BERLIN 2025 ESMO congress

Preoperative window-of-opportunity study with giredestrant or tamoxifen in premenopausal women with estrogen receptor-positive/human epidermal growth factor receptor 2-negative and Ki67≥10% early breast cancer: the EMPRESS study

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October, 2025

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY

Declaration of Interests

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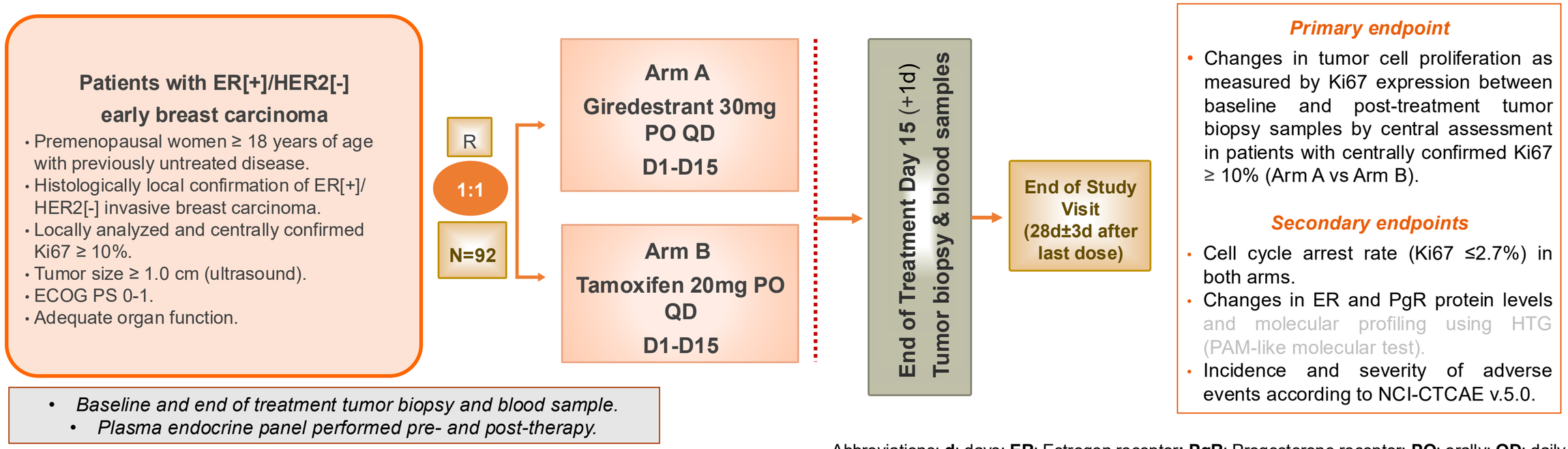
- Research support: Roche, Agendia, Lilly, Pfizer, Novartis, Merck Sharp & Dohme, Gilead, and Daichii-Sanyo
- Consulting or advisory role: Lilly, Roche, Pfizer, and Novartis
- Speakers' bureaus: Lilly, AstraZeneca, Merck Sharp & Dohme, Pfizer, Novartis
- Travel support: Roche, Pfizer, AstraZeneca, Steamline therapeutics, Merck Sharp&Dhome
- Stock or other ownership: MEDSIR and Initia-Research
- Patents (HER2 as a predictor of response to dual HER2 blockade in the absence of cytotoxic therapy. Aleix Prat, Antonio Llombart, Javier Cortés.US 2019/ 0338368 A1. LICENSED)

Background & Study design

- Giredestrant is a potent, nonsteroidal, next generation oral selective ER degrader (SERD) and full antagonist with antitumor activity in patients with ER[+]/HER2[-] early and advanced breast cancer.
- In pre- and perimenopausal women, it is administered in combination with gonadotropin-releasing hormone (GnRH) analogs.
- EMPRESS (NCT05659563) evaluated if short-term preoperative giredestrant, without GnRH analogs, is superior to tamoxifen in reducing Ki67 in premenopausal ER[+]/HER2[−] early breast cancer patients.



