Advanced Breast Cancer

4th ESO–ESMO International Consensus Guidelines for Advanced Breast Cancer


*For details of author affiliations, correspondence and versions, please see the full version at esmo.org/Guidelines/Breast-Cancer
These diagnostic and treatment algorithms for advanced breast cancer (ABC) are published as *Supplementary figures* to

**4th ESO–ESMO International Consensus Guidelines for Advanced Breast Cancer (ABC 4)** *Annals of Oncology, Volume 29, Issue 8, 1 August 2018, Pages 1634–1657*

The voting results of the consensus conference are also available as slides:

[Download the official slides from the ABC 4 conference](#)
ABC diagnostic work-up and staging

*Discuss indications. Brain MRI not indicated unless there are symptoms.
Treatment of LABC

Multimodality treatment strongly indicated in almost all cases

Initial therapy should be systemic

Initial therapy depends on tumour and patient characteristics

HR+ HER2- LABC

Non-inflammatory

Endocrine therapy

Operable tumour

Non-inflammatory

BCS if appropriate

RT (if not given previously)

Mastectomy

Adjuvant endocrine therapy/continuation of anti-HER2 (if appropriate)

HER2+ LABC

ChT + anti-HER2 therapy

Tumour remains inoperable

Further systemic treatment (if appropriate)

RT

Tumour remains inoperable

Palliative care

Triple-negative LABC

Inflammatory

ChT

Inflammatory

Operable tumour

Non-inflammatory

Operable tumour
Treatment of ER-negative / HER2-positive ABC

Previously untreated with anti-HER2 therapy
- ChT + trastuzumab + pertuzumab (ChT + trastuzumab only if pertuzumab not available)

Previously treated (neo)adjuvantly with anti-HER2 therapy
- ChT + pertuzumab + trastuzumab or ChT + trastuzumab

Patients unsuitable for ChT or with long disease-free interval, minimal disease burden
- Trastuzumab alone or dual blockade alone (trastuzumab + pertuzumab or trastuzumab + laptinib)

No progression

Progression

First line

Anti-HER2 as maintenance therapy
- If complete remission, optimal duration of maintenance anti-HER2 therapy is unknown
- Stopping therapy after several years of complete remission may be an option

T-DM1 if available (no data available on use after dual blockade)

Trastuzumab in combination with an unused ChT agent

Trastuzumab + laptinib

Additional anti-HER2 therapy and ChT

Second lines

Later lines

Note: Include in clinical trials when available
TREATMENT OF ER-POSITIVE / HER2-POSITIVE ABC

Previously untreated with anti-HER2 therapy
- ChT + trastuzumab + pertuzumab
  (ChT + trastuzumab only if pertuzumab not available)
  → No progression
  → ET + anti-HER2 as maintenance therapy
    - If complete remission, optimal duration of maintenance anti-HER2 therapy is unknown
      → Stopping anti-HER2 therapy after several years of complete remission may be an option
    → Trastuzumab in combination with an unused ChT agent or with ET (if appropriate)

Previously treated (neo)adjuvantly with anti-HER2 therapy
- ChT + pertuzumab + trastuzumab
  or ChT + trastuzumab
  → No progression
  → ET + anti-HER2 (trastuzumab or lapatinib) or ET + dual HER2 blockade (trastuzumab + lapatinib or trastuzumab + pertuzumab)

Patients unsuitable for ChT or with long disease-free interval, minimal disease burden and/or strong ER/PgR expression
- ET + anti-HER2 (trastuzumab or lapatinib) or ET + dual HER2 blockade (trastuzumab + lapatinib or trastuzumab + pertuzumab)

Note: Include in clinical trials when available
Treatment of ER-positive / HER2-negative ABC

Endocrine Therapy (ET)

Genetic counselling and BRCA mutation status testing to be discussed with selected patients
CLINICAL PRACTICE GUIDELINES

Treatment of ER-positive / HER2-negative ABC

Chemotherapy (ChT)

Diagnosis of ER+/HER2- disease

ChT (patients with visceral crisis, proven endocrine resistance)

Sequential single-agent ChT

Combination ChT (patients with rapid progression, visceral crisis, need for rapid symptom/disease control, to be used rarely)

Previously untreated

Previously treated with anthracycline or taxanes

Anthracycline or taxanes

Capecitabine

Eribulin

Vinorelbine

ChT to maximum response or toxicity

Maintenance endocrine therapy after ChT to maintain benefit

Genetic counselling and BRCA mutation status testing to be discussed with selected patients

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Treatment of advanced TNBC

Note: Include in clinical trials when available
ABC follow-up and supportive care

Note: Throughout the cancer path, adequate information should be provided to the patient.
ABC symptom control
Pain

Management of symptoms

Assess using PROMs

Pain

Early information on pain relief and supportive care

Access to pain relief including early access to morphine
ABC symptom control

Cancer-related fatigue
ABC symptom control

CDK inhibitor-induced neutropaenia

Management of symptoms

CDK inhibitor-induced neutropaenia

Continue at current dose to complete cycle or interrupt the drug until recovery to grade < 3

Repeat complete blood count on Day 21

Consider dose reduction in cases of prolonged (> 1 week) recovery from Grade 3 neutropaenia or recurrent Grade 3 neutropaenia in subsequent cycles
ABC symptom control

Non-infectious pneumonitis

Management of symptoms

- Assess using PROMs
- Non-infectious pneumonitis
  - Patient education critical for early symptom reporting
    - Grade 2
      - Treatment interruption/dose reduction
    - Systemic steroids
      - Treatment discontinuation
    - ≥ Grade 3
Management of symptoms

1. Assess using PROMs
2. Mucositis/stomatitis
3. Prevention from start with steroid mouthwash
4. Mild toothpaste and dental hygiene
5. ≥ Grade 2
6. Lower dose of targeted agent/delay treatment

Mucositis/stomatitis

ABC symptom control
ABC symptom control

Dyspnoea

Management of symptoms

Assess using PROMs

Dyspnoea

Patient support essential as well as treatment of causes (e.g. if pleural effusion, pleurodesis)

Palliation

Opioids, steroids

Anxiety

Benzodiazepines
ABC symptom control

Nausea and vomiting

Management of symptoms

1. Assess using PROMs
2. Nausea and vomiting
3. Refer to ESMO/MASCC guidelines
ABC symptom control

Endocrine toxicities of mTOR inhibition
Disclaimer and how to obtain more information

This slide set provides you with the diagnostic and treatment algorithms included in the full ESO-ESMO consensus guidelines on advanced breast cancer. Key content of these guidelines includes diagnostic criteria, staging of disease, treatment plans and follow-up.

The ESMO Clinical Practice Guidelines (ESMO CPGs) and consensus statements are intended to provide you with a set of recommendations for the best standards of care, using evidence-based medicine. Implementation of ESMO CPGs and consensus statements facilitate knowledge uptake and helps you to deliver an appropriate quality of focused care to your patients.

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