ESMO SARCOMA AND RARE CANCERS

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IMPACT OF NIROGACESTAT ON PATIENT-REPORTED OUTCOMES IN ADULTS WITH DESMOID TUMOR WITH A BEST OVERALL RESPONSE OF STABLE DISEASE: POST HOC ANALYSIS FROM THE DeFi STUDY

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DECLARATION OF INTERESTS

Silvia Stacchiotti reports*:

Personal financial interests (honoraria, consultancy, or advisory role) from: Aadi, Astex Pharmaceuticals, Bavarian Nordic, Bayer, Boehringer Ingelheim, Daiichi Sankyo, Deciphera, Epizyme, Gentili, Glaxo, Ikena, Ipsen, Maxivax, Novartis, PharmaMar, RainThera, and Servier

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*last 3 years



DESMOID TUMORS

- Rare, locally invasive, soft-tissue tumors with unpredictable disease course¹
 - Can result in severe pain, functional impairment, decreased QoL, and other complications
- ◆ Treatment goals should extend beyond radiologic response and assess quality of life improvements, including PROs such as^{1,2}:
 - Pain and DT symptom burden
 - Functioning with daily activities
 - Overall QoL

DT, desmoid tumor; PROs, patient-reported outcomes; QoL, quality of life.

Bektas M, et al. *Adv Ther*. 2023;40(9):3697-3722.

Gounder MM et al. *Cancer*. 2020;126(3):531-539.

NIROGACESTAT AND THE PHASE 3 DeFi STUDY

- Nirogacestat, selective gamma secretase inhibitor¹
 - First treatment approved in the United States for adults with progressing DT²

Objective: Assess improvement in PROs with niro vs pbo in pts with stable disease as best overall response, using post hoc analyses

Progression-free survival (Fig. 0.29, 95% Ci. 0.15-0.55, PS.001)

Objective response rate (41% niro vs 8% pbo; *P*<.001)

PROs: pain, DT-specific symptom burden, physical & role functioning, and overall QoL ($P \le .01$ all at cycle 10)

BID, twice daily; CI, confidence interval; DT, desmoid tumor; HR, hazard ratio; niro, nirogacestat; pbo, placebo; PRO, patient-reported outcome; pts, patients; QoL, quality of life; RECIST, Response Evaluation Criteria in Solid Tumors. ^aDatacut: 07Apr2022.

Gounder MM, et al. N Engl J Med. 2023;388(10):898-912. https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-nirogacestat-desmoid-tumors.



BEST OVERALL RESPONSE (BOR) IN DeFi

Double-Blind Phase (ITT Population)

BOR confirmed, n (%)	Niro (N=70ª)	Pbo (N=72)
Complete response (CR)	5 (7)	0
Partial response (PR)	24 (34)	6 (8)
Stable disease (SD)	35 (50)	55 (76)
Progressive disease (PD)	1 (1)	10 (14)
Not evaluable	4 (6)	1 (1)

Total exposure to niro in patients with SD was approximately half of those who achieved PR or CR.^b

	Niro (n=35)	Pbo (n=55)
Baseline Characteristics		
Female, n (%)	21 (60)	36 (65)
Age, median (range), y	34 (18–64)	34 (18–76)
DT treatment status, n (%)		
Refractory	22 (63)	44 (80)
Treatment naïve	7 (20)	8 (15)
Recurrent	6 (17)	3 (5)

BOR, best overall response; DT, desmoid tumor; ITT, intent to treat; niro, nirogacestat; pbo, placebo.

^aOne patient discontinued before receiving niro. ^bExposure defined as total number of equivalent completed cycles.



PROs: Pts WITH STABLE DISEASE (BOR)

BPI-SF

Brief Pain Inventory-Short Form

Average pain intensity: worst pain^{a,b}

GODDESS®

Gounder/Desmoid Tumor Research Foundation Desmoid Symptom/Impact Scale

- Total symptom score (DT Symptom Scale)^b
- Physical functioning domain (DT Impact Scale)^c

EORTC QLQ-C30

European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30^d

- Physical functioning
- Role functioning
- Overall QoL

Collected at screening/baseline & monthly; data shown for baseline & monthly from cycle 2–23 (change from baseline at cycle 10 = key secondary endpoint)

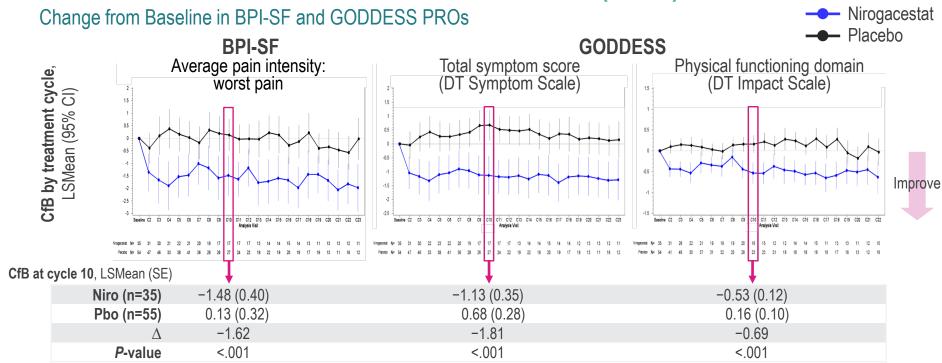
BOR, best overall response; DT, desmoid tumor; PRO, patient-reported outcome; pts, patients; QoL, quality of life.