Abbreviations: **d**: days; **ER**: Estrogen receptor**; PgR**: Progesterone receptor; **PO**: orally; **QD**: daily

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Key baseline characteristics

	Tamoxifen (N=46)	Giredestrant (N=46)	Overall (N=92)
Age (years); median (range)	46.0 (37-55)	46.0 (35-55)	46.0 (35-55)
ECOG			
0	42 (91.3%)	45 (97.8%)	87 (94.6%)
1	4 (8.7%)	1 (2.2%)	5 (5.4%)
Tumor size (cm); median (range)	20.0 (10.0-50.0)	18.0 (10.0-55.0)	20.0 (10.0-55.0)
Primary tumor (T)			
T1	20 (43.5%)	24 (52.2%)	44 (47.8%)
T2	25 (54.3%)	20 (43.5%)	45 (48.9%)
T3	1 (2.2%)	2 (4.3%)	3 (3.3%)
Regional lymph nodes (N)			
N0	42 (91.3%)	43 (93.5%)	85 (92.4%)
N1	4 (8.7%)	3 (6.5%)	7 (7.6%)
Ki67 distribution at baseline (central assessment)			
Mean (SD)	23.7 (12.9)	23.5 (9.8)	23.6 (11.4)
Median (Q1; Q3)	22.0 (16.0; 27.0)	21.5 (17.2; 26.0)	22.0 (16.0; 27.0)
Range	11.0-84.0	10.6-52.0	10.6-84.0

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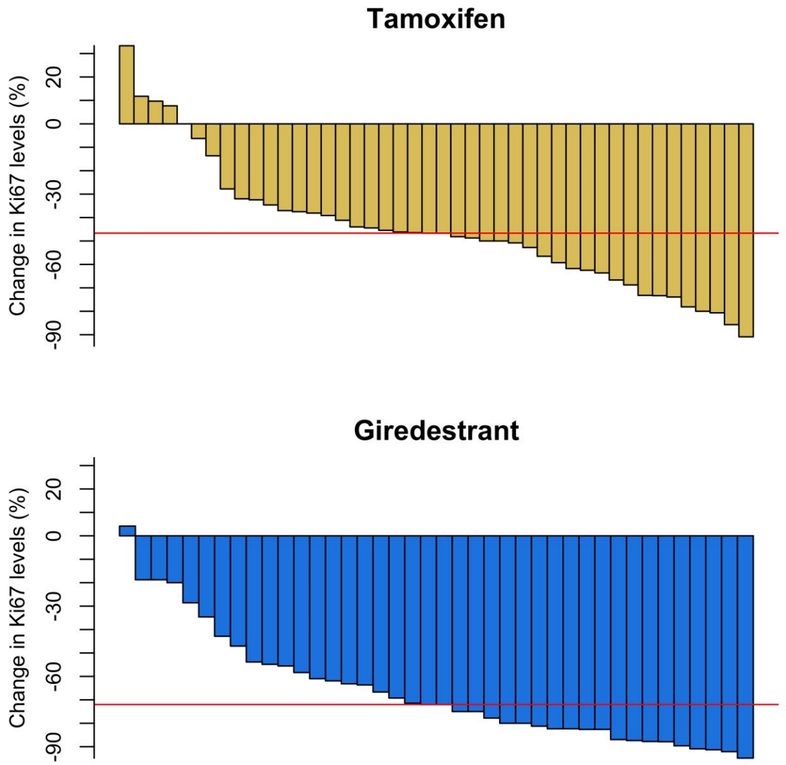
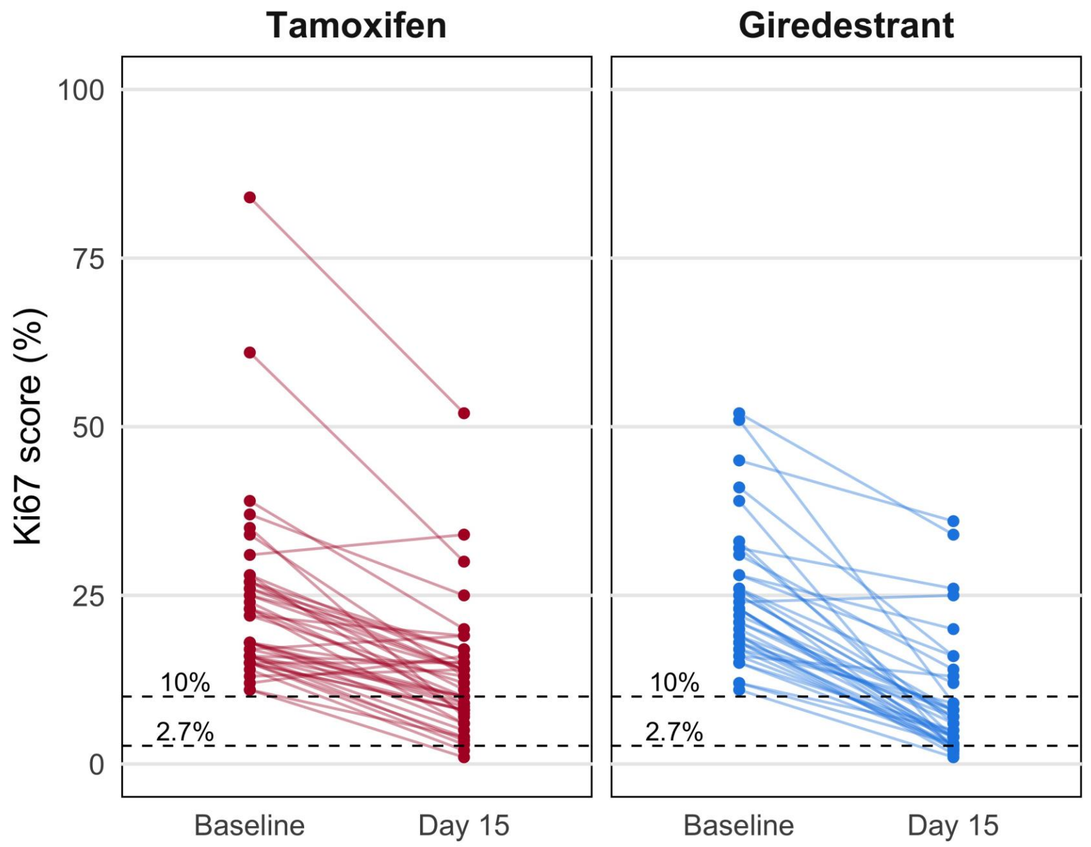
Efficacy Results: Primary Endpoint

