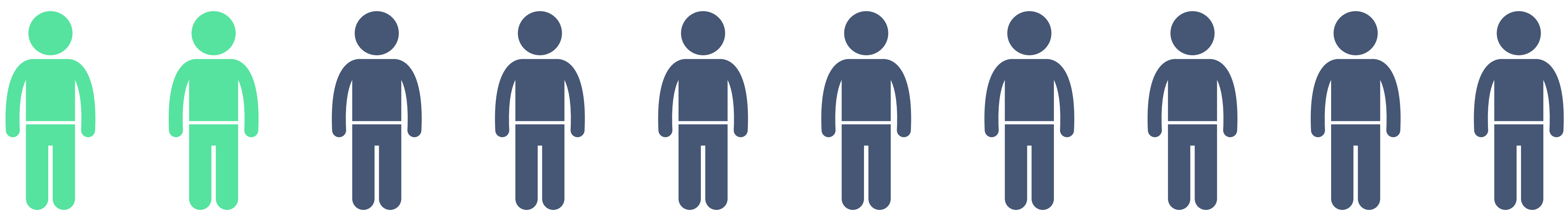


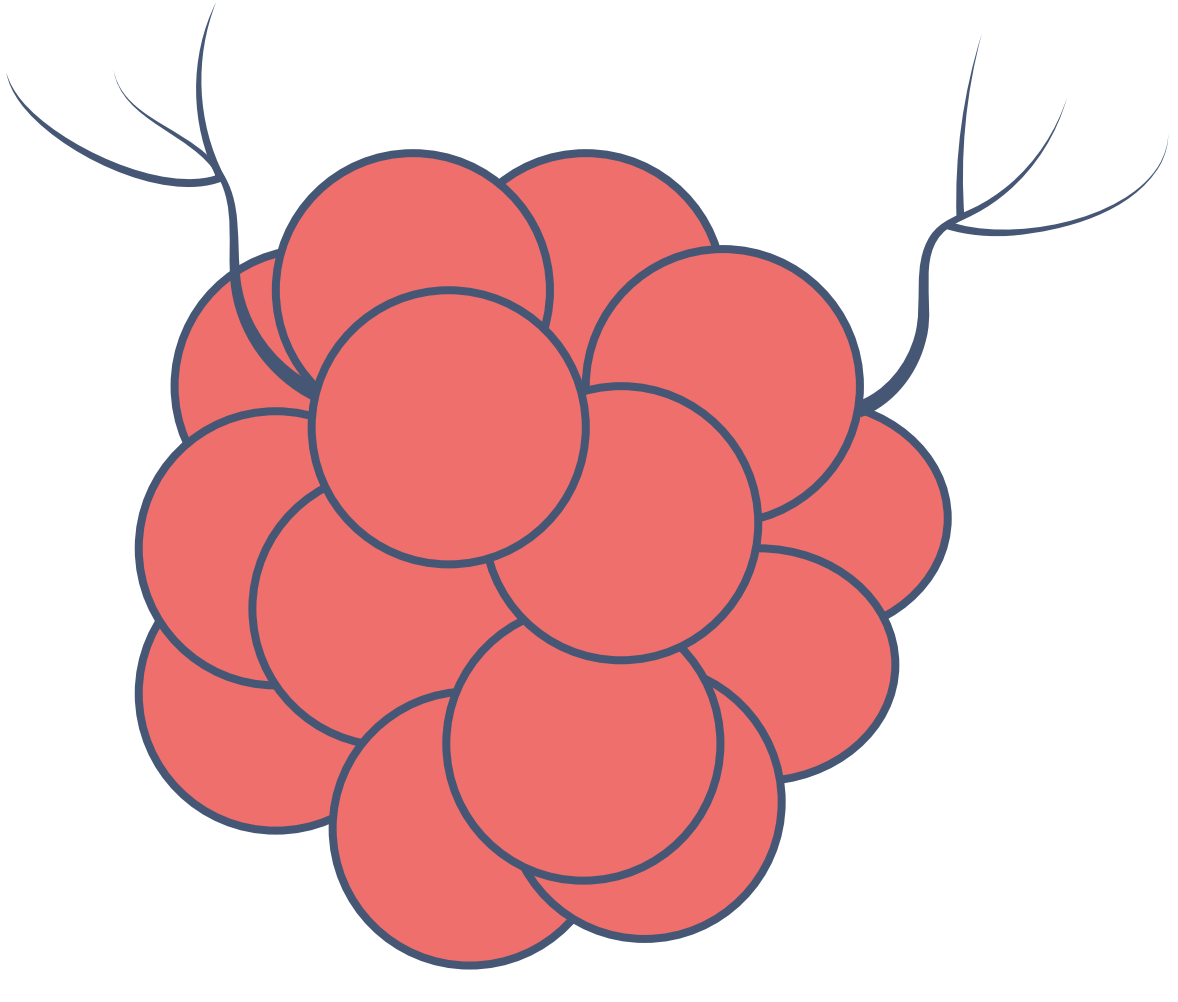
A look at current and potential treatment approaches for hormone receptor-positive, HER2-negative early breast cancer

