



Survival analysis of the randomized phase III GeparOcto trial comparing neoadjuvant chemotherapy (NACT) of iddEPC versus weekly paclitaxel, liposomal doxorubicin (plus carboplatin in triple-negative breast cancer, TNBC) (PM(Cb)) for patients (pts) with high-risk early breast cancer (BC)

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- A joint study of the AGO Breast and German Breast Group

Disclosures

A. Schneeweiss reports grants from Celgene, Roche, AbbVie, Molecular Partner; expert testimony from Roche, AstraZeneca; travel expenses from Celgene, Roche, Pfizer; honoraria from Roche, Celgene, Pfizer, AstraZeneca, Novartis, MSD, Tesaro, Lilly outside the submitted work. **V. Möbus** reports speaker honoraria from Amgen, AstraZeneca, Celgene, Roche, Teva; consulting or advisor role from Roche, Amgen, Tesaro and Myelo Therapeutics. **H. Tesch** reports honoraria; consulting or advisor role and travel expenses from Roche, Novartis. **C. Denkert** reports stock and other ownership interests from Myriad Genetics, honoraria from Novartis, Roche; consulting or advisory role from MSD Oncology, Daiichi Sankyo; research funding from Myriad Genetics; patents, royalties, other intellectual property from VMscope digital pathology software, patent applications: EP18209672 - cancer immunotherapy and EP20150702464 - therapy response. **C. Hanusch** reports personal fees from Roche, Celgene, Pfizer, Novartis, AstraZeneca, Lilly outside the submitted work. **T. Link** reports non-financial support from Pharma Mar, Daiichi Sankyo, Celgene; personal fees and non-financial support from MSD, Pfizer, Roche, Clovis; personal fees from Amgen, Novartis, Teva, Tesaro outside the submitted work. **M. Untch** reports personal fees and non-financial support paid to the institution from Abbvie, Amgen, Astra Zeneca, Celgene, Daiji Sankyo, Eisai, Lilly, MSD Merck, Mundipharma, Myriad Genetics, Odonate, Pfizer, Roche, Sanofi Aventis Deutschland GmbH, TEVA, Novartis, Clovis Oncology; personal fees from BMS, Lilly, PUMA, Pierre Fabre, outside the submitted work. **C. Jackisch** reports personal fees from Celgene, Roche outside the submitted work. **J-U. Blohmer** reports personal fees from Amgen, AstraZeneca, MSD Oncology, Novartis, Pfizer, Roche, SonoScape outside the submitted work. **P. A. Fasching** reports personal fees from Novartis during the conduct of the study; grants from BionTech, Cepheid, Novartis; personal fees from Roche, Pfizer, Celgene, Daiichi-Sankyo, Merck Sharp & Dohme, MacroGenics, Eisai, Puma, Lilly, AstraZeneca outside the submitted work. **J. Huober** reports personal fees from Lilly, Roche, Abbvie, Astra Zeneca, MSD; grants and personal fees from Novartis, personal fees and travel expenses from Pfizer; grants, personal fees and travel expenses from Celgene; grants from Hexal, travel expenses from Daichii Sankyo outside the submitted work. **K. Rhiem** reports personal fees from AstraZeneca, Tesaro and Pfizer outside the submitted work. **K. Lübbe** reports personal fees and non-financial support from Roche, personal fees from Lilly, Novartis Genomic Health, Pfizer outside the submitted work. **S. Loibl** reports grant and honoraria for lectures and ad boards paid to institute from Amgen, Roche and Teva during the conduct of the study; grants and honoraria for lectures and ad boards paid to institute from Abbvie, Astra Zeneca, Celgene, Novartis, Pfizer, Daiichi-Sankyo; honoraria for lectures and ad boards paid to institute from Seattle Genetics, PriME/ Medscape, Lilly, Samsung, Eirgenix, BMS, Puma, MSD personal fees from Chugai, grants from Vifor, Immunomedics outside the submitted work; a patent EP14153692.0- immunsignature in TNBC pending. All remaining authors have declared no conflicts of interest.

