

For healthcare professionals only

DOSING AND ADMINISTRATION GUIDE



Support for LIFYORLI plus nab-paclitaxel

Indications & Usage

LIFYORLI is indicated in combination with nab-paclitaxel for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received 1-3 prior systemic treatment regimens, at least one of which included bevacizumab.

Important Safety Information

Contraindications:

LIFYORLI is contraindicated in patients receiving systemic glucocorticoids for lifesaving purposes (e.g., immunosuppression after organ transplantation) because LIFYORLI antagonizes the effect of glucocorticoids.

Please see additional **Important Safety Information on page 13** and the full **Prescribing Information**.

About LIFYORLI



What is LIFYORLI?

LIFYORLI is a selective glucocorticoid receptor antagonist approved for use as an oral medication taken **the day before, the day of, and the day after** nab-paclitaxel infusions. It is indicated for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received 1-3 prior systemic treatment regimens, at least one of which included bevacizumab.¹



How was LIFYORLI studied?

ROSELLA was a global, randomized, Phase 3 study that enrolled 381 patients with platinum-resistant ovarian cancer across 117 sites in 14 countries. Participants were randomized to receive either LIFYORLI plus nab-paclitaxel or nab-paclitaxel alone.^{1,2}

- Eligible patients had disease progression within six months of their last platinum therapy, prior bevacizumab treatment, and up to three prior lines of therapy^{1,2}
- The dual primary endpoints* were progression-free survival (PFS) and overall survival (OS)¹
- No specific biomarker was required for enrollment in ROSELLA. All patients who met the established inclusion criteria were eligible to enroll²

*A dual primary endpoint trial is a study with two primary endpoints in which one primary endpoint must be met to be considered clinically successful.²

Important Safety Information (cont'd)

Warnings and precautions:

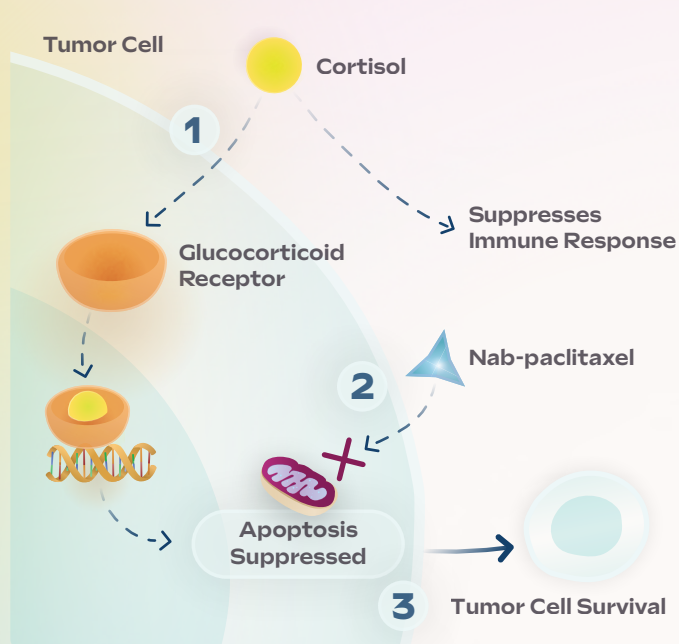
Neutropenia and severe infections

LIFYORLI in combination with nab-paclitaxel can cause neutropenia, including febrile neutropenia and severe infections. There was one fatal event of septic shock with febrile neutropenia. Thirty-eight percent of patients initiated granulocyte colony-stimulating factor (G-CSF) during the first or second cycle of therapy. Monitor complete blood counts prior to each weekly treatment with LIFYORLI in combination with nab-paclitaxel and as clinically indicated. Based on the severity of neutropenia, delay dose, reduce dose, or permanently discontinue LIFYORLI in combination with nab-paclitaxel. Consider short-acting G-CSF administration as applicable. Consider the possibility of concurrent adrenal insufficiency, particularly in the setting of serious infection.

Please see additional Important Safety Information on page 13 and the full Prescribing Information.

