

Metastatic Breast Cancer



together we are stronger than the disease

ADVOCACY SLIDE DECK

SERIES 2 >>>

Understanding How
Metastatic Breast Cancer (MBC)
is Treated



MISSION >>>

The mission of the Metastatic Breast Cancer Alliance is to extend life, to enhance quality of life, and to end suffering and death from MBC by advancing MBC research, improving access to quality treatments and care, empowering people through increased education and information about the disease, and access to available resources.

SERIES 2

Presentation Outline

- MBC: Not One Disease
- MBC Treatment Goals & Options
- Testing Matters in MBC
- Treatment Decisions
- What About Clinical Trials?
- Patient Voice

MBC: Not One Disease

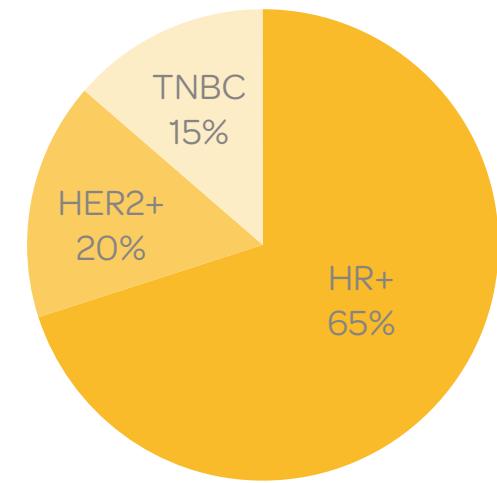
Subtypes and categories of breast cancer & MBC are named by what makes the cancer grow

- › **Hormone receptor-positive (HR+)** cancer cells are fueled by the hormones estrogen and/or progesterone and are called estrogen receptor-positive (ER+) and progesterone receptor-positive (PR+). HR+ cancer cells are further identified as
 - **Luminal A:** Always HER2-, low grade, with low levels of the protein Ki-67, and tend to grow slowly. Low grade means the cancer grows slightly more slowly
 - **Luminal B:** ER+ and/or PR+, HER2- with a Ki-67 index greater than 14%; or ER+ and/or PR+, HER2+ with any Ki-67 index
- › **HER2-positive (HER2+)** cancer cells are fueled by an overabundance of the HER2 protein found on the surface of breast cancer cells
- › The **HER2-low** category includes some patients who have either hormone receptor-positive breast cancer or triple-negative disease
- › **Triple Negative (TNBC)** cancer is not fueled by hormones or the HER2 protein. This type is more common with BRCA1 gene mutations and among younger women and Black women
- › **Ki-67** is a protein in cells that increases as they prepare to divide into new cells. The more positive cells there are, the more quickly they are dividing and forming new cells. Not all healthcare providers order the Ki-67 test, so it may not appear on your pathology report

Sources: <https://www.breastcancer.org/types/molecular-subtypes>

https://www.breastcancer.org/symptoms/diagnosis/rate_grade and Soliman NA, Yussif SM. Ki-67 as a prognostic marker according to breast cancer molecular subtype. *Cancer Biol Med* 2016; 13(4): 496–504

