



# eBreast Práctica Cáncer de Mama

**MANUAL PRÁCTICO PARA LA CONSULTA  
DE PACIENTES CON CÁNCER DE MAMA**

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**PARA INFORMACIÓN ADICIONAL, CONSULTAR EL RESTO DE LOS CAPÍTULOS**

## PRÓLOGO

eBreast nace como signo de los tiempos.

No es un libro.

No es una app.

Es la respuesta a las nuevas formas de aprender, enseñar y estudiar.

Signo de los tiempos por la importancia y el impacto que tiene el cáncer de mama en nuestra sociedad y en nuestro sistema sanitario.

Signo de los tiempos por la incesante llegada de nuevos profesionales que tienen la gran responsabilidad de cuidar a nuestras pacientes afectas de cáncer de mama y con la necesidad de adquirir un conocimiento riguroso, actualizado y de acceso inmediato, a veces en la propia consulta, para poder ofrecer las mejores opciones que la evidencia científica nos proporciona.

Signo de los tiempos por la forma de enfrentarse a la información. La aparición y expansión de nuevas TIC (Tecnologías de la información y comunicación), algunas de ellas rápidamente absorbidas por las nuevas generaciones, hace preciso adaptarse a ellas.

Signo de los tiempos por el enorme volumen de información que se genera a diario y que hace precisa la intervención de revisores autorizados en cada materia, sobre todo para los clínicos. El fondo de conocimiento médico es inabarcable. Y el conocimiento y el progreso oncológicos son, actualmente, de los más importantes en la medicina moderna: por volumen de publicaciones, recursos que se destinan, impacto social, consecuencias de la enfermedad...

eBreast está dirigido a todos aquellos profesionales que atienden una consulta médica de cáncer de mama, sobre todo a los que se inician en la patología, a los que atienden a estas pacientes de forma más esporádica o simplemente a los que desean mantenerse actualizados. eBreast proporciona una consulta rápida, sencilla y, sobre todo, muy visual e interactiva. Y con este proyecto nos comprometemos a revisar periódicamente los contenidos, actualizando los datos tras los principales acontecimientos científicos del año.

Los coordinadores quisiéramos agradecer el inmenso esfuerzo realizado por todos los autores, así como el apoyo proporcionado por Novartis, y a las sociedades GEICAM, SEOM, SOLTI y a la Universidad CEU Cardenal Herrera por su aval.

No queremos dejar de olvidar el apoyo de nuestras familias y, sobre todo, a LOS/LAS PACIENTES afectos de cáncer de mama, que son el objeto de todos nuestros esfuerzos, estudios y desvelos profesionales y por tanto, los beneficiarios finales de este proyecto, que pretende ser novedoso.

**Santiago Olmos Antón**

**Eduardo Martínez de Dueñas**

## ABREVIATURAS

A	Antraciclina
AC	Adriamicina/doxorrubina, ciclofosfamida
ACT	Antraciclina-ciclofosfamida y taxano concurrente
AC-T	Antraciclina-ciclofosfamida y taxano secuencial
AC-D	Adriamicina, ciclofosfamida, docetaxel
AL	Adriamicina Liposomal
ALND	<i>Axillary lymph node dissection</i>
AMH	Agente modulador del hueso
ANA	Anastrozol
AO	Ablación ovárica
AP	Adriamicina,paclitaxel
APBI	Radioterapia parcial acelerada
AP-CMF-Q(x)	Adriamicina y paclitaxel-quimioterapia de ciclofosfamida, metotrexato y 5-FU
AP-CMF	Adriamicina y paclitaxel, ciclofosfamida, metotrexato y 5-FU
ASCO	<i>Sociedad Americana de Clínica Oncología</i>
AxRT:	<i>Axillary radiotherapy</i>
B	Bevacizumab
BAG	Biopsia con aguja gruesa
BAV	Biopsia asistida por vacío
BC	Beneficio clínico
BCS	Supervivencia específica por cáncer de mama
BOADICEA	<i>Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm</i>
BSGC	Biopsia selectiva del ganglio centinela
CAF/FAC	Ciclofosfamida, adriamicina y 5-FU
CAFM	Ciclofosfamida, adriamicina, 5-FU y metroxetato
C	Cirugía/Carboplatino
CAP	Capecitabina
CC	Cirugía conservadora
CDDP	Cisplatino
CDI	Carcinoma ductal invasivo

