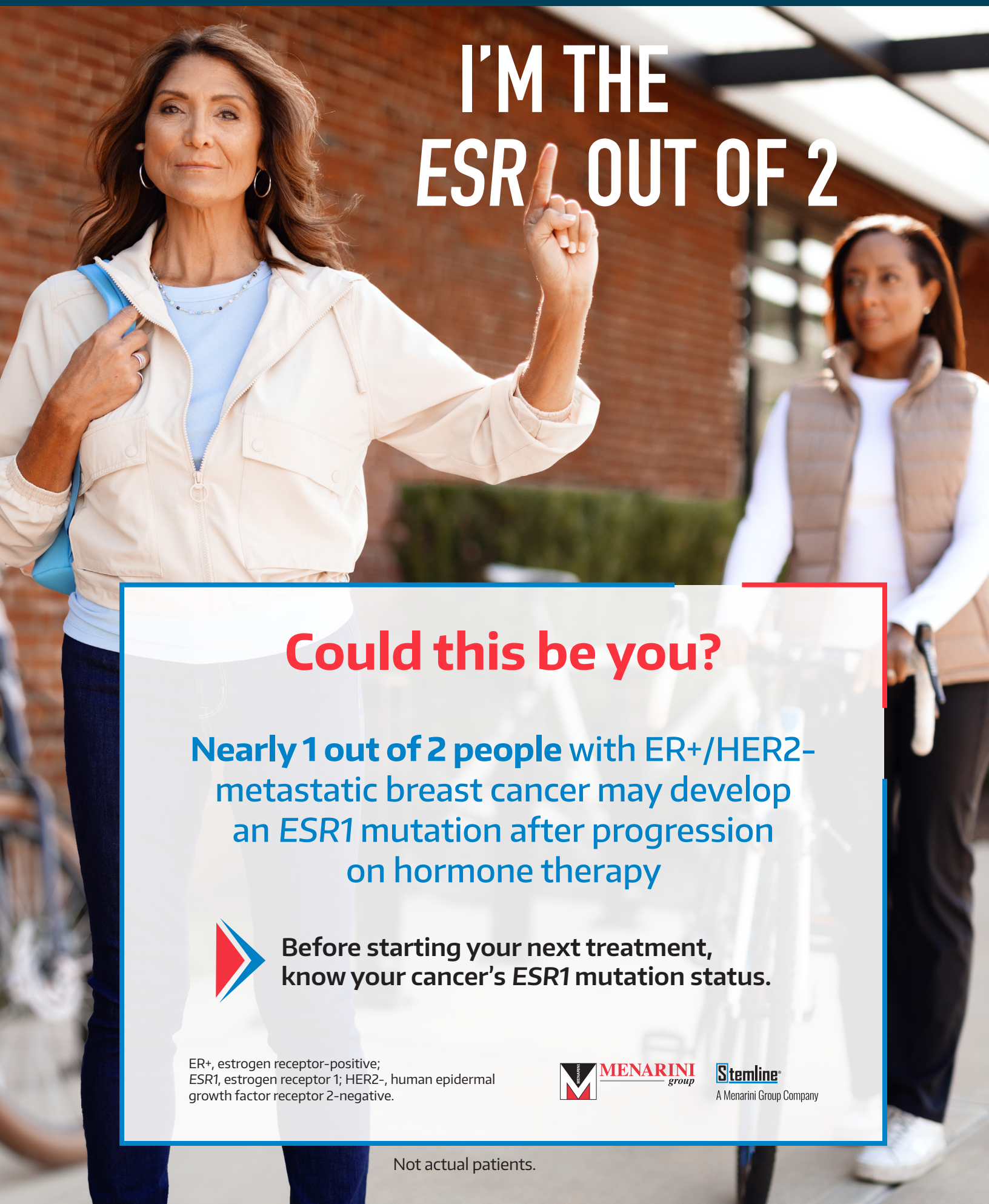
In ER+/HER2- advanced or metastatic breast cancer



I'M THE *ESR1* OUT OF 2

Could this be you?

