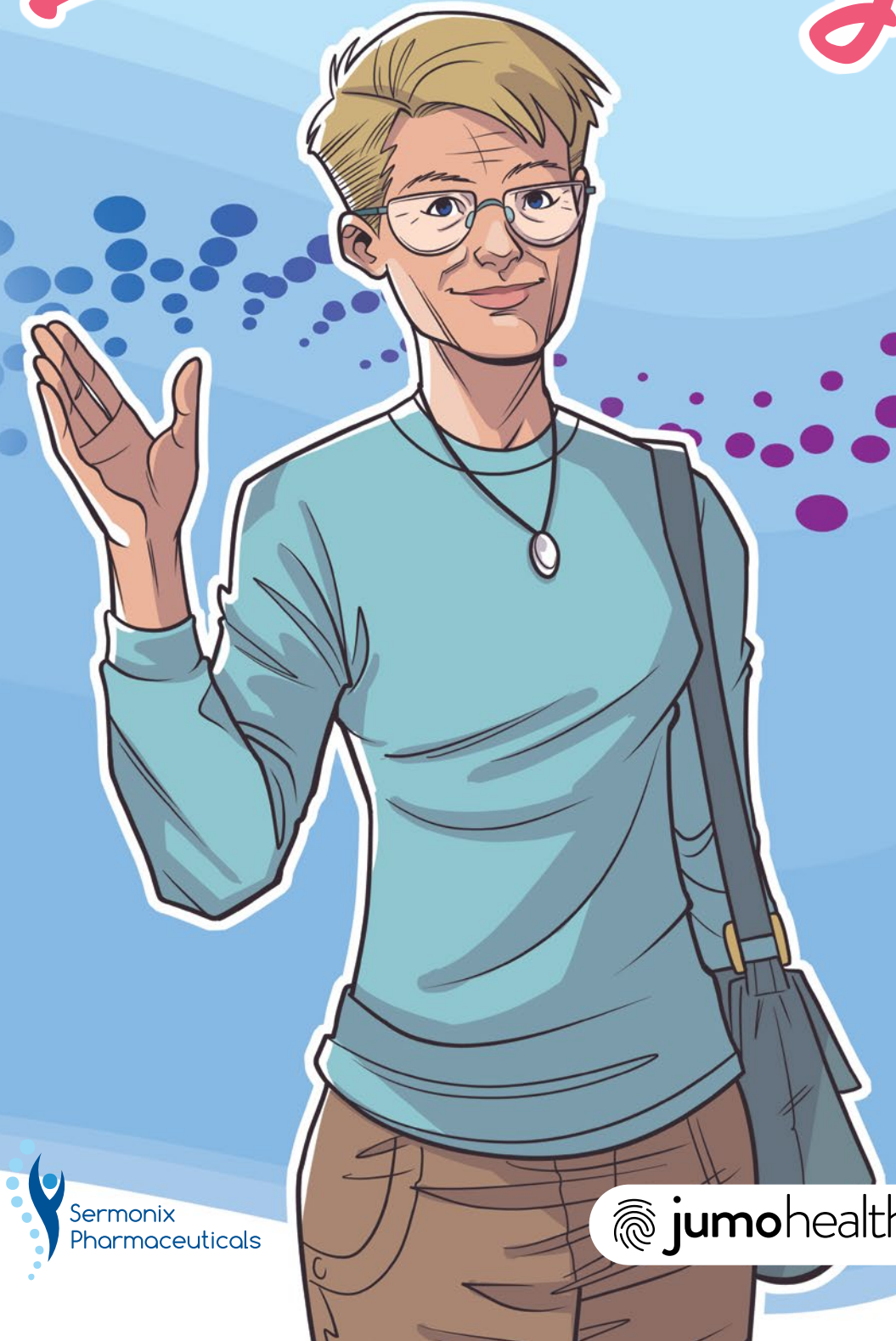


ER-Positive/HER-2-Negative Advanced Breast Cancer:

Lori's Story



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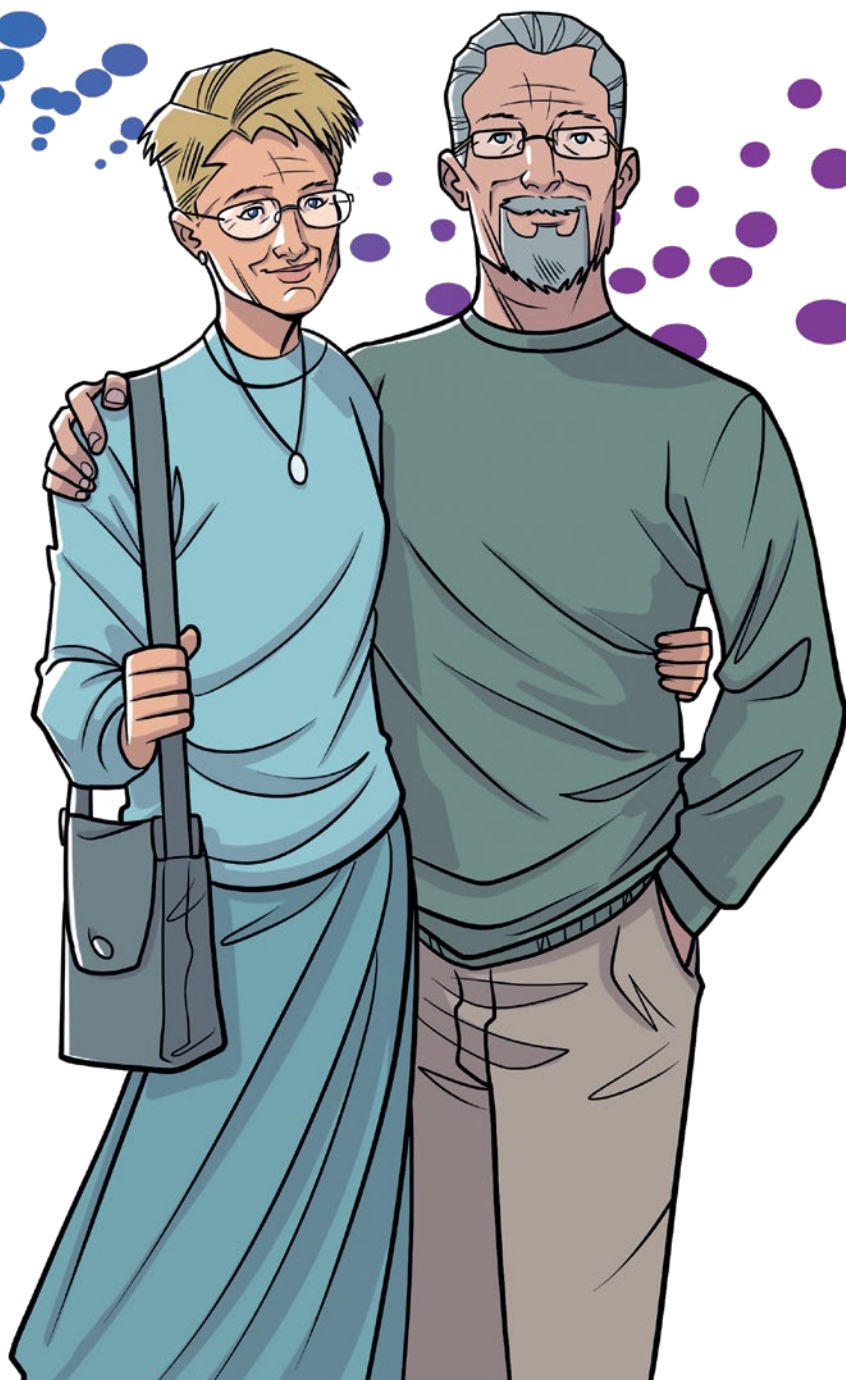
Lasofoxifene is an investigational oral endocrine therapy currently being studied for efficacy and safety in the treatment of metastatic hormone receptor-positive (ER+) breast cancer. It has not yet been approved by the FDA.

In the case of an adverse event or medical emergency, please seek medical attention immediately. Any adverse events that occur while on a treatment or therapy should be reported to your physician.

FEATURING:

LORI and her HUSBAND

The stars of this book

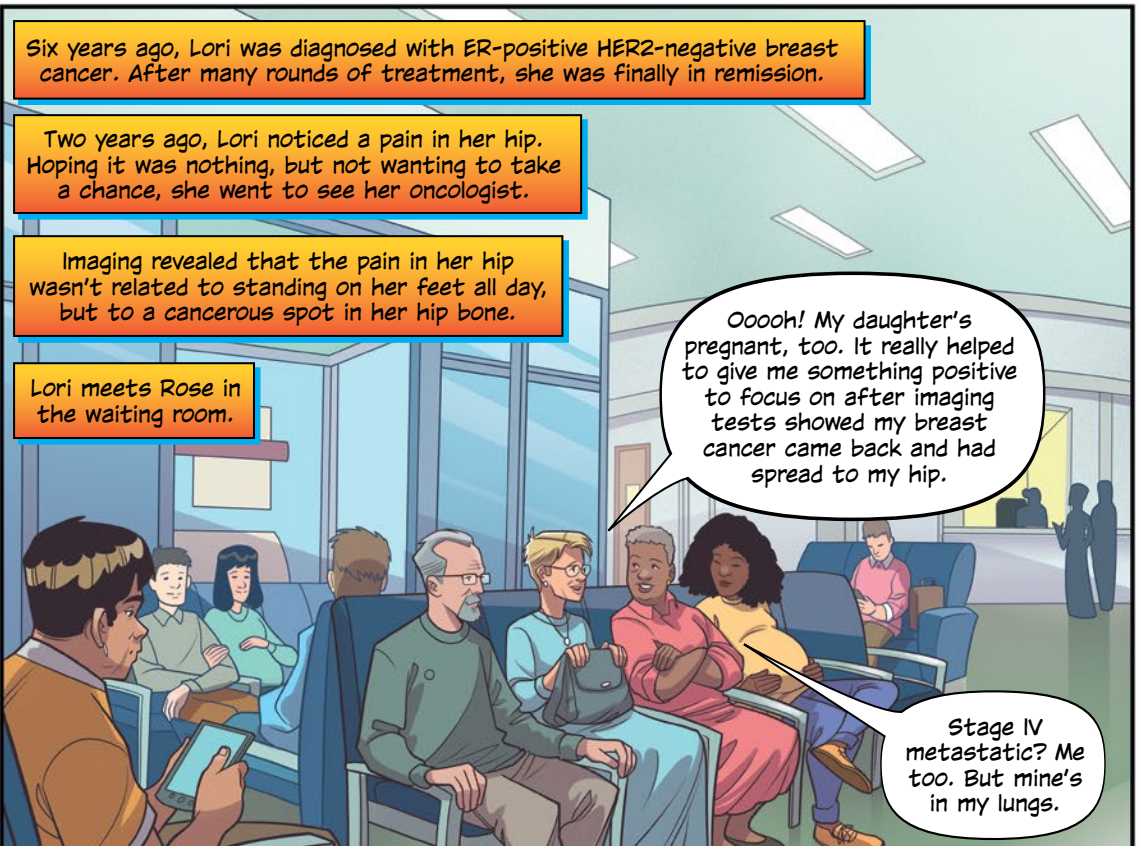


Six years ago, Lori was diagnosed with ER-positive HER2-negative breast cancer. After many rounds of treatment, she was finally in remission.

Two years ago, Lori noticed a pain in her hip. Hoping it was nothing, but not wanting to take a chance, she went to see her oncologist.