GeparOcto Study Design

N=950

TNBC

or

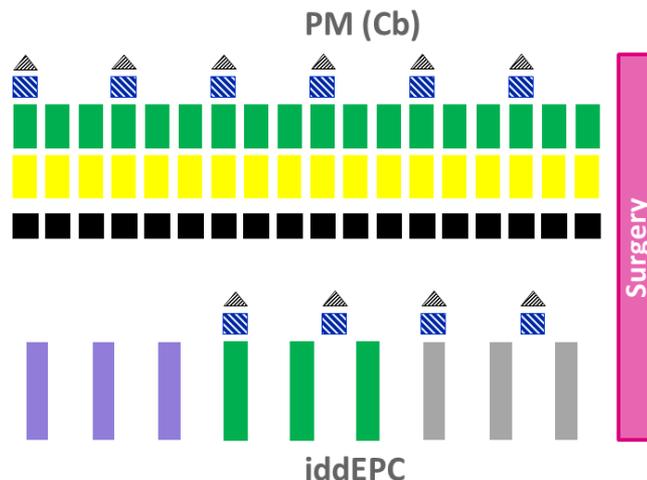
HER2+

or

High risk

HR+/HER2-

R



- Paclitaxel 80 mg/m² q1w (PM(Cb) arm or 225 mg/m² q2 w (ETC arm)
- NPLD 20 mg/ m², q1w
- Epirubicin 150 mg/ m², q2w
- Cyclophosphamide 2 g/m², q2w

TNBC Carboplatin AUC 1.5, q1w

HER2+ Trastuzumab (8),6 mg/kg q3w (for 1y)
 Pertuzumab (840), 420 mg absolute dose q3 w

Stratification factors:

- HR+/HER2- vs. HER2-/HR- vs. HER2+/HR+/-
- Ki-67 at baseline (≤20% vs. >20%)
- LPBC* at baseline (no (<60% sTILs) vs. yes (≥60% sTILs))

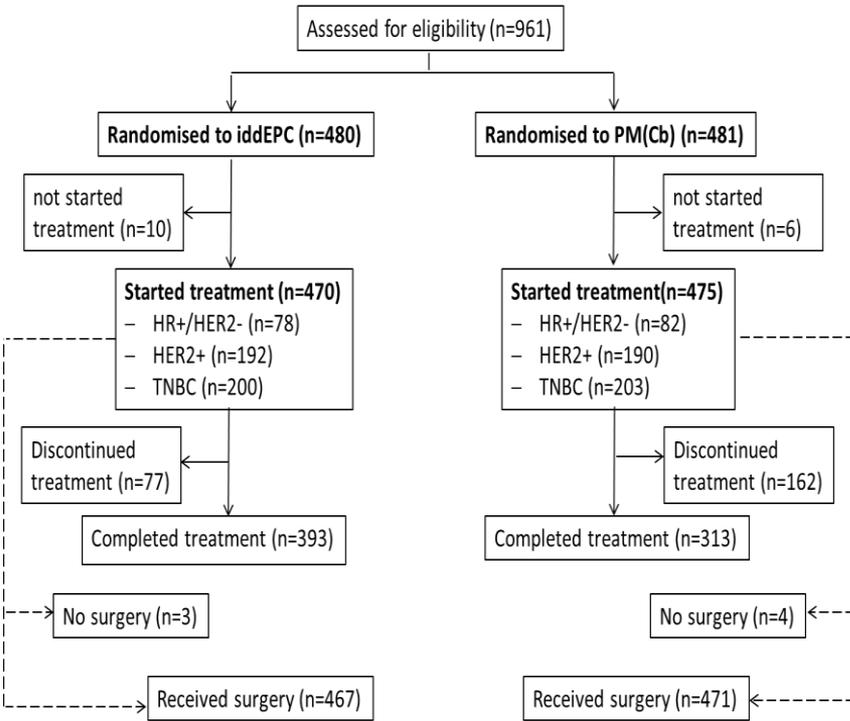
Endpoints

- **Primary endpoint:** pCR rate (ypT0/is yN0)
- **Main secondary endpoints:** invasive disease-free survival (iDFS) and overall survival (OS)

