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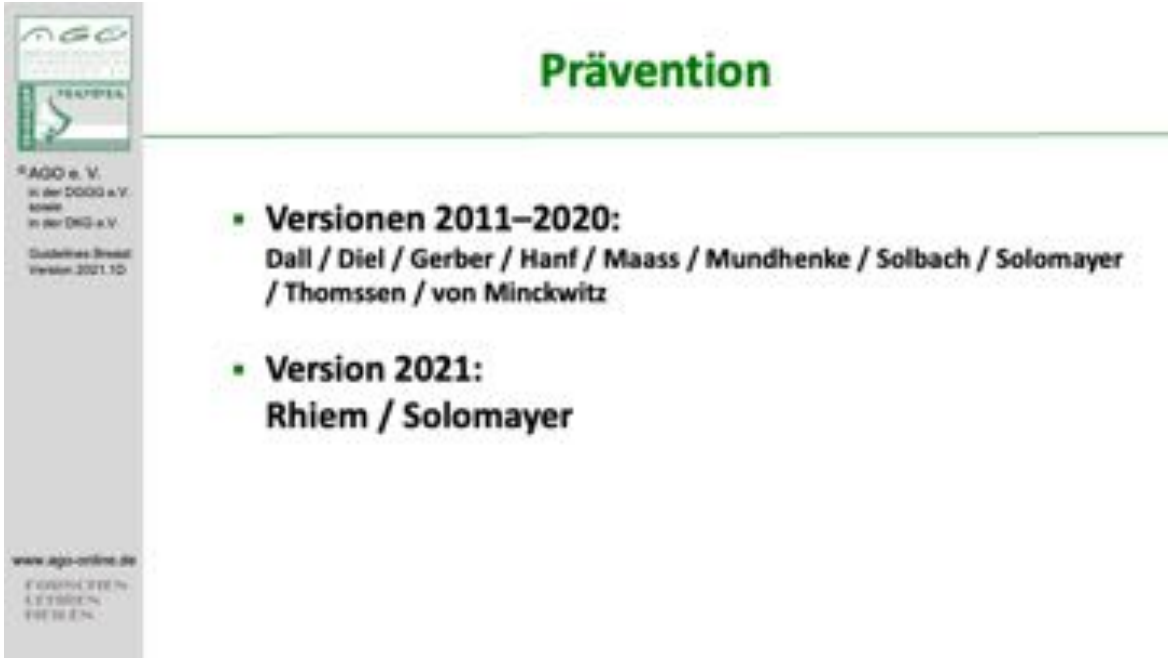
Guidelines Breast
Version 2021.1D

Optionen der primären Prävention: Veränderbare Lifestyle-Faktoren



Screened data bases

Pubmed 2005 – 2020, ASCO 2012 – 2020, SABCS 2012 – 2020, Cochrane data base 2020

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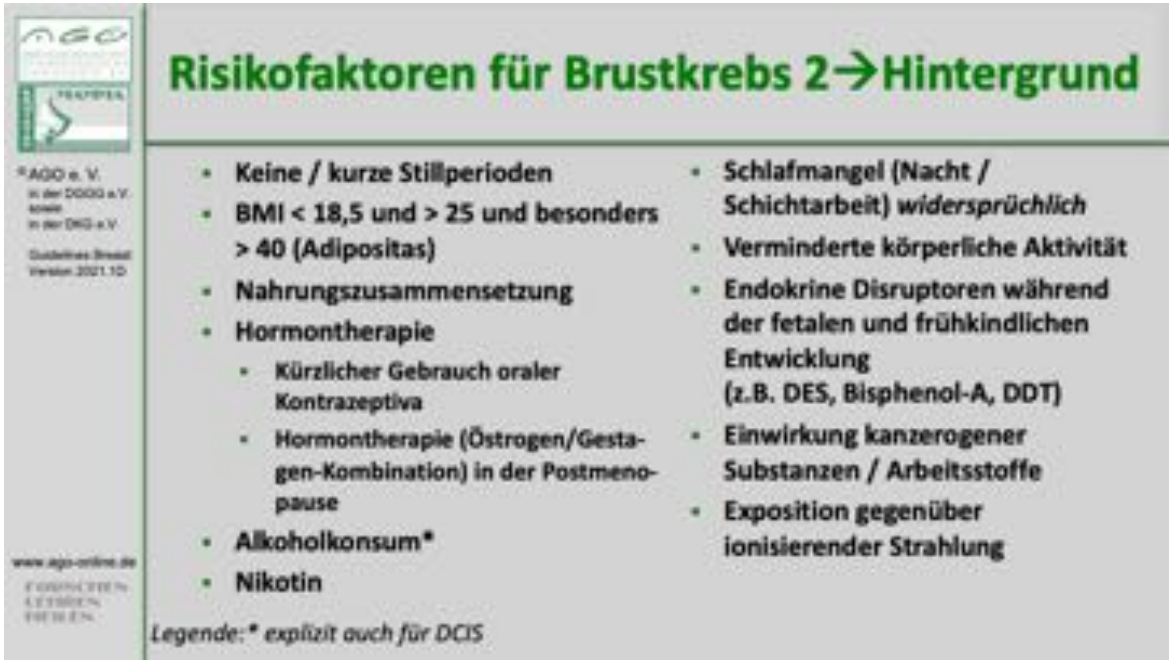