CDIS	Carcinoma ductal <i>in situ</i>
CDK	Cinasas dependientes de ciclinas
CEA	Antígeno carcinoembriónico
CEF/FEC	Ciclofosfamida, epirrubicina, 5-FU
CLI	Carcinoma lobulillar infiltrante
CM	Cáncer de mama
CMAJ	<i>Canadian Medical Association Journal</i>
CMF	Ciclofosfamida, metotrexato y 5-FU
CMI	Cáncer de mama inflamatorio
CMLA	Cáncer de mama localmente avanzado
CMM	Cáncer de mama metastásico
CMTN	Cáncer de mama triple negativo
cN+	Ganglios linfáticos positivos clínicamente
C-A-CMF	Cirugía-antraciclina-ciclofosfamida, metotrexato y 5-FU
C-AP-CMF	Cirugía-adriamicina, paclitaxel-ciclofosfamida, metotrexato y 5-FU
D	Docetaxel
ddAC	Dosis densas adriamicina y ciclofosfamida
DMO	Densidad mineral ósea
DX	Doxorrubicina
EBCTCG	<i>Early Breast Cancer Trialists' Collaborative Group</i>
EC	Epirrubicina, ciclofosfamida
ECG	Electrocardiograma
ECO	Ecografía
ED	Epirrubicina, docetaxel
ESA	Agente estimulador de la eritropoyesis
ESMO	European Society for Medical Oncology
EXE	Exemestano
F	Fulvestrant
FEVI	Fracción de eyección ventricular izquierda
FN	Fiebre neutropénica
GC	Ganglio centinela
GnRH	Hormona liberadora de gonadotropina

G-CSF	Factor estimulante de colonias de granulocitos
TR	Trastuzumab
HD	Altas dosis
HER/EGFR	Receptor de factor de crecimiento epidérmico humano
HNA	Hormonoterapia neoadyuvante
HR	<i>Hazard ratio</i>
HT	Hormonoterapia
IA	Inhibidores aromatasa
IAE	Inhibidor no esteroideo de la aromatasa
IANE	Inhibidor de la no esteroideo de la aromatasa
IC	Intervalo de confianza
ICT	Células tumorales aisladas
IHQ	Inmunohistoquímico
ILE	Intervalo libre de enfermedad
IPM	Irradiación parcial de la mama
ISH	Hibridación <i>in situ</i>
L	Lapatinib
LA	Linfadenectomía axilar
LET	Letrozol
LHRH	Hormona liberadora de la hormona luteinizante
LR-SLP	Supervivencia libre de progresión locorregional
MMSE	<i>Mini-Mental State Examination</i>
MNA	<i>Mini nutritional assessment</i>
MRM	Mastectomía radical modificada
MT	Marcadores tumorales
N.A	No aportado
NAB-P	nab-paclitaxel (paclitaxel unido a albúmina)
NCCN	<i>National Comprehensive Cancer Network</i>
NCI	<i>National Cancer Institute</i>
NCI-CTCAE	<i>National Cancer Institute Common Terminology Criteria for Adverse Events</i>
N.S	No significativo
NSABP	<i>National Surgical Adjuvant Breast and Bowel Project</i>

OCCR	<i>Ovarian Cancer Cluster Region</i>
OR	<i>Odds Ratio</i>
ORR	<i>Objective response rate</i>
OSNA	<i>One step nucleic acid amplification</i>
P	Paclitaxel
PA	Palbociclib
PAAF	Punción aspiración con aguja fina
PE	Progresión de la enfermedad/pertuzumab
PEPI	<i>Preoperative Endocrine Prognostic Index</i>
PER	Pertuzumab
PET	Tomografía por emisión de positrones
PF	Preservación de la fertilidad
Post-Op	Postoperatorio
PP	Profilaxis primaria
pRC	Respuesta patológica completa
Pre-Op	Preoperatorio
pRP	Respuesta parcial patológica
pRPmic	Respuesta parcial patológica microscópica
PS	Profilaxis secundaria
QoL	Calidad de vida
QT	Quimioterapia
RANKL	Ligando del receptor activador del factor nuclear k-B
RC	Respuesta completa
RCB	<i>Residual Cancer Burden</i> (enfermedad residual posquimioterapia)
RE	Receptor de estrógeno
RFS	Supervivencia libre de recaída
RH	Receptor hormonal
RMN	Resonancia magnética nuclear
ROI	Rastreo óseo isotópico/ gamma o escintigrafía ósea
RP	Receptor de progesterona/Respuesta parcial
RR	Riesgo de recaída
RS	Recurrence score

