

Supplementary Material

Bridging Biomarker Testing to Biomarker-Driven Targeted Therapy: Real-World *ESR1* Mutation Testing Patterns and Prevalence in ER+, HER2- Metastatic Breast Cancer

Chi-Yin Liao,¹ Jincy John,¹ Precious Anyanwu,¹ Manali A. Bhawe,² Francois-Clement Bidard,³ Tyler Marquart,¹ Francisco Sapunar,¹ Aarti Chawla,¹ Lindsay A Williams^{1*}

¹Eli Lilly and Company, Indianapolis, IN, USA

²Winship Cancer Institute of Emory University, Atlanta, GA, USA

³Institut Curie, Paris, France

***Corresponding Author:**

Lindsay A Williams, PhD, Eli Lilly and Company, Lilly Corporate Center, Indianapolis, Indiana 46285, USA. E-mail ID: lindsay.williams@lilly.com

Journal: Molecular Diagnosis & Therapy

Supplemental Table 1. *ESR1* testing and *ESR1* mutation positive (*ESR1m+*) rates by time windows and disease subgroups

	Endocrine resistant MBC	1L endocrine sensitive MBC	Endocrine sensitive/de novo MBC
	n (%)	n (%)	n (%)
Total number of patients	n=2152	N=827	n=5772
Ever received at least 1 <i>ESR1</i> test during the study period	1316 (61.2)	418 (50.5)	2486 (43.1)
<i>ESR1m+</i>²	375 (28.5)	68 (16.3)	484 (19.5)
Number of <i>ESR1</i> tests received			
1	817 (62.1)	261 (62.4)	1504 (60.5)
2	306 (23.3)	101 (24.2)	676 (27.2)
3	121 (9.2)	37 (8.9)	195 (7.8)
4+	72 (5.5)	19 (4.6)	111 (4.5)
Mean (SD) number of <i>ESR1</i> tests per patient	1.6 (1.0)	1.6 (1.0)	1.6 (1.0)
Total number of patients who initiated 1L	n=2152	N=827	n=5772
At 1L initiation (90 days prior and 28 days after 1L start date) ¹	778 (36.2)	248 (30.0)	1131 (19.6)
<i>ESR1m+</i>²	192 (24.7)	17 (6.9)	24 (2.1)
Received AI +/- CDK4/6 inhibitor in 1L ³	118 (25.9)	197 (29.1)	1024 (19.7)
<i>ESR1m+</i>²	12 (10.2)	12 (6.1)	19 (1.9)
Received SERD +/- CDK4/6 inhibitor in 1L ⁴	531 (39.6)	n/a	n/a
<i>ESR1m+</i>²	151 (28.4)	n/a	n/a
Within 1L (29 days after 1L start and 91 days prior to 2L start) ¹	232 (15.2)	83 (12.7)	669 (15.1)
<i>ESR1m+</i>²	53 (22.8)	7 (8.4)	69 (10.3)
Total number of patients who initiated 2L	n=1109	N=306	n=2326
At 2L initiation (90 days prior and 28 days after 2L start date) ¹	360 (32.5)	104 (34.0)	668 (28.7)
<i>ESR1m+</i>²	122 (33.9)	29 (27.9)	216 (32.3)
Received AI +/- CDK4/6 inhibitor in 1L ³	74 (30.0)	89 (35.3)	593 (28.8)
<i>ESR1m+</i>²	16 (21.6)	27 (30.3)	199 (33.6)
Received SERD +/- CDK4/6 inhibitor in 1L ⁴	222 (33.4)	n/a	n/a
<i>ESR1m+</i>²	88 (39.6)	n/a	n/a
Within 2L (29 days after 2L start and 91 days prior to 3L start) ¹	53 (8.9)	23 (11.7)	164 (11.5)
<i>ESR1m+</i>²	20 (37.7)	8 (34.8)	36 (22.0)
Patients with testing at 1L initiation who initiated 2L	n=385	N=92	n=462
Patients with re-testing at 2L	146 (37.9)	44 (47.8)	190 (41.1)
Total number of patients who initiated 3L	n=580	N=135	n=1086
At 3L initiation (90 days prior and 28 days after 3L start date) ¹	141 (24.3)	34 (25.2)	313 (28.8)
<i>ESR1m+</i>²	53 (37.6)	13 (38.2)	132 (42.2)
Received AI +/- CDK4/6 inhibitor in 1L ³	29 (24.0)	34 (28.3)	273 (28.2)
<i>ESR1m+</i>²	13 (44.8)	13 (38.2)	116 (42.5)
Received SERD +/- CDK4/6 inhibitor in 1L ⁴	83 (23.5)	n/a	n/a
<i>ESR1m+</i>²	29 (34.9)	n/a	n/a
Within 3L (29 days after 3L start and 91 days prior to 4L start) ¹	20 (6.5)	7 (10.0)	53 (9.2)
<i>ESR1m+</i>²	2 (10.0)	1 (14.3)	8 (15.1)

¹Testing periods are not mutually exclusive such that, at line initiation and within lines of therapy have overlapping for window definition. See Supplemental Figure 1.

