

APPENDIX. Management Guidelines for Stage I to III Breast Cancer — Department of Clinical Oncology, Queen Elizabeth Hospital (during 2005-2013) (Simplified Version).

<p>Adjuvant radiotherapy (RT)</p>	<p>Indications:</p> <p>Local RT (breast or chest wall)</p> <ul style="list-style-type: none"> • Tumour size ≥ 4 cm • Close or involved margin • Microscopic invasion of the skin (but not T4) • Extensive lymphovascular permeation • Breast-conserving surgery • Whenever regional RT is indicated <p>Regional lymph nodes (LN) (supraclavicular fossa and axillary apex)</p> <ul style="list-style-type: none"> • T3/4 tumours • ≥ 4 LNs involved • 1-3 LNs involved if extranodal invasion ≥ 2 mm or tumour size ≥ 3 cm or LNs removed < 10 <p>Regional LN including full axilla</p> <ul style="list-style-type: none"> • Inadequate axillary dissection ($<$level II dissection, < 4 LNs in level I/II dissection for N0 cases, or if < 10 LNs removed for node positive cases)
<p>Adjuvant chemotherapy</p>	<p>Indications: Node positive, ER/PR negative, tumour size > 2 cm, grade 2-3 or age < 35</p> <p>Node negative patients: AC $\times 4$ cycles (doxorubicin and cyclophosphamide)</p> <p>Node positive patients: 1-3 LNs: FAC $\times 6$ cycles (5-fluorouracil [5 FU], doxorubicin and cyclophosphamide) ≥ 4 LNs: Sequential A $\times 4$ cycles then CMF $\times 8$ cycles (doxorubicin then cyclophosphamide, methotrexate and 5 FU) CMF $\times 6$ cycles if cardiac risk factors present</p> <p><i>HER2</i> status positive: no difference in recommended treatment</p> <p>Note: Use of adjuvant trastuzumab mostly when data and funding available after 2009</p>
<p>Neoadjuvant chemotherapy</p>	<p>Indications: Locally advanced disease inoperable or requiring extensive surgery, with age ≤ 60 and Karnofsky Performance Scale ≥ 80, and medically fit for anthracycline</p> <p>Regime: FAC</p>
<p>Adjuvant hormonal therapy</p>	<p>Indications: ER/PR positive</p> <p>Premenopausal patients: tamoxifen for 5 years</p> <p>Postmenopausal patients: aromatase inhibitor for 5 years</p> <p>Note:</p> <ul style="list-style-type: none"> • SOFT approach not yet a standard during study period 2005-2013 • Extended hormonal therapy recommended for T2 or LN-positive after 2013