IMPORTANT SAFETY INFORMATION ABOUT ETCAMAH® (camizestrant)

What is the most important information I should know about ETCAMAH?

ETCAMAH can cause serious side effects including:

- **Changes in electrical activity of your heart (QTc interval prolongation).** Taking ETCAMAH in combination with ribociclib or other QTc interval prolonging drugs may cause life-threatening heart rhythm problems and may lead to death. Before starting and during treatment with ETCAMAH, your healthcare provider will do an electrocardiogram (ECG) to check the electrical activity of your heart and do blood tests to check the blood levels of your body salts (electrolytes). Your healthcare provider will treat abnormal electrolyte levels
- **Slow heart rate (bradycardia).** Your healthcare provider will check your heart rate frequently during the first 30 days of treatment with ETCAMAH if you have bradycardia (heart rate less than 60 beats per minute) before starting treatment and if you take medicines that lower heart rate

Get medical help right away if you get the following signs or symptoms of QTc prolongation and bradycardia including: dizziness, lightheadedness, fainting, feeling that your heart is pounding or racing (palpitations), shortness of breath, or chest pain.

Your healthcare provider may delay treatment or completely stop treatment with ETCAMAH if you have severe side effects.

Please see additional Important Safety Information throughout and on pages 16-17 and accompanying full Prescribing Information, including Boxed WARNING, and Patient Information.

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WHAT IS ETCAMAH?

ETCAMAH is a prescription medicine used in combination with a CDK4/6 inhibitor (abemaciclib, palbociclib, or ribociclib) to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer that:

- has worsened or spread to other parts of the body (advanced or metastatic breast cancer), **and**
- has an estrogen receptor-1 (*ESR1*) mutation detected during treatment with an aromatase inhibitor and a CDK4/6 inhibitor

Your healthcare provider will perform a test to make sure that ETCAMAH is right for you.

- ETCAMAH was FDA approved for this use based on a clinical study that measured time to cancer growth or spread (progression-free survival). ETCAMAH is still being studied to confirm these results

It is not known if ETCAMAH is safe and effective in children.

Early intervention with ETCAMAH upon testing positive for an ESR1 mutation was studied for effectiveness in a clinical trial.

JULIE'S STORY

*"Before my doctor told me about replacing my hormone therapy with **ETCAMAH**, while staying on my first CDK4/6 inhibitor, I didn't know that it was possible to **catch and act upon signals of treatment resistance early**, before they became a bigger problem.*

*While on my first treatment regimen for metastatic breast cancer, I tested **positive for an ESR1 mutation** through a blood test taken during my existing routine blood work. That's when my doctor told me that I could replace my hormone therapy with **ETCAMAH** and I didn't have to wait for a scan to show progression.*

*Knowing I may have the opportunity to **get ahead of disease progression** has helped me feel like my doctor and I are doing everything possible to manage the cancer."*

To review results from the clinical trial, **see pages 5-7**.

IMPORTANT SAFETY INFORMATION (CONT'D)

Before you take ETCAMAH, tell your healthcare provider if you:

- have any liver-related problems
- have a slow heartbeat (bradycardia)
- have heart problems including irregular heartbeats and QTc prolongation
- are pregnant or plan to become pregnant. ETCAMAH can harm your unborn baby

IMPORTANT SAFETY INFORMATION (CONT'D)

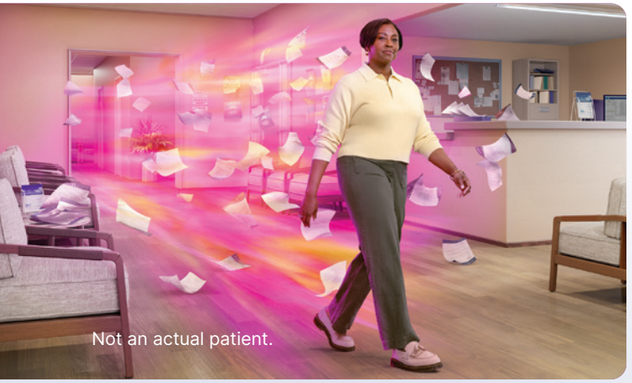
Before you take ETCAMAH, tell your healthcare provider if you (cont'd):

- **Females who are able to become pregnant**
  - Your healthcare provider will check that you are not pregnant before you start treatment with ETCAMAH

Please see additional Important Safety Information throughout and on pages 16-17 and accompanying full Prescribing Information, including Boxed WARNING, and Patient Information.

