Patients' Quality of Life and Side-Effect Perceptions in monarchE, a Study of Abemaciclib plus Endocrine Therapy in Adjuvant Treatment of HR+, HER2-, Node-positive, High-risk, **Early Breast Cancer** 

S. Tolaney'1, I. Blancas2, Y.-H. Im3, P. Rastogi4, J. Brown5, A. Shahir5, A. Zimmermann5, F. Boyle6.

Dans-Farber Cancer Institute, Braston, MA, United States, "Regulat Clinico Universitario San Cecilio, Granula, Spain: "Division of Hematology Medical Color Comment of Medicine, Sanstrianger, and the Color Color

### **BACKGROUND & OBJECTIVE**

### Background - monarchE trial, a Phase 3 study

- Abemaciclib, an oral, continuously dosed, CDK4 & 6 inhibitor. is approved for HR+, HER2- advanced breast cancer in combination with endocrine therapy (ET)
- Abemaciclib in combination with ET as adjuvant treatment for HR+, HER2-, high-risk, early breast cancer (EBC) previously demonstrated statistically significant improvement in invasive disease-free survival compared to ET alone
- Diarrhea and fatigue were more common in patients receiving abemaciclib plus ET; arthralgia and hot flushes were, however, more common in patients receiving ET alone [1]

Objective: To present the patient-reported outcomes (PROs) at primary outcome analysis (data cut-off: 8-July 2020) of monarchE, with a focus on the most frequent AEs

### monarchE - PRO

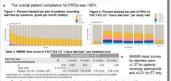
stent to treat (ITT)	_	Abemaciclib + ET 2802	2829
efety population		2791	2800
PRO assessment at be	seline		
	FACT-B	2725	2712
	FACT-ES	2720	2704
	FACIT-F	2722	2702
Completed treatment (24	mantheti	703	743

### PRO instruments and frequency of data collection

- PROs were assessed at baseline (randomization), 3/6/12/18/24 months on treatment and at follow-up (1/6/12 months post-discontinuation) health-related quality-of-life (HRQoL) (FACT-B)
- symptom burden (FACT-B GP5) ET symptoms (FACT-ES, 2 cognitive/3 bladder FACIT items)
- All PRO items used a 5-point scale (0: Not at all; 1: A little bit; 2: Somewhat; 3: Quite a bit; 4: Very much)
- A positive change in summary scores represents an improvement in HRQoL.

### DIARRHEA OVER TIME





From 3 months onwards, most patients who experienced diarrhea in the abemacicilib arm reported have a fitted of a "comenhair". In addition, this was more dequently reported in the early PPO assessment was non-indexed with mivestigation-reported diarrhea. Limitation FPO assessment was not obscribed within the first 3 months post baseline, when the highest incidence and severity of diarrhea was reported.

### At the first follow-up visit (Nin702), the frequency of patient-reported diarrhea reduced after discontinuation of abemaciclib

### Analysis

- Analyses were conducted on treated patients (safety population, n=5591) who had filled out a questionnaire at baseline and at least one post-baseline
- A mixed-effects repeated-measures (MMRM) model compared mean summary scores and item scores by treatment arm, excluding 24-month or follow-up data (<25% randomized patients asse
- Summary scores were calculated as per the FACIT guidance Exploratory analyses were conducted on items reflecting common AEs (diarrhea, fatigue, arthralgis [compound pain items], hot flushes)
- Frequency of scores over time of FACT-ES C5 "I have diarrhea" and FACT-B
- GP5 "I am bothered by side effects of treatment" were investigate Given the large trial size to support the primary endpoint, any numerical differences between arms would be deemed statistically significant irrespective of clinical significance. Thus, differences across arms were
- For the summary scores, an effect size of a half standard deviation (0.5 SD) at baseline was used to represent a conservative estimate of a minimally important difference (MID)(2)
- For the item scores, a change of 1 (ie., the equivalent of moving from one level of response to the next) was deemed meaningful

Index 2008. Address 2. Octomorphism. In research of the control of t

# Side Effect" Figure 3: Percent stacked bar plot of PRO on FACT-B GP5 The MMRM analysis showe Most pts in both arms reported

