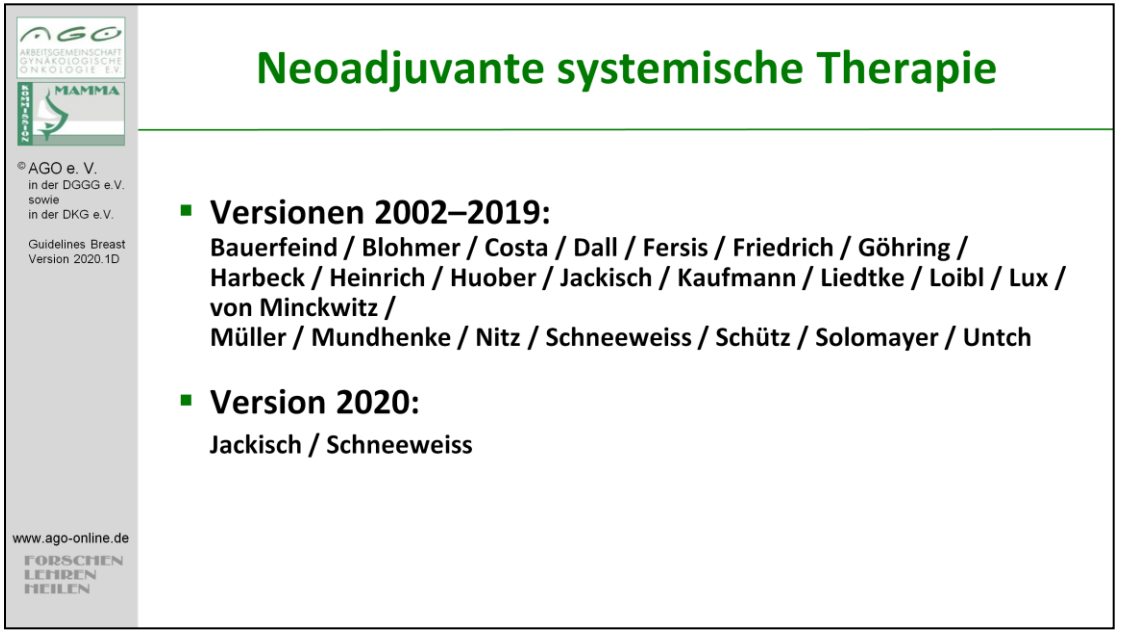
Diagnostik und Therapie früher und fortgeschrittener Mammakarzinome

Guidelines Breast
Version 2020.1D

FORSCHEN
LEHREN
HEILEN

Neoadjuvante
(Primäre) systemische Therapie



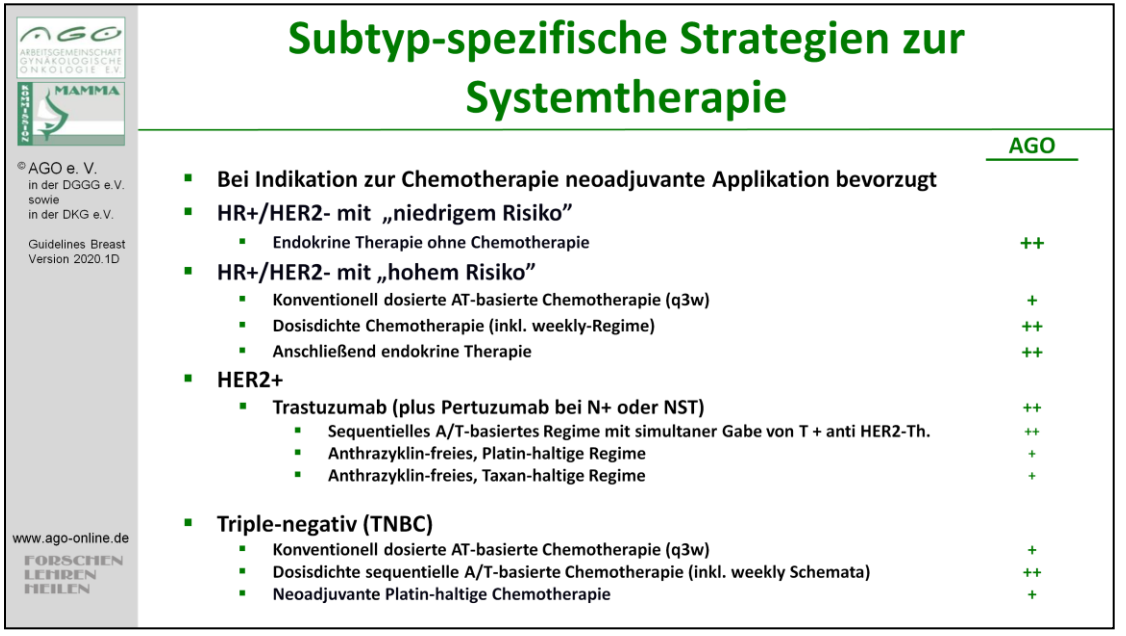
Systematic review of published evidence

PUBMED 1999-2019

ASCO 1999-2019

SABCS 1999-2019

ECCO/ESMO 1999-2019



<u>Systematic review of published evidence</u>

PUBMED 1999-2020

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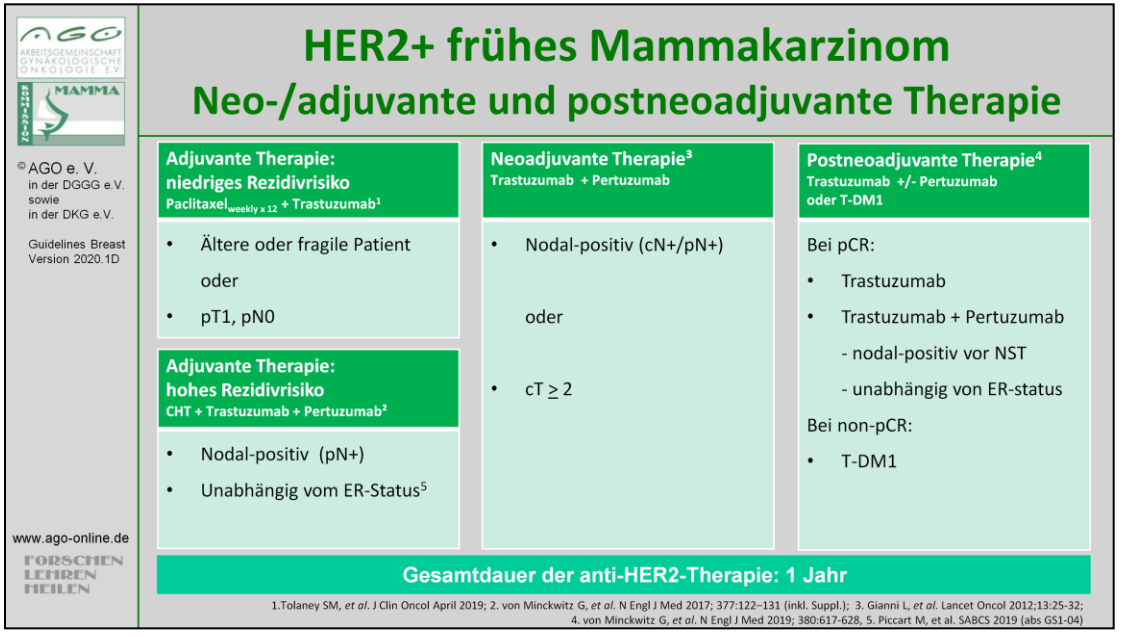


1.Tolaney SM, *et al*. J Clin Oncol April 2019

2. von Minckwitz G, *et al.* N Engl J Med 2017 377:122–131 (inkl. Suppl.)

3. Gianni L, *et al.* Lancet Oncol 2012;13:25-32

4. von Minckwitz G, *et al*. N Engl J Med 2019; 380:617-628

5. Piccart M, et al. SABCS 2019 (abs GS1-04)

Survival is similar after neoadjuvant (preoperative, primary) and adjuvant systemic therapy (with same regimen and cycle number)

1. Fisher B, et al. Effect of preoperative chemotherapy on the outcome of women with operable breast cancer. J Clin Oncol 1998: 16; 2672
2. Van der Hage JA, et al. Preoperative chemotherapy in primary operable breast cancer: results from the European Organization for Research and Treatment of Cancer trial 10902. J Clin Oncol 2001: 19; 4224
3. Rastogi P, et al. Preoperative chemotherapy: updates of National Surgical Adjuvant Breast and Bowel Project Protocols B-18 and B-27. J Clin Oncol 2008: 26; 778
4. EBCTCG. Long-term outcomes for neoadjuvant versus adjuvant chemotherapy in early breast cancer: meta-analysis of individual patient data from ten randomised trials. Lancet Oncol Lancet Oncol. 2018 Jan;19(1):27-39.

Pathological complete response is associated with improved survival in all subgroups

1. von Minckwitz G, et al. Definition and impact of pathologic complete response on prognosis after neoadjuvant chemotherapy in various intrinsic breast cancer subtypes. J Clin Oncol 2012: 30; 1796

2. Cortazar P, et al. Pathological complete response and long-term clinical benefit in breast cancer: the CTNeoBC pooled analysis. Lancet 2014: 384; 164
3. Berruti A, et al. Pathologic complete response as a potential surrogate for the clinical outcome in patients with breast cancer after neoadjuvant therapy: a meta-regression of 29 randomized prospective studies. J Clin Oncol 2014: 32; 3883
4. Yee D, et al. Pathological complete response predicts event-free and distant disease free survival in the I-SPY 2 Trial. SABCS 2017 (abs GS3-08)

Can achieve operability in primary inoperable tumors

1. Makhoul I, et al. Neoadjuvant systemic treatment of breast cancer. J Surg Oncol 2011: 103; 348
2. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Improved options for breast conserving surgery

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Reduces the rate of lymphadenectomies

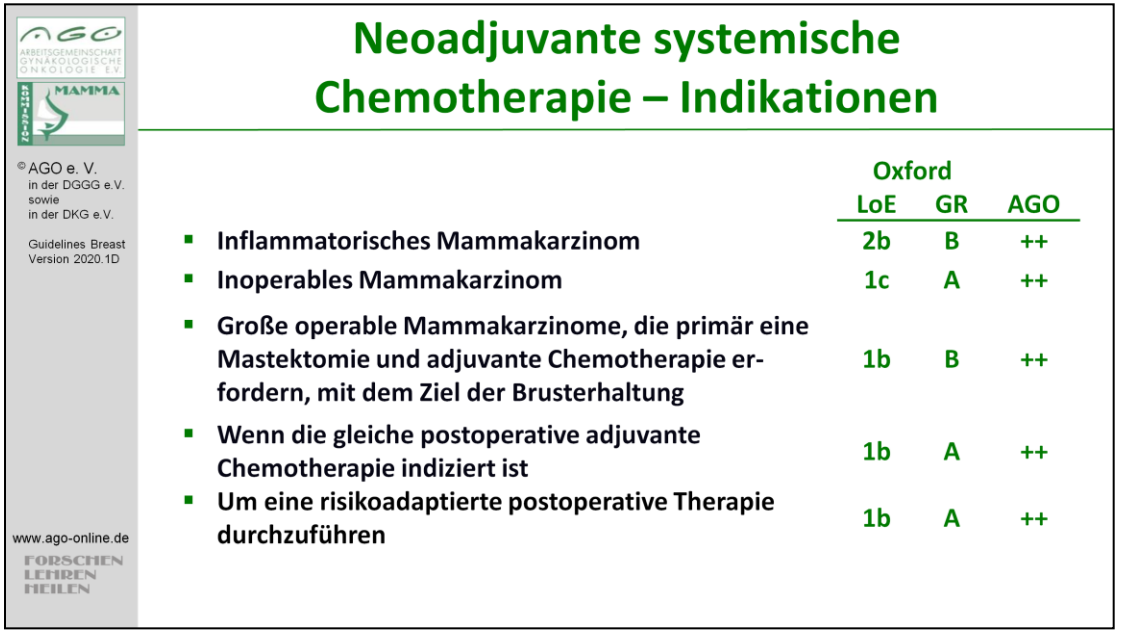
1. Fernandez-Gonzalez S, et al. The Shift From Sentinel Lymph Node Biopsy Performed Either Before or After Neoadjuvant Systemic Therapy in the Clinical Negative Nodes of Breast Cancer Patients. Results, and the Advantages and Disadvantages of Both Procedures. Clin Breast Cancer pii: S1526-8209(17)30565-7, 2017 [Epub ahead of print]

