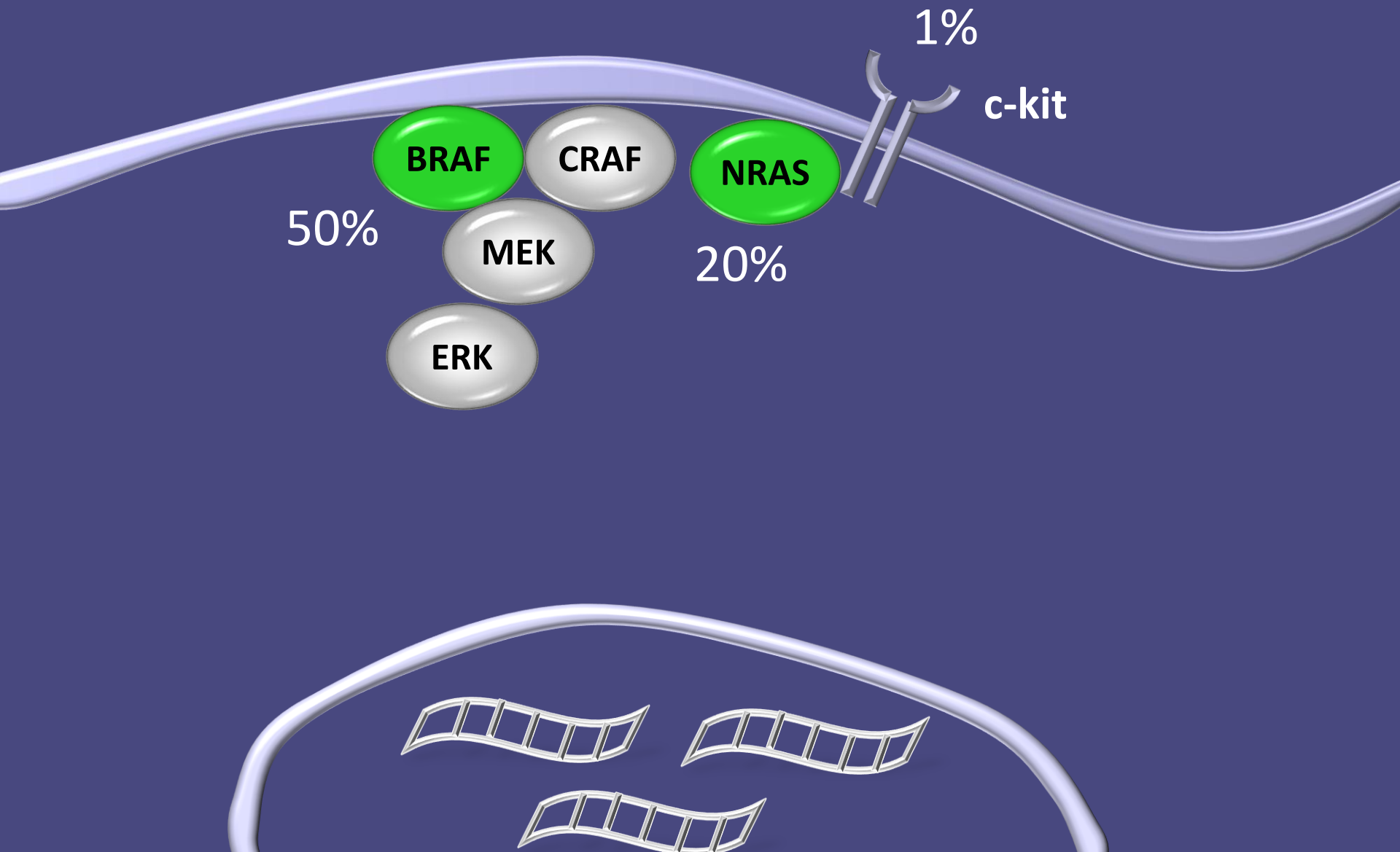


How to Overcome Resistance in Mutation Driven Therapies

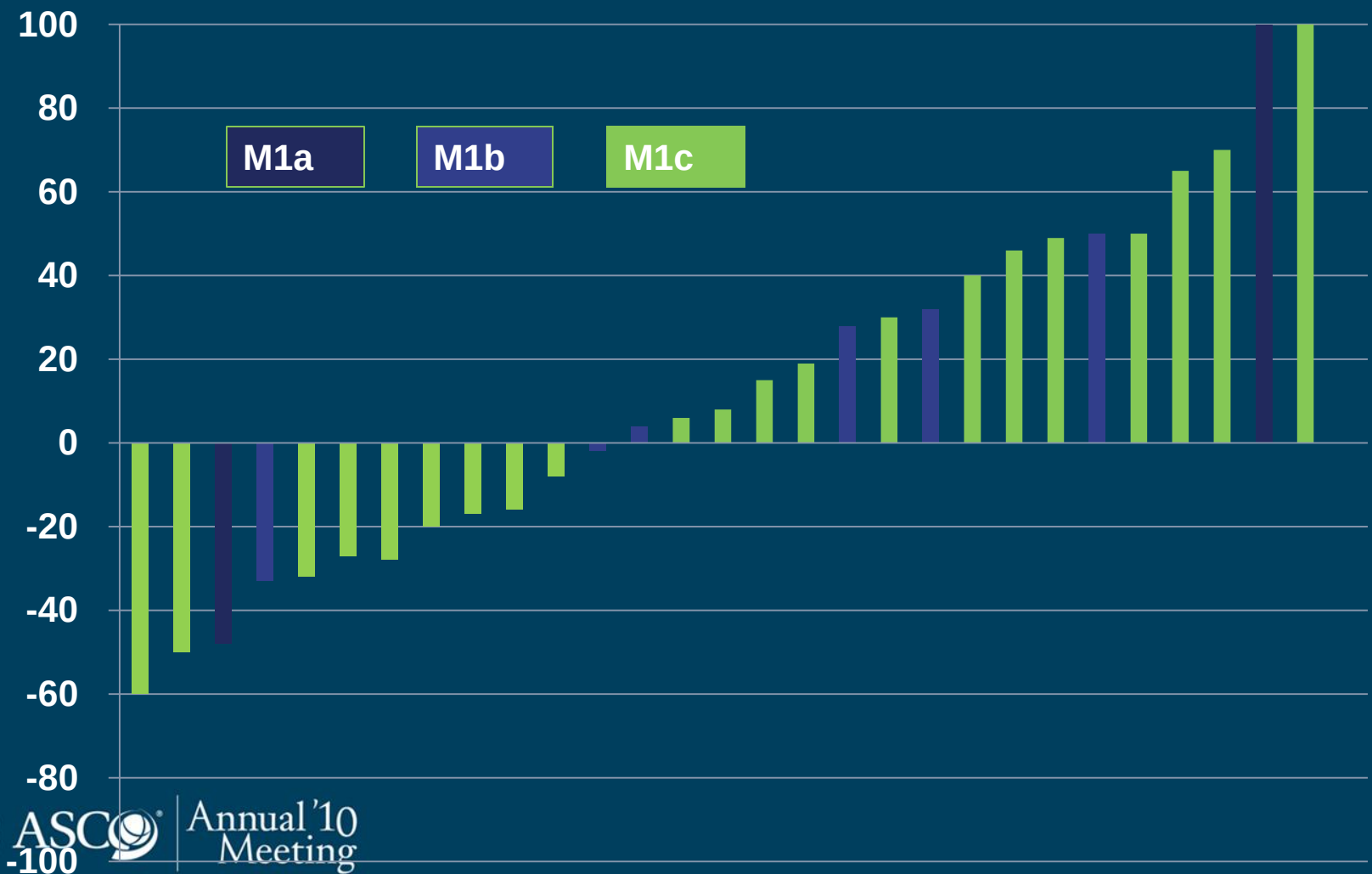
Keith T. Flaherty, M.D.

