

HR-Positive/HER2-Negative Breast Cancer: Patient-Provider Communication Checklist



Summary

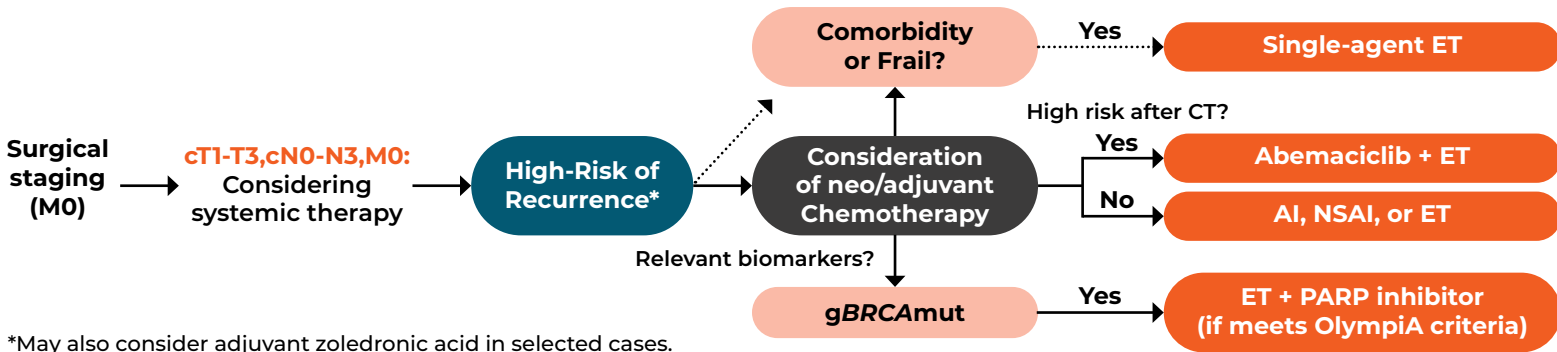
Treatment of breast cancer has advanced rapidly in the past decade, with some patients achieving good clinical outcomes. However, patients with hormone receptor-positive (HR+)/HER2-negative (HER2-) disease with high-risk features are at an elevated risk of recurrence of early breast cancer (EBC) and development of metastatic breast cancer (MBC).¹⁻⁵

Adherence to oral treatments is paramount in patients with HR+/HER2- breast cancer to reduce risk of disease progression, but particularly so in patients with early-stage high-risk disease.

Summary of High-Risk Features in EBC^{1,2}

- Large tumor size at diagnosis, positive nodal status, and high-risk gene expression signatures
- Higher proliferation index (eg, Ki-67) and lower estrogen receptor levels
 - Failure of preoperative endocrine therapy (ET) to suppress Ki-67 predicts poor outcome with adjuvant ET
- Luminal B, HER2-enriched, and basal-like subtypes are high-risk HR+/HER2- EBC
- ET resistance is a key feature of high-risk HR+/HER2- EBC that recurs within 5 years of diagnosis

Treatment Algorithm for Patients With High-Risk EBC^{3,4}

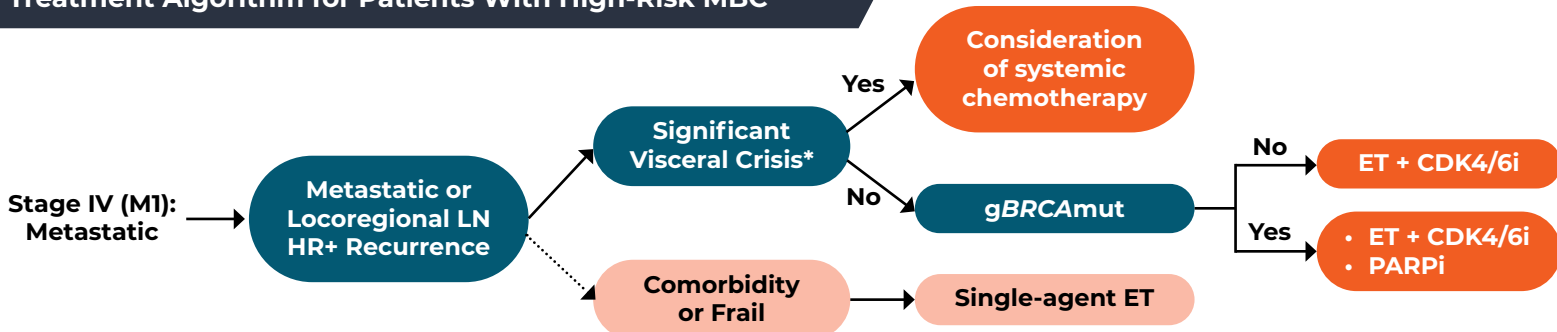


AI, aromatase inhibitor; CT, chemotherapy; ET, endocrine therapy; gBRCA, germline BRCA mutation; NSAI, nonsteroidal aromatase inhibitor.