Allows individualization of therapy according to mid-course treatment effect

1. Von Minckwitz G, et al. Definition and impact of pathologic complete response on prognosis after neoadjuvant chemotherapy in various intrinsic breast cancer subtypes. J Clin Oncol 2012: 30; 1796

Allows individualization of post-neoadjuvant treatment

1. von Minckwitz G, et al. Definition and impact of pathologic complete response on prognosis after neoadjuvant chemotherapy in various intrinsic breast cancer subtypes. J Clin Oncol 2012: 30; 1796
2. Berruti A, et al. Pathologic complete response as a potential surrogate for the clinical outcome in patients with breast cancer after neoadjuvant therapy: a meta-regression of 29 randomized prospective studies. J Clin Oncol 2014: 32, 3883
3. Marmé F, et al. Utility of the CPS+EG staging system in hormone receptor-positive, human epidermal growth factor receptor 2-negative breast cancer treated with neoadjuvant chemotherapy. Eur J Cancer 53:65-74, 2016
4. Symmans WF, et al. Long-Term Prognostic Risk After Neoadjuvant Chemotherapy Associated With Residual Cancer Burden and Breast Cancer Subtype. J Clin Oncol 35(10):1049-1060, 2017
5. Loibl S, et al. Risk Assessment after Neoadjuvant Chemotherapy in Luminal Breast Cancer Using a Clinicomolecular Predictor. Clin Cancer Res. 2018;24(14):3358-3365.
6. Masuda N, et al. Adjuvant Capecitabine for Breast Cancer after Preoperative Chemotherapy. N Engl J Med 376, 2147–2159, 2017
7. von Minckwitz G, et al. Trastuzumab Emtansine for Residual Invasive HER2-Positive Breast Cancer. N Engl J Med. 2019;380(7):617-628.



Inflammatory breast cancer

1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Dawood S, et al. International expert panel on inflammatory breast cancer: consensus statement for standardized diagnosis and treatment. Ann Oncol 2011: 22; 515

Inoperable breast cancer

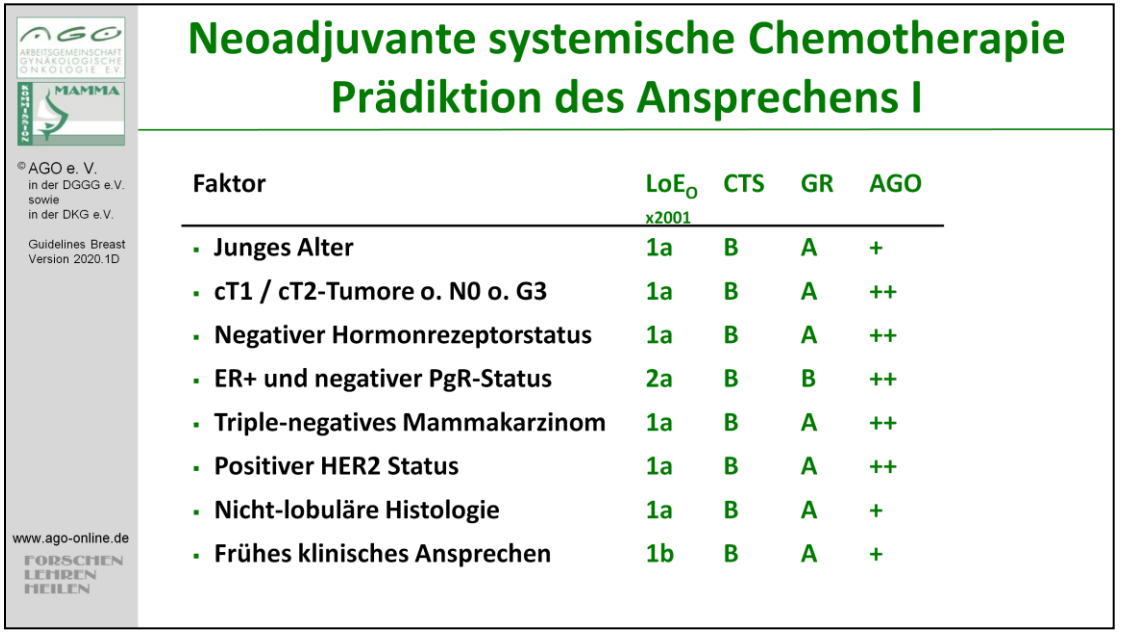
1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Dawood S, et al. International expert panel on inflammatory breast cancer: consensus statement for standardized diagnosis and treatment. Ann Oncol 2011: 22; 515

Large operable breast cancer primarily requiring mastectomy and adjuvant chemotherapy with the goal of breast conservation

1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508
3. EBCTCG. Long-term outcomes for neoadjuvant versus adjuvant chemotherapy in early breast cancer: meta-analysis of individual patient data from ten randomised trials. Lancet Oncol pii: S1470-2045(17)30777-5, 2017 [Epub ahead of print]

<u>If similar postoperative adjuvant chemotherapy is indicated</u>

1. Untch M, et al. Neoadjuvant chemotherapy: early response as a guide for further treatment: clinical, radiological, and biological. J Natl Cancer Inst Monogr 2011: 43; 138
2. Loibl S, et al. Treatment of breast cancer during pregnancy: an observational study. Lancet Oncol 2012: 13 ; 887



Young age

1. von Minckwitz G, et al. Impact of treatment characteristics on response of different breast cancer phenotypes: pooled analysis of the German neo-adjuvant chemotherapy trials. Breast Cancer Res Treat 2011: 125; 145
2. Huober J, et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat 2010: 124; 133
3. Loibl S, et al. Outcome after neoadjuvant chemotherapy in young breast cancer patients: a pooled analysis of individual patient data from eight prospectively randomized controlled trials.Breast Cancer Res Treat. 2015;152(2):377-87.

cT1 / cT2 tumors o. N0 o. G3

1. von Minckwitz G, et al. Impact of treatment characteristics on response of different breast cancer phenotypes: pooled analysis of the German neo-adjuvant chemotherapy trials. Breast Cancer Res Treat 2011: 125; 145
2. Huober J, et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat 2010: 124; 133

3. Loibl S, et al. Response and prognosis after neoadjuvant chemotherapy in 1,051 patients with infiltrating lobular breast carcinoma. Breast Cancer Res Treat 2014: 144; 153

Negative ER and PgR status

1. von Minckwitz G, et al. Impact of treatment characteristics on response of different breast cancer phenotypes: pooled analysis of the German neo-adjuvant chemotherapy trials. Breast Cancer Res Treat 2011: 125; 145
2. Huober J, et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat 2010: 124; 133
3. Loibl S, et al. Response and prognosis after neoadjuvant chemotherapy in 1,051 patients with infiltrating lobular breast carcinoma. Breast Cancer Res Treat 2014: 144; 153
4. van Mackelenbergh MT, et al. Outcome after neoadjuvant chemotherapy in estrogen receptor-positive and progesterone receptor-negative breast cancer patients: a pooled analysis of individual patient data from ten prospectively randomized controlled neoadjuvant trials. Breast Cancer Res Treat 2018 Jan;167(1):59-71

Triple negative breast cancer (TNBC)

1. von Minckwitz G, et al. Impact of treatment characteristics on response of different breast cancer phenotypes: pooled analysis of the German neo-adjuvant chemotherapy trials. Breast Cancer Res Treat 2011: 125; 145
2. Huober J, et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat 2010: 124; 133
3. Loibl S, et al. Response and prognosis after neoadjuvant chemotherapy in 1,051 patients with infiltrating lobular breast carcinoma. Breast Cancer Res Treat 2014: 144; 153

Positive HER2 status

1. von Minckwitz G, et al. Impact of treatment characteristics on response of different breast cancer phenotypes: pooled analysis of

the German neo-adjuvant chemotherapy trials. Breast Cancer Res Treat 2011: 125; 145

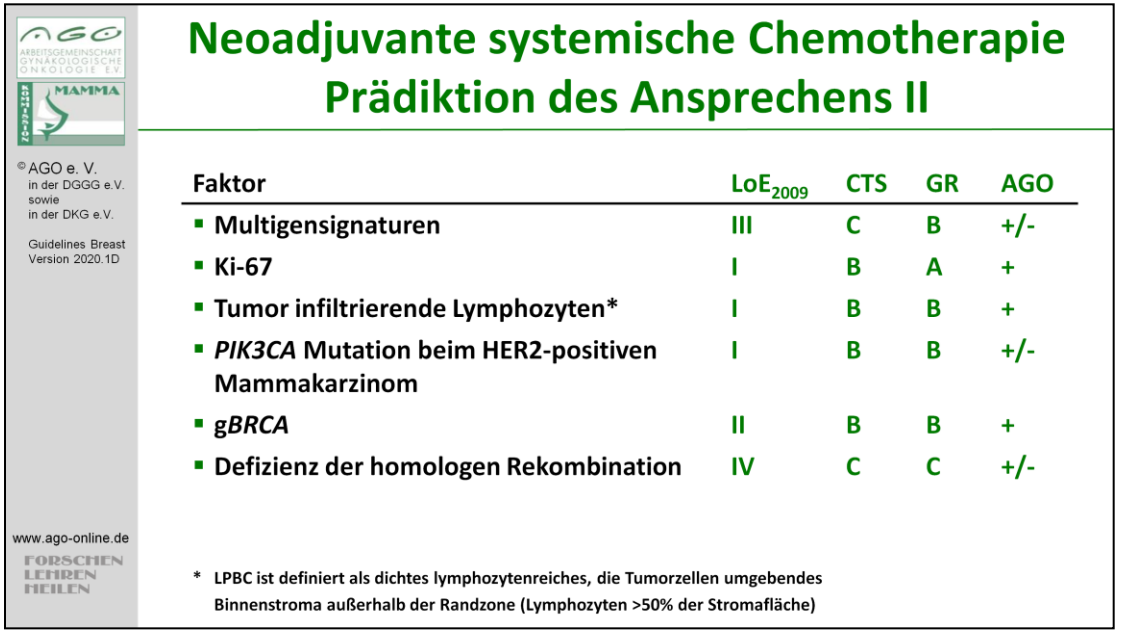
2. Huober J, et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat 2010: 124; 133
3. Loibl S, et al. Response and prognosis after neoadjuvant chemotherapy in 1,051 patients with infiltrating lobular breast carcinoma. Breast Cancer Res Treat 2014: 144; 153

