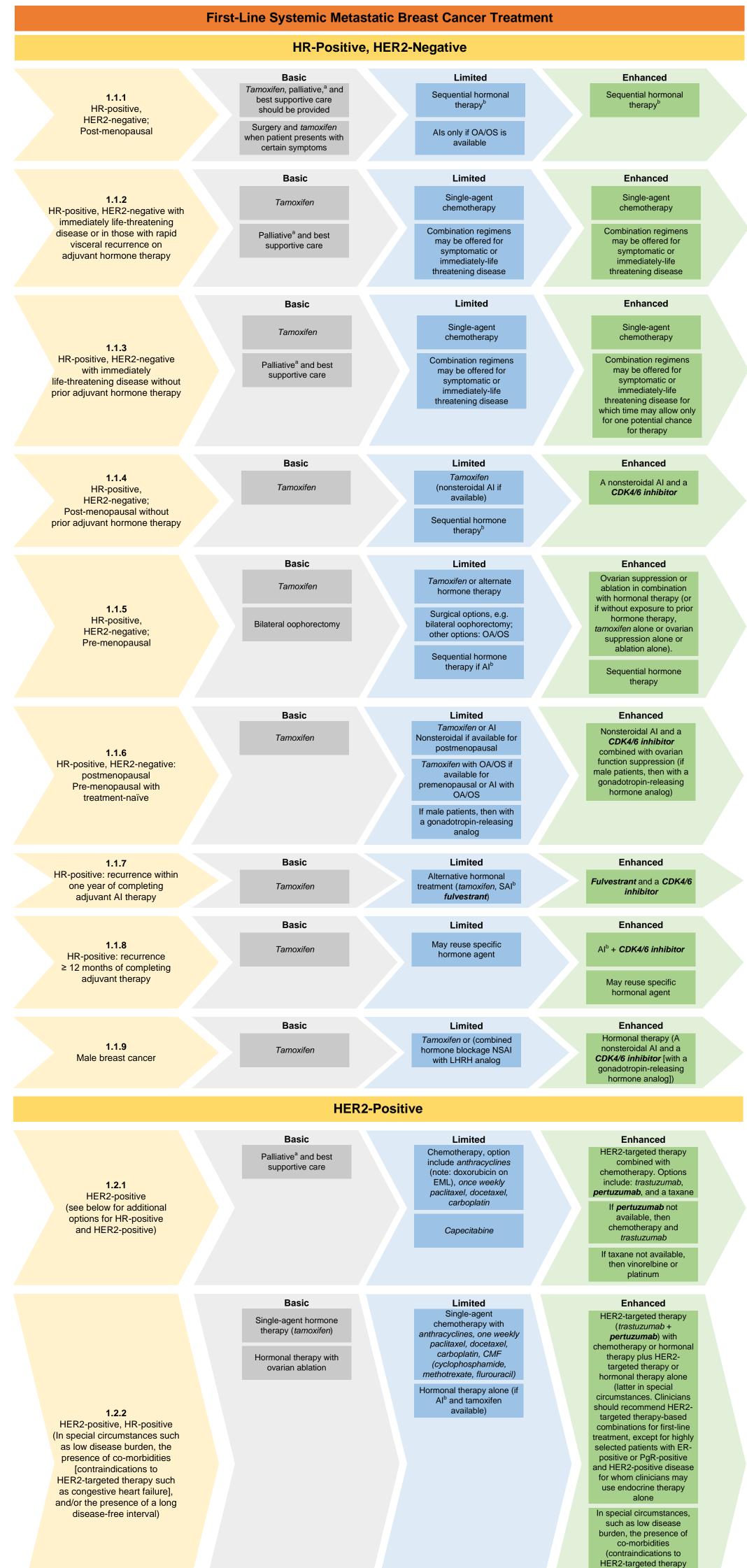
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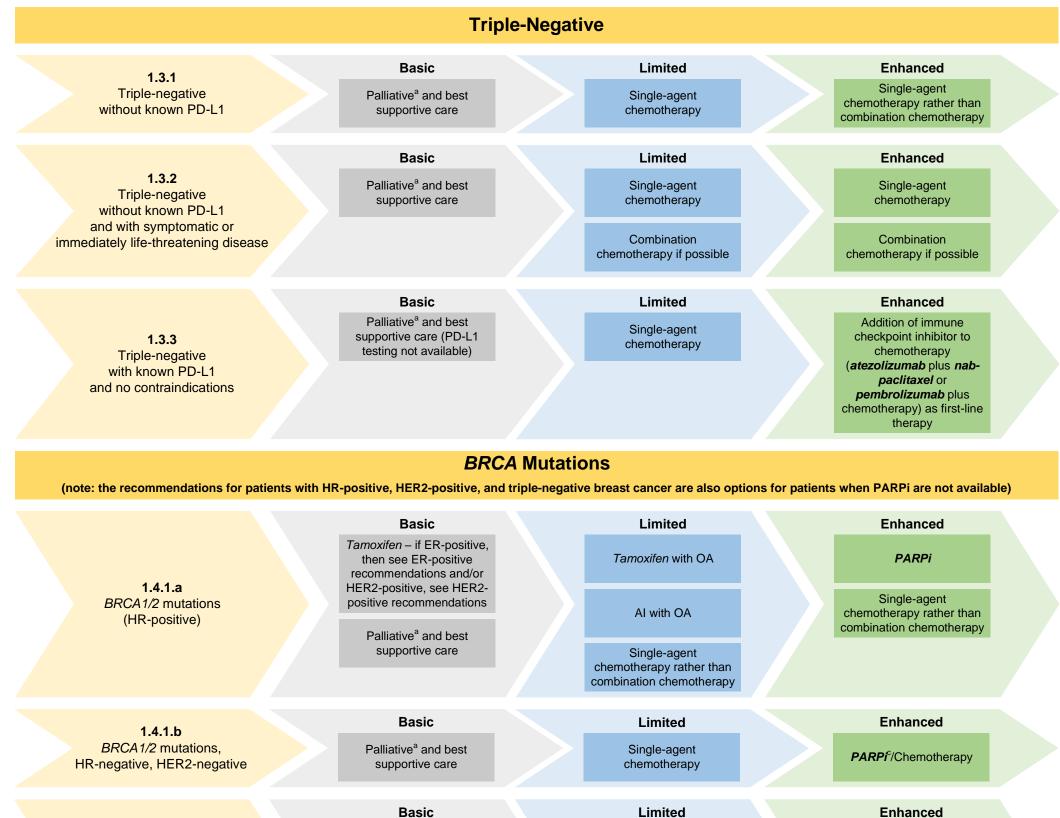
Metastatic Breast Cancer: ASCO Resource Stratified Guideline

