



Russian Association of Oncological Mammology

<http://www.breastcancersociety.ru/>

[http://breastcancergroup.net /](http://breastcancergroup.net/)



<http://www.bcguidelines.ru/> Clinical recommendations of the Russian Breast Cancer Society for neoadjuvant and adjuvant therapy of breast cancer (electronic version).

<http://www.abcguidelines.ru/> Clinical recommendations of the Russian Breast Cancer Society for the treatment of metastatic breast cancer (electronic version).

## **Metastatic Breast Cancer: RAOM Clinical Practice Guidelines**

Authors: Prof. V.F. Semiglazov, R.M. Paltuev,  
A.G. Manikhas, Prof. R.V. Orlova,  
Expert Panel

© Russian public organization "Russian society of the Mammary Gland Cancer Specialists"

All rights reserved. No part of this book may not be reproduced in whatever form and, by whatever means without the written permission of the copyright holder.

# Author team



## **Vladimir Semiglazov**

*President of the Russian Breast Cancer Society*

Dr., prof., academician of the Russian Academy of Natural Sciences, correspondent member of the Russian Academy of Medical Sciences, from 1989 to the present time heads surgical Department of the Oncology Research Institute named after Petrov of the Russian Ministry of Health



## **Ruslan Paltuev**

*Executive director of the Russian Breast Cancer Society*

Dr., deputy chief physician of the Specialized Medical Help of the Road Hospital of the Russian Railways Company “RZD”



## **Aleksey Manikhas**

Dr., the doctor of the first category, surgeon, oncologist, head of the Surgical Oncology (Mammary Gland Cancer) Department of the St. Petersburg Clinical Hospital “City Clinical Cancer Dispensary”



## **Rashida Orlova**

Dr., prof., scientific consultant of anticancer drug therapy of the S-Petersburg “City Clinical Cancer Dispensary”

## Expert Panel



**Vladimir Semiglazov**

President of the Russian Brest Cancer Society

Dr., prof., academician of the Russian Academy of Natural Sciences, correspondent member of the Russian Academy of Medical Sciences, head of Department of the Tumors of Reproductive System of the Oncology Research Institute of the Russian Ministry of Health



**Georgiy Manikhas**

Vice-President of the Russian Brest Cancer Society

Dr., correspondent member of the Russian Academy of Natural Sciences, honored doctor of the Russian Federation, chief doctor of the St. Petersburg City Clinical Oncological Dispensary, head of the Oncology Department of the Faculty of Postgraduate Education of the First St. Petersburg State Medical University named Pavlov



**Elena Artamonova**

Dr., leading researcher of the New Anticancer Drugs Research Department of the Russian Oncological Scientific Center



**Natalia Besova**

Dr., senior researcher of the Chemotherapy Department of the Russian Oncological Scientific Center named after Blokhin



**Alla Bozhok**

Dr., leading researcher of the Breast Gland Tumors Department of the Federal State Organization – Oncology Research Institute



**Vladimir Vladimirov**

Dr., deputy chief doctor for tech support



**Eduard Vozny**

Dr., prof., head of the Chemotherapy Department of the Moscow State Clinical Hospital № 57



**Vera Gorbunova**

Dr., prof., head of the Chemotherapy Department of the Russian Oncological Scientific Center named after Blokhin



**Garik Dashian**

Dr., senior researcher of the Breast Gland Tumors Department of the Federal State Organization – Oncology Research Institute named after Petrov



**Sergey Demidov**

Dr., prof., head of the Oncology and Medical Radiology Department of the Ural Medical University, head of the Breast Cancer Department of the Yekaterinburg State Clinical Hospital № 40



**Natalia Zakharova**

Dr., associate Professor of the Department of Oncology and Surgery, Radiodiagnosis and Radiation Therapy of the Khanty-Mansiysk State Medical Academy



**Aziz Zakiriakhodjaev**

Dr., acting head of the Oncology and Reconstructive Plastic Surgery, Breast and Skin Department of the Moscow Cancer Research Institute named after Gertsen



**Artur Ismagilov**

Dr., prof., leading reconstructive surgeon of the Volga Branch of the Russian Oncological Scientific Center named after Blokhin, oncologist mammologist of the Mammology Department of the Republican Cancer Dispensary, President of the International Association of Plastic Surgeons and Oncologists



**Maria Konstantinova**

Dr., prof., Deputy Director on medical work, chief doctor of the Vishnevsky Institute of Surgery



**Luiza Korytova**

Dr., prof., Honored worker of science, head of the Department of Quality Assurance of Radiation Therapy of the Russian Scientific Centre for Radiology and Surgical Technologies



