

# TACTIVE-U: phase 1b/2 umbrella study of ARV-471, a PROteolysis TArgeting Chimera (PROTAC) estrogen receptor (ER) degrader, combined with other anticancer treatments in ER+ advanced or metastatic breast cancer

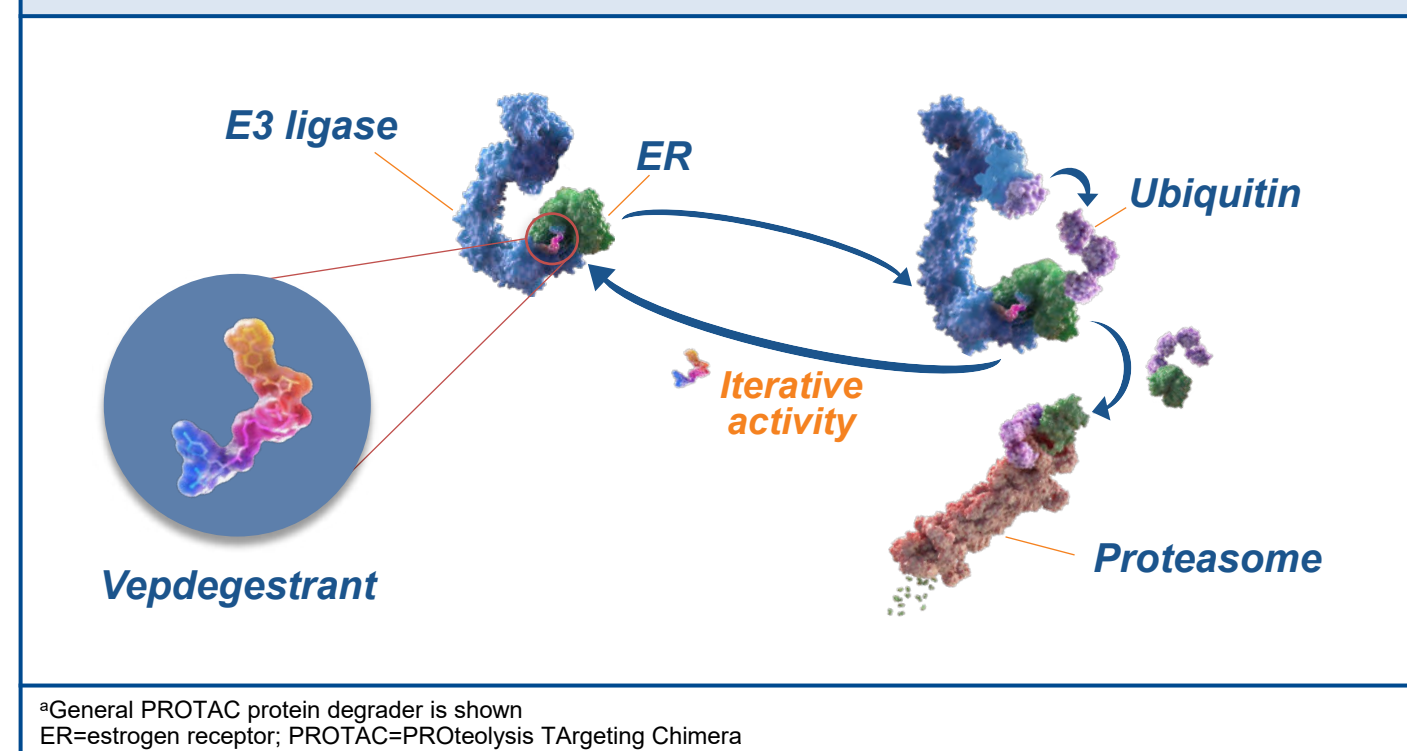
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## Background and Rationale

- Vepdegestrant (ARV-471) is a selective, orally administered PROTAC ER degrader<sup>1</sup>
- Vepdegestrant directly binds the cereblon E3 ubiquitin ligase and ER to trigger ubiquitination of ER and its subsequent proteasomal degradation (**Figure 1**)

