**290O - Patient-reported outcomes (PROs) in advanced breast cancer (ABC) treated with ribociclib + fulvestrant: results from MONALEESA-3**

Presentation Number: 290O  
Lecture Time: 11:18 - 11:33  
Speakers: Peter A. Fasching (Erlangen, DE)  
Session Name: Proffered paper session - Breast cancer, metastatic  
Location: Hall A2 - Room 18, ICM München, Munich, Germany  
Date: 20.10.2018  
Time: 11:00 - 12:45

**Background**

In the MONALEESA-3 trial (NCT02422615), ribociclib + fulvestrant significantly improved progression-free survival (PFS) vs placebo + fulvestrant in patients with hormone receptor-positive, human epidermal growth factor receptor 2-negative BC who had received no or only 1 line of prior endocrine therapy for ABC. Here, we present PROs from the trial, including health-related quality of life (HRQoL).

**Methods**

Patients were randomized (2:1) to receive ribociclib (600 mg/day, 3-weeks-on/1-week-off) + fulvestrant (500 mg on Day 1 of every cycle and Cycle 1 Day 15; n = 484) or placebo + fulvestrant (n = 242). Time to definitive 10% deterioration from baseline (TTD) in HRQoL (global health status/quality of life scale score of the EORTC QLQ-C30 questionnaire [GHS/QLS]) and pain (BPI-SF questionnaire) were compared between treatment arms using a stratified log-rank test; a stratified Cox regression was used to estimate the hazard ratio with 95% confidence intervals (CI). PROs were also assessed using the EQ-5D-5L questionnaire.

**Results**

Questionnaire compliance rates were high (>90% at baseline for each measure). Mean GHS/QLS was maintained or improved during every cycle of treatment in both arms (mean change from baseline up to Cycle 19 [n ≥ 50 in both arms]: ribociclib + fulvestrant 3.6–4.9; placebo + fulvestrant 1.3–4.3). At the end of treatment, addition of ribociclib to fulvestrant had not negatively impacted GHS/QLS (mean change from baseline: −5.2 points in the ribociclib arm [n = 184] vs −5.5 points in the placebo arm [n = 113]). Median TTD in GHS/QLS was not reached (NR) in the ribociclib arm (95% CI 22.1–NR) vs 19.4 months in the placebo arm (95% CI 16.6–NR); hazard ratio: 0.80 (95% CI 0.60–1.05). Using the BPI-SF scale, median TTD was 25.4 months in the ribociclib arm vs NR in the placebo arm for worst pain (hazard ratio: 0.81; 95% CI 0.58–1.13), 25.4 months vs NR for pain severity index (hazard ratio: 0.81; 95% CI 0.60–1.11), and NR vs NR for pain interference index (hazard ratio: 0.87, 95% CI 0.63–1.21).

**Conclusions**

As well as significantly prolonging PFS compared with placebo + fulvestrant, adding ribociclib to fulvestrant maintains quality of life.
Clinical trial identification: NCT02422615, April 21, 2015.

Legal entity responsible for the study: Novartis Pharmaceuticals Corporation.

Funding: Novartis Pharmaceuticals Corporation.

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Disclosure: P.A. Fasching: Grants and personal fees; Novartis; Personal fees: Roche, Pfizer, Celgene and Teva, during the conduct of the study. F.J. Esteva: Grants and personal fees; Novartis during the conduct of the study. A. Pieris-Gunatilaka, B. Lanoue: Employment: Novartis. Y. Wang, D. Chandiwana: Employment and stock ownership: Novartis. All other authors have declared no conflicts of interest.
291O - Ribociclib (RIB) + tamoxifen (TAM) or a non-steroidal aromatase inhibitor (NSAI) in premenopausal patients (pts) with hormone receptor-positive (HR+), HER2-negative (HER2–) advanced breast cancer (ABC): MONALEESA-7 patient-reported outcomes (PROs)

Presentation Number: 291O
Lecture Time: 11:33 - 11:48
Speakers: Nadia Harbeck (Munich, DE)
Session Name: Proffered paper session - Breast cancer, metastatic
Location: Hall A2 - Room 18, ICM München, Munich, Germany
Date: 20.10.2018
Time: 11:00 - 12:45

Background

In the Phase III MONALEESA-7 trial (NCT02278120), RIB + TAM/NSAI + goserelin (GOS) significantly improved progression-free survival vs placebo (PBO) + TAM/NSAI + GOS in premenopausal pts with HR+, HER2– ABC; here we report key PRO data.

