

© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

FORSCHEN
LEHREN
HEILEN


Diagnosis and Treatment of Patients with early and advanced Breast Cancer

Breast Cancer: Specific Situations

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 E et al. 3rd 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 et al. 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 et al. 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)



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Breast Cancer: Specific Situations

- **Versions 2005–2019:**
 Dall / Fehm / Fersis / Friedrich / Gerber / Göhring /
 Harbeck / Huober / Janni / Loibl / Lück / Lux / Maass /
 Mundhenke / Müller / Oberhoff / Rody / Scharl / Schneeweiss / Schütz /
 Sinn / Solomayer / Stickeler / Thomssen

- **Version 2020:**
 Ditsch / Kolberg-Liedtke

Update January 2019 – Stickeler / Müller

Update January 2018 – Harbeck / Rody

Update January 2017 – Schütz / Sinn

Update January 2016 – Thomssen / Harbeck

Update January 2015 – Solomayer / Harbeck

Update January 2014 – Fehm/Schneeweiss

Update January 2013 – Fersis/Friedrich

Update January 2012 – Lux/Lück

Update February 2011 – Janni/Huober

Update January 2010 – Mundhenke/Rody


Screened data bases:

Pubmed 2000 – Jan 2019, ASCO 2005 – 2018, SABCS 2005 – 2018, ECCO/ESMO (2005 – 2018), EBCC (2005 – 2017), Cochrane data base (2012),

Screened for: Clinical Trials, Meta-Analyses, Practice Guidelines, Randomized Controlled Trial, Reviews

Screened guidelines

- NCCN: http://www.nccn.org/professionals/physician_gls/PDF/breast.pdf



© AGO e. V.
in der DGGG e. V.
sowie
in der DKG e. V.

Guidelines Breast
Version 2020.1


www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Breast Cancer: Specific Situations

- **Young patients**
- **Pregnancy- and breast-feeding-associated BC**
- **Elderly patients**
- **Male patients**
- **Inflammatory BC**
- **Occult Breast Cancer (Cancer of unknown primary – axillary CUP)**
- **Paget's disease**
- **Malignant and Borderline Phyllodes Tumor**
- **Angiosarcoma**
- **Breast Implant-Associated Anaplastic Large-Cell Lymphoma (BIA-ALCL)**
- **Metaplastic breast cancer**

1. Dietz JR, Partridge AH, Gemignani ML, et al.: Cancer Management Updates: Young and Older, Pregnant, or Male. Ann Surg Oncol. 2015 Oct;22(10):3219-24.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Breast Cancer in Young Women ≤ 40 Years

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

- **Aggressive biological behavior with worse prognosis**
- **Local therapy independent of young age**
- **Guidelines adapted (neo-)adjuvant systemic treatment (see respective chapters)**
- **GnRHa as ovarian protection (see chapter gynecological problems)**
- **Genetic and fertility counseling**
- **Contraception counseling**

1. Poggio F, Lambertini M, Bighin C et al. Management of young women with early breast cancer. ESMO open 2018;3(Suppl 1):e000458.
2. Paluch-Paluch-Shimon S, Pagani O, Partridge AH, et al. ESO-ESMO 3rd international consensus guidelines for breast cancer in young women (BCY3). Breast. 2017 Oct;35:203-217.
3. Ribnikar D, Ribeiro JM, Pinto D et al.: Breast cancer under age 40: a different approach. Curr Treat Options Oncol. 2015 Apr;16(4):16.
4. Pursche T, Hedderich M, Heinrichs A et al. Guideline conformity treatment in young women with early-onset breast cancer in Germany. Breast Care (Basel). 2014 Oct;9(5):349-54
5. Cardoso F, Loibl S, Pagani O, et al: European Society of Breast Cancer Specialists. The European Society of Breast Cancer Specialists recommendations for the management of young women with breast cancer. Eur J Cancer. 2012 Dec;48(18):3355-77

Prognosis in young women

1. Shoemaker ML, White MC, Wu M et al. Differences in breast cancer incidence among young women aged 20-49 years by stage and tumor characteristics, age, race, and ethnicity, 2004-2013. *Breast Cancer Res Treat* 2018;169(3):595-606.
2. Ann H. Partridge et al. Model Program to Improve Care for a Unique Cancer Population: Young Women With Breast Cancer *J Oncol Pract*. 2012; 8(5): e105–e110.
3. Hironaka-Mitsuhashi A, Tsuda H, Yoshida M et al. Invasive breast cancers in adolescent and young adult women show more aggressive immunohistochemical and clinical features than those in women aged 40-44 years. *Breast Cancer* 2018.
4. Johansson ALV, Trewin CB, Hjerkind KV et al. Breast cancer-specific survival by clinical subtype after 7 years follow-up of young and elderly women in a nationwide cohort. *Int J Cancer* 2018.
5. Liu Z, Sahli Z, Wang Y, Wolff AC et al. Young age at diagnosis is associated with worse prognosis in the Luminal A breast cancer subtype: a retrospective institutional cohort study. *Breast Cancer Res Treat* 2018;172(3):689-702.
6. Kroman N. et al, Factors influencing the effect of age on prognosis in breast cancer: population based study. *BMJ*. 2000 Feb 19;320(7233):474-8.
7. Gonzalez-Angulo AM et al., Women age < or = 35 years with primary breast carcinoma: Disease features at presentation. *Cancer* 2005;103: 2466-2472
8. Rapiti E, et al. Survival of young and older breast cancer patients in Geneva from 1990 to 2001. *Eur J Cancer* 2005;41(10):1446-52.
9. Oh JL, Bonnen M, Outlaw ED, et al . The impact of young age on locooregional recurrence after doxorubicin-based breast conservation therapy in patients 40 years old or younger: How young is "young"? *Int J Radiat Oncol Biol Phys* 2006;65:1345-52.

10. Anders CK, Hsu DS, Broadwater G, et al . Young age at diagnosis correlates with worse prognosis and defines a subset of breast cancers with shared patterns of gene expression. J Clin Oncol 2008;26:3324-30.
11. Freedman RA et al. Management of breast cancer in very young women. Breast. 2013;22 Suppl 2:S176-9. J Natl Compr Canc Netw. 2013;11(9):1060-9.
12. Tichy JR et al. Breast cancer in adolescents and young adults: a review with a focus on biology. J Natl Compr Canc Netw. 2013;11(9):1060-9.

Chemotherapy in young women

1. Passildas J, Collard O, Savoye AM et al. Impact of Chemotherapy-induced Menopause in Women of Childbearing Age With Non-metastatic Breast Cancer - Preliminary Results From the MENOCOR Study. Clin Breast Cancer 2018.
2. Oktay K, Harvey BE, Partridge AH et al. Fertility Preservation in Patients With Cancer: ASCO Clinical Practice Guideline Update. J Clin Oncol 2018;36(19):1994-2001.
3. Aebi S. Special issues related to the adjuvant therapy in very young women. Breast 2005, 14: 594-599 (Review)
4. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. Lancet 2005;365: 1687–1717
5. M. De Laurentiis et al. Taxane-based combinations as adjuvant chemotherapy of early breast cancer: a meta-analysis of randomized trials. J Clin Oncol 2008;26 (1),44–53.
6. Huober J et al. Effect of neoadjuvant anthracycline-taxane-based chemotherapy in different biological breast cancer phenotypes: overall results from the GeparTrio study. Breast Cancer Res Treat. 2010;124:133–140.

7. Loibl S, Jackisch C, Lederer B et al. Outcome after neoadjuvant chemotherapy in young breast cancer patients: a pooled analysis of individual patient data from eight prospectively randomized controlled trials. *Breast Cancer Res Treat.* 2015 Jul;152(2):377-87.

Endocrine therapy in young women

1. Cuzick J, Ambroisine L, Davidson N, et al. LHRH-agonists in Early Breast Cancer Overview group Use of luteinising-hormone-releasing hormone agonists as adjuvant treatment in premenopausal patients with hormone-receptor-positive breast cancer: a meta-analysis of individual patient data from randomised adjuvant trials. *Lancet.* 2007;369(9574):1711-23.
2. C. Davies et al. Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years after diagnosis of oestrogen receptor-positive breast cancer: ATLAS, a randomised trial. *Lancet* 2013;381,805–816
3. Gray RG, et al. aTTom: Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years in 6,953 women with early breast cancer. *J Clin Oncol* 2013; 31(suppl): abstr 5
4. Love RR, Laudico AV, Van Dinh N et al. Timing of adjuvant surgical oophorectomy in the menstrual cycle and disease-free and overall survival in premenopausal women with operable breast cancer. *J Natl Cancer Inst.* 2015 Mar 19;107(6):djv064.

Benefit from trastuzumab

1. Smith I, HERA study team: 2-year follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer: a randomised controlled trial. *Lancet.* 2007;369(9555):29-36
2. A.H. Partridge et al. The effect of age on breast cancer outcomes in women with her-2 positive breast cancer: results from the

Benefit from temporary amenorrhoea after adjuvant chemotherapy (chemotherapy induced or GnRHa-related)

1. M. Gnant et al. Endocrine therapy plus zoledronic acid in premenopausal breast cancer. N Engl J Med 2009;360 (7) 679–691
2. Gerber B et al. Effect of Luteinizing Hormone-Releasing Hormone Agonist on ovarian function after adjuvant breast cancer chemotherapy: by the GBG 37 ZORO study. J. Clin Oncol 2011;29 (17) 2334-2341
3. Adjuvant Breast Cancer Trials Collaborative Group. Ovarian ablation or suppression in premenopausal early breast cancer: results from the international adjuvant breast cancer ovarian ablation or suppression randomized trial J Natl Cancer Inst 2007 ;99:516–525
4. S.M. Swain, J.H. Jeong, C.E. Geyer Jr., et al. Longer therapy, iatrogenic amenorrhea, and survival in early breast cancer. N Engl J Med 2010 ; (362);2053–2065
5. Del Mastro L et al. Gonadotropin-releasing hormone analogues for the prevention of chemotherapy-induced premature ovarian failure in cancer women: Systematic review and meta-analysis of randomized trials. Cancer Treat Rev 2013 in press
6. Yang B et al. Concurrent treatment with gonadotropin-releasing hormone agonists for chemotherapy-induced ovarian damage in premenopausal women with breast cancer: a meta-analysis of randomized controlled trials Breast 2013;22(2):150-7.
7. Recchia F, Necozone S, Bratta M, et al. LH-RH analogues in the treatment of young women with early breast cancer: Long-term follow-up of a phase II study. Int J Oncol. 2015 Mar;46(3):1354-60.
8. Kim J, Kim M, Lee JH et al. Ovarian function preservation with GnRH agonist in young breast cancer patients: does it impede the

effect of adjuvant chemotherapy? Breast. 2014 Oct;23(5):670-5.

9. Moore HCF, Unger JM, Phillips KA, et al Phase III trial (Prevention of Early Menopause Study [POEMS]-SWOG S0230) of LHRH analog during chemotherapy (CT) to reduce ovarian failure in early-stage, hormone receptor-negative breast cancer: An international Intergroup trial of SWOG, IBCSG, ECOG, and CALGB (Alliance). J Clin Oncol 32:5s, 2014 (suppl; abstr LBA505)

Surgery in young women (Surgery like $\geq 35y$ - in particular BCT)

1. de Bock GH et al., Isolated loco-regional recurrence of breast cancer is more common in young patients and following breast conserving therapy; Long-term results of European Organisation for Research and Treatment of Cancer Studies. Eur J Cancer 2005, 25.
2. Garg AK et al. Effect of postmastectomy radiotherapy in patients <35 years old with stage II-III breast cancer treated with doxorubicin-based neoadjuvant chemotherapy and mastectomy. Int J Radiat Oncol Biol Phys. 2007 Dec 1;69(5):1478-83. – Radiation boost therapy can reduce in-breast recurrence [Bartelink H, Horiot JC, Poortmans PM, Struikmans H, et al. Impact of radiation dose on local control, fibrosis and survival after breast conserving treatment: 10 year results of the EORTC trial 22881-10882. Br Cancer Res Treat 2006;100:S8-10].
3. Mahmood U et al. Similar survival with breast conservation therapy or mastectomy in the management of young women with early-stage breast cancer. Int J Radiat Oncol Biol Phys. 2012;83(5):1387e93.
4. Cao JQ et al. Comparison of recurrence and survival rates after breast-conserving therapy and mastectomy in young women with breast cancer. Curr Oncol. 2013;20(6):e593-e601. Review.
5. Recio-Saucedo A, Gerty S, Foster C, et al. Information requirements of young women with breast cancer treated with mastectomy or breast conserving surgery: A systematic review. Breast. 2016 Feb;25:1-13.

6. Frandsen J, Ly D, Cannon G, et al. In the Modern Treatment Era, Is Breast Conservation Equivalent to Mastectomy in Women Younger Than 40 Years of Age? A Multi-Institution Study. *Int J Radiat Oncol Biol Phys*. 2015 Dec 1;93(5):1096-103.
7. Vila J, Gandini S, Gentilini O. Overall survival according to type of surgery in young (≤ 40 years) early breast cancer patients: A systematic meta-analysis comparing breast-conserving surgery versus mastectomy. *Breast*. 2015 Jun;24(3):175-81.

Genetic and fertility counselling

1. Copson ER, Maishman TC, Tapper WJ et al. Germline BRCA mutation and outcome in young-onset breast cancer (POSH): a prospective cohort study. *Lancet Oncol* 2018;19(2):169-80.
2. Engel C, Rhiem K, Hahnen E et al. Prevalence of pathogenic BRCA1/2 germline mutations among 802 women with unilateral triple-negative breast cancer without family cancer history. *BMC Cancer* 2018;18(1):265.
3. Yang B et al: Concurrent treatment with gonadotropin-releasing hormone agonists for chemotherapy-induced ovarian damage in premenopausal women with breast cancer: A meta-analysis of randomized controlled trials. *Breast* 2013 Jan 5. pii: S0960-9776(12)00252-4.
4. Gerber B. et al. Effect of Luteinizing Hormone-Releasing Hormone Agonist on ovarian function after adjuvant breast cancer chemotherapy: by the GBG 37 ZORO study. *J. Clin Oncol* 29 (17) 2334-2341 2011
5. Del Mastro L et al: Effect of the Gonadotropin-Releasing Hormone Analogue Triptorelin on the occurrence of chemotherapy-induced early menopause in premenopausal women with breast cancer *JAMA* 306 (3); 269-276 2011
6. Ruddy KJ et al. Menopausal symptoms and fertility concerns in premenopausal breast cancer survivors: A comparison to age- and gravidity-matched controls. *Menopause*. 2011;18:105–108

7. Lee MC et al.: Fertility and reproductive considerations in premenopausal patients with breast cancer. *Cancer Control*. 2010 Jul;17(3):162-72.
8. Partridge AH EP. Gelber S, Peppercorn J et al. Fertility and menopausal outcomes in young breast cancer survivors. *Clin Breast Cancer* 2008; (:65-69
9. Hulvat MC, Jeruss JS. Maintaining fertility in young women with breast cancer. *Curr Treat Options Oncol*. 2009 Dec;10(5-6):308-17.
10. Ruddy KJ, Gelber SI, Tamimi RM, et al. Prospective study of fertility concerns and preservation strategies in young women with breast cancer. *J Clin Oncol*. 2014 Apr 10;32(11):1151-6.
11. Lambertini M, Ceppi M, Poggio F, et al. Ovarian suppression using luteinizing hormone-releasing hormone agonists during chemotherapy to preserve ovarian function and fertility of breast cancer patients: a meta-analysis of randomized studies. *Ann Oncol*. 2015 Dec;26(12):2408-19.

Breast Cancer During Pregnancy* or Breast Feeding – Diagnostics and Surgery			
	Oxford		
	LoE	GR	AGO
▪ Breast imaging and biopsy like in non-pregnant	4	C	++
▪ Staging if indicated (bone scan after delivery)	5	D	+
▪ Full body MRI (without contrast agent)	4	C	+/-
▪ Surgery like in non-pregnant patients	4	C	++
▪ Sentinel node excision (technetium only)	4	C	+
▪ SLNE during 1 st trimester	5	D	+/-
▪ Sensitivity and specificity not established (during lactation); breast feeding should be avoided for 24 hrs	4	C	++
▪ Blue dye (not tested in pregnant animals or humans)	4	C	--

* Participation in register study recommended

Study link: <http://germanbreastgroup.de/studien/adjuvant/brustkrebs-in-der-schwangerschaft.html>

1. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70
2. Loibl S, Schmidt A, Gentilini O, et al. Breast Cancer Diagnosed During Pregnancy: Adapting Recent Advances in Breast Cancer Care for Pregnant Patients. JAMA Oncol. 2015 Nov;1(8):1145-53.

Outcome information (e.g. GBG registry)

1. Amant F, von Minckwitz G, Han SN, et al. Prognosis of women with primary breast cancer diagnosed during pregnancy: results from an international collaborative study. J Clin Oncol. 2013 Jul 10;31(20):2532-9.
2. Loibl S, Han SN, von Minckwitz G, et al. Treatment of breast cancer during pregnancy: an observational study. Lancet Oncol. 2012 Sep;13(9):887-96.
3. Raphael J, Trudeau ME, Chan K. Outcome of patients with pregnancy during or after breast cancer: a review of the recent

literature. Curr Oncol. 2015 Mar;22(Suppl 1):S8-S18

Statement: Breast imaging & biopsy like in non-pregnant

1. diFlorio-Alexander RM, Slanetz PJ, Moy L et al. ACR Appropriateness Criteria((R)) Breast Imaging of Pregnant and Lactating Women. Journal of the American College of Radiology : JACR 2018;15(11s):S263-s75.
2. Bock K. et al., Rationale for a diagnostic chain in gestational breast tumor diagnosis. Arch Gynecol Obstet 2005
3. Ahn BY et al., Pregnancy and lactation-associated breast cancer: mammographic and sonographic findings. J Ultrasound Med 2003, 491-497
4. Nicklas AH et al., Imaging strategies in the pregnant cancer patient. Semin Oncol 2000, 27: 623-632
5. Hogge JP et al., Imaging and management of breast masses during pregnancy and lactation. Breast J 1999, 5: 272-283.
6. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70

Statement: Staging: ultrasound, chest X-ray if indicated

1. Wang PI, et al. Imaging of pregnant and lactating patients: part 2, evidence-based review and recommendations. AJR Am J Roentgenol 2012;198:785-792.

Statement: Whole Body MRI

1. Han SN, Amant F, Michielsen K, et al. Feasibility of whole-body diffusion-weighted MRI for detection of primary tumor, nodal and distant metastases in women with cancer during pregnancy: a pilot study. Eur Radiol. 2017 Dec 7.
2. Peccatori FA, Codacci-Pisanelli G, Del Grande M, et al. Whole body MRI for systemic staging of breast cancer in pregnant women. Breast. 2017 Oct;35:177-181.

Statement: Surgery like in non-pregnant patients

1. Annane K et al. Infiltrative breast cancer during pregnancy and conservative surgery. Fetal Diagn Ther 2005, 20: 442-444
2. Kuerer H et al., Conservative surgery and chemotherapy for breast carcinoma during pregnancy. Surgery 2002, 131: 108-110
3. Berry DL et al., Management of breast cancer during pregnancy using a standardized protocol J Clin Oncol 1999, 17: 855-861
4. Genin AS, De Rycke Y, Stevens D, et al. Association with pregnancy increases the risk of local recurrence but does not impact overall survival in breast cancer: A case-control study of 87 cases. Breast. 2015 Oct 8. pii: S0960-9776(15)00207-6.

Statement: „Sentinel node biopsy“ during pregnancy


1. Han SN, Amant F, Cardonick EH, Loibl S, Peccatori FA, Gheysens O, et al. Axillary staging for breast cancer during pregnancy: feasibility and safety of sentinel lymph node biopsy. Breast Cancer Res Treat 2018;168(2):551-57.
2. Gropper AB, Calvillo KZ, Dominici L, et al. Sentinel lymph node biopsy in pregnant women with breast cancer. Ann Surg Oncol. 2014 Aug;21(8):2506-11.
3. Khera SY, Kiluk JV, Hasson DM et al. Pregnancy-associated breast cancer patients can safely undergo lymphatic mapping. Breast J. 2008 May-Jun;14(3):250-4

Reviews

1. Loibl S, von Minckwitz G, et al., Breast carcinoma during pregnancy. Cancer. 2006 Jan 15;106(2):237-46.
2. Shachar SS, Gallagher K, McGuire K, Zagar TM, Faso A, Muss HB, et al. Multidisciplinary Management of Breast Cancer During Pregnancy. Oncologist 2017;22(3):324-34.
3. Lee GE, Mayer EL, Partridge A. Prognosis of pregnancy-associated breast cancer. Breast Cancer Res Treat 2017;163(3):417-21.
4. Ruiz R, Herrero C, Strasser-Weippl K, et al. Epidemiology and pathophysiology of pregnancy-associated breast cancer: A review. Breast 2017;35:136-41.
5. Talele AC, Slanetz PJ, Edmister WB, et al. The lactating breast: MRI findings and literature review. Breast J 2003, 9: 237-240
6. Shachar SS, Gallagher K, McGuire K et al. Multidisciplinary Management of Breast Cancer During Pregnancy. Oncologist

2017;22(3):324-34.

7. Framarino-Dei-Malatesta M, Sammartino P, Napoli A. Does anthracycline-based chemotherapy in pregnant women with cancer offer safe cardiac and neurodevelopmental outcomes for the developing fetus? BMC Cancer 2017;17(1):777.
8. Scharl A, Ahr A, Göhring U-J: Malignome in der Schwangerschaft. In: Kaufmann M, Costa SD, Scharl A (eds) Die Gynäkologie. Springer, Heidelberg, 2002 pp 509
9. Gadducci A, Cosio S, Fanuchi A, et al; Chemotherapy with epirubicin and paclitaxel for breast cancer during pregnancy: case report and a review of the literature. Anticancer Res 2003; 23: 5225-5229
10. Ben Brahim E, Mrad K, Driss M, et al. Placental metastasis of breast cancer. Gynecol Obstet Fertil 2001, 29: 545-548
11. Gelber S et al. Effect of pregnancy on overall survival after diagnosis of early stage breast cancer. JCO 2001; 19: 1671-5
12. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70



© AGO e. V.
in der DGGG e. V.
sowie
in der DKG e. V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Breast Cancer During Pregnancy - (Neo-)adjuvant Therapy -

Oxford										
LoE	GR	AGO								
4	C	-								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <ul style="list-style-type: none"> ■ Radiation therapy during pregnancy ■ (Neo-)adjuvant chemotherapy only after first trimester (indication as in non-pregnant) <ul style="list-style-type: none"> ■ Anthracyclines: AC, EC ■ Taxanes ■ Platinum salts (carboplatin, cisplatin) ■ MTX (e.g. CMF) ■ Endocrine treatment ■ HER2-targeted treatment ■ Bisphosphonates, denosumab </div> <div style="width: 35%; text-align: right;"> <table style="border-collapse: collapse; margin-left: auto;"> <tbody> <tr> <td style="padding: 5px 10px 5px 10px;">++</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">++</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">+</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">+/-</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">--</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">--</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">--</td> </tr> <tr> <td style="padding: 5px 10px 5px 10px;">-</td> </tr> </tbody> </table> </div> </div>			++	++	+	+/-	--	--	--	-
++										
++										
+										
+/-										
--										
--										
--										
-										

General principles

1. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70
2. Loibl S, Schmidt A, Gentilini O et al. Breast Cancer Diagnosed During Pregnancy: Adapting Recent Advances in Breast Cancer Care for Pregnant Patients. JAMA Oncol. 2015 Nov;1(8):1145-53.

