FOR PEOPLE WITH HR+/HER2– METASTATIC BREAST CANCER (mBC),

mBC WHAT'S NEXT

Catch changes in mBC early, before treatment resistance occurs

A blood test while on your first treatment for metastatic breast cancer (mBC) may help uncover early signals of cancer changing before progression (growth and spread).



Ask your doctor about testing for *ESR1* (Estrogen Receptor 1 gene) mutations

How can **metastatic breast cancer change over time?**

The recommended first treatment for HR+ (hormone receptor positive)/ HER2– (human epidermal growth factor receptor 2 negative) mBC includes a type of hormone therapy, called an aromatase inhibitor, and a CDK4/6 inhibitor (cyclin–dependent kinase 4/6 inhibitor).

First hormone therapy *(aromatase inhibitors)*

anastrozole exemestane or letrozole

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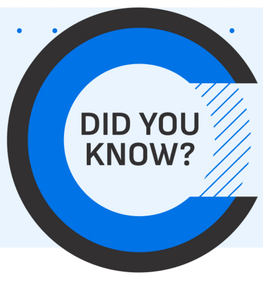
CDK4/6 inhibitors

palbociclib ribociclib or abemaciclib

Together, these therapies help control metastatic breast cancer from growing and spreading.

Over time, mBC can change in response to your first hormone therapy. These changes may cause the treatment to stop working eventually, allowing the cancer to progress (start to grow and spread).

Traditionally, a scan showing progression has been required for a doctor to recommend a cancer treatment change. Advancements in testing for *ESR1* mutations may show signals that treatment is becoming less effective, detecting them proactively, before progression, **so you and your doctor can discuss options proactively.**



One of the early signals of metastatic breast cancer changing is an *ESR1* mutation

Are *ESR1* mutations a signal that cancer is changing?

An *ESR1* mutation is a change in the cancer's DNA that can develop while on hormone therapy. Having an *ESR1* mutation makes it more likely that your first hormone treatment (aromatase inhibitor) for mBC could stop working.

CONTINUE LEARNING ABOUT *ESR1* MUTATIONS ON PAGE 2.

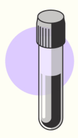
ESR1 mutations are rarely detected at diagnosis. But over time, around **4 out of 10 people** with mBC can develop an *ESR1* mutation during your first hormone therapy.

Previously, *ESR1* mutation testing happened after progression, with a liquid biopsy through a blood test. But scientists have discovered advancements that allow monitoring before they could cause cancer to progress.

How is proactive monitoring an advancement in **catching cancer changes before progression?**

Proactive monitoring is an advancement in mBC care. You can speak to your doctor about getting this blood test during your next visit to help you meet your treatment goals.

Proactive monitoring in action



Proactive monitoring is a part of your regular monitoring routine



Your doctor will perform a blood test approximately every 3 months to look for *ESR1* mutations



As part of this routine care, your doctor will repeat testing to determine if any adjustment in your treatment plan may be needed



Talk to your care team about early detection of cancer changes while on your first hormone treatment for mBC

Here are some questions about proactive monitoring for *ESR1* mutations to bring to your next doctor's appointment.

- Can my cancer change while on my first treatment (aromatase inhibitor + CDK4/6 inhibitor) for mBC? If so, when will that happen?
- In what way would an *ESR1* mutation affect mBC?
- How can proactive monitoring be incorporated into my care plan?
- If I did have an *ESR1* mutation, how might it affect my treatment plan?



Remember to speak with your doctor about adding proactive monitoring to your treatment routine.

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