

Your Guide to HR+ / HER2- Metastatic 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

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

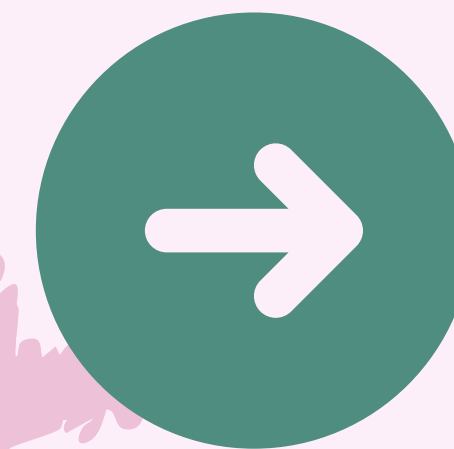
Through Breast Cancer Canada's REAL Alliance, expert clinicians from across the country have developed evidence-based guidelines for the best treatment approaches we know today. Our goal is simple: to ensure every Canadian breast cancer patient receives consistent, high-quality care based on the latest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



Expertise

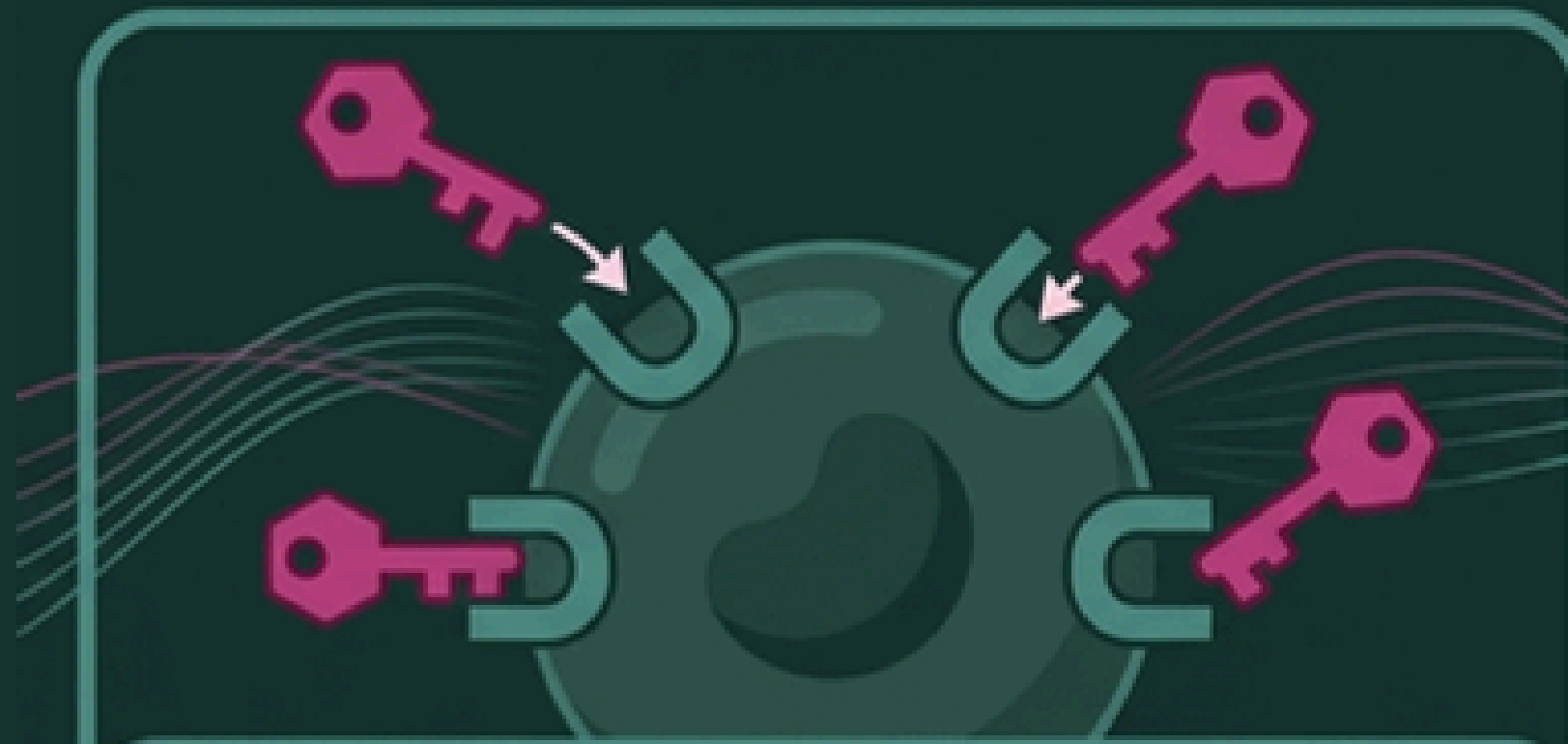


Equity



Action

The Biology of HR+ / HER2- Breast Cancer

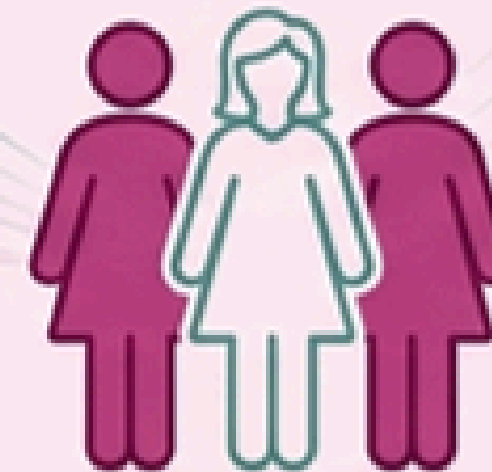
**Hormone Receptor Positive (HR+):**

Your cancer cells have “receptors” (locks) that use hormones like estrogen or progesterone (keys) to fuel their growth.

