Patient-Reported Outcomes From the Phase III IMPassion130 Trial of Atezolizumab Plus Nab-Paclitaxel in Metastatic Triple-Negative Breast Cancer

Sylvia Adams,1 Véronique Diéras,2 Carlos Barrios,3 Eric Winer,4 Andreas Schneeweiss,5 Hiroji Iwata,6 Sherene Loi,7 Sheetal Patel,8 Volkmar Henschel,9 Stephen Chui,8 Hope S. Rugo,10 Leisha A. Emens,11 Peter Schmid12

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BACKGROUND

Triple-Negative Breast Cancer

Her2-negative, triple-negative breast cancer (TNBC) is the most aggressive and least responsive type of breast cancer, with poor outcomes and limited treatment options. Chemotherapy, e.g. taxanes or anthracyclines, is the current standard of care for first-line therapy.

Atezolizumab

Atezolizumab, a monoclonal antibody against programmed death-ligand 1 (PD-L1), is approved in combination with nab-paclitaxel for the treatment of PD-L1–positive patients with metastatic TNBC. The goal of this study was to evaluate patient-reported outcomes (PROs) in patients with metastatic TNBC.

METHODS

Trials:

IMpassion130 (NCT02763323)

In the IMPassion130 trial, 1,388 patients were randomized in a 1:1 ratio to atezolizumab plus nab-paclitaxel (Atezo + nab-paclitaxel) or placebo plus nab-paclitaxel (Placebo + nab-paclitaxel). The primary endpoint was progression-free survival (PFS) in the PD-L1 positive (IC+) population. The study also evaluated overall survival, objective response rate, and safety.

PATIENT-REPORTED OUTCOMES

PRO endpoints included:

- Health-related quality of life (HRQoL)
- Physical, role, emotional, and social functioning
- Treatment-related symptoms

Exploratory PRO endpoints included:

- Patient experience with atezolizumab plus nab-paclitaxel and with the findings of other atezolizumab combination trials
- Clinical benefit

Patient-reported outcomes from the IMPassion130 trial were analyzed post-hoc. PRO data were evaluated using a time-to-event analysis of deterioration.

RESULTS

HRQoL:

At the start of the clinic visit before any health care interaction and prior to drug administration, 92.0% of the Atezo + nab-paclitaxel arm and 91.6% of the placebo plus nab-paclitaxel arm were considered moderate to high (Table 2).

Functioning:

HR 0.97 (0.85, 1.11) 0.77 (0.64, 0.93) 0.92 (0.80, 1.05) 0.71 (0.59, 0.85) 0.75 (0.64, 0.88) 0.70 (0.57, 0.87) 0.91 (0.76, 1.10) 0.71 (0.59, 0.85) 0.73 (0.61, 0.88) 0.70 (0.57, 0.87) 0.91 (0.76, 1.10) 0.71 (0.59, 0.85) 0.73 (0.61, 0.88) 0.70 (0.57, 0.87) 0.91 (0.76, 1.10) 0.71 (0.59, 0.85) 0.73 (0.61, 0.88) 0.70 (0.57, 0.87) 0.91 (0.76, 1.10) 0.71 (0.59, 0.85) 0.73 (0.61, 0.88) 0.70 (0.57, 0.87) 0.91 (0.76, 1.10)

Treatment-related symptoms reported by the patients were consistent with the overall safety profile of atezolizumab plus nab-paclitaxel.

CONCLUSIONS

The PROs collected in IMPassion130 demonstrated that the therapy with atezolizumab plus nab-paclitaxel, which is currently in clinical development in CT2009 (NCT03646153), is associated with increased toxicity, which may result in a decrease in patients’ HRQoL and day-to-day functioning without compromising the patients’ HRQoL or day-to-day functioning.

REFERENCES

1. Schmid P, et al. Expanded safety data from IMPassion130, including AEs of special interest, are being presented without compromising the patients’ HRQoL or day-to-day functioning and without increasing the morbidity of patients without compromising the patients’ HRQoL or day-to-day functioning and without increasing the morbidity of patients. Cancer 2020;126(15):3710–3712.
7. Schmid P, et al. The investigators and clinical study sites were compensated with travel and accommodation expenses. Copies of this poster obtained through Quick Response (QR) Code are for personal use only.