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Figures



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Further Information

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Strategy after Diagnosis of Central Papilloma

Oxford / AGO
LoE / GR

➤ **Papilloma without atypia in core needle or vacuum biopsies:**
→ no further therapy, when biopsy sufficiently representative (100mm²) and no discordance to imaging


➤ **Papilloma with atypia in core needle or vacuum biopsies:**
→ open biopsy

Papilloma at resection margin:
→ no published data available

3a C ++

3a C ++

Fig. 1. Strategy after diagnosis of central papilloma.



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Surgical Treatment of Axillary Lymph Nodes pre and post NACT (Neoadjuvant Chemotherapy)

Oxford / AGO
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SLNB pre or post NACT - cN0						
SLNB pre NACT				2b	B	+
SLNB post NACT*				2a	B	+/-
Surgical Procedure according to lymph node status						
cN-status (prior therapy)	pN-status (prior therapy)	cN-status (after therapy)	Surgical procedure			
cN0	pN0(sn)	-	nihil	1a	A	+
cN0	pN+(sn) acc. ACOSOG Z11** criteria	ycN0	ALND	3	B	+/-
cN0	pN+(sn) not acc. to ACOSOG Z11** criteria	ycN0	ALND	2b	B	+
cN+	cN+ (CNB/FNA)	ycN0	SNB ALND	2a	B	+/-
		ycN+ (CNB/FNA)	ALND	2b	B	+

*radiocolloid and blue dye, study participation recommended

**T1/T2, BCS, 1-2 SLN pos., breast radiation

Fig. 2. Surgical treatment of axillary lymph nodes pre and post NACT.

Axillary Intervention in Patients with Positive Sentinel Lymph Nodes

	Oxford / AGO LoE / GR		
Axillary dissection or RT of the axilla, if 1-2 pos. SLN:			
➤ BCT and ACOSOG Z011-criteria fulfilled	1b	B	+/-*
➤ No axillary treatment	1b	B	+/-
➤ BCT and ACOSOG Z011-criteria <u>not</u> met	1b	B	++*
➤ Mastectomy, RT of chest wall indicated and ACOSOG Z011-criteria fulfilled	5	D	+/-*
➤ No axillary treatment	5	D	+/-
➤ Mastectomy, RT of chest wall indicated and ACOSOG Z011-criteria <u>not</u> met or Mastectomy, RT of chest wall <u>not</u> planned	1b	D	++
Axillary dissection or RT of the axilla, if ≥3 pos. SLN			
➤ Axillary dissection	1b	B	++
➤ Radiotherapy of the axilla	1b	B	+


*Study participation recommended

Fig. 3. Axillary interventions in patients with positive sentinel lymph nodes.

Adjuvant Chemotherapy without Concurrent Trastuzumab: Overview

	Oxford / AGO LoE / GR		
➤ Anthracycline / taxane based chemotherapy	1a	A	++
➤ If anthracyclines cannot be given			
➤ Docetaxel plus cyclophosphamide	1b	B	+
➤ Paclitaxel mono weekly	1b	B	+/-
➤ CMF	1a	A	+/-
➤ Dose-dense in case of high tumor burden	1a	A	++

Fig. 4. Adjuvant chemotherapy without concurrent trastuzumab.

		Oxford / AGO LoE / GR		
 <p>AGO e. V. In der DGGG e.V. e.o.V. In der DKG e.V.</p> <p>Guideline Breast Version 2014.1</p> <p>www.ago-online.de</p> <p>Further Information</p> <p>References</p> <p>FORSCHEN LEHREN HEILEN</p>	> Use of silicone filled breast implants	2a	B	+
	> Autologous tissue transfer reconstruction	2a	B	+
	> Pedicled tissue transfer reconstruction	2a	B	+
	> Free tissue transfer reconstruction	2a	B	+
	> Autologous tissue transfer combined with implants	3a	C	+

Attention: BMI >30, smoking status, Diabetes, RT, age

Fig. 5. Postmastectomy reconstruction.

		Oxford	AGO
		LoE	GR
> alternative methods (CAM) instead of surgical treatment			--
> alternative methods (CAM) instead of systemic treatment		2b	B --
> While on anti-cancer treatment: beware of drug interactions			
> CAM after completion of primary treatment in order improve OS/DFS			
> (beware of drug interactions)			
> For specific interventions refer to slides below			

Fig. 6. Fundamental considerations in integrative oncology.

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