

Progetto CANOA

# CARCINOMA MAMMARIO:

QUALI NOVITÀ PER IL 2013?

"Saper leggere" uno studio clinico per migliorare la pratica clinica

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Negrar - Verona 22-23 marzo 2013  
Ospedale Sacro Cuore - Don Calabria

*Gruppo A*  
**METASTASI OSSEE**  
*Take home message*

Teresa Gamucci  
Oncologia Medica - Sora

# Bone metastases from Breast Cancer

- 70-80% of patients with MBC develop bone mets
- Median life expectancy 2 years
- Skeletal Complication
  - **pain**,
  - **hypercalcemia**
  - **skeletal related event ( SREs)**
    - Pathologic fracture
    - Radiation therapy (to alleviate pain or prevent fractures)
    - Surgery (to treat or prevent fractures)
    - Spinal cord compression (paresthesias, incontinence, paralysis)

**SREs occur in up 64% of MBC pts not with bisphosphonates**

# Denosumab: quali vantaggi?

	Zoledronic Acid	Denosumab
Delaying SREs	++	+++
Reducing SREs	++	+++
Palliating pain	++	+++
Flulike symptoms	+	-
ONJ	+	+
Renal toxicity	+	-
Hipocalcemia	+	++
Administration	IV	SC
Cost	+	?
Expertise	+++	+

ORIGINAL ARTICLE

## Everolimus in Postmenopausal Hormone-Receptor-Positive Advanced Breast Cancer

José Baselga, M.D., Ph.D., Mario Campone, M.D., Ph.D.,  
Martine Piccart, M.D., Ph.D., Howard A. Burris III, M.D., Hope S. Rugo, M.D.,  
Tarek Sahmoud, M.D., Ph.D., Shinzaburo Noguchi, M.D., Michael Gnant, M.D.,  
Kathleen I. Pritchard, M.D., Fabienne Lebrun, M.D., J. Thaddeus Beck, M.D.,  
Yoshinori Ito, M.D., Denise Yardley, M.D., Ines Deleu, M.D.,  
Alejandra Perez, M.D., Thomas Bachelot, M.D., Ph.D., Luc Vittori, M.Sc.,  
Zhiying Xu, Ph.D., Pabak Mukhopadhyay, Ph.D., David Lebwohl, M.D.,  
and Gabriel N. Hortobagyi, M.D.

J Natl Cancer Inst. 2013 Feb 19. [Epub ahead of print]

### Effect of Everolimus on Bone Marker Levels and Progressive Disease in Bone in BOLERO-2.

Gnant M, Baselga J, Rugo HS, Noguchi S, Burris HA, Piccart M, Hortobagyi GN, Eakle J, Mukai H, Iwata H, Geberth M, Hart LL, Hadji P, El-Hashimy M, Rao S, Taran T, Sahmoud T, Lebwohl D, Campone M, Pritchard KI.

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Cancer. 2013 Mar 15. doi: 10.1002/cncr.28010. [Epub ahead of print]

### Health-related quality of life of patients with advanced breast cancer treated with everolimus plus exemestane versus placebo plus exemestane in the phase 3, randomized, controlled, BOLERO-2 trial.

Burris HA 3rd, Lebrun F, Rugo HS, Beck JT, Piccart M, Neven P, Baselga J, Petrakova K, Hortobagyi GN, Komorowski A, Chouinard E, Young R, Gnant M, Pritchard KI, Bennett L, Ricci JF, Baully H, Taran T, Sahmoud T, Noguchi S.

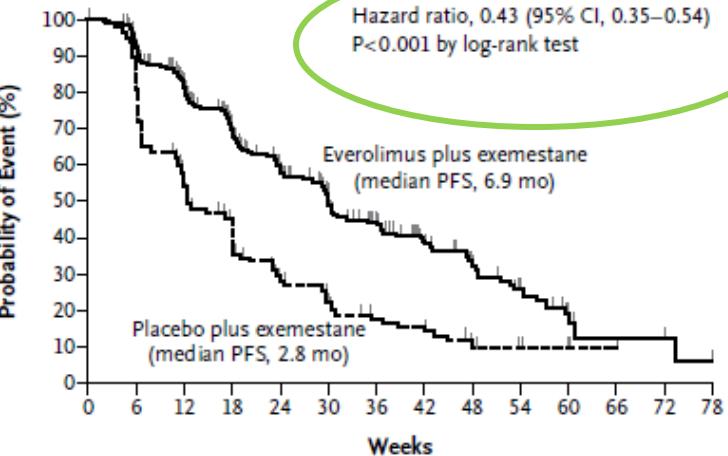
Drug Development Program, Sarah Cannon Research Institute, Nashville, Tennessee. [howard.burris@scrcsearch.net](mailto:howard.burris@scrcsearch.net).

