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Camizestrant plus ribociclib in hormone receptor-positive/HER2-negative advanced breast cancer: The phase II CADILLAC trial

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BACKGROUND

- CDK4/6 inhibitors (CDK4/6i) combined with endocrine therapy (ET) are the standard first-line treatment for hormone receptor–positive (HR+)/HER2–negative (HER2–) advanced breast cancer (ABC) **[1,2]**.
- Secondary endocrine resistance includes patients relapsing after ≥2 years of adjuvant ET during treatment or within 12 months of discontinuation but does not distinguish according to adjuvant ET duration **[3]**; thus, whether HR+ tumors progressing after prolonged adjuvant ET (≥5 years) constitute a biologically and prognostically distinct entity remains unclear.
- Next-generation oral selective estrogen receptor degraders (SERDs) provide more potent estrogen receptor (ER) degradation and have demonstrated superiority over standard ET in patients with previously treated endocrine-resistant ABC **[4,5]**.
- Multiple clinical trials are currently evaluating the next-generation SERD camizestrant to optimize treatment strategies and assess its efficacy and safety in HR+/HER2– ABC **[6-8]**.
- In CADILLAC, we hypothesized that camizestrant plus ribociclib as first-line therapy may improve outcomes versus historical ribociclib plus aromatase inhibitor (AI) or fulvestrant in HR+/HER2– ABC relapsing after long-term adjuvant ET.

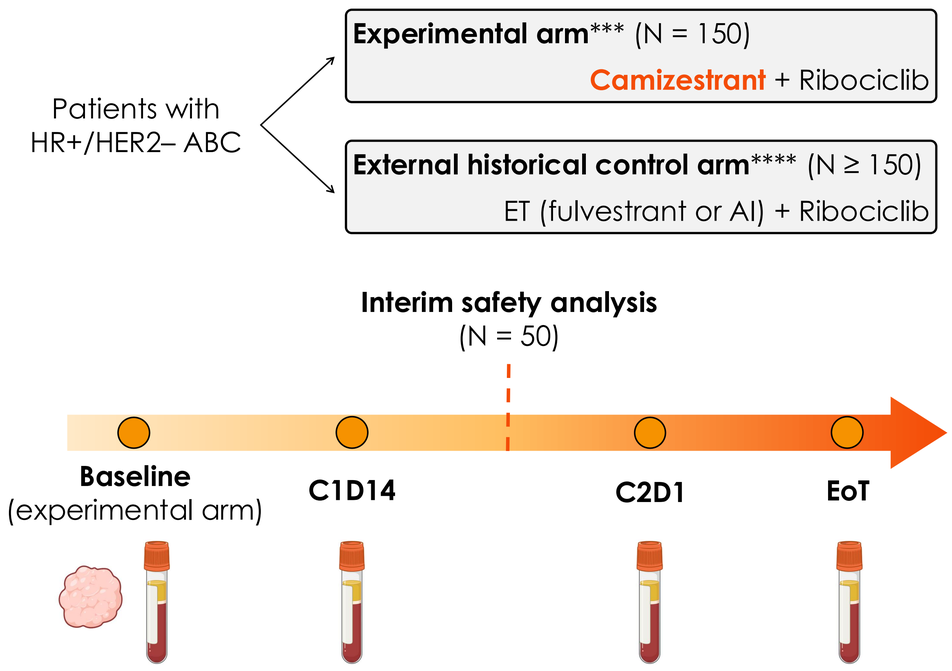
TRIAL DESIGN

- CADILLAC (NCT07195227) is an international, multicenter, open-label, single-arm, external historical-controlled phase II trial.
- Patients will be enrolled from a total of 28 sites in Spain, Germany, and China.

KEY INCLUSION CRITERIA

- Patients ≥18 years of age regardless of menopausal status*.
- Documented histologically confirmed HR+/HER2– breast cancer as per local assessment.
- Unresectable locally recurrent or metastatic disease confirmed by computed tomography or magnetic resonance imaging.
- Patients must have received adjuvant ET ≥ 5 years, of which at least 2 years with AI**.
- Patients who received CDK4/6i therapy in the (neo)adjuvant setting are allowed if disease progression is confirmed more than 12 months following CDK4/6i treatment completion.
- Measurable disease as defined per RECIST v.1.1. or non-measurable, but evaluable, including bone-only disease with at least 1 lytic or mixed lytic-blastic bone lesion.
- LVEF ≥ 50% measured by echocardiogram or MUGA scan.
- ECOG PS 0-1.
- Adequate hematologic and organ function.

