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Breast Cancer

Understanding breast cancer (BC) and the evolving needs of our patients

Approximately 1 in 8 women (13%) will develop breast cancer at some point in their life, making it the most commonly diagnosed cancer in the United States.¹⁻²

In 2025, it's estimated that 316,950 women in the United States will be diagnosed with breast cancer, with a growing number of diagnoses expected in women under 50 years old. Although more common in women, men can also get breast cancer – with an anticipated 2,800 new cases of invasive breast cancer diagnosed this year alone.¹⁻²

Breast cancer occurs when cells in the breast tissue change and divide uncontrollably, typically resulting in a lump or mass.³ Nearly 70% of breast cancer tumors have the HR+/HER2- subtype, which means the most common form of the disease is driven by hormones like estrogen and progesterone.⁴

For more than 30 years, Novartis has been committed to treating breast cancer with bold science, collaboration, and a passion for transforming patient care. Thanks to our deep understanding of how the disease works, we have developed one of the most comprehensive breast cancer portfolios and pipelines, leading the industry in the discovery of new therapies and combinations to treat HR+/HER2- breast cancer. But we recognize innovation can only go so far – this is why we are also encouraging early detection and working to remove access barriers faced by patients along their care.



Know your risk: Early detection has the potential to improve outcomes

Early detection can make a big difference in breast cancer outcomes by catching cancer when it's most

treatable. If caught early, breast cancer patients have over a 99% survival rate.⁵

While everyone's risk of developing breast cancer is unique, only 1 in 2 eligible women have received their annual screenings in recent years.⁶ We believe that real progress starts with improving awareness, driving people to get screened, and removing cost barriers to early diagnosis.

- Since 40 is the recommended age for most people to start, if you're over 40, we ask you to prioritize your annual screening.
- Under 40? It's time to find out your breast cancer risk and then talk to your doctor about whether you should start screening earlier.

Many women getting their routine mammograms will require additional diagnostic tests – especially those with denser breast tissue, which is most common in younger individuals and those in the Black community.^{2,7-8} Cost barriers drive many of these individuals to forgo additional imaging tests, delaying potential diagnoses.

Did you know that...⁹

• In 2023, more than 70% of patients had to pay out of pocket for follow-up breast cancer diagnostic tests despite having commercial insurance?

• In 2024, out-of-pocket costs could have led 1.1 million women to delay critical breast cancer diagnostic tests and images?

• In addition to their life-saving potential, earlier diagnoses could help patients save more than \$11,000 over their lifetime? This would translate to over \$2 billion saved across all patients.

Novartis is proud to have joined Susan G. Komen and more than 20 other advocacy leaders in the launch of the Alliance for Breast Cancer Policy, to help remove access barriers, improve health outcomes for patients, and transform breast cancer care through policy innovation.

Despite the great strides that have been made in screening and treating breast cancer, several barriers remain that hinder timely access to quality care," said Reshema Kemps-Polanco, Executive Vice President and Chief Commercial Officer, Novartis US. "Through this partnership, we take a significant step forward to address challenges faced by patients and families, and together, we can drive meaningful change for generations to come.

Learn more about this first-of-its-kind coalition. Read more.

Every step toward early detection counts. Learn more about risk assessments and screenings, as well as how to get involved in removing cost barriers to early diagnosis by visiting <u>YourAttentionPlease.com</u>.



Addressing risk of recurrence after an early-stage diagnosis

Early detection is critical, as early breast cancer (eBC; stages 1-3) is often more easily treatable and potentially curable; however, the journey doesn't end with diagnosis. It's important to recognize that not all patients will follow the same treatment path.

Many individuals diagnosed early remain at a high risk of recurrence. This means that, even after initial treatment, some undetected cancer cells may remain in their system with the potential to grow again, allowing cancer to come back – most often as incurable, metastatic disease.¹⁰⁻¹³

This is why it's so important that patients work closely with their health care teams to assess their individual prognosis and risk factors, enabling a personalized treatment plan aimed not only at removing the tumor, but also reducing their risk of cancer coming back in the future.