Massachusetts General Hospital
Cancer Center

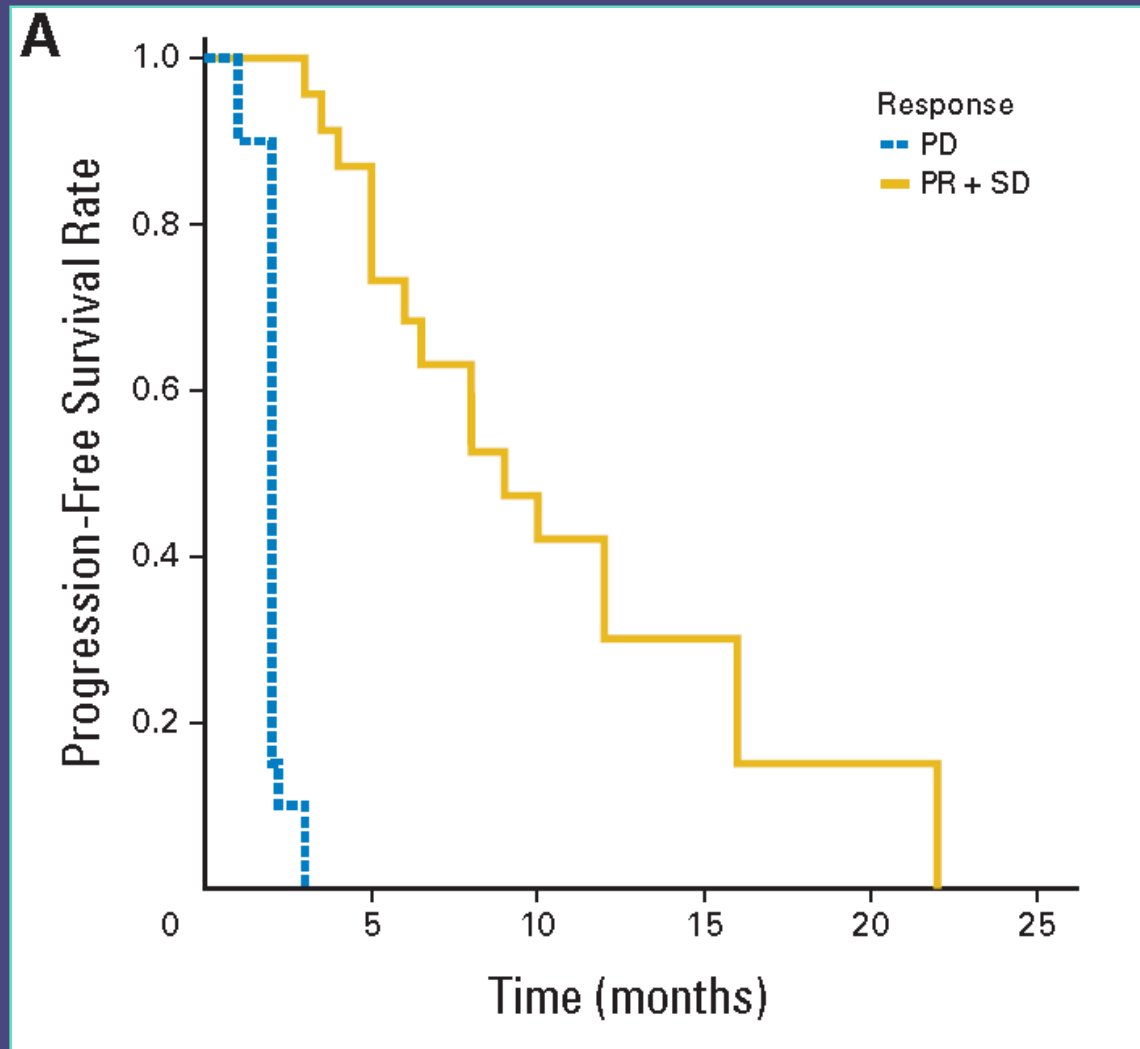
Driver mutations in melanoma



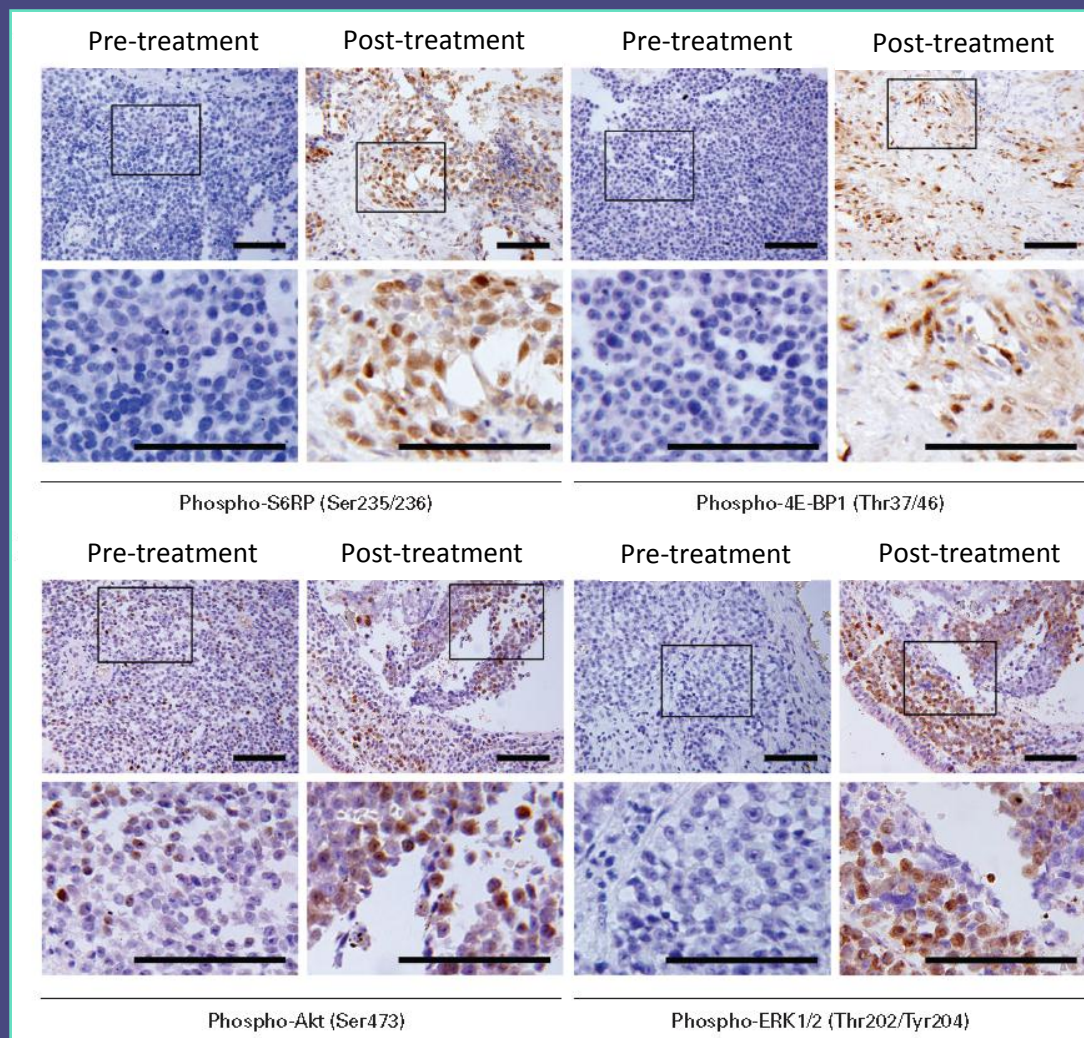
Imatinib in CKIT mutant/amplified melanoma: Change in tumor size



