

Diagnosis and Treatment of Patients with early and advanced Breast Cancer

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Options for Primary Prevention: Modifiable Lifestyle Factors

Prevention

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- **Versions 2011–2020:**
Dall / Diel / Gerber / Hanf / Maass / Mundhenke / Solbach / Solomayer / Thomssen / von Minckwitz
- **Version 2021:**
Rhiem / Solomayer

Risk Factors for Breast Cancer 1 → background

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- Older age *
- Genetics
- Family history of cancer *
- Personal history of breast * lesions
 - Non-proliferative lesions
 - Proliferative lesions w/o atypia
 - High risk lesions (ADH, LIN)
 - Breast cancer (DCIS, Inv. BC)
- Breast density
- Chest irradiation
- Type II Diabetes mellitus
- Hyperthyreoidism

- Lifetime number of menstrual cycles
 - Early menarche, late menopause
- Maternal pregnancy factors (e.g. pre-eclampsia) (risk reduction), and low physical activity during pregnancy (risk increase)

Social risk factors

- Lower number of births or no pregnancy
- Advanced age at first full term delivery

Legend: *explicitly also for DCIS

Options for Primary Prevention: Modifiable Lifestyle Factors

Risk Factors for Breast Cancer 2 → background

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- Short duration or absence of breast feeding
- BMI < 18.5 and > 25 and especially > 40 (obesity)
- Food content
- Steroid hormone therapy
 - Recent oral contraceptive use
 - Hormone therapy (estrogen/gestagen combination) in postmenopausal women
- Alcohol intake*
- nicotine
- Light exposure at night (night shifts) *contradictory*
- Low physical activity
- Endocrine disruptors in fetal and early childhood development (e.g. DES, bisphenol-A, DDT)
- Effect of carcinogenic substances / working materials
- Exposition to ionizing radiation

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Legend: explicitly also for DCIS Options for Primary Prevention: Modifiable Lifestyle Factors

Deodorant-use and risk

Breast Cancer and Deodorants/Antiperspirants: a Systematic Review.

Allam MF¹: Cent Eur J Public Health. 2016 Sep;24(3):245-247. doi: 10.21101/cejph.a4475.

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So far there is no evidence of a correlation between aluminum containing deodorants and breast cancer risk

- All observational studies that evaluated the association between breast cancer risk and deodorants/antiperspirants use were reviewed. We have only identified two case-control studies, carried out between 2002 and 2006.
- There was no risk of antiperspirants use in the pooled risk (odds ratio 0.40, 95% confidence interval 0.35-0.46).
- Our comprehensive search has identified an insufficient number of studies to conduct a quantitative review and obtain reliable results. Further prospective studies are strongly needed.

High Proportion of Postmenopausal Breast Cancer Attributable to Lifestyle Factors

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population attributable fractions (PAFs) of modifiable risk factors

Risk factors: obesity, physical inactivity, alcohol, low-fiber intake, smoking

Results: retrospective cohort study (Netherlands Cancer Registry)

2000: subpopulations of obese women, inactive women, alcohol drinkers, smokers etc.
2010: breast cancer incidence as compared to background incidence in these subgroups

25.7% of postmenopausal breast cancer cases in the Netherlands
in 2010 were attributable to lifestyle factors

8.8% attributed to obesity
6.6% attributed to alcohol
5.5% attributed to physical inactivity
3.2% attributed to low fiber intake
4.6% attributed to smoking

Update 2019: Tamimi et al, 2016
USA: more than a third of
postmenopausal breast cancers are
preventable through changes in
modifiable risk factors

van Germert et al., Int J Cancer 2015; 152: 155-162

Pregnancy-Related Factors

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- Any full term pregnancy
- High number of pregnancies
- First full term pregnancy before age of 30 years
- Breast feeding (protective if total breast feeding time exceeds 1.5–2 years)
- Lower birth weight of the first born (3000-3500 vs. > 4500g RR=1,53)
- Lower duration of pregnancy first born (26-31. WOP vs. 40-41. WOP; HR=2,38, p=0,03)

