Protocol Title: Phase III Randomized, Placebo-Controlled Clinical Trial Evaluating the Use of Adjuvant Endocrine Therapy +/- One Year of Everolimus in Patients with High-Risk, Hormone Receptor-Positive, and HER2/Neu Negative Breast Cancer (S1207)

Target Population: Breast Cancer

Summary: To compare whether the addition of one year of Everolimus (10 mg daily) to standard adjuvant endocrine therapy improves invasive disease-free survival (IDFS) in patients with High-Risk, Hormone-Receptor (HR)-Positive, and Human Epidermal Growth Factor Receptor (HER)2-Negative Breast Cancer.

Key Inclusion Criteria:
- Histologically confirmed diagnosis of Invasive Breast Carcinoma with Positive ER and/or PR status, and Negative HER2, for whom standard adjuvant endocrine therapy is planned:
  - ER and PR Positivity must be either ER or PR ≥ 1% Positive Nuclear Staining
  - HER2 Test Result Negativity
- Patients must not have Metastatic Breast Cancer (Stage IV Disease).
  - Patients with multifocal, multicentric, and synchronous bilateral, and primary inflammatory breast cancers are allowed.
- Patients must be high risk by belonging to one of the following risk groups:
  - Completion of adjuvant chemotherapy and N0 or N1mi, with a tumor measuring ≥ 2 cm in greatest diameter, and an Oncotype DX® Recurrence Score (RS) > 25.
  - Completion of adjuvant chemotherapy and N1 and either an Oncotype DX® RS > 25 or pathological Grade III tumor.
    - If Oncotype DX is done, then RS must be > 25.
    - If the test is not done, but patient has Grade III disease then no Oncotype needs to be done.
  - Completion of adjuvant chemotherapy and N2 or higher.
  - Completion of neoadjuvant chemotherapy and ≥ 1 positive nodes pathologically determined prior or after chemotherapy.
- Must have undergone axillary staging by sentinel-node biopsy or axillary lymph node dissection:
  - All patients with ≥ 4 positive lymph nodes must have completed ALND (with or without prior sentinel-node biopsy).
- Completed either breast-conserving surgery with breast radiation or total mastectomy, with negative margins and appropriate axillary staging; additional procedures may be performed to clear margins:
  - Patients with ≥ 4 positive lymph nodes must have completed breast/chest wall and nodal-basin radiation therapy.
  - Patients must be registered no sooner than 21 days after completion of radiation therapy.
- Fasting cholesterol ≤ 300 mg/dL and triglycerides ≤ 2.5 times IULN.
- Patients must have completed standard neoadjuvant or adjuvant chemotherapy prior to randomization.
  - Should include a minimum of 4 cycles (a cycle of weekly Paclitaxel is considered 3 doses).

Key Exclusion Criteria:
- Known hepatitis, uncontrolled pulmonary disease, prior mTOR Inhibitor exposure, immune compromised patients, steroid-dependent patients, patients using P450 3A4 (CYP3A4) Inhibitors and/or CYP3A4 Inducers, Grade III/IV Cardiac Disease, uncontrolled diabetes.

Contacts:
- Principal Investigator: John T. Cole, MD
- Research Nurses (RN): Socea May (smay@ochsner.org, ext. 22373)
- Jessica Rentfrow (jessica.rentfrow@ochsner.org, ext. 32652)

For additional information: https://clinicaltrials.gov/ct2/show/NCT01674140