

WebMD®

# LIVING WITH

FALL/WINTER 2020

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COMPLIMENTARY COPY  
TAKE ONE HOME



# THE LATEST ON

## HER2-POSITIVE BREAST CANCER

Tumors have specific features, such as the HER2 protein in some breast cancers, that help cancer cells grow and thrive. Targeted cancer drugs disable these features. Some breast cancer drugs target HER2, but they don't work for everyone. Many women with HER2-positive breast cancer need more options—particularly those whose tumors are high in a protein called FGFR4. Researchers at the University of Helsinki believe that the protein may be a potential drug target. They discovered that it helps promote uncontrolled cancer cell growth. When they tried an experimental combination of drugs on the cells—targeting HER2 and FGFR4—they managed to halt the uncontrolled growth.

SOURCE: *Cell Death & Differentiation*

# 150

**Minutes of weekly moderate physical activity associated with lower risk of premature death from any cause in women who have breast cancer.**

SOURCE: *Breast Cancer Research*

Many cancer drugs start out working well. But tumors can mutate and become resistant. By the time doctors realize a cancer has become drug resistant, they have lost precious time. Scientists at the University of Notre Dame developed a technology that lets them see microscopic changes in HER2-positive breast tumors right away. The researchers then identified a combination of FDA-approved drugs that reverse the drug resistance, so the cancer treatment can continue to work.

SOURCE: *Nature Communications*

The National Comprehensive Cancer Network recommends that any woman who develops breast cancer before age 46 should get a test for genes that raise the chance of other cancers. But new research from Mayo Clinic says that method catches only 70% of women who may have elevated genetic risk. When researchers tested 3,907 women up to age 66, they identified more than 90% of women with genes known to raise risk.

SOURCE: *Journal of Clinical Oncology*

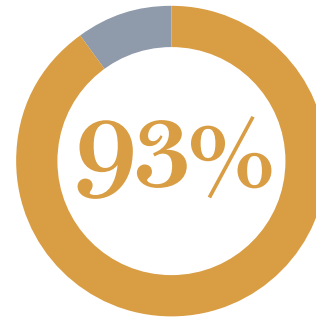
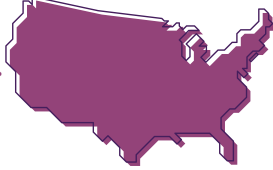
# STATS & FACTS

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

# 1 IN 3

Number of **new cancers** of women living in the U.S. that are **breast cancers**.



Percentage of people with stage I HER2-positive breast cancer who **remain disease-free for 7 years or more** after standard treatment.

# 6

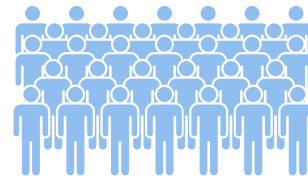
Number of **drugs** that target **HER2-positive** breast cancers.



up to  
**89%**

Percentage of people with HER2-positive breast cancer at any stage who **live 5 years or more** after treatment.

# 3.8 MILLION+



Estimated number of breast cancer survivors in the U.S., including those still in treatment.

# 1 IN 7

Number of breast cancers in **white** women that are **HER2-positive**.



# 325,010



Estimated number of breast cancers doctors will diagnose in 2020.



# 1 IN 6


Number of **nonwhite** women, including African American, Hispanic, Asian, and Native American, **whose breast cancer is HER2-positive**.

IT ONLY  
TAKES

5

MINUTES  
TO BREW  
A CUP OF  
COFFEE

Your time matters.  
Ask your doctor if starting treatment  
with PHESGO is right for you.

**PHESGO™**   
pertuzumab/trastuzumab/hyaluronidase-zzxf  
SUBCUTANEOUS INJECTION / 1,200 mg/600 mg/30,000 units  
600 mg/600 mg/20,000 units

DISCOVER A HER2+ BREAST CANCER TREATMENT  
THAT CAN BE GIVEN JUST AS FAST.

Get to know PHESGO—a different way to  
get your HER2+ breast cancer treatment.

PHESGO brings together PERJETA® (pertuzumab) and  
Herceptin® (trastuzumab) in a single injection just under the skin.  
It's designed to make treatment faster. By combining these  
2 medicines in one injection, part of your treatment  
can go from 1-2.5 hours to **~5 minutes.\***

\*Your first dose is given in ~8 minutes. This does not account  
for all aspects of treatment. Actual clinic time may vary.

