Guidelines Breast
Version 2019.1D

FORSCHEN
LEHREN
HEILEN

Früherkennung und Diagnostik

Früherkennung und Diagnostik

- **Versionen 2005–2018:**
  Albert / Blohmer / Fersis / Junkermann / Maass / Müller-Schimpfle / Scharl / Schreer
- **Version 2019:**
  Blohmer / Müller-Schimpfle

Screened data bases

Pubmed	2013 - 2018
Medline	2013 - 2018
Cochrane	2013 - 2018

Guidelines

S3 Diagnostik, Therapie und Nachsorge des Mammakarzinoms:

Wöckel A, Festl J, Stüber T et al. Interdisciplinary Screening, Diagnosis, Therapy and Follow-up of Breast Cancer. Guideline of the DGGG and the DKG (S3-Level, AWMF Registry Number 032/045OL, December 2017) - Part 1 with Recommendations for the Screening, Diagnosis and Therapy of Breast Cancer. Geburtshilfe Frauenheilkd. 2018 Oct;78(10):927-948. doi: 10.1055/a-0646-4522. Epub 2018 Oct 19.

Wöckel A, Festl J, Stüber T et al.Interdisciplinary Screening, Diagnosis, Therapy and Follow-up of Breast

Cancer. Guideline of the DGGG and the DKG (S3-Level, AWMF Registry Number 032/045OL, December 2017) - Part 2 with Recommendations for the Therapy of Primary, Recurrent and Advanced Breast Cancer. Geburtshilfe Frauenheilkd. 2018 Nov;78(11):1056-1088. doi: 10.1055/a-0646-4630. Epub 2018 Nov 26.

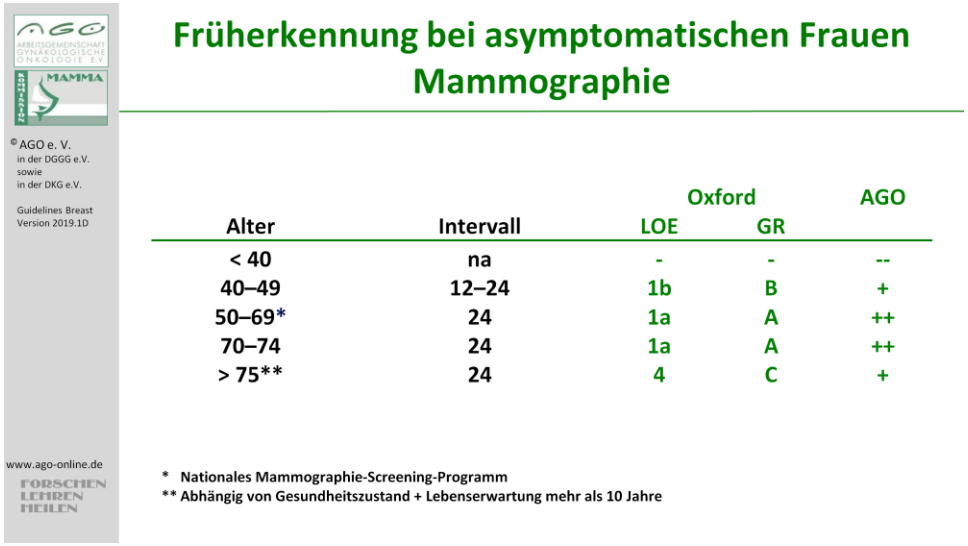
2015 ACS Update Breast Cancer Screening for women at average risk

IARC Handbook 2016

European Commission 2016

(http://ecibc.jrc.ec.europa.eu/recommendations/list/3;Update 24.11.2016, Abruf 20122016)

Screened: Metaanalyses/ Systematic reviews / RCT / Cohort studies



Früherkennung bei asymptomatischen Frauen Mammographie

Alter	Intervall	Oxford LOE	Oxford GR	AGO
< 40	na	-	-	--
40–49	12–24	1b	B	+
50–69*	24	1a	A	++
70–74	24	1a	A	++
> 75**	24	4	C	+

* Nationales Mammographie-Screening-Programm
** Abhängig von Gesundheitszustand + Lebenserwartung mehr als 10 Jahre

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7. Euroscreen Working Group. Summary of the evidence of breast cancer service screening outcomes in Europe and first estimate of the benefit and harm balance sheet. J Med Screen 2012; 19(Suppl 1):5-13
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Tomosynthese

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Radiation Dose

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Mammography density assessment

