

# Your Guide to HER2+ Breast Cancer Care

## Breast Cancer is Personal. Treatment Should Be Too.

With over 50 types of breast cancer, care and treatment are not the same for everyone. This playbook was created to explore REAL Canadian Breast Cancer Alliance national care recommendations, understand your breast cancer type, and support informed conversations with your care team.

Breast Cancer Canada 2026 © This tool was developed based on REAL Canadian Breast Cancer Alliance recommendations: [realalliance.ca](https://realalliance.ca). The information in this playbook is provided for educational purposes only and is **not a substitute for professional medical advice, diagnosis, or treatment**. Always consult your healthcare provider regarding your individual care and treatment decisions.

# A National Standard for Your Care

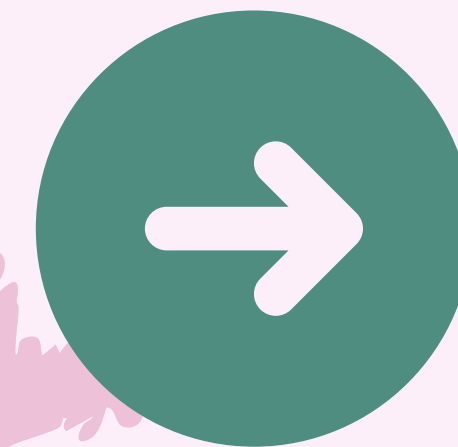
Through Breast Cancer Canada's REAL Alliance, expert clinicians from across the country have developed evidence-based guidelines for the best treatment approaches we know today. Our goal is simple: to ensure every Canadian breast cancer patient receives consistent, high-quality care based on the latest research – responsive to real-world experience and expertise.



**Expertise**



**Equity**



**Action**

# Your Voice is Your Most Powerful Tool

## Quality of Life

A primary goal is keeping you active and comfortable. Alert your oncologist early about any side effects so they can be managed promptly.

**You**

## Shared Decisions

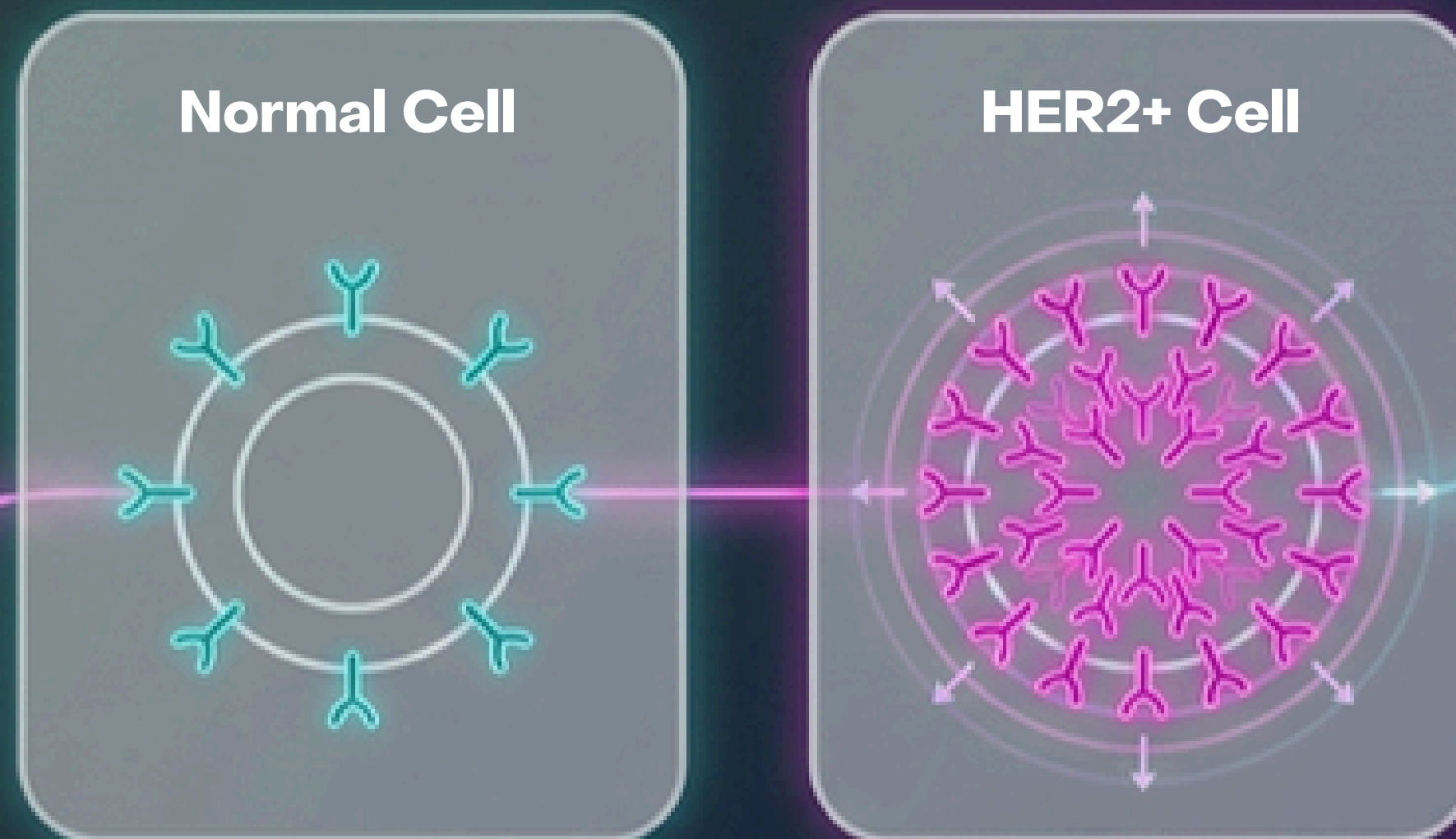
Your thoughts, values, and life goals must be included at every step. You and your health care team decide your path together.

