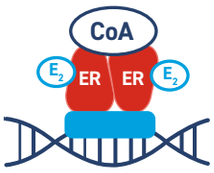
LOXO@Lilly

ER+, HER2-, Advanced Breast Cancer

The estrogen pathway is the primary driver in ER+, HER2-, ABC[1]

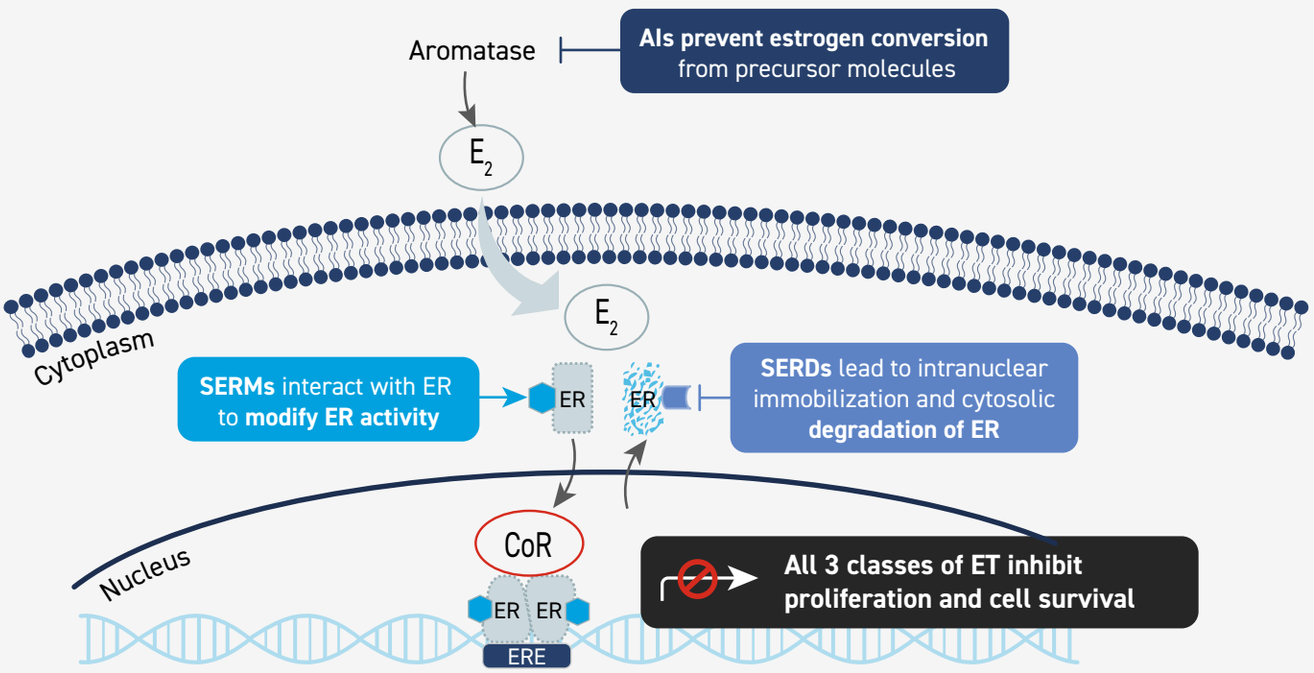
Breast cancer is the most common cause of cancer mortality in women[2]

≈70% of cases are classified as estrogen receptor-positive (ER+)[1]



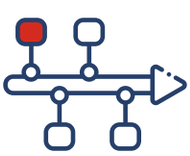
The **ER** pathway controls proliferation-promoting and anti-apoptotic pathways[1,3,4]

Three classes of endocrine therapies (ETs) are approved to target the estrogen pathway in patients with ER+, HER2-, ABC[1,5,6]



Data from Le Romancer M, et al.,[1] Chen YC, et al.,[5] and Patel HK, Bihani T.[6]

ET remains the backbone of therapy for ER+, HER2-, ABC following 30 years of therapeutic advancement[5,7]



ET + CDK4/6i is the first-line standard of care in the incurable setting of ER+, HER2-, ABC[8]

Despite the efficacy of first-line ET + CDK4/6i, progression inevitably occurs[5,9]

Ongoing research and clinical trials are investigating novel approaches to block the ER pathway[7]

ABC, advanced breast cancer; AI, aromatase inhibitor; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; CoR, corepressors; E_2, estrogen; ER, estrogen receptor; ERE, estrogen response element; ET, endocrine therapy; HER2-, human epidermal growth factor receptor 2 negative; SERD, selective estrogen receptor degrader; SERM, selective estrogen receptor modulator.

1. Le Romancer M, et al. *Endocr Rev.* 2011;32(5):597-622. 2. Misganaw M, et al. *PLoS One.* 2023;18(1):e0279656. 3. Shanle EK, et al. *Adv Drug Deliv Rev.* 2010;62(13):1265-1276. 4. Williams MM, et al. *Cell Death Dis.* 2018;9(21). 5. Chen YC, et al. *Expert Opin Investig Drugs.* 2022;31(6):515-529. 6. Patel HK, Bihani T. *Pharmacol Ther.* 2018;186:1-24. 7. Patel R, et al. *NPJ Breast Cancer.* 2023;9(20). 8. Gradishar WJ, et al. *J Natl Compr Canc Netw.* 2023;21(6):594-608. 9. Zhou FH, et al. *Front Cell Dev Biol.* 2023;11:1148792.