INTRODUCTION
• Triple-negative breast cancer (TNBC) is the most aggressive type of breast cancer and accounts for approximately 15% of all cases. Patients with TNBC have limited treatment options and poor prognosis. Pembrolizumab PD-L1 and OS for chemotherapy were 17 months and 47.7 months, respectively, in patients who had failed 2 prior lines of therapy (Bardou 2021).

• TRIPOD is a harmonisation of signal-to-noise ratio that is highly expressed in multiple tumor types, including TNBC.

• SKB264, an antibody-drug conjugate (ADC) composed of an anti-TROP2 antibody coupled to a cytidine deaminase-derivative via a novel linker with a high safety profile, has shown promising anti-tumor activity and tolerability in patients with mTNBC (Yin 2020).

METHODOLOGY
• In phase 3 expansion cohort of an open-label, global, blind-bi-human (PHI) study (NCT04364499), patients with previously treated mTNBC were enrolled to receive SKB264 3.5 mg/kg Q2W or 5 mg/kg Q2W in a non-randomized fashion in 1 of 3 disease progression or unacceptable toxicity, the assessment for tumor response was performed every 4 weeks per patient V1 as assessed by investigator.

• Safety was evaluated according to National Cancer Institute Common Terminology Criteria for Adverse Events (NCI-CTCAE) v5.0.

• The TRIPOD expression was scored using the semi-quantitative histologic methods of cutoff was set to 20%. TRIPOD expression and its association with tumor activity was reversely analyzed.

RESULTS
• Study Population
  • All historic cohort data (May 5th, 2021). 39 patients had been enrolled (23 planned for Q2W and 16 for Q2W in the final analysis). 89% of the patients had received 3 prior therapies for metastatic disease.

• The median follow-up was 22.6 months.

• TRIPS expression was scored using the semi-quantitative histologic methods of cutoff was set to 20%. TRIPOD expression and its association with tumor activity was reversely analyzed.

• Efficiency
  • Among 18 patients with previously treated mTNBC, the ORR was 42.4% (9/21, confirmed 22 patients and unconfirmed in 2 patients). DCR was 72.2% (15/21), median PFS was 5.7 months (95% CI, 3.9-11.8), and median OS was 16.8 months (95% CI, 12.6-20.5). 24-month OS rate, 59.5% (95% CI, 43.0-71.1).

• In the subset of patients with high TROP2 expression (H-score > 200), H2O2 (n = 10), 39% (4/10) had an ORR of 30% (95% CI: 9.4-61.5), and 24-month OS rate of 30% (95% CI: 9.4-61.5).

• Safety
  • No serious adverse events of manageable safety profile. No neurotoxicity or interstitial lung disease (ILD) or grade 3 or greater side effects were reported. Two patients discontinued treatment due to treatment-related adverse events (AR). No treatment-related ARs leading to death were reported.

• All of the patients are female.

• The median follow up was 14.8 (95% CI: 11.2-19.4) months.

REFERENCES

ACKNOWLEDGEMENTS
On behalf of the study team, the authors would like to thank the patients and their families, the study investigators, and research staff.

This study was supported by Shanghai Kelun Biotech Biopharmaceutical Co., Ltd. in collaboration with Ixell & Co. Ltd., Redwood, M.I., USA.

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