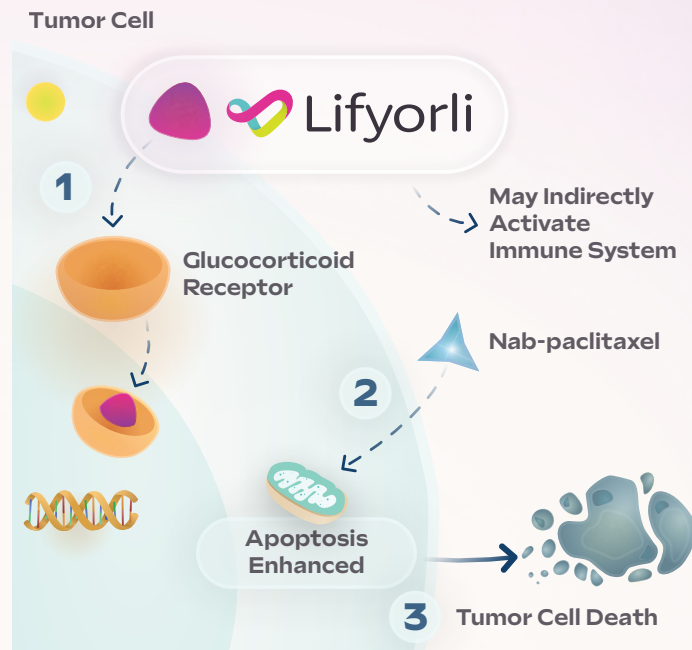
 **Lifyorli**TM
(relacorilant) 100 mg, 25 mg capsules

The LIFYORLI mechanism of action



The glucocorticoid receptor pathway induces chemoresistance^{3,4}

- 1** Cortisol binds to and activates the glucocorticoid receptor, which is expressed in tumor and immune cells.
- 2** Activation of the glucocorticoid receptor pathway results in suppression of chemotherapy-induced apoptosis as well as immune response.
- 3** Suppression of apoptosis and immune response leads to tumor cell survival.



¹Based on pre-clinical data.¹

LIFYORLI enhances chemosensitivity^{1*}

- 1** LIFYORLI potently binds to the glucocorticoid receptor and inhibits cortisol-mediated activation of the pathway.^{1,5}
- 2** LIFYORLI reduces tumor cell survival and inhibits cortisol-mediated immunosuppression.^{4,5}
- 3** By preventing activation of the glucocorticoid receptor pathway, LIFYORLI enhances chemosensitivity.^{4,5}

Please see [Important Safety Information on page 13](#) and the full [Prescribing Information](#).

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(relacorilant) 100 mg, 25 mg capsules

Dosing and administration for LIFYORLI plus nab-paclitaxel

LIFYORLI is a 150-mg oral medication consisting of three softgel capsules per dose taken the day before, the day of, and the day after infusion¹



Patients may require guidance on how to open the packaging for LIFYORLI.

[CLICK HERE FOR AN EASY-TO-FOLLOW INSTRUCTION VIDEO](#)

The carton shown contains nine doses of LIFYORLI and space for treatment-day reminders on the back.

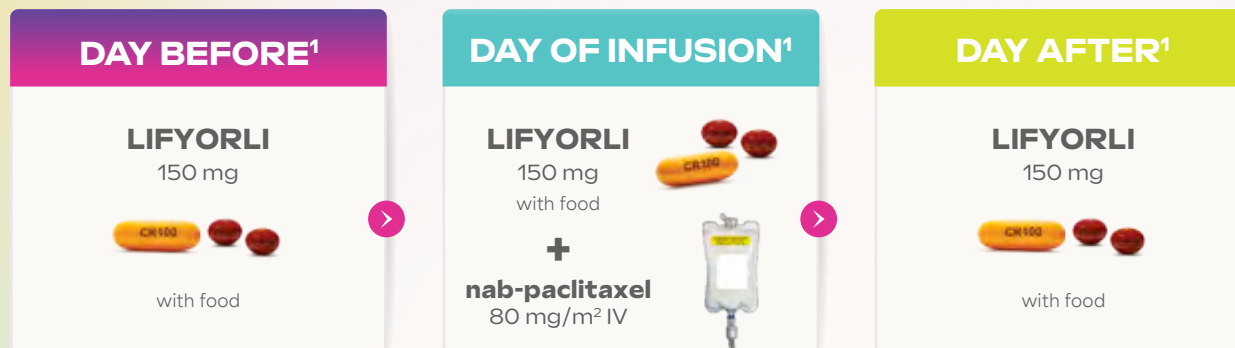
When educating patients on the treatment regimen, remember that LIFYORLI is taken at home, and patients will take two doses before arriving for their infusion (the day before and the day of). If the infusion is delayed, patients will need to be reminded when to start.¹

Please see [Important Safety Information](#) on page 13 and the full [Prescribing Information](#).

