

# Biosimilares no câncer de mama HER2-positivo: Atualizações

Debora de Melo Gagliato  
Oncologista Clínica Hospital Sírio Libanês

# DECLARAÇÃO

## SOBRE CONFLITOS DE INTERESSE

De Acordo Com a Resolução RDC 96/2008 da Agência de Vigilância Sanitária declaro que:



Desempenhei o papel de **SPEAKER** para as seguintes empresas: Roche, Fleury, MSD, Novartis



**ADVISORY BOARD:** Roche, Eisai



Trabalho como **ONCOLOGISTA** no: Hospital Sírio Libanês

# HER2+ Disease

- Amplification or overexpression of HER2 implicated in the pathophysiology of approximately 15-20% of Breast tumors

## Estimated New Female Breast Cancer US (2013)

	Invasive Cases	Deaths
All ages	232,340	39,620

Limited access to treatment is a worldwide issue for patients with breast cancer

Full one-year course of Herceptin treatment costs about **\$70,000**

Significant financial impact for Reference drug :  
Health insurance, government, patient co-pays



# Trastuzumab Timeline

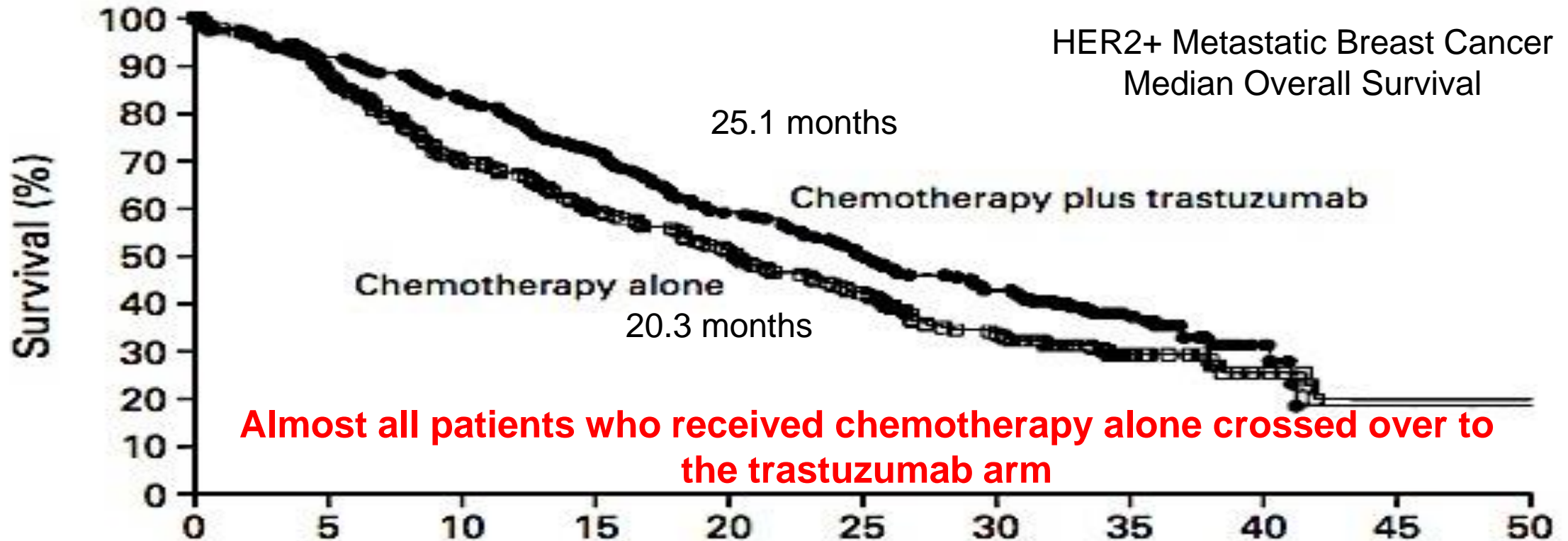
1998

Approved for  
Metastatic HER-2+  
BC

2006

Approved for Adjuvant  
Treatment of HER-2+ BC

## Slamon Pivotal Trial



# Trastuzumab – HER2+ Locoregional Disease

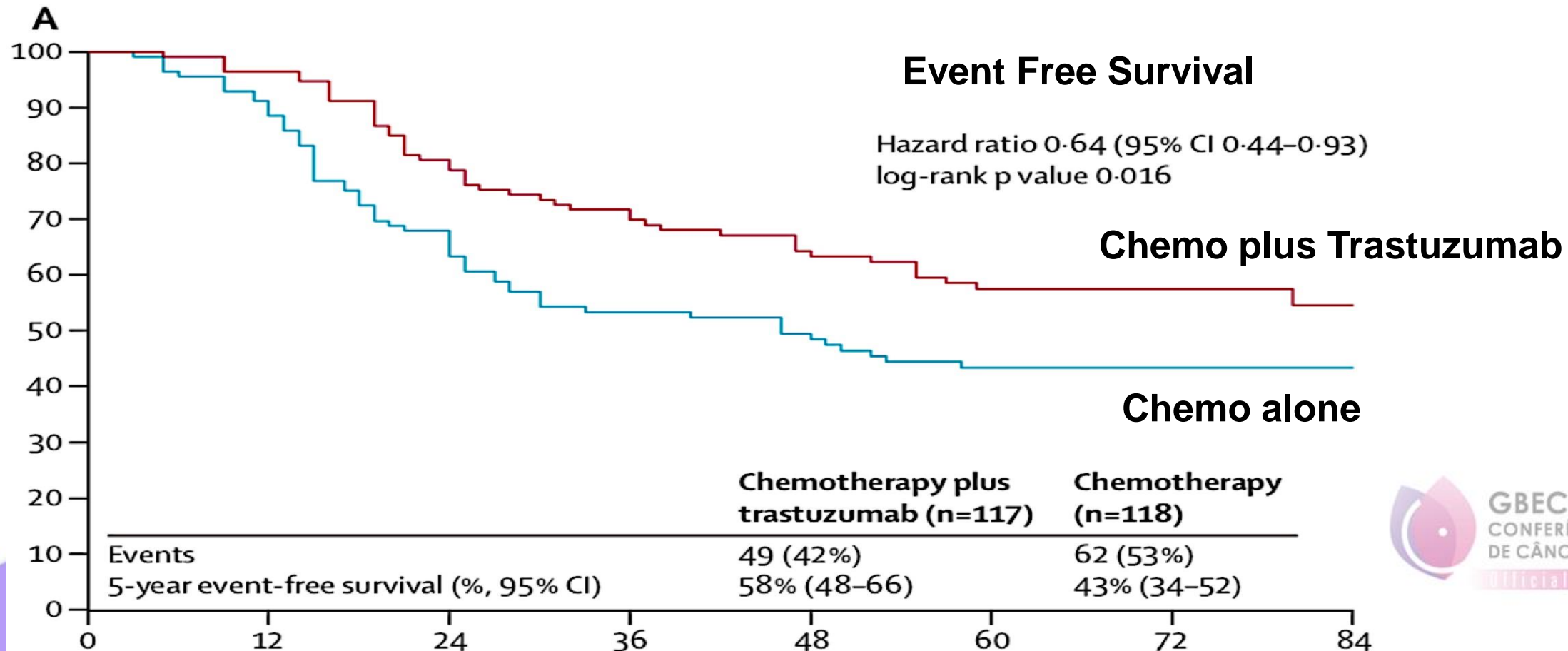
## Adding Trastuzumab to Adjuvant Chemotherapy in Localized HER2+ BC