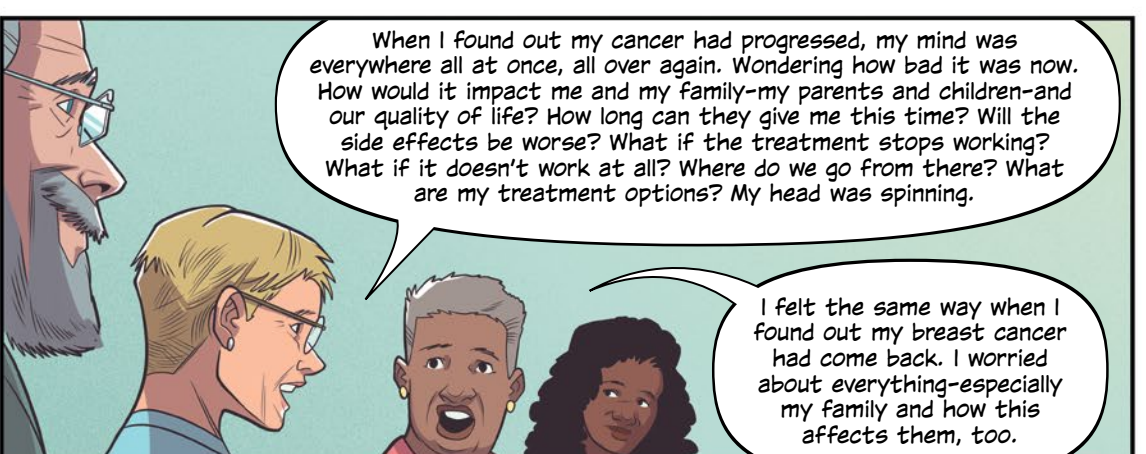
Imaging revealed that the pain in her hip wasn't related to standing on her feet all day, but to a cancerous spot in her hip bone.

Lori meets Rose in the waiting room.



Oooh! My daughter's pregnant, too. It really helped to give me something positive to focus on after imaging tests showed my breast cancer came back and had spread to my hip.

Stage IV metastatic? Me too. But mine's in my lungs.



When I found out my cancer had progressed, my mind was everywhere all at once, all over again. Wondering how bad it was now. How would it impact me and my family—my parents and children—and our quality of life? How long can they give me this time? Will the side effects be worse? What if the treatment stops working? What if it doesn't work at all? Where do we go from there? What are my treatment options? My head was spinning.

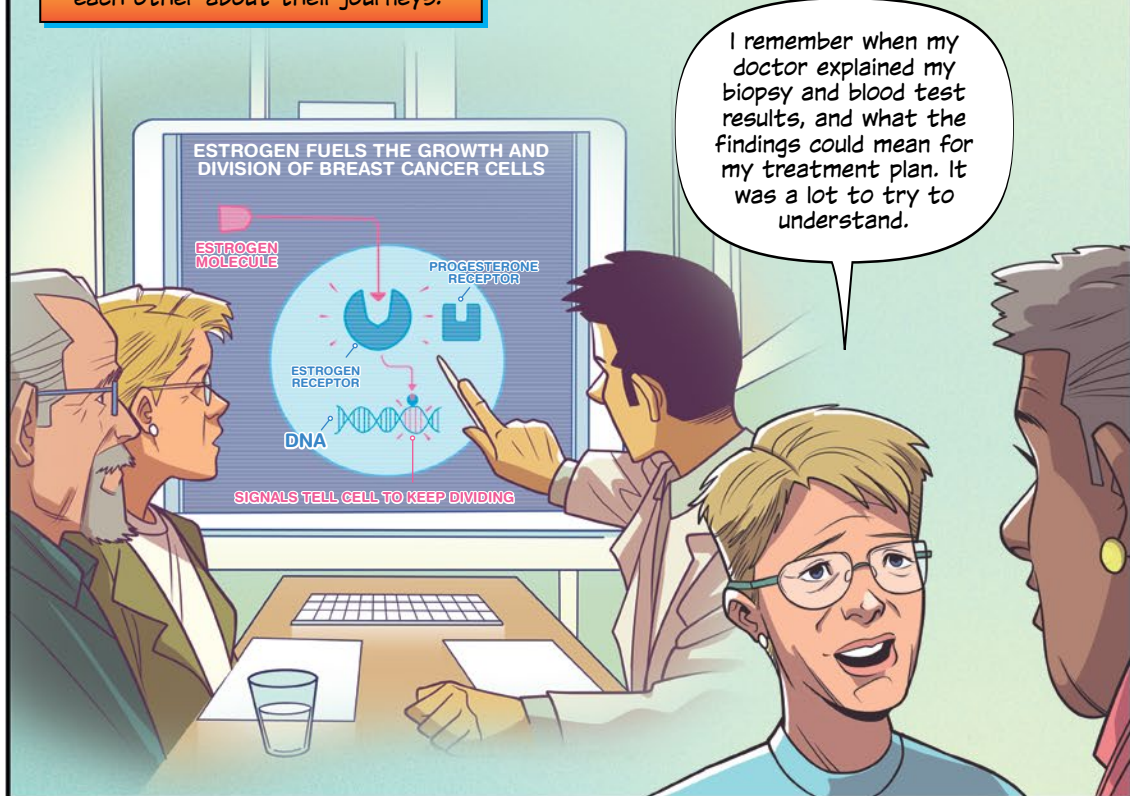
I felt the same way when I found out my breast cancer had come back. I worried about everything—especially my family and how this affects them, too.

So, you get it.

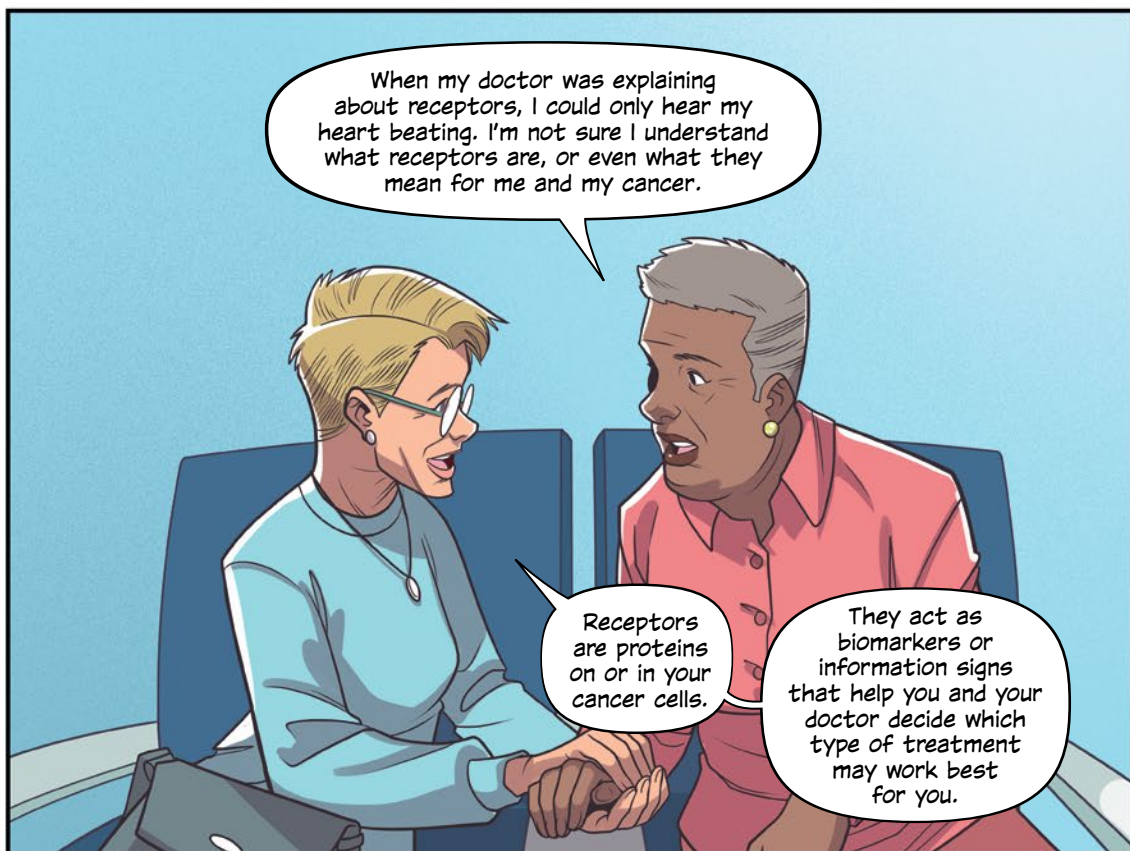
I totally get it. I'm Rose.

I'm Lori.

The two women begin to open up to each other about their journeys.



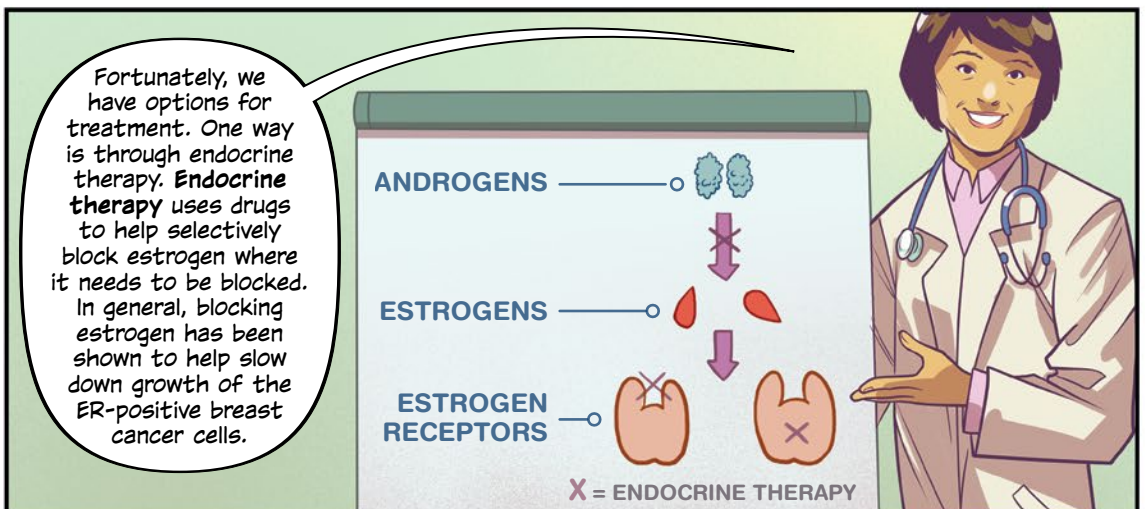
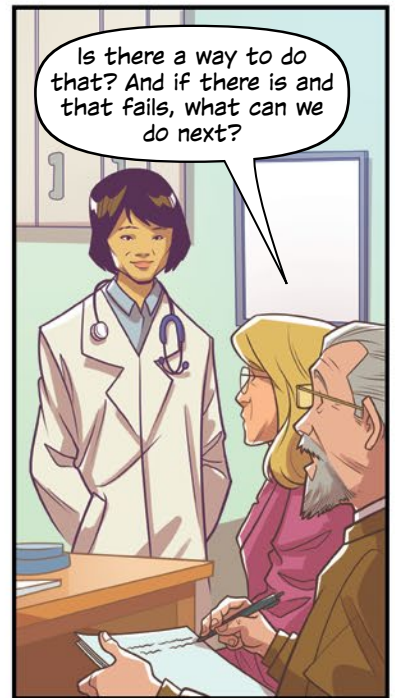
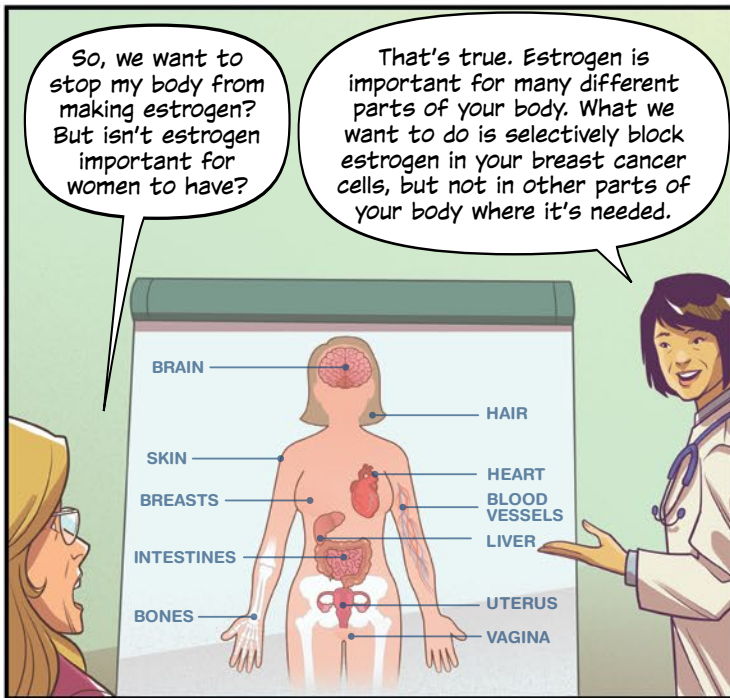
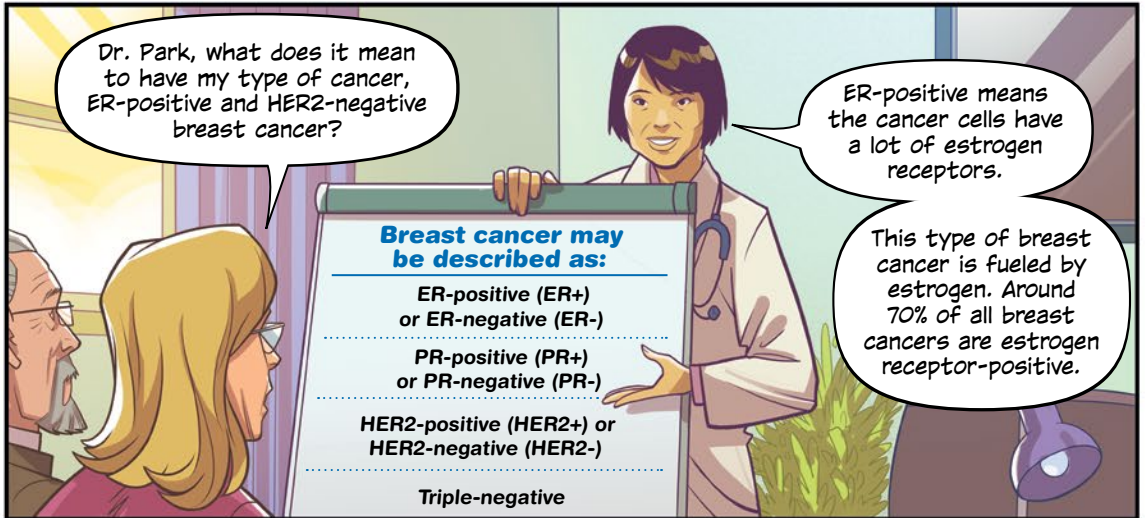
I remember when my doctor explained my biopsy and blood test results, and what the findings could mean for my treatment plan. It was a lot to try to understand.

