

Inmunoterapia en cáncer de mama

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Agenda

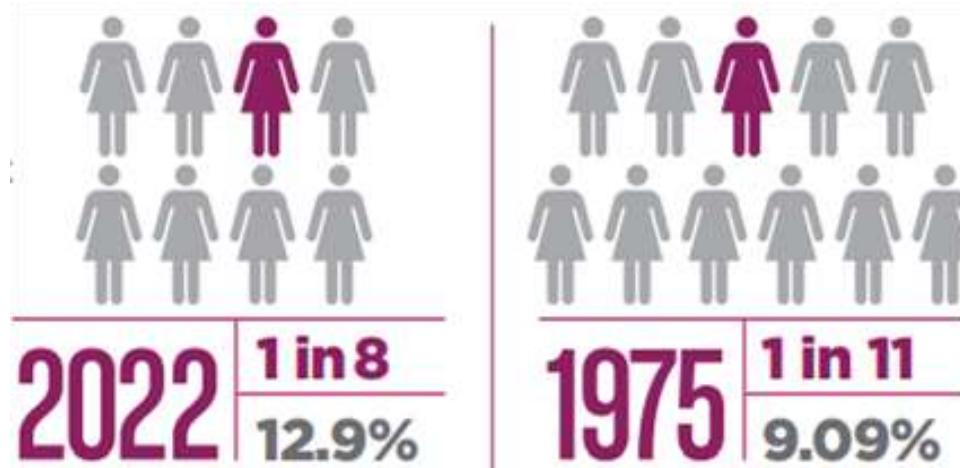
- Cáncer de mama - Actualidad
- ¿Qué es la inmunoterapia?
- ¿Cuál es su utilidad en cáncer de mama?



Incidencia

Excluding basal cell and squamous cell skin cancers, breast cancer is the most commonly diagnosed cancer among women

From 2014-2018, the median age of a breast cancer diagnosis was 63 years of age. (NCI, 2022)



Mortalidad

In 2020 there were 684,996 deaths from breast cancer globally. (WHO, 2021)

Breast cancer is the 2nd leading cause of cancer death for women, after lung cáncer

From 2015-2019, the median age at death from breast cancer was 69 years of age. (NCI, 2022)

Despite a similar incidence, mortality from breast cancer among black women is 41% higher compared with white women. (ACS, 2022)



Every
13 minutes,
a woman dies
from breast
cancer.

JANUARY 2022

RACIAL DISPARITIES



Despite a similar incidence, mortality from breast cancer among black women is **41% higher** compared with white women. (ACS, 2022)

Mortalidad

The mortality rate was decreasing by about 1.9% annually between 1998 and 2013. Annual declines have slowed to 1.1% between 2013 and 2019. (ACS, 2022)

An estimated 20% to 30% of women diagnosed, treated, and declared free of disease for local or regional invasive breast cancer will have a recurrence. (Saphner et al., 1996; Harris et al., 2000; Colleoni et al., 2016)

While the breast cancer mortality rate has declined, the number of women and men who die each year is rising and will continue to rise as the aging population grows.



Factores de riesgo

All women are at risk for breast cancer. Only 5-10% of women (5-20% of males) with breast cancer have inherited a mutation in a known breast cancer gene (e.g., BRCA1 and BRCA2). The majority of breast cancer cases do not involve these inherited mutations. (ACS, 2017-2018)

- ◆ Getting older
- ◆ Genetic mutations
- ◆ Long menstrual history
- ◆ Having dense breasts
- ◆ Personal history of breast cancer or certain non-cancerous breast diseases



- ◆ Family history of breast or ovarian cancer
- ◆ Previous treatment using radiation therapy
- ◆ Never having children
- ◆ Being over 30 years at first full-term pregnancy
- ◆ Recent use of hormonal contraceptives or high natural levels of sex hormones



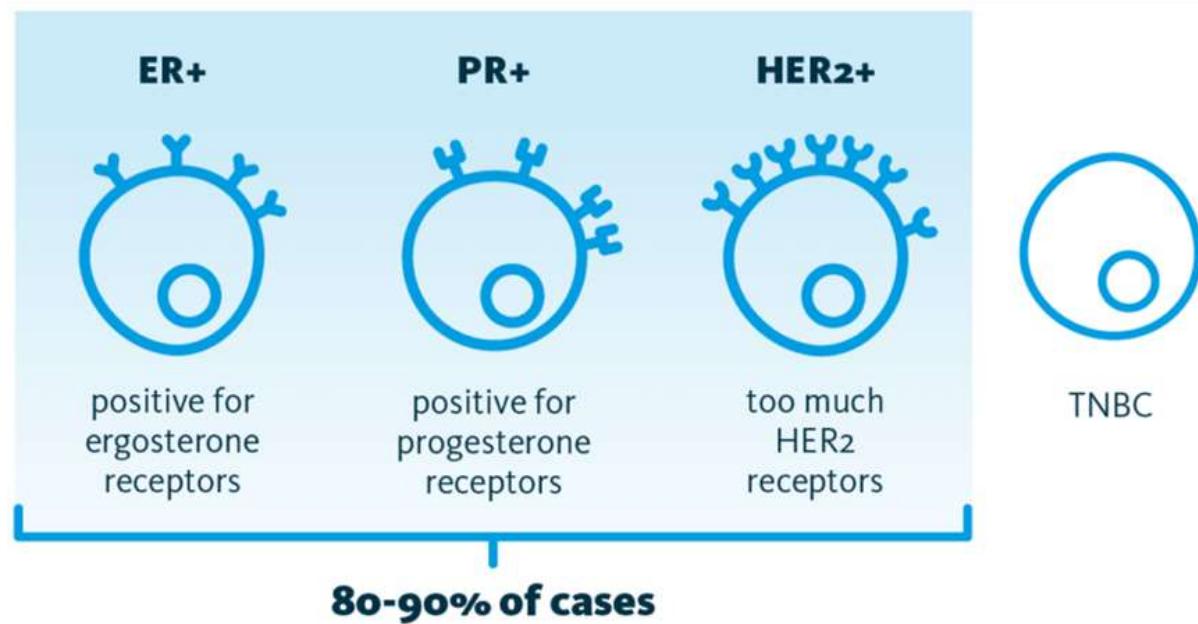
- ◆ Use of combined post-menopausal hormone replacement therapy
 - ◆ Being overweight or obese after menopause
 - ◆ Not being physically active
 - ◆ Drinking alcohol
- (ACS, 2020, CDC, 2019)

Subtipos de cáncer de mama

RH+ / Her2-: 65-70%

RH(+-) - Her2+: 15-20%

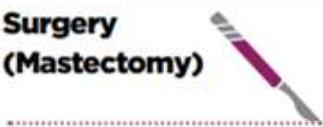
RH- / Her2-: 10-15%



Tipos de tratamientos

TREATMENT

Surgery
(Mastectomy)



The current methods of treatment in use in the U.S. are:



Chemotherapy



Radiation



Hormonal Therapy

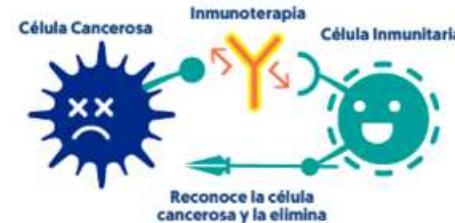


Targeted

SIN TRATAMIENTO



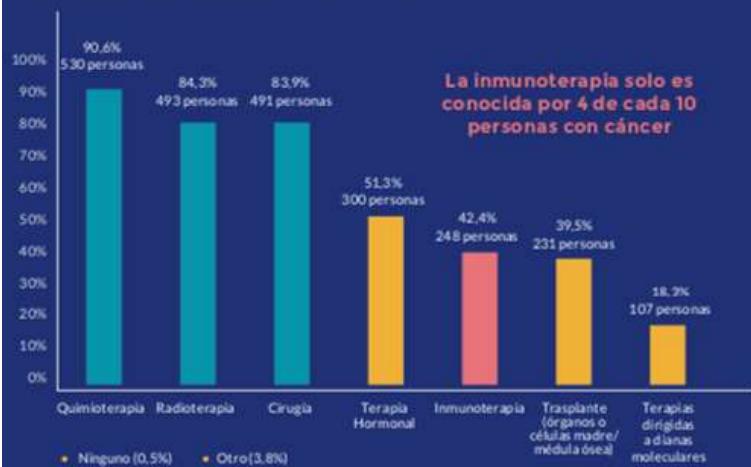
CON TRATAMIENTO



¿Qué saben los pacientes de inmunoterapia?

