Advanced Breast Cancer

5th 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

5th ESO-ESMO international consensus guidelines for advanced breast cancer (ABC 5)

[Download the official ABC guideline statements](https://esmo.org/guidelines/breast-cancer/consensus-recommendations-advanced-breast-cancer-abc-5)
ABC Follow-up and Supportive Care

Throughout the cancer pathway, adequate information should be provided to the patient.

Systematic monitoring of patients to permit early intervention of supportive care to enhance QoL

- Open communication between patients and care team
- Educating patients on treatment and supportive care
- Encouraging patients to be proactive in their care and share decision-making with cancer care teams
- Empowering patients to improve their own QoL

Supportive care

Diagnosis and treatment

- Access to personalised supportive and psychological care and symptom-related intervention from time of diagnosis, allowing for safer/more tolerable delivery of treatment, taking into account patient preferences, values and needs

Survivorship issues

- Breast reconstruction in cases where disease is in complete remission or stable and patient preference

End-of-life care

- Discussed with patients early in course of metastatic disease

Suspicion of loco-regional progression

Breast imaging
ABC diagnostic work-up and staging

**Diagnosis**
- LABC
  - Core biopsy to evaluate histology and biomarker expression (ER, PgR, HER2, proliferation/grade)
- ABC
  - Biopsy of metastatic lesion to confirm ABC diagnosis, particularly if first incidence of metastatic disease

**Staging**
- Staging work-up: history and physical examination, haematology, biochemistry, tumour markers and imaging of chest, abdomen and bone with CT, bone scan or PET-CT*

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

LABC per ABC 5 definition, i.e. inoperable, locally advanced without distant metastases
Treatment of ER-positive/HER2-negative ABC

For ESMO-MCBS scores, please refer to the manuscript and [www.esmo.org/Guidelines/ESMO-MCBS](http://www.esmo.org/Guidelines/ESMO-MCBS)

*Rechallenge with a taxane or anthracycline is possible if cumulative dose not reached and DFI ≥ 12 months*
Treatment of HER2-positive ABC

Diagnosis of HER2+ ABC

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

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

Patients unsuitable for ChT or with a long DFI, minimal disease burden and ER+:
- Anti-HER2 (trastuzumab ± pertuzumab or lapatinib) + ET

Previously treated with (neo)adjuvant pertuzumab + trastuzumab with a DFI <6–12 months:
- T-DM1 if available

No progression:
- Anti-HER2 as maintenance therapy + ET if ER+

Optimal duration of maintenance anti-HER2 therapy is unknown:
- Stopping therapy after several years of remission may be an option

Progression:
- T-DM1 if available

Optimal duration of maintenance anti-HER2 therapy is unknown:
- Trastuzumab-deruxtecan

Other option not previously used but continue to block the HER2 pathway:
- Tucatinib + trastuzumab + capecitabine (preferred for patients with active/known CNS metastases)
- Trastuzumab + lapatinib
- Trastuzumab + an unused ChT agent
- Trastuzumab + an unused ET agent if ER+

Include in clinical trials when available

For ESMO-MCBS scores, please refer to the manuscript and www.esmo.org/Guidelines/ESMO-MCBS

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Treatment of triple-negative ABC

Include in clinical trials when available

For ESMO-MCBS scores, please refer to the manuscript and www.esmo.org/Guidelines/ESMO-MCBS

*Refer to relevant guidelines for PD-L1 testing

**If PARPi unavailable, preference should be given to a platinum agent
Management of symptoms

Assess using PROMs

Pain

Early information on pain relief and supportive care

Access to pain relief including early access to morphine
Management of symptoms

Assess using PROMs

Cancer-related fatigue

Multidimensional approach

Pharmacological interventions

Non-pharmacological interventions (e.g. exercise)
ABC symptom control

CDK inhibitor-induced neutropenia

Management of symptoms

Assess using PROMs

CDK inhibitor-induced neutropenia

Continue at current dose to complete cycle
Repeat complete blood count on day 21
Consider dose reduction in cases of prolonged (>1 week) recovery from grade 3 neutropenia or recurrent grade 3 neutropenia in subsequent cycles
ABC symptom control

Non-infectious pneumonitis related to mTOR or CDK4/6 inhibitors
Management of symptoms

1. Assess using PROMs
2. Mucositis/stomatitis
3. Steroid mouthwash for prevention
4. Mild toothpaste and dental hygiene
5. Grade ≥2
6. Lower dose of targeted agent/delay treatment
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

Assess using PROMs

Nausea and vomiting

Refer to ESMO/MASCC guidelines
Management of symptoms

Assess using PROMs

HFS

Inform patients about early recognition of HFS

- Drug-related factors (dosing, timing, route) can lower risk
- Comfortable shoes and avoidance of friction for treatment of hyperkeratosis/fungal infections
- Intensive skin care of hands and feet (urea cream/ointment)
Management of symptoms

Assess using PROMs

CIPN

No medical prevention can be currently recommended

Drug-related factors (dosing, timing, route) can lower risk

Tight gloves and socks during ChT may help to reduce incidence/severity

Tricyclic antidepressants, serotonin-noradrenaline reuptake inhibitors, duloxetine, pregabalin and gabapentin often used but evidence is limited
ABC symptom control

Endocrine toxicities of mTOR inhibition

Management of symptoms

Assess using PROMs

Endocrine toxicities of mTOR inhibition

Baseline evaluation of pre-existing diabetes/hyperglycaemia

Regular monitoring

Oral antidiabetics and basal insulin

Grade 1/2 hyperglycaemia

Treatment discontinuation

Grade 3/4 hyperglycaemia

Statins, fibrates, treatment interruption, dose reduction

Grade 2/3 hypercholesterolaemia

Grade 4 hypercholesterolaemia

Treatment discontinuation

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Management of symptoms

Assess using PROMs

Postmenopausal symptoms

Systemic hormone therapy not recommended

General: mind-body interventions, physical training, CBT

Hot flushes: venlafaxine, oxybutynin, gabapentin, clonidine, acupuncture

Sleep disturbances: melatonin
ABC symptom control

Dyspareunia

Management of symptoms

Assess using PROMs

Dyspareunia

First choice: hormone-free lubricants and moisturisers

Alternatives: low-dose oestrogen-containing vaginal medication
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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