



### Screened data bases

Pubmed 2007 - 2020, ASCO 2010 – 2020, SABCS 2010 – 2020, Cochrane Data Base (2019)

### Screened guidelines

1. ABC Consensus Guidelines for Advanced Breast Cancer (ABC 1-4): Cardoso F, Costa A, Senkus E et al. 3rd ESO-ESMO International Consensus Guidelines for Advanced Breast Cancer (ABC 3). Ann Oncol. 2017 Jan 1;28(1):16-33.
2. Thomssen C. et al. ABC5 Consensus: assessment by a German Group of Experts. Breast Care (Basel). 2020
3. ASCO (American Association of Clinical Oncology, Practice Guidelines, 2019) <http://www.asco.org>
4. American Society of Clinical Oncology Clinical Practice Survivorship Guidelines, Endorsements and Adaptations: <https://www.asco.org/practice-policy/cancer-care-initiatives/prevention-survivorship/survivorship-compendium-0>
5. 2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology: <http://ascopubs.org/doi/pdfdirect/10.1200/JOP.2016.017905>
6. Hershman DL, Lacchetti C, Dworkin RH et al. American Society of Clinical Oncology. Prevention and management of chemotherapy-induced peripheral neuropathy in survivors of adult cancers: American Society of Clinical Oncology clinical practice guideline. J Clin Oncol. 2014 Jun 20;32(18):1941-67.
7. NCCN (National Comprehensive Cancer Network , 2019): <http://www.nccn.org>

8. S3-Leitlinie: Supportive Therapie:

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2 – November 2019 AWMF-Registernummer: 032/054OL Zugriff 26.12.2019



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S. 18

## Supportive Care and Management of Side Effects


- **Versionen 2002–2020:**  
Albert / Bauerfeind / Brunnert / Bischoff / Costa / Dall / Diel / Fersis /  
Friedrich / Friedrichs / Gerber / Göhring / Hanf / Harbeck / Heinrich /  
Hofer / Jackisch / Lisboa / Lück / Lüftner / von Minckwitz / Möbus  
/ Müller / Nitz / Oberhoff / Rody / Schaller / Scharl / Schmidt / Schneeweiss  
/ Schütz / Solomayer / Souchon / Stickeler / Thomssen / Untch /
- **Version 2021:**  
Mundhenke/Nitz



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## ■ Guideline - environment



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FACHGEBIET  
ONKOLOGIE  
ONKOLOGIE

## Guideline Environment

**Specific national and international guidelines deal with various aspects of evidence-based supportive therapy of cancer patients**

Without claiming completeness, such guidelines will be quoted, with an emphasis on German guidelines.

Aspects concerning breast cancer patients will especially be highlighted.

The „Arbeitsgemeinschaft Supportive Maßnahmen in der Onkologie, Rehabilitation und Sozialmedizin der DKG“ should especially be highlighted (<http://www.onkosupport.de>).

**Multidisciplinary S 3 guidelines of the AWMF (Reg.-Nr. 032-054OL):**

- **S3-Leitlinie: Supportive Therapie bei onkologischen Patientinnen Langversion 1.3 –Februar 2020 AWMF-Registernummer: 032/054OL**


1. S3-Leitlinie: Supportive Therapie:  
Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2 – November 2019 AWMF-Registernummer: 032/054OL Zugriff 26.12.2019  
[https://www.leitlinienprogramm-onkologie.de/fileadmin/user\\_upload/Downloads/Leitlinien/Supportivtherapie/LL\\_Supportiv\\_Langversion\\_1.2.pdf](https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Supportivtherapie/LL_Supportiv_Langversion_1.2.pdf)



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- **Assessment of toxicity**
  - Acute toxicity (NCI-CTCAE)
  - Long-term toxicity (ICPC, ICD-GM)



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## Assessment of toxicity

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### Acute Toxicity (according to WHO<sup>1</sup> or NCI-CTC<sup>2</sup>)

**Acute toxicities should be asked for and documented after every treatment course** LoE 5 D AGO ++

Grade	Information required
0 none	organs involved
1 mild	type of toxicity
2 moderate	time interval after treatment
3 severe	effect on general health status
4 life threatening	treatment required
5 death	recovery achieved

**Long term toxicity (= secondary diseases after tumour therapy)**

**Long term surveillance and documentation in regular intervals** LoE 5 D AGO ++  
(acc. ICPC<sup>3</sup> following symptoms or acc. ICD-10-GM<sup>4</sup> following diagnoses)

### Akute Toxizität

1. WHO Handbook for reporting results of cancer treatment, N0 48 (1979) (WHO offset Publications, Geneva)
2. NCI, Bethesda, USA, Common Terminology Criteria for Adverse Events v5.0 (CTCAE; published 2017);  
[https://ctep.cancer.gov/protocolDevelopment/electronic\\_applications/ctc.htm#ctc\\_50](https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm#ctc_50) (Download 18.01.2018)

### Akute Toxizität nach jedem Therapiezyklus abfragen

1. Cirillo M, Lunardi G, Coati F, et al: Management of oral anticancer drugs: Feasibility and patient approval of a specific monitoring program. Tumori 100: 243-248, 2014


### Langzeittoxizität

1. International Classification of Primary Care (ICPC) revised December 2016,  
<http://www.who.int/classifications/icd/adaptations/icpc2/en/> (Download 18.01.2018) or  
<http://www.globalfamilydoctor.com/groups/WorkingParties/wicc.aspx> (Download 18.01.2018)
2. Deutschen Institut für Medizinische Dokumentation und Information (DIMDI), ICD-10-GM Version 2017;  
<https://www.dimdi.de/static/de/klassi/icd-10-gm/kodesuche/onlinefassungen/htmlgm2017/> (Download 18.01.2018)
3. Kenyon M, Mayer DK, Owens AK. Late and long-term effects of breast cancer treatment and surveillance management for the general

practitioner. J Obstet Gynecol Neonatal Nurs. 2014 May-Jun;43(3):382-98.

4. Hematopoietic Cell Transplantation Guidelines Taskforce, Auditory and Vision Guidelines Taskforce, Cardiopulmonary Guidelines Taskforce, Endocrine Guidelines Taskforce, Genitourinary and Renal Guidelines Taskforce, Oral, Dental, Gastrointestinal and Hepatic Guidelines Taskforce, et al. Late Effects Surveillance Recommendations among Survivors of Childhood Hematopoietic Cell Transplantation: A Children's Oncology Group Report. Author manuscript; available in PMC 2017 May 1. Published in final edited form as: Biol Blood Marrow Transplant. 2016 May; 22(5): 782–795.
5. Inge Spronk, Joke C Korevaar, Francois G Schellevis, et al. Evidence-based recommendations on care for breast cancer survivors for primary care providers: a review of evidence-based breast cancer guidelines. BMJ Open. 2017; 7(12): e015118.
6. M.J. Heins, J.C. Korevaar, P.M. Rijken, et al. For which health problems do cancer survivors visit their General Practitioner? European Journal of Cancer (2013) 49, 211– 218.





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## Acute Toxicity (NCI CTCAE vs 5.0, 2017)

- **Grade 1**  
Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
- **Grade 2**  
Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL\*.
- **Grade 3**  
Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care ADL\*\*.
- **Grade 4**  
Life-threatening consequences; urgent intervention indicated.
- **Grade 5**  
Death related to AE.

**Activities of Daily Living (ADL)**

- \* Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.
- \*\* Self care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not bedridden.

1. NCI, Bethesda, USA, Common Terminology Criteria for Adverse Events v5.0 (CTCAE; published 2017); [https://ctep.cancer.gov/protocolDevelopment/electronic\\_applications/ctc.htm#ctc\\_50](https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm#ctc_50) (Download 18.01.2018)



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STRENGTHENING  
SUPPORTIVE CARE  
SUPPORTIVE CARE

- **Incidence of side effects  
(according to technical product information by  
MedDRA\* classification)**

\* MedDRA - Medical Dictionary for Regulatory Activities

\*MedDRA - Medical Dictionary for Regulatory Activities  
<https://www.meddra.org/>

## Chemotherapy – Acute Toxicities I

	SYSTEM ORGAN CLASS															
DRUG	INFECTIONS AND INFESTATION	NEUTROPENIA	SKIN, ALLERGIC REACTIONS	HAEMATOLOGICAL TOXICITY	HEPATIC, BILIRUBIN, LFT	RENAL, CREATININ, BUN	ENDOCRINE DISORDERS	IMMUNE SYSTEM	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS	ENDOCRINE DISORDERS
<b>Antimetabolites</b>																
Cyclophosphamide	4	2	5	5	1	-	1	3	2	3	3	3	3	3	3	3
5-Fluorouracil	1	-	4	3	3	-	2	4	2	1	1	2	2	2	2	2
Capecitabine	4	3	4	3	-	5	4	4	4	4	4	4	4	4	4	4
Gemcitabine	4	-	5	1	-	4	-	4	4	4	4	4	4	4	4	4
<b>Platinum compounds</b>																
Cisplatin	4	2	5	3	2	5	-	4	2	3	3	3	3	3	3	3
Carboplatin	4	-	5	4	-	-	-	4	4	4	4	4	4	4	4	4
<b>Antituberculous / Antifungal</b>																
Epi-Doxorubicin	5	3	5	5	1	1	1	4	4	4	4	4	4	4	4	4
Liposomal Doxorubicin	5	-	5	-	-	5	5	4	4	4	4	4	4	4	4	4
PEG-liposomal Doxorubicin	4	-	4	-	-	5	5	4	4	4	4	4	4	4	4	4
Mitomycin	5	3	5	5	1	4	1	4	4	4	4	4	4	4	4	4
<b>Taxanes</b>																
Paclitaxel	5	1	5	5	-	5	1	5	1	1	1	1	1	1	1	1
Docetaxel	4	-	5	3	-	5	4	5	4	4	4	4	4	4	4	4
<b>Further Substances</b>																
Vincristine (VCR)	5(5)	-	5(5)	5	-	-	-	5(5)	5(5)	5(5)	5(5)	5(5)	5(5)	5(5)	5(5)	5(5)
Erlotinib	4	-	4	-	-	5	4	5	4	4	4	4	4	4	4	4

Grading and rating of side effects was performed according to the MedDRA classification with the following categories of frequency: 1. Very rarely (<1/10,000); 2. rarely (>1/10,000 to <1/1,000); 3. occasionally (>1/1,000 to <1/500); 4. frequently (>1/500 to <1/100); 5. very frequently (>1/100); - unknown (based on available data incidence not assessable)

### Nebenwirkungskategorien - MedDRA (Medical Dictionary for Regulatory Activities)

MedDRA: <https://www.meddra.org/> bzw.

[https://www.meddra.org/sites/default/files/guidance/file/intguide\\_20\\_1\\_english\\_0.pdf](https://www.meddra.org/sites/default/files/guidance/file/intguide_20_1_english_0.pdf)

### Quellen für die Fachinformationen (Download 19.01.2018)

Cyclophosphamid: [http://www.baxter.de/de\\_DE/assets/downloads/fachinformation/endoxan.pdf](http://www.baxter.de/de_DE/assets/downloads/fachinformation/endoxan.pdf)

Methotrexat: [https://www.gelbe-liste.de/produkte/MTX-HEXAL-10-mg-Tabletten\\_117469/fachinformation](https://www.gelbe-liste.de/produkte/MTX-HEXAL-10-mg-Tabletten_117469/fachinformation)

5-Fluorouracil: [https://www.gelbe-liste.de/produkte/Fluorouracil-HEXAL-50-mg-ml-Injektionsloesung-100-ml\\_546519/fachinformation](https://www.gelbe-liste.de/produkte/Fluorouracil-HEXAL-50-mg-ml-Injektionsloesung-100-ml_546519/fachinformation)

Capecitabin: <https://www.zentiva.de/Produkte/Capecitabin-Zentiva/Downloads?id=a63946ee-51ce-46ac-8184-a468b705ed9b>

Gemcitabin: <http://www.success-studie.de/b/downloads/Fachinfo/GemzarFI07Jan.pdf>

Cisplatin: [https://www.gelbe-liste.de/produkte/Cisplatin-Teva-1-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-100-ml\\_543960/fachinformation](https://www.gelbe-liste.de/produkte/Cisplatin-Teva-1-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-100-ml_543960/fachinformation)

Carboplatin: <http://www.teva.de/index.php?eID=dumpFile&t=f&f=37532&g=-1&r=11068%2C11068&token=eebf22e78f1cc8d9935d59c087e80630146f49e>

Epirubicin:

Doxorubicin:

