Education Can Empower

Getting started on your treatment journey with AROMASIN

Please see Indication and Important Safety Information on page 10, and Full Prescribing Information and Patient Information at the end of this brochure.
About AROMASIN® ( exemestane tablets )

This brochure was created so you can better understand AROMASIN and learn about a study that compared women who switched to AROMASIN with women who stayed on tamoxifen.

This brochure is not intended to replace the advice of a healthcare professional. Always contact your doctor or nurse if you have concerns about your treatment.

You or a loved one may be considering adjuvant ( AD-jo-vant) treatment with AROMASIN. Adjuvant treatment for breast cancer is a treatment given after primary surgery, radiation, hormonal therapy, chemotherapy, or a combination of treatments.

AROMASIN is used in women who are past menopause for the treatment of:

• **Early breast cancer** (cancer that has not spread outside the breast) in women who:
  - Have cancer that needs the female hormone estrogen to grow and
  - Have had other treatments for breast cancer and
  - Have taken tamoxifen for 2 to 3 years and
  - Are switching to AROMASIN to complete 5 years in a row of hormonal therapy

• **Advanced breast cancer** (cancer that has spread) after treatment with tamoxifen, and it did not work or is no longer working

If your doctor decides that brand-name AROMASIN is an appropriate part of your treatment plan, you would stop taking tamoxifen. Then, for 2 to 3 years, AROMASIN would be taken instead of tamoxifen for a combined total of 5 years of adjuvant treatment.

To learn more about treatment with AROMASIN and to download support resources, visit AROMASIN.com

**Selected Important Safety Information**

Do not take AROMASIN if you are allergic to AROMASIN or to anything in it. The active ingredient is exemestane.

Let your doctor know if you are taking or applying any medication that has estrogen in it including hormone replacement therapy or birth control pills or patches, or if you are taking any other medicines including over-the-counter medicines, herbal supplements, and vitamins as they can affect how well AROMASIN works.

**Indication**

AROMASIN is used in women who are past menopause for the treatment of:

• **Early breast cancer** (cancer that has not spread outside the breast) in women who:
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  - Have had other treatments for breast cancer and
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Getting Started With AROMASIN® ( exemestane tablets)

How AROMASIN works
Certain breast cancers need the female hormone estrogen to grow. These types of breast cancers are called estrogen-dependent or estrogen-receptor positive (ER+) cancers.

AROMASIN is a type of hormonal therapy called an aromatase inhibitor. This means it will interfere with the normal production of estrogen. It is also important to know that AROMASIN is not a chemotherapy and it is not a hormone replacement therapy (HRT).

How to take AROMASIN
When taking AROMASIN:
• Take AROMASIN exactly as your doctor tells you
• Take AROMASIN 1 time each day after a meal
• If you take too much AROMASIN, call your doctor right away or go to nearest hospital emergency room

Can AROMASIN be taken with other medicines?
You should always talk to your doctor or pharmacist before taking other medications. Do not take AROMASIN with those that contain estrogen. There are also drugs and supplements, such as St. John’s wort, that can change the way AROMASIN works in your body.

If you are not sure if AROMASIN is right for you, talk to your doctor. Together you can decide on the best treatment for you.

Can AROMASIN be taken during pregnancy or while breastfeeding?
AROMASIN is not indicated for the treatment of breast cancer in premenopausal women (are still having menstrual periods). If you become pregnant while taking AROMASIN, talk to your doctor immediately to learn about the potential risks to the baby. Taking AROMASIN during pregnancy or within 1 month of becoming pregnant can harm your unborn baby. Use effective birth control (contraceptive) during treatment with AROMASIN and for 1 month after your last dose of AROMASIN.

Tell your doctor if you are breastfeeding or plan to breastfeed. It is not known if AROMASIN passes into your breast milk. Do not breast-feed during treatment with AROMASIN and 1 month after your last dose of AROMASIN.

