Screened data bases: Pubmed 2007 - 2018, ASCO 2010 – 2018, SABCS 2010 – 2018, Cochrane Data Base (2017)

1. ABC Consensus Guidelines for Advanced Breast Cancer (ABC 1-4): Cardoso F, Costa A, Senkus E3rd ESO-ESMO International Consensus Guidelines for Advanced Breast Cancer (ABC 3). Ann Oncol. 2017 Jan 1;28(1):16-33.
2. Harbeck N, Lüftner D, Marschner N, Untch M, Augustin D, Briest S, Ettl J, Haidinger R, Müller L, Müller V, Ruckhäberle E, Wuerstlein R, Thomssen C. ABC4 Consensus: assessment by a German Group of Experts. Breast Care (Basel). 2018 Mar;13(1):48-58.
3. ASCO (American Association of Clinical Oncology, Practice Guidelines, 2016) http://www.asco.org
4. American Society of Clinical Oncology Clinical Practice Survivorship Guidelines, Endorsements and Adaptations: https://www.asco.org/sites/new-www.asco.org/files/content-files/practice-and-guidelines/documents/Survivorship-Summary-of-Recs-Binder.pdf
5. 2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology: http://ascopubs.org/doi/pdfdirect/10.1200/JOP.2016.017905
6. Hershman DL, Lacchetti C, Dworkin RH, Lavoie Smith EM, Bleeker J, Cavaletti G, Chauhan C, Gavin P, Lavino A, Lustberg MB, Paice J, Schneider B, Smith ML, Smith T, Terstriep S, Wagner-Johnston N, Bak K, Loprinzi CL; American Society of Clinical Oncology.

Prevention and management of chemotherapy-induced peripheral neuropathy in survivors of adult cancers: American Society of Clinical Oncology clinical practice guideline. J Clin Oncol. 2014 Jun 20;32(18):1941-67.
7. CMA (Canadian Medical Association , 2016): http://www.cmaj.ca
8. NCCN (National Comprehensive Cancer Network , 2018): http://www.nccn.org
9. NCI (National Cancer Institute , 2017): http://www.cancer.gov
10. S3 Leitlinie Supportive Therapie: Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.1, 2017, AWMF Registernummer: 032/054OL, http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html (Zugriff 29. Januar 2018)

Supportive Care and Management of Side Effects

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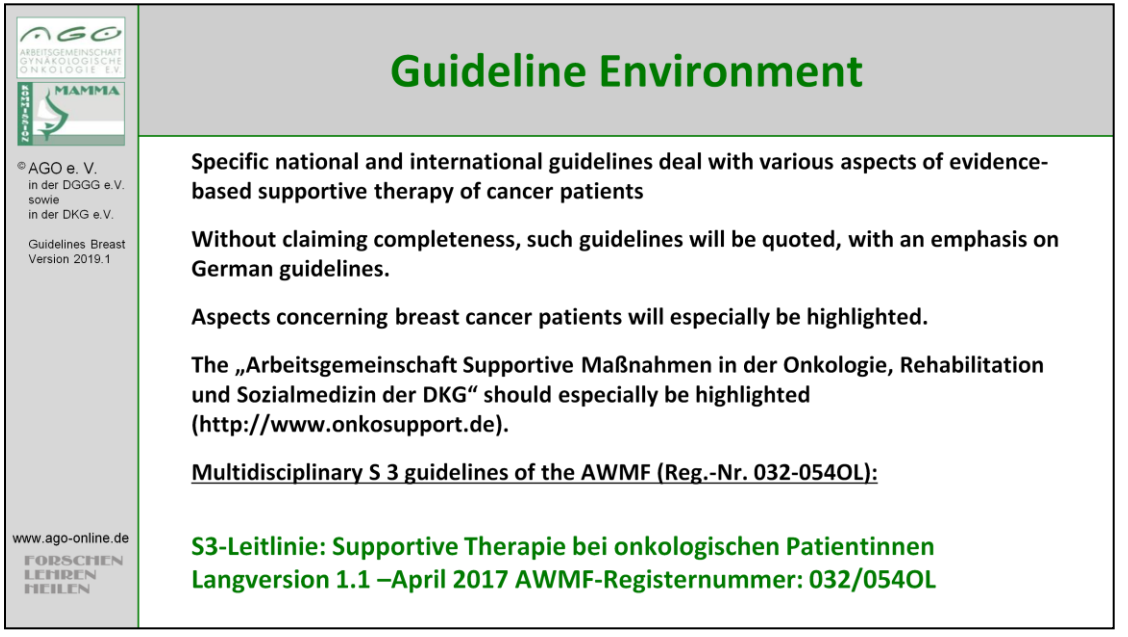
- **Versions 2002–2018:**
  Albert / Bauerfeind / Brunnert / Bischoff / Costa / Dall / Diel / Fersis Friedrich / Friedrich / Gerber / Göhring / Hanf / Heinrich / Huober / Jackisch / Lisboa / Lück / Lüftner / von Minckwitz / Möbus /Müller / Nitz / Oberhoff / Rody / Schaller / Scharl / Schmidt / Schütz / Solomayer / Souchon / Stickeler / Thomssen / Untch
- **Version 2019:**
  Harbeck / Schneeweiss

Content

- Guidelines
- Assessment of toxicity
- Incidence of side effects (according technical product information; MedDRA-standard)
- Side effects according organ systems
  - Incidence, prevention, therapy
- Substance specific side effects
  - Targeted drugs
- Further issues
  - Pain management, palliative care

Guidelines Breast
Version 2019.1

- **Guideline - environment**



1. S3-Leitlinie: Supportive Therapie:
   Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.1, 2017, AWMF Registernummer: 032/054OL, http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html (Zugriff 29. Januar 2018)

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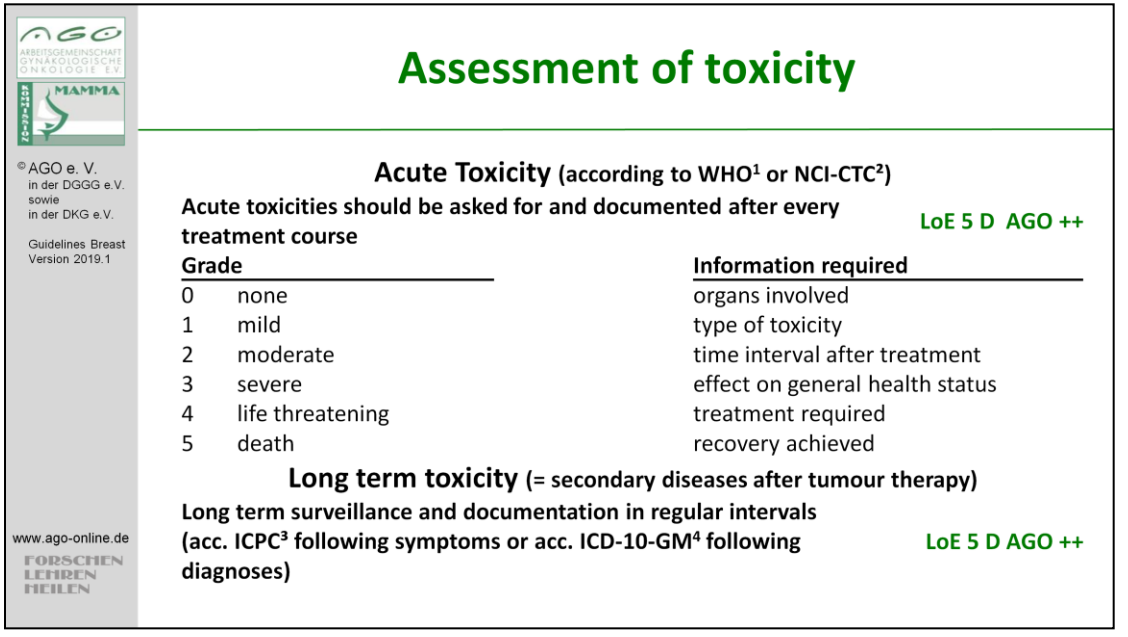
- **Assessment of toxicity**
  - **Acute toxicity (NCI-CTCAE)**
  - **Long term toxicity (ICPC, ICD-GM)**



Acute Toxicity (LoE 5D AGO++)

1. WHO Handbook for reporting results of cancer treatment, N0 48 (1979) (WHO offset Publications, Geneva)
2. NCI, Bethesda, USA, Common Terminology Criteria for Adverse Events v5.0 (CTCAE; published 2017); https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm#ctc_50 (Download 18.01.2018)

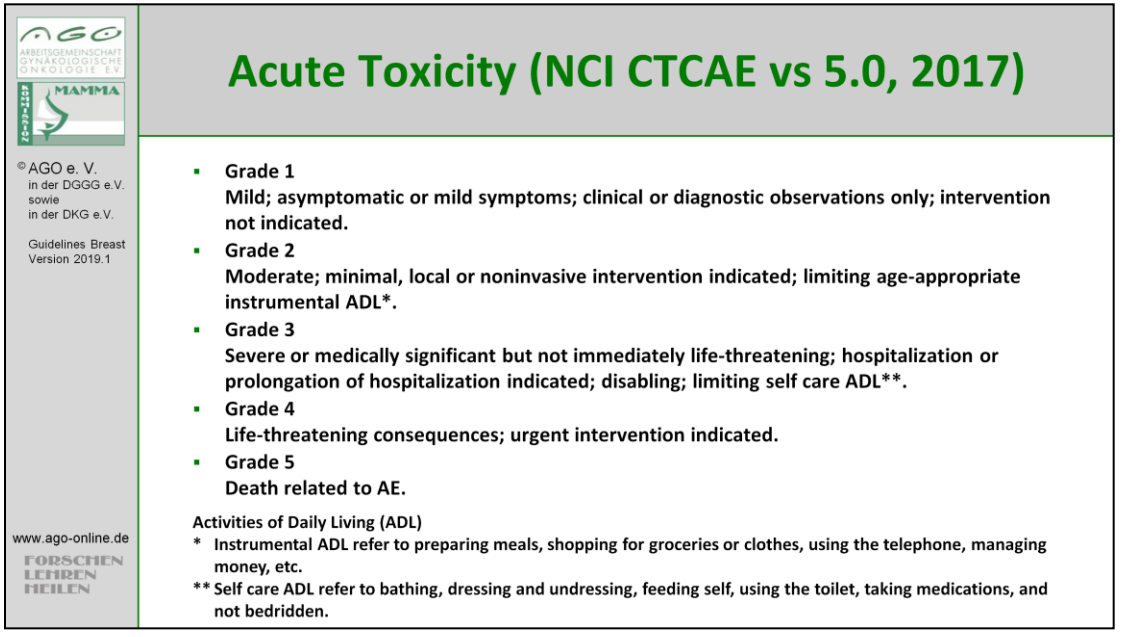
Acute toxicities should be asked for and documented after every treatment course (LoE 5D AGO++)

1 Cirillo M, Lunardi G, Coati F, et al: Management of oral anticancer drugs: Feasibility and patient approval of a specific monitoring program. Tumori 100: 243-248, 2014

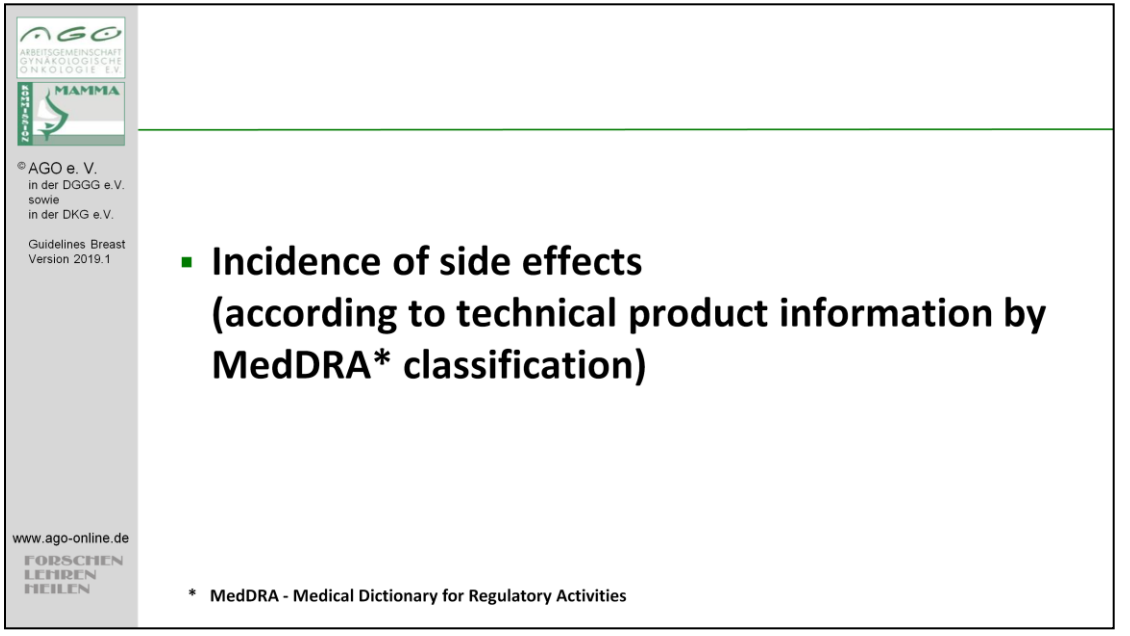
Long term toxicity (= secondary diseases after tumour therapy) (LoE5 D AGO++)

1. International Classification of Primary Care (ICPC) revised December 2016, http://www.who.int/classifications/icd/adaptations/icpc2/en/ (Download 18.01.2018) or http://www.globalfamilydoctor.com/groups/WorkingParties/wicc.aspx (Download 18.01.2018)
2. Deutsches Institut für Medizinische Dokumentation und Information (DIMDI), ICD-10-GM Version 2017;

https://www.dimdi.de/static/de/klassi/icd-10-gm/kodesuche/onlinefassungen/htmlgm2017/ (Download 18.01.2018)
3. Kenyon M, Mayer DK, Owens AK. Late and long-term effects of breast cancer treatment and surveillance management for the general practitioner. J Obstet Gynecol Neonatal Nurs. 2014 May-Jun;43(3):382-98.
4. Hematopoietic Cell Transplantation Guidelines Taskforce, Eric J. Chow, Lynnette Anderson, K. Scott Baker, Smita Bhatia, Gregory M.T. Guilcher, Jennifer T. Huang, Wendy Pelletier, Joanna L. Perkins, Linda S. Rivard, Tal Schechter, Ami Jayant Shah, Karla Dee Wilson, Kenneth Wong, Auditory and Vision Guidelines Taskforce, Satkiran Grewal, Cardiopulmonary Guidelines Taskforce, Saro Armenian, Endocrine Guidelines Taskforce, Lillian R. Meacham, Genitourinary and Renal Guidelines Taskforce, Daniel A. Mulrooney, Oral, Dental, Gastrointestinal and Hepatic Guidelines Taskforce, Sharon M. Castellino. Late Effects Surveillance Recommendations among Survivors of Childhood Hematopoietic Cell Transplantation: A Children's Oncology Group Report. Author manuscript; available in PMC 2017 May 1.Published in final edited form as: Biol Blood Marrow Transplant. 2016 May; 22(5): 782–795.
5. Inge Spronk, Joke C Korevaar, Francois G Schellevis, et al. Evidence-based recommendations on care for breast cancer survivors for primary care providers: a review of evidence-based breast cancer guidelines. BMJ Open. 2017; 7(12): e015118.
6. M.J. Heins, J.C. Korevaar, P.M. Rijken, et al. For which health problems do cancer survivors visit their General Practitioner? European Journal of Cancer (2013) 49, 211– 218.



1 NCI, Bethesda, USA, Common Terminology Criteria for Adverse Events v5.0 (CTCAE; published 2017); https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm#ctc_50 (Download 18.01.2018)



*MedDRA - Medical Dictionary for Regulatory Activities

https://www.meddra.org/

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DRUGS	SYSTEM ORGAN CLASS: INFECTIONS AND INFESTATIONS	NEOPLASMS BEN., ALIGNANT AND NSPECIFIED (INCL CYSTS & POLYPS)	BLOOD & YMPH. SYST. ISORDERS	IMMUNE YSTEM DISORDERS (ALLERGIES)	ENDOCRINE DISORDERS	METABOLISM AND NUTRITION DISORDERS	PSYCHIATRIC DISORDERS	NERVOUS SYSTEM DISORDERS	EYE DISORDERS.	EAR AND LABYRINTH DISORDERS	CARDIAC DISORDERS	VASCULAR DISOR. INCL HOT FLUSHES
Alkylating antineoplastic agent												
Cyclophosphamide	4	2	5	5	1	-	1	3	2	3	3	3
Anti-Metabolites												
Methotrexate	1	-	4	3	3	-	3	4	2	-	1	2
5-Fluorouracil*	5	-	5	2	2	5	-	3	3	-	5	3
Capecitabine	4	3 (Lipoma)	4	3	-	5	4	4	4	3	3	4
Gemcitabine	4	-	5	1	-	4	-:	4	-	-	2	2
Platinum-complexes												
Cisplatinum	4	2	5	3	2	5	-	4	2	5	4	4
Carboplatin	4	-	5	4	-	-	-	4	4	4	4	-
Anthracyclines / Anthrachinones												
Epi-/Doxorubicin	5	3	5	1-2	-	1-5	-	-	4	-	4	5
Liposom. Doxorubicin	5	-	5	-	-	5	3	4	(4)	-	4	4
PEG-lipos. Doxorubicin	4	-	4	-	-	5	-	4	4	-	4	-
Mitoxanthrone	5	3	5	3	-	4	-	4	3	3	4	3
Taxanes												
Paclitaxel	5	1	5	5	-	1	1	5	1	1	4	5
nab-Paclitaxel	4	-	5	3	-	5	4	5	4	4	4	4
Docetaxel	5	-	5	5	-	5	-	5	-	-	4	4
Further tubulin-targeting drugs												
Vinorelbine IV (PO)	5(5)	-	-(5)	2(-)	-	-	-(5)	-(5)	-(4)	-	2(3)	3(4)
Eribulin	4	-	4	-	-:	5	4	5	4	4	4	4

Listing and grading of side effects was performed according the MedDRA-classification with the following categories of frequency: 1. Very rarely (<1/10,000); 2. rarely (≥ 1/1,000 to < 1/10,000); 3. occasionally (≥ 1/1,000 to < 1/100); 4. frequently (≥ 1/100 to < 1/10); 5. very frequently (≥ 1/10). - unknown (based on available data incidence not assessable)

System Organ Classes - MedDRA (Medical Dictionary for Regulatory Activities)

MedDRA: https://www.meddra.org/ bzw. https://www.meddra.org/sites/default/files/guidance/file/intguide_20_1_english_0.pdf

Sources for Technical Product Information (Download 19.01.2018):

Cyclophosphamid: http://www.baxter.de/de_DE/assets/downloads/fachinformation/endoxan.pdf

Methotrexat: https://www.gelbe-liste.de/produkte/MTX-HEXAL-10-mg-Tabletten_117469/fachinformation

5-Fluorouracil: https://www.gelbe-liste.de/produkte/Fluorouracil-HEXAL-50-mg-ml-Injektionsloesung-100-ml_546519/fachinformation

Capecitabin: https://www.zentiva.de/Produkte/Capecitabin-Zentiva/Downloads?id=a63946ee-51ce-46ac-8184-a468b705ed9b

Gemcitabin: http://www.success-studie.de/b/downloads/Fachinfo/GemzarFI07Jan.pdf

Cisplatin: https://www.gelbe-liste.de/produkte/Cisplatin-Teva-1-mg-ml-Konzentrat-zur-Herstellung-einer-

Infusionsloesung-100-ml_543960/fachinformation

Carboplatin: http://www.teva.de/index.php?eID=dumpFile&t=f&f=37532&g=-1&r=11068%2C11068&token=eebfb22e78f1cc8d9935d59c087e80630146f49e

Epirubicin:

Doxorubicin:

Liposomales Doxorubicin: https://www.gelbe-liste.de/produkte/Myocet-50-mg-Pulver-Dispersion-u-Loesungsmittel-fuer-ein-Konzentrat-zur-Herstellung-einer-Infusionsdispersion_359323/fachinformation

PEG-lipo. Doxorubicin: https://www.gelbe-liste.de/produkte/Caelyx-2-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-10-ml_121890/fachinformation

Mitoxantron: https://www.gelbe-liste.de/produkte/Mitoxantron-Teva-2-mg-ml-Injektionsloesung-15ml_543783/fachinformation

Paclitaxel: https://medikamio.com/de-de/medikamente/paclitaxel-ratiopharm/pil

Nab-Paclitaxel: https://www.gelbe-liste.de/produkte/Abraxane-5-mg-ml-Pulver-zur-Herstellung-einer-Infusionssuspension_514889/fachinformation

Docetaxel: https://mein.sanofi.de/produkte/Taxotere/Downloads?id=89447754-dfb2-450b-b35a-36950de8a74d

Vinorelbin: http://www.detect-studien.de/dokumente/d3/fachinfo/Navelbine.pdf

Eribulin: http://www.detect-studien.de/dokumente/d4/fachinfo/Fachinfo_Eribulin_Halaven.pdf

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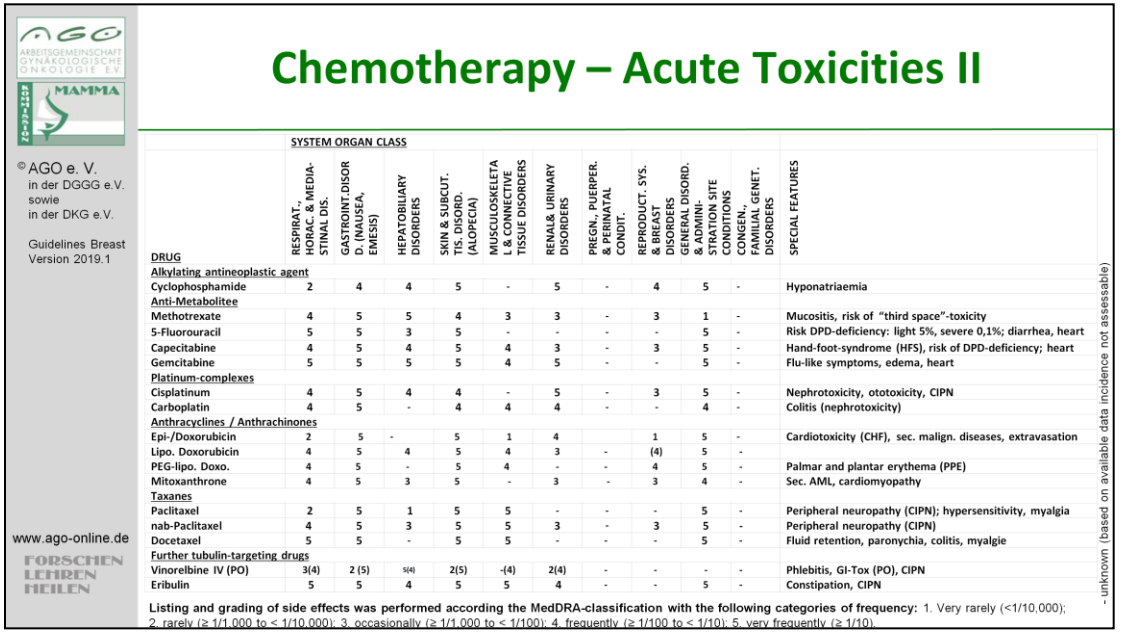
2. Petrelli F et al: Mortality, leukemic risk, and cardiovascular toxicity of adjuvant anthracycline and taxane chemotherapy in breast cancer: a meta-analysis. Breast Cancer Res Treat. 2012 Sep;135(2):335-46

3. Jim HS et al: Meta-analysis of cognitive functioning in breast cancer survivors previously treated with standard-dose chemotherapy. J Clin Oncol. 2012 Oct 10;30(29):3578-87
4. Cortes J, O'Shaughnessy J, Loesch D et al. Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. Lancet. 2011;377:914-23
5. Link, H. and S. Schmitz (2013). "Treatment of cancer-associated anaemia: results from a two-day cross-sectional survey in Germany." Onkologie 36(5): 266-272.
6. Fox P, Darley A, Furlong E, et al: The assessment and management of chemotherapy-related toxicities in patients with breast cancer, colorectal cancer, and Hodgkin's and non-Hodgkin's lymphomas: A scoping review. Eur J Oncol Nurs. 2017 Feb;26:63-82. doi: 10.1016/j.ejon.2016.12.008. Epub 2016 Dec 22.
7. Maeda S, Saimura M, Minami S, et al. Efficacy and safety of eribulin as first- to third-line treatment in patients with advanced or metastatic breast cancer previously treated with anthracyclines and taxanes.See comment in PubMed Commons below Breast. 2017 Jan 2;32:66-72. doi: 10.1016/j.breast.2016.12.017.
8. Zhang XH, Hao S, Gao B, et al. A network meta-analysis for toxicity of eight chemotherapy regimens in the treatment of metastatic/advanced breast cancer. Oncotarget. 2016 Dec 20;7(51):84533-84543. doi: 10.18632/oncotarget.13023.
9. Basch E, Prestrud AA, Hesketh PJ, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. Journal of Clinical Oncology 2011;29:4189- 4198
10. Crawford J.
11. NCCN, editor. NCCNR Practice Guidelines in Oncology - v.1.2011; Myeloid Growth Factors. National Comprehensive Cancer Network 2011. 18-7-2011.
12. Madeddu C, Deidda M, Piras A, et al. Pathophysiology of cardiotoxicity induced by nonanthracycline chemotherapy. J Cardiovasc Med (Hagerstown). 2016 May;17 Suppl 1 Special issue on Cardiotoxicity from Antiblastic Drugs and Cardioprotection:e12-e18. Review.



