

HER2-Positive Early Stage Breast Cancer

Treatment Information and Planning Guide

Understanding HER2-positive breast cancer

What is early-stage breast cancer?

In early-stage breast cancer, the tumor can be relatively small and only in the breast. Although there may be cancer cells in nearby glands under the arm (called lymph nodes), this stage is considered “early” because the cancer has not metastasized (spread to other parts of the body). As frightening as a breast-cancer diagnosis can be, early-stage breast cancer can be treated, and for most people the cancer doesn’t return.

What is HER2-positive breast cancer?

HER2 (Human Epidermal growth factor Receptor 2) is a type of protein found on the surface of everyone’s cells. This protein tells cells how and when to grow and divide. HER2-positive breast cancer cells, however, have more HER2 receptors than normal breast cells. Having more HER2 receptors causes tumor cells to grow and divide faster, which increases the risk of the cancer spreading outside the breast.

Did you
know?



Approximately 20%-25% of all breast cancer tumors are HER2-positive.



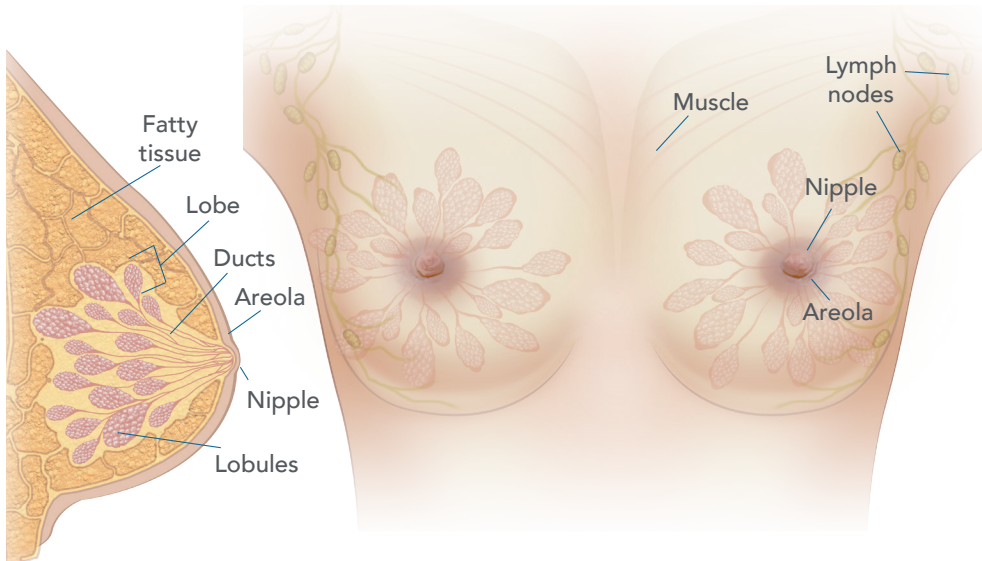
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What is the plan for treating my breast cancer?

Anatomy of the female breast



Tumor Biology	Details
HER2 receptor status	
Estrogen receptor status	
Progesterone receptor status	
Tumor Assessment	Details
Stage	
Size approximation	
Grade	
Ki67 result	
Node Status	Details
Clinical lymph node assessment	
Pathology lymph node results	

Glossary of Terms:

- **Adjuvant Treatment** – Treatment after surgery to eliminate remaining breast cancer cells and lower the risk of tumors growing back
- **Axillary node dissection** – Surgical procedure that incises the axilla to identify, examine, or remove lymph nodes
- **Chemotherapy** – Treatment that destroys cancer cells throughout the body
- **Estrogen Receptor (ER) Status** – Whether your breast cancer is growing because of the hormone estrogen
- **Extended Adjuvant Treatment** – Treatment continuing after Adjuvant therapy to further reduce the risk of cancer returning
- **HER2 (Human epidermal growth factor receptor 2)** – a type of protein found on the surface of cells in everyone
- **HER2+ (HER2-positive) Breast Cancer** – Breast cancer cells with more HER2 receptors than normal breast cells (sometimes called “HER2 Amplified” breast cancer)
- **Hormonal Therapy** – Treatments for hormone receptor-positive breast cancer
- **Lumpectomy** – Surgery in which the tumor is removed, along with a small rim of healthy tissue around it. Also called partial mastectomy, segmentectomy, or breast-conserving surgery
- **Lymph Node** – Small round organs that filter bacteria and waste
- **Mastectomy** – Surgery in which the entire breast is removed
- **Metastatic/Metastasized** – Breast cancer that has spread beyond the breast and nearby lymph nodes to other parts of the body such as the bone, liver, lung and/or brain
- **Neoadjuvant Treatment** – Treatment before surgery to shrink the tumor and decrease the chance of cancer cells spreading outside the breast
- **Pathology Node Assessment** – The doctor takes a sample of the node tissue with a syringe and does an analysis to confirm the presence and type of cancer cells
- **Progesterone Receptor (PR) Status** – Whether your breast cancer is growing because of the hormone progesterone
- **Radiation Therapy** – The use of high-energy x-rays to destroy breast cancer cells and shrink tumors
- **Sentinel Node Biopsy** – Surgical procedure used to determine if cancer has spread beyond a primary tumor into your lymphatic system