Non-lobular tumor type

1. von Minckwitz G, et al. Impact of treatment characteristics on response of different breast cancer phenotypes: pooled analysis of the German neo-adjuvant chemotherapy trials. Breast Cancer Res Treat 2011: 125; 145
2. Huober J, et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat 2010: 124; 133
3. Loibl S, et al. Response and prognosis after neoadjuvant chemotherapy in 1,051 patients with infiltrating lobular breast carcinoma. Breast Cancer Res Treat 2014: 144; 153

Early clinical response

1. von Minckwitz G, et al. Definition and impact of pathologic complete response on prognosis after neoadjuvant chemotherapy in various intrinsic breast cancer subtypes. J Clin Oncol 2012: 30; 1796
2. von Minckwitz G, et al. Response-guided neoadjuvant chemotherapy for breast cancer. J Clin Oncol. 2013;31(29):3623-30



<u>Multigene signature</u>

1. Denkert C, et al. Ki67 levels as predictive and prognostic parameters in pretherapeutic breast cancer core biopsies: a translational investigation in the neoadjuvant GeparTrio trial. Ann Oncol 2013: 24; 2786, JCOm 32:
2. Masuda H, et al. Differential response to neoadjuvant chemotherapy among 7 triple-negative breast cancer molecular subtypes. Clin Cancer Res 2013: 19; 5533-40
3. Stover DG, Coloff JL, Barry WT et al.: Role of Proliferation in Determining Response to Neoadjuvant Chemotherapy in Breast Cancer: A Gene Expression-Based Meta-Analysis. Clin Cancer Res. 2016 Dec 15;22(24):6039-6050
4. Ali HR, Chlon L, Pharoah PD et al.: Patterns of Immune Infiltration in Breast Cancer and Their Clinical Implications: A Gene-Expression-Based Retrospective Study. PLoS Med. 2016 Dec 13;13(12):e1002194. doi: 10.1371/journal.pmed.1002194
5. Loibl S, et al. Risk Assessment after Neoadjuvant Chemotherapy in Luminal Breast Cancer Using a Clinicomolecular Predictor. Clin Cancer Res. 2018;24(14):3358-3365.

Ki-67

1. Denkert C, et al. Ki67 levels as predictive and prognostic parameters in pretherapeutic breast cancer core biopsies: a translational investigation in the neoadjuvant GeparTrio trial. Ann Oncol 2013: 24; 2786
2. Chen X, et al. The predictive value of Ki-67 before neoadjuvant chemotherapy for breast cancer: a systematic review and meta-analysis. Future Oncol 13(9):843-857, 2017

Tumour infiltrating lymphocytes

1. Mao Y, et al. The Value of Tumor Infiltrating Lymphocytes (TILs) for Predicting Response to Neoadjuvant Chemotherapy in Breast Cancer: A Systematic Review and Meta-Analysis. PloS One 2014: 9; e115103
2. Miyshita M, et al. Tumor-infiltrating CD8+ and FOXP3+ lymphocytes in triple-negative breast cancer: its correlation with pathological complete response to neoadjuvant chemotherapy. Breast Cancer Res Treat 2014: 148; 525
3. Denkert C, et al . Tumor-Infiltrating Lymphocytes and Response to Neoadjuvant Chemotherapy With or Without Carboplatin in Human Epidermal Growth Factor Receptor 2–Positive and Triple-Negative Primary Breast Cancers. JCO; 32: 2014
4. Ingold Heppner B, et al. Tumor-Infiltrating Lymphocytes: A Predictive and Prognostic Biomarker in Neoadjuvant-Treated HER2-Positive Breast Cancer. Clin Cancer Res. 2016 Dec 1;22(23):5747-5754.
5. Denkert C, et al. Tumour-infiltrating lymphocytes and prognosis in different subtypes of breast cancer: a pooled analysis of 3771 patients treated with neoadjuvant therapy. Lancet Oncol. 2018 ;19(1):40-50

PIK3CA mutation

1. Loibl S, et al. PIK3CA mutations are associated with lower rates of pathologic complete response to anti-human epidermal growth factor receptor 2 (her2) therapy in primary HER2-overexpressing breast cancer. J Clin Oncol 2014: 32; 3212
2. Sueta A, et al. An Integrative Analysis of PIK3CA Mutation, PTEN, and INPP4B Expression in Terms of Trastuzumab Efficacy in HER2-Positive Breast Cancer. PloS One 2014: 9; e116054
3. Loibl S, Integrated Analysis of PTEN and p4EBP1 Protein Expression as Predictors for pCR in HER2-Positive Breast Cancer. Clin Cancer

Res. 2016 1;22(11):2675-83.

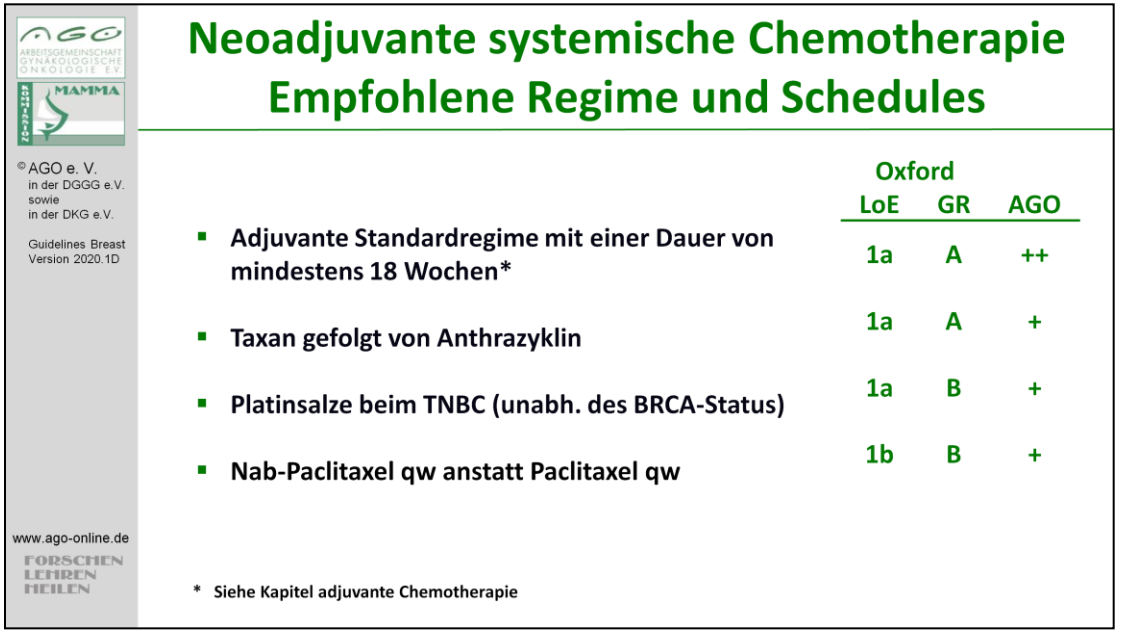
4. Loibl S, PIK3CA mutations are associated with reduced pathological complete response rates in primary HER2-positive breast cancer: pooled analysis of 967 patients from five prospective trials investigating lapatinib and trastuzumab. Ann Oncol. 2016;27(8):1519-25.

gBRCA mutation

1. Spugnesi L, et al. Germline mutations in DNA repair genes may predict neoadjuvant therapy response in triple negative breast patients. Genes Chromosomes Cancer. 2016 ;55(12):915-924.
2. Hahnen E, et al. Germline Mutation Status, Pathological Complete Response, and Disease-Free Survival in Triple-Negative Breast Cancer: Secondary Analysis of the GeparSixto Randomized Clinical Trial. JAMA Oncol 3(10):1378-1385, 2017
3. Fasching P, et al. BRCA1/2 Mutations and Bevacizumab in the Neoadjuvant Treatment of Breast Cancer: Response and Prognosis Results in Patients With Triple-Negative Breast Cancer From the GeparQuinto Study. J Clin Oncol. 2018 ;36(22):2281-2287.

HRD

1. Telli ML, et al. Homologous recombination deficiency (HRD) status predicts response to standard neoadjuvant chemotherapy in patients with triple-negative or BRCA1/2 mutation-associated breast cancer. Breast Cancer Res Treat 2017.
2. Loibl S et al. Survival analysis of carboplatin added to an anthracycline/taxane-based neoadjuvant chemotherapy and HRD score as predictor of response-final results from GeparSixto. Ann Oncol 2018;29(12):2341-2347



Standard regimens used in the adjuvant setting with a duration of at least 18 weeks

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

AC or EC → D q3w or P q1w

1. Rastogi P, et al. Preoperative chemotherapy: updates of National Surgical Adjuvant Breast and Bowel Project Protocols B-18 and B-27. J Clin Oncol 2008: 26; 778
2. von Minckwitz G, et al. Doxorubicin with cyclophosphamide followed by docetaxel every 21 days compared with doxorubicin and docetaxel every 14 days as preoperative treatment in operable breast cancer: the GEPARDUO study of the German Breast Group. J Clin Oncol 2005: 23; 2676
3. Gray R, et al. Increasing the dose intensity of adjuvant chemotherapy: an EBCTCG meta-analysis. SABCS 2017 (abs GS1-01)

Taxane followed by anthracycline sequence

1. Bines J, et al. Anthracyclines and taxanes in the neo/adjuvant treatment of breast cancer: does the sequence matter? Ann Oncol 2014: 25; 1079
2. Earl HM, et al. Effects of the addition of gemcitabine, and paclitaxel-first sequencing, in neoadjuvant sequential epirubicin, cyclophosphamide, and paclitaxel for women with high-risk early breast cancer (Neo-tAnGo): an open-label, 2 × 2 factorial randomised phase 3 trial. Lancet Oncol 2014: 15; 201
3. Wang D, Feng J, Xu B. A meta-analysis of platinum-based neoadjuvant chemotherapy versus standard neoadjuvant chemotherapy for triple-negative breast cancer. Future Oncol. 2019: 15(23); 2779-2790

Platinum in TNBC (irrespective of BRCA status)

