

Clinical Updates: Practice Changing Data From 2023 – Breast & Lung Cancers

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Disclosures

No financial relationships to disclose.

Abemaciclib for adjuvant breast cancer

monarchE

High risk hormone positive breast cancer

- 4 positive lymph nodes or
- 1-3 positive lymph nodes + grade 3 or
- 1-3 positive lymph nodes + >5cm tumor



| | |
|--|-----------------------------------|
| Abemaciclib 150mg PO BID for 2 years + endocrine therapy for 5- 10 years n=2808 | 4y iDFS 85.8% (84.2 - 87.3) |
| Endocrine therapy for 5- 10 years n=2829 | 4y iDFS 79.4% (77.5-81.1) |

Absolute difference 6.4%

HR 0.664 (95% CI 0.578-0.762)

Johnston, Stephen R D et al. The Lancet Oncology, Volume 24, Issue 1, 77 - 90 : Abemaciclib plus endocrine therapy for hormone receptor-positive, HER2-negative, node-positive, high-risk early breast cancer (monarchE): results from a preplanned interim analysis of a randomized, open-label, phase 3 trial

Sacituzumab govitecan-hziy in metastatic TNBC and HR+ breast cancer

TROPiCS-02

Hormone positive HER2 negative mBC

- Received prior endocrine therapies
- Received 2 prior chemotherapies
- Previously had a taxane/CDKi



| | | |
|--|----------------------------------|--------------------------------|
| Sacituzumab govitecan-hziy 10mg/kg IV d1,8 q21d n=272 | PFS 5.5mo* (95 CI 4.2,7.0) | OS 14.4mo (95 CI 13.0,15.7) |
| Single agent Eribulin/vinorelbine/ gemcitabine/ capecitabine n=271 | PFS 4mo* (95 CI 3.1,4.4) | OS 11.2mo (95 CI 10.1,12.7) |

HR 0.661 (95% CI 0.529-0.826)p=0.0003

Rugo, Hope S et al. The Lancet 2023

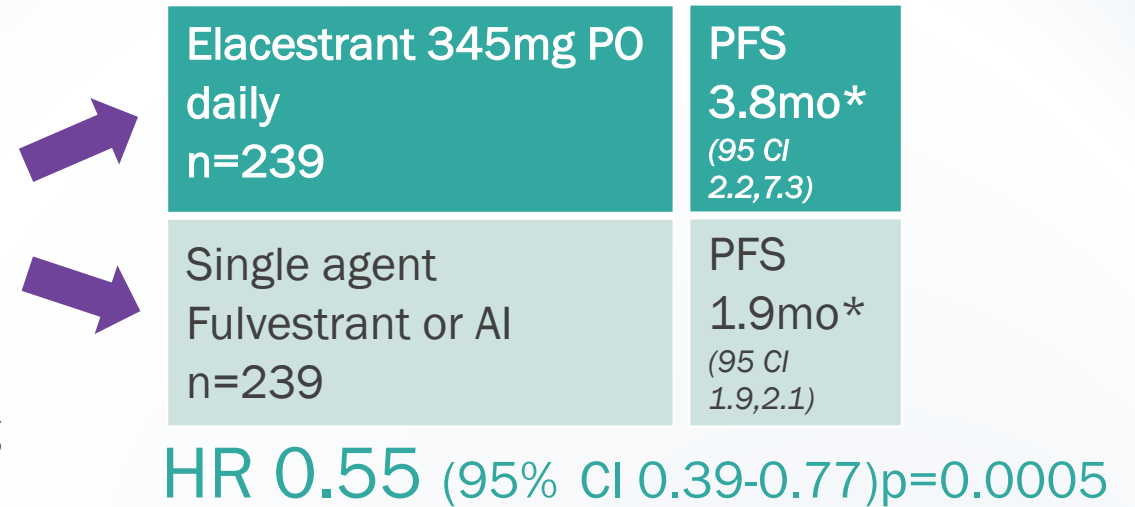
Overall survival with sacituzumab govitecan in hormone receptor-positive and human epidermal growth factor receptor 2-negative metastatic breast cancer (TROPiCS-02): a randomized, open-label, multicentre, phase 3 trial

Elacestrant for ER positive HER2 negative breast cancer

EMERALD

Hormone positive HER2 negative mBC

- 478 patients of which 228 mESR1
- Received 1-2 prior therapies
- Previously had a CDKi
- ESR1 mutational status was determined by blood circulating tumor deoxyribonucleic acid (ctDNA) using the Guardant360 CDx assay
 - limited to ESR1 missense mutations in the ligand binding domain.