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DRUG	RESPIRAT., THORAC. & MEDIASTINAL DIS.	GASTROINT.DISORD. (NAUSEA, EMESIS)	HEPATOBILIARY DISORDERS	SKIN & SUBCUT. TIS. DISORD. (ALOPECIA)	MUSCULOSKELETAL & CONNECTIVE TISSUE DISORDERS	RENAL& URINARY DISORDERS	PREGN., PUERPER. & PERINATAL CONDIT.	REPRODUCT. SYS. & BREAST DISORDERS	GENERAL DISORD. & ADMINISTRATION SITE CONDITIONS	CONGEN., FAMILIAL GENET. DISORDERS	SPECIAL FEATURES
SYSTEM ORGAN CLASS											
Alkylating antineoplastic agent											
Cyclophosphamide	2	4	4	5	-	5	-	4	5	-	Hyponatriaemia
Anti-Metabolitee											
Methotrexate	4	5	5	4	3	3	-	3	1	-	Mucositis, risk of "third space"-toxicity
5-Fluorouracil	5	5	3	5	-	-	-	-	5	-	Risk DPD-deficiency: light 5%, severe 0,1%; diarrhea, heart
Capecitabine	4	5	4	5	4	3	-	3	5	-	Hand-foot-syndrome (HFS), risk of DPD-deficiency; heart
Gemcitabine	5	5	5	5	4	5	-	-	5	-	Flu-like symptoms, edema, heart
Platinum-complexes											
Cisplatinum	4	5	4	4	-	5	-	3	5	-	Nephrotoxicity, ototoxicity, CIPN
Carboplatin	4	5	-	4	4	4	-	-	4	-	Colitis (nephrotoxicity)
Anthracyclines / Anthrachinones											
Epi-/Doxorubicin	2	5	-	5	1	4		1	5	-	Cardiotoxicity (CHF), sec. malign. diseases, extravasation
Lipo. Doxorubicin	4	5	4	5	4	3	-	(4)	5	-	
PEG-lipo. Doxo.	4	5	-	5	4	-	-	4	5	-	Palmar and plantar erythema (PPE)
Mitoxanthrone	4	5	3	5	-	3	-	3	4	-	Sec. AML, cardiomyopathy
Taxanes											
Paclitaxel	2	5	1	5	5	-	-	-	5	-	Peripheral neuropathy (CIPN); hypersensitivity, myalgia
nab-Paclitaxel	4	5	3	5	5	3	-	3	5	-	Peripheral neuropathy (CIPN)
Docetaxel	5	5	-	5	5	-	-	-	5	-	Fluid retention, paronychia, colitis, myalgie
Further tubulin-targeting drugs											
Vinorelbine IV (PO)	3(4)	2 (5)	5(4)	2(5)	-(4)	2(4)	-	-	-	-	Phlebitis, GI-Tox (PO), CIPN
Eribulin	5	5	4	5	5	4	-	-	5	-	Constipation, CIPN

- unknown (based on available data incidence not assessable)

Listing and grading of side effects was performed according the MedDRA-classification with the following categories of frequency: 1. Very rarely (<1/10,000); 2. rarely (≥ 1/1,000 to < 1/10,000); 3. occasionally (≥ 1/1,000 to < 1/100); 4. frequently (≥ 1/100 to < 1/10); 5. very frequently (≥ 1/10).

Abbrevations.

AML = Acute myeloic Leukemia; DPD = Dihydropyrimidin-Dehydrogenase; CHF = Cardiomyopathy; CIPN = Chemotherapy-induzierte peripheral neuropathy; HFS = Hand-Foot-Syndrome; PPE = Palmar and plantar Erythema.

System Organ Classes - MedDRA (Medical Dictionary for Regulatory Activities):

MedDRA: https://www.meddra.org/ bzw.
https://www.meddra.org/sites/default/files/guidance/file/intguide_20_1_english_0.pdf

Sources for Technical Product Information (Download 19.01.2018):

Cyclophosphamid: http://www.baxter.de/de_DE/assets/downloads/fachinformation/endoxan.pdf

Methotrexat: https://www.gelbe-liste.de/produkte/MTX-HEXAL-10-mg-Tabletten_117469/fachinformation

5-Fluorouracil: https://www.gelbe-liste.de/produkte/Fluorouracil-HEXAL-50-mg-ml-Injektionsloesung-100-

ml_546519/fachinformation

Capecitabin: https://www.zentiva.de/Produkte/Capecitabin-Zentiva/Downloads?id=a63946ee-51ce-46ac-8184-a468b705ed9b

Gemcitabin: http://www.success-studie.de/b/downloads/Fachinfo/GemzarFI07Jan.pdf

Cisplatin: https://www.gelbe-liste.de/produkte/Cisplatin-Teva-1-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-100-ml_543960/fachinformation

Carboplatin: http://www.teva.de/index.php?eID=dumpFile&t=f&f=37532&g=-1&r=11068%2C11068&token=eebfb22e78f1cc8d9935d59c087e80630146f49e

Epirubicin:

Doxorubicin:

Liposomales Doxorubicin: https://www.gelbe-liste.de/produkte/Myocet-50-mg-Pulver-Dispersion-u-Loesungsmittel-fuer-ein-Konzentrat-zur-Herstellung-einer-Infusionsdispersion_359323/fachinformation

PEG-lipo. Doxorubicin: https://www.gelbe-liste.de/produkte/Caelyx-2-mg-ml-Konzentrat-zur-Herstellung-einer-Infusionsloesung-10-ml_121890/fachinformation

Mitoxantron: https://www.gelbe-liste.de/produkte/Mitoxantron-Teva-2-mg-ml-Injektionsloesung-15ml_543783/fachinformation

Paclitaxel: https://medikamio.com/de-de/medikamente/paclitaxel-ratiopharm/pil

Nab-Paclitaxel: https://www.gelbe-liste.de/produkte/Abraxane-5-mg-ml-Pulver-zur-Herstellung-einer-Infusionssuspension_514889/fachinformation

Docetaxel: https://mein.sanofi.de/produkte/Taxotere/Downloads?id=89447754-dfb2-450b-b35a-36950de8a74d

Vinorelbin: http://www.detect-studien.de/dokumente/d3/fachinfo/Navelbine.pdf

Eribulin: http://www.detect-studien.de/dokumente/d4/fachinfo/Fachinfo_Eribulin_Halaven.pdf

Further Reading (selection):

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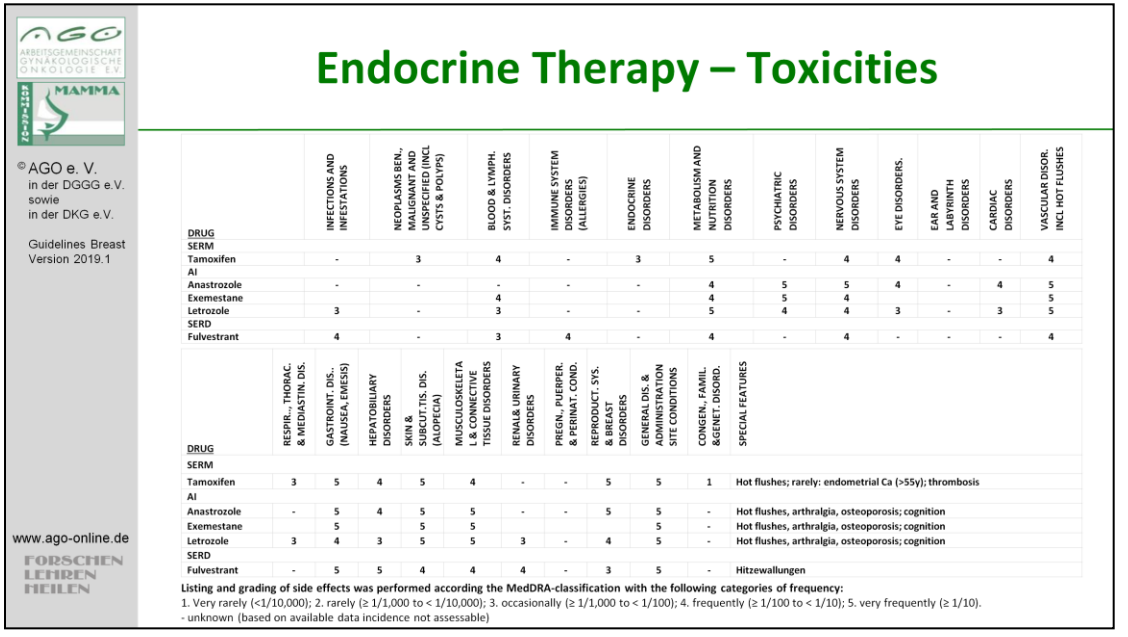
3. Jim HS et al: Meta-analysis of cognitive functioning in breast cancer survivors previously treated with standard-dose chemotherapy. J Clin Oncol. 2012 Oct 10;30(29):3578-87
4. Cortes J, O'Shaughnessy J, Loesch D et al. Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. Lancet. 2011;377:914-23
5. Link, H. and S. Schmitz (2013). "Treatment of cancer-associated anaemia: results from a two-day cross-sectional survey in Germany." Onkologie 36(5): 266-272.
6. Fox P, Darley A, Furlong E, Miaskowski C, Patiraki E, Armes J, Ream E, Papadopoulou C, McCann L, Kearney N, Maguire R. The assessment and management of chemotherapy-related toxicities in patients with breast cancer, colorectal cancer, and Hodgkin's and non-Hodgkin's lymphomas: A scoping review. Eur J Oncol Nurs. 2017 Feb;26:63-82. doi: 10.1016/j.ejon.2016.12.008. Epub 2016 Dec 22.
7. Maeda S, Saimura M, Minami S, et al. Efficacy and safety of eribulin as first- to third-line treatment in patients with advanced or metastatic breast cancer previously treated with anthracyclines and taxanes.See comment in PubMed Commons below Breast. 2017 Jan 2;32:66-72. doi: 10.1016/j.breast.2016.12.017.
8. Zhang XH, Hao S, Gao B, et al. A network meta-analysis for toxicity of eight chemotherapy regimens in the treatment of metastatic/advanced breast cancer. Oncotarget. 2016 Dec 20;7(51):84533-84543. doi: 10.18632/oncotarget.13023.
9. Basch E, Prestrud AA, Hesketh PJ, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. Journal of Clinical Oncology 2011;29:4189- 4198
10. Crawford J.
11. NCCN, editor. NCCNR Practice Guidelines in Oncology - v.1.2011; Myeloid Growth Factors. National Comprehensive Cancer Network 2011. 18-7-2011.

12. Madeddu C, Deidda M, Piras A, et al. Pathophysiology of cardiotoxicity induced by nonanthracycline chemotherapy. J Cardiovasc Med (Hagerstown). 2016 May;17 Suppl 1 Special issue on Cardiotoxicity from Antiblastic Drugs and Cardioprotection:e12-e18. Review.



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DRUG	INFECTIONS AND INFESTATIONS	NEOPLASMS BEN., MALIGNANT AND UNSPECIFIED (INCL CYSTS & POLYPS)	BLOOD & LYMPH. SYST. DISORDERS	IMMUNE SYSTEM DISORDERS (ALLERGIES)	ENDOCRINE DISORDERS	METABOLISM AND NUTRITION DISORDERS	PSYCHIATRIC DISORDERS	NERVOUS SYSTEM DISORDERS	EYE DISORDERS.	EAR AND LABYRINTH DISORDERS	CARDIAC DISORDERS	VASCULAR DISOR. INCL HOT FLUSHES
SERM												
Tamoxifen	-	3	4	-	3	5	-	4	4	-	-	4
AI												
Anastrozole	-	-	-	-	-	4	5	5	4	-	4	5
Exemestane			4			4	5	4				5
Letrozole	3	-	3	-	-	5	4	4	3	-	3	5
SERD												
Fulvestrant	4	-	3	4	-	4	-	4	-	-	-	4

DRUG	RESPIR., THORAC. & MEDIASTIN. DIS.	GASTROINT. DIS.. (NAUSEA, EMESIS)	HEPATOBILIARY DISORDERS	SKIN & SUBCUT.TIS. DIS. (ALOPECIA)	MUSCULOSKELETAL & CONNECTIVE TISSUE DISORDERS	RENAL& URINARY DISORDERS	PREGN., PUERPER. & PERINAT. COND.	REPRODUCT. SYS. & BREAST DISORDERS	GENERAL DIS. & ADMINISTRATION SITE CONDITIONS	CONGEN., FAMIL. &GENET. DISORD.	SPECIAL FEATURES
SERM											
Tamoxifen	3	5	4	5	4	-	-	5	5	1	Hot flushes; rarely: endometrial Ca (>55y); thrombosis
AI											
Anastrozole	-	5	4	5	5	-	-	5	5	-	Hot flushes, arthralgia, osteoporosis; cognition
Exemestane		5		5	5				5	-	Hot flushes, arthralgia, osteoporosis; cognition
Letrozole	3	4	3	5	5	3	-	4	5	-	Hot flushes, arthralgia, osteoporosis; cognition
SERD											
Fulvestrant	-	5	5	4	4	4	-	3	5	-	Hitzewallungen

Listing and grading of side effects was performed according the MedDRA-classification with the following categories of frequency:
1. Very rarely (<1/10,000); 2. rarely (≥ 1/1,000 to < 1/10,000); 3. occasionally (≥ 1/1,000 to < 1/100); 4. frequently (≥ 1/100 to < 1/10); 5. very frequently (≥ 1/10).
- unknown (based on available data incidence not assessable)

System Organ Classes - MedDRA (Medical Dictionary for Regulatory Activities):

MedDRA: https://www.meddra.org/ bzw. https://www.meddra.org/sites/default/files/guidance/file/intguide_20_1_english_0.pdf

Sources for Technical Product Information (Download 19.01.2018):

Tamoxifen: https://www.gelbe-liste.de/produkte/Tamoxifen-20-mg-HEXAL-Filmtbl_8660/fachinformation

Anastrozol: https://imedikament.de/anastrozol-ratiopharm-1-mg-filmtabletten/fachinformation

Exemestan: http://www.success-studie.de/c/downloads/Fachinfo/FI_ExemestanAromasin.pdf

Letrozol: http://www.success-studie.de/b/downloads/Fachinfo/Femara_Juli_2014.pdf

Fulvestrant: https://www.gelbe-liste.de/produkte/Fulvestrant-HEXAL-250-mg-Injektionsloesung-in-einer-Fertigspritze_912622/fachinformation

Side effects according Organ Systems
Incidence, Prevention, Therapy

Guidelines Breast
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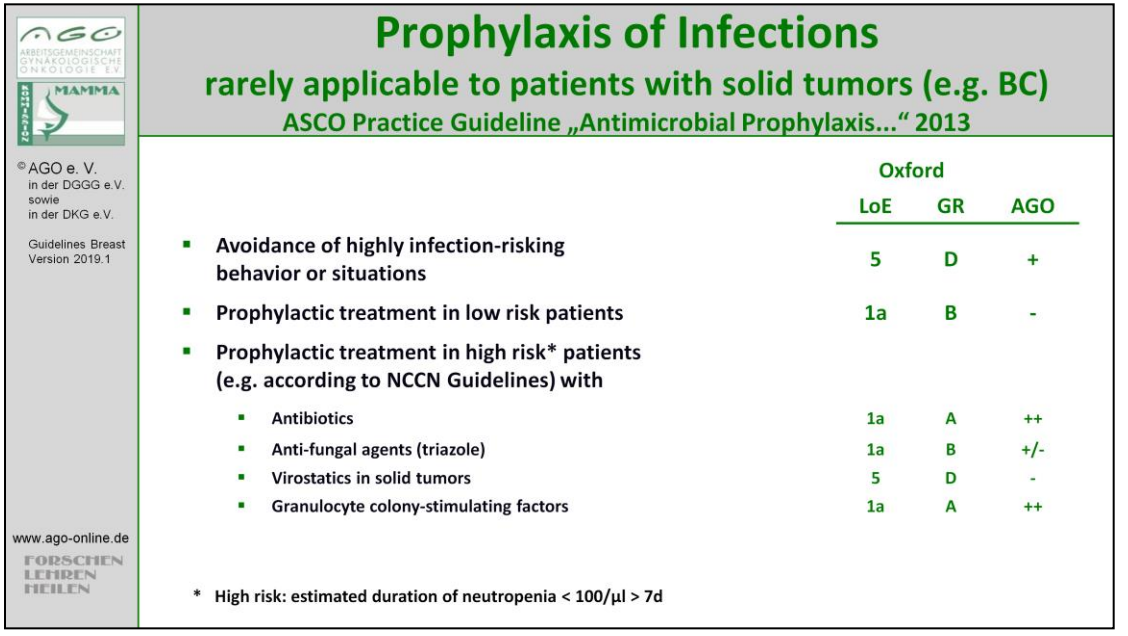
1. **Infections and infestations**
   - General prophylaxis for infections
   - Hepatitis B virus screening



ASCO:

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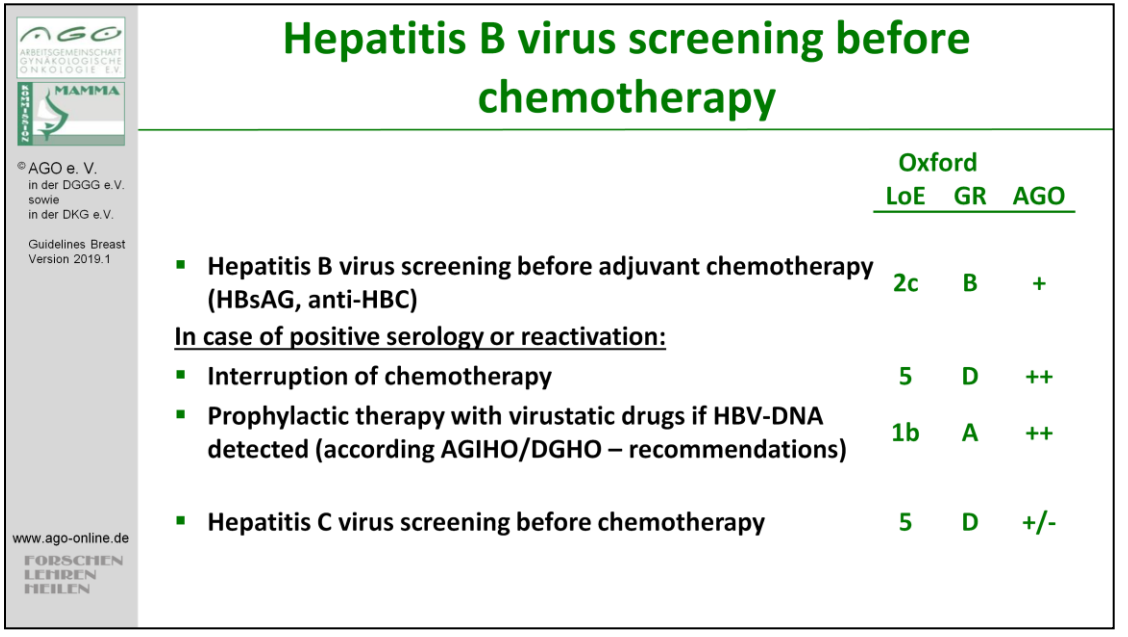
NCCN:

1. NCCN Guidelines Version 1.2018: Prevention and Treatment of Cancer-Related Infections. https://www.nccn.org/professionals/physician_gls/pdf/infections.pdf



