[0005] Elacestrant (RAD1901) is a novel, orally bioavailable SERD. Preclinical data have demonstrated elacestrant, as a single agent and in combination with a CDK4/6 inhibitor, is effective in inhibiting tumor growth in models of ER+ breast cancer with both wild-type and mutant ESR1. Elacestrant monotherapy demonstrated antitumor activity in patient-derived xenograft models of ER+ breast cancer, including those that were insensitive to fulvestrant, estrogen-independent, and/or harbored ESR1 gene mutations. In multiple xenograft models of ER+ breast cancer, the combination of elacestrant with a CDK4/6 inhibitor showed anti-tumor activity that was greater than that observed with either drug alone.

BRIEF DESCRIPTION OF THE FIGURES

[0006] **Figure 1** is a schematic diagram of a study design disclosed herein.

SUMMARY

[0007] In one aspect, the present disclosure relates to the use of elacestrant, or a pharmaceutically acceptable salt thereof, in the manufacture of a medicament for treating ER+, HER2- breast cancer in a patient; wherein the medicament is to be administered simultaneously, separately or sequentially with abemaciclib, or a pharmaceutically acceptable salt thereof.

[0007a] In one example, the disclosure relates to a method of treating breast cancer in a patient, comprising administering to the patient a therapeutic combination comprising elacestrant, or a pharmaceutically acceptable salt thereof, and abemaciclib, or a pharmaceutically acceptable salt thereof.

[0008] In one example of this example, the patient experiences a greater Progression Free Survival time as compared to a patient who was administered a combination of letrozole and abemaciclib, a combination of anastrozole and abemaciclib, or a combination of fulvestrant and abemaciclib.

[0009] In another example of this example, the patient experiences a greater Progression Free Survival time as compared to a patient who was administered abemaciclib as a monotherapy.

DETAILED DESCRIPTION OF THE INVENTION

[0010] As used herein, RAD1901 or “elacestrant” has the following structure:

WHAT IS CLAIMED IS:

1. Use of elacestrant, or a pharmaceutically acceptable salt thereof in the manufacture of a medicament for treating ER+, HER2- breast cancer in a patient; wherein the medicament is to be administered simultaneously, separately or sequentially with abemaciclib, or a pharmaceutically acceptable salt thereof.

2. The use of claim 1, wherein the patient is a postmenopausal women.

3. The use of claim 1, wherein the patient has not received prior therapy with a CDK4/6 inhibitor or a Selective Estrogen Receptor Degrader (SERD).

4. The use of claim 1, wherein the breast cancer in the patient has progressed on prior endocrine therapy.

5. The use of claim 1, wherein the breast cancer in the patient is advanced or metastatic breast cancer.

6. The use of claim 1, wherein the elacestrant is to be administered to the patient at a dose of from 200-500 mg/day.

7. The use of claim 6, wherein the elacestrant is to be administered to the patient at a dose of from 250-450 mg/day.

8. The use of claim 7, wherein the elacestrant is to be administered to the patient at a dose of about 300 mg/day.

9. The use of claim 8, wherein the elacestrant is to be administered to the patient at a dose of about 300 mg/day, in one administration per day.

10. The use of claim 7, wherein the elacestrant is to be administered to the patient at a dose of about 400 mg/day.

11. The use of claim 10, wherein the elacestrant is to be administered to the patient at a dose of about 400 mg/day, in one administration per day.

12. The use of claim 1, wherein the abemaciclib is to be administered to the patient at a dose of from 150-400 mg/day.

13. The use of claim 12, wherein the abemaciclib is to be administered to the patient at a dose of about 200 mg/day.

14. The use of claim 13, wherein the abemaciclib is to be administered to the patient at a dose of about 200 mg/day, in two administrations per day.

15. The use of claim 14, wherein the abemaciclib is to be administered to the patient at a dose of about 100 mg twice per day.