Liposomales Doxorubicin: [https://www.gelbe-liste.de/produkte/Myocet-50-mg-Pulver-Dispersion-u-Loesungsmittel-fuer-ein-Konzentrat-zur-Herstellung-einer-Infusionsdispersion\\_359323/fachinformation](https://www.gelbe-liste.de/produkte/Myocet-50-mg-Pulver-Dispersion-u-Loesungsmittel-fuer-ein-Konzentrat-zur-Herstellung-einer-Infusionsdispersion_359323/fachinformation)

PEG-lipo. Doxorubicin: [https://www.gelbe-liste.de/produkte/Caelyx-2-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-10-ml\\_121890/fachinformation](https://www.gelbe-liste.de/produkte/Caelyx-2-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-10-ml_121890/fachinformation)

Mitoxantron: [https://www.gelbe-liste.de/produkte/Mitoxantron-Teva-2-mg-ml-Injektionsloesung-15ml\\_543783/fachinformation](https://www.gelbe-liste.de/produkte/Mitoxantron-Teva-2-mg-ml-Injektionsloesung-15ml_543783/fachinformation)

Paclitaxel: <https://medikamio.com/de-de/medikamente/paclitaxel-ratiopharm/pil>

Nab-Paclitaxel: [https://www.gelbe-liste.de/produkte/Abbraxane-5-mg-ml-Pulver-zur-Herstellung-einer-Infusionssuspension\\_514889/fachinformation](https://www.gelbe-liste.de/produkte/Abbraxane-5-mg-ml-Pulver-zur-Herstellung-einer-Infusionssuspension_514889/fachinformation)

Docetaxel: <https://mein.sanofi.de/produkte/Taxotere/Downloads?id=89447754-dfb2-450b-b35a-36950de8a74d>

Vinorelbin: <http://www.detect-studien.de/dokumente/d3/fachinfo/Navelbine.pdf>

Eribulin: [http://www.detect-studien.de/dokumente/d4/fachinfo/Fachinfo\\_Eribulin\\_Halaven.pdf](http://www.detect-studien.de/dokumente/d4/fachinfo/Fachinfo_Eribulin_Halaven.pdf)

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3. Jim HS et al: Meta-analysis of cognitive functioning in breast cancer survivors previously treated with standard-dose chemotherapy. J Clin Oncol. 2012 Oct 10;30(29):3578-87
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12. Madeddu C, Deidda M, Piras A, et al. Pathophysiology of cardiotoxicity induced by nonanthracycline chemotherapy. J Cardiovasc Med (Hagerstown). 2016 May;17 Suppl 1 Special issue on Cardiotoxicity from Antiblastic Drugs and Cardioprotection:e12-e18. Review.

[illegible]

AML = Akute myeloische Leukämie; DPD = Dihydropyrimidin-Dehydrogenase); CHF = Kardiomyopathie; CIPN = Chemotherapie induzierte periphere Neuropathie; HFS = Hand-Fuß-Syndrom; PPE = Palmares und plantares Erythem.

MedDRA: <https://www.meddra.org/> bzw.  
[https://www.meddra.org/sites/default/files/guidance/file/intguide\\_20\\_1\\_english\\_0.pdf](https://www.meddra.org/sites/default/files/guidance/file/intguide_20_1_english_0.pdf)

Cyclophosphamid:	<a href="http://www.baxter.de/de_DE/assets/downloads/fachinformation/endoxan.pdf">http://www.baxter.de/de_DE/assets/downloads/fachinformation/endoxan.pdf</a>
Methotrexat:	<a href="https://www.gelbe-liste.de/produkte/MTX-HEXAL-10-mg-Tabletten_117469/fachinformation">https://www.gelbe-liste.de/produkte/MTX-HEXAL-10-mg-Tabletten_117469/fachinformation</a>
5-Fluorouracil:	<a href="https://www.gelbe-liste.de/produkte/Fluorouracil-HEXAL-50-mg-ml-Injektionsloesung-100-ml_546519/fachinformation">https://www.gelbe-liste.de/produkte/Fluorouracil-HEXAL-50-mg-ml-Injektionsloesung-100-ml_546519/fachinformation</a>
Capecitabin:	<a href="https://www.zentiva.de/Produkte/Capecitabin-Zentiva/Downloads?id=a63946ee-51ce-46ac-8184-a468b705ed9b">https://www.zentiva.de/Produkte/Capecitabin-Zentiva/Downloads?id=a63946ee-51ce-46ac-8184-a468b705ed9b</a>
Gemcitabin:	<a href="http://www.success-studie.de/b/downloads/Fachinfo/GemzarFI07Jan.pdf">http://www.success-studie.de/b/downloads/Fachinfo/GemzarFI07Jan.pdf</a>

Cisplatin: [https://www.gelbe-liste.de/produkte/Cisplatin-Teva-1-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-100-ml\\_543960/fachinformation](https://www.gelbe-liste.de/produkte/Cisplatin-Teva-1-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-100-ml_543960/fachinformation)

Carboplatin: <http://www.teva.de/index.php?eID=dumpFile&t=f&f=37532&g=-1&r=11068%2C11068&token=eebfb22e78f1cc8d9935d59c087e80630146f49e>

Epirubicin:

Doxorubicin:

Liposomales Doxorubicin: [https://www.gelbe-liste.de/produkte/Myocet-50-mg-Pulver-Dispersion-u-Loesungsmittel-fuer-ein-Konzentrat-zur-Herstellung-einer-Infusionsdispersion\\_359323/fachinformation](https://www.gelbe-liste.de/produkte/Myocet-50-mg-Pulver-Dispersion-u-Loesungsmittel-fuer-ein-Konzentrat-zur-Herstellung-einer-Infusionsdispersion_359323/fachinformation)

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Paclitaxel: <https://medikamio.com/de-de/medikamente/paclitaxel-ratiopharm/pil>

Nab-Paclitaxel: [https://www.gelbe-liste.de/produkte/Abbraxane-5-mg-ml-Pulver-zur-Herstellung-einer-Infusionssuspension\\_514889/fachinformation](https://www.gelbe-liste.de/produkte/Abbraxane-5-mg-ml-Pulver-zur-Herstellung-einer-Infusionssuspension_514889/fachinformation)

Docetaxel: <https://mein.sanofi.de/produkte/Taxotere/Downloads?id=89447754-dfb2-450b-b35a-36950de8a74d>

Vinorelbin: <http://www.detect-studien.de/dokumente/d3/fachinfo/Navelbine.pdf>

Eribulin: [http://www.detect-studien.de/dokumente/d4/fachinfo/Fachinfo\\_Eribulin\\_Halaven.pdf](http://www.detect-studien.de/dokumente/d4/fachinfo/Fachinfo_Eribulin_Halaven.pdf)

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2. Petrelli F et al: Mortality, leukemic risk, and cardiovascular toxicity of adjuvant anthracycline and taxane chemotherapy in breast cancer: a meta-analysis. Breast Cancer Res Treat. 2012 Sep;135(2):335-46
3. Jim HS et al: Meta-analysis of cognitive functioning in breast cancer survivors previously treated with standard-dose chemotherapy. J Clin Oncol. 2012 Oct 10;30(29):3578-87
4. Cortes J, O'Shaughnessy J, Loesch D et al. Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. Lancet. 2011;377:914-23
5. Link, H. and S. Schmitz (2013). "Treatment of cancer-associated anaemia: results from a two-day cross-sectional survey in Germany."

Onkologie 36(5): 266-272.

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### Supportive Care and Management of Side Effects

Key-Toxicities – Antibodies and Antibody-Drug-Conjugates (ADC)		
	Oxford	
	LoE	GR
<b>Trastuzumab</b>		
• Cardiotoxicity in the adjuvant setting (1.0–2.0%)	1b	A
• Troponin I may identify patients at risk for cardiotoxicity	2b	B
<b>Pertuzumab</b>		
• Skin rash, diarrhea, mucositis	1b	A
<b>Trastuzumab-Emtansine (T-DM1)</b>		
• Thrombocytopenia, hepatotoxicity, pyrexia, headache, pneumonitis, neuropathy	1b	A
<b>Bevacizumab</b>		
• Hypertonus, proteinuria, bleeding, left ventricular dysfunction	2b	B
<b>Trastuzumab-Deruxtecan</b>		
• Interstitial lung disease (ILD), neutropenia, nausea	2b	B

#### Cardiotoxicity....

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#### Troponin I....

1. Cardinale D, Colombo A, Torrisi R, et al: Trastuzumab-induced cardiotoxicity: clinical and prognostic implications of troponin I evaluation. J Clin Oncol 28: 3910-3916, 2010

#### Bevacizumab ....

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#### Lapatinib...

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## Toxicities of new compounds: antiHER2-TKI – Neratinib, Lapatinib –

Lapatinib			Neratinib		
AE, %	All grades	Grade ≥/n/1	AE, %	All Grades	Grade ≥/n/1
Diarrhea	82%	4%	Diarrhea	90	40,3
Nausea	58%	4%	Nausea	41	2
Rash	60%	4%	Abdominal pain	34	2
Fatigue	58%	4%	Fatigue	27	2
Cardiac	3%	< 1% SAE	Emesis	26	3
Hepatobiliary	8%		Exanthema	58	0,5
All AE %	82%	SAE 4%	Gastritis	34	0,5
			Appetite loss	33	0,2
			Dyspepsia	30	0,6
			ALAT elevated	9	3,2
			ASAT elevated	7	0,2
			Nail disorders	8	0,3
			Dry skin	6	0

Primary Prophylaxis with  
loperamide

LeE GR AGO  
 2b B ++

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## Common Toxicities with antiHER2-TKI: Tucatinib, Trastuzumab + Capecitabine

Event	Capecitabine+Tucatinib+Trastuzumab	
	Any grade (%)	≥3 grade (%)
Any adverse event	99.3	55.2
Diarrhea	80.9	12.9
PPF syndrome	63.4	11.1
Nausea	58.4	3.7
Fatigue	45.0	4.7
Vomiting	35.9	3.0
Stomatitis	25.5	2.5
Reduced appetite	24.8	0.5
Headache	21.5	0.5

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Toxicities of New Substances – CDK 4/6 Inhibitors (Palbociclib/Ribociclib/Abemaciclib)				
AE, n	All Grades	Grade 3	Grade 4	
Neutropenia	79,1/76,5/43,3	54,1/65,7/29,6	10,4/9,1/1,1	
Leukopenia	39,0/32,5/10,8	24,1/18,8/7,3	6,7/1,2/0,3	
Anemia	24,1/18,4/18,4	5,2/0,5/5,8	0,2/0,1/0	
Thrombocytopenia	15,5/5,7/10,0	1,4/0,6/2,0	0,2/0/1,0	
Fatigue	37,4/36,5/40,1	1,8/2,1/2,8	0/0,1/0	
Nausea	35,1/31,5/18,5	0,2/2,4/0,9	0/0/0	
Headache	15,5/18,5/18,4	0,5/3,6/1,2	0/0/0	
Dyspnea	26,1/15,0/13,3	1,4/1,2/0,5	0/0/0	
Diarrhea	32,9/33,2/18,8	-	-	
Constipation	17,4/17,1/14,0	0,5/0,6/1,0	0/0/0	
Acid elevated	9,5/15,6/15,8	1,7/7,5/5,8	0,1/1,8/0,3	
Acid elevated	9,7/15,0/15,0	2,5/4,6/3,0	0/0,5/0	
Infection	60/50,3/39,1	6,0/3,6/4,0	1/0,6/0,9	
All grade/adverse	N.A./7,5/10,8	N.A./3,0/N.A.	N.A./0/N.A.	
Palbociclib/Ribociclib/Abemaciclib				

### Palbociclib

1. Verma S, Bartlett CH, Schnell P, et al. Palbociclib in Combination With Fulvestrant in Women With Hormone Receptor-Positive/HER2-Negative Advanced Metastatic Breast Cancer: Detailed Safety Analysis From a Multicenter, Randomized, Placebo-Controlled, Phase III Study (PALOMA-3). *Oncologist*. 2016 Oct;21(10):1165-1175. Epub 2016 Jul 1.
2. N.Harbeck, J. Ettl, Palbociclib, CDK 4/ 6 Inhibition als neue Therapieoption bei Patientinnen mit fortgeschrittenem HR+/ Her – Mammakarzinom. *Drug Report*, 2017

### Ribociclib

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Toxicities of new compounds: mTOR-Inhibitor – Everolimus –			
AE, %	All grades (%)	grade ≥3 (%)	
Stomatitis	11.6	1.6	
Exanthema	7.4	0.02	
Anorexia	3.3	1.3	
Fatigue	6.8	0.8	
Nausea	5.6	0	
Emesis / Vomiting	2.9	0	
Diarrhea	6.2	0.02	
Loss of appetite	6.0	0.02	
Headache	3.9	0	
Weight loss	3.9	0	
Dyspnea	3.8	0.08	
Arthralgia	3.3	0	
Epistaxis	3.1	0	
Edema	2.9	0	
Constipation	2.6		
Pyrexia	2.5	0	
Cough	4.5	0	
ALT elevated	2.6	0	
Pneumonitis	0.2	0	
Arthralgia	2.4	0.04	
Dyspnea	4.3	0	

