

ASCO endorses cancer care ontario breast cancer guidelines

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(HealthDay)—The American Society of Clinical Oncology (ASCO) has

endorsed the Cancer Care Ontario (CCO) recommendations on the role of patient and disease factors in selecting adjuvant therapy for early-stage breast cancer, according to a special article published online March 21 in the *Journal of Clinical Oncology*.

N. Lynn Henry, M.D., from the University of Michigan Comprehensive Cancer Center in Ann Arbor, and colleagues reviewed the CCO guidelines for methodologic rigor and assessed the content of the recommendations.

According to the CCO recommendations, nodal status, tumor size, estrogen receptor (ER), progesterone receptor, human epidermal growth factor receptor 2 (HER2) status, tumor grade, and lymphovascular invasion are relevant for making decisions regarding adjuvant therapy. The risk stratification tools: *Oncotype DX* score and Adjuvant! Online may also be used; and age, menopausal status, and medical comorbidities should be considered. For patients with positive lymph nodes, ER-negative disease, HER2-positive disease, Adjuvant! Online mortality >10 percent, grade 3 lymph node-negative tumors, triple-negative tumors, lymphovascular invasion positivity, or estimated distant risk >15 percent at 10 years based on *Oncotype DX* recurrence score, chemotherapy should be considered.

"The ASCO panel endorses the recommendations with minor suggested revisions and highlights three areas that warrant further consideration: tumor histology and [adjuvant therapy recommendations](#), risk stratification tools, and proposed *Oncotype DX* recurrence score thresholds to guide decisions about chemotherapy, and patient factors in decision making," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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