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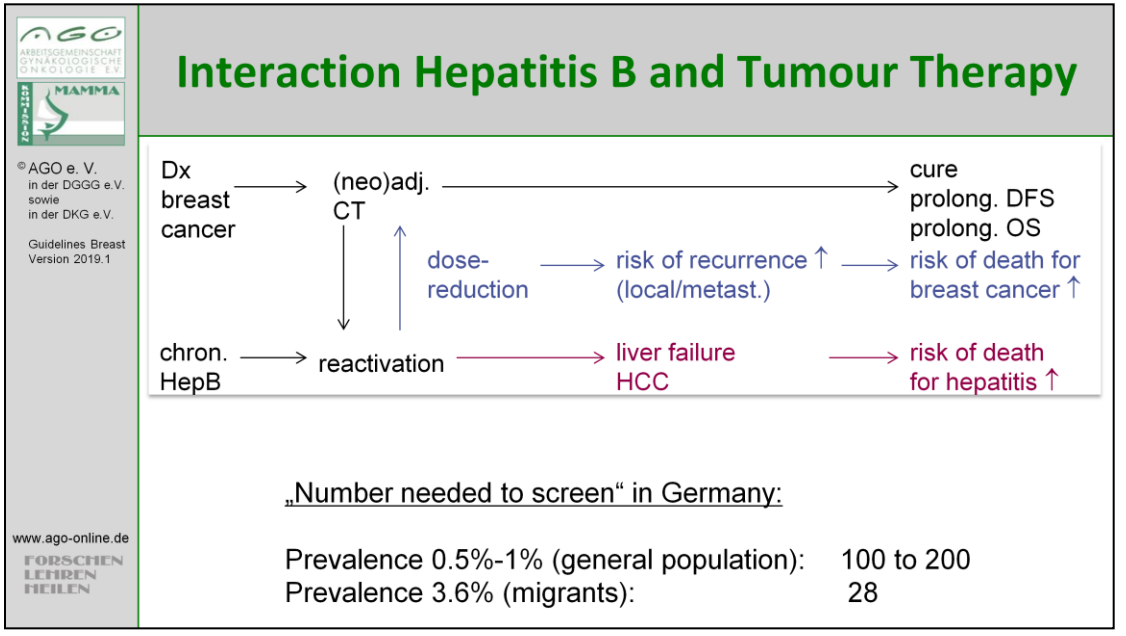

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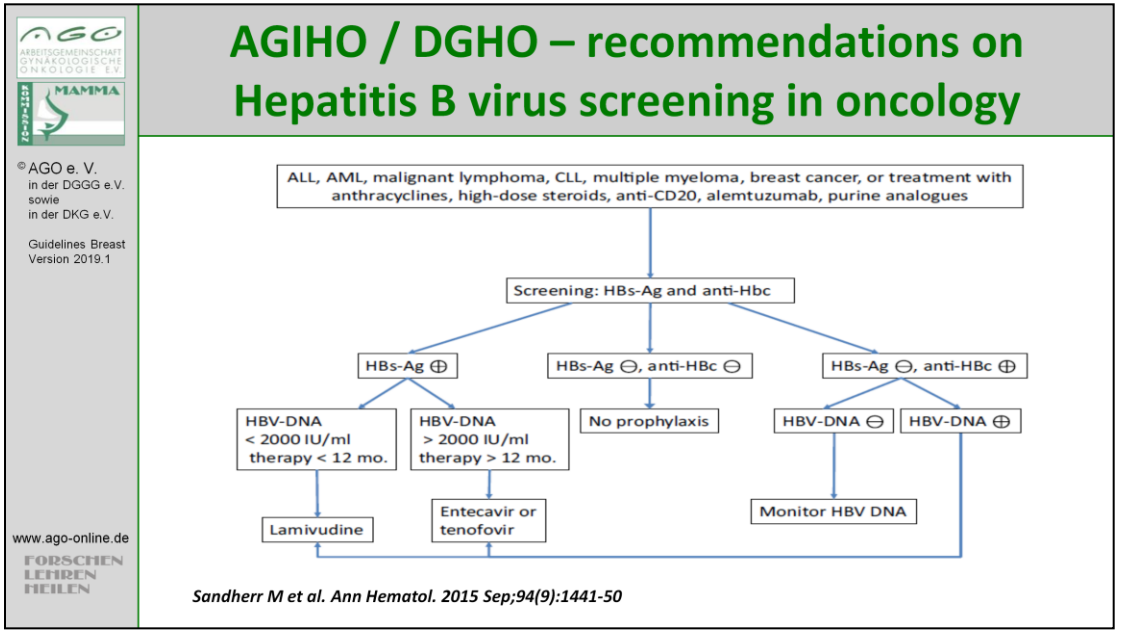

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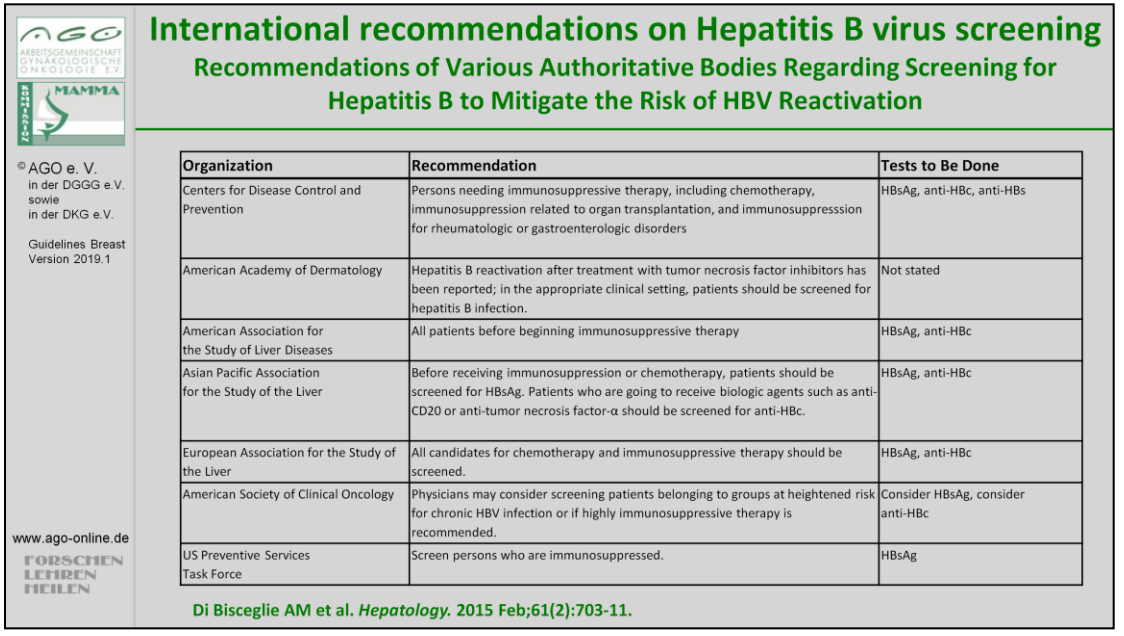

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Side Effects According Organ Systems
Incidence, Prevention, Therapy

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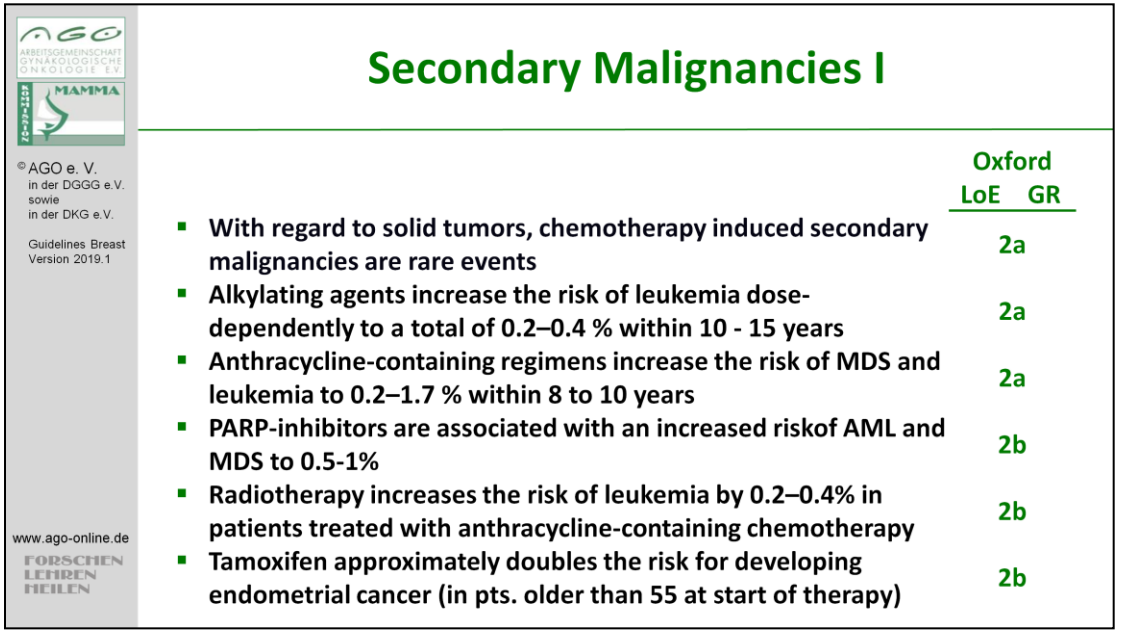
2. Neoplasms benign, malignant and unspecified (incl. cysts and polyps)



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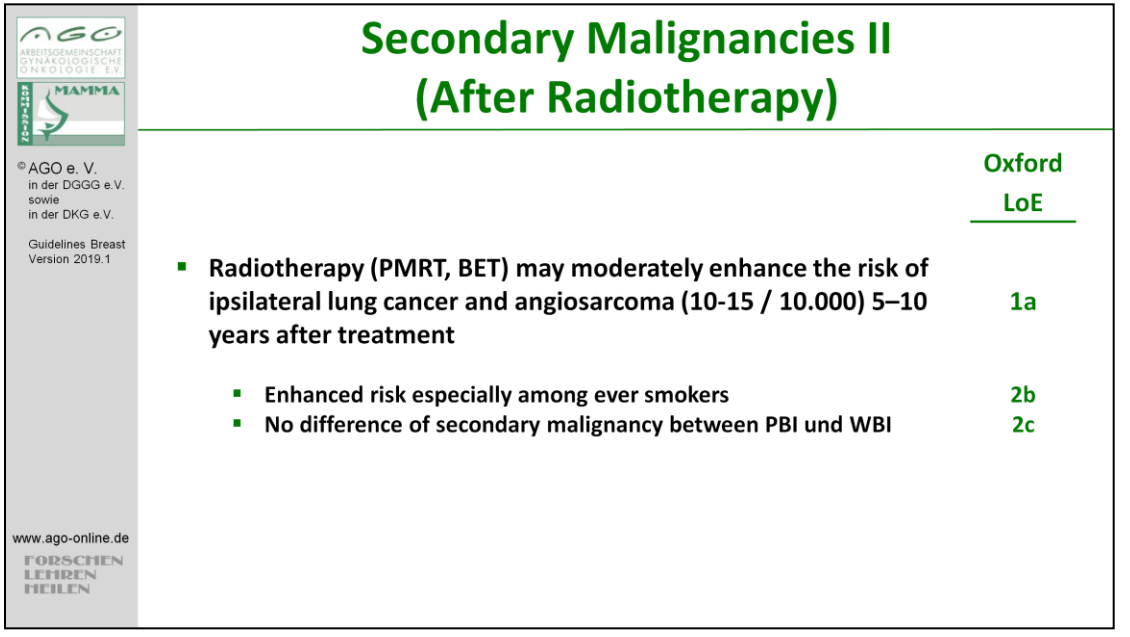

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Guidelines Breast
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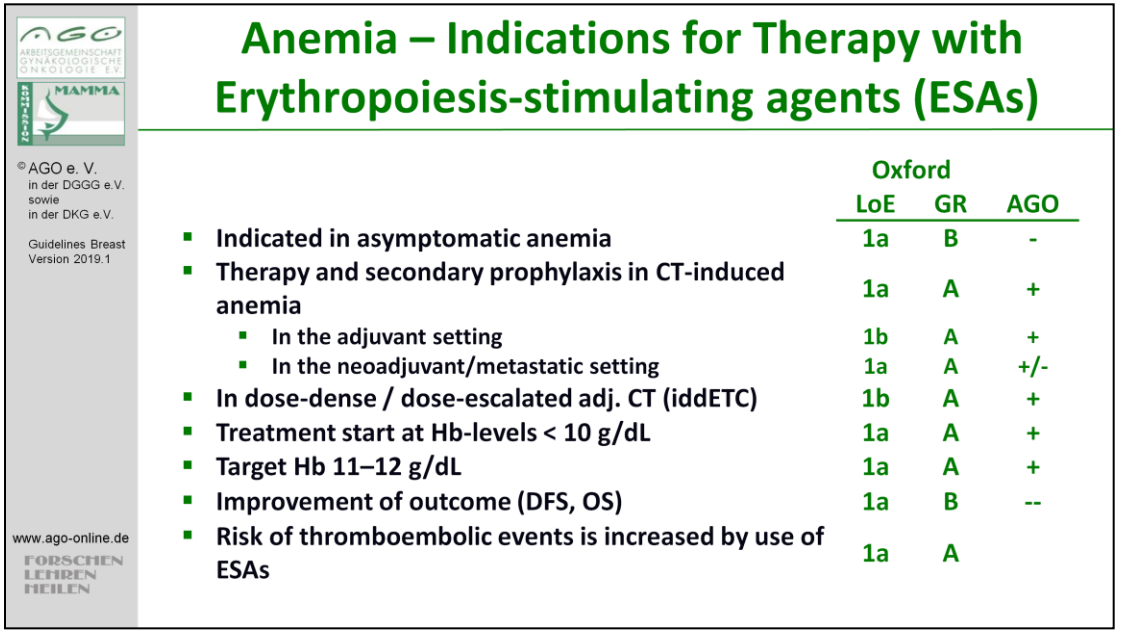
Side Effects According Organ Systems
Incidence, Prevention, Therapy

3. *Blood and Lymphatic System Disorders*

- Anemia
- Neutropenia
- Febrile Neutropenia (FN)



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Relevant Guidelines

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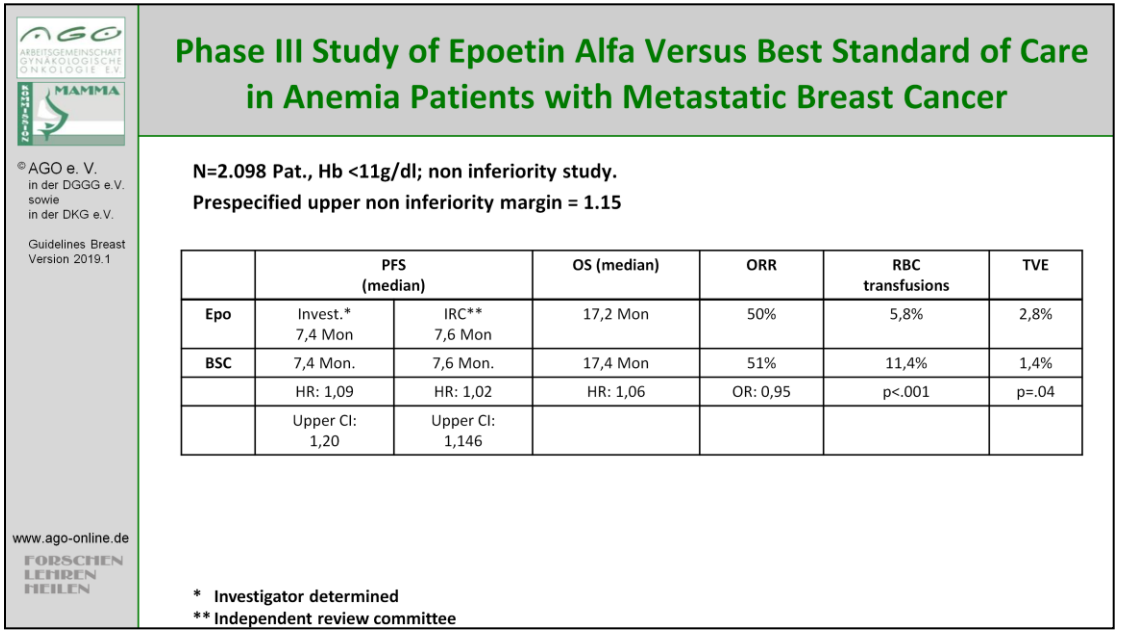

Phase III Study of Epoetin Alfa Versus Best Standard of Care in Anemia Patients with Metastatic Breast Cancer

N=2.098 Pat., Hb <11g/dl; non inferiority study.

Prespecified upper non inferiority margin = 1.15

	PFS (median)		OS (median)	ORR	RBC transfusions	TVE
Epo	Invest.* 7,4 Mon	IRC** 7,6 Mon	17,2 Mon	50%	5,8%	2,8%
BSC	7,4 Mon.	7,6 Mon.	17,4 Mon	51%	11,4%	1,4%
	HR: 1,09	HR: 1,02	HR: 1,06	OR: 0,95	p<.001	p=.04
	Upper CI: 1,20	Upper CI: 1,146				

* **Investigator determined**

** **Independent review committee**

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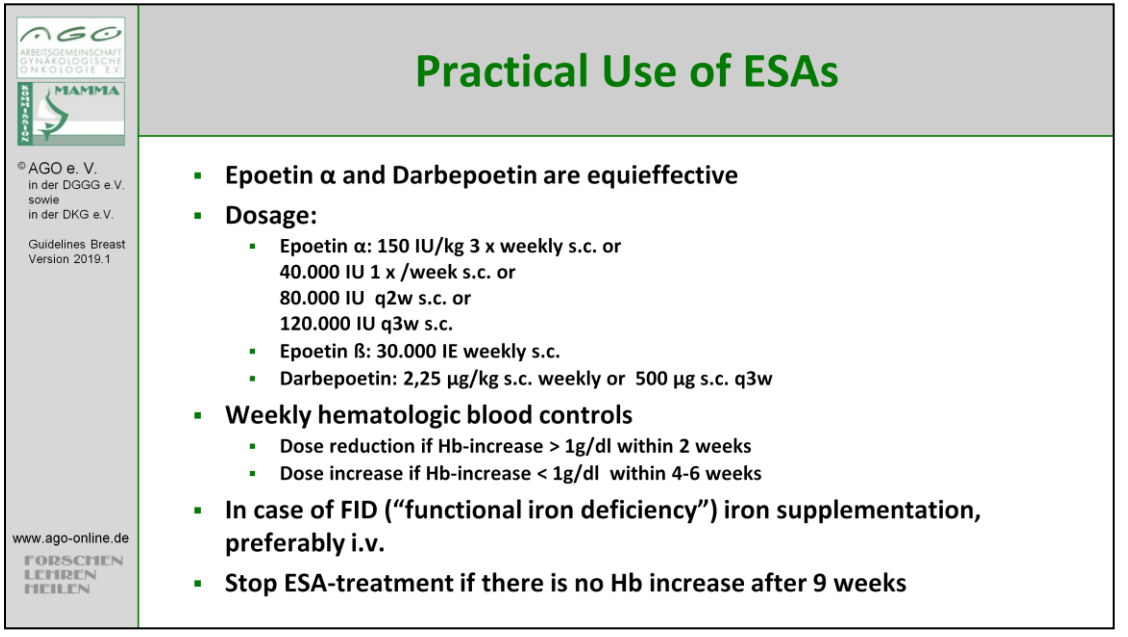

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Relevant Guidelines

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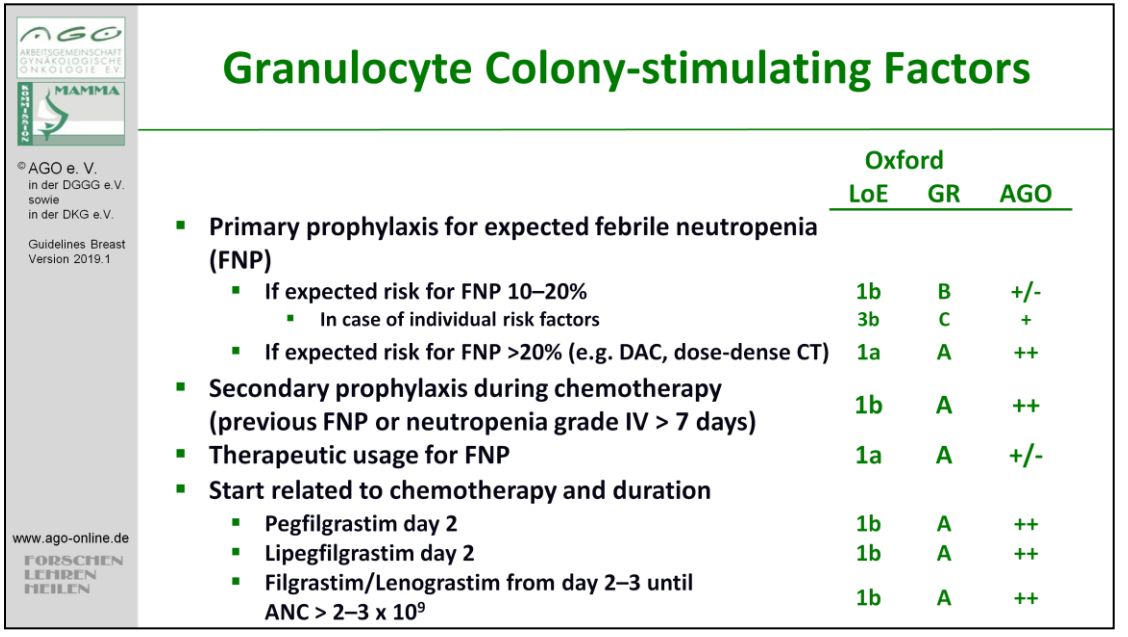

Granulocyte Colony-stimulating Factors

	Oxford LoE	Oxford GR	AGO
▪ Primary prophylaxis for expected febrile neutropenia (FNP)			
▪ If expected risk for FNP 10–20%	1b	B	+/-
▪ In case of individual risk factors	3b	C	+
▪ If expected risk for FNP >20% (e.g. DAC, dose-dense CT)	1a	A	++
▪ Secondary prophylaxis during chemotherapy (previous FNP or neutropenia grade IV > 7 days)	1b	A	++
▪ Therapeutic usage for FNP	1a	A	+/-
▪ Start related to chemotherapy and duration			
▪ Pegfilgrastim day 2	1b	A	++
▪ Lipegfilgrastim day 2	1b	A	++
▪ Filgrastim/Lenograstim from day 2–3 until ANC > 2–3 x 10^9	1b	A	++

Relevant Guidelines:

1. S3 Leitlinie Supportive Therapie: Leitlinienprogramm Onkologie (Deutsche Krebsgesellschaft, Deutsche Krebshilfe, AWMF): Supportive Therapie bei onkologischen PatientInnen - Langversion 1.1, 2017, AWMF Registernummer: 032/054OL, http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html (Zugriff 29. Januar 2018)
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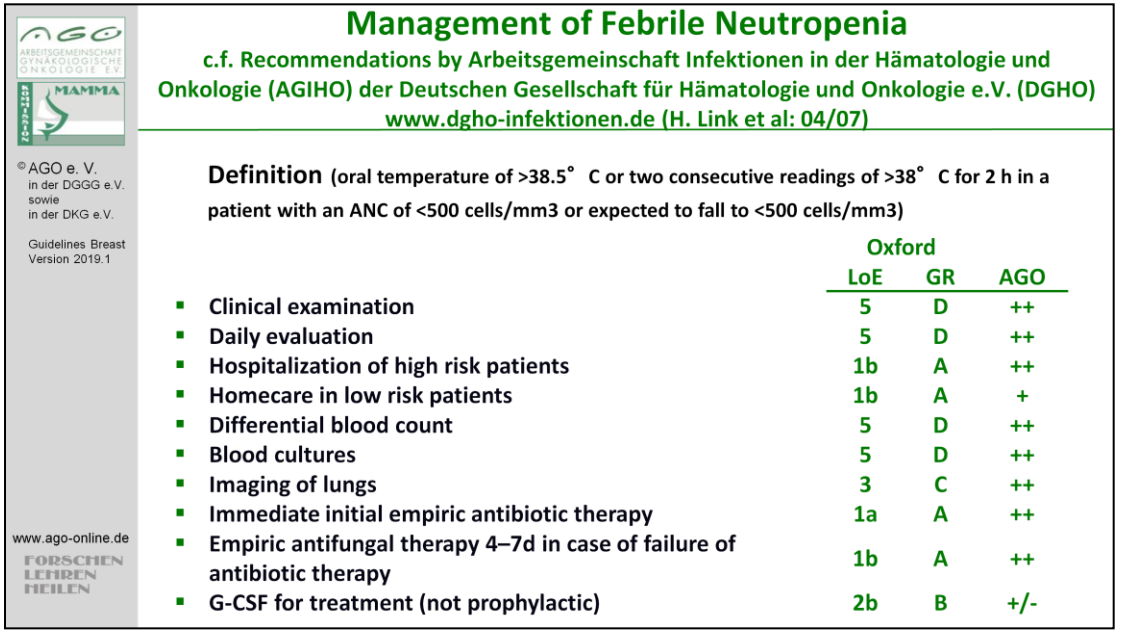

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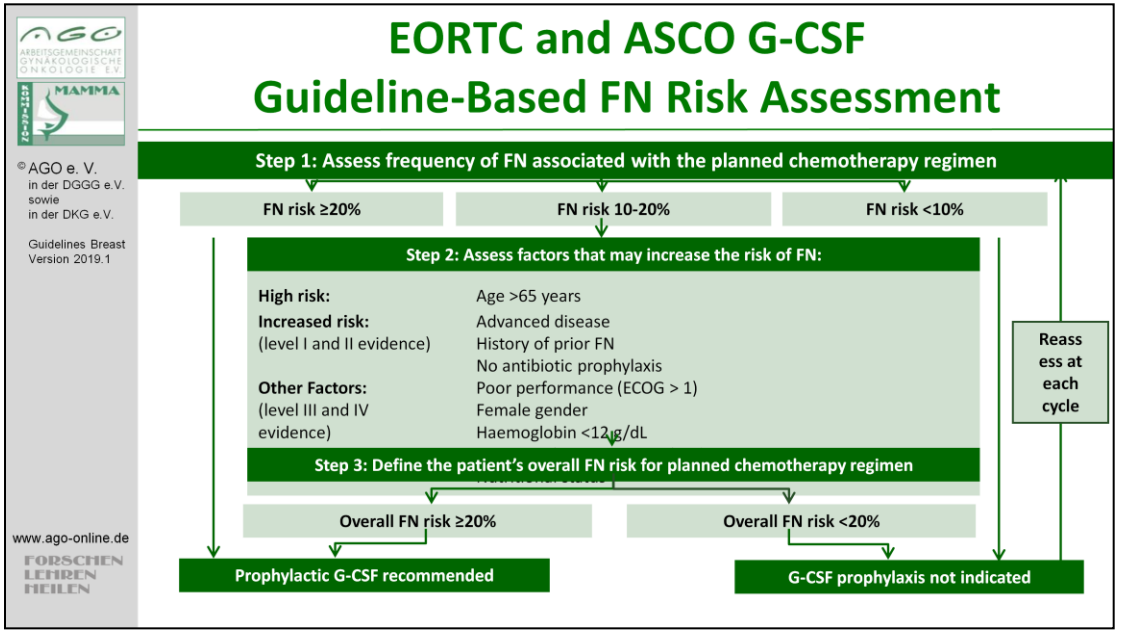
Empirical Antibiotic Therapy

Guidelines Breast
Version 2019.1

The recommendations for empirical antibiotic therapy are currently changing because of infection biological findings.
Current recommendations should be referred to regularly and adjusted to within personal professional judgement.

The “Arbeitsgemeinschaft Infektionen in der Hämatologie und Onkologie (AGIHO) der Deutschen Gesellschaft für Hämatologie und Onkologie e.V. (DGHO) www.dgho-infektionen.de“ is a source for regular consultation.



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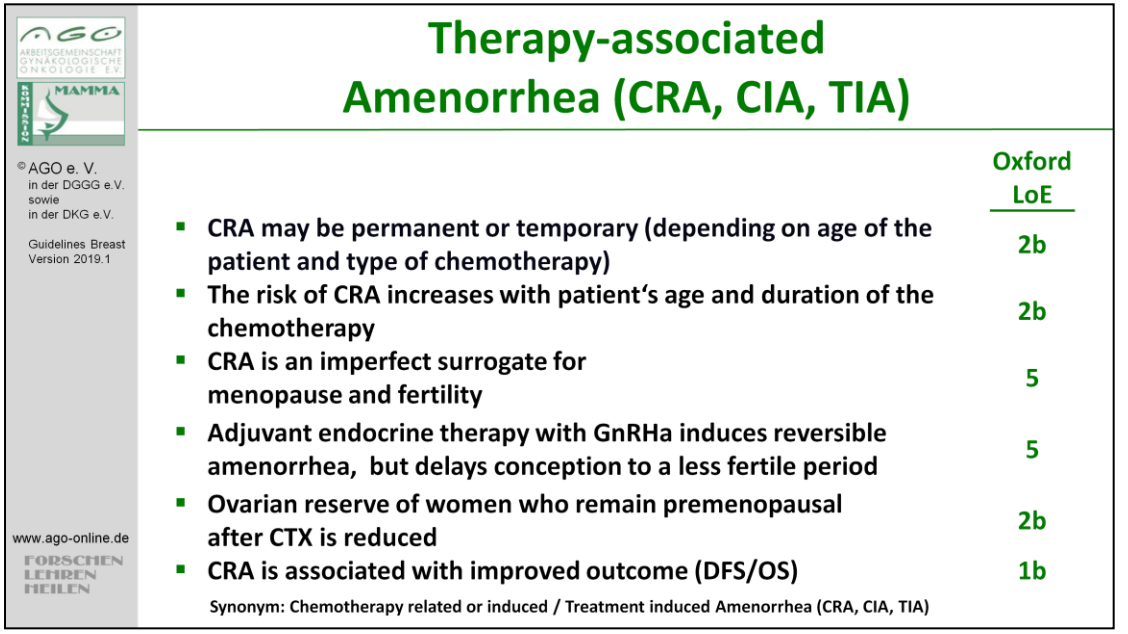
Guidelines Breast
Version 2019.1

4. Endocrine disorders



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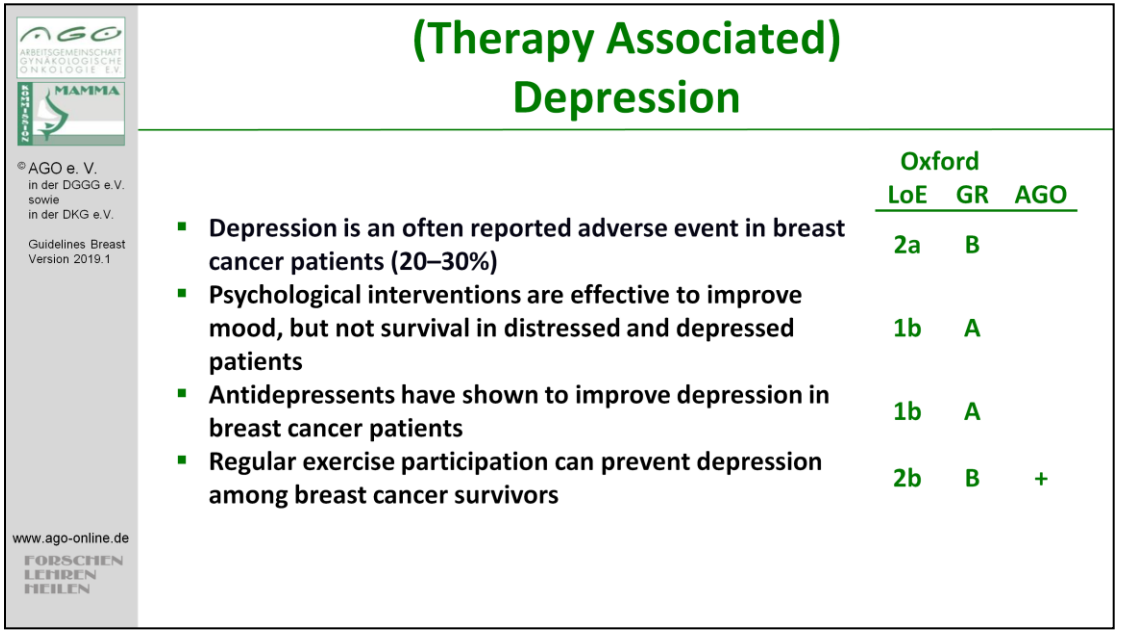
Side Effects According Organ Systems
Incidence, Prevention, Therapy

Guidelines Breast
Version 2019.1

5. Psychiatric Disorders

- Depression
- Fatigue
- Cognitive impairment
- Sleep disturbances



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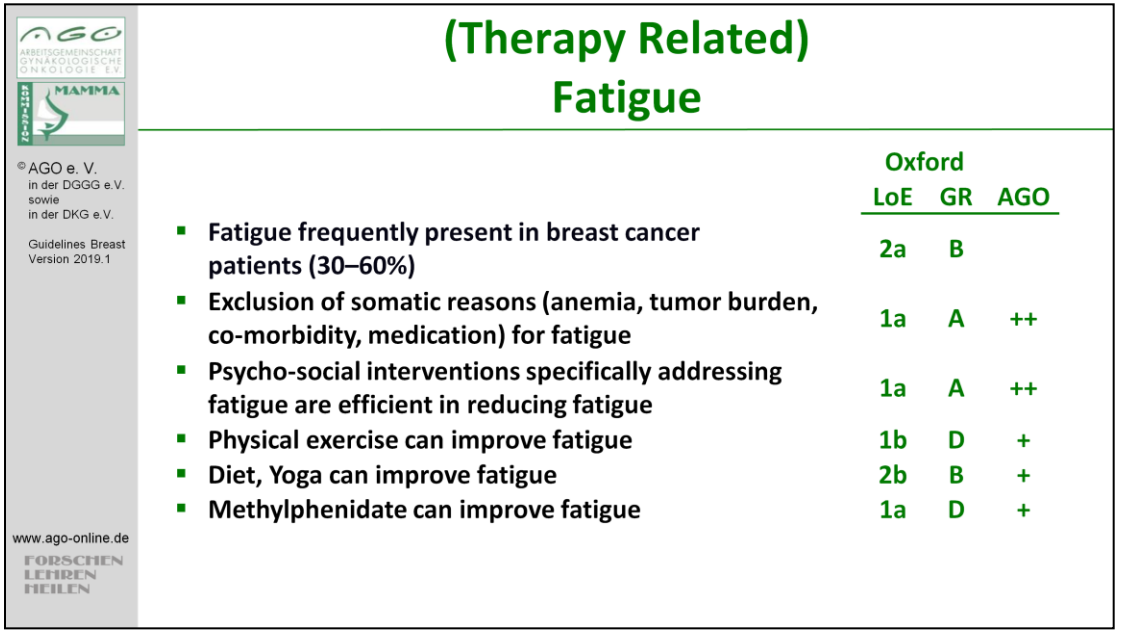

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Methylphenidate…

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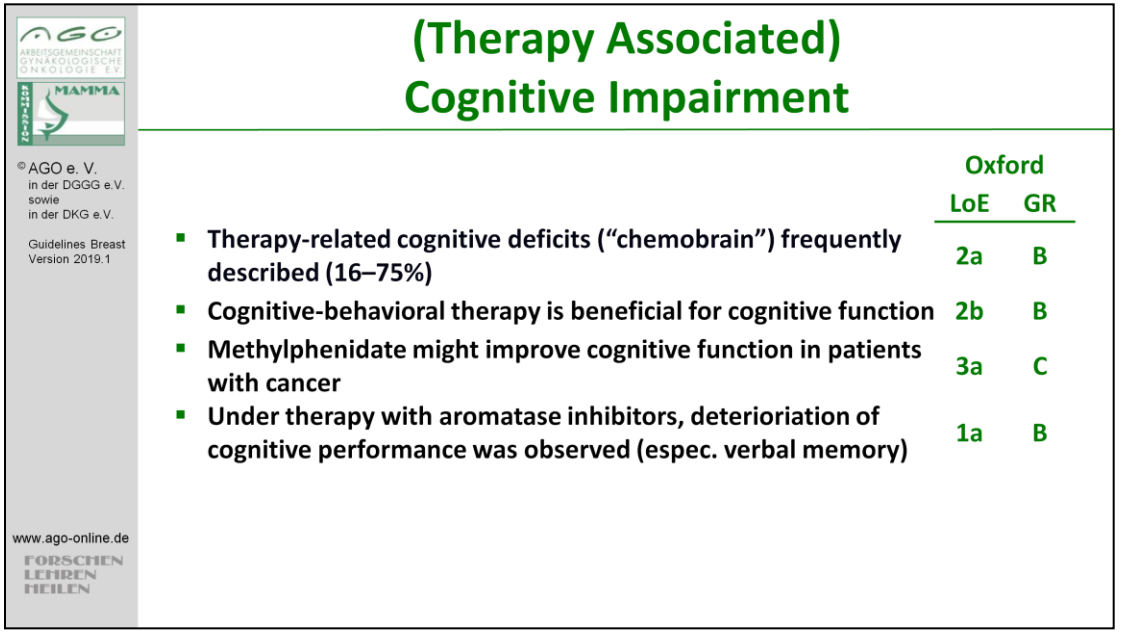

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<u>Cognitive-behavioral therapy is beneficial for cognitive function:</u>

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Under therapy with aromatase inhibitors, deterioriation of cognitive performance was observed (espec. verbal memory) :

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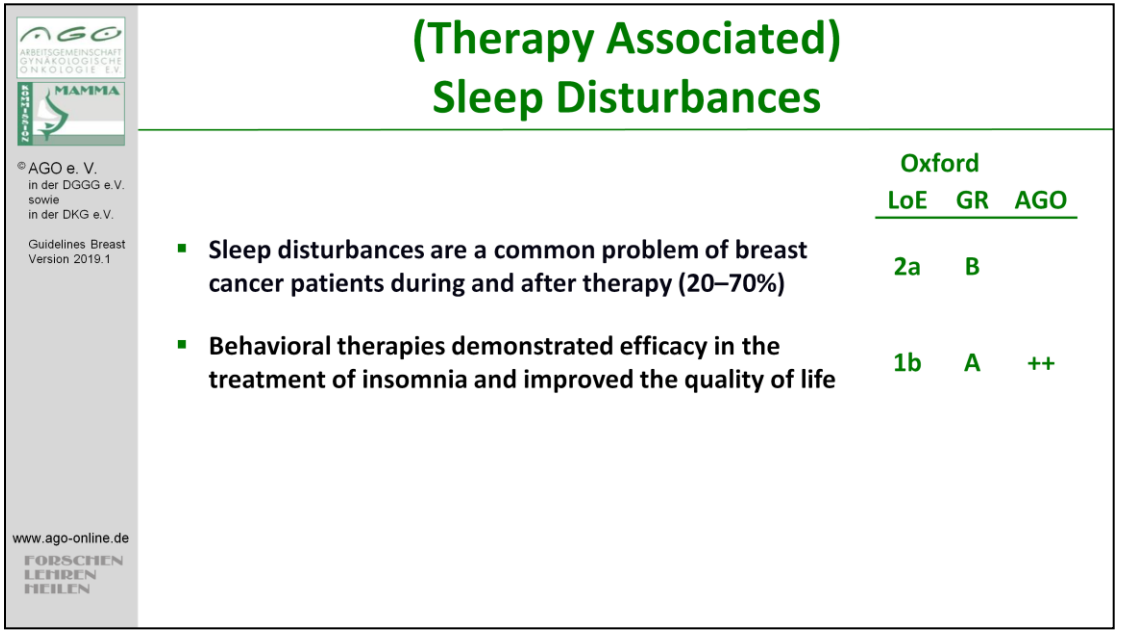

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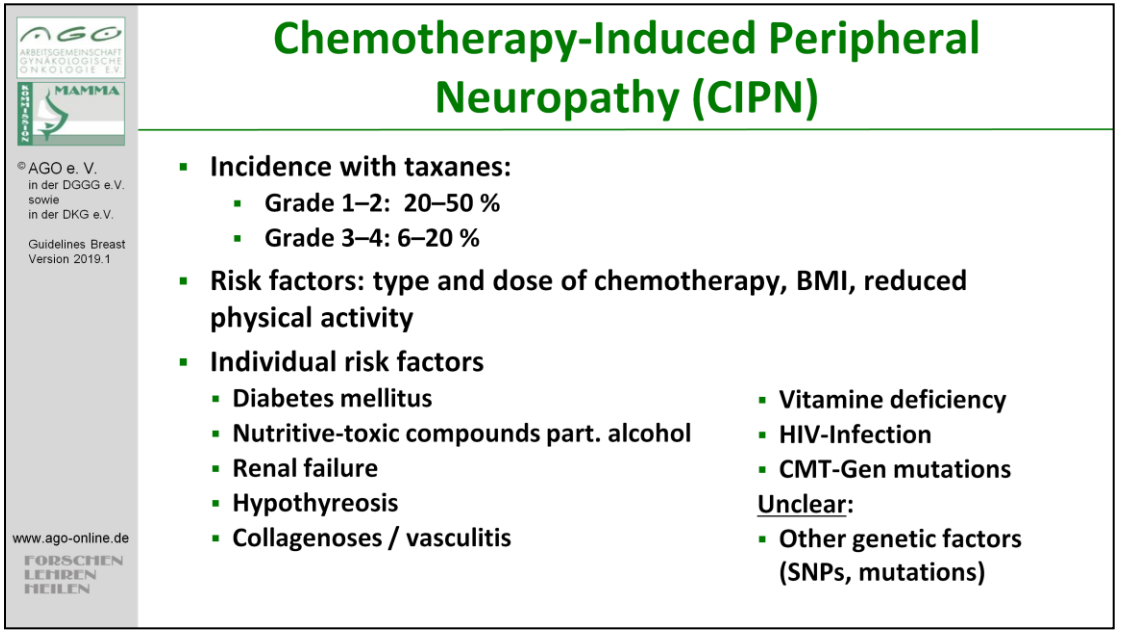
Side Effects According Organ Systems
Incidence, Prevention, Therapy

Guidelines Breast
Version 2019.1

6. Nervous system disorders

- **Chemotherapy-Induced Peripheral Neuropathy (CIPN)**



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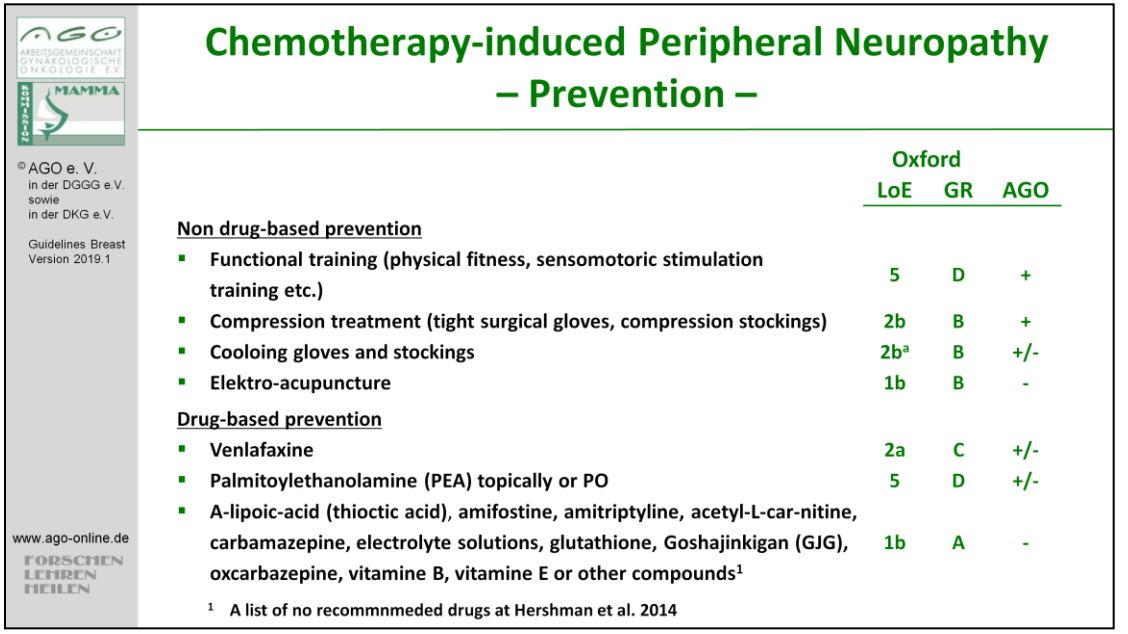
http://leitlinienprogramm-onkologie.de/Supportive-Therapie.95.0.html (Zugriff 29. Januar 2018)



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Nicht-medikamentöse Prävention:

Funktionstraining

1. Kleckner I, Kamen JS, Peppone LJ et al (2016) A URCC NCORP nationwide randomized controlled trial investigating the effect of exercise on chemotherapy-induced peripheral neuropathy in 314 cancer patients. JClinOncol34(suppl): abstr 10000). http://meetinglibrary. asco.org/content/170470-176.
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Kompression

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1. Hanai A, Ishiguro H, Sozu T et al. (2016) The effects of frozen gloves and socks on paclitaxel-induced peripheral neuropathy among patientswith breast cancer: A selfcontrolled clinical trial. J ClinOncol 34(suppl): (abstr 10022). http://meetinglibrary.asco.org/content/166655-176.
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Patients: A Pilot Study. Front Oncol. 2017 Jan 10;6:274.

Elektro-Akupunktur:

1. Greenlee H, Crew KD, Capodice J, et al.: Randomized sham-controlled pilot trial of weekly electro-acupuncture for the prevention of taxane-induced peripheral neuropathy in women with early stage breast cancer. Breast Cancer Res Treat. 2016 Apr;156(3):453-464.