Visit [PHESGO.com](https://www.phesgo.com) to learn more.

Actor portrayal.

### What does PHESGO treat?

PHESGO™ (pertuzumab, trastuzumab, and hyaluronidase-zzxf) is a prescription medicine approved for use in combination with chemotherapy for:

- use prior to surgery (neoadjuvant treatment) in adults with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (tumor is greater than 2 cm in diameter or node-positive). PHESGO should be used as part of a complete treatment regimen for early breast cancer.
- use after surgery (adjuvant treatment) in adults with HER2-positive early breast cancer that has a high likelihood of coming back.

PHESGO is a prescription medicine approved for use in combination with docetaxel in adults who have HER2-positive breast cancer that has spread to different parts of the body (metastatic) and who have not received anti-HER2 therapy or chemotherapy for metastatic breast cancer.

### Important Safety Information

#### What should I know about side effects with PHESGO?

- Not all people have serious side effects; however, side effects with PHESGO therapy are common. It is important to know what side effects may happen and what symptoms you should watch for
- Your doctor may stop treatment if serious side effects happen. Be sure to contact your healthcare team right away if you have questions or are worried about any side effects

### What are the most serious side effects of PHESGO?

**PHESGO may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure).**

- The risk for and seriousness of these heart problems are highest in people who received both PHESGO and a certain type of chemotherapy (anthracycline)
- Your doctor will check for signs of heart problems before, during, and after treatment with PHESGO. Based on test results, your doctor may hold or discontinue treatment with PHESGO
- Contact a healthcare professional immediately for any of the following: new onset or worsening shortness of breath, cough, swelling of the ankles/legs, swelling of the face, palpitations, weight gain of more than 5 pounds in 24 hours, dizziness or loss of consciousness

**Receiving PHESGO during pregnancy can result in the death of an unborn baby and birth defects.**

- Birth control should be used while receiving PHESGO and for 7 months after your last dose of PHESGO. If you are a mother who is breastfeeding, you should talk with your doctor about either stopping breastfeeding or stopping PHESGO
- If you think you may be pregnant, you should contact your healthcare provider immediately
- If you are exposed to PHESGO during pregnancy, or become pregnant while receiving PHESGO or within 7 months following the last dose of PHESGO, you are encouraged to report PHESGO exposure to Genentech at 1-888-835-2555

PHESGO may cause serious lung problems.

- Your doctor may check for signs of lung problems including:
  - Severe shortness of breath
  - Fluid in or around the lungs
  - Weakening of the valve between the heart and the lungs
  - Not enough oxygen in the body
  - Swelling of the lungs
  - Scarring of the lungs

#### Who should not receive PHESGO?

- PHESGO should not be used in patients who are allergic to pertuzumab, trastuzumab, hyaluronidase, or to any of the ingredients in PHESGO

#### What are other possible serious side effects?

- **PHESGO may worsen low white blood cell counts caused by chemotherapy:** Low white blood cell counts can be life threatening and were seen more often in patients receiving Herceptin® (trastuzumab) plus chemotherapy than in patients receiving chemotherapy alone. Your doctor may check for signs of low white blood cell counts when he or she examines you
- **PHESGO may cause administration-related reactions:** PHESGO is given as an injection. The active ingredients in PHESGO have been associated with severe administration reactions, including hypersensitivity or anaphylaxis, which can be fatal. Talk to your doctor if you feel any symptoms. The most common symptoms include dizziness, nausea, chills, fever, vomiting, diarrhea, hives, swelling of the skin, breathing problems, or chest pain

### What are the most common side effects?

The most common side effects of PHESGO when given with chemotherapy as part of an early breast cancer regimen are:

- Hair Loss
- Low levels of red blood cells
- Nausea
- Weakness
- Diarrhea

The most common side effects of PHESGO when given with docetaxel for treatment of breast cancer that has spread to other parts of the body (metastatic) are:

- Diarrhea
- Feeling tired
- Hair loss
- Rash
- Low levels of white blood cells with or without fever
- Damage to the nerves (numbness, tingling, pain in hands/feet)
- Nausea

You are encouraged to report side effects to Genentech and the FDA. You may report side effects to the FDA at **1-800-FDA-1088** or [www.fda.gov/medwatch](https://www.fda.gov/medwatch). You may also report side effects to Genentech at **1-888-835-2555**.