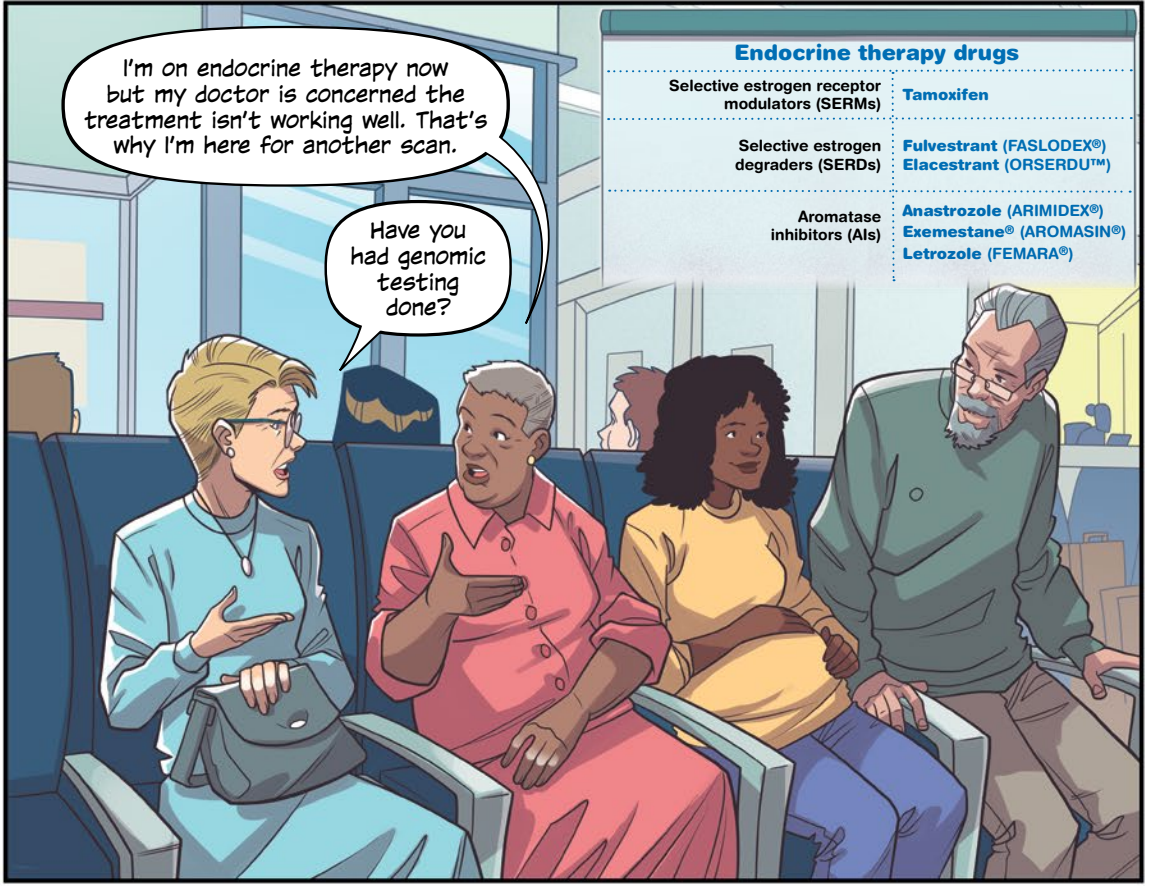


When my doctor was explaining about receptors, I could only hear my heart beating. I'm not sure I understand what receptors are, or even what they mean for me and my cancer.

Receptors are proteins on or in your cancer cells.

They act as biomarkers or information signs that help you and your doctor decide which type of treatment may work best for you.

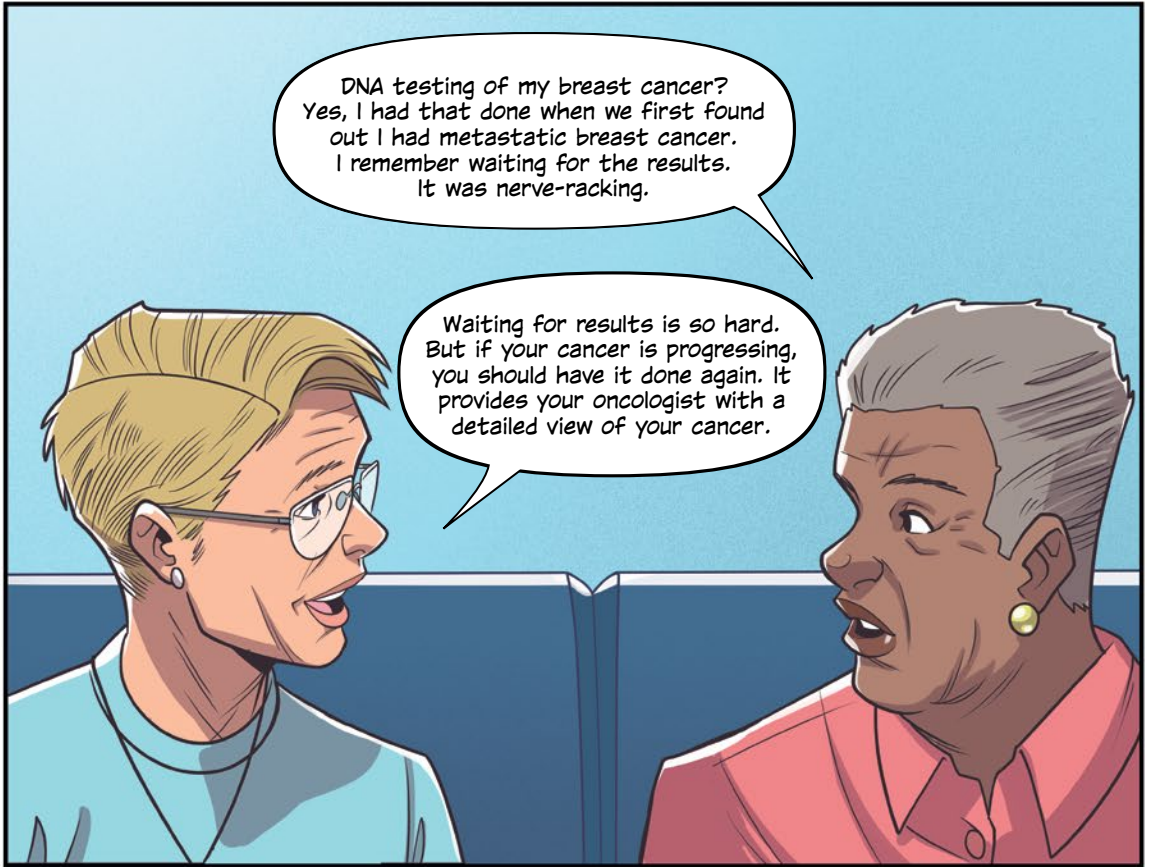




I'm on endocrine therapy now but my doctor is concerned the treatment isn't working well. That's why I'm here for another scan.

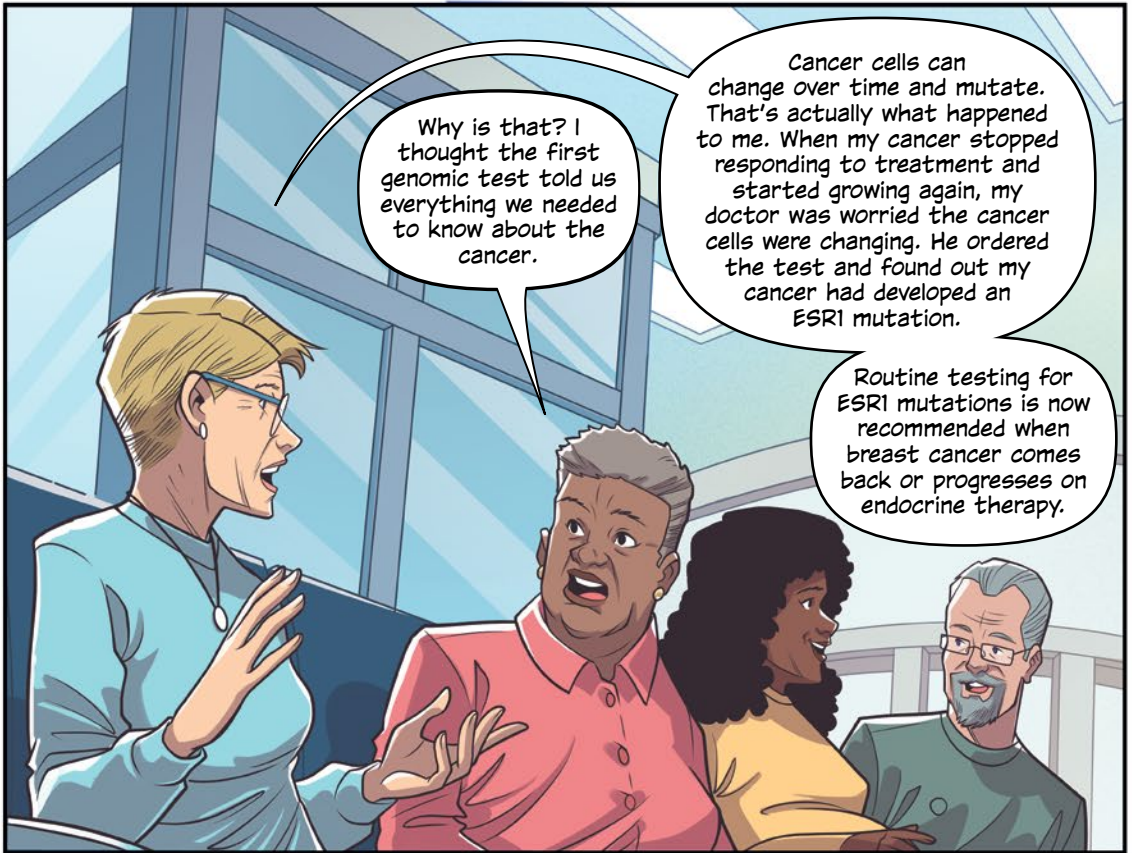
Have you had genomic testing done?