Approximately 20% of patients with HR+/HER2- EBC will still experience disease recurrence within the first 10 years following standard treatment with ET and chemotherapy²



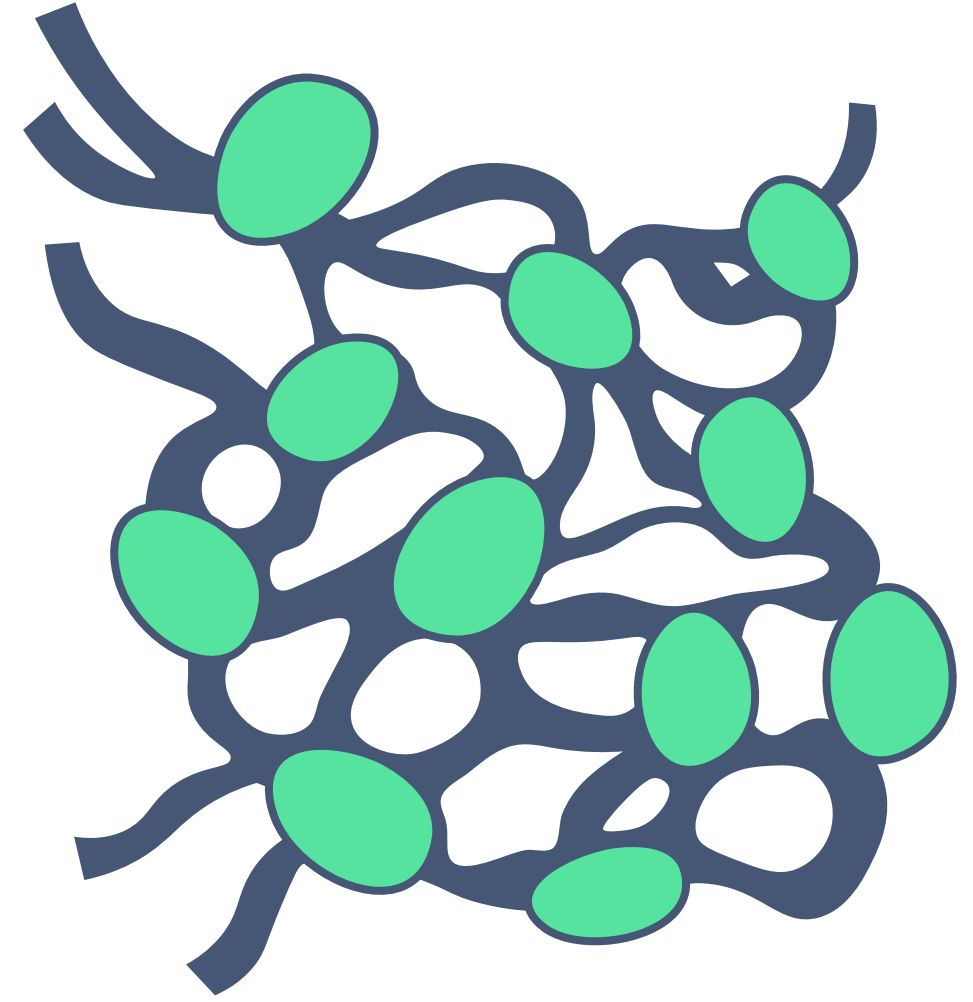
Patient factors that increase the risk of recurrence include¹:

Tumour grade and size



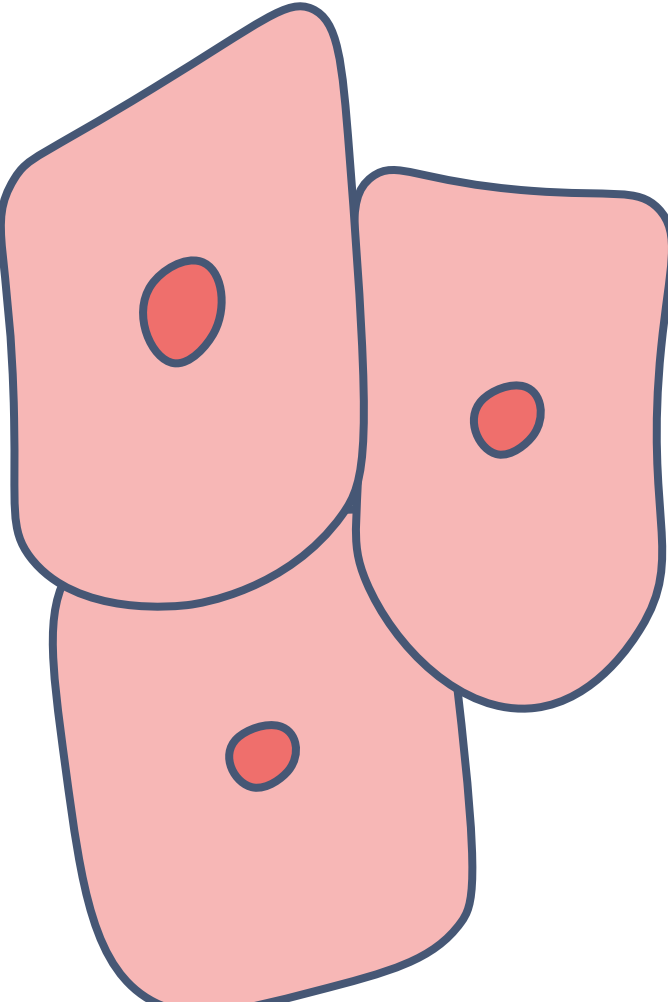
Persistent risk for recurrence creates a need for more effective adjuvant treatment approaches, particularly for this high-risk, HR+ patient population

Nodal involvement



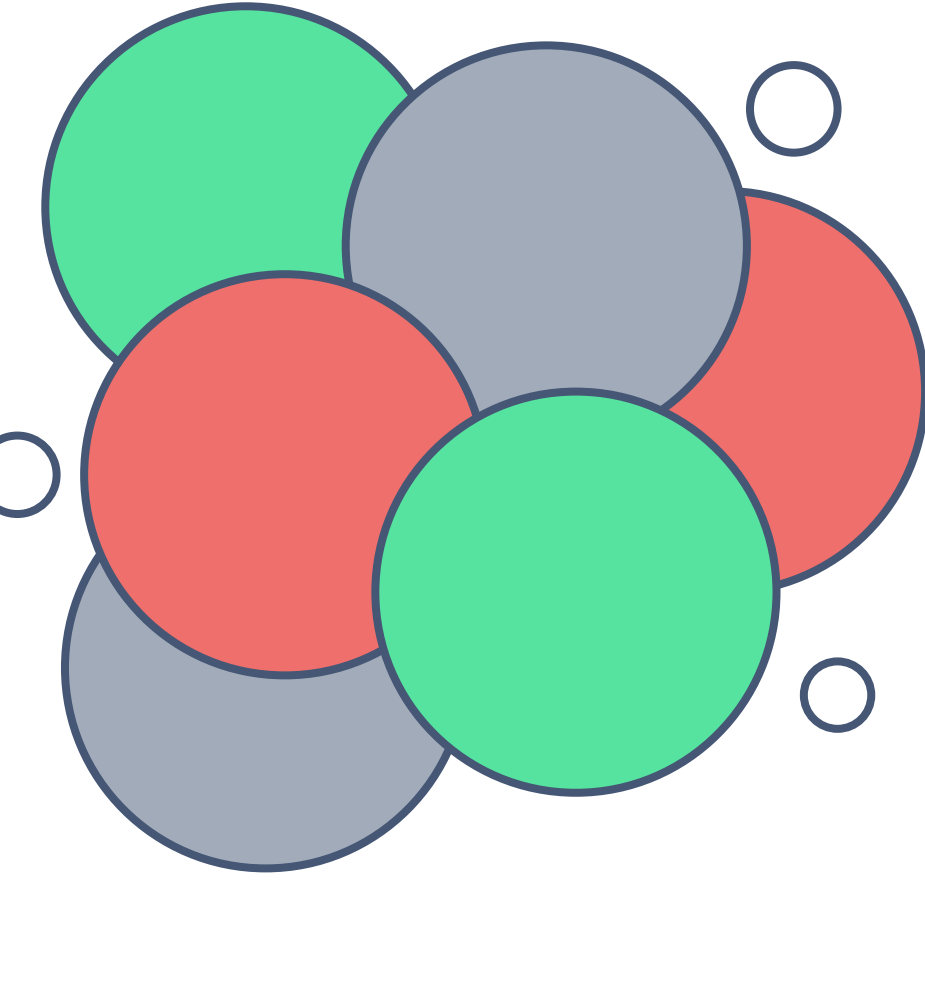
CDK4/6 inhibitors palbociclib, ribociclib, and abemaciclib are approved in combination with either an AI or fulvestrant and are an established part of the standard of care for patients with advanced, HR+/HER2- disease³