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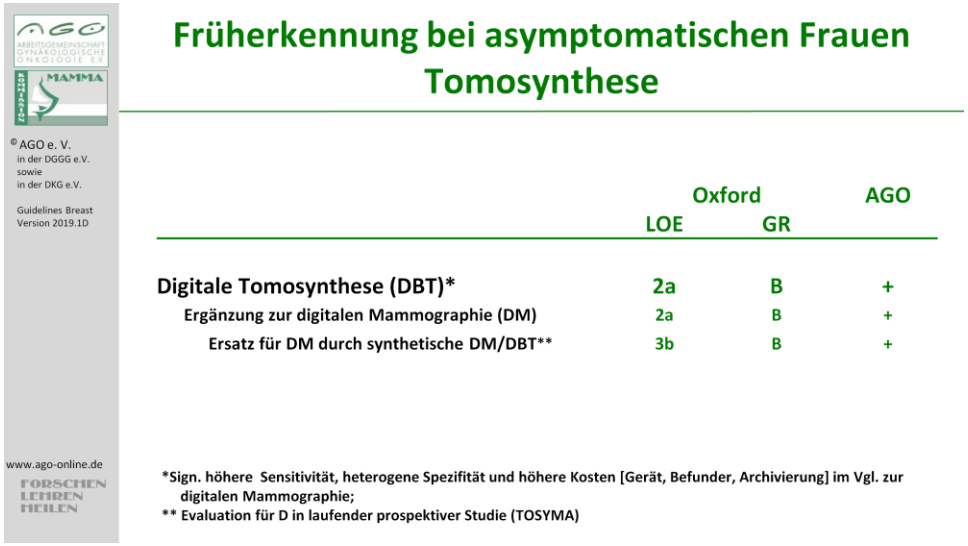

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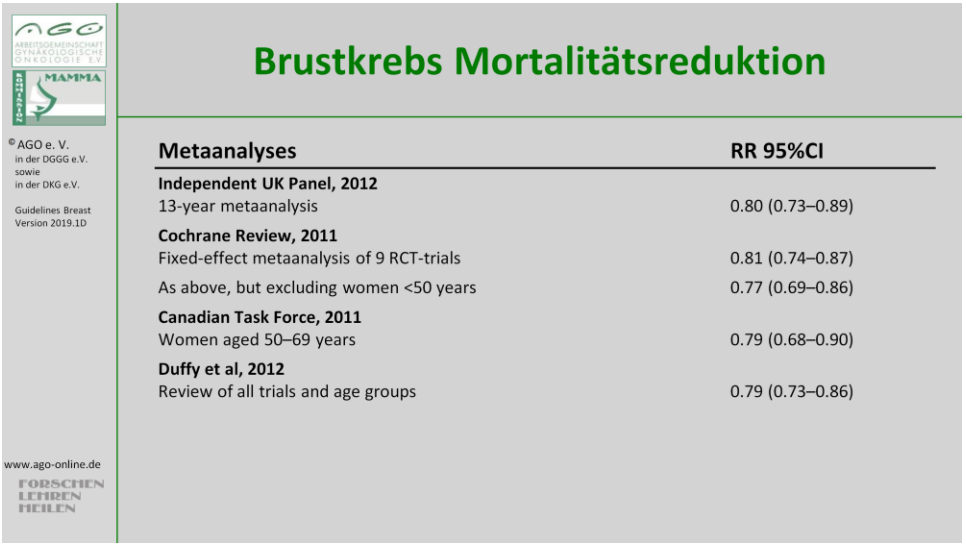

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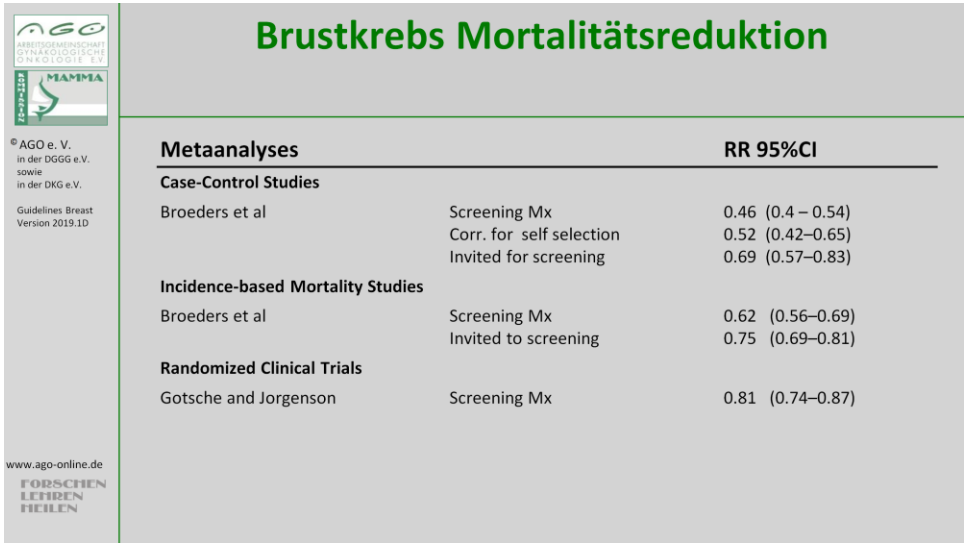

