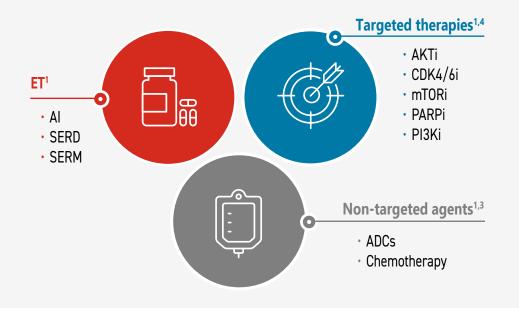
ER+, HER2-, Advanced Breast Cancer

After disease progression or recurrence on ET ± CDK4/6i, no consensus on an optimal treatment strategy for ER+, HER2-, ABC has been reached¹⁻³



ET is a tolerable strategy targeting the primary driver of ER+, HER2-, ABC, delaying time to non-targeted, less tolerable approaches

However, approved options have several limitations^{1,3,5-13}





Novel therapeutic approaches are needed to overcome limitations of current ET options^{3,5-13}

ABC, advanced breast cancer; ADC, antibody-drug conjugates; AI, aromatase inhibitor; AKTi, serine/threonine kinase inhibitor; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; ER+, estrogen receptor positive; ESRI, estrogen receptor 1 gene; ET, endocrine therapy; GI, gastrointestinal; HER2-, human epidermal growth factor receptor 2 negative; IM intramuscular; mTORi, mammalian target of rapamycin inhibitor; PARPi, poly-ADP ribose polymerase inhibitor; PISKi, phosphatidylinositol 3-kinase inhibitor; SERD, selective estrogen receptor degrader; SERM, selective estrogen receptor modulator.
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