1. Baselga J, Campone M, Piccart M et al Everolimus in postmenopausal hormone receptor positive advanced breast cancer N Engl J Med:366,: 520 -529, 2012

## Toxicities of new compounds: PIK3CA - alpelisib

### Alpelisib+Fulvestrant

UE, N	All Grade	Grad ≥2/3
Hyperglycemia	63,7%	32,7%
Diarrhea	57,7%	6,7%
Nausea	44,7%	2,5%
Decreased appetite	35,6%	< 1% SAE
Rash	35,5%	9,9%
Vomiting	27,1%	< 1% SAE
Weight loss	26,8%	3,9%
Stomatitis	24,6%	2,5%
Fatigue	24,1%	3,5
Anthraxia	20,4%	1,8
Alopecia	19,7%	0
Mucositis	18,1%	2,1

Consider recommendations for management of side effects (diabetes mellitus, hyperglycemia, insulin resistance and metabolic syndrome)

LoE	GR	AGO
2b	B	++

Andre F, et al N Engl J Med 2019;380:1929-1940

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Toxicities of new compounds: PARP-Inhibitors – Olaparib, Talazoparib –						
Olaparib			Talazoparib			
AE, N	all grades (%)	grade ≥3 (%)	AE, N	all grades (%)	grade ≥3 (%)	
AE, overall	97.3	36.4	AE, overall	98.6	33.8	
Neutropenia	27.3	5.3	neutropenia	34.6	25.9	
Anemia	40.8	18.1	Anemia	32.8	19.2	
Fatigue	28.8	2.9	Fatigue	50.3	3.7	
Nausea	58.8	0	Nausea	48.6	6.9	
Emesis	29.8	0	Emesis	24.8	2.4	
Diarrhea	20.5	6.3	Diarrhea	22.9	6.7	
Appetite loss	36.3	0	Appetite loss	21.3	6.3	
Headache	20.8	1	Headache	22.3	2.7	
Pyrexia	34.3	0	Back pain	21.6	2.4	
Cough	17.3	0	Cough	22.7	6.7	
ALT elevated	11.3	3.3	Pleural effusion	2.3	3.7	
AST elevated	9.3	2.4	PPE	1.4	6.3	
PPE	0.5					
Treatment discontinuation	4.9					

1. 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 Aug 23;379(8):753-763.
2. Robson M, Im SA, Senkus E et al. Olaparib for metastatic breast cancer in patients with germline BRCA mutation N Engl J Med 377: 523-533, 2017
3. Litton JK 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):1526-153

## Immune Checkpoint Inhibitors

### Therapeutic approaches (antibodies)

#### PD1 /PD-L1

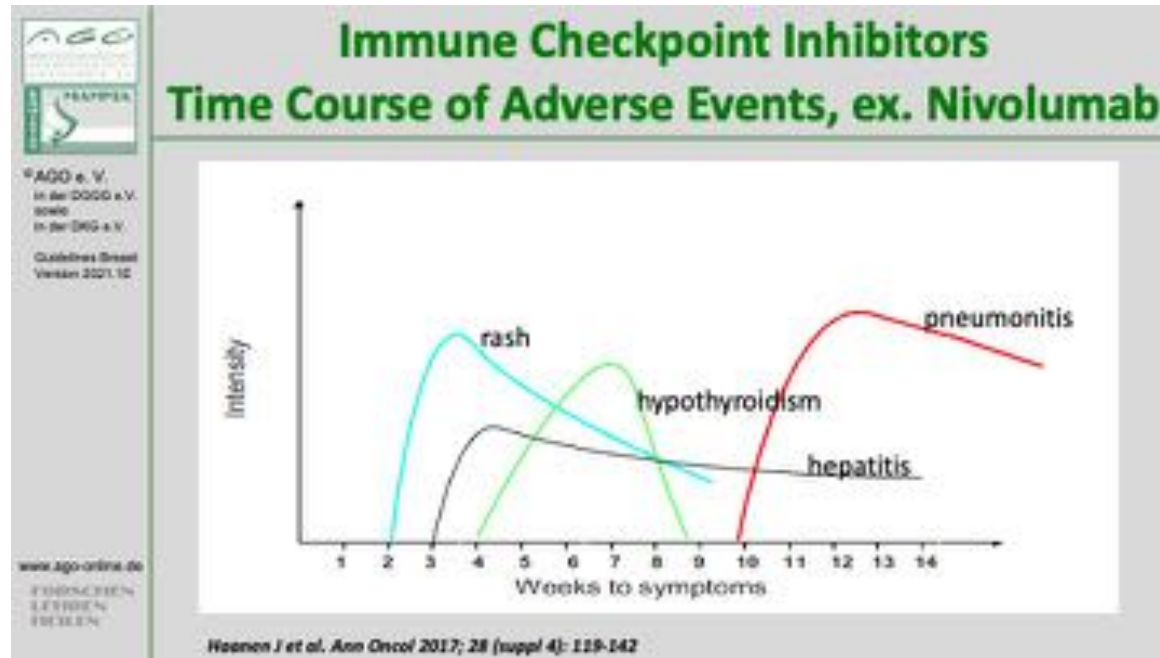
##### PD1

- nivolumab
- pembrolizumab


##### PD-L1

- atezolizumab
- durvalumab
- avelumab

1. Haanen J, Carbonnel F, Robert C, et al, on behalf of the ESMO Guidelines Committee: Management of toxicities from immunotherapy: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2017; 28 (suppl 4): 119-142. doi: ^0.1093/annonc/mdx225
2. Ingrid A. Mayer<sup>1</sup>, Aleix Prat<sup>2</sup>, Daniel Egle<sup>3</sup>, et al.: A Phase II Randomized Study of Neoadjuvant Letrozole Plus Alpelisib for Hormone Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative Breast Cancer (NEO-ORB) Clin Cancer Res. 2019 May 15; 25(10): 2975–2987.



1. Haanen J, Carbonnel F, Robert C, et al. on behalf of the ESMO Guidelines Committee: Management of toxicities from immunotherapy: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol* 2017; 28 (suppl 4): 119-142.



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## Immune Checkpoint Inhibitors

### – side effects –

- **Adverse events  $\geq$  grade 3**
  - diarrhea
  - fatigue
  - skin lesions (maculopapular exanthema, vitiligo, epidermolysis)
  - pneumonitis
  - colitis
  - hypophysitis
  - hepatitis
  - nephritis
  - thyroiditis (hyper-/hypothyroidism)
  - Guillain-Barré syndrome
  - cardiomyopathy
  - myopathy – myalgia – rhabdomyolysis
  - uveitis

1. Haanen J, Carbonnel F, Robert C, et al. on behalf of the ESMO Guidelines Committee: Management of toxicities from immunotherapy: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2017; 28 (suppl 4): 119-142.

Immune Checkpoint Inhibitors Toxicities (Total in %)			
	atezolizumab	nivolumab	pembrolizumab
diarrhea	18.6%	13%	18%
colitis	1.1%	2%	1%
exanthema	18.6%	15%	<1%
hepatotoxicity	0.3%	1%	0.5%
hypophysitis	<0.1%	<1%	0.5%
pneumonitis	3.1%	3%	2.9%
thyroid dysfunction	hyper- 1.7% hypo- 4.7%	hyper- 1% hypo- 4%	hyper- 1.2% hypo- 8.3%
nephritis	<1%	1%	0.7%
neuropathy	0.2%	<1%	<1%

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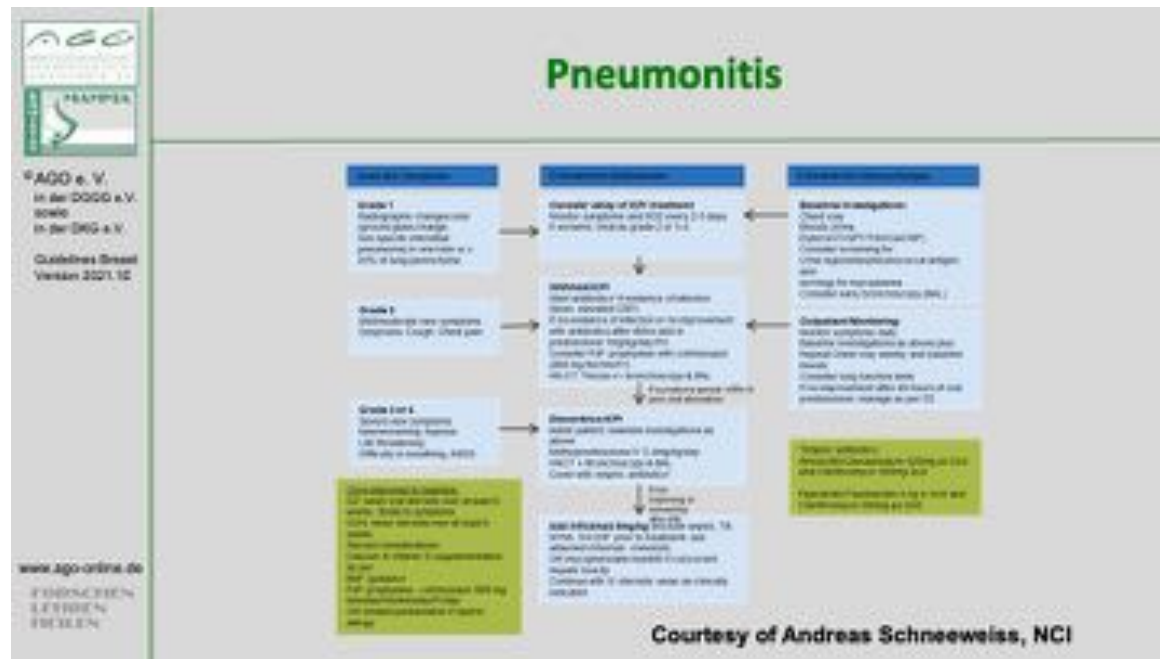
Atezolizumab Technical product information 2018; Nivolumab, safety management SMS 2014; Pembrolizumab PI 2014

Atezolizumab: <https://www.fachinfo.de/suche/fi/021700>  
 Nivolumab: <https://www.fachinfo.de/suche/fi/020675>  
 Pembrolizumab: <https://www.fachinfo.de/suche/fi/020716>

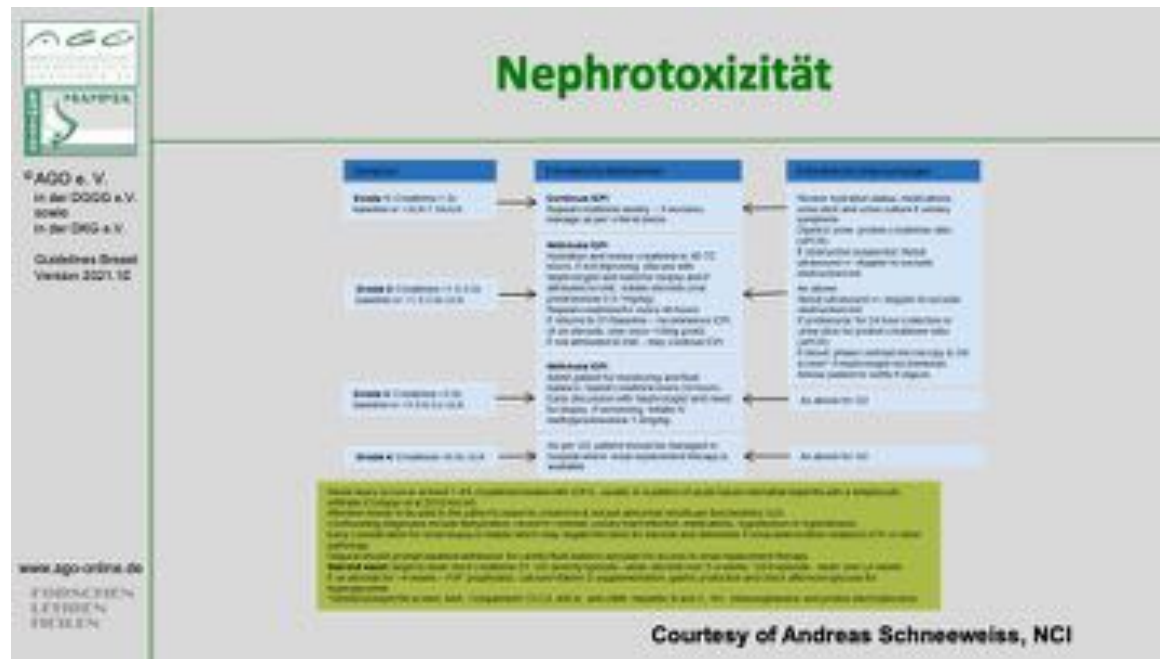
<h2>Immune Checkpoint Inhibitors</h2> <h3>Principles of Adverse Event Management</h3>	
CTC AE-Grade	Management
1	<ul style="list-style-type: none"> <li>• supportive therapy</li> <li>• close examination</li> <li>• exclusion of infective complications</li> <li>• patient information</li> </ul>
2	Like grade 1 but <ul style="list-style-type: none"> <li>• intermission of therapy until recovery of all irAE to grades 0-1</li> <li>• consider corticosteroids</li> </ul>
3	<ul style="list-style-type: none"> <li>• supportive therapy</li> <li>• IV steroids (e.g. 1-2 mg/kg prednisolone)</li> </ul> In case of no improvement within 48 h: <ul style="list-style-type: none"> <li>• consider additional immunosuppressive therapy (infliximab, MMF)</li> <li>• consider further organ specific diagnostics (eg. colonoscopy)</li> <li>• consider specialists consultations</li> <li>• exclusion or treatment of infection</li> <li>• stop of treatment, re-initiation after recovery to CTC AE grades 0, 1</li> <li>• slow reduction of steroids (3-6 weeks)</li> </ul>
4	Like grade 3 but persistent withdrawal of therapy

1. Haanen J, Carbonnel F, Robert C, et al. on behalf of the ESMO Guidelines Committee: Management of toxicities from immunotherapy: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2017; 28 (suppl 4): 119-142.



