ForPatients
by Roche

Breast Cancer Inoperable Breast Cancer Breast Cancer Er-Positive Locally Advanced or Metastatic Breast Cancer

A study to compare Giredestrant + Abemaciclib, Giredestrant + Ipatasertib, Giredestrant + Inavolisib, Giredestrant + Ribociclib, and Giredestrant + Everolimus with Giredestrant Monotherapy in people with inoperable, locally advanced or metastatic, estrogen receptor (ER)-positive breast cancer who had disease progression during or following treatment with a cyclin-dependent kinase 4/6 inhibitor (CDK4/6i) in the first- or second-line setting.

A Study Evaluating the Efficacy and Safety of Multiple Treatment Combinations in Participants With Breast Cancer

Trial Status	Trial Runs In	Trial Identifier
Recruiting	5 Countries	NCT04802759 2020-004889-19 CO42867

The source of the below information is the publicly available website ClinicalTrials.gov. It has been summarised and edited into simpler language.

Trial Summary:

This is a Phase Ib/II, open-label, multicenter, randomized umbrella study in participants with breast cancer. Cohort 1 will focus on participants with inoperable, locally advanced or metastatic, estrogen receptor (ER)-positive, HER2-negative breast cancer who had disease progression during or following treatment with a cyclin-dependent kinase 4/6 inhibitor (CDK4/6i; e.g., palbociclib, ribociclib, abemaciclib) in the first- or second-line setting. Cohort 2 will focus on inoperable, locally advanced or metastatic, ER-positive, HER2-positive breast cancer with previous progression to standard-of-care anti-HER2 therapies, of which one was a trastuzumab-and-taxane-based systemic therapy (including in the early setting if recurrence occurred within 6 months of finishing adjuvant therapy) and one was a HER2-targeting antibody-drug conjugate (ADC; e.g., ado-trastuzumab emtansine or trastuzumab-deruxtecan) or a HER2-targeting tyrosine kinase inhibitor (TKI; e.g., tucatinib, lapatinib, pyrotinib or neratinib). The study is designed with the flexibility to open new treatment arms as new treatments become available, close existing treatment arms that demonstrate minimal clinical activity or unacceptable toxicity, or modify the patient population. During Stage 1, participants in each cohort will be randomly assigned to treatment arms. Participants in the control or experimental arms who experience unacceptable toxicity, disease progression as determined by the investigator according to RECIST v1.1, or loss of clinical benefit as determined by the investigator during Stage

1 will be given the option of receiving a different treatment combination during Stage 2, provided they meet eligibility criteria and a treatment arm is open for enrollment. No Stage 2 treatment is currently available.

Hoffmann-La Roche Sponsor	**Phase 1/Phase 2** Phase

NCT04802759 2020-004889-19 CO42867
Trial Identifiers

Eligibility Criteria:

Gender	Age	Healthy Volunteers
Female	**>=18 Years**	**No**

How does the Morpheus Breast Cancer clinical trial work?

This clinical trial is recruiting people who have a type of disease called breast cancer. In order to take part, patients must have inoperable, locally advanced or metastatic, estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer.

The purpose of this clinical trial is to compare the effects, good or bad, of abemaciclib, ipatasertib, inavolisib, ribociclib or everolimus plus giredestrant versus giredestrant alone on patients with ER+, HER2- breast cancer. In this clinical trial, you will get either abemaciclib, ipatasertib, inavolisib, ribociclib or everolimus plus giredestrant or giredestrant alone.

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How do I take part in this clinical trial?

To be able to take part in this clinical trial, you must have,

- Performance Status of 0 or 1as defined by Eastern Cooperative Oncology Group (ECOG)
- Documented estrogen receptor-positive (ER+) tumor
- Patients for whom endocrine therapy is recommended and treatment with cytotoxic chemotherapy is not indicated at time of entry into the study, as per national or local treatment guidelines
- Radiologic/objective evidence of recurrence or progression after the most recent systemic therapy for breast cancer

- Disease progression during or after first- or second-line hormonal therapy for locally advanced or metastatic disease (note: at least one line of therapy must have contained a CDK4/6i administered for a minimum of 8 weeks prior to disease progression.)
- Postmenopausal status for women
- Life expectancy #3 months
- Availability of a representative tumor specimen that is suitable for evaluation of Ki67, and/or additional biomarkers via central testing
- Prior fulvestrant therapy is allowed
- Measurable disease
- Adequate hematologic and end-organ function
- For patients receiving therapeutic anticoagulation: stable anticoagulant regimen

