

12<sup>th</sup> Belgian Symposium on the Integration  
of Molecular Biology Advances into  
Oncology Clinical Practice  
and  
Post-MASCC

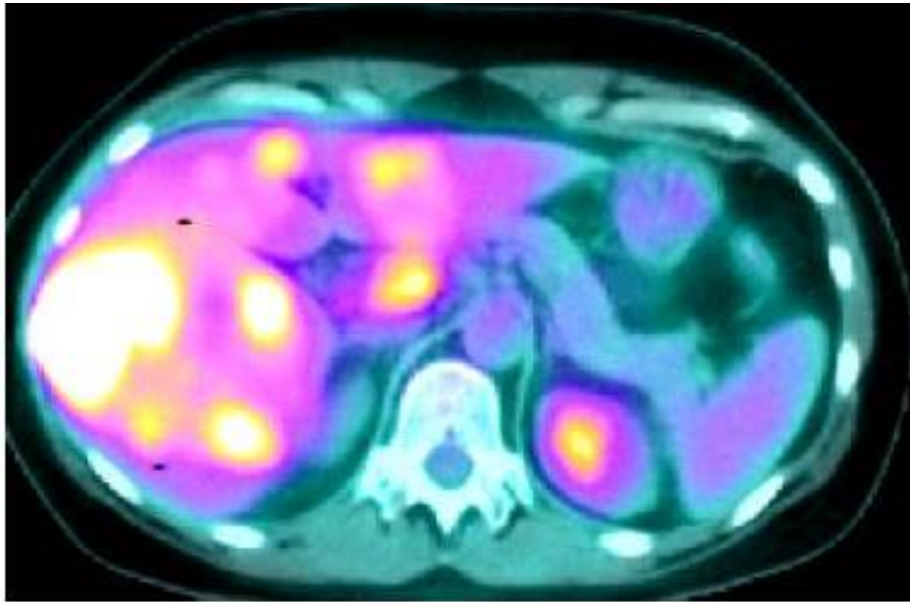
# Liquid biopsy: ready for clinical practice?

Michail Ignatiadis MD, PhD

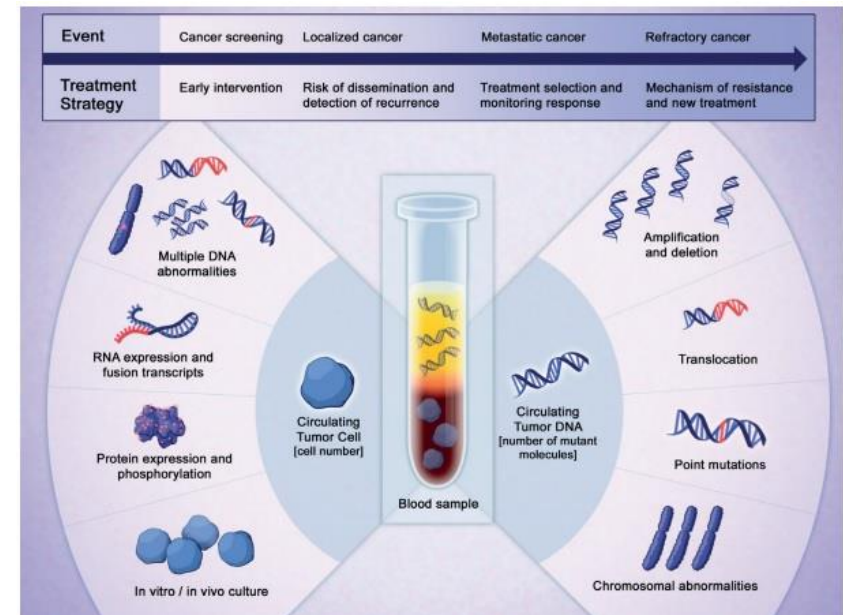
Jules Bordet Institut, Université Libre de Bruxelles

