Θεραπευτικές εξελίξεις σε συμπαγή νεοπλάσματα

Ζαγουρή Φλώρα, Παθολόγος Ογκολόγος
Αν. Καθηγήτρια ΕΚΠΑ

Αθήνα Μάρτιος 2018

Καρκίνος του Μαστού

- ✓Επικουρική θεραπεία: pertuzumab σε HER2 (+)

von Minckwitz G, *et al*. *N Engl J Med* 2017; **377**:122–131.

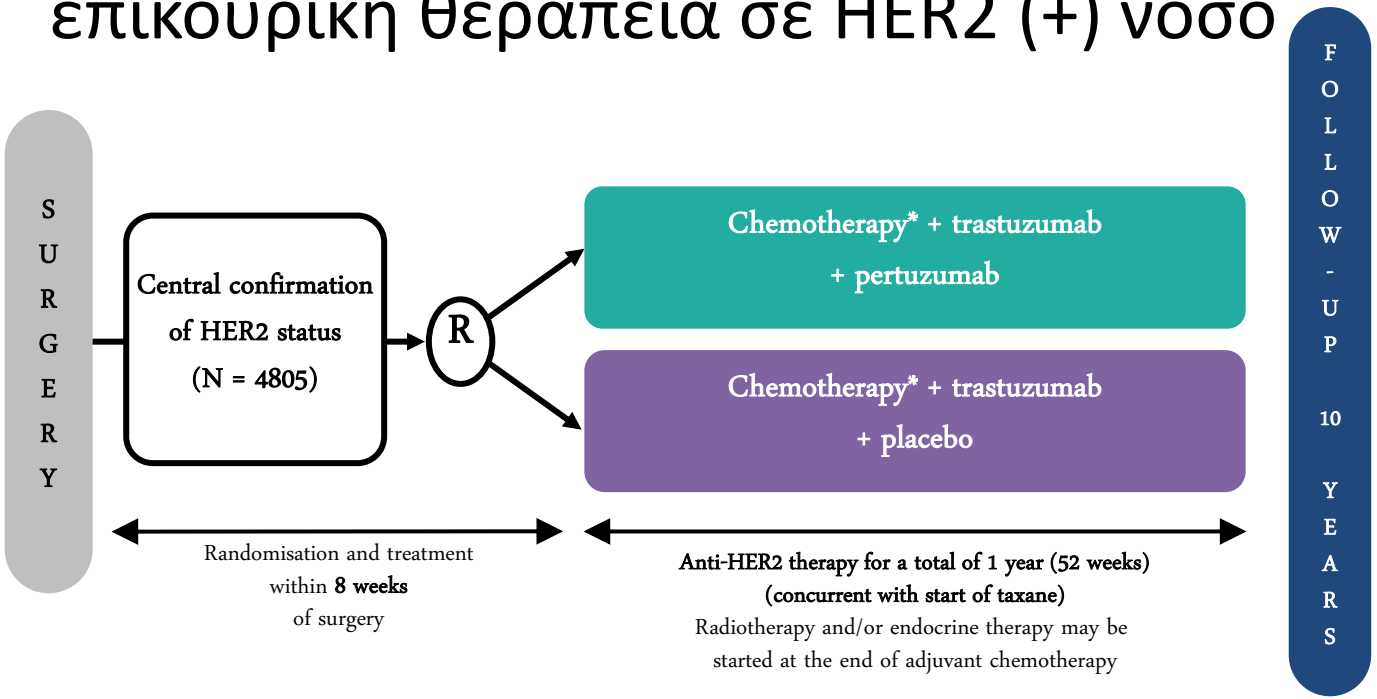
- ✓1η γραμμή μεταστατική νόσος: abemaciclib σε HR (+)

Di Leo A et al. Presented at ESMO 2017. Abstract 236O

- ✓ 1η-3η γραμμή θεραπείας μεταστατικής νόσου: olaparib σε BRCA (+)

Robson et al. N Engl J Med. 2017; Epub ahead

Μελέτη APHINITY: Φάσης III μελέτη εκτίμησης της θεραπείας pertuzumab με trastuzumab στην επικουρική θεραπεία σε HER2 (+) νόσο

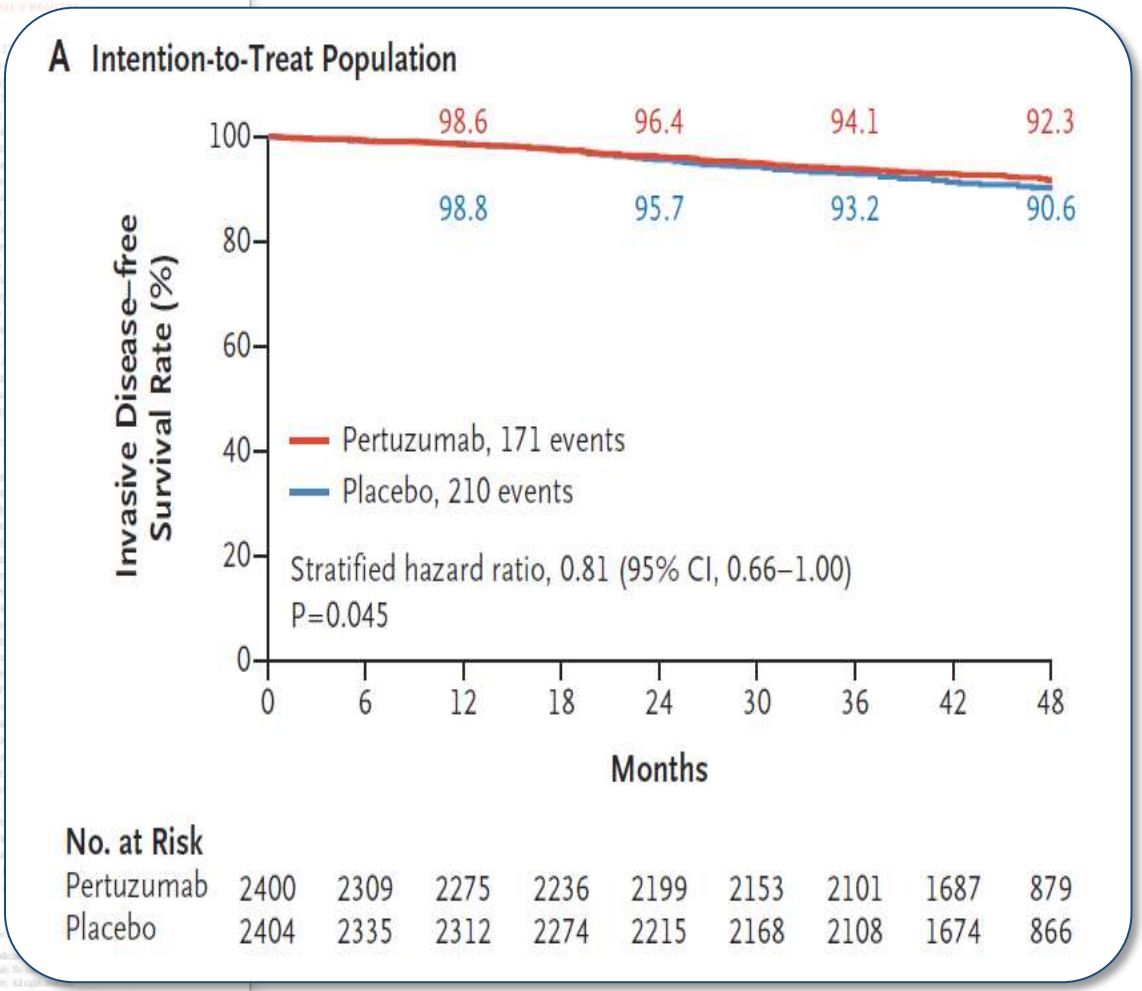


* Standard anthracycline or non-anthracycline (TCH) regimens were allowed

- **Primary endpoint:** IDFS
- **Secondary endpoints:** IDFS with second non-breast primary cancers included, DFS, OS, RFI, DRFI, safety and HRQoL
- **Stratification factors:** Chemotherapy regimen, HR status, nodal status, geographic region, Protocol version (A vs. B)

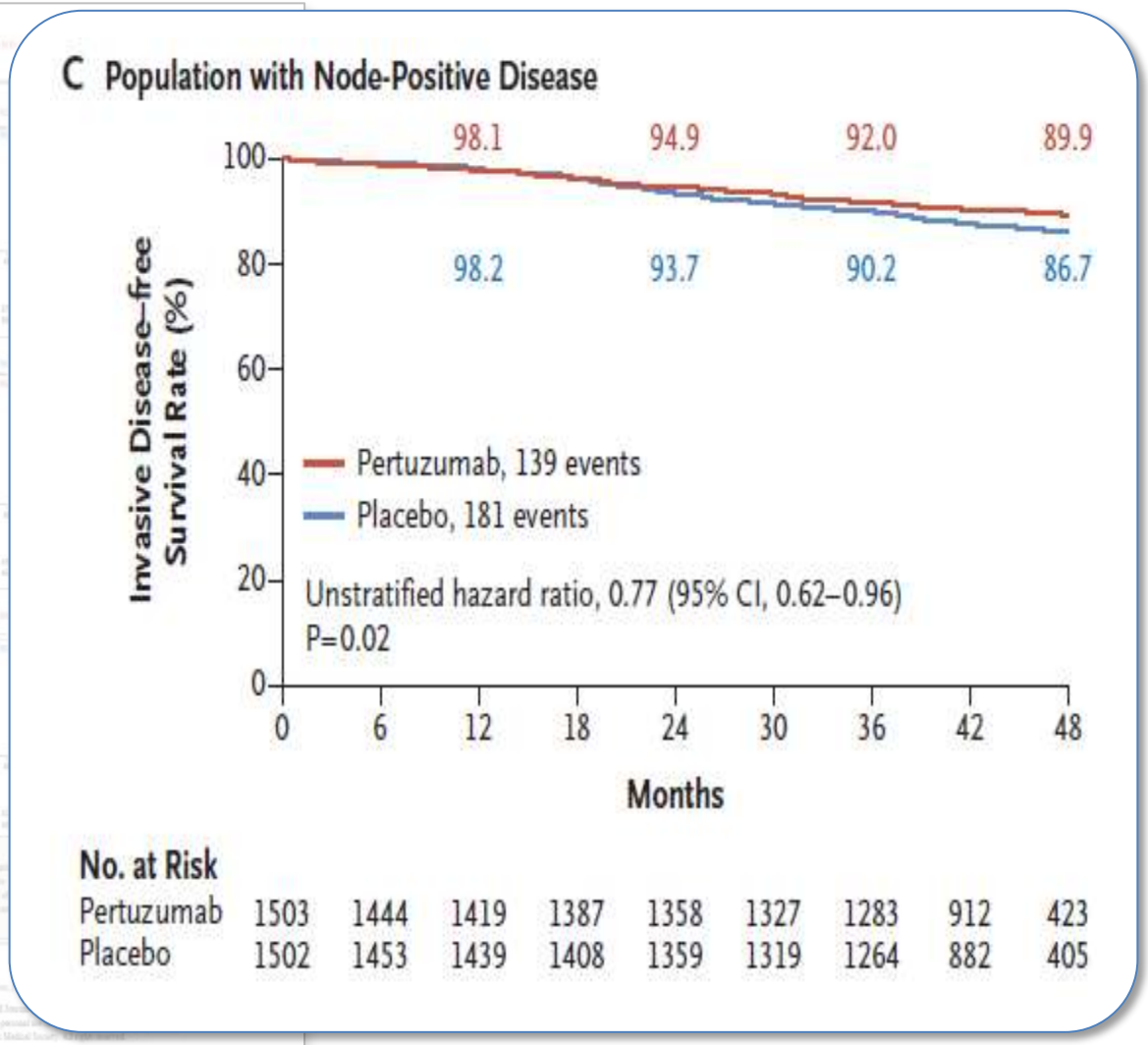
von Minckwitz G, *et al. N Engl J Med* 2017; **377**:122–131.

APHINITY: τελικό καταλυτικό σημείο DFS



von Minckwitz G, *et al*. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer. *N Engl J Med* 2017; **377**:122–131.

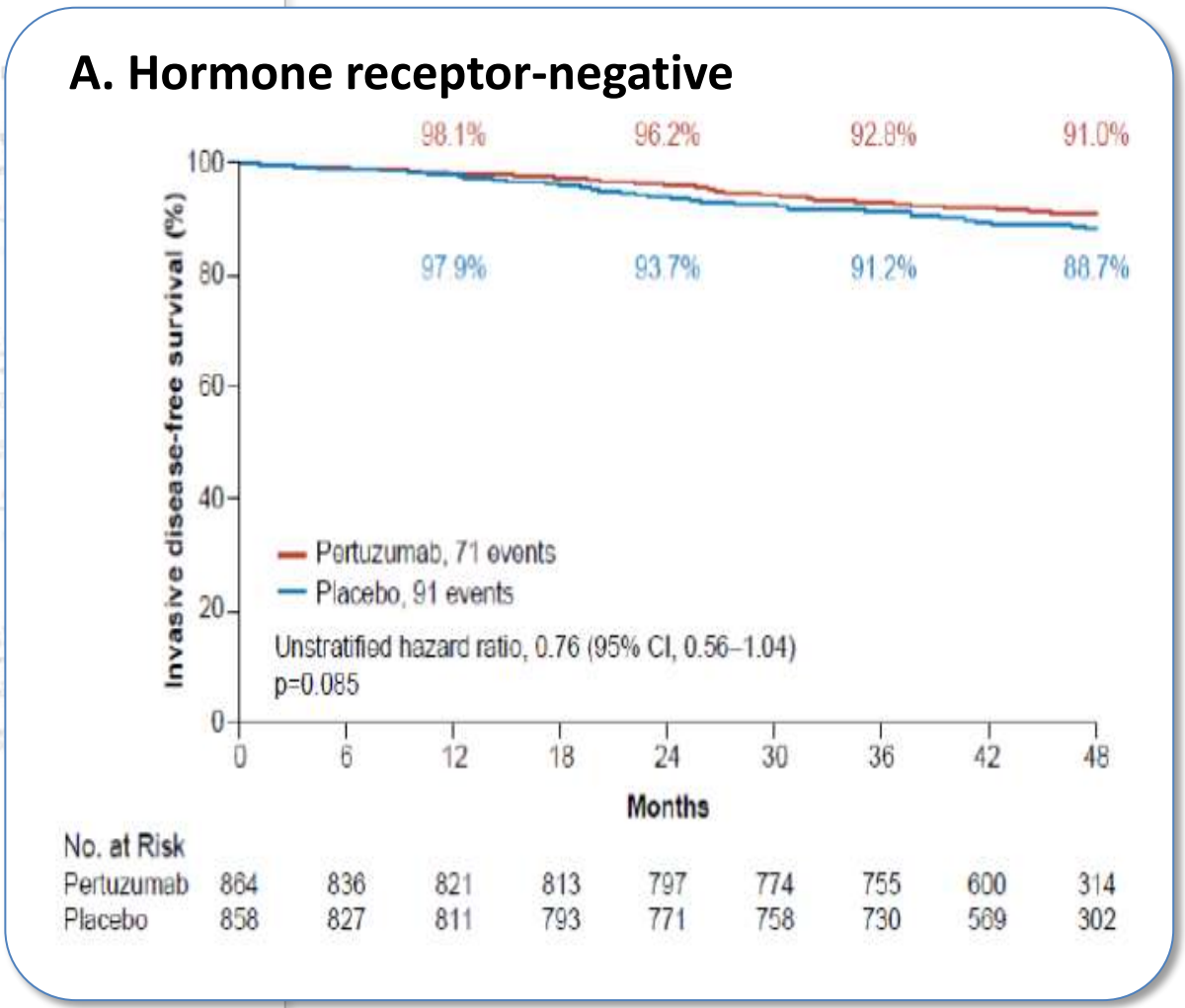
APHINITY: DFS στην υπο-ομάδα ασθενών με LNs+



1837 2017

von Minckwitz G, *et al*. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer. *N Engl J Med* 2017; **377**:122–131.

