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High-Risk, Early Breast Cancer: Clinical Features and the Risk of Recurrence for HR+/HER2- Disease

Incidence of HR+/HER2- breast cancer

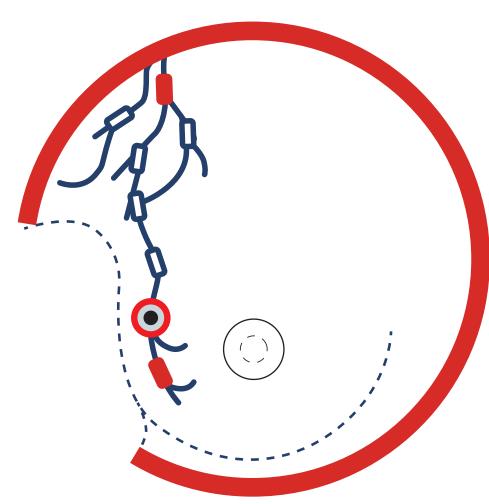
Most patients with early breast cancer (EBC) have hormone receptor–positive (HR+)/HER2-negative (HER2-) disease¹

4.6% HR-/HER2+ Breast Cancer Molecular Subtypes at Diagnosis¹ 10.3% HR+/HER2+ 12.2% TNBC

Some clinical features of high-risk disease

Patients with **HR+/HER2- breast cancer** at high-risk of recurrence may present with⁵

