



Biology of HER2 Cell Signaling and Anti-HER2 Agents

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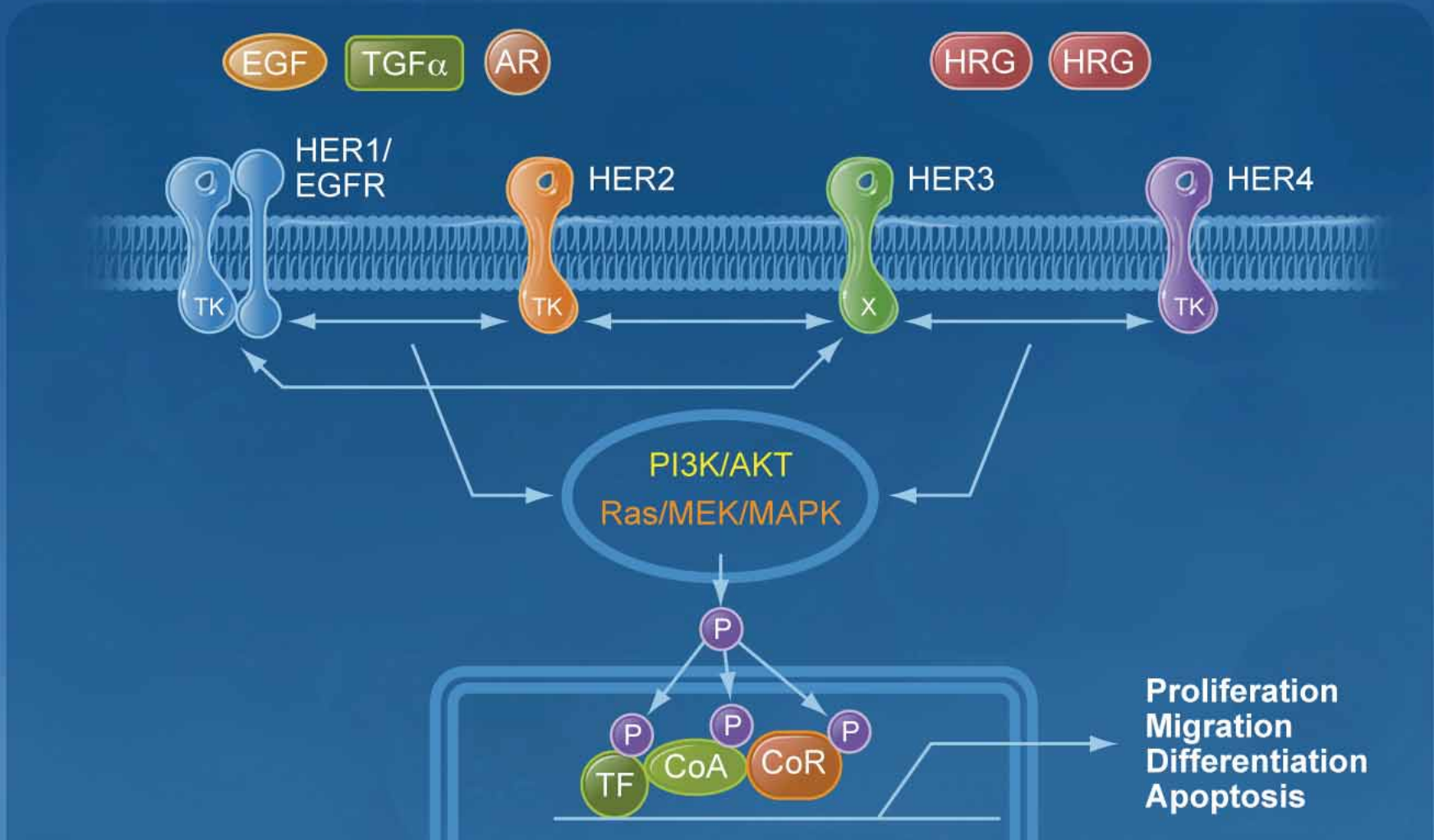
Disclosures for Jenny C Chang, MD

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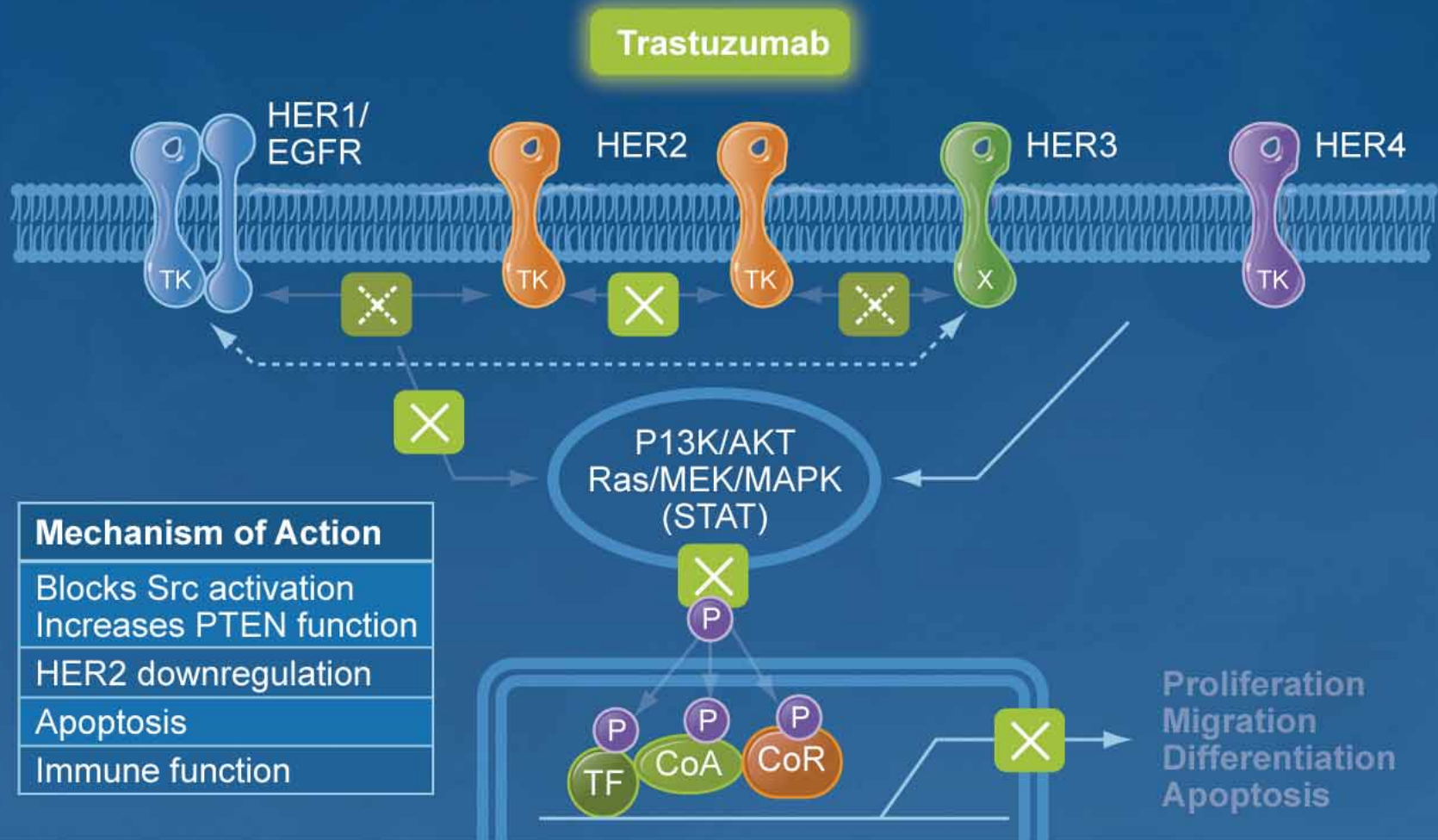
Optimal Targeted Therapy