37% relative improvement in OS : 10-year OS rate from 75.2% to 84

40% relative improvement in DFS: 10-year DFS rate from 62% to 73.7%

## Adding Trastuzumab to NEOadjuvant Chemotherapy in Localized HER2+ BC

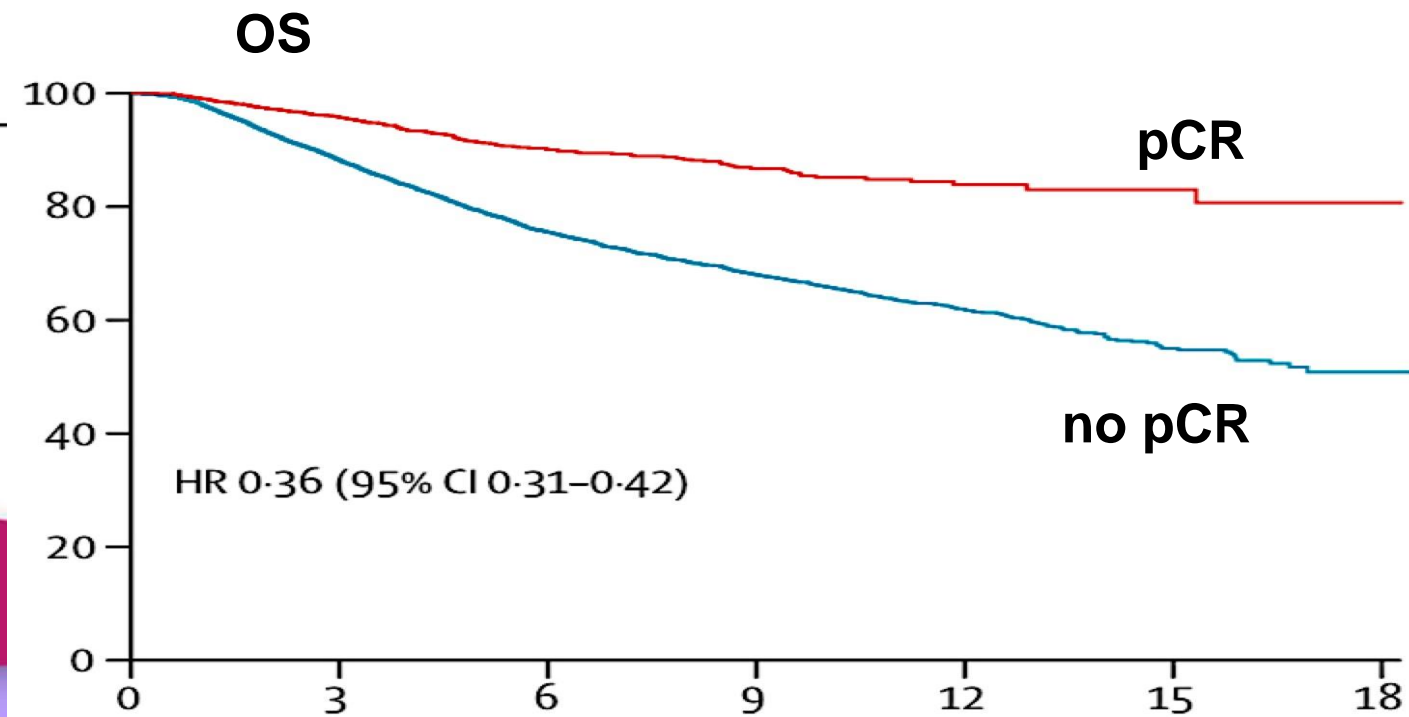
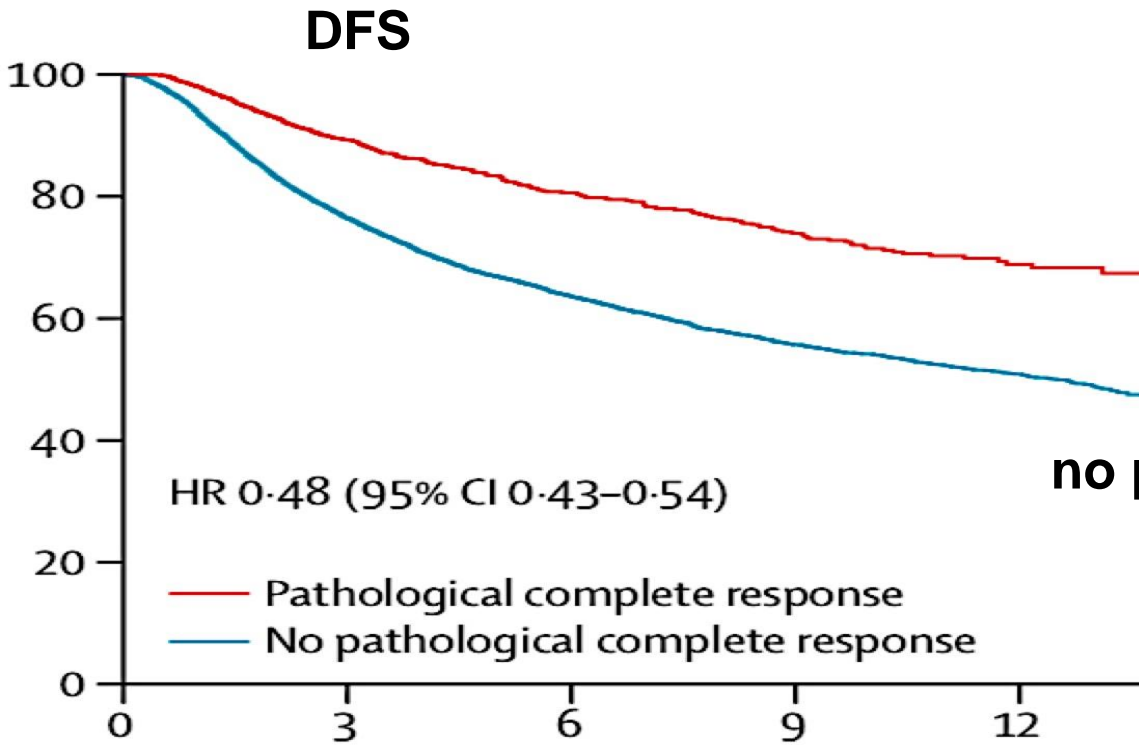
Double pCR rates ; Improvement in survival endpoints

