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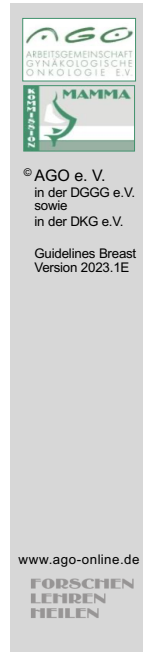
Guidelines Breast
Version 2023.1E

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FORSCHEN
LEHREN
HEILEN

Diagnosis and Treatment of Patients with early and advanced Breast Cancer

Complementary Therapy Survivorship



Complementary Therapy – Hormonal Treatment and Alternatives in Breast Cancer Survivors – Survivorship

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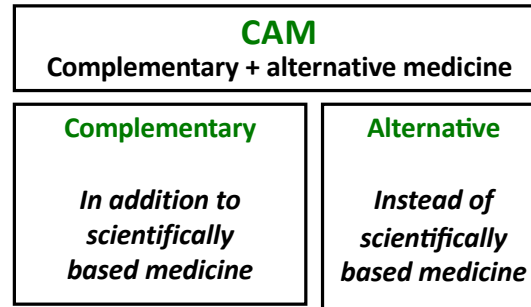
Pubmed	2015 - 01/2023
ASCO	2015 – 2022
SABCS	2015 – 2022
EBCC	2015 – 2022
Cochrane library:	summary Jan. 2023

-RCT, systematic review, meta-analysis

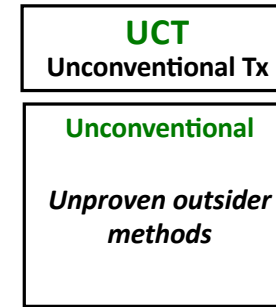
1. Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Komplementärmedizin in der Behandlung von onkologischen PatientInnen, Langversion 1.1, 2021, AWMF Registernummer: 032/055OL, <https://www.leitlinienprogramm-onkologie.de/leitlinien/komplementaermedizin/>

CAM

„Integrative Oncology“



„Unconventional methods“



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

Onkolitlinienprogramm

1. Witt CM et al.. A Comprehensive Definition for Integrative Oncology. J Natl Cancer Inst Monogr 2017;(52): lgx012
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.”

Good Clinical Practice

All patients should be consulted as early as possible and in the course of the process repeatedly on the interest in information complementary medical measures and, if interested, reliable sources of information should be referred.

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/>

General Considerations

	Oxford		
	LoE	GR	AGO
■ CAM instead of loco-regional interventions	2b	B	--
■ CAM instead of systemic treatment	2b	B	--
■ Patients should be asked and advised about their use of CAM modalities			
■ Diagnostic procedures in connection with complementary and alternative therapy concepts without evidence (e.g. iris diagnostics, bioresonance) should not be recommended.			
■ <i>During anti-cancer treatment:</i> Beware of drug interactions			

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.
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Complementary Therapy Pre- and Postoperative

	Oxford		
	LoE	GR	AGO
<u>Preoperative:</u>			
▪ Hypnosis (reduces anxiety, pain, nausea)	1b	B	+
<u>Postoperative:</u>			
▪ Acupuncture (pain relief, anxiety)	1b	B	+/-
▪ Acupuncture (nausea, vomiting)	2b	B	+
▪ Massage therapy (pain relief)	2b	C	+/-
▪ Early postoperative exercise reduces upper-limb dysfunction (beware: increased wound drainage)	1a	A	+
▪ Physical exercise			
▪ to reduce breast cancer related secondary lymphedema	1a	A	+
▪ as a prophylaxis of lymphedema	1b	B	+/-
▪ Prophylactic lymphatic drainage	1b	B	--
▪ Yoga (arm and shoulder pain)	2b	C	+
▪ Music therapy (reduces pain after mastectomy)	2b	C	+/-

Präoperativ:

Hypnosis

1. 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 10.12007JCO.2013.49.3437
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.
3. 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

1. 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.
2. Mallory MJ et al.: Acupuncture in the postoperative setting for breast cancer patients: a feasibility study. Am J Chin Med.

