BREAST CANCER - ADVANCED DISEASE

NONE / CMF

Fit enough for anthracyclines?

YES

FEC

NO

FEC (+/T)

Fit for further treatment?

Very fit & Her2 -ve

Gemcitabine+ Paclitaxel

Fit

Docetaxel or Paclitaxel

Not very fit

Weekly Docetaxel or Paclitaxel

Relapse/stopped due to toxicity

Is the patient fit for vinorelbine/capecitabine?

YES

Does the patient prefer IV or oral therapy or other co-morbidity affecting choice eg neuropathy?

Oral

Capecitabine

IV

Vinorelbine

Still fit for further treatment

No longer fit for Vinorelbine or Capecitabine

Carboplatin
Notes:

- Trastuzumab may be given with first line chemotherapy for HER2+ve patients (Single agent taxane, vinorelbine or capecitabine only). If FEC is first line therapy, trastuzumab will commence when the FEC course is completed (due to risks of cardiotoxicity from concomitant use. However, if strong clinical need for combined use, safety data from the Tryphaena study can be considered supportive of this approach).
- Patients who develop advanced disease after a relapse free interval following adjuvant trastuzumab should be given trastuzumab for their advanced disease. Do not retreat if disease has progressed on adjuvant trastuzumab. Trastuzumab should never be continued beyond disease progression (outside of the CNS).
- Infusional 5FU may be used in place of capecitabine for patients unsuitable for oral therapy.
- There is no longer a place in therapy for the CMF or the MM/MMM regimens.
- Docetaxel+Capecitabine is considered too toxic for standard treatment (although NICE approved).
- Entry into clinical trials may affect order in which therapies are used. Such alterations are acceptable if they do not alter the overall cost of the chemotherapy pathway.
- Abraxane has been put forward to the SW CDF for consideration for cohort approval for patients unable to receive taxanes due to allergic reactions or intolerance to steroids.
- Liposomal Doxorubicin has been put forward to the SW CDF for consideration for cohort approval for patients nearing maximum cumulative doses of anthracyclines who have exhausted other treatment options.
- Lapatanib has been put forward to the SW CDF for consideration for cohort approval for patients progressing on trastuzumab.
- Continued Trastuzumab has been put forward to the SW CDF for consideration for cohort approval for patients progressing on trastuzumab.
- Triple negative disease may be dealt with differently – need to confirm with Dr Hickish (carboplatin favoured treatment?).
- Oral vinorelbine has been agreed by the DCN Chemo & Drugs Group as clinically approved alternative to IV vinorelbine. Funding streams to support this change need to be established with the new NHS commissioning system post April 2013.