Selected Important Safety Information
If you become pregnant while taking AROMASIN, talk to your doctor immediately to learn about the potential risks to the baby. Taking AROMASIN during pregnancy or within 1 month of becoming pregnant can harm your unborn baby. Use effective birth control (contraceptive) during treatment with AROMASIN and for 1 month after your last dose of AROMASIN.

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Getting Started With AROMASIN® ( exemestane tablets)

Who should not take AROMASIN?
- Do not take AROMASIN if you are allergic to AROMASIN or any of the ingredients in AROMASIN. The active ingredient is exemestane. For a list of inactive ingredients, please see full Prescribing Information and Patient Information at the end of this brochure.

What should I tell my doctor before taking AROMASIN?
Tell your doctor about all your medical conditions, including if you:
- are still having menstrual periods (are not past menopause). AROMASIN is only for women who are past menopause.
- have weak or brittle bones (osteoporosis).
- are pregnant or plan to become pregnant. Taking AROMASIN during pregnancy or within 1 month of becoming pregnant can harm your unborn baby.
  - Females who are able to become pregnant should have a pregnancy test within 7 days before starting treatment with AROMASIN.
  - Females who are able to become pregnant should use effective birth control (contraceptive) during treatment with AROMASIN and for 1 month after your last dose of AROMASIN. Tell your doctor right away if you become pregnant or think you may be pregnant.
- are breastfeeding or plan to breastfeed. It is not known if AROMASIN passes into your breast milk. Do not breastfeed during treatment with AROMASIN and for 1 month after your last dose of AROMASIN.
- Have liver or kidney problems.
Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements. Especially tell your doctor if you take medicines that contain estrogen, including other hormone replacement therapy or birth control pills or patches. AROMASIN should not be taken with medicines that contain estrogen as they could affect how well AROMASIN works.

AROMASIN may cause serious side effects, including:
- Bone loss. AROMASIN decreases the amount of estrogen in your body which may reduce your bone mineral density (BMD) over time. This may increase your risk for bone fractures or weak and brittle bones (osteoporosis). Your doctor may check your bones during treatment with AROMASIN if you have osteoporosis or at risk for osteoporosis.

The most common side effects of AROMASIN in women with early breast cancer include:
- hot flushes
- trouble sleeping
- headache
- joint pain
- feeling tired
- increased sweating

The most common side effects of AROMASIN in women with advanced breast cancer include:
- hot flushes
- increased appetite
- increased sweating
- feeling tired
- nausea

Your doctor will do blood tests to check your vitamin D level before starting treatment with AROMASIN.
AROMASIN may cause decreased fertility in males and females. Talk to your doctor if you have concerns about fertility.

These are not all the possible side effects of AROMASIN. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Selected Important Safety Information
A serious side effect of AROMASIN is bone loss over time that may increase your risk of bone fractures and weak and brittle bones (osteoporosis). The health of your bones should be carefully monitored by your doctor for any bone loss before and during treatment with AROMASIN. Any bone loss should be treated appropriately.

Please see Indication and Important Safety Information on page 10, and Full Prescribing Information and Patient Information at the end of this brochure.
Results of the Intergroup Exemestane Study (IES)
With AROMASIN® (exemestane tablets)

A clinical study with AROMASIN
The AROMASIN IES involved 4,724 women past menopause who were on tamoxifen.

This study has shown that switching to AROMASIN after 2 to 3 years of tamoxifen can lower your risk of breast cancer recurrence and developing cancer in the other breast more than staying on tamoxifen for 5 years. No significant overall survival benefit was seen.

