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Guidelines Breast  
Version 2021.1E

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# Diagnosis and Treatment of Patients with early and advanced Breast Cancer

## Loco-Regional Recurrence

## Loco-regional Recurrence

- **Versions 2002–2020:**  
**Audretsch / Bauerfeind / Brunnert / Budach /  
 Costa / Dall / Fehm / Fersis / Friedrich / Harbeck /  
 Gerber / Göhring / Hanf / Kühn/ Lisboa / Lux / Maass /  
 Mundhenke / Rezai / Simon / Solbach / Solomayer /  
 Souchon / Thomssen / Wenz / Wöckel/**
- **Version 2021:**  
**Blohmer / Ditsch**

### Screened data bases


Pubmed 2005 - 2019, ASCO 2005 – 2019, SABCS 2009 – 2019, Cochrane data base

### Guidelines

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<div>  <h2>Loco-regional Recurrence Incidence and Prognosis</h2> </div>																										
<div> <p>© AGO e. V. in der DGGG e.V. sowie in der DKG e.V.</p> <p>Guidelines Breast Version 2021.1E</p> <p>www.ago-online.de</p> <p>FORSCHEN LEHREN HEILEN</p> </div>	<table> <tr> <th>Localization</th><th>10-y. incidence (%)</th><th>5-y. Overall Survival (%)</th></tr> <tr> <td><b>Ipsilateral recurrence<sup>1</sup></b> (post BCS + irradiation)</td><td><b>10 (2–20)</b></td><td><b>65 (45–79)</b></td></tr> <tr> <td><b>Chest wall<sup>1</sup></b> (post mastectomy)</td><td><b>4 (2–20)</b></td><td><b>50 (24–78)</b></td></tr> <tr> <td><b>As above plus supraclavicular fossa<sup>2</sup></b></td><td><b>34%</b></td><td><b>49% (3-y. OS)</b></td></tr> <tr> <td><b>Axilla:</b></td><td></td><td></td></tr> <tr> <td>After <b>ALND<sup>1</sup></b></td><td><b>1 (0.1–8)</b></td><td><b>55 (31–77)</b></td></tr> <tr> <td>After <b>SLNE<sup>4</sup></b></td><td><b>1</b></td><td><b>93%</b></td></tr> <tr> <td><b>Multiple localizations<sup>2</sup></b></td><td><b>16 (8–19)</b></td><td><b>21 (18–23)</b></td></tr> </table>	Localization	10-y. incidence (%)	5-y. Overall Survival (%)	<b>Ipsilateral recurrence<sup>1</sup></b> (post BCS + irradiation)	<b>10 (2–20)</b>	<b>65 (45–79)</b>	<b>Chest wall<sup>1</sup></b> (post mastectomy)	<b>4 (2–20)</b>	<b>50 (24–78)</b>	<b>As above plus supraclavicular fossa<sup>2</sup></b>	<b>34%</b>	<b>49% (3-y. OS)</b>	<b>Axilla:</b>			After <b>ALND<sup>1</sup></b>	<b>1 (0.1–8)</b>	<b>55 (31–77)</b>	After <b>SLNE<sup>4</sup></b>	<b>1</b>	<b>93%</b>	<b>Multiple localizations<sup>2</sup></b>	<b>16 (8–19)</b>	<b>21 (18–23)</b>	
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## Loco-regional Recurrence Staging

### Examinations before treatment

- Tissue biopsy
- Re-assessment of ER, PR, HER2
- Complete re-staging
- „Liquid biopsy“
- <sup>18</sup>F-FDG PET-CT

	Oxford		
	LoE	GR	AGO
Tissue biopsy	5	D	++
Re-assessment of ER, PR, HER2	3b	B	++
Complete re-staging	5	D	++
„Liquid biopsy“	5	D	-
<sup>18</sup> F-FDG PET-CT	2b	B	-

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## Early Breast Cancer (M0) – eBC Prognostic Factors I

Factor	Oxford		
	LoE <sub>Ox2001</sub>	GR	AGO
▪ Tumor size – pT	1a	A	++
▪ Axillary lymph node status – pN	1a	A	++
▪ Histological tumor type (mucinous, tubular etc.)	2b	B	++
▪ Grade (Elston & Ellis) – G	2a	B	++
▪ Age	2a	B	++
▪ Histologically proven peritumoral lymphatic vessel and vascular invasion (L1 V1)	1b	B	++
▪ pCR after NACT* in (luminal-B-like, HER2+, TN)	1a	A	++
▪ Increased risk of recurrence in invasive-lobular BC, cT3/4, N+	2a	B	+/-
▪ Obesity (BMI > 30 kg/m <sup>2</sup> )	1b	B	+
▪ Margins (resection status) – R0/R1	1a	A	+

\* NACT = Neoadjuvant Chemotherapy

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### Tumor size

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## Early Breast Cancer (M0) - eBC Prognostic Factors II

Factor	Oxford		
	LoE	GR	AGO
▪ ER / PR	2a	B	++
▪ HER2 (IHC, ISH)	2b	B	++
▪ ER / PR / HER2/ Ki-67 to assess the molecular type	2b	B	++
▪ uPA / PAI-1 (Femtele® ELISA) in N0	1a	A	+
▪ Proliferation markers			
▪ Ki-67 before, during, or after treatment	1a	B	+