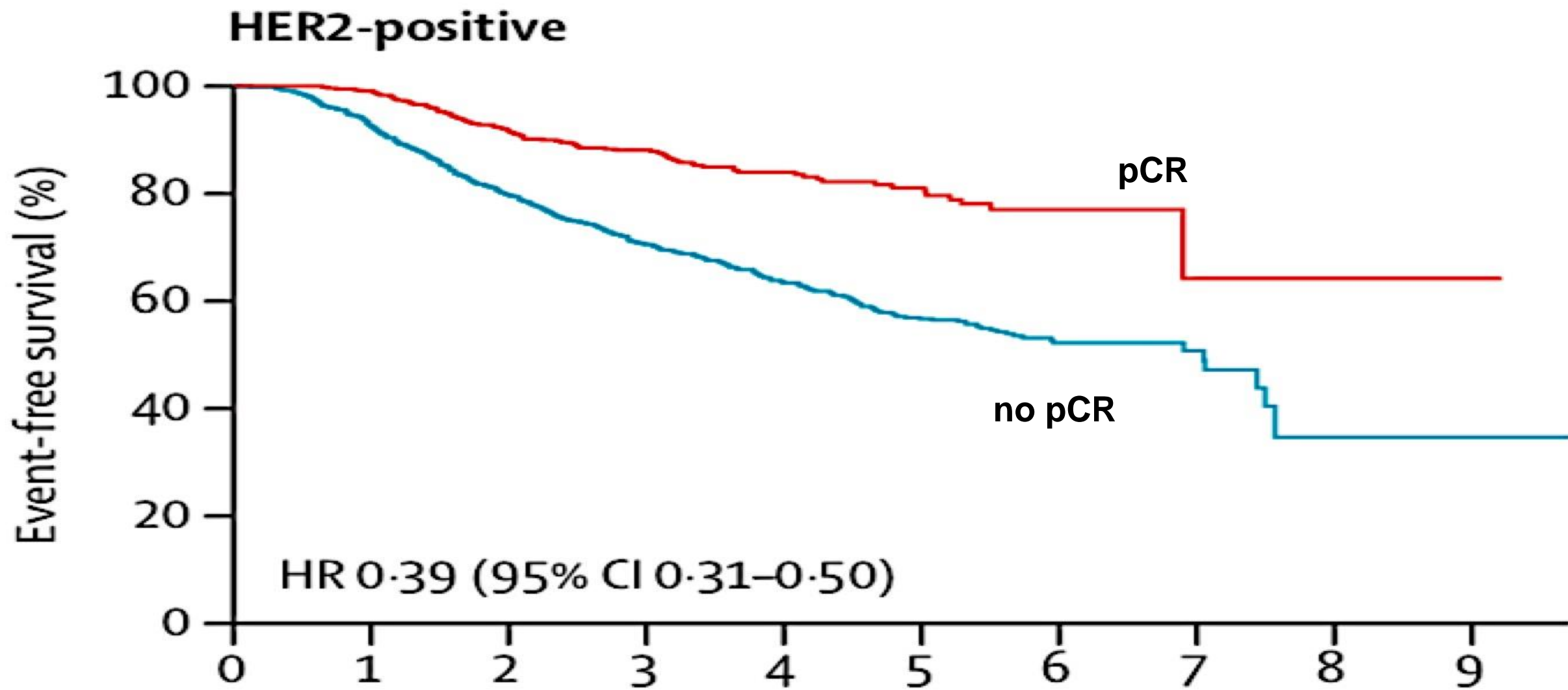


E Perez et al, JCO 2014.  
10.1200/JCO.2014.55.5730

Lucca Gianni et al, Lancet 2014  
x.doi.org/10.1016/  
S1470-2045(14)70080-4

pCR and Prognosis: Highly correlated, especially among HER2 and TNBC subtypes





# Metastatic HER2 positive Breast Cancer: Paradigms with Herceptin plus chemotherapy First Line Setting

## Chemotherapy + Trastuzumab in HER2+ Breast Cancer

Trastuzumab + Docetaxel or Navelbine	RR 59.3%
Trastuzumab + weekly Paclitaxel	RR 72%
Trastuzumab + Paclitaxel + Carboplatin	RR 72%
Trastuzumab + Chemotherapy	RR 50%
Trastuzumab + Taxane	RR 67.9%