Statement: Radiotherapy during pregnancy

1. Kal HB et al., Radiotherapy during pregnancy: fact and fiction. Lancet Oncol 2005, 6: 328-333 (Review)

Statement: (Neo-)adjuvant chemotherapy only after first trimester (indication as in non-pregnant)

1. Loibl S, Han S, Mayer K, et al. Neoadjuvant chemotherapy for patients with breast cancer during pregnancy (BCP). J Clin Oncol 32:5s, 2014 (suppl; abstr 1071)
2. Ring et al, Chemotherapy for breast cancer during pregnancy: An 18-Year experience from five London teaching Hospitals. J Clin

Oncol 2005, 23: 4192-4197

3. Mir O et al. Emerging therapeutic options for breast cancer chemotherapy during pregnancy. Ann Oncol. 2008 Apr;19(4):607-13.

Statement: Anthracyclines: AC, EC

1. Loibl S, von Minckwitz G, et al., Breast carcinoma during pregnancy. Cancer. 2006 Jan 15;106(2):237-46.
2. Peccatori F et al. Weekly epirubicin in the treatment of gestational breast cancer (GBC). Breast Cancer Res Treat 2008; Aug 20 [epub ahead of print]
3. Loibl S, Han SN, Amant F. Being Pregnant and Diagnosed with Breast Cancer. Breast Care (Basel). 2012 Jun;7(3):204-209. Epub 2012 Jun 27.
4. Cardonick E, Gilmandyar D, Somer RA. Maternal and neonatal outcomes of dose-dense chemotherapy for breast cancer in pregnancy. Obstet Gynecol. 2012 Dec;120(6):1267-72.
5. Loibl S et al. Treatment of breast cancer during pregnancy: an observational study. Lancet Oncol. 2012 13(9):887-96.
6. Amant F et al. Long-term cognitive and cardiac outcomes after prenatal exposure to chemotherapy in children aged 18 months or older: an observational study. Lancet Oncol 2012;13:256-264.

Omission of 5FU based on the same evidence as in non-pregnant patients (GIM2 study) - see also chapter on adjuvant chemotherapy

1. Del Mastro L, De Placido S, Bruzzi P et al. Gruppo Italiano Mammella (GIM) investigators. Fluorouracil and dose-dense chemotherapy in adjuvant treatment of patients with early stage breast cancer: an open-label, 2x2 factorial, randomised phase 3 trial. Lancet. 2015 May 9;385(9980):1863-72.

Statement: Taxanes

1. Mir O et al. Emerging therapeutic options for breast cancer chemotherapy during pregnancy. Ann Oncol. 2008 Apr;19(4):607-13.
2. Gadducci A, Cosio S, Fanuchi A, et al; Chemotherapy with epirubicin and paclitaxel for breast cancer during pregnancy: case report and a review of the literature. Anticancer Res 2003; 23: 5225-5

3. Loibl S, Han SN, von Minckwitz G, et al. Treatment of breast cancer during pregnancy: an observational study. *Lancet Oncol* 2012;13:887-896.
4. Zagouri F, Sergentanis TN, Chrysikos D, et al. Taxanes for breast cancer during pregnancy: a systematic review. *Clin Breast Cancer* 2013;13:16-23.
5. Cardonick E et al. Maternal and fetal outcomes of taxane chemotherapy in breast and ovarian cancer during pregnancy: case series and review of the literature. *Ann Oncol* 2012;23:3016-3023.

Statement: Platinum salts

1. Köhler C, Oppelt P, Favero G, et al. How much platinum passes through the placental barriers? Analysis of platinum applications in 21 patients with cervical cancer during pregnancy. *Am J Obstet Gynecol*. 2015 Aug;213(2):206.
2. Zheng X, Zhu Y, Zhao Y, Feng S, Zheng C. Taxanes in combination with platinum derivatives for the treatment of ovarian cancer during pregnancy: A literature review. *International journal of clinical pharmacology and therapeutics* 2017;55(9):753-60.
3. Calsteren KV, Verbesselt R, Devlieger R, et al. Transplacental transfer of paclitaxel, docetaxel, carboplatin, and trastuzumab in a baboon model. *Int J Gynecol Cancer* 2010 Dec;20(9):1456-64.
4. Kong TW, Lee EJ, Lee Y, et al. Neoadjuvant and postoperative chemotherapy with paclitaxel plus cisplatin for the treatment of FIGO stage IB cervical cancer in pregnancy. *Obstet Gynecol Sci*. 2014 Nov;57(6):539-43.

Statement: MTX (e.g. CMF)

1. Ring et al., Chemotherapy for breast cancer during pregnancy: An 18-Year experience from five London teaching Hospitals. *J Clin Oncol* 2005, 23: 4192-4197

Statement: Endocrine treatment

1. Cunha GR, Taguchi O, Namikawa R, et al. Teratogenic effects of clomiphene, tamoxifen, and diethylstilbestrol on the developing

human female genital tract Hum Pathol. 1987;18:1132–1143.

2. Isaacs RJ, Hunter W, Clark K. Tamoxifen as systemic treatment of advanced breast cancer during pregnancy — case report and literature review. Gynecol Oncol. 2001;80:405-408.
3. C. Davies et al. Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years after diagnosis of oestrogen receptor-positive breast cancer: ATLAS, a randomised trial. Lancet 2013;381,805–816.

Statement Trastuzumab during pregnancy

1. Lambertini M, Martel S, Campbell C et al. Pregnancies during and after trastuzumab and/or lapatinib in patients with human epidermal growth factor receptor 2-positive early breast cancer: Analysis from the NeoALTTO (BIG 1-06) and ALTTO (BIG 2-06) trials. Cancer 2018.
2. Yildirim N, Bahceci A. Use of pertuzumab and trastuzumab during pregnancy. Anticancer Drugs 2018;29(8):810-13.
3. Fanale MA et al. Treatment of metastatic breast cancer with trastuzumab and vinorelbine during pregnancy. Clin Breast Cancer 2005, 6: 354-356 (Case Report)
4. Watson WJ. Herceptin (Trastuzumab) therapy during pregnancy: Association with reversible anhydramnios. Obstetrics and Gynecology 2005, 105: 642-643 (Case Report)
5. Loibl S. New Therapeutic Options for Breast Cancer during Pregnancy. Breast Care 2008; 3:171-176. (table overview of trastuzumab cases)
6. Aebi S, Loibl S. Breast cancer during pregnancy: medical therapy and prognosis. Recent Results Cancer Res. 2008;178:45-55.
7. Clemons M, Goss P: Estrogen and the risk of breast cancer. New Engl J Med 2001, 344: 276-285
8. Azim HA Jr et al. Pregnancy occurring during or following adjuvant trastuzumab in patients enrolled in the HERA trial (BIG 01-01). Breast Cancer Res Treat. 2012;133(1):387-91.
9. Zagouri F et al. Trastuzumab administration during pregnancy: a systematic review and meta-analysis. Breast Cancer Res Treat. 2013 Jan;137(2):349-57.
10. Sarno MA et al. Are monoclonal antibodies a safe treatment for cancer during pregnancy? Immunotherapy 2013; 5(7):733-41.


11. Pregnancies during and after trastuzumab and/or lapatinib in patients with human epidermal growth factor receptor 2-positive early breast cancer: Analysis from the NeoALTTO (BIG 1-06) and ALTTO (BIG 2-06) trials. Lambertini M, et al. Cancer. 2019

Statement Bisphosphonate during pregnancy


1. Levy S, Favez I, Taguchi N et al. Pregnancy outcome following in utero exposure to bisphosphonates. Bone. 2009 Mar;44(3):428-30.
2. Amant F, Loibl S, Neven P, et al. Breast cancer in pregnancy. Lancet. 2012 Feb 11;379(9815):570-9. Review.

General information: Chemotherapy during pregnancy

1. Murthy RK, Theriault RL, Barnett CM, et al. Outcomes of children exposed in utero to chemotherapy for breast cancer. Breast Cancer Res. 2014 Dec 30;16(6):3414.



ARBEITSGEMEINSCHAFT
GYNÄKOLOGISCHE
ONKOLOGIE e.V.



MAMMA

© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Breast Cancer During Pregnancy* – Delivery and Breast-Feeding –

		Oxford		
		LoE	GR	AGO
■	Delivery should be postponed until sufficient fetal maturation (avoid iatrogenic prematurity)	2b	C	++
■	Termination of pregnancy does not improve maternal outcome	3b	C	
■	Delivery mode like in healthy women; avoid delivery during chemotherapy-induced leucocyte nadir	4	C	++
■	If further systemic therapy is needed after delivery, breast feeding may be contra-indicated depending on drug toxicities	5	D	++

* Participation in register study recommended

General principles

1. Amant F, Loibl S, Neven P, Van Calsteren K. Breast cancer in pregnancy. Lancet. 2012 Feb 11;379(9815):570-9.
2. Loibl S, Han SN, von Minckwitz G, et al. Treatment of breast cancer during pregnancy: an observational study. Lancet Oncol 2012;13:887-896.
3. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70.
4. Loibl S, Schmidt A, Gentilini O et al. Breast Cancer Diagnosed During Pregnancy: Adapting Recent Advances in Breast Cancer Care for Pregnant Patients. JAMA Oncol. 2015 Nov;1(8):1145-53.

Statements: Delivery should be postponed until sufficient fetal maturation since termination of pregnancy does not improve maternal outcome

1. Loibl S, Han SN, von Minckwitz G, et al. Treatment of breast cancer during pregnancy: an observational study. Lancet Oncol 2012;13:887-896.

Statements: Delivery mode like in non-pregnant; Avoid delivery in leucocyte nadir


1. Berry DL et al., Management of breast cancer during pregnancy using a standardized protocol J Clin Oncol 1999, 17: 855-861

Statements: If further systemic therapy is needed after delivery, breast feeding may be contraindicated depending on drug toxicities

1. Williams Obstetrics lecture book
2. Pistilli B et al. Chemotherapy, targeted agents, antiemetics and growth-factors in human milk: how should we counsel cancer patients about breastfeeding? Cancer Treat Rev. 2013;39(3):207-11.
3. Hays KE, Ryu RJ, Swisher EM et al. Duration of cisplatin excretion in breast milk. Journal of human lactation : official journal of International Lactation Consultant Association 2013;29(4):469-72.

Breast Cancer and Pregnancy – Family Planning –

	Oxford		
	LoE	GR	AGO
▪ After breast cancer diagnosis, reproductive techniques can be used to induce pregnancy	5	D	++
▪ Success rates for getting pregnant and for delivering a child lower in breast cancer patients compared to non-cancer patients	5	D	++
▪ Breast cancer patients of reproductive age should be offered fertility counseling before starting any kind of treatment	5	D	++
▪ Breast cancer patients should not be advised against getting pregnant independent of their tumor's hormone receptor status	5	D	++

	<h1>Pregnancy Associated Breast Cancer*: Outcome</h1>	
<p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p>	<ul style="list-style-type: none"> ■ BC during pregnancy / lactation <ul style="list-style-type: none"> ■ Adequate treatment is essential ■ Pregnancy and lactation after BC <ul style="list-style-type: none"> ■ Outcome not compromised 	<p>Oxford LoE</p> <hr/> <p>3a</p> <p>3a</p>
<p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	<p>* Participation in register study recommended</p>	

General principles

1. Amant F, Loibl S, Neven P, et al. Breast cancer in pregnancy. Lancet. 2012 Feb 11;379(9815):570-9.
2. Loibl S, Han SN, von Minckwitz G, et al. Treatment of breast cancer during pregnancy: an observational study. Lancet Oncol 2012;13:887-896.
3. Peccatori FA, Lambertini M, Scarfone G et al. Biology, staging, and treatment of breast cancer during pregnancy: reassessing the evidences. Cancer biology & medicine 2018;15(1):6-13.
4. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70.
5. Loibl S, Schmidt A, Gentilini O, et al. Breast Cancer Diagnosed During Pregnancy: Adapting Recent Advances in Breast Cancer Care for Pregnant Patients. JAMA Oncol. 2015 Nov;1(8):1145-53.

Statement: Breast cancer during pregnancy / lactation: Outcome not compromised, if treated adequately

1. Gerstl B, Sullivan E, Ives A et al. Pregnancy Outcomes After a Breast Cancer Diagnosis: A Systematic Review and Meta-analysis. Clin

Breast Cancer 2018;18(1):e79-e88.


2. Lambertini M, Kroman N, Ameye L et al. Long-term Safety of Pregnancy Following Breast Cancer According to Estrogen Receptor Status. *J Natl Cancer Inst* 2018;110(4):426-29.
3. Peccatori FA, Lambertini M, Scarfone G et al. Biology, staging, and treatment of breast cancer during pregnancy: reassessing the evidences. *Cancer biology & medicine* 2018;15(1):6-13.
4. Ploquin A, Pistilli B, Tresch E et al. 5-year overall survival after early breast cancer diagnosed during pregnancy: A retrospective case-control multicentre French study. *Eur J Cancer* 2018;95:30-37.
5. Peccatori FA, Lambertini M, Scarfone G et al. Biology, staging, and treatment of breast cancer during pregnancy: reassessing the evidences. *Cancer biology & medicine* 2018;15(1):6-13.
6. de Haan J, Verheecke M, Van Calsteren K et al. Oncological management and obstetric and neonatal outcomes for women diagnosed with cancer during pregnancy: a 20-year international cohort study of 1170 patients. *Lancet Oncol* 2018;19(3):337-46.
7. Petrek JA, Dukoff R, Rogatko A: Prognosis of pregnancy associated breast cancer. *Cancer* 1991, 67: 869-872
8. Loibl S, von Minckwitz G, et al., Breast carcinoma during pregnancy. *Cancer*. 2006 Jan 15;106(2):237-46
9. Rodriguez et al. Evidence of poorer survival in pregnancy-associated breast cancer. *Obstet Gynecol*. 2008 Jul;112(1):71-8
10. Stensheim H, Møller B, van Dijk T et al. Cause-specific survival for women diagnosed with cancer during pregnancy or lactation: a registry-based cohort study. *J Clin Oncol* 2009;27:45-51. doi:10.1200/JCO.2008.17.4110.
11. Kranick JA, Schaefer C, Rowell S, et al. Is pregnancy after breast cancer safe? *Breast J*. 2010 Jul-Aug;16(4):404-11.
12. Azim HA Jr., Santoro L, Russell-Edu W, et al. Prognosis of pregnancy-associated breast cancer: a meta-analysis of 30 studies. *Cancer Treat Rev* 2012;38:834-842.
13. Amant F et al. Prognosis of women with primary breast cancer diagnosed during pregnancy: results from an international collaborative study *J Clin Oncol*. 2013;31(20):2532-9.
14. Litton JK et al. Case control study of women treated with chemotherapy for breast cancer during pregnancy as compared with nonpregnant patients with breast cancer. *Oncologist*. 2013;18(4):369-76.

Statement: Pregnancy and lactation after breast cancer: Outcome not compromised

1. Gelber S et al. Effect of pregnancy on overall survival after diagnosis of early stage breast cancer. JCO 2001; 19: 1671-5: IBCSG-participants - matched pair analysis: 94 patients pregnant after treatment (RR 0.44 – 0.96; p=0.04).
2. Kroman N et al. Pregnancy after treatment of breast cancer--a population-based study on behalf of Danish Breast Cancer Cooperative Group. Acta Oncol. 2008;47(4):545-9
3. Azim HA Jr et al. Prognostic impact of pregnancy after breast cancer according to estrogen receptor status: a multicenter retrospective study. J Clin Oncol 2013;31:73-79.

Review articles

1. Del Mastro et al, Infertility and pregnancy after breast cancer: current knowledge and future perspectives. Cancer Treat Rev. 2006 Oct;32(6):417-22. Epub 2006 Jul 13. Review.
Kroman N, et al. Prognostic influence of pregnancy before, around, and after diagnosis of breast cancer. Breast. 2003 Dec;12(6):516-21.
2. Kroman N, et al. Should women be advised against pregnancy after breast-cancer treatment? Lancet. 1997 Aug 2;350(9074):319-22.
3. Azim HA Jr, Santoro L, Pavlidis N, Gelber S, Kroman N, Azim H, Peccatori FA. Safety of pregnancy following breast cancer diagnosis: a meta-analysis of 14 studies. Eur J Cancer. 2011 Jan;47(1):74-83. Epub 2010 Oct 11. Review.
4. Pagani O, Azim H Jr. Pregnancy after Breast Cancer: Myths and Facts. Breast Care (Basel). 2012 Jun;7(3):210-214. Epub 2012 Jun 27.
5. Valachis A, Tsali L, Pesce LL, et al. Safety of pregnancy after primary breast carcinoma in young women: a meta-analysis to overcome bias of healthy mother effect studies. Obstet Gynecol Surv. 2010 Dec;65(12):786-93.
6. Azim HA Jr, Santoro L, Russell-Edu W, et al. Prognosis of pregnancy-associated breast cancer: a meta-analysis of 30 studies. Cancer Treat Rev. 2012 Nov;38(7):834-42. Epub 2012 Jul 9. Review.
7. Amant F, Loibl S, Neven P, et al. Breast cancer in pregnancy. Lancet. 2012 Feb 11;379(9815):570-9.
8. Peccatori FA et al. Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2013;24 Suppl 6:vi160-70



© AGO e. V.
in der DGGO e. V.
sowie
in der DKG e. V.

Guidelines Breast
Version 2020.1

www.ago-online.de


FORSCHEN
LEHREN
HEILEN

Geriatric Assessment

- **No specific algorithm is available**
- **Ability to tolerate treatment varies greatly („functional reserve“)**
- **Comprehensive geriatric assessment (CGA) describes a multidisciplinary evaluation of independent predictors of morbidity and mortality for older individuals**
 - Physical, mental, and psycho-social health
 - Basic activities of daily living (dressing, bathing, meal preparation, medication management, etc.)
 - Living arrangements, social network, access to support services
- **Assessment tools:**
 - Charlson Comorbidity Index (widely used; good predictor over a 10-year period)
 - 12 prognostic indicators to estimate 4-year mortality risk
 - Short screening tests (more qualitative evaluation)
 - IADL (IADL = The Lawton Instrumental Activities of Daily Living Scale with 8 domains of function, that are measured), G8
 - Geriatric Prognostic Index (GPI), 3 parameters in oncological patients (psychological distress or acute disease, >3 prescribed drugs, neuropsychological problems)

1. Biganzoli L, Wildiers H, Oakman C et al. Management of elderly patients with breast cancer: updated recommendations of the International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA). *Lancet Oncol* 2012;13(4):e148-60.
2. Overcash J. Comprehensive Geriatric Assessment: Interprofessional Team Recommendations for Older Adult Women With Breast Cancer. *Clinical journal of oncology nursing* 2018;22(3):304-15.
3. Charlson et al. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *J Chron Dis* 1987 40:373-383.
4. Lee et al. Development and validation of a prognostic index for 4-year mortality in older adults. *JAMA* 2006 295:801-08.
5. Wildes TM et al. Geriatric assessment is associated with completion of chemotherapy, toxicity, and survival in older adults with cancer. *J Geriatr Oncol.* 2013;4(3):227-34.
6. Aaldriks AA. Prognostic value of geriatric assessment in older patients with advanced breast cancer receiving chemotherapy et al. *Breast* 2013;22(5):753-60.
7. Bellera CA et al. Screening older cancer patients: first evaluation of the G-8 geriatric screening tool. *Ann Oncol.* 2012;23(8):2166-72

8. Aaldriks AA, Maartense E, Nortier HJ, et al. Prognostic factors for the feasibility of chemotherapy and the Geriatric Prognostic Index (GPI) as risk profile for mortality before chemotherapy in the elderly. *Acta Oncol.* 2016 Jan;55(1):15-23.

 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	<h2 style="text-align: center;">Treatment for Fit Elderly Patients</h2> <p style="text-align: center;">(Life Expectancy > 5 yrs. and Acceptable Comorbidities)</p>																																																	
	<table border="0"> <thead> <tr> <th></th><th colspan="3" style="text-align: center;">Oxford</th></tr> <tr> <th></th><th style="text-align: center;">LoE</th><th style="text-align: center;">GR</th><th style="text-align: center;">AGO</th></tr> </thead> <tbody> <tr> <td>■ Clinical geriatric assessment</td><td style="text-align: center;">2b</td><td style="text-align: center;">B</td><td style="text-align: center;">++</td></tr> <tr> <td>■ Treatment according to guidelines</td><td style="text-align: center;">2a</td><td style="text-align: center;">C</td><td style="text-align: center;">++</td></tr> <tr> <td> ■ Surgery similar to „younger“ age</td><td style="text-align: center;">2b</td><td style="text-align: center;">B</td><td style="text-align: center;">++</td></tr> <tr> <td> ■ Endocrine treatment (endocrine responsive)</td><td style="text-align: center;">1a</td><td style="text-align: center;">A</td><td style="text-align: center;">++</td></tr> <tr> <td> ■ Chemotherapy (standard regimens)</td><td></td><td></td><td></td></tr> <tr> <td> ■ < 70 years</td><td style="text-align: center;">1a</td><td style="text-align: center;">A</td><td style="text-align: center;">+</td></tr> <tr> <td> ■ > 70 years (especially N+, ER/PgR-)</td><td style="text-align: center;">2a</td><td style="text-align: center;">C</td><td style="text-align: center;">+*</td></tr> <tr> <td> ■ Radiotherapy</td><td style="text-align: center;">1a</td><td style="text-align: center;">A</td><td style="text-align: center;">+</td></tr> <tr> <td> ■ Omit radiotherapy after BCS if low-risk and endocrine treatment</td><td style="text-align: center;">1b</td><td style="text-align: center;">B</td><td style="text-align: center;">+</td></tr> <tr> <td> ■ Trastuzumab</td><td style="text-align: center;">2b</td><td style="text-align: center;">C</td><td style="text-align: center;">+</td></tr> </tbody> </table> <p>* Study participation recommended</p>				Oxford				LoE	GR	AGO	■ Clinical geriatric assessment	2b	B	++	■ Treatment according to guidelines	2a	C	++	■ Surgery similar to „younger“ age	2b	B	++	■ Endocrine treatment (endocrine responsive)	1a	A	++	■ Chemotherapy (standard regimens)				■ < 70 years	1a	A	+	■ > 70 years (especially N+, ER/PgR-)	2a	C	+*	■ Radiotherapy	1a	A	+	■ Omit radiotherapy after BCS if low-risk and endocrine treatment	1b	B	+	■ Trastuzumab	2b	C
	Oxford																																																	
	LoE	GR	AGO																																															
■ Clinical geriatric assessment	2b	B	++																																															
■ Treatment according to guidelines	2a	C	++																																															
■ Surgery similar to „younger“ age	2b	B	++																																															
■ Endocrine treatment (endocrine responsive)	1a	A	++																																															
■ Chemotherapy (standard regimens)																																																		
■ < 70 years	1a	A	+																																															
■ > 70 years (especially N+, ER/PgR-)	2a	C	+*																																															
■ Radiotherapy	1a	A	+																																															
■ Omit radiotherapy after BCS if low-risk and endocrine treatment	1b	B	+																																															
■ Trastuzumab	2b	C	+																																															

1. Dietz JR, Partridge AH, Gemignani ML, et al. Breast Cancer Management Updates: Young and Older, Pregnant, or Male. Ann Surg Oncol. 2015 Oct;22(10):3219-24.

Statement: Treatment according to standard

1. Shachar SS, Jolly TA, Jones E et al. Management of Triple-Negative Breast Cancer in Older Patients: How Is It Different? Oncology (Williston Park) 2018;32(2):58-63.
2. Bouchardy C et al., Undertreatment strongly decreases prognosis of breast cancer in elderly women. J Clin Oncol. 2003;21(19):3580-71.
3. Quinten C, Kenis C, Hamaker M et al. The effect of adjuvant chemotherapy on symptom burden and quality of life over time; a preliminary prospective observational study using individual data of patients aged ≥ 70 with early stage invasive breast cancer. Journal of geriatric oncology 2018;9(2):152-62.
4. Schuil H, Derks M, Liefers GJ et al. Treatment strategies and survival outcomes in older women with breast cancer: A comparative study between the FOCUS cohort and Nottingham cohort. Journal of geriatric oncology 2018;9(6):635-41.
5. Ward SE, Richards PD, Morgan JL, Holmes GR, Broggio JW, Collins K, et al. Omission of surgery in older women with early breast

cancer has an adverse impact on breast cancer-specific survival. Br J Surg 2018;105(11):1454-63.

