

New Horizons in Prostate Cancer: Exploiting Disease Heterogeneity to Develop Marker Driven Curative Intent Treatment Strategies

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DAVID H. KOCH CENTER
FOR APPLIED RESEARCH OF
GENITOURINARY CANCERS

THE UNIVERSITY OF TEXAS
**MDAnderson
Cancer Center**





Making Cancer History®



University of Athens
Medical School
Dept of Clinical Therapeutics

Precision Medicine Development

A matter of integration

Niels Bohr 	Louis Pasteur 
No Name 	Thomas Edison 

Common Goal : Integration of Knowledge as a means to improve disease outcome and hence human lives



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Fred Hutchinson Cancer Research Center

FRED HUTCHINSON
CANCER RESEARCH CENTER



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CANCER INSTITUTE

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Dream Team Principal
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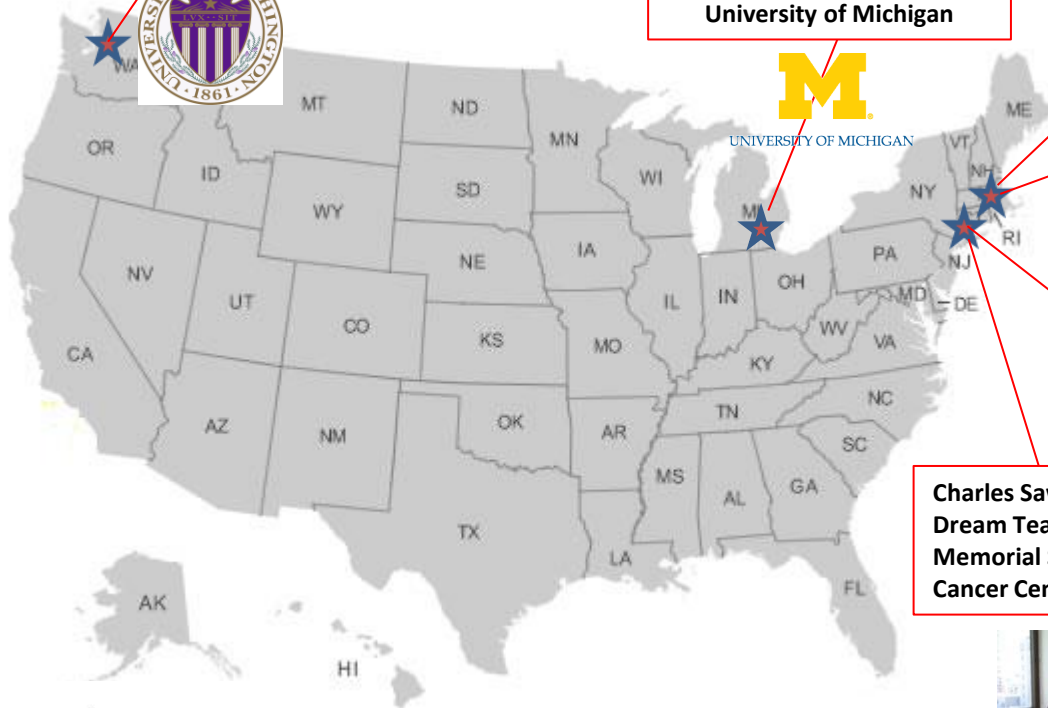


Johann de Bono, MD, PhD
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Charles Sawyers, MD
Dream Team Co-Leader
Memorial Sloan Kettering
Cancer Center