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## Reproducibility – Quality assurance is key for clinical decision making

- **ER/PR: concordance central vs local is high (97%; Plan B, SABCS 2014)**
- **Grade: concordance central vs local is 68% (PlanB, JCO 2016)**
- **HER2: frequency of false-positive test results 6% (ASCO /CAP JCO 2013)**
- **Impact of routine pathologic review in N0 BC: 20% changes: grade 40%, LVI 26%, N 15%, margin 12% (JCO 2012)**
- **pN0 from MIRROR study: pN0 was upstaged in 22%, in central pathology review (Ann Oncol 2012)**
- **Ki67:**
  - **Inter- and intraobserver variability in measurement of Ki-67 is high (J Nat. Cancer Institute 2011)**
  - **High reproducibility for low and high Ki67 levels (J Pathol 2002)**
  - **Standardized methodology improves analytical validity (JNCI 2020)**

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## Metaanalysis: TNBC and Local Recurrence

Wang et al, Surg Oncol. 2013 Dec;22(4):247-55.

n = 15312 BC-patients, 22 studies, Hazard-ratios

BCT	vs.	ME
ILRR	0.75 (0.65-0.87)	
DM	0.68 (0.60-0.76)	

TNBC-subtype	vs.	other subtype
ILRR	1.88 (1.58-2.22)	
DM	2.12 (1.72-2.62)	

TNBC-subtype	vs.	HER2-subtype
ILRR	0.69 (0.53-0.91)	
DM	n.s.	

ILRR: ipsilateral locoregional recurrence


DM: distant metastasis

TNBC: triple negative breast cancer

BCT: breast conserving therapy

ME: mastectomy





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## Risk factors for loco-regional recurrence after mastectomy

**Karlsson et al. Ann Oncol 23:2852-8, 2012**  
 IBCSG-study, 13 randomised studies; n = 8106 pts  
 Risk factors for 10 years cumulative incidence

→ 15% chest wall	age < 40; ≥ 4 pos. lymph nodes, 0-7 pos. lymph nodes
→ 10% supraclavicular	≥ 4 pos. Lymph nodes
→ 5% local recurrence axilla	age < 40; tumor size unknown, 0-7 neg. lymph nodes

**Peng G et al. Biosci Reports 39 (9), 2019**  
 metaanalysis, 20 publications, n = 11.244 pts, pT1-2 pN0 post mastectomy  
 Local recurrence risk

→ age	HR 1,77 (p=0,001)
→ L1/V1	HR 2,23 (p<0,001)
→ Grading	HR 1,66 (p<0,001)
→ Her2-status	HR 1,65 (p<0,027)
→ menopausal status	HR 1,36 (p=0,015)
→ Resection margins	HR 2,56 (p=0,014)

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## Early Breast Cancer (M0) - eBC Prognostic Factors III

Factor	Oxford		
	LoE	GR	AGO
▪ Gene expression profiles (GEP, multigene assays, gene signatures)			
▪ MammaPrint® (N0-1)	1b	A	++
▪ Oncotype DX® (N0-1, HR+ HER2-)	1b	A	++
▪ EndoPredict® (N0-1, HR+, HER2 -)	2b	B	++
▪ Prosigna® (N0-1, HR+, HER2 -)	2b	B	++
▪ Breast Cancer Index <sup>SM</sup> (N0-1, HR+ HER2-)**	2b	B	+/-*
▪ PREDICT® algorithm ( <a href="https://breast.predict.nhs.uk/">https://breast.predict.nhs.uk/</a> )	1b	A	+
▪ Clinical-pathological score for lobular breast cancer (nodal status, tumor size, lymphovascular invasion LVI)	2b	B	+/-
▪ CTSS Clinical Treatment Score**	2b	B	+
▪ CPS-EG Score	2b	B	+
* Should only be used in the context of clinical-pathological criteria (tumor size, nodal involvement, grade, Ki-67, ER, PR, HER2)			
** estimation of late recurrence			

### Gene expression profiles (GEP; Multigene Assays, Gene expression signatures)

(\*Should only be used in the context of clinico-pathological criteria (e.g. tumor size, number involved lymph nodes, grade, Ki67) for therapeutic decision making)

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## Early Breast Cancer (M0) - eBC Prognostic Factors IV

Factor	Oxford		
	LoE	GR	AGO
▪ Disseminated tumor cells (DTC, in bone marrow)	1a	A	+/-
▪ Circulating tumor cells (CTC, in blood, Cell Search®) §	1b	A	+/-
▪ CTC before NACT (regarding OS, DDFS, LRFI)	1b	B	+/-
▪ Therapy decisions based on CTC phenotypes	3a	C	-
▪ Cell-free DNA (cfDNA, in blood, for DFS, PFS, OS)	2b <sup>a</sup>	B	+/-

