Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:
https://reachmd.com/programs/cme/ongoing-trials-in-oral-targeted-strategies-in-breast-cancer/57228/

Released: 06/05/2026
Valid until: 06/04/2027
Time needed to complete: 20m

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Ongoing Trials in Oral Targeted Strategies in Breast Cancer

Announcer:
You're listening to GLC on ReachMD. This activity is provided by Global Learning Collaborative and is part of our Minute CE curriculum. Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements, as well as the learning objectives.

Dr. Bardia:
Hello, I'm Aditya Bardia, and I'm excited to talk about a number of clinical trials that were presented at ASCO 2026 as Trials in Progress. As a reminder, Trials in Progress is a category that talks about the study design, talks about eligibility, study population, and the excitement related to these studies. No study results are presented in these Trials in Progress posters, but they provide important context in terms of how the future of oncology is going to look like.

So I'll talk about four studies, all related to oral SERDs, elacestrant, that were presented as Trials in Progress at ASCO 2026.

The first one is ELECTRA. This is a clinical study that's looking at the combination of elacestrant with abemaciclib, a CDK4/6 inhibitor, for patients with ER-positive, HER2-negative metastatic breast cancer who have brain metastases. The idea is that brain metastases continue to represent an unmet need in the field of breast oncology. Both abemaciclib and elacestrant can cross the blood-brain barrier. So this trial would look at the combination of these two oral agents to see if it can help patients with brain metastases who also have ER-positive, HER2-negative disease.

The second also builds on the combination of elacestrant. It's the ADELA study. This is a double-blind, placebo-controlled phase 3 trial that's looking at elacestrant with everolimus versus elacestrant plus placebo for patients with ER-positive, HER2-negative advanced breast cancer who have detectable ESR1 mutations. The idea is that currently elacestrant is approved for patients with ESR1-mutant metastatic breast cancer, but can we do better with combination by combining elacestrant with an mTOR inhibitor, everolimus? So this study will ask that question. It's a phase 3 randomized study looking at elacestrant plus everolimus, the combination versus single-agent therapy in this setting.

A third study also in metastatic breast cancer looks at the combination of oral SERD elacestrant with chemotherapy, with capecitabine, which is an oral form of chemotherapy. So this study is also a randomized study that will look at capecitabine plus elacestrant versus capecitabine alone for patients with advanced metastatic ER-positive breast cancer. It's called the CAPELA study. I guess C-A-P for capecitabine and E-L-A for elacestrant, so combining these two as CAPELA.

So these are three studies in the metastatic setting.

We also have a very important study in early breast cancer, and that's the ELEGANT study. The ELEGANT study is looking at oral SERD elacestrant versus standard-of-care endocrine therapy for patients with lymph node-positive, ER-positive, HER2-negative early

breast cancer who are at high risk of recurrence. It's a global randomized phase 3 trial where patients who've completed at least 2 years of endocrine therapy with or without a CDK4/6 inhibitor, after that are randomized to continuing the same endocrine therapy versus switch to elacestrant in these patients who have high risk of recurrence.

This is a registration study and potentially positions an oral SERD in early breast cancer. The majority of breast cancers are treated in the early setting.

Endocrine therapy is the mainstay of management in this setting, and the question is: Can we replace aromatase inhibitors and tamoxifen with oral SERDs like elacestrant? So an important study which is currently enrolling, and that's the ELEGANT study.

So this is a wrap-up. We talked about the key pivotal studies related to oral SERD elacestrant being presented at ASCO 2026.

Thank you so much for joining.

Announcer:
You have been listening to GLC on ReachMD. This activity is provided by Global Learning Collaborative and is part of our Minute CE curriculum. To receive your free CE credit or to download this activity, go to ReachMD.com/CME. Thank you for listening.