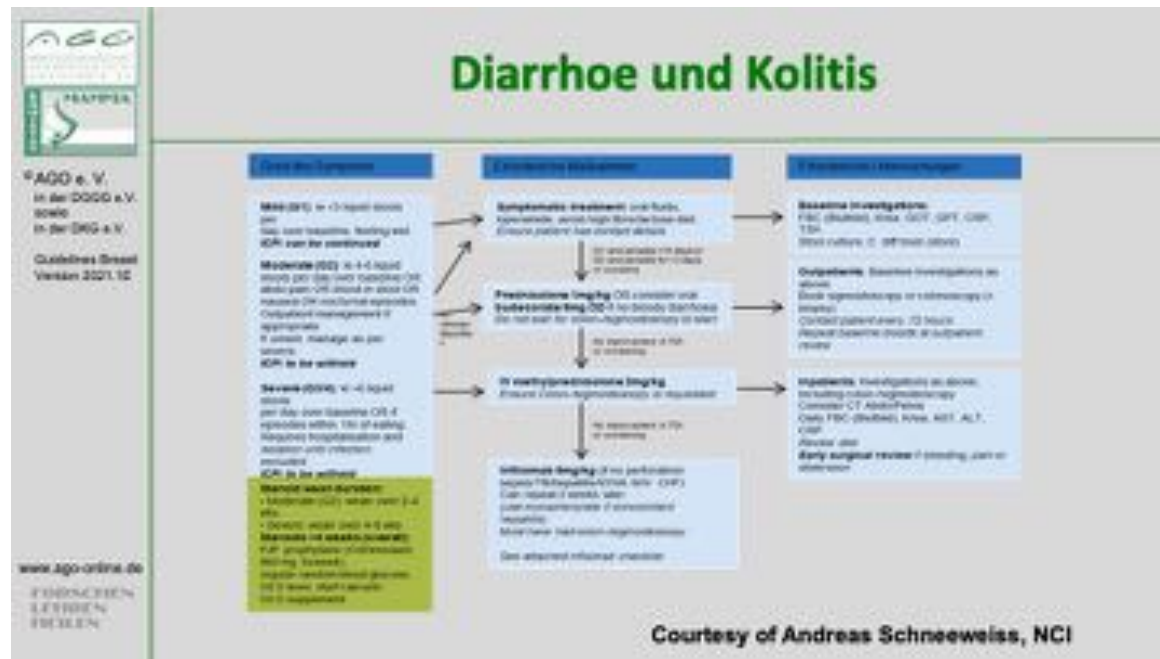


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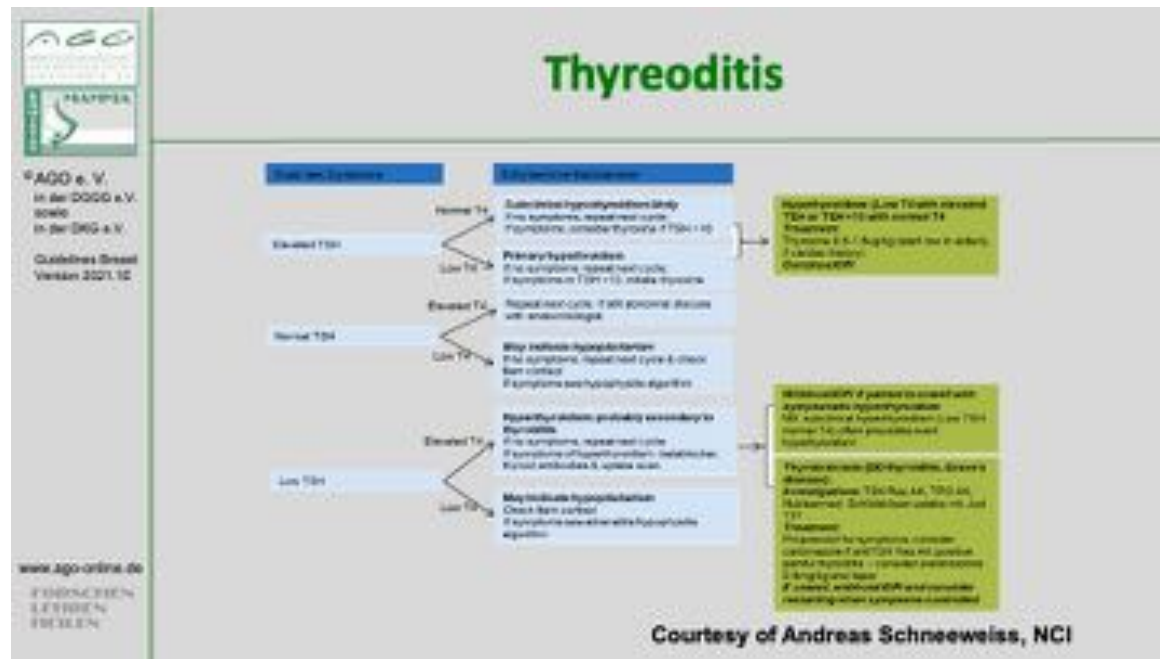
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## Side effects according Organ Systems Incidence, Prevention, Therapy

### 1. Infections

- General prophylaxis for infections
- Hepatitis B virus screening
- Covid-19 (see joint guidelines with DGHO)

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 PRESSE

## Prophylaxis of Infections

### rarely applicable to patients with solid tumors (e.g. BC)

#### ASCO Practice Guideline „Antimicrobial Prophylaxis...“ 2018

	Oxford		
	LoE	GR	AGO
▪ Avoidance of behavior or situations that are associated with high risk for infections	5	D	+
▪ Prophylactic treatment in low-risk patients	1a	B	-
▪ Prophylactic treatment in high-risk* patients (e.g. according to NCCN Guidelines) with			
▪ Antibiotics	1a	A	++
▪ Anti-fungal agents (triazole)	1a	B	+/-
▪ Virostatics in solid tumors	5	D	-
▪ Granulocyte colony-stimulating factors	1a	A	++

\* High-risk: estimated duration of neutropenia < 100/µl > 7d

#### ASCO:

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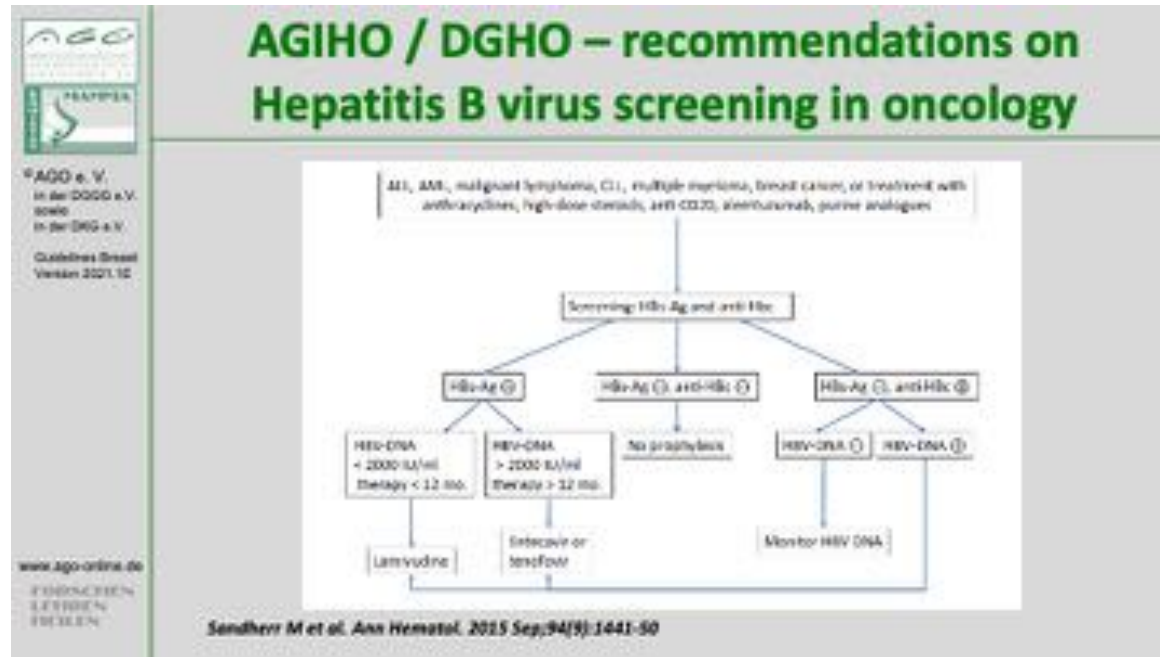
NCCN Guidelines Version 1.2020 Prevention and Treatment of Cancer-Related Infections.

[https://www.nccn.org/professionals/physician\\_gls/PDF/infections.pdf](https://www.nccn.org/professionals/physician_gls/PDF/infections.pdf)



	Oxford		
	LoE	GR	AGO
▪ Hepatitis B virus screening before adjuvant chemotherapy (HBsAG, anti-HBC)	2c	B	+
<u>In case of positive serology or reactivation:</u>			
▪ Interruption of chemotherapy	5	D	++
▪ Prophylactic therapy with antiviral drugs if HBV-DNA detected (according AGO/HO/DGHO – recommendations)	1b	A	++
▪ Hepatitis C virus screening before chemotherapy	5	D	+/-

- 33



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## Side Effects According Organ Systems

### Incidence, Prevention, Therapy

## 2. Neoplasms benign, malignant and unspecified (incl. cysts and polyps)

## Secondary Malignancies I

### Statements 1-4

8. Grantzau T, Overgaard J. Risk of second non-breast cancer among patients treated with and without postoperative radiotherapy for primary breast cancer: A systematic review and meta-analysis of population-based studies including 522,739 patients. *Radiother Oncol.* 2016 Dec;121(3):402-413. doi: 10.1016/j.radonc.2016.08.017. Epub 2016 Sep 14.
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#### Tamoxifen and endometrial cancer

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## Secondary Malignancies II (After Radiotherapy)

	Oxford
	LoE
▪ Radiotherapy (PMRT, BET) may moderately enhance the risk of ipsilateral lung cancer and angiosarcoma (10-15 / 10.000) 5-10 years after treatment	1a
▪ Enhanced risk especially among ever smokers	2b
▪ No difference of secondary malignancy between PBI und WBI	2c

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## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 3. *Blood and Lymphatic System Disorders*

- Anemia
- Neutropenia
- Febrile Neutropenia (FN)



	Oxford		
	LoE	GR	AGO
▪ Indicated in asymptomatic anemia	1a	B	-
▪ Therapy and secondary prophylaxis in CTx-induced anemia	1a	A	+
▪ Adjuvant setting	1b	A	+
▪ Neoadjuvant/metastatic setting	1a	A	+/-
▪ In dose-dense / dose-escalated CTx (iddETC)	1b	A	+
▪ Treatment start at Hb-levels < 10 g/dL	1a	A	+
▪ Target Hb 11–12 g/dL	1a	A	+
▪ Improvement of outcome (DFS, OS)	1a	B	—
▪ Risk of thromboembolic events is increased by use of ESAs	1a	A	

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.3, 2020, AWMF Registernummer: 032/054OL

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## Granulocyte Colony-stimulating Factors

