Some patients with metastatic triple negative breast cancer live longer with immunotherapy

22 October 2018

Table. IMpassion130[a] efficacy results	ITT population		PD-L1+ subpopulation[b]	
	A+nab-P (n = 451)	P+nab-P (n = 451)	A+nab-P (n = 185)	P+nab-P (n = 184)
Co-primary endpoints[c]				
Median PFS (95% CI), mo	7.2 (5.6, 7.5)	5.5 (5.3, 5.6)	7.5 (6.7, 9.2)	5.0 (3.8, 5.6)
PFS HR (95% CI; P value)	0.80 (0.69, 0.92; P = 0.0025)		0.62 (0.49, 0.78); P < 0.0001	
Median OS (95% CI), mo	21.3 (17.3, 23.4)	17.6 (15.9, 20.0)	25.0 (22.6, NE)	15.5 (13.1, 19.4)
OS HR (95% CI; P value)	0.84 (0.69, 1.02; P = 0.0840)		0.62 (0.45, 0.86); P = 0.0035[d]	
Secondary endpoints[c]				
ORR-evaluable pts, n	450	449	185	183
ORR (95% CI), %	56 (51, 61)	46 (41, 51)	59 (51, 66)	43 (35, 50)
Difference in ORR (95% CI), %; P value (Cochran-Mantel-Haenszel)	10 (3, 17); P = 0.0021		16 (6, 27); P = 0.0016	
DOR-evaluable pts, n	252	206	109	78
Median DOR (95% CI), mo	7.4 (6.9, 9.0)	5.6 (5.5, 6.9)	8.5 (7.3, 9.7)	5.5 (3.7, 7.1)

OS results based on initial interim OS analysis. DOR, duration of response; HR, hazard ratio; ITT, intent-to-treat; NE, not estimable; ORR, objective response rate; OS, overall survival; PD-L1, programmed death-ligand 1; PFS, progression-free survival. [a] NCT02425891. [b] PD-L1 positivity was defined per the VENTANA SP142 IHC assay as PD-L1 expression on tumour-infiltrating immune cells ≥ 1%. [c] PFS, ORR and DOR evaluated per investigator-assessed Response Evaluation Criteria in Solid Tumors v1.1. [d] Not formally tested due to hierarchical study design.

Immunotherapy improves survival in some patients with metastatic triple negative breast cancer, according to late-breaking results from the IMpassion130 trial reported at the ESMO 2018 Congress in Munich. Credit: © European Society for Medical Oncology

Immunotherapy improves survival in some patients with metastatic triple negative breast cancer, according to late-breaking results from the IMpassion130 trial reported at the ESMO 2018 Congress in Munich.

Prof. Peter Schmid, first author, said the results "will change the way triple-negative breast cancer is treated". "Atezolizumab in combination with nab-paclitaxel is the first targeted treatment to improve survival in metastatic triple negative breast cancer," said Schmid, Clinical Director of London's St. Bartholomew's Breast Cancer Centre, Barts Health NHS Trust, UK and lead of the Centre for Experimental Cancer Medicine, Barts Cancer Institute, Queen Mary University of London, UK. "It is also the first immune therapy to improve outcome in this cancer. Most of the survival benefit was in patients with PD-L1 positive tumours."

Triple negative breast cancer is the most aggressive type of breast cancer. It is relatively rare and often affects younger women. Once the disease becomes metastatic, the median survival is around 12 to 15 months. Triple negative breast cancer does not have receptors for the hormones oestrogen or the protein HER2, meaning it cannot be treated with hormone therapy or drugs targeting HER2. The main drug treatment is chemotherapy and most patients develop resistance to chemotherapy within a few months.

The phase III IMpassion 130 trial enrolled 902 patients with metastatic triple negative breast cancer who had not received prior treatment for metastatic disease. Patients were randomly allocated to standard chemotherapy (nab-paclitaxel) plus atezolizumab, an antibody targeting the protein PD-L1, or to standard chemotherapy plus placebo. The two main objectives were to see whether the drug combination could slow cancer growth (progression-free survival) and prolong life (overall survival) in all patients and in those expressing PD-L1. The median follow-up was 12.9 months.

The combination therapy reduced the risk of disease worsening or death by 20% in all patients and 38% in the subgroup expressing PD-L1. In the entire study population, the median progression free survival was 7.2 months with the combination and 5.5 months with chemotherapy alone, with a hazard ratio (HR) of 0.80 (p=0.0025). In the PD-L1 positive group, the median progression free survival was 7.5 months with the combination and 5.0 months with chemotherapy alone (HR 0.62, p

APA citation: Some patients with metastatic triple negative breast cancer live longer with immunotherapy (2018, October 22) retrieved 28 August 2022 from https://medicalxpress.com/news/2018-10-patients-metastatic-triple-negative-breast.html

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