In a mouse-xenograft model of BCBM, EP exhibited a significant reduction in risk of death with EP relative to TPC* (P=0.08) (48% vs 63% with TPC, P<0.0001). EP prolonged median overall survival (OS) by 2.1 months (10.0 months (7.8, 15.7) CI) compared to TPC: n=31, [events=29]; median OS (95% CI) 10.0 months (7.8, 15.7). Grade 3 adverse events were significantly less common with EP than TPC. For participating trial sites please visit https://clinicaltrials.gov, and search NCT02915744.

**Figure 4. Study Design**

- **Patients with BCBM**
- **Previously treated (SRS/WHRT or surgery) and stable brain metastases**
- **Previously treated with an anthracycline, a taxane, and capecitabine**
- **ECOG PS 0-1**

**Stratification by:**
- **Geographic region**
- **Hormone and HER2 Receptor Status** (TNBC, HER2+, or HR+/HER2-)
- **ECOG PS**

**Figure 2. EP Prolongs Survival of Animals with Triple-Negative Breast Cancer Brain Metastases**

- **IV Treatment**
- **Vehicle (n=18)**
- **EP (50 mg/kg IV) (n=10)**
- **EP (10 mg/kg IV) (n=10)**
- **Intracardiac injection of MDA-MB-231BR cells in mice; treatment starts after brain metastases are established (1 days after tumor injection); N dose q7d for duration of study**

**Figure 3. EP Prolongs Survival of Animals with Triple-Negative Breast Cancer Brain Metastases vs TPC**

- **Treatment started**
- **Vehicle**
- **EP (50 mg/kg)**
- **Docetaxel**
- **Vinorelbine**
- **Eribulin**
- **Gemcitabine**

**Statistical Plan and Methods**

- **The study is powered for detecting superiority of EP versus TPC in OS. A total of 350 patients will be enrolled to observe at least 260 required deaths to test the primary hypothesis of superiority; this provides 90% power to detect an improvement of survival from 6 to 9 months with a Hazard Ratio of 0.67 at an overall significance level of 0.05.**
- **The primary analysis will be a two-sided log-rank test stratified by geographic region, ECOG PS, and tumor receptor status.**
- **One interim analysis will be conducted when 50% of the 260 events have occurred (ie, 130 deaths). The purpose of the interim analysis is to determine whether early termination of the study due to overwhelming efficacy, or due to futility can be supported.**

**References**