

Supporting the detection and equal care of all patients with metastatic breast cancer

A guide for healthcare professionals not specialising in breast cancer

The Coalition Task Force

This toolkit was developed in collaboration with a multidisciplinary Coalition Task Force, formed of specialist oncologists and patient advocates, all of whom are committed to reducing **disparities in care for people with metastatic breast cancer (mBC)**.

The expert insights from the Coalition Task Force shaped the direction and content of this toolkit, which was then reviewed and validated by over 500 primary care physicians and non-breast cancer specialists worldwide. Together, **their feedback has been integral to ensuring this toolkit is as effective as possible in supporting the detection and equal care of all patients with mBC.**



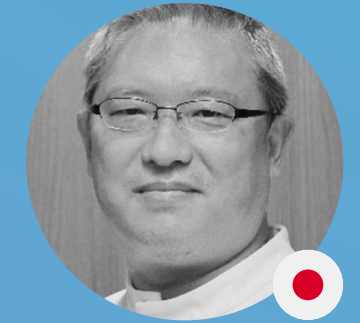
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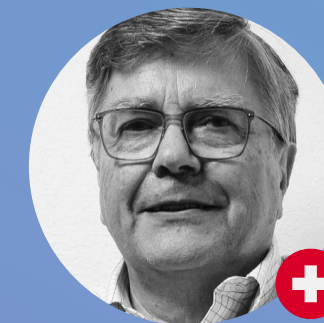
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Introduction

Breast cancer is the most common cancer in females globally and the leading cause of death in women.¹ Worldwide, approximately 685,000 people died of breast cancer in 2020,² and about 90% of these deaths were due to metastatic disease.³ Recent advances in the available treatment options improved the life expectancy and quality of life (QoL) of patients with metastatic breast cancer (mBC).⁴ (Please see Module 3 for details on the treatments available for mBC.) Nonetheless, mBC remains an incurable disease for the majority of patients and still represents a significant QoL burden for people living with the disease.^{5,6}

Not all patients with mBC have equal access to care or benefit from the available treatments. It is important to identify these patients with disparities in mBC care, so they can receive additional help and guidance from their healthcare professionals or from expert patients, and equal access to care compared with the general population.

Depending on the different organisation of care in different countries, patients with mBC symptoms are likely to contact healthcare professionals outside the field of breast cancer before an oncology specialist. It is therefore crucial that treating physicians can easily interact with specialist cancer care facilities in the case of metastatic disease. However, patients with disparities in mBC care are at increased risk of delayed diagnosis, as they may be less likely to recognise signs & symptoms of mBC, or to share this information with healthcare professionals if they do recognise them. Special attention should therefore be paid to these patients in consultation, so that no signs that may be related to mBC are overlooked.

This guide for healthcare professionals not specialising in breast cancer has been developed as a tool to help identify patients with disparities, who may have undiagnosed mBC. The toolkit aims to support you in your existing interactions with these patients to improve their healthcare pathway.

The guide consists of three modules:



MODULE 1:

Identifying patients with disparities in care and diagnosing metastatic breast cancer



MODULE 2:

Enhancing communication with patients with disparities in mBC care



MODULE 3:

Optimising the treatment pathway for patients with disparities in mBC care

Glossary:

Early breast cancer (eBC): Cancer localised to the breast and/or to the lymph nodes close to the breast.

HER2+ subtype: Breast cancer subtype characterised by the presence of HER2 receptors on the surface of the cancer cells. Treatment options for this subtype include targeted therapy and chemotherapy.

Hormone dependent subtype: Breast cancer subtype characterised by the presence of oestrogen receptors and the absence of HER2 receptors on the surface of the cancer cells. Treatment options for this subtype include targeted therapy, endocrine therapy, and chemotherapy.

Inflammatory breast cancer (IBC): Rare breast cancer type that is often aggressive and is associated with low survival.

Metastatic breast cancer (mBC): Cancer originating from the breast that has spread to distant organs in the body.

Quality of life (QoL): The patient's physical and mental well-being, and ability to carry out life activities, such as work or hobbies.

Triple-negative subtype: Breast cancer subtype characterised by the absence of hormone and HER2 receptors on the surface of the cancer cells. Treatment options for this subtype include chemotherapy and targeted therapy.

References: 1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin.* 2021 May;71(3):209-249. doi: 10.3322/caac.21660. 2. World Health Organization. Breast Cancer: World Health Organization; 2021 [updated 26 March 2021. Available from: <https://www.who.int/news-room/fact-sheets/detail/breast-cancer>. 3. Chaffer CL, Weinberg RA. A perspective on cancer cell metastasis. *Science.* 2011 Mar 25;331(6024):1559-64. 4. Caswell-Jin JL, Plevritis SK, Tian L, Cadham CJ, Xu C, Stout NK, et al. Change in Survival in Metastatic Breast Cancer with Treatment Advances: Meta-Analysis and Systematic Review. *JNCI Cancer Spectr.* 2018;2(4):pky062. 5. Vrdoljak E, Gligorov J, Wierinck L, Conte P, De Greve J, Meunier F, et al. Addressing disparities and challenges in underserved patient populations with metastatic breast cancer in Europe. *Breast.* 2021;55:79-90. 6. Pagani O, Senkus E, Wood W, Colleoni M, Cufer T, Kyriakides S, et al. International guidelines for management of metastatic breast cancer: can metastatic breast cancer be cured? *J Natl Cancer Inst.* 2010 Apr 7;102(7):456-63.

MODULE 1

Identifying patients with disparities in care and diagnosing metastatic breast cancer

Patients with disparities in metastatic breast cancer care

Patients with disparities in mBC care are present globally, including in developed countries.¹ This guide will focus on the inclusivity of the following patient groups with disparities:



OLDER PATIENTS, ABOVE THE AGE OF 65 YEARS



YOUNGER PATIENTS, BELOW THE AGE OF 40 YEARS



RURAL PATIENTS



PATIENTS BELIEVING IN ALTERNATIVE TREATMENTS



PATIENTS WITH LOW HEALTH KNOWLEDGE



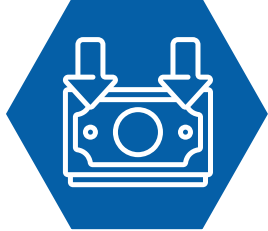
TRANSGENDER OR GENDER DIVERSE PATIENTS



MEN



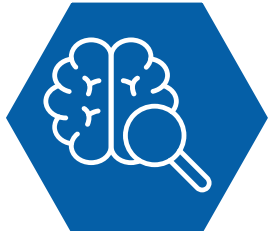
PATIENTS WHO LACK AN ADEQUATE CAREGIVER OR SUPPORT SYSTEM



LOW-INCOME PATIENTS



PATIENTS FROM ETHNIC, RELIGIOUS, INDIGENOUS OR NATIVE POPULATIONS, OR OTHER MINORITIES



PSYCHIATRIC PATIENTS

References: 1. Vrdoljak E, Gligorov J, Wierinck L, Conte P, De Greve J, Meunier F, et al. Addressing disparities and challenges in underserved patient populations with metastatic breast cancer in Europe. Breast. 2021;55:79-90.