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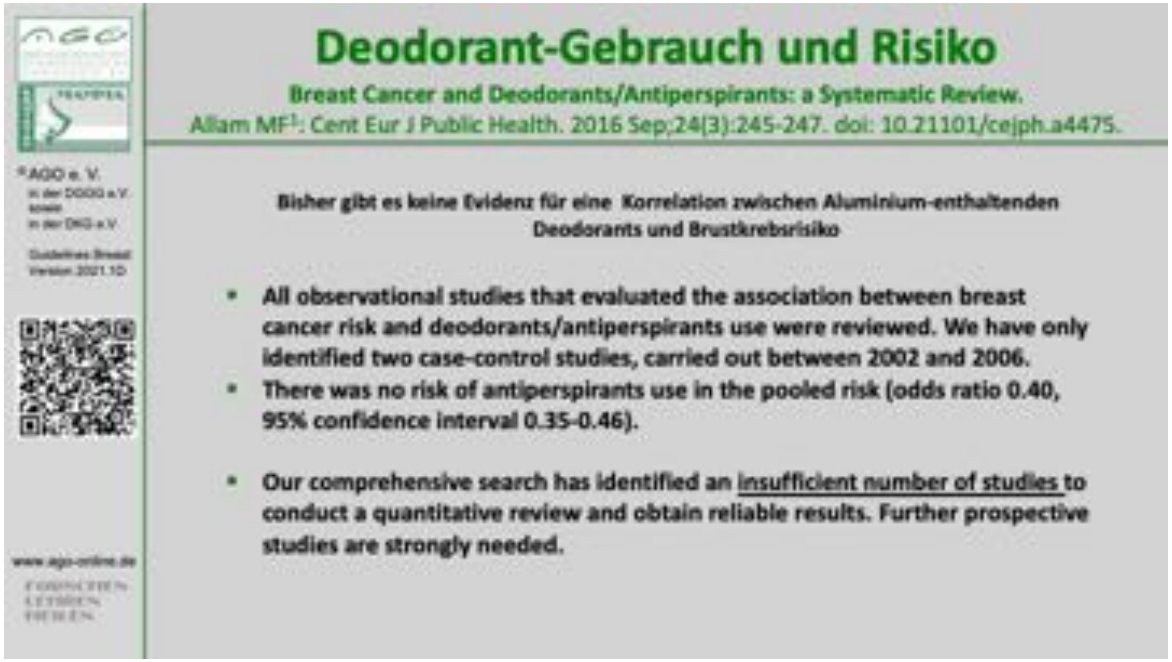

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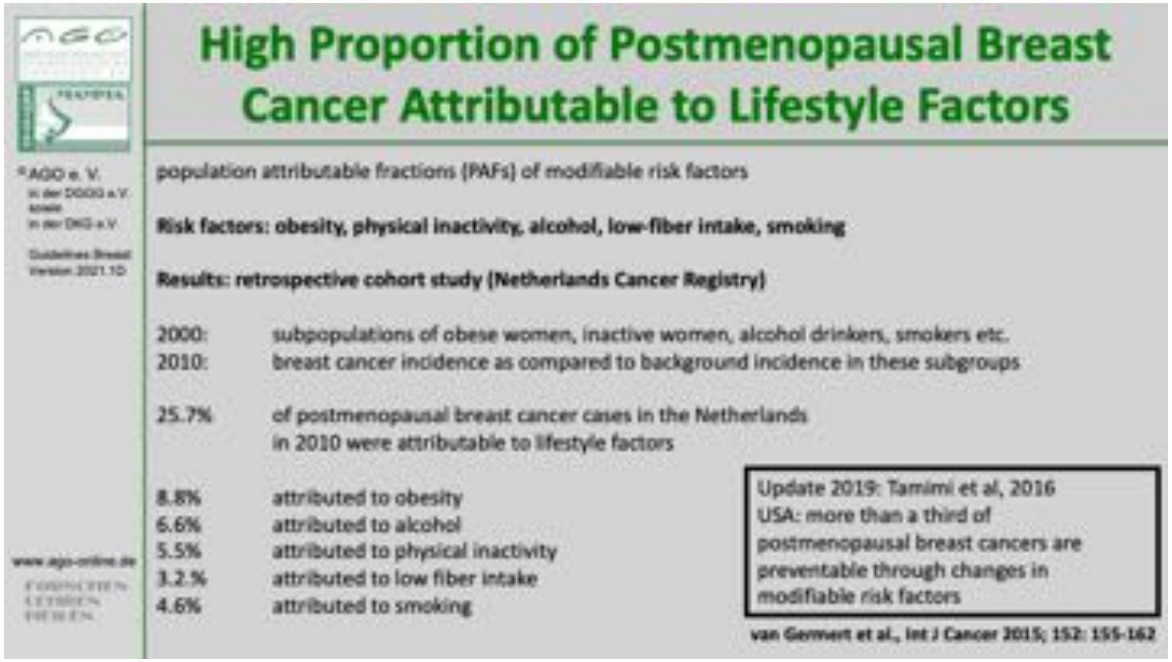

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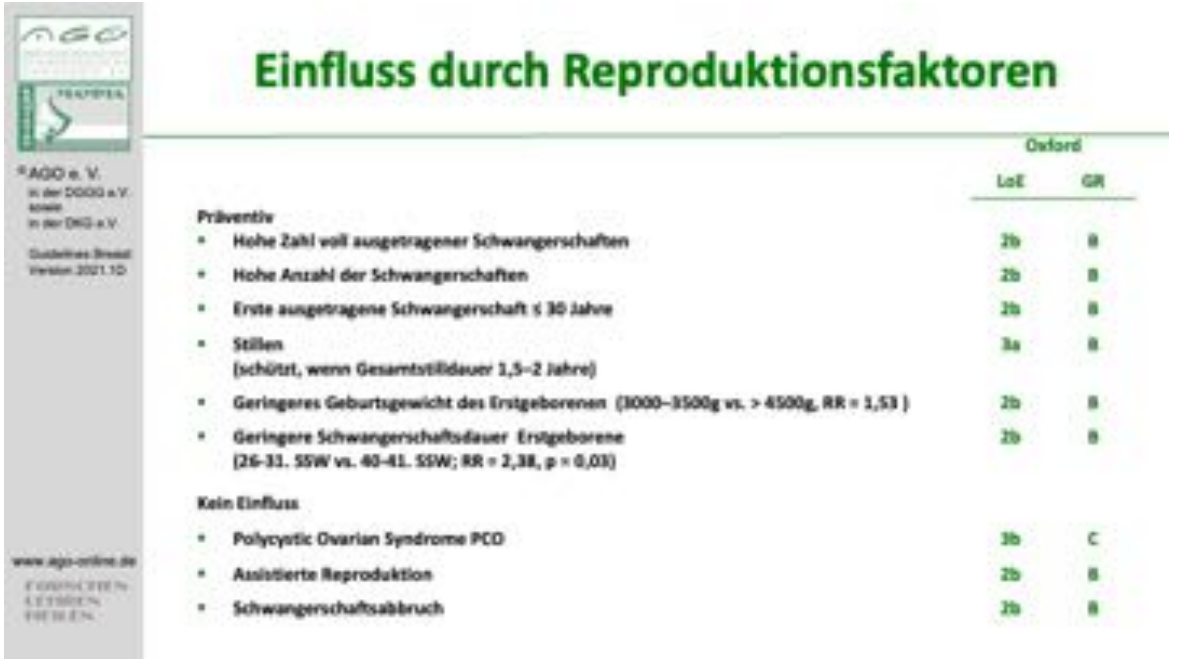