FACT-B GP5 "Bothered by Treatment

### Table 3: MMRM, item score of FACT-B GP5 per treatment arm

FACT & team Subsected by Tonomero Side Effect	Daneties	Sweets	A ruestry	10 months	16 months	Brotier	leutty	Errete	12 residu	10 rortis
n	2396	2277	2225	2193	1972	2396	2294	2253	2112	136
Mean (SD) Change from Specime, LS Mean (SE)	0 EU (0 NO)	0.26 (0.80)	0.29 (0.62)	8 W (8 SD)		0.09 (1.00) NA	101100	1000	6.02 (0.00)	-111/010

### MMRM summary scores

### Table 4: MMRM summary scores per treatment arm

FACTO	H.	3 mainte	fi repetro	12 rorsha	18 months	- Mi	2 months	6-months	SZ rectto	III moreto
Install Well-Being										
N Moon (EC):	27.45 (4.12)		.2360	2145	1399	23.56-(4.29)	2350	22%	2109	138
Change from IR., LS bleam (68) point Family Wolf-being	144	-1.15 (6.00)	-0 H (FIII)	-4 TH (6 HH)	417 (6.10)		-0.14 (0.06)	-034 (0.06)	0.63 (0.68)	3800
N Mass (SD)	22.79 (4.92)		250	210	1390	22 54 14 555	3136	2289	2100	130
Change from DL LS Sheat (SE)	104	-0.00 (0.00)	-0.00 (D.EE)	-0.H-0.H)	-4 30 (5.11)	164	-0.00 (0.00)	-0.02 (0.00)	-0.65 (0.65)	48.65
N More ITTI	2987	2010	256	2137	1396	2411 18.25 (4.20)	2327	200	2144	136
Change from 28, LR Mout (M)	146	0.54 (0.00)	0.19,6185	8.16 (8.87)	129,000	194	9.17 (0.06)	ENGE	025 (0.87)	3.34 (S.B)
N Man SET	2367	250)	286	2106	1361	3039	2324	2000	2142	136
Change from DL, 1.0 bless (DC)		-0.00 (0.00)	-0.29 (0.00)	-9.27 (0.56)	-9.20 (B.13	HA	E22 (0.0%)	S-25 (0.09)	E 40 (0.10)	142.011
N Main (SD)	23 50 (5.70		2006	204	1284	23 81-0.7%	2324	2266	2165	OR
Change from St. (5 bless (58)) and Science		0.69 (E.NE)	5.79 (0.09)	120 10	AMERI		110 (0.00)	CE1 (0.39)	0.75 (0.16)	480.00
H	210		2246	200	1280		2319	2272	2136	137
Mean (RD) Change from DL, LS Sheet (SE)	108.41 (18.01)	-181.020	-1.19 (0.29)	-181 (0.36)	-2.11.00.00	197 XT (18.00)	100 (0.20)	174 (0.26)	5.85 (0.76)	122 (8.3)

ealth-related Quality-of-Life was similar between treatment arms.

Changes from baseline in summary scores for the PACT-8 were less than the MID (0.5 SD at baseline) in both treatment arms.

Endocesse Symptoms (551) Subscale	0.	3 marrie	Emarte	U recite	16 marks	8.	3 monte	Emarke	S ruths	12 nepths
N Mese (SID)	\$231 (0.6%)	23%				\$1.00 (0.57)	2309	2287	2140	136
Change from IR. LESSee (SE) FACT Futbook Subwate	190	-244 (0.34)	-5.86 (8.16)	-242 (0.17)	-131 (8.30)	NA	-0.00 (0.14)	-144 (0.16)	-149 (017)	-1.79 (9.20
N Mean (SE)	2334 46.36 (0.29)		2168			2345 2347 (3.40)			2066	132
Charge from ISL LT Stee (SE)	795	-1.50 (0.15)	-1.76 (B.HI)	-1.11 (0.70)	-1.20 (E.FN)	NA.	1.79 JUL 191	E 45 (0.15)	0.54 (0.18)	0.42.15.19

- Patient-reported endocrine symptoms and fatigue were symmine between treatment arms

   Changes from baselier in summary scores for the FACT-ES and FACT-E were less than the MID (8.5 SD at baseliers in summary scores for the FACT-ES and FACT-E were less than the MID (8.5 SD at baseliers in 1000 the terment arms

   The higher incidence and sevenity of investigation-reported fatigue in abentaciosib-treated patients were not reflected in the MIMIDI analysis of Incidence.