Bardia A, Aftimos P, Bihani T, et al. EMERALD: Phase III trial of elacestrant (RAD1901) vs endocrine therapy for previously treated ER+ advanced breast cancer. Future Oncol. 2019;15(28):3209-3218. doi:10.2217/fo-2019-0370

Pembrolizumab in Early-stage NSCLC

KEYNOTE- 091

STAGE IB,II,IIIA NSCLC

- 1177 patients (1010 received adj plat)
- No neoadjuvant radiotherapy /chemotherapy
- Stratified by adjuvant chemo status



Pembrolizumab
200mg q 21 for 17cy
n=506

DFS 58.7
mo
CI (39.2-NR)

Placebo q 21 for 17cy
n=504

DFS
34.9mo CI
(28.6-NR)

HR 0.73 (95% CI 0.60-0.89)

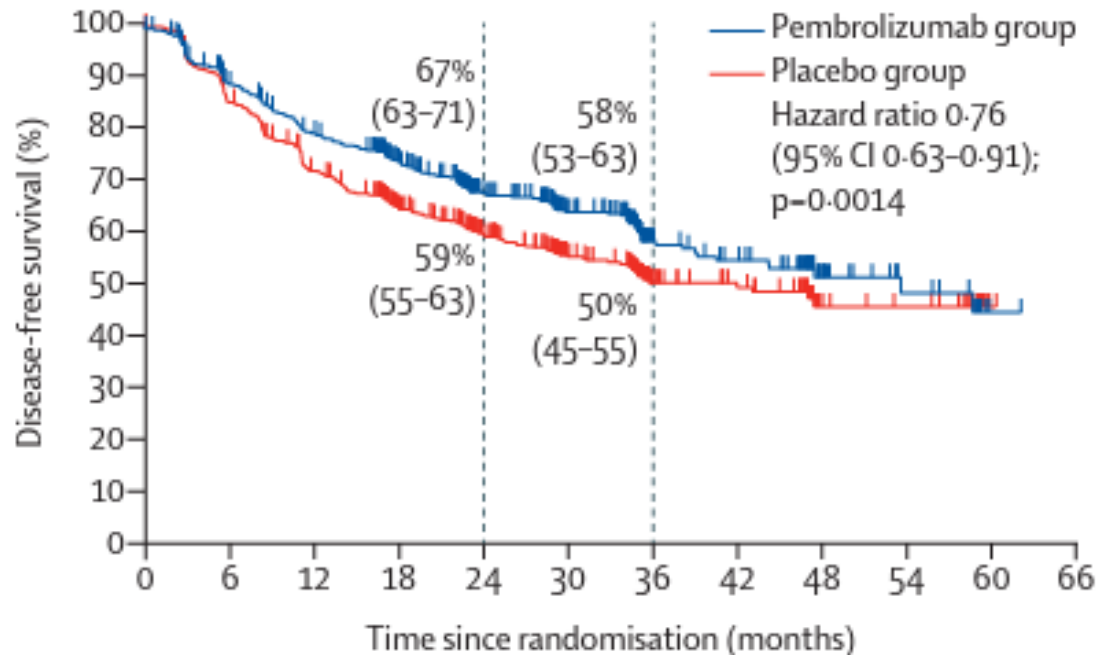
In pts with PD-L1 TPS \geq 50% (pembrolizumab, n = 143; placebo, n = 141), median DFS was NR in both treatment arms (HR, 0.80 [95% CI, 0.54–1.20])

