**Table 1: Updated recommendations from the clinical practice guideline for the care and treatment of breast cancer: adjuvant systemic therapy for women with node-positive breast cancer**

**Premenopausal women**

- Chemotherapy should be offered to all premenopausal women with stage II breast cancer.
- Acceptable treatment regimens are those using cyclophosphamide, methotrexate and 5-fluorouracil (CMF) or doxorubicin (Adriamycin) and cyclophosphamide (AC) or cyclophosphamide, epirubicin and 5-fluorouracil (CEF). In terms of breast cancer outcomes, CMF and AC are equivalent, and CEF is superior to CMF. CEF is associated with more side effects than CMF. Personal preference and quality of life influence the choice of chemotherapy regimen. The addition of taxanes to anthracycline-containing regimens remains under active investigation. Currently available data concerning the addition of taxanes to anthracycline-containing regimens are inconclusive, although highly informed and motivated patients may choose this treatment. Participation in approved clinical trials should be strongly encouraged.
- Potential toxic effects of chemotherapy should be fully discussed with patients.
- Systemic adjuvant chemotherapy should begin as soon as possible after the surgical incision has healed.
- The recommended duration of therapy is at least 6 cycles (6 months) for CMF or CEF, and at least 4 cycles (2 to 3 months) for AC.
- The recommended CMF regimen consists of 14 days of oral cyclophosphamide with intravenous methotrexate and 5-fluorouracil on days 1 and 8. This is repeated every 28 days for 6 cycles.
- When possible, patients should receive the full standard dosage. High-dose chemotherapy plus stem-cell support is not recommended.
- Ovarian ablation is effective in premenopausal women with estrogen receptor (ER)-positive tumours. However, chemotherapy has been better studied and is considered the intervention of choice. Ovarian ablation should be recommended to women who decline chemotherapy and have ER-positive tumours.
- In the future, a small benefit may be shown for the combination of ovarian ablation plus chemotherapy in women with node-positive, ER-positive tumours. At present, there is insufficient evidence for this to be recommended.
- Tamoxifen can be recommended in premenopausal women with ER-positive tumours who refuse chemotherapy or ovarian ablation.
- Whether tamoxifen should routinely be recommended after chemotherapy in premenopausal women is unclear.
- Before recommending hormonal therapy in premenopausal women, both the long-term side effects and its effects on recurrence must be considered.

**Postmenopausal women**

- Postmenopausal women with stage II, ER-positive cancer should be offered adjuvant tamoxifen.
- The recommended duration of tamoxifen therapy is 5 years.
- No other hormonal intervention apart from tamoxifen can be recommended for postmenopausal patients.
- Women with ER-negative tumours who are fit to receive chemotherapy (generally younger than 70 years) should be offered CMF or AC. Personal preference and quality of life influence the choice of chemotherapy regimen.
- Women with ER-positive tumours gain an additional benefit from taking chemotherapy in addition to tamoxifen. This is an option for a motivated, well-informed patient.

**All ages**

- The routine use of bisphosphonates as adjuvant therapy is not recommended.
- Patients should be offered the opportunity to participate in clinical trials whenever possible.

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