

# A Conversation Guide for Discussing Biomarker Testing in HR+/HER2- Early Breast Cancer With Your Health Care Team

## Importance of biomarker testing in guiding eBC care

- Early breast cancer (eBC) is found in the breast and possibly nearby lymph nodes but has not spread to other parts of the body<sup>1</sup>
- Testing for biomarkers helps your health care team predict how your cancer may behave and understand how likely, or unlikely, it is that a specific treatment may work for you<sup>1-4</sup>

## Biomarkers that may be evaluated in eBC<sup>5,6</sup>

|                                                                                   |                                                                                           |                                                 |                                        |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|  | Hormone receptor (HR) consisting of estrogen receptor (ER) and progesterone receptor (PR) | Human epidermal growth factor 2 receptor (HER2) | Ki-67                                  |
|                                                                                   | Breast cancer gene 1/2 ( <i>BRCA1/2</i> )                                                 | Gene expression profiling (GEP) <sup>a</sup>    | Programmed cell-death ligand 1 (PD-L1) |

- To appropriately evaluate the stage of your BC and predict how it will behave, all patients with BC should be tested for HR and HER2 biomarkers<sup>6</sup>
- Select patients with specific BC subtypes may be tested for certain additional biomarkers<sup>6</sup>
- Testing for germline *BRCA1/2* biomarker is recommended for any BC subtype<sup>6,7</sup>

## Biomarker tests can provide important information for patients with eBC

- GEP tests can help your care team understand<sup>6,a</sup>
  - Whether your cancer is likely to return
  - Which specific systemic treatment may be right for you
- GEP tests are recommended for certain patients with HR+/HER2- eBC<sup>6</sup>

## Commercially available GEP tests used in evaluating eBC<sup>6,a</sup>

|                                                                                     |                                     |                                     |                                    |  |
|-------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|--|
|  | 21-gene (Oncotype DX <sup>®</sup> ) |                                     | 70-gene (MammaPrint <sup>®</sup> ) |  |
|                                                                                     | 50-gene (Prosigna <sup>®</sup> )    | 12-gene (EndoPredict <sup>®</sup> ) | Breast Cancer Index <sup>®</sup>   |  |

- Your care team may also use an online risk calculator to help estimate your risk of recurrence<sup>8</sup>

## Examples of risk calculators<sup>8</sup>

|                                                                                     |                       |                     |
|-------------------------------------------------------------------------------------|-----------------------|---------------------|
|  | iPredict <sup>™</sup> | RSCLin <sup>®</sup> |
|-------------------------------------------------------------------------------------|-----------------------|---------------------|

<sup>a</sup>Prognostic and predictive categorization is dependent on the specific GEP test.

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Biomarker testing in evaluating risk of recurrence

- If your cancer returns or spreads (becomes metastatic) after primary treatment, that is called *recurrence*<sup>9,10</sup>
  - This risk is highest in the first 5 years and can persist for more than 20 years<sup>11,12</sup>
- Important biomarker tests provide guidance on therapy choice by providing information on recurrence<sup>6</sup>

Your HR+/HER2- eBC treatment pathway

- Each patient’s cancer experience is different, and the steps taken for treating your eBC will be specific to you<sup>13,14,a</sup>



Conversation checklist for talking about biomarker testing with your care team

- Questions/discussion points/tips to talk to your care team about biomarker tests and risk of recurrence

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| What factors are being used to select appropriate biomarker tests?                                                      |  |
| How do GEP tests work, and how can they help us determine my risk of recurrence and guide my treatment plan?            |  |
| What is my nodal status, and how does it impact biomarker test selection, my risk of recurrence, and treatment options? |  |
| If my cancer were to recur, what would the next steps in treatment be? How would my care plan change?                   |  |
| What resources or support groups do you recommend for learning more about biomarker tests and risk of recurrence?       |  |

**Talk with your care team to learn more about biomarker testing and overall risk of BC recurrence to help create an individualized treatment plan just for you**



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<sup>a</sup>This treatment pathway is an example of possible steps that can be used for treatment of HR+/HER2- eBC. Your health care team will help guide you in the steps that may be appropriate for you and when these will happen.

**References:** 1. National Cancer Institute. Accessed January 17, 2025. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/early-stage-breast-cancer>  
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