

Meaningful Change in the Ability to Perform Physical Activities for Patients with Cachexia and Cancer

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INTRODUCTION

Cachexia is a multifactorial, multi-organ syndrome with ongoing loss of skeletal muscle mass (with or without the loss of fat mass), resulting in subsequent weight loss as well as fatigue, that is one of the main causes of morbidity and mortality in late stages of chronic conditions such as cancer.^{1,2} The ongoing weight loss, loss of skeletal muscle, and physical fatigue results in progressive functional impairment, including reduced physical activity/function limiting activities of daily living.³

In a recent Phase 2 clinical trial, patients with cancer and cachexia had increased digital health technology (DHT)-derived physical activity following 12 weeks of ponsegromab (400 mg, Q4W) as compared to placebo (increase in nonsedentary physical activity: 71.7 min/day modeled mean difference from placebo).⁴ (Table 1)

Digital health technologies (DHTs) can quantify changes in physical activity in cachexia clinical studies. But what is a meaningful change to patients with cachexia and cancer? We estimated the meaningfulness of incremental changes in ability to perform physical activities of different intensity and time spent each day doing non-sedentary activity that can be measured with DHTs.

| Digital endpoint | | Baseline | Change from Baseline at Week 12 | | | | | |
|--|------|---------------------------------|---------------------------------|---------------------------------|--|---|--|--|
| Nonsedentary physical activity – min/day | N1 Ψ | Observed Mean (<u>+</u> SD) | N2 Ψ | Observed Mean (<u>+</u> SD) | Modeled Mean (95% Credible Interval) | Modeled Mea Difference from Placebo (95% Credible Inte | | |
| Placebo | 44 | 228.1 <u>+</u> 109.8 | 12 | -29.9 <u>+</u> 100.5 | -41.09 (-67.59 to -15.55) | NA | | |
| Ponsegromab, 100 mg | 46 | 220.1 <u>+</u> 119.3 | 17 | -13.9 <u>+</u> 58.8 | -20.19 (-44.88 to 3.57) | 20.89 (-15.49 to 57.25) | | |
| Ponsegromab, 200 mg | 43 | 214.8 <u>+</u> 115.1 | 16 | -27.0 <u>+</u> 38.7 | -76.51 (-101.91 to -53.19) | -35.42 (-70.57 to 0.60) | | |
| Ponsegromab, 400 mg | 46 | 243.7 <u>+</u> 104.1 | 14 | 31.6 <u>+</u> 75.5 | 30.61 (8.48 to 52.70) | 71.70 (37.01 to 107.21 | | |

METHODS

A cross-sectional online survey was conducted among US adults (≥18 years) with cancer and cachexia. Participants had to report unintentional weight loss consistent with the following criteria: (a) report lowest weight since cancer diagnosis or within past six months (whichever was shorter); and (b) have a calculated weight loss greater than 5% over past six months or since cancer diagnosis (whichever was shorter).

Activities included in the survey were identified based on a review of existing qualitative and quantitative data (Figure 1). Meaningfulness of 14 changes in ability to perform physical activities and 3 increases in daily time spent in non-sedentary activity were assessed on a 5-point rating scale (not at all meaningful to extremely meaningful) (Figure 2). Subgroups (tumor type, cancer stage, self-reported ECOG performance status [PS]) were compared using chi-square tests (or Fisher's exact tests for sparse data in which observed cell counts were <5).





RESULTS

In total, 181 patients with cancer and cachexia participated [tumor types: breast n=69 (38.1%), colorectal n=30 (16.6%), non-small cell lung n=20 (11.0%), pancreatic n=15 (8.3%), other solid tumors n=47 (26.0%); stage: I-III n=123 (68.0%), IV n=52 (28.7%), don't recall/not sure n=6 (3.3%); higher performance status (n=147) [self-reported ECOG PS of 1 (14.4%) and 2 (66.9%], lower self-reported performance status PS of 3, n=34 (18.8%)]. (Figure 3)



All changes in physical activity intensity, and both a 14-min and a 30-min increase in time spent in non-sedentary activity/day, were at least moderately meaningful to most patients, regardless of tumor type, cancer stage, or patient reported ECOG PS (Table 2 and Figure 4). Some meaningfulness ratings differed significantly by tumor type (both walking pace and distance were less meaningful in NSCLC and sitting to standing was less meaningful in pancreatic) and selfreported performance status (walking pace was less meaningful in patients with self-reported ECOG PS 3). Majorities of patients (60.9% to 86.7%), except for those with colorectal cancer (48.1%), rated a 4-min increase/day in non-sedentary activity as at least moderately meaningful (**Figure 5**).

