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Impact of elinzanetant on sleep disturbances and quality of life in women undergoing adjuvant endocrine therapy for breast cancer: Phase III OASIS-4 trial

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INTRODUCTION

Vasomotor symptoms (VMS) and **sleep disturbances** are common in women taking endocrine therapy (ET) for hormone receptor-positive (HR+) breast cancer. They may negatively **impact quality of life** (QoL) and adherence to ET, potentially influencing breast cancer outcomes.[1–4]

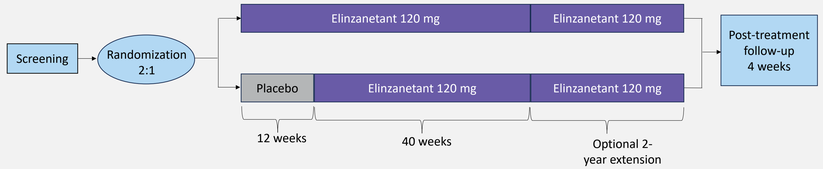
Currently, there are **few efficacious treatment options available for treating VMS in this specific population**, and none approved for this indication.[1]

Elinzanetant (EZN) is a dual neurokinin targeted (NKT) therapy (NK-1 and NK-3 receptor antagonist) in development for the treatment of VMS.[5]

METHODS

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. Sleep disturbance was measured using the Patient-Reported Outcomes Measurement Information System Sleep Disturbance Short Form 8b (PROMIS SD SF 8b) total T-score, and QoL using the Menopause-specific Quality Of Life questionnaire (MENQOL) total score. Changes from baseline to week 12 were analyzed using a mixed model for repeated measures. Two-sided p-values were used for significance testing.

Figure 1. Study design



RESULTS

Sleep disturbances

At baseline, participants reported **moderate sleep disturbances** (according to score classification established in a reference population[6]). EZN demonstrated statistically significantly greater reductions in sleep disturbances compared with placebo at week 12 (**Figure 2**). Improvements were maintained through to week 52 (**Figure 3**).

Figure 2. Mean change from baseline at week 12

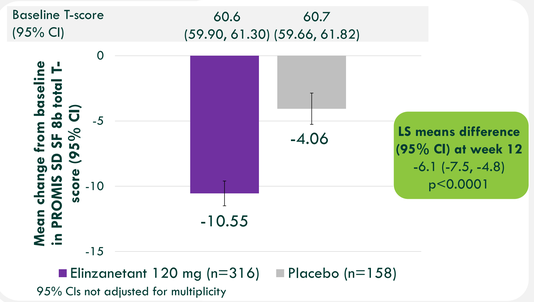
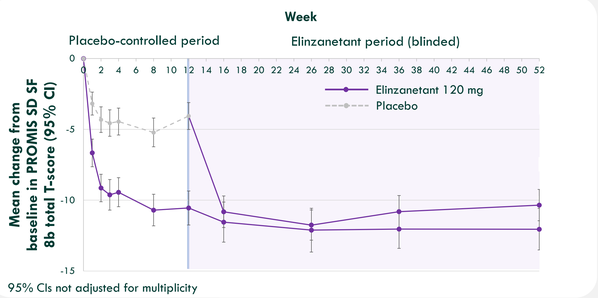


Figure 3. Mean change from baseline over time



Menopause-related QoL

EZN demonstrated significantly greater improvements in menopause-related QoL than placebo at week 12 (**Figure 4**), with benefits sustained through to week 52 (**Figure 5**).

Figure 4. Mean change from baseline at week 12

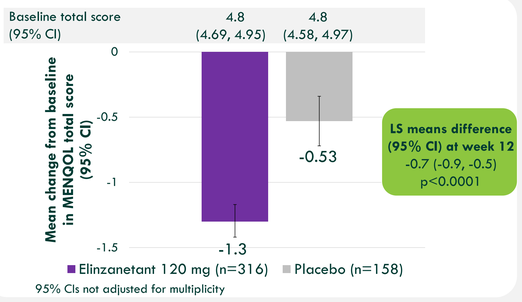
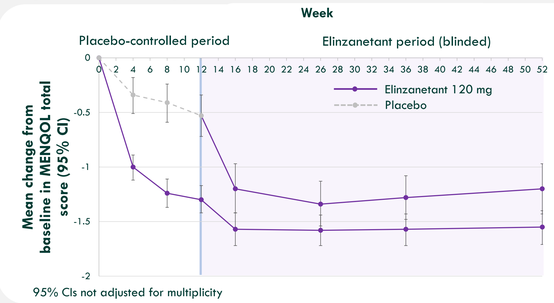


Figure 5. Mean change from baseline over time



CONCLUSIONS

Elinzanetant may help improve the overall treatment experience for women on endocrine therapy for breast cancer by reducing sleep disturbances and improving menopause-related QoL

Elinzanetant significantly **reduced sleep disturbances and improved menopause-related QoL** compared with placebo at week 12

Improvements in both outcomes were maintained throughout the **52-week treatment period**

Managing symptoms like sleep disturbances and improving QoL **may support better adherence to endocrine therapy and breast cancer outcomes**

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DISCLOSURES

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