O'Brien et al Journal of Clinical Oncology 2023 41:16_suppl, 8520-8520

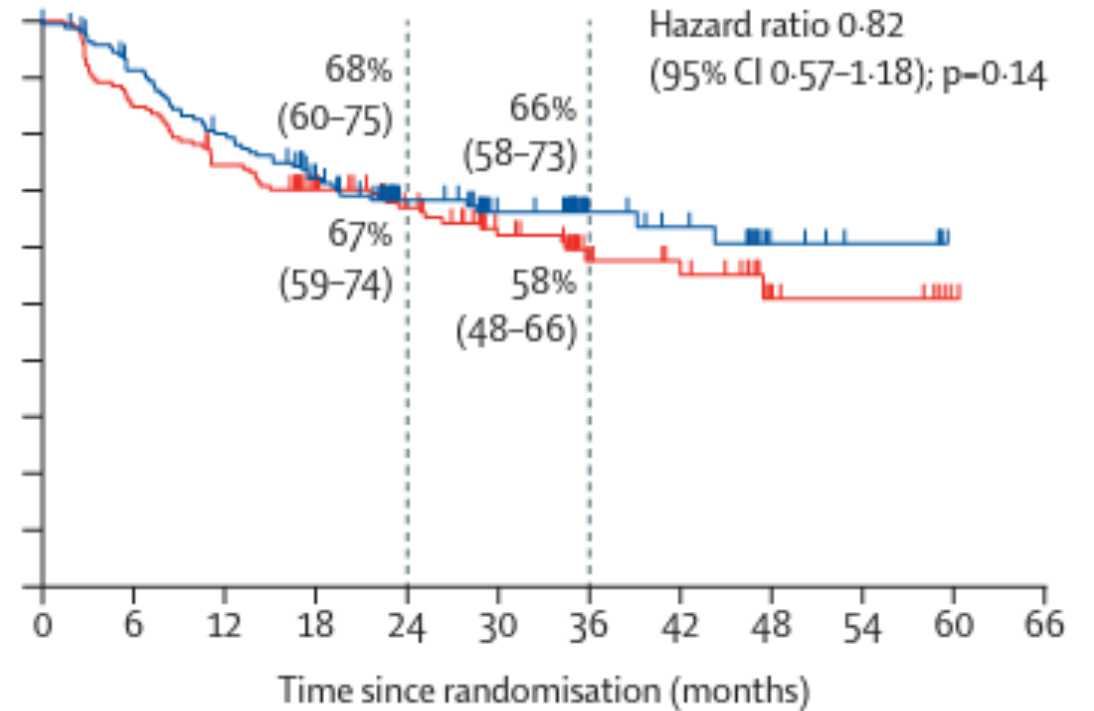
[Pembrolizumab vs placebo for early-stage non-small-cell lung cancer after resection and adjuvant therapy: Subgroup analysis of patients who received adjuvant chemotherapy in the phase 3 PEARLS/KEYNOTE-091 study.](#)

