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FORSCHEN
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Diagnostik und Therapie früher und fortgeschritten Mammakarzinome

Komplementäre Therapie „Survivorship“



Komplementäre Therapien

Hormontherapie „Survivorship“ (Rezidiv-Prävention)

■ Versionen 2002–2022:

Albert / Bauerfeind / Blohmer / Dall / Fersis / Friedrich / Gerber /
Göhring / Hanf / Janni / Kümmel / Lück / von Minckwitz / Nitz /
Oberhoff / Rhiem / Scharl / Schmidt / Schütz / Solomayer /
Thomssen

■ Version 2023:

Heil / Solomayer

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Screened Data Sources:

Pubmed	2015 - 01/2023
ASCO	2015 – 2022
SABCS	2015 – 2022
EBCC	2015 – 2022
Cochrane library:	summary Jan. 2023

-RCT, systematic review, meta-analysis

1. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Komplementärmedizin in der Behandlung von onkologischen PatientInnen, Langversion 1.1, 2021, AWMF Registernummer: 032/055OL, <https://www.leitlinienprogramm-onkologie.de/leitlinien/komplementaermedizin/>



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CAM

„Integrative
Onkologie“

CAM

Komplementäre + Alternative Medizin

Komplementär

*in Ergänzung zur
wissenschaftlich
begründeten Medizin*

Alternativ

*anstelle der
wissenschaftlich
begründeten
Medizin*

„Unkonventionelle
Methoden“

UCT

Unkonventionelle
Therapien

Unkonventionell

*unbewiesene
Außenseiter-
Methoden*

Komplementäre Verfahren werden parallel zur konventionellen Therapie angewendet und unterscheiden sich von alternativen Verfahren dadurch, dass sie den Wert der konventionellen Verfahren nicht in Frage stellen, sondern sich als Ergänzung verstehen

Onkolleinlinienprogramm

1. Witt CM et al.. A Comprehensive Definition for Integrative Oncology. J Natl Cancer Inst Monogr 2017;(52): Igx012
2. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Komplementärmedizin in der Behandlung von onkologischen PatientInnen, Langversion 1.1, 2021, AWMF Registernummer: 032/055OL, <https://www.leitlinienprogramm-onkologie.de/leitlinien/komplementaermedizin/>

“Integrative oncology is a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment.”



Gute klinische Praxis

Alle Patienten sollen frühestmöglich und im Verlauf wiederholt zum Interesse an Informationen komplementärmedizinischer Maßnahmen befragt werden und bei Interesse soll auf verlässliche Informationsquellen verwiesen werden.

S3 LL "Komplementärmedizin in der Behandlung von onkologischen PatientInnen"

Literatur:

1. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Komplementärmedizin in der Behandlung von onkologischen PatientInnen, Langversion 1.1, 2021, AWMF Registernummer: 032/055OL, <https://www.leitlinienprogramm-onkologie.de/leitlinien/komplementaermedizin/>



Allgemein

Oxford		
LoE	GR	AGO
2b	B	--
2b	B	--

- **CAM anstelle lokoregionärer Interventionen**
- **CAM anstelle systemischer Therapie**

- **Patienten sollten nach Nutzung komplementärer und alternativer Therapien befragt werden.**
- **Diagnostische Verfahren im Zusammenhang mit komplementären und alternativen Therapiekonzepten ohne Evidenz (z. B. Irisdiagnostik, Bioresonanz) sollen nicht empfohlen werden.**
- **Unter Systemtherapie:**
Besondere Beachtung gilt möglichen Medikamenten-Interaktionen

1. Guha N, Kwan ML, Quesenberry CP, et al: Soy isoflavones and risk of cancer recurrence in a cohort of breast cancer survivors: the Life After Cancer Epidemiology study. *Breast Cancer Res Treat.* 2009;118(2):395–405, pmid:19221874.
2. Saquib J, Parker BA, Natarajan L, et al. Prognosis following the use of complementary and alternative medicine in women diagnosed with breast cancer. *Complement Ther Med.* 2012 Oct;20(5):283-90. doi: 10.1016/j.ctim.2012.04.002. Epub 2012 Apr 27.
3. Smith PJ et al.. Complementary and alternative medicine use by patients receiving curative-intent chemotherapy. *Asia-Pacific Journal of Clinical Oncology* 2016; 12: 265–274
4. Greenlee H et al.. Association Between Complementary and Alternative Medicine Use and Breast Cancer Chemotherapy Initiation: The Breast Cancer Quality of Care (BQUAL) Study. *JAMA Oncol.* 2016 Sep 1;2(9):1170-6. doi: 10.1001/jamaonc.2016.0685
5. Fremd C et al.. Use of complementary and integrative medicine among German breast cancer patients: predictors and implications for patient care within the PRAEGNANT study network. *Arch Gynecol Obstet.* 2017 May;295(5):1239-1245. doi: 10.1007/s00404-017-4348-2. Epub 2017 Mar 22.
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9. Johnson SB, Park HS, Gross CP et al. Use of Alternative Medicine for Cancer and Its Impact on Survival. *J Natl Cancer Inst.* 2018 Jan 1;110(1). doi: 10.1093/jnci/djx145.
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11. Guerra-Martin MD, Tejedor-Bueno MS, correa-Casado M. Effectiveness of Complementary Therapy in Cancer Patients: A systematic Review. *Int J Environ Res Public Health* 2021 Jan 24;18(3) 1017.doi:103390/ijerph18031017



