

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

Progetto CANOA  
**CARCINOMA MAMMARIO:**  
QUALI NOVITÀ PER IL 2013?

Coordinatori scientifici:  
Stefania Gori  
Giovanni L. Pappagallo

Comitato Scientifico:  
Emilio Bria  
Massimo Di Maio  
Jennifer Foglietta  
Alessia Levaggi



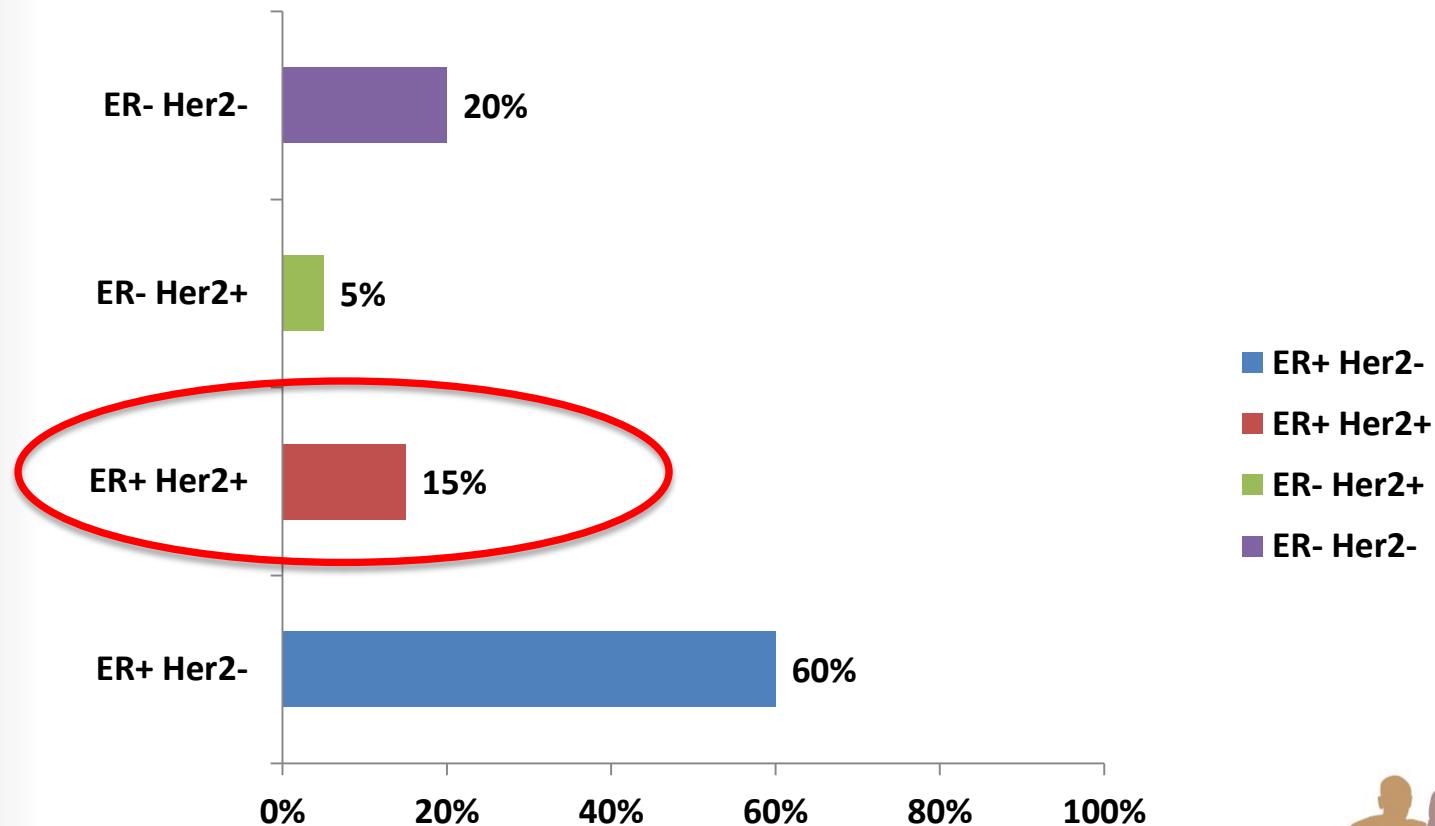
Negrar - Verona 22-23 marzo 2013  
Ospedale Sacro Cuore - Don Calabria



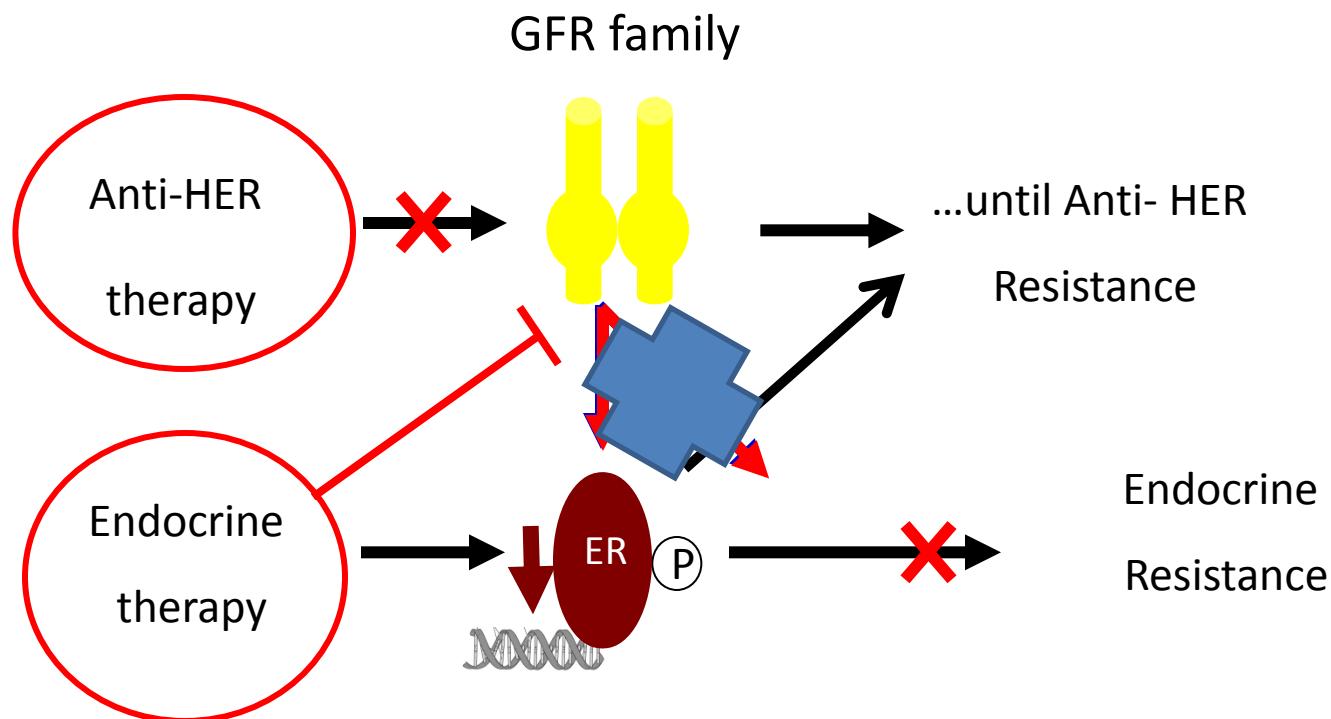
*Metastasi viscerali:  
altre opzioni oltre  
la chemioterapia.  
Ormonoterapia  
e Agenti anti-Her2*