ICR
The Institute
of Cancer Research

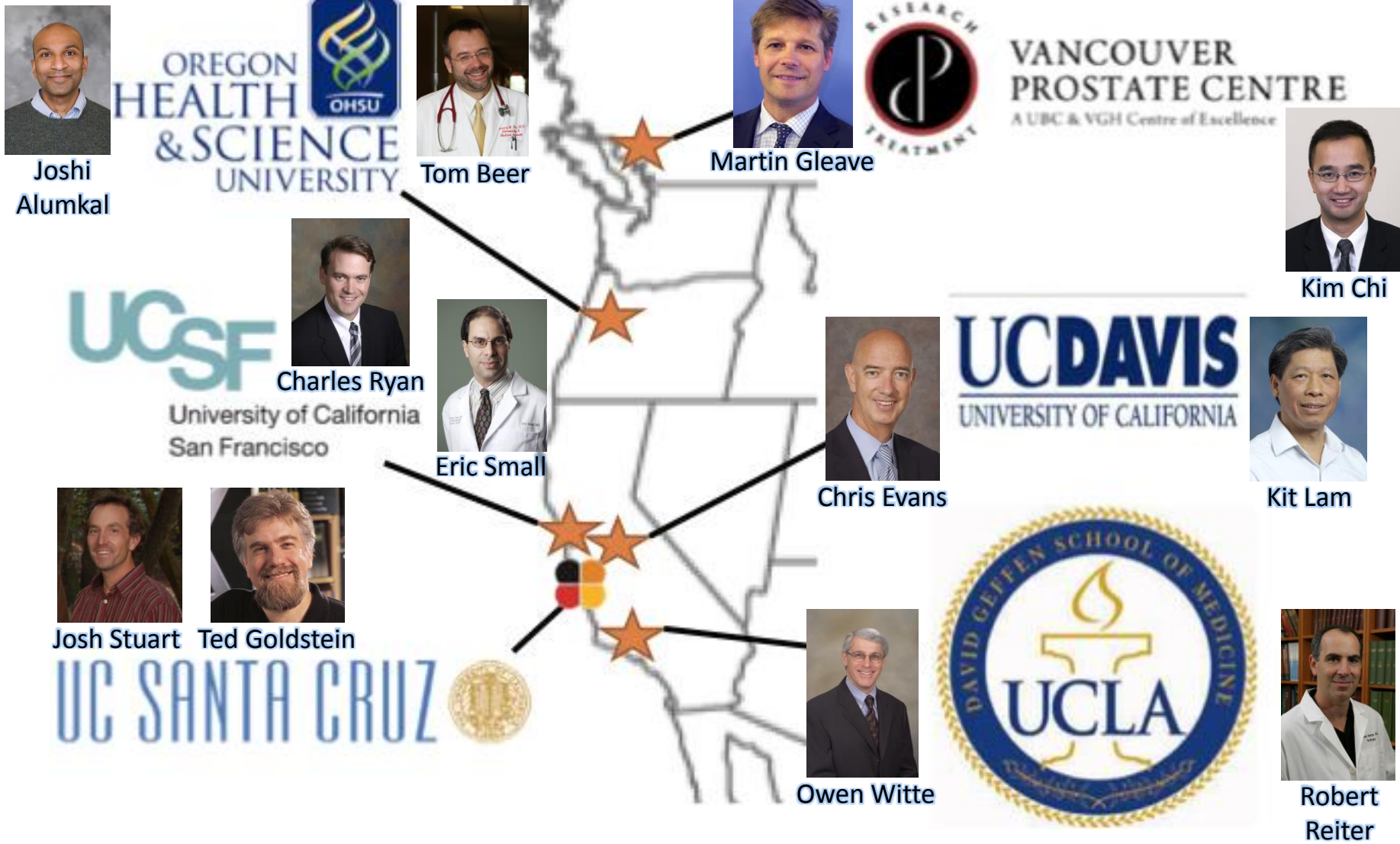


American Association for Cancer Research

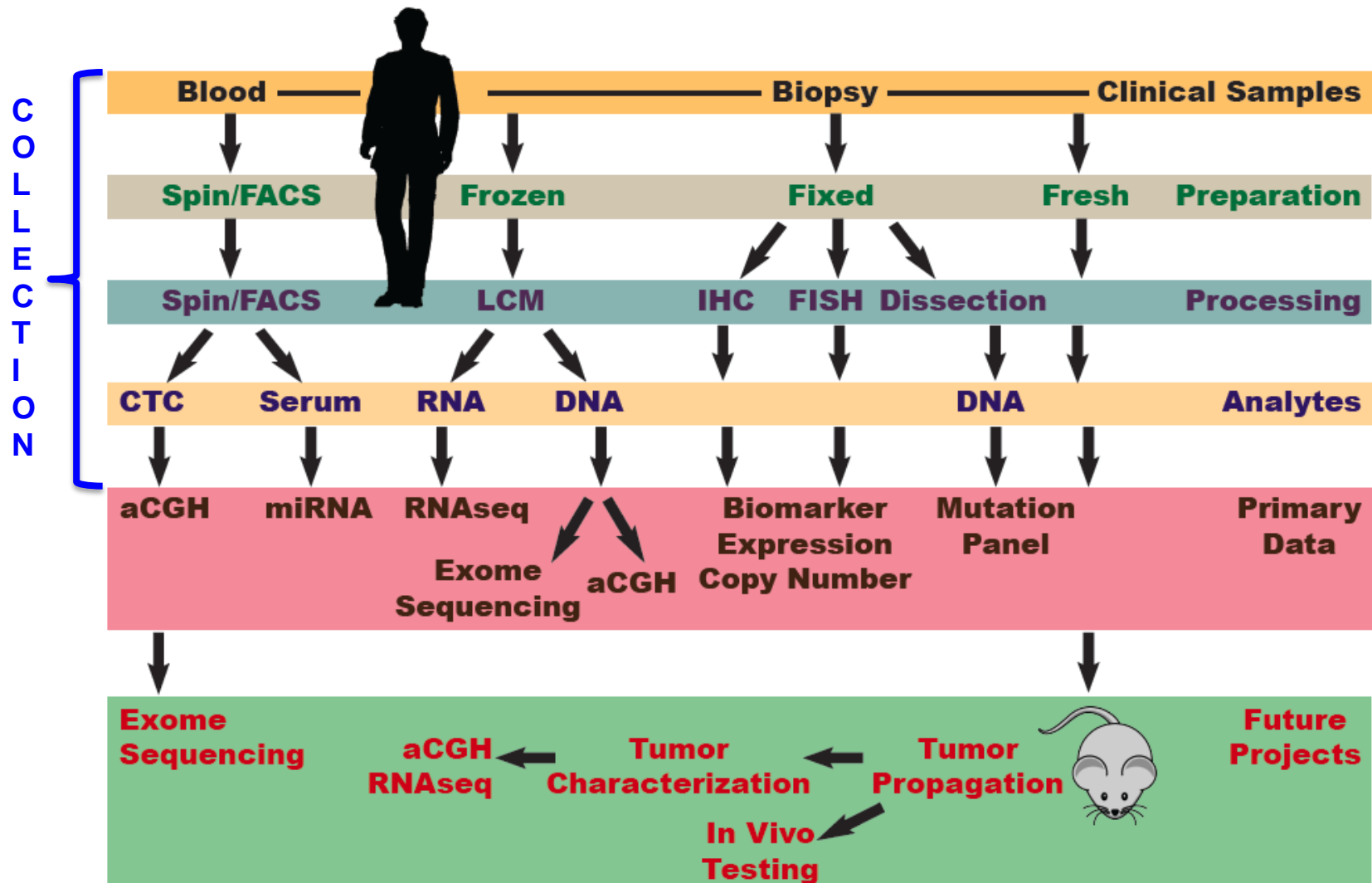


SU2C Prostate Dream Team Leaders and Principals

West Coast Dream Team Locations



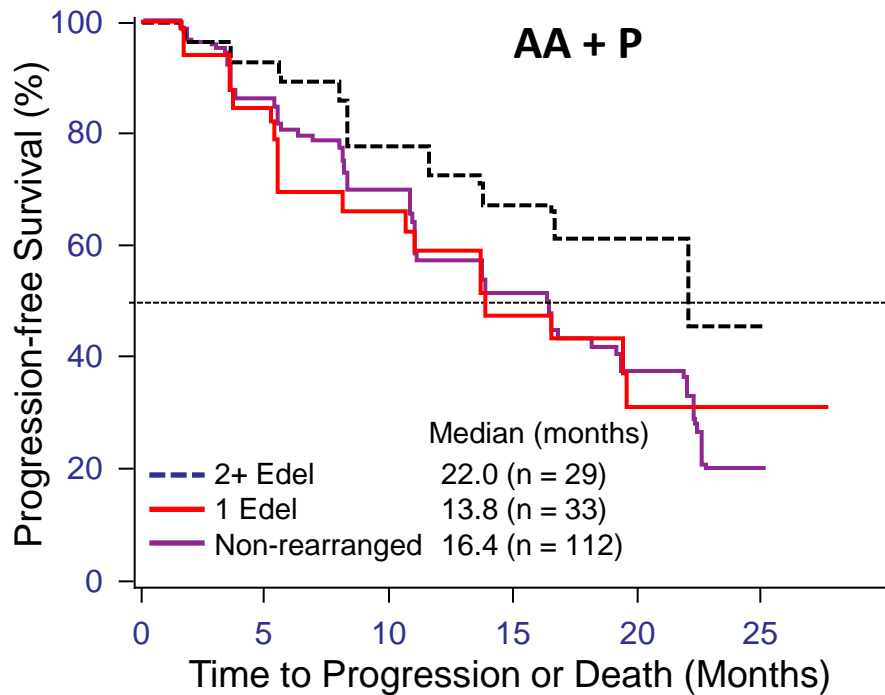
mCRPC Tissue Collection and Analysis



Efforts within phase III setting