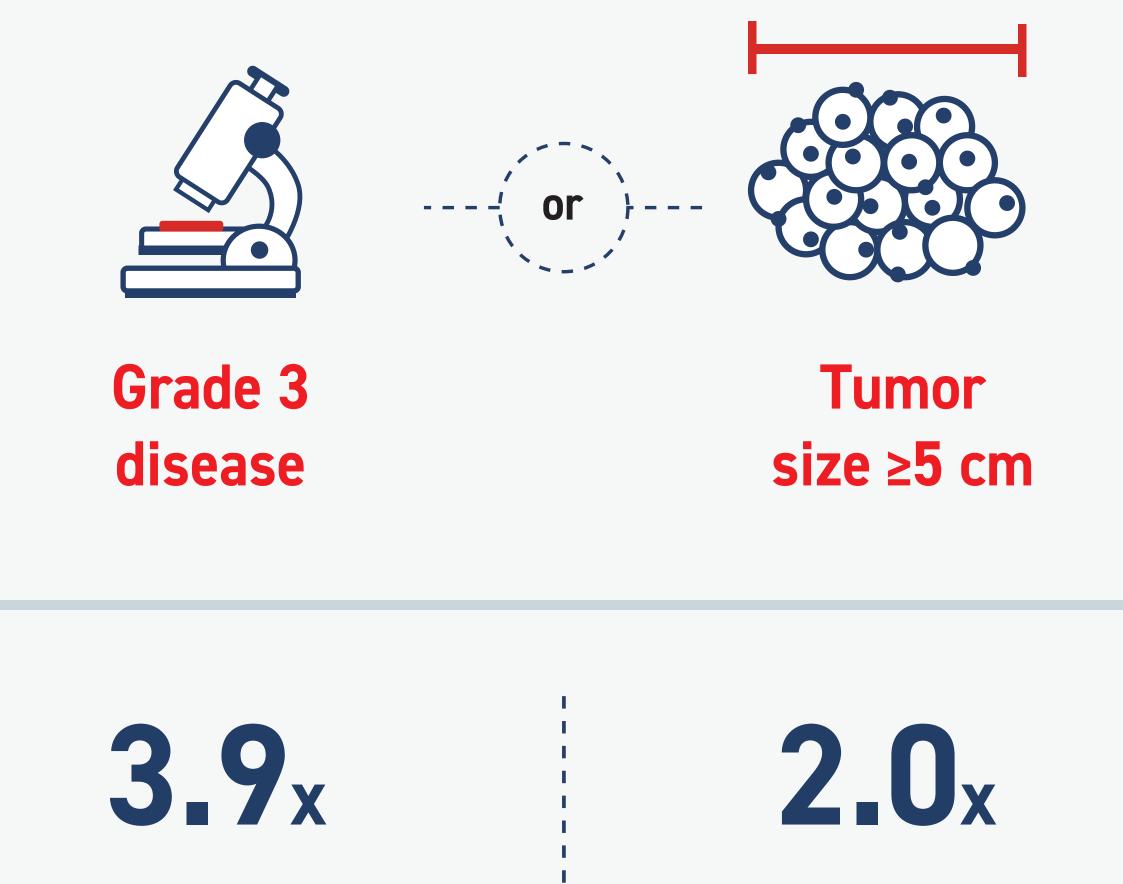






About 70% of EBC is HR+/HER2-

or 1-3 positive ALNs with



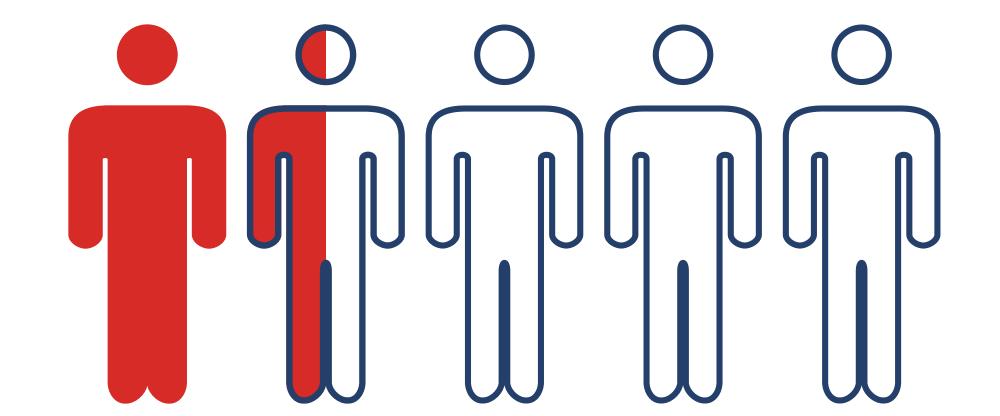
EBC has no spread detected beyond the breasts and lymph nodes in and around the breasts and has gone only as far as the lymph nodes in the armpit(s).² Some patients with EBC have cancer cells that are **more aggressive and more likely to grow and spread quickly**, which means there is a **higher risk of the cancer recurring**^{3,4}



