

# Targeting the PI3K/AKT/mTOR pathway: Pre-clinical data II



ICORG



## Biomarkers in the pre-clinical setting

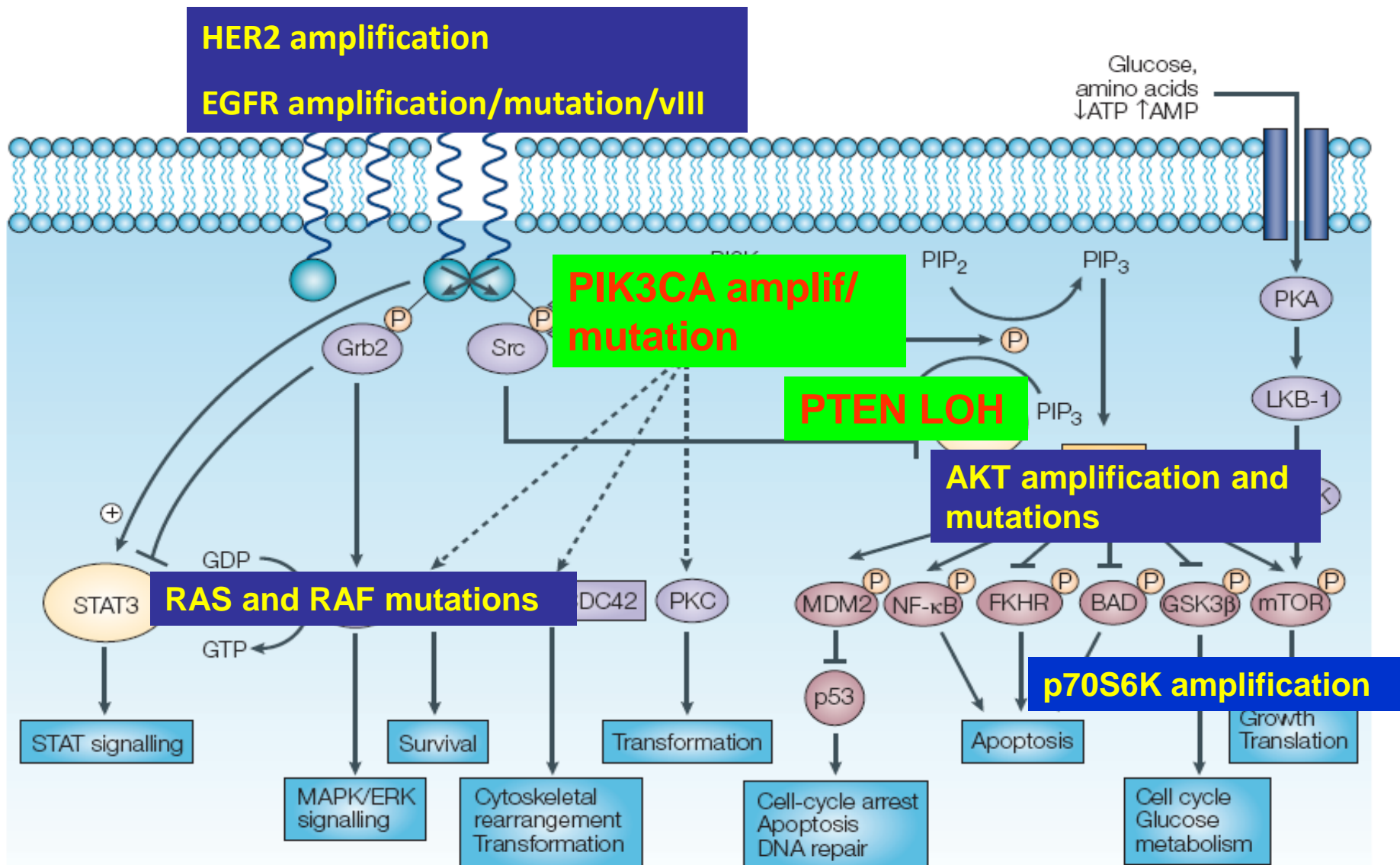
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# Somatic Genomic Aberrations:



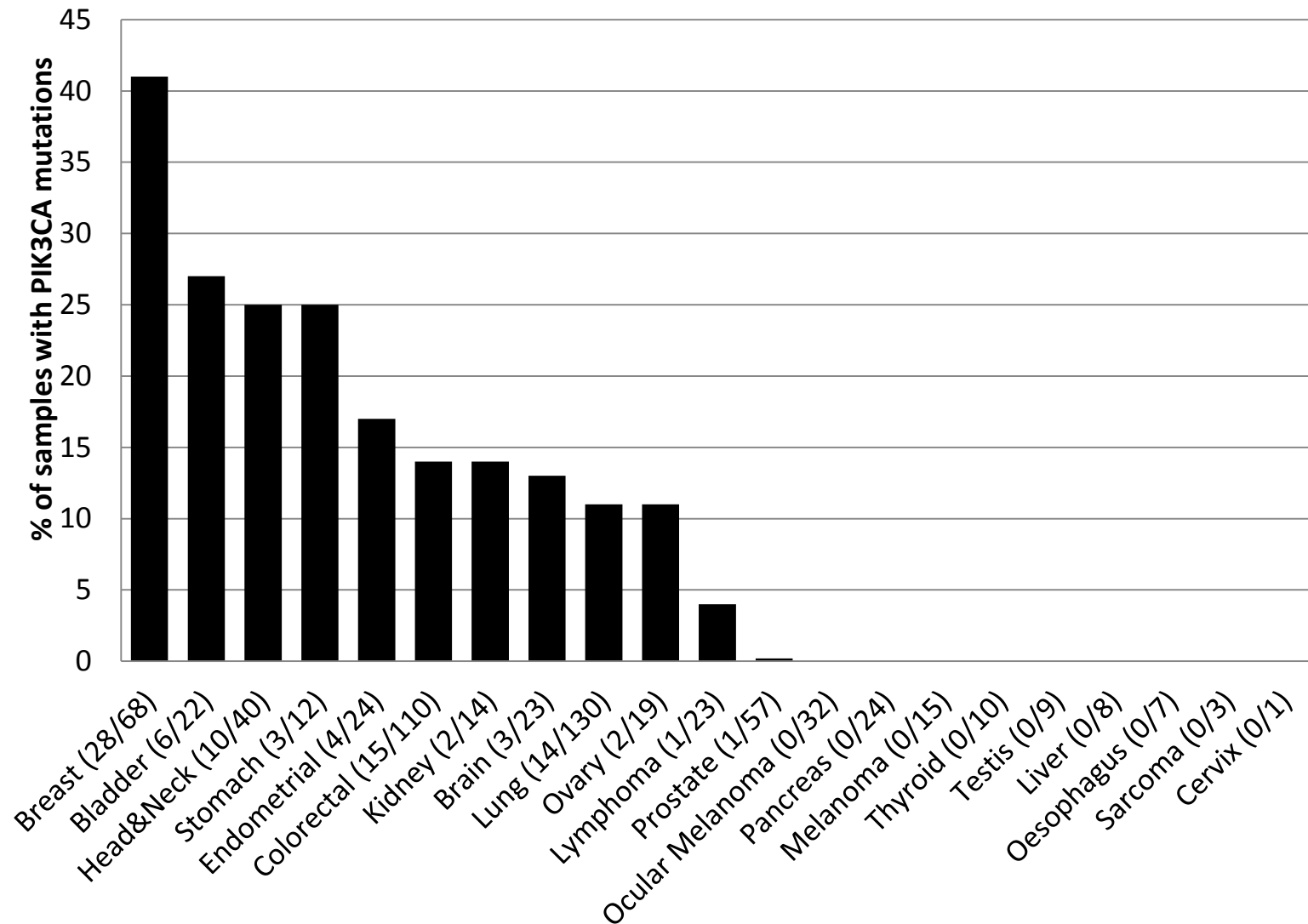
Hennessy BT et al *Nature Rev Drug Discovery* 2005