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Massage Therapy

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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.
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Reduction secondary lymphedema

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Prevention lymphedema

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Prophylactic lymph drainage

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Music therapy

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Complementary Treatment While on Cancer Treatment – Impact on Toxicity I

During anti-cancer treatment: Beware of drug interactions

- **Mistletoe (*Viscum album*)** in order to reduce side effects
- **Thymic peptides** lower risk of severe infections
- **Ginseng** reduces fatigue; note: interacts with cytochrome P enzymes e.g. CYP 3A4
- **Ganoderma Lucidum** reduces fatigue, note: inhibits cytochrome P enzymes (e.g. CYP 3A4)
- **L-Carnitine**
 - peripheral neuropathy
 - treatment of fatigue
- **Melatonin** (reduces fatigue, improve sleep, depressive symptoms, cognition)
- **Curcumin** adjunct to reduce radiation-induced dermatitis
- **Ginger** adjunct to guideline-oriented medication to treat chemotherapy induced nausea & vomiting – beware of drug interactions

Oxford

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

General

1. Neuhouwer 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.
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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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Thymus

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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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Acetyl-L-carnitine (SWOG S0715). *J Natl Cancer Inst* 2018 Jun 1;110(6) 669-676.

Melatonin

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Curcumin

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Ingwer

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Complementary Treatment While on Cancer Treatment – Impact on Toxicity II

	Oxford		
	LoE	GR	AGO
▪ Antioxidant supplements	1b	B	-
• various antioxidative extracts (to reduce anthracyclin-induced cardiotoxicity)	2b	B	+/-
▪ High dose vitamin C	1b	C	-
▪ Vitamine E	2b	D	-
▪ Selenium (for alleviating therapy side effects)	1b	B	-
▪ Co-Enzyme Q 10 (fatigue, QoL)	1b	B	-
▪ Proteolytic enzymes (for reduction of chemotherapy-induced toxicity)	3b	B	-
▪ Chinese herbal medicine improves wound healing	1b	B	-*inf
▪ Oxygen and ozone therapy	5	D	--
▪ Short-term fasting (QoL, Fatigue)	2b	B	+/-**

*inf: i.v.-infusion (in Germany not approved)
 **treatment in clinical trials recommended

General

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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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Vitamin C

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Selen

1. Dennert G, Horneber M. Selenium for alleviating the side effects of chemotherapy, radiotherapy and surgery in cancer patients. Cochrane Database of Systematic Reviews 2010, Issue 11. Art. No.: CD005037. DOI: 10.1002/14651858.CD005037.pub2.

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

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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
2. Bauersfeld SP, Kessler CS, Wischnewsky M et al. The effects of short-term fasting on quality of life and tolerance to chemotherapy in patients with breast and ovarian cancer: a randomized cross-over pilot study. BMC Cancer (2018) 18:476
3. De Groot S, Lugtenberg RT, Cohen D et al. Fasting mimicking diet as an adjunct to neoadjuvant chemotherapy for breast cancer in the multicentre randomized phase 2 DIRECT trial..Nature Communication 2020;11:3083 DOI:10.1038/s41466-020-16138-3

Additional Complementary Therapy of Side Effects Related to Cancer Treatments

	Oxford		
	LoE	GR	AGO
▪ Chinese medicinal herbs (to treat the side effects of chemotherapy)	1b	B	-
▪ Homoeopathic medicine (against therapy side effects / Placeboeffect)	1b	B	+/-
▪ Topical Silymarin (to prevent acute dermatitis during radiotherapy)	3a	B	+/-
▪ Massage (to improve on fatigue, pain, anxiety, nausea)	1b	C	+/-
▪ Transcutaneous Electrical Nerve stimulation (TENS) (against cancer pain)	2b	D	+/-
▪ Hydrotherapy (for supportive skin care)	3b	C	+/-

Chinese medicinal herbs

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Additional Complementary Therapy of Side Effects Related to Cancer Treatments

Acupuncture in order to improve on

- Chemotherapy-induced nausea and vomiting
 - (Electro)-Acupuncture as adjunct to antiemetic treatment
 - Acupressure as adjunct to antiemetic treatment
- Pain
 - Cancer pain
 - Aromatase-inhibitor – induced arthralgia
- Fatigue
 - Acupressure
- Anxiety and depression
- Cognitive dysfunction
- Menopause syndrome in Breast Cancer Patients
 - to improve on frequency and severity of hot flashes
 - Electro-Acupuncture to improve on sleep and hot flashes
- Leucopenia (Moxibustion)
- Treatment of chemotherapy induced polyneuropathy
 - prophylactically
 - therapeutically
- Chronic lymph edema after Breast Cancer Treatment