### **MMRM** item scores

Enducine Symptoms Name ve Hat Fitaboo'Not Flushes	HC.	Irente	6 months	12 motiv	16 months	16.	Smette	& nurts	12 martie	16 monts
N Moon (NE)	146 (1.30)		2245	2130	4363	2407	2311	2279	2144	130
Change from (IL LS Near (IE) FACT-8 Best on Pairs	NA.	0.02.0303	4.11 (6.92)	961 (940)	-4 54 (8 00)	144	17110	117 0.00	110 (140)	119 (110
N Short (SD)	2362		2242	2127	000	2400 8 97 (1.62)	2301		2124	
Change from St. LS Mean (SE) tale Plant of Body Stone Pain	194	000 (0.00)	0.36 (0.30)	204 (202)	6.10 (0.02)	NA.	3.07 (8.00)	0.16 (0.60)	2.14 (8.02)	813 (0.02
More (SE)	134 (112)	25%	2261	2132	1183	2407	2301	2279	2137	130
Charge from BL 1.5 Maar (SE) se a Lack of Feerey	796	-6.01 (E.E.)	0.3H (E. SE)	0.69 (0.02)	6 0K (F. U.S.)	166	3.94 (8.00)	811 (0.62)	\$ 10 (\$ 62)	
Street (MS	2085 1.88 (1.06)	2769	2246	2134	1284	1 19 (1 84)	2309		2143	
Change Joon St. LS Mean (SE) EACH Filteria	196	825 (6.92)	0.17 在数	0.15 (0.02)	6.16 (6.02)	164	8.81 (8.62)	-813 (0.62)	\$100 (\$102)	-0.64 (D.62)
N Moon (SD)	1.16 (1.04)	2764	2052	2134	1790	1.22 (1.85)	2313	2079	2141	136
Orange from St. LS Mean (SE)	194	0.21 (0.02)	0.17 (0.12)	0.12 (0.02)	6.14-60.025	F&A:	-NEG (832)	-045 0.00	-8:06 (8:02)	-0.62 (0.62

- Patient responses to items reflecting hot flushes, arthralgia, and fatigue were similar between the
  - The MMRM analysis showed that the changes from baseline in the mean item scores were less than the MID of 1 in both treatment arms. The higher incidence of investigator-reported AEs of arthralgia and hot flushes in the ET alone arm was not reflected in the MMRM analysis for arthralgia and hot flushes

### CONCLUSIONS

### Patients-reported outcomes

- With the exception of diarrhea (FACT-B C5), the addition of abemaciclib to ET did not result in clinically meaningful differences in the PROs, including patients being bothered by treatment side effects (FACT-B GP5)
- Patient-reported diarrhea was consistent with the known safety profile of abemaciclib with mainly low-grade events of diarrhea reported, highest during the early months of treatment and manageable with anti-diarrheal medication and/or dose adjustments
- The PRO findings support a tolerable profile for abemaciclib in combination with ET in EBC patients; however, the frequency of PRO assessments was not sufficient to capture patient-reported symptoms and HRQoL within the first 3 months post baseline
- PRO data collection continues since >50% of patients are still on





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<sup>1</sup>Dana-Farber Cancer Institute, Boston, United States; <sup>2</sup>Hospital Clinico Universitario San Cecilio, Granada, Spain; <sup>3</sup>Division of Hematology/Medical Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea; <sup>4</sup>University of Pittsburg, Pittsburgh, United States; <sup>5</sup> Eli Lilly, Indianapolis, United States; <sup>6</sup>Pam McLean Cancer Communications Centre, Northern Clinical School, University of Sydney, Sydney, Australia



# **BACKGROUND AND OBJECTIVE**



# Background – monarchE trial, a Phase 3 study

- Abemaciclib, an oral, continuously dosed, CDK4 & 6 inhibitor, is approved for HR+, HER2advanced breast cancer in combination with endocrine therapy (ET)
- Abemaciclib in combination with ET as adjuvant treatment for HR+, HER2-, high-risk, early breast cancer (EBC) previously demonstrated statistically significant improvement in invasive disease-free survival compared to ET alone
- Diarrhea and fatigue were more common in patients receiving abemaciclib plus ET; arthralgia and hot flushes were, however, more common in patients receiving ET alone [1]

# **Objective**

To present the patient-reported outcomes (PROs) at primary outcome analysis (data cut-off:
 8-July 2020) of monarchE, with a focus on the most frequent AEs