# Mutations in ALL solid tumours (n=651)

Gene	No. of samples	Percentage
P53	152	23.3
PIK3CA	95	14.6
KRAS	80	12.3
IDH1	67	10.3
MET	56	8.6
PTPN11	27	4.1
BRAF	25	3.8
NRAS	21	3.2
STK11	18	2.8
GNA11	17	2.6
FBXW7	16	2.5
GNAQ	12	1.8
HRAS	12	1.8
CTNNB1	11	1.7
APC	10	1.5
CDKN2A	10	1.5

Gene	No. of samples	Percentage
EGFR	9	1.4
PTEN	5	0.8
KIT	5	0.8
MYC	4	0.6
FGFR1	4	0.6
GNAS	4	0.6
ERBB2	3	0.5
TBX3	3	0.5
FGFR2	2	0.3
PIK3R1	2	0.3
MAP3K13	2	0.3
NCOR1	1	0.2
MAP2K1	1	0.2
FGFR3	1	0.2
RB1	1	0.2
CDK4	1	0.2

**Sinead Toomey, Aoife Carr, Yasir Elamin, John Crown**



**PIK3CA mutation frequency in different solid tumours**

**Sinead Toomey, Aoife Carr**

**Table. PI3K pathway Genetic Mutations and Other Aberrations in 1261 Breast, 332 Ovarian, 246 Endometrial Cancers (total 1839 cancers analyzed).**

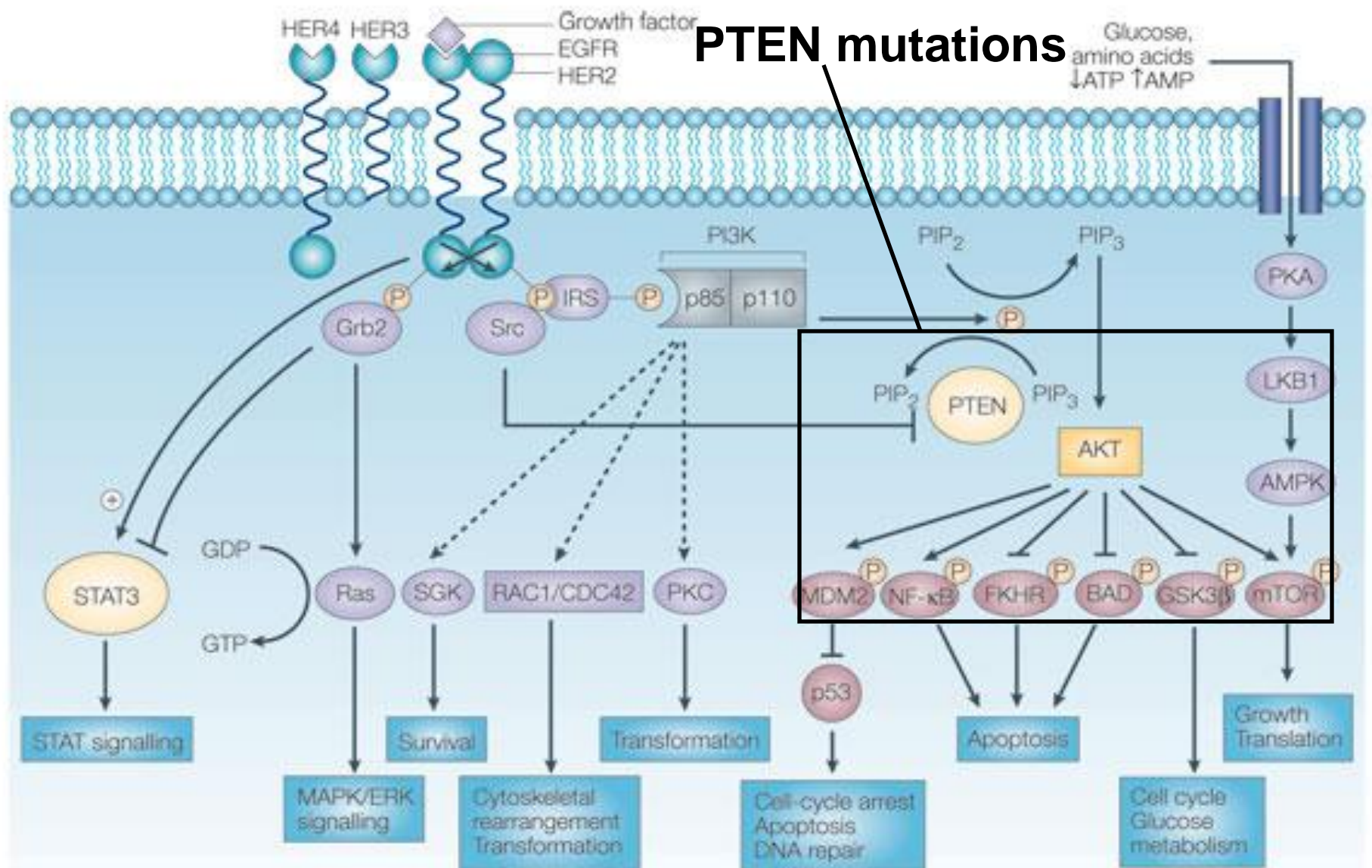
Tumor Type	PIK3CA	PIK3CA	PIK3CB	AKT1	AKT1/2	PTEN	PTEN	INPP4B	PDK1	p70S6	RAS/RAF	HER2	p53	BRCA1	BRCA2
	Mutations	Amplifi- cation	Amplifi- cation	Mutation	Amplifi- cation	Mutation	Protein loss	deletion	Amplifi- cation	Amplifi- cation	Mutation	Amplifi- cation	Mutation	Mutation	Mutation
<b>Breast Total</b>	339/1261 <b>(26.9%)</b>	5%	5%	27/1008 (2.6%)	5%	6/209 (2.3%)	25/110 <b>(22.7%)</b>	<b>~20%</b>	27/129 <b>(20.9%)</b>	<b>30%</b> (0.5%)	2/406	15%	46/121 <b>(38%)</b>	8%	2%
<b>Breast HR+</b>	101/305 <b>(33.1%)</b>			6/232 (2.6%)		4/131 (3.4%)	10/69 (14.5%)	rare	16/79 <b>(23.2%)</b>			0	18/73 <b>(24.6%)</b>		
<b>Breast HER2+</b>	24/98 <b>(24.5%)</b>			0/75		0/33	2/18 (11%)	rare	5/19 <b>(26.3%)</b>			<b>100%</b>	14/23 <b>(60.9%)</b>		
<b>Breast TN</b>	21/262 (8.0%)			0/111		2/41 (4.9%)	11/21 <b>(52%)</b>	<b>60%</b>	2/15 (13.3%)			0	14/22 <b>(63.6%)</b>		
<b>Ovarian</b>	2/332 (0.6%)	<b>45%</b>	5%	2/332 (0.6%)	5%	4/132 (3%)	<b>40%</b>	<b>~20%</b>	rare	rare	12/428 (2.8%)	8%	90/132 <b>(68%)</b>	31/235 (13.2%)	12/178 (6.7%)
<b>Endometrial*</b>	<b>73/246 (30%)</b>	low	low	3/150 (2.0%)	low	<b>20/76 (26%)</b>	<b>&gt;50%</b>	8.00%	rate	rare	<b>44/206 (21%)</b>	rare	9/96 (9%)	1/199 (0.5%)	2/199 (1%)
<b>Events that occur in 20% or more of patients are shown in bold.</b>															

1. Hennessy BT, et al. *J Clin Oncol* 2005
2. Hale K....., Mills GB, Hennessy BT. *Cancer Research* 2008
3. Hennessy BT,.....Mills GB. *Cancer Research* 2009
4. Gonzalez AM...Hennessy BT. *CCR* 2009

