

You are cordially invited to attend
an educational presentation:



For patients with ER+/HER2- *ESR1*-
mutated mBC, upon progression on 1L
ET + CDK4/6i

Presented by:



Wassim McHayleh, MD
Hematology and Medical Oncology
AdventHealth
Orlando, FL

Wednesday, September 17, 2025

6:00 PM Registration

6:30 PM Presentation & Dinner

31 Super Club

31 West Granada Boulevard
Ormond Beach, FL 32174
(386) 275-1625

Questions about Registration?
Contact your Territory Manager below:

Shelly Hamm
(386) 871-4017 | shamm@menarinistemline.com

To RSVP,
Scan Me:



Indication

ORSERDU (elacestrant) is indicated for the treatment of postmenopausal women or adult men with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, *ESR1*-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.

Important Safety Information

- **Dyslipidemia:** Hypercholesterolemia and hypertriglyceridemia occurred in patients taking ORSERDU at an incidence of 30% and 27%, respectively. The incidence of Grade 3 and 4 hypercholesterolemia and hypertriglyceridemia were 0.9% and 2.2%, respectively. Monitor lipid profile prior to starting and periodically while taking ORSERDU.

Please see Important Safety Information on the next page and the accompanying Full Prescribing Information.



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Important Safety Information (Continued)

- **Embryo-Fetal Toxicity:** Based on findings in animals and its mechanism of action, ORSERDU 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 contraception during treatment with ORSERDU and for 1 week after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ORSERDU and for 1 week after the last dose.

Adverse Reactions

- **Serious adverse reactions** occurred in 12% of patients who received ORSERDU. Serious adverse reactions in >1% of patients who received ORSERDU were musculoskeletal pain (1.7%) and nausea (1.3%). Fatal adverse reactions occurred in 1.7% of patients who received ORSERDU, including cardiac arrest, septic shock, diverticulitis, and unknown cause (one patient each).
- The most common adverse reactions ($\geq 10\%$), including laboratory abnormalities, of ORSERDU were musculoskeletal pain (41%), nausea (35%), increased cholesterol (30%), increased AST (29%), increased triglycerides (27%), fatigue (26%), decreased hemoglobin (26%), vomiting (19%), increased ALT (17%), decreased sodium (16%), increased creatinine (16%), decreased appetite (15%), diarrhea (13%), headache (12%), constipation (12%), abdominal pain (11%), hot flush (11%), and dyspepsia (10%).

Drug Interactions

- **Concomitant use with CYP3A4 inducers and/or inhibitors:** Avoid concomitant use of strong or moderate CYP3A4 inhibitors with ORSERDU. Avoid concomitant use of strong or moderate CYP3A4 inducers with ORSERDU.

Use in Specific Populations

- **Lactation:** Advise lactating women to not breastfeed during treatment with ORSERDU and for 1 week after the last dose.
- **Hepatic Impairment:** Avoid use of ORSERDU in patients with severe hepatic impairment (Child-Pugh C). Reduce the dose of ORSERDU in patients with moderate hepatic impairment (Child-Pugh B).

The safety and effectiveness of ORSERDU in pediatric patients have not been established. ORSERDU is available as 345 mg tablets and 86 mg tablets.

To report SUSPECTED ADVERSE REACTIONS, contact Stemline Therapeutics, Inc. at 1-877-332-7961 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see the accompanying Full Prescribing Information

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