## Clinical Trials

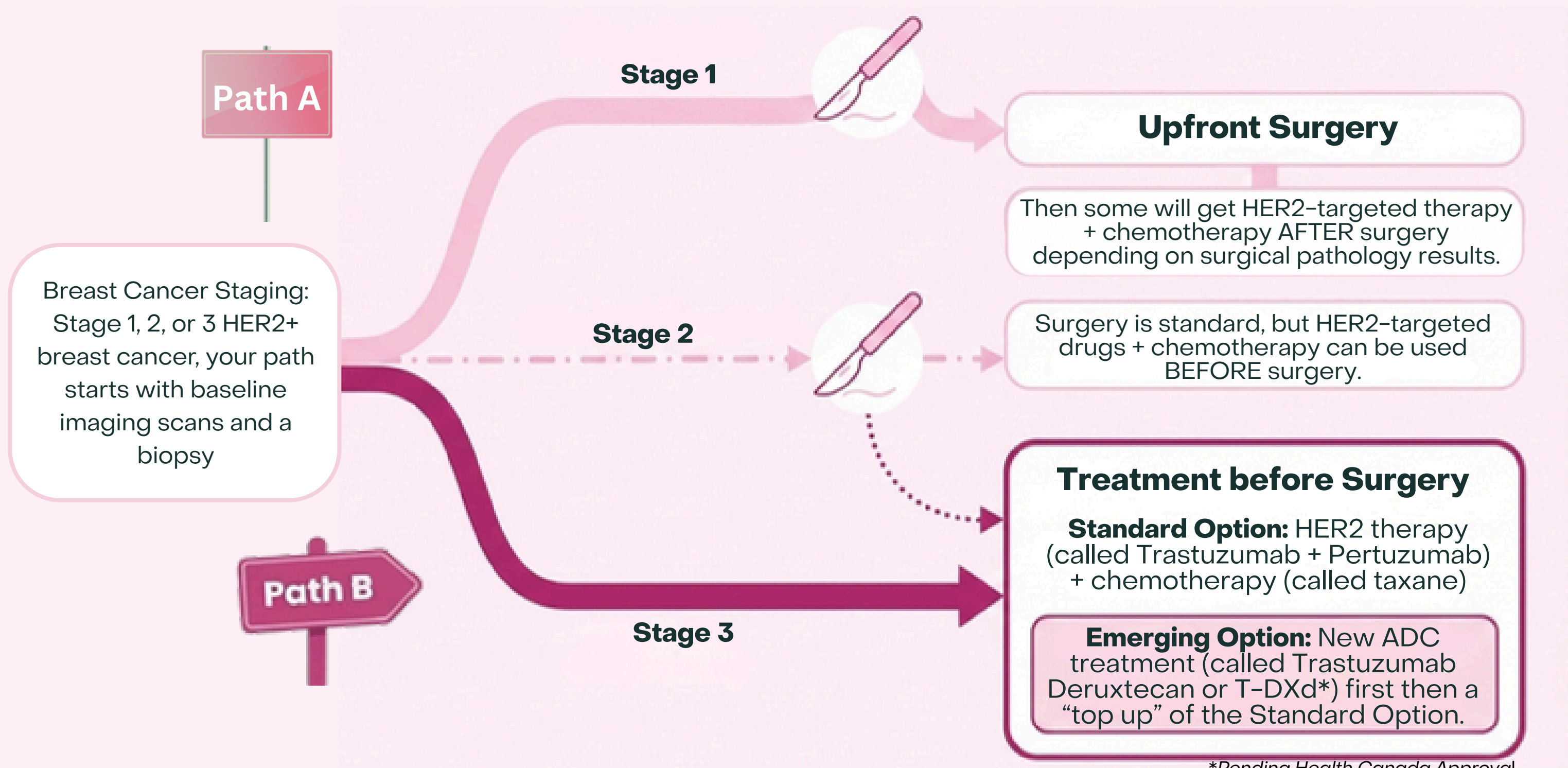
If you qualify, clinical trials are highly encouraged. They ensure you receive the current standard of care plus access to promising new treatments to help doctors find better ways to treat cancer.

