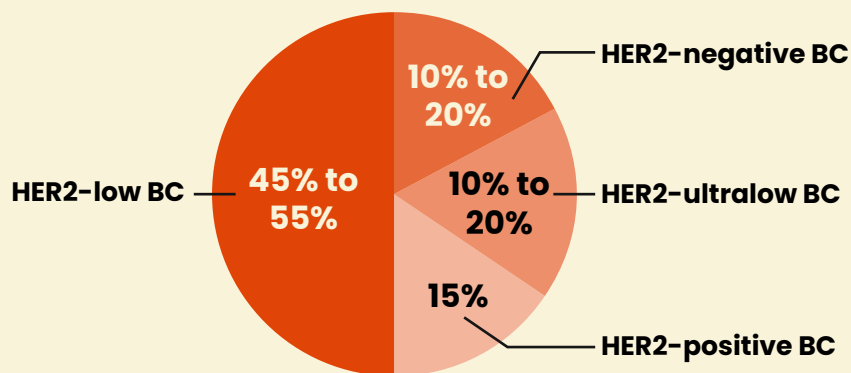


Treatment Options and Considerations for Newly Diagnosed HER2-Positive Metastatic Breast Cancer (mBC)

Patient and Caregiver Resource

HER2 Prevalence in Breast Cancer (BC)¹⁻³



HER2 Testing, Therapy Selection, and Treatment Initiation^{4,5}

It is crucial for patients to be tested to determine their HER2 status before initiating therapy and because those with HER2-positive mBC may carry more aggressive disease that is more likely to recur (come back) after initial therapy. HER2-targeted therapy has greatly improved outcomes in patients with HER2-positive mBC.

Key considerations: Timing and communication of biomarker testing results with patients is important. Unforeseen delays or inconclusive biomarker results can lead to delays in optimal therapy and leave patients feeling concerned about receiving therapy before complete biomarker testing results are known.

Understanding Available Treatment Options

Initial (First-line) Therapy^{4,6-8}

As of the beginning of 2026, the most common regimen used as first-line therapy for HER2-positive mBC is THP, consisting of a taxane chemotherapy (T) and 2 monoclonal antibodies that target HER2, trastuzumab (H) and pertuzumab (P). In December 2025, trastuzumab deruxtecan (T-DXd), a HER2-targeted antibody-drug conjugate, was approved in combination with pertuzumab as another first-line therapy option.

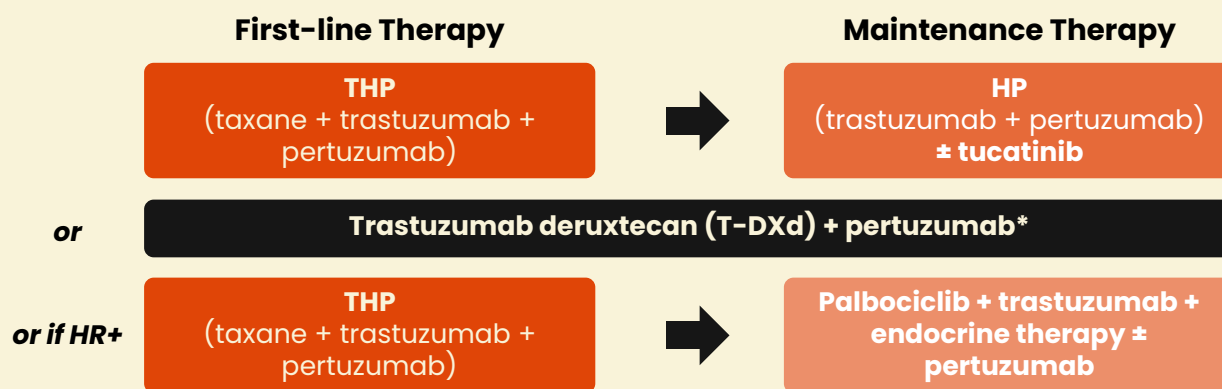
Maintenance Therapy^{6,7,9-11}

First-line maintenance therapy is the treatment regimen you receive after your cancer responds to first-line therapy to keep your disease controlled.

First-line THP treatment has usually been followed by HP (trastuzumab + pertuzumab) maintenance therapy. Recent data have shown the addition of tucatinib to HP maintenance significantly lowers risk of disease progression compared with HP alone.

If your cancer is hormone receptor-positive (HR+), you may receive a different maintenance therapy after first-line THP consisting of palbociclib, a CDK4/6 inhibitor, plus trastuzumab and hormone/endocrine therapy, with or without pertuzumab.

