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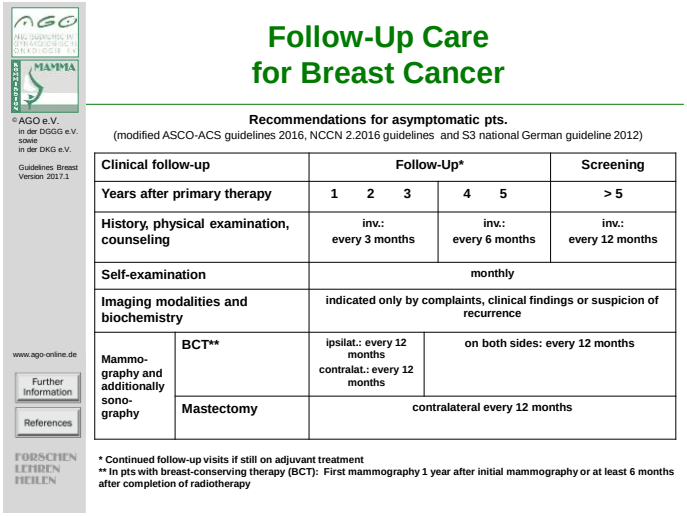
Clinical Information

Breast Care
DOI: 10.1159/000477576

# Supplemental Material: Appendix



## Follow-Up Care for Breast Cancer



Guidelines Breast
Version 2017.1

**Recommendations for asymptomatic pts.**
(modified ASCO-ACS guidelines 2016, NCCN 2.2016 guidelines and S3 national German guideline 2012)

| Clinical follow-up | | Follow-Up* | | Screening |
|---|---|---|---|---|
| Years after primary therapy | | 1 2 3 | 4 5 | > 5 |
| History, physical examination, counseling | | inv.: every 3 months | inv.: every 6 months | inv.: every 12 months |
| Self-examination | | monthly | | |
| Imaging modalities and biochemistry | | indicated only by complaints, clinical findings or suspicion of recurrence | | |
| Mammo-graphy and additionally sono-graphy | BCT** | ipsilat.: every 12 months<br>contralat.: every 12 months | on both sides: every 12 months | |
| | Mastectomy | contralateral every 12 months | | |

* Continued follow-up visits if still on adjuvant treatment
** In pts with breast-conserving therapy (BCT): First mammography 1 year after initial mammography or at least 6 months after completion of radiotherapy

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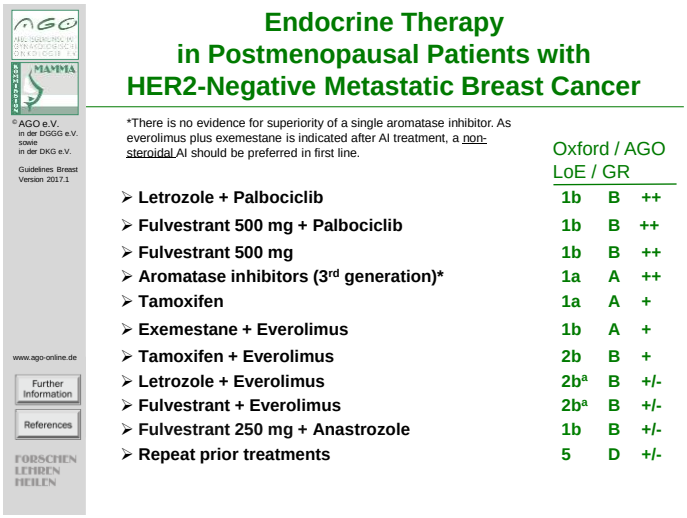
**Supplemental Fig. 1.** Follow-up care for breast cancer.