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Breast cancer mortality reduction

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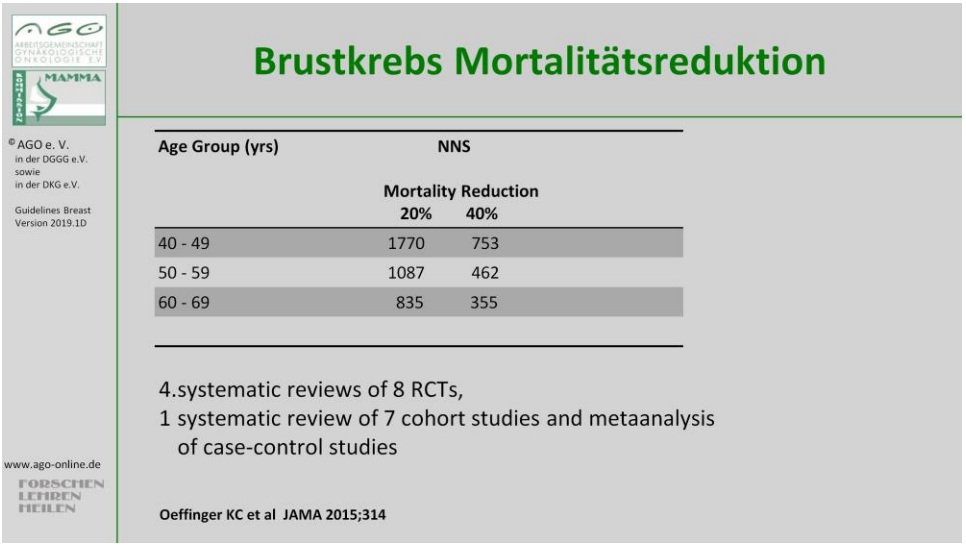

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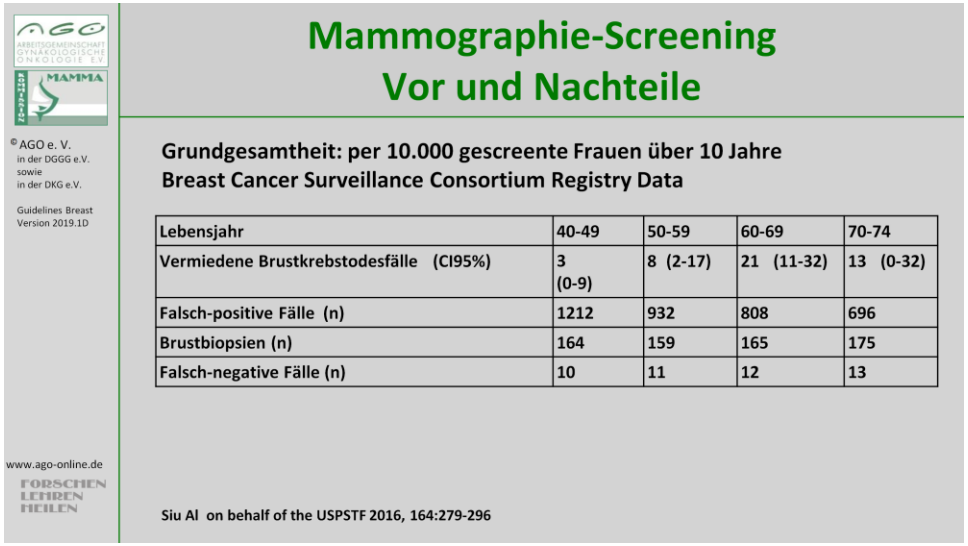
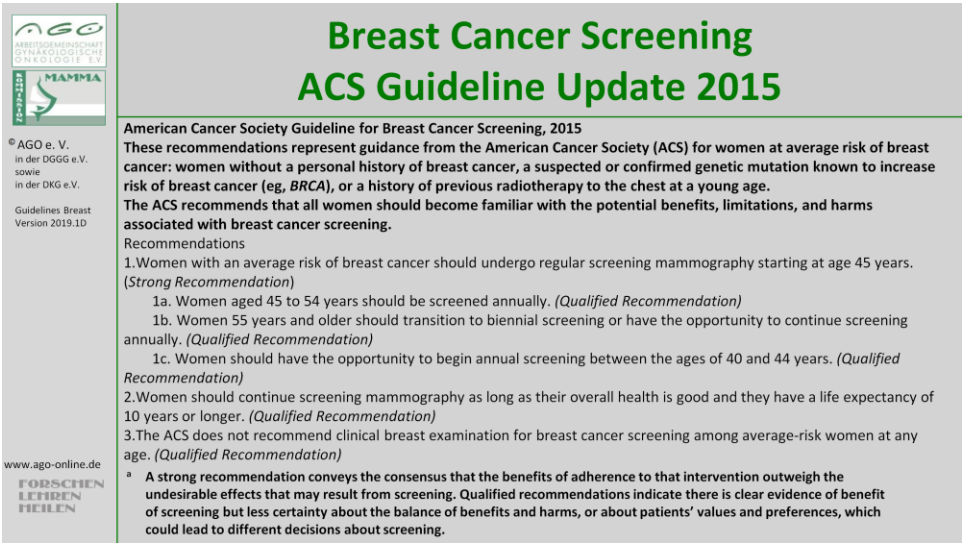