First-line Treatment Options for HER2-Positive mBC and Key Considerations⁶⁻¹⁴



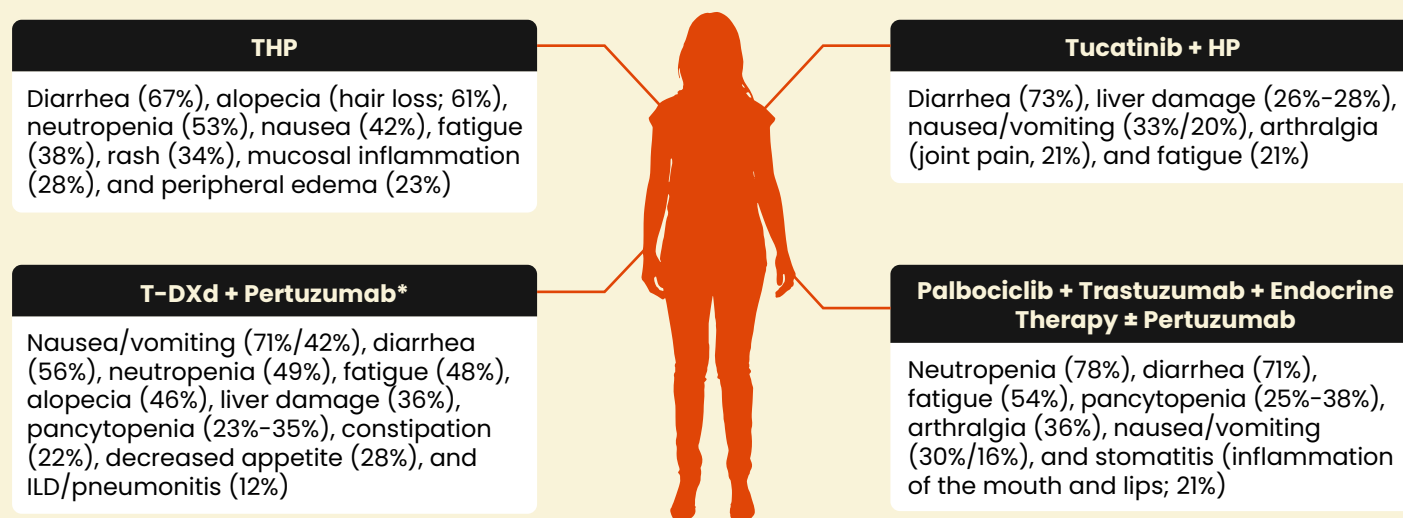
Treatment	Administration
HP (trastuzumab + pertuzumab)	IV infusions or subcutaneous injection every 3 weeks
Tucatinib	Twice daily oral tablets
Palbociclib	Daily oral capsule or tablet
Endocrine therapy (ET)	May include: ▲ Daily oral medication like letrozole, anastrozole, and exemestane ▲ Or injected medication like fulvestrant, once every 4 weeks
T-DXd	IV infusion once every 3 weeks
Pertuzumab	IV infusion or a subcutaneous injection once every 3 weeks

Key Considerations:

- ▲ If you have high tumor burden disease or high burden of central nervous system disease, your healthcare professional may prefer T-DXd + pertuzumab as first-line treatment.
- ▲ If your cancer is HR+, you may receive endocrine therapy during maintenance treatment.

Common Side Effects⁷⁻¹⁰

Patients receiving anti-HER2 therapy may require close monitoring for treatment-related toxicities and/or prophylactic premedication to minimize the potential for serious side effects.



*You may be prescribed additional medications to prevent or reduce nausea and your risk of infections.

When to Call Your Doctor

Diarrhea is a common side effect of all first-line treatment options.

Call your doctor if:

- You have multiple episodes of diarrhea that are not well controlled by an antidiarrheal medication, such as loperamide
- You may be losing more fluids via diarrhea than you are consuming orally
- You have more than 4–5 episodes of diarrhea in a day

If you are receiving T-DXd treatment, call your doctor if:

- You have cough, fever, dyspnea (difficulty breathing), or any new or worsening respiratory symptoms; these symptoms could be a sign of a serious side effect known as ILD or pneumonitis

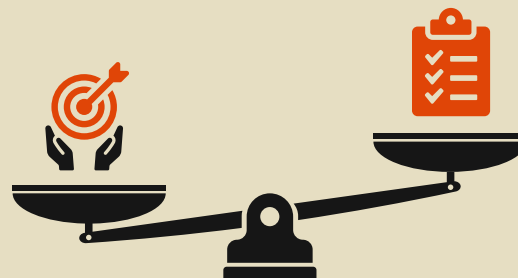
If you are receiving palbociclib treatment, call your doctor if:

- You have signs of an infection, fever, or chills; these symptoms could be a sign of neutropenia
- You have recurrent infections



Treatment Decision-making Factors

- Treatment goals: weighing quality of life against treatment efficacy
 - Living longer
 - Feeling better
 - Quality of life
- Impact of previous experiences:
 - Prior medical experiences influence current decisions
- Other considerations:
 - Emotional impact and mental health
 - Impact on relationships
 - Transportation to appointments
 - Scheduling appointments around other responsibilities
 - Arranging childcare or caregiving
 - Insurance coverage
 - Out-of-pocket costs



Other Resources

[African American Breast Cancer Alliance](#)
[American Cancer Society](#)
[BreastCancer.org](#)
[CancerCare](#)
[CancerChoices](#)
[Cancer Support Community](#)
[ChemoCare](#)
[Living Beyond Breast Cancer](#)
[Metastatic Breast Cancer Alliance](#)

[Metastatic Breast Cancer Network](#)
[Metavivor](#)
[National Breast Cancer Foundation, Inc](#)
[National Cancer Institute](#)
[National Comprehensive Cancer Network](#)
[Share Cancer Support](#)
[Surviving Breast Cancer](#)
[Susan G. Komen](#)
[Understand Cancer Together](#)

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