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.

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.

What health care is needed before treatment?

- A report of your health history and an exam of your body
- Blood tests to check for health problems
- Pictures of the insides of your chest with a CT scan
- Pictures of the insides of your belly area and maybe pelvis with CT or MRI scan
- Pictures of your spine, brain, or both with MRI if there may be cancer
- Pictures of your bones with a bone scan or sodium fluoride PET/CT
- Pictures of your insides with FDG PET/CT instead of other imaging may be an option
- Pictures of your bones with x-rays if there may be cancer
- Removal of tissue samples to test for cancer
- Tests for two markers—hormone and HER2 receptors—within breast cancer cells
- Tests of BRCA1/2 genes for some women
- Advice on genetic tests if there’s a risk of breast cancer within your family
### What are the treatment options?

| Hormone-positive, HER2-negative breast cancer | 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. | 27 |
| Hormone-positive, HER2-positive breast cancer | 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. | 28 |
| Hormone-negative, HER2-positive breast cancer | 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. | 29 |
| Hormone-negative, HER2-negative breast cancer (AKA triple-negative cancer) | Chemotherapy is standard treatment. Single agents are preferred. Combined regimens work faster but cause worse health problems.  
A newer option is a PARP inhibitor. You must have an inherited BRCA1/2 mutation to receive this treatment. | 31 |

### What are some tips for deciding treatment?

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