- Valentina Sini -

# Metastatic Breast Cancer



# *Her2+/ER+ mBC*

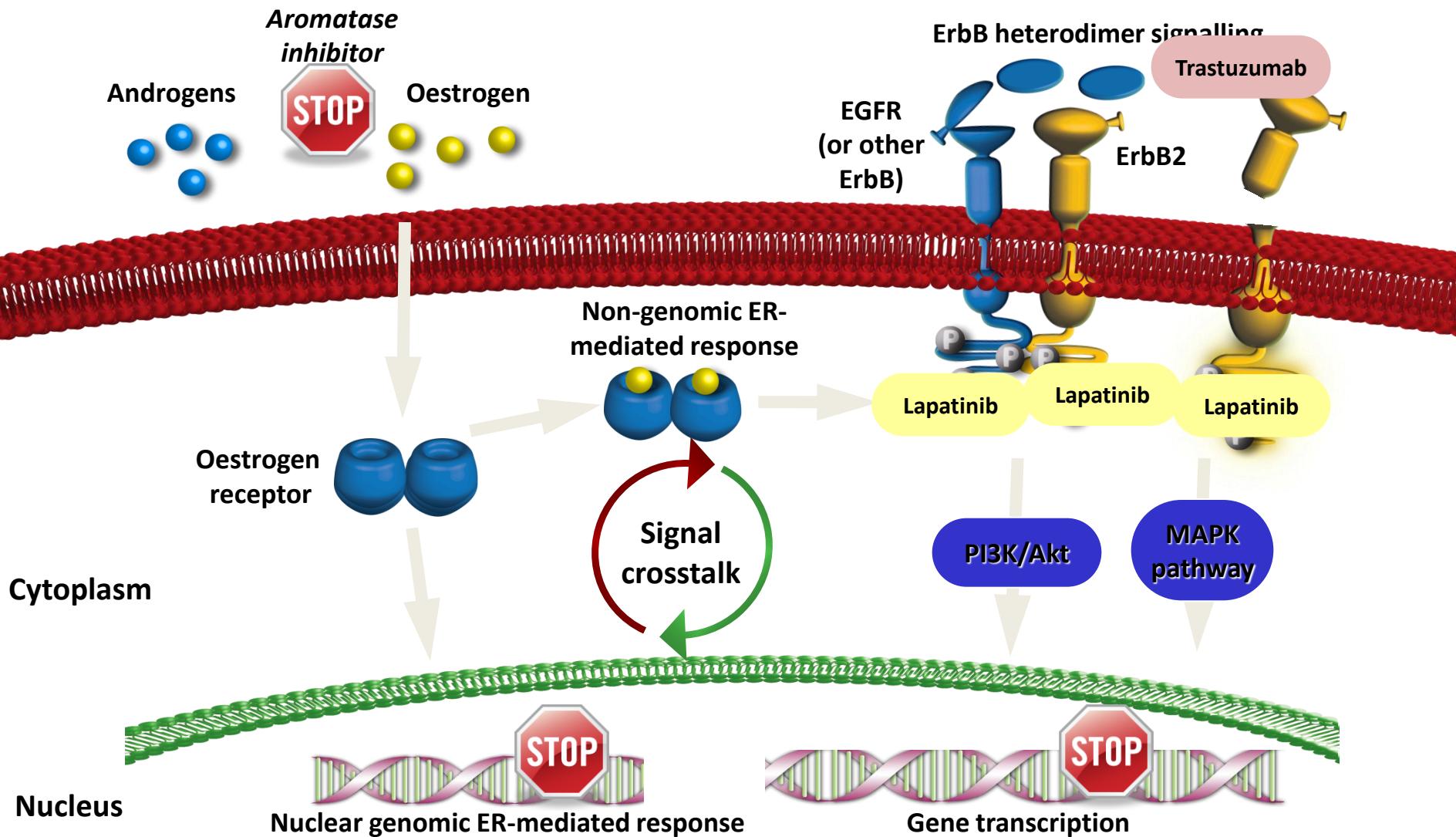


# *Rationale for combined targeted therapy*

- Dual targeting of oestrogen and growth factor signalling (EGFR/ErbB2) is one rational approach to overcome endocrine resistance<sup>1–4</sup>
- Agents that target both EGFR and ErbB2 may be more efficacious at overcoming endocrine resistance than those that target ErbB2 alone<sup>1,5</sup>

1. Johnston. Breast Cancer Res 2008; 10(Suppl 4): S20; 2. Xia et al. Proc Natl Acad Sci U S A 2006; 103: 7795–800; 3. Chu et al. Cancer Res 2005; 65: 18–25; 4. Leary et al. Clin Cancer Res; 2010; 16(5): 1486–97;  
5. Prat and Baselga. Nat Clin Pract Oncol 2008; 5: 531–42

# Overcoming endocrine resistance: mode of action in ErbB2+/HR+ breast cancer



# *Therapeutic strategies in Her2+/ER+ mBC*

- Block ER activity
- Block HER2 in the most efficient way
- In patients with NO lifethreatening or extensive visceral disease (no Bulky disease)



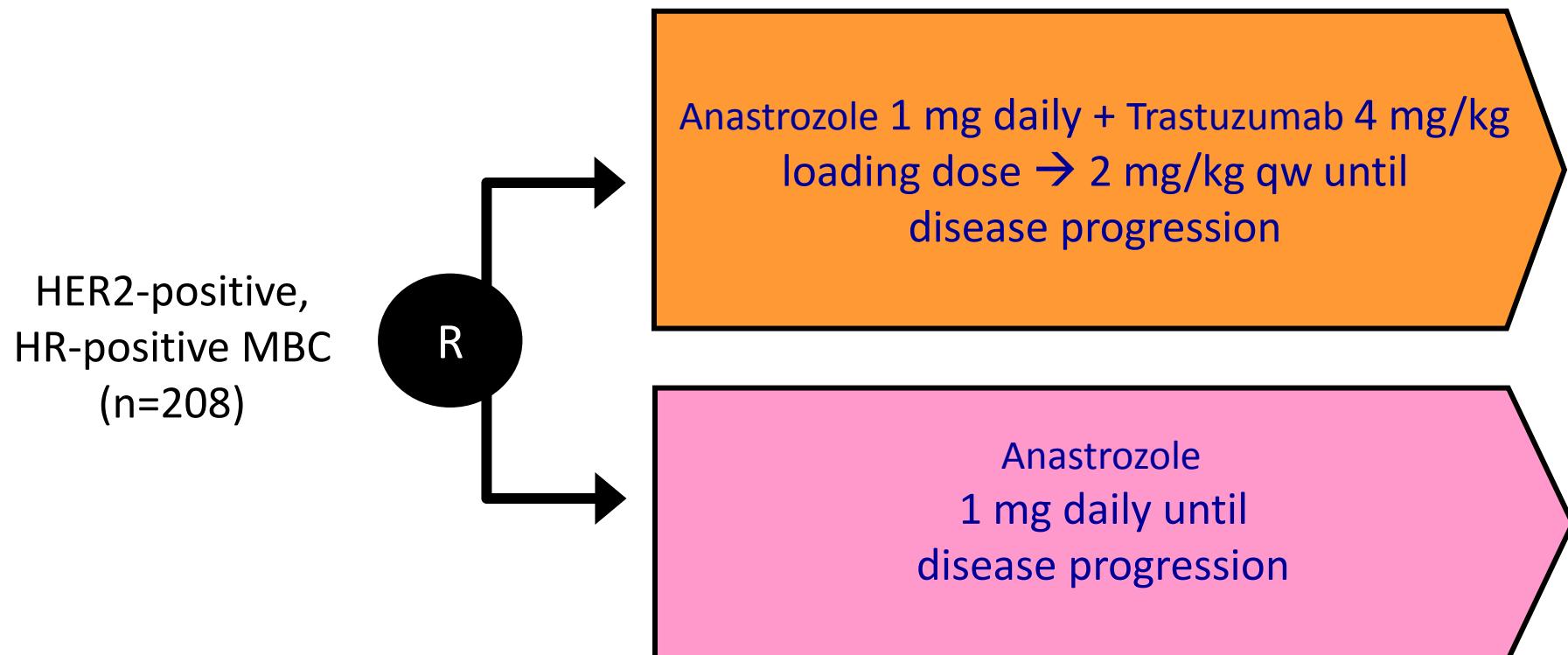
# *OUTLINE*

- TAnDEM Trial [*Kaufman et al, J Clin Oncol 2009*]
- EGF30008 Trial [*Johnston S, et al J Clin Oncol 2009*]
- Guidelines
- Treatment algorithms