| | | TABLE Z. | Changes I | n Physical A | Activity inte | ensity | | | | |
|---|---|------------|-----------|--------------|---------------|--------------|-------------|--------------------------------------|---------------------|--------------|
| | Proportion of Patients Rating Each Change as at Least Moderately Meaningful | | | | | | | | ful | |
| Change in Ability to do Physical Activities | All Patients | Tumor Type | | | | Cancer Stage | | Self- Reported Performance Status | | |
| | All Fallents | NSCLC | Breast | Colorectal | Pancreatic | Other | Stage I-III | Stage IV | Higher (1 and 2) | Lower (3) |
| | N=181 | N=20 | N=69 | N=30 | N=15 | N=47 | N=123 | N=52 | N=147 | N=34 |
| Cannot go walking outside to Able to walk a short distance | 93.9% | 95.0% | 94.2% | 93.3% | 93.3% | 93.6% | 92.7% | 98.1% | 93.9% | 94.1% |
| Able to walk a short distance to Able to walk a long distance | 90.6% | 65.0%* | 91.3%* | 96.7%* | 100.0%* | 93.6%* | 91.9% | 88.5% | 91.8% | 85.3% |
| Cannot walk, even at a slow pace to Able to walk at a slow pace | 94.5% | 100.0% | 95.7% | 93.3% | 93.3% | 91.5% | 93.5% | 98.1% | 95.9% | 88.2% |
| Able to walk at a slow pace to Able to walk at an average walking pace | 90.6% | 70.0%* | 92.8%* | 93.3%* | 100.0%* | 91.5%* | 89.4% | 94.2% | 93.2%* | 79.4%* |
| Able to walk at an average walking pace to Able to walk at a fast pace | 79.6% | 70.0% | 78.3% | 93.3% | 93.3% | 72.3% | 79.7% | 78.8% | 80.3% | 76.5% |
| Cannot be up and about to Able to be up and about for <1 hour a day | 93.9% | 100.0% | 92.8% | 93.3% | 100.0% | 91.5% | 94.3% | 94.2% | 94.6% | 91.2% |
| Able to be up and about for <1 hour a day to Able to be up and about 3 hours a day | 96.1% | 100.0% | 94.2% | 90.0% | 100.0% | 100.0% | 95.1% | 100.0% | 95.9% | 97.1% |
| Able to be up and about 3 hours a day to Able to be up and about 6 hours a day | 92.3% | 80.0% | 89.9% | 93.3% | 100.0% | 97.9% | 90.2% | 98.1% | 92.5% | 91.2% |
| Able to move from sitting to standing with effort | 89.0% | 95.0%* | 91.3%* | 100.0%* | 60.0%* | 85.1%* | 88.6% | 92.3% | 89.8% | 85.3% |
| Able to move from sitting to standing with effort to Move from sitting to standing easily | 95.0% | 100.0% | 94.2% | 100.0% | 100.0% | 89.4% | 95.1% | 96.2% | 95.9% | 91.2% |
| Cannot do any activities, even while sitting to Able to do activities while sitting | 95.0% | 95.0% | 92.8% | 100.0% | 100.0% | 93.6% | 94.3% | 98.1% | 95.2% | 94.1% |
| Able to do activities while sitting to Able to do light activities | 96.1% | 100.0% | 94.2% | 93.3% | 100.0% | 97.9% | 97.6% | 94.2% | 97.3% | 91.2% |
| Able to do light activities to Able to do moderate activities | 91.2% | 95.0% | 87.0% | 93.3% | 93.3% | 93.6% | 91.1% | 92.3% | 92.5% | 85.3% |
| Able to do moderate activities to Able to do vigorous activities | 75.7% | 60.0% | 75.4% | 80.0% | 86.7% | 76.6% | 78.9% | 67.3% | 78.2% | 64.7% |
| Able to do non-sedentary activities for an additional 4 minutes per day | 65.2% | 65.0%* | 75.0%* | 48.1%* | 86.7%* | 60.9%* | 70.0% | 62.7% | 66.4% | 69.7% |
| Able to do non-sedentary activities for an additional 14 minutes per day | 76.2% | 80.0% | 77.9% | 66.7% | 93.3% | 80.4% | 79.2% | 76.5% | 79.0% | 75.8% |
| Able to do non-sedentary activities for an additional 30 minutes per day | 85.6% | 90.0% | 89.7% | 85.2% | 100.0% | 82.6% | 88.3% | 88.2% | 88.8% | 84.8% |

■ I-III (n=123 68.0%) ■ IV (n=52, 28.7%) Do not recall (n=6, 3.3%)

Patients by Self-Reported ECOG Performance Score, N=181 ■ High - 1 (n=26, 14.4%) ■ High - 2 (n=121 66.9%) Low - 3 (n=34, 18.8%) ■ Low - 4 (n=0)



| | 100% | |
|---------|------|--|
| ťS | 80% | |
| Patient | 60% | |
| % of I | 40% | |
| | 20% | |
| | 0% | |

CONCLUSIONS

Patients with cancer and cachexia perceived even small changes in physical activities and time spent in non-sedentary activity (as little as a +4 minute improvement) as being at least moderately meaningful, suggesting that DHTs that measure changes in movement duration can be used to capture important patient-centric endpoints in clinical studies.

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Figure 4. Proportion of Patients Rating Each Change in Ability to do Physical Activities as at Least Moderately Important

Patients rated all changes in the ability to do physical activities as at

Figure 5. Proportion of Patients Rating Each Increase in Daily Non-Sedentary Time as at Least Moderately Meaningful

Overall, patients rated all changes in additional time each day (4 min, 14 min, 30 min) in non-sedentary activity as at least moderately meaningful.



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