6. Enger SM: Breast cancer treatment of older women in integrated health care settings. J Clin Oncol. 2006 Sep 20;24(27):4377-83
7. Mustacchi G, Breast cancer in elderly women: a different reality? Results from the NORA study. Ann Oncol. 2007 Jun;18(6):991-6.
8. Chagpar AB: Determinants of early distant metastatic disease in elderly patients with breast cancer. Am J Surg. 2006 Sep;192(3):317-21
9. Kemeny MM: Barriers to clinical trial participation by older women with breast cancer. J Clin Oncol. 2003 Jun 15;21(12):2268-75
10. Giordano SH: Breast cancer treatment guidelines in older women. J Clin Oncol. 2005 Feb 1;23(4):783-91.
11. Yood MU: Mortality impact of less-than-standard therapy in older breast cancer patients. J Am Coll Surg. 2008 Jan;206(1):66-75
12. Wildiers H: Management of breast cancer in elderly individuals: recommendations of the International Society of Geriatric Oncology. Lancet Oncol. 2007 Dec;8(12):1101-15
13. Luque M et al. Breast cancer management in the elderly. Clin Transl Oncol. 2013 epub

Statement: Surgery similar to „younger“ age

1. Swaminathan V. et al. Choices in Surgery for older women with breast cancer Breast Care 2012;7:445-451
2. Fentiman IS: Treatment of operable breast cancer in the elderly: a randomised clinical trial EORTC 10851 comparing tamoxifen alone with modified radical mastectomy. Eur J Cancer. 2003 Feb;39(3):309-16
3. Fentiman IS: Treatment of operable breast cancer in the elderly: a randomised clinical trial EORTC 10850 comparing modified radical mastectomy with tumorectomy plus tamoxifen. Eur J Cancer. 2003 Feb;39(3):300-8
4. Hind D: Surgery, with or without tamoxifen, vs tamoxifen alone for older women with operable breast cancer: cochrane review. Br J Cancer 2007 Apr 10;96(7):1025-9.
5. Rudenstam CM Randomized trial comparing axillary clearance versus no axillary clearance in older patients with breast cancer: first results of International Breast Cancer Study Group Trial 10-93. J Clin Oncol. 2006 Jan 20;24(3):337-44.
6. Martelli G, Miceli R, Daidone MG, et al. Axillary dissection versus no axillary dissection in elderly patients with breast cancer and no palpable axillary nodes: results after 15 years of follow-up. Ann Surg Oncol. 2011;18(1):125-33

7. Johnston SJ et al. A randomised trial of primary tamoxifen versus mastectomy plus adjuvant tamoxifen in fit elderly women with invasive breast carcinoma of high oestrogen receptor content: long-term results at 20 years of follow-up. *Ann Oncol* 2012;9:2296-300.
8. Chakrabarti J et al. A randomised trial of mastectomy only versus tamoxifen for treating elderly patients with operable primary breast cancer-final results at 20-year follow-up. *Crit Rev Oncol Hematol*. 2011;78(3):260-4.

Statement: Endocrine treatment (endocrine resp.)

1. Rugo HS, Turner NC, Finn RS et al. Palbociclib plus endocrine therapy in older women with HR+/HER2- advanced breast cancer: a pooled analysis of randomised PALOMA clinical studies. *Eur J Cancer* 2018;101:123-33.
2. Crivellari D, Sun Z, Coates AS, et al. Letrozole compared with tamoxifen for elderly patients with endocrine-responsive early breast cancer: The BIG 1-98 Trial. *J Clin Oncol* 2008; 26:1972-79
3. Muss H et al. Efficacy, toxicity, and quality of life in older women with early-stage breast cancer treated with letrozole or placebo after 5 years of tamoxifen: NCIC CTG intergroup trial MA.17. *J Clin Oncol*. 2008 Apr 20;26(12):1956-64
4. Lash TL: Physicians' assessments of adjuvant tamoxifen's effectiveness in older patients with primary breast cancer. *J Am Geriatr Soc*. 2005 Nov;53(11):1889-96
5. Silliman RA: Adjuvant tamoxifen prescription in women 65 years and older with primary breast cancer. *J Clin Oncol*. 2002 Jun 1;20(11):2680-8
6. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet*. 2005;365(9472):1687-717
7. C. Davies et al. Long-term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years after diagnosis of oestrogen receptor-positive breast cancer: ATLAS, a randomised trial. *Lancet* 2013;381, 805–816

Statement: Chemotherapy in pts. < 70 years

1. Loibl S, von Minckwitz G, Harbeck N, et al. Clinical feasibility of (neo)adjuvant taxane-based chemotherapy in older patients: analysis of >4,500 patients from four German randomized breast cancer trials. *Breast Cancer Res*. 2008 Sep16;10(5):R77

2. Fisher B: Treatment of axillary lymph node-negative, estrogen receptor-negative breast cancer: updated findings from National Surgical Adjuvant Breast and Bowel Project clinical trials. *J Natl Cancer Inst.* 2004 Dec 15;96(24):1823-31.
3. Fargeot P: Disease-free survival advantage of weekly epirubicin plus tamoxifen versus tamoxifen alone as adjuvant treatment of operable, node-positive, elderly breast cancer patients: 6-year follow-up results of the French adjuvant study group 08 trial. *J Clin Oncol.* 2004 Dec 1;22(23):4622-30
4. Du XL: Effectiveness of adjuvant chemotherapy for node-positive operable breast cancer in older women. *J Gerontol A Biol Sci Med Sci.* 2005 Sep;60(9):1137-44
5. De Maio E et al., Compliance and toxicity of adjuvant CMF in elderly breast cancer patients: a single-center experience. *BMC Cancer* 2005 24: 30
Muss HB et al., Adjuvant chemotherapy in older and younger women with lymph node-positive breast cancer. *JAMA* 2005, 293:1073-81.
6. Chagpar AB: Determinants of early distant metastatic disease in elderly patients with breast cancer. *Am J Surg.* 2006 Sep;192(3):317-21.
7. Hurria A et al., Patterns of toxicity in older patients with breast cancer receiving adjuvant chemotherapy. *Breast Cancer Res Treat.* 2005 92:151-6.
8. Brunello A et al., Adjuvant chemotherapy for elderly patients (> or =70 years) with early high-risk breast cancer: a retrospective analysis of 260 patients. *Ann Oncol.* 2005 16:1276-82.

Statement: Chemotherapy in pts. > 70 years

1. Qin A, Thompson CL, Silverman P. Predictors of late-onset heart failure in breast cancer patients treated with doxorubicin. *J Cancer Surviv.* 2015 Jun;9(2):252-9.
2. Pinder MC, Duan Z, Goodwin JS, et al. Congestive heart failure in older women treated with adjuvant anthracycline chemotherapy for breast cancer. *J Clin Oncol.* 2007 Sep 1;25(25):3808-15.
3. von Minckwitz G, Reimer T, Potenberg J, et al. The phase III ICE study: Adjuvant Ibandronate with or without capecitabine in elderly patients with moderate or high risk early breast cancer. *SABCS 2014 (S3-04).*


4. Loibl S. et al Present Status of Adjuvant Chemotherapy for Elderly Breast Cancer Patients Breast Care 2012;7:439-444
5. Muss HB, Adjuvant chemotherapy in older women with early-stage breast cancer.N Engl J Med. 2009 May 14;360(20):2055-65.
6. Muss HB: CLGB: Toxicity of older and younger patients treated with adjuvant chemotherapy for node-positive breast cancer: the Cancer and Leukemia Group B Experience.J Clin Oncol. 2007 Aug 20;25(24):3699-704
7. Muss HB: Adjuvant treatment of elderly breast cancer patients. Breast. 2007 Nov;16 Suppl 2:159-65
8. Nuzzo F et al. Weekly docetaxel versus CMF as adjuvant chemotherapy for elderly breast cancer patients: safety data from the multicentre phase 3 randomised ELDA trial. Crit Rev Oncol Hematol. 2008 May;66(2):171-80. Epub 2007 Dec 21.
9. Crivellari D et al. Adjuvant pegylated liposomal doxorubicin for older women with endocrine nonresponsive breast cancer who are NOT suitable for a "standard chemotherapy regimen": the CASA randomized trial. Breast. 2013;22(2):130-7.

Statement: Radiotherapy

1. Kunkler I Radiotherapy issues in elderly breast cancer patients Breast Cancer Patients Breast Care 2012;7:453-459
2. Sautter M.L et al When are breast cancer patients old enough for the quitclaim of local control Strahlenther Onkol 2012 :1-5
3. Giordano SH Radiotherapy in older women with low-risk breast cancer: why did practice not change? 2012 J Clin Oncol 30 (14): 1577-1578
4. Prescott RJ: A randomised controlled trial of postoperative radiotherapy following breast-conserving surgery in a minimum-risk older population. The PRIME trial. Health Technol Assess. 2007 Aug;11(31):1-149, iii-iv
5. Yood MU: Mortality impact of less-than-standard therapy in older breast cancer patients. J Am Coll Surg. 2008 Jan;206(1):66-75
6. Hughes KS et al: Lumpectomy plus tamoxifen with or without irradiation in women age 70 years or older with early breast cancer: long-term follow-up of CALGB 9343. J Clin Oncol. 2013;31(19):2382-7
7. Kunkler IH, Williams LJ, Jack WJ, et al: On behalf of the PRIME II investigators. Breast-conserving surgery with or without irradiation in women aged 65 years or older with early breast cancer (PRIME II): a randomised controlled trial. Lancet Oncol. 2015 Jan 27.

Statement: Trastuzumab

1. Freedman RA, Vaz-Luis I, Barry WT, et al. Patterns of chemotherapy, toxicity, and short-term outcomes for older women receiving adjuvant trastuzumab-based therapy. *Breast Cancer Res Treat.* 2014 Jun;145(2):491-501.
2. Chavez-MacGregor M, Zhang N, Buchholz TA, et al. Trastuzumab-related cardiotoxicity among older patients with breast cancer. *J Clin Oncol.* 2013 Nov 20;31(33):4222-8
3. Guarneri V: Long-term cardiac tolerability of trastuzumab in metastatic breast cancer: the M.D. Anderson Cancer Center experience. *J Clin Oncol.* 2006 Sep 1;24(25):4107-15.
4. Tan-Chiu E: Assessment of cardiac dysfunction in a randomized trial comparing doxorubicin and cyclophosphamide followed by paclitaxel, with or without trastuzumab as adjuvant therapy in node-positive, human epidermal growth factor receptor 2-overexpressing breast cancer: NSABP B-31. *J Clin Oncol.* 2005 Nov 1;23(31):7811-9
5. Smith I, HERA study team: 2-year follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer: a randomised controlled trial. *Lancet.* 2007 Jan 6;369(9555):29-36
6. Adamo V et al. The Risk of Toxicities from Trastuzumab, Alone or in Combination, in an Elderly Breast Cancer Population. *Oncology* 2013;86(1):16-21.
7. Albanell J et al. Trastuzumab in small tumours and in elderly women. *Cancer Treat Rev.* 2014;40(1):41-7.
8. Brollo J et al. Adjuvant trastuzumab in elderly with HER-2 positive breast cancer: a systematic review of randomized controlled trials. *Cancer Treat Rev.* 2013;39(1):44-50



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Treatment for Frail Patients

(Life Expectancy <5 yrs, Substantial Comorbidities)

	Oxford		
	LoE	GR	AGO
■ Reduced standard treatment	2b	C	++
■ Options extrapolated from trials in elderly:			
■ No breast surgery (consider endocrine options)	2b	C	+
■ No axillary clearing (≥ 60 y, cN0, HR-pos)	2b	B	+
■ No radiotherapy (≥ 65 y, pT1, pN0, HR-pos)	1b	B	++
■ Hypofractionated radiotherapy	2b	B	+
■ No chemotherapy if >70y and negative risk-benefit analysis	2b	C	+

1. Walzer DE Measuring the value of radiotherapy in older women with breast cancer J Clin Oncol 2012 30 (23) 2809-2811
2. Audisio RA et al When reporting on older patients with cancer , frailty information is needed Ann Surg Oncol 2011; 18: 4-5
3. Smith BD et al Improvement in breast cancer outcomes over time: are older missing out? J Clin Oncol 2011 29 (35) 4647-4653
4. Hughes KS et al Lumpectomy plus tamoxifen with or without irradiation in women age 70 or older with early breast cancer 2010 J Clin Oncol 28:69s (suppl 15, abstr 507).
5. Albrand G et al Early breast cancer: assessment and management considerations Drugs Aging 2008 25:35-45

Statement: Reduced standard treatment

Statement: No breast surgery (consider endocrine options)

1. Hind D: Surgery versus primary endocrine therapy for operable primary breast cancer in elderly women (70 years plus). Cochrane Database Syst Rev. 2006 Jan 25;(1):CD004272.
2. Fentiman IS, et al. Treatment of operable breast cancer in the elderly: a randomised clinical trial EORTC 10851 comparing

tamoxifen alone with modified radical mastectomy. Eur J Cancer (2003) 39(3):309-16

3. Fentiman IS, et al: Treatment of operable breast cancer in the elderly: a randomised clinical trial EORTC 10850 comparing modified radical mastectomy with tumorectomy plus tamoxifen. Eur J Cancer. 2003 Feb;39(3):300-8
4. de Haes JC, et al: Quality of life in breast cancer patients aged over 70 years, participating in the EORTC 10850 randomised clinical trial. Eur J Cancer. 2003 May;39(7):945-51. doi: 10.1016/j.ejca.2012.08.010. Epub 2012 Sep 6.
5. Balakrishnan A et al. Early operable breast cancer in elderly women treated with an aromatase inhibitor letrozole as sole therapy. Br J Cancer. 2011;105(12):1825-9.
6. Hamaker ME et al. Omission of surgery in elderly patients with early stage breast cancer. Eur J Cancer 2013;49(3):545-52.
7. Wink CJ et al. Hormone treatment without surgery for patients aged 75 years or older with operable breast cancer. Ann Surg Oncol. 2012;19(4):1185-91.

Statement: No axillary clearing (≥ 60 y, cN0, ER+)

1. Rudenstam CM, Randomized trial comparing axillary clearance versus no axillary clearance in older patients with breast cancer: first results of International Breast Cancer Study Group Trial 10-93. J Clin Oncol. 2006 Jan 20;24(3):337-44.
2. Martelli G: A randomized trial comparing axillary dissection to no axillary dissection in older patients with T1N0 breast cancer: results after 5 years of follow-up. Ann Surg. 2005 Jul;242(1):1-6
3. Zurrida S: Axillary radiotherapy instead of axillary dissection: a randomized trial. Italian Oncological Senology Group. Ann Surg Oncol. 2002 Mar;9(2):156-60

Statement: No radiotherapy (≥ 70 y, pT1, pN0, ER+)

1. Kim YJ, Shin KH, Kim K. Omitting Adjuvant Radiotherapy for Hormone ReceptorPositive Early-Stage Breast Cancer in Old Age: A Propensity Score Matched SEER Analysis. Cancer research and treatment : official journal of Korean Cancer Association 2018.
2. Hannoun-Levi JM, et al. Breast cancer in elderly women: is partial breast irradiation a good alternative? Breast Cancer Res Treat. 2003 Oct;81(3):243-51

3. Hughes KS, et al. Lumpectomy plus tamoxifen with or without irradiation in women 70 years of age or older with early breast cancer. N Engl J Med. 2004 Sep 2;351(10):971-
4. Kunkler I, et al. Postoperative breast irradiation: new trials needed in older patients. J Clin Oncol. 2003 May 1;21(9):1893; author reply 1893-4
5. Fyles AW: Tamoxifen with or without breast irradiation in women 50 years of age or older with early breast cancer. N Engl J Med. 2004 Sep 2;351(10):963-70
6. Kunkler IH, Williams LJ, Jack WJ, et al: on behalf of the PRIME II investigators. Breast-conserving surgery with or without irradiation in women aged 65 years or older with early breast cancer (PRIME II): a randomised controlled trial. Lancet Oncol. 2015 Jan 27.

Statement: Hypofractionated radiotherapy


1. Vaidya JS, Joseph DJ, Tobias JS et al: Targeted intraoperative radiotherapy versus whole breast radiotherapy for breast cancer (TARGIT-A trial): an international, prospective, randomised, non-inferiority phase 3 trial. Lancet. 2010 Jul 10;376(9735):91-102.
2. Vaidya JS, Wenz F, Bulsara M, et al: TARGIT trialists' group. Risk-adapted targeted intraoperative radiotherapy versus whole-breast radiotherapy for breast cancer: 5-year results for local control and overall survival from the TARGIT-A randomised trial. Lancet. 2014 Feb 15;383(9917):603-13.
3. Veronesi U, Orecchia R, Maisonneuve P, et al. Intraoperative radiotherapy versus external radiotherapy for early breast cancer (ELIOT): a randomised controlled equivalence trial. Lancet Oncol. 2013 Dec;14(13):1269-77.
4. Ortholan C, et al. Long-term results of adjuvant hypofractionated radiotherapy for breast cancer in elderly patients. Int J Radiat Oncol Biol Phys. 2005 Jan 1;61(1):154-62.
5. Kirova YM, Campana F, Savignoni A, et al: for the Institut Curie Breast Cancer Study Group Breast-Conserving Treatment in the Elderly: Long-Term Results of Adjuvant Hypofractionated and Normofractionated Radiotherapy. Int J Radiat Oncol Biol Phys. 2009 Jan 2

Statement: No chemotherapy > 70 years and negative risk benefit analysis

1. Du XL, Jones DV, Zhang D. Effectiveness of adjuvant chemotherapy for node-positive operable breast cancer in older women. J

Gerontol A Biol Sci Med Sci. 2005 Sep;60(9):1137-44.

2. Kehl KL, Niu J, Chavez-MacGregor M et al. Hospitalization by cytotoxic chemotherapy regimen among older women with stage IV breast cancer. *Cancer* 2018;124(24):4685-91.
3. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet*. 2005 May 14-20;365(9472):1687-717
4. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Adjuvant chemotherapy in oestrogen-receptor-poor breast cancer: patient-level meta-analysis of randomised trials. *Lancet*. 371;2008:1687-717

Male Breast Cancer: Diagnostic Work-Up and Loco-Regional Therapy			
 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	Oxford		
	LoE	GR	AGO
	4	C	+
	3b	C	+/-
	2b	B	++
	4	C	++*
	4	C	++*
	2b	B	+
	4	C	+
	2b	B	++
<p>Screening for 2nd malignancies according to guidelines</p> <p>* Participation in register study recommended</p>	GCP		++

International registry

- Cardoso F, Bartlett JMS, Slaets L et al. Characterization of male breast cancer: results of the EORTC 10085/TBCRC/BIG/NABCG International Male Breast Cancer Program. Ann Oncol 2018;29(2):405-17.
- Doebar SC, Slaets L, Cardoso F et al. Male breast cancer precursor lesions: analysis of the EORTC 10085/TBCRC/BIG/NABCG International Male Breast Cancer Program. Mod Pathol 2017;30(4):509-18.
- Vermeulen MA, Slaets L, Cardoso F et al. Pathological characterisation of male breast cancer: Results of the EORTC 10085/TBCRC/BIG/NABCG International Male Breast Cancer Program. Eur J Cancer 2017;82:219-27.

General

- Gucalp A, Traina TA, Eisner JR, et al. Male breast cancer: a disease distinct from female breast cancer. Breast Cancer Res Treat 2018.
- Fentiman IS. Unmet needs of men with breast cancer. Eur J Surg Oncol 2018;44(8):1123-26.

3. Vetto J et al. Accurate and cost-effective evaluation of breast masses in males. Am J Surg 1998 175: 3831.
4. Giordano SH. Breast Cancer in Men. N Engl J Med 2018;378(24):2311-20.
5. Kanakis GA, Jorgensen N, Goulis DG. Breast Cancer in Men. N Engl J Med 2018;379(14):1385.
6. Liu N, Johnson KJ, Ma CX. Male Breast Cancer: An Updated Surveillance, Epidemiology, and End Results Data Analysis. Clin Breast Cancer 2018;18(5):e997-e1002
7. Wang J, Sun Y, Qu J, et al. Survival analysis for male ductal and lobular breast cancer patients with different stages. Future Oncol 2018.
8. Gucalp A, Traina TA, Eisner JR, et al. Male breast cancer: a disease distinct from female breast cancer. Breast Cancer Res Treat 2018.
9. Wang K, Wang QJ, Xiong YF, et al. Survival Comparisons Between Early Male and Female Breast Cancer Patients. Scientific reports 2018;8(1):8900.
10. Heinig J: Clinical management of breast cancer in males: a report of four cases. Eur J Obstet Gynecol Reprod Biol. 2002 Apr 10;102(1):67-73
11. Thalib L ,Hall P. Survival of male breast cancer patients: Population-based cohort study. Cancer Sci. 2008
12. Dietz JR, Partridge AH, Gemignani ML, et al. Breast Cancer Management Updates: Young and Older, Pregnant, or Male. Ann Surg Oncol. 2015 Oct;22(10):3219-24.
13. Deb S, Lakhani SR, Ottini L, et al. The cancer genetics and pathology of male breast cancer. Histopathology. 2016 Jan;68(1):110-8.

Statement: Diagnostic work up as in women

Statement: Mammography

1. Chesebro AL, Rives AF, Shaffer K. Male Breast Disease: What the Radiologist Needs to Know. Current problems in diagnostic radiology 2018.
2. Dershaw DD. et al. Mammographic findings in men with breast cancer. Am J Roentgenol 1993 160: 267

3. Hines SL: The role of mammography in male patients with breast symptoms. Mayo Clin Proc. 2007 Mar;82(3):297-300

Statement: Ultrasound

1. Caruso G: High-frequency ultrasound in the study of male breast palpable masses. Radiol Med (Torino). 2004 Sep;108(3):185-93

Statement: Standard-surgery: Mastectomy – men

1. Shen. I et al Skin-sparing mastectomy: a survey based approach to defining standard of care. Am Surg. 2008 Oct;74(10):902-51.
2. Fentiman IS. Surgical options for male breast cancer. Breast Cancer Res Treat 2018;172(3):539-44.
3. Lanitis S et al. Diagnosis and management of male breast cancer, World J Surg. 2008 Nov;32(11):2471-6.
4. Kuo SH et al. Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence, Int J Radiat Oncol Biol Phys. 2008 Dec 1;72(5):1456-64. Epub 2008 Aug 7
5. Fogh S et al. Therapy for Male Breast Cancer: Functional Advantages With Comparable Outcomes Using Breast Conservation. Clin Breast Cancer. 2013;13(5):344-9.
6. Fields EC et al. Management of male breast cancer in the United States: a surveillance, epidemiology and end results analysis. J Radiat Oncol Biol Phys 2013;87(4):747-52
7. Cloyd et al. Outcomes of partial mastectomy in male breast cancer patients: analysis of SEER, 1983-2009. Ann Surg Oncol. 2013;20:1545–50
8. Zaenger D, Rabatic BM, Dasher B, Mourad WF. Is Breast Conserving Therapy a Safe Modality for Early-Stage Male Breast Cancer? Clin Breast Cancer. 2015 Nov 17. pii: S1526-8209(15)00278-5.

