

Emerging diagnostic and therapeutic targets in gynecological cancers

# PI3K/AKT pathways in ovarian and endometrial cancers

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# **Disclosure information of Cristiana Sessa**

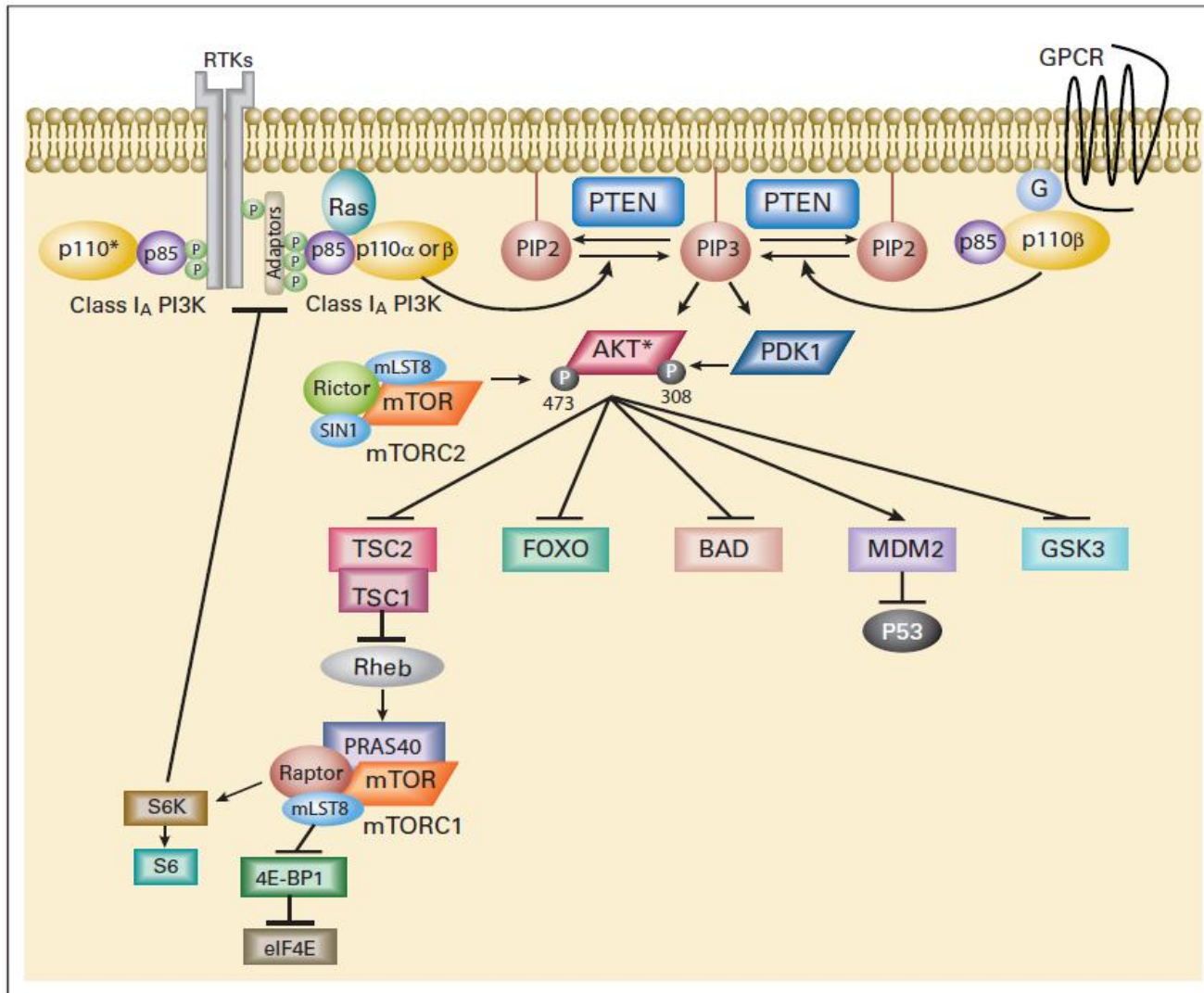
## **Relationships Relevant to this session**