Progression-free survival based on best response to imatinib

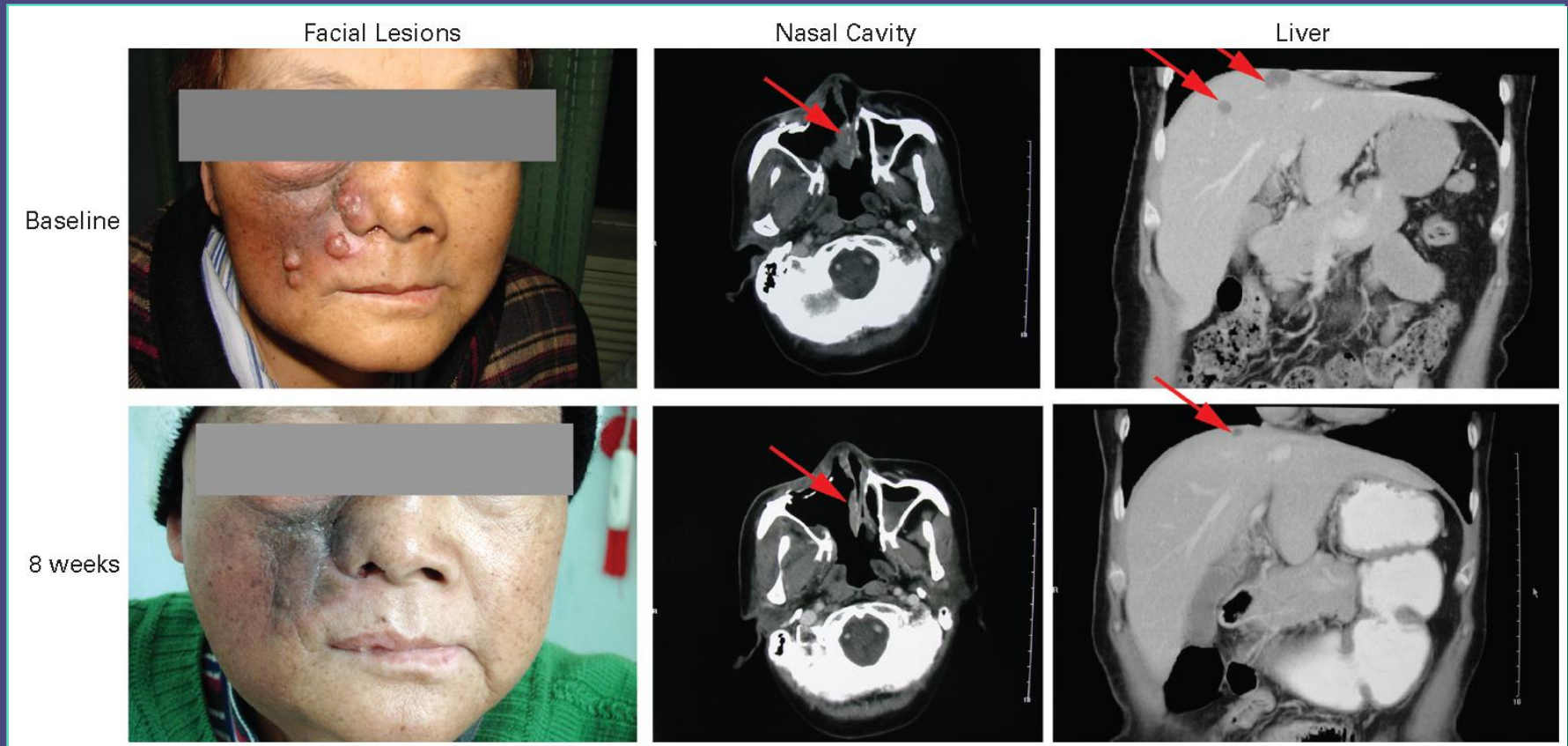


Evidence of reactivation of AKT signaling

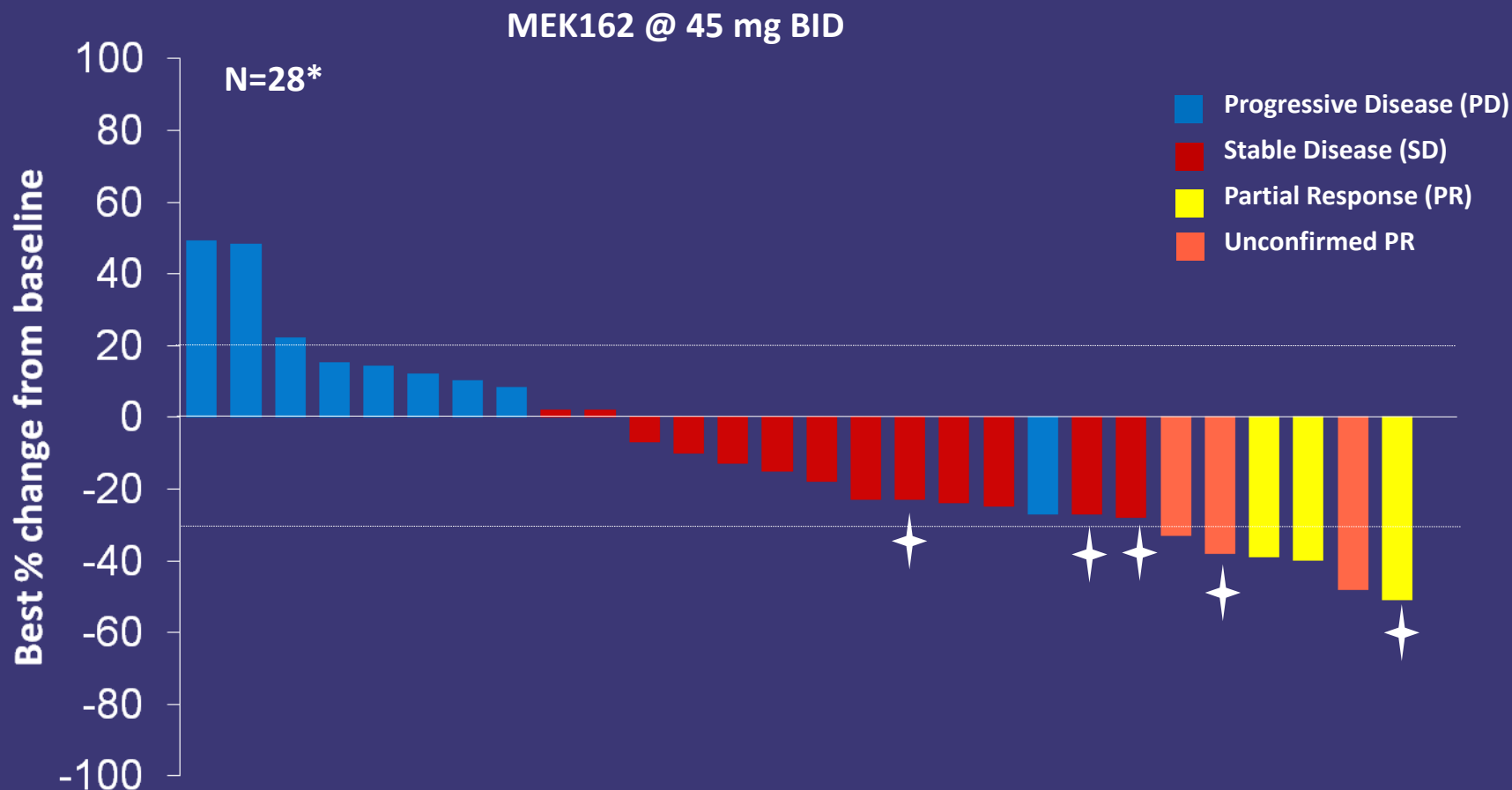


pMEK & cyclin D
not detectable

Response to single-agent everolimus



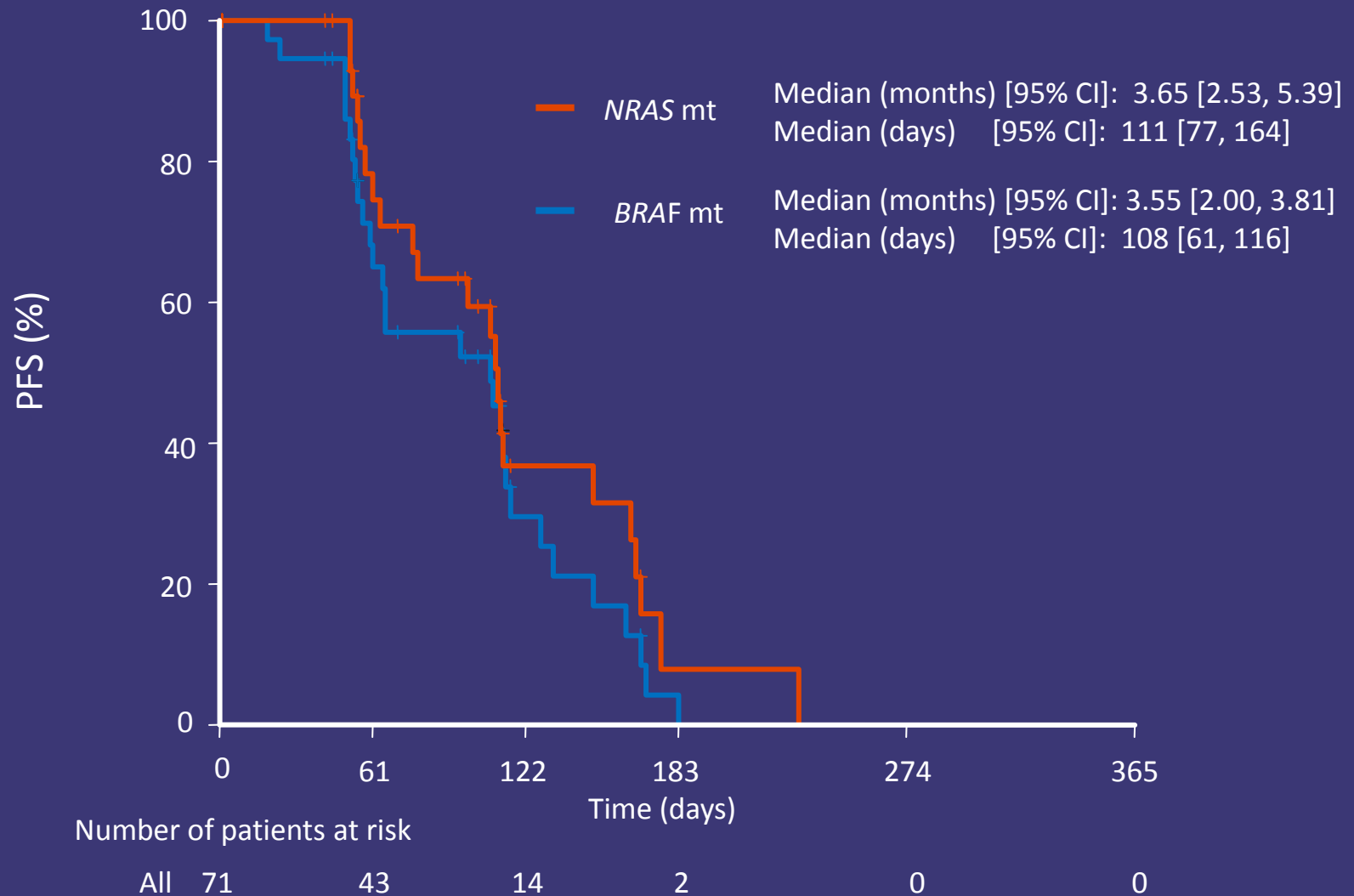
Single-agent MEK inhibition in NRAS mutant melanoma



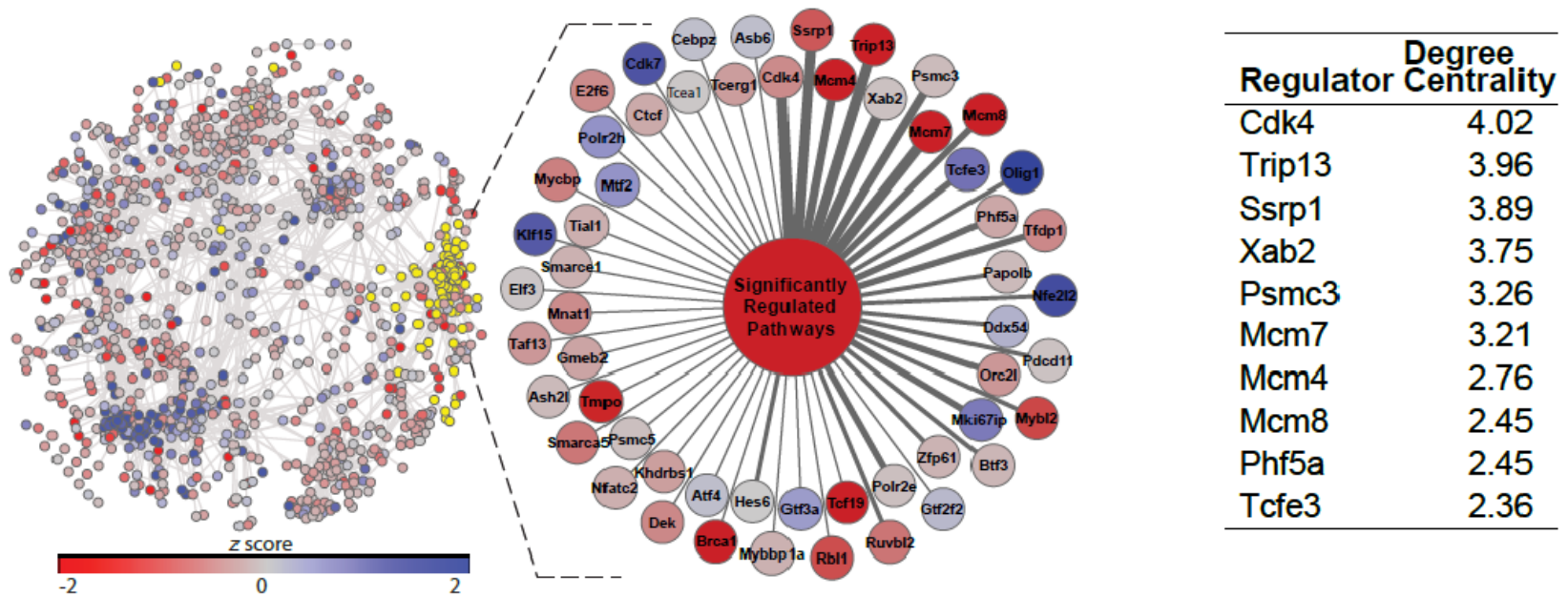
*Patients with missing best % change from baseline and unknown overall response are not included.

★ Ongoing pts

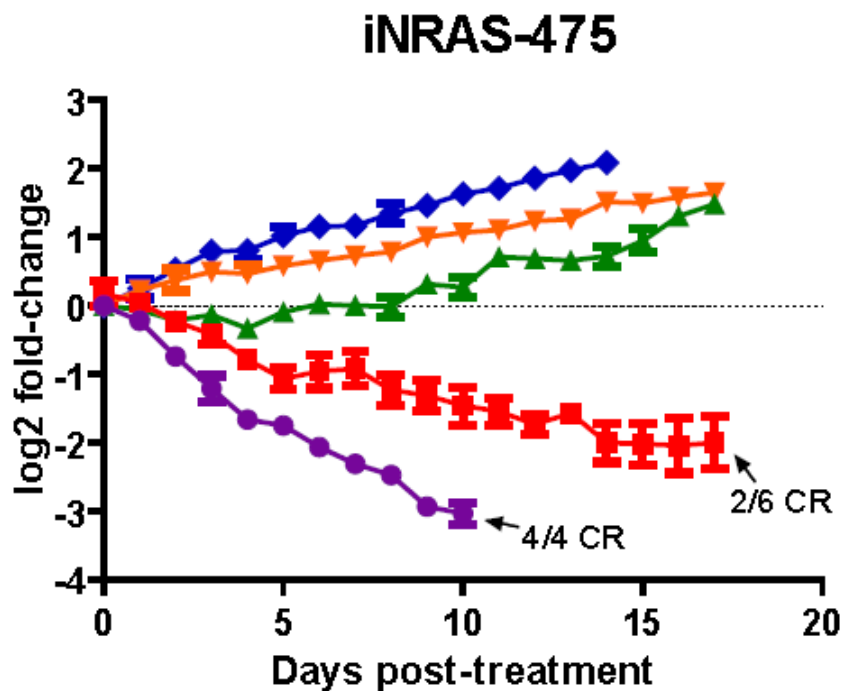
Progression-free survival: *NRAS* or *BRAF* mutant



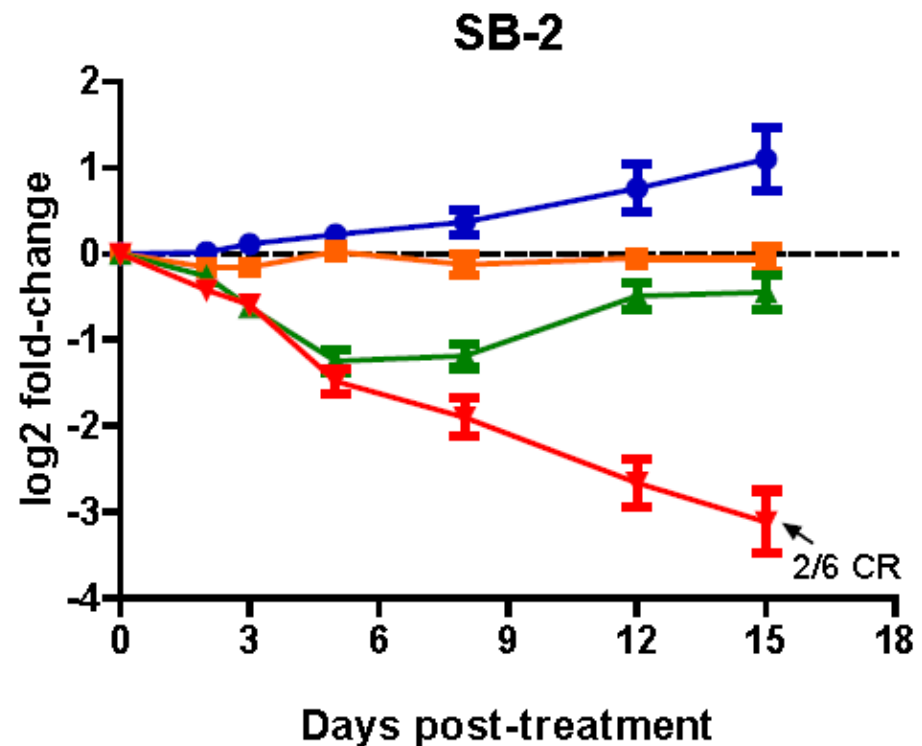
CDK4 identified as the most highly ranked regulator of RAS-specific signaling following MEK inhibition



