

Discussion on Ryan et al:

Association of rPFS with OS in patients with mCRPC

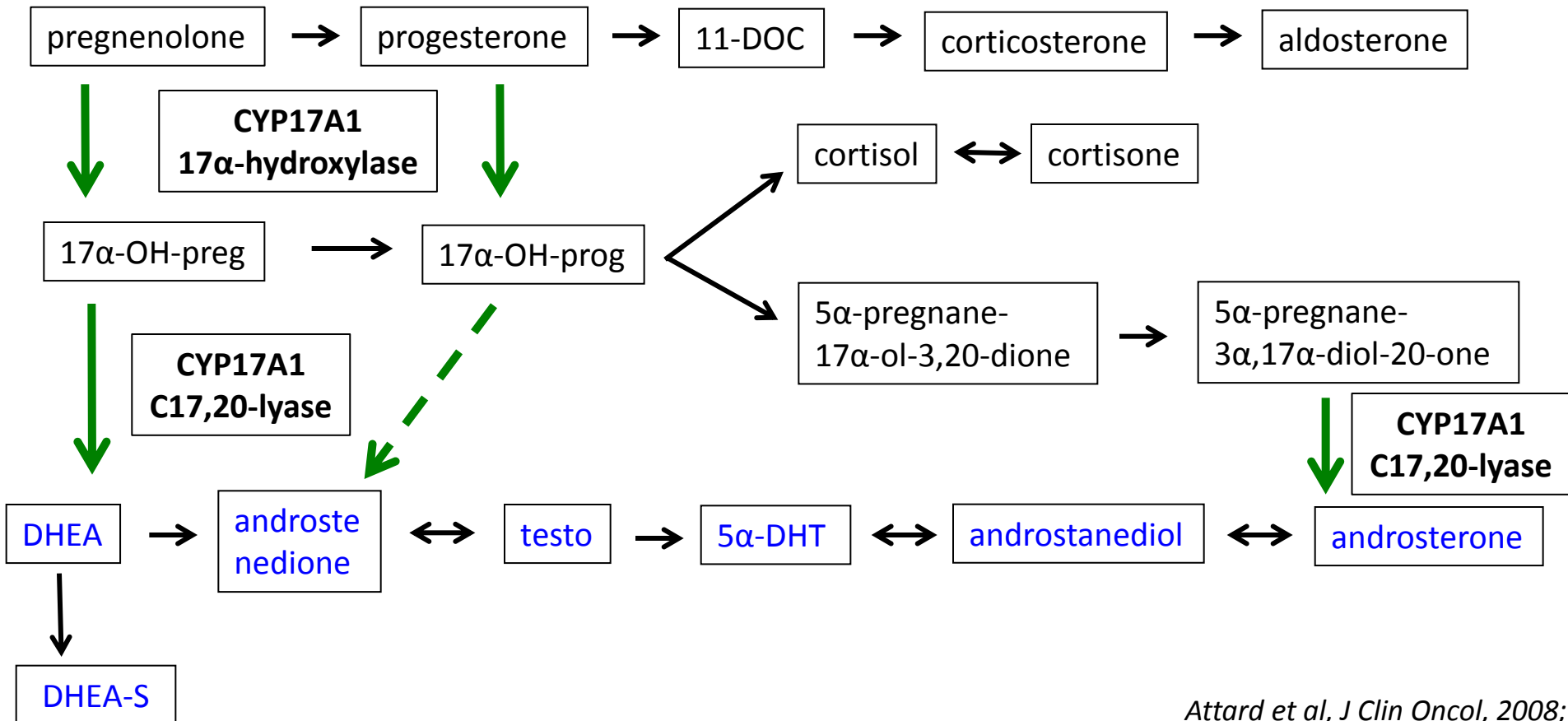
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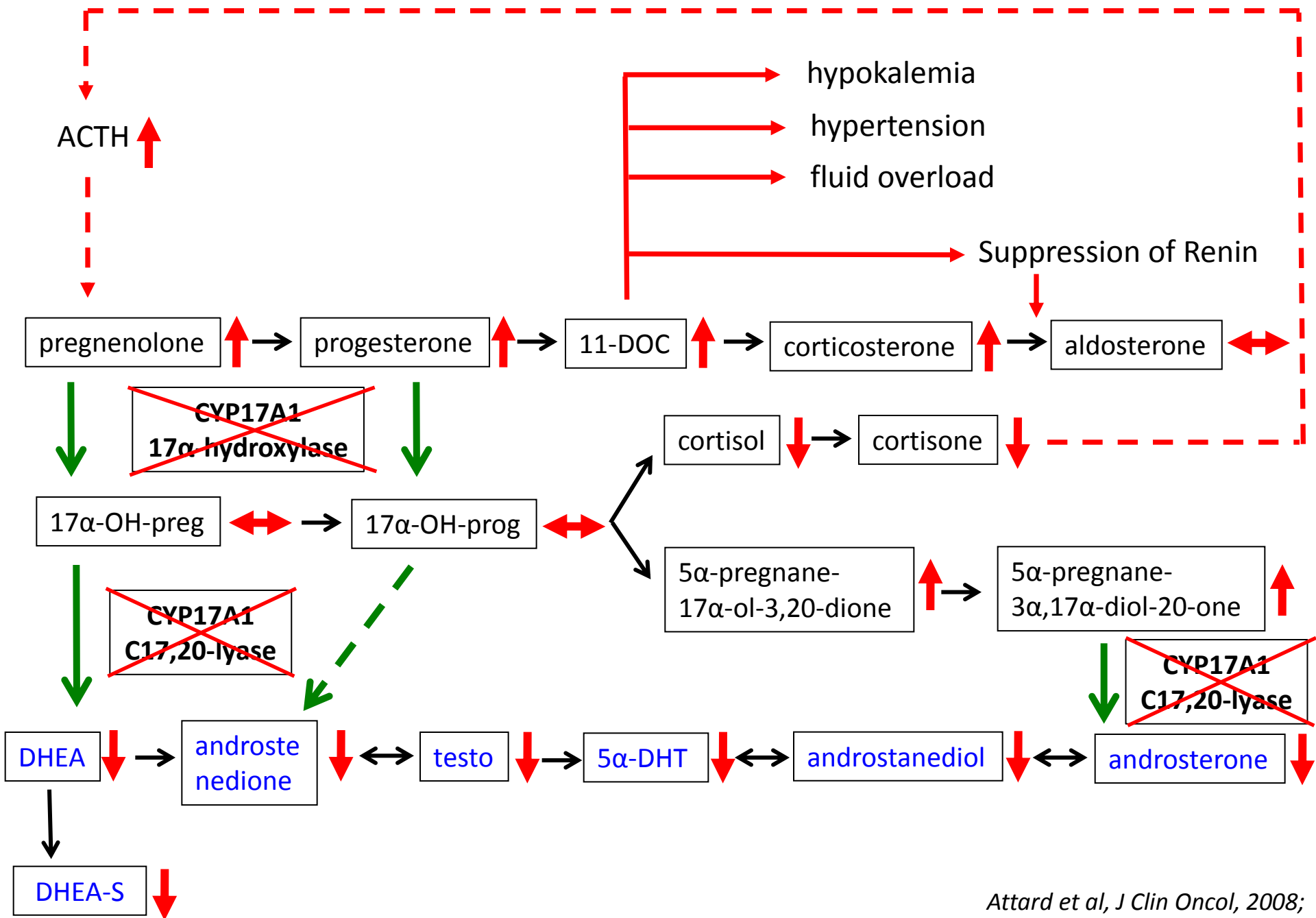