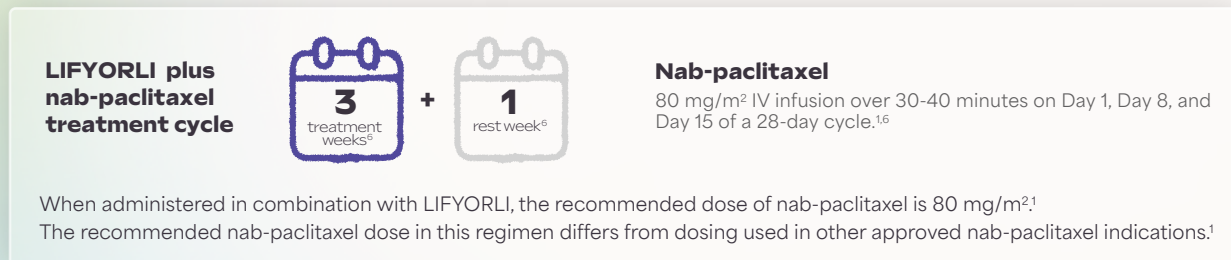
 **Lifyorli™**
(relacorilant) 100 mg, 25 mg capsules

Dosing and administration for LIFYORLI plus nab-paclitaxel (cont'd)

TREATMENT SCHEDULE¹



Capsules shown are not actual size.



IV, intravenous.

Important Safety Information (cont'd)

Warnings and precautions (cont'd):

Adrenal insufficiency

LIFYORLI is a reversible glucocorticoid receptor antagonist and can cause adrenal insufficiency. Adrenal insufficiency can occur at any time during treatment with LIFYORLI. The risk of adrenal insufficiency is increased in situations of stress, such as acute illness, infection, or surgery. Consider whether supplemental glucocorticoids are required in the perioperative period in patients who have received LIFYORLI within 30 days of surgery. Monitor patients receiving LIFYORLI for signs and symptoms of adrenal insufficiency. Withhold LIFYORLI and administer glucocorticoid therapy if adrenal insufficiency is suspected. High doses of supplemental glucocorticoids may be needed to overcome the glucocorticoid receptor antagonism produced by LIFYORLI. After resolution of adrenal insufficiency, resume previous dose, reduce dose, or permanently discontinue LIFYORLI based on severity.

Please see additional Important Safety Information on page 13 and the full Prescribing Information.



LIFYORLI is contraindicated in patients who are on a systemic corticosteroid therapy for a lifesaving purpose.¹

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(relacorilant) 100 mg, 25 mg capsules

Dosing and administration for LIFYORLI plus nab-paclitaxel (cont'd)



How should patients take LIFYORLI?

- Take it at home with food¹
- Swallow capsules whole. Do not crush, chew, dissolve, or split the capsules¹
- Take it consistently in the morning and before their infusion on the day of their appointment¹



LIFYORLI is packaged in blister cards. Each card contains a three-dose supply of LIFYORLI.



What should patients do if nab-paclitaxel is rescheduled?

If a nab-paclitaxel infusion is rescheduled, do not take LIFYORLI. Instead, LIFYORLI should be taken the day before, the day of, and the day after the new infusion date.¹

What should patients do if they miss a dose?

If a dose of LIFYORLI is missed, patients should follow these simple guidelines to stay on track with treatment¹:

<12 HOURS

If it has been less than 12 hours since the scheduled dose, take the missed dose as soon as it is remembered.

≥12 HOURS

If it has been 12 hours or more since the scheduled dose, skip the missed dose and take the next dose at the regularly scheduled time.