# What is HER2+ Breast Cancer?

HER2 is a protein that is found in excess for a type of breast cancer. In HER2 positive (+) breast cancer, there is a problem with the receptor on the cancer cell surface called HER2 (Human Epidermal Growth Factor Receptor 2). Instead of having the right number of these receptors, there are too many, which contribute to breast cancer growth and spread.



# Two Primary Paths for Early Stage HER2+ Breast Cancer

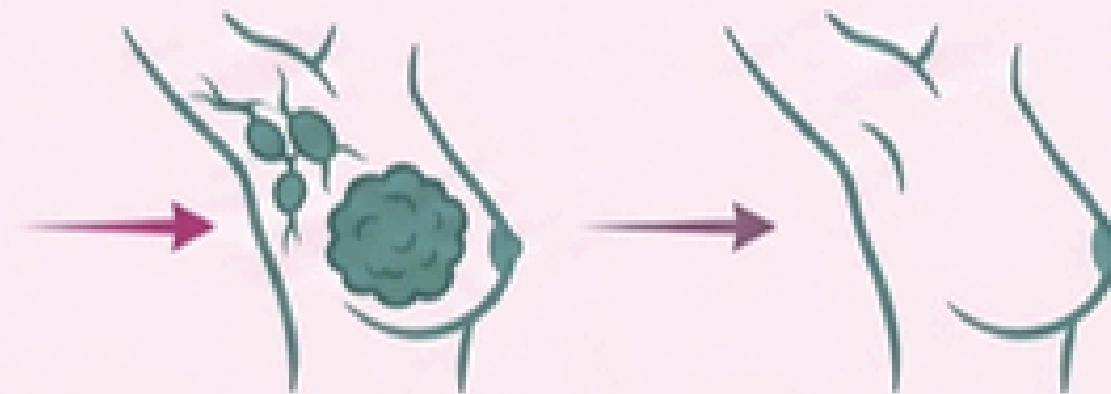


\*Pending Health Canada Approval

# The Ultimate Milestone: Pathologic Complete Response (pCR)

## What is pCR?

No invasive cancer is found in the breast or underarm lymph nodes after HER2-targeted treatment and chemotherapy at the time of surgery.