# Imaging and liquid biopsy: complementary tools

Anatomical & Functional  
information

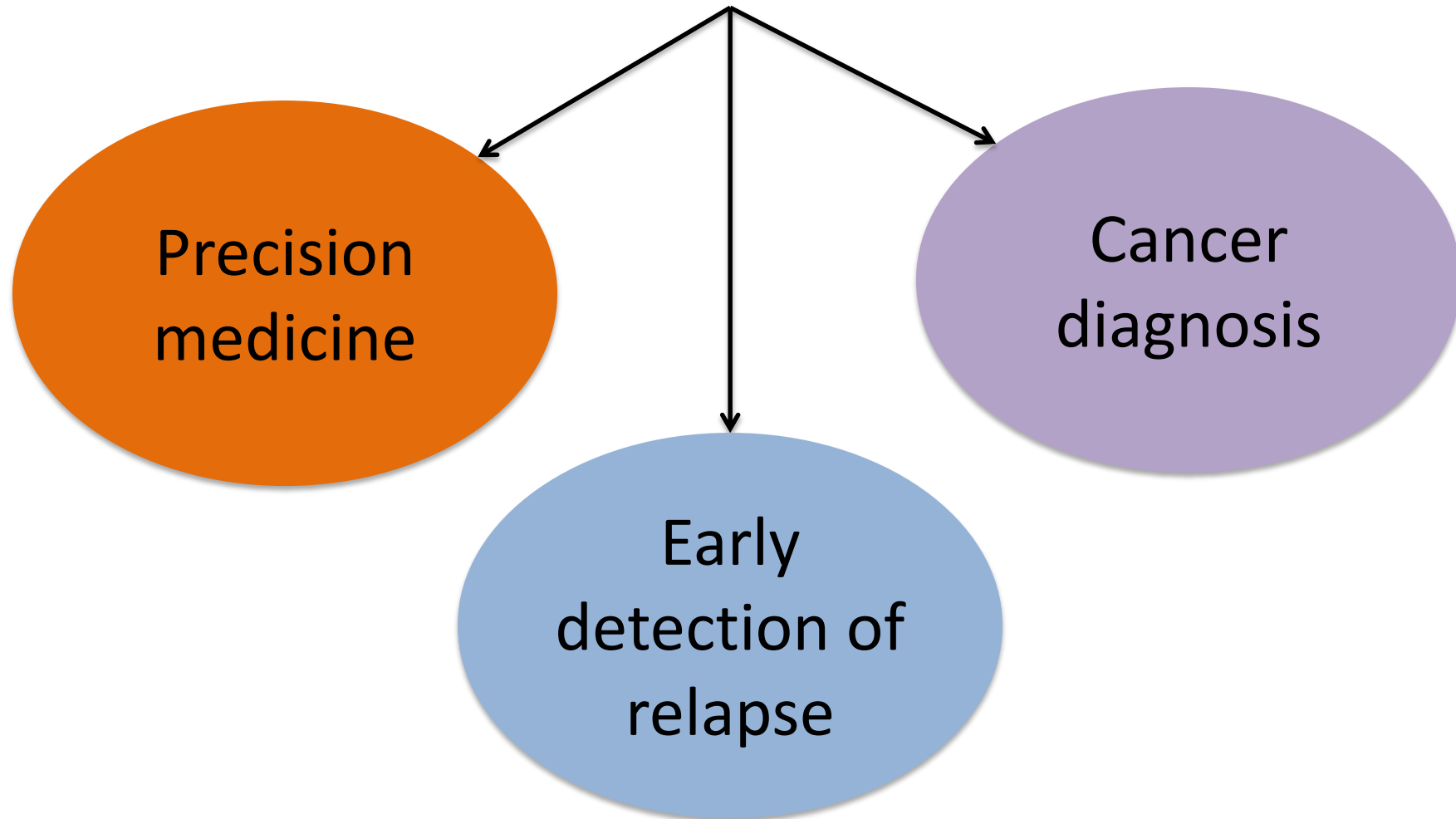


Genomic & Phenotypic  
information

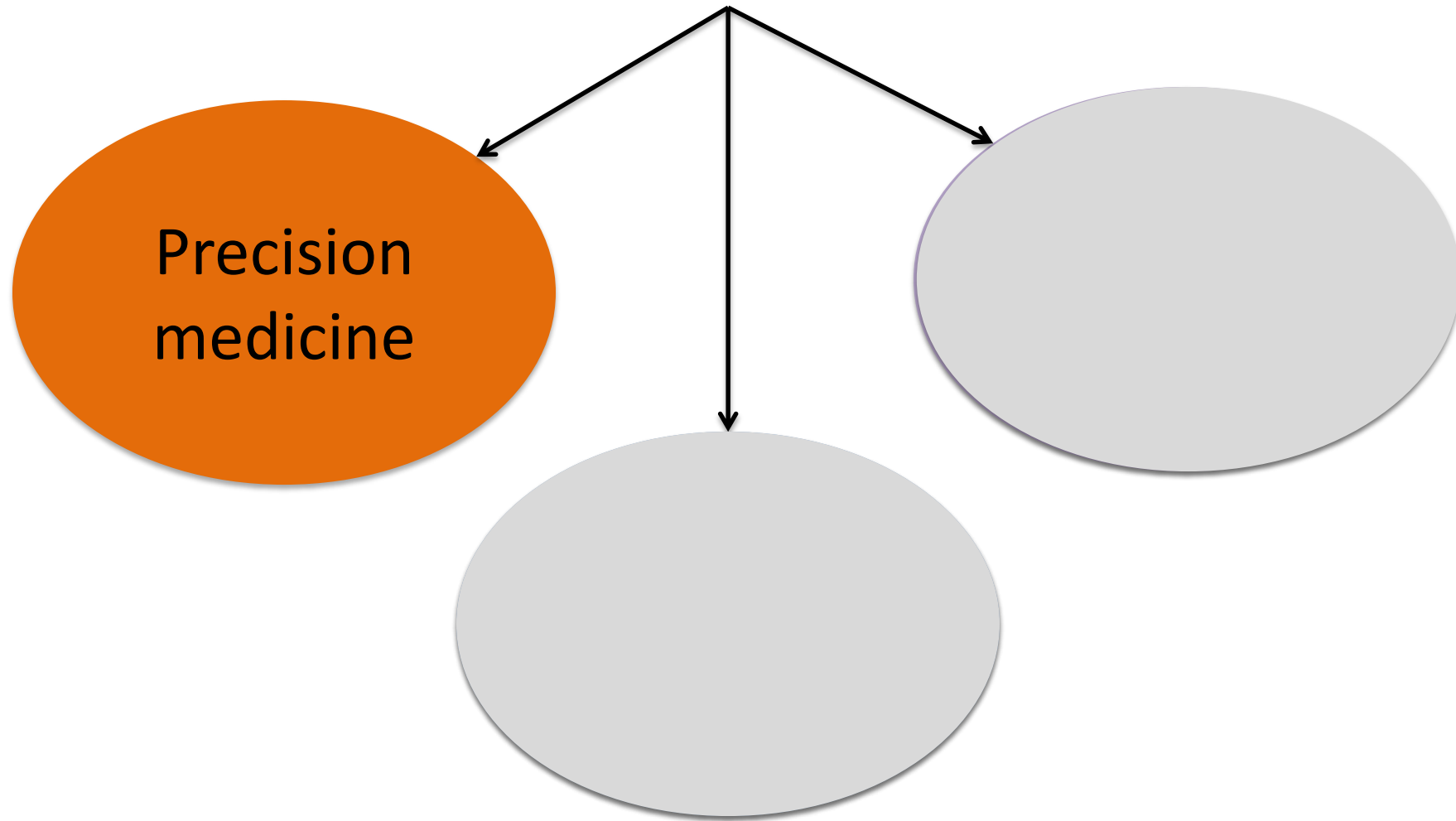


Precision Medicine

# Outline



# Outline



# 1st Liquid biopsy test approved

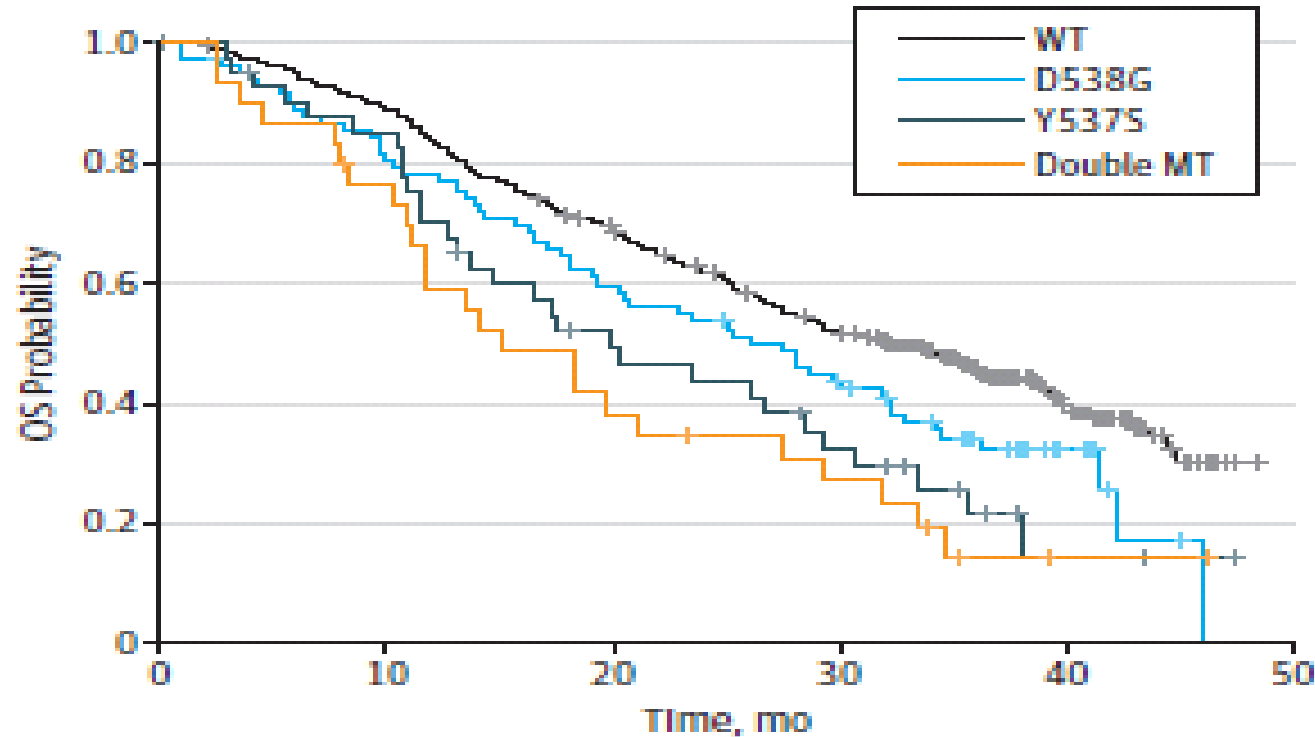


The **cobas**<sup>®</sup> EGFR Mutation Test v2 is a real-time PCR test for the qualitative detection of defined EGFR mutations of in NSCLC patients

Drug	FFPET	Plasma
TARCEVA <sup>®</sup> (erlotinib)	Exon 19 deletions and L858R	Exon 19 deletions and L858R
TAGRISO <sup>™</sup> (osimertinib)	T790M	T790M

# *ESR1* mutations worse OS (Bolero 2)

**B** OS by specific MT and double MT

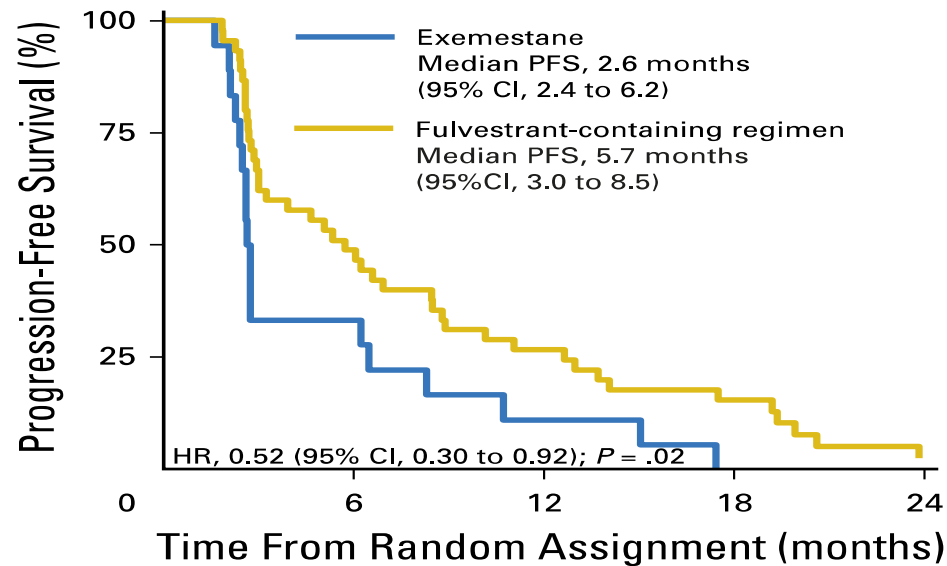


ESR1 mutations  
33% post 1st line vs  
11% starting 1st line

No. at risk						
WT	385	341	259	190	50	0
D538G	83	66	49	34	9	0
Y537S	42	34	18	11	2	0
Double MT	30	22	11	7	1	0