Financial disclosure

- The inhibitor of androgen synthesis, abiraterone acetate, was developed at The Institute of Cancer Research and is licensed to Cougar Biotechnology/J&J.
- I am included in The ICR co-inventors' reward scheme of abiraterone acetate.
- I have received research funding from Astra Zeneca
- I have received honoraria and travel support from Sanofi Aventis, Janssen, Veridex, Ipsen, Millenium Pharmaceuticals, Ventana/Roche

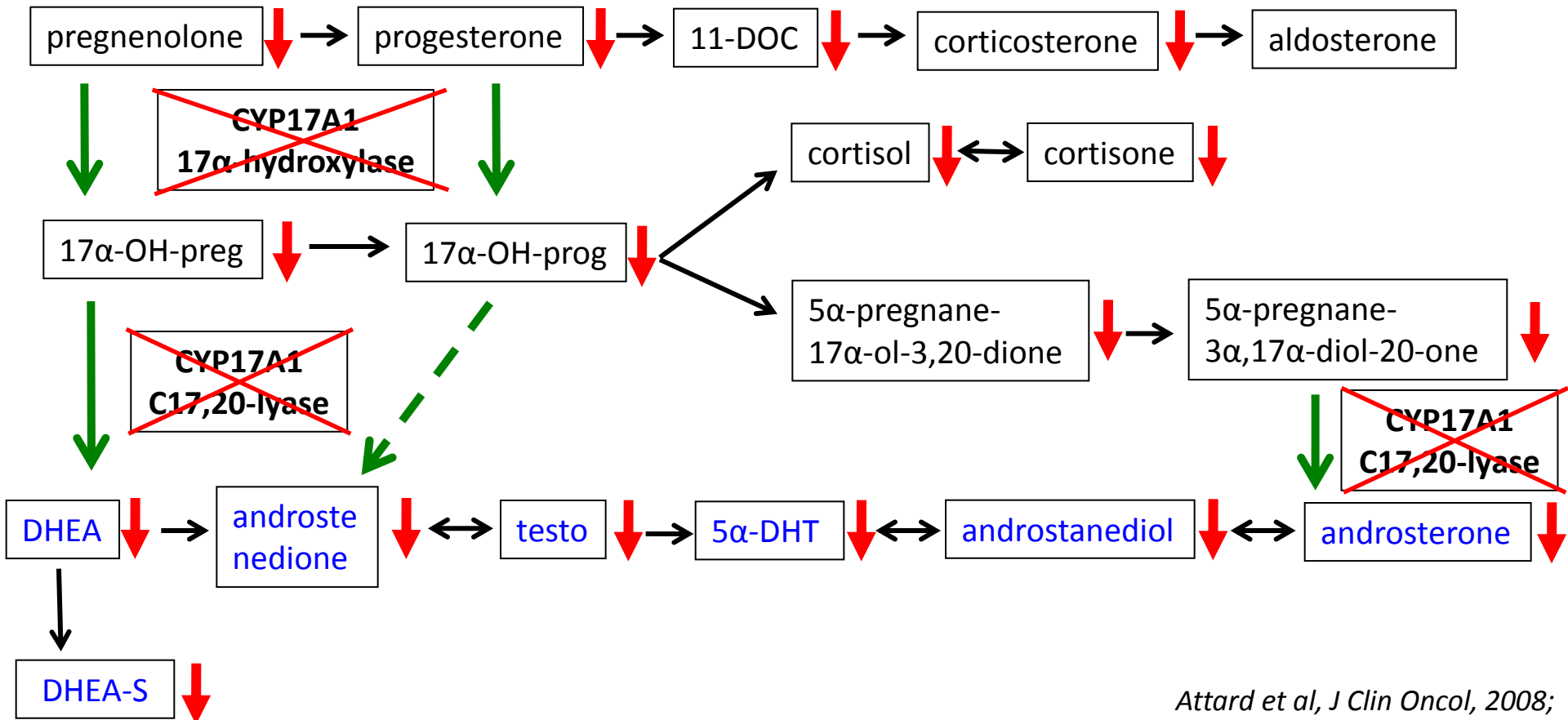
Mechanism of action of abiraterone in humans



