

OPTIMISING EXTENDED ADJUVANT NERATINIB USE IN HER2+/HR+ EARLY BREAST CANCER: MEMO FOR NURSES

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INDICATION AND POSOLOGY

Neratinib is the only oral pan-HER inhibitor (of HER1, HER2, and HER4) indicated for the extended adjuvant treatment of adult patients with early-stage HR+/HER2-overexpressed/amplified breast cancer and who completed adjuvant trastuzumab-based therapy <1 year ago¹

Recommended dose of neratinib is 240 mg (six 40 mg tablets) taken orally once daily, continuously for 1 year¹



KEY ROLE OF NURSES

- Educate about the management of AEs and the importance of treatment adherence
- Monitor AEs
- Provide support during treatment

NERATINIB PATIENT-DEDICATED TOOLS

Patient Treatment Guide

Patient Treatment Journal

These educational materials are specific to each country and may differ from the visuals displayed as they are adapted and approved locally

Extended adjuvant neratinib can help to prevent the recurrence of local and distant breast cancer²

BEFORE TREATMENT

What to say to your patient

Patients who take neratinib for at least 11 months have better clinical outcomes³

at least 11 months

Possible AEs include diarrhoea, nausea, fatigue, vomiting, abdominal pain, rash, decreased appetite, stomatitis, and muscle spasms¹

Managing AEs, especially diarrhoea which is frequent and can be serious, can help you to stay on treatment for longer^{4,5}

What to do

Ask the patient to fill in the 'Patient Treatment Journal' on a daily basis and one week before starting treatment, noting information on their bowel movements

RECOMMENDED ASSESSMENTS¹



What to do

Help the patient report any AEs so that you can help them manage their treatment¹

DURING TREATMENT

What to say to your patient

You will need to take six tablets of neratinib 40 mg (240 mg per day) every day for one year¹

6x

Using an antidiarrhoeal approach for the first 1-2 months of neratinib treatment reduces your risk of diarrhoea^{1,4,5}

1-2 months

Take neratinib with food, preferably in the morning¹

Avoid caffeine, alcohol, dairy, fat, fibre, certain juices (orange, prune), and spicy foods⁸

Eat small, frequent meals⁶
Drink ~2 L clear liquids daily^{1,7*}
Choose easy to digest foods^{6,8}

What to do

Encourage patients to continue to fill in their 'Patient Treatment Journal' and read the 'Patient Treatment Guide' to help them make dietary changes to minimise risk of diarrhoea

What to say to your patient

Tell your doctor or pharmacist if you are taking any other medicines since neratinib should not be taken with certain treatments or herbal products

Do not take grapefruit or pomegranate (in food, beverage or supplement forms)¹

In patients with known cardiac risk factors, conduct cardiac monitoring, including assessment of LVEF, as clinically indicated¹

Monitor patients with renal impairment as they are at a higher risk of complications of dehydration if they develop diarrhoea¹

Liver function tests, including ALT, AST, and total bilirubin, should be undertaken at 1 week, then monthly for the first 3 months and then every 6 weeks while on treatment, or as clinically indicated¹

What to do

Instruct the patient to follow the dose prescribed by their physician since the daily dose may vary (for example, AE management)

ADDITIONAL INFORMATION ON HER2+ EARLY BREAST CANCER



HER2+ early breast cancer: What it is and how it is treated



HER2+ early breast cancer patient pathway



HER2+ early breast cancer patient pathway video

Please refer to the **neratinib** SmPC for more information.



AE, adverse event; ALT, alanine aminotransferase; AST, aspartate aminotransferase; HER, human epidermal growth receptor; HR, hormone receptor; LVEF, left ventricular ejection fraction
*Water, clear juices, broth, weak decaffeinated tea and caffeine-free sports/soft drinks. **Certain treatments and herbal products include carbamazepine, phenytoin (antiepileptics), rifampicin (antimycobacterial), and St John's wort (*Hypericum perforatum*) (herbal product).
References: 1. Neratinib 40 mg film-coated tablets. Summary of Product Characteristics. Last update 2023; 2. Chan A, et al. *Clin Breast Cancer*. 2021;21:80-91.e7; 3. Moy B, et al. *J Clin Oncol*. 2021;39(15 Suppl):540; 4. Barcnas CH, et al. *Ann Oncol*. 2020;31:1223-30; 5. Chan A, et al. *Breast*. 2023;67:94-101; 6. National Cancer Institute. Diarrhoea and Cancer Treatment. Last update 2021. Available at: <https://www.cancer.gov/about-cancer/treatment/side-effects/diarrhea>. Accessed on December 8, 2023; 7. American Cancer Society. Diarrhea. Last updated 2020. Available at <https://www.cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/diarrhea.html>. Accessed on December 8, 2023; 8. Cancer.Net. Doctor-Approved Patient Information from ASCO on Diarrhoea. Last update 2020. Available at: <https://www.cancer.net/coping-with-cancer/physical-emotional-and-social-effects-cancer/managing-physical-side-effects/diarrhea>. Accessed December 8, 2023.

- Nurse's recommendations to patient
- Nurse's actions

This material is based on EU Product Information and does not replace the Summary of Product Characteristics (SmPC). Registration conditions and prescribing information may vary per country. Always refer to the SmPC approved in your country.



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