

WebMD[®]

REAL STORIES

BREAST CANCER

FOCUS ON

Actor

OLIVIA
MUNN

on surviving breast cancer,
self-advocacy, and
finding gratitude

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Making my
own rules

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WINTER 2026/2027



COMPLIMENTARY COPY
TAKE ONE HOME



SCAN ME

Flip through our slideshow on "Tips for Becoming an Informed Patient with HR+ HER2-metastatic breast cancer." Use your smartphone camera to activate the QR code.

Dear Reader,

WebMD's mission is to provide trusted, educational, and accurate health information. Our medical experts focus on topics that empower consumers to be active participants not only in their own healthcare, but also in the lifestyle and health decisions of their family and friends.

We create and distribute condition guides for doctors' offices to help you prepare for your visit, to have a productive dialogue with your physician, and as a take-home companion.

This guide's topic is **Breast Cancer** with a focus on **Metastatic Breast Cancer**, with content including:

- Understanding your metastatic breast cancer diagnosis
- Knowing your treatment options
- Learning how to advocate for yourself

This resource can be a powerful tool to help you be your own best health advocate.

We hope that you will find this condition guide to be informative and useful. Please share your thoughts in a short survey accessed through the QR code below.

Thank you.



Sincerely,

A handwritten signature in black ink that reads "Laura J. Downey".

Laura J. Downey
Editorial Director
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To the Office Manager: For any additional copies or needs, email Vanessa Cognard, publisher, WebMD Point of Care, at vcognard@webmd.net.



SCAN ME  WE WANT TO HEAR FROM YOU!
TAKE OUR SURVEY

Your feedback matters! Tell us what you think about our condition guides and workbooks. Use your smartphone camera to activate the QR code.

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Cover and Contents Images: Emma Beiles Howie

THE LATEST ON METASTATIC BREAST CANCER (mBC)

CLOSING PALLIATIVE CARE DISPARITIES

Delays in early supportive palliative care remain common among Black women with metastatic breast cancer. To understand why, researchers interviewed patients and clinicians. Women shared that poor communication, limited understanding, and bias were major obstacles. Clinicians noted that care teams often struggled to coordinate and decide when to introduce palliative care. Both groups emphasized that when women are backed by trusted providers, peers, and community resources, confidence, access, and care experiences improve.

SOURCE: *SSM - Qualitative Research in Health*

No.2

Ranking of breast cancer among cancer-related deaths in U.S. women.

SOURCE: American Cancer Society

321,910

Estimated number of new breast cancer cases expected to be diagnosed in women in the U.S. in 2026.

SOURCE: American Cancer Society

YOUR VOICE MATTERS

Every treatment visit is an opportunity for women living with metastatic breast cancer to share what matters most to them. Researchers analyzed real clinic conversations among women from different racial backgrounds. They found that visits often focused on treatment discussions, with less time devoted to daily life concerns such as side effects and work and family responsibilities. This study highlighted the importance of supportive conversations. Speaking up about priorities and goals helps ensure treatment choices align with each woman's values and life.

SOURCE: *Journal of Palliative Medicine*

PLANT-BASED DIET SHOWS PROMISE

Women with metastatic breast cancer often experience weight gain during treatment. To explore whether diet could help, a U.S.-based study evaluated a whole food, plant-based meal plan alongside ongoing cancer therapy. Women who followed the diet for eight weeks lost more weight than those who continued their usual diet. Improvements were also seen in cholesterol levels, blood sugar control, and certain hormone markers. The diet was well tolerated. These findings suggest that making thoughtful choices regarding nutrition may help women feel better physically and support overall health.

SOURCE: *Breast Cancer Research and Treatment*

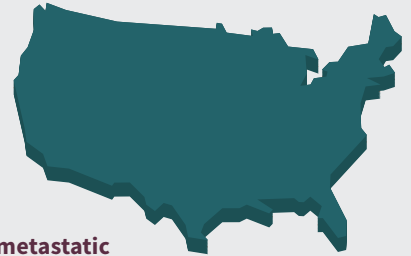


This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

STATS & FACTS

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

ABOUT
170,000



Number of women living with metastatic
breast cancer in the U.S. in 2025.

12%

Lifetime risk for breast
cancer for non-Hispanic
Black women in the U.S.



11%

Lifetime risk for breast
cancer for Hispanic
women in the U.S.

MORE THAN
4 MILLION

Number of breast cancer survivors in the U.S.

30%

Amount of new female
cancers every year that
are breast cancer.



44%

Reduction in breast cancer death
rates among U.S. women over the
past three decades due to earlier
detection and advances in treatment.



ABOUT
30%

Five-year survival rate for women
diagnosed with metastatic breast
cancer in the U.S.

SOURCES: Susan G. Komen, American Cancer Society

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

For people with HR+, HER2-
metastatic breast cancer (mBC)

“I refused to let three words define me: Metastatic Breast Cancer.”

At first, my metastatic breast cancer diagnosis felt like it got to decide who I am. Then, my doctor told me about KISQALI, a pill that stops cancer from growing and can help me live longer.** And I realized that the only person who can write my story, is me. I have a lot more life to live, and you do too.
Ask your doctor about KISQALI+ hormone therapy.†

-Kathy
real patient compensated for her time

For adults only.

 **KISQALI**®
ribociclib 200 mg tablets

 **KISQALI**®
ribociclib 200 mg tablets

**Talk to your doctor about
a once-daily^s dose, today.**

What is KISQALI?

KISQALI® (ribociclib) is a prescription medicine used to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer that has gotten worse or has spread to other parts of the body (advanced or metastatic), in combination with:

- an aromatase inhibitor as the first endocrine-based therapy; or
- fulvestrant as the first endocrine-based therapy or following disease progression on endocrine therapy

It is not known if KISQALI is safe and effective in children.

IMPORTANT SAFETY INFORMATION

KISQALI may cause serious side effects, including:

Lung problems. KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that may lead to death. Tell your health care provider right away if you have any new or worsening symptoms, including:

- trouble breathing or shortness of breath
- cough with or without mucus
- chest pain

Severe skin reactions. Tell your health care provider or get medical help right away if you get severe rash or rash that keeps getting worse; reddened skin; flu-like symptoms; skin pain or burning, blistering of the lips, eyes, or mouth, blisters on the skin or skin peeling, with or without fever.

