LIVING BEYOND
BREAST CANCER®

May 6, 2026

Division of Oncology Products 1
Office of Oncology Products
Center for Drug Evaluation and Research
U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Re: Letter of Support for Approval of Camizestrant (NDA under review) in Combination with CDK4/6 Inhibitors for HR-positive, HER2-negative Advanced Breast Cancer with Emergent ESR1 Mutations

Dear Dr. Laleh Amiri-Kordestani, Associate Director, FDA Oncology Center of Excellence-Cardio Oncology,

Living Beyond Breast Cancer (LBBC) is a national nonprofit organization that connects people impacted by breast cancer with expert information and a community that understands. Since 1991, we've helped guide people through diagnosis, treatment, and life beyond breast cancer. Through practical resources, real stories, clear information, and meaningful connections, we make sure people facing breast cancer have the support they need. We reach 2 million individuals each year and have a specifically large impact on the metastatic breast cancer community. This letter is written in collaboration with Theresa's Research Foundation, along with the non-profit organizations and individuals who have signed on to this letter; collectively, we have intimate experience with navigating access to medications, fear of progression, and the urgency of finding new treatments for this community.

We write on behalf of patients living with metastatic breast cancer (MBC) and the advocacy community to express our strong support for the approval of camizestrant in combination with a CDK4/6 inhibitor for the first-line treatment of patients with hormone receptor (HR)-positive, HER2-negative advanced breast cancer whose tumors harbor an emergent ESR1 mutation. We respectfully urge the FDA to carefully consider the totality of evidence from the SERENA-6 Phase III trial and the profound unmet need this therapy addresses.

I. The Urgent and Unmet Need Facing Patients with HR-positive Metastatic Breast Cancer

Metastatic breast cancer remains a life-limiting diagnosis. While survival rates for early-stage breast cancer are high, only approximately 30% of patients diagnosed with or who progress to metastatic disease are expected to live five years following diagnosis. For patients with HR-positive, HER2-negative breast cancer — the most common subtype, representing 70% of all cases — standard first-line treatment combines endocrine therapy with CDK4/6 inhibitors. However, resistance to endocrine therapy develops in many patients, and once resistance emerges, options become limited and prognosis worsens.

ESR1 gene mutations are a key driver of endocrine resistance in metastatic breast cancer, emerging in approximately 30% of patients during first-line treatment, before disease progression is

detectable on imaging. These mutations are associated with poor outcomes and signal the beginning of a process that, left unaddressed, leads to disease progression and deterioration in quality of life. Patients and clinicians have long needed a therapy that can intercept this resistance mechanism early, before radiological progression is evident.

II. The Patient Voice: What These Data Mean in Real Life

For patients living with metastatic breast cancer, survival data alone do not capture the full picture. Every additional month free from disease progression represents time with children and grandchildren, the ability to work, to travel, to be present. Patient-reported outcomes from SERENA-6 confirm that the benefit of camizestrant is not simply statistical, it is experienced. Patients receiving camizestrant reported meaningful preservation of quality of life, reduced cancer symptoms, and maintained functional status compared to those continuing on standard endocrine therapy.

Deanna Hirsch, a 46-year-old patient advocate with two young children, currently starting her third line of treatment for metastatic HR+, HER2- breast cancer urges the FDA that "patients want more than 3 months added to their chart. We want time with quality of life, we want time before chemotherapy, we want time before visceral progression, we want time before doors begin to close."

Patients with ESR1 mutations represent a defined, identifiable population in urgent need of a therapeutic strategy that addresses their emerging resistance to endocrine therapy. The current standard of care leaves these patients waiting for disease progression before intervention is changed, a window in which quality of life declines and treatment options narrow. Camizestrant offers clinicians and patients the ability to act earlier, when the opportunity to change the course of the disease is greatest.

"Living with MBC and traveling 100 miles one-way to get the needed intramuscular SERD to hopefully keep my cancer at bay isn't just an inconvenience of logistics, comfort, and time that I'll never get back. It is a hardship not only on me but my family. As a person who is proactive, ctDNA and liquid biopsy to detect progression is what patients want — to be able to switch treatment to CDK 4/6 and camizestrant would actually provide progression-free time with family and friends. Depending on radiologic signs of progression may take away time. We don't want another treatment option removed from available lines of effective treatments. Please allow us (patients) to live a quality of life that will help us make memories with family and friends."

–Stephanie Walker, HR+, HER2- MBC Patient Advocate

III. The SERENA-6 Trial Design: A Model for the Future of Cancer Research

As the first global, double-blind, registrational Phase III trial to use circulating tumor DNA (ctDNA) monitoring to detect endocrine resistance and guide a treatment switch before disease progression, SERENA-6 shifts the paradigm from reacting to progression to anticipating it earlier through a simple blood test. The recent ODAC position that radiological progression provides the only objective comparator for progression-free survival overlooks the needs of this

patient population and meaningful opportunities to intervene clinically as technology and science evolve.

For patients, this approach reflects what the advocacy community has long called for: earlier intervention, smarter monitoring, and treatment strategies that evolve alongside the biology of their cancer. Rather than waiting for scans to confirm progression – when disease burden has grown large enough to often cause painful side effects and functional limitations – SERENA-6 demonstrates the potential to identify resistance sooner and adapt care in real time.

An FDA approval of camizestrant based on SERENA-6 would extend beyond a single therapy approval. It would validate innovative, patient-centered, biomarker-driven trial designs and help accelerate similar approaches across other cancer types, advancing a future where patients benefit from more precise, timely, and personalized care.

In summary,

- Liquid biopsy and ctDNA monitoring can enable earlier, less invasive detection of treatment resistance and support more timely care decisions.
- Global Phase III trials have now shown that biomarker-guided treatment adaptation is both feasible and scalable across cancer research.
- Clinical trials should intervene earlier, responding to emerging resistance before patients experience disease progression.
- Patient-reported outcomes should be treated as essential endpoints alongside traditional clinical measures, ensuring the patient experience remains central to research and care.

IV. Conclusion

Patients living with HR-positive, HER2-negative metastatic breast cancer with emergent ESR1 mutations have waited long enough for a therapeutic strategy that meets them where their biology is, before disease progresses and options narrow. Camizestrant, as studied in SERENA-6, offers exactly that.

We respectfully urge the FDA to approve camizestrant in combination with CDK4/6 inhibitors for this indication. In doing so, the Agency would not only provide a meaningful new option for a population in urgent need but would also affirm the value of innovative, biomarker-guided clinical trial design — a decision with lasting impact for patients with cancer for years to come.

We thank the FDA for its continued commitment to advancing treatments for patients with cancer and for considering this letter.

Respectfully submitted,

Living Beyond Breast Cancer
40 Monument Rd
Bala Cynwyd, PA 19004
www.lbbc.org

LIVING BEYOND
BREAST CANCER®

Theresa's Research Foundation
www.theresasresearch.org

FORCE: Facing Our Risk of Cancer Empowered
16057 Tampa Palms Blvd. W, PMB #373
Tampa, FL 33647
www.facingourrisk.org

The Male Breast Cancer Global Alliance
315 Ridgedale Avenue, #211
East Hanover, NJ 07936
www.mbcglobalalliance.org

Project Life
www.projectmbc.com

Twisted Pink
8003 Vinecrest Avenue, Suite 11
Louisville, KY 40222
www.twistedpink.org

Unite for HER
22 E King St
Malvern, PA 19355
www.uniteforher.org