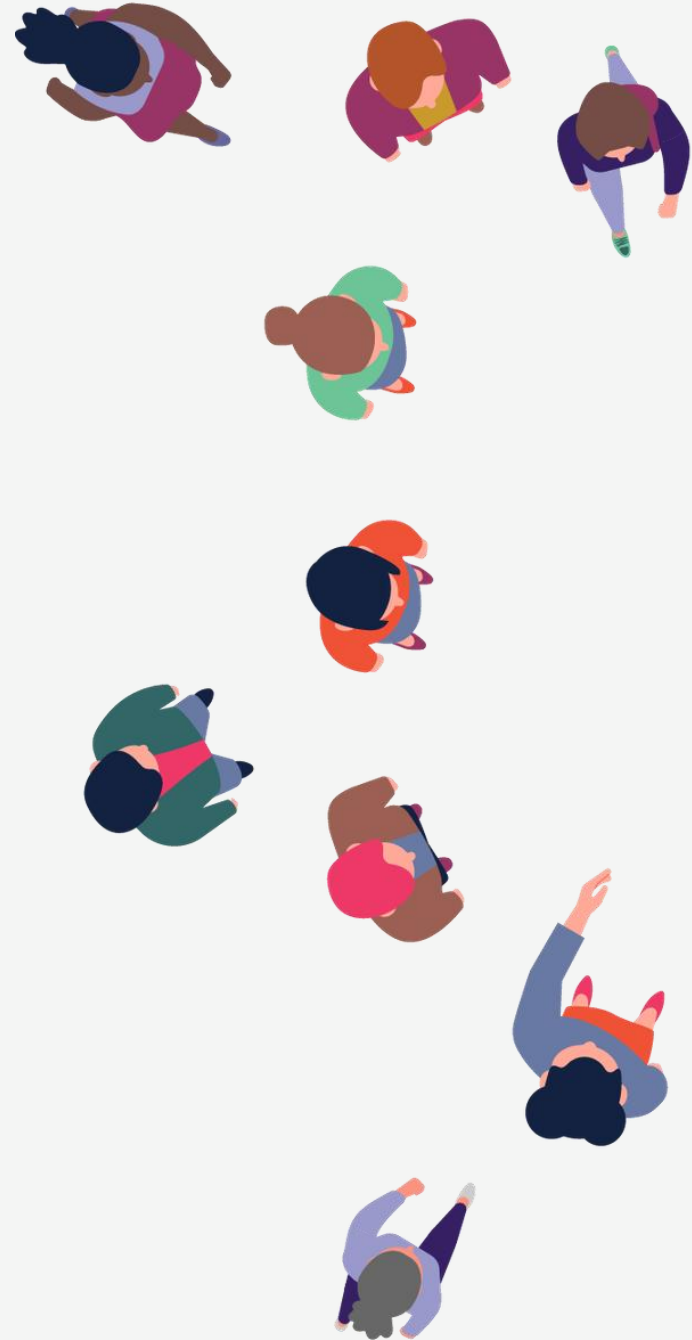


Survivorship/ Thrivership:

Living well at every stage

Speaker: Monique Gary, DO, MSc, FACS



LIVING BEYOND BREAST CANCER · OPENING KEYNOTE

Living Well After a Breast Cancer Diagnosis

Survivorship, thrivership, and what comes next

Dr. Monique Gary

Breast Surgical Oncologist- St. Luke's University Health Network

CMO, Bexa Inc

Founder & CEO, Still Rise Farms

WHO IS HERE TODAY

Many starting points, one room

Recently diagnosed

Making decisions and beginning treatment

In active treatment

Surgery, chemotherapy, radiation, targeted therapy

Years beyond treatment

Often still on therapy to lower recurrence risk

Living with metastatic breast cancer

Treatment with no fixed end date

A MOMENT TO REFLECT

**What is one word for how
you are feeling right now?**

No need to share it. Just notice it.

**Survivorship begins on the
day of diagnosis.**

National Coalition for Cancer Survivorship, 1986

A QUICK QUESTION

Which topic matters most to you?

- A** Managing side effects of treatment
- B** Fear of recurrence and emotional health
- C** Intimacy, relationships, and body image
- D** Nutrition, exercise, and staying healthy
- E** *Why do I have to choose just one?*

WHAT TO EXPECT

The seasons of survival

01

Acute

Diagnosis and initial
treatment

02

Extended

Treatment ends and visits
space out

03

Permanent

Long-term life with the
effects and the memory

With metastatic breast cancer, these seasons do not arrive in order.