Breast cancer metastasis

Differences in the prevalence of patients with disparities in mBC care exist between and within countries;^{1,2} and some patients belong to more than one group. Various factors can contribute to these patients not having equal access to care, including barriers to attend healthcare appointments:

- Older patients often have difficulties visiting their doctor, and miss appointments due to comorbidities, lack of transport options, or financial difficulties^{2,3}
- Low-income patients often lack support from their workplace to attend healthcare appointments, or are limited financially in the care they can access²
- Rural patients may struggle to afford to travel to the nearest medical centre²
- Patients with low health knowledge often lack awareness of breast cancer, which hinders symptom recognition. These patients also miss healthcare appointments, due to limited understanding of their importance²
- Patients from ethnic, religious or other minorities might face stigma associated with breast cancer²

- Psychiatric patients are more likely to miss healthcare appointments³

These factors contribute to a delay in seeking a diagnosis and often result in patients with disparities in mBC care presenting with advanced-stage, metastasised breast cancer, or in a delayed diagnosis of breast cancer relapse.

In 20-30% of patients diagnosed with early or localised breast cancer (eBC) in developed countries, the disease reoccurs at distant sites later in life, which is called metastatic breast cancer (mBC).¹ The time of reoccurrence can vary between months to many years after the initial diagnosis.⁴ Approximately 5-10% of patients present to their healthcare professional with *de novo* mBC, without a previous diagnosis of eBC.¹ Younger women are more likely to get diagnosed with *de novo* mBC, possibly due to lack of awareness and effective screening in this group.^{5,6,7} Breast cancer in young women is more common among those with a family history of breast cancer.⁸ Undiagnosed *de novo* mBC might be more prevalent in other patients with disparities as well, due to delays in attending healthcare appointments.^{9,10}

Impact of timely diagnosis

Timely diagnosis of mBC and treatment initiation significantly impacts the quality of life (QoL) of patients and may improve life expectancy by offering more treatment options and facilitating access to innovative treatments. Moreover, metastatic disease that is diagnosed earlier might be more susceptible to and responsive to treatment.¹¹⁻¹⁵ Therefore, timely diagnosis and treatment of mBC is crucial to improve the treatment pathway of patients with mBC.



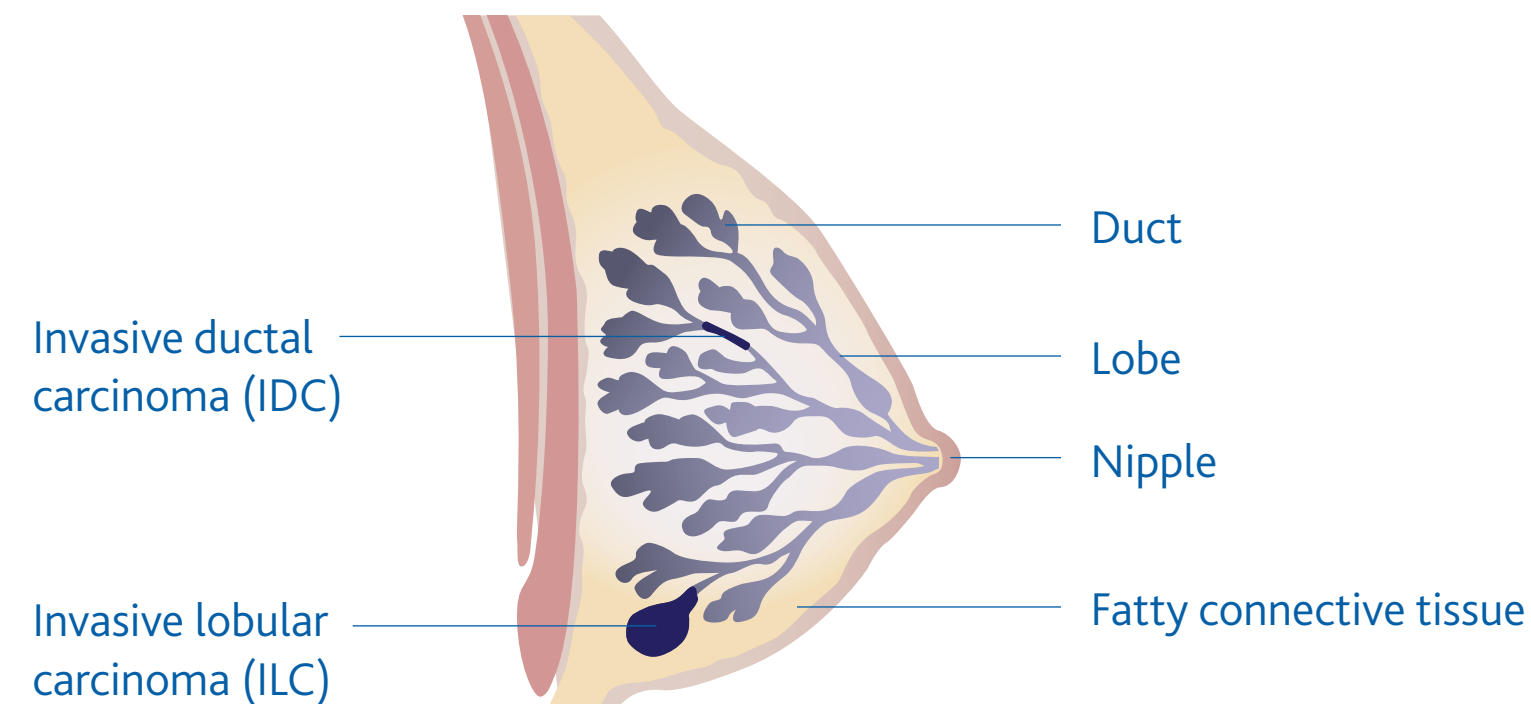
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Breast cancer types

Histological types of breast cancer

The most common types of breast cancer¹⁻³

Types of cancer	Frequency	Development
Invasive ductal carcinoma (IDC) or no special type (NST)	70-75%	Originates from the epithelial cells of the ducts and spreads to surrounding tissue
Invasive lobular carcinoma (ILC)	5-15%	Develops in the epithelial cells of the lobules and spreads to surrounding tissue



Breast cancer subtypes

Breast cancers can be classified into subtypes based on the protein receptors present on the surface of the cancer cells.⁴ Breast cancers are most commonly categorised based on the presence of the hormone receptors (HRs) oestrogen receptor (ER), and progesterone receptor (PR), and the human epidermal growth factor receptor 2 (HER2).^{5,6} Appropriate treatment options are selected based on the subtype of the breast cancer.⁴ (Please see Module 3 for more information on the available treatment options for the different breast cancer subtypes.)

