

Background

- Chris O'Brien Lifehouse (COBLH) is a comprehensive cancer centre in Sydney, Australia.
- Sacituzumab Govitecan (SG) is an antibody drug conjugate used as a 3rd line + treatment for metastatic triple-negative breast cancer (TNBC)¹.
- The pivotal ASCENT¹ study reporting on SG was published in 2021.
- SG was first available in Australia on the Pharmaceutical Benefits Scheme (PBS) in May 2022² and first used at the COBLH in January 2022 through a compassionate access scheme.
- Dose reductions and delays due adverse events (AE) are common.
- Limited real-world data exists in AE management.

Aim

Identify the impact of real-world treatment of SG on dose reductions.
Evaluate the effectiveness of supportive care measures in managing AEs of SG in a real world setting and compare their impact between ASCENT¹ patients.

Methods

- Literature review
- Ethics submission and approval: Ethics proposal, data dictionary, research data management plan, master code sheet.
- COBLH data collection (patient reports and order panels including dosing, pre and post meds taken).
- Study comparison between COBLH and ASCENT¹.

Overview of studies

	ASCENT ¹	COBLH
Differences	<ul style="list-style-type: none"> Phase III, randomised study to support efficacy. N=235 Median age: 54 Median Tx duration = 4.5 months 	<ul style="list-style-type: none"> Retrospective, single-centre study from January 2022- March 2023 observing AE's. N=9 Median age: 60 Median Tx duration = 4.9 months (max 10.5 months)
Similarities	<ul style="list-style-type: none"> Initial dose = 10mg/kg ≥ 3rd line treatment for metastatic TNBC 	

Results

Figure 1: Real-world treatment dose landscape of COBLH patients. Dose reductions are due to side effects (diarrhoea, neutropenia and pain).
In comparison, 22% of ASCENT¹ patients reported ≥ 25% dose reduction.