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Komplementäre Therapien prä- und postoperativ

	Oxford		
	LoE	GR	AGO
Präoperativ			
▪ Hypnose (reduziert Ängste, Schmerz, Übelkeit)	1b	B	+
Postoperativ			
▪ Akupunktur			
▪ bei Schmerzen, Ängstlichkeit	1b	B	+/-
▪ bei Übelkeit, Erbrechen	2b	B	+
▪ Massage Therapie (bei Schmerzen)	2b	C	+/-
▪ Frühzeitige postoperative Bewegungstherapie beugt Dysfunktion der oberen Extremität vor. CAVE: vermehrt Wundsekret	1a	A	+
▪ Körperliche Aktivität			
▪ zur Reduktion des sek. Lymphödems	1a	A	+
▪ zur Prophylaxe eines Lymphödems	1b	B	+/-
▪ Prophylaktische Lymphdrainage	1b	B	-
▪ Yoga (bei Arm- und Schulterschmerzen)	2b	C	+
▪ Musiktherapie (Schmerzreduktion nach Mastektomie)	2b	C	+/-

Präoperativ:

Hypnosis

- Montgomery GH, David D, Kangas M, et al. Randomized Controlled Trial of a Cognitive-Behavioral Therapy Plus Hypnosis Intervention to Control Fatigue in Patients Undergoing Radiotherapy for Breast Cancer. JCO 2014;DOI 10.1200/JCO.2013.49.3437
- Cramer H, Lauche R, Paul A, et al: Hypnosis in Breast Cancer Care: A Systematic Review of Randomized Controlled Trials. Integr Cancer Ther. 2015 Jan;14(1):5-15. Epub 2014 Sep 18.
- Amraoui J, Pouliquen C, Fraisse J et al. Effects of a Hypnosis Session Before General Anesthesia on Postoperative Outcomes in Patients Who Underwent Minor Breast Cancer Surgery: The HYPNOSEIN Randomized Clinical Trial. JAMA 2018 Netw Open.;1(4):e181164. doi: 10.1001/jamanetworkopen.2018.1164.

Postoperative:

Acupuncture

- Chao LF et al.: The efficacy of acupoint stimulation for the management of therapy-related adverse events in patients with breast cancer: a systematic review. Breast Cancer Res Treat 2009;118:255–267.
- Mallory MJ et al.: Acupuncture in the postoperative setting for breast cancer patients: a feasibility study. Am J Chin Med.

- 2015;43(1):45-56.
3. Quinlan-Woodward J, Gode A, Dusek JA: Assessing the Impact of Acupuncture on Pain, Nausea, Anxiety, and Coping in Women Undergoing a Mastectomy. *Oncol Nurs Forum*. 2016 Nov 1;43(6):725-732.
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Massage Therapy

1. Pan YQ, Yang KH, Wang YL, et al: Massage interventions and treatment-related side effects of breast cancer: a systematic review and meta-analysis. *Int J Clin Oncol*. 2014 Oct;19(5):829-41.
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3. Dilaveri CA, Croghan I, Mallory MJ, et al, Massage compared with massage plus acupuncture for breast cancer patients undergoing reconstructive surgery. *J Altern Complement Med* 2020 26(7):602-609

Postoperative exercise

1. McNeely ML, Campbell K, Ospina M et al.: Exercise interventions for upper-limb dysfunction due to breast cancer treatment. *Cochrane Database of Systematic Reviews* 2010, Issue 6. Art. No.: CD005211. DOI: 10.1002/14651858.CD005211.pub2.
2. Cavanaugh KM.: Effects of Early Exercise on the Development of Lymphedema in Patients With Breast Cancer Treated With Axillary Lymph Node Dissection. *J Oncol Pract*. 2011 March; 7(2): 89–93.
3. Anderson RT, Kimmick GG, McCoy TP, et al. A randomized trial of exercise on well-being and function following breast cancer surgery: the RESTORE trial. *J Cancer Surv* 2012;6(2):172-81
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5. Eyigor S, Uslu R, Apaydin S, et al. Can Yoga have any effect on shoulder and arm pain and quality of life in patients with breast cancer? A randomized, controlled, single-blind trial . *Complementary Therapies in Clinical Practice* 2018;32:40-45.

6. Bruce J, Mazuquin B, Canaway A et al. Exercise versus usual care after non-reconstructive breast surgery (UK PROSPER) multicenter randomised controlled trial and economic evaluation. *BMJ* 2021;375:e066542
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Reduction secondary lymphedema

1. Baumann FT, Reike A, Reimer V et al: Effects of physical exercise on breast cancer –related secondary lymphedema : a systematic review *Br Ca res Treatment* 2018; 170: 1-13

Prevention lymphedema

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2. Ammitzbøll G, Johansen C, Lanng C, Andersen EW et al.. Progressive resistance training to prevent arm lymphedema in the first year after breast cancer surgery: Results of a randomized controlled trial. *Cancer*. 2019 May 15;125(10):1683-1692. doi: 10.1002/cncr.31962. Epub 2019 Jan 11.
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Prophylactic lymph drainage

1. Devoogdt N, Christiaens MR, Geraerts I, et al: Effect of manual lymph drainage in addition to guidelines and exercise therapy on arm lymphoedema related to breast cancer: randomised controlled trial. *BMJ* 2011;343:d5326 doi: 10.1136/bmj.d5326
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Music therapy

1. Li, X.M., Yan H, Zhou KN, et al. Effects of music therapy on pain among female breast cancer patients after radical mastectomy: results from a randomized controlled trial. Breast Cancer Res Treat, 2011. 128(2): p. 411-9.
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Komplementäre Therapien

Behandlungsphase – Einfluss auf Toxizität I

Bei laufender onkologischer Standardtherapie:
CAVE: Interaktionen beachten!