About ETCAMAH

ETCAMAH is an FDA-approved next-generation oral hormone therapy used in combination with a CDK4/6 inhibitor for adults with HR+/HER2- metastatic breast cancer who have tested positive for an *ESR1* mutation during their first hormone therapy. ETCAMAH is approved based on a study that measured time to cancer growth or spread (progression-free survival) after the detection of an *ESR1* mutation. ETCAMAH is still being studied to confirm these results.



ETCAMAH is the first oral treatment of its kind used in combination with palbociclib (Ibrance®), ribociclib (Kisqali®), or abemaciclib (Verzenio®) that may help you stay on your first CDK4/6 inhibitor longer when an *ESR1* mutation has been detected.

IMPORTANT SAFETY INFORMATION (CONT'D)

Before you take ETCAMAH, tell your healthcare provider if you (cont'd):

- Use effective non-hormonal birth control (contraception) during treatment with ETCAMAH and for 1 month after the last dose. Talk to your healthcare provider about birth control methods that may be right for you during this time
- Tell your healthcare provider if you become pregnant or think you may be pregnant

- **Males with female partners who can become pregnant**
  - Use effective birth control during treatment with ETCAMAH and for 1 week after your last dose
- are breastfeeding or plan to breastfeed. It is not known if ETCAMAH passes into your breast milk. Do not breastfeed during treatment with ETCAMAH and for 1 week after the last dose. Talk to your healthcare provider about the best way to feed your baby during treatment with ETCAMAH

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ETCAMAH + CDK4/6 inhibitor cut the risk of cancer progression by more than half

In a clinical trial, replacing patients' first hormone treatment with ETCAMAH, upon testing positive for an *ESR1* mutation, reduced the risk of progression by more than half vs staying on current hormone therapy (an aromatase inhibitor such as anastrozole or letrozole) while continuing their current CDK4/6 inhibitor. ETCAMAH is still being studied to confirm these results.

MORE THAN 1/2

There was a 56% lower risk of cancer growing or spreading with ETCAMAH + CDK4/6 inhibitor

- **55% (86 of 157 people) with ETCAMAH at the time of data analysis did not show cancer progression** compared to 37% (58 of 158 people) who stayed on their first hormone therapy after testing positive for an *ESR1* mutation. Progression means cancer growing or spreading
- ETCAMAH + CDK4/6 inhibitor gave patients a median of **16 months** without their cancer spreading or them dying vs **9 months** continuing their first hormone therapy + CDK4/6 inhibitor

Median progression-free survival measures the amount of time that half of the people enrolled in the study were on treatment before their cancer started growing or spreading.

Median is the middle number in a group of numbers arranged from lowest to highest.

ETCAMAH may not work for everyone. Individual results may vary.

IMPORTANT SAFETY INFORMATION (CONT'D)

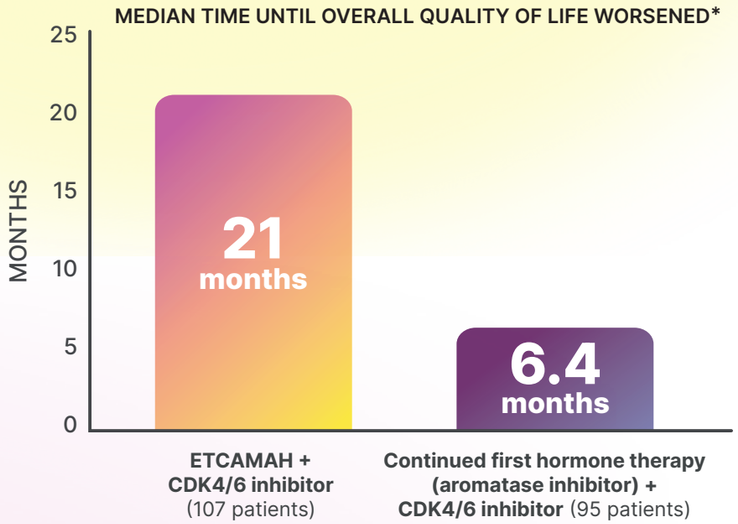
Before you take ETCAMAH, tell your healthcare provider if you (cont'd):

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take any heart and blood pressure medicines.