§ Validated clinical data only available for this assay

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7. Zhang, L., Riethdorf, S., Wu, G., et al. 2012. Meta-analysis of the prognostic value of circulating tumor cells in breast cancer. *Clin. Cancer Res.* 18, 5701–5710. doi:10.1158/1078-0432.CCR-12-1587.
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9. Hartkopf AD, Brucker SY, Taran F-A, et al. International pooled analysis of the prognostic impact of disseminated tumor cells from the bone marrow in early breast cancer: Results from the PADDY study. *SABCS 2018*, GS5-07
10. Trapp E, Janni W, Schindlbeck C, et al; SUCCESS Study Group. Presence of Circulating Tumor Cells in High-Risk Early Breast Cancer During Follow-Up and Prognosis. *J Natl Cancer Inst.* 2018 Oct 11. doi: 10.1093/jnci/djy152. [Epub ahead of print] PMID: 30312434
11. Bidard FC, Michiels S, Riethdorf S, et al. Circulating Tumor Cells in Breast Cancer Patients Treated by Neoadjuvant Chemotherapy: A Meta-analysis. *J Natl Cancer Inst.* 2018 Jun 1;110(6):560-567.

## Risk factors for another relapse

	Oxford		
	LoE	GR	AGO
▪ Tumor size	2a	B	
▪ Multifocality	2a	B	
▪ Localisation	2b	B	
▪ Negative progesterone receptor	3b	B	
▪ High grade	3b	C	
▪ Omitted radiotherapy at first recurrence	3b	C	
▪ Omitted chemotherapy at first recurrence	3b	C	
<u>Parameters of the locally recurrent tumor to define the risk for distant metastasis/survival</u>			
▪ Early (< 2-3 yrs.) vs. late recurrence	2b	B	
▪ LVS1 / Grade / ER-neg / positive margins (if ≥ 2 factors positive)	3b	B	
<u>Predictive factors for treatment considerations</u>			
▪ HER2	2b	B	++
▪ ER and PR	2b	B	++

### Parameters in local recurrence to define risk for re-recurrence

#### Statement: Tumour size

1. Wapnir IL, Anderson SJ, Mamounas EP et al; Prognosis after ipsilateral breast tumor recurrence and locoregional recurrences in five National Surgical Adjuvant Breast and Bowel Project node-positive adjuvant breast cancer trials. J Clin Oncol 24: 2028-37, 2006
2. Lannin DR, Haffty BG; End results of salvage therapy after failure of breast-conservation surgery. Oncology (Huntingt) 18(3):272-9, 2004 discussion 280-2, 285-6, 292.

#### Statement: Multifocality

1. Wapnir IL, Anderson SJ, Mamounas EP et al; Prognosis after ipsilateral breast tumor recurrence and locoregional recurrences in five National Surgical Adjuvant Breast and Bowel Project node-positive adjuvant breast cancer trials. J Clin Oncol 24: 2028-37, 2006

#### Statement: Localisation

1. Cheng SH, Horng CF, Clarke JL et al; Prognostic index score and clinical prediction model of local regional recurrence after mastectomy in breast cancer patients. Int J Radiat Oncol Biol Phys 64(5):1401-9, 2006
2. Lannin DR, Haffty BG; End results of salvage therapy after failure of breast-conservation surgery. Oncology (Huntingt) 18(3):272-9,

2004 discussion 280-2, 285-6, 292.

Statement: ER-pos/PgR-pos vs ER-pos/PgR-neg or ER-neg/PgR-neg

1. Wapnir IL, Gelber S, Anderson SJ et al; CALOR trial investigators. Poor Prognosis After Second Locoregional Recurrences in the CALOR Trial. Ann Surg Oncol. 2017 Feb;24(2):398-406

Statement: high tumour grade/ omission of chemotherapy/ omission of radiotherapy

1. Bounous VE, Novara L, Scicchitano F et al; A retrospective analysis on 197 cases of breast cancer local recurrence: Biology, treatment, and prognosis. Breast J. 2019 Nov 25. doi: 10.1111/tbj.13698

Statement: Early vs. Late recurrence

1. Lee JS, Kim SI, Park HS et al; The impact of local and regional recurrence on distant metastasis and survival in patients treated with BCT. J Breast Cancer 14:191-7, 2011
2. Halverson KJ, Perez CA, Kuske RR et al; Survival following locoregional recurrence of breast cancer: univariate and multivariate analysis. Int J Radiat Oncol Biol Phys 23(2):285-91, 1992
3. Wapnir IL, Anderson SJ, Mamounas EP et al; Prognosis after ipsilateral breast tumor recurrence and locoregional recurrences in five National Surgical Adjuvant Breast and Bowel Project node-positive adjuvant breast cancer trials. J Clin Oncol 4(13):2028, 2006
4. Lee YJ, Park H, Kang CM et al. Risk stratification system for groups with a low, intermediate, and high risk of subsequent distant metastasis and death following isolated locoregional recurrence of breast cancer. Breast Cancer Res Treat. 2019 Oct 23. doi: 10.1007/s10549-019-05469-5.

LVSI/Grade/ERneg/close margins

Change from close margin to positive margin

1. Panet-Raymond V, Truong PT, Alexander C et al; Clinicopathological factors of the recurrent tumor to predict outcome in patients with ipsilateral breast tumor recurrence. Cancer 117:2035, 2011

Margin width and Re-excision in breast conservativ treatment. a Danish breast coopertive group of 11.900 women.

1. A. Bodilson et al; St Antonio Breast cancer symposium Dez.2015. Increased risk of IBTR associated with final positive margin.