**Aleksandr Lazarev**

Dr., prof., director of the Altai Branch of the Russian Oncological Scientific Center named after Blokhin, chief doctor of the Regional State Clinical Hospital “Altai Regional Oncology Dispensary”



**Aleksey Manikhas**

Dr., the doctor of the first category, surgeon, oncologist, head of the Surgical Oncology (mammary gland cancer) Department of the St. Petersburg Clinical Hospital "City Clinical Cancer Dispensary"



**Liudmila Manziuk**

Dr., prof., doctor of higher category, head of the New Anticancer Drugs Research Department of the Russian Oncological Scientific Center named after Blokhin



**Rashida Orlova**

Dr., prof., scientific consultant of anticancer drug therapy of the S-Petersburg "City Clinical Cancer Dispensary"



**Ruslan Paltuev**

Executive Director of the Russian Brest Cancer Society

Dr., deputy chief physician of the Specialized Medical Help of the Road Hospital of the Russian Railways Company "RZD"



**Natalia Perevodchikova**

Dr., prof., leading research worker of the Chemotherapy Department of the Russian Oncological Scientific Center named after Blokhin



**Kazimir Pozharisskiy**

Dr., prof., head of the laboratory, academician of the Russian Academy of Natural Sciences, member of the International Academy of Pathology, laureate of the prize of the Government of the Russian Federation in science and technology, doctor-pathologist of the highest qualification category



**Sergey Portnoy**

Dr., prof., leading researcher of the Surgical Department of Chemotherapy of the Russian Oncological Scientific Center named after Blokhin



**Vladislav Semiglazov**

Dr., prof., head of the Oncology Department of the St. Petersburg State Medical University named after Pavlov



**Tatiana Semiglazova**

Senior researcher of the Therapeutic Oncology Department, associate Professor of Department of the Northwestern State Medical University named after Mechnikov



**Elena Solonimskaya**

Dr., prof., head of the General Oncology Department of the Oncology Research Institute of the Siberian Branch of the Russian Academy of Medical Sciences, Tomsk



**Daniel Stroyakovsky**

KDr., head of the Chemotherapy Department of the Moscow State Oncology Hospital № 62



**Eldar Topuzov**

Dr., prof., head of the Oncology Department of the Clinic of the St. Petersburg State Medical Academy



**Victor Khaylenko**

Dr., prof., academician of the Russian Academy of Natural Sciences, head of the Oncology Department of the Faculty of Doctors Improvement of the Russian National Research Medical University named after Pirogov, leading researcher of the Surgical Department №2 of the Clinical Oncology Research Institute of the Russian Oncological Scientific Center



**Oleg Chagunava**

Dr., chief doctor of the St. Petersburg Clinical Hospital of the Russian Academy of Sciences



**Sergey Shinkarev**

Dr., chief doctor of the Lipetsk Regional Oncology Dispensary

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.1)

## Premenopausal

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Hormonal treatment	
	Chemotherapy	Hormonal treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Antracycline chemotherapy	<b>Tamoxifen</b>	Taxane chemotherapy	<b>Taxane chemotherapy</b>	± ovarian supression	
	docetaxel	Tamoxifen	Antracycline chemotherapy	Antracycline chemotherapy	<b>± ovarian supression</b>	
	Paclitaxel	Tamoxifen	Antracycline chemotherapy	Antracycline chemotherapy	<b>± ovarian supression</b>	
	Docetaxel + antracycline	<b>Tamoxifen</b>	Eribulin <sup>1</sup> 1 patient should recieve minimum 2 chemotherapy regimens previously.	Capecitabine, Tegafur	<b>± ovarian supression</b>	

Their comments and suggestions please send info@breastcancersociety.ru.

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.



# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.1)

## Premenopausal (continue)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Hormonal treatment	
	Chemotherapy	Hormonal treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Paclitaxel + antracycline	Tamoxifen	Eribulin <sup>1</sup> <b>1 patient should recieve minimum 2 chemotherapy regimens previously.</b>	Capecitabine, Tegafur	± ovarian supression	
	Taxane+ Antracycline+ tegafur	Tamoxifen	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	± ovarian supression	
	Taxane+ Antracycline+ capecitabine	Tamoxifen	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	± ovarian supression	
	Taxane+ Antracycline+ capecitabine + drugs from «A» and «B» columns	Tamoxifen	If not used in privious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in privious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	± ovarian supression	

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.2)

### Premenopausal

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Hormonal treatment	
	Chemotherapy	Hormonal treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Antracycline chemotherapy	<b>Tamoxifen</b>	Taxane chemotherapy	<b>Taxane chemotherapy</b>	± ovarian supression	
	docetaxel	Tamoxifen	Antracycline chemotherapy	Antracycline chemotherapy	± <b>ovarian supression</b>	
	Paclitaxel	Tamoxifen	Antracycline chemotherapy	Antracycline chemotherapy	± <b>ovarian supression</b>	
	Docetaxel + antracycline	<b>Tamoxifen</b>	Eribulin <sup>1</sup> 1 patient should recieve minimum 2 chemotherapy regimens previously.	Capecitabine, Tegafur	± <b>ovarian supression</b>	

Their comments and suggestions please send info@breastcancersociety.ru.

