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Guidelines Breast
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Diagnosis and Treatment of Patients with Early and Advanced Breast Cancer

Therapy Algorithms

Preamble:

Therapy options shown in the algorithms are based on the current AGO recommendations, but cannot represent all evidence-based treatment options, since prior therapies, performance status, comorbidities, patient preference, special tumor biology etc. must be taken into account for the actual treatment choice. Normally only recommendations with the recommendation grades AGO+ and AGO++ are taken into account.

In individual cases, other evidence-based treatment options (not listed here) may also be appropriate and justified. After failure of effective standard treatments discussion in a molecular tumor board should be considered.

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



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Therapy Algorithms








Version 2021-2023:

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

Version 2024:

Schneeweiss/ Müller with the Breast Committee of the AGO

Format legend:

-  Definitions, features, parameters
-  Therapy with grade of recommendation AGO+ or AGO++
-  Therapy with grade of recommendation AGO+/- (case by case decision)
-  Recommended path with grade of recommendation AGO+ oder AGO++
-  Crossing without transition
-  Path of case by case decision (grade of recommendation AGO+/-)
-  Arrow points to the next therapy option
- *AGO++* AGO grade of recommendation of this path



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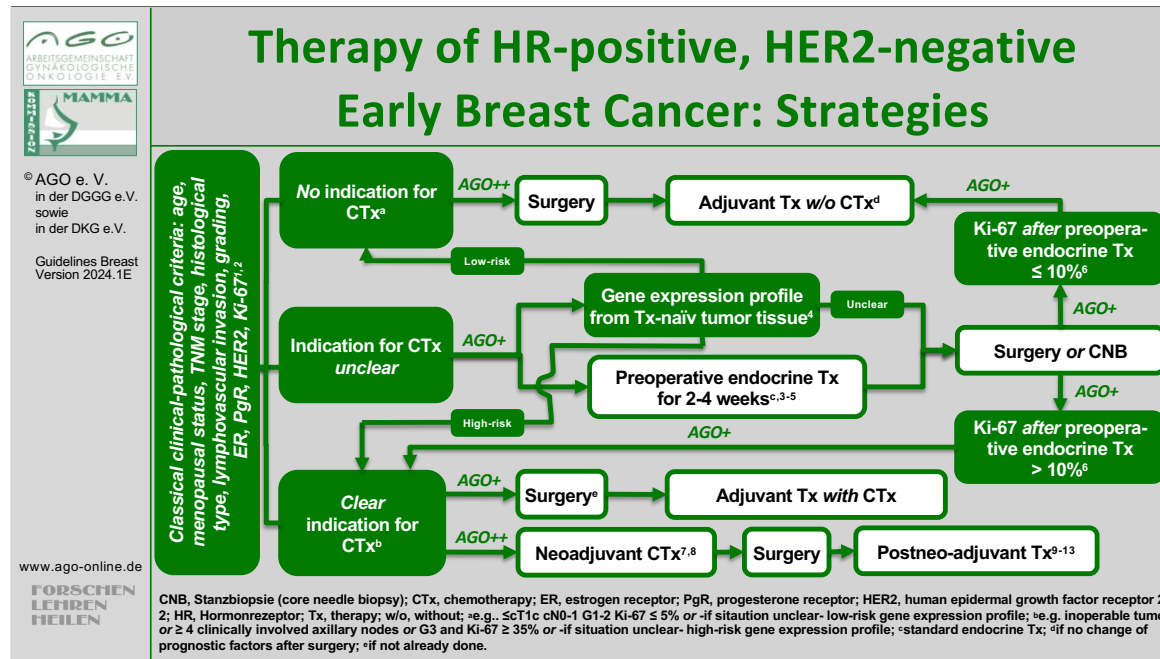
Content

■ Early breast cancer

- Therapy of HR-positive, HER2-negative early breast cancer: strategies
- Therapy of HER2-positive early breast cancer
- Therapy of early triple-negative breast cancer
- Axillary surgery and neoadjuvant chemotherapy (NACT)
- Adjuvant endocrine therapy in premenopausal patients
- Adjuvant endocrine therapy in postmenopausal patients

■ Metastatic breast cancer

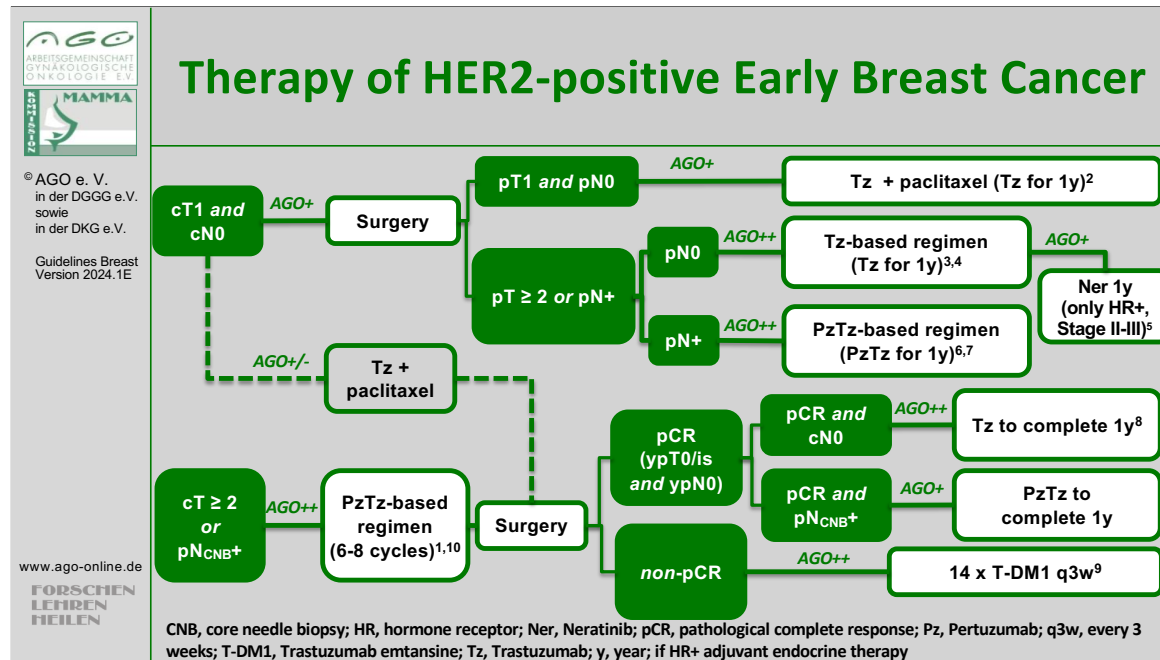
- HR-positive / HER2-negative metastatic breast cancer: strategies
- HR-positive / HER2-negative metastatic breast cancer: endocrine-based first line treatment
- HER2-positive metastatic breast cancer: 1st-3rd-line
- Triple-negative metastatic breast cancer



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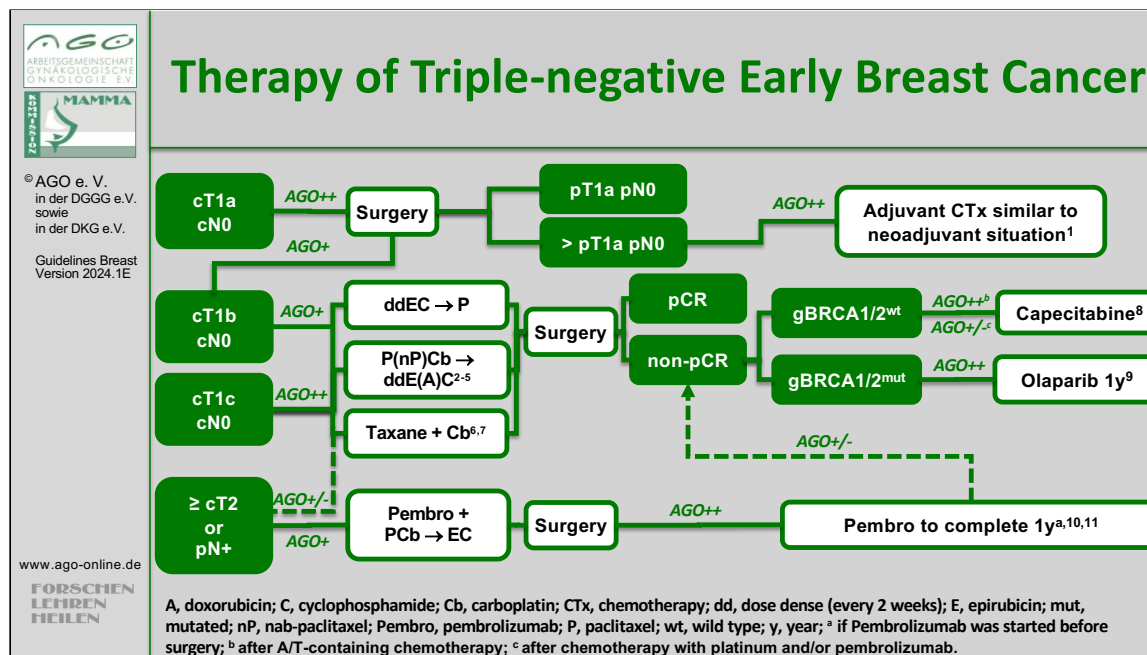
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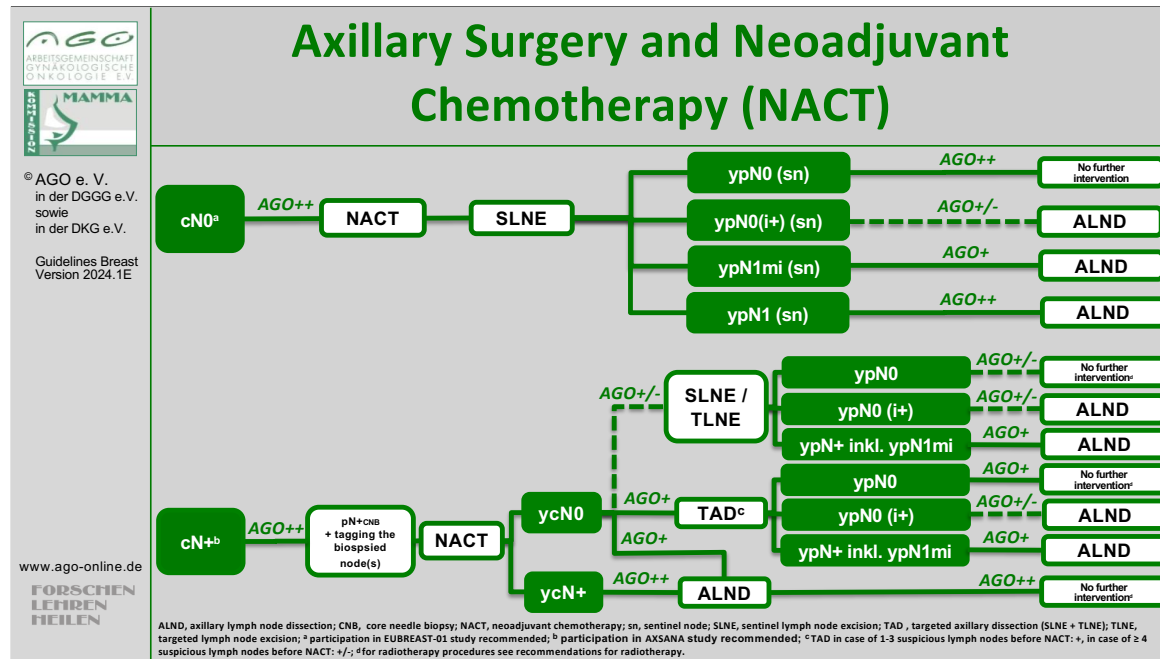