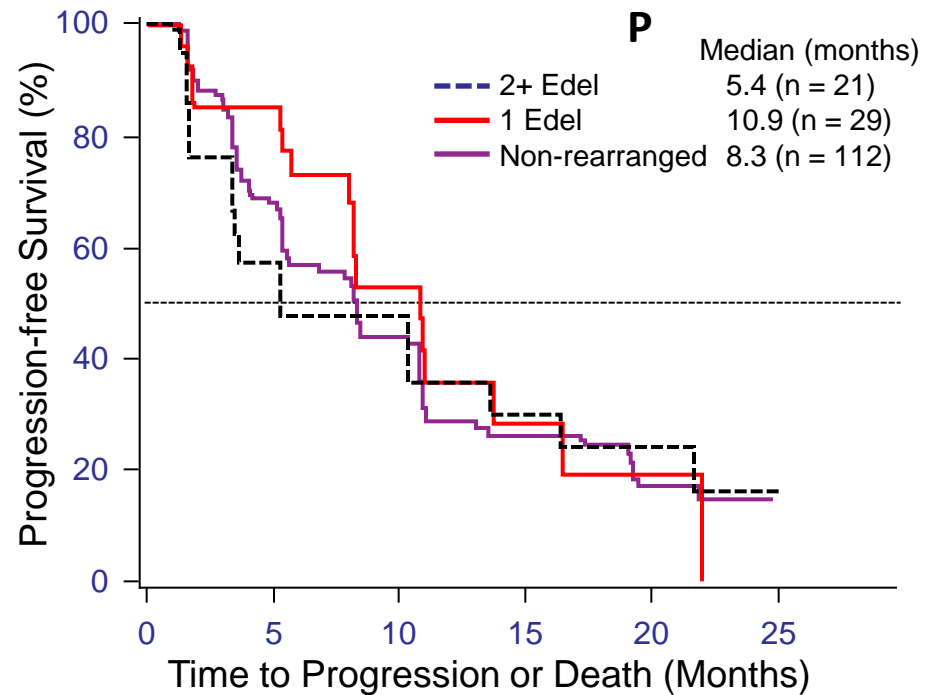
Teaming up with Investigators creates a unique potential

Discovery :Study COU-AA-302:An Association of Improved rPFS in Pts with Tumors harboring Erg Rearrangements



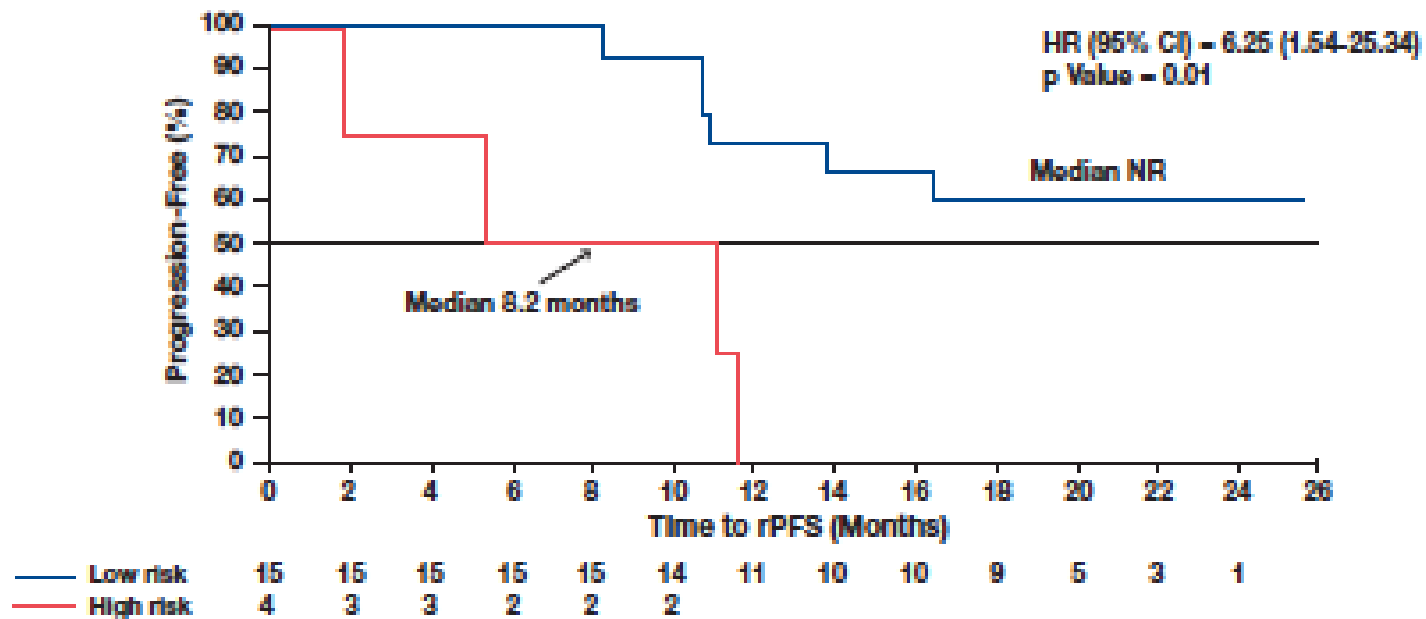
2+ Edel vs NR; HR (95% CI) = 0.54 (0.28, 1.06), p = 0.0744
1 Edel vs NR; HR (95% CI) = 1.04 (0.62, 1.73), p = 0.8924

