



Cambridge Cancer Centre



POSEIDON: Prospective randomized phase II trial of the Safety and Efficacy of tamoxifen in combination with the Isoform selective PI3K inhibitor GDC-0032 (taselisib) compared with tamoxifen (TAM) alone in hormone receptor positive, HER2 negative, metastatic breast cancer patients with prior exposure to endocrine treatment

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DECLARATION OF INTERESTS

Mafalda Oliveira

Grant/Research Support (to the Institution): AstraZeneca, Boehringer-Ingelheim, Genentech, GSK, Immunomedics, Novartis, PUMA Biotechnology, Roche, SeaGen, Zenith Epigenetics

Consultant: AstraZeneca, GSK, iTEOS, MSD, Pierre-Fabre, PUMA Biotechnology, Roche

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Background

Rationale

- PI3K pathway activation leads to endocrine therapy resistance pre clinically
- Inhibitors of this pathway can reverse resistance¹⁻²
- Taselisib is an oral inhibitor of class I α , δ , and γ isoforms of PI3K

Efficacy of PI3K inhibitors + HT in ER+ HER2- MBC

- SANDPIPER trial (taselisib/placebo + fulvestrant): median PFS 7.4 vs. 5.4 months, stratified HR 0.70; 95% CI 0.56-0.89
However, toxicity and reduced clinical benefit have limited the clinical utility of the combination.
- SOLAR-1: (alpelisib/placebo + fulvestrant in PIK3CA mutant cohort): median PFS 11.0 vs. 5.7 months, HR 0.65; 95% CI 0.50-0.85 → FDA and EMA approval for patients with *PIK3CA*-mutant tumors.

POSEIDON Phase Ib dose escalation part:

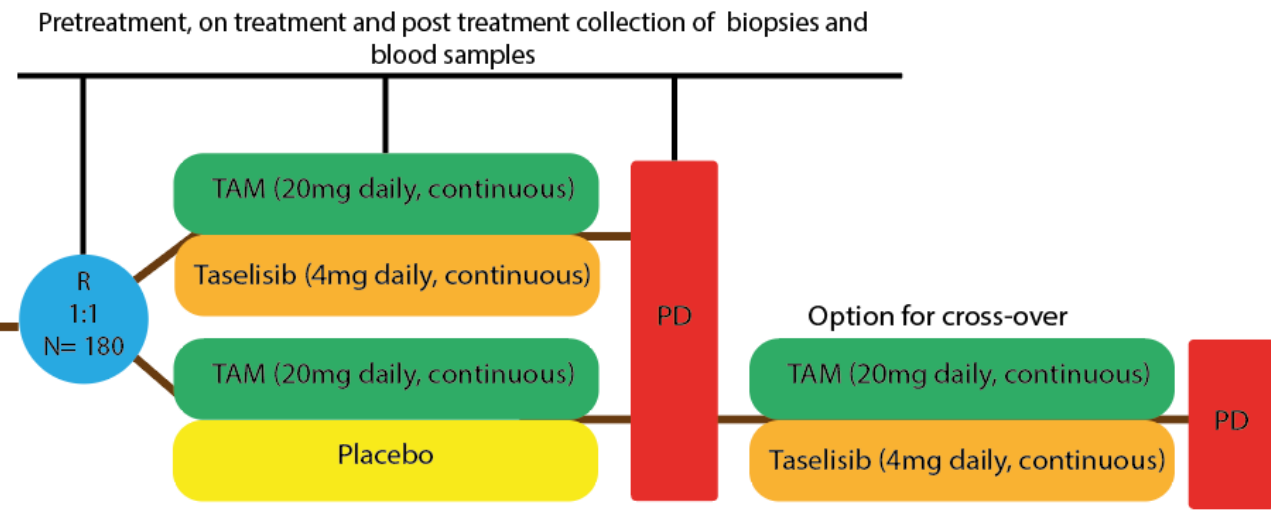
- Taselisib demonstrated clinical activity in combination with tamoxifen (ORR 24% in RECIST measurable group)¹

¹R. Baird et al. CCR 2019. ²R. Riggins et al. Cancer Res 2008

Study Design

Key Eligibility Criteria

- Age \geq 18 years
- ER/PR +, HER2 - MBC
- Measurable or evaluable disease according to RECIST v.1.1
- Refractory disease on prior ET



Stratification factors:
 Premenopausal vs. postmenopausal
 ILC vs. BC NST/other
 Late (>6months) vs. Early (<6months) progression after prior ET
 Everolimus pretreated vs. not
 0-1 vs. \geq 2 lines of CT for metastatic disease

Primary endpoint:
 Progression Free Survival (PFS) by local assessment according to RECIST v.1.1

Statistical considerations

- 180 patients required to detect a constant HR of 0.64 ($\beta=90\%$, 2-sided $\alpha=0.2$)
- Accrual closed prematurely due to Covid-19, decreasing the power to 83%
- Median follow-up 26.4 months (IQR = 16.2 – 38.7)

Key Secondary endpoints:
 ORR and CBR in both treatment arms
 Safety according to CTCAE 4.03
 Overall Survival

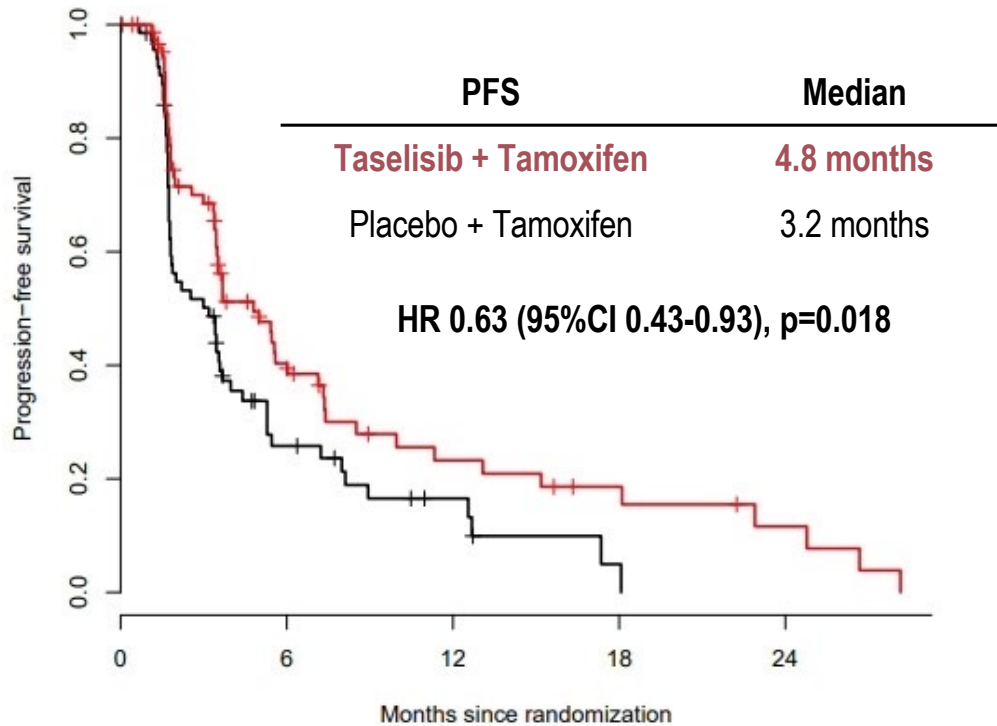
Baseline Characteristics

21 sites in 4 different European countries
195 registered patients / 152 patients randomized

