ETCAMAH®
camizestrant
75 mg tablets

Under accelerated approval, in combination with a CDK4/6i for HR+/HER2- mBC upon detection of *ESR1*m during 1L AI + CDK4/6i[1]

Dosing & Treatment Management Guide

ETCAMAH + CDK4/6i

Discover the data at etcamahHCP.com/S6DB

1L=first line; AI=aromatase inhibitor; CDK4/6i=cyclin-dependent kinase 4/6 inhibitor; *ESR1*m=estrogen receptor 1 gene mutation; FDA=Food and Drug Administration; HER2-=human epidermal growth receptor 2-negative; HR+=hormone receptor-positive; mBC=metastatic breast cancer.

INDICATION

ETCAMAH in combination with a CDK4/6 inhibitor (abemaciclib, palbociclib, or ribociclib) is indicated for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer upon detection of *ESR1* mutation during aromatase inhibitor and CDK4/6 inhibitor therapy, based on an FDA-authorized test.

This indication is approved under accelerated approval based on progression-free survival as measured from detection of *ESR1* mutation. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING

WARNING: ARRHYTHMIA RISK WITH CONCOMITANT USE OF QTc INTERVAL PROLONGING DRUGS

ETCAMAH in combination with ribociclib, a QTc interval prolonging drug and a strong CYP3A inhibitor, or in combination with other QTc interval prolonging drugs, can increase the risk of Torsades de Pointes (TdP), other ventricular arrhythmias, and sudden death.

Avoid concomitant use of ETCAMAH with products (other than ribociclib) known to prolong the QTc interval and/or have a known risk of TdP. If concomitant use with other products cannot be avoided, monitor the QTc interval more frequently.

Obtain electrocardiogram (ECG) prior to initiation and monitor heart rate (HR) and QTc interval during treatment. Assess and correct electrolyte abnormalities prior to initiation and during treatment. Withhold ETCAMAH until resolution of QTc interval prolongation and resume or permanently discontinue ETCAMAH based on severity.

Please see additional Important Safety Information on pages 3, 10–11, and full Prescribing Information, including Boxed WARNING, and Patient Information for ETCAMAH.

In combination with CDK4/6i,

Cardiac assessments when switching to ETCAMAH **should be completed in the first 2 weeks of therapy**[1]

Assessment	Baseline	Week 1	Week 2	Week 3	Week 4
ECG	✓	✓	✓	*As clinically indicated*	
Electrolytes	✓	*As clinically indicated*			
AND	If patient has bradycardia at baseline (<60 bpm) or on a concomitant medication known to lower heart rate (eg, beta blockers):				
Heart Rate	✓	*As clinically indicated*			

- Perform an electrocardiogram (ECG) prior to initiating ETCAMAH, then every week for the first 2 weeks of treatment, and periodically during treatment as clinically indicated
- Obtain serum electrolytes at baseline and during treatment as clinically indicated, and correct electrolyte abnormalities
- Monitor heart rate more frequently during the first 30 days of treatment with ETCAMAH in patients with bradycardia (resting heart rate less than 60 bpm) at baseline and those on concomitant medications known to lower heart rate (eg, beta-blockers) if concomitant use cannot be avoided

Please see full Prescribing Information for additional information on cardiac monitoring, dose modifications, and drug interactions.

ECG=electrocardiogram; QTc=corrected QT interval, a heart rate-adjusted measurement used on an EKG to assess the heart's electrical cycle.

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING (cont'd)

WARNINGS AND PRECAUTIONS

QTc Interval Prolongation: ETCAMAH in combination with a CDK4/6 inhibitor (CDK4/6i) is associated with QTc interval prolongation. When ETCAMAH is used in combination with ribociclib, a CDK4/6i, there is potential for increased risk of TdP, other ventricular arrhythmias, and sudden death. One Grade 4 case of TdP was observed in a dose-finding trial when ETCAMAH was used with ribociclib. In SERENA-6, QTc interval prolongation occurred in 2.6% of patients treated with ETCAMAH in combination with a CDK4/6i. QTc interval prolongation led to dose interruption in 0.6% of patients. No patients in SERENA-6 discontinued ETCAMAH due to QTc interval prolongation. ETCAMAH also causes bradycardia, which increases the risk of QTc interval prolongation.