Siu AL, on behalf of the U.S. Preventive Services Task Force

Screening for Breast Cancer: U.S. Preventive Services Task Force

Recommendation Statement. Ann Internal Med 2016 vol 164: 279-296



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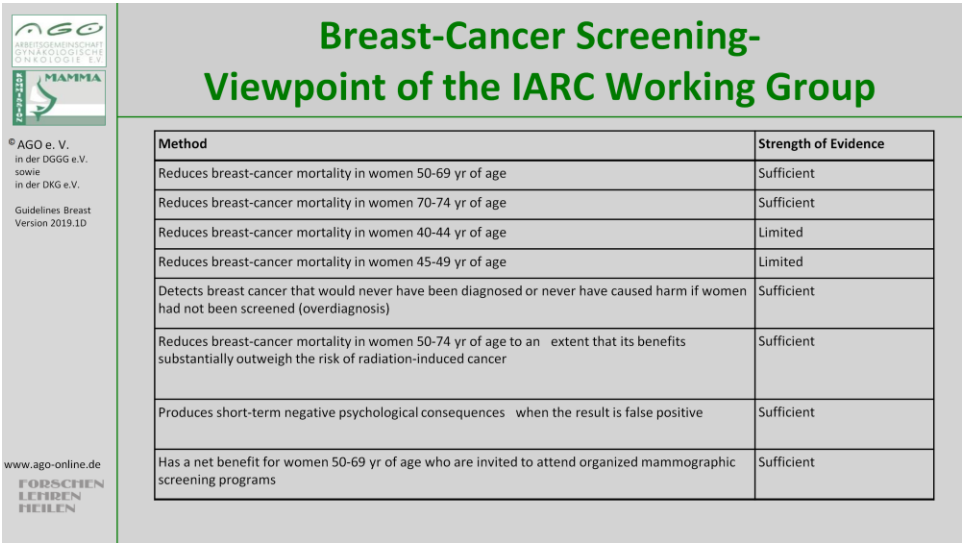

Breast-Cancer Screening- Viewpoint of the IARC Working Group

Method	Strength of Evidence
Reduces breast-cancer mortality in women 50-69 yr of age	Sufficient
Reduces breast-cancer mortality in women 70-74 yr of age	Sufficient
Reduces breast-cancer mortality in women 40-44 yr of age	Limited
Reduces breast-cancer mortality in women 45-49 yr of age	Limited
Detects breast cancer that would never have been diagnosed or never have caused harm if women had not been screened (overdiagnosis)	Sufficient
Reduces breast-cancer mortality in women 50-74 yr of age to an extent that its benefits substantially outweigh the risk of radiation-induced cancer	Sufficient
Produces short-term negative psychological consequences when the result is false positive	Sufficient
Has a net benefit for women 50-69 yr of age who are invited to attend organized mammographic screening programs	Sufficient

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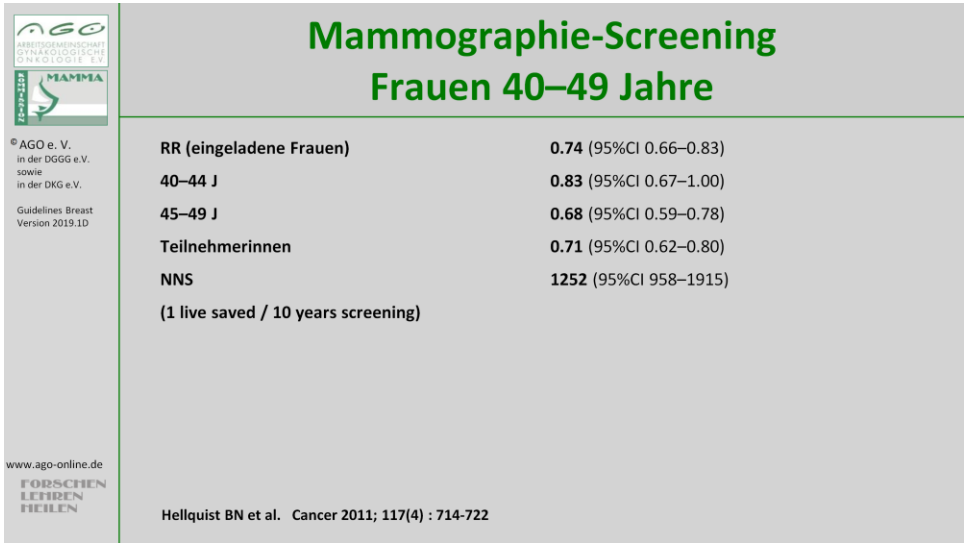

