

Metastatic Breast Cancer: Patient-Provider Communication Checklist



Summary

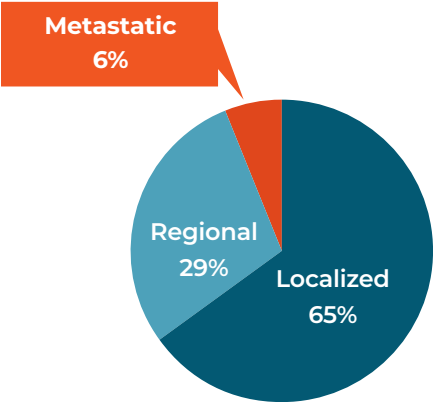
Breast cancer is the most common cancer among women in the United States in 2023.¹

~297,790
new cases

Median age at diagnosis
is 63 years

Metastatic breast cancer – also called stage IV – is breast cancer that has spread to other parts of the body, most frequently the bones, lungs, brain, or liver.

Relative Proportion of Advanced Breast Cancer Diagnosis^{1,2}



Racial Disparities



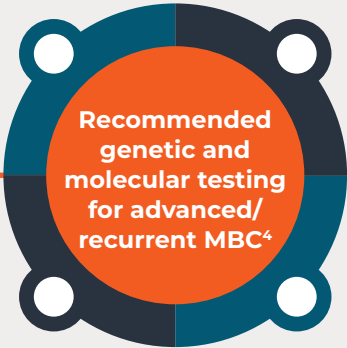
Despite lower incidence of breast cancer in non-Hispanic Black women compared to non-Hispanic White women (128.3 vs 136 per 100,000 persons), the **mortality rate amongst non-Hispanic Black women is approximately 40% higher** when compared with non-Hispanic White women and the overall population¹²



Disparities in metastatic breast cancer deaths are often multifactorial and can be attributed to socioeconomic status and logistical barriers, health care access and affordability of treatment, level of education, and cultural factors.³

Genetic risk assessment screening in patients with newly diagnosed breast cancer to identify tumor status for ER, PR, and HER2.

In triple-negative breast cancer, testing for PD-L1 immune proteins to determine eligibility for chemotherapy plus an immune checkpoint inhibitor.



Family history of *BRCA* gene mutations (breast and/or ovarian cancer), associated with an increased risk of potentially harmful mutations in *BRCA1/2* genes followed by genetic counseling and often, germline genetic testing.

Molecular markers recommended in patients with relapsed or recurrent disease include *ESR1* mutation, *PI3KCA* mutation, MSI-H/dMMR and TMB-H status, *NTRK* gene fusions, or *RET* gene fusions.

Metastatic breast cancer is not hopeless. Some people live long, productive lives with stage IV breast cancer. Many treatments are available for metastatic disease, and new medicines are being tested every day. Today, more people are living longer and fuller lives while being treated for metastatic breast cancer.

Although there is no cure for metastatic breast cancer, treatment may be able to control the disease for a number of years. If one treatment stops working, there may be another one you could try. Cancer may be active or in remission during the course of the disease. Many treatments - alone, in combination, or in sequence - are often used.

There are many resources available to help you access treatments, genetic and genomic testing or support services. Have an open discussion with your healthcare team about how molecular tests may help inform your treatment plan.



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📌 Questions to Ask Your Doctor After Diagnosis of Metastatic Breast Cancer

- ❑ What is the hormone receptor status of my cancer? What does it mean?
- ❑ What is the HER2 status of the cancer? What does it mean?
- ❑ Which genetic testing (your genetic makeup) and genomic testing (tumor's molecular composition) should I get, and when? What is the difference?
- ❑ What biomarker tests do you recommend? How are these tests different from genetic testing?
- ❑ What is chemotherapy? What is hormonal or endocrine therapy? What is targeted therapy? What is immunotherapy?
- ❑ Who will lead my overall treatment and how do I best communicate with them?
- ❑ What emotional support services are there for me and my family?
- ❑ What things can help improve my prognosis? What is that based on?
- ❑ What are my treatment options and how do the test results for biomarkers affect them? What side effects are possible with my treatment options?

📌 Available Patient Resources

Disease Information and Clinical Guidelines

- breastcancer.org/types/metastatic
- nccn.org/patients/guidelines/content/PDF/stage_iv_breast-patient.pdf
- nccn.org/patients/guidelines/content/PDF/breast-invasive-patient.pdf
- cancer.gov/types/breast
- cancer.org/cancer/types/breast-cancer.html

Advocacy and Patient Support

- breastcancer.org
- komen.org/about-komen/advocacy-work/
- smartpatients.com/communities/breast-cancer
- cancer.org/cancer/types/breast-cancer/understanding-a-breast-cancer-diagnosis/questions-to-ask-your-doctor-about-breast-cancer.html

Copays and Other Financial Assistance

- breastcancer.org/managing-life/covering-cost-of-care
- komen.org/support-resources/financial-assistance/financial-assistance-options/
- cancercare.org/financial_assistance
- needymeds.org/
- singlecare.com
- cancer.org/support-programs-and-services.html
- cancercare.org/financial
- mygooddays.org
- familyreach.org/
- 211.org/
- southwest.com/medicalgrant/
- mercymedical.org
- facingourrisk.org/support/insurance-paying-for-care/genetic-services/financial-assistance

Notes:

It is important to communicate regularly with your healthcare team about side effects. While side effects can be upsetting, there are many ways to manage them and reduce their impact on your daily life.