Einfluss durch Reproduktionsfaktoren

	Oxford LoE	Oxford GR
Präventiv		
• Hohe Zahl voll ausgetragener Schwangerschaften	2b	B
• Hohe Anzahl der Schwangerschaften	2b	B
• Erste ausgetragene Schwangerschaft ≤ 30 Jahre	2b	B
• Stillen (schützt, wenn Gesamtstilldauer 1,5–2 Jahre)	3a	B
• Geringeres Geburtsgewicht des Erstgeborenen (3000–3500g vs. > 4500g, RR = 1,53)	2b	B
• Geringere Schwangerschaftsdauer Erstgeborene (26-31. SSW vs. 40-41. SSW; RR = 2,38, p = 0,03)	2b	B
Kein Einfluss		
• Polycystic Ovarian Syndrome PCO	3b	C
• Assistierte Reproduktion	2b	B
• Schwangerschaftsabbruch	2b	B

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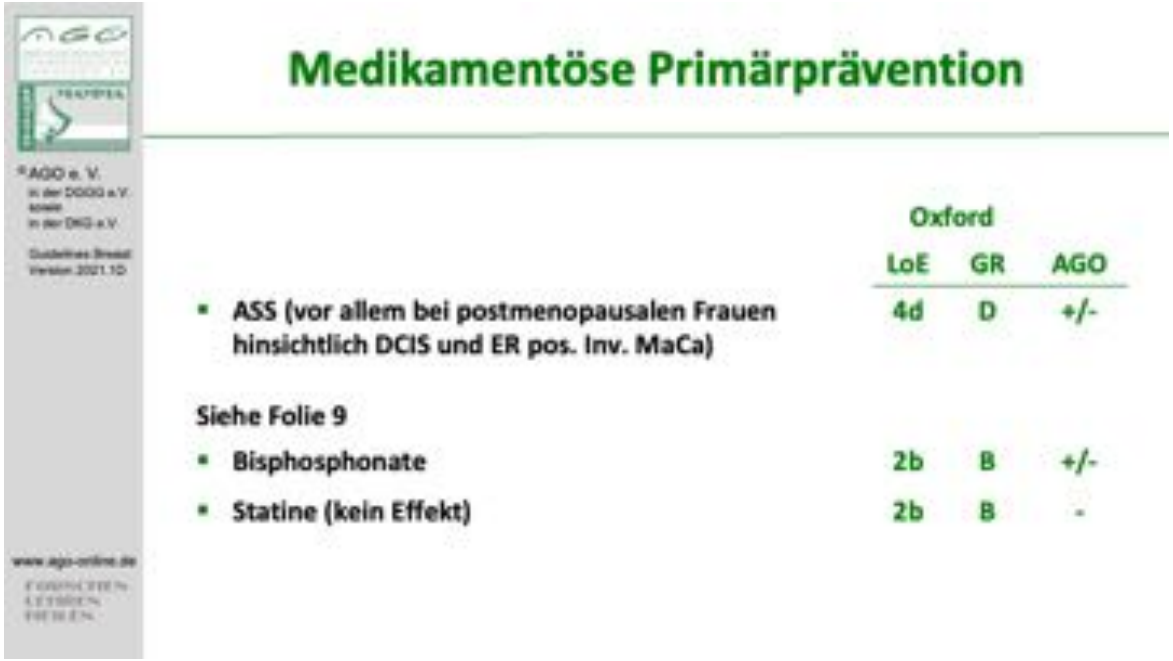

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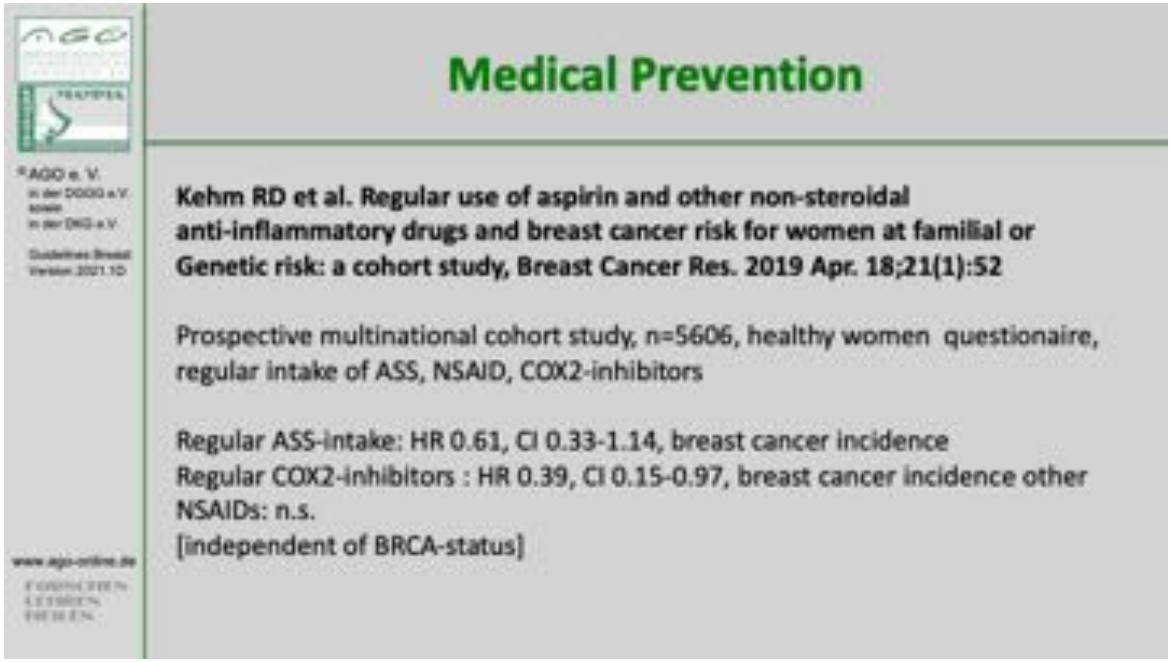
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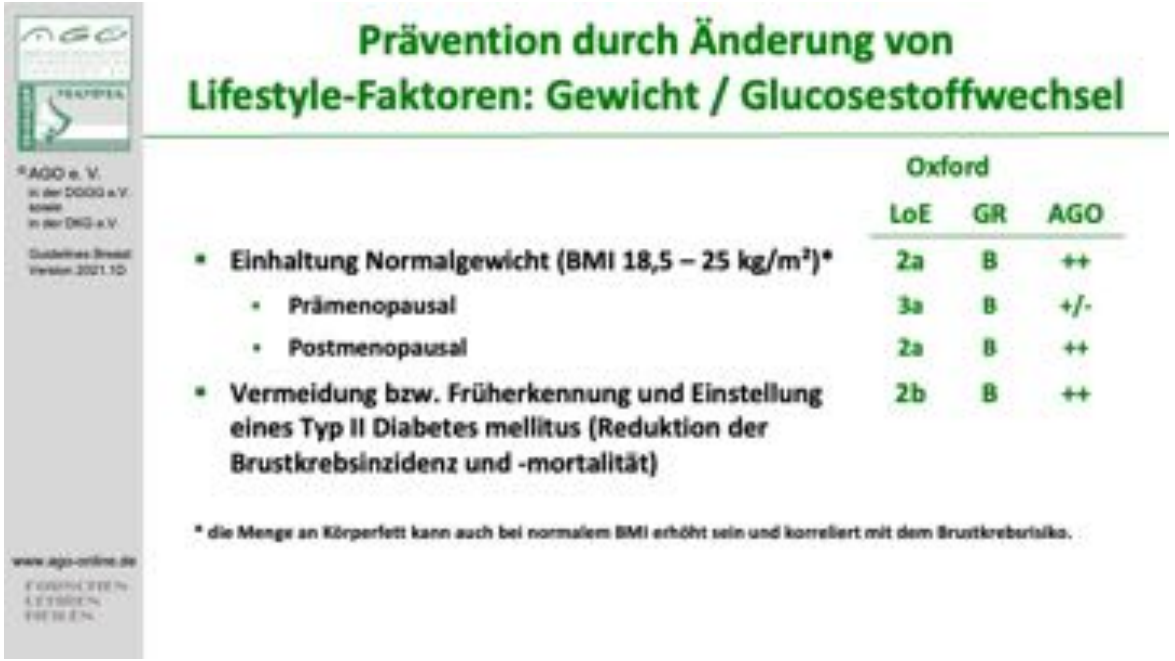
Medical Prevention
Kehm RD et al. Regular use of aspirin and other non-steroidal anti-inflammatory drugs and breast cancer risk for women at familial or Genetic risk: a cohort study, Breast Cancer Res. 2019 Apr. 18;21(1):52
Prospective multinational cohort study, n=5606, healthy women questionaire, regular intake of ASS, NSAID, COX2-inhibitors
Regular ASS-intake: HR 0.61, CI 0.33-1.14, breast cancer incidence
Regular COX2-inhibitors : HR 0.39, CI 0.15-0.97, breast cancer incidence other NSAIDs: n.s.
[independent of BRCA-status]



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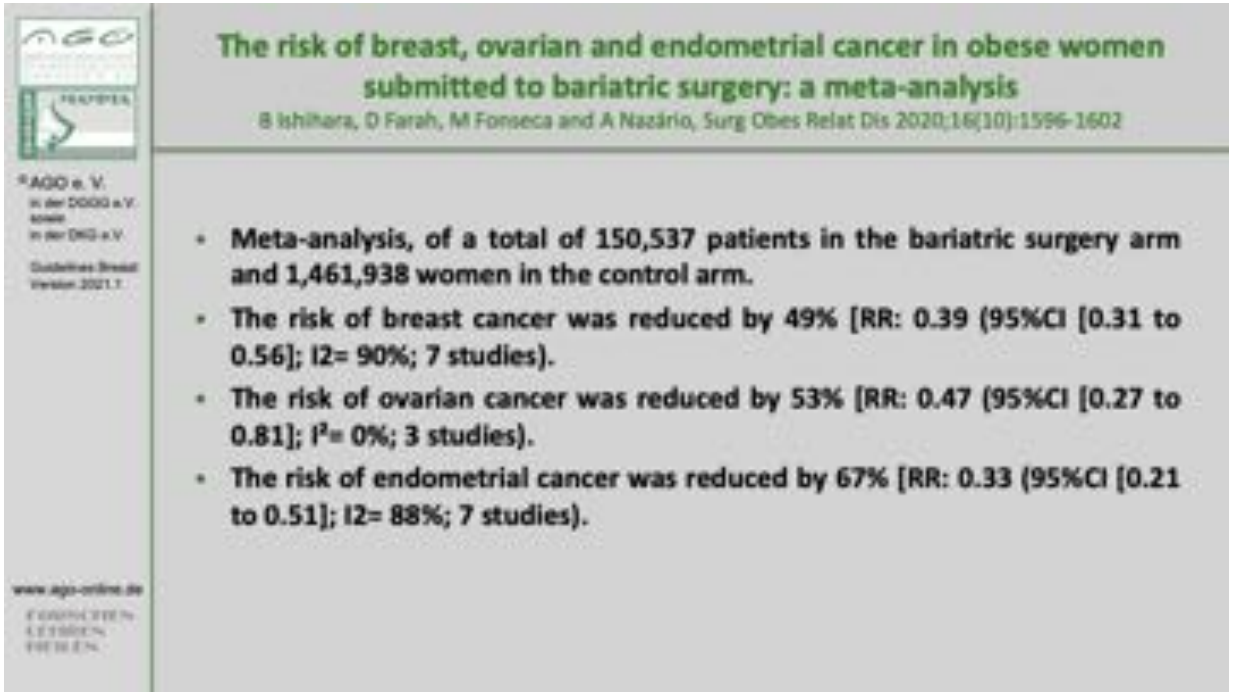

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Association of Body Fat and Risk of Breast Cancer in Postmenopausal Women With Normal Body Mass Index: A Secondary Analysis of a Randomized Clinical Trial and Observational Study.

