

What specific dietary changes, if any, to mitigate gastrointestinal side effects do you recommend to your patients with metastatic TNBC who are receiving sacituzumab govitecan?



Dr Carey

Take in enough fluids, BRAT-style diet, avoid lactose-containing foods



Dr Nanda

None



Dr Brufsky

None



Dr O'Shaughnessy

None (I don't see much GI toxicity starting with reduced dose)



Dr Sharma

Nothing specific, different dietary modifications work for different patients









Dr Wander

No specific diet, though we suggest avoiding raw/undercooked meat with possible immune suppression to avoid infectious issues

BRAT = bananas, rice, applesauce, toast; GI = gastrointestinal

Do you recommend cold caps to prevent alopecia to your patients with metastatic TNBC who are receiving sacituzumab govitecan?

What other specific tips, if any, to help them retain their hair do you discuss with your patients with metastatic TNBC who are receiving sacituzumab govitecan?

| | Use cold caps? | Other tips |
|---|--|---|
|  Dr Carey | No | None |
|  Dr Nanda | No | None |
|  Dr Brufsky | No | None |
|  Dr O'Shaughnessy | No, but will support if patient wishes | None |
|  Dr Sharma | No | None |
|  Dr Wander | No, but will support if patient wishes | Could consider cold cap, perhaps biotin to help with nails and hair |

What specific dietary changes, if any, to mitigate gastrointestinal side effects do you recommend to your patients with metastatic TNBC who are receiving T-DXd?



Dr Carey

Antiemetics are particularly important, bland diets



Dr Nanda

None



Dr Brufsky

None, perhaps a bland diet



Dr O'Shaughnessy

Antiemetics, eat lightly peritreatment



Dr Sharma

Aggressive anti-nausea premedication









Dr Wander







No specific diet, though we suggest avoiding raw/undercooked meat with possible immune suppression to avoid infectious issues

Do you recommend cold caps to prevent alopecia to your patients with metastatic TNBC who are receiving T-DXd?







What other specific tips, if any, to help them retain their hair do you discuss with your patients with metastatic TNBC who are receiving T-DXd?

| | Use cold caps? | Other tips |
|---|--|---|
|  Dr Carey | No | None |
|  Dr Nanda | No | None |
|  Dr Brufsky | No | None |
|  Dr O'Shaughnessy | No, but will support if patient wishes | None |
|  Dr Sharma | No | None |
|  Dr Wander | No, but will support if patient wishes | Could consider cold cap, perhaps biotin to help with nails and hair |

For your patients with metastatic TNBC receiving the treatments listed below, are there any over-the-counter medications or supplements that you counsel them to avoid?







| | Sacituzumab govitecan | T-DXd | PARP inhibitor |
|--|--|--|--|
|  Dr Carey | UGT1A1 interacting drugs (eg, antiseizure meds) | No | No |
|  Dr Nanda | Supplements outside of calcium, vitamin D and an MVI | Supplements outside of calcium, vitamin D and an MVI | Supplements outside of calcium, vitamin D and an MVI |
|  Dr Brufsky | No | No | No |
|  Dr O'Shaughnessy | Antioxidants and herbal supplements | Antioxidants and herbal supplements | Antioxidants and herbal supplements |
|  Dr Sharma | High doses of antioxidants; turmeric | High doses of antioxidants; turmeric | High doses of antioxidants; turmeric |
|  Dr Wander | Will consult with pharmacy for potential interactions | Will consult with pharmacy for potential interactions | Will consult with pharmacy for potential interactions |

**In general, do you recommend surgery and/or radiation therapy for a single site of metastatic disease, even if the metastasis is asymptomatic?
For which sites of a single metastasis, if any, have you used this strategy?**







| | Surgery and/or radiation therapy? | Sites of single metastasis |
|--|--|--|
|  Dr Carey | No | Only for brain metastases, symptomatic bone metastases, eroding local disease |
|  Dr Nanda | Yes* | Lung, liver, bone, brain, lymph nodes |
|  Dr Brufsky | Yes, occasionally for very long term (>12-18 months) without disease progression | Breast, lung, liver |
|  Dr O'Shaughnessy | Yes, occasionally | Liver, bone, chest wall, locally recurrent adenopathy |
|  Dr Sharma | No | Only for symptomatic metastasis |
|  Dr Wander | Yes, occasionally use RT for oligometastatic disease | Bone, lung, brain, liver in specific circumstances |

* RT possibly for exceptional responders to immunotherapy with limited disease progression; surgery possibly for exceptional responders with de novo HER2+ breast cancer and clinical complete response and disease progression in their primary tumors only.

In general, do you recommend to patients with metastatic TNBC that they consult, either in person or virtually, with a professional outside your clinical team to discuss the following complementary strategies?

| | Nutrition/diet | Exercise | Massage therapy |
|--|--------------------------|-----------------------------------|-----------------------------------|
|  Dr Carey | Yes, for select patients | Yes, for select patients | No |
|  Dr Nanda | Yes, for most patients | No, but support if patient wishes | No, but support if patient wishes |
|  Dr Brufsky | Yes, for select patients | Yes, for select patients | Yes, for select patients |
|  Dr O'Shaughnessy | Yes, for select patients | Yes, for select patients | No |
|  Dr Sharma | Yes, for select patients | Yes, for select patients | No |
|  Dr Wander | Yes, for select patients | No | Yes, for select patients |

In general, do you recommend to patients with metastatic TNBC that they consult, either in person or virtually, with a professional outside your clinical team to discuss the following complementary strategies?

| | Reiki, meditation, yoga | Psychological therapy | Programs related to minor children or grandchildren |
|--|-----------------------------------|--------------------------|---|
|  Dr Carey | No | Yes, for select patients | Yes, for select patients |
|  Dr Nanda | No, but support if patient wishes | Yes, for most patients | Yes, for select patients |
|  Dr Brufsky | Yes, for select patients | Yes, for select patients | Yes, for select patients |
|  Dr O'Shaughnessy | No | Yes, for select patients | Yes, for select patients |
|  Dr Sharma | No | Yes, for select patients | No |
|  Dr Wander | No | Yes, for most patients | Yes, for select patients |

In general, what is your perspective regarding your patients with metastatic TNBC seeking a second opinion?