### Predictive factors for treatment considerations

#### Statement: HER-2

1. Clemons M, Hamilton T, Goss P; Does treatment at the time of locoregional failure of breast cancer alter prognosis? Cancer Treat Rev 27(2): 83–97, 2001

#### Statement: ER and PR

1. Clemons M, Hamilton T, Goss P; Does treatment at the time of locoregional failure of breast cancer alter prognosis? Cancer Treat Rev 27(2): 83–97, 2001
2. Haffty BG, Reiss M, Beinfield M et al; Ipsilateral breast tumor recurrence as a predictor of distant disease: implications for systemic therapy at the time of local relapse. J Clin Oncol 14: 52–57, 1996
3. Kuo SH, Huang CS, Kuo WH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Oncology Biol Phys 72: 1456-64, 2008



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Guidelines Breast  
Version 2021.1E

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FORSCHEN  
LEBEN  
HEILEN

## Clinicopathological Factors of the Recurrent Tumor to Predict Outcome in Patients with Ipsilateral Breast Tumor Recurrence

**Panet-Raymond V et al. Cancer 117:2035, 2011**

n = 6020 pts., retrospective cohort-study  
pT1/2, N0 tumors, breast conserving treatment  
269 ipsilateral breast tumor recurrences (IBTR)

### Multivariate analysis:

TTR < 48 months  
LVS1 (of the LRR)  
ER negative LR-tumor  
high grade  
close margins of recurrent tumor  
→ if  $\geq 2$  factors positive  $\Rightarrow$  worse OS

## Ipsilateral Recurrence after BCT Surgery

	Oxford		
	LoE	GR	AGO
▪ Mastectomy (aim: R0)	3b	B	++
▪ Re-BCS with tumor-free margins (R0) +partial breast irradiation*	2b	B	+
▪ Re-BCS with tumor-free margins (R0)	2b	B	+/-
▪ Axillary intervention after prior AxDis if cN0	4	C	-
▪ SLNE after prior SLNE if cN0**	2a	B	-
▪ Palliative surgery in M1-situation (e.g. pain, ulceration, psychosocial indication)	5	D	+

\* After tumorboard presentation

\*\* If no sentinel lymph node can be identified, axillary dissection is not recommended;  
no operation outside the ipsilateral axilla is recommended

### Statement: Mastectomy (aim: R0)

1. Alpert TE, Kuerer HM, Arthur DW et al; Ipsilateral breast tumor recurrence after breast conservation therapy: outcomes of salvage mastectomy vs. salvage breast-conserving surgery and prognostic factors for salvage breast preservation. Int J Radiat Oncol Biol Phys 63(3):845-51, 2005
2. Shin E, Suemasu K, Sonoo H et al; Analysis of ipsilateral breast tumor recurrences after breast-conserving treatment based on the classification of true recurrences and new primary tumors. Breast Cancer 12(2):104-11, 2005
3. Kolben T, Schwarz TM, Goess C et al; Surgical management of ipsilateral breast tumor recurrence. Int J Surg. 2015 Nov;23(Pt A):141-6.
4. NCCN (National Comprehensive Cancer Network, 2019); [https://www.nccn.org/professionals/physician\\_gls/pdf/breast\\_blocks.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf), Version 3.2019 — September 6, 2019 (download 25. Jan. 2020)

### Statement: Re-BEO with R0-Resection (+Partialbrustbestrahlung):

1. Sellam Y, Shahadi ID, Gelernter I et al; Local recurrence of breast cancer: Salvage lumpectomy as an option for local treatment. Breast J. 2019 Jul;25(4):619-624.
2. Forster T, Akbaba S, Schmitt D et al; Second breast conserving therapy after ipsilateral breast tumor recurrence - a 10-year experience of re-irradiation. J Contemp Brachytherapy. 2019;11(4):312-319.



3. Cozzi S, Jamal DN, Slocker A et al; Second breast-conserving therapy with interstitial brachytherapy (APBI) as a salvage treatment in ipsilateral breast tumor recurrence: a retrospective study of 40 patients. *J Contemp Brachytherapy*. 2019;11(2):101-107.
4. Salvage Mastectomy Versus Second Conservative Treatment for Second Ipsilateral Breast Tumor Event: A Propensity Score-Matched Cohort Analysis of the GEC-ESTRO Breast Cancer Working Group Database. Hannoun-Levi JM, Gal J, Van Limbergen E, et al. *Int J Radiat Oncol Biol Phys*. 2020 Dec 29:S0360-3016(20)34722-2. doi: 10.1016/j.ijrobp.2020.12.029.

