BreastCare
Multidisciplinary Journal for Research, Diagnosis and Therapy

Clinical Information

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AGO Recommendations for the Diagnosis and Treatment of Patients with Advanced and Metastatic Breast Cancer: Update 2018

Marc Thill[a] Cornelia Liedtke[b] Volkmar Müller[c] Wolfgang Janni[d] Marcus Schmidt[e] on behalf of the AGO Breast Committee*

[a]Klinik für Gynäkologie und Geburtshilfe, Agaplesion Markus Krankenhaus, Frankfurt/M., Germany; [b]Klinik für Gynäkologie mit Brustzentrum, Charité – Universitätsmedizin Berlin / Campus Mitte, Berlin, Germany; [c]Klinik und Poliklinik für Gynäkologie, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany; [d]Klinik für Frauenheilkunde und Geburtshilfe, Universitätsklinikum Ulm, Ulm, Germany; [e]Abteilung für Konservative und Molekulare Gynäkologische Onkologie, Klinik und Poliklinik für Geburtshilfe und Frauengesundheit, Universitätsklinikum Main, Mainz, Germany

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Supplemental Material: Appendix

Members of the 'AGO Breast Committee' in alphabetical order: U.-S. Albert, Marburg; I. Bauerfeind, Landshut; J. Bischoff, Dessau; J.-U. Blohmer, Berlin; W. Budach, Düsseldorf; P. Dall, Lüneburg; I.J. Diel, Mannheim; N. Ditsch, München; P. Fasching, Erlangen; T. Fehm, Düsseldorf; M. Friedrich, Krefeld; B. Gerber, Rostock; V. Hanf, Fürth; N. Harbeck, Munich; J. Huober, Ulm; C. Jackisch, Offenbach; W. Janni, Ulm; H. Kreipe, Hanover; T. Kühn, Esslingen; S. Kümmel, Essen; C. Liedtke, Lübeck; S. Loibl, Neu-Isenburg; H.-J. Lück, Hanover; D. Lüftner, Berlin; M. Lux, Erlangen; N. Maass, Kiel; G. von Minckwitz, Neu-Isenburg; V. Möbus, Frankfurt/M.; V. Müller, Hamburg; C. Mundhenke, Kiel; U. Nitz, Mönchengladbach; K. Riehm, Cologne; A. Rody, Lübeck; A. Scharl, Amberg; M. Schmidt, Mainz; A. Schneeweiss, Heidelberg; F. Schütz, Heidelberg; P. Sinn, Heidelberg; C. Solbach, Frankfurt am Main; E. Solomayer, Homburg; E. Stickeler, Aachen; M. Thill, Frankfurt/M.; C. Thomssen, Halle/Saale; M. Untch, Berlin; F. Wenz, Mannheim; I. Witzel, Hamburg; A. Wöckel, Würzburg.

Associated members of the DEGRO: P. Feyer, Berlin; D. Rades, Lübeck

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Suppl. table 1. AGO grades of recommendation

++	This investigation or therapeutic intervention is highly beneficial for patients, can be recommended without restrictions, and should be performed
+	This investigation or therapeutic intervention is of limited for patients and can be performed
+/-	This investigation or therapeutic intervention has not shown benefit for patients and may be performed only in individual cases. According to current knowledge a general recommendation cannot be given
-	This investigation or therapeutic intervention can be of disadvantage for patients and might not be performed
--	This investigation or therapeutic intervention is of clear disadvantage for patients and should be avoided or omitted in any case

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Suppl. fig. 1. Follow-up for breast cancer care.

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

Guidelines Breast
Version 2018.1

www.ago-online.de

FORSCHEN
LEHREN
HEILEN

Follow-Up Care for Breast Cancer

Recommendations for asymptomatic pts.
(mod. nach ASCO-ACS Empfehlungen 2016, NCCN 3.2017 und S3-Leitlinie 2017)

Clinical follow-up		Follow-Up*		Screening/ Follow up
Years after primary therapy		1 2 3	4 5	> 5
History, physical examination, counseling		inv.: every 3 months	inv.: every 6 months	inv.: every 12 months
Self-examination		monthly		
Imaging modalities and biochemistry		indicated only by complaints, clinical findings or suspicion of recurrence		
Mammo-graphy and additionally sonography	BCT**	ipsilat.: every 12 months contralat.: every 12 months	on both sides: every 12 months	
	Mastectomy	contralateral every 12 months		

