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# Efficacy of elinzanetant in VMS associated with endocrine therapy: OASIS-4 subgroup analyses

D. BRENNAN[1], N. PANAY[2], F. CARDOSO[3,4], P. BRIGGS[5], G. DONDERS[6,7], N. HASELI MASHHADI[8], C. CAETANO[9], M. FRANCUSKI[10], C. HABERLAND[10], K. LAAPAS[11], C. SEITZ[10,12], L. ZUURMAN[9]

1UCD School of Medicine, Mater Misericordiae University Hospital, Dublin, Ireland; 2Queen Charlotte's & Chelsea Hospital, Imperial College London, United Kingdom; 3Department Medical Oncology, Centre Antoine Lacassagne, Nice, France; 4ABC Global Alliance, Lisbon, Portugal; 5Liverpool Women's Hospital, Liverpool, United Kingdom; 6Department of Clinical Research for Women, Femicare VZW, Tienen, Belgium; 7Department of Obstetrics and Gynecology, University Hospital, University of Antwerp, Antwerp, Belgium; 8Bayer plc, Reading, United Kingdom; 9Bayer CC AG, Basel, Switzerland; 10Bayer AG, Berlin, Germany; 11Bayer Oy, Espoo, Finland; 12Charité – Universitätsmedizin Berlin, Germany

## INTRODUCTION

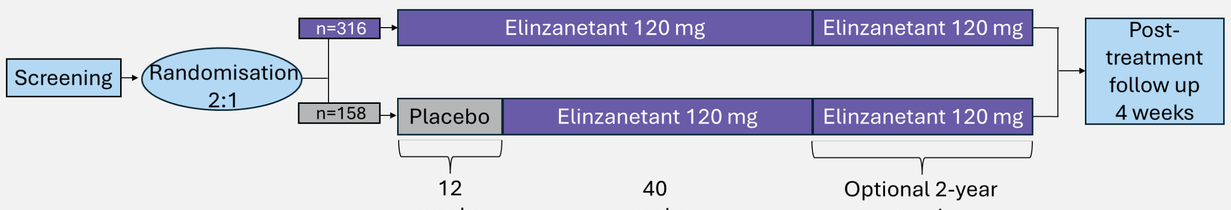
- Vasomotor symptoms (VMS) and sleep disturbances are common in women taking endocrine therapy (ET) for hormone receptor-positive (HR+) breast cancer and can negatively impact quality of life (QoL) and adherence to ET, potentially influencing breast cancer treatment outcomes.[1–4]
- Elinzanetant, a dual neurokinin-targeted therapy (NK-1 and NK-3 receptor antagonist), improved VMS, sleep disturbance, and menopause-related quality of life in naturally or surgically menopausal women in the Phase 3 OASIS-1, -2, and -3 trials, and in women taking ET for HR+ breast cancer in OASIS-4.[5-7]
- This analysis evaluated the efficacy of elinzanetant in pre-specified body mass index (BMI) and smoking history subgroups in OASIS-4.

## METHODS

### Study design

- OASIS-4 (NCT05587296) included women aged 18–70 years experiencing ≥35 moderate-to-severe VMS per week while receiving ET for the treatment or prevention of HR+ breast cancer.

**Figure 1. Study design**




### Analysis

- In descriptive analyses, participants were evaluated by BMI (<18.5 [elinzanetant: n=2; placebo: n=2], 18.5 to <25 [n=145; n=61], 25 to <30 [n=111; n=60], ≥30 kg/m2 [n=58; n=35]) and smoking history (never [n=201; n=108], former [n=71; n=33], current [n=44; n=17]).
- Subgroup categories with ≤5 participants were not included in the analyses. Mean daily moderate-to-severe VMS frequency at baseline and changes from baseline to week 12 were compared descriptively within subgroups.

## RESULTS

### BMI subgroups

- Mean baseline average daily moderate-to-severe VMS frequency was similar across BMI subgroups (Figure 2).
- Reductions from baseline to week 12 were numerically greater with elinzanetant than with placebo across all BMI subgroups (Figure 3).
- Safety findings were also considered similar across BMI subgroups and the overall OASIS-4 population.