The main subtypes are:^{5,6}

Subtype	Surface receptors
Triple-negative	Absence of ER, PR, or both Absence of HER2
HER2 (HR+ or HR-)	Presence or absence of ER, PR Presence of HER2
Hormone dependent	Presence of ER Absence of HER2

In addition to breast cancer subtypes, specific biomarkers can also be used to guide the treatment decision. These biomarkers include:⁷

- PD-L1 expression (positive or negative)
- *PIK3CA* gene (mutated or unmutated)
- Microsatellite instability (high or low)
- Tumour mutation burden (high or low)
- *NTRK* fusion (positive or negative)
- *ESR1* gene (mutated or unmutated)
- Somatic *BRCA* (mutated or unmutated)
- Germline *BRCA1/2* (mutated or unmutated). Mutations in these genes are more common in young women with breast cancer⁸

References: 1. Pestalozzi BC, Zahrieh D, Mallon E, Gusterson BA, Price KN, Gelber RD, et al. Distinct clinical and prognostic features of infiltrating lobular carcinoma of the breast: combined results of 15 International Breast Cancer Study Group clinical trials. *J Clin Oncol.* 2008 Jun 20;26(18):3006-14. 2. World Health Organization. Breast Cancer: World Health Organization; 2021 [updated 26 March 2021. Available from: <https://www.who.int/news-room/fact-sheets/detail/breast-cancer>. 3. Cserni G. Histological type and typing of breast carcinomas and the WHO classification changes over time. *Pathologica.* 2020 Mar;112(1):25-41. 4. Waks AG, Winer EP. Breast Cancer Treatment: A Review. *JAMA.* 2019;321(3):288-300. 5. American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society, Inc.; 2019. 6. Gong Y, Liu YR, Ji P, Hu X, Shao ZM. Impact of molecular subtypes on metastatic breast cancer patients: a SEER population-based study. *Sci Rep.* 2017;7:45411. 7. Gennari A, Andre F, Barrios CH, Cortes J, de Azambuja E, DeMichele A, et al. ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. *Ann Oncol.* 2021;32(12):1475-95. 8. Johnson RH, Anders CK, Litton JK, Ruddy KJ, Bleyer A. Breast cancer in adolescents and young adults. *Pediatr Blood Cancer.* 2018 Dec;65(12):e27397.

Signs and symptoms of mBC

Distant metastases of breast cancer can develop in almost all organs, but the most common metastasis sites are the bones, the lungs, the liver, the brain, and the lymph nodes.^{1,2}

The most prevalent sites depend on the histological type and breast cancer subtype.^{3,4} The symptoms of mBC vary based on the site of metastases:²

Bone

Frequency

70% of patients with mBC⁵

Most common symptoms

Severe pain in the bones that persists for months and may worsen during resting
Fatigue and weakness
Dehydration due to calcium efflux from the bones
Difficulty with bladder or bowel control due to spinal cord compression

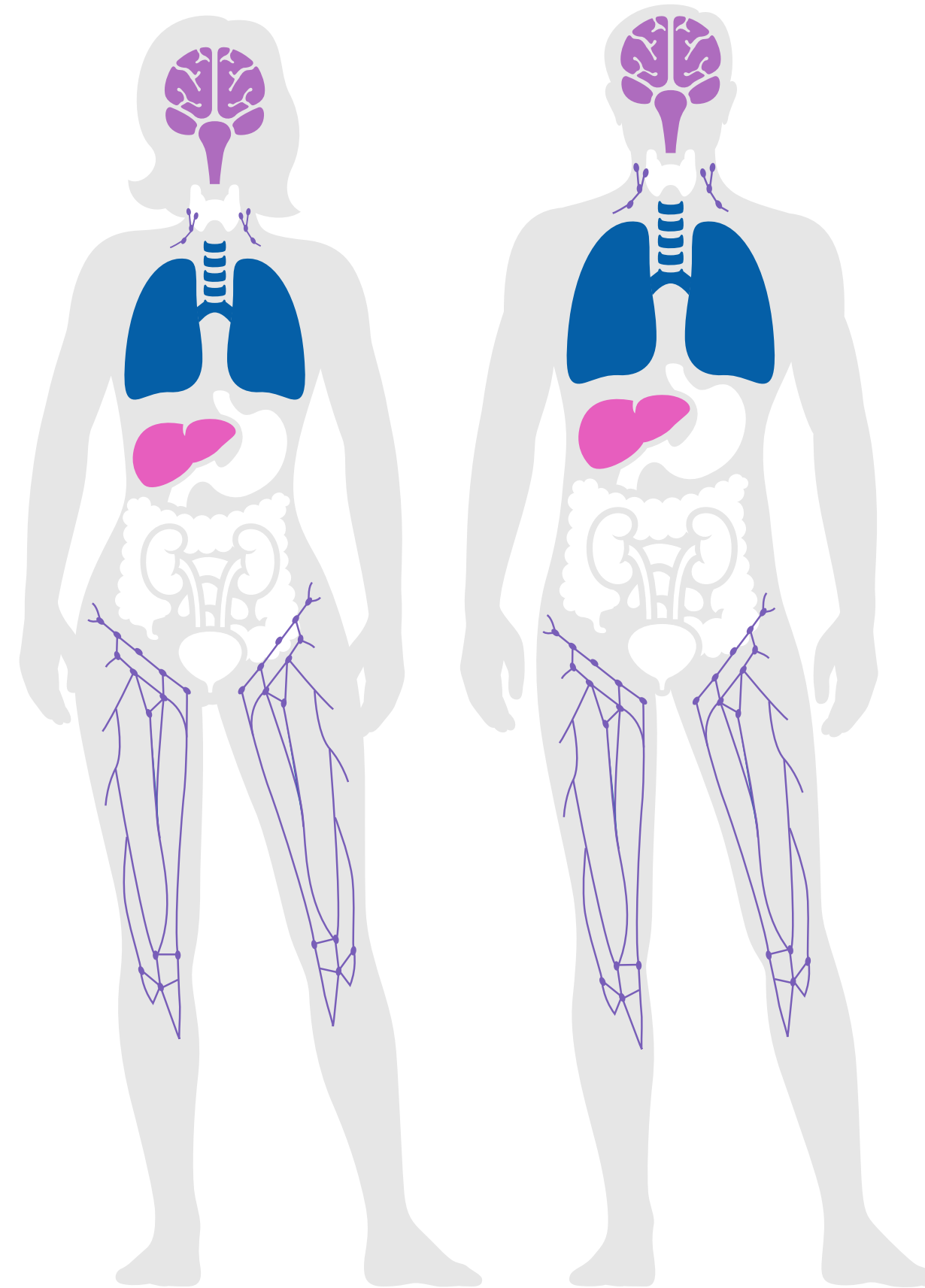
Liver

Frequency

30-70% of patients with mBC^{6,7}

Most common symptoms

Pain or discomfort around the liver
Fatigue and weakness
Loss of appetite
Weight loss
Nausea
Fever



Lymph Nodes

Frequency

20% of patients with mBC⁸

Most common symptoms

Swollen and hard lymph nodes
Breathlessness
Chest pain
Pain, redness or swelling of arms or legs due to blood clotting

Brain

Frequency

10-30% of patients with mBC^{6,9}

Most common symptoms

Headache
Dizziness or balance problems
Blurred vision or double vision
Memory problems
Sudden change in mood or personality

Lung

Frequency

30% of patients with mBC^{6,10}

Most common symptoms

Pain or discomfort in the lungs
Persistent cough
Coughing up blood or mucous
Dry cough

For more information on the signs and symptoms of mBC, please review the two infographics developed by ABC Diagnosis, that are available at [this link](https://www.abcdiagnosis.co.uk/resources/infographics/).¹¹ Please see the next page for more signs and symptoms.