- Identify key pathway(s)
- Block this pathway completely
- Anticipate escape (resistance) mechanisms and block them
- Combination therapy

Pathway Activation – HER Ligands



Pathway Inhibition



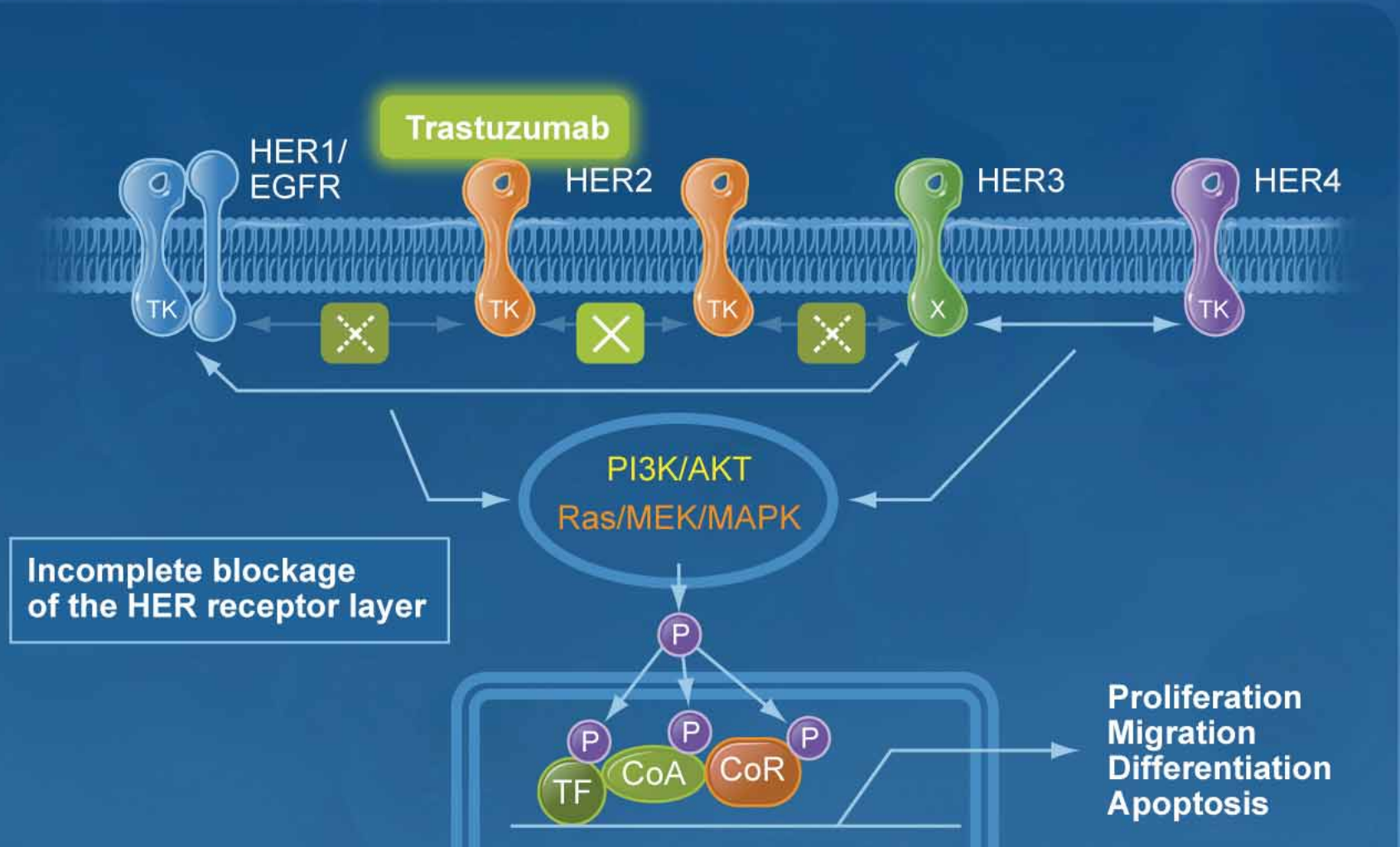
Mechanisms for Resistance to Trastuzumab

- Activation of the pathway downstream
 - PI3K mutations
 - pTEN loss
 - Cyclin E amplification
- Loss of the HER2 ext binding domain
 - p95
- Increased expression of HER ligands

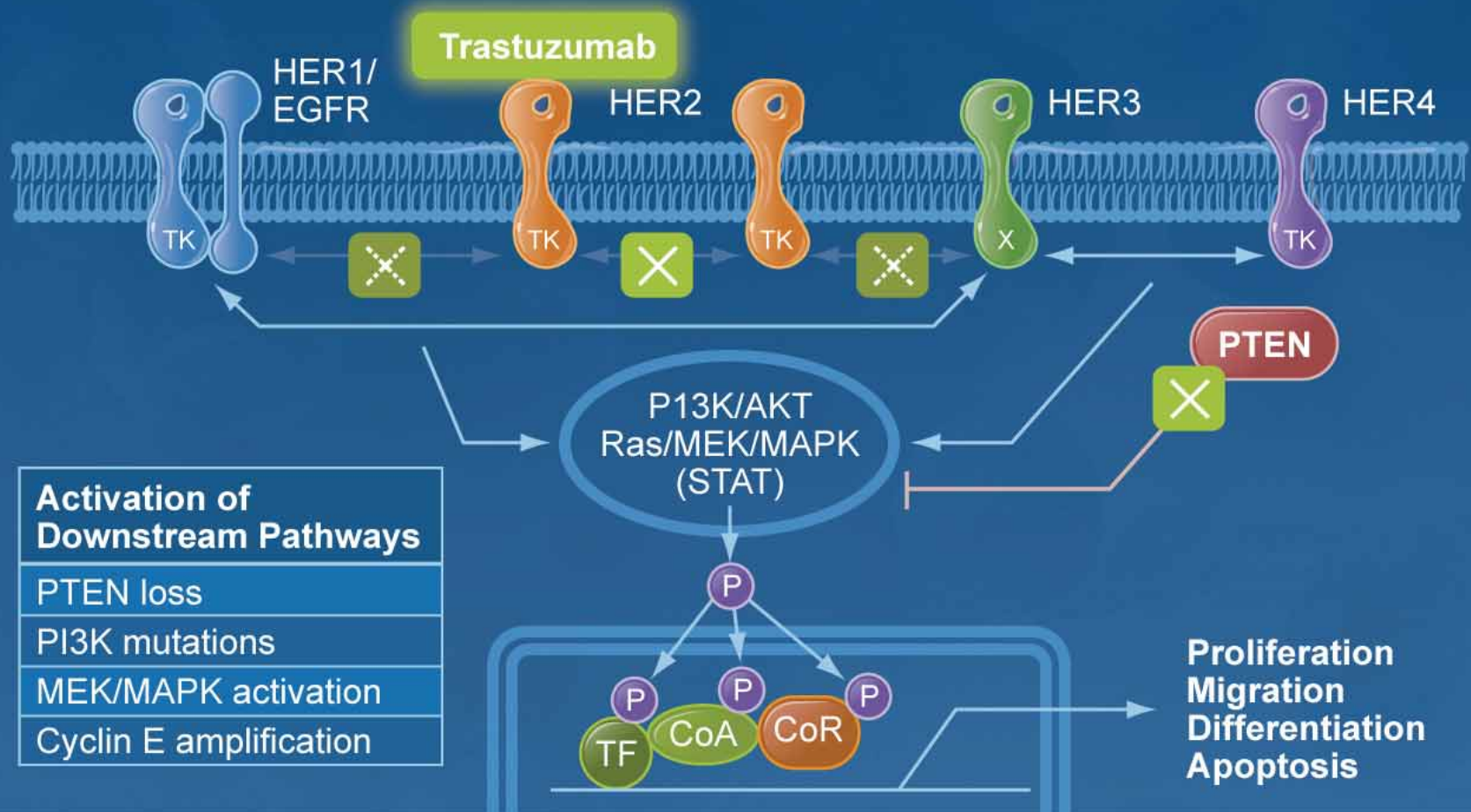
Mechanisms for Resistance to Trastuzumab (continued)