Trastuzumab Plus Anastrozole Versus Anastrozole Alone for the Treatment of Postmenopausal Women With Human Epidermal Growth Factor Receptor 2–Positive, Hormone Receptor–Positive Metastatic Breast Cancer: Results From the Randomized Phase III TAnDEM Study

Bella Kaufman, John R. Mackey, Michael R. Clemens, Poonamalle P. Bapsy, Ashok Vaid, Andrew Wardley,

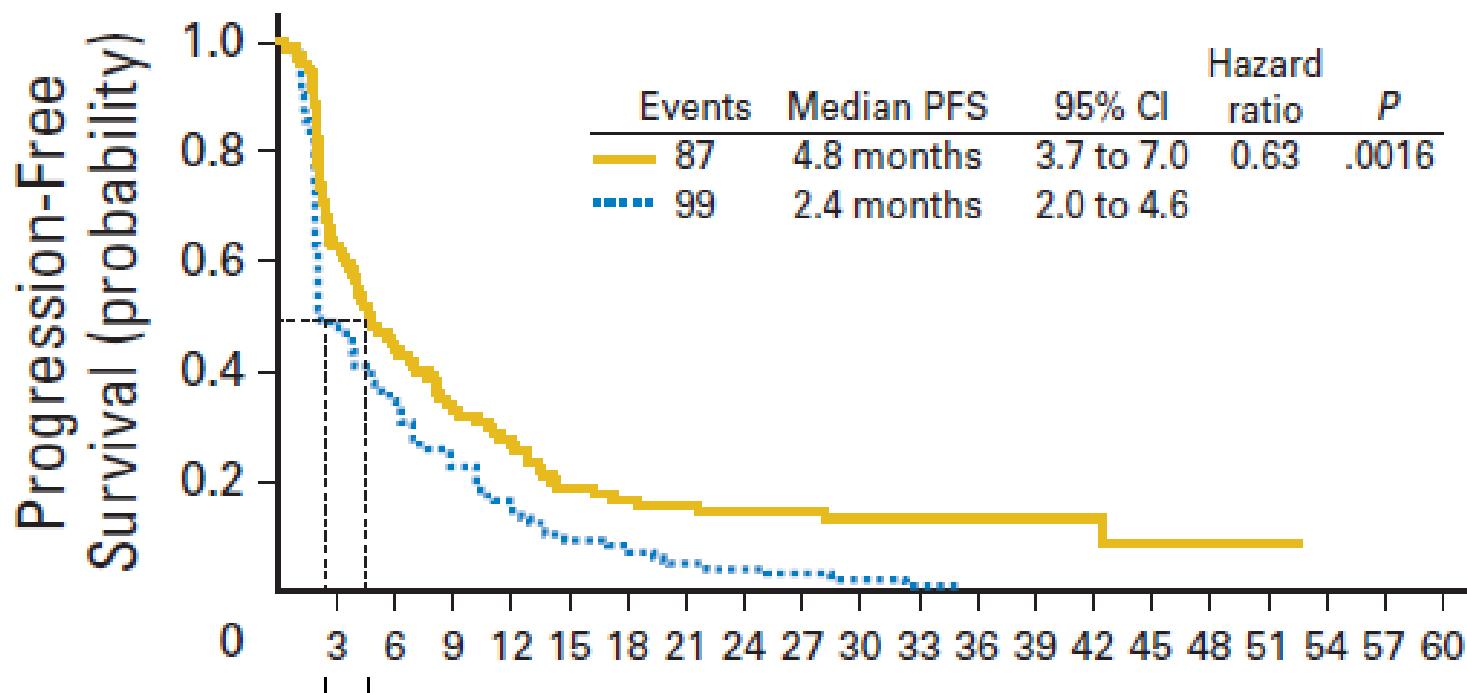


[Crossover to receive trastuzumab was actively offered to all patients who progressed on anastrozole alone]

**Baseline Patient characteristics**

Characteristic	Trastuzumab + Anastrozole (n = 103)		Anastrozole Alone (n = 104)	
	No. of Patients	%	No. of Patients	%
Age, years				
Median	56		54	
Range	31-85		27-77	
Hormone receptor status*				
Primary and/or metastatic lesion ER and/or PgR positive (local)	103	100.0	104	100.0
Primary and/or metastatic lesion ER and/or PgR positive (central)	77	74.8	73	70.2
Time from diagnosis of primary disease, months				
Median	25.6		27.3	
Range	0.6-419		0.6-154.3	
Time from diagnosis of metastatic disease, months				
Median	1.6†		1.2	
Range	0.3-67.1		0.3-19.3	
No. of metastatic sites per patient				
Median	2		2	
Range	1-5		1-5	
No. of lesions per patient				
Median	4		4	
Range	1-14		1-13	
Site of metastases				
Lung	43	41.7	48	46.2
Liver	33	32.0	29	27.9
Bone	64	62.1	53	51.0
Soft tissue	46	44.7	44	42.3
Other	72	69.9	65	62.5
Previous therapy				
Hormonal	62	60.2	69	66.3
Tamoxifen for metastatic disease	5	4.9	3	2.9
Chemotherapy	55	53.4	62	59.6
Anthracycline	46	44.7	53	51.0
Bisphosphonate	28	27.2	27	26.0
LVEF, %				
Median	62		63	
Range	50-82		51-89	