Endocrine therapy drugs	
Selective estrogen receptor modulators (SERMs)	Tamoxifen
Selective estrogen degraders (SERDs)	Fulvestrant (FASLODEX®) Elicestrant (ORSERDU™)
Aromatase inhibitors (AIs)	Anastrozole (ARIMIDEX®) Exemestane® (AROMASIN®) Letrozole (FEMARA®)



DNA testing of my breast cancer? Yes, I had that done when we first found out I had metastatic breast cancer. I remember waiting for the results. It was nerve-racking.

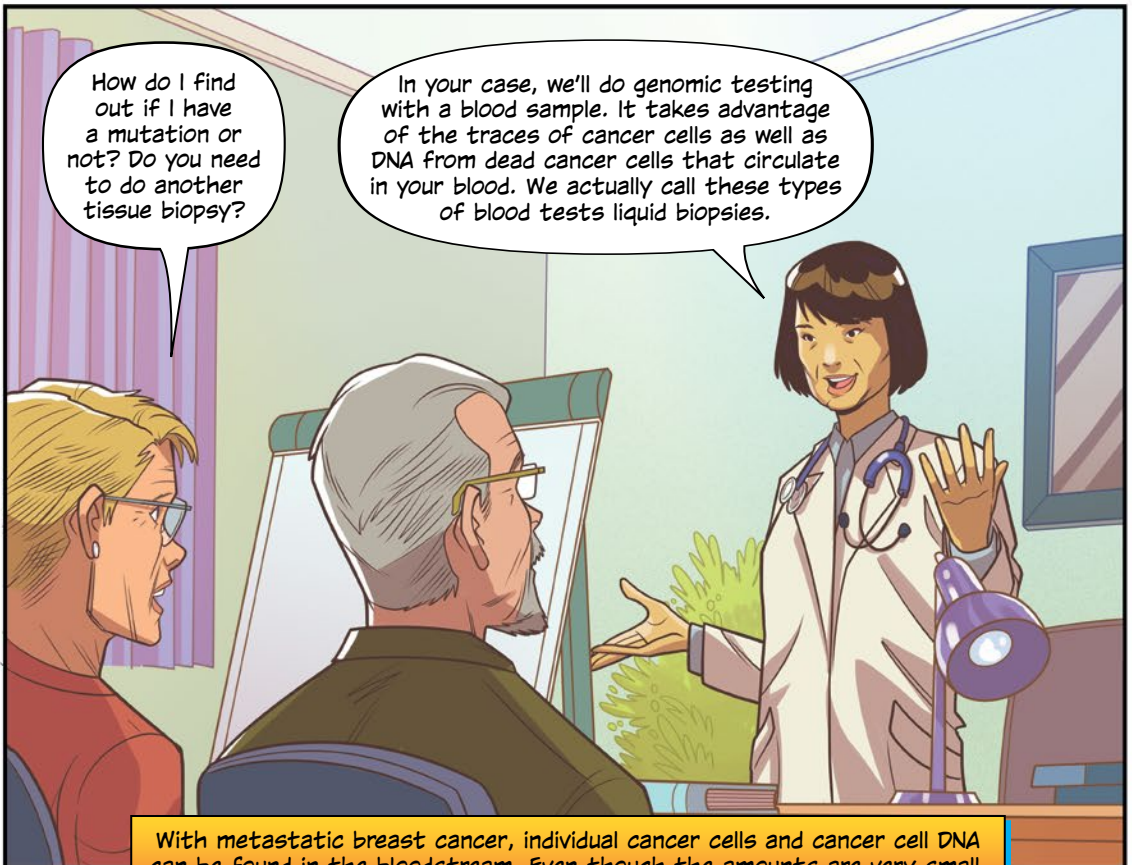
Waiting for results is so hard. But if your cancer is progressing, you should have it done again. It provides your oncologist with a detailed view of your cancer.



Why is that? I thought the first genomic test told us everything we needed to know about the cancer.

Cancer cells can change over time and mutate. That's actually what happened to me. When my cancer stopped responding to treatment and started growing again, my doctor was worried the cancer cells were changing. He ordered the test and found out my cancer had developed an ESR1 mutation.

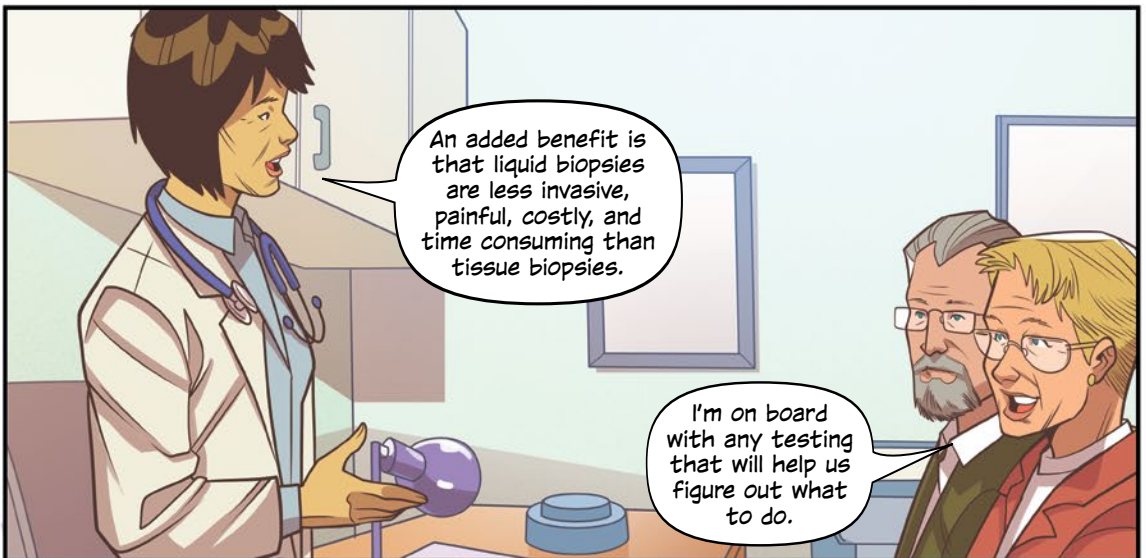
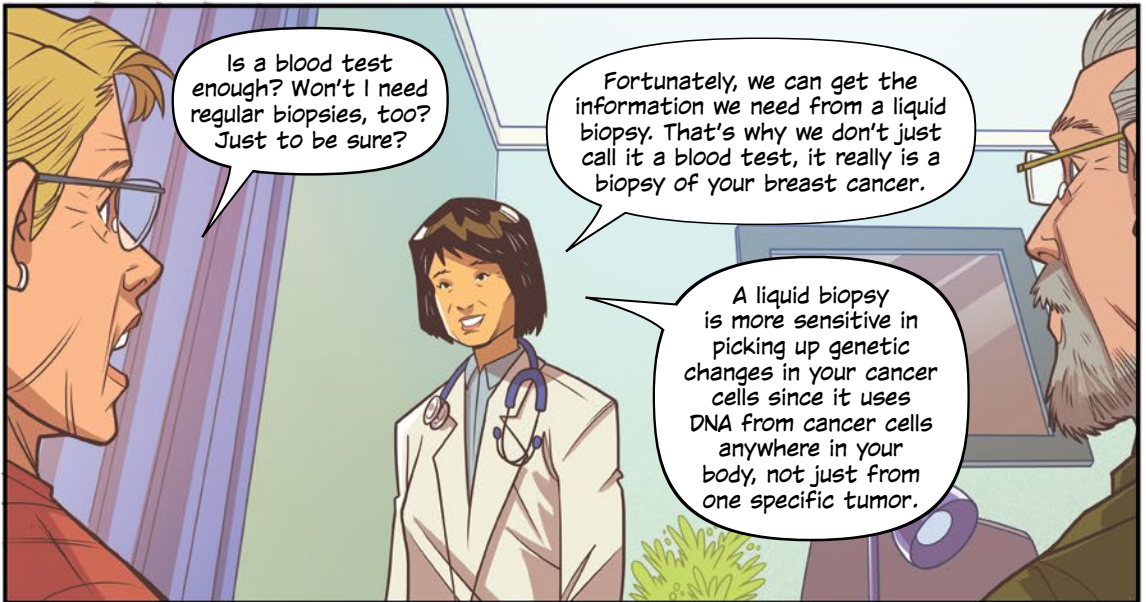
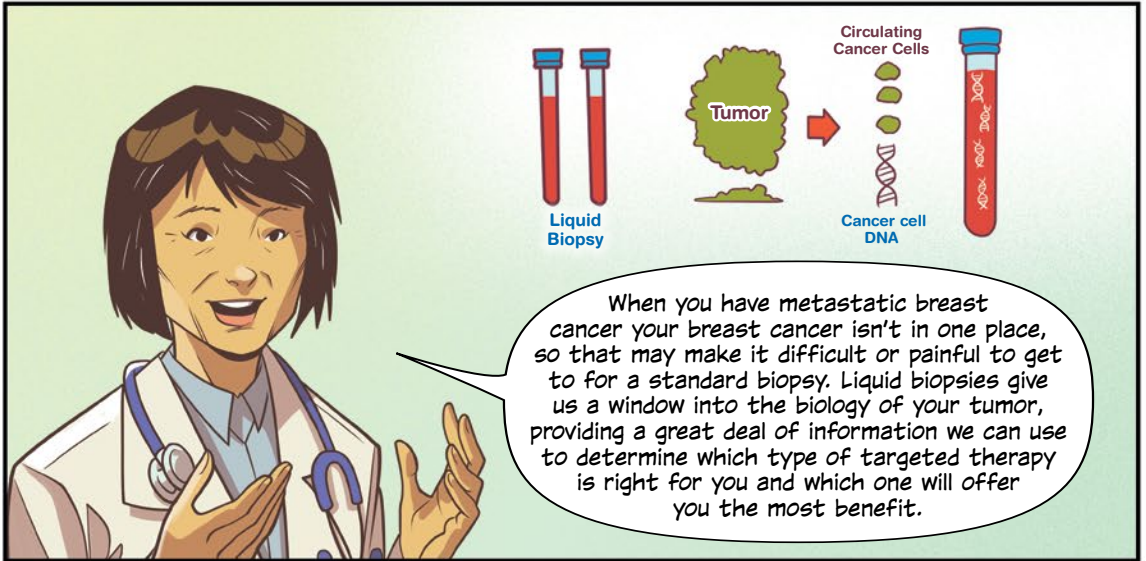
Routine testing for ESR1 mutations is now recommended when breast cancer comes back or progresses on endocrine therapy.



How do I find out if I have a mutation or not? Do you need to do another tissue biopsy?

In your case, we'll do genomic testing with a blood sample. It takes advantage of the traces of cancer cells as well as DNA from dead cancer cells that circulate in your blood. We actually call these types of blood tests liquid biopsies.

With metastatic breast cancer, individual cancer cells and cancer cell DNA can be found in the bloodstream. Even though the amounts are very small, they can be detected with very sensitive lab tests.



Three weeks later...

So the test results show I have an ESR1 mutation. Have I always had that mutation?

No. ESR1 mutations aren't something you're born with. They can evolve after being on endocrine therapy, sometimes after several lines of treatment. It can take years for ESR1 mutations to develop.