**The frequency of activating  
PI3K pathway genetic  
aberrations in cancer  
suggests that the pathway  
will be a useful target in  
many human tumors**

**Defining the functional effects of PI3K pathway mutations and other aberrations in cancer:**

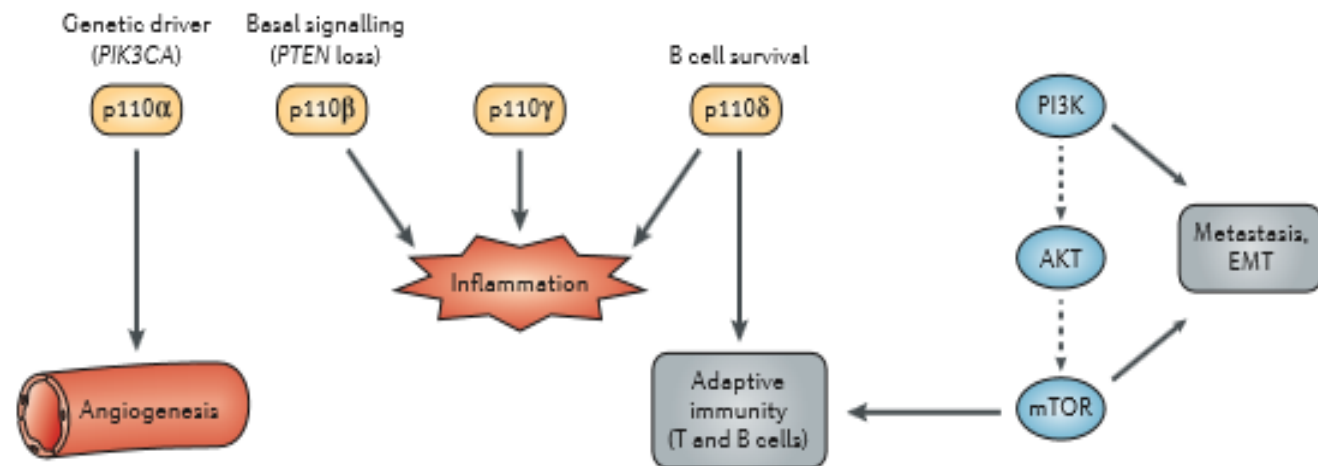
**What specific isoforms and downstream effectors mediate effects?**