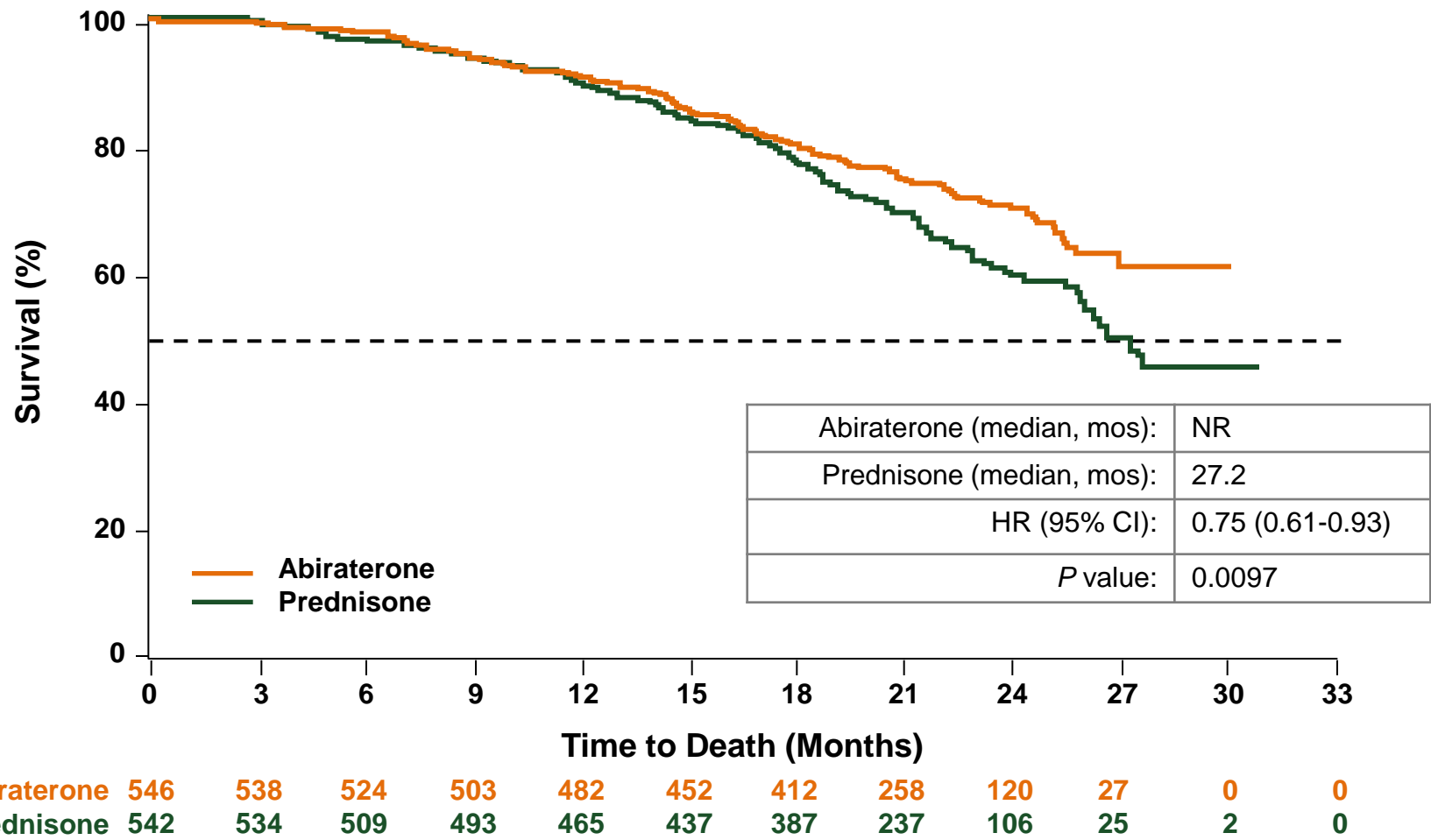


Addition of exogenous glucocorticoids suppresses the ACTH drive

...although sometimes incompletely



Strong Trend in OS Primary End Point in chemotherapy naïve mCRPC

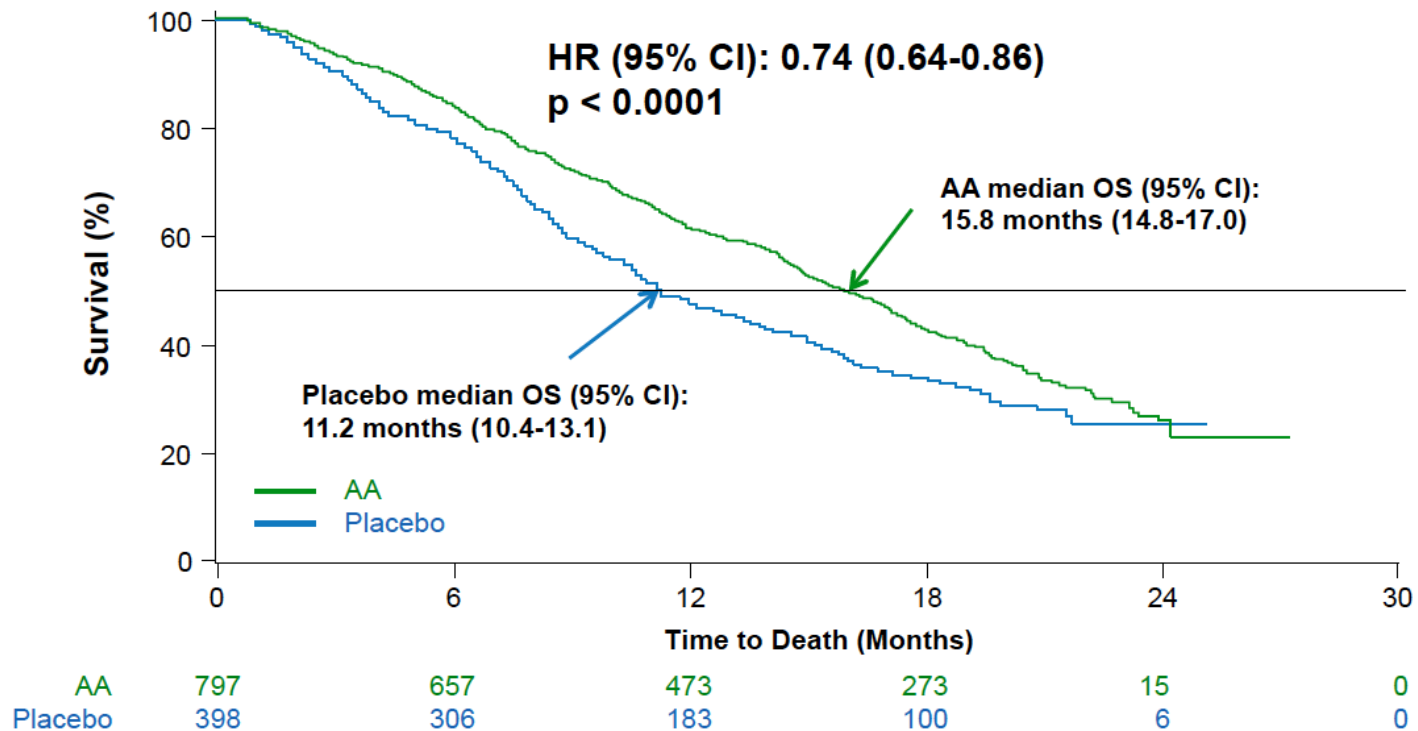


Data cutoff 12/20/2011.

Prespecified significance level by O'Brien-Fleming Boundary = 0.0008.

OS benefit with abiraterone in chemotherapy-treated CRPC patients

Median OS Benefit: 4.6 Months



- Median duration of follow-up: 20.2 months
- Median duration of treatment: AA, 8 months vs placebo, 4 months

Chemotherapy naïve vs chemotherapy treated

Study	Number of events	Duration of follow-up (months)	Survival (months, 95%CI) abiraterone vs placebo	HR (95% CI)	P value
301 interim analysis	534	12.8	14.8 vs. 10.9	0.65 (0.54 - 0.77)	<0.001
301 final analysis	775	20.2	15.8 vs 11.2	0.74 (0.64- 0.86)	<0.0001
302 interim analysis	311	22.3	NR vs 27.2	0.75 (0.61- 0.93)	0.0097

- Can 1 or 2 chemotherapy regimens change a CYP17A1 inhibitor into an effective drug from a relatively ineffective one?

....Unlikely....

- The AR is a well validated target pre and post-chemotherapy
- Phase II and III evidence suggests greater activity pre-chemotherapy with abiraterone compared to post-chemotherapy
- Subsequent docetaxel or abiraterone or enzalutamide is likely to prove more effective in the placebo arm compared to the abiraterone arm

Therapies administered after participation in 302

	AA + P (n = 546) n (%)	Placebo + P (n = 542) n (%)
No. with selected subsequent therapy for mCRPC	242 (44.3)	327 (60.3)
Docetaxel	207 (37.9)	287 (53.0)
Cabazitaxel	45 (8.2)	52 (9.6)
Ketoconazole	39 (7.1)	63 (11.6)
Sipuleucel-T	27 (4.9)	24 (4.4)
Abiraterone acetate*	26 (4.8)	54 (10.0)

*Prior to unblinding (e.g. not per protocol)