Patient characteristics		Taselisib + Tamoxifen N=76 (%)	Placebo + Tamoxifen N=76 (%)	Total N=152 (%)
Age	Median (range)	62 (30 – 78)	63 (2 – 83)	63 (30 – 83)
Post-menopausal		72 (95)	70 (92)	142 (93)
WHO PS at baseline	0	50 (66)	27 (36)	77 (51)
	1	22 (29)	47 (62)	69 (45)
	2	3 (4)	2 (3)	5 (3)
	Unk	1 (1)	0	1 (1)
Tumor type	Carcinoma NOS	58 (76)	62 (82)	120 (79)
	Invasive lobular	13 (17)	11 (15)	24 (16)
	Other	5 (7)	2 (3)	7 (4)
PIK3CA mutation*	Exon 20	11 (14)	10 (13)	21 (14)
	Exon 9	8 (11)	15 (20)	23 (15)
	Not detected	27 (36)	20 (26)	47 (31)
	Not tested	32 (42)	32 (42)	64 (42)
Time on prior ET for MBC	<6 months	25 (33)	24 (32)	49 (32)
	≥6 months	51 (67)	52 (68)	103 (68)
Prior everolimus	Yes	25 (33)	19 (25)	44 (29)
	No	51 (67)	57 (75)	108 (71)
Number of prior CT for MBC	0-1	49 (64)	51 (67)	100 (66)
	≥2	27 (36)	25 (33)	52 (34)

*Three patients (2 in the taselisib arm and 1 in the placebo arm) had a double *PIK3CA* mutation in exon 20 and exon 9

PFS in the overall population and subgroup analysis



	0	6	12	18	24
Placebo +TAM	76	13	5	1	
Taselisib + TAM	76	22	10	6	3

Subgroups	Taselisib Events/N	Placebo Events/N	HR	Taselisib better	Placebo better	
Menopausal status	pre-menopausal	3/4	4/6	1.52 (0.14 - 6.61)		
	post-menopausal	51/72	51/70	0.62 (0.37 - 1.06)		
Tumortype	lobular	9/4	10/13	0.42 (0.12 - 1.52)		
	other	45/62	45/63	0.67 (0.38 - 1.17)		
PIK3CA mutation exon 20	present	10/11	7/10	0.38 (0.09 - 1.63)		
	absent	25/33	31/34	0.52 (0.25 - 1.08)		
	unknown	19/32	17/32	0.95 (0.40 - 2.27)		
PIK3CA mutation exon 9	present	6/8	14/15	0.53 (0.14 - 2.04)		
	absent	29/36	24/29	0.49 (0.23 - 1.05)		
	unknown	19/32	17/32	0.95 (0.40 - 2.27)		
PD after prior hormonal therapy	late	34/51	34/52	0.59 (0.31 - 1.14)		
	early	20/25	21/24	0.73 (0.32 - 1.67)		
Treatment everolimus	pretreated	22/25	18/19	0.52 (0.22 - 1.22)		
	not pretreated	32/51	37/57	0.66 (0.35 - 1.25)		
Lines of chemotherapy	0-1	33/49	34/51	0.53 (0.27 - 1.02)		
	2 or more	21/27	21/25	0.90 (0.40 - 2.03)		
Overall result	54/76	55/76	0.63 (0.43 - 0.93)			

