CADTH Reimbursement Review
Patient Input Template

Name of Drug: Enhertu (trastuzumab deruxtecan)
Indication: Metastatic HER2-low or HER2-ultralow breast cancer who have received at least one endocrine therapy in the metastatic setting and who are not considered suitable for endocrine therapy as the next line of therapy.
Name of Patient Group: Rethink Breast Cancer
Author of Submission: Jenn Gordon

1. About Your Patient Group

Rethink Breast Cancer (Rethink) is a Canadian charity known for making positive change. Rethink supports, educates, empowers and advocates for system changes to improve the experience and outcomes of those with breast cancer, focusing on historically underserved groups: people diagnosed at a younger age, those with metastatic breast cancer and people systemically marginalized due to race, income or other factors. We foster spaces to connect, listen, empower and rethink breast cancer, together. Rethink's strategic priorities and organizational direction are guided by the unique, unmet needs identified by breast cancer patients and their families.

Programs and Activities

- Rethink Breast Cancer builds community, bringing patients with various stages of breast cancer together through our private and public social spaces as well as in-person events
- Rethink runs patient retreats and facilitates peer-support
- Rethink creates and runs education forums and conferences
- Rethink creates support and education tools, resources and content
- Rethink funds and supports breast cancer research

You can find out more by visiting:

Rethink Breast Cancer Instagram
Rethink Breast Cancer Website

2. Information Gathering

For over 20 years, Rethink has been working closely with breast cancer patients in Canada. We learn from and listen to the community to understand their values, priorities and pain points to help drive change and system improvements. Each year, we learn from the patients we serve, survey and collaborate with. We learn from the 24 individuals that we work extremely closely with as key patient advisors; the hundreds of patients that have shared their stories on our blog; the 700 patients that participate in our virtual support groups each year; the 2,100 members of our private peer-support network; and the 44,000 people that have joined our Instagram community. We listen, learn, engage and have conversations in all these spaces.

Rethink also benefits from regular knowledge exchange with our Scientific Advisory Committee, which includes some of the leading clinical scientists in Canada who treat breast cancer.

For this submission, we have drawn on our observations and insights gathered through programming and meetings with breast cancer patients as described above. We have also drawn on the results from an online survey with 78 patients living with metastatic breast cancer (MBC) conducted by Rethink Breast Cancer to document the lived experience of patients and caregivers. Patients completed the survey between September 2018 and April 2019.

In addition, we drew on insights from interviews conducted between February and May 2025 with 5 people who have been diagnosed with metastatic breast cancer and who have experience taking Enhertu to treat their disease. One of these patients, Kelly, was interviewed for our CDA Enhertu submission in 2022, we connected with her in 2025 for this submission to inquire about her continued experience with Enhertu.

3. Disease Experience

Most people in the Rethink community are diagnosed at a younger age. When young people get breast cancer it may be more aggressive, which can lead to tougher treatments. In addition, those diagnosed in their 20s, 30s and 40s face age-specific issues such as fertility or family-planning challenges, diagnosis during pregnancy, childcare, impact on relationships, body image, dating and sexuality, feeling isolated from peers who don't have cancer, career hiatuses, and financial insecurity. The physical and emotional toll that a breast cancer diagnosis and treatment take on a young person's life is devastating and traumatic.

Processing this reality of a life-limiting diagnosis is extremely difficult, especially for the young patients in our community and the emotional impacts on quality of life cannot be understated. The physical and psychosocial challenges of metastatic breast cancer negatively impact both the patients and their loved ones who are often their caregivers. Most people with metastatic breast cancer have widespread disease, with metastasis to bone being the most common. Lung, liver, lymph nodes and skin are also commonly involved; while metastasis to the brain is less common for hormone positive MBC patients, it can happen too. Symptoms of MBC depend on the sites of the metastasis and include fatigue, shortness of breath for lung metastasis, pain, and bone fractures for bone metastasis as well as nausea, headache and of course challenges doing normal daily activity. The challenges and uncertainty of living with MBC affects both the patients and their loved ones who support and help care for them.

The newer designation of the sub-types HER2-low and HER2-ultralow is something that has provided this particular subset of patients with additional treatment options as treatments like Enhertu show to be effective in successfully managing this subtype.