Combined MEK-CDK4 inhibition in inducible NRAS transgenic & xenograft

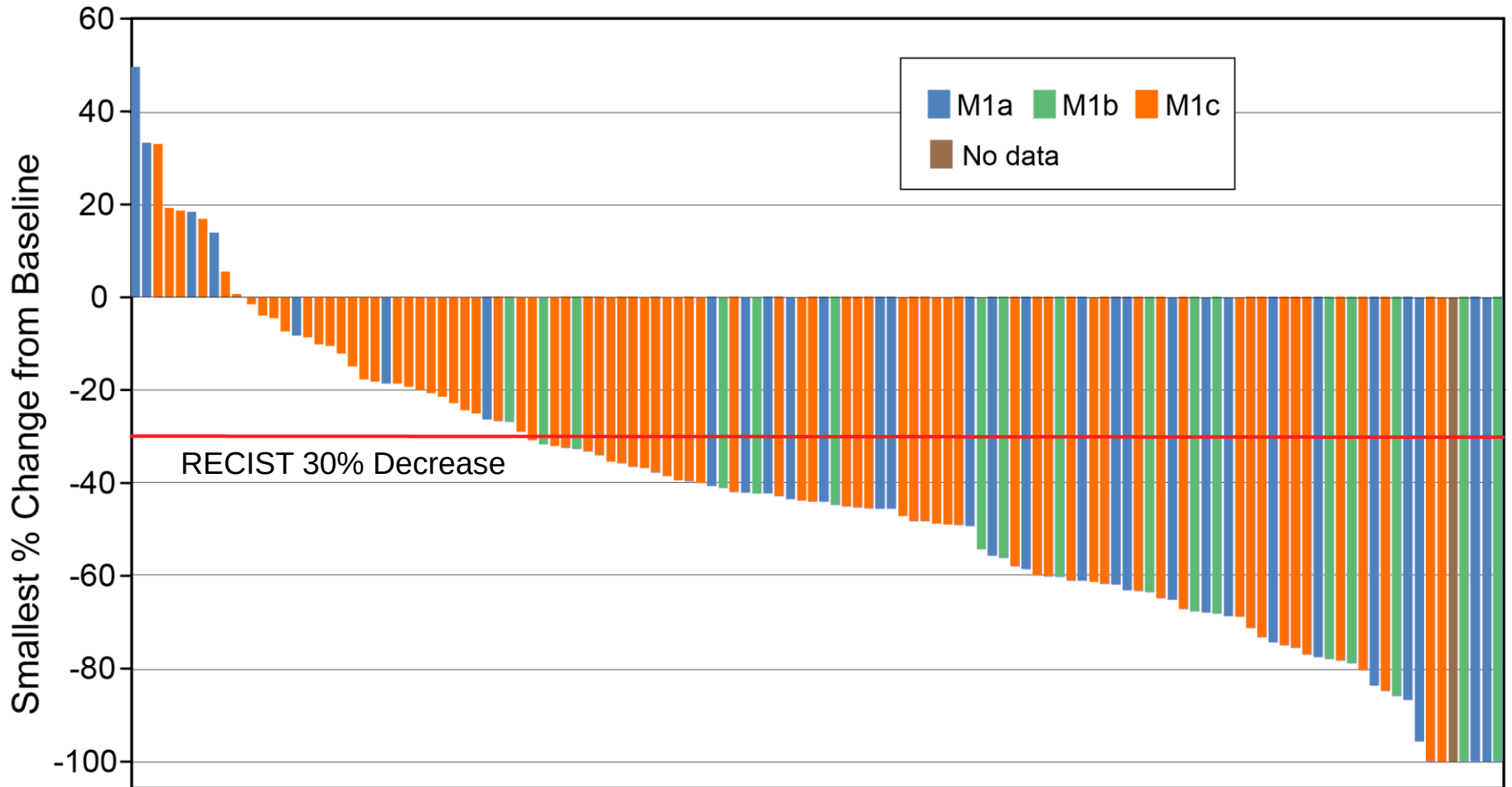


- Vehicle (n=9)
- PD 100mg/kg QD (n=5)
- GSK 3mg/kg QD (n=6)
- GSK QOD+PD QD (n=6)
- NRAS (n=4)

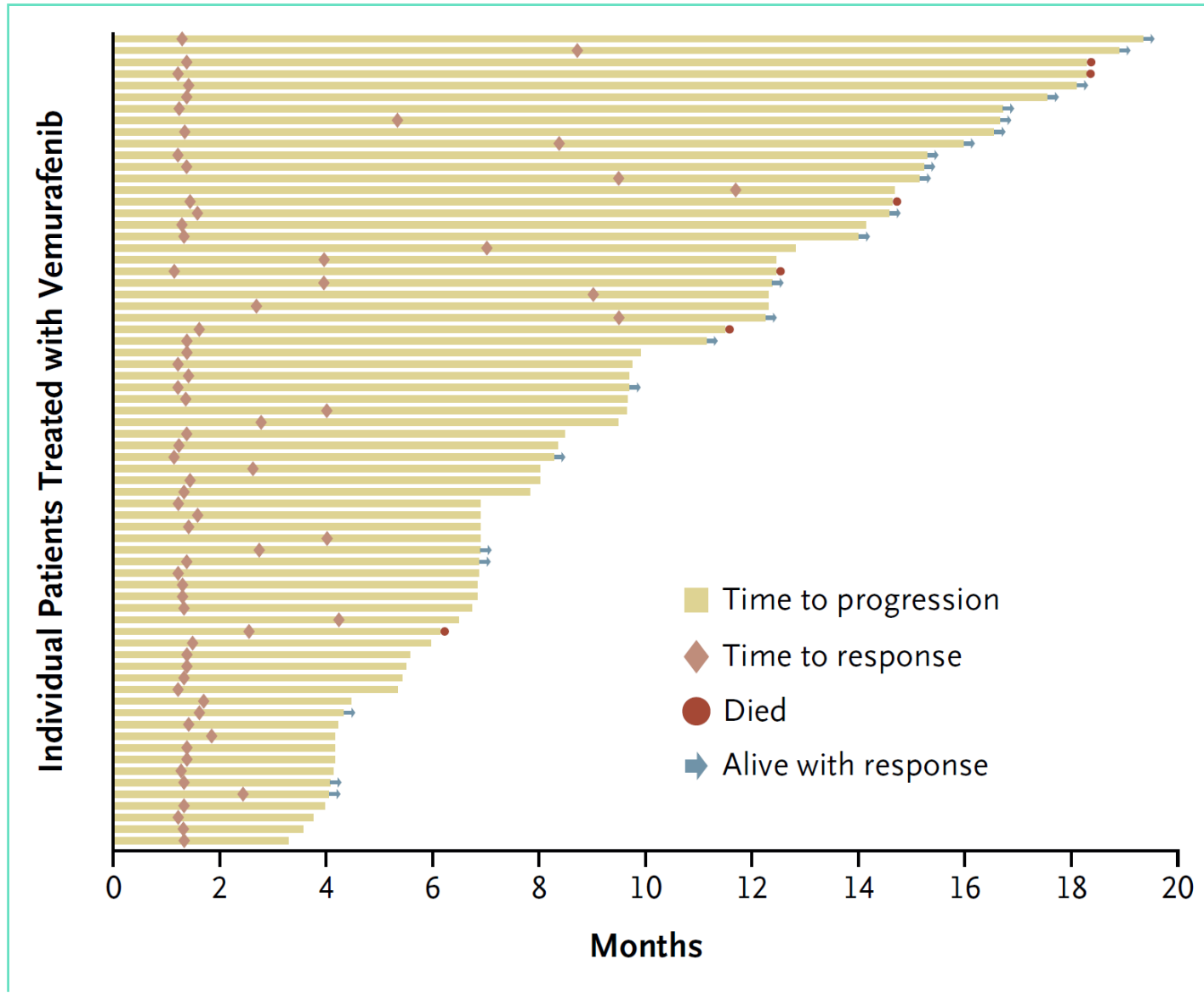


- Vehicle (n=6)
- PD 100mg/kg QD (n=6)
- GSK 3mg/kg QD (n=6)
- GSK QOD+PD QD (n=6)

Change in tumor size in 122 ^{V600E}BRAF mutant melanoma patients (vemurafenib)



Progression-free survival in vemurafenib phase II trial

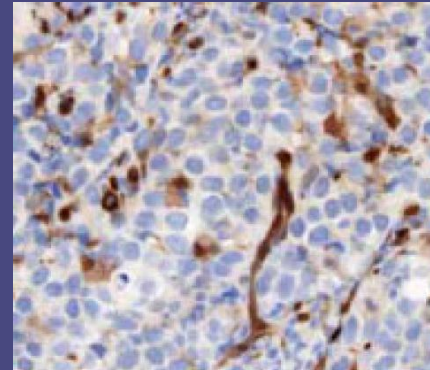
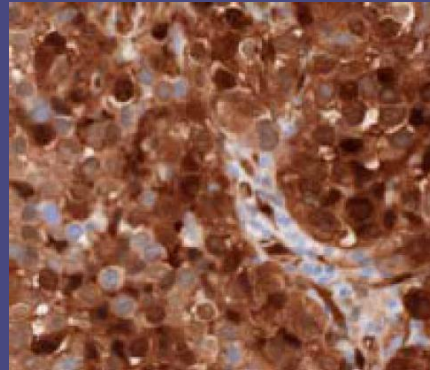


Changes in MAP kinase signaling and markers of cell cycle on vemurafenib

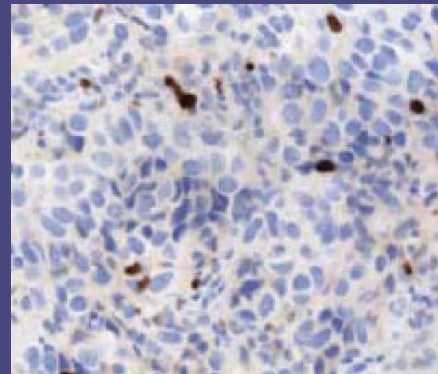
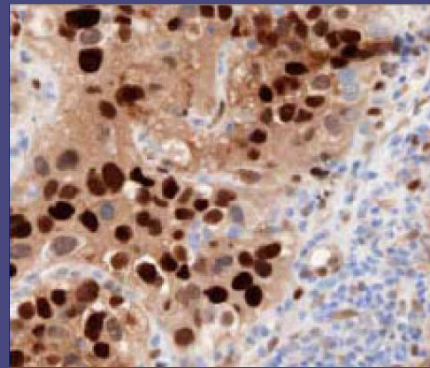
Baseline

Day 15

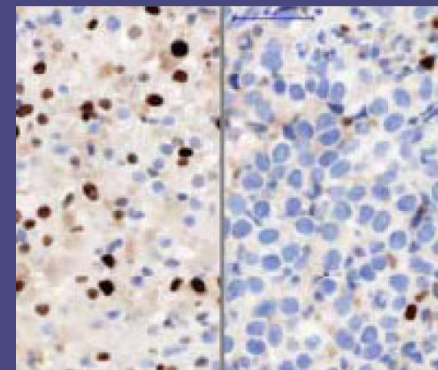
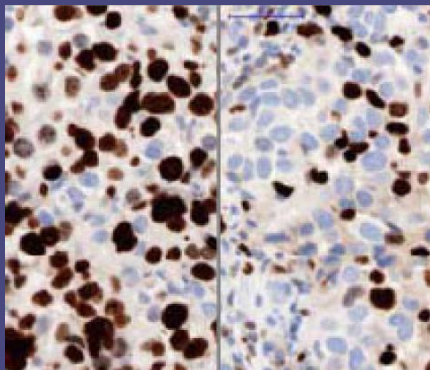
pERK