Nearly 1 out of 2 people with ER+/HER2- metastatic breast cancer may develop an *ESR1* mutation after progression on hormone therapy

Before starting your next treatment, know your cancer's *ESR1* mutation status.

ER+, estrogen receptor-positive; *ESR1*, estrogen receptor 1; HER2-, human epidermal growth factor receptor 2-negative.

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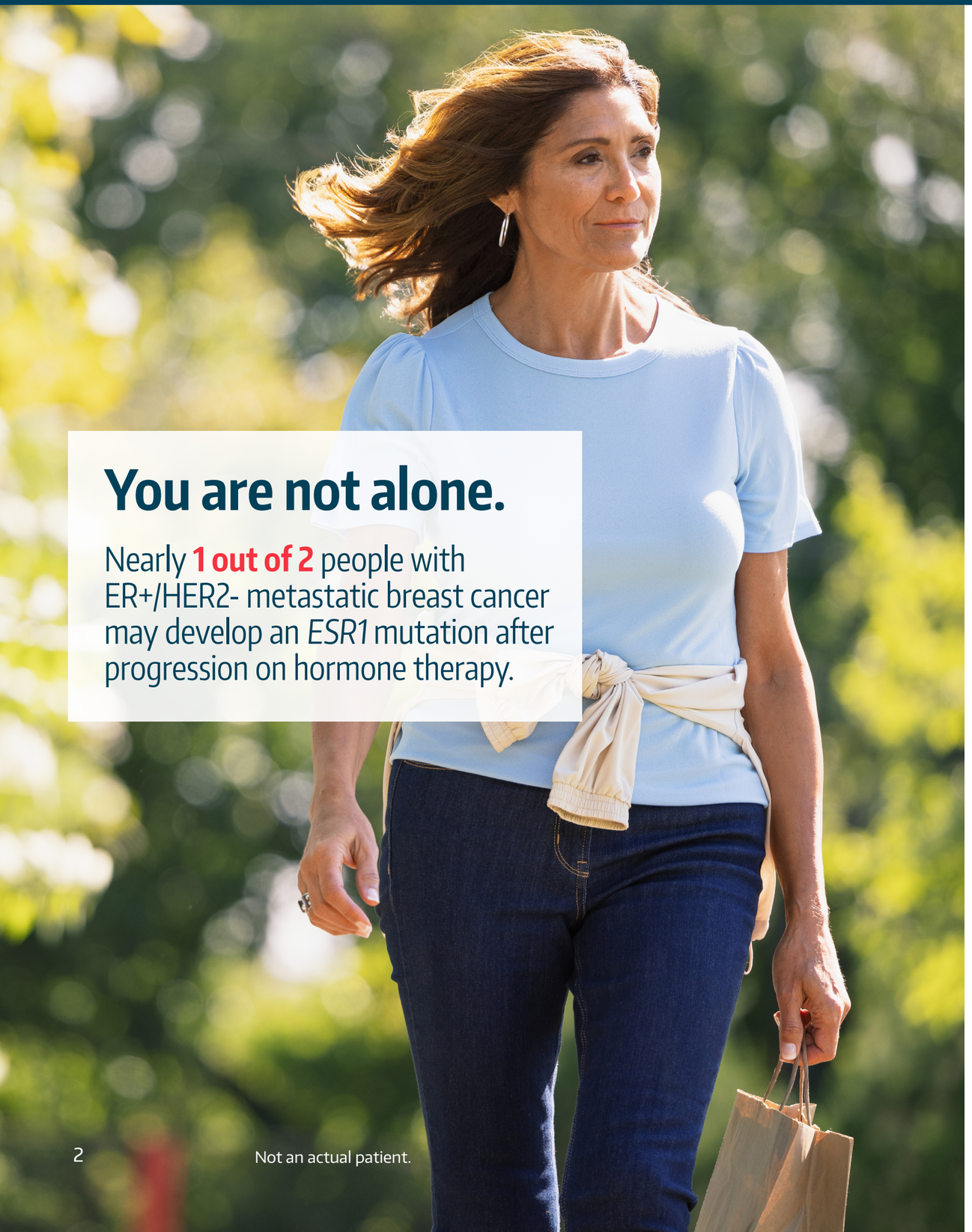
Not actual patients.



