MADRID 2023 ESMO congress

Sacituzumab govitecan as second-line treatment for extensive stage small cell lung cancer

Preliminary results from the phase 2 TROPiCS-03 basket trial

Afshin Dowlati,[1] Andres Cervantes,[2] Sunil Babu,[3] Erika Hamilton,[4] Shu Fen Wong,[5] Andrea Tazbirkova,[6] Ivana Gabriela Sullivan,[7] Cédric van Marcke,[8] Antoine Italiano,[9] Jilpa Patel,[10] Sabeen Mekan,[10] Tia Wu,[10] Anne C. Chiang[11]

[1]University Hospitals Seidman Cancer Center and Case Western Reserve University, Cleveland, OH, USA; [2]INCLIVA Instituto de Investigación Sanitaria, University of Valencia, Valencia, Spain; [3]Fort Wayne Medical Oncology and Hematology, Fort Wayne, IN, USA; [4]Sarah Cannon Research Institute/Tennessee Oncology, Nashville, TN, USA; [5]Andrew Love Cancer Centre, Geelong, Australia; [6]Pindara Private Hospital, Benowa, Queensland, Australia; [7]Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; [8]Cliniques Universitaires Saint-Luc, Brussels, Belgium; [9]Institut Bergonié, Bordeaux, France; [10]Gilead Sciences, Inc., Foster City, CA, USA; [11]Yale School of Medicine, New Haven, CT, USA

Presenter: Afshin Dowlati, MD

Saturday, October 21, 2023, 14:55-15:00
FPN: 1990MO

Declaration of interests

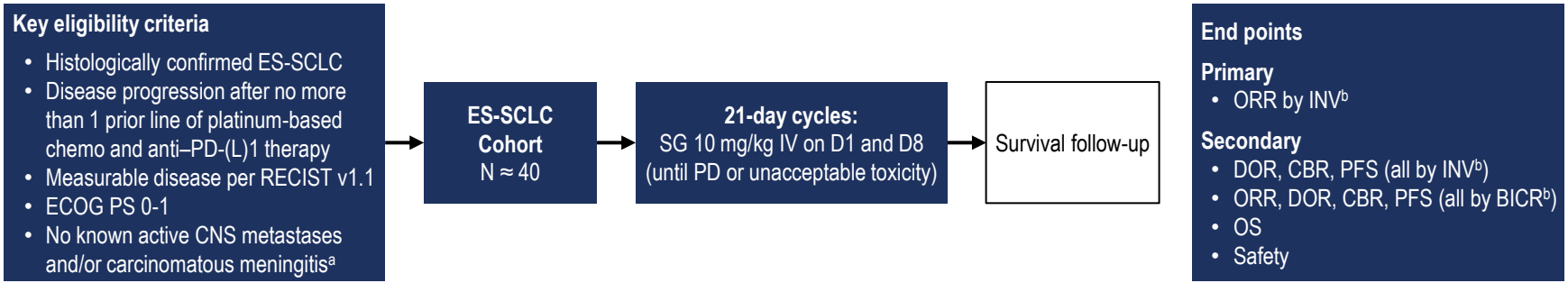
Afshin Dowlati, MD

Consulting or Advisory Role: Astra Zeneca, Ipsen, Jazz Pharmaceuticals, Seattle Genetics

This study was sponsored by Gilead Sciences, Inc.

Background and study design

- Treatment options for patients with relapsed SCLC are limited[1]
- 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]
- The ongoing, open-label, multicohort, phase 2 TROPiCS-03 study (NCT03964727) is evaluating SG in patients with metastatic or locally advanced solid tumors



- At data cutoff (27 July 2023), median follow-up was 5.1 months (range, 1.9-12.2)

2L, second-line; ADC, antibody-drug conjugate; BICR, blinded independent central review; CBR, clinical benefit rate; CNS, central nervous system; D, day; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; ES-SCLC, extensive stage small cell lung cancer; HER2–, human epidermal growth factor receptor 2-negative; 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; SCLC, small cell lung cancer; SG, sacituzumab govitecan; Trop-2, trophoblast cell surface antigen 2. [a]Patients with stable CNS disease for at least 4 weeks prior to the first study dose and all neurologic symptoms returned to baseline may be included in the study. All patients with carcinomatous meningitis are excluded from the study regardless of clinical stability. [b]Per RECIST v1.1. **1.** Dingemans AC, et al. *Ann Oncol*. 2021;32(7):839-853. **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.; June 2023

Patient baseline characteristics, exposure and disposition

Characteristic	ES-SCLC N = 30[a]
Median age (range), years	67 (48-79)
Female, n (%)	18 (60)
Race,[b] n (%)	
Black	1 (3)
White	27 (90)
Other	1 (3)
Current or former smoker, n (%)	29 (97)
ECOG PS 1, n (%)	26 (87)
Stage IV at initial diagnosis,[c] n (%)	28 (93)
Best response to last prior anti-cancer therapy,[d] n (%)	
CR/PR	15 (50)
SD/PD	10 (33)

Patient exposure and disposition	ES-SCLC N = 30[a]
Median duration of treatment (range), months	3.9 (0-11.8)
Median number of cycles received (range), cycles	6 (1-17)
Discontinued study treatment, n (%)	19 (63)

- The most common reason for discontinuation of SG was disease progression

CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; ES-SCLC, extensive stage small cell lung cancer; PD, progressive disease; PR, partial response; SD, stable disease.
[a]Includes patients enrolled on or before 27 April 2023.[b]Not reported (n = 1). [c]Stage III at initial diagnosis (n = 2). [d]Not reported (n = 5).

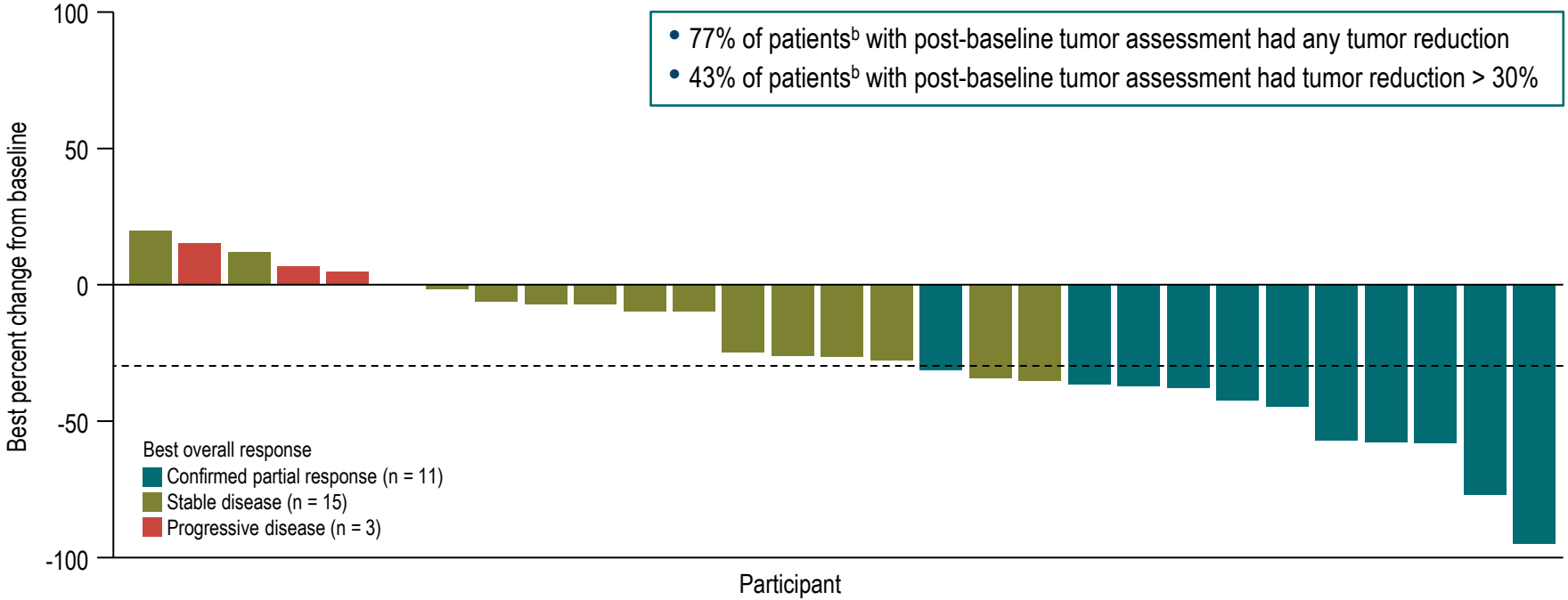
Presented by: Afshin Dowlati, MD

Efficacy by investigator assessment

Efficacy by INV[a]	ES-SCLC N = 30[b]
ORR [Confirmed CR + PR] **(95% CI), %**	37 (20-56)
BOR, n (%)	
Confirmed PR	11 (37)
SD	15 (50)
PD	3 (10)
DCR [Confirmed CR + PR + SD] **(95% CI), %**	87 (69-96)
CBR [Confirmed CR + PR + SD ≥ 6 months] **(95% CI), %**	40 (23-59)
Median DOR (95% CI),[c,d] months	6.3 (2.7-NR)
DOR rate at 6 months (95% CI),[c,d] %	63 (14-89)

Patients without post-baseline response assessments were counted as not assessed (n = 1). BOR, best overall response; CBR, clinical benefit rate; CI, confidence interval; CR, complete response; DOR, duration of response; ES-SCLC, extensive-stage small cell lung cancer; INV, investigator assessment; NR, not reached; ORR, objective response rate; PD, progressive disease; PR, partial response; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; SD, stable disease. [a]Per RECIST v1.1. [b]Includes patients enrolled on or before 27 April 2023. [c]Evaluated in patients with a confirmed CR or PR. [d]Based on Kaplan-Meier estimates.

Best percent change from baseline in target lesions[a]

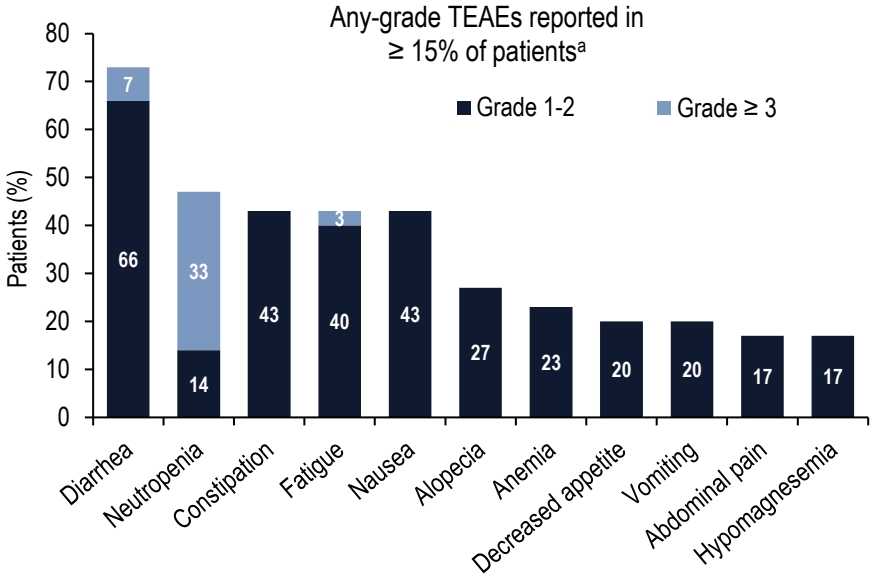


Includes patients enrolled on or before 27 April 2023. RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1. [a]By investigator assessment per RECIST v1.1. [b]Percentages were calculated using the total number of patients (N = 30).

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 (%)	ES-SCLC N = 30[a]
Any-grade TEAEs	30 (100)
Related to study treatment	28 (93)
Grade ≥ 3 TEAEs	18 (60)
Related to study treatment	15 (50)
Serious TEAEs	9 (30)
Related to study treatment	4 (13)
TEAEs leading to dose reduction	8 (27)
TEAEs leading to discontinuation	0
Related to study treatment	0
TEAEs leading to death	0
Related to study treatment	0



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. ES-SCLC, extensive-stage squamous cell lung cancer; SG, sacituzumab govitecan; TEAE, treatment-emergent adverse event. [a]Includes patients enrolled on or before 27 April 2023.

Conclusions

- SG demonstrated promising efficacy as second-line treatment for patients with ES-SCLC
  - Confirmed ORR was 37%; DOR rate at 6 months was 63%
  - DCR (Confirmed CR + PR + SD) was 87%
- SG demonstrated manageable safety that was consistent with its known safety profile
  - The most common any-grade TEAEs were diarrhea and neutropenia
  - No TEAEs leading to discontinuation or death were observed to date
- These encouraging preliminary data warrant further investigation of SG in ES-SCLC
  - The study is ongoing, and updated results will be presented in the future

Acknowledgments

- We want to thank the patients and their caregivers for their participation and commitment to clinical research
- Thank you to the clinical trial investigators and their team members, without whom this work would not have been possible
- This study was sponsored by Gilead Sciences, Inc.
- Medical writing and editorial support was provided by Dominic Singson, MD, of Parexel and funded by Gilead Sciences, Inc.

CR, complete response; DCR, disease control rate; DOR, duration of response; ES-SCLC, extensive-stage squamous cell lung carcinoma; ORR, objective response rate; PR, partial response; SD, stable disease; SG, sacituzumab govitecan; TEAE, treatment-emergent adverse event.