Knowing if you have HER2-positive breast cancer is important:

- Without treatment, HER2-positive breast cancer has a higher risk of spreading to other parts of the body than many types of breast cancer.
- HER2-positive breast cancer has been studied extensively, and there are specific treatments that can target HER2 in this type of cancer.

What are the possible steps in HER2-positive early-stage breast cancer treatment?

In the past, surgery to remove the tumor was almost always the first step in treating breast cancer. Today, we know that treatments before surgery may increase the effectiveness of the treatment plan and decrease the likelihood of future recurrence.

Your specific early-stage breast cancer treatment plan might include medicine before and/or after surgery:

Treatment Before Surgery (Neoadjuvant Treatment) May:

- Help shrink the tumor and potentially decrease the chance of cancer cells spreading outside of the breast
- See how the tumor responds to the treatment. This may help determine which therapies are likely to work best after surgery

Surgery Is Designed To:

- Remove or test (biopsy) lymph nodes under the arm to see whether any contain cancer cells
- Remove any remaining tumor from the breast

Radiation After Surgery May:

- Destroy any remaining breast cancer cells and shrink tumors

Treatment After Surgery (Adjuvant Treatment):

- Treatments such as chemotherapy and HER2 targeted therapy may eliminate remaining breast cancer cells and potentially lower the risk of tumors recurring
- Hormonal Therapy - Treatments that target hormone (ER, PR, or both) receptor-positive breast cancers

Extended Adjuvant Treatment:

- Provides additional targeting of remaining breast cancer cells to further reduce the risk of tumors recurring
- Oral HER2 therapy

Be sure to bring this form to each appointment with your medical oncologist and any other relevant team members.

Treatment Planning

Before determining your treatment plan, your doctor may perform additional tests to figure out which treatment steps are likely to be most effective for you. Consider discussing the options you and your treatment team decide are right for you:

Possible Additional Diagnostic Tests	Procedure Date:	Treatment	Procedure Date/Start Date:
<input type="checkbox"/> Breast MRI	_____	<input type="checkbox"/> Surgery	_____
<input type="checkbox"/> Genetic Testing	_____	<input type="checkbox"/> Lumpectomy	_____
<input type="checkbox"/> Other:		<input type="checkbox"/> Mastectomy	_____
(write in names of tests and procedure date)		<input type="checkbox"/> Reconstruction	_____
_____		<input type="checkbox"/> Sentinel Node Biopsy	_____
_____		<input type="checkbox"/> Axillary Node Dissection	_____
_____		<input type="checkbox"/> Radiation	_____
_____		<input type="checkbox"/> Chemotherapy	_____
_____		<input type="checkbox"/> HER2 Therapy	_____
_____		<input type="checkbox"/> Hormonal Therapy	_____

Additional information on your treatment plan:



Interpreting "positive" or "negative" results

Positive and negative results can mean different things depending on the type of test. Be sure you're clear on your test results and their implications when speaking with your doctors, and don't be afraid to ask very specific questions such as, "Is that a good thing or a bad thing?"

My Treatment Team:

Breast Surgeon: _____

Medical Oncologist: _____

Radiation Oncologist: _____

Nurse Navigator: _____ Phone: _____ Email: _____

Appointment Date & Time:

And don't forget: YOU are the most important member of your treatment team!