Please see additional Important Safety Information throughout and on pages 16-17 and accompanying full Prescribing Information, including Boxed WARNING, and Patient Information.

Patient-reported quality-of-life data with ETCAMAH

During the same clinical trial, patients completed a 30-question survey that included measures of quality of life.



*Measurements were defined by deterioration, or worsening, which was considered to be a clinically meaningful reduction in quality of life from the start of the trial.

On ETCAMAH + palbociclib (Ibrance®), ribociclib (Kisqali®), or abemaciclib (Verzenio®), patients' time before their quality of life worsened was nearly 2 years

- Median time until overall quality of life worsened was based on patient-reported outcomes
- The trial started after patients tested positive for an *ESR1* mutation and either switched their hormone therapy to ETCAMAH or stayed on their current hormone therapy while continuing their CDK4/6 inhibitor. Median time was the amount of time until half the people in the study reported their quality of life got worse
- Quality of life was deemed to have deteriorated when a patient reported a drop in quality of life that was considered clinically meaningful, as measured by the European Organization for Research and Treatment of Cancer Quality of Life questionnaire (EORTC-QLQ). Patients gave a numeric score to each question

How was quality-of-life data measured?

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Patients answered questions in the survey related to:

- **Overall health**
- **Symptoms** (pain, fatigue, shortness of breath)
- **Functioning** (physical, role, mental, emotional, social)

Every patient is different and your results may vary.
Talk to your doctor if you have any questions about these data or ETCAMAH.

Consider these results carefully. Multiple factors could have an influence on the results. They may be treatment related, disease related, or even unrelated factors and they may not include adequate assessment of all expected treatment-related symptoms.

IMPORTANT SAFETY INFORMATION (CONT'D)

Before you take ETCAMAH, tell your healthcare provider if you (cont'd):

ETCAMAH may affect the way other medicines work, and other medicines may affect how ETCAMAH works. Know the medicines you take. Keep a list of them to show your healthcare provider or pharmacist when you get a new medicine.

What are the possible side effects of ETCAMAH?

ETCAMAH can cause serious side effects, including:

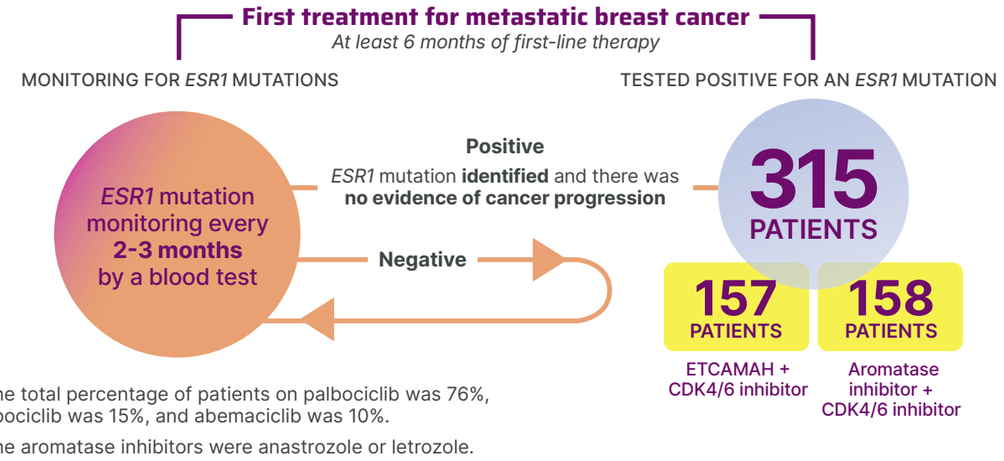
- See **"What is the most important information I should know about ETCAMAH?"**

Please see additional Important Safety Information throughout and on pages 16-17 and accompanying full Prescribing Information, including Boxed WARNING, and Patient Information.

Early intervention with ETCAMAH was studied in a clinical trial

The clinical trial studied whether replacing patients' first hormone therapy with **ETCAMAH** could delay progression after an *ESR1* mutation was found.

How ETCAMAH was studied



The total percentage of patients on palbociclib was 76%, ribociclib was 15%, and abemaciclib was 10%.