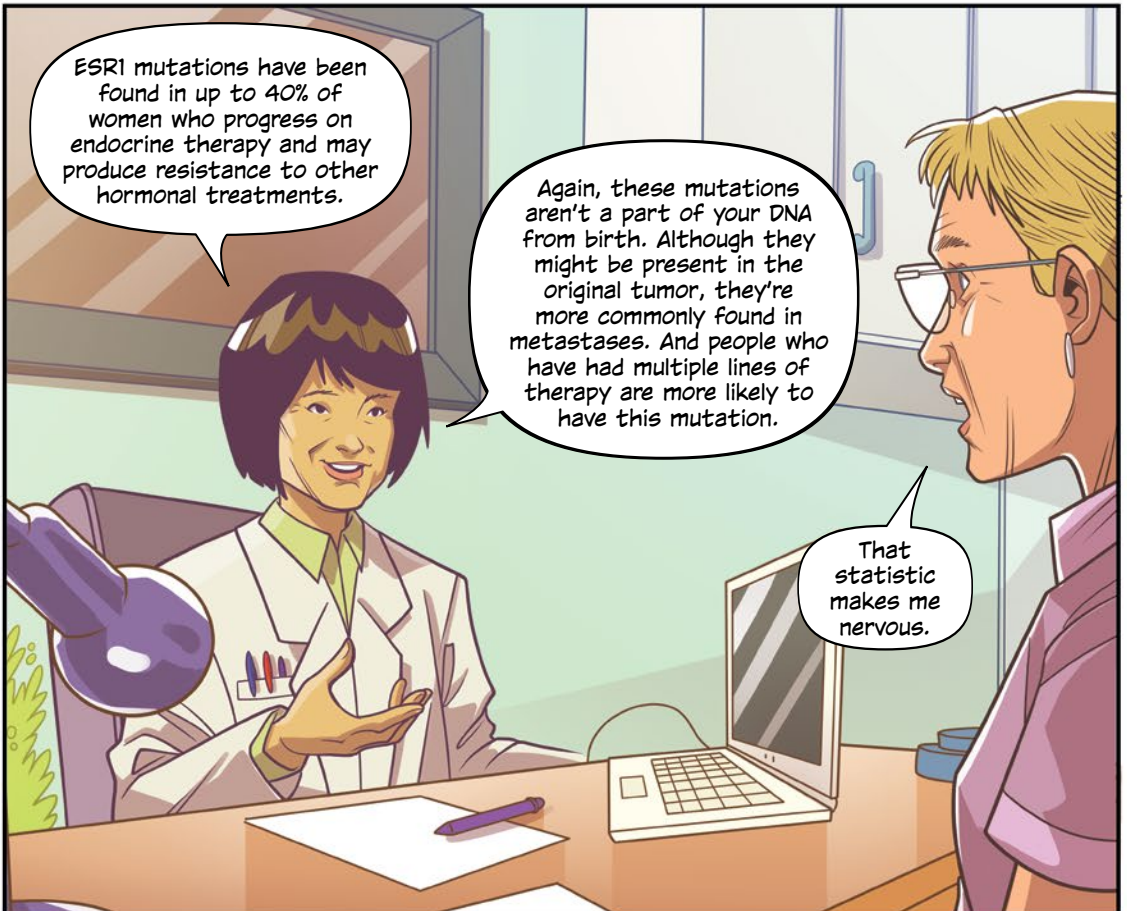
Are ESR1 mutations common?

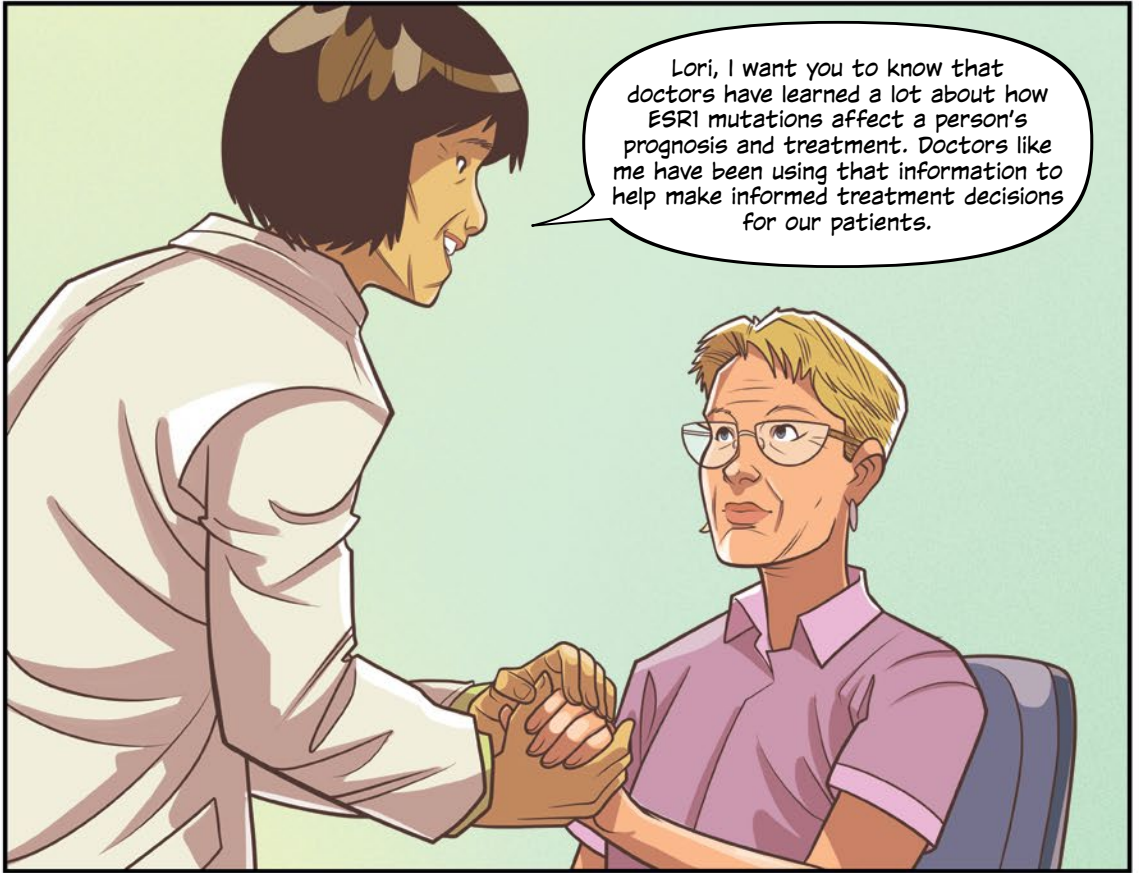


ESR1 mutations have been found in up to 40% of women who progress on endocrine therapy and may produce resistance to other hormonal treatments.

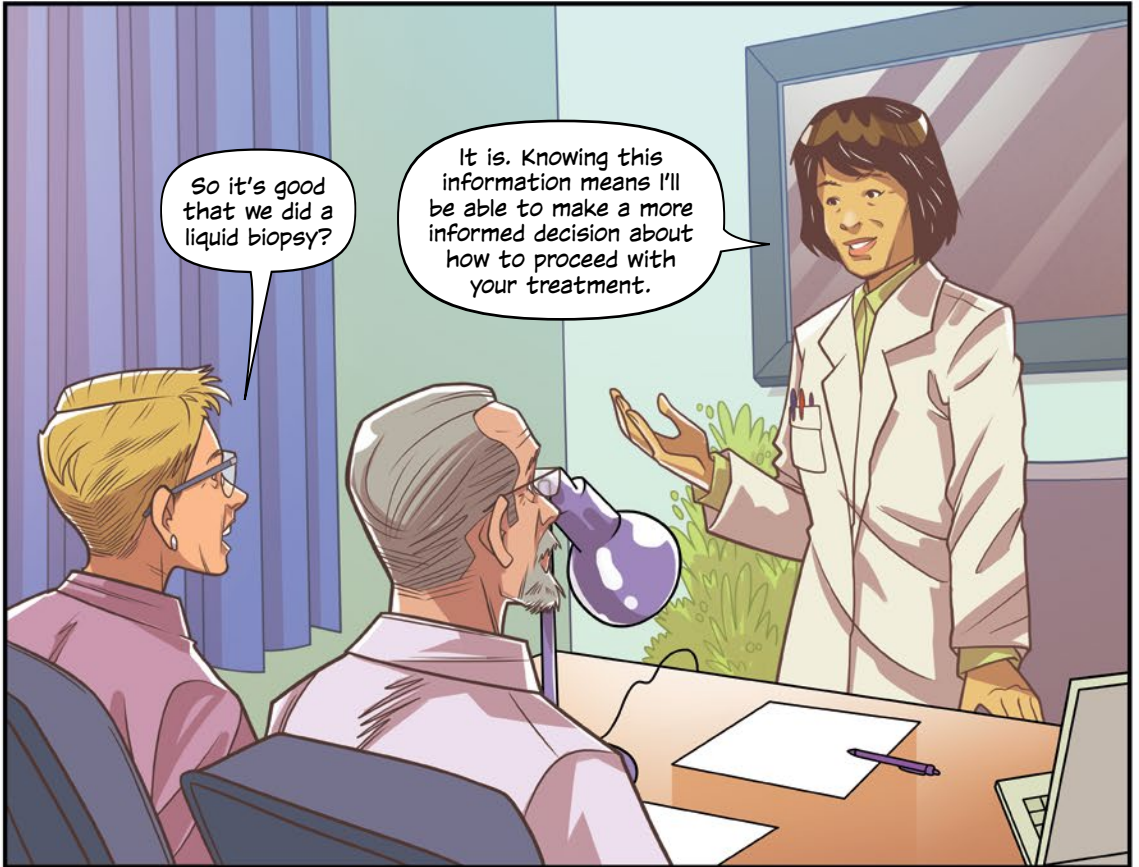
Again, these mutations aren't a part of your DNA from birth. Although they might be present in the original tumor, they're more commonly found in metastases. And people who have had multiple lines of therapy are more likely to have this mutation.

That statistic makes me nervous.



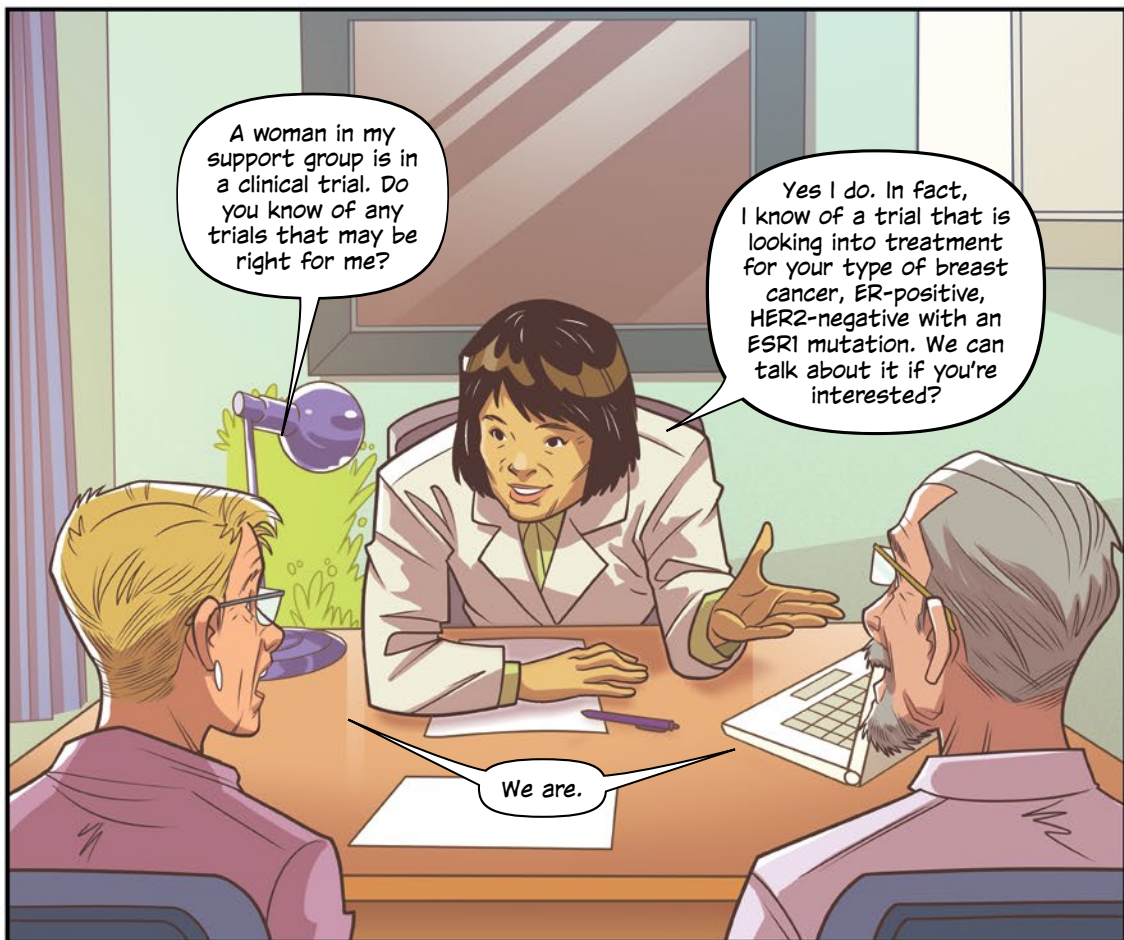


Lori, I want you to know that doctors have learned a lot about how ESRI mutations affect a person's prognosis and treatment. Doctors like me have been using that information to help make informed treatment decisions for our patients.



