

7 Not appropriate to use chemotherapy in preference to endocrine therapy (with or without a CDK inhibitor) as initial treatment for patients with metastatic breast cancer that is hormone receptor-positive and HER2 negative, unless there is visceral crisis.

WHAT THIS PRACTICE IS ABOUT

This practice is about tailoring treatment options for people with metastatic breast cancer according to the individual features of the breast cancer cells. It highlights the importance of initially using endocrine therapy in preference to chemotherapy for most people who have hormone receptor-positive, HER2-negative breast cancer*.

Endocrine therapies (also called hormonal therapies) are drugs used to treat breast cancer cells that have hormone receptors on them. Endocrine therapies have been shown to be as effective as chemotherapy in the treatment of hormone receptor-positive, HER2-negative metastatic breast cancer. Endocrine therapies are associated with fewer and less toxic side effects than chemotherapy. For this reason, it is recommended that endocrine therapies are used instead of chemotherapy as the first drug treatment following a diagnosis of hormone receptor-positive, HER2-negative metastatic breast cancer.

There are some situations in which endocrine therapy may not be suitable as the first treatment. For example, if breast cancer is growing rapidly, or if it is severely affecting liver function (a visceral crisis), or if a person has previously not responded to endocrine therapy, then chemotherapy may be recommended.

*Hormone receptors (oestrogen and progesterone receptors) and the HER2 receptor are found on some breast cancer cells. Treatment choices depend on whether or not a person's breast cancer cells have hormone receptors or the HER2 receptor. If cells do have hormone receptors they are said to be 'hormone receptor-positive' and if they do not have the HER2 receptor they are said to be 'HER2-negative'.

Other treatments called CDK inhibitors (such as palbociclib and ribociclib) may also be recommended alongside initial endocrine therapy to help increase the likelihood of a response to treatment. If a CDK inhibitor is recommended, additional tests will be needed to monitor the level of white blood cells in the blood.

WHY THIS PRACTICE MIGHT BE IMPORTANT FOR YOU

If you have metastatic breast cancer it is important that your treatment options take account of the individual features of the cancer cells. Endocrine therapy is associated with fewer side effects than chemotherapy and may be taken orally, so it is likely to have less impact on your day-to-day activities and quality of life. If you have hormone receptor-positive, HER2-negative metastatic breast cancer, it is important that endocrine therapy is considered as your first treatment option instead of chemotherapy. Adding a CDK inhibitor to initial endocrine therapy may also be helpful to improve your response to treatment.

QUESTIONS TO ASK

Do I have hormone receptor-positive and/or HER2-negative metastatic breast cancer?

Is endocrine therapy an option for me before chemotherapy?

Would a CDK inhibitor be an option for me? How frequently will I need blood tests if I have a CDK inhibitor?

MORE INFORMATION

For more information on the **Cancer Australia Statement – Influencing best practice in metastatic breast cancer** and to access supporting resources, visit canceraustralia.gov.au/statement



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Influencing best practice in metastatic breast cancer

Metastatic breast cancer is cancer that has spread from the breast to other parts of the body. It is also known as advanced breast cancer or secondary breast cancer. People with metastatic breast cancer experience a range of emotional, physical and practical challenges.

The aim of treatment and care for people with metastatic breast cancer is to control the growth and spread of the cancer, relieve symptoms and help people live as well as possible. There is evidence that approaches to treatment and care vary across Australia.

It is important that everyone with metastatic breast cancer receives evidence-based information, treatment and support that reflect their individual needs and preferences. This includes avoiding treatments that may not provide meaningful benefits or may cause harm.

ABOUT THE STATEMENT

The aim of the *Cancer Australia Statement – Influencing best practice in metastatic breast cancer* is to reduce unwarranted variation in the treatment and care of people with metastatic breast cancer in Australia.

The Statement focuses on 10 practices that have been identified as appropriate or inappropriate in the treatment and care of people with metastatic breast cancer, to help them to live as well as possible. This includes providing the treatment and care that is most likely to benefit the patient, and avoiding treatments that are unlikely to help, or that may be harmful.

Not every practice is relevant for every person diagnosed with metastatic breast cancer. The practice(s) relevant to an individual will depend on their diagnosis and situation.

HOW WAS THE STATEMENT DEVELOPED?

The Statement is based on available national and international evidence and was developed with input from a range of experts and people affected by metastatic breast cancer. The Statement has the support of key clinical colleges, cancer and consumer organisations.

USING THE STATEMENT

The Statement aims to empower people with metastatic breast cancer and their families to make informed decisions about treatment and care that are right for them. A key part of informed decision making is to talk to health professionals and ask questions about available options for treatment, care and support.

You may wish to talk to your health professionals about which practices in the Statement are most relevant for you. Each practice includes a few questions that you may find helpful to guide conversations about your treatment and care options.

MORE INFORMATION

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