

## LBA15

### Primary results from IMpassion131, a double-blind placebo-controlled randomised phase III trial of first-line paclitaxel (PAC) ± atezolizumab (atezo) for unresectable locally advanced/metastatic triple-negative breast cancer (mTNBC)

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## Background

In the phase 3 IMpassion130 trial, combining atezo with first-line nab-paclitaxel for mTNBC showed significantly improved progression-free survival (PFS) and clinically meaningful overall survival (OS) benefit in patients with PD-L1+ mTNBC [Schmid NEJM 2018]. IMpassion131 (NCT03125902) evaluated atezo + PAC as first-line treatment for mTNBC.

## Methods

Eligible patients (no prior systemic therapy or ≥12 months since [neo]adjuvant chemotherapy) were randomised 2:1 to atezo 840 mg or placebo (d 1 & 15 q28d), both with PAC 90 mg/m<sup>2</sup> (d 1, 8 & 15 q28d) until disease progression or unacceptable toxicity. Stratification factors were tumour PD-L1 status (immune cell [IC] expression <1% vs ≥1% by VENTANA SP142 assay), prior taxane, liver metastases and geographic region. The primary endpoint was investigator-assessed PFS, tested hierarchically first in the PD-L1+ (IC ≥1%) population, then in the intent-to-treat (ITT) population. OS and overall response rate (ORR) were secondary endpoints.

## Results

Of 651 randomised patients, 45% had PD-L1+ mTNBC, 48% were taxane pretreated, 31% had de novo mTNBC and 27% liver metastases. Adding atezo to PAC did not improve PFS or OS in either the PD-L1+ or ITT populations (Table). PFS results in subgroups were consistent with primary results. PAC exposure was not compromised by the addition of atezo. Grade 5 (2% placebo vs 2% atezo) and grade 3/4 AEs (43% vs 49%) were balanced between arms and the safety profile was consistent with known risks of each study drug. Table: LBA15

|                                   | PD-L1+                |                     | ITT                   |                     |
|-----------------------------------|-----------------------|---------------------|-----------------------|---------------------|
|                                   | Placebo + PAC (n=101) | Atezo + PAC (n=191) | Placebo + PAC (n=220) | Atezo + PAC (n=431) |
| Data cut-off: 15 Nov 2019         |                       |                     |                       |                     |
| PFS events, n (%)                 | 64 (63)               | 115 (60)            | 155 (70)              | 283 (66)            |
| Median PFS, months (95% CI)       | 5.7 (5.4–7.2)         | 6.0 (5.6–7.4)       | 5.6 (5.4–6.5)         | 5.7 (5.4–7.2)       |
| PFS HR (95% CI)                   | 0.82 (0.60–1.12)      | 0.86 (0.70–1.05)    |                       |                     |
| Stratified log-rank p-value       | 0.20                  | Not formally tested |                       |                     |
| Best ORR, % (95% CI) <sup>a</sup> | 55 (45–65)            | 63 (56–70)          | 47 (41–54)            | 54 (49–58)          |
| Data cut-off: 19 Aug 2020         |                       |                     |                       |                     |
| Deaths, n (%)                     | 38 (38)               | 82 (43)             | 97 (44)               | 207 (48)            |
| Median OS, months (95% CI)        | 28.3 (19.1–NE)        | 22.1 (19.2–30.5)    | 22.8 (17.1–28.3)      | 19.2 (16.8–22.5)    |
| OS HR (95% CI)                    | 1.12 (0.76–1.65)      | 1.11 (0.87–1.42)    |                       |                     |
| 2-year OS rate, % (95% CI)        | 51 (38–65)            | 49 (40–58)          | 45 (36–54)            | 42 (36–48)          |

<sup>a</sup>Unconfirmed

## Conclusions

Atezo + PAC did not improve PFS or OS vs placebo + PAC. No new safety signals were seen. Potential reasons for the contrast with the benefit seen in IMpassion130 (atezo + nab-paclitaxel) need further exploration.

## Clinical trial identification

NCT03125902.

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## Legal entity responsible for the study

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