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.2)

## Premenopausal (continue)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Chemo-therapy	
	Chemotherapy	Hormonal treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Paclitaxel + antracycline	<b>Tamoxifen</b>	Eribulin <sup>1</sup> <b>1 patient should recieve minimum 2 chemotherapy regimens previously.</b>	Capecitabine, Tegafur	± <b>ovarian suppression</b>	
	Taxane+ Antracycline+ tegafur	Tamoxifen	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	± <b>ovarian suppression</b>	
	Taxane+ Antracycline+ capecitabine	Tamoxifen	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	± <b>ovarian suppression</b>	
	Taxane+ Antracycline+ capecitabine + drugs from «A» and «B» columns	Tamoxifen	If not used in prvious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in prvious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	± ovarian suppression	

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.3)

### Premenopausal

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment	Treatment	
		Chemotherapy	
	Chemotherapy	Preferable standart (A)	Acceptable standart (B)
	Antracycline chemotherapy	Taxane chemotherapy	<b>Taxane chemotherapy</b>
	docetaxel	Antracycline chemotherapy	<b>Antracycline chemotherapy</b>
	Paclitaxel	Antracycline chemotherapy	<b>Antracycline chemotherapy</b>
	Docetaxel + antracycline	Ixabepilone+capecitabine Eribulin <sup>1</sup> <b>1 patient should receive minimum 2 chemotherapy regimens previously.</b>	Platinum agents, Capecitabine, Tegafur
	Paclitaxel + antracycline	Ixabepilone+capecitabine Eribulin <sup>1</sup>	Platinum agents, Capecitabine, Tegafur

Their comments and suggestions please send info@breastcancersociety.ru.

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.3)

## Premenopausal (continue)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – over 5 years.                      B. No visceral metastasis                      C. No clinical manifestations of distant metastasis</b>	<b>Previous treatment</b>	<b>Treatment</b>	
		<b>Chemotherapy</b>	
	<b>Chemotherapy</b>	<b>Preferable standart (A)</b>	<b>Acceptable standart (B)</b>
	Taxane+ Antracycline+ tegafur	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents
	Taxane+ Antracycline+ capecitabine	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	If not used in prvious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in prvious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.4)

### Premenopausal

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment	Treatment	
		Chemotherapy	
	Chemotherapy	Preferable standart (A)	Acceptable standart (B)
	Antracycline chemotherapy	<b>Taxane chemotherapy</b>	<b>Taxane chemotherapy</b>
	docetaxel	Antracycline chemotherapy	<b>Antracycline chemotherapy</b>
	Paclitaxel	<b>Antracycline chemotherapy</b>	<b>Antracycline chemotherapy</b>
	Docetaxel + antracycline	Ixabepilone+capecitabine Eribulin <sup>1</sup> <i>1 patient should recieve minimum 2 chemotherapy regimens previously.</i>	Platinum agents, Capecitabine, Tegafur
	Paclitaxel + antracycline	Ixabepilone+capecitabine Eribulin <sup>1</sup>	Platinum agents, Capecitabine, Tegafur

Their comments and suggestions please send info@breastcancersociety.ru.

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.4)

### Premenopausal (continue)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – less then 5 years.</b> <b>B. Visceral metastasis</b> <b>C. Clinical manifestations of distant metastasis</b>	<b>Previous treatment</b>	<b>Treatment</b>	
		<b>Chemotherapy</b>	
	<b>Chemotherapy</b>	<b>Preferable standart (A)</b>	<b>Acceptable standart (B)</b>
	Taxane+ Antracycline+ tegafur	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents
	Taxane+ Antracycline+ capecitabine	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	If not used in prvious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in prvious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive)

### Premenopausal (Tab.5)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment			Treatment					
				Chemotherapy		Hormonal treatment		Target treatment	
	Chemotherapy	Hormonal treatment	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»	«A»	«B»
	Antracycline	Tamoxifen	trastuzumab	Taxane	Taxane	± ovarian supression		Lapatinib + trastuzumab	Lapatinib
	Antracycline	Tamoxifen	Without trastuzumab	Taxane	Taxane	± ovarian supression		trastuzumab	trastuzumab
	docetaxel	Tamoxifen	trastuzumab	Paclitaxel	Paclitaxel	± ovarian supression		Lapatinib + trastuzumab	Lapatinib
	docetaxel	Tamoxifen	Without trastuzumab	Paclitaxel	Paclitaxel	± ovarian supression		trastuzumab	trastuzumab
	Paclitaxel	Tamoxifen	trastuzumab	docetaxel	docetaxel	± ovarian supression		Lapatinib + trastuzumab	Lapatinib
	Paclitaxel	Tamoxifen	Without trastuzumab	docetaxel	docetaxel	± ovarian supression		trastuzumab	trastuzumab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.



# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive)

## Premenopausal (Tab.5) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment			Treatment					
	Chemotherapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Acceptable standart (B)	«A»	«B»	«A»	«B»
	Docetaxel + antracycline	<b>Tamoxifen</b>	<b>trastuzumab</b>		Capecitabine	± ovarian supression		<b>Lapatinib + trastuzumab</b>	<b>Lapatinib</b>
	Docetaxel + antracycline	<b>Tamoxifen</b>	<b>Without trastuzumab</b>		Capecitabine	± ovarian supression		<b>trastuzumab</b>	<b>trastuzumab</b>
	Paclitaxel + antracycline	<b>Tamoxifen</b>	<b>trastuzumab</b>		Capecitabine	± ovarian supression		Lapatinib + trastuzumab	Lapatinib
	Paclitaxel + antracycline	<b>Tamoxifen</b>	<b>Without trastuzumab</b>		Capecitabine	± ovarian supression		<b>trastuzumab</b>	<b>trastuzumab</b>
	Taxane+ Antracycline+ tegafur	<b>Tamoxifen</b>	<b>trastuzumab</b>	<b>Eribulin<sup>1</sup> Ixabepilone<sup>2</sup></b>	<b>Capecitabine, Gemcitabine, Platinum agents</b>	± ovarian supression		<b>Lapatinib + trastuzumab</b>	<b>Lapatinib</b>
	Taxane+ Antracycline+ tegafur	Tamoxifen	Without trastuzumab	<b>Eribulin<sup>1</sup> Ixabepilone<sup>2</sup></b>	<b>Capecitabine, Gemcitabine, Platinum agents</b>	± ovarian supression		trastuzumab	<b>trastuzumab</b>

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive)

### Premenopausal (Tab.5) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment			Treatment					
	Chemotherapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Acceptable standart (B)	«A»	«B»	«A»	«B»
	Taxane+ Antracycline+ tegafur	Tamoxifen	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	± ovarian supression		Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ capecitabine	Tamoxifen	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	± ovarian supression		trastuzumab	trastuzumab
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	Tamoxifen	trastuzumab	If not used in privious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in privious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	± ovarian supression		Lapatinib + trastuzumab	Lapatinib

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive)

## Premenopausal (Tab.6)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – less than 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment			Treatment					
				Chemotherapy		Hormonal treatment		Target treatment	
	Chemotherapy	Hormonal treatment	Target treatment	Preferable standard (A)	Acceptable standard (B)	«A»	«B»	«A»	«B»
	Antracycline	Tamoxifen	trastuzumab	Taxane	Taxane	± ovarian suppression		Lapatinib + trastuzumab	Lapatinib
	Antracycline	Tamoxifen	Without trastuzumab	Taxane	Taxane	± ovarian suppression		trastuzumab	trastuzumab
	docetaxel	Tamoxifen	trastuzumab	Paclitaxel	Paclitaxel	± ovarian suppression		Lapatinib + trastuzumab	Lapatinib
	docetaxel	Tamoxifen	Without trastuzumab	Paclitaxel	Paclitaxel	± ovarian suppression		trastuzumab	trastuzumab
	Paclitaxel	Tamoxifen	trastuzumab	docetaxel	docetaxel	± ovarian suppression		Lapatinib + trastuzumab	Lapatinib
	Paclitaxel	Tamoxifen	Without trastuzumab	docetaxel	docetaxel	± ovarian suppression		trastuzumab	trastuzumab

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive)

### Premenopausal (Tab.6) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment			Treatment					
	Chemo-therapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Accept-able standart (B)	«A»	«B»	«A»	«B»
	Docetaxel + antracy- cline	Tamoxifen	trastuzum- ab		Capecit- abine	± ovarian supression		Lapatinib + trastuzum- ab	Lapatinib
	Docetaxel + antracy- cline	Tamoxifen	Without trastuzum- ab		Capecit- abine	± ovarian supression		trastuzum- ab	trastuzum- ab
	Paclitaxel + antracy- cline	Tamoxifen	trastuzum- ab		Capecit- abine	± ovarian supression		Lapatinib + trastuzum- ab	Lapatinib
	Paclitaxel + antracy- cline	Tamoxifen	Without trastuzum- ab		Capecit- abine	± ovarian supression		trastuzum- ab	trastuzum- ab
	Taxane+ Antracy- cline+ tegafur	Tamoxifen	trastuzum- ab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecit- abine, Gemcit- abine, Platinum agents	± ovarian supression		Lapatinib + trastuzum- ab	Lapatinib
	Taxane+ Antracy- cline+ tegafur	Tamoxifen	Without trastuzum- ab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecit- abine, Gemcit- abine, Platinum agents	± ovarian supression		trastuzum- ab	trastuzum- ab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive)