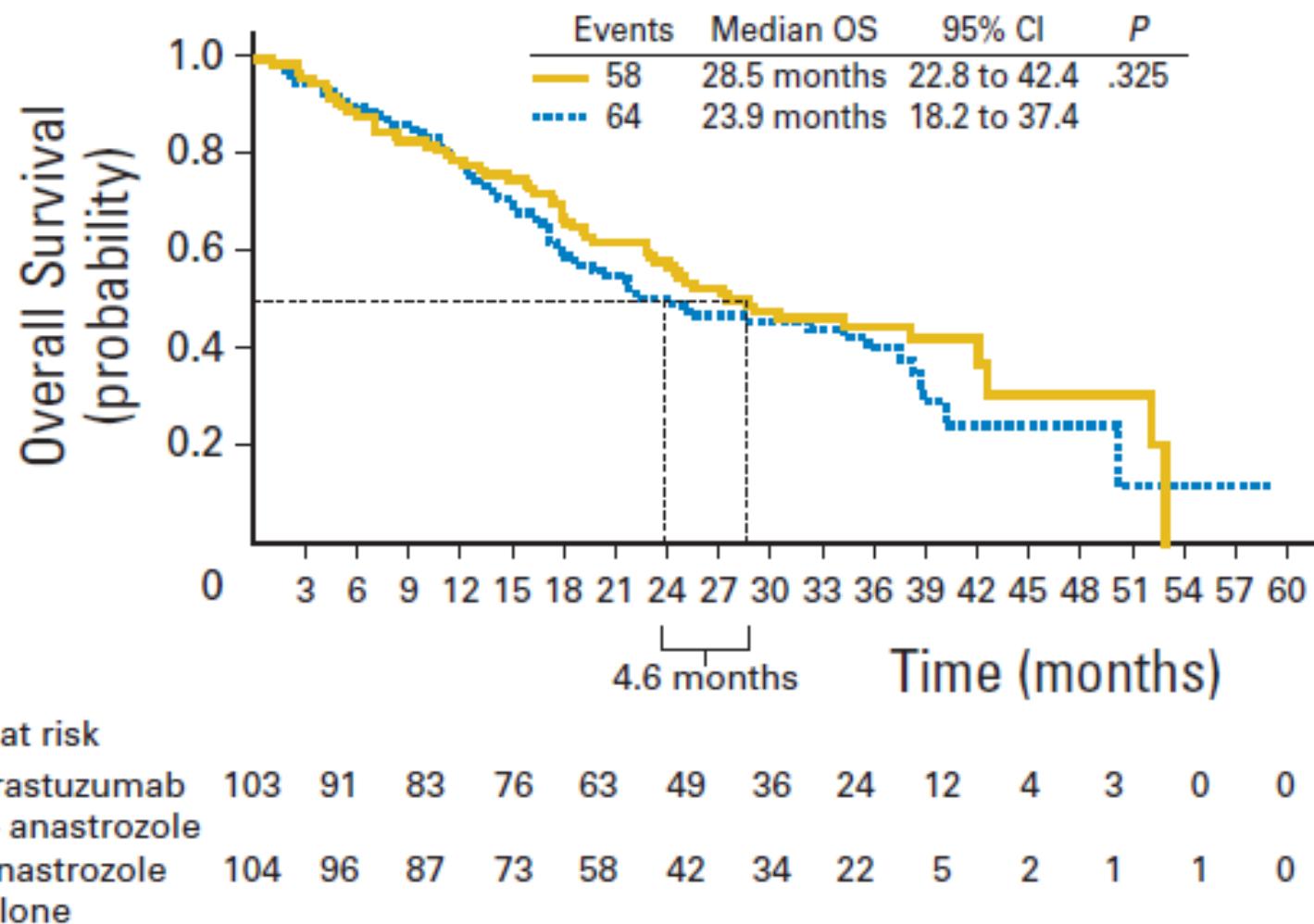
## Progression-Free Survival



### No. at risk

	103	48	31	17	14	13	11	9	4	1	1	0	0
— Trastuzumab + anastrozole	103	48	31	17	14	13	11	9	4	1	1	0	0
- - - Anastrozole alone	104	36	22	9	5	4	2	1	0	0	0	0	0

## Overall Survival



## Overall Response Rates

### Best Overall Response

	Trastuzumab + Anastrozole (n = 74)		Anastrozole Alone (n = 73)	
Response	No. of Patients	%	No. of Patients	%
Complete response*	0	0	0	0
Partial response	15	20.3†	5	6.8
Stable disease	28	37.8	28	38.4
Progressive disease	30	40.5	36	49.3
Not evaluable	1	1.4	4	5.5

ORR: 20.3% vs 6.8%

CBR: 58.1% vs 45.2%

## SAEs

Adverse Event	Common Adverse Events, All Grades				Grade 3 Adverse Events				Grade 4 Adverse Events			
	Trastuzumab + Anastrozole (n = 103)		Anastrozole Alone* (n = 104)		Trastuzumab + Anastrozole (n = 103)		Anastrozole Alone* (n = 104)		Trastuzumab + Anastrozole (n = 103)		Anastrozole Alone* (n = 104)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	90	87.4	68	65.4	24	23.3	16	15.4	5	4.9	1	1.0
Fatigue	22	21.3	10	9.6	1	1.0	0	0	0	0	0	0
Diarrhea	21	20.4	8	7.7	1	1.0	0	0	0	0	0	0
Vomiting	22	21.3	5	4.8	3	2.9	1	1.0	0	0	0	0
Arthralgia	15	14.6	10	9.6	0	0	1	1.0	0	0	0	0
Pyrexia	18	17.5	7	6.7	0	0	0	0	0	0	0	0
Back pain	15	14.6	7	6.7	2	1.9	2	1.9	0	0	0	0
Dyspnea	13	12.6	9	8.7	1	1.0	0	0	1	1.0	0	0
Nausea	17	16.5	5	4.8	1	1.0	0	0	0	0	0	0
Cough	14	13.6	6	5.8	0	0	0	0	0	0	0	0
Headache	14	13.6	6	5.8	0	0	0	0	0	0	0	0
Nasopharyngitis	17	16.5	2	1.9	0	0	0	0	0	0	0	0
Bone pain	11	10.7	6	5.8	2	1.9	0	0	0	0	0	0
Constipation	12	11.7	5	4.8	0	0	0	0	0	0	0	0
Chills	15	14.6	0	0	1	1.0	0	0	0	0	0	0
Hypertension	7	6.8	4	3.8	2	1.9	4	3.8	0	0	0	0

## Patient Population

- ER+/PgR+ (HR+)
- Postmenopausal
- HER2+, HER2- or unknown
- Stage IIIb/IIIC, IV
- No prior treatment for MBC

## Stratification

- Disease sites
  - Bone only/other sites
- Interval since prior adjuvant anti-estrogen therapy
  - < 6 mo / ≥ 6 mo or None

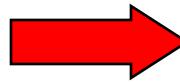
## Lapatinib Combined With Letrozole Versus Letrozole and Placebo As First-Line Therapy for Postmenopausal Hormone Receptor–Positive Metastatic Breast Cancer

Stephen Johnston, John Pippen Jr, Xavier Pivot, Mikhail Lichinitser, Saeed Sadeghi, Veronique Dieras,

R  
A  
N  
D  
O  
M  
I  
Z  
E



Letrozole 2.5 mg daily  
+  
Placebo



Letrozole 2.5 mg daily  
+  
Lapatinib 1500 mg daily

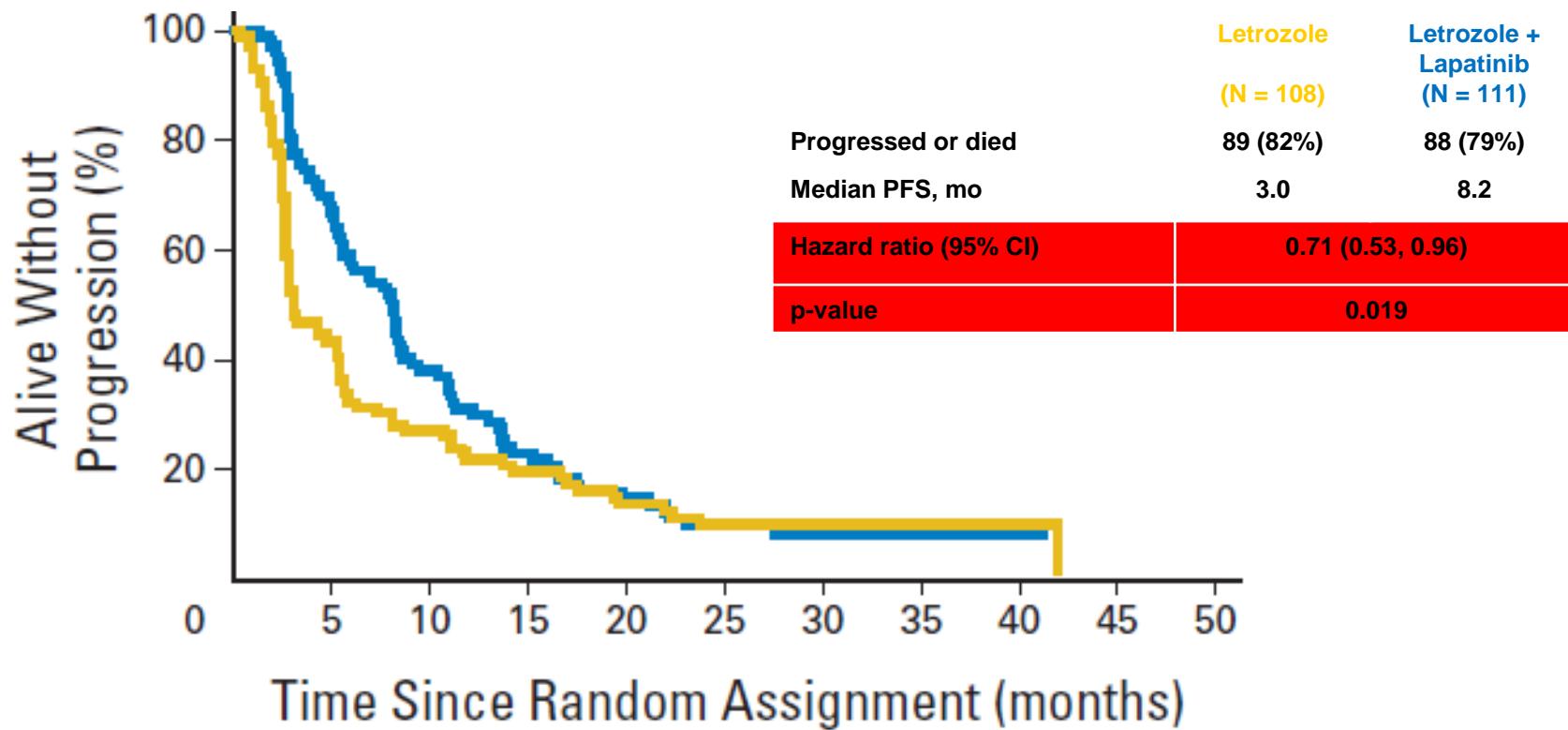
n = 1286 pts (including n=219 HER2+)