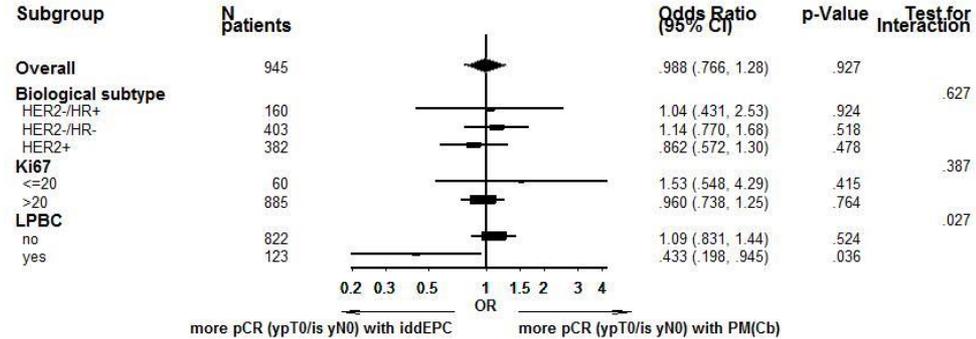
*lymphocyte-predominant breast cancer

GeparOcto Primary Efficacy Endpoint

Consort diagram



Primary endpoint (ypT0/is ypN0)



- pCR (ypT0/is ypN0) rate with iddEPC was 48.3% and with PM(Cb) 48.0% (OR 0.99 [95%CI 0.77-1.28; p=0.979) with no significant differences observed in BC subtypes.¹
- Patients with LPBC achieved a significantly higher pCR rate with iddEPC vs.PM(Cb).¹

GeparOcto Time-To-Event Analysis

■ Key time-to-event endpoints:

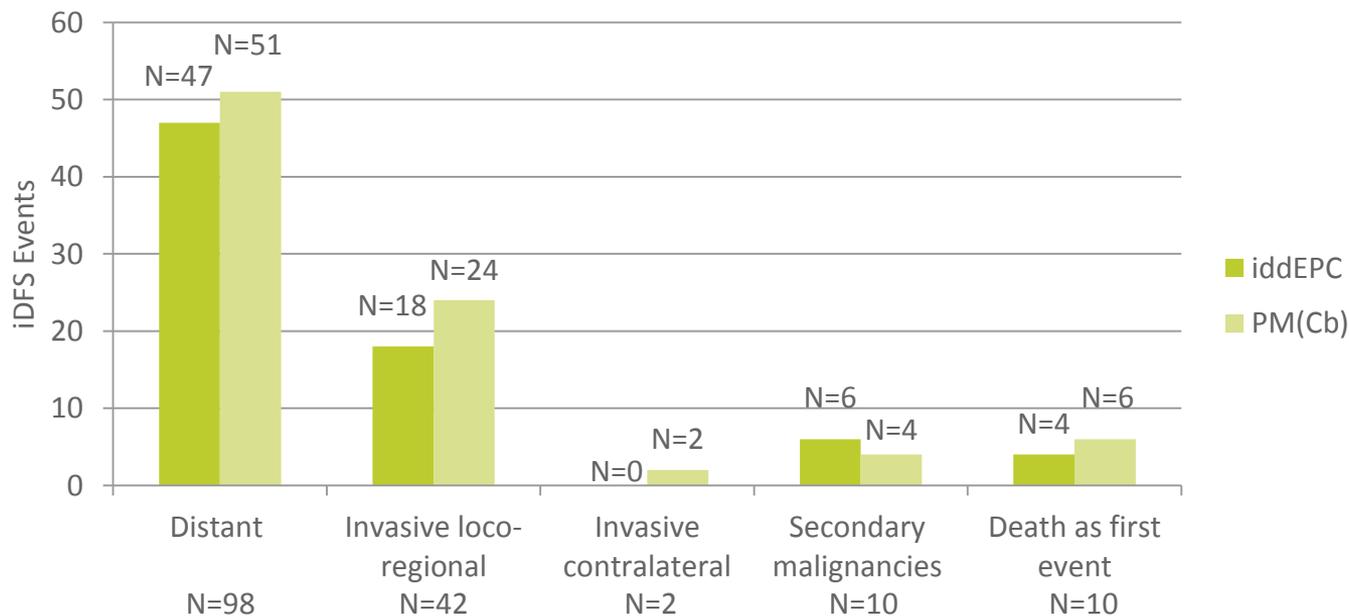
- **iDFS** defined as time in months from randomization until any invasive loco-regional (ipsilateral breast, local/regional lymph nodes) recurrence of disease, any invasive contralateral breast cancer, any distant recurrence of disease, any secondary malignancy or death due to any cause whichever occurs first.¹
- **OS** defines as time in months from randomization until death due to any cause.¹