THE BODY AFTER TREATMENT

Effects that can linger

Fatigue

Neuropathy

Lymphedema

Memory and focus

Heart and bone health

**Menopause and
sexual health**

TREATMENT THAT CONTINUES

Therapies that lower recurrence risk

Therapy	Who it is for	How long
Endocrine therapy	Hormone receptor–positive	5 to 10 years
CDK4/6 inhibitors	Higher-risk HR+, HER2–	2 to 3 years
PARP inhibitor	Inherited BRCA1/2 variant	1 year
HER2-directed therapy	HER2-positive	About 1 year

TREATMENT THAT CONTINUES

When side effects make it hard to continue

- Switching to a different drug
- Acupuncture for joint pain
- Exercise and strength training
- Nonhormonal hot flash medicines
- Pelvic floor therapy

If side effects have you thinking about stopping, tell your team.

Sexual health is part of survivorship care

Physical changes

Dryness, pain, early
menopause

Desire and arousal

Hormones, fatigue, mood,
medicines

Body image

Surgery, scars, and how you
see yourself

You deserve to be asked about this. If no one asks, you can raise it.

FEAR OF RECURRENCE

Fear of recurrence is common, and it can be treated.

Cognitive-behavioral and mindfulness-based approaches help.

FEAR OF RECURRENCE

Knowing what to report

Call your team

- New symptoms lasting over two weeks
- A new lump or skin change
- New, persistent bone pain
- Ongoing cough or breathlessness
- Persistent headaches

Bring to your next visit

- Fatigue that is not improving
- Changes in mood or sleep
- Worry taking over your days
- Strain at work or at home

THE EMOTIONAL TERRAIN

The end of treatment can feel like losing a safety net

Visits space out, and others may expect you to be back to normal.

Anxiety and depression are common, and treatable.

WHERE THE FIELD IS GOING

What is changing in care

Trend	What it means for you
Exercise as prescription	Recommended during and after treatment
Symptom tracking	Reporting early improves quality of life
Lymphedema surveillance	Measuring the arm catches swelling early
Coordinated care	Oncology and primary care share one plan
Financial burden	Cost of care is screened for and addressed

WHERE THE FIELD IS GOING

Less treatment, when less is safe

Surgery

Skipping sentinel node biopsy
for selected small tumors

Radiation

Skipping radiation for some
older patients with low-risk
tumors

Chemotherapy

Genomic tests show who can
safely skip it

YOUNGER SURVIVORS

Pregnancy after breast cancer

Pausing endocrine therapy to try for pregnancy did not raise short-term recurrence risk.

The POSITIVE trial

516 women aged 42 or younger with HR-positive early breast cancer paused therapy for up to 2 years

EMERGING RESEARCH

Research to watch

ctDNA blood tests

Studied to detect recurrence early; not yet standard in early-stage follow-up

Exercise as treatment

Improved disease-free survival in a 2025 colon cancer trial

Symptom science

New approaches to joint pain, neuropathy, memory, and hot flashes

IN THE HEADLINES

HRT after breast cancer

FDA label change

Boxed warning revised in 2026; breast cancer history is still a contraindication

What ASCO says

Systemic HRT remains off the table after hormone-sensitive breast cancer

Expert debate

A 2026 consensus urges shared decisions; the evidence is not settled

IN THE HEADLINES

What's new in endocrine therapy

Giredestrant

30% lower risk of invasive recurrence than standard therapy; FDA decision due Nov 30