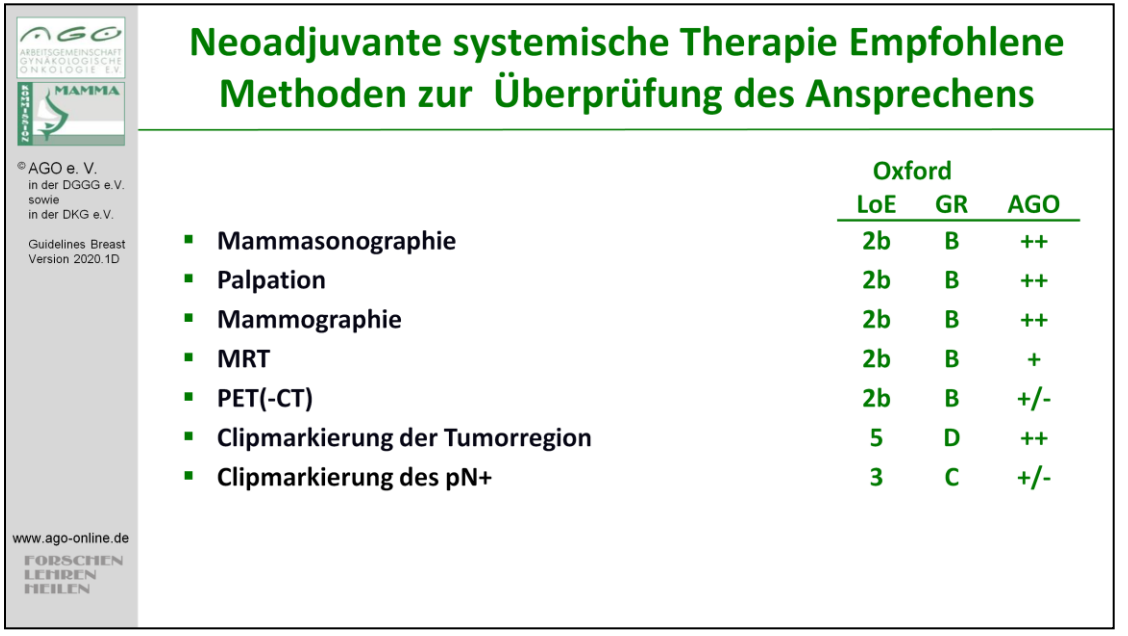
1. Alba E, et al. A randomized phase II trial of platinum salts in basal-like breast cancer patients in the neoadjuvant setting. Results from the GEICAM/2006-03, multicenter study. Breast Cancer Res Treat 2012: 136; 487
2. Von Minckwitz G , et al. Neoadjuvant carboplatin in patients with triple-negative and HER2-positive early breast cancer (GeparSixto; GBG 66): a randomised phase 2 trial. Lancet Oncol 2014: 15; 747
3. Ando M, et al. Randomized phase II study of weekly paclitaxel with and without carboplatin followed by cyclophosphamide/epirubicin/5-fluorouracil as neoadjuvant chemotherapy for stage II/IIIA breast cancer without HER2 overexpression. Breast Cancer Res Treat 2014: 145; 401
4. Petrelli F, et al. The value of platinum agents as neoadjuvant chemotherapy in triple-negative breast cancers: a systematic review and meta-analysis. Breast Cancer Res Treat 2014: 144; 223
5. Sikov WM, et al. Impact of the Addition of Carboplatin and/or Bevacizumab to Neoadjuvant Once-per-Week Paclitaxel Followed by Dose-Dense Doxorubicin and Cyclophosphamide on Pathologic Complete Response Rates in Stage II to III Triple-Negative Breast Cancer: CALGB 40603 (Alliance). J Clin Oncol 2015: 33; 13
6. Byrski T, et al. Pathologic complete response to neoadjuvant cisplatin in BRCA1-positive breast cancer patients. Breast Cancer Res Treat 2014: 147; 401
7. Sikov WM, Berry DA, Perou CM, et al: Impact of the Addition of Carboplatin and/or Bevacizumab to Neoadjuvant Once-per-Week

Paclitaxel Followed by Dose-Dense Doxorubicin and Cyclophosphamide on Pathologic Complete Response Rates in Stage II to III Triple-Negative Breast Cancer: CALGB 40603 (Alliance). J Clin Oncol, 2014

8. Loibl S, et al. Addition of the PARP inhibitor veliparib plus carboplatin or carboplatin alone to standard neoadjuvant chemotherapy in triple-negative breast cancer (BrighTNess): a randomised, phase 3 trial. Lancet Oncol. 2018;19(4):497-509.
9. Loibl S et al. Survival analysis of carboplatin added to an anthracycline/taxane-based neoadjuvant chemotherapy and HRD score as predictor of response-final results from GeparSixto. Ann Oncol 2018;29(12):2341-2347

Nab-Paclitaxel weekly instead of Paclitaxel weekly

1. M Untch et al. Nab-paclitaxel versus solvent-based paclitaxel in neoadjuvant chemotherapy for early breast cancer (GeparSepto—GBG 69): a randomised, phase 3 trial. Lancet Oncol. 2016 Mar;17(3):345-56
2. Gianni L, et al. Comparing Neoadjuvant Nab-paclitaxel vs Paclitaxel Both Followed by Anthracycline Regimens in Women With ERBB2/HER2-Negative Breast Cancer-The Evaluating Treatment With Neoadjuvant Abraxane (ETNA) Trial: A Randomized Phase 3 Clinical Trial. JAMA Oncol 2017; 4: 302-08
3. Futamura M, et al.Preoperative neoadjuvant chemotherapy using nanoparticle albumin-bound paclitaxel followed by epirubicin and cyclophosphamide for operable breast cancer: a multicenter phase II trial.Breast Cancer. 2017 Jan 3. doi:
4. Zong Y, et al. Nanoparticle albumin-bound paclitaxel as neoadjuvant chemotherapy of breast cancer: a systematic review and meta-analysis. Oncotarget 8(10):17360-17372, 2017
5. Schneeweiss A, et al. Survival analysis of the prospectively randomized phase III GeparSepto trial comparing neoadjuvant chemotherapy with weekly nab-paclitaxel with solvent-based paclitaxel followed by anthracycline/cyclophosphamide for patients with early breast cancer – GBG69. SABCS 2017 (abs GS3-05)
6. Untch M et al. Comparing Neoadjuvant Nab-paclitaxel vs Paclitaxel Both Followed by Anthracycline Regimens in Women With ERBB2/HER2-Negative Breast Cancer-The Evaluating Treatment With Neoadjuvant Abraxane (ETNA) Trial: A Randomized Phase 3 Clinical Trial. J Clin Oncol 2019 in press



1. Rauch GM, et al. Multimodality Imaging for Evaluating Response to Neoadjuvant Chemotherapy in Breast Cancer. AJR Am J Roentgenol. 2016 Nov 3:1-10

Breast ultrasound

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508
2. Von Minckwitz G, et al. Neoadjuvant vinorelbine-capecitabine versus docetaxel-doxorubicin-cyclophosphamide in early nonresponsive breast cancer: phase III randomized GeparTrio trial. J Natl Cancer Inst 2008: 100; 542
3. Von Minckwitz G, et al. Intensified neoadjuvant chemotherapy in early-responding breast cancer: phase III randomized GeparTrio study. J Natl Cancer Inst 2008: 100; 552
4. Schwentner L,et al. Using ultrasound and palpation for predicting axillary lymph node status following neoadjuvant chemotherapy - Results from the multi-center SENTINA trial. Breast. 2017 Feb;31:202-207.

Palpation

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Mammography

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

MRI

1. Javid S, et al. Can breast MRI predict axillary lymph node metastasis in women undergoing neoadjuvant chemotherapy. Ann Surg Oncol 2010: 17; 1841
2. Morrow M, et al. MRI for breast cancer screening, diagnosis, and treatment. Lancet 2011: 378; 1804
3. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508
4. Bolan PJ, et al. MR spectroscopy of breast cancer for assessing early treatment response: Results from the ACRIN 6657 MRS trial. J Magn Reson Imaging. 2016 Dec 16. doi: 10.1002/jmri.25560. [Epub ahead of print]

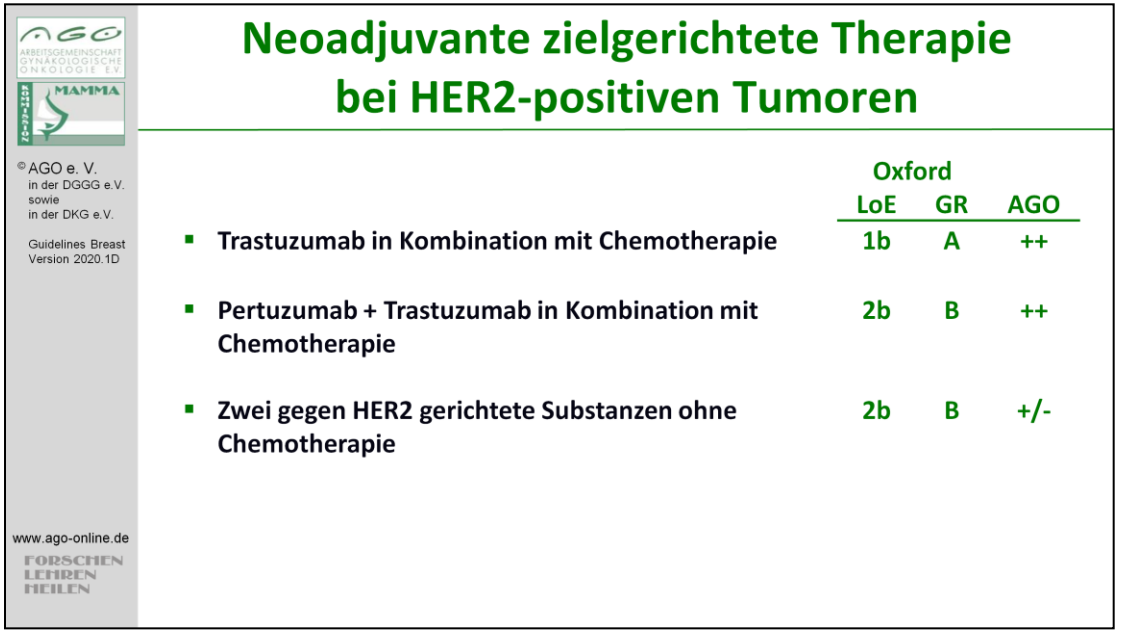
PET(-CT)

1. Dose-Schwarz J, et al. Assessment of residual tumour by FDG-PET: conventional imaging and clinical examination following primary chemotherapy of large and locally advanced breast cancer. Br J Cancer 2010: 102; 35
2. Coudert B, et al. Use of [(18)F]-FDG PET to predict response to neoadjuvant trastuzumab and docetaxel in patients with HER2-positive breast cancer, and addition of bevacizumab to neoadjuvant trastuzumab and docetaxel in [(18)F]-FDG PET-predicted non-responders (AVATAXHER): an open-label, randomised phase 2 trial. Lancet Oncol 2014: 15; 1493

3. Groheux D,et al. ¹⁸FDG-PET/CT for predicting the outcome in ER+/HER2- breast cancer patients: comparison of clinicopathological parameters and PET image-derived indices including tumor texture analysis. Breast Cancer Res. 2017 Jan 5;19(1):3

Clip tumour region

1. Caudle AS, Yang WT, Krishnamurthy S et al.: Improved Axillary Evaluation Following Neoadjuvant Therapy for Patients With Node-Positive Breast Cancer Using Selective Evaluation of Clipped Nodes: Implementation of Targeted Axillary Dissection. J Clin Oncol. 2016;34(10):1072-8.
2. Hartmann et al. Wire localization of clip-marked axillary lymph nodes in breast cancer patients treated with primary systemic therapy. Eur J Surg Oncol. 2018 ;44:1307-1311
3. Siso C et al. Intraoperative Ultrasound-Guided Excision of Axillary Clip in Patients with Node-Positive Breast Cancer Treated with Neoadjuvant Therapy (ILINA Trial). Ann Surg Oncol 2018; 25:784–791
4. Simons JM, et al. Diagnostic Accuracy of Different Surgical Procedures for Axillary Staging After Neoadjuvant Systemic Therapy in Node-positive Breast Cancer: A Systematic Review and Metaanalysis. Ann Surg Oncol 2018 Oct 11. doi: 10.1097/SLA.0000000000003075. [Epub ahead of print]



Trastuzumab in combination with chemotherapy

1. Gianni L, et al. Neoadjuvant chemotherapy with trastuzumab followed by adjuvant trastuzumab versus neoadjuvant chemotherapy alone, in patients with HER2-positive locally advanced breast cancer (the NOAH trial): a randomised controlled superiority trial with a parallel HER2-negative cohort. Lancet 2010: 375; 377
2. Untch M, et al. Pathologic complete response after neoadjuvant chemotherapy plus trastuzumab predicts favorable survival in human epidermal growth factor receptor 2-overexpressing breast cancer: results from the TECHNO trial of the AGO and GBG study groups. J Clin Oncol 2011: 29; 3351
3. Gianni L, et al. Neoadjuvant and adjuvant trastuzumab in patients with HER2-positive locally advanced breast cancer (NOAH): follow-up of a randomised controlled superiority trial with a parallel HER2-negative cohort. Lancet Oncol 2014: 15; 640
4. De Azambuja E, et al. Lapatinib with trastuzumab for HER2-positive early breast cancer (NeoALTTO): survival outcomes of a randomised, open-label, multicentre, phase 3 trial and their association with pathological complete response. Lancet Oncol 2014: 15; 1137
5. Jackisch C, et al. HannaH phase III randomised study: Association of total pathological complete response with event-free survival in HER2-positive early breast cancer treated with neoadjuvant-adjuvant trastuzumab after 2 years of treatment-free follow-up.