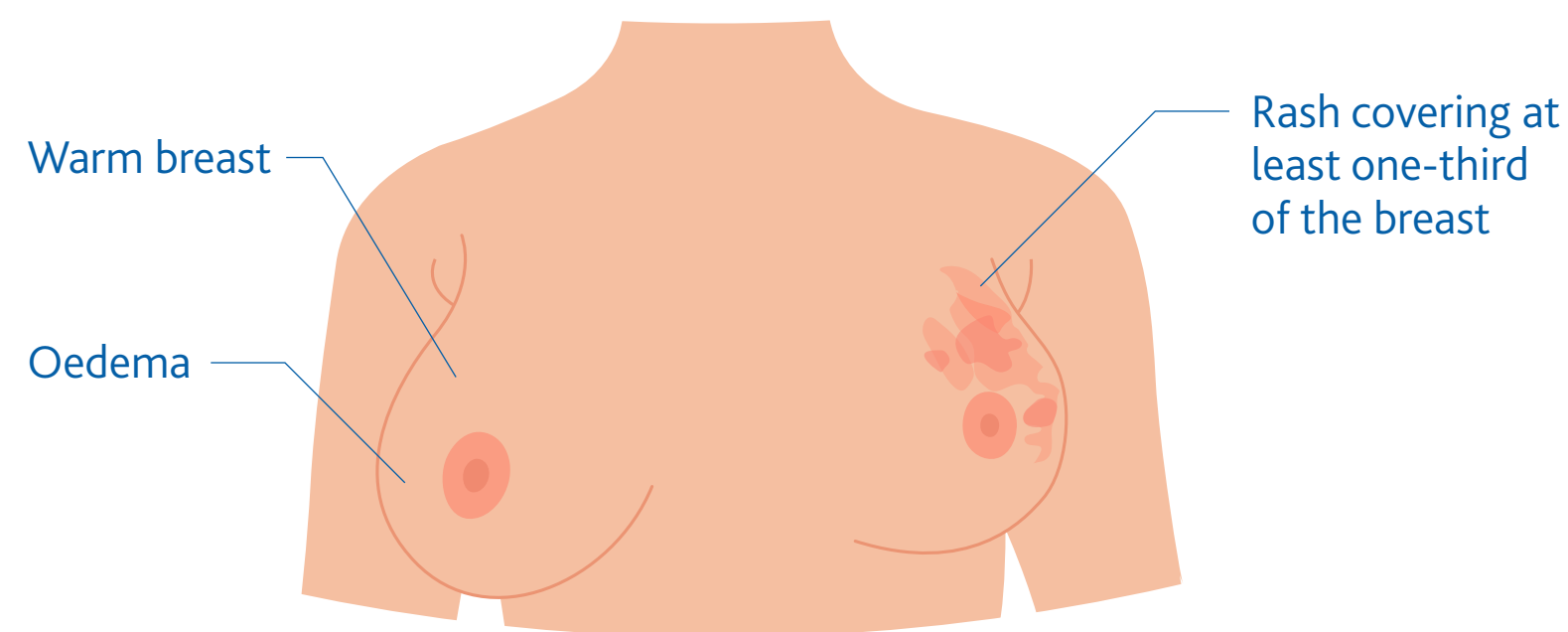
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Signs and symptoms of mBC

Inflammatory breast cancer (IBC) is a rare form of breast cancer associated with poor prognosis compared with other types of breast cancer. This is due to a higher proliferation rate and a higher rate of aggressive phenotypes.¹

- Patients with IBC are more likely to be diagnosed with *de novo* mBC²
- IBC is at least 50% more common in black patients than in white patients³
- IBC is more likely to be ductal carcinoma and have triple negative subtype¹

The symptoms of IBC are different from other types of breast cancer:⁴



Diagnosis of mBC is challenging, due to similarities in the signs of mBC and of other common diseases. Moreover, older patients commonly have existing comorbidities with similar symptoms to mBC.

It is recommended that the histological type and eBC subtype is noted when patients are later assessed for new, lingering symptoms as the type of eBC influences the likelihood of relapse and the sites of metastases. It is also important to note that patients with a primary breast tumour larger than 2 cm, and/or with eBC that has spread to axillary lymph nodes, have a higher risk of developing metastases.⁵

If you do not have information about the patient's cancer history, ask whether they have a previous eBC diagnosis. It is important to consider that men, or patients who identify as transgender or gender fluid can also have mBC, although mBC in men is rare. Approximately 0.74% of all patients who die of breast cancer are men.⁶ Patients with disparities in care may be more likely to present with *de novo* mBC, so acknowledge that the patient could have mBC, even without a history of eBC. Patients with *de novo* mBC may have a detectable mass in their breast and/or axillary lymph nodes.^{7,8}

To help you differentiate between mBC and other diseases, ask your patient about the details of the onset and duration of their symptoms. If symptoms persist for weeks without improvement, consider that the patient could have mBC and order further diagnostic tests or contact their breast cancer specialist.

Depending on the site of suspected metastases, consider ordering the following diagnostic tools:⁹

Metastasis site	Diagnostic tool
All	Biopsy
Bone	Bone scan/scintigraphy
Liver	Computed tomography, (CT) of the abdomen Positron emission tomography (PET)-CT of the abdomen
Lung	CT of the chest, PET-CT of the chest
Brain	Magnetic resonance imaging (MRI)

Consult the breast cancer specialist for more information on the appropriate diagnostic tools. Please note that the diagnostic tests may be ordered by the oncology specialist in some countries.