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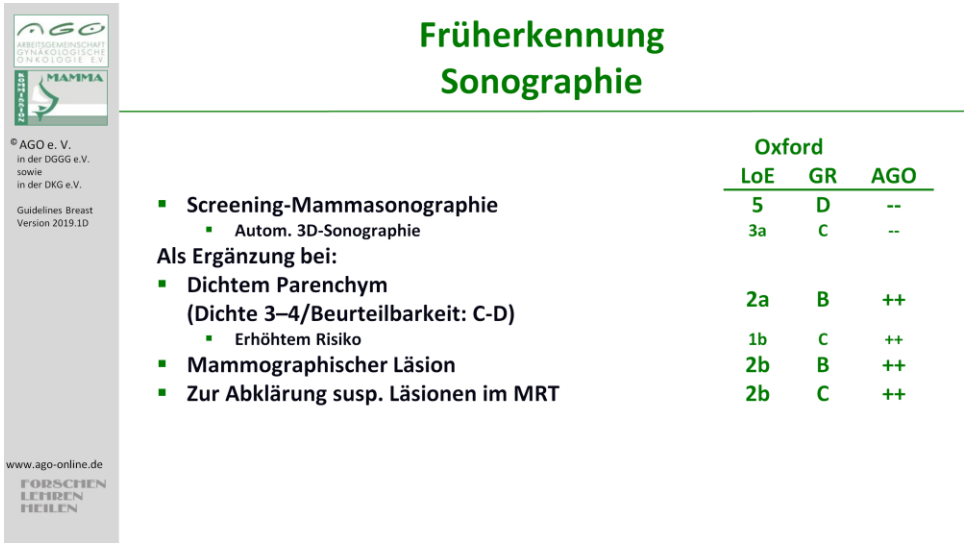

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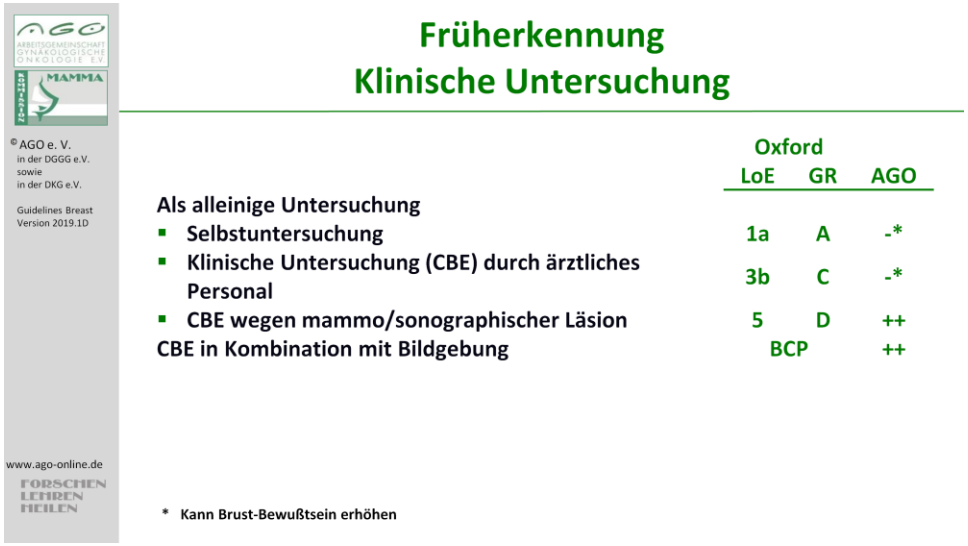

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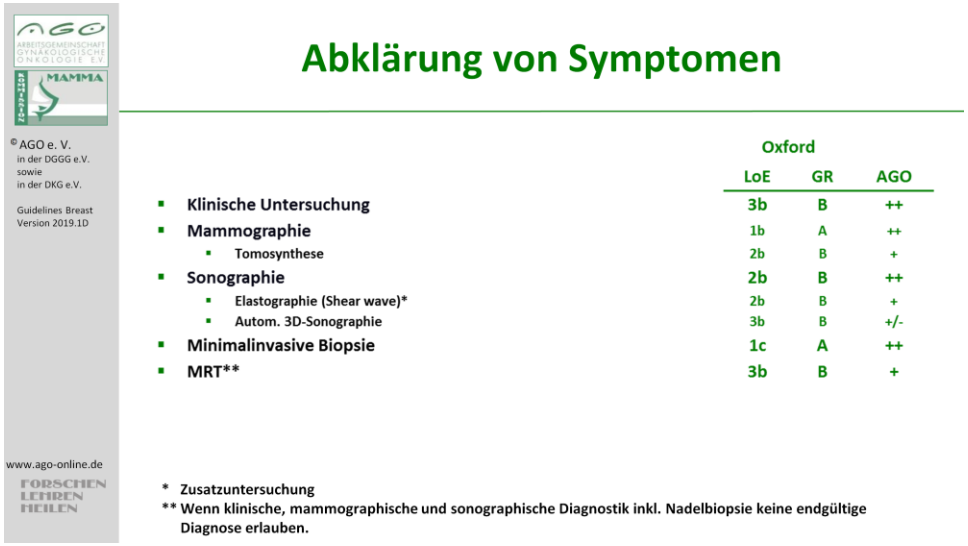