# monarchE - PRO



**Table 1: monarchE PRO population** 

	Abemaciclib + ET	ET alone
Intent to treat (ITT)	2802	2829
Safety population	2791	2800
PRO assessment at baseline		
FACT-B	2725	2712
FACT-ES	2720	2704
FACIT-F	2722	2702
Completed treatment (24 months)	703	743

### PRO instruments and frequency of data collection

- PROs were assessed at baseline (randomization), 3/6/12/18/24 months on treatment and follow-up (1/6/12 months post-discontinuation)
  - health-related quality-of-life (HRQoL) (FACT-B)
  - symptom burden (FACT-B GP5)
  - ET symptoms (FACT-ES, 2 cognitive/3 bladder FACIT items)
  - fatigue (FACIT-Fatigue)
- All PRO items used a 5-point scale (0: Not at all; 1: A little bit; 2: Somewhat; 3: Quite a bit; 4: Very much)
- A positive change in summary scores represents an improvement in HRQoL



# DIARRHEA OVER TIME



Overall patient compliance for PROs was >90%

Figure 1: Percent stacked bar plot of patients recording diarrhea by maximum grade per month (safety)

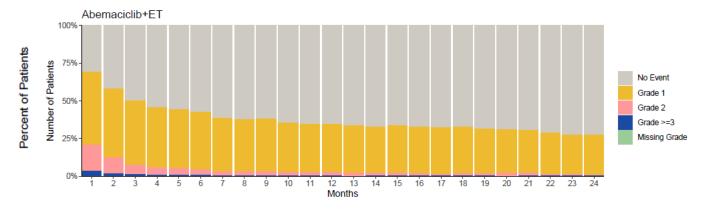
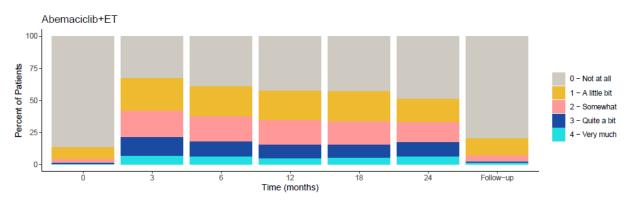


Figure 2: Percent stacked bar plot of PRO on FACT-ES C5 "I have diarrhea" per study visit





# **DIARRHEA OVER TIME (continued)**



Table 2: MMRM item score of FACT-ES C5 "I have diarrhea" per treatment arm

		Abem	aciclib	+ ET	
FACT-ES item I Have Diarrhea (Diarrhoea)	BL	3 months	6 months	12 months	18 months
N Mean (SD)	2380 0.18 (0.52)	2305	2243	2125	1386
Change from BL, LS Mean (SE)	NA	1.19 (0.02)	1.03 (0.02)	0.93 (0.02)	0.88 (0.02)

Abbreviations: BL= baseline; n= number of patients who completed the C5 question; N= Number of subjects in the population with baseline and post-baseline value for the question at the specified visit

- MMMR mean scores for diarrhea were ≤1.37 for patients receiving abemaciclib and ≤0.21 for ET only
- From 3 months onwards, most patients who experienced diarrhea in the abemaciclib arm reported having diarrhea "a little bit" or "somewhat". In addition, this was more frequently reported in the earlier PRO assessments, consistent with investigator-reported diarrhea. Limitation: PRO assessment was not conducted within the first 3 months post baseline, when the highest incidence and severity of diarrhea was reported
- At the first follow-up visit (N=702), the frequency of patient-reported diarrhea reduced after discontinuation of abemaciclib