- **Mistellektine (Viscum album)** zur Reduktion therapieassozierter Nebenwirkungen
- **Thymuspeptide** verringern Risiko schwerer Infektionen
- **Ginseng** verringert Fatigue; (Cave: interagiert mit P Enzyme, z. B. CYP3A4)
- **Ganoderma lucidum** verringert Fatigue; (Cave: inhibiert P Enzyme, z. B. CYP3A4)
- **L-Carnitin**
zur Behandlung der peripheren Neuropathie
zur Behandlung der Fatigue
- **Melatonin** (verringert Fatigue, verbessert Schlaf, depressive Symptome, Gedächtnis)
- **Curcumin** vermindert Radiodermatitis
- **Ingwer** komplementär zu Leitlinien-gerechter Medikation gegen Chemother.-induzierte Übelkeit / Erbrechen; Cave: Wechselwirkungen

Oxford		
LoE	GR	AGO
1a	B	+/-
2a	B	+/-
2b	C	-
2b	C	-
1b	B	--
1b	B	-
2b	B	+/-
1b	B	+/-
1b	C	+/-

General

1. Neuhouser ML, Smith AW, George SM: Use of complementary and alternative medicine and breast cancer survival in the Health, Eating, Activity, and Lifestyle Study. *Breast Cancer Res Treat.* 2016 Dec;160(3):539-546.
2. Li Y, Wang J, Lin F: A Methodology for Cancer Therapeutics by Systems Pharmacology-Based Analysis: A Case Study on Breast Cancer-Related Traditional Chinese Medicines. *PLoS One.* 2017 Jan 9;12(1):e0169363.
3. Farahmand L, Darvishi B, Majidzadeh-A K: Naturally occurring compounds acting as potent anti-metastatic agents and their suppressing effects on Hedgehog and WNT/β-catenin signalling pathways. *Cell Prolif.* 2017 Feb;50(1). doi: 10.1111/cpr.12299.
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Mistletoe

1. Shneerson C, Taskila T, Gale N, et al: The effect of complementary and alternative medicine on the quality of life of cancer survivors: A systematic review and meta-analyses. *Complementary therapies in medicine* 2013;21:417-429.
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4. Ostermann T, Appelbaum S, Poier D, et al.: A Systematic Review and Meta-Analysis on the Survival of Cancer Patients Treated with a Fermented *Viscum album* L. Extract (Iscador) – an Update of Findings. Compl Med Res. 2019. In press.
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8. Weissenstein U, Kunz M, Oufir M, et al.: Absence of herb-drug interactions of mistletoe with the tamoxifen metabolite (E/Z)-endoxifen and cytochrome P450 3A4/5 and 2D6 in vitro. BMC Complement Altern Med. 2019;19:23.

Thymus

1. Wolf E, Milazzo S, Boehm K, et al. Thymic peptides for treatment of cancer patients. Cochrane Database of Systematic Reviews 2012, Issue 2. Art. No.: CD003993. DOI: 10.1002/14651858.CD003993.pub3.

Ginseng, Ganoderma lucidum

1. Jin X, Ruiz Beguerie J, Sze Daniel M-y et al: *Ganoderma lucidum* (reishi mushroom) for cancer treatment. Cochrane Database of Systematic Reviews 2012
2. Karimi N, Roshan VD: Change in adiponectin and oxidative stress after modifiable lifestyle interventions in breast cancer cases. Asian Pacific journal of cancer prevention : APJCP 2013;14:2845-2850
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L-Carnitine

1. Cruciani RA, Zhang JJ, Manola J et al. L-carnitine supplementation for the management of fatigue in patients with cancer: an eastern cooperative oncology group phase III, randomized, double-blind, placebo-controlled trial. J Clin Oncol. 2012 Nov 1;30(31):3864-9

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Melatonin

1. Li W, Chi-Hei Kwok C, Chun-Wan Chan D et al. Disruption of sleep, sleep-wake activity rhythm, and nocturnal melatonin production in breast cancer patients undergoing adjuvant chemotherapy: prospective cohort study. *Sleep Med* 2019;55:14-21 DOI 10.1016/j.sleep.2018.11.022
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3. Palmer ACS, Zortea M, Souza A et al. Clinical impact on breast cancer patients undergoing chemotherapy; effects on cognition, sleep and depressive symptoms. A randomized, double-blind, placebo-controlled trial. *Plos One* 2020 pril 17;15(4):e0231379 doi:101371
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Curcumin

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2. Kumar P, Kadakol A, Shastrula P, et al: Curcumin as an adjuvant to breast cancer treatment. *Anti-cancer agents in medicinal chemistry* 2015