Heart rhythm problems (QT prolongation). KISQALI can cause a heart problem known as QT prolongation. This condition can cause an abnormal heartbeat and may lead to death.

- Your health care provider should check your heart and do blood tests before and during treatment with KISQALI
- **Tell your health care provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or if you feel dizzy or faint**

Liver problems. KISQALI can cause serious liver problems. Your health care provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your health care provider right away if you get any of the following signs and symptoms of liver problems:

- yellowing of your skin or the whites of your eyes (jaundice)
- loss of appetite
- dark or brown (tea-colored) urine
- pain on the upper right side of your stomach area (abdomen)
- feeling very tired
- bleeding or bruising more easily than normal

Low white blood cell counts (neutropenia). Low white blood cell counts are very common during treatment with KISQALI and may result in infections that may be severe. Your health care provider should check your white blood cell counts before and during treatment with KISQALI. Tell your health care provider right away if you have signs and symptoms of low white blood cell counts or infections, such as fever and chills.

Your health care provider may tell you to decrease your dose, temporarily stop, or completely stop taking KISQALI if you develop certain serious side effects during treatment with KISQALI.

Take an active role in your treatment. Visit [KISQALI.com](https://www.kisqali.com) to learn more.

*At 80 months, women taking KISQALI + letrozole lived over a year longer (63.9 months) vs letrozole alone (51.4 months).

†In the MONALEESA-2 study of postmenopausal women, median PFS at a 15.3-month check-in was not reached for KISQALI + an AI vs 14.7 months with placebo + an AI.

‡KISQALI is not approved for use with tamoxifen.

§KISQALI is taken 600 mg (three 200-mg pills) orally, once a day for 3 weeks, followed by 1 week off.

What should I tell my health care provider before taking KISQALI?

Before you take KISQALI, tell your health care provider if you:

- have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
- have ever had a heart attack
- have a slow heartbeat (bradycardia)
- have high blood pressure that is not controlled
- have decreased thyroid gland function (hypothyroidism)
- have problems with the amount of potassium, calcium, phosphorus, or magnesium in your blood
- have fever, chills, or any other signs or symptoms of infection
- have liver problems
- have kidney problems
- are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby
 - If you are able to become pregnant, your health care provider should do a pregnancy test before you start treatment with KISQALI
 - Females who are able to become pregnant and who take KISQALI should use effective birth control during treatment and for at least 3 weeks after the last dose of KISQALI
- Talk to your health care provider about birth control methods that may be right for you during this time
- If you become pregnant or think you are pregnant, tell your health care provider right away
- are breastfeeding or plan to breastfeed. It is not known if KISQALI passes into your breast milk. Do not breastfeed during treatment with KISQALI and for at least 3 weeks after the last dose of KISQALI

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. KISQALI and other medicines may affect each other, causing side effects. Know the medicines you take. Keep a list of them to show your health care provider or pharmacist when you get a new medicine.

What should I avoid while taking KISQALI?

Avoid eating grapefruit and avoid drinking grapefruit juice during treatment with KISQALI since these may increase the amount of KISQALI in your blood.

The most common side effects of KISQALI in people with advanced or metastatic breast cancer include:

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- nausea
- increased kidney function test
- tiredness
- decreased platelet counts
- diarrhea
- vomiting
- headache
- constipation
- hair loss
- cough
- rash
- back pain
- low blood sugar level

KISQALI may cause fertility problems in males, which may affect your ability to father a child. Talk to your health care provider if this is a concern for you.

Tell your health care provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of KISQALI. For more information, ask your health care provider or pharmacist. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying Brief Summary of Patient Information on the following pages.

 **NOVARTIS**

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UNDERSTANDING YOUR DIAGNOSIS

Metastatic breast cancer has spread far from the breast. It's not curable, but it is treatable.

By Sonya Collins Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Learning that you have metastatic breast cancer can feel overwhelming. This diagnosis—also called stage IV breast cancer—means that cancer cells that started in the breast have spread to other parts of the body.

“Sometimes that happens after a patient was originally diagnosed and treated for a localized breast cancer—just in the breast and nearby lymph nodes—and sometimes a patient already has metastatic cancer at the time of her original breast cancer diagnosis,” says Erica L. Mayer, MD, MPH, a breast oncologist at Dana-Farber Cancer Institute in Boston.

While metastatic breast cancer isn't curable, it is treatable. Many people live for years with a good quality of life.

HOW BREAST CANCER SPREADS

Breast cancer spreads when cells break away from the original tumor, move through the bloodstream or lymphatic system, and settle elsewhere in the body.

KEY TERMS

- + **Biopsy:** A procedure that removes a small sample of tissue to confirm the cancer subtype.
- + **Receptors:** Proteins on cancer cells that help determine which treatments will work.
- + **Systemic therapy:** Medication that treats cancer throughout the body.

When breast cancer comes back as metastatic after a previously localized breast cancer had already been treated, says Demetria Joy Smith-Graziani, MD, MPH, a breast medical oncologist at Winship Cancer Institute of Emory University in Atlanta, “it's because microscopic cells made it out of the original cancer and set up shop in another organ.” They can be dormant for years, she explains. When they grow later in other parts of the body, these new tumors are called metastases.

