

NCCN Continuing Education

Target Audience: This journal article is designed to meet the educational needs of oncologists, nurses, pharmacists, and other healthcare professionals who manage patients with cancer.

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Release date: November 10, 2025; Expiration date: November 10, 2026

Learning Objectives:

Upon completion of this activity, participants will be able to:

- Integrate into professional practice the updates to the NCCN Guidelines for Breast Cancer
- Describe the rationale behind the decision-making process for developing the NCCN Guidelines for Breast Cancer

Disclosure of Relevant Financial Relationships

None of the planners for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Individuals Who Provided Content Development and/or Authorship Assistance:

The faculty listed below have no relevant financial relationship(s) with ineligible companies to disclose.

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Janice Lyons, MD, Panel Member

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The faculty listed below have the following relevant financial relationship(s) with ineligible companies to disclose. All of the relevant financial relationships listed for these individuals have been mitigated.

William J. Gradishar, MD, Chair, has disclosed receiving honoraria from AstraZeneca Pharmaceuticals LP and Daiichi Sankyo; and serving as a scientific advisor for AstraZeneca Pharmaceuticals LP, Carrick Therapeutics, Inc., Daiichi Sankyo, Eli Lilly and Company, and Stemline Therapeutics, Inc.

Cesar A. Santa-Maria, MD, MSCI, Panel Member, has disclosed receiving grant/research support from AstraZeneca Pharmaceuticals LP, Bristol Myers Squibb, Celldex Therapeutics, Inc., Genentech, Inc., Merck & Co., Inc., Novartis Pharmaceuticals Corporation, and Pfizer Inc.; receiving consulting fees from Immunomic Therapeutics, Inc.; receiving honoraria from Seagen Inc.; and serving as a scientific advisor for Gilead Sciences, Inc. and Greenwich LifeSciences, Inc.

Mei Wei, MD, Panel Member, has disclosed serving as a scientific advisor for Arvinas, AstraZeneca Pharmaceuticals LP, and Merck & Co., Inc.

Kari B. Wisinski, MD, Panel Member, has disclosed receiving grant/research support from Alterome Therapeutics, Inc., AstraZeneca Pharmaceuticals LP, Context Therapeutics Inc., Genentech, Inc., Novartis Pharmaceuticals Corporation, Pfizer Inc., Puma Biotechnology, Inc., Relay Therapeutics, Sanofi-Aventis U.S., and Zymeworks/Jazz Pharmaceuticals; and receiving consulting fees from AstraZeneca Pharmaceuticals LP, Gilead Sciences, Inc., Loxo@Lilly, Pfizer Inc., and Stemline Therapeutics, Inc.

Kay T. Yeung, MD, PhD, Panel Member, has disclosed receiving grant/research support from Alterome Therapeutics, Inc., Arvinas, AstraZeneca Pharmaceuticals LP, BioFluidica, BriaCell Therapeutics Corp., Dantari, Inc., Endeavor BioMedicines, Gilead Sciences, Inc., Greenwich LifeSciences, Inc., Iambic Therapeutics, Inc., Immunomedics, Inc., Jazz Pharmaceuticals, Inc., Merck & Co., Inc., MOMA Therapeutics, OBI Pharma, Inc., OnKure Therapeutics, Inc., Pfizer Inc., Poseida Therapeutics, Inc., Pyxis Oncology, Inc., Regeneron Pharmaceuticals, Inc., Regor Therapeutics Group, Relay Therapeutics, Inc., Seagen Inc., Stemline Therapeutics, Inc., and Zymeworks Inc.

To view disclosures of external relationships for the NCCN Guidelines panel, go to [NCCN.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels](https://www.nccn.org/guidelines/guidelines-panels-and-disclosure/disclosure-panels)

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Breast Cancer, Version 5.2025

Featured Updates to the NCCN Guidelines

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Abstract

The treatment landscape of invasive early-stage and metastatic breast cancer is evolving constantly. These NCCN Guidelines Insights focus on recent updates included in the most recent version (version 5.2025) of the NCCN Guidelines for Breast Cancer specific to workup, locoregional therapy, surveillance, and systemic neoadjuvant/adjuvant therapy recommendations for invasive, nonmetastatic breast cancer.

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Overview

Breast cancer is the most commonly diagnosed cancer in females worldwide.¹ The American Cancer Society estimates that 319,750 will be diagnosed with female breast cancer, representing 15.6% of all cancers in the United States in 2025.²

The therapeutic options for patients with breast cancer are complex and constantly evolving. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) for Breast Cancer include up-to-date guidelines for clinical management of patients with ductal carcinoma in situ (DCIS), invasive breast cancer, Paget's disease, Phyllodes tumor, inflammatory breast cancer, male breast cancer, and breast cancer during pregnancy. These guidelines have been developed and updated by a multidisciplinary panel of representatives from NCCN Member Institutions with breast cancer–focused expertise in the fields of medical oncology, surgical oncology, radiation oncology, pathology, radiology, reconstructive surgery, and patient advocacy.

In the 2025 version of NCCN Guidelines for Breast Cancer, the NCCN panel included updated recommendations/revisions for both early-stage and metastatic disease. This report is limited to updates about early-stage disease. It includes updates specific to workup, locoregional therapy, surveillance, and systemic

neoadjuvant/adjuvant therapy recommendations for early-stage invasive, nonmetastatic breast cancer.

NCCN Guidelines strive to use exclusively nongendered, inclusive, and sensitive language. The studies included in this report have not reported collection of sex and gender data. Therefore, in this report the use of terms including women, men, female, and male are as per cited statistics, recommendations, or data from organizations or sources that do not use inclusive terms.

Invasive, Nonmetastatic Breast Cancer Workup

Breast cancer–related lymphedema is characterized by lymphatic fluid accumulation and swelling, most commonly affecting the upper extremity after breast cancer treatment. The risk factors for lymphedema include axillary lymph node dissection (ALND), sentinel lymph node (SLN) biopsy adjuvant radiation therapy (RT), and elevated body mass index (BMI). The risk is lifelong for survivors.^{3,4} Early identification of lymphedema and prompt intervention are associated with improved outcomes. In the 2025 version, under “workup” section, the panel included a new bullet for the consideration of baseline

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*Provided content development and/or authorship assistance.

The full and most current version of these NCCN Guidelines is available at [NCCN.org](https://www.nccn.org).