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**ASCENT-04: A Randomized, Open-Label, Phase 3 Study of** Sacituzumab Govitecan (SG) and Pembrolizumab Versus **Treatment of Physician's Choice (TPC) and Pembrolizumab** in Patients With Previously Untreated, Locally Advanced, Inoperable, or Metastatic Triple Negative Breast Cancer **Whose Tumors Express PD-L1** 

#### Study Design<sup>1-3</sup> Pembrolizumab 200 mg IV Sacituzumab govitecan 10 mg/kg IV DAY 1 AND DAY 8 OF 21-DAY CYCLE DAY 1 OF A 21-DAY CYCLE **Patients** Previously untreated, TREATMENT OF PHYSICIAN'S CHOICE locally advanced, 1:1 Randomization unresectable or de novo Gemcitabine 1000 mg/m<sup>2</sup> + metastatic TNBC Carboplatin AUC 2 IV N~440 DAY 1 AND DAY 8 OF 21-DAY CYCLE Pembrolizumab 200 mg IV Paclitaxel 90 mg/m<sup>2</sup> IV

DAY 1 OF A 21-DAY CYCLE

Enrollment<sup>1-3</sup>

### **Study Population 1L metastatic TNBC**

- Previously untreated, locally advanced, unresectable or de novo metastatic TNBC
- PD-L1+ by 22C3 CPS ≥10

≥6 months since treatment in curative setting

DAY 1, 8, AND 15 OF 28-DAY CYCLE

nab-Paclitaxel 100 mg/m<sup>2</sup> IV

DAY 1, 8, AND 15 OF 28-DAY CYCLE

Prior aPD-(L)1 use allowed in the curative setting

Continue

disease progression or

toxicity

treatment until

BICR-verified

unacceptable

PD-L1 and TNBC status centrally confirmed

# Key Eligibility Criteria<sup>1-3</sup>

## **Key Inclusion Criteria**

- ≥18 years of age
- ECOG PS of 0 or 1
- · Adequate renal and hepatic function
- · Patients with locally advanced, inoperable, or metastatic TNBC who have not received previous systemic therapy for advanced disease and whose tumors are PD-L1 positive at screening. Patients presenting with de novo metastatic TNBC are eligible
- At least 6 months must have elapsed between completion of treatment with curative intent and first documented local or distant disease recurrence

## **Key Exclusion Criteria**

- Positive serum pregnancy test or women who are lactating
- Active CNS metastases and/or carcinomatous meningitis
- No prior systemic anticancer treatment (with the exception of endocrine therapy) within the previous 6 months or radiation therapy within 2 weeks prior to enrollment

# Endpoints<sup>1-3</sup>

### **Primary Endpoint**

PFS<sup>c</sup>

- OS ORR<sup>c</sup>

DOR°

PROs

TTR<sup>c</sup>

Safety

#### <sup>c</sup>By BICR using RECIST v1.1

1L, first line; ADC, antibody-drug conjugate; aPD-(L)1, anti-PD-(L)1; AUC, area under the curve; BICR, blinded independent central review; CNS, central nervous system; CPS, combined positive score; DOR, duration of response; ECOG, Eastern Cooperative Oncology Group; IV, intravenous; ORR, objective response rate; OS, overall survival; PD-(L)1, programmed death (ligand) 1; PFS, progression-free survival; PRO, patient-reported outcome; PS, performance status; RECIST, Response Evaluation Criteria in Solid Tumors; SG, sacituzumab govitecan; TNBC, triple-negative breast cancer; TPC, treatment of physician's choice; TTR, time to onset of response.

#### References

1. Clinicaltrials.gov website. Accessed October 27, 2023. https://clinicaltrials.gov/ct2/show/NCT05382286

**Secondary Endpoints** 

- 2. Data on file. Gilead Sciences, Inc.; 2022.
- 3. Clinicaltrialsregister.eu website

The safety and efficacy of these investigational agents have not been established, and they have not received marketing authorization in this setting. There is no quarantee that these investigational agents and/or uses will receive Health Authority approval and/or become commercially available.





<sup>&</sup>lt;sup>a</sup>Maximum 35 cycles of pembrolizumab (Arm A) or TPC (Arm B).

<sup>&</sup>lt;sup>b</sup>Crossover to SG in eligible patients allowed after BICR-verified disease progression.