Iyengar NM et al. JAMA Oncol. 2019 Feb 1;5(2):155-163

- **WHI substudy**
- **Among the 3460 women included in the analysis (mean [SD] age, 63.6 [7.6] years), multivariable-adjusted hazard ratios for the risk of invasive breast cancer were 1.89 (95% CI, 1.21-2.95) for the highest quartile of whole-body fat and 1.88 (95% CI, 1.18-2.98) for the highest quartile of trunk fat mass.**
- **The corresponding adjusted hazard ratios for ER-positive breast cancer were 2.21 (95% CI, 1.23-3.67) and 1.98 (95% CI, 1.18-3.31), respectively.**

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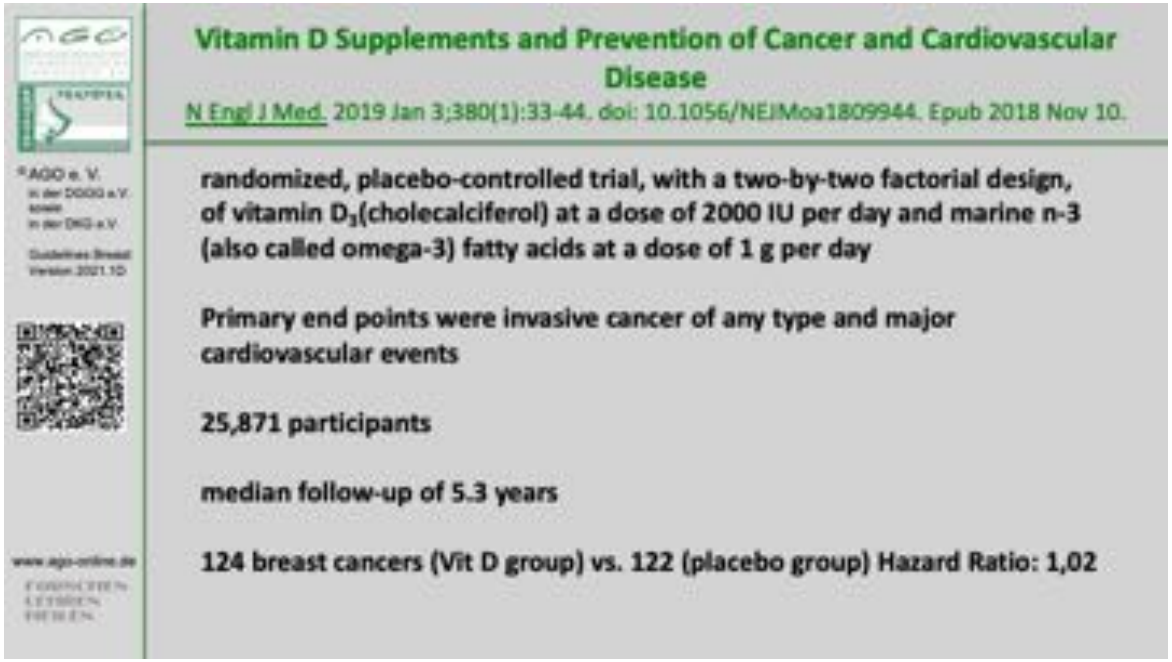

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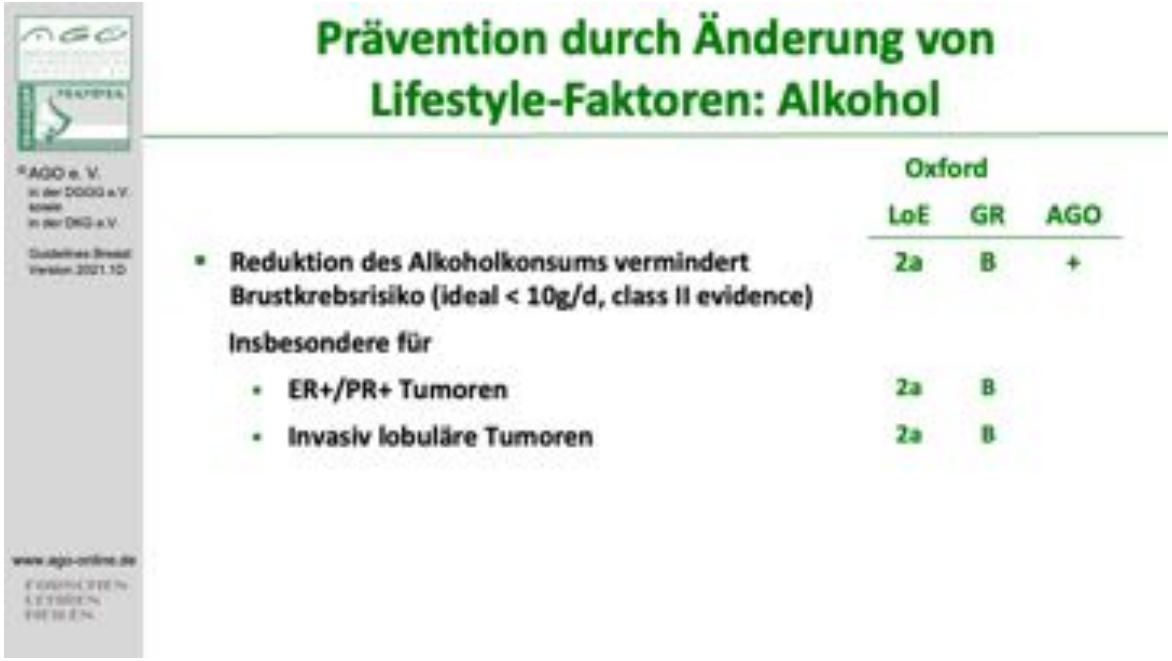

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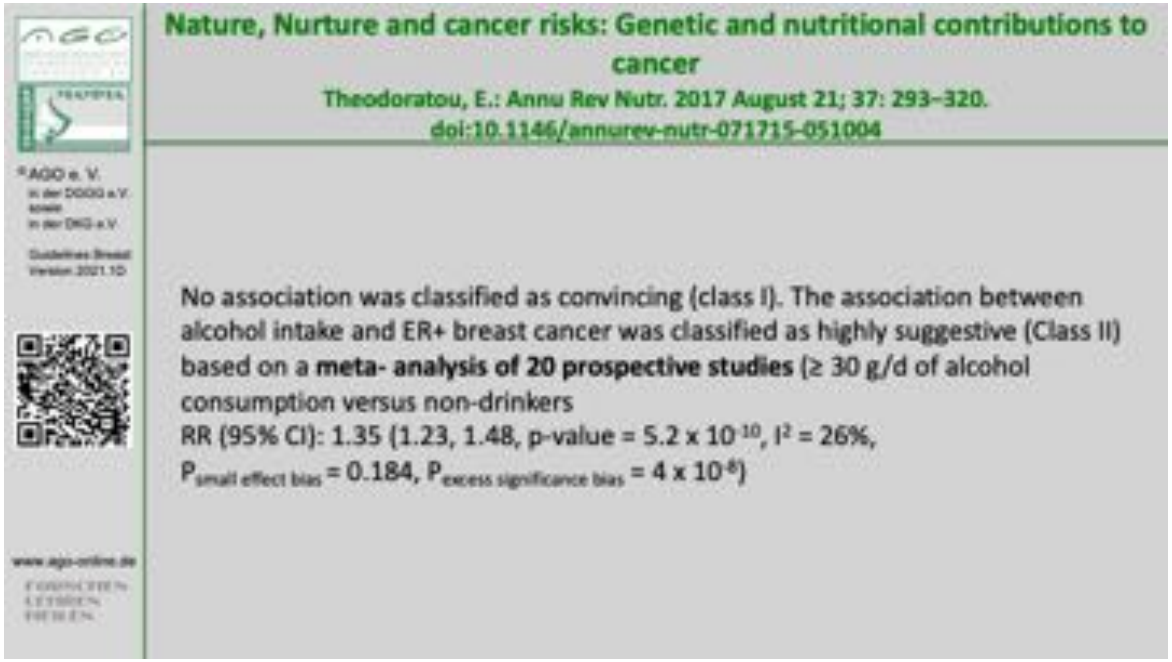