Medikamentöse Prävention:

Venlafaxin

1. Aziz MT, Good BL, Lowe DK. Serotonin-norepinephrine reuptake inhibitors for the management of chemotherapy-induced peripheral neuropathy. Ann Pharmacother. 2014 May;48(5):626-32.
2. Durand JP, Deplanque G, Montheil V, et al.: Efficacy of venlafaxine for the prevention and relief of oxaliplatin-induced acute neurotoxicity: results of EFFOX, a randomized, double-blind, placebo-controlled phase III trial. Ann Oncol. 2012 Jan;23(1):200-5
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Palmitoylethanolamid (PEA):

1. Lombardi G, Miglio G, Varsaldi F, et al.: Oxyhomologation of the amide bond potentiates neuroprotective effects of the endolipid N-palmitoylethanolamine.
J Pharmacol Exp Ther. 2007 Feb;320(2):599-606
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Verschiedene Substanzen

1. Schloss J, Colosimo M, Vitetta L. Herbal medicines and chemotherapy induced peripheral neuropathy (CIPN): A critical literature

review. Crit Rev Food Sci Nutr. 2017 Apr 13;57(6):1107-1118.
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Acetyl-L-Carnitin:

1. Hershman DL, Unger JM, Crew KD, et al.: Randomized double-blind placebo-controlled trial of acetyl-L-carnitine for the prevention of taxane-induced neuropathy in women undergoing adjuvant breast cancer therapy. J Clin Oncol. 2013 Jul 10;31(20):2627-33.
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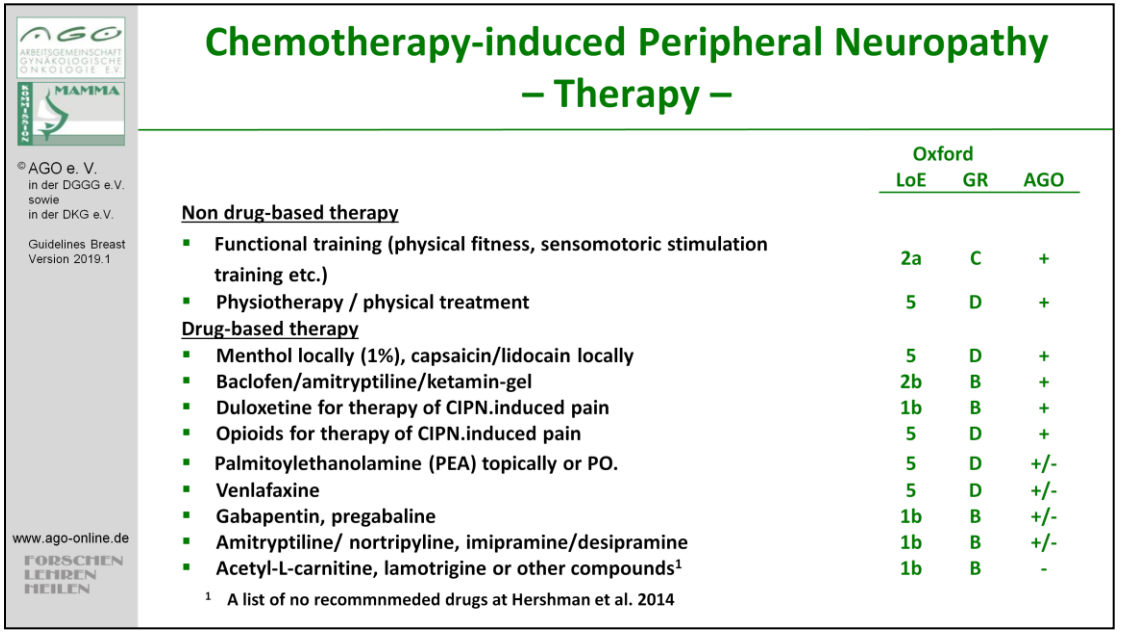

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Non drug-based therapy:

Functional training

1. Duregon F, Vendramin B, Bullo V, et al.: Effects of exercise on cancer patients suffering chemotherapy-induced peripheral neuropathy undergoing treatment: A systematic review. Crit Rev Oncol Hematol. 2018 Jan;121:90-100.

Drug-based therapy:

Menthol / Capsaicine

1. Fallon MT, Storey DJ, Krishan A, et al.: Cancer treatment-related neuropathic pain: proof of concept study with menthol--a TRPM8 agonist. Support Care Cancer. 2015 Sep;23(9):2769-77
2. Derry S, Rice AS, Cole P, et al.: Topical capsaicin (high concentration) for chronic neuropathic pain in adults. Cochrane Database Syst Rev. 2017 Jan 13;1:CD007393
3. Moon JY, Lee PB, Kim YC, et al.: Efficacy and Safety of 0.625% and 1.25% Capsaicin Patch in Peripheral Neuropathic Pain: Multi-Center, Randomized, and Semi-Double Blind Controlled Study. Pain Physician. 2017 Feb;20(2):27-35.
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Baclofen/amitryptiline/ketamine-gel

1. Barton DL, Wos EJ, Qin R, et al.: A double-blind, placebo-controlled trial of a topical treatment for chemotherapy-induced peripheral neuropathy: NCCTG trial N06CA. Support Care Cancer. 2011 Jun;19(6):833-41.
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Duloxetine

1. Smith EM, Pang H, Cirrincione C, et al.: Alliance for Clinical Trials in Oncology. Effect of duloxetine on pain, function, and quality of life among patients with chemotherapy-induced painful peripheral neuropathy: a randomized clinical trial. JAMA. 2013 Apr 3;309(13):1359-67

Opioids

Palmitoylethanolamine (PEA)

1. Lombardi G, Miglio G, Varsaldi F, et al.: Oxyhomologation of the amide bond potentiates neuroprotective effects of the endolipid N-palmitoylethanolamine.
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Venlafaxine

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peripheral neuropathy. Ann Pharmacother. 2014 May;48(5):626-32.
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Gabapentin, pregabaline:
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1. Kautio AL, Haanpää M, Saarto T, et al.: Amitriptyline in the treatment of chemotherapy-induced neuropathic symptoms. J Pain Symptom Manage. 2008 Jan;35(1):31-9.
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Acetyl-L-carnitine, lamotrigine or other compounds:
1. Rao RD, Flynn PJ, Sloan JA, et al.: Efficacy of lamotrigine in the management of chemotherapy-induced peripheral neuropathy: a phase 3 randomized, double-blind, placebo-controlled trial, N01C3. Cancer. 2008 Jun 15;112(12):2802-8
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Guidelines Breast
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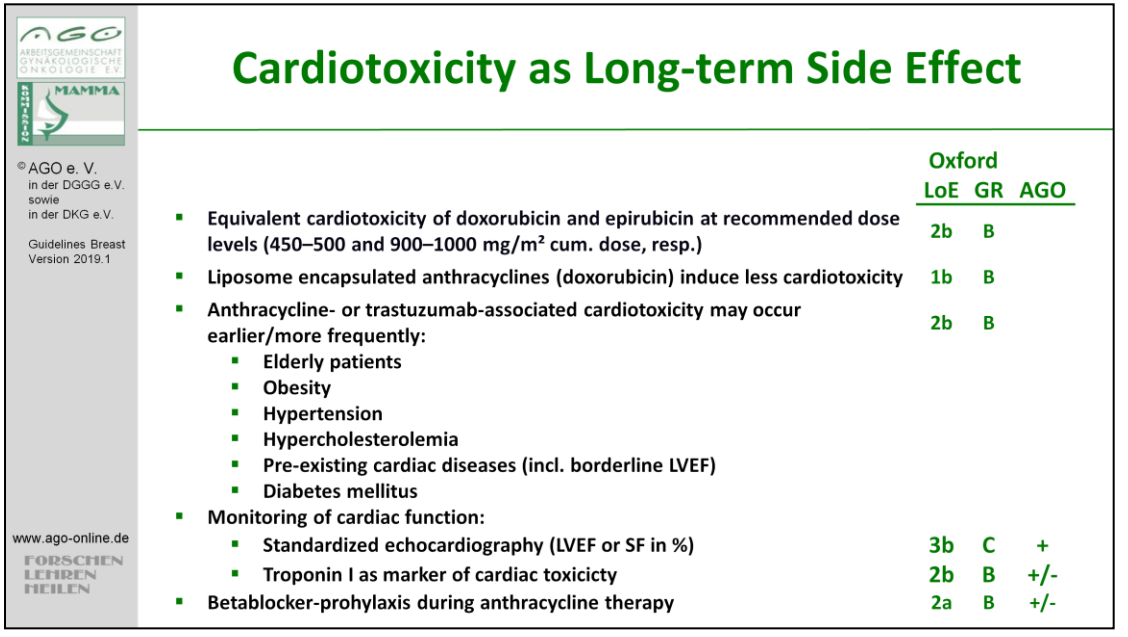
Side Effects According Organ Systems
Incidence, Prevention, Therapy

7. Cardiac Disorders



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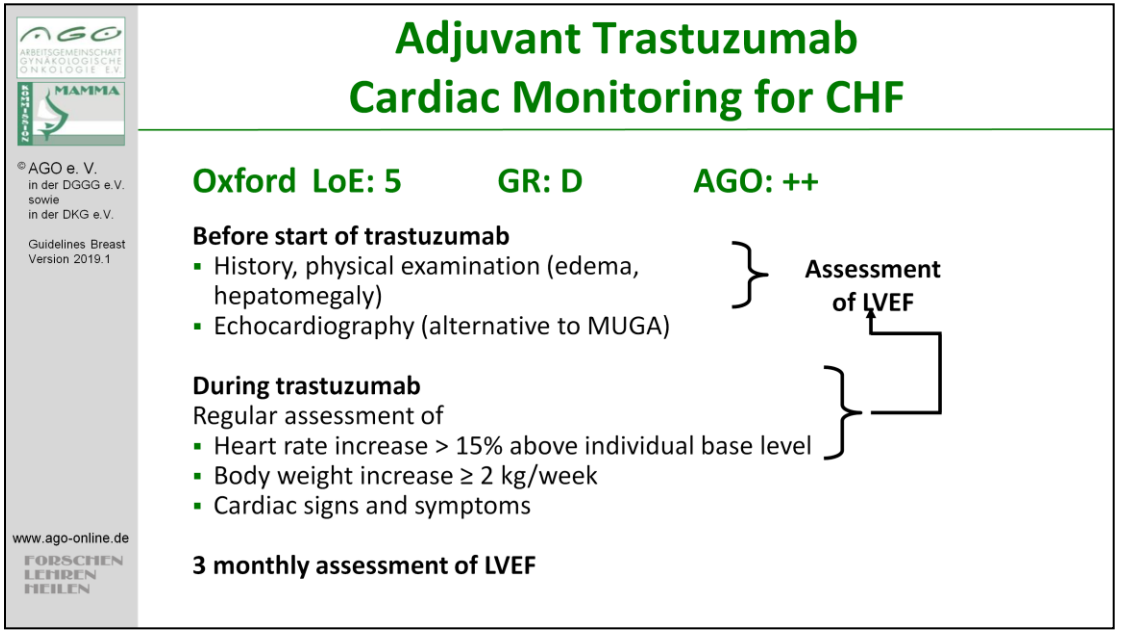

Adjuvant Trastuzumab – Cardiac Monitoring for CHF (Slide 43/82)

Statement: Cardiac Monitoring (5 D ++)
Vote result of the AGO recommendation: 100%

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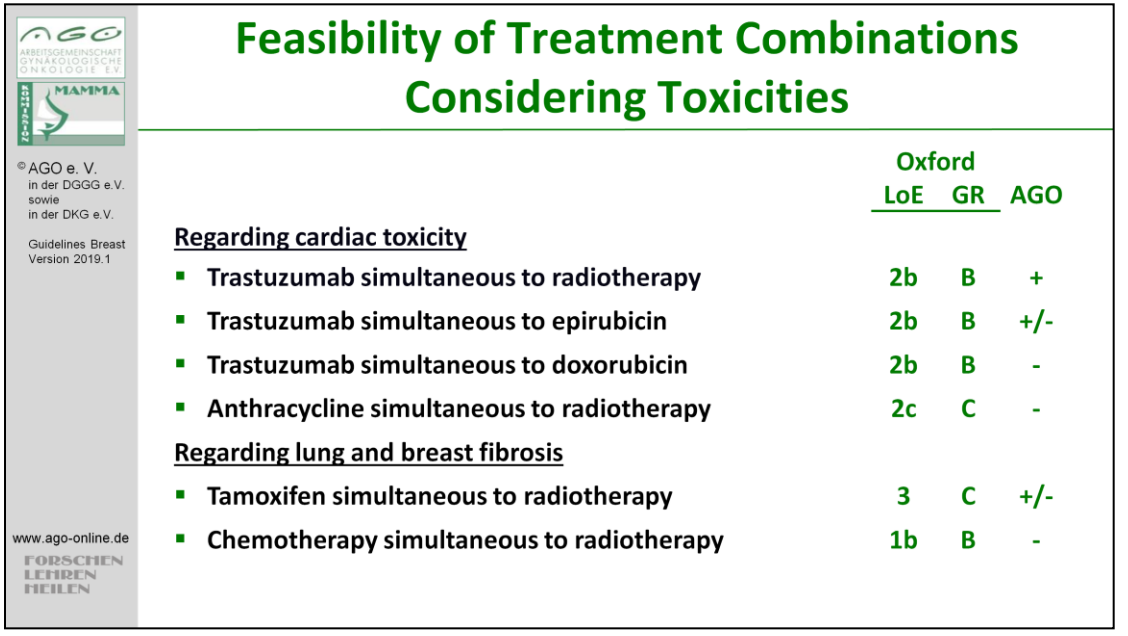

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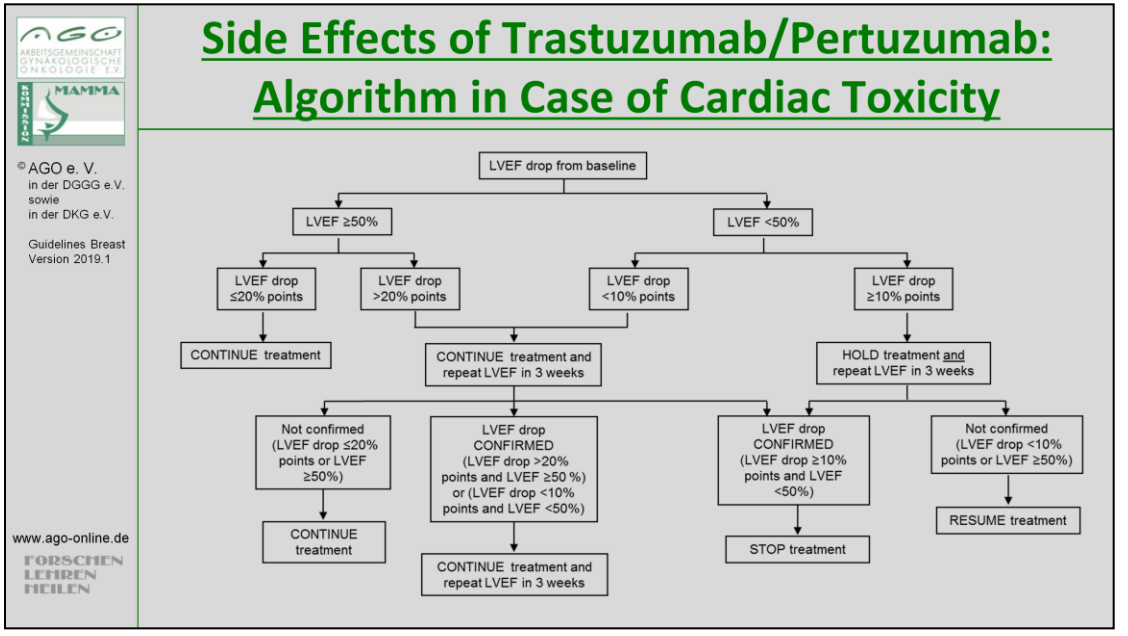

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Side Effects According Organ Systems
Incidence, Prevention, Therapy

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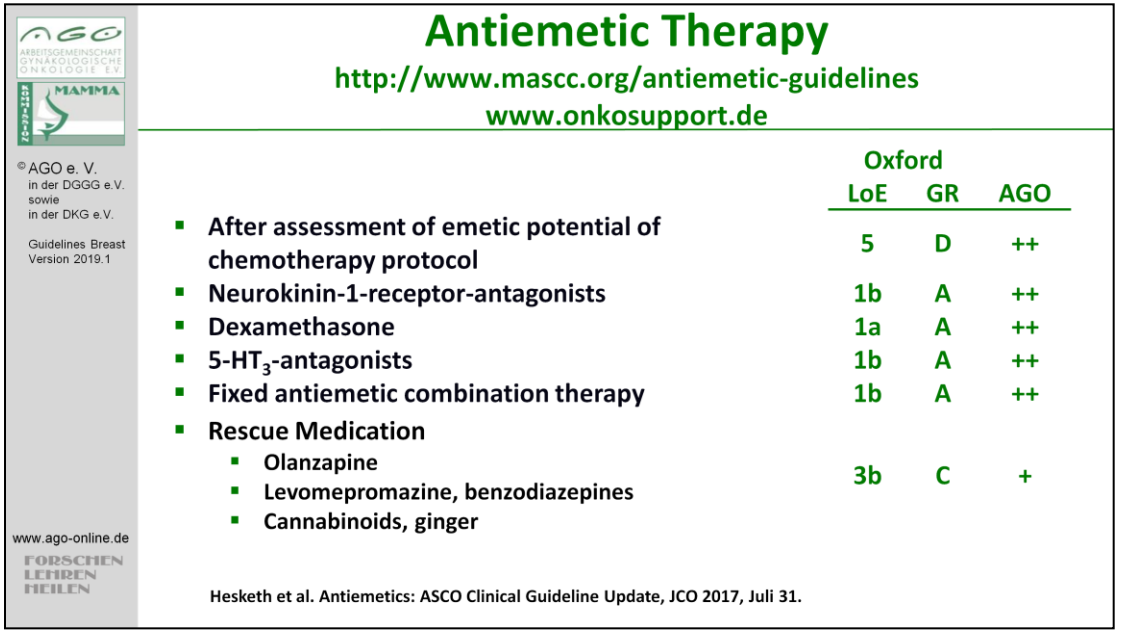
8. Gastrointestinal Disorders

- Nausea, Emesis
- Mucositis
  - Stomatitis (Everolimus)
- Diarrhea
- Constipation



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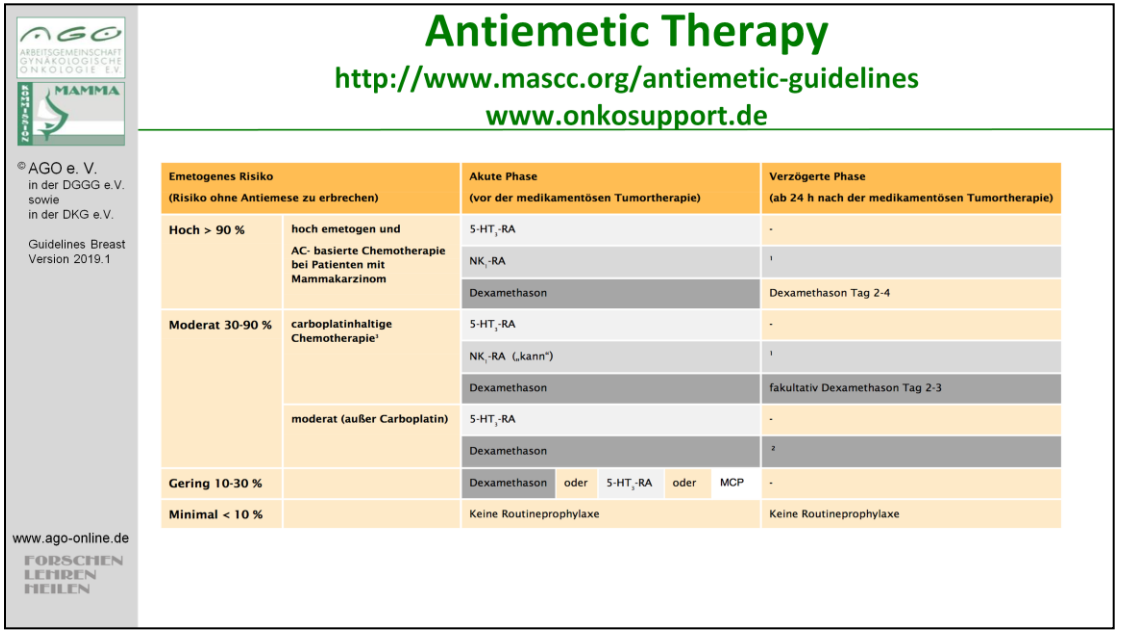

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Supportive Therapy
Antiemetics

Wirkstoffgruppe	Substanz	Dosierung	Nebenwirkungen	Potenzial
Serotonin-antagonisten	Ondansetron Tropisetron Granisetron Palonosetron	8 mg i.v., 2 x 4-8 mg p.o 5 mg i.v., 5 mg p.o. 1-3 mg i.v. 0, 25 mg i.v.	Kopfschmerzen, Diarrhoe, Flushsymptomatik Transaminasenanstieg Darmatonie in hoher Dosierung	sehr hoch
NK1-Antagonisten	Aprepitant Fosaprepitant Rolapitant	125 mg d1, 80 mg d 2-3 p.o. 150 mg d1 i.v. 180 mg d1 p.o.	Cytochrom-P-450- Aktivierung mit Dosis-reduktion von Dexamethason (2 x 8 mg). Keine Kombination mit Astemizol, Terfenadin, Cisaprid	sehr hoch
Dopamin-antagonisten/ substituierte Benzamide	Metoclopramid Alizaprid	bis zu 120 mg/24h als Dauerinfusion od. als Tropfen bis zu 300 mg i.v. oder p.o./24 h (6 Amp. od. 6 Tbl.)	Dyskinesien (Antidot:Biperiden) Angstreaktion, Depressionen, Diarrhoe	hoch
Phenothiazine/ Butyrophenone	Haloperidol	1-3 mg 4 x/d	Sedation, Senkung der Krampfschwelle, transiente Leberwerterhöhung	mäßig
Corticosteroide	Dexamethason Prednisolon	8-20 mg i.v. 1-3 x/d 100-250 mg i.v. 1-3 x/d	Blutzuckerentgleisung, psychotische Reaktionen, Flush, Blutdruckanstieg	mäßig
Benzodiazepine	Diazepam Lorazepam	bis zu 20 mg/d 0,5-1,0 mg/d	Sedation, Atemdepression	gering
NEPA (Netupitant and Palonosetron)	fixe Kombinations partner (oral)	NE 300 mg PA 0,5 mg		sehr hoch