[Click here](#) to learn about the
LIFYORLI DOSE REPLACEMENT PROGRAM

Please see Important Safety Information on page 13 and the full Prescribing Information.

 **Lifyorli**TM
(relacorilant) 100 mg, 25 mg capsules

Safety considerations

No new safety signals were observed with the addition of LIFYORLI to nab-paclitaxel versus nab-paclitaxel alone^{1,2}

THE MOST COMMON ARs (≥10% OF PATIENTS) IN ROSELLA ¹	LIFYORLI + nab-paclitaxel (n=188)		Nab-paclitaxel (n=190)	
	All grades (%)	Grades 3 or 4 (%)	All grades (%)	Grades 3 or 4 (%)
General disorders				
Fatigue*	54	9	45	2
Edema*	19	1	12	1
Pyrexia*	14	1	9	0
Gastrointestinal disorders				
Nausea	44	4	35	3
Diarrhea*	40	4	27	2
Stomatitis*	19	3	9	1
Skin and subcutaneous tissue disorders				
Rash*	24	4	10	1
Nail disorders*	19	0	12	2
Metabolism and nutrition disorders				
Decreased appetite	22	2	12	1
Respiratory disorders				
Cough*	19	1	10	0
Nervous system disorders				
Dizziness*	13	1	4	1
Dysgeusia*	13	0	5	0

*Includes multiple related terms.¹

[†]Peripheral neuropathy rate reported is based on the individual preferred term for the adverse event.

AR, adverse reaction.

- Peripheral neuropathy occurred with similar frequency in both arms (19.1% and 17.4%)^{7†}
- Serious ARs occurred in 35% of patients treated with LIFYORLI plus nab-paclitaxel¹
 - Serious ARs in ≥2% of patients included neutropenia (4%), pneumonia (3%), pleural effusion (3%), febrile neutropenia (2%), and fatigue (2%)¹
- 9% of patients discontinued LIFYORLI due to ARs¹
- Clinicians should monitor patients receiving LIFYORLI for signs and symptoms of adrenal insufficiency¹
 - There were no cases of adrenal insufficiency reported in ROSELLA⁸

TREATMENT TIP:

Always conduct a thorough review of all medications a patient is taking before they start LIFYORLI to identify and address any potential drug-to-drug interactions.¹

Please see [Important Safety Information on page 13](#) and the full [Prescribing Information](#).

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Safety of LIFYORLI plus nab-paclitaxel is consistent with the known safety profile of nab-paclitaxel alone^{1,2}

SELECT LABORATORY ABNORMALITIES (≥10% OF PATIENTS) IN ROSELLA ¹	LIFYORLI + nab-paclitaxel (N=188)		Nab-paclitaxel (N=190)	
	All grades (%)	Grades 3 or 4 (%)	All grades (%)	Grades 3 or 4 (%)
Hemoglobin decreased	89	18	79	10
Leukocytes decreased	82	25	77	16
Neutrophils decreased	74	44	65	27
Platelets decreased	28	2	14	1

- Prophylactic or supportive use of short-acting G-CSF in accordance with clinical practice **may be used in lieu of** or in combination with dose reduction for patients with neutropenia¹
 - 38% of patients who received LIFYORLI plus nab-paclitaxel initiated G-CSF during the first and second treatment cycle¹
 - Overall, G-CSF was used as prophylaxis or to manage ARs in 44% of patients who received LIFYORLI plus nab-paclitaxel^{1,2*}

*G-CSF use was permitted per local institutional guidelines.^{1,2}

G-CSF, granulocyte colony-stimulating factor.

Please see [Important Safety Information on page 13](#) and the full [Prescribing Information](#).

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(relacorilant) 100 mg, 25 mg capsules

About nab-paclitaxel



What is nab-paclitaxel?

Nab-paclitaxel is a chemotherapy administered through IV infusion with orally administered LIFYORLI for the treatment of platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer. It is a solvent-free, albumin-bound form of paclitaxel that does not require pre-medication with a corticosteroid.^{1,5}

Nab-paclitaxel is administered on Day 1, Day 8, and Day 15 of a 28-day cycle, followed by a rest week after three treatment weeks. In combination with orally administered LIFYORLI, nab-paclitaxel is administered at 80 mg/m². Patients take LIFYORLI orally the day before, the day of, and the day after their nab-paclitaxel infusion.^{1,6*}

Refer to the nab-paclitaxel Prescribing Information for indication, additional details, and the Boxed Warning.