Encuesta, 2019, España

De los siguientes tratamientos para el cáncer, señala aquellos que conozcas en qué consisten
(posible responder una o varias opciones) Muestra: 585 pax.



El grupo de pacientes que conoce, en mayor medida, la inmunoterapia es quien está con enfermedad activa (46,9%), en comparación con las personas en remisión (36,4%). El grupo que dice tener más conocimiento es aquel que participa en un ensayo clínico (62%).

Casi la mitad de las personas encuestadas (46,1%) ignora si es una estrategia terapéutica válida para su tipo de cáncer. Además, el 40,7% no sabe si la inmunoterapia está disponible o no para cualquier tipo de cáncer.

¿La inmunoterapia se utiliza como tratamiento para tu tipo de cáncer?

Muestra: 585 pax.



6,0% Verdadero

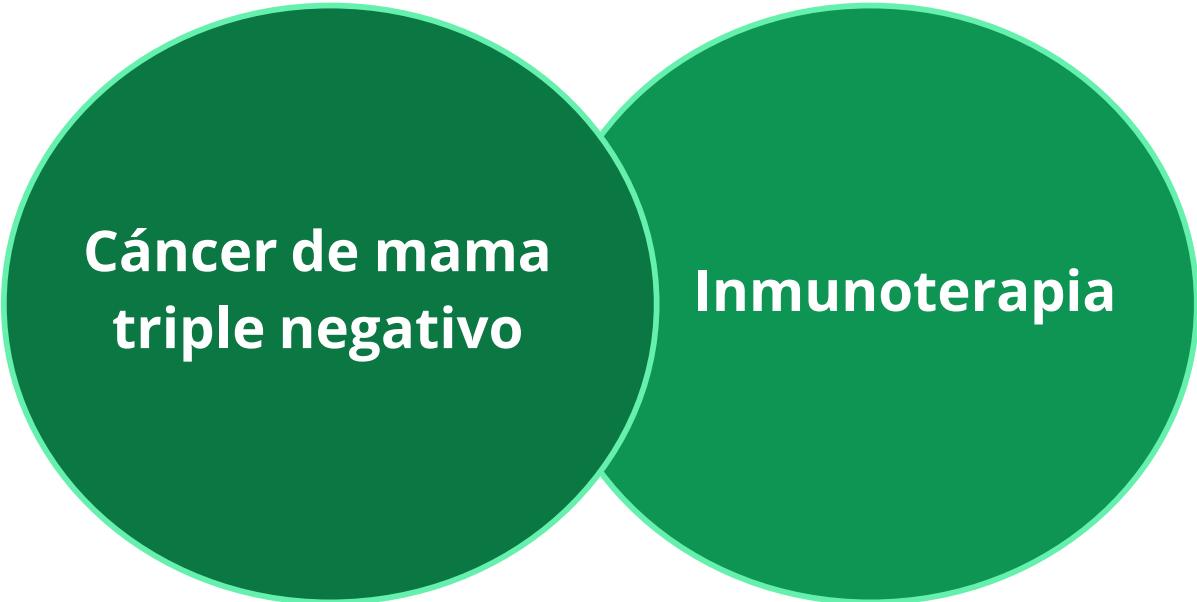


La inmunoterapia es un tratamiento que en la actualidad está disponible para cualquier tipo de cáncer

Muestra: 447 pax.

(no incluye personas con nulo conocimiento sobre inmunoterapia)

Inmunoterapia - TN

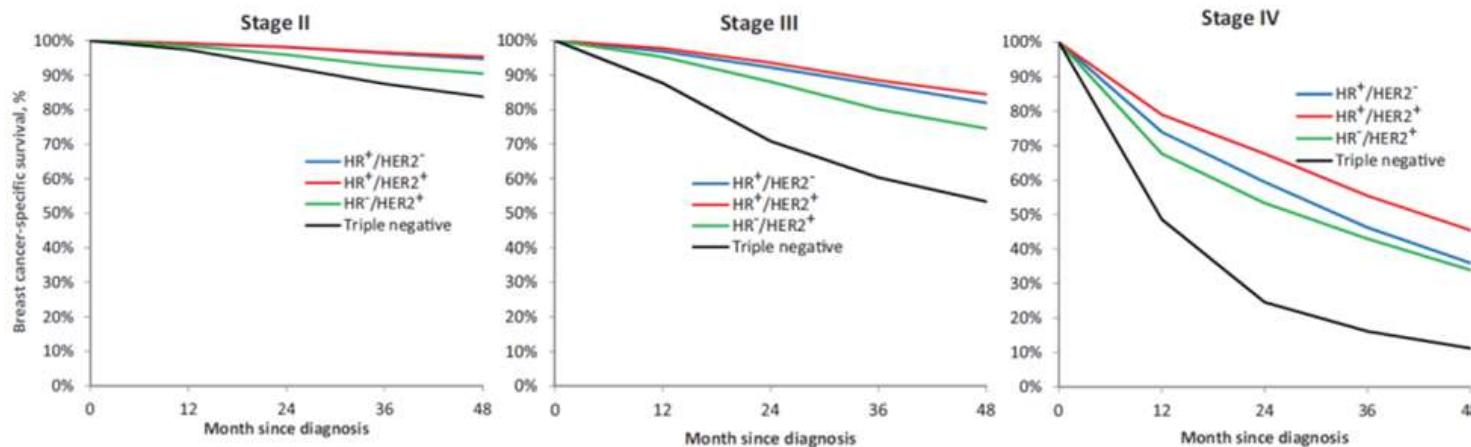


Cáncer de mama
triple negativo

Inmunoterapia

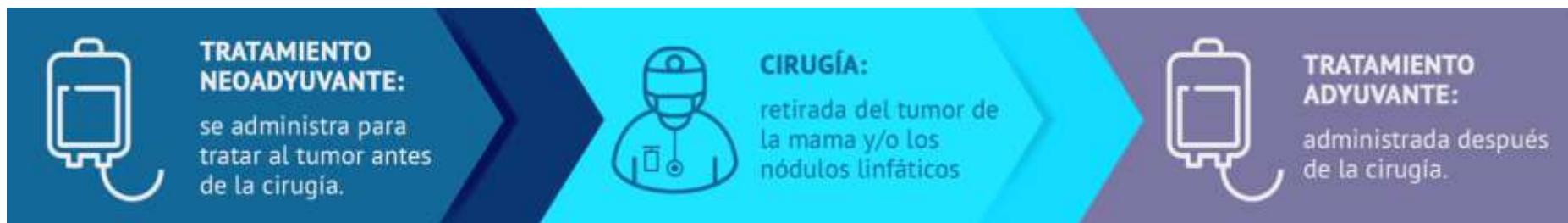
Pronóstico cáncer de mama triple negativo

TNBC Is Associated With Shorter Overall Survival Compared With Other Subtypes Despite Anthracycline and Taxane Systemic Therapy