Statement: Surgery: BEO – men

1. Cloyd JM, Hernandez-Boussard T, Wapnir IL. Outcomes of partial mastectomy in male breast cancer patients: analysis of SEER, 1983–2009. Ann Surg Oncol. 2013;20(5):1545–50.
2. Bratman SV, Kapp DS, Horst KC. Evolving trends in the initial locoregional management of male breast cancer. Breast.

2012;21(3):296–302. <https://doi.org/10.1016/j.breast.2012.01.008>.

3. Cutuli B, Le-Nir CC, Serin D, Kirova Y, Gaci Z, Lemanski C, De Lafontan B, Zoubir M, Maingon P, Mignotte H, de Lara CT, Edeline J, Penault-Llorca F, Romestaing P, Delva C, Comet B, Belkacemi Y. Male breast cancer. Evolution of treatment and prognostic factors. Analysis of 489 cases. *Crit Rev Oncol Hematol*. 2010;73(3):246–54. <https://doi.org/10.1016/j.critrevonc.2009.04.002>.
4. Cutuli B, Lacroze M, Dilhuydy JM, Velten M, De Lafontan B, Marchal C, Resbeut M, Graic Y, Campana F, Moncho-Bernier V, et al. Male breast cancer: results of the treatments and prognostic factors in 397 cases. *Eur J Cancer*. 1995;31A(12):1960–4.
5. Golshan M, Rusby J, Dominguez F, Smith BL. Breast conservation for male breast carcinoma. *Breast*. 2007;16(6):653–6.
6. Selcukbiricik F, Tural D, Aydog˘an F, Bes˘e N, Bu˘yu˘ku˘nal E, Serdengec˘ti S. Male breast cancer: 37-year data study at a single experience center in Turkey. *J Breast Cancer*. 2013;16(1):60–5. <https://doi.org/10.4048/jbc.2013.16.1.60>.
7. Serarslan A, Gursel B, Okumus NO, Meydan D, Sullu Y, Gonullu G. Male breast cancer: 20 years experience of a tertiary hospital from the Middle Black Sea Region of Turkey. *Asian Pac J Cancer Prev*. 2015;16(15):6673–9.
8. Yildirim E, Berberog˘lu U. Male breast cancer: a 22-year experience. *Eur J Surg Oncol*. 1998;24(6):548–52.

Statement: Sentinel-node excision (SNE)

1. Port ER et al. Sentinel lymph node biopsy in patients with male breast carcinoma. *Cancer* 2001 91:319-323
2. Flynn LW et al. Sentinel lymph node biopsy is successful and accurate in male breast carcinoma. *J Am Coll Surg*. 2008 Apr;206(4):616-21
3. Boughhey JC: Comparative analysis of sentinel lymph node operation in male and female breast cancer patients. *J Am Coll Surg*. 2006 Oct;203(4):475-80. Epub 2006 Aug 23
4. De Cicco C: Sentinel node biopsy in male breast cancer. *Nucl Med Commun* 2004; 25: 139-143

5. Albo D et al. Evaluation of lymph node status in male breast cancer patients: a role for sentinel lymph node biopsy. Breast Cancer Res Treat 2003 77:9-14

Statement: Radiotherapy as in women (consider tumor breast relation!)

1. Ribeiro GG: A review of the management of the male breast carcinoma based on an analysis of 420 treated cases. Breast 1996; 5: 141-146
2. Schuchardt U et al. Adjuvant radiotherapy for breast carcinoma in men: a 20-year clinical experience. Am J Clin Oncol 1996 19:330
3. Eggemann H et al. Male breast cancer: 20-year survival data for post-mastectomy radiotherapy. Breast Care (Basel). 2013;8(4):270-5.

Statement: Genetic counselling if 1 additional relative affected (breast/ovarian cancer)

1. Ottini L et al. BRCA1/BRCA2 mutation status and clinical-pathologic features of 108 male breast cancer cases from Tuscany: a population-based study in central Italy. Breast Cancer Res Treat. 2008 Sep 26
2. Friedman LS, Gayther SA, Kurosaki T, et al. Mutation analysis of BRCA1 and BRCA2 in a male breast cancer population. Am J Hum Genet 1997; 60: 313-319
3. Basham VM: BRCA1 and BRCA2 mutations in a population-based study of male breast cancer. Breast Cancer Res 2002; 4: R2
4. Thorlacius S, Sigurdson S, Bjanadottir H, et al. Study of a single BRCA2 mutation with high carrier frequency in a small population. Am J Hum Genet 1997; 60: 1079-1084

Statement: Screening for 2nd malignancies according guidelines

1. Wernberg JA. Multiple primary tumors in men with breast cancer diagnoses: a SEER database review. J Surg Oncol. 2009 Jan 1;99(1):16-9

Statement: Systemic therapy

1. Doyen J et al., Ann Oncol. 2009 Oct 27. [Epub ahead of print], Aromatase inhibition in male breast cancer patients: biological and clinical implications.
2. Eggemann H et al. Adjuvant therapy with tamoxifen compared to aromatase inhibitors for 257 male breast cancer patients. Breast Cancer Res Treat. 2013;137(2):465-70.
3. Patten DK et al. New Approaches in the Management of Male Breast. Cancer Clinical Breast Cancer 2013;13(5) 309–314
4. Di Lauro L et al. Letrozole combined with gonadotropin-releasing hormone analog for metastatic male breast cancer Breast Cancer Res Treat. 2013;141(1):119-23
5. Zagouri F et al. Aromatase inhibitors with or without gonadotropin-releasing hormone analogue in metastatic male breast cancer: a case series. Br J Cancer. 2013;108(11):2259-63

Review articles

1. Donegan WL: Carcinoma of the breast in males. Cancer 1998; 83: 498-509
2. Borgen PI et al. Current management of male breast cancer. A review of 104 cases. Ann Surg 1992 215:451
3. Erlichman C et al. Male breast cancer: a 13- year review of 89 patients. J Clin Oncol 1984 2: 903
4. Cutuli B, Lacroze M, Dilhuydy JM, et al. Male breast cancer: results of the treatments and prognostic factors in 397 cases. Eur J Cancer 1995; 31A: 1960-1964
5. Fentiman IS, Fourquet A, Hortobagyi GN. Male breast cancer. Lancet. 2006 Feb 18;367(9510):595-604. Review. Erratum in: Lancet. 2006 Jun 3;367(9525):1818
6. Agrawal A, Ayantunde AA, Rampaul R et al. Male breast cancer: a review of clinical management. Breast Cancer Res Treat. 2006 Oct 11;
7. Korde LA et al: Multidisciplinary meeting on male breast cancer; summary and research recommendations J Clin Oncol 28: 2114-2122, 2010
8. Patten DK et al. New Approaches in the Management of Male Breast. Cancer Clinical Breast Cancer 2013;13(5) 309–314
9. Sousa B et al. An update on male breast cancer and future directions for research and treatment. Eur J Pharmacol 2013;717(1-3)

10. Ruddy KJ et al. Male breast cancer: risk factors, biology, diagnosis, treatment, and survivorship. *Ann Oncol* 2013; 24(6):1434-43.

Male Breast Cancer: Systemic Therapy			
	Oxford		
	LoE	GR	AGO
■ Adjuvant chemotherapy as in women	2a	B	++
■ HER2-targeted therapy (if HER2-positive)	5	D	++
■ Endocrine therapy	4	D	++
■ Tamoxifen	2b	B	++
■ Aromatase inhibitors (adjuvant)	2b	B	.*
■ Aromatase inhibitors (metastatic BC)	4	C	+/-
■ GnRHa and AI (metastatic BC)	4	C	.*
■ Fulvestrant (metastatic BC)	4	C	+/-
■ CDK4/6i (in combination) *	2b	B	+
■ Palliative chemotherapy as in women	4	C	++

* Study participation recommended

Statement: Adjuvant Chemotherapy

1. Patel HZ et al. Role of adjuvant chemotherapy in male breast cancer. Cancer 1989 64: 1583
2. Bagley CS et al. Adjuvant Chemotherapy in males with cancer of the breast. Am J Clin Oncol 1987; 2:903
3. Giordano SH, Perkins GH, Broglio K, et al. Adjuvant systemic therapy for male breast cancer. Cancer 2005; 104: 235-264
4. Walshe JM: A prospective study of adjuvant CMF in males with node positive breast cancer: 20-year follow-up. Breast Cancer Res Treat. 2007 Jun;103(2):177-83

Statement Trastuzumab

1. Carmona-Bayonas A. Potential benefit of maintenance trastuzumab and anastrozole therapy in male advanced breast cancer. Breast. 2007 Jun;16(3):323-5

Statement CDK4/6i

1. Wedam S, Fashoyin-Aje L, Bloomquist E, et al.:FDA Approval Summary: Palbociclib for Male Patients with Metastatic Breast

Cancer. Clin Cancer Res. 2019 Oct 24. doi: 10.1158/1078-0432.CCR-19-2580.


Statement endocrine therapy

1. Ribeiro G et al. Adjuvant tamoxifen for male breast cancer (MBC). Br J Cancer 1992 65: 252
2. Anelli TF et al. Tamoxifen administration is associated with a high rate of treatment-limiting symptoms in male breast cancer patients. Cancer 1994 74: 74
3. Agrawal: Fulvestrant in advanced male breast cancer. Breast Cancer Res Treat. 2007 Jan;101(1):123. Epub 2006 Jun 29.
4. Zabolotny BP: Successful use of letrozole in male breast cancer: a case report and review of hormonal therapy for male breast cancer. J Surg Oncol. 2005 Apr 1; 90(1):26-30
5. Goss PE: Male breast carcinoma: a review of 229 patients who presented to the Princess Margaret Hospital during 40 years: 1955–1996. Cancer 1999; 85: 629-639
6. Giordano SH: Efficacy of anastrozole in male breast cancer. Am J Clin Oncol 2002 25: 235-237
7. Agrawal A: Fulvestrant in advanced male breast cancer. Breast Cancer Res Treat. 2007 Jan;101(1):123. Epub 2006 Jun 29. No abstract available
8. Giordano SH: Leuprolide acetate plus aromatase inhibition for male breast cancer. J Clin Oncol. 2006 Jul 20;24(21):e42-3. No abstract available.
9. Nahleh ZA: Hormonal therapy for male breast cancer: A different approach for a different disease. Cancer Treatment Reviews 2006 32:101-105
10. Arriola E: Aromatase inhibitors and male breast cancer. Clin Transl Oncol. 2007 Mar;9(3):192-4
11. Eggemann H, Ignatov A, Smith BJ, et al. Adjuvant therapy with tamoxifen compared to aromatase inhibitors for 257 male breast cancer patients. Breast Cancer Res Treat. 2013 Jan;137(2):465-70.
12. Di Lauro L et al. Letrozole combined with gonadotropin-releasing hormone analog for metastatic male breast cancer Breast Cancer Res Treat. 2013;141(1):119-23
13. Zagouri F et al. Aromatase inhibitors with or without gonadotropin-releasing hormone analogue in metastatic male breast cancer: a

case series. Br J Cancer. 2013;108(11):2259-63

Statement palliative chemotherapy

1. Chitapanarux I: Gemcitabine plus cisplatin (GC): a salvage regimen for advanced breast cancer patients who have failed anthracycline and/or taxane therapy. Gan To Kagaku Ryoho. 2006 Jun;33(6):761-6



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Benefit from Trimodal Treatment in Inflammatory Breast Cancer

Median survival probability		
Trimodal therapy	72 months	p<0.05
Surgery alone	26 months	


Overall survival-probability (OS)	10 years-OS	5 years-OS
Trimodal therapy	55.4%	37.3%
Surgery & chemotherapy	42.9%	28.5%
Surgery & radiotherapy	40.7%	23.5%
Surgery alone		16.5%

Multivariate analysis of OS	Hazard Ratio	95% CI
Surgery & chemotherapy & RT (trimodal therapy)	1.00	-
Surgery & chemotherapy	1.64	1.46 to 1.84
Surgery & radiotherapy	1.47	0.96 to 2.24
Surgery alone	2.28	1.80 to 2.89

Rueth et al. J Clin Oncol 2014; 32:2018–2024

Survival benefit by trimodal treatment (NACT, MRM, RT)

1. Rueth NM, Lin HY, Bedrosian I, et al. Underuse of trimodality treatment affects survival for patients with inflammatory breast cancer: an analysis of treatment and survival trends from the National Cancer Database. *J Clin Oncol* 2014; **32**: 2018–24.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de


FORSCHEN
LEHREN
HEILEN

Primary inflammatory breast cancer

	5yr- OS	
pCR	77%	p<0.0001
Non-pCR	54%	
TN-IBC	37%	p<0.0001
other biologic subtypes (HR+/HER2-, HR+/HER2+, HR-/HER2+)	60%	

- N=8.550
- On multivariable analysis, TNBC, positive margins, and not receiving either chemotherapy, hormonal therapy or radiotherapy were independently associated with poor 5-year survival ($p < 0.0001$).

1. Biswas T, Jindal C, Fitzgerald TL, et al.: Pathologic Complete Response (pCR) and Survival of Women with Inflammatory Breast Cancer (IBC): An Analysis Based on Biologic Subtypes and Demographic Characteristics. Int J Environ Res Public Health. 2019 Jan 4;16(1)

 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	Inflammatory Breast Cancer (IBC, cT4d)		
	Oxford LoE GR AGO		
<ul style="list-style-type: none"> ■ Invasive BC and clinical signs of inflammation (e.g. $\geq 1/3$ of the breast affected) determine stage cT4d 			++
<ul style="list-style-type: none"> ■ Staging 	2c	B	++
<ul style="list-style-type: none"> ■ Skin punch biopsy (at least 2; detection rate < 75%) 	2c	B	+
<ul style="list-style-type: none"> ■ Treatment according to guidelines (neoadjuvant or adjuvant – as in non-IBC) 	2c	B	++
<ul style="list-style-type: none"> ■ Mastectomy after chemotherapy 	2c	B	+
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ■ Breast conserving therapy in case of pCR (individual) 	2b	C	+/-
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ■ Sentinel excision only 	3b	C	-
<ul style="list-style-type: none"> ■ Radiotherapy (PMRT) 	2c	B	++

General

1. Ueno NT, Espinosa Fernandez JR, Cristofanilli M et al. International Consensus on the Clinical Management of Inflammatory Breast Cancer from the Morgan Welch Inflammatory Breast Cancer Research Program 10th Anniversary Conference. Journal of Cancer 2018;9(8):1437-47. 1.
2. Audisio RA. Inflammatory Breast Cancer: Updates on diagnosis and treatment options. Eur J Surg Oncol 2018;44(8):1127.
3. Copson E, Shaaban AM, Maishman T et al. The presentation, management and outcome of inflammatory breast cancer cases in the UK: Data from a multi-centre retrospective review. Breast 2018;42:133-41.
4. Copson E, Shaaban AM, Maishman T et al. The presentation, management and outcome of inflammatory breast cancer cases in the UK: Data from a multi-centre retrospective review. Breast 2018;42:133-41.
5. Romanoff A, Zabor EC, Petruolo O et al. Does nonmetastatic inflammatory breast cancer have a worse prognosis than other nonmetastatic T4 cancers? Cancer 2018;124(22):4314-21.
6. Wu SG, Zhang WW, Wang J et al. Inflammatory breast cancer outcomes by breast cancer subtype: a population-based study. Future Oncol 2018.
7. Brzezinska M, Williams LJ, Thomas J et al. Outcomes of patients with inflammatory breast cancer treated by breast-conserving

surgery. Breast Cancer Res Treat 2016;160(3):387-91.

8. Boudin L, Goncalves A, Sfumato P et al. Prognostic impact of hormone receptor- and HER2-defined subtypes in inflammatory breast cancer treated with high-dose chemotherapy: a retrospective study. Journal of Cancer 2016;7(14):2077-84.
9. Costa R, Santa-Maria CA, Rossi G et al. Developmental therapeutics for inflammatory breast cancer: Biology and translational directions. Oncotarget 2017;8(7):12417-32.
10. van Uden DJ, Bretveld R, Siesling S et al. Inflammatory breast cancer in the Netherlands; improved survival over the last decades. Breast Cancer Res Treat 2017;162(2):365-74.

In case of invasive BC and clinical signs of inflammation (e.g. $\geq 1/3$ of the breast affected) determine stage cT4d

1. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines(r)). Breast Cancer. Version 3.2018. NCCN.org (Inflammatory Breast Cancer. IBC-1)

Survival benefit by trimodal treatment (NACT, MRM, RT)

1. Rueth NM, Lin HY, Bedrosian I, et al. Underuse of trimodality treatment affects survival for patients with inflammatory breast cancer: an analysis of treatment and survival trends from the National Cancer Database. *J Clin Oncol* 2014; **32**: 2018–24.

Statement: Staging

1. Ueno NT, Espinosa Fernandez JR, Cristofanilli M et al. International Consensus on the Clinical Management of Inflammatory Breast Cancer from the Morgan Welch Inflammatory Breast Cancer Research Program 10th Anniversary Conference. Journal of Cancer 2018;9(8):1437-47.
2. Yamauchi H et al. Inflammatory breast cancer: what we know and what we need to learn. *Oncologist*. 2012;17(7):891-9. doi: 10.1634/theoncologist.2012-0039. Epub 2012 May 14.

3. S. Dawood et al International expert panel on inflammatory breast cancer: consensus statement for standardized diagnosis and treatment Ann Oncol. 2011 March; 22(3): 515–523
4. Chia S et al. Locally advanced and inflammatory breast cancer J Clin Oncol 2008; 26: 786-790

Statement: Preoperative chemotherapy

1. Ardavanis A: Multidisciplinary therapy of locally far-advanced or inflammatory breast cancer with fixed perioperative sequence of epirubicin, vinorelbine, and Fluorouracil chemotherapy, surgery, and radiotherapy: long-term results. Oncologist. 2006 Jun;11(6):563-73
2. S. Johnston (2008), J. Clin. Oncol. 26: 1066.1072
3. Mathew J et al. Neoadjuvant chemotherapy for locally advanced breast cancer : A review of the literature and future directions.
4. Schairer C et al. Risk factors for inflammatory breast cancer and other invasive breast cancers. J Natl Cancer Inst 2013;105:1373-84.
5. Van Laere et al. Uncovering the molecular secrets of inflammatory breast cancer biology: an integrated analysis of three distinct affymetrix gene expression datasets. Clin Cancer Res 2013;19:4685-96.

Statement: Regimens as in non-inflammatory BC

1. Chia S et al. Locally advanced and inflammatory breast cancer J Clin Oncol 2008; 26: 786-790

Statement: in HER2 positive disease addition of trastuzumab

1. Gianni L et al: Neoadjuvant chemotherapy with trastuzumab followed by adjuvant trastuzumab versus neoadjuvant chemotherapy alone, in patients with HER2-positive locally advanced breast cancer (the NOAH trial): a randomized controlled superiority trial with a parallel HER2-negative cohort. Lancet 2010; 375:377-384
2. Semiglazov V, Eiermann W, Zambetti M et al. Surgery following neoadjuvant therapy in patients with HER2-positive locally advanced or inflammatory breast cancer participating in the NeOAdjuvant Herceptin (NOAH) study. Eur J Surg Oncol. 2011;37(10):856-6

Statement: in HER2 positive disease addition of trastuzumab and pertuzumab

1. Gianni L, Pienkowski T, Im YH, et al: Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): a randomised multicentre, open-label, phase 2 trial. Lancet Oncol. 2012 Jan;13(1):25-32. doi: 10.1016/S1470-2045(11)70336-9. Epub 2011 Dec 6.

Statement: in HER2 negative disease addition of bevacizumab

1. Pierga JY, Petit T, Delozier T, et al. Neoadjuvant bevacizumab, trastuzumab, and chemotherapy for primary inflammatory HER2-positive breast cancer (BEVERLY-2): an open-label, single-arm phase 2 study. Lancet Oncol 2012;13(April (4)):375–84.

Statement: Mastectomy after chemotherapy

1. Chen H, Wu K, Wang M, et al: A standard mastectomy should not be the only recommended breast surgical treatment for non-metastatic inflammatory breast cancer: A large population-based study in the Surveillance, Epidemiology, and End results database 18. Breast. 2017 Oct;35:48-54.
2. Semiglazov V et al Surgery following neoadjuvant therapy in patients with HER2-positive locally advanced or inflammatory breast cancer participating in the NeOAdjuvant Herceptin (NOAH) study. Eur J Surg Oncol. 2011 Oct;37(10):856-63.
3. Kaufmann M, von Minckwitz G, Bear HD, et al. Recommendations from an international expert panel on the use of neoadjuvant (primary) systemic treatment of operable breast cancer: new perspectives 2006. Ann Oncol. 2007;18:1927–1934
4. Motwani SB, Strom EA, Schechter NR, et al. The impact of immediate breast reconstruction on the technical delivery of postmastectomy radiotherapy. Int J Radiat Oncol Biol Phys. 2006;66:76–82.
5. Hennessy BT: Disease-free and overall survival after pathologic complete disease remission of cytologically proven inflammatory breast carcinoma axillary lymph node metastases after primary systemic chemotherapy. Cancer. 2006 Mar 1;106(5):1000-6.
6. Curcio LD et al. Beyond palliative mastectomy in inflammatory breast cancer: A reassessment of margin status. Ann Surg Oncol 1999; 6: 249-254
7. Bristol IJ, Woodward WA, Strom EA, et al. Locoregional treatment outcomes after multimodality management of inflammatory breast cancer Int J Radiat Oncol Biol Phys. 2008 Oct 1;72(2):474-84. Epub 2008 Apr 24

8. Tsai CJ et al. Outcomes after multidisciplinary treatment of inflammatory breast cancer in the era of neoadjuvant HER2-directed therapy. Am J Clin Oncol 2013 [Epub ahead of print].

Statement: Sentinel lymph node

1. Hidar S et al Sentinel lymph node biopsy after neoadjuvant chemotherapy in inflammatory breast cancer. Int J Surg. 2009 Jun;7(3):272-5. doi: 10.1016/j.ijsu.2009.04.012. Epub 2009 May 3.

Statement: Radiotherapy

1. Chargari C, Kirova YM, Cottu P, et al: Progressive inflammatory breast cancer in patient receiving chemotherapy: The importance of radiotherapy as a part of locoregional treatment. Radiother Oncol. 2009 Jan;90(1):160-1. Epub 2008 Sep 2
2. Bristol IJ, Woodward WA, Strom EA, et al. Locoregional treatment outcomes after multimodality management of inflammatory breast cancer. Int J Radiat Oncol Biol Phys. 2008;72:474–484

Statement: Postoperative systemic therapy as in non-inflammatory BC


1. Veyret C: Inflammatory breast cancer outcome with epirubicin-based induction and maintenance chemotherapy: ten-year results from the French Adjuvant Study Group GETIS 02 Trial. Cancer. 2006 Dec 1;107(11):2535-44
2. Low JA: Long-term follow-up for locally advanced and inflammatory breast cancer patients treated with multimodality therapy. J Clin Oncol. 2004 Oct 15;22(20):4067-74.

Reviews

1. Chia S et al. Locally advanced and inflammatory breast cancer J Clin Oncol 2008; 26: 786-790
2. Penn CL: Remembering inflammatory breast cancer. Are you up to date on management and treatment? J Ark Med Soc. 2007 Oct;104(4):80-2.
3. Cristofanilli M: Inflammatory breast cancer (IBC) and patterns of recurrence: understanding the biology of a unique disease. Cancer.