Ingwer

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Komplementäre Therapien

Behandlungsphase – Einfluss auf Toxizität II

Oxford		
LoE	GR	AGO
1b	B	-
2b	B	+/-
1b	C	-
2b	D	-
1b	B	-
1b	B	-
3b	B	-
1b	B	-*inf
5	D	--
2b	B	+/-**

*inf: Infusion in Deutschland nicht geprüfter Substanzen

**Studienteilnahme empfohlen

General

1. Zhu L, Li L, Li Y: Chinese Herbal Medicine as an Adjunctive Therapy for Breast Cancer: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2016;2016:9469276. doi: 10.1155/2016/9469276.
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Antioxidant supplements

1. van Dalen EC, Caron HN, Dickinson HO, et al: Cardioprotective interventions for cancer patients receiving anthracyclines. Cochrane Database Syst Rev 2011:Cd003917.
2. Harvie M: Nutritional supplements and cancer: Potential benefits and proven harms. American Society of Clinical Oncology educational book / ASCO American Society of Clinical Oncology Meeting 2014:e478-486.
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4. Jung AY, Cai X, Thoene K, Obi N et al. Antioxidant supplementation and breast cancer prognosis in postmenopausal women undergoing chemotherapy and radiation therapy. Am J Clin Nutr. 2019 Jan 1;109(1):69-78. doi: 10.1093/ajcn/nqy223.

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6. Li Y, Lin Q, Lu X et al. Post-diagnosis use of antioxidant vitamin supplements and breast cancer prognosis: A systematic review and meta analysis. *Clin Breast Cancer* 2021 Dec;21(6):477-485

Vitamin C

1. Heaney M, Gardner J, Karasavvas N et al.: Vitamin C antagonizes the cytotoxic effects of antineoplastic drugs. *Cancer Res.* 2008 Oct 1;68(19):8031-8.
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Selen

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Coenzym Q10

1. Lesser GJ, Case D, Stark N, et al. A randomized, double-blind, placebo-controlled study of oral coenzyme Q10 to relieve self-reported treatment-related fatigue in newly diagnosed patients with breast cancer. *J Support Oncol* 2013;11(1):31-42
2. Abdel-Qadir H, Ong G, Fazelzad R et al. *Ann Oncol.* 2017 Mar 1;28(3):628-633. doi: 10.1093/annonc/mdw671. Interventions for preventing cardiomyopathy due to anthracyclines: a Bayesian network meta-analysis.

Proteolytic enzymes and toxicity of chemotherapy

1. Petru U, Stranz B, Petru C: Effects of proteolytic enzyme therapy with Wobe Mugs against chemotherapy-induced toxicity in breast cancer patients - results of a pilot study *Wien Med Wochenschr.* 2010 Nov;160(19-20):513-6.

Bromelain

1. Hidaka M, Nagata M, Kawano Y, et al.: Inhibitory effects of fruit juices on cytochrome P450 2C9 activity in vitro. Biosci Biotechnol Biochem. Feb 2008;72(2):406-411.

Chinese herbal medicine and wound healing

1. Chen J, Lv Q, Yu M et al.: Randomized clinical trial of Chinese herbal medications to reduce wound complications after mastectomy for breast carcinoma. Br J Surg. 2010 Dec;97(12):1798-804

Kurzzeit-Fasten

1. Groot de S, Vreeswijk MPG, et al. the effects of short-term fasting on tolerance to (neo) adjuvant chemotherapy in Her2-negative breast cancer patients: a randomized pilot study. BMC Cancer 2015;15:652
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Komplementäre Therapien unter onkologischer Therapie Behandlung von Nebenwirkungen

	Oxford		
	LoE	GR	AGO
▪ Chinesische Kräutermedizin (zur Behandlung chemo-therapiebedingter Nebenwirkungen)	1b	B	-
▪ Homöopathische Medizin (gegen therapiebedingte Nebenwirkungen / (Placeboeffekt))	1b	B	+/-
▪ Topische Anwendung Silymarin (akute Hautreaktion unter Strahlentherapie)	3a	B	+/-
▪ Massage (zur Verbesserung von Fatigue, Schmerzen, Angst, Übelkeit)	1b	C	+/-
▪ Transkutane elektrische Nervenstimulation (TENS) (bei Karzinomschmerzen)	2b	D	+/-
▪ Hydrotherapie (zur supportiven Hautpflege)	3b	C	+/-

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Hydrotherapie

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Komplementäre Therapien unter onkologischer Therapie Behandlung von Nebenwirkungen

Akupunktur zur Verbesserung von

- Chemotherapie-induzierter Übelkeit und Erbrechen
 - Elektro-Akupunktur als Ergänzung zu antiemetischer Therapie
 - Akupressur als Ergänzung zu Antiemetika
- Schmerzen
 - Krebs schmerzen
 - AI-induzierter Arthralgie
- Fatigue
 - Akupressur
- Angst und Depression
- Kognitiver Dysfunktion
- Menopausensyndrom bei Patientinnen mit Mammakarzinom
 - zur Verbesserung v. Häufigkeit und Schwere d. Hitzewallungen
 - Elektroakupunktur zur Verbesserung des Schlafs bei Hitzewallungen
- Leukopenie (Moxibustion)
- Chemotherapie-induzierter Polyneuropathie
 - als Prophylaxe
 - als Therapie
- Chronischem Lymphödem nach MaCa Therapie