Summary of Recommendations by Resource Setting



failure), and/or the presence of a long disease free-interval, clinicians may offer first-line endocrine therapy alone

such as congestive heart



1.4.2 HR-positive, HER2-negative, BRCA1/2 mutations (no longer benefiting from endocrine therapy)

Limited Single-agent chemotherapy, combination regimens may be offered for symptomatic or immediately lifethreatening disease, especially carboplatin as first option

Enhanced

PARPi (in the first-through third-line setting rather than chemotherapy), if not available, then:

Single-agent chemotherapy, combination regimens may be offered for symptomatic or immediately lifethreatening disease

Notes.

Italics = medications on EML (not universally available in low-income and lower-middle-income countries (<50%)). Italics, bold = not on EML.

Palliative^a and best

supportive care

(1) In Basic settings, the recommendations presume that neither chemotherapy nor targeted therapy or molecular testing are available.

(2) Per the "Palliative Care in the Global Setting: ASCO Resource-Stratified Guideline" recommendations, there should be a coordinated system where the palliative care needs of patients and families are identified and met at all levels, in collaboration with the team providing oncology care. The health care system should have trained personnel who are licensed to prescribe, deliver, and dispense opioids at all levels. Distance communication should be instituted at the national or regional level through oncology centers (or other tertiary care centers) to support those providing oncology care to patients in lower-resource areas.

(3) General: palliative care needs should be addressed for all patients with cancer at presentation using appropriate screening, especially when disease-modifying interventions are not available.

^a Palliative care may or may not include radiation therapy for symptom control.

^b Patients who are premenopausal: can only receive aromatase inhibitors if accompanied by ovarian ablation or ovarian suppression. ^c Patients eligible for PARPi if they previously received chemotherapy for neoadjuvant, adjuvant, or metastatic disease.

Abbreviations.