Eur J Cancer. 2016 Jul;62:62-

Pertuzumab + Trastuzumab in combination with chemotherapy

1. Gianni L, et al. Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): a randomised multicentre, open-label, phase 2 trial. Lancet Oncol. 2012: 13; 25-32
2. Schneeweiss A, et al. Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: a randomized phase II cardiac safety study (TRYPHAENA). Annals Oncol 2013: 24; 2278-84
3. Nagayama A, et al. Comparative effectiveness of neoadjuvant therapy for HER2-positive breast cancer: a network meta-analysis. J Natl Cancer Inst 2014; 106(9): in print
4. Gianni L et al. Five-year analysis of the phase II NeoSphere trial evaluating four cycles of neoadjuvant docetaxel (D) and/or trastuzumab (T) and/or pertuzumab (P). J Clin Oncol 33, 2015 (suppl; abstr 505)
5. Loibl S, et al. Dual HER2-blockade with pertuzumab and trastuzumab in HER2-positive early breast cancer: a subanalysis of data from the randomized phase III GeparSepto trial. Ann Oncol. 2017;28:497-504
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9. Von Minckwitz G, et al. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer. N Engl J Med. 2017 13;377(2):122-131.

Lapatinib in combination with chemotherapy

1. Untch M et al. Lapatinib versus trastuzumab in combination with neoadjuvant anthracycline-taxane-based chemotherapy (GeparQuinto, GBG 44): a randomised phase 3 trial. Lancet Oncol 2012: 13; 135 - 144
2. Robidoux A, et al. Lapatinib as a component of neoadjuvant therapy for HER2-positive operable breast cancer (NSABP protocol B-41): an open-label, randomised phase 3 trial. Lancet Oncol 2013: 14; 1183-1192
3. Alba E, et al. Trastuzumab or lapatinib with standard chemotherapy for HER2-positive breast cancer: results from the GEICAM/2006-14 trial. Br J Cancer 2014: 110; 1139
4. Bonnefoi H, et al. Neoadjuvant treatment with docetaxel plus lapatinib, trastuzumab, or both followed by an anthracycline-based chemotherapy in HER2-positive breast cancer: results of the randomised phase II EORTC 10054 study. Ann Oncol 2014 [Epub ahead of print]
5. Nagayama A, et al. Comparative effectiveness of neoadjuvant therapy for HER2-positive breast cancer: a network meta-analysis. J Natl Cancer Inst 2014; 106(9): [EpuB ahead of print]

Lapatinib + Trastuzumab in combination with chemotherapy

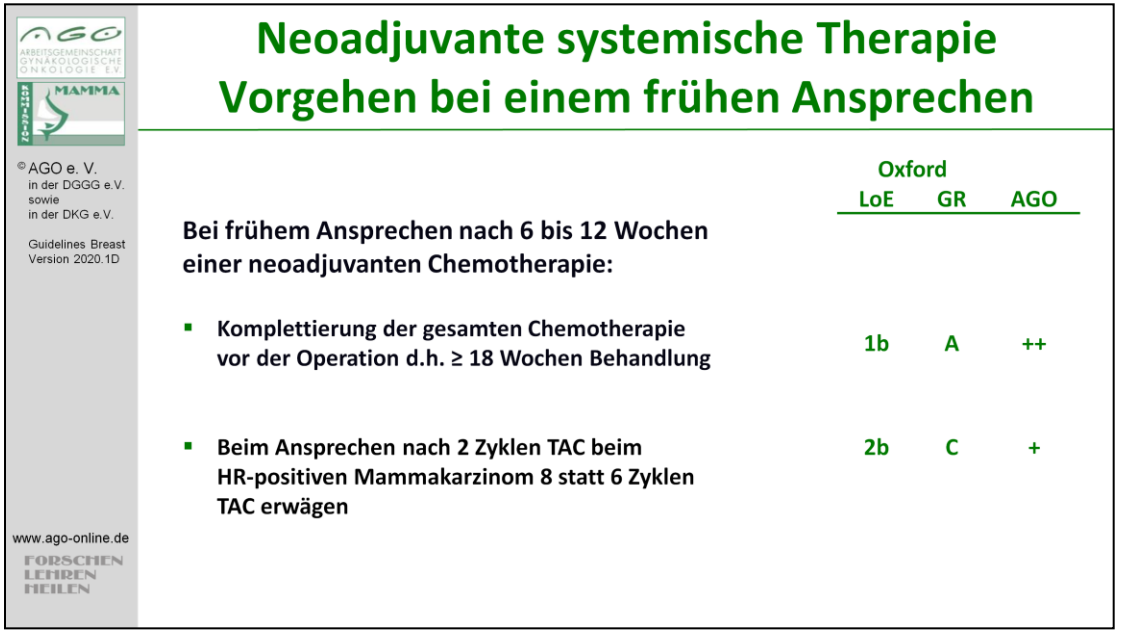
1. Robidoux A, et al. Lapatinib as a component of neoadjuvant therapy for HER2-positive operable breast cancer (NSABP protocol B-41): an open-label, randomised phase 3 trial. Lancet Oncol 2013: 14; 1183-1192
2. De Azambuja E, et al. Lapatinib with trastuzumab for HER2-positive early breast cancer (NeoALTTO): survival outcomes of a randomised, open-label, multicentre, phase 3 trial and their association with pathological complete response. Lancet Oncol 2014: 15; 1137
3. Bonnefoi H, et al. Neoadjuvant treatment with docetaxel plus lapatinib, trastuzumab, or both followed by an anthracycline-based chemotherapy in HER2-positive breast cancer: results of the randomised phase II EORTC 10054 study. Ann Oncol 2014 [Epub ahead of print]
4. Nagayama A, et al. Comparative effectiveness of neoadjuvant therapy for HER2-positive breast cancer: a network meta-analysis. J Natl Cancer Inst 2014; 106(9): [EpuB ahead of print]

Two anti-HER2 agents without chemotherapy

1. Gianni L, et al. Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): a randomised multicentre, open-label, phase 2 trial. Lancet Oncol. 2012: 13; 25-32
2. Rimawi M, et al. Multicenter phase II study of neoadjuvant lapatinib and trastuzumab with hormonal therapy and without chemotherapy in patients with human epidermal growth factor receptor 2-overexpressing breast cancer: TBCRC 006. J Clin Oncol 2013: 31; 1726
3. Ismael G, et al. Subcutaneous versus intravenous administration of (neo)adjuvant trastuzumab in patients with HER2-positive, clinical stage I-III breast cancer (HannaH study): a phase 3, open-label, multicentre, randomised trial. Lancet Oncol 2012: 13; 869

Anti-HER2 agent in combination with endocrine treatment

1. Rimawi MF, et al. SABCS 2014 (S6-02)
2. Guarneri V, et al. Double-blind, placebo-controlled, multicenter, randomized, phase IIb neoadjuvant study of letrozole-lapatinib in postmenopausal hormone receptor-positive, human epidermal growth factor receptor 2-negative, operable breast cancer. J Clin Oncol 2014: 32; 1050
3. Gianni L Neoadjuvant treatment with trastuzumab and pertuzumab plus palbociclib and fulvestrant in HER2-positive, ER-positive breast cancer (NA-PHER2): an exploratory, open-label, phase 2 study. Lancet Oncol. 2018 Feb;19(2):249-256.



Complete all chemotherapy before surgery i.e. ≥ 18 weeks of treatment

1.Von Minckwitz G, et al. Dose-dense doxorubicin, docetaxel, and granulocyte colony-stimulating factor support with or without tamoxifen as preoperative therapy in patients with operable carcinoma of the breast: a randomized, controlled, open phase IIb study. J Clin Oncol 2001: 19; 3506

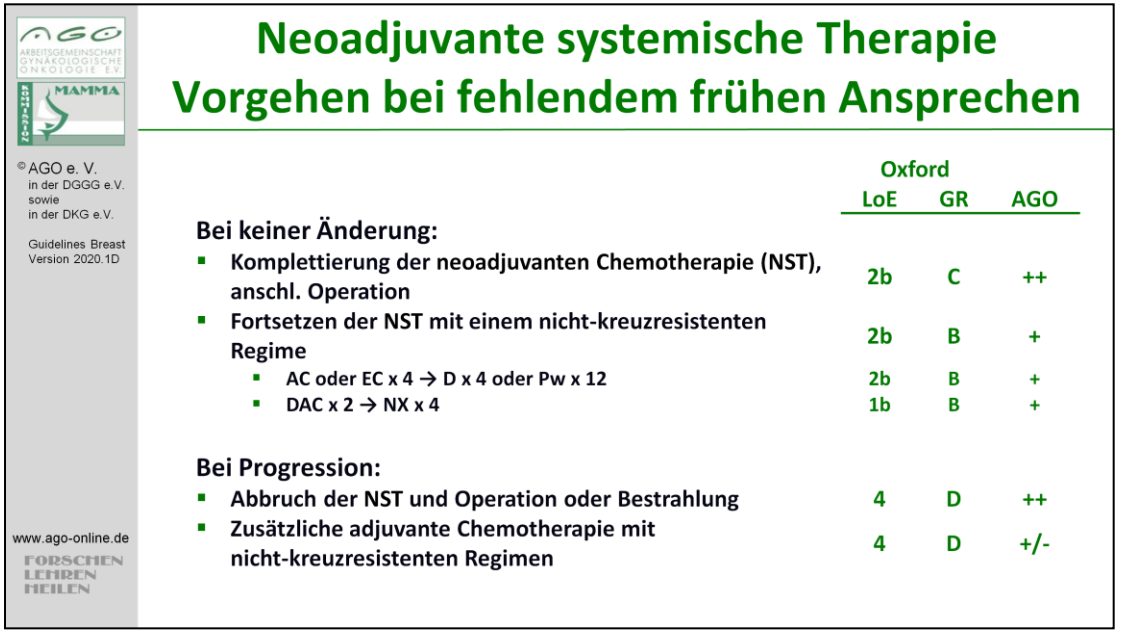
2.Von Minckwitz G, et al. Neoadjuvant vinorelbine-capecitabine versus docetaxel-doxorubicin-cyclophosphamide in early nonresponsive breast cancer: phase III randomized GeparTrio trial. J Natl Cancer Inst 2008: 100; 542

3.Von Minckwitz G, et al. Intensified neoadjuvant chemotherapy in early-responding breast cancer: phase III randomized GeparTrio study. J Natl Cancer Inst 2008: 100; 552