2007 Oct 1;110(7):1436-44

4. Brouwers B et al. Clinicopathological features of inflammatory versus noninflammatory locally advanced nonmetastatic breast cancer
5. Dawood S, Merajver SD, Viens P, et al: International expert panel on inflammatory breast cancer: consensus statement for standardized diagnosis and treatment. *Ann Oncol.* 2011;22(3):515-23.
6. van Uden DJ, van Laarhoven HW, Westenberg AH, et al. Inflammatory breast cancer: An overview. *Crit Rev Oncol Hematol.* 2015 Feb;93(2):116-126. doi: 10.1016/j.critrevonc.2014.09.003. Epub 2014 Oct 16.
7. Bertucci F, Finetti P, Vermeulen P, et al. Genomic profiling of inflammatory breast cancer: a review. *Breast.* 2014 Oct;23(5):538-45. doi: 10.1016/j.breast.2014.06.008. Epub 2014 Jul 4.
8. Monneur A, Bertucci F, Viens P, et al. Systemic treatments of inflammatory breast cancer: an overview. *Bull Cancer.* 2014 Dec 1;101(12):1080-1088.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Axillary Metastasis in Occult Breast Cancer (Cancer of Unknown Primary – Axillary CUP)

- Incidence: < 1% of metastatic axillary disease
- In > 95% occult breast cancer, < 5% other primary
- Immunhistology
 - ER-positive: 55%
 - HER2 3+: 35%
 - Triple-negative: 38%
- Nodal status:
 - 1 - 3 Ln-Met. in 48%
 - > 3 Ln-Met in 52%
- Outcome similar or better than in breast cancer with similar tumor biology and tumor stage

Guidelines

1. Breast Cancer. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). (2018). Breast Cancer. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) .
2. NICE (2010). Metastatic malignant disease of unknown primary origin in adults: diagnosis and management. Retrieved January Dec 26th, 2018, <https://www.nice.org.uk/guidance/cg104/resources/metastatic-malignant-disease-of-unknown-primary-origin-diagnosis-and-management-of-metastatic-malignant-disease-of-unknown-primary-origin-35109328970437>

Reviews

1. Pentheroudakis, G., Lazaridis, G., & Pavlidis, N. (2010). Axillary nodal metastases from carcinoma of unknown primary (CUPAx): a systematic review of published evidence. Breast Cancer Research and Treatment, 119(1), 1–11. <http://doi.org/10.1007/s10549-009-0554-3>
2. Lanitis, S., Behranwala, K. A., Al-Mufti, R., et al.(2009). Axillary metastatic disease as presentation of occult or contralateral breast cancer. Breast (Edinburgh, Scotland), 18(4), 225–227. <http://doi.org/10.1016/j.breast.2009.07.002>
3. Galimberti, V., Bassani, G., Monti, S., et al. (2004). Clinical experience with axillary presentation breast cancer. Breast Cancer

Research and Treatment, 88(1), 43–47. <http://doi.org/10.1007/s10549-004-9453-9>


4. Pentheroudakis, G., Briasoulis, E., & Pavlidis, N. (2007). Cancer of unknown primary site: missing primary or missing biology? *Oncologist*, 12(4), 418–425. <http://doi.org/10.1634/theoncologist.12-4-418>

Pathology

1. Montagna, E., Bagnardi, V., Rotmensz, et al. (2011). Immunohistochemically defined subtypes and outcome in occult breast carcinoma with axillary presentation. *Breast Cancer Research and Treatment*, 129(3), 867–875. <http://doi.org/10.1007/s10549-011-1697-6>

Outcome

1. Ouldamer L, Cayrol M, Vital M et al. Axillary lymph node metastases from unknown primary: A French multicentre study. *Eur J Obstet Gynecol Reprod Biol* 2018;223:103-07.
2. McCartan DP, Zabor EC, Morrow M et al. Oncologic Outcomes After Treatment for MRI Occult Breast Cancer (pT0N+). *Ann Surg Oncol* 2017;24(11):3141-47
3. Ge LP, Liu XY, Xiao Y et al. Clinicopathological characteristics and treatment outcomes of occult breast cancer: a SEER population-based study. *Cancer Manag Res* 2018;10:4381-91.
4. Sohn, G., Son, B. H., Lee, S. J., et al. (2014). Treatment and survival of patients with occult breast cancer with axillary lymph node metastasis: a nationwide retrospective study. *Journal of Surgical Oncology*, 110(3), 270–274. <http://doi.org/10.1002/jso.23644>

	Oxford		
	LoE	GR	AGO
 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	Axillary Metastasis in Occult Breast Cancer (Axillary CUP) Imaging Diagnostics		
<ul style="list-style-type: none"> ■ Mammography, Breast-ultrasound, Breast-MRI ■ Exclude contralateral cancer ■ Exclude non-breast malignancy, especially in case of TNBC (e.g. skin, female genital tract, lung, thyroid gland, stomach) ■ Staging (CT thorax / abdomen, thyroid scintigraphy, HNT-exam) ■ PET / PET-CT 	3	B	++
	3	B	++
	5	D	++
	3	B	++
	3b	B	+

Statement: Mammography / Breast ultrasound/ Breast MRI


1. Fehm, T., & Souchon, R. (2013). Axillary lymph node metastasis in CUP. Der Onkologe, 19(1), 40–43. <http://doi.org/10.1007/s00761-012-2314-y>
2. Lalonde, L., David, J., & Trop, I. (2005). Magnetic resonance imaging of the breast: current indications. Can Assoc Radiol J, 56(5), 301–308.
3. Ko, E. Y., Han, B.-K., Shin, J. H., & Kang, S. S. (2007). Breast MRI for evaluating patients with metastatic axillary lymph node and initially negative mammography and sonography. Korean J Radiol, 8(5), 382–389. <http://doi.org/10.3348/kjr.2007.8.5.382>
4. Varadhachary, G. R., Abbruzzese, J. L., & Lenzi, R. (2004). Diagnostic strategies for unknown primary cancer. Cancer, 100(9), 1776–1785. <http://doi.org/10.1002/cncr.20202>
5. Foroudi, F., & Tiver, K. W. (2000). Occult breast carcinoma presenting as axillary metastases. International Journal of Radiation Oncology, Biology, Physics, 47(1), 143–147. <http://doi.org/10.1007/s10147-005-0485-x>

Statement: Staging

1. Steunebrink: Bilateral axillary metastases of occult breast carcinoma: report of a case with a review of the literature. *Breast*. 2005 Apr;14(2):165-8
2. Jerusalem, G., Rorive, A., Ancion, G. et al. (2006). Diagnostic and therapeutic management of carcinoma of unknown primary: radio-imaging investigations. *Annals of Oncology : Official Journal of the European Society for Medical Oncology / ESMO*, 17 Suppl 10(suppl_10), x168–76. <http://doi.org/10.1093/annonc/mdl255>
3. Hemminki, K., Bevier, M., Sundquist, J., et al. (2013). Site-specific cancer deaths in cancer of unknown primary diagnosed with lymph node metastasis may reveal hidden primaries. *International Journal of Cancer Journal International Du Cancer*, 132(4), 944–950. <http://doi.org/10.1002/ijc.27678>

Statement: PET

1. Jerusalem, G., Rorive, A., Ancion, G., et al. (2006). Diagnostic and therapeutic management of carcinoma of unknown primary: radio-imaging investigations. *Annals of Oncology : Official Journal of the European Society for Medical Oncology / ESMO*, 17 Suppl 10(suppl_10), x168–76. <http://doi.org/10.1093/annonc/mdl255>
2. Kwee, T. C., & Kwee, R. M. (2009). Combined FDG-PET/CT for the detection of unknown primary tumors: systematic review and meta-analysis. *European Radiology*, 19(3), 731–744. <http://doi.org/10.1007/s00330-008-1194-4>
3. Varadhachary, G. R., Abbruzzese, J. L., & Lenzi, R. (2004). Diagnostic strategies for unknown primary cancer. *Cancer*, 100(9), 1776–1785. <http://doi.org/10.1002/cncr.20202>
4. Pelosi, E., Pennone, M., Deandreis, D., et al. (2006). Role of whole body positron emission tomography/computed tomography scan with 18F-fluorodeoxyglucose in patients with biopsy proven tumor metastases from unknown primary site. *The Quarterly Journal of Nuclear Medicine and Molecular Imaging*: 50(1), 15–22.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Axillary Metastasis in Occult Breast Cancer (ex. CUP)

Pathology, molecular pathology

	Oxford		
	LoE	GR	AGO
▪ ER, PgR, HER2, GATA3	5	D	++
▪ Exclusion of other primary malignancies in case of triple-negative phenotype or unusual histology, e.g. lung, female genital tract, HNT tumors, neuroendocrine ca.	5	D	++
▪ Gene expression profiling for determination or primary site (e.g. CUPprint, Pathwork, TOT, Theros CTID)	2c	B	+/-
▪ NGS, epigenetics for determination of primary site (Panel-Sequencing, e.g. EPICup)	2c	B	+/-
▪ Prognostic gene expression tests	5	D	--

Immunohistochemistry

1. Cimino-Mathews, A., Subhawong, A. P., Elwood, H., et al. (2013). Neural crest transcription factor Sox10 is preferentially expressed in triple-negative and metaplastic breast carcinomas. *Human Pathology*, 44(6), 959–965.
2. Santos MTD, Souza BF, Carcano FM et al. An integrated tool for determining the primary origin site of metastatic tumours. *J Clin Pathol* 2018;71(7):584-93.
3. <http://doi.org/10.1016/j.humpath.2012.09.005>
4. Montagna, E., Bagnardi, V., Rotmensz, N. et al. (2011). Immunohistochemically defined subtypes and outcome in occult breast carcinoma with axillary presentation. *Breast Cancer Research and Treatment*, 129(3), 867–875. <http://doi.org/10.1007/s10549-011-1697-6>
5. Munding, J., & Tannapfel, A. (2012). Pathology of CUP syndrome. *Der Onkologe*, 19(1), 15–21. <http://doi.org/10.1007/s00761-012-2313-z>
6. Oien, K. A. (2009). Pathologic evaluation of unknown primary cancer. *Seminars in Oncology*, 36(1), 8–37. <http://doi.org/10.1053/j.seminoncol.2008.10.009>
7. Ordonez, N. G. (2013). Value of GATA3 immunostaining in tumor diagnosis: a review. *Advances in Anatomic Pathology*, 20(5), 352–


360. <http://doi.org/10.1097/PAP.0b013e3182a28a68>
8. Provenzano, E., Byrne, D. J., Russell, P. A., et al (2015). Differential expression of immunohistochemical markers in primary lung and breast cancers enriched for triple-negative tumours. *Histopathology*, 68(3), 367–377. <http://doi.org/10.1111/his.12765>
 9. Wang, J., Talmon, G., Hankins, J. H., et al. (2012). Occult breast cancer presenting as metastatic adenocarcinoma of unknown primary: clinical presentation, immunohistochemistry, and molecular analysis. *Case Reports in Oncology*, 5(1), 9–16. <http://doi.org/10.1159/000335449>
 10. Wittekind, C., & Horn, L. (2008). Pathohistologische und molekulargenetische Diagnostik beim CUP-Syndrom. *Der Onkologe*, 14(9), 870–878. <http://doi.org/10.1007/s00761-008-1433-y>

Gene expression profiling and other molecular approaches in CUP disease

1. Ades, F., De Azambuja, E., Daugaard, G., et al. (2013). Comparison of a gene expression profiling strategy to standard clinical work-up for determination of tumour origin in cancer of unknown primary (CUP). *Journal of Chemotherapy (Florence, Italy)*, 25(4), 239–246. <http://doi.org/10.1179/1973947813Y.00000000085>
2. Bender, R. A., & Erlander, M. G. (2009). Molecular classification of unknown primary cancer. *Seminars in Oncology*, 36(1), 38–43. <http://doi.org/10.1053/j.seminoncol.2008.10.002>
3. Greco, F. A., Spigel, D. R., Yardley, D. A., et al. (2010). Molecular profiling in unknown primary cancer: accuracy of tissue of origin prediction. *The Oncologist*, 15(5), 500–506. <http://doi.org/10.1634/theoncologist.2009-0328>
4. Horlings, H. M., van Laar, R. K., Kerst, J.-M., et al. (2008). Gene expression profiling to identify the histogenetic origin of metastatic adenocarcinomas of unknown primary. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 26(27), 4435–4441. <http://doi.org/10.1200/JCO.2007.14.6969>
5. Monzon, F. A., & Koen, T. J. (2010). Diagnosis of metastatic neoplasms: molecular approaches for identification of tissue of origin. *Archives of Pathology & Laboratory Medicine*, 134(2), 216–224. <http://doi.org/10.1043/1543-2165-134.2.216>
6. Moran, S., Martínez-Cardús, A., Sayols, S., & Musulén, E. (2016). Epigenetic profiling to classify cancer of unknown primary: a multicentre, retrospective analysis. *The Lancet*, 17(10), 1386–1395. [http://doi.org/10.1016/S1470-2045\(16\)30297-2](http://doi.org/10.1016/S1470-2045(16)30297-2)
7. Ross, J. S., Wang, K., Gay, L., et al. (2015). Comprehensive Genomic Profiling of Carcinoma of Unknown Primary Site: New Routes to

Targeted Therapies. *JAMA Oncology*, 1(1), 40–49. <http://doi.org/10.1001/jamaoncol.2014.216>

8. Tothill, R. W., Shi, F., Paiman, L., et al. (2015). Development and validation of a gene expression tumour classifier for cancer of unknown primary. *Pathology*, 47(1), 7–12. <http://doi.org/10.1097/PAT.0000000000000194>
9. Varadhachary, G. R., Talantov, D., Raber, M. N., et al. (2008). Molecular profiling of carcinoma of unknown primary and correlation with clinical evaluation. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 26(27), 4442–4448. <http://doi.org/10.1200/JCO.2007.14.4378>
10. Xu, Q., Chen, J., Ni, S., et al. (2016). Pan-cancer transcriptome analysis reveals a gene expression signature for the identification of tumor tissue origin. *Modern Pathology*, 29(6), 546–556. <http://doi.org/10.1038/modpathol.2016.60>



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Axillary Metastasis in Occult Breast Cancer (Axillary CUP): Therapy

Oxford		
LoE	GR	AGO
3a	C	++
3a	C	-
5	D	++
2c	B	+
3b	B	+

- Axillary dissection
- Mastectomy if breast MRI is negative
- (Neo-) adjuvant systemic therapy according to breast cancer guidelines (AGO)
- Breast irradiation if breast MRI is negative
- Irradiation of regional lymph nodes according to breast cancer guidelines (AGO)

Guidelines

1. Breast Cancer. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). (2017). Breast Cancer. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) ,
2. NICE (2010). Metastatic malignant disease of unknown primary origin in adults: diagnosis and management. Retrieved January 5, 2017, <https://www.nice.org.uk/guidance/cg104/resources/metastatic-malignant-disease-of-unknown-primary-origin-diagnosis-and-management-of-metastatic-malignant-disease-of-unknown-primary-origin-35109328970437>
3. Fizazi K, Greco FA, Pavlidis N et al. Cancers of unknown primary site: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 2015;26 Suppl 5:v133-8.

Reviews

1. Khandelwal, A. K., & Garguilo, G. A. (2005). Therapeutic options for occult breast cancer: a survey of the American Society of Breast Surgeons and review of the literature. The American Journal of Surgery, 190(4), 609–613.
<http://doi.org/10.1016/j.amjsurg.2005.06.026>
2. Matsuoka, K., Ohsumi, S., Takashima, S., et al. (2003). Occult breast carcinoma presenting with axillary lymph node metastases:

follow-up of eleven patients. Breast Cancer (Tokyo, Japan), 10(4), 330–334.

3. Pavlidis, N., Briasoulis, E., Hainsworth, J., et al. (2003). Diagnostic and therapeutic management of cancer of an unknown primary. European Journal of Cancer (Oxford, England : 1990), 39(14), 1990–2005. [http://doi.org/10.1016/S0959-8049\(03\)00547-1](http://doi.org/10.1016/S0959-8049(03)00547-1)
4. Pentheroudakis, G., Lazaridis, G., & Pavlidis, N. (2010). Axillary nodal metastases from carcinoma of unknown primary (CUPAx): a systematic review of published evidence. Breast Cancer Research and Treatment, 119(1), 1–11. <http://doi.org/10.1007/s10549-009-0554-3>

Statement: Axillary dissection

1. Bugat, R., Bataillard, A., Lesimple, T. et al. (2002). Standards, Options et Recommandations 2002 pur la prise en charge des patients atteints de carcinomes de site primitif inconnu (rapport abrégé). Bulletin Du Cancer. Oct;89(10):869-75
2. Steunebrink, M., Schnater, J. M., Storm, et al.(2005). Bilateral axillary metastases of occult breast carcinoma: report of a case with a review of the literature. Breast (Edinburgh, Scotland), 14(2), 165–168. <http://doi.org/10.1016/j.breast.2004.06.001>
3. Pentheroudakis, G., Lazaridis, G., & Pavlidis, N. (2010). Axillary nodal metastases from carcinoma of unknown primary (CUPAx): a systematic review of published evidence. Breast Cancer Research and Treatment, 119(1), 1–11. <http://doi.org/10.1007/s10549-009-0554-3>
4. Schmidt, T., & Ulrich, A. (2014). [Surgical options in cancer of unknown primary (CUP)]. Der Radiologe, 54(2), 140–144. <http://doi.org/10.1007/s00117-013-2549-7>

Statement: Mastectomy without (in-)breast tumor

References 1-4 (retrospective analysis , case reports)

1. Bugat, R., Bataillard, A., Lesimple, T., et al. (2002). Standards, Options et Recommandations 2002 pur la prise en charge des patients atteints de carcinomes de site primitif inconnu (rapport abrégé). Bulletin Du Cancer. Oct;89(10):869-75
2. Khandelwal, A. K., & Garguilo, G. A. (2005). Therapeutic options for occult breast cancer: a survey of the American Society of Breast Surgeons and review of the literature. The American Journal of Surgery, 190(4), 609–613. <http://doi.org/10.1016/j.amjsurg.2005.06.026>


3. Matsuoka, K., Ohsumi, S., Takashima, S., et al. (2003). Occult breast carcinoma presenting with axillary lymph node metastases: follow-up of eleven patients. *Breast Cancer (Tokyo, Japan)*, 10(4), 330–334.
4. Pavlidis, N., Briasoulis, E., Hainsworth et al. (2003). Diagnostic and therapeutic management of cancer of an unknown primary. *European Journal of Cancer (Oxford, England : 1990)*, 39(14), 1990–2005. [http://doi.org/10.1016/S0959-8049\(03\)00547-1](http://doi.org/10.1016/S0959-8049(03)00547-1)
5. Schmidt, T., & Ulrich, A. (2014). Chirurgische Optionen bei “cancer of unknown primary” (CUP). *Der Radiologe*, 54(2), 140–144. <http://doi.org/10.1007/s00117-013-2549-7>

Statement: Breast irradiation if breast MRI is negative

1. Hessler LK, Molitoris JK, Rosenblatt PY et al. Factors Influencing Management and Outcome in Patients with Occult Breast Cancer with Axillary Lymph Node Involvement: Analysis of the National Cancer Database. *Surg Oncol* 2017 Oct;24(10):2907-2914.
2. Barton, S. R., Smith, I. E., Kirby, et al. (2011). The role of ipsilateral breast radiotherapy in management of occult primary breast cancer presenting as axillary lymphadenopathy. *European Journal of Cancer (Oxford, England : 1990)*, 47(14), 2099–2106. <http://doi.org/10.1016/j.ejca.2011.05.010>
3. Bugat, R., Bataillard, A., Lesimple, T., et al. (2002). Standards, Options et Recommandations 2002 pur la prise en charge des patients atteints de carcinomes de site primitif inconnu (rapport abrégé). *Bulletin Du Cancer*. Oct;89(10):869-75
4. Masinghe, S. P., Faluyi, O. O., Kerr, G. R., et al. (2011). Breast Radiotherapy for Occult Breast Cancer with Axillary Nodal Metastases - Does it Reduce the Local Recurrence Rate and Increase Overall Survival? *Clinical Oncology (Royal College of Radiologists (Great Britain))*, 23(2), 95–100. <http://doi.org/10.1016/j.clon.2010.10.001>

Statement: Systemic treatment according N+ tumor

1. Pavlidis, N., Briasoulis, E., Hainsworth J. et al. (2003). Diagnostic and therapeutic management of cancer of an unknown primary. *European Journal of Cancer (Oxford, England : 1990)*, 39(14), 1990–2005. [http://doi.org/10.1016/S0959-8049\(03\)00547-1](http://doi.org/10.1016/S0959-8049(03)00547-1)
2. Pentheroudakis, G., Lazaridis, G., & Pavlidis, N. (2010). Axillary nodal metastases from carcinoma of unknown primary (CUPAx): a systematic review of published evidence. *Breast Cancer Research and Treatment*, 119(1), 1–11. <http://doi.org/10.1007/s10549-009-0554-3>



AGO
ARBEITSGEMEINSCHAFT
GYNAEKOLOGISCHE
ONKOLOGIE e.V.