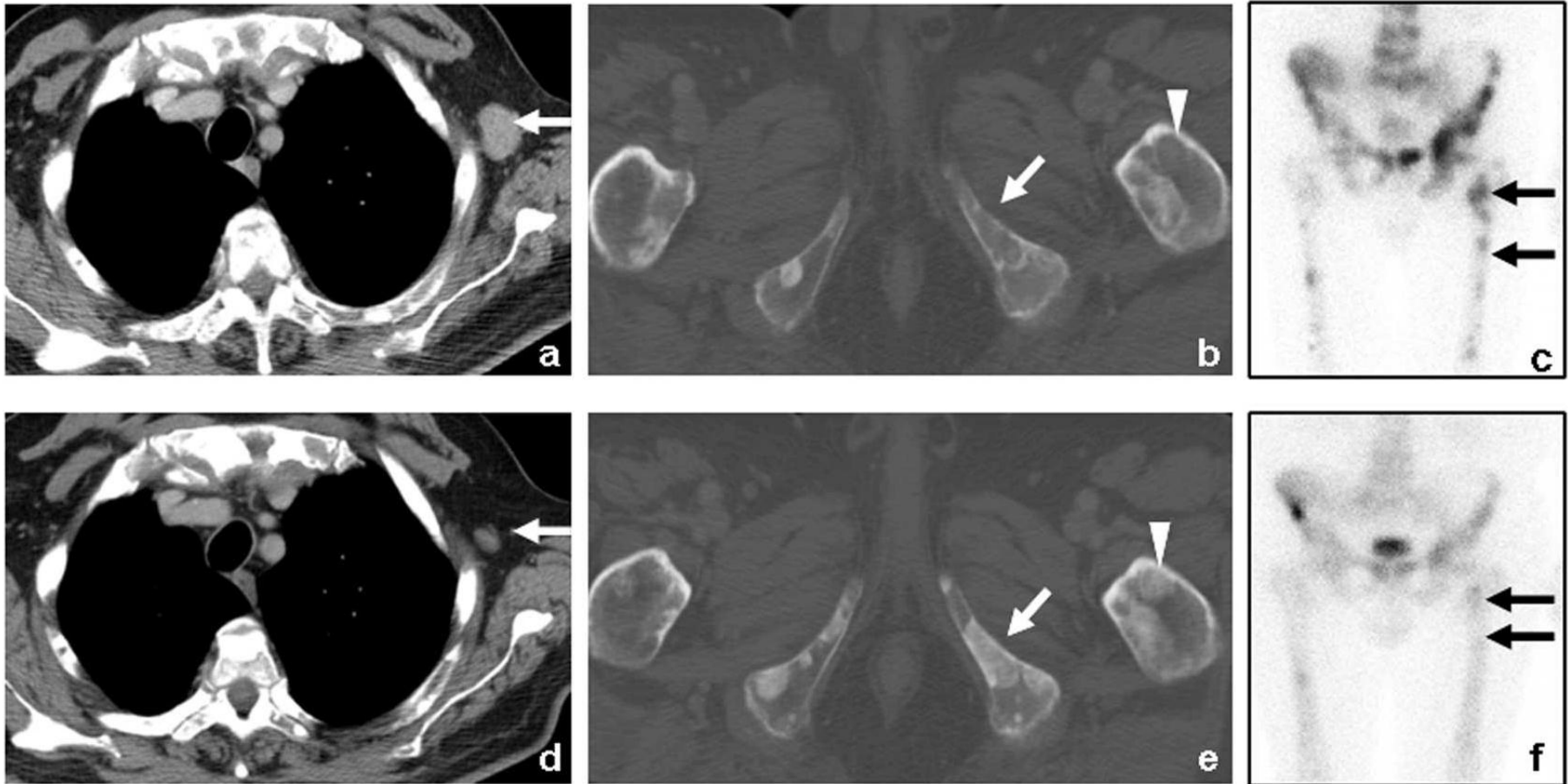
Can rPFS be used as a primary/co-primary end-point in Phase III studies?

- a correlate is not necessarily a surrogate
- a surrogate endpoint cannot solely be correlated with clinical outcome (OS), but *must also fully capture the net effect of treatment on the clinical outcome*
- Is this association specific to abiraterone/targeting of AR?

PFS is a surrogate end-point of OS in advanced colorectal cancer

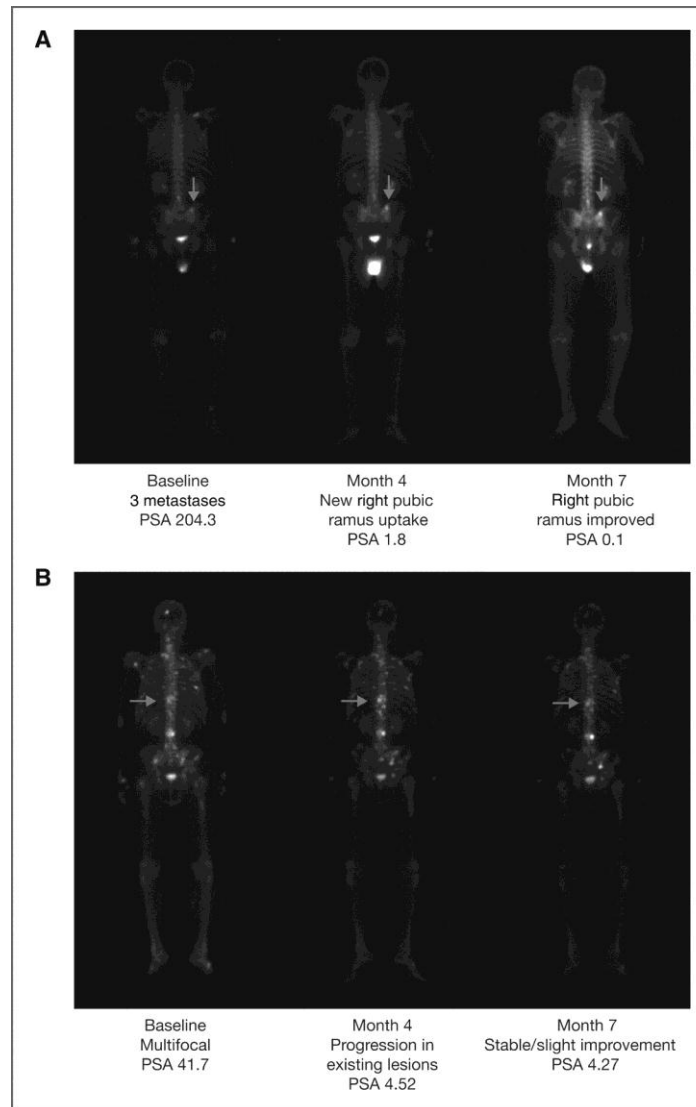
- 10 randomised clinical trials in colorectal adenocarcinoma evaluating 5-FU-based treatment (>4000 patients)
- Surrogate threshold effect of 0.86 to 0.77 – if a new treatment reduced the hazard of tumour progression by 23%, it was very likely to produce a survival benefit
- PFS may not capture effect of targeted therapies/novel cytotoxics