# **Analysis**



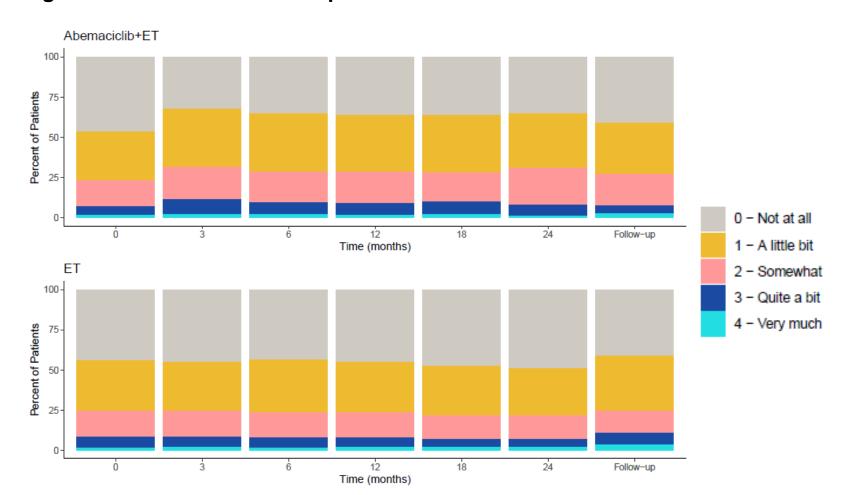
- Analyses were conducted on treated patients (safety population, n=5591) who had filled out a questionnaire at baseline and at least one post-baseline questionnaire
- A mixed-effects repeated-measures (MMRM) model compared mean summary scores and item scores by treatment arm, excluding 24-month or follow-up data (<25% randomized patients assessed)</li>
  - Summary scores were calculated as per the FACIT guidance
  - Exploratory analyses were conducted on items reflecting common AEs (diarrhea, fatigue, arthralgia [compound pain items], hot flushes)
- Frequency of scores over time of FACT-ES C5 "I have diarrhea" and FACT-B GP5 "I am bothered by side effects of treatment" were investigated
- Given the large trial size to support the primary endpoint, any numerical differences between arms would be deemed statistically significant irrespective of clinical significance. Thus, differences across arms were evaluated using numerical estimates
  - For the summary scores, an effect size of a half standard deviation (0.5 SD) at baseline was used to represent a conservative estimate of a minimally important difference (MID) [2]
  - For the item scores, a change of 1 (i.e.., the equivalent of moving from one level of response to the next) was deemed meaningful



# FACT-B GP5 "Bothered by Treatment Side Effect"



Figure 3: Percent stacked bar plot of PRO on FACT-B GP5



- The addition of abemaciclib to ET did not result in a clinically meaningful difference in patients being bothered by treatment side effects
- The MMRM analysis showed that the changes from baseline in the FACT-B GP5 were less than the MID of 1 in both treatment arms
- Most pts in both arms reported being bothered "a little" or "not at all" by side effects of treatment



# FACT-B GP5 "Bothered by Treatment Side Effect" (continued)



Table 3: MMRM item score of FACT-B GP5 per treatment arm

		Ab	emaciclib + E	ĒΤ				ET alone		
FACT-B Item Bothered by Treatment Side Effect	Baseline	3 months	6 months	12 months	18 months	Baseline	3 months	6 months	12 months	18 months
N	2358	2277	2223	2103	1372	2385	2296	2253	2112	1365
Mean (SD)	0.83 (0.96)					0.89 (1.00)				
Change from Baseline, LS Mean (SE)	NA	0.26 (0.02)	0.20 (0.02)	0.18 (0.02)	0.22 (0.02)	NA	0.04 (0.02)	0.03 (0.02)	0.02 (0.02)	-0.01 (0.02)

Abbreviations: BL= baseline; n= number of patients who completed the C5 question; N= Number of subjects in the population with baseline and post-baseline value for the question at the specified visit