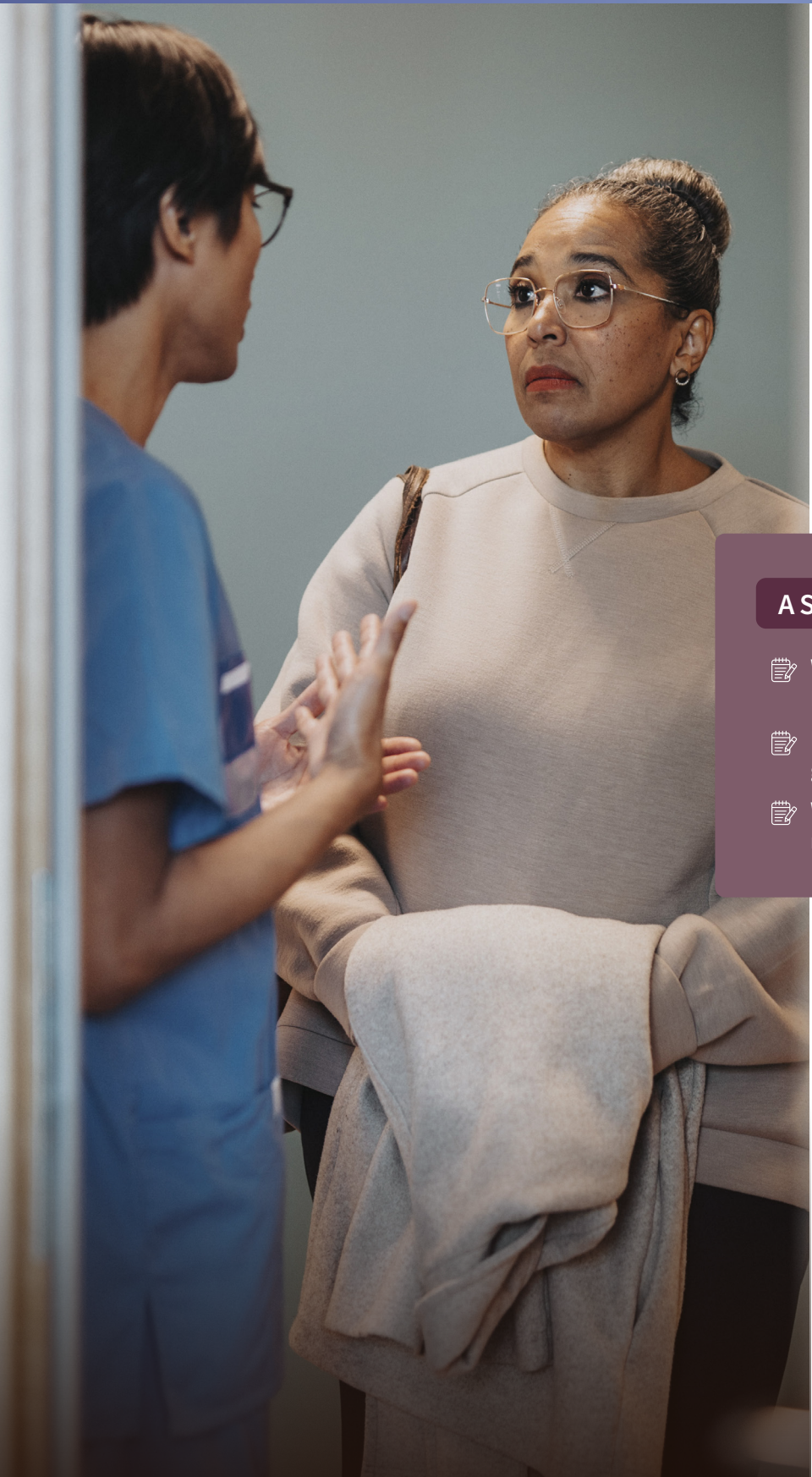
WHERE IT SPREADS

Breast cancer can spread almost anywhere, says Smith-Graziani, but “the organs where we usually see it spread are the bones, the liver, and the lungs.” Breast cancer can also reach the brain, though that's more likely in some subtypes of breast cancer than others.

You might have symptoms in the areas where you have metastases, such as shortness of breath if there's cancer in the lungs or fractures if it's in the bones. But, unless the cancer is in the brain, the location of the metastases has little bearing on how the cancer is treated.

SUBTYPES

Treatment decisions are guided largely by the biology of the cancer. Your doctor will order tests to see if your cancer cells have certain receptors: estrogen (ER), progesterone (PR), and HER2. Depending on which receptors are present, the cancer will be classed as hormone receptor positive (ER+/PR+), HER2 positive, or triple-negative if it doesn't have any receptors. Each behaves differently and responds to different treatments.



SCAN ME ↗



For more on mBC, read “Breast Cancer: What Does ‘Metastatic’ Mean?” Use your smartphone camera to activate the QR code.

ASK YOUR CARE TEAM

-  What subtype of breast cancer do I have?
-  Has my cancer been tested for genetic mutations?
-  What symptoms should I report right away?

Doctors also test metastatic tumors for genetic mutations. Some drugs destroy cancer cells by targeting certain gene mutations.

HOW METASTATIC BREAST CANCER IS TREATED

Unlike early-stage breast cancer, which is typically treated with surgery to remove the cancer, treatment for metastatic disease involves medications that treat the cancer throughout the body.

Treatment usually continues as long as it's working and well tolerated. Advances in treatment, Mayer says, mean “there are people who achieve great benefit from therapy and live many, many years.”

MASKOT/VIA GETTY IMAGES

KNOW YOUR OPTIONS

Today's treatments come at mBC from many angles

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Your treatment for metastatic (stage IV) breast cancer will focus on slowing or stopping the spread of disease throughout the body, easing symptoms, and helping you live well for as long as possible. Treatment won't cure the cancer, but it helps many people continue to enjoy life for years. Which approach doctors recommend depends on the biology of the cancer cells and other factors unique to you.

"It's not one-size-fits-all," says Avan Armaghani, MD, a breast oncologist at Moffitt Cancer Center in Tampa. "We have come a long way in terms of treatment for the different subtypes of metastatic breast cancer." Treatment also takes into account gene mutations in the tumor, your prior treatment, and your symptoms, goals, and preferences.

HOW DOCTORS CHOOSE TREATMENT

When doctors make treatment recommendations, they consider the cancer's receptor status: hormone receptor-positive (HR+), HER2-positive, or triple-negative, which carries none of these receptors. Your oncologist will also look at whether your cancer cells carry gene mutations that are helping them grow. Certain mutations may suggest you would get help from a targeted drug that takes aim at cancer-driving gene variants.

This information helps point doctors to the best treatment or combination of treatments within the main approaches: hormone (also called endocrine) therapy, targeted therapies, chemotherapy, and immunotherapy.

With all of the available choices, says Rani Bansal, MD, a medical oncologist at Duke Cancer Center Breast Clinic in Durham, NC, "we're in a better place than we were even five years ago. We have many new drugs, and patients are living longer."

