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Sacituzumab govitecan in patients with relapsed/refractory advanced head and neck squamous cell carcinoma

Results from the phase 2 TROPiCS-03 basket trial

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Presenter: Loren Michel, MD

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Declaration of interests

Loren Michel, MD

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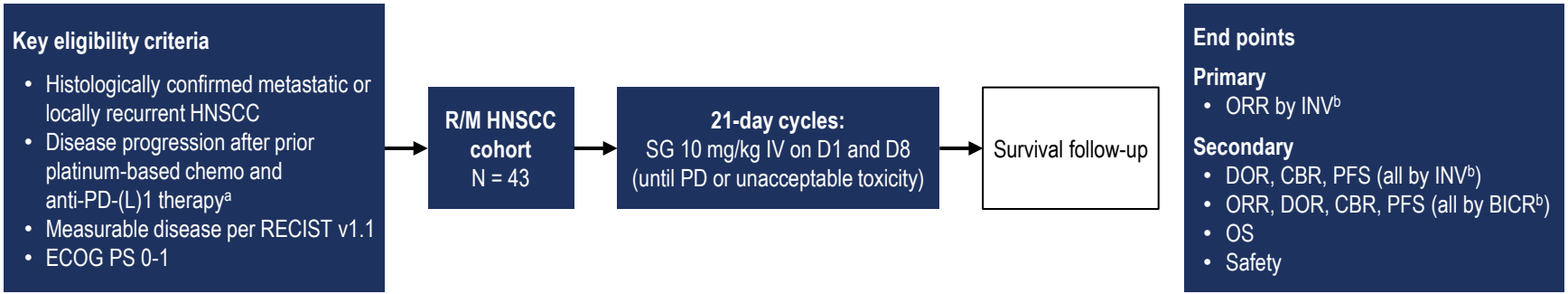
Background and study design

- PD-(L)1 inhibitors have improved outcomes in some patients with advanced HNSCC, but most patients progress,[1] highlighting a high unmet need for novel treatment options
- Sacituzumab govitecan is a Trop-2–directed ADC approved globally for the treatment of 2L+ mTNBC and pretreated HR+/HER2– mBC[2,3] and received accelerated approval in the United States for 2L mUC[3]
- Given that Trop-2 is highly expressed in HNSCC,[4] sacituzumab govitecan could provide clinical benefit in locally recurrent/metastatic disease
- TROPiCS-03 (NCT03964727) is an ongoing, open-label, multicohort, phase 2 study evaluating sacituzumab govitecan in patients with metastatic or locally recurrent solid tumors



- At data cutoff (27 July 2023), median follow-up was 7.8 months (range, 0.6-19.8)

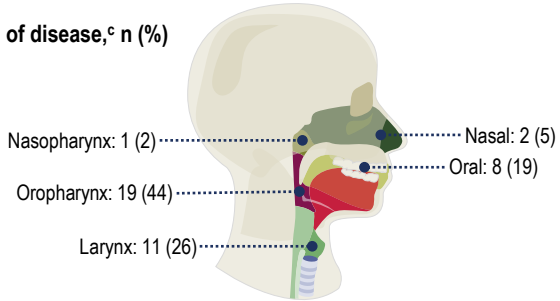
2L, second line; ADC, antibody-drug conjugate; BICR, blinded independent central review; CBR, clinical benefit rate; D, day; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; HER2–, human epidermal growth factor receptor 2-negative; HNSCC, head and neck squamous cell carcinoma; HR+, hormonal receptor-positive; INV, investigator; IV, intravenous; mBC, metastatic breast cancer; mTNBC, metastatic triple-negative breast cancer; mUC, metastatic urothelial cancer; ORR, objective response rate; OS, overall survival; PD, progressive disease; PD-(L)1, programmed death (ligand) 1; PFS, progression-free survival; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; R/R, relapsed/refractory; SG, sacituzumab govitecan; Trop-2, trophoblast cell surface antigen 2. [a]Given sequentially in either order or in combination. [b]Per RECIST v1.1.

1. Chow LQM. *N Engl J Med*. 2020;382:60-72. **2.** TRODELVY® (sacituzumab govitecan-hziy) [summary of product characteristics]. Gilead Sciences Ireland UC, Carrigtohill, Ireland; July 2023. **3.** TRODELVY® (sacituzumab govitecan-hziy) [prescribing information]. Foster City, CA: Gilead Sciences, Inc.; February 2023. **4.** Hao Y, et al. *J Cancer*. 2020;11:3375-3386.