### Median PFS

10-12 months

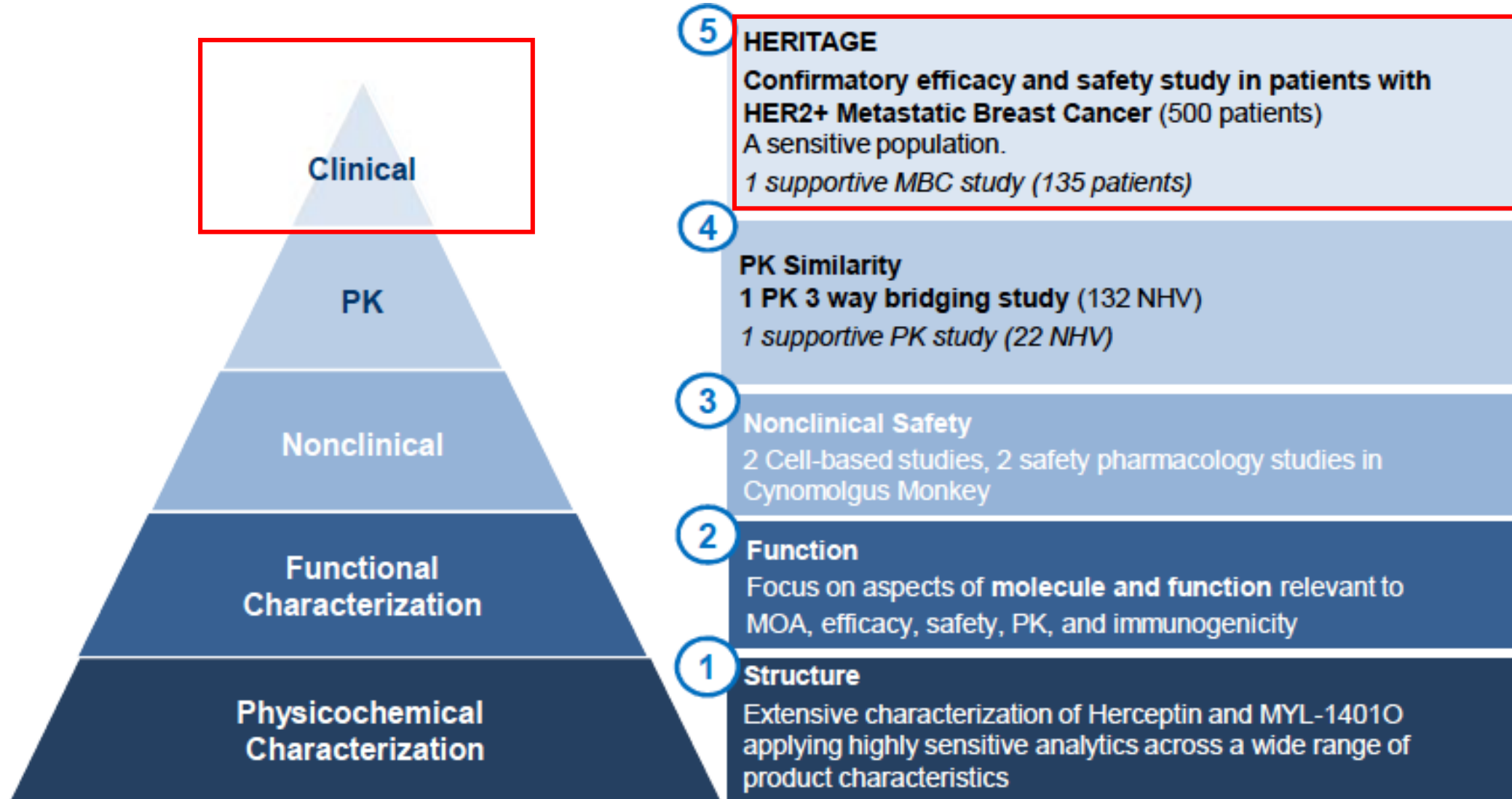
### Median OS

25-35 months

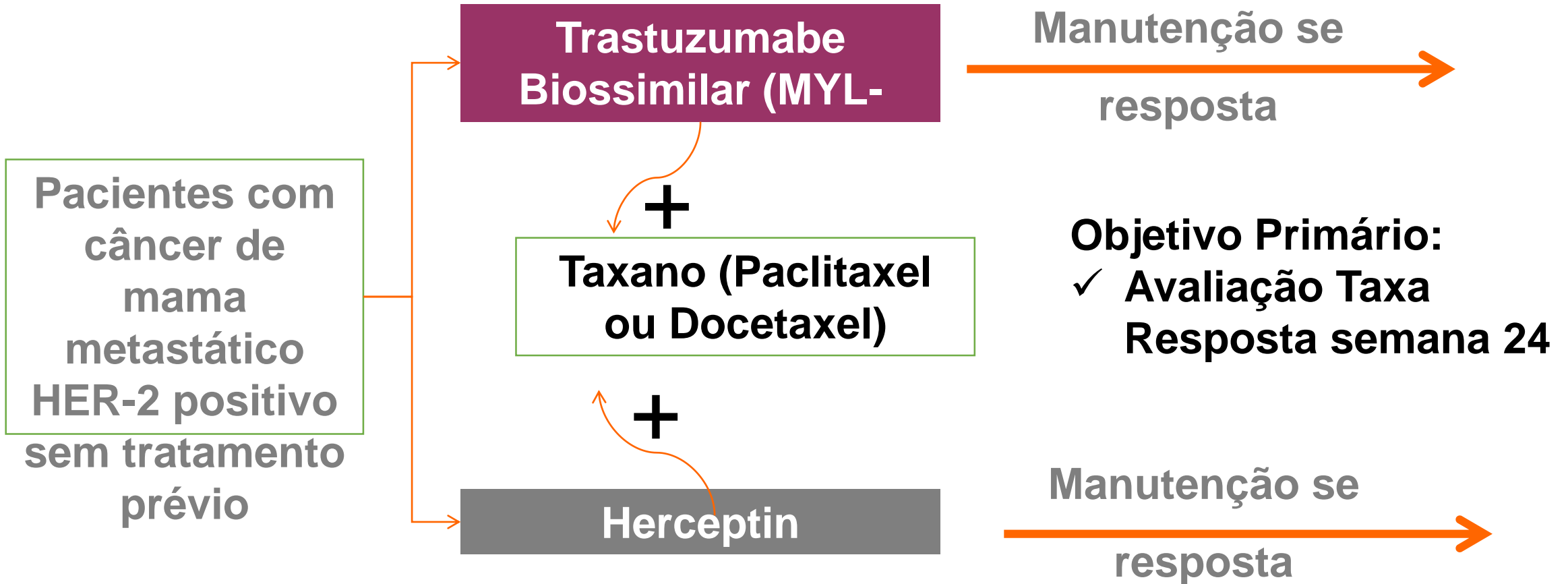
Anderson et al, JCO 2011. DOI: 10.1200/JCO.2010.30.8213  
V Valero et al, JCO 2011. 10.1200/JCO.2010.28.6450  
Slamon et al, NEJM 2001. DOI: 10.1056/NEJM2001031534411  
E Perez et al, JCO, 2016. DOI: 10.1200/JCO.2016.67.4887  
Kaufman et al, JCO 2009. DOI: 10.1200/JCO.2008.20.68