Disease-free survival

Overall population



PD-L1 ≥ 50%



PEMBROLIZUMAB IS A STANDARD OF CARE OPTION FOR RESECTED NSCLC (IRRESPECTIVE OF PD-L1) AFTER CHEMOTHERAPY

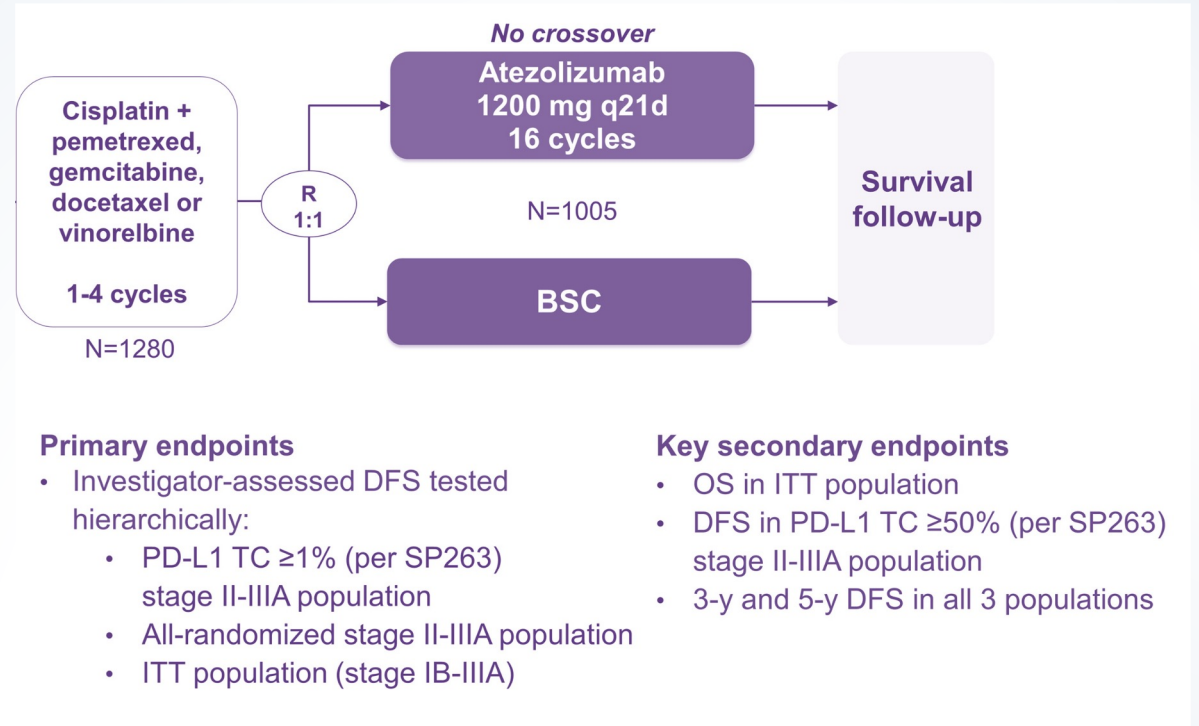
O'Brian, Lancet Oncol 2022

