

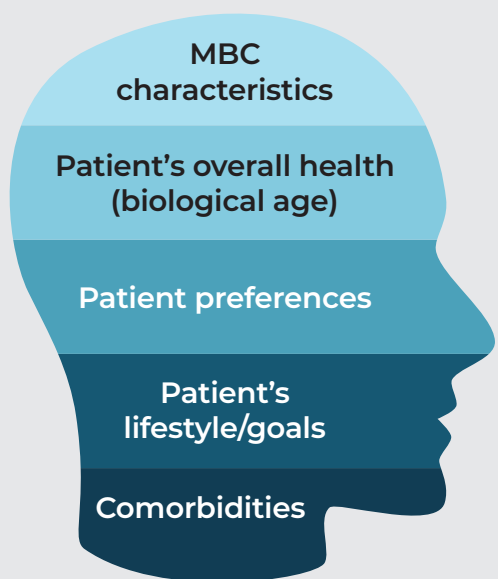
Closing the Age Gap in HR+/HER2- MBC

A Guide for Improving Care of Older Patients

Unique Challenges of Older Patients With Cancer

Treatment for HR-positive/HER2-negative MBC is not one-size-fits-all

Treatment Decisions



Undertreating

negatively affects overall outcomes for healthy older patients who do not receive the most effective therapy

Overtreating

harms vulnerable patients who cannot tolerate aggressive combination therapy



- Every older patient is different—biological age can be more important than chronological age
- Individualizing therapy can help avoid undertreatment or overtreatment
- Patient education is important to ensure patients understand their options
- When patients fully understand the potential benefits and risks of different therapies, they can make informed choices together with their healthcare team

Best Practices for Geriatric Clinical Assessment

Older patients with HR-positive/HER2-negative MBC often have additional health concerns and age-related issues that make their care more complex

Before deciding on a treatment plan, it's important to get a full picture of an older patient's health through a geriatric assessment

Resources for Geriatric Assessment Tools

- ASCO Guidelines: Practical Assessment and Management of Vulnerabilities in Older Patients Receiving Systemic Cancer Therapy (Dale. JCO. 2023;4293)
- Screening tools:
 - Vulnerable Elders Survey-13 (VES 13)
 - G8 Screening Tool
 - Flemish version of the Triage Risk Screening Tool (fTRST)
 - Cancer and Aging Research Group (CARG) toxicity score

Checklist for geriatric assessment:

- ☐ Functional status and mobility: How well do patients manage everyday activities (dressing, bathing, cooking, etc)? What is their overall physical activity level? How is the patient's balance and walking to gauge fall risk?

- ☐ Comorbidities and medications: What other medical conditions (eg, heart disease, diabetes, kidney problems) do the patients have? What other medications are they taking?

- ☐ Cognition and mood: Screen for memory loss, confusion, or cognitive impairment; depression, anxiety, other mental health conditions that may influence patients' ability to follow a treatment regimen

