

High-Risk, Early Breast Cancer: Practical Management of Patients With Early Breast Cancer

Practical management of patients with early breast cancer



In general, breast cancer mortality has **decreased by 58%** in the last 5 decades. Roughly half of the decrease is attributed to improvement in treatments for stages I to III breast cancer.¹ Even with these advancements, approximately **30%** of patients with high-risk, hormone receptor-positive (HR+)/HER2-negative (HER2-) early breast cancer (EBC) may experience recurrence within 5 years, often with distant metastases²

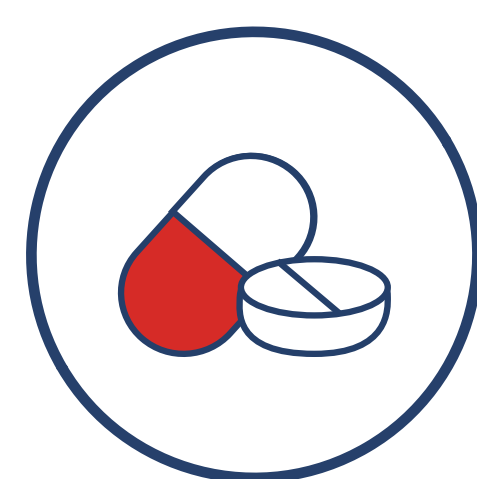


To **maximize treatment benefits and patient outcomes**, it is important to ensure the proper management of patients with EBC, especially at the initiation of adjuvant treatment and throughout their treatment journey³

Initiating adjuvant treatment for patients with EBC

For patients diagnosed with EBC who are starting adjuvant therapy, the first treatment cycle is a vital stage of the treatment journey. Healthcare providers (HCPs) can often establish patient-provider trust and effective communication, with the goal of enhancing patient mindset and motivation^{4,5}

At initiation of therapy, HCPs should have conversations regarding:



Up-to-date clinical practice guidelines, best practices, and treatment resources



Patient education, including recognition and management of toxicities and other treatment effects



Family and partner education, including caregiver roles and their own potential psychosocial needs



Treatment-related psychosocial topics, including depression, distress, and management of expectations



Consider the role of the patient's spirituality in coping with breast cancer

For patients with EBC, strong patient-provider communication often correlates with better clinical outcomes^{3,6,7}

Decisions regarding treatment duration and dose modifications

Proactive, case-by-case decisions on treatment duration and dose modifications are important to ensure the best possible clinical outcomes for patients with EBC. Modifying drug dosage may reduce side effects, while balancing efficacy with tolerability¹¹⁻¹⁴



Treatment Duration

- Duration of treatment often requires an individualized approach, with decisions based on, at least in part, risk stratification, tolerability, response to treatment, and patient preference^{1,9,10}
- Recommended therapy duration: a minimum of 5 years of endocrine therapy for women with stages I to III estrogen receptor-positive EBC and up to 10 years of extended therapy for women with higher-risk, node-positive disease^{9,10}



Dose Reduction

- Several studies indicate that reducing doses of certain therapies for EBC may not meaningfully impact treatment efficacy; utilization of dose reduction may reduce side effects and increase adherence and persistence to treatment¹¹⁻¹⁴
- Dose reductions may be considered for patients struggling with treatment-related side effects³

As HCPs, supporting patients with EBC at the initiation of adjuvant treatment paves the path toward better outcomes. Providers should work with patients on setting realistic treatment expectations, including the prevention and management of side effects, encouragement of positive mindsets for patients and their families, and optimization of treatment duration and dosage, as needed

1. Caswell-Jin JL, et al. *JAMA*. 2024;331(3):233-241.

2. Sheffield KM, et al. *Future Oncol*. 2022;18(21):2667-2282.

3. Miaskowski C, et al. *Clin J Oncol Nurs*. 2008;12(2):213-221.

4. Cardoso F, et al. *Breast*. 2013;22(5):593-605.

5. <https://www.komen.org/breast-cancer/treatment/side-effects/supportive-care/#emotional-impact>. (Accessed January 9, 2024).

6. Finitis DJ, et al. *Psychooncology*. 2019;28(2):255-263.

7. Franzoi MA, et al. *Lancet Oncol*. 2021;22(7):e303-e313.

8. Lambert LK, et al. *Curr Oncol*. 2021;28(2):1472-1482.

9. Burstein HJ, et al. *Ann Oncol*. 2021;32(10):1216-1235.

10. Burstein HJ, et al. *J Clin Oncol*. 2019;37(5):423-438.

11. Buijs SM, et al. *ESMO Open*. 2023;8(1):100786.

12. Pistilli B, et al. *Am Soc Clin Oncol Educ Book*. 2022;42(42):1-13.

13. Hamilton E, et al. *J Clin Oncol*. 2023;41(suppl 16):501.

14. Rugo HS, et al. *Ann Oncol*. 2022; 33(6):616-627.