16. The use of claim 12, wherein the abemaciclib is to be administered to the patient at a dose of about 300 mg/day.

17. The use of claim 16, wherein the abemaciclib is to be administered to the patient at a dose of about 300 mg/day, in two administrations per day.

18. The use of claim 17, wherein the abemaciclib is to be administered to the patient at a dose of about 150 mg twice per day.

19. The use of claim 1, wherein the elacestrant is to be administered to the patient at a dose of about 400 mg/day, and the abemaciclib is to be administered to the patient at a dose of about 300 mg/day.

20. The use of claim 19, wherein the abemaciclib is to be administered to the patient at a dose of 150 mg twice per day.

21. The use of claim 1, wherein the elacestrant is to be administered to the patient at a dose of about 300 mg/day, and the abemaciclib is to be administered to the patient at a dose of about 300 mg/day.

22. The use of claim 21, wherein the abemaciclib is to be administered to the patient at a dose of 150 mg twice per day.

23. The use of claim 1, wherein the elacestrant is to be administered to the patient at a dose of about 300 mg/day, and the abemaciclib is to be administered to the patient at a dose of about 200 mg/day.

24. The use of claim 23, wherein the abemaciclib is to be administered to the patient at a dose of 100 mg twice per day.

25. The use of claim 1, wherein the elacestrant is to be administered to the patient at a dose that is the maximum tolerated dose for the patient.

26. The use of claim 1, wherein the abemaciclib is to be administered to the patient at a dose that is the maximum tolerated dose for the patient.

27. The use of claim 1, wherein the patient experiences a greater Progression Free Survival time as compared to a patient who was to be administered a combination of letrozole and abemaciclib, a combination of anastrozole and abemaciclib, or a combination of fulvestrant and abemaciclib.

28. The use of claim 27, wherein the breast cancer is ER+/HER2- advanced or metastatic breast cancer, and the patient has progressed on or after prior adjuvant or metastatic endocrine therapy, and has not received prior treatment with a CDK4/6 inhibitor or a SERD.

29. The use of claim 27, wherein the patient who was to be administered a combination of letrozole and abemaciclib was to be administered 2.5 mg once per day of letrozole and 125 mg twice daily of abemaciclib.

30. The use of claim 27, wherein the patient who was to be administered a combination of anastrozole and abemaciclib was to be administered 1 mg once per day of anastrozole and 125 mg twice daily of abemaciclib.

31. The use of claim 27, wherein the patient who was to be administered a combination of fulvestrant and abemaciclib was to be administered 500 mg fulvestrant injection as two 5 mL injections intramuscularly into the buttocks (gluteal area), at a rate of 1-2 minutes per injection, one in each buttock, on days 1, 15, and 29 and once monthly thereafter, and 125 mg twice daily of abemaciclib.

32. The use of claim 27, wherein the patient experiences a greater Progression Free Survival time as compared to a patient who was to be administered a combination of letrozole and abemaciclib and wherein the breast cancer is ER+/HER2- advanced or metastatic breast cancer, and the patient has not received prior systemic anti-cancer therapies for their advanced/metastatic disease, and has not received prior treatment with a CDK4/6 inhibitor or a SERD.

33. The use of claim 32, wherein the patient who was to be administered a combination of letrozole and abemaciclib was to be administered 2.5 mg once per day of letrozole and 125 mg twice daily of abemaciclib.

34. The use of claim 1, wherein the patient experiences a greater Progression Free Survival time as compared to a patient who was to be administered abemaciclib as a monotherapy.

35. The use of claim 34, wherein the breast cancer is ER+/HER2- advanced or metastatic breast cancer, and the patient has received prior systemic anti-cancer therapy including ≤ 2 prior chemotherapy for metastatic breast cancer permitted for their advanced or metastatic disease, and wherein the prior systemic anti-cancer therapy did not include a CDK4/6 inhibitor or a SERD.

36. The use of claim 34, wherein the patient who was to be administered abemaciclib as a monotherapy was to be administered 200 mg of abemaciclib twice daily.