References: 1. Mamouch F, Berrada N, Aoullay Z, El Khanoussi B, Errihani H. Inflammatory Breast Cancer: A Literature Review. *World J Oncol.* 2018;9(5-6):129-35. 2. Cristofanilli M, Buzdar AU, Hortobágyi GN. Update on the management of inflammatory breast cancer. *Oncologist.* 2003;8(2):141-8. 3. Hirko KA, Soliman AS, Banerjee M, Ruterbusch J, Harford JB, Chamberlain RM, et al. Characterizing inflammatory breast cancer among Arab Americans in the California, Detroit and New Jersey Surveillance, Epidemiology and End Results (SEER) registries (1988-2008). *Springerplus.* 2013 Dec;2(1):3. 4. National Cancer Institute. Inflammatory Breast Cancer; 2016 [Reviewed 6 January 2016]. Available from: <https://www.cancer.gov/types/breast/ibc-fact-sheet>. 5. Soerjomataram I, Louwman MW, Ribot JG, Roukema JA, Coebergh JW. An overview of prognostic factors for long-term survivors of breast cancer. *Breast Cancer Res Treat.* 2008 Feb;107(3):309-30. 6. Cancer Research UK. Breast cancer mortality statistics. 2022. [Available from: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/mortality#heading-Zero>]. 7. Bitencourt A, Rossi Saccarelli C, Morris EA, Flynn J, Zhang Z, Khan A, et al. Regional Lymph Node Involvement Among Patients With De Novo Metastatic Breast Cancer. *JAMA Netw Open.* 2020 Oct 1;3(10):e2018790. 8. Criscitiello C, Giuliano M, Curigliano G, De Laurentiis M, Arpino G, Carlomagno N, et al. Surgery of the primary tumor in de novo metastatic breast cancer: To do or not to do? *Eur J Surg Oncol.* 2015 Oct;41(10):1288-92. 9. Gennari A, Andre F, Barrios CH, Cortes J, de Azambuja E, DeMichele A, et al. ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. *Ann Oncol.* 2021;32(12):1475-95.

MODULE 2

Enhancing communication with patients with disparities in mBC care

Communication challenges between healthcare professionals and patients with disparities

Clear communication between healthcare professionals and patients is essential for improving patient outcomes. Patients who have good and empathetic communication with their healthcare professionals are more open to sharing information about their symptoms, which is needed for accurate diagnosis and disease management. Patients who are satisfied with their interactions with healthcare professionals are also more likely to attend follow-up appointments and adhere to treatment.^{1,2} However, communication with patients with disparities in mBC care can be challenging and is hindered by existing barriers.³



Communication barriers

The issues that limit effective communication are diverse and specific to each patient.⁴ Examples of barriers that affect groups of patients with disparities in mBC care include:

- Patients with low health knowledge often have limited health vocabulary and lack understanding of diseases, leading to difficulties in identifying and explaining their symptoms correctly⁵
- Some cultural practices or beliefs affect how patients communicate about their disease
- Patients with limited proficiency in the language of the physician often struggle to express themselves, mention their symptoms or engage in conversation^{4,6}
- Stigmatisation of breast cancer can lead to social isolation and blaming of the patients diagnosed with the disease.⁷ Therefore, patients from cultures with existing stigma are often secretive about their early breast cancer (eBC) diagnosis,⁷ and conceal certain symptoms associated with mBC during their healthcare appointment

Overcoming these barriers by personalising the communication with your patients can improve disease outcomes, increase the patient's confidence and motivation, and help the patient take responsibility for their own disease.¹

Enhancing communication with patients with disparities in mBC care

Patients with eBC might develop metastasis months to several years after their initial diagnosis,¹ therefore, during every consultation with these patients, it is important to note that their symptoms could be caused by mBC.

Consider asking your patient whether they have experienced some of the most common symptoms of mBC listed in Module 1, even if they do not mention them. As clear communication with patients with disparities in mBC care might be challenging, consider incorporating a few questions focusing on mBC into your discussions with these patients, to help you timely diagnose mBC.



Discussing symptoms

The following communication principles can help you overcome existing barriers when having conversations with patients with disparities who may have undiagnosed mBC:

Use simple language: Using simple and short sentences, talking slowly, and repeating key pieces of information can help patients follow the conversation better.^{2,3}

Relate to the patient: Take time to understand the patient's medical knowledge of breast cancer, their experience with breast cancer through their friends and family, their beliefs, biases, and misconceptions.³

Discuss the cancer history of the patient: Details about the patient's previous eBC can help the diagnosis of mBC.⁴ When asking the patient about their cancer history, refer to "the cancer", instead of "your cancer", as the latter can make patients feel that the cancer is their fault.

Ask the patient to mention symptoms they may have been dismissing: For example, older patients may not recognise new symptoms associated with mBC due to pre-existing morbidities.⁵

Encourage the patients to ask questions even if they are unsure how to phrase it: Many patients feel uncomfortable to ask questions and to engage in conversation with their healthcare professional, especially patients with low health knowledge and language issues.^{2,3}

Tailor information to your patient's preferences: Ask your patient with suspected mBC how much information about their diagnosis and treatment plan they prefer to discuss.⁶

Assure the patient: If a patient displays signs of distress or worry, ask them about their concerns and acknowledge that their feelings are valid⁷. Assure patients with suspected relapsed disease that the possible reoccurrence of cancer is not because they did not do enough to prevent metastases. Help the patient to feel comfortable discussing the next steps.

Communicating about next steps

It is important that patients presenting with symptoms of mBC are referred to take further diagnostic tests or to meet an oncology specialist. However, some patients may feel overwhelmed and have concerns about attending specialist appointments.



EXPLAIN THE IMPORTANCE OF THE FURTHER DIAGNOSTIC STEPS

Take time to explain that while diagnosis of mBC can be scary and life-altering, getting a diagnosis and starting treatment early may improve quality of life and increase life expectancy.^{1,2}

Improving the understanding of patients increases the likelihood of adherence to further appointments³



ENSURE THAT THE PATIENT UNDERSTANDS THE NEXT STEPS

Patients who struggle to understand the advice of their physician might miss further appointments due to miscommunication. Consider asking the patient to explain their diagnosis and the further steps in their own words to ensure they understood the discussed information⁴



MENTION TO THE PATIENT THAT DIAGNOSTIC TESTS ARE SAFE

Some patients worry that diagnostic tests using radiation, such as mammography, bone scans, and computed tomographies (CTs) are harmful and may cause them cancer if they are healthy. These patients often refrain from attending further diagnostic appointments.⁵



PROVIDE A WRITTEN SUMMARY FOR THE PATIENT

Patients are often shocked and struggle to pay attention to the conversation after hearing that they may have cancer. **Creating a written summary of what was discussed during the visit and laying out the next steps of the healthcare pathway can be useful for the patient to refer to at home⁶**

References: 1. Ho PJ, Cook AR, Binte Mohamed Ri NK, Liu J, Li J, Hartman M. Impact of delayed treatment in women diagnosed with breast cancer: A population-based study. *Cancer Med.* 2020;9(7):2435-44. 2. Rautalin M, Farkkila N, Sintonen H, Saarto T, Taari K, Jahkola T, et al. Health-related quality of life in different states of breast cancer - comparing different instruments. *Acta Oncol.* 2018;57(5):622-8. 3. Zolnierok KB, Dimatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. *Med Care.* 2009 Aug;47(8):826-34. 4. Graham S, Brookey J. Do patients understand? *Perm J.* 2008 Summer;12(3):67-9. 5. Oakley PA, Harrison DE. X-Ray Hesitancy: Patients' Radiophobic Concerns Over Medical X-rays. *Dose Response.* 2020;18(3):1559325820959542. 6. Murugesu L, Heijmans M, Rademakers J, Fransen MP. Challenges and solutions in communication with patients with low health literacy: Perspectives of healthcare providers. *PLoS One.* 2022;17(5):e0267782.