MAMMA

© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Paget's Disease of the Breast

- **Definition:** Paget's disease of the breast is characterized by an intraepidermal tumor manifestation originating in intraductal or invasive breast cancer.
- **Clinical presentation:** skin eczema of the nipple, areola and surrounding skin; thickening, pigmentation and scaly skin


Feature	Frequency
Presentation	Paget's disease with invasive Ca. (37 - 58%) Paget's disease mit DCIS (30 - 63%) Isolated Paget's disease (4 - 7%) Isolated Paget's disease with invasion (rare)
IHC	HER2-positive (83 - 97%) ER-positive (10 - 14%) AR-positive (71 - 88%)
Prognosis and tumor biology	Better in isolated Paget's disease Worse if in combination with invasive breast cancer or DCIS compared to isolated Paget's disease

Clinical Presentation

1. Chen, C.-Y., Sun, L.-M., & Anderson, B. O. (2006). Paget disease of the breast: changing patterns of incidence, clinical presentation, and treatment in the U.S. *Cancer*, 107(7), 1448–1458. <http://doi.org/10.1002/cncr.22137>
2. Dalberg, K., Hellborg, H., & Wärnberg, F. (2008). Paget's disease of the nipple in a population based cohort. *Breast Cancer Research and Treatment*, 111(2), 313–319. <http://doi.org/10.1007/s10549-007-9783-5>
3. Günhan-Bilgen, I., & Oktay, A. (2006). Paget's disease of the breast: clinical, mammographic, sonographic and pathologic findings in 52 cases. *European Journal of Radiology*, 60(2), 256–263. <http://doi.org/10.1016/j.ejrad.2006.06.010>
4. Kothari, A. S., Beechey-Newman, N., Hamed, H., et al. (2002). Paget disease of the nipple: a multifocal manifestation of higher-risk disease. *Cancer*, 95(1), 1–7. <http://doi.org/10.1002/cncr.10638>
5. Onoe, S., Kinoshita, T., Tamura, N. et al. (2011). Feasibility of breast conserving surgery for Paget's disease. *Breast (Edinburgh, Scotland)*, 20(6), 515–518. <http://doi.org/10.1016/j.breast.2011.05.010>
6. Siponen, E., Hukkinen, K., Heikkilä, P., et al. (2010). Surgical treatment in Paget's disease of the breast. *American Journal of Surgery*, 200(2), 241–246. <http://doi.org/10.1016/j.amjsurg.2009.07.044>

Pathology and Immunohistochemistry

1. Chen, C.-Y., Sun, L.-M., & Anderson, B. O. (2006). Paget disease of the breast: changing patterns of incidence, clinical presentation, and treatment in the U.S. *Cancer*, 107(7), 1448–1458. <http://doi.org/10.1002/cncr.22137>
2. Hanna, W., Alowami, S., & Malik, A. (2003). The role of HER-2/neu oncogene and vimentin filaments in the production of the Paget's phenotype. *The Breast Journal*, 9(6), 485–490.
3. Kothari, A. S., Beechey-Newman, N., Hamed, H., et al. (2002). Paget disease of the nipple: a multifocal manifestation of higher-risk disease. *Cancer*, 95(1), 1–7. <http://doi.org/10.1002/cncr.10638>
4. Lester, T., Wang, J., Bourne, P., et al. (2009). Different panels of markers should be used to predict mammary Paget's disease associated with in situ or invasive ductal carcinoma of the breast. *Annals of Clinical and Laboratory Science*, 39(1), 17–24.
5. Liegl, B., Horn, L.-C., & Moinfar, F. (2005). Androgen receptors are frequently expressed in mammary and extramammary Paget's disease. *Modern Pathology*, 18(10), 1283–1288. <http://doi.org/10.1038/modpathol.3800437>
6. Sanders, M. A., Dominici, L., Denison, C., et al. (2013). Paget disease of the breast with invasion from nipple skin into the dermis: an unusual type of skin invasion not associated with an adverse outcome. *Archives of Pathology & Laboratory Medicine*, 137(1), 72–76. <http://doi.org/10.5858/arpa.2011-0611-OA>
7. Schelfhout, V. R., Coene, E. D., Delaey, B., et al. (2000). Pathogenesis of Paget's disease: epidermal heregulin-alpha, motility factor, and the HER receptor family. *Journal of the National Cancer Institute*, 92(8), 622–628.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Paget's Disease of the Breast Diagnosis

- **Histological verification by skin biopsy**
- **Mammography, sonography**
- **MRI of the breast if other imaging negative**
- **Immunohistochemistry (ER, PgR, HER2, Ck7) to detect benign and HER2-negative cases**

Oxford		
LoE	GR	AGO
		++
4	D	++
4	C	+
5	D	++


Imaging

1. Morrogh, M., Morris, E. A., Liberman, L. et al. (2008). MRI identifies otherwise occult disease in select patients with Paget disease of the nipple. *Journal of the American College of Surgeons*, 206(2), 316–321. <http://doi.org/10.1016/j.jamcollsurg.2007.07.046>
2. Günhan-Bilgen, I., & Oktay, A. (2006). Paget's disease of the breast: clinical, mammographic, sonographic and pathologic findings in 52 cases. *European Journal of Radiology*, 60(2), 256–263. <http://doi.org/10.1016/j.ejrad.2006.06.010>
3. Capobianco, G., Spaliviero, B., Dessole, S., et al. (2006). Paget's disease of the nipple diagnosed by MRI. *Archives of Gynecology and Obstetrics*, 274(5), 316–318. <http://doi.org/10.1007/s00404-006-0160-0>
4. Moon, J. Y., Chang, Y.-W., Lee, E. H., et al. (2013). Malignant invasion of the nipple-areolar complex of the breast: usefulness of breast MRI. *American Journal of Roentgenology*, 201(2), 448–455. <http://doi.org/10.2214/AJR.12.9186>

Pathology

1. Sandoval-Leon, A. C., Drews-Elger, K., Gomez-Fernandez, C. R., et al. (2013). Paget's disease of the nipple. *Breast Cancer Research and Treatment*, 141(1), 1–12. <http://doi.org/10.1007/s10549-013-2661-4>

2. Saeed, D., & Shousha, S. (2014). Toker cells of the nipple are commonly associated with underlying sebaceous glands but not with lactiferous ducts. *Journal of Clinical Pathology*, 67(11), 1010–1012. <http://doi.org/10.1136/jclinpath-2014-202280>
3. Sek, P., Zawrocki, A., Biernat, W., et al(2010). HER2 molecular subtype is a dominant subtype of mammary Paget's cells. An immunohistochemical study. *Histopathology*, 57(4), 564–571. <http://doi.org/10.1111/j.1365-2559.2010.03665.x>
4. Raivoherivony TI, Feron J, Klijanienko J: MIAC1 he utility of nipple scraping in the diagnosis of Paget disease of the breast, Letter to the Editor; *Diagnostic Cytopathology*. 2019;47:249–250



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Paget's Disease of the Breast - Therapy

	Oxford		
	LoE	GR	AGO
<ul style="list-style-type: none"> ■ Paget's disease with underlying disease (invasive breast cancer, DCIS) <ul style="list-style-type: none"> ■ Therapy according to standard of underlying disease ■ Surgery must achieve R0 	5 1c	D B	++ ++
<ul style="list-style-type: none"> ■ Isolated Paget's disease of the NAC: <ul style="list-style-type: none"> ■ Surgery must achieve R0 ■ Surgical resection only, no adjuvant radiotherapy ■ Sentinel-node excision (SNE) 	1c 4 2b	B D B	++ ++ --

Surgical Treatment of Paget's disease associated with breast tumor (invasive carcinoma or DCIS)


1. Bijker, N., Rutgers, E. J., Duchateau, L., EORTC Breast Cancer Cooperative Group et al. (2001). Breast-conserving therapy for Paget disease of the nipple: a prospective European Organization for Research and Treatment of Cancer study of 61 patients. *Cancer*, 91(3), 472–477.
2. Caliskan, M., Gatti, G., Sosnovskikh, I., et al. (2008). Paget's disease of the breast: the experience of the European Institute of Oncology and review of the literature. *Breast Cancer Research and Treatment*, 112(3), 513–521. <http://doi.org/10.1007/s10549-007-9880-5>
3. Dominici, L. S., Lester, S. C., Liao, G.-S., et al. (2012). Current surgical approach to Paget's disease. *American Journal of Surgery*, 204(1), 18–22. <http://doi.org/10.1016/j.amjsurg.2011.07.01>

Treatment of isolated Paget's disease

1. Durkan, B., Bresee, C., Bose, S. et al. (2013). Paget's disease of the nipple with parenchymal ductal carcinoma in situ is associated with worse prognosis than Paget's disease alone. *The American Surgeon*, 79(10), 1009–1012.

Statement: Sentinel-node excision (SNE)

1. Bijker, N., Rutgers, E. J., Duchateau, L EORTC Breast Cancer Cooperative Group et al. (2001). Breast-conserving therapy for Paget disease of the nipple: a prospective European Organization for Research and Treatment of Cancer study of 61 patients. *Cancer*, 91(3), 472–477.
2. Laronga, C., Hasson, D., Hoover, S., et al. (2006). Paget's disease in the era of sentinel lymph node biopsy. *American Journal of Surgery*, 192(4), 481–483. <http://doi.org/10.1016/j.amjsurg.2006.06.023>



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de
FORSCHEN
LEHREN
HEILEN

Borderline and Malignant Phyllodes Tumor

- **Name derived from greek term of “Phyllon” (leaf) due to its lobulated histological aspect**
- **Differential diagnosis may be problematic on core biopsy**
- **Resection margin is independent prognostic parameter**
- **Comparable rates of recurrence in association with BCT or mastectomy**
- **In-Breast recurrence relatively frequently seen (10 - 30%)**
- **Distant metastasis relatively rare (< 10%) and almost exclusively seen in malignant phyllodes tumor.**
- **Adverse pathological criteria: marked stromal cellularity and overgrowth, increased nuclear atypia, presence of large necrohemorrhagic areas, and high mitotic activity associated with increased risk of distant recurrence**


Review

1. Tan, B. Y., Acs, G., Apple, S. K et al. (2016). Phyllodes tumours of the breast: a consensus review. Histopathology, 68(1), 5–21. <http://doi.org/10.1111/his.12876>

Pathology and Outcome

1. Barrio, A., Clark, B., Goldberg, J. et al. (2007). Clinicopathologic Features and Long-Term Outcomes of 293 Phyllodes Tumors of the Breast. Annals of Surgical Oncology.
2. Chaney, A. W., Pollack, A., McNeese, M. D., et al. (2000). Primary treatment of cystosarcoma phyllodes of the breast. Cancer, 89(7), 1502–1511.
3. Esposito, N. N., Mohan, D., Brufsky, A., et al. (2006). Phyllodes tumor: a clinicopathologic and immunohistochemical study of 30 cases. Archives of Pathology & Laboratory Medicine, 130(10), 1516–1521. [http://doi.org/10.1043/1543-2165\(2006\)130\[1516:PTACAI\]2.0.CO;2](http://doi.org/10.1043/1543-2165(2006)130[1516:PTACAI]2.0.CO;2)
4. Roa, J. C., Tapia, O., Carrasco, P., et al. (2006). Prognostic factors of phyllodes tumor of the breast. Pathology International, 56(6), 309–314. <http://doi.org/10.1111/j.1440-1827.2006.01965.x>

5. Tan, P. H., Jayabaskar, T., Chuah, K.-L. et al. (2005). Phyllodes tumors of the breast: the role of pathologic parameters. *American Journal of Clinical Pathology*, 123(4), 529–540. <http://doi.org/10.1309/U6DV-BFM8-1MLJ-C1FN>
6. Tan, P. H., Thike, A. A., Tan, W. J., et al. (2012). Predicting clinical behaviour of breast phyllodes tumours: a nomogram based on histological criteria and surgical margins. *Journal of Clinical Pathology*, 65(1), 69–76. <http://doi.org/10.1136/jclinpath-2011-200368>
7. Chao X, Chen K, Zeng J, et al.: Adjuvant radiotherapy and chemotherapy for patients with breast phyllodes tumors: a systematic review and meta-analysis. *BMC Cancer*. 2019 Apr 23;19(1):372. doi: 10.1186/s12885-019-5585-5
8. Choi N, Kim K, Shin KH, et al.: The Characteristics of Local Recurrence After Breast-Conserving Surgery Alone for Malignant and Borderline Phyllodes Tumors of the Breast (KROG 16-08). *Clin Breast Cancer*. 2019 Oct;19(5):345-353.e2. doi: 10.1016/j.clbc.2019.04.003.
9. Lu Y, Chen Y, Zhu L, et al.: Local Recurrence of Benign, Borderline, and Malignant Phyllodes Tumors of the Breast: A Systematic Review and Meta-analysis. *Ann Surg Oncol*. 2019 May;26(5):1263-1275. doi: 10.1245/s10434-018-07134-5
10. Spanheimer PM, Murray MP, Zabor EC, et al.: Long-Term Outcomes After Surgical Treatment of Malignant/ Borderline Phyllodes Tumors of the Breast. *Ann Surg Oncol* (2019) 26:2136–2143 <https://doi.org/10.1245/s10434-019-07210-4>

 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de FORSCHEN LEHREN HEILEN</p>	<h2 style="text-align: center;">Phyllodes tumor</h2> <ul style="list-style-type: none"> Fibroepithelial tumors of the breast: frequency 0.3 – 1% of all primary breast tumors <table border="1"> <thead> <tr> <th>parameter</th><th>frequencies</th></tr> </thead> <tbody> <tr> <td>Grading (3-STEP histological grading system)</td><td>Benign (75%) Borderline (16%) Malignant (9%)</td></tr> <tr> <td>Median age at time of diagnosis</td><td>Benign PT: 39 y Borderline PT: 45 y Malignant PT: 47 y</td></tr> <tr> <td>Local recurrence</td><td>Benign PT: 4 – 17% Borderline PT: 14 – 25% Malignant PT: 23 – 30%</td></tr> <tr> <td>Metastasis</td><td>Benign PT: <1% Borderline PT: 1.6% Malignant PT: 16-22%</td></tr> </tbody> </table> <p>10y OS: 86–90% (range: 57–100%) depending on subtype and unfavorable histological criteria</p>	parameter	frequencies	Grading (3-STEP histological grading system)	Benign (75%) Borderline (16%) Malignant (9%)	Median age at time of diagnosis	Benign PT: 39 y Borderline PT: 45 y Malignant PT: 47 y	Local recurrence	Benign PT: 4 – 17% Borderline PT: 14 – 25% Malignant PT: 23 – 30%	Metastasis	Benign PT: <1% Borderline PT: 1.6% Malignant PT: 16-22%
parameter	frequencies										
Grading (3-STEP histological grading system)	Benign (75%) Borderline (16%) Malignant (9%)										
Median age at time of diagnosis	Benign PT: 39 y Borderline PT: 45 y Malignant PT: 47 y										
Local recurrence	Benign PT: 4 – 17% Borderline PT: 14 – 25% Malignant PT: 23 – 30%										
Metastasis	Benign PT: <1% Borderline PT: 1.6% Malignant PT: 16-22%										


Review

1. Tan, B. Y., Acs, G., Apple, S. K et al. (2016). Phyllodes tumours of the breast: a consensus review. Histopathology, 68(1), 5–21. <http://doi.org/10.1111/his.12876>

Pathology and Outcome

1. Barrio, A., Clark, B., Goldberg, J. et al. (2007). Clinicopathologic Features and Long-Term Outcomes of 293 Phyllodes Tumors of the Breast. Annals of Surgical Oncology.
2. Tan, P. H., Jayabaskar, T., Chuah, K.-L. et al. (2005). Phyllodes tumors of the breast: the role of pathologic parameters. American Journal of Clinical Pathology, 123(4), 529–540. <http://doi.org/10.1309/U6DV-BFM8-1MLJ-C1FN>
3. Tan, P. H., Thike, A. A., Tan, W. J., et al. (2012). Predicting clinical behaviour of breast phyllodes tumours: a nomogram based on histological criteria and surgical margins. Journal of Clinical Pathology, 65(1), 69–76. <http://doi.org/10.1136/jclinpath-2011-200368>
4. Chao X, Chen K, Zeng J, et al.: Adjuvant radiotherapy and chemotherapy for patients with breast phyllodes tumors: a systematic review and meta-analysis. BMC Cancer. 2019 Apr 23;19(1):372. doi: 10.1186/s12885-019-5585-5

5. Choi N, Kim K, Shin KH, et al.: The Characteristics of Local Recurrence After Breast-Conserving Surgery Alone for Malignant and Borderline Phyllodes Tumors of the Breast (KROG 16-08). Clin Breast Cancer. 2019 Oct;19(5):345-353.e2. doi: 10.1016/j.clbc.2019.04.003.
6. Lu Y, Chen Y, Zhu L, et al.: Local Recurrence of Benign, Borderline, and Malignant Phyllodes Tumors of the Breast: A Systematic Review and Meta-analysis. Ann Surg Oncol. 2019 May;26(5):1263-1275. doi: 10.1245/s10434-018-07134-5
7. Spanheimer PM, Murray MP, Zabor EC, et al.: Long-Term Outcomes After Surgical Treatment of Malignant/ Borderline Phyllodes Tumors of the Breast. Ann Surg Oncol (2019) 26:2136–2143 <https://doi.org/10.1245/s10434-019-07210-4>



© AGO e. V.
in der DGGG e. V.
sowie
in der DKG e. V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Borderline and Malignant Phyllodes Tumor Diagnosis


	Oxford		
	LoE	GR	AGO
■ Mammography, sonography	3	C	++
■ Diagnosis on core biopsy, grade determination on resection specimen	3	C	++
■ Breast MRI	3	C	+/-
■ Staging only malignant PT (CT thorax, skeletal system)	5	D	++

Imaging

1. Plaza, M. J., Swintelski, C., Yaziji, H., et al. (2015). Phyllodes tumor: review of key imaging characteristics. *Breast Disease*, 35(2), 79–86. <http://doi.org/10.3233/BD-150399>
2. Kamitani, T., Matsuo, Y., Yabuuchi, H., et al. (2014). Differentiation between benign phyllodes tumors and fibroadenomas of the breast on MR imaging. *European Journal of Radiology*, 83(8), 1344–1349. <http://doi.org/10.1016/j.ejrad.2014.04.031>

Core biopsy

1. Abdulcadir, D., Nori, J., Meattini, I., et al. (2014). Phyllodes tumours of the breast diagnosed as B3 category on image-guided 14-gauge core biopsy: analysis of 51 cases from a single institution and review of the literature. *European Journal of Surgical Oncology* 40(7), 859–864. <http://doi.org/10.1016/j.ejso.2014.02.222>
2. Jung, H. K., Moon, H. J., Kim, M. J., et al. (2014). Benign core biopsy of probably benign breast lesions 2 cm or larger: correlation with excisional biopsy and long-term follow-up. *Ultrasonography (Seoul, Korea)*, 33(3), 200–205. <http://doi.org/10.14366/usg.14011>

	Oxford		
	LoE	GR	AGO
<div>  <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p> </div>	<h2>Borderline and Malignant Phyllodes Tumor Surgery</h2>		
▪ Benign phyllodes tumor: complete resection	2b	B	++
▪ Borderline /malignant phyllodes tumor: resection margin $\geq 1\text{mm}$	2b	B	++
▪ Borderline /malignant phyllodes tumor: resection margin $>10\text{mm}$ (local control)	2b	B	+
▪ SNE / Axillary dissection when cN0	4	C	--
▪ Treatment of local recurrence			
▪ R0 resection or simple mastectomy	4	C	++

Statement: Complete (wide) local excision or MRM

Surgical margins

- Onkendi, E. O., Jimenez, R. E., Spears, G. M., et al. (2014). Surgical treatment of borderline and malignant phyllodes tumors: the effect of the extent of resection and tumor characteristics on patient outcome. *Annals of Surgical Oncology*, 21(10), 3304–3309. <http://doi.org/10.1245/s10434-014-3909-x>
- Lin, C.-C., Chang, H.-W., Lin, C.-Y., et al. (2013). The clinical features and prognosis of phyllodes tumors: a single institution experience in Taiwan. *International Journal of Clinical Oncology*, 18(4), 614–620. <http://doi.org/10.1007/s10147-012-0442-4>
- Yom, C. K., Han, W., Kim, S.-W., et al. (2015). Reappraisal of conventional risk stratification for local recurrence based on clinical outcomes in 285 resected phyllodes tumors of the breast. *Annals of Surgical Oncology*, 22(9), 2912–2918. <http://doi.org/10.1245/s10434-015-4395-5>
- Mituś, J., Reinfuss, M., Mituś, J. W., et al. (2014). Malignant phyllodes tumor of the breast: treatment and prognosis. *Breast Journal*, 20(6), 639–644. <http://doi.org/10.1111/tbj.12333>
- Co M., Chen C., Tsang JY., et al. (2018). Mammary phyllodes tumour: a 15 year multicentre clinical review. *J Clin Pathol.* ,

71(6):493-497. doi: 10.1136/jclinpath-2017-204827.

6. Adam MJ, Bendifallah S, Kalhorpour N et al. (2018). Time to revise classification of phyllodes tumor of the breast? Results of a French multicentric study. *Eur J Surg Oncol*, 44(11), 1743-1749. doi: 10.1016/j.esjo.2018.08.007
7. Choi N, Kim K, Shin KH, et al.: The Characteristics of Local Recurrence After Breast-Conserving Surgery Alone for Malignant and Borderline Phyllodes Tumors of the Breast (KROG 16-08). *Clin Breast Cancer*. 2019 Oct;19(5):345-353.e2. doi: 10.1016/j.clbc.2019.04.003.
8. Spanheimer PM, Murray MP, Zabor EC, et al.: Long-Term Outcomes After Surgical Treatment of Malignant/ Borderline Phyllodes Tumors of the Breast. *Ann Surg Oncol* (2019) 26:2136–2143 <https://doi.org/10.1245/s10434-019-07210-4>

Operative management and prognosis of Phyllodes Tumors

1. Macdonald, O. K., Lee, C. M., Tward, J. D., et al. (2006). Malignant phyllodes tumor of the female breast: association of primary therapy with cause-specific survival from the Surveillance, Epidemiology, and End Results (SEER) program. *Cancer*, 107(9), 2127–2133. <http://doi.org/10.1002/cncr.22228>
2. Mituś, J., Reinfuss, M., Mituś, J. W., et al. (2014). Malignant phyllodes tumor of the breast: treatment and prognosis. *Breast Journal*, 20(6), 639–644. <http://doi.org/10.1111/tbj.12333>
3. Mishra, S. P., Tiwary, S. K., Mishra, M., et al. (2013). Phyllodes tumor of breast: a review article. *ISRN Surgery*, 2013(3), 361469–10. <http://doi.org/10.1155/2013/361469>

Statement: SNE / Axillary dissection in cNO

1. Mishra, S. P., Tiwary, S. K., Mishra, M., et al. (2013). Phyllodes tumor of breast: a review article. *ISRN Surgery*, 2013(3), 361469–10. <http://doi.org/10.1155/2013/361469>
2. Kim, Y.-J., & Kim, K. (2017). Radiation therapy for malignant phyllodes tumor of the breast: An analysis of SEER data. *Breast (Edinburgh, Scotland)*, 32, 26–32. <http://doi.org/10.1016/j.breast.2016.12.006>

Statement: Staging

1. Tan, B. Y., Acs, G., Apple, S. K., et al. (2016). Phyllodes tumours of the breast: a consensus review. *Histopathology*, 68(1), 5–21. <http://doi.org/10.1111/his.12876>
2. Belkacémi, Y., Bousquet, G., Marsiglia, H., et al. (2008). Phyllodes tumor of the breast. *International Journal of Radiation Oncology, Biology, Physics*, 70(2), 492–500. <http://doi.org/10.1016/j.ijrobp.2007.06.059>

Borderline and Malignant Phyllodes Tumor Adjuvant Therapy			
	Oxford		
	LoE	GR	AGO
▪ Adjuvant radiotherapy (younger age, increased tumor volume > 5 cm, close resection margin)	2b	B	+/-
▪ Systemic adjuvant therapy (chemo, endocrine)	4	C	--
▪ Treatment of local recurrence			
▪ R0 resection or simple mastectomy	4	C	+
▪ Radiotherapy, chemotherapy after R1 resection	4	C	+/-
▪ Distant metastasis (very rare)			
▪ Treatment like soft tissue sarcomas	4	C	++



© AGO e. V.
in der DGGG e. V.
sowie
in der DKG e. V.
Guidelines Breast
Version 2020.1

www.ago-online.de
FORSCHEN
LEHREN
HEILEN

Statements: Systemic adjuvant therapy/ Chemotherapy and Endocrine therapy

1. Soumarová, R., Šeneklová, Z., Horová, H., et al. (2004). Retrospective analysis of 25 women with malignant cystosarcoma phyllodes--treatment results. Archives of Gynecology and Obstetrics, 269(4), 278–281. <http://doi.org/10.1007/s00404-003-0593-7>
2. Tan, E. Y., Tan, P. H., Hoon, T. P., et al. (2006). Recurrent phyllodes tumours of the breast: pathological features and clinical implications. ANZ J Surg, 76(6), 476–480. <http://doi.org/10.1111/j.1445-2197.2006.03754.x>
3. Morales-Vásquez, F., Gonzalez-Angulo, A. M., Broglio, K., et al. (2007). Adjuvant chemotherapy with doxorubicin and dacarbazine has no effect in recurrence-free survival of malignant phyllodes tumors of the breast. The Breast Journal, 13(6), 551–556. <http://doi.org/10.1111/j.1524-4741.2007.00510.x>

Statement: Adjuvant radiotherapy

1. Barth, R. J., Wells, W. A., Mitchell, S. E., et al. (2009). A prospective, multi-institutional study of adjuvant radiotherapy after resection of malignant phyllodes tumors. Annals of Surgical Oncology, 16(8), 2288–2294. <http://doi.org/10.1245/s10434-009-0489-2>

2. Gnerlich, J. L., Williams, R. T., Yao, K., et al. (2014). Utilization of radiotherapy for malignant phyllodes tumors: analysis of the National Cancer Data Base, 1998-2009. *Annals of Surgical Oncology*, 21(4), 1222–1230. <http://doi.org/10.1245/s10434-013-3395-6>
3. Mituś, J., Reinfuss, M., Mituś, J. W., (2014). Malignant phyllodes tumor of the breast: treatment and prognosis. *Breast Journal*, 20(6), 639–644. <http://doi.org/10.1111/tbj.12333>
4. Kim, Y.-J., & Kim, K. (2017). Radiation therapy for malignant phyllodes tumor of the breast: An analysis of SEER data. *Breast (Edinburgh, Scotland)*, 32, 26–32. <http://doi.org/10.1016/j.breast.2016.12.006>
5. Choi, N., Kim, K., Shin, K.H., et al. (2018). Malignant and borderline phyllodes tumors of the breast: a multicenter study of 362 patients (KROG 16-08). *Breast Cancer Res Treat*. 2018 Sep;171(2):335-344. doi: 10.1007/s10549-018-4838-3. Epub 2018 May 28.
6. Chao X, Chen K, Zeng J, et al.: Adjuvant radiotherapy and chemotherapy for patients with breast phyllodes tumors: a systematic review and meta-analysis. *BMC Cancer*. 2019 Apr 23;19(1):372. doi: 10.1186/s12885-019-5585-5.
7. Choi N, Kim K, Shin KH, et al.: The Characteristics of Local Recurrence After Breast-Conserving Surgery Alone for Malignant and Borderline Phyllodes Tumors of the Breast (KROG 16-08). *Clin Breast Cancer*. 2019 Oct;19(5):345-353.e2. doi: 10.1016/j.clbc.2019.04.003.
8. Lu Y, Chen Y, Zhu L, et al.: Local Recurrence of Benign, Borderline, and Malignant Phyllodes Tumors of the Breast: A Systematic Review and Meta-analysis. *Ann Surg Oncol*. 2019 May;26(5):1263-1275. doi: 10.1245/s10434-018-07134-5.