4.Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

In case of response after 2 cycles of DAC in HR positive breast cancer consider 8 instead of 6 cycles of DAC

1.Von Minckwitz G, et al. Response-guided neoadjuvant chemotherapy for breast cancer. J Clin Oncol. 2013: 31; 3623-30



In case of no change:

Completion of NST, followed by surgery

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508
2. Smith IC, et al. Neoadjuvant chemotherapy in breast cancer: significantly enhanced response with docetaxel. J Clin Oncol 2002: 20; 1456
3. Von Minckwitz G, et al. Neoadjuvant vinorelbine-capecitabine versus docetaxel-doxorubicin-cyclophosphamide in early nonresponsive breast cancer: phase III randomized GeparTrio trial. J Natl Cancer Inst 2008: 100; 542
4. Von Minckwitz G, et al. Response-guided neoadjuvant chemotherapy for breast cancer. J Clin Oncol. 2013: 31; 3623-30

Continuation of NST with non-cross-resistant regimen

AC or EC x 4 → D x 4 or Pw x 12

1. Bear HD, et al. The effect on tumor response of adding sequential preoperative docetaxel to preoperative doxorubicin and

cyclophosphamide: preliminary results from National Surgical Adjuvant Breast and Bowel Project Protocol B-27. J Clin Oncol 2003: 21; 4165

2. Bear HD, et al. Sequential preoperative or postoperative docetaxel added to preoperative doxorubicin plus cyclophosphamide for operable breast cancer:National Surgical Adjuvant Breast and Bowel Project Protocol B-27. J Clin Oncol 2006: 24; 2019

DAC x 2 → NX x 4

1. Von Minckwitz G, et al. Response-guided neoadjuvant chemotherapy for breast cancer. J Clin Oncol. 2013: 31; 3623-30

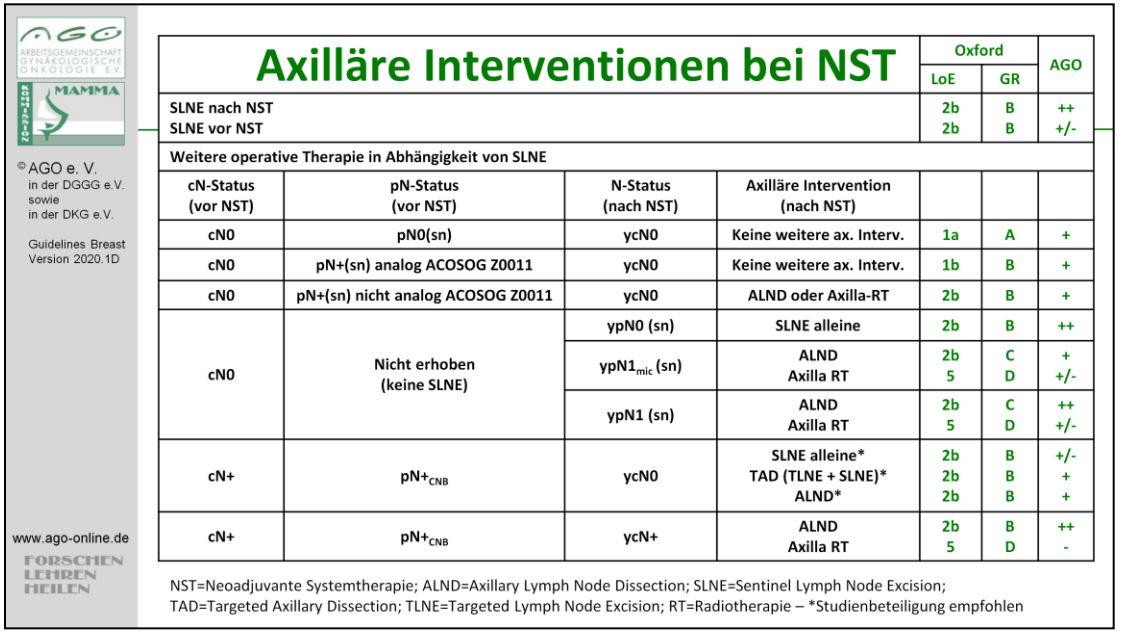
In case of progressive disease:

Stop of NST and immediate surgery or radiotherapy

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Additional adjuvant chemotherapy with non-cross-resistant regimen

1. Mittendorf EA, et al. Validation of a novel staging system for disease-specific survival in patients with breast cancer treated with neoadjuvant chemotherapy. J Clin Oncol 29, 1956, 2011
2. Lee S-J et al. A phase III trial of adjuvant capecitabine in breast cancer patients with HER2-negative pathologic residual invasive disease after neoadjuvant chemotherapy (CREATE-X/JBCRG-04). San Antonio Breast Cancer Symposium; December 8-12, 2015; San Antonio, TX. Abstract: S1-07
3. Colleoni M, Gray KP, Gelber S et al. Low-Dose Oral Cyclophosphamide and Methotrexate Maintenance for Hormone Receptor-Negative Early Breast Cancer: International Breast Cancer Study Group Trial 22-00. J Clin Oncol 2016;34(28):3400-8.



Axilläre Interventionen bei NST

				Oxford LoE	Oxford GR	AGO
SLNE nach NST				2b	B	++
SLNE vor NST				2b	B	+/-
Weitere operative Therapie in Abhängigkeit von SLNE						
cN-Status (vor NST)	pN-Status (vor NST)	N-Status (nach NST)	Axilläre Intervention (nach NST)			
cN0	pN0(sn)	ycN0	Keine weitere ax. Interv.	1a	A	+
cN0	pN+(sn) analog ACOSOG Z0011	ycN0	Keine weitere ax. Interv.	1b	B	+
cN0	pN+(sn) nicht analog ACOSOG Z0011	ycN0	ALND oder Axilla-RT	2b	B	+
cN0	Nicht erhoben (keine SLNE)	ypN0 (sn)	SLNE alleine	2b	B	++
		$ypN1_{mic}$ (sn)	ALND Axilla RT	2b 5	C D	+ +/-
		ypN1 (sn)	ALND Axilla RT	2b 5	C D	++ +/-
cN+	$pN+_{CNB}$	ycN0	SLNE alleine* TAD (TLNE + SLNE)* ALND*	2b 2b 2b	B B B	+/- + +
cN+	$pN+_{CNB}$	ycN+	ALND Axilla RT	2b 5	B D	++ -

NST=Neoadjuvante Systemtherapie; ALND=Axillary Lymph Node Dissection; SLNE=Sentinel Lymph Node Excision;
TAD=Targeted Axillary Dissection; TLNE=Targeted Lymph Node Excision; RT=Radiotherapie – *Studienbeteiligung empfohlen

Guidelines Breast
Version 2020.1D

Complete Axillary lymph node dissection after positive sentinel lymph node may be omitted in certain cases due to lack of benefit in pospectively randomized studies

1. Reimer T, Gerber B. Quality-of-life considerations in the treatment of early-stage breast cancer in the elderly. Drugs Aging. 2010 Oct 1;27(10):791-800.
2. Tuttle TM, Shamliyan T, Virnig BA, et al. The impact of sentinel lymph node biopsy and magnetic resonance imaging on important outcomes among patients with ductal carcinoma in situ. J Natl Cancer Inst Monogr. 2010;2010(41):117-20. Review.
3. Gerber B, Heintze K, Stubert J, et al. Axillary lymph node dissection in early-stage invasive breast cancer: is it still standard today? Breast Cancer Res Treat. 2011 Aug;128(3):613-24.
4. D'Angelo-Donovan DD, Dickson-Witmer D, Petrelli NJ. Sentinel lymph node biopsy in breast cancer: A history and current clinical recommendations. Surg Oncol. 2012 Jan 9.
5. Galimberti V, Cole BF, Zurrida S, et al. International Breast Cancer Study Group Trial 23-01 investigators. Axillary dissection versus no axillary dissection in patients with sentinel-node micrometastases (IBCSG 23-01): a phase 3 randomised controlled trial. Lancet Oncol. 2013 Apr;14(4):297-305.
6. Giuliano AE, Ballman KV, McCall L, et al. Effect of Axillary Dissection vs No Axillary Dissection on 10-Year Overall Survival Among

Women With Invasive Breast Cancer and Sentinel Node Metastasis: The ACOSOG Z0011 (Alliance) Randomized Clinical Trial. JAMA. 2017 Sep 12;318(10):918-926.

Statement surgical intervention in the axilla before or after neoadjuvant chemotherapy

1. Kuehn T, Bauerfeind I, Fehm T, et al.: Sentinel-lymph-node biopsy with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective multi-center cohort study. Lancet Oncol 2013;14(7):609-18.
2. Boughey JC, Suman VJ, Mittendorf EA, et al.: Sentinel lymph node surgery after neoadjuvant chemotherapy in patients with node positive breast cancer: the ACOSOG Z1071 (Alliance) clinical trial. JAMA 2013;310(14):1455-61.
3. Fu JF, Chen HL, Yang J, et al. Feasibility and accuracy of sentinel lymph node biopsy in clinically node-positive breast cancer after neoadjuvant chemotherapy: a meta-analysis. PLoS One. 2014 Sep 11;9(9):e105316
4. Lee HD, Ahn SG, Lee SA, et al. Prospective Evaluation of the Feasibility of Sentinel Lymph Node Biopsy in Breast Cancer Patients with Negative Axillary Conversion after Neoadjuvant Chemotherapy. Cancer Res Treat. 2014 Aug 29. doi: 10.4143/crt.2013.208. [Epub ahead of print]
5. Boileau JF, Poirier B, Basik M, et al. Sentinel Node Biopsy After Neoadjuvant Chemotherapy in Biopsy-Proven Node-Positive Breast Cancer: The SN FNAC Study. J Clin Oncol. 2015;33(3):258-264.
6. Boughey JC, Ballman KV, Le-Petross HAT et al. Identification and Resection of Clipped Node Decreases the False-negative Rate of Sentinel Lymph Node Surgery in Patients Presenting With Node-positive Breast Cancer (T0-T4, N1-N2) Who Receive Neoadjuvant Chemotherapy: Results From ACOSOG Z1071 (Alliance). Ann Surg. 2015 Nov 26. [Epub ahead of print]
7. Ryu JM, Lee SK, Kim JY, et al. Predictive Factors for Nonsentinel Lymph Node Metastasis in Patients With Positive Sentinel Lymph Nodes After Neoadjuvant Chemotherapy: Nomogram for Predicting Nonsentinel Lymph Node Metastasis. Clin Breast Cancer. 2017 Nov;17(7):550-55
8. Galimberti V, Ribeiro Fontana SK, Maisonneuve P. Sentinel node biopsy after neoadjuvant treatment in breast cancer: five-year follow-up of patients with clinically node-negative or node-positive disease before treatment. Eur J Surg Oncol 2016;42(3) 361-8
9. Martelli G, Miceli R, Folli S, et al. Sentinel node biopsy after primary chemotherapy in cT2 N0/1 breast cancer patients: Long-term results of a retrospective study. Eur J Surg Oncol. 2017 Nov;43(11):2012-2020.

