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OTHER TRIALS AND ACTIVITIES BY BIG MEMBER GROUPS

ABCSG
AUSTRIAN BREAST AND COLORECTAL CANCER STUDY GROUP

ABCSG 52 / ATHENE trial - successful recruitment during COVID-19 pandemic and very promising trial results

In the open-label, two-arm, randomised, single-stage phase II study **ABCSG 52 / ATHENE**, a neoadjuvant **chemotherapy de-escalation immunotherapy escalation** regimen with trastuzumab, pertuzumab, atezolizumab and epirubicin was investigated. Patients with previously untreated HER2-positive early breast cancer were randomised 1:1 to two 3-weekly cycles of a chemotherapy-free induction phase (part 1) with trastuzumab and pertuzumab (TP) plus atezolizumab (TP+A) or TP alone. Afterwards, all patients received 4 cycles of TP+A in combination with epirubicin (part 2). The primary endpoint was pathological complete response (pCR) in the overall study population. Based on clinical data from the NeoSphere trial and statistical and medical expert opinion, a pCR rate of ≥ 40% was considered as a positive trial result.

Patients were recruited as projected between 3 July 2020 (first enrolment) and 30 May 2022 (last patient last visit) in 9 Austrian trial centres. **No important protocol deviation occurred due to COVID-19.** At least one non-important protocol deviation due to the pandemic occurred in 3 patients. These deviations were related to surgery visits only, due to time-window deviation.

Primary endpoint results were presented by Professor Gabriel Rinnerthaler at the best abstract session at ESMO Breast 2023. Overall, 58 patients were randomised to TP-A (n=29) or TP (n=29). Median age was 57 (range 33-82), 16 patients (27.6%) had hormone-receptor (HR)-negative and 42 (72.4%) had HR-positive tumours. 45 patients (77.6%) had stage ≤ IIA and 13 (22.4%) ≥ IIB. In 35 patients a pCR was observed (60.3%; 95%CI 47.5% to 71.9%), 19 (65.5%) in the TP-A group and 16 (55.2%) in TP group (Δ 10.3%; 95%CI -14.7% to 35.4%). Treatment emergent adverse events (AEs) grade ≥ 3 were reported in 17 patients (29.3%), 9 in TP-A group and (31.0%) and 8 (27.6%) in TP group. In PD-L1-negative patients, pCR rate was 69.2% (N=18/26; 95%CI 50.0% to 83.5%) compared to 55.2% (N=16/29; 95% CI 37.5% to 71.6%) in PD-L1-positive patients. No AEs of special interest (immune-related AEs, cardiac disorders grade ≥ 2, or infusion-related reactions) grade ≥ 3 were detected.

The authors concluded that for HER2-positive EBC, a neoadjuvant chemotherapy de-escalation immunotherapy regimen with trastuzumab, pertuzumab, atezolizumab, and epirubicin is highly effective and safe and merits further investigation. The highest benefit was shown in PD-L1-negative patients.

At the San Antonio Breast Cancer Conference 2023, a secondary analysis regarding pCR according to early metabolic remission in an interim FDG-PET scan and to tumour infiltrating lymphocytes will be presented.

The successful recruitment and conduct of this trial during the pandemic demonstrates that good clinical research is possible even under difficult conditions. This is possible thanks to a well-organised trial structure, intrinsically motivated investigators, and the participation of patients who are aware of the importance of clinical trials.

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