ASCENT-07: A Phase 3, Randomized, Open-Label Study of Sacituzumab Govitecan Versus Treatment of Physician's Choice in Patients With HR+/HER2– Inoperable, Locally Advanced, or Metastatic Breast Cancer Post-Endocrine Therapy

Poster # PO1-05-09

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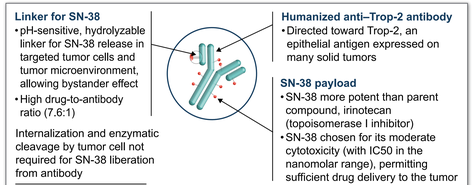
Introduction

- Breast cancer (BC) is the most common malignancy in women; the HR+/HER2– subtype accounts for ~70% of cases[1]
- Endocrine therapy (ET) plus cyclin-dependent kinase 4/6 inhibitors is recommended for first-line treatment of HR+/HER2– metastatic BC (mBC),[2,3] but tumors eventually develop ET-resistance.[4] Chemotherapy, the standard of care in ET-resistant disease, is associated with poor outcomes[5]
- Sacituzumab govitecan (SG) is a Trop-2–directed antibody-drug conjugate **(Figure 1)**.[6] SG is approved in the US and EU for inoperable, locally advanced, or metastatic HR+/HER2– (IHC 0, 1+ or 2+/ISH–) BC after ET and ≥ 2 systemic therapies in the metastatic setting[7]

Figure 1. Sacituzumab govitecan



Adapted from Rugo HS, et al. TROPiCS-02: A phase III study investigating sacituzumab govitecan in the treatment of HR+/HER2- metastatic breast cancer. *Future Oncol.* 2020; 16:705-715. Complete licensing info can be found here: http://creativecommons.org/licenses/by-nc-nd/4.0/.

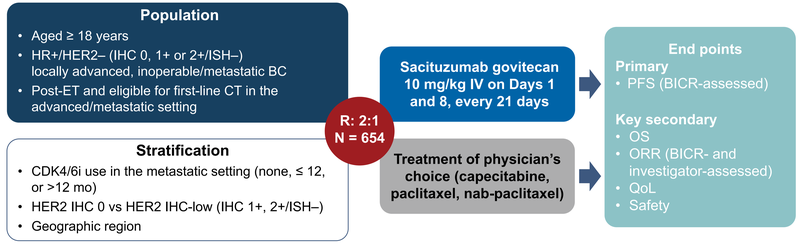
Objective

- ASCENT-07 (NCT05840211) will examine the efficacy and safety of SG in the chemotherapy naive setting, ie, in patients with inoperable, locally advanced, or metastatic ET-resistant HR+/HER2– (IHC 0, 1+ or 2+/ISH–) BC

Methods

- ASCENT-07 is a phase 3, randomized, open-label study **(Figures 2** and **3)**
- Eligibility criteria and key end points are summarized **(Tables 1** and **2)**

Figure 2. Study design



BC, breast cancer; BICR, blinded independent central reviewer; CDK4/6i, cyclin-dependent kinase 4/6 inhibitors; CT, chemotherapy; ET, endocrine therapy; IV, intravenous; mo, months; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; QoL, quality of life; R, randomization.

NOTE: HR+/HER2– (IHC 0, 1+ or 2+/ISH–), hormone receptor-positive/human epidermal growth factor receptor 2-negative (immunohistochemistry 0, 1+ or 2+/in situ hybridization-negative).

Key Eligibility Criteria

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
• Patients aged ≥ 18 years with locally documented evidence of HR+/HER2– (HR+ [≥ 1% of cells with ER+/PR+]; HER2 [IHC0, 1+, IHC2+/ISH–]) status per ASCO/CAP criteria	• PD within 6 months of completing (neo)adjuvant CT
• Documented PD by computed tomography or MRI on the most recent therapy per RECIST v1.1	• Patients with locally advanced metastatic BC (stage IIIc) who are candidates for curative therapy at enrollment
• Eligible for first-line CT for locally advanced or metastatic disease	• An active second malignancy
At least 1 of the following: • PD in the metastatic setting on ≥ 2 lines of ET (± targeted therapy) – Disease recurrence within the first 24 months of starting adjuvant ET is considered a line of therapy; these patients will only require 1 line of ET in the metastatic setting • PD within 6 months of starting first-line ET (± CDK4/6i) in the metastatic setting • Disease recurrence within 24 months of adjuvant ET with CDK4/6i initiation and no longer a candidate for additional ET	• Receipt of any prior treatment (including ADCs) containing a chemotherapeutic agent targeting topoisomerase I, or any prior treatment with a Trop-2–directed ADC • Active, symptomatic central nervous system metastases that require treatment • Carcinomatous meningitis

ADC, antibody-drug conjugate; ASCO/CAP, American Society of Clinical Oncology/College of American Pathologists; BC, breast cancer; CDK4/6i, cyclin-dependent kinase 4/6 inhibitors; CT, chemotherapy; ER+, estrogen receptor positive; ET, endocrine therapy; MRI, magnetic resonance imaging; PD, progressive disease; PR+, progesterone receptor positive; RECIST, Response Evaluation Criteria in Solid Tumors.

Key End Points

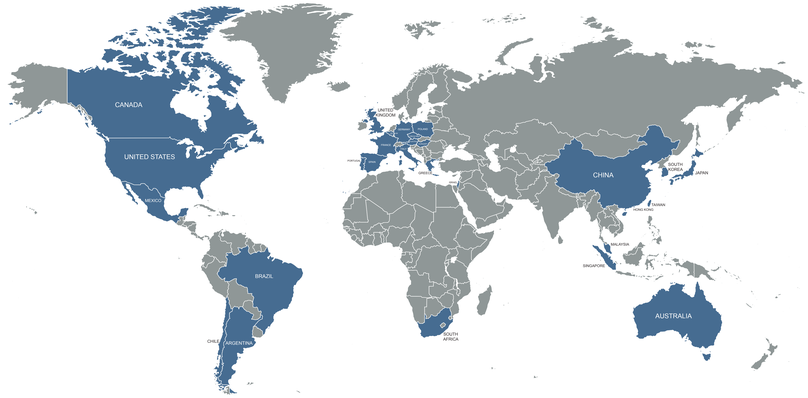
Table 2. Primary and key secondary end points

Primary
• PFS (as assessed by BICR per RECIST v1.1 criteria) or death from any cause, whichever comes first
Secondary
• OS; ORR and DoR (BICR- and investigator-assessed)
• Change from baseline in the Physical Functioning domain and time to deterioration in the Global Health Status/QoL domain of the EORTC QLQ-C30 cancer questionnaire
• Safety

BICR, blinded independent central reviewer; DoR, duration of response; EORTC QLQ-C30, European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-C30; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; QoL, quality of life; RECIST, Response Evaluation Criteria in Solid Tumors.

Study Sites

Figure 3. Study sites



Several sites across contiguous US.

Status

- Enrollment for ASCENT-07 (NCT05840211) began in **May 2023** and recruitment is ongoing in all countries.
- For more information, please visit Study Record | ClinicalTrials.gov or contact GileadClinicalTrials@gilead.com.

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