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Patient-reported outcomes (PROs) from the SERENA-6 trial of camizestrant (CAMI) + CDK4/6 inhibitor (CDK4/6i) for emergent ESR1m during first-line (1L) endocrine-based therapy and ahead of disease progression in patients (pts) with HR+/HER2- advanced breast cancer (ABC)

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Background

In SERENA-6, switching to CAMI + CDK4/6i guided by emergence of ESR1m during 1L aromatase inhibitor (AI) + CDK4/6i in pts with HR+/HER2- ABC resulted in a statistically significant and clinically meaningful improvement in PFS compared with AI + CDK4/6i and was well tolerated. A key finding supporting the SERENA-6 treatment approach was a reduction in the risk of deterioration in global health status (GHS)/quality of life (QoL). Here we report additional PROs.

Methods

PRO instruments, assessed at pre-specified timepoints, included the EORTC QoL questionnaire (QLQ-C30), breast cancer-specific module (QLQ-BR23) and Patient Global Impression of Treatment Tolerability (PGI-TT). Time to deterioration (TTD) in breast and arm symptoms, pain, and physical functioning were predefined secondary endpoints. Data cutoff: Nov 28, 2024.

Results

315 pts were randomized to switch to CAMI (n=157) or continue AI (n=158) while remaining on CDK4/6i. TTD analysis showed CAMI + CDK4/6i reduced the risk of clinically meaningful deterioration in overall GHS/QoL and pain; hazard ratios for physical functioning, role functioning, breast symptoms and arm symptoms (table). For PGI-TT, most pts reported they were 'not at all' or 'a little bit' bothered by the side effects of cancer therapy across timepoints. At week 2, 14% of pts receiving CAMI + CDK4/6i vs 18% receiving AI + CDK4/6i reported to be 'somewhat', 'quite a bit', or 'very much' bothered by side effects. Table: 486MO

	Deterioration events, n/N		Median TTD (months)		Hazard ratio* (95% CI)
	CAMI + CDK4/6i	AI + CDK4/6i	CAMI + CDK4/6i	AI + CDK4/6i	
QLQ-C30					
GHS/QoL	37/107	49/95	21.0	6.4	0.54 (0.34–0.84)
Pain	42/106	49/94	16.6	6.5	0.57 (0.37–0.86)
Physical functioning	33/108	29/95	23.0	15.7	0.74 (0.44–1.24)
Role functioning	48/108	47/94	15.6	8.2	0.73 (0.48–1.10)
QLQ-BR23					
Breast symptoms	13/102	16/92	NR	NR	0.59 (0.28–1.24)
Arm symptoms	15/100	18/90	NR	NR	0.69 (0.34–1.39)

Deterioration = time from randomisation to deterioration based on meaningful change thresholds (16.7 for GHS/QoL, role, pain and breast symptoms, 22.2 for arm symptoms, and 13.3 for physical functioning). * <1 favouring CAMI + CDK4/6i. NR, not reached.

Conclusions

Together with the clinical efficacy and manageable safety profile of CAMI + CDK4/6i, the PROs from the SERENA-6 trial support this combination as a potential new treatment strategy to optimise and improve outcomes in patients with HR+/HER2– ABC and emergence of *ESR1m*, ahead of disease progression, during 1L AI + CDK4/6i.

Clinical trial identification

NCT04964934.

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Legal entity responsible for the study

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Disclosure

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