Pre-Surgery

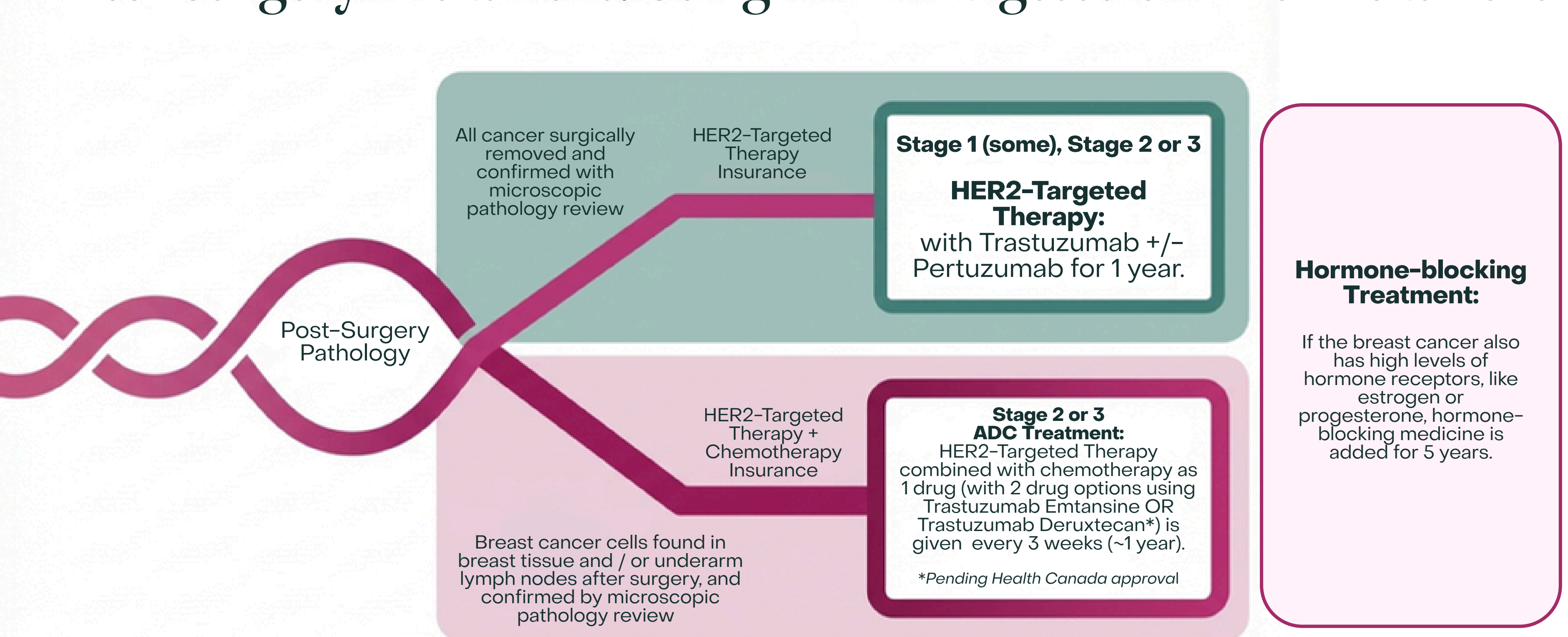
Post-Surgery pCR

Path B

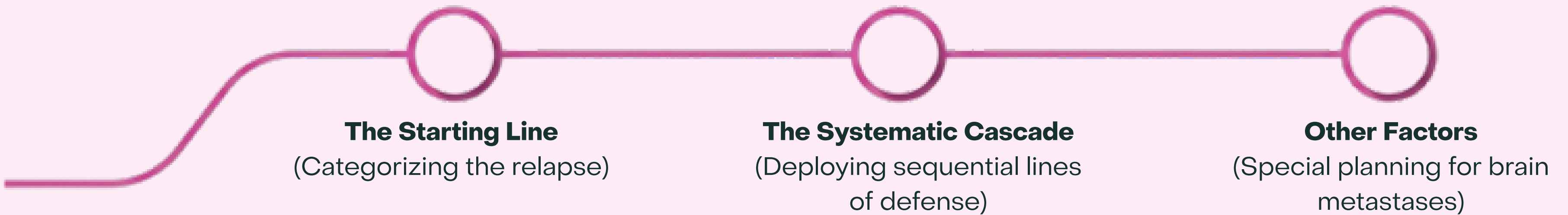
## Why it matters for Stage 2 or 3 HER2+ Breast Cancer

