Syst Rev. 2018 Apr 5;4:CD002748. Review
4. Leach MO, Boggis CR, Dixon AK, et al. Screening with magnetic resonance imaging and mammography of a UK population at high familial risk of breast cancer: a prospective multicentre cohort study (MARIBS). Lancet. 2005;365(9473):1769-78.
5. Meindl A, Ditsch N, Kast K, et al. Hereditary breast and ovarian cancer: new genes, new treatments, new concepts. Dtsch Arztebl Int. 2011;108(19):323-30.
6. Yao K et al.: Contralateral prophylactic mastectomy: current perspectives: Int J Womens Health 2016, 8:213-23. doi: 10.2147/IJWH.S82816

9. Page EC, Bancroft EK, Brook MN, et al. Interim Results from the IMPACT Study: Evidence for Prostate-specific Antigen Screening in BRCA2 Mutation Carriers. *Eur Urol*. 2019;76(6):831–842. doi:10.1016/j.eururo.2019.08.019
10. S3-Leitlinie Prostatakarzinom (Version 5.1, 2019)

*AGO e. V.
 in der DGHO e. V.
 sowie
 in der DGBC e. V.
 Guidelines Breast
 Version 2021.12

www.ago-online.de
 0 30 33 33 33 33
 0 30 33 33 33 33
 0 30 33 33 33 33

Modified Surveillance Program for BRCA-neg. Women at Moderate to High Risk or Survivors of Hodgkin Disease

Rationale:

- Increased risk of breast cancer after chest irradiation because of Hodgkin lymphoma in childhood (9–18 years)
- Increased risk of breast or ovarian cancer in women from BRCA1/2 negative families at risk that is, however, lower than in women from BRCA1/2 positive families
- Referral to centres of the GC-HBOC or cooperating centres for the evaluation of structured surveillance and follow-up

1. Darrington DL, Vose JM. Appropriate surveillance for late complications in patients in remission from Hodgkin lymphoma. *Curr Hematol Malig Rep.* 2012;7(3):200-7.
2. Ibrahim EM, Abouelkhair KM, Kazkaz GA, et al. Risk of second breast cancer in female Hodgkin's lymphoma survivors: a meta-analysis. *BMC Cancer.* 2012;12:197.
3. Meindl A, Ditsch N, Kast K, et al. Hereditary breast and ovarian cancer: new genes, new treatments, new concepts. *Dtsch Arztebl Int.* 2011;108(19):323-30.
4. Veit-Rubin N, Rapiti E, Usel M, et al. Risk, characteristics, and prognosis of breast cancer after Hodgkin's lymphoma. *Oncologist.* 2012;17(6):783-91.
5. Schellong G, Riepenhausen M, Ehlert K, et al. Breast cancer in young women after treatment for Hodgkin's disease during childhood or adolescence--an observational study with up to 33-year follow-up. *Dtsch Arztebl Int.* 2014;111(1-2):3-9. doi:10.3238/arztebl.2014.0003
6. Schmutzler RK, Rhiem K, Bick U; German Consortium for Hereditary Breast and Ovarian Cancer. Breast cancer in young women after treatment for Hodgkin's disease during childhood or adolescence--an observational study with up to 33-year follow-up. *Dtsch Arztebl Int.* 2014 Jan 6;111(1-2):3-9. doi: 10.3238/arztebl.2014.0003. PMID: 24565270; PMCID: PMC3948013.

Surgical Prevention

- A secondary risk-reducing unilateral or bilateral mastectomy is not indicated without the presence of clearly defined genetic risk factors because it does not lead to a reduction in mortality.

Oxford		
LoE	GR	AGO
2a	B	+

* study participation recommended

1. Kurian AW, Lichtensztajn DY, Keegan TH, et al. Use of and mortality after bilateral mastectomy compared with other surgical treatments for breast cancer in California, 1998-2011. JAMA. 2014;312(9):902-14.
2. Copson ER, Maishman TC, Tapper WJ, et al: Germline BRCA mutation and outcome in young-onset breast cancer (POSH): a prospective cohort study. Lancet Oncol 2018, DOI: [http://dx.doi.org/10.1016/S1470-2045\(17\)30891-4](http://dx.doi.org/10.1016/S1470-2045(17)30891-4).