Perform an ECG prior to initiating ETCAMAH, then every week for the first 2 weeks of treatment, and periodically during treatment as clinically indicated. Obtain serum electrolytes at baseline and during treatment as clinically indicated, and correct electrolyte abnormalities. Avoid concomitant use of ETCAMAH in combination with a CDK4/6i with products that cause QTc interval prolongation, are strong CYP3A inhibitors, and/or are drugs known to lower HR.

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Upon *ESR1*m detection,

Switch to ETCAMAH—a **convenient, once-daily tablet** taken in combination with any FDA-approved CDK4/6i[1]

1 tablet (75 mg)

ONCE DAILY with or without food*

WITH ANY FDA-APPROVED CDK4/6i
✓ribociclib ✓abemaciclib
✓palbociclib

***For patients with severe hepatic impairment receiving ETCAMAH in combination with ribociclib, dose 75 mg once every other day.[1]**

Avoid concomitant use of strong CYP3A inducers and moderate CYP3A inducers when combining ETCAMAH with abemaciclib or palbociclib. If concomitant use of a moderate CYP3A inducer cannot be avoided, dose modifications will differ based on the CDK4/6i used.[1]

Advise patients when taking ETCAMAH[1,†]:

Take one tablet at the same time each day
If a dose of ETCAMAH is missed, instruct the patient to take the missed dose if it's within 6 hours or skip the missed dose if more than 6 hours have passed. The next dose should be taken at the usual time the following day. If the patient vomits a dose of ETCAMAH, instruct the patient not to take an additional dose and to take the next dose at the usual time.

Swallow the tablet whole
Do not cut, crush, or chew tablets prior to swallowing. Do not take any ETCAMAH tablets that are broken, cracked, or otherwise not intact.

Please see full Prescribing Information for drug interactions, dosing, and administration. Refer to the full Prescribing Information of the CDK4/6i or other concomitant medications for dosing.

The recommended dose of a CDK4/6 inhibitor is continued at the same dose at the time of initiation of ETCAMAH as when the *ESR1*m was detected.[1]

[†]Until disease progression or unacceptable toxicity.[1]

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

QTc Interval Prolongation (cont'd): For QTc >500 msec or QTc >480 msec and prolongation from baseline >60 msec, withhold ETCAMAH. If other contributing causes are identified, then treat or correct the contributing causes. Resume ETCAMAH when QTc returns to <480 msec. Reassess ECGs weekly for the first 2 weeks of treatment, and periodically during treatment as clinically indicated. Permanently discontinue ETCAMAH if QTc interval prolongation is either >500 msec or >60 msec change from baseline AND associated with any: TdP, polymorphic ventricular tachycardia, syncope, or signs/symptoms of serious arrhythmia.

Please see additional Important Safety Information on pages 1, 10–11, and full Prescribing Information, including Boxed WARNING, and Patient Information for ETCAMAH.

In SERENA-6,

Adverse reactions were mostly **grade 1 or 2**[1]

1.3%
discontinued due to ARs
with ETCAMAH + CDK4/6i[1,*]

~90%
of patients did not report diarrhea
9% had grade 1 or 2 diarrhea
with ETCAMAH + CDK4/6i[2]

- Dose interruptions of ETCAMAH due to adverse reactions occurred in 22% of patients[1,†]

Adverse reactions in ≥10% of patients[1,‡]	ETCAMAH + CDK4/6i (n=155)		AI + CDK4/6i (n=155)	
	All grades, %	Grade 3 or 4, %	All grades, %	Grade 3 or 4, %
Eye disorders				
Visual disturbances[§]	**34**	**0.6**	16	0
Dry eye	**12**	**0**	7	0
General disorders and administration site conditions				
Fatigue[‖]	**23**	**0**	19	0.6
Musculoskeletal and connective tissue disorders				
Arthralgia	**16**	**0**	17	0.6
Back pain	**10**	**0.6**	10	0
Gastrointestinal disorders				
Nausea	**10**	**0**	14	0.6

*Adverse reactions that resulted in permanent discontinuation of ETCAMAH included gastroesophageal reflux disease, cholestasis, and hepatic cytolysis (0.6% each).[1]
†The adverse reactions (≥2%) leading to dose interruptions were bradycardia (3.9%) and visual disturbances (2.6%).[1]
‡Graded according to National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 5.0.[1]
§Visual disturbances include: photopsia, blurred vision, visual field defect, decreased visual acuity, visual impairment, diplopia, photophobia, and visual perseveration.[1]
‖Fatigue includes: fatigue and asthenia.[1]

AR=adverse reaction; CTCAE=Common Terminology Criteria for Adverse Events; NCI=National Cancer Institute.