Kaklamani@uthscsa.edu

**Figure 2. Mean (SD) baseline daily moderate-to-severe VMS frequency: BMI**

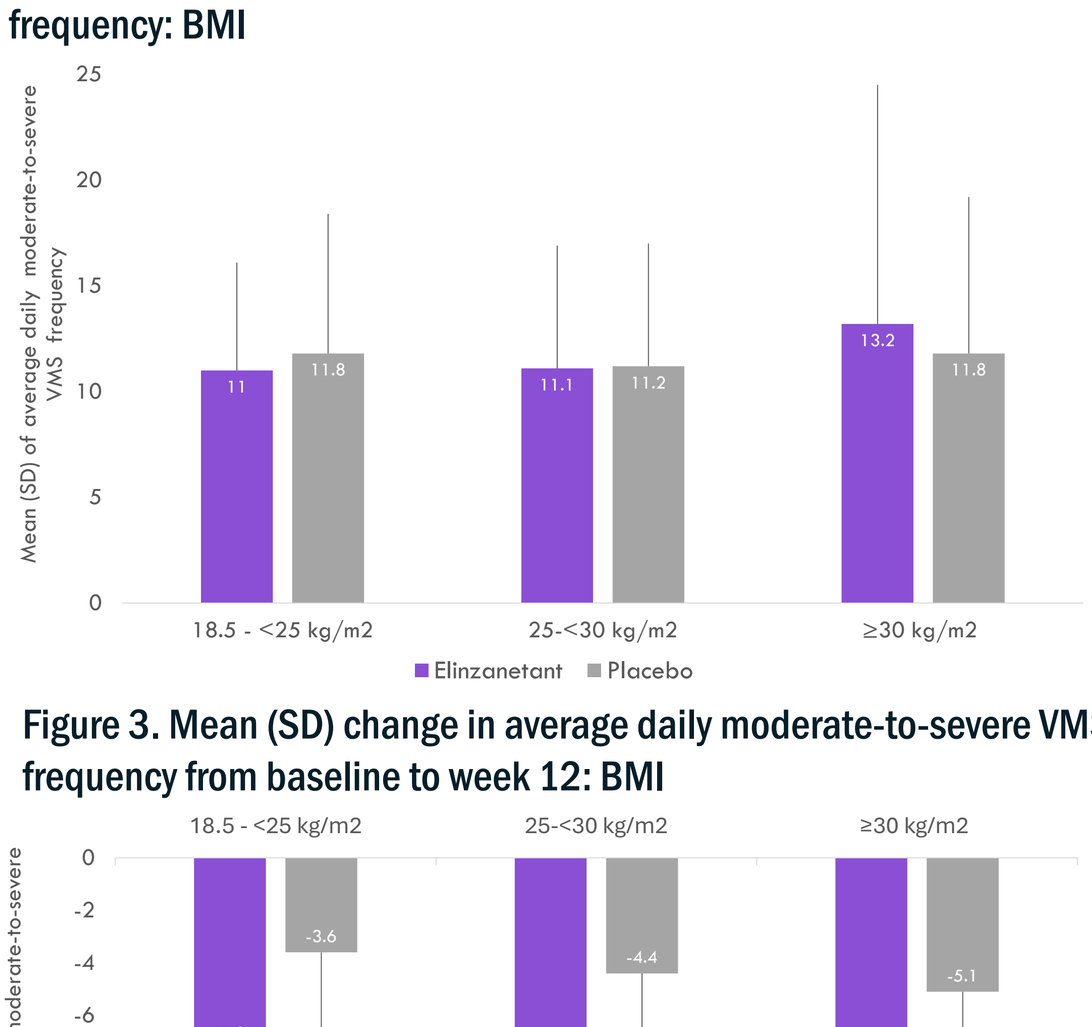
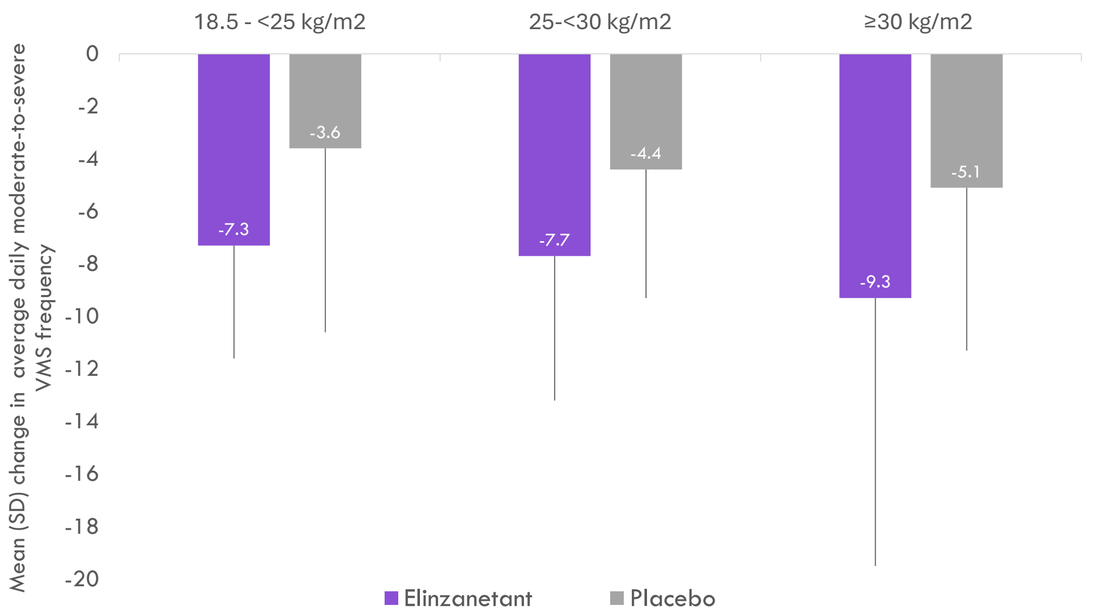



