

Estrogen Receptor-Positive (ER+), Premenopausal Breast Cancer (BC) Journey Pathway: Managing Ovarian Function Suppression (OFS)*

Similar to footprints in the sand, navigators guide patients throughout their breast cancer journey connecting the dots along the way. A navigator in partnership with the multidisciplinary team effectively wades through various tides and currents to coordinate care, address barriers, and advocate for their patients.

The following pathway is a tool for navigators and patients that illustrates the unique and clinical implications that premenopausal women with ER+ breast cancer face on their journey.

*Pathway starting at time of diagnosis of ER+, premenopausal BC

START

Treatment Planning After Diagnosis: Hormone Receptor Status & Implications

NAVIGATOR ROLE

- Educate on definition of hormone receptors and role in breast cancer including impact on treatment planning
- Reinforce education and answer questions regarding ER+ hormone therapy treatment options up front including expectations, frequency of treatment, side effects (SE)/adverse effects (AE)
- Establish shared decision-making with patient and understanding of diagnosis, treatment recommendations, and expectations of care
- Assess for barriers to care, perform distress screening evaluation¹, confirm patient's understanding of results and next steps
- Facilitate referrals for initial consult (surgical/medical oncology) & additional workup (eg, imaging, blood work)

Genetics/Genomics

NAVIGATOR ROLE

- Educate and answer questions on rationale, role, & indications for treatment
- Assess for genetic testing qualifications and facilitate testing accordingly
- Determine genomic testing (if applicable) is complete and confirm that results are incorporated into treatment planning (biomarker tests)

Patient Goal for Therapy

NAVIGATOR ROLE

- Assess patient's fertility goals & provide fertility preservation education and fertility consult referral²
- Discuss patient goals & support patient advocacy
- Explain treatment journey expectations including hormone therapy & OFS
- Answer questions regarding treatment expectations, lifetime monitoring for recurrence, recommended duration of treatment, and long-term challenges/side effects
- Coordinate referrals for psychosocial oncology supportive services (eg, social work, oncology rehab)

For more on fertility preservation education, scan here



Treatment Considerations & Trajectory: Meet Your Team

A multidisciplinary team will join the patient journey to facilitate oncology care based on patient's needs and disease type.³

NAVIGATOR ROLE

- Provide education, resources, and support throughout treatment trajectory

Possible Treatment Options

Surgery/reconstruction
Targeted/immunotherapy
Radiation therapy
Hormone therapy
Combination therapy
Chemotherapy
Clinical trials
Other³



(AE) Adverse Effects
(AI) Aromatase Inhibitor
(BC) Breast Cancer
(ER+) Estrogen Receptor-Positive
(HCP) Healthcare Providers
(OFS) Ovarian Function Suppression
(SE) Side Effects
(SERM) Selective Estrogen Receptor Modulators

Hormone Therapy Options

Clinical pathways are dependent on many factors including pathology, genetic results, fertility goals, hormone status, and recurrence risk. OFS may be recommended in combination with other hormone therapies and determined by your HCP on an individual basis.

+ Aromatase Inhibitor (AI)

AI works to decrease overall estrogen levels to slow cancer growth or help prevent cancer from coming back. Combined with OFS for patients with high risk of BC recurrence.⁷

AI AE⁷: Elevated cholesterol levels, heart problems, mood swings/depression

AI SE⁷: Hot flashes, joint aches/pain, vaginal dryness

AI=5-10 yrs/oral⁷

Call 911, report to HCP immediately

Common expected SE, report to HCP if disruptive

AE/SE may vary by type of therapy

+ CDK4/6 Inhibitor

CDK4/6 inhibitors block enzymes that promote cell growth which slows the growth of cancer cells.⁸

CDK4/6 AE⁸: Lung inflammation, blood clots, liver toxicity

CDK4/6 SE⁸: Low blood counts, fatigue, diarrhea

CDK4/6=2 yrs/oral⁸

Ovarian Function Suppression (OFS)

OFS stops the ovaries from producing estrogen, pausing menstrual periods, and decreasing hormone levels in the body to prevent the ER+ tumor from receiving estrogen it needs to continue to grow.⁴

OFS AE⁵: Heart problems, stroke, diabetic symptoms, liver toxicity

OFS SE⁶: Hot flashes, tumor flare, osteoporosis, muscle/joint pain, fatigue, depression

OFS=monthly injection⁶

For more on side effects, scan here



+ Selective Estrogen Receptor Modulators (SERMs)

SERMs are a class of compounds that interact with estrogen receptors in the body. They are designed to selectively activate or block the effects of estrogen in specific tissues.⁹

SERM AE¹⁰: Deep vein thrombosis, pulmonary embolism, stroke, uterine cancer

SERM SE¹⁰: Hot flashes, nausea, vaginal discharge and bleeding, night sweats

SERM¹¹= 5-10 yrs/monthly oral

NAVIGATOR ROLE

- Inform of expected therapy timeline, rationale, & significance of adherence to reduce recurrence risk
- Educate on common OFS side effects and self-management strategies
- Report severe & disruptive SE & AE to HCP
- Provide supportive care & resources while ensuring appropriate follow-up
- Prompt frequent reassessment of SE, quality of life, treatment adherence, & barriers to care (logistical, financial, & vocational)

Survivorship & Surveillance

NAVIGATOR ROLE

- Review survivorship care plan¹², survivorship milestones, surveillance guidelines/follow-up, & recurrence signs/symptoms
- Re-emphasize importance of adherence to recommended duration of treatment to reduce recurrence & encourage notification of recurrence symptoms to HCP
- Provide reassurance and self-advocacy tools as frequency of visits decreases
- Assess long-term SE, survivorship issues, sexual health topics, psychosocial impact, and report to HCP
- Promote healthy lifestyle modifications (mental, physical, & sexual health) & patient empowerment
- Provide advocacy & support resources

For more on treatment adherence support, scan here



For more on sexual health dysfunction, scan here

OFS SEXUAL HEALTH CONCERNS
LOW LIBIDO
PAINFUL INTERCOURSE
VAGINAL DRYNESS
REPORT TO HCP

supported by
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For all references, scan here



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