Oxford		
LoE	GR	AGO
1b	B	+
1b	B	+
1b	B	+
1a	B	+
1a	B	+
1b	B	+
2b	B	+
5	D	+/-
1b	B	+
1b	B	+/-
2a	B	+
2b	B	+/-
1b	B	-
2b	B	+/-
2b	B	+/-

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Komplementäre Therapien

Behandlungsphase – Mind-Body Medizin I

Oxford		
LoE	GR	AGO
1a	A	+

MBSR (Mindfulness-Based Stress Reduction – dt. achtsamkeitsbasierte Stressbewältigung)
 Programm verbessert Lebensqualität, Bewältigungsstrategien, Achtsamkeit, vermindert Stress, Angst, Depression, Fatigue und Schlafstörung

Körperliches Training / Sport (mind. 3x/Woche moderates Ausdauertraining in Kombination mit kräftigendem Gerätetraining 2x/Wo.) verbessert Lebensqualität, kardiorespiratorische Fitness, körperliche Leistungsfähigkeit, Schlaf, Schmerz, Depression, Lymphödem und Fatigue

Mind-Body Medicine (MBM)

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MBSR

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Physical exercise

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PNP

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Komplementäre Therapien

Behandlungsphase – Mind-Body Medizin II

Oxford		
LoE	GR	AGO
2b	C	+/-
Entspannungsverfahren Reduktion von Angst und Übelkeit, Verbesserung der Lebensqualität, Verminderung psychischer Belastung		
Yoga Verbesserung von Lebensqualität, Stress, Fatigue, Schlaf, Angst und Depression	1b	A
Qigong Verbesserung von Lebensqualität, Fatigue, Stimmung	2a	B
Tai-Chi Verbesserung von Lebensqualität, Muskelkraft, Schlaf	2a	B
Hypnose (in Kombination mit kognitiver Therapie) Verbesserung von Fatigue unter Radiotherapie, Reduktion von Distress	1b	A

General

- Pan Y, Yang K, Wang Y, et al.: Could yoga practice improve treatment-related side effects and quality of life for women with breast cancer? A systematic review and meta-analysis. Asia Pac J Clin Oncol. 2015 Jan 6. doi: 10.1111/ajco.12329. [Epub ahead of print]
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- Campbell KL, Zadravec K, Chesley E et al. The Effect of exercise on cancer-related cognitive impairment and application for physical therapy: Systematic review of randomized controlled trials Phys Ther 2020 Mar 10;100(3):523-542
- Saraswathi Y, Latha S, Niraimati K et al. Managing Lymphedema, increasing range of motion, and quality of life through yoga therapy among breast cancer survivors: A systematic review. Int J Yoga 2021;14:3-17

Relaxation techniques

- Abbasi B, Mirzakhany N, Oshnari A et al. The effect of relaxation techniques on edema, anxiety and depression in post-mastectomy lymphedema patients undergoing comprehensive decongestive therapy: A Clinical Trial. PLoS One 2018;13:e0190231
- Lyman GH, Grenlee H et al. Integrative Therapies during and after Breast Cancer Treatment: ASCO Endorsement of the SIO clinical practice guideline. JCO 2018;36:2647-2655.

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Yoga

1. Chakrabarty J, Vidyasagar MS, Fernandes D, et al: Effectiveness of pranayama on cancer-related fatigue in breast cancer patients undergoing radiation therapy: A randomized controlled trial, *Int J Yoga*. 2015 Jan-Jun; 8(1): 47–53. doi: 10.4103/0973-6131.146062
PMCID: PMC4278135
2. Derry et.al. Yoga and self-reported cognitive problems in breast cancer survivors: a randomized controlled trial. *Psychooncology*. 2015 Aug;24(8):958-66.
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Qigong

1. Zeng Y, Luo T, Xie H et al. Health benefits of qigong or tai chi for cancer patients: a systematic review and meta-analyses. Complement Ther Med. 2014 Feb;22(1):173-86.
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Tai-Chi

1. Yan JH, Pan L, Zhang XM et al. Lack of efficacy of Tai Chi in improving quality of life in breast cancer survivors: a systematic review and meta-analysis. Asian Pac J Cancer Prev. 2014;15(8):3715-20.
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5. Liu L, Tan H, Yin H et al. The effectiveness of thai chi in breast cancer patients: A systematic review and meta-analysis. Complement Ther Clin Pract 2020 Feb;38:101078.doi:10.1016/ctcp.2019.101078

Hypnosis

1. Montgomery GH, Schnur JB, Kravits K. Hypnosis for cancer care: Over 200 years young. CA Cancer J Clin. 2012 Nov 20. doi: 10.3322/caac.21165.
2. Cramer H, Lauche R, Paul A et al. Hypnosis in Breast Cancer Care: A Systematic Review of Randomized Controlled Trials. Integr Cancer Ther. 2015 Jan;14(1):5-15. Epub 2014 Sep 18.