Methods

Pre/perimenopausal pts (N = 672; ≤1 line of prior chemotherapy and no prior endocrine therapy for ABC) were randomized 1:1 to RIB (600 mg/day; 3 weeks on/1 week off) or PBO + TAM (20 mg/day) or an NSAI (letrozole [2.5 mg/day]/anastrozole [1 mg/day]) + GOS (3.6 mg every 28 days). Primary endpoint: PFS. PROs were a secondary endpoint and were evaluated using EORTC QLQ-C30, QLQ-BR23, EQ-5D-5L, and WPAI-GH questionnaires. Changes from baseline and time to 10% deterioration (TTD) in health-related quality of life (HRQoL) were analyzed using linear mixed-effect and stratified Cox regression models, respectively.

Results

Questionnaire compliance was high (>75%). On-treatment HRQoL (EORTC QLQ-C30 global health status/QoL score) was maintained up to Cycle (C) 17 in both arms. From C18 onwards, HRQoL improved in the RIB arm (clinically meaningful improvements [>5 points] at C5 and from C19 to C31), but numerically worsened in the PBO arm. Median TTD in HRQoL was not reached (NR) in the RIB arm (95% CI 22.2–NR) vs 21.2 months in the PBO arm (95% CI 15.4–23.0; hazard ratio 0.699; 95% CI 0.533–0.916; p = 0.004). EORTC QLQ-C30 physical, social, and role functioning domains, and WPAI-GH % work time missed were maintained in the RIB arm; physical and role functioning were maintained for a longer duration in the RIB vs PBO arm. WPAI-GH % activity impairment was maintained in the RIB vs PBO arm. Reductions in EORTC QLQ-C30 pain score were observed up to C28 in the RIB arm and up to C17 in the PBO arm; clinically meaningful reductions were observed in the RIB arm from C3 to C11 and C22 to C28.

Conclusions

RIB + TAM/NSAI + GOS improves HRQoL and maintains functioning, work productivity, and activity in premenopausal pts with HR+, HER2– ABC. RIB + TAM/NSAI + GOS is also associated with a clinically meaningful reduction in pain vs PBO + TAM/NSAI + GOS.
Clinical trial identification: NCT02278120, 29 October 2014.
Legal entity responsible for the study: Novartis Pharmaceuticals Corporation.
Funding: Novartis Pharmaceuticals Corporation.
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292O - Patient-reported outcomes (PRO) in patients (pts) with advanced breast cancer and a germline BRCA1/2 mutation (gBRCAm) receiving talazoparib (TALA) vs physician’s choice chemotherapy treatment (PCT): a focus on the EMBRACA triple negative (TNBC) subpopulation

Presentation Number: 292O
Lecture Time: 11:48 - 12:03
Speakers: Hope S. Rugo (San Francisco, US)
Session Name: Proffered paper session - Breast cancer, metastatic
Location: Hall A2 - Room 18, ICM München, Munich, Germany
Date: 20.10.2018
Time: 11:00 - 12:45

Background
As part of the key subgroup analyses of EMBRACA, a randomised 2:1 open-label phase 3 study, a statistically significant improvement in progression-free survival (PFS) with TALA (n = 130) vs PCT (n = 60) (median PFS 5.8 vs 2.9 mos, HR = 0.60; 95% CI 0.41-0.87, P=.008) was observed in pts with advanced TNBC and gBRCAm; these post hoc analyses evaluated PRO.

Methods
PRO were assessed on day 1 (baseline), at the start of each treatment cycle (every 3 wks), and end of treatment using questionnaires (EORTC QLQ-C30 and breast cancer module, QLQ-BR23). Higher scores indicate better functioning/global health status/quality of life (GHS)/(QoL) or worse symptom severity. Repeated measures mixed-effects analyses were performed to compare overall change from baseline scores between the 2 treatment arms, controlling for baseline. Time to definitive deterioration (TDD) (change of ≥ 10 points) in GHS/QoL and pain symptoms were compared using stratified log-rank test and Cox proportional hazards model.

Results
Baseline scores were similar between arms. A statistically significant overall change from baseline in GHS/QoL favoured TALA vs PCT (12.5 [95% CI 7.1-17.8], P<.0001). Additionally, TALA resulted in a statistically significant favourable difference in overall change from baseline in the following functions: physical, role, social, body image and the symptoms: fatigue, pain, appetite loss, breast and arm. No significant differences were observed between arms for emotional and cognitive functioning, nausea/vomiting, dyspnea, insomnia, constipation, diarrhoea, upset by hair loss, sexual enjoyment and functioning. A statistically significant delay in TTD favouring TALA was observed in GHS/QoL [median 24.3 vs 4.5 mos, hazard ration 0.33 (95% CI 0.19-0.57); P<.0001] and pain [median 22.7 vs 5.6 mos, HR = 0.25 (95% CI 0.14-0.45), P<.0001].

Conclusions
In pts with gBRCAm advanced TNBC, TALA resulted in significantly greater improvement from baseline and delayed TTD in GHS/QoL and pain symptom vs PCT.
Clinical trial identification: NCT01945775.
Legal entity responsible for the study: Pfizer, Inc.
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