PRESS RELEASE

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LILLY FÅR EU-GODKÄNNANDE FÖR ABEMACICLIB (VERZENIOS®) I KOMBINATION MED ENDOKRIN BEHANDLING SOM ADJUVANT BEHANDLING AV PATIENTER MED HR+/HER2-,NODE POSITIV, TIDIG BRÖSTCANCER MED HÖG RISK FÖR ÅTERALL.

Abemaciclib är en CDK4/6-hämmare godkänd i kombination med endokrin terapi för patienter med HR+, HER2- node positiv bröstcancer med hög risk för återfall.

Adjuvant behandling med abemaciclib i kombination med endokrin behandling, minskade risken för återfall i bröstcancer med 32 %.

Ungefär 20-30 % av patienter med HR+, HER2- tidig bröstcancer utvecklar obotlig metastaserande sjukdom. Godkännandet av abemaciclib som adjuvant behandling kommer att ge ett behandlingsalternativ för patienter med bröstcancer som har hög risk för återfall.

PRESSMEDDELANDET FORTSÄTTER PÅ ENGELSKA

April 06, 2022 – Eli Lilly and Company announced today that the European Medicines Agency (EMA) has granted marketing authorisation (MA) for abemaciclib in combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence.
In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.[1]

This authorisation was granted for the large subpopulation, Cohort 1, and is based on results from the Phase 3 monarchE trial, which met its primary endpoint. At the pre-planned interim analysis

statistically significant improvement in invasive disease free survival (IDFS) was observed with abemaciclib in combination with endocrine therapy (ET) vs ET alone.[2] In a further exploratory analysis with 91% of patients in Cohort 1 off the 2 years study treatment, abemaciclib given in combination with ET, decreased the risk of breast cancer recurrence by 32 percent compared to standard adjuvant ET alone for people with HR+, HER2-, node-positive early breast cancer at high risk of recurrence (HR: 0.68 [95% CI: 0.57-0.81], $p < 0.0001$). This was consistent across all pre-specified subgroups and corresponds to a three percent difference in IDFS between arms (92.6 percent in the abemaciclib arm and 89.6 percent in the control arm) at two years.[3]

Safety data from monarchE were consistent with the known safety profile of abemaciclib and no new safety signals were observed. The most common adverse events (≥10%) were diarrhoea, neutropenia, fatigue, leukopenia, abdominal pain, nausea, anaemia, arthralgia, hot flush, lymphopenia, thrombocytopenia, vomiting, constipation, upper respiratory tract infection, urinary tract infection, decreased appetite, headache, cough, and lymphoedema. Reasons for discontinuations include diarrhoea (5.1%), fatigue (1.9%), and neutropenia (0.9%). Many of the discontinuations due to AEs occurred in the early months of treatment. Most patients who required a dose hold or reduction after an AE were able to remain on study treatment.[2,4]

MonarchE randomised 5,637 patients with HR+, HER2-, high risk EBC from more than 600 sites in 38 countries.[2] High risk of recurrence in Cohort 1 was defined by disease characteristics: either ≥4 positive axillary lymph nodes (pALN) or 1-3 pALN and at least one of the following criteria: tumour size ≥5 cm or histologic Grade 3. Among the 5,637 randomised patients, 5,120 were enrolled in Cohort 1, representing 91 % of the ITT population. In Cohort 1, patient demographics and baseline tumour characteristics were balanced between treatment arms. Patients were treated with abemaciclib 150mg twice daily in combination with ET for two years (treatment period) or until meeting criteria for discontinuation. Patients in both arms will receive 5-10 years of ET as clinically indicated (2 years on study followed by a further 3-8 years in long-term follow-up).**Error! Bookmark not defined.**

The authorisation of abemaciclib in HR+, HER2- EBC builds on the established profile for abemaciclib, which has previously been approved for the treatment of HR+, HER2- advanced or metastatic breast cancer.