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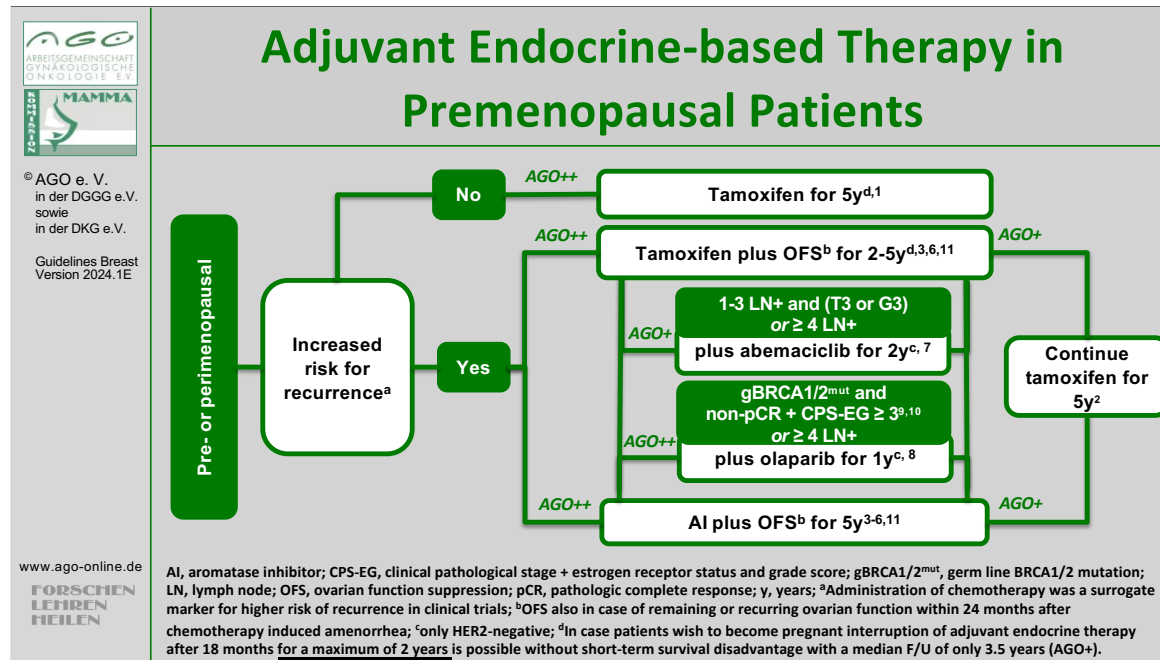
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