No influence

- Polycystic Ovarian Syndrome PCO
- Assisted reproduction
- Abortion

Oxford

LoE	GR
2b	B
2b	B
2b	B
3a	B
2b	B
2b	B
3b	C
2b	B
2b	B

Medical Primary Prevention

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- **ASS (especially for postmenopausal women with regard to DCIS and ER-positive invasive breast cancer)**

See slide 9

- **Bisphosphonates**
- **Statins (no effect)**

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LoE	GR	AGO
4d	D	+/-
2b	B	+/-
2b	B	-

Medical Prevention

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Kehm RD et al., Regular use of aspirin and other non-steroidal anti-inflammatory drugs and breast cancer risk for women at familial or Genetic risk: a cohort study, Breast Cancer Res. 2019 Apr. 18;21(1):52

Prospective multinational cohort study, n=5606, healthy women questionnaire, regular intake of ASS, NSAID, COX2-inhibitors

Regular ASS-intake: HR 0.61, CI 0.33-1.14, breast cancer incidence
Regular COX2-inhibitors : HR 0.39, CI 0.15-0.97, breast cancer incidence other NSAIDs: n.s.
[independent of BRCA-status]

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Prevention by Changing Lifestyle Factors: Body Mass Index / Diet

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■ Maintaining normal weight (BMI at 18.5 – 25 kg/m²)*

- Premenopausal
- Postmenopausal

■ Prevention/screening and treatment of diabetes mellitus type II (reduction of breast cancer incidence and mortality)

Oxford

LoE	GR	AGO
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2a	B	++
----	---	----

3a	B	+/-
----	---	-----

2a	B	++
----	---	----

2b	B	++
----	---	----

* Amount of body fat can be increased in people with normal BMI and correlates with breast cancer risk

The risk of breast, ovarian and endometrial cancer in obese women submitted to bariatric surgery: a meta-analysis

B Ishihara, D Farah, M Fonseca and A Nazário, Surg Obes Relat Dis 2020;16(10):1596-1602

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- **Meta-analysis, of a total of 150,537 patients in the bariatric surgery arm and 1,461,938 women in the control arm.**
- **The risk of breast cancer was reduced by 49% [RR: 0.39 (95%CI [0.31 to 0.56]; I²= 90%; 7 studies).**
- **The risk of ovarian cancer was reduced by 53% [RR: 0.47 (95%CI [0.27 to 0.81]; I²= 0%; 3 studies).**
- **The risk of endometrial cancer was reduced by 67% [RR: 0.33 (95%CI [0.21 to 0.51]; I²= 88%; 7 studies).**

Association of Body Fat and Risk of Breast Cancer in Postmenopausal Women With Normal Body Mass Index: A Secondary Analysis of a Randomized Clinical Trial and Observational Study.

Iyengar NM et al.: JAMA Oncol. 2019 Feb 1;5(2):155-163

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- **WHI substudy**
- **Among the 3460 women included in the analysis (mean [SD] age, 63.6 [7.6] years), multivariable-adjusted hazard ratios for the risk of invasive breast cancer were 1.89 (95% CI, 1.21-2.95) for the highest quartile of whole-body fat and 1.88 (95% CI, 1.18-2.98) for the highest quartile of trunk fat mass.**
- **The corresponding adjusted hazard ratios for ER-positive breast cancer were 2.21 (95% CI, 1.23-3.67) and 1.98 (95% CI, 1.18-3.31), respectively.**

Prevention by Changing Lifestyle Factors: Diet

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- **Preference of a balanced diet***
- **Mediterranean Diet**
- **Dietary components**
 - Olive oil (extra virgin olive oil), as part of Mediterranean diet
 - Fat reduced food
 - Reduced consumption of red meat
 - Supplementation of vitamins, minerals, trace elements
 - Vitamin D substitution for prevention (MaCa HR1,02)
 - Vegetables / fruits **
 - Phytoestrogens / soy
 - Fiber containing food
 - Vegetarian/vegan diet (no significant risk reduction)
 - Coffee (no significant reduction)
 - nuts/peanuts (> 10g/d) (peanut butter without effect)

