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Impact of tucatinib on health-related quality of life (HRQoL) in patients with HER2+ metastatic breast cancer (MBC) with and without brain metastases (BM)

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Background

Patients (pts) with human epidermal growth factor receptor 2 positive (HER2+) MBC, particularly pts with BM, have limited treatment (tx) options and increased likelihood to report deterioration in HRQoL. Maintaining QoL in pts with MBC who progress through different lines of therapy is an important outcome in clinical trials. In the HER2CLIMB (H2C) study, tucatinib (TUC) + trastuzumab (T) + capecitabine (C) demonstrated statistically significant improvement in progression free survival (PFS) and overall survival (OS) over T + C alone. In HER2+ MBC pts with and without BM, TUC + T + C had a manageable safety profile similar to T + C alone. Here we report the impact of TUC on HRQoL, a secondary objective in H2C.

Methods

Assessment of HRQoL was initiated with protocol version 7, using the EQ-5D-5L which includes a EQ visual analog scale (EQ-VAS) and descriptive system (EQ-5D) of 5 health dimensions: mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Each dimension has 5 levels: no, slight, moderate, severe, or extreme problems. Data were available from 330 of 612 pts and were collected at Cycles (C) 1, 3-9 (every 2 C; 21 day C), C 12 and beyond (every 3 C), and at 30 day follow-up. TUC and placebo group EQ-5D-5L scores were calculated for each dimension and summarized. HRQoL pt reported outcomes were evaluated using longitudinal and descriptive data analyses.

Results

In H2C, data from 217 pts on the TUC arm and 113 pts on the placebo arm were available for HRQoL analyses. In all 5 EQ-5D-5L domains, most pts in both arms reported only slight or no problems. Reported moderate, severe, or extreme problems were low and similar between tx arms. No clinically meaningful differences in HRQoL were observed between tx arms. Mean EQ-5D-5L VAS scores were similar between tx arms and stable throughout duration of therapy. Decline on EQ-5D-5L domains and VAS scores were not seen while pts were on therapy. All available QoL data will be presented.

Conclusions

In H2C, addition of TUC resulted in statistically significant and clinically meaningful improvement in PFS and OS. Moreover, QoL in pts treated with TUC + T + C was maintained throughout the tx period which was longer compared to pts receiving only T + C.

Clinical trial identification

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