SCAN ME



For more on treatments, read "Factors That Determine the Course of Treatment for HR+/HER2 - Metastatic Breast Cancer." Use your smartphone camera to activate the QR code.

HORMONE THERAPY

In HR+ breast cancer, estrogen and progesterone attach to cancer cells and help them grow. Hormone therapy blocks this process.

TARGETED THERAPY

Targeted therapies attack specific features of cancer cells. In metastatic breast cancer, these include drugs that take aim at:

- HER2
- Various features of HR+ cancers
- Cancer-promoting processes happening in breast cancer cells of women with metastatic breast cancer



CHEMOTHERAPY

Chemotherapy remains an important option, especially for cancers that can't be treated with hormone therapy; triple-negative disease; or cancers affecting vital organs. Chemotherapy may be given alone or combined with other treatment, depending on the situation.

IMMUNOTHERAPY

Immunotherapy boosts your own immune system to fight the cancer. This approach is taken in triple-negative cancers that meet

specific criteria and is usually combined with chemotherapy.

Some drugs work in multiple ways. For example, a newer drug class called antibody drug conjugates combines anti-cancer antibodies with chemotherapy and could be considered immunotherapy, targeted therapy *and* chemotherapy—a triple threat.

CLINICAL TRIALS

Clinical trials test new drugs or new drug combinations. Sometimes, Bansal says, “These drugs may be better than current first-line treatment.” She recommends everyone be evaluated for clinical trial eligibility as one of their treatment options.

“A lot of people think trials are for when you have no other options, but that’s definitely not true.”

Ongoing clinical trial research continues to expand treatment options, offering new hope to people living with metastatic breast cancer.



FROM CRISIS TO CALLING

A clear panel of genetic tests followed by a normal mammogram and ultrasound gave **Olivia Munn** the peace of mind she needed. Two months later, a shocking breast cancer diagnosis shattered that sense of certainty. Now, Munn is turning her story of survival into a powerful blueprint for self-advocacy and finding gratitude.

By Wendy L. Wilson Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When actress Olivia Munn isn't on set filming the Apple TV series *Your Friends & Neighbors*, walking a red carpet, or appearing on a late-night talk show, she's probably talking to a group of women about her breast cancer journey. Most often, women approach her first, asking specific questions about her diagnosis while reflecting about their own, hoping for a path forward after hearing the words, "You have cancer."

For Munn, retelling her story is never easy, but after her diagnosis, she decided to dedicate the rest of her life to advocating for women, especially those facing breast cancer.

"I'll tell my story as many times as I need to because that's what spreads awareness and lets other women know they're not alone," Munn says.

This summer, she started sharing a series of Instagram posts detailing the personal details of her cancer journey. Having grown up playing sports, always physically active and navigating through a body-conscious industry, health and wellness have always been important.

Already in her early 40s in 2023 and proactive about her health, Munn got a mammogram, an ultrasound, and genetic testing, which could determine many possible cancers. The results were all negative. At an OB/GYN appointment soon after, her doctor suggested she take the Tyrer-Cuzick Risk Assessment Calculator, a free online tool that helps women and their healthcare provider better understand their likelihood of developing breast cancer based on a number of factors including age, weight, height, ethnicity, and family history. Depending on the resulting risk score, a doctor can determine if more intensive screenings are necessary. In Munn's case, her score prompted her OB/GYN to order an MRI, which led to



BY HER SIDE: Olivia Munn with her mom, Kim, on the first day of Kim's chemotherapy in 2024.

a biopsy and her diagnosis of stage I luminal B multifocal, multi-quadrant breast cancer in both breasts. This is an aggressive form of breast cancer with lower hormone receptors and high recurrence.

"The first step in battling cancer is to let yourself be afraid. Let yourself cry. Let yourself be vulnerable. Let yourself feel alone. Let all of those feelings wash over you because they're natural and normal," Munn says. "For me, it was shock, then sudden fear, and then trying to focus and listen to everything my doctor was telling me. You have to know

that there is a mountain in front of you and the only way to make it to the other side is to climb up and climb down."

It's the same advice she gave to her mother, Kim, who after much reluctance, took a lifetime risk assessment test. When she got a high score, Munn insisted her mother move forward with further tests. An MRI detected a mass, and nearly two years after her daughter's cancer, Kim was diagnosed with stage I HER2-positive breast cancer.

"My mom was always on top of me to go to the dentist and the doctor, but now she didn't want to do this," Munn says. "When I finally asked her why, she said it was because she didn't want to hear bad news. Cancer wants you to be afraid and look the other way. Not knowing is not going to stop it. All it does is delay when you'll find out, which can leave you in a much worse situation."

Her mother underwent a double mastectomy, 12 rounds of chemotherapy, and monthly transfusions. Ultimately, Munn strongly believes the lifetime risk assessment test probably saved both of their lives and has the potential to do the same for countless other women.

A full-length photograph of Olivia Munn standing on a red carpet. She is wearing a long, grey, textured coat over a dark dress, paired with black pointed-toe boots. She has long, dark, wavy hair and is smiling over her shoulder at the camera. The background is a solid red wall.

“When I think about not going to work out or not wanting to get up and eat that extra protein, the future me is depending on me today to do all the right things.”

—Olivia Munn

THE WINDING ROAD OF RECOVERY

Just a month after her diagnosis, Munn underwent a 10-hour double mastectomy (like her mother) and in the last three years, she has had four additional procedures, including a breast reconstruction and a partial hysterectomy to remove her uterus, fallopian tubes, and ovaries, resulting in surgical menopause. (Doing so reduces her estrogen production and may mitigate the risk of cancer recurrence.) Though she's in remission, Munn continues receiving treatment to ensure she stays that way.

For many cancer survivors, the journey doesn't end with chemotherapy, radiation, or surgery. There are still years of procedures and treatments ahead to ensure they remain cancer free, which can take physical and mental tolls. While she's incredibly aware of her privilege—lucky to be diagnosed early and grateful for the access to great care—she's still frustrated by having to navigate several side effects and changes to her body.

“When you have hormone-sensitive breast cancer, it's difficult to hear people say you're ‘cancer free,’” Munn says. “I've done all the surgeries, but I'll still have to take medicine for the next five to seven years to suppress the cancer. It's been hard, but besides talking to my doctor and trying different treatments, I make an effort to cook as much as I can because then I can control and know exactly what's going into my body.”