* Continued follow-up visits if still on adjuvant treatment
** In pts with breast-conserving therapy (BCT): First mammography 1 year after initial mammography or at least 6 months after completion of radiotherapy

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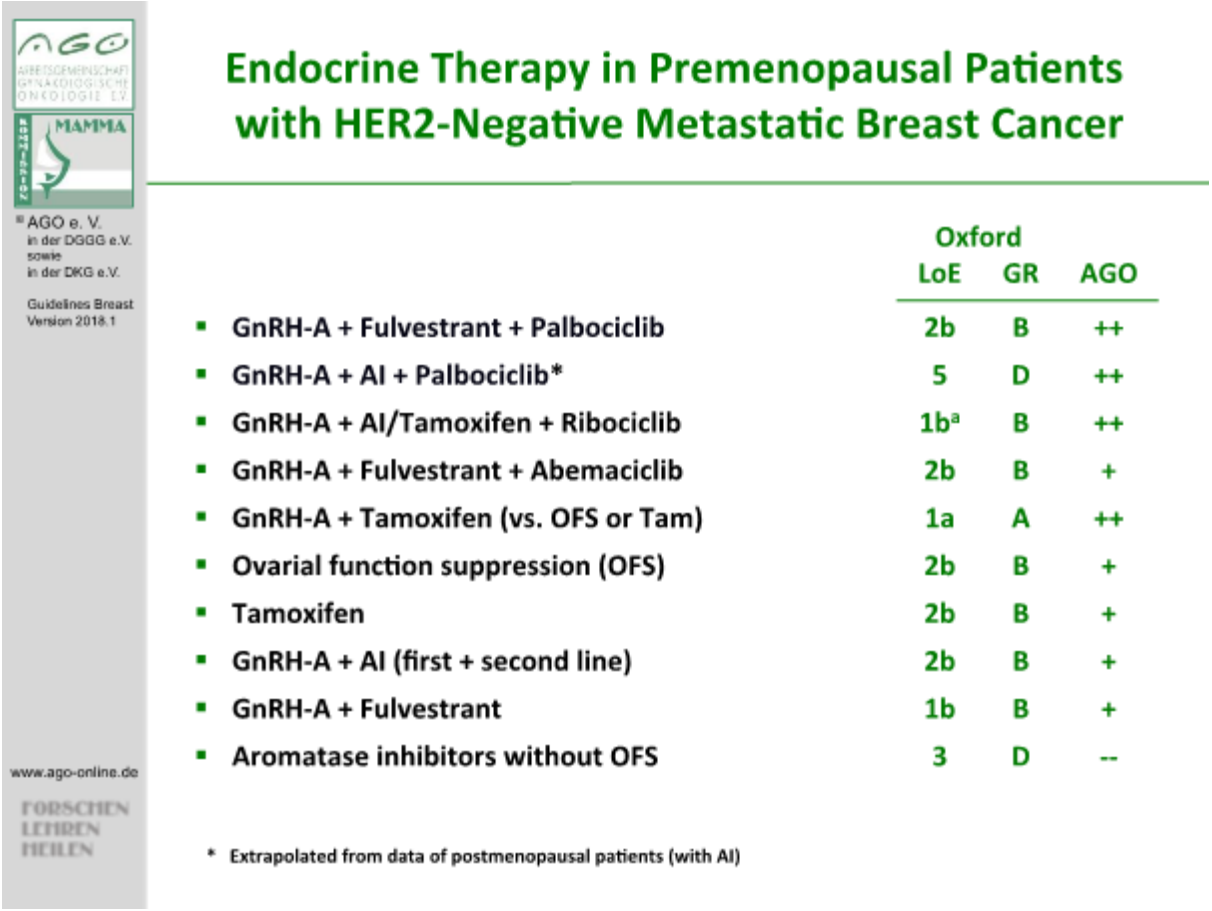
Suppl. fig. 2. Endocrine-based treatment option in premenopausal patients with HER2-negative metastatic breast cancer.