- Redundant survival pathway
 - IGF, ER
- Activation by other kinases
 - Src, MET, integrins, stress kinases
- Upregulation of HER1 or HER3
- Incomplete blockade of the HER receptor layer

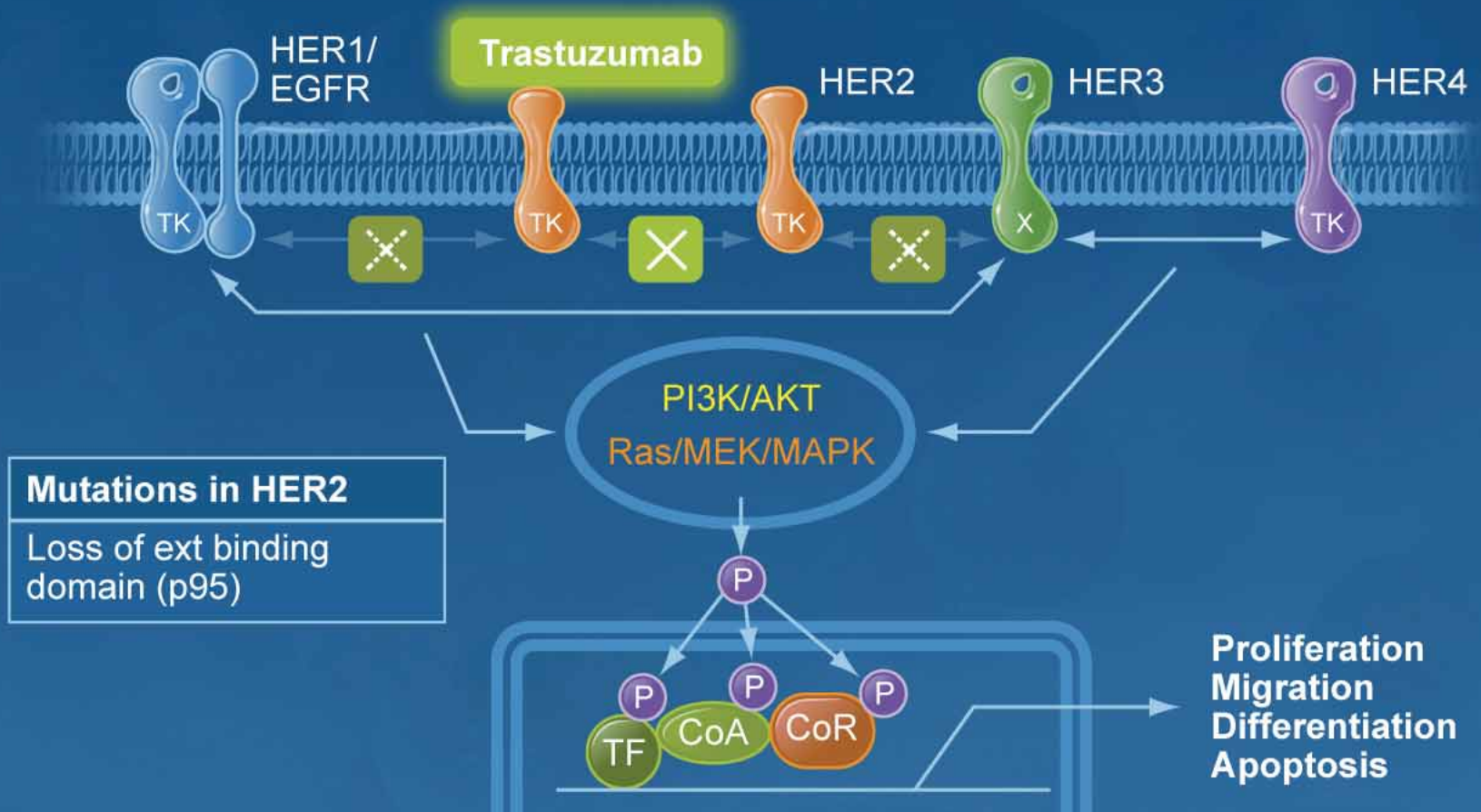
Mechanisms of Resistance to HER Targeted Therapy



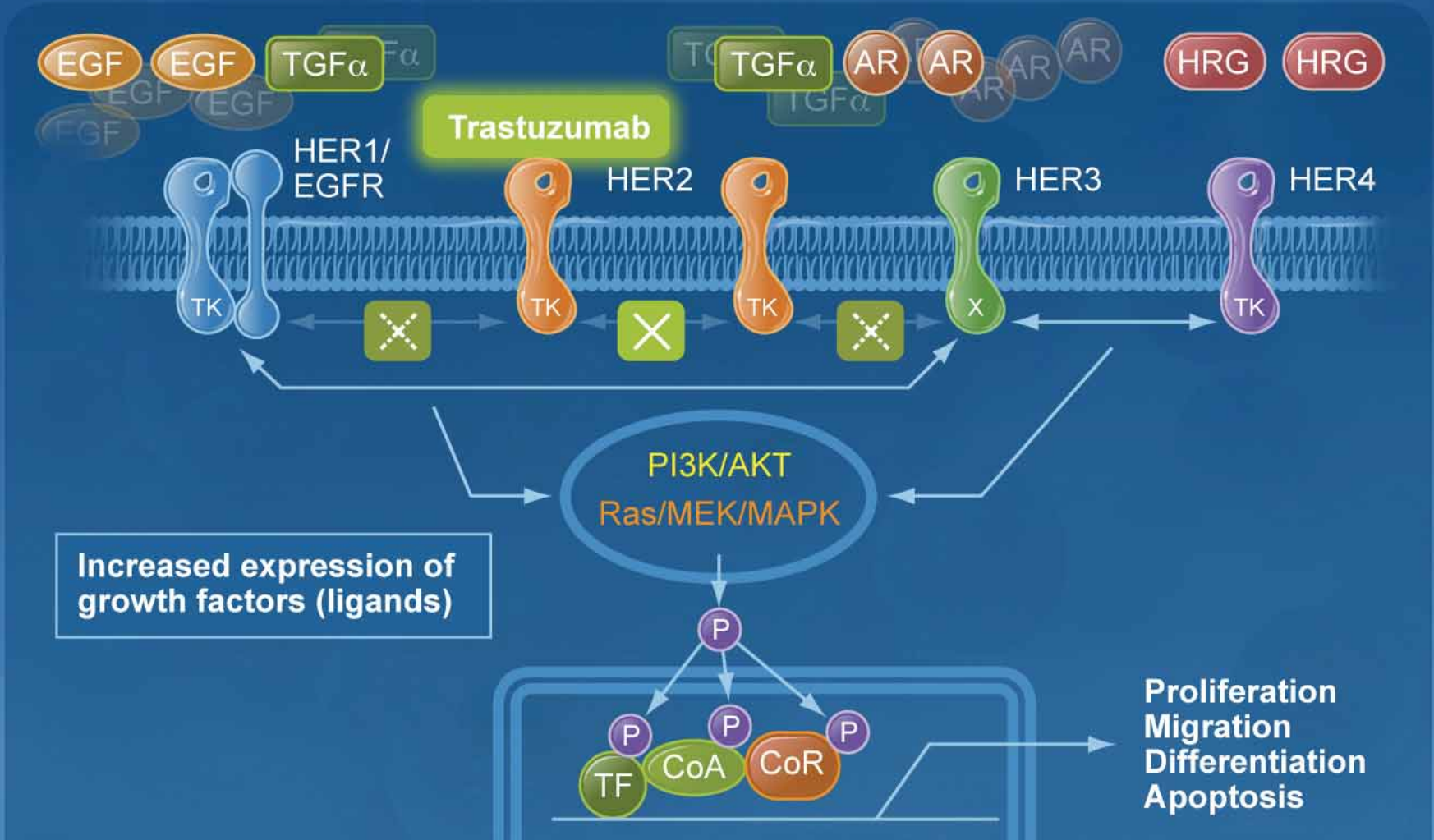
Mechanisms of Resistance to HER Targeted Therapy