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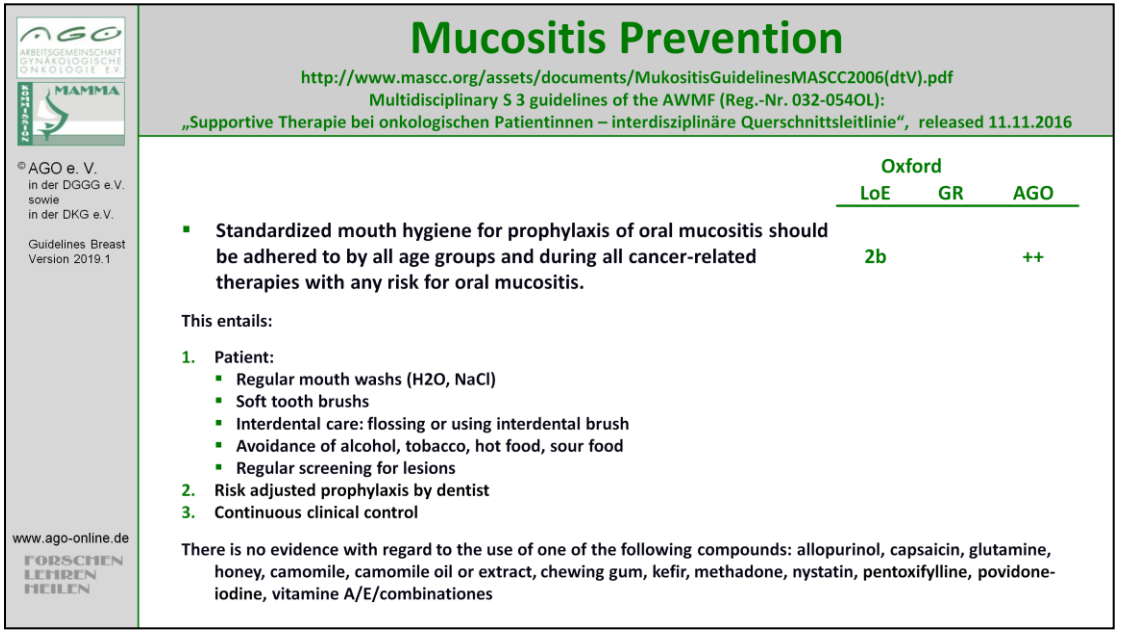

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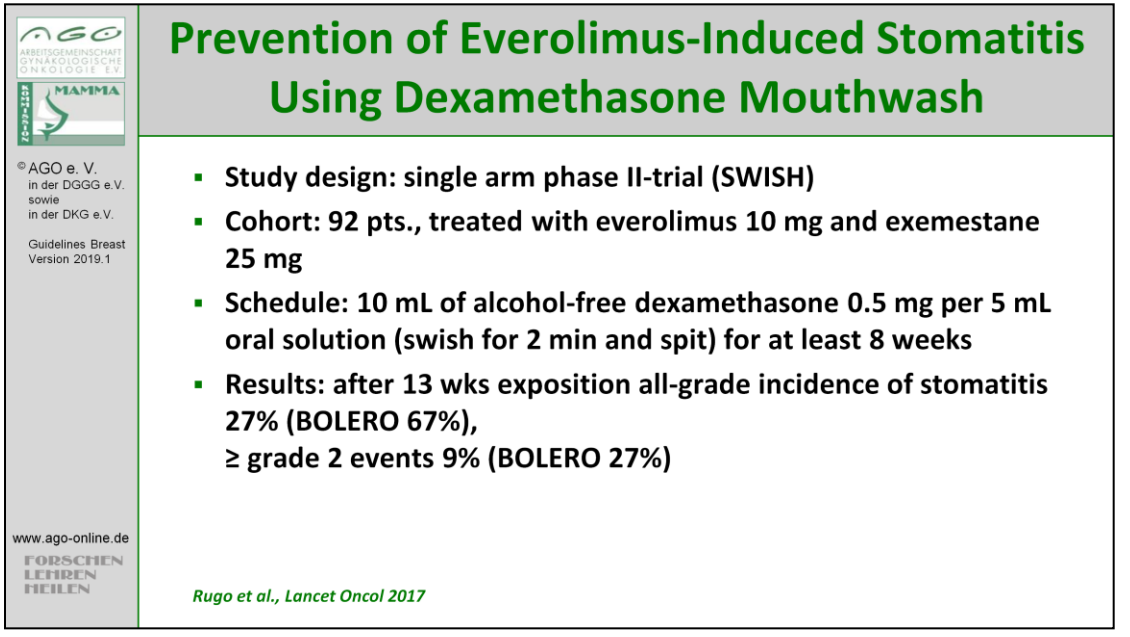

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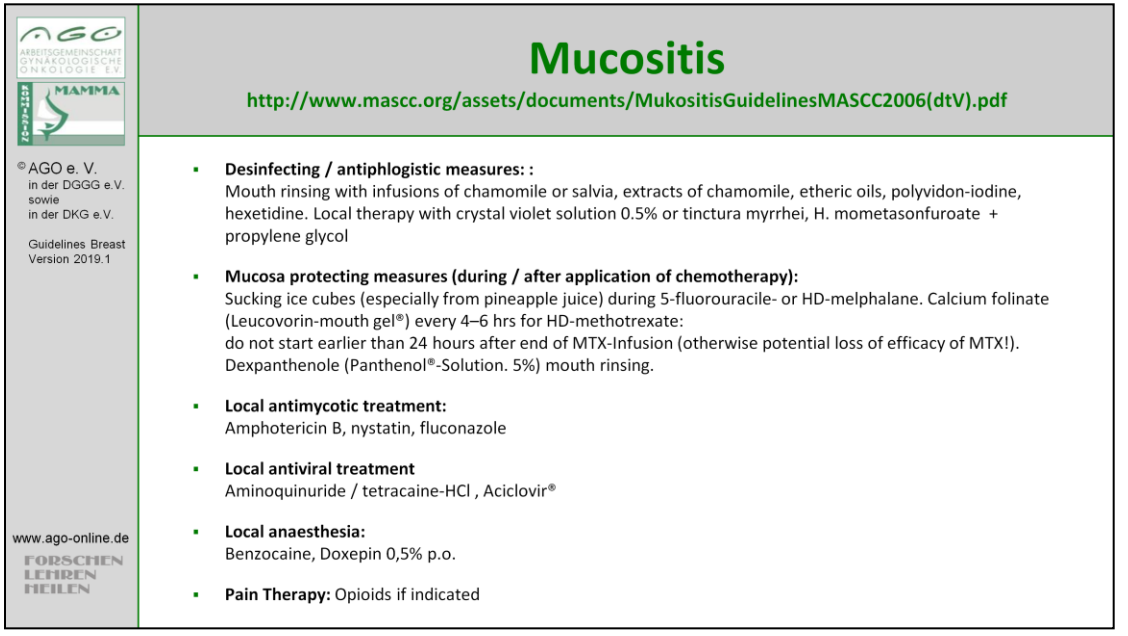

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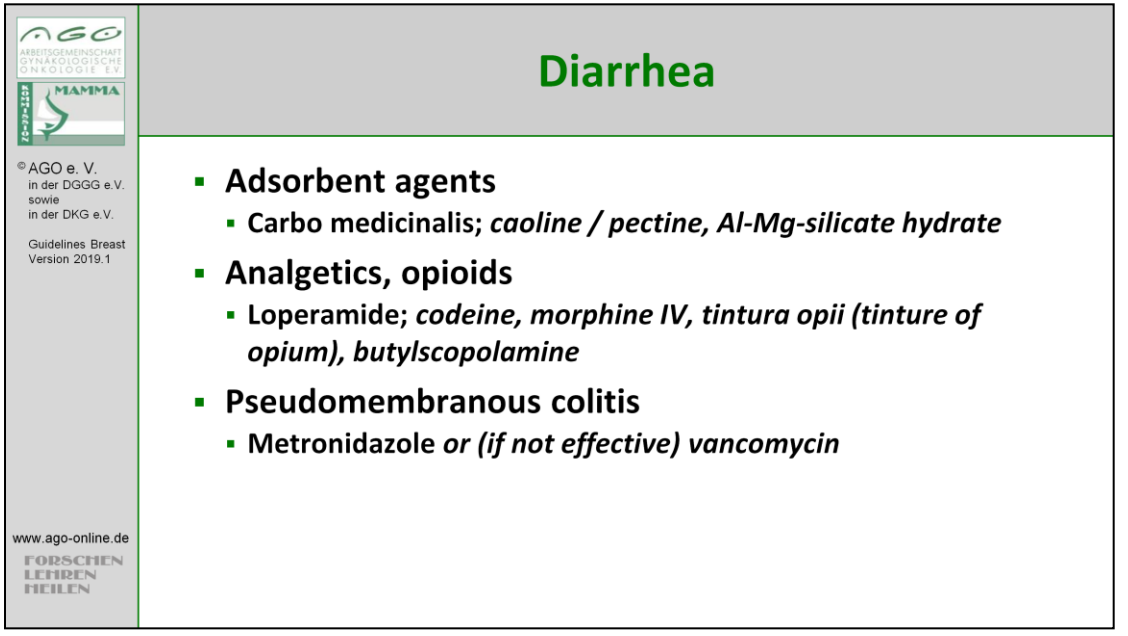

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Constipation

Important Side Effect of Opioid Treatment

- **Bulging agents**
  - Psylium, flaxseed (shredded)
- **Osmotic laxatives**
  - Macrogol > Lactulose (Cochrane review LoE 1a, AGO +)
  - Oral radio-opaque material: ultima ratio e.g. sodium amidotrizoate
  - Sorbitol
- **Motility stimulating laxatives**
  - Senna, Ricinus (Castrol Oil), Bisacodyl, sodium-picosulfate
- **Emollients** (Internal lubricants e.g. paraffin)
- **Opioid-receptor-antagonists (in opioid-related constipation)**
  - Methylnaltrexone

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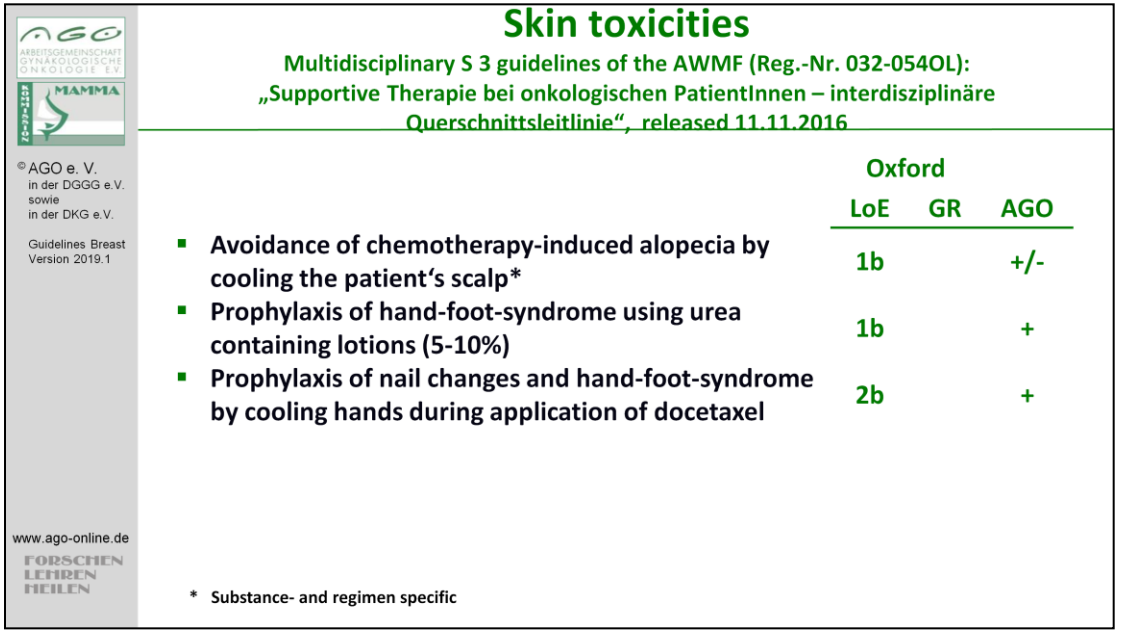
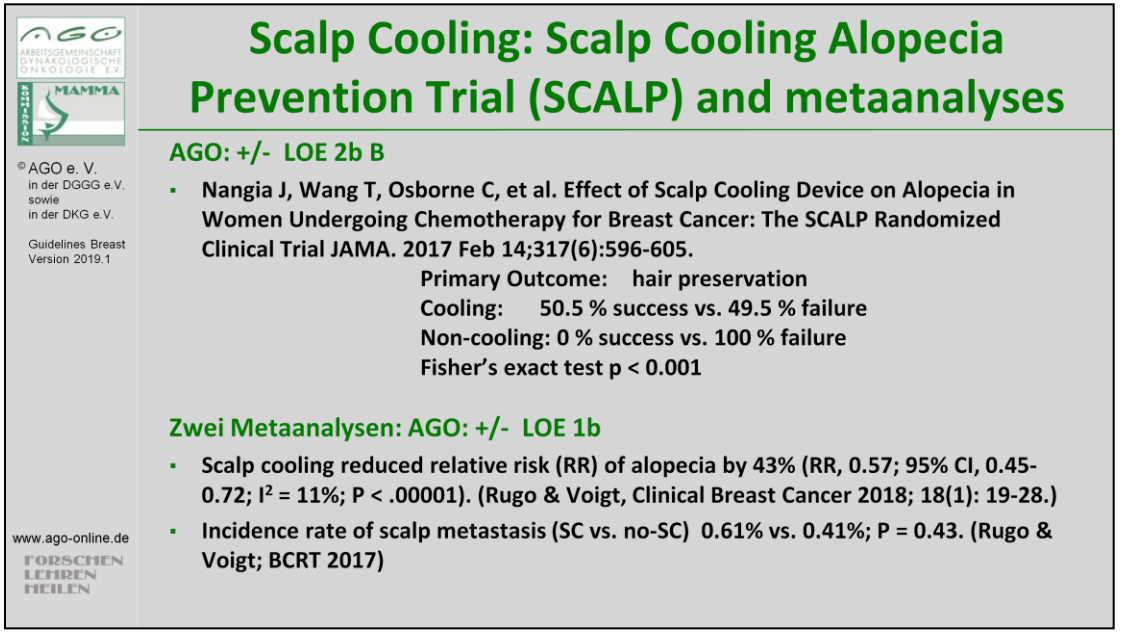
9. Skin & Subcutaneous Tissue Disorders (Alopecia)



Relevant practice guideline:

1. Multidisciplinary S 3 guidelines of the AWMF (Reg.-Nr. 032-054OL):
2. „Supportive Therapie bei onkologischen PatientInnen - interdisziplinäre Querschnittsleitlinie“, released 11.11.2016



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10. MUSCULOSKELETAL & CONNECTIVE TISSUE DISORDERS

(see Chapter Osteooncology)

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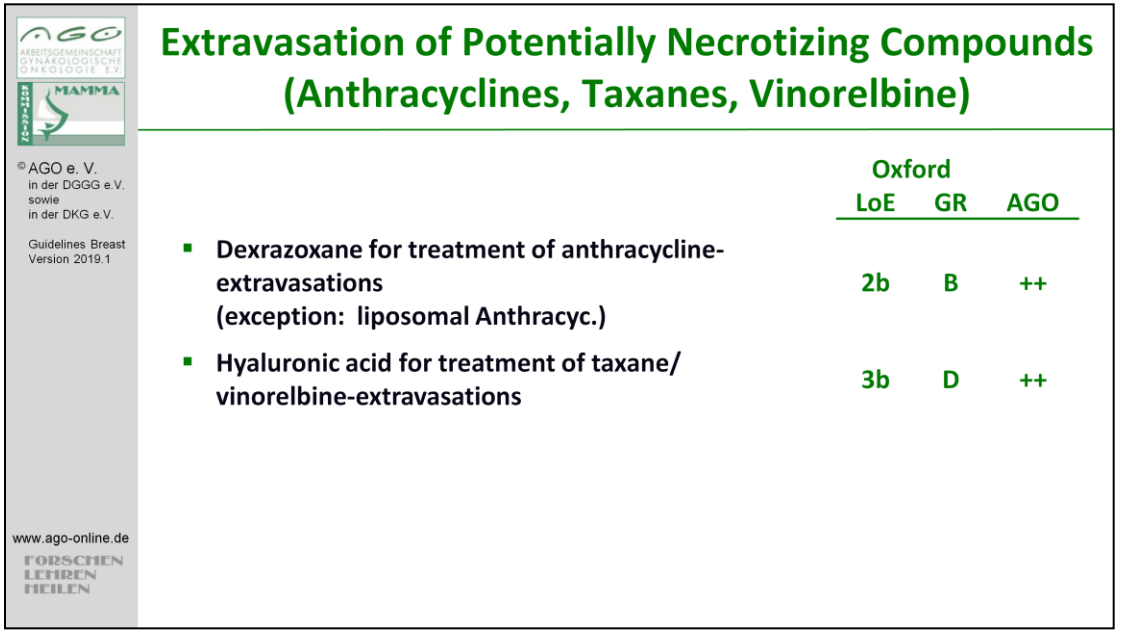
11. General Disorders & Administration Site Conditions



Relevant practice guideline:

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Dexrazoxane

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Hyaluronsäure

…

Extravasation of Chemotherapy
Role of Dexrazoxane/Hyaluronic Acid

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Dexrazoxane for treatment of anthracyclines paravasates

Day 1: 1000 mg/m² (max. 2000 mg), IV 1–2 hrs

Day 2: 1000 mg/m² (max. 2000 mg), IV 1–2 hrs

Day 3: 500 mg/m² (max. 1000 mg), IV 1–2 hrs

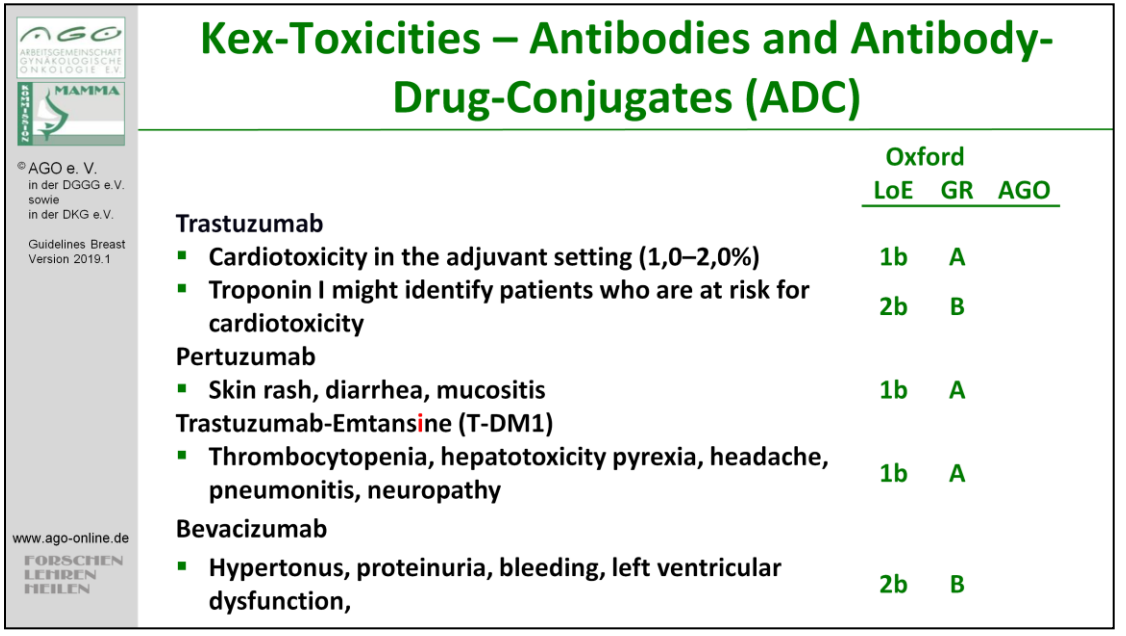
Otherwise or if treatment with dexrazoxane is not indicated, following measures are recommended:

1. **Local cooling: ice packs for 15 min every 6 hrs, for at least 3 days, alternatively: 24 h continuous ice cooling**
2. **Local application (with swab) of dimethylsulfoxid 99% (DMSO) every 3-4 hours for at least 3 days (better 14 days), allow it to air dry. The interval may be extended to 6 hours from day 4 onward.**

Hyaluronic Acid in case of Taxan/Vinorelbin Paravasates:

- **1-10 Amp a 150 IU**
- **1 ml dissolvent (z.B. NaCl 0.9%)**
- **Local anaesthesia**
- **No thermotherapy after taxanes**
- **Dry warmth 4 x daily 20 min during vincaalkaloids**

- **Substance-Specific Side Effects**
  - **Antibodies and Antibody-Drug-Conjugates (ADC)**
  - **CDK 4/6-Inhibitors**
  - **PARP-Inhibitors**
  - **Small molecules (TKI, mTOR.Inihibitor)**
  - **Immun-Checkpoint-Antibodies**



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Everolimus:

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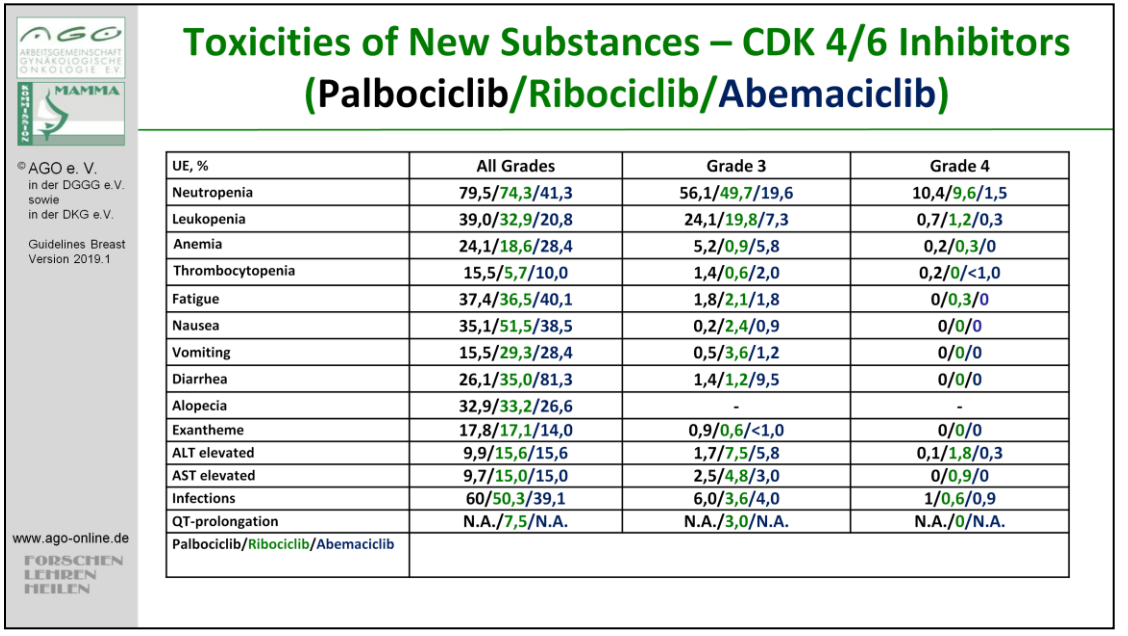

