

Clinical Information

AGO Recommendations for the Diagnosis and Treatment of Patients with Early Breast Cancer: Update 2018

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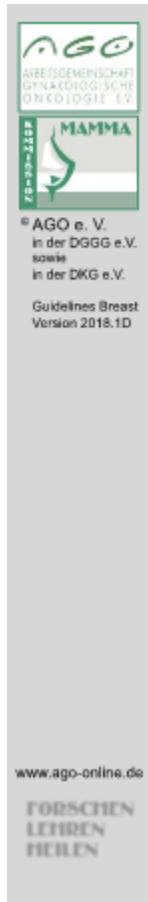
Supplemental Material: Appendix

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Suppl. table 1. AGO grades of recommendation

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- ++ This investigation or therapeutic intervention is highly beneficial for patients, can be recommended without restriction, and should be performed.
 - + This investigation or therapeutic intervention is of limited benefit for patients and can be performed.
 - +/- This investigation or therapeutic intervention has not shown benefit for patients and may be performed only in individual cases. According to current knowledge, a general recommendation cannot be given.
 - This investigation or therapeutic intervention can be of disadvantage for patients and might not be performed.
 - /- This investigation or therapeutic intervention is of clear disadvantage for patients and should be avoided or omitted in any case.
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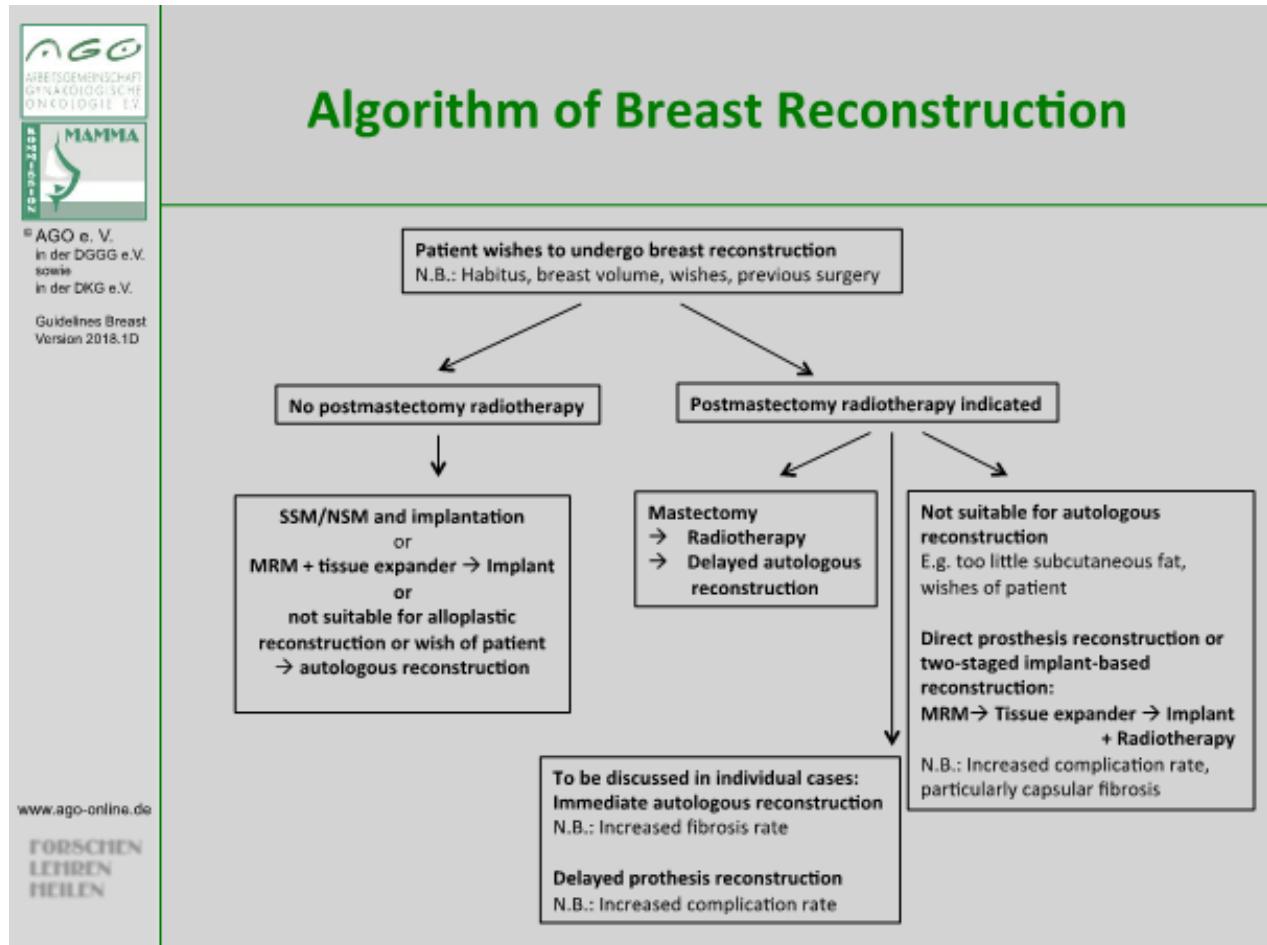
Suppl. fig. 1. Indications for SNB indicating also the limited value of lymphoscintigraphy.