RT	Radioterapia
Rx	Radiografía
SBRT	Radioterapia estereotáctica de cuerpo
SC	Subcutáneo
SERD	Inhibidor selectivo del RE
SERMS	Modulador selectivo del receptor estrogénico
SG	Supervivencia global
SLE	Supervivencia libre de enfermedad
SLP	Supervivencia libre de progresión
SLR	Supervivencia libre de recaída
SNP	<i>Single nucleotide polymorphism</i>
SPPB	Batería corta de rendimiento físico
ST	Tratamiento sistémico
T	Taxano
TA	Tratamiento adyuvante
TAC	Tomografía axial computarizada o Docetaxel, adriamicina, ciclofosfamida
TAM	Tamoxifeno
TBCRC	<i>Translational Breast Cancer Research Consortium</i>
TC	Docetaxel y ciclofosfamida
TCH	Docetaxel, carboplatino, trastuzumab
T-DM1	Trastuzumab emtansina
TE	Terapia endocrina
TIL	<i>Tumor Infiltrating Lymphocytes</i>
THP	Tiempo hasta progresión
TMA	Transplante de células madre autólogo
TN	Triple negativo
TNA	Tratamiento neoadyuvante
TR	Trastuzumab
UCGC	Unidad de consejo genético en cáncer
UI	Unidades Internacionales
V	Vinorelbina



## CAPÍTULO 9. SEGUIMIENTO Y HÁBITOS DE VIDA

### A. SEGUIMIENTO TRAS TRATAMIENTO ADYUVANTE

¿Qué pruebas deben pedirse en el seguimiento del cáncer de mama?

¿Cuál debe ser la periodicidad de las visitas de seguimiento?

¿Hasta cuándo debe hacerse seguimiento de las pacientes con cáncer de mama?

Revisión de la evidencia sobre el beneficio del seguimiento tras el tratamiento adyuvante del cáncer de mama, pruebas que deben solicitarse y hasta cuándo debe mantenerse el seguimiento.

- Los objetivos del seguimiento en las pacientes sometidas a un tratamiento primario para el cáncer de mama con intención curativa son:
  - Detectar de forma precoz las recaídas
  - Control de los efectos secundarios de los tratamientos administrados
  - Fomentar hábitos de vida saludables
- Los médicos que se hagan cargo del seguimiento de las pacientes con cáncer de mama deben educarlas sobre los síntomas de alarma (aparición de lesiones en la cicatriz de mastectomía o en la mama, aparición de ganglios aumentados de tamaño, dolor óseo, disnea, dolor torácico o dolor de cabeza) ante una posible recaída, para que consulten.
- En las visitas de seguimiento debe hacerse una anamnesis detallada para descartar signos o síntomas de recaída, detectar efectos secundarios del tratamiento mientras lo reciban, efectos secundarios tardíos y segundas neoplasias.
- Las visitas de seguimiento también deben servir para valorar la adherencia a los tratamientos adyuvantes, asegurar una adecuada reincorporación a la vida laboral y fomentar hábitos de vida saludables (641).
- En las visitas de seguimiento se realizará una exploración física que deberá incluir las glándulas mamarias y cadenas ganglionares.

#### VER RESUMEN

9. Seguimiento y hábitos de vida

a) Objetivos del seguimiento tras tratamiento adyuvante



## ? ¿Qué pruebas deben pedirse en el seguimiento del cáncer de mama?

### PRUEBAS DE SEGUIMIENTO

- El seguimiento exhaustivo no ha demostrado detectar antes las recaídas o aumentar la supervivencia, y no se recomienda en ninguna guía de práctica clínica (642).