Immunoterapia - TN - Tipos de tratamiento

1. Enfermedad temprana:

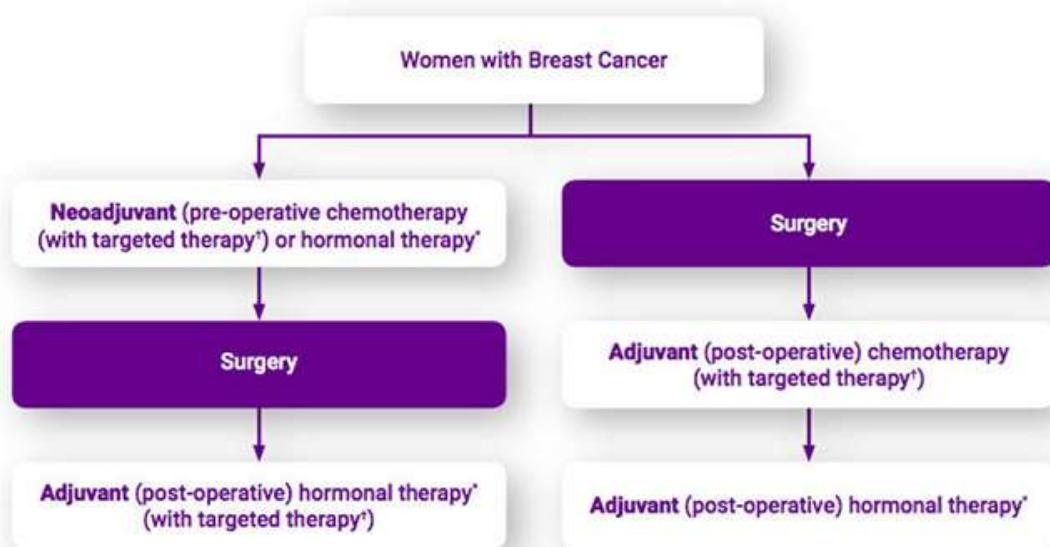


2. Enfermedad avanzada (estadio IV - recaída sistémica):

Líneas de tratamiento

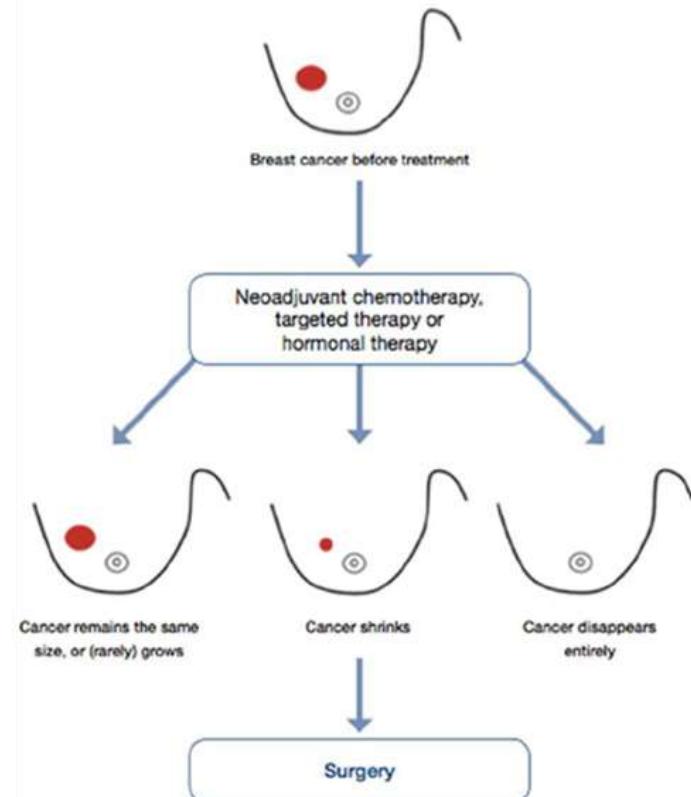


Immunoterapia - ¿Qué es la neoadyuvancia?



*Targeted therapy eg. trastuzumab is for HER2 positive breast cancer

* Hormonal therapy is for hormone receptor positive breast cancer



Immunoterapia - ¿Ventajas de la NA?

increases the rate of breast conserving therapy

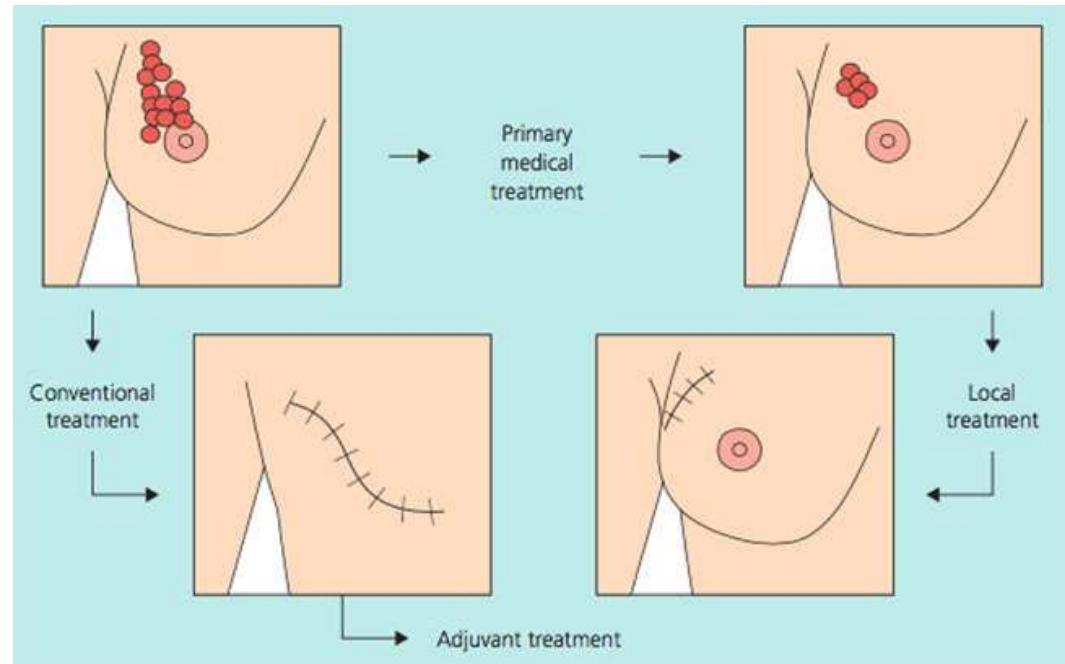
serves as an in vivo sensitivity test

facilitates the study of cancer biology

Increase of pathological complete response, associated with improved survival outcome (TN / Her2+)