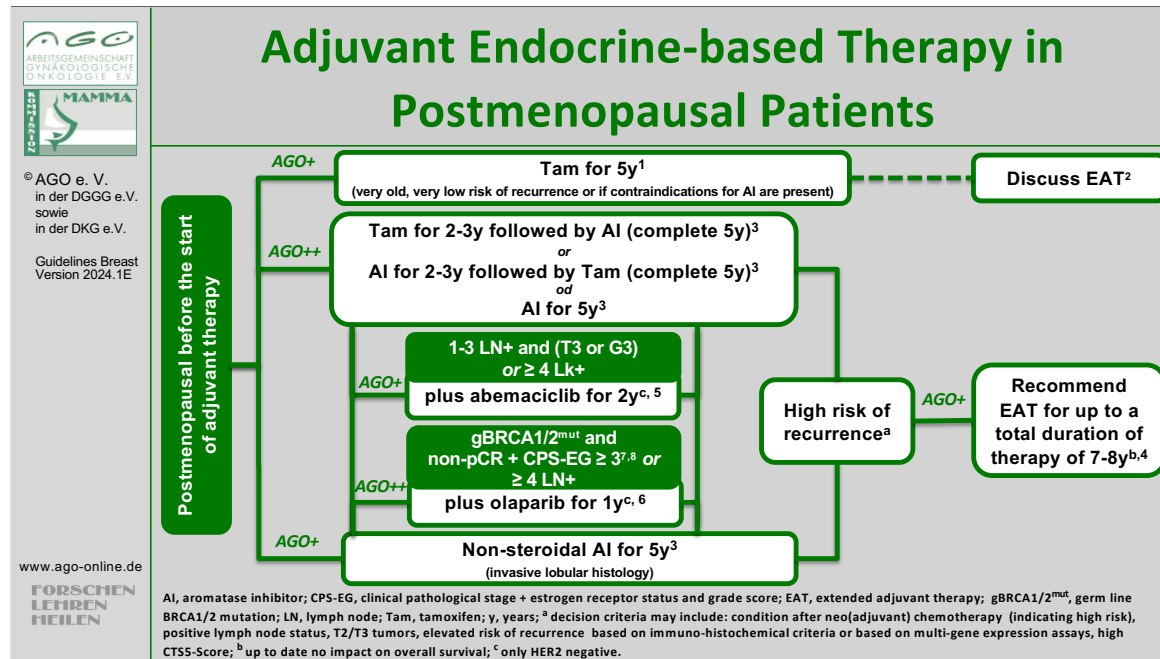
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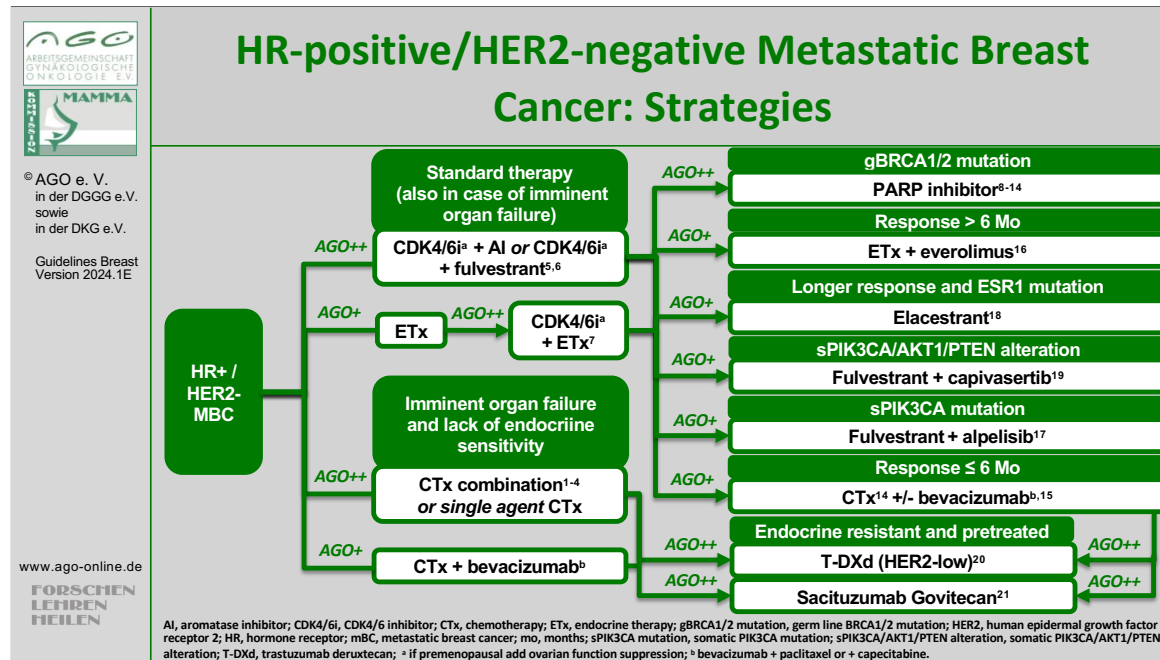
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