

Shared Decision-Making on Using a CDK4/6 Inhibitor plus an Aromatase Inhibitor for HR+/HER2- Metastatic Breast Cancer: A Podcast

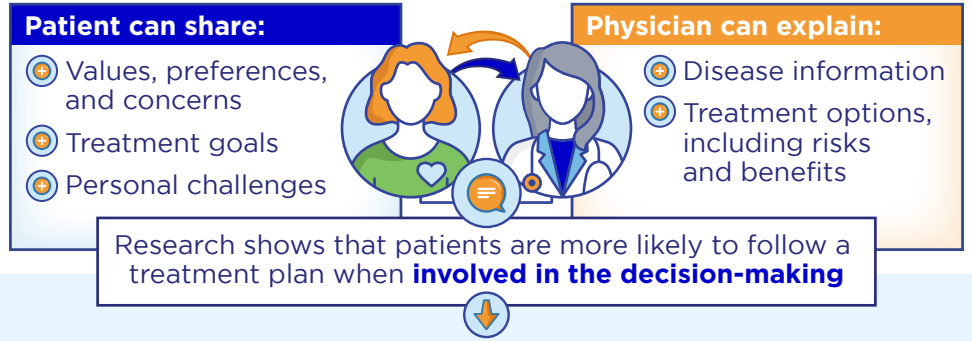
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 This podcast article discusses how to implement shared decision-making for **CDK4/6i + AI therapy in patients with HR+/HER2- mBC**

What is Shared Decision-Making?

Shared decision-making is a 2-way exchange of information between a patient and their physician to develop an agreed-upon treatment plan



Tips for Successful Shared Decision-Making Discussions

- Enlist the help of other providers, such as APs/nurses, to gather information from the patient regarding goals and needs
- Encourage patients to bring loved ones and lists of questions to visits
- Gauge patients' health literacy and help fill in any knowledge gaps; utilize an interpreter when the patient and the physician speak different languages
- Build a trusting relationship and provide patients with informational resources to access between visits

Shared Decision-Making for a Patient With Newly Diagnosed HR+/HER2- mBC

CDK4/6i + AI therapy is a standard-of-care treatment for this indication; the physician and patient should discuss the data available and key considerations for each of the 3 approved CDK4/6is

Select Factors That May Impact Shared Decision-Making for Patients Receiving CDK4/6i + AI Therapy for HR+/HER2- mBC



KEY TAKEAWAYS

The process of shared decision-making ensures that treatment decisions reflect patients' values and preferences, which can enhance their overall well-being, outlook on treatment, and adherence to a treatment plan



AI, aromatase inhibitor; AP, advanced practitioner; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; HER2-, human epidermal growth factor receptor 2-negative; HR+, hormone receptor-positive; mBC, metastatic breast cancer.