You must not have,

- Known HER2-positive breast cancer
- Prior treatment with cytotoxic chemotherapy for metastatic breast cancer
- Concurrent hormone replacement therapy
- Prior treatment with any of the protocol-specified study treatments
- Treatment with investigational therapy within 28 days prior to initiation of study treatment
- Systemic treatment for ER+ breast cancer within 2 weeks of Cycle 1, Day 1 or 5 half-lives of the drug prior to Cycle 1, Day 1
- Adverse events from prior anti-cancer therapy that have not resolved to Grade #1 or better, with the exception of alopecia of any grade and Grade #2 peripheral neuropathy
- Prior allogeneic stem cell or solid organ transplantation
- Major surgical procedure other than for diagnosis within 4 weeks prior to initiation of study treatment or anticipation of need for a major surgical procedure during the course of the study
- History of malignancy other than breast cancer within 2 years prior to screening, with the exception of those with a negligible risk of metastasis or death
- Uncontrolled pleural effusion, pericardial effusion, or ascites requiring recurrent drainage procedures
- Uncontrolled tumor-related pain
- Uncontrolled or symptomatic hypercalcemia
- Symptomatic, untreated, or actively progressing central nervous system (CNS) metastases
- History of leptomeningeal disease
- Active tuberculosis
- Severe infection within 4 weeks prior to initiation of study treatment
- Treatment with therapeutic oral or IV antibiotics within 2 weeks prior to initiation of study treatment

- History of idiopathic pulmonary fibrosis, organizing pneumonia, drug-induced pneumonitis, or idiopathic pneumonitis, or evidence of active pneumonitis on screening chest computed tomography scan
- Active cardiac disease or history of cardiac dysfunction
- Positive HIV test at screening or at any time prior to screening
- Active Hepatitis B or Hepatitis C virus infection
- Active inflammatory bowel disease, chronic diarrhea, short bowel syndrome, or major upper gastrointestinal (GI) surgery, including gastric resection, potentially affecting enteral absorption
- Known allergy or hypersensitivity to any of the study drugs or any of their excipients

If you think this clinical trial may be suitable for you and would like to take part, please talk to your doctor. If your doctor thinks that you might be able to take part in this clinical trial, he/she may refer you to the closest clinical trial doctor. They will give you all the information you need to make your decision about taking part in the clinical trial. You can also find the clinical trial locations on this page. You will have some further tests to make sure you will be able to take the treatments given in this clinical trial. Some of these tests or procedures may be part of your regular medical care. They may be done even if you do not take part in the clinical trial. If you have had some of the tests recently, they may not need to be done again. Before starting the clinical trial, you will be told about any risks and benefits of taking part in the trial. You will also be told what other treatments are available so that you may decide if you still want to take part. While taking part in the clinical trial, both men and women (if you are not currently pregnant but can become pregnant) will need to either not have heterosexual intercourse or take contraceptive medication for safety reasons.

What treatment will I be given if I join this clinical trial?

Giredestrant, given as a pill once a day for each 28 day cycle, alone or in combination with any one of the following drugs:

- Abemaciclib, given as a pill twice a day for each 28 day cycle, or
- Ipatasertib, given as a pill once a day on days 1-21 for each 28 day cycle, or
- Inavolisib, given as a pill once a day for each 28 day cycle, or
- Ribociclib, given as a pill once a day on days 1-21 for each 28 day cycle, or
- Everolimus, given as a pill once a day for each 28 day cycle

Each group may open and close for recruitment at different times. Your chances of being placed in any group depends on how many groups are open at a given time, with no more than 35 in 100 chance of being placed in the control group.

How often will I be seen in follow-up appointments, and for how long?

You will be given the clinical trial treatment for as long as it can help you. You are free to stop this treatment at any time. After being given treatment, you will still be seen

regularly by the clinical trial doctor every 28 days. Occasionally, clinic visits may occur more frequently. These hospital visits will include checks to see how you are responding to the treatment and any side effects that you may be having.

What happens if I am unable to take part in this clinical trial?

If this clinical trial is not suitable for you, you will not be able to take part. Your doctor may suggest other clinical trials that you may be able to take part in or other treatments that you can be given. You will not lose access to any of your regular care.

For more information about this clinical trial see the **For Expert** tab on the specific ForPatient page or follow this link to ClinicalTrials.gov https://clinicaltrials.gov/ct2/show/NCT04802759

Trial-identifier: NCT04802759