Statement: Axillary intervention (SNE/AxDiss) after prior SNE and BCS if cN0

1. Intra M, Trifirò G, Viale G et al; Second biopsy of axillary sentinel lymph node for reappearing breast cancer after previous sentinel lymph node biopsy. *Ann Surg Oncol* 12(11):895- 899, 2005
2. Taback B, Nguyen P, Hansen N et al; Sentinel lymph node biopsy for local recurrence of breast cancer after breast-conserving therapy. *Ann Surg Oncol* 13(8):1099-104, 2006
3. Port ER, Garcia-Etienne CA, Park J et al; Reoperative sentinel lymph node biopsy: a new frontier in the management of ipsilateral breast tumor recurrence. *Ann Surg Oncol*. 14(8):2209-14, 2007
4. Derkx F, Maaskant-Braat AJ, van der Sagen MJ et al; Staging and management of axillary lymph nodes in patients with local recurrence in the breast or chest wall after a previous negative sentinel node procedure. *Eur J Surg Oncol* 36(7):646-51, 2010
5. Barone JL, Feldman SM, Estabrook A et al; Reoperative sentinel lymph node biopsy in patients with locally recurrent breast cancer. *Am J Surg* 194(4):491-3, 2007
6. Maaskant-Braat AJ, Voogd AC, Roumen RM et al; Repeat sentinel node biopsy in patients with locally recurrent breast cancer: a systematic review and meta-analysis of the literature. *Breast Cancer Res Treat*. 2013 Feb;138(1):13-20. doi: 10.1007/s10549-013-2409-1. Epub 2013 Jan 23
7. Kothari MS, Rusby JE, Agusti AA et al; Sentinel lymph node biopsy after previous axillary surgery: A review. *Eur J Surg Oncol*. 2012 Jan;38(1):8-15. doi: 10.1016/j.ejso.2011.10.003. Epub 2011 Oct 26.
8. Uth CC, Christensen MH, Oldenbourg MH et al; Sentinel Lymph Node Dissection in Locally Recurrent Breast Cancer. *Ann Surg Oncol*. 2015 Jan 7. [Epub ahead of print]
9. Ugras S, Matsen C, Eaton A et al; Reoperative sentinel lymph node biopsy is feasible for locally recurrent breast cancer, but is it worthwhile? *Ann Surg Oncol*. 2016 March ; 23(3): 744–748. doi:10.1245/s10434-015-5003-4.
10. Jakub JW. Sentinel Lymph Node Biopsy for Ipsilateral Breast Tumor Recurrence, Technically Feasible but Influence on Oncologic Outcomes Yet to be Completely Defined. *Ann Surg Oncol*. 2019;26(8):2319-2321.

11. Poodt IGM, Vugts G, Schipper RJ et al. Sentinel Node and Recurrent Breast Cancer (SNARB) study group. Prognostic impact of repeat sentinel lymph node biopsy in patients with ipsilateral breast tumour recurrence. Br J Surg. 2019;106(5):574-585.

Statement: Palliative surgery in M1-situation

1. Rapiti E. et al; Complete Excision of Primary Breast Tumor Improves Survival of Patients With Metastatic Breast Cancer at Diagnosis. Journal of Clinical Oncology 2743-2749, 2006

## Mastektomy vs. BCS + partial breast irradiation

- 1327 pts. from 7 European countries with first local recurrence 01/1995 - 06/2017
- ME vs. BCS + Brachytherapy
- Propensity Score matched control (1:1): clinical and histopathological factors
- Primary endpoint: 5-y OS; secondary endpoints: e.g. 5-J.-DFS, complications
- Median follow-up 75.4 months
- No differences in 5-J. OS and sec. Endpoints: 5-y -OS: 88 vs. 87%  
cumulative incidence 2. recurrence: 2.3 vs. 2.8%
- 5-y incidence of mastectomy after 1. recurrence 3.1%

Hannoun-Levi et al. Int J Radiat Oncol Biol Phys. 2020

## Chest-Wall Recurrence after Mastectomy / Axillary Recurrence - Surgery

	Oxford		
	LoE	GR	AGO
▪ <b>Curative situation: R0-resection (including deeper parts of the chest wall in selected cases: HR-positive, primary N0)</b>	<b>2b</b>	<b>A</b>	<b>++</b>
▪ <b>Palliative situation: Resection of deep parts of the chest wall</b>	<b>5</b>	<b>D</b>	<b>+/-</b>
▪ <b>Palliative surgery in M1-situation (e.g. pain, ulceration, psychosocial)</b>	<b>5</b>	<b>D</b>	<b>+</b>
▪ <b>SLNE after prior SLNE if cN0*</b>	<b>3b</b>	<b>B</b>	<b>-</b>

\* If no sentinel lymph node can be identified, axillary dissection is not recommended;  
no operation outside the ipsilateral axilla is recommended

### Statement: Curative situation: R0-resection

1. Mignano JE, Gage I, Piantadosi S et al; Local recurrence after mastectomy in patients with T3pN0 breast carcinoma treated without postoperative radiation therapy. Am J Clin Oncol 30(5):466-72, 2007

### Statement: Palliative situation: Resection of deep parts of the chest wall

1. Mignano JE, Gage I, Piantadosi S et al; Local recurrence after mastectomy in patients with T3pN0 breast carcinoma treated without postoperative radiation therapy. Am J Clin Oncol 30(5):466-72, 2007
2. Pfannschmidt J, Geisbüsch P, Muley T et al; Surgical resection of secondary chest wall tumors. Thorac Cardiovasc Surg 53(4):234-9, 2005
3. Wakeam E, et al, Annals of Surgery 267: 646-55 (2018)  
Chest wall resection for recurrent breast cancer in the modern era: a systematic review and meta-analysis
4. Christopherson K, Lei X, Barcenas C et al. Outcomes of Curative-Intent Treatment for Patients With Breast Cancer Presenting With Sternal or Mediastinal Involvement. Int J Radiat Oncol Biol Phys. 2019;104(3):574-581.