Komplementäre Therapien

Rezidivprävention / Verbesserung Gesamtüberleben I

Beeinflussbare Lebensstilfaktoren – Sport – Genussmittel

Oxford		
LoE	GR	AGO
2a	A	++

- **Körperliches Training / Sport**

(das Äquivalent zu 3–5 Std. mäßiggradigem „Walking“ verbessert DFS und OS und kardiopulmonale Funktion)

- **Nikotinreduktion**

2b **A** **+**

- **Alkoholkonsum reduzieren (< 6g/die)**

2b **A** **+**

Physical exercise

1. Friedenreich CM, Neilson HK, Woolcott CG, et al: Inflammatory Marker Changes in a Yearlong Randomized Exercise Intervention Trial among Postmenopausal Women. *Cancer Prev Res (Phila)*. 2012 Jan;5(1):98-108.
2. Zeng H, Irwin ML, Lu L, et al: Physical activity and breast cancer survival: an epigenetic link through reduced methylation of a tumor suppressor gene L3MBTL1. *Breast Cancer Res Treat*. 2012 May;133(1):127-35. doi: 10.1007/s10549-011-1716-7. Epub 2011 Aug 12.
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Wearable technology-based physical activity

1. Blount DS, McDonough DJ Gao Z. Effect of wearable technology-based physical activity interventions on breast cancer survivors' physiological, cognitive, and emotional outcomes: A systematic review. *J Clin Med* 2021 May 8;10(9):2015. doi:10.3390/jcm10092015

Improvements in DFS and OS, prevention of recurrence

1. Zhong S, Jiang T, Ma T et al. Association between physical activity and mortality in breast cancer: a meta-analysis of cohort studies. *Eur J Epidemiol.* 2014 Jun;29(6):391-404.
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Smoking

1. Pierce JP, Patterson RE, Senger C et al: Lifetime cigarette smoking and breast cancer prognosis in the after breast cancer pooling project. *J Natl Cancer Inst* 2014;106:djt359.
2. Bérubé S, Lemieux J, Moore L: Smoking at time of diagnosis and breast cancer-specific survival: new findings and systematic review with meta-analysis. *Breast Cancer Res.* 2014 Apr 19;16(2):R42. doi: 10.1186/bcr3646.
3. Wang K, Li F, Zhang X:Smoking increases risks of all-cause and breast cancer specific mortality in breast cancer individuals: a dose-response meta-analysis of prospective cohort studies involving 39725 breast cancer cases. *Oncotarget.* 2016 Dec 13;7(50):83134-83147. doi: 10.18632/oncotarget.13366.

Alcohol

1. Larsen SB, Kroman N, Ibfelt EH: Influence of metabolic indicators, smoking, alcohol and socioeconomic position on mortality after breast cancer. *Acta Oncol.* 2015 May;54(5):780-8. doi: 10.3109/0284186X.2014.998774.
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- Colorectal Cancer Risk: A Systematic Review and Meta-Analysis. *Alcohol Alcohol.* 2015 Sep 22. pii: agv110. [Epub ahead of print]
- 3. Simapivapan P, Boltong A, Hodge A.:To what extent is alcohol consumption associated with breast cancer recurrence and second primary breast cancer?: A systematic review. *Cancer Treat Rev.* 2016 Nov;50:155-167. doi: 10.1016/j.ctrv.2016.09.010.
 - 4. Choi YJ, Jyung SK, Lee JH. Ligh Alcohol Drinking and Risko of Cancer: A Meta-Analysis of Cohort Studies. *Cancer Res Treat* 2018;50:474-487.



Komplementäre Therapien

Rezidivprävention / Verbesserung Gesamtüberleben II

Beeinflussbare Lebensstilfaktoren – Ernährung

	Oxford		
	LoE	GR	AGO
	1a	A	++
■ Anstreben eines normalen BMI	1a	A	++
■ Ernährung mit geringem Fettanteil (Ernährungsberatung empfohlen)	1a	B	+
■ Ballaststoffhaltige Lebensmittel (u. a. Saaten, z. B. Leinsamen)	2a	B	+
■ Beachten genereller Ernährungsempfehlungen (z. B. von DGE, WCRF) im Sinne einer mediterranen (Vollwert-)Ernährung	2a	B	++
■ Diät-Extreme	2a	B	--

Adherence to normal body weight/BMI

1. Schwingshackl L, Hoffmann G: Adherence to Mediterranean diet and risk of cancer: an updated systematic review and meta-analysis of observational studies. *Cancer Med.* 2015 Dec;4(12):1933-47. doi: 10.1002/cam4.539.
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- factors. *Cancer Causes Control*. 2016 Apr;27(4):459-72. doi: 10.1007/s10552-016-0726-5.
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 10. Mei L, He L, Song Y et al. Association between obesity with disease-free survival and overall survival in triple-negative breast cancer. A meta-analysis. *Medicine* 2018;97:19

Obesity

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2. Harbour S, Zachariae R, Olsen J et al. Overweight and prognosis in triple-negative breast cancer patients: a systematic review and meta-analysis. *NPJ Breast cancer* 2021 Sep 10;7(1):119 doi:10.1038/s41523-021-00325-6.

