

# ADOPTING THE EVOLVING MANAGEMENT OF HR+/HER2-MBC INTO PRACTICE



Dear Colleague:

Thank you for your recent participation in the CE activity *Adopting the Evolving Management of HR+/HER2- mBC into Practice*, with Dr. Sara Hurvitz and Dr. Hope Rugo, developed by the Annenberg Center for Health Sciences. As you continue to advance the care you provide to these patients, here are the key concepts for you to consider:

- Testing for biomarkers in patients with HR+/HER2- metastatic breast cancer, such as *ESR1* mutations and *PIK3CA* alterations, is critical to identify patients who may benefit from therapies like fulvestrant, elacestrant, or *PI3K* inhibitors, optimizing treatment plans, and improving therapeutic success.
- Liquid biopsy offers a noninvasive method to detect therapy resistance, allowing for real-time tracking of mutations and early identification of resistance mechanisms like *ESR1* mutations.
- Treatment strategies for patients with HR+/HER2- mBC have shifted towards more targeted, personalized approaches, including CDK4/6 and *PI3K* inhibitors, based on biomarker testing, while also identifying resistance mechanisms to adjust endocrine therapies and overcome resistance, ultimately improving patient outcomes.
- Managing endocrine therapy resistance involves a comprehensive, evidence-based strategy tailored to each patient, which may include combining therapies like CDK4/6 inhibitors with endocrine therapy or switching to an alternative endocrine therapy after the development of resistance.
- Personalized treatments based on individual patient profiles, biomarker results, and shared decision-making significantly enhance patient satisfaction and outcomes.

We invite you to participate in other accredited activities we offer ([www.Annenberg.net](http://www.Annenberg.net)). Thank you.

Regards,

The Annenberg Center Team