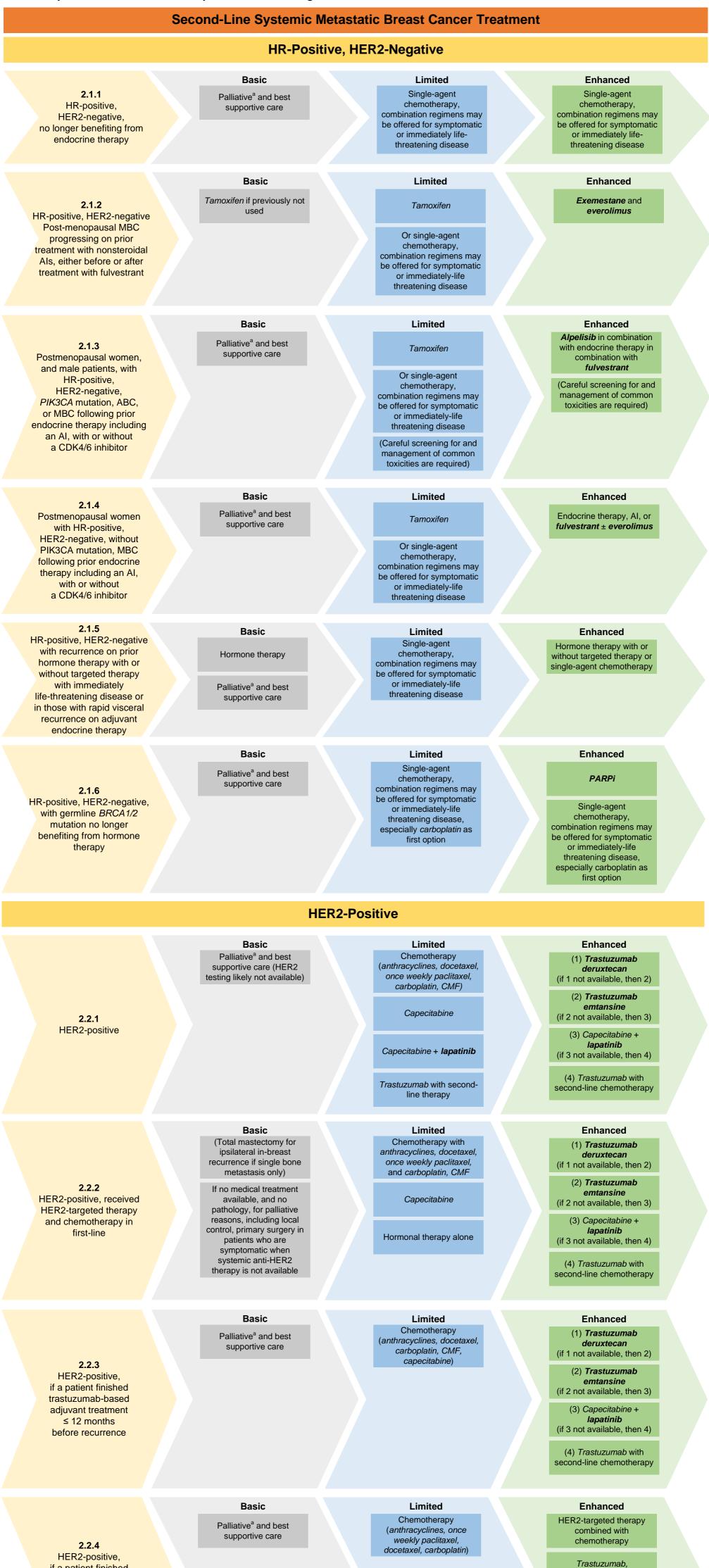
Al, aromatase inhibitor; CMF, cyclophosphamide, methotrexate, fluorouracil; EML, Essential Medicines List; ER, estrogen receptor; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; LHRH. luteinizing hormone-releasing hormone; NSAI, nonsteroidal aromatase inhibitor; OA, ovarian ablation; OS, ovarian suppression; PARPi, poly(ADP-ribose) polymerase inhibitor; PgR, progesterone receptor; SAI, steroidal aromatase inhibitor

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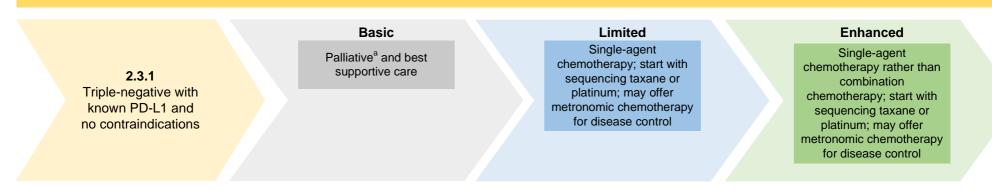


HER2-positive, if a patient finished trastuzumab-based adjuvant treatment

If *pertuzumab* not available, then chemotherapy and trastuzumab. If taxane not *available*, then *vinorelbine*, platinum

pertuzumab, and a taxane

Triple-Negative



Notes.