Key secondary efficacy endpoints: ORR and OS

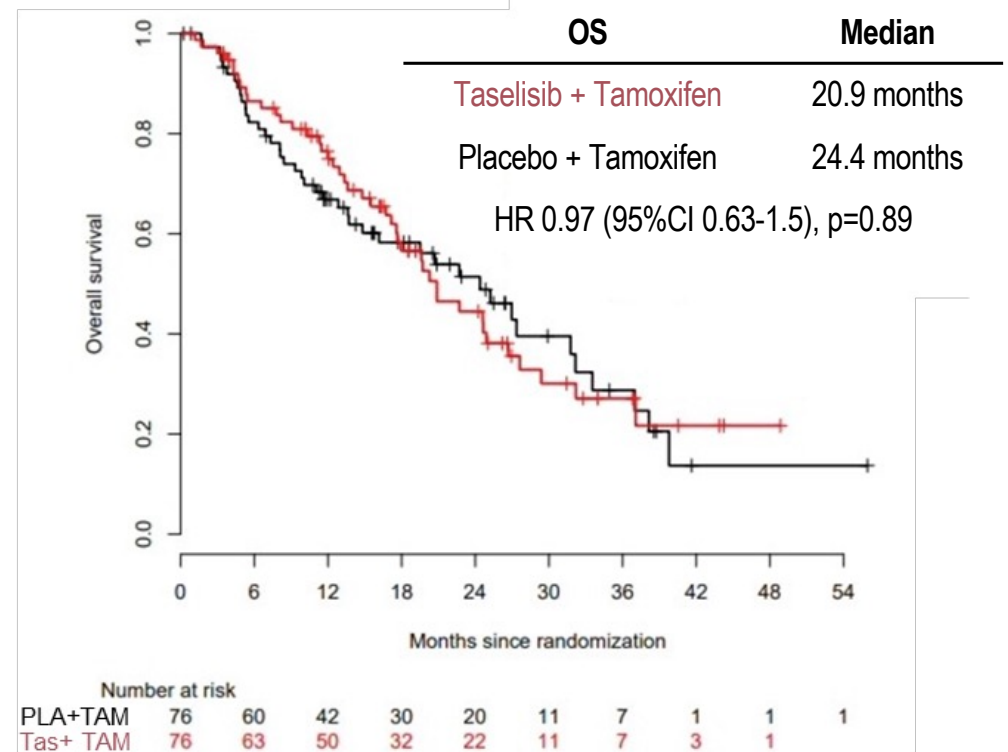
Overall Response	Taselisib + Tam N=76 (%)	Placebo + Tam N=76 (%)
Best response		
Complete response	0 (0)	0 (0)
Confirmed Partial response	7 (9)	2 (3)
Unconfirmed Partial response*	5 (7)	2 (3)
Stable disease	40 (53)	39 (51)
PD	22 (29)	23 (30)
Unknown	2 (2)	10 (13)
Overall Response Rate**		
Number of patients	7	2
% of patients (95% CI)	9.2 (3.8-18.1)	2.6 (0.3-9.2)
Clinical Benefit Rate***		
Number of patients	17	11
% of patients (95% CI)	22.4 (13.6-33.4)	14.5 (7.5-24.4)

* No confirmation CT scan available

** CR + confirmed PR

*** CR + confirmed PR + SD ≥6 months

Overall Survival 34 patients were treated in cross-over
75% of cross-over patients switched after 6.5m



Safety

Most common Adverse Events	Taselisib + Tamoxifen N=76 (%)		Placebo + Tamoxifen N=76 (%)	
	Any grade	Grade 3-4	Any grade	Grade 3-4
Any AE	68 (90)	33 (43)*	52 (68)	4 (5)
Diarrhea	27 (36)	8 (11)	6 (8)	0
Nausea	26 (34)	2 (3)	16 (21)	0
Hyperglycemia	21 (28)	4 (5)	2 (3)	0
Fatigue	18 (24)	1 (1)	12 (16)	2 (1)
Mucositis	16 (21)	3 (4)	1 (1)	0
Anorexia	15 (20)	2 (3)	11 (14)	1 (1)
Rash	13 (17)	0	2 (3)	0
ALT/AST increase	12 (16)	4 (5)	3 (4)	0
Hot flashes	4 (5)	0	5 (7)	0
Colitis	2 (3)	0	0	0
AE leading to discontinuation of treatment	17 (22)		3 (4)	

*One G5 AE of cardiac arrhythmia possibly related to taselisib (not to tamoxifen) was reported in taselisib arm; no G5 AEs were reported in the placebo arm

Summary and Conclusions

- **POSEIDON met its primary endpoint** in patients with HR+/HER2- MBC refractory to endocrine therapy
 - PFS: HR 0.63 (95%CI 0.43-0.93), p=0.018; median PFS 4.8 vs 3.2 months
- Overall **response rate** was modest but higher with taselisib and tamoxifen: 9.2% vs 2.6%
- **Overall survival** outcomes are hampered by the cross-over design of the trial
- **Toxicity profile of taselisib** was similar to that observed in prior studies
 - Concern of diarrhea, hyperglycemia and transaminitis as common G \geq 3 AEs
- Despite the statistical significant increase in PFS, the magnitude of the **benefit** of the addition of taselisib to tamoxifen does not counterweigh the poor **tolerability** of the combination
- Exploratory **biomarker analyses** are ongoing and will be presented in the future
- Combining **endocrine treatment** and **PI3K pathway inhibition** using **biomarkers** and **drugs** with a better safety profile warrants further study



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Investigators and site personnel from 21 sites in 4 countries

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