

# Voices in Early ER+/HER2- Breast Cancer

The breast cancer experience is **PERSONAL.**

Your priorities belong in the **CONVERSATION.**

YOUR **EXPERIENCE** MATTERS.  
YOUR **PRIORITIES** MATTER.  
YOUR **QUESTIONS** MATTER.

The more openly you communicate with your oncology care team, the better they can support you throughout your treatment journey.

**TAKEAWAY:** Understanding your breast cancer type can help you better understand your treatment plan.

**ER+/HER2- breast cancer is the most common type of breast cancer.**

About 70% of breast cancers are estrogen receptor-positive (ER+). These cancers use estrogen to help them grow, which is why hormone (endocrine) therapy is often recommended as part of treatment.

**Your life stage is an important part of the conversation with your oncology care team.**

- Premenopausal, perimenopausal, and postmenopausal women may have different treatment recommendations, fertility discussions, side effects, and experiences.
- Endocrine therapies can cause menopause-like symptoms. There are different strategies and options for managing these symptoms.

There are **NO “WRONG” QUESTIONS** to ask during treatment.

Asking questions **HELPS YOU TAKE AN ACTIVE ROLE** in your care.

## CONVERSATION GUIDE

### Start With What Matters Most

**Before** your appointment, consider:

- ✓ What concerns you most about treatment?
- ✓ What questions do you have about side effects?
- ✓ How is treatment affecting your daily life?
- ✓ What are your personal goals and priorities?
- ✓ What support do you need right now?



## QUESTIONS TO ASK YOUR ONCOLOGY CARE TEAM

### Understanding My Treatment

- Why is this treatment recommended for me?
- How long will treatment last?
- What benefits does this treatment provide?
- How will treatment help reduce my risk of recurrence?

### Menopause and Treatment

- How might my menopausal status affect my treatment plan?
- Could treatment cause menopausal symptoms?
- How can menopausal symptoms be managed?

### Side Effects

- What side effects are most common?
- What should I do if I experience joint pain?
- What symptoms should I report right away?
- How can side effects affect my quality of life?

### Daily Life

- How might treatment affect work, family responsibilities, or exercise?
- How can we balance treatment benefits and quality of life?
- Are there resources available to help manage treatment challenges?
- How can my personal goals be incorporated into treatment decisions?
- What can I do to support my overall health during treatment?

### Looking Ahead

- What should I expect over the next year?
- How will we monitor my progress?
- What is my risk of recurrence?
- What can I do to help reduce my risk of recurrence?
- When should I contact the care team between appointments?

## KNOWING WHEN TO CONTACT YOUR CARE TEAM

### Consider reaching out if:

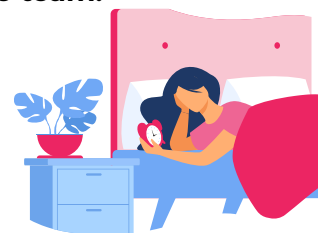
- Side effects are affecting your daily life.
- You're thinking about skipping doses or stopping treatment.
- You have new or worsening symptoms.
- You have concerns about recurrence.
- You have questions about treatment goals or expectations.



## SPEAK UP ABOUT SIDE EFFECTS

**If you are experiencing any of the following, talk with your oncology care team:**

- Joint pain or stiffness
- Hot flashes
- Fatigue
- Sleep problems
- Sexual health concerns
- Vaginal symptoms
- Emotional well-being concerns



## BEFORE STOPPING TREATMENT

**If treatment becomes difficult, talk with your oncology care team:**

- ✓ Share your concerns.
- ✓ Ask about side effect management options.
- ✓ Discuss how treatment is affecting your quality of life.
- ✗ Do not stop treatment without discussing it with your care team first.



RESOURCES



**National Cancer Institute**  
Hormone Therapy  
for Breast Cancer



**National Cancer Institute**  
Breast Cancer  
Research



**Breastcancer.org**  
Hormonal  
Therapy



**Breastcancer.org**  
SERDs



**Living Beyond  
Breast Cancer**



**Susan G. Komen**



**American  
Cancer Society**



**Breast Cancer  
Awareness  
Month**

HER2-: Human epidermal growth factor receptor 2-negative;  
SERDs = selective estrogen receptor degraders.