Sentinel Lymph Node Biopsy (SLNB): Indications I

	Oxford		
	LoE	GR	AGO
▪ Clinically / sonographically neg. axilla (cN0)	1b	A	++
▪ Add. FNA/CNB of LN (clinical/sonogr. suspicious) in order to enable SLNB	2a	B	+
▪ Presurgical lymphoscintigraphy	1b ^a	B	+/-
▪ T 1-2	2b	A	++
▪ T 3-4c	3b	B	+
▪ Multifocal / multicentric lesions	2b	B	+
▪ DCSI			
▪ Mastectomy	3b	B	+
▪ BCT	3b	B	-
▪ DCIS in male	5	D	+/-
▪ Male breast cancer	2b	B	+
▪ In the elderly	3b	B	+

Suppl. fig. 2. An algorithm for decision making in cases with an indication for breast reconstruction.



Suppl. fig. 3. Subtype-specific strategies for systemic treatment indicating the recommendation to add pertuzumab only among cases with increased risk.



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Subtype-specific Strategies for Systemic Treatment

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If chemotherapy is indicated due to tumor biology consider systemic treatment before surgery (neoadjuvant) ++

HR+/HER2- and „low risk“

- Endocrine therapy without chemotherapy ++

HR+/HER2- and „high risk“

- Conventionally dosed AT-based chemotherapy ++
- Dose dense chemotherapy ++
- Followed by endocrine therapy ++

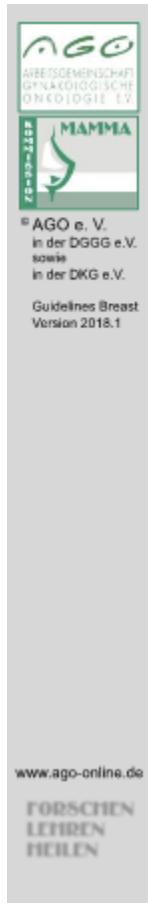
HER2+

- Trastuzumab (plus Pertuzumab neoadjuvant at high risk)
 - Sequential A/T-based regimen with concurrent T + H ++
 - Anthracycline-free, platinum-containing regimen +
 - Anthracycline-free, taxane-containing regimen +

Triple-negativ (TNBC)

- Conventionally dosed AT-based chemotherapy ++
- Dose dense chemotherapy ++
- Neoadjuvant platinum-containing chemotherapy +

Suppl. fig. 4. Recommendation for adjuvant therapy with trastuzumab +/- pertuzumab.