Surgical Prevention for Healthy Female *BRCA1/2* Mutation Carriers

	Oxford		
	LoE	GR	AGO
▪ Risk-reducing bilateral salpingo-oophorectomy (RR-BSO)** ▪ Reduces OvCa incidence and mortality ▪ Reduces overall mortality	2a	B	+
▪ Risk-reducing bilateral mastectomy (RR-BM) ▪ Reduces BC incidence ▪ Reduces BC mortality in <i>BRCA1</i> mutation carriers***	2b 2b	B B	+* +*

* study participation recommended
 ** RR-BSO is recommended from about 35 years for *BRCA1* and from about 40 years for *BRCA2* mutation carriers, taking into account the age of ovarian cancer diagnosis in the family and the family planning status.
 *** No reduction in mortality could be shown for *BRCA2* mutation carriers. RRM counselling should be individualised.

- Domchek SM, Friebel TM, Neuhausen SL, et al. Mortality after bilateral salpingo-oophorectomy in *BRCA1* and *BRCA2* mutation carriers: a prospective cohort study. *Lancet Oncol*. 2006;7(3):223-9.
- Domchek SM, Friebel TM, Singer CF, et al. Association of risk-reducing surgery in *BRCA1* or *BRCA2* mutation carriers with cancer risk and mortality. *JAMA*. 2010;304(9):967-75.
- Heemskerk-Gerritsen BAM, Seynaeve C, van Asperen CJ, et al.: Breast Cancer Risk After Salpingo-Oophorectomy in Healthy *BRCA1/2* Mutation Carriers: Revisiting the Evidence for Risk Reduction. *JNCI J Natl Cancer Inst* (2015) 107(5): djv033
- Heemskerk-Gerritsen BAM, Jager A, Koppert LB et al: Survival after bilateral risk-reducing mastectomy in healthy *BRCA1* and *BRCA2* mutation carriers. *Breast Cancer Res Treat* 2019, 177(3):723-733.
- Hoogerbrugge N, Bult P, Bonenkamp JJ, et al. Numerous high-risk epithelial lesions in familial breast cancer. *Eur J Cancer*. 2006;42(15):2492-8.
- Kauff ND, Satagopan JM, Robson ME, et al. Risk-reducing salpingo-oophorectomy in women with a *BRCA1* or *BRCA2* mutation. *N Engl J Med*. 2002;346(21):1609-15.
- Kotsopoulos J, Huzarski T, Gronwald J, et al: Hereditary Breast Cancer Clinical Study Group. Bilateral Oophorectomy and Breast Cancer Risk in *BRCA1* and *BRCA2* Mutation Carriers. *J Natl Cancer Inst*. 2016 Sep 6;109(1). doi: 10.1093/jnci/djw177. Print 2017 Jan.
- Lostumbo L, Carbine NE, Wallace J. Prophylactic mastectomy for the prevention of breast cancer. *Cochrane Database Syst Rev*.

2010(11):CD002748.

9. Mavaddat N, Antoniou AC, Mooij TM et al: Risk-reducing salpingo-oophorectomy, natural menopause, and breast cancer risk: an international prospective cohort of BRCA1 and BRCA2 mutation carriers. *Breast Cancer Res* 2020, 22(1):8.
10. Meijers-Heijboer H, van Geel B, van Putten WL, et al. Breast cancer after prophylactic bilateral mastectomy in women with a BRCA1 or BRCA2 mutation. *N Engl J Med*. 2001;345(3):159-64.
11. Rebbeck TR, Friebel T, Lynch HAT, et al. Bilateral prophylactic mastectomy reduces breast cancer risk in BRCA1 and BRCA2 mutation carriers: the PROSE Study Group. *J Clin Oncol*. 2004;22(6):1055-62.
12. Rebbeck TR, Lynch HT, Neuhausen SL, et al. Prophylactic oophorectomy in carriers of BRCA1 or BRCA2 mutations. *N Engl J Med*. 2002;346(21):1616-22.
13. Xiao YL, Wang K, Liu Q, Li J, Zhang X, Li HY. Risk Reduction and Survival Benefit of Risk-Reducing Salpingo-oophorectomy in Hereditary Breast Cancer: Meta-analysis and Systematic Review. *Clin Breast Cancer*. 2019 Feb;19(1):e48-e65. doi: 10.1016/j.clbc.2018.09.011. Epub 2018 Oct 4. PMID: 30470623.