**Figure 3. Mean (SD) change in average daily moderate-to-severe VMS frequency from baseline to week 12: BMI**




### Smoking history subgroups

- Mean baseline average daily moderate-to-severe VMS frequency was similar across never, former and current smokers (Figure 2).
- Reductions from baseline to week 12 were numerically greater with elinzanetant than with placebo across all smoking history subgroups (Figure 3).
- Safety findings were also considered similar across smoking history subgroups and the overall OASIS-4 population.

**Figure 4. Mean (SD) baseline daily moderate-to-severe VMS frequency: smoking history**

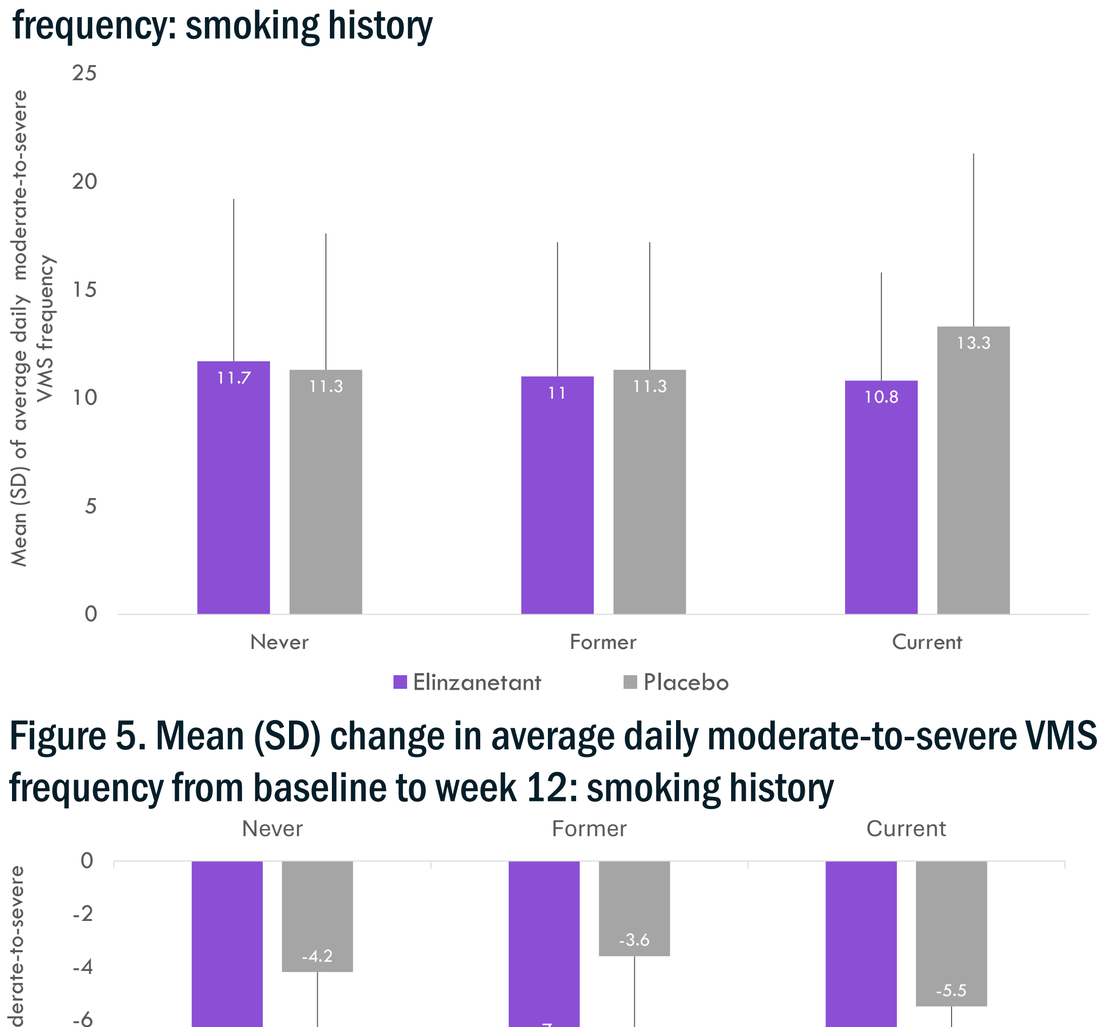