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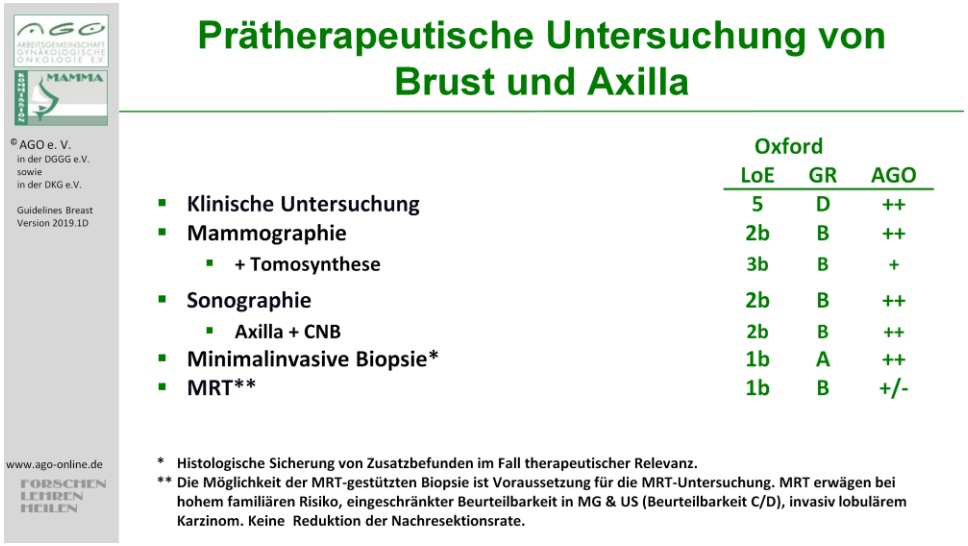

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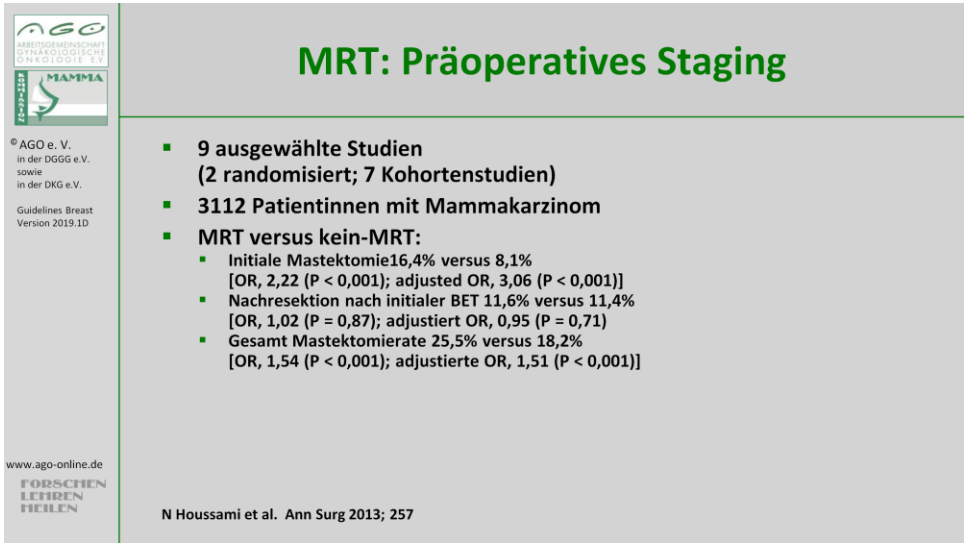

