

HER2+ BREAST CANCER DISCUSSION GUIDE

REDUCING YOUR RISK OF RECURRENCE STARTS WITH ASKING THE RIGHT QUESTIONS

If you have a loved one with HER2+ breast cancer, share this discussion guide with them.

HER2+ breast cancer can be aggressive and returns in up to 1 in 4 women.^{1,2,*}

You likely have lots of concerns and questions about your treatment options but may not know where to start the conversation with your healthcare team.

This discussion guide can help you have an open and honest discussion. By understanding your risk factors and taking an active role in your treatment plan, you can feel confident you're doing everything possible to reduce the chances of your breast cancer coming back.

Some factors that increase the risk of HER2+ breast cancer recurrence^{3,4}:

- Larger tumor size
- Greater number of lymph nodes that test positive for cancer
- Higher cancer stage
- Being younger
- Greater body mass index
- Being a smoker

Recurrence can mean progression to metastases—cancer that has spread to other parts of the body, such as bones, lungs, brain, or liver.^{3,5}

HER: human epidermal growth factor receptor.



DID YOU KNOW?

HER2+ BREAST CANCER CAN BE AGGRESSIVE AND RETURNS IN UP TO 1 in 4 WOMEN^{1,2,*}

*After adjuvant treatment (following surgery) with a trastuzumab-based regimen.

IMPORTANT QUESTIONS TO ASK YOUR HEALTHCARE TEAM ABOUT RECURRENCE

→ 1. What are my breast cancer recurrence risk factors?

→ 2. How do my risk factors affect my chances of recurrence?

→ 3. Considering my risk factors, what are all of the HER2-targeting or other treatment options that could help reduce my risk?

→ 4. What else could I do to help improve my chances of treatment success (eg, diet, exercise, stress reduction)?

→ 5. Other questions or concerns you may have:

Print this guide and bring it to your next appointment to help start the conversation about reducing your risk of recurrence.

Visit ReduceRecurrence.com for more helpful information.

Talking with your healthcare team about your treatment plan can help you feel more confident you're doing everything to reduce your risk of recurrence.

TIPS FOR DISCUSSIONS WITH YOUR HEALTHCARE TEAM

- Write down your list of questions and concerns before your appointment and bring them with you
- Have a notebook on hand or use a recording device (for example, your phone) to take notes
- If possible, have a friend or family member join you at your appointment (or by phone or video chat) to help discuss your list of questions and concerns with your healthcare team
- Don't be afraid to ask questions. Let your healthcare team know if you don't understand something about your treatment plan—have them explain it so you can make informed decisions
- If you need more time to talk but your doctor isn't available, ask to speak to another member of your healthcare team, such as a nurse, nurse practitioner, or physician's assistant
- Be sure to ask for your doctor's or healthcare team's contact information and the best way to reach them, in case you have follow-up questions

References: 1. Cameron D, Piccart-Gebhart MJ, Gelber RD, et al. 11 years' follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive early breast cancer: final analysis of the HERceptin Adjuvant (HERA) trial. *Lancet*. 2017;389(10075):1195-1205. doi:10.1016/S0140-6736(16)32616-2. 2. Perez EA, Romond EH, Suman VJ, et al. Trastuzumab plus adjuvant chemotherapy for human epidermal growth factor receptor 2-positive breast cancer: planned joint analysis of overall survival from NSABP B-31 and NCCTG N9831. *J Clin Oncol*. 2014;32(33):3744-3752. doi:10.1200/JCO.2014.55.5730. 3. Mayo Clinic. Recurrent breast cancer. <https://www.mayoclinic.org/diseases-conditions/recurrent-breast-cancer/symptoms-causes/syc-20377135>. Accessed March 5, 2021. 4. Breastcancer.org. Breast cancer risk factors. <https://www.breastcancer.org/risk/factors>. Accessed March 5, 2021. 5. Breastcancer.org. Metastatic breast cancer. https://www.breastcancer.org/symptoms/types/recur_metast. Accessed March 5, 2021. 6. Lin NU. Breast cancer brain metastases: new directions in systemic therapy. *Ecanermedicalscience*. 2013;7:307. doi:10.3332/ecancer.2013.307. 7. Lin NU, Winer EP. Brain metastases: the HER2 paradigm. *Clin Cancer Res*. 2007;13(6):1648-1655. doi:10.1158/1078-0432.CCR-06-2478. 8. Olson EM, Najita JS, Sohl J, et al. Clinical outcomes and treatment practice patterns of patients with HER2-positive metastatic breast cancer in the post-trastuzumab era. *Breast*. 2013;22(4):525-531. doi:10.1016/j.breast.2012.12.006.

DID YOU KNOW?

IN UP TO 50% OF WOMEN WHO HAVE DISTANT RECURRENCES, HER2+ BREAST CANCER WILL RETURN AS BRAIN METASTASES^{6-8,*}

*After adjuvant treatment (following surgery) with a trastuzumab-based regimen.

HOW CAN I LEARN MORE?

Visit [ReduceRecurrence.com](https://www.reduce-recurrence.com) for additional information on early-stage HER2+ breast cancer recurrence.

REDUCE *my*
RECURRENCE