Munn starts each day with three hard-boiled eggs for a healthy dose of protein and energy. She eats more leafy greens than ever before and cooks with the spices and techniques familiar to her Asian heritage without compromising her health. She loves searching online for new recipes and finds joy in the small, everyday rituals of family life with her husband, comedian/actor John Mulaney, and their children, Malcolm, 4 and Méi, 2. And yet, when it comes to working out, Munn sometimes struggles to find the motivation to follow through. She doesn't like running or weightlifting, but growing up practicing taekwondo has reignited a passion she thought she'd lost. Combined with meditation, Munn has discovered ways to keep her mind and body in harmony.



MAKING A DIFFERENCE: Recognized for her advocacy and for raising awareness about breast cancer early detection, prevention, and more, Olivia Munn (far right, pictured from left to right with Sen. Mark Kelly, John Mulaney, and Claire Kelly) received the Excellence in Cancer Awareness Award from the Prevent Cancer Foundation's Congressional Families Program in September 2025.

“More so than any time in my life, I’ve started to prioritize my workout regimen and my healthy eating and living,” Munn says. “I have two small children. I need to be here for as long as I can be, and that’s on me. When I think about not going to work out or not wanting to get up and eat that extra protein, the future me is depending on me today to do all the right things.”

FROM PAIN TO PURPOSE TO POLICY

An accomplished actress, wife, and mother, Munn proudly wears the title of advocate. She sees how much her story has impacted others and wants to continue spreading the word. When she’s not filming or spending time with family, she’s advocating for women facing breast cancer. The National Cancer Institute credited her story with influencing a 4,000% increase in visits to their website to use the lifetime risk assessment tool, which sparked her latest mission. Munn is partnering with Sen. Mark Kelly on legislation to make risk assessment a standard part of every woman’s routine yearly gynecological visits.

“I was ready to take the next step and figure out what I can do that takes the onus off of women to know about the lifetime risk assessment test,” Munn says. “Sen. Kelly and I are working on a bill to try to get every doctor to make the lifetime risk assessment a part of their standard of care. We need doctors on board to help me get this message out and make a long-term effect on women’s health.”



BABY ON BOARD: In September 2024, Olivia Munn and husband John Mulaney welcomed their daughter Méi June Mulaney, adding a new chapter to their family story.

Steeped in her advocacy and moving forward with life, Munn recognizes how breast cancer has led to a vital part of her healing. She’s still learning to quiet the noise about the side effects of her medication, the changes to her body, and the fear of cancer returning. Instead, she’s leaning into gratitude and the reality of her own fierce resilience. She knows she has the courage to face one of life’s greatest fears because she’s already done it and came away learning to always be kinder to herself. Cancer took away many things, but it left her with the ability to focus on what matters most: her survival.

“Wanting to live and fight for your life simply means that you love yourself enough to do so,” she says.

OLIVIA’S TIPS

When facing breast cancer, Munn says to remember to care for yourself, too.

- ♥ Let those who know you best carry you.
- ♥ You don’t have to feel brave to keep going.
- ♥ Find a comfy robe and sleep in.

MAKING MY OWN RULES

I'm the boss of my healthcare team

By Jonise Louis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

For years, I was a busy wife and mom working and volunteering with my sorority. Then, in 2020, everything changed.

TWO LIFE-CHANGING DISCOVERIES

In July 2020, I felt a lump in my breast. The day of my breast ultrasound, I wasn't feeling well, had shortness of breath, and was rushed to the hospital. I was having a gallbladder attack, and they saw lesions in my liver. I followed up with a breast biopsy in September, which confirmed I had breast cancer. In October, doctors confirmed that the cancer had spread to my liver, making it stage IV metastatic breast cancer.

While preparing for my appointment with a breast surgeon, I noted the last day of my menstrual cycle and took a home pregnancy test. It was positive.

RECRUITING MY OWN TEAM

While my oncologist was on board with a plan to support my treatment and pregnancy, finding an OB/GYN wasn't so easy. No one would see me when they learned I had stage IV cancer, so I had to do my own legwork. After several months, I built my own team, including my oncologist, an OB/GYN, and a high-risk pregnancy specialist (perinatologist) for my pregnancy.

I also found an organization called Hope for Two that helps expectant moms with cancer of any kind. The doctor there was also part of my team—reviewing my records and talking to the doctors on my behalf. The team approach made everyone—myself included—more comfortable.

ADVOCACY NEVER STOPS

Navigating cancer and pregnancy taught me how to advocate for myself. I'm very open and put my expectations on the table. I'll say very clearly what I want my care to look like.

I remind my health team that I'm a wife and a mother of two young children first. My quality of life is very important to me. I need them to keep my reality in mind when it comes to scheduling treatments or remain flexible if I need a video versus in-person visit.

Keeping the lessons I've learned to myself isn't enough. I'm a peer-to-peer support leader. I've spoken at conferences and events about living with metastatic breast cancer. I've even helped with a children's book that guides families in talking to children about breast cancer.

Representation is also very important to me. I'm also passionate about research and encouraging my community to join clinical trials. I'm even speaking with groups about increasing awareness in Caribbean populations.

PUT YOURSELF FIRST

Being the CEO of my healthcare team means I have to prioritize myself.

I don't always make concrete plans. I'll tell my friends and family it will all depend on how I'm feeling—especially after infusions.

Finding the right mental and emotional help is also key. For me, group settings worked better than one-on-one therapy. Organizations like The Boobie Queen Company that offer mental health retreats with licensed therapists are valuable.

I'm in treatment each week, but I remain focused on the important things—keeping up with my boys, my hubby of 10 years, and even traveling. I have a new mission too—helping others learn how to speak up. No one knows your body or your lifestyle like you do. You are a part of your healthcare team too!

JONISE'S TIPS



-  **Know your options.**
If you aren't comfortable where you are, you can change.
-  **Live your life.**
A cancer diagnosis is not a death sentence.
-  **Speak up.**
You know your body.

