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GIUSEPPE DOSSETTI:
I VALORI - SVILUPPO E TUTELA DEI DIRITTI
ASSOCIAZIONE CULTURALE ONLUS

La Terapia Personalizzata in Oncologia

Roma, 25-26 Ottobre 2011

Stato dell' arte e prospettive della Target Therapy nei tumori mammari

PierFranco Conte

Department of Oncology, Hematology and Respiratory Diseases
University of Modena and Reggio Emilia, Modena, Italy

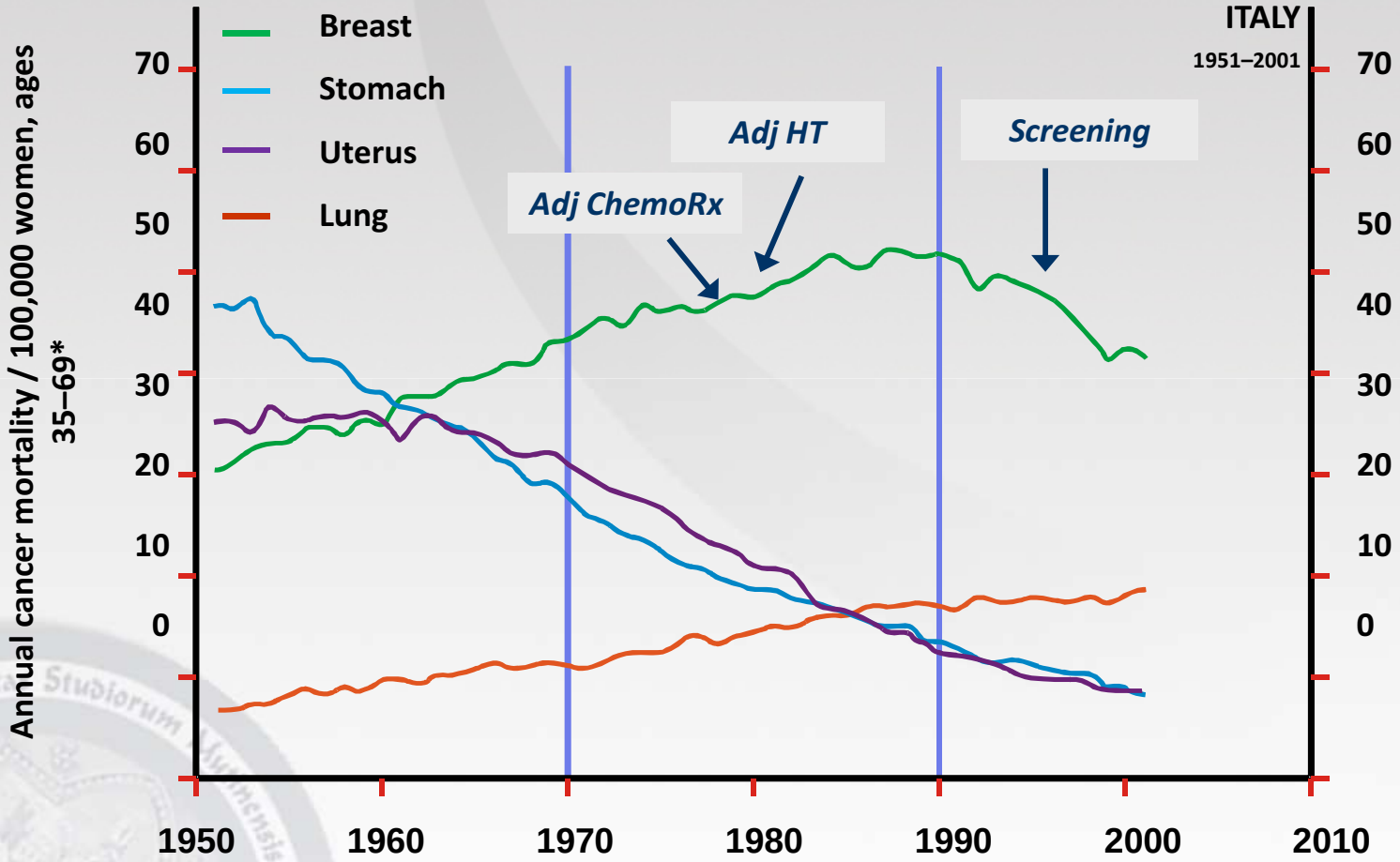
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The Conquest of Breast Cancer: a few more steps ahead..

- A successful story ….
- Lessons from a successful story….
- From size to biology:
  - achievements
  - opportunities
  - challenges

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Cancer Mortality in women - Italy



*Mean of annual rates in the component 6-year age groups

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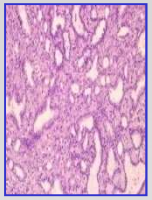
Source: WHO mortality and UN population estimates

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A nice story….



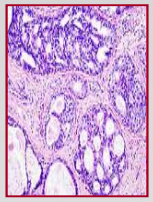
M.R. 62y old - May 2005
Left radical mastectomy + ALND
ILC, pT2 (2.3cm), N2 (14/44 N+),
ER 90%, PgR 80%,
HER2 1+, Ki 67 10%

May-September 2005
dd chemoRx AC x 4 -> Paclitaxel x 4
RT on chest wall and axylla
anastrozole for 5y

December 2010: NED

This tumor is big and lazy

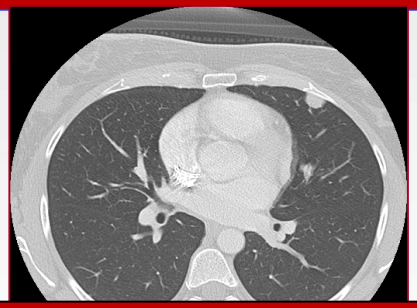
A sad story….



C.B. 44 y old - April 2009
SE quadrantectomy + SN
IDC, pT1c (1.7cm), N0,
ER <1%, PgR 0%,
HER2 0, Ki 67 60%

May-September 2009
ChemoRx TAC x 6
RT on the breast

December 2009: lung mets



This tumor is small and busy

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The Conquest of Breast Cancer: a few more steps ahead..

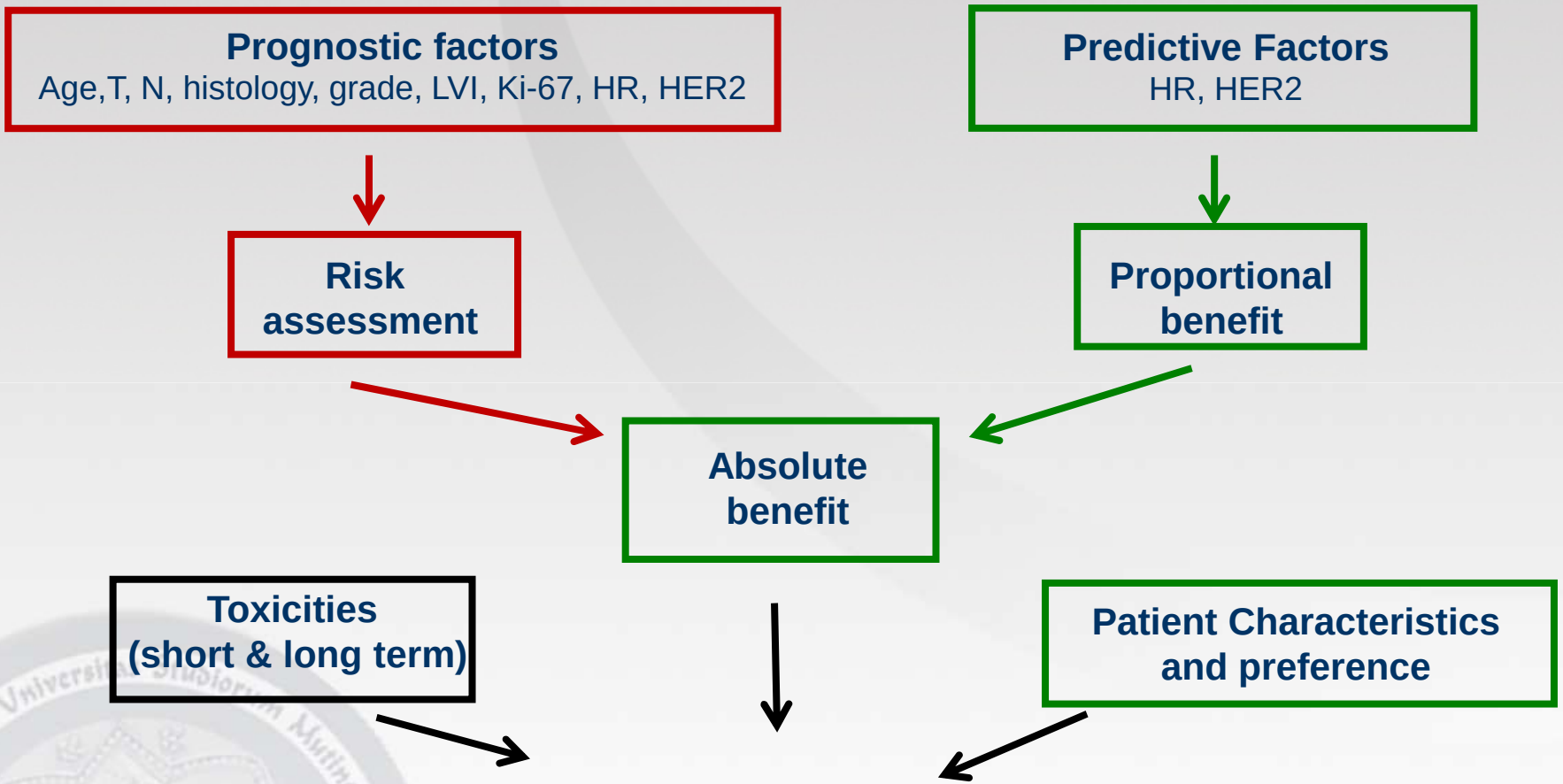
- A successful story ….
- Lessons from a successful story:

lesson # 1: biology can be more important than size

- From size to biology:
  - achievements
  - opportunities
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Adjuvant Rx of EBC - Decision-making Algorithm



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Number of patients with EBC needed to treat with Adjuvant Therapy to prevent ONE recurrence

Comparison	Absolute Risk Reduction %	NNT
Tamoxifen *vs.* Nil ^	11.8	**8**
Aromatase Inhibitors vs TAM*	3- 5.3	**19 - 33**
Aromatase Inhibitors vs Nil°	**~ 16**	**~ 6**
Polychemo *vs.* Nil (< 50)^	12.3	**8**
Polychemo *vs.* Nil (50+)^	4.2	**23**
Anthra vs CMF^	4.0	**25**
Taxanes *vs.* Anthra§	~ 5	**20**
3rd gen taxane regimen vs Nil°	**~ 23**	**~ 4**
ChemoRx + Trastuzumab vs ChemoRx	6.3 - 18	**6 - 15**
ChemoRx + Trastuzumab vs Nil+	**13 - 35**	**2-3**

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The Conquest of Breast Cancer: a few more steps ahead..

- A successful story ….

- Lessons from a successful story:

  lesson # 1: biology can be more important than size

  lesson # 2: too many patients are treated to benefit one

  lesson # 3: the “best” Rx is applied to all the patients as we are unable to predict individual treatment sensitivity

- From size to biology:
  - achievements
  - opportunities
  - challenges

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The quest for personalized cancer medicine….

The Right Dose of
The Right Drug for
The Right Indication for
The Right Patient at
The Right Time

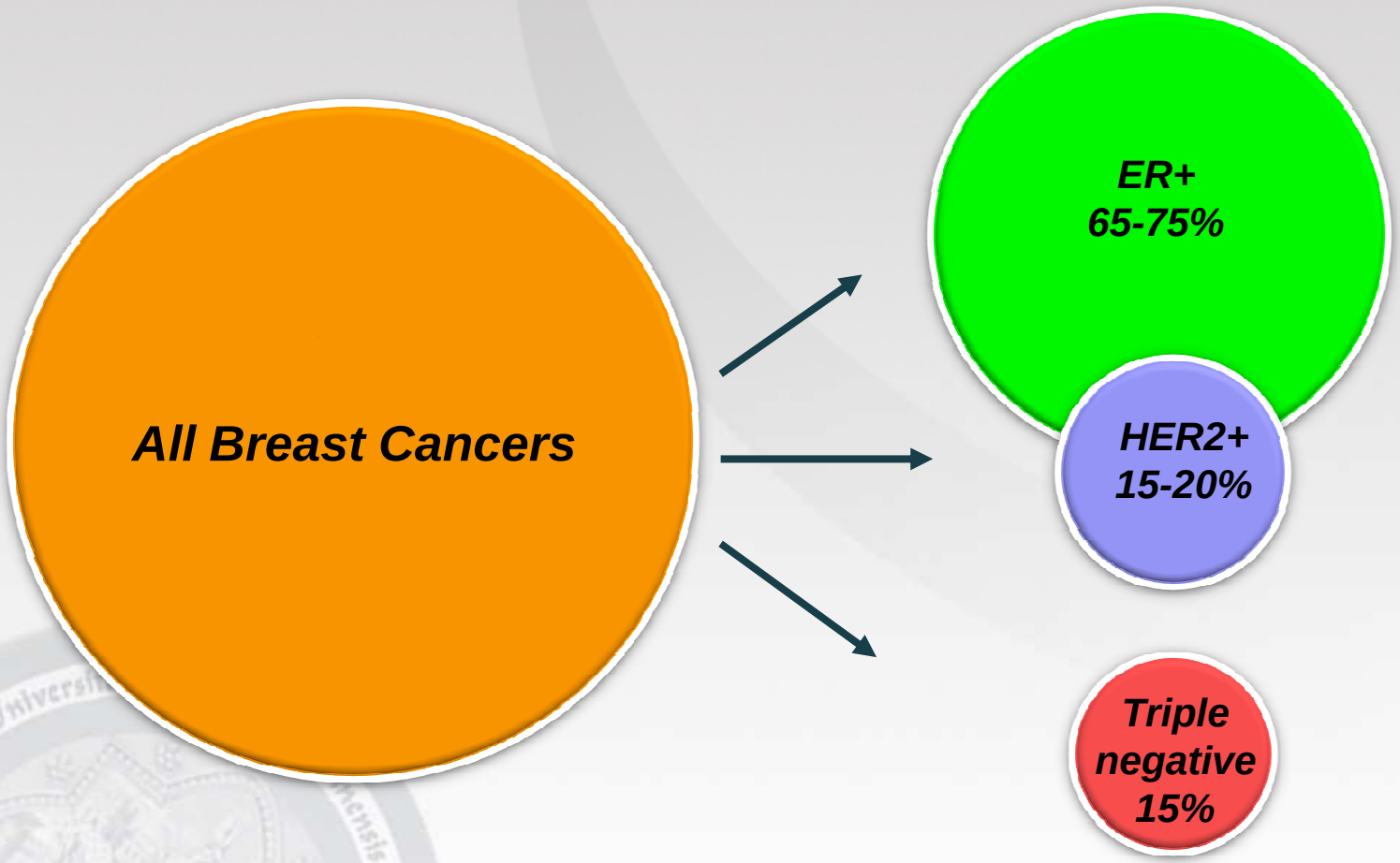
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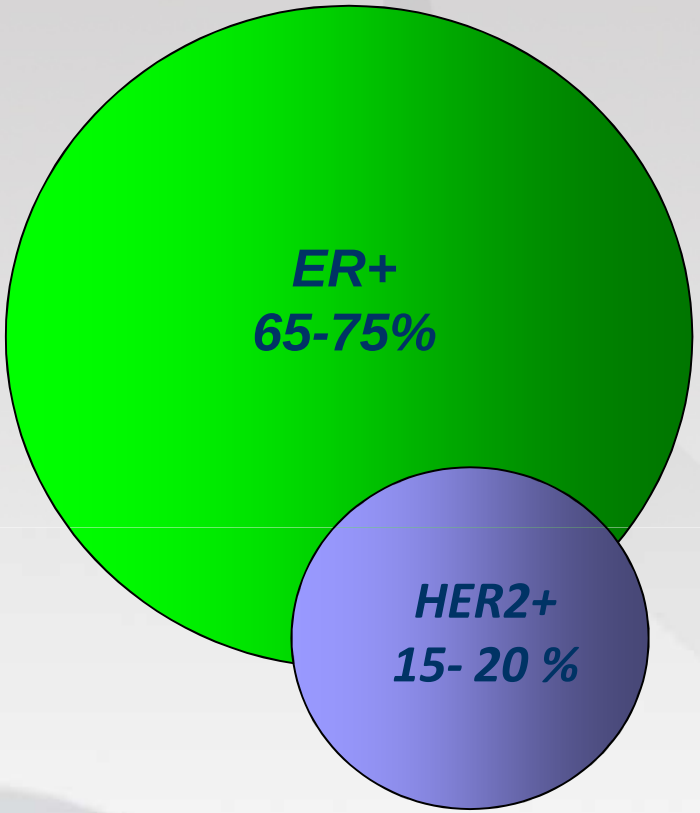
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Breast Cancer Diseases – 2011



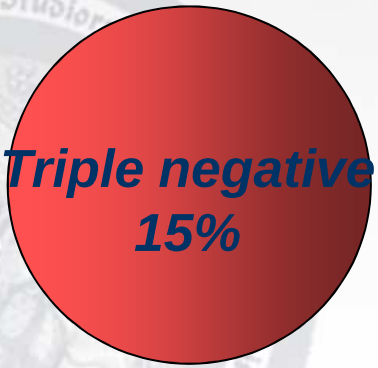
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New agents for the breast cancer molecular subtypes



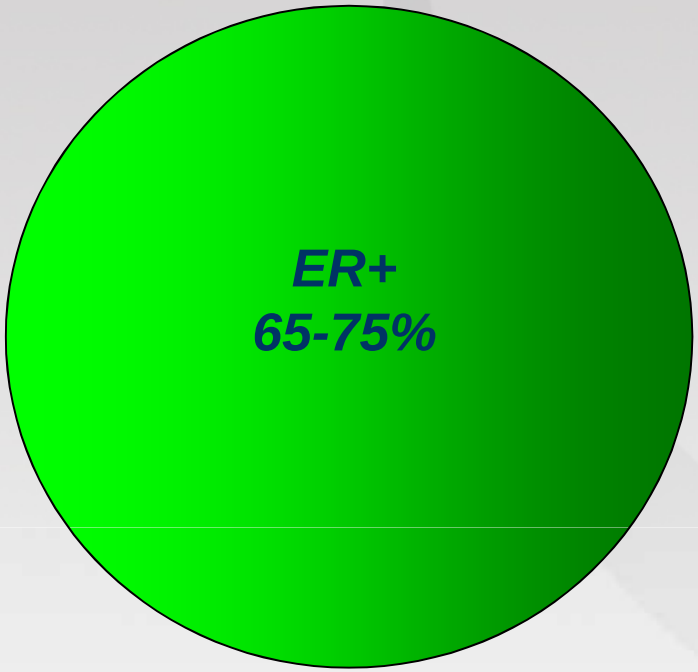
mTOR inhibitors
PI3K inhibitors

Lapatinib
Neratinib
Pertuzumab
TDM-1
AntiHER2 combinations
Trastuzumab + mTORi



New cytotoxics (eribulin, ixabepilone, vinflunine)
Platinum salts
Bevacizumab
PARP inhibitors
AntiEGFR (Cetuximab, erlotinib)
Anti androgens

New agents for the breast cancer molecular subtypes



mTOR inhibitors
PI3K inhibitors

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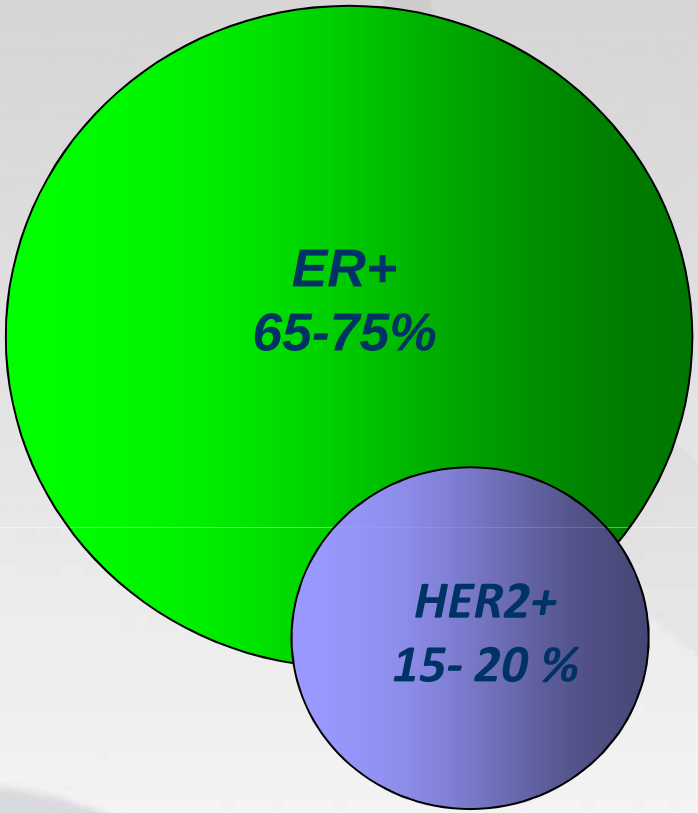
Co-Targeting mTOR and HR in HR+/HER2-ve ABC

	TAMRAD[1] (HR+/HER2-; prior AI)			BOLERO 2[2] (HR+/HER2-; prior Let or Ana)		
	TAM	TAM + everolimus		EXA + placebo	EXA + everolimus	
	57	54		239	485	
CBR %	42.1	**61.1**	**p 0.045**	18.0	**33.4**	**p < 0.0001**
Median PFS (m)	4.5	**8.6**	**HR 0.53**	2.8	**6.9**	**HR 0.43**
Median OS (m)	24	**NR**	**HR 0.32**	NR	**NR**	

[1]Bachelet T et al, SABCS 2010; [2] Baselga J et al, ECCO/ESMO 2011

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New agents for the breast cancer molecular subtypes



mTOR inhibitors
PI3K inhibitors

AI + antiHER2 agents

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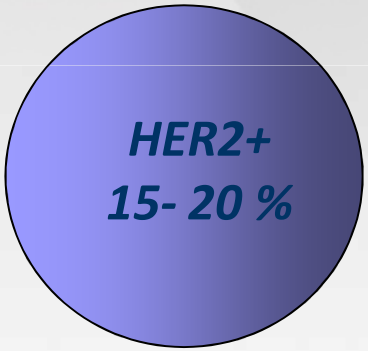
Co-Targeting HER2 and HR in HR+/HER2+ve ABC

	TANDEM[1]			eLEcTRA[2]			Johnston et al [3]		
	ANA	ANA + trastuzumab		LET	LET + trastuzumab		LET + Plac	LET + lapatinib	
Pts #	104	103		31	26		108	111	
ORR %	6.8	**20.3**	**p 0.018**	13.0	**27**	**p 0.3**	15	**28**	**p 0.02**
median PFS (m)	2.4	**4.8**	**HR 0.63**	3.3	**14.1**	**HR 0.67**	3.0	**8.2**	**HR 0.71**
Median OS (m)	23.9	**28.5**	**p 0.32**	NR	**NR**		32.3	**33.3**	**HR 0.74 p 0.1**

[1] Kaufman B, et al. JCO 2009; [2] Huober J et al. The Breast 2011; [3] Johnston S et al. JCO 2009

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New agents for the breast cancer molecular subtypes



Lapatinib
Neratinib
Pertuzumab
TDM-1
AntiHER2 combinations
Trastuzumab + mTORi

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HER2+ EBC
RCTs of PCT + dual antiHER2 blockade

Trial	pts #	Regimen	pCR % (breast&N)
Neo-ALLTO[1]	455	wPac+**T/L/TL**	20 /27.6/**46.9***
NeoSphere[2]	417	**DT/DTP/TP/DP**	21.5/**39.3***/11.2/17.7
CherLob[3]	121	wP-FEC**T/L/TL**	25.7/27.8/**43.1***

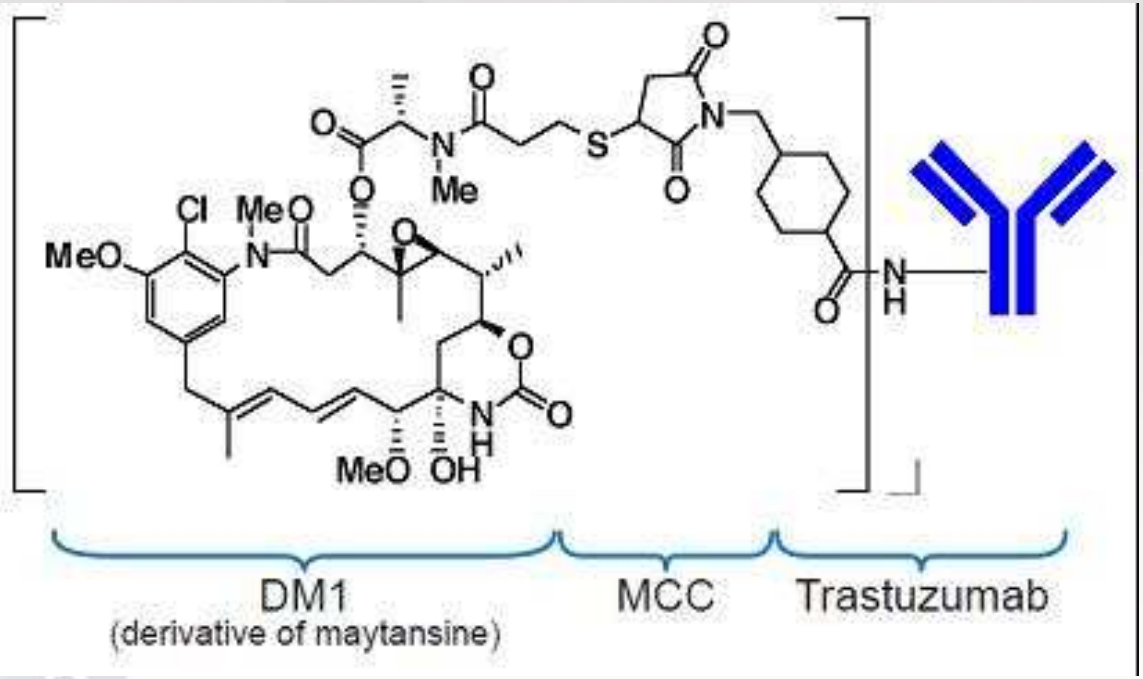
T = trastuzumab; L = Lapatinib; P = Pertuzumab

**** p value < 0.05***

[1]*Baselga J et al, SABCS 2010;* [2]*Gianni L et al, SABCS 2010;* [3]*Guarneri V et al, ASCO 2011*

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- **Trastuzumab-DM1 (T-DM1) is an anti-HER2 antibody drug–conjugate [1,2]**
  - Combines the HER2-targeting properties of trastuzumab[3] with targeted delivery of a highly potent anti-microtubule derivative, DM1[3-5]
  - After binding to HER2, T-DM1 undergoes receptor-mediated internalization,[6] resulting in intracellular release of DM1



1. Krop I, et al. J Clin Oncol 2008; 2.Burris HA, et al. J Clin Oncol, 2010; 3. Lewis Phillips, et al. Cancer Res. 2008; 4 . Junttila TT, et al. Breast Cancer Res Treat, 2010; 5. Remillard S, et al. Science 1975; 6.Austin CD, et al. 2004. Mol Biol Cell 2004

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Randomized phase II study of TDM-1 vs Trastuzumab/Docetaxel in HER2+ ABC

Outcome	Trastuzumab + Docetaxel	TDM-1	
Patients #	**70**	**67**	
CR %	**4.3**	**10.4**	
PR %	**53.6**	**53.7**	
OR %	**57.9**	**64.1**	
SD %	**33.3**	**19.4**	
median PFS (m)	**9.2**	**14.2**	HR 0.59
G $\geq$ 3 AE %	**89.4**	**46.4**	

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Hurvitz SA, et al. ESMO 2011.

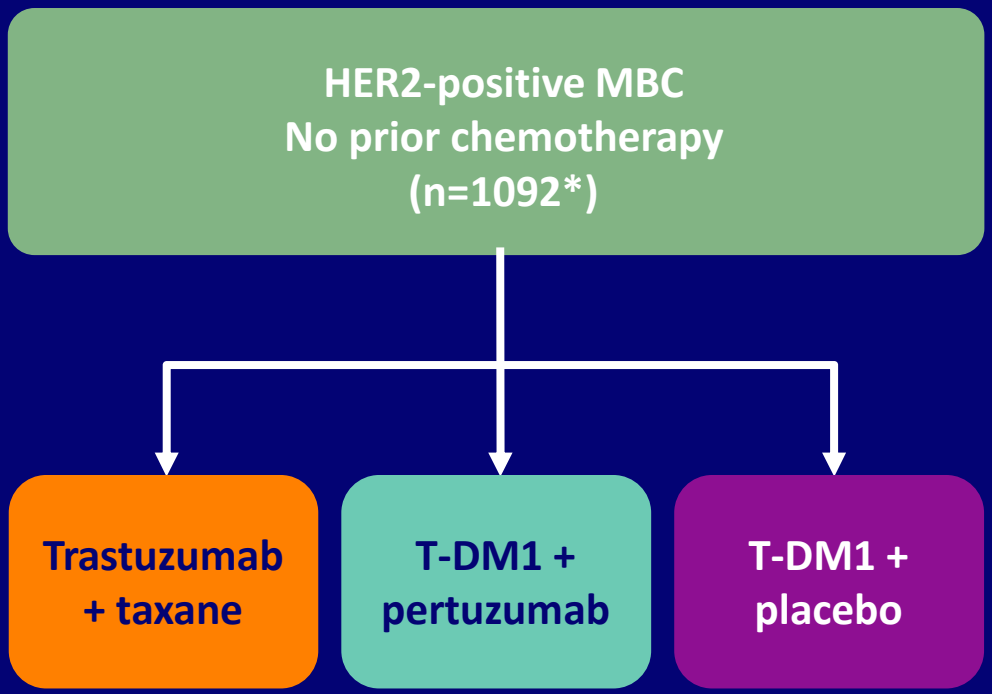
TDM4788g/BO22589 (MARIANNE): a Phase III trial of T-DM1 ± pertuzumab vs trastuzumab + docetaxel in 1st L

Primary endpoints

- PFS (independent assessment)
- Safety

Secondary endpoints

- ORR (independent assessment)
- OS
- 1-year survival
- PFS
- ORR (investigator assessment)
- CBR
- TTF
- DoR
- Safety and tolerability



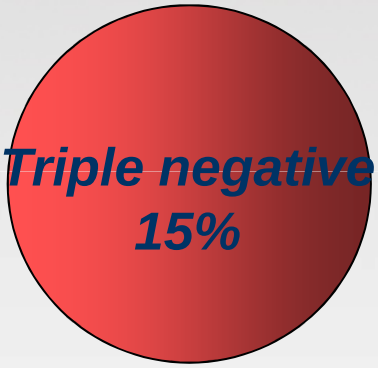
FPI Jul 2010

Estimated completion: 2012
Estimated date of data availability: 2012

332 centres in 40 countries

Clinicaltrials.gov

New agents for the breast cancer molecular subtypes



New cytotoxics (eribulin, ixabepilone, vinflunine)
Platinum salts
Bevacizumab
PARP inhibitors
AntiEGFR (Cetuximab, erlotinib)
Anti androgens

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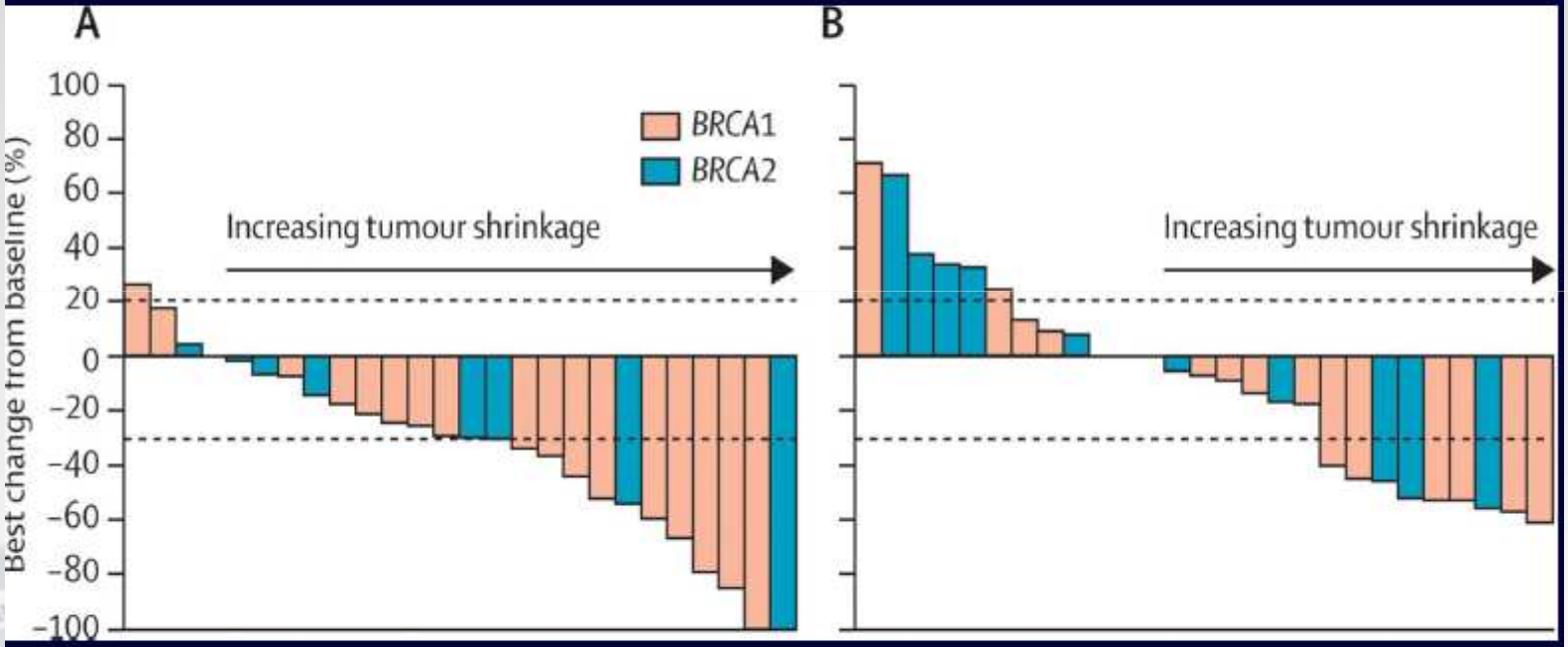
DNA repair is essential for cell survival

