

UPDATES IN Non-Hormone Receptor Treatments for Breast Cancer

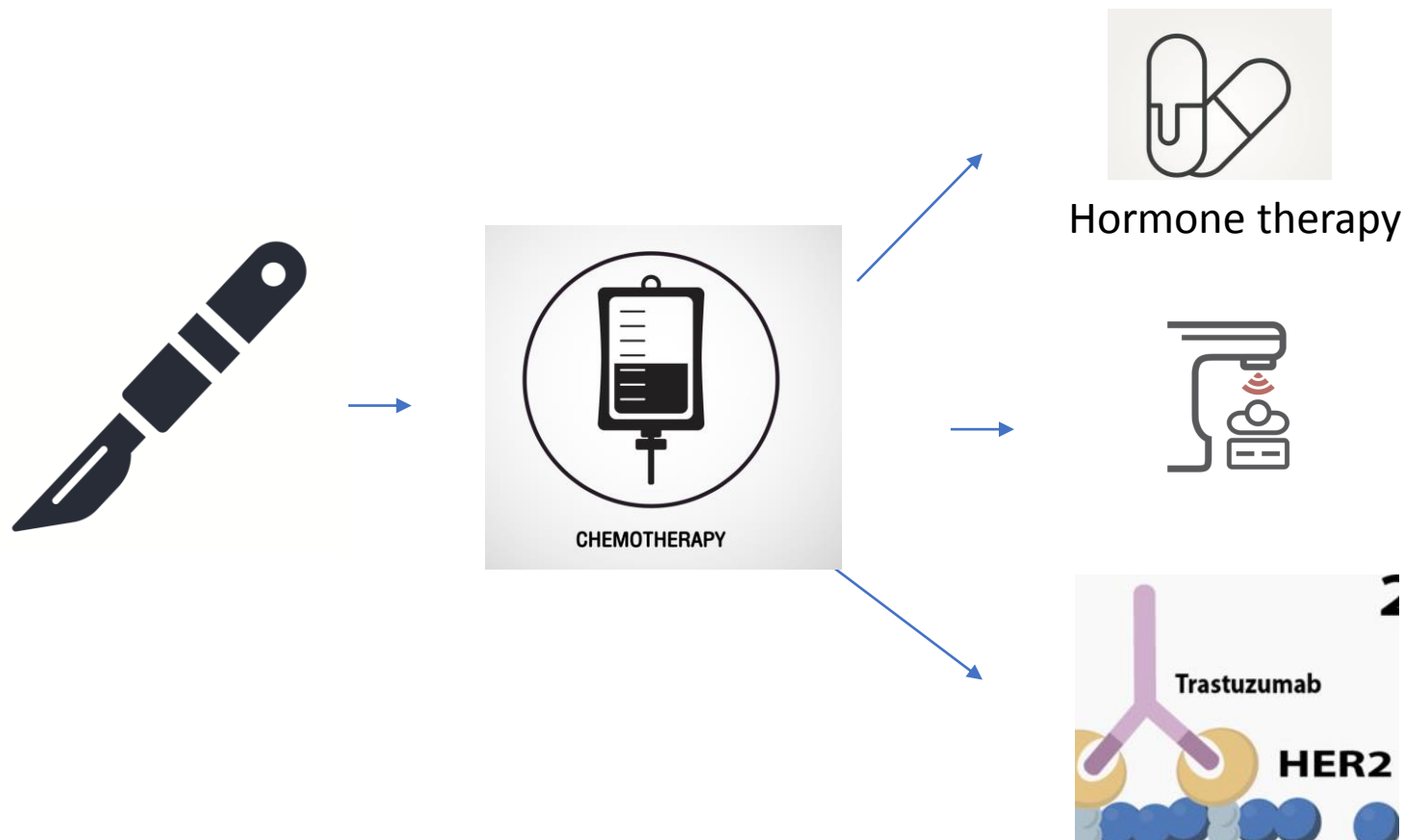
Cancer Education Days

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Medical Oncology
Dec. 13, 2019



Current/ Previous Standard of Care

ADJUVANT CHEMOTHERAPY



Her 2 Targeted Therapy

1. Herceptin

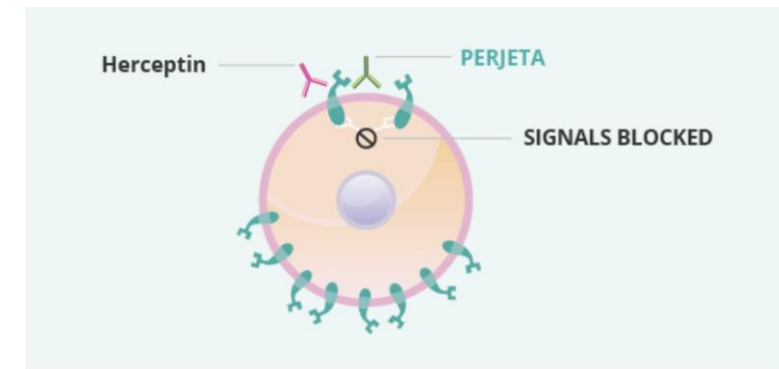
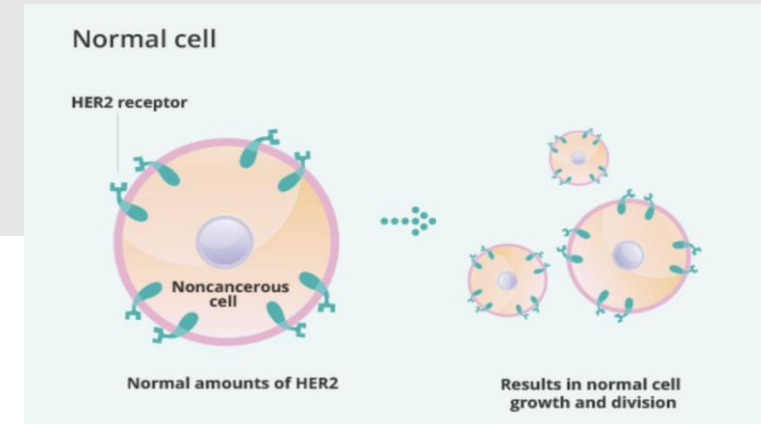
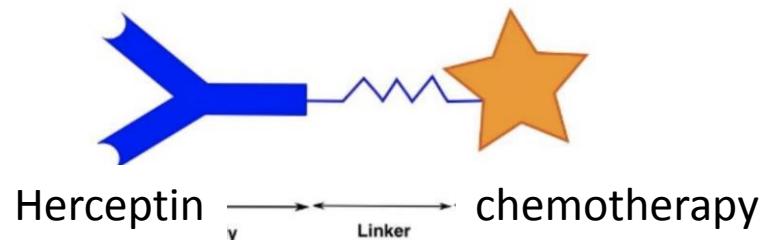
- “naked” antibody

2. Perjeta

- Attacks different part of the her 2 receptor
- Works with Herceptin
- Only in the metastatic setting

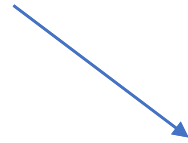
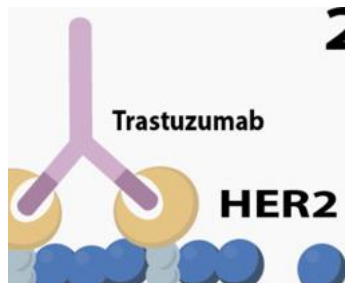
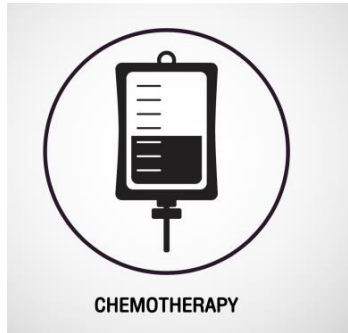
3. TDM-1

- Antibody-drug Conjugate



New Standard of Care

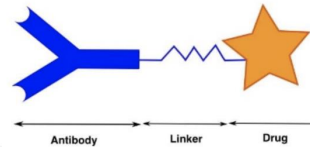
NEOADJUVANT CHEMOTHERAPY



Hormone therapy



• Antibody-drug Conjugate



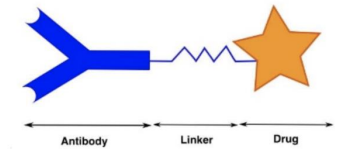
TDM-1

Give the chemotherapy BEFORE the surgery

KATHERINE Trial

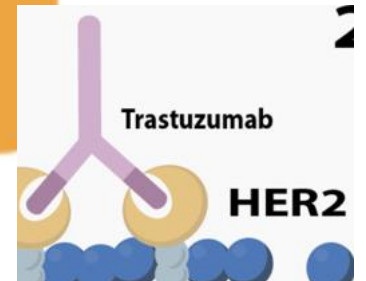
• Antibody-drug Conjugate TDM-1

All patients who are Her 2 positive, unless < 5 mm, LN negative

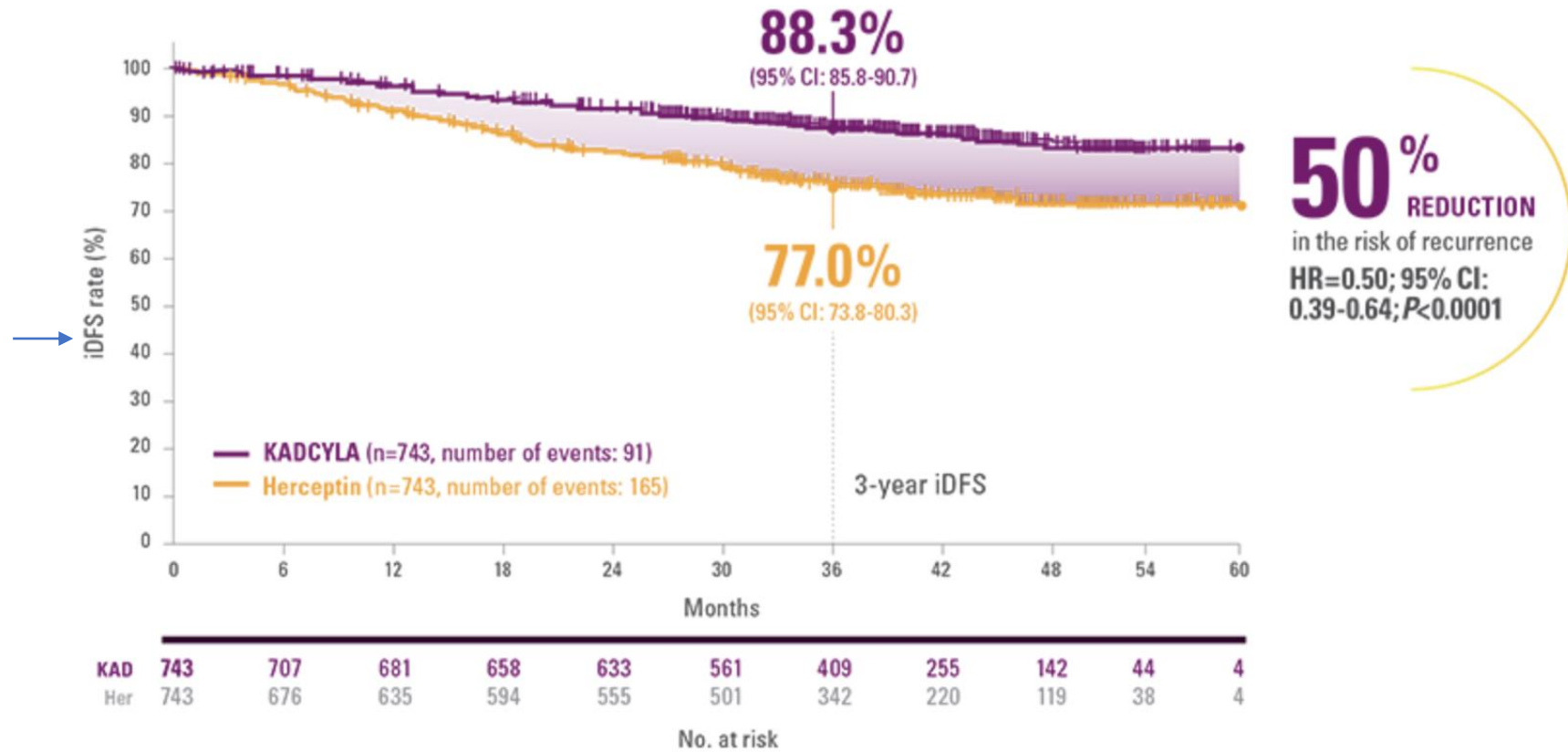


Herceptin
+ chemo
Before surgery

One year of her 2 directed therapy



KATHERINE

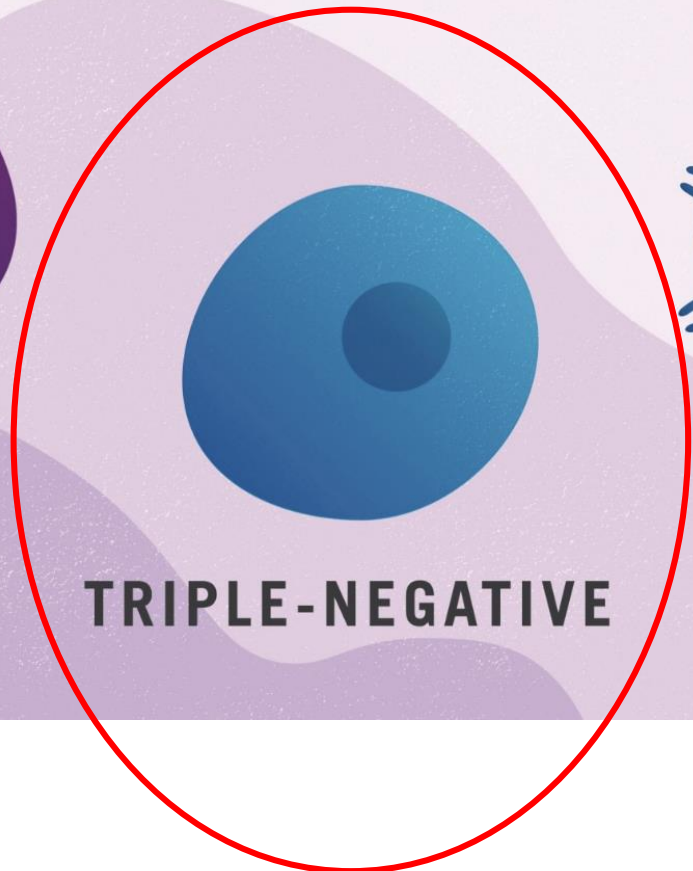


Triple Negative Breast Cancer

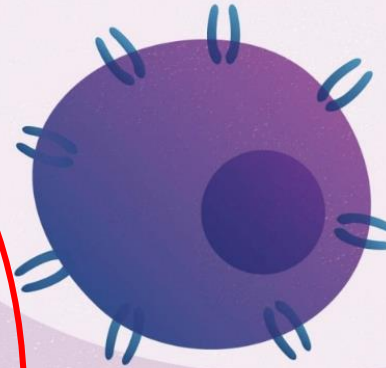
TRIPLE-NEGATIVE BREAST CANCER CELLS
LACK HR AND HER2 PROTEINS



HR+



TRIPLE-NEGATIVE



HER2+

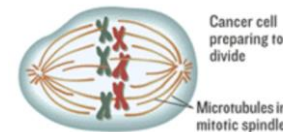
- Hormone receptor negative
- Her 2 negative

Current/ Previous Standard of Care ADJUVANT CHEMOTHERAPY for TNBC



Anthracyclines

Taxanes



New Standard of Care

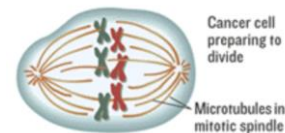
ADJUVANT CHEMOTHERAPY for TNBC



Anthracyclines

Taxanes

Carboplatin



WINDSOR Triple Negative Trial

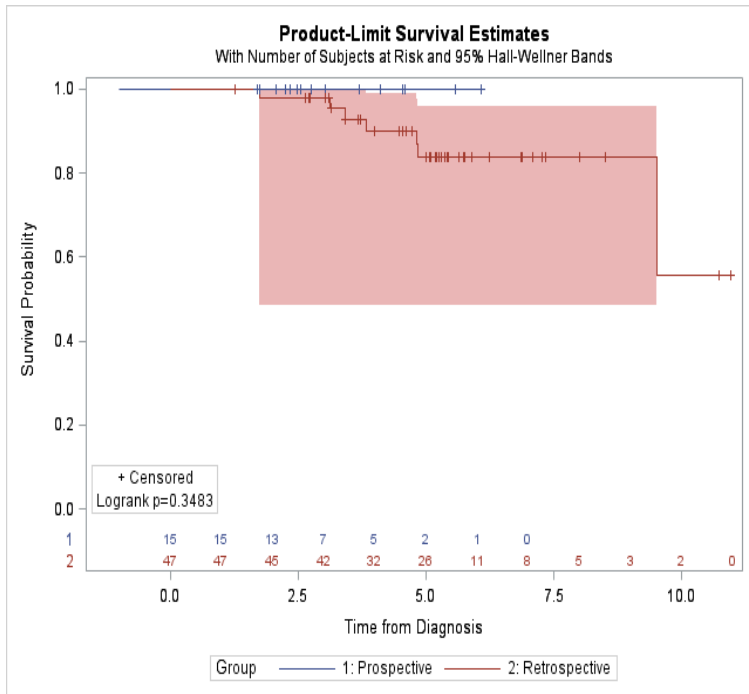
- 88 women from Windsor
- All Triple Negative Breast Cancer
- Median age 57 (26 – 72)
- Added Carboplatin in the adjuvant setting
- Adjusted the protocol to improve compliance
- Improved outcomes vs historical controls
- No relapses in patients with final protocol



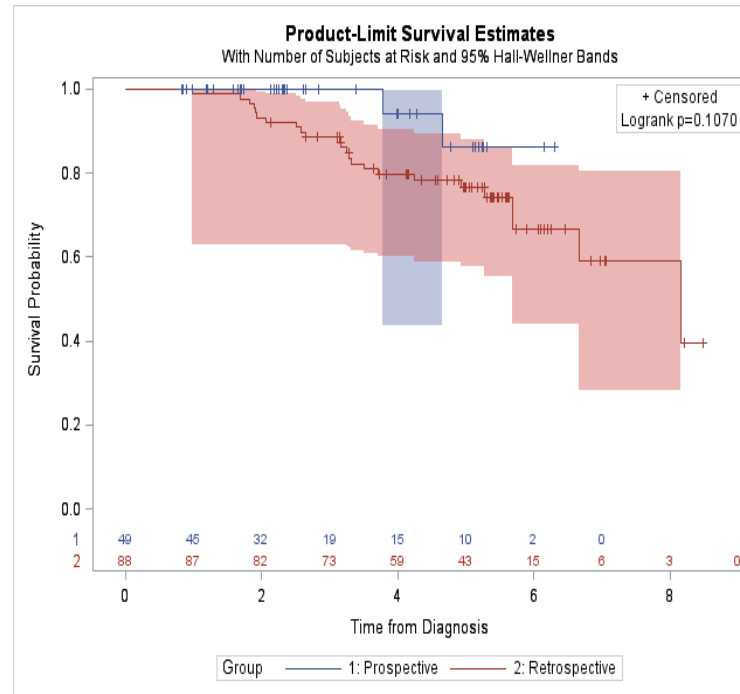
WINDSOR TNBC Trial

	Regimen 1	Regimen 2
n =	57	17
Median age (range)	52 (26-72)	48 (33-62)
Stage I (%)	12 (21)	1 (14)
Stage IIA (%)	24 (42)	14 (82)
Stage IIB (%)	6 (11)	0
Stage IIIA (%)	6 (11)	2 (12)
Stage IIIB (%)	5 (9)	0
Stage IIIC (%)	4 (7)	0
Grade 1	0	0
Grade 2 (%)	5 (9)	0
Grade 3 (%)	55 (91)	17 (100)

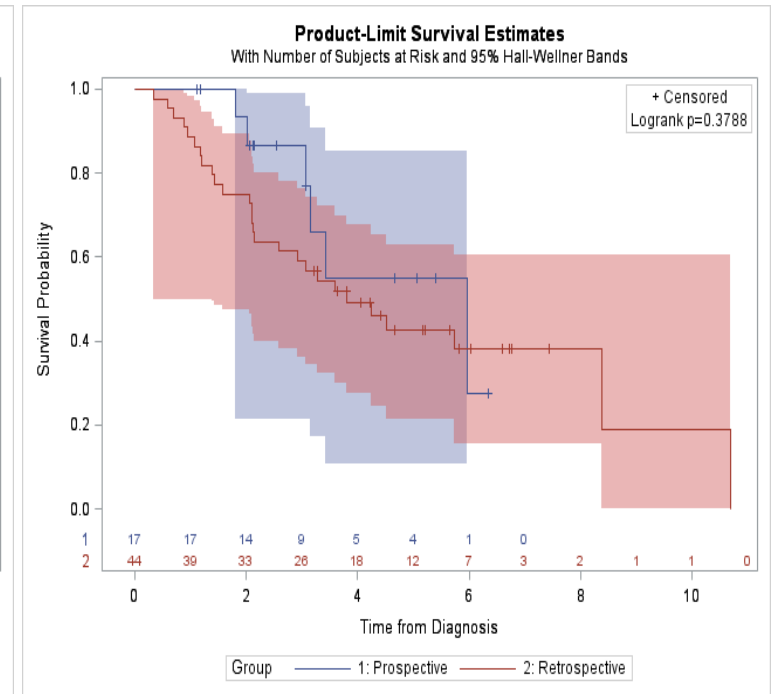
WINDSOR TNBC Trial



Stage 1



Stage 2



Stage 3

Blue line – clinical trial

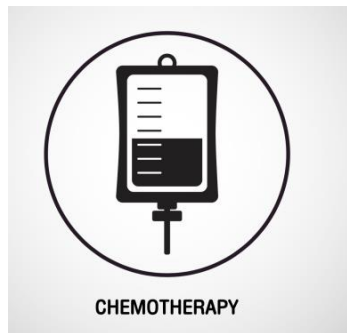
Red line – historical control – Windsor patients treated before the clinical trial with TNBC

WINDSOR TNBC Trial

	Regimen 1	Regimen 2
n =	57	17
Relapses	14 (26%)	0 (0%)
Median follow-up (years)	4.03	1.8
Median time to relapse (years)	1.8	N/A

New Standard of Care

NEOADJUVANT CHEMOTHERAPY in TNBC

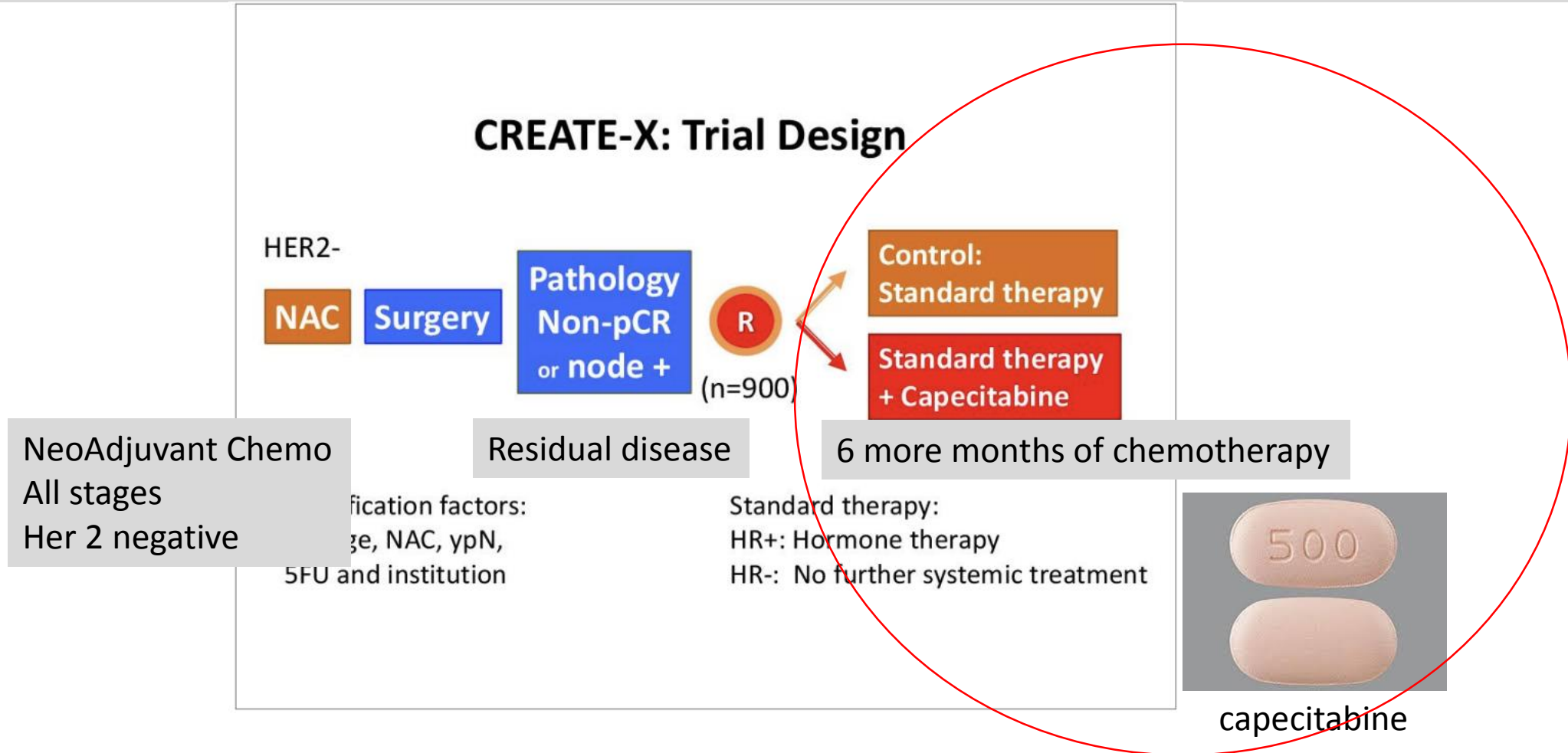


More chemo IF there
is residual disease at
surgery

Rate of complete
remission (CR) in TNBC
is higher than non-
TNBC, between 33 –
66% CR

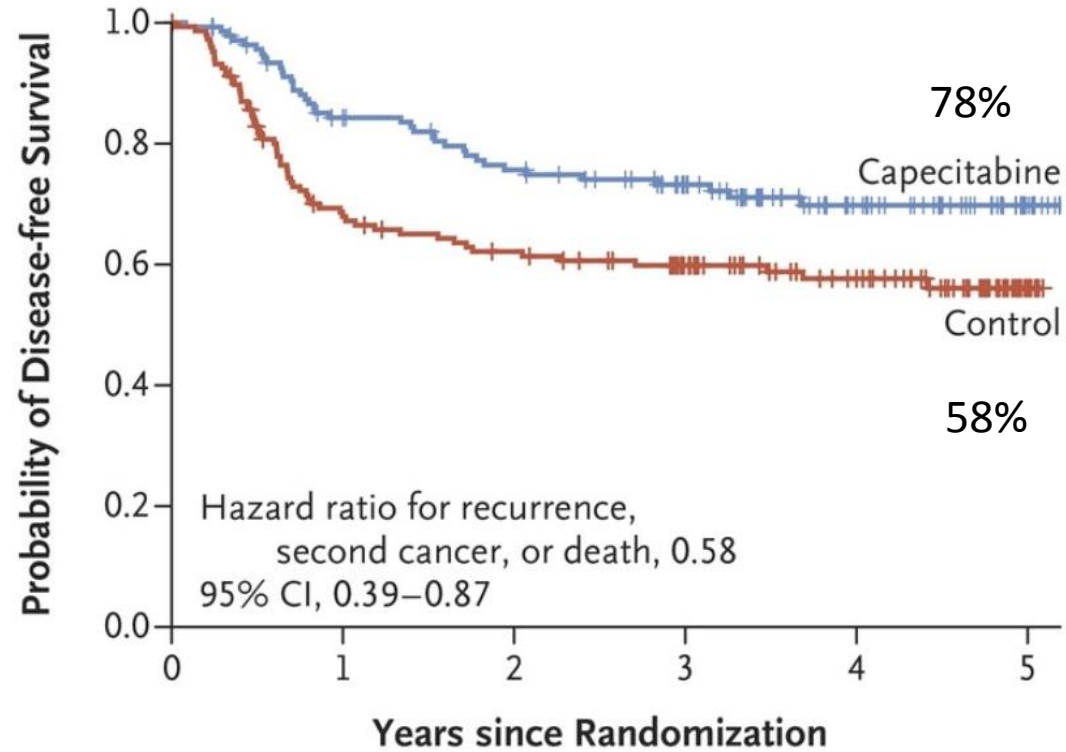
CREATE X Trial

NEOADJUVANT Chemotherapy in TNBC



CREATE X

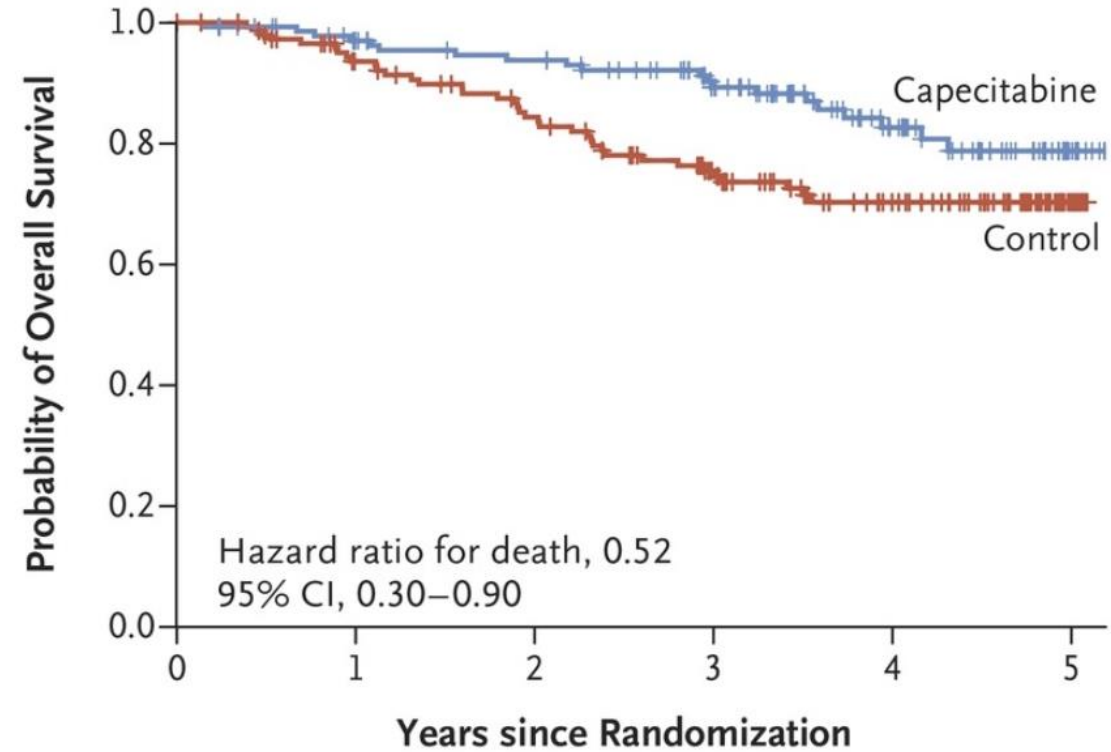
C Disease-free Survival among Patients with Triple-Negative Disease



No. at Risk

	0	1	2	3	4	5
Capecitabine	139	109	96	76	42	11
Control	147	95	84	69	47	6

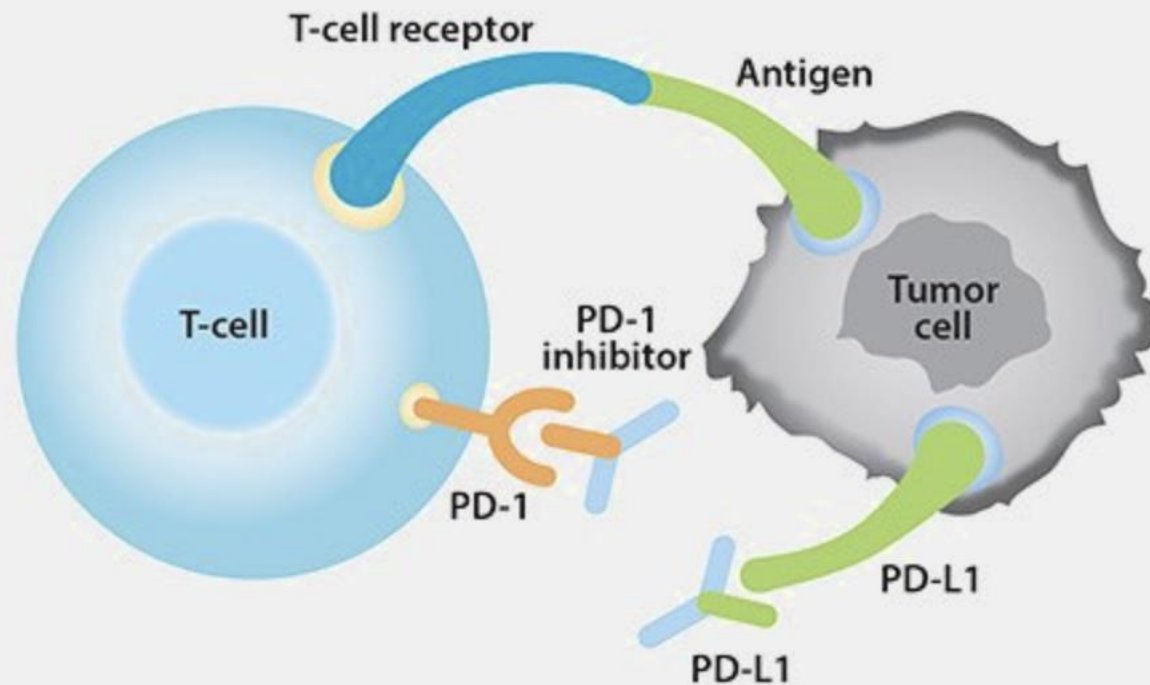
D Overall Survival among Patients with Triple-Negative Disease



No. at Risk

	0	1	2	3	4	5
Capecitabine	139	124	116	91	50	11
Control	147	125	108	82	52	9

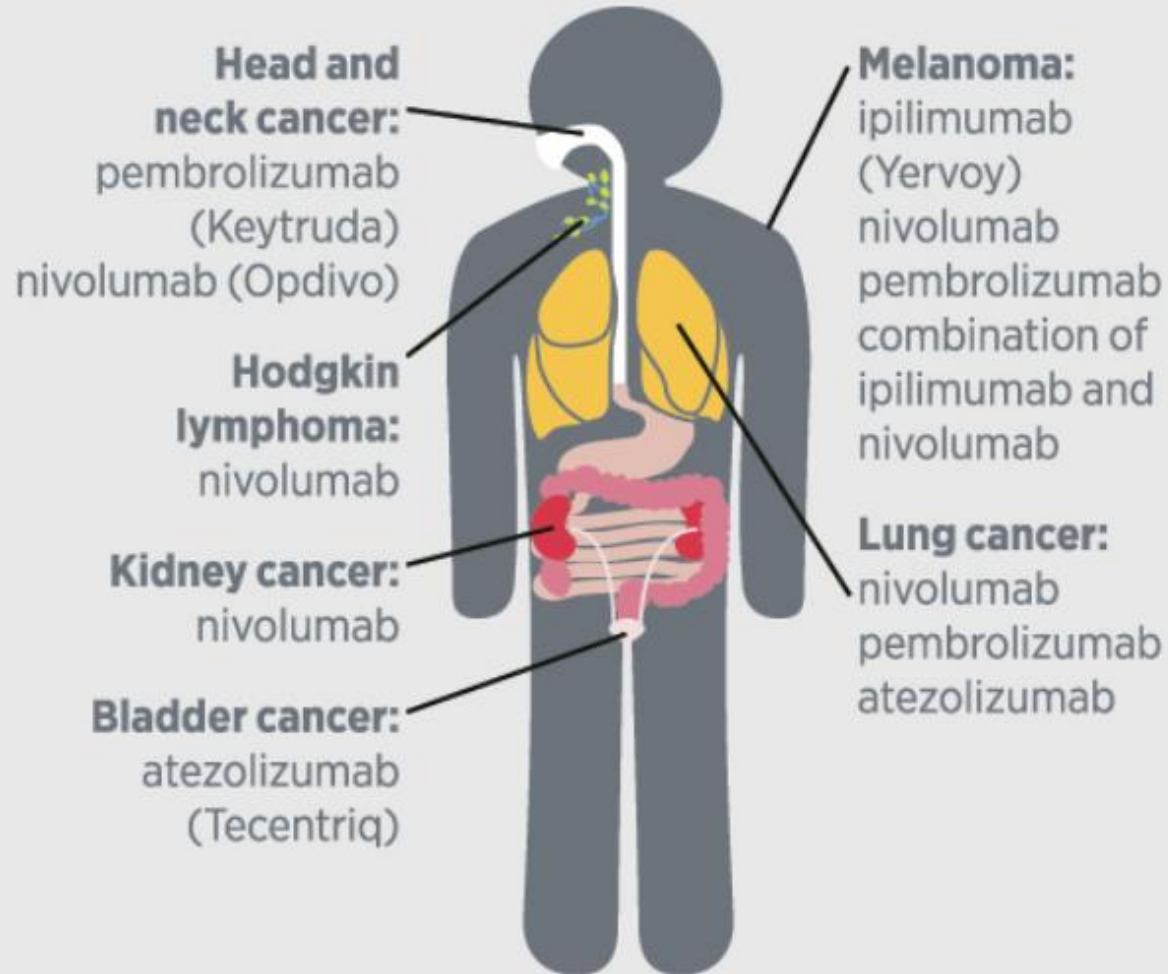
PD-L1 Inhibitors in Breast Cancer: Immunotherapy



- Used in Lung Ca, Hodgkin's lymphoma, melanoma, etc.
- Now used in Breast cancer – triple negative

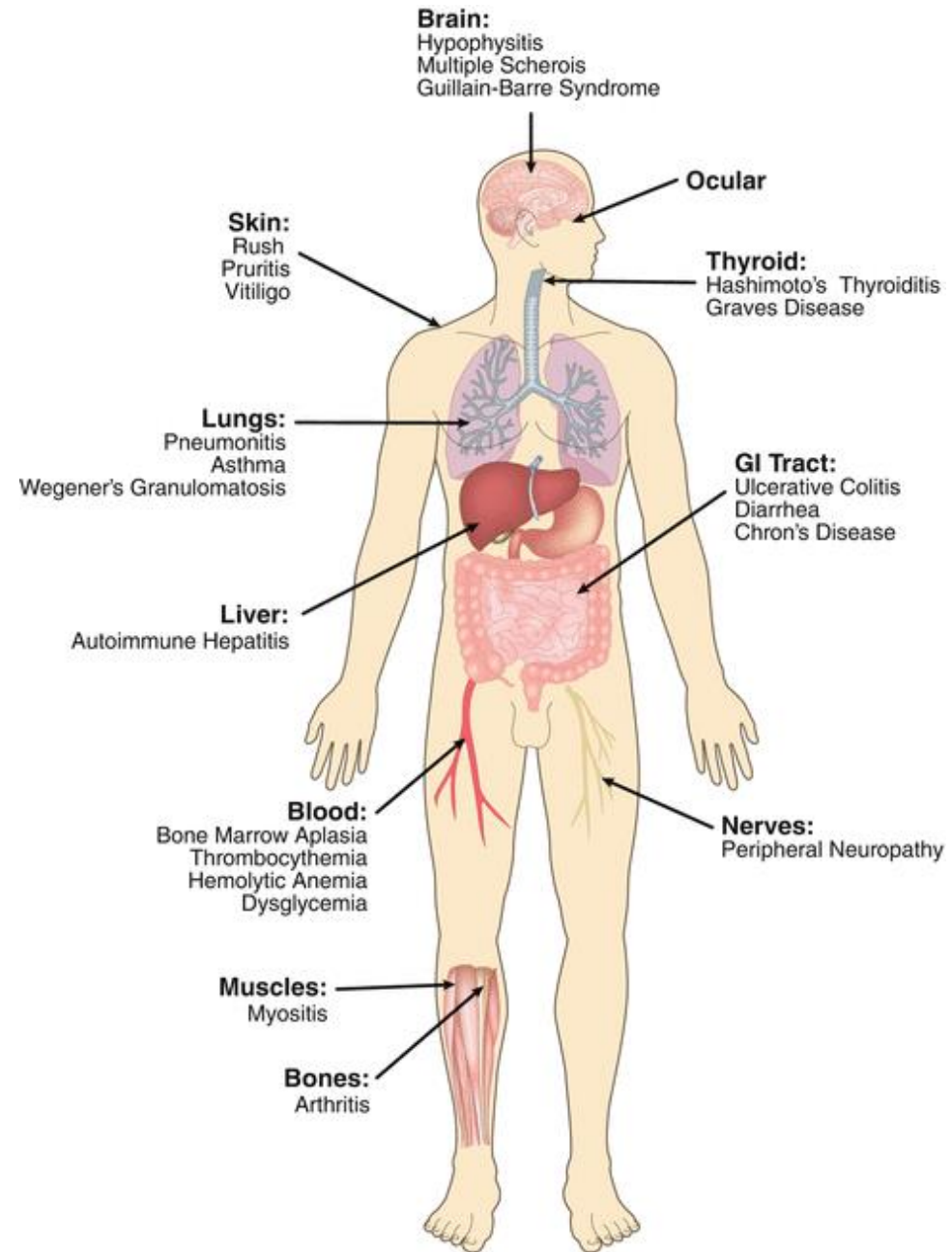
THE EXPANDING SCOPE OF CANCER IMMUNOTHERAPEUTICS

AS OF JANUARY 2017, THE FOLLOWING CHECKPOINT INHIBITORS WERE FDA-APPROVED:



Toxicity Profile of Immunotherapies

Takes the Brakes OFF of the immune system

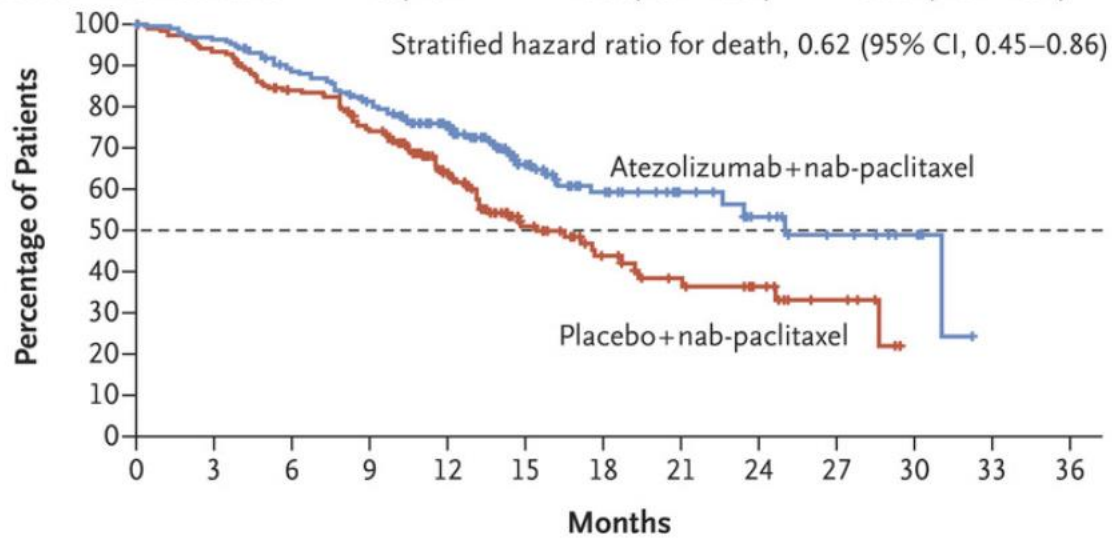


diabetes

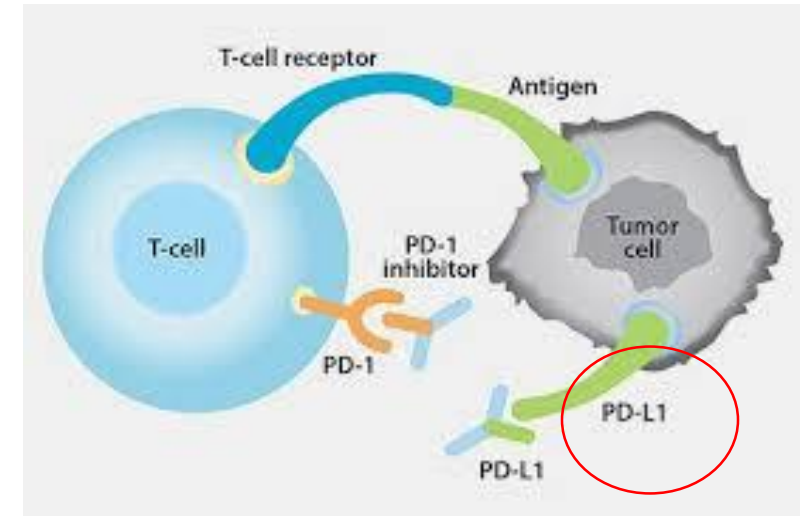
IMPASSION trial: TNBC: Stage 4

D Overall Survival in the PD-L1-Positive Subgroup

	No. of Events/ No. of Patients	Median Overall Survival (95% CI) <i>mo</i>	2-Yr Rate of Overall Survival (95% CI) <i>%</i>
Atezolizumab+Nab-Paclitaxel	64/185	25.0 (22.6–NE)	53.5 (42.3–64.6)
Placebo+Nab-Paclitaxel	88/184	15.5 (13.1–19.4)	36.6 (26.4–46.7)



No. at Risk	0	3	6	9	12	15	18	21	24	27	30	33	36
Atezolizumab+ nab-paclitaxel	185	177	160	142	113	61	36	22	15	9	5	NE	NE
Placebo+ nab-paclitaxel	184	170	147	129	89	44	27	19	13	6	NE	NE	NE



Adding a PD-L1 inhibitor improved Survival

Summary

1. NEOADJUVANT chemotherapy for her 2 positive breast cancer and Triple Negative breast cancer improves outcomes
2. Immunotherapy is moving into breast cancer (TNBC)
3. Carboplatin offers improvements in outcomes in TNBC