MODULE 3

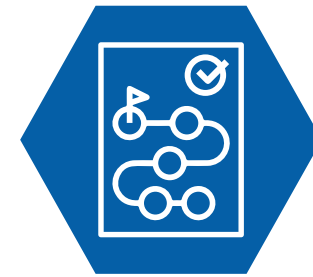
Optimising the treatment pathway for patients with disparities in mBC care

Enhancing support during the treatment pathway

Patients are often overwhelmed by their diagnosis and find navigating through their treatment confusing, as it involves attending various appointments with different healthcare professionals. Moreover, patients are often unsure with whom to communicate about their questions and concerns. To improve the care and quality of life (QoL) of the patient, it is important that primary care professionals provide continuous support and a valuable point of contact for the patient throughout their treatment pathway.¹ It is also recommended to contact other members of the multidisciplinary treatment team and patient organisations for more information.

Navigating the treatment pathway can be especially challenging for patients with disparities in mBC care.²⁻³

See below for some suggestions to support patients throughout the treatment pathway:



HELP YOUR PATIENT UNDERSTAND THE TREATMENT PLAN

Some patients, for example those with low health knowledge, struggle to understand their treatment plan. It is important to know about the treatment strategy of your patient, so you can provide support throughout the treatment pathway with any questions or concerns the patient might have^{1,4}



ASK THE PATIENT ABOUT TREATMENT SIDE EFFECTS:

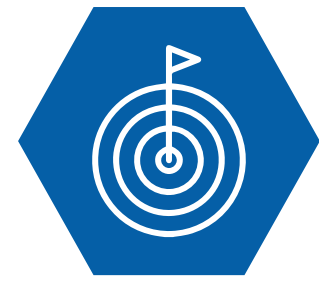
Some patients are unaware that the side effects of their treatment can be managed or feel uncomfortable mentioning them.⁵ Encourage and help your patient to discuss their symptoms with other healthcare team members as well. Explain that the treatment dose can be adjusted to reduce the burden of side effects

Continued on next page

References: 1. Fallowfield L, Boyle FM, Travado L, Kiely BE, Jewell P, Aubel D, et al. Gaps in Care and Support for Patients With Advanced Breast Cancer: A Report From the Advanced Breast Cancer Global Alliance. *JCO Glob Oncol.* 2021;7:976-84. 2. Murugesu L, Heijmans M, Rademakers J, Fransen MP. Challenges and solutions in communication with patients with low health literacy: Perspectives of healthcare providers. *PLoS One.* 2022;17(5):e0267782. 3. Vrdoljak E, Gligorov J, Wierinck L, Conte P, De Greve J, Meunier F, et al. Addressing disparities and challenges in underserved patient populations with metastatic breast cancer in Europe. *Breast.* 2021;55:79-90. 4. Miller TA. Health literacy and adherence to medical treatment in chronic and acute illness: A meta-analysis. *Patient Educ Couns.* 2016;99(7):1079-86. 5. Citron ML, Mayer, M. Dickson, R. B., Jones, S., Brufsky, A. M. Exploration of communication gaps among women with metastatic breast cancer, caregivers and oncologists. *Future Medicine.* 2017;5(4).

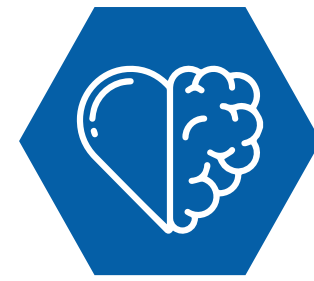
Enhancing support during the treatment pathway

Additional ways in which you can support patients throughout their treatment pathway:



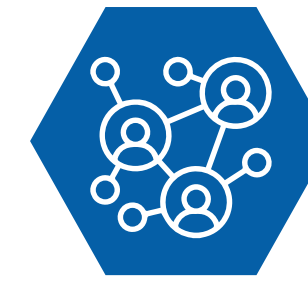
ENCOURAGE THE PATIENT TO EXPRESS THEIR GOALS

Discussing the perspectives of the patients is important to sustain hope, choose the most suitable and satisfactory treatment strategy, and ensure you provide relevant support for your patient,^{1,2,3} but some patients, especially those with low health knowledge, often do not express what is important to them.⁴ Consider that the goals of the patient might change during their treatment²



ASSESS THE MENTAL HEALTH OF YOUR PATIENTS REGULARLY

Many patients living with mBC, especially younger patients and patients who lack a support system, develop anxiety and depression, which worsens outcomes.⁵⁻⁷ If your patient is struggling, consider referring them to a mental health specialist⁸



LINK YOUR PATIENT TO LOCAL PATIENT ORGANISATIONS

Encourage your patient to contact local patient organisations.⁸ They provide additional support, and information about mBC, treatments, and clinical trials⁹



DISCUSS AVAILABLE OCCUPATIONAL, LEGAL AND FINANCIAL SUPPORT

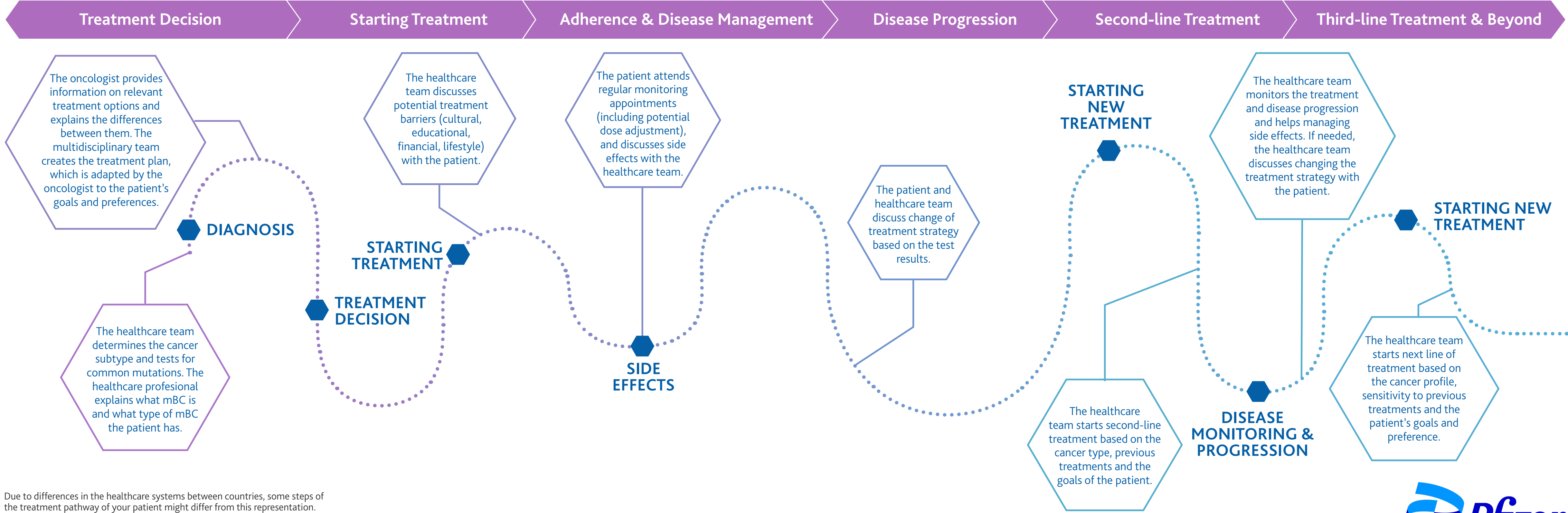
Attending treatment appointments and missing work can lead to significant financial burden for patients with mBC, especially for those with low income. Many countries have specific laws to support cancer patients, but patients are often unaware of them. Advise your patient to contact local patient organisations for information on the support available for them^{5,8}