# Baseline Patient characteristics

Demographic or Clinical Characteristic	HER2 Positive				ITT			
	Letrozole + Placebo (n = 108)		Letrozole + Lapatinib (n = 111)		Letrozole + Placebo (n = 644)		Letrozole + Lapatinib (n = 642)	
	No. of Patients	%	No. of Patients	%	No. of Patients	%	No. of Patients	%
Age, years*								
Median	59		60		63		62	
Range	45-87		44-85		35-95		31-94	
ECOG performance status*								
0	51	47	59	53	349	54	370	58
≥ 1	57	53	51	46	286	44	268	42
Hormone receptor status*								
ER/PgR positive	69	64	74	67	414	64	420	65
ER positive/PgR negative	20	19	19	17	90	14	91	14
Disease stage								
IIIB or IIIC	7	6	5	5	30	5	25	4
IV	101	94	106	95	613	95	616	96
No. of metastatic sites*								
Median	2		2		2		2	
Range	1-7		1-7		0-7		0-7	
Disease stage								
Bone only	18	17	16	14	85	13	94	15
Visceral or soft tissue	90	83	95	86	559	87	548	85
Liver	37	34	33	30	171	27	146	23
Lung	40	37	43	39	242	38	248	39
Lymph node	43	40	57	51	304	47	312	49
Soft tissue	31	29	35	32	218	34	212	33
Other	18	17	19	17	127	20	125	19
Previous therapy								
Endocrine*	62	57	60	54	317	49	313	49
Tamoxifen or toremifene only	60	56	59	53	302	47	300	47
Aromatase inhibitor only	1	< 1	1	< 1	3	< 1	5	< 1
Chemotherapy*	51	47	61	55	280	43	281	44
Anthracycline only	38	35	41	37	172	27	171	27
Anthracyclines and taxanes	9	8	9	8	41	6	42	7
Other	4	4	11	10	66	10	68	11
Biologic therapy (any)	1	< 1	1	< 1	1	< 1	2	< 1
Interval since prior adjuvant antiestrogen therapy*								
≥ 6 months or no prior therapy	67	62	73	66	487	76	501	78
< 6 months	41	38	38	34	157	24	141	22

Clinical efficacy in human epidermal growth factor receptor 2-positive population.

## Progression-Free Survival

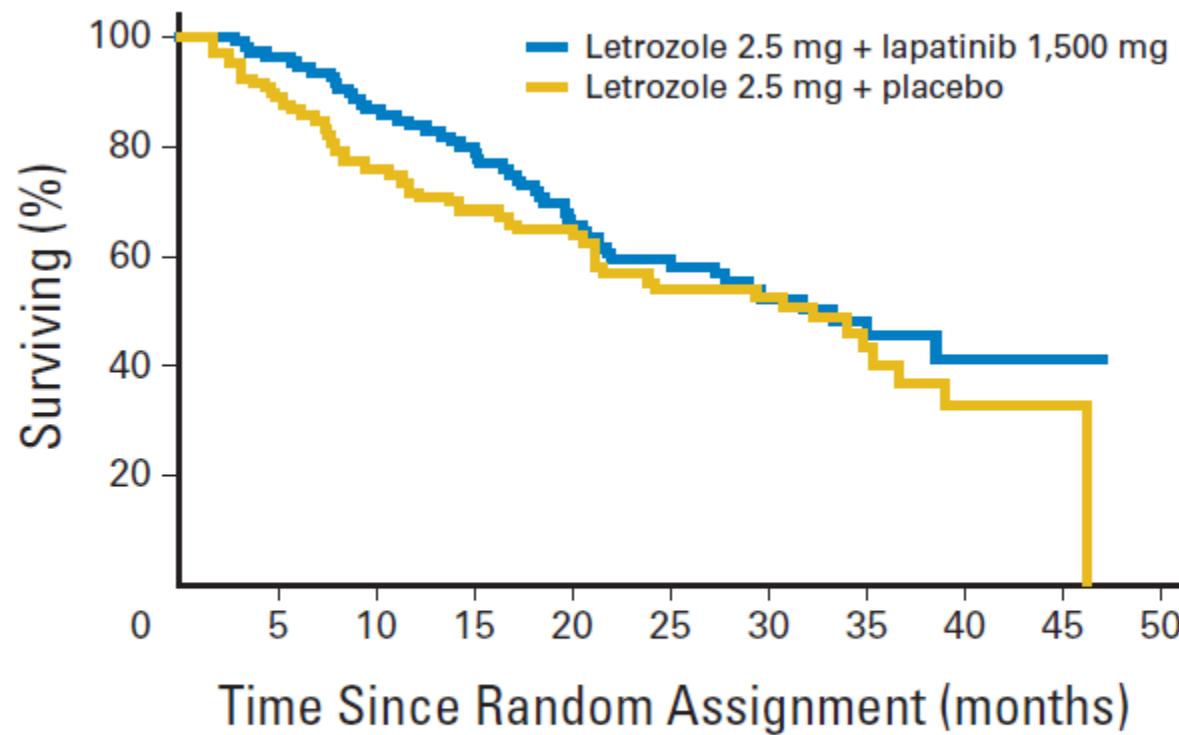


### Patients at risk

Letrozole + lapatinib	111	69	33	20	12	8	4	1	1
Letrozole	108	43	26	18	12	7	5	2	2

Clinical efficacy in human epidermal growth  
actor receptor 2-positive  
population.