Achieving a state where all the cancer cells are eliminated (complete response) as a result of the Path B treatment plan, confirmed under a microscope by a pathologist, is an outcome that strongly predicts breast cancer to not come back in the future. If there is microscopic cancer still found then HER2-targeted therapy + chemotherapy is also given after surgery.

# After Surgery Treatment: Using HER2-Targeted or ADC Treatment



# If the Breast Cancer Returns or is Found Spread to Other Organs: Stage 4 or Metastatic Breast Cancer (MBC)



# Defining the Metastatic Starting Line

## De Novo Metastatic Disease

(Cancer is found already spread at the first diagnosis)

## Late Relapse

(>6 months after completing HER2 therapy when first diagnosed as Stage 1, 2 or 3)

## Early Relapse

(<6 months after completing HER2 therapy when first diagnosed with Stage 1, 2, or 3)

Routes to  
First-Up Treatment  
Options  
(First-Line)

Starts the next treatment  
in the series right away as  
the first step to treat the  
cancer.

**Key Concept:** If the cancer comes back soon after the first treatment, it means that cancer was able to grow despite that treatment and giving it again with “first-up” options is not likely going to work. So the next drug options should start right away.

# First-Line Metastatic Treatment Strategy: De Novo & Late Relapse

## The Current Standard

### **THP Regimen: (Taxane + Trastuzumab + Pertuzumab)**

Chemotherapy (taxane) is given with HER2-targeted treatment (Trastuzumab + Pertuzumab). When the cancer gets as small as possible or cannot be seen on scans, chemotherapy stops, but HER2 treatment continues to help keep the cancer under control.

## The 2025 Evolution

### **T-Dxd + Pertuzumab Regimen:**

Emerging Option: New ADC treatment (Trastuzumab Deruxtecan\*) which combines a HER2-targeted therapy with chemotherapy as 1 drug. A second HER2 drug, Pertuzumab, is also given.

*\*Pending Health Canada Approval*

**Note:** All metastatic patients have scans to determine where cancer has spread to (e.g. lung, liver, bone, brain (central nervous system or CNS))

# The Metastatic Cascade: Next in 2nd and 3rd Line Sequencing

## Next in Sequence: Second-Line Drug Therapy

If the cancer returns after First-Line standard therapy, switch-up of HER2-Targeted Treatment

**If not had ADC, then T-Dxd given**

**OR Tucatinib Regimen:**  
Tucatinib + Trastuzumab +  
Capecitabine chemotherapy

## 3rd in Sequence: Third-Line Drug Therapy

Cancer returns again after at least two HER2-directed therapies (one being ADC)

