Desktop View

To: [HCP's email address]
From: [Variable friendly from] <[Variable from]>
Subject Line: [Variable subject line]
Preheader: [Variable preheader]

In your eligible *ESR1*-mutated, ER+/HER2- mBC patient,
What might a reduction in risk of progression or death mean for her?

Not an actual patient.

ONCE-DAILY
ORSERDU® elacestrant
345 mg • 86 mg tablets

Dear Healthcare Professional,

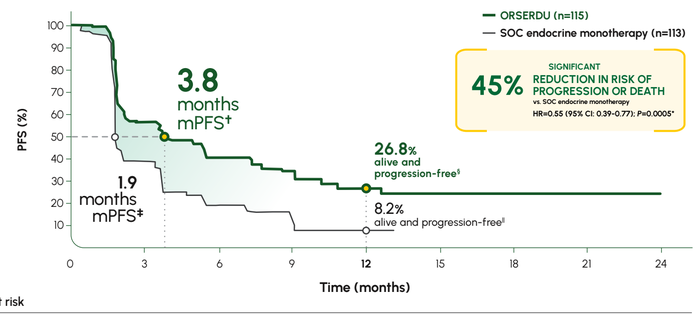
Patients in the EMERALD trial with *ESR1*-mutated, ER+/HER2- mBC had a 45% reduction in the risk of progression or death with ORSERDU.

ORSERDU is indicated for the treatment of postmenopausal women or adult men with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, *ESR1*-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.

In the EMERALD study, ORSERDU doubled the mPFS compared to SOC (fulvestrant or an AI [anastrozole, letrozole, or exemestane]) in patients with *ESR1*-mutated, ER+/HER2- mBC following progression on ET + CDK4/6i.[1]

Primary endpoint in EMERALD:
PFS in patients with *ESR1*-mutated mBC[1-3]

2x mPFS with ORSERDU vs. SOC[1,2]



No. at risk

ORSERDU	115	105	54	46	35	33	26	26	21	20	16	14	11	9	7	5	5	4	4	1	1	1	1	0
SOC endocrine monotherapy	113	99	39	34	19	18	12	12	9	9	4	1	1	1	0									

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Absolute difference in mPFS of 1.9 months between SOC and ORSERDU arms[2]

- Landmark analysis PFS rates at 3, 6, 12, and 18 months (95% CI): 55.9% (45.8-66.1) with ORSERDU vs. 39.6% (29.4-49.7) with SOC endocrine monotherapy; 40.8% (30.1-51.4) with ORSERDU vs. 19.1% (10.5-27.8) with SOC endocrine monotherapy; 26.8% (16.2-37.4) with ORSERDU vs. 8.2% (1.3-15.1) with SOC endocrine monotherapy; and 24.3% (13.7-35.0) with ORSERDU vs. not evaluable with SOC endocrine monotherapy, respectively.[1,3]
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Learn more about the efficacy and safety of ORSERDU >

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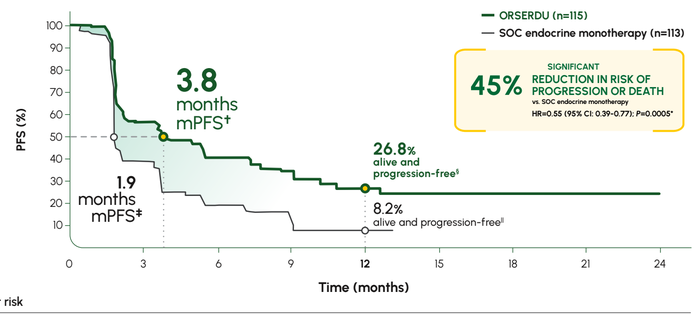

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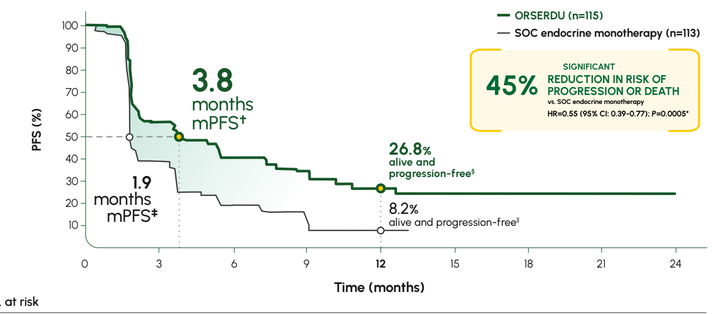

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