## Overall Survival

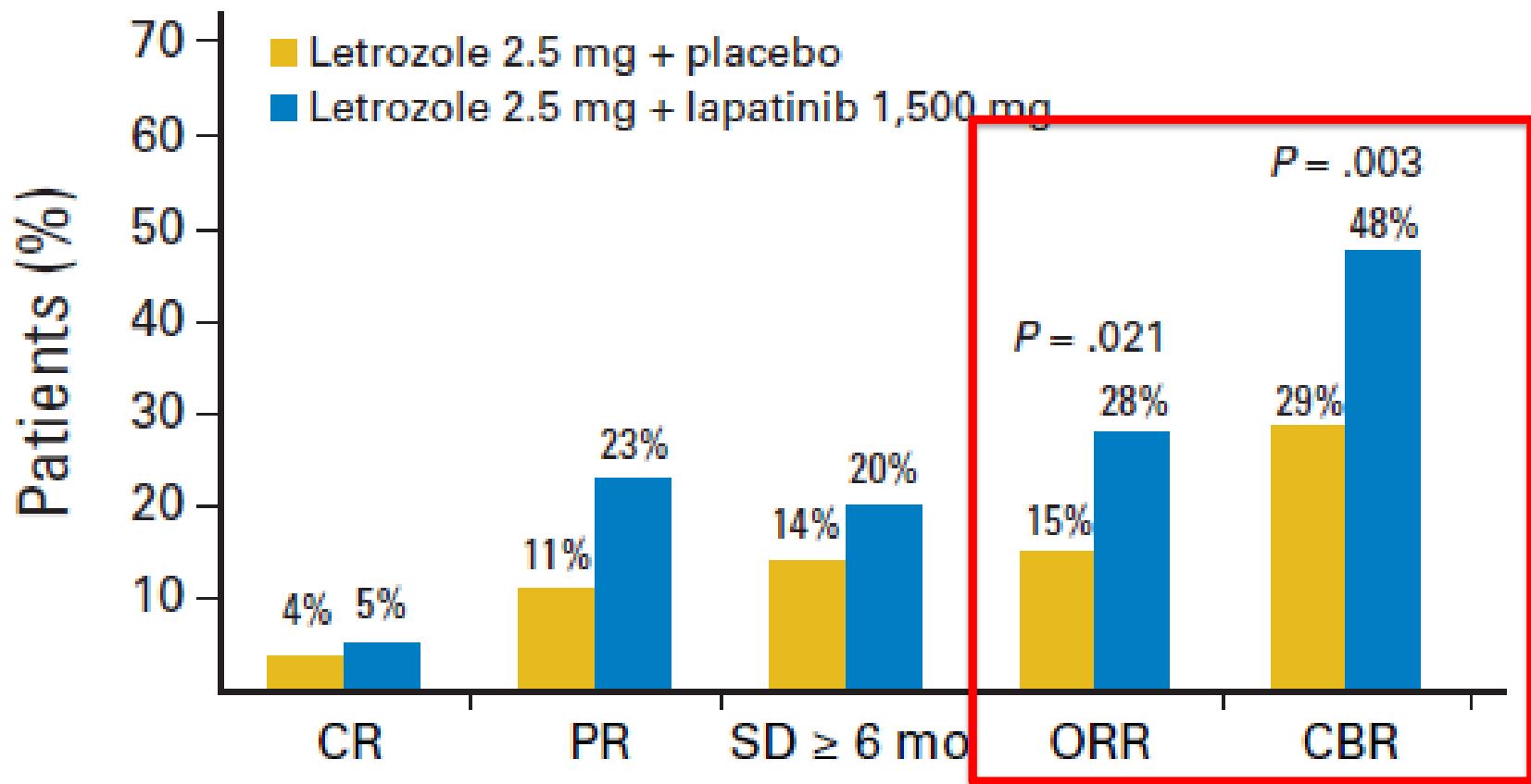


### Patients at risk

Letrozole + lapatinib	111	104	89	80	64	48	32	19	9	4
Letrozole	108	93	76	69	59	38	31	15	8	2

Clinical efficacy in human epidermal growth  
actor receptor 2-positive  
population.

### Overall Response Rate

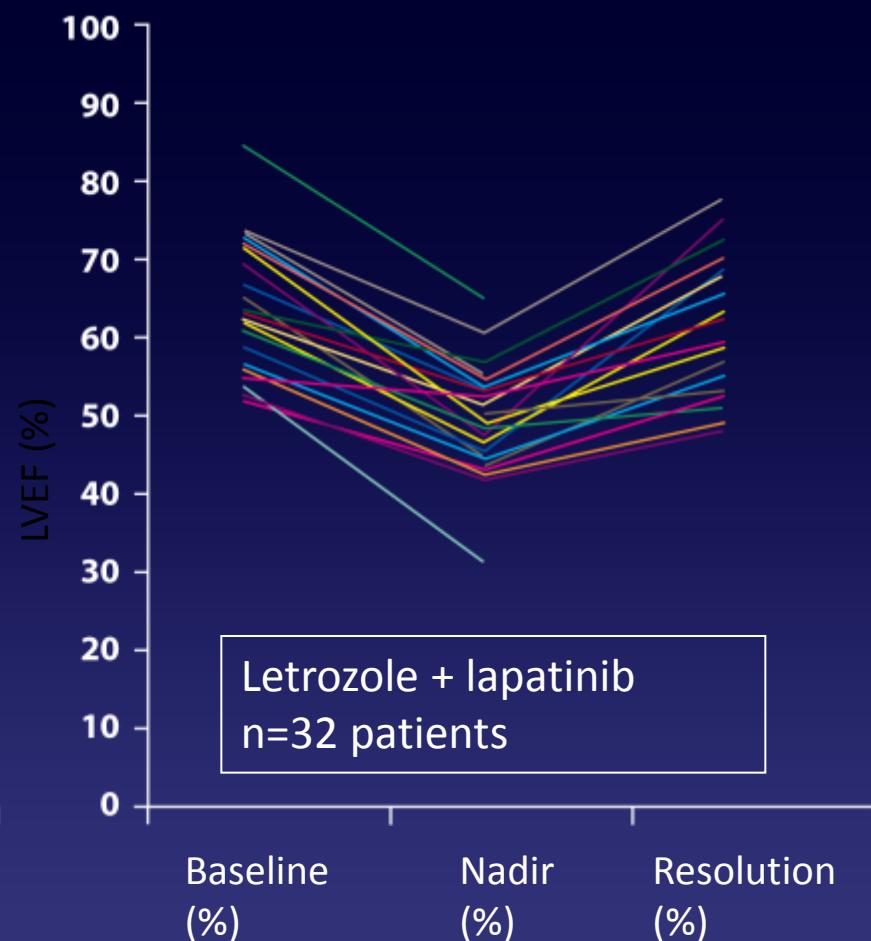
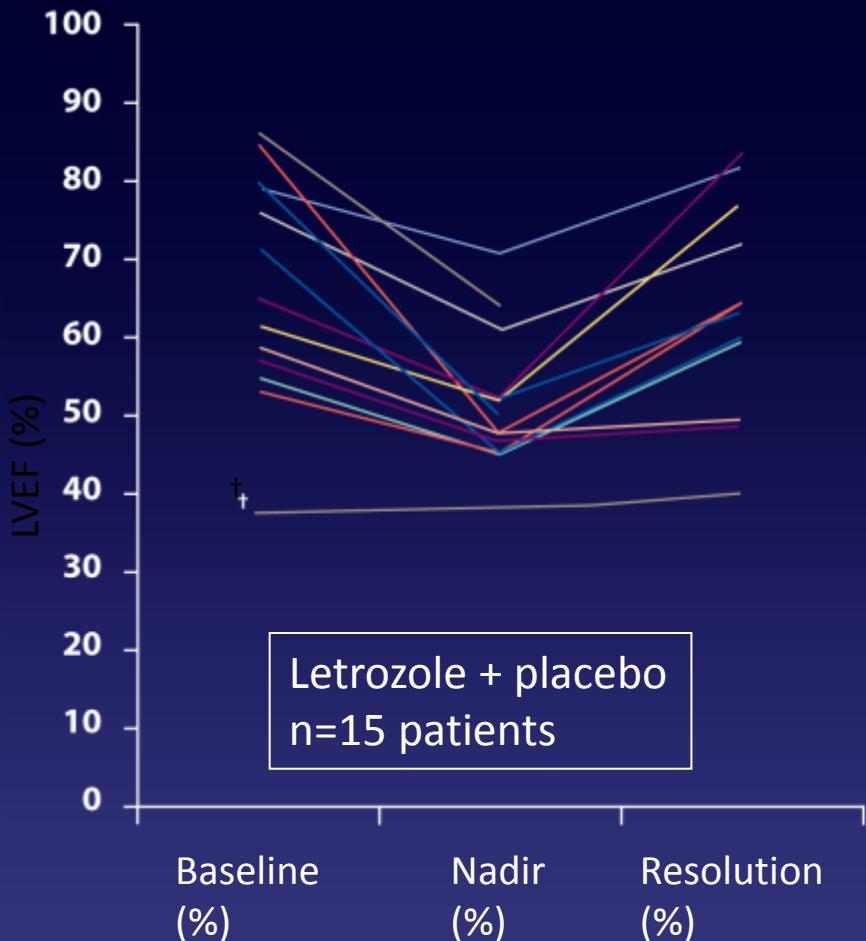


## SAEs

Adverse Event	Letrozole + Placebo (n = 624)								Letrozole + Lapatinib (n = 654)							
	Grade 1		Grade 2		Grade 3		Grade 4		Grade 1		Grade 2		Grade 3		Grade 4	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Diarrhea*	91	15	27	4	6	<1	0	0	210	32	147	22	58	9	2	<1
Rash*	68	11	15	2	0	0	0	0	186	28	100	15	7	1	0	0
Nausea*	85	14	40	6	4	<1	0	0	141	22	53	8	6	<1	0	0
Arthralgia	100	16	37	6	8	1	0	0	81	12	39	6	7	1	0	0
Fatigue	63	10	42	7	3	<1	0	0	77	12	47	7	10	2	0	0
Back pain	41	7	42	7	13	2	1	<1	50	8	42	6	12	2	0	0
Vomiting*	42	7	21	3	4	<1	1	<1	63	10	38	6	7	1	1	<1
Headache	52	8	28	4	3	<1	0	0	63	10	26	4	2	<1	0	0
Cough	73	12	15	2	2	<1	0	0	59	9	19	3	2	<1	0	0
Hot flush*	65	10	27	4	0	0	0	0	54	8	12	2	3	<1	0	0
Asthenia	45	7	19	3	5	<1	0	0	55	8	20	3	5	<1	0	0
Pain in extremity	42	7	24	4	5	<1	0	0	39	6	25	4	2	<1	0	0
Dyspnea	36	6	27	4	7	1	2	<1	31	5	27	4	5	<1	1	<1
Pruritus*	43	7	11	2	1	<1	0	0	54	8	23	4	2	<1	0	0
Alopecia*	44	7	1	<1	0	0	0	0	82	13	2	<1	1	<1	0	0
Constipation	48	8	17	3	2	<1	0	0	54	8	6	<1	0	0	0	0
Anorexia	34	5	18	3	2	<1	0	0	51	8	16	2	5	<1	0	0
Dry skin	25	4	2	<1	0	0	0	0	71	11	15	2	1	<1	0	0
Epistaxis	7	1	3	<1	1	<1	0	0	63	10	6	<1	1	<1	0	0
Nail disorder	5	<1	1	<1	0	0	0	0	60	9	11	2	1	<1	0	0

\*A statistically significant ( $P < .05$ ) effect was observed between treatment groups for the total incidence of these adverse events.