**Talk to a healthcare professional for more information about the benefits and risks of PHESGO.**

**Please see accompanying Important Facts for additional Important Safety Information, including most serious side effects, on next page.**

If you cannot afford your medication, visit [genentech-access.com/patient](https://genentech-access.com/patient) for financial assistance information.



## IMPORTANT FACTS

This is only a brief summary of important information about PHESGO™ (FEZ-go) (pertuzumab, trastuzumab, and hyaluronidase-zzxf) and does not replace talking to your doctor about your condition and your treatment.

### What is the most important information I should know about PHESGO?

- **PHESGO may cause heart problems, including those without symptoms (such as reduced heart function) and those with symptoms (such as congestive heart failure)**
  - The risk for and seriousness of these heart problems are highest in people who received both PHESGO and a certain type of chemotherapy (anthracycline)
  - Your doctor will check for signs of heart problems before, during, and after treatment with PHESGO. Based on test results, your doctor may hold or discontinue treatment with PHESGO
  - Contact a healthcare professional immediately for any of the following: new onset or worsening shortness of breath, cough, swelling of the ankles/legs, swelling of the face, palpitations, weight gain of more than 5 pounds in 24 hours, dizziness or loss of consciousness
- **Receiving PHESGO during pregnancy can result in the death of an unborn baby and birth defects**
  - Birth control should be used while receiving PHESGO and for 7 months after your last dose of PHESGO. If you are a mother who is breastfeeding, you should talk with your doctor about either stopping breastfeeding or stopping PHESGO
  - If you think you may be pregnant, you should contact your healthcare provider immediately
  - If you are exposed to PHESGO during pregnancy, or become pregnant while receiving PHESGO or within 7 months following the last dose of PHESGO, you are encouraged to report PHESGO exposure to Genentech at 1-888-835-2555
- **PHESGO may cause serious lung problems**
  - Your doctor may check for signs of lung problems including:
    - Severe shortness of breath
    - Fluid in or around the lungs
    - Weakening of the valve between the heart and the lungs
    - Not enough oxygen in the body
    - Swelling of the lungs
    - Scarring of the lungs

### What is PHESGO?

- PHESGO is a prescription medicine approved for use in combination with chemotherapy for:
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- PHESGO is a prescription medicine approved for use in combination with docetaxel in adults who have HER2-positive breast cancer that has spread to different parts of the body (metastatic) and who have not received anti-HER2 therapy or chemotherapy for metastatic breast cancer

### Who should not receive PHESGO?

- PHESGO should not be used in patients who are allergic to pertuzumab, trastuzumab, hyaluronidase, or to any of the ingredients in PHESGO

### Tell your doctor about all the medicines you take

- Be sure to include prescription and over-the-counter medicines, vitamins, or herbal supplements

### How should I receive PHESGO?

- Your doctor or nurse will give you PHESGO as an injection just under the skin in the thigh over 5-8 minutes
- PHESGO is usually given every 3 weeks
  - In early breast cancer, PHESGO is given for a total of 1 year (up to 18 cycles) unless side effects become too difficult to manage or the cancer comes back sooner
  - In metastatic breast cancer, PHESGO is given until the cancer progresses or side effects become too difficult to manage
- If you miss any appointments, call your doctor as soon as possible to reschedule your appointment

### What are the possible side effects of PHESGO?

**PHESGO can cause serious side effects.** See “What is the most important information I should know about PHESGO?”

**PHESGO may worsen low white blood cell counts caused by chemotherapy:**

- Low white blood cell counts can be life threatening and were seen more often in patients receiving Herceptin® (trastuzumab) plus chemotherapy than in patients receiving chemotherapy alone. Your doctor may check for signs of low white blood cell counts when he or she examines you

**PHESGO may cause administration-related reactions:**

- PHESGO is given as an injection. The active ingredients in PHESGO have been associated with severe administration reactions, including hypersensitivity or anaphylaxis, which can be fatal. Talk to your doctor if you feel any symptoms. The most common symptoms include dizziness, nausea, chills, fever, vomiting, diarrhea, hives, swelling of the skin, breathing problems, or chest pain

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- Hair Loss
- Nausea
- Diarrhea
- Low levels of red blood cells
- Weakness

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- Diarrhea
- Hair loss
- Low levels of white blood cells with or without fever
- Nausea
- Feeling tired
- Rash
- Damage to the nerves (numbness, tingling, pain in hands/feet)

These are not all the possible side effects of PHESGO. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

If you cannot afford your medication, visit [genentech-access.com/patient](https://www.genentech-access.com/patient) for financial assistance information.

**The risk information provided here is not comprehensive. To learn more, talk about PHESGO with your doctor. The FDA-approved product labeling can be found at [PHESGOPI.com](https://www.phesgoopi.com).**

Manufactured by:

**Genentech**  
A Member of the Roche Group

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South San Francisco, CA 94080-4990

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# START THE CONVERSATION

## WITH YOUR HEALTHCARE TEAM ABOUT PHESGO

Here are some questions you can ask to better understand if PHESGO may be right for you.

1. Is treatment with PHESGO right for me?
2. How is PHESGO different from PERJETA® (pertuzumab) + Herceptin?
3. How is PHESGO different from chemotherapy?
4. How is PHESGO given?
5. Can I switch from PERJETA + Herceptin to PHESGO?
6. What can I expect during treatment with PHESGO?
7. Do I take PHESGO with chemotherapy?
8. Where will I get my treatment?
9. How long will I spend in the clinic on treatment days?
10. How do I prepare for my treatment?
11. What should I wear on treatment days?
12. How long will I get PHESGO?
13. How long will I get chemotherapy?
14. What potential side effects should I expect or know about?
15. How might my side effects be different once I finish chemotherapy when I'm only getting PHESGO?



If you're already receiving PERJETA + Herceptin, your doctor may be able to switch you to PHESGO if they think it's right for you. Talk to your care team about your options.

# BUILD A SUPPORT SYSTEM

**To care well for others, you have to first take care of yourself. Here's how to create a network of people to help you do just that.**

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD,  
WebMD Medical Editor

Whether you're new to caregiving or years into the role, it's easy to slip into an "I've got it" attitude that leaves little room for your own well-being. These practices can help you stay mentally and physically healthy so you can be at your best as you support your loved one.

## BUILD A TEAM

If you're the partner, family member, or close friend of someone with HER2-positive breast cancer, you may think of yourself as the obvious—and only—person for the caregiving job. But, caregiving often works best as a team effort instead of a solo role. "When we think about the definition of a caregiver, we often picture a spouse or parent or child, but the broader community can also be part of a caregiver team," says Cheryl F. Jones, MD, medical oncologist at Georgia Cancer Specialists affiliated with Northside Hospital Cancer Institute in Atlanta. "You don't want to put the entire responsibility on one person." Another bonus to sharing the load: Everyone on the team brings different gifts to the table, so you're serving your loved one with a wider range of skill sets.

## PACE YOURSELF

Throwing yourself into 24/7 caregiving mode is a common way to deal with the shock and worry you might be feeling about your loved one's cancer. "After a diagnosis, the world stops, and everybody sort of goes into cancer mode," Jones says. But cancer caregiving is a marathon, not a sprint. Jones points out that even early-stage HER2-positive breast cancer often requires a year of therapy, and more advanced care treatments are continuous. "The caregiver role

## SIGNS OF CAREGIVER BURNOUT

**It's time for some self-care repair if you're dealing with one or more of the following:**

- Short on sleep
- Not eating well
- Feeling irritable
- Forgetful
- Not getting any exercise
- Carrying on as usual even when sick
- Missing your own medical appointments

here is more than helping someone through an acute flu," she says. "You're looking at being part of their support team for months and years, so it's important to go into it with that perspective." Look ahead so you can plan for the different types of support they'll need through the different stages of treatment and beyond, so you have a better sense of what's in store.

## FIND YOUR OWN CAREGIVERS

"Caregiver burnout" is the term that describes the emotional and physical exhaustion that happens when you don't look after your own health. "Everyone has basic needs that must be met before they can be a caregiver for anybody else," Jones says. "It may seem odd, but it can help to make a list of those needs so you prioritize them." Ask yourself: Have I had water today? Am I tired? Have I had a proper meal? Have I seen my own doctor recently? Did I get a flu shot? If you find yourself struggling to check off your list, talk to the team at your loved one's cancer clinic. Many clinics have practical and emotional support for caregivers such as support groups, social workers, or professional counseling services. By creating your own support network, you can give yourself space to process your own feelings and concerns so you're better equipped to help your loved one deal with theirs.