Hennessy et al. Nature Reviews Drug Discovery 2005

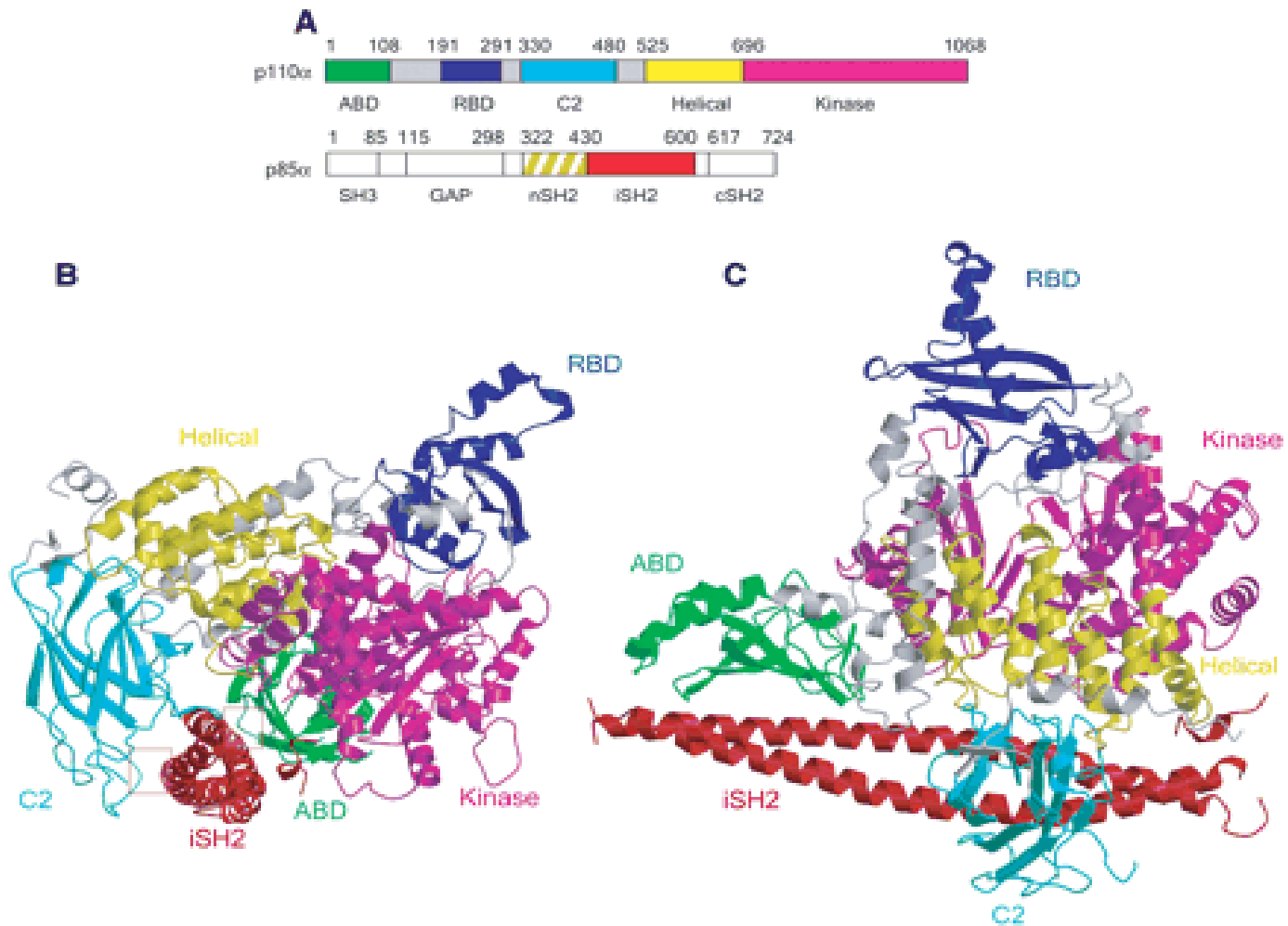


## REVIEWS

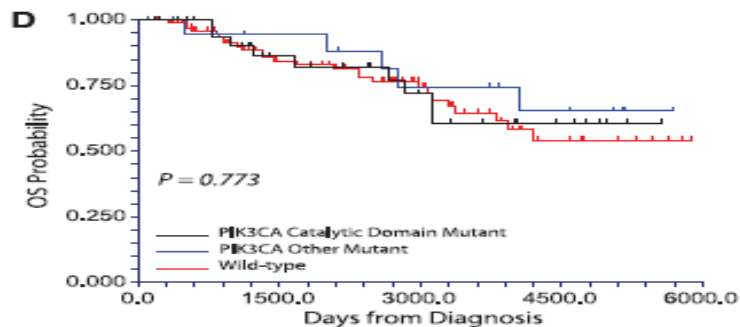
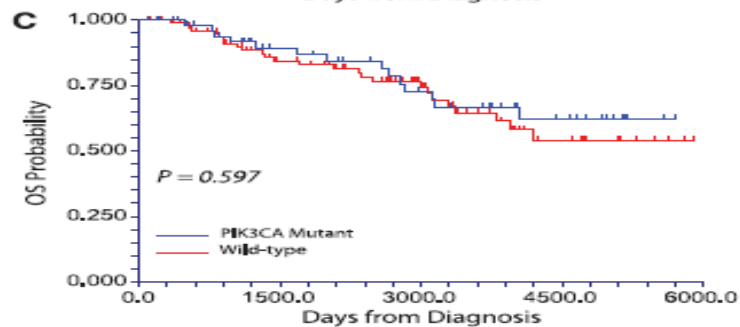
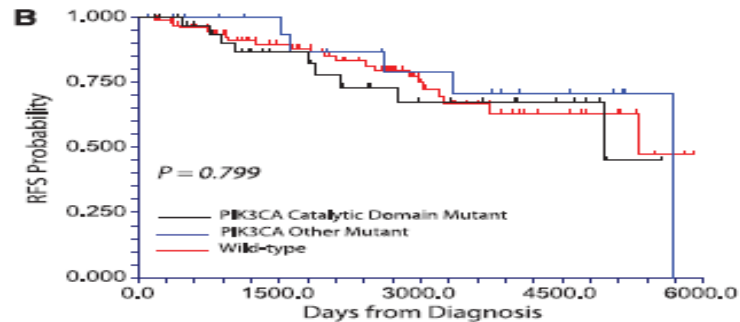
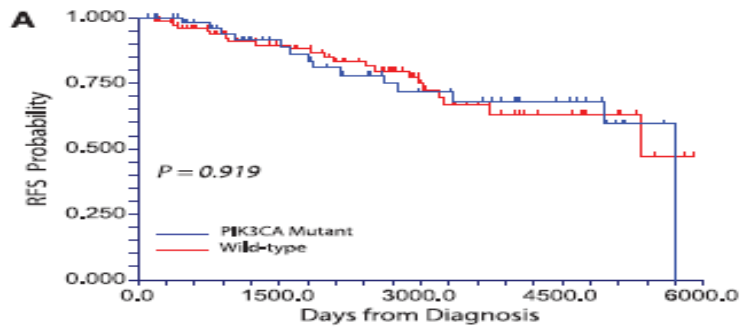


**Figure 1 | Targets in the signalling network and their role in tumour biology.** This diagram shows a highly simplified scheme of the signalling pathway leading from phosphoinositide 3-kinase (PI3K), to AKT, to mammalian target of rapamycin (mTOR). The four isoforms of class I PI3K are shown in orange boxes. The cancer-cell-intrinsic functions of the isoforms are illustrated above: the PI3K catalytic isoform p110α (encoded by *PIK3CA*) is a frequent genetic driver (*PIK3CA* mutations); basal activity of p110β is implicated in tumours with loss of phosphatase and tensin homolog (*PTEN*); and p110δ has a fundamental role in the survival of normal B cells and is implicated in malignancies of this lineage. PI3K and mTOR drive tumour metastasis by promoting cell motility and epithelial–mesenchymal transition (EMT). The bold arrows represent cell-extrinsic functions of various components in the network. p110α drives angiogenesis; p110γ, p110δ and p110β have important functions in inflammatory cells; and p110δ and mTOR control key aspects of adaptive immunity, including lymphocyte activation, differentiation and tolerance. Drugs in clinical development that target the nodes in this network are listed in Supplementary information S1 (table).

# Structure of the p110 alpha subunit of PI3K (PIK3CA)



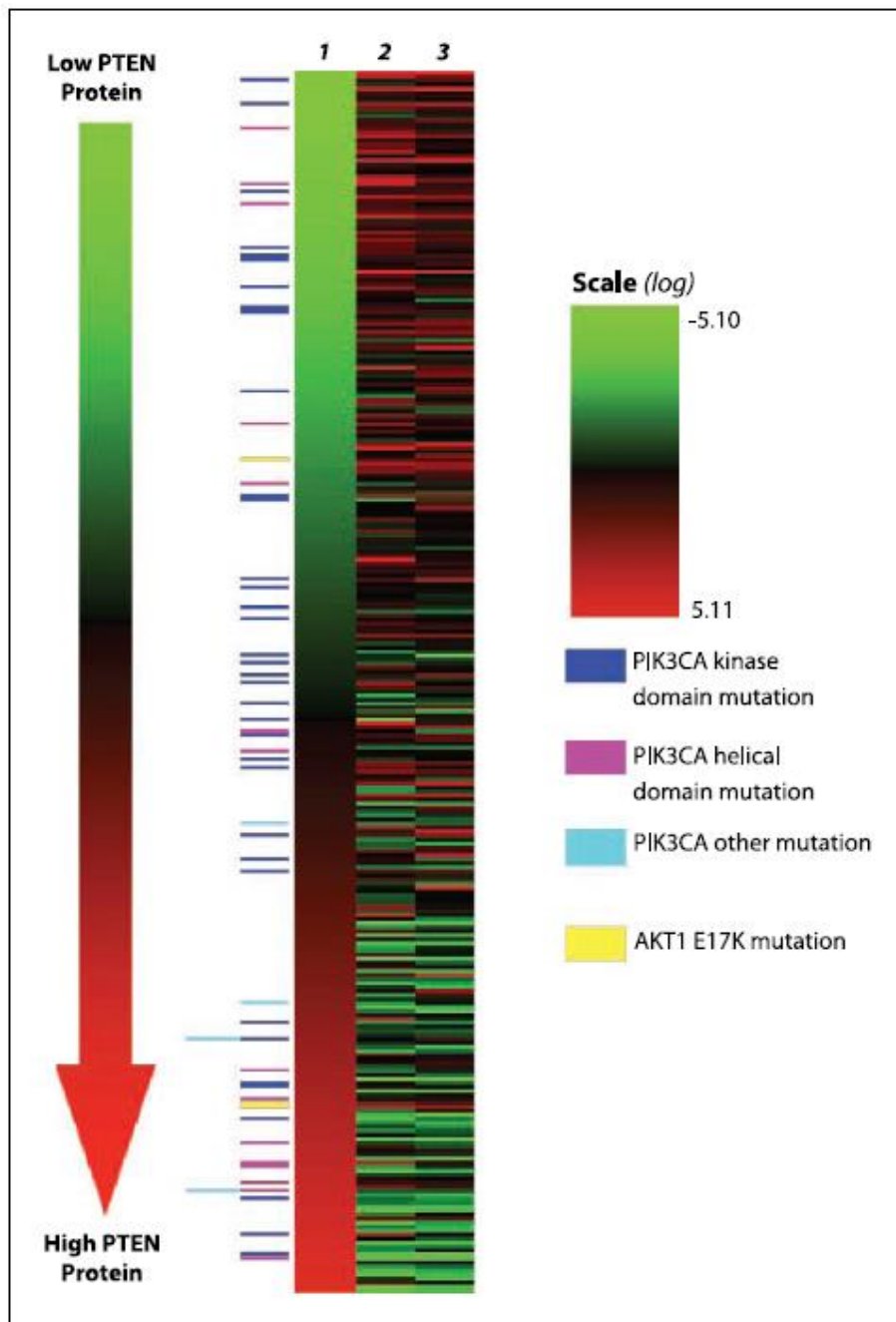
## PIK3CA mutations: outcome implications



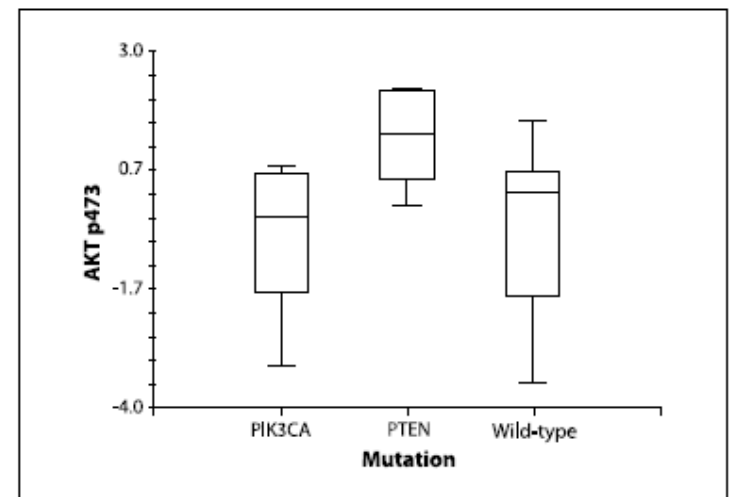
**PIK3CA mutations do not impact HR-positive breast cancer patient outcomes after treatment with adjuvant tamoxifen**