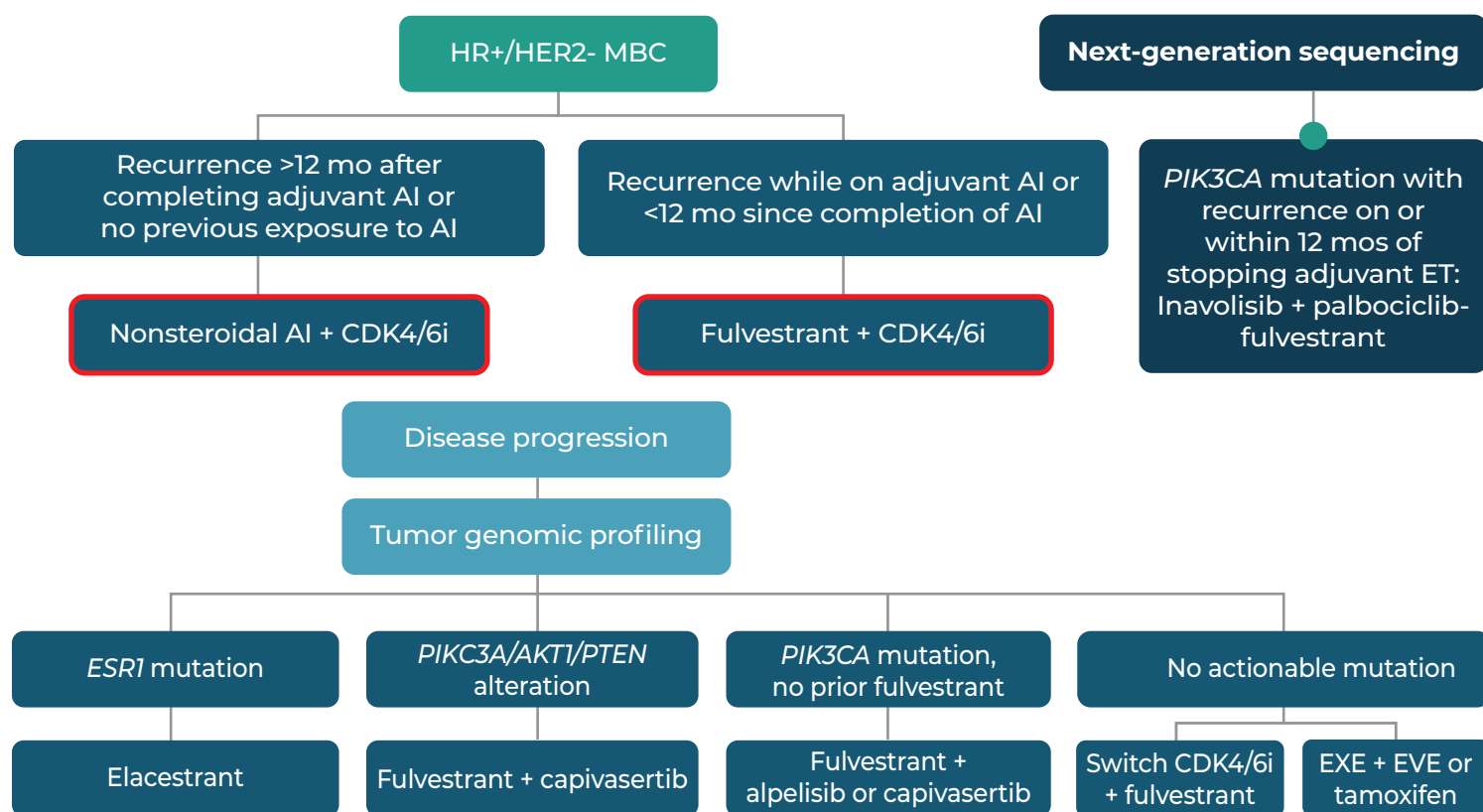
- ☐ Nutrition: Check for unintentional weight loss or malnutrition; consider improving nutrition with the help of dietitians or supplements to boost overall physical strength and treatment tolerance

- ☐ Social support: What is the patient's living situation and support network (family, caregivers, home assistance)? Are there any language barriers or cultural barriers? Does the patient have transportation? Does the patient have help with daily needs? Are extra resources needed?

Considerations for Prescribing Treatment for Patients With HR+/HER2- MBC

Treatment goal: control the cancer while maintaining quality of life

Initial Standard-of-Care Treatment for HR+/HER2- MBC: March 2025



- CDK4/6 inhibitors (such as abemaciclib, palbociclib, or ribociclib) plus endocrine therapy is a standard initial treatment for newly diagnosed HR+/HER2- MBC
- It is important to monitor AEs closely for older patients receiving any systemic therapy
- CDK4/6 inhibitors can cause low blood counts, fatigue, or other AEs, which older adults may be more susceptible to
- Doses might be adjusted or extra monitoring employed to ensure treatment remains tolerable

Monitoring Considerations for CDK4/6 Inhibitors: Dosing and AEs

	Abemaciclib	Palbociclib	Ribociclib
Pill burden	With ET: 150 mg (1 tablet) Monotherapy: 200 mg (1 tablet)	125 mg (1 tablet or capsule)	600 mg (3 x 200-mg tablets)
Dosing schedule	Twice daily x 28 days; 28-day cycle	Once daily x 21 days; 28-day cycle	Once daily x 21 days; 28-day cycle
Food considerations	With or without food	Capsule: with food Tablet: with or without food	With or without food
Common AEs	Neutropenia, fatigue, diarrhea, nausea	Neutropenia, fatigue	Neutropenia, fatigue
Monitoring	CBC, LFTs	CBC	CBC, LFTs, ECG, electrolytes
Special considerations	VTE, hepatotoxicity		QT interval prolongation, hepatotoxicity

During Therapy, Patients and Their Care Teams Should Check In at Each Step



Have frank discussions about what to expect from treatment



Carefully consider treatment and then monitor how the patient is coping once therapy begins



Use additional supportive care measures as needed

- How likely is the therapy to prolong life vs the potential for adverse effects?