Additional guidance about nab-paclitaxel

The 80 mg/m² dose of nab-paclitaxel, in combination with LIFYORLI (a CYP3A4 inhibitor), provided exposure comparable to the 100 mg/m² monotherapy dose in the Phase 2 study.⁹



In all circumstances, LIFYORLI should be interrupted or discontinued when nab-paclitaxel is interrupted or discontinued.¹



Please note that nab-paclitaxel should not be replaced with paclitaxel.¹



TREATMENT TIP:

When possible, and in alignment with institutional protocol, consider conducting blood work at least 2 days before nab-paclitaxel infusion so that results are obtained prior to a patient beginning LIFYORLI.¹

*When administered in combination with LIFYORLI, the recommended dose of nab-paclitaxel is 80 mg/m².¹

Please see Important Safety Information on page 13 and the full Prescribing Information.

Dose modifications

If dose adjustments are required during treatment due to neutropenia, please adjust as follows¹:

DOSE ADJUSTMENTS FOR NEUTROPENIA			
Cycle day	Severity*	Nab-paclitaxel	LIFYORLI
1	ANC 1,000 to <1,500/mm ³	Withhold until $\geq 1,500/\text{mm}^3$; resume at same dose	Withhold; resume at the same dose once nab-paclitaxel resumes
	ANC <1,000/mm ³	Withhold until $\geq 1,500/\text{mm}^3$; resume at reduced dose	
8, 15	ANC <1,000/mm ³	Omit dose; resume at reduced dose or continue at the same dose with short-acting G-CSF [†]	Withhold; resume at the same dose once nab-paclitaxel resumes
Any	Febrile neutropenia (Grade 3 or 4)	Withhold until fever resolves and ANC $\geq 1,500/\text{mm}^3$; resume at reduced dose	Withhold; resume at the same dose once nab-paclitaxel resumes



Supportive care for neutropenia
Prophylactic or supportive short-acting G-CSF may be used in lieu of or in combination with dose reduction for patients with neutropenia.¹

*Unless otherwise specified, Grade per National Cancer Institute Common Terminology Criteria for Adverse Events (NCI CTCAE) version 5.0.¹

[†]Supportive short acting G-CSF administered 24 hours after nab-paclitaxel for 2 days in accordance with clinical practice.¹

[#]If the delay in nab-paclitaxel dosing exceeds seven days, omit the nab-paclitaxel dose.¹

Dose modifications (cont'd)

Manage all non-hematologic adverse reactions as follows¹:

DOSE ADJUSTMENTS FOR ARs FOR NAB-PACLITAXEL

Dose reduction	Nab-paclitaxel dose
First	60 mg/m ² on Days 1, 8, and 15 of each 28-day cycle
Second	60 mg/m ² on Days 1 and 15 of each 28-day cycle
Third	Permanently discontinue nab-paclitaxel if unable to tolerate after two dose reductions.



If nab-paclitaxel is interrupted or discontinued, LIFYORLI should also be interrupted or discontinued.¹

DOSE ADJUSTMENTS FOR ARs FOR LIFYORLI

Dose reduction	LIFYORLI dose
First	125 mg once the day before, the day of, and the day after the nab-paclitaxel infusion
Second	Permanently discontinue LIFYORLI in patients unable to tolerate after one dose reduction.

In ROSELLA, ARs requiring dosage interruptions of LIFYORLI plus nab-paclitaxel in ≥5% of patients included neutropenia (44%), anemia (12%), and fatigue (7%).¹

Important Safety Information (cont'd)

Warnings and precautions (cont'd):

Exacerbation of conditions treated with glucocorticoids

Use of LIFYORLI in patients taking systemic glucocorticoids for other conditions (e.g., autoimmune disorders) may exacerbate these conditions. LIFYORLI is a glucocorticoid receptor antagonist that may make systemic glucocorticoids less effective. Similarly, coadministration of systemic glucocorticoids may make LIFYORLI less effective. Monitor patients for reduced effectiveness of LIFYORLI and glucocorticoids in patients receiving both.