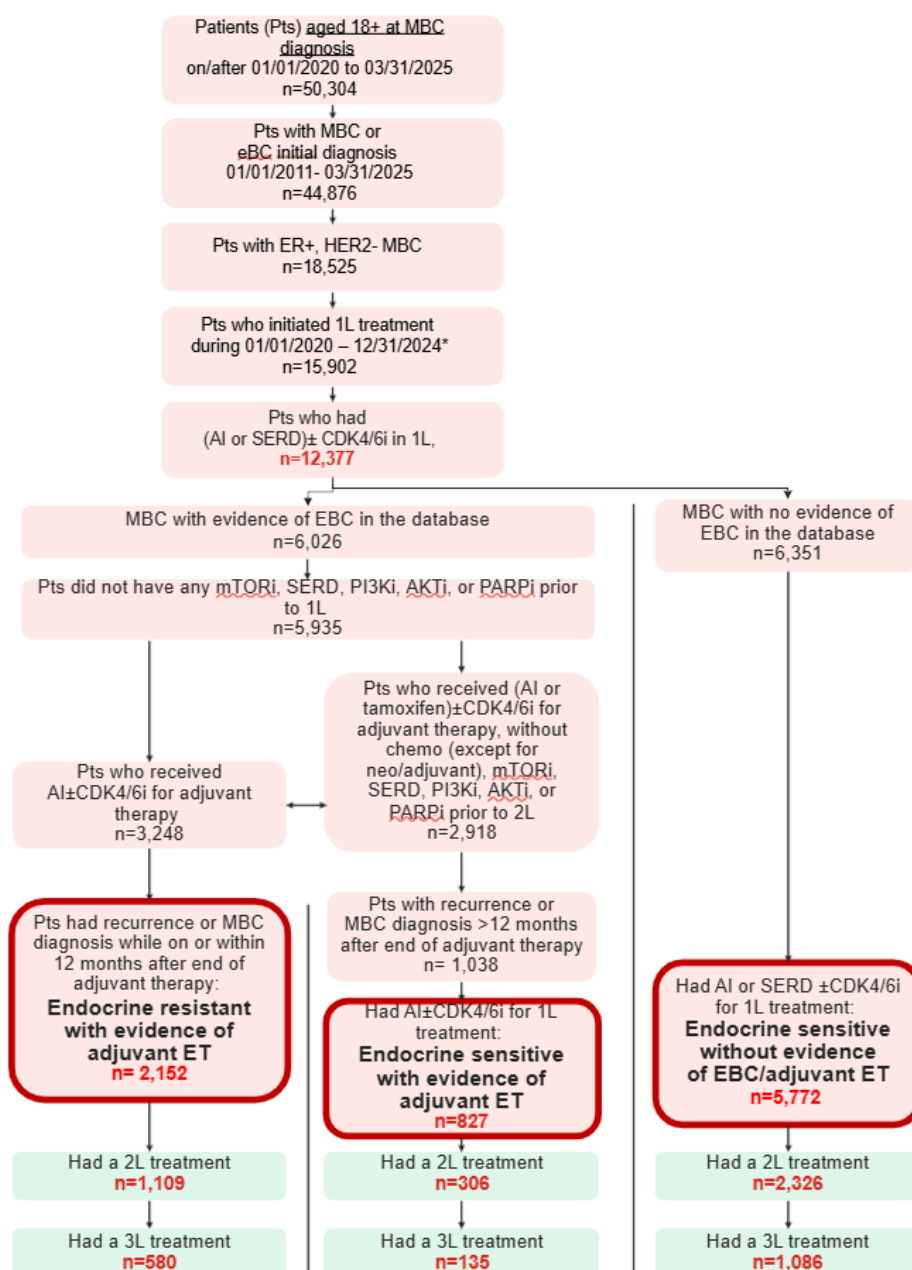
²Positive rates = (n positive/n tested) x 100%

³Sensitivity analysis among patients with ER+, HER2- MBC who received an AI +/- CDK4/6 inhibitor in 1L. Endocrine sensitive/de novo patients were excluded from the sensitivity analyses if they only had a CDK4/6i in their 1L treatment.

⁴Sensitivity analysis among patients with ER+, HER2- MBC who received a SERD +/- CDK4/6 inhibitor in 1L. No patients with secondary endocrine resistant MBC had a SERD 1L. To be in the de novo MBC group, patients could not have had a SERD in 1L.