	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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Complementary Treatment Mind-Body Medicine I

MBSR (Mindfulness-Based Stress Reduction)

Program improves quality of life, coping strategies, attentiveness, and lowers stress, anxiety, depression, fatigue, and sleep disturbances

Oxford		
LoE	GR	AGO
1a	A	+

Physical exercise / sport

min. 3x/week moderate endurance training in combination with workout exercises (2x per week) improve quality of life, cardio-respiratory fitness, physical performance, sleep, pain, depression, lymphedema, and fatigue

1a	A	++
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Mind-Body Medicine (MBM)

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MBSR

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Lymphedema

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Weight change

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Complementary Treatment Mind-Body Medicine II

	Oxford		
	LoE	GR	AGO
Relaxation techniques	2b	C	+/-
Reduction of anxiety and nausea, improvement of quality of life, reduction of psychological stress			
Yoga			
Improves sleep, quality of life, stress, anxiety, depression, fatigue, and sleep	1b	A	+
Qi Gong			
May improve quality of life, fatigue, and mood	2a	B	+/-
Tai Chi			
Improves quality of life, muscular strength, sleep	2a	B	+/-
Hypnosis (in combination with cognitive training)			
Improves fatigue and muscle weakness under radiotherapy; also reduces distress	1b	A	+

General

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Relaxation techniques

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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.

CAM

Prevention of Recurrence / Improvement of Overall Survival I

Modifiable Lifestyle Factors

- **Physical exercise**
(equivalent to 3–5 hrs moderate walking per week)
improves DFS and OS, cardio-respiratory fitness,
physical functioning
- **Reduce smoking**
- **Reduce alcohol consumption (< 6 g/day)**

Oxford		
LoE	GR	AGO
2a	A	++
2b	A	+
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. *ancer Prev Res (Phila)*. 2012 Jan;5(1):98-108.
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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

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Colorectal Cancer Risk: A Systematic Review and Meta-Analysis. Alcohol Alcohol. 2015 Sep 22. pii: agv110. [Epub ahead of print]

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Modifiable Lifestyle Factors

Nutrition after Breast Cancer Diagnosis

Prevention of Recurrence / Improvement of Overall Survival II

	Oxford		
	LoE	GR	AGO
■ Adherence to normal BMI / weight loss if overweight, irrespective of HR-status	1a	A	++
■ Low fat diet dietary counseling recommended	1a	B	+
■ Increased fiber intake (e.g. Flaxseed)	2a	B	+
■ Adherence to general nutrition guidelines (e.g. DGE, WCRF) similar to a Mediterranean Diet	2a	B	++
■ Dietary extremes	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

1. 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
2. Harbourg 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
2. Xing MY, Xu SZ, Shen P: Effect of low-fat diet on breast cancer survival: A meta-analysis. *Asian Pacific journal of cancer prevention : APJCP* 2014;15:1141-1144.
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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

1. McQuade JL et al. Modulating the microbiome to improve therapeutic response in cancer *Lancet Oncol*. 2019; 20: e77-e91
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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>
3. Jochems SHJ, van Osch FH, Bryan RT, et al., Impact of dietary patterns and the main food groups on mortality and recurrence in cancer survivors: a systematic review of current epidemiological literature *BMJ Open* 2017;8:e014530.
4. Mohsen M, Katsiki N et al. Lower carbohydrate diets and all-cause and cause-specific mortality: a population-based cohort study and pooling of prospective studies. *European Heart Journal* 2019; 40: 2870-2879

Complementary Treatment

Prevention of Recurrence / Improvement of Overall Survival III.1

Dietary Supplements – Herbal Therapies

During anti-cancer treatment: Beware of drug interactions

Oxford

LoE GR AGO

Post treatment vitamine / antioxidant supplements does not appear to be associated with increased risk of recurrence (beware of drug / treatment interactions)

2b

B

Smokers on antioxidant supplements are at higher risk for lung cancer

1b

A

For Prevention of BC Recurrence:

▪ **Antioxidants**

2a

B

+/-

▪ **Vitamine supplementation in patients on a balanced diet** (esp. Vitamine C, E)

