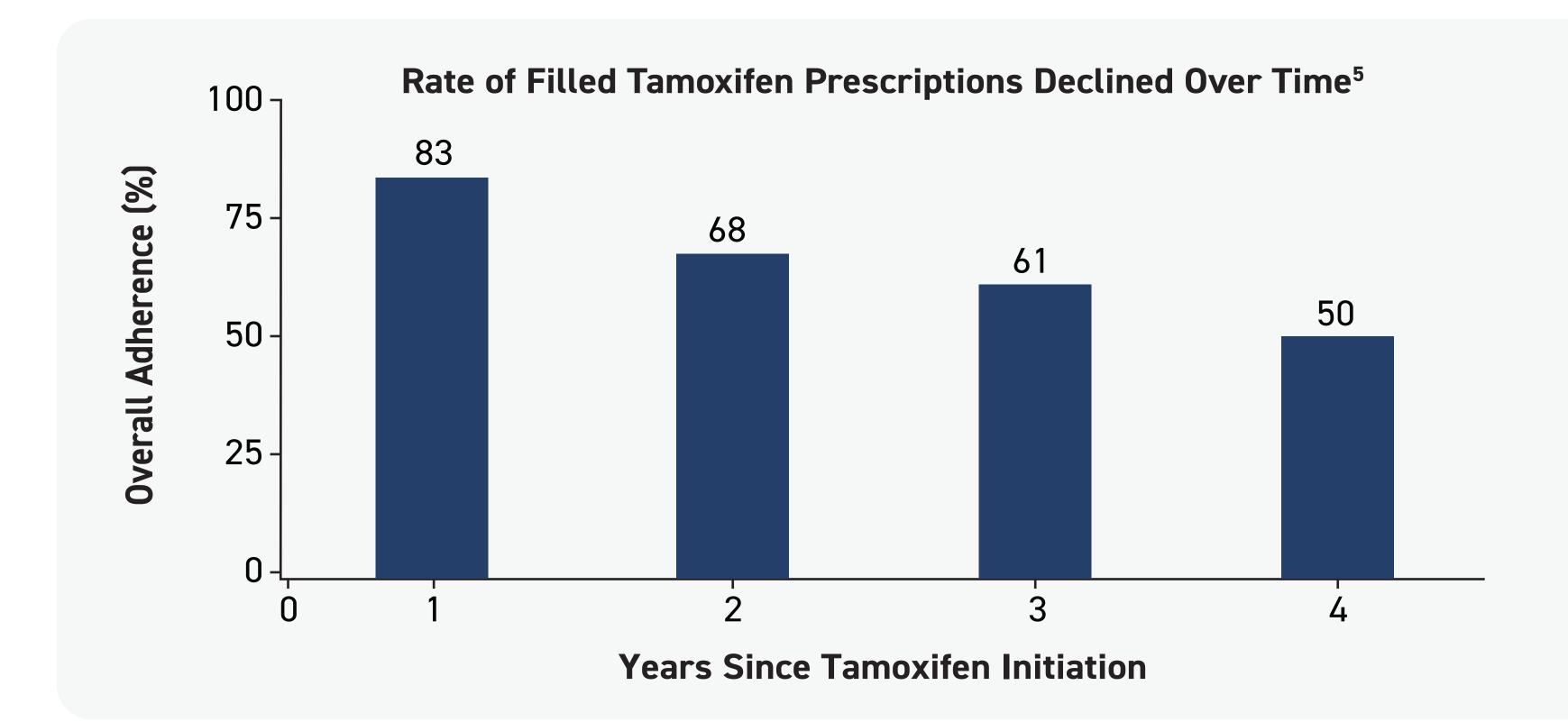


High-Risk, Early Breast Cancer: Supporting Treatment Adherence for Patients With HR+/HER2- EBC

Standard of care: oral endocrine therapy

For patients with hormone receptor-positive (HR+) early breast cancer (EBC), oral endocrine therapies such as tamoxifen and aromatase inhibitors are effective treatment options and the current standards of care for adjuvant therapy¹⁻⁴



Despite the clinical benefits of adjuvant therapy, only around half of patients with EBC are fully adherent to their oral adjuvant treatment within 5 years^{5,6}

Medication adherence and persistence

Supporting patient adherence and persistence to their adjuvant therapy is important for the management of these patients^{7,8}



Medication persistence is "the duration of time from initiation to discontinuation of therapy"

Start Medication or Observation

Persistence

Days taking medication (without exceeding permissible gap)

Stop Medication or End Observation adjuvant therapy were associated with a decrease in all-cause mortality⁹

Factors that influence medication adherence are multidimensional^{7,10}

Social and	Condition-Related	Therapy-Related	Healthcare Team and	Patient-Related
Economic Factors	Factors	Factors	System-Related Factors	Factors
	\mathbf{r}			

Age

Financial status Personal or clinical support

Comorbidity burden Disease stage

Experience with

adverse events and/or chemotherapy

Tamoxifen use

Out-of-pocket costs Hospitalizations Personalized care plan

Pre-existing depression Belief in drug efficacy Value in doctor's opinion

Understanding these factors can help facilitate the development of effective adherence interventions with the goal of improving patient outcomes⁷

1. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Lancet. 2005;365(9472):1687-1717. 2. Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Lancet. 2015;386(10001):1341-1352. 3. Burstein HJ, et al. J Clin Oncol. 2019;37(5):423-438. 4. Burstein HJ, et al. Ann Oncol. 2021;32(10):1216-1235. 5. Partridge AH, et al. *J Clin Oncol*. 2003;21(4):602-606. 6. Hershman DL, et al. J Clin Oncol. 2010;28(27):4120-4128. 7. Paranjpe R, et al. Breast Cancer Res Treat. 2019;174(2):297-305. 8. Cramer JA, et al. *Value Health*. 2008;11(1):44-47. 9. Hershman DL, et al. Breast Cancer Res Treat. 2011;126(2):529-537. 10. Yussof I, et al. Breast. 2022;62:22-35.

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High-Risk, Early Breast Cancer: Supporting Treatment Adherence for Patients With HR+/HER2-EBC

Strategies to promote therapy adherence in patients with HR+ EBC

As healthcare providers (HCPs), it is important to work with patients to promote treatment adherence



Strategies implemented in the clinic to ensure patients are taking their medication as scheduled are centered around open and honest communication between the healthcare team and patient¹⁻³

Methods used in the clinic to help increase medication adherence include shared decision-making, the SIMPLE strategy, motivational interviewing, and adopting evidence-based interventions to manage side effects¹⁻⁴

Shared decision-making

Choice Talk

options exist

In shared decision-making, HCPs and patients work together to identify the optimal treatment plan¹

Shared decision-making involves a bilateral flow of information, in which HCPs provide all relevant disease-related information and the patients provide their thoughts and values⁵

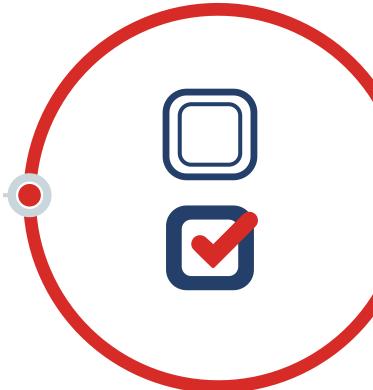


Shared-decision making is a 3-step process¹



Option Talk

Provide more detailed information about treatment options

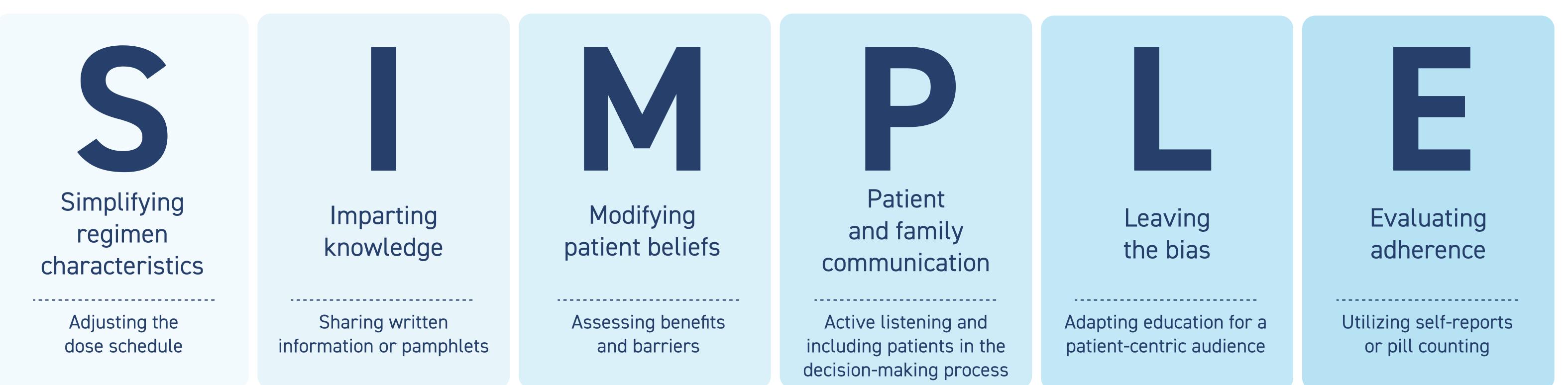


Decision Talk

Consider patient preferences and decide how to move forward

SIMPLE strategy

The SIMPLE strategy is a summary of methodologically proven, adherence-enhancing strategies that can be applied to patient care **Below are some examples of adherence-enhancing strategies**²





As HCPs, it is important to ensure adjuvant therapy adherence by building a trusting relationship and promoting a consistent dialogue between your healthcare team and the patient

1. Elwyn G, et al. *J Gen Intern Med*. 2012;27(10):1361-1367. 2. Atreja A, et al. *MedGenMed*. 2005;7(1):4. 3. Salvo MC and Cannon-Breland ML. J Am Pharm Assoc (2003). 2015;55(4):e354-e363. 4. Franzoi MA, et al. Lancet Oncol. 2021;22(7):e303-e313. 5. Schrager S, et al. Fam Pract Manag. 2017;24(3):5-10.

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