

VERITAC-3: A Randomized Phase 3 Study, With a Lead-in, of First-Line Vepdegestrant + Palbociclib vs Letrozole + Palbociclib in Estrogen Receptor–Positive/Human Epidermal Growth Factor Receptor 2–Negative Advanced Breast Cancer

Seth A Wander¹, Erika P Hamilton², Mario Campone³, Michael Danso⁴, Sara A Hurvitz⁵, Hiroji Iwata⁶, Colombe Chappey⁷, Derek Z Yang⁷, Julia Perkins Smith⁸, Yuan Liu⁷, Yuanyuan Zhang⁹, Sibyl Anderson⁹, Michelino De Laurentiis¹⁰

¹Massachusetts General Hospital, Boston, MA; ²Sarah Cannon Research Institute, Nashville, TN; ³Institut de Cancérologie de l'Ouest, Angers, France; ⁴Virginia Oncology Associates, Norfolk, VA; ⁵Fred Hutchinson Cancer Center, Seattle, WA; ⁶Aichi Cancer Center Hospital, Aichi, Japan; ⁷Pfizer Inc., La Jolla, CA; ⁸Pfizer Inc., New York, NY; ⁹Arvinas Operations, Inc., New Haven, CT; ¹⁰Istituto Nazionale Tumori IRCCS "Fondazione G. Pascale", Naples, Italy

Objective

- The global, phase 3 VERITAC-3 study (NCT05909397) is evaluating the combination of vepdegestrant plus palbociclib as first-line treatment in patients with estrogen receptor–positive (ER+)/human epidermal growth factor receptor 2–negative (HER2-) advanced breast cancer; a study lead-in is assessing 2 doses of palbociclib (100 mg or 75 mg) with vepdegestrant

References

- Flanagan JJ, et al. Presented at SABCS; Dec 4-8, 2018; San Antonio, TX. Poster P5-04-18.
- Hurvitz SA, et al. Presented at SABCS; Dec 6-10, 2022; San Antonio, TX. Oral presentation GS3-03.
- Ibrance. Prescribing information. Pfizer Inc; 2023.
- Arvinas data on file.
- Finn RS, et al. *N Engl J Med*. 2016;375(20):1925-1936.
- Turner NC, et al. *N Engl J Med*. 2018;379(20):1926-1936.

