Pause progression

An emerging approach using an oral ER antagonist

Actor portrayal.

Program Objectives

- Understand the relevance of acquired *ESR1* mutations
- Identify which patients may be appropriate for an oral ER antagonist
- Review the safety and efficacy results from a global Phase 3 clinical trial

Indication

Inluriyo™ is indicated for the treatment of adults with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, *estrogen receptor-1* (*ESR1*)-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy.

Important Safety Information for Inluriyo™ (imlunestrant)

Warnings and Precautions–Embryo-Fetal Toxicity

Based on findings in animals and its mechanism of action, Inluriyo can cause fetal harm when administered to a pregnant woman. In an animal reproduction study, oral administration of imlunestrant to pregnant rats during the period of organogenesis led to embryo-fetal mortality and structural abnormalities at maternal exposures that were below the human exposure at the recommended dose based on area under the curve (AUC). Avoid the use of imlunestrant in pregnant women. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential and males with female partners of reproductive potential to use effective contraception during treatment with Inluriyo and for 1 week after the last dose.

Register now!

Thursday, August 13, 2026

6:00 PM Central Time

LOCATION

Texas
3609 Shire Boulevard

Richardson, Texas 75082

RSVP

Jessica Rocha
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SPEAKER

Kristi K. Orbaugh, ARNP, MSN

ER=estrogen receptor; *ESR1*=estrogen receptor gene 1.

Reference
Inluriyo. Prescribing Information. Lilly USA, LLC.

Please see additional Important Safety Information continued on page 2 and click to access Prescribing Information for Inluriyo.

Inluriyo™
imlunestrant
A Lilly Medicine

Important Safety Information (cont'd)

Serious and Fatal Adverse Reactions

Serious adverse reactions occurred in 10% of patients who received Inluriyo. Serious adverse reactions in >1% of patients included pleural effusion (1.2%). **Fatal adverse reactions** occurred in 1.8% of patients who received Inluriyo, including cardiac arrest, acute myocardial infarction, right ventricular failure, hypovolemic shock, and upper gastrointestinal hemorrhage (each 0.3%).

Most Common Adverse Reactions

The **most common adverse reactions** (incidence ≥10%), including laboratory abnormalities, in patients who received Inluriyo were: hemoglobin decreased (30%), musculoskeletal pain (30%), calcium decreased (26%), neutrophils decreased (26%), AST increased (25%), fatigue (23%), diarrhea (22%), ALT increased (21%), triglycerides increased (21%), nausea (17%), platelets decreased (16%), constipation (10%), cholesterol increased (10%), and abdominal pain (10%).

Drug Interactions

Imlunestrant is a CYP3A substrate. Avoid concomitant use of Inluriyo with **strong CYP3A inhibitors**. If concomitant use cannot be avoided, reduce the dosage of Inluriyo. Avoid concomitant use of Inluriyo with **strong CYP3A inducers**. If concomitant use cannot be avoided, increase the dosage of Inluriyo.

Imlunestrant inhibits both **P-gp** and **BCRP**. Avoid concomitant use unless otherwise recommended in the Prescribing Information for P-gp or BCRP substrates where minimal concentration changes may lead to serious adverse reactions.

Use in Specific Populations—Lactation

Because of the potential for serious adverse reactions in the breastfed child, **advise lactating women to not breastfeed during treatment with Inluriyo and for 1 week after the last dose.**

Use in Specific Populations—Hepatic Impairment

Reduce the dose of Inluriyo for patients with moderate (**Child-Pugh B**) or severe (**Child-Pugh C**) hepatic impairment. No dosage adjustment is recommended for patients with mild hepatic impairment (**Child-Pugh A**).

Inluriyo (imlunestrant) is available as 200 mg tablets.

Please click to access Prescribing Information for Inluriyo.

IN HCP ISI M APP

This program is intended only for invited healthcare professionals (HCPs) or other appropriate personnel for whom the information that is being presented will be relevant to their practice. We regret that spouses or other guests cannot be accommodated.

As a result of enacted state and federal legislation, if you are a prescriber or other licensed healthcare professional with an active license from MA, MN, and/or VT; a Veterans Affairs employee; and/or a state government employee, you may be restricted from accepting industry-provided food/beverage and/or educational item(s). Please consult your state or federal regulations or ethics laws.

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