**Hale.....Hennessy BT. Cancer Research 2008**

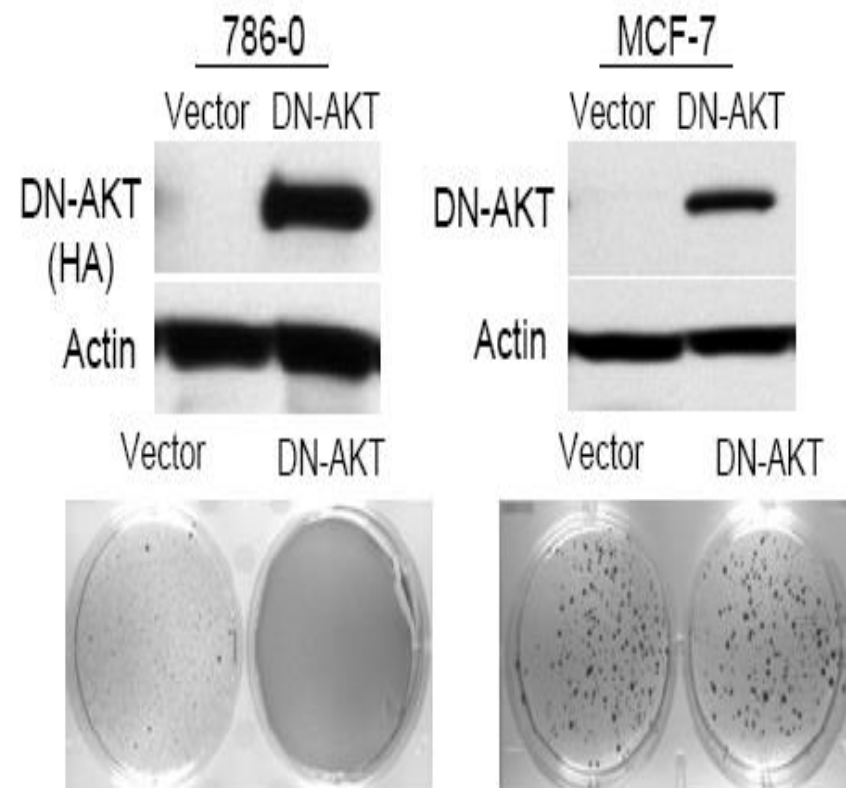
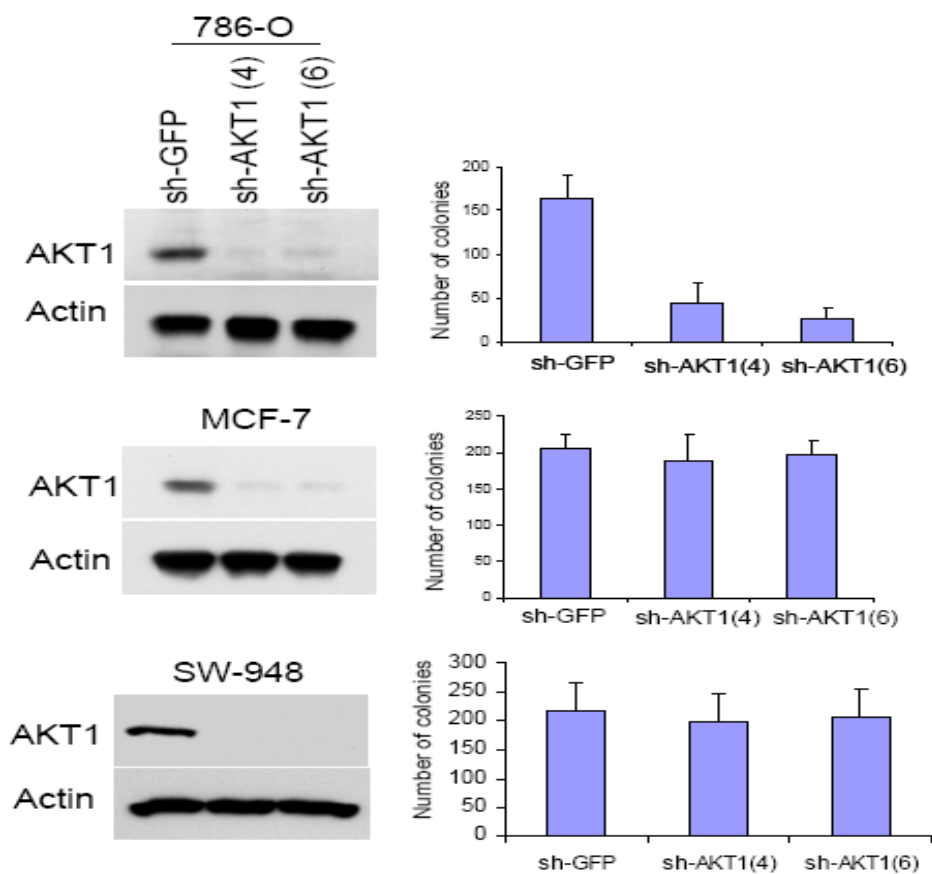
# PIK3CA mutations: signaling implications



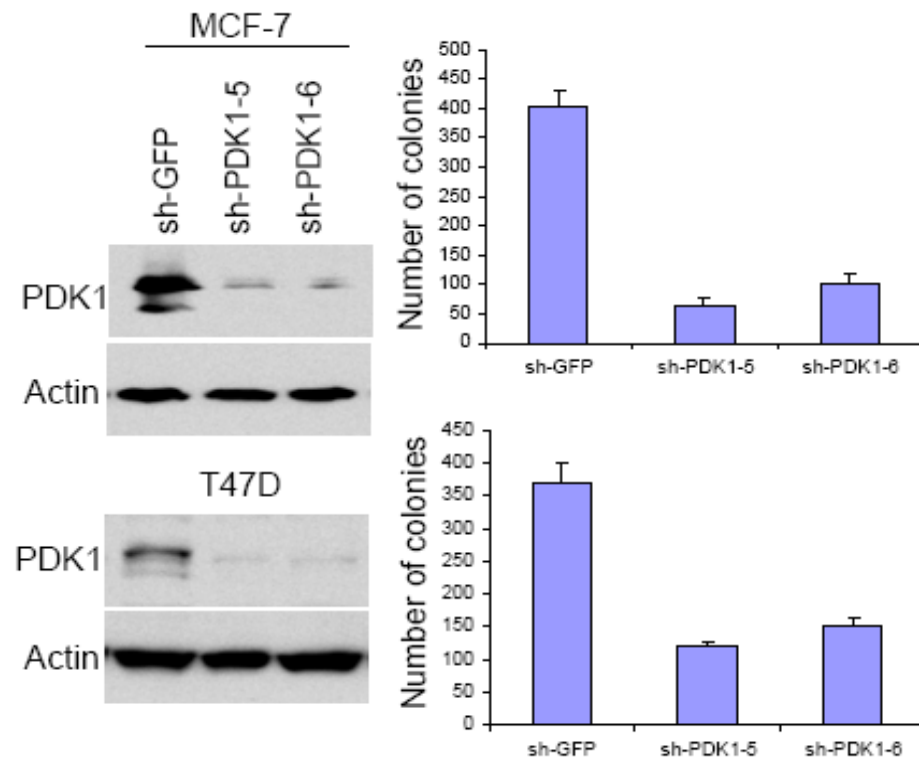
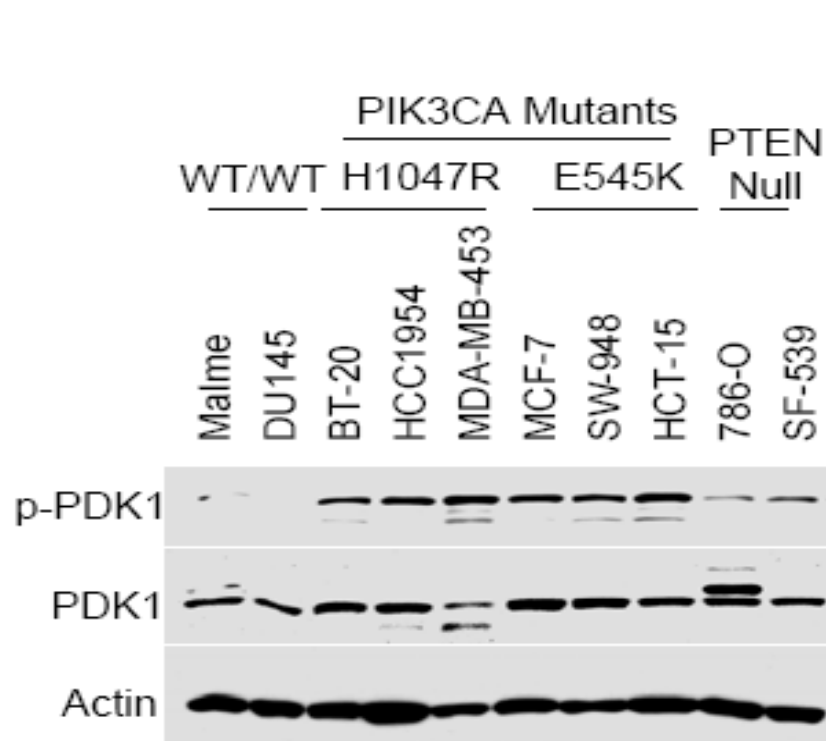
**In contrast to PTEN loss, PIK3CA mutations do not lead to consistent activation of AKT in HR-positive breast cancers or cell lines**



**Hale.....Hennessy BT. Cancer Research 2008**

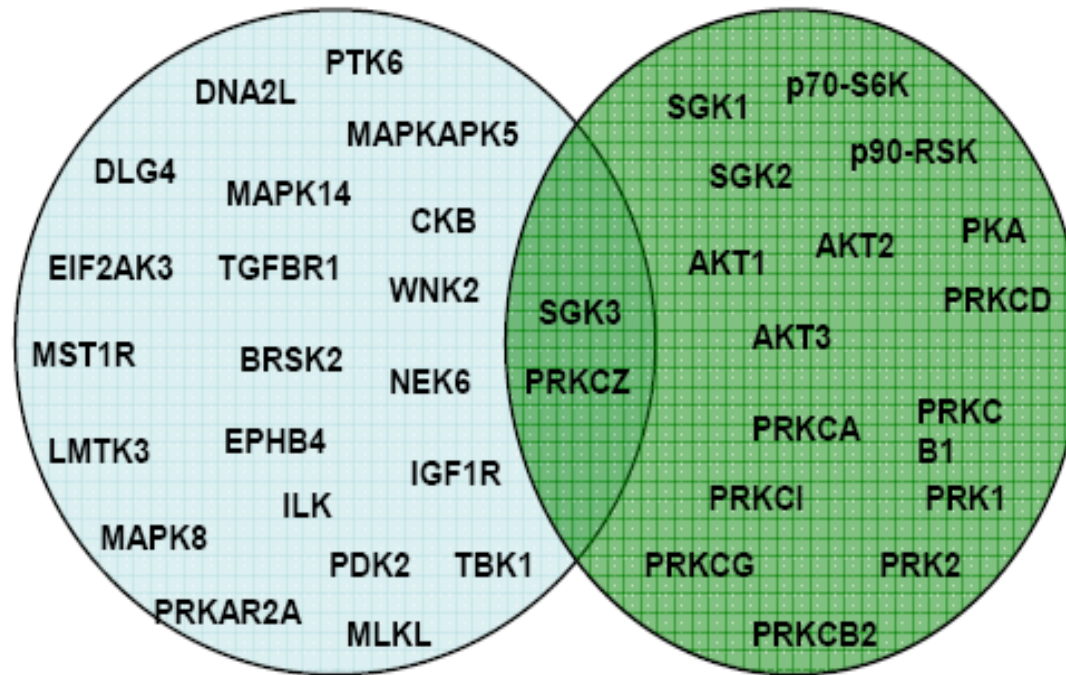


**Vasudevan, K.M., et al. Cancer Cell 2009**



implicate a novel AKT-independent and PDK1-dependent oncogenic signal that may help us to refine new targeted therapeutic opportunities in tumors defined by *PIK3CA* mutations

# PIK3CA mutations: Potential substrates:



E545K-Specific Candidates

Known PDK1 Substrates

## Overlap between:

- synthetic lethality candidates identified in a shRNA screen in a PIK3CA mutant cell line
- known PDK1 substrates





# Cancer Cell

Volume 16  
Number 1

July 7, 2009

[www.cellpress.com](http://www.cellpress.com)

A New Path to Cancer



**PIK3CA mutations**

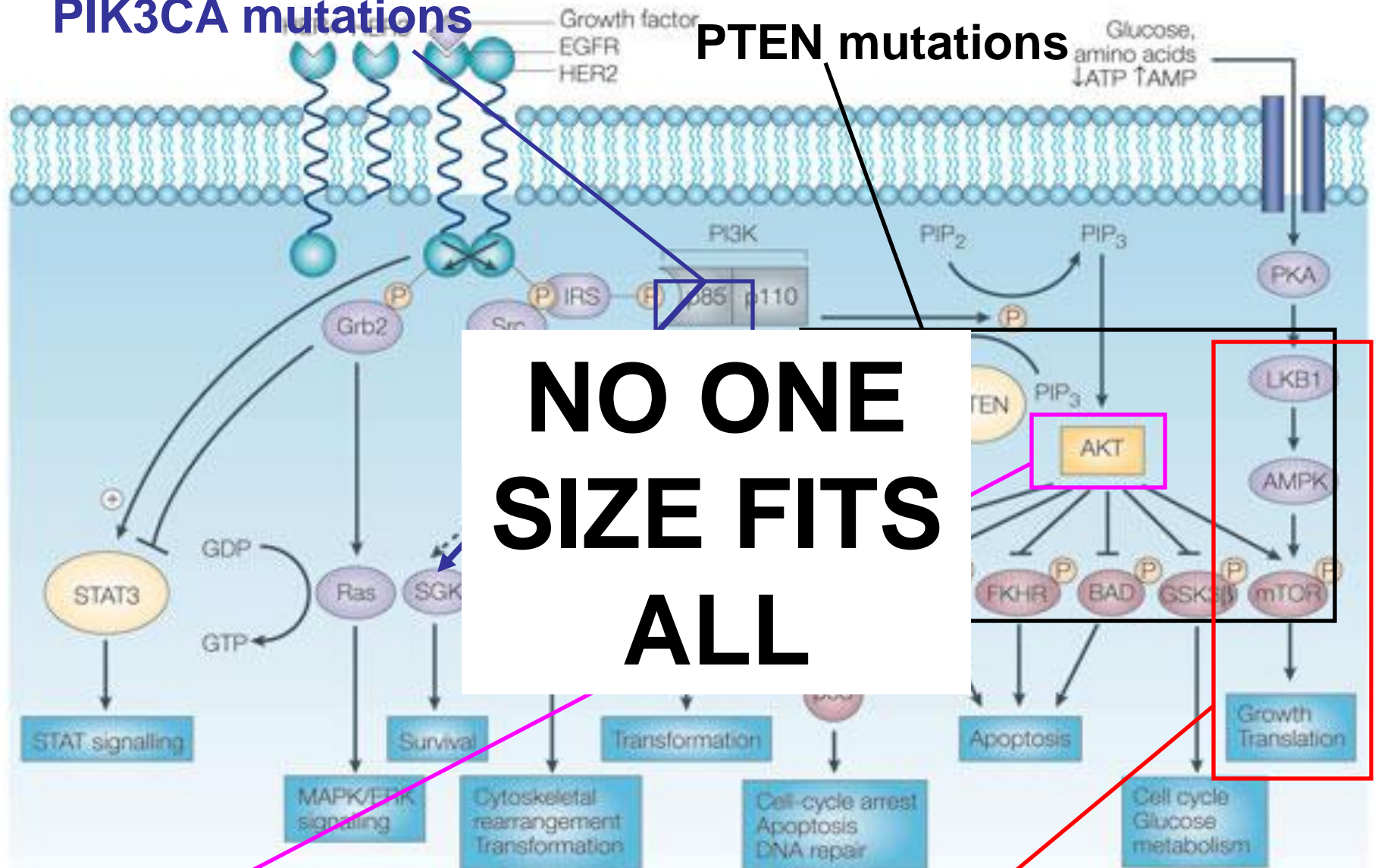
**PTEN mutations**

**NO ONE  
SIZE FITS  
ALL**

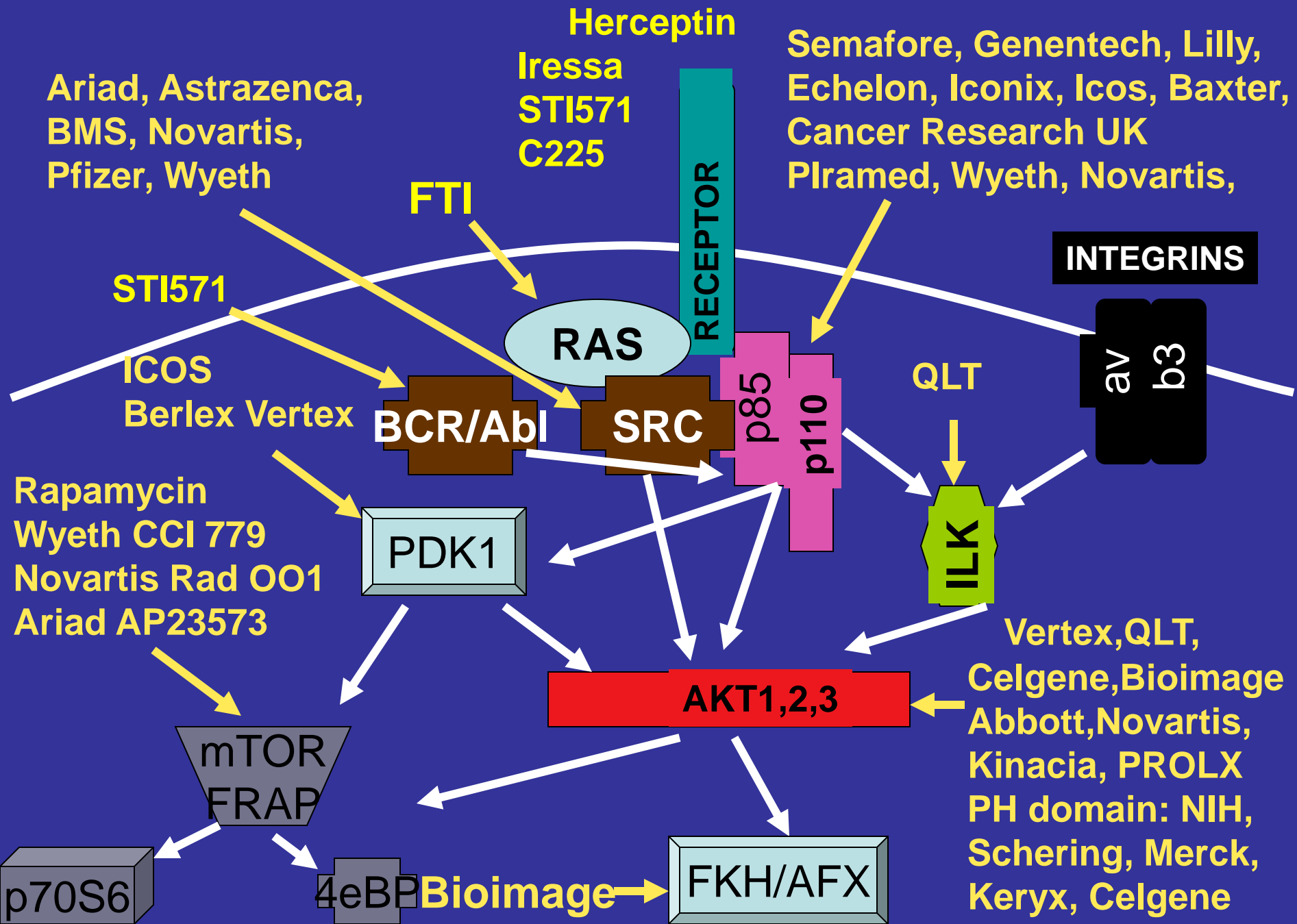
**mutation**

**AMPK/LKB1 loss**

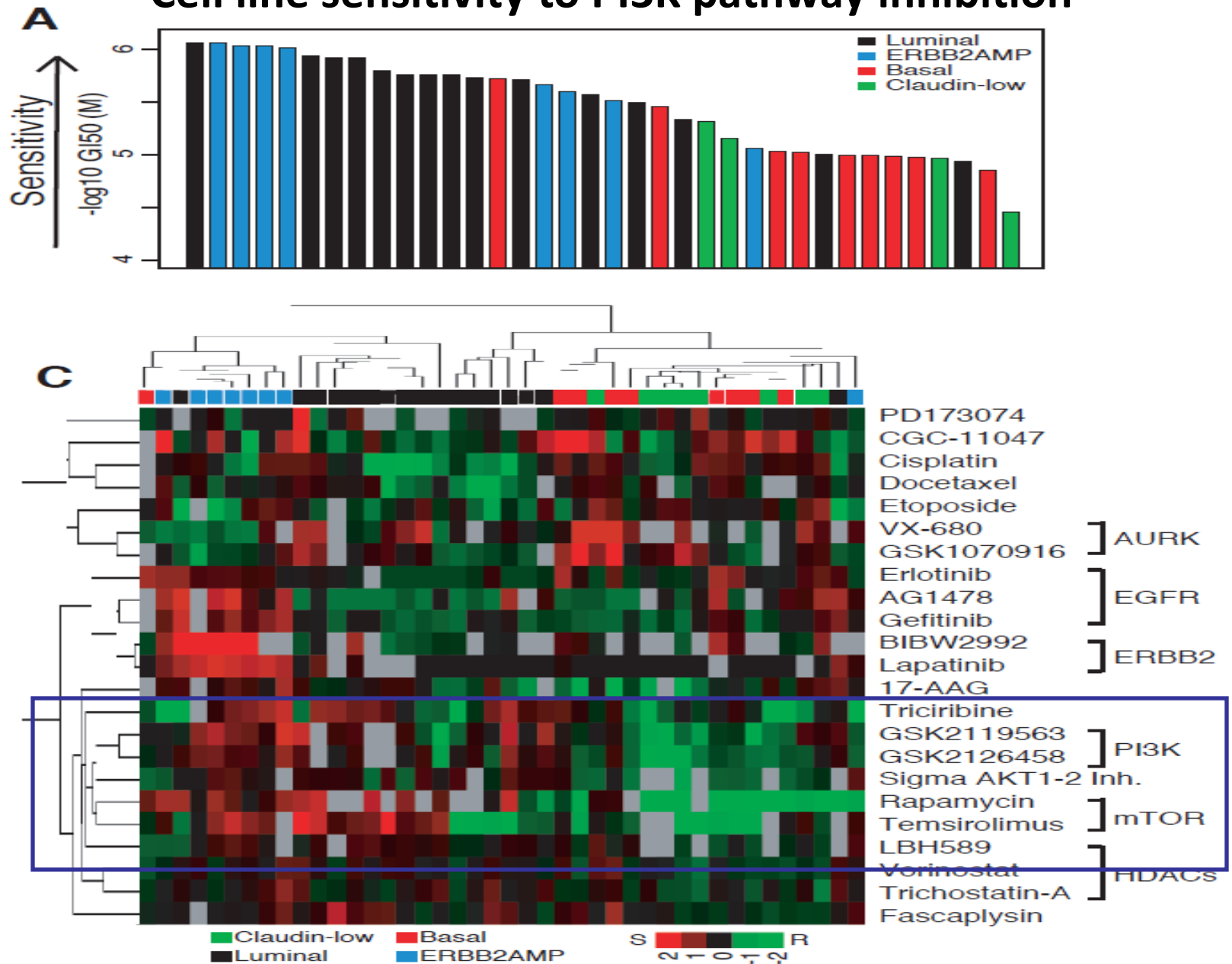
**Hennessy et al. Nature Reviews Drug Discovery 2005**



