



NCCN QUICK GUIDE™

Breast Cancer Metastatic

This NCCN QUICK GUIDE™ sheet summarizes key points from the complete [NCCN Guidelines for Patients®: Breast Cancer – Metastatic](#). These guidelines explain which tests and treatments are recommended by experts in cancer. To view and download the guidelines, visit NCCN.org/patients or, to order printed copies, visit Amazon.com

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What is metastatic breast cancer?

It is cancer that has spread to body sites distant from the breast. Distant sites include bones, lungs, liver, and the brain.	13
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What health care is needed before treatment?

■ A report of your health history and an exam of your body	15
■ Blood tests to check for health problems	16
■ Pictures of the insides of your chest with a CT scan	17
■ Pictures of the insides of your belly area and maybe pelvis with CT or MRI scan	17
■ Pictures of your spine, brain, or both with MRI if there may be cancer	18
■ Pictures of your bones with a bone scan or sodium fluoride PET/CT	18
■ Pictures of your insides with FDG PET/CT instead of other imaging may be an option	18
■ Pictures of your bones with x-rays if there may be cancer	18
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■ Tests for two markers—hormone and HER2 receptors—within breast cancer cells	19
■ Tests of <i>BRCA1/2</i> genes for some women	20
■ Advice on genetic tests if there's a risk of breast cancer within your family	20



What are the treatment options?

<p>Hormone-positive, HER2-negative breast cancer</p>	<ul style="list-style-type: none"> ■ Chemotherapy may be given first if the cancer is quickly growing within internal organs. ■ Endocrine therapy is standard treatment. It stops cancer growth caused by hormones. Adding a CDK4/6 inhibitor may help control the cancer longer. ■ Often, endocrine therapy stops working. Taking an mTOR inhibitor may allow treatment to work again. 	<p>27</p>
<p>Hormone-positive, HER2-positive breast cancer</p>	<ul style="list-style-type: none"> ■ Endocrine therapy is standard treatment. It stops cancer growth caused by hormones. Adding HER2-targeted therapy may better control cancer growth. ■ Instead of endocrine therapy, HER2-targeted therapy with chemotherapy or alone is also an option. 	<p>28</p>
<p>Hormone-negative, HER2-positive breast cancer</p>	<ul style="list-style-type: none"> ■ HER2-targeted therapy with chemotherapy is standard treatment. ■ Preferred regimens include both trastuzumab and pertuzumab with taxane chemotherapy. ■ Other regimens include ado-trastuzumab emtansine, HER2-targeted therapy with other types of chemotherapies, and HER2-targeted therapy alone. 	<p>29</p>
<p>Hormone-negative, HER2-negative breast cancer (AKA triple-negative cancer)</p>	<ul style="list-style-type: none"> ■ Chemotherapy is standard treatment. Single agents are preferred. Comined regimens work faster but cause worse health problems. ■ A newer option is a PARP inhibitor. You must have an inherited <i>BRCA1/2</i> mutation to receive this treatment. 	<p>31</p>

What are some tips for deciding treatment?

<p>Ask your doctors many questions. Also, you can get a second opinion, attend support groups, and compare pros and cons.</p>	<p>35</p>
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