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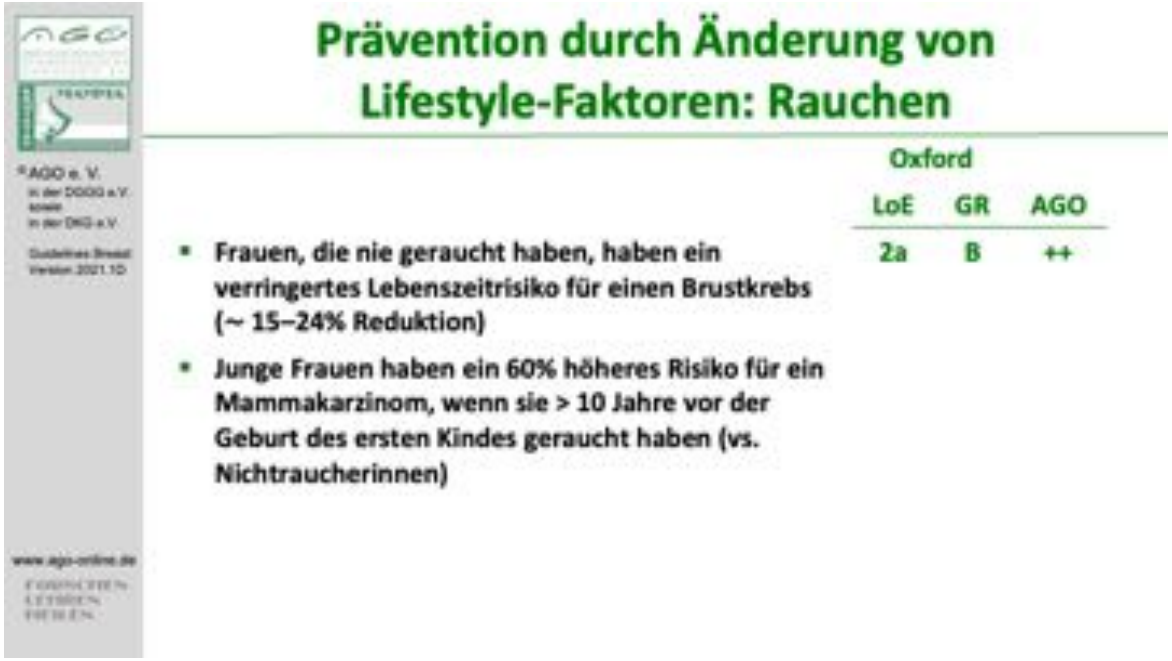

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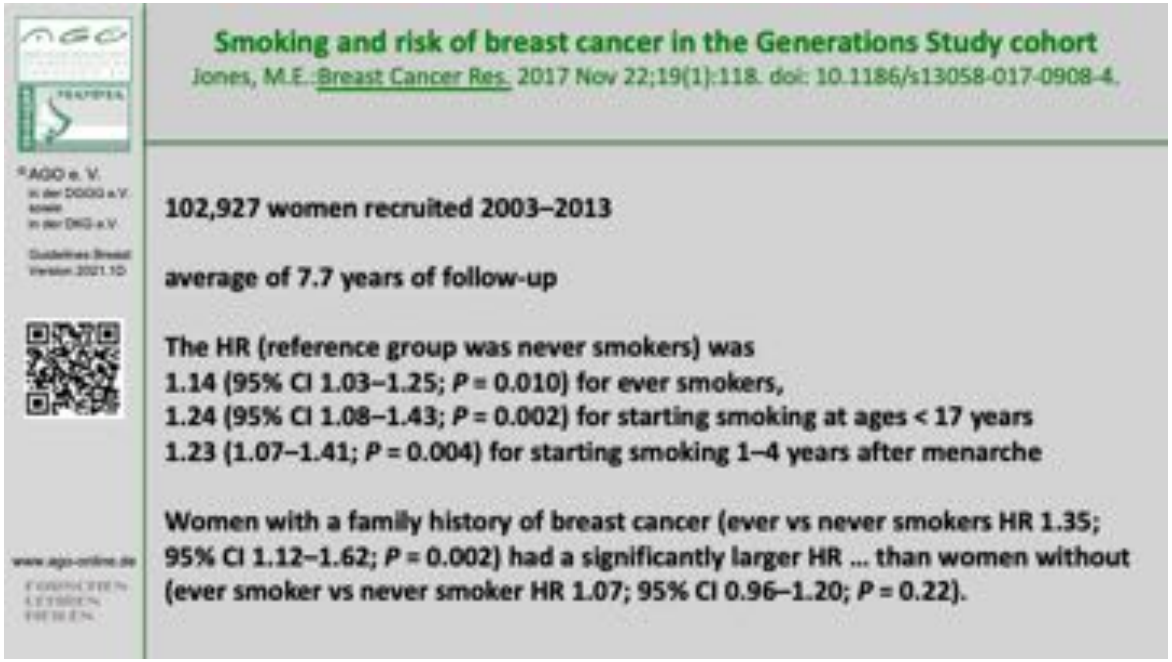