Breast Cancer Index

Test results changed advice on extended therapy for 42% of patients

Hot flash relief

Nonhormonal elinzanetant is under FDA priority review for this use

IN THE HEADLINES

Exercise and nutrition

Exercise

Combined aerobic and strength training improves quality of life the most

Weight loss

BWEL coaching improved weight and function; recurrence results pending

GLP-1 drugs

Linked to better survival in observational studies; trials are underway

Diet

A Mediterranean-style diet trial did not lower recurrence

IN THE HEADLINES

Sexual wellness

Vaginal estrogen

Reassuring data on tamoxifen; more caution with aromatase inhibitors

Vaginal DHEA

Improved sexual function; dryness improved just as much with plain moisturizer

Vaginal laser

No better than sham treatment in randomized trials

METASTATIC BREAST CANCER

Thrivership: living well while treatment continues

A different set of realities

**Treatment with no
end date**

**Scans every few
months**

**Side effects that
become chronic**

**Decisions at each
new treatment**

**Work, money, and
family roles**

**Left out of survivor
stories**

METASTATIC BREAST CANCER

More options than a decade ago

Tumor feature	Examples of newer treatments
HER2-positive	Trastuzumab deruxtecan; tucatinib
HER2-low	Trastuzumab deruxtecan
ESR1 mutation	Elacestrant
PIK3CA, AKT1, PTEN	Alpelisib, capivasertib, inavolisib
Triple-negative	Sacituzumab govitecan; pembrolizumab
Inherited BRCA1/2	Olaparib, talazoparib

Testing the tumor at progression helps match treatment.

Navigating uncertainty

Palliative care early

Symptom and quality-of-life support

Goals-of-care talks

Revisit what matters as care changes

Trials at every step

Ask before each new treatment

Report symptoms early

Call between visits

FINDING SUPPORT

Where support can come from

**Nurse navigators and
social workers**

Peer support

**Living Beyond Breast
Cancer**

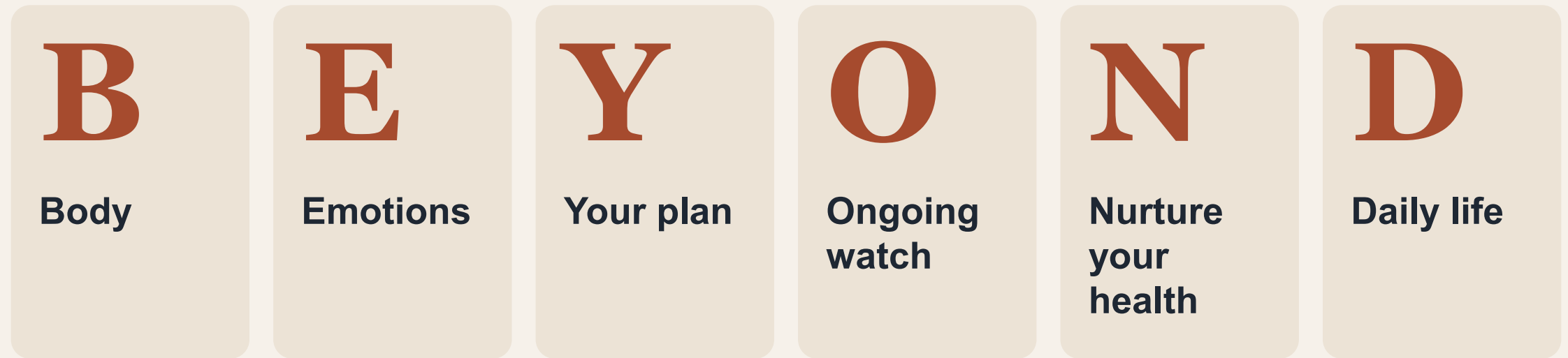
**Counseling and
psycho-oncology**

**Palliative and
supportive care**

[Local resources]

A FRAMEWORK TO TAKE WITH YOU

Take your questions **BEYOND**



Living with metastatic breast cancer? The O becomes Options: clinical trials, next lines of therapy, and palliative care.

THE BEYOND QUESTIONS

B

Body

What long-term effects should I watch for, and who manages them?

E

Emotions

Who can I talk to about fear, mood, or sleep?

Y

Your plan

Do I have a treatment summary, and who coordinates my follow-up?

THE BEYOND QUESTIONS

O

Ongoing watch

What follow-up do I need, and which symptoms should prompt a call?

N

Nurture your health

What should I do about exercise, nutrition, alcohol, and weight?

D

Daily life

Who can help with work, finances, intimacy, and relationships?

FOR ANY TREATMENT DECISION

Ask BRAND questions

B Benefits How could this help me?

R Risks What are the downsides and side effects?

A Alternatives What other options do I have?

N Nothing What happens if I do nothing?

D Delay What happens if I take more time to decide?

FOR YOUR NEXT APPOINTMENT

Questions to bring with you

1. What long-term effects should I watch for?
2. How long will I be on this therapy, and what if side effects get hard?
3. Who is coordinating my follow-up, and what tests do I need?
4. Is there a clinical trial that fits me?
5. Can you refer me for help with sleep, sex, mood, or money?

THANK YOU

**What living well looks like is
yours to define.**

Dr. Monique Gary

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