NR, *ERG* non-rearranged.



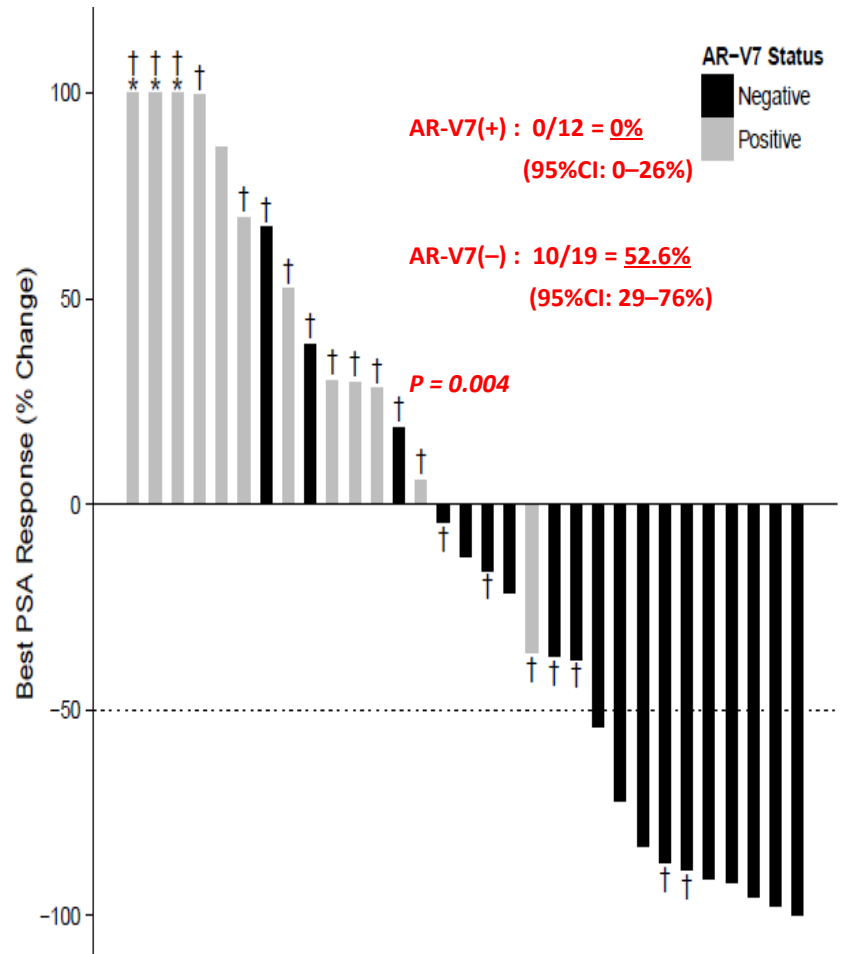
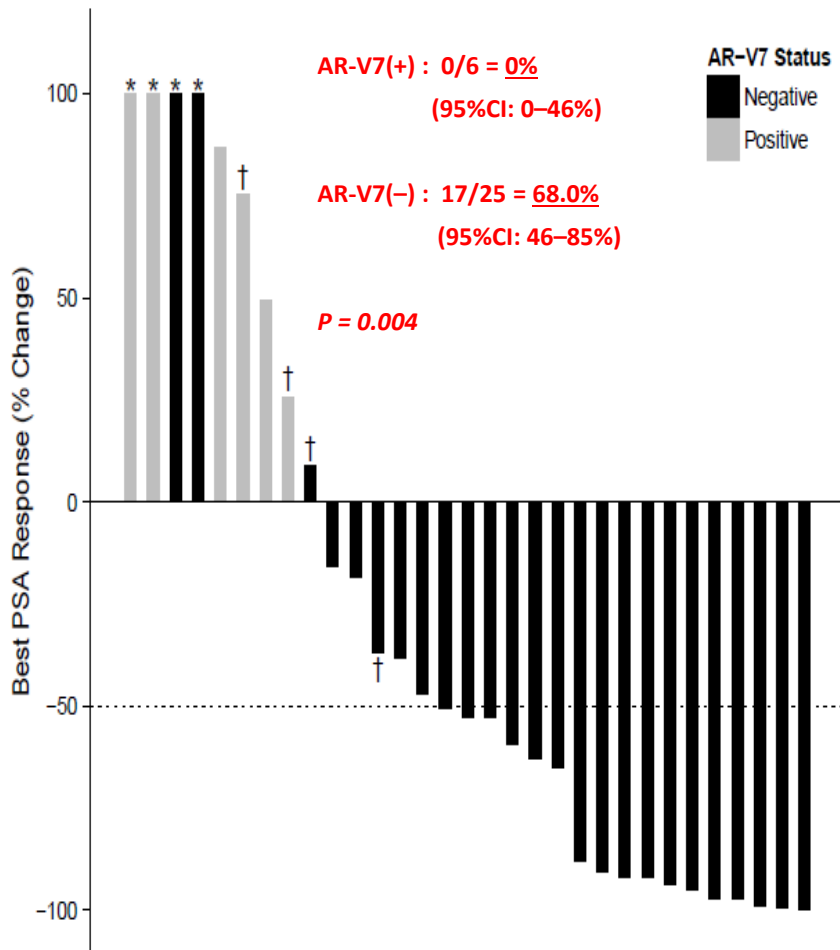
2+ Edel vs NR; HR (95% CI) = 1.09 (0.63, 1.87), p = 0.7633
1 Edel vs NR; HR (95% CI) = 0.87 (0.51, 1.47), p = 0.5919