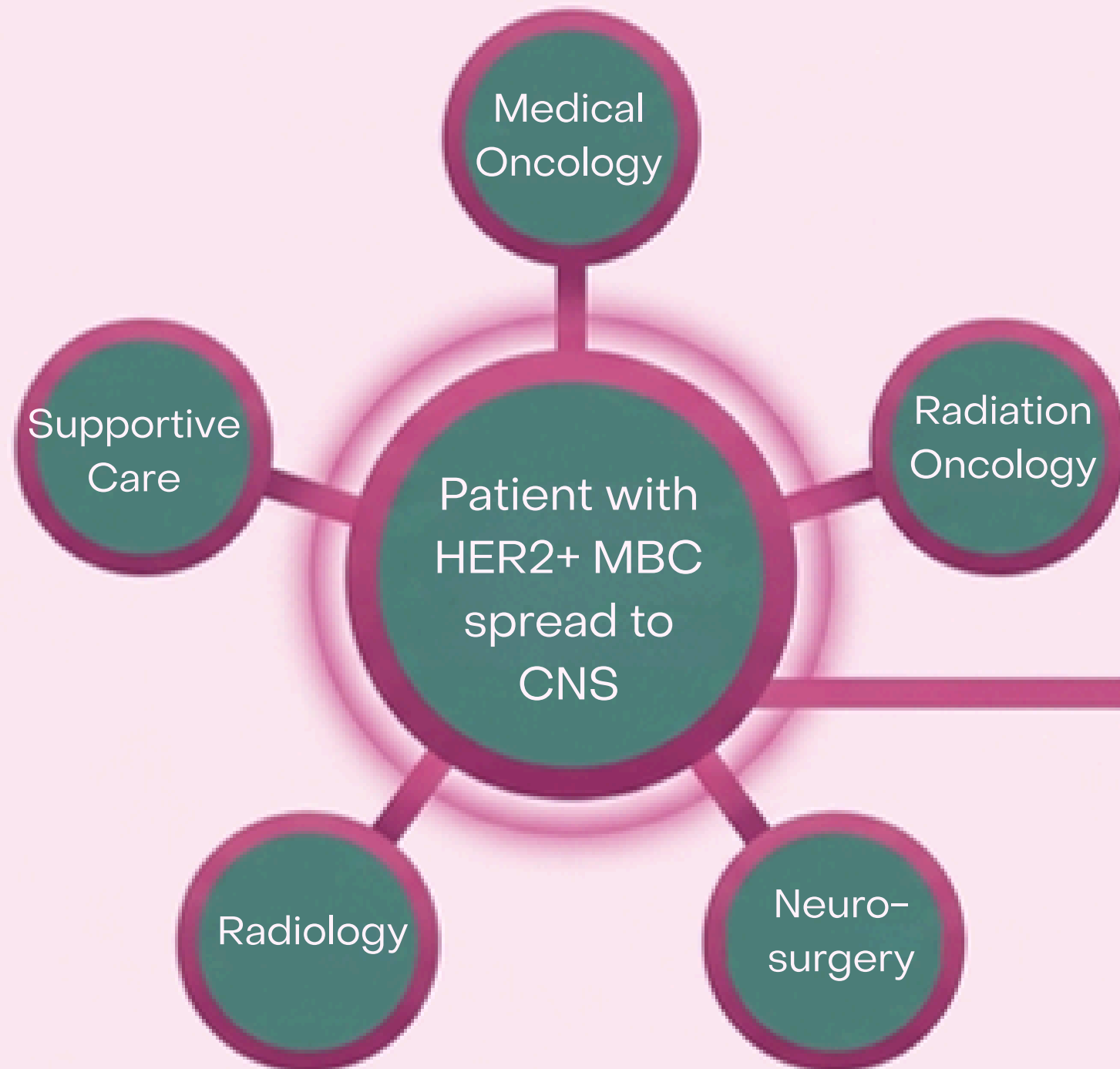
Switch-up of HER2-Targeted Treatment to Tucatinib +  
Capecitabine + Trastuzumab

## Ongoing Treatment Sequence:

If the cancer continues to return:  
HER2-directed therapy switches continue.

Drug Options include alternative ADCs (T-DM1), Tyrosine Kinase Inhibitors (Neratinib, Lapatinib), or Chemotherapy + Trastuzumab