✔ Possible Side Effects of Treatment: What to Expect and When to Call Your Doctor

- ☐ If you develop any fever or illness (eg, cold, cough, shortness of breath, urinary tract infection)
- ☐ If you are experiencing diarrhea not controlled by medications
- ☐ If you develop a new or worsening cough, shortness of breath, wheezing, or fever
- ☐ If you are experiencing significant and uncontrolled pain that is affecting your daily activities
- ☐ If you are experiencing nausea or vomiting not controlled with medications or if you are unable to keep any fluids down
- ☐ If you are experiencing symptoms of hand-foot syndrome such as redness, swelling, tenderness, and peeling on the palms of the hands and soles of the feet
- ☐ If you are experiencing symptoms of neuropathy, including numbness, pain, tingling, burning, or loss of feeling in the hands or feet
- ☐ Any symptoms (rapid weight loss) or side effect (insomnia and/or fatigue) that is interfering with your ability to work, care for your home, or care for yourself (persistent anxiety or depression) or care for dependents

Treatment for metastatic breast cancer is a long-term commitment. Staying on track with your treatment plan can be challenging, but here are some suggestions that may help:

④ Following Your Prescribed Therapy

- ☐ Always take your medications at the same time, as part of something you already do routinely, and to minimize the potential for side effects
- ☐ Create a medication diary
- ☐ Use visual cues: place 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
- ☐ Have a plan for side effects—pick up all over-the-counter/prescribed medicines (eg, antidiarrheal, antinausea) before your treatment starts and make sure you know when to use them
- ☐ Ask your doctor/pharmacist/nurse what to do if you miss a dose
- ☐ Ask your doctor or nurse to put your medication plan in writing and go over it with you in your primary language. Consider having someone with you at your appointments to understand it as well.
- ☐ Organize your medications or have an online pharmacy do it for you
- ☐ Sign-up for automatic medication refills through an online or mail-order pharmacy
- ☐ Ask a friend, family member, or someone you’ve met through a support group to be your “medication buddy.”
- ☐ Find out about regular check-in calls from your doctor, nurse, nurse navigator, or practice-based pharmacist to review your medications
- ☐ Remember that you have options—call your doctor/nurse with any side effect that is difficult for you to manage
- ☐ Ask if it would be appropriate to record discussions with care team to use as reminders

Notes:

[illegible]

📌 Clinical Trials: What Are My Options?

Clinical trials are carefully designed research studies, evaluating new therapies, that depend on human patients or volunteers to improve medical care over time. Patients participating in clinical trials receive high quality care and enhanced monitoring of their disease.

Select Clinical Trials in Advanced or Metastatic Breast Cancer (Recruiting as of August 2023)

Study	Setting	Treatment
HR+HER2-		
MK-3475-B49/ KEYNOTE-B49 (NCT04895358)	Locally recurrent, inoperable, or metastatic, previously untreated HR+/HER2- breast cancer	Chemotherapy ± pembrolizumab
ELEVATE (NCT05563220)	Recurrent ER+/HER2- advanced/metastatic breast cancer with <i>PIK3CA</i> mutation, and 1 to 2 previous hormonal therapies	Elacestrant + alpelisib, everolimus, ribociclib, or palbociclib and ribociclib
postMONARCH (NCT05169567)	Previously treated recurrent ER+/HER2- metastatic breast cancer	Fulvestrant ± abemaciclib
HER2+		
DESTINY-Breast09 (NCT04784715)	Previously untreated HER2+ metastatic breast cancer	T-DXd ± pertuzumab vs taxane/ trastuzumab/pertuzumab
HARMONIA (NCT05207709)	Advanced, recurrent, HER2 enriched subtype metastatic breast cancer	Ribociclib + letrozole or fulvestrant vs palbociclib + letrozole or fulvestrant
TNBC		
ASCENT-04 (NCT05382286)	Previously untreated, localized, inoperable or metastatic TNBC	Sacituzumab govitecan + pembrolizumab vs treatment of physician's choice + pembrolizumab
TROPION-Breast02 (NCT05374512)	Previously untreated inoperable/metastatic TNBC ineligible for PD-1/PD-L1 therapy	Dato-DXd vs treatment of physician's choice
TROPION-Breast03 (NCT05629585)	Residual invasive TNBC at resection after neoadjuvant therapy	Dato-DXd ± durvalumab vs capecitabine and/or pembrolizumab
19-239 (NCT04039230)	Advanced or metastatic TNBC	Sacituzumab govitecan + talazoparib
TROPION-PanTumor01 (NCT03401385)	Advanced or metastatic TNBC that relapsed or progressed on standard treatment	Dato-DXd

Notes:

References

1. seer.cancer.gov/statfacts/html/breast.html.
2. Blanter. J Clin Oncol. 2021;38; suppl.1084.
3. www.bcrf.org/blog/black-women-and-breast-cancer-why-disparities-persist-and-how-end-them/.
4. NCCN. Clinical practice guidelines in oncology: breast cancer. V4.2023. nccn.org.



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