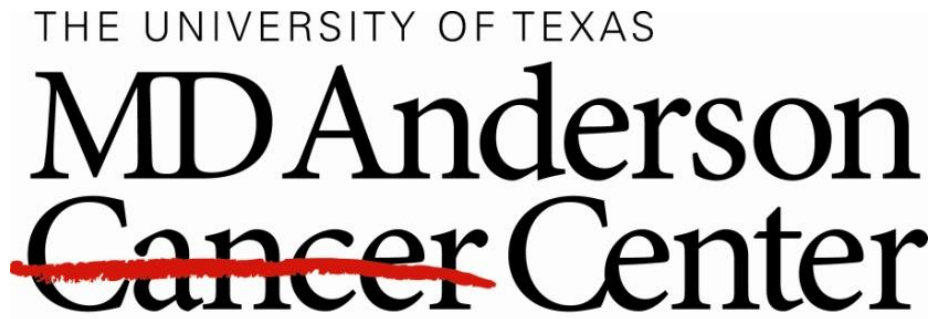
Discovery: Candidate (RNA) Androgen Signaling signature predictive of benefit with Abiraterone Acetate



Single Institution Efforts

ARV7 detected in CTC associated with resistance to novel androgen signaling inhibition





Making Cancer History®

***Hypothesis: Optimum use of
available prostate cancer ‘agents’
can lead to the Cure of “select” men
with prostate cancer and secondary
prevention in more advanced
disease***

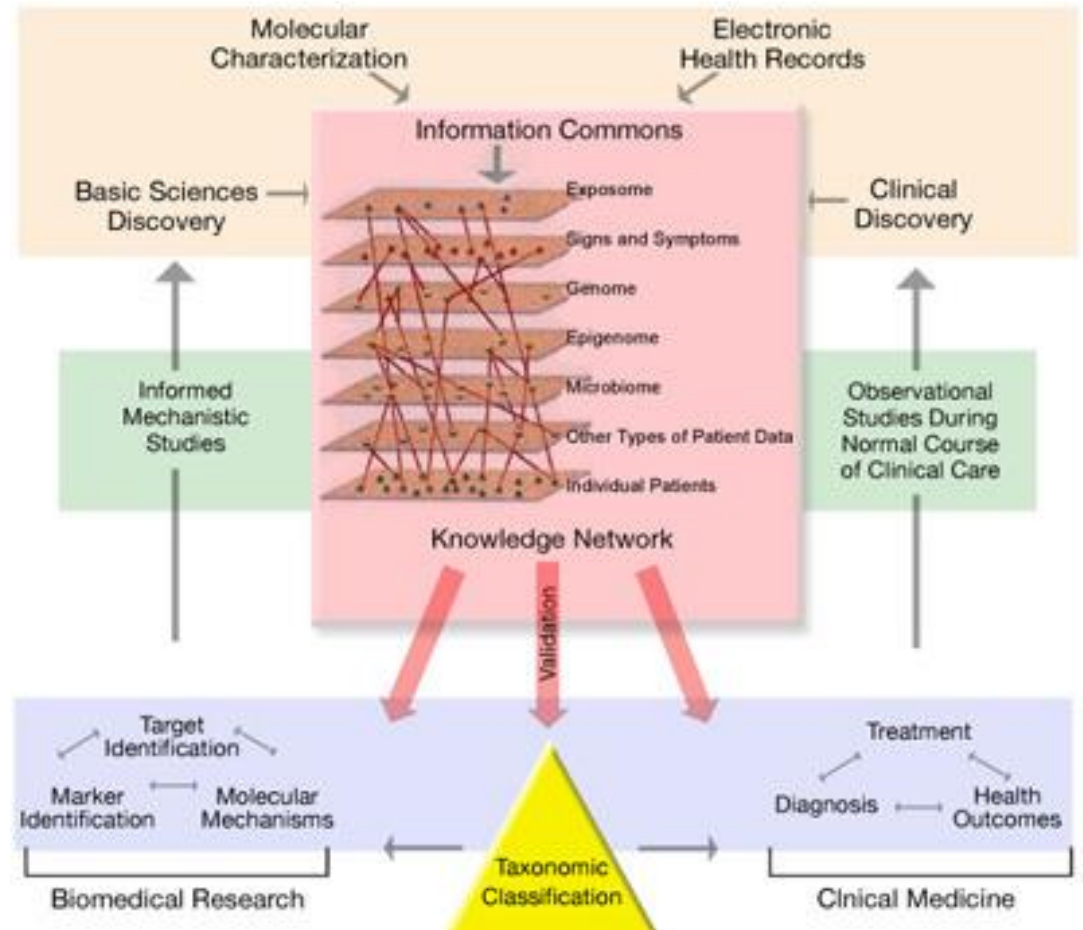
MDACC Efforts towards Precision Medicine