1L, first-line; 2L, second-line; 3L, third-line; 4L, fourth-line; AI, aromatase inhibitor; CDK, cyclin-dependent kinase; ER, Estrogen receptor; *ESR1m*, estrogen receptor 1 mutation; HER2-, human epidermal growth factor receptor 2 negative; MBC, metastatic breast cancer; SERD, selective estrogen receptor degrader.

Supplemental Figure 1. Cohort attrition for patients with ER+, HER2- MBC from the Flatiron Health Research Database

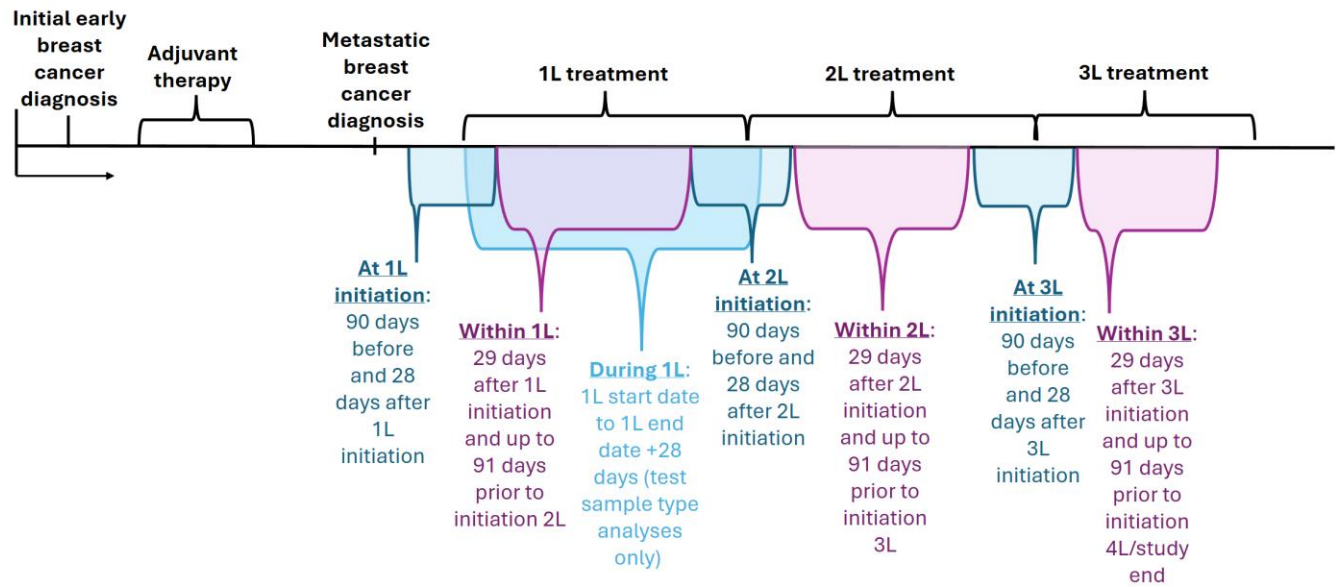


*3 months prior to the data cut #Some patients could fall into either category at this node.

1L, first-line therapy; 2L, second-line therapy; 3L, third-line therapy; AI, aromatase inhibitor; AKTi, AKT (protein kinase B) inhibitor; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; EBC, early breast cancer; ER, estrogen receptor-positive; *ESR1*, estrogen receptor 1; ET, endocrine therapy; HER2-, human epidermal growth factor receptor 2-negative; MBC, metastatic breast cancer; mTORi, inhibitor; Pts, patients; PARPi, poly(ADP-ribose) polymerase inhibitor; PI3Ki, phosphatidylinositol 3-kinase inhibitor; SERD, selective estrogen receptor degraders.