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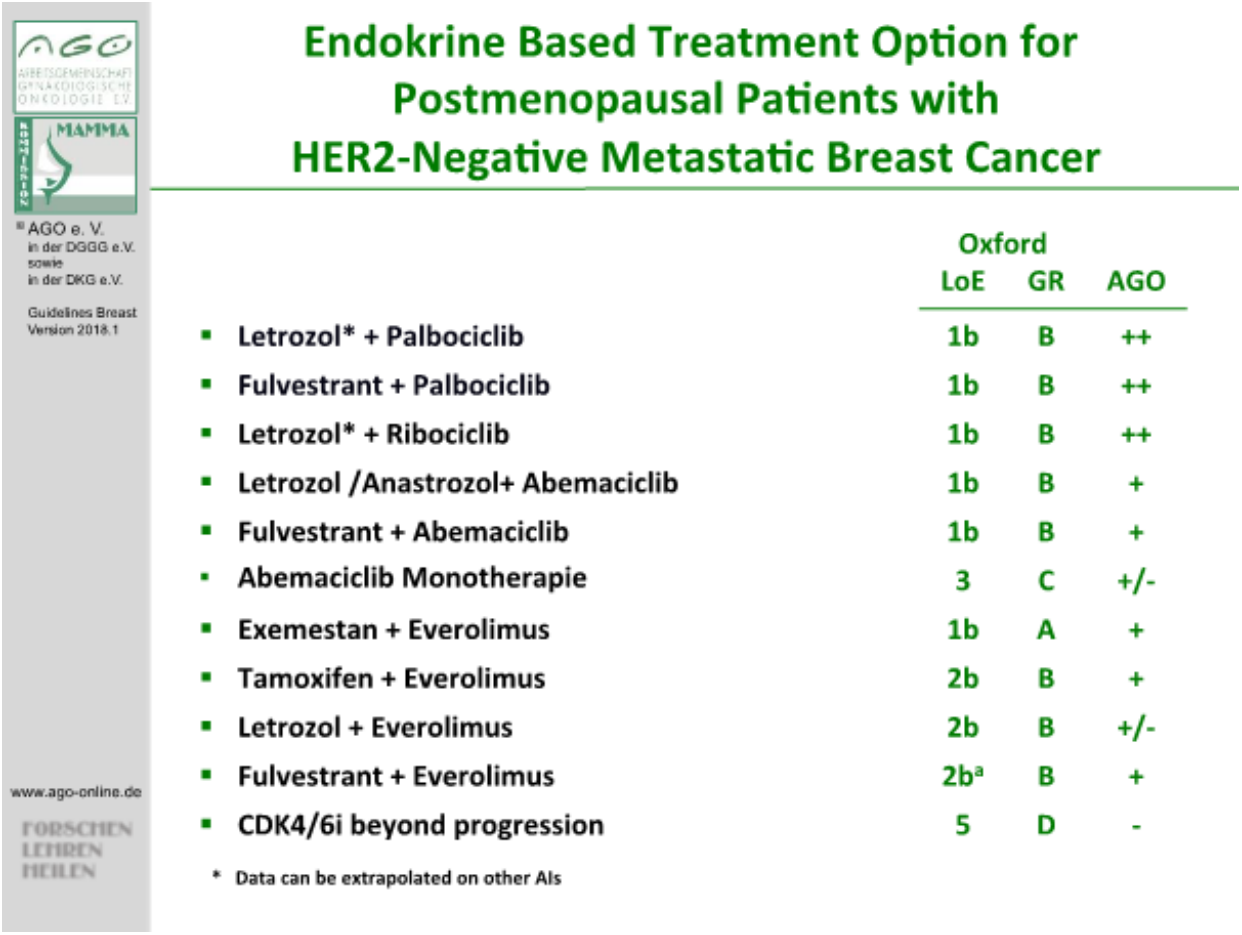
Suppl. fig. 3. Endocrine-based treatment option for postmenopausal patients with HER2-negative metastatic breast cancer.



