TRILACICLIB COMBINED WITH SACITIZUMAB GOVITECAN (SG) IN METASTASIS-TRIPLE-NEGATIVE BREAST CANCER (mTNBC): PRELIMINARY PHASE 2 RESULTS

INTRODUCTION

This is a phase II, open-label, multi-center, randomized trial to evaluate the safety and efficacy of trilaciclib plus SG in patients with metastatic TNBC who had received ≥ 2 prior systemic treatments, including an anthracycline and a taxane. The primary endpoint was objective response rate (ORR) per RECIST v1.1. Secondary endpoints included disease control rate (DCR), progression-free survival (PFS), overall survival (OS), time to progression, and safety/tolerability. Patients with mTNBC prior to SG will improve efficacy and relieve toxicity in patients with mTNBC.

METHODS

The aim of this phase 2, single-arm, open-label, multi-center, randomized trial is to evaluate the safety and efficacy of trilaciclib plus SG in patients with metastatic TNBC who had received ≥ 2 prior systemic treatments, which is in the metastatic setting (NCT01531366).

Key eligibility criteria included:
- Age ≥ 18 years
- Unresectable, locally advanced TNBC or mTNBC
- Adequate bone marrow regeneration and hematopoietic growth factor receptors negative status
- ≥ 2 prior systemic therapies, 1 of which in the metastatic setting
- Measurable disease per Response Evaluation Criteria in Solid Tumors version 1.1 (RECIST 1.1)
- Eastern Cooperative Oncology Group performance status of 0 or 1
- Ablation of bone metastases at enrollment

Patient disposition characteristics and clinical characteristics at baseline are summarized in Table 2.

RESULTS

In total, 28 patients were evaluable for safety and efficacy, of which 25 were evaluable for efficacy. Median age was 63.3 years (range: 30–85), Eastern Cooperative Oncology Group performance status of 0 or 1 in 23 (82.1%) patients, and ≥ 1 prior treatment with chemotherapy in 24 (85.7%) patients. A numerical difference in ORR was observed between SG and chemotherapy, with median progression-free survival (PFS) 1.7 months and median OS of 12.1 months in the SG cohort, versus 1.2 months and 7.6 months in the chemotherapy cohort, respectively. Median overall survival (OS) was 14.6 months in the SG cohort, compared with 7.6 months in the chemotherapy cohort.

Safety and tolerability

Safety data are summarized in Table 3. TRAEs and hematoxic AEs were managed with trilaciclib plus SG. In the SG cohort, 1 patient had acute respiratory failure related to SG and 1 patient had febrile neutropenia, diarrhea, nausea, and vomiting related to SG. In the chemotherapy cohort, 2 patients experienced grade 3/4 neutropenic fever, 1 patient had Clostridioides difficile colitis related to chemotherapy, and 1 patient had grade 3 mucositis related to chemotherapy. SG dose reductions occurred in 3 (10%) patients and treatment cycles were delayed in 14 (50%) patients.

CONCLUSIONS

- Preliminary data suggest administration of trilaciclib plus SG has the potential to reduce AEs in heavily pretreated patients with mTNBC.
- Although trilaciclib comparisons should be made with caution, lower frequencies of neutropenia, anemia, nausea, and diarrhea were observed with trilaciclib plus SG in this study compared with historical data for SG alone.
- Post-baseline neutropenic fever is a late toxicity that delays efficacy of trilaciclib plus SG in this population.
- Current data confirm that OS is higher with patients in the SG cohort versus chemotherapy in this population.
- Monitoring of efficacy is critical to assess the potential of trilaciclib to improve OS when combined with additional regimens beyond single-agent chemotherapy in mTNBC.

REFERENCES: