

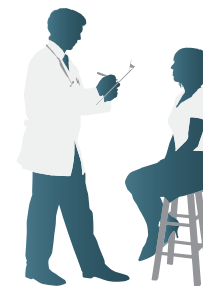
Patient–HCP Communication Checklist:

CDK4/6 Inhibitor Therapy in Early-Stage Hormone Receptor–Positive/HER2–Negative Breast Cancer



What Should I Know Before Treatment?

- Some people with HER2-negative early-stage breast cancer have a higher risk of their cancer coming back, or recurring, after surgery
- Your risk may be higher if^{1,2}:
 - The cancer has spread to your lymph nodes (this is called node positive)
 - The tumor was large
 - The cancer cells removed from the tumor look very different from normal cells under a microscope (known as high grade)
- To reduce this risk of disease recurrence, your doctor may prescribe a CDK4/6 inhibitor (either abemaciclib or ribociclib) along with hormonal therapy (also called endocrine therapy; an aromatase inhibitor or tamoxifen)
 - Adjuvant therapy usually lasts for a set period (eg, abemaciclib is often given for 2 years along with longer-term hormone therapy that may continue for 5-10 years)
 - Only abemaciclib and ribociclib are approved in this setting; palbociclib is not currently used for early-stage breast cancer
- CDK4/6 inhibitors and hormonal therapy block cancer cell growth in complementary ways



Key Questions Prior to Treatment

- Will I receive abemaciclib or ribociclib along with endocrine treatment as adjuvant therapy?
- How long will adjuvant therapy last?
- How will adjuvant therapy help my prognosis?
- How will we know if the treatment is working?
- How often will I need blood tests or scans?
- What services are available for me for emotional support and coping with my diagnosis? What services are available for my family?
- What are potential side effects of my treatment options?
- Are there any long-term or serious side effects to treatment that I should be aware of?
- What happens if I can't tolerate the medicine? Are there other options?
- Are there any restrictions to my lifestyle, exercise habits, work, or sexual health?
- Are there any restrictions with my diet, or is there a specific diet I should follow?
- What should I do if I want to get pregnant in the future?



Notes:



What to Expect During Treatment: Key Side Effects With CDK4/6 Inhibitors

CDK4/6 inhibitor (abemaciclib or ribociclib)^{4,5}

Common side effects:

- Diarrhea
- Nausea and vomiting
- Abdominal pain
- Decreased appetite
- Fatigue
- Low white blood cell count without an infection
- Increased risk of infection
- Low platelet count
- Body aches
- Hair thinning
- Changes in blood creatinine

Serious, less common side effects:

- Decreased white blood cell count (neutropenia) leading to serious infection
- Lung inflammation (interstitial lung disease or pneumonitis)
- Changes in liver enzymes that are reversible
- *Abemaciclib primarily*: diarrhea leading to dehydration
- *Abemaciclib only*: risk of blood clot, especially in the lungs
- *Ribociclib only*: severe skin rash, pain, or blistering of skin or mouth, with or without fever (severe cutaneous adverse reactions)
- *Ribociclib only*: fluttering in chest (heart palpitations), dizziness, or fainting (QT interval prolongation)



Notes:

✓ What to Expect During Treatment: Monitoring for Key Side Effects^{4,5}

Your care team will want to consult with you regarding the occurrence of specific side effects during treatment and may request blood for laboratory tests

Diarrhea	Abemaciclib Ribociclib	Most people who experience diarrhea with abemaciclib do so in the first month, with the first event generally occurring within the first week and lasting 1-2 weeks Notify your healthcare team if you experience this side effect
Liver Toxicity	Abemaciclib Ribociclib	For those who experience severe effects, the timing can be anywhere from 2-6 months, lasting 2-3 weeks. Your team will check your liver function before starting treatment, every 2 weeks for 3 months, then: • <i>Abemaciclib</i>, once/month for 2 months, then as indicated • <i>Ribociclib</i>, at start of every treatment cycle for 4 cycles
Neutropenia*	Abemaciclib Ribociclib	For those who experience severe effects, this occurs most frequently in the first 2-4 weeks of treatment and resolves within 2 weeks Your team will perform a complete blood count (blood test) before treatment, then: • <i>Abemaciclib</i>, every 2 weeks for 2 months, every month for the next 2 months, then as indicated • <i>Ribociclib</i>, every 2 weeks for 2 cycles, then at the start of the next 4 cycles, then as indicated
Venous Thromboembolism†	Abemaciclib	Your team will monitor you for signs and symptoms of thrombosis or pulmonary embolism
ILD/ Pneumonitis‡	Abemaciclib Ribociclib	Your team will monitor you for pulmonary symptoms indicative of ILD or pneumonitis (eg, cough, shortness of breath)
QT Interval Prolongation§	Ribociclib	Your team will monitor your electrolytes and electrocardiogram (ECG) prior to treatment start and then: • ECG at approximately Day 14 of cycle 1 and then as indicated • Electrolytes at start of each cycle for 6 cycles and then as indicated