The aromatase inhibitors were anastrozole or letrozole.

IMPORTANT SAFETY INFORMATION (CONT'D)

What are the possible side effects of ETCAMAH? (cont'd):

The most common side effects of ETCAMAH in combination with a CDK4/6 inhibitor include:

- decreased white blood cell counts
- decreased red blood cell counts
- decreased platelet counts

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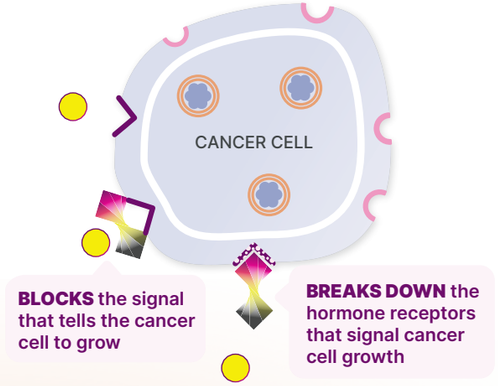
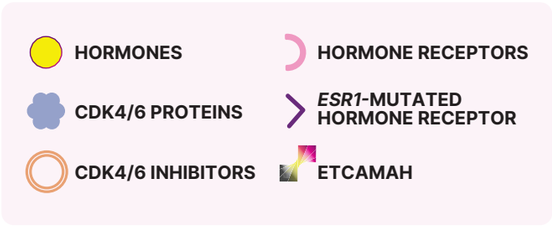
How is ETCAMAH designed to work?

ETCAMAH works in two ways with palbociclib (Ibrance®), ribociclib (Kisqali®), or abemaciclib (Verzenio®) to help delay treatment resistance in your type of metastatic breast cancer.

How ETCAMAH is thought to work to slow breast cancer growth





Talk to your doctor about how ETCAMAH works differently than aromatase inhibitors

Over time, about **40% of patients can develop an *ESR1* mutation while on an aromatase inhibitor**, which can result in breast cancer cells becoming resistant to this treatment. *ESR1* mutations could also make hormone receptors overactive and could make the breast cancer cells grow and spread.

IMPORTANT SAFETY INFORMATION (CONT'D)

What are the possible side effects of ETCAMAH? (cont'd):

The most common side effects of ETCAMAH in combination with a CDK4/6 inhibitor include (cont'd):

- vision problems such as seeing flashes of light, double or blurry vision, light sensitivity, new or increased floaters. Tell your healthcare provider if you have vision problems; you may need to see an eye care specialist
- tiredness

Please see additional Important Safety Information throughout and on pages 16-17 and accompanying full Prescribing Information, including Boxed WARNING, and Patient Information.

Taking ETCAMAH

How do I take ETCAMAH?

ETCAMAH is taken once daily with water and can be taken with or without food

Swallow ETCAMAH tablet whole.

- Do not take any ETCAMAH tablets that are broken, cracked, or damaged
- Do not cut, crush, or chew tablets prior to swallowing

ETCAMAH is taken in combination with your palbociclib (Ibrance®), ribociclib (Kisqali®), or abemaciclib (Verzenio®)

Before you take ETCAMAH, tell your healthcare provider if you have any liver-related problems.

What if I forget to take ETCAMAH?

- If a dose of ETCAMAH is missed within 6 hours after the time it is usually taken, take the missed dose
- If a dose of ETCAMAH is missed for more than 6 hours, skip the dose for the day

- Do not take a double dose to make up for a missed dose
- If you vomit, do not take an additional dose. The next dose should be taken at your usual time

If you take more ETCAMAH than you should, see a doctor or go to the nearest hospital immediately

Your doctor will decide how long you stay on the treatment.

Talking to your care team about potential side effects

QTc interval prolongation is a type of effect on your heart rhythm that increases the time needed to reset your heart's electrical system. It may be life-threatening and may lead to death. Of patients who received **ETCAMAH** + CDK4/6 inhibitor, 3% experienced QTc interval prolongation. No one had to stop treatment because of this side effect. Dose interruptions or other dose modifications may be required to help manage this side effect. Dose interruption was needed in less than 1% of patients.

Bradycardia is another type of abnormal heart rhythm where the heart beats very slowly. 8% of patients who received **ETCAMAH** + a CDK4/6 inhibitor experienced bradycardia. None of these events led them to stop treatment. No patients in the aromatase inhibitor + CDK4/6 inhibitor group reported bradycardia.