UE, %	All Grades	Grade 3	Grade 4
Neutropenia	79,5/74,3/41,3	56,1/49,7/19,6	10,4/9,6/1,5
Leukopenia	39,0/32,9/20,8	24,1/19,8/7,3	0,7/1,2/0,3
Anemia	24,1/18,6/28,4	5,2/0,9/5,8	0,2/0,3/0
Thrombocytopenia	15,5/5,7/10,0	1,4/0,6/2,0	0,2/0/<1,0
Fatigue	37,4/36,5/40,1	1,8/2,1/1,8	0/0,3/0
Nausea	35,1/51,5/38,5	0,2/2,4/0,9	0/0/0
Vomiting	15,5/29,3/28,4	0,5/3,6/1,2	0/0/0
Diarrhea	26,1/35,0/81,3	1,4/1,2/9,5	0/0/0
Alopecia	32,9/33,2/26,6	-	-
Exantheme	17,8/17,1/14,0	0,9/0,6/<1,0	0/0/0
ALT elevated	9,9/15,6/15,6	1,7/7,5/5,8	0,1/1,8/0,3
AST elevated	9,7/15,0/15,0	2,5/4,8/3,0	0/0,9/0
Infections	60/50,3/39,1	6,0/3,6/4,0	1/0,6/0,9
QT-prolongation	N.A./7,5/N.A.	N.A./3,0/N.A.	N.A./0/N.A.
Palbociclib/Ribociclib/Abemaciclib			

Palbociclib

1. Verma S, Bartlett CH, Schnell P, et al. Palbociclib in Combination With Fulvestrant in Women With Hormone Receptor-Positive/HER2-Negative Advanced Metastatic Breast Cancer: Detailed Safety Analysis From a Multicenter, Randomized, Placebo-Controlled, Phase III Study (PALOMA-3). Oncologist. 2016 Oct;21(10):1165-1175. Epub 2016 Jul 1.
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1. Sledge GW, Jr., Toi M, Neven P, et al: Monarch 2: Abemaciclib in combination with fulvestrant in women with hr+/her2- advanced breast cancer who had progressed while receiving endocrine therapy. J Clin Oncol 2017;35:2875-2884.
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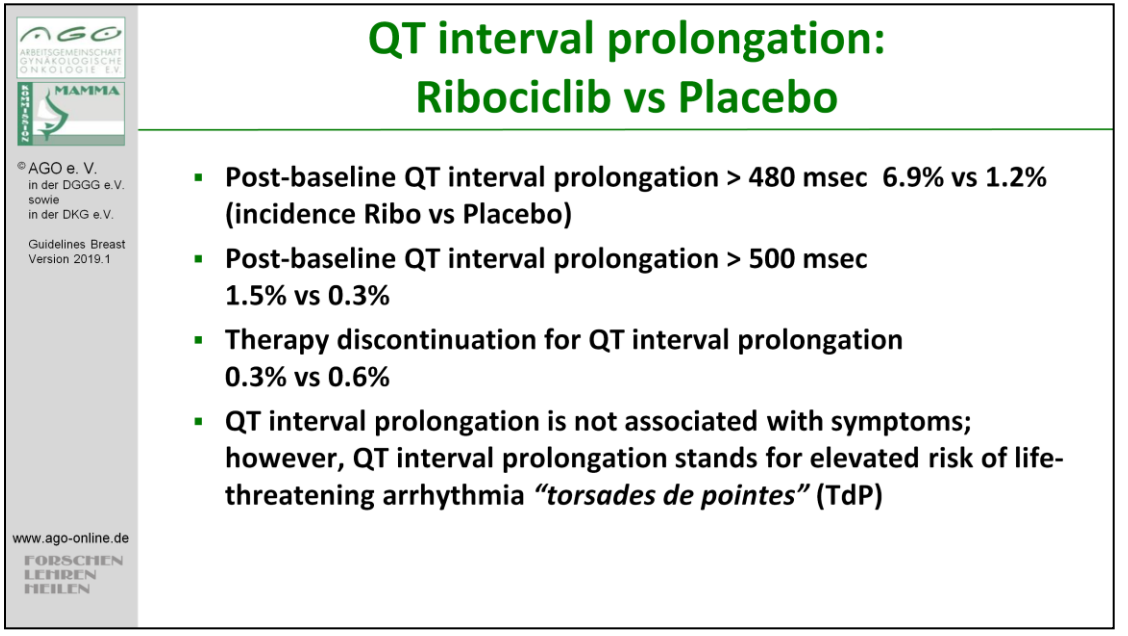

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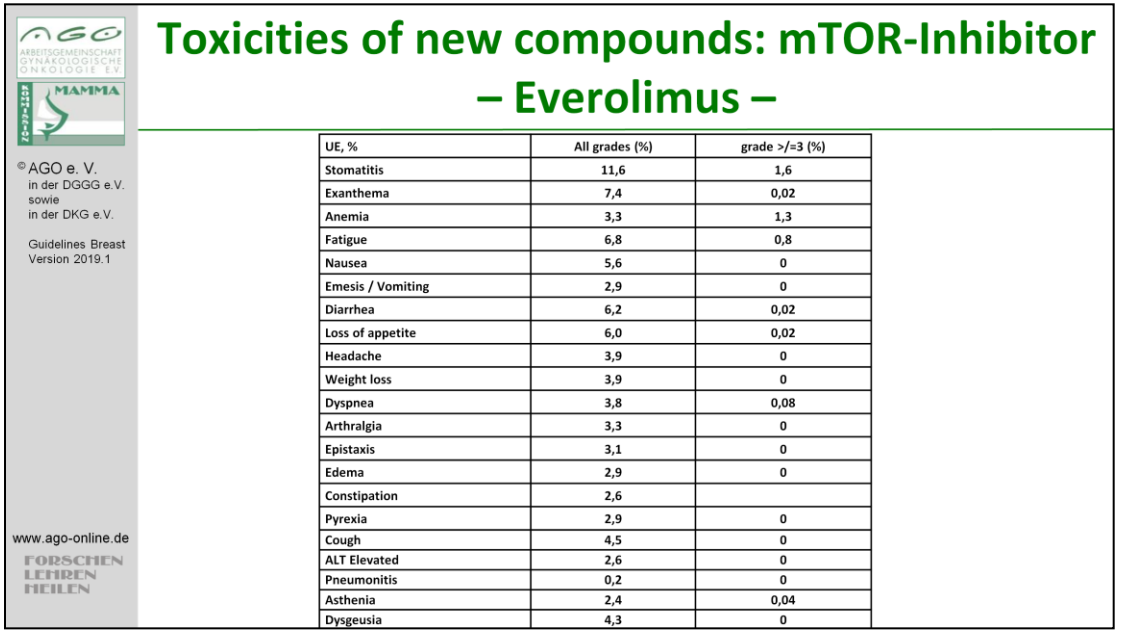
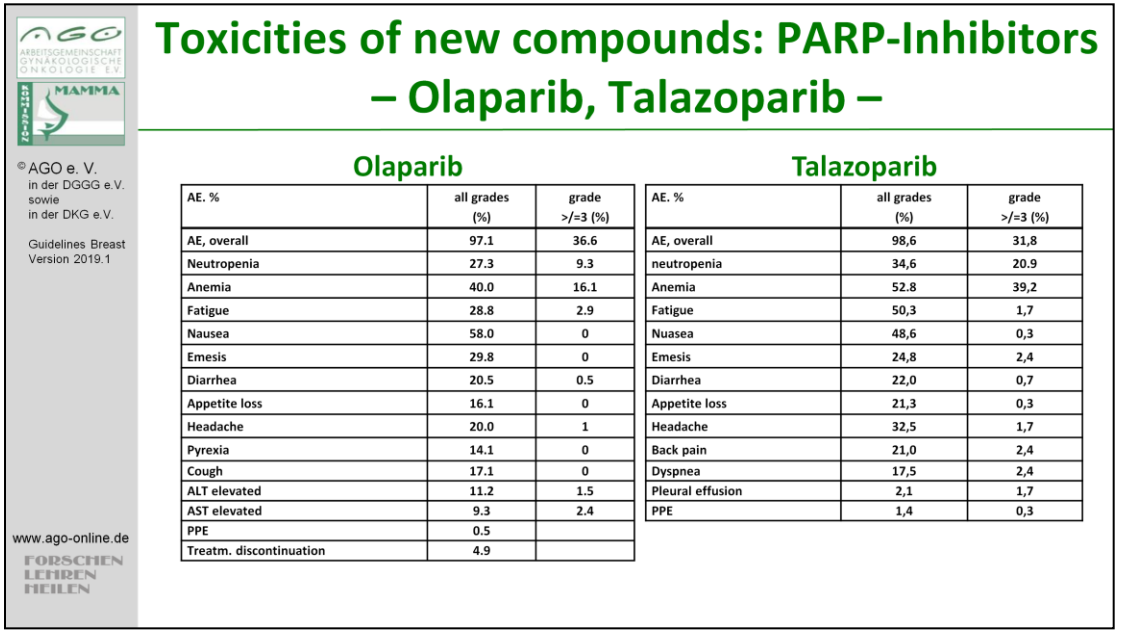


UE, %	All grades (%)	grade >/=3 (%)
Stomatitis	11,6	1,6
Exanthema	7,4	0,02
Anemia	3,3	1,3
Fatigue	6,8	0,8
Nausea	5,6	0
Emesis / Vomiting	2,9	0
Diarrhea	6,2	0,02
Loss of appetite	6,0	0,02
Headache	3,9	0
Weight loss	3,9	0
Dyspnea	3,8	0,08
Arthralgia	3,3	0
Epistaxis	3,1	0
Edema	2,9	0
Constipation	2,6	
Pyrexia	2,9	0
Cough	4,5	0
ALT Elevated	2,6	0
Pneumonitis	0,2	0
Asthenia	2,4	0,04
Dysgeusia	4,3	0

1. Baselga J, Campone M, Piccart M et al Everolimus in postmenopausal hormone receptor positive advanced breast cancer N Engl J Med:366,: 520 -529, 2012



Olaparib

AE. %	all grades (%)	grade >/=3 (%)
AE, overall	97.1	36.6
Neutropenia	27.3	9.3
Anemia	40.0	16.1
Fatigue	28.8	2.9
Nausea	58.0	0
Emesis	29.8	0
Diarrhea	20.5	0.5
Appetite loss	16.1	0
Headache	20.0	1
Pyrexia	14.1	0
Cough	17.1	0
ALT elevated	11.2	1.5
AST elevated	9.3	2.4
PPE	0.5	
Treatm. discontinuation	4.9	

Talazoparib

AE. %	all grades (%)	grade >/=3 (%)
AE, overall	98,6	31,8
neutropenia	34,6	20.9
Anemia	52.8	39,2
Fatigue	50,3	1,7
Nuasea	48,6	0,3
Emesis	24,8	2,4
Diarrhea	22,0	0,7
Appetite loss	21,3	0,3
Headache	32,5	1,7
Back pain	21,0	2,4
Dyspnea	17,5	2,4
Pleural effusion	2,1	1,7
PPE	1,4	0,3

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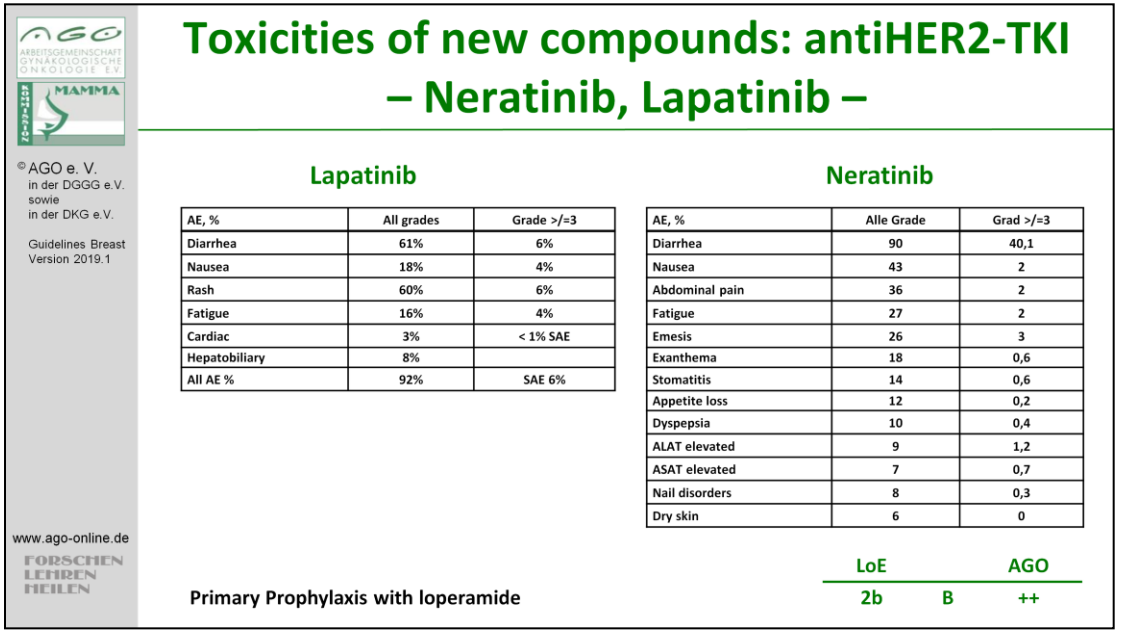

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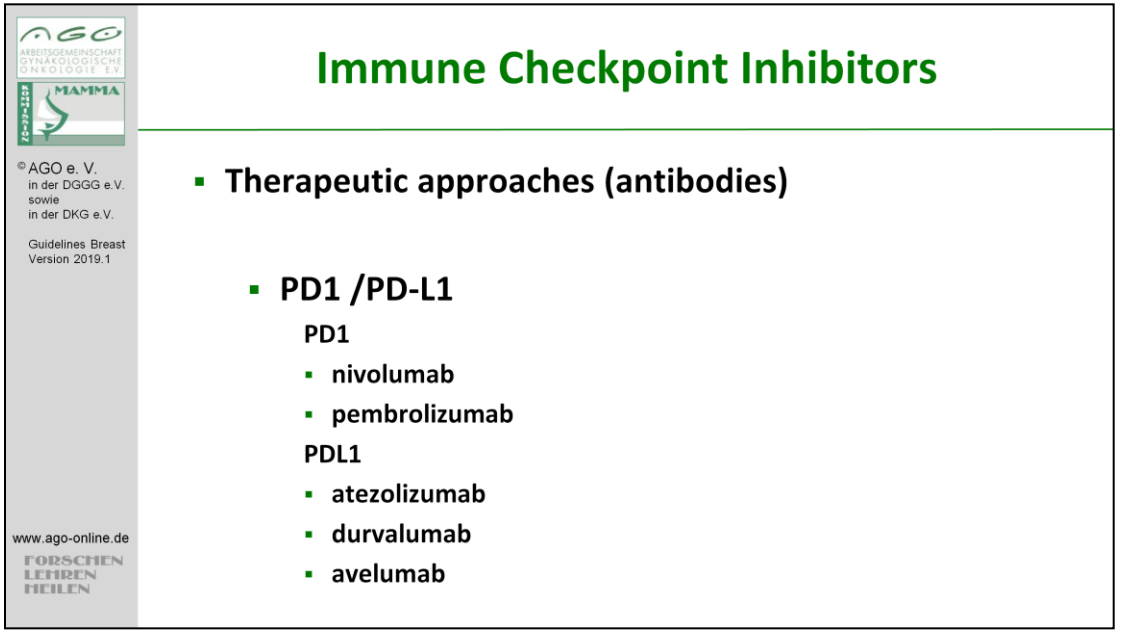

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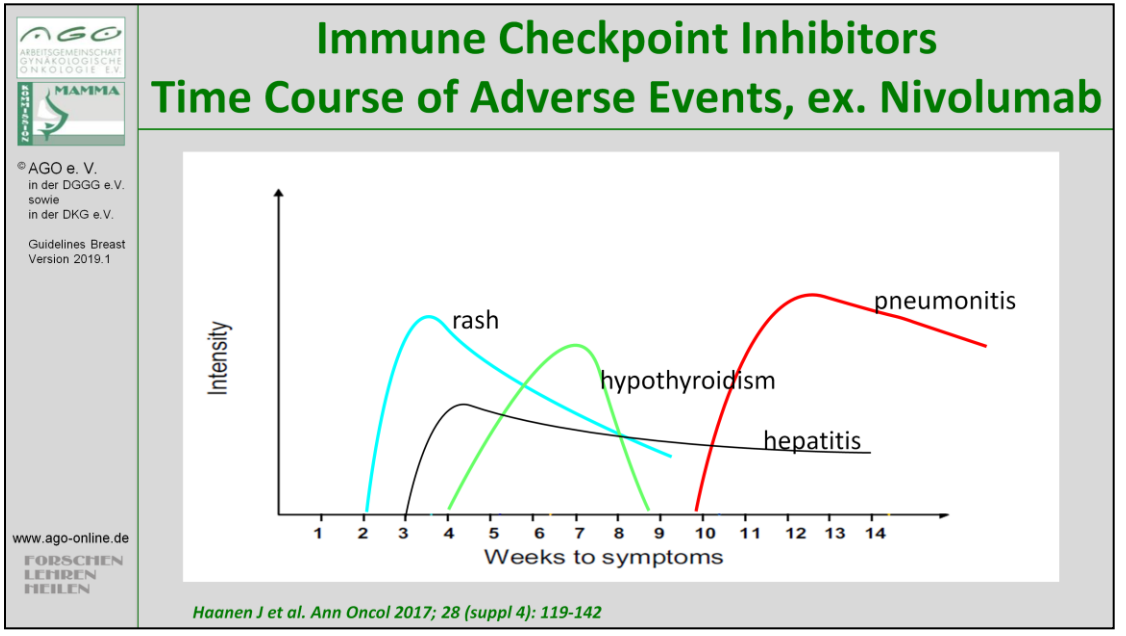

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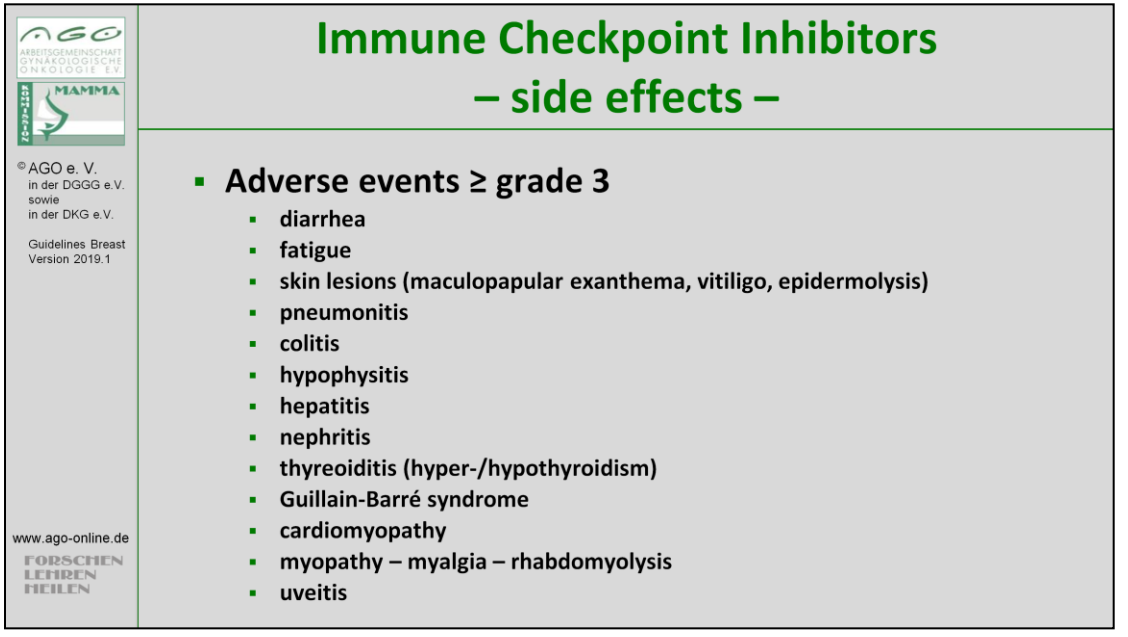

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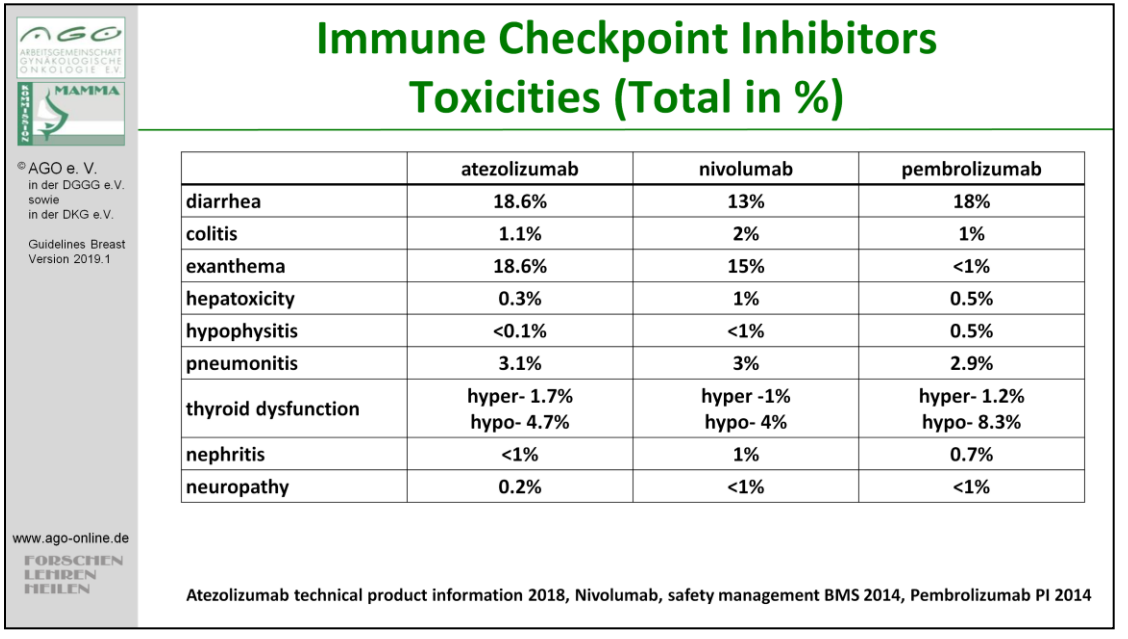


