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Hope Chest for Breast Cancer Foundation has recently updated its definition of active treatment as intravenous chemotherapy and most intravenous immunotherapies. Hormone therapy after surgery (adjuvant therapy), subcutaneous and most oral therapies, and hospice care are not considered active treatment.

More specifically:

Intravenous chemotherapy including include drugs like carboplatin, cis-platinum, cyclophosphamide (Cytoxan), docetaxel (Taxotere), doxorubicin (Adriamycin), eribulin (Halaven), gemcitabine (Gemzar), liposomal doxorubicin (Doxil), nab-paclitaxel (Abraxane), paclitaxel (Taxol), and 5-fluorouracil.

Intravenous immunotherapy (HER2 or PDL-1 targeting agents) active therapy as well. These include drugs like trastuzumab (Herceptin), pertuzumab (Perjeta), trastuzumab emtansine—aka TDM1-(Kadcyla), trastuzumab deruxtecan (Enhertu), tucatinib (Tukysa, which is actually oral), atezolizumab (Tecentriq), pembrolizumab (Keytruda), Sacituzumab govitecan (Trodelvy).

Trastuzumab alone or with pertuzumab for the year after surgery in the early stage setting is also considered active treatments.

Capecitabine (Xeloda) qualifies, as doe Alpelisib (Pikray) and abemaciclib (Verzinio).

The following do not count as active treatment/therapy:

Zoledronic Acid (Zometa) and Pamidronate (Aredia) are not considered active therapy. Nor are Denosumab (Exgeva), fulvestrant (Faslodex), and goserelin (Zoladex).

Other CDK4/6 inhibitors such as palbociclib (Ibrance), ribociclib (Kisqali), tamoxifen, letrozole (femara), anastrozole (Arimidex) and exemestane (Aromasin).

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