

2024

ESMO SARCOMA AND RARE CANCERS

Annual Congress

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

**Silvia Stacchiotti,¹ Sant Chawla,² Rashmi Chugh,³ Gina D'Amato,⁴
Mrinal Gounder,^{5,6} Ravin Ratan,⁷ Winette van der Graaf,⁸ Vince Amoruccio,⁹
Timothy Bell,⁹ Sunny Cho,⁹ Patrick Schöffski^{10,11}**

¹Department of Cancer Medicine, Fondazione IRCCS Istituto Nazionale dei Tumori; ²Sarcoma Oncology Research Center; ³University of Michigan, Rogel Comprehensive Cancer Center; ⁴Sylvester Comprehensive Cancer Center, University of Miami; ⁵Memorial Sloan Kettering Cancer Center; ⁶Weill Cornell Medical College; ⁷The University of Texas MD Anderson Cancer Center; ⁸Department of Medical Oncology, Netherlands Cancer Institute; ⁹SpringWorks Therapeutics, Inc; ¹⁰Department of General Medical Oncology, University Hospitals Leuven; ¹¹Laboratory of Experimental Oncology, KU Leuven, Leuven Cancer Institute



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

Institutional and financial interests from: Advenchen, Bayer, Boehringer Ingelheim, Blueprint, Daiichi Sankyo, Deciphera, Epizyme, Eli Lilly, Glaxo, Hutchinson, Karyopharm, Novartis, PharmaMar, RainTher, and SpringWorks.

**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.

¹Bektas M, et al. *Adv Ther.* 2023;40(9):3697-3722. ²Gounder 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 (HR: 0.29, 95% CI: 0.15–0.55, $P < .001$)

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

PROs: pain, DT-specific symptom burden, physical & role functioning, and overall QoL ($P \leq .01$ 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.

¹Gounder MM, et al. *N Engl J Med*. 2023;388(10):898-912. ²<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=70 ^a)	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}

EORTC
QLQ-C30

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

- Physical functioning
- Role functioning
- Overall QoL

GODDESS[®]

Gounder/Desmoid Tumor Research Foundation Desmoid Symptom/Impact Scale

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

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

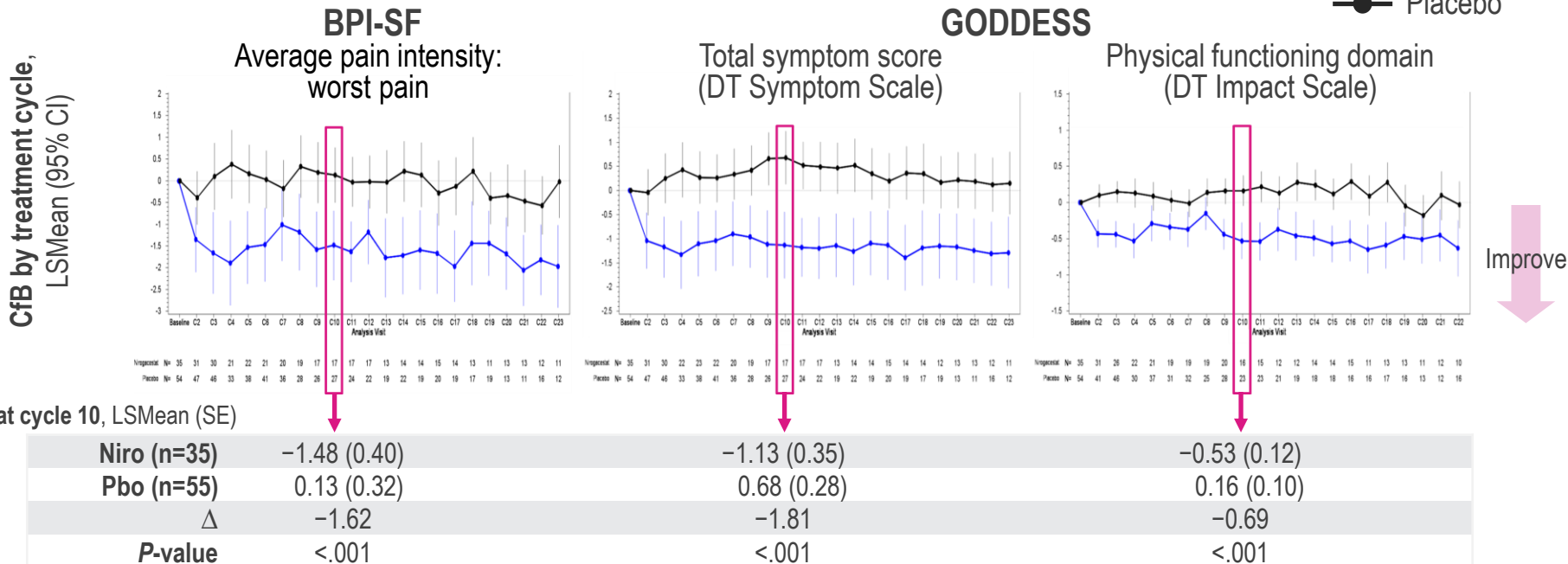
BOR, best overall response; DT, desmoid tumor; PRO, patient-reported outcome; pts, patients; QoL, quality of life.