■ Statistical considerations

- Time-to-event analysis was planned to be performed at 169 events (to detect HR=0.65 with 80% power)
- Due to Covid-19 situation the current follow-up analysis was performed at 162 events (to detect HR=0.65 with power only 2% less than the planned one).

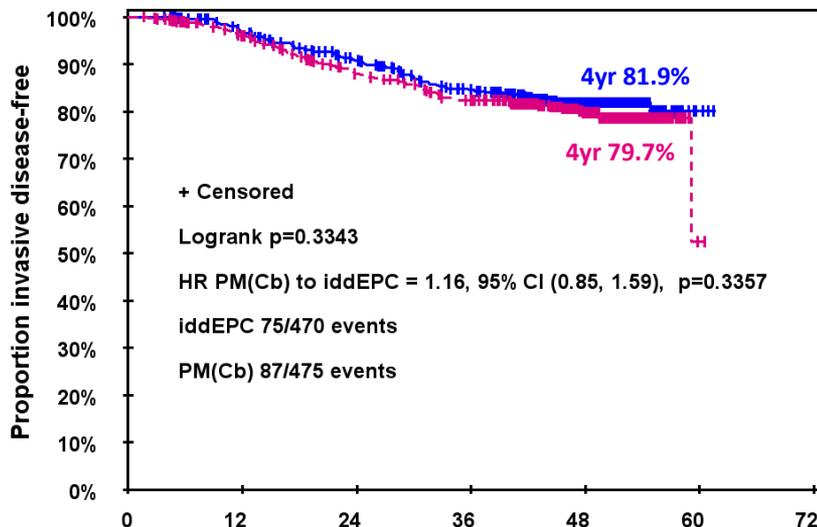
iDFS and OS Events

After a median follow-up of 47.0 (range 1.6-61.5) months, 162 iDFS events and 79 deaths (41 in iddEPC and 38 in PM(Cb)) were reported.