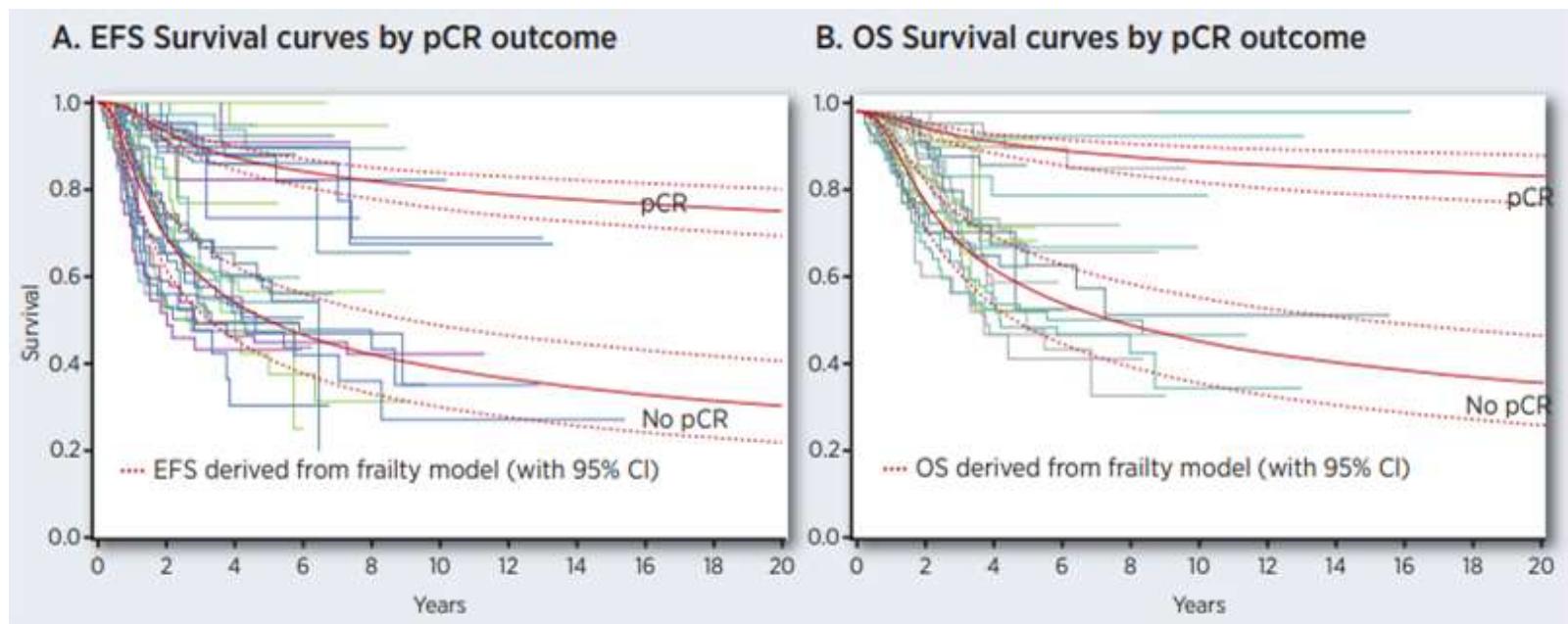
overall survival and recurrence-free survival rate?

tailored adjuvant treatment



Immunoterapia - Neoadyuvancia TNBC

Min Huang. Cancer Res. 2020 Dec 15;80(24):5427-5434. Association of Pathologic Complete Response with Long-Term Survival Outcomes in Triple-Negative Breast Cancer: A Meta-Analysis

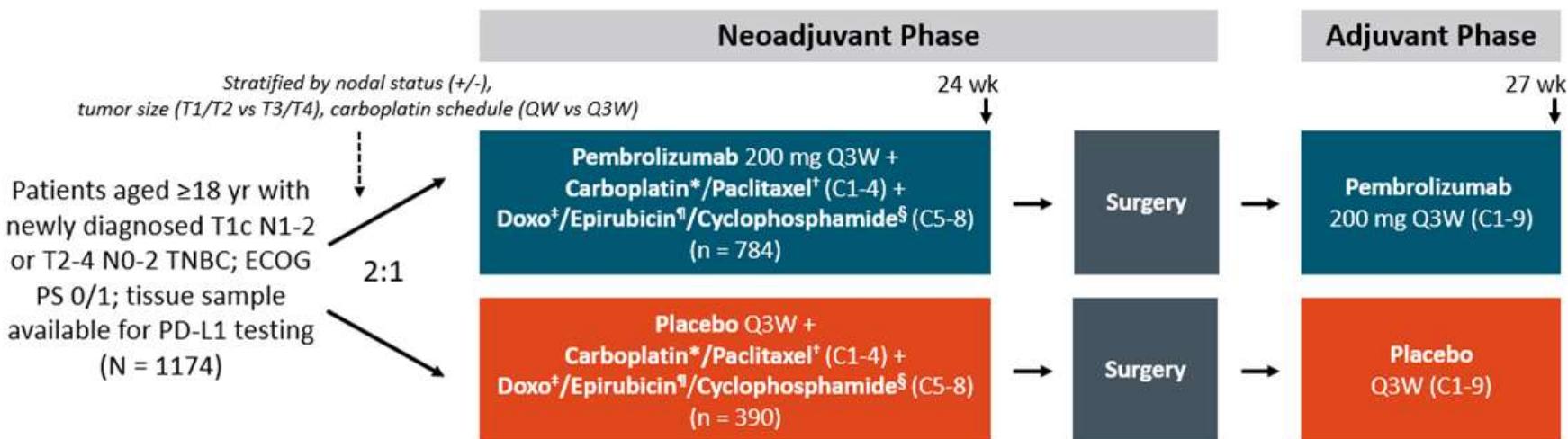


Immunoterapia - NA - KN522

Randomized, placebo-controlled phase III trial

Primary endpoints: pCR (ypT0/Tis ypN0) by local review, EFS by local review

Secondary endpoints: pCR (ypT0 ypN0 and ypT0/Tis), OS, EFS (PD-L1+), safety, QoL



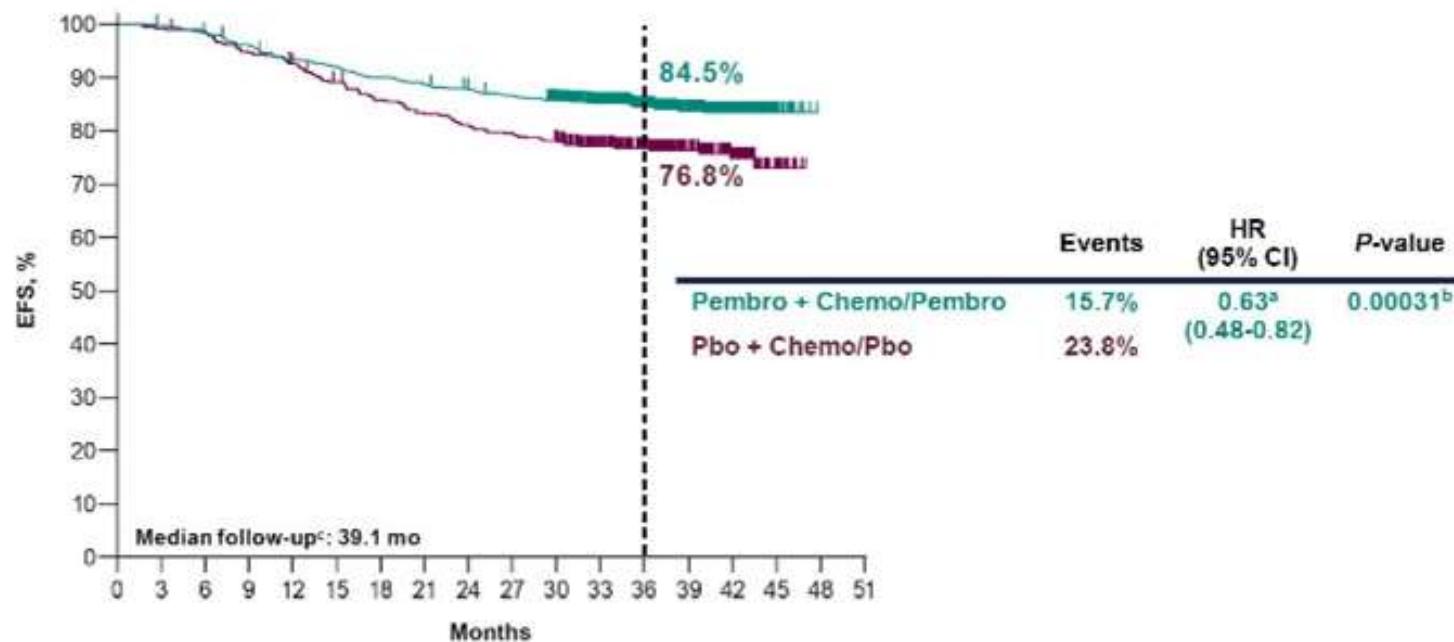
Immunoterapia - NA - KN522

Respuesta patológica completa

Variable	Pembrolizumab–Chemotherapy (N = 401)	Placebo–Chemotherapy (N = 201)	Estimated Treatment Difference [†]	P Value
<i>percentage points (95% CI)</i>				
Pathological stage ypT0/Tis ypN0				
No. of patients	260	103		
Percentage of patients with response (95% CI)	64.8 (59.9–69.5)	51.2 (44.1–58.3)	13.6 (5.4–21.8)	P<0.001

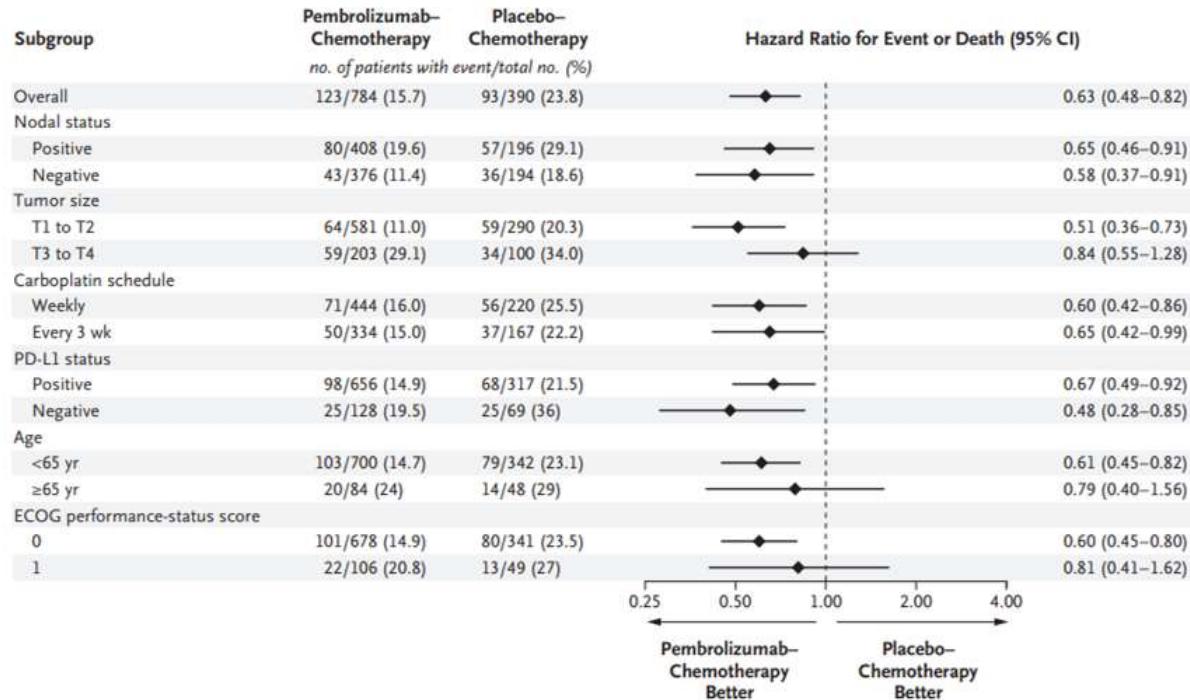
Immunoterapia - NA - KN522

Sobrevida libre de eventos



Immunoterapia - NA - KN522

Sobrevida libre de eventos

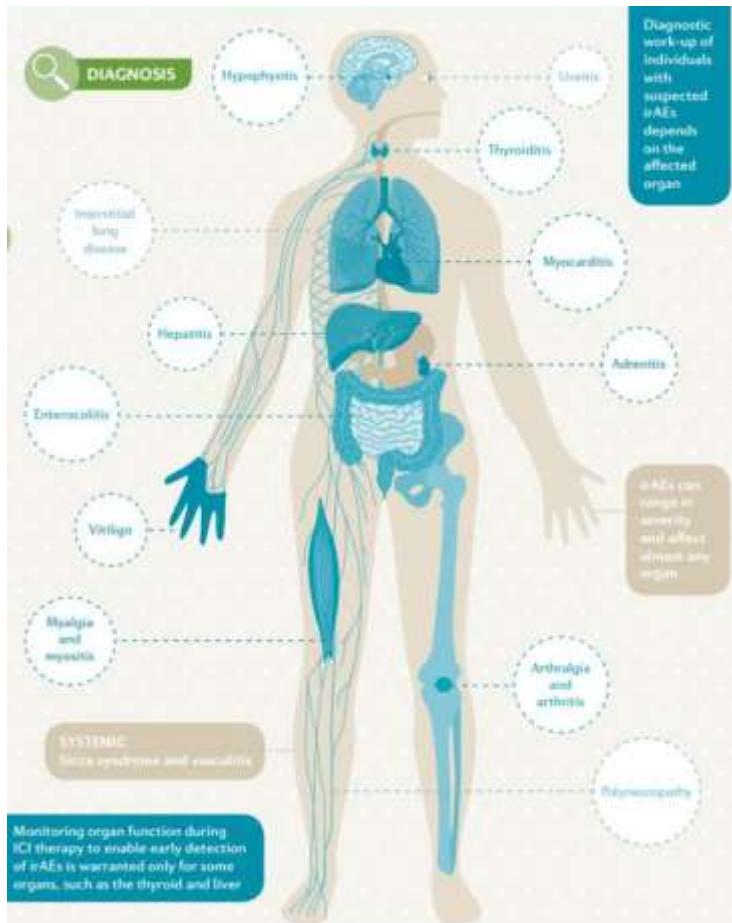


Immunoterapia - NA - KN522

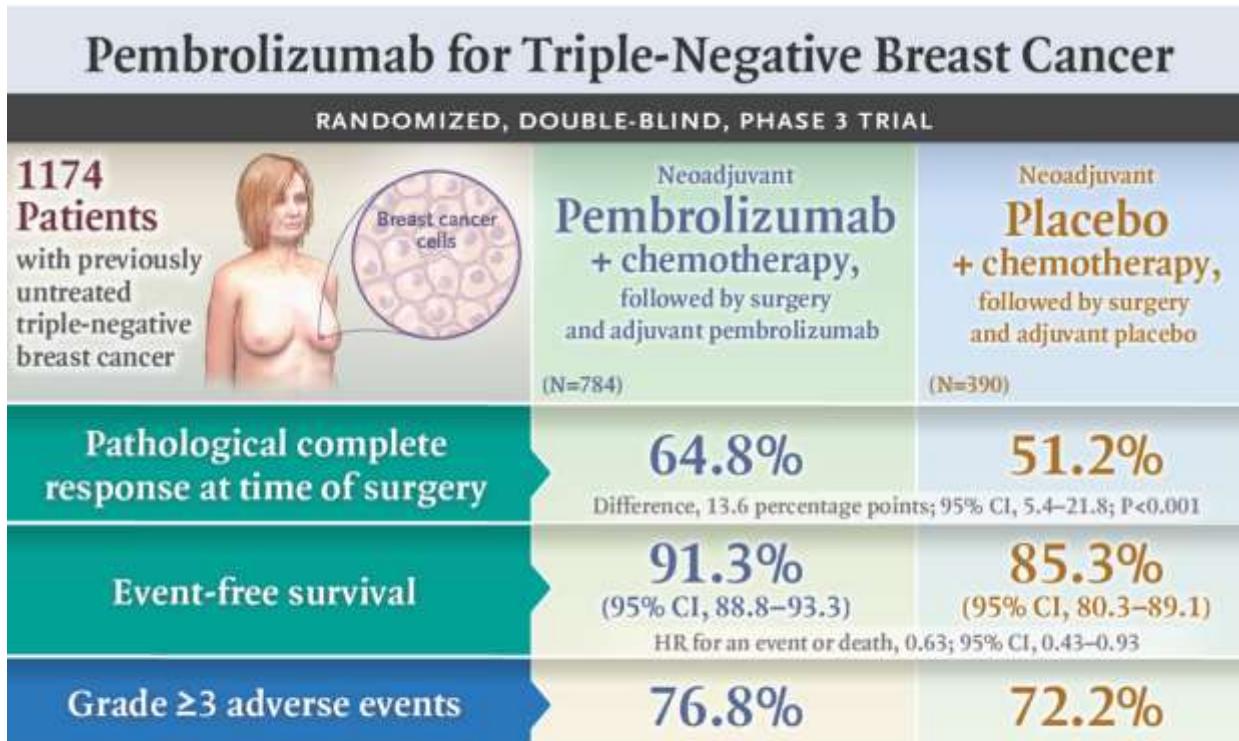
Eventos adversos immunomediados:

- Grado ≥ 3 : 81 vs 76%
- EA discontinuación 23 vs 12%

	Patients, n (%)				
	Neoadjuvant Phase		Adjuvant Phase		Reference safety dataset for Pembrolizumab N=2799
	Pembrolizumab + Chemo N=782	Placebo + Chemo N=389	Pembrolizumab mono N=589	Placebo N=331	
≥ 1 adverse event	306 (39.1)	71 (18.3)	59 (10.0)	20 (6.0)	598 (21.4)
Grade 3-5 adverse event	102 (13.0)	7 (1.8)	17 (2.9)	1 (0.3)	155 (5.5)
Serious adverse event	71 (9.1)	4 (1.0)	12 (2.0)	1 (0.3)	162 (5.8)
Death due to AE	1 (0.1) ^a	0	1 (0.2) ^b	0	4 (0.1)
Death due to drug-related AE	1 (0.1) ^a	0	1 (0.2) ^b	0	4 (0.1)
Discontinued any drug due to AE	77 (9.8)	9 (2.3)	8 (1.4)	1 (0.3)	84 (3.0)

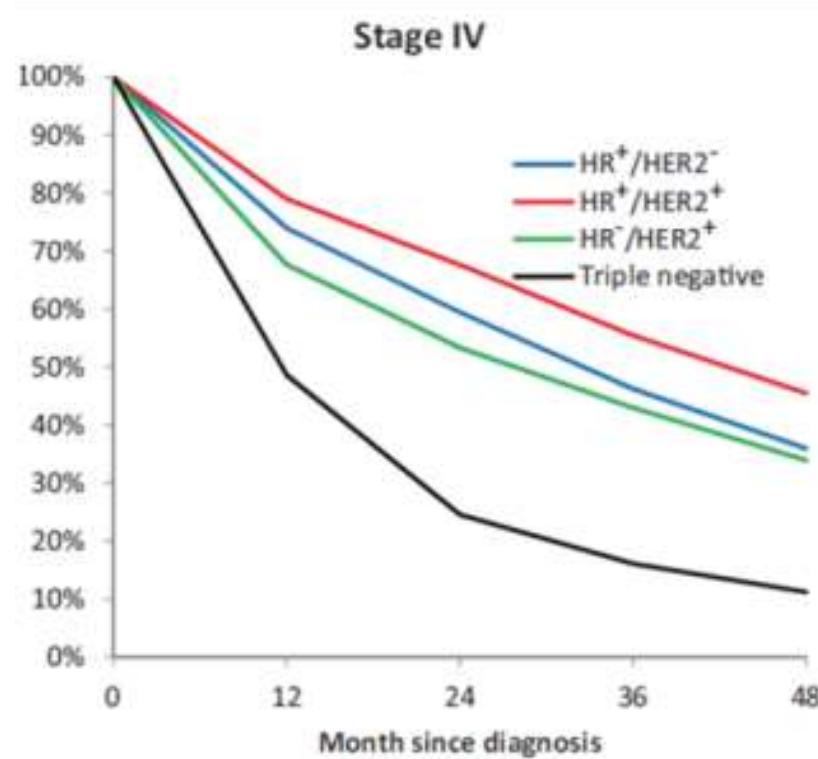


Immunoterapia - NA - KN522



Immunoterapia - Escenarios: avanzado

Sobrevida TNBC estadio IV

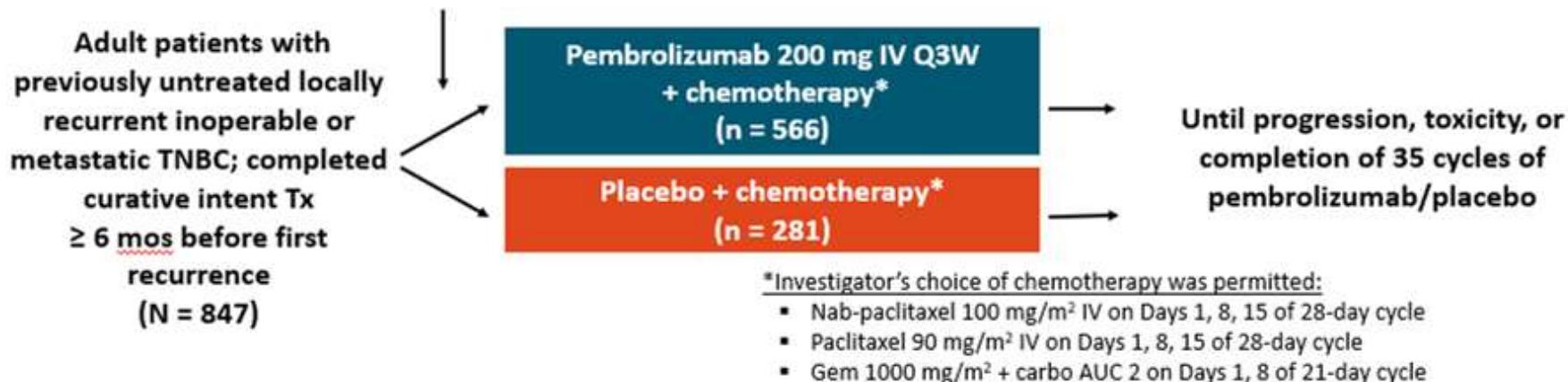


Immunoterapia - avanzado - KN355

Randomized, placebo-controlled, double-blind, multicentric, phase III trial

Primary endpoints: PFS and OS (PD-L1 CPS \geq 10, PD-L1 CPS \geq 1, and ITT)

Secondary endpoints: ORR, DoR, DCR, safety



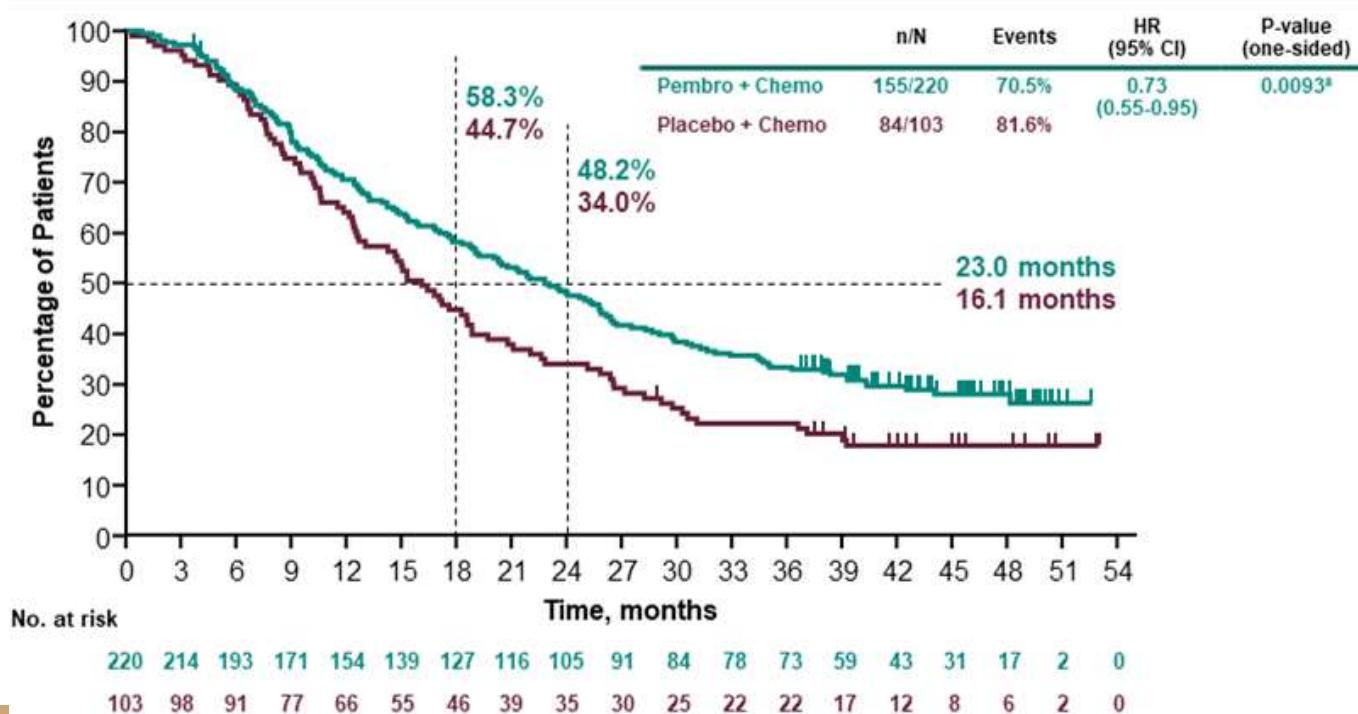
Immunoterapia - avanzado - KN355

Características basales

Characteristic, n (%)	All Subjects, N = 847	
	Pembro + Chemo N = 566	Placebo + Chemo N = 281
Age, median (range), yrs	53 (25-85)	53 (22-77)
ECOG PS 1	232 (41.0)	108 (38.4)
PD-L1-positive CPS ≥1	425 (75.1)	211 (75.1)
PD-L1-positive CPS ≥10	220 (38.9)	103 (36.7)
Chemotherapy on study		
Taxane	255 (45.1)	127 (45.2)
Gemcitabine/Carboplatin	311 (54.9)	154 (54.8)
Prior same-class chemotherapy		
Yes	124 (21.9)	62 (22.1)
No	442 (78.1)	219 (77.9)
Disease-free interval		
de novo metastasis	168 (29.7)	84 (29.9)
<12 months	125 (22.1)	50 (17.8)
≥12 months	270 (47.7)	147 (52.3)

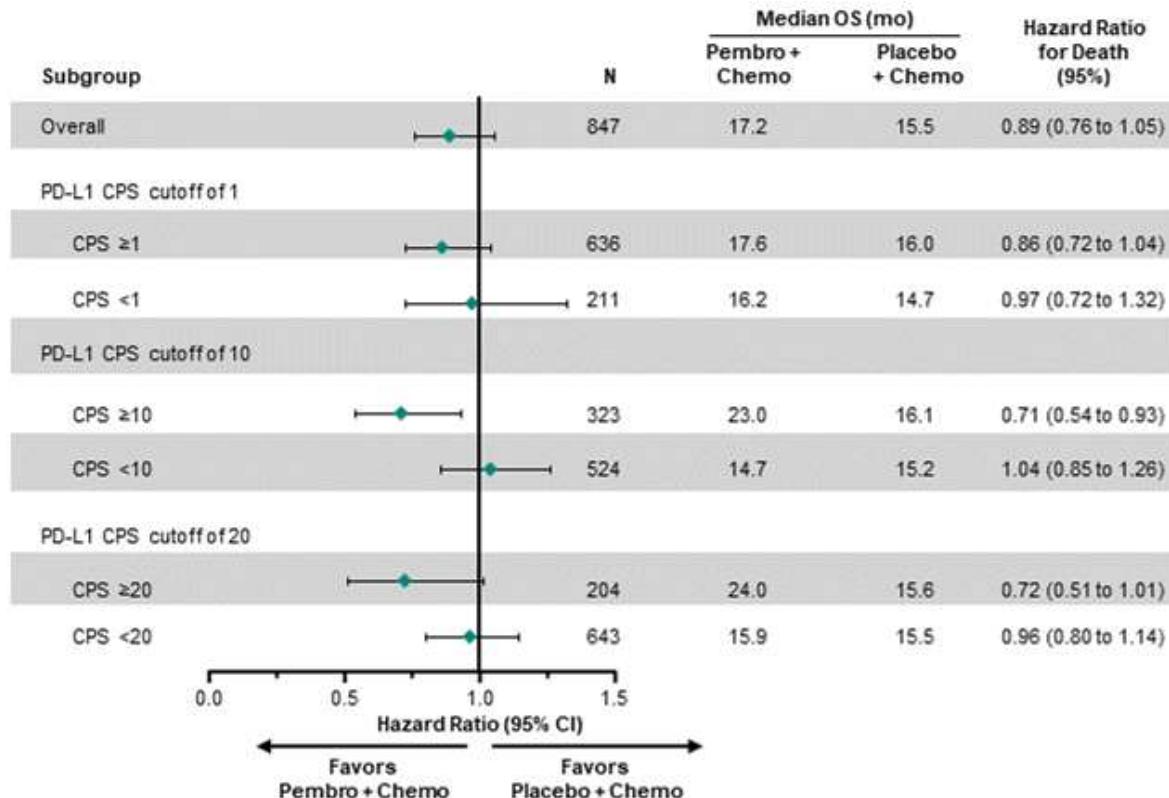
Immunoterapia - avanzado - KN355

Sobrevida global, PDL1 CPS ≥ 10



Immunoterapia - avanzado - KN355

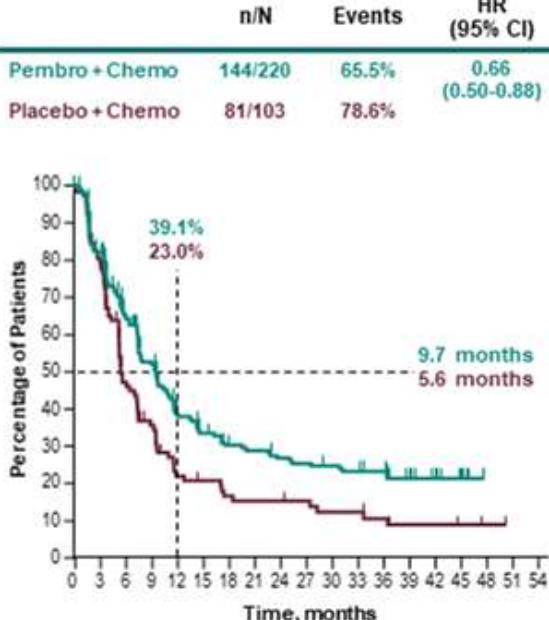
Sobrevida global,
subgrupos por PDL1



Immunoterapia - avanzado - KN355

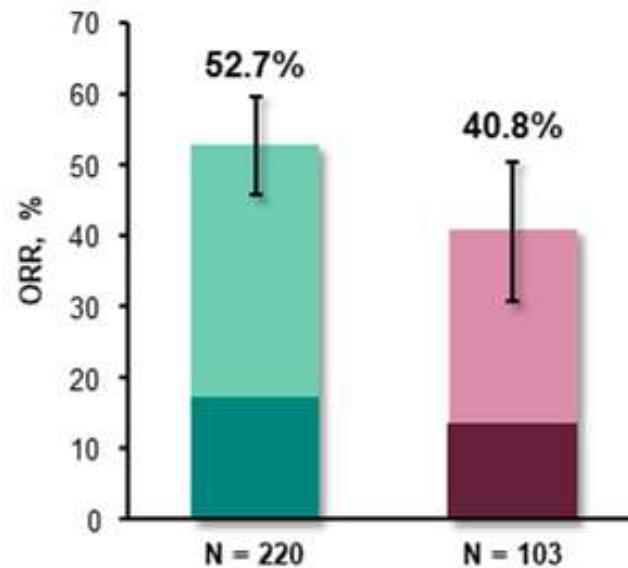
Sobrevida libre de progresión

PD-L1 CPS ≥ 10



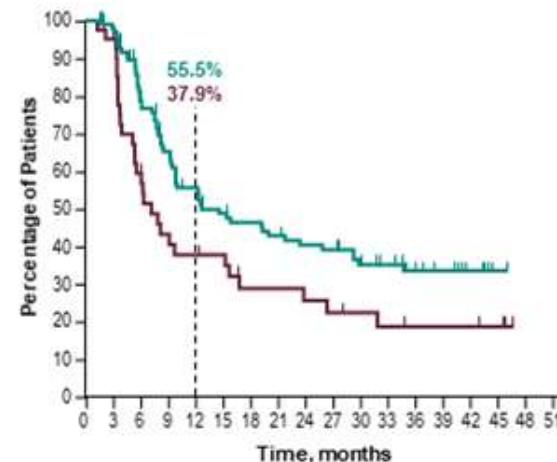
Tasa de respuesta

PD-L1 CPS ≥ 10



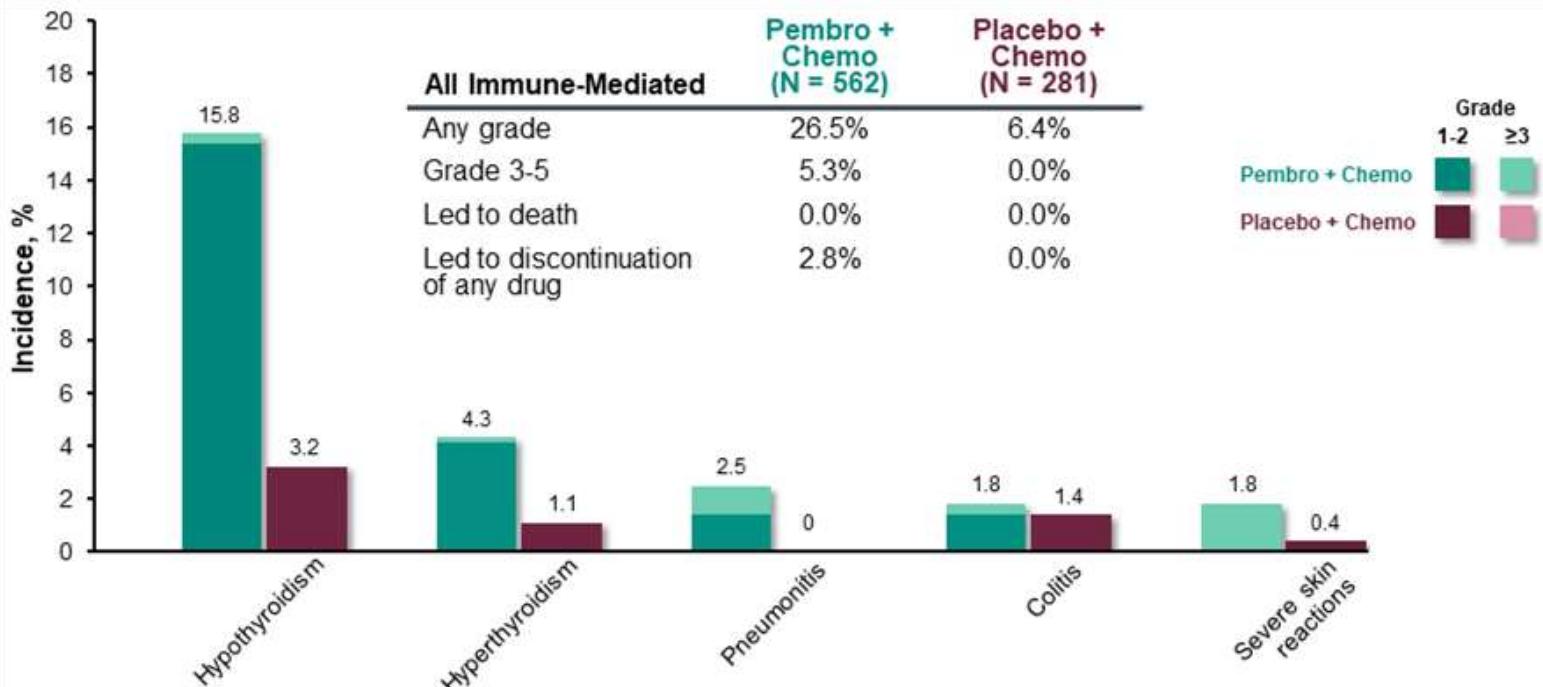
PD-L1 CPS ≥ 10

Duration of Response	Median, mo (range)
Pembro + Chemo	12.8 (1.6+ to 45.9+)
Placebo + Chemo	7.3 (1.5 to 46.6+)



Immunoterapia - Enfermedad avanzada

Eventos adversos immunomedidos:



Otros tratamientos - Cáncer de mama TN



Quimioterapia



Radioterapia



Inmunoterapia



Inhibidores de PARP



Anticuerpos conjugados

Otros tratamientos - Cáncer de mama TN



Quimioterapia



Radioterapia



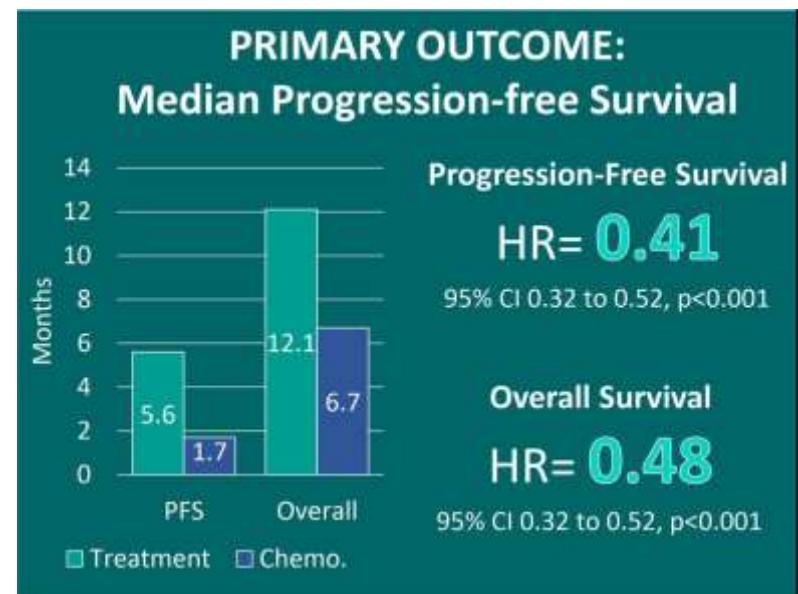
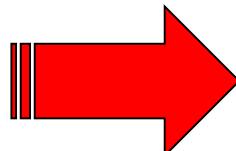
Inmunoterapia



Inhibidores de PARP



Anticuerpos conjugados



Muchas
gracias!

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Hospital Alemán
Agosto 2022