### Statement: Palliative surgery in M1-situation (e.g. pain, ulceration, psychosocial)

1. Rapiti E. et al; Complete Excision of Primary Breast Tumor Improves Survival of Patients With Metastatic Breast Cancer at Diagnosis.

Journal of Clinical Oncology 2743-2749, 2006

Statement: Re-SLN after SLN:

1. Ugras et al., Annals of Surgical Oncol 23: 744-8, 2016
2. Jakub JW. Sentinel Lymph Node Biopsy for Ipsilateral Breast Tumor Recurrence, Technically Feasible but Influence on Oncologic Outcomes Yet to be Completely Defined. Ann Surg Oncol. 2019;26(8):2319-2321.

## Loco-regional Recurrence after R0-Resection Systemic Treatment

	Oxford		
	LoE	GR	AGO
<b>According to pathohistological re-evaluation of the recurrent tumor (ER, PR, HER2)</b>			
▪ <b>Endocrine therapy in endocrine responsive tumors</b>	<b>2b</b>	<b>B</b>	<b>++</b>
▪ <b>Chemotherapy (consider preoperative administration)</b>	<b>2b</b>	<b>B</b>	<b>+</b>
▪ <b>In case of HER2-positive disease, chemotherapy + HER2-targeted therapy</b>	<b>5</b>	<b>D</b>	<b>+</b>

### Statement: Endocrine therapy in endocrine responsive disease

1. Borner M, Bacchi M, Goldhirsch A et al; First isolated locoregional recurrence following mastectomy for breast cancer: results of a phase III multicenter study comparing systemic treatment with observation after excision and radiation. Swiss Group for Clinical Cancer Research. J Clin Oncol. 12(10):207, 1994
2. Lê MG, Arriagada R, Spielmann M et al; Prognostic factors for death after an isolated local recurrence in patients with early-stage breast carcinoma. Cancer 94(11):2813-20, 2002
3. Halverson KJ, Perez CA, Kuske RR et al; Locoregional recurrence of breast cancer: a retrospective comparison of irradiation alone versus irradiation and systemic therapy. Am J Clin Oncol. 15(2):93-101, 1992

### Statement: Chemotherapy

1. Easson AM, McCready DR; Management of local recurrence of breast cancer. Expert Rev Anticancer Ther 4(2):219-26, 2004
2. Rauschecker H, Clarke M, Gatzemeier et al; Systemic therapy for treating locoregional recurrence in women with breast cancer. Cochrane Database Syst Rev. 2001;(4):CD002195. Review.
3. Kuo SH, Huang CS, Kuo WH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Radiation Oncology Biol Phys 72: 1456-64, 2008.
4. Aebi S, Gelber S, Anderson SJ et al; CALOR investigators. Chemotherapy for isolated locoregional recurrence of breast cancer (CALOR):

a randomised trial. Lancet Oncol. 2014 Feb;15(2):156-63.

5. Wapnir IL et al. Annals of Surgical Oncology, February 2017, Volume 24, Issue 2, pp 398–406

Statement: Trastuzumab - based therapy in HER-2 overexpressing tumors

So far, extrapolations from adjuvant HER2-directed studies and from studies in metastatic breast cancer

1. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 22:suppl 7:vii11-9, 2012
2. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms. Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 045OL; [https://www.leitlinienprogramm-onkologie.de/fileadmin/user\\_upload/Downloads/Leitlinien/Mammakarzinom\\_4\\_0/Version\\_4.2/LL\\_Mammakarzinom\\_Langversion\\_4.2.pdf](https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf)

## Loco-regional Recurrence Chemotherapy

### ■ CALOR Trial update

**n = 163 (2003-2010), median follow-up of 4.9 years, all R0 resection**  
**5-year disease-free survival: 69% (95% CI 56-79) with chemotherapy**  
**vs. 57% (44-67) without chemotherapy (hazard ratio 0.59**  
**[95% CI 0.35-0.99]; p=0.046): 24 (28%) patients vs. 34 (44%).**

**Adjuvant chemotherapy was significantly more effective in**  
**ER negative disease ( $p_{\text{interaction}}=0.046$ ).**

**Multivariate analysis: predictors of survival**  
**chemotherapy for primary cancer (HR 3.55, p=0.03)**  
**interval from primary surgery (HR 0.87, p=0.05)**

Wapnir IL et al. Annals of Surgical Oncology, February 2017, Volume 24, Issue 2, pp 398–406 | Cite as



## Loco-regional Recurrence Chemotherapy

### ■ CALOR Trial update

Endpoint	ER-positive			ER-negative		
	CT	No-CT	HR (95%CI)	CT	No-CT	HR (95%CI)
10-yr DFS	50%	59%	1.07 (0.57 – 2.00)	70%	34%	0.29 (0.13 – 0.67)
Interaction P-Value =0.013						
10-yr OS	76%	66%	0.70 (0.32 – 1.55)	73%	53%	0.48 (0.19 – 1.20)
Interaction P-value =0.53						
10-yr BCFI	58%	62%	0.94 (0.47 – 0.85)	70%	34%	0.29 (0.13 – 0.67)
Interaction P-value = 0.034						