	Oxford		
	LoE	GR	AGO
<ul style="list-style-type: none"> <li>Primary prophylaxis for expected febrile neutropenia (FN)                             <ul style="list-style-type: none"> <li>If expected risk for FN 10–20%                                     <ul style="list-style-type: none"> <li>In case of individual risk factors</li> </ul> </li> <li>If expected risk for FN &gt;20% (e.g. DAC, dose-dense CT)</li> </ul> </li> <li>Secondary prophylaxis during chemotherapy (previous FN or neutropenia grade IV &gt; 7 days)</li> <li>Therapeutic use for FN</li> <li>Start related to chemotherapy and duration                             <ul style="list-style-type: none"> <li>Pegfilgrastim day 2</li> <li>Lipegfilgrastim day 2</li> <li>Filgrastim/Lenograstim from day 2–3 until ANC &gt; 2–3 × 10<sup>9</sup></li> </ul> </li> </ul>	1b	B	+/-
	3b	C	+
	1a	A	++
	1b	A	++
	1a	A	+/-
	1b	A	++
	1b	A	++
	1b	A	++


### Relevante Leitlinien

1. S3-Leitlinie: Supportive Therapie: Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.3 – Februar 2020
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## Management of Febrile Neutropenia

c.f. Recommendations by Arbeitsgemeinschaft Infektionen in der Hämatologie und Onkologie (AGIHO) der Deutschen Gesellschaft für Hämatologie und Onkologie e.V. (DGHO) [www.dgho-infektionen.de](http://www.dgho-infektionen.de)

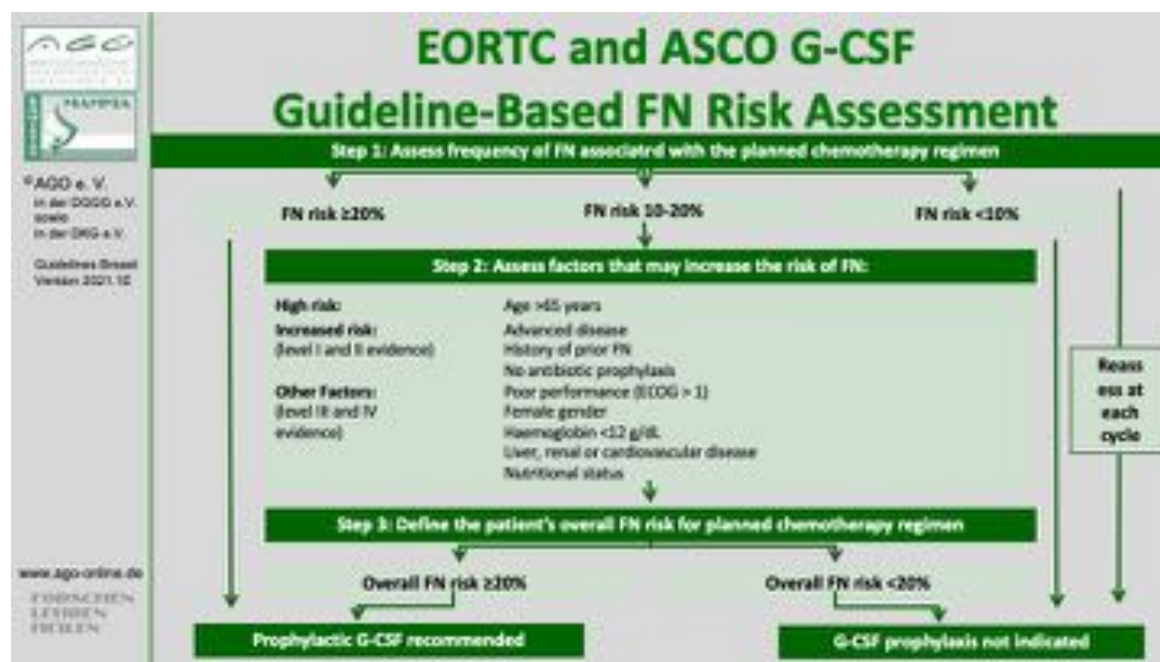
**Definition** (oral temperature of  $>38.5^{\circ}\text{C}$  or two consecutive readings of  $>38^{\circ}\text{C}$  for 2 h in a patient with an ANC of  $<500\text{ cells/mm}^3$  or expected to fall to  $<500\text{ cells/mm}^3$ )

	Oxford		
	LoE	GR	AGO
• Clinical examination	S	D	++
• Daily evaluation	S	D	++
• Hospitalization of high-risk patients	1b	A	++
• Homecare in low-risk patients	1b	A	+
• Differential blood count	S	D	++
• Blood cultures	S	D	++
• Imaging of lungs	3	C	++
• Immediate initially empiric antibiotic therapy	1a	A	++
• Empiric antifungal therapy 4–7d in case of failure of antibiotic therapy	1b	A	++
• G-CSF for treatment (not prophylactic)	2b	B	+/-

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### EORTC and ASCO G-CSF Guideline-Based FN Risk Assessment

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## 4. Toxicities/Ovaries

Therapy-associated amenorrhea (CRA, CIA, TIA)	Oxford
	LoE
▪ CRA may be permanent or temporary (depending on patient age and type of chemotherapy)	2b
▪ The risk of CRA increases with patient age and duration of the chemotherapy	2b
▪ CRA is an imperfect surrogate for menopause and fertility	5
▪ Adjuvant endocrine therapy with GnRHa induces reversible amenorrhea, but delays conception to a less fertile period	5
▪ Ovarian reserve of women who remain premenopausal after CTX is reduced	2b
▪ CRA is associated with improved outcome (DFS/OS)	1b

Synonyme: Chemotherapy related or induced / Treatment induced Amenorrhea (CRA, CIA, TIA)

### EORTC and ASCO G-CSF Guideline-Based FN Risk Assessment

1. Aapro MS, Bohlius J, Cameron DA, et al.: European Organisation for Research and Treatment of Cancer. 2010 update of EORTC guidelines for the use of granulocyte-colony stimulating factor to reduce the incidence of chemotherapy-induced febrile neutropenia in adult patients with lymphoproliferative disorders and solid tumours. Eur J Cancer. 2011 Jan;47(1):8-32.
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## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 5. Psychiatric Disorders

- Depression
- Fatigue
- Cognitive impairment
- Sleep disturbances

(Therapy-associated) Depression			
	Oxford		
	LoE	GR	AGO
• Depression is an often reported adverse event in breast cancer patients (20–30%)	2a	B	
• Psychological interventions are effective to improve mood, but not survival in distressed and depressed patients	1b	A	
• Antidepressants have been shown to improve depression in breast cancer patients	1b	A	
• Regular exercise participation can prevent depression in breast cancer survivors	2b	B	+

#### Statements 1-4

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3. Calderon C, Carmona-Bayonas A, Hernandez R, et al. Effects of pessimism, depression, fatigue, and pain on functional health-related quality of life in patients with resected non-advanced breast cancer. *Breast* 2019;44:108-12.
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	Oxford		
	LoE	GR	AGO
• Fatigue frequent in breast cancer patients (30–60%)	2a	B	
• Exclusion of somatic reasons (anemia, tumor burden, co-morbidity, medication) for fatigue	1a	A	++
• Psycho-social interventions specifically addressing fatigue efficient in reducing fatigue	1a	A	++
• Physical exercise can improve fatigue	1b	D	+
• Diet, Yoga can improve fatigue	2b	B	+
• Methylphenidate can improve fatigue	1a	D	+

Fatigue is frequently present...

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	Oxford	
	LoE	GR
▪ Therapy-related cognitive deficits ("chemobrain") frequently described (16–75%)	2a	B
▪ Cognitive-behavioral therapy beneficial for cognitive function	2b	B
▪ Methylphenidate may improve cognitive function in cancer patients	3a	C
▪ On aromatase inhibitor therapy, deterioration of cognitive performance was observed (espec. verbal memory)	1a	B

Therapiebedingte kognitive Störungen (sog. „Chemobrain“) häufig beschrieben

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### Methylphenidate kann kognitive Funktion bei Patientinnen mit Krebs verbessern

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**(Therapy-associated)  
Sleep Disturbances**

Oxford		
LoE	GR	AGO
2a	B	
1b	A	++

- Sleep disturbances are a common problem in breast cancer patients during and after therapy (20–70%)
- Behavioral therapies have demonstrated efficacy in treatment of insomnia and improved quality of life

## Sleep disturbances are a common problem....

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#### Behavioral therapies have demonstrated efficacy.....

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## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 6. Nervous system disorders

- Chemotherapy-Induced Peripheral Neuropathy (CIPN)



8. S3 Leitlinie Supportive Therapie: Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.1, 2017, AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff 29. Januar 2018)

Chemotherapy-induced Peripheral Neuropathy – Prevention –			
	Oxford		
	LoE	GR	AGO
<b>Non drug-based prevention</b>			
• Functional training (physical fitness, sensorimotoric stimulation training etc.)	5	D	+
• Compression treatment (tight surgical gloves, compression stockings)	2b	B	+
• Cooling gloves and stockings	2b*	B	+/-
• Elektro-acupuncture	1b	B	-
<b>Drug-based prevention</b>			
There is no drug-based prophylaxis available			
• Venlafaxine	2a	C	+/-
• Palmitoylethanolamine (PEA) topically or PO	5	D	+/-
• Alpha-lipoic acid (thioctic acid), amifostine, amitriptyline, acetyl-L-carnitine, carbamazepine, electrolyte solutions, glutathione, Goshajinkigan (GSG), oxcarbazepine, vitamin B, vitamin E, or other compounds <sup>1</sup>	1b	A	-
<sup>1</sup> For list of not recommended drugs, see Henderson et al. 2014			

## Reviews/Leitlinien

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### Nicht-medikamentöse Prävention

#### *Funktionstraining*

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#### *Kompression*

1. Tsuyuki S, Senda N, Kanng Y, et al.: Evaluation of the effect of compression therapy using surgical gloves on nanoparticle albumin-bound paclitaxel-induced peripheral neuropathy: a phase II multicenter study by the Kamigata Breast Cancer Study Group. Breast Cancer Res Treat. 2016 Nov;160(1):61-67.
2. Ohno T, Mine T, Yoshioka H, et al.: Management of peripheral neuropathy induced by nab-paclitaxel treatment for breast cancer. Anticancer Res. 2014 Aug;34(8):4213-6.

#### *Kühlung*

1. Hanai A, Ishiguro H, Sozu T et al. (2016) The effects of frozen gloves and socks on paclitaxel-induced peripheral neuropathy among patients with breast cancer: A self-controlled clinical trial. J Clin Oncol 34(suppl): (abstr 10022). <http://meetinglibrary.asco.org/content/166655-176>.
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#### *Elektro-Akupunktur*

1. Greenlee H, Crew KD, Capodice J, et al.: Randomized sham-controlled pilot trial of weekly electro-acupuncture for the prevention of

taxane-induced peripheral neuropathy in women with early stage breast cancer. *Breast Cancer Res Treat.* 2016 Apr;156(3):453-464.

### Medikamentöse Prävention

#### *Venlafaxin*

1. Aziz MT, Good BL, Lowe DK. Serotonin-norepinephrine reuptake inhibitors for the management of chemotherapy-induced peripheral neuropathy. *Ann Pharmacother.* 2014 May;48(5):626-32.
2. Durand JP, Deplanque G, Montheil V, et al.: Efficacy of venlafaxine for the prevention and relief of oxaliplatin-induced acute neurotoxicity: results of EFOF, a randomized, double-blind, placebo-controlled phase III trial. *Ann Oncol.* 2012 Jan;23(1):200-5
3. Gallagher HC, Gallagher RM, Butler M, et al.: Venlafaxine for neuropathic pain in adults. *Cochrane Database Syst Rev.* 2015 Aug 23;(8):CD011091.

#### *Palmitoylethanolamid (PEA)*

1. Lombardi G, Miglio G, Varsaldi F, et al.: Oxyhomologation of the amide bond potentiates neuroprotective effects of the endolipid N-palmitoylethanolamine. *J Pharmacol Exp Ther.* 2007 Feb;320(2):599-606
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2. Schloss JM, Colosimo M, Airey C, et al.: Nutraceuticals and chemotherapy induced peripheral neuropathy (CIPN): a systematic review. *Clin Nutr.* 2013 Dec;32(6):888-93.
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*Acetyl-L-Carnitin*

1. Hershman DL, Unger JM, Crew KD, et al.: Randomized double-blind placebo-controlled trial of acetyl-L-carnitine for the prevention of taxane-induced neuropathy in women undergoing adjuvant breast cancer therapy. *J Clin Oncol*. 2013 Jul 10;31(20):2627-33.
2. Hershman DL, Unger JM, Crew KD, et al.: Two-Year Trends of Taxane-Induced Neuropathy in Women Enrolled in a Randomized Trial of Acetyl-L-Carnitine (SWOG S0715). *J Natl Cancer Inst*. 2018 Jan 18.

