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**First interim efficacy analysis of the phase I/II PETRANHA trial of saruparib + androgen receptor pathway inhibitors (ARPI) in patients (pts) with metastatic prostate cancer (mPC)**

A.A. Azad<sup>1</sup>, A.M. Joshua<sup>2</sup>, M. Voskoboynik<sup>3</sup>, P. Sankey<sup>4</sup>, S. Pacey<sup>5</sup>, P. Pilie<sup>6</sup>, E. Heath<sup>7</sup>, A.J. Weickhardt<sup>8</sup>, L. Krieger<sup>9</sup>, C. Buttigliero<sup>10</sup>, E. Efstathiou<sup>11</sup>, L.G. Horvath<sup>12</sup>, R. Jones<sup>13</sup>, M. Maruzzo<sup>14</sup>, B. Webb<sup>15</sup>, N. Camacho<sup>16</sup>, Y. Kim<sup>17</sup>, B. De Paula<sup>17</sup>, T. Milenkova<sup>17</sup>, A. Hudson<sup>18</sup>

<sup>1</sup> Department of Oncology, Peter MacCallum Cancer Centre, Melbourne, Australia, <sup>2</sup> Medical Oncology, Kingshorn Cancer Centre, St Vincent's Hospital, Sydney, Australia, <sup>3</sup> Medical Oncology, Alfred Health, Monash University, Melbourne, Australia, <sup>4</sup> Oncology Department, University Hospitals Plymouth NHS Trust, Derriford Hospital, Plymouth, United Kingdom, <sup>5</sup> Oncology, Cambridge University Hospitals NHS Foundation Trust & Department of Oncology, Clinical School, University of Cambridge, Addenbrookes Hospital, Cambridge, United Kingdom, <sup>6</sup> Department of Genitourinary Medical Oncology, MD Anderson Cancer Center, Houston, United States of America, <sup>7</sup> Department of Oncology, Mayo Clinic Comprehensive Cancer Center, Rochester, United States of America, <sup>8</sup> Medical Oncology Dept, Olivia Newton-John Cancer and Wellness Centre, Austin Health, Heidelberg, Australia, <sup>9</sup> Genesis Care, North Shore and Royal North Shore Hospital, Sydney, Australia, <sup>10</sup> Department of Oncology, University of Turin at San Luigi Hospital, Orbassano, Italy, <sup>11</sup> Genitourinary Oncology, Houston Methodist Cancer Center, Houston, United States of America, <sup>12</sup> Medical Oncology, Chris O'Brien Lifehouse, Camperdown, Australia, <sup>13</sup> School of Cancer Sciences, University of Glasgow, Clinical Research Gartnavel, Glasgow, United Kingdom, <sup>14</sup> Oncology 1 Unit, Instituto Oncologico Veneto IOV - IRCCS, Padua, Italy, <sup>15</sup> Early Oncology Statistics, AstraZeneca, Cambridge, United Kingdom, <sup>16</sup> Oncology Data Science, Oncology R&D, AstraZeneca, Cambridge, United Kingdom, <sup>17</sup> Early Oncology Research and Development, AstraZeneca, Cambridge, United Kingdom, <sup>18</sup> Department of Oncology, The Christie NHS Foundation Trust, Manchester, United Kingdom

**Background**

PARP inhibitor (PARPi) + ARPI combination is an established option for selected pts with castration-resistant mPC (mCRPC). Saruparib (AZD5305), a PARP1-selective inhibitor, has the potential for improved safety and efficacy compared with non-selective PARPi. We report updated safety and the first efficacy data from the PETRANHA trial in pts with castration-sensitive mPC (mCSPC) and mCRPC.

**Methods**

Pts, allocated by investigator choice, received saruparib 60 mg once daily (OD) + enzalutamide 160 mg OD (Arm 1), abiraterone 1000 mg OD + 5 mg prednisone OD or twice daily (BD; Arm 2), or darolutamide 600 mg BD (Arm 3) until disease progression or intolerable adverse event (AE). Primary objectives were safety and tolerability; secondary objectives included efficacy. Arm 4 (+ apalutamide 240 mg OD) is ongoing dose escalation and was not included in this analysis.

**Results**

As of 28 Oct 2024, 77 pts were included (Arm 1, n=18; Arm 2, n=23; Arm 3, n=36). 27 (35%) pts had mCSPC and 50 (65%) had mCRPC (prior ARPI, n=19; ARPI-naïve, n=31); 16 (20.8%) pts had a homologous recombination repair mutation (HRRm). Across all pts, median saruparib exposure duration was 12.8 months (range: 0.2–28.2) and the rate of AEs leading to saruparib discontinuation was 10.4% (8/77; other safety results per Table below). Rates of prostate specific antigen (PSA) reduction >90% compared with baseline/PSA undetectable (<0.2 ng/mL) were 100%/83.3% in mCSPC, 5.6%/5.3% in prior ARPI mCRPC, and 53.3%/29.0% in ARPI-naïve mCRPC. Objective response rates were 88.5% (23/26) in mCSPC, 25% (2/8) in prior ARPI mCRPC and 73.3% (11/15) in ARPI-naïve mCRPC. Exploratory analyses demonstrated PSA responses in pts irrespective of whether their tumour harboured an HRRm or not.

**Conclusions**

Saruparib + ARPI has promising safety and preliminary efficacy in pts with mCSPC and ARPI-naïve mCRPC. EvoPAR-01 is an ongoing phase 3 study evaluating this combination in mCSPC. Table: 2384MO

|                                                              | mCRPC Prior ARPI N=19           | mCRPC ARPI-naïve N=31             | mCSPC N=27                        |
|--------------------------------------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| Median duration of saruparib / ARPI exposure, months (range) | 5.5 (1.2–17.7) / 5.5 (1.1–17.7) | 14.7 (0.3–24.8) / 15.7 (0.4–24.8) | 17.8 (0.2–28.2) / 19.7 (0.2–28.2) |
| Any AE, n (%)                                                | 18 (94.7)                       | 31 (100)                          | 26 (96.3)                         |
| Any AE causally related to saruparib, n (%)                  | 16 (84.2)                       | 28 (90.3)                         | 23 (85.2)                         |
| Any AE Gr ≥3, n (%)                                          | 6 (31.6)                        | 16 (51.6)                         | 14 (51.9)                         |

|                                                   | mCRPC Prior ARPI N=19 | mCRPC ARPI-naïve N=31 | mCSPC N=27            |
|---------------------------------------------------|-----------------------|-----------------------|-----------------------|
| Any serious AE, n (%)                             | 4 (21.1)              | 10 (32.3)             | 4 (14.8)              |
| Saruparib / ARPI discontinuation due to AE, n (%) | 1 (5.3) / 1 (5.3)     | 4 (12.9) / 1 (3.2)    | 3 (11.1) / 1 (3.7)    |
| Saruparib / ARPI dose reduction due to AE, n (%)  | 5 (26.3) / 4 (21.1)   | 11 (35.5) / 4 (12.9)  | 8 (29.6) / 0          |
| Saruparib / ARPI interruption due to AE, n (%)    | 7 (36.8) / 6 (31.6)   | 21 (67.7) / 16 (51.6) | 14 (51.9) / 12 (44.4) |

Clinical trial identification

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Legal entity responsible for the study

AstraZeneca.

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