For more information on  
**Her2-Positive Breast Cancer**,  
visit [WebMD.com/her2positive](https://www.webmd.com/her2positive).



# GET THE FACTS

## What you need to know about this type of breast cancer

By Charlotte Huff

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

When you were diagnosed with breast cancer, the tissue taken during your biopsy was likely tested for several biologic markers. Those results helped your doctor tailor your treatment. If the tissue was diagnosed as HER2-positive, that means that your cancer produced too much of a growth-promoting protein. About 15% of the 268,000 women living in the U.S. diagnosed with breast cancer each year fall into this group.

### WHAT IS HER2?

HER2, short for human epidermal growth factor receptor 2, describes a protein that plays a role in normal breast cell development. But in some breast cancers, the HER2 gene produces too many proteins, also called receptors, which spur the development of cancer, says Sara Tolaney, MD, a breast cancer oncologist at Dana-Farber Cancer Institute in Boston.

“The cancer cells have turned on lots of copies of the HER2 protein, and so it’s overexpressed on the cell,” she says. “Having all of those copies there is what’s driving the cell growth.”

To figure out if your cancer is HER2-positive, labs run tests to see if your tissue sample contains more HER2 genes than normal or is producing higher levels of HER2 protein. Your

tissue also is tested for hormone receptors, such as whether it carries above normal levels of estrogen or progesterone. Hormone-driven breast cancers are the most common type, affecting nearly three-fourths of women diagnosed.

### WHO GETS IT?

Both men and women can develop HER2-positive breast cancers. Among women, those younger than age 50 are more vulnerable than older women for reasons that aren’t clear. No other risk factors have been identified, says Virginia Kaklamani, MD, a breast cancer oncologist and professor of medicine in the division of hematology/oncology at UT Health San Antonio.

In addition, “cancers that express HER2 tend to be more aggressive,” she says. “They grow faster.”

### TREATING AND MONITORING HER2

Over nearly 2 decades, scientists have developed

numerous drugs designed to thwart HER2, and more are in the works, Kaklamani says. “So people who get diagnosed with HER2-positive breast cancer have a pretty good chance of being cured.”

After treatment, if the cancer comes back or spreads to another part of the body, another biopsy should be done to check again for HER2 and other biologic markers, Kaklamani says. “In some cases, these receptors actually change,” she says, as the cancer evolves. In one study looking at HER2-positive patients whose cancer had spread outside the breast, researchers found that the cancer was no longer overproducing HER2 in 1 in 4 patients.

The chance of surviving if you’re diagnosed with a HER2-positive cancer nearly matches that for women with the more common hormone-driven type, the latest government health data shows. That’s the message Kaklamani passes along to her patients. “The good news is that we have very effective therapy.”





# TREATMENT OPTIONS

LEARN MORE ABOUT WHAT MIGHT WORK FOR YOU

By Charlotte Huff

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

The treatment your physician recommends, along with the precise order of medical care, will depend on how advanced your HER2-positive cancer is, says Sara Tolaney, MD, a breast cancer oncologist at Dana-Farber Cancer Institute in Boston.

For instance, doctors will typically suggest surgery first if the cancer is less than 2 centimeters and appears to be only in the breast and not the nearby lymph nodes, Tolaney says. If the cancer is larger but hasn't spread beyond the breast and lymph nodes, then targeted drugs and chemotherapy likely will be tried before surgery, she says. How much those drugs shrink your cancer before surgery will determine which drugs are prescribed next, she says.

Regardless of the stage of your cancer at diagnosis, you'll be able to take advantage of the various targeted drugs that have significantly boosted survival, Tolaney says.

"That's really because we've learned how to target the HER2 receptors so effectively to kill these HER2-positive cancer cells," she says. "There are lots of very exciting and promising drugs that are in development for HER2-positive disease."

## SURGERY

If you have early-stage breast cancer, you'll need an operation to remove the breast tissue where the tumor is, called a lumpectomy, or the entire breast. Your physician's guidance will be based on several factors, such as the size of the tumor and whether it has spread to nearby lymph nodes.

## TARGETED DRUGS

Given that these cancers produce too much HER2 protein, the goal of these drugs is to disrupt that process in some way. Some work by binding to the protein that sits

on the cancer cell's surface. Others, called tyrosine kinase inhibitors, target the protein within the cells, preventing it from sending signals that encourage cancer cell growth.

## CHEMOTHERAPY

Your doctor may prescribe chemotherapy, often with one or more HER2-targeted drugs.