Wapnir IL et al. Annals of Surgical Oncology, February 2017, Volume 24, Issue 2, pp 398–406

## Locoregional Recurrence in Case of R1-Resection/Inoperability – Systemic Treatment

	Oxford		
	LoE	GR	AGO
<b>According to histopathological pathohistological re-evaluation of the recurrent tumor (ER, PR, HER2)</b>			
▪ <b>Endocrine-based therapy in endocrine responsive tumors corresponding to metastatic disease</b>	<b>2b</b>	<b>B</b>	<b>++</b>
▪ <b>Chemotherapy and targeted therapy (pre- or postoperative) corresponding to metastatic disease</b>	<b>2b</b>	<b>B</b>	<b>++</b>

### Statement: Endocrine therapy in endocrine responsive disease

1. Borner M, Bacchi M, Goldhirsch A et al; First isolated locoregional recurrence following mastectomy for breast cancer: results of a phase III multicenter study comparing systemic treatment with observation after excision and radiation. Swiss Group for Clinical Cancer Research. J Clin Oncol. 12(10):207, 1994
2. Lê MG, Arriagada R, Spielmann M et al; Prognostic factors for death after an isolated local recurrence in patients with early-stage breast carcinoma. Cancer 94(11):2813-20, 2002
3. Halverson KJ, Perez CA, Kuske RR et al; Locoregional recurrence of breast cancer: a retrospective comparison of irradiation alone versus irradiation and systemic therapy. Am J Clin Oncol. 15(2):93-101, 1992

### Statement: Chemotherapy (pre- or postoperatively)

1. Kuo SH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Radiat Oncol Biol Phys 72: 1456-64 (2008)
2. Tokunaga Y, Hosogi H, Nakagami M et al; A case of chest wall recurrence of breast cancer treated with paclitaxel weekly, 5'-deoxy-5'-fluorouridine, arterial embolization and chest wall resection. Breast Cancer. 2003;10(4):366-70.
3. Easson AM, McCready DR; Management of local recurrence of breast cancer. Expert Rev Anticancer Ther 4(2):219-26, 2004
4. Rauschecker H, Clarke M, Gatzemeier W et al; Systemic therapy for treating locoregional recurrence in women with breast cancer.

Cochrane Database Syst Rev. 2001;(4)

5. Kuo SH, Huang CS, Kuo WH et al; Comprehensive locoregional treatment and systemic therapy for postmastectomy isolated locoregional recurrence. Int J Radiation Oncology Biol Phys 72: 1456-64, 2008
6. NCCN Guidelines (National Comprehensive Cancer Network, 2019);  
[https://www.nccn.org/professionals/physician\\_gls/pdf/breast\\_blocks.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf), Version 3.2019 — September 6, 2019 (download 25. Jan. 2020)
7. F. Cardoso ,A. Costa , E. Senkus et al; 3rd ESOeESMO international consensus guidelines for Advanced Breast Cancer (ABC 3) The Breast 31 (2017) 244e259

#### Statement: Trastuzumab based therapy in HER-2 overexpressing tumors

1. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 22:suppl 7:vii11-9, 2012
2. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms. Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 045OL; [https://www.leitlinienprogramm-onkologie.de/fileadmin/user\\_upload/Downloads/Leitlinien/Mammakarzinom\\_4\\_0/Version\\_4.2/LL\\_Mammakarzinom\\_Langversion\\_4.2.pdf](https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf)

#### Statement: Checkpoint-Inhibitoren bei PD-L1 Überexpression

1. Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for previously untreated locally recurrent inoperable or metastatic triple-negative breast cancer (KEYNOTE-355): a randomised, placebo-controlled, double-blind, phase 3 clinical trial. Cortes J, Cescon DW, Rugo HS et al; KEYNOTE-355 Investigators.Lancet. 2020 Dec 5;396(10265):1817-1828.

## Ipsilateral Recurrence after BCT Radiotherapy

	Oxford		
	LoE	GR	AGO
<b><u>After Re-BCS</u></b>			
▪ Whole breast irradiation (in case of no prior adjuvant radiotherapy)	3b	C	++
▪ Re-breast irradiation (Partial breast irradiation, brachytherapy/ external beam RT, in case of prior adjuvant radiotherapy)	2b	B	+
<b><u>After mastectomy</u></b>			
▪ Radiation of chest wall +/- regional lymph nodes (14% involved supraclavicular metastasis)	2b	B	+/-
▪ Radiation dose escalation (+10%)	3b	C	-
▪ Repeated irradiation (e.g. as brachytherapy) with hyperthermia	3a	C	+

### Statement: Whole breast radiation

1. McCready DR, Fish EB, Hiraki GY et al; Total mastectomy is not always mandatory for the treatment of recurrent breast cancer after lumpectomy alone. Can J Surg 35(5):485-8, 1992
2. Interdisziplinäre S3-Leitlinie für die Diagnostik, Therapie und Nachsorge des Mammakarzinoms. Langversion 4.2 Aktualisierung August 2019, AWMF-Register-Nummer: 032 – 0450L; [https://www.leitlinienprogramm-onkologie.de/fileadmin/user\\_upload/Downloads/Leitlinien/Mammakarzinom\\_4\\_0/Version\\_4.2/LL\\_Mammakarzinom\\_Langversion\\_4.2.pdf](https://www.leitlinienprogramm-onkologie.de/fileadmin/user_upload/Downloads/Leitlinien/Mammakarzinom_4_0/Version_4.2/LL_Mammakarzinom_Langversion_4.2.pdf) (download 25.Jan 2020)
3. Cardoso F, Harbeck N, Fallowfield L et al; ESMO Guidelines Working Group. Locally recurrent or metastatic breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol 22:suppl 7:vii11-9, 2012
4. Skinner HD, Strom EA, Motwani SB et al; Radiation dose escalation for locoregional recurrence of breast cancer after mastectomy. Radiat Oncol 8: 13, 2013