**El uso de analíticas, marcadores tumorales, rastreo óseo, radiografías de tórax, ecografías hepáticas, TAC, RNM o PET no está recomendado en el seguimiento de rutina del cáncer de mama si la paciente no refiere ningún signo o síntoma de sospecha de recaída.**

- El seguimiento con mamografías ha demostrado una reducción del riesgo de mortalidad en todas las edades (643-645).
- El objetivo del seguimiento con mamografías es detectar las recaídas ipsilaterales en pacientes con cirugía conservadora (646) y el cáncer de mama contralateral (647).
- Las mamografías se realizarán una vez al año. En las pacientes con cirugía conservadora se realizarán a partir de los seis meses de haber finalizado la radioterapia.

### VISITAS DE SEGUIMIENTO

## ? ¿Cuál debe ser la periodicidad de las visitas de seguimiento?

- Las guías ASCO recomiendan visitas cada tres o seis meses los tres primeros años, cada seis o 12 meses en el cuarto y quinto año y de forma anual después del quinto año (648).

## ? ¿Hasta cuándo debe hacerse seguimiento de las pacientes con cáncer de mama?

- El control anual con mamografía se mantendrá a lo largo del tiempo siempre que la paciente tenga un buen/aceptable estado de salud, porque estas pacientes, a diferencia de la población sana que se somete a mamografías bianuales en las campañas de cribado, tienen una probabilidad de desarrollar una recidiva local o un segundo tumor del 5-10 % en los 10 años siguientes al tratamiento, y este exceso de riesgo se mantiene durante toda su vida (649).
- Estos aspectos se individualizarán en función de la edad y estado funcional de la paciente.

Tabla 101. Recomendaciones de seguimiento en las pacientes con cáncer de mama. *Adaptada de Lash T.L. et al, Grunfeld E. et al. (645, 647).*

¿Qué pedir?	Periodicidad visitas
MAMOGRAFÍA ANUAL REVISIÓN GINECOLÓGICA anual si tamoxifeno FEVI si trastuzumab adyuvante o antraciclinas Densitometría ósea y cada dos años durante inhibidores de aromatasas o tamoxifeno en premenopáusicas PERFIL DE LÍPIDOS si hormonoterapia	1.º año cada 4 meses, 2.º-5.º año cada 6 meses, a partir de 5.º año, anual

## B. HÁBITOS DE VIDA SALUDABLE

¿Qué hábitos de vida debemos fomentar en las pacientes con cáncer de mama?

¿Qué hábitos de vida debemos fomentar en las pacientes con cáncer de mama?

### VER RESUMEN

9. Seguimiento y hábitos de vida

b) Hábitos de vida saludables



### [Código Europeo Contra El Cáncer](#)

- **Evitar el sobrepeso.** El aumento de peso en las pacientes que han padecido un cáncer de mama se ha correlacionado con una peor respuesta al tratamiento y con un mayor riesgo de recidiva (650).
- **Dieta saludable.** El consumo de alimentos siguiendo el patrón de la dieta mediterránea (rica en verduras, fruta, aceite de oliva, pescado y legumbres, y bajo consumo de productos grasos, carne roja, embutidos, dulces y bebidas azucaradas) puede reducir el riesgo de desarrollar cáncer de mama hasta en un 30 %. Por el contrario, la dieta occidental es la más perjudicial para desarrollar cáncer de mama (651).
- **Hacer ejercicio físico.** Múltiples estudios observacionales han demostrado que las mujeres que realizan ejercicio físico moderado después del cáncer de mama tienen mejores pronósticos que las que tenían menor actividad. Una revisión de ocho estudios observacionales prospectivos demostró una reducción de riesgo del 30-50 % de muerte por cáncer de mama en las mujeres que hacían ejercicio frente a las que no lo hacían (652-654). Parece que el beneficio es para todo tipo de ejercicio; no hay datos para decir que un tipo es mejor que otro.
- **No fumar.** Datos de estudios observacionales muestran que, en comparación con las pacientes que nunca han fumado, las pacientes fumadoras tienen el dobl de riesgo de morir por cáncer de mama (HR 2,01; IC 95 %; 1,27-3,18) (655, 656).
- **Moderar el consumo de alcohol (657).**

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