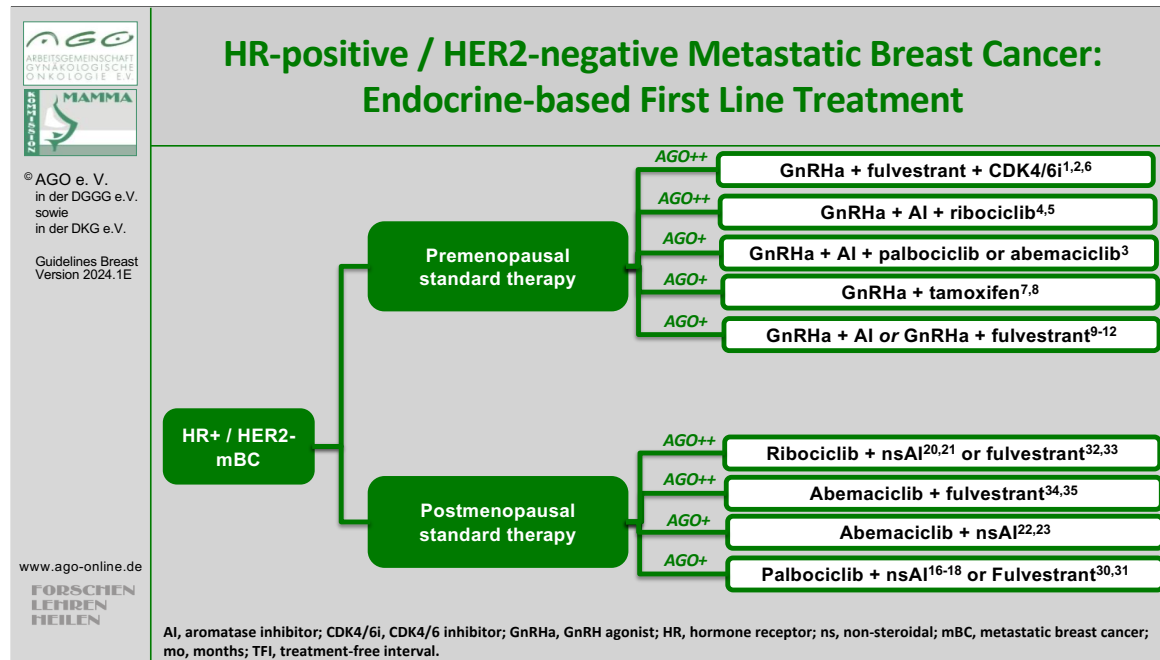
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Fulvestrant 500 mg plus Palbociclib (vs. Fulvestrant alone)