# Fulvestrant better than exemestane in ESR1mut patients (Sofea)

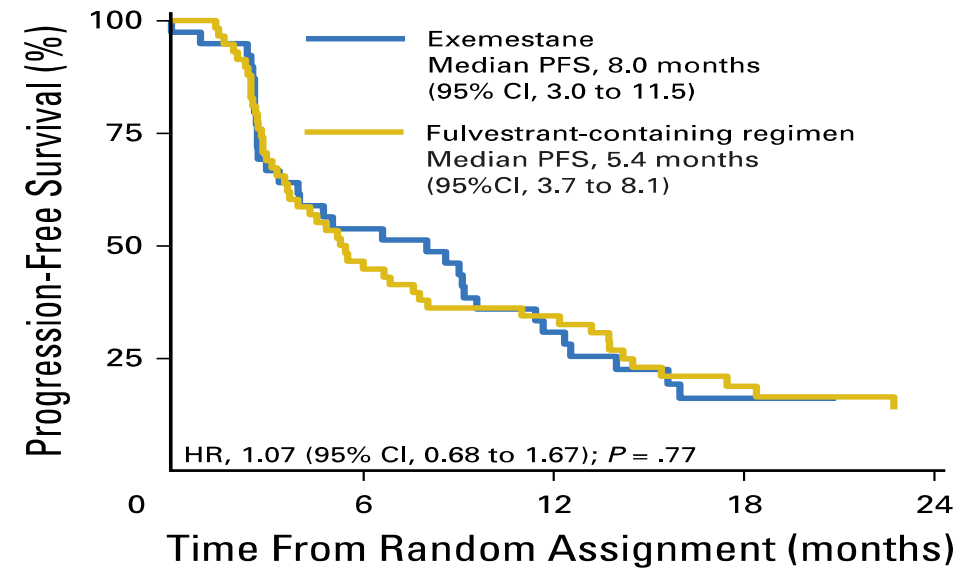
PFS in *ESR1* mutant



No. at risk (events)

Exemestane	18	(12)	6	(4)	2	(2)	0	(0)	0
Fulvestrant-containing	45	(23)	22	(10)	12	(5)	6	(5)	1

PFS in *ESR1* wild-type



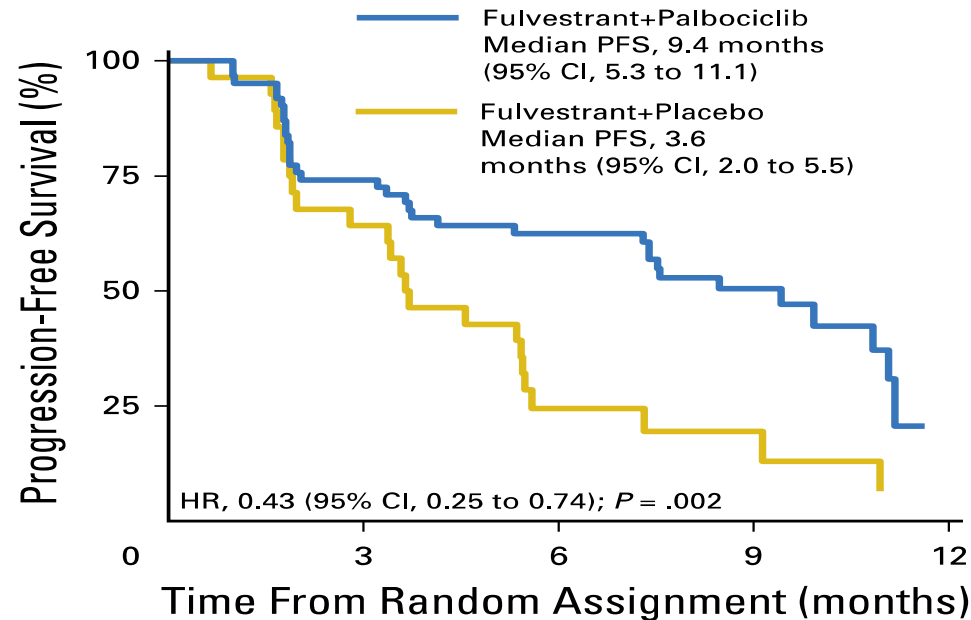
No. at risk (events)

Exemestane	39	(18)	21	(9)	12	(5)	5	(0)	3
Fulvestrant-containing	59	(31)	27	(7)	19	(8)	8	(2)	5

Validation is needed!

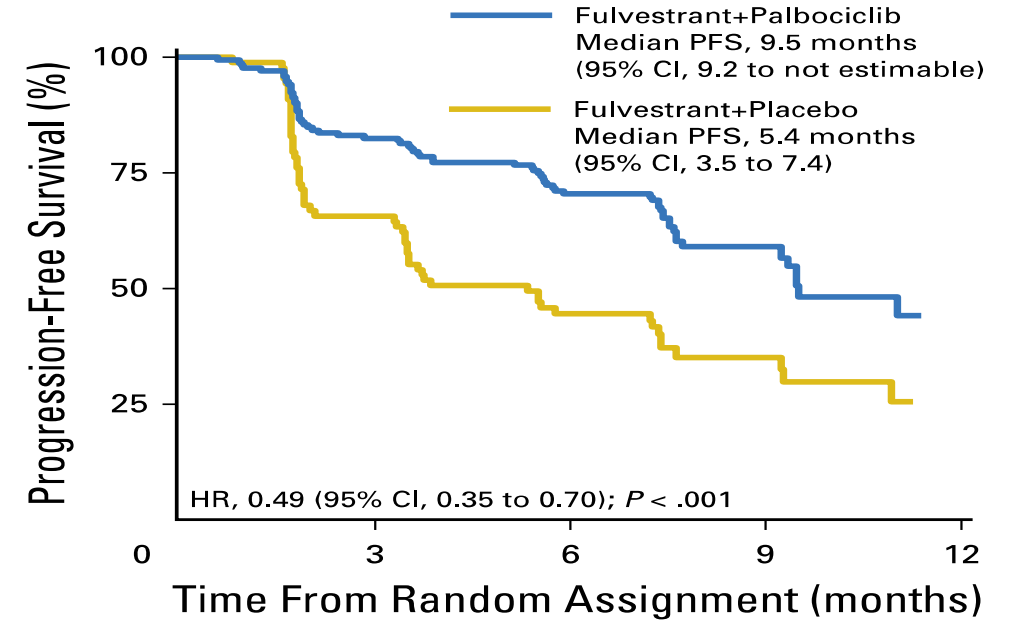
# Palbo benefit irrespective of baseline *ESR1*mut status (Paloma 3)

## PFS in *ESR1* mutant



No. at risk (events)									
Fulvestrant+Placebo	28	(10)	18	(11)	6	(1)	3	(2)	1
Fulvestrant+Palbociclib	63	(16)	45	(7)	36	(6)	22	(5)	0

## PFS in *ESR1* wild-type

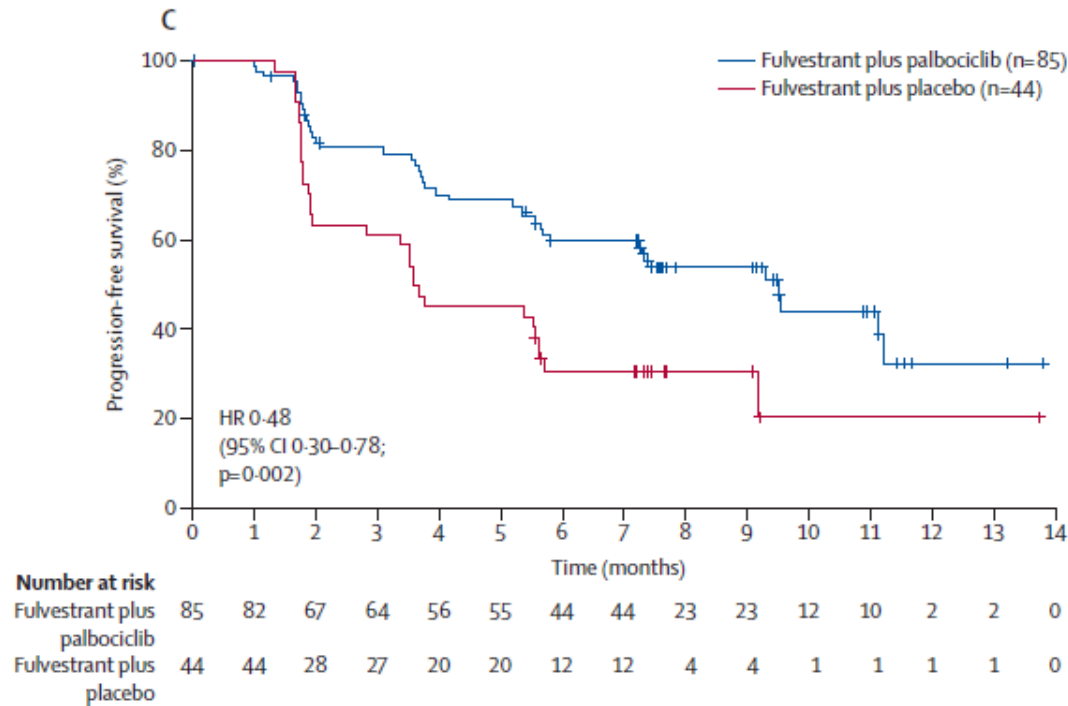


No. at risk (events)									
Fulvestrant+Placebo	92	(30)	57	(18)	35	(6)	16	(3)	0
Fulvestrant+Palbociclib	177	(30)	142	(20)	108	(13)	50	(7)	6

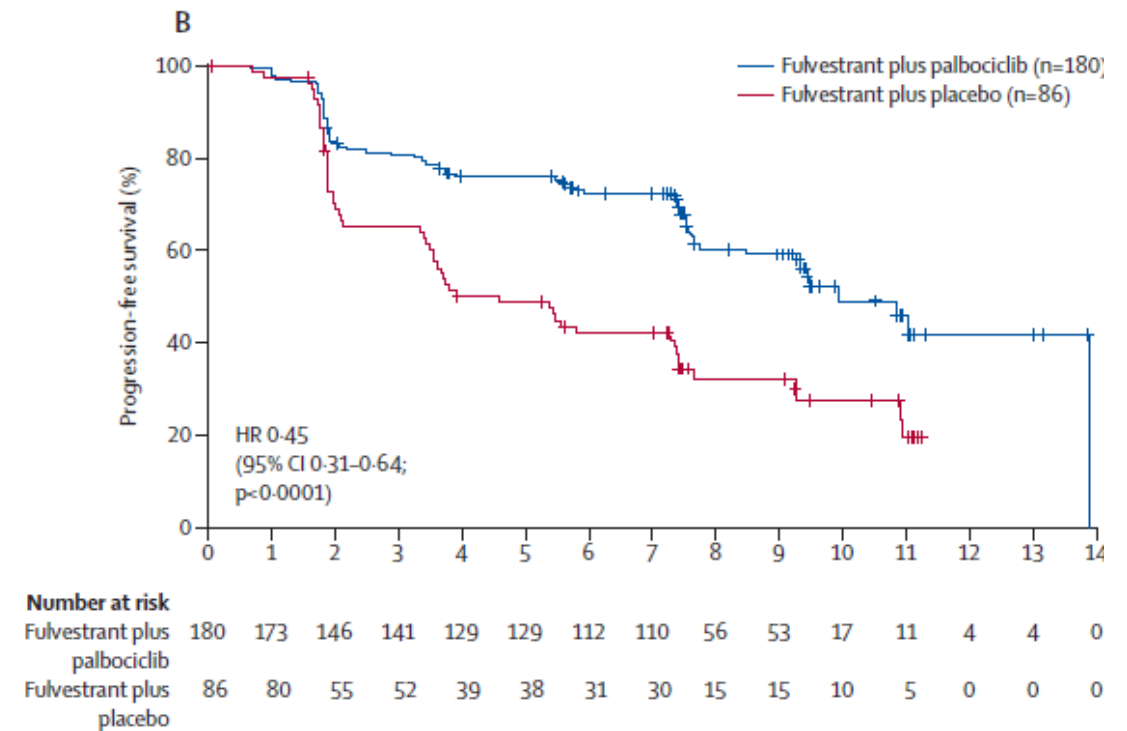


# Palbo benefit irrespective of baseline *PIK3CA*mut status (Paloma 3)

**PFS in *PIK3CA* mutant**

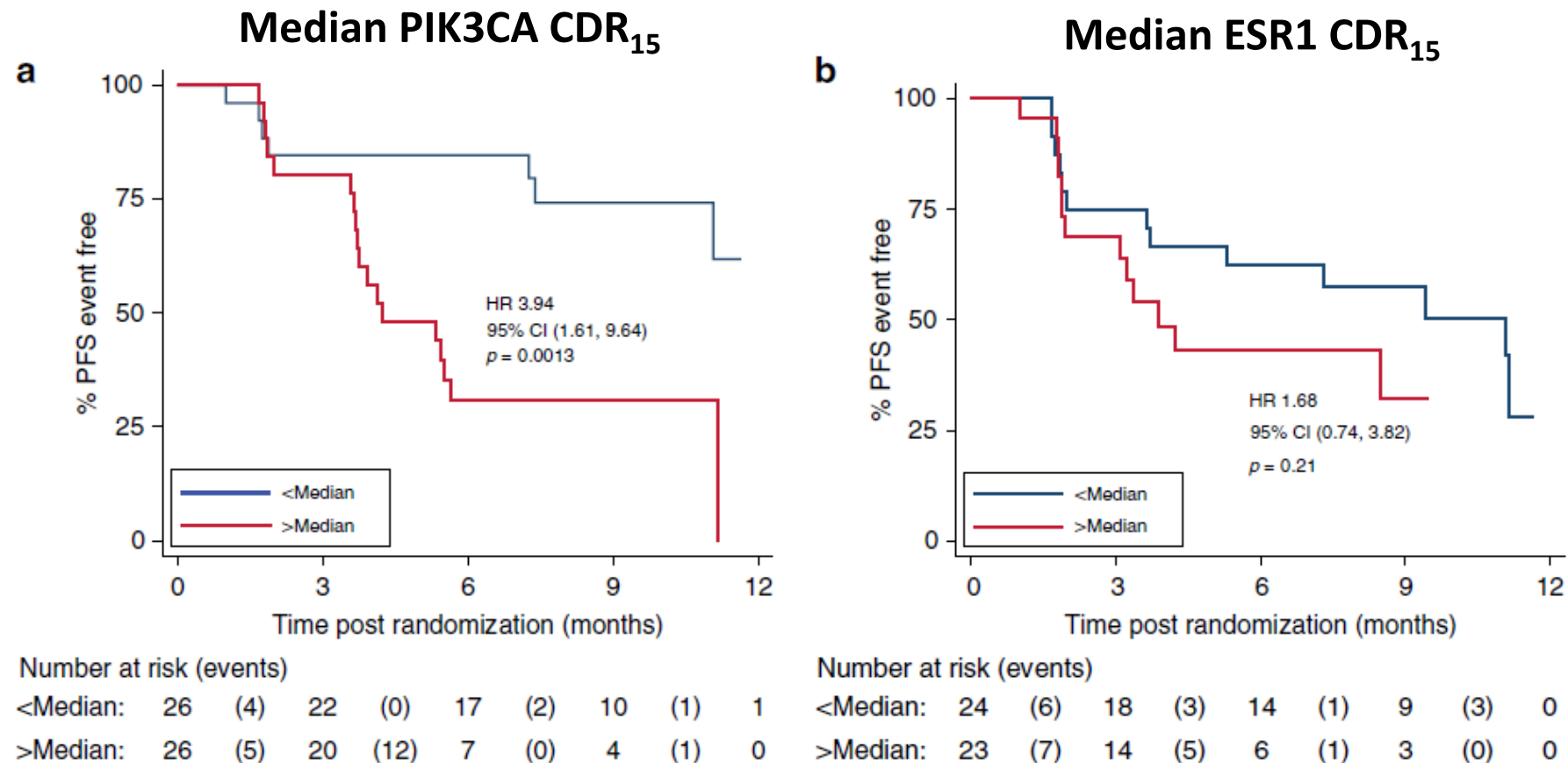


**PFS in *PIK3CA* wild-type**

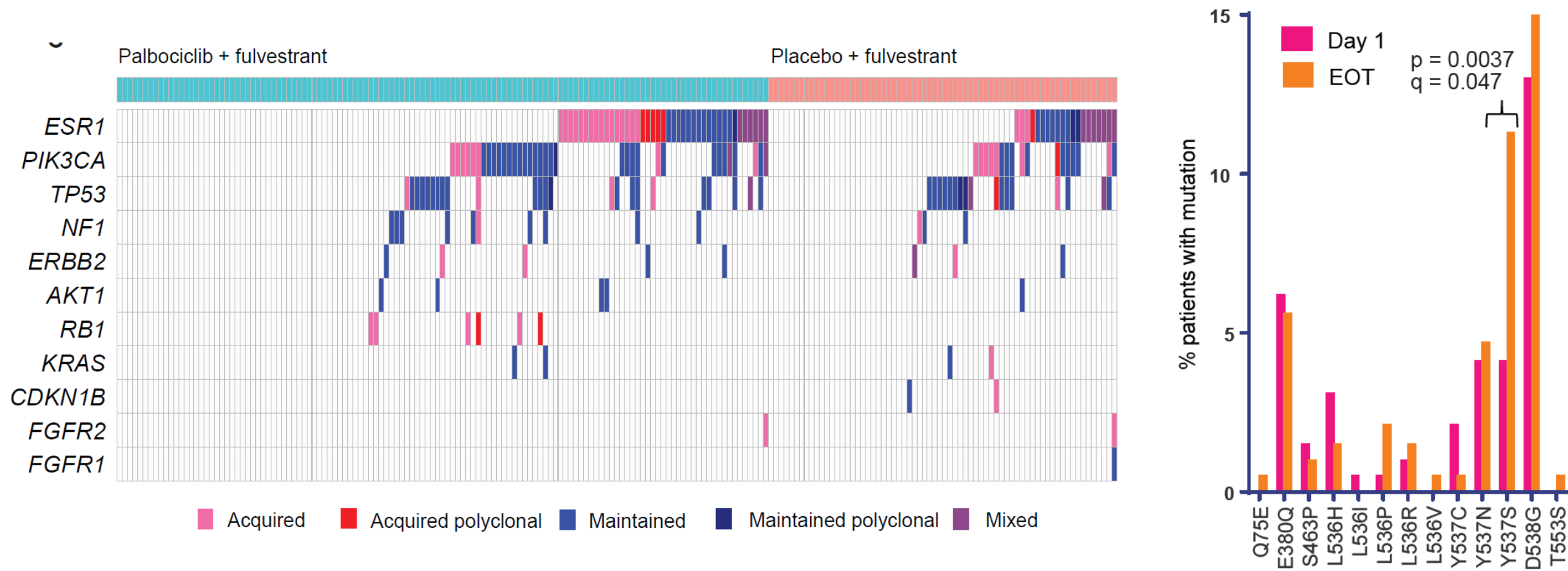


# Early PIK3CA (clonal) but not ESR1 (subclonal) dynamics predict palbo benefit (Paloma 3)

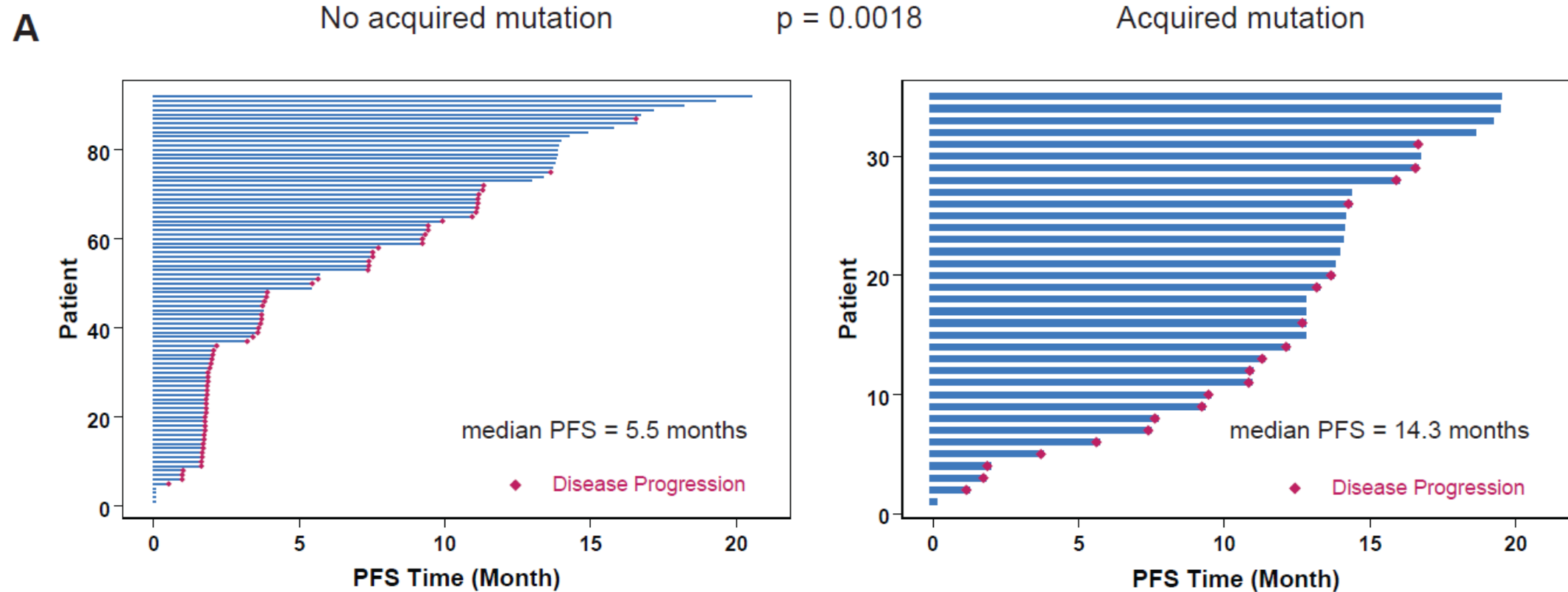
Circulating DNA ratio D15/D1 (CDR<sub>15</sub>) in patients treated with fulvestrant and palbociclib



# Acquired PIK3CA and ESR1 mutations (both arms) whereas acquired RB1 mutations (palbo arm)

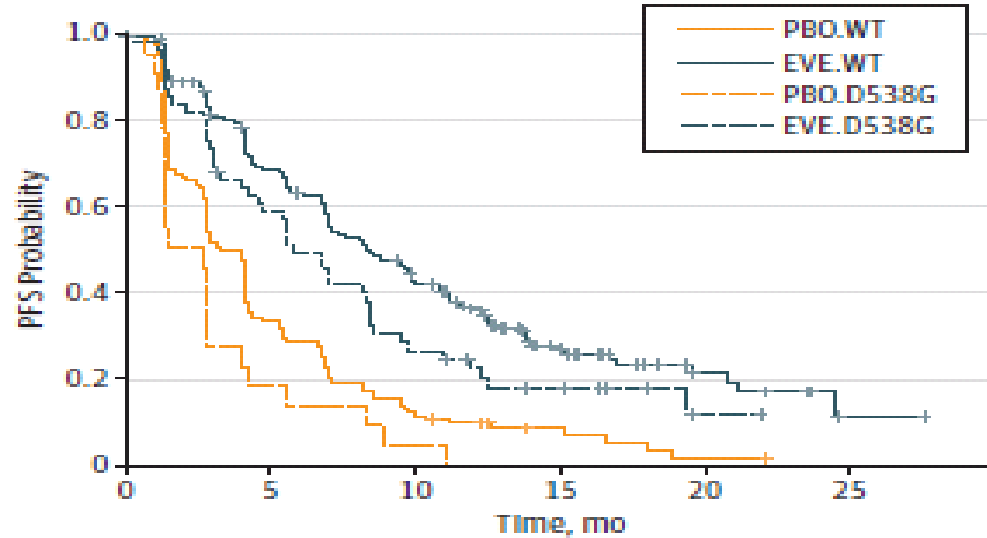


# Early versus late resistance and acquired mutations at disease progression



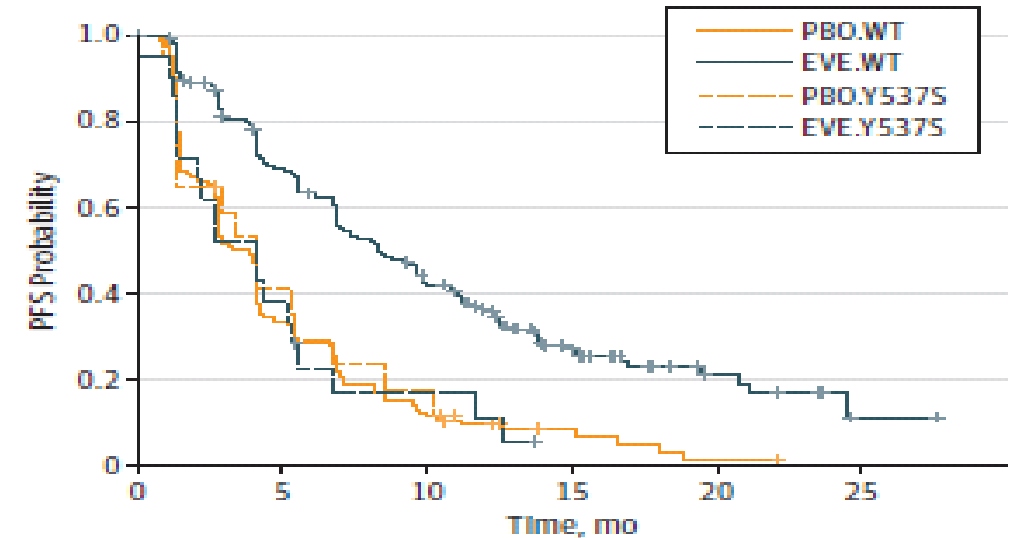
# Benefit from adding everolimus to exemestane depend on ESR1 mut? (Bolero 2)

**A** PFS by treatment arm for WT vs D538G



No. at risk						
PBO.WT	128	41	14	6	1	0
EVE.WT	257	162	97	38	10	1
PBO.D538G	24	4	1	0	0	0
EVE.D538G	59	32	14	7	1	0

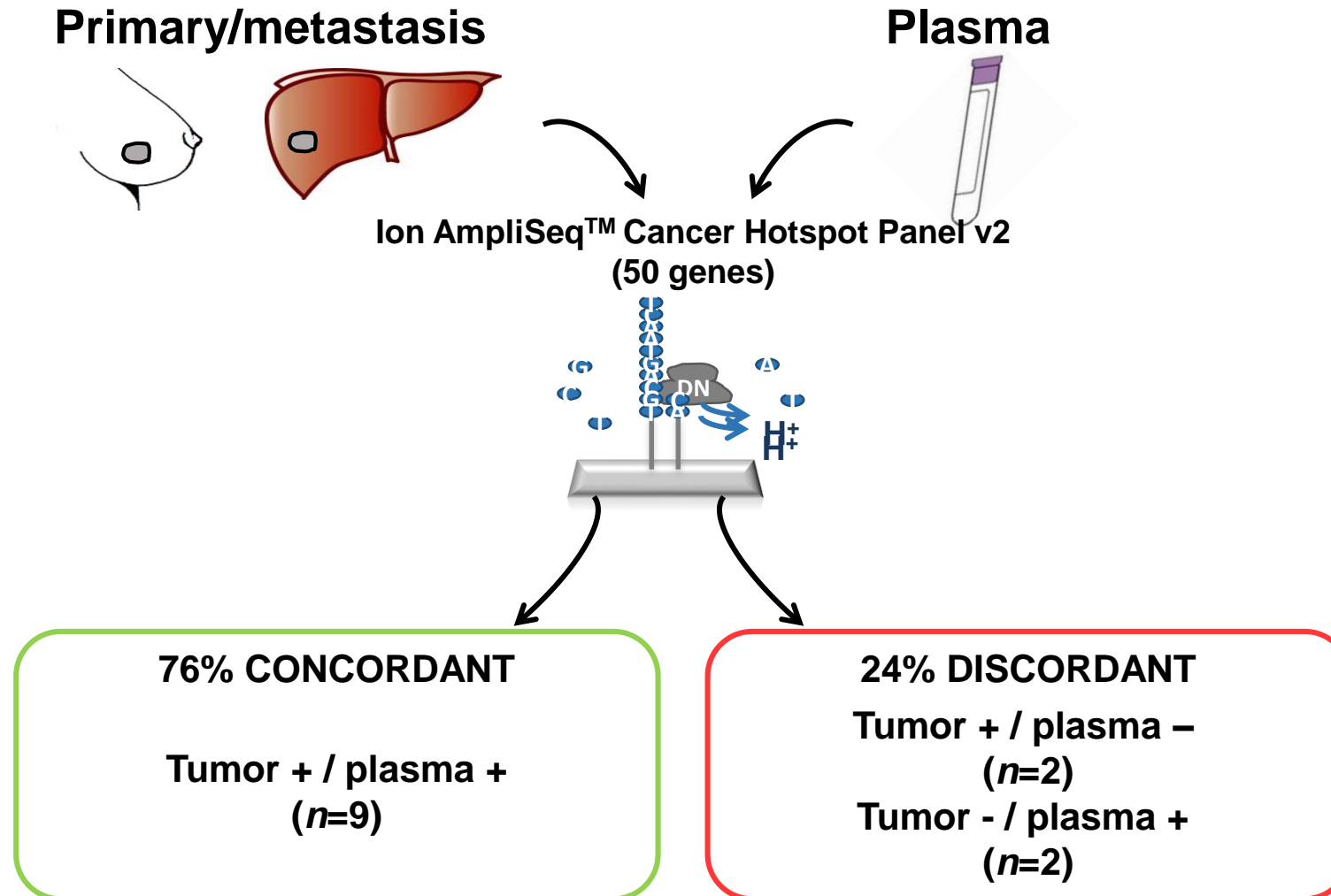
**B** PFS by treatment arm for WT vs Y537S



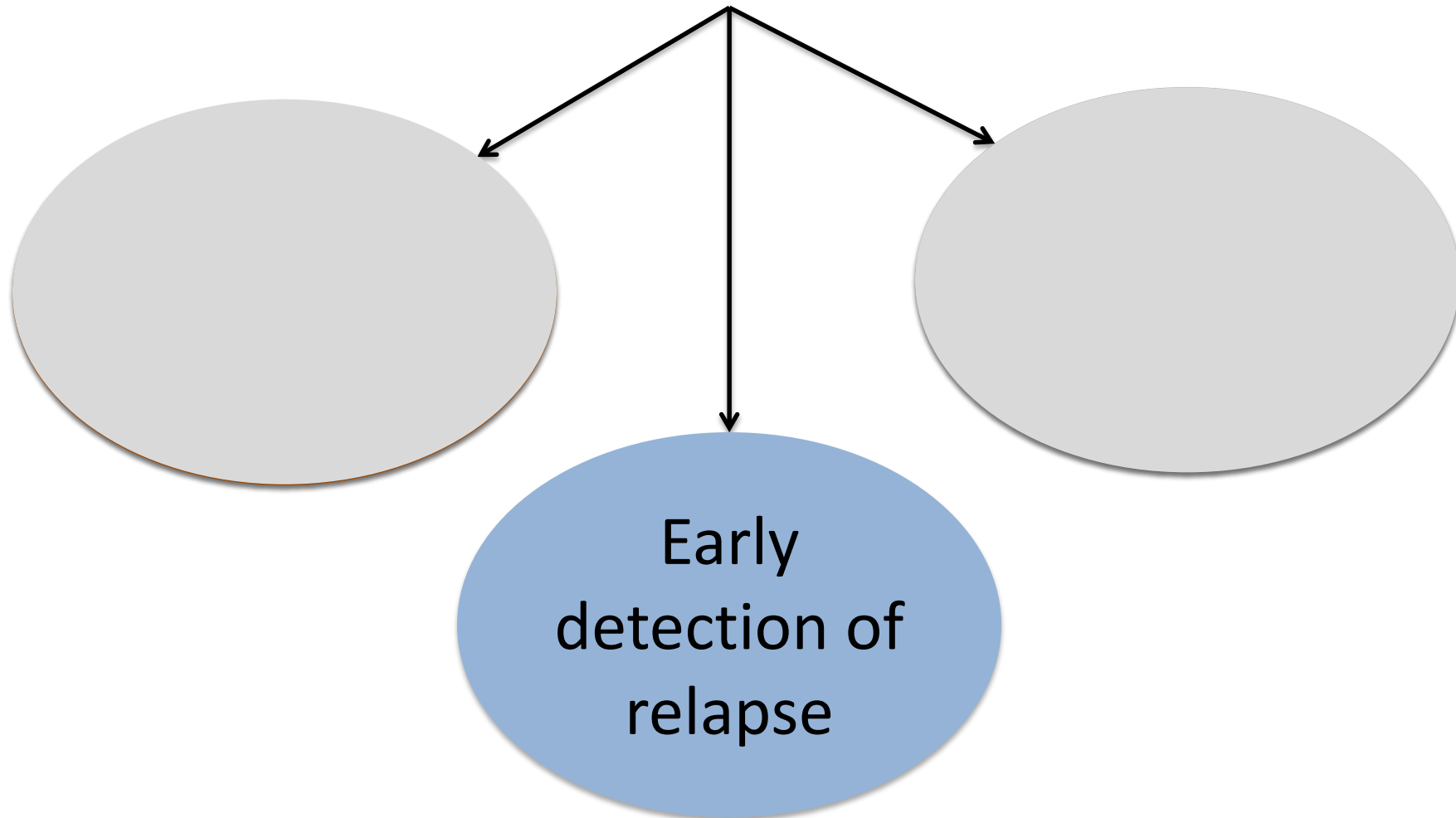
No. at risk						
PBO.WT	128	41	14	6	1	0
EVE.WT	257	162	97	38	10	1
PBO.Y537S	21	7	3	0	0	0
EVE.Y537S	21	8	3	0	0	0

Validation is needed!

# Plasma ctDNA: an alternative to metastatic biopsy

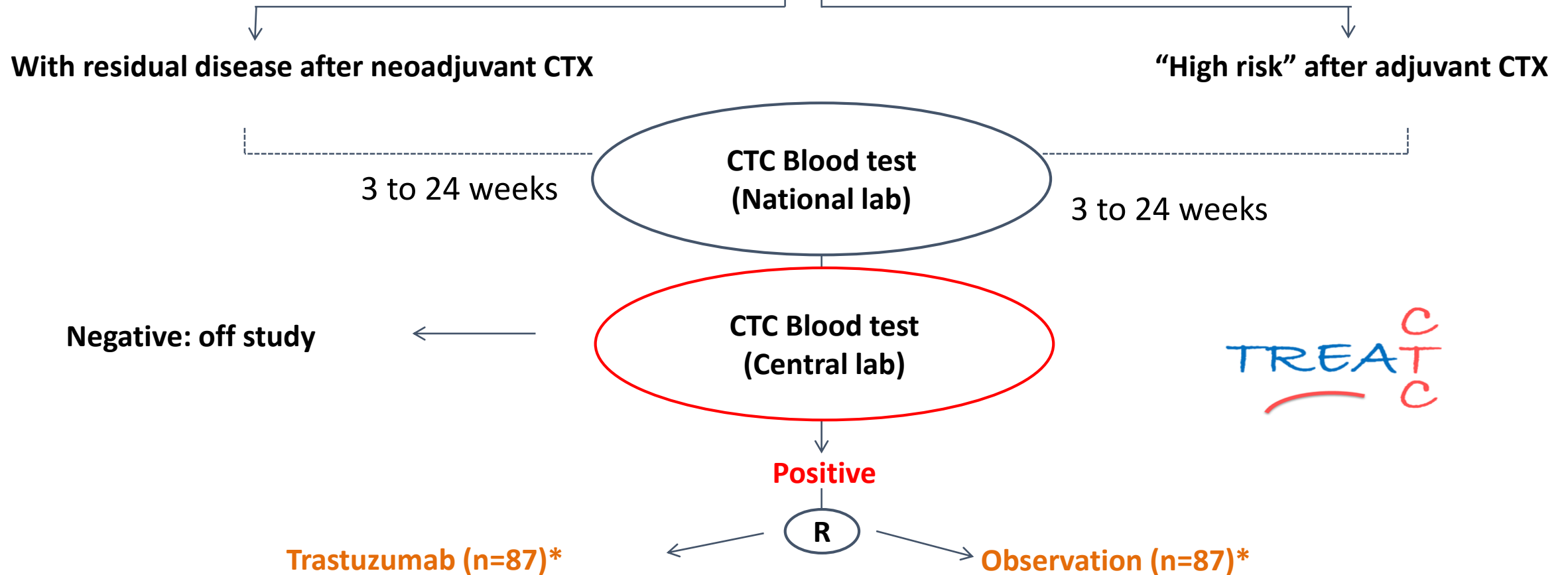


# Outline



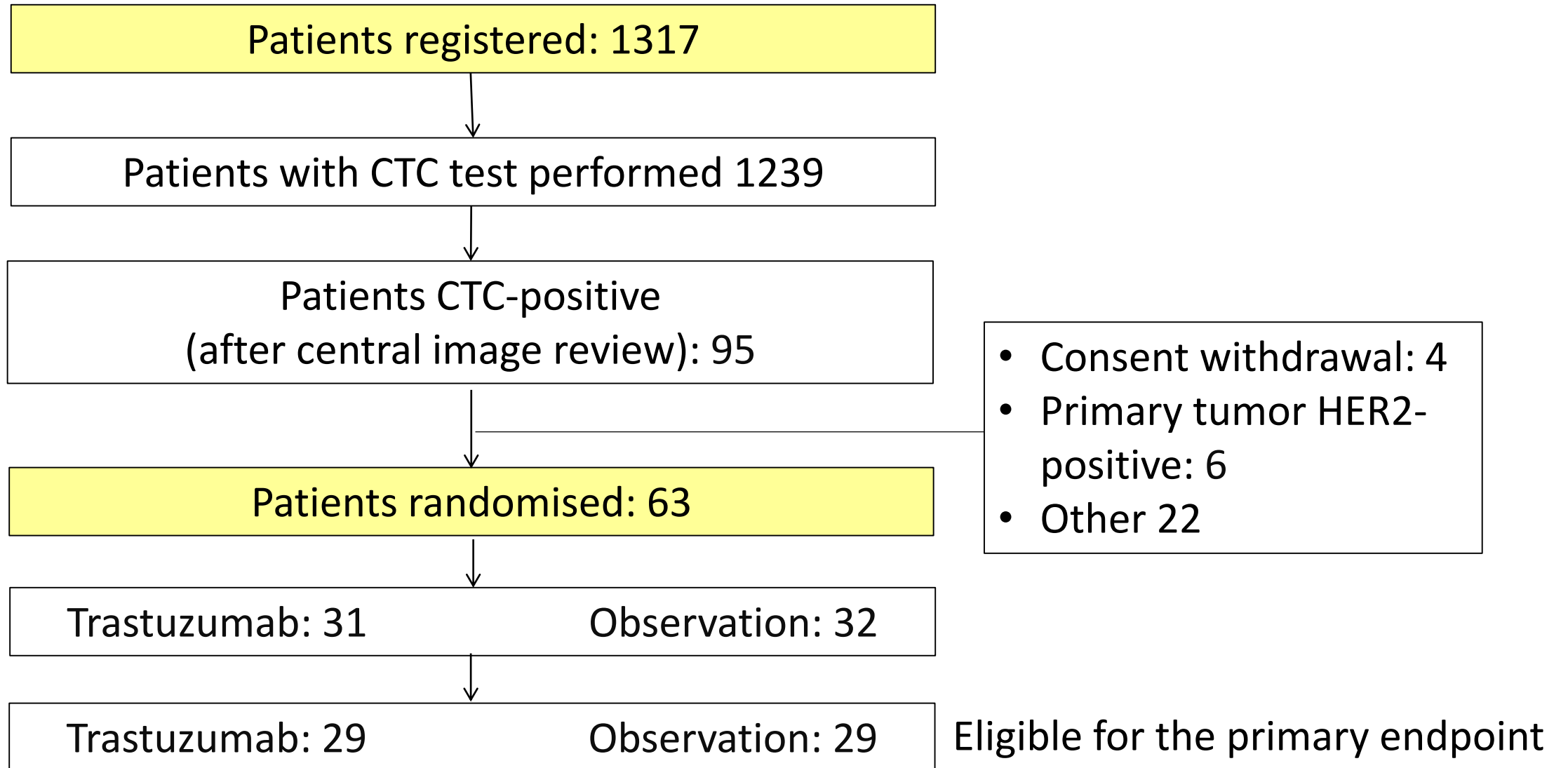
# Treat CTC Trial

## HER2 “negative” BC





# Study flow chart



	Treatment arm		Total (N=63)
	Trastuzumab (N=31)	Observation arm (N=32)	
	N (%)	N (%)	N (%)
Age in years			
Median (range)	51.4 (31.9 - 69.4)	53.0 (31.4 - 68.6)	52.6 (31.4 - 69.4)
Pathological tumor size in mm			
Median (range)	25.0 (7.0 - 180.0)	24.0 (4.0 - 840.0)	24.0 (4.0 - 840.0)
Pathological lymph node status			
Negative	5 (16.1)	6 (18.8)	11 (17.5)
Positive	26 (83.9)	26 (81.3)	52 (82.5)
ER status			
Negative	9 (29.0)	11 (34.4)	20 (31.7)
Positive	22 (71.0)	21 (65.6)	43 (68.3)
Chemotherapy			
Neo-adjuvant	17 (54.8)	14 (43.8)	31 (49.2)
Adjuvant	14 (45.2)	18 (56.3)	32 (50.8)

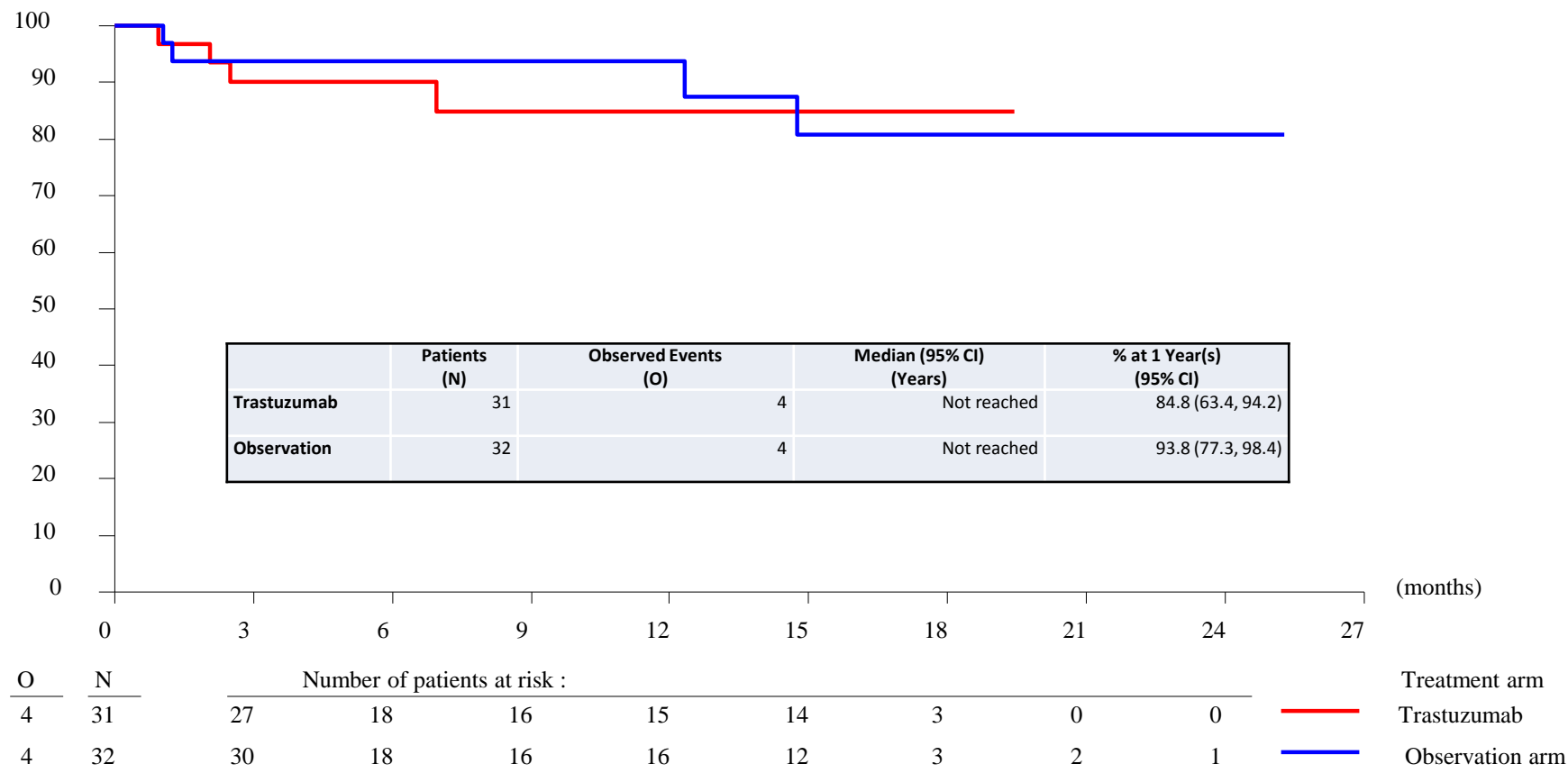
Data are number of patients (%) or median (range).

# Efficacy results for primary objective

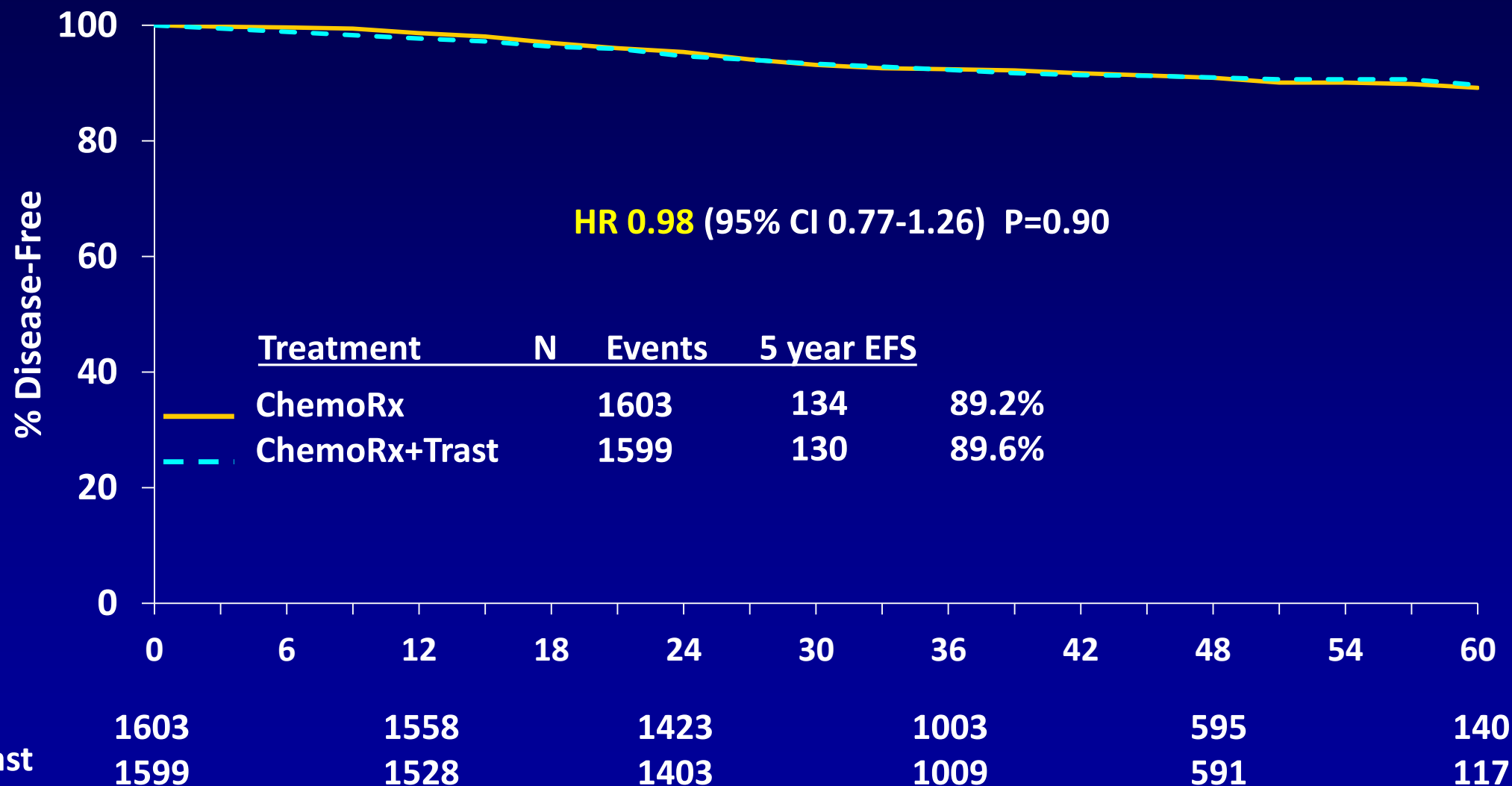
Fifty-eight patients were evaluable for the primary endpoint, 29 in each arm. In 9 of the 58 patients, CTC(s) were still detected at week 18: 5 in the trastuzumab and 4 in the observation arm (one-sided Fisher exact test,  $p=0.765$ ).

# Invasive Disease Free Survival

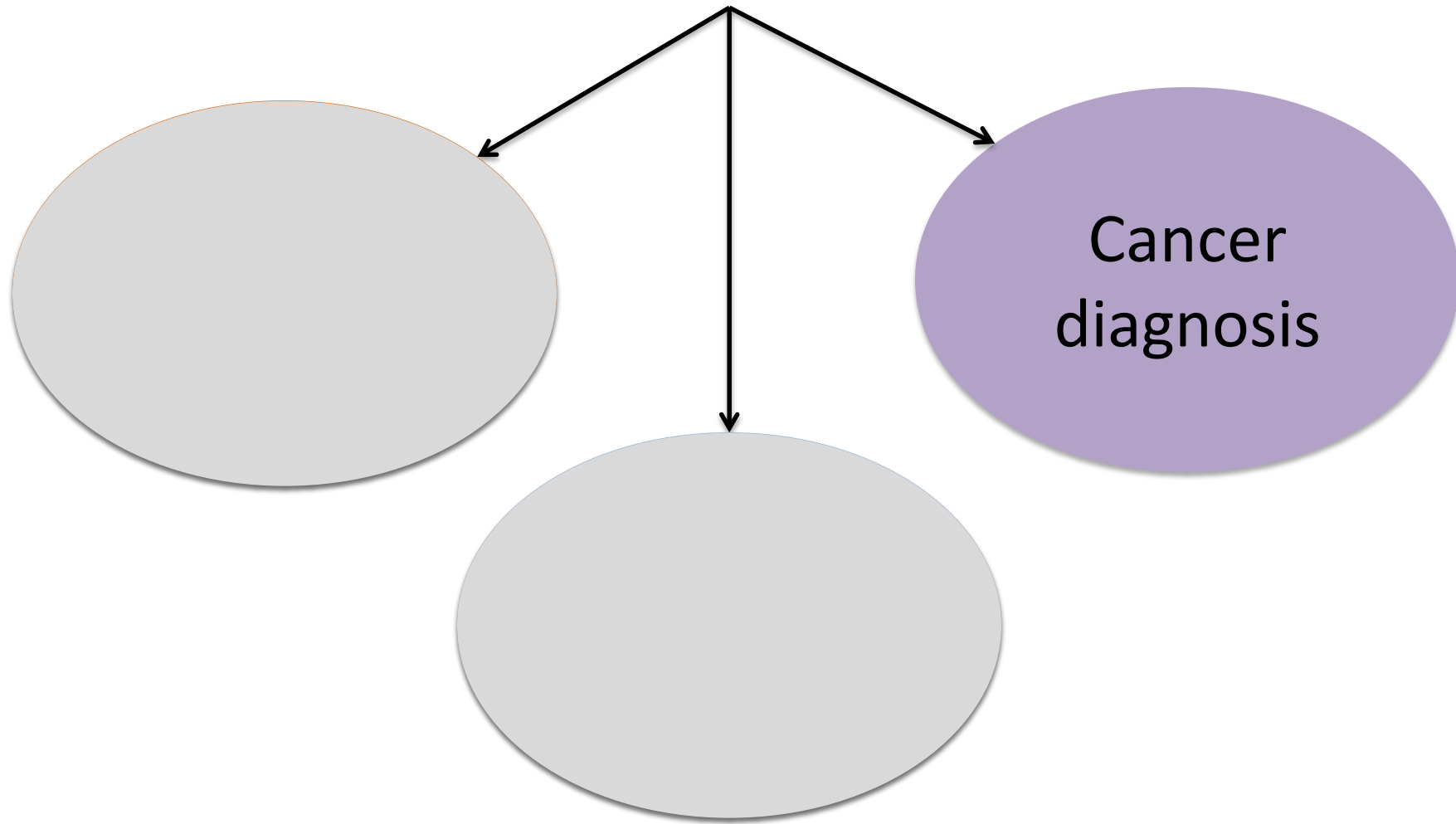
Invasive disease free survival



# B-47: Invasive Disease-Free Survival



# Outline



# GRAIL

A Revolution in Early  
Cancer Detection



# ctDNA for early diagnosis

## **HOPE**

Diagnose  
cancer early  
on when still  
curable

## **CHALLENGE:**

Sensitivity and  
specificity<sup>1</sup> of  
ctDNA for  
cancer  
diagnosis

<sup>1</sup> Mutations in cancer genes (e.g. p53 in 10% of non-cancer patients)  
occur even in individuals who will never develop cancer

(Lynnette Fernandez-Cuesta et al EBioMedicine 2016 )



# Challenges

- Physicians: Liquid biopsy in breast cancer is there for some time but no clinical utility have been demonstrated'
- Pharma: 'Why use the liquid biopsy approach to give my drug to a small proportion of patients, if I can give it to all comers?'
- Regulators: 'You need a clear pathway for drug approval based on 'liquid biopsy' test'

# Opportunities

- Administer the right drug only to those that need it and for as long as they needed (dream of personalized medicine)
- Develop a new model for drug development

# Acknowledgements



Women with breast cancer