APHINITY: DFS στην υπο-ομάδα ασθενών με HR-αρνητική νόσο



von Minckwitz G, *et al*. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer. *N Engl J Med* 2017; **377**:122–131 (supplementary information).

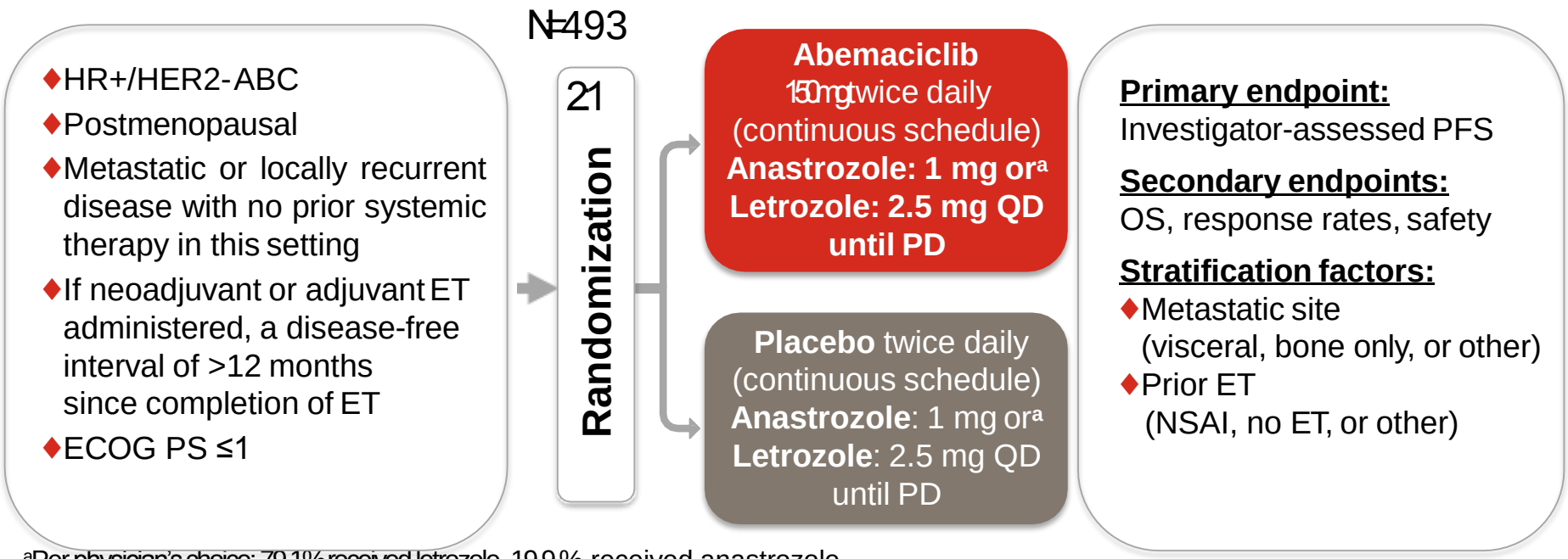
APHINITY: Ασφάλεια

Event	Pertuzumab Group (N=2364)	Placebo Group (N=2405)
	no. of patients (%)	
Grade ≥3 adverse event	1518 (64.2)	1379 (57.3)
Neutropenia	385 (16.3)	377 (15.7)
Febrile neutropenia	287 (12.1)	266 (11.1)
Neutrophil count decreased	228 (9.6)	230 (9.6)
Diarrhea†	232 (9.8)	90 (3.7)
Anemia	163 (6.9)	113 (4.7)
Fatal adverse event‡	18 (0.8)	20 (0.8)
Primary cardiac event§	17 (0.7)	8 (0.3)
NYHA class III or IV heart failure and substantial decrease in LVEF¶	15 (0.6)	6 (0.2)
Definite or probable cardiac death	2 (0.1)	2 (0.1)
Secondary cardiac event‖	64 (2.7)	67 (2.8)
Identified automatically from LVEF assessments	50 (2.1)	47 (2.0)
Identified by cardiac advisory board	14 (0.6)	20 (0.8)

NYHA, New York Heart Association; LVEF, left ventricular ejection fraction.

von Minckwitz G, *et al*. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer. *N Engl J Med* 2017; **377**:122–131.

MONARCH 3: Μελέτη χορήγησης Abemaciclib στην α' γραμμή μεταστατικής νόσου

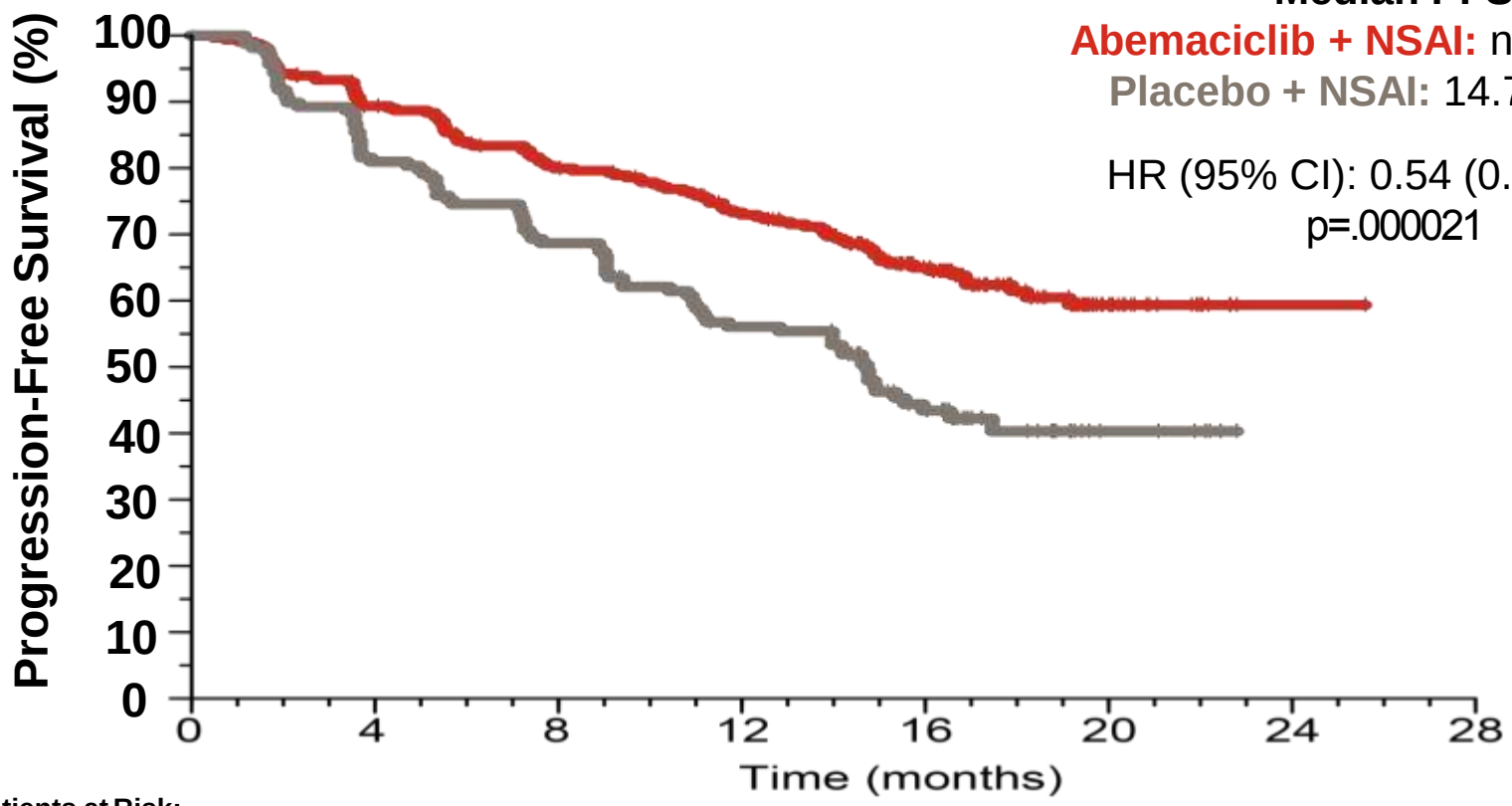


[a]Per physician's choice: 79.1% received letrozole, 19.9 % received anastrozole

- **Statistics**: Study powered to 80% at one-sided α=0.025 assuming a hazard ratio of 0.67 with prespecified analyses at 189 and 240 PFS events; positive study at the interim required hazard ratio <0.56 and two-sided p<0.005
- **Enrollment**: From November 2014 to November 2015 patients enrolled in 158 centers from 22 countries
- **Median follow-up**: 17.8 months

1. Goetz MP et al. *J Clin Oncol* 2017;(Ahead of print)
2. Di Leo A et al. Presented at ESMO 2017. Abstract 236O

MONARCH 3: Τελικό καταλυτικό σημείο PFS



Median PFS

Abemaciclib + NSAI: not reached

Placebo + NSAI: 14.7 months

HR (95% CI): 0.54 (0.41, 0.72)

p=.000021

Patients at Risk:								
Abemaciclib	328	271	234	205	125	25	1	0
Placebo	165	127	105	82	45	7	0	0

PFS benefit confirmed by blinded independent central review: HR (95% CI): 0.51 (0.36, 0.72); p=.000102

Goetz MP et al. *J Clin Oncol* 2017;(Ahead of print)

MONARCH 3: Ανεπιθύμητες ενέργειες ≥10%

	Abemaciclib + NSAI n=327				Placebo + NSAI n=161			
Grade, n (%)	**Any**	**G2**	**G3**	**G4**	**Any**	**G2**	**G3**	**G4**
Any laboratory abnormality	315 (99.7)	146 (46.2)	121 (38.3)	21 (6.6)	150 (94.9)	38 (24.1)	14 (8.9)	1 (0.6)
Creatinine increased[a]	308 (98.1)	166 (52.9)	7 (2.2)	0	131 (84.0)	7 (4.5)	0	0
White blood cell decreased	258 (82.4)	134 (42.8)	40 (12.8)	0	42 (26.9)	11 (7.1)	1 (0.6)	0
Anemia	256 (81.8)	122 (39.0)	5 (1.6)	0	43 (27.6)	14 (9.0)	0	0
Neutrophil count decreased	251 (80.2)	120 (38.3)	60 (19.2)	9 (2.9)	32 (20.5)	4 (2.6)	4 (2.6)	0
Lymphocyte count decreased	165 (52.7)	63 (20.1)	23 (7.3)	2 (0.6)	40 (25.6)	15 (9.6)	3 (1.9)	0
ALT increased	149 (47.6)	29 (9.3)	20 (6.4)	2 (0.6)	39 (25.2)	3 (1.9)	3 (1.9)	0
AST increased	115 (36.7)	12 (3.8)	12 (3.8)	0	36 (23.2)	6 (3.9)	1 (0.6)	0
Platelet count decreased	113 (36.2)	10 (3.2)	4 (1.3)	2 (0.6)	18 (11.6)	0	1 (0.6)	0
Hypercalcemia	96 (30.6)	0	0	2 (0.6)	50 (32.1)	1 (0.6)	0	0
Hypokalemia	92 (29.3)	0	22 (7.0)	1 (0.3)	18 (11.6)	0	0	0
Hyponatremia	90 (28.7)	0	15 (4.8)	1 (0.3)	37 (23.7)	0	0	0
Hypocalcemia	72 (22.9)	10 (3.2)	1 (0.3)	1 (0.3)	28 (17.9)	3 (1.9)	0	1 (0.6)
ALP increased	54 (17.2)	8 (2.5)	1 (0.3)	0	21 (13.5)	3 (1.9)	1 (0.6)	0

Goetz MP et al. *J Clin Oncol* 2017;(Ahead of print)

Μελέτη OlympiAD: Olaparib συγκριτικά με επιλογή θεράποντα σε ασθενείς με BRCA (+) μεταστατικό Ca μαστού

Patients

- *BRCA*-mutated MBC
- TNBC or HER2-negative, ER/PR-positive
- Suitable for 1st, 2nd or 3rd line single agent chemotherapy
- Previous treatment must include anthracycline and taxane
- If patients have received platinum therapy there should be:
  - No evidence of progression during treatment in the advanced setting
  - At least 12 months since (neo)adjuvant treatment and randomisation
- ECOG PS 0 or 1
- At least one lesion that can be assessed by RECIST