Atezolizumab in Stage IB-III A Non small cell lung cancer NSCLC

IMPOWER 010

STAGE IB,II,IIIA NSCLC

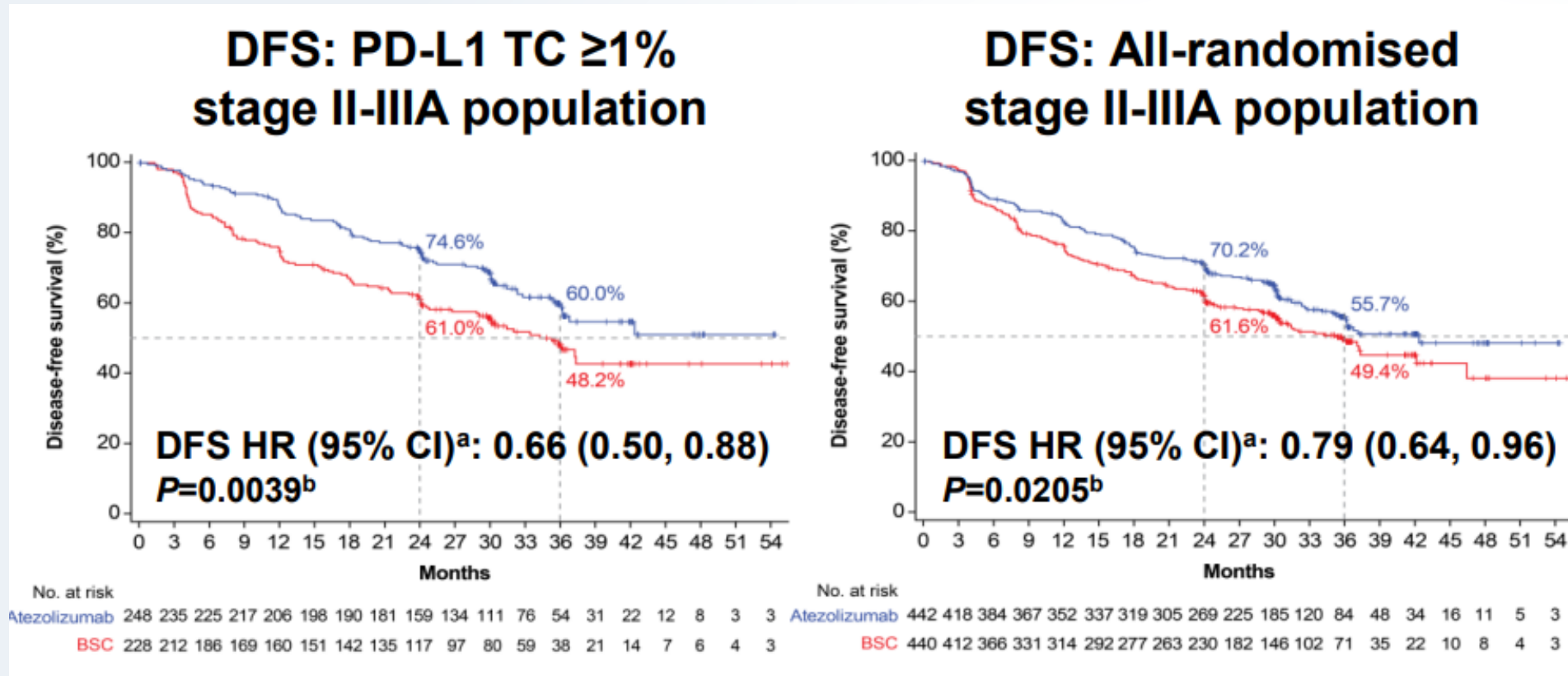
- 1280 patients (1005 randomized)
- Tissue available for PD-L1 testing
- Primary Endpoint DFS



