

## LBA17

### ASCENT: A randomized phase III study of sacituzumab govitecan (SG) vs treatment of physician's choice (TPC) in patients (pts) with previously treated metastatic triple-negative breast cancer (mTNBC)

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## Background

In pts with pretreated mTNBC, standard of care (SOC) chemotherapy is associated with low objective response rates (ORRs) and short median progression-free survival (mPFS). SG (TRODELVY™) is a first-in-class antibody-drug conjugate (ADC) composed of an anti-Trop-2 antibody coupled to the active metabolite of irinotecan, SN-38, via a unique hydrolyzable linker that allows for SN-38 release intracellularly and in the tumor microenvironment (bystander effect). In a phase I/II IMMU-132-01 study, SG demonstrated 33% ORR and an mPFS of 5.5 months (mo) in pts with mTNBC with manageable safety, leading to accelerated US FDA approval of SG. The randomized phase III ASCENT study was initiated to confirm those results.

## Methods

In the ASCENT study (NCT02574455), pts with mTNBC who had relapsed/refractory disease after ≥2 prior chemotherapies in the advanced/metastatic setting (prior taxane required) were randomized 1:1 to receive SG (10 mg/kg IV on d 1, 8 every 21 d) or single-agent TPC (capecitabine, eribulin, vinorelbine, or gemcitabine) until disease progression/unacceptable toxicity. The primary endpoint was PFS measured by central review per RECIST v1.1 in the brain metastases-negative population (BMneg). Key secondary endpoints were overall survival (OS), ORR RECIST v1.1, and safety.

## Results

Of 529 pts enrolled, 468 were BMneg (median age, 54 y; median prior lines, 4). SG (n=235) compared with TPC (n=233) significantly improved mPFS (5.6 vs 1.7 mo; HR, 0.41;  $P<0.0001$ ) and median OS (12.1 vs 6.7 mo; HR, 0.48;  $P<0.0001$ ). ORR was 35% for SG vs 5% for TPC ( $P<0.0001$ ). In the safety population (pts who received ≥1 dose of study drug; n=482), key treatment-related grade ≥3 adverse events with SG (n=258) vs TPC (n=224) were neutropenia (51% vs 33%), diarrhea (10.5% vs <1%), anemia (8% vs 5%), and febrile neutropenia (6% vs 2%). No grade >3 neuropathy or interstitial lung disease, and no treatment-related deaths were reported with SG.

## Conclusions

ASCENT is the first phase III study of an ADC with significant PFS and OS improvement over SOC chemotherapy in pretreated mTNBC, confirming the clinical activity and safety profile of SG monotherapy.

## Clinical trial identification

NCT02574455.

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## Legal entity responsible for the study

Immunomedics Inc.

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