Relative change in Ki67 levels



	Tamoxifen	Giredestrant	
Relative reduction % (95% CI)	-51 (-59; -43)	-73 (-78; -66)	**<0.001**

Change in Ki67 levels between baseline and post-treatment



*Efficacy analyses are performed in the modified ITT population, including 44 in the tamoxifen group and 40 patients in the giredestrant group.

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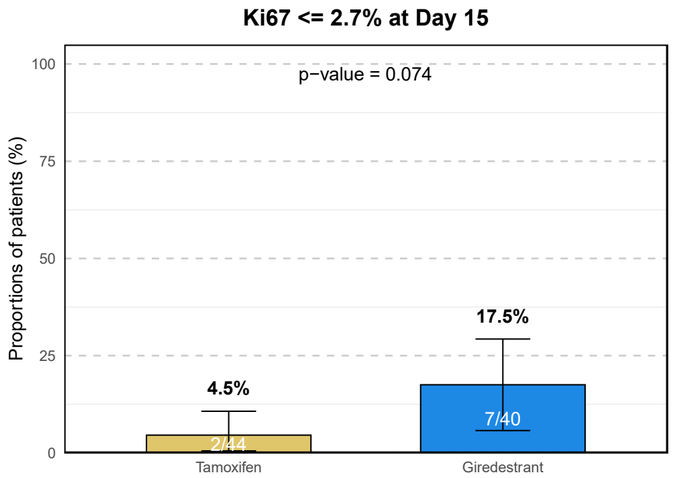
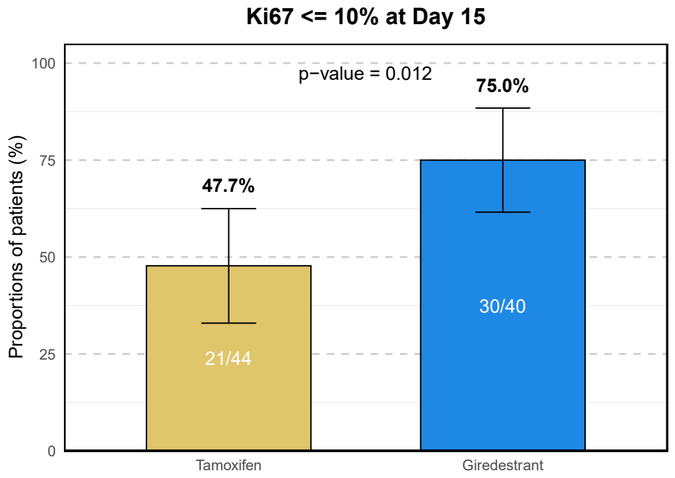
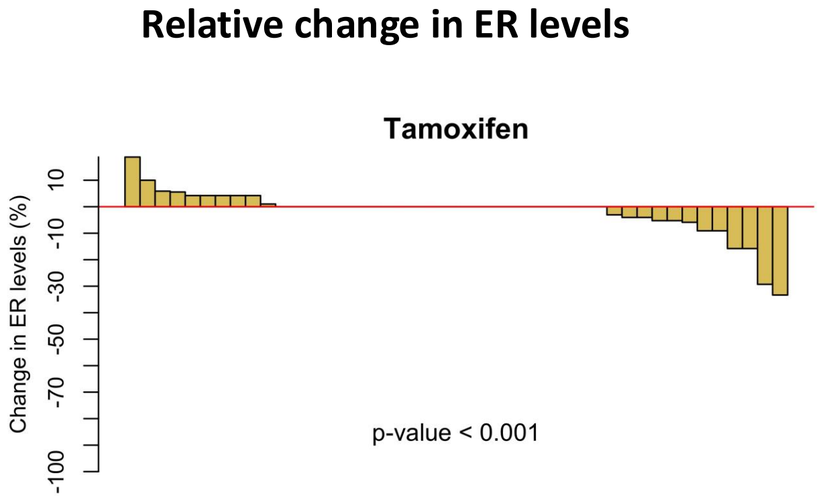
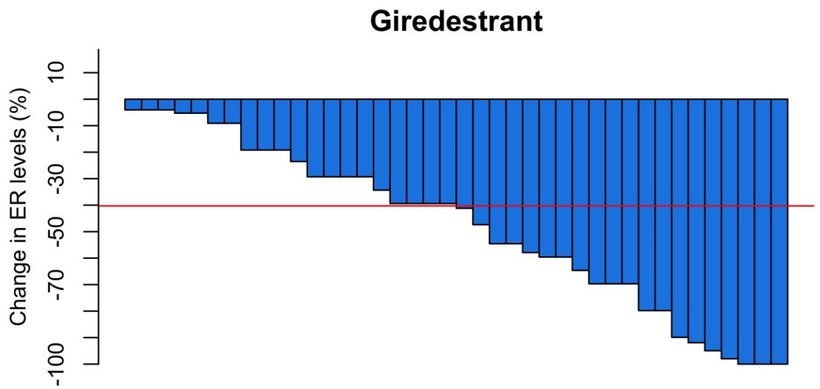
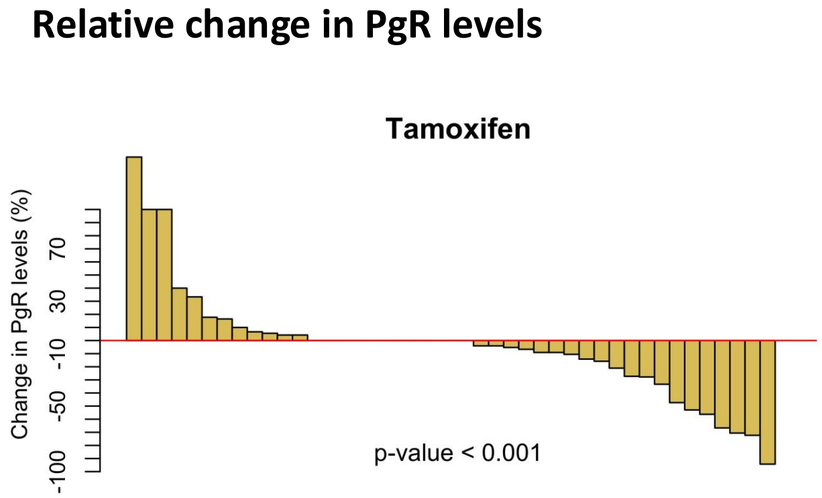
Efficacy Results: Secondary Endpoints











*Efficacy analyses are performed in the modified ITT population, including 44 in the tamoxifen group and 40 patients in the giredestrant group.