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Axillary intervention after PST

1. Tee SR, Devane LA, Evoy D et al. Meta-analysis of sentinel lymph node biopsy after neoadjuvant chemotherapy in patients with initial biopsy-proven node-positive breast cancer. Br J Surg. 2018 Nov;105(12):1541-1552.
2. Balic M, Thomssen C, Würstlein R, Gnant M, Harbeck N. St. Gallen/Vienna 2019: A Brief Summary of the Consensus Discussion on the Optimal Primary Breast Cancer Treatment. Breast Care (Basel). 2019 Apr;14(2):103-110.
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<u>TAD (+SLNE) after PST, if pN1 (CNB prior to PST and ycN0</u>

1. Allweis TM, Menes T, Rotbart N et al. Ultrasound guided tattooing of axillary lymph nodes in breast cancer patients prior to neoadjuvant therapy, and identification of tattooed nodes at the time of surgery. Eur J Surg Oncol. 2019 Nov 16. pii: S0748-7983(19)31445-3.

2. Balasubramian R, Morgan C, Shaari E et al. Wire guided localisation for targeted axillary node dissection is accurate in axillary staging in node positive breast cancer following neoadjuvant chemotherapy. Eur J Surg Oncol. 2019 Dec 11. pii: S0748-7983(19)31500-8.
3. Coufal O, Zapletal O, Gabrielová L et al. Targeted axillary dissection and sentinel lymph node biopsy in breast cancer patients after neoadjuvant chemotherapy - a retrospective study. Rozhl Chir. Winter 2018;97(12):551-557.
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6. Gandhi A, Coles C, Makris A et al. Axillary Surgery Following Neoadjuvant Chemotherapy - Multidisciplinary Guidance From the Association of Breast Surgery, Faculty of Clinical Oncology of the Royal College of Radiologists, UK Breast Cancer Group, National Coordinating Committee for Breast Pathology and British Society of Breast Radiology. Clin Oncol (R Coll Radiol). 2019 Sep;31(9):664-668.
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10. Kanesalingam K, Sriram N, Heilat G et al. Targeted axillary dissection after neoadjuvant systemic therapy in patients with node-positive breast cancer. ANZ J Surg. 2019 Dec 17. doi: 10.1111/ans.15604.
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12. Simons JM, van Nijnatten TJA, van der Pol CC et al. Diagnostic Accuracy of Different Surgical Procedures for Axillary Staging After Neoadjuvant Systemic Therapy in Node-positive Breast Cancer: A Systematic Review and Meta-analysis. Ann Surg. 2019

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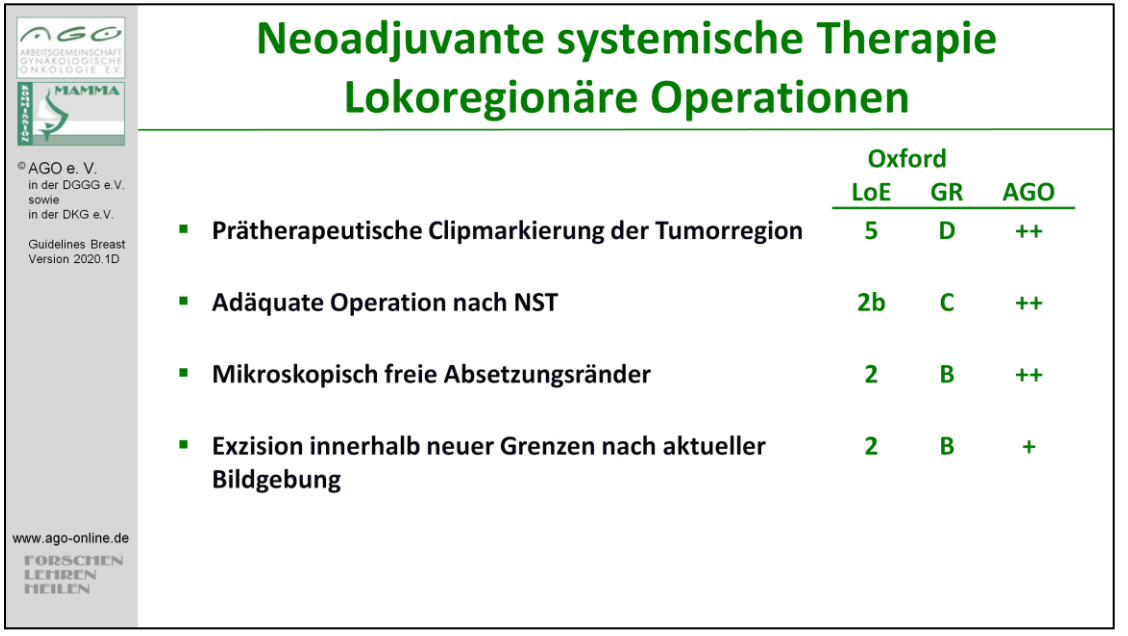
13. Simons JM, van Pelt MLMA, Marinelli AWKS et al. Excision of both pretreatment marked positive nodes and sentinel nodes improves axillary staging after neoadjuvant systemic therapy in breast cancer. Br J Surg. 2019 Nov;106(12):1632-1639.
14. Tee SR, Devane LA, Evoy D et al. Meta-analysis of sentinel lymph node biopsy after neoadjuvant chemotherapy in patients with initial biopsy-proven node-positive breast cancer. Br J Surg. 2018 Nov;105(12):1541-1552



Mark previous tumor region

1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Kaufmann M, et al. Locoregional treatment of primary breast cancer: consensus recommendations from an International Expert Panel. Cancer 2010: 116; 1184
3. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Surgery

1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Kaufmann M, et al. Locoregional treatment of primary breast cancer: consensus recommendations from an International Expert Panel. Cancer 2010: 116; 1184

3. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Microscopically clear margins

1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Kaufmann M, et al. Locoregional treatment of primary breast cancer: consensus recommendations from an International Expert Panel. Cancer 2010: 116; 1184
3. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

Tumor resection according to imaging result

1. Kaufmann M, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol 2007: 18; 1927
2. Kaufmann M, et al. Locoregional treatment of primary breast cancer: consensus recommendations from an International Expert Panel. Cancer 2010: 116; 1184
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Sentinel node biopsy (see chapter “Surgery”)

1. Kühn T, et al. Sentinel-lymph-node biopsy in patients with breast cancer before and after neoadjuvant chemotherapy (SENTINA): a prospective, multicentre cohort study. Lancet Oncol 2013
2. Boughey JC et al. Sentinel lymph node surgery after neoadjuvant chemotherapy in patients with node-positive breast cancer: the

ACOSOG Z1071 (Alliance) clinical trial. JAMA 2013: 310; 1455-1461

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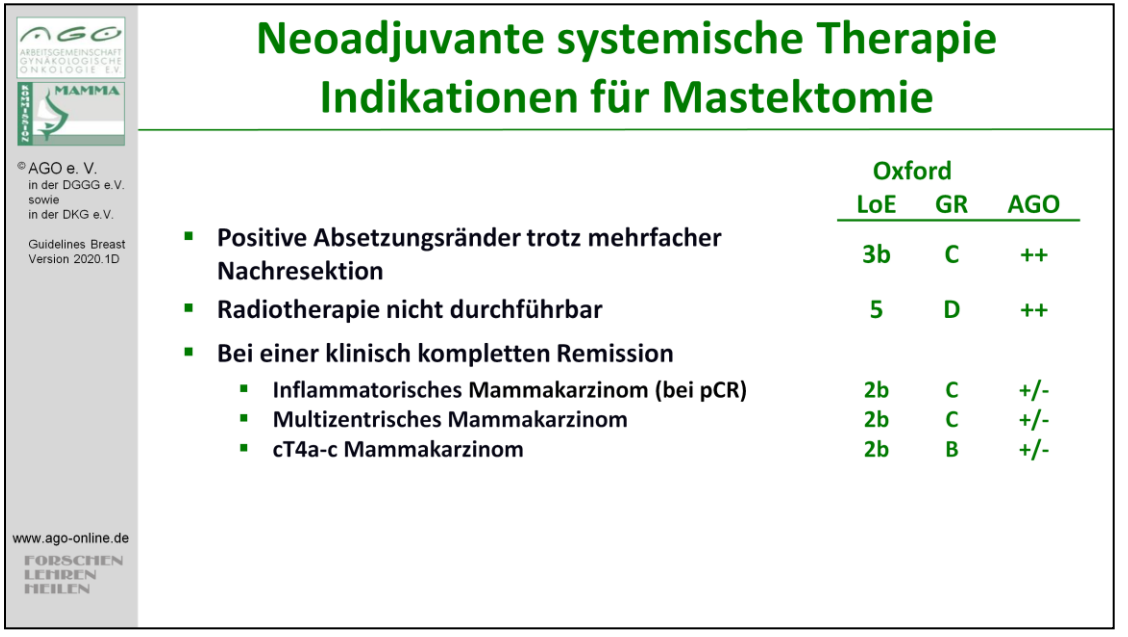
<u>Verzicht auf operative Sanierung nach NACT</u>

1. Yau C et al. SABCS 2019 (abs GS5-01)
2. Radovic M et al. SABCS 2019 (abs GS5-02)
3. Heil J et al. SABCS 2019 (abs GS5-03)
4. Tasulis M et al. SABCS 2019 (abs GS5-04)
5. Basik M et al. SABCS 2019 (abs GS5-05)
6. Vrancken Peeters MTFD et al. SABCS 2019 (abs GS5-06)



Positive margins after repeated excisions

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508
2. Dawood S, et al. International expert panel on inflammatory breast cancer: consensus statement for standardized diagnosis and treatment. Ann Oncol 2011: 22; 515

Radiotherapy not feasible

1. Kaufmann M, et al. Recommendations from an international consensus conference on the current status and future of neoadjuvant systemic therapy in primary breast cancer. Ann Surg Oncol 2012: 19; 1508

In case of clinical complete response:

Inflammatory breast cancer in case of pCR

1. Dawood S, et al. International expert panel on inflammatory breast cancer: consensus statement for standardized diagnosis and

treatment. Ann Oncol 2011: 22; 515

2. Brzezinska M, Williams LJ, Thomas J et al.: Outcomes of patients with inflammatory breast cancer treated by breast-conserving surgery. Breast Cancer Res Treat 2016;160(3):387-91.