cyclin D

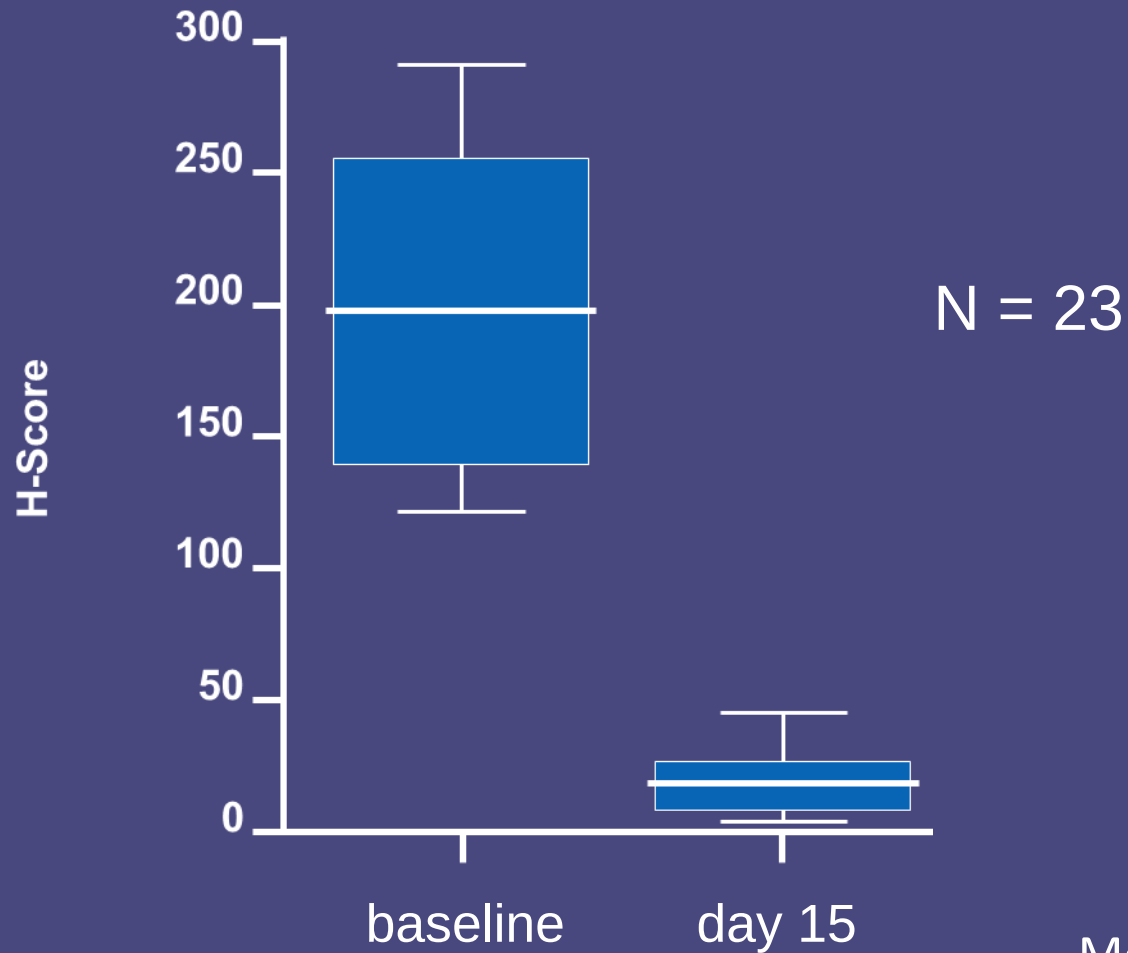


Ki67

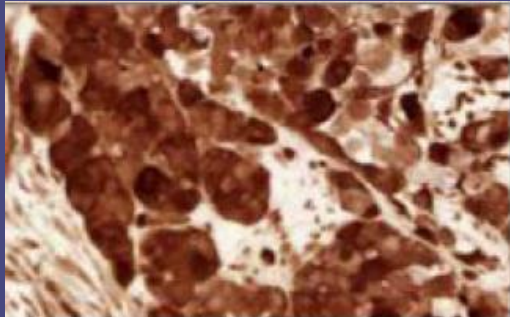


Flaherty KT et al.
NEJM 2012

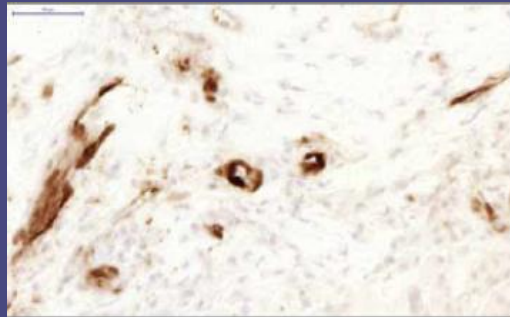
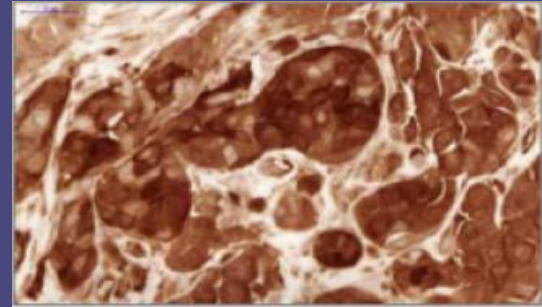
Cytoplasmic pERK on vemurafenib



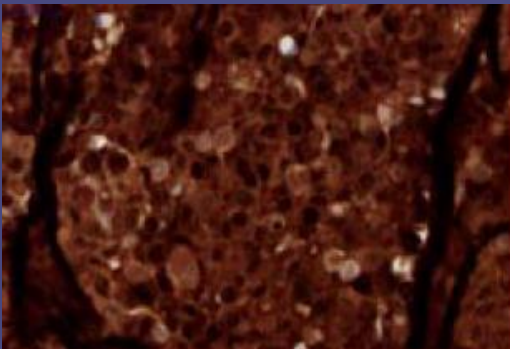
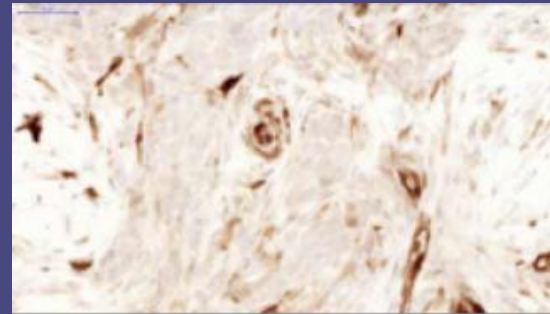
pERK through response & progression



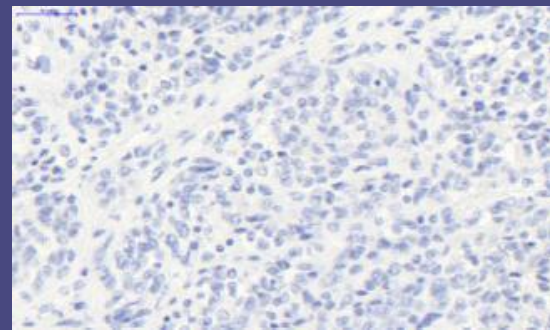
Baseline



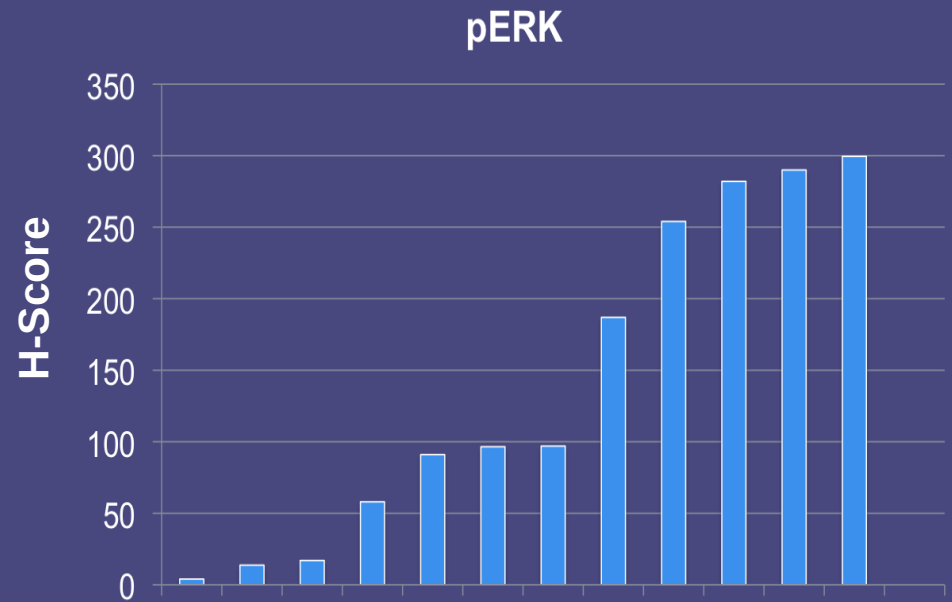
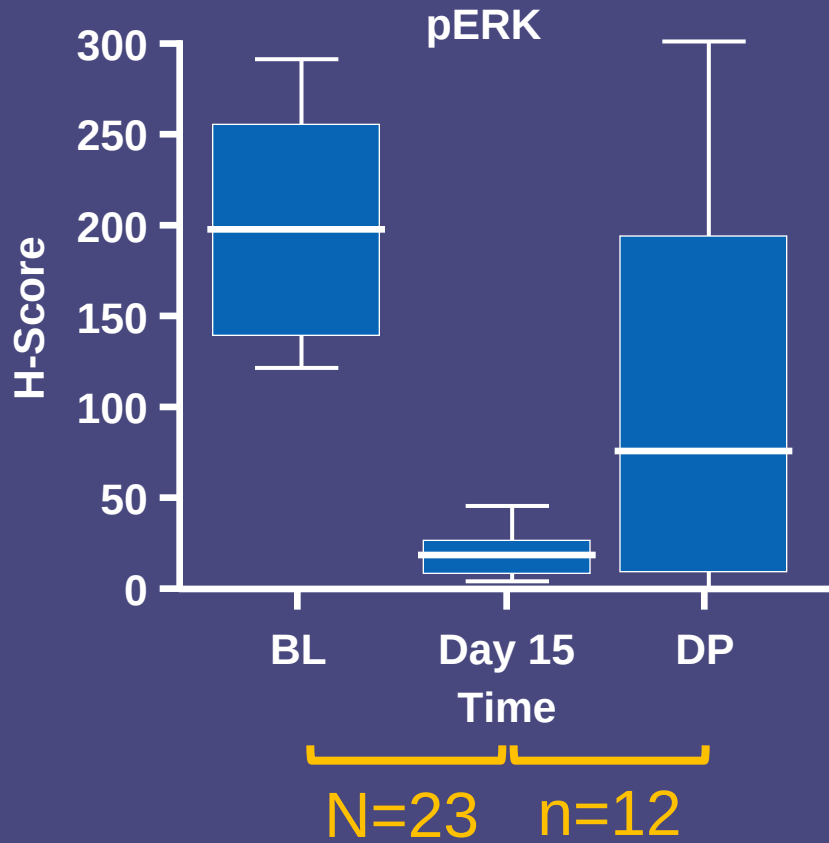
Day 15