Risk-reducing Interventions for BRCA1/2 Female Mutation Carriers Affected by Breast Cancer

	Oxford		
	LoE	GR	AGO
<ul style="list-style-type: none"> • Risk-reducing bilateral salpingo-oophorectomy (RR-BSO) <ul style="list-style-type: none"> • Reduces OVCa incidence and mortality • Reduces overall mortality (contradictory results regarding reduction of contralateral BC incidence) 	2b	B	++*
<ul style="list-style-type: none"> • Prophylactic contralateral mastectomy (RR-CM)* <ul style="list-style-type: none"> • Reduces BC incidence and mortality 	2b	B	++*
<ul style="list-style-type: none"> • Tamoxifen (reduces contralateral BC incidence) 	2b	B	+/-*
<ul style="list-style-type: none"> • Indication for RR-CM should consider age at onset of first breast cancer in affected gene 	2a	B	++*
<ul style="list-style-type: none"> • RR-BM after ovarian cancer 	4	C	+/-**

* study participation recommended
 ** Depends on tumor stage (FIGO I/II), recurrence free interval (≥ 5y), age

1. Domchek SM, Jhaveri K, Patil S et al. Risk of metachronous breast cancer after BRCA mutation associated ovarian cancer. Cancer 2013;119:1344-8.
2. Evans DG, Ingham SL, Baidam A, et al. Contralateral mastectomy improves survival in women with BRCA1/2-associated breast cancer. Breast Cancer Res Treat. 2013;140(1):135-42.
3. Fong A, Cass I, John C, Gillen J, Moore KM, Gangi A, Walsh C, Li AJ, Rimel BJ, Karlan BY, Amersi F. Breast Cancer Surveillance Following Ovarian Cancer in BRCA Mutation Carriers. Am Surg. 2020 Oct;86(10):1243-1247. doi: 10.1177/0003134820964208. Epub 2020 Oct 26. PMID: 33106023.
4. Graeser MK, Engel C, Rhiem K, et al. Contralateral breast cancer risk in BRCA1 and BRCA2 mutation carriers. J Clin Oncol. 2009;27(35):5887-92.
5. Heemskerk-Gerritsen BA, Rookus MA, Aalfs CM, et al. Improved overall survival after contralateral risk-reducing mastectomy in BRCA1/2 mutation carriers with a history of unilateral breast cancer: a prospective analysis. Int J Cancer. 2015;136(3):668-77.
6. Jacobson M, Narod SA: Does oophorectomy reduce breast cancer mortality for BRCA mutation carriers after breast cancer? Expert Rev Anticancer Ther. 2018 Apr;18(4):305-306
7. Kotsopoulos J, Narod SA Prophylactic mastectomy for BRCA mutation carriers after ovarian cancer treatment: is it beneficial? Expert Rev Anticancer ,18(3):199-200.

8. McGee J, Giannakeas V, Karlan B, et al. Risk of breast cancer after a diagnosis of ovarian cancer in BRCA mutation carriers: is preventive mastectomy warranted? *Gynecol Oncol*. 2017 May;145(2):346–351.
9. Metcalfe K, Gershman S, Ghadirian P, et al. Contralateral mastectomy and survival after breast cancer in carriers of BRCA1 and BRCA2 mutations: retrospective analysis. *BMJ*. 2014;348:g226.
10. Metcalfe K, Lynch HT, Foulkes WD, et al. Effect of Oophorectomy on Survival After Breast Cancer in BRCA1 and BRCA2 Mutation Carriers. *JAMA Oncol*. 2015;1(3):306-13.
11. Metcalfe K, Lynch HT, Ghadirian P, et al. Contralateral breast cancer in BRCA1 and BRCA2 mutation carriers. *J Clin Oncol*. 2004;22(12):2328-35.
12. Metcalfe KA, Lubinski J, Ghadirian P, et al. Predictors of contralateral prophylactic mastectomy in women with a BRCA1 or BRCA2 mutation: the Hereditary Breast Cancer Clinical Study Group. *J Clin Oncol*. 2008;26(7):1093-7.
13. Phillips KA, Milne RL, Rookus MA et al. Tamoxifen and risk of contralateral breast cancer for BRCA1 and BRCA2 mutation carriers. *J Clin Oncol* 2013,31(25):3091-9.
14. Rhiem K, Engel C, Graeser M, et al. The risk of contralateral breast cancer in patients from BRCA1/2 negative high risk families as compared to patients from BRCA1 or BRCA2 positive families: a retrospective cohort study. *Breast Cancer Res*. 2012;14(6):R156.
15. Ye-Lei Xiao, Kang Wang, Qiang Liu, et al.: Risk Reduction and Survival Benefit of Risk-Reducing Salpingo-oophorectomy in Hereditary Breast Cancer: Meta-analysis and Systematic Review. *Clinical Breast Cancer*, Vol. 19, No. 1, e48-65

