

S3-Leitlinie Früherkennung, Diagnostik, Therapie und Nachsorge des Mammakarzinoms

Version 4.0 – Dezember 2017
AWMF-Registernummer: 032-045OL

4.7.3. Adjuvante Chemotherapie

4.55.	Evidenzbasierte Empfehlungen
	Indikationen für eine adjuvante Chemotherapie
Empfehlungsgrad B	a.) Eine Indikation für eine adjuvante Chemotherapie sollte gestellt werden bei: <ul style="list-style-type: none"> • HER2-positiven Tumoren (ab pT1b, N0; pT1a, N0 wenn weiteres Risiko: G3, ER/PR neg., Ki67 hoch) • Triple negative Tumoren (ER- und PgR-negativ, HER2-negativ) • Luminal-B-Tumoren mit hohem Rezidivrisiko (Ki-67 hoch, G 3, high risk multigen assay, junges Erkrankungsalter, Lymphknotenbefall)
Level of Evidence 1a	Quellen: (Reviews. 2003, 2005, Ferguson, Wilcken et al. 2007, NZGG 2009, Peto, Davies et al. 2012, Sparano, Zhao et al. 2015)
	Starker Konsens

4.55.	Evidenzbasierte Empfehlungen
	Indikationen für eine adjuvante Chemotherapie
Empfehlungsgrad A	b.) Eine Chemotherapie soll in den empfohlenen Dosierungen verabreicht werden. Bei Unterdosierung oder Reduktion der Zyklen droht ein Effektivitätsverlust.
Level of Evidence 1a	Quellen: (Fisher, Anderson et al. 1997, Budman, Berry et al. 1998, 2001, Fumoleau, Kerbrat et al. 2003, Swain, Jeong et al. 2010, Peto, Davies et al. 2012)
	Starker Konsens

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4.56.	Evidenzbasierte Empfehlung
Empfehlungsgrad B	Verabreichung der Zytostatika Zytostatika können zeitlich simultan oder sequenziell verabreicht werden (entsprechend evidenzbasierter Protokolle). Bei hohem tumorbedingtem Mortalitätsrisiko und dafür geeigneten Patientinnen sollten dosisdichte Therapien eingesetzt werden.
Level of Evidence 1b	Quellen: (Bonadonna, Zambetti et al. 1995, Citron, Berry et al. 2003, Eiermann, Pienkowski et al. 2011) (Francis, Crown et al. 2008, Moebus, Jackisch et al. 2010, Del Mastro, De Placido et al. 2015)
	Starker Konsens

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4.57.	Evidenzbasierte Empfehlung
	Anthrazyklin/Taxanhaltige adjuvante Standard-Chemotherapie
Empfehlungsgrad	
B	Die adjuvante Chemotherapie sollte ein Taxan und ein Anthrazyklin enthalten.
	Starker Konsens
O	6 Zyklen TC (Docetaxel/Cyclophosphamid) können bei einem mittleren klinischen Risiko (≤ 3 befallene Lymphknoten) eine Alternative darstellen.
	Konsens
A	Eine adjuvante Standard-Chemotherapie soll 18-24 Wochen dauern.
	Konsens
Level of Evidence	Quellen: (Citron, Berry et al. 2003, Henderson, Berry et al. 2003, Mamounas, Bryant et al. 2005, Bria, Nistico et al. 2006, Clavarezza, Del Mastro et al. 2006, Roche, Fumoleau et al. 2006, Estevez, Munoz et al. 2007, Ferguson, Wilcken et al. 2007, Blum, Flynn et al. 2017, Ejlertsen, Tuxen et al. 2017, Harbeck, Gluz et al. 2017)
1a	

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