PHOTO COURTESY OF JONISE LOUIS



For people with HR+, HER2-
metastatic breast cancer (mBC)

-Carolyn
real patient compensated for her time

"I heard metastatic and shut down. Then I heard options and locked in."

When I learned I had metastatic breast cancer, my brain went to every worst-case scenario. Then, my doctor and I talked about KISQALI, a pill that stops cancer from growing and can help me live longer.*† I wanted to move forward, instead of just treading water. You can, too. Ask your doctor about KISQALI + hormone therapy.‡

 **KISQALI**
ribociclib 200 mg
tablets

Take an active role in your treatment. Talk to your doctor or visit [KISQALI.com](https://www.kisqali.com) to learn more.

What is KISQALI?

KISQALI® (ribociclib) is a prescription medicine used to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer that has gotten worse or has spread to other parts of the body (advanced or metastatic), in combination with:

- an aromatase inhibitor as the first endocrine-based therapy; or
- fulvestrant as the first endocrine-based therapy or following disease progression on endocrine therapy

It is not known if KISQALI is safe and effective in children.

IMPORTANT SAFETY INFORMATION

KISQALI may cause serious side effects, including:

Lung problems. KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that may lead to death. Tell your health care provider right away if you have any new or worsening symptoms, including:

- trouble breathing or shortness of breath
- cough with or without mucus
- chest pain

Severe skin reactions. Tell your health care provider or get medical help right away if you get severe rash or rash that keeps getting worse; reddened skin; flu-like symptoms; skin pain or burning, blistering of the lips, eyes, or mouth, blisters on the skin or skin peeling, with or without fever.

Heart rhythm problems (QT prolongation). KISQALI can cause a heart problem known as QT prolongation. This condition can cause an abnormal heartbeat and may lead to death.

- Your health care provider should check your heart and do blood tests before and during treatment with KISQALI
- Tell your health care provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or if you feel dizzy or faint

Liver problems. KISQALI can cause serious liver problems. Your health care provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your health care provider right away if you get any of the following signs and symptoms of liver problems:

- yellowing of your skin or the whites of your eyes (jaundice)
- dark or brown (tea-colored) urine
- feeling very tired
- loss of appetite
- pain on the upper right side of your stomach area (abdomen)
- bleeding or bruising more easily than normal

Low white blood cell counts (neutropenia). Low white blood cell counts are very common during treatment with KISQALI and may result in infections that may be severe. Your health care provider should check your white blood cell counts before and during treatment with KISQALI. Tell your health care provider right away if you have signs and symptoms of low white blood cell counts or infections, such as fever and chills.

Your health care provider may tell you to decrease your dose, temporarily stop, or completely stop taking KISQALI if you develop certain serious side effects during treatment with KISQALI.

What should I tell my health care provider before taking KISQALI?

Before you take KISQALI, tell your health care provider if you:

- have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
- have ever had a heart attack

*At 80 months, women taking KISQALI + letrozole lived over a year longer (63.9 months) vs letrozole alone (51.4 months).

†In the MONALEESA-2 study of postmenopausal women, median PFS at a 15.3-month check-in was not reached for KISQALI + an AI vs 14.7 months with placebo + an AI.

‡KISQALI is not approved for use with tamoxifen.

- have a slow heartbeat (bradycardia)
- have high blood pressure that is not controlled
- have decreased thyroid gland function (hypothyroidism)
- have problems with the amount of potassium, calcium, phosphorus, or magnesium in your blood
- have fever, chills, or any other signs or symptoms of infection
- have liver problems
- have kidney problems
- are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby
 - If you are able to become pregnant, your health care provider should do a pregnancy test before you start treatment with KISQALI
 - Females who are able to become pregnant and who take KISQALI should use effective birth control during treatment and for at least 3 weeks after the last dose of KISQALI
 - Talk to your health care provider about birth control methods that may be right for you during this time
 - If you become pregnant or think you are pregnant, tell your health care provider right away
- are breastfeeding or plan to breastfeed. It is not known if KISQALI passes into your breast milk. Do not breastfeed during treatment with KISQALI and for at least 3 weeks after the last dose of KISQALI

Tell your health care provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. KISQALI and other medicines may affect each other, causing side effects. Know the medicines you take. Keep a list of them to show your health care provider or pharmacist when you get a new medicine.

What should I avoid while taking KISQALI?

Avoid eating grapefruit and avoid drinking grapefruit juice during treatment with KISQALI since these may increase the amount of KISQALI in your blood.

The most common side effects of KISQALI in people with advanced or metastatic breast cancer include:

- | | |
|-------------------------------------|-------------------------|
| • decreased white blood cell counts | • vomiting |
| • decreased red blood cell counts | • headache |
| • increased liver function tests | • constipation |
| • infections | • hair loss |
| • nausea | • cough |
| • increased kidney function test | • rash |
| • tiredness | • back pain |
| • decreased platelet counts | • low blood sugar level |
| • diarrhea | |

KISQALI may cause fertility problems in males, which may affect your ability to father a child. Talk to your health care provider if this is a concern for you. Tell your health care provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of KISQALI. For more information, ask your health care provider or pharmacist. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying Brief Summary of Patient Information on the following pages.

PATIENT INFORMATION
KISQALI® (kis kah' lee)
(ribociclib)
tablets

What is the most important information I should know about KISQALI?

KISQALI may cause serious side effects, including:

- **Lung problems.** KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that may lead to death. Tell your healthcare provider right away if you have any new or worsening symptoms, including:
 - trouble breathing or shortness of breath
 - cough with or without mucus
 - chest pain
- **Severe skin reactions.** Tell your healthcare provider or get medical help right away if you get severe rash or rash that keeps getting worse, reddened skin, flu-like symptoms, skin pain or burning, blistering of the lips, eyes or mouth, blisters on the skin or skin peeling, with or without fever.
- **Heart rhythm problems (QT prolongation).** KISQALI can cause a heart problem known as QT prolongation. This condition can cause an abnormal heartbeat and may lead to death.
 - Your healthcare provider should check your heart and do blood tests before and during treatment with KISQALI.
 - **Tell your healthcare provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or if you feel dizzy or faint.**
- **Liver problems.** KISQALI can cause serious liver problems. Your healthcare provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your healthcare provider right away if you get any of the following signs and symptoms of liver problems:
 - yellowing of your skin or the whites of your eyes (jaundice)
 - dark or brown (tea-colored) urine
 - feeling very tired
 - loss of appetite
 - pain on the upper right side of your stomach area (abdomen)
 - bleeding or bruising more easily than normal
- **Low white blood cell counts (neutropenia).** Low white blood cell counts are very common during treatment with KISQALI and may result in infections that may be severe. Your healthcare provider should check your white blood cell counts before and during treatment with KISQALI. Tell your healthcare provider right away if you have signs and symptoms of low white blood cell counts or infections, such as fever and chills.

