Traitements anti-HER2 (en dehors du trastuzumab) Quelles perspectives en adjuvant?

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Conflits d'intérêt

Roche: consulting, investigator in supported clinical trials

Novartis: consulting

Pfizer: investigator in supported clinical trials

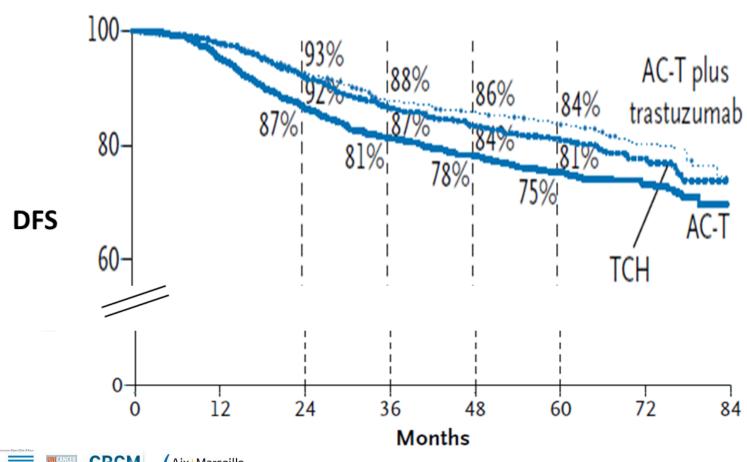








Etat des lieux



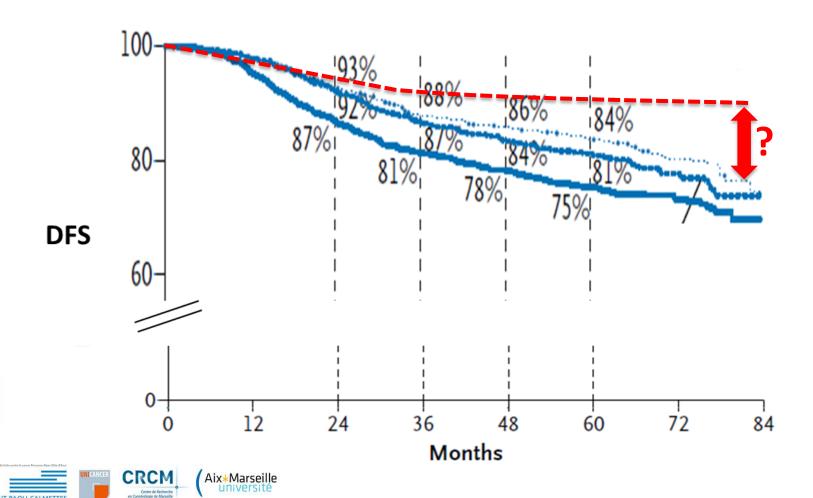




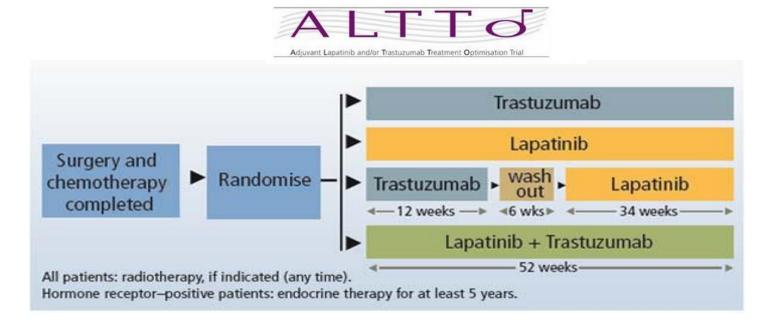




Peut-on faire mieux?



Lapatinib en adjuvant



Primary endpoint: DFS

850 events required for P=80% to detect a HR of 0.8 for L+T vs T









Lapatinib en adjuvant

DFS for Combination Arm (ITT)

Subgroup	No. of Patients		No. of Events		Hazard Ratio		4-y DFS (%)	
	L+T	Т	L+T	Т	97.5%	CI	L+T	Т
DFS Overall	2,093	2,097	254	301		0.84 (0.70–1.02)	88	86
HR Status					_			
HR Status Positive	1,203	1,200	133	150	_ 	0.87 (0.66-1.13)	90	88
HR Status Negative	890	897	121	151		0.82 (0.62-1.08)	86	83
Chemotherapy Timing								
Concurrent Chemotherapy	938	950	86	94		0.94 (0.67-1.31)	90	90
Sequential Chemotherapy	1,155	1,147	168	207	 !	0.80 (0.63-1.01)	86	83
HR Positive								
Concurrent Chemotherapy	538	548	46	43		— 1.14 (0.71 _– 1.84)	91	92
Sequential Chemotherapy	665	652	87	107	-	0.77 (0.55-1.06)	88	85
HR Negative					i !			
Concurrent Chemotherapy	400	402	40	51		0.78 (0.48-1.25)	89	86
Sequential Chemotherapy	490	495	81	100		0.84 (0.60-1.18)	83	80
					- 			
					0.5 1.0 1.5	2.0		
					← → Favors L+T Favors	т		



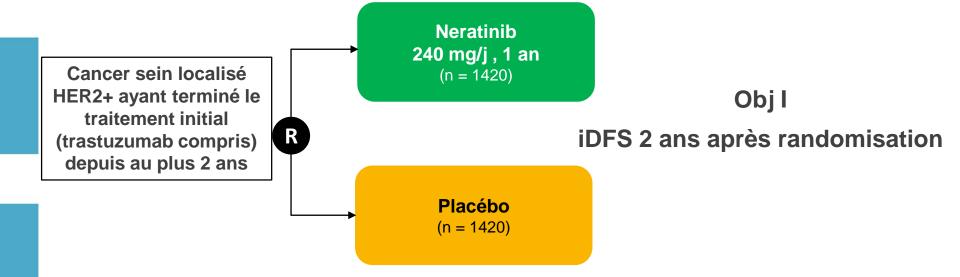






Neratinib en adjuvant L

Essai ExteNET



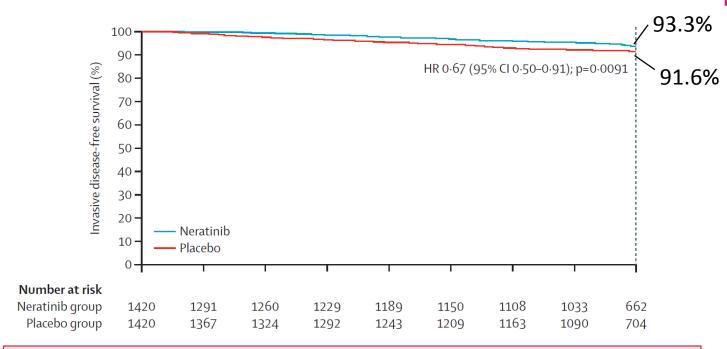








ExteNET



	Neratinib gr	Neratinib group (n=1408)			Placebo group (n=1408)		
	Grade 1–2	Grade 3	Grade 4	Grade 1–2	Grade 3	Grade 4	
Diarrhoea	781 (55%)	561 (40%)	1 (<1%)	476 (34%)	23 (2%)	0	
Nausea	579 (41%)	26 (2%)	0	301 (21%)	2 (<1%)	0	
Fatigue	359 (25%)	23 (2%)	0	276 (20%)	6 (<1%)	0	
Vomiting	322 (23%)	47 (3%)	0	107 (8%)	5 (<1%)	0	
Abdominal pain	314 (22%)	24 (2%)	0	141 (10%)	3 (<1%)	0	



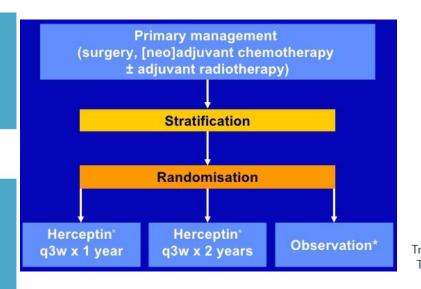


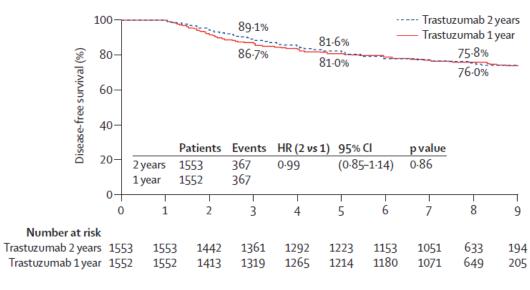




HERA

2 ans de Trastuzumab pas supérieur à 1 an







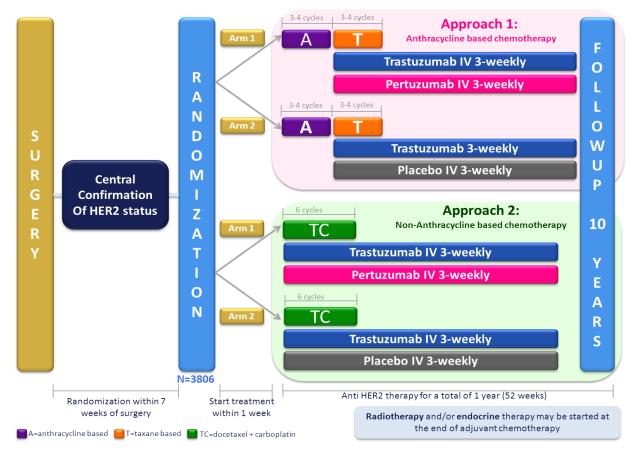






Pertuzumab en adjuvant

Essai APHINITY



Réponse attendue en 2017-2018

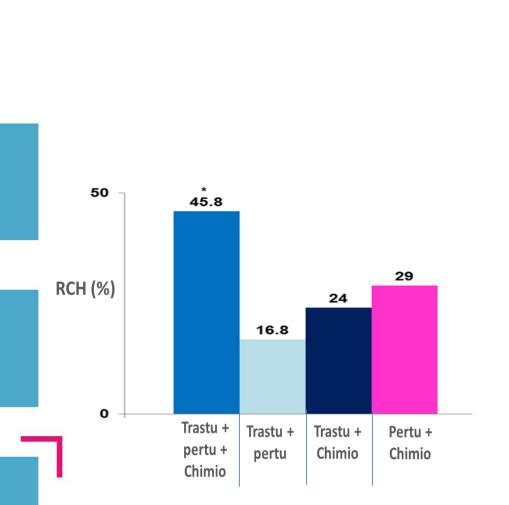


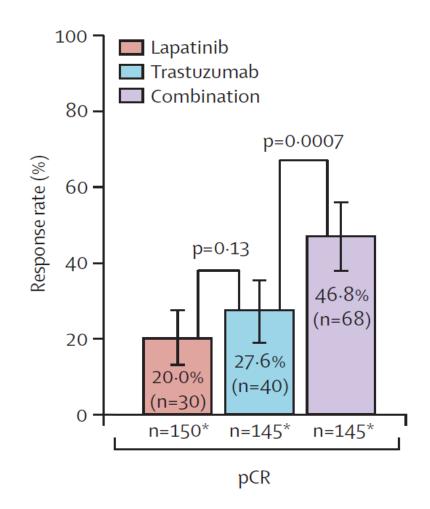






NeoSPHERE et NeoALLTO









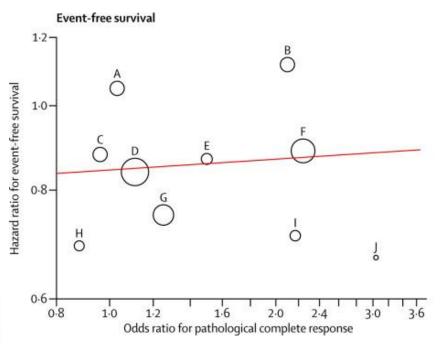


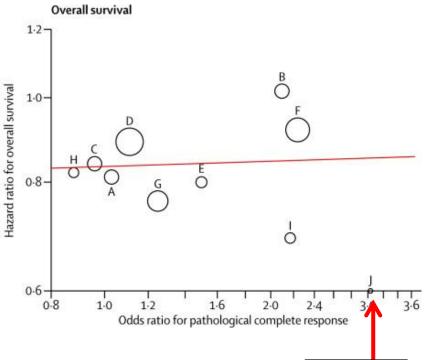


Hausse pCR ≠ Gain survie

Lancet 2014; 384: 164-72

Pathological complete response and long-term clinical benefit in breast cancer: the CTNeoBC pooled analysis





NOAH

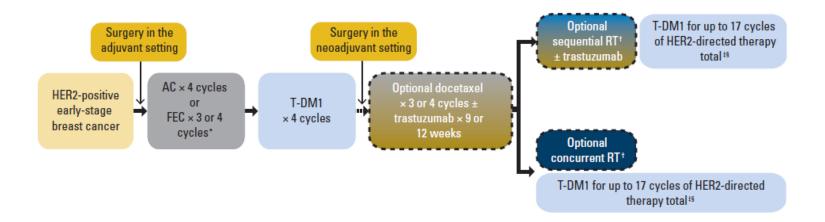








TDM1 en adjuvant?



Grade 3 AEs Occurring in > 2% of Patients

	Any	Grade	Grade 3*		
	No.	%	No.	%	
Thrombocytopenia	32	21.6	12	8.1	
Increased AST	19	12.8	11	7.4	
Increased ALT	18	12.2	11	7.4	
Neutropenia	15	10.1	8	5.4	
Hypertension	8	5.4	4	2.7	

pCR = 56.0% 51.7% (RH+), 61.9% (RH-)





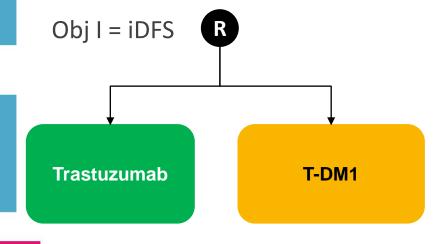




TDM1 en adjuvant?

KATHERINE

Cancer sein localisé HER2+ Pas de pCR après trt néoadjuvant (chimio + Trastu)



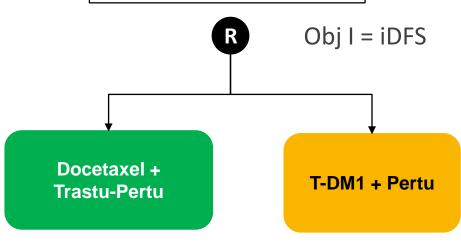
Fin étude 2023

Aix*Marseille université



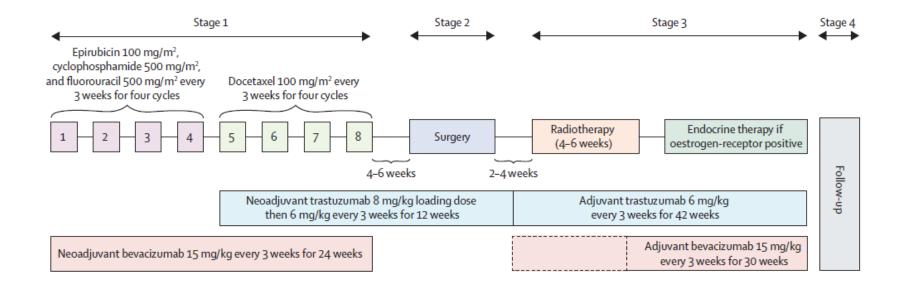
KAITLIN

Cancer sein localisé HER2+
Après chirurgie +
Anthracyclines



Fin inclusions 2018

Anti-angiogéniques : Beverly II



Taux de pCR = 63,5% (95%CI 49.4-77.5)

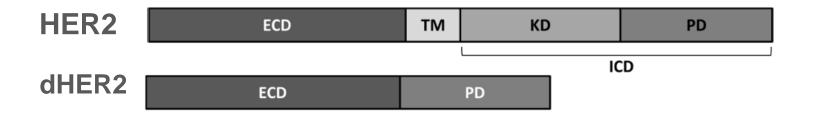


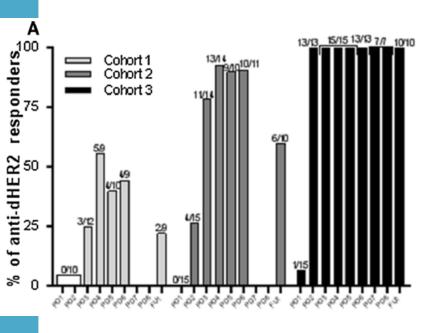


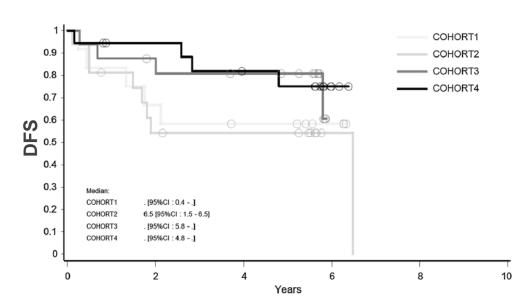




Immunothérapies? Ph I vaccination















Conclusion |

Le standard reste le Trastuzumab 12 mois

Attente ++ des résultats d'APHINITY pour une éventuelle modification des pratiques

Intérêt T-DM1?











Merci pour votre attention