## COMBINATION DRUG THERAPY

These treatments combine a HER2-targeted drug with a chemotherapy. Once the drug binds to the HER2 protein, the chemotherapy is released. "Some people think of them as targeted missiles or smart bombs," Tolaney says, "because it really is a very clever way to deliver chemotherapy just into the HER2-positive cancer cell."

## RADIATION

Your doctor may recommend this after surgery, either following a lumpectomy or a mastectomy. If cancer has spread to other parts of the body, your physician may recommend treatment to ease a painful area elsewhere in the body, Tolaney says.

## HORMONE THERAPIES

When you were diagnosed, your cancer was tested for hormone receptors—specifically estrogen and progesterone—along with HER2. If your breast cancer is positive for one of these receptors, you may be prescribed a drug to either lower or block the effects of these hormones.

## DRUGS IN THE PIPELINE

Recent studies show promise for two drugs, one is a tyrosine kinase inhibitor, which targets the HER2 protein that's within the cell. The other is a combination drug, a targeted medication plus a chemotherapy drug, both designed to be released once inside the cancer cell.





# A SURPRISING JOURNEY

## Life After HER2-Positive Breast Cancer: Advocating for Yourself and Others

By Jennifer Campisano

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

I was diagnosed with HER2-positive breast cancer in 2011 at the age of 32. At the time, my son had just been born. I started to feel a hard lump in my breast that wouldn't go away. I brought it up with my doctor and she thought it was probably mastitis, an inflammation that sometimes happens when women are breastfeeding. She told me to put a hot compress on it. I did, but it didn't go away.

I could see it was growing and decided I needed a second opinion. I found another doctor, who again told me not to worry. So, I went to a surgeon. She took one look at it and sent me to

radiology. The radiologist took a lot of pictures and told me she was 99.9% sure it was cancer. I felt like the floor had dropped out. I was so naïve at the time. I thought breast cancer only happened to women who were older. I had no idea it could happen in your early 30s.

I went in for more tests and it came back as HER2-positive breast cancer. A PET scan showed there were spots on my lungs, chest wall, and other places. It looked like the cancer had spread. The doctor prescribed chemo and medication, and then a scan before Christmas came back clear. I couldn't feel the lump anymore. Once the chemo

was finished, I had a double mastectomy in January 2012. I had no evidence of cancer. I was over the moon.

But my story would take an unexpected turn. A routine scan just six months later showed spots throughout my chest wall. It looked like the cancer was back. I had more treatments. Finally, a lung biopsy showed that those remaining spots in my lungs and chest weren't cancer at all. It was an autoimmune condition called sarcoidosis. The doctors now think I had breast cancer and sarcoidosis all along. As a result, I had more rounds of cancer treatment than I probably needed. The good news is that I've had no evidence of cancer since at least June 2016.

Early on, as I was going through all this, I started a blog called, "Booby and the Beast." At first, it was a way to keep my friends and family informed. Later, when I realized I was in this for the long haul, I started to think of it in terms of advocacy. I understood the importance of stories to get policies changed and to get people engaged in funding research.



## JENNIFER'S TIPS

### YOU KNOW YOUR BODY BEST

If something doesn't feel right, you have to be your own advocate. Push for the answers you deserve.

### GET A SECOND OPINION

I was fortunate to have health insurance that allowed me to see a second doctor and then a third. To the extent you are able, keep looking until you find a clinic and doctors who will listen.

### FIND STRENGTH IN YOUR COMMUNITY

Whether it's under the roof of your own home or not, connect with people who can support you.

I wanted people to know that this isn't just your grandmother's disease and to offer information that wasn't on my radar when I was first diagnosed.



## ONLINE LIFELINES

Emily Beard, RN, shares websites you can visit for comfort, encouragement, and information.

### HER2 Support Group

+ Her2support.org can connect you to others dealing with HER2-positive breast cancer.

### Living Beyond Breast Cancer

+ Through lbcc.org, this community provides education, helplines, and connection for people with breast cancer.

### American Cancer Society (ACS)

+ One of the largest organizations for cancer information and support (cancer.org), ACS can

connect you to people either face-to-face or by phone who are dealing with a similar diagnosis to yours.

### Young Survival Coalition

+ Youngsurvival.org is for people diagnosed before age 40. The organization focuses on issues younger adults with cancer may face.