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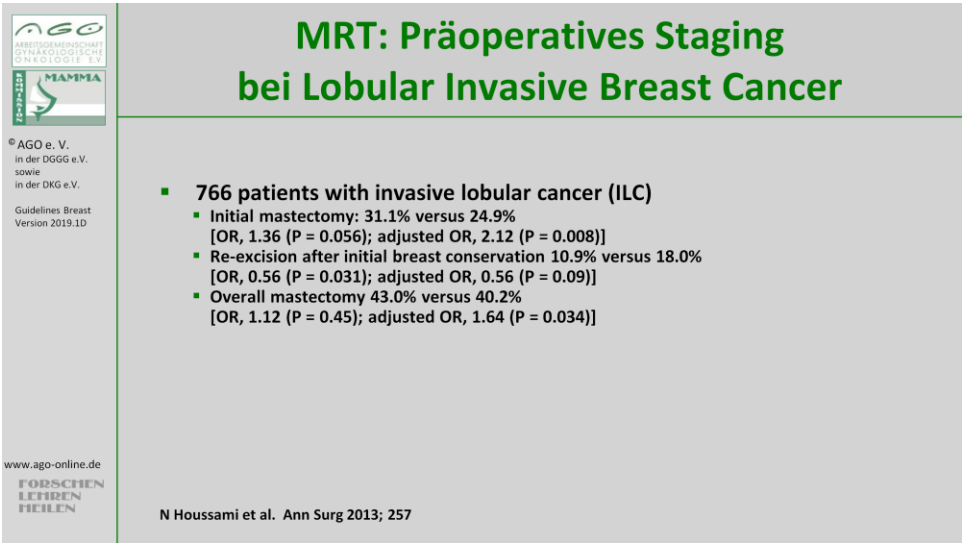

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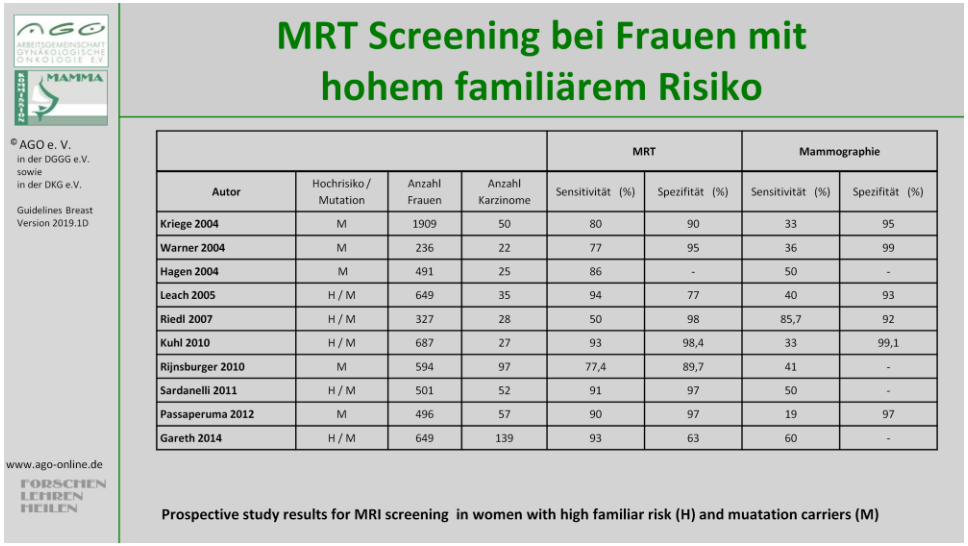

MRT Screening bei Frauen mit hohem familiärem Risiko

				MRT		Mammographie	
Autor	Hochrisiko / Mutation	Anzahl Frauen	Anzahl Karzinome	Sensitivität (%)	Spezifität (%)	Sensitivität (%)	Spezifität (%)
Kriege 2004	M	1909	50	80	90	33	95
Warner 2004	M	236	22	77	95	36	99
Hagen 2004	M	491	25	86	-	50	-
Leach 2005	H / M	649	35	94	77	40	93
Riedl 2007	H / M	327	28	50	98	85,7	92
Kuhl 2010	H / M	687	27	93	98,4	33	99,1
Rijnsburger 2010	M	594	97	77,4	89,7	41	-
Sardanelli 2011	H / M	501	52	91	97	50	-
Passaperuma 2012	M	496	57	90	97	19	97
Gareth 2014	H / M	649	139	93	63	60	-

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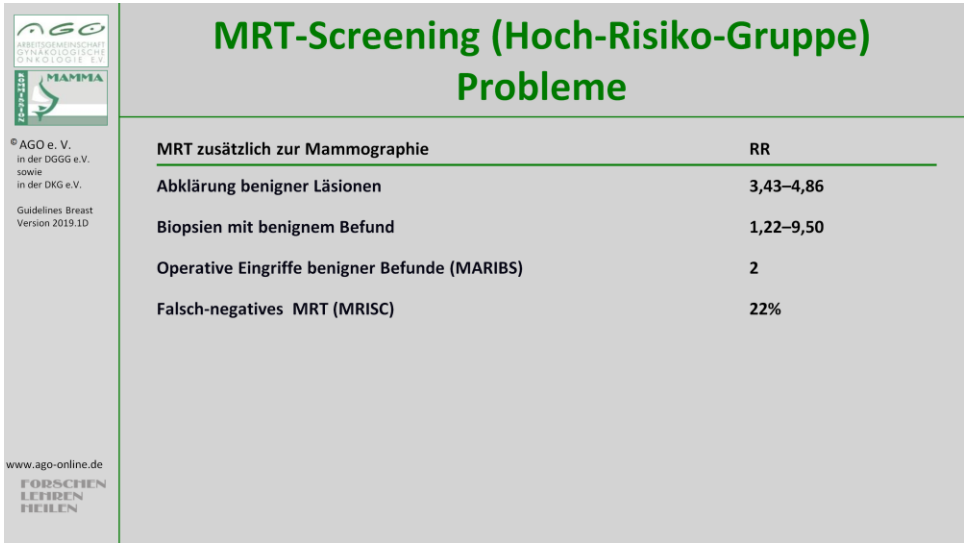