Multicentric lesions

1. Ataseven B, et al. Impact of Multifocal or Multicentric Disease on Surgery and Locoregional, Distant and Overall Survival of 6,134 Breast Cancer Patients Treated With Neoadjuvant Chemotherapy. Ann Surg Oncol 2014 [Epub ahead of print]

cT4a-c breast cancer

1. Ataseven B, et al. Impact of Multifocal or Multicentric Disease on Surgery and Locoregional, Distant and Overall Survival of 6,134 Breast Cancer Patients Treated With Neoadjuvant Chemotherapy. Ann Surg Oncol 2014

Initiation of therapy after histologic diagnosis

1. Loibl S, et al. Impact in delay of start of chemotherapy and surgery on pCR and survival in breast cancer – a pooled analysis of individual patient data from six prospectively randomized neoadjuvant trials. ASCO 2017 (abs 171)

Surgery after the nadir of the leucocyte count (2 to 4 weeks after last course of chemotherapy)

1. Sanford RA, Lei X, Barcenas CH et al. Impact of Time from Completion of Neoadjuvant Chemotherapy to Surgery on Survival Outcomes in Breast Cancer Patients. Ann Surg Oncol 2016;23(5):1515-21.
2. Omarini C, et al. Impact of time to surgery after neoadjuvant chemotherapy in operable breast cancer patients. Eur J Surg Oncol 43(4):613-618, 2017

Radiotherapy after surgery 2–3 weeks after surgery BCS

1. Ring A, et al. Is surgery necessary after complete clinical remission following neoadjuvant chemotherapy for early breast cancer? J Clin Oncol 2003: 21; 4540

2. Daveau C, et al. Is radiotherapy an option for early breast cancers with complete clinical response after neoadjuvant chemotherapy? Int J Radiat Oncol Biol Phys 2011: 79; 1452-145

Postmenopausal patients:

Who are inoperable and can / will not receive chemotherapy

1. Semiglazov VF, et al. Phase 2 randomized trial of primary endocrine therapy versus chemotherapy in postmenopausal patients with estrogen receptor-positive breast cancer. Cancer 2007: 110; 244

Optimizes the option for breast conserving therapy

Eiermann W, et al. Preoperative treatment of postmenopausal breast cancer patients with letrozole: A randomized double-blind multicenter study. Ann Oncol 2001: 12; 1527

1. Smith I, et al. Neoadjuvant treatment of postmenopausal breast cancer with anastrozole, tamoxifen, or both in combination: the Immediate Preoperative Anastrozole, Tamoxifen, or Combined with Tamoxifen (IMPACT) multicenter double-blind randomized trial. J Clin Oncol 2005: 23; 5108
2. Semiglazov VF, et al. Phase 2 randomized trial of primary endocrine therapy versus chemotherapy in postmenopausal patients with estrogen receptor-positive breast cancer. Cancer 2007: 110; 244

3. Mathew J, et al. Neoadjuvant endocrine treatment in primary breast cancer - review of literature. Breast 2009: 18; 339
4. Ellis MJ, et al. Randomized phase II neoadjuvant comparison between letrozole, anastrozole, and exemestane for postmenopausal women with estrogen receptor-rich stage 2 to 3 breast cancer: clinical and biomarker outcomes and predictive value of the baseline PAM50-based intrinsic subtype--ACOSOG Z1031. J Clin Oncol 2011: 29; 2342

Aromatase inhibitors (for > 3 months)

1. Eiermann W, et al. Preoperative treatment of postmenopausal breast cancer patients with letrozole: A randomized double-blind multicenter study. Ann Oncol 2001: 12; 1527
2. Smith I, et al. Neoadjuvant treatment of postmenopausal breast cancer with anastrozole, tamoxifen, or both in combination: the Immediate Preoperative Anastrozole, Tamoxifen, or Combined with Tamoxifen (IMPACT) multicenter double-blind randomized trial. J Clin Oncol 2005: 23; 5108
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5. Spring LM, Gupta A, Reynolds KL et al. Neoadjuvant Endocrine Therapy for Estrogen Receptor-Positive Breast Cancer: A Systematic Review and Meta-analysis. JAMA oncology 2016;2(11):1477-86.

AI and fulvestrant

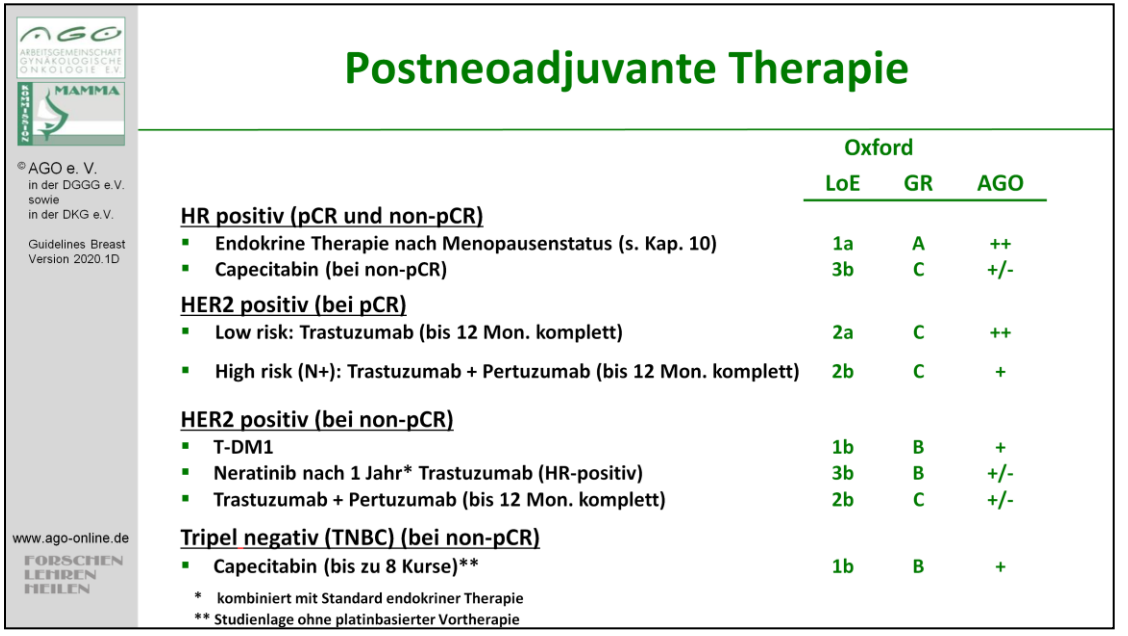
1. Lerebours F, et al. Randomized phase 2 neoadjuvant trial evaluating anastrozole and fulvestrant efficacy for postmenopausal, estrogen receptor-positive, human epidermal growth factor receptor 2-negative breast cancer patients: Results of the UNICANCER CARMINA 02 French trial (UCBG 0609). Cancer. 2016 Oct;122(19):3032-40.

Concurrent chemo-endocrine therapy

1. Mathew J, et al. Neoadjuvant endocrine treatment in primary breast cancer - review of literature. Breast 2009: 18; 339Von Minckwitz G, et al. Dose-dense doxorubicin, docetaxel, and granulocyte colony-stimulating factor support with or without tamoxifen as preoperative therapy in patients with operable carcinoma of the breast: a randomized, controlled, open phase IIb study. J Clin Oncol 2001: 15; 3506
2. Fontein DB, et al. Efficacy of six month neoadjuvant endocrine therapy in postmenopausal, hormone receptor-positive breast cancer patients--a phase II trial. Eur J Cancer 2014: 50; 2190
3. Rimawi M, al. e. A phase III trial evaluating pCR in patients with HR+, HER2-positive breast cancer treated with neoadjuvant docetaxel, carboplatin, trastuzumab, and pertuzumab (TCHP) +/- estrogen deprivation: NRG oncology/NSABP B-52. San Antonio Breast Cancer Symposium 2016:Abstract S3-06.
4. Spring LM, et al. Neoadjuvant Endocrine Therapy for Estrogen Receptor-Positive Breast Cancer: A Systematic Review and Meta-analysis. JAMA Oncol. 2016 Nov 1;2(11):1477-1486.

Prognostic scores following NST

1. Ellis MJ, et al. Outcome prediction for estrogen receptor-positive breast cancer based on postneoadjuvant endocrine therapy tumor characteristics. J Natl Cancer Inst 2008: 100; 1380
2. Marmé F, et al. Utility of the CPS+EG staging system in hormone receptor-positive, human epidermal growth factor receptor 2-negative breast cancer treated with neoadjuvant chemotherapy. Eur J Cancer 53:65-74, 2015



Postneoadjuvante Therapie

	Oxford LoE	Oxford GR	Oxford AGO
HR positiv (pCR und non-pCR)			
▪ Endokrine Therapie nach Menopausenstatus (s. Kap. 10)	1a	A	++
▪ Capecitabin (bei non-pCR)	3b	C	+/-
HER2 positiv (bei pCR)			
▪ Low risk: Trastuzumab (bis 12 Mon. komplett)	2a	C	++
▪ High risk (N+): Trastuzumab + Pertuzumab (bis 12 Mon. komplett)	2b	C	+
HER2 positiv (bei non-pCR)			
▪ T-DM1	1b	B	+
▪ Neratinib nach 1 Jahr* Trastuzumab (HR-positiv)	3b	B	+/-
▪ Trastuzumab + Pertuzumab (bis 12 Mon. komplett)	2b	C	+/-
Tripel negativ (TNBC) (bei non-pCR)			
▪ Capecitabin (bis zu 8 Kurse)**	1b	B	+

* kombiniert mit Standard endokriner Therapie
** Studienlage ohne platinbasierter Vortherapie

Statement ER and/or PgR positiv (pCR und non-pCR) Endokrine Therapie nach Menopausenstatus (s. Kap. 10)

1. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. Lancet. 2005 May 14-20;365(9472):1687-717.
2. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Aromatase inhibitors versus tamoxifen in early breast cancer: patient-level meta-analysis of the randomised trials. Lancet. 2015 Oct 3;386(10001):1341-1352.

etc.

Statement HER2 positiv (bei pCR): Low risk: Trastuzumab (bis 12 Mon. komplett)

1. Goldhirsch A et al.; Herceptin Adjuvant (HERA) Trial Study Team. 2 years versus 1 year of adjuvant trastuzumab for HER2-positive breast cancer (HERA): an open-label, randomised controlled trial. Lancet. 2013;382(9897):1021-8.

etc.

Statement HER2 positiv (bei pCR): pN+ oder HR-: Trastuzumab + Pertuzumab (bis 12 Mon. komplett)

1. von Minckwitz G, Procter M, de Azambuja E, et al. APHINITY Steering Committee and Investigators. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer. N Engl J Med. 2017 Jul 13;377(2):122-131.

Statement HER2 positiv (bei non-pCR) T-DM1 (bis 12 Mon. anti-HER2-Therapie komplett)

1. von Minckwitz G, Huang CS, Mano MS et al. Trastuzumab Emtansine for Residual Invasive HER2-Positive Breast Cancer. N Engl J Med. 2018 Dec 5. doi: 10.1056/NEJMoa1814017.

Statement HER2 positiv (bei non-pCR) Neratinib nach 1 Jahr Trastuzumab (nur bei HR-positiv)

1. Martin M et al.; ExteNET Study Group. Neratinib after trastuzumab-based adjuvant therapy in HER2-positive breast cancer (ExteNET): 5-year analysis of a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Oncol. 2017;18(12):1688-1700

Statement Tripel negativ (TNBC) (bei non-pCR) Capecitabine (8 Kurse)

1. Masuda N, Lee SJ, Ohtani S, et al. Adjuvant Capecitabine for Breast Cancer after Preoperative Chemotherapy. N Engl J Med. 2017 Jun 1;376(22):2147-2159.
2. Lluch A et al. Phase III Trial of adjuvant capecitabine after standard neo-/adjuvant chemotherapy in patients with early triple-negative breast cancer (GEICAM/2003-11_CIBOMA/2004-01)
3. Martin M et al Lancet Oncol2017;18:1688-1700

Lieblingsdia NST

- Die neoadjuvante systemische Therapie stellt eine etablierte Behandlungsform für Karzinome mit einer Indikation für eine Chemotherapie dar.
- Das pathologische Ansprechen stellt eine wichtige prognostische Information dar
- Die operative Therapie der Brust nach Abschluss einer NST folgt den gleichen Kriterien wie bei primär operativem Vorgehen
- Die operativen Interventionen in der Axilla folgen einem komplexen Algorithmus (siehe Dia 16 in diesem Kapitel)
- Bei non-pCR bestehen für das HER2+, TNBC oder high-risk HR+ HER2- Karzinom die Möglichkeit der Prognoseverbesserung durch eine adaptierte postneoadjuvante Therapie
- Die endokrine postneoadjuvante Therapie orientiert sich nicht am pathologischen Ansprechen

Guidelines Breast
Version 2020.1D