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, etc. must be taken into account for the actual treatment choice. In individual cases, other evidence-based treatment options (not listed here) may also be appropriate and justified.

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

- Version 2021:
  Schneeweiss / Bauerfeind / Fehm / Müller / Thomssen / Witzel / Wöckel / Janni

- 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++
  - Path of case by case decision (grade of recommendation AGO+/-)
  - Arrow points to the next therapy option at progression
  - AGO++ AGO grade of recommendation of this path
Content

- eBC
  - (Neo)adjuvant therapy of HER2-positive breast cancer
  - Axillary surgery and neoadjuvant chemotherapy (NACT)
  - Adjuvant endocrine therapy in premenopausal patients
  - Adjuvant endocrine therapy in postmenopausal patients

- mBC
  - 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


7. Piccart M, et al. Interim overall survival analysis of APHINITY (BIG 4-11): A randomized multicenter, double-blind, placebo-
controlled trial comparing chemotherapy plus trastuzumab plus pertuzumab versus chemotherapy plus trastuzumab plus placebo as adjuvant therapy in patients with operable HER2-positive early breast cancer. SABCS 2019; abstr. GS 01-04


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


6. Giuliano AE, Ballman KV, McCall L, et al. Effect of Axillary Dissection vs No Axillary Dissection on 10-Year Overall Survival Among...

Statement surgical intervention in the axilla before or after neoadjuvant chemotherapy


Axillary intervention after PST


TAD (+SLNE) after PST, if pN1 (CNB prior to PST and ycN0


3. Coufal O, Zapletal O, Gabri lová L et al. Targeted axillary dissection and sentinel lymph node biopsy in breast cancer patients after


13. Simons JM, van Pelt MLMA, Marinelli AWKS et al. Excision of both pretreatment marked positive nodes and sentinel nodes


4. Gray R (EBCTCG ) et al. Extended aromatase inhibitor treatment following 5 or more years of endocrine therapy: a metaanalysis of 22192 women in 11 randomised trials. SABCS 2018;GS3-03
Chemotherapy mBC


CDK4/6i metaanalysis


Olaparib

Talazoparib

Chemotherapy 2th line

ET+ Ev/Alp
1. Kornblum NS, et al. PrECOG 0102: A randomized, double-blind, phase II trial of fulvestrant plus everolimus or placebo in postmenopausal women with hormone receptor (HR)-positive, HER2-negative metastatic breast cancer (MBC) resistant to aromatase inhibitor (AI) therapy. SABCS 2016,#S1-02
GnRHa plus fulvestrant plus palbociclib

GnRHa plus AI plus palbociclib
1. Layman RM et al. Comparative effectiveness of palbociclib plus letrozole vs. letrozole for metastatic breast cancer in US-real world clinical practises, ESMO 2019, #329P

GnRHa plus AI/Tamoxifen plus ribociclib
1. Tripathy D et al. First-line ribociclib vs placebo with goserelin and tamoxifen or a non-steroidal aromatase inhibitor in premenopausal women with hormone receptor-positive, HER2-negative advanced breast cancer: Results from the randomized phase III MONALEESA-7 trial. SABCS 2017, GS-26

**GnRH plus Fulvestrant + Abemaciclib**

**GnRHa plus tamoxifen (vs. OFS or tam)**

**GnRHa plus AI (first or second line)**

**GnRHa plus fulvestrant**

**Therapy algorithms**

**Ovarian function suppression (OFS), tamoxifen**


**Letrozole and palbociclib (vs. letrozole alone)**


**Letrozol plus Ribociclib**


Non-steroidal AI plus Abemaciclib

Aromatase inhibitors
3. Bonneterre, J, et al. Anastrozole is superior to tamoxifen as first-line therapy in hormone receptor positive advanced breast carcinoma Cancer 2001 92
**Fulvestrant 500 mg plus Palbociclib (vs. Fulvestrant alone)**


**Fulvestrant plus Ribociclib**


**Fulvestrant plus Abemaciclib**


**Fulvestrant 500 mg (vs. anastrozole)**


2. Robertson JF, et al. Fulvestrant 500 mg versus anastrozole 1 mg for hormone receptor-positive advanced breast cancer (FALCON):


