The goal of the NCCN Guidelines® Updates is to provide readers with important changes that the NCCN Guidelines Panels have incorporated into an algorithm since it was last published. For a more complete detailing of the updated guideline's modifications, please access the NCCN Guidelines® in this issue or, for the complete and most up-to-date version, at NCCN.org.

Breast Cancer

Updates in Version 2.2014 of the NCCN Guidelines for Breast Cancer from Version 3.2013 include:

**BINV-1, BINV-10, and BINV-14**

- Workup: Changed “Consider fertility counseling if indicated” to “Fertility counseling if premenopausal.”

**BINV-10**

- Changed the title of the page from “Preoperative Chemotherapy Guideline” to “Preoperative Systemic Therapy Guideline.”

**BINV-11**

- Preoperative systemic therapy breast and axillary evaluation, desires breast preservation, “Core biopsy with placement of image-detectable marker(s), if not previously performed, must be done to demarcate the tumor bed for post-chemotherapy surgical management.”
- Clinically negative axillary lymph node(s), added “should have axillary ultrasound; suspicious nodes should be sampled by FNA or core biopsy and clipped with image-detectable marker; positive clipped lymph nodes must be removed if FNA or core biopsy was positive prior to neoadjuvant therapy.”
- Clinically positive axillary lymph node(s), added “should be sampled by FNA or core biopsy and clipped with image-detectable marker; positive clipped lymph nodes must be removed if FNA or core biopsy was positive prior to neoadjuvant therapy.”

**BINV-12, -15**

- Added footnote “dd.”

**BINV-13**

- Revisited footnote “gg”: “Axillary staging following preoperative systemic therapy may include sentinel node biopsy or level I/II dissection. Level I/II dissection should be done for when patients were proven node-positive prior to neoadjuvant therapy (category 2B).” Added references for Kuehn et al and Boughey et al.

**BINV-A**

- Updated Principles of HER2 Testing for consistency with ASCO/CAP HER2 testing guideline.
- Added: “Laboratory must participate in a quality assurance accreditation program for HER2 testing. Otherwise, tissue specimen should be sent to an accredited laboratory for testing. Health care systems and providers must cooperate to ensure the highest quality testing.”
- Edited footnote 3 to read “Evidence from trastuzumab adjuvant trials show that HER2 testing by ISH or IHC have similar utility to predict clinical benefit from HER2-targeted therapy.”
• Removed the following footnotes:
  ▶ Borderline IHC samples (eg, IHC 2+) are subjected to reflex testing by a validated complementary (eg, in situ hybridization [ISH]) method that has shown at least 95% concordance between IHC 0, 1+ results and ISH non-amplified results, and IHC 3+ results and ISH amplified results.
  ▶ Borderline in situ hybridization (ISH) samples (eg, an average HER2 gene/chromosome 17 ratio of 1.8 - <2 or an average HER2 gene copy number of >4 - <6) should undergo: counting of additional cells, retesting by ISH, or reflex testing by a validated IHC method.

BINV-C
• Modified page title: Fertility and Birth Control After Adjuvant Breast Cancer Treatment.
• Added a link to the NCCN Guidelines for Adolescent and Young Adult Oncology.

BINV-H
• This page was revised extensively.

BINV-I
• Under APBI section, added second sentence: “However, compared to standard whole breast radiation, several recent studies document an inferior cosmetic outcome with APBI. Follow-up is limited and studies are ongoing.”
• Under neoadjuvant chemotherapy section, changed the first sentence to “Indications for radiation therapy and fields of treatment should be based on the worst stage pretreatment or post-treatment tumor characteristics in patients treated with neoadjuvant chemotherapy.”

BINV-K
• Changed subtitles to “Regimens for HER2-negative disease” and “Regimens for HER2-positive disease.”
• “Neoadjuvant/Adjuvant Chemotherapy, Regimens for HER2-negative disease, Other regimens”:
  ▶ Changed AC to specify “Dose-dense AC (doxorubicin/cyclophosphamide).”
  ▶ Added “AC followed by weekly paclitaxel.”
  ▶ Added the following footnote: “The regimens listed for HER2-negative disease are all category 1 when used in the adjuvant setting.”
  ▶ “Regimens for HER2-positive disease, Preferred regimens”:
    ▶ AC followed by T + trastuzumab, added “± pertuzumab.”
    ▶ TCH; added “± pertuzumab.”
  ▶ “Regimens for HER2-positive disease, Other regimens”:
    ▶ AC followed by docetaxel + trastuzumab, added “± pertuzumab.”
    ▶ Added “AC followed by paclitaxel + trastuzumab ± pertuzumab.”
    ▶ Added “FEC followed by docetaxel + trastuzumab + pertuzumab.”
    ▶ Added “FEC followed by paclitaxel + trastuzumab + pertuzumab.”
    ▶ Added paclitaxel + trastuzumab with the following footnote: “Paclitaxel + trastuzumab may be considered for patients with low-risk stage I, HER2-positive disease, particularly those not eligible for other standard adjuvant regimens due to comorbidities.”
    ▶ Added “Pertuzumab + trastuzumab + docetaxel followed by FEC.”
    ▶ Added “Pertuzumab + trastuzumab + paclitaxel followed by FEC.”
• Added footnotes 6 through 8.
• Modified footnote 4: “Chemotherapy and tamoxifen endocrine therapy used as adjuvant therapy should be given sequentially with tamoxifen endocrine therapy following chemotherapy.”

• Removed the regimens/dosing schedules for the following:
  ▶ Docetaxel + trastuzumab followed by FEC chemotherapy.
  ▶ T followed by FEC chemotherapy with trastuzumab.

• Added the following dosing schedule:
  Paclitaxel + trastuzumab
    ▶ Paclitaxel 80 mg/m2 IV weekly for 12 weeks
    With
    ▶ Trastuzumab 4 mg/kg IV with first dose of paclitaxel
    Followed by
    ▶ Trastuzumab 2 mg/kg IV weekly to complete 1 y of treatment. As an alternative, trastuzumab 6 mg/kg IV every 21 days may be used following the completion of paclitaxel, and given to complete 1 y of trastuzumab treatment.
    ▶ Cardiac monitoring at baseline, 3, 6, and 9 mo.

• Added references 16 through 18.