iDFS and OS overall

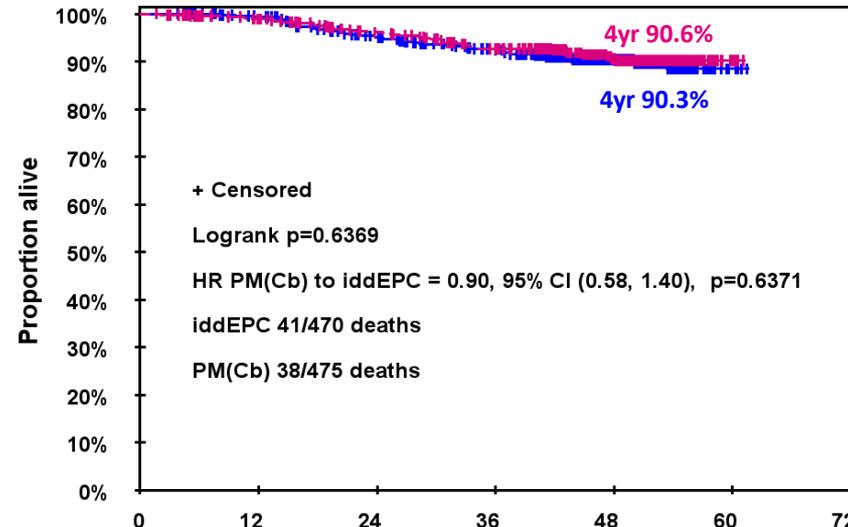
iDFS



— iddEPC	470	427	376	326	172	5	0
- - PM(Cb)	475	425	370	333	178	1	0

iDFS, months

OS



— iddEPC	470	439	393	354	187	6	0
- - PM(Cb)	475	438	402	369	207	4	0

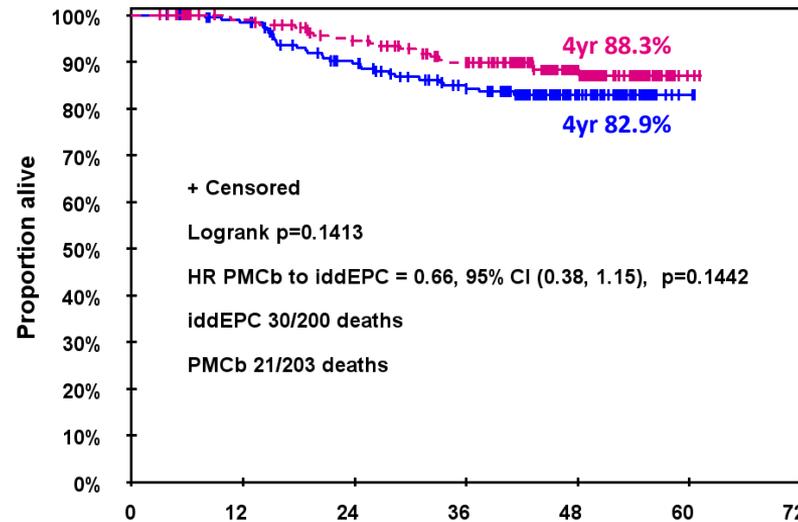
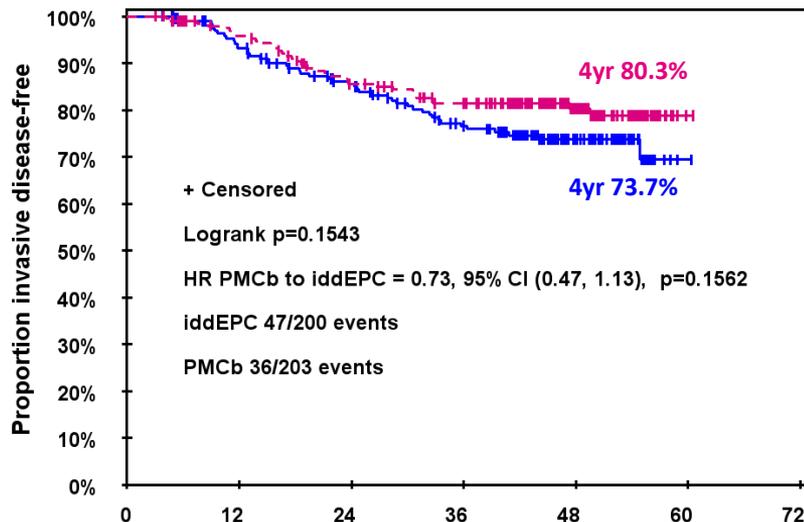
OS, months