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

* As recommended by German Society of Nutrition (DGE)

** Recommended as a part of healthy nutrition

Options for Primary Prevention: Modifiable Lifestyle Factors

Vitamin D Supplements and Prevention of Cancer and Cardiovascular Disease

N Engl J Med. 2019 Jan 3;380(1):33-44. doi: 10.1056/NEJMoa1809944. Epub 2018 Nov 10.

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randomized, placebo-controlled trial, with a two-by-two factorial design, of vitamin D₃(cholecalciferol) at a dose of 2000 IU per day and marine n-3 (also called omega-3) fatty acids at a dose of 1 g per day

Primary end points were invasive cancer of any type and major cardiovascular events

25,871 participants

median follow-up of 5.3 years

124 breast cancers (Vit D group) vs. 122 (placebo group) Hazard Ratio: 1,02

Prevention by Modifying Lifestyle Risk Factors: Alcohol

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- Reduction of alcohol intake reduces risk of breast cancer (ideal <10g/d, class II evidence)

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LoE	GR	AGO
2a	B	+

Particularly for

- ER+/PR+ tumors
- Invasive lobular tumors

2a	B
2a	B

Nature, Nurture and cancer risks: Genetic and nutritional contributions to cancer

Theodoratou, E.: Annu Rev Nutr. 2017 August 21; 37: 293–320.
doi:10.1146/annurev-nutr-071715-051004

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No association was classified as convincing (class I). The association between alcohol intake and ER+ breast cancer was classified as highly suggestive (Class II) based on a **meta-analysis of 20 prospective studies** ($\geq 30\text{g/d}$ of alcohol consumption versus non-drinkers

RR (95% CI): 1.35 (1.23, 1.48, $p\text{-value}=5.2 \times 10^{-10}$, $I^2 = 26\%$,

$P_{\text{small effect bias}} = 0.184$, $P_{\text{excess significance bias}} = 4 \times 10^{-8}$)

Prevention by Modifying Lifestyle Risk Factors: Smoking

Oxford

LoE	GR	AGO
2a	B	++

- **Never smoking reduces risk of breast cancer
~ 15–24% reduction of lifetime risk)**
- **Young women smoking have a 60% increased risk of BC,
if smoking > 10 years before first childbirth
(vs. never smokers)**

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Smoking and risk of breast cancer in the Generations Study cohort

Jones, M.E.: Breast Cancer Res. 2017 Nov 22;19(1):118. doi: 10.1186/s13058-017-0908-4.

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102,927 women recruited 2003–2013

average of 7.7 years of follow-up

The HR (reference group was never smokers) was
1.14 (95% CI 1.03–1.25; $P = 0.010$) for ever smokers,
1.24 (95% CI 1.08–1.43; $P = 0.002$) for starting smoking at ages < 17 years
1.23 (1.07–1.41; $P = 0.004$) for starting smoking 1–4 years after menarche

Women with a family history of breast cancer (ever vs never smokers HR 1.35; 95% CI 1.12–1.62; $P = 0.002$) had a significantly larger HR ... than women without (ever smoker vs never smoker HR 1.07; 95% CI 0.96–1.20; $P = 0.22$).

Prevention by Modifying Lifestyle Risk Factors: Physical Activity

Oxford

LoE	GR	AGO
2a ⁽⁻⁾	B	++

- Physical exercise

(Metabolic equivalents to 3–5 hrs moderate pace walking per week)

These effects also apply to *BRCA1/2* mutation carriers and to women with an increased family risk.

Recreational Physical Activity Is Associated with Reduced Breast Cancer Risk in Adult Women at High Risk for Breast Cancer: A Cohort Study of Women Selected for Familial and Genetic Risk.