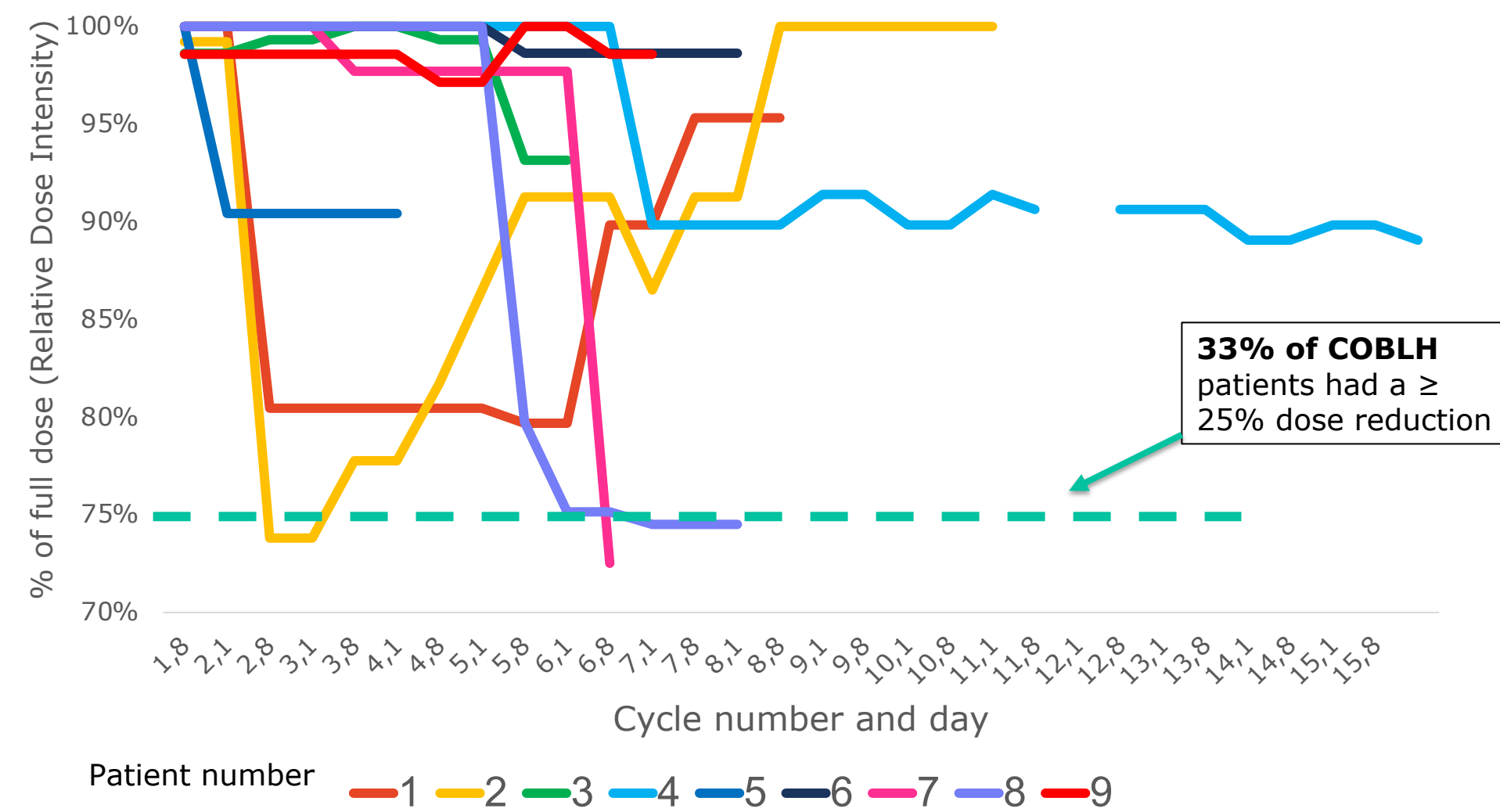
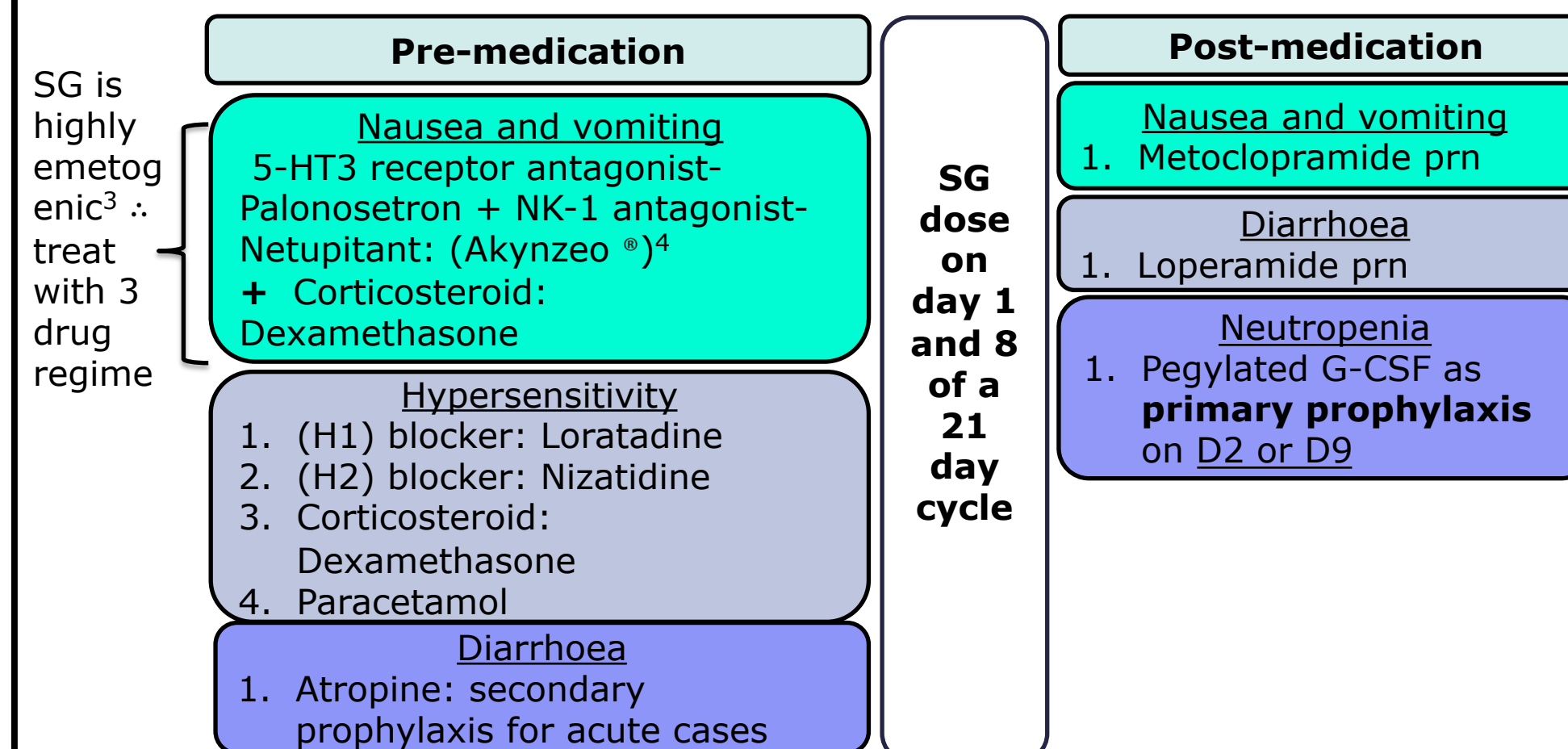