Therapy of *Germline mutation*-associated Breast Cancer

	Oxford		
	LoE	GR	AGO
Limited prospective cohort studies with short follow-up time			
• Breast conserving surgery: adequate local tumor control (~10 years observation)	2a	B	+
• Systemic therapy according to sporadic breast cancer	3a	B	+
• gBRCA mutation status is predictive for chemotherapy response in TNBC	2b	B	+
• Carboplatin (vs. Docetaxel) in metastatic breast cancer	2b	B	+
• PARP inhibitor in metastatic breast cancer			
• BRCA1/2	1b	B	+
• PALB2	2b	B	+/-

Breast-conserving therapy in BRCA1/2 mutation carriers

1. Co M, Liu T, Leung J et al. Breast Conserving Surgery for BRCA Mutation Carriers-A Systematic Review. Clin Breast Cancer. 2020 Jun;20(3):e244-e250. doi: 10.1016/j.clbc.2019.07.014. Epub 2019 Aug 22. PMID: 32144082.
2. Golshan M, Loibl S, Wong SM, et al. Breast Conservation After Neoadjuvant Chemotherapy for Triple-Negative Breast Cancer: Surgical Results From the BrighTNess Randomized Clinical Trial. JAMA Surg. 2020 Mar 1;155(3):e195410. doi: 10.1001/jamasurg.2019.5410. Epub 2020 Mar 18. PMID: 31913413; PMCID: PMC6990971.
3. Hallam S, Govindarajulu S, Hockett B, et al. BRCA1/2 Mutation-associated Breast Cancer, Wide Local Excision and Radiotherapy or Unilateral Mastectomy: A Systematic Review. Clin Oncol (R Coll Radiol). 2015;27(9):527-35.
4. Huang X, Cai XY, Liu JQ, et al. Breast-conserving therapy is safe both within *BRCA1/2* mutation carriers and noncarriers with breast cancer in the Chinese population. Gland Surg. 2020 Jun;9(3):775-787. doi: 10.21037/gs-20-531. PMID: 32775268; PMCID: PMC7347799.
5. Pierce LJ, Levin AM, Rebbeck TR, et al. Ten-year multi-institutional results of breast-conserving surgery and radiotherapy in BRCA1/2-associated stage I/II breast cancer. J Clin Oncol. 2006;24(16):2437-43.
6. Pogoda K, Niwińska A, Sarnowska E, et al. Effects of *BRCA* Germline Mutations on Triple-Negative Breast Cancer Prognosis. *J Oncol*. 2020;2020:8545643. Published 2020 Jan 27. doi:10.1155/2020/8545643

7. Ye F, Huang L, Lang G, et al. Cancer Med. 2020 Mar;9(5):1903-1910. doi: 10.1002/cam4.2836. Epub 2020 Jan 7. PMID: 31912664; PMCID: PMC7050073.
8. Yoon KH, Chae S, Kang E, et al. Contralateral Breast Cancer and Ipsilateral Breast Tumor Recurrence in *BRCA1/2* Carriers and Non-Carriers at High-Risk of Hereditary Breast Cancer. J Breast Cancer. 2019 Sep 30;22(4):587-598. doi: 10.4048/jbc.2019.22.e47. PMID: 31897332; PMCID: PMC6933036.