### SHARE

+ Sharecancersupport.org is a network where breast and other cancer survivors share their experiences.

# KNOW WHERE TO GO

## Emotional and social resources can help you along the way

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,  
WebMD Senior Medical Editor

When you think of your HER2-positive breast cancer treatment plan, medications and therapies may be at the top of the list. But there are other kinds of care you'll need, too. Here are some people and places to turn to

for emotional, social, and logistical support.

### USE THE PROS AROUND YOU

In addition to your oncologist, nurses, and primary care physician, there are others on staff whose job is to provide emotional and logistical support. "Think about assembling your team," says Emily Beard, RN, women's oncology program coordinator at Northside Hospital in Atlanta.

For example, a patient navigator is your point person to help you navigate the new world you are in. "Patient navigators help you overcome barriers to care, whether that's financial, live-work issues, or emotional issues," Beard says. Oncology social workers are another source for counseling, help with transportation, or other issues like applying for disability. Chaplains are also an at-the-ready resource for spiritual support.

### FIND GROUPS AND CLASSES

Check in with your treatment center to see what programs and services they provide for people with breast cancer. Often, you'll find more than just traditional support groups where you gather in a group to talk about your story. "Now we recognize that support looks different for everyone," Beard says. "Some people are comfortable with sharing feelings, some are better in an educational setting to ask questions about their issues."

You may find that you prefer an outlet where the focus is not on you. Some cancer centers offer gentle exercise groups, mindfulness or meditation classes, or even cooking courses. "Many people find it more inviting when they don't have to open up and be personal with people they don't know," Beard says. "It is a relief to feel like you don't have to share your life story, you're just there to

find a social connection while moving your body or learning a new recipe."

### LEAN ON YOUR SOCIAL CIRCLE

The best way to get what you need is to ask for what you need. "Think about what your specific issues are and what you're comfortable accepting from people," Beard says. Are you somebody who would love to have a meal delivered once a week? Do you need child care? Transportation? Fundraising assistance? Reach out to friends and family who want to help.

And if the thought of keeping others up to date on what's going on with your health feels overwhelming, Beard suggests finding a point person to do it for you. "Pick someone to be your communicator," she says. Have them create a social media page or website where people can go to get all the information they need.



# IN THE KNOW

## FIVE QUESTIONS

### TO ASK AT YOUR NEXT APPOINTMENT

By Kendall Morgan  
Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

About one in five breast cancers will test positive for a protein receptor called HER2. **Priyanka Sharma, MD**, medical oncologist and breast cancer specialist at The University of Kansas Medical Center, explains what sets this type of breast cancer apart and how the outlook for women with HER2-positive breast cancer has changed in recent years.

#### Q HOW ARE THE SYMPTOMS OF THIS CANCER DIFFERENT FROM OTHER TYPES?

**SHARMA** “The symptoms are not any different and it is not detected in any different way. Keep in mind that, most often, women with breast cancer don’t have any symptoms overall.”

#### Q HOW IS THIS CANCER DIAGNOSED?

**SHARMA** “Doctors diagnose HER2-positive breast cancer by looking at a biopsy sample under the microscope. There are three major subtypes of breast cancers: hormone receptor positive, HER2-positive, and triple negative. It’s now standard to look for these markers and use them in making treatment decisions.”

#### Q WHAT ARE THE RISK FACTORS?

**SHARMA** “There aren’t any specific

risk factors for HER2-positive breast cancer compared to other types of breast cancers. However, patients diagnosed with HER2-positive breast cancer tend to be younger compared to those diagnosed with hormone-positive breast cancer.”

#### Q HOW IS THIS CANCER TREATED?

**SHARMA** “The markers tell us about the biology of the cancer. If you are HER2-positive, your doctor can use drugs that target this protein on cancer cells in addition to chemotherapy. Fortunately, we now have several drugs that target HER2, both for early stage and more advanced cancers. For patients with more advanced disease, targeted drugs may be used one after another. The outcomes for women with HER2-positive breast cancer are much better than what they were 15 years ago.”

#### Q WHAT CAN WE EXPECT TO SEE?

**SHARMA** “We will continue to see progress. There will be newer and better drugs that work better or have fewer side effects. The cure rates are already really high and will likely go up. Even for women with more advanced disease, there is hope that we can talk about long-term survival and cure in some of those patients as well.”



# SELF-CARE

## TIPS

### WHILE UNDERGOING TREATMENT, TAKE STEPS TO ENSURE YOUR WELL-BEING

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD, WebMD Senior Medical Editor

Treatment for HER2-positive breast cancer can bring some unexpected side effects. With some focus, you can care for your whole self—inside and out. Here are some tips to aid you during treatment and beyond.

#### TAKE CHARGE OF YOUR TRESSES

The first thing many people think about when starting chemotherapy is hair loss. Losing your locks can be an emotional experience. There's no right or wrong way to deal with it. "Some people who know they'll lose their hair often cut it short first," says Stephanie Bernik, MD, chief of breast surgery at Mount Sinai West in NYC. You might prefer to wear a wig before your hair goes. Or you may want to shave your head to be one step ahead of the game. If the thought of losing your hair is especially hard for you to face, Bernik says you may have another option. "Cold cap therapy prevents chemotherapeutic agents from reaching the scalp, and can decrease hair loss," she says.

#### SOOTHE SKIN AND NAILS

Chemotherapy targets rapidly dividing cells whether they're cancerous or not. That can spell trouble for your skin and nails. "Skin can become dry and nails brittle during chemotherapy," Bernik says. "Try vitamins for skin and nails, along with moisturizer." Cuticle cream helps moisten nail beds, too.

#### FEED YOUR BODY WELL

You may not feel like eating the way you used to before your cancer diagnosis and treatment. But healthy, filling food is key to keeping your strength up. When you can, go for dense foods like cheese and eggs. Call on a dietician if you're struggling to get the nutrition you need. If eating isn't an issue, it's fine to treat yourself to a little feel-good fare. "Indulge in some comfort food, within reason," Bernik says. "Just be sure to maintain healthy habits, because that will help your overall whole-body health."





“TRY TO KEEP YOUR LIFE AS  
NORMAL AS POSSIBLE AND  
TO STICK TO A ROUTINE.”  
—STEPHANIE BERNIK, MD

## STRESS RELIEF 101

**SLOW DOWN AND GROUND YOURSELF WITH  
THESE CALMING TECHNIQUES**

### **Breathe**

+ Inhale deep into your belly, hold it for 3 seconds, release, and repeat. You can do this anywhere at any time.

### **Journal**

+ Jot down your feelings, write poetry, or just doodle your emotions.

### **Get a massage**

+ You'll feel relaxed, and may have less nausea, fatigue, and anxiety, too.

### **Say no**

+ Now's not the time for taking on extra tasks. Prioritize the things you like and want to do, nothing more.

## **MOVE WHEN YOU CAN**

You won't always feel well enough to exercise, but you should move your body—within reason—when you can. Exercise also boosts your mood and can ease symptoms of depression.

## **PRIORITIZE REST**

“Sleep is when the body heals itself,” Bernik says. Treatment, especially chemotherapy, can drain your body's energy, and sleep can help you get some of this energy

back. If you have trouble with sleep, practice good sleep hygiene: Cut out caffeine, keep naps short, and put away all screens at least 30 minutes before you go to bed.

## **EMBRACE YOUR NORMAL**

Life is different for you now, which can make you feel topsy-turvy. Pause when you need to, and hang on to the ordinary whenever you can. “Try to keep your life as normal as possible and to stick to a routine,” Bernik says. Keep up with friends and family, and make time for any hobbies you are still able to do.

# TEST YOURSELF

How much do you know about this type of breast cancer?

1. Breast cancer that is HER2-positive can later change to HER2-negative.

☐ True ☐ False

2. HER2-positive breast cancer is passed down through families.

☐ True ☐ False

3. About a quarter of all breast cancers are HER2-positive.

☐ True ☐ False

4. You are more likely to get HER2-positive breast cancer after age 50.

☐ True ☐ False

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## ANSWERS:

1. **True.** Some HER2-positive cancers can become HER2-negative after chemotherapy treatment, and vice versa. Doctors have studied breast cancer cells that have spread to other parts of the body in women with metastatic breast cancer. Almost 14% of the people they studied had a different HER2 status in their metastatic cells than their original breast tumor.

2. **False.** While your chance of breast cancer in general goes up when you have family members who have it, you don't inherit HER2-positive breast cancers.

3. **True.** Around 25% of all types of breast cancers in the U.S. are HER2-positive.

4. **False.** Younger women are more likely to get a HER2-positive status than older women.



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