INTERIM RESULTS OF THE PERFORM STUDY

PALBOCICLIB PLUS ENDOCRINE THERAPY IN HR+/HER2- ADVANCED BREAST CANCER PATIENTS

BACKGROUND

Endocrine therapy (ET) combined with cyclin-dependent-kinase 4/6 inhibitors (CDK4/6i) is the 1st-line standard of care for HR+ /HER2- advanced or metastatic breast cancer (ABC) patients based on demonstrated efficacy and tolerability in pivotal phase III trials. A pooled analysis of results from the PALOMA clinical trials indicated palbociclib combination therapy to be effective and well tolerated in the subgroup of older patients (age ≥65 years and ≥75 years). These data were corroborated by a meta-analysis published by the FDA that evaluated the efficacy and safety of CDK4/6i plus an aromatase inhibitor in older women (age ≥75 years). The combination therapy demonstrated similar efficacy when compared with younger women, with slightly higher rates of grade 3/4 toxicities, dose modifications and a faster decrease from baseline in patient-reported outcomes in elderly patients accrued to clinical trials may not represent a general elderly cancer patient population, prospectively collected real world data on effectiveness, tolerability, treatment patterns and quality of life (Qol) over several treatment lines is of high medical interest in a real world setting.

METHODS

Overall, 1,900 patients receiving 1st-line palbociclib + ET will be enrolled in the prospective non-interventional study PERFORM at 320 sites across Germany and Austria. The primary endpoint is progression-free survival (PFS). Secondary objectives include treatment patterns, effectiveness (including outcomes in second- and third-line treatment), treatment expectations/satisfaction, potential impact of socioeconomic status and QoL as well as patterns of biomarker analyses and genetic testing. During 1st line treatment with palbociclib + ET, tumor response assessments are documented in the electronic case report form (eCRF), according to clinical routine. Two years after first patient inclusion, the second interim analysis was conducted focusing on patient- and disease-characteristics, dose modifications and response in all evaluable patients and in corresponding age-related subgroups.

RESULTS

Patient characteristics

In total, 938 patients were enrolled between 10/2020 and 09/2022 and 704 were followed for 12 months. Of these, 672 patients were evaluable (i.e., treated with at least one dose of palbociclib and not violating any in- and exclusion criteria). Median age was 68 years (range 33-90) and 80% (n=751) of the primary female population (74.6%, n=672) were postmenopausal. 41.0% (n=385) of all patients had an Eastern Cooperative Oncology Group performance status (ECOG PS) ≥2 (Table 1). In total, 21.5% (n=203) patients presented as de novo ABC and 39.5 (n=375) had relapsed from ABC with a median time from primary diagnosis to inclusion of 8.26 years (range 0.26-37) (Table 2). 26.7% of patients (n=105) were ≥75 years of age at inclusion. Of these, 21.6% (n=23) had an ECOG-performance status of ≥2 compared to 72.1% (n=72) of patients ≥75 years. The rate of de novo ABC was higher in patients ≥75 years (63.3%), n=23) then in patients ≥75 years (36.2%, n=105), whereas the number and distribution of metastases was comparable (Table 3).

Effectiveness

At the second interim analysis, median PFS 95%CI 19.9, NA could not yet be estimated because median was not reached yet (Figure 1). At 12 months, median PFS rate was 71.7% and the overall response rate (ORR) and clinical benefit rate (CBR) were 32.2% and 57.0%, respectively (Table 4). Notably, 12-month PFS rate, ORR and CBR were similar across age subgroups: the 12-month PFS rate was 73.1% for patients ≥75 years and 71.6% for patients <75 years. The ORR was 33.9% vs. 31.6% and the CBR 58.5 % vs. 56.6%, respectively (Table 4).

Conclusion

The second interim analysis of the PERFORM study gives first insights into patient characteristics and effectiveness of 1st-line treatment with palbociclib + ET in a real-world setting. Patients ≥75 years of age presented more often with de novo ABC, with worse ECOG PS at start of 1st-line treatment and required dose modifications more frequently than patients <75 years. Nevertheless, 12-month PFS rate, ORR and CBR of 1st-line treatment with palbociclib + ET were comparable between the age-related subgroups. These findings are in line with results of clinical trials and further support the use of palbociclib-based treatment, irrespective of age.