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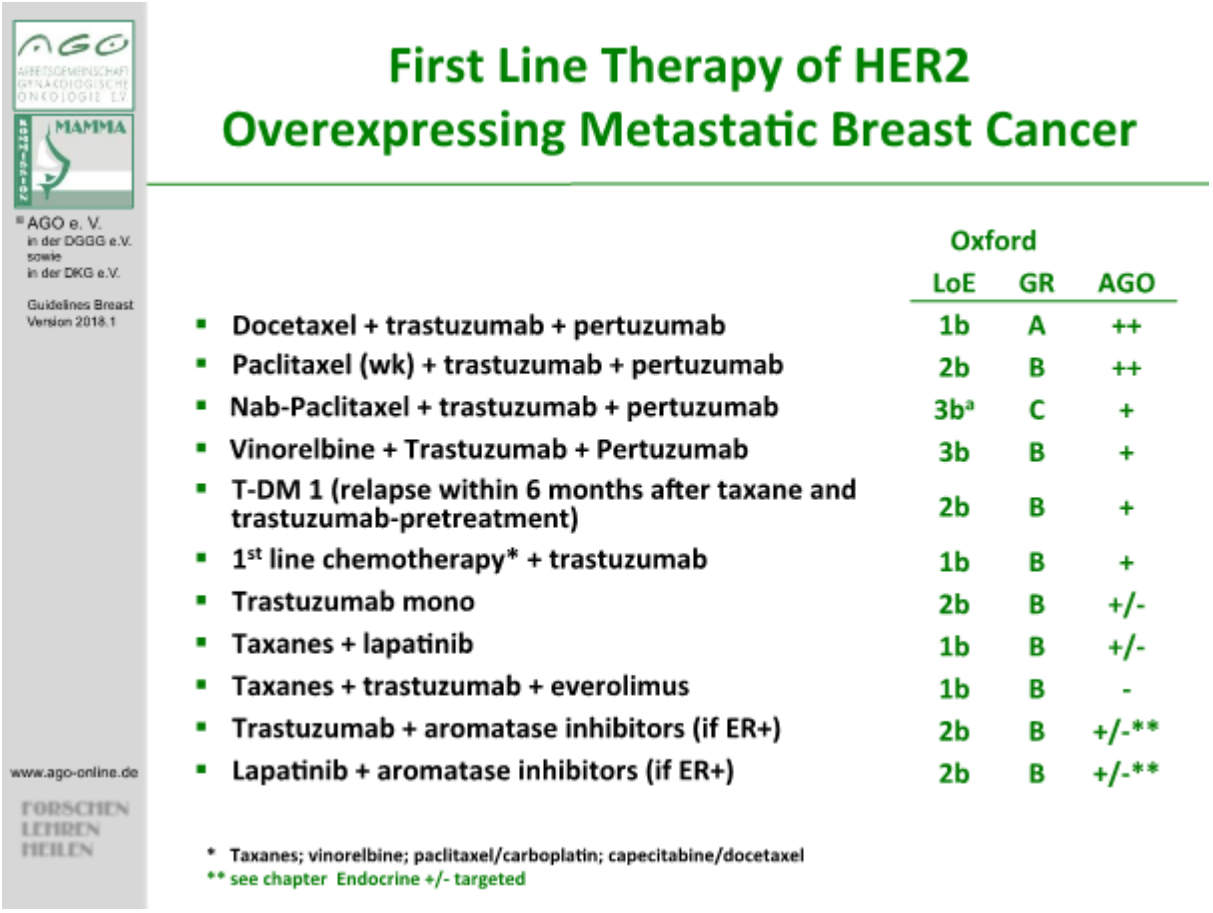
Suppl. fig. 4. First-line therapy of HER2 overexpressing metastatic breast cancer.



First Line Therapy of HER2 Overexpressing Metastatic Breast Cancer

	Oxford		
	LoE	GR	AGO
▪ Docetaxel + trastuzumab + pertuzumab	1b	A	++
▪ Paclitaxel (wk) + trastuzumab + pertuzumab	2b	B	++
▪ Nab-Paclitaxel + trastuzumab + pertuzumab	3b[a]	C	+
▪ Vinorelbine + Trastuzumab + Pertuzumab	3b	B	+
▪ T-DM 1 (relapse within 6 months after taxane and trastuzumab-pretreatment)	2b	B	+
▪ 1st line chemotherapy* + trastuzumab	1b	B	+
▪ Trastuzumab mono	2b	B	+/-
▪ Taxanes + lapatinib	1b	B	+/-
▪ Taxanes + trastuzumab + everolimus	1b	B	-
▪ Trastuzumab + aromatase inhibitors (if ER+)	2b	B	+/-**
▪ Lapatinib + aromatase inhibitors (if ER+)	2b	B	+/-**