The HER2-low and HER2-ultralow patients that we interviewed shared the ways that their metastatic breast cancer diagnosis has impacted their day-to-day life:

Jessica
I was initially diagnosed with stage 3 breast cancer in 2021. I was in my mid 30s, my husband and I had been together for 6 or 7 years and were in the middle of planning our family, and I was doing really well in my career. At that time, I had two girls, a 1-year-old and a 3-year-old.

I was 26 weeks pregnant with my third child, a son, when I was diagnosed with stage 3 invasive ductal carcinoma. I had no family history, I was fit, so this came as a huge shock. I was really anxious because I had just lost two pregnancies before becoming pregnant with my son. My tumour was quite larger, and it was moderately aggressive. At that time my biopsy showed HR+ and HER2-negative.

I was very scared because I had to do chemotherapy when I was pregnant and since I had just lost two pregnancies, I was very afraid of the impact that this would have on my son. I received AC chemo, which has been heavily studied with pregnancy, and am incredibly thankful that I now have an almost 4-year-old who is healthy!

I started taxol after I gave birth and then had a mastectomy. I responded well to chemo and asked to have my tumour retested after surgery. At that time, I was diagnosed as HER2-amplified. My oncologist started me on Herceptin and Perjeta as well as tamoxifen. Because I had residual disease, he also wanted me to do capecitabine.

When I came up to the 17th and final treatment of Perjeta + Herceptin, I just felt that something wasn't right. My oncologist sent me for a CT scan that showed a T1 lesion on my spine and confirmed that cancer returned. I then found a surgeon who would perform a bone biopsy to see if the cancer had changed and mutated. My bone biopsy came back HR+ and HER2 2+ and amplified again. Which is what qualified me for Enhertu which I started in 2023. I also had radiation to my spine in 2023.

There is so much red tape. Patients need to be able to try different treatments to be able to find what works for their specific cancer. If my medical oncologist is saying I need a certain type of treatment, then why are the cancer agencies and drug regulators not listening to the health care professionals that are experts? It's exhausting fighting the system. My oncologist wanted me to get a PET scan, and we had to fight with Cancer Care Ontario to get access to that. We are stuck in a system that is used to responding to things in the same way and doesn't seem to be adaptive or responsive to the recommendations of the health care professionals and patients.

Cheri

My name is Cheri, and I have been living with metastatic breast cancer for over 4 years.

I was initially diagnosed with early-stage breast cancer in 2019. I had IV chemotherapy, a double mastectomy, radiation, Tamoxifen, Xeloda, and more surgery to remove the growing cancer. I did all the treatment but never had a complete response. In 2021, the cancer spread to one of my ribs and I was declared metastatic.

At that time, I did another biopsy and biomarker testing which was hugely significant as it provided more information about the tumour. I had the one rib surgically removed that contained most of the cancer. The biopsy showed that the cancer mutated to HER2-low, which is what gave me the window to access Enhertu. I think this really shows why biomarker testing is so critically important to inform decisions about treatment.

Caroline

I was originally diagnosed in 2005 with stage III breast cancer. I had a mastectomy and chemotherapy and then received Herceptin. I also had an oophorectomy and received aromatase inhibitors. In 2012 I was given a clean bill of health and was considered "cured" at the time. So, I was completely floored in 2018 when I was diagnosed with *metastatic breast cancer at the age of 57. At the time that I was diagnosed with early-stage breast cancer there wasn't a lot of talk about the risk of recurrence, I think that's something that they're telling people now, so it was so unexpected for me to have it come back. I think I might have done things differently if I had recognized that there was a risk of it recurring.*

I began to notice that something was going on when I was a little out of breath on my daily dog walks. Then eventually I had a little cough that was persistent. I remember telling my husband, "It's come back". In December 2017 I went for a chest x-ray and there was a lot of fluid on my lung. In January 2018 I was diagnosed with HR-positive, HER2-low or ultra-low metastatic breast cancer. My daughter was now 15 and my son was 20.

Bethany

My name is Bethany and I'm an MBC Thriver, Mindset Coach, and Author of My Guru Cancer. Despite living a super healthy lifestyle and working in wellness, I was diagnosed with stage 2 ER+ breast cancer in 2015 at the age of 34 and it returned stage 4 in 2021.