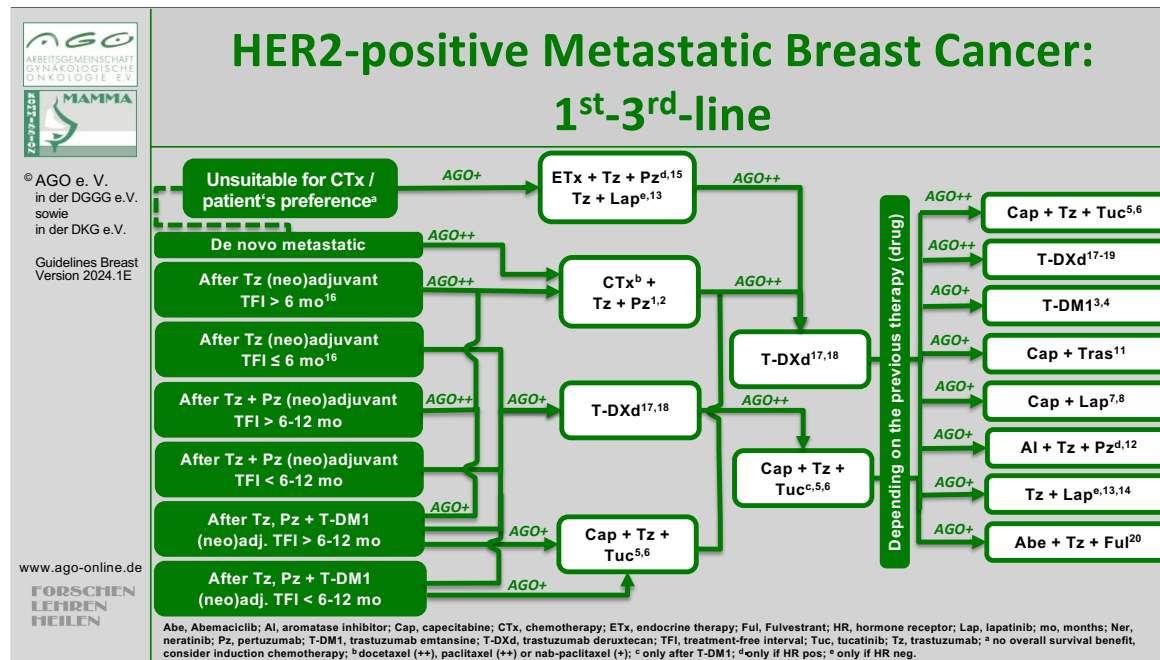
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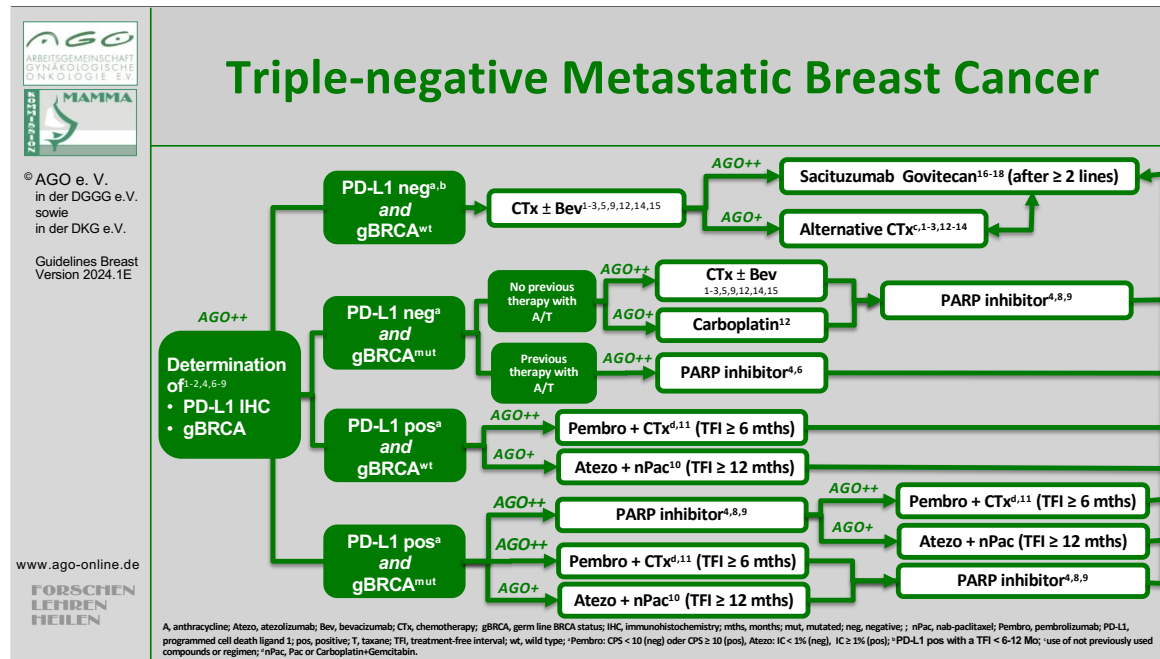


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