ELEGANT

Elacestrant Versus Standard **E**ndocrine Therapy in Women and Men With Node-Positive, Estro**g**en Receptor-Positive, HER2-Negative, E**a**rly Breast Ca**n**cer With High Risk of Recurrence – A Global, Multicenter, Randomized, Open-label Phase 3 S**t**udy

STUDY RATIONALE

Patients with high-risk ER+/HER2− eBC continue to be at risk of local and metastatic (incurable) recurrence, new therapies with desirable safety profiles are warranted.

In ER+/HER2− eBC patients, the preoperative SOLTI-1905-ELIPSE and SOLTI-2104-PremiERe trials showed that elacestrant was associated with a statistically significant mean change of complete cell cycle arrest rate*, while shifted tumor biology towards a more endocrine-sensitive and less proliferative tumor phenotype in both pre- and postmenopausal women.[2,3]

Elacestrant is a new endocrine therapy that provides both degradative (SERD) and partial agonist (SERM) activity, which can both protect against bone loss and reduce hot flashes; this differs from currently available adjuvant ET, including aromatase inhibitors (AI) and tamoxifen.[1]

Given its demonstrated benefit in mBC and biologic activity in eBC, it is hypothesized that elacestrant can prolong invasive breast cancer-free survival as an adjuvant treatment for patients with high risk of recurrence.

STUDY AIMS

Primary objective

- The ELEGANT trial (NCT06492616) will evaluate the efficacy of elacestrant relative to standard-of-care endocrine therapy (SOC ET) in terms of invasive breast cancer-free survival (IBCFS) in patients with ER+/HER2− early breast cancer with high risk of recurrence

Primary endpoint

IBCFS is the time from date of randomization to the date of first occurrence of:

- Ipsilateral invasive breast tumor recurrence
- Local/regional invasive breast cancer recurrence
- Distant recurrence
- Contralateral invasive breast cancer, or
- Death attributable to any cause

*Complete cell cycle arrest rate defined as Ki67<2.7%. CDK4/6i=cyclin-dependent kinase 4/6 inhibitor; EMERALD Trial (NCT03778931); ER+/HER2− eBC=estrogen receptor-positive/human epidermal growth factor receptor-2 negative early-stage breast cancer; ET=endocrine therapy; mBC=metastatic breast cancer; PFS=progression-free survival; SERM=selective estrogen receptor modulator; SOC=standard of care; SOLTI-1905-ELIPSE Trial (NCT04797728).

1. Wardell SE, et al. Endocr Relat Cancer. 2015;22:713-24. **2.** Vidal et al. SABCS 2022 December 6-10:P13-01. **3.** Bellet M, et al. SABCS 2025 Abstract:PD10-01.

STUDY DESIGN

Patient Population
Node-positive, ER+/HER2− eBC with high recurrence risk who received between 2–5 years of SOC ET ± CDK4/6i. LHRH agonist is required for pre/perimenopausal women and men.
N=4220

R
1:1

Elacestrant
345 mg* QD

Continue ET†
Anastrozole 1 mg QD, Letrozole 2.5 mg QD, Exemestane 25 mg QD or Tamoxifen 20 mg QD

5 years

STRATIFICATION FACTORS

- Menopausal status (pre/perimenopausal vs post-menopausal and men)
- Prior CDK4/6i treatment in the adjuvant setting (yes versus no)
- Time since curative surgery (≤ 4 years versus > 4 years)

*Elacestrant 345 mg is equivalent to 400 mg elacestrant hydrochloride. †Choice of ET in the control arm will be made from SOC options, AI or tamoxifen. During the treatment period, change in ET from one AI to another, or with tamoxifen, and vice versa is allowed per Investigator's judgment. Switches may also occur at randomization due to intolerance to prior SOC or per Investigator's clinical judgment. AI=aromatase inhibitor; CDK4/6i=cyclin-dependent kinase 4/6i; ER+/HER2− eBC=estrogen receptor-positive/human epidermal growth factor receptor-2 negative early-stage breast cancer; ET=endocrine therapy; LHRH=luteinizing hormone-releasing hormone; QD=daily; SOC=standard of care.

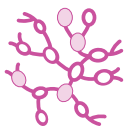
STUDY POPULATION

A total of **4,220 participants** will be randomized from approximately **500 study centers** across **North America, South America, Europe, Middle East and Asia-Pacific.**

STUDY ELIGIBILITY

- ✓ Women or men age ≥18 years
- ✓ Confirmed ER+ (≥10% by IHC) and HER2− (IHC=0, 1+, or 2+ and ISH-negative [not amplified]) early stage resected invasive BC without evidence of recurrence* or distant metastases, per local laboratory, according to ASCO/CAP guidelines
- ✓ High-risk of recurrence as defined at initial staging:

≥4 positive axillary lymph nodes

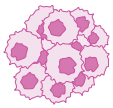


OR

1–3 positive axillary lymph nodes AND

Histologic Grade 3 disease

AND/OR



Tumor size ≥5 cm

AND/OR

High genomic risk (e.g. high-risk Oncotype, MammaPrint, EndoPredict, PAM50)

- ✓ 2–6 years from the date of curative surgical resection
- ✓ Received at least 24 months but not more than 60 months of ET (AIs or tamoxifen at the time of randomization) ± CDK4/6i†
- ✓ Pre/perimenopausal women and men will be administered a LHRH agonist
- ✓ Considered a candidate for an additional 5 years of ET
- ✓ ECOG PS 0–1

*Recurrence-free at baseline based on Investigator's best assessment and negative imaging completed within 6 mo prior to randomization. †Patients who received prior CDK4/6i or PARPi must have already completed or discontinued these treatments. AI=aromatase inhibitor; ASCO=American Society of Clinical Oncology; BC=breast cancer; CAP=College of American Pathologists; CDK4/6i=cyclin-dependent kinase 4/6 inhibitor; ECOG PS=Eastern Cooperative Oncology Group performance status; ER=estrogen receptor; ET=endocrine therapy; HER2=human epidermal growth factor receptor 2; IHC=immunohistochemistry; ISH=*in situ* hybridization; LHRH=luteinizing hormone-releasing hormone; PARPi=poly (ADP-ribose) polymerase inhibitor.

For more information about the ELEGANT clinical trial, including full eligibility criteria and study centers, please visit www.ClinicalTrials.gov trial number NCT06492616.

The ELEGANT Study is open to people of all gender identities, ethnicities and racial backgrounds. By including a diverse population in our study, we may determine whether future treatments being developed could be safe and work for as many people with breast cancer as possible.

SCAN ME

www.elegantstudy.com

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