

Metastatic Breast Cancer Guidelines workshop

E9. Managing metastatic breast cancer: the European School of Oncology – Metastatic Breast Cancer Task Force session

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Metastatic breast cancer (MBC) is a disease that challenges the knowledge, competence, creativeness and emotions of the doctor. Contrary to the early breast cancer setting, where level 1 evidence exists for the majority of treatment options, for MBC there are few approved standards of care, particularly after first line treatment. Consequently, while several international guidelines exist and are in widespread use for adjuvant therapy, international guidelines for MBC treatment are rare and not usually followed by the majority of treating oncologists.

Fortunately, many advances have been made in breast cancer care and new drug development in the last few decades and currently a wide array of options exists for the management of MBC. However, many questions remain unanswered or controversial, particularly since it is still a virtually incurable disease where the main goal is to improve the quality and, whenever possible, increase the quantity of life. The treatment of this disease is very different among countries, centres and even among individual oncologists. With the ever increasing costs of new treatments, biological markers, supportive and palliative care measures, a wise and balanced use of resources is indispensable.

Acknowledging the urgent need for the development of management guidelines for MBC that could be applied internationally, the European School of Oncology (ESO) created a task force in 2005 with the aim of developing these guidelines. The first step in this process was to prepare a list of 12 consensus statements highlighting the main issues and providing general recommendations. These statements were interactively discussed during the task force's first open meeting at the EBCC-5 in Nice in March 2006 and were subsequently published in *The Breast*.¹ The main message of the publication is that management of MBC is complex; therefore, involvement of all appropriate specialties in a multidisciplinary team (e.g. medical, radiation, surgical and imaging oncologists, palliative care, psycho-social, among others) is crucial. From first diagnosis, patients should be offered personalised and appropriate psychosocial, supportive and symptom-related interventions as a routine part of their care. The second public session of the ESO-

MBC Task Force was held during the EBCC-6 in Berlin in April 2008. During this session, two of the most controversial issues outlined in the 12 statements were selected for further discussion, namely a) the still unresolved issue of whether it is better to treat MBC patients sequentially with single cytotoxic agents or to treat them simultaneously with a combination of drugs; b) can MBC be cured and the related issue of the role of surgery of the primary tumour in a metastatic setting. The task force also discussed the very specific issue of brain metastases. Two manuscripts have already been produced summarising the available data, discussion and the task force recommendations.^{2,3} This third public session will deal with controversial issues in two main areas: follow-up and the optimal use of chemo and endocrine therapies in MBC. Follow-up issues include how to best follow MBC patients and should MBC be diagnosed as early as possible. Some of the open questions related to the use of chemo and endocrine therapies in MBC will be addressed, such as a) patients needs (from the patient and the doctor's perspective); b) how many lines of therapy should be given; and c) the role of maintenance therapy. After the session, manuscripts summarising the available data and issuing the task force recommendations in all these important areas will be produced.

Conflict of interest statement

None declared.

References

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