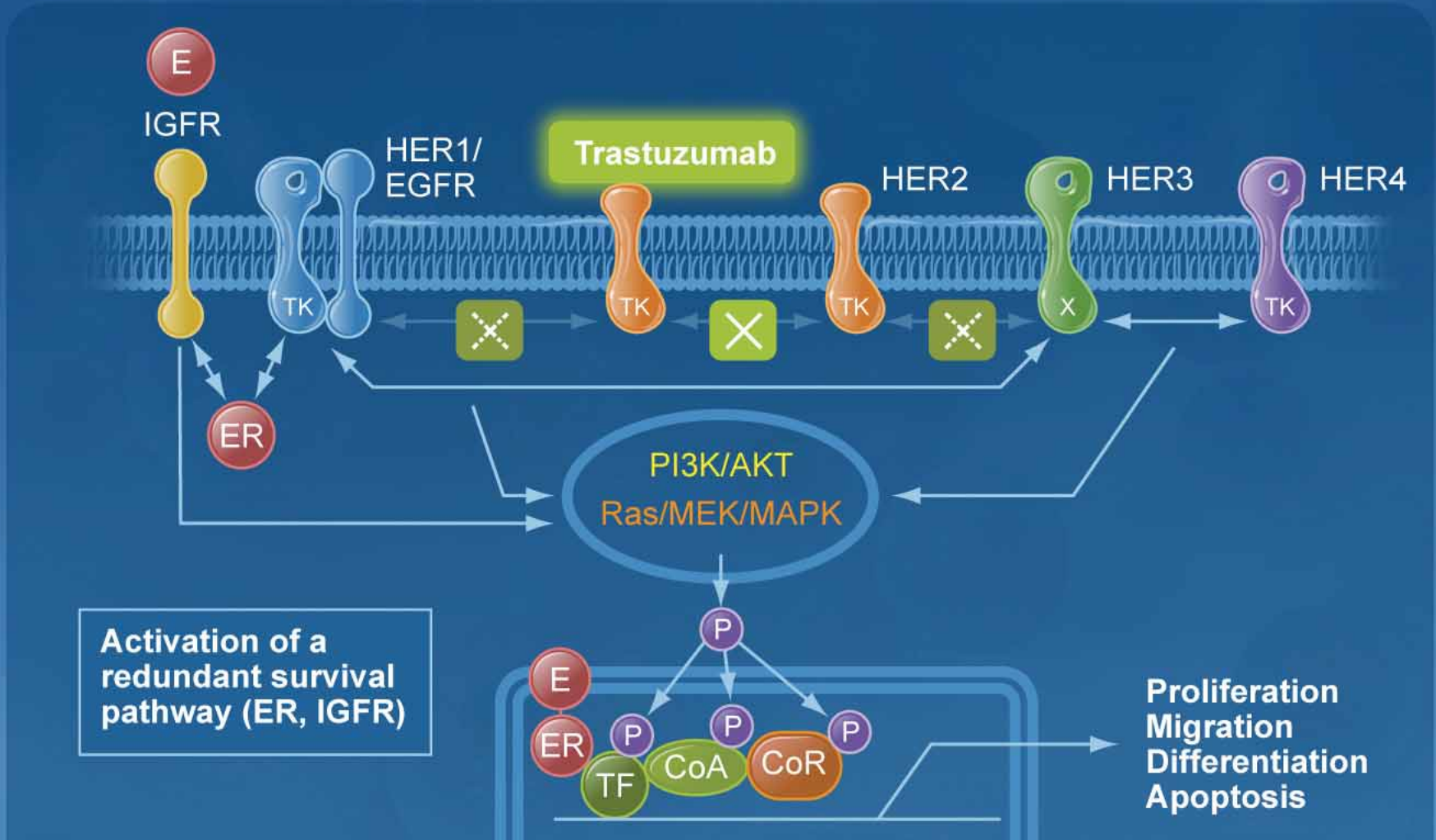
Mechanisms of Resistance to HER Targeted Therapy



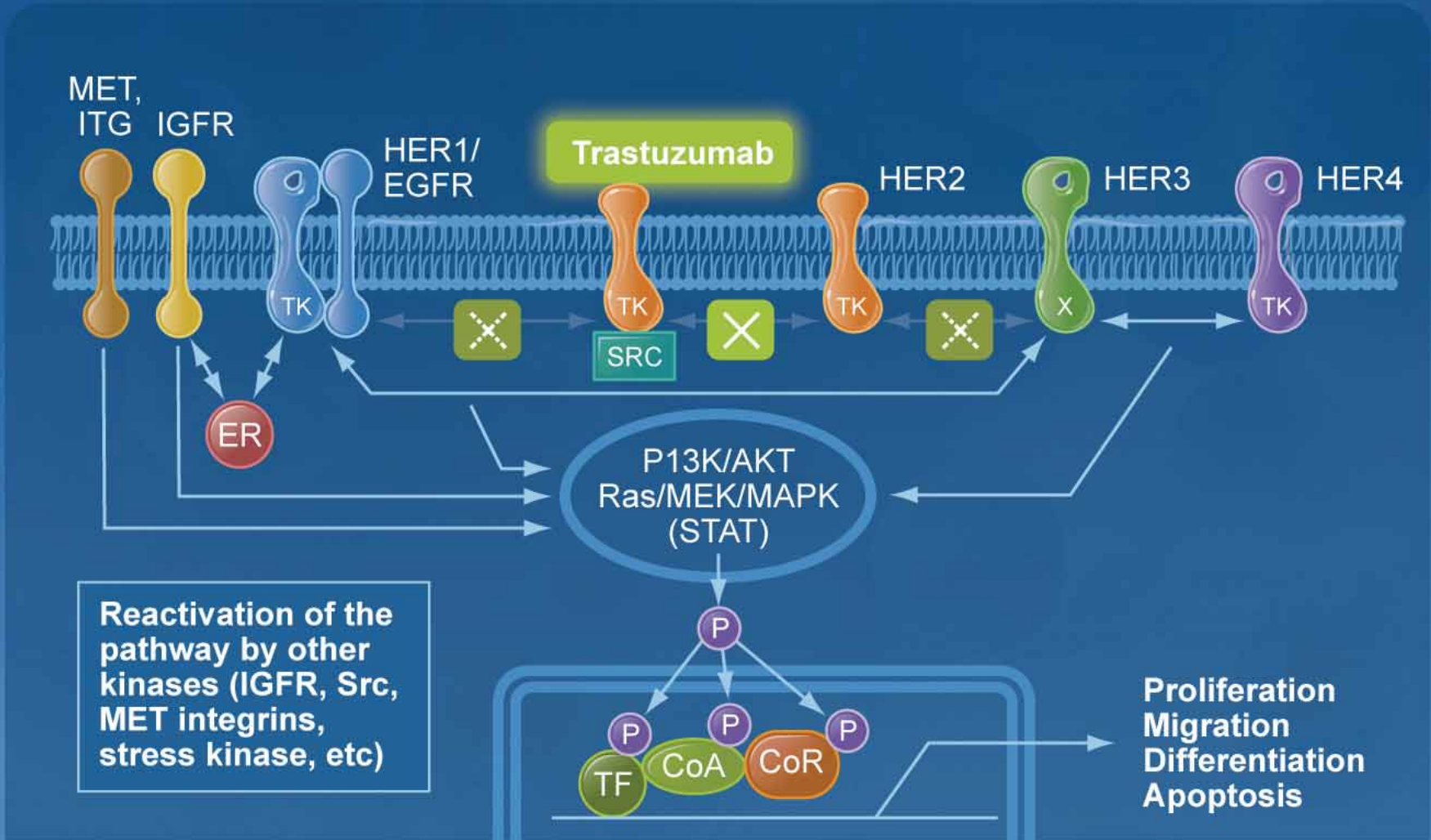
Mechanisms of Resistance to HER Targeted Therapy



