

A now 72 years old woman

- **Patient and Tumor**

- **Postmenopausal lady, 62 kg / 158 cm, plays tennis every wednesday inspite of hypertension (→ diuretics 3 times/week), to fight hypercholesterolemia (1.3 x normal)**
- **In 2005 Ductal invasive breast cancer pT2 (2.1 cm) N1(2/14),M0**
- **G2, ER+ 65%, PgR+ 30%, HER2 not amplified (FISH neg)**
- **FEC100 x 4 then docetaxel x4 then RT**
- **Put on letrozole + q 6 months zoledronic acid**
- **Relapses 2 years later with 2 lung mets (8 mm), NO liver met and no bone mets. Retrospectively 1 lung met seen on chest X ray 8 months earlier**

Question to the audience:

What is your preferred treatment for this patient who has lost trust in hormones?

A CHOICE

1. Monotherapy?

- Combination therapy?

Which cytotoxic therapy

Monotherapy

1. Anthracycline
2. Taxane
3. Vinorelbine
4. Nab-Paclitaxel

Which combination therapy:

1. Anthracycline + Taxane
2. T + Capecitabine
3. Bevacizumab + Cap
4. Taxane + Gemcitabine
5. (F) + A + C or A_{lip} + C
6. CMF(1+8)
7. BMF (Bendamustin)
8. Bevacizumab + Taxane

Cytotoxic therapy

1st line therapy

Monotherapy:

- Doxo, Epi, Mitox (A), Liposomal (A_{lip})
- Docetaxel (q3w), Paclitaxel (q1w) (T)
- Vinorelbine
- Nab-Paclitaxel

Polychemotherapy:

- A + T
- Pac + Cap
- Doc + Cap after adj. A
- T + Gemcitabine after adj. A
- (F) + A + C or A_{lip} + C
- CMF(1+8)
- BMF (Bendamustin)

Oxford / AGO LoE / GR

| | | |
|-------|---|-----|
| 1b | A | ++ |
| 1b | A | ++ |
| 3b | B | + |
| 2b | B | + |
| 1b | A | ++ |
| 2b(a) | B | + |
| 1b | A | + |
| 2b | B | ++ |
| 1b | B | ++ |
| 2b | B | +/- |
| 1b | B | +/- |

Bevacizumab treatment in metastatic breast cancer (HER 2 neg.)

| | Oxford LoE | / GR | AGO |
|---|-----------------|---------|-----|
| ➤ In combination with 1st line paclitaxel chemotherapy | 1b | B | + |
| ➤ In combination with capecitabine chemotherapy (1st line) | 2b ^a | B | - |
| ➤ In combination with capecitabine chemotherapy (2nd line) | 1b | B | - |