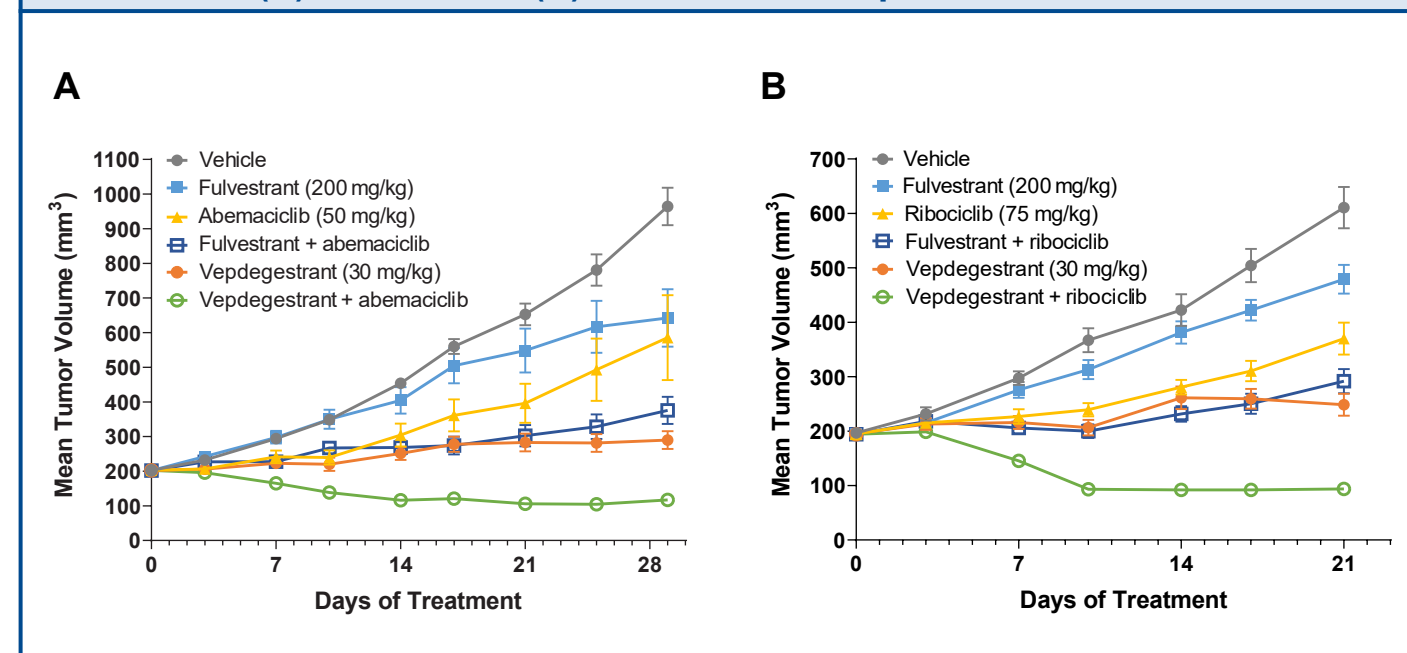
**Figure 1: Mechanism of action of vepdegestrant<sup>a</sup>**



- In contrast, selective ER degraders (SERDs) indirectly lead to ER degradation as a result of conformational changes and/or immobilization of ER<sup>2</sup>
- Vepdegestrant was well tolerated and showed evidence of clinical activity in the phase 2 VERITAC study (NCT04072952) in heavily pretreated patients with ER+/human epidermal growth factor receptor 2-negative (HER2-) advanced breast cancer<sup>3</sup>
  - Clinical benefit rate<sup>a</sup> was 37.1% (95% CI: 21.5–55.1) at 200 mg once daily (QD) and 38.9% (95% CI: 23.1–56.5) at 500 mg QD
  - Most treatment-related adverse events were grade 1/2
- Cyclin-dependent kinase (CDK)4/6 inhibitors in combination with endocrine therapy have shown survival benefit in ER+ metastatic breast cancer, but resistance and disease progression eventually occur in almost all patients<sup>4-6</sup>
- The CDK4/6 inhibitors abemaciclib and ribociclib are approved as first- and second-line treatment for ER+/HER2- advanced or metastatic breast cancer in combination with endocrine therapy<sup>7,8</sup>
  - Abemaciclib is also approved as a monotherapy and in combination with other agents in additional breast cancer settings<sup>7</sup>
- Vepdegestrant combined with abemaciclib or ribociclib showed evidence of synergistic interactions in ER+ breast cancer cells and greater tumor growth inhibition in a xenograft breast cancer model compared with fulvestrant in combination with these agents<sup>9</sup> (**Figure 2**)