Prometheus

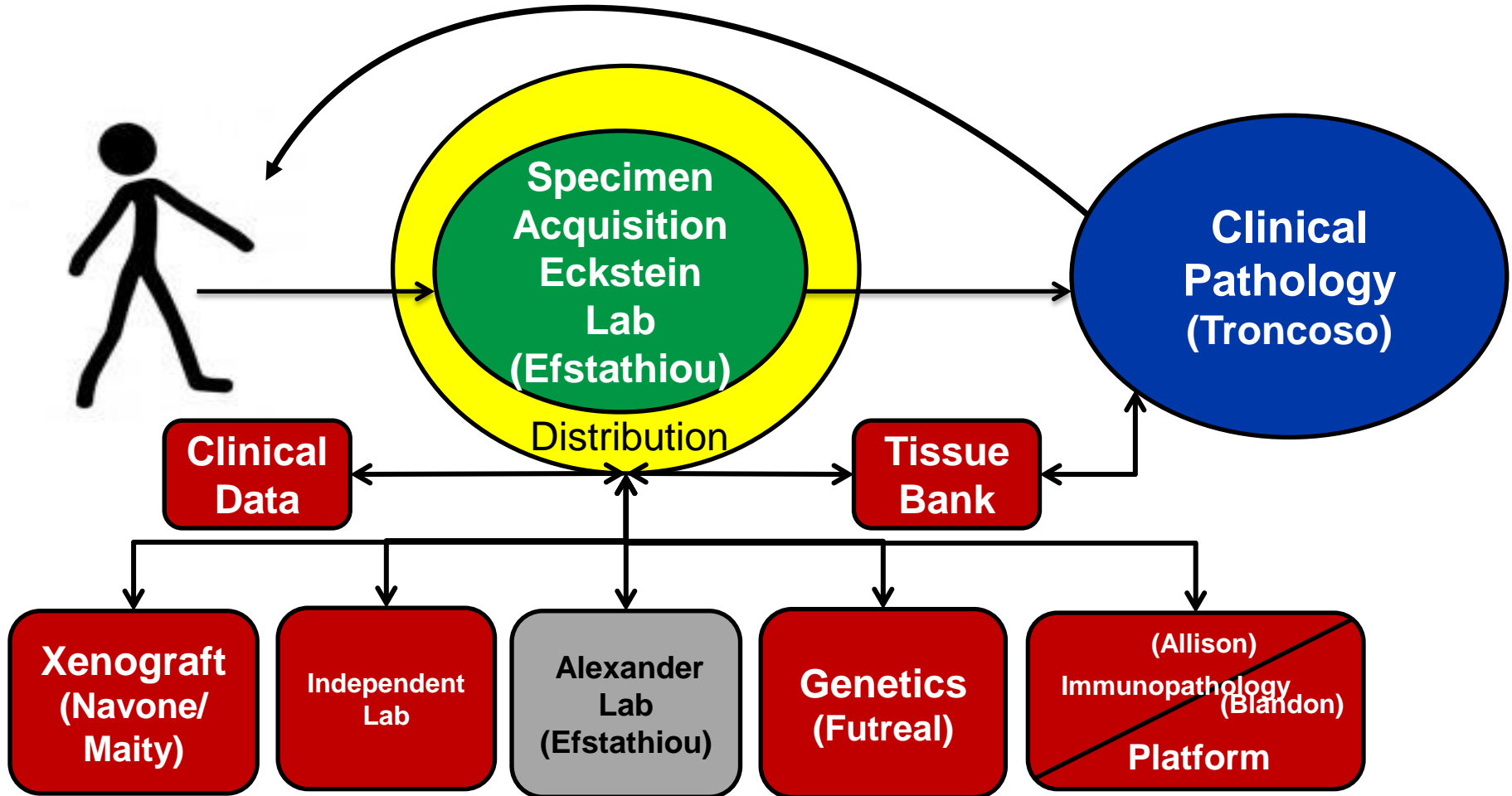
***Integrating
Molecular
Characterisation
& Clinical Data***

***Tissue and Liquid
Biopsy Based Clinical
Research
Co-Clinical Research***

***Discovery
Testing
Validation***



Create Knowledge from Data



Estimate: **3.5 million** analyses annually!

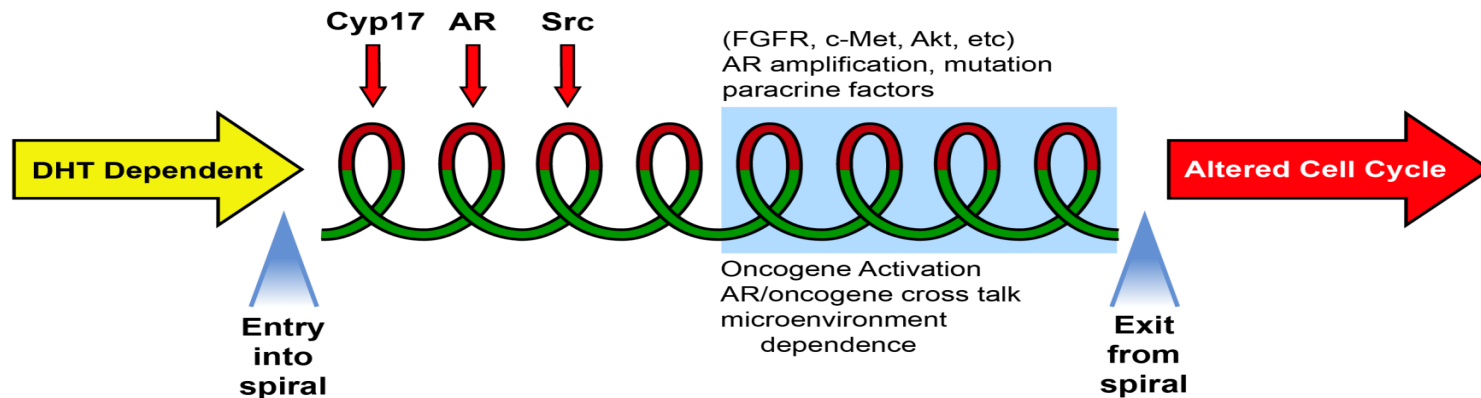
Prometheus Platform

Clinical Research Integration with molecular characterisation

- **Infrastructure “customized informatics”**
- **Acquire, chain of custody, inventory, distribute.**
- **Analytics platform**

From tissue to knowledge bank

A working Model for Reclassification of Prostate Cancer to incorporate intra patient and temporal disease heterogeneity