# *LVEF assessment values\* for individual patients with cardiac events*



\*LVEF assessments by ECHO or MUGA. †Values for this patient were above this institution's LLN.

Each line on the graph represents LVEF changes for one patient

# Chemo or Endocrine therapy +/- antiHER2 agents in HER2+ metastatic BC

	Regimen	Patients n°	ORR %	Median PFS/TTP (mos)	Median OS (mos)
Slamon	Chemo + Trastuzumab	235	50*	7.4*	25.1*
	Chemo**	234	32	4.6	20.3
Marty	Doc + Trastuzumab	92	61*	11.7*	31.2*
	Doc***	94	34	6.1	22.7
Andersson M	Doc +Trastuzumab	143	59.3	12	35.7
	Vnr + Trastuzumab	141	59.3	15.3*	38.8
Kaufmann	Anastrozole + Trastuzumab	103	20.3*	4.8*	28.3
	Anastrozole	104	6.8	2.4	23.9
	Letrozole + Lapatinib	111	28*	8.2*	33.3
Johnston	Letrozole + placebo	108	15	3.0	32.3

\*\* 65% cross to trastuzumab

\*\*\* 44% cross to trastuzumab

\* p = < 0.05



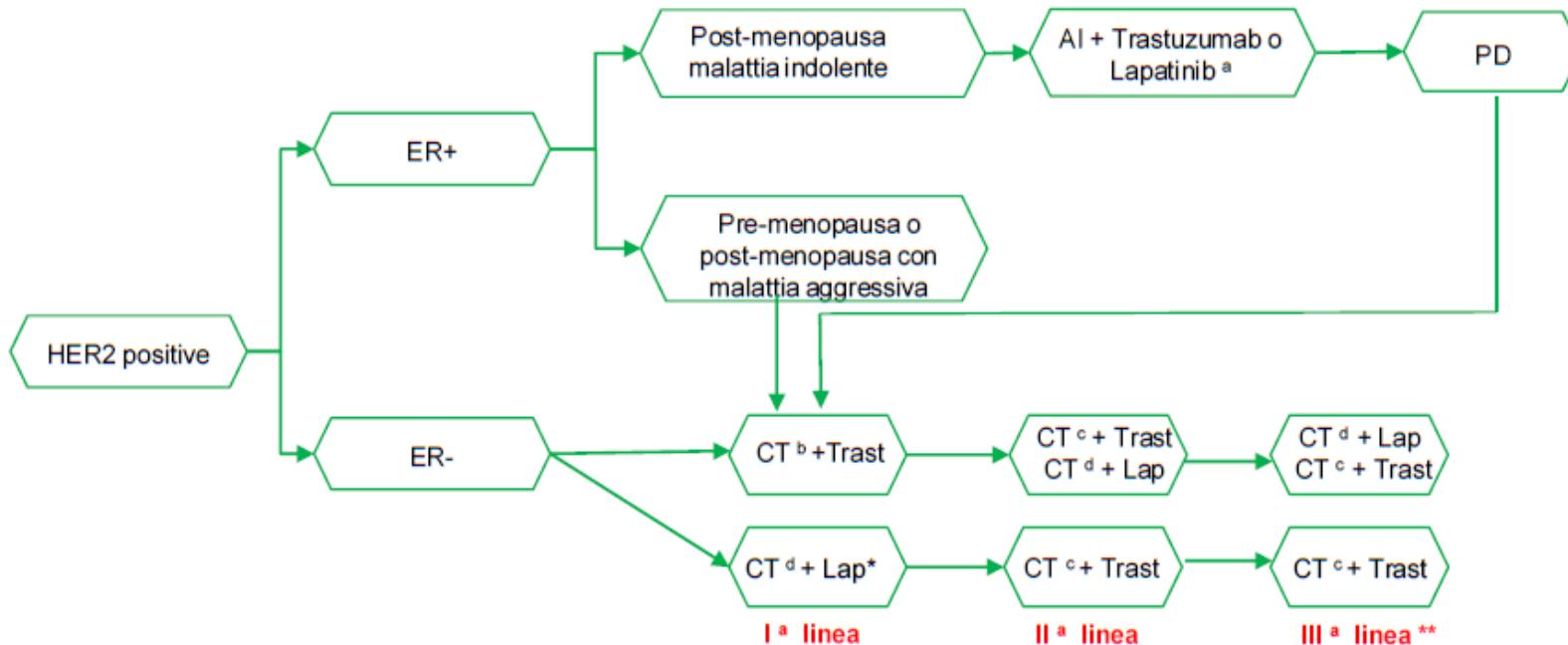
# ***OUTLINE***

***Lapatinib or Trastuzumab in combination  
with an Aromatase Inhibitor is an Option for:***

- chemo-unfit
- chemo-unwilling patients
- non Bulky visceral/non visceral metastatic disease

## ALGORITMO 15 – CARCINOMA MAMMARIO METASTATICO

### Terapia medica in base alle caratteristiche patologiche e cliniche (I)



Legenda: CT= chemioterapia, Trast= trastuzumab, Lap= Lapatinib, PD= Progressione di malattia.

Nota a- Il trattamento ormonale con un inibitore dell'aromatasi più un farmaco anti HER2 è un'opzione alternativa alla chemioterapia, ma non esistono studi di confronto diretto