Dr Carey

I wait for the patient to bring it up and then support it



Dr Nanda

I wait for the patient to bring it up and then support it



Dr Brufsky

I routinely bring it up and encourage it



Dr O'Shaughnessy

I wait for the patient to bring it up and then support it



Dr Sharma

I wait for the patient to bring it up and then support it









Dr Wander







I wait for the patient to bring it up and then support it

For a patient with localized TNBC who has received preoperative chemotherapy with immunotherapy and then is monitored off treatment, do you generally order routine imaging and/or blood work?







What is your usual approach to monitoring, including the duration and intervals of evaluation?

| | Imaging and/or blood work? | Duration and intervals |
|--|----------------------------|--|
|  Dr Carey | No | N/A |
|  Dr Nanda | No | N/A |
|  Dr Brufsky | No | N/A |
|  Dr O'Shaughnessy | Yes | Lab work 2x per year, imaging annually |
|  Dr Sharma | No | N/A |
|  Dr Wander | Yes | Routine exam 2x per year, routine labs 1 to 2x per year, routine surveillance breast imaging |







Do you recommend any specific sources of information to patients with metastatic TNBC?

| | Websites, including those of advocacy groups | Social media platforms |
|---|--|------------------------|
|  Dr Carey | TNBC Foundation (as well as usual ASCO, American Cancer Society, NCI) | No |
|  Dr Nanda | TNBC Foundation, Living Beyond Breast Cancer, American Cancer Society, NCI | No |
|  Dr Brufsky | No | No |
|  Dr O'Shaughnessy | No | No |
|  Dr Sharma | No | No |
|  Dr Wander | American Cancer Society, Komen Foundation | No |

Do you recommend any specific sources of information to patients with metastatic TNBC?

| | Booklets or print information | Support groups (in person or virtual) |
|---|-------------------------------|--|
|  Dr Carey | No | No |
|  Dr Nanda | No | Local support groups |
|  Dr Brufsky | No | No |
|  Dr O'Shaughnessy | No | No |
|  Dr Sharma | No | No |
|  Dr Wander | No | No |

Do you think it would be valuable to have audio versions (“books on tape” approach) of print materials available to patients with metastatic TNBC, such as information about informed consent?
What proportion of your patients with metastatic TNBC do you believe would be interested in this “books on tape” type of platform?

| | Value of audio information | Proportion of patients interested |
|--|---|-----------------------------------|
|  Dr Carey | Perhaps but I'd want to see focus groups that this is the best way to communicate now | 10% |
|  Dr Nanda | Yes | 75% |
|  Dr Brufsky | Yes | 35% |
|  Dr O'Shaughnessy | Yes | 66% |
|  Dr Sharma | No | 30% |
|  Dr Wander | Yes | 75% |

At what point in the treatment course do you discuss advanced directives and a “living will” with patients with metastatic TNBC?



Dr Carey

Beginning at second-line therapy



Dr Nanda

Varies, but most patients are referred to palliative care, where the subject is generally broached. I generally have a thoughtful discussion about goals of care and treatment options when disease progresses on a line of therapy.



Dr Brufsky

Second- or third-line therapy



Dr O'Shaughnessy

At diagnosis



Dr Sharma





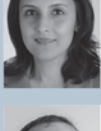

After exhausting 1 line of therapy









Dr Wander

Typically early on, while there are no active/urgent medical issues or pending hospitalizations

How frequently does the topic of spirituality arise in your discussions with patients with metastatic TNBC? Have you prayed with patients and family? Do you refer your patients with metastatic TNBC to specific chaplain services?

| | Frequency of discussion on spirituality | Prayed with patients and family? | Refer to specific chaplain services? |
|--|---|--|--------------------------------------|
|  Dr Carey | Occasionally | Rarely | No |
|  Dr Nanda | Always in context of goals of care discussion | No | Yes, if patient desires |
|  Dr Brufsky | 20% | No | No |
|  Dr O'Shaughnessy | Very often | Yes, if initiated by patient or family | No |
|  Dr Sharma | 25% | No | No |
|  Dr Wander | Occasionally | No | Yes, if patient desires |

In general, if a patient with newly diagnosed metastatic TNBC asks you the likelihood that they will be alive at each of the following timepoints, how do you respond?

| | 2 years | 5 years |
|---|---|---|
|  Dr Carey | Too many variables to be sure | Too many variables to be sure |
|  Dr Nanda | Varies depending on patient and her disease | Varies depending on patient and her disease |
|  Dr Brufsky | Likely | Less likely, but I have many patients at >5 years |
|  Dr O'Shaughnessy | 40% | 15% |
|  Dr Sharma | 50% | 15% |
|  Dr Wander | 80% | 20%-30% |