### **Breast Cancer Treatment Guidelines**

### **Treatment Option Overview for Early/Localized/Operable Breast Cancer**

### 1. Surgery

- Breast-conserving surgery (lumpectomy) and sentinel lymph node (SLN) biopsy with or without axillary lymph node dissection for positive SLNs.
- Modified radical mastectomy (removal of the entire breast with axillary dissection of levels I and II) with or without breast reconstruction and sentinel node biopsy with or without axillary lymph node dissection for positive SLNs.

### 2. Postoperative Radiation Therapy

### **Axillary node-negative breast cancer** No additional therapy (postmastectomy) Radiation therapy **Axillary node-positive breast cancer** For one to three nodes, the role of (postmastectomy) regional radiation therapy to the infra/supraclavicular nodes, internal mammary nodes, axillary nodes, and chest wall is unclear. For four or more nodes or extranodal involvement, regional radiation therapy is advised. **Axillary node-negative or positive breast** Whole-breast radiation therapy cancer (post-breast-conserving therapy)

### 3. Postoperative Systemic Therapy

Therapy depends on many factors including stage, grade, molecular status of the tumor (e.g., estrogen receptor [ER], progesterone receptor [PR], human epidermal growth factor receptor 2 [HER2/neu], or triple-negative [ER-negative, PR-negative, and HER2/neu-negative] status).

### Adjuvant treatment options may include the following:

- Tamoxifen
- Aromatase inhibitor (AI) therapy
- Ovarian function suppression
- Chemotherapy

### Preoperative systemic therapy:

- Chemotherapy.
- HER2-targeted therapy.
- Endocrine therapy.

## **Treatment Option Overview for Locally Advanced or Inflammatory Breast Cancer**

On the basis of the available evidence, multimodality therapy delivered with curative intent is the standard of care for patients with locally advanced or inflammatory breast cancer.

# Treatment options for locally advanced or inflammatory breast cancer may include the following:

- Breast-conserving surgery or total mastectomy with axillary lymph node dissection.
- Chemotherapy
- Radiation therapy
- Hormone therapy

### **Treatment Options for Locoregional Recurrent Breast Cancer**

### Treatment options for locoregional recurrent breast cancer include the following:

- Chemotherapy
- Hormone therapy
- Radiation therapy
- Surgery
- Targeted therapy (e.g., trastuzumab)

### **Treatment Option Overview for Metastatic Breast Cancer**

### Treatment options for metastatic breast cancer include the following:

- Hormone therapy (tamoxifen, aromatase inhibitors, selective estrogen receptor [ER] degraders)
- HER2-targeted therapy
- CDK4/6 inhibitors
- mTOR inhibitors
- PIK3CA inhibitors
- Chemotherapy
- Immunotherapy
- Surgery for patients with limited symptomatic metastases
- Radiation therapy for patients with limited symptomatic metastases
- Bone-modifying therapy for patients with bone metastases

In many cases, these therapies are given in sequence and used in various combinations.

#### **Treatment Options for Patients With DCIS**

### Treatment options for DCIS include the following:

- Breast-conserving surgery or mastectomy plus radiation therapy with or without tamoxifen.
- Total mastectomy with or without tamoxifen.

#### Reference

National Cancer Institute. (2024). Breast cancer treatment (PDQ®) - NCI. National Cancer Institute. <a href="https://www.cancer.gov/types/breast/hp/breast-treatment-pdg#">https://www.cancer.gov/types/breast/hp/breast-treatment-pdg#</a> 1699