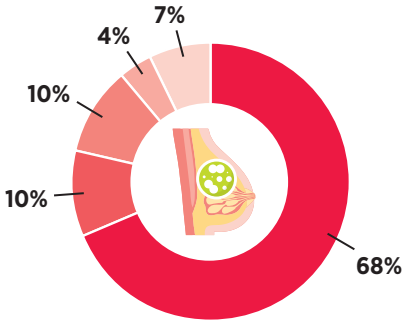
Advances Against Early-Stage Breast Cancer

Breast cancer is categorized into distinct subtypes based on the presence or absence of three proteins—estrogen receptor (ER), progesterone receptor (PR), and human epidermal growth factor receptor 2 (HER2).

PERCENT OF FEMALE BREAST CANCER CASES BY CANCER SUBTYPE*



* Data Timeframe: 2015-2019

† HR refers to hormone receptors and includes both ER and PR

‡ (+) and (-) signs indicate presence or absence, respectively, of the indicated protein

§ Breast cancers that are negative for HR and HER2 are also called triple negative breast cancers or TNBC.

Although there are several FDA-approved targeted therapies to treat breast cancer that have higher than normal levels of HER2 protein (HER2+), these therapies are less effective against breast cancers that have reduced levels of HER2 protein or have completely lost the protein (HER2-) and HER2- early-stage breast cancer has been particularly challenging to treat. However now there are some options to treat HER2- early-stage breast cancer:

ABEMACICLIB (VERZENIO)

FDA APPROVED

OCTOBER 2021

Approved to treat patients who have HER- early-stage breast cancer and a high likelihood of cancer recurrence. Abemaciclib is an inhibitor of CDK4/6 proteins that are essential for cells to divide.

OLAPARIB (LYNPARZA)

FDA APPROVED

MARCH 2022

Approved to treat patients with high-risk early-stage breast cancer, who have a harmful or suspected harmful inherited mutation in the *BRCA* gene. Olaparib is an inhibitor of an enzyme called poly (ADP-ribose) polymerase, which is crucial for repairing the damaged DNA.