Verlage

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Titel des Beitrags: Adjuvant Chemotherapy in Primary Breast Cancer

Abstract: Adjuvant systemic chemotherapy reduces the risk of relapse by about 25%. In hormone receptor-negative tumors, adjuvant chemotherapy is considered standard, independent of age or lymph node status. In hormone receptor-positive disease, an indication for adjuvant chemotherapy is given in patients at increased risk of relapse. Endocrine therapy should then be administered sequentially after chemotherapy. Anthracyclines are considered standard adjuvant therapy - superiority versus CMF (cyclophosphamide, methotrexate, 5-fluorouracil) was only demonstrated for anthracycline-containing polychemotherapy with 3 or more substances or for an anthracycline-CMF sequence. Several studies consistently indicate that addition of taxanes (docetaxel, paclitaxel) to anthracycline-containing chemotherapy results in a significant survival advantage. Since these data are so far only available for node-positive disease, taxanes should be an essential part of adjuvant chemotherapy in node-positive patients. Dose-dense chemotherapy is a valid option for node-positive patients, in particular for those with 10 or more involved axillary lymph nodes. Evidence-based therapy recommendations can be found in the annually updated guidelines of the AGO (Arbeitsgemeinschaft Gynäkologische Onkologie) breast cancer commission.

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