Mechanisms of Resistance to HER Targeted Therapy



Mechanisms of Resistance to HER Targeted Therapy



Trials of Trastuzumab Adjuvant Therapy

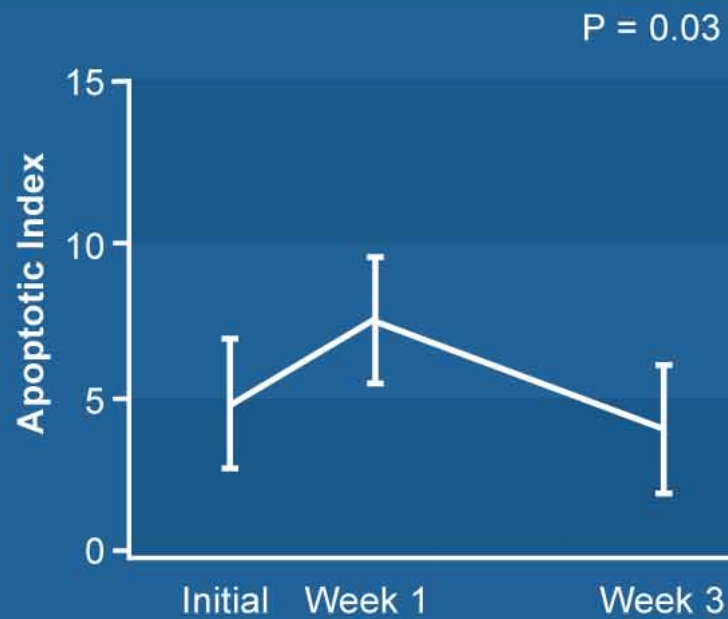
Trial	Hazard Rate	
	DFS	OS
B31/N9831	0.67	0.86
HERA	0.76	0.85
BCIRG AC → TH TCH	0.64 0.75	0.63 0.77
FinHer	0.42	0.41

Clinical Trials of Lapatinib

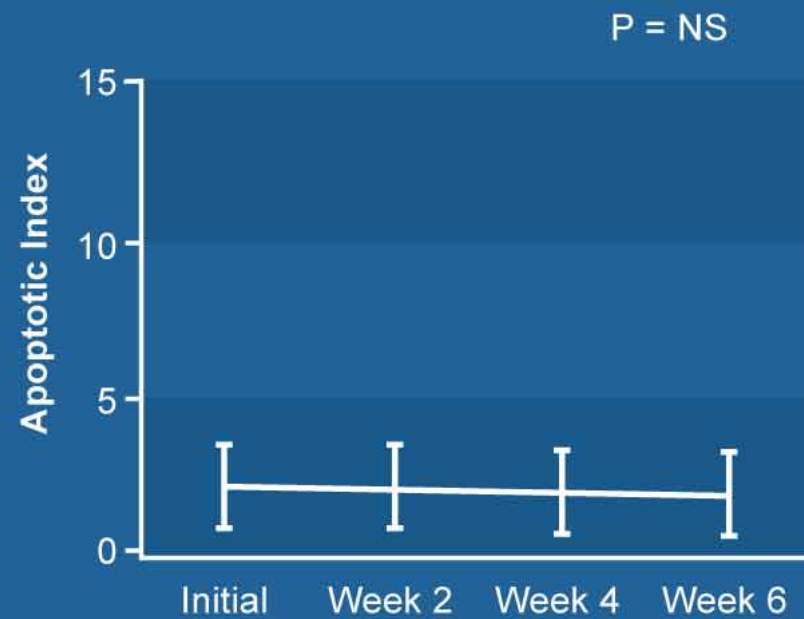
- Activity post trastuzumab in metastatic disease
- Similar activity to trastuzumab in previously untreated HER2+ patients
- Adds to capecitabine
- Rash and diarrhea