A Roadmap to New Taxonomy

Tools

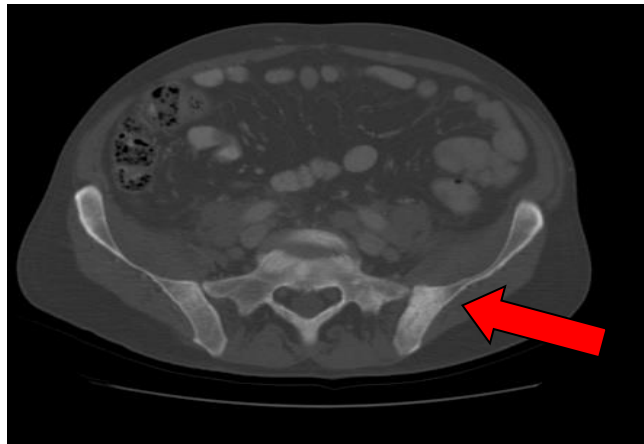
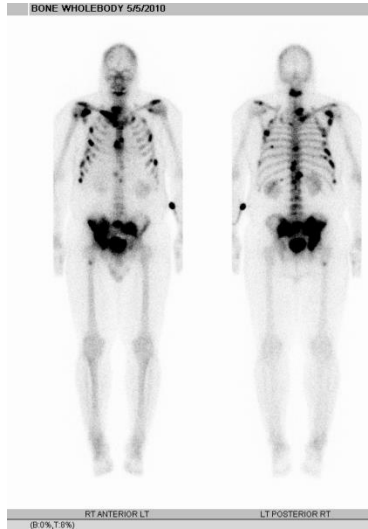
Prometheus : A Knowledge bank

Tissue and Liquid Biopsy Based Clinical Research

Co-Clinical Research

Informative Transilial Bone Marrow Biopsy

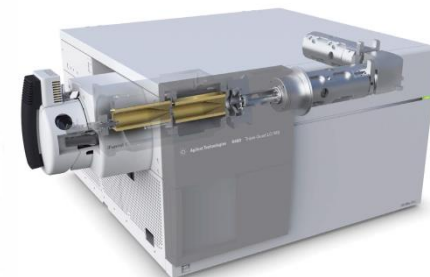
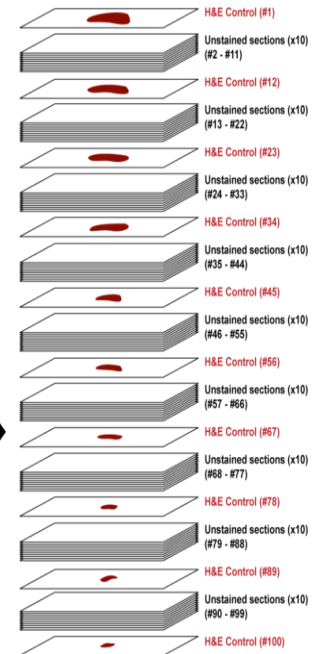
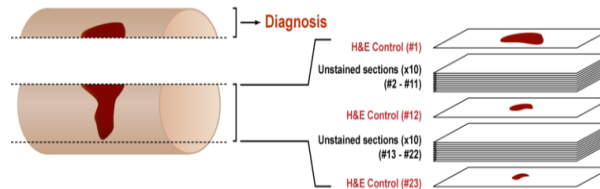
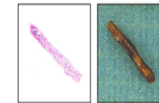
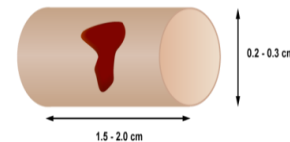
Stanford Alexander Laboratory



CT Directed

Efstathiou et al. J Clin Oncol 2012

Efstathiou et al. J Clin Oncol 2011; 29(Suppl): Abstract 4501



The MDACC Bone Biopsy

Androgen Signaling mCRPC Program.

Goal :Create Knowledge from Tissue based Clinical Research

Discovery
Testing

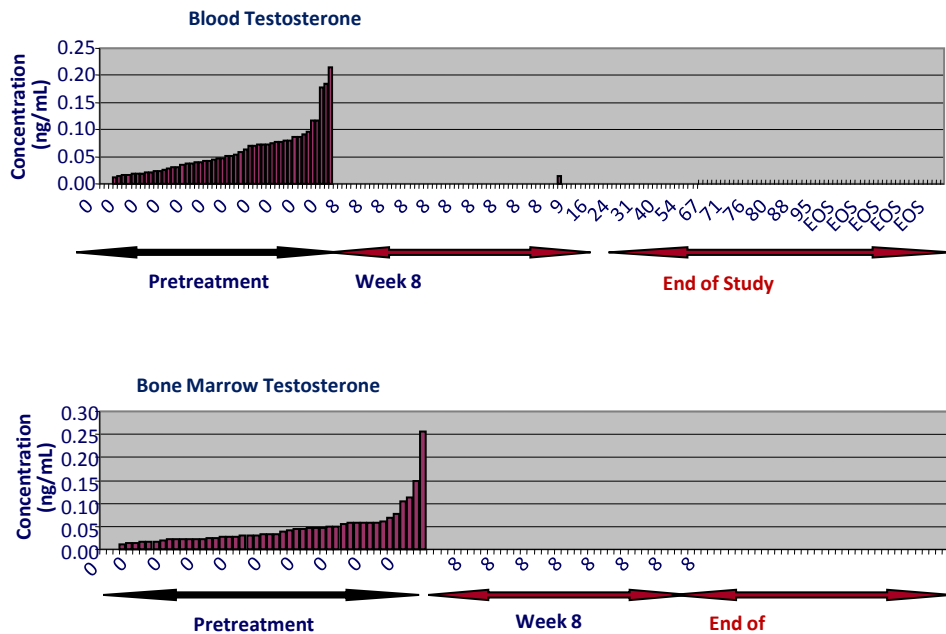
Study	Agents	mCRPC pts
09-0590 (JCO 2012)	Abiraterone Acetate	60
09-0886 (Eur Urol 2014)	Enzalutamide	60
12-0086 (ASCO 2014)	ABI +ENZA	60
10 -0070 (ESMO 2014)	ABI +randomization to Dasatinib or	170

Endpoints:

Inform regarding Tumor microenvironment Impact of agents tested
Explore Identify Test and Validate predictive markers
Develop Assay Driven Therapy Strategies to guide treatment
sequencing and combination