<sup>a</sup>Rate of confirmed complete response, partial response, or stable disease  $\geq 24$  weeks; evaluable patients were enrolled  $\geq 24$  weeks prior to the data cutoff

**Figure 2: Inhibition of breast cancer cell growth with vepdegestrant plus abemaciclib (A) or ribociclib (B) vs fulvestrant in preclinical models<sup>9</sup>**



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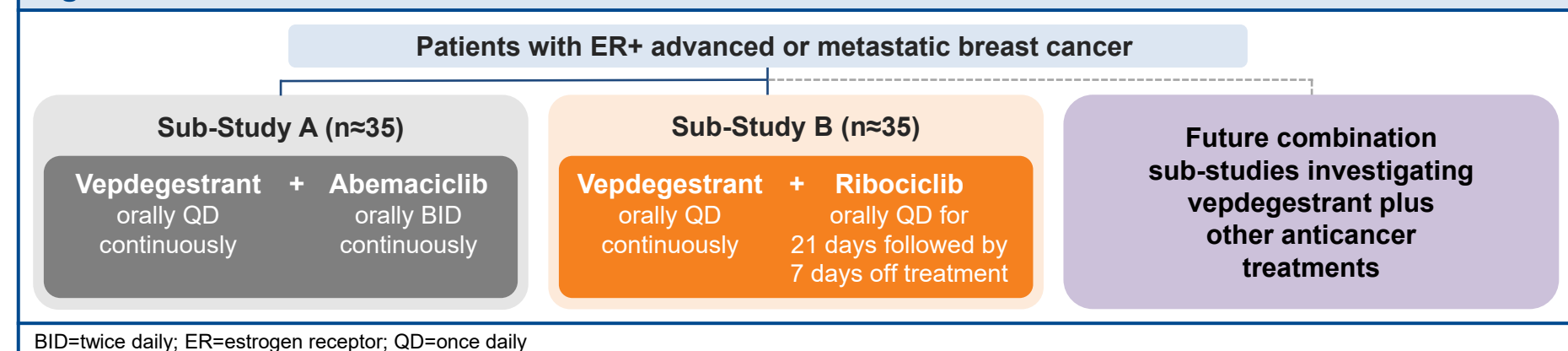
## Objective

- The open-label, multicenter, phase 1b/2 TACTIVE-U umbrella study is investigating the safety and clinical activity of vepdegestrant (ARV-471) in combination with other anticancer treatments in patients with previously treated ER+ advanced or metastatic breast cancer
  - Sub-Study A is evaluating the combination of vepdegestrant plus abemaciclib (NCT05548127)
  - Sub-Study B is evaluating the combination of vepdegestrant plus ribociclib (NCT05573555)

## Study Design

- Sub-Studies A and B are evaluating vepdegestrant plus abemaciclib or ribociclib, respectively (**Figure 3**)
  - A dose escalation/de-escalation approach will be used to determine the recommended phase 2 dose of vepdegestrant in combination with abemaciclib or ribociclib
- Eligible patients have previously treated confirmed ER+/HER2- advanced or metastatic breast cancer (**Table 1**)
- Key outcome measures are shown in **Table 2**

**Figure 3: TACTIVE-U trial schema**



**Table 1: TACTIVE-U key eligibility criteria**

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> <li>Women or men aged <math>\geq 18</math> years</li> <li>Histologically or cytologically confirmed ER+/HER2- advanced or metastatic breast cancer not amenable to surgical resection with curative intent</li> <li><math>\leq 2</math> lines of prior therapy for advanced or metastatic disease               <ul style="list-style-type: none"> <li>1 line of any CDK4/6 inhibitor-based regimen in any setting</li> </ul> </li> <li>ECOG performance status of 0 or 1</li> <li><math>\geq 1</math> measurable lesion as defined by RECIST v1.1</li> </ul>	<ul style="list-style-type: none"> <li>Newly diagnosed brain metastases or symptomatic CNS metastases or carcinomatous meningitis/leptomeningeal disease</li> <li>Inflammatory breast cancer</li> <li>Visceral crisis at risk of life-threatening complications in the short term</li> <li>Known history of drug-induced pneumonitis or other significant symptomatic deterioration of lung functions</li> </ul>