Apoptosis

Trastuzumab: Increase

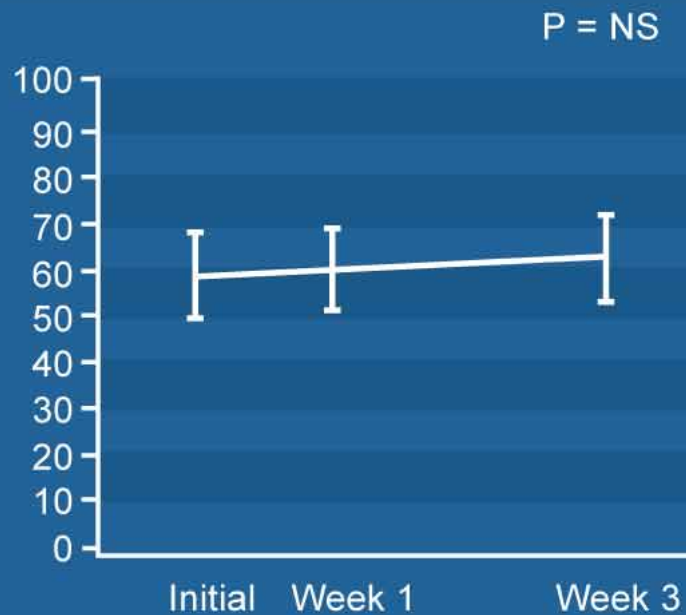


Lapatinib: No change

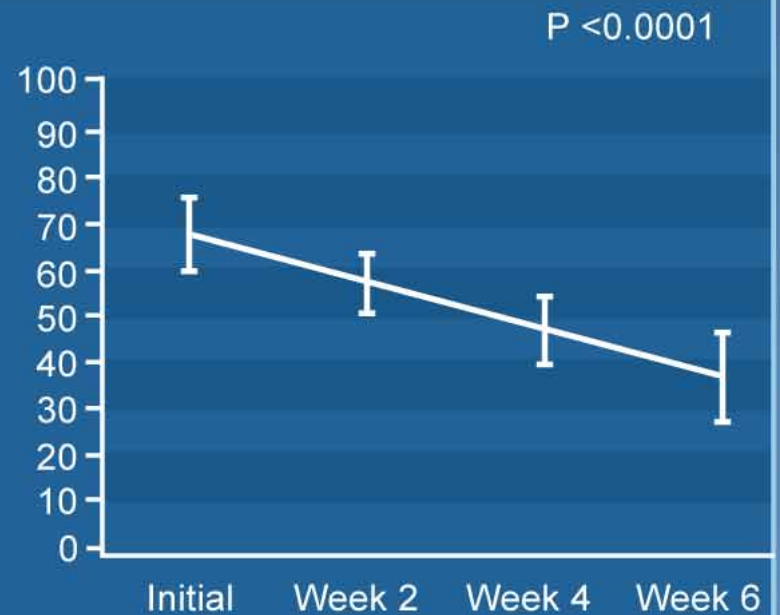


Proliferation: Ki67

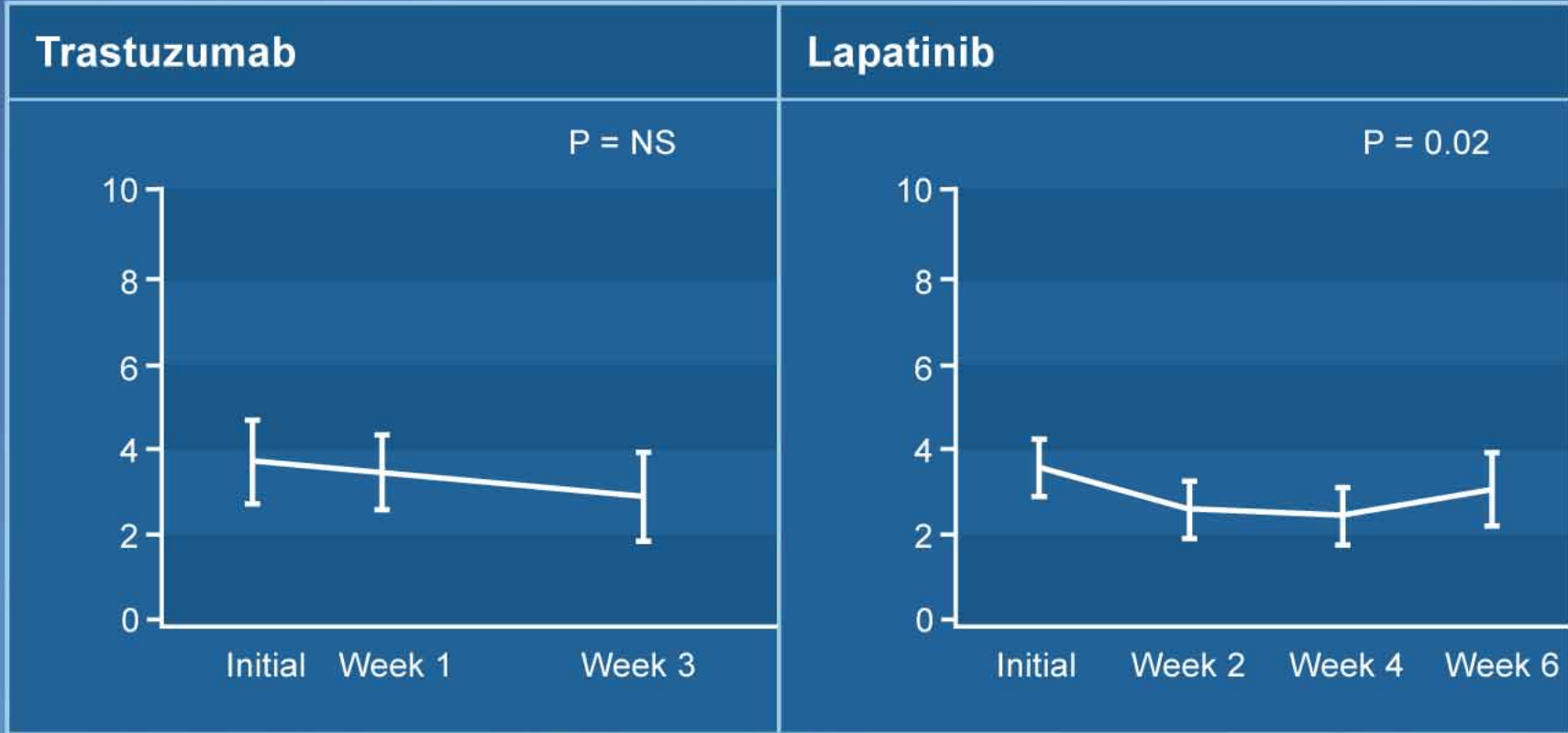
Trastuzumab: No change



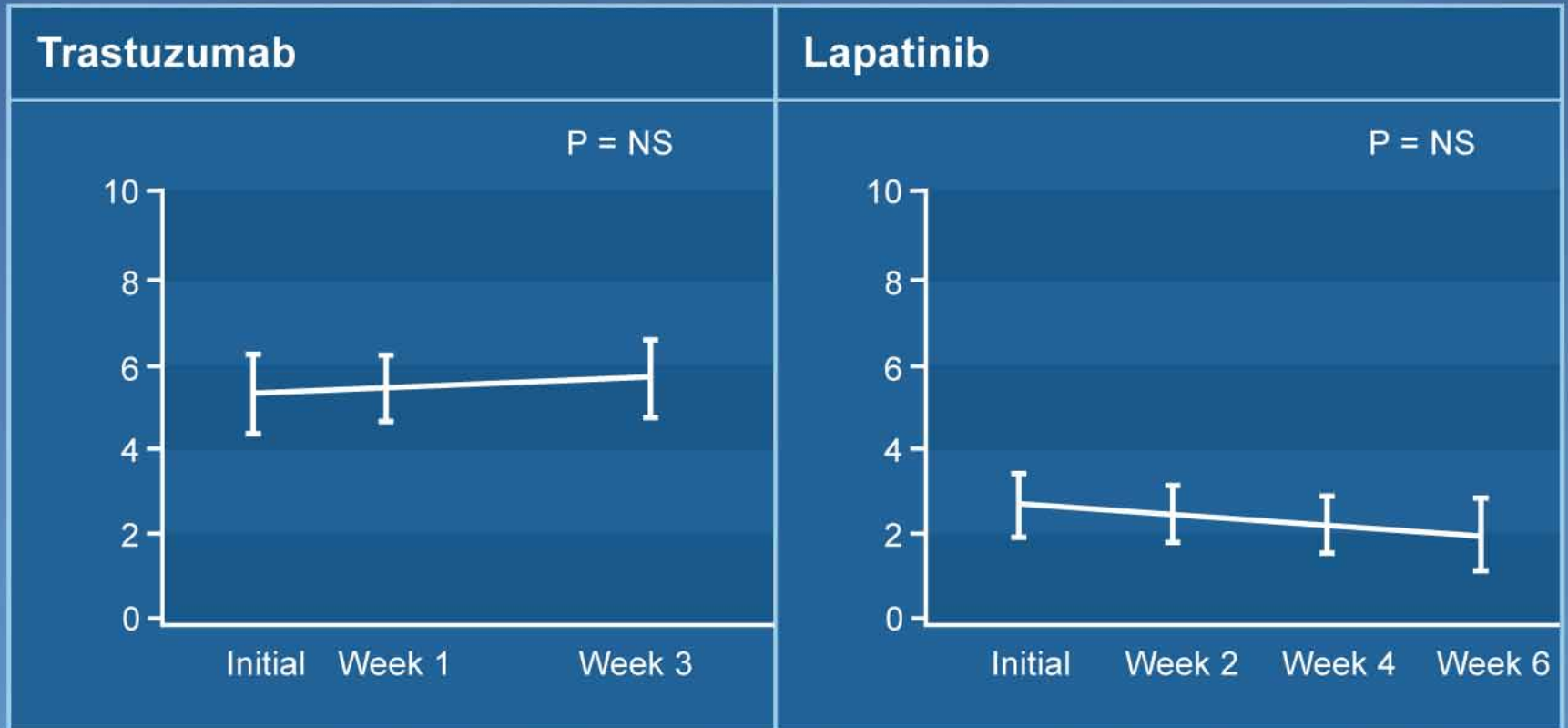
Lapatinib: Decrease in Ki67



p-MAPK



p-AKT



Low PTEN/PI3KCA-mut

	Trastuzumab (N) %	Lapatanib (N) %
PCR	18% (4/22)	87% (13/15)
Non-pCR	82% (18/22)	13% (2/15)

Logistic regression between low PTEN/PI3KCA-mut and treatment response, $p = 0.0016$

Summary of Results: Trastuzumab vs Lapatinib

Trastuzumab:

- Induces apoptosis likely through PI3/AKT
- No effect on proliferation (Ki67 or p-MAPK)

Lapatinib:

- Decrease Ki67
- Decreases p-MAPK
- No effect on apoptosis

Adjuvant Lapatinib and/or Trastuzumab Treatment Optimization (ALTTO) Trial

Protocol ID: BIG 2-06; Target Accrual: 8,000



Eligibility

- HER2-positive breast cancer

In Design 1, patients will complete all (neo)adjuvant chemotherapy prior to administration of targeted therapy.

