Sonidegib Duration of Response in Advanced Basal Cell Carcinoma: Long-term Results from the Phase 2 BOLT Trial

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BACKGROUND
• Basal cell carcinoma (BCC) is the most common form of skin cancer.1 More than 4 million cases are diagnosed in the United States (US) each year.2
• Treatment options for patients with locally advanced (laBCC) or metastatic BCC (mBCC) are limited1
• 95% of patients with BCC have mutations in the Hedgehog (HH) signaling pathway components Patched-1 (PTCH1);95% or Smoothened (SMO);10%3
• Sonidegib is an inhibitor that blocks HH signaling by selective inhibition of the SMO protein4 (Figure 1)

OBJECTIVES
• Hedgehog pathway inhibitors are a relatively recent class of drugs, and therefore their long-term duration of response (DOR) is not well characterized
• DOR was one of the key secondary endpoints from the BOLT clinical trial
• DOR results from the BOLT trial at 30 months in laBCC and mBCC are reported here

METHODS
BOLT Study Design
• BOLT was a randomized, double-blind phase 2 clinical trial conducted in 38 centers across 12 countries5 (Figure 2)
• Adults enrolled had either histologically confirmed laBCC (not amenable to curative surgery or radiation) or mBCC (where all other treatment options had been exhausted)
• Patients received either 200 mg or 800 mg of sonidegib once daily (Figure 3)

Sonidegib was approved based on results of the pivotal phase BOLT (Basal Cell Carcinoma Outcomes with LDE225 [sonidegib] Treatment) trial6 (NCT01327053) (Figure 4)
• Sonidegib is approved in the US, the European Union, Switzerland, and Australia for the treatment of patients with locally advanced basal cell carcinoma (laBCC)7
• In Switzerland and Australia, sonidegib is also approved for the treatment of mBCC

DATA ANALYSES
• 30-month analysis data will be shown here
data cutoff, July 10, 2019; median follow-up, 38.2 months
• Only data from the 200-mg treatment arm will be presented as this dose was found in earlier studies to be more tolerable and equally as effective as the higher dose

RESULTS
By central review, the median DOR for laBCC was 26.1 months7 (Figure 5) By central review, the median DOR for mBCC was 24.0 months7

CONCLUSIONS
• With 30 months of follow-up, sonidegib continued to demonstrate durable responses in patients with laBCC or mBCC at the approved dosage of 200 mg once daily
• Importantly, patients with laBCC treated with sonidegib had sustained responses persisting beyond treatment discontinuation
• These results continue to support the use of sonidegib 200 mg QD for the treatment of patients with advanced BCC, in accordance with local guidelines

REFERENCES

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