Response to chemotherapy:

1. Copson ER, Maishman TC, Tapper WJ, et al. Germline BRCA mutation and outcome in young-onset breast cancer (POSH): a prospective cohort study. Lancet Oncol. 2018 Feb;19(2):169-180. doi: 10.1016/S1470-2045(17)30891-4. Epub 2018 Jan 11. PMID: 29337092; PMCID: PMC5805863.
2. Fasching PA, Loibl S, Hu C et al. BRCA1/2 Mutations and Bevacizumab in the Neoadjuvant Treatment of Breast Cancer: Response and Prognosis Results in Patients With Triple-Negative Breast Cancer From the GeparQuinto Study. J Clin Oncol. 2018 Aug 1;36(22):2281-2287. doi: 10.1200/JCO.2017.77.2285. Epub 2018 May 23. PMID: 29791287; PMCID: PMC6067803.
3. Hahnen E, Lederer B, Hauke J et al: Germline Mutation Status, Pathological Complete Response, and Disease-Free Survival in Triple-Negative Breast Cancer: Secondary Analysis of the GeparSixto Randomized Clinical Trial. JAMA Oncol 2017, 3(10):1378-1385.
4. Loibl S, Weber KE, Timms KM et al. Survival analysis of carboplatin added to an anthracycline/taxane-based neoadjuvant chemotherapy and HRD score as predictor of response-final results from GeparSixto. Ann Oncol. 2018 Dec 1;29(12):2341-2347. doi: 10.1093/annonc/mdy460. PMID: 30335131.
5. Meisner E, Rollins R, Ensor J et al.: Efficacy of olaparib monotherapy in patients (pts) with HER2-negative metastatic breast cancer (MBC) with germline BRCA mutation (gBRCAm) or lesional BRCA mutation (lBRCAm). J Clin Oncol 2018, 36 (suppl; abstr 1074)

Carboplatin:

1. Somlo G, Frankel PH, Arun BK, et al: Efficacy of the PARP Inhibitor Veliparib with Carboplatin or as a Single Agent in Patients with Germline BRCA1- or BRCA2-Associated Metastatic Breast Cancer: California Cancer Consortium Trial NCT01149083. Clin Cancer Res. 2017 Mar 29. doi: 10.1158/1078-0432.CCR-16-2714
2. Tutt A, Tovey H, Cheang MCU, Kernaghan S et al.: Carboplatin in BRCA1/2-mutated and triple-negative breast cancer BRCAness

subgroups: the TNT Trial. *Nat Med*. 2018 May;24(5):628-637. doi: 10.1038/s41591-018-0009-7. Epub 2018 Apr 30.

PARPi:

1. Ettl J, Quek RGW, Lee KH, et al. Quality of life with talazoparib versus physician's choice of chemotherapy in patients with advanced breast cancer and germline BRCA1/2 mutation: patient-reported outcomes from the EMBRACA phase III trial. *Ann Oncol*. 2018;29(9):1939–1947. doi:10.1093/annonc/mdy257
2. Litton JK, Rugo HS, Ettl J, et al. Talazoparib in Patients with Advanced Breast Cancer and a Germline BRCA Mutation. *N Engl J Med*. 2018;379(8):753–763. doi:10.1056/NEJMoa1802905
3. Litton JK, Hurvitz SA, Mina LA, et al. Talazoparib versus chemotherapy in patients with germline BRCA1/2-mutated HER2-negative advanced breast cancer: final overall survival results from the EMBRACA trial. *Ann Oncol*. 2020 Nov;31(11):1526-1535. doi: 10.1016/j.annonc.2020.08.2098. Epub 2020 Aug 20. PMID: 32828825.
4. Poggio F, Bruzzzone M, Ceppi M et al.: Single-agent PARP inhibitors for the treatment of patients with BRCA-mutated Her2-negative metastatic breast cancer: a systematic review and meta-analysis. *ESMO Open* 2018, 3:e000361
5. Robson M, Im SA, Senkus E, et al. Olaparib for Metastatic Breast Cancer in Patients with a Germline BRCA Mutation [published correction appears in *N Engl J Med*. 2017 Oct 26;377(17):1700]. *N Engl J Med*. 2017;377(6):523–533.
6. Robson ME, Tung N, Conte P, et al. OlympiAD final overall survival and tolerability results: Olaparib versus chemotherapy treatment of physician's choice in patients with a germline BRCA mutation and HER2-negative metastatic breast cancer. *Ann Oncol*. 2019;30(4):558–566. doi:10.1093/annonc/mdz012
7. Robson M, Ruddy KJ, Im SA, et al. Patient-reported outcomes in patients with a germline BRCA mutation and HER2-negative metastatic breast cancer receiving olaparib versus chemotherapy in the OlympiAD trial. *Eur J Cancer*. 2019 Oct;120:20-30. doi: 10.1016/j.ejca.2019.06.023.
8. Tung NM, Robson ME, Ventz S et al. TBCRC 048: Phase II Study of Olaparib for Metastatic Breast Cancer and Mutations in Homologous Recombination-Related Genes. *J Clin Oncol*. 2020 Dec 20;38(36):4274-4282. doi: 10.1200/JCO.20.02151. Epub 2020 Oct 29. PMID: 33119476.