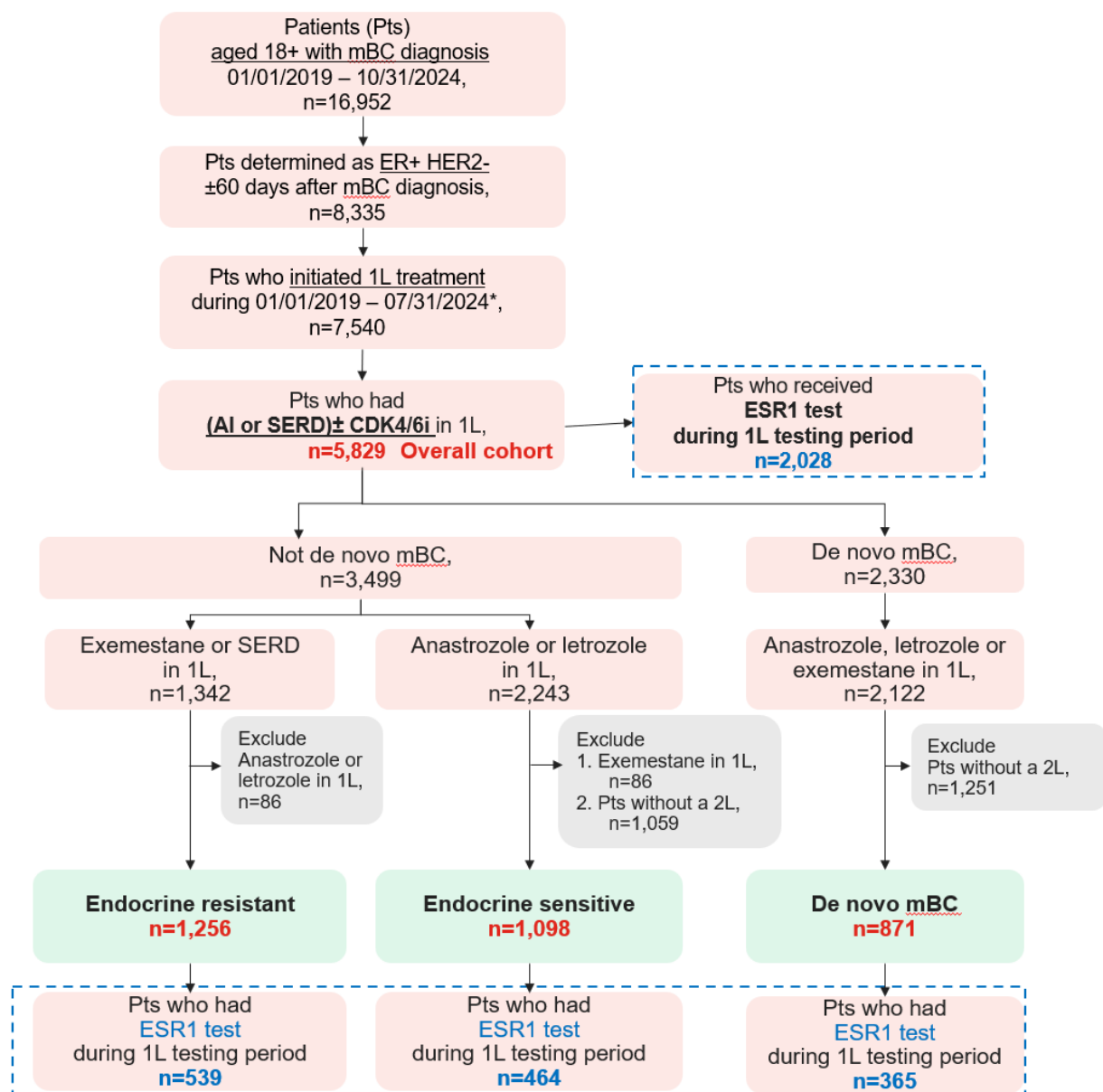
AI: anastrozole, letrozole, exemestane; SERD: fulvestrant, elacestrant; PI3Ki: alpelisib; mTORi: everolimus; AKTi: capivasertib; PARPi: olaparib, talazoparib; CDK4/6i: abemaciclib, palbociclib, ribociclib; HER2+ treatment: trastuzumab, pertuzumab, lapatinib, neratinib, tucatinib.

**Supplemental Figure 2. Timeline of testing windows for patients with ER+, HER2-
MBC**



1L, first-line therapy; 2L, second-line therapy; 3L, third-line therapy; ER, estrogen receptor-positive; HER2-, human epidermal growth factor receptor 2-negative; MBC, metastatic breast cancer.

Supplemental Figure 3. Cohort attrition for patients with ER+, HER2– metastatic breast cancer from the Flatiron Health Research Breast Enhanced Data Mart dataset



*3 months prior to the data cut 10/31/2024

1L, first-line therapy; 2L, second-line therapy; 3L, third-line therapy; AI, aromatase inhibitor; AKTi, AKT (protein kinase B) inhibitor; CDK4/6i, cyclin-dependent kinase 4/6 inhibitor; EBC, early breast cancer; ER, estrogen receptor-positive; *ESR1*, estrogen receptor 1; ET, endocrine therapy; HER–, human epidermal growth factor receptor 2-negative; MBC, metastatic breast cancer; mTORi, inhibitor; Pts, patients; PARPi, poly(ADP-ribose) polymerase inhibitor; PI3Ki, phosphatidylinositol 3-kinase inhibitor; SERD, selective estrogen receptor degraders.

AI: anastrozole, letrozole, exemestane; SERD: fulvestrant, elacestrant; PI3Ki: alpelisib; mTORi: everolimus; AKTi: capivasertib; PARPi: olaparib, talazoparib; CDK4/6i: abemaciclib, palbociclib, ribociclib; HER2+ treatment: trastuzumab, pertuzumab, lapatinib, neratinib, tucatinib.