Here are some questions you can ask your doctor about potential side effects:

- What do I need to know about **ETCAMAH**?
- What do I do if I experience side effects with **ETCAMAH**?
- Will I have to make any lifestyle changes while taking **ETCAMAH**?

These are not all the possible side effects of **ETCAMAH**. For more information, ask your healthcare provider.

You are encouraged to report negative side effects of AstraZeneca prescription drugs by calling 1-800-236-9933. If you prefer to report these to the FDA, call 1-800-FDA-1088.

Remember to talk to your doctor about any side effects you may be experiencing. There are methods and medications available that may help you with potential side effects.

Please see additional Important Safety Information throughout and on pages 16-17 and accompanying full Prescribing Information, including Boxed WARNING, and Patient Information.

Certain tests may be needed before or during treatment to help your doctor monitor your body's response to ETCAMAH + a CDK4/6 inhibitor

Monitoring the heart

Before and during treatment, you'll take a routine test known as an electrocardiogram (ECG or EKG), which monitors the heart's electrical activity over time. An ECG (or EKG) can discover if there are changes or irregularities in how your heart is processing its electric current

In the case of someone who has a slow or irregular heartbeat or is taking medicine that lowers their heart rate, they will be monitored to check if their body's response to ETCAMAH is safe and appropriate

Blood tests

Your healthcare provider will also perform blood tests to check the blood levels of your electrolytes (body salts). Your healthcare provider will also treat your electrolyte levels, if needed

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take any heart and blood pressure medicines including beta-blockers.

IMPORTANT SAFETY INFORMATION (CONT'D)

What are the possible side effects of ETCAMAH? (cont'd):

ETCAMAH may cause fertility problems in females and males, which may affect your ability to have children. Talk to your healthcare provider if you have concerns about fertility.

These are not all the possible side effects of ETCAMAH.

Call your healthcare provider for medical advice about side effects.

What are the most common side effects of ETCAMAH?

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The most common side effects of ETCAMAH in combination with a CDK4/6 inhibitor include:

- Decreased white blood cell counts
- Decreased red blood cell counts
- Decreased platelet counts
- Vision problems such as seeing flashes of light, double or blurry vision, light sensitivity, new or increased floaters. Tell your healthcare provider if you have vision problems; you may need to see an eye care specialist
- Tiredness

These are not all the possible side effects of **ETCAMAH**. **Call your healthcare provider for medical advice about side effects.**

22% of patients who received ETCAMAH had their regimen adjusted due to side effects.

In the same clinical trial,

~99% of people were able to stay on ETCAMAH

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Some patients taking ETCAMAH experienced certain vision problems

In the clinical trial, vision problems occurred in 34% of patients taking ETCAMAH + palbociclib (Ibrance®), ribociclib (Kisqali®), or abemaciclib (Verzenio®) and included: flashes of light, double or blurry vision, light sensitivity, and new or increased floaters. In addition, about 12% of patients experienced dry eye.

Photopsia can consist of brief episodes of trailing or floating lights in peripheral vision.

20% of patients experienced photopsia with ETCAMAH + CDK4/6 inhibitor.
8% experienced this visual problem with aromatase inhibitor + CDK4/6 inhibitor.

For patients taking ETCAMAH in clinical trials, these vision problems:

- were **mostly mild to moderate** and **generally had a minimal effect on daily activities, like driving**
- caused **no patients to stop treatment**
- caused **no permanent damage to vision**
- typically **lasted less than 1 minute per episode**
- **happened 3 or fewer times per week**

Scan the QR code to find an illustration of what photopsia could look like. Your experience may differ.

Everyone's experience may differ. Tell your healthcare provider if you have vision problems; you may need to see an eye care specialist.

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Glossary

Throughout this brochure, you may see some unfamiliar terms. Additional clarification for these terms can be found below.

Aromatase inhibitor=a type of hormone therapy used to treat certain breast cancers by blocking the amount of estrogen telling cancer to grow. Examples of this type of medication are anastrozole, letrozole, or exemestane.