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In SERENA-6,

Additional safety and tolerability data[1]

- The median duration of exposure was 10.1 months in the ETCAMAH + CDK4/6i arm[1]
- Serious adverse reactions occurred in 10% of patients in the ETCAMAH + CDK4/6i arm. Serious adverse reactions in >1% of patients included urinary tract infection, pneumonia, and osteonecrosis of jaw (1.3% each). Fatal adverse reactions occurred in 1.3% of patients who received ETCAMAH + CDK4/6i including acute respiratory distress syndrome and sudden death (0.6% each)[1]

Laboratory abnormalities (≥10% of patients)[1,*,†]

	ETCAMAH + CDK4/6i (n=155)		AI + CDK4/6i (n=155)	
	All grades, %	Grade 3 or 4, %	All grades, %	Grade 3 or 4, %
Hematology				
Neutrophils decreased	**68**	**42**	66	39
Leukocytes decreased	**66**	**23**	58	17
Hemoglobin decreased	**47**	**3.9**	38	5
Lymphocytes decreased	**39**	**9**	37	8
Platelets decreased	**36**	**2.6**	30	1.3
Chemistry				
Aspartate aminotransferase increased	**17**	**2.6**	29	1.3
Corrected calcium decreased	**17**	**0**	12	0.7
Creatinine increased	**16**	**0.6**	20	1.3
Gamma glutamyl transferase increased	**12**	**2.7**	23	8
Alanine aminotransferase increased	**12**	**1.3**	20	0
Creatine kinase increased	**12**	**0**	6	0
Alkaline phosphatase increased	**10**	**0.7**	22	0.7

*Graded according to NCI CTCAE version 5.0.[1]
†Includes patients with at least one baseline and one post-baseline result.[1]

<1% of patients had a dose modification due to liver toxicity[1,‡]

‡0.6% permanently discontinued due to hepatic cytolysis.[1]

Please see Important Safety Information on pages 1, 3, 10–11, and full Prescribing Information, including Boxed WARNING, and Patient Information for ETCAMAH.

In SERENA-6,

Cardiac events associated with ETCAMAH were **generally low grade and reversible**[1]

Bradycardia

Low incidence – 8%[1]

No grade 3 or above events reported[2]
(Grade 1–5.2%; Grade 2–2.6%)

No medical interventions were required beyond dose interruption[1]

Median time to onset was 17 days (range: 13-283)[1]
Maximum decrease in heart rate observed on day 15[1]

Patients with bpm <55 were excluded in SERENA-6.[1]

QTc interval prolongation when combined with ribociclib or other known QTc interval prolonging drugs

Low incidence – 2.6%[1,4]

Generally low grade[3,4*]
(Grade 1–1.3%; Grade 2–0.6%; Grade 3–0.6%)
In a dose-finding trial, a Grade 4 Torsades de Pointes was observed in one patient with confounding factors receiving ETCAMAH + ribociclib

No clinically meaningful **arrhythmia reported**[8]

Reversible with dose interruption[4]

No patients discontinued ETCAMAH due to a cardiac event[1]

3.9% of patients had a dose interruption due to bradycardia and 0.6% due to QTc prolongation[1]

Please see full Prescribing Information for additional information on cardiac monitoring, dose modifications, and drug interactions.

Management of bradycardia[1]

	How to grade	Action
Grade 1	Asymptomatic	◆ No intervention needed
Grade ≥2*	Symptomatic	◆ Withhold ETCAMAH until symptoms resolve ◆ Obtain ECG to evaluate etiology of symptomatic bradycardia ◆ If a contributing concomitant medication is identified, modify the dosage or discontinue this medication as appropriate until bradycardia symptoms resolve and then resume ETCAMAH ◆ Consider reassessing the heart rate after restart of ETCAMAH ◆ Permanently discontinue ETCAMAH for persistent symptomatic bradycardia

Management of QTc prolongation[1,5]