Wakelee, ASCO Meeting 2021; Felip, Lancet 2021; Felip, IASLC 2022

Atezolizumab in Stage IB-IIIa Non small cell lung cancer NSCLC

IMPOWER 010



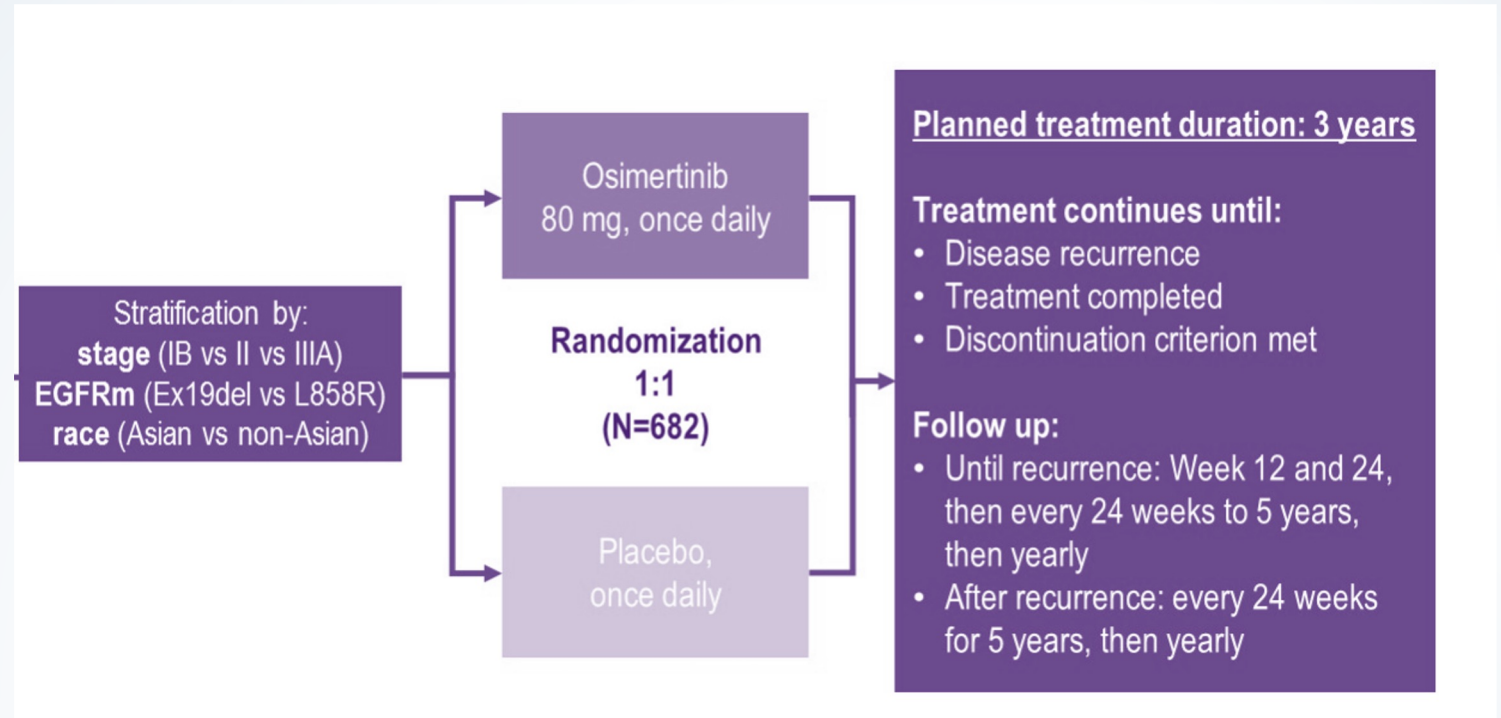
Wakelee, ASCO Meeting 2021; Felip, Lancet 2021; Felip, IASLC 2022