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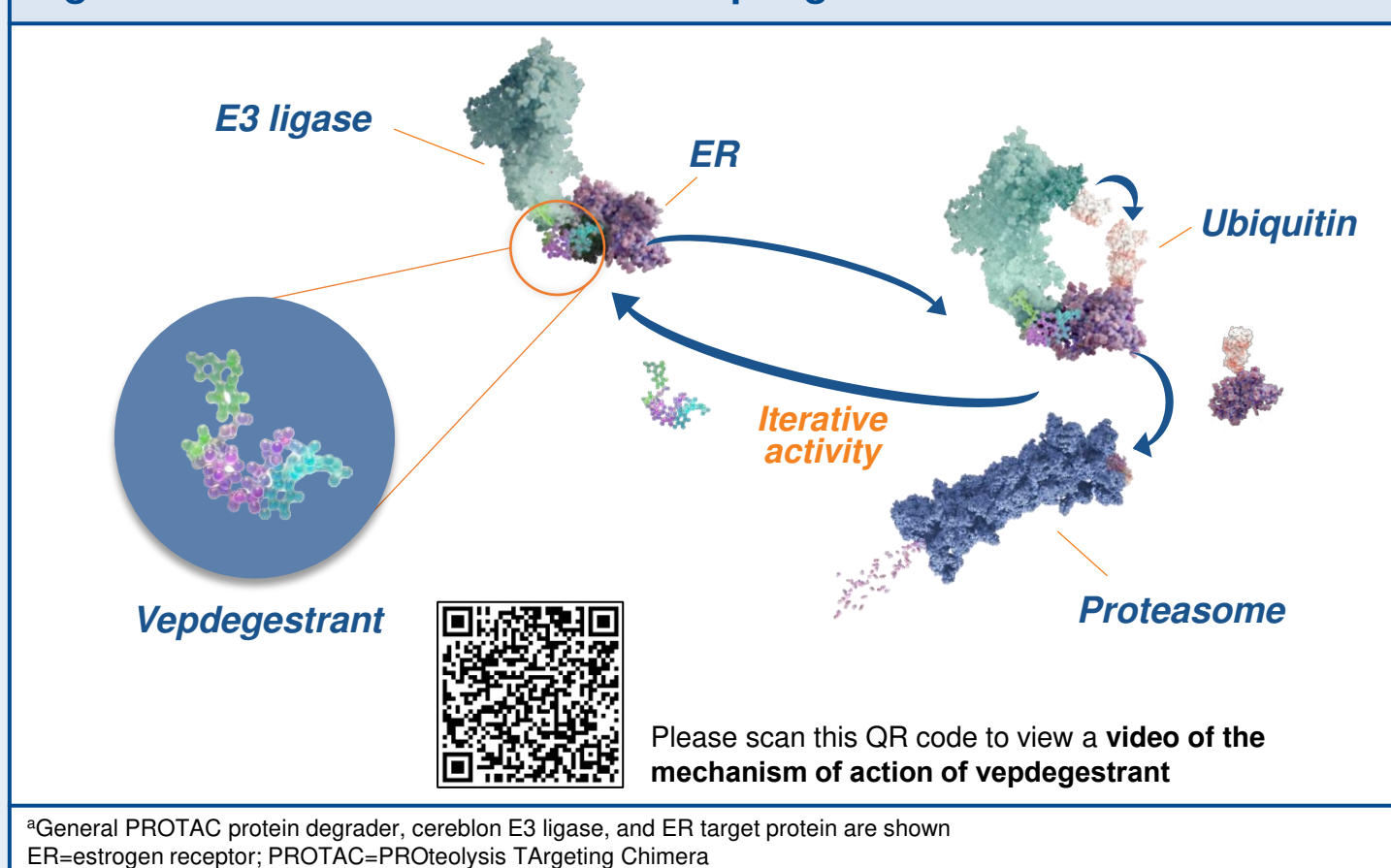
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Background and Rationale

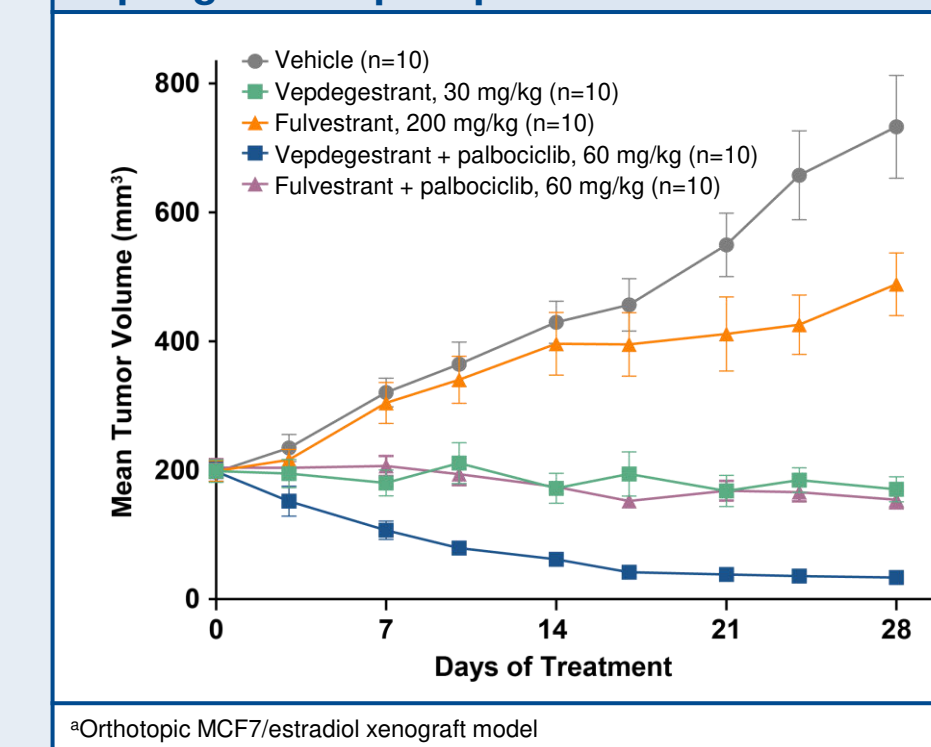
- Vepdegestrant (ARV-471), an oral PROteolysis TArgeting Chimera (PROTAC) ER degrader, directly binds an E3 ubiquitin ligase and ER to trigger ubiquitination of ER and its subsequent proteasomal degradation (**Figure 1**)¹
- In the phase 2 portion (VERITAC) of a first-in-human, phase 1/2 study (NCT04072952), vepdegestrant 200 mg once daily was well tolerated and had clinical activity in heavily pretreated patients with ER+/HER2- advanced breast cancer, and was selected as the recommended phase 3 dose (RP3D) for vepdegestrant monotherapy²
 - Please see poster PO3-05-08 presented by SA Hurvitz, et al to view the most recent findings of the VERITAC study
- The cyclin-dependent kinase (CDK)4/6 inhibitor palbociclib in combination with an aromatase inhibitor is a standard treatment option for patients with ER+/HER2- breast cancer; palbociclib plus fulvestrant is a standard treatment option after disease progression on endocrine therapy³