## Chemotherapy-induced Peripheral Neuropathy – Therapy –

### Non drug-based therapy

- Functional training (physical fitness, sensorimotoric stimulation training etc.)
- Physiotherapy / physical treatment
- acupuncture

### Drug-based therapy

- Menthol locally (1%), capsaicin/lidocain locally
- Baclofen/amitryptiline/ketamin-gel
- Duloxetine for therapy of CIPN-induced pain
- Opioids for therapy of CIPN-induced pain
- Palmitoylethanolamine (PEA) topically or PO.
- Venlafaxine
- Gabapentin, pregabalin
- Amitryptiline/ nortryptiline, imipramine/desipramine
- Acetyl-L-carnitine, lamotrigine, or other compounds<sup>1</sup>

<sup>1</sup> For list of not recommended drugs, see Hershman et al. 2014

Oxford		
LoE	GR	AGO
2a	C	+
5	D	+
2b	B	+
5	D	+
2b	B	+
5	D	+
5	D	+/-
5	D	+/-
5b	B	+/-
5b	B	+/-
5b	B	-

### Reviews / Leitlinien

1. Hershman DL, Lacchetti C, Dworkin RH, et al.: American Society of Clinical Oncology. Prevention and management of chemotherapy-induced peripheral neuropathy in survivors of adult cancers: American Society of Clinical Oncology clinical practice guideline. J Clin Oncol. 2014 Jun 20;32(18):1941-67.
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chemotherapy-induced painful peripheral neuropathy: a randomized clinical trial." JAMA 309(13): 1359-1367.

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### Nicht-medikamentöse Therapie

#### *Funktionstraining*

1. Duregon F, Vendramin B, Bullo V, et al.: Effects of exercise on cancer patients suffering chemotherapy-induced peripheral neuropathy undergoing treatment: A systematic review. Crit Rev Oncol Hematol. 2018 Jan;121:90-100.
2. Smith TJ, Razzak AR, Blackford AL, Ensminger J, Saiki C, Longo-Schoberlein D, Loprinzi CL: A pilot randomized sham-controlled trial of mc5-a scrambler therapy in the treatment of chronic chemotherapy-induced peripheral neuropathy (cipn). Journal of palliative care 2020;35:53-58.
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#### *Menthol / Capsaicin*

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2. Derry S, Rice AS, Cole P, et al.: Topical capsaicin (high concentration) for chronic neuropathic pain in adults. Cochrane Database Syst Rev. 2017 Jan 13;1:CD007393
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1. Barton DL, Wos EJ, Qin R, et al.: A double-blind, placebo-controlled trial of a topical treatment for chemotherapy-induced peripheral neuropathy: NCCTG trial N06CA. *Support Care Cancer*. 2011 Jun;19(6):833-41.
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#### *Duloxetine*

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#### *Akupunktur:*

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#### *Palmitoylethanolamid (PEA)*

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2. Durand JP, Deplanque G, Montheil V, et al.: Efficacy of venlafaxine for the prevention and relief of oxaliplatin-induced acute neurotoxicity: results of EFFOX, a randomized, double-blind, placebo-controlled phase III trial. *Ann Oncol*. 2012 Jan;23(1):200-5
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#### *Gabapentin, Pregabalin:*

1. Rao RD, Michalak JC, Sloan JA et al.: Efficacy of gabapentin in the management of chemotherapy-induced peripheral neuropathy: a phase 3 randomized, double-blind, placebo-controlled, crossover trial (N00C3). *Cancer*. 2007 Nov 1;110(9):2110-8.
2. Nishikawa T, Hasegawa K, Shintani D, et al.: Combination Therapy of Pregabalin with Tramadol for Treatment of Peripheral Neuropathy in Patients with Gynecological Cancer Receiving Taxane Containing Chemotherapy. *Gan To Kagaku Ryoho*. 2017 Mar;44(3):227-231.

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1. Kautio AL, Haanpää M, Saarto T, et al.: Amitriptyline in the treatment of chemotherapy-induced neuropathic symptoms. *J Pain Symptom Manage*. 2008 Jan;35(1):31-9.
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#### *Acetyl-L-Carnitin, Lamotrigin oder andere Substanzen:*

1. Rao RD, Flynn PJ, Sloan JA, et al.: Efficacy of lamotrigine in the management of chemotherapy-induced peripheral neuropathy: a phase 3 randomized, double-blind, placebo-controlled trial, N01C3. *Cancer*. 2008 Jun 15;112(12):2802-8
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14. The prescription of medical cannabis by a transitional pain service to wean a patient with complex pain from opioid use following liver transplantation: a case report.
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## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 7. Cardiac Disorders

## Cardiotoxicity as Long-term Side Effect

	Oxford		
	LoE	GR	AGO
▪ Equivalent cardiotoxicity of doxorubicin and epirubicin at recommended dose levels (450–500 and 900–1000 mg/m <sup>2</sup> cum. dose, resp.)	2b	B	
▪ Liposome encapsulated anthracyclines (doxorubicin) induce less cardiotoxicity	1b	B	
▪ Anthracycline- or trastuzumab-associated cardiotoxicity may occur earlier/more frequently: <ul style="list-style-type: none"> <li>▪ Elderly patients, obesity, hypertension, hypercholesterolemia, pre-existing cardiac disease (incl. borderline LVEF), diabetes mellitus</li> </ul>	2b	B	
▪ Monitoring of cardiac function: <ul style="list-style-type: none"> <li>▪ Standardized echocardiography (LVEF or SF in %)</li> <li>▪ Troponin I as marker of cardiac toxicity</li> </ul>	3b	C	+
	2b	B	+/-
▪ Betablocker-prophylaxis during anthracycline therapy	2a	B	+/-

### Statements

“Equivalent cardiotoxicity of doxorubicin and epirubicin at recommended dose levels (450–500 and 900–1000 mg/m<sup>2</sup> cum. dose, resp.)”

“Liposome encapsulated anthracyclines (doxorubicin) induce less cardiotoxicity”

1. van Dalen EC Different anthracycline derivatives for reducing cardiotoxicity in cancer patients. Cochrane Database Syst Rev. 2010 Mar 17;(3):CD005006. Review. Update in: Cochrane Database Syst Rev. 2010;(5):CD005006.

“Anthracycline- or trastuzumab-associated cardiotoxicity may occur earlier/more frequently...”

1. Petrelli F: Mortality, leukemic risk, and cardiovascular toxicity of adjuvant anthracycline and taxane chemotherapy in breast cancer: a meta-analysis. Breast Cancer Res Treat. 2012 Sep;135(2):335-46
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“Trastuzumab-related cardiotoxicity in the elderly: a role for cardiovascular risk factors.”

1. Serrano C, Cortés J, De Mattos-Arruda L, et al.: Trastuzumab-related cardiotoxicity in the elderly: a role for cardiovascular risk factors. Ann Oncol. 2011 Aug 9.
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Res Treat 2019.

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6. Sautter-Bihl ML, Souchon R, Gerber B: Adjuvant therapy for women over age 65 with breast cancer. Dtsch Arztebl Int 108:365-371, 2011

“Monitoring of cardiac function before / during / after treatment: Echocardiography (LVEF or SF in %)”

1. Ewer MS, Ewer SM. Cardiotoxicity of anticancer treatments: what the cardiologist needs to know. Nat Rev Cardiol. 2010 Oct;7(10):564-75. Review.
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6. Yancy CW, Jessup M, Bozkurt B, et al. 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. J Card Fail. 2016 Sep;22(9):659-69. doi: 10.1016/j.cardfail.2016.07.001. Epub 2016 Jul 6.
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noninvasive imaging evidence of subclinical cardiovascular disease. JACC Cardiovasc Imaging. 2013 Aug;6(8):877-85. doi: 10.1016/j.jcmg.2012.11.017. Epub 2013 May 1.

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#### Troponin as Early Predictor for Cardiotoxicity

1. Ponde N, Bradbury I, Lambertini M, et al. Cardiac biomarkers for early detection and prediction of trastuzumab and/or lapatinib-induced cardiotoxicity in patients with HER2-positive early-stage breast cancer: a NeoALTTO sub-study (BIG 1-06). Breast Cancer Res Treat. 2017 Dec 27.
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#### Betablocker-Prophylaxe

1. Gujral DM, Lloyd G, Bhattacharyya S. Effect of prophylactic betablocker or ACE inhibitor on cardiac dysfunction & heart failure during anthracycline chemotherapy  $\pm$  trastuzumab. Breast. 2018 Feb;37:64-71.
2. Oliva S, Cioffi G, Frattini S, et al.: Administration of angiotensin-converting enzyme inhibitors and  $\beta$ -blockers during adjuvant trastuzumab chemotherapy for nonmetastatic breast cancer: marker of risk or cardioprotection in the real world? Oncologist. 2012;17(7):917-24.
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## Adjuvant Trastuzumab Cardiac Monitoring for CHF

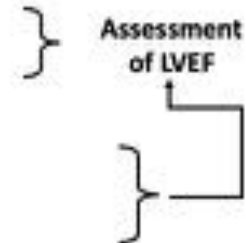
Oxford LoE: 5

GR: D

AGO: ++

### Before start of trastuzumab

- History, physical examination (edema, hepatomegaly)
- Echocardiography (alternative to MUGA)



### During trastuzumab

#### Regular assessment of

- Heart rate increase > 15% above individual base level
- Body weight increase ≥ 2 kg/week
- Cardiac signs and symptoms

### 3 monthly assessment of LVEF

### Statement: Cardiac Monitoring (5 D ++)

Vote result of the AGO recommendation: 100%

1. Perez EA, Suman VJ, Davidson NE, et al.: Cardiac safety analysis of doxorubicin and cyclophosphamide followed by paclitaxel with or without trastuzumab in the North Central Cancer Treatment Group N9831 adjuvant breast cancer trial. J Clin Oncol. 2008 Mar 10;26(8):1231-8. Epub 2008 Feb 4.
2. Mackey JR, Clemons M, Côté MA, et al.: Cardiac management during adjuvant trastuzumab therapy: recommendations of the Canadian Trastuzumab Working Group. Curr Oncol. 2008 Feb;15(1):24-35.

## Feasibility of Treatment Combinations Considering Toxicities

### Regarding cardiac toxicity

- Trastuzumab concurrent with radiotherapy
- Trastuzumab concurrent with epirubicin
- Trastuzumab concurrent with doxorubicin
- Anthracycline concurrent with radiotherapy

### Regarding lung and breast fibrosis

- Tamoxifen concurrent with radiotherapy
- Chemotherapy concurrent with radiotherapy

	Oxford		
	LoE	GR	AGO
Trastuzumab concurrent with radiotherapy	2b	B	+
Trastuzumab concurrent with epirubicin	2b	B	+/-
Trastuzumab concurrent with doxorubicin	2b	B	-
Anthracycline concurrent with radiotherapy	2c	C	-
Tamoxifen concurrent with radiotherapy	3	C	+/-
Chemotherapy concurrent with radiotherapy	1b	B	-

### “Trastuzumab simultaneous to radiotherapy”

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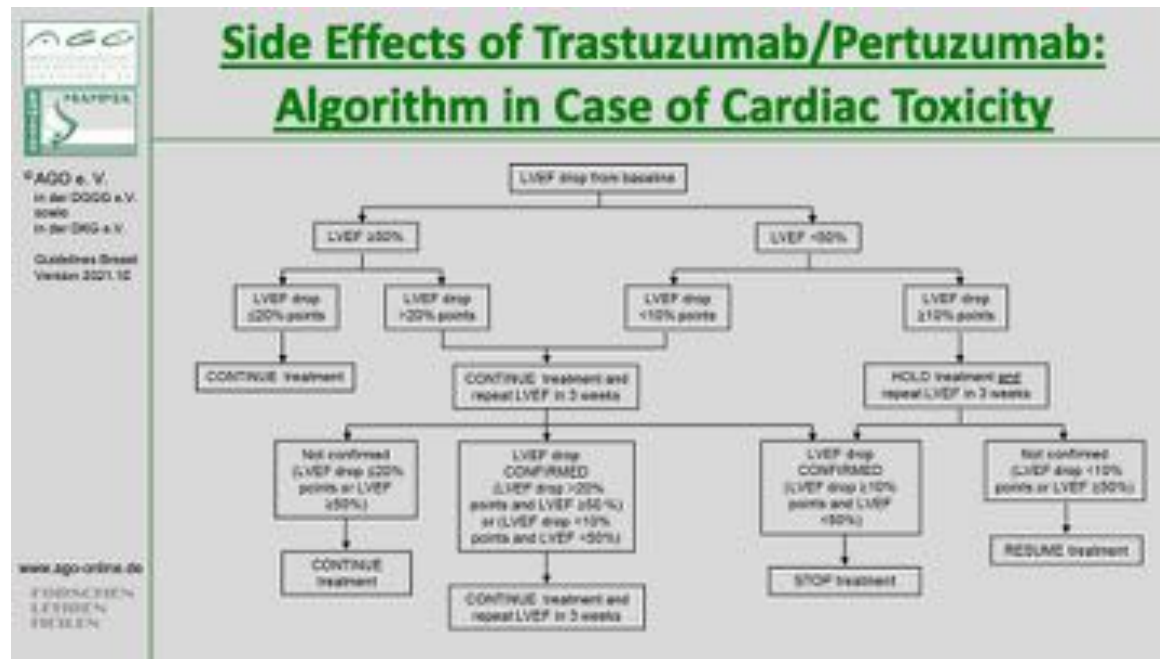
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## Side Effects According Organ Systems