## Endocrine Therapy in Postmenopausal Patients with HER2-Negative Metastatic Breast Cancer



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*There is no evidence for superiority of a single aromatase inhibitor. As everolimus plus exemestane is indicated after AI treatment, a non-steroidal AI should be preferred in first line.

| | Oxford / AGO LoE / GR | | |
|---|---|---|---|
| ➢ Letrozole + Palbociclib | 1b | B | ++ |
| ➢ Fulvestrant 500 mg + Palbociclib | 1b | B | ++ |
| ➢ Fulvestrant 500 mg | 1b | B | ++ |
| ➢ Aromatase inhibitors (3rd generation)* | 1a | A | ++ |
| ➢ Tamoxifen | 1a | A | + |
| ➢ Exemestane + Everolimus | 1b | A | + |
| ➢ Tamoxifen + Everolimus | 2b | B | + |
| ➢ Letrozole + Everolimus | 2b[a] | B | +/- |
| ➢ Fulvestrant + Everolimus | 2b[a] | B | +/- |
| ➢ Fulvestrant 250 mg + Anastrozole | 1b | B | +/- |
| ➢ Repeat prior treatments | 5 | D | +/- |

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**Supplemental Fig. 2.** Treatment recommendations for postmenopausal patients with metastatic breast cancer

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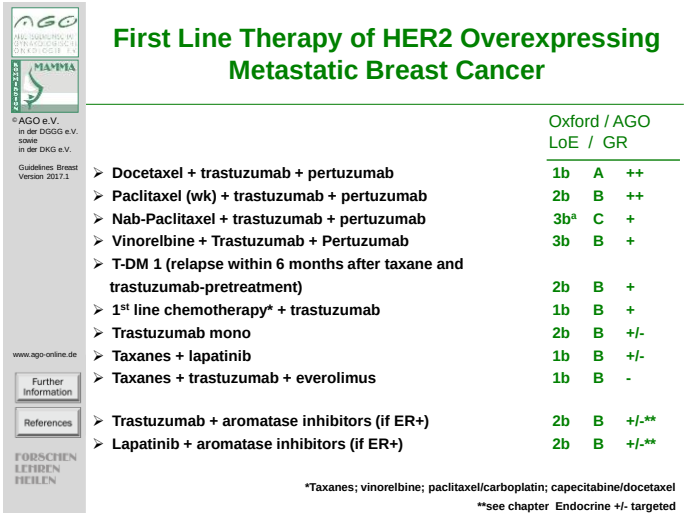
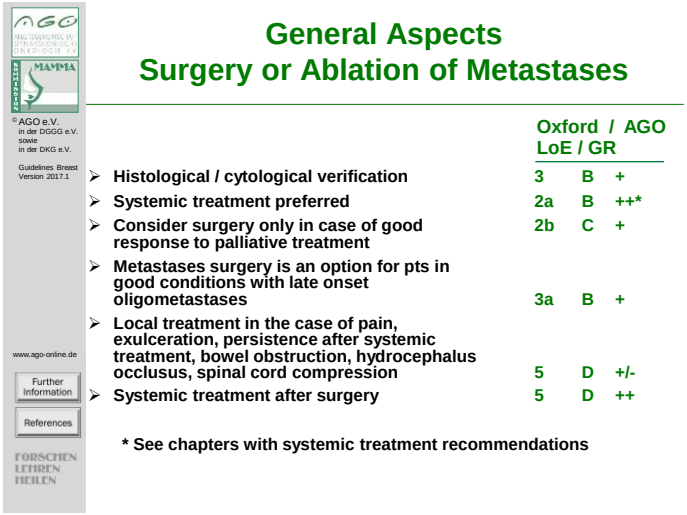
Clinical Information

Breast Care
DOI: 10.1159/000477576

# Supplemental Material: Appendix




**Supplemental Fig. 3.** Treatment recommendations for 1st line treatment of HER2-positive metastatic breast cancer




**Supplemental Fig. 4.** General aspects in surgery or ablation of metastases

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Multidisciplinary Journal for Research, Diagnosis and Therapy

**Clinical Information**

Breast Care
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BreastCare
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**Clinical Information**

Breast Care
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Breast Care
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BreastCare
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