CDK4/6 inhibitor=cyclin-dependent kinase 4/6 inhibitor, used to treat certain types of breast cancer by helping prevent cancer cells from dividing or tumor growth. Common examples of this type of medication are Ibrance® (palbociclib), Kisqali® (ribociclib), or Verzenio® (abemaciclib).

***ESR1* mutation**=estrogen receptor 1 mutation, a change to the *ESR1* gene that could make breast cancer cells resistant to certain hormone therapies like aromatase inhibitors and signal tumor growth. This mutation can be used to inform treatment options.

First-line=first medication or set of medications taken for locally advanced or metastatic breast cancer.

HER2-=human epidermal growth factor receptor 2-negative. Determining your HER2 status can inform treatment options.

HR+=hormone receptor-positive. Determining your HR status can help inform treatment options.

Metastatic=cancer that has spread from the original tumor to other parts of the body.

Next-generation oral hormone therapy= a hormone therapy taken orally instead of by injection, which may be used to treat certain breast cancers that develop *ESR1* mutations.

Progression=cancer growing or spreading.

Ask your doctor for more information about the terms above.

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IMPORTANT SAFETY INFORMATION ABOUT ETCAMAH® (camizestrant)

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- **Slow heart rate (bradycardia).** Your healthcare provider will check your heart rate frequently during the first 30 days of treatment with ETCAMAH if you have bradycardia (heart rate less than 60 beats per minute) before starting treatment and if you take medicines that lower heart rate

Get medical help right away if you get the following signs or symptoms of QTc prolongation and bradycardia including: dizziness, lightheadedness, fainting, feeling that your heart is pounding or racing (palpitations), shortness of breath, or chest pain.

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Before you take ETCAMAH, tell your healthcare provider if you:

- have any liver-related problems
- have a slow heartbeat (bradycardia)
- have heart problems including irregular heartbeats and QTc prolongation
- are pregnant or plan to become pregnant. ETCAMAH can harm your unborn baby
  - **Females who are able to become pregnant**
    - Your healthcare provider will check that you are not pregnant before you start treatment with ETCAMAH
    - Use effective non-hormonal birth control (contraception) during treatment with ETCAMAH and for 1 month after the last dose. Talk to your healthcare provider about birth control methods that may be right for you during this time
    - Tell your healthcare provider if you become pregnant or think you may be pregnant
  - **Males with female partners who can become pregnant**
    - Use effective birth control during treatment with ETCAMAH and for 1 week after your last dose
- are breastfeeding or plan to breastfeed. It is not known if ETCAMAH passes into your breast milk. Do not breastfeed during treatment with ETCAMAH and for 1 week after the last dose. Talk to your healthcare provider about the best way to feed your baby during treatment with ETCAMAH

IMPORTANT SAFETY INFORMATION (CONT'D)

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Especially tell your healthcare provider if you take any heart and blood pressure medicines.

ETCAMAH may affect the way other medicines work, and other medicines may affect how ETCAMAH works. Know the medicines you take. Keep a list of them to show your healthcare provider or pharmacist when you get a new medicine.

What are the possible side effects of ETCAMAH?

ETCAMAH can cause serious side effects, including:

- See **"What is the most important information I should know about ETCAMAH?"**

The most common side effects of ETCAMAH in combination with a CDK4/6 inhibitor include:

- decreased white blood cell counts
- decreased red blood cell counts
- decreased platelet counts
- vision problems such as seeing flashes of light, double or blurry vision, light sensitivity, new or increased floaters. Tell your healthcare provider if you have vision problems; you may need to see an eye care specialist
- tiredness

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These are not all the possible side effects of ETCAMAH.

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Financial support is available for ETCAMAH

Support programs can help you pay for ETCAMAH

AstraZeneca Access 360™

If your doctor has prescribed **ETCAMAH**, you may have questions. The AstraZeneca Access 360™* program can help answer your questions about:

- **Insurance coverage**
- **Out-of-pocket costs**
- **Patient assistance programs**

To learn more about the Access 360 program, please call:

1-844-ASK-A360
(1-844-275-2360),
Monday through Friday,
8 AM-6 PM ET or visit
www.MyAccess360.com

This description of the Access 360 program is for informational purposes only. Access 360 does not file claims or appeals on behalf of healthcare professionals or patients and makes no representation or guarantee concerning reimbursement or coverage for any service or item.

*Terms and conditions apply. See site for full eligibility and terms of use.

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