

A Guide Through the Metastatic Breast Cancer Patient Journey: Focus on HER2+/HER2-Low ADC Therapy

The metastatic breast cancer landscape can be a complex and ever-changing treatment journey that benefits from a multidisciplinary approach to care. In partnership with Daiichi Sankyo, this roadmap is intended to provide a comprehensive overview and educational resource for advanced practice providers (Nurse Practitioner, Pharmacist, Physician Assistant) and oncology nurse navigators on HER2+/HER2-low breast cancer including key considerations for treatment, setting upfront expectations, and adverse event management. This roadmap aims to enhance the care team's knowledge on treatment options and patient journey considerations.



Confirmation of Breast Cancer Progression

1

BIOMARKER TESTING OF TUMOR BIOPSY

- Hormone receptor (HR+ [ER+ and/or PR+]; HR- [ER- and PR-])¹

- HER2+ (IHC 3+ or IHC 2+/ISH+)
- HER2-low (IHC 1+ or IHC 2+/ISH-)
- HER2- (IHC 0)²

- Tumor proteins or markers, genes, mutations¹

KEY CONSIDERATIONS:

- Educate on biomarkers, importance of testing, & treatment implications
- Facilitate timely and efficient biomarker testing
- Confirm communication of results to appropriate MDT members
- Identify and coordinate support for potential barriers to care (financial, logistical)
- Recognize social determinants of health access/disparities
- Maintain current knowledge of genomic testing options (IHC vs FISH) and HER2-low categories
- Assess and encourage patient support system

2

METASTATIC OR RECURRENT HER2+ OR HER2-LOW BREAST CANCER DIAGNOSIS

- Clarify that metastatic breast cancer (mBC) is incurable but treatable

Ensure patient understands the diagnosis, biomarker test results, and staging

KEY CONSIDERATIONS:

- Dispel any misconceptions about the disease and treatments
- Discuss differences between HER2+, HER2-low, HER2-, HR+, HR-, and triple-negative mBC
- Provide patient/caregiver with psychosocial support and resources
- Coordinate care between patient/caregiver and MDT

METASTATIC OR RECURRENT BREAST CANCER TREATMENT OPTIONS

Local¹

- Surgery
- Radiation
- Ablation

Systemic

- Inhibitors¹
- Endocrine therapy¹
- Chemotherapy¹
- Immunotherapy¹
- Other targeted therapies¹
- Clinical trials¹

HER2-Targeted Therapies

HER2-Targeted Drug Class	HER2+	HER2-low
Antibody drug conjugate	Ado-trastuzumab emtansine, ¹ fam-trastuzumab deruxtecan-nxki ^{1,3}	Fam-trastuzumab deruxtecan-nxki ³
Kinase inhibitor	Lapatinib, ¹ neratinib, ¹ tucatinib ¹	—
Monoclonal antibody	Marargetuximab-cmkb, ¹ pertuzumab, ¹ pertuzumab and trastuzumab, ¹ trastuzumab ¹ or biosimilar	—

KEY CONSIDERATIONS:

- Encourage patients to participate in the treatment decision-making process
- Assess patient priorities and help set appropriate goals of therapy
- Educate patient/caregiver on HER2+ or HER2-low treatment options (chemo vs ADC therapy), length of treatment, and potential side effects
- Coordinate financial support for access to therapy

3



Surgery (for limited symptomatic metastases)



Radiation therapy (for limited symptomatic metastases)



Hormone therapy



Targeted therapy



Chemotherapy

Treatment Options

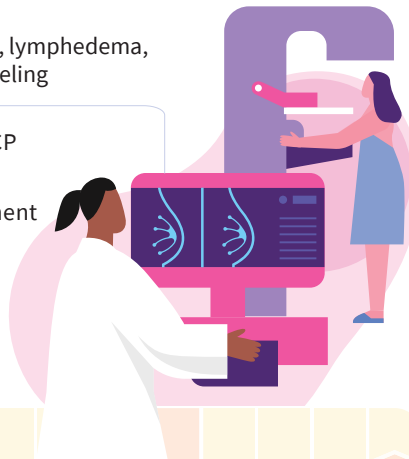
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4

SUPPORTIVE/PALLIATIVE CARE¹

KEY CONSIDERATIONS:

- Continued care for breast cancer-related symptoms (fatigue, bone/joint health, lymphedema, pain relief), including emotional, spiritual, or financial support, or family counseling
- Review long-term side effects and challenges including when to report to HCP
- Facilitate referrals to specialists as early as possible to address symptoms
- Provide emotional support for symptoms and increased anxiety post-treatment
- Encourage patient to continue recommended follow-up and surveillance
- Provide financial assistance resources
- Educate patient to continue health maintenance with PCP and recommended cancer screenings



6

MONITORING ON TREATMENT¹

- Follow-up visits/tests to assess treatment response

KEY CONSIDERATIONS:

- Advise patient of expected frequency and reemphasize the importance of keeping follow-up visits and test appointments
- Inform patients that management of adverse reactions may require temporary interruption, dose reduction, or discontinuation of ADC therapy
- Assess for side effects, treatment adherence, and reinforce supportive management strategies
- Ensure patient that dose modifications should not be viewed negatively and efficacy can still be preserved
- Assess for distress and recommend coping strategies
- Coordinate continued support to address patient/caregiver concerns, challenges, and needs

Advanced Breast Cancer
Resources for Nurse Navigators

Advanced Breast Cancer
Patient Resources



References

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5

ADC TREATMENT INITIATION

- Assess & address barriers to care
- Educate on IV administration, 21-day cycle, and treatment expectations
- Explain potential ADC therapy toxicities, importance of tracking symptoms and when to report to HCP

Report at next oncology visit:
any new or worsening symptoms

Call healthcare team:
dizziness, pregnancy

Call 911 or go to ER:
shortness of breath, cardiac symptoms,
chest pain, fever $\geq 100.4^{\circ}\text{F}$

KEY CONSIDERATIONS:

- Inform patients of supportive care medications for nausea and vomiting and infusion-related reaction
- Verify and discuss pregnancy status & possible reproductive issues



7

HOSPICE/END-OF-LIFE (EOL) CARE⁴

- Appropriate when prognosis is 6 months or less

KEY CONSIDERATIONS:

- Develop therapeutic communication skills to have difficult, emotional conversations with patient and family
- Provide culturally appropriate, emotional support for patient and loved ones
- Respect the goals and needs of the patient
- Facilitate a smooth transition from treatment to hospice/EOL
- Educate patient and family on signs and symptoms of EOL