Immune Checkpoint Inhibitors
Toxicities (Total in %)

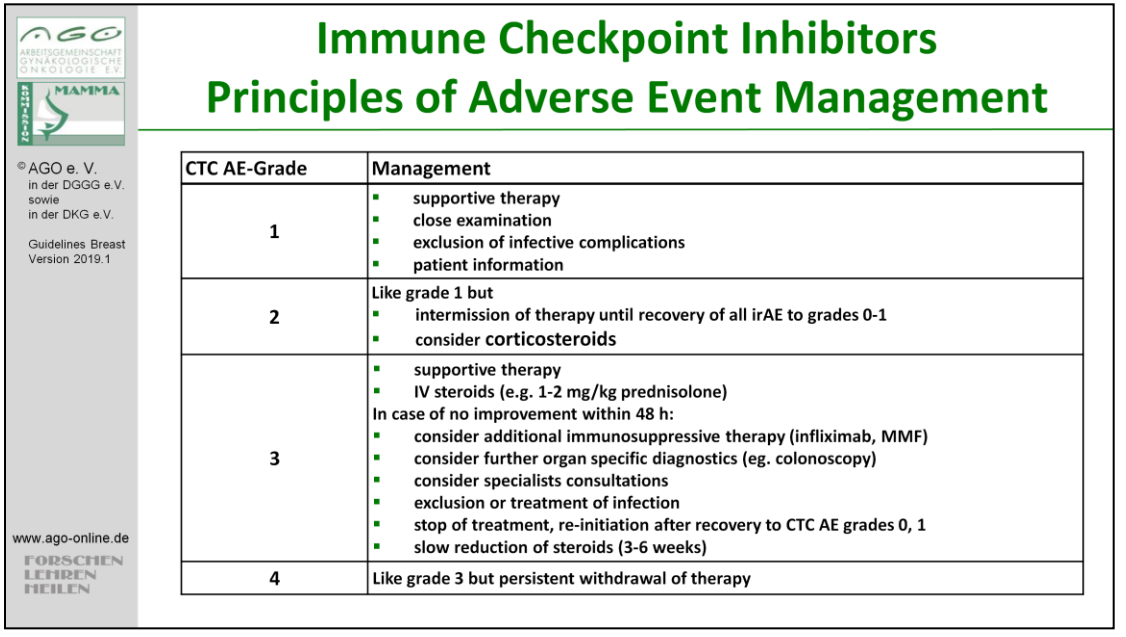
	atezolizumab	nivolumab	pembrolizumab
diarrhea	18.6%	13%	18%
colitis	1.1%	2%	1%
exanthema	18.6%	15%	<1%
hepatoxicity	0.3%	1%	0.5%
hypophysitis	<0.1%	<1%	0.5%
pneumonitis	3.1%	3%	2.9%
thyroid dysfunction	hyper- 1.7% hypo- 4.7%	hyper -1% hypo- 4%	hyper- 1.2% hypo- 8.3%
nephritis	<1%	1%	0.7%
neuropathy	0.2%	<1%	<1%

Atezolizumab technical product information 2018, Nivolumab, safety management BMS 2014, Pembrolizumab PI 2014

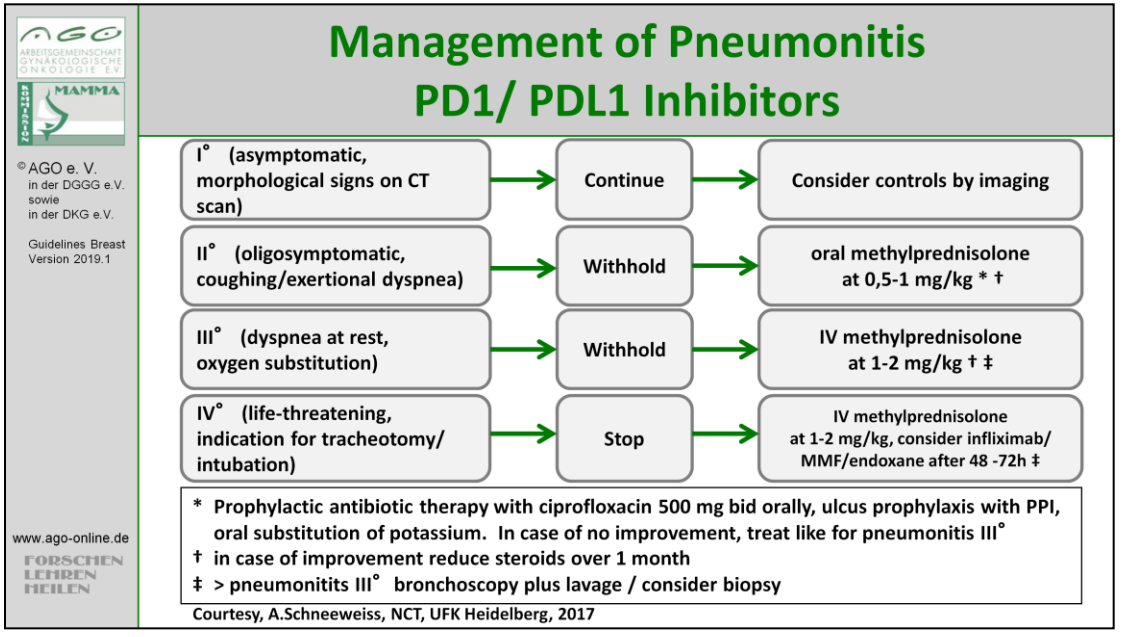
Atezolizumab: https://www.fachinfo.de/suche/fi/021700

Nivolumab: https://www.fachinfo.de/suche/fi/020675

Pembrolizumab: https://www.fachinfo.de/suche/fi/020716



1. Haanen J, Carbonnel F, Robert C, et al. on behalf of the ESMO Guidelines Committee: Management of toxicities from immunotherapy: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2017; 28 (suppl 4): 119-142.



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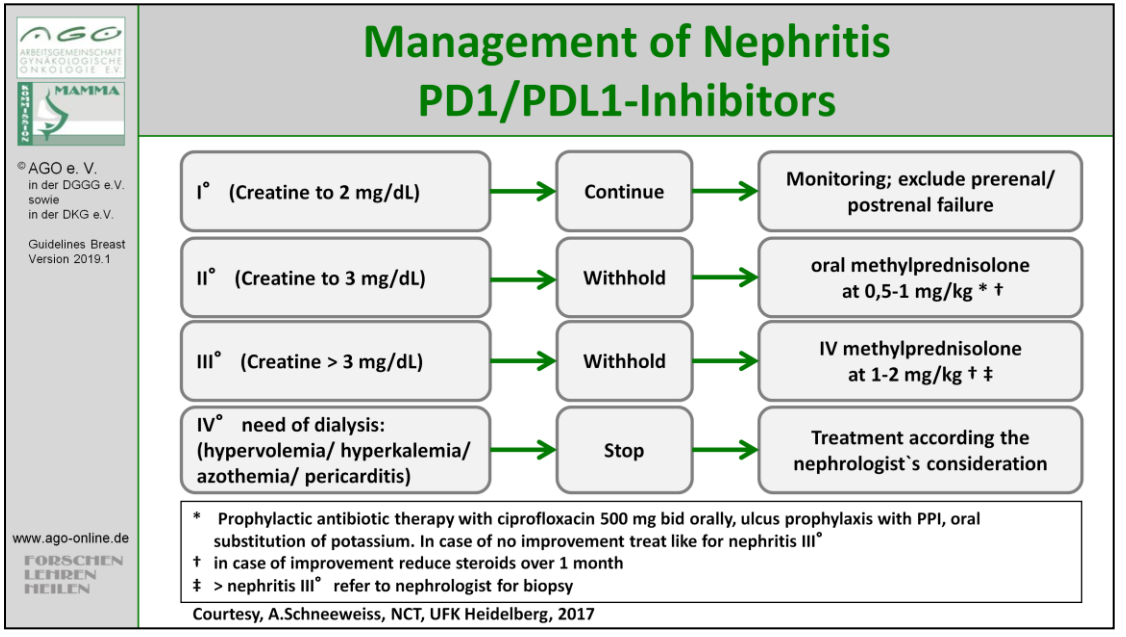
2. Postow M, Sidlow R, Hellmann M: Immune-related adverse events associated with immune checkpoint blockade. N Engl J Med 2018; 378(2): 158-168. doi: 10.1056/NEJMra1703481



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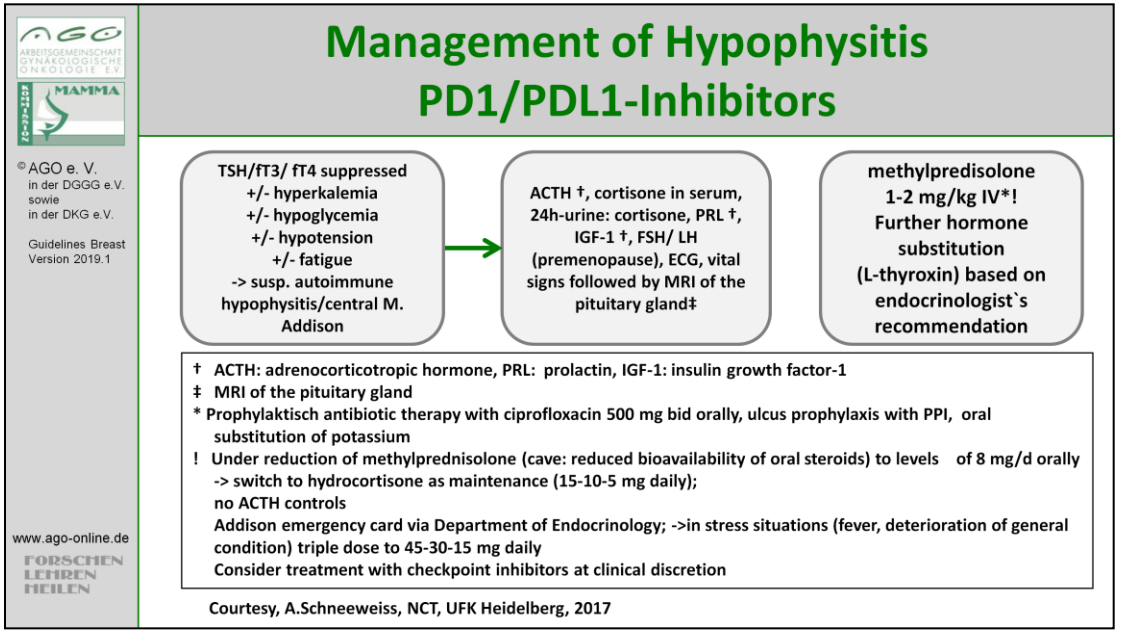

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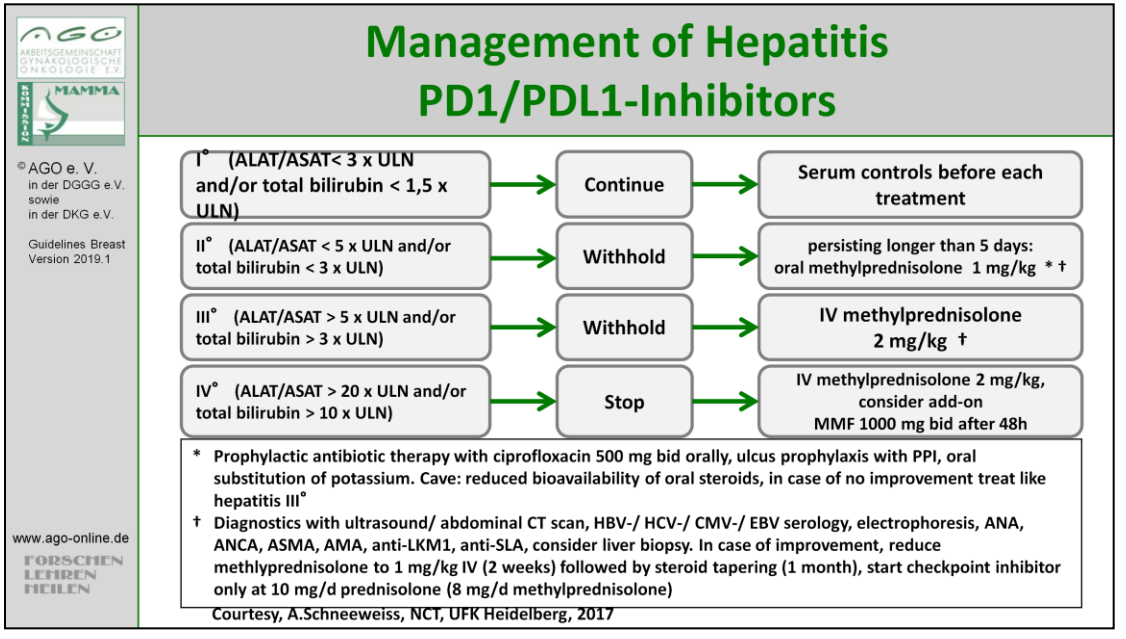

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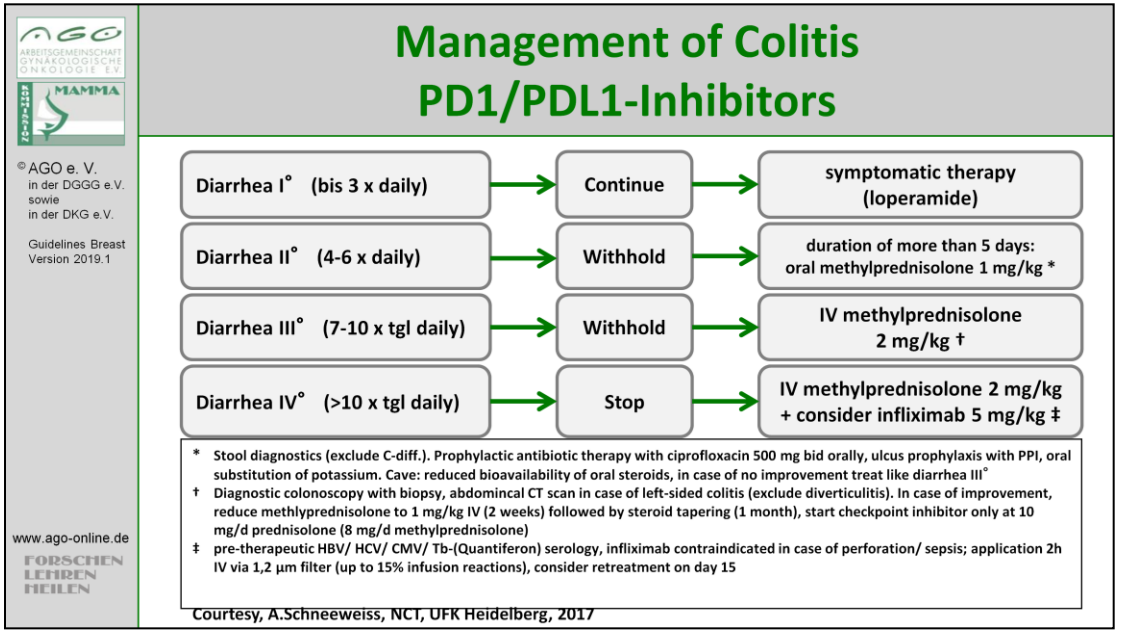

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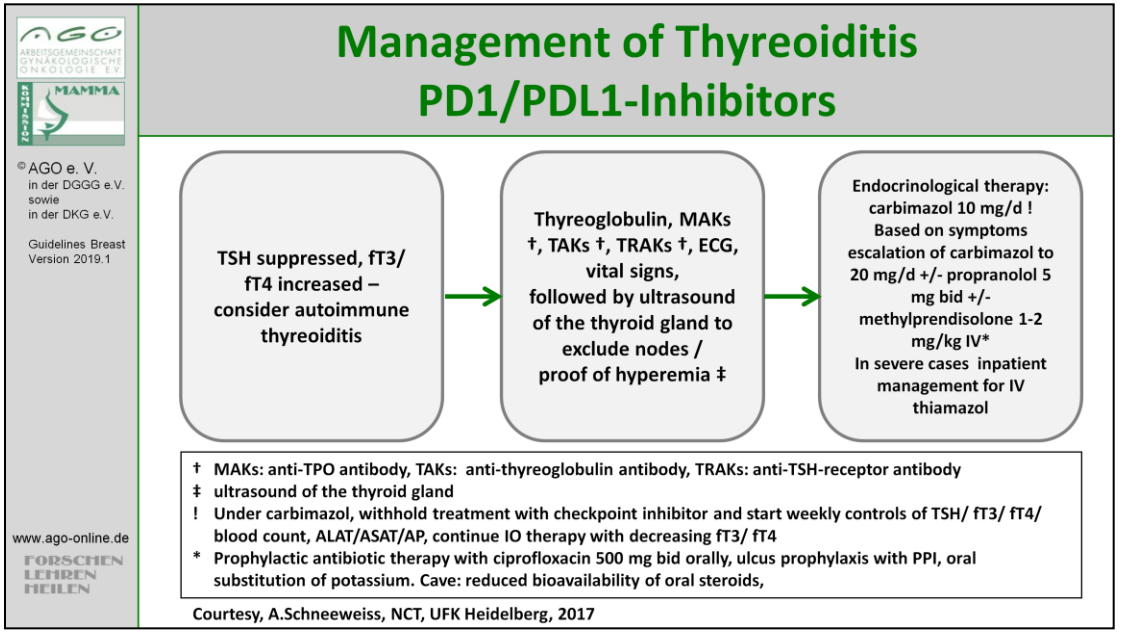

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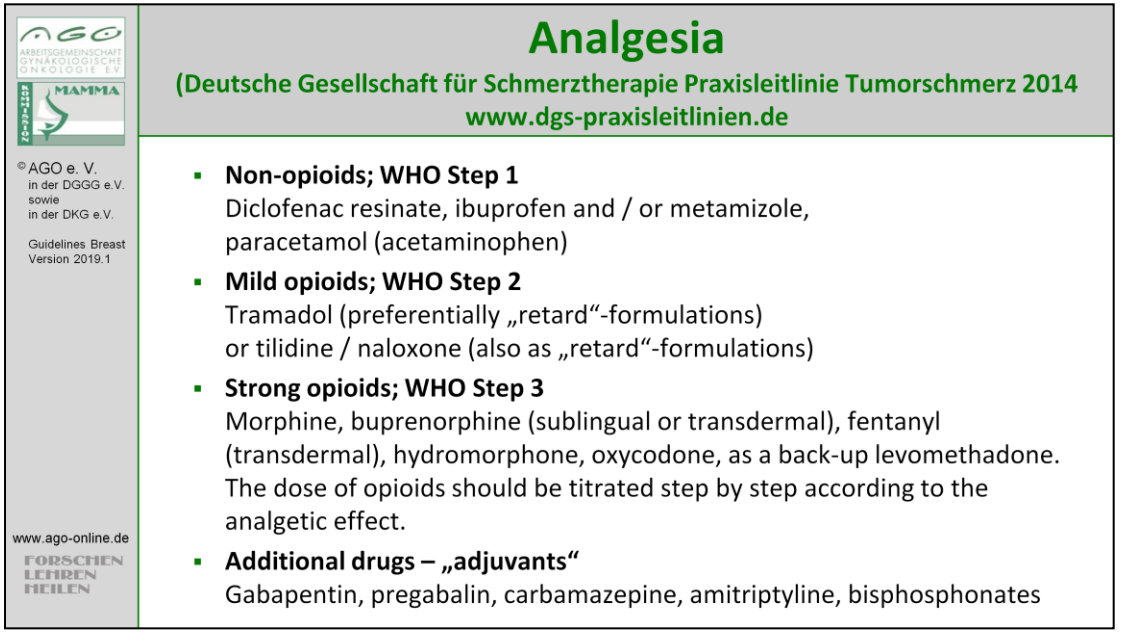
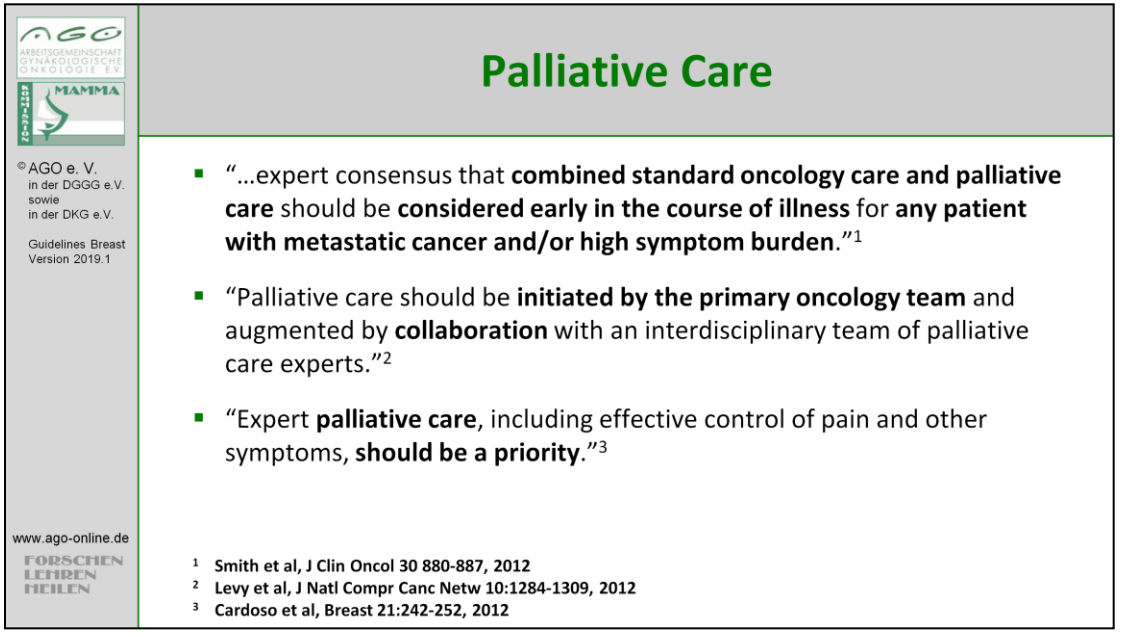
- **Further supportive and palliative issues**
  - **Pain management**
  - **Palliative Care**



Relevant practice guideline:

Deutsche Gesellschaft zum Studium des Schmerzes, www.dgss.org



1. Smith et al, J Clin Oncol 30 880-887, 2012
2. Levy et al, J Natl Compr Canc Netw 10:1284-1309, 2012
3. Cardoso et al, Breast 21:242-252, 2012