Adjuvant Endocrine Therapy for Women with Hormone Receptor-Positive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline Update
Introduction

• In the past year, randomized trials with robust methodological designs have analyzed the effect of ovarian suppression among premenopausal women with ER-positive breast cancers treated with tamoxifen, including those who received chemotherapy provided that they retained ovarian function following chemotherapy treatment.

• Based on the clinical significance of these findings, the ASCO guideline Panel on adjuvant endocrine therapy convened to address ovarian suppression in premenopausal women with ER-positive tumors.

• This 2015 Update does not address the other clinical questions posed in the 2010 guideline and 2013 Update, which remain current.
ASCO Guideline Development Methodology

The ASCO Clinical Practice Guidelines Committee guideline process includes:

• a systematic literature review by ASCO guidelines staff
• an expert panel provides critical review and evidence interpretation to inform guideline recommendations
• final guideline approval by ASCO CPGC

The full ASCO Guideline methodology supplement can be found at:

www.asco.org/guidelines/endocrinebreast
Clinical Questions

This clinical practice guideline addresses two overarching clinical questions:

1. Should premenopausal women with ER-positive tumors receive adjuvant ovarian suppression in addition to standard adjuvant therapy and, if so, in which subsets of patients?
2. If ovarian suppression is recommended, should ovarian suppression be administered in combination with tamoxifen or an aromatase inhibitor (AI)?
Target Population and Audience

Target Population
• Premenopausal women with Stage I-III hormone receptor-positive breast cancer

Target Audience
• Medical, surgical, and radiation oncologists; oncology nurses and physician assistants; obstetrician/gynecologists; general practitioners; and patients.
Summary of Recommendations

Recommendation 1.1
The Panel recommends that higher risk patients should receive ovarian suppression in addition to adjuvant endocrine therapy while lower risk patients should not.

Recommendation 1.2
Women with Stage II or Stage III breast cancers who would ordinarily be advised to receive adjuvant chemotherapy should receive ovarian suppression in addition to endocrine therapy.

Recommendation 1.3
Women with Stage I or II breast cancers at higher risk of recurrence, who might consider chemotherapy, may also be offered ovarian suppression in addition to endocrine therapy.
Summary of Recommendations

Recommendation 1.4
Women with Stage I breast cancers not warranting chemotherapy should receive endocrine therapy but not receive ovarian suppression.

Recommendation 1.5
Women with node-negative cancers 1 centimeter or less (T1a, T1b) should receive endocrine therapy but not receive ovarian suppression.

Recommendation 2.1
The Panel recommends that ovarian suppression may be administered with either tamoxifen or an AI.
Patient and Clinician Communication

Clinicians are encouraged to facilitate a discussion with their patients about the potential benefit and risk profile associated with ovarian suppression.

- The greater risk of menopausal symptoms including:
  - hot flashes
  - sleep disturbance
  - vaginal dryness
  - diminished libido
  - accelerated osteopenia
  - osteoporosis
- potentially worse health related quality of life
- severity and tolerability of side effects can vary among women
- Infertility consequences of ovarian suppression should also be discussed with women of child bearing age.

www.asco.org/guidelines/endocrinebreast
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Limitations of Research

• Methodological shortcomings include open-label designs, poor accrual and early closure of E-3193, and the lower than expected event rates in TEXT and SOFT leading to diminished statistical power.

• Data based on an unplanned subset analyses are often inflated, with unknown error rates, making interpretation difficult.

• The Panel consulted the current available evidence and through consensus and clinical experience developed the recommendations.
Future Directions

• Data from recent studies of ovarian suppression and adjuvant endocrine therapy are practice changing and the Panel awaits emerging data that will further inform these recommendations.
  – Long term follow-up of patients to gauge the long-term impact on both recurrence-free and overall survival
  – Refinement of clinical, biological, and pathological factors that predict the likely benefit of ovarian suppression with tamoxifen or AI therapy among well characterized subsets of patients.
Additional Resources

More information, including a Data Supplement, a Methodology Supplement, slide sets, and clinical tools and resources, is available at

www.asco.org/guidelines/endocrinebreast

Patient information is available at www.cancer.net
## ASCO Guideline Panel Members

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