DNA lenght per cell	**2 meters**
Cells per human	2×10^{13}
DNA lenght per human	4×10^{13} meters
Distance from the Earth to the Sun	1.49×10^{11} meters
Number of return trips to the Sun	134
DNA damage/cell/day	**10,000-30,000**
Number of DNA damage pathways	5 (2 alleles)

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Modified from H Calvert

Olaparib Phase II in Breast Cancer
Best % change from baseline in target lesions by genotype



400 mg twice daily

100 mg twice daily

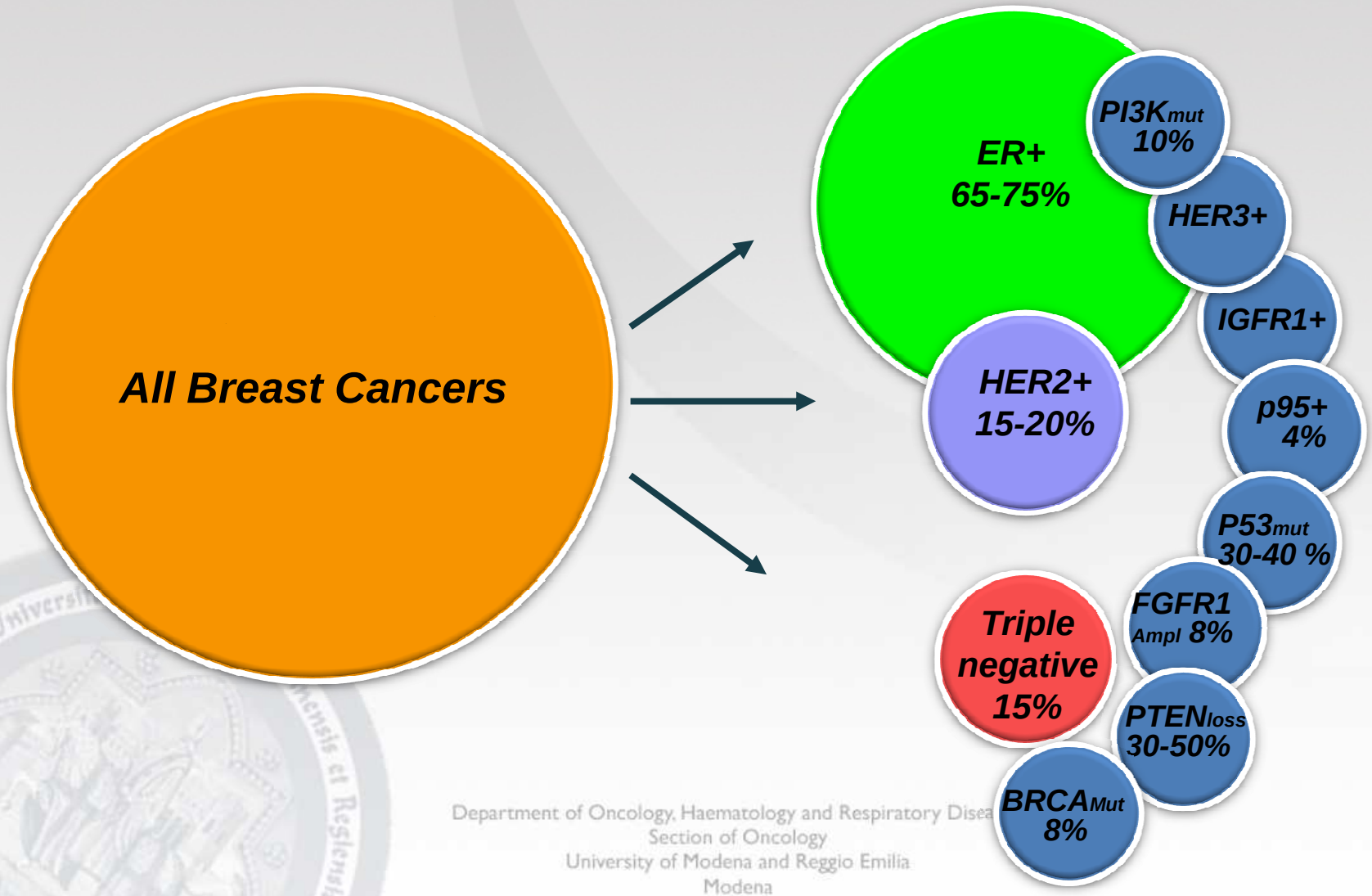
Tutt et al. Lancet 376:235, 2010

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From local trail through excellence



Breast Cancer Diseases – 201…



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BC subtypes: an orphan designation ?

- Breast cancer incidence in Italy: 137.8×10^5
- Breast Cancer Prevalence in Italy: 520.000
- Definition of Rare Disease:
  - 1/1,500 people (USA)
  - 1/2,000 people (EU)
  - 1/2,500 people (Japan)

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Predictive Biomarkers in Oncology:
the slippery path from EBM to Personalized Medicine

- Our standards of care are based on EBM
- EBM provides the best approach for the average population

The molecular characterization of human tumors

  - New study design
  - Registration, Reimbursement, Accessibility

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