**Advisory Board: OSI**

**Corporate-sponsored research: OSI**

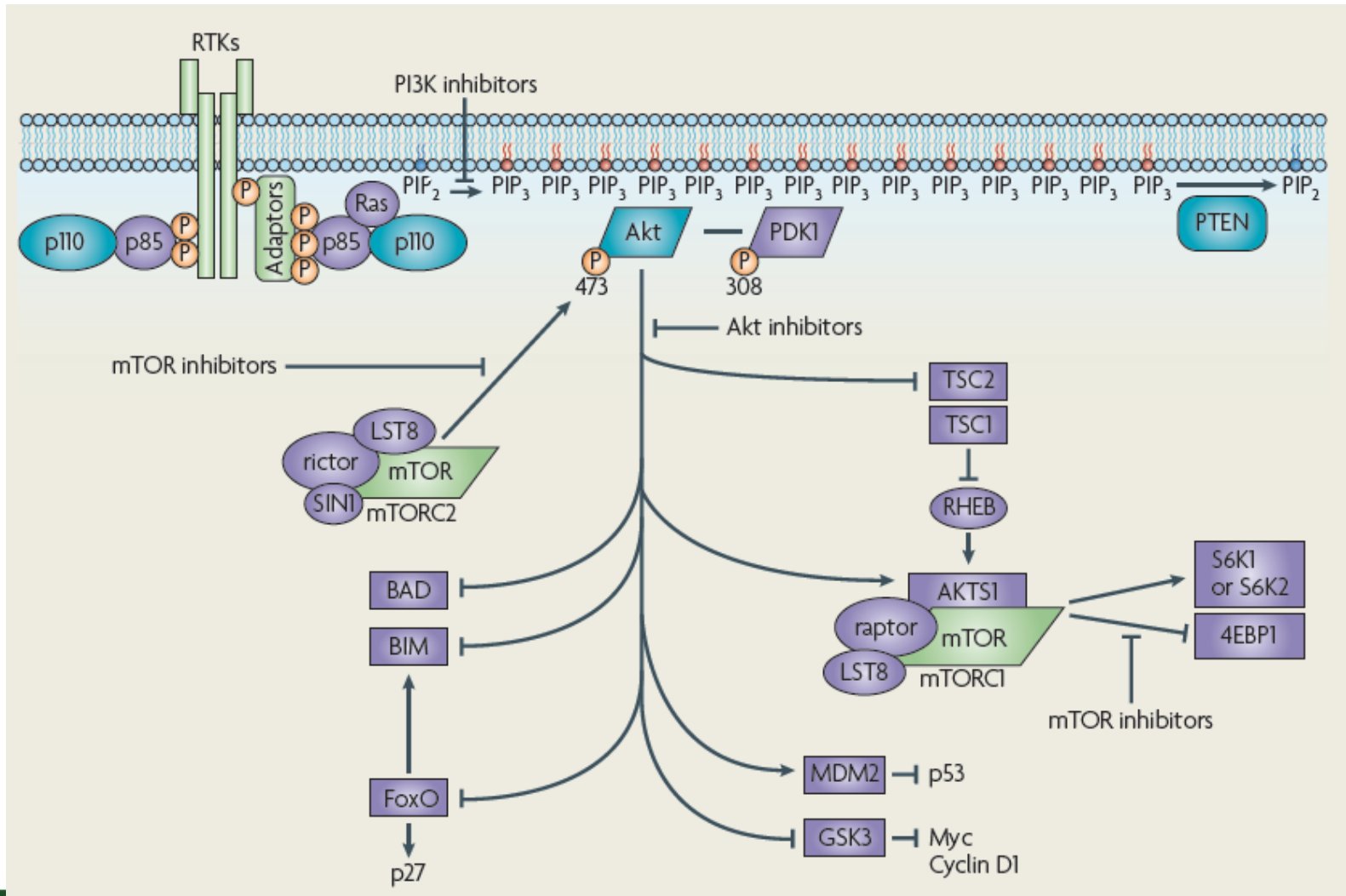
**No other relevant relationship**

# The PI3K signaling cascade

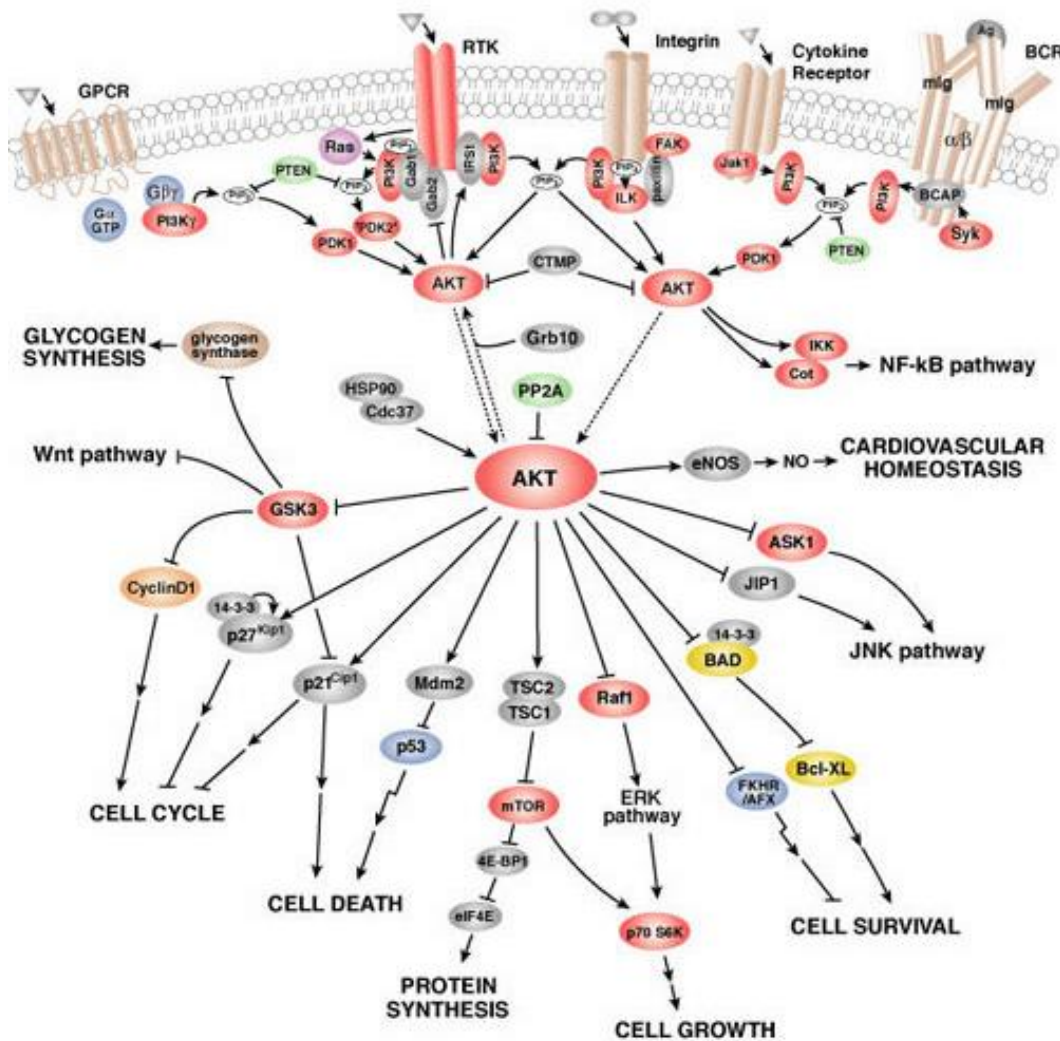


Courtney et al, J Clin Onc, 2010

# Components of PI3K-AKT pathway as therapeutic targets



# Relevance of PI3K / AKT signalling axis in cancer



Multiple regulators altered

RTK activations: EGFR, MET, KIT, HER<sub>2</sub>

Activating mutations: p110<sub>a</sub>, AKT

Inactivating mut / deletions: PTEN, LKB<sub>1</sub>

Amplifications: p110<sub>a</sub>, p85, AKT<sub>1</sub>, AKT<sub>2</sub>, PDK<sub>1</sub>, p70S6K

# PI3K / AKT pathway inhibitors in clinical development

## Dual PI3K and mTOR inhibitors

BEZ 235	Novartis	Phase II (endom)
PF 0469, PF 0521	Pfizer	Phase II (endom)
XL 765	Exelixis	Phase II
GDC 0980	Genentech	Phase II

## PI3K inhibitors

BKM 120	Novartis	Phase II (endom)
XL 147	Exelixis	Phase II (endom)
GDC 0941	Genentech	Phase II
CAL 101	Calistoga	Phase II

## AKT inhibitors

GSK 214 1795	GSK	Phase I
GDC 0068	Genentech	Phase IB
MK 2206	Merck	Phase IB

## mTOR inhibitors

OSI 027	Astellia	Phase I
AZD 2014	Astrazeneca	Phase I
CC223	Celgene	Phase II

# PI3K pathway alterations and ovarian cancer

% of cancers with			
Gene	Amplification	Mutations	Overexpression
PIK3CA	9-11%	8-12%	32%
PIK3R1	ND	ND	ND
AKT1	12-27%	2%	12%
KRAS	5%	2-24%	30-52%
BRAF		36%*	
PTEN	27% deletion	3-8%	

\*exclusively in low grade serous

# PIK3CA mutations and response to PI3K/AKT/mTOR inhibitors in patients with breast and gynecological malignancies

## No of cases with mutations

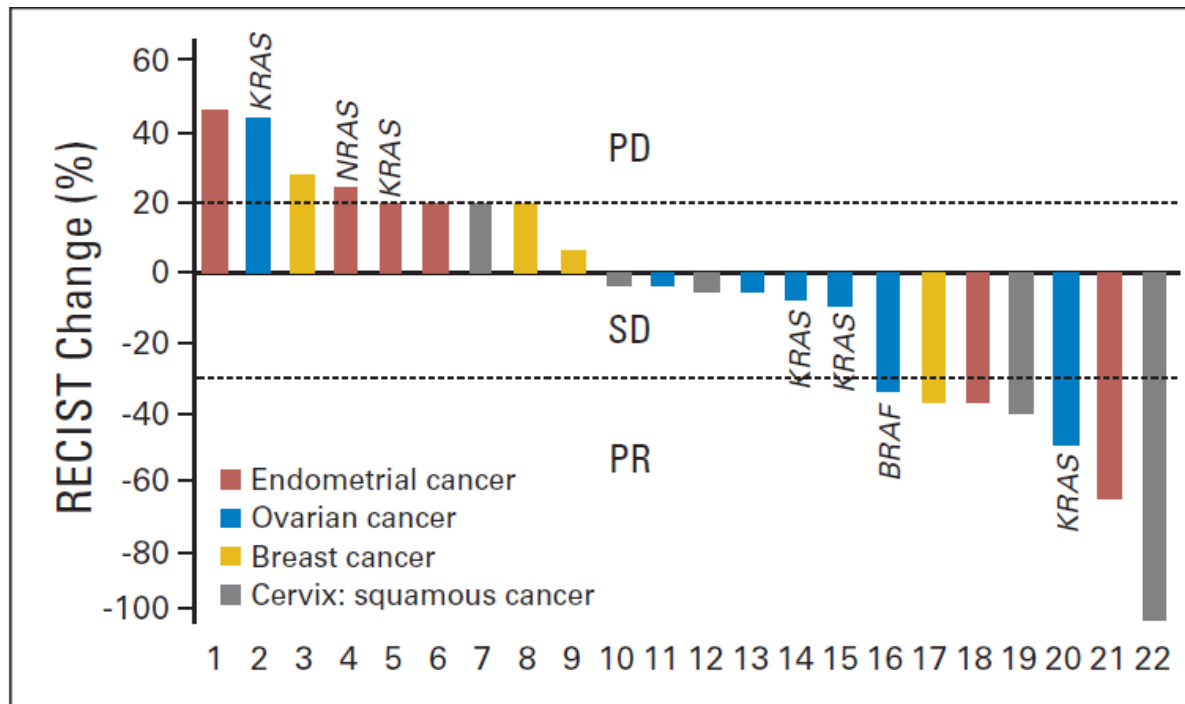
	Ovary	Breast	Endometrium	Cervix
PIK3CA mut (%)	7 (28%)	6 (24%)	7 (28%)	5 (20%)
KRAS mut (%)	5*	1	3**	1
B RAF (%)	2	0	0	0
N RAS	1		2**	

\* 3 cases with both PI3K / KRAS mut

\*\* 2 cases with both PI3K / KRAS or N RAS mut



# PIK3CA mutations and response to PI3K/AKT/mTOR inhibitors in patients with breast and gynecological malignancies



Waterfall plot of PIK3CA mut patients treated with PI3K / AKT / mTOR inhibitors

Janku et al, JCO, 2012

# Development of combinations with PI3K Inhibitors in ovarian cancer

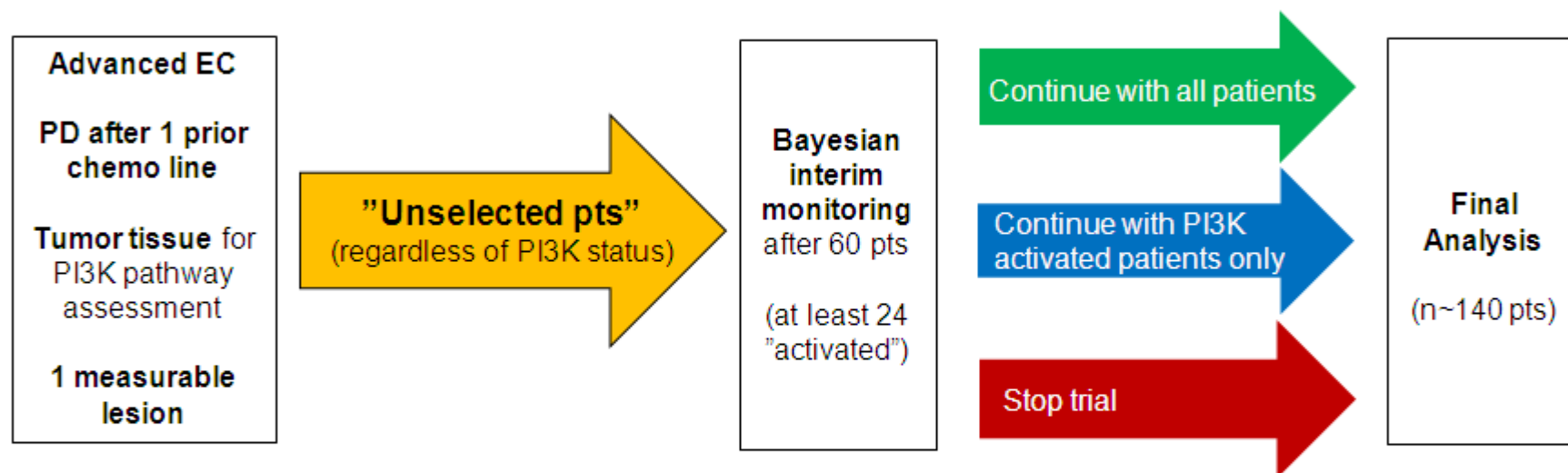
- Dysregulation of PI3K / AKT signalling contributes to resistance to anticancer therapies
- In ovarian cancer xenograft the combination of PI3K inhibitor and carboplatin seems to be more effective than either agent alone
- The high redundancy and cross interaction requires targeting the pathway at different levels
- Molecular characterization could be useful
  - in representative preclinical models for the development of effective combinations
  - in clinical trials for the retrospective identification of mutations indicative of sensitivity to the agents studied

# mTOR inhibitors in endometrial cancer

	ROUTE	DOSE	1st LINE ACTIVITY	2nd LINE ACTIVITY
Temsirolimus NCIC IND 160	IV	25 mg Q wk (100mg/mo)	~25% RR (60% SD)	7% RR (2/27)
Everolimus	PO	10 mg QD (56mg/mo*)	ND	0% RR CBR 40%
Ridaforolimus Columbo et al.	IV	12.5 QDx5 Q2 wk (130mg/mo)	ND	9% RR (4/45) CBR 30%
<b>Ridaforolimus</b> <b>NCIC IND 192</b>	<b>PO</b>	<b>40 QDx5 Q wk</b> <b>(160mg/mo*)</b>	<b>RR endpoint</b>	<b>205 RP2</b> <b>PFS endpoint</b>

# PI3Ki in Endometrial Cancer

*Example: Single agent Phase 2 in 2<sup>nd</sup>-line EC*



## ■ Objectives

- Primary: ORR by RECIST in patients with „PI3K pathway activation“ AND in „all patients“
- Secondary: additional efficacy (ORR in „non-activated“ pts, DCR, PFS), safety, biomarker

# Signaling pathway abnormalities in endometrial cancer

	Endometrioid	Nonendometrioid
PTEN loss	35-50%	10%
PIK3CA mut	40%	15%
AKT1 mut	2%	
FGFR <sub>2</sub>	12%	
PIK3R <sub>1</sub> mut	20%	
PIK3R <sub>2</sub> mut	5%	
KRAS mut	17%	17%

Cheung et al, Cancer Discov., 2011

# Signaling pathway abnormalities in endometrial cancer

## Conclusions

- PI3K and KRAS pathways are drivers in the pathogenesis of EC
- Frequent mutations of PIK3R1 (p85 $\alpha$ ) and PIK3R2 (p85 $\beta$ ) cause destabilization of PTEN and increase of AKT phosphorylation
- Cells with concomitant KRAS and PI3K pathway mutations have
  - >G150% of rapamycin than with PI3K pathway mutation alone
  - relative sensitivity to MEK inhibition
- Rational targeted therapeutic combinations are needed to overcome feedback loops in the PI3K pathway

Cheung et al, Cancer Discov., 2011