Please see additional Important Safety Information on page 13 and the full Prescribing Information.

 **Lifyorli**[™]
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Monitoring: what to watch for during treatment

Careful monitoring helps ensure safe and effective use of LIFYORLI in combination with nab-paclitaxel. It is important to remain alert to common adverse events (AEs), complete baseline checks, and continue ongoing assessment throughout treatment.^{1,10}

Monitoring best practices¹

BEFORE each nab-paclitaxel infusion^{1,10}

- ☐ Confirm laboratory values and vital signs
- ☐ Obtain CBCs

ONGOING monitoring for infection risk and other treatment-related AEs^{1,2}

- ☐ Watch for fatigue, pallor, fever, chills, rash, or appetite loss
- ☐ Look for sore throat or other signs of infection
- ☐ Look for signs of infection and monitor for neutropenia with frequent CBCs. Observe neutropenia precaution measures per institutional guidelines

Specific populations¹

Hepatic impairment

- Avoid LIFYORLI in combination with nab-paclitaxel in patients with moderate or severe hepatic impairment (total bilirubin >1.5 to $10\times$ ULN and any AST) because of the potential for increased relacorilant and paclitaxel exposures

Females and males of reproductive potential

- LIFYORLI is used in combination with nab-paclitaxel. Refer to the Prescribing Information of nab-paclitaxel for contraception and infertility information. LIFYORLI can cause fetal harm when administered to a pregnant woman

Elderly patients

- Of the 188 patients with platinum-resistant epithelial ovarian cancer who received LIFYORLI, 38% were aged ≥ 65 years and 9.6% were ≥ 75 years. A higher incidence of Grade 3 or 4 AEs and dosage modification occurred in patients aged ≥ 65 years when compared to younger adult patients. No overall differences in effectiveness were observed between patients aged ≥ 65 years and younger patients

LIFYORLI makes systemic glucocorticoids less effective and may exacerbate conditions treated with systemic corticosteroids. **LIFYORLI is contraindicated in patients who are on a systemic corticosteroid therapy for lifesaving purposes.¹**

AST, aspartate aminotransferase; CBC, complete blood count; ULN, upper limit of normal.

Please see [Important Safety Information on page 13](#) and the full [Prescribing Information](#).

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Indications & Usage

LIFYORLI is indicated in combination with nab-paclitaxel for the treatment of adults with platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received 1-3 prior systemic treatment regimens, at least one of which included bevacizumab.

Important Safety Information

Contraindications:

LIFYORLI is contraindicated in patients receiving systemic glucocorticoids for lifesaving purposes (e.g., immunosuppression after organ transplantation) because LIFYORLI antagonizes the effect of glucocorticoids.

Warnings and precautions:

Neutropenia and severe infections

LIFYORLI in combination with nab-paclitaxel can cause neutropenia, including febrile neutropenia and severe infections. There was one fatal event of septic shock with febrile neutropenia. Thirty-eight percent of patients initiated granulocyte colony-stimulating factor (G-CSF) during the first or second cycle of therapy. Monitor complete blood counts prior to each weekly treatment with LIFYORLI in combination with nab-paclitaxel and as clinically indicated. Based on the severity of neutropenia, delay dose, reduce dose, or permanently discontinue LIFYORLI in combination with nab-paclitaxel. Consider short-acting G-CSF administration as applicable. Consider the possibility of concurrent adrenal insufficiency, particularly in the setting of serious infection.

Adrenal insufficiency

LIFYORLI is a reversible glucocorticoid receptor antagonist and can cause adrenal insufficiency. Adrenal insufficiency can occur at any time during treatment with LIFYORLI. The risk of adrenal insufficiency is increased in situations of stress, such as acute illness, infection, or surgery. Consider whether supplemental glucocorticoids are required in the perioperative period in patients who have received LIFYORLI within 30 days of surgery. Monitor patients receiving LIFYORLI for signs and symptoms of adrenal insufficiency. Withhold LIFYORLI and administer glucocorticoid therapy if adrenal insufficiency is suspected. High doses of supplemental glucocorticoids may be needed to overcome the glucocorticoid receptor antagonism produced by LIFYORLI. After resolution of adrenal insufficiency, resume previous dose, reduce dose, or permanently discontinue LIFYORLI based on severity.

Exacerbation of conditions treated with glucocorticoids

Use of LIFYORLI in patients taking systemic glucocorticoids for other conditions (e.g., autoimmune disorders) may exacerbate these conditions. LIFYORLI is a glucocorticoid receptor antagonist that may make systemic glucocorticoids less effective. Similarly, coadministration of systemic glucocorticoids may make LIFYORLI less effective. Monitor patients for reduced effectiveness of LIFYORLI and glucocorticoids in patients receiving both.

Embryo-fetal toxicity

LIFYORLI can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Verify pregnancy status of females of reproductive potential prior to initiating LIFYORLI treatment. Advise females of reproductive potential, including male patients with female partners of reproductive potential, to use effective contraception during treatment with LIFYORLI and for 1 week after the last dose.

Adverse reactions:

Serious adverse reactions occurred in 35% of patients who received LIFYORLI in combination with nab-paclitaxel. Serious adverse reactions ($\geq 2\%$) in patients were neutropenia (4%), pneumonia (3.2%), pleural effusion (3.2%), febrile neutropenia (2.1%), and fatigue (2.1%). Fatal adverse reactions (2.1%) in patients were septic

shock (0.5%), cardiac arrest (0.5%), ischemic stroke (0.5%), and intestinal perforation (0.5%).

Permanent discontinuation of LIFYORLI in combination with nab-paclitaxel due to adverse reactions occurred in 9% of patients. The adverse reaction ($>2\%$) that resulted in permanent discontinuation of LIFYORLI in patients was intestinal obstruction (2.6%). Dosage interruptions of LIFYORLI due to an adverse reaction occurred in 72% of patients. Adverse reactions ($\geq 5\%$) that required dosage interruptions of LIFYORLI in combination with nab-paclitaxel in patients included neutropenia (44%), anemia (12%), and fatigue (7%). Adverse reactions requiring dose reductions of LIFYORLI included fatigue (1.6%), decreased appetite (1.2%), abdominal pain (0.5%), neutropenia (0.5%), edema (0.5%), and sciatica (0.5%). LIFYORLI should be interrupted or discontinued when nab-paclitaxel is interrupted or discontinued.

The most common adverse reactions ($>20\%$) of patients treated with LIFYORLI plus nab-paclitaxel, including laboratory abnormalities, were decreased hemoglobin, decreased neutrophils, fatigue, nausea, diarrhea, decreased platelets, rash, and decreased appetite.

Drug interactions:

- **Strong CYP3A inducers:** Avoid coadministration of LIFYORLI plus nab-paclitaxel with strong CYP3A inducers. Both relacorilant and paclitaxel are CYP3A substrates. Coadministration of strong CYP3A inducers can decrease concentrations of relacorilant and paclitaxel, which may reduce their effectiveness.
- **CYP2C8 and moderate CYP3A inducers:** Monitor for reduced effectiveness of LIFYORLI plus nab-paclitaxel with CYP2C8 inducers and moderate CYP3A inducers. Paclitaxel is a substrate of both CYP2C8 and CYP3A, and relacorilant is a CYP3A substrate. Coadministration of CYP2C8 and moderate CYP3A inducers can decrease concentrations of paclitaxel and relacorilant, which may reduce their effectiveness.
- **CYP2C8 inhibitors:** Monitor for increased adverse reactions and modify the dosage for adverse reactions as recommended. Paclitaxel is a substrate of CYP2C8. Coadministration of CYP2C8 inhibitors may increase concentrations of paclitaxel, which may increase the risk of adverse reactions.
- **CYP3A substrates:** Avoid concomitant use unless otherwise recommended in the Prescribing Information for CYP3A substrates. Relacorilant is a strong CYP3A inhibitor. Relacorilant increases exposure of CYP3A substrates, which may increase the risk for adverse reactions related to these substrates.
- **Certain CYP2C8 substrates:** Avoid concomitant use unless otherwise recommended in the Prescribing Information for CYP2C8 substrates where minimal concentration changes may lead to reduced effectiveness. Relacorilant is a weak CYP2C8 inducer. Relacorilant decreases exposure of CYP2C8 substrates, which may decrease the effectiveness related to these substrates.