* Taxanes; vinorelbine; paclitaxel/carboplatin; capecitabine/docetaxel
** see chapter Endocrine +/- targeted

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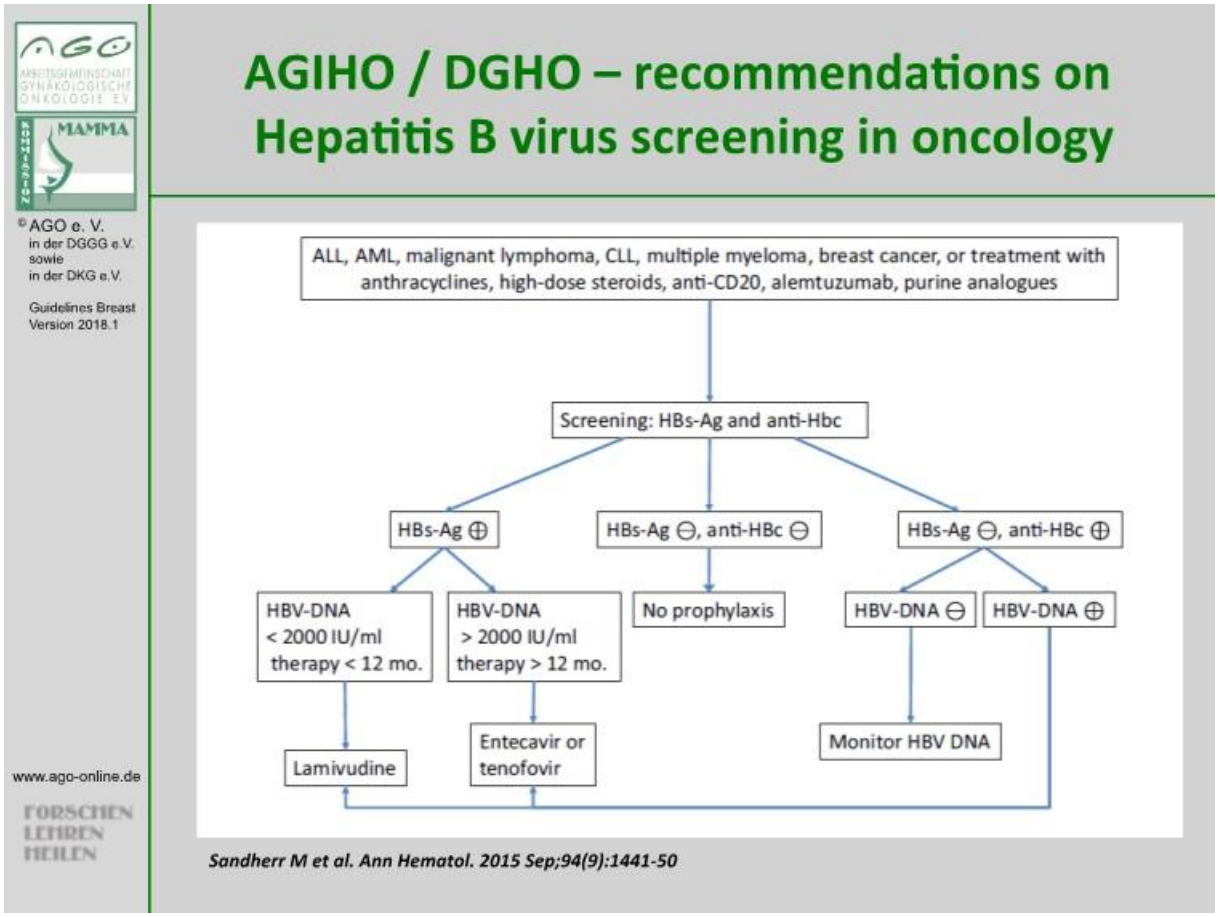
Suppl. fig. 5. AGIHO / DGHO recommendations on hepatitis B virus screening in oncology.