Recurrence rates

~30% of patients with high-risk, HR+/HER2-

EBC may experience recurrence, often with distant metastases⁵

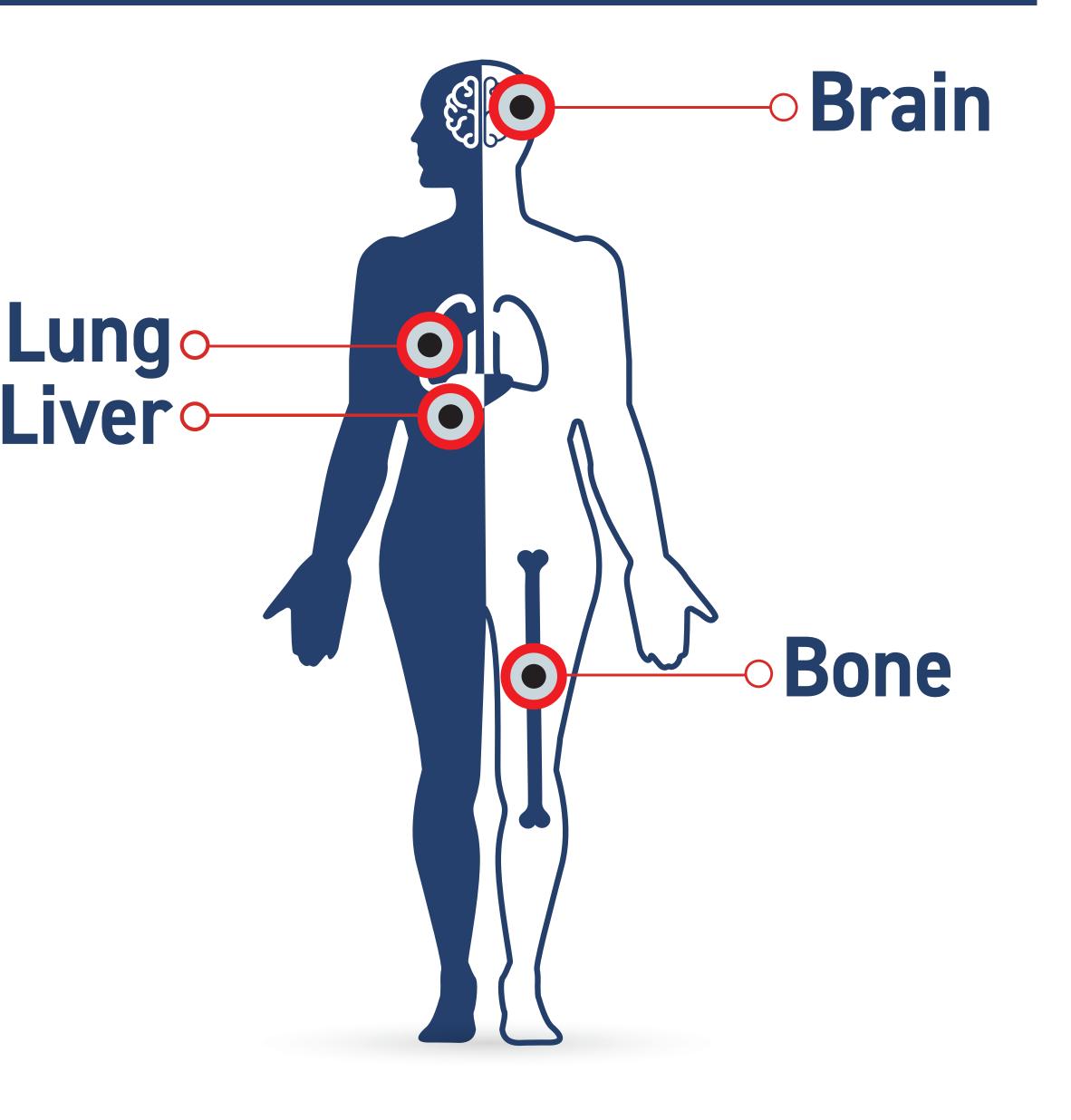


About 3 in 10 patients with high-risk, HR+/HER2- EBC will experience disease recurrence within 5 years⁵

Compared with grade 1 disease, patients with grade 3 tumors have a **3.9x increased risk of distant recurrence** over 10 years⁶ Similarly, patients with stage III disease are at a **2.0x increased risk of recurrence** over 10 years compared to patients with stage I disease⁷

As health care providers, it is important to recognize these features associated with a higher risk of recurrence

Sites of recurrence⁸⁻¹¹



Most disease recurrence occurs at distant sites. Common sites of distant recurrence include the bone, liver, lungs, and brain. Although local and regional recurrences are treated with curative intent, **distant recurrences remain largely incurable but are treatable**

Common sites of distant recurrence:

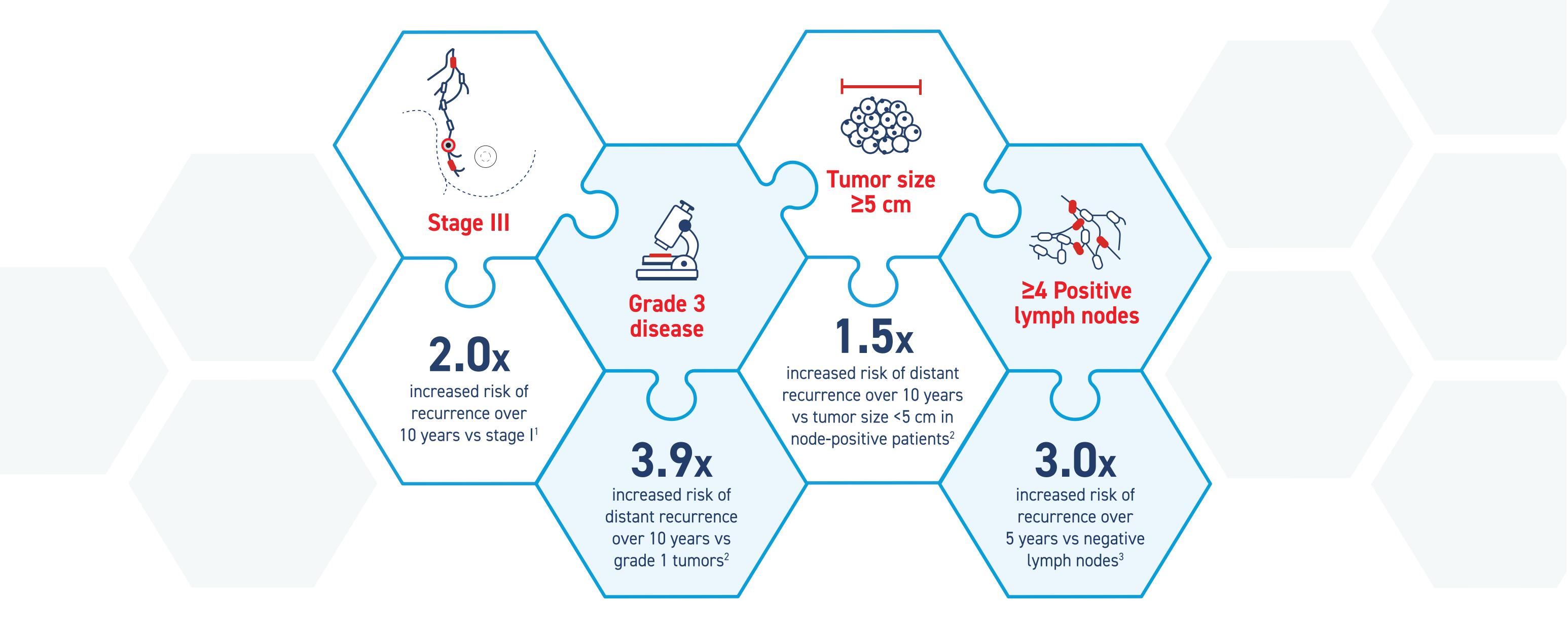
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EBC: Clinical and pathological factors associated with a higher risk of recurrence



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