Low-Fat Diet

1. Makarem N, Chandran U et al. Dietary Fat in Breast Cancer Survival. *Annu Rev Nutr*. 2013 ; 33
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4. Chlebowski RT, Aragaki AK, Anderson GL: Low-Fat Dietary Pattern and Breast Cancer Mortality in the Women's Health Initiative Randomized Controlled Trial. *J Clin Oncol*. 2017 Sep 1;35(25):2919-2926. doi: 10.1200/JCO.2016.72.0326. Epub 2017 Jun 27.
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Fiber intake

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2. De Cicco P, Catani MV et al. Nutrition and Breast Cancer: A Literature Review on Prevention, Treatment and Recurrence. *Nutrients* 2019 Jul 3;11(7).

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Adherence to general nutrition – guidelines:

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9. Hou R, Wei J et al. Healthy dietary pattern and risk and survival of breast cancer: a meta-analysis of cohort studies, *Cancer causes & control* 2019;30: 835-846
10. Rhee J, Mattei J, Huges M et al. Diabetes risk reduction diet score. *SABSC* 2020

Dietary extremes:

1. Huebner J., Marienfeld S. et al.: Counseling Patients on Cancer Diets: A Review of the Literature and Recommendations for Clinical Practice. *Anticancer Res*. 2014 Jan; 34(1):39-48.

2. Erickson, N., Boscheri, A., Linke, B. et al.: Systematic review: isocaloric ketogenic dietary regimes for cancer patients. *Med Oncol* 2017;34: 72. <https://doi.org/10.1007/s12032-017-0930-5>
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Komplementäre Therapien

Rezidivprävention / Verbesserung Gesamtüberleben III.1

Pflanzliche Therapieansätze – Nahrungsergänzung

Bei laufender onkologischer Standardtherapie: Interaktionen beachten!	Oxford		
	LoE	GR	AGO
▪ Nach Systemtherapie – Vitamine / Antioxidantien scheinen nicht mit einem erhöhtem Rezidivrisiko assoziiert	2b	B	
▪ Raucher haben ein höheres Bronchial-Ca-Risiko unter Antioxidantien	1b	A	
Prävention eines Brustkrebs-Rezidivs			
▪ Antioxidantien	2a	B	+/-
▪ Vitamine (zusätzlich zu ausgewogener Ernährung; Vitamine C, E)	2a	B	+/-
▪ Vitamin D (nach Vit. D Spiegel)	2b	B	+/-
▪ Sojaprodukte (Phytoöstrogene)	2a	B	+/-
▪ Phytoöstrogene Konzentration \geq 100 mg Isoflavone pro Tag	2a	B	-
▪ Traubensilberkerze (Cimicifuga racemosa)	3b	C	+/-
▪ Antioxidative Supplamente nach Beendigung der Radiotherapie	2b	B	+/-
▪ Grüner Tee	3a	C	+/-
▪ Selen	2b	B	+/-

General

1. Hervik JB, Stub T: Adverse effects of non-hormonal pharmacological interventions in breast cancer survivors, suffering from hot flashes: A systematic review and meta-analysis. *Breast Cancer Res Treat.* 2016 Nov;160(2):223-236.

Post treatment vitamin and/or antioxidant supplements

1. Yong L, Qimunu L, Xiaoju L et al. Post-diagnosis use of antioxidant vitamin supplements and breast cancer prognosis: A systematic review and meta-analysis. *Clin Breast Cancer* 2021 Dec;21(6):477-485.
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 9. Martin-Herranz A, Salinas-Hernández P. Vitamin D supplementation review and recommendations for women diagnosed with breast or ovary cancer in the context of bone health and cancer prognosis/risk. *Crit Rev Oncol Hematol.* 2015 Oct;96(1):91-9.

Vitamine D Supplementation

1. O'Brien KM, Keil AP, Harmon QE et al. Vitamin D Supplement Use and Risk of Breast Cancer by Race-Ethnicity. *Epidemiology.* 2022 Jan 1;33(1):37-47.
2. Viala M, Chiba A, Thezenas S et al. Impact of vitamin D on pathological complete response and survival following neoadjuvant chemotherapy for breast cancer: a retrospective study. *BMC Cancer.* 2018 Jul 30;18(1):770.
3. Gregoire AM, VoPham T, Laden F et al. Residential ultraviolet radiation and breast cancer risk in a large prospective cohort. *Environ Int.* 2021 Dec 8;159:107028.
4. Welsh J. Vitamin D and Breast Cancer: Mechanistic Update. *JBMR Plus.* 2021 Dec 10;5(12):e10582.
5. Voutsadakis JA. Vitamin D baseline levels at diagnosis of breast cancer. A systematic review and meta-analysis. *Hematol Oncol Stem Cell Ther* 2021;14:16-26
6. Ozmen V, Ordu C, Ilgun AS et al The effects of vitamin D replacement on pathological complete response (pCR) in breast cancer patients receiving neoadjuvant systemic chemotherapy (NAC). *Breast J.* 2021 Dec;27(12):902-905.
7. O'Brien KM, Sandler DP, Taylor JA et al. Serum Vitamin D and Risk of Breast Cancer within Five Years. *Environ Health Perspect.* 2017 Jul 6;125(7):077004.