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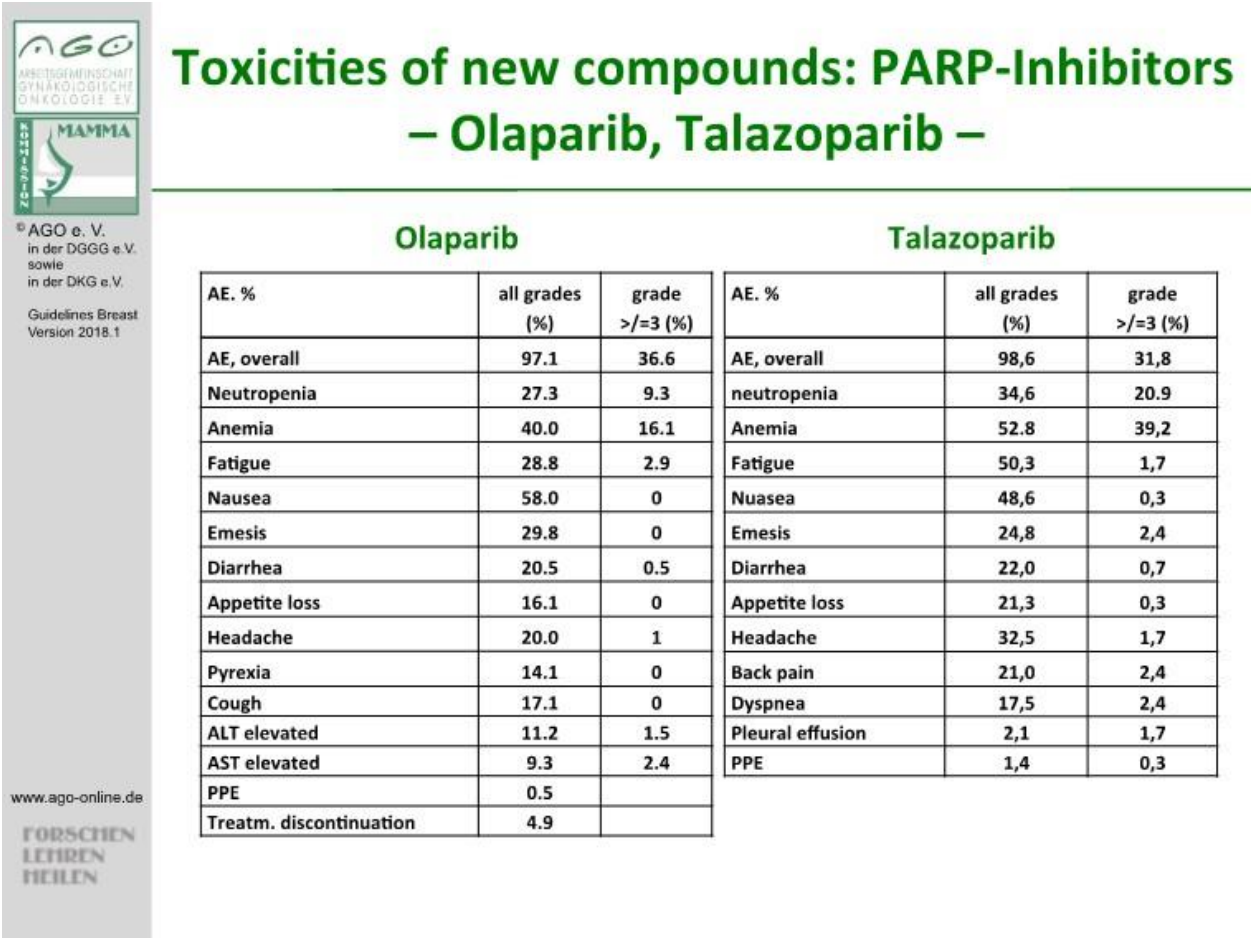
Suppl. fig. 6. Toxicities of PARP inhibitors – olaparib and talazoparib.



Toxicities of new compounds: PARP-Inhibitors – Olaparib, Talazoparib –

Olaparib

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

Talazoparib

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

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