**Disease
progression**

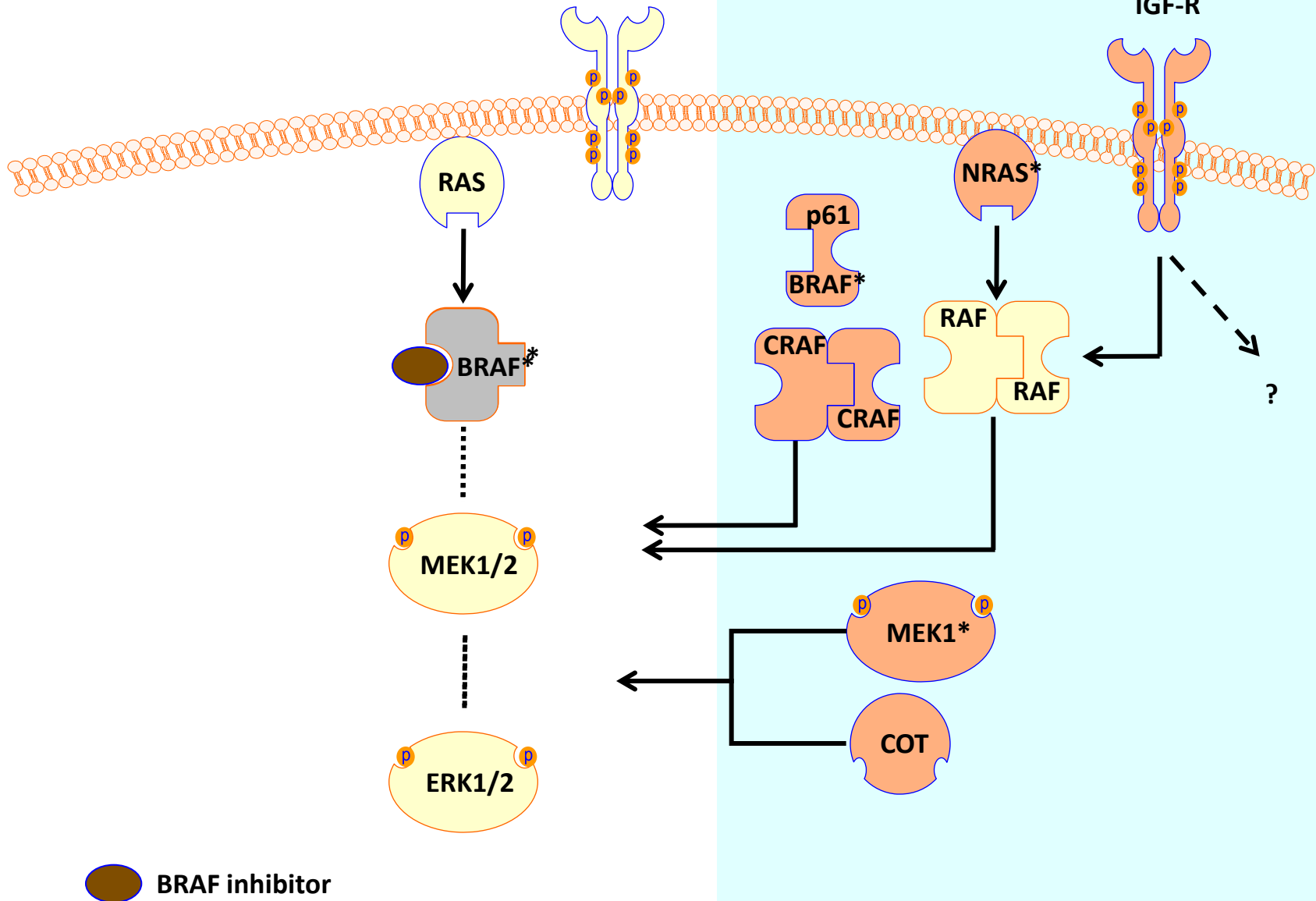


ERK phosphorylation is restored variably at progression

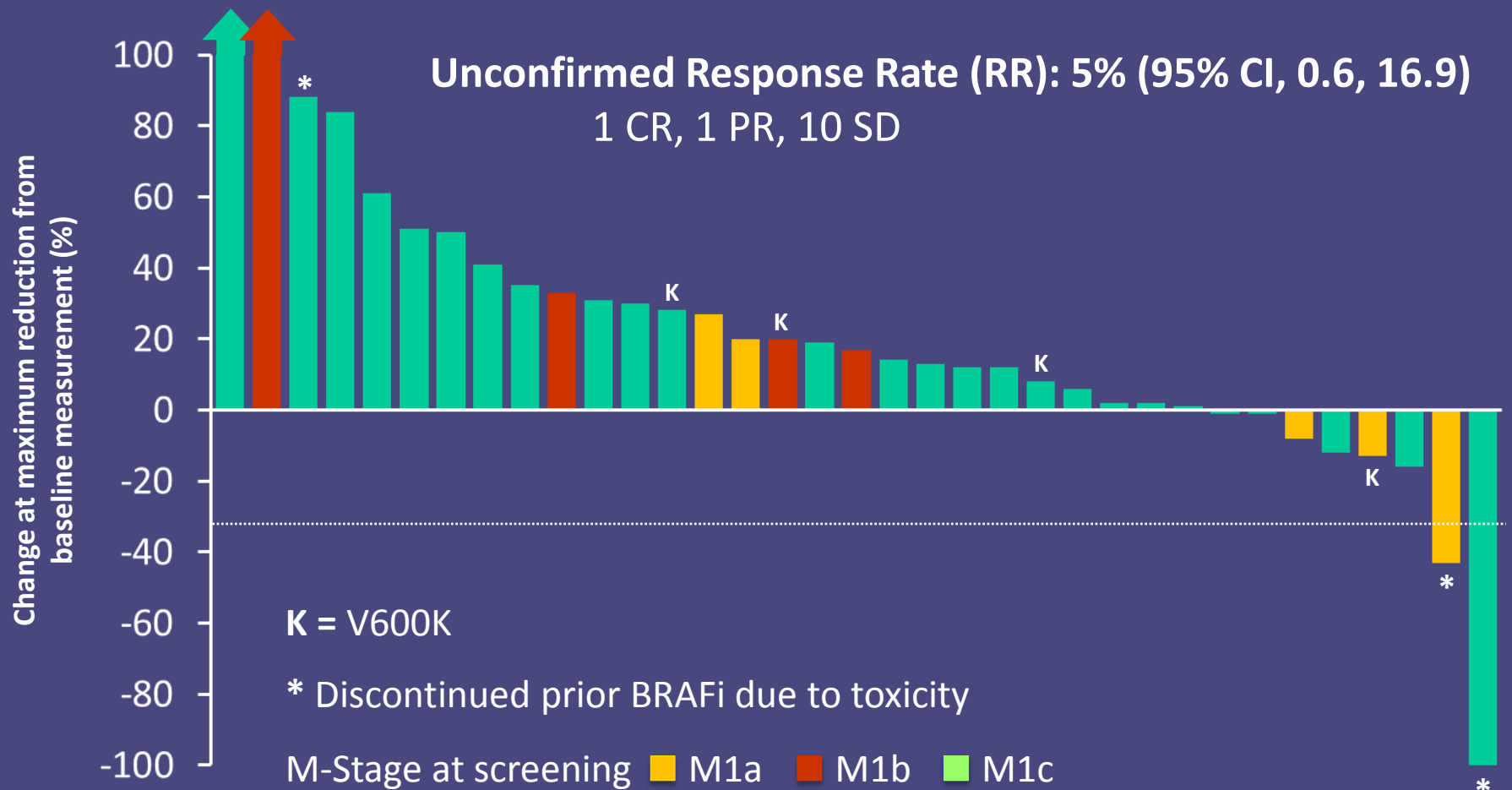


Oncogenic BRAF Signaling

Acquired resistance

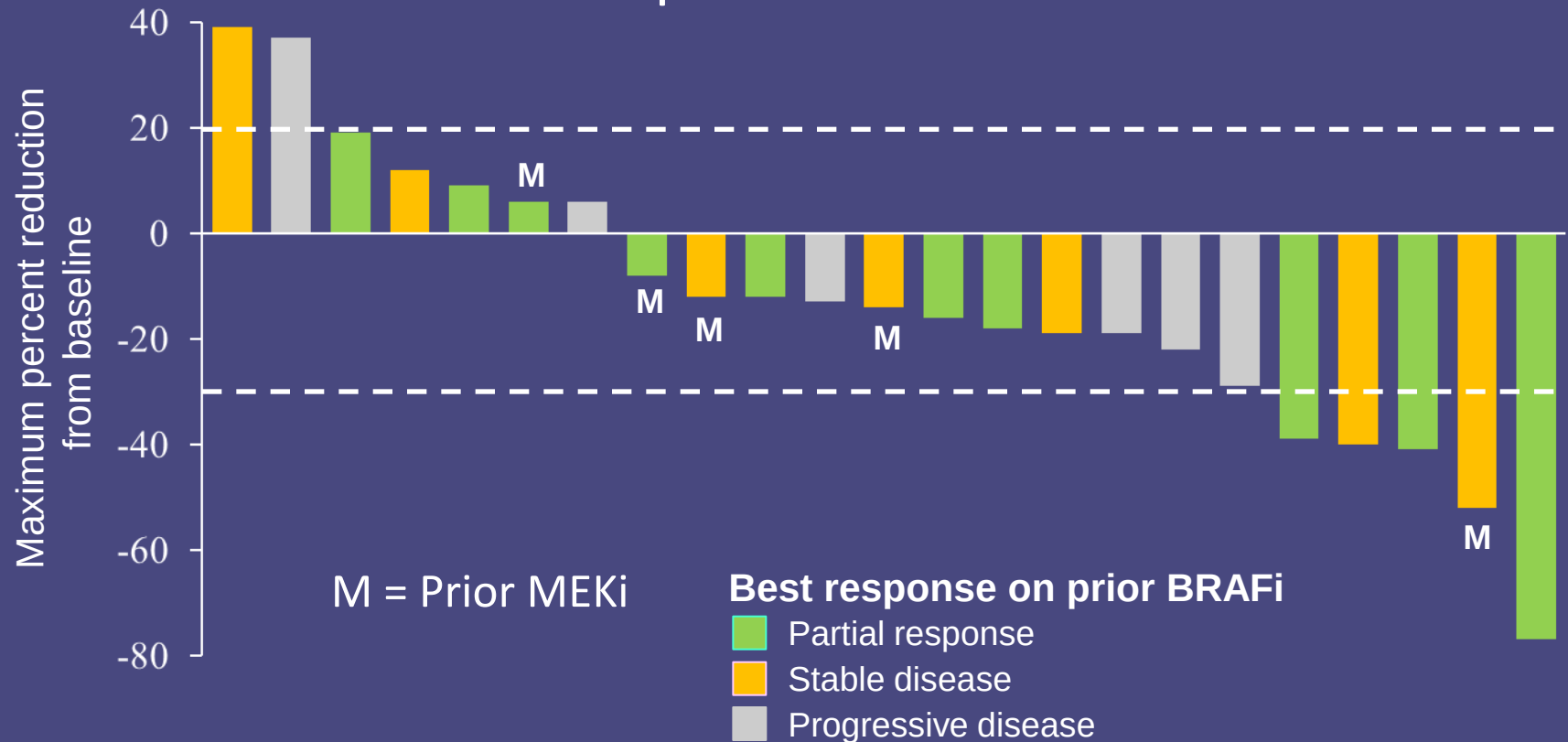


Single-agent MEK inhibitor has minimal activity in BRAFi refractory patients



Tumor regression on BRAF/MEK combination in BRAF inhibitor refractory patients

Response Rate = 19%



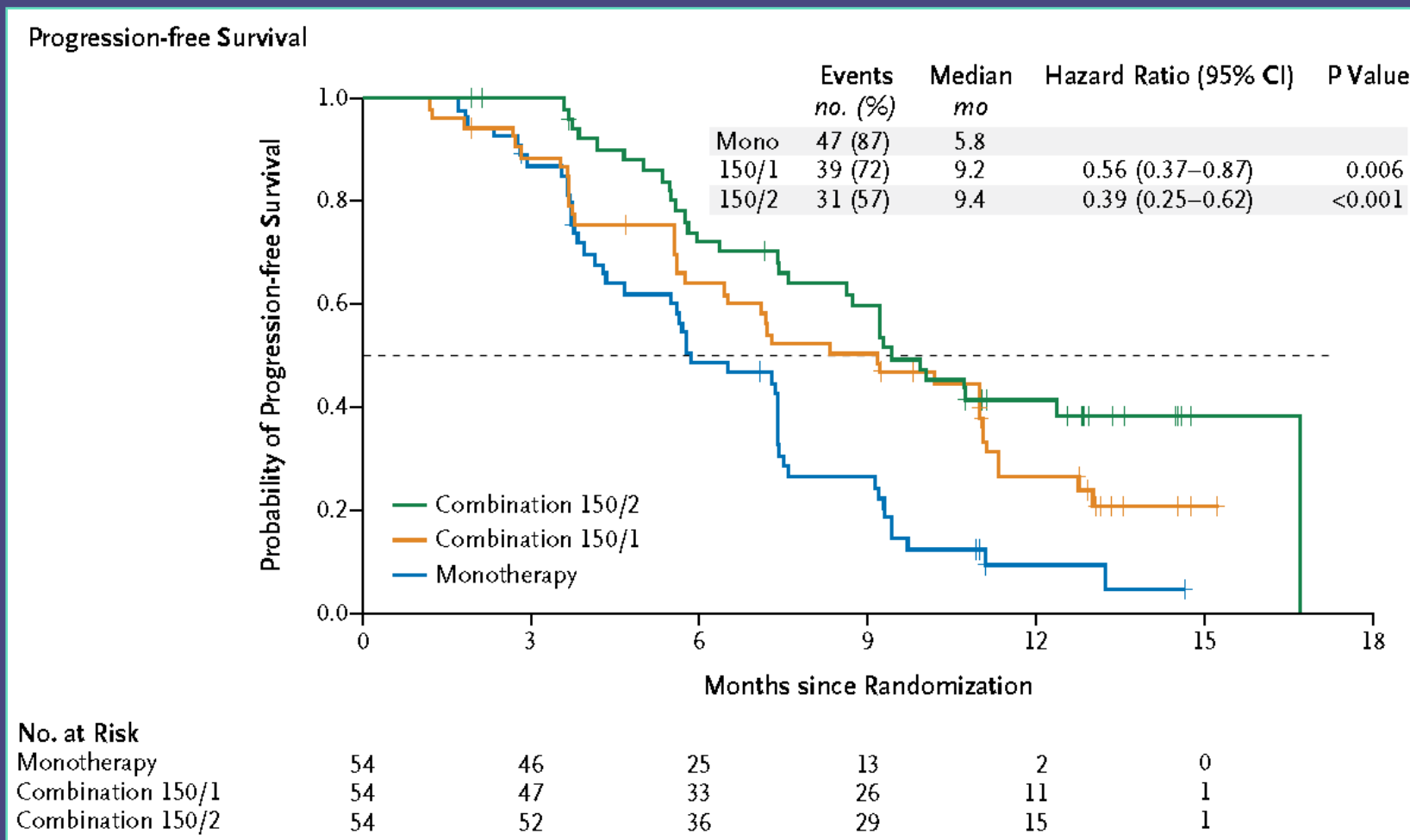
Time since
prior BRAFi
(months)