Summary of High-risk Features in MBC^{3,4}

- Central nervous system (CNS) disease: requiring local CNS-directed therapy followed by ET plus CDK4/6 inhibitor (abemaciclib preferred)
- Disease-free interval duration <5 years
- Primary ET-resistant breast cancer that relapsed during the first 2 years of adjuvant ET or progression within 6 months of first-line ET for MBC
- Rapidly progressing liver metastasis
- Symptomatic, high tumor burden of visceral disease

Treatment Algorithm for Patients With High-Risk MBC⁵



*Defined as a patient with significant organ compromise; lymphangitic carcinomatosis, T-bilirubin high, liver enzyme elevation, in need of supplemental oxygen.

ALN, axillary lymph node; ET, Endocrine therapy; HR+, hormone receptor positive; LN, lymph node.

✓ Questions to Ask Your Doctor After Diagnosis of High-Risk HR+/HER2- EBC

- ☐ What is my risk of recurrence without systemic therapy? How is this risk decreased with chemotherapy, ET, or CDK4/6 inhibitor therapy?
- ☐ Should I have germline mutation testing performed?
- ☐ What side effects are possible with the treatments that you recommend for me?
- ☐ What can I do from a lifestyle standpoint to improve my outcome from EBC?

Notes:

✓ Possible Side Effects Associated With ET and CDK4/6 inhibitor: What to Expect and When to Call Your Doctor

- ☐ Diarrhea not controlled by loperamide, more than 4 loose stools per day
- ☐ New, unexplained cough shortness of breath, wheezing, or fever
- ☐ Pain and swelling in lower extremities
- ☐ Nausea or vomiting not controlled with medications (eg promethazine)
- ☐ Any symptom or side effect that is interfering with your ability to work or care for your home, yourself, or others
- ☐ If also receiving PARP inhibitor, tell your provider about any new or worsening fatigue, easy bruising, or bleeding, which may be a sign of bone marrow suppression (anemia and/or neutropenia)^{6,7}

Notes:

✓ Following Your Prescribed Therapy: Strategies to Promote Adherence to Oral Therapy

- ☐ See your provider every 2 weeks for the first 2 months after starting a CDK4/6 inhibitor to monitor your bloodwork and optimize the dose for CDK4/6 inhibitor
- ☐ Consider a low-fiber and low-fat diet for the first 6-8 weeks after starting CDK4/6 inhibitor to reduce your risk of diarrhea; experts recommend taking loperamide for more than 2 loose stools per day while staying well hydrated to offset fluid loss from diarrhea
- ☐ Track the number of loose stools for the first 6 weeks on CDK4/6 inhibitor and the doses of loperamide taken, and bring this information to your next visit with your provider
- ☐ Always take your medications at the same time, as part of something you already do routinely, and to minimize the potential for side effects
- ☐ Put pill bottles/boxes in an area you use every day to remind yourself to take your medications (eg, nightstand, bathroom, kitchen)
- ☐ Take advantage of technology: use “pill reminder” and alarm or apps on your smartphone or tablet
- ☐ Take notes on whether grapefruit and grapefruit juices can affect how your medication works and always check with your doctor or nurse before starting herbs or supplements
- ☐ If also receiving PARP inhibitor, tell your provider about new or worsening fatigue and nausea and ask about strategies to manage these^{6,7}
 - ☐ Nausea is not always accompanied with vomiting and tends to get better with time (~4 weeks)
 - ☐ To reduce nausea, consider taking PARP inhibitors with food, or prior to bedtime, or taking an antiemetic prior to each dose

Notes:

References

1. Fan. Future Med Chem. 2015;7:1511.
2. Garutti. Cancers. 2022;14:1898.
3. NCCN. Clinical practice guidelines in oncology: breast cancer. v.5.2023. nccn.org.
4. Genari. Ann Oncol. 2021;32:1475.
5. He. J Hematol Oncol. 2013;5:80.
6. Olaparib PI.
7. Rivera ONS. voice.ons.org/news-and-views/parp-inhibitors-and-ovarian-cancer#:~:text=To%20promote%20adherence%2C%20nurses%20should,time%2C%20usually%20around%20four%20weeks.