^aUp to 7-day average of BPI-SF question #3: Worst pain in last 24 hours. ^bUtilizing an 11-point numeric rating scale. ^cUtilizing an 11-point numeric rating scale for severity or a 5-point Likert for frequency (7-day recall). ^dEach of the 30 questions on a 4-point scale (7-day recall).



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Pts WITH STABLE DISEASE RECIST v1.1 (BOR)



Greater improvement from baseline with niro vs pbo

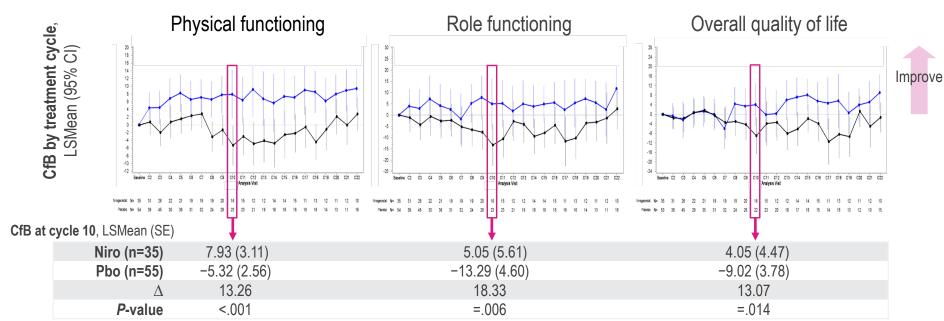
BOR, best overall response; BPI-SF, Brief Pain Inventory-Short Form; CfB, change from baseline; CI, confidence interval; DT, desmoid tumor; GODDESS, Gounder/Desmoid Tumor Research Foundation Desmoid Symptom/Impact Scale; LS, least squares; niro, nirogacestat; pbo, placebo; PRO, patient-reported outcome; pts, patients; SD, stable disease; SE, standard error.



Pts WITH STABLE DISEASE RECIST v1.1 (BOR)

Change from Baseline in EORTC QLQ-C30 PROs





Greater improvement from baseline with niro vs pbo

BOR, best overall response; CfB, change from baseline; Cl, confidence interval; DT, desmoid tumor; EORTC QLQ-C30, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30; LS, least squares; niro, nirogacestat; pbo, placebo; PRO, patient-reported outcome; pts, patients; SE, standard error.



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CONCLUSIONS: POST HOC ANALYSIS OF DeFi STUDY

- Nirogacestat-treated patients with stable disease as best overall response by RECIST v1.1 had significant and clinically meaningful improvement in PROs compared with placebo-treated patients, despite not achieving CR/PR
 - PROs included: pain, DT-specific symptom burden, physical functioning, role functioning, and overall quality of life
- Improvements were observed early and were maintained throughout the double-blind study

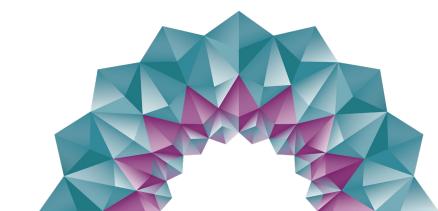
CR, complete response; DT, desmoid tumor; PR, partial response; PRO, patient-reported outcome; RECIST, Response Evaluation Criteria in Solid Tumors.

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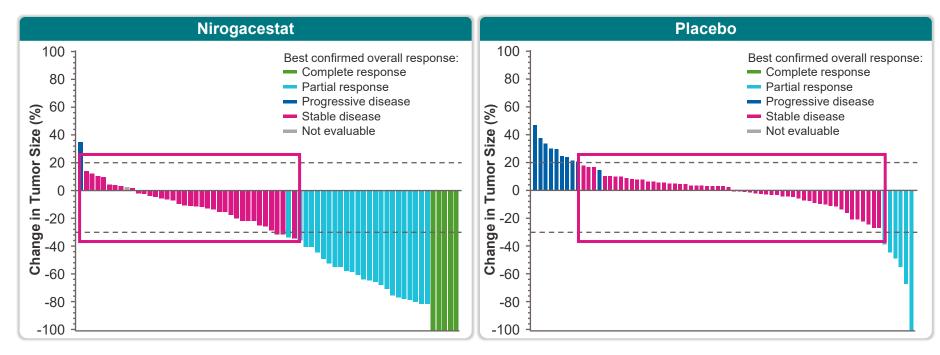
Thanks to the **DeFi study participants and their family and caregivers**, the **Investigators and staff members** at the DeFi study centers, **The Desmoid Tumor Research Foundation (DTRF)**, and the **Sarcoma Patient Advocacy Global Network (SPAGN)**.

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BACKUP



BEST PERCENT CHANGE AT ANY TIME POINT FROM BASELINE IN TUMOR SIZE BY RECIST v1.1



Best percent change values are averaged between 2 blinded independent reviewers unless a reader was selected for adjudication, in which case only the adjudicated value is presented. RECIST, Response Evaluation Criteria in Solid Tumors.

Adapted from Gounder M, et al. N Engl J Med. 2023;388(10):898-912.



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