How the study worked
- After 2 to 3 years on tamoxifen, 2,352 of the women were randomly chosen to switch to AROMASIN and 2,372 remained on tamoxifen
- The women who were randomized to AROMASIN were compared with the women who stayed on tamoxifen
- A comparison took place almost 3 years (34.5 months) after the women were assigned to different groups. There was an additional follow-up after 10 years (120 months)—about 85 months after tamoxifen or AROMASIN treatment ended
- Most women received a total of 10 years of adjuvant treatment

Study participants
Postmenopausal women who took part in the AROMASIN IES, including women who had:
- Estrogen-receptor positive breast cancer—breast cancer that needs the hormone estrogen to grow
- Progesterone-positive breast cancer—breast cancer that needs the hormone progesterone to grow
- Node-positive breast cancer—breast cancer that has spread to the surrounding lymph nodes
- Node-negative breast cancer—breast cancer that has not spread to the surrounding lymph nodes
- Chemotherapy treatment
- No chemotherapy treatment
- Radiation treatment
- No radiation treatment

Learn more about the IES at AROMASIN.com

Selected Important Safety Information
Before starting to take AROMASIN, have your blood levels checked for Vitamin D deficiency. This is a common condition in women with early breast cancer and should be treated with Vitamin D supplements.

A small number of women had chest pain, heart failure or stroke while taking AROMASIN.

Please see Indication and Important Safety Information on page 10, and Full Prescribing Information and Patient Information at the end of this brochure.
Lower risk of cancer recurrence
The risk of cancer recurrence was lower for women who switched to AROMASIN® ( exemestane tablets) after 2 to 3 years of treatment with tamoxifen than for women who stayed on tamoxifen for 5 years.

| Women who experienced cancer recurrence (local or metastatic recurrence, contralateral breast cancer or death) after almost 3 years (34.5 months) in the study |
|----------------------------------------|-----------------|------------------|-----------------|
| AROMASIN Patients (n=2,352)           | Tamoxifen Patients (n=2,372) | Absolute risk reduction | Relative risk reduction |
| 213                                   | 306             | Fewer (4% less) women experienced cancer recurrence in the AROMASIN group than in the tamoxifen group | Women in the study had a 31% lower risk of cancer recurrence |

After 10 years in the study, results continued

| Women who experienced cancer recurrence (local or metastatic recurrence, contralateral breast cancer or death) after 10 years (120 months) in the study |
|----------------------------------------|-----------------|------------------|-----------------|
| AROMASIN Patients (n=2,352)           | Tamoxifen Patients (n=2,372) | Absolute risk reduction | Relative risk reduction |
| 672                                   | 761             | Fewer (4% less) women experienced cancer recurrence in the AROMASIN group than in the tamoxifen group | Women in the study had a 14% lower risk of cancer recurrence |

Relative risk reduction: helps us understand the likelihood (risk) of disease recurrence for patients who switched to AROMASIN versus patients who stayed on tamoxifen.

This study has shown that switching to AROMASIN after 2 to 3 years of tamoxifen can lower your risk of breast cancer recurrence and developing cancer in the other breast more than staying on tamoxifen for 5 years. No significant overall survival benefit was seen.

Selected Important Safety Information
Tell your doctor if you are breastfeeding or plan to breastfeed. It is not known if AROMASIN passes into your breast milk. Do not breast-feed during treatment with AROMASIN and 1 month after your last dose of AROMASIN.

Please see Indication and Important Safety Information on page 10, and Full Prescribing Information and Patient Information at the end of this brochure.
**Lower risk in other breast**
The risk of developing cancer in the other breast was lower for women who switched to AROMASIN® ( exemestane tablets) after 2 to 3 years of treatment with tamoxifen than for women who stayed on tamoxifen for 5 years.

| Women who developed cancer in the other breast after almost 3 years (34.5 months) in the study |
|----------------------------------|----------------------------------|----------------------------------|
| **AROMASIN Patients** (n=2,352) | **Tamoxifen Patients** (n=2,372) | **Absolute risk reduction** | **Relative risk reduction** |
| 7                                | 25                               | Fewer (0.8% less) women developed cancer in the other breast in the AROMASIN group than in the tamoxifen group | Women in the study had a 68% lower risk of developing cancer in the other breast |

**After 10 years in the study, results continued**

| Women who developed cancer in the other breast after 10 years (120 months) in the study |
|----------------------------------|----------------------------------|----------------------------------|
| **AROMASIN Patients** (n=2,352) | **Tamoxifen Patients** (n=2,372) | **Absolute risk reduction** | **Relative risk reduction** |
| 54                               | 72                               | Fewer (0.7% less) women developed cancer in the other breast in the AROMASIN group than in the tamoxifen group | Women in the study had a 25% lower risk of developing cancer in the other breast |

**Relative risk reduction:** helps us understand the likelihood (risk) of developing cancer in the other breast for patients who switched to AROMASIN versus patients who stayed on tamoxifen.