## Premenopausal (Tab.6) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment			Treatment					
	Chemo-therapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Accept-able stand-ard (B)	«A»	«B»	«A»	«B»
	Taxane+ Antracy-cline+ tegafur	Tamoxifen	trastuzum-ab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcit-abine, Vinorelbine	± ovarian supression		Lapatinib + trastuzum-ab	Lapatinib
	Taxane+ Antracy-cline+ capecit-abine	Tamoxifen	Without trastuzum-ab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcit-abine, Vinorelbine	± ovarian supression		trastuzum-ab	trastuzum-ab
	Taxane+ Antracy-cline+ capecit-abine +drugs from «A» and «B» columns	Tamoxifen	trastuzum-ab	If not used in privious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in privious regimens Platinum agents, Gemcit-abine, Vinorelbine or Change Taxane regimen	± ovarian supression		Lapatinib + trastuzum-ab	Lapatinib

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) Premenopausal (Tab.7)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Antracycline	trastuzumab	Taxane	Taxane	Lapatinib + trastuzumab	Lapatinib
	Antracycline	Without trastuzumab	Taxane	Taxane	trastuzumab	trastuzumab
	docetaxel	trastuzumab	Paclitaxel	Paclitaxel	Lapatinib + trastuzumab	Lapatinib
	docetaxel	Without trastuzumab	Paclitaxel	Paclitaxel	trastuzumab	trastuzumab
	Paclitaxel	trastuzumab	docetaxel	docetaxel	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel	Without trastuzumab	docetaxel	docetaxel	trastuzumab	trastuzumab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive)

### Premenopausal (Tab.7) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Docetaxel + antracycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Docetaxel + antracycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Paclitaxel + antracycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel + antracycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ tegafur	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ tegafur	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	trastuzumab	trastuzumab

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive)

### Premenopausal (Tab.7) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Taxane+ Antracycline+ capecitabine	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ capecitabine	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	trastuzumab	If not used in previous regi- mens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in previous regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	Lapatinib + trastuzumab	Lapatinib

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.



## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) Premenopausal (Tab.8)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Antracycline	trastuzumab	Taxane	Taxane	Lapatinib + trastuzumab	Lapatinib
	Antracycline	Without trastuzumab	Taxane	Taxane	trastuzumab	trastuzumab
	docetaxel	trastuzumab	Paclitaxel	Paclitaxel	Lapatinib + trastuzumab	Lapatinib
	docetaxel	Without trastuzumab	Paclitaxel	Paclitaxel	trastuzumab	trastuzumab
	Paclitaxel	trastuzumab	docetaxel	docetaxel	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel	Without trastuzumab	docetaxel	docetaxel	trastuzumab	trastuzumab

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive)

### Premenopausal (Tab.8) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Docetaxel + antracycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Docetaxel + antracycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Paclitaxel + antracycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel + antracycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ tegafur	trastuzumab	Eribulin1 Ixabepilon2	Capecitabine, Gemcitabine, Platinum agents	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ tegafur	Without trastuzumab	Eribulin1 Ixabepilon2	Capecitabine, Gemcitabine, Platinum agents	trastuzumab	trastuzumab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive)

### Premenopausal (Tab.8) continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, R.V.Orlova 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
	Chemotherapy	Target treatment	Chemotherapy		Target treatment	
			Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Taxane+ Antracycline+ capecitabine	trastuzumab	Eribulin1 Ixabepilon2	Platinum agents, Gemcitabine, Vinorelbine	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ capecitabine	Without trastuzumab	Eribulin1 Ixabepilon2	Platinum agents, Gemcitabine, Vinorelbine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	trastuzumab	If not used in prvious regimens: Eribulin1 Ixabepilon2	If not used in prvious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	Lapatinib + trastuzumab	Lapatinib

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.9)

### Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
	Chemotherapy	Hormonal treatment	Chemotherapy		Hormonal treatment	
			Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Taxane+ Antracycline	tamoxifen	«-»	«-»	Non-steroid aromatase inhibitors If tamoxifen used in first line therapy allowed therapy with Fulvestrant	Non-steroid aromatase inhibitors
	Taxane+ Antracycline	Non-steroid aromatase inhibitors	«-»	«-»	Fulvestrant <sup>5</sup> If non-steroid aromatase inhibitors used in first line therapy allowed therapy with Everolimus <sup>6</sup> + Steroid aromatase inhibitors	Steroid aromatase inhibitors

Their comments and suggestions please send info@breastcancersociety.ru.