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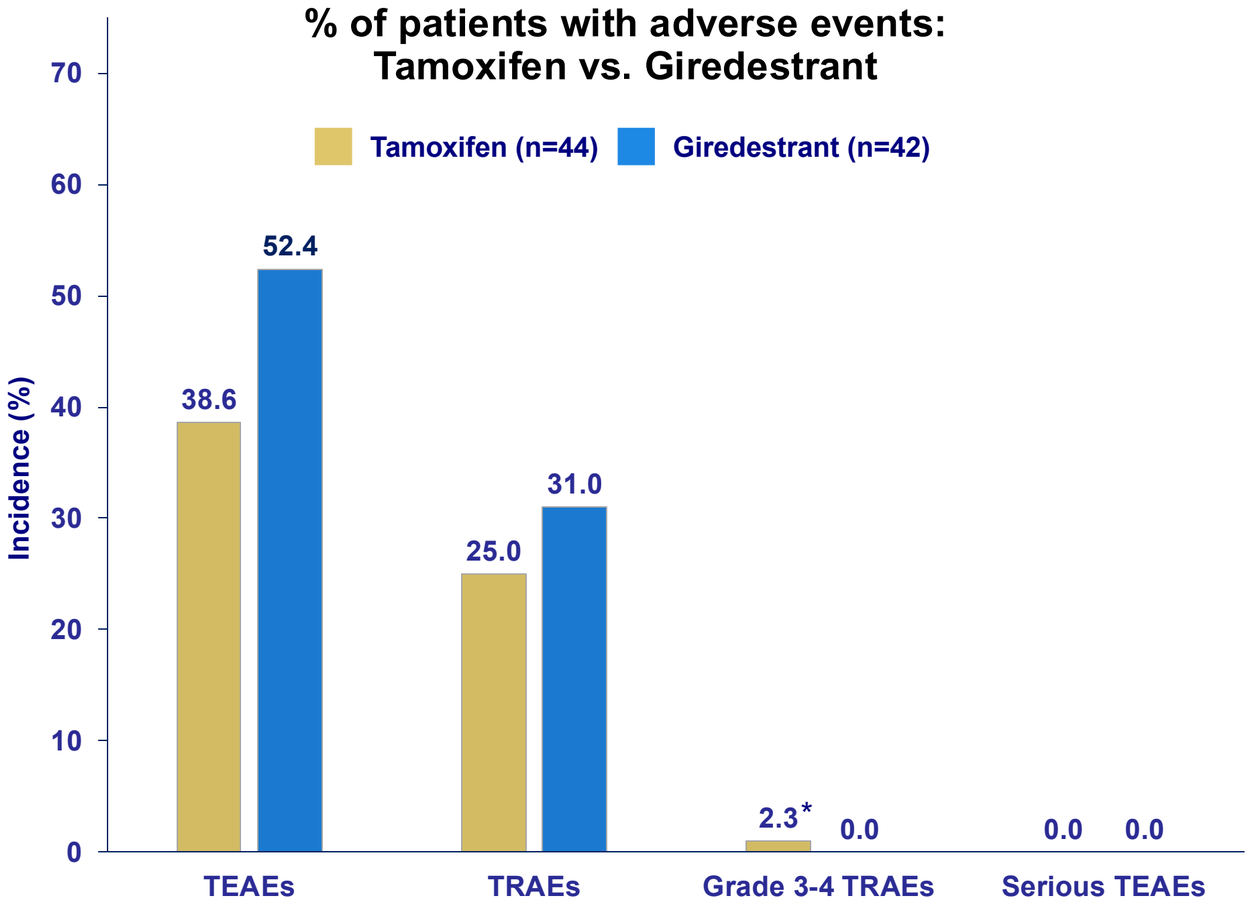
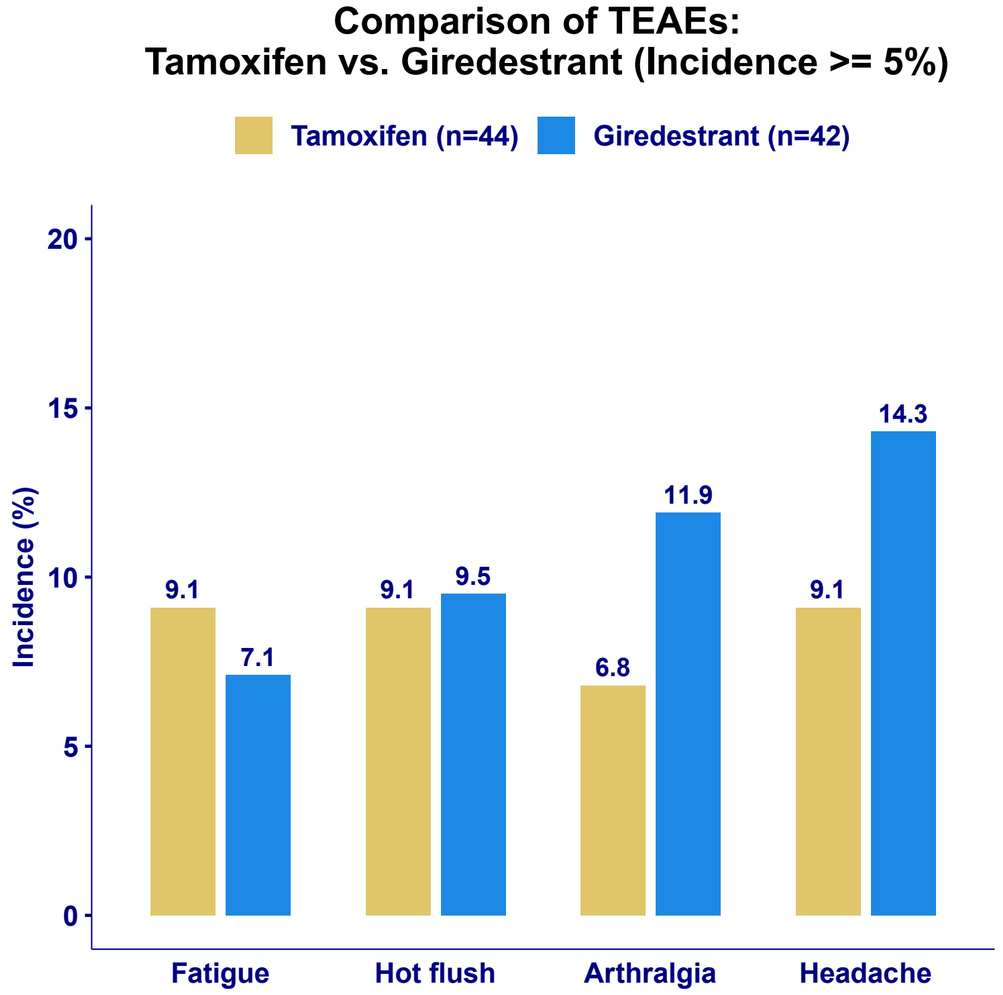
Safety Results



* Only one patient was reported grade 3 (hypertriglyceridaemia) in the tamoxifen group



* Safety analyses are performed in the safety population (all patients who received at least one dose of study treatment), including 44 in the tamoxifen group and 42 patients in the giredestrant group.

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Conclusions

- Preoperative giredestrant, administered for 15 days without GnRH analogs in premenopausal women with ER[+]/HER2[-] early breast cancer, demonstrated statistically superior antiproliferative activity than tamoxifen.
- Giredestrant exerts robust ER antagonism at the tumor level, as reflected by significant post-treatment reductions in Ki67, ER, and PgR expression.
- The toxicity profile was as expected according to each treatment strategy.
- The EMPRESS study demonstrates a robust biological activity for giredestrant in premenopausal women, with short-term antiproliferative effects comparable to those observed in postmenopausal patients in the Coopera study. .

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Acknowledgements

Thank you to the patients and their families for their participation in this trial.

We would like to thank all the investigators and personal from our 20 sites across Spain, Roche company, and the study team at MEDSIR.

Scan the QR codes to download this presentation and its lay language summary *

Presentation

Lay language summary

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