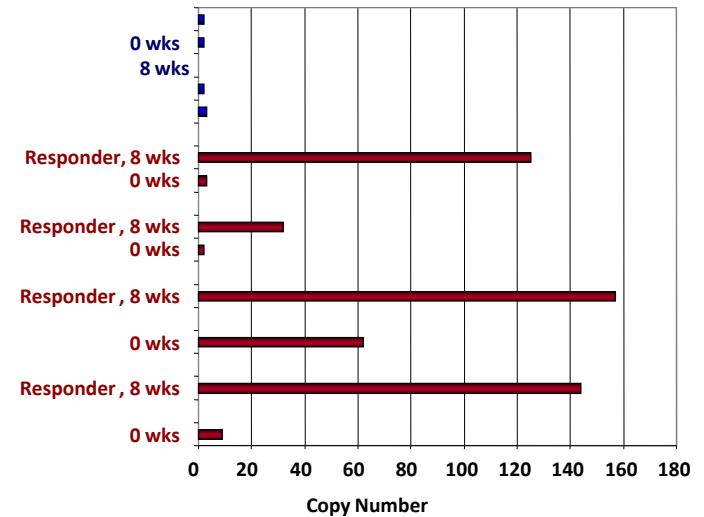
AR & Androgen Modulation Following Abiraterone Acetate (MDACC 09-0590)

Testosterone Depletion

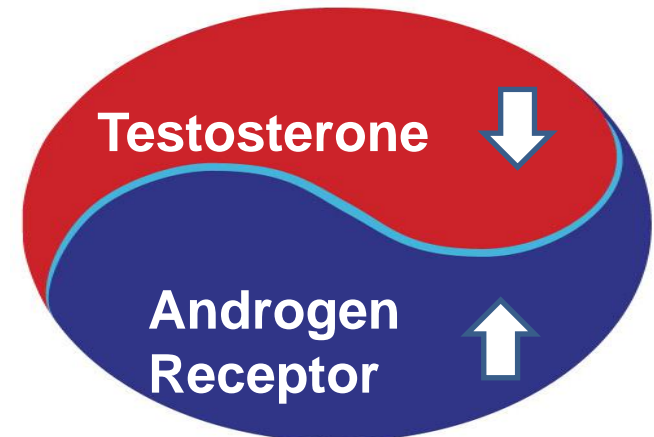


AR Copy Number Modulation

Primary



Baseline

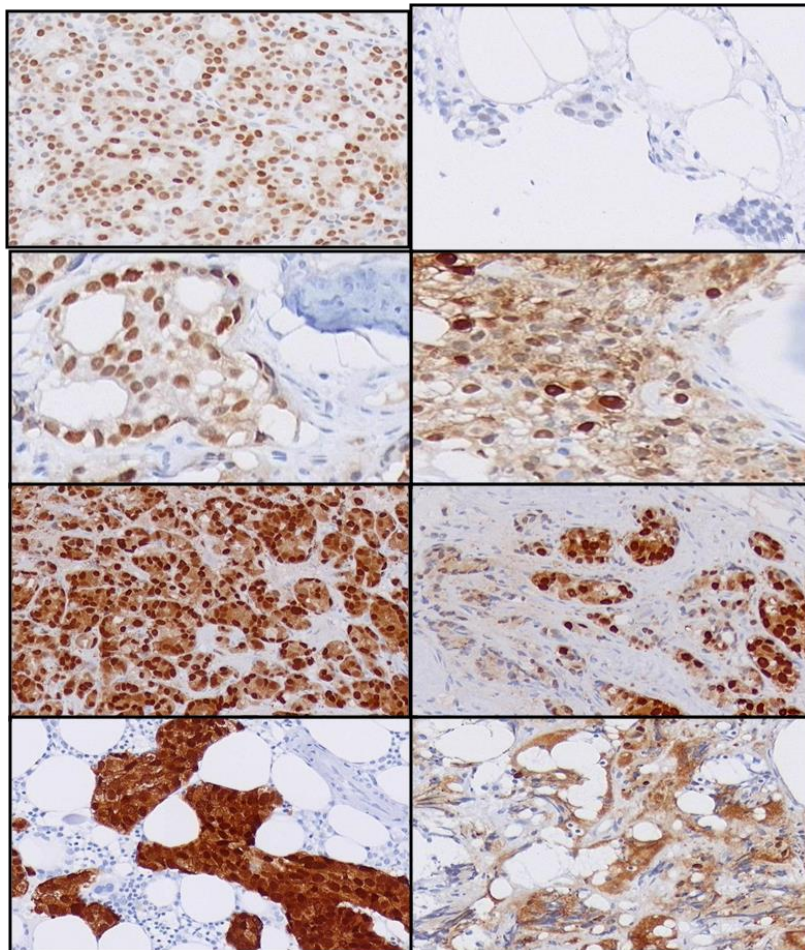


qPCR on ≥ 500 cells.

Efstathiou et al. J Clin Oncol 2012

AR & Androgen Modulation Following Enzalutamide (MDACC 09-0886)

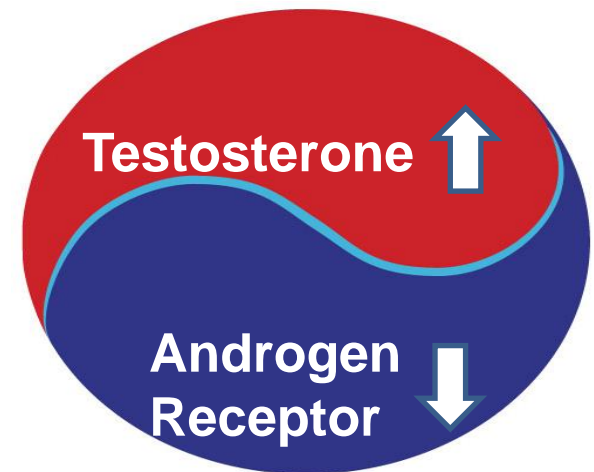