Figure 1: Mechanism of action of vepdegestrant^a



- In a xenograft model, vepdegestrant plus palbociclib had substantially greater antitumor activity than fulvestrant plus palbociclib (**Figure 2**)¹
- A phase 1b cohort of NCT04072952 is evaluating the safety and clinical activity of vepdegestrant plus palbociclib in patients with ER+/HER2- breast cancer after prior endocrine-based therapy; prior CDK4/6 inhibitor therapy was permitted
 - Preliminary results showed encouraging activity for the combination based on clinical benefit rate (defined as the rate of confirmed complete response, partial response, or stable disease ≥24 weeks analyzed in patients enrolled ≥24 weeks prior to the data cutoff)⁴
 - An increase in palbociclib exposure was observed relative to historical palbociclib pharmacokinetic data³ and was accompanied by a higher incidence of grade 3/4 neutropenia compared with prior palbociclib and endocrine therapy combination studies,^{5,6} which was well managed by monitoring and standard palbociclib dose modifications⁴
 - Please see poster PS15-03 presented by EP Hamilton, et al, to view the most recent findings of the phase 1b cohort
 - Please see poster PO5-14-11 presented by B Jermain, et al, to view findings of the pharmacokinetic/pharmacodynamic model to guide dose optimization of palbociclib in combination with vepdegestrant
- Based on these initial findings, further research is warranted regarding the combination of vepdegestrant with palbociclib in patients with advanced breast cancer

Figure 2: Tumor growth inhibition^a with vepdegestrant plus palbociclib¹



Study Design

- VERITAC-3 is an open-label study in patients with ER+/HER2- advanced breast cancer without prior systemic anticancer treatment for advanced disease (**Table 1**) composed of 2 portions:
 - In the study lead-in portion, approximately 50 patients are randomized to vepdegestrant plus palbociclib at 2 different doses to select the RP3D of palbociclib in combination with vepdegestrant (**Figure 3**)
 - Outcome measures of the study lead-in are shown in **Table 2**
 - In the planned phase 3 portion of the trial, approximately 1130 patients will be randomized 1:1 to vepdegestrant plus palbociclib or letrozole plus palbociclib
 - The primary efficacy endpoint of the phase 3 portion is progression-free survival based on blinded independent central review

Table 1: VERITAC-3 key eligibility criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> Women or men aged ≥18 years Confirmed ER+/HER2- locoregional recurrent or metastatic breast cancer No prior treatment for locoregional recurrent or metastatic disease ECOG performance status of 0–2 Measurable disease evaluable per RECIST v1.1 or nonmeasurable bone-only disease 	<ul style="list-style-type: none"> Disease recurrence while on or within 12 months of completion of adjuvant endocrine therapy Prior treatment with: <ul style="list-style-type: none"> CDK4/6 inhibitors Fulvestrant Elacestrant Other investigational agents, including novel endocrine therapy (SERDs, SERCAs, CERANs)

