Diagnostik und Therapie früher und fortgeschrittener Mammakarzinome

Brustkrebs Nachsorge
Aktualisierung der Therapieempfehlungen nach Durchsicht der ASCO und ACS Guidelines*, sowie der S3 Leitlinie


*Runowicz CD et al. , American Cancer Society/American Society of Clinical Oncology Breast Cancer Survivorship Care Guideline, JCO 34 :611-635,


7. NCCN Clinical Practice Guidelines in Oncology, Breast Cancer Version 3.17-10.17;
Statement: risk factors of mortality after loco-regional recurrence

Statement: Outcome measurements


Statement: Obesity, physical activity and quality of life


Statement: Lymphedema


Statement: sexual disorders and cognitive impairment:


Statement: Secondary tumors:
techniques. Radiother Oncol. 2018 Sep;128(3):428-433
Evaluation of current adjuvant therapy


2. Lueck H-J, Hadji P, Harbeck N et al.. 24 Months Follow-Up Results from PACT (Patient's Anastrozole Compliance to Therapy Programme), a Non-Interventional Study Evaluating the Influence of a Standardized Information Service on Compliance in Postmenopausal Women with Early Breast Cancer. SABCS 2011 [P5-17-05].


10. BA Given, CW Given, PR Sherwood: Family and caregiver needs over the course of the cancer trajectory J Support Oncol 10:57–64, 2012 Crossref, Medline, Google Scholar

Statement: prophylactic surgery

1. Rhiem K, Engel C, Graeser M et al.. The risk of contralateral breast cancer in patients from BRCA ½ negative high risk families as compared to patients from BRCA1 or BRCA2 positive families: a retrospective cohort study. Breast Cancer Res. 2012; 14(6): R156.


Statement: for all statements see most recent literature see at Survivorship care guidelines of ASC and ASCO


Weight intervention.


Moderate sport intervention when physical activity was reduced

Nightly fasting

Prolonged nightly fasting improves prognosis in breast cancer patients
retrospective cohort study:
2413 BC-pat. (no diabetes), nightly fasting more or less than 13 hrs
Fasting < 13 hrs: HR 1.36, 36% increase of risk for recurrence
HR 1.21, n.s. increase of risk for mortality
every 2-hrs-prolonged fasting was correlated with a 20% increase of sleeping duration


Statement: for all statements see most recent literature see at Survivorship care guidelines of ASC and ASCO


**Statement:** Pelvic examination, Expert Opinion


Statement: Dxa scan  Expert Opinion


Routine-Nachsorgeuntersuchungen bei asymptomatischen Patientinnen

- Routinelabor (inkl. Tumormarker)  
- Lebersonographie  
- Skelettszintigraphie  
- Thorax-Röntgen  
- CT-Untersuchungen (Thorax, Abdomen und Becken)  
- Detektion isolierter / zirkulierender Tumorzellen  
- PET-CT  
- Ganzkörper-MRT

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**Statement:** Magnetic resonance imaging (MRI) of the breast
Statement incidence

Statement breast self examination

Statement physical examination, mammography & US & MRI


Statement risk and incidence


Statement breast self examination


Statement surveillance of male breast cancer


Statement: Risk

Statement: Screening for secondary malignancies according to current guidelines

Statement: Pelvic examination and PAP smear

Statement: Endometrial ultrasound / biopsy

Statement: Marrow neoplasms after adjuvant breast cancer therapy
1. Wolff AC, Blackford AL, Visvanathan K et al. Risk of marrow neoplasms after adjuvant breast cancer therapy: the national

Statement: Secondary lung tumors:

### Brustkrebs Nachsorge

**Synopsis**

Empfehlung für asymptomatische Patientinnen

| Nachsorge/Follow-Up* | Screening/ 
<table>
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<tbody>
<tr>
<td><strong>Jahre nach Primärtherapie</strong></td>
<td><strong>Follow up</strong></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
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<tr>
<td>Anamnese, klinische Untersuchung, Beratung</td>
<td>inv.: alle 3 Mon.</td>
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<td>Selbstuntersuchung</td>
<td>monatlich</td>
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<td>Bildgebende Diagnostik, Laboruntersuchungen</td>
<td>indiziert nur bei Symptomatik +/- Befunden</td>
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<tr>
<td>+/- Verdacht auf Rezidiv/Metastasen</td>
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<tr>
<td>Mammographie und ergänzende Sono-graphie</td>
<td>BET**</td>
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<td>ipsilat.: alle 12 Mon.</td>
<td>kontralat.: alle 12 Mon.</td>
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<td>beidseits: alle 12 Monate</td>
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<tr>
<td>Mastektomie</td>
<td>kontralateral alle 12 Monate</td>
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</tbody>
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* Fortlaufende "Nachsorgeuntersuchungen" bei noch laufender adjuvanter Therapie
** nach BET: Erste Mammographie 1 Jahr nach initialer Mammographie, oder zumindest 6 Monate nach abgeschlossener Radiatio

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Luminal-like, HER2-positive and Triple-negative Breast Cancer Patients

- Intrinsic typing of breast cancer leads to subgroups with different course of disease. Thus, postoperative surveillance should be adapted to specific time-dependent hazards of recurrence.
- ER-positive patients have stable risk over many years requiring long term surveillance.
- However, patients with HER2-positive disease and TNBC have more risk in the early phase of follow-up and should therefore receive more intense surveillance in the first years of follow-up.

Ribelles et al. BCR 2013