CDK=cyclin-dependent kinase; CNS=central nervous system; ECOG=Eastern Cooperative Oncology Group; ER=estrogen receptor; HER2=human epidermal growth factor receptor 2; RECIST v1.1=Response Evaluation Criteria In Solid Tumors version 1.1

**Table 2: TACTIVE-U key outcome measures**

	Phase 1b	Phase 2
<b>Primary objective</b>	<b>Primary endpoint</b>	
<ul style="list-style-type: none"> <li>Evaluate the tolerability and clinical activity of vepdegestrant plus abemaciclib or ribociclib</li> </ul>	<ul style="list-style-type: none"> <li>DLTs</li> </ul>	<ul style="list-style-type: none"> <li>Objective response<sup>a</sup></li> </ul>
<b>Secondary objectives</b>	<b>Secondary endpoints</b>	
<ul style="list-style-type: none"> <li>Evaluate the clinical activity of vepdegestrant plus abemaciclib or ribociclib – additional measures</li> <li>Evaluate the safety and tolerability of vepdegestrant plus abemaciclib or ribociclib</li> <li>Evaluate the pharmacokinetics of vepdegestrant plus abemaciclib or ribociclib</li> <li>Evaluate changes in tumor biomarkers with vepdegestrant plus abemaciclib or ribociclib</li> </ul>	<ul style="list-style-type: none"> <li>Objective response<sup>a</sup></li> <li>CBR<sup>b</sup></li> <li>DOR</li> <li>PFS</li> <li>Type, frequency, and severity of AEs</li> <li>Laboratory abnormalities</li> <li>Plasma concentrations of study drugs</li> <li>AUC<sub>tau</sub> and C<sub>max</sub> of study drugs (Sub-Study B only)</li> </ul>	<ul style="list-style-type: none"> <li>CBR<sup>b</sup></li> <li>DOR</li> <li>PFS</li> <li>OS</li> <li>Type, frequency, and severity of AEs</li> <li>Laboratory abnormalities</li> <li>Plasma concentrations of study drugs</li> <li>Circulating tumor DNA changes</li> </ul>

<sup>a</sup>Objective response refers to confirmed complete response or partial response  
<sup>b</sup>CBR refers to proportion of patients with confirmed complete response, partial response, or stable disease  $\geq 24$  weeks  
AE=adverse event; AUC<sub>tau</sub>=area under the concentration-time curve over dosing interval; CBR=clinical benefit rate; C<sub>max</sub>=maximum concentration; DLT=dose-limiting toxicity; DOR=duration of response; OS=overall survival; PFS=progression-free survival

## Study Status

- Enrollment is currently ongoing
- Future combination sub-studies investigating vepdegestrant plus other anticancer treatments will be included in TACTIVE-U

## References

1. Flanagan JJ, et al. Presented at: SABCS; Dec 4-8, 2018; San Antonio, TX. Poster P5-04-18. 2. Harker AB, et al. *Cancer Cell*. 2020;37(4):496-513. 3. Hurvitz SA, et al. Presented at SABCS; Dec 6-10, 2022; San Antonio, TX. Oral presentation GS3-03. 4. Cardoso F, et al. *Ann Oncol*. 2020;31(12):1623-1649. 5. Spring LM, et al. *Curr Oncol Rep*. 2019;21(3):25. 6. Wander SA, et al. *Cancer Discov*. 2020;10(8):1174-1193. 7. Verzenio. Prescribing information. Lilly USA, LLC; 2021. Accessed March 29, 2023. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2021/208716s006s007s008lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/208716s006s007s008lbl.pdf). 8. Kisqali. Prescribing information. Novartis; 2022. Accessed March 29, 2023. [https://www.novartis.com/us-en/sites/novartis\\_us/files/kisqali.pdf](https://www.novartis.com/us-en/sites/novartis_us/files/kisqali.pdf). 9. Teh J, et al. Presented at: AACR; April 14-19, 2023; Orlando, FL. Poster 3075.

## Acknowledgments

This study is sponsored in the United States by Arvinas Estrogen Receptor, Inc. and ex-United States by Pfizer Inc. Medical writing support was provided by Justine Lempart, PhD, of Apollo Medical Communications and funded by Arvinas Operations, Inc.