### Statement: Re-irradiation (breast)

1. Hannoun-Levi JM et al; Partial breast irradiation as second conservative treatment for local breast cancer recurrence. Int J Radiat Oncol Biol Phys 60(5):1385-92, 2004
2. Kuerer HM; Repeat breast-conserving surgery for in-breast local breast carcinoma recurrence: the potential role of partial breast

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Statement: Curative situation: irradiation of the chest wall +/- regional lymph nodes

1. Wahl AO, Rademaker A, Kiel KD et al; Multi-Institutional Review of Repeat Irradiation of Chest Wall and Breast for Recurrent Breast Cancer. Int J Radiat Oncol Biol Phys. 2007 Sep 13

#### Statement Re-Irradiation of the chest wall with hyperthermia

1. Auoragh A, Strnad V, Ott OJ et al; Re-irradiation of the chest wall for local breast cancer recurrence : Results of salvage brachytherapy with hyperthermia. Strahlenther Onkol. 2016 Sep;192(9):617-23.
2. Datta NR, Puric E, Klingbiel D et al; Hyperthermia and Radiation Therapy in Locoregional Recurrent Breast Cancers: A Systematic Review and Meta-analysis. Int J Radiat Oncol Biol Phys. 2016 Apr 1;94(5):1073-87.
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## Chest-Wall Recurrence after Mastectomy / Axillary Recurrence Radiotherapy

### Chest-Wall Recurrence (R0-Resection) after Mastectomy

- If no prior postmastectomy radiotherapy
  - Curative situation:  
irradiation of the chest wall +/- regional lymph nodes
- Re-irradiation (chest wall + hyperthermia)

### Axillary Recurrence

- Irradiation of axilla after R0-surgery
  - No prior adjuvant irradiation of the axilla
  - Adjuvant irradiation of the axilla

Oxford		
LoE	GR	AGO
2b	B	+
1b	B	+/-
3b	C	+
5	D	+/-

#### Statement: If no prior postmastectomy radiotherapy

1. Wahl AO, Rademaker A, Kiel KD et al; Multi-Institutional Review of Repeat Irradiation of Chest Wall and Breast for Recurrent Breast Cancer. Int J Radiat Oncol Biol Phys 70(2):477-84, 2008

#### Statement: Re-irradiation (chest wall + hyperthermia)

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#### Statement Axillary recurrence

1. NCCN Guidelines (National Comprehensive Cancer Network, 2019);

[https://www.nccn.org/professionals/physician\\_gls/pdf/breast\\_blocks.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast_blocks.pdf), Version 3.2019 — September 6, 2019 (download 25. Jan. 2020)

2. Konkin DE, Tyldesley S, Kennecke H et al; Arch Surg. Management and outcomes of isolated axillary node recurrence in breast cancer 141(9):867-72, 2006
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## Loco-Regional Recurrence Treatment Options in Non Curative Cases

	Oxford		
	LoE	GR	AGO
▪ <b>Concomitant radio-chemotherapy</b>	<b>3b</b>	<b>C</b>	<b>+</b>
▪ <b>Hyperthermia (in centers listed on DKG website)</b>			
▪ In combination with radiotherapy	<b>1b</b>	<b>B</b>	<b>+</b>
▪ In combination with chemotherapy	<b>4</b>	<b>C</b>	<b>+/-</b>
▪ <b>Intra-arterial chemotherapy</b>	<b>4</b>	<b>C</b>	<b>+/-</b>
▪ <b>Photodynamic therapy</b>	<b>4</b>	<b>C</b>	<b>+/-</b>
▪ <b>Electrochemotherapy</b>	<b>3b</b>	<b>C</b>	<b>+/-</b>

### Statement: Concomitant radio-chemotherapy

1. McCormick B; Counterpoint: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):345 – 8, 2007
2. Jones EL, Marks LB, Prosnitz LR; Point: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):339-44, 2007
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### Statement: Hyperthermia + radiotherapy +/- chemotherapy

1. McCormick B; Counterpoint: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):345 – 8, 2007
2. Jones EL, Marks LB, Prosnitz LR; Point: Hyperthermia with radiation therapy for chest wall recurrences. J Natl Compr Canc Netw. 5(3):339-44, 2007
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#### Statement: Intraarterial chemotherapy

1. Murakami M, Kuroda Y, Nishimura S et al; Intraarterial infusion chemotherapy and radiotherapy with or without surgery for patients with locally advanced or recurrent breast cancer. *Am J Clin Oncol* 24(2):185-91, 2001

#### Statement: Photodynamic therapy

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Statement: Electrochemotherapy

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