References: 1. Levinson W, Lesser CS, Epstein RM. Developing physician communication skills for patient-centered care. *Health Aff (Millwood)*. 2010;29(7):1310-8. 2. Gilligan T, Salmi L, Enzinger A. Patient-Clinician Communication Is a Joint Creation: Working Together Toward Well-Being. *Am Soc Clin Oncol Educ Book*. 2018;38:532-9. 3. Brufsky AM, Ormerod C, Bell Dickson R, Citron ML. Understanding the Needs of Patients with Metastatic Breast Cancer: Results of the Make Your Dialogue Count Survey. *Breast J*. 2017;23(1):17-25. 4. Murugesu L, Heijmans M, Rademakers J, Fransen MP. Challenges and solutions in communication with patients with low health literacy: Perspectives of healthcare providers. *PLoS One*. 2022;17(5):e0267782. 5. Grimm M, Radcliff L, Giles M, Nash R, Holley E, Panda S, et al. Living with Advanced Breast Cancer: A Descriptive Analysis of Survivorship Strategies. *J Clin Med*. 2022;11(14). 6. Wang YH, Li JQ, Shi JF, Que JY, Liu JJ, Lappin JM, et al. Depression and anxiety in relation to cancer incidence and mortality: a systematic review and meta-analysis of cohort studies. *Mol Psychiatry*. 2020 Jul;25(7):1487-1499. 7. Mosher CE, Duhamel KN. An examination of distress, sleep, and fatigue in metastatic breast cancer patients. *Psychooncology*. 2012 Jan;21(1):100-7. 8. Fallowfield L, Boyle FM, Travado L, Kiely BE, Jewell P, Aubeil D, et al. Gaps in Care and Support for Patients With Advanced Breast Cancer: A Report From the Advanced Breast Cancer Global Alliance. *JCO Glob Oncol*. 2021;7:976-84. 9. Addario B. The Role of Patient Advocacy Groups. *Journal of Thoracic Oncology*. 2017;12(1):S147-S8.

Treatment pathway for patients with mBC

Patients often have a more trusting relationship with their primary care professionals than with other members of the multidisciplinary treatment team, and primary care is often easier to access than medical support in a specialist cancer centre.¹ Understanding your patient's treatment pathway can help you provide personalised care, manage any complications of treatment, and give emotional support to your patient and their family. Throughout the treatment pathway your patient may have questions at every step. Ensure that you provide clear answers, even if the same question has been addressed before.

Treatment pathway^{2,3}



Due to differences in the healthcare systems between countries, some steps of the treatment pathway of your patient might differ from this representation.

References: 1. Barnes EA, Chow E, Danjoux C, Tsao M. Collaboration between primary care physicians and radiation oncologists. *Ann Palliat Med.* 2017;6(1):81-6. 2. NCCN Guidelines for Patients®. Metastatic Breast Cancer. 2022. 3. Gennari A, Andre F, Barrios CH, Cortes J, de Azambuja E, DeMichele A, et al. ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. *Ann Oncol.* 2021;32(12):1475-95.