Statement: Treatment of local recurrence => R0 Resection: References (retrospective analysis , case reports)

1. Soumarová, R., Šeneklová, Z., Horová, H. et al. (2004). Retrospective analysis of 25 women with malignant cystosarcoma phyllodes--treatment results. *Archives of Gynecology and Obstetrics*, 269(4), 278–281. <http://doi.org/10.1007/s00404-003-0593-7>
2. Tan, E. Y., Tan, P. H., Hoon, T. P., et al. (2006). Recurrent phyllodes tumours of the breast: pathological features and clinical

implications. ANZ J Surg, 76(6), 476–480. <http://doi.org/10.1111/j.1445-2197.2006.03754.x>


3. Mituś, J., Reinfuss, M., Mituś, J. W., et al. (2014). Malignant phyllodes tumor of the breast: treatment and prognosis. Breast Journal, 20(6), 639–644. <http://doi.org/10.1111/tbj.12333>

Statement: Distant metastases (very rare) => Treatment like soft tissue sarcomas

1. Jardim, D. L. F., Conley, A., & Subbiah, V. (2013). Comprehensive characterization of malignant phyllodes tumor by whole genomic and proteomic analysis: biological implications for targeted therapy opportunities. Orphanet Journal of Rare Diseases, 8(1), 112. <http://doi.org/10.1186/1750-1172-8-112>
2. Wang, H., Wang, X., & Wang, C.-F. (2014). Comparison of clinical characteristics between benign borderline and malignant phyllodes tumors of the breast. Asian Pacific Journal of Cancer Prevention : APJCP, 15(24), 10791–10795. <http://doi.org/10.7314/APJCP.2014.15.24.10791>
3. von Mehren M, Randall RL, Benjamin RS, et al. Soft tissue sarcoma, version 2.2016, NCCN clinical practice guidelines in oncology. J Natl Compr Canc Netw. 2016;14(6):758-786.

Sarcomas of the Breast

- **Not infrequently associated with familial syndromes (Li-Fraumeni, familial adenomatous polyposis, neurofibromatosis type 1)**
- **Primary sarcomas: angiosarcoma, undifferentiated sarcoma, leiomyosarcoma, liposarcoma, osteosarcoma**
- **Secondary malignancies of the breast:**
 - Radiotherapy-Associated Angiosarcoma
 - Breast Implant Associated Large-Cell Anaplastic Lymphoma (BI-ALCL)
- **Rare: intramammary sarcoma metastases**
- **Staging: TNM (UICC) or AJCC scheme of the soft tissue sarcoma analogous to sarcoma of the breast**
- **Grading: Analogous to the FNCLCC system for sarcoma or according to Rosen (1988) for angiosarcomas**



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Primary Angiosarcoma of the Breast

- **Most common primary sarcoma of the breast**
- **Young age (median: 24–46 years)**
- **Indistinct tumor borders**
- **Large tumor (median: 5–7 cm)**
- **Uncharacteristic findings on mammography and sonography**
- **High local recurrence risk, even after mastectomy**
- **More unfavorable prognosis than other primary sarcoma of the breast**

Reviews

1. Depla, A. L., Scharloo-Karels, C. H., de Jong, M. A. A., et al. (2014). Treatment and prognostic factors of radiation-associated angiosarcoma (RAAS) after primary breast cancer: a systematic review. *European Journal of Cancer*, 50(10), 1779–1788. <http://doi.org/10.1016/j.ejca.2014.03.002>
2. Kaklamanos, I. G., Birbas, K., Syrigos, K. N., et al. (2011). Breast angiosarcoma that is not related to radiation exposure: a comprehensive review of the literature. *Surgery Today*, 41(2), 163–168. <http://doi.org/10.1007/s00595-010-4341-x>
3. Lim, S. Z., Ong, K. W., Tan, B. K. T., et al. (2016). Sarcoma of the breast: an update on a rare entity. *Journal of Clinical Pathology*, 69(5), 373–381. <http://doi.org/10.1136/jclinpath-2015-203545>
4. Penel, N., Marréaud, S., Robin, Y.-M. et al. (2011). Angiosarcoma: state of the art and perspectives. *Critical Reviews in Oncology/Hematology*, 80(2), 257–263. <http://doi.org/10.1016/j.critrevonc.2010.10.007>
5. Shah, S., & Rosa, M. (2016). Radiation-Associated Angiosarcoma of the Breast: Clinical and Pathologic Features. *Archives of Pathology & Laboratory Medicine*, 140(5), 477–481. <http://doi.org/10.5858/arpa.2014-0581-RS>
6. Young, R. J., Brown, N. J., Reed, M. W., et al. (2010). Angiosarcoma. *The Lancet Oncology*, 11(10), 983–991. [http://doi.org/10.1016/S1470-2045\(10\)70023-1](http://doi.org/10.1016/S1470-2045(10)70023-1)

7. Hodgson, N. C., Bowen-Wells, C., Moffat, F. et al. (2007). Angiosarcomas of the breast: a review of 70 cases. *American Journal of Clinical Oncology*, 30(6), 570–573. <http://doi.org/10.1097/COC.0b013e3181131d62>
8. Kunkiel, M., Maczkiewicz, M., Jagiello-Grusfeld, A., et al. (2018). Primary angiosarcomas of the breast-series of 11 consecutive cases-a single centre experience. [Curr Oncol.](#), 25(1):e50-e53. doi: 10.3747/co.25.3816. Epub 2018 Feb 28.

Primary Angiosarcoma of the Breast*			
Diagnosis			
	Oxford		
	LoE	GR	AGO
■ Mammography, sonography to determine extent of disease	3a	C	--
■ Preoperative MRI to determine the extent of disease	3a	C	++
■ Diagnosis by core biopsy	3a	C	++
■ Diagnosis by FNB	3a	C	--
■ Staging (CT thorax & abd.; angiosarcoma: MRI brain)	4	D	++
■ Prognostic factors: size, grade, margins	3a	C	++

* Therapy in specialized centers recommended



© AGO e. V.
in der DGGG e. V.
sowie
in der DKG e. V.
Guidelines Breast
Version 2020.1

www.ago-online.de
FORSCHEN
LEHREN
HEILEN

Imaging

1. Glazebrook, K. N., Magut, M. J., & Reynolds, C. (2008). Angiosarcoma of the breast. American Journal of Roentgenology, 190(2), 533–538. <http://doi.org/10.2214/AJR.07.2909>
2. O'Neill, A. C., D'Arcy, C., McDermott, E., et al. (2014). Magnetic resonance imaging appearances in primary and secondary angiosarcoma of the breast. Journal of Medical Imaging and Radiation Oncology, 58(2), 208–212. <http://doi.org/10.1111/1754-9485.12100>
3. Chikarmane, S. A., Gombos, E. C., Jagadeesan, J., et al. (2015). MRI findings of radiation-associated angiosarcoma of the breast (RAS). J Magn Reson Imaging, 42(3), 763–770. <http://doi.org/10.1002/jmri.24822>
4. Yang, W. T., Hennessy, B. T. J., Dryden, M. J., et al. (2007). Mammary angiosarcomas: imaging findings in 24 patients. Radiology, 242(3), 725–734. <http://doi.org/10.1148/radiol.2423060163>

Pathology


1. Nascimento, A. F., Raut, C. P., & Fletcher, C. D. M. (2008). Primary angiosarcoma of the breast: clinicopathologic analysis of 49 cases, suggesting that grade is not prognostic. The American Journal of Surgical Pathology, 32(12), 1896–1904.

<http://doi.org/10.1097/PAS.0b013e318176dbc7>

2. Adem, C., Reynolds, C., Ingle, J. N., et al. (2004). Primary breast sarcoma: clinicopathologic series from the Mayo Clinic and review of the literature. *British Journal of Cancer*, 91(2), 237–241. <http://doi.org/10.1038/sj.bjc.6601920>
3. Udager, A. M., Ishikawa, M. K., Lucas, D. R., et al. (2016). MYC immunohistochemistry in angiosarcoma and atypical vascular lesions: practical considerations based on a single institutional experience. *Pathology*, 48(7), 697–704. <http://doi.org/10.1016/j.pathol.2016.08.007>

Prognostic Factors

1. Wang, L., Lao, I. W., Yu, L., et al. (2016). Primary Breast Angiosarcoma: A Retrospective Study of 36 Cases from a Single Chinese Medical Institute with Clinicopathologic and Radiologic Correlations. *Breast Journal*. <http://doi.org/10.1111/tbj.12731>
2. Wang, X. Y., Jakowski, J., Tawfik, O. W., et al. (2009). Angiosarcoma of the breast: a clinicopathologic analysis of cases from the last 10 years. *Annals of Diagnostic Pathology*, 13(3), 147–150. <http://doi.org/10.1016/j.anndiagpath.2009.02.001>
3. Vorburger, S., Xing, Y., Hunt, K., et al. (2005). Angiosarcoma of the breast. *Cancer*, 104(12), 2682–2688. <http://doi.org/10.1002/cncr.21531>
4. [Gervais, M.K.](#), [Burtenshaw, S.M.](#), [Maxwell, J.](#) et al. (2017). Clinical outcomes in breast angiosarcoma patients: A rare tumor with unique challenges. [J Surg Oncol](#). 2017 Dec;116(8):1056-1061. doi: 10.1002/jso.24780. Epub 2017 Dec 4.

	Oxford		
	LoE	GR	AGO
<div>  <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p> </div>	<h2>Primary Angiosarcoma of the Breast*</h2> <h3>Therapy</h3>		
<ul style="list-style-type: none"> Surgery with wide clear margins, mostly as mastectomy <ul style="list-style-type: none"> Breast-conserving therapy SNB or axillary dissection if cN0 Adjuvant chemotherapy (anthracycline/taxane-based) Adjuvant radiotherapy if high risk (size > 5 cm, R1) 	2b	C	++
	3a	C	-
	3a	C	--
	4	C	+/-
	4	C	+/-
* Therapy in specialized centres recommended			

Surgery


- Hui, A., Henderson, M., Speakman, D., et al. (2012). Angiosarcoma of the breast: a difficult surgical challenge. Breast (Edinburgh, Scotland), 21(4), 584–589. <http://doi.org/10.1016/j.breast.2012.01.001>
- Kaklamanos, I. G., Birbas, K., Syrigos, K. N., et al. (2011). Breast angiosarcoma that is not related to radiation exposure: a comprehensive review of the literature. Surgery Today, 41(2), 163–168. <http://doi.org/10.1007/s00595-010-4341-x>
- Vorburger, S., Xing, Y., Hunt, K. et al. (2005). Angiosarcoma of the breast. Cancer, 104(12), 2682–2688. <http://doi.org/10.1002/cncr.21531>
- Mitin T, McClelland S, Hatfield J, et al.: Impact of the extent of resection on primary breast angiosarcoma survival. ASCO 2019, abstr. 521

Adjuvant Treatment (Chemotherapy, Radiotherapy)

- Ghareeb, E. R., Bhargava, R., Vargo, J. A., et al. (2016). Primary and Radiation-induced Breast Angiosarcoma: Clinicopathologic

Predictors of Outcomes and the Impact of Adjuvant Radiation Therapy. *American Journal of Clinical Oncology*, 39(5), 463–467.
<http://doi.org/10.1097/COC.0000000000000077>

2. Young, R. J., Fernando, M., Hughes, D et al. (2014). Angiogenic growth factor expression in benign and malignant vascular tumours. *Experimental and Molecular Pathology*, 97(1), 148–153. <http://doi.org/10.1016/j.yexmp.2014.06.010>
3. Gatcombe, H. G., Olson, T. A., & Esiashvili, N. (2010). Metastatic primary angiosarcoma of the breast in a pediatric patient with a complete response to systemic chemotherapy and definitive radiation therapy: case report and review of the literature. *Journal of Pediatric Hematology/Oncology*, 32(3), 192–194. <http://doi.org/10.1097/MPH.0b013e3181ca9ed7>
4. Sher, T., Hennessy, B. T., Valero, V., et al. (2007). Primary angiosarcomas of the breast. *Cancer*, 110(1), 173–178.
<http://doi.org/10.1002/cncr.22784>
5. Schlemmer, M., Reichardt, P., Verweij, J., et al. (2008). Paclitaxel in patients with advanced angiosarcomas of soft tissue: a retrospective study of the EORTC soft tissue and bone sarcoma group. *European Journal of Cancer (Oxford, England : 1990)*, 44(16), 2433–2436. <http://doi.org/10.1016/j.ejca.2008.07.037>



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1


www.ago-online.de
FORSCHEN
LEHREN
HEILEN

Secondary (Radiotherapy-associated) Angiosarcoma of the Breast

- **Cumulative incidence of radiotherapy-associated sarcoma: 3.2 per 1,000 after 15 years**
- **Clinical presentation**
 - > 5 years after BCT or mastectomy with irradiation
 - usually intracutaneously or subcutaneously in the irradiation area with livid discoloration
 - multiple foci
 - most often in advanced stages (II–III)
 - metastasis mostly pulmonary
 - lymph node metastasis possible
- **Prognosis is more unfavorable than in non-radiotherapy-associated sarcoma**
- **Survival: after 5 yrs up to 50.5%, after 10 yrs up to 25.2%**

1. Shah, S., & Rosa, M. (2016). Radiation-Associated Angiosarcoma of the Breast: Clinical and Pathologic Features. Archives of Pathology & Laboratory Medicine, 140(5), 477–481. <http://doi.org/10.5858/arpa.2014-0581-RS>
2. Depla, A. L., Scharloo-Karels, C. H., de Jong, M. A. A., et al. (2014). Treatment and prognostic factors of radiation-associated angiosarcoma (RAAS) after primary breast cancer: a systematic review. European Journal of Cancer (Oxford, England : 1990), 50(10), 1779–1788. <http://doi.org/10.1016/j.ejca.2014.03.002>
3. D'Angelo, S. P., Antonescu, C. R., Kuk, D., et al. (2013). High-risk features in radiation-associated breast angiosarcomas. British Journal of Cancer, 109(9), 2340–2346. <http://doi.org/10.1038/bjc.2013.590>
4. Seinen, J. M., Styring, E., Verstappen, V., et al. (2012). Radiation-associated angiosarcoma after breast cancer: high recurrence rate and poor survival despite surgical treatment with R0 resection. Annals of Surgical Oncology, 19(8), 2700–2706. <http://doi.org/10.1245/s10434-012-2310-x>
5. Sheth, G. R., Cranmer, L. D., Smith, B. D., et al. (2012). Radiation-induced sarcoma of the breast: a systematic review. The Oncologist, 17(3), 405–418. <http://doi.org/10.1634/theoncologist.2011-0282>
6. Scow, J. S., Reynolds, C. A., Degnim, A. C., et al. (2010). Primary and secondary angiosarcoma of the breast: the Mayo Clinic experience. Journal of Surgical Oncology, 101(5), 401–407. <http://doi.org/10.1002/jso.21497>

7. Mery, C. M., George, S., Bertagnolli, M. M. et al. (2009). Secondary sarcomas after radiotherapy for breast cancer. *Cancer*, 115(18), 4055–4063. <http://doi.org/10.1002/cncr.24462>
8. Fodor, J., Orosz, Z., Szabó, É., et al. (2006). Angiosarcoma after conservation treatment for breast carcinoma: our experience and a review of the literature. *Journal of the American Academy of Dermatology*, 54(3), 499–504. <http://doi.org/10.1016/j.jaad.2005.10.017>
9. Nestle-Krämling, C., Bölke, E., Budach, W., et al. (2011). Hämangiosarkom nach brusterhaltender Therapie beim Mammakarzinom: vier Fallbeispiele mit molekulargenetischer Diagnostik und Literaturübersicht. *Strahlenther Onkol*, 187(10), 656–664. <http://doi.org/10.1007/s00066-011-2251-5>
10. Dogan, A., Kern, P., Schultheis, B. et al. (2018). Radiogenic angiosarcoma of the breast: case report and systematic review of the literature. *BMC Cancer*, 24;18(1):463. doi: 10.1186/s12885-018-4369-7.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Secondary Angiosarcoma of the Breast Therapy

	Oxford		
	LoE	GR	AGO
▪ Secondary mastectomy	3a	C	++
▪ Adjuvant chemotherapy (anthracycline/taxane-based)	2b	B	+/-
▪ Adjuvant radiotherapy if high risk (size > 5 cm, R1)	2b	B	+/-
▪ Regional hyperthermia (to improve local control) plus chemotherapy and/or radiotherapy	2b	B	+/-

Surgery

1. Lindford, A., Böhling, T., Vaalavirta, L., et al. (2011). Surgical management of radiation-associated cutaneous breast angiosarcoma. Journal of Plastic, Reconstructive & Aesthetic Surgery : JPRAS, 64(8), 1036–1042. <http://doi.org/10.1016/j.bjps.2011.02.014>
2. Jallali, N., James, S., Searle, A., et al. (2012). Surgical management of radiation-induced angiosarcoma after breast conservation therapy. American Journal of Surgery, 203(2), 156–161. <http://doi.org/10.1016/j.amjsurg.2010.12.011>

Adjuvant Chemotherapy

1. Jallali, N., James, S., Searle, A., et al. (2012). Surgical management of radiation-induced angiosarcoma after breast conservation therapy. American Journal of Surgery, 203(2), 156–161. <http://doi.org/10.1016/j.amjsurg.2010.12.011>
2. Young, R. J., Fernando, M., Hughes, D., et al. (2014). Angiogenic growth factor expression in benign and malignant vascular tumours. Experimental and Molecular Pathology, 97(1), 148–153. <http://doi.org/10.1016/j.yexmp.2014.06.010>
3. Azzariti, A., Porcelli, L., Mangia, A., et al. (2014). Irradiation-induced angiosarcoma and anti-angiogenic therapy: a therapeutic hope? Exp Cell Res, 321(2), 240–247. <http://doi.org/10.1016/j.yexcr.2013.12.018>

4. Gambini, D., Visintin, R., Locatelli, E., et al. (2009). Paclitaxel-dependent prolonged and persistent complete remission four years from first recurrence of secondary breast angiosarcoma. *Tumori*, 95(6), 828–831.
5. Perez-Ruiz, E., Ribelles, N., Sanchez-Muñoz, A., et al. (2009). Response to paclitaxel in a radiotherapy-induced breast angiosarcoma. *Acta Oncologica*, 48(7), 1078–1079. <http://doi.org/10.1080/02841860902777115>
6. Penel, N., Bui, B. N., Bay, J.-O., et al. (2008). Phase II trial of weekly paclitaxel for unresectable angiosarcoma: the ANGIOTAX Study. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 26(32), 5269–5274. <http://doi.org/10.1200/JCO.2008.17.3146>
7. Schlemmer, M., Reichardt, P., Verweij, J. et al. (2008). Paclitaxel in patients with advanced angiosarcomas of soft tissue: a retrospective study of the EORTC soft tissue and bone sarcoma group. *European Journal of Cancer (Oxford, England : 1990)*, 44(16), 2433–2436. <http://doi.org/10.1016/j.ejca.2008.07.037>


Adjuvant Radiotherapy

1. Ghareeb, E. R., Bhargava, R., Vargo, J. A. et al. (2016). Primary and Radiation-induced Breast Angiosarcoma: Clinicopathologic Predictors of Outcomes and the Impact of Adjuvant Radiation Therapy. *American Journal of Clinical Oncology*, 39(5), 463–467. <http://doi.org/10.1097/COC.0000000000000077>
2. Palta, M., Morris, C. G., Grobmyer, S. R., et al. (2010). Angiosarcoma after breast-conserving therapy. *Cancer*, 116(8), 1872–1878. <http://doi.org/10.1002/cncr.24995>
3. Sheth, G. R., Cranmer, L. D., Smith, B. D., et al. (2012). Radiation-induced sarcoma of the breast: a systematic review. *The Oncologist*, 17(3), 405–418. <http://doi.org/10.1634/theoncologist.2011-0282>
4. Müller, A.-C., Eckert, F., Heinrich, V. et al. (2011). Re-surgery and chest wall re-irradiation for recurrent breast cancer: a second curative approach. *BMC Cancer*, 11(1), 197. <http://doi.org/10.1186/1471-2407-11-197>

Adjuvant Hyperthermia

1. Lim, S. Z., Ong, K. W., Tan, B. K. T., et al. (2016). Sarcoma of the breast: an update on a rare entity. *Journal of Clinical Pathology*, 69(5), 373–381. <http://doi.org/10.1136/jclinpath-2015-203545>

2. Lindner, L. H., Angele, M., Dürr, H. R. et al. (2014). Systemische Therapie und Hyperthermie beim lokal fortgeschrittenen Weichteilsarkom. *Chirurg*, 85(5), 398–403. <http://doi.org/10.1007/s00104-013-2687-5>
 3. Linthorst, M., van Geel, A. N., Baartman, E. A., et al. (2013). Effect of a combined surgery, re-irradiation and hyperthermia therapy on local control rate in radio-induced angiosarcoma of the chest wall. *Strahlenther Onkol*, 189(5), 387–393. <http://doi.org/10.1007/s00066-013-0316-3>
 4. Mathis, S. (2010). Hyperthermie. Systematischer Review. Ludwig Boltzmann Institut (pp. 1–59). http://eprints.hta.lbg.ac.at/883/1/DSD_36.pdf
 5. Sauer, R., Creeze, H., Hulshof, M., et al. Interdisciplinary Working Group for Clinical Hyperthermia (Atzelsberg Circle) of the German Cancer Society and the German Society of Radiooncology. (2012). Concerning the final report “Hyperthermia: a systematic review” of the Ludwig Boltzmann Institute for Health Technology Assessment, Vienna, March 2010. *Strahlenther Onkol*, 188(3), 209–213. <http://doi.org/10.1007/s00066-012-0072-9>
-
1. Strobbe LJ, Peterse HL, van Tinteren H. Angiosarcoma of the breast after conservation therapy for invasive cancer. The incidence and outcome. *Breast Cancer Res Treat* 1998; 47: 101-109.
 2. Barrow BJ, Janjan NA, Gutman H, et al. Role of radiotherapy in sarcoma of the breast- a retrospective review of the M.D. Anderson experience. *Radiother Oncol*. 1999;52(2):173-8
 3. Huang J, Mackillop WJ. Increased risk of soft tissue sarcoma after radiotherapy in women with breast carcinoma. *Cancer* 2001; 92: 172-180



© AGO e. V.
in der DGGG e. V.
sowie
in der DKG e. V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Angiosarcoma of the Breast

Treatment of Local Recurrence and Metastases

	Oxford		
	LoE	GR	AGO
<u>Treatment of Local Recurrence:</u>			
▪ R0 resection	4	C	++
▪ Adjuvant radiotherapy for high-risk patients (tumor size > 5 cm, R1)	4	C	+/-
<u>Distant Metastases / Unresectable Tumors:</u>			
▪ Treatment like soft tissue sarcomas	4	C	++
▪ Paclitaxel weekly / liposomal doxorubicin (as in angiosarcoma)	2b	B	+
▪ Antiangiogenic treatment (e.g. in angiosarcoma)	4	C	+/-

Treatment of local recurrences


1. Lahat, G., Dhuka, A. R., Lahat, S., et al. (2009). Outcome of Locally Recurrent and Metastatic Angiosarcoma. *Annals of Surgical Oncology*, 16(9), 2502–2509. <http://doi.org/10.1245/s10434-009-0569-3>
2. Seinen, J. M., Styring, E., Verstappen, V., et al. (2012). Radiation-associated angiosarcoma after breast cancer: high recurrence rate and poor survival despite surgical treatment with R0 resection. *Annals of Surgical Oncology*, 19(8), 2700–2706. <http://doi.org/10.1245/s10434-012-2310-x>

Treatment of metastatic and non-resectable tumors

1. Lindner, L. H., Angele, M., Dürr, H. R., et al. (2014). Systemische Therapie und Hyperthermie beim lokal fortgeschrittenen Weichteilsarkom. *Chirurg*, 85(5), 398–403. <http://doi.org/10.1007/s00104-013-2687-5>
2. Gatcombe, H. G., Olson, T. A., & Esiashvili, N. (2010). Metastatic primary angiosarcoma of the breast in a pediatric patient with a complete response to systemic chemotherapy and definitive radiation therapy: case report and review of the literature. *Journal of Pediatric Hematology/Oncology*, 32(3), 192–194. <http://doi.org/10.1097/MPH.0b013e3181ca9ed7>
3. Gambini, D., Visintin, R., Locatelli, E., et al. (2009). Paclitaxel-dependent prolonged and persistent complete remission four years

from first recurrence of secondary breast angiosarcoma. *Tumori*, 95(6), 828–831.