### Incidence, Prevention, Therapy

#### 8. Gastrointestinal Disorders

- Nausea, Emesis
- Mucositis
  - Stomatitis (Everolimus)
- Diarrhea
- Constipation

Antiemetic Therapy			
<a href="http://www.mascc.org/antiemetic-guidelines">http://www.mascc.org/antiemetic-guidelines</a> <a href="http://www.onkosupport.de">www.onkosupport.de</a>			
	Oxford		
	LoE	GR	AGO
▪ Prior assessment of emetic potential of chemotherapy protocol	S	D	++
▪ Neurokinin-1-receptor-antagonists	1b	A	++
▪ Dexamethasone (also in chemotherapy combinations with ICPI)	1a	A	++
▪ 5-HT <sub>3</sub> -antagonists	1b	A	++
▪ Fixed antiemetic combination therapy	1b	A	++
▪ Rescue Medication			
▪ Olanzapine	1b	A	+
▪ Levomepromazine, benzodiazepines	3b	C	+
▪ Cannabinoids, ginger	3b	C	+

ICPI=immune checkpoint inhibitor

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### Olanzapine

- 1 Hironobu H, Masakazu A, Osamu Tokuyama, et al. Olanzapine 5 mg plus standard antiemetic therapy for the prevention of chemotherapy-induced nausea and vomiting (J-FORCE): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial Lancet Oncology December 11, 2019DOI:[https://doi.org/10.1016/S1470-2045\(19\)30678-3](https://doi.org/10.1016/S1470-2045(19)30678-3)
- 2 Slimano F, Netzer F, Borget I et al.:Olanzapine as antiemetic drug in oncology: a retrospective study in non-responders to standard antiemetic therapy. . Int J Clin Pharm\_ 2018 Oct;40(5):1265-1271. doi: 10.1007/s11096-018-0649-1. Epub 2018 May 9.
- 3 Hashimoto H, Abe M, Tokuyama O, et al.: Olanzapine 5 mg plus standard antiemetic therapy for the prevention of chemotherapy-induced nausea and vomiting (j-force): A multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Oncol 2019.





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## Antiemetic Therapy

### https://www.mascc.org/antiemetic-guidelines

#### ACUTE Nausea and Vomiting: SUMMARY

EMETIC RISK GROUP	ANTIEMETICS
High Non-AC	5-HT <sub>3</sub> + DEX + NK <sub>1</sub> +/- OLZ*
High AC	5-HT <sub>3</sub> + DEX + NK <sub>1</sub> +/- OLZ*
Carboplatin	5-HT <sub>3</sub> + DEX + NK <sub>1</sub>
Moderate (other than carboplatin)	5-HT <sub>3</sub> + DEX
Low	5-HT <sub>3</sub> or DEX or DOP
Minimal	No routine prophylaxis

5-HT<sub>3</sub> = ondansetron, granisetron, tropisetron

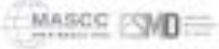
DEX = dexamethasone

NK<sub>1</sub> = aprepitant, fosaprepitant, nabilon, nabilonolol, nabilonolol, nabilonolol, nabilonolol


OLZ = olanzapine

DOP = droperidol, domperidone

\*NOTE: If the NK<sub>1</sub> receptor antagonist is not available for AC chemotherapy, palonosetron is the preferred 5-HT<sub>3</sub> receptor antagonist.  
 \*OLZ: Olanzapine may be added particularly if nausea is a concern.



<https://www.mascc.org/antiemetic-guidelines>



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## Antiemetic Therapy

### https://www.mascc.org/antiemetic-guidelines

#### DELAYED Nausea and Vomiting: SUMMARY

EMETIC RISK GROUP	ANTIEMETIC
High Risk AC	<span style="background-color: #00ff00; padding: 2px;">DEX</span> or (if APV 12h long for acute) <span style="background-color: #ff00ff; padding: 2px;">MCP</span> + <span style="background-color: #00ff00; padding: 2px;">DEX</span> or <span style="background-color: #ff00ff; padding: 2px;">APR</span> + <span style="background-color: #00ff00; padding: 2px;">DEX</span> or <span style="background-color: #ff00ff; padding: 2px;">OLP</span>
High AC	NONE or (if APV 12h long for acute) <span style="background-color: #00ff00; padding: 2px;">DEX</span> or <span style="background-color: #ff00ff; padding: 2px;">APR</span> or <span style="background-color: #ff00ff; padding: 2px;">OLP</span>
Cetopolein	NONE or (if APV 12h long for acute) <span style="background-color: #ff00ff; padding: 2px;">APR</span>
Oxapropyl, or apofodyne, or cetopoleinamide	<span style="background-color: #00ff00; padding: 2px;">DEX can be considered</span>
Moderate (other)	No routine prophylaxis
Low and Minimal	No routine prophylaxis

DEX = DEXAMETHASONE
MCP = METOCLOPRAMIDE
APR = APROMORFANT
OLP = OLANSAPINE

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<https://www.mascc.org/antiemetic-guidelines>

Supportive Therapy Antiemetics				
Wirkstoffgruppe	Substanz	Dosierung	Nebenwirkungen	Potenzial
Serotonin-antagonisten	Dolasetron	8 mg i.v., 2 x 8 mg p.o.	Kopfschmerzen, Diarrhoe, Flushing, Schwindel	sehr hoch
	Tropisetron	5 mg i.v., 5 mg p.o.	Flushing, Schwindel	sehr hoch
	Palonosetron	1-2 mg i.v.	Flushing, Schwindel	sehr hoch
NK1-Antagonisten	Aprepitant	125 mg d1, 80 mg d 2-3 p.o.	Cytoprotein P-450- Aktivierung mit hoher Selektivität von CYP2D6 (2 x 8 mg)	sehr hoch
	Fosaprepitant Aprepitant	150 mg d1 i.v. 180 mg d1 p.o.	Keine Kombination mit Aprepitant, Terfenadin, Cisplatin	sehr hoch
Dopamin-antagonisten/ substituierte Benzamide	Metoclopramid	Da zu 10 mg/24h als Domperidon-40 als Tropfen	Dyskinesien (Akathisie/Syndrom)	hoch
	Haloperidol	bis zu 16 mg i.v. oder p.o. (24 h) (3 Amp. mit 5 mg)	Angstreaktion, Depressionen, Diarrhoe	hoch
Olanzapine	Olanzapin	10 mg/d für 4-6 d bgl. 5 mg/d für 4-6 d	Sedation, weight gain	hoch
Phenothiazine/ Butyrophenone	Haloperidol	1-5 mg 4 x/d	Sedation, Senkung der Körperkerntemperatur, transiente Lebenserwartung	mäßig
Corticosteroide	Dexamethason	8-10 mg i.v., 3-4 x/d 100-150 mg i.v. 3-4 x/d	Hyperkalzämie, psychische Reaktionen, Fluss, Wirkstoffbindung	mäßig
Prokinetika	Domperidon	bis zu 10 mg/d 0,5-1,0 mg/kg	Sedation, Atemdepression	gering
NEPA (Nausea and Vomiting Prevention)	See Kombinationen p.o. (oral)	100 mg/10 mg 3-5 mg		sehr hoch

## Olanzapine

- 1 Hironobu H, Masakazu A, Osamu Tokuyama, et al. Olanzapine 5 mg plus standard antiemetic therapy for the prevention of chemotherapy-induced nausea and vomiting (J-FORCE): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial Lancet Oncology December 11, 2019 DOI: [https://doi.org/10.1016/S1470-2045\(19\)30678-3](https://doi.org/10.1016/S1470-2045(19)30678-3)
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**Mucositis Prevention**  
[http://www.mascc.org/assets/documents/MucositisGuidelinesMASCC2020\(dtv\).pdf](http://www.mascc.org/assets/documents/MucositisGuidelinesMASCC2020(dtv).pdf)  
 Multidisciplinary S3 guidelines of the AWMF (Reg.-Nr. 032-054OL):  
 „Supportive Therapie bei onkologischen PatientInnen – interdisziplinäre Querschnittsleitlinie“, released 11.11.2019

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• Standardized mouth hygiene for prophylaxis of oral mucositis should be adhered to by all age groups and during all cancer-related therapies with any risk for oral mucositis.

This entails:

1. Patient:
  - Regular mouth washes (H<sub>2</sub>O, NaCl)
  - Soft toothbrushes
  - Interdental care: flossing or using interdental brush
  - Avoidance of alcohol, tobacco, hot food, sour food
  - Regular screening for lesions
2. Risk adjusted prophylaxis by dentist
3. Continuous clinical control

There is no evidence with regard to the use of one of the following compounds: allspurineol, capsaicin, glutamine, honey, camomile, camomile oil or extract, chewing gum, kefir, methadone, nystatin, pentoxifylline, povidone-iodine, vitamin A/I/combinations

### Relevant practice guideline


Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)

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3. Jensen, S. B., V. Jarvis, Y. Zadik, et al.: "Systematic review of miscellaneous agents for the management of oral mucositis in cancer patients."
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5. Leenstra, J. L., R. C. Miller, R. Qin et al.: "Doxepin rinse versus placebo in the treatment of acute oral mucositis pain in patients receiving head and neck radiotherapy with or without chemotherapy: a phase III, randomized, double-blind trial (NCCTG-N09C6 [Alliance]). J Clin Oncol 2014;32(15): 1571-1577.
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## Prevention of Everolimus-Induced Stomatitis Using Dexamethasone Mouthwash

- **Study design:** single arm phase II-trial (SWISH)
- **Cohort:** 92 pts., treated with everolimus 10 mg and exemestane 25 mg
- **Schedule:** 10 mL of alcohol-free dexamethasone 15 mg per 5 mL oral solution (swish for 2 min and spit) for at least 8–12 weeks\*
- **Results:** after 13 wks exposition all-grade incidence of stomatitis 27% (BOLERO 67%), ≥ grade 2 events 9% (BOLERO 27%)

\* Alternatively Hydrocortison: Hydrocortisonacetat-Suspension 0,5 % with Lidocainhydrochlorid and Despanthenol (Germany: Arzneibuchrezeptur MRF 7.14.)

Rugo et al., *Lancet Oncol* 2017, , Jones et al. *Oncologist* 2019

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### Relevant practice guideline

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)

1. [http://www.mascc.org/assets/documents/MukositisGuidelinesMASCC2006\(dtv\).pdf](http://www.mascc.org/assets/documents/MukositisGuidelinesMASCC2006(dtv).pdf)
2. RV Lalla, J Bowen RV Lalla, et al. MASCC/ISOO clinical practice guidelines for the management of mucositis secondary to cancer therapy. Cancer 2014; 120:1453-61
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## Diarrhea

- **Adsorbent agents**
  - Carbo medicinalis; coofine / pectine, Al-Mg-silicate hydrate
- **Analgetics, opioids**
  - Loperamide; codeine, morphine IV, tinctura opii (tincture of opium), butylscopolamine
- **Pseudomembranous colitis**
  - Metronidazole or (if not effective) vancomycin

### Relevant practice guideline


Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)

1. D. E. Peterson, C. B. Boers-Doets, R. J. Bensadoun, et al. on behalf of the ESMO Guidelines Committee Management of oral and gastrointestinal mucosal injury: ESMO Clinical Practice Guidelines for diagnosis, treatment, and follow-up Annals of Oncology 2015;26 (Supplement 5): v139–v151.
2. Stein A, Voigt W, Jordan K. Chemotherapy-induced diarrhea: pathophysiology, frequency and guideline-based management Ther Adv Med Oncol 2010;2(1) 51-63
3. Coyle, V. M., D. Lungulescu, C. Toganel, et al. (2013). "A randomised double-blind placebo-controlled phase II study of AGI004 for control of chemotherapy-induced diarrhoea." Br J Cancer 2013;108(5);1027-1033.
4. Hoff, P. M., D. F. Saragiotto, C. H. Barrios, et al. (2014). "Randomized Phase III Trial Exploring the Use of Long-Acting Release Octreotide in the Prevention of Chemotherapy-Induced Diarrhea in Patients With Colorectal Cancer: The LARCID Trial." J Clin Oncol 2014;32;1006-11
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6. trial of calcium aluminosilicate clay versus placebo for the prevention of diarrhea in patients with metastatic colorectal cancer

treated with irinotecan." Support Care Cancer 2015;23:661-70.