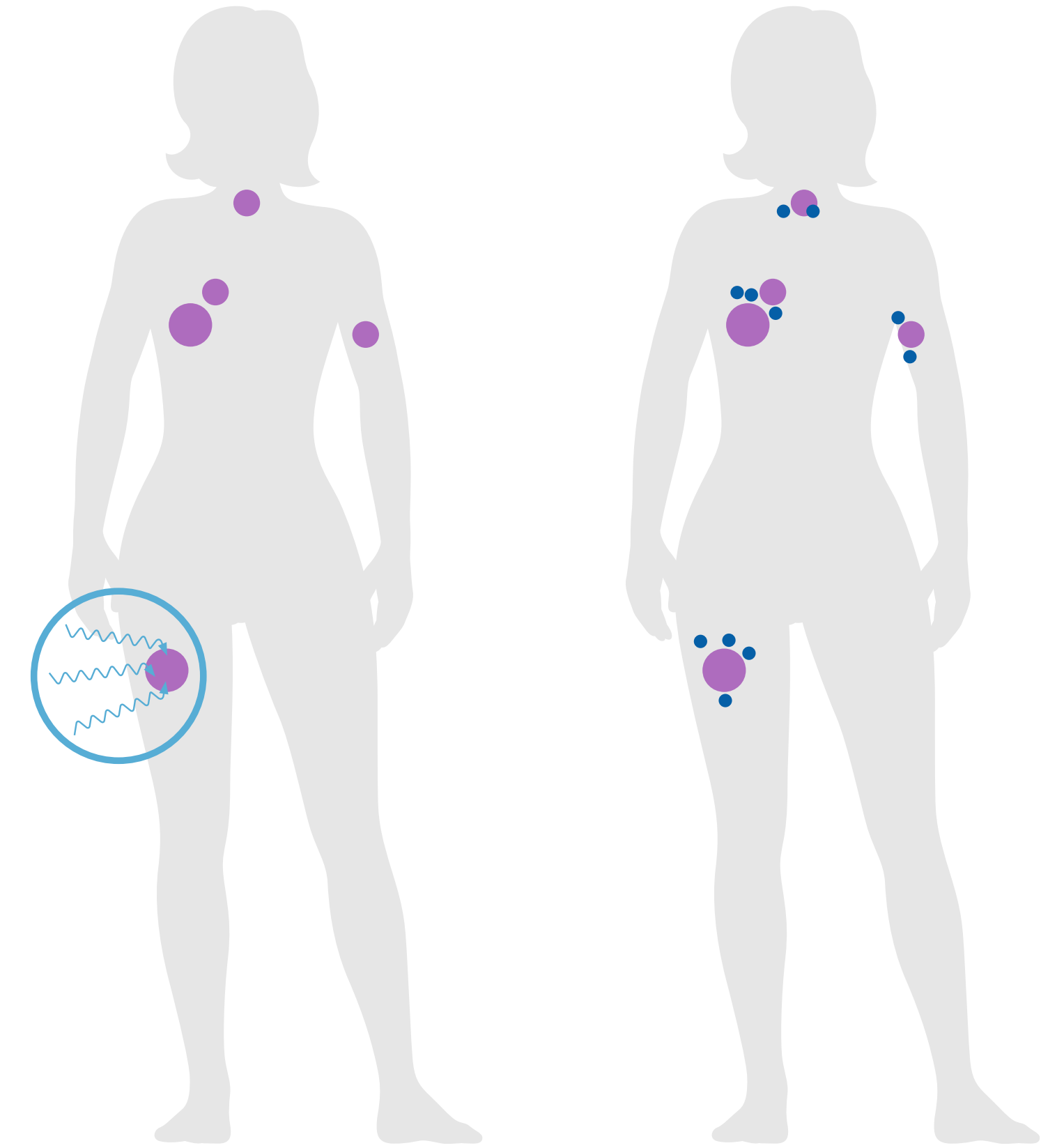
General principles of mBC treatment

- Comorbidities and patient characteristics should be considered when choosing the most appropriate treatment, but the age of the patient on its own should not influence the treatment decision¹
- Supportive care should be offered to all patients early in their treatment to reduce the impact on their QoL¹
- Patients with mBC should be encouraged to participate in clinical trials for every treatment line of their pathway¹
 - However, older patients, patients from ethnic or other minorities and patients with low income or low health knowledge are underrepresented in clinical trials, and they often do not receive sufficient information about ongoing trials and available financial support^{2,3}
 - Ask your patient whether they have been informed about relevant clinical trials and reassure them that clinical trials are safe, participants are closely monitored during the trial, and the treatment has been previously tested.^{4,5} Ensure your patient understands that most clinical trials test new treatments, that may not be available in non-clinical trial setting.⁶ As some patients fear being placed in the placebo group, it is important to explain that new treatments in clinical trials are generally tested against standard of care.⁷

International and national guidelines of mBC treatment are not always implemented in practice. However, due to lack of understanding, many patients do not challenge the healthcare professionals about their treatment decision. As a primary care professional, it is important to know about the types of mBC treatments, so you can provide education and guidance on the most suited options for your patient and ensure your patient receives high-quality care.⁸

The treatment of mBC involves local or systemic treatment options, or the combination of these.^{1,9} Local treatments, including surgery and radiation therapy, treat the cancer in a specific location to reduce the symptom burden of the patient.¹⁰

Systemic treatments aim to target all sites of metastases in the body, and include targeted therapy, endocrine therapy, immunotherapy and chemotherapy. The most suitable systematic treatment options depend on the subtype and mutation profile of the cancer, and any previous treatments the patient may have received, including treatments of their early breast cancer.⁹



Local treatment

Systemic treatment

References: 1. Gennari A, Andre F, Barrios CH, Cortes J, de Azambuja E, DeMichele A, et al. ESMO Clinical Practice Guideline for the diagnosis, staging and treatment of patients with metastatic breast cancer. *Ann Oncol.* 2021;32(12):1475-95. 2. Talarico L, Chen G, Pazdur R. Enrollment of elderly patients in clinical trials for cancer drug registration: a 7-year experience by the US Food and Drug Administration. *J Clin Oncol.* 2004 Nov 15;22(22):4626-31. 3. Nipp RD, Hong K, Paskett ED. Overcoming Barriers to Clinical Trial Enrollment. *Am Soc Clin Oncol Educ Book.* 2019;39:105-14. 4. Grimm M, Radcliff L, Giles M, Nash R, Holley E, Panda S, et al. Living with Advanced Breast Cancer: A Descriptive Analysis of Survivorship Strategies. *J Clin Med.* 2022;11(14). 5. Clark LT, Watkins L, Pina IL, Elmer M, Akinboboye O, Gorham M, et al. Increasing Diversity in Clinical Trials: Overcoming Critical Barriers. *Curr Probl Cardiol.* 2019;44(5):148-72. 6. Staniszewska A, Lubiejewska A, Czerw A, Dąbrowska-Bender M, Duda-Zalewska A, Olejniczak D, et al. Awareness and attitudes towards clinical trials among Polish oncological patients who had never participated in a clinical trial. *Adv Clin Exp Med.* 2018 Apr;27(4):525-529. 7. Asher N, Raphael A, Wolf I, Pelles S, Geva R. Oncologic patients' misconceptions may impede enrollment into clinical trials: a cross-sectional study. *BMC Med Res Methodol.* 2022 Jan 7;22(1):5. 8. Vrdoljak E, Gligorov J, Wierinck L, Conte P, De Greve J, Meunier F, et al. Addressing disparities and challenges in underserved patient populations with metastatic breast cancer in Europe. *Breast.* 2021;55:79-90. 9. NCCN Guidelines for Patients[®]. Metastatic Breast Cancer. 2022. 10. American Cancer Society. Treatment of Stage IV (Metastatic) Breast Cancer. 2021 [Available from: <https://www.cancer.org/cancer/breast-cancer/treatment/treatment-of-breast-cancer-by-stage/treatment-of-stage-iv-advanced-breast-cancer.html>].

Treatment options for mBC

Patients with mBC might receive the following systemic treatment options, given as monotherapy or in combination:^{1,2}

HER2+ (HR+)

Treatment options

Targeted therapy	Chemotherapy	Endocrine therapy
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Drug class

HER2 antibodies HER2 inhibitors HER2 antibody-drug conjugates	Alkylating agents Anti-metabolites Microtubule inhibitors	Aromatase inhibitors Oestrogen receptor modulators or anti-oestrogens
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Hormone dependent

Treatment options

Targeted therapy	Endocrine therapy	Chemotherapy
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Drug class

Cyclin-dependent kinase (CDK) 4/6 inhibitors Phosphatidylinositol 3-kinase (PI3K) inhibitor Poly (ADP-ribose) polymerase (PARP) inhibitors Angiogenesis inhibitors mTOR inhibitors	Aromatase inhibitors Oestrogen receptor modulators or oestrogen receptor degraders Hormones	Microtubule inhibitors Anthracyclines Alkylating agents Antimetabolites
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HER2+ (HR-)

Treatment options

Targeted therapy	Chemotherapy
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Drug class

HER2 antibodies HER2 inhibitors HER2 antibody-drug conjugates	Microtubule inhibitors Alkylating agents Anti-metabolites
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Triple-negative

Treatment options

Chemotherapy	Targeted therapy
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Drug class

Anthracyclines Anti-metabolites Microtubule inhibitors Alkylating agents	Monoclonal antibodies Immune checkpoint inhibitors Antibody-drug conjugates PARP inhibitors Angiogenesis inhibitors
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For more information on the mBC treatments approved and available in your country for specific subtypes and biomarker statuses of breast cancer, please refer to your local health authority's website or contact a local patient organisation.