4. Ray-Coquard IL, Domont J, Tresch-Bruneel E, et al: Paclitaxel Given Once Per Week With or Without Bevacizumab in Patients With Advanced Angiosarcoma: A Randomized Phase II Trial, *J Clin Oncol*. 2015 Sep 1;33(25):2797-802



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

- **Rare disease, 3 % of Non-Hodgkin Lymphomas, 0.04-0.5 % of all malignant breast diseases**
- **Estimated incidence 0.6-1.2 / 100.000 women with implants (median age: 54 y)**
- **Mainly associated with textured implants**
- **Interval to diagnosis: 8 years (median)**
- **Clinical symptoms**
 - Swelling and seroma. (60 %)
 - Solid tumor (17 %)
 - Seroma and solid tumor (20 %)
- **Histology: CD30+ / ALK-T-Cell Lymphoma**
- **Compulsory registration as SAE (§ 3 MPSV to BfArM)**

Reviews

1. Kim, B., Predmore, Z. S., Mattke, S., et al. (2015). Breast Implant-associated Anaplastic Large Cell Lymphoma: Updated Results from a Structured Expert Consultation Process. Plastic and Reconstructive Surgery. Global Open, 3(1), e296. <http://doi.org/10.1097/GOX.0000000000000268>
2. Eaves, F., & Nahai, F. (2011). Anaplastic large cell lymphoma and breast implants: FDA report. Aesthetic Surgery Journal, 31(4), 467–468. <http://doi.org/10.1177/1090820X11407872>
3. Rupani, A., Frame, J. D., & Kamel, D. (2015). Lymphomas Associated with Breast Implants: A Review of the Literature. Aesthetic Surgery Journal, 35(5), 533–544. <http://doi.org/10.1093/asj/sjv016>
4. Clemens, M. W., & Miranda, R. N. (2015). Commentary on: Lymphomas Associated With Breast Implants: A Review of the Literature. Aesthetic Surgery Journal, 35(5), 545–547. <http://doi.org/10.1093/asj/sjv056>
5. Gidengil, C. A., Predmore, Z., Mattke, S., et al. (2015). Breast implant-associated anaplastic large cell lymphoma: a systematic review. Plast Reconstr Surg, 135(3), 713–720. <http://doi.org/10.1097/PRS.0000000000001037>
6. Brody, G. S., Deapen, D., Taylor, C. R., et al. (2015). Anaplastic large cell lymphoma occurring in women with breast implants: analysis of 173 cases. Plast Reconstr Surg, 135(3), 695–705. <http://doi.org/10.1097/PRS.0000000000001033>

7. Miranda, R. N., Aladily, T. N., Prince, H. M., et al. (2014). Breast implant-associated anaplastic large-cell lymphoma: long-term follow-up of 60 patients. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 32(2), 114–120. <http://doi.org/10.1200/JCO.2013.52.7911>
8. Blohmer, J.-U., Sinn, H.P., (2017). Zum möglichen Zusammenhang von Brustsilikonimplantatenn und dem Auftreten von Lymphomen. 243rd Statement by the German Society of Gynecology and Obstetrics (DGGG) in Response to the call for Data on the Safety of PIP Silicone Breast Implants and the Possible Association between Breast Implants and ALCL by the Scientific Committee on Health, Environmental and Emerging Risks (SCHEER) of the European Commission. *Geburtshilfe Frauenheilkd*, 77(06):617, doi:10.1055/s-0043-106280.
9. Leberfinger, A.N., Behar, B.J., Williams, N.C., et al. (2017). JAMA Surg.Breast Implant-Associated Anaplastic Large Cell Lymphoma: A Systematic Review. 152(12):1161-1168. doi: 10.1001/jamasurg.2017.4026.
10. Kricheldorf, J., Fallenberg, E.M., Solbach, C., et al. (2018). Breast Implant-Associated Lymphoma. *Dtsch Arztebl Int.*;115(38):628-635. doi: 10.3238/arztebl.2018.0628.

BIA-ALCL - Surfaces of Breast Implants

- The cause of BIA-ALCL is not established; however, it has been proposed that lymphomagenesis may be driven by a chronic inflammatory reaction induced by capsule contents or surface. **The risk for BIA-ALCL has been shown to be significantly higher for implants with grade 3 and 4 surfaces.**

Process	Poly-urethane foam	Salt Loss (Biocell/ Euro-silicone)	Gas Diffusion	Salt Loss (Nagotex)	Imprinting	Smooth/ Nano
Surface Area	high	intermediate	intermediate	low	low	minimal
Roughness	high	intermediate	low	low	low	minimal
SURFACE TYPE	4	3	3	2	2	1

- Jones P, Mempin M, Hu H, et al. The functional influence of breast implant outer shell morphology on bacterial attachment and growth. *Plast Reconstr Surg.* 2018;142:837–849
- Collett DJ, Rakhorst H, Lennox P, et al.: Current Risk Estimate of Breast Implant-Associated Anaplastic Large Cell Lymphoma in Textured Breast Implants. *Plast Reconstr Surg.* 2019 Mar;143(3S A Review of Breast Implant-Associated Anaplastic Large Cell Lymphoma):30S-40S. doi: 10.1097/PRS.0000000000005567.
- Wiley J, *Histopathology* 2019: 75, 787–796.
- Breast Implant-Associated Anaplastic Large Cell Lymphoma in Australia: A Longitudinal Study of Implant and Other Related Risk Factors. Anand K Deva, BSc (Med), MBBS, MS, FRACS, Anna Loch-Wilkinson, MBBS, FRACS, H Miles Prince, MD, FRACP, FRACPA, ADRACMA, MACD, James French, MBBS, FRACS, Karen Shaw, MBBS, FRACS, Karen Vickery, BVsc, PhD, Kenneth J Beath, PhD, Mark R Magnusson, MBBS, FRACS, Rodney Cooter, MD, FRACS. © 2019 The American Society for Aesthetic Plastic Surgery, Inc. Reprints and permission: journals.permissions@oup.com

BIA-ALCL– Diagnosis			
	Oxford		
	LoE	GR	AGO
▪ Breast US (assessment of new seromas > 1 year after implant insert, solid lesion)	3a	D	++
▪ Mamma-MRT in confirmed cases	3a	D	++
▪ Staging (Imaging, e.g. CT, PET-CT)	3a	D	++
▪ Cytology of late seromas			
- > 50 ml			
- Complete assessment	3a	D	++
- flow-cytology (T-cell clone)			
- BIA-ALCL specific cytologic diagnostic (CD 30+)			
▪ Core needle biopsy in solid lesions	3a	D	++
▪ Lymphoma assessment of resected tissue and histologic staging			
▪ Documentation of the implant (manufacturer, size, volume, surface, Batch-number) and enter in registry	5	D	++




© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.
Guidelines Breast
Version 2020.1

www.ago-online.de
FORSCHEN
LEHREN
HEILEN

1. Clemens, M. W., Medeiros, L. J., Butler, C. E., et al. (2016). Complete Surgical Excision Is Essential for the Management of Patients With Breast Implant-Associated Anaplastic Large-Cell Lymphoma. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 34(2), 160–168. <http://doi.org/10.1200/JCO.2015.63.3412>
2. Laurent, C., Delas, A., Gaulard, Pet al. (2016). Breast implant-associated anaplastic large cell lymphoma: two distinct clinicopathological variants with different outcomes. *Annals of Oncology*, 27(2), 306–314. <http://doi.org/10.1093/annonc/mdv575>
3. Hoda, S., Rao, R., & Hoda, R. S. (2015). Breast implant-associated anaplastic large cell lymphoma. *International Journal of Surgical Pathology*, 23(3), 209–210. <http://doi.org/10.1177/1066896915576406>
4. Weathers, W. M., Wolfswinkel, E. M., Hatef, D. A. et al. (2013). Implant-associated anaplastic large cell lymphoma of the breast: Insight into a poorly understood disease. *The Canadian Journal of Plastic Surgery*, 21(2), 95–98.
5. Granados, R., Lumbreras, E. M., Delgado, M. C. et al (2016). Cytological Diagnosis of Bilateral Breast Implant-Associated Lymphoma of the ALK-Negative Anaplastic Large-Cell Type. *Clinical Implications of Peri-Implant Breast Seroma Cytological Reporting. Diagnostic Cytopathology*, 44(7), 623–627. <http://doi.org/10.1002/dc.23485>
6. Talagas, M., Uguen, A., Charles-Petillon, F., et al. (2014). Breast implant-associated anaplastic large-cell lymphoma can be a diagnostic challenge for pathologists. *Acta Cytol*, 58(1), 103–107. <http://doi.org/10.1159/000355861>

7. Clemens MW, Jacobsen ED, Horwitz SM. 2019 NCCN Consensus Guidelines on the Diagnosis and Treatment of Breast Implant-Associated Anaplastic Large Cell Lymphoma (BIA-ALCL). *Aesthet Surg J*. 2019 Jan 31;39(Supplement_1):S3-S13.
8. Cardoso MJ, Wyld L, Rubio IT, et al EUSOMA position regarding breast implant associated anaplastic large cell lymphoma (BIA-ALCL) and the use of textured implants. *Breast*. 2019 Apr;44:90-93. doi: 10.1016/j.breast.2019.01.011. Epub 2019 Jan 26.
9. NCCN Consensus Guidelines 1.2020, Breast Implant-Associated Anaplastic Large Cell Lymphoma.

 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	BIA-ALCL – Therapy		
	Oxford		
	LoE	GR	AGO
	3a	C	++
	4	D	++
	4	D	+
	5	D	+/-
	5	D	++

- **Implant resection and complete capsulectomy including tumorectomy**
- **Resection of suspicious lymph nodes, no routine use of Sentinel-Node-Biopsy, no axillarx dissection**
- **Polychemotherapie (z.B. CHOP) bei extrakapsulärer Tumorausbreitung**
- **Radiotherapy in unresectable tumors**
- **Case discussion in an interdisciplinary tumor board in the presence of a specialist for lymphomas**

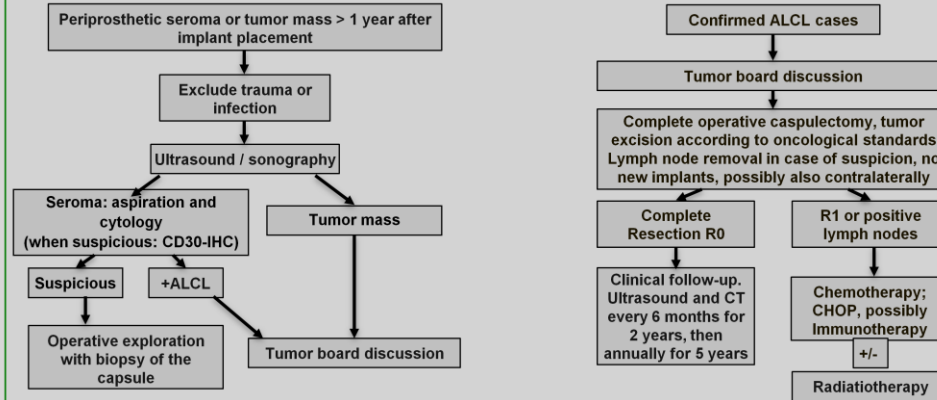
1. Clemens, M. W., Medeiros, L. J., Butler, C. E., et al. (2016). Complete Surgical Excision Is Essential for the Management of Patients With Breast Implant-Associated Anaplastic Large-Cell Lymphoma. *Journal of Clinical Oncology : Official Journal of the American Society of Clinical Oncology*, 34(2), 160–168. <http://doi.org/10.1200/JCO.2015.63.3412>
2. Gidengil, C. A., Predmore, Z., Mattke, S., et al. (2015). Breast implant-associated anaplastic large cell lymphoma: a systematic review. *Plast Reconstr Surg*, 135(3), 713–720. <http://doi.org/10.1097/PRS.0000000000001037>
3. Kim, B., Predmore, Z. S., Mattke, S., et al. (2015). Breast Implant-associated Anaplastic Large Cell Lymphoma: Updated Results from a Structured Expert Consultation Process. *Plastic and Reconstructive Surgery. Global Open*, 3(1), e296. <http://doi.org/10.1097/GOX.0000000000000268>.
4. Johnson, L., O'Donoghue, J.M., McLean, N., et al. (2017). Breast implant associated anaplastic large cell lymphoma: The UK experience. Recommendations on its management and implications for informed consent. *Eu J Surg Oncol*. 2017;43:1393-1401. doi: 10.1016/j.ejso.2017.05.004. Epub 2017 May 18.
5. Mehta-Shah, N., Clemens, M.W., Horwitz, S.M. (2018). How I treat breast implant-associated anaplastic large cell lymphoma. *Blood*, 2018 Nov 1;132(18):1889-1898. doi: 10.1182/blood-2018-03-785972. Epub 2018 Sep 12.
6. Horwitz, S.M., Ansell, S.M., Ai, W.Z, et al. (2018). NCCN guidelines insights: non-Hodgkin's lymphomas, version 2.2018. *J Natl*


Compr Canc Netw. 16(2):123-135. doi: 10.6004/jnccn.2018.0007.

7. NCCN Consensus Guidelines 1.2020, Breast Implant-Associated Anaplastic Large Cell Lymphoma.

Breast Implant-Associated Anaplastic Large-Cell Lymphoma (BIA-ALCL)

- Summary of the Management (acc. to Noah 2017) -





© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Stage Adapted Therapy of BIA-ALCL


TNM	Description
T= tumor extent	
T1	Confined to effusion or a layer on luminal side of capsule
T2	Early capsule infiltration
T3	Cell aggregates or sheets infiltrating the capsule
T4	Lymphoma infiltrates beyond the capsule
N= lymph node	
N0	No lymph node involvement
N1	One regional lympho nodes positive
N2	Multiple regional lymph nodes positive
M= metastasis	
M0	No distant spread
M1	Spread to other organs /distant sides

IA-IC/(IIA): surgical **complete resection** of capsula, implant, suspected nodular lesions and, only if suspicious, regional lymph nodes
no indication for mastectomy, sentinel node extirpation or axillary dissection

IIA/IIB-IV: 2-18%

- surgical complet resection (see above)
- CHO(E)P** (Cyclophosphamide, Vincristin, Doxorubicin, Prednison) +/- Etoposid
- Brentuximab Vedotin** (Adcetris®) antibody-drug-conjugate (ADC) containing monoclonal antibody against human CD30 antigen and 3-5 molecules of cytostatic drug Monomethylauristatin E
- CHT & stem cell transplantation** and **radiotherapy** only in for patients with incomplete resection and advanced stages

Clemens MW et al., PRS 2018; https://www.nccn.org/professionals/physician_gls/pdf/t-cell.pdf



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN


BIA-ALCL – EUSOMA-Recommendation

- **Despite an increase of BIA-ALCL in association with texture implants the use of textured implants is still permitted!**

„For the moment, textured implants can safely continue to be used with patient's fully informed consent, and that women that have these type of implants already in place don't need to remove or substitute them, which would undoubtedly cause harm to many tens of thousands of women, to prevent an exceptionally rare, largely curable and currently poorly understood disease.“

Cardoso MJ, Wyld L, Rubio IT, et al EUSOMA position regarding breast implant associated anaplastic large cell lymphoma (BIA-ALCL) and the use of textured implants.

Breast. 2019 Apr;44:90-93. doi: 10.1016/j.breast.2019.01.011. Epub 2019 Jan 26.

	Oxford		
	LoE	GR	AGO
 <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2020.1</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p>	<h1>Metaplastic Breast Cancer</h1>		
<ul style="list-style-type: none"> Imaging and histology for diagnosis according to standard 	5	D	++
<ul style="list-style-type: none"> Staging including chest and abdominal CT (hematogenous metastasis) 	4	C	++
<ul style="list-style-type: none"> Surgical treatment according to standard (more often MRM needed due to advanced tumor stage) <ul style="list-style-type: none"> SNB 	4	C	++
<ul style="list-style-type: none"> Adjuvant chemotherapy (tumors more chemoresistant) 	4	C	+
<ul style="list-style-type: none"> Adjuvant endocrine standard therapy 	4	C	+/-
<ul style="list-style-type: none"> Adjuvant standard radiotherapy 	4	C	+

Imaging, Prognosis, Staging

1. Lakhani SR, Ellis IO, Schnitt SJ, et al. WHO classification of tumors of the breast. World Health Organization classification of tumours. 4th ed. Lyon: IARC Press; 2012. 48–52 pp.
2. Song Y, Liu X, Zhang G, et al. Unique clinicopathological features of metaplastic breast carcinoma compared with invasive ductal carcinoma and poor prognostic indicators. World J Surg Oncol. 2013; 11:129
3. Zhang Y, Lv F, Yang Y, et al. Clinicopathological Features and Prognosis of Metaplastic Breast Carcinoma: Experience of a Major Chinese Cancer Center, PLoS One. 2015 Jun 26;10(6):e0131409
4. Sinn HP, Kreipe H. A brief overview of the WHO classification of breast tumors, 4th edition, focusing on issues and updates from the 3rd edition. Breast Care (Basel) 2013; 8:149-54.

Therapy review:

1. Ong, C.T., Campbell, B.M., Thomas, S.M., et al. (2018). Metaplastic breast cancer treatment and outcomes in 2500 patients: a retrospective analysis of a national oncology database. Ann Surg Oncol. 24:2249-2260. Doi.org/10.1245/s10434-018-6533-3.

Surgical Therapy

1. Pezzi CM, Patel-Parekh L, Cole K, et al (2007). Characteristics and treatment of metaplastic breast cancer: analysis of 892 cases from the National Cancer Data Base. Ann Surg Oncol, 14, 166-73.
2. J. D. Beatty, M. Atwood, R. Tickman, et al, "Metaplastic breast cancer: clinical significance," American Journal of Surgery, vol. 191, no. 5, pp. 657–664, 2006.

Adjuvant chemotherapy


1. Reviewed in: Tzanninis IG et al., Management and Outcomes in Metaplastic Breast Cancer Clin Breast Cancer. 2016 Dec;16(6):437-443

Adjuvant endocrine therapy

1. Reviewed in: Tzanninis IG et al., Management and Outcomes in Metaplastic Breast Cancer Clin Breast Cancer. 2016 Dec;16(6):437-443

Adjuvant radiotherapy

1. Tseng WH, Martinez SR. Metaplastic breast cancer: to radiate or not to radiate? Ann Surg Oncol 2011; 18:94-103.



© AGO e. V.
in der DGGG e.V.
sowie
in der DKG e.V.

Guidelines Breast
Version 2020.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Metaplastic Breast Cancer

Incidence: 0,2–5 % of all breast cancers (1)

Histology: epithelial and mesenchymal components with two to three different components within a tumor; high proliferation rate; subtypes: according to WHO (4)

Metaplastic carcinoma of no special type	Low-grade adenosquamous carcinoma
Fibromatosis-like carcinoma	Squamous cell carcinoma
Spindle cell carcinoma	Metaplastic carcinoma with mesenchymal differentiation
Chondroid differentiation	Osseous differentiation
Other types of mesenchymal differentiation	Mixed metaplastic carcinoma
Myoepithelial carcinoma	

Molecular biology: > 90 % ER-, PR-, HER2-
~. 70 % overexpression of HER1, CK 5/6-expression (stem-cell-like and BRCA-like)(2)
molecular profile mostly basal-like (3)
frequent mutations in PIK3CA and PTEN (mTOR-overactivity)

Clinical features:

- Large tumors at diagnosis (> 5 cm)
- Frequent hematogenous metastases; nodal involvement in ~ 20 % (no nodal involvement in spindle cell carcinoma carcinosarcoma)
- Poor clinical course compared to TNBC
- Impaired prognosis in asian women (MRM more frequently, poor grading, more often squamous cell carcinoma, spindle cell carcinoma less frequent)
- Low response rated to (neoadjuvant) chemotherapy

Imaging, Prognosis, Staging

1. Lakhani SR, Ellis IO, Schnitt SJ, et al. WHO classification of tumors of the breast. World Health Organization classification of tumours. 4th ed. Lyon: IARC Press; 2012. 48–52 pp.
2. Song Y, Liu X, Zhang G, et al. Unique clinicopathological features of metaplastic breast carcinoma compared with invasive ductal carcinoma and poor prognostic indicators. World J Surg Oncol. 2013; 11:129
3. Zhang Y, Lv F, Yang Y, et al. Clinicopathological Features and Prognosis of Metaplastic Breast Carcinoma: Experience of a Major Chinese Cancer Center, PLoS One. 2015 Jun 26;10(6):e0131409
4. Sinn HP, Kreipe H. A brief overview of the WHO classification of breast tumors, 4th edition, focusing on issues and updates from the 3rd edition. Breast Care (Basel) 2013; 8:149-54.

Therapy review:

1. Ong, C.T., Campbell, B.M., Thomas, S.M., et al. (2018). Metaplastic breast cancer treatment and outcomes in 2500 patients: a retrospective analysis of a national oncology database. Ann Surg Oncol. 24:2249-2260. Doi.org/10.1245/s10434-018-6533-3.

Surgical Therapy

1. Pezzi CM, Patel-Parekh L, Cole K, et al (2007). Characteristics and treatment of metaplastic breast cancer: analysis of 892 cases from the National Cancer Data Base. Ann Surg Oncol, 14, 166-73.
2. J. D. Beatty, M. Atwood, R. Tickman, et al, "Metaplastic breast cancer: clinical significance," American Journal of Surgery, vol. 191, no. 5, pp. 657–664, 2006.

Adjuvant chemotherapy

1. Reviewed in: Tzanninis IG et al., Management and Outcomes in Metaplastic Breast Cancer Clin Breast Cancer. 2016 Dec;16(6):437-443

Adjuvant endocrine therapy

1. Reviewed in: Tzanninis IG et al., Management and Outcomes in Metaplastic Breast Cancer Clin Breast Cancer. 2016 Dec;16(6):437-443

Adjuvant radiotherapy

1. Tseng WH, Martinez SR. Metaplastic breast cancer: to radiate or not to radiate? Ann Surg Oncol 2011; 18:94-103.