^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).

Pts WITH STABLE DISEASE RECIST v1.1 (BOR)

Change from Baseline in BPI-SF and GODDESS PROs

● Nirogacestat
● Placebo



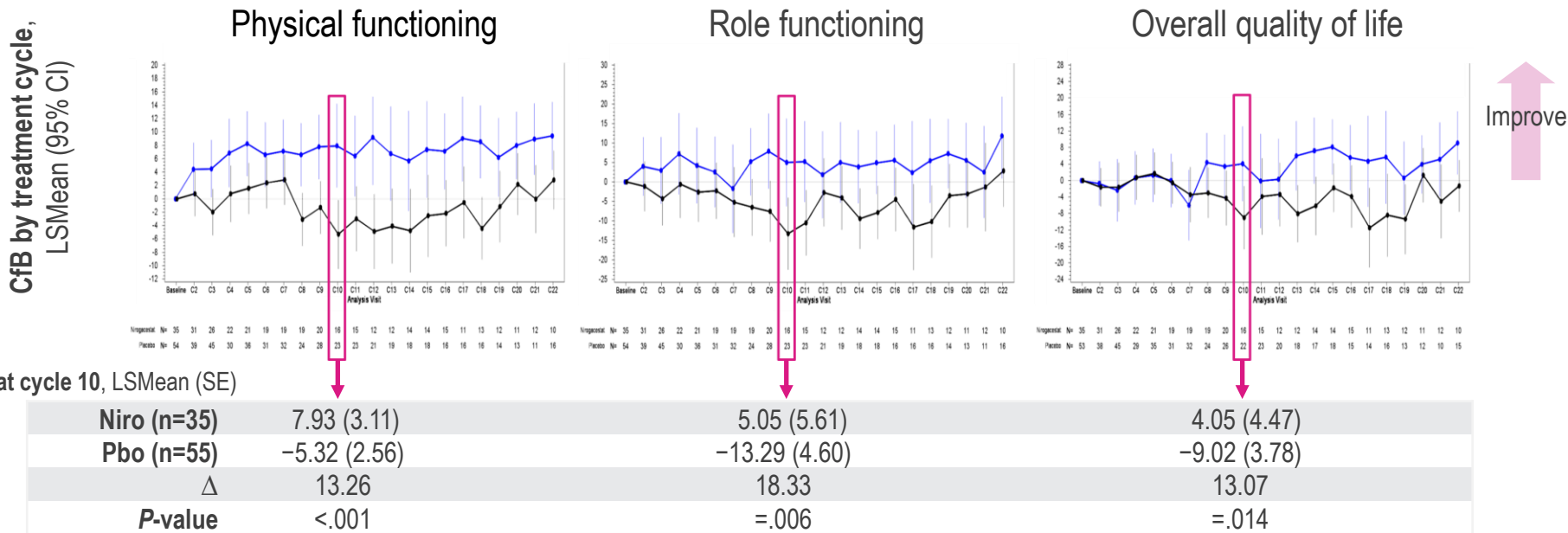
Greater improvement from baseline with niro vs pbo

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

● Nirogacestat
● Placebo



Greater improvement from baseline with niro vs pbo

BOR, best overall response; CfB, change from baseline; CI, 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.

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.