Patient baseline characteristics, exposure and disposition

Characteristic	R/R HNSCC N = 43
Median age (range), years	62 (46-75)
Male, n (%)	33 (77)
Race,[a] n (%)	
Asian	4 (9)
White	33 (77)
Other	4 (9)
Current or former smoker, n (%)	32 (74)
ECOG PS 1, n (%)	34 (79)
HPV status,[b] n (%)	
Positive	18 (42)
Negative	22 (51)

Primary site of disease,[c] n (%)



Characteristic	R/R HNSCC N = 43
Current stage, n (%)	
Metastatic	37 (86)
Locally advanced	6 (14)
Number of prior anticancer therapies in the incurable setting, n (%)	
1	14 (33)
2	15 (35)
> 2	14 (33)
Prior anticancer therapy type,[d] n (%)	
Chemotherapy	43 (100)
Immunotherapy	43 (100)
Targeted therapy	22 (51)
Best response to last prior anticancer therapy,[e] n (%)	
CR/PR	4 (9)
SD/PD	37 (86)

- Median duration of treatment was 2.5 months (range, 0.3-12.3)
- Median number of cycles received was 4 cycles (range, 1-17)
- The most common reason for discontinuation of SG was disease progression

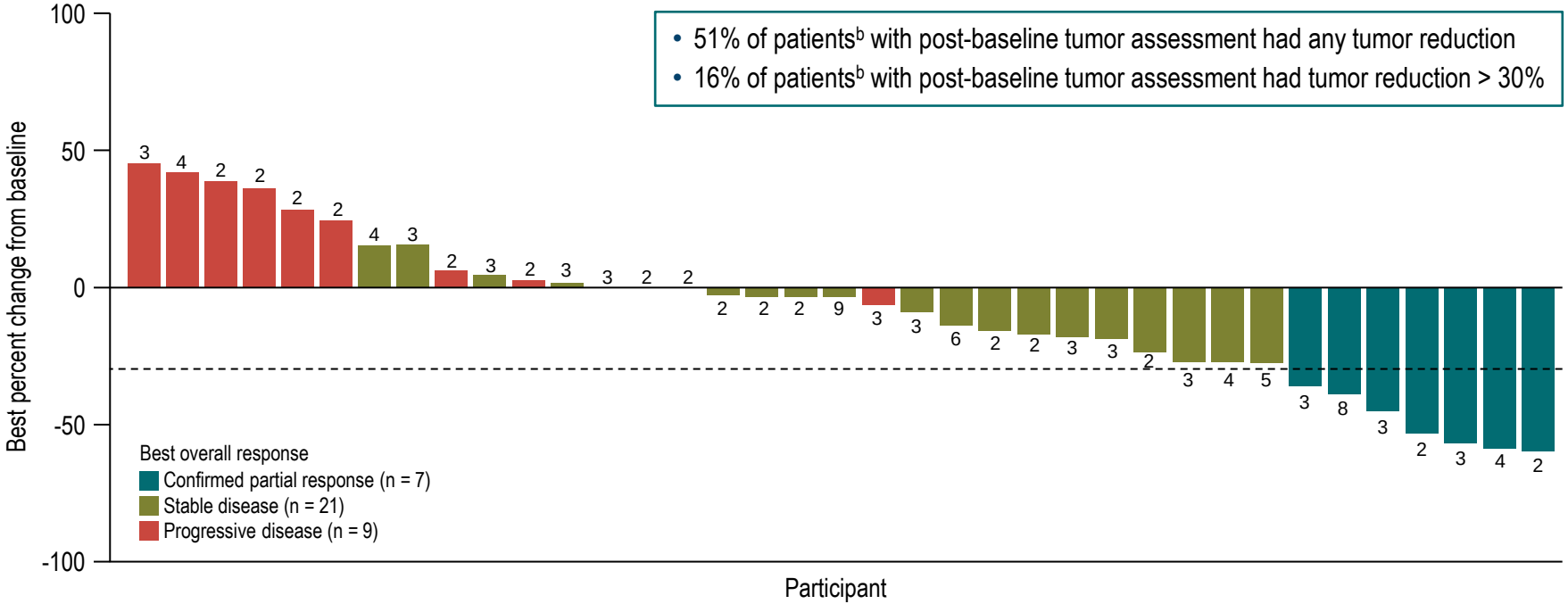
CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; HNSCC, head and neck squamous cell carcinoma; HPV, human papillomavirus; PD, progressive disease; PR, partial response; R/R, relapsed/refractory; SD, stable disease. [a]Not reported (n = 2). [b]HPV status missing (n = 3). [c]Unknown primary site of disease (n = 2). [d]Other prior anticancer therapy (n = 1). [e]Not reported/not available (n = 2).

