Rucaparib + Sacituzumab Govitecan: Initial Data From the Phase 1b/2 SEASTAR Study (NCT03992131)


1The University of Texas MD Anderson Cancer Center, Houston, USA; 2Sarah Cannon Research Institute, Nashville, USA; 3Dana-Farber Cancer Institute, Boston, USA; 4Cleveland Oncology Inc., Boulder, USA

INTRODUCTION

A key secondary endpoint was investigator-assessed objective response per ESMO Congress 2020. 2000;6:2860-7.

RESULTS

• Six patients were enrolled in 2 dose cohorts; demographics, disease history, and on-study findings for each patient are shown in Figure 1

METHODS

• For the phase 1b portion, eligible patients had metastatic triple-negative breast cancer, uterine cervical, or platinum-resistant ovarian cancer; patients with another solid tumor type with a deleterious mutation in a homologous recombination repair (HRR) gene (BRCA1, BRCA2, PALB2, RAD51C, or RAD51D) were also eligible

REFERENCES

• Prior treatment with a PARP inhibitor was allowed; patients previously treated with irinotecan, topotecan, or any derivative in any formulation were excluded

• A 3+3 design was used, with a starting dose of rucaparib 300 mg orally twice daily + sacituzumab govitecan 6 mg/kg intravenously on days 1 and 8 of a 21-day cycle in cohort 1

• Dose-limiting toxicities (DLTs) were assessed during cycle 1 (see Supplementary Material)

• Haematopoietic growth factor support was allowed except during the DLT period

• The primary endpoints of phase 2 were the incidence of grade 3 or treatment-emergent adverse events (TEAEs) and number of patients who experienced a DLT

• A key secondary endpoint was investigator-assessed objective response per Response Evaluation Criteria In Solid Tumors, version 1.1 (RECIST)

• Despite early toxicities, all 6 patients continued treatment, with treatment-emergent adverse events effectively managed with dose modification and/or growth factor support

• Further evaluation of the combination is warranted

REFERENCE:


ACKNOWLEDGMENTS

[2] Supplementary Material

PRESENTING AUTHOR DISCLOSURE


For more information, please visit: https://www.esmo.org/esmo-congress/2020-poster-supplementary-material

Poster number: 547P

For more information, please visit: https://www.esmo.org/esmo-congress/2020-poster-supplementary-material

Supplementary Material

Published online: 20 May 2021

Table. Most Common TEAEs (Reported in ≥3 Patients)

Poster number: 547P

Figure 1. SEASTAR Patients Receiving Rucaparib + Sacituzumab Govitecan

Figure 2. Duration of Treatment

Figure 3. Representative Images of Confirmed Partial Response Observed in Patient with Metastatic TNBC (Patient 5)

Table. Common TEAEs (Reported in ≥3 Patients)

Any TEAE

Grade 1 n (%) Grade 2 n (%) Grade 3 n (%) Grade 4 n (%)

Neutropenia/CANC decreased

<10.0 9 (50.0) 5 (30.0)

ANCANC decreased

10.1–15.0 6 (35.0)

ALT/AST increased

46 (7.0) 5 (3.0)

Aldosterone

4.0 5 (3.0)

Diabetes

3 (5.0) 1 (16.7)

Hypothyroidism

5 (8.3) 0

Hypoglycaemia

3 (5.0) 0

Thrombocytopenia/platelet count decreased

5 (8.3) 1 (16.7)

Data cutoff date: 11 Aug 2020.

Detailed study findings for each patient are shown in

Supplementary Material. For the phase 1b portion, eligible patients had metastatic triple-negative breast cancer (BRCA1, BRCA2, PALB2, RAD51C, or RAD51D) were also eligible. A 3+3 design was used, with a starting dose of rucaparib 300 mg orally twice daily + sacituzumab govitecan 6 mg/kg intravenously on days 1 and 8 of a 21-day cycle in cohort 1. Dose-limiting toxicities (DLTs) were assessed during cycle 1 (see Supplementary Material). Haematopoietic growth factor support was allowed except during the DLT period. The primary endpoints of phase 2 were the incidence of grade 3 or treatment-emergent adverse events (TEAEs) and number of patients who experienced a DLT. A key secondary endpoint was investigator-assessed objective response per Response Evaluation Criteria In Solid Tumors, version 1.1 (RECIST). Despite early toxicities, all 6 patients continued treatment, with treatment-emergent adverse events effectively managed with dose modification and/or growth factor support. Further evaluation of the combination is warranted.