High proliferation



Due to high efficacy in the advanced setting, CDK4/6 inhibitors are now under investigation in people **with early stage disease** to expand treatment options in the adjuvant setting

High Ki67 index



Patient selection and eligibility

Patients with EBC are required to have a high-risk of recurrence, including node-positive disease, and a Ki67 level $\geq 20\%$ to be eligible for treatment with CDK4/6 inhibitors^{1,4}

Latest clinical trial data investigating efficacy of CDK4/6 inhibitors in HR+/HER2- EBC

	PALLAS ⁵	PENELOPE-B ⁶	MonarchE ⁷
CDK4/6 inhibitor	Palbociclib	Palbociclib	Abemaciclib
Duration of therapy	2 years	1 year	2 years
Median follow-up	23.7 months	42.8 months	27.1 months
2-year iDFS (%)	NR	88.3 vs 84.0	92.7 vs 90.0
3-year iDFS (%): HR	88.2 vs 88.5: 0.93 (P=NS)	81.2 vs 77.7: 0.93 (P=NS)	88.8 vs 83.4: 0.696 (P<0.0001)
Discontinuation rate due to any reason (%)	42.2	17.5	27.7

Summary of key findings

PALLAS and PENELOPE-B studies

Failed to meet primary end point of improved iDFS

MonarchE study

Abemaciclib significantly increased 3-year iDFS

iDFS and distant RFS benefit continued to increase during the second year of treatment

Benefit was maintained beyond the 2-year study treatment period

On the basis of these data, abemaciclib is now approved in combination with ET (either tamoxifen or an AI) for the adjuvant treatment of patients with HR+/HER2- EBC^{8,9}

AI, aromatase inhibitor; CI, confidence interval; DRFS, distant relapse-free survival; EBC, early breast cancer; ET, endocrine therapy; HR, hazard ratio; HR+, hormone receptor positive; HER2-, human epidermal growth factor receptor 2 negative; iDFS, invasive disease-free survival; NR, not reported; NS, not significant; RFS, recurrence-free survival.
References. 1. Harbeck et al. Cancer. 2022;128(11):2209-2223; 2. EBCTCG. Lancet. 2015;386:1341-1352; 3. Harbeck et al. Nat Rev Dis Primers. 2019;5:66; 4. Eli Lilly and Company. 2021; 5. Mayer et al. Lancet Oncol. 2021;22:212-222; 6. Loibl et al. J Clin Oncol. 2021;39:1518-1530; 7. O'Shaughnessy et al. Ann Oncol. 2021;32:P1646-P1649; 8. VERZENIO® (abemaciclib) Highlights of Prescribing Information. 2021. 9. Abemaciclib, Verzenios® Summary of Product Characteristics (SmPC) - (EMC). 2022.