# Programa Trastuzumabe biossimilar: conceito de totalidade de evidência



# Estudo Heritage



# Participating Countries

Bulgaria, Chile, Czech Rep., Georgia, Hungary, India, Latvia, Philippines, Poland, Republic of South Africa, Romania, Russia, Serbia, Slovakia, Taiwan, Thailand, Ukraine



Region, n (%)	
Africa	11 ( 2.4)
Asia Pacific	142 ( 31.0)
Latin America	5 ( 1.1)
Eastern Europe	300 ( 65.5)

First patient in December 2012, last patient in July 2015.

# Effect of a Proposed Trastuzumab Biosimilar Compared With Trastuzumab on Overall Response Rate in Patients With ERBB2 (HER2)-Positive Metastatic Breast Cancer

A Randomized Clinical Trial

## ESTUDO DE EQUIVALÊNCIA

**EMA**

**Desfecho primário:** DIF. TAXA RESPOSTA

**IC 95% todo entre -15 a +15%**

**FDA**

**Desfecho primário:** RAZÃO TAXA RESPOSTA

**IC90% todo entre 0,81 a 1,24**

TABLE 2. Primary Outcome: Ratio and Difference of Overall Response Rate at Week 24 in the Intention-to-Treat Population

	PROPOSED BIOSIMILAR + TAXANE (n = 230)	TRASTUZUMAB + TAXANE (n = 228)		
<b>RESPONSE<sup>a</sup></b>			<b>DIFFERENCE,%</b>	<b>RATE RATIO</b>
<b>Overall response, No. (%)</b>	<b>160 (69.6)</b>	<b>146 (64.0)</b>	5.53	1.09
90% CI, %	64.57 to 74.56	58.81 to 69.26	-1.70 to 12.69	<b>0.974 to 1.21</b>
95% CI, %	63.62 to 75.51	57.81 to 70.26	<b>3.08 to 14.0</b>	0.954 to 1.23
			<b>-3.08 to 14.0</b>	<b>0.97 to 1.21</b>

# HERITAGE

## Time to Tumor Progression and Overall Survival at Week 48

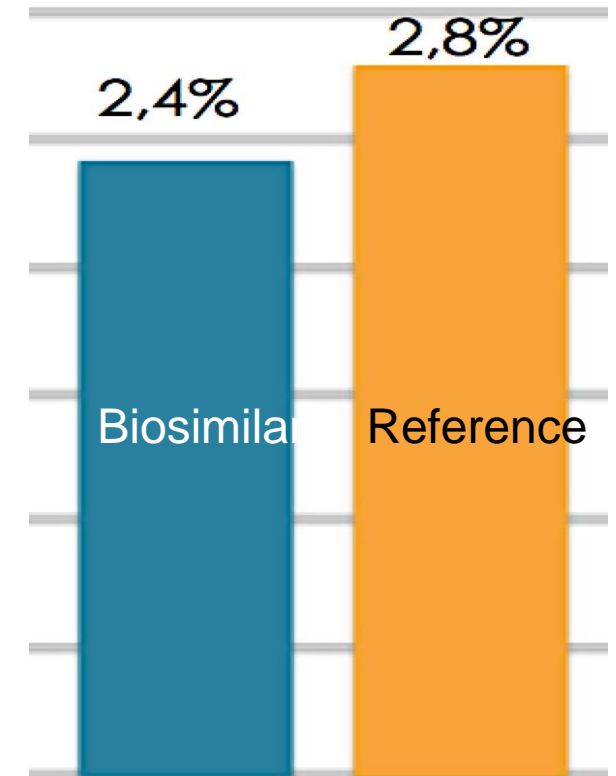
	Proposed Biosimilar + Taxane	Trastuzumab + Taxane
TTC at week 48	41.3%	43%
Median TTP	11.1 m	11.1 m
OS at week 48	89.1%	85.1%

## Immunogenicity

### Pre Treatment Antidrug Antibody Positivity

5.9% in the proposed Biosimilar

8.9% in the Trastuzumab



Adverse Event	Proposed Biosimilar + Taxane	Trastuzumab + Taxane
Peripheral Neuropathy	24,8%	23,1%
Diarrhea	20,7%	20,6%
Neutropenia	53,3%	57,5%