# MMRM Summary Scores



Table 4: MMRM summary scores per treatment arm

Mean (SD) 23.46 (4 Change from BL, LS Mean (SE)  Social/Family Well-being N 2 Mean (SD) 22.78 (4 Change from BL LS Mean (SE)  Emotional Wellbeing N 2 Mean (SD) 18.35 (4	3 mon		6 months	12 months 2145	18 months	BL	3 months	T alone 6 months	12 months	18 months
Physical Well-Being  N Mean (SD) Change from BL, LS Mean (SE)  Social/Family Well-being  N Mean (SD) Change from BL LS Mean (SE)  Emotional Wellbeing  N Mean (SD) 18.35 (4	2390 .12)					BL	3 months	6 months	12 months	18 months
N 23.46 (4 Mean (SD) 23.46 (4 Change from BL, LS Mean (SE) Social/Family Well-being N 22.78 (4 Change from BL LS Mean (SE) Emotional Wellbeing N 22 Mean (SD) 18.35 (4	.12)	2320	2260	2145						
Social/Family Well-being  N Mean (SD) Change from BL LS Mean (SE)  Emotional Wellbeing N Mean (SD) 18.35 (4	NA -1.15			2140	1393	2414 23.05 (4.29)	2330	2292	2149	1385
Social/Family Well-being  N Mean (SD) Change from BL LS Mean (SE)  Emotional Wellbeing N Mean (SD) 18.35 (4		(80.0)	-0.88 (0.08)	-0.78 (0.08)	-0.97 (0.10)	NA	-0.14 (0.08)	-0.04 (0.08)	0.03 (0.08)	0.09 (0.10)
Mean (SD) 22.78 (4 Change from BL LS Mean (SE)  Emotional Wellbeing N 2 Mean (SD) 18.35 (4		` '	,	,	` /		,	` ,	, ,	
Emotional Wellbeing  N Mean (SD) 2 18.35 (4	.92)	2317	2259	2142	1392	2414 22.64 (4.99)	2330	2289	2148	1385
N 2 Mean (SD) 18.35 (4	NA -0.63	(80.0)	-0.80 (0.09)	-0.84 (0.09)	-0.99 (0.11)	NA	-0.60 (0.08)	-0.62 (0.09)	-0.66 (0.09)	-0.81 (0.11)
Mean (SD) 18.35 (4										
	.14)	2313	2255	2137	1388	2411 18.29 (4.20)	2327	2282	2144	1382
Change from BL, LS Mean (SE)		(0.06)	0.19 (0.07)	0.10 (0.07)	0.09 (0.08)	` NÁ	0.17 (0.06)	0.26 (0.07)	0.26 (0.07)	0.35 (0.08)
Functional Well-being		` '	, ,	` ,	,		` ,	` ,	,	
N 2 Mean (SD) 19.91 (5	.387 .36)	2312	2255	2136	1387	2409 19.58 (5.51)	2324	2282	2142	1382
Change from BL, LS Mean (SE)		(0.09)	-0.29 (0.09)	-0.27 (0.10)	-0.28 (0.11)	` NÁ	0.22 (0.09)	0.26 (0.09)	0.40 (0.10)	0.62 (0.11)
Breast Cancer Subscale		,	,	` ,	,		,	, ,	,	, ,
N 2 Mean (SD) 23.93 (5	.385 .70)	2313	2255	2134	1384	2412 23.61 (5.71)	2324	2285	2146	1383
Change from BL, LS Mean (SE)		(80.0)	0.70 (0.09)	0.28 (0.10)	0.14 (0.11)	NÁ	0.55 (0.08)	0.81 (0.09)	0.76 (0.10)	0.88 (0.11)
Total Score		` '	,	` ,	` ,		` ,	` ,	, ,	` ,
N 2	380	2303	2246	2126	1380	2407	2319	2272	2136	1378
Mean (SD) 108.41 (18						107.17 (18.00)				
Change from BL, LS Mean (SE)	NA -1.61	(0.26)	-1.19(0.28)	-1.61 (0.30)	-2.11(0.36)	NA	0.30 (0.26)	0.74 (0.28)	0.88 (0.30)	1.22 (0.36)

Abbreviations: BL=baseline; N = Number of subjects in the population with baseline and post-baseline value for the question at the specified visit



# MMRM Summary Scores (continued)



- Health-related Quality-of-Life was similar between treatment arms
  - Changes from baseline in summary scores for the FACT-B were less than the MID (0.5 SD at baseline) in both treatment arms

Table 4: MMRM summary scores per treatment arm (contd)

		Abe	emaciclib + E	T				ET alone		
Endocrine Symptoms ESS19 Subscale	BL	3 months	6 months	12 months	18 months	BL	3 months	6 months	12 months	18 months
N Mean (SD)	2388 62.21 (9.07)	2316	2254	2136	1388	2413 61.40 (9.57)	2328	2287	2148	1382
Change from BL, LS Mean (SE)  FACIT-Fatigue Subscale	NA	-2.65 (0.14)	-2.66 (0.15)	-3.03 (0.17)	-3.31 (0.20)	NA	-1.01 (0.14)	-1.44 (0.15)	-1.68 (0.17)	-1.70 (0.20)
N Mean (SD)	2324 40.36 (9.39)	2217	2158	2032	1331	2346 39.67 (9.49)	2217	2169	2056	1328
Change from BL, LS Mean (SE)	NA	-1.90 (0.15)	-1.26 (0.15)	-1.11 (0.16)	-1.28 (0.19)	NA	0.19 (0.15)	0.45 (0.15)	0.54 (0.16)	0.63 (0.19)