At the time of my recurrence, I felt like I had finally found "the life." While in remission, I had moved to Colorado, left an unhealthy marriage, dedicated my career to helping cancer thrivers, and published my book. I also started dating and met an amazing Boulder boy named Tim - we had just moved into our first home together.

Life was perfect until I started experiencing excruciating lower back pain which was initially waived off by my doctors. After advocating hard for scans, I learned the devastating news that the cancer had spread throughout my bones, liver, and lymph nodes in my stomach. At first, I truly thought my life was over.

Mindset has always been my greatest companion and after moving through the very understandable waves of grief, I arrived at acceptance. Whether I like it or not - MBC was happening. I could choose to fight this reality or embrace it.
*That's when I decided to rename my diagnosis "Live the F*ck of out Life." It became my mission and my medicine. And I truly have been!*

A low back MRI is how the lesions in my bones were discovered and a PET scan later revealed additional mets to my bones, liver, and lymph nodes in my stomach. The genetic makeup appeared to be the same, ER+, although we later learned I was also HER2-low and would develop the ESR1 mutation.

Kelly

[From 2022 interview]
My name is Kelly. I'm 54 years old and live in Toronto, Ontario. I'm married and have 2 stepchildren. I used to be a marathon runner. I was active. My husband and I would love to go out for dinners and see friends. This all changed when I was diagnosed with early-stage breast cancer, and then again with stage-4 metastatic breast cancer.
I was diagnosed the first time in 2017. Two and a half years later, I was diagnosed with MBC, in March of 2020 during the height of the COVID-19 pandemic.

The reality of living with metastatic breast cancer for me is that I feel very isolated sometimes from the life I once had. I can't work, and I really miss the social component of that. I have things that I can do, but sometimes I know I just can't. Sometimes I'm just too tired. Even with the fatigue, I think I still have a bit of healthy denial because I'm still *relatively well considering my diagnosis. Plus, I had a year of No Evidence of Disease, so while I knew there would be progression at some point, I still felt like it was far enough away that I could push it out of my mind, although it still consumes my day, every day. I'm certainly not at a point where I don't think several times a day that I have metastatic breast cancer.*

4. Experiences With Currently Available Treatments

Current available treatments for HER2-ultralow metastatic breast cancer vary depending on the patients' hormone receptor status which will dictate whether or not they may also try targeted therapies for hormone receptor positive breast cancer. Some of the patients interviewed for this submission have experience taking CDK4/6 inhibitors, aromatase inhibitors, hormone therapies and chemotherapies.

Accessing Enhertu for HER2-ultralow provides this group of patients with another treatment option that may help prevent disease progression for several months or years. As oncology treatments become more and more targeted, there is an opportunity to tailor a patients' treatment to address the biology of their specific cancer. Several of the patients interviewed in this submission also noted how important it is for patients to be able to access all of the treatments that have been show to improve outcomes so that their oncologists can tailor treatments specific to them and their needs. Patients also expressed the importance of finding the right treatment that works for them, and that it may not necessarily be the first treatment that they receive but that there needs to be enough flexibility in access that they have the ability to try the therapies that have been show to be successful in treating their subtype(s) of breast cancer.

Here's what some of the patients interviewed had to share about some of the current available treatments:

Caroline
My initial treatment was Ibrance and letrozole. I had assumed at some point I would have challenges with accessing medications, but I didn't think it would be at the beginning of my treatment. My husband's insurance company would not pay for Ibrance, so I was faced with that reality right out the gate. I was exploring the option of getting my own private insurance, and while looking into that and other options, it was approved for public funding which made it accessible to me without having to pay out of pocket. Going through that brief period where I was trying to figure out how I was going to cover the cost of treatment I needed was very stressful. You're really fragile at that initial diagnosis of metastatic breast cancer, you feel you could die very soon, and then you're also trying to figure out how to pay for a treatment that is necessary to treat your cancer.

I was on Ibrance and letrozole for 3 years. I was then on various clinical trials for the next 2 years; the first one worked for 6 months and the second worked for 1.5 years. After the clinical trials I went on capecitabine, which is where I experienced the most side effects of all the treatments I had been on. I had moderate hand and foot syndrome which has made it hard to walk and use my hands. I had two dose reductions on capecitabine to help manage the side effects.

