

#### LBA67

Cabozantinib (C) plus atezolizumab (A) versus 2nd novel hormonal therapy (NHT) in patients (Pts) with metastatic castration-resistant prostate cancer (mCRPC): Final overall survival (OS) results of the phase III, randomized, CONTACT-02 study

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## Background

Pts with mCRPC whose disease progressed on NHT have a poor prognosis and limited treatments. C+A significantly prolonged progression-free survival (PFS) vs NHT in CONTACT-02 (HR 0.65; 95% CI 0.50, 0.84; P=0.0007), meeting 1 of the study's 2 primary endpoints. Presented here is the final analysis of the 2nd primary endpoint, OS.

## Methods

Pts with mCRPC whose disease progressed on one prior NHT and who had measurable extrapelvic nodal or visceral disease were randomized 1:1 to C+A or NHT (abiraterone + prednisone or enzalutamide). Dual primary endpoints were BIRC-assessed PFS (first 400 pts; PFS ITT) and OS (all randomized pts; ITT).

# Results

At the data cutoff (median follow-up 24.0 mo), 575 pts were randomized to C+A (n=289) or NHT (n=286). Baseline characteristics were balanced between treatment arms: 79%/76% had bone metastasis (BM), 23%/23% had liver metastases (LM), and 22%/22% had received prior docetaxel. Follow-on systemic therapy was received in 49% and 56% (36% and 49% received a post-study taxane). Efficacy data are shown, below. Treatment-related grade 3-4 AEs occurred in 40% of the C+A study arm and in 8% of the NHT arm. There were no grade 5 treatment-related AEs. TEAEs led to discontinuation of all treatment components in 17% (C+A) and 15% (NHT). Table: LBA67

	ITTN=575	BM n=446	LM n=132	Prior Docetaxel n=126
OS HR (ITT)	0.89 (0.72, 1.10) <i>P</i> =0.296	60.79 (0.63, 1.00) <i>P</i> =0.046	60.68 (0.47, 1.00) <i>P</i> =0.05	1 0.71 (0.46, 1.09) <i>P</i> =0.117
Median OS (C+A); mo	14.78 (13.37, 16.66)	13.80 (11.93, 16.33)	12.19 (8.80, 13.80)	13.37 (9.89, 20.93)
Median OS (NHT); mo	14.98 (13.01, 18.50)	11.56 (10.45, 14.06)	7.06 (5.32, 10.38)	11.53 (9.07, 17.02)
PFS ITT	n=400	n=317	n=99	n=89
PFS HR	0.65 (0.50, 0.84) <i>P</i> <0.00	1 0.67 (0.50, 0.88) <i>P</i> =0.004	40.43 (0.27, 0.68) <i>P</i> <0.00	1 0.57 (0.34, 0.97) <i>P</i> =0.037
Median PFS (C+A); mo	6.34 (6.18, 8.80)	6.31 (5.98, 8.77)	6.24 (4.04, 9.10)	8.84 (6.24, 9.17)
Median PFS (NHT); mo	4.17 (3.71, 5.65)	4.14 (2.83, 5.65)	2.10 (1.97, 2.27)	4.14 (2.30, 4.34)

#### Conclusions

CONTACT-02 was a positive study meeting one of the dual primary endpoints of PFS; the combination of cabozantinib and atezolizumab was superior to NHT (HR 0.65). Final OS, the 2nd dual primary endpoint, favored C + A (HR 0.89), but did not achieve statistical significance. A survival advantage was seen in some subgroups (e.g. liver metastasis, bone metastasis) The tolerability profile of C+A was similar to other approved TKI/ICI combinations in pts with advanced cancers.

### Clinical trial identification

NCT04446117.

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## Legal entity responsible for the study

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### Disclosure

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There are multiple research projects sponsored by these companies which pay money to my institution: Arnivas, Astellas, AstraZeneca, Bavarian Nordic, Bayer, Bristol Myers Squibb, Calithera, Celldex, Crispr, Eisai, Eli Lilly, EMD Serono, Exelixis, Genentech, Gilead, GSK, Immunomedics, Janssen, Lava, Medivation, Merck, Nektar, Neoleukin, New Link Genetics, Novartis, Oric, Pfizer, Prometheus, Rexahn, Roche, Sanofi, Seattle Genetics, Takeda, Telix, Tracon.; Financial Interests, Steering Committee Member, I am involved in the steering committee of the trials sponsored by these pharmas with no personal honorarium: AstraZeneca, Calithera, Crispr, Eli Lilly, Exelixis, Immunomedics, Merck, Pfizer,; Financial Interests, Steering Committee Member, I am involved in the steering committee of the trials sponsored by these pharma companies with no personal honorarium: Merck, Nektar, New Link Genetics, Oric, Pfizer, Prometheus, Rexahn, Takeda, Telix, Tracon; Financial Interests, Trial Chair, One of the two co-chairs of the clinical trials sponsored by these pharma companies. 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