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2730

nextMONARCH: Final overall survival analysis of abemaciclib monotherapy or in combination with tamoxifen in patients with HR+, HER2- metastatic breast cancer

E.P. Hamilton[1], J. Cortés[2], O. Ozyilkan[3], S-C. Chen[4], K. Petrakova[5], A. Manikhas[6], G. Jerusalem[7], R. Hegg[8], J. Huober[9], S.C. Chapman[10], Z. Yang[10], Y. Chen[10], E.L. Johnston[10], M. Martin[11]

[1] Drug Development Unit, Sarah Cannon Research Institute-Cancer Centre, Nashville, TN, USA, [2] Oncology Department, Vall d'Hebron University Hospital, Barcelona, Spain, [3] Medical Oncology Department, Baskent Universitesi Adana Uygulama Ve Arastirma Merkezi - Faculty of Medicine, Adana, Turkey, [4] Breast Surgery Division, Chang Gung Memorial Hospital - Linkou, Taiwan, China, [5] Medical Oncology Department, Masaryk Memorial Cancer Institute, Brno, Czech Republic, [6] Medical Oncology, City Clinical Oncology Dispensary, St. Petersburg, Russian Federation, [7] Medical Oncology Department, Centre Hospitalier Universitaire Sart Tilman, Liège, Belgium, [8] Medical Oncology, Gynecological Clinical Service School of Medicine, Univ. Sao Paulo, Sao Paulo, Brazil, [9] Department of Gynecology, Breast Center, Universitaetsfrauenklinik Ulm, Ulm, Germany, [10] Oncology, Eli Lilly and Company, Indianapolis, IN, USA[11] Oncology, Instituto de Investigación Sanitaria Gregorio Marañon, Madrid, Spain

Background

Abemaciclib, an oral, continuously dosed cyclin-dependent kinase 4 & 6 (CDK 4 & 6) inhibitor, improves progression free survival (PFS) in combination with endocrine therapy (ET) in patients with hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-), metastatic breast cancer (MBC) in the phase III MONARCH2 and 3 studies. In the phase II nextMONARCH study, primary analysis of PFS and ORR confirmed the robust single-agent activity of abemaciclib in heavily pretreated HR+, HER2- MBC with no significant improvement by addition of tamoxifen. We here report the final 24-month overall survival results.

Methods

nextMONARCH was a multicenter, randomized, open-label phase II trial of abemaciclib in women with heavily pretreated HR+, HER2- MBC whose disease progressed on or after ET and chemotherapy. Patients were randomized 1:1:1 to abemaciclib 150 mg + tamoxifen 20 mg (A+T), or abemaciclib 150 mg (A-150) or abemaciclib 200 mg plus prophylactic loperamide (A-200). Final OS analysis occurred 24 months after the last patient entered treatment. OS was a preplanned secondary endpoint.

Results

At the time of data cutoff (28-June-2019), 12 of the 234 patients enrolled were still ongoing on study treatment. Median follow-up was 27.2 months. Median OS was 24.2 months in the A+T arm, compared to 20.8 months in A-150, and 17.0 months in A-200 (A+T vs. A-150: HR 0.620 (95% CI [0.397, 0.969] p=0.034); A-150 vs. A-200: HR 0.956 (95% CI [0.635, 1.438] p=0.832)). The primary PFS endpoint and ORR were unchanged at the 24-month analysis. Common treatment-emergent adverse events (TEAEs) across all abemaciclib arms occurring in ≥25% of patients included diarrhea (61.1%), neutropenia (49.6%), anemia (40.6%), nausea (36.3%), leukopenia (30.8%), fatigue (29.9%) and abdominal pain (27.4%).

Conclusions

Addition of tamoxifen to abemaciclib provided a statistically significant median OS improvement compared to abemaciclib monotherapy in this heavily pretreated HR+, HER2- MBC patient population. PFS was consistent with the primary results of nextMONARCH with no significant difference. No new safety findings were observed.

Clinical trial identification

NCT02747004.

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Legal entity responsible for the study

Eli Lilly and Company.

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