



# Personalising medical therapy

..... on the rest

Michael Montemurro

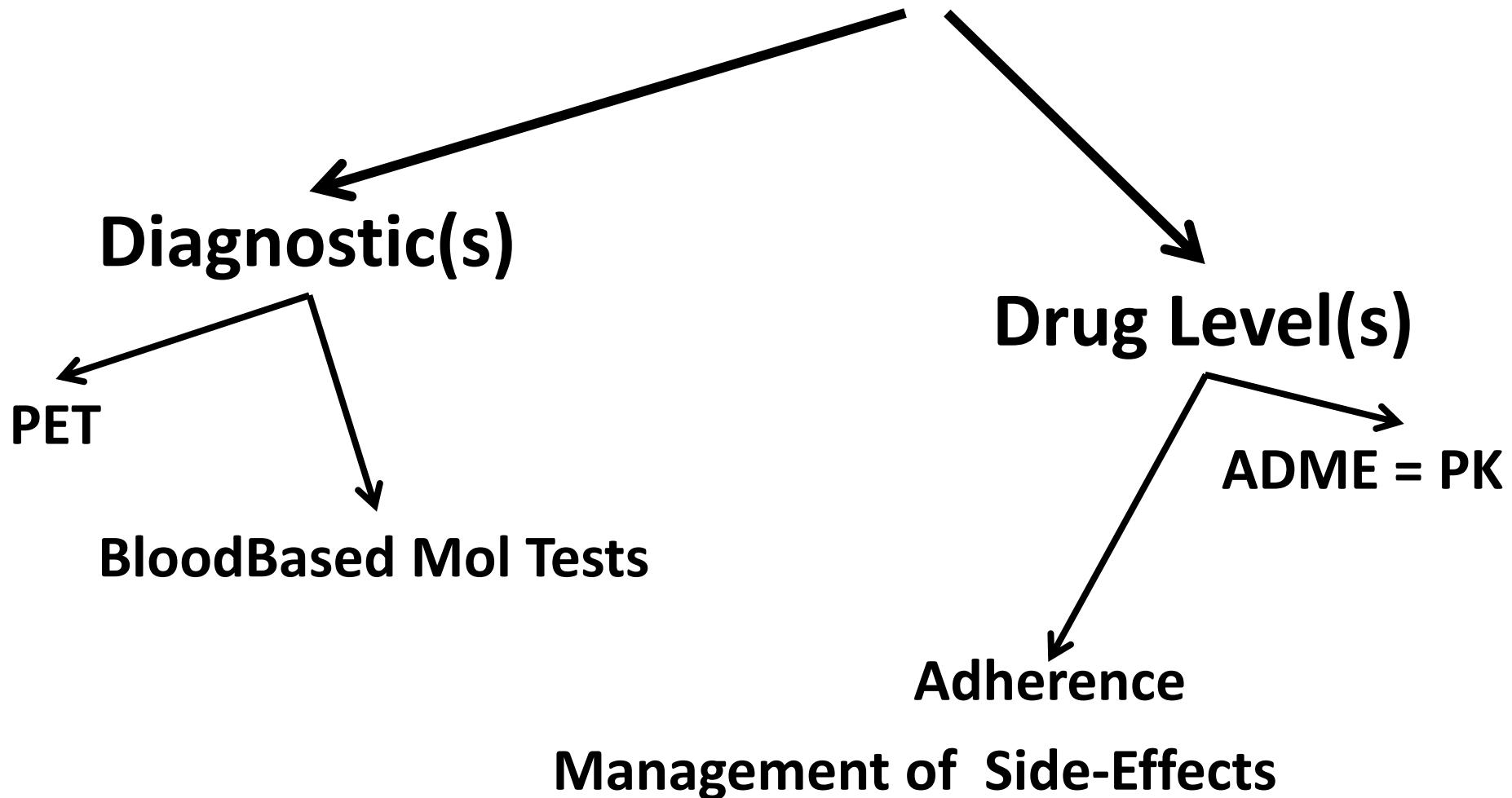
18-19 February 2014, Milan, Italy



# Disclosure slide

- No conflicts of interest

# Personalising → Outcome



# Personalising → Outcome

Diagnostic(s)

PET

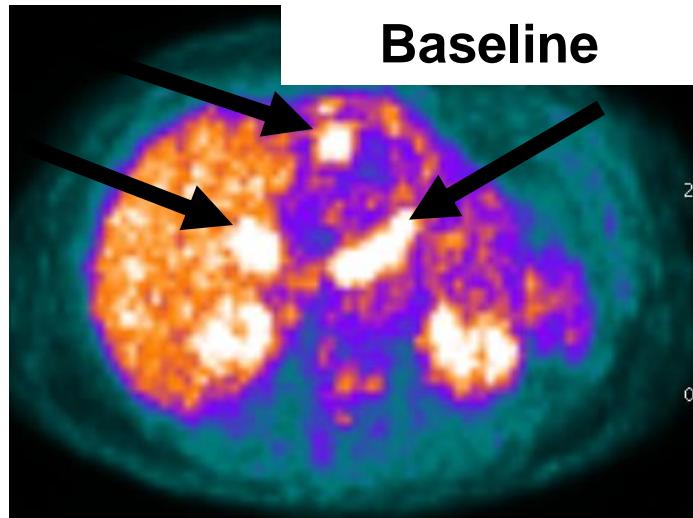
BloodBased Mol Tests

Drug Level(s)

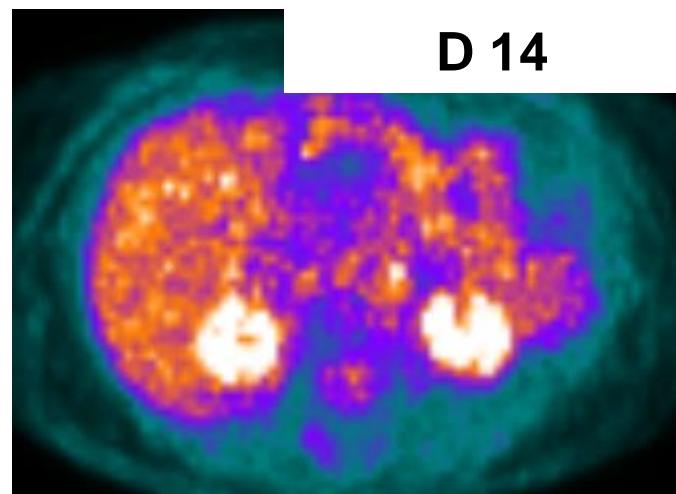
ADME = PK

Adherence

# PET – „temporal resolution“



Baseline

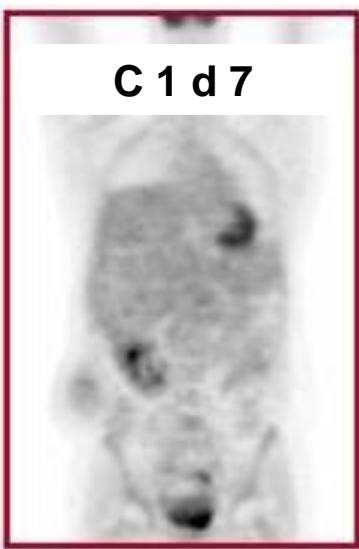


D 14

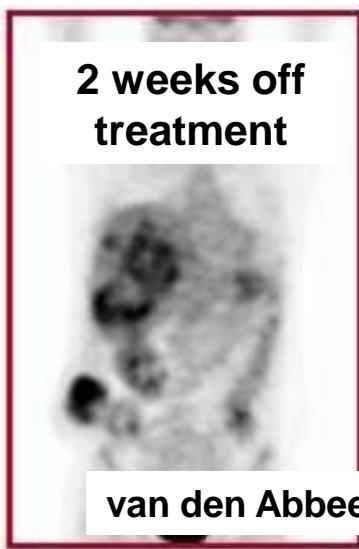
Prior et Montemurro, CHUV Lausanne



baseline



C 1 d 7



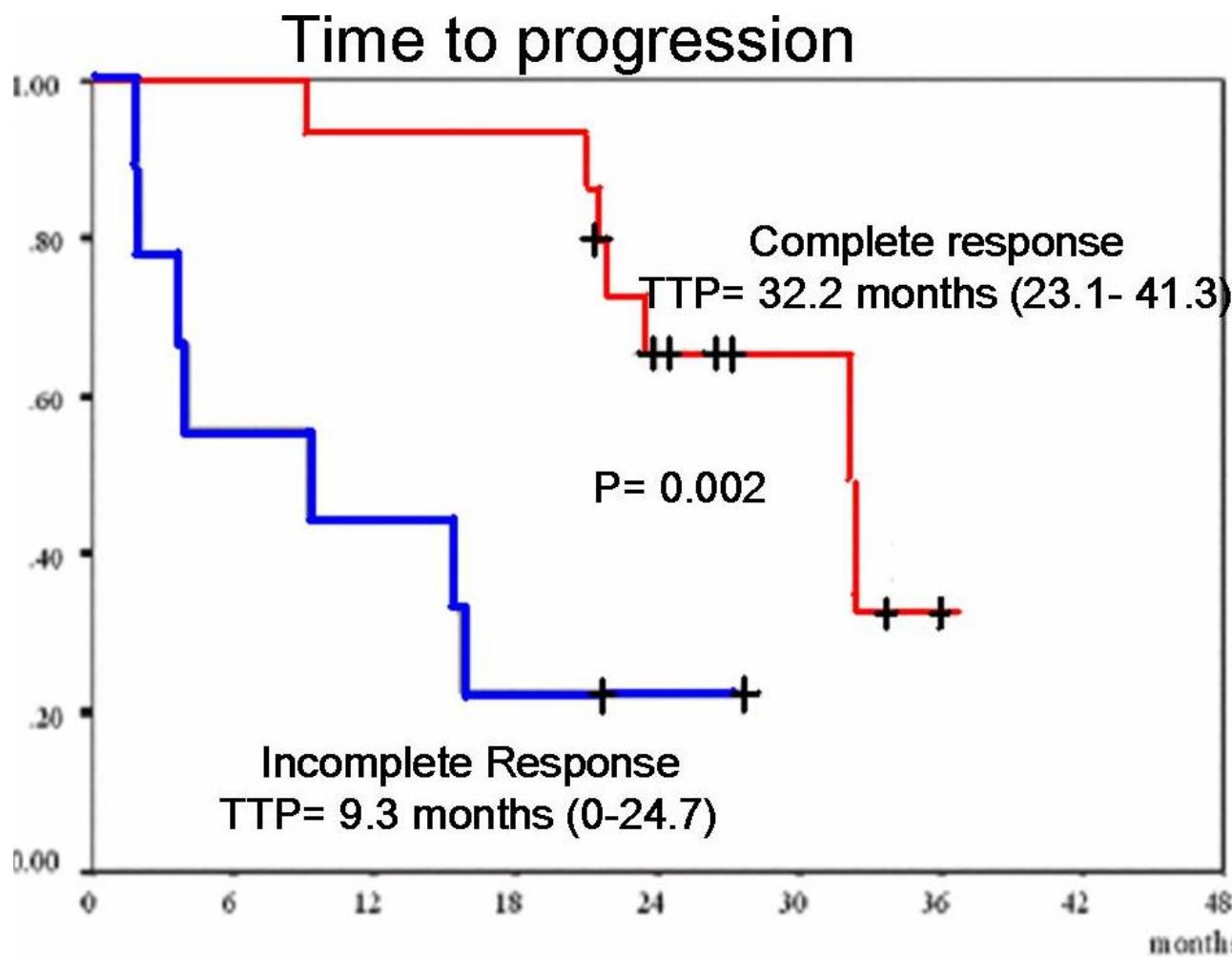
2 weeks off  
treatment



treatment

van den Abbeele et al. ASCO 2005

# PET in 1st-line Imatinib



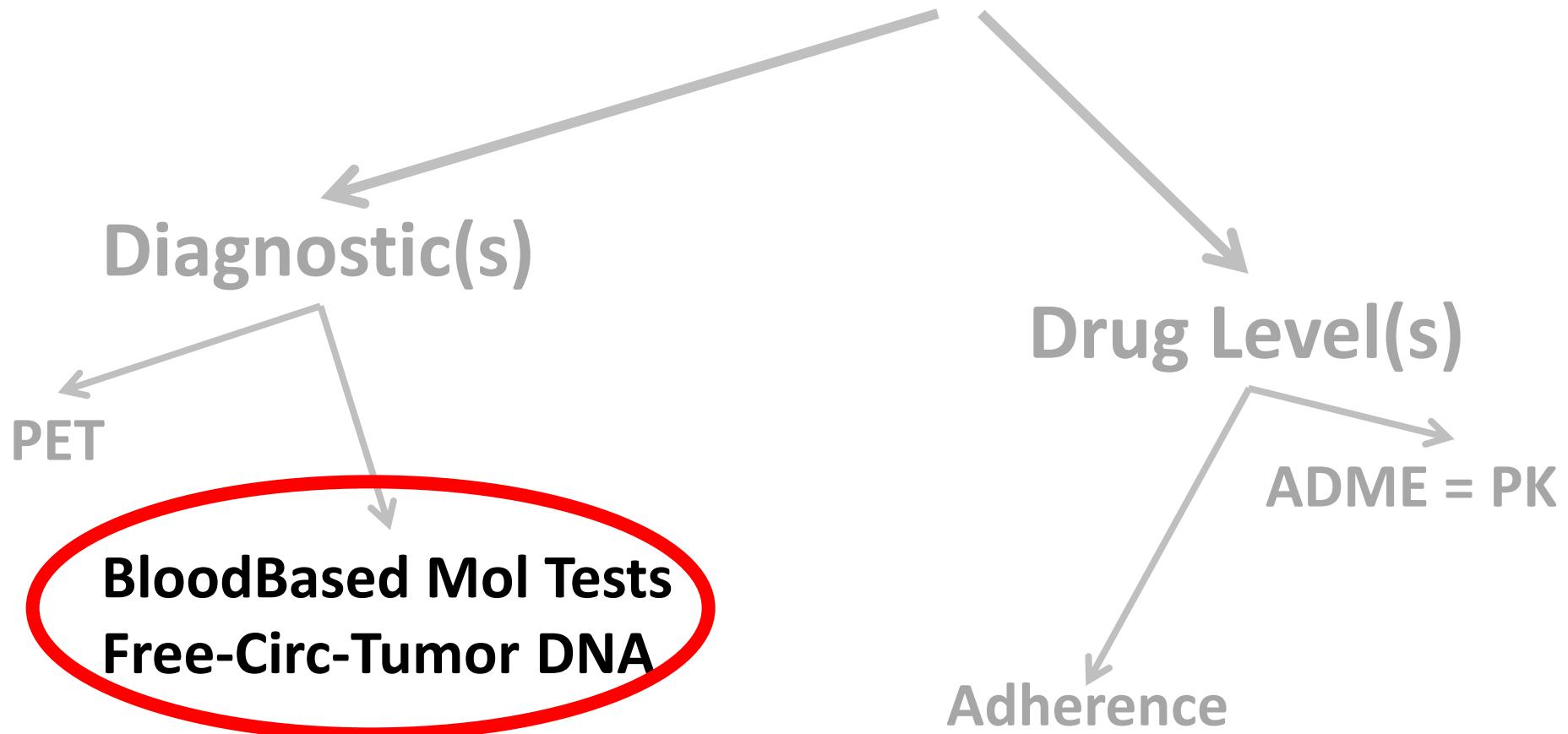
- Early PET response predicts outcome

# Role of PET

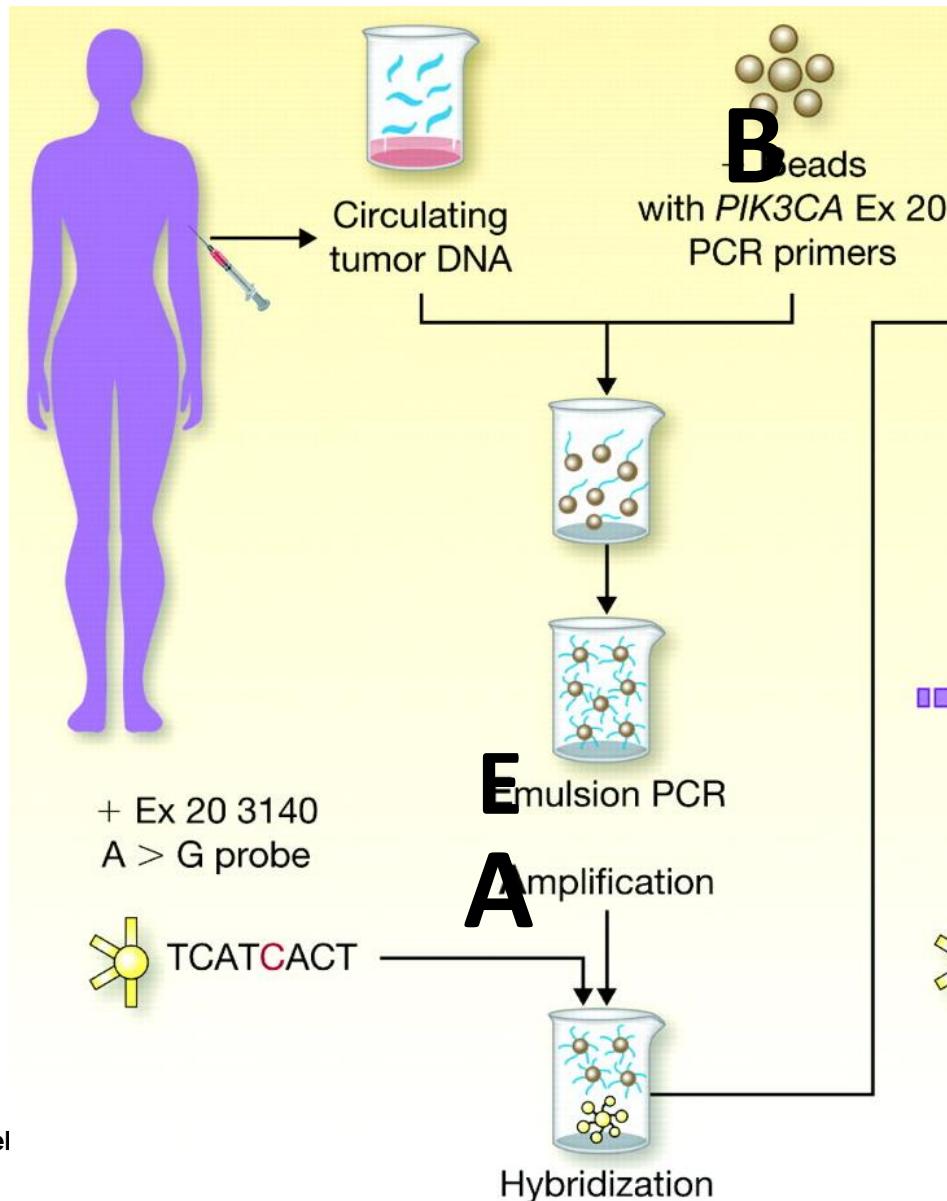
## Selected Cases / Situations

- **Early Response Assessment**
  - Neo-adjuvant treatment
  - Selection of treatment for a specific mutation ???
  - CAVE: FDG-neg GIST --- role of baseline PET
- **Increases Detection Rates**
- **Trials**

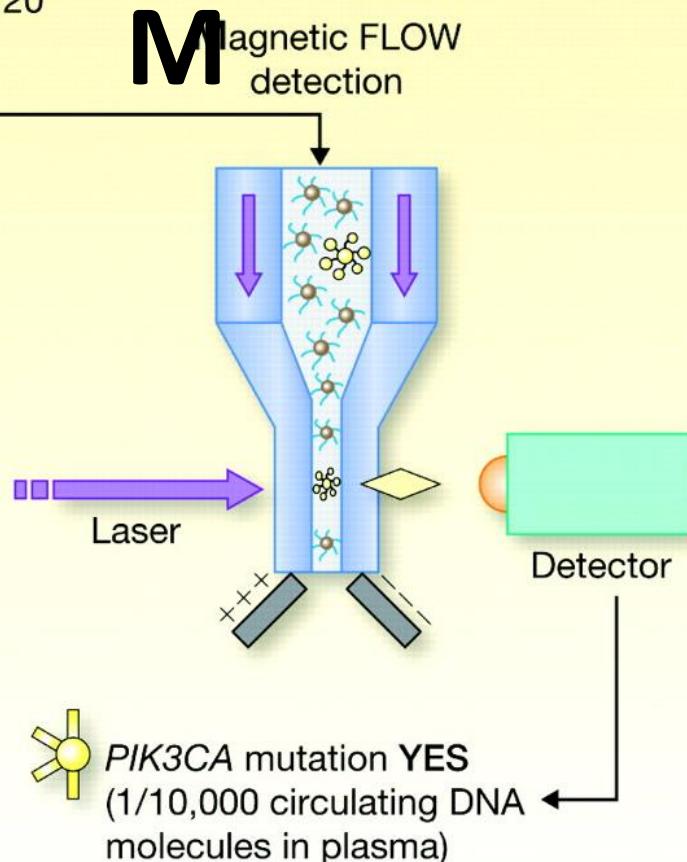
# Personalising → Outcome



# Free Circulating Tumor – fct DNA

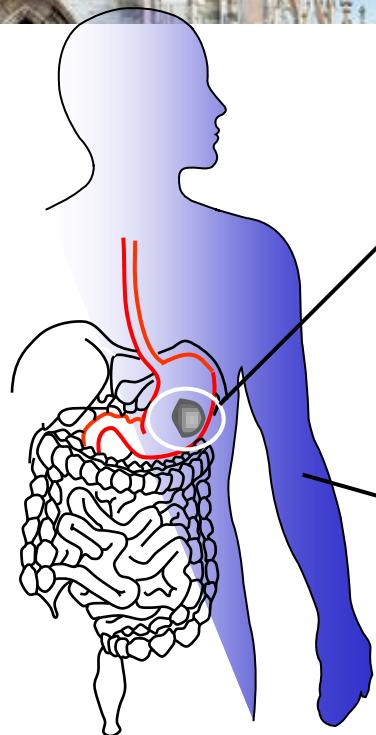


Richardson et Iglehart CCR 2012

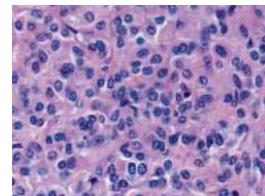


Demetri et al. ASCO 2013

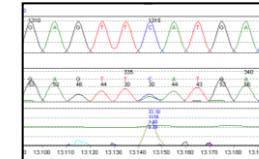
# FCT DNA as Biomarker



Tumor Tissue



→ Detection of Mutation(s)



**Sanger** sequencing

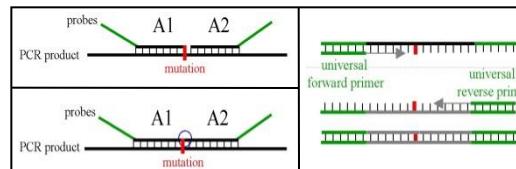
Blood Plasma



→ Free Circulating DNA

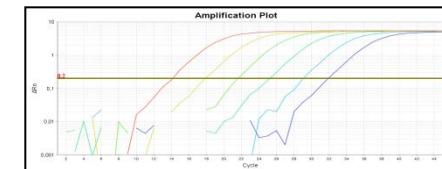


Mutation-Specific Quantification of fcDNA  
(known + unknown mutations)



Ligation PCR

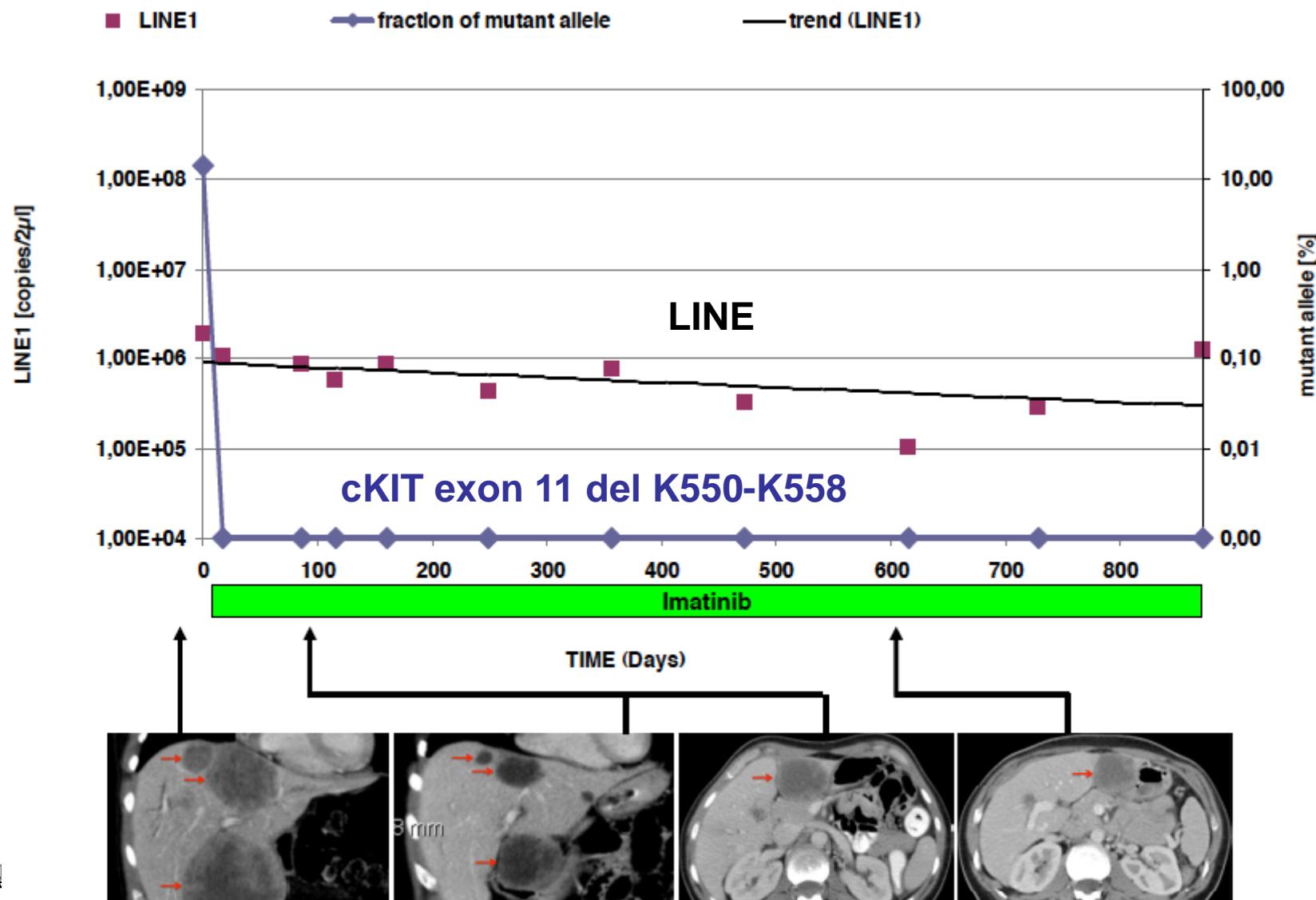
LINE1 Quantification



Real Time PCR

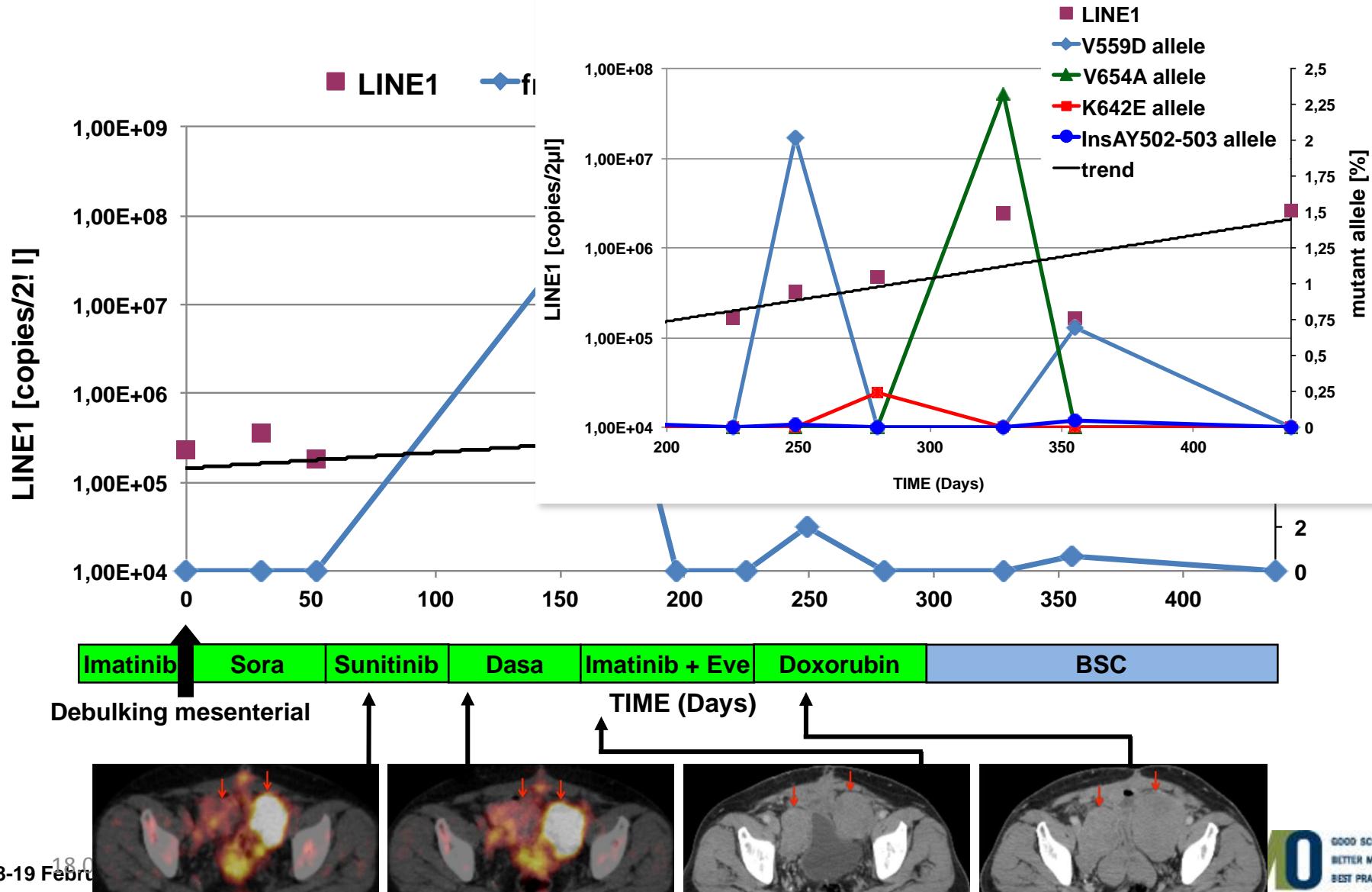
Courtesy: Von Bubnoff et al. ASCO 2013

# Rapid decrease of mutant fcDNA



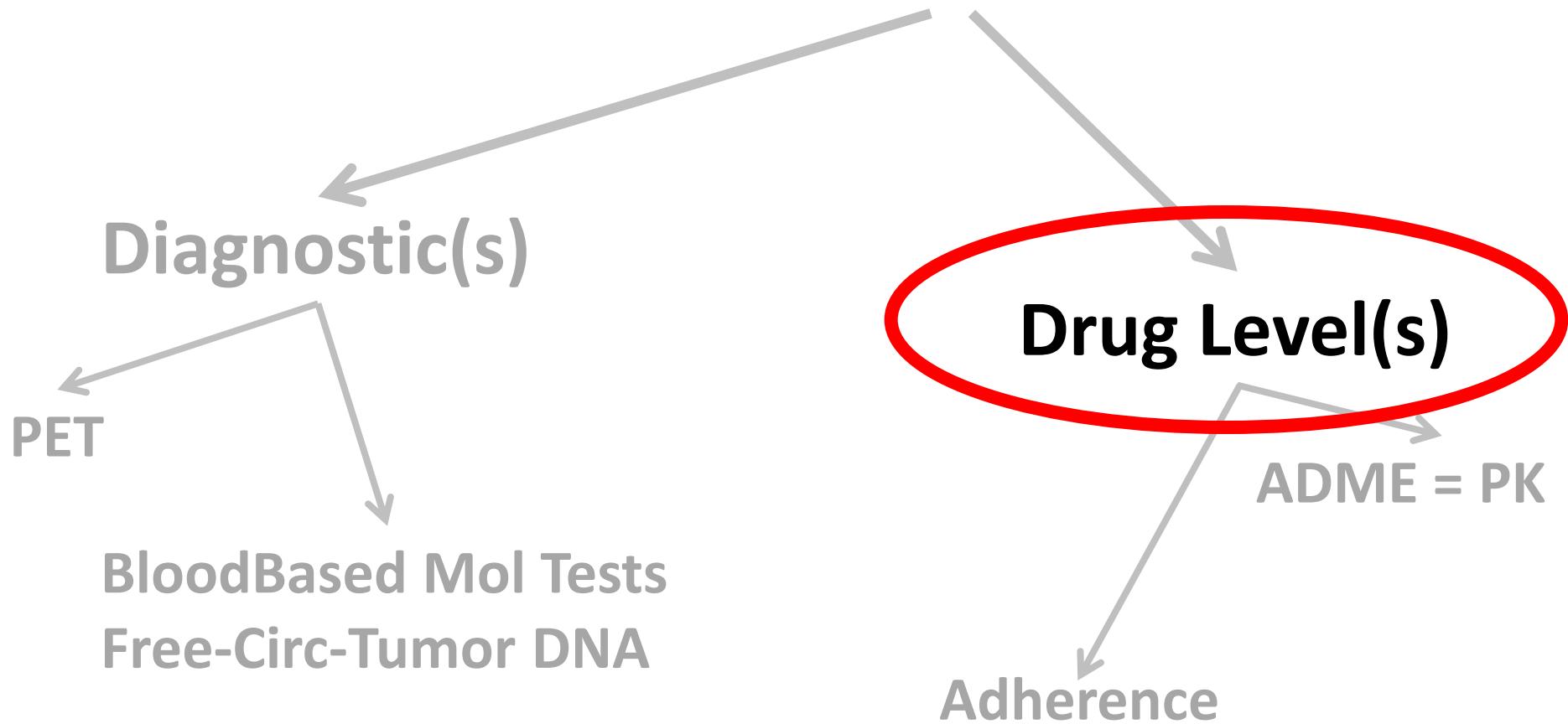
Courtesy: Von Bubnoff et al. ASCO 2013

# Detection / FU Multiple Clones

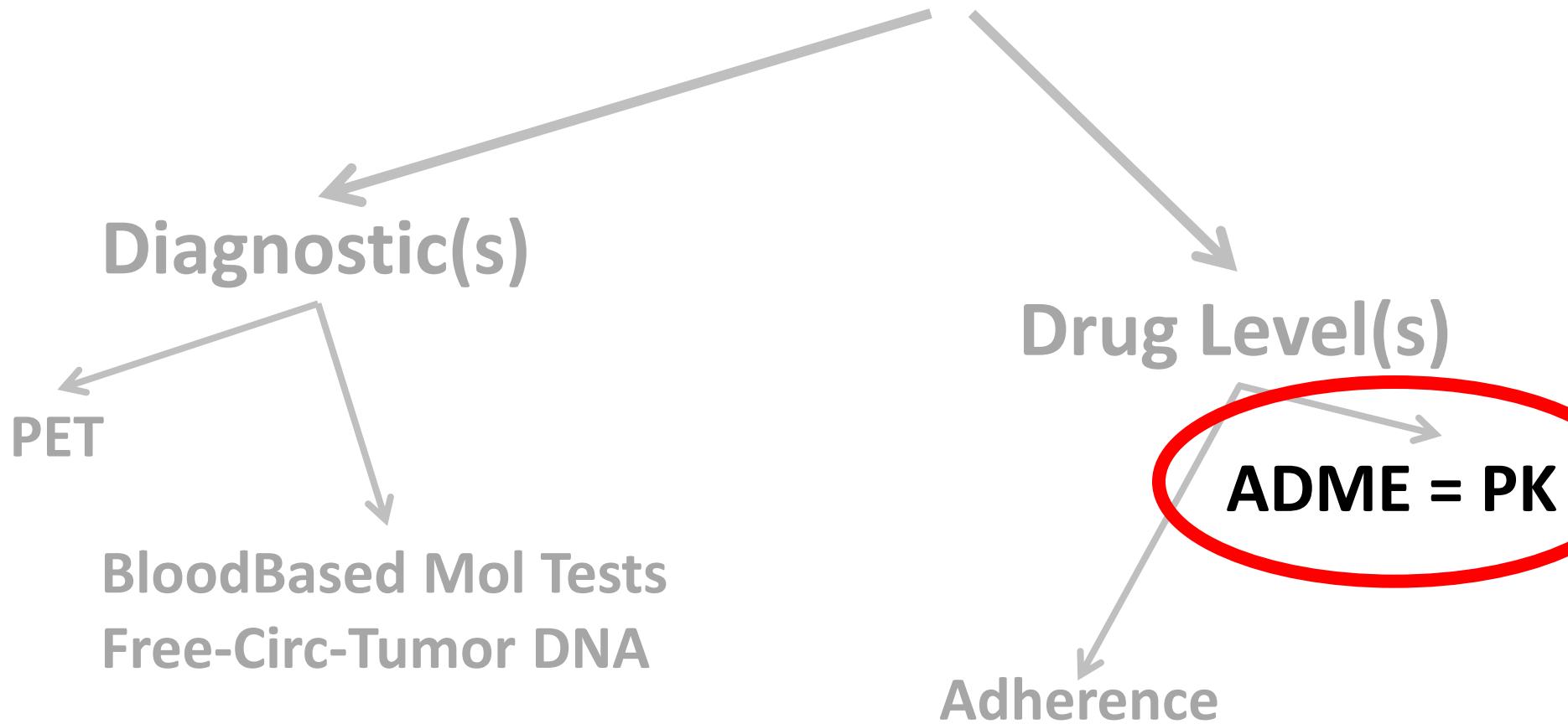


Courtesy: Von Bubnoff et al. ASCO 2013

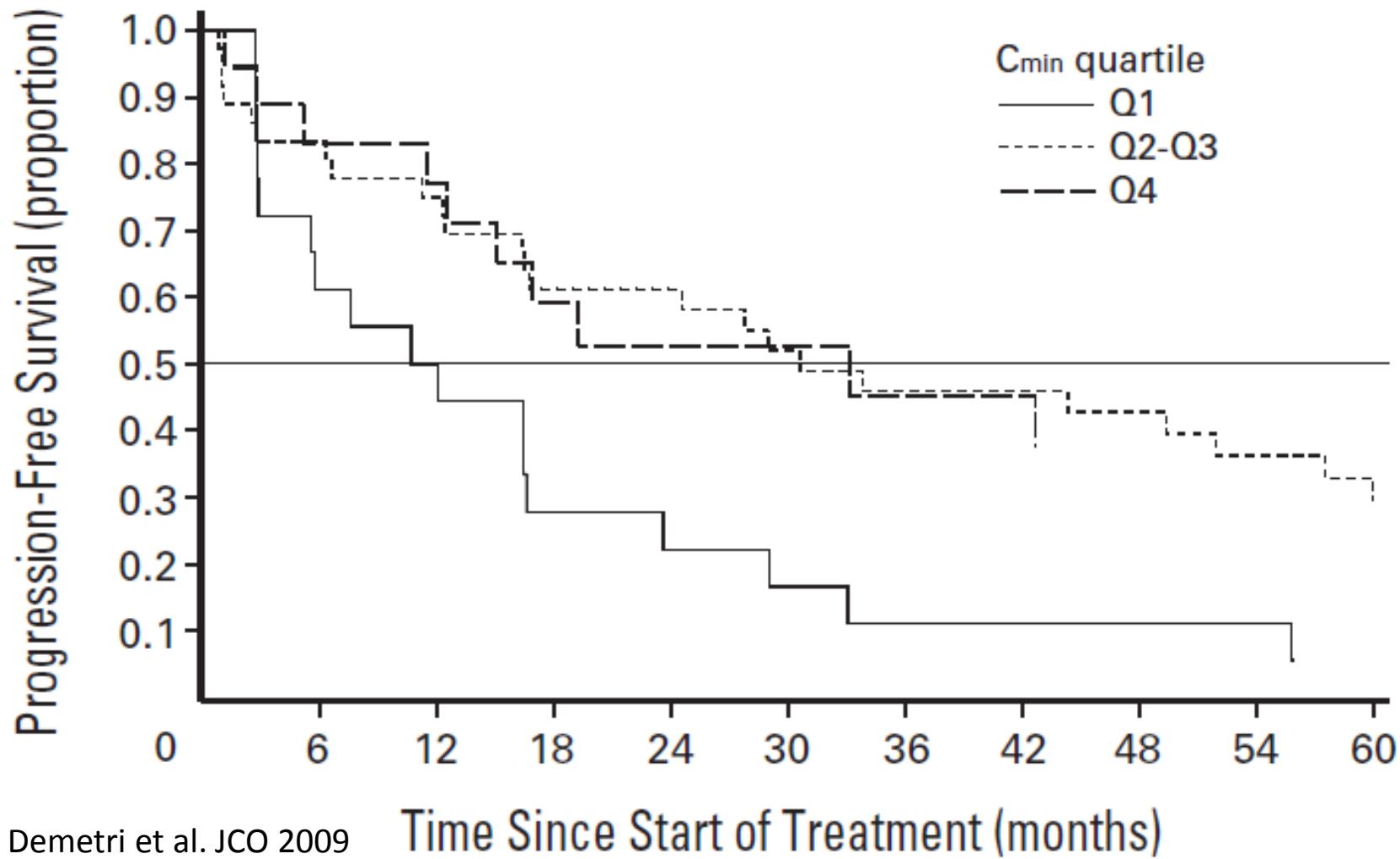
# Personalising → Outcome



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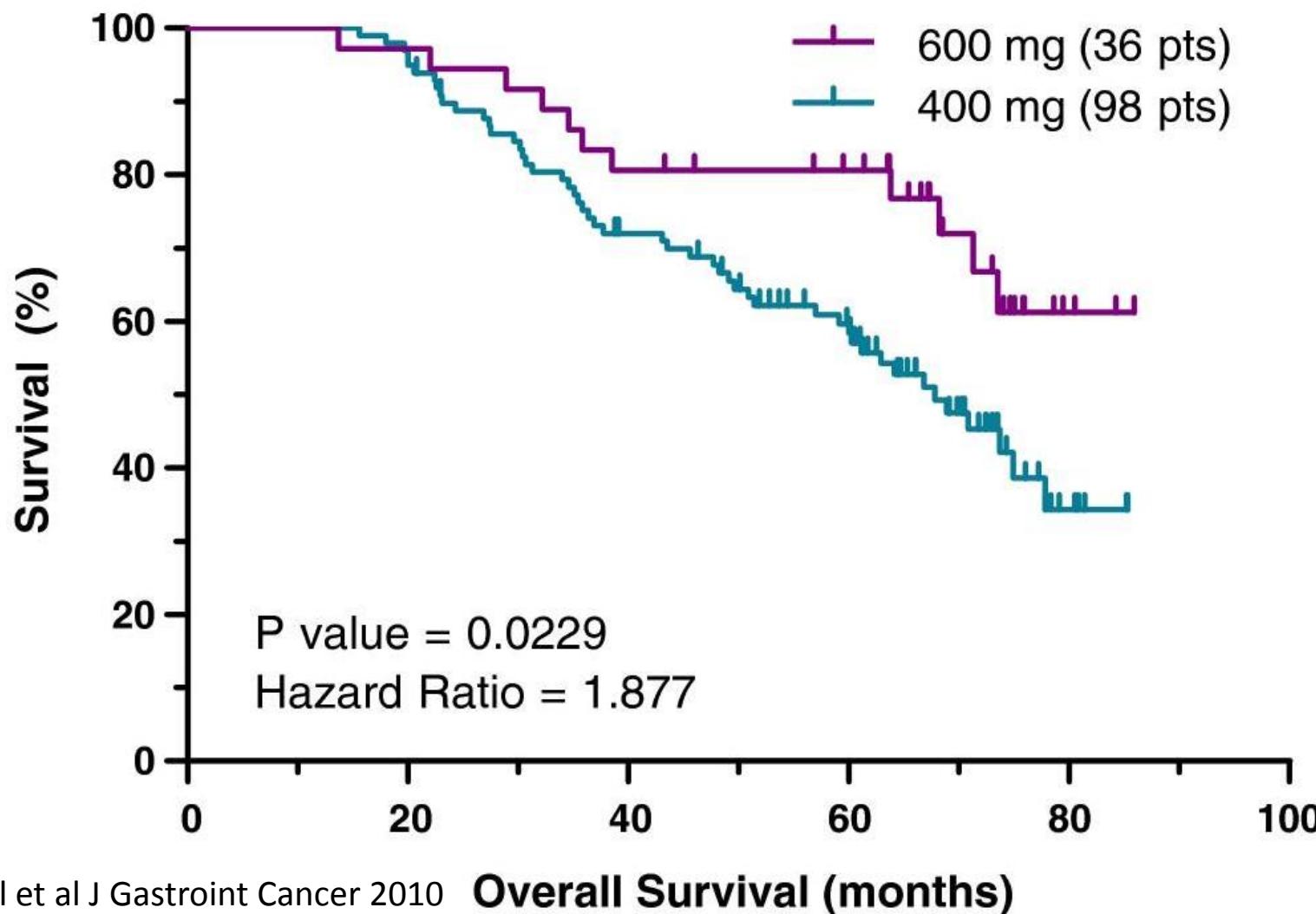
# Imatinib PK - Outcome



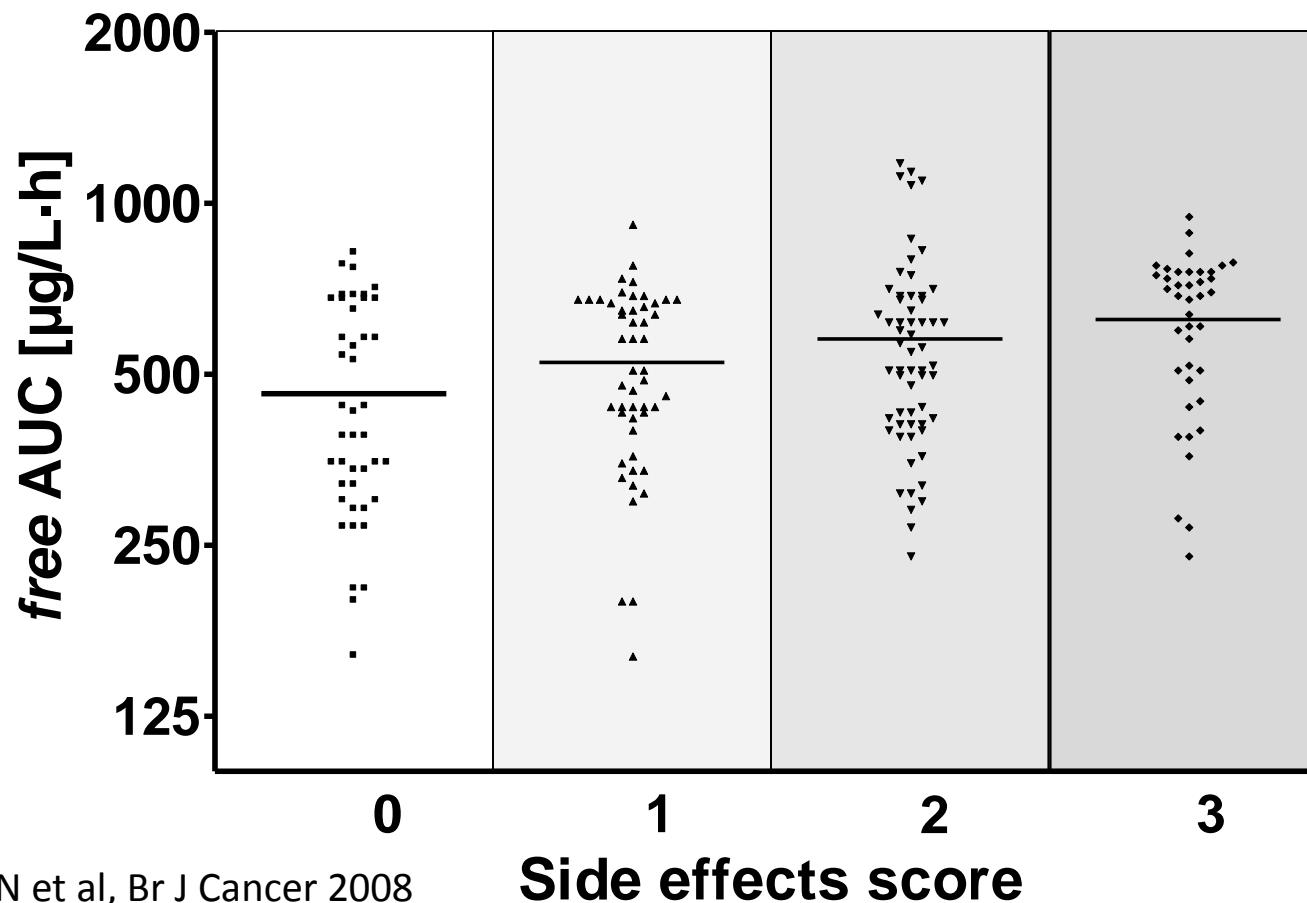
Demetri et al. JCO 2009

Time Since Start of Treatment (months)

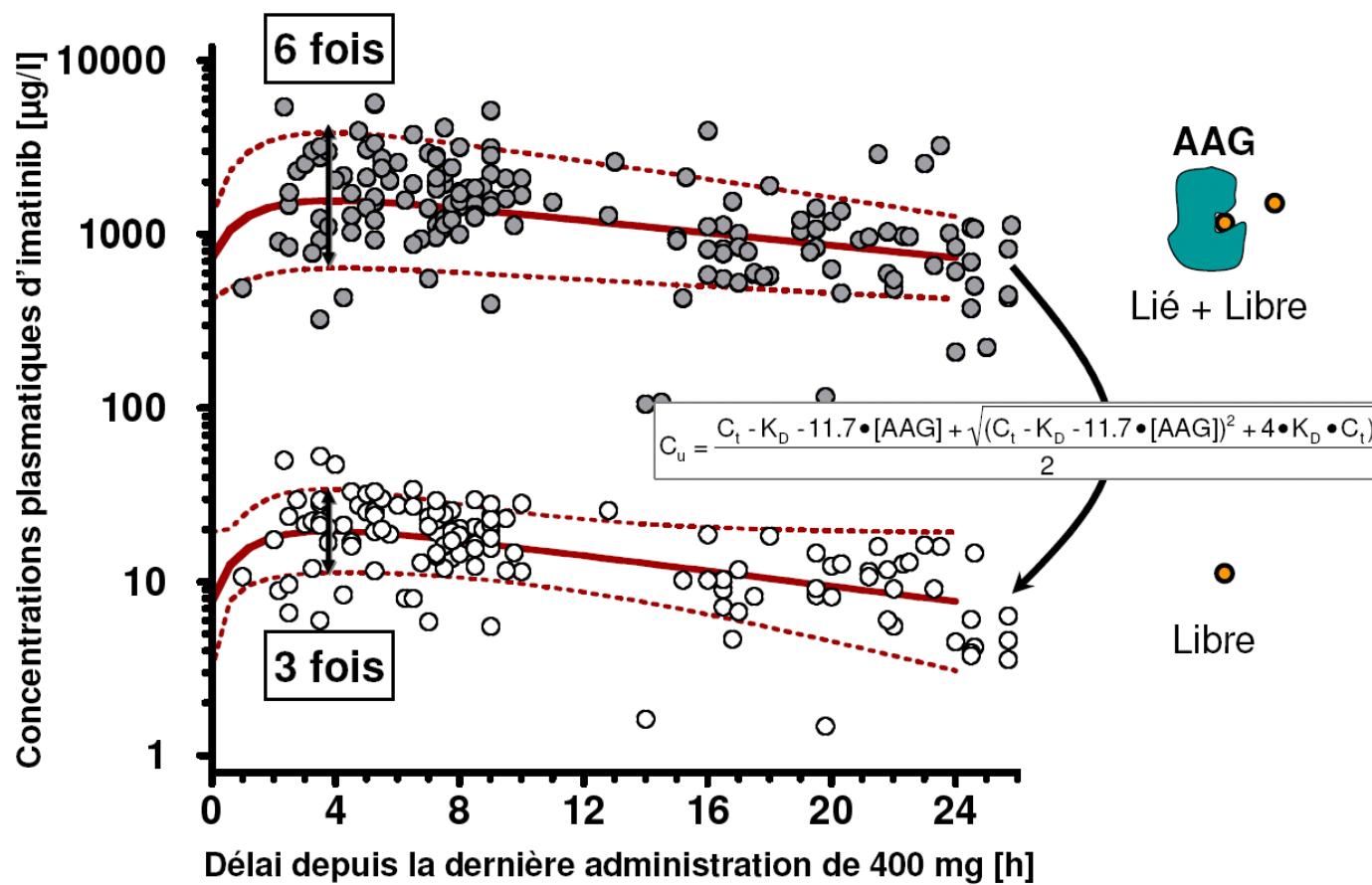
# Self Reported Imatinib



# (free) Drug Level = side effects

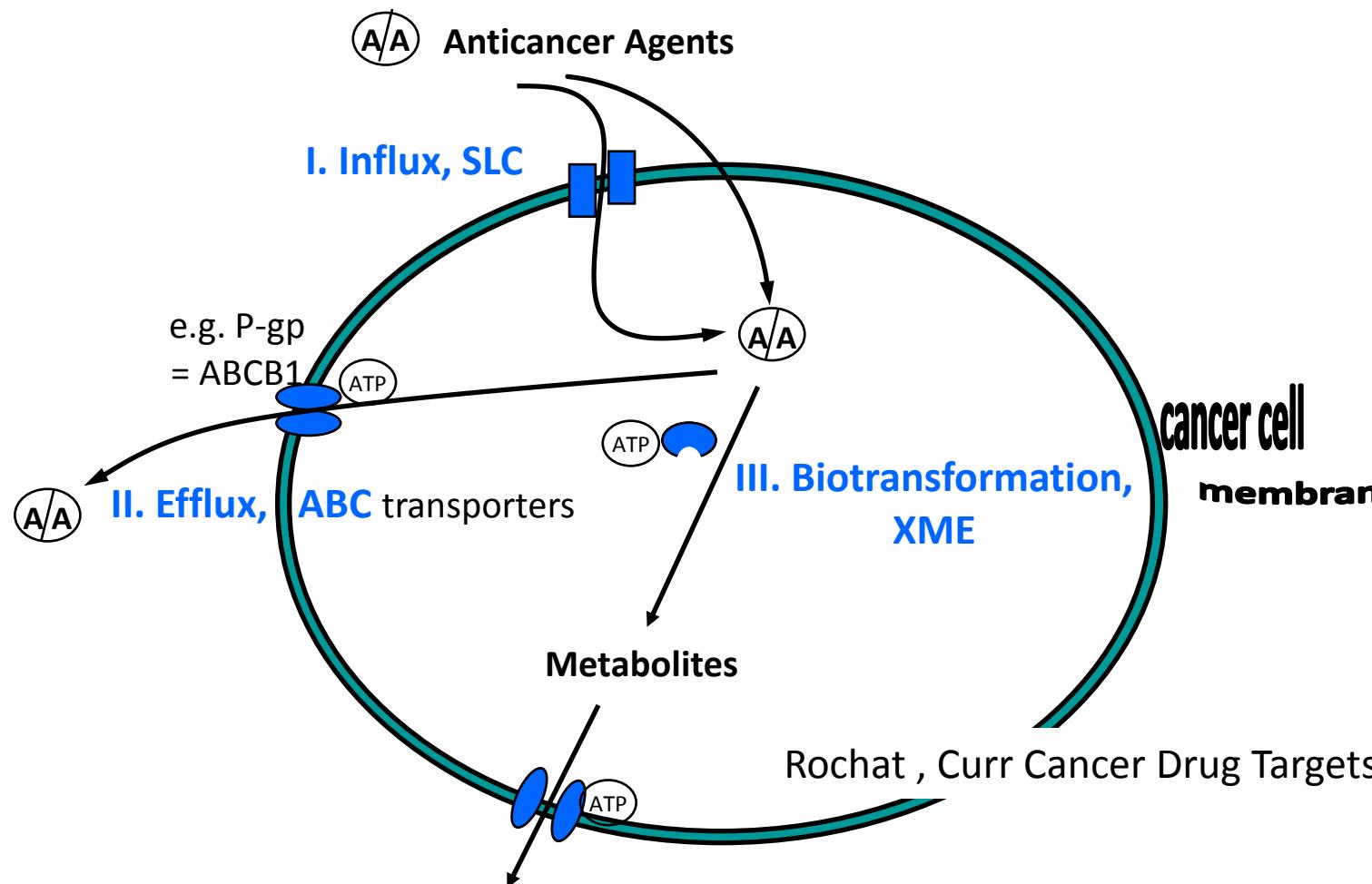


# Total and free Imatinib

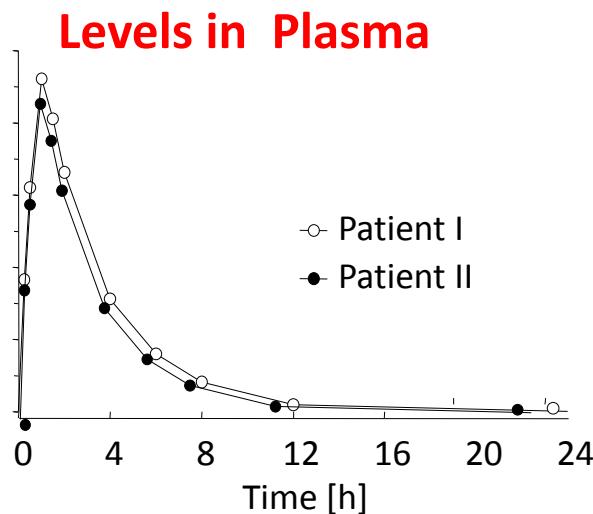


Widmer N et al, Br J Clin Pharmacol 2006

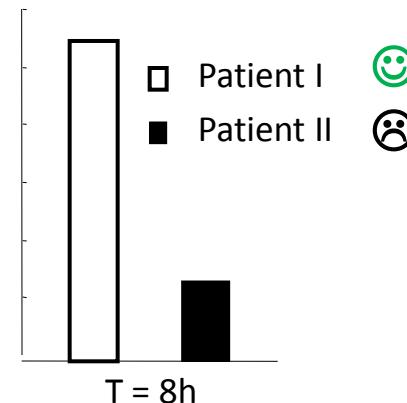
# ADME players at cellular level



# Rule #1 in ADME :



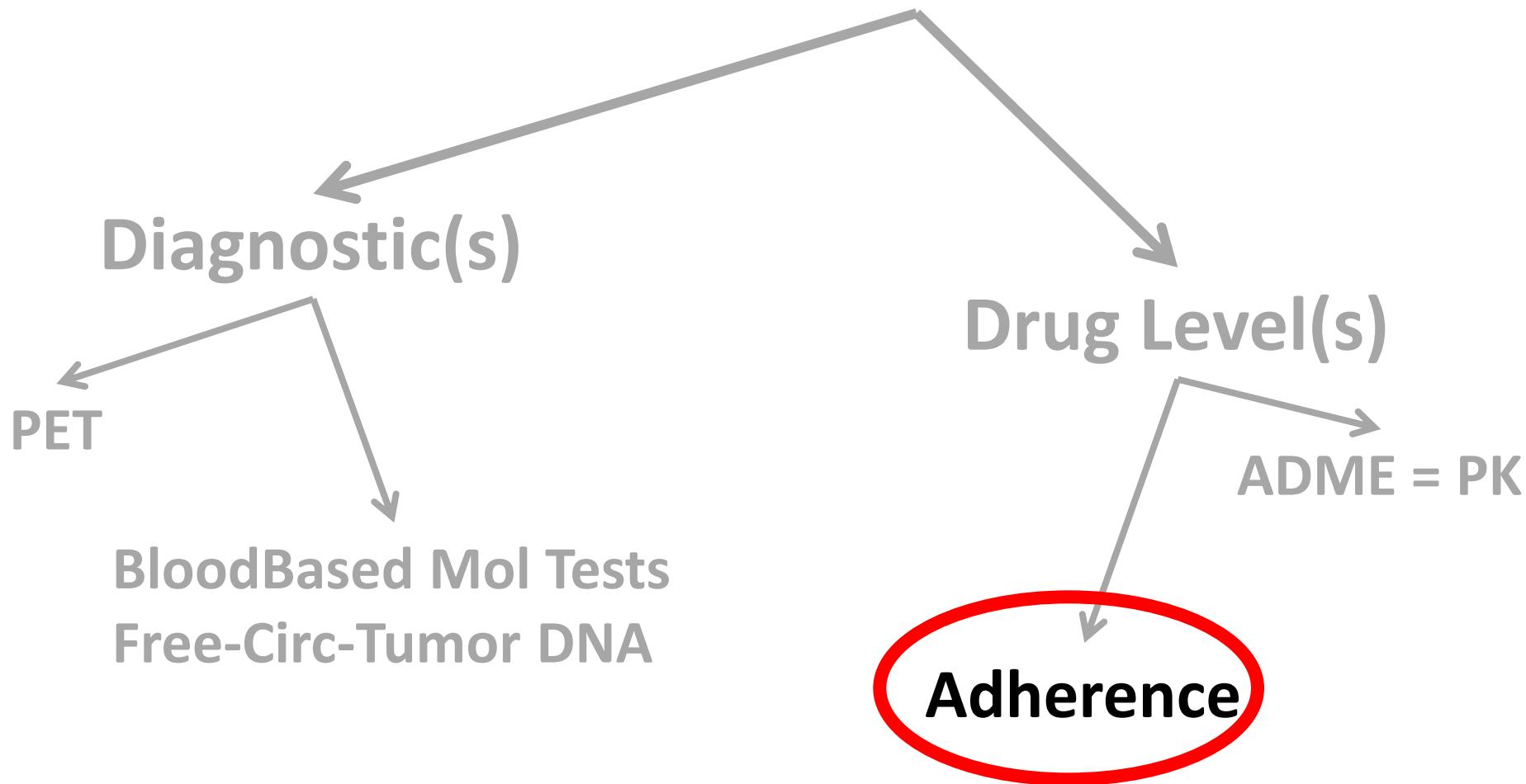
**Levels in Tumors**



**Blood PK** is different from **intratumoral PK**

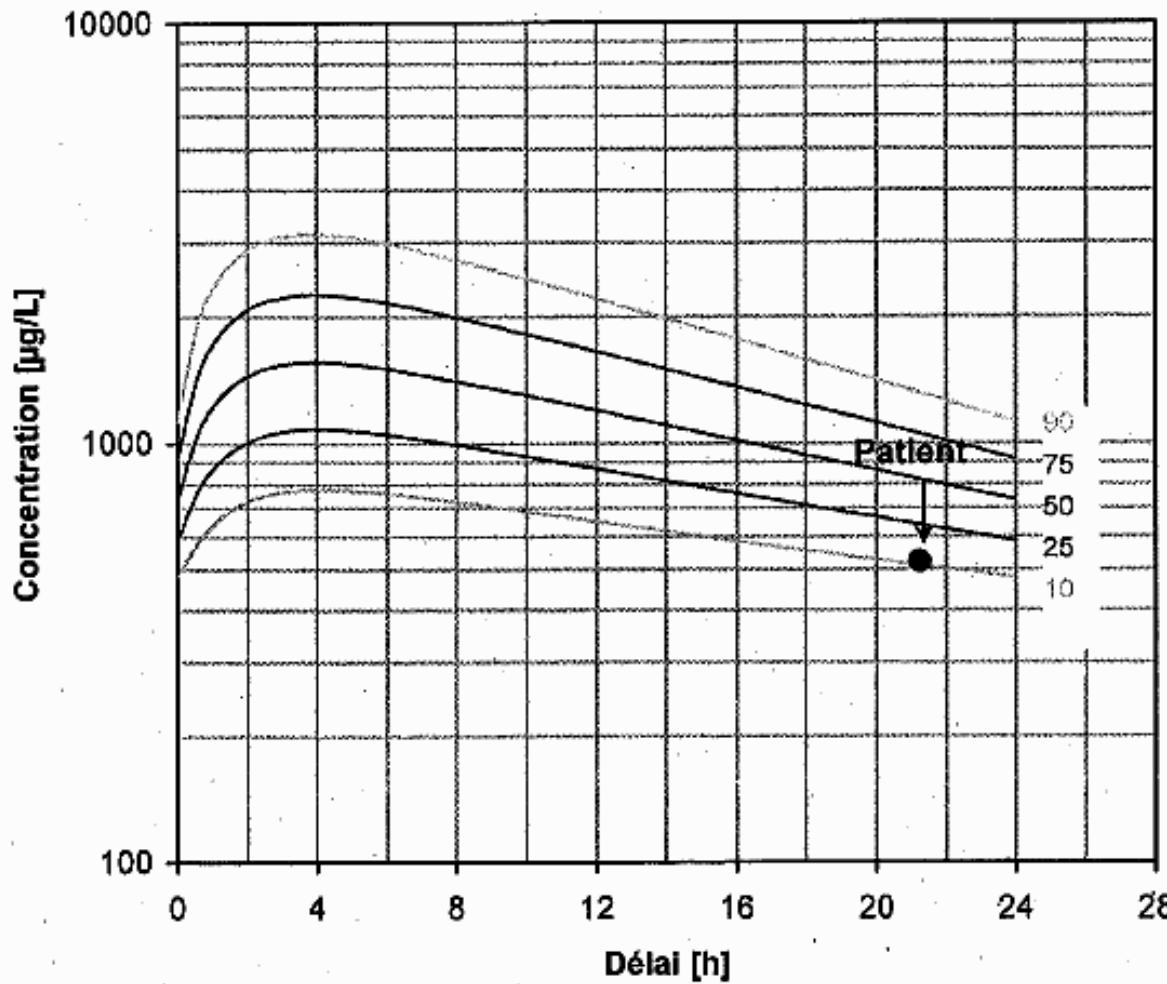
Rochat , Curr Cancer Drug Targets 2009

# Personalising → Outcome

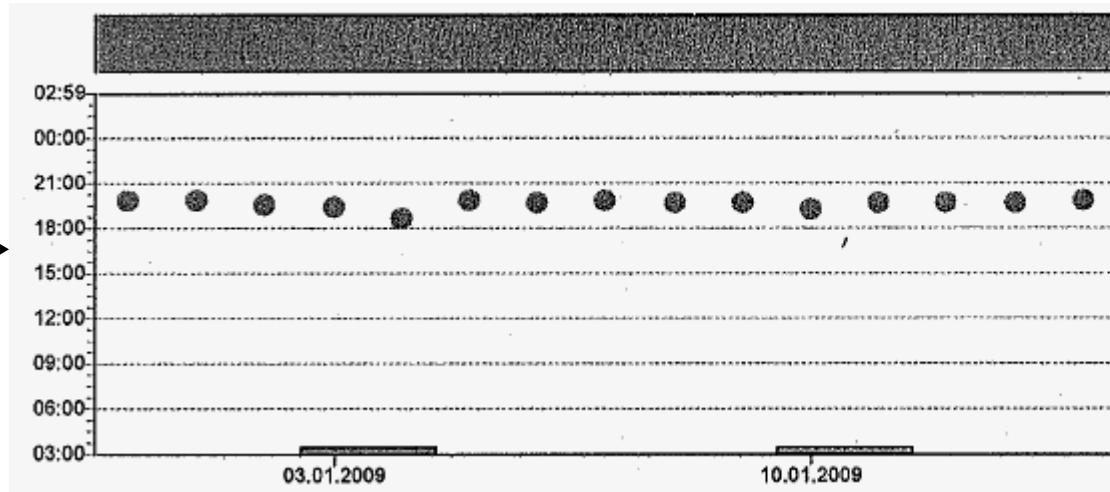


# Progression ..... ?

Imatinib 400 mg 1x/j



# Adherence = Execution X Persistance



Montemurro, CHUV, Lausanne

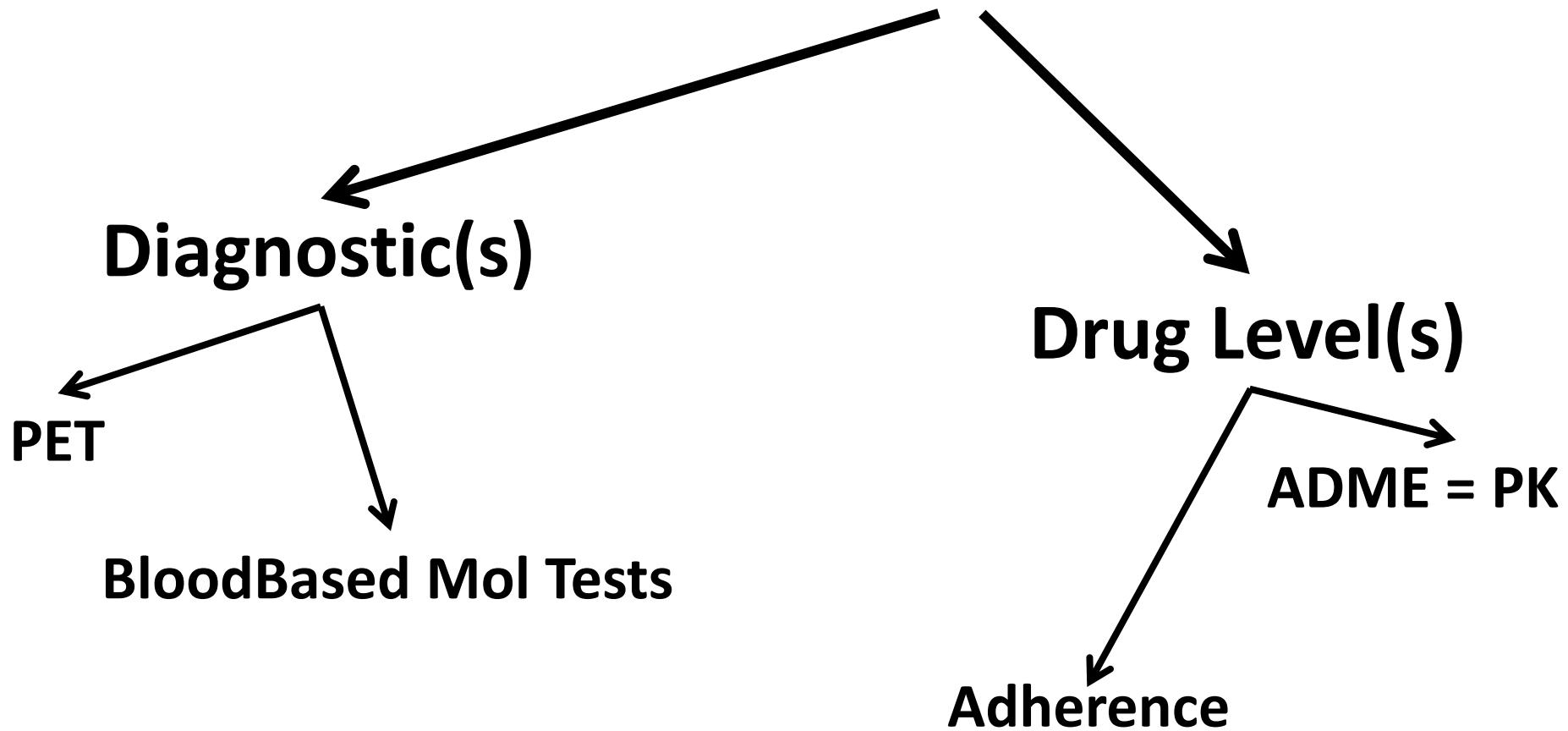
## Electronic „Pill Box“

# Adherence / Drug Levels

- **Drug Level(s)**
  - Probable Correlation with Outcome and Toxicity
  - Suggested Trough level > 1100ng/ml
- **Adherence**
  - Always double-check
  - Unreliable: Refill / Diary
  - Electronic «Pill Box»
  - Intervention / Education in patients «at risk»

Demetri et al, JCO 2009; Widmer et al Br J Cancer 2008; Call et al J Gastroint Cancer 2010  
Jeanneret et al Rev Med Suisse 2011, Mathes et al CTR 2014, Blay et Rutkowski CTR 2014

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