Cheri

I tried several therapies before finally ending up on Enhertu, including: Lupron, Fulvestrant, Verzenio, an aromatase inhibitor, and Carboplatin and Gemzar. After going through these treatments with little or no success, I started taking Enhertu in October 2022.

Bethany

I immediately started palliative radiation to my low back to help me get out of pain and ready for ski season. I then began monthly Lupron shots (hormone treatment) and Zometa Infusions (bone strengthener) which I continue to be on for 4 years and going.

My first official line of treatment was Gemzar + Carboplatin chemotherapy for 6 months which shrunk the cancer into a microscopic place. In January of 2022, I began hormone therapy of Anastrazole + Ibrance for 2.5 years. Within that time frame, I had also joined the MBC Serena-6 clinical trial for the ESR1 mutation, however, it turns out I was always on Ibrance + Anastrazole and never was on the study drug.

Cancer had been shrinking and stable up until one month before my wedding in June of 2024. I experienced more progression in my liver and bones - I was dropped from the clinical trial and did more biopsies and biomarker testing which confirmed I still had the ESR1 mutation (plus a handful of other rare genomic mutations). I began my 3rd line of treatment - Orserdu - while staying on Lupron + Zometa. We still had the most beautiful wedding, and I danced until 3am!

Three months later, there was a progression scare right before our Greece Honeymoon. After advocating for more scans, the cancer turned out to be stable enough to continue on Orserdu.

5. Improved Outcomes

Each individual patient brings their own personal values and goals to their discussions with their oncology team. Communication and trust in their team is essential. It’s important that patients have a clear understanding of trade-offs and are well prepared for common side-effects of a given treatment.

When it comes to therapy for metastatic breast cancer, the primary improvement patients seek is to extend their life beyond what is expected with the current publicly, and to choose, along with their oncologist, the therapy that is best for them. Patients also value quality of life, and being able to do the things that they love.

Kelly

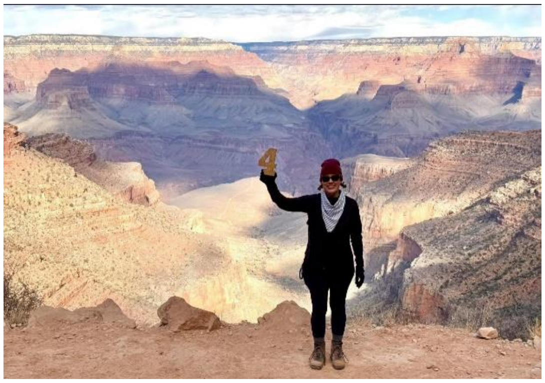
In the extra three years that I got being on Enhertu, my stepdaughter got married, I went to France, I attended countless family events, and got a puppy, it was quality time! I just had my 5-year cancer anniversary and was reflecting on how there are now drugs available that weren't even an option to patients 5 years ago. The advancements in new treatments offer hope that there are new options for managing this disease; but we need access to these new treatments to benefit from them.

The impact that hope can have on a person living with MBC is huge. As someone living with HER2-low metastatic breast cancer, Enhertu gives me that. When I'm on a drug that is working, I can live with hope. I can live less fearfully. I can have fun and make great memories, for at least one more year.

Caroline speaks about the psychological impact of this disease and what having disease stability means to her quality of life. She also shares her perspective on why new treatments being available to patients are of critical importance.

I mentioned that when I was first diagnosed with metastatic breast cancer it was a shock; I remember quite calmly thinking my daughter didn't need to buy a new rain jacket for next year because I wouldn't be here, and she could just use mine. That initial part of a stage 4 diagnosis is very hard. I was thankfully able to access a psychologist through the cancer centre that really helped me in terms of realizing that I cannot predict the future and that right now if treatments are working then trying to accept that they're working. It has also been helpful to see the research that is being done for metastatic breast cancer and the new treatments that continue to become available. My background as a researcher has helped me understand the impact that research is having and how this can offer me many more treatment options in the future. Treatments are also becoming more and more personalized, which is why it's so important for patients to be able to access new treatments as they become available.

