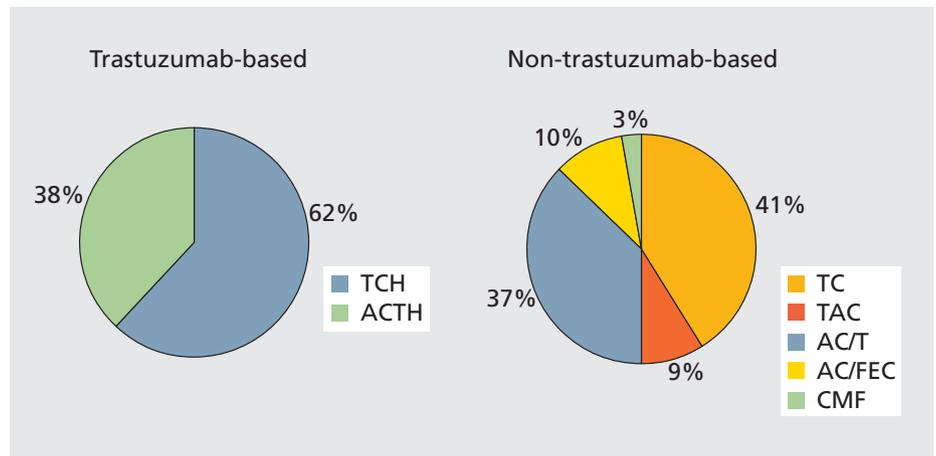


This new periodic feature presents data related to patterns of practice, clinical care, or clinical research of interest to community and academic oncologists. Ideally, these images will speak to common issues in the management of patients with cancer and will do so with visual clarity and conciseness.

We invite you to contribute to *JNCCN* Data Snapshots. Items of particular interest include pathways or algorithms for care, data sets drawn from single- or multi-institutional experiences or registries, trends or changes in patterns of care, and apt clinical insights from oncologists or investigators. Images that discuss issues relevant to NCCN Guidelines-based care are especially welcome; however, any item of interest in clinical oncology will be considered.

Figures should be accompanied by text (500 words or less) describing how the data were obtained and insights into their interpretation. Submissions and any questions or comments are welcome via e-mail at JNCCN@nccn.org.

Adjuvant Chemotherapy Regimens for Breast Cancer



Data adapted from Bergstrom et al.¹ Data based on reporting from 750 community oncology practices in the United States to McKesson Specialty Care Solutions.

Adjuvant chemotherapy for breast cancer has evolved over several decades and includes a variety of regimen choices. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) endorse a number of anthracycline- and non-anthracycline-based options. Data in this figure are adapted from distribution data provided by McKesson Specialty Care Solutions. These data reflect treatment delivered by 458 practices across 46 states.¹

Several findings shown are notable. First, use of anthracycline-based chemotherapy accounts for approximately 55% of adjuvant treatment regimens in HER2-negative breast cancers, whereas non-anthracycline-based regimens, especially the combination of docetaxel and cyclophosphamide (TC), accounts for 45%. The vast majority of patients in this setting now receive taxane-based treatments. Among women with HER2-positive tumors receiving trastuzumab-based therapy, use of the non-anthracycline regimen docetaxel plus carboplatin plus trastuzumab now accounts for approximately two thirds of adjuvant treatments, compared with AC followed by taxane and trastuzumab, which accounts for the remaining third.

These practice patterns are of interest in part because of retrospective, historical data suggesting that the greatest benefit from anthracycline-based treatment may be for HER2 overexpressing tumors. In addition, this kind of practice pattern data may have practical implications for the design of next-generation clinical trials in both HER2-positive and -negative breast cancer.

Reference

1. Bergstrom KA, Wang Z, Aksamit I, et al. Guideline adherence rates of chemotherapy treatment for breast cancer patients treated in U.S. community oncology practices. Presented at ASCO 2010 Breast Cancer Symposium; October 1–3, 2010; Washington, DC.