閉経前進行乳がんにおける生存率の改善（Abstract LBA1008）

MONALEESA-7：ホルモン療法にribociclibを併用することで閉経前進行乳がんにおける生存率が改善する

MONALEESA-7: Adding ribociclib to endocrine therapy improves survival in premenopausal advanced breast cancer

HR陽性／HER2陰性進行乳がんを有する閉経前女性に対し、ribociclib を標準治療であるホルモン療法に併用することで、ホルモン単独療法に比べ全生存率の顕著な改善がみられた、と2019 ASCO Annual Meeting で発表された。国際共同ランダム化第III相試験 MONALEESA-7 は、42か月後の生存率が併用療法を受けた女性で70% であり、ホルモン単独療法を受けた女性では46% であったことを明らかにした。これは、相対死亡リスクが29% 低下したことを示している。Ribociclib 投与群女性における増悪なしの期間中央値は23.8か月であり、プラセボ群においては13か月であった。

Full Text

The international, randomized phase III MONALEESA-7 trial found that adding ribociclib to standard-of-care endocrine therapy significantly improved overall survival for premenopausal women with advanced HR-positive/HER2-negative breast cancer compared with endocrine therapy alone. After 42 months of follow-up, the survival rate was 70% for women who took the combination therapy compared with 46% for women who received endocrine therapy only. Advanced breast cancer is the leading cause of cancer death in women 20 to 59 years of age.

The study was featured in a late breaking trial presented at the 2019 American Society of Clinical Oncology (ASCO) Annual Meeting.

"This is the first study to show improved survival for any targeted therapy when used with endocrine therapy as a first-line treatment for advanced breast cancer," said lead study author Sara A. Hurvitz, MD, Director of the Breast Cancer Clinical Research Program at UCLA Jonsson Comprehensive Cancer Center in Los Angeles, CA. "The use of ribociclib as a front-line therapy significantly prolonged overall survival, which is good news for women with this terrible disease."

Advanced breast cancer is less common in premenopausal women than in older women, and incidence is increasing. MONALEESA-7 is the first trial to focus exclusively on women under age 59 who were premenopausal and had advanced breast cancer for which they had not received prior endocrine therapy.

Ribociclib is a therapy that inhibits the activity of cancer-cell promoting enzymes known as cyclin-dependent 4/6 kinases (CDK 4/6).

Investigators randomly assigned women to ribociclib (a tablet), or to a placebo tablet. All women also received goserelin, an injectable endocrine therapy that suppresses estrogen, and one of three other therapies: the nonsteroidal aromatase inhibitors letrozole or anastrozole, which lower estrogen production, or tamoxifen, which has been used to treat breast cancer for over 40 years and blocks the effects of estrogen in breast tissue.

Six hundred and seventy-two women were enrolled in the study. After a median follow-up of 34.6 months, 173 (26%) were still receiving the therapies, with 116 (35%) of the women still receiving ribociclib and 57 (17%) still receiving the placebo.

The women who received ribociclib lived a median of 23.8 months without the disease progressing compared with 13 months for women who received the placebo. The researchers observed that after 42 months of follow-up, for patients receiving ribociclib, the survival rate was 70% when given with endocrine therapy compared with 46% when given with placebo. Overall this represented a 29% relative reduction in the risk of death.

In addition, the survival rate of 71% and 70% for women who took ribociclib in combination with tamoxifen or a nonsteroidal aromatase inhibitor, respectively, compared with a survival rate of 55% and 43%, respectively, for women who received placebo in combination with tamoxifen or aromatase inhibitors only.

"Advanced breast cancer in pre-menopausal women can be very aggressive. It is important and encouraging to see a targeted therapy that significantly increases survival for younger women with this disease," said ASCO Expert Harold J. Burstein, MD, PhD.

The researchers are doing analyses of patient-reported outcomes as well as sub-analyses of the clinical findings, including looking at biomarkers and circulating tumor DNA that may help them determine which women might benefit most from ribociclib.

The investigators are studying the use of ribociclib in women and men with early-stage HR+, HER2-negative breast cancer in combination with endocrine therapy and other cancer indications.

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