"I am delighted that abemaciclib has been authorised for the treatment of HR+, HER2-, high risk early breast cancer," said Dr Jeff Yang, Associate Vice President, Northern Europe, Eli Lilly and Company. "We understand the importance of having treatment options, and are proud that abemaciclib is now available for patients. Lilly would like to thank the patients and investigators around the world, including those in Denmark, Sweden and Finland who have made this possible."

About Early Breast Cancer

Breast cancer is the most common cancer among women worldwide.[5] Although the prognosis for HR+, HER2- early breast cancer is generally positive, 20-30 percent of patients could progress to incurable metastatic disease.[6] Risk of recurrence is greatest within the initial years post-diagnosis, particularly in patients with node-positive high-risk EBC.[7] In Sweden risk of recurrence is around 10 – 20% of patients.[8]

About abemaciclib

Abemaciclib is an oral inhibitor of cyclin-dependent kinases (CDK)4 & 6, which are activated by binding to D-cyclins. In oestrogen receptor-positive (ER+) breast cancer cell lines, cyclin D1 and CDK4 & 6 promote phosphorylation of the retinoblastoma protein (Rb), cell cycle progression, and cell proliferation.

Abemaciclib in combination with endocrine therapy is indicated for the adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive early breast cancer at high risk of recurrence. In pre- or perimenopausal women, aromatase inhibitor endocrine therapy should be combined with a luteinising hormone-releasing hormone (LHRH) agonist.

Abemaciclib is also indicated for the treatment of women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer in combination with an aromatase inhibitor or fulvestrant as initial endocrine-based therapy, or in women who have received prior endocrine therapy. In pre- or perimenopausal women, the endocrine therapy should be combined with a LHRH agonist.

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About Lilly Oncology

For more than 50 years, Lilly has been dedicated to delivering life-changing medicines and support to people living with cancer and those who care for them. Lilly is determined to build on this heritage and continue making life better for all those affected by cancer around the world.

About Eli Lilly and Company

Lilly is a global healthcare leader that unites caring with discovery to make life better for people around the world. We were founded more than a century ago by a man committed to creating high-quality medicines that meet real needs, and today we remain true to that mission in all our work. Across the globe, Lilly employees work to discover and bring life-changing medicines to those who need them, improve the understanding and management of disease, and give back to communities through philanthropy and volunteerism. To learn more about Lilly, please visit us at:
https://www.lilly.se
https://www.eli-lilly.dk
https://www.lilly.fi

[1] Union Register of medicinal products - Public health - European Commission (europa.eu)

[2] Johnston SRD, Harbeck N, Hegg R, et al; monarchE Committee Members and Investigators. Abemaciclib combined with endocrine therapy for the adjuvant treatment of HR+, HER2-, node-positive, high-risk, early breast cancer (monarchE) [published online ahead of print, September 20, 2020]. J Clin Oncol. DOI:10.1200/JCO.20.02514.

[3] Verzenios, INN-abemaciclib (europa.eu)

[4] Harbeck N, Rastogi P, Martin M, et al. Adjuvant abemaciclib combined with endocrine therapy for high-risk early breast cancer: updated efficacy and Ki-67 analysis from the monarchE study. [published online October 14, 2021]. Annals of Oncology. DOI: https://doi.org/10.1016/j.annonc.2021.09.015

[5] Ferlay J, Colombet M, Soerjomataram I et al. Cancer Statistics for the year 2020: An overview. International Journal of Cancer, 2021. https://doi.org/10.1002/ijc.33588

[6] Early Breast Cancer Trialists' Collaborative Group (EBCTCG). Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. *Lancet*. 2005;365(9472):1687-1717. DOI:10.1016/S0140-6736(05)66544-0.

[7] Cheng L, Swartz MD, Zhao H, et al. Hazard of recurrence among women after primary breast cancer treatment—a 10-year follow-up using data from SEER-Medicare. *Cancer Epidemiol Biomarkers Prev*. 2012;21:800-809.

[8] https://statistik.incanet.se/brostcancer/ Accessed: March 23, 2022.