Dabrafenib/trametinib vs. dabrafenib: Confirmed Response Rate

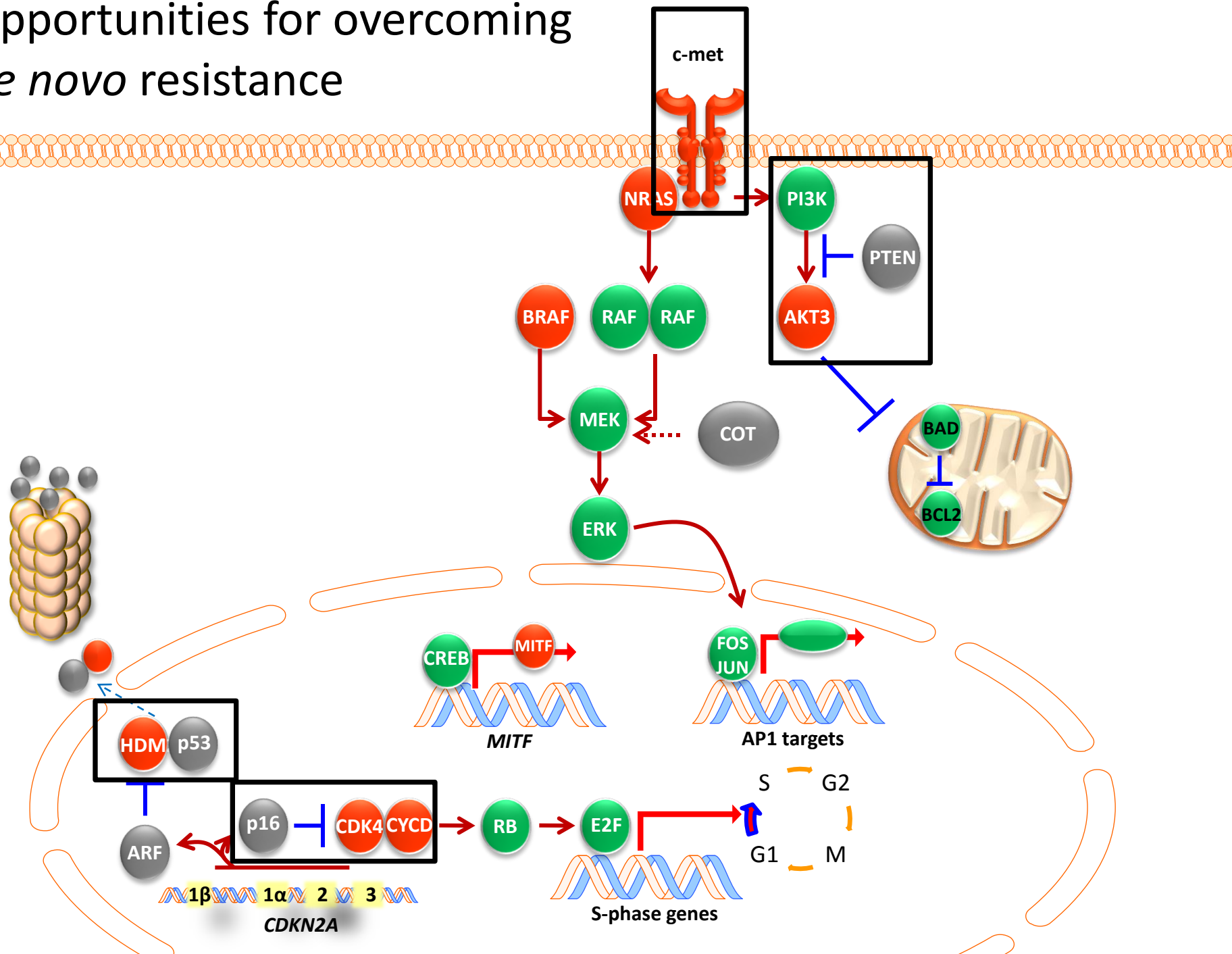
	Mono D (N=54)	Combination D+T 150/1 (N=54)*	Combination D+T 150/2 (N=54)
CR	2 (4)	3 (6)	5 (9)
PR	27 (50)	24 (44)	36 (67)
SD	22 (41)	24 (44)	13 (24)
PD	3 (6)	2 (4)	0
Response Rate [†]	29 (54%)	27 (50%) p=0.77	41 (76%) p=0.026
Duration of Response Months (95% CI)	5.6 (4.5, 7.4)	9.5 (7.4, NA)	10.5 (7.4, 14.9)

*1 patient in 150/1 group was not evaluable

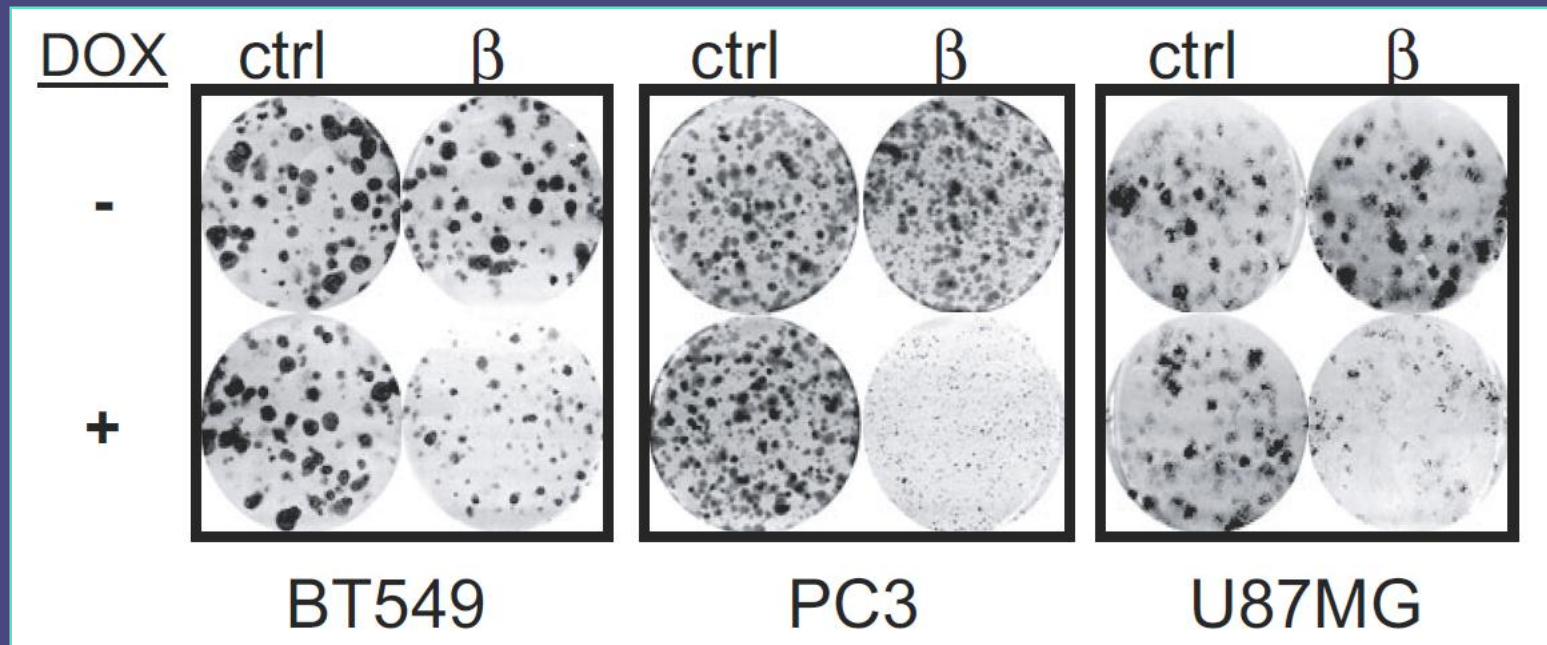
Delayed resistance with BRAF/MEK combination versus single-agent BRAF inhibition



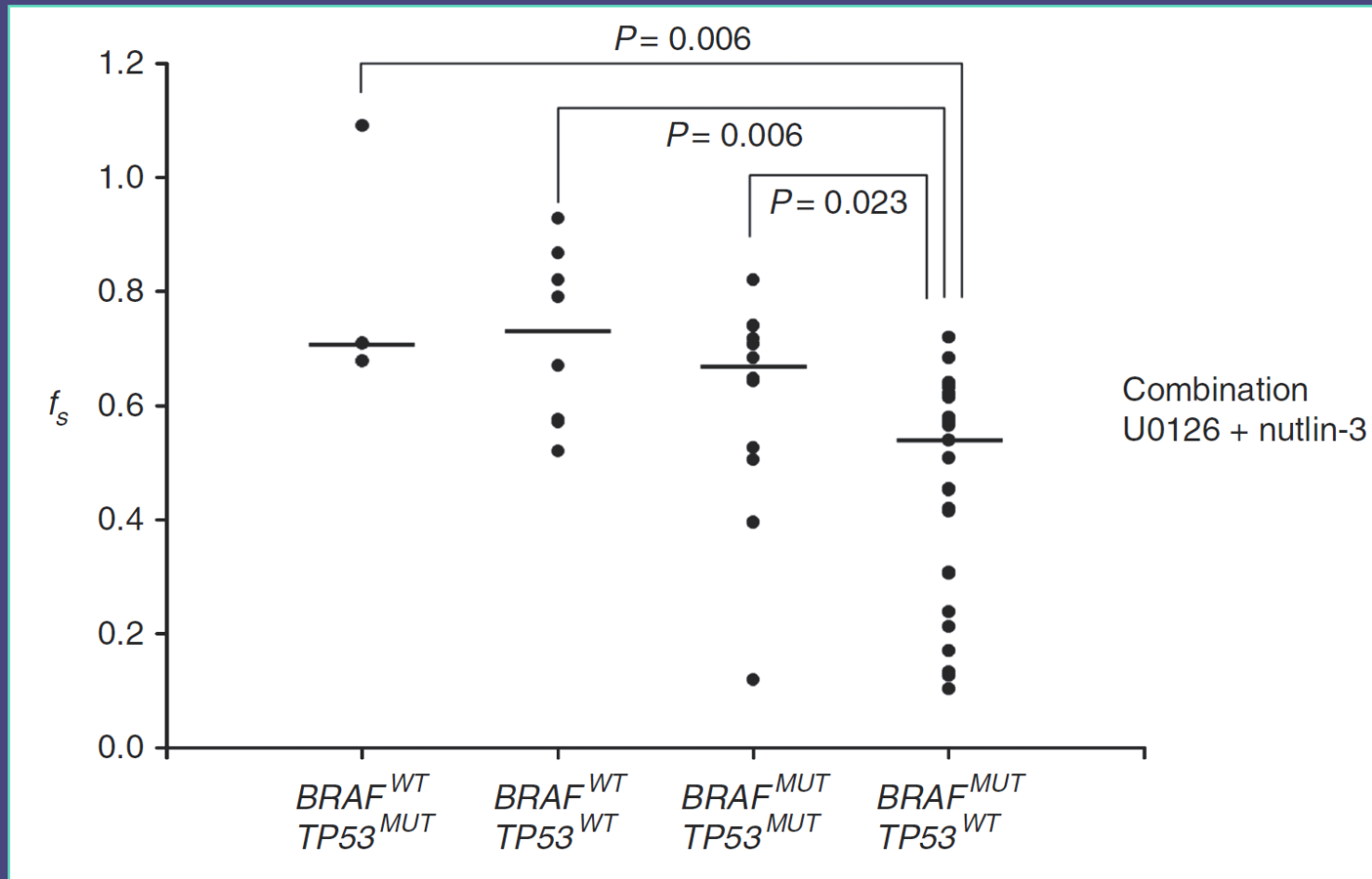
Opportunities for overcoming *de novo* resistance



