

## **OPERA-01**

### **TRIAL TITLE**

OP-1250 (Palazestrant) vs. Standard of Care for the Treatment of ER+/HER2-Advanced Breast Cancer (OPERA-01)

### **TRIAL STATUS**

Recruiting

### **TRIAL NUMBER**

NCT06016738

### **TRIAL PHASE**

Phase 3

# PARTICIPANTS ELIGIBLE FOR THE STUDY\*:

- Adult male or female diagnosed with ER-positive/ HER2-negative advanced or metastatic breast cancer that has progressed after prior hormone therapy.
- Female participants may be pre-, peri-, or postmenopausal.
- Participants must have previously received a CDK4/6 inhibitor (such as ribociclib, palbociclib or abemaciclib) combined with hormone therapy.
- Participants must not have received chemotherapy for advanced and/or metastatic breast cancer.

\*Additional eligibility criteria may apply



# **Spotlight on Clinical Trials**

## **FACT SHEET**

### TRIAL DETAILS:

- Approximately 510 participants will be randomized to receive palazestrant or the physician's choice of standard-of-care hormone therapy, which could be fulvestrant, anastrozole, letrozole or exemestane.
- Palazestrant is a pill that is taken once daily.
- Fulvestrant is an injection that is injected into the muscle twice a month for the first month, then once a month thereafter.
  Anastrozole, letrozole and exemestane are pills taken once daily.
- Researchers will determine if palazestrant delays breast cancer progression and prolongs lives better than the physician's choice of hormone therapy.

## ABOUT METASTATIC ER-POSITIVE BREAST CANCER AND PALAZESTRANT:

- People with ER-positive breast cancer that has spread to other parts of the body (metastatic) are treated with <u>hormone therapy</u> in combination with a CDK4/6 inhibitor. Once this treatment stops working, they can switch to a different hormone therapy, and potentially other targeted treatments depending on their cancer characteristics.<sup>1</sup>
- Eventually, after all hormone therapy treatments are exhausted, chemotherapy is used.<sup>1</sup>
- More treatment options are needed for people with metastatic ER-positive breast cancer.
- Palazestrant is being tested as a new hormone therapy option for people with metastatic ER-positive breast cancer.
- An earlier clinical trial found that palazestrant resulted in a clinical benefit rate of 40% and led to a median progression-free survival of 4.6 months for people with metastatic ER-positive breast cancer that was previously treated and progressed on or returned after other treatments.<sup>2</sup>

### **REFERENCES:**

- Hormone Therapy for Metastatic Breast Cancer: <a href="https://www.komen.org/breast-cancer/metastatic/metastatic/hormone-therapy-for-metastatic-breast-cancer/">https://www.komen.org/breast-cancer/metastatic/metastatic/hormone-therapy-for-metastatic-breast-cancer/</a>
- <sup>2</sup> Lin NU et al. Results from the phase 1/2 study of OP-1250, an oral complete estrogen receptor (ER) antagonist (CERAN) and selective ER degrader (SERD) in patients (pts) with advanced metastatic ER-positive, HER2-negative breast cancer. 2023 European Society for Medical Oncology (ESMO) Congress 2023, Madrid, Spain, October 22, 2023.