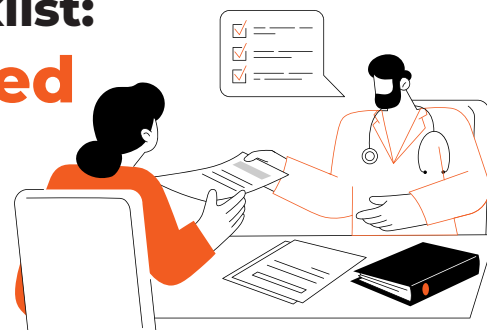


Patient–Provider Communication Checklist: Treatment for Newly Diagnosed HER2-Positive Metastatic Breast Cancer (MBC)



What does HER2 and hormone receptor (HR) status mean?

HER2 Status:

- **HER2+:** Cancer cells have high levels of HER2 protein
- **HER2-:** Cancer cells have no HER2 protein
- **HER2 low:** Cancer cells have low to intermediate levels of HER2 protein

HR Status:

- **HR+:** Cancer cells express estrogen and/or progesterone receptors and use them to promote cancer cell growth and survival
- **HR-:** Cancer cells do not express or have very low levels of estrogen and/or progesterone receptors and do not require them to promote cancer cell growth and survival

What treatments could I receive for newly diagnosed HER2+ MBC?*



THP (taxane + trastuzumab + pertuzumab)^{2,3}

THP is a regimen that includes 3 medications: a taxane chemotherapy (eg, docetaxel or paclitaxel) and 2 HER2-targeted monoclonal antibodies (trastuzumab + pertuzumab).

T (taxane) is administered as an intravenous (IV) infusion for 1 hour once every 3 weeks. HP (trastuzumab + pertuzumab) can be administered as IV infusions or as a single subcutaneous injection every 3 weeks.



What treatment-related side effects could I experience?

Diarrhea, alopecia (hair loss), neutropenia (low white blood cell count), nausea, fatigue, rash, decreased appetite, mucositis (inflammation of mucous membranes like the mouth or gut), weakness, peripheral edema (fluid retention in the limbs), constipation, neutropenic fever, dry skin.

Palbociclib + trastuzumab + endocrine therapy ± pertuzumab⁴

If your cancer is HR+, you may receive this treatment regimen after completing taxane chemotherapy. The endocrine therapy and palbociclib, a CDK4/6 inhibitor, work together to block estrogen or progesterone effects on the cancer cells.

Palbociclib is a daily oral capsule or tablet. Pertuzumab and trastuzumab can be administered as IV infusions or as a single subcutaneous injection once every 3 weeks.

Endocrine therapy may include a daily oral medication, like letrozole, anastrozole, and exemestane, or injected medication like fulvestrant once every 4 weeks.



What treatment-related side effects could I experience?

Neutropenia (low neutrophils), fatigue, stomatitis (inflammation of the mouth and lips), diarrhea, upper respiratory tract infection, arthralgia (joint pain), decreased ejection fraction, heart dysfunction, fever, chills, rash, infection.

Trastuzumab deruxtecan (T-DXd) ± pertuzumab⁵

T-DXd is a HER2-targeted antibody–drug conjugate made to deliver potent chemotherapy to the HER2-expressing cancer cells.

T-DXd is administered as an IV infusion once every 3 weeks. Pertuzumab can be administered as an IV infusion or a subcutaneous injection once every 3 weeks.



What treatment-related side effects could I experience?

Nausea, diarrhea, neutropenia, fatigue, alopecia, vomiting, increased transaminases, anemia, leukopenia (low white blood cell count), decreased appetite, decreased weight, thrombocytopenia (low blood platelet count), constipation, hypokalemia.

*Discuss these regimens with your doctor, taking into account the treatment options available at that time.

Questions to Ask Your Doctor After Diagnosis of HER2+ MBC

- What does my cancer’s HER2 status mean for my treatment?
- What is my cancer’s HR status?
- What other biomarker or genetic tests should I consider?
- How often will I need imaging or other tests?
- Who should I contact in the future when I have new questions?
- What support services are available?



Notes:

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Questions to Ask Your Doctor About Your Treatment Options

- What are my treatment options and what are the pros and cons of each?
- How will each treatment affect my daily life?
- What are the potential side effects?
- When should I call my doctor about side effects?
- How long will my treatment last?
- What happens if I can’t tolerate the treatment?
- What financial resources are available?
- Should I consider clinical trials?



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Questions to Ask Yourself About Your Treatment Goals

- How involved do I want to be in making treatment decisions?
- Do I want to know all of the details of my cancer status, including my prognosis?
- Who in my life will help me with my care decisions (eg, family and/or friends)?
- How involved do I want them in those decisions (eg, get their advice, decide together)?
- What are my treatment goals (eg, living longer, feeling better, getting rid of all of my cancer)?
- What are my biggest concerns about treatment?
 - Side effects
 - Emotional impact and mental health
 - Maintaining ability to work
 - Maintaining daily responsibilities at home
 - Impact on my relationships
 - Transportation to appointments
 - Scheduling appointments around work or other responsibilities
 - Arranging childcare/caregiving
 - Insurance coverage
 - Out-of-pocket costs



Notes:

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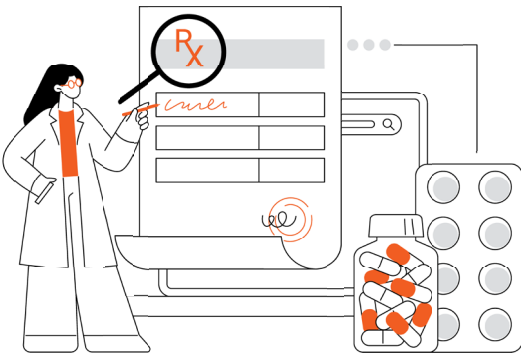
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