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LBA55

Primary analysis of a phase II single-arm trial of trastuzumab deruxtecan (T-DXd) in western patients (Pts) with HER2-positive (HER2+) unresectable or metastatic gastric or gastroesophageal junction (GEJ) cancer who progressed on or after a trastuzumab-containing regimen

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Background

Overexpression and/or amplification of HER2 occurs in ⊠20% of gastric or GEJ cancers. In DESTINY-Gastric01, the HER2-targeted antibody-drug conjugate T-DXd improved response and overall survival vs physician's choice irinotecan/paclitaxel in pts from Japan/Korea with locally advanced or metastatic HER2+ gastric/GEJ cancer who progressed on ≥2L therapy including trastuzumab. Here, we report data from the single-arm, phase 2 DESTINY-Gastric02 trial, the first 2L study of T-DXd in Western pts with HER2+ gastric/GEJ cancer.

Methods

Pts with centrally confirmed HER2+ (IHC3+ or IHC2+/ISH+ biopsy after trastuzumab-based therapy) unresectable/metastatic gastric/GEJ cancer who progressed on or after trastuzumab-containing 1L therapy were treated with T-DXd 6.4 mg/kg intravenously every 3 weeks. The primary endpoint was confirmed objective response rate (ORR) per RECIST v1.1 by independent central review (ICR). Progression-free survival (PFS), duration of response (DoR) by ICR, and safety were secondary endpoints.

Results

Between Dec 2019 and Apr 2021, 79 pts from the US/EU with a median 1.0 (range 1-2) prior therapies were treated with T-DXd for a median of 4.3 mo (range 0.7-15.9). Median duration of follow-up was 5.7 mo (range 0.7-15.2). Median age was 61 years (range 20-78). Confirmed ORR, median PFS, median DoR, and treatment emergent adverse events (TEAEs) are shown (Table). The most common TEAEs were nausea (66%), vomiting (42%) and fatigue (41%). Adjudicated drug-related interstitial lung disease occurred in 6 (7.6%) pts (grade 1-2, 5 pts; grade 5, 1 pt).Table: LBA55

T-DXd in pts with HER2+ gastric/GEJ adenocarcinoma

	Pts (N = 79)
Response Assessment	
Confirmed ORR by ICR, n (%)	30 (38.0) 95% CI, 27.3-49.6
Complete response	3 (3.8)
Partial response	27 (34.2)
Stable disease	34 (43.0)
Progressive disease	13 (16.5)
Not evaluable	2 (2.5)
Median PFS, mo	5.5 (95% CI, 4.2-7.3)
Median DoR, mo	8.1 (95% CI, 4.1-NE)
Median time to response, mo	1.4 (95% CI, 1.4-2.6)

	Pts (N = 79)
Safety, n (%)	
Any TEAE	79 (100)
Grade ≥3	40 (50.6)
Associated with dose discontinuation	12 (15.2)
Associated with dose reduction	19 (24.1)
Associated with dose interruption	17 (21.5)

Conclusions

T-DXd demonstrated clinical efficacy and a manageable safety profile in 2L treatment of Western patients with HER2+ unresectable/metastatic gastric/GEJ cancer.

Clinical trial identification

NCT04014075.

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Legal entity responsible for the study

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Disclosure

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