

THE FIRST STEP TO MANAGING YOUR ADVANCED BREAST CANCER IS TO

KNOW YOUR TYPE

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WHY IS KNOWING YOUR TYPE SO IMPORTANT?

Knowing as much as you can about your advanced breast cancer helps you best work with your doctor to optimize treatment. It's the genetic makeup of your tumor that helps your doctor define your cancer and guide decisions about which treatments are best. This status of the hormone receptor (HR) and human epidermal growth factor receptor-2 (HER2) in a breast cancer tumor defines some of the four most common types of breast cancer. HR and HER2 can either be present, or positive, (HR+, HER2+) or absent, or negative, (HR-, HER2-) in the tumor. The status of each can be treated differently.

HER2+

If Your Advanced Breast Cancer is HR+ and HER2+

HER2+ breast cancer means your breast cancer has tested positive for the HER2 protein which promotes the growth of cancer cells. This happens in about 1 of every 5 breast cancers, when the cancer cells make an excess of HER2 due to a gene mutation. When breast cancer is HR+, this means the cancer can be treated with hormone therapies that block the hormones from the cancer cells. HER2+ cancer tends to be less responsive to hormonal treatment. This could be because HER2+ breast cancer tends to be more aggressive than other types of breast cancer. However, treatments that specifically target HER2 can be effective.

HER2-

If Your Advanced Breast Cancer is HR+ and HER2-

HR+/HER2- breast cancer is the most common form of breast cancer. This type accounts for more than 70% of all breast cancers. HR+ cancer is usually treated with hormone therapies first that help stop tumor growth. These therapies help prevent the cancer cells from getting the estrogen they need to grow. HR+ tumors have a slightly lower chance of breast cancer recurrence than HR- tumors in the first five years after diagnosis. However, sometimes the cancer outsmarts the treatment and becomes resistant to hormonal therapy.

If Your Advanced Breast Cancer is HR-/HER2+

HR-/HER2+ advanced breast cancer commonly has the characteristics of inflammatory breast cancer (IBC). HR- breast cancers do not respond to hormonal therapies, and HER2+ tumors tend to be more aggressive. Therefore, HR-/HER2+ is usually treated with multiple types of treatment, including chemotherapy and targeted HER2+ treatments, but not hormonal therapies.

More on Inflammatory Breast Cancer:

Most IBC cases are invasive ductal carcinomas, meaning that the cancer develops from cells that line the milk ducts of the breast and then spread beyond the ducts, and tend to be initially diagnosed as advanced. IBC accounts for 1-5% percent of breast cancers diagnosed in the United States, and commonly are diagnosed at younger ages (median age of 57 years, compared with a median age of 62 years for other types of breast cancer). IBC is not always HR-/HER2+, so talking to your doctor about your type of breast cancer is still recommended.

If Your Advanced Breast Cancer is HR-/HER2- or Triple Negative

HR-/HER2- breast cancer is referred to as Triple Negative Breast Cancer (TNBC), as the tumor is negative for both the hormones estrogen and progesterone receptors, and does not overexpress the gene HER2. About 15-20 percent of all breast cancers are TNBC. Anyone can get this type of breast cancer, but research shows that it occurs more often in younger women, African American women and women who have BRCA1 mutation. Triple negative tumors can be aggressive and may have a poorer prognosis (at least within the first five years after diagnosis) compared to HR+ forms of the disease. TNBC is usually treated with some combination of surgery, radiation therapy, and chemotherapy. These tumors cannot be treated with hormone therapies or HER2 targeted therapies because they are HR- and HER2-. Research is currently underway to learn how to target other pathways in triple negative tumors.

HR+

HR-

OTHER THINGS TO KNOW AND DISCUSS WITH YOUR DOCTOR:

Whenever breast cancer recurs or spreads, the cancer cells may be tested for HER2 and HR status, as these can change from the original cancer in up to 20 to 30 percent of cases. While being retested is not right for everyone, talk to your doctor about your options if your breast cancer has changed from original diagnosis.

For more information about the importance of knowing more about your type of breast cancer please visit advancedbreastcancercommunity.org

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