Your healthcare provider may tell you to decrease your dose, temporarily stop or completely stop taking KISQALI if you develop certain serious side effects during treatment with KISQALI.

See “What are the possible side effects of KISQALI?” for more information about side effects.

What is KISQALI?

KISQALI is a prescription medicine used to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer:

- in combination with an aromatase inhibitor for stage II and III early breast cancer with a high risk of coming back.

- that has gotten worse or has spread to other parts of the body (advanced or metastatic breast cancer) in combination with:
 - an aromatase inhibitor as the first endocrine-based therapy, **or**
 - fulvestrant as the first endocrine-based therapy or following disease progression on endocrine therapy.

It is not known if KISQALI is safe and effective in children.

Before taking KISQALI, tell your healthcare provider about all of your medical conditions, including if you:

- have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
- have ever had a heart attack
- have a slow heartbeat (bradycardia)
- have high blood pressure that is not controlled
- have decreased thyroid gland function (hypothyroidism)
- have problems with the amount of potassium, calcium, phosphorus, or magnesium in your blood
- have fever, chills, or any other signs or symptoms of infection
- have liver problems
- have kidney problems
- are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby.
 - If you are able to become pregnant, your healthcare provider should do a pregnancy test before you start treatment with KISQALI.
 - Females who are able to become pregnant and who take KISQALI should use effective birth control during treatment and for at least 3 weeks after the last dose of KISQALI.
 - Talk to your healthcare provider about birth control methods that may be right for you during this time.
 - If you become pregnant or think you are pregnant, tell your healthcare provider right away.
- are breastfeeding or plan to breastfeed. It is not known if KISQALI passes into your breast milk. Do not breastfeed during treatment with KISQALI and for at least 3 weeks after the last dose of KISQALI.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. KISQALI and other medicines may affect each other causing side effects.

Know the medicines you take. Keep a list of them to show your healthcare provider or pharmacist when you get a new medicine.

How should I take KISQALI?

- Take KISQALI exactly as your healthcare provider tells you.
- Do not change your dose or stop taking KISQALI without talking to your healthcare provider.
- Swallow KISQALI tablets whole. Do not chew, crush, or split KISQALI tablets before swallowing them.
- Take KISQALI each day at about the same time, preferably in the morning.
- Take KISQALI with or without food.
- Do not take any KISQALI tablets that are broken, cracked, or that look damaged.
- If you miss a dose of KISQALI or vomit after taking a dose of KISQALI, do not take another dose on that day. Take your next dose at your regular time.

What are the possible side effects of KISQALI?

KISQALI may cause serious side effects, including:

- See “What is the most important information I should know about KISQALI?”

The most common side effects of KISQALI in people with early breast cancer include:

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- increased kidney function test
- decreased platelet counts
- nausea
- headache
- tiredness

The most common side effects of KISQALI in people with advanced or metastatic breast cancer include:

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- nausea
- increased kidney function test
- tiredness
- decreased platelet counts
- diarrhea
- vomiting
- headache
- constipation
- hair loss
- cough
- rash
- back pain
- low blood sugar level

KISQALI may cause fertility problems in males, which may affect your ability to father a child. Talk to your healthcare provider if this is a problem for you.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all of the possible side effects of KISQALI. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store KISQALI?

- Store KISQALI at room temperature between 68°F to 77°F (20°C to 25°C).
- Store KISQALI in the original blister package in order to protect from moisture.

Keep KISQALI and all medicines out of the reach of children.

General information about the safe and effective use of KISQALI.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use KISQALI for a condition for which it was not prescribed. Do not give KISQALI to other people, even if they have the same symptoms you have. It may harm them. You can ask your pharmacist or healthcare provider for more information about KISQALI that is written for health professionals.

What are the ingredients in KISQALI?

Active ingredient: ribociclib

Inactive ingredients: colloidal silicon dioxide, croscopovidone, hydroxypropylcellulose, magnesium stearate, and microcrystalline cellulose. The film-coating contains iron oxide black, iron oxide red, lecithin (soya), polyvinyl alcohol (partially hydrolyzed), talc, titanium dioxide, and xanthan gum.

Distributed by: Novartis Pharmaceuticals Corporation,
East Hanover, New Jersey 07936

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For more information, go to www.KISQALI.com or call 1-888-669-6682.

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TAKE CONTROL

Breast cancer can affect Black women differently. Learn how to advocate for timely, complete, coordinated care.

By Sonya Collins

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Black women with breast cancer often face a different—and sometimes more difficult—journey. Diagnosis is often later, tumors may be more aggressive, and survival rates are lower. Some differences come down to biology, but many stem from gaps in access.

But you are not powerless. Learn how breast cancer can be different for Black women and how you can advocate for yourself.

THE ISSUE:

BREAST CANCER CAN BE DIFFERENT IN BLACK WOMEN

Breast cancer tends to show up earlier in Black women, sometimes before age 40. “That’s younger than the general guidelines for screening for breast cancer,” says Doris Browne, MD, a medical oncologist and president of Browne and Associates, a health consultancy in Washington, DC. This younger onset could arise from biology or different environmental exposures.

Black women worldwide, not only African Americans, are more likely to develop aggressive subtypes, particularly triple-negative breast cancer (TNBC), which grows quickly and has fewer treatment options and lower survival rates than other breast cancers.

“Black women are more likely to have aggressive tumor biology,” says Kathie-Ann Joseph, MD, chief of breast surgery and co-director of the Breast Oncology Program, Rutgers Cancer Institute and RWJBarnabas Health in New Brunswick, NJ. “There’s a high incidence of triple-negative breast cancer in West Africa and across the African diaspora.”