	How to grade	Action
Grade 1	QTc 450-480 msec	◆ No intervention needed
Grade ≥2*	QTc >500 msec or QTc >480 msec and prolongation from baseline >60 msec	◆ Withhold ETCAMAH ◆ If other contributing causes are identified, then treat or correct the contributing causes ◆ Resume ETCAMAH when QTc returns to <480 msec ◆ Reassess ECGs weekly for the first 2 weeks of treatment, and periodically during treatment as clinically indicated ◆ Permanently discontinue ETCAMAH if QTc interval prolongation is either >500 msec or >60 msec change from baseline AND associated with any of the following: Torsades de Pointes, polymorphic ventricular tachycardia, syncope, or signs/symptoms of serious arrhythmia

*Severity as defined by NCI CTCAE version 5.0.[1]

Please see Important Safety Information on pages 1, 3, 10–11, and full Prescribing Information, including Boxed WARNING, and Patient Information for ETCAMAH.

In SERENA-6,

Visual disturbances were reported to have **no or generally minimal effect on patients' daily activities**[1,2]

In patients who reported visual disturbances[1,2,6,*]:

The vast majority were grade 1

and not impacting activities of daily living

- **Rates:** ~90% grade 1, ~8% grade 2, and ~2% grade 3[†]
- **Median time to onset:** 8 days
- **Duration:** <1 minute/episode
- **Frequency:** ≤3 days a week

*34% of patients in the ETCAMAH + CDK4/6i arm (n=155) and 16% of patients in the AI + CDK4/6i arm (n=155).[6]

No increased risk of clinically meaningful changes in visual acuity[1,2,6]

- No or negligible impact on ability to drive or use machines

No baseline eye exam required[1]

- No increased severity over time[6,‡]
- Nonstructural and reversible effect on the eye[6,7,§]

No patients discontinued ETCAMAH due to visual disturbances[1]

2.6% of patients had a dose interruption due to visual disturbances[1]

Visual disturbances in SERENA-6[2,6]

- In the ETCAMAH + CDK4/6i arm, the most common visual disturbance was photopsia (20%), which is the perception of flashing or flickering lights without an external stimulus
  - Photopsia was typically observed in the periphery and was not associated with structural eye abnormalities[2]
- Other visual disturbances included vision blurred (7.1%), visual impairment (3.9%), diplopia (1.9%), photophobia (1.9%), and visual perseveration (1.3%)[6]

[†]Grade 2: Limiting instrumental ADL; Grade 3: Limiting self-care ADL.[1]

[‡]The NEI-VFQ-25 assesses how visual function affects daily activities and overall vision-related QoL. This questionnaire comprises 11 subscales. Adherence was calculated for each timepoint and was defined as the number of patients with an evaluable questionnaire (≥1 subscale completed) divided by the total number of patients expected to complete the questionnaire at that timepoint. At baseline, 69% of patients in the ETCAMAH + CDK4/6i arm and 59% of patients in the AI + CDK4/6i arm completed ≥1 subscale of the NEI-VFQ-25.[6]

[§]Based on ophthalmological review of patients reporting visual disturbances.[1]

Findings from the NEI-VFQ-25 are exploratory and descriptive, intended to characterize patient-reported visual symptoms and function and may be subject to inherent limitations of PRO measures. Clinicians should apply their own judgment. These questionnaires were not designed to evaluate early visual disability; results may underrepresent such impairments.

ADL=activities of daily living; NEI-VFQ-25=National Eye Institute Visual Function Questionnaire-25; PRO=patient-reported outcome.

Management of visual disturbances[1,5]

	How to grade	Action
Grade 1	Symptomatic but not limiting activities of daily living	◆ No intervention needed
Grade ≥2*	Limiting instrumental ADLs*	◆ Withhold ETCAMAH until symptoms resolve to Grade 1 or below ◆ Refer patients to an eye care professional for an ophthalmic examination and treatment Reassess visual disturbances at the next visit

*Graded according to NCI CTCAE version 5.0.[1]

Additional **safety information**

Management of other adverse reactions[1]

	How to grade	Action
Grade ≤2	Asymptomatic, mild or limiting age appropriate instrumental activities of daily living	◆ No intervention needed
Grade ≥3	Limiting self-care activities of daily living	◆ Withhold ETCAMAH until resolution to Grade 2 or below, then resume ETCAMAH ◆ Permanently discontinue ETCAMAH for recurrence of Grade 3 or higher adverse reactions

Refer to the full Prescribing Information for the coadministered CDK4/6 inhibitor for dose modification guidelines in the event of toxicity and other relevant safety information.