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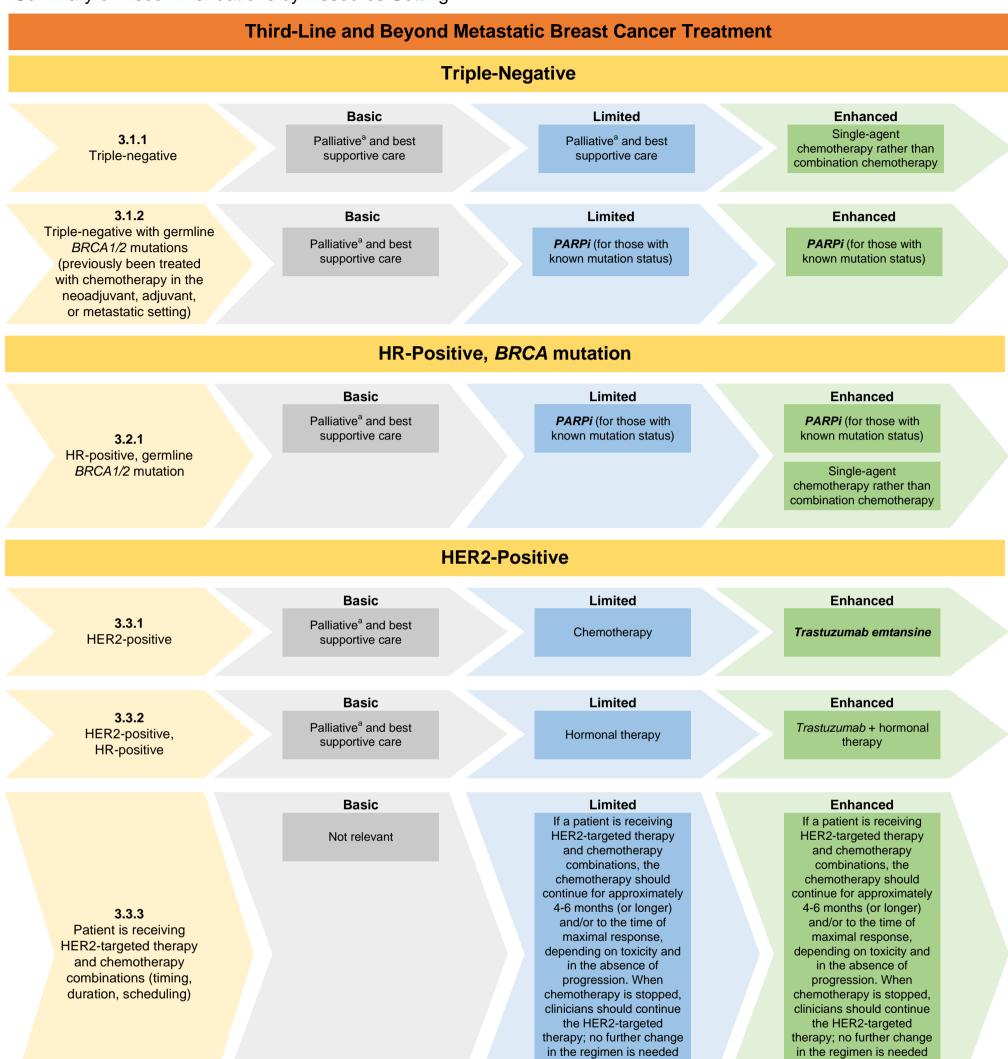
Abbreviations.

ABC, advanced breast cancer, AI, aromatase inhibitor CMF, cyclophosphamide, methotrexate, fluorouracil; EML, Essential Medicines List; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; MBC, metastatic breast cancer; NA, not available; PARPi, poly(ADP-ribose) polymerase inhibitor

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until the time of progression or unacceptable toxicities. until the time of progression or unacceptable toxicities.

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Abbreviations.

EML, Essential Medicines List; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; PARPi, poly(ADP-ribose) polymerase inhibitor

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Third-Line Options in the Maximal Setting	
HER2-Positive Breast Cancer	
Recommendation	Strength
If a patient's HER2-positive advanced breast cancer has progressed during or after second line or greater HER2- targeted treatment and the patient has already received pertuzumab and TDxd , (if a patient has not received pertuzumab, pertuzumab)	-
If a patient has not received T-DM1 in second-line, T-DM1 regimen	Strong
Tucatinib combined with trastuzumab and capecitabine	Strong
Trastuzumab deruxtecan	Strong
Neratinib combined with capecitabine	Weak
Lapatinib and trastuzumab	Weak
Lapatinib and capecitabine	Weak
Other combinations of chemotherapy and trastuzumab	Weak
Margetuximab plus chemotherapy	Weak
If a patient has not received pertuzumab, <i>pertuzumab</i>	Weak
Hormonal therapy (in patients with ER-positive and/or PgR-positive disease	Weak
Abemaciclib combined with trastuzumab and fulvestrant	Weak

Notes.

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Source. ASCO 2022 guideline

Abbreviations.

EML, Essential Medicines List; ER, estrogen receptor; HER2, human epidermal growth factor receptor 2; HR, hormone receptor; PgR, progesterone receptor; TDxd, trastuzumab deruxtecan; T-DM1, trastuzumab emstansine