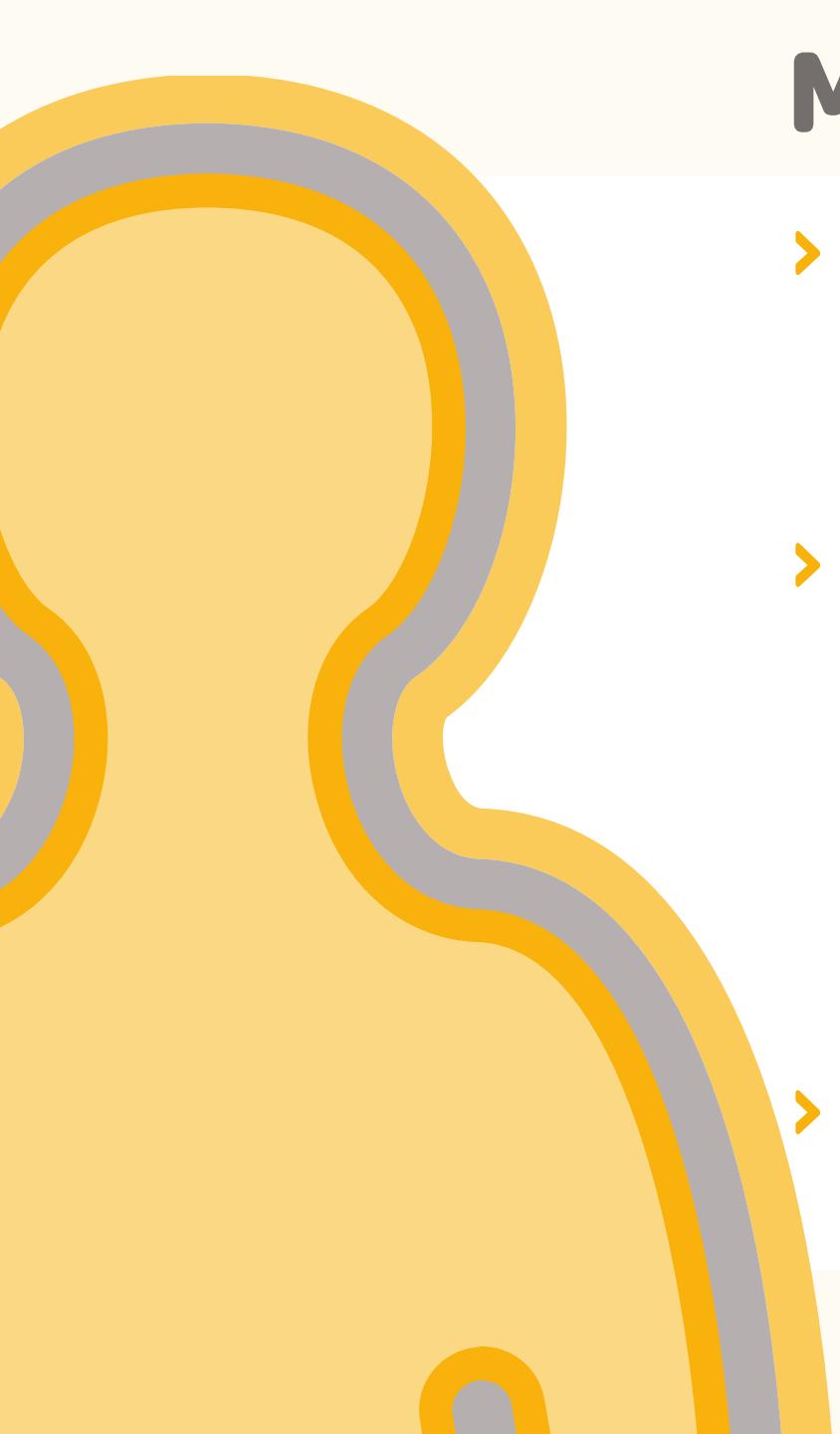
Early-stage Diagnoses by Subtype



■ HR-positive ■ HER2-positive ■ Triple-negative

Percentages of MBC diagnoses by subtype are unknown because cancer registries do not track MBC recurrences

Source: <https://blog.dana-farber.org/insight/2018/06/common-subtypes-breast-cancer/>



MBC Treatment Goals

- There are two major goals of treatment for MBC
 - 1. Control the growth** or progression of cancer
 - 2. Maintain a high quality of life** through limiting toxicity
- Treatment may be local or systemic
 - Local treatments focus on a specific area, and include surgery, ablation, and radiation
 - Systemic treatments work throughout the body, and include endocrine therapy, chemotherapy, immunotherapy, bone-targeted therapy and targeted treatments
- Treatment options depend on each person's unique type of MBC and must take into account their treatment goals & co-morbidities

MBC Treatment Options

SURGERY	Breast surgery isn't always an option but may be considered due to preference, pain, or health. Surgery of metastatic sites, such as lung or liver resection, may be an option
RADIATION THERAPY	Radiation therapy (RT) can be given alone or before or after surgery to treat or slow the growth of cancer. In MBC, RT can be used as supportive care for painful metastatic sites.
ENDOCRINE THERAPY	Endocrine therapy (ET) is meant to reduce estrogen or progesterone in your body. ET includes ovarian suppression or surgery, aromatase inhibitors (AI), anti-estrogens, and/or high-dose hormones. In men, treatment with an AI should also include blocking of testosterone
HER2+ TARGETED THERAPY	Cancer driven by the HER2 protein is most often first treated with both a chemotherapy and HER2 antibodies. Additional HER2 targeted therapies include HER2 inhibitors and conjugates
HER2-LOW TARGETED THERAPY	Targeted therapy can benefit patients with HER2-low MBC (about 55% of breast cancers)
CHEMOTHERAPY	Chemotherapy kills fast-growing cells throughout the body, including cancer cells. There are different types and combinations used, depending on cancer subtype and previous treatments
BONE-TARGETED THERAPY	MBC poses bone risk through metastasis to the bones and bone loss due to endocrine therapy. Bone-targeted treatments may work by slowing bone loss or by increasing bone thickness
HR+ TARGETED THERAPIES	CDK4/6 inhibitors taken with endocrine therapy; mTOR inhibitors to affect endocrine therapy resistance; PARP inhibitors for BRCA+/HER2- MBC; and PIK3CA inhibitor in combination with anti-estrogen therapy for ER+ MBC with PIK3CA mutation
IMMUNOTHERAPY	Immunotherapy can be given alone or in combination with other therapies. The only subtype thus far to respond to immunotherapy is TNBC
TRIPLE NEGATIVE TARGETED THERAPY	The antibody-drug conjugate sacituzumab govitecan is the first FDA-approved drug to target the protein Trop-2, which is present at high levels on TNBC