Kehm RD et al.: Cancer Res. 2020 Jan 1;80(1):116-125. doi: 10.1158/0008-5472.CAN-19-1847. Epub 2019 Oct 2.

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- **Prospective cohort study**
- **N=15550, women with fam. Hx of breast cancer**
- **multiplicative interactions of physical activity with predicted absolute breast cancer familial risk based on pedigree data and with BRCA1 and BRCA2 mutation status**
- **Higher physical activity => 20% reduction of breast cancer incidence**
- **(HR0.80, CI 0.68-0.93), independent of BRCA-status or pedigree risk**

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Prevention by Modifying Lifestyle Risk Factors: Hormone Therapy in Postmenopausal Women

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Oxford		
LoE	GR	AGO

■ Avoiding hormonal therapy in postmenopausal women

- Avoiding estrogen / progestin combinations
- Avoiding estrogens only
(no increased, possibly even reduced breast cancer risk, but
increased risk for endometrial cancer, unless after
hysterectomy)

1b	A	+
1b	A	+/-

Epigenome-wide association study for lifetime estrogen exposure identifies an epigenetic signature associated with breast cancer risk.

Johansson A et al.: Clin Epigenetics. 2019 Apr 30;11(1):66.

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epidemiological data from EPIC-Italy (n = 31,864)

Study: estimated lifetime estrogen exposure

Method: epigenome-wide association study, blood DNA samples, N=216 ,
and 440 healthy controls

Results: an estimated 5% increase in breast cancer risk per 1-year longer ELEE
(OR = 1.05, 95% CI 1.04-1.07, P = 3×10^{-12}) in EPIC-Italy.

694 CpG sites were associated with ELEE (FDR Q < 0.05)

Prevention of Hormones in Postmenopausal Patients

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	N	MC-RR (95%CI)	Further information
WHI WHI: JAMA 2002, JAMA 2017	~ 27 000	1.3 (1,0-1,6)	1.3 (1,1-1,6) coronary events 1.4 (1,1-1,9) insults 2.1 (1,4-3,3) pulmonary embolism 2.1 (1,5-2,9) deep vein thrombosis
HERS Hulley S: JAMA 2002	I 2763 RCT, med. 4.1 J II 2321 open-label, 2.7J	1.2 (0.95-1.5)	med. age 67 J no secondary prevention side effects as comp. to WHI + cholecystectomy
Million Women Beral V: Lancet 2003	1.084 110 ~ 50% HRT 4.1 J. follow-up	1.66 (1.6-1.8)	EPC > E mode of applic. not relevant duration > 5 yrs. Tibolon RR 1.45 (1.2-1.7)
EPIC Int J Cancer 2010	1.153 747 person-years	1.4 (1.2-1.6) 1.8 (1.4-2.2)	E-Mono EPC > E
Metaanalyse Nelson HD: JAMA 2002	16 Studies	1.21-1.40	side effects as compared to WHI +

Chlebowski et al., Climacteric 2015, 18:336-8

Chlebowski et al., J Natl Compr Canc Netw 2015, 13:917-24

Manson JE et al., JAMA 2017; 318:927-938

Priority for Primary Prevention: Modifiable Lifestyle Factors

Prevention of Hormones (EGC) in Postmenopausal Patients

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	N	MC-RR (95% CI)	Further statements
CLEAR-study (NSW) Case-Control-Study, retrospect. Australia	1236 BC cases	2.09 (1,57-2.78)	current user
		1.03 (0.82-1.28)	past user
		2.62 (1.56-4.38)	E/P combination
		1.80 (1.21-2.68)	E only

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Salagame et al., Int J Cancer. 2016;138(8):1905-14

Options for Primary Prevention: Modifiable Lifestyle Factors

Prevention by Modifying Lifestyle Risk Factors: Oral Contraception (OC)

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- OC does not increase the risk of mortality from breast cancer
- Risk of breast cancer slightly increased, risk of ovarian or endometrial cancer is decreased

Oxford

LoE

1a

1a(-)