Please see Important Safety Information on pages 1, 3, 10–11, and full Prescribing Information, including Boxed WARNING, and Patient Information for ETCAMAH.

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Bradycardia: ETCAMAH causes a decrease in HR. Bradycardia increases the risk for life-threatening arrhythmias and sudden death when concomitant QTc interval prolongation is present, such as when ETCAMAH is used in combination with ribociclib, both a QTc interval prolonging product and a strong CYP3A inhibitor. In SERENA-6, bradycardia occurred in 8% of patients. The mean HR decrease from baseline was approximately 13 beats per minute (bpm) with the maximum decrease observed on day 15. Median time to onset was 17 days (range 13 to 283) after starting ETCAMAH. No patients discontinued ETCAMAH due to bradycardia. Dose interruption occurred in 3.9% of patients. The safety of ETCAMAH has not been established in patients with a baseline resting HR <55 bpm as these patients were excluded from SERENA-6. Monitor HR more frequently during the first 30 days of treatment in patients with bradycardia (HR <60 bpm) at baseline and those on concomitant medications known to lower HR (eg, beta-blockers).

For symptomatic (Grade 2 or above) bradycardia, withhold ETCAMAH until symptoms resolve. Obtain ECG to evaluate etiology. If a contributing concomitant medication is identified, modify the dosage or discontinue this medication, as appropriate, until bradycardia symptoms resolve, then resume ETCAMAH. Consider reassessing the HR after restart. Permanently discontinue for persistent symptomatic bradycardia.

Embryo-Fetal Toxicity: Based on findings in animals and its mechanism of action, ETCAMAH can cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective non-hormonal contraception during treatment with ETCAMAH and for 4 weeks after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ETCAMAH and for 1 week after the last dose.

ADVERSE REACTIONS

The most common (≥20%) adverse reactions, including laboratory abnormalities, with ETCAMAH in combination with a CDK4/6i were decreased neutrophils (68%), decreased leukocytes (66%), decreased hemoglobin (47%), decreased lymphocytes (39%), decreased platelets (36%), visual disturbances (34%), and fatigue (23%).

Permanent discontinuation due to adverse reactions occurred in 1.3% of patients. Adverse reactions that resulted in permanent discontinuation of ETCAMAH included gastroesophageal reflux disease, cholestasis and hepatic cytolysis (0.6% each). Dosage interruption of ETCAMAH due to adverse reactions occurred in 22% of patients.

Visual disturbances: For visual disturbances limiting instrumental ADLs (activities of daily living) (Grade 2) or above, withhold ETCAMAH until symptoms resolve to Grade 1 or below. Refer to an eye professional for an ophthalmic examination and treatment and reassess at the next visit.

For other Grade 3 or higher adverse reactions: Withhold ETCAMAH until resolution to Grade 2 or below, then resume. Permanently discontinue for recurrence of Grade 3 or higher adverse reactions.

DRUG INTERACTIONS

- **Strong CYP3A Inhibitors:** Monitor for increased adverse reactions to ETCAMAH and modify the dosage as recommended
- **Strong and Moderate CYP3A Inducers:** Avoid the use of strong CYP3A inducers. Use caution with the co-administration of a moderate CYP3A inducer
  - Avoid concomitant use of moderate CYP3A inducers for patients who are receiving ETCAMAH in combination with abemaciclib or palbociclib. If concomitant use cannot be avoided, increase the ETCAMAH dosage from 75 mg once daily to 150 mg once daily. After the moderate CYP3A inducer has been discontinued for at least 14 days, resume the ETCAMAH dosage used prior to initiation of the moderate CYP3A inducer
  - For patients who are receiving ETCAMAH in combination with ribociclib concomitantly with a moderate CYP3A inducer, no ETCAMAH dosage modification is recommended

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING (cont'd)

DRUG INTERACTIONS (cont'd)