Abbreviations: BL=baseline; N = Number of subjects in the population with baseline and post-baseline value for the question at the specified visit



# MMRM Summary Scores (continued)



- Patient-reported endocrine symptoms and fatigue were similar between treatment arms
  - Changes from baseline in summary scores for the FACT-ES and FACIT-F were less than the MID (0.5 SD at baseline) in both treatment arms
  - The higher incidence and severity of investigator-reported fatigue in abemaciclib-treated patients was not reflected in the MMRM analysis for fatigue



# **MMRM Item Scores**



Table 5: MMRM item scores per treatment arm

		-A.Io-	om o ciolib					ET along		
		Ao	emaciclib +	31				ET alone		
Endocrine Symptoms Items I Have Hot Flashes/Hot Flushes	BL	3 months	6 months	12 months	18 months	BL	3 months	6 months	12 months	18 months
N Mean (SD)	2383 1.46 (1.35)	2308	2245	2130	1383	2407 1.56 (1.37)	2319	2276	2144	137
Change from BL, LS Mean (SE)	NÁ	0.12 (0.02)	0.11 (0.02)	0.03 (0.02)	-0.04 (0.03)	NÁ NÁ	0.17 (0.02)	0.17 (0.02)	0.10 (0.02)	0.09 (0.03
FACT-B Item										
I Have Pain										
N Mean (SD)	2382 0.87 (0.99)	2299	2242	2127	1383	2400 0.97 (1.02)	2305	2269	2124	136
Change from BL, LS Mean (SE)	NA	0.02 (0.02)	0.05 (0.02)	0.04 (0.02)	0.10 (0.02)	NA	0.17 (0.02)	0.16 (0.02)	0.14 (0.02)	0.13 (0.02
Certain Parts of Body Have Pain										
N Mean (SD)	2385 1.34 (1.12)	2310	2251	2132	1383	2407 1.44 (1.16)	2320	2275	2137	138
Change from BL, LS Mean (SE)	, ,	-0.01 (0.02)	0.01 (0.02)	0.05 (0.02)	0.06 (0.03)	NA	0.14 (0.02)	0.11 (0.02)	0.10 (0.02)	0.10 (0.03
I Have a Lack of Energy										-
N	2383	2309	2248	2134	1384	2409	2320	2283	2143	137
Mean (SD)	1.08 (1.05)					1.14 (1.04)				
Change from BL, LS Mean (SE)	NA	0.26 (0.02)	0.17 (0.02)	0.15 (0.02)	0.16 (0.02)	NA	0.01 (0.02)	-0.03 (0.02)	0.00 (0.02)	-0.04 (0.02
FACIT-F Items										
l Feel Fatigued										
N Mean (SD)	2383 1.16 (1.04)	2304	2252	2134	1390	2405 1.22 (1.06)	2313	2279	2141	138
Change from BL, LS Mean (SE)	NÁ NÁ	0.21 (0.02)	0.13 (0.02)	0.12 (0.02)	0.14 (0.02)	NA	-0.02 (0.02)	-0.05 (0.02)	-0.06 (0.02)	-0.02 (0.02

Abbreviations: BL=baseline; N = Number of subjects in the population with baseline and post-baseline value for the question at the specified visit



# MMRM Items Scores (continued)



- Patient responses to items reflecting hot flushes, arthralgia, and fatigue were similar between the treatment arms
  - The MMRM analysis showed that the changes from baseline in the mean item scores were less than the MID of 1 in both treatment arms
  - The higher incidence of investigator-reported AEs of arthralgia and hot flushes in the ET alone arm was not reflected in the MMRM analysis for arthralgia and hot flushes



# CONCLUSIONS



# **Patients-reported outcomes**

- With the exception of diarrhea (FACT-B C5), the addition of abemaciclib to ET did not result in clinically meaningful differences in the PROs, including patients being bothered by treatment side effects (FACT-B GP5)
- Patient-reported diarrhea was consistent with the known safety profile of abemaciclib with mainly low-grade events of diarrhea reported, highest during the early months of treatment and manageable with anti-diarrheal medication and/or dose adjustments
- The PRO findings support a tolerable profile for abemaciclib in combination with ET in EBC patients; however, the frequency of PRO assessments was not sufficient to capture patient-reported symptoms and HRQoL within the first 3 months post baseline
- PRO data collection continues since >50% of patients are still on treatment



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