Osimertinib for EGFR mutant adjuvant therapy

ADAURA trial

STAGE IB,II,IIIA NSCLC

- Fully resected
- No neoadjuvant radiotherapy /chemotherapy
- Stratified by EGFR mutation

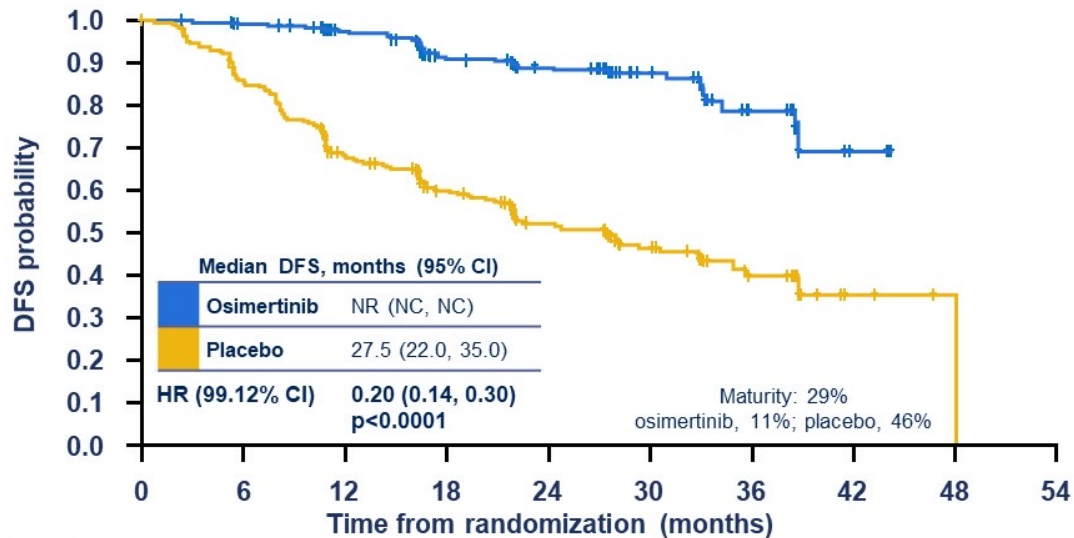


Wu, NEJM 2020; Tsuboi, ESMO 2022; Herbst, JCO 2023

Disease-free survival

ADAURA primary DFS analysis^{1,2} (stage IB–IIIA)*

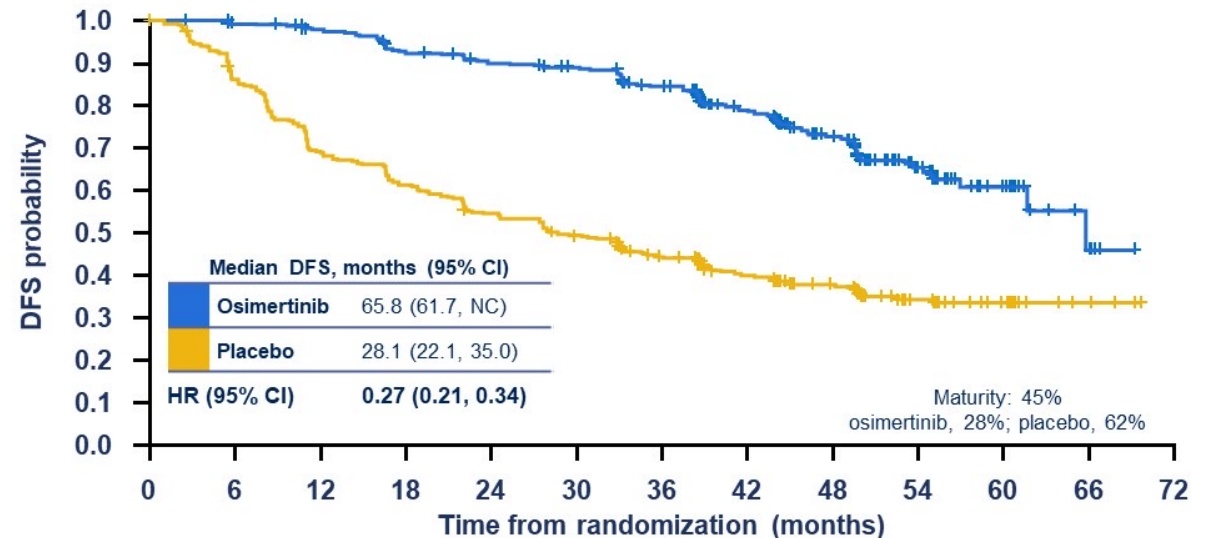
NEJM October 2020



| No. at risk | 0 | 6 | 12 | 18 | 24 | 30 | 36 | 42 | 48 | 54 |
|-------------|-----|-----|-----|-----|-----|----|----|----|----|----|
| Osimertinib | 339 | 313 | 272 | 208 | 138 | 74 | 27 | 5 | 0 | - |
| Placebo | 343 | 287 | 207 | 148 | 88 | 53 | 20 | 3 | 1 | 0 |

ADAURA updated DFS analysis^{3,4} (stage IB–IIIA)†

JCO January 2023



| No. at risk | 0 | 6 | 12 | 18 | 24 | 30 | 36 | 42 | 48 | 54 | 60 | 66 | 72 |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|
| Osimertinib | 339 | 316 | 307 | 289 | 278 | 270 | 249 | 201 | 139 | 73 | 33 | 5 | 0 |
| Placebo | 343 | 288 | 230 | 205 | 181 | 162 | 137 | 115 | 84 | 48 | 25 | 4 | 0 |

ADJUVANT OSIMERTINIB IS THE STANDARD OF CARE FOR RESECTED IB-IIIA NSCLC (EGFR+)

Wu, NEJM 2020; Tsuboi, ESMO 2022; Herbst, JCO 2023

Conclusions

Breast Cancer 2023

Abemaciclib is the standard of care for **High-risk hormone positive Breast cancer**

New approval for sacituzumab govitecan HZIY in hormone positive metastatic breast cancer

Elaeestrant is approved for **ESR1** mutated Hormone positive metastatic breast cancer

Lung Cancer 2023

Adjuvant chemotherapy followed by osimertinib x 3 years is the standard of care for resected stage IB-IIIa NSCLC **EGFR+**

Adjuvant chemotherapy followed by atezolizumab x 12 months (**if PD-L1+**) is a standard of care option for resected stage IB-IIIa NSCLC (higher benefit in PD-L1 \geq 50%)

Adjuvant chemotherapy followed by pembrolizumab x 12 months (regardless of PD-L1 expression) is a standard of care option for resected stage IB-IIIa NSCLC (**low benefit PD-L1 <1%**)