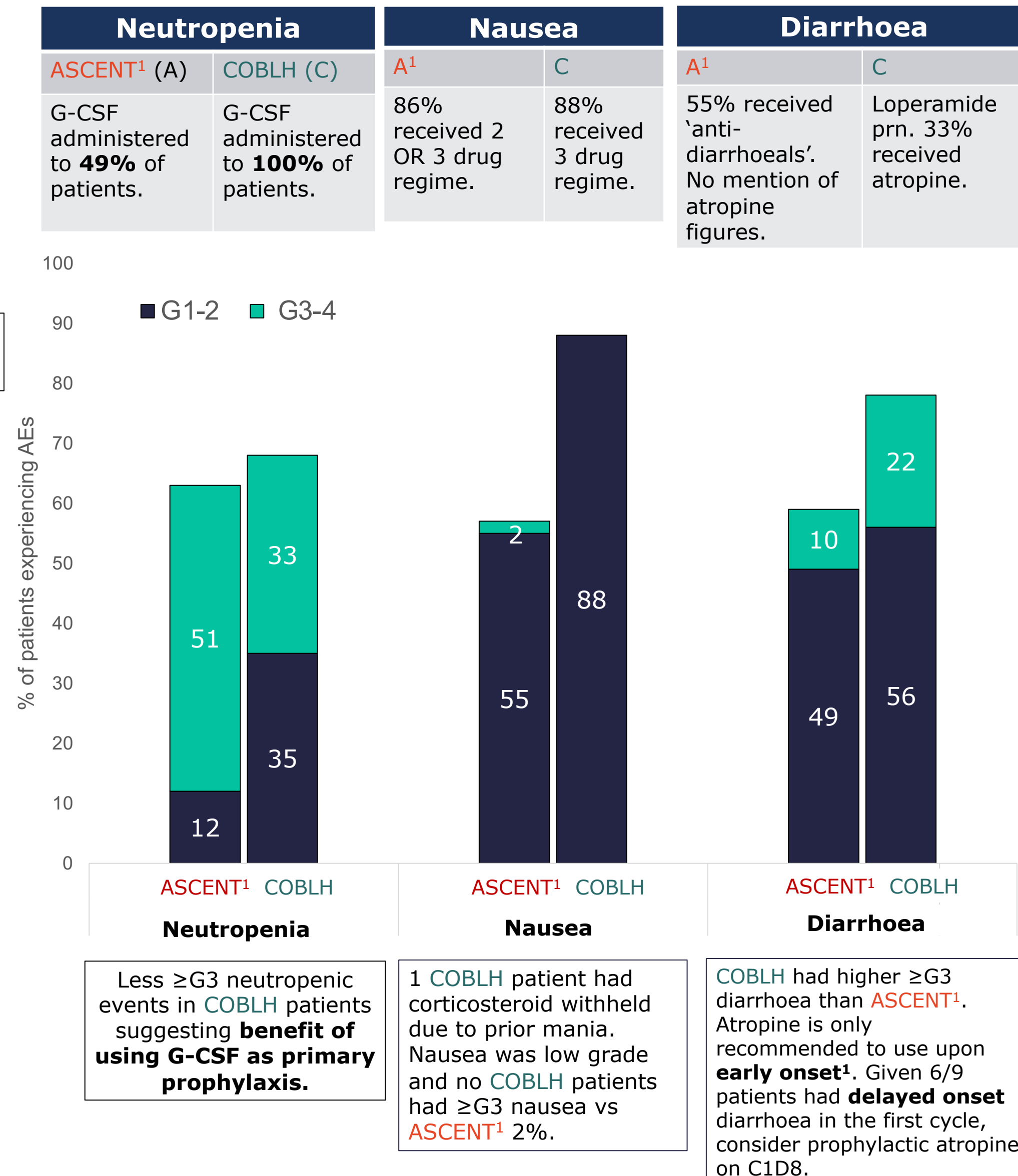
Figure 2: Current COBLH pre and post supportive care treatment protocol.



Literature cited

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Figure 3: Impact of supportive care Tx on SG AE's between ASCENT¹ and COBLH patients



Conclusions

- Dose reductions (≥25%) are more prevalent in a real-world setting (33% vs 22%) therefore may impact SG's efficacy.
- Fewer COBLH patients had severe neutropenia (≥ G3) (33% vs. 51%), with all using primary G-CSF, while only 49% use in ASCENT¹.
- Nausea was effectively managed with a 3 drug regimen + metoclopramide 10mg prn.
- Diarrhoea was higher in COBLH patients (22% vs. 10%). Considerations around potential use of prophylactic atropine.
- COBLH 9 patient study is in a real-world setting compared to ASCENT¹ controlled trial. Therefore, safety profile of patients may vary more compared to clinical trials.

Future directions

- Increase contribution to multi-centre Australian TRACIE study⁵.
- Further collaborate with Australian and international oncology centres.
 - Identify supportive care methods used.
 - Standardise approach to treatment management.

Acknowledgments

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Ethics statement: X22-0310 & 2022/ETH01905