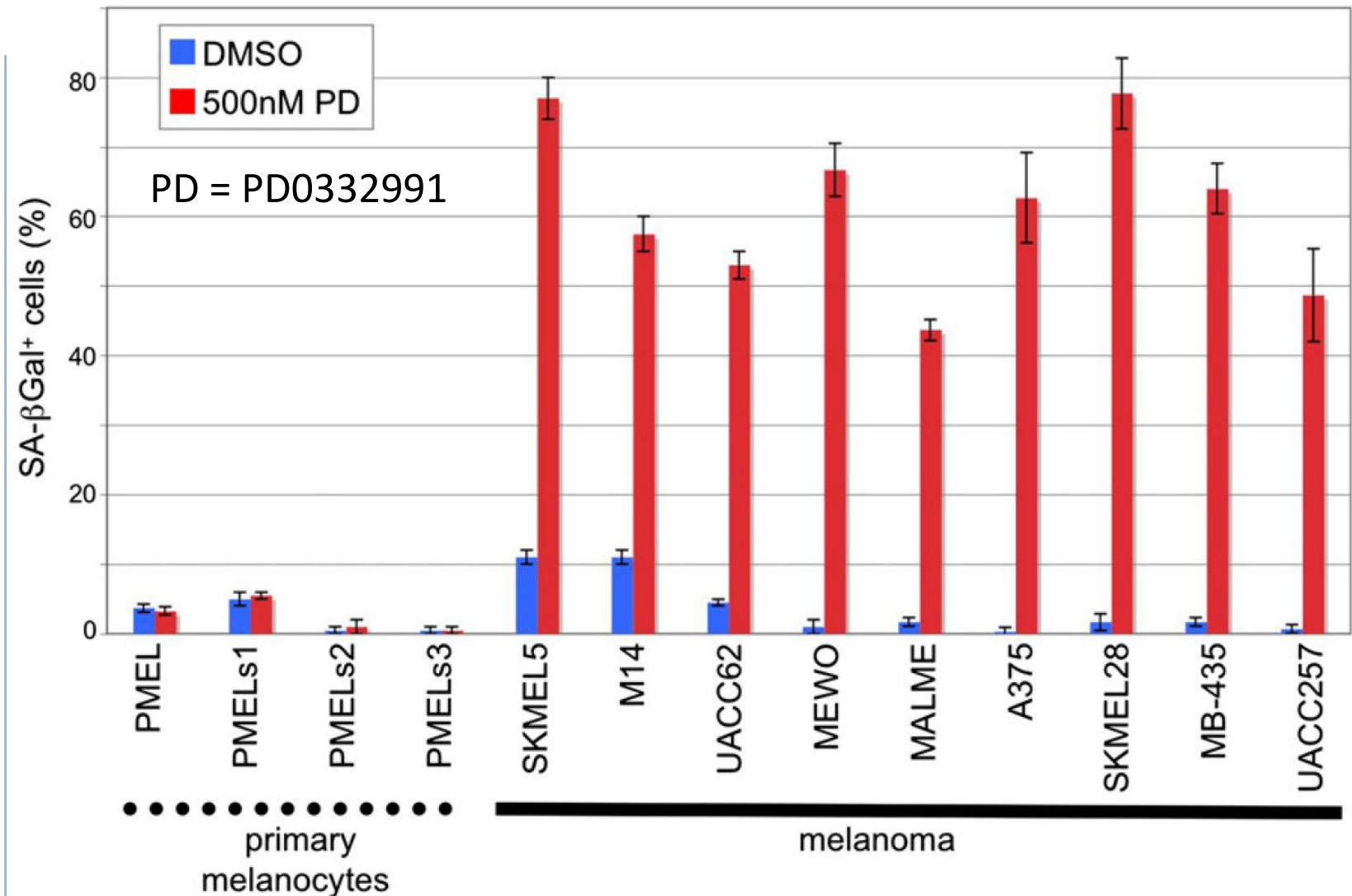
Inducible expression of PI3K β shRNA in PTEN deleted cell lines inhibits growth



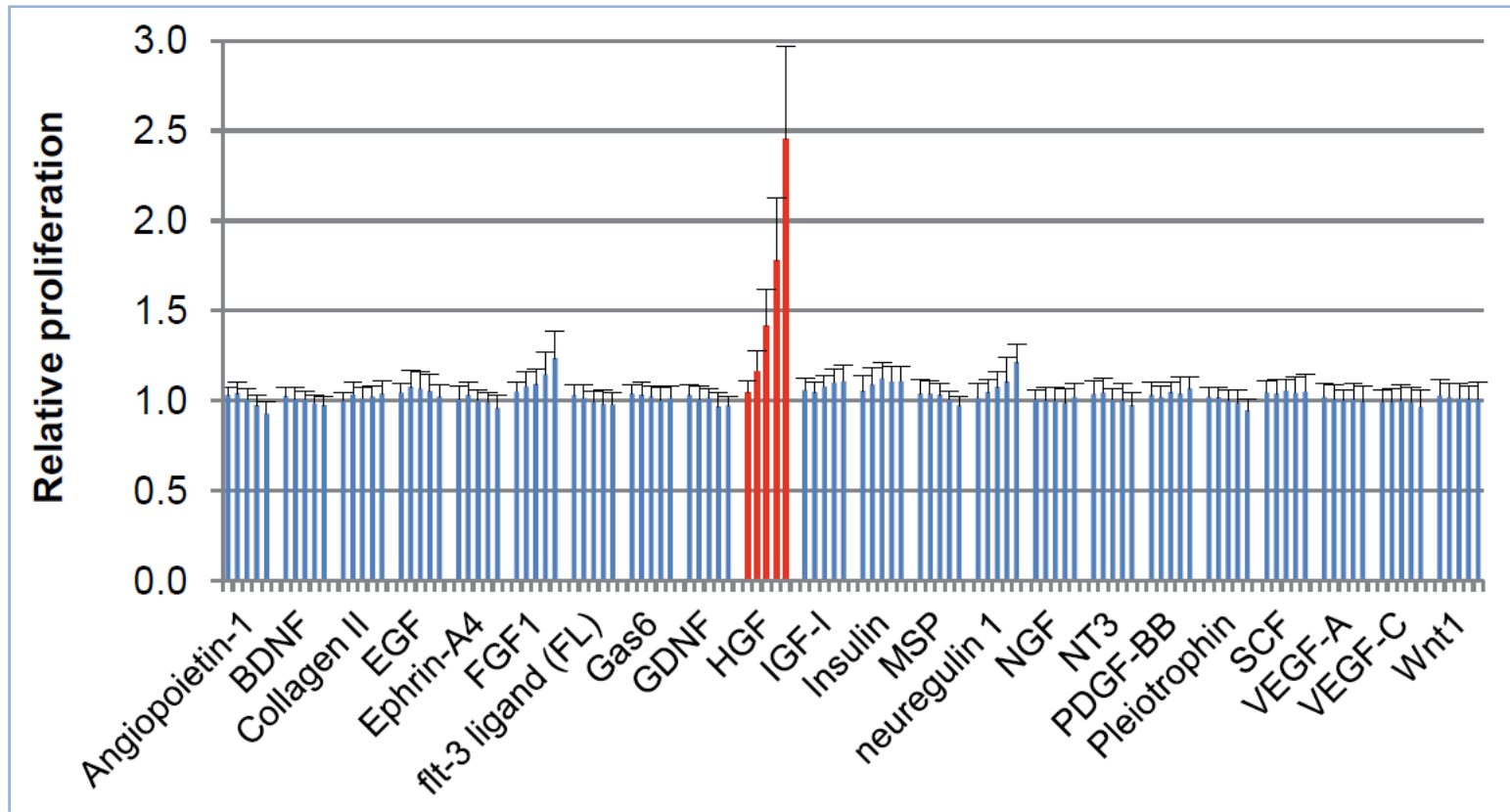
Synergy between MEK inhibitor & nutlin-3 in BRAF mutant/p53 WT melanoma



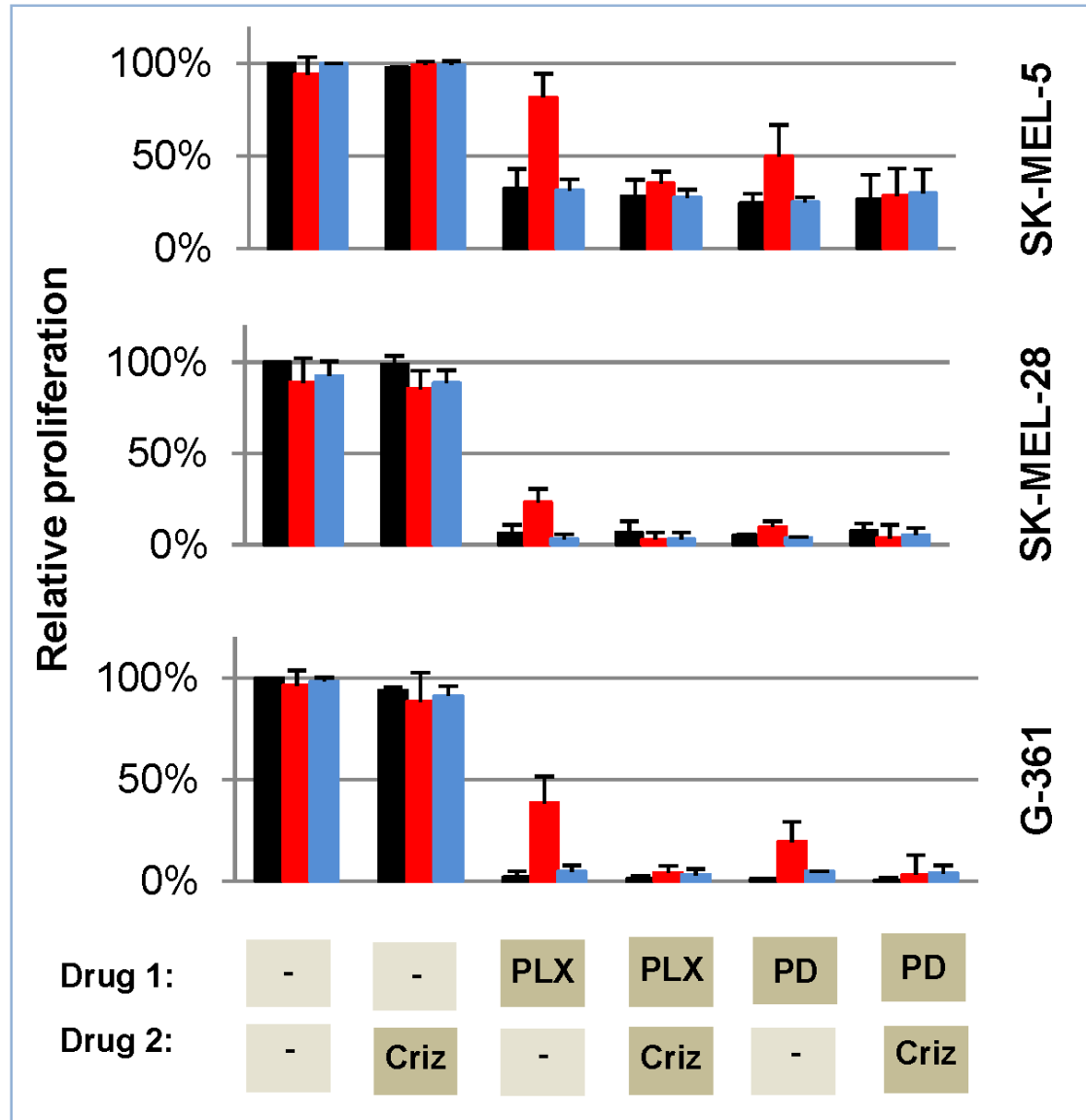
CDK4 inhibitor induces senescence



HGF uniquely conferred resistance among 576 cytokines, growth factors, soluble cell adhesion molecules



Combined effect BRAFi & c-meti



Conclusions

- CKIT inhibitors in CKIT mutant melanoma is effective in a minority
 - AKT reactivation may underlie resistance
- In NRAS mutant melanoma, single-agent MEK inhibition has activity
 - A combination with CDK4 inhibition appears promising
- In BRAF mutant melanoma, MAPK reactivation is common and BRAF/MEK dual inhibition suppresses resistance
 - Need to ascertain if BRAF/MEK resistance is MAPK dependent or not