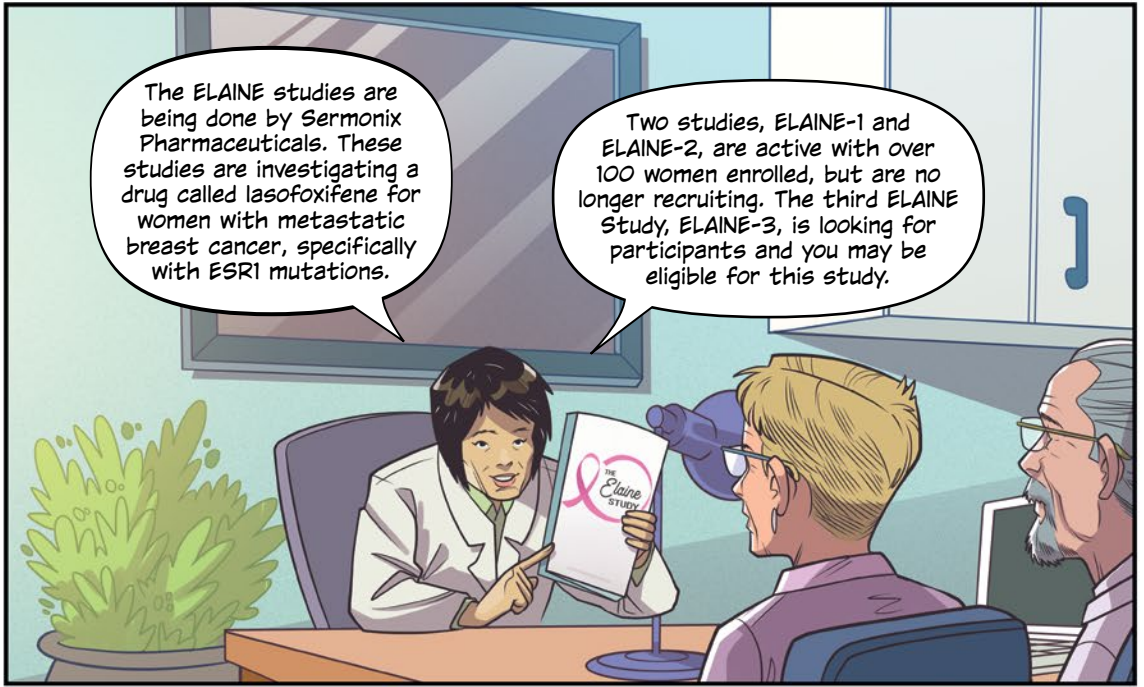
So it's good that we did a liquid biopsy?

It is. Knowing this information means I'll be able to make a more informed decision about how to proceed with your treatment.



Clinical trials: Quick facts

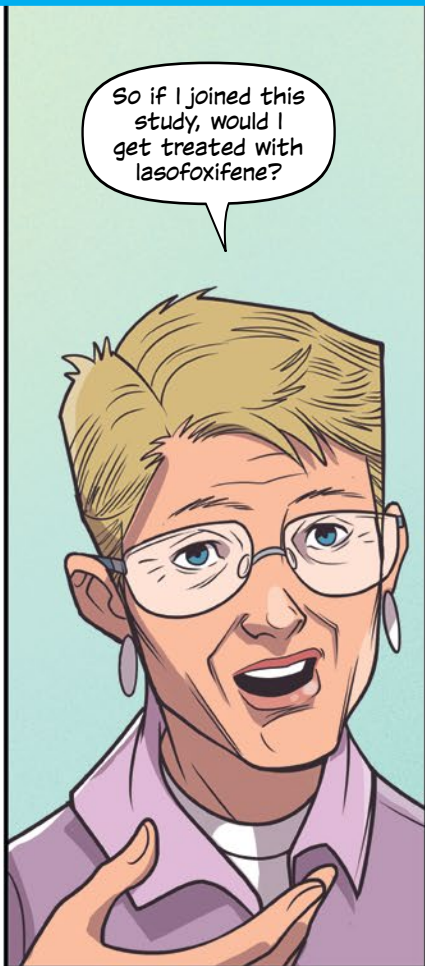
- **Clinical trials (also called clinical studies) are how researchers determine if a new medical approach is safe and effective in people.**
- **In breast cancer clinical trials, participants get a promising investigational treatment or the currently accepted treatment for their cancer.**
- **Safety is the top priority, and a study may be stopped if risks arise that outweigh the benefits.**
- **Clinical trials help improve medical care for future patients.**
- **Clinical trials are a way to access quality cancer care.**
- **Joining a clinical study is 100% your choice.**



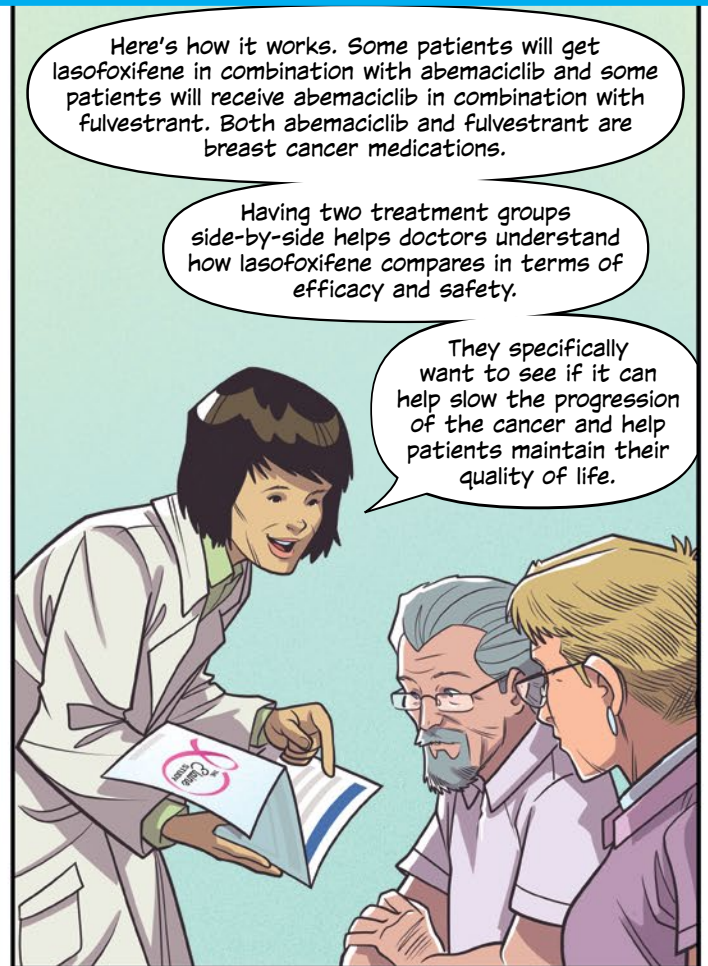
The ELAINE studies are being done by Sermonix Pharmaceuticals. These studies are investigating a drug called lasofoxifene for women with metastatic breast cancer, specifically with ESR1 mutations.

Two studies, ELAINE-1 and ELAINE-2, are active with over 100 women enrolled, but are no longer recruiting. The third ELAINE Study, ELAINE-3, is looking for participants and you may be eligible for this study.

The ELAINE Studies are dedicated in memory of Elaine Davidson Nemzer, MD, the sister of Sermonix co-founder Miriam Davidson Portman, MD. Elaine's life was cut short by metastatic breast cancer at the age of 47. Her spirit continues to serve as an inspiration to the Sermonix team.