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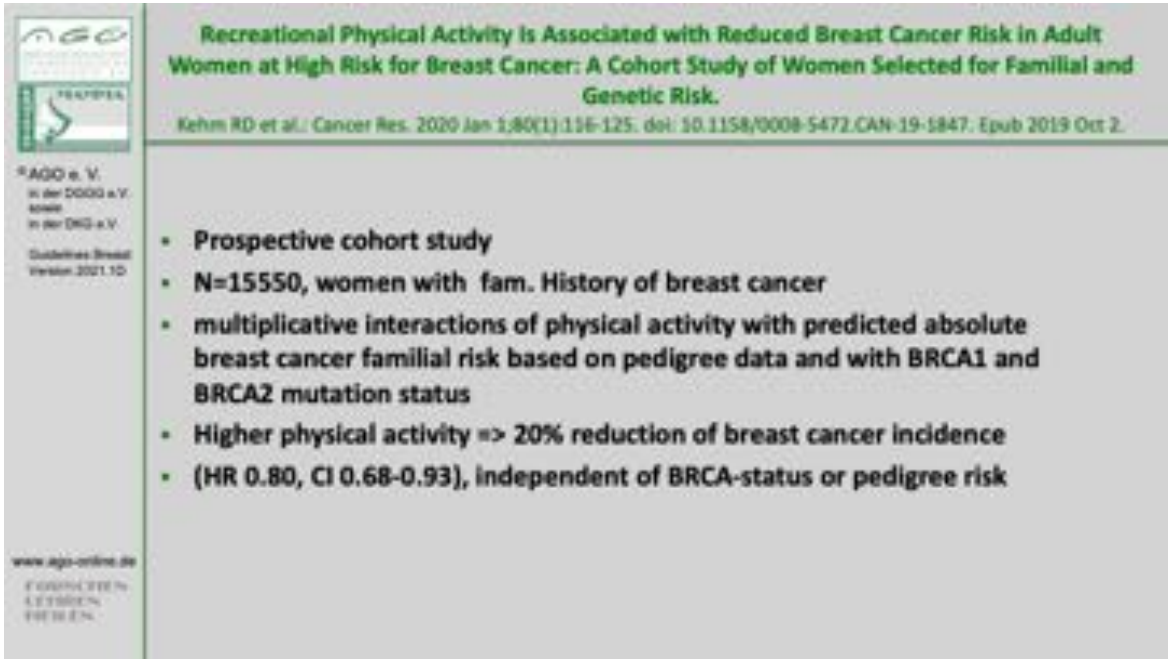

We examined associations of adult and adolescent recreational physical activity (quintiles of age-adjusted total metabolic equivalents per week) with breast cancer risk using multivariable Cox proportional hazards regression, adjusted for demographics, lifestyle factors, and body mass index. We tested for multiplicative interactions of physical activity with predicted absolute breast cancer familial risk based on pedigree data and with BRCA1 and BRCA2 mutation status. Baseline recreational physical activity level in the highest four quintiles compared with the lowest quintile was associated with a 20% lower breast cancer risk (HR, 0.80; 95% confidence interval, 0.68-0.93). The association was not modified by familial risk or BRCA mutation status (P interactions >0.05). No overall association was found for adolescent recreational physical activity. Recreational physical activity in adulthood may lower breast cancer risk for women across the spectrum of familial risk.

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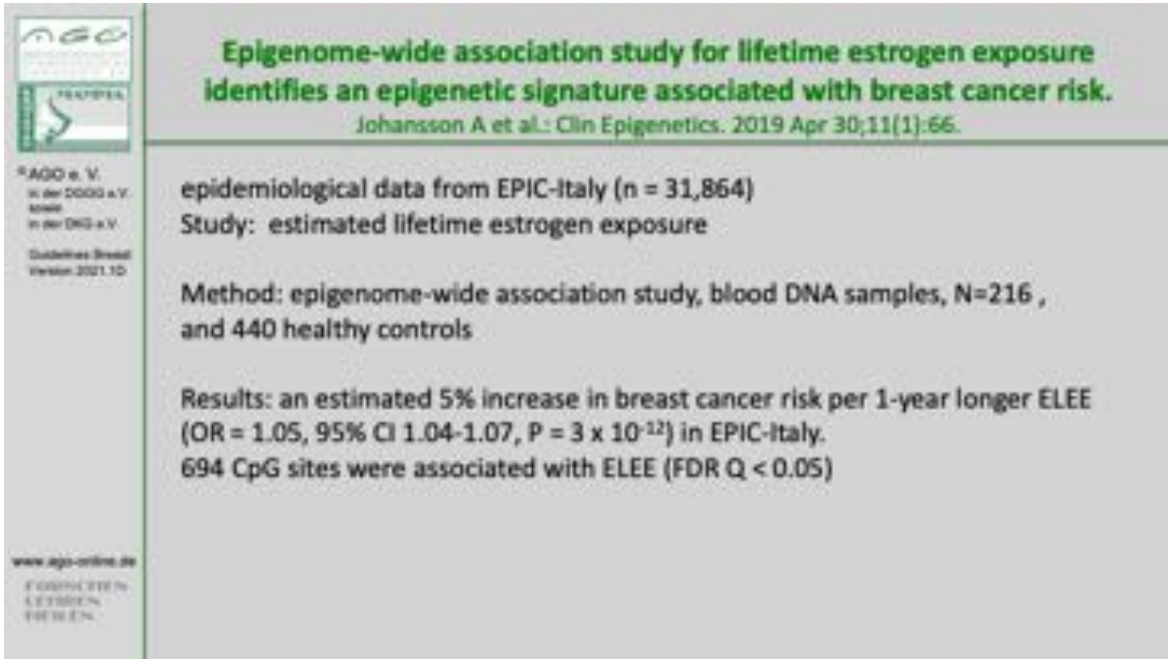
Epigenome-wide association study for lifetime estrogen exposure identifies an epigenetic signature associated with breast cancer risk.
Johansson A et al.: Clin Epigenetics. 2019 Apr 30;11(1):66.
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Guidelines Breast
Version 2021.1D
epidemiological data from EPIC-Italy (n = 31,864)
Study: estimated lifetime estrogen exposure
Method: epigenome-wide association study, blood DNA samples, N=216 , and 440 healthy controls
Results: an estimated 5% increase in breast cancer risk per 1-year longer ELEE (OR = 1.05, 95% CI 1.04-1.07, P = 3 x 10-12) in EPIC-Italy.
694 CpG sites were associated with ELEE (FDR Q < 0.05)
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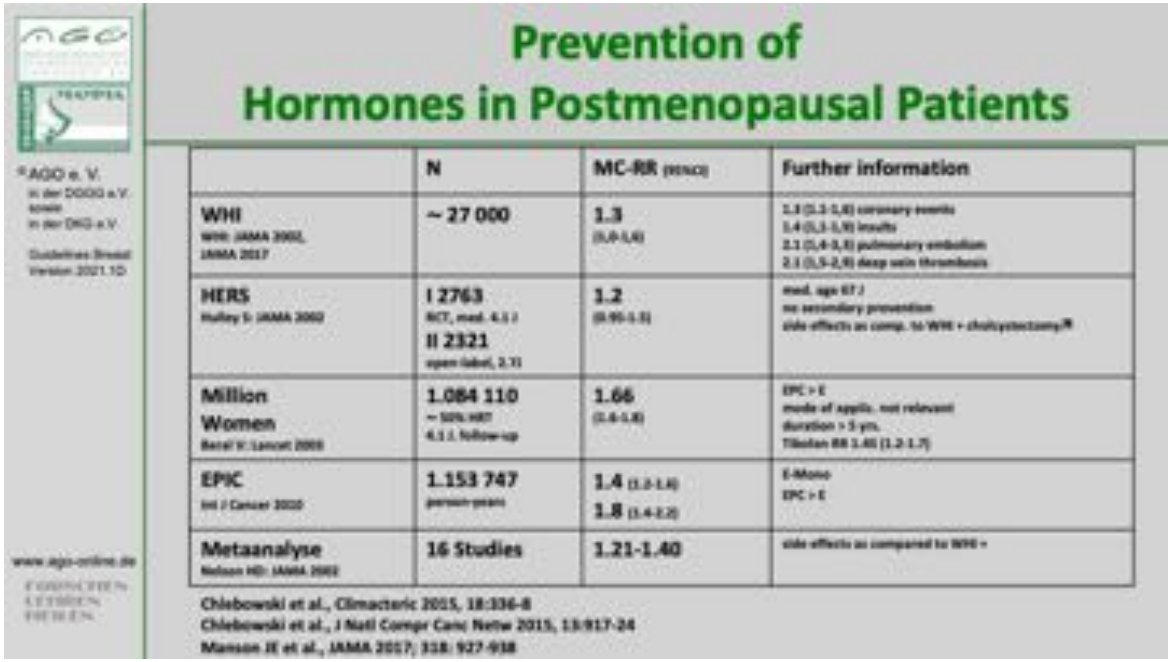
Prevention of
Hormones in Postmenopausal Patients
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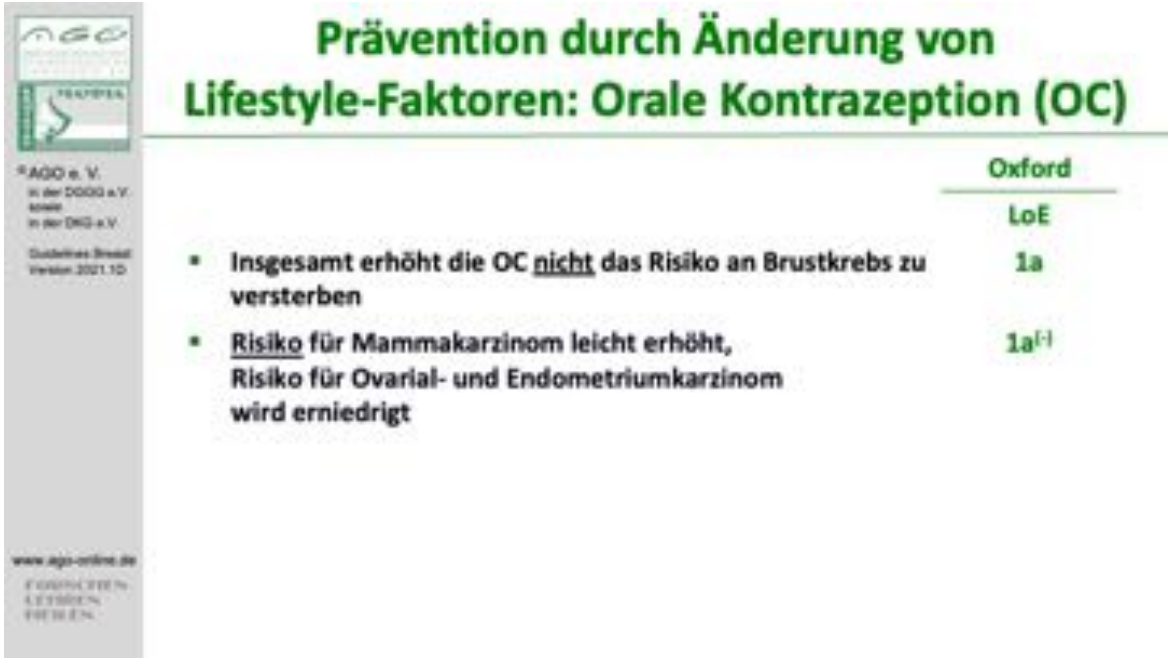
N
MC-RR (95%CI)
Further information
WHI
WHI: JAMA 2002,
JAMA 2017
~ 27 000
1.3
(1,0-1,6)
1,3 (1,1-1,6) coronary events
1,4 (1,1-1,9) insults
2,1 (1,4-3,1) pulmonary embolism
2,1 (1,5-2,9) deep vein thrombosis
HERS
Hulley S: JAMA 2002
I 2763
RCT, med. 4.1 J
II 2321
open label, 2.7J
1.2
(0.95-1.5)
med. age 67 J
no secondary prevention
side effects as comp. to WHI + cholycystectomy
Million
Women
Beral V: Lancet 2003
1.084 110
~ 50% HRT
4.1 J. follow-up
1.66
(1.4-1.8)
EPC > E
mode of applic. not relevant
duration > 5 yrs.
Tibolon RR 1.45 (1.2-1.7)
EPIC
Int J Cancer 2010
1.153 747
person-years
1.4 (1.2-1.6)
1.8 (1.4-2.2)
E-Mono
EPC > E
Metaanalyse
Nelson HD: JAMA 2002
16 Studies
1.21-1.40
side effects as compared to WHI =
Chlebowski et al., Climacteric 2015, 18:336-8
Chlebowski et al., J Natl Compr Canc Netw 2015, 13:917-24
Manson JE et al., JAMA 2017; 318: 927-938

Prevention of Hormones (EGC) in Postmenopausal Patients

	N	MC-RR (95% CI)	Further statements
CLEAR-study (NSW) **Case-Control-Study, retrospect. Australia**	**1236 BC cases**	2.09 (1.57-2.78) 1.03 (0.82-1.28) 2.62 (1.56-4.38) 1.80 (1.21-2.68)	current user past user E/P combination E only

Salagame et al., Int J Cancer. 2016;138(8):1905-14



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