2a

B

+/-

▪ **Vitamine D (after Vit D level)**

2b

B

+/-

▪ **Soy-food** (natural source of phytoestrogens)

2a

B

+/-

— **food or concentrates containing ≥ 100 mg) isoflavones per day**

2a

B

-

▪ **Black Cohosh** (Cimicifuga racemosa)

3b

C

+/-

▪ **Antioxidant supplements** (after completion of radiotherapy)

2b

B

+/-

▪ **Green tea**

3a

C

+/-

▪ **Selenium**

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, Qimonu L, Xiaoju L et al. Post-diagnosis use of antioxidant vitamin supplements and breast cancer prognosis: Asystematic review and meta-analysis. Clin Breast Cancer 2021 Dec;21(6):477-485.
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3. Villagran M, Ferreira J, Martorell M et al. The Role of Vitamin C in Cancer Prevention and Therapy: A Literature Review. Antioxidants (Basel). 2021 Nov 26;10(12):1894.
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Increased Risk of Premenopausal Breast Cancer: A Case Control Study in Kermanshah, Iran. Asian Pac J Cancer Prev. 2015;16(17):7473-8.

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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.
2. Wu AH, Spicer D, Garcia A, et al. Double-Blind Randomized 12-Month Soy Intervention Had No Effects on Breast MRI Fibroglandular Tissue Density or Mammographic Density. Cancer Prev Res (Phila). 2015 Oct;8(10):942-51. doi: 10.1158/1940-6207.CAPR-15-0125. Epub 2015 Aug 14.

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Black cohosh

1. Fritz H, Seely D, McGowan J, et al: Black cohosh and breast cancer: A systematic review. *Integrative cancer therapies* 2014;13:12-29.
2. 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

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2. 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.
3. Filippini T, Malavolti M, Borrelli F et al. Green tea (*Camellia sinensis*) for the prevention of cancer. *Cochrane Database Syst Rev*. 2020 Mar 2;3(3):CD005004.

Selenium

1. Demircan K, Bengtsson Y, Sun Q et al. Serum selenium, selenoprotein P and glutathione peroxidase 3 as predictors of mortality and recurrence following breast cancer diagnosis: A multicentre cohort study. *Redox Biol*. 2021 Nov;47:102145

Complementary Treatment

Prevention of Recurrence / Improvement of Overall Survival III.2

Dietary Supplements – Herbal Therapies

During anti-cancer treatment: Beware of drug interactions	Oxford		
	LoE	GR	AGO
▪ Other orthomolecular substances (Zinc...)	5	D	-
▪ Artificial carotenoids appear to be associated with worse outcome	2b	B	-
▪ Proteolytic enzymes (Papain, Trypsin, Chymotrypsin)	3b	B	-
▪ Mistletoe (Viscum album)	1b	C	-
▪ Thymic peptides (impact on OS)	2a	B	-
▪ Oxygen- and ozone therapy	5	D	--
▪ Laetrile (Amygdalin, „Vitamine B17“)	1c	D	--
▪ Methadone	5	D	--
▪ Cancer bush (Sutherlandia frutescens), Devil's claw (Harpagophytum procumbens), Rooibos tea (Aspalathus linearis), Bambara groundnut (Vigna subterranean)	4	C	-
▪ Incense	5	D	-
▪ Curcuma, curcumine	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

1. Ambrosone CB, Zirpoli GR, Hutson AD et al. Dietary supplement use during chemotherapy and survival outcomes of patients with breast cancer enrolled in a cooperative group clinical trial (SWAG S0221). J Clin Oncol 2020 Mar 10;38(8):804-814
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 athralgia

1. Uhlenbruck B, Van Leendert R, Schneider B et al.: Reduced side-effects of adjuvant hormone therapy in breast cancer patients by complementary medicine. In Vivo. 2010 Sep-Oct;24(5):799-802.
2. Petru U, Stranz B, Petru C: Effects of proteolytic enzyme therapy with Wobe Mugos against chemotherapy-induced toxicity in breast

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

Mistletoe

1. Freuding M, Keinki C, Micke O. Mistletoe in oncological treatment: a systematic review. Journal of Cancer Research and Clinical Oncology. 2019;145:695–707

Thymus-peptides

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.CD

Oxygen-therapy, ozone-therapy

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