Medical Prevention for Women at Increased Risk

	Oxford		
	LoE	GR	AGO
▪ Tamoxifen for women >35 years: reduction of invasive BC, DCIS, and LN	1a	A	+*
▪ Raloxifen for postmenopausal women: reduction of invasive BC only	1b	A	+*
▪ AI for postmenopausal women	1b	A	+*

* Significant risk reduction was seen for anastrozole regarding ovarian and endometrial cancer, as well as skin, colorectal, hematologic, thyroid and urinary tract cancers. Chemopreventive regimes should only be offered after individual and comprehensive counseling. The net benefit strongly depends on risk status, age and pre-existing risk factors for side effects.

* Risk situation as defined in NSABP P1-trial (1.66% in 5 years) or according to #Tyrer-Cuzick model (IBIS-II)

1. Cuzick J, Sestak I, Cawthorn S, et al. Tamoxifen for prevention of breast cancer: extended long-term follow-up of the IBIS-I breast cancer prevention trial. *Lancet Oncol.* 2015;16(1):67-75.
2. Cuzick J, Sestak I, Forbes JF, et al. Use of anastrozole for breast cancer prevention (IBIS-II): long-term results of a randomised controlled trial. *Lancet.* 2020;395(10218):117–122. doi:10.1016/S0140-6736(19)32955-1
3. Forbes JF, Sestak I, Howell A, et al. Anastrozole versus tamoxifen for the prevention of locoregional and contralateral breast cancer in postmenopausal women with locally excised ductal carcinoma in situ (IBIS-II DCIS): a double-blind, randomised controlled trial. *Lancet.* 2016;387(10021):866-73.
4. Goss PE, Ingle JN, Ales-Martinez JE, et al. Exemestane for breast-cancer prevention in postmenopausal women. *N Engl J Med.* 2011;364(25):2381-91.
5. King MC, Wieand S, Hale K, et al. Tamoxifen and breast cancer incidence among women with inherited mutations in BRCA1 and BRCA2: National Surgical Adjuvant Breast and Bowel Project (NSABP-P1) Breast Cancer Prevention Trial. *JAMA.* 2001;286(18):2251-6.
6. Vogel VG, Costantino JP, Wickerham DL, et al. Effects of tamoxifen vs raloxifene on the risk of developing invasive breast cancer and other disease outcomes: the NSABP Study of Tamoxifen and Raloxifene (STAR) P-2 trial. *JAMA.* 2006;295(23):2727-41.

Risk Reduction for Ipsi- and Contralateral Breast Cancer

Rationale: Women with breast cancer have an increased risk for a second primary

- Tamoxifen*
- Aromatase inhibitors*
- Suppression of ovarian function* + Tamoxifen

Oxford		
LoE	GR	AGO
1a	A	+
1a	A	+
1b	B	+

* Only proven for ER/PR-positive primary sporadic BC

1. Breast International Group 1-98 Collaborative Group, Thurlimann B, Keshaviah A, et al. A comparison of letrozole and tamoxifen in postmenopausal women with early breast cancer. *N Engl J Med*. 2005;353(26):2747-57.
2. Early Breast Cancer Trialists' Collaborative G. Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet*. 2005;365(9472):1687-717.
3. Early Breast Cancer Trialists' Collaborative G, Dowsett M, Forbes JF, et al. Aromatase inhibitors versus tamoxifen in early breast cancer: patient-level meta-analysis of the randomised trials. *Lancet*. 2015;386(10001):1341-52.

* trans-sectoral contract for integrated care, acc. to code of social law § 140a since 2015