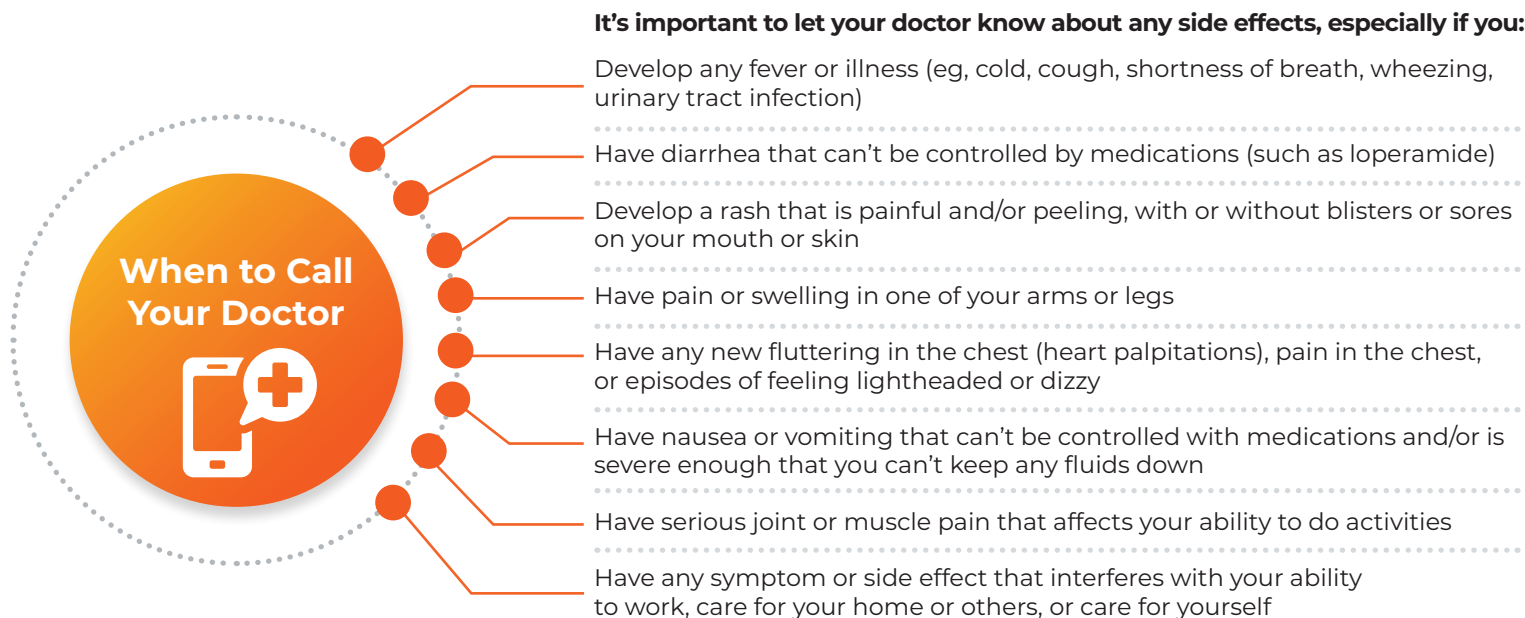
*Low levels of neutrophils (a type of white blood cell). †Blood clots in a vein. ‡ILD, interstitial lung disease; relating to inflammation/progressive scarring of lung tissue. §Delay in the heart's electrical conduction system.



Notes:

✓ Communicating With Your Care Team During Treatment

- Before each visit, note how you are feeling, any side effects, and any changes in your daily life. This can help your care team adjust your plan.



- Because your white blood cells may drop, ask about vaccines, hand-washing, and how to avoid infections.

Following and Completing Your Prescribed Therapy

Treatment works best when you follow the instructions and take your medication as prescribed.⁶⁻⁹ Missing doses, taking extra doses, or taking doses at the wrong time can disrupt your treatment. Not taking medication as instructed may make the treatment less effective against the cancer and lower your quality of life.

These tips may help you keep your treatment on track:

- Establish a routine! It's best to take your medicines as prescribed at the same time(s) every day and to be consistent (eg, taking them with or without food)
- Put pill bottles/boxes in an area you use every day to remind yourself to take your medications (eg, nightstand, bathroom, kitchen)
- Organize your medications or have an online pharmacy do it for you
- Use daily reminder apps on your smartphone or tablet
- Create a medication diary
- Find out about regular check-in calls from your doctor, nurse, nurse navigator, or practice-based pharmacist to review your medications
- Ask your doctor/pharmacist/nurse what to do if you miss a dose
- Call your doctor/nurse about any side effect that you experience
- Have a plan for side effects: Pick up all recommended over-the-counter/prescribed medicines for side effects (eg, antidiarrheal, antinausea) before your treatment starts, and ask your care team when to use them if you're not sure
- Remember that you have options—call your doctor/nurse with any side effect that is difficult for you to manage



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Emotional and Practical Support



References

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