HER2 Negative (HER2-):

Your cancer has normal to no levels of a protein called HER2, therefore HER2 is NOT contributing to your breast cancer growth.

2/3

**The Most Common Subtype:**

HR+/HER2- accounts for roughly two-thirds of all breast cancers. Because hormones drive its growth, blocking these hormones is the primary strategy for treatment.

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.

The Foundation: Biopsy & Gene Testing

If cancer comes back, a small sample biopsy of a new cancer tumour should be done to re-check specific markers (ER/PR/HER2) and confirm the breast cancer diagnosis.

Testing for changes in the tumour's genes (like **PIK3CA**, **PTEN**, **AKT**) and hereditary genes passed from family (germline **BRCA**) is recommended as the standard of care.

These tests should be completed within 4 weeks of metastatic breast cancer diagnosis so your oncology team can make informed, personalized decisions about your treatment path.

The Goal

The Standard Backbone for First in Line Treatment

If you have not had hormone-blocking treatment before, or stopped over a year ago, your doctor will start you on two medicines together:

Aromatase Inhibitor (AI)

The Hormone Blocker: Stops the production of estrogen, cutting off the cancer's primary fuel source.



CDK4/6 Inhibitor

The Growth Pauser: A targeted therapy (like drugs Ribociclib or Abemaciclib) that pauses cancer cell replication.



The Goal

This combination is the backbone standard to maintain constant control over cancer growth.

Adapting the Plan When Cancer Returns

Breast cancer can sometimes adapt to treatments. If the cancer grows while on your first treatment for metastatic breast cancer (MBC), the hormones fueling that growth can remain sensitive to hormone-blocking therapy, (called Endocrine-Eligible). Your care team will adapt the plan:

Initial Treatment

Standard backbone (AI+CDK4/6 Inhibitor) begins to lose effectiveness.

Step 1 Switching the Backbone

Your doctor may recommend switching to a new hormone blocker called a SERD (Selective Estrogen Receptor Degradar).

Step 2 New Combinations

This SERD can be used alone, or paired with a different CDK4/6 inhibitor or another targeted agent (like Everolimus).

Targeting Your Specific Cancer Biology

If gene testing reveals specific changes, targeted medicines are added to your hormone blockers.

The Gene Mutation	The Targeted Therapy	The Clinical Action
PIK3CA Alteration	Inavolisib (oral pill)	Used together with palbociclib and a SERD (fulvestrant).
PIK3CA, AKT or PTEN Pathway	Capivasertib (oral pill)	Used together with a SERD (fulvestrant).
Inherited BRCA1/2	PARP Inhibitor (oral pill olaparib)	Considered a primary targeted option before starting chemotherapy.

Next Lines of Defense with Advanced Therapies

When Hormone Blockade Therapy is No Longer Effective

Your team will transition to chemotherapy or Antibody-Drug Conjugates (ADCs) – medicines that deliver chemo directly and specifically to cancer cells.

Chemotherapy
e.g. Drug Capecitabine
OR

For HER2-Low or Ultralow

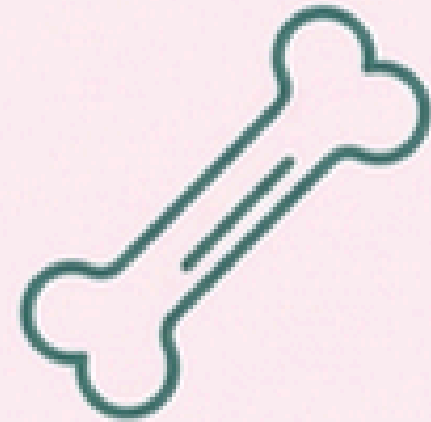
T-Dxd (Trastuzumab Deruxtecan) is recommended as the primary ADC option.

For Later Lines of Care

Sacituzumab Govitecan is used after previous chemotherapy treatments or if no prior ADC has been used.

The Routine: These therapies are given routinely to maintain constant, aggressive control over the cancer.

Holistic Management for the Whole Body



Protecting Bone Health

- If cancer spreads to the bones, the use of bone-modifying agents (like drugs called bisphosphonates or Denosumab) is recommended.
- **The Goal:** To significantly reduce pain and delay skeletal complications.



Managing Complex Spread

- If cancer spreads to the brain or spinal cord, a unified team of specialists – including radiation, surgical, and medical oncologists – is activated.
- **The Goal:** To work together to determine the absolute optimal localized and drug therapies.



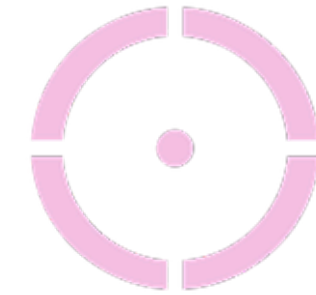
Knowledge is a powerful tool.

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 HR+/ HER2- treatment.

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 HR+ /
HER2- breast cancer.**

progresstracker.ca



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