In ER+/HER2- advanced or metastatic breast cancer

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

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.

Not actual patients.
Nearly 1 out of 2 people with ER+/HER2- metastatic breast cancer may develop an ESR1 mutation after progression on hormone therapy.

You are not alone.

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.

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<th>Hormone therapies</th>
<th>CDK4/6 inhibitors</th>
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<tr>
<td>exemestane</td>
<td>Ibrance® (palbociclib)</td>
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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.

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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.
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.