I think it's important for regulators to know that you're not just dealing with numbers, you're dealing with actual people who have lives and families, and the stress of a cancer diagnosis becomes even worse with a postal code lottery for treatment access. Trying to piece together how to pay for drugs is a tremendous challenge for families. People living with metastatic breast cancer need equitable access across the country to new treatments. We're people who can still contribute to society. As drugs improve, it provides us with additional treatment options that will allow us to continue to contribute to society. I am a business owner and have been able to work since my diagnosis of metastatic breast cancer in 2018. That's been important to me, my family, my clients and to society. I am a mother, a wife, and horse lover. Throughout my treatments I have also been able to fulfill all of these roles. I'm able to get out and ride my horse and enjoy life. I'm able to be there for my kids. I'm able to walk my dogs and continue living my life. Having new treatments available when one stops working allows me to continue to do all of these things!



Cheri

I had been working full time around most of my treatments, and did take short term leave several times since my initial diagnosis to manage the invasive procedures and the necessary recovery. In September 2024, I decided to stop working to focus on supporting my overall health, which has allowed me more time for supportive care appointments and being active.

My partner and I have a little tear drop camper, and we do a lot of camping and fishing along the North Shore of Lake Superior and beyond. We went to Sedona and the Grand Canyon recently and did a ton of hiking. Once I bounce back after the initial 7 days after treatment, I'm able to travel and do all the things I love. We're planning a trip to Colorado in August—having stability with this treatment has allowed me to plan ahead. Having disease stability in your life as someone living with MBC is something that was unheard of until recent treatments. I count myself very lucky to be living life to the fullest, even with stage IV cancer.

Patients need to be able to try many different kinds of therapies to find the one that works for them. Sometimes it's the first one, sometimes it's a later line, but it's too important and too vital to survival and quality of life to not let people try! Please make Enhertu available for anybody that needs this treatment for survival – we all do better when we all do better!

Jessica

I have not returned to work as I have been enjoying the time being a stay at home mom with my son. My girls are 7 and 6, and my kids have really been a blessing because they are busy and help keep life normal and moving forward.

It's important to me that there are as many lines of treatment as possible available because you never really know what's going to work for you. I hear from women who are on their 6th line of treatment, but that 6th line is the one that they have been on for years and the one that is working. Patients need the chance to find the drug that works for them! I think that's where mbc patients get so frustrated is that we want to have the opportunity to manage this as a chronic disease, but our hands are tied when it comes to accessing new treatments that are delayed in the approvals process or have many restrictions around them.

I think the system needs to better address the needs of patients recognizing that the more drugs that are available to us the better. Not all drugs work for all women. We need choice so that we can find what works. The value of having a treatment that works for 6 months, or a year or two is tremendous, and I sometimes wonder if that's valued. In timeframe, another treatment may become available; it could bridge the gap between a treatment that works for 6 months and one that works for several years. Timing is everything. That year or two can also represent so many milestones: the birth of a grandkid, a wedding, a graduation, time to make more memories with their families. Knowing I'm triple positive, I know that there are so many therapies that have been developed and are continuing to be developed. This offers me a lot of hope, knowing that there are many options for me to try, but I shouldn't have to fight to try something.

In Rethink's 2018-2019 MBC survey, patients rated controlling disease and extending life expectancy as the most important outcomes for treatment. This suggests that patients value long-term health outcomes over immediate concerns like reducing symptoms or managing side effects. See the full survey results, along with methodology in Appendix A. Comments from the MBC patients surveyed included:

- "Symptom management and shrinking the cancer is the most important thing. Living well is the next most important thing."
- "Keeping me alive for my kids"
- "I want to live, LIVE, and enjoy my life for many more years and not be so afraid.

6. Experience With Drug Under Review

The 5 patients that Rethink interviewed for this submission share what their experience taking Enhertu has been:

Bethany

I experienced the worst progression of my life in November of 2024, right before Thanksgiving.

Cancer had not only progressed again in my liver and bones, it spread to my lung and lymph nodes in my chest. It also got so bad in my pelvis that it closed my right ureter (Hydronephrosis) putting me at risk for kidney failure. At that time, I was in so much pain from bone mets that it was difficult to walk, and I needed daily opioids to function. I was dropping weight like crazy and was honestly afraid that this would be my last holiday season with my family. I saw my upcoming ski season being replaced with a wheelchair. I was devastated.

And then Enhertu came into my life.

I started Enhertu on December 6th, 2024. As with all of my treatments, I welcome it with love and gratitude and envision it healing my body. After just one treatment, I was completely out of pain, off pain meds, and went skiing on Christmas Day!!!

