

HER2 and the MBC Connection

HER2-positive metastatic breast cancer (MBC) is the result of cancer cells that make too much of the protein HER2. This can cause breast cancer cells fueled by HER2 to grow. Today, approximately 20 percent of those with MBC have HER2-positive breast cancer.

HER2-targeted therapy

HER2-targeted therapies can be used to treat HER2-positive metastatic breast cancer, and some can be used in combination with chemotherapy, surgery and/or radiation.

These medications target breast cancer cells that make too much of the protein HER2. They work through two primary methods:

- Interfering with HER2 by preventing the breast cancer cell from receiving growth signals
 - Blocking signals inside the cell that can lead to cancer growth.
- Even if your HER2-targeted therapy stops working, you may continue to receive the same therapy or receive an additional HER2-targeted medication. Because each treatment has a different way of working, a new or additional medication may be used alone (as monotherapy) or in combination with another therapy

Side effects of HER2-targeted therapy

Some side effects may include nausea, rash, vomiting, diarrhea, and fatigue. Possible serious side effects may include pneumonitis, decreased heart function and liver problems, such as hepatitis and elevated liver enzymes.

Talk to your doctor about what side effects you can expect and how you can manage them if they occur.

Be sure to tell your doctor if you experience any side effects while being treated with any of these therapies. This is not a complete list of side effects.



What Can I Do with This Information?

Talk to your medical team to determine what your tumor's hormone receptor and HER2 status mean for your MBC treatment journey. Knowing your tumor's hormone receptor and HER2 status are critical for working with your doctor to help inform treatment options for your cancer.

It may be necessary to recheck the biomarker status of the tumor periodically because it could change over time. Also, testing the areas where the tumor has spread for estrogen (ER), progesterone (PR) receptors, and HER2 may be recommended, because the status of these receptors on a tumor can potentially change once it has spread. It's

important to know of any change in status for any new areas of tumor metastasis to help your doctor learn more about the tumor and determine the appropriate treatment plan. However, HR and HER2 status are just one factor your doctor will consider when deciding on treatment options; others include your overall health, the extent to which the cancer has spread, location of the cancer and any previous treatments you've had.

Based on your biomarker testing results, you can also discuss with your medical team about the clinical trials that you may be able to participate in.