- **CYP2C9 and/or CYP2C19 Substrates:** Avoid concomitant use of ETCAMAH with CYP2C9 or CYP2C19 substrates during treatment with ETCAMAH and at least 2 weeks after the last dose of ETCAMAH, unless otherwise recommended in the Prescribing Information of the CYP2C9 or CYP2C19 substrate
- **Certain CYP3A Substrates:** Refer to the Prescribing Information for CYP3A substrates where minimal increases in the concentration may lead to serious adverse reactions
- **Drugs that Prolong the QTc Interval:** ETCAMAH is indicated in combination with a CDK4/6i and there is increased risk of QTc interval prolongation with ribociclib, a strong CYP3A inhibitor that can prolong the QTc interval. Refer to the ribociclib Prescribing Information for dosage modifications. Avoid concomitant use of ETCAMAH with products (other than ribociclib) known to prolong the QTc interval and/or have a known risk of TdP. If concomitant use with other products cannot be avoided, monitor the QTc interval more frequently. ETCAMAH in combination with a CDK4/6i is associated with QTc interval prolongation
- **Drugs that Cause Bradycardia:** Avoid concomitant use of ETCAMAH with other products known to cause bradycardia. Monitor for signs and symptoms of bradycardia if concomitant use cannot be avoided. ETCAMAH causes decreases in HR that are dose and baseline HR dependent

Refer to the Prescribing Information for the co-administered CDK4/6i for dosage modification guidelines related to adverse reactions, organ impairment, and drug-drug interactions.

SPECIAL POPULATIONS

Pregnancy: Based on findings in animals and mechanism of action, ETCAMAH can cause fetal harm when administered to a pregnant woman. Advise pregnant women and females of reproductive potential of the potential risk to a fetus.

Lactation: Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with ETCAMAH and for 1 week after the last dose.

Females and Males of Reproductive Potential: ETCAMAH can cause fetal harm when administered to pregnant women. Verify pregnancy status of female patients of reproductive potential prior to initiating ETCAMAH. Advise female patients of reproductive potential to use effective non-hormonal contraception during treatment with ETCAMAH and for 4 weeks after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ETCAMAH and for 1 week after the last dose. Refer to the Prescribing Information of the CDK4/6i palbociclib, if used in combination with ETCAMAH, for contraception information and use for the longest recommended post-treatment duration. ETCAMAH may impair fertility in female and male patients.

Pediatric Use: Safety and effectiveness have not been established in pediatric patients.

Hepatic Impairment: In patients with severe (Child-Pugh C) hepatic impairment, when ETCAMAH is combined with ribociclib, reduce the dosing frequency to every other day.

No dosage modifications are required in other patients with hepatic impairment of any level, or when ETCAMAH is combined with abemaciclib or palbociclib, although patients with moderate or severe hepatic impairment (Child-Pugh B or C) should be monitored for increased adverse reactions and dosage modified as recommended.

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References: 1. ETCAMAH® (camizestrant) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2026. **2.** Bidard FC, Mayer EL, Park YH, et al; SERENA-6 Study Group. First-line camizestrant for emerging *ESR1*-mutated advanced breast cancer. *N Engl J Med*. 2025;393(6):569-580.doi:10.1056/NEJMoa2502929 **3.** Hamilton E, Oliveira M, Turner N, et al. A phase I dose escalation and expansion trial of the next-generation oral SERD camizestrant in women with ER-positive, HER2-negative advanced breast cancer: SERENA-1 monotherapy results. *Ann Oncol*. 2024;35(8):707-717. doi:10.1016/j.annonc.2024.04.012 **4.** Data on File. REF-343615. AstraZeneca Pharmaceuticals LP, 2026. **5.** National Cancer Institute (NCI). Common terminology criteria for adverse events (CTCAE), Version 5.0. November 27, 2017. Accessed January 14, 2026. https://dctd.cancer.gov/research/ctep-trials/for-sites/adverse-events/ctcae-v5-5x7.pdf **6.** Brufsky A, Park YH, Bidard FC, et al. SERENA-6 visual patient-reported outcomes & safety: camizestrant for emerging *ESR1*m advanced breast cancer during first-line endocrine-based therapy. *Oncologist*. 2026;oyag278. doi:10.1093/oncolo/oyag278 **7.** Hamm G, Maglennon G, Purbrick S, et al. Camizestrant causes reversible pharmacological effects on retinal responses in rats. *Transl Oncol*. 2025;62:102539. doi:10.1016/j.tranon.2025.102539 **8.** Data on File. REF-347237. AstraZeneca Pharmaceuticals LP, 2026.

Please see Important Safety Information on pages 1, 3, 10–11, and full Prescribing Information, including Boxed WARNING, and Patient Information for ETCAMAH.

You may report side effects related to AstraZeneca products.

AstraZeneca

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