- How does a patient’s current goals for care and overall health change treatment decisions?

- Physical therapy to improve the patient's strength and balance before intensive therapy

- Develop a meal plan with a dietitian to improve nutrition

Novel therapies continue to expand the toolbox for controlling HR-positive/HER2-negative MBC, but the fundamental approach remains the same:



Choose the regimen that offers the best chance of cancer control with the least disruption to the patient’s health and daily life

AE, adverse effect; AI, aromatase inhibitor; CBC, complete blood count; CDK4/6i, CDK4/6 inhibitor; ET, endocrine therapy; EVE, everolimus; EXE, exemestane; HR, hormone receptor; LFT, liver function test; MBC, metastatic breast cancer; VTE, venous thromboembolism.

See below for a patient resource guide

by  Smart Patients

Key Considerations for Older Adults with Hormone Receptor Positive HER2 Negative Metastatic Breast Cancer (MBC)

Brought to you by:



HR-positive / HER2-negative breast cancer treatment should not be one-size-fits-all. It should fit your health, lifestyle, and personal goals. Understanding your options helps you work with your doctor to make the best decisions.

These topics are important to talk to your healthcare team about:

- **Your treatment options.**

Why: Breast cancer treatments aren't the same for everyone. Your doctor will recommend a treatment option(s) for you by looking at your overall health, test results, and what your goals are.

Question to ask your doctor:
What are the pros and cons of each treatment option?

- **How this treatment will impact your daily life.**

Why: Some breast cancer treatments may cause fatigue, nausea, or pain, making it harder to do everyday activities. It's important to find a balance between managing cancer and maintaining quality of life.

Question to ask your doctor:
How will this treatment affect my energy, mobility, and ability to do daily tasks?

- **How to plan and manage possible side effects.**

Why: Older adults may experience stronger side effects because their bodies process medications differently. Knowing what to expect helps prevent and manage problems early.

Question to ask your doctor:
What side effects are most common in older adults, and how can I reduce them?

- **How your treatment plan may change over time.**

Why: Your needs and health can change. Regular check-ins help adjust your treatment so it stays safe and effective as your body changes.

Question to ask your doctor:
How often will we review my treatment plan, and what happens if I need a change?

- **How to be involved in your treatment decisions.**

Why: Your breast cancer treatment should match your personal goals. Your doctor needs to know what matters most to you to help you optimize your treatment plan.

Question to ask your doctor:
How can we make sure my treatment aligns with what matters most to me?



Age-related topics to discuss with your doctor

Functional status (daily activities)

Will this treatment affect my ability to do daily activities?



Why: This checks how well you can do daily tasks like bathing, dressing, cooking, and shopping. If a treatment makes daily life harder, your doctor may adjust it to help keep your independence.

Memory and thinking (cognitive function)

Will this treatment affect my memory or thinking?



Why: Some cancer treatments can affect memory or thinking. Doctors use simple tests to check for changes so they can adjust medications if needed.

Mood and depression check (emotional health)

What can I do if I feel sad, worried, or lonely?



Why: Feeling sad or anxious can make cancer treatment harder. Doctors ask questions about mood and stress to provide the right support if needed.

Nutrition and weight

How can I keep my strength and energy up during treatment?



Why: Cancer and its treatments can change appetite and weight. A nutrition check helps prevent weakness, fatigue, and weight loss so you stay as strong as possible.

Social support (who helps you?)

What resources are available if I need extra help at home?



Why: Cancer care can be hard to manage alone. Doctors ask about family, friends, or caregivers who can help. If you don't have support, they can connect you with resources.

Mobility (walking and balance)

How can I stay strong and avoid falls during treatment?



Why: Falls can slow down cancer recovery. Doctors may check balance, walking speed, and strength to help prevent falls and keep you moving safely.