# PI3K PATHWAY DRUGS IN DEVELOPMENT



# Cell line sensitivity to PI3K pathway inhibition



# PIK3CA-mutated cancers

- p110 alpha-specific inhibitors demonstrate particular preclinical antitumour activity
  - including tumor growth arrest and significant regression in xenograft models

*Olivero AG; Genentech team. AACR 2008  
(GDC0032)*

*Liu N et al. Mol Cancer Ther 2013  
(BAY80-6946)*



# PIK3CA-mutated cancers

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*Liu N et al. Mol Cancer Ther 2013 (BAY80-6946)*

- However, persistent mTORC1 signaling a/w preclinical resistance to p110 alpha inhibitors

*Elkabets M et al. Sci Transl Med 2013*

# PTEN-deficient cancers

- Some studies suggest that p110 beta activity is essential in cancer cells lacking PTEN (particularly in prostate and breast cancers)
- Thus, p110 beta inhibitors may be more effective than p110 alpha inhibitors in PTEN-deficient tumours
- However, this may be tumor type- and context-dependent

*Wee S et al. PNAS 2008*

*Berenjeno IM et al. Biochem J 2012*

# **Role for PI3K pathway aberrations in treatment resistance:**

**For example, PIK3CA mutations  
and PTEN loss are associated  
with trastuzumab resistance in  
HER2-amplified breast cancer:**

**Nagata, Y et al. Cancer Cell 2004**

**Berns (1<sup>st</sup>), Horlings (1<sup>st</sup>), Hennessey et al. Cancer Cell 2007**



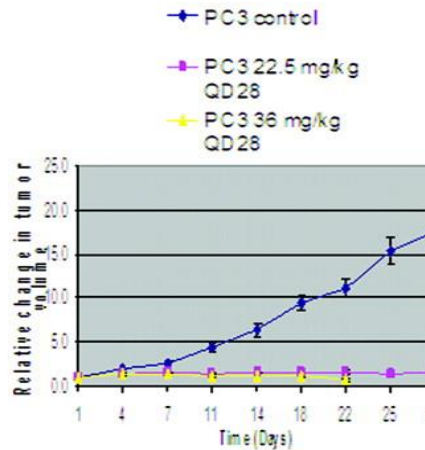
# **We are also working on novel methods for identification of PD biomarkers indicating benefit from PI3K pathway inhibitors**

- PD biomarkers: quantitative protein assays such as high throughput reverse phase protein arrays (RPPA) can objectively and reproducibly quantitate the activity of several proteins and pathways simultaneously in tumors

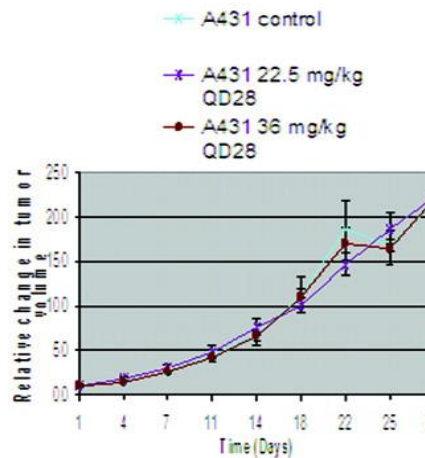
*Hennessy BT, et al. Clin Can Res 2007*

# RPPA: Pharmacodynamic biomarkers for antitumor efficacy of perifosine, a PH domain inhibitor of AKT

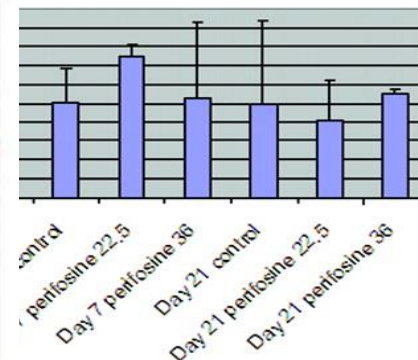
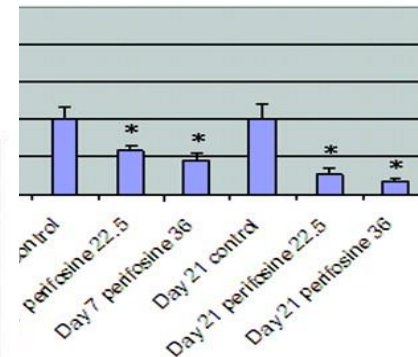
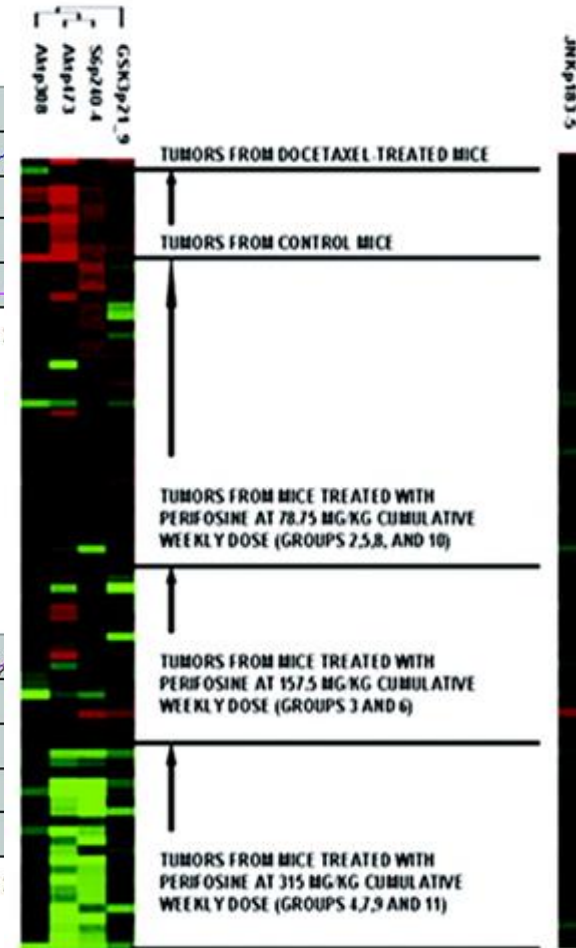
## PC3 xenograft



## A431 xenograft



B



# In summary

- PI3K pathway aberrations are very common in solid cancers
- PI3K pathway aberrations are associated with targeted and cytotoxic therapy resistance
- PI3K pathway inhibitors have potential clinical utility but the optimal inhibitors and combinations in different settings still requires clear definition
- Careful attention to clinical trial design and correlative studies required to define those PI3K pathway inhibitors that result in optimal pathway modulation in human tumors along with the specific biomarkers a/w benefit from treatment

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