**RINTODESTRANT (G1T48), AN ORAL SELECTIVE ESTROGEN RECEPTOR DEGRADER, IN ER+/HER2– LOWLY ADVANCED OR METASTATIC BREAST CANCER: UPDATED PHASE 1 RESULTS AND DOSE SELECTION**

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**Background:**
- Rintodestrant is a patient oral selective estrogen receptor (ER) degrader that competitively binds to the ER and blocks ER signaling in tumors resistant to other therapies.1,2
- Study G1T41 (ACTIVITY) was a phase 1, single-arm, open-label study (part 1), dose escalation of monotherapy rintodestrant (part 2), and rintodestrant in combination with endocrine therapy (part 3).

**Results:**
- Preliminary results from part 1 of study G1T48 (Table 1).
- Rintodestrant at 800 mg orally once daily (QD) was well tolerated and demonstrated antitumor activity in endocrine therapy-resistant ER-positive breast cancer patients.17
- In the advanced setting.
- Dose reduction due to TRAE occurred in 1 patient (1%), with elevated transaminases (grade 3 ALT and 2 grade 4 AST).
- This phase 1, single-arm, open-label study evaluated monotherapy rintodestrant in women with ER+HER2– after progression on endocrine therapy.

**Clinical Activity:**
- Median duration of treatment was 2.3 months, with duration varying from 0.2 to 10.6 months.
- Median exposure to treatment was similar between 600 and 800 mg (2.3 vs 2.9 months).
- Of 67 patients, 20 were on study treatment for ≥ 24 weeks, including 3 (n = 1 at 600 mg; n = 2 at 1000 mg, part 3) dose escalation of rintodestrant with a starting dose of 200 mg orally once daily (QD).
- Overall, the frequency of patients with TRAEs at 800 mg was comparable to that at 600 mg (57% vs 66%) and included palbociclib-related AEs.
- No clinically significant abnormalities were found with electrocardiogram testing.
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