

# **Why were IGF-1R inhibitors disappointing?**

## **Can we improve our results by patient selection or use of combinations?**

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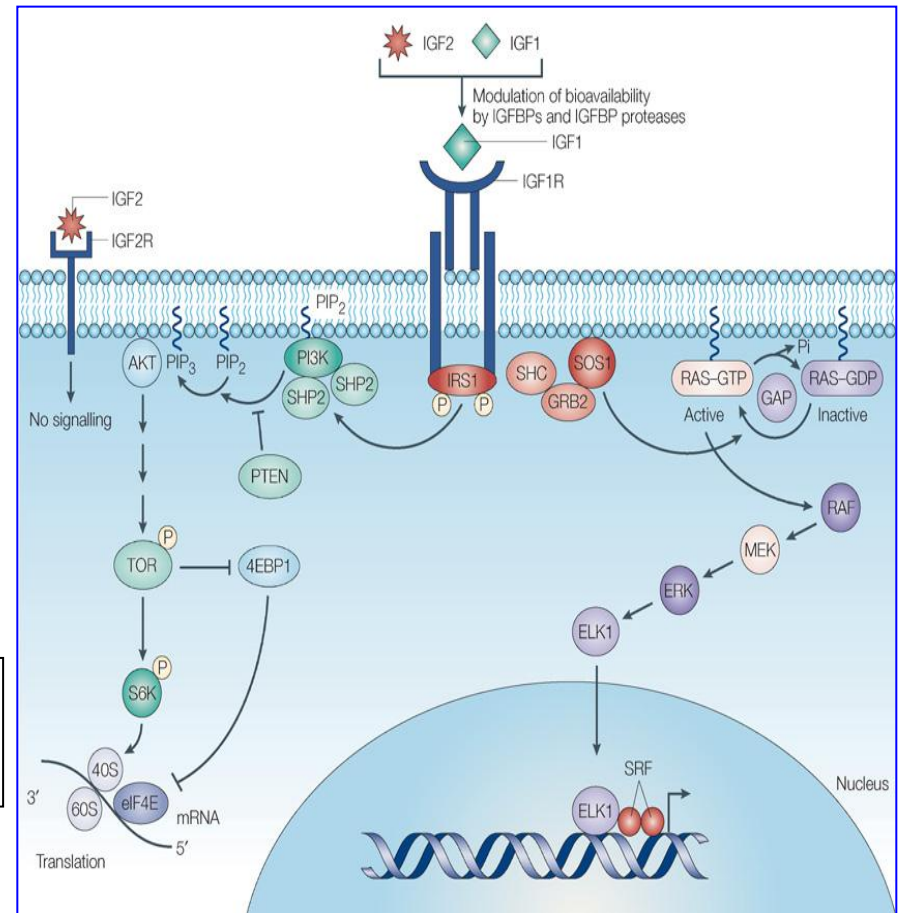
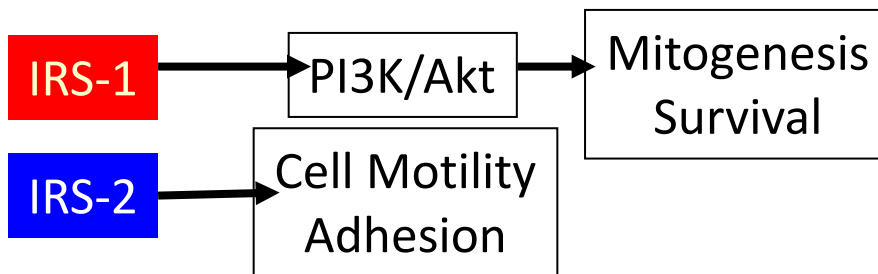
Madrid, Spain

# Disclosures

- I do not have any disclosure to discuss

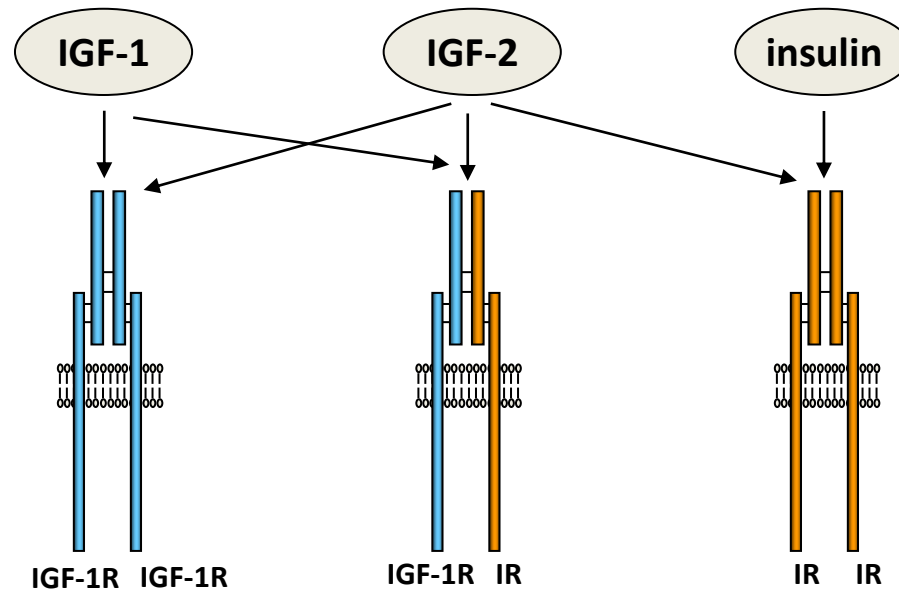
# Introduction (I)

The insulin-like growth factor I receptor (IGF-IR) is a receptor tyrosine kinase that regulates various biological processes, including cell growth, proliferation, and inhibition of apoptosis



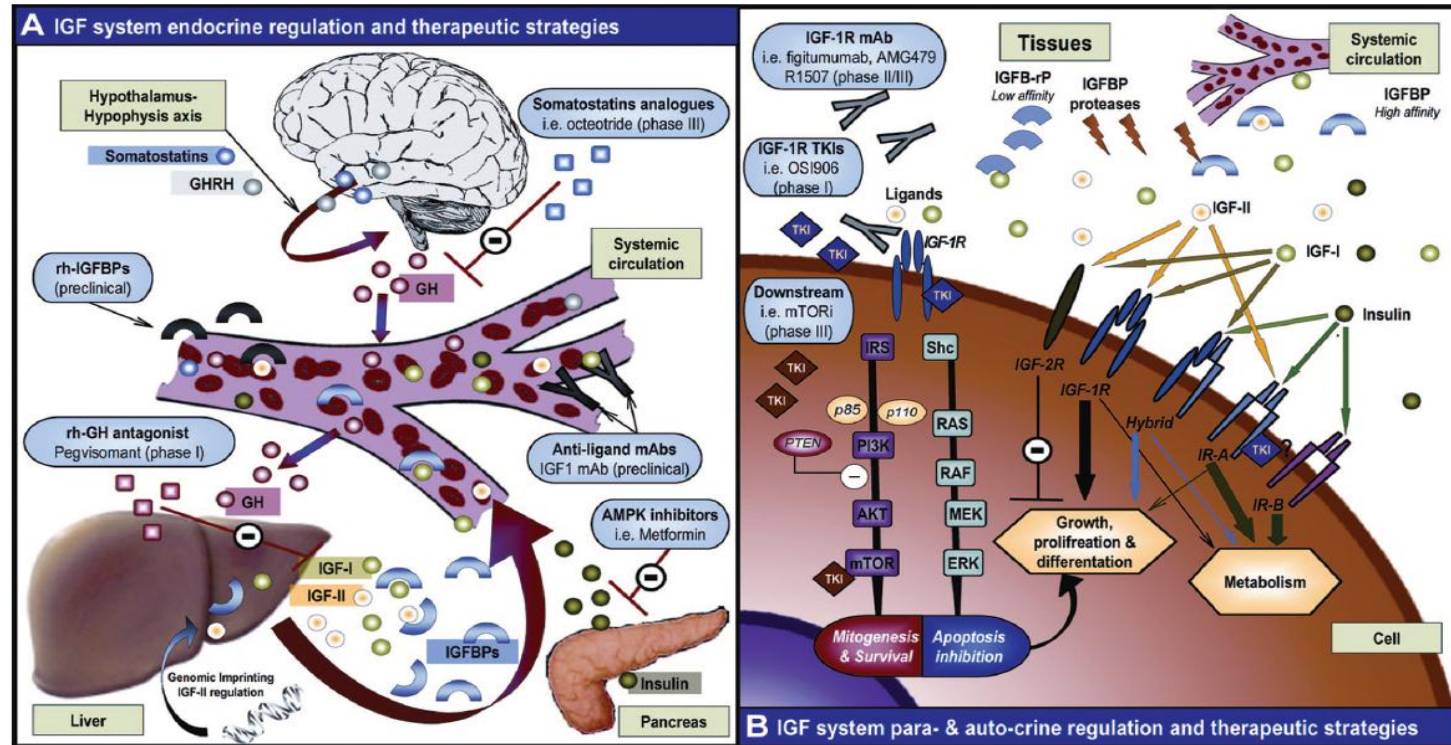
*M. Pollak et al Nature Reviews Cancer*

# Introduction (II)



- Ligands: IGF1, IGF2 & Insulin
- Receptors: IGF-1R, IGF-2R, IR-A, IR-B and heterodimers

# Introduction (III)



- Complex system with endocrine, paracrine and autocrine levels of regulation (& genetic regulation):
  - In addition to different ligands and receptors have several **Binding proteins** and **binding proteins proteases**

# *A long journey from the bench to the bedside*

**1990**

*IGF-1R pathway is  
implicated for 1<sup>st</sup> time  
in the pathogenesis of  
sarcoma*

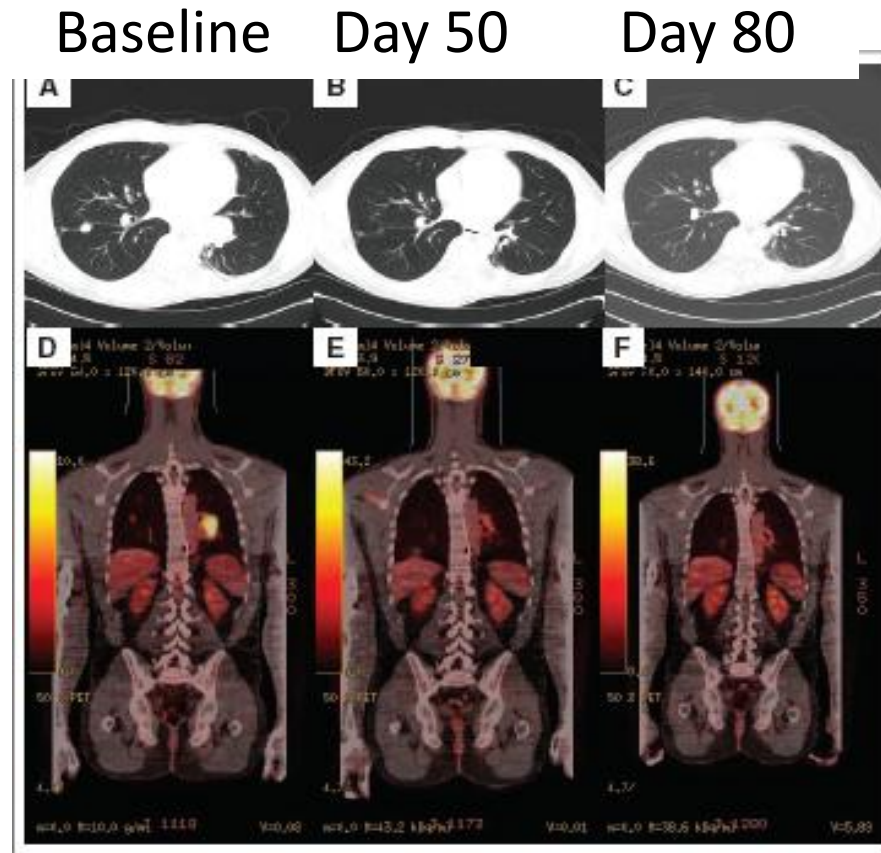


**2007**

*1<sup>st</sup> sign of antitumor  
activity in a sarcoma  
patient is reported*

*Yee et al. J Clin Invest 1990  
El-Badry et al. Cell Growth Differ 1990  
Tolcher et al. ASCO 2007*

# First responses to IGF-1R in Ewing sarcoma

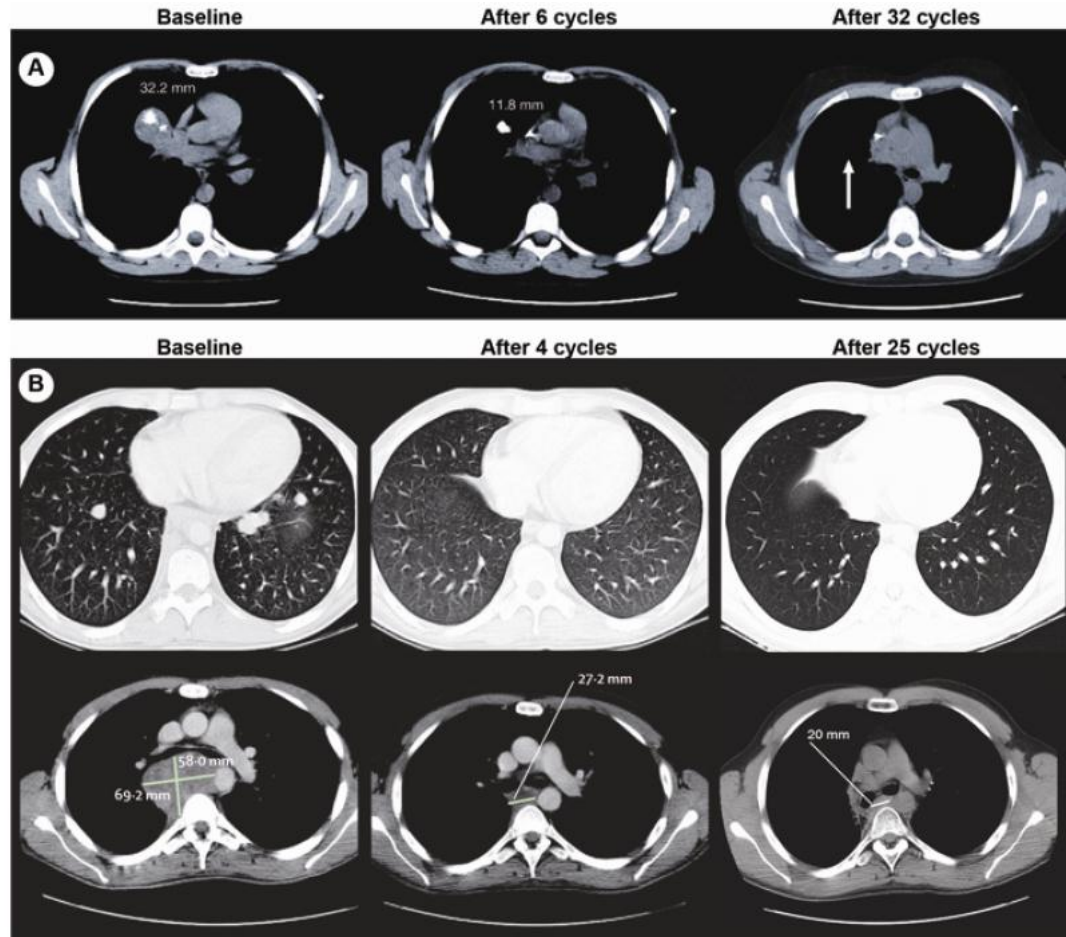


AMG-479 (Ganitumumab) 20 mg/kg every 2 weeks

*Tolcher et al. J Clin Oncol 2009*  
*1<sup>st</sup> reported At ASCO 2007*



# First responses to IGF-1R in Ewing sarcoma



Figitumumab 20 mg/kg every 4 weeks

*Olmos et al. ASCO 2008*  
*Olmos et al. Lancet Oncol 2010*  
*Olmos et al. Cancer J. 2010*

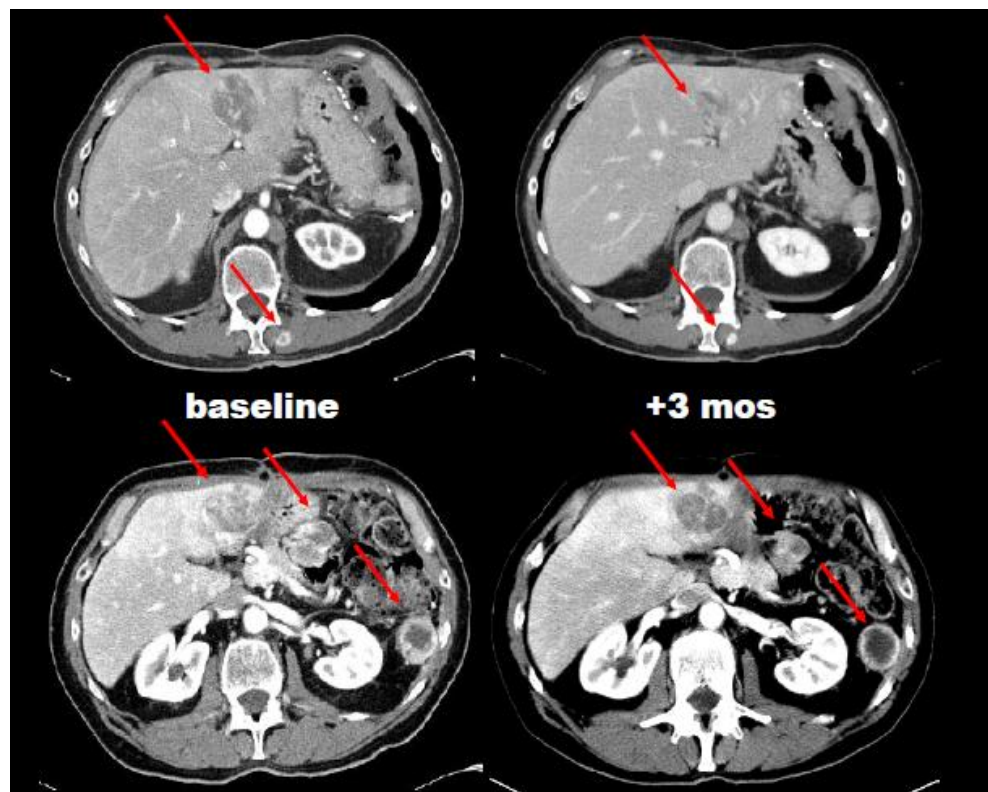


# Anti-IGF-1R mAb in Ewing sarcoma

Drug	Trial	PR/CR	Source
Figitumumab CP-751,871	Ph. I-expansion	1 CR, 1 PR	Olmos et al. Lancet Oncol 2010
Ganitumumab AMG-479	Ph .I-expansion	1 CR, 1 PR	Tolcher et al. J Clin Oncol 2009
Robatumumab R1507	Ph. I-expansion	2 PR	Kurzrock et al. Clin Cancer Res 2010
SCH-717454	Ph. I/II	3 PR	Anderson et al. CTOS 2008 (abs.)
Cixutumumab IMC-A12	Ph. I/II paediatric	3 PR	Malempati S et al. J Clin Oncol 2012

# IGF-1R mAb activity in other subtypes?

## Solitary Fibrous Tumour



Figitumumab 20 mg/kg every 4 weeks

*Stacchiotti et al. Mol Cancer Ther 2010*

## Sporadic radiological responses in:

- RMS (R1507)
- Osteosarcoma (R1507)
- ASPS (R1507)

## Sporadic SD>3 m

- Leiomyosarcoma (R1507)
- Fibrosarcoma (CP-751,871)
- DSRCT (AMG-479)
- Synovial sarcoma (CP-751,871)
- Liposarcoma (IMC-A12)

# Single agent Phase II with mAb

- **SARC-011 study with R1507**
  - Five arms: Ewing sarcoma, Osteosarcoma, Rhabdomyosarcoma, Synovial sarcoma and other sarcomas. Recommended dose 9mg/kg weekly 100-500 patients
- **Pfizer study 4021020 with Figitumumab**
  - Ewing only, recommended dose, two phase 20 + 20 patients – target minimum 3 objective responses in first 20 patients
- **Phase 2 Study of AMG 479**
  - Ewing sarcoma and DSCRT, 38 patients
- **Phase 2 Study to Determine the Activity of SCH 717454**
  - Relapsing Osteosarcoma (proliferation rate) and Ewing's sarcoma (OS), 190 patients
- **A Five-Tier, Phase 2 Open-Label Study of IMC-A12**
  - Ewing Sarcoma, rhabdomyosarcoma, Leiomyosarcoma, adipocitic sarcomas, and synovial sarcoma. 85 patients (17pts per tier)

# Anti-IGF-1R mAb Phase II in EWS

Study	N	CR	PR	Median PFS
Figitumumab Phase II (20 mg/kg q4w)	106	0	15 (14%)	1.9 months
SARC-011: R-1507* (9 mg/kg q1w)	111	1 (1%)	7 (6%)	29 weeks
AMG-479 Phase II* (20 mg/kg q2w)	19	0	1 (5%)	7.9 months*

**\* In the DSRCT arm PFS was 19 months.**

***Were these results  
disappointing?  
or a promising beginning?***

## In a global drug development context

Study	N	ORR	Median duration CB	Median PFS
Figitumumab Phase II (20 mg/kg q4w)	106	14%	4.7 m	1.9 m
Trastuzumab single agent 1 <sup>st</sup> line HER2+ Breast Ca	222	15%	8 m	3.4 m
Cetuximab single agent EGFR+ CRC	57	9%	4.2 m	1.4 m

*Juergens et al. J Clin Oncol 2012*

*Vogel et al. Eur J Cancer 2001*

*Saltz et al. J Clin Oncol 2004*



# What has happened to IGF-1R mAb strategies?

*Basu & Olmos. Br J Cancer 2011*

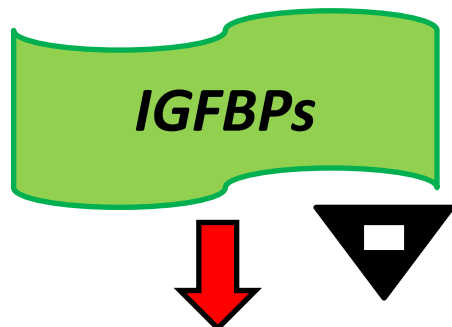
# IGF1R: Why is it important?

## **BUT the activation of IGF-1R**

- It is the key receptor in the IGF pathway
- Its activation stops sarcomas cells from going to apoptosis
- Abrogates the need for any other growth factor signals in cancer cells
- Has been linked to treatment resistance:
  - To conventional chemotherapy
  - To radiotherapy
  - To other targeted treatments

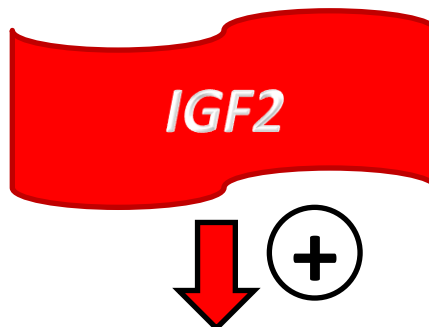
*Pollak et al. Nat Rev Cancer 2008*  
*Olmos et al. Cancer J. 2010*

# IGF-1R: is it the most appropriate therapeutic target : One size may not fit all!!



**Ewing Sarcoma**  
• *EWS-FLI1* ↓ expression

**Osteosarcoma**  
• *P53* mutant ↓ expression



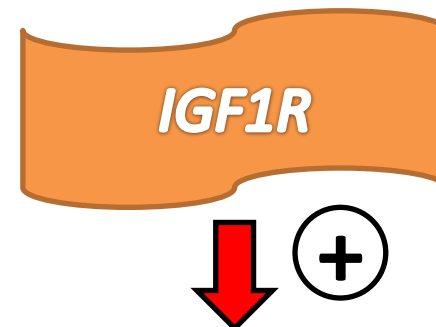
**Embryonal RMS**  
• LOH *IGF-II* ↑ expression

**Alveolar RMS**  
• *PAX3/FOXO* ↑ expression

**Synovial Sarcoma**  
• *SS18-SSX* ~LOI ↑ expression

**Solitary Fibrous Tumours**  
• LOI *IGF-II* ↑ expression

**Leiomyosarcoma**  
• LOI *IGF-II* ↑ expression



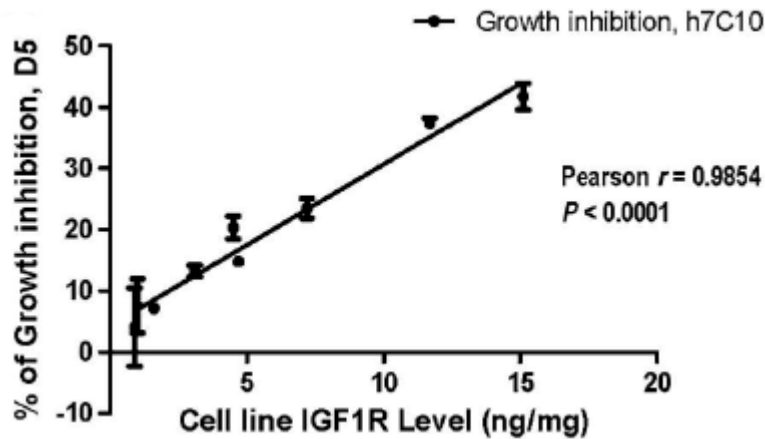
**DSRCT**  
• *EWS-WT1* ↑ expression

***KIT*<sup>WT</sup> GIST childhood/juvenile**  
• *IGF1R* gene amplification

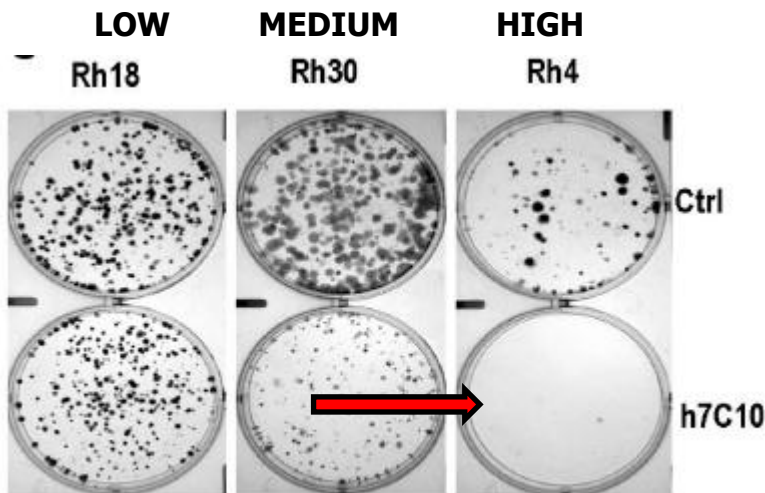
*Olmos et al. Cancer J. 2010*  
*Rikhoof et al. J Pathol 2009*

# Potential biomarker

## IGF-1R: a relation density/response?



### IGF-1R expression



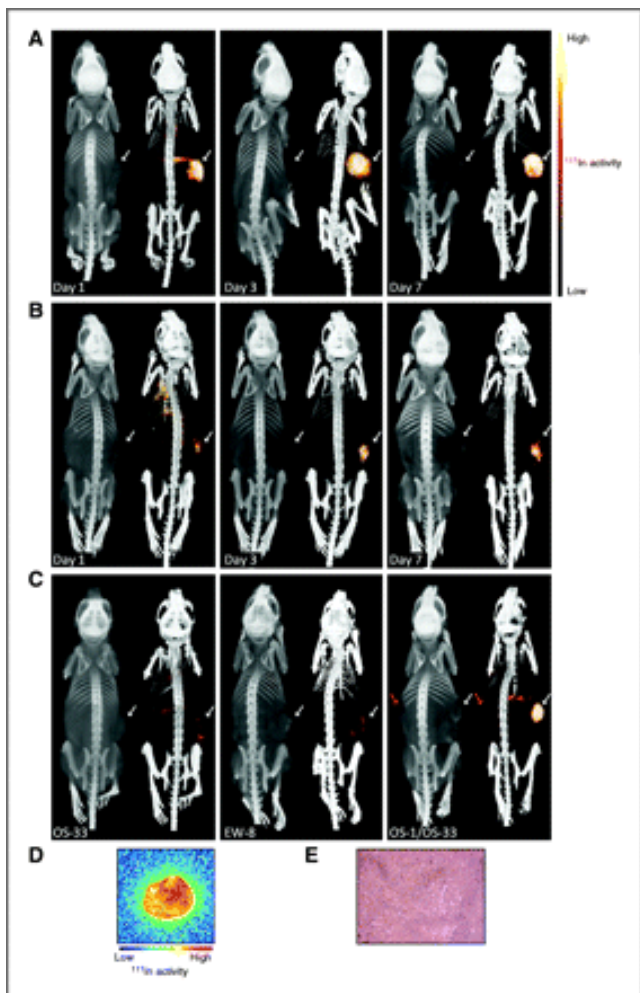
### AMG-479 in EWS and DSRCT

	EFT	DSRCT
CR	0	0
PR	1 (5%)	1 (6%)
SD	7 (37%)	10 (63%)
SD > 24 weeks	1 (5%)	3 (18%)
CB (CR+ PR + SD > 24 weeks)	2 (11%)	4 (25%)
PD	10 (53%)	4 (25%)
Not Evaluable	1 (5%)	1 (6%)

- EWS-WT1 increases IGF-1R
- EWS/FLI-1 does not

*Cao et al. Cancer Res 2008*  
*Tap et al. ASCO 2010*

# Can we measure IGF-1R density in vivo

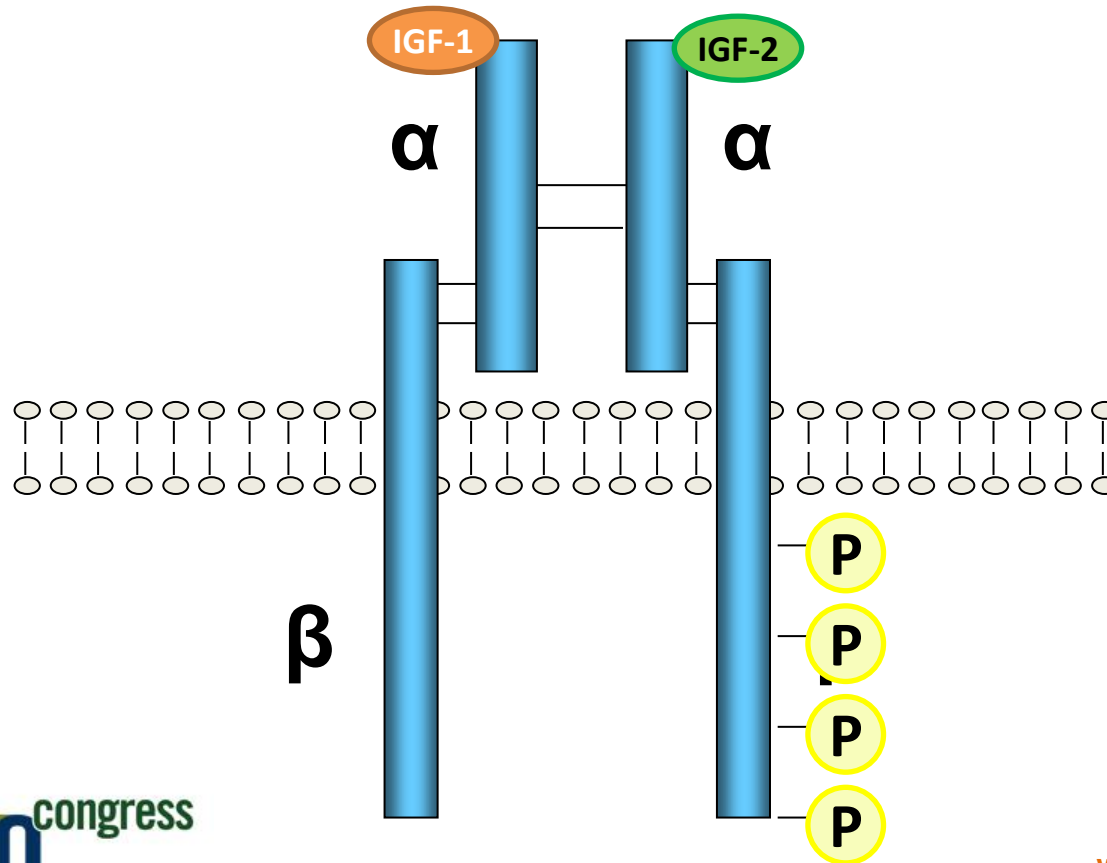


## Immuno-SPECT Imaging with In-111-R1507

- Osteosarcoma & EWS xenograft.
- Good correlation with IHC, but IGF-1R expression can vary between different areas of the tumour.
- Good correlation to response to R1507 in this models
- Could this be applied to select patients? or to different mAb?

*Fleurent et al. Clin Cancer Res 2011*

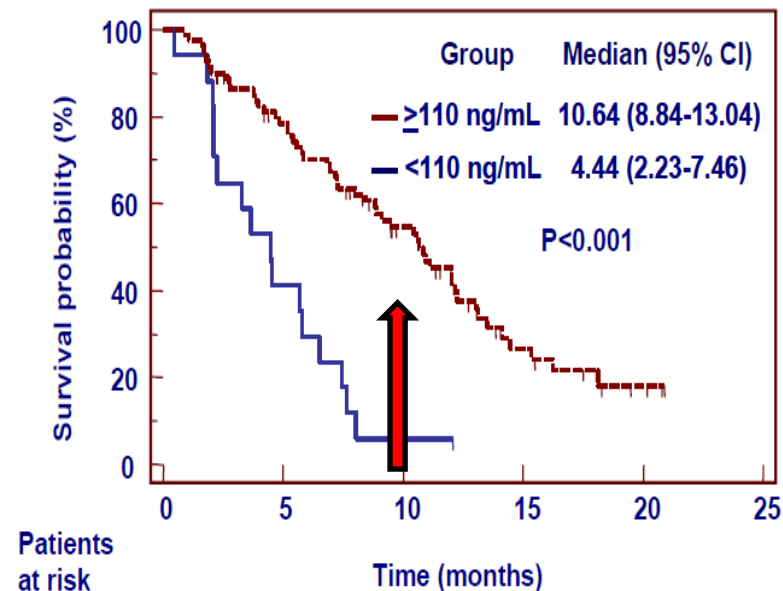
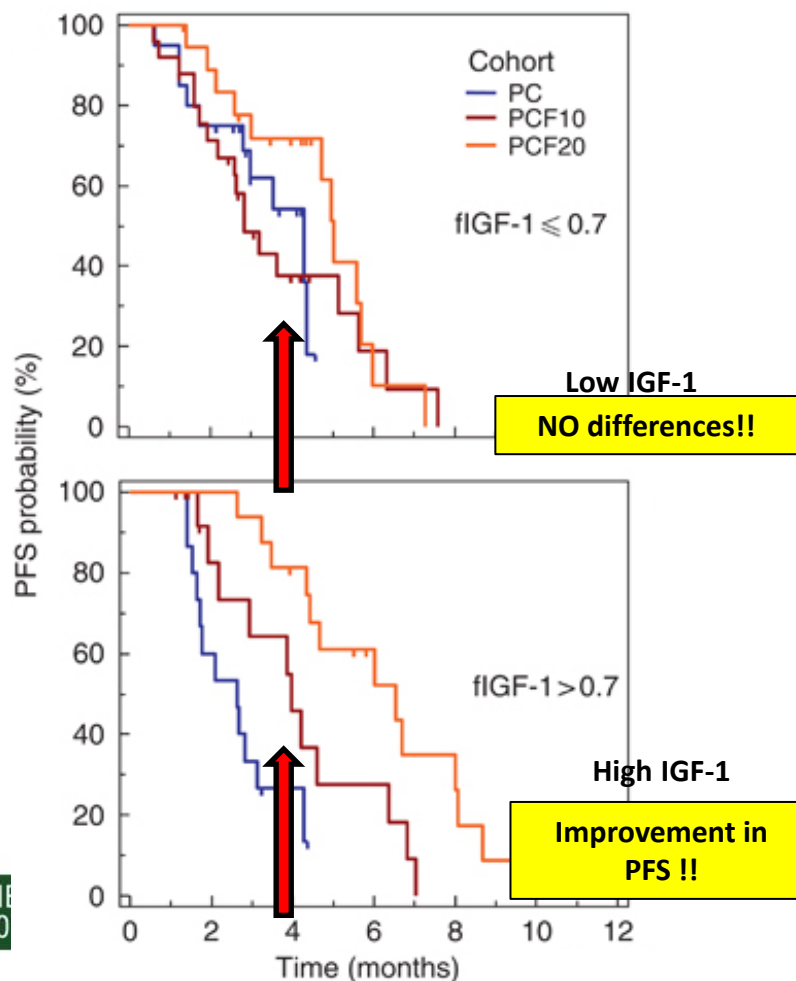
# Two different ligands can activate IGF-1R





# Potential biomarker: Levels of IGF-1

## Lung Cancer: Figitumumab plus Carbo/Taxol

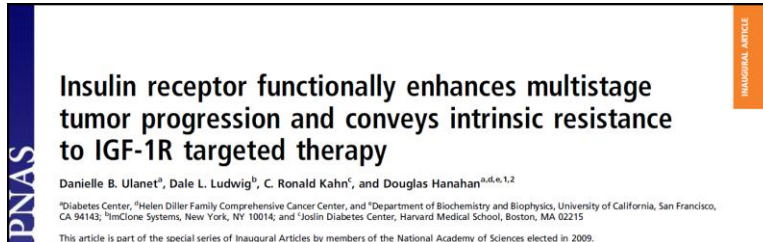


Just prognostic or  
maybe predictive too?

*Gualberto et al. Br J Cancer 2011*  
*Juergens et al. ESMO 2010*

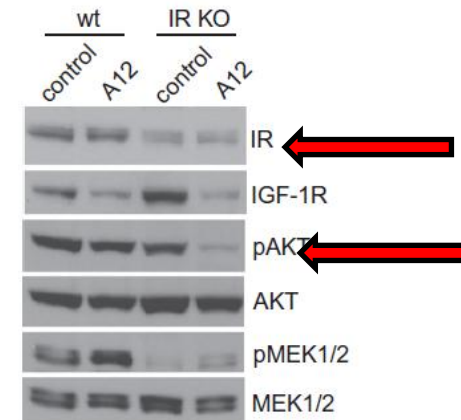
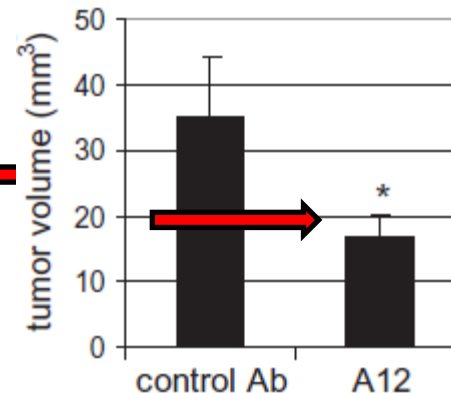
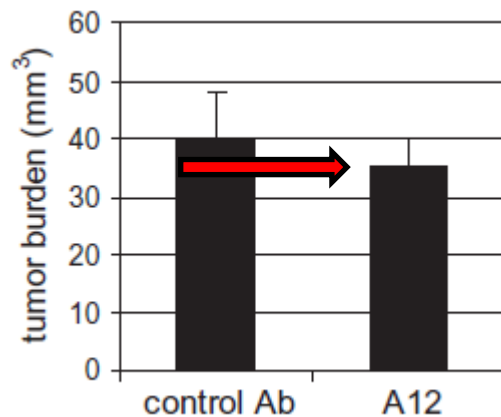
[www.esmo2012.org](http://www.esmo2012.org)

# IGF-II & IR-A loop activation confers resistance to IGF-1R inhibition



In Ewing sarcoma: IGF1R resistant cells are able to switch from IGF-1/IGF-1R to IGF-2/IR-A

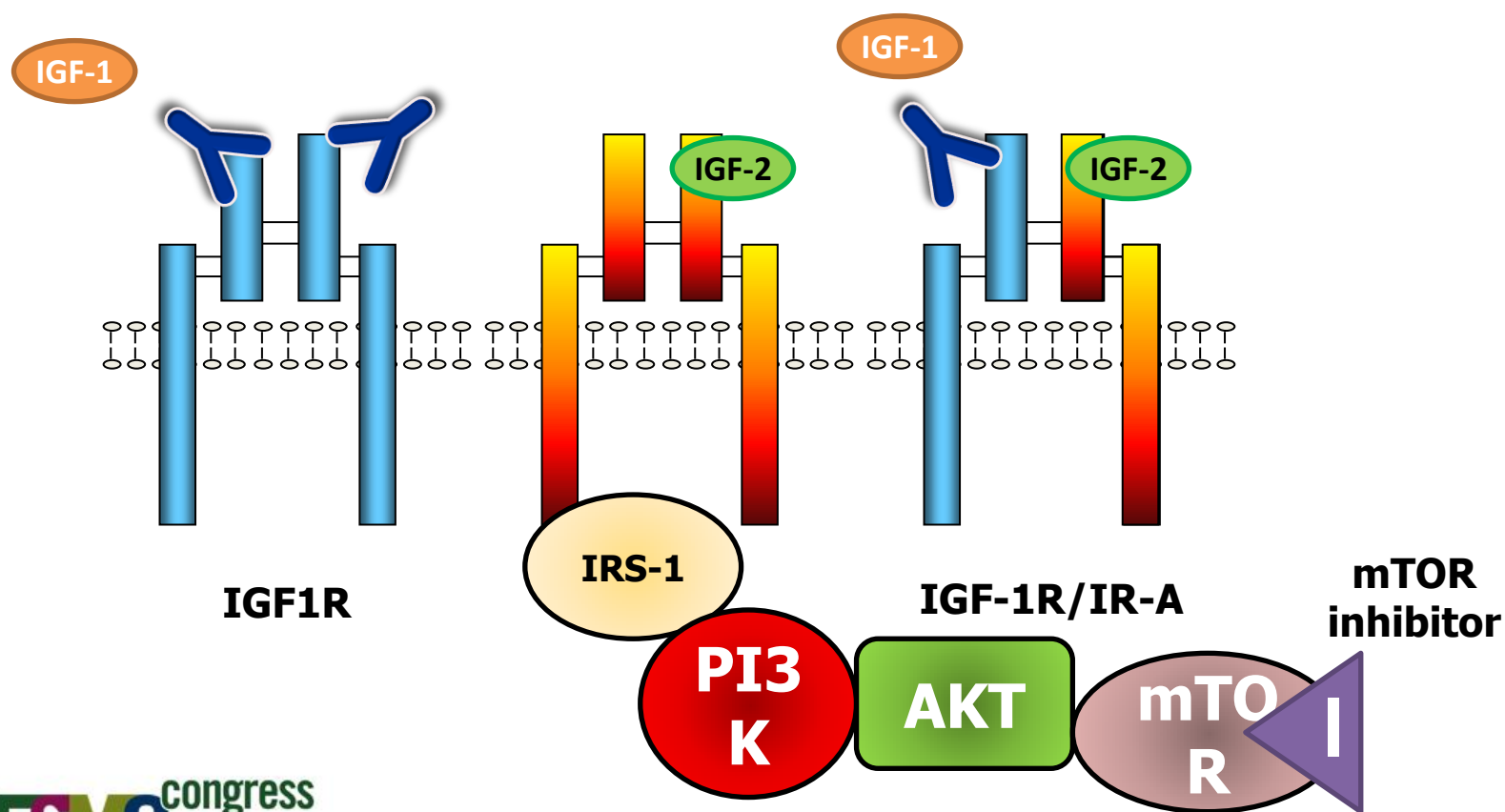
*Garofalo et al. Oncogene. 2011*  
*Garofalo et al. Mol Endocrinol. 2012*



RIP-1 = Neuroendocrine pancreatic tumour model

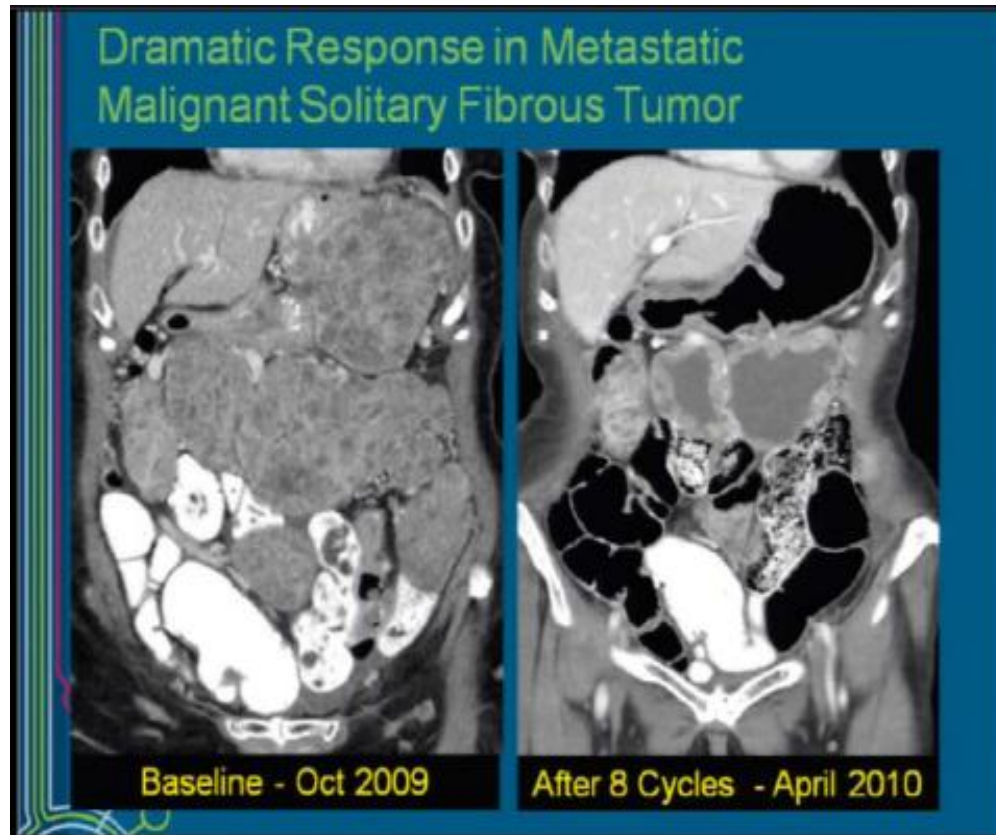
*Ulanet et al. Proc Natl Acad Sci. 2010*

# Potential strategy: Combination of IGF1R with mTOR



# Combination of IGF1R with mTOR

## Figitumumab plus everolimus



*Quek et al. ASCO 2010*

*Quek et al. Clin Cancer Res 2011*

### SFT:

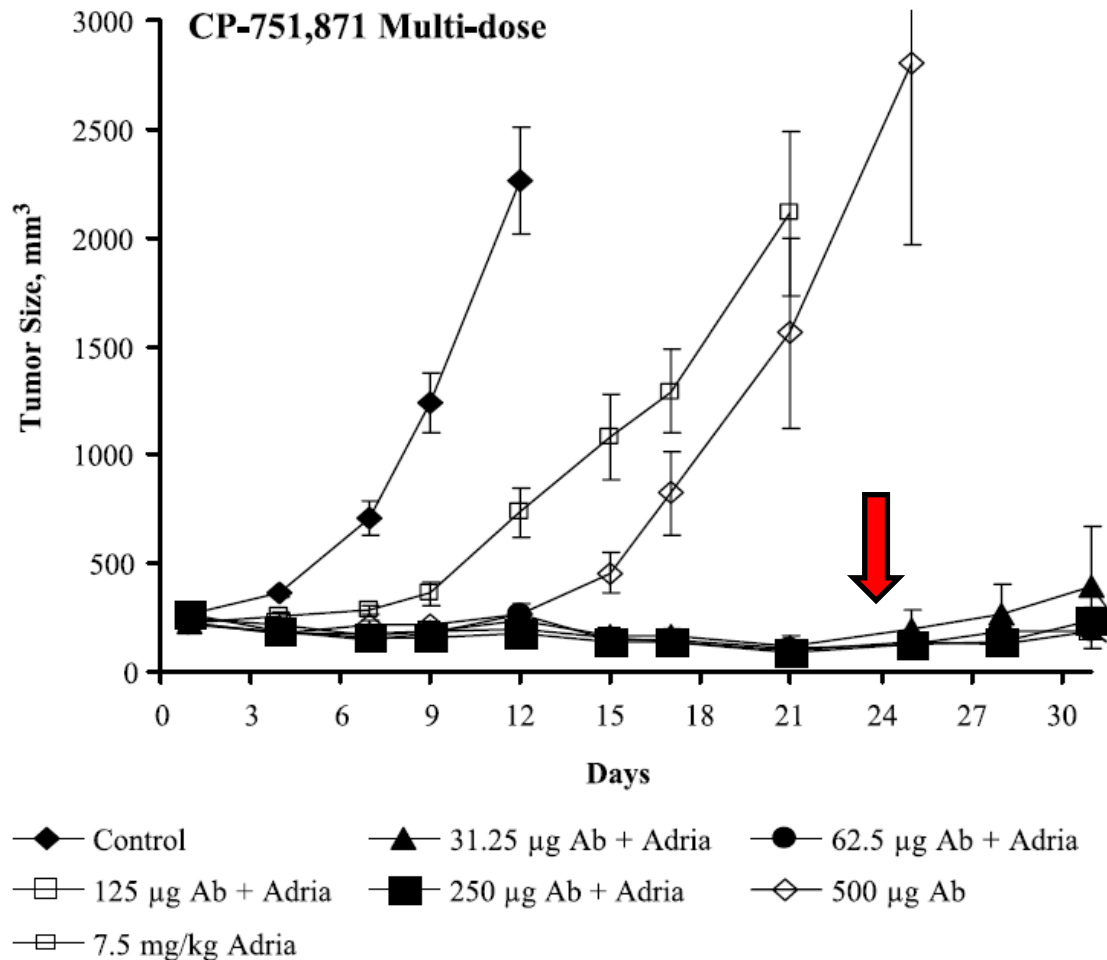
Associated with  
IGF-2  
upregulation

## Cixutumumab + Temsirolimus

- Phase I trial: 20 pts
- 2 CR, 1 of them in a patient previously refractory to single agent IGF-1R antibody.

*Naing et al. Clin Cancer Res 2011*

# Classical strategy: combining IGF1R targeting with chemotherapy



IGF-1R mAb  
+  
Chemotherapy

Athymic mice bearing  
3T3/IGF-1R tumors were  
significantly smaller  
when treated with  
Figitumumab and  
Adriamycin in  
combination.

*B.D. Cohen et al. Clin Cancer Res 2006*

## Clinical trials: IGF1R mAb + chemotherapy

- **NCT00720174: Phase I/II**

“IMC-A12 and Doxorubicin Hydrochloride in Treating Patients With Unresectable, Locally Advanced, or Metastatic Soft Tissue Sarcoma”

- **Chugh et al ASCO 2012:** 4/22 pts with PR: Angiosarcoma, Myxoid LPS, LMS, HGUPS. 6-months PFS (23% previous chemotherapy)

### Ongoing Trials

- **NCT01055314: Phase I**

“Temozolomide, Cixutumumab, and Combination Chemotherapy in Treating Patients With Metastatic Rhabdomyosarcoma”

- **NCT0096006: Phase I**

“A Study of SCH 717454 in Combination With Different Treatment Regimens in Pediatric Subjects With Advanced Solid Tumors”



# Conclusions

- **IGF-1R targeting agents are active in a broad range of sarcomas...  
... but long-term benefit is limited to a few patients**
- **Optimal therapeutic approaches to improve current results:**
  - **Biomarkers (Tissue and blood): IGF-1R expression, IGF-1 and IGF-2 levels monitoring, IR-A/IGF-1R expression rate. Nuclear in vivo imaging?**
  - **Combinations:**
    - **A) Chemotherapy**
    - **B) mTOR inhibitors**
    - **C) other targeted combinations according to IGF pathway biology in each patient**

# Acknowledgments

- To Prof. Ian Judson (who could not give this talk today)
- To all our patients and their families
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- To the Clinical Research Programme at the Spanish National Cancer Research Centre (CNIO)
- **Funding:**