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.9)

## Postmenopause (continue)

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – over 5 years.                      B. No visceral metastasis                      C. No clinical manifestations of distant metastasis</b>	<b>Previous treatment</b>		<b>Treatment</b>			
			<b>Chemotherapy</b>		<b>Hormonal treatment</b>	
	<b>Chemotherapy</b>	<b>Hormonal treatment</b>	<b>Preferable standart (A)</b>	<b>Acceptable standart (B)</b>	<b>«A»</b>	<b>«B»</b>
	Taxane+ Antracycline	Steroid aromatase inhibitors	«-»	«-»	Everolimus <sup>6</sup> + Non-steroid aromatase inhibitors, Fulvestrant <sup>5</sup>	Non-steroid aromatase inhibitors
	Taxane+ Antracycline	Tamoxifen + aromatase inhibitors (steroid and non-steroid)	Chemotherapy (table 1).	Chemotherapy (table 1).	Everolimus <sup>6</sup> + aromatase inhibitor change, Fulvestrant <sup>5</sup>	Megestrol

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.10) Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Hormonal treatment	
	Chemotherapy	Hormonal treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Chemotherapy (table 1).	tamoxifen	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors If tamoxifen used in first line therapy allowed therapy with Fulvestrant	Non-steroid aromatase inhibitors
	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Chemotherapy (table 1).	Chemotherapy (table 1).	Fulvestrant <sup>5</sup> If non-steroid aromatase inhibitors used in first line therapy allowed therapy with Everolimus <sup>6</sup> + Steroid aromatase inhibitors	Steroid aromatase inhibitors

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 negative) (Tab.10)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – less then 5 years.</b> <b>B. Visceral metastasis</b> <b>C. Clinical manifestations of distant metastasis</b>	Previous treatment		Treatment			
	Chemotherapy	Hormonal treatment	Chemotherapy		Hormonal treatment	
			Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Chemotherapy (table 1).	Steroid aromatase inhibitors	Chemotherapy (table 1).	Chemotherapy (table 1).	Everolimus <sup>6</sup> + Non-steroid aromatase inhibitors, Fulvestrant <sup>5</sup>	Non-steroid aromatase inhibitors
	Chemotherapy (table 1).	Tamoxifen + aromatase inhibitors (steroid and non-steroid)	Chemotherapy (table 1).	Chemotherapy (table 1).	Everolimus <sup>6</sup> + aromatase inhibitor change, Fulvestrant <sup>5</sup>	Megestrol

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.11)

### Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment	Treatment	
		Chemotherapy	
	Chemotherapy	Preferable standart (A)	Acceptable standart (B)
	Antracycline chemotherapy	Taxane chemotherapy	Taxane chemotherapy
	docetaxel	Antracycline chemotherapy	Antracycline chemotherapy
	Paclitaxel	Antracycline chemotherapy	Antracycline chemotherapy
	Docetaxel + antracycline	Ixabepilone+capecitabine Eribulin <sup>1</sup> <i>1 patient should recieve minimum 2 chemotherapy regimens previously.</i>	Platinum agents, Capecitabine, Tegafur
	Paclitaxel + antracycline	Ixabepilone+capecitabine Eribulin <sup>1</sup>	Platinum agents, Capecitabine, Tegafur

Their comments and suggestions please send info@breastcancersociety.ru.

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.



# Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.11)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis</b>	<b>Previous treatment</b>	<b>Treatment</b>	
		<b>Chemotherapy</b>	
	<b>Chemotherapy</b>	<b>Preferable standart (A)</b>	<b>Acceptable standart (B)</b>
	Taxane+ Antracycline+ tegafur	Ixabepilone+capecitabine <sup>3</sup> Eribulin <sup>1</sup>	Capecitabine, Gemcitabine, Platinum agents
	Taxane+ Antracycline+ capecitabine	Ixabepilone <sup>2</sup> , Eribulin <sup>1</sup>	Platinum agents, Gemcitabine, Vinorelbine
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	If not used in privious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in privious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.12)

### Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

	Previous treatment	Treatment	
		Chemotherapy	
A. recurrence-free time – less than 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Chemotherapy	Preferable standard (A)	Acceptable standard (B)
	Antracycline chemotherapy	Taxane chemotherapy	Taxane chemotherapy
	docetaxel	Antracycline chemotherapy	Antracycline chemotherapy
	Paclitaxel	Antracycline chemotherapy	Antracycline chemotherapy
	Docetaxel + antracycline	Ixabepilone+capecitabine <sup>3</sup> Eribulin <sup>1</sup>	Platinum agents, Capecitabine, Tegafur
	Paclitaxel + antracycline	Ixabepilone+capecitabine <sup>3</sup> Eribulin <sup>1</sup>	Platinum agents, Capecitabine, Tegafur

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 negative) (Tab.12)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – less then 5 years.                      B. Visceral metastasis                      C. Clinical manifestations of distant metastasis</b>	Previous treatment	Treatment	
	Chemotherapy	Chemotherapy	
		Preferable standart (A)	Acceptable standart (B)
	Taxane+ Antracycline+ tegafur	Ixabepilone+capecitabine <sup>3</sup> Eribulin <sup>1</sup>	Capecitabine, Gemcitabine, Platinum agents
	Taxane+ Antracycline+ capecitabine	Ixabepilone <sup>2</sup> , Eribulin <sup>1</sup>	Platinum agents, Gemcitabine, Vinorelbine
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	If not used in privious regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in privious regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen

## Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive) (Tab.13)

### Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment			Treatment					
	Chemo-therapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Accept-able stan-dart (B)	«A»	«B»	«A»	«B»
	Chemo-therapy (table 1).	tamoxifen	trastuzum-ab	Chemo-therapy (table 1).	Chemo-therapy (table 1).	Non-ste-roid aro-matase inhibitors	Non-ste-roid aro-matase inhibitors	Lapatinib + trastuzum-ab	Lapatinib
	Chemo-therapy (table 1).	tamoxifen	Without trastuzum-ab	Chemo-therapy (table 1).	Chemo-therapy (table 1).	Non-ste-roid aro-matase inhibitors	Non-ste-roid aro-matase inhibitors	trastuzum-ab	trastuzum-ab
	Chemo-therapy (table 1).	Non-ste-roid aro-matase inhibitors	trastuzum-ab	Chemo-therapy (table 1).	Chemo-therapy (table 1).	Steroid aromatase inhibitors	Steroid aromatase inhibitors	Lapatinib + trastuzum-ab	Lapatinib
	Chemo-therapy (table 1).	Non-ste-roid aro-matase inhibitors	Without trastuzum-ab	Chemo-therapy (table 1).	Chemo-therapy (table 1).	Steroid aromatase inhibitors	Steroid aromatase inhibitors	trastuzum-ab	trastuzum-ab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive) (Tab.13)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – over 5 years.</b> <b>B. No visceral metastasis</b> <b>C. No clinical manifestations of distant metastasis</b>	Previous treatment			Treatment					
	Chemotherapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Acceptable standart (B)	«A»	«B»	«A»	«B»
	Chemotherapy (table 1).	Steroid aromatase inhibitors	trastuzumab	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Non-steroid aromatase inhibitors	Lapatinib + trastuzumab	Lapatinib
	Chemotherapy (table 1).	Steroid aromatase inhibitors	Without trastuzumab	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Non-steroid aromatase inhibitors	trastuzumab	trastuzumab

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive) (Tab.14)

## Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

A. recurrence-free time – less than 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment			Treatment					
	Chemotherapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Acceptable standart (B)	«A»	«B»	«A»	«B»
	Chemotherapy (table 1).	tamoxifen	trastuzum-ab	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Non-steroid aromatase inhibitors	Lapatinib + trastuzum-ab	Lapatinib
	Chemotherapy (table 1).	tamoxifen	Without trastuzum-ab	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Non-steroid aromatase inhibitors	trastuzum-ab	trastuzum-ab
	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	trastuzum-ab	Chemotherapy (table 1).	Chemotherapy (table 1).	Steroid aromatase inhibitors	Steroid aromatase inhibitors	Lapatinib + trastuzum-ab	Lapatinib
	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Without trastuzum-ab	Chemotherapy (table 1).	Chemotherapy (table 1).	Steroid aromatase inhibitors	Steroid aromatase inhibitors	trastuzum-ab	trastuzum-ab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR positive HER2 positive) (Tab.14)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas 2013

<b>A. recurrence-free time – less than 5 years.</b> <b>B. Visceral metastasis</b> <b>C. Clinical manifestations of distant metastasis</b>	Previous treatment			Treatment					
	Chemotherapy	Hormonal treatment	Target treatment	Chemotherapy		Hormonal treatment		Target treatment	
				Preferable standart (A)	Acceptable standart (B)	«A»	«B»	«A»	«B»
	Chemotherapy (table 1).	Steroid aromatase inhibitors	trastuzumab	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Non-steroid aromatase inhibitors	Lapatinib + trastuzumab	Lapatinib
	Chemotherapy (table 1).	Steroid aromatase inhibitors	Without trastuzumab	Chemotherapy (table 1).	Chemotherapy (table 1).	Non-steroid aromatase inhibitors	Non-steroid aromatase inhibitors	trastuzumab	trastuzumab