And the gifts just kept coming. My body continues to get stronger and stronger. February's scans revealed the cancer in my liver and lymph nodes were resolved and everything else was shrinking or disappearing. I just finished the BEST ski season of my life and am now hiking, something I couldn't do last year due to hip pain. I've now had 7 treatments of Enhertu and my tumor markers just dropped back into the normal range for the first time in 2 years. And the biggest miracle yet - we are expecting my next round of scans in May to be NED.

Enhertu has been a true miracle for me, I feel like myself again. I've gotten my body, my life, and most importantly my HOPE back.

Everyone deserves a shot at this miracle treatment. It is SAVING MY LIFE!

Caroline

I completed by first infusion of Enhertu April 7th. Scans in March showed that I had some small new tumours on my liver and on my lung. There were some other treatment options available to me, but because they were combined with ER therapy my oncologist thought that Enhertu would be better since I had already received prior lines of therapy that targeted the estrogen receptor. We also went with Enhertu because it targets HER2-low and ultra-low, which applies to me. I was very tired on the day that I received my first infusion, but I think that this may have something to do with the steroids they also give me. I have also had slight nausea, but it's been manageable so far. I am currently accessing Enhertu as part of a study.

Cheri

I started taking Enhertu in October 2022. I am still on this line of treatment and have had huge success with it. I am currently living with no evidence of active disease. I am 46, so we wanted to be fairly aggressive with treatment.

In terms of side effects, I had a really hard time at the beginning as they were awful. I had overwhelming nausea for 10-15 days. I did a dose reduction and that made a difference in terms of the nausea being more manageable. Within 3 months we could see that the cancer was shrinking. We then moved the dosing schedule to every 5 weeks which also made the nausea more manageable.

A year ago, I also started eating a ketogenic diet, cutting out sugar and carbs, which has also made a massive difference in managing the nausea. Now instead of 15 days, it's usually around 7 and I can eat fairly normally, which I was not able to do before because of the nausea. I also started fasting before treatment starting on Saturday, receiving treatment on Monday, and then breaking the fast on Tuesday afternoon. The fasting also contributed to less nausea after the chemotherapy infusions.

In addition, I have physiotherapy twice a week that includes lymphatic drainage, which has also helped tremendously manage the nausea and detoxify my body from the chemotherapy. Accessing cancer rehab support has been incredibly important in supporting my body as I go through treatments.

I have treatment on Mondays and then usually go for an extra dose of steroids, anti-nausea medication and hydration on the following Thursday. This helps augment and support the Enhertu therapy.

Out of the 5-week treatment cycle, I end up having one week where I don't feel great, but having that one rough week is worth the 4 good weeks that follow where I'm feeling well and can continue doing the things I love to do. Enhertu has allowed me to have stability with this disease. I now know what to expect from the treatments, and I know how to plan my life around them to maximize my quality of life.

I did have progression in January 2024 –a spot appeared near my esophagus in an enlarged lymph node. We decided to radiate the lymph node and continue with Enhertu, with great success. Since then, I have had 4 clear and stable PET scans.

Jessica

The side effects have been really manageable for me. I have some neuropathy, possibly from the taxol and the Enhertu. I do a 6km walk every day. I don't need to rest or lie down. I go for my infusion, pick up my kids, make dinner.

I receive treatment every three weeks and I may have a couple of days where I feel kind of nauseous, but I have some really good anti-nausea medicine that manages that. I have a bit of fatigue days 4-7 but am still able to do all the things I need to as a mom of 3 young kids. I'm hopeful that because my cancer spread is so limited that this treatment works for a long time for me.

Kelly

[from 2022 interview when Kelly was on active Enhertu treatment]

While I do experience fatigue on Enhertu, I can still walk, and that makes me happy. Because I'm part of the trial, I have scans every six weeks. My last scan showed that all my mets are stable or had decreased. Being stable is what you hope for with MBC. If there is regression in some spots or they decrease in size, that's a bonus. After four treatments, I've already seen some of my spots become a few millimeters smaller, which is huge. My spots had a 20% decrease in size. Not only is Enhertu tolerable, but it's working. It's working better than what my next option would be. The longer that my disease is stable, the better off it is for my life expectancy, and I don't have side effects.