Nota b- Chemioterapia con taxano o vinorelbina

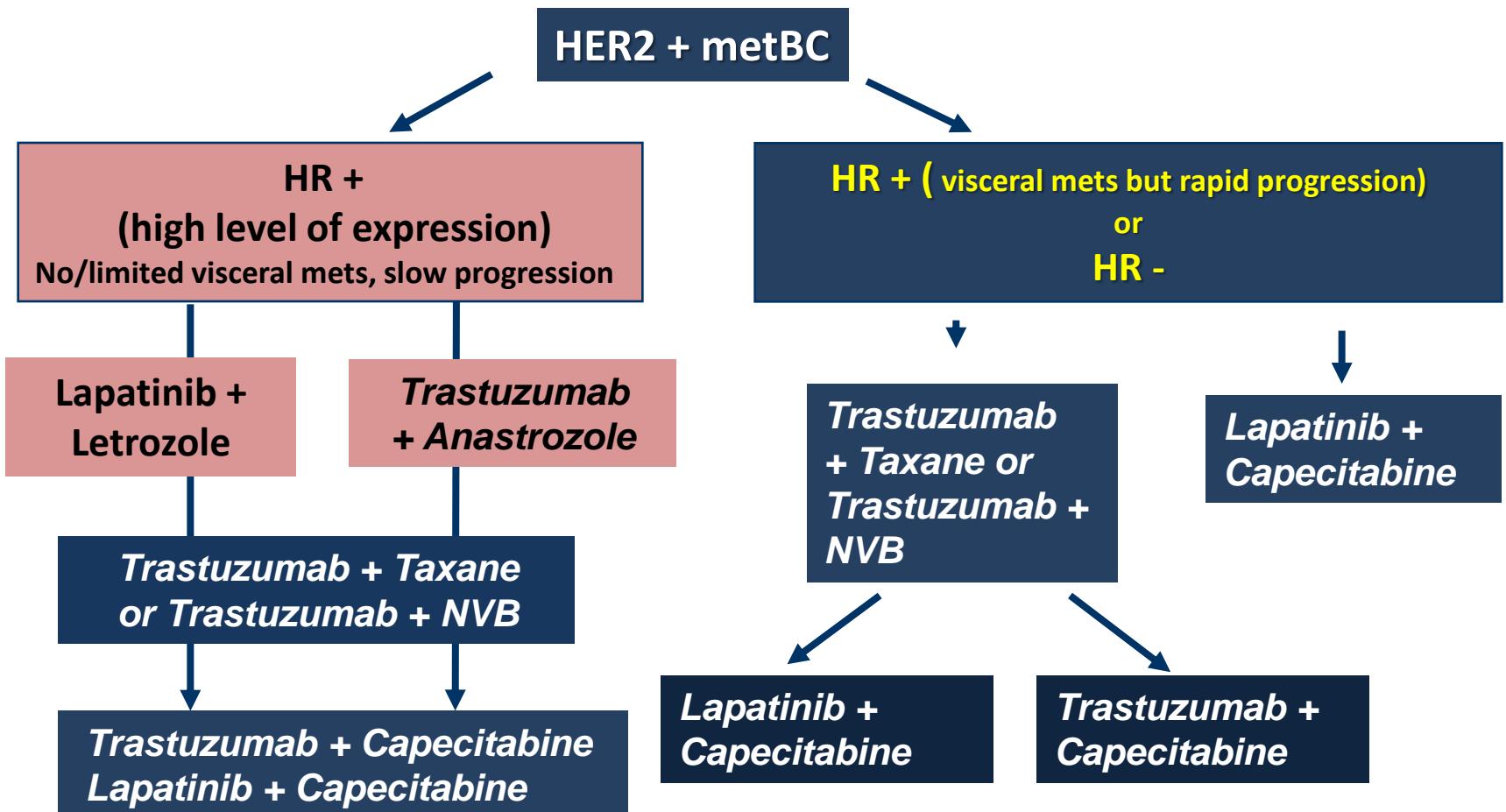
Nota c- Chemioterapia con agente non utilizzato in precedenza

Nota d- Capecitabina.

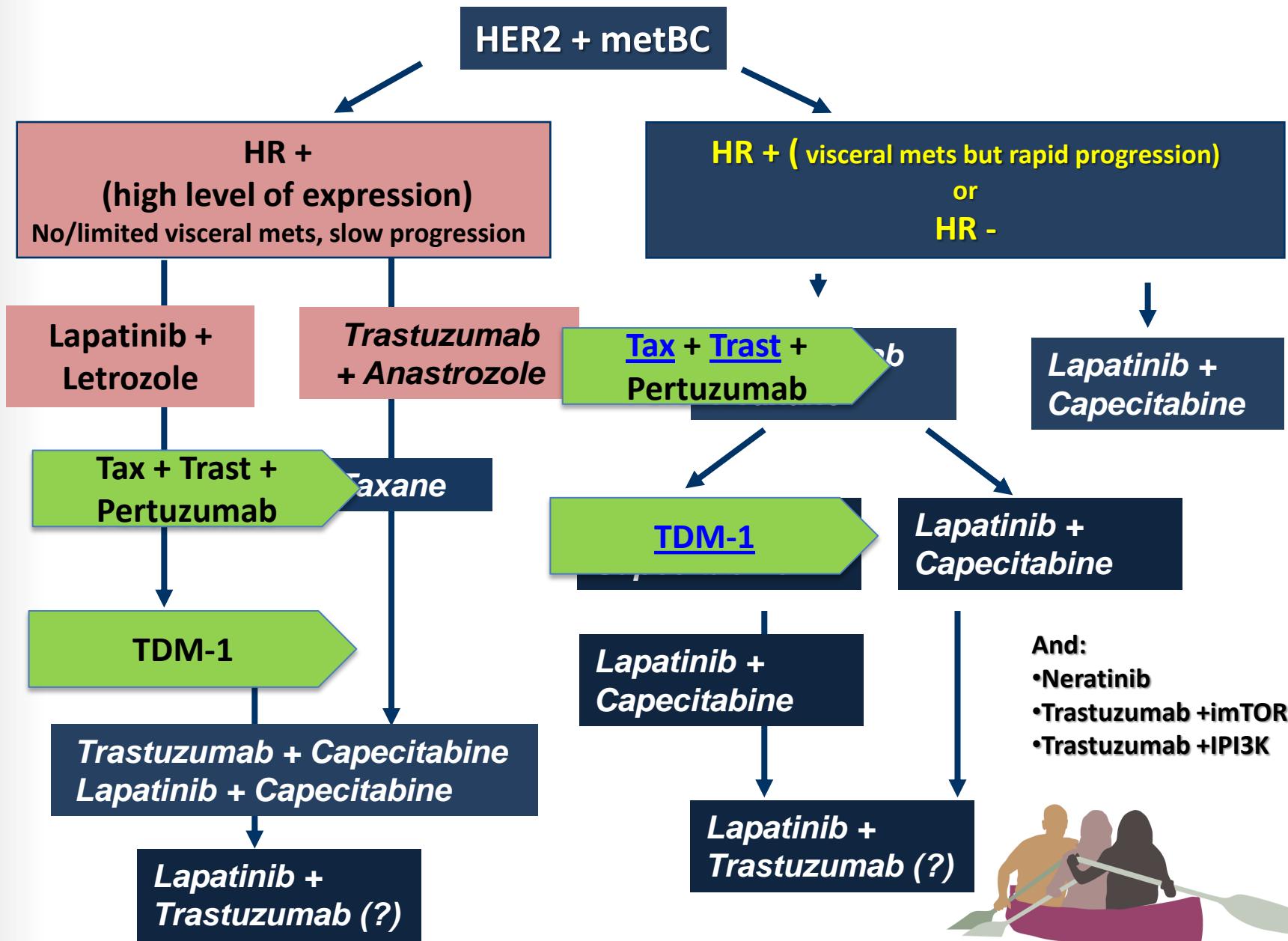
\* Pur in assenza di dati da studi prospettici, in caso di progressione durante o entro 6 mesi dalla fine di un trattamento adiuvante con trastuzumab è ammissibile una prima linea con lapatinib e capecitabina (vedere paragrafo 7.2.1b)

\*\* Linee terapeutiche superiori alla III<sup>a</sup> sono possibili sulla base delle condizioni cliniche della paziente e sulla presenza di opzioni ragionevoli considerando il rapporto tossicità/efficacia

# Algorithm for metastatic HER2+ BC (2013)



# Algorithm for mHER2+ BC IN THE NEXT FUTURE



# *A new SCENARIO*

- AIs in the adjuvant setting?

Previous therapy	62	57	60	54	317	49	313	49
Endocrine*	62	57	60	54	317	49	313	49
Tamoxifen or toremifene only	60	56	59	53	302	47	300	47
<b>Aromatase inhibitor only</b>	<b>1</b>	<b>&lt;1</b>	<b>1</b>	<b>&lt;1</b>	<b>3</b>	<b>&lt;1</b>	<b>5</b>	<b>&lt;1</b>
Chemotherapy*	51	47	61	55	280	43	281	44
Anthracycline only	38	35	41	37	172	27	171	27
Anthracyclines and taxanes	9	8	9	8	41	6	42	7
Other	4	4	11	10	66	10	68	11
<b>Biologic therapy (any)</b>	<b>1</b>	<b>&lt;1</b>	<b>1</b>	<b>&lt;1</b>	<b>1</b>	<b>&lt;1</b>	<b>2</b>	<b>&lt;1</b>

- Trastuzumab in the adjuvant treatment?
- Maintenance therapy (lack of data)?



An aerial photograph of a residential area featuring numerous apartment buildings of various sizes and colors, primarily in shades of yellow, orange, and grey. The buildings are interspersed with lush green trees and some smaller, lower structures. The overall scene is a typical European or North American urban neighborhood.

*Thank you for  
your kind attention!*