Soy as normal part of the diet/soy concentrates

1. Fritz H, Seely D, Flower G, et al.: Soy, red clover, and isoflavones and breast cancer: A systematic review. *PloS one* 2013;8:e81968.
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Black cohosh

- Fritz H, Seely D, McGowan J, et al: Black cohosh and breast cancer: A systematic review. *Integrative cancer therapies* 2014;13:12-29.
- Ruan X, Mueck AO, Beer AM et al. Benefit-risk profile of black cohosh (isopropanolic *Cimicifuga racemosa* extract) with and without St John's wort in breast cancer patients. *Climacteric*. 2019 Aug;22(4):339-347.

Green Tea

- Gianfredi V, Nucci D, Abalsamo A, et al. Green Tea consumption and risk of breast cancer and recurrence – a systematic review and meta-analysis of observational studies. *Nutrients* 2018;10:pii:E1886.
- Najaf Najafi M, Salehi M. et al. The association between green tea consumption and breast cancer risk. A systematic review and meta-analysis. *Phytother Res* 2018;32:1855-1864.
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Selenium

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Komplementäre Therapien

Rezidivprävention / Verbesserung Gesamtüberleben III.2

Pflanzliche Therapieansätze – Nahrungsergänzung

Bei laufender onkologischer Standardtherapie: Interaktionen beachten!	Oxford		
	LoE	GR	AGO
▪ Weitere Orthomolekulare Substanzen (Zink etc. ...)	5	D	-
▪ Karotenoide erscheinen mit schlechterem Ergebnis assoziiert	2b	B	-
▪ Proteolytische Enzyme (Papain, Trypsin, Chymotrypsin)	3b	B	-
▪ Mistellektine (Viscum album)	1b	C	-
▪ Thymuspeptide (Einfluss auf Überleben)	2a	B	-
▪ Sauerstoff- und Ozon-Therapie	5	D	--
▪ Laetrile (Aprikosenkernerktract, Amygdalin, „Vitamin B17“)	1c	D	--
▪ Methadon	5	D	--
▪ Cancer bush (Sutherlandia frutescens), Devil's claw (Harpagophytum procumbens), Rooibos Tee (Aspalathus linearis), Bambara-Erdnuss (Vignea subterranean)	4	C	-
▪ Weihrauch	5	D	-
▪ Curcuma, Curcumin	5	D	-

General

1. Hervik JB, Stub T: Adverse effects of non-hormonal pharmacological interventions in breast cancer survivors, suffering from hot flashes: A systematic review and meta-analysis. *Breast Cancer Res Treat.* 2016 Nov;160(2):223-236.

Orthomolecular compounds

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2. Li Y, Lin Q, Lu X et al. Post-diagnosis use of antioxidant vitamin supplements and breast cancer prognosis: A systematic review and meta analysis. *Clin Breast Cancer* 2021 Dec;21(6):477-485

Carotenoids

Proteolytic enzymes, Bromelain+Papain+Selen+Lektin bei AI-induced arthralgia

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cancer patients - results of a pilot study Wien Med Wochenschr. 2010 Nov;160(19-20):513-6.

Mistletoe

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Thymus-peptides

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Oxygen-therapy, ozone-therapy

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Laetrile treatment for cancer

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Methadone

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Different phytotherapeutics:

St John's Wort

1. Schellander R, Donnerer J: Antidepressants: clinically relevant drug interactions to be considered. Pharmacology. 2010;86(4):203-15. Epub 2010 Sep 8.
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Red clover

1. Geller SE, Shulman LP, van Breemen RB et al.: Safety and efficacy of black cohosh and red clover for the management of vasomotor symptoms: a randomized controlled trial. *Menopause.* 2009;16(6):1156–1166.
2. Fritz H, Seely D, Flower G et al. Soy, red clover, and isoflavones and breast cancer: A systematic review. *PLoS One.* 2013 Nov 28;8(11):e81968.

Dong Quai

1. Rotem C, Kaplan B: Phyto-Female Complex for the relief of hot flushes, night sweats and quality of sleep: randomized, controlled, double-blind pilot study. *Gynecol Endocrinol.* 2007;23(2):117-122.
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Ginseng root

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2. Yamada N, Araki H, Yoshimura H: Identification of antidepressant-like ingredients in ginseng root (*Panax ginseng* C.A. Meyer) using a menopausal depressive-like state in female mice: participation of 5-HT2A receptors. *Psychopharmacology (Berl).* 2011 Aug;216(4):589-99.

Cancer bush, Devil's Claw, Rooibos Tea, Bambara Groundnut

1. Brendler T. From Bush Medicine to Modern Phytopharmaceutical: A Bibliographic Review of Devil's Claw (*Harpagophytum* spp.). *Pharmaceuticals (Basel).* 2021 Jul 27;14(8):726.

Incense

1. Suhail MM, Wu W, Cao A et al. *Boswellia sacra* essential oil induces tumor cell-specific apoptosis and suppresses tumor aggressiveness in cultured human breast cancer cells. *BMC Complement Altern Med.* 2011 Dec 15;11:129.

Curcuma, Curcumin

1. Sultana S, Munir N, Mahmood Z et al. Molecular targets for the management of cancer using Curcuma longa Linn. phytoconstituents: A Review. *Biomed Pharmacother*. 2021 Mar;135:111078.
2. Kabir MT, Rahman MH, Akter R et al. Potential Role of Curcumin and Its Nanoformulations to Treat Various Types of Cancers. *Biomolecules*. 2021 Mar 7;11(3):392.