Bone flare within 3 months of starting abiraterone



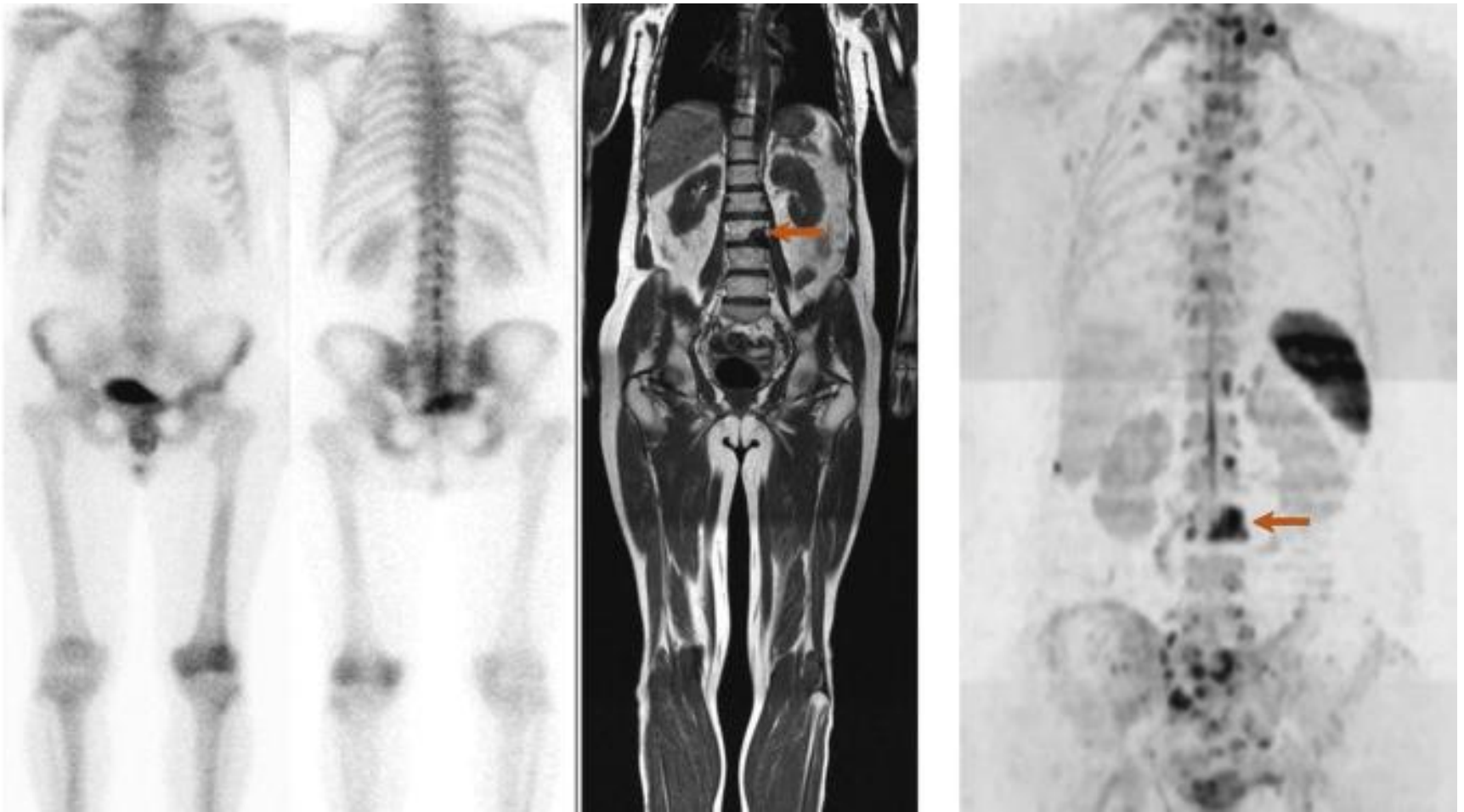
PSA decline from 271 to 58 ng/ml

Bone flare within 3 months of starting abiraterone



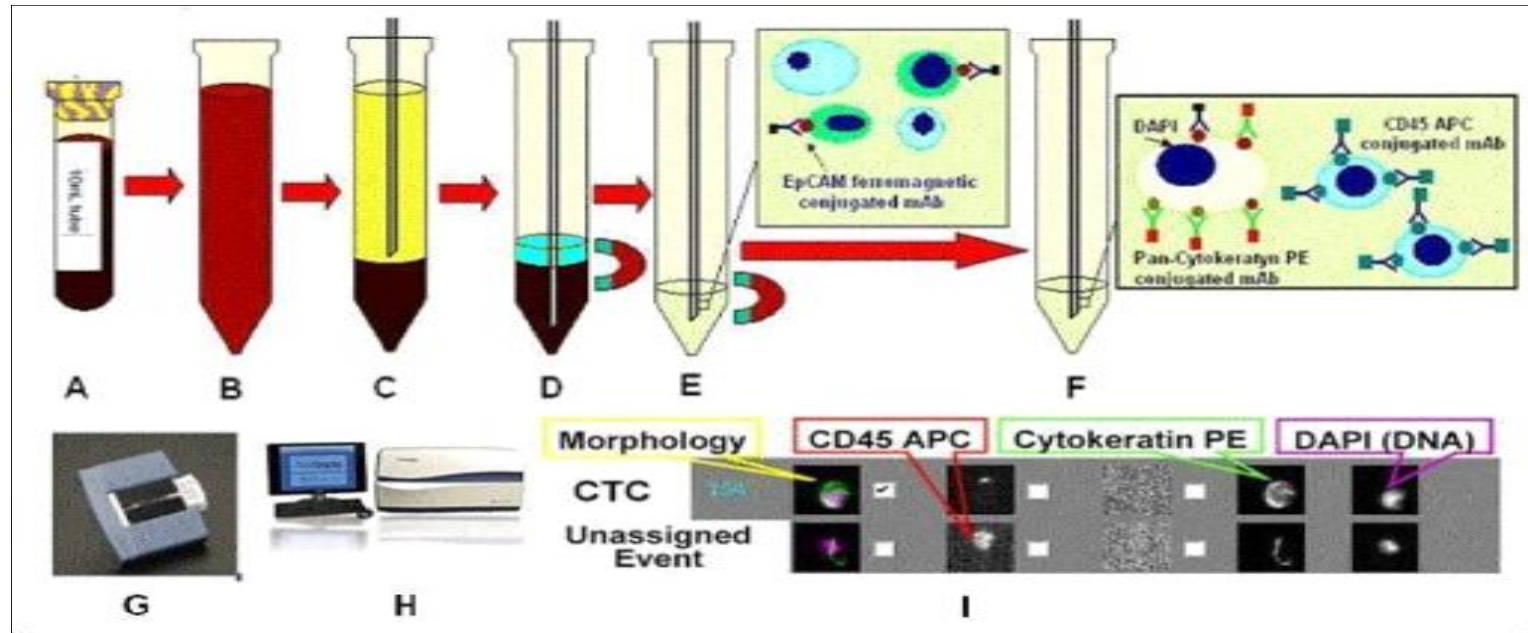
- Should all Phase III studies include a week 8 bone scan? For eg Cabozantinib??
- Interesting that 12% had a bone flare with pred (vs 31% with abi)
- What is the proportion of patients who progressed by bone scan versus RECIST?
- Is 2+2 definition accurate/feasible in patients with >100 hot spots on bone scan? Will automation/BSI improve accuracy? Inter-reader variability?

Can whole-body dw-MRI replace/supplement Bone and CT scans?