Sources: <https://www.cancer.net/cancer-types/breast-cancer-metastatic/types-treatment>, https://www.nccn.org/patients/guidelines/content/PDF/stage_iv_breast-patient.pdf, and <https://www.cancer.gov/news-events/cancer-currents-blog/2020/fda-sacituzumab-govitecan-triple-negative-breast-cancer>

Testing Matters in MBC

Treatment choices for MBC can be impacted by two types of additional tests.

Ask your healthcare team about

Genetic Testing



- Blood test
- Looks for hereditary—passed down by your mother and/or father—genetic mutations
- Some genetic mutations can affect your treatment path and/or make you eligible for clinical trials that use the genetic mutation as a biomarker

Biomarker Testing



- At progression, biomarker testing should be done on the new metastatic site, if possible, to look for changes to the cancer that could affect treatment decisions
- Testing is done on a sample of the tumor
- Looks for any genes and mutations that are active in the tumor and how they impact growth and spread
- Provides clinical information that may lead to targeted therapy options or to a clinical trial testing a new treatment

Treatment Decisions: Learning More

To learn more about the treatment your doctor recommends

- › Talk to others who've had the same treatment
- › Contact MBC support lines and websites, including those of mbcalliance.org members
- › Read about treatment options for your MBC subtype on reputable websites, such as the explanations by the National Comprehensive Cancer Network at NCCN.org/patients

Consider getting a second opinion at an NCI-designated Comprehensive Cancer Center. Ask for an oncologist who treats many people with MBC

What About Clinical Trials?

> Clinical trials are not a last resort

- Phase 1 clinical trials measure safety of a drug
- Phase 2 clinical trials measure efficacy of a drug
- Phase 3 clinical trials compare the study drug to existing treatments for the same condition

> Ask your doctor

- Is there a clinical trial option for me?
- How else can I contribute to research?

> Join the patient experience registry at mbcconnect.org:

Share information about your diagnosis and treatment history to help advance research, and get potential matches to clinical trials which you can share and review with your doctor

> Participation is important:

When clinical trials include people of all races, ethnicities, genders, ages, and geographies, then trial results are meaningful to everyone. Disparities in clinical trials exist and urgently need to be addressed



Patient Voice: Abigail Johnston

I am an active participant in treatment decisions.

This is my life!

Adjusting to living the life of a forever patient hasn't been easy and making treatment decisions is a big part of that adjustment. The bottom line for me is that I make the decisions as the patient with my medical team as my advisors/consultants. I need time to digest and understand recommendations from my medical team and to do my own research before I feel comfortable making the best decision possible. Having a team who understands this and gives me the information, time and space to do what I need to do is key for me in living a life with MBC.

Abigail Johnston, MBC diagnosis in 2017



Patient Voice: Natalia Green

*Learn about your own subtype and possible treatments. Involve and ask for support from a close friend or family member. **Knowledge is power!***

Being my own advocate hasn't been easy but has helped me better understand my MBC diagnosis and better understand treatment decisions. Not everyone is so lucky or can easily express their concerns to their doctors. I tell these people to find a personal advocate; your mami, nosy tía, a cousin, a spouse, or a bestie, to help ask questions and gain better understanding about your disease. If you don't have a personal advocate, many doctor offices can provide patient advocates to help.

Natalia Green, MBC diagnosis in 2019



Patient Voice: Sheila McGlown

A Clinical Trial does not mean you have no more options or the end of life. ***Participating in a clinical trial can be an option to lengthen life!***

My treatment options are made with the advice of my oncologist and myself. Being that I had a fourth progression in July 2018 my doctor suggested a clinical trial for me and because I trust my doctor wholeheartedly, I decided to go on the clinical trial. You are your best advocate for yourself. Make sure when you are making treatment decisions you get all your options that are available to you from your doctor.

Sheila McGlown, MBC Diagnosis in 2009

THANK YOU >>> Questions?



For more information and
specific sources, visit:
<https://mbca.me/asd-series2>

Metastatic Breast Cancer
MBCalliance ➤
together we are stronger than the disease