For me, Enhertu is keeping me out of the hospital and it's keeping me well, giving me a better quality of life. When I'm doing well, I'm a better person and a better partner. If the drug works even for a short period of time, it's huge in our lives. If you look at another 6 months when you have an MBC diagnosis is huge. The more drugs you have access to, the better it is because not everything works for everyone, and when they do work really well, it can be so transformative.

[from 2025 interview with Kelly]

I ended up receiving a total of 32 infusions of Enhertu, just shy of two years. I stopped my Enhertu treatments in June 2024, so I'm coming up to a year since I went off of it. We also learned in that time that I am actually HER2-Ultralow, so this treatment worked for me as a HER2-Ultralow patient.

I still have nothing but positive things to say about Enhertu as a treatment. The side effects were manageable; fatigue was the biggest side effect, but the treatment I'm on now is has worse fatigue. Over the course of my treatment, I started with 3 tumours in my liver and had a 70% overall decrease, so a partial response. Even now, almost a year later, I'm still benefitting from that.

I have now started on capecitabine and Xeloda, which would have been the treatment that I started on if I had not had access to Ehertu. So Enhertu has given me almost an additional three years, and another option in terms of treatments. Over the course of my treatment, I started with 3 tumours in my liver and had a 70% overall decrease, so a partial response. Even now, almost a year later, I'm still benefitting from that.

7. Companion Diagnostic Test

Testing required for this treatment is already accessible and covered in jurisdictions across Canada.

8. Anything Else?

Patient/physician choice is an important part of treatment. Our health system recognizes that patients need personalized approaches to care that take into consideration the individual as a whole, the specifics of the biology of their tumour, co-morbidities, preference when it comes to side effects, and the dosing schedule. By restricting funding for drugs, that have the efficacy data to support their usage, we are restricting some patients from receiving optimal care. Health care professionals should be able to tailor treatment plans to best meet the needs of their patients, and by restricting reimbursement for some therapies, the health system is creating a barrier for patients.

Appendix: Patient Group Conflict of Interest Declaration

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

   No

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

   No

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

Table 1: Financial Disclosures

Check Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	$0 to 5,000	$5,001 to 10,000	$10,001 to 50,000	In Excess of $50,000
Daichii Sankyo 2024			x	
Daichii Sankyo 2025		x		
Astra Zeneca 2024				x

Astra Zeneca 2025				x

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

Name: Jenn Gordon
Position: Lead Strategic Operations and Engagement
Patient Group: Rethink Breast Cancer
Date: May 27, 2025

APPENDIX A: MBC Patient Survey Results

Information for this report was gathered through an online survey published in English and circulated through communications from Rethink Breast Cancer as well as the Rethink Network and other partner organizations. Messages were also posted on Facebook and Twitter as well as the Breastcancer.org, Cancer Connection and Cancer Survivors Network online discussion forums. 78 metastatic breast patients completed the survey between September 2018 and April 2019.

Rethink Breast Cancer asked respondents to evaluate the importance of different outcomes for their breast cancer treatment on a scale of 1 (not important) to 5 (very important). All the listed outcomes were considered important with no average scores lower than 4.4. However, controlling disease and extending life expectancy were rated as the most important results suggesting that patient values prioritize long-term health outcomes over immediate concerns like reducing symptoms or managing side effects.

Importance of outcome	1 - not important	2	3	4	5 — very important	Average
Controlling disease progression	0.00% 0	0.00% 0	0.00% 0	2.60% 2	97.40% 75	4.97 77
Reducing symptoms	1.30% 1	0.00% 0	12.99% 10	19.48% 15	66.23% 51	4.49 77
Maintaining quality of life	0.00% 0	0.00% 0	1.30% 1	12.99% 10	85.71% 66	4.84 77
Managing side effects	1.30% 1	1.30% 1	12.99% 10	19.48% 15	64.94% 50	4.45 77
Achieving NED (no evidence of disease)	1.32% 1	1.32% 1	1.32% 1	6.58% 5	89.47% 68	4.82 76
Extending life expectancy	0.00% 0	0.00% 0	0.00% 0	2.63% 2	97.37% 74	4.97 76

Comments included:

- Symptoms and shrinking the cancer is the most important thing. Living well is the next most important thing.
- Keep me alive for my kids.
- I want to live, LIVE and enjoy my life for many more years and not be so afraid.