Use in specific populations:

- **Lactation:** Advise women not to breastfeed during treatment with LIFYORLI and for 1 week after the last dose.
- **Geriatric use:** A higher incidence of grade 3-4 adverse events and dosage modification occurred in patients aged ≥ 65 years compared to younger adult patients.
- **Hepatic impairment:** Avoid LIFYORLI in combination with nab-paclitaxel in patients with moderate or severe hepatic impairment (total bilirubin >1.5 to $10\times$ ULN and any AST).

Please see the full Prescribing Information for additional Important Safety Information.

 **Lifyorli™**
(relacorilant) 100 mg, 25 mg capsules

LIFYORLI Dosing and Administration Guide



Support in every step of care

This guide is designed to support safe oral administration, dosing adherence, and patient counseling, and to give healthcare providers the tools needed to help patients navigate treatment with confidence.

Visit LIFYORLIhcp.com for access to helpful **RESOURCES FOR HEALTHCARE PROVIDERS**

Visit LIFYORLI.com for access to helpful **RESOURCES FOR YOUR PATIENTS**

Click here or call 1-85-LIFYORLI (1-855-439-6754) to access **LIFYORLI SUPPORT™**

References: **1.** LIFYORLI. Prescribing Information. Corcept Therapeutics Incorporated. **2.** Olawaiye AB, Gladieff L, O'Malley DM, et al. Relacorilant and nab-paclitaxel in patients with platinum-resistant ovarian cancer (ROSELLA): an open-label, randomised, controlled, phase 3 trial. *Lancet*. 2025;405(10496):2205-2216. doi:10.1016/S0140-6736(25)01040-2 **3.** Melhem A, Yamada SD, Fleming GF, et al. Administration of glucocorticoids to ovarian cancer patients is associated with expression of the anti-apoptotic genes *SGK1* and *MKP1/DUSP1* in ovarian tissues. *Clin Cancer Res*. 2009;15(9):3196-3204. doi:10.1158/1078-0432.CCR-08-2131 **4.** Greenstein AE, Hunt HJ. The glucocorticoid receptor modulator relacorilant reverses the immunosuppressive effects of cortisol. *Int Immunopharmacol*. 2023;120:110312. doi:10.1016/j.intimp.2023.110312 **5.** Greenstein AE, Hunt HJ. Glucocorticoid receptor antagonism promotes apoptosis in solid tumor cells. *Oncotarget*. 2021;12(13):1243-1255. doi:10.18632/oncotarget.27989 **6.** Olawaiye AB, Gladieff L, O'Malley DM, et al. Relacorilant and nab-paclitaxel in patients with platinum-resistant ovarian cancer (ROSELLA): an open-label, randomised, controlled, phase 3 trial [supplemental appendix]. *Lancet*. 2025;405(10496):2205-2216. doi:10.1016/S0140-6736(25)01040-2 **7.** Olawaiye A, Gladieff L, Gilbert L, et al. ROSELLA: a phase 3 study of relacorilant in combination with nab-paclitaxel versus nab-paclitaxel monotherapy in patients with platinum-resistant ovarian cancer. Presented at: the 2025 American Society of Clinical Oncology (ASCO) Annual Meeting; May 30-June 3, 2025; Chicago, IL. **8.** Data on file. Clinical Study Report. Corcept Therapeutics Incorporated. **9.** Colombo N, Van Gorp T, Matulonis UA, et al. Relacorilant + nab-paclitaxel in patients with recurrent, platinum-resistant ovarian cancer: a three-arm, randomized, controlled, open-label phase II study. *J Clin Oncol*. 2023;41(30):4779-4789. doi:10.1200/JCO.22.02624 **10.** Neuss MN, Gilmore TR, Belderson KM, et al. 2016 Updated American Society of Clinical Oncology/Oncology Nursing Society Chemotherapy Administration Safety Standards, Including Standards for Pediatric Oncology. *J Oncol Pract*. 2016;12(12):1262-1271. doi:10.1200/JOP.2016.017905

Please see Important Safety Information on page 13 and the full Prescribing Information.

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