*Men and pre- and peri-menopausal women must receive luteinizing hormone-releasing hormone agonists throughout the study.
**Capped to 30% patients with treatment-free interval ≥ 12 months.



*** Camizestrant (75 mg orally, daily continuously each 28-day cycle), and ribociclib (600 mg orally, once daily on days 1-21 of each 28-day cycle).

**** Data will be collected from all or some of the following trials: MONALEESA-2, MONALEESA-3, MONALEESA-7, CompLEEment-1, and RIBECCA.

PRIMARY ENDPOINT

- PFS (vs. PFS of external historical control arm)

SECONDARY ENDPOINTS

- OS
- Overall response rate
- Duration of response
- Clinical benefit rate
- Time to response
- Time to subsequent line of chemotherapy
- Safety and toxicity (CTCAE v.5.0)

EXPLORATORY ENDPOINTS

- PFS and OS according to *ESR1*-mutant subpopulation

All efficacy endpoints will be locally assessed by the investigator using RECIST v1.1.

ABC: Advanced breast cancer, **AI:** Aromatase inhibitor, **CDK4/6i:** cyclin-dependent kinase 4 and 6 inhibitor, **CTCAE:** Common terminology criteria for adverse events, **CxDx:** Cycle X, Day X, **ECOG PS:** Eastern Cooperative Oncology Group, **EoT:** End of treatment, **ER:** Estrogen receptor, **ET:** Endocrine therapy, **HER2:** Human epidermal growth factor receptor 2, **HR:** Hormone receptor, **IHC:** Immunohistochemistry, **ISH:** In situ hybridization, **LVEF:** Left ventricular ejection fraction, **MUGA:** Multigated acquisition, **PFS:** Progression-free survival, **OS:** Overall survival, **RECIST:** Response evaluation criteria in solid tumors,

STATISTICS

- A total of >300 patients across the experimental arm and the external historical control arm is needed to achieve an effective total of 157 PFS events for the primary analysis.
- The external historical control arm will consist of patients who received at least one dose of ribociclib plus standard ET and meet the selection criteria of CADILLAC.
- Propensity score methods will be employed to balance the baseline characteristics between both arms.
- Inverse probability of treatment weighting will be used to adjust for differences in patient characteristics between both arms.
- The null hypothesis is defined as a median PFS ≤20.3 months (derived from the results observed in the ribociclib + fulvestrant arm of MONALEESA-3), whereas the alternative hypothesis corresponds to a median PFS ≥28.7 months (target hazard ratio 0.707).
- Stratified log-rank test at one-sided 5% significance level and 70% power.
- Interim efficacy and safety analyses are planned once the first 50 patients have completed ≥6 months of treatment. Enrollment will not be paused during this interim analysis.

TRIAL ENROLLMENT

The CADILLAC study opened to accrual on 18 December 2025 and, as of 10 May 2026, 3 patients have been enrolled.

BIBLIOGRAPHY

1. Burstein HJ, et al. *J Clin Oncol*. 2021; 39: 3959–3977.
2. Cardoso F, et al. *Ann Oncol*. 2020; 31: 1623–1649.
3. Cardoso F, et al. *Breast*. 2024; 76: 103756.
4. Gheysen M, et al. *Cancer Treat Rev*. 2024; 130: 102825.
5. Jhaveri KL, et al. *N Engl J Med*. 2025; 392: 1189–1202.
6. Im S-A, et al. *J Clin Oncol*. 2021; 39: Suppl.15.
7. Oliveira M, et al. *Lancet Oncol*. 2024; 25: p1424–p1439.
8. Bidard F-C, et al. *N Eng J Med*. 2025; 393: 569-580.

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Scan here to view the lay language summary of this trial in progress.

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