Efficacy by investigator assessment

Efficacy by INV[a]	R/R HNSCC N = 43
ORR [Confirmed CR + PR] **(95% CI), %**	16 (7-31)
BOR, n (%)	
Confirmed PR	7 (16)
SD	21 (49)
PD	9 (21)
CBR [Confirmed CR + PR + SD ≥ 6 months] **(95% CI), %**	28 (15-44)
Median DOR (95% CI),[b,c] months	4.2 (2.6-NR)
DOR rate at 6 months (95% CI),[b,c] %	43 (10-73)
Median PFS (95% CI),[c] months	4.1 (2.6-5.8)

Patients without post-baseline response assessments were counted as not assessed (n = 4), and patients with non-evaluable responses were counted as not evaluable (n = 2). BOR, best overall response; CBR, clinical benefit rate; CI, confidence interval; CR, complete response; DOR, duration of response; HNSCC, head and neck squamous cell carcinoma; INV, investigator assessment; NR, not reached; ORR, objective response rate; PD, progressive disease; PR, partial response; PFS, progression-free survival; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; R/R, relapsed/refractory; SD, stable disease. [a]Per RECIST v1.1. [b]Evaluated in patients with a confirmed CR or PR. [c]Based on Kaplan-Meier estimates.

Best percent change from baseline in target lesions[a]



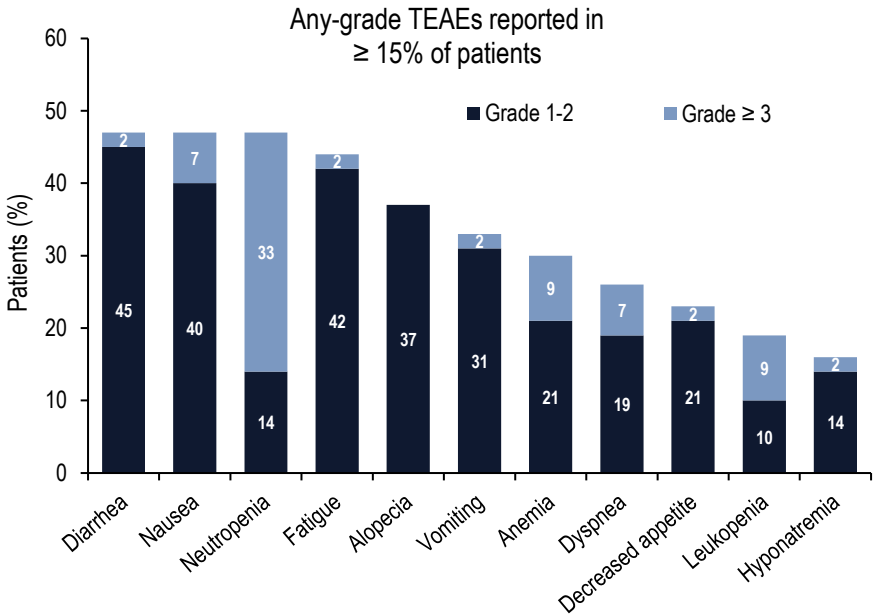
The number on the top or bottom of each bar represents the lines of prior anti-cancer therapies received by that patient. RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1. [a]By investigator assessment per RECIST v1.1. [b]Percentages were calculated using the total number of patients (N = 43). The waterfall plot only shows 37 patients because 4 patients had no post-baseline response assessments and 2 patients had non-evaluable responses.

Safety summary

The adverse event profile observed in this trial was consistent with the observed safety of SG in other tumor types

Safety-evaluable patients, n (%)	R/R HNSCC N = 43
Any-grade TEAEs	43 (100)
Related to study treatment	43 (100)
Grade ≥ 3 TEAEs	25 (58)
Related to study treatment	19 (44)
Serious TEAEs	13 (30)
Related to study treatment	5 (12)
TEAEs leading to dose reduction	9 (21)
TEAEs leading to discontinuation	2 (5)
Related to study treatment	1 (2)
TEAEs leading to death[a]	3 (7)
Related to study treatment	1 (2)

[a]TEAEs leading to death included: sepsis (n = 1), septic shock (n = 1), and unknown cause (n = 1). The 1 case of septic shock leading to death was deemed related to study treatment.



TEAE is defined as any adverse event with an onset date on or after the study treatment start date and no later than 30 days after the last dose of study treatment. HNSCC, head and neck squamous cell carcinoma; R/R, relapsed/refractory; SG, sacituzumab govitecan; TEAE, treatment-emergent adverse event.

Conclusions

- SG demonstrated single agent antitumor activity in heavily pretreated patients with metastatic or locally recurrent HNSCC
  - 67% had ≥ 2 prior lines of treatment in the incurable setting, and 86% did not respond to their last therapy
  - Confirmed ORR was 16%; 6-month DOR rate was 43%
  - Median PFS was 4.1 months (95% CI, 2.6-5.8)
- The safety profile of SG was manageable and consistent with its known safety profile
  - The most common any-grade TEAEs were diarrhea, nausea, and neutropenia
  - TEAEs leading to treatment discontinuation were low (5%)
- These preliminary results warrant further investigation of SG for the treatment of HNSCC

Acknowledgments

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CBR, clinical benefit rate; CI, confidence interval; DOR, duration of response; HNSCC, head and neck squamous cell carcinoma; ORR, objective response rate; PFS, progression-free survival; R/R, relapsed/refractory; SG, sacituzumab govitecan; TEAE, treatment-emergent adverse event.