CDK=cyclin-dependent kinase; CERAN=complete estrogen receptor antagonist; 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; SERCA=selective estrogen receptor covalent antagonist; SERD=selective estrogen receptor degrader

Figure 3: VERITAC-3 open-label study lead-in schema

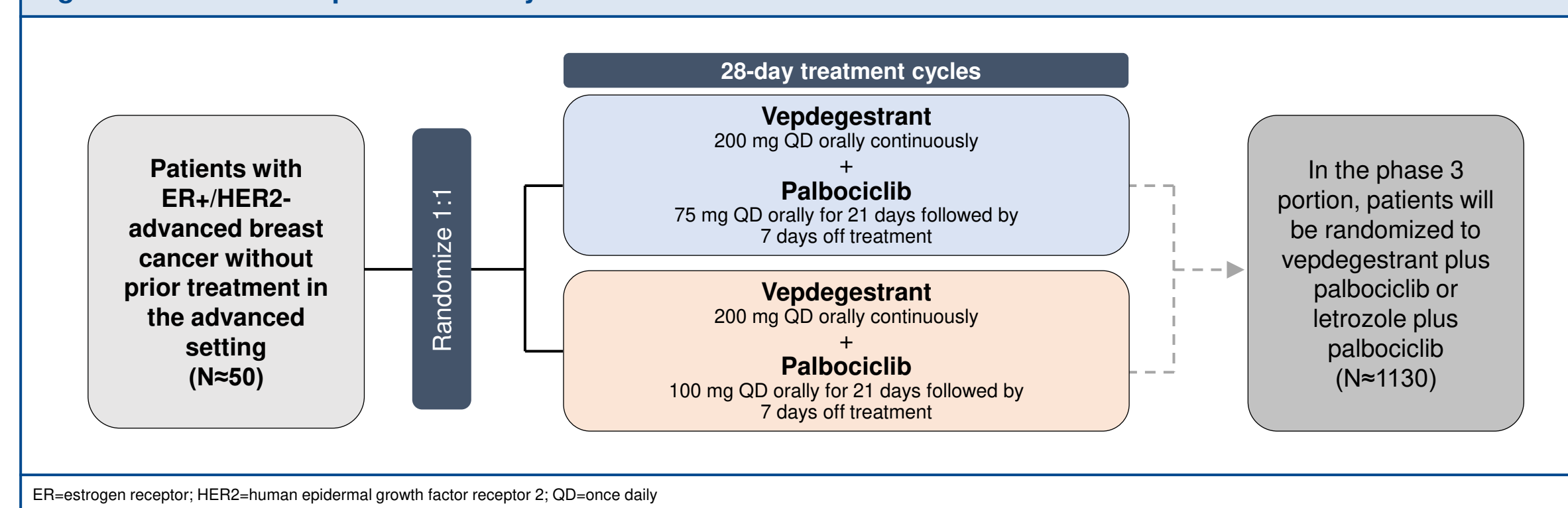


Table 2: VERITAC-3 lead-in outcome measures

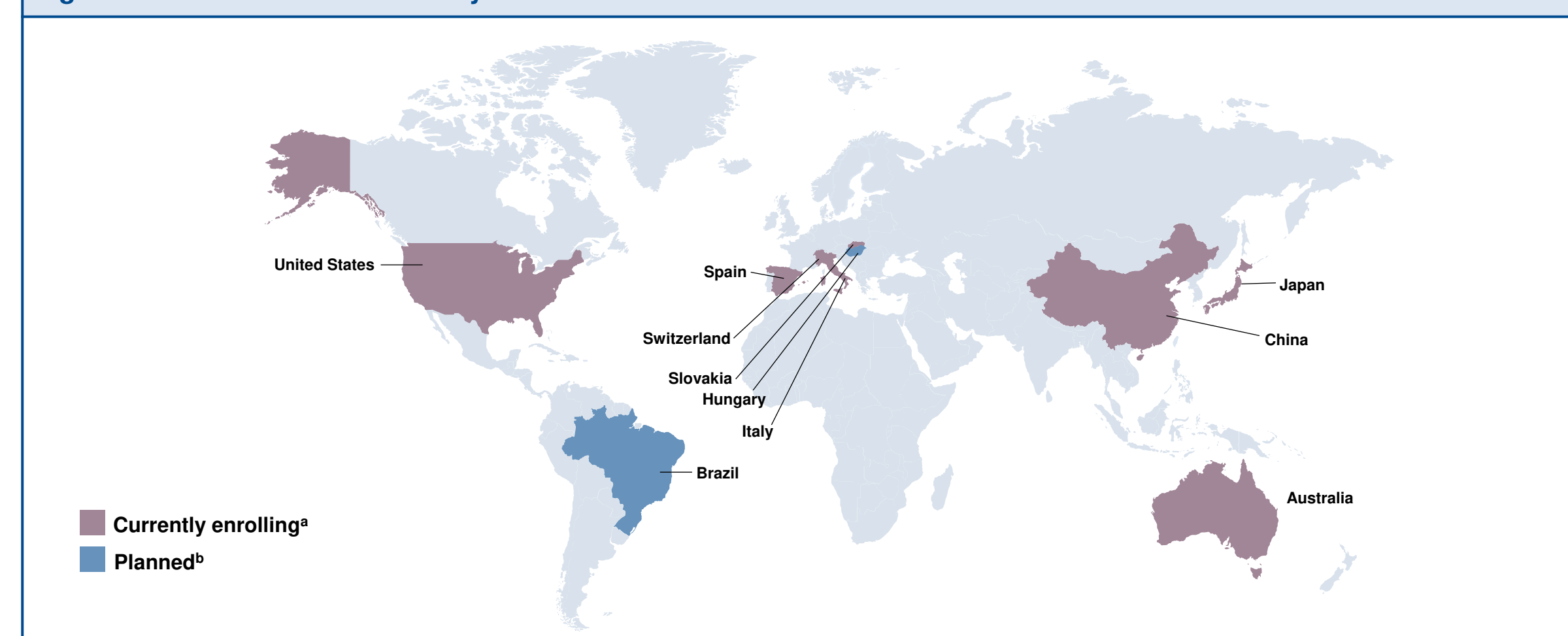
Primary objective	Endpoints
<ul style="list-style-type: none"> Identify the RP3D of palbociclib in combination with vepdegestrant 	<ul style="list-style-type: none"> Within the first 4 cycles of treatment: <ul style="list-style-type: none"> Incidence of grade 4 neutropenia Incidence of dose reductions or discontinuations
Secondary objectives	Endpoints
<ul style="list-style-type: none"> Evaluate the safety and tolerability of vepdegestrant plus palbociclib Evaluate the clinical activity of vepdegestrant plus palbociclib Evaluate the plasma concentrations of vepdegestrant and palbociclib 	<ul style="list-style-type: none"> Incidence of AEs, SAEs, and ECG and laboratory abnormalities ORR,^a DOR, and CBR^b Plasma concentrations of vepdegestrant and palbociclib

^aProportion of patients with confirmed complete response or partial response by investigator assessment per RECIST v1.1
^bProportion of patients with confirmed complete response, partial response, or stable disease (or non-CR/non-PD) ≥24 weeks
 AE=adverse event; CBR=clinical benefit rate; CR=complete response; DOR=duration of response; ECG=electrocardiogram; ORR=objective response rate; PD=progressive disease; RECIST v1.1=Response Evaluation Criteria in Solid Tumors version 1.1; RP3D=recommended phase 3 dose; SAE=serious AE

Study Status

- Enrollment of the study lead-in is ongoing
- Countries with currently open and planned study sites of the study lead-in are shown in **Figure 4**

Figure 4: VERITAC-3 lead-in study sites



^aCountries with study sites as of November 2, 2023
^bAs the study continues to enroll, additional sites will open, including within the EU and beyond