### Cardiac Function (LVEF Values) Change from Baseline

	Biosimilar	Reference
Week 24		
Mean (95% CI)	-0.6 (-1.5 to 0.2)	-0.9 (-1.8 to -0.1)

## HERITAGE Data in Clinical Perspective

	MYL-1401O	Ref Trastuzumab	Historical Data
ORR at 24 weeks	70%	64%	50-70%
TTP 48 weeks	11.1 months	11.1 months	11.3-12.4 months
OS at 48 weeks	89.1%	85.1%	75-89%
Safety and Toxicity	Comparable		Consistent
Immunogenicity	3.9%	4.4%	3.4-7.1%



Dec, 2017

U.S. FDA approved Ogivri (trastuzumab-dkst) as a biosimilar to Herceptin for the treatment of patients with breast or metastatic stomach cancer whose tumors overexpress the HER2 gene



Aprovou Zedora (MYL-1401O) para tratamento de Câncer de Mama HER2+



# CT-P6 Phase 3 Neoadjuvant equivalence trial Stage I–IIIa operable HER2+ Breast Cancer

**Randomized  
N 549**

CT-P6  
8 cycles q 3w

Reference Trastuzumab  
8 cycles q 3w

\*Concomitantly with 4 cycles of Docetaxel followed by 4 cycles of FEC

	<b>CT-P6 (n=248)</b>	<b>Reference trastuzumab (n=256)</b>
pCR	116 (46.8%; 40.4 to 53.2)	129 (50.4%; 44.1 to 56.7)
Breast pCR	128 (51.6%; 45.2 to 58.0)	141 (55.1%; 48.8 to 61.3)
pCR without DCIS	99 (39.9%; 33.8 to 46.3)	106 (41.4%; 35.3 to 47.7)

Estimated treatment outcome difference (−0.04 [95% CI −0.12 to 0.05]) was within the equivalence margin

\*Long-term safety and efficacy for 3 years after the last patient was enrolled



# CT-P6 Phase 3 Neoadjuvant Equivalence trial Stage I–IIIa operable HER2+Breast Cancer

	CT-P6 (n=271)	Reference trastuzumab (n=278)
<b>TEAEs</b>		
Total number of TEAEs	2424	2660
TEAEs	255 (94%)	264 (95%)
Treatment-related	112 (41%)	129 (46%)
Grade 1–2	95 (35%)	106 (38%)
Grade 3	11 (4%)	9 (3%)
Grade 4	6 (2%)	13 (5%)
Grade 5	0	1 (<1%)

	CT-P6	Ref Trastuzumab
Cardiac Disorders	23 (8%)	28 (10%)
Infusion Reactions	23 (8%)	25 (9%)

CAM-LACOG  
ERÊNCIA BRASILEIRA  
NCER DE MAMA 2018

Official Best of SABCS

SB3  
8 cycles q 3w

Randomized  
N 800

Reference Trastuzumab  
8 cycles q 3w

\*Concomitantly with 4 cycles of Docetaxel followed by 4 cycles of FEC

### Breast Pathologic Complete Response and pCR

	SB3	Trastuzumab
Breast pCR	51.7%	42%
pCR	45.8%	35.8%
Overall RR	96.6%	95.2%

\*Safety and immunogenicity were comparable



# Conclusions

- **Biosimilars are not generics**

Biosimilars are biological entities that require a very complex mechanism of manufacturing and framework for us to assess whether equivalence can be ensured with the reference medication

- In breast cancer, the 2 most sensitive endpoints to assure efficacy comparison are response rate and pCR
- Trastuzumab biosimilar was approved based on full accomplishment of the totality of evidence. The Heritage study demonstrated similar efficacy and safety compared to Herceptin

# Price

Until Dec 2017



**Filgrastim-sndz**  
**[Zarxio]**  
10% discount

**27 marketed biosimilars**  
40% discount

Newly diagnosed patients with HER2+ disease will have the option to start with a lower cost biosimilar, potentially enabling access to a broader patient population to anti HER2 therapy

# obrigada

[dgagliato@gmail.com](mailto:dgagliato@gmail.com)

debora.mgagliato@hsl.org.br