**METHODS**

### The Adenosine Axis in Cancer

- **Primary objective:** to assess safety and efficacy of etrumadenant (Etruma) + pegylated liposomal doxorubicin (PLD) in combination with standard of care (SoC) chemotherapy in patients with TNBC or ovarian cancer.

- **Secondary objectives:** to evaluate PK, PK/PD, and biomarker relationships.

- **Study Design:** Doublet (TNBC) and Triplet (all patients) Arm (Figure 2).

- **Primary endpoint:** objective response rate (ORR) in the TNBC doublet arm.

- **Additional endpoints:** safety, tolerability, PK, biomarker profiling, and PK/PD relationships.

- **Dose Expansion:** Etruma + PLD + Eganelisib (30 or 40 mg PO QD) in TNBC patients with confirmed PD who remained on-study,

- **Key Inclusion Criteria:**
  - ≥18 years of age
  - Eastern Cooperative Oncology Group (ECOG) performance status 0–1
  - Adequate hematologic, hepatic, and renal function
  - Metastatic disease in TNBC or ovarian cancer

- **Key Exclusion Criteria:**
  - Prior treatment with PLD
  - Concomitant use of any investigational drug

### RESULTS

#### Safety Analyses

- **Adverse events:** 15/15 patients had any treatment-emergent adverse event (TEAE).

- **Grade 3 or higher adverse events:**
  - Nausea: 8/32 (25%)
  - Fatigue: 2/32 (7%)
  - Anemia: 1/32 (3%)
  - Pruritis: 1/32 (3%)
  - Rash: 2/32 (7%)

- **Deaths:**
  - One death due to TEAEs in the TNBC doublet arm, resulting in PLD discontinuation.

#### Clinical Activity

- **ORR in TNBC Doublet Arm:**
  - 150 mg Etruma + PLD + Eganelisib RDE
  - 3 (43%) patients achieved a partial response (PR) and 4 had stable disease (SD) as a best response

#### Biomarker Analysis

- **PD-L1 and PD-1 expression:**
  - N/A

#### PK and PK/PD Analysis

- **PK characteristics:**
  - N/A

- **PK/PD relationships:**
  - N/A

### Patient Characteristics

#### Table 1: Patient Demographics and Characteristics

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Doublet (TNBC)</th>
<th>Triple (All Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years (mean ± SD)</td>
<td>58.2 ± 11.7</td>
<td>57.5 ± 13.1</td>
</tr>
<tr>
<td>ECOG performance status</td>
<td>0.8 ± 0.3</td>
<td>0.8 ± 0.3</td>
</tr>
<tr>
<td>Prior chemotherapy</td>
<td>4.0 ± 1.7</td>
<td>4.0 ± 1.7</td>
</tr>
<tr>
<td>TNBC: Etruma + PLD</td>
<td>0.7 ± 0.4</td>
<td>0.7 ± 0.4</td>
</tr>
<tr>
<td>TNBC: Etruma + PLD + Eganelisib</td>
<td>1.0 ± 0.5</td>
<td>1.0 ± 0.5</td>
</tr>
<tr>
<td>Ovarian: Etruma + PLD</td>
<td>0.6 ± 0.4</td>
<td>0.6 ± 0.4</td>
</tr>
<tr>
<td>Ovarian: Etruma + PLD + Eganelisib</td>
<td>1.0 ± 0.5</td>
<td>1.0 ± 0.5</td>
</tr>
</tbody>
</table>

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- **San Antonio Breast Cancer Symposium 2020**

- **REFERENCES**

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**CONCLUSIONS**

- **Etruma + PLD regimen has been well tolerated with significant evidence of activity in TNBC and ovarian cancer.

- **Doublet and Triplet combinations demonstrate clinical benefit, including activity in patients with known PD-

- **Triplet regimen is scheduled for further exploration.

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