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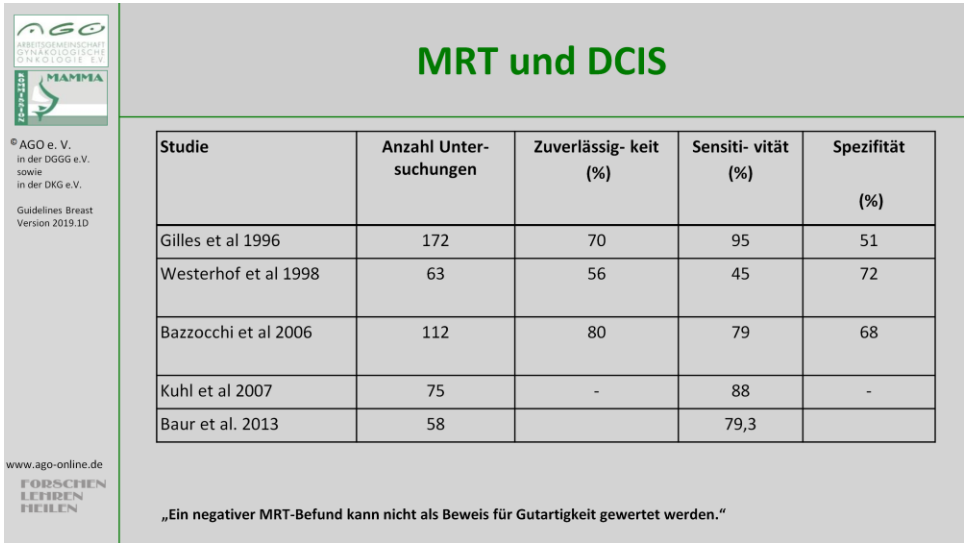

MRT und DCIS

Studie	Anzahl Unter-suchungen	Zuverlässig- keit (%)	Sensiti- vität (%)	Spezifität (%)
Gilles et al 1996	172	70	95	51
Westerhof et al 1998	63	56	45	72
Bazzocchi et al 2006	112	80	79	68
Kuhl et al 2007	75	-	88	-
Baur et al. 2013	58		79,3	

„Ein negativer MRT-Befund kann nicht als Beweis für Gutartigkeit gewertet werden."

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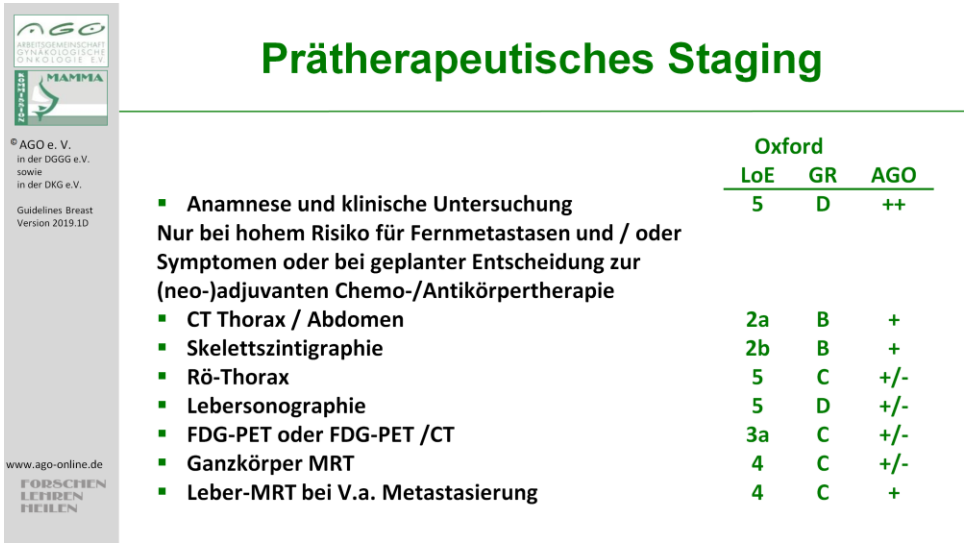

Statement: history and physical examination

1. GCP

Statement: high metastatic potential / symptoms

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