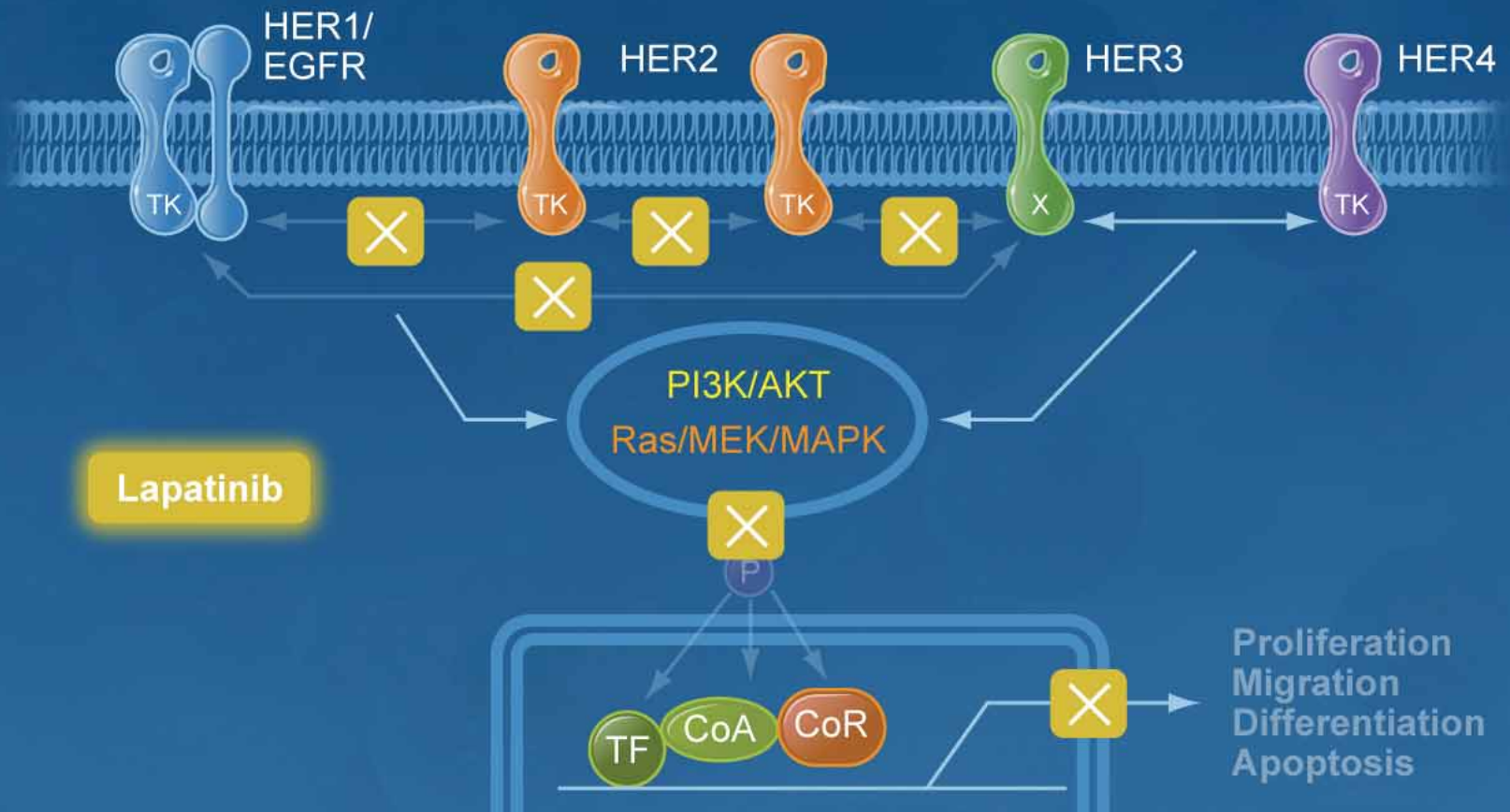
In Design 2, patients will receive weekly paclitaxel concurrently for 12 weeks with targeted therapy after any anthracycline-based (neo)adjuvant chemotherapy.

Other HER Targeting Agents

Inhibition of HER Family Signaling

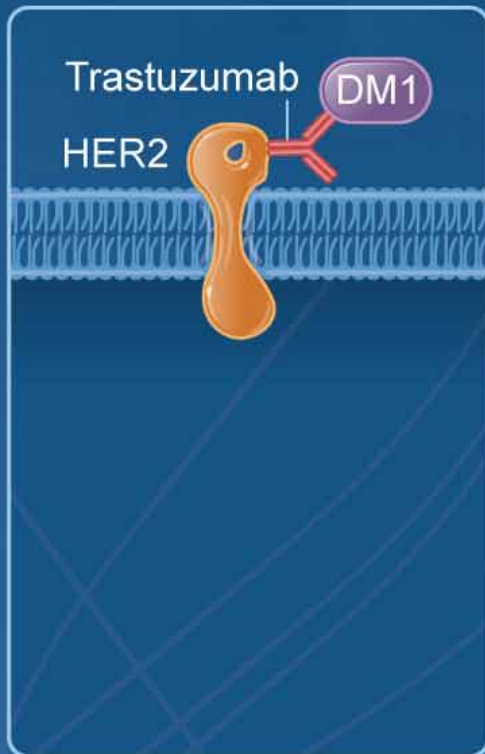
Drug	Block
Gefitinib, Erlotinib, Cetuximab	1-1, 1-2, 1-3
Trastuzumab/T-DM1	2-2, HER2/Src
Pertuzumab	1-2, 2-3
Lapatinib	1-1, 1-2, 1-3, 2-3
Neratinib	1-1, 1-2, 1-4, 2-4

HER Targeted Therapies

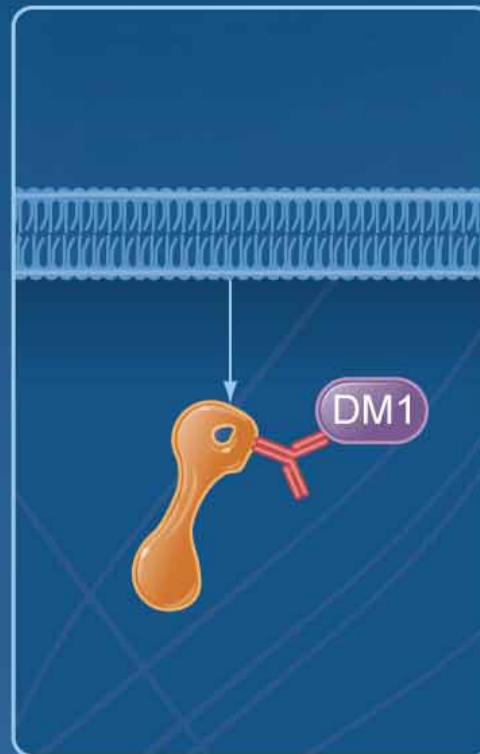


Trastuzumab DM1

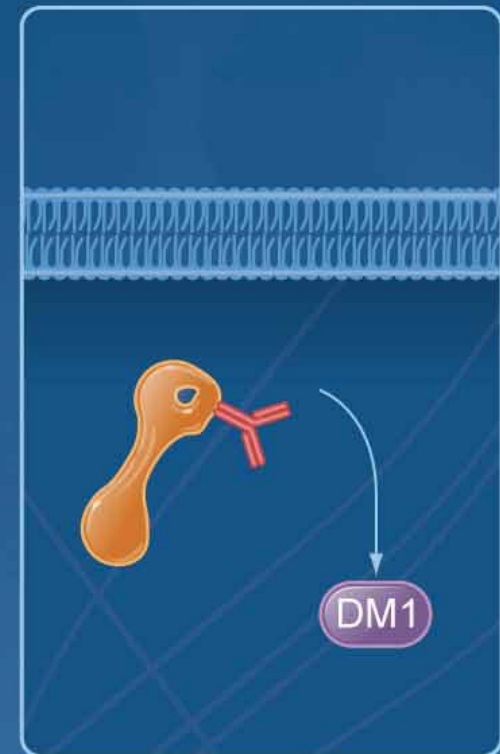
DM1 is highly potent antimicrotubule agent