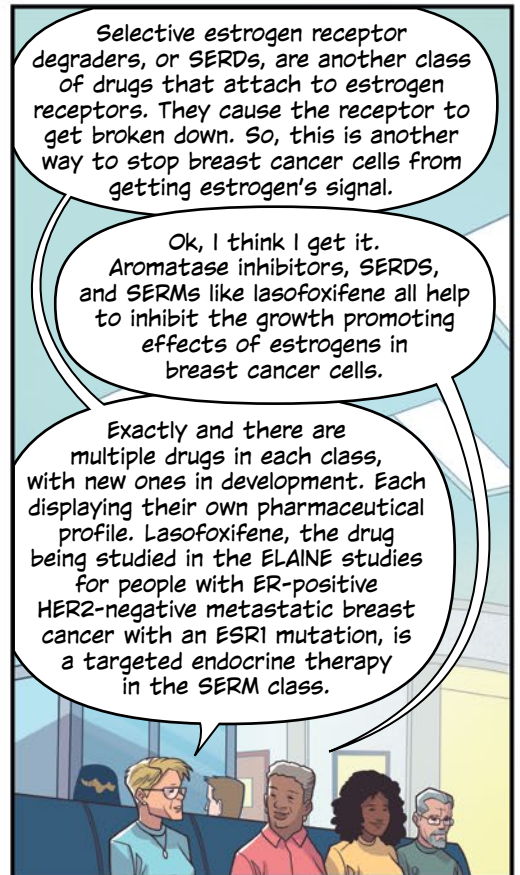
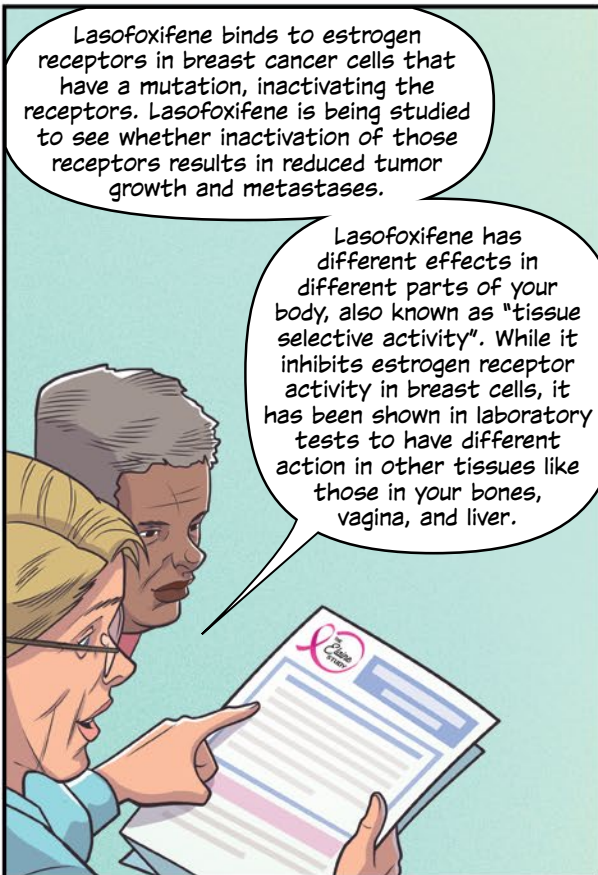
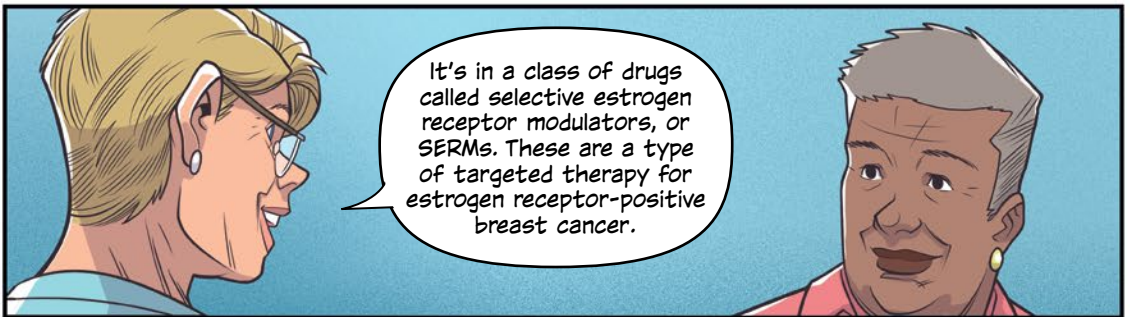
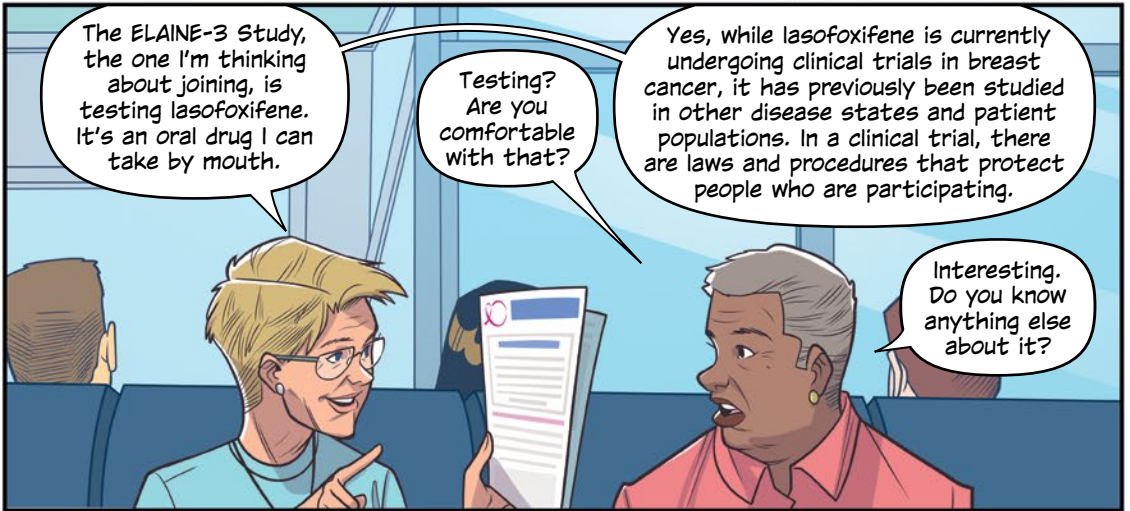
So if I joined this study, would I get treated with lasofoxifene?

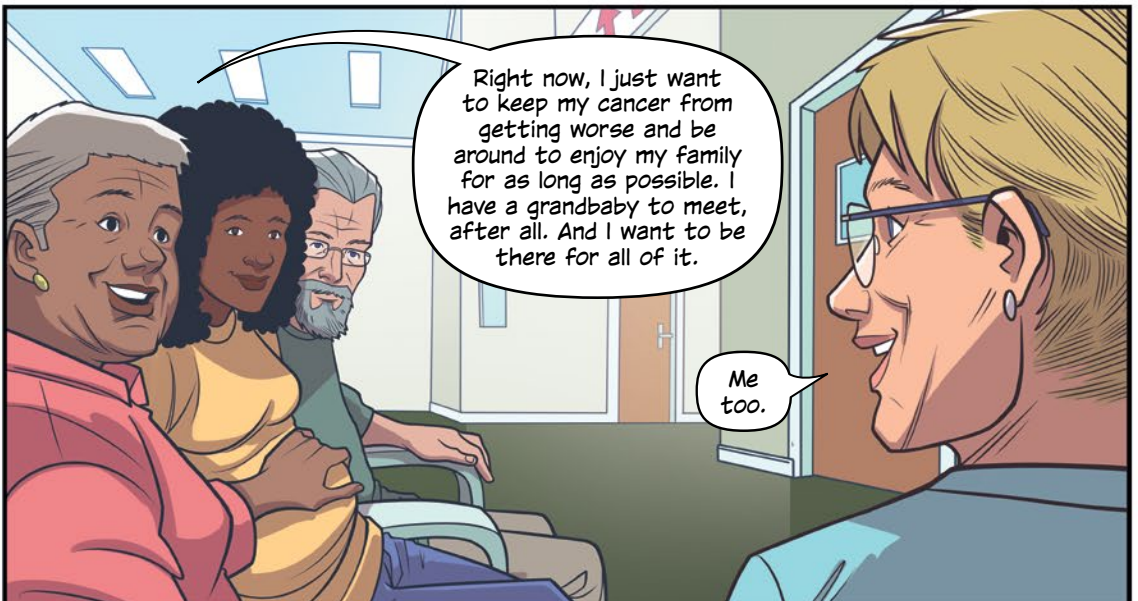
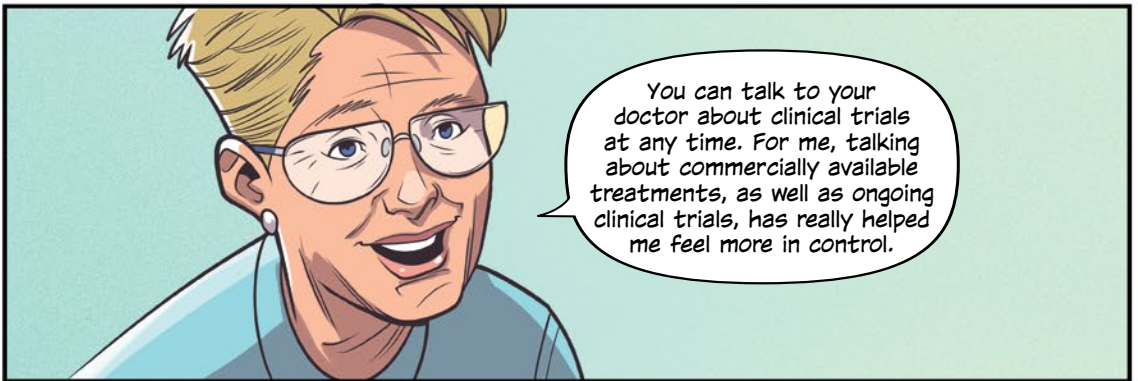
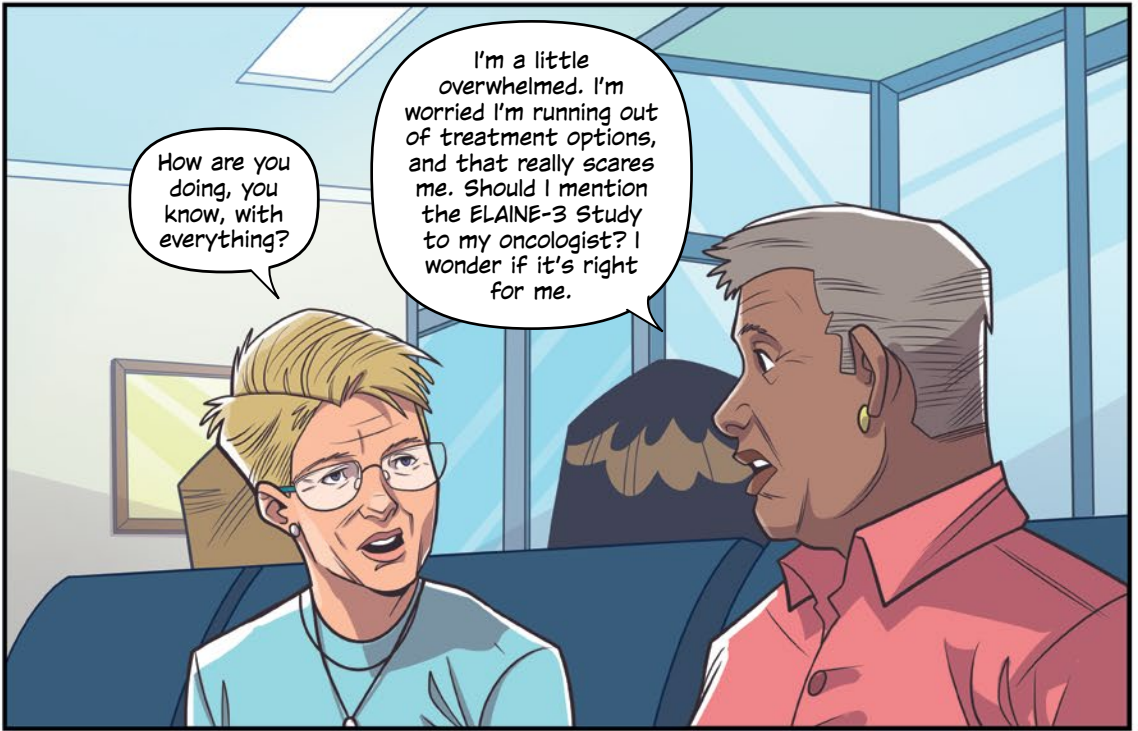


Here's how it works. Some patients will get lasofoxifene in combination with abemaciclib and some patients will receive abemaciclib in combination with fulvestrant. Both abemaciclib and fulvestrant are breast cancer medications.

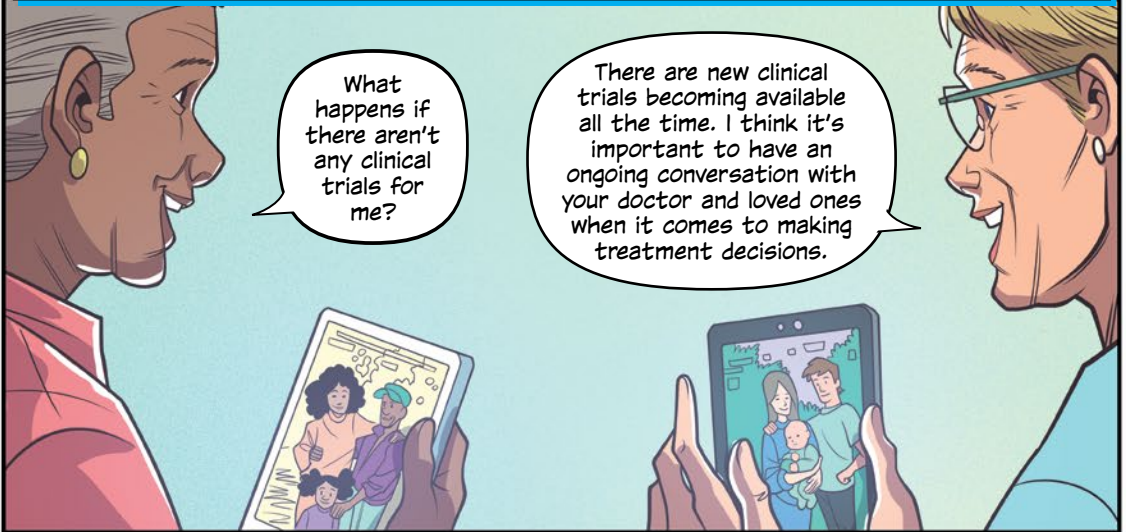
Having two treatment groups side-by-side helps doctors understand how lasofoxifene compares in terms of efficacy and safety.

They specifically want to see if it can help slow the progression of the cancer and help patients maintain their quality of life.