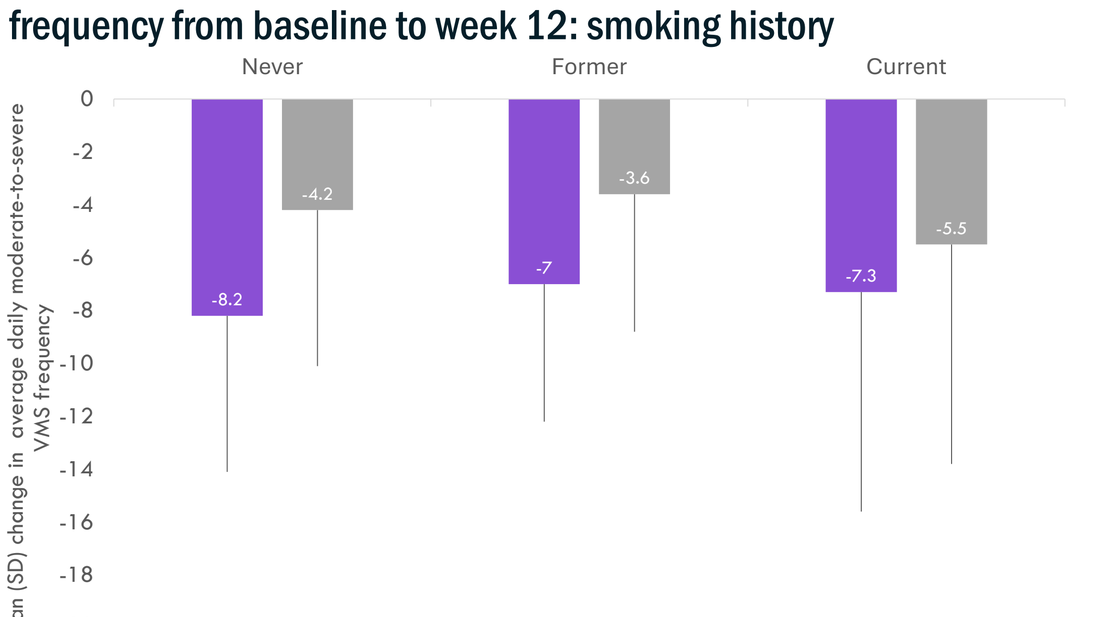



**Figure 5. Mean (SD) change in average daily moderate-to-severe VMS frequency from baseline to week 12: smoking history**




## CONCLUSIONS

**Elinzanetant is the first dual neurokinin-targeted therapy to demonstrate efficacy in reducing VMS in women receiving ET for HR+ breast cancer and consistently demonstrated greater reductions than placebo in moderate-to-severe VMS frequency across the analysed BMI and smoking history subgroups.**

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## REFERENCES

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## DISCLOSURES

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