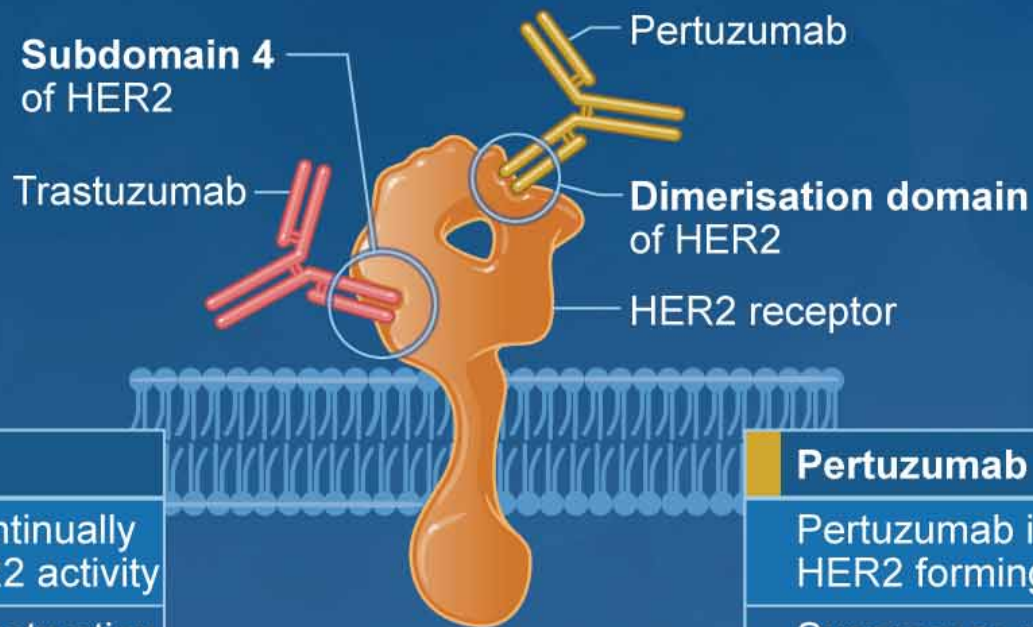
T-DM1 undergoes receptor-mediated internalization



Free DM1 is released within the cell



Trastuzumab and Pertuzumab Bind to Different Regions on HER2



Trastuzumab

Trastuzumab continually suppresses HER2 activity

Flags cells for destruction by the immune system

Does not inhibit HER2 dimerization

Pertuzumab

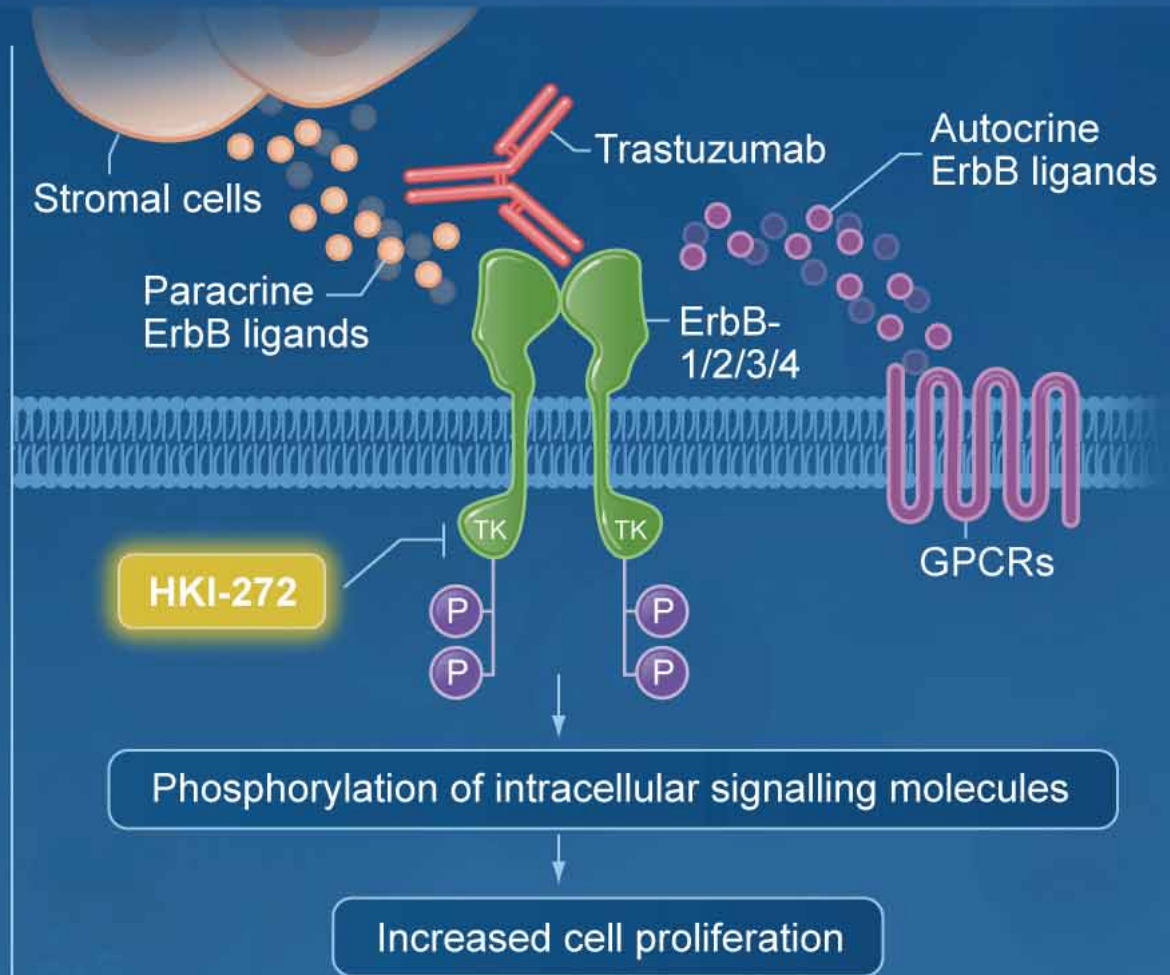
Pertuzumab inhibits HER2 forming dimer pairs

Suppresses multiple HER signalling pathways

Flags cells for destruction by the immune system

Neratinib (HKI-272) Mechanism of Action

- Potent, low molecular weight, orally administered irreversible pan-ErbB receptor tyrosine kinase inhibitor (ErbB-1/2/4)
- Binds covalently to the intracellular TK domain to inhibit auto-phosphorylation and subsequent downstream signaling



Summary

- The HER signaling pathway is a complex, redundant, robust and adaptable network.
- Inhibiting the network is very effective in patients with HER2 over-expressing tumors.
- *De novo* and acquired resistance occur and there are many potential mechanisms.
- Incomplete blockade of the receptor layer is one such mechanism that explains resistance in some xenograft models.

Summary (continued)

- Combined receptor inhibitors or receptor inhibitors combined with downstream/alternative signaling inhibitors deserve clinical evaluation.
- Predicting the mechanism of resistance in the primary tumor will be critical.

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