Longer Follow-Up for Survival and Safety From the EVOKE-01 Trial of Sacituzumab Govitecan vs Docetaxel in Patients With Metastatic Non–Small Cell Lung Cancer

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Conclusions

- With longer follow-up, numerical improvement in OS with SG vs docetaxel in most of the subgroups remained consistent with the final analysis
  - Improvement in OS was similar across histologies
- Long-term safety data suggest that even with longer duration of exposure, SG continues to be better tolerated than docetaxel
  - Minimal increase in adverse event rates were seen since prior report
  - Lower occurrences of grade ≥3 TEAEs and dose adjustments were reported with SG compared with docetaxel; this is consistent with prior analysis
  - There were no new treatment-related deaths in either arm since the last data cutoff date
- Patients with mNSCLC still need novel treatment options; these data provide evidence of long-term efficacy and safety and support further investigation of SG as an active therapeutic agent in this setting

Plain Language Summary

Many patients with mNSCLC that has spread throughout their body are first treated with medicines containing platinum as well as with immunotherapy, but the cancer continues to get worse after these treatments. The EVOKE-01 study compared a newer medicine called sacituzumab govitecan with a commonly used chemotherapy, called docetaxel, in patients with mNSCLC where the cancer has gotten worse after prior treatment. After sharing the initial results of our study, we are now presenting updated information on how long patients lived and how safe sacituzumab govitecan was compared with docetaxel, based on tracking them for a longer time. Although previous results did not provide strong enough evidence to show a difference, here we found that patients lived longer when treated with sacituzumab govitecan compared with docetaxel. Despite more patients treated with sacituzumab govitecan being exposed to treatment for more than 6 months, they still had fewer side effects, including severe side effects, than those who took docetaxel.

References: 1. Trodelvy. Package insert. Gilead Sciences, Inc; March 2025. 2. Trodelvy. Summary of product characteristics. Gilead Sciences Ireland UC; July 2023. 3. Paz-Ares LG, et al. *J Clin Oncol.* 2024;42:2860–2872.

Acknowledgments: This study was funded by Gilead Sciences, Inc, Foster City, CA, USA. Medical writing and editorial support were provided by Cara-Lesley Strauss, PhD, Mihaela Marina, PhD, and Mary C. Wiggin of Ashfield MedComms, an Inizio company, and funded by Gilead Sciences, Inc.

Disclosures: Dr Niels Reinmuth reports consultancy/advisory for Amgen, AstraZeneca, Boehringer Ingelheim, BMS, MSD Oncology, Pfizer, and Takeda and speakers' bureau for AbbVie, Amgen, AstraZeneca, Boehringer Ingelheim, BMS, Janssen, Lilly, Merck, Pfizer, Roche, Sanofi, and Takeda.

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Introduction

- Sacituzumab govitecan (SG) is a first-in-class, Trop-2–directed antibody–drug conjugate currently approved for the treatment of patients with previously treated metastatic breast cancer that is either triple negative or hormone receptor positive, human epidermal growth factor receptor 2 negative[1,2]
- EVOKE-01 (NCT05089734), an open-label, global, multicenter, randomized, phase 3 study, assessed the efficacy and safety of SG versus docetaxel in advanced or metastatic non–small cell lung cancer (mNSCLC) that progressed on/after platinum-based chemotherapy and anti-programmed cell death protein (ligand) 1 (PD-[L]1)–containing regimens[3]
- As of May 30, 2023, the study did not meet statistical significance for overall survival (OS) at final analysis, after a median follow-up period of 12.7 months[3]
- Median duration of exposure was 3.5 months with SG and 2.3 months with docetaxel; 33.4% and 17.4% of patients received SG and docetaxel, respectively, for ≥6 months
- Grade ≥3 treatment-emergent adverse events (TEAEs) occurred in 66.6% and 75.7% of patients who received SG and docetaxel, respectively
- TEAEs leading to discontinuation and dose reduction occurred in 9.8% and 29.4% of patients receiving SG, and 16.7% and 38.9% of patients receiving docetaxel, respectively
- Here, we report updated survival and safety outcomes as of October 21, 2024, after a median of 10.8 additional months of follow-up, providing insight into the tolerability of SG during a prolonged period of administration

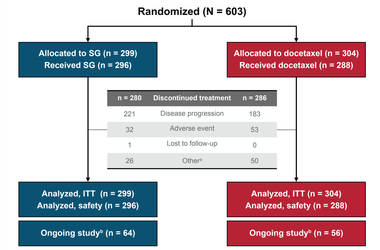
Methods

- Patients were randomized 1:1 to receive SG (n = 299; 10 mg/kg intravenously, days 1 and 8) or docetaxel (n = 304; 75 mg/m^2 intravenously, day 1) in 21-day cycles until progression or unacceptable toxicity
- OS was the primary end point, and safety was a key secondary end point
- Stratified by:
  - Histology (squamous vs nonsquamous)
  - Response to last anti–PD-(L)1–containing regimen (complete response [CR]/partial response [PR] vs progressive disease/stable disease)
  - Received prior targeted therapy for actionable genomic alterations (yes vs no)

Results

- Demographic and baseline disease characteristics were balanced between treatment arms[3]
- As of October 21, 2024, the study was ongoing in 64 patients in the SG arm and 56 in the docetaxel arm **(Figure 1)**
- Median study follow-up was 23.5 months

Figure 1. Patient Disposition



[a]Other reasons for discontinued treatment include investigator's decision (SG, n = 6; docetaxel, n = 14), patient's decision (SG, n = 10; docetaxel, n = 20), protocol deviation (SG, n = 0; docetaxel, n = 0), and death (SG, n = 10; docetaxel, n = 16). [b]Either on-treatment or survival follow-up. ITT, intent-to-treat; SG, sacituzumab govitecan.

Results

- Median exposure was longer with SG vs docetaxel at 3.5 vs 2.3 months; 33.4% vs 17.7% of patients, respectively, were exposed to study drug for ≥6 months **(Table 1)**

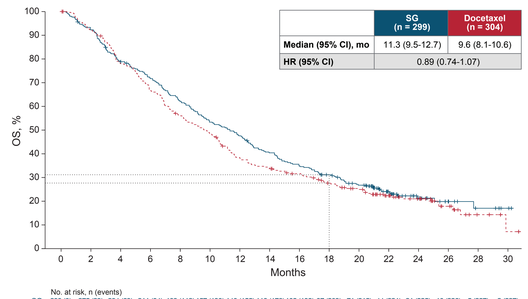
Table 1. Treatment Exposure

Treatment Exposure	SG (n = 296)	Docetaxel (n = 288)
Duration of exposure, median (range), mo	3.45 (0.03-29.50)	2.33 (0.03-23.20)
Cycles received, median (range)	5 (1-43)	4 (1-34)
Exposure duration ≥6 mo, n (%)	99 (33.4)	51 (17.7)

SG, sacituzumab govitecan.

- The longer follow-up preserved the numerical improvement in OS favoring SG in the intent-to-treat population (hazard ratio 0.89; 95% CI, 0.74-1.07; *P* = .103) **(Figure 2)**

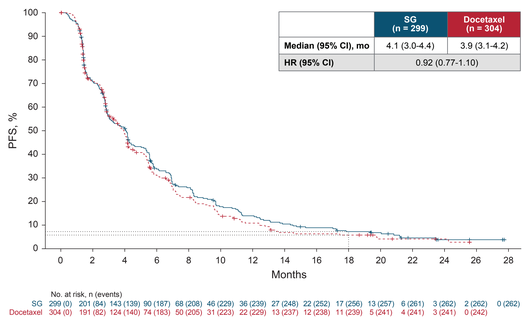
Figure 2. OS



HR, hazard ratio; OS, overall survival; SG, sacituzumab govitecan.

- Consistent with the results in the final analysis, progression-free survival and duration of response (DOR) were similar between treatment arms **(Figure 3** and **Table 2)**
  - Median DOR in patients who achieved CR or PR was 7.4 months with SG and 6.1 months with docetaxel **(Table 2)**
- Objective response rate was unchanged from the primary analysis, with SG at 13.7% and docetaxel at 18.8% **(Table 2)**

Figure 3. PFS



HR, hazard ratio; PFS, progression-free survival; SG, sacituzumab govitecan.

Table 2. ORR

Response Rate	SG (n = 299)	Docetaxel (n = 304)
ORR, % (95% CI)	13.7 (10.0-18.1)	18.8 (14.5-23.6)
DCR, % (95% CI)	67.6 (61.9-72.8)	66.8 (61.2-72.0)
DOR in patients who achieved CR or PR	(n = 41)	(n = 57)
Median DOR (95% CI), mo	7.4 (4.4-10.0)	6.1 (4.2-8.3)
DOR at 6 mo, % (95% CI)	56.1 (39.7-69.6)	52.0 (37.7-64.5)

CR, complete response; DCR, disease control rate; DOR, duration of response; ORR, objective response rate; PR, partial response; SG, sacituzumab govitecan.

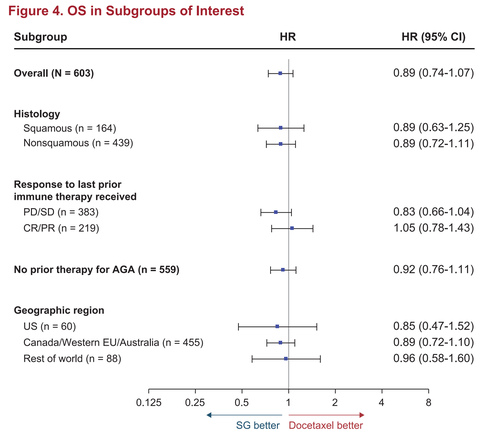
- Numerical OS improvement with SG vs docetaxel remained consistent in most of the subgroups of interest **(Table 3)**
- There was no difference in OS improvement by histology **(Figure 4)**

Table 3. OS in Subgroups of Interest

Subgroups of Interest	n	SG, Median (95% CI) OS, mo	n	Docetaxel, Median (95% CI) OS, mo	HR (95% CI)
Nonresponsive (SD/PD) to last IO	192	11.8 (9.6-12.8)	191	8.3 (6.9-10.2)	0.83 (0.66-1.04)
Responsive (CR/PR) to last IO	106	9.7 (8.4-14.3)	113	10.8 (9.2-12.8)	1.05 (0.78-1.43)
Squamous	84	10.3 (8.1-13.2)	80	9.2 (6.9-11.0)	0.89 (0.63-1.25)
Nonsquamous	215	11.6 (9.4-12.9)	224	9.9 (7.9-11.2)	0.89 (0.72-1.11)
With prior therapy for AGA	19	12.9 (7.2-23.9)	25	7.0 (5.2-11.6)	0.63 (0.31-1.29)

AGA, actionable genomic alteration; CR, complete response; HR, hazard ratio; IO, immuno-oncology; OS, overall survival; PD, progressive disease; PR, partial response; SD, stable disease; SG, sacituzumab govitecan.

Figure 4. OS in Subgroups of Interest



AGA, actionable genomic alteration; CR, complete response; EU, European Union; HR, hazard ratio; OS, overall survival; PD, progressive disease; PR, partial response; SD, stable disease; SG, sacituzumab govitecan; US, United States.

- Percentage of grade ≥3 TEAEs was lower with SG than docetaxel **(Table 4)**
- Occurrence of TEAEs leading to dose reductions and discontinuations was also lower with SG vs docetaxel
- There were no additional TEAEs leading to death reported with longer follow-up in either arm
- Overall safety profile remained consistent with that reported in the final analysis

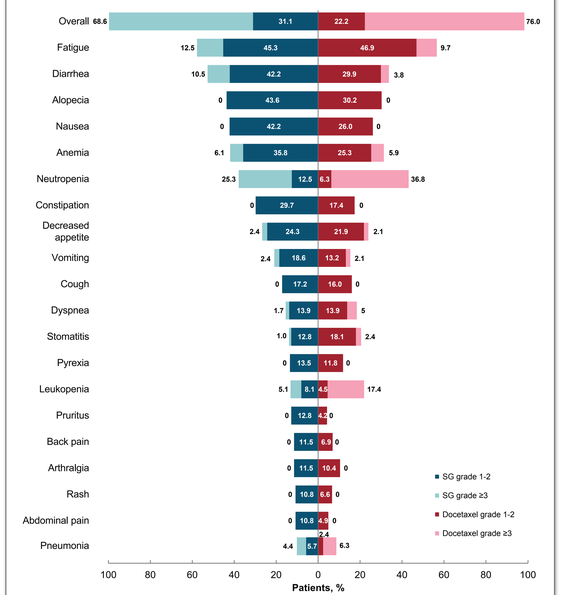
Table 4. Safety Summary

TEAEs, n (%)[a]	SG (n = 296)	Docetaxel (n = 288)
Any grade	295 (99.7)	283 (98.3)
Grade ≥3	203 (68.6)	219 (76.0)
Serious TEAEs	141 (47.6)	128 (44.4)
Leading to dose reduction	88 (29.7)	113 (39.2)
Leading to discontinuation	30 (10.1)	48 (16.7)
Leading to death	10 (3.4)	12 (4.2)[b]

[a]The safety population was defined as all patients who received ≥1 dose of a study treatment. [b]One patient fewer than reported in the final analysis, because of "death" being updated to "disease progression." SG, sacituzumab govitecan; TEAE, treatment-emergent adverse event.

- Overall, the most common TEAEs were similar to those reported in the final analysis
- Fatigue was the most frequently reported TEAE of any grade with both SG and docetaxel **(Figure 5)**

Figure 5. TEAEs Reported in ≥10% of Patients



SG, sacituzumab govitecan; TEAE, treatment-emergent adverse event.