YOUR ACTION ITEM:

ASK ABOUT GENETIC COUNSELING

Genetic counseling may help explain how biology influenced your unique cancer. It can also point you toward the most effective treatments and identify any risk of future cancers. Ask for genetic counseling explicitly. “You can say, ‘Given my history and my risk factors, should I talk to a genetic counselor?’” Browne says.

THE ISSUE:

INCOMPLETE TREATMENT

TNBC doesn’t fully explain the lower breast cancer survival rates among Black women. They may also be driven by hormone receptor-positive cancers. This other subtype of breast cancer requires long-term treatment with anti-estrogen therapy or aromatase inhibitors. “When you have a hormone-receptor positive cancer, you have to follow through on your treatment,” Joseph says. But cost and insurance coverage can be barriers to staying on these medications.

YOUR ACTION ITEM:

ASK ABOUT FINANCIAL ASSISTANCE IF YOU NEED IT

“If you do not have health insurance, don’t assume right off the bat that you can’t get care,” Joseph says. Your doctor may be able to connect you with programs that can help.

THE ISSUE:

HEALTHCARE FACILITIES ARE NOT ALL ALIKE

“Your ZIP code matters,” Joseph says. Patients treated outside of comprehensive cancer centers may be less likely to have their case reviewed by a full team of specialists or to be offered clinical trials, which may connect you with more effective treatment and more comprehensive and consistent care.

YOUR ACTION ITEM:

ASK ABOUT ALL THE CARE AVAILABLE

Ask your doctor:

- Am I eligible for a clinical trial?
- Have we discussed all available treatment options?
- Will my case be reviewed by a team of specialists?

YOU DESERVE COMPLETE CARE

You have a key role to play in your care. Advocate for timely, coordinated, complete, and consistent care. “Don’t panic,” Joseph says. “There is care out there. Be your own advocate. Don’t take ‘no’ for an answer.”

MY WAY

Living with mBC means choosing life on my terms

By Cynthia Johnson, EdD

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

I was diagnosed with stage II invasive ductal carcinoma in 2018. By 2025, I had completed my treatment and was back to annual mammograms and routine check-ins with oncology.

Then I started getting winded all the time. I thought I had long COVID. When I got in to see a doctor, no one suspected cancer. I had an EKG. They had me wear a heart monitor. Then at some point, I asked for a chest X-ray. One lung was partially collapsed and both had fluid on them. So they sent me for a CT. When I got home, I opened up MyChart and it said, “metastatic.”

THE PRESSURE TO BE STRONG

I struggle with the expectation to be the “strong Black woman.” Sometimes I have to tell myself, “You have stage IV cancer, it’s OK to be tired. It’s OK to not do this or that.”

Strength includes saying I’m not OK or asking for help.

My mother is West Indian, born and raised in Barbados, and in my family, we don’t talk about this kind of stuff. When my

aunt had breast cancer, she swore my mother to secrecy.

I had to learn to be comfortable talking about it. Now, I say the thing: “I’m worried about dying.” We need to be able to talk about these things.

People will say, “Oh, you beat it before. You’ll beat it again.” I have to gently remind them, “That’s not exactly the case here.”

A TOOLKIT FOR COPING

The world doesn’t stop. I’ve got bills to pay. But some days, it’s tears. Some days it’s depression.

I try to have a toolkit for dealing with that: therapy, meditation, yoga, sitting by the beach, getting lost in a book. Because some days those things work, and some days they don’t and I’ve got to dig deeper in my toolkit.

MAKING MY OWN MEANING

I try to avoid toxic positivity.

I don’t need a bucket list to make my life meaningful. I don’t have to jump out of planes or spend all my money traveling. To me, a normal, everyday life is meaningful.

For me, that’s my work at For the Breast of Us, an advocacy organization for women of color facing breast cancer. It’s spending time with my parents, playing with my cat, and just doing whatever I choose whenever I choose.

I get to choose what my life looks like until it’s over—and it isn’t over yet.

CYNTHIA’S TIPS



-  **Ask about clinical trials.**
Don’t wait for them to be offered.
-  **Do what’s best for you** regardless of others’ opinions.
-  **Find a community** that understands you.



FIND YOUR PEOPLE

For Black and Hispanic women with breast cancer, community organizations and support groups can be especially key

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Your social ties can play an important role in your quality of life and outcome when you're living with breast cancer. Studies show well-connected women are less likely to experience a cancer recurrence or die from breast cancer. In addition to your friends and family, community organizations and support groups offer ways to grow your connections with others who really understand. Reaching out to the breast cancer community can be particularly beneficial when you're a racial or ethnic minority, says Yamilé Molina, MPH, PhD, associate director for Community Outreach and Engagement at the University of Illinois Chicago Cancer Center, who is dedicated to lifting the voices of marginalized groups, including Latina and communities of color living with breast cancer.

"What we see from the data across different studies is that people who are ethnic minorities, when they're diagnosed with breast cancer, are less likely to rely on their personal networks," Molina says. "There are a lot of reasons for that, including stigma or concerns about overburdening your family ... and because of that [the larger] community is such a critical piece in terms of amplifying access beyond family-friend networks."

MAKE CONNECTIONS

To get connected, you won't need to start from scratch. That's because tight-knit networks dedicated to racial and ethnic minorities living with breast cancer already exist, Molina says. To find them near you, she advises asking an oncology social worker at your cancer center or clinic. Explore national organizations and networks online, where you can engage virtually or connect with local chapters.



FROM RECIPIENT TO RESOURCE

Don't underestimate the value of serving as an advocate in your own right. A study of Black women living with breast cancer showed that social support led to greater self-advocacy. At the same time, cancer survivors who served as resources to other women diagnosed with breast cancer benefited even more.

"By being in advocacy trainings and networks, you are also more likely to be connected to social networks and resources," Molina says. "You're helping other people, but you also benefit from being connected."

SUPPORT NETWORKS

To build your community, learn, and get answers to your insurance and billing questions, here are some good places to start:

 **Sisters Network Inc.**
SistersNetworkInc.org

 **The Latino Cancer Institute**
LatinoCancerInstitute.org

 **Patient Advocate Foundation**
PatientAdvocate.org

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.