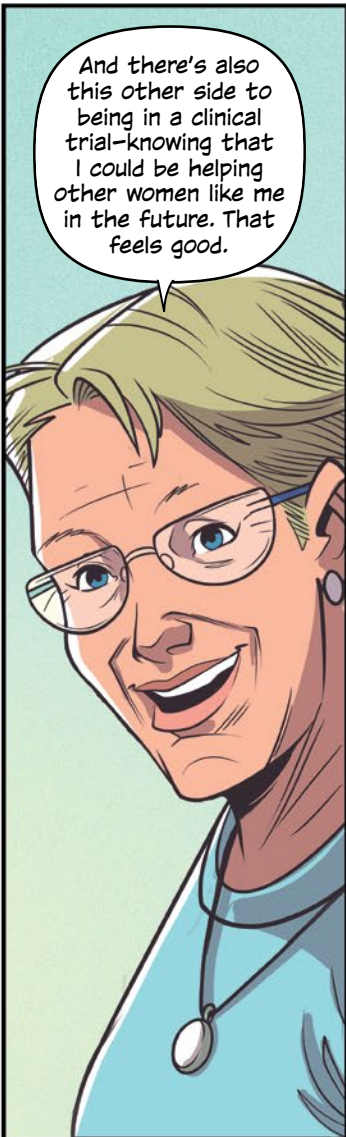


Lori reassured Rose that in a clinical trial she'd receive the standard of care for her cancer or an investigational treatment that may be promising. Either way, she'd be cared for throughout the entire study. That knowledge made Rose feel a lot better.



What happens if there aren't any clinical trials for me?

There are new clinical trials becoming available all the time. I think it's important to have an ongoing conversation with your doctor and loved ones when it comes to making treatment decisions.

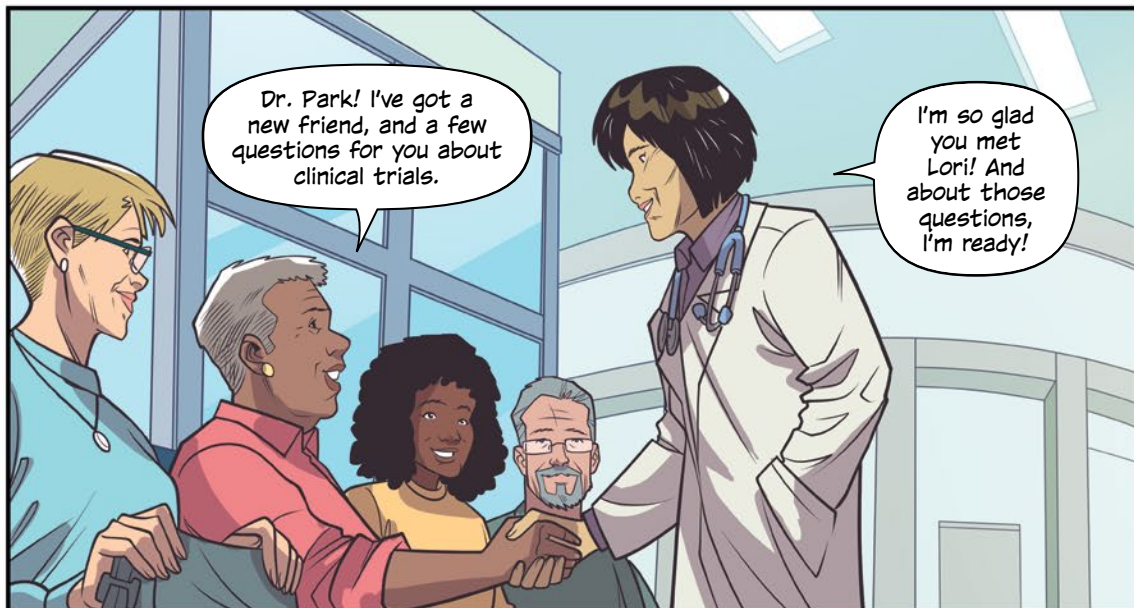


And there's also this other side to being in a clinical trial—knowing that I could be helping other women like me in the future. That feels good.



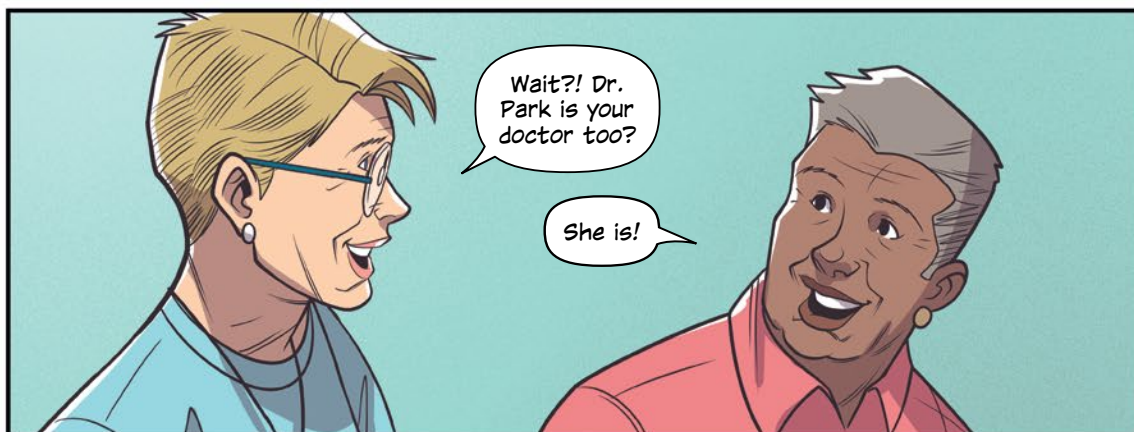
Patience isn't my strong suit.

Me neither! But with the amount of waiting that you go through during cancer treatment—waiting for test results, waiting to see if treatment is working—I've learned to give myself grace and that's helped with being more patient.



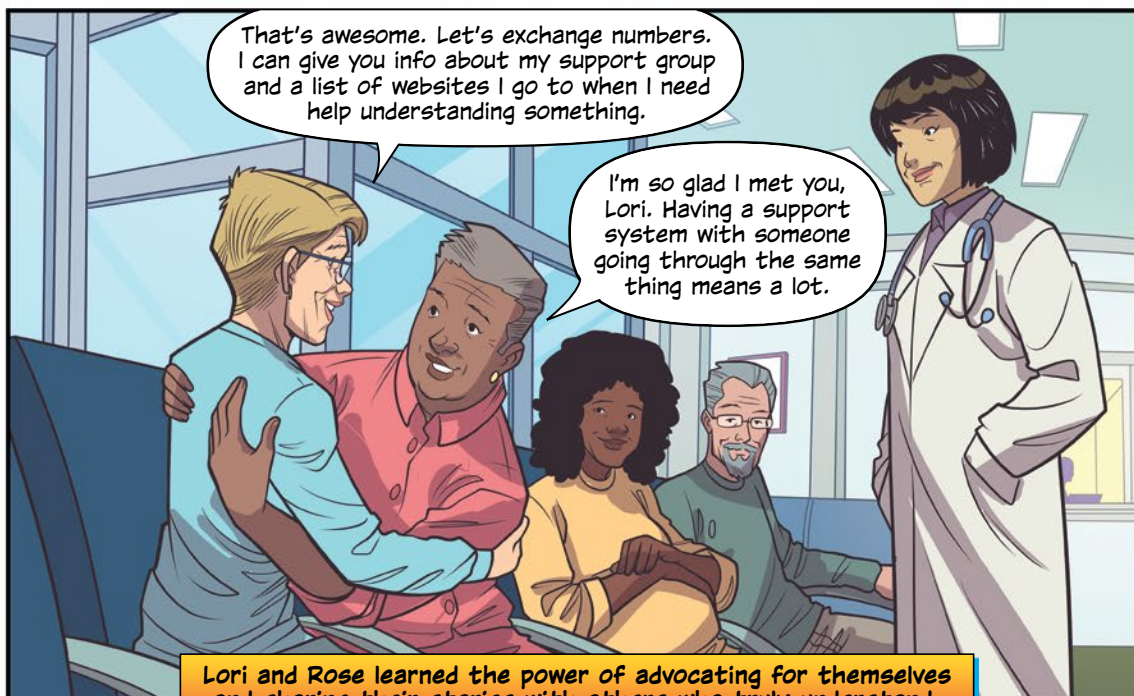
Dr. Park! I've got a new friend, and a few questions for you about clinical trials.

I'm so glad you met Lori! And about those questions, I'm ready!



Wait?! Dr. Park is your doctor too?

She is!



That's awesome. Let's exchange numbers. I can give you info about my support group and a list of websites I go to when I need help understanding something.

I'm so glad I met you, Lori. Having a support system with someone going through the same thing means a lot.

Lori and Rose learned the power of advocating for themselves and sharing their stories with others who truly understand.

GLOSSARY

AROMATASE INHIBITOR

A class of drugs used in the treatment of breast cancer in postmenopausal women. These medications lower estrogen levels by stopping an enzyme in fat tissue (called aromatase) from changing other hormones into estrogen, which can fuel the growth of breast cancer cells.

BIOMARKER

Any substance made in your body that your doctor can measure with lab tests to better understand your breast cancer.

BIOPSY

A procedure that removes cells or tissue from your body so that they can be examined under a microscope or tested in other ways, including testing for biomarkers and gene mutations.

ENDOCRINE THERAPY

Also called hormone-blocking therapy or hormone treatment, endocrine therapy is used to treat cancers that use hormones to grow, such as breast cancer. It is used to slow or stop the growth of hormone-sensitive tumors by blocking the body's ability to produce hormones or by interfering with the effects of hormones on breast cancer cells.

ER-POSITIVE BREAST CANCER

Breast cancers that have a lot of estrogen receptors. These cancer cells may stop growing or die when treated with drugs that block estrogen production or the ability of estrogen to attach to the estrogen receptors.

ESR1 MUTATION

An gene change that causes resistance to endocrine therapy. It is reported in approximately one-third of metastatic breast cancer patients and primarily among those treated with endocrine therapy.

ESTROGEN RECEPTOR

Estrogen receptors are found in healthy breast cells and breast cancer cells. Too many estrogen receptors makes breast cancer cells grow, multiply, and behave in an out-of-control way.

GENOMIC TESTING

A laboratory test to check for certain genes or gene mutations (changes) in a sample of cancer cells or cancer DNA. It may be used to help plan treatment and make predictions about how a cancer may behave.

GLOSSARY

INVESTIGATIONAL

Refers to a substance that has been tested in the laboratory and has been approved by a country's health agency for giving to people in a clinical trial. Also called *experimental*.

LIQUID BIOPSY

A blood test to analyze cancer cells or cancer cell DNA circulating in your blood. A liquid biopsy may be used to help plan treatment, find out how well treatment is working or, check if cancer has come back. Checking your blood over time may also help your doctor understand what kind of changes are taking place in your cancer cells.

METASTATIC

Having to do with metastasis, which is the spread of cancer from the primary site (place where it started) to other places in the body.

RECEPTOR

Receptors are a normal part of every cell in the body. Receptors receive signals from the body and then tell the cell what to do, like grow, multiply, or do its job.

SELECTIVE ESTROGEN RECEPTOR DEGRADER (SERD)

A drug that acts on estrogen receptors and causes them to be broken down in the process. Fulvestrant (FASLODEX) is in this class of drugs.

SELECTIVE ESTROGEN RECEPTOR MODULATOR (SERM)

A drug that acts on estrogen receptors, but in a different way in different tissues. In ER-positive breast cancer cells, SERMs block estrogen receptors, which helps to stop the cells from growing and multiplying. In other tissues such as bone, SERMs have the opposite effect and stimulate estrogen receptors, which helps with bone loss caused by lack of estrogen. Tamoxifen is a SERM used for ER-positive breast cancer treatment.

STANDARD OF CARE

Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals. Also called best practice, standard medical care, and standard therapy.

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[ISBN XXXXXXXXXXXXXXXX]

Organizations dedicated to supporting and empowering people with breast cancer.



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