Even after successful initial treatment, ongoing monitoring and tailored strategies to recurrence risk are vital for long-term health and well-being. This may include adjuvant (or maintenance) therapy as part of a comprehensive plan to reduce the risk of cancer returning after active treatment ends.¹¹

Did you know that 1 out of 5 patients with stage 2 and 3 HR+/HER2- breast cancer tumors treated with adjuvant hormonal or endocrine therapy may see their cancer come back within the first 3 years of diagnosis?¹⁴

Risk of recurrence can be persistent and continue to increase as time progresses.

At Novartis, we are committed to supporting patients throughout their journey. We also collaborate with key partners in the advocacy community to provide support and help patients move forward with confidence, equipped with a better understanding of their risk.

To learn more, visit <u>UnderstandeBCRisk.com</u>.



Addressing the different needs around metastatic disease: Making life more than a diagnosis

Any breast cancer diagnosis can be difficult for patients, their families, and loved ones, but the needs of the metastatic community are greatly different, compared to those diagnosed at an earlier stage. Metastatic breast cancer (mBC), or stage 4 breast cancer, occurs when the disease spreads beyond the breast to other parts of the body, even after initial treatment.¹⁵

Did you know that it is estimated in 2025, nearly 170,000 women will be living with mBC in the United States?¹⁶

Although there is currently no cure for mBC, advancements in cancer research and treatments are helping people live longer by managing the disease as a chronic illness.

Novartis has partnered with the metastatic advocacy community for more than 12 years, and remains committed to bringing much-needed support, resources, and research to mBC patients.

For those living with mBC, treatment teams are key to supporting treatment decision making, and helping navigate the physical, emotional, and social challenges associated with mBC. For more tips on living with and navigating an mBC diagnosis, check out the following available resources:

Download A Guide to Understanding Metastatic Breast Cancer (PDF)

Download Precision Oncology 101 - What You Should Know, Ask, and Remember (PDF)

Currently approved treatments do not work the same for everyone, so patients should talk to their doctors about treatment options. During these conversations, clinical trial results may be discussed to help make informed choices. Additionally, new clinical trials may provide further opportunities for treatment with investigational therapies.

As treatments and new data become available, we strippe to expand our efforts so we can empower more

people in the breast cancer community. In addition to our existing portfolio, we are committed to researching new potential treatments to help those living with mBC.

Our commitment to community health solutions in breast cancer

Novartis believes that all breast cancer patients, regardless of race, ethnicity, or socioeconomic status, should have the same opportunity to experience a life filled with living. This commitment is behind key community health solutions that aim to:

1. Increase the rate of breast cancer screening among patient groups with low screening rates

2. Improve breast cancer care for all patients by ensuring they and their health care providers have the resources to achieve equal opportunities of care

3. Ensure our breast cancer clinical trials are representative of the US population experiencing the burden of disease

In this context, we are aware that Black women are 41% more likely to die from breast cancer than their white counterparts in the United States.¹⁷ If we want to improve outcomes for all people impacted by breast cancer, we cannot leave this community behind. This is why we are also focused on helping improve access to quality care in the Black community, among others.

Stephanie's Breast Cancer Experience

Listen in as Stephanie shares more about her breast cancer experience.

"Being a hospice nurse with 40 years of experience **didn't prepare me for**



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Latoya's Breast Cancer Experience

Listen in as Latoya shares more about her breast cancer care experience.

"That can't be right. Back in January, it was benign."



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Our focus is on creating solutions and increasing awareness to help Black patients and their providers navigate the entire breast cancer care journey together – positively impacting access to screening, treatment, and participation in clinical trials.

Virtual Reality Empathetic Listening Training

Learn more about our virtual reality training for health care providers.

Explore the impact implicit bias can have on outcomes for Black patients



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