ACKNOWLEDGEMENTS

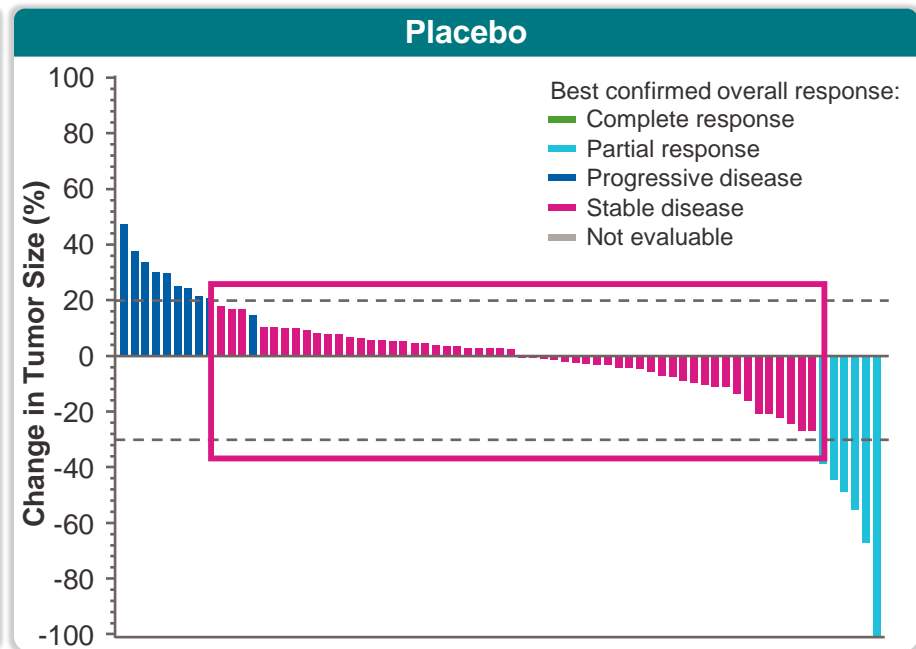
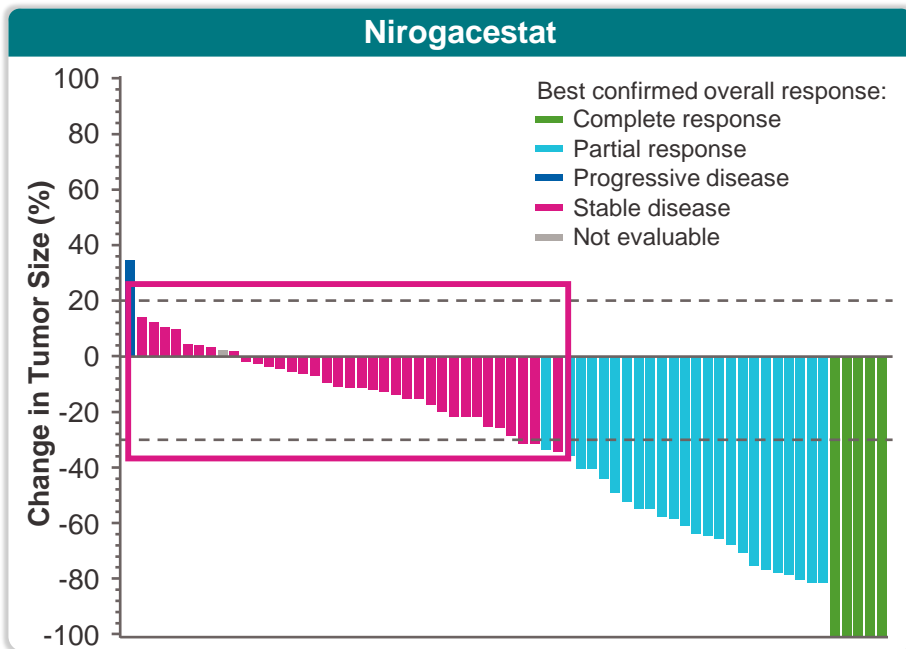
Thanks to the **DeFi study participants and their family and caregivers**, the **Investigators and staff members** at the DeFi study centers, **The Desmoid Tumor Research Foundation (DTRF)**, and the **Sarcoma Patient Advocacy Global Network (SPAGN)**.

Medical writing and editorial assistance for the development of this presentation were provided by Prescott Medical Communications Group (a Citrus Health Group Company). Medical writing and editorial support were funded by SpringWorks Therapeutics, Inc.

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.