7. Middleton, G., S. Brown, C. Lowe, T. et al. (2013). "A randomised phase III trial of the pharmacokinetic biomodulation of irinotecan using oral ciclosporin in advanced colorectal cancer: results of the Panitumumab, Irinotecan & Ciclosporin in COLOrectal cancer therapy trial (PICCOLO)." Eur J Cancer 2013, 49(16): 3507-3516.



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FACHLEITUNG  
S. 17-18  
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## Constipation

### Important Side Effect of Opioid Treatment

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- **Bulging agents**
  - Psyllium, flaxseed (shredded)
- **Osmotic laxatives**
  - Macrogol > Lactulose (Cochrane review [LoE 1a, AGO +](#))
  - Oral radio-opaque material: ultima ratio e.g. sodium amidotrizoate
  - Sorbitol
- **Motility stimulating laxatives**
  - Senna, Ricinus (Castrol Oil), Bisacodyl, sodium-picosulfate
- **Emollients** (internal lubricants e.g. paraffin)
- **Opioid-receptor-antagonists (in opioid-related constipation)**
  - Methylnaltrexone

#### Relevant practice guideline

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)

## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 9. Skin & Subcutaneous Tissue Disorders (Alopecia)

#### Relevant practice guideline

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)

## Skin toxicities

	Oxford		
	LoE	GR	AGO
▪ Avoidance of chemotherapy-induced alopecia by scalp cooling*	1b		+/-
▪ Prophylaxis of hand-foot-syndrome using urea containing lotions (5-10%)	1b		+
▪ Prophylaxis of nail changes and hand-foot-syndrome by cooling hands during docetaxel application	2b		+

- Substance- and regimen specific


### Relevant practice guideline

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)

### Scalp Cooling:

1. Nangia J, Wang T, Osborne C, et al. Effect of Scalp Cooling Device on Alopecia in Women Undergoing Chemotherapy for Breast Cancer: The SCALP Randomized Clinical Trial JAMA. 2017 Feb 14;317(6):596-605.
2. Rugo HS, Voigt J. Scalp Hypothermia for Preventing Alopecia During Chemotherapy. A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Clin Breast Cancer. 2018 Feb;18(1):19-28.
3. Rugo HS, Melin SA, Voigt J. Scalp cooling with adjuvant/neoadjuvant chemotherapy for breast cancer and the risk of scalp metastases: systematic review and meta-analysis. Breast Cancer Res Treat. 2017 Jun;163(2):199-205.



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## Scalp Cooling: Scalp Cooling Alopecia Prevention Trial (SCALP) and metaanalyses

**AGO: +/- LOE 2b B**

- Nangia J, Wang T, Osborne C, et al. Effect of Scalp Cooling Device on Alopecia in Women Undergoing Chemotherapy for Breast Cancer: The SCALP Randomized Clinical Trial JAMA. 2017 Feb 14;317(6):596-605.  
 Primary Outcome: hair preservation  
 Cooling: 50.5 % success vs. 49.5 % failure  
 Non-cooling: 0 % success vs. 100 % failure  
 Fisher's exact test  $p < 0.001$

**Two Meta-analyses: AGO: +/- LOE 1b**

- Scalp cooling reduced relative risk (RR) of alopecia by 43% (RR, 0.57; 95% CI, 0.45-0.72;  $I^2 = 11\%$ ;  $P < .00001$ ). (Rugo & Voigt, Clinical Breast Cancer 2018; 18(1): 19-28.)
- Incidence rate of scalp metastasis (SC vs. no-SC) 0.61% vs. 0.41%;  $P = 0.43$ . (Rugo & Voigt; BCRT 2017)

1. Nangia J, Wang T, Osborne C, et al. Effect of Scalp Cooling Device on Alopecia in Women Undergoing Chemotherapy for Breast Cancer: The SCALP Randomized Clinical Trial JAMA. 2017 Feb 14;317(6):596-605.
2. Rugo HS, Voigt J. Scalp Hypothermia for Preventing Alopecia During Chemotherapy. A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Clin Breast Cancer. 2018 Feb;18(1):19-28.
3. Rugo HS, Melin SA, Voigt J. Scalp cooling with adjuvant/neoadjuvant chemotherapy for breast cancer and the risk of scalp metastases: systematic review and meta-analysis. Breast Cancer Res Treat. 2017 Jun;163(2):199-205..

## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 10. MUSCULOSKELETAL & CONNECTIVE TISSUE DISORDERS (see Chapter Osteooncology)

#### Relevant practice guideline

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)



## Side Effects According Organ Systems Incidence, Prevention, Therapy

### 11. General Disorders & Administration Site Conditions

#### Relevant practice guideline

Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.2, 2019,

AWMF Registernummer: 032/054OL, <http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html> (Zugriff am 08.01.2020)



## Extravasation of Potentially Necrotizing Compounds (Anthracyclines, Taxanes, Vinorelbine)

- Dexrazoxane for treatment of anthracycline-extravasations  
(exception: liposomal Anthracyclines)
- Hyaluronic acid for treatment of taxane/vinorelbine-extravasations

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

### Relevant practice guideline:

1. American Society of Clinical Oncology 2008 clinical practice guideline update: use of chemotherapy and radiation therapy protectants.
2. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.3, 2020, AWMF Registernummer: 032/054OL

### Dexrazoxane

1. Hensley ML, Hagerty KL, Kewalramani T, et al.: Cardioprotective effect of dexrazoxane in patients with breast cancer treated with anthracyclines in adjuvant setting: a 10-year single institution experience. J Clin Oncol. 2009 Jan 1;27(1):127-45.
2. Testore F, Milanese S, Ceste M, et al.: Dexrazoxane (Totect): FDA review and approval for the treatment of accidental extravasation following intravenous anthracycline chemotherapy. Oncologist. 2008 Apr;13(4):445-50.
3. Mouridsen HT, Langer SW, Buter J, et al.: Treatment of anthracycline extravasation with Savene (dexrazoxane): results from two prospective clinical multicentre studies. Ann Oncol. 2007 Mar;18(3):546-50.

Hyaluronsäure

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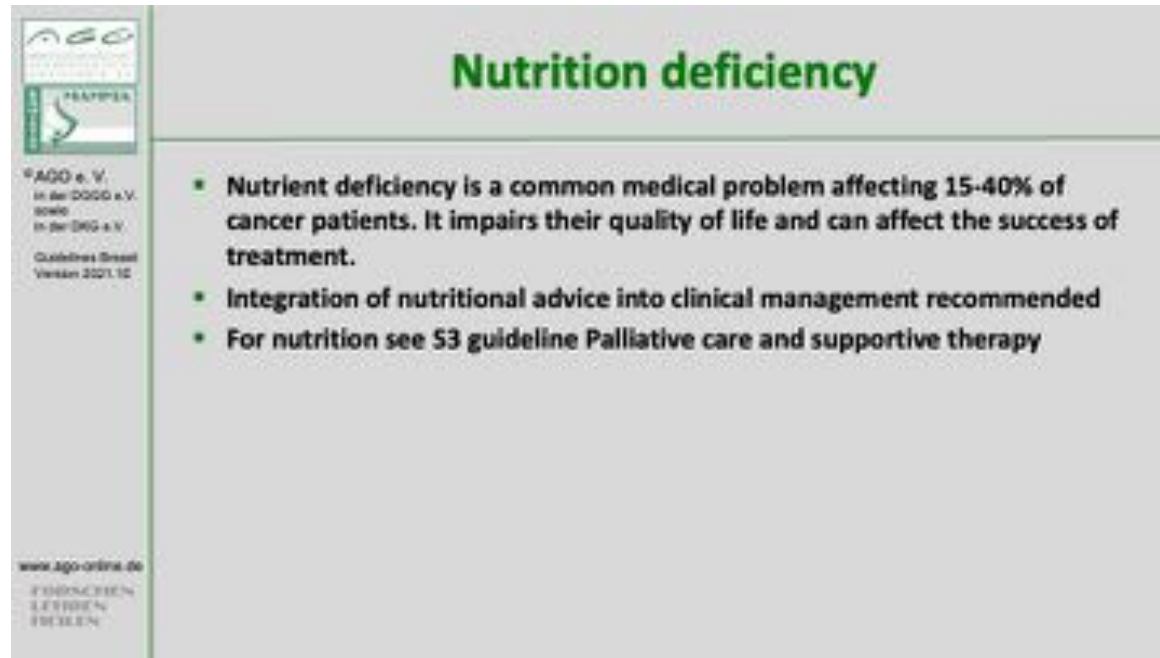
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#### ▪ Further supportive and palliative issues

- Nutrition
- Pain management
- Palliative Care



**Nutrition deficiency**

- **Nutrient deficiency is a common medical problem affecting 15-40% of cancer patients. It impairs their quality of life and can affect the success of treatment.**
- **Integration of nutritional advice into clinical management recommended**
- **For nutrition see S3 guideline Palliative care and supportive therapy**

  
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### Klinische Ernährung:

1. Arends J, Bertz H, Bischoff SC, et al. und das DGEM Steering Committee. Klinische Ernährung in der Onkologie. S3-Leitlinie AWMF Reg.: 073-0061Aktuel Ernährungsmed 2015; 40: e1–e74 [www.awmf.org/uploads/tx\\_szleitlinien/073-0061\\_S3\\_Klin\\_Ernährung\\_in\\_der\\_Onkologie\\_2015-10.pdf](http://www.awmf.org/uploads/tx_szleitlinien/073-0061_S3_Klin_Ernährung_in_der_Onkologie_2015-10.pdf) abgerufen 2101202
2. de Las Peñas R, Majem M, Perez-Altozano J, et al SEOM clinical guidelines on nutrition in cancer patients (2018). Clin Transl Oncol. 2019 Jan;21(1):87-93. doi: 10.1007/s12094-018-02009-3. Epub 2019 Jan 8.
3. van den Berg MMGA1, Kok DE2, Posthuma L1, et al Breast Cancer Res Treat. 2019 Jan;173(2):475-481. doi: 10.1007/s10549-018-5014-5. Epub 2018 Oct 23.

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## Analgesia

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**Non-opioids; WHO Step 1**  
 Diclofenac resinate, ibuprofen and / or metamizole, paracetamol (acetaminophen)

**Mild opioids; WHO Step 2**  
 Tramadol (preferentially „retard“-formulations) or tilidine / naloxone (also as „retard“-formulations)

**Strong opioids; WHO Step 3**  
 Morphine, buprenorphine (sublingual or transdermal), fentanyl (transdermal), hydromorphone, oxycodone, as a back-up levomethadone. The dose of opioids should be titrated step by step according to the analgetic effect.

**Additional drugs – „adjuvants“**  
 Canabinoide, Gabapentin, pregabalin, carbamazepine, amitriptyline, bisphosphonates

Relevant practice guideline:

1. WHO Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. Januar 2019 , Geneva ISBN: 978-92-4-155039-0 [www.who.int/ncds/management/palliative-care/cancer-pain-guidelines/en/](http://www.who.int/ncds/management/palliative-care/cancer-pain-guidelines/en/) Zugriff 21.01.2020

Relevant practice guideline:

2. Horlemann J, Schürmann N. DGS Praxisleitlinien in der Schmerztherapie. Cannabis in der Schmerzmedizin v 1.0 [www.dgs-praxisleitlinien.de/index.php/leitlinien/cannabis](http://www.dgs-praxisleitlinien.de/index.php/leitlinien/cannabis)



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## Palliative Care

- All patients should be offered palliative care after the diagnosis of a non-curable cancer, regardless of whether a tumour-specific therapy is carried out.
- Specialized palliative care should be integrated into oncological decision-making processes, e.g. by participating in interdisciplinary tumor conferences.
- Patients with incurable cancer who are cared for in structures of specialized palliative care (palliative care ward, specialized outpatient care such as SAPV) should have access to oncological counselling.

<https://www.leitlinienprogramm-onkologie.de/leitlinien/palliativmedizin/>

1. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Palliativmedizin für Patienten mit einer nicht-heilbaren Krebserkrankung, Lang- version 2.0, 2019, AWMF-Registernummer: 128/001OL, <https://www.leitlinienprogramm-onkologie.de/leitlinien/palliativmedizin/> (abgerufen am: 21.01.2020)