* tablet formulation (2 tablets twice daily)

Randomise 2:1
Approximate N=310

Olaparib 300mg**po* bid

Treatment of Physician's Choice

Stratification by
- *Prior chemotherapy regimens for metastatic breast cancer*
- *Hormonal status*
- *Prior platinum therapy*

Primary endpoint
- PFS (RECIST 1.1, Independent Review)

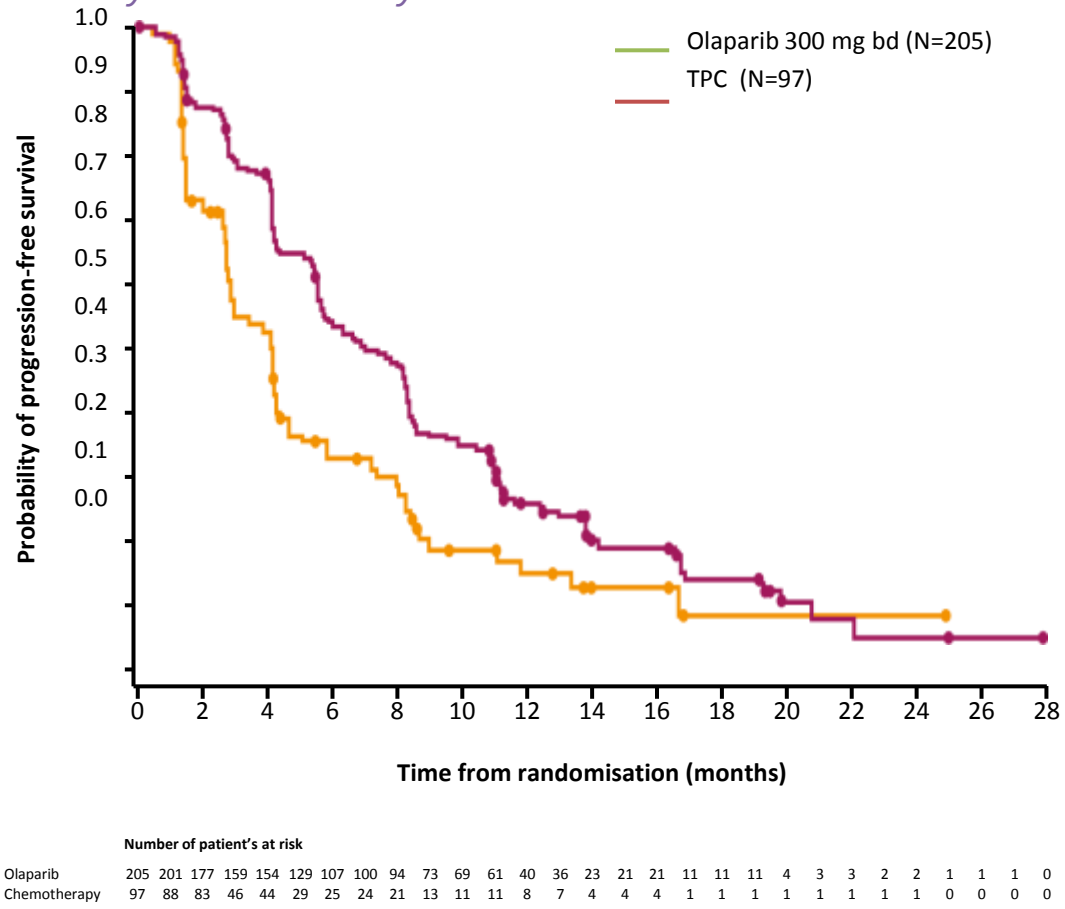
Secondary endpoints
- OS
- PFS2
- ORR
- HRQoL
- Development of a companion diagnostic
- PK
- Safety and tolerability

FSI May 2014
Status: Recruitment completed

Robson et al. N Engl J Med. 2017; Epub ahead

Μελέτη OlympiAD : Τελικό καταλυτικό σημείο PFS

The risk of progression or death over the course of the study was reduced by over 40%[1]



	Olaparib	TPC
n	205	97
Events (%)	163 (79.5%)	71 (73.2%)
Median (m)	7.0	4.2
	HR = 0.58 95 % CI (0.43, 0.80) p=0.0009	
PFS free at 6m (%)	54.1	32.9
PFS free at 12m (%)	25.9	15.0

Median PFS was improved by 69% with olaparib treatment compared to standard of care chemotherapy[2]

Robson et al. N Engl J Med. 2017; Epub ahead

Μελέτη OlympiAD : Ανεπιθύμητες ενέργειες

This is consistent with the safety profile seen in other indications, such as ovarian cancer

Preferred Term	Olaparib N=205 (%)				TPC N=91 (%)			
CTCAE Grade	All grades	G1	G2	≥G3	All grades	G1	G2	≥G3
Nausea	58.0	44.9	13.2	0	35.2	28.6	5.5	1.1
Anaemia*	40.0	9.8	14.6	16.1	26.4	9.9	14.3	4.4
Neutropenia*	27.3	6.3	12.3	9.3	49.5	4.4	18.7	26.4
Vomiting	29.8	22.0	7.8	0	15.4	13.2	1.1	1.1
Fatigue	28.8	19.0	6.8	2.9	23.1	5.5	16.5	1.1
Diarrhoea	20.5	16.1	3.9	0.5	22.0	14.3	7.7	0
White blood cell count decreased	16.1	6.8	5.9	3.4	20.9	3.3	7.7	9.9
Palmar-plantar erythrodysaesthesia syndrome	0.5	0.5	0	0	20.9	8.8	9.9	2.2
Headache	20.0	14.1	4.9	1.0	15.4	8.8	4.4	2.2
Cough	17.1	11.7	5.4	0	6.6	5.5	1.1	0
Pyrexia	14.1	11.7	2.4	0	17.6	11.0	6.6	0
Aspartate aminotransferase increased	9.3	4.9	2.0	2.4	16.5	12.1	4.4	0
Alanine aminotransferase increased	11.2	6.8	2.9	1.5	17.6	8.8	7.7	1.1
Decreased appetite	16.1	11.7	4.4	0	12.1	9.9	2.2	0

Robson et al. N Engl J Med. 2017; Epub ahead

Καρκίνος Ωοθηκών

- Θεραπεία συντήρησης με PARP αναστολείς σε ασθενείς με πλατινοευαίσθητη υποτροπή:

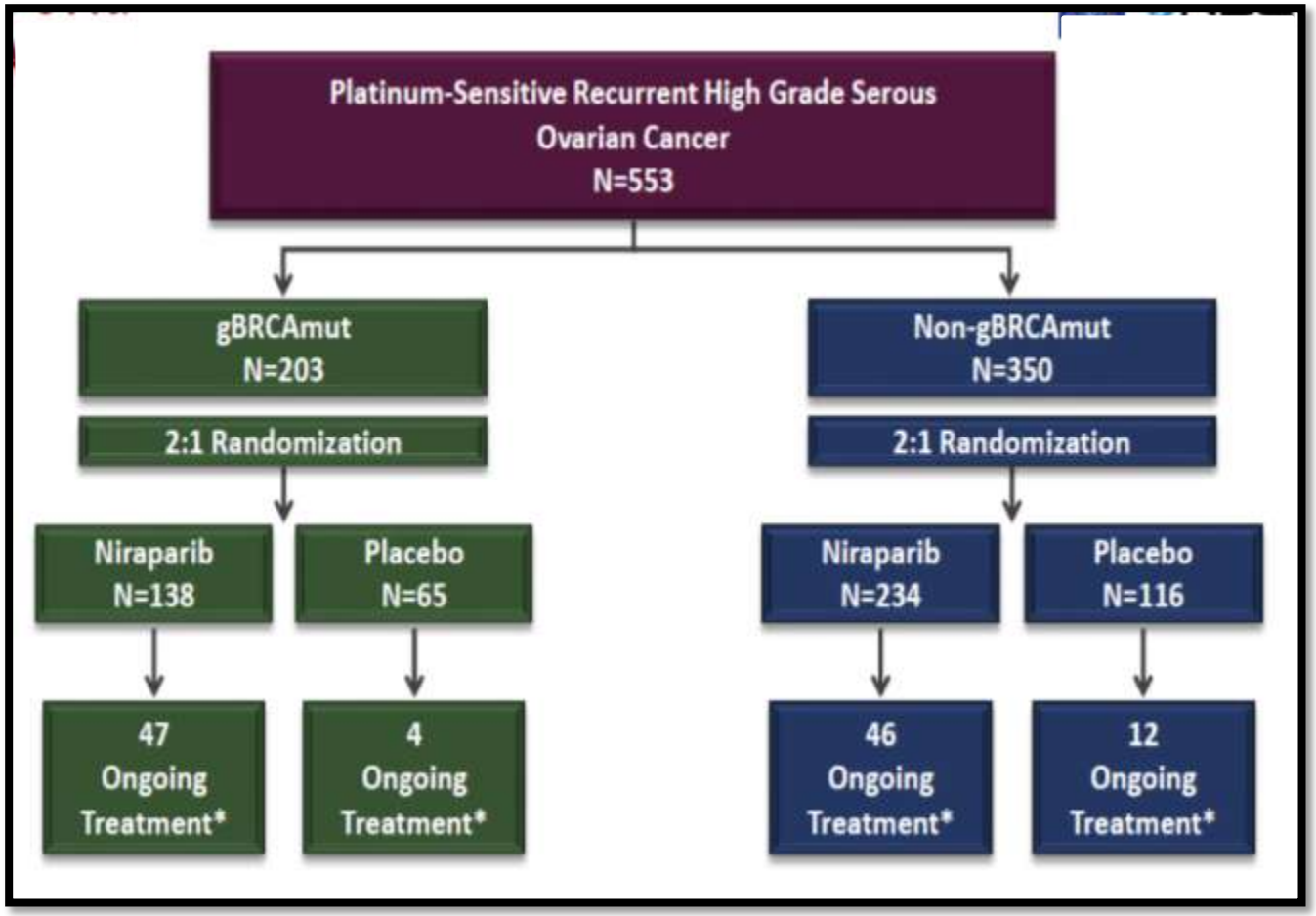
✓Niraparib

Mirtza et al. N Engl J Med 2017; 375:2154-2164

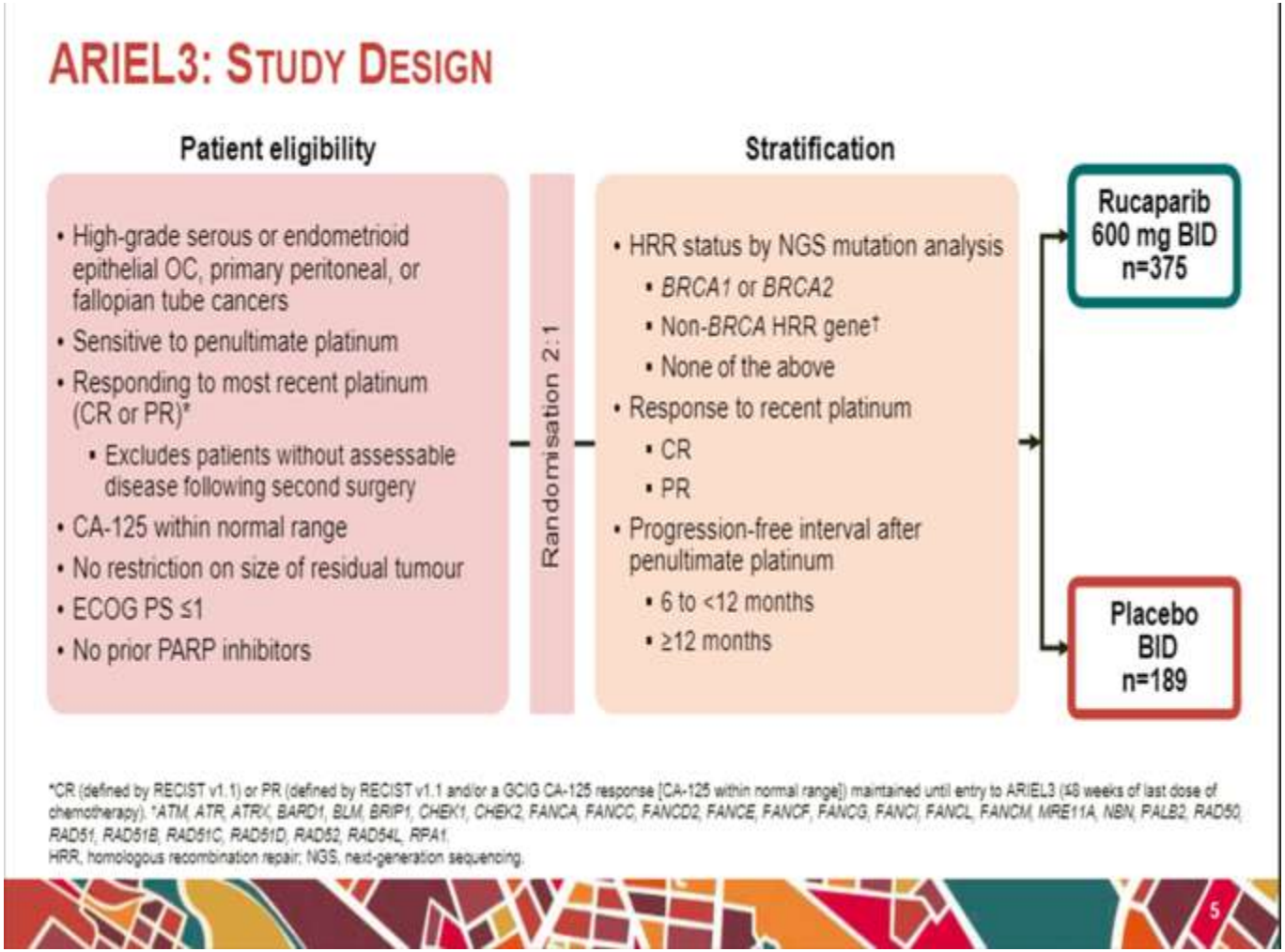
✓Rucabarib

Coleman et al. The Lancet 2017;390(10106):1949-1961

Μελέτη NOVA: Τυχαιοποιημένη μελέτη φάσης III εκτίμησης niraparib ως θεραπεία συντήρησης σε ασθενείς με Ca ωοθηκών