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) (Tab.15)

### Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, Prof. R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Antracycline	trastuzumab	Taxane	Taxane	Lapatinib + trastuzumab	Lapatinib
	Antracycline	Without trastuzumab	Taxane	Taxane	trastuzumab	trastuzumab
	docetaxel	trastuzumab	Paclitaxel	Paclitaxel	Lapatinib + trastuzumab	Lapatinib
	docetaxel	Without trastuzumab	Paclitaxel	Paclitaxel	trastuzumab	trastuzumab
	Paclitaxel	trastuzumab	docetaxel	docetaxel	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel	Without trastuzumab	docetaxel	docetaxel	trastuzumab	trastuzumab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.



# Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) (Tab.15)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, Prof. R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Docetaxel + ant-racycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Docetaxel + ant-racycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Paclitaxel + ant-racycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel + ant-racycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ tegafur	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ tegafur	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	trastuzumab	trastuzumab

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) (Tab.15)

### Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, Prof. R.V.Orlova 2013

A. recurrence-free time – over 5 years. B. No visceral metastasis C. No clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standard (A)	Acceptable standard (B)	«A»	«B»
	Taxane+ Antracycline+ capecitabine	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ capecitabine	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	trastuzumab	If not used in previous regimens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in previous regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	Lapatinib + trastuzumab	Lapatinib

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) (Tab.16)

## Postmenopause

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, Prof. R.V.Orlova 2013

A. recurrence-free time – less than 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standard (A)	Acceptable standard (B)	«A»	«B»
	Antracycline	trastuzumab	Taxane	Taxane	Lapatinib + trastuzumab	Lapatinib
	Antracycline	Without trastuzumab	Taxane	Taxane	trastuzumab	trastuzumab
	docetaxel	trastuzumab	Paclitaxel	Paclitaxel	Lapatinib + trastuzumab	Lapatinib
	docetaxel	Without trastuzumab	Paclitaxel	Paclitaxel	trastuzumab	trastuzumab
	Paclitaxel	trastuzumab	docetaxel	docetaxel	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel	Without trastuzumab	docetaxel	docetaxel	trastuzumab	trastuzumab

## Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) (Tab.16)

### Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, Prof. R.V.Orlova 2013

A. recurrence-free time – less then 5 years. B. Visceral metastasis C. Clinical manifestations of distant metastasis	Previous treatment		Treatment			
			Chemotherapy		Target treatment	
	Chemotherapy	Target treatment	Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Docetaxel + ant-racycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Docetaxel + ant-racycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Paclitaxel + ant-racycline	trastuzumab		Capecitabine	Lapatinib + trastuzumab	Lapatinib
	Paclitaxel + ant-racycline	Without trastuzumab		Capecitabine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ tegafur	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ tegafur	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Capecitabine, Gemcitabine, Platinum agents	trastuzumab	trastuzumab

Their comments and suggestions please send [info@breastcancersociety.ru](mailto:info@breastcancersociety.ru).

All rights reserved. No part of this book may be reproduced in any form and, by any means without the written permission of the copyright holder.

Translated by Konstantin Penkov MD, PhD.

# Systemic treatment of metastatic breast cancer (ER/PgR negative HER2 positive) (Tab.16)

## Postmenopause continue

Prof.V.F.Semiglazov, R.M.Paltuev., A.G.Manichas, Prof. R.V.Orlova 2013

<b>A. recurrence-free time – less then 5 years.</b> <b>B. Visceral metastasis</b> <b>C. Clinical manifestations of distant metastasis</b>	Previous treatment		Treatment			
	Chemotherapy	Target treatment	Chemotherapy		Target treatment	
			Preferable standart (A)	Acceptable standart (B)	«A»	«B»
	Taxane+ Antracycline+ capecitabine	trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	Lapatinib + trastuzumab	Lapatinib
	Taxane+ Antracycline+ capecitabine	Without trastuzumab	Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	Platinum agents, Gemcitabine, Vinorelbine	trastuzumab	trastuzumab
	Taxane+ Antracycline+ capecitabine +drugs from «A» and «B» columns	trastuzumab	If not used in previous regi- mens: Eribulin <sup>1</sup> Ixabepilon <sup>2</sup>	If not used in previous regimens Platinum agents, Gemcitabine, Vinorelbine or Change Taxane regimen	Lapatinib + trastuzumab	Lapatinib