You are not alone.

Nearly **1 out of 2** people with ER+/HER2- metastatic breast cancer may develop an *ESR1* mutation after progression on hormone therapy.

Not an actual patient.

In ER+/HER2- advanced or metastatic breast cancer

ESR1 mutations can impact what treatment may be most appropriate for you

Sometimes cancer becomes resistant to treatment (current treatment stops working). This can happen because cancer cells have changed, or "mutated." Mutations can cause resistance to certain types of therapies. An *ESR1* mutation is one of these kinds of resistance mutations.

ESR1 mutations are most likely to be found when:

- Your metastatic breast cancer has progressed (spread, grown, or gotten worse) on hormone therapy
- Your current hormone therapy is no longer working
- You have taken a hormone therapy for a year or more
- You have taken multiple hormone therapies

ESR1 mutations may:

Develop after taking certain hormone therapies

Cause your cancer to spread faster

Make metastatic breast cancer more difficult to treat

If you have progressed on your current metastatic breast cancer treatment

Remember to ask your healthcare team:

- How common are *ESR1* mutations?
- When could *ESR1* mutations develop?

In ER+/HER2- advanced or metastatic breast cancer

The first treatment for most people is a hormone therapy taken alone or in combination with a CDK4/6 inhibitor

Hormone therapies have served as the foundation of treatment for people with advanced or metastatic breast cancer for more than 2 decades.

Hormone therapies help to block estrogen from getting to estrogen receptors (ERs) in ER+ breast cancer cells. Without estrogen, the cancer cells may not grow, or they may grow more slowly.

A hormone therapy is often prescribed as a first treatment with another type of treatment called a CDK4/6 inhibitor.

Hormone therapies

exemestane
anastrozole
letrozole
fulvestrant

+/−

CDK4/6 inhibitors

Ibrance® (palbociclib)
Kisqali® (ribociclib)
Verzenio® (abemaciclib)

But cancer tries to get around treatments by mutating. This may be why the cancer may progress. An *ESR1* mutation is an example of a mutation in metastatic breast cancer that may cause treatment to stop working.

If you have progressed on your current metastatic breast cancer treatment

Remember to ask your healthcare team:

› Should I be tested for *ESR1* mutations?

Talk to your doctor about getting tested for *ESR1* mutations to see if your cancer needs a different treatment.

Not an actual patient.

In ER+/HER2- advanced or metastatic breast cancer

A blood test detects *ESR1* mutations

Advanced or metastatic breast cancer changes over time and throughout treatment. That's why getting a blood test before you begin your next treatment is so important. ***ESR1* mutation testing can be done as part of routine blood work.**

Blood test results can show you and your healthcare team why:

- ☑ Your disease may have progressed
- ☑ Your current treatment may no longer be working

A blood test may be able to find metastatic breast cancer cells in your blood and show if those cells have an *ESR1* mutation. The best way to know if your cancer has a resistance mutation like *ESR1* is through a blood test. This could help your healthcare team know which treatments may be an option for you.

BLOOD TEST

- ☑ Is accurate and **offers results in about 1 week**
- ☑ **Finds *ESR1* mutations** even when:
  - there's more than one tumor in the body
  - the makeup of a tumor varies
  - the tumor is in a difficult location
  - the tumor changes over time
- ☑ Can be **done at your doctor's office or a lab**

If you have ER+/HER2- advanced or metastatic breast cancer and your current hormone therapy stops working:

1. Request a blood test for *ESR1* mutations before starting your next treatment

2. Know if your cancer has an *ESR1* mutation

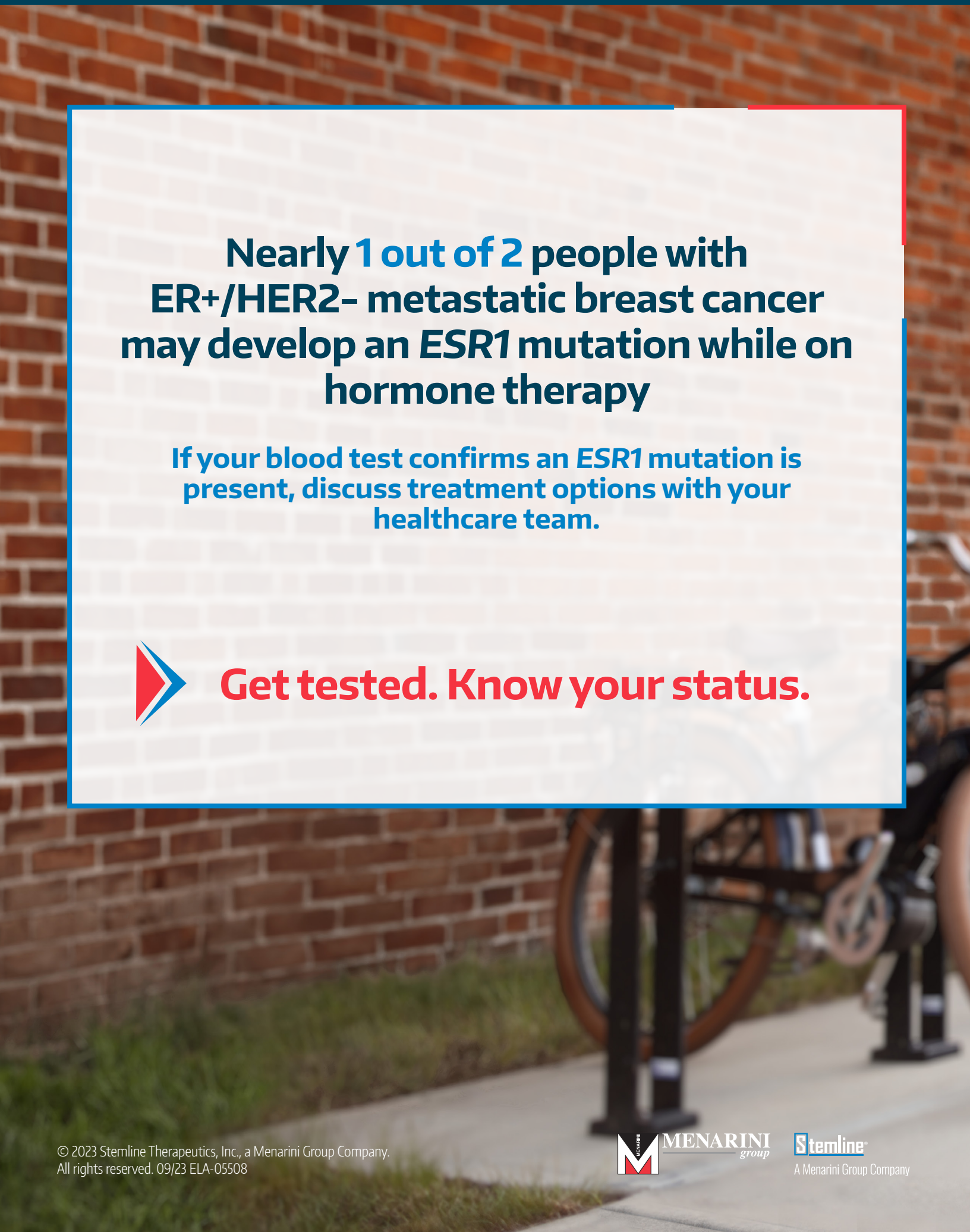
3. Discuss these test results and next steps with your healthcare team

Blood test results will help you and your healthcare team decide which treatment options are most appropriate for you.

If you have progressed on your current metastatic breast cancer treatment

Remember to ask your healthcare team:

- When should I get a blood test to find out my cancer's *ESR1* mutation status?
- Have you previously tested my cancer for *ESR1* mutations?
- Should we test again to see if my cancer has recently developed *ESR1* mutations?
- When will we discuss my next treatment?



Nearly 1 out of 2 people with ER+/HER2– metastatic breast cancer may develop an *ESR1* mutation while on hormone therapy

If your blood test confirms an *ESR1* mutation is present, discuss treatment options with your healthcare team.

Get tested. Know your status.

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