# BOLERO-2

*PFS local*

*PFS central*

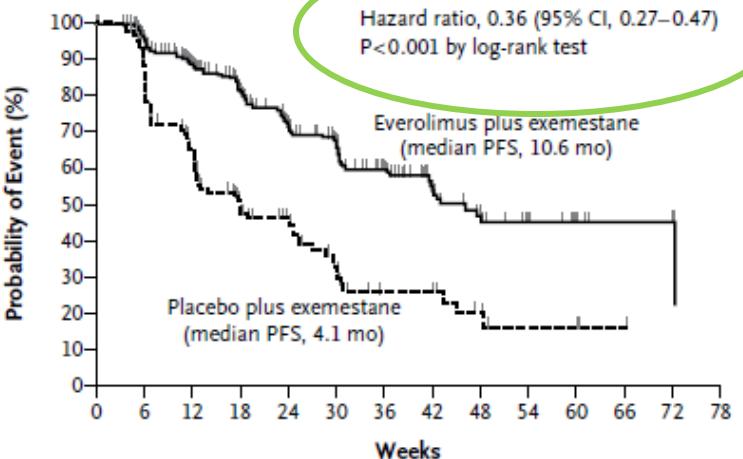
## A Local Assessment



## No. at Risk

Everolimus	485	398	294	212	144	108	75	51	34	18	8	3	3	0
Placebo	239	177	109	70	36	26	16	14	9	4	3	1	0	0

## B Central Assessment



## No. at Risk

Everolimus	485	385	281	201	132	102	67	43	28	18	9	3	2	0
Placebo	239	168	94	55	33	20	11	11	6	3	3	1	0	0

**Figure 1.** Kaplan-Meier Plot of Progression-free Survival.

Panel A shows progression-free survival on the basis of local assessment of radiographic studies, and Panel B shows central assessment. PFS denotes progression-free survival.

# BOLERO-2: Safety

Adverse Events, %	Exemestane + Everolimus (n = 482)		Exemestane + Placebo (n = 238)	
	All Grades	Grade 3/4	All Grades	Grade 3/4
Stomatitis	59	8	11	1
Rash	39	1	6	0
Fatigue	36	5	27	1

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A

[Cancer.](#) 2013 Mar 15. doi: 10.1002/cncr.28010. [Epub ahead of print]

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**Health-related quality of life of patients with advanced breast cancer treated with everolimus plus exemestane versus placebo plus exemestane in the phase 3, randomized, controlled, BOLERO-2 trial.**

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Burris HA 3rd, Lebrun E, Rugo HS, Beck JT, Piccart M, Neven P, Baselga J, Petrakova K, Hortobagyi GN, Komorowski A, Chouinard E, Young R, Gnant M, Pritchard KI, Bennett L, Ricci JF, Baully H, Taran T, Sahmoud T, Noguchi S.

P

Drug Development Program, Sarah Cannon Research Institute, Nashville, Tennessee. howard.burris@sciresearch.net.

H

**CONCLUSIONS:** In patients with advanced breast cancer who develop disease progression after treatment with nonsteroidal aromatase inhibitors, EVE + EXE was associated with a longer TDD in global HRQOL versus PBO + EXE. Cancer 2013;. © 2013 American Cancer Society.

# BOLERO-2: Prior Therapy

**Table 1. (Continued.)**

Characteristic	Everolimus and Exemestane (N=485)	Placebo and Exemestane (N=239)
Purpose of most recent treatment (%)		
Adjuvant therapy	21	16
Treatment of advanced or metastatic disease	79	84
Previous treatment with letrozole or anastrozole (%)	100	100
Letrozole or anastrozole as most recent treatment (%)	74	75
Previous treatment with antiestrogen (%)		
Any antiestrogen	57	59
Tamoxifen	47	49
Fulvestrant	17	16
Previous chemotherapy (%)		
Neoadjuvant or adjuvant chemotherapy	20	20
Treatment of metastatic disease (with or without adjuvant or juvant or adjuvant therapy)	20	20
No. of previous therapies (%)		
1	16	18
2	30	30
≥3	54	53

Resta il problema della “migliore” sequenza

# Everolimus and bone metastases

- L'everolimus rappresenta una buona opportunità terapeutica per tutte le pazienti recettori ormonali positivi