iDFS and OS in Subgroups

iDFS

TNBC

OS



— iddEPC	200	176	150	123	52	1	0
- - PMCb	203	181	153	137	64	1	0

— iddEPC	200	186	157	135	57	2	0
- - PMCb	203	187	168	149	72	2	0

iDFS, months

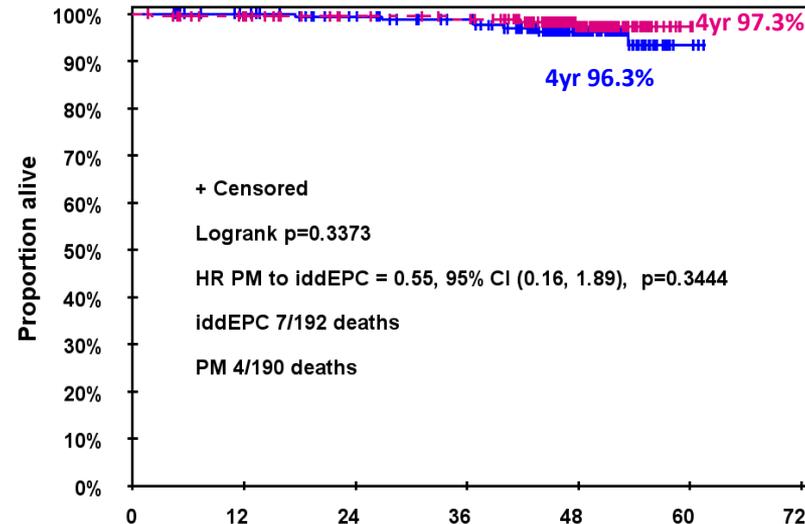
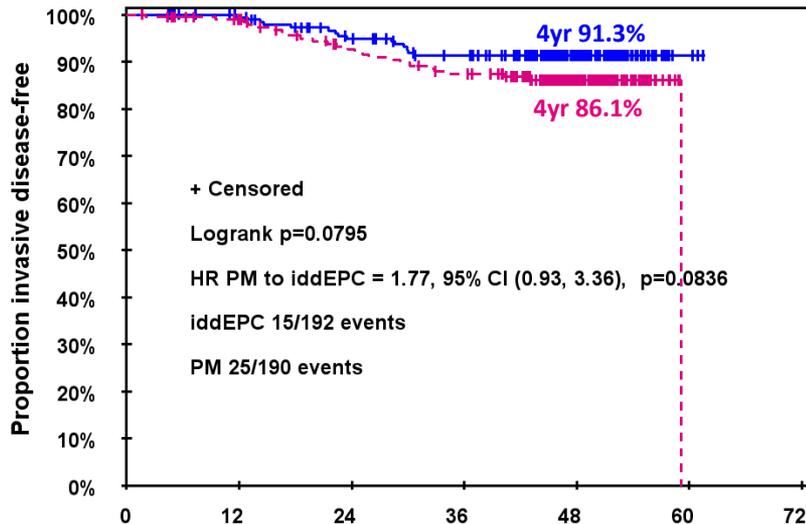
OS, months

iDFS and OS in Subgroups

iDFS

HER2+

OS



— iddEPC	192	181	164	150	94	4	0
- - PM	190	178	159	148	91	0	0

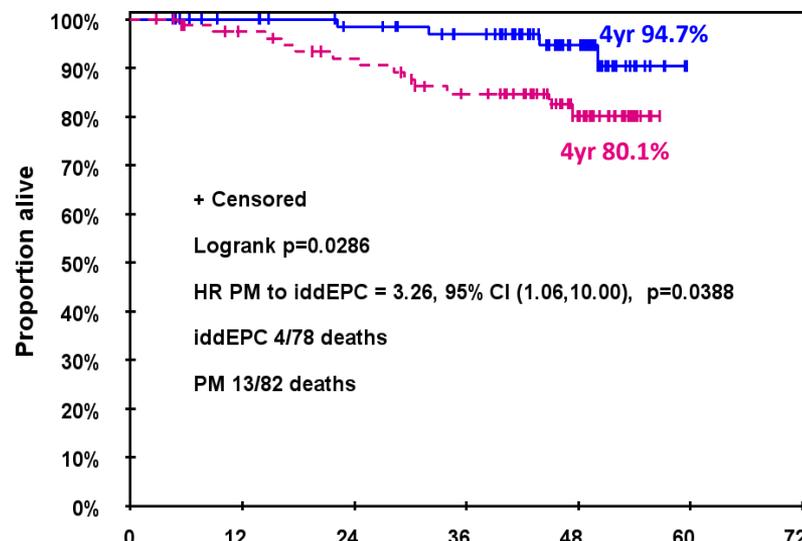
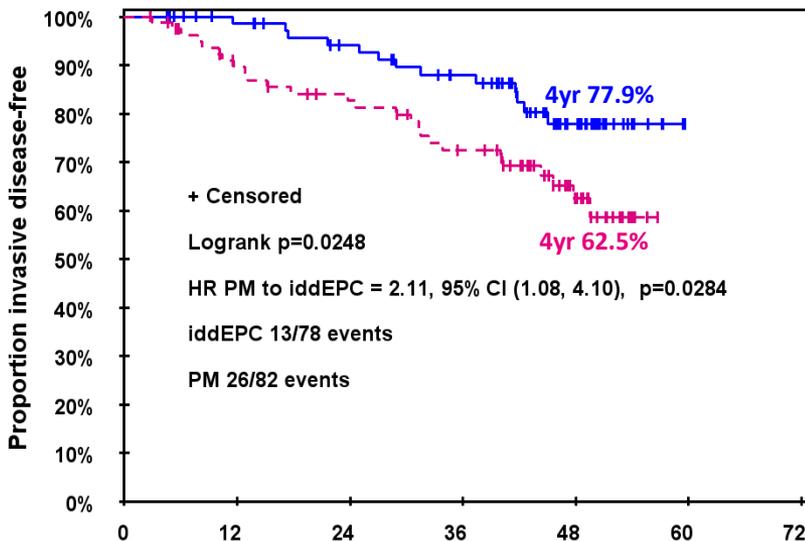
— iddEPC	192	182	171	161	98	4	0
- - PM	190	179	169	165	105	2	0