*This study has shown that switching to AROMASIN after 2 to 3 years of tamoxifen can lower your risk of breast cancer recurrence and developing cancer in the other breast more than staying on tamoxifen for 5 years. No significant overall survival benefit was seen.*

**Selected Important Safety Information**
Common side effects of AROMASIN in women with early breast cancer were:
- hot flushes
- feeling tired
- increased sweating
- joint pain, headache
- trouble sleeping

Please see Indication and Important Safety Information on page 10, and Full Prescribing Information and Patient Information at the end of this brochure.
Overall survival
There was no significant difference in overall survival (meaning the time patients started the study to the time of death by any cause) between the women in the AROMASIN® ( exemestane tablets) group and the women in the tamoxifen group.

![Overall survival rates after 3 years (36 months) in the study](chart)

<table>
<thead>
<tr>
<th></th>
<th>AROMASIN Patients</th>
<th>Tamoxifen Patients</th>
</tr>
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<tbody>
<tr>
<td>(n=2,352)</td>
<td>95%</td>
<td>94%</td>
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</table>

<table>
<thead>
<tr>
<th>Number of Deaths</th>
<th>AROMASIN Patients (n=2,352)</th>
<th>Tamoxifen Patients (n=2,372)</th>
</tr>
</thead>
<tbody>
<tr>
<td>After almost 3 years (34.5 months)</td>
<td>116</td>
<td>137</td>
</tr>
<tr>
<td>After 10 years (120 months)</td>
<td>469</td>
<td>510</td>
</tr>
</tbody>
</table>

Learn more about the IES at AROMASIN.com

Selected Important Safety Information
Common side effects of AROMASIN in women with advanced breast cancer were:
- hot flushes
- nausea
- feeling tired
- increased sweating
- increased appetite

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Some common side effects of AROMASIN® ( exemestane tablets) and tamoxifen reported during the IES

<table>
<thead>
<tr>
<th></th>
<th>Women on AROMASIN (%)</th>
<th>Women on tamoxifen (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot flashes</td>
<td>21.2%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>16.1%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Joint pain</td>
<td>14.6%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Headache</td>
<td>13.1%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Insomnia</td>
<td>12.4%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Increased sweating</td>
<td>11.8%</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

To see additional adverse events, please see full Prescribing Information at the end of this brochure.

Many women think about their bone health. You should know that AROMASIN may reduce your bone mineral density (BMD) over time. The lower your BMD, the greater your risk of fracture and osteoporosis (weak and brittle bones) could be.

Some women who took part in the AROMASIN study developed osteoporosis (4.6% on AROMASIN vs 2.8% on tamoxifen). There was also a risk of fractures (4.2% on AROMASIN vs 3.1% on tamoxifen).

Selected Important Safety Information
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AROMASIN may cause decreased fertility in males and females. Talk to your doctor if you have concerns about fertility.

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Important Safety Information

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Common side effects of AROMASIN in women with early breast cancer were:
- hot flushes
- feeling tired
- joint pain, headache
- increased sweating
- trouble sleeping

Common side effects of AROMASIN in women with advanced breast cancer were:
- hot flushes
- nausea
- feeling tired
- increased sweating
- increased appetite

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Indication

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Need help paying for your Pfizer medicines? Pfizer RxPathways® is here to help.

One program—a range of prescription assistance services.

Please see Full Prescribing Information and Patient Information on the following pages.

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