# Other Factors: Managing Brain or CNS Metastases



## Localized and Drug Cancer Therapy Strategies

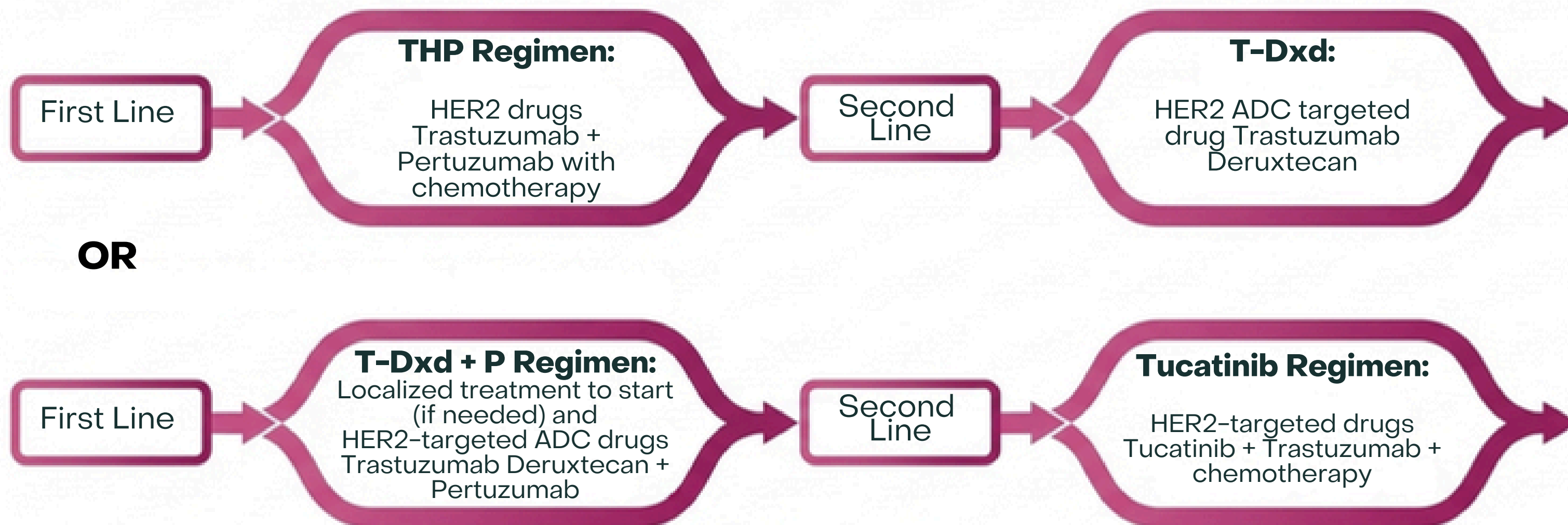
Because the blood-brain barrier protects the brain, single-doctor decisions are insufficient. **The unified team** must decide on the treatment plan.

**When There are Symptoms:** Localized therapy (surgery or stereotactic radiosurgery) is a good first step in the treatment plan. HER2-targeted therapy and chemotherapy will follow as the next step.

**No Symptoms or Very Small Cancer Areas:** Initial HER2-directed therapy (drugs that can cross the barrier) is the first step. Treatment with localized therapy can be used in the future if symptoms occur or the cancer grows.

Regular scans should be done to monitor treatment effect and any further growth for other treatment approaches

# Drug Treatment Pathways for HER2+ with CNS MBC



In 2025, T-Dxd is the preferred treatment recommendation for the first drug therapy to control CNS MBC due to its proven effectiveness in the brain.



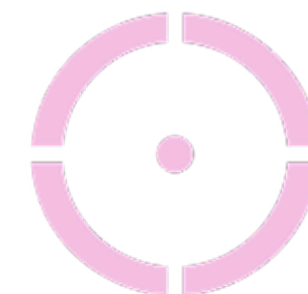
# Knowledge is a powerful tool.

Research has shown us that there are more than 50 types of breast cancer. Progress CONNECT is an online tool that provides people with breast cancer with information specific to their diagnosis. After completing a series of questions, a personalized report is generated. Designed by Breast Cancer Canada and validated by cutting edge research, Progress CONNECT aims to educate people with breast cancer and enable them to have informed discussions with their oncology team.

**Learn more about your HER2+ treatment.**

**[progressconnect.ca](https://progressconnect.ca)**



Breast  
Cancer  
Canada**PROGRESS  
TRACKER**

# There is beauty in the numbers.

PROgress Tracker brings together the experiences of people affected by breast cancer. The information is organized according to the type of cancer, age, ethnicity, and geographic location of those affected and will show the complexity of the treatment and long-term effects. Researchers will use the data to assess quality of life while identifying gaps and disparities. Our goal is to inform cancer policy and clinical care standards from coast-to-coast.

**Consider sharing your lived experience with  
HER2+ breast cancer.**

**[progresstracker.ca](https://progresstracker.ca)**



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