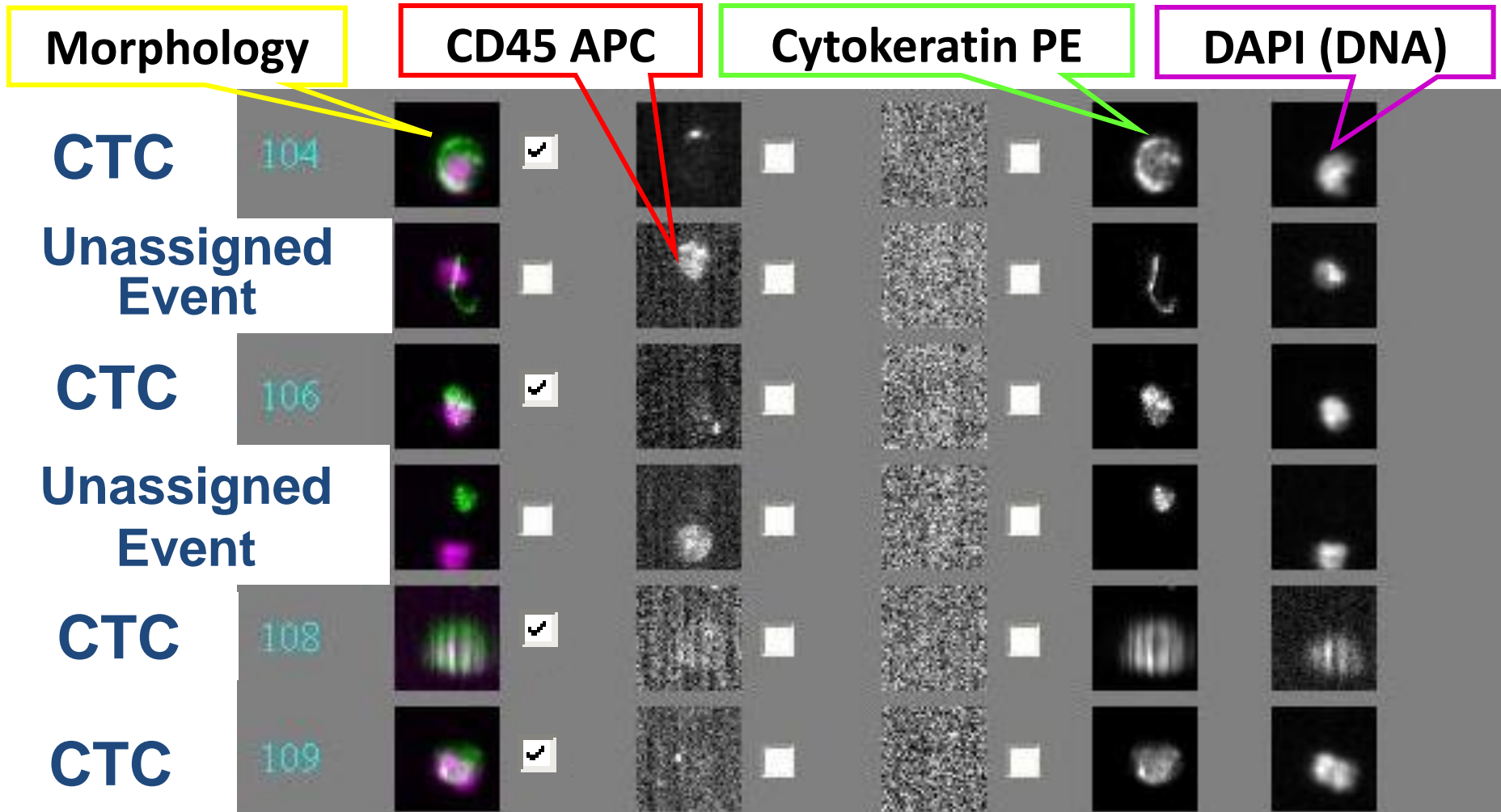
Circulating tumour cell enumeration

Veridex CellSearch[®]

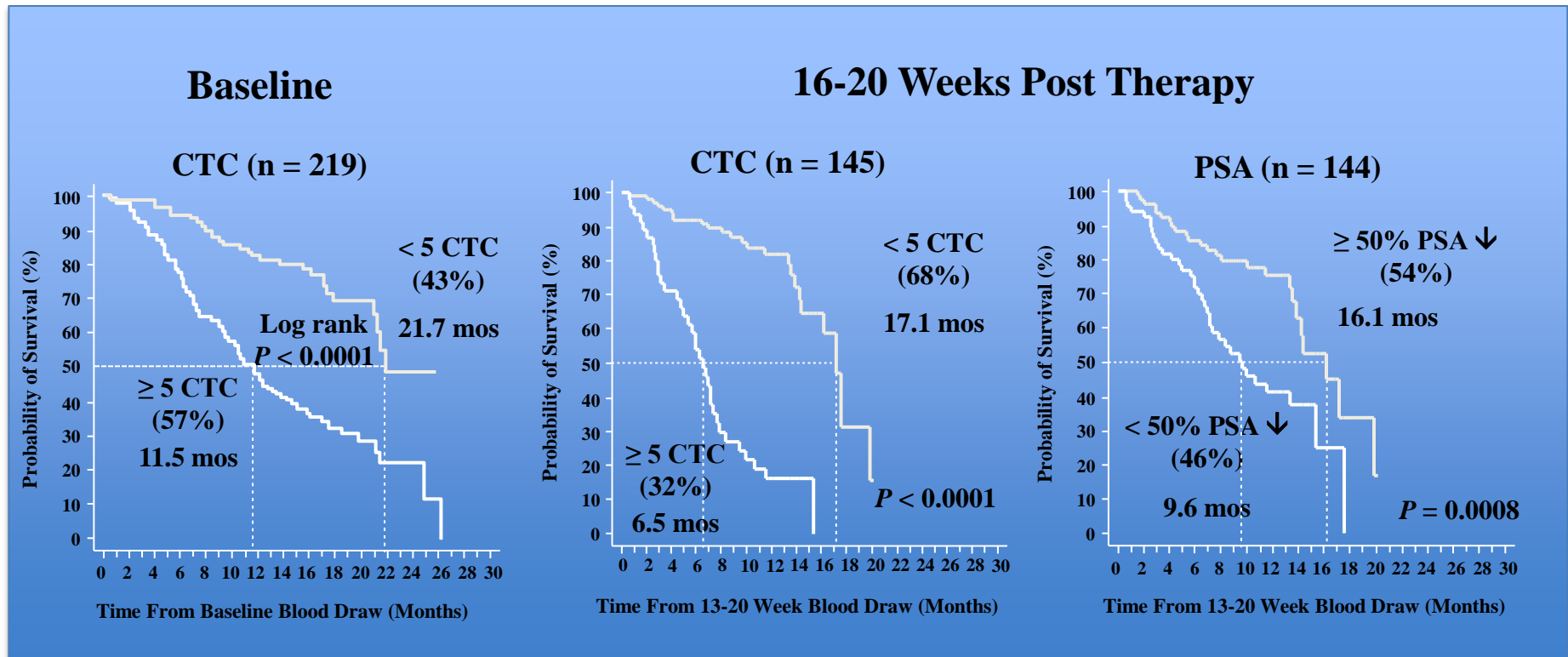


- Analytically Valid and FDA Cleared (Breast, Colorectal, and Prostate)
- Sample must be analysed within 96 hours
- Immunomagnetic selection by anti-EpCAM MAB bound to ferrofluids
- Immunofluorescence for CTC identification

Identification of CTC



In Chemotherapy-Treated Patients, CTC Number Is Prognostic For Survival Pre-treatment and More Prognostic Post-treatment Than a > 50% Decline in PSA



The results lead to a 510K clearance, but did not establish surrogacy as an efficacy-response biomarker

The Treatment Effect of Abiraterone on Survival could be explained by a Biomarker Panel including CTC and LDH

Baseline CTC ≥ 5		
	Week 12 (n = 321, CPE = 0.71 [SE = 0.014])	
Model Factors	HR (95% CI)	p Value
Treatment	1.030 (0.773, 1.372)	0.8371
LDH_FC	1.252 (1.047, 1.497)	0.0135
LDH_BL	3.036 (2.276, 4.048)	<0.0001
CTC Conversion	0.386 (0.284, 0.527)	<0.0001
CTC_BL	1.135 (0.987, 1.306)	0.0747

Landmark analysis; CTC Conversion: Baseline ≥ 5 and post-baseline < 5 ;
BL, Baseline; FC, Fold change defined as post-baseline/baseline value.