

# METASTASI VISCERALI: ALTRE OPZIONI OLTRE LA CHEMIOTERAPIA FULVESTRANT

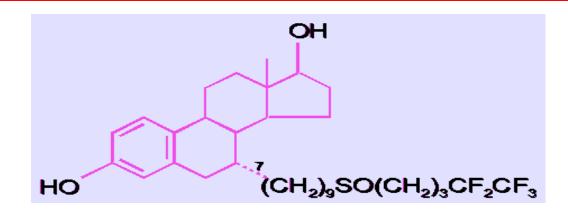
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#### **Fulvestrant**

Steroid structure



- High affinity for ER (100 > Tam)
- Antiestrogen devoid of agonist activity
- Full inhibition ER pathway

#### **Fulvestrant Pivotal Phase III Trials**

#### First line setting

**0025:** multicenter, double-blind, randomized trial.

- 587 pts with untreated M or LA BC were randomly assigned to receive either fulvestrant (250 mg/mo) or tamoxifen (20 mg/d)
- In the overall population efficacy end points (TTP, ORR and CBR) favored tamoxifen

Howell et al, JCO 2004

#### Second line setting

0020-0021: prospectively planned com Phase III trials

- ment were randomly
- 851 pts with MBC previously fulvestrant 250 mg assigned to receive ation of threatment option as a second receive ation of threatment option as a second receive ation of threatment option at the ation of threatment option of threatment option at the ation of threatment option of threatment option at the ation of threatment option opti and treat pts or anastrozole (1 mg/d) additional treat pts or anastrozole (1 mg/d) additional treat pts or anastrozole (1 mg/d) reast as effective as anastrozole in

## Previous data suggesting an interaction between fulvestrant dose and activity

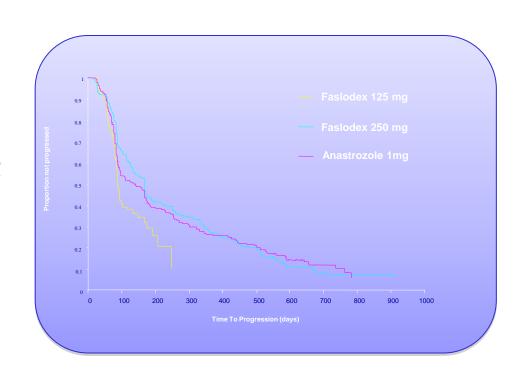
#### Neoadjuvant setting

Two studies, where pts were exposed short term to different doses of F indicated that ER, PgR, and Ki-67 were downregulated in a dose-dependent manner after treatment with fulvestrant.

Robertson J et al, Cancer Research 2001 DeFriend DJ et al, Cancer Research 1994

#### 20/21: Prospective Combined Analysis

 The pooled analysis of the 2 trials suggested a dose-response effect might exist because the two trials initially included a F lower dose arm (125 mg) which was discontinued after a first interim analysis



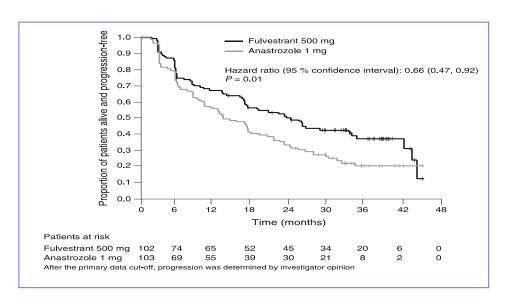
#### Previous data from a study testing fulvestrant 500 mg

#### First line setting

FIRST trial: phase II, randomized, open-label, multicenter study

 205 pts with untreated M or LABC were randomly assigned to receive a F high dose regimen (500 mg/mo + 500 mg on day 14 of mo 1) versus anastrozole (1 mg/d)

Robertson JFR et al, J Clin Oncol 2009



 First-line F HD was at least as effective as anastrozole for CBR and ORR and was associated with significantly longer TTP

Robertson JFR et al, BCRT 2012

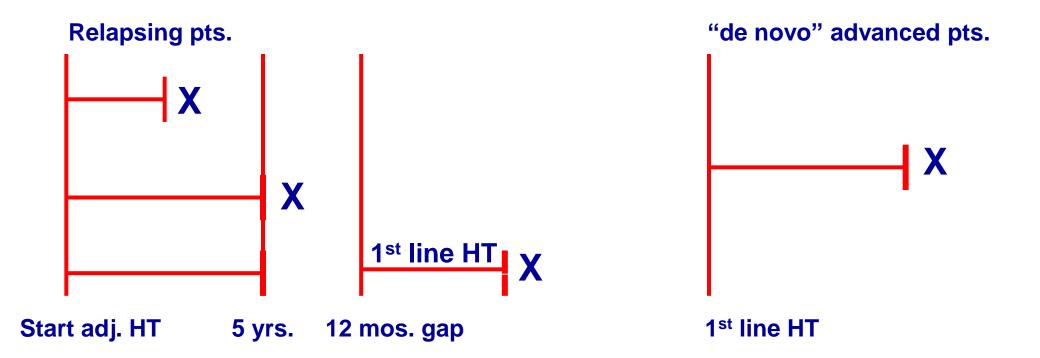
#### Comparison between fulvestrant 250 and 500 mg: CONFIRM trial

#### First-second line setting

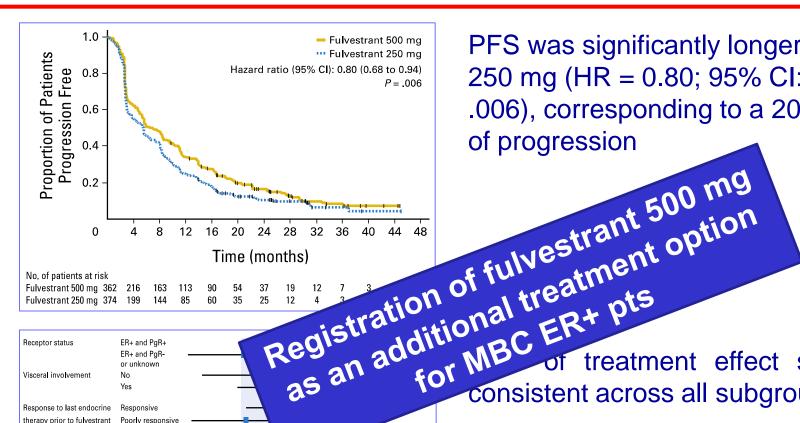
**CONFIRM:** a double-blind, parallel-group, multicenter, phase III study

- 736 pts were randomly assigned to fulvestrant 500 mg or 250 mg
- Primary end point was PFS. Secondary end points included ORR, CBR, DoCB, OS, and QoL

#### **Allowed prior hormonotherapy (HT)**

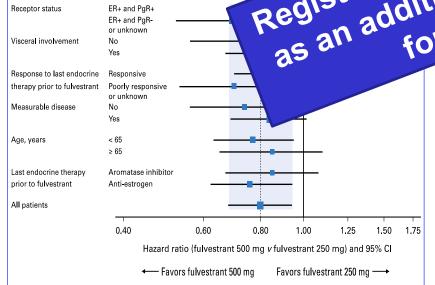


#### Time to progression

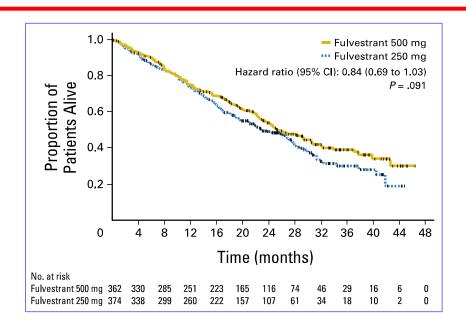


PFS was significantly longer for F 500 mg than 250 mg (HR = 0.80; 95% CI: 0.68-0.94; P= .006), corresponding to a 20% reduction in risk of progression

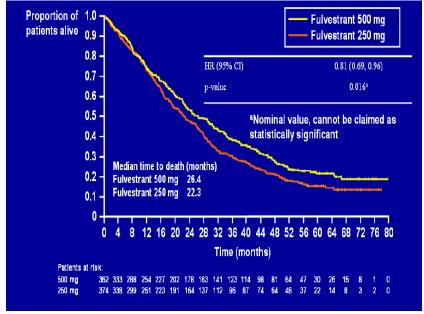
of treatment effect seems to be consistent across all subgroups



#### **Overall survival**



Median OS were 25.1 and 22.8 mos for F 500 mg and 250 mg, respectively (HR= 0.84; 95% CI, 0.69-1.03; P= .091)



Final OS analysis at 75% maturity shows that F 500 mg is associated with 4.1 mo. increase in median OS and a 19% reduction in the risk of death compared with F 250 mg

### Possible treatment algorhytm

<u>Adjuvant</u>	<u>1° line</u>	<u>2° line</u>
AI	1° TAM 2° Fulvestrant	1° Fulvestrant 2° TAM 3° AI*
TAM	Al or Fulvestrant	Fulvestrant or AI*
TAM → AI	Fulvestrant	AI*

<sup>\* +</sup> Everolimus