iDFS and OS in Subgroups

iDFS

HR+/HER2-

OS



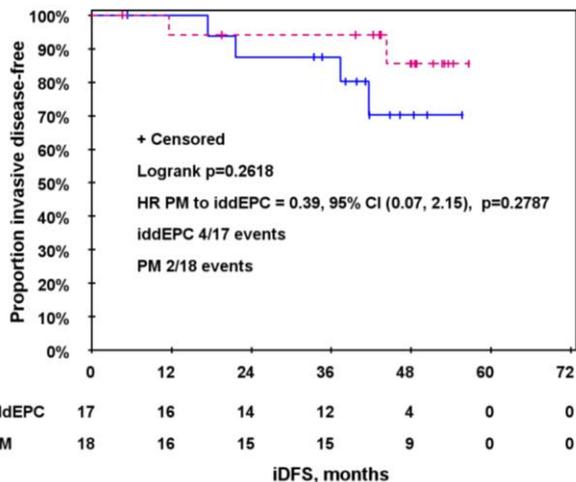
— iddEPC	78	70	62	53	26	0	0
- - - PM	82	66	58	48	23	0	0

— iddEPC	78	71	65	58	32	0	0
- - - PM	82	72	65	55	30	0	0

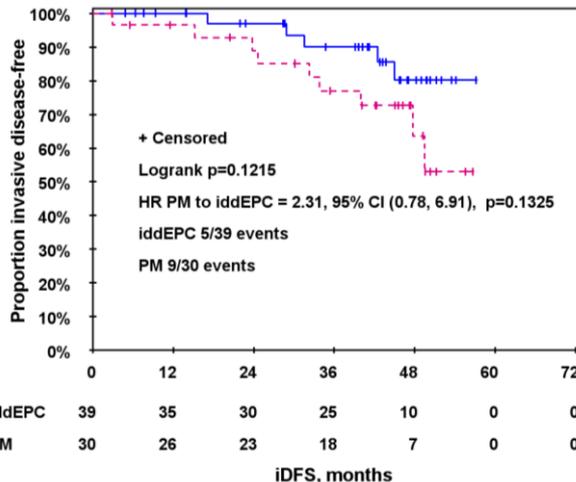
iDFS and OS in Subgroups

iDFS according to CPS-EG Score in HR+/HER2-

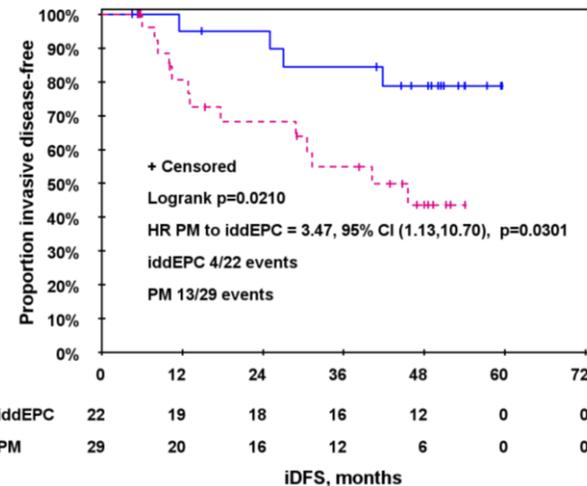
CPS-EG 0-1*



CPS-EG 2



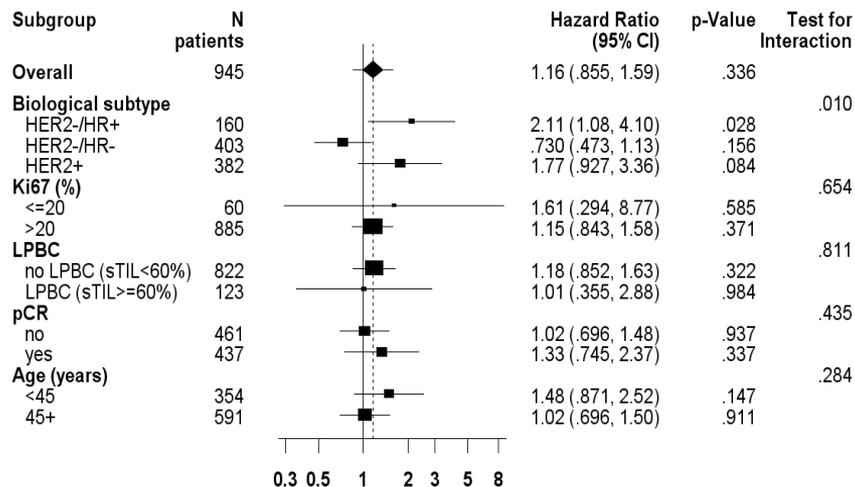
CPS-EG 3-5



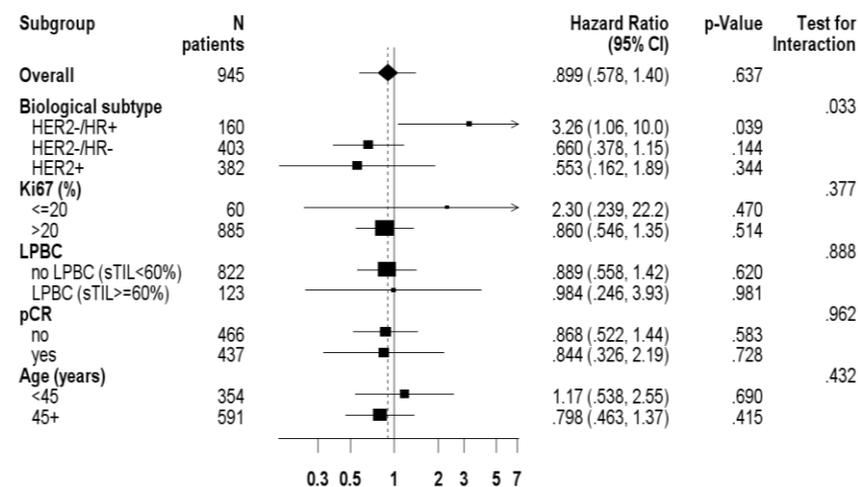
*Of note, these results should be interpreted with caution due to the small number of events

GeparOcto in Subgroups

iDFS



OS

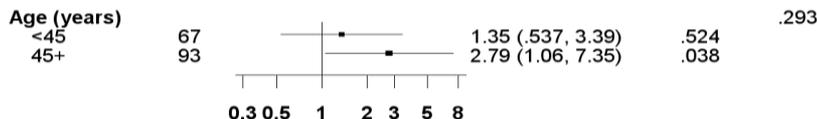


HR+/HER2-

HR

iDFS better with PM(Cb) iDFS better with iddEPC

OS better with PM(Cb) OS better with iddEPC





Summary and Conclusions

- With a median follow-up of 47 months there was no significant difference in iDFS and OS following NACT with iddEPC or PM(Cb) for the entire cohort
- No significant difference in iDFS and OS was observed in the subgroup of patients with HER2+ and TNBC
- Patients with HR+/HER2- BC, however, had better iDFS and OS following iddEPC supporting the concept of an additional effect of NACT in patients with luminal-like HER2- BC which is not indicated by intermediate prognostic marker like pCR and CPS-EG score
- Cyclophosphamide might play an important role in adjuvant treatment of patients with high-risk HR+/HER2- BC

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Patient Self-Registry



GBG

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