Adjuvant Treatment with Trastuzumab +/- Pertuzumab

Trastuzumab

- **Trastuzumab + Pertuzumab**
 - N+ and / or HR-
 - N- and HR+
- **Trastuzumab in node-negative disease (if chemotherapy is indicated)**
 - 10 mm
 - > 5–10 mm
 - ≤ 5 mm

Oxford		
LoE	GR	AGO
1a	A	++
1b	B	+
1b	B	+/-
1a	A	++
2b	B	+
2b	B	+/-

Suppl. fig. 5. Recommendations for radiotherapy following NACT.



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Radiotherapy following NACT

Pretreatment	Posttreatment	RT-BCS	PMRT	RT-RN
Locally advanced	pCR / no pCR	yes	yes	yes
cT1/2 cN1+	ypT1+ o. ypN1 + (no pCR)	yes	yes	yes
cT1/2 cN1+	ypT0/is ypN0	yes	Increased risk of relapse ¹	
cT1/2 cN0 (Sonogr.bligat)	ypT0/is ypN0	Ja	nein	nein

Oxford	LoE	GR	AGO
1a/1a/1a	A/A/A	++/++/++	
1a/2b/2b	A/B/B	++/+/+	
2b/2b/2b	B/B/B	+/+/+	
2b/2b/2b	A/B/B	+/-/-	

Locally advanced: T3-4 or cN2-N3,
 BCS: Breast conserving surgery, PMRT: Post mastectomy radiotherapy, RN: Regional nodes

¹ Criteria for increased risk of relapse:

- pN0 premenopausal high risk: central or medium tumor localization, and (G2-3 and ER/PgR-negative)
- pretreatment pN1a/ cN+* high risk: central or medium tumor localization and (G2-3 or ER/PgR-negative) or premenopausal, lateral tumor localization and (G2-3 or ER/PgR-negative)

* = confirmed by core biopsy

Suppl. fig. 6. Ovarian protection and fertility preservation in premenopausal patients receiving (neo-)adjuvant chemotherapy (CT).



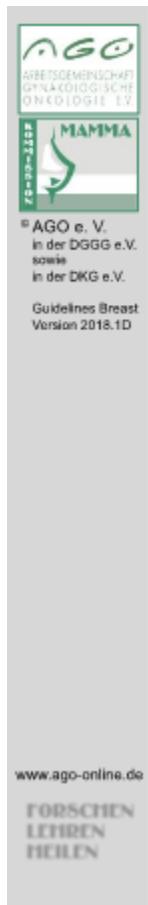
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Ovarian Protection and Fertility Preservation in Premenopausal Patients Receiving (neo)-Adjuvant Chemotherapy (CT)

	Oxford	LoE	GR	AGO
▪ CT + GnRHa (preserve ovarian function) (GnRHa application > 2 weeks prior to chemotherapy, independently of hormone receptor status)	1a	B		+
▪ CHT + GnRHa (preserve fertility)	2a	B		+/-
▪ Fertility preservation counselling	4	C		++
▪ Fertility preservation using assisted reproduction therapy (ART) (further information www.fertiprotect.de)	4	C		+

Suppl. fig. 7. Recommendations for treatment of metaplastic breast cancer.

Metaplastic Breast Cancer

	Oxford		
	LoE	GR	AGO
▪ Imaging and histology for diagnosis according to standard	5	D	++
▪ Staging including chest and abdominal CT (hematogenous metastasis)	4	C	++
▪ Surgical treatment according to standard (more often MRM necessary due to advanced tumor stage, RR > 3 cm)	4	C	++
▪ SNB	4	C	+
▪ Adjuvant chemotherapy (tumors more chemoresistant)	4	C	+
▪ Adjuvant endocrine standard therapy	4	C	+/-
▪ Adjuvant standard radiotherapy	4	C	+

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