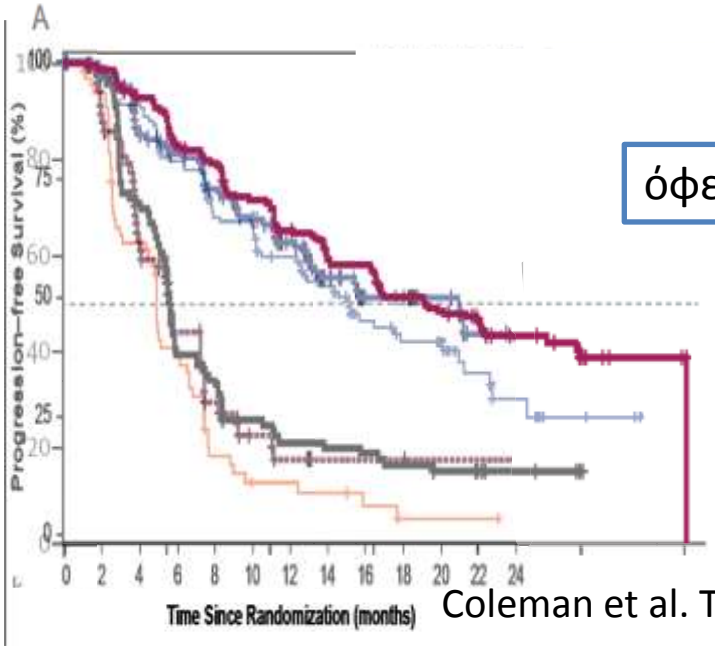


Μελέτη ARIEL3: Τυχαιοποιημένη μελέτη φάσης III εκτίμησης rucaparib ως θεραπεία συντήρησης σε ασθενείς με Ca ωοθηκών



PFS στις μελέτες φάσης ΙΙΙ σε BRCA (+) ασθενείς

	Solo-2 (Olaparib)		NOVA (Niraparib)		ARIEL-3 (Rucabarib)	
	mPFS (months)		mPFS (months)		mPFS (months)	
PARPi	19.1	HR=0.30 (p<0.0001)	21	HR=0.27 (p<0.0001)	16.6	HR=0.23 (p<0.0001)
Placebo	5.5		5.5		5.4	



όφελος mPFS: 11.2-15.5 μήνες

Coleman et al. The Lancet 2017;390(10106):1949-1961

PFS στις μελέτες φάσης III σε BRCA (-) ασθενείς

Exploratory Analysis: PFS in Subgroups of Non-gBRCAmut Cohort

NSGO TESARO

HRD-positive

sBRCAmut

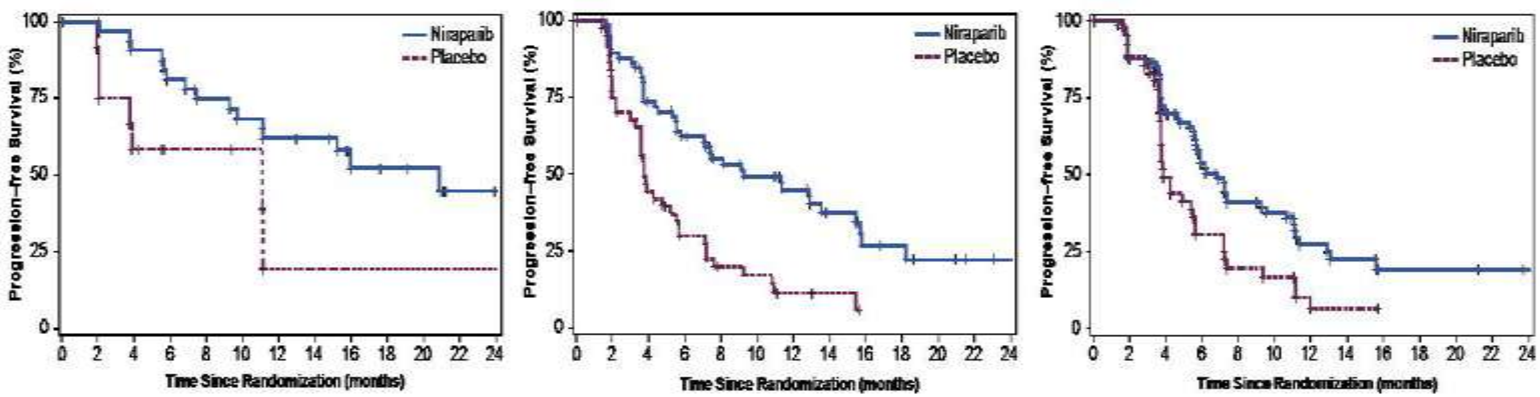
Treatment	PFS Median (95% CI) (Months)	Hazard Ratio (95% CI) p-value	% of Patients without Progression or Death 12 mo	18 mo
Niraparib (N=35)	**20.9** (9.7, NR)	**0.27** (0.081, 0.903) p=0.0248	62%	**52%**
Placebo (N=12)	**11.0** (2.0, NR)		19%	19%

BRCAwt

Treatment	PFS Median (95% CI) (Months)	Hazard Ratio (95% CI) p-value	% of Patients without Progression or Death 12 mo	18 mo
Niraparib (N=71)	**9.3** (5.8, 15.4)	**0.38** (0.231, 0.628) p=0.0001	45%	**27%**
Placebo (N=44)	**3.7** (3.3, 5.6)		11%	6%

HRD-negative

Treatment	PFS Median (95% CI) (Months)	Hazard Ratio (95% CI) p-value	% of Patients without Progression or Death 12 mo	18 mo
Niraparib (N=92)	**6.9** (5.6, 9.6)	**0.58** (0.361, 0.922) p=0.0226	27%	**19%**
Placebo (N=42)	**3.8** (3.7, 5.6)		7%	7%



NR=Not reached

ENGOT-OV16/NOVA trial presented by Mansoor R Mirza

ESMO congress 7-11 OCTOBER 2016 COPENHAGEN, DENMARK ESMO 2016

1837 2017

Coleman et al. The Lancet 2017;390(10106):1949-1961

Κακοήθειες Πεπτικού συστήματος

✓ 1η γραμμή θεραπείας σε μεταστατικό Ηπατοκυτταρικό καρκίνωμα: lenvatinib

Cheng et al. J Clin Oncol 2017;35(Suppl):Abstr 4001

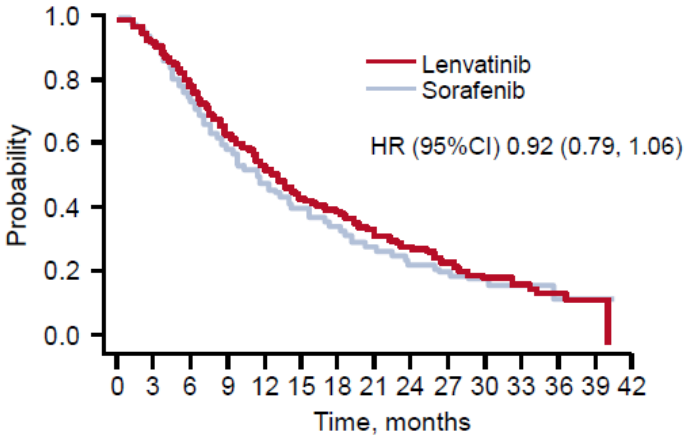
✓Διάρκεια χορήγησης επικουρικής θεραπείας σε καρκίνο παχέως εντέρου

Shi Q et al. J Clin Oncol 2017;35(Suppl):Abstr LBA1

Τυχαιοποιημένη μελέτη φάσης III εκτίμησης lenvatinib vs sorafenib ως θεραπεία 1ης γραμμής σε ασθενείς με HCC

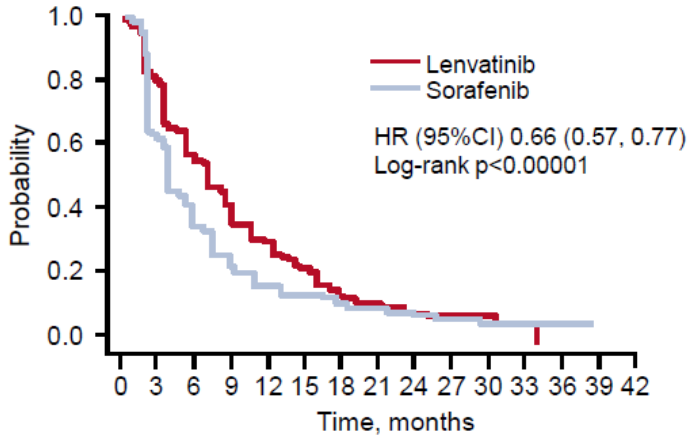
Key results

OS



	Median OS, months (95%CI)
Lenvatinib	13.6 (12.1, 14.9)
Sorafenib	12.3 (10.4, 13.9)

PFS



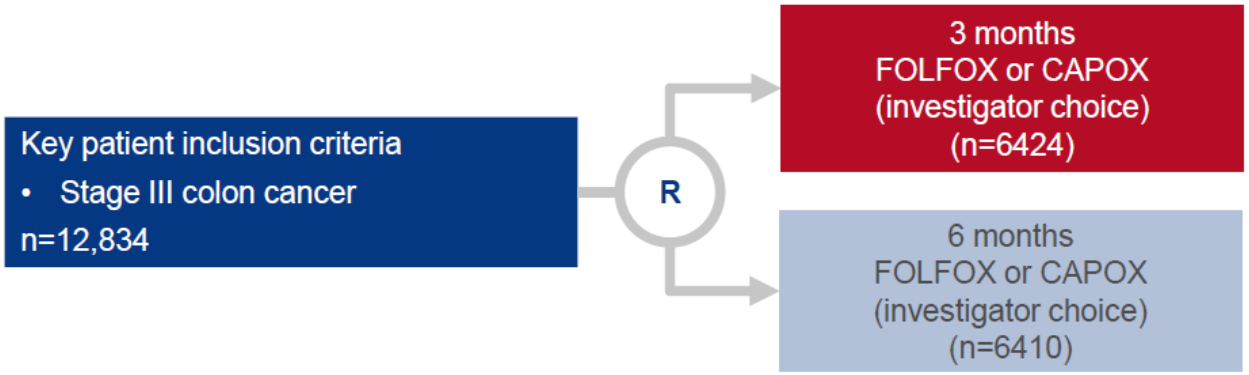
	Median OS, months (95%CI)
Lenvatinib	7.4 (6.9, 8.8)
Sorafenib	3.7 (3.6, 4.8)

Cheng A-L, et al. J Clin Oncol 2017;35(Suppl):Abstr 4001

Μελέτη IDEA: Μετα-ανάλυση 6 τυχαιοποιημένων μελετών φάσης ΙΙΙ εκτίμησης διάρκειας χορήγησης επικουρικής θεραπείας σε Ca παχέως εντέρου

Study objective

- To assess the non-inferiority of 3 months compared with 6 months of adjuvant oxaliplatin-based treatment in patients with stage III colon cancer (a pooled analysis of six phase 3 studies*)



PRIMARY ENDPOINT

- DFS

SECONDARY ENDPOINTS

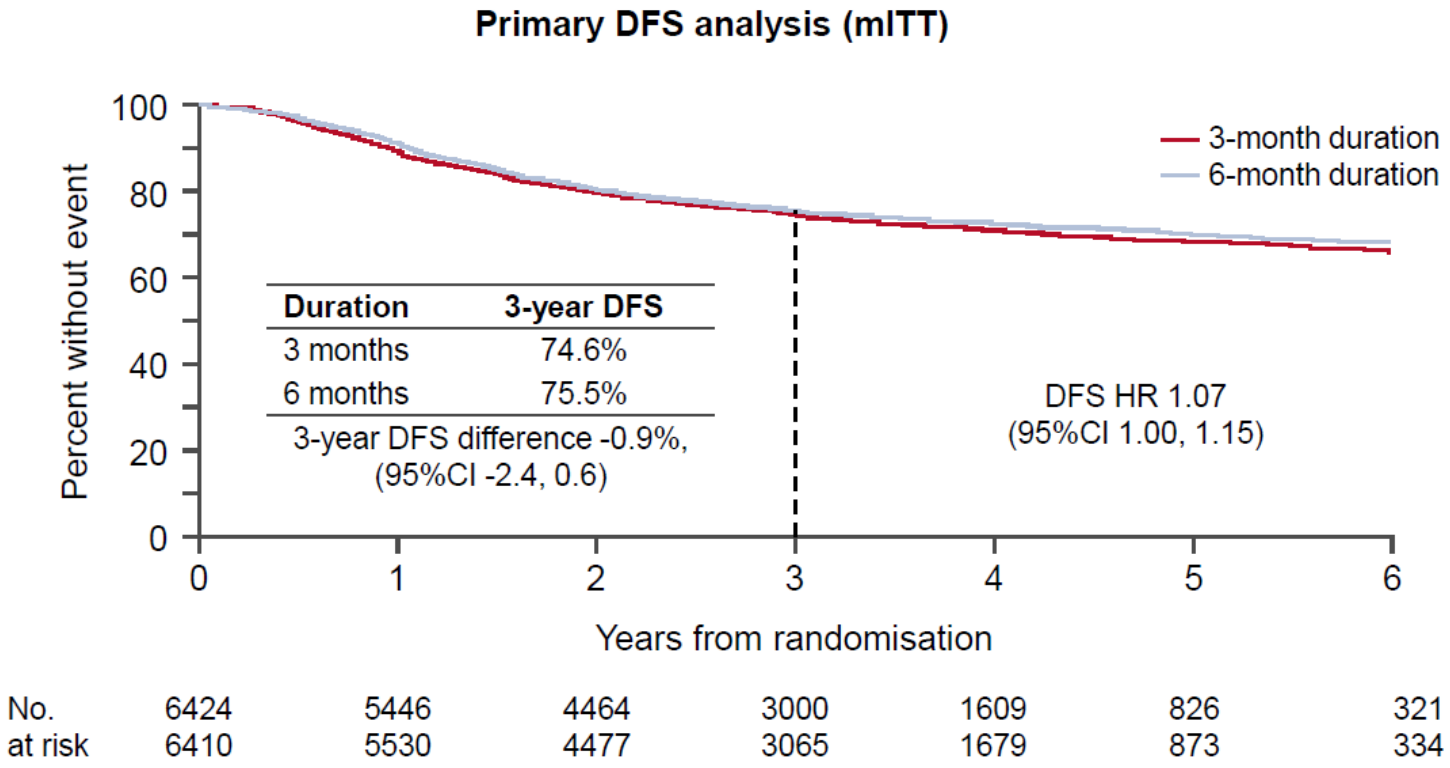
- Pre-planned subgroup analyses by regimen and T/N stage

*SCOT, TOSCA, Alliance/SWOG 80702, IDEA France, ACHIEVE, HORG

Shi Q, et al. J Clin Oncol 2017;35(Suppl):Abstr LBA1

Μελέτη IDEA: Μετα-ανάλυση 6 τυχαιοποιημένων μελετών φάσης ΙΙΙ εκτίμησης διάρκειας χορήγησης επικουρικής θεραπείας σε Ca παχέως εντέρου

Key results

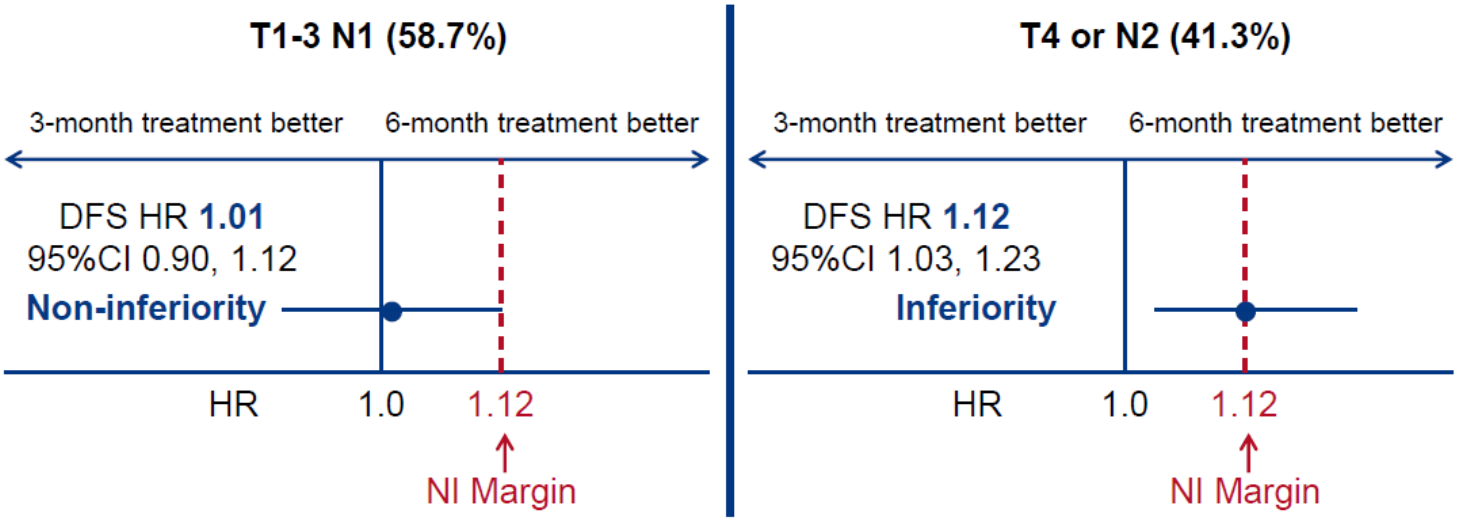


Shi Q, et al. J Clin Oncol 2017;35(Suppl):Abstr LBA1

Μελέτη IDEA: Μετα-ανάλυση 6 τυχαιοποιημένων μελετών φάσης ΙΙΙ εκτίμησης διάρκειας χορήγησης επικουρικής θεραπείας σε Ca παχέως εντέρου

Key results (cont.)

DFS comparison by risk group



Interaction p-value = 0.11

Shi Q, et al. J Clin Oncol 2017;35(Suppl):Abstr LBA1

Μη μικροκυτταρικός καρκίνος πνεύμονα

- ✓ Στάδιο III, μη χειρουργήσιμο: Χορήγηση durvalumab ως θεραπεία συντήρησης

Antonia SJ, et al. N Engl J Med. 2017;[Epub ahead of print].

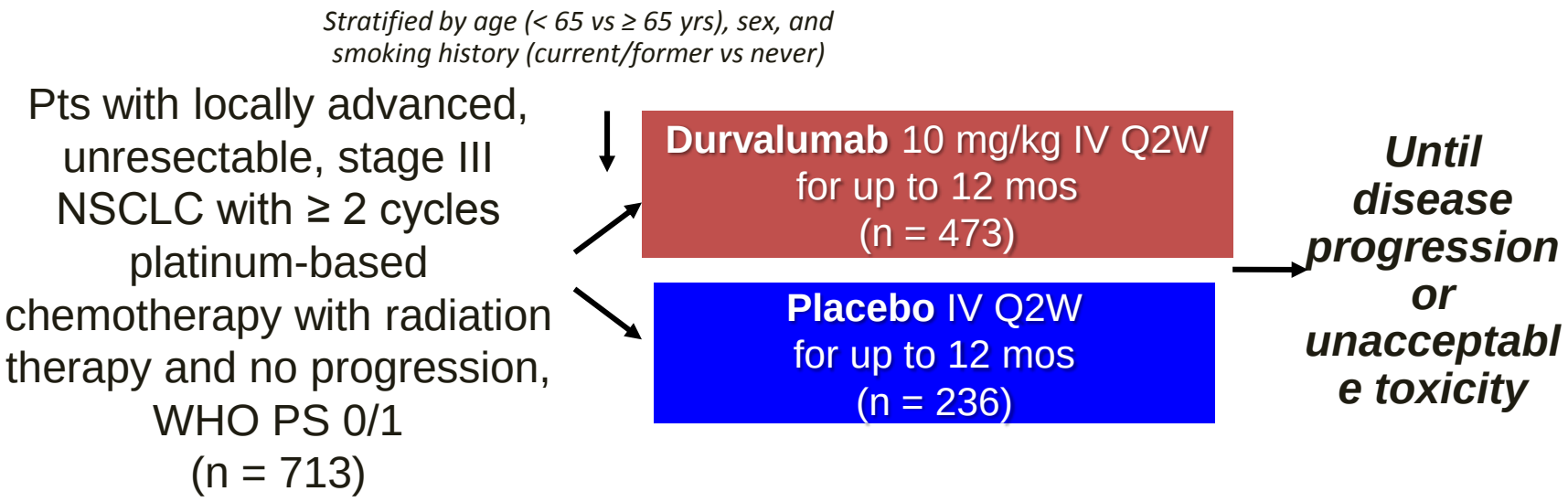
- ✓ 1η γραμμή μεταστατική νόσου σε EGFR+: Osimetrinib

Ramalingam S, et al. ESMO 2017. Abstract LBA2_PR.

- ✓ 1η γραμμή μεταστατική νόσου σε ALK+: Alectinib

Shaw A, et al. ASCO 2017. Abstract 206.

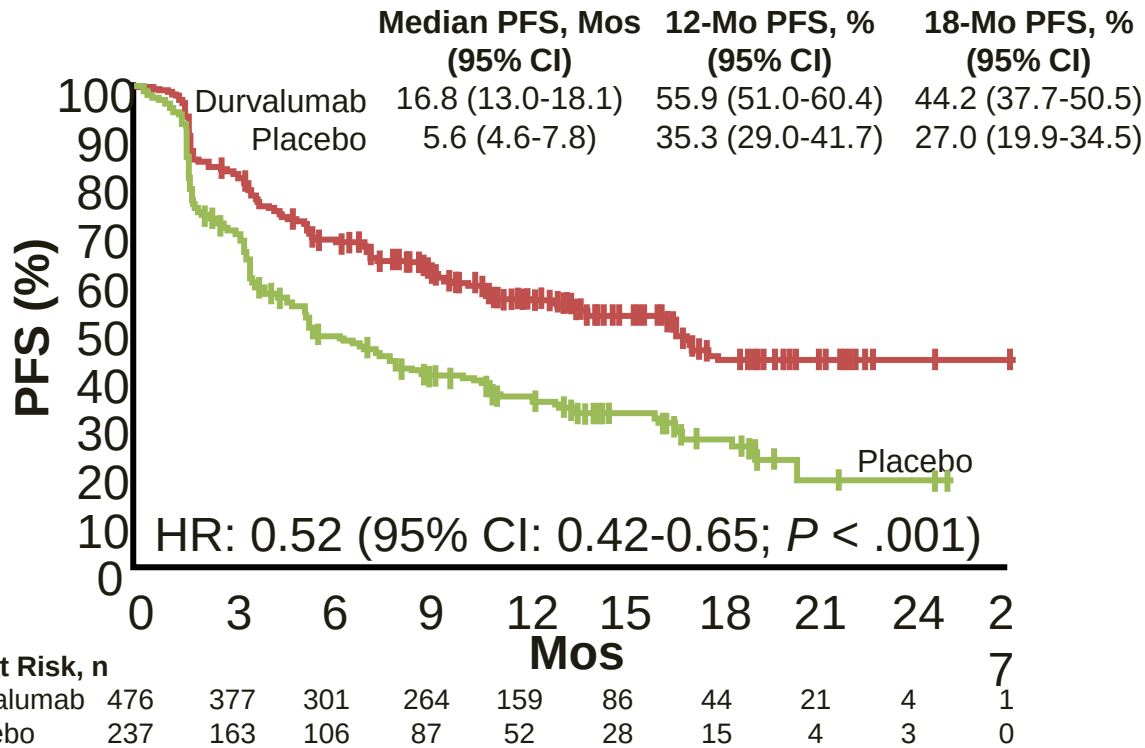
Μελέτη PACIFIC: Durvalumab μετά από σύγχρονη ΧΜΘ- ΑΚΘ σε ανεγχείρητο σταδίου ΙΙΙ ΜΜΚΠ



- Primary endpoints: PFS, OS
- Secondary endpoints including: ORR, DoR, OS at 24 mos

Antonia SJ, et al. N Engl J Med. 2017;[Epub ahead of print].

Μελέτη PACIFIC: τελικό καταλυτικό σημείο (PFS)



Event, %	Durvalumab (n = 443)	Placebo (n = 213)
ORR*	28.4	16.0
Ongoing response		
▪ 12 mos	72.8	56.1
▪ 18 mos	72.8	46.8
New lesions	20.4	32.1
▪ Brain	5.5	11.0

*$P < .001$

Antonia SJ, et al. N Engl J Med. 2017;[Epub ahead of print].

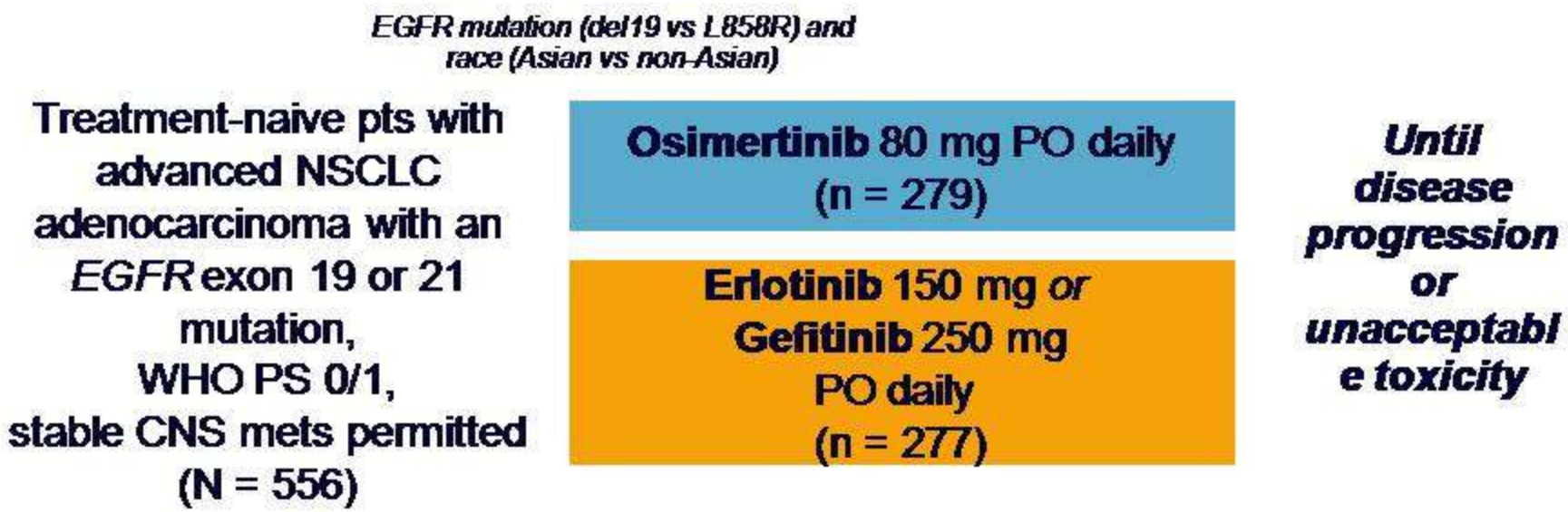
Μελέτη PACIFIC: Ανεπιθύμητες ενέργειες

Adverse Event (≥ 15% in Either Arm), %	Durvalumab (n = 475)		Placebo (n = 234)	
	Any Grade	Grade 3/4	Any Grade	Grade 3/4
Any	96.8	29.9	94.9	26.1
Cough	35.4	0.4	25.2	0.4
Pneumonitis/radiation pneumonitis	33.9	3.4	24.8	2.6
Fatigue	23.8	0.2	20.5	1.3
Dyspnea	22.3	1.5	23.9	2.6
Diarrhea	18.3	0.6	18.8	1.3
Immune-mediated	24.2	3.4	8.1	2.6

- Discontinuations due to AEs: 15.4% with durvalumab and 9.8% with placebo
- Deaths due to AEs: 4.4% with

Antonia SJ, et al. N Engl J Med. 2017;[Epub ahead of print].

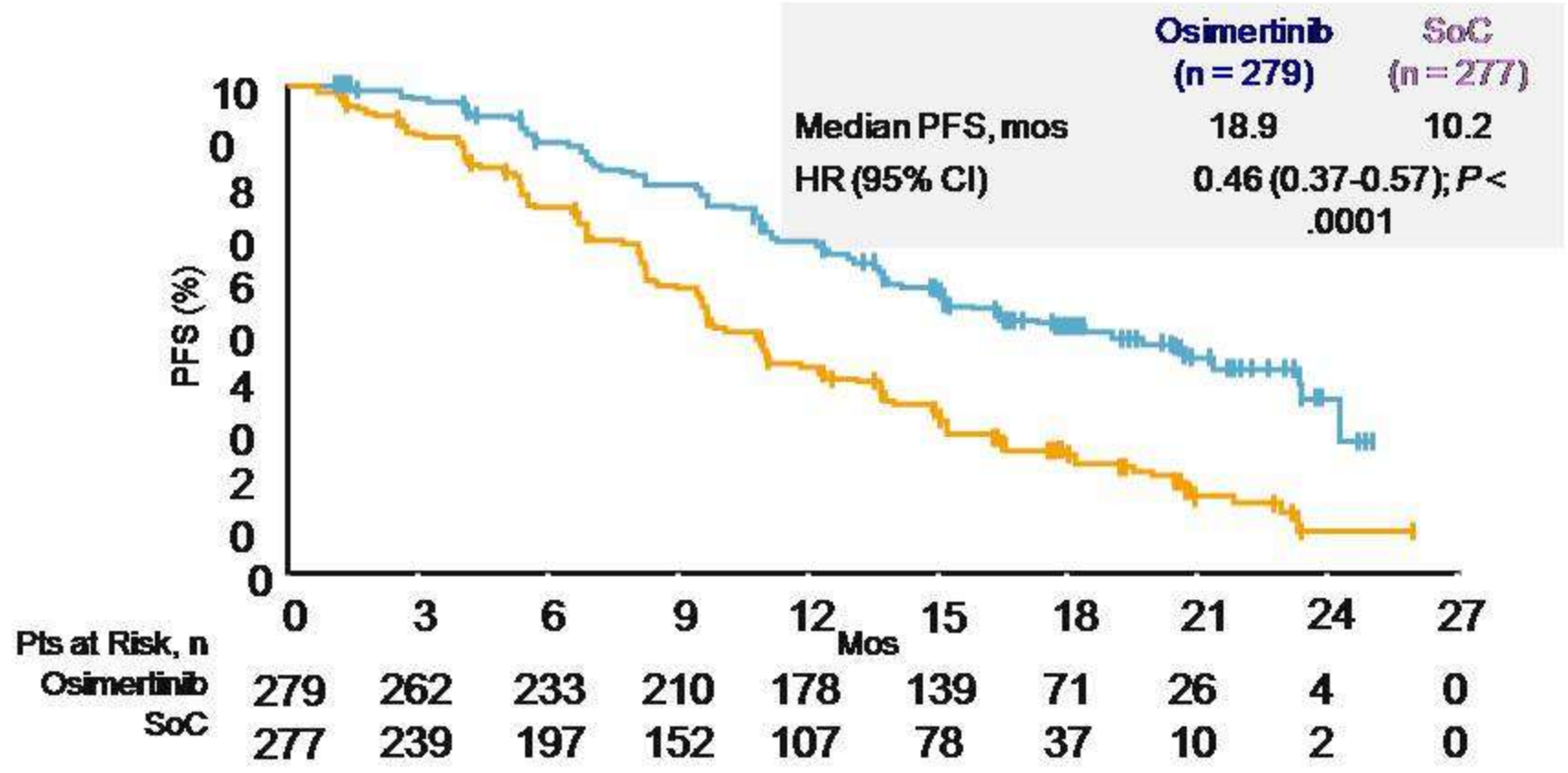
Μελέτη FLAURA: Χορήγηση Osimertinib σε ασθενείς με EGFR μετάλλαξη μεταστατικό ΜΜΚΠ



- Primary endpoint: PFS
- Secondary endpoints including: ORR, DoR, OS, safety

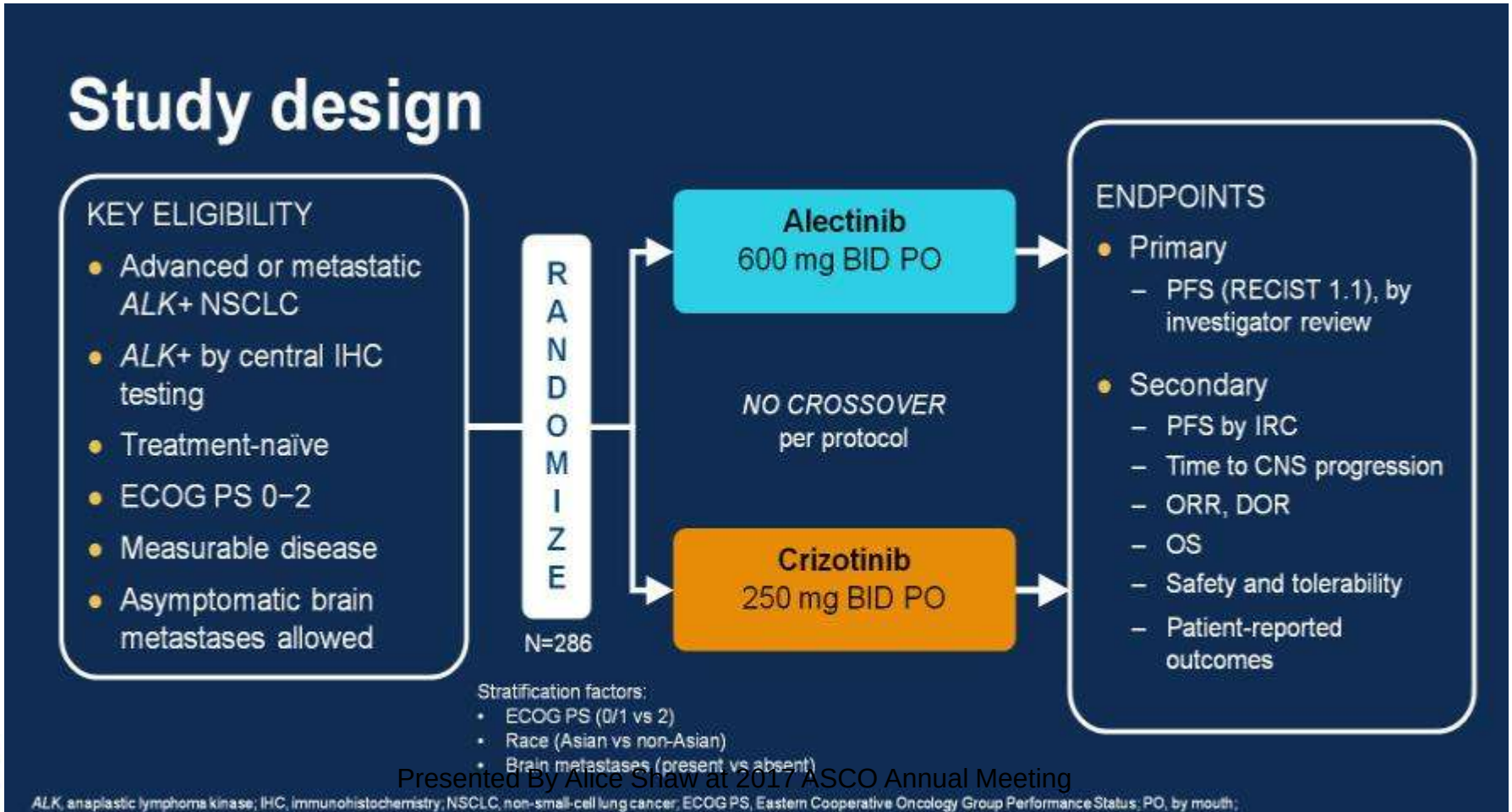
Ramalingam S, et al. ESMO 2017. Abstract LBA2_PR.

Μελέτη FLAURA: Τελικό καταλυτικό σημείο PFS

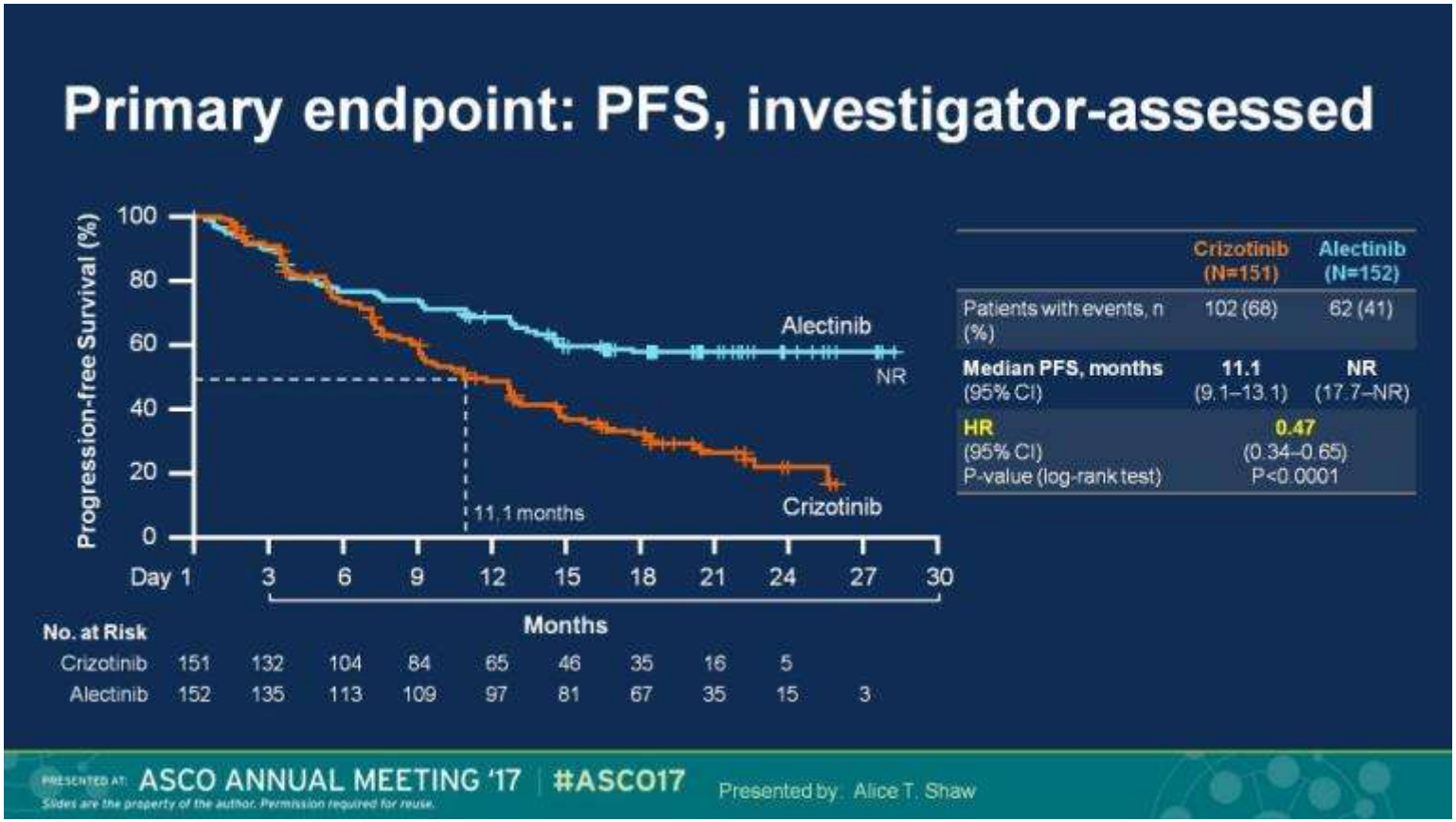


Ramalingam S, et al. ESMO 2017. Abstract LBA2_PR.

Μελέτη ALEX: Τυχαιοποιημένη μελέτη φάσης III εκτίμησης alectinib συγκριτικά με crizotinib στην α' γραμμή μεταστατικής νόσου σε ασθενείς ALK+ ΜΜΚΠ

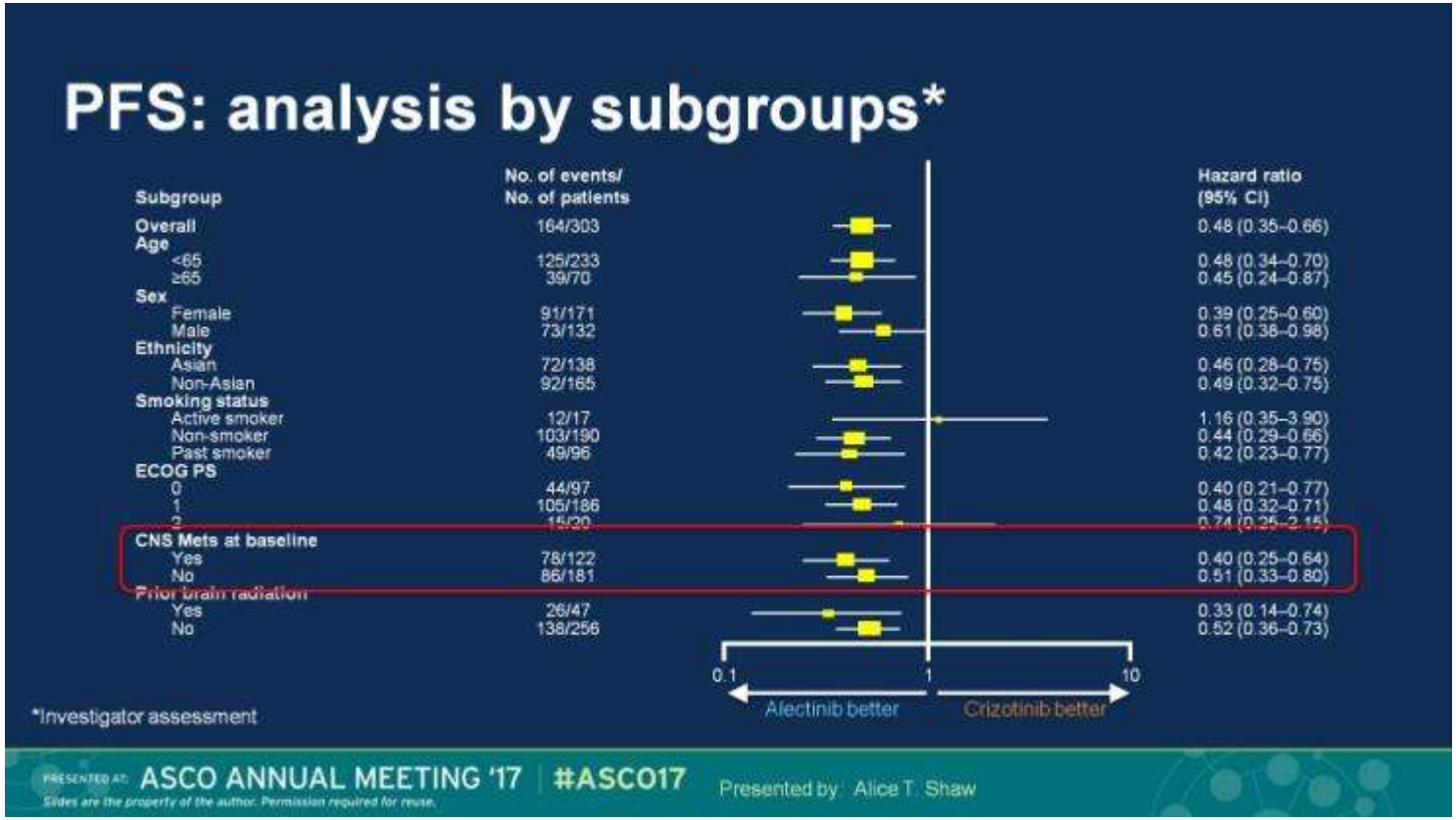


Μελέτη ALEX



Shaw A, et al. ASCO 2017. Abstract 206.

Μελέτη ALEX



Shaw A, et al. ASCO 2017. Abstract 206.

Μελέτη ALEX

Adverse events, ≥10% between treatment arms

	Crizotinib (N=151)		Alectinib (N=152)	
N (%)	Any grade	Grade 3–5	Any grade	Grade 3–5
Nausea	72 (48)	5 (3)	21 (14)	1 (1)
Diarrhea	68 (45)	3 (2)	18 (12)	0
Vomiting	58 (38)	5 (3)	11 (7)	0
Peripheral edema	42 (28)	1 (1)	26 (17)	0
Dysgeusia	29 (19)	0	4 (3)	0
ALT increased	45 (30)	22 (15)	23 (15)	7 (5)
AST increased	37 (25)	16 (11)	21 (14)	8 (5)
Visual impairment	18 (12)	0	2 (1)	0
Blood bilirubin increased	2 (1)	0	23 (15)	3 (2)
Myalgia	3 (2)	0	24 (16)	0
Anemia	7 (5)	1 (1)	30 (20)	7 (5)
Weight increased	0	0	15 (10)	1 (1)

AE, adverse event; ALT, alanine aminotransferase; AST, aspartate transaminase

PRESENTED AT: ASCO ANNUAL MEETING '17 | #ASCO17
Slides are the property of the author. Permission required for reuse.

Presented by: Alice T. Shaw

Shaw A, et al. ASCO 2017. Abstract 206.

Καρκίνος ουροποιητικού

- ✓ Χορήγηση αμπιρατερόνης σε νεοδιαγνωσθέντες ασθενείς με ορμονοαυαίσθητο μεταστατικό καρκίνο προστάτη

James DN et al. N Engl J Med 2017; 377:338-351
Fizazi K et al, N Engl J Med 2017; 377: 352-360

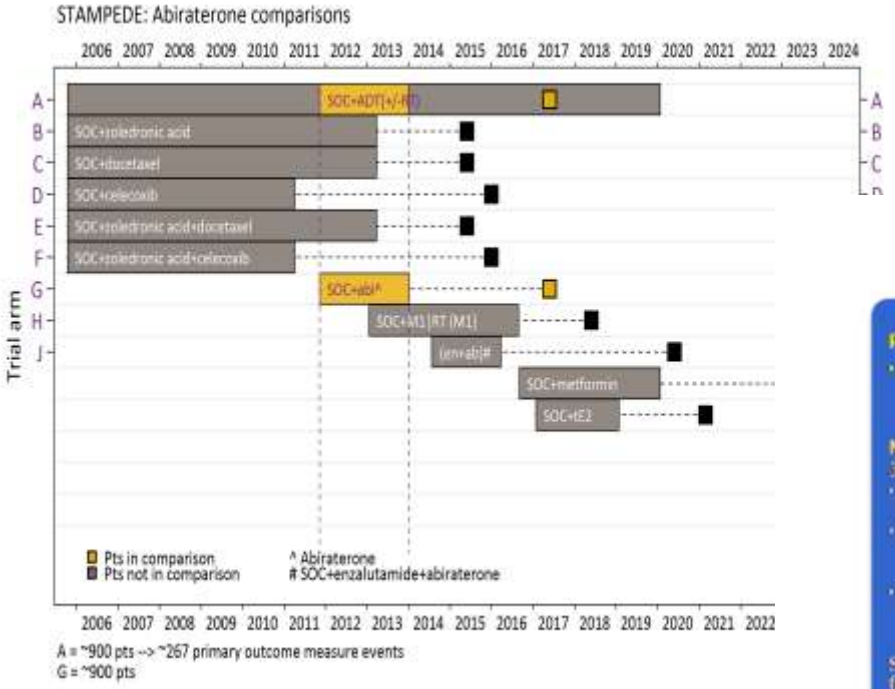
- ✓ Χορήγηση Nivolumab με Ipilimumab στην 1η γραμμή σε ασθενείς με Ca νεφρού

Motzer RJ et al. N Engl J Med 2017; epub ahead of print

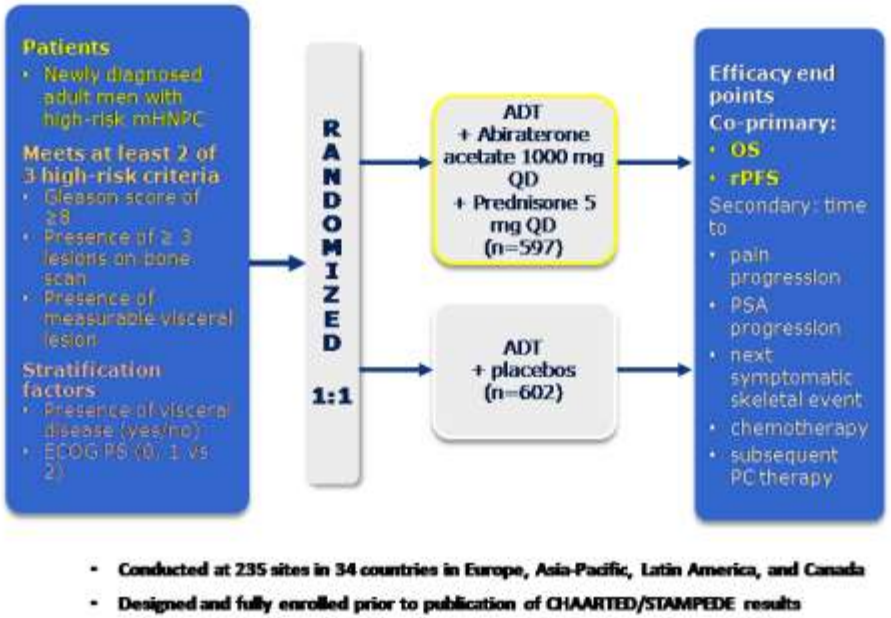
- ✓ Προσθήκη ramucirumab στη δοσιταξέλη σε ασθενείς με ουροθηλιακό καρκίνο στη 2η γραμμή

Petrilack et al. Lancet Oncol 2017; epub ahead of print

Μελέτη STAMPEDE & Μελέτη LATITUDE: Σύγκριση αμπιρατερόνης με ορμονικό χειρισμό σε ορμονοευαίσθητο Ca προστάτη

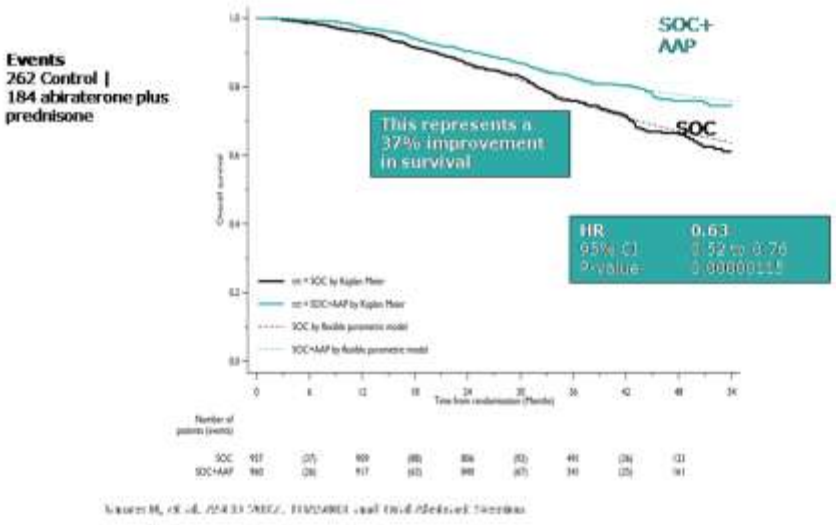


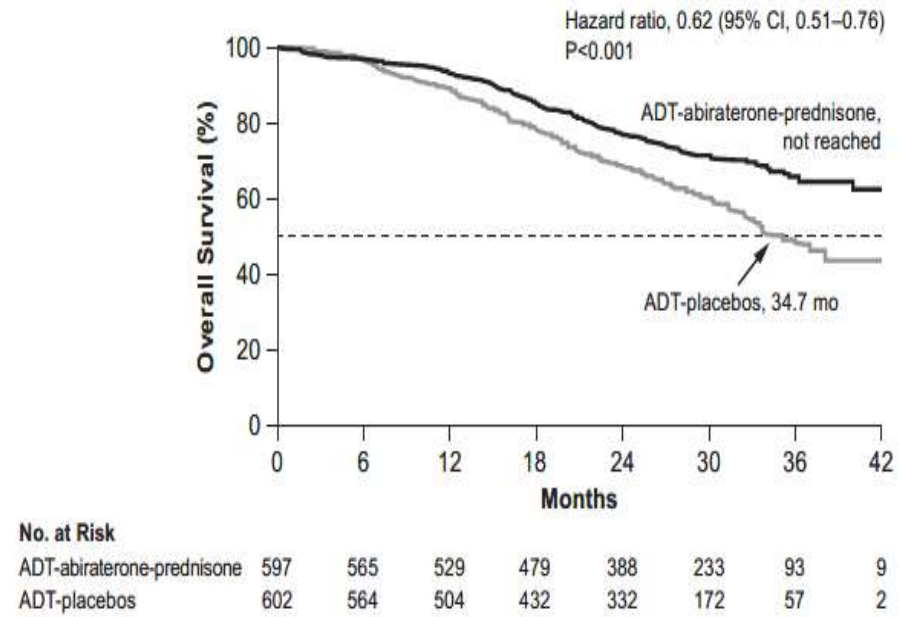
Fizazi K et al, N Engl J Med 2017; 377: 352-360



James DN et al. N Engl J Med 2017; 377:338-351

Μελέτη STAMPEDE & Μελέτη LATITUDE: Ολική επιβίωση





James DN et al. N Engl J Med 2017; 377:338-351
Fizazi K et al, N Engl J Med 2017; 377: 352-360

Μελέτη CheckMate 214: Τυχαιοποιημένη μελέτη φάσης III εκτίμησης Nivolumab με Ipilimumab συγκριτικά με Sunitinib στην 1η γραμμή σε ασθενείς με Ca νεφρού

- Treatment-naïve advanced or metastatic clear-cell RCC
- Measurable disease
- KPS ≥70%
- Tumor tissue available for PD-L1 testing

Patients

Randomize 1:1

Stratified by
- IMDC prognostic score (0 vs 1–2 vs 3–6)
- Region (US vs Canada/Europe vs Rest of World)

Treatment

Arm A
3 mg/kg nivolumab IV + 1 mg/kg ipilimumab IV Q3W for four doses, then 3 mg/kg nivolumab IV Q2W

Arm B
50 mg sunitinib orally once daily for 4 weeks (6-week cycles)

Treatment until progression or unacceptable toxicity

- **Co-Primary End points:**
- **In IMDC intermediate- and poor-risk patients**
  - ORR (per independent radiology review committee, IRRC)
  - PFS (per IRRC)
  - OS

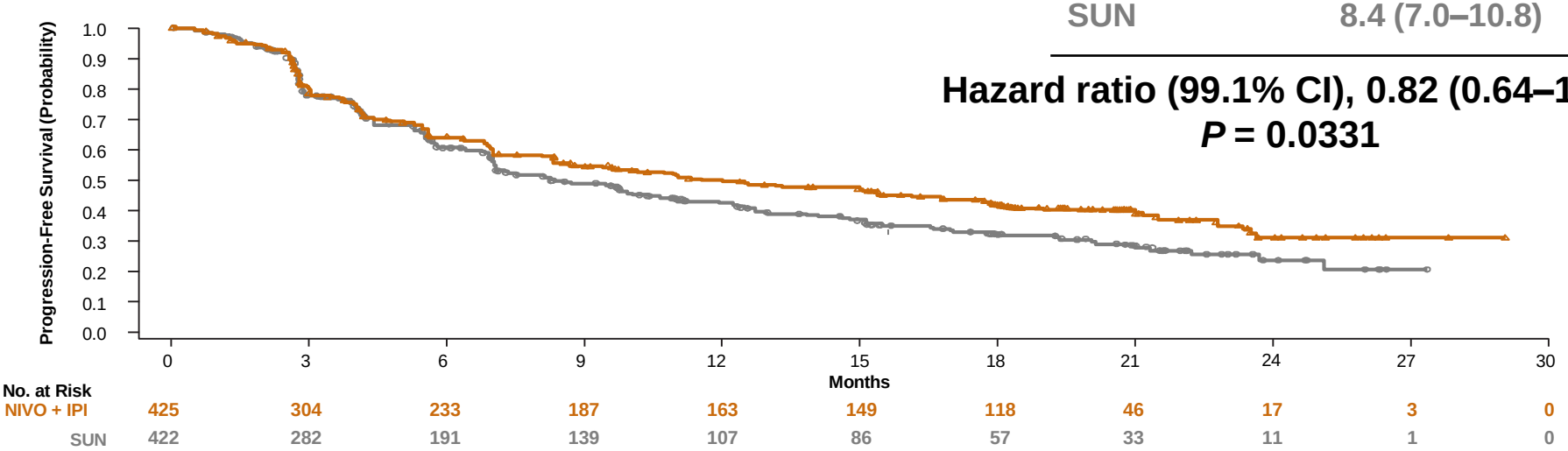
MADRID 2017 ESMO congress

Motzer RJ et al. N Engl J Med 2017; epub ahead of print

Μελέτη CheckMate 214: PFS σε ασθενείς ενδιάμεσου και υψηλού κινδύνου

Median PFS, months (95% CI)	
NIVO + IPI	11.6 (8.7–15.5)
SUN	8.4 (7.0–10.8)

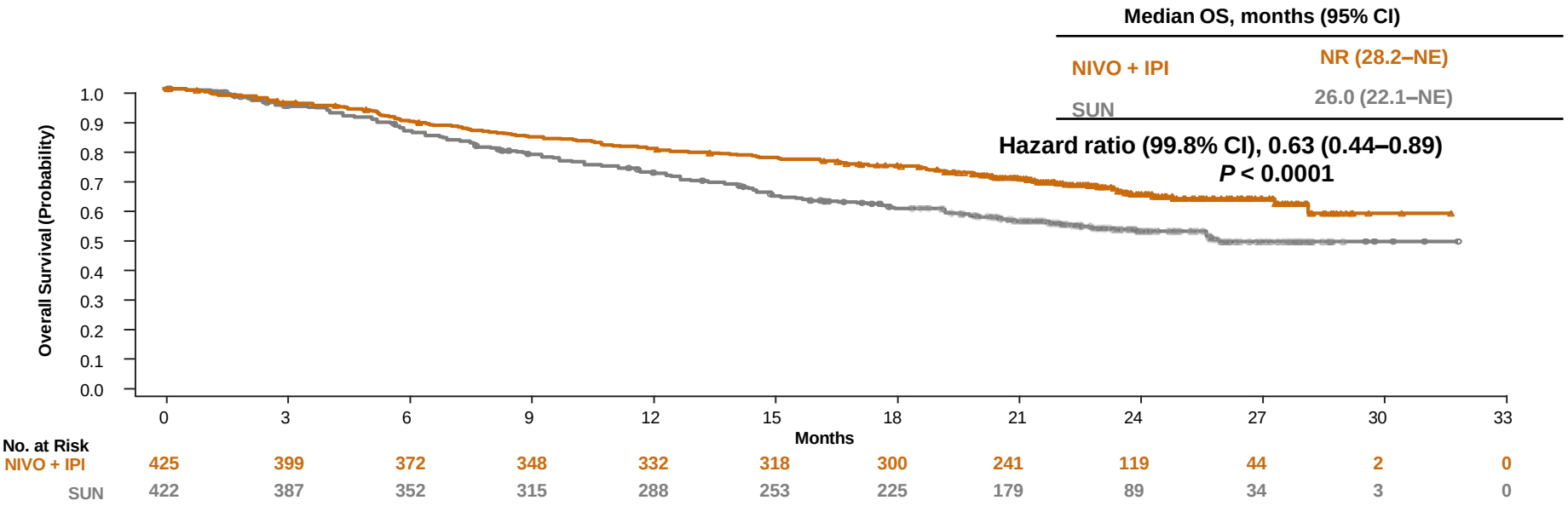
Hazard ratio (99.1% CI), 0.82 (0.64–1.05)
***P* = 0.0331**



Motzer RJ et al. N Engl J Med 2017; epub ahead of print

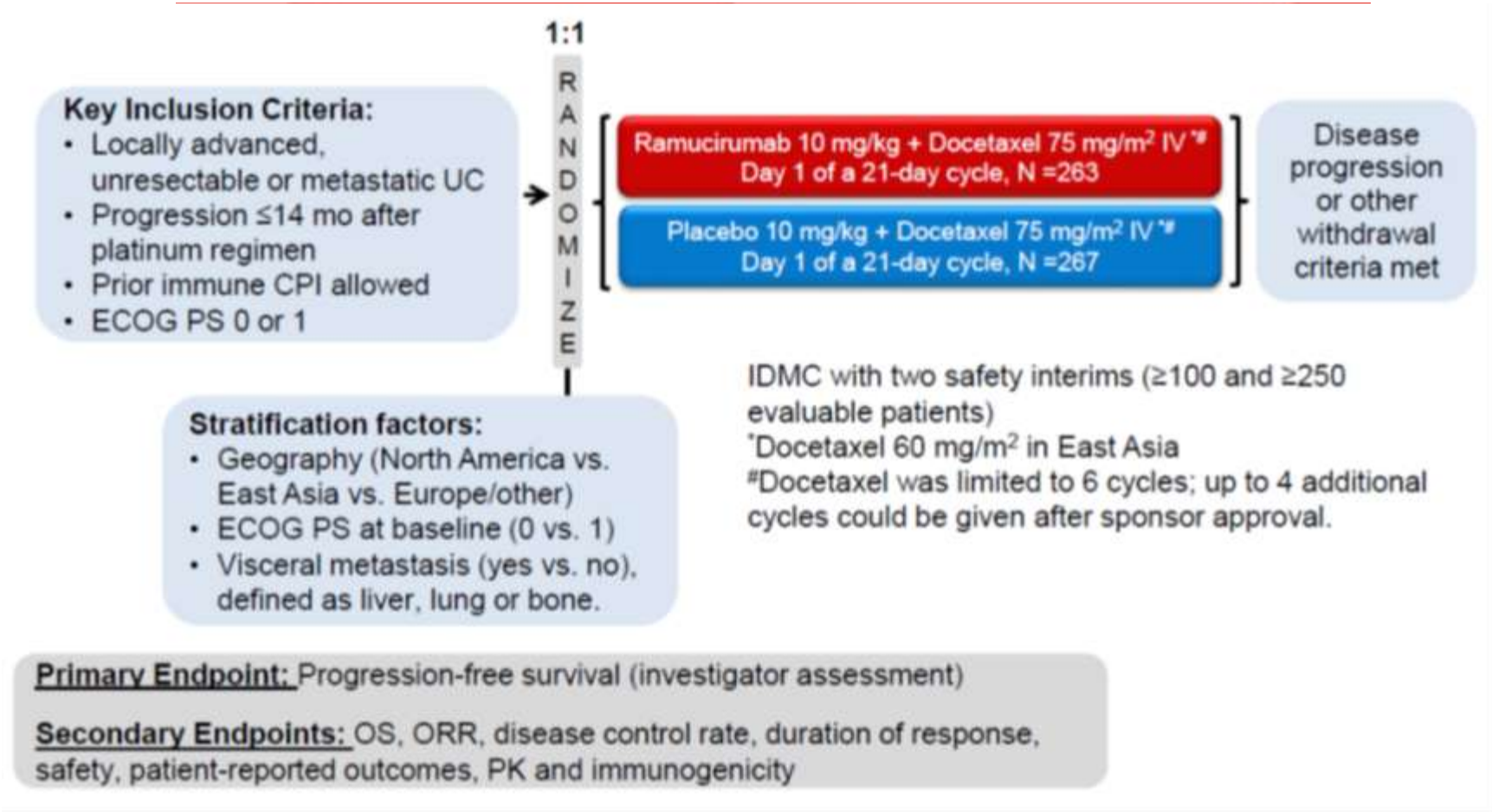
Μελέτη CheckMate 214: OS σε ασθενείς ενδιάμεσου και υψηλού κινδύνου

Co-primary endpoint



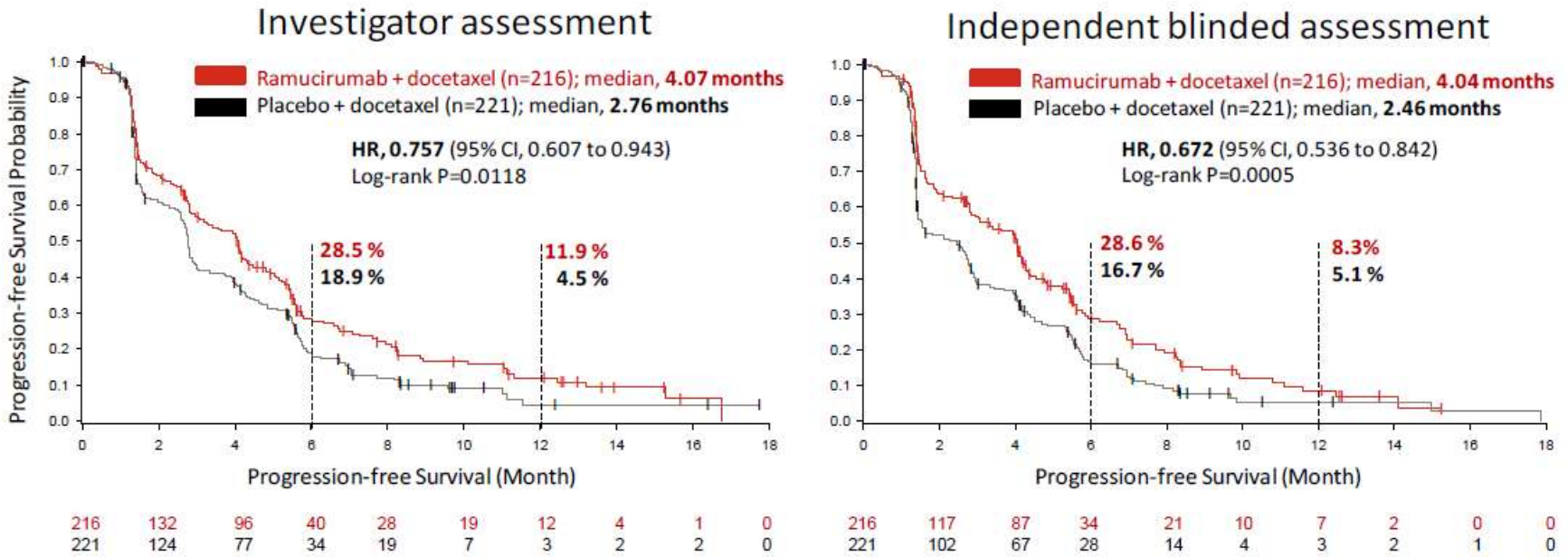
Motzer RJ et al. N Engl J Med 2017; epub ahead of print

Μελέτη RANGE: Δοσιταξέλη με ή χωρίς Ramucirumab σε ασθενείς ουροθηλιακό καρκίνο μετά από θεραπεία με πλατίνα



Petrilack et al. Lancet Oncol 2017; epub ahead of print

Μελέτη RANGE: Τελικό καταλυτικό σημείο PFS



Median follow-up duration in the full ITT population was 5.0 months (interquartile range [IQR], 2.3–8.9)

Petrilack et al. Lancet Oncol 2017; epub ahead of print

Μελέτη RANGE: Ανεπιθύμητες ενέργειες

Grade ≥ 3 TEAEs that occurred in ≥5% of patients or of special interest

	Ramucirumab + docetaxel (n=258)		Placebo + docetaxel (n=265)	
	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Any	244 (95%)	156 (60%)	251 (95%)	163 (62%)
Fatigue	110 (43)	20 (8)	121 (46)	25 (9)
Neutropenia	51 (20)	39 (15)	44 (17)	36 (14)
Febrile neutropenia	25 (10)	25 (10)	17 (6)	17 (6)
Anemia	40 (16)	7 (3)	64 (24)	28 (11)
Leukopenia	26 (10)	17 (7)	24 (9)	21 (8)
AEs of special interest				
Bleeding or hemorrhage	67 (26)	8 (3)	46 (17)	12 (5)
Epistaxis	36 (14)	0	13 (5)	0
Hematuria	27 (10)	5 (2)	17 (6)	5 (2)
GI hemorrhage	10 (4)	2 (<1)	10 (4)	3 (1)
Pulmonary hemorrhage	1 (<1)	0	0	0
Hypertension	29 (11)	15 (6)	12 (5)	5 (2)
Renal failure	15 (6)	8 (3)	19 (7)	2 (<1)
Proteinuria	23 (9)	2 (<1)	8 (3)	1 (<1)
Venous thromboembolic	6 (2)	1 (<1)	13 (5)	5 (2)
Arterial thromboembolic	8 (3)	6 (2)	2 (<1)	0
Fistula	5 (2)	3 (1)	2 (<1)	2 (<1)
Congestive heart failure	3 (1)	2 (<1)	1 (<1)	1 (<1)
GI perforation	3 (1)	2 (<1)	1 (<1)	1 (<1)

Consolidated: Fatigue, neutropenia, leukopenia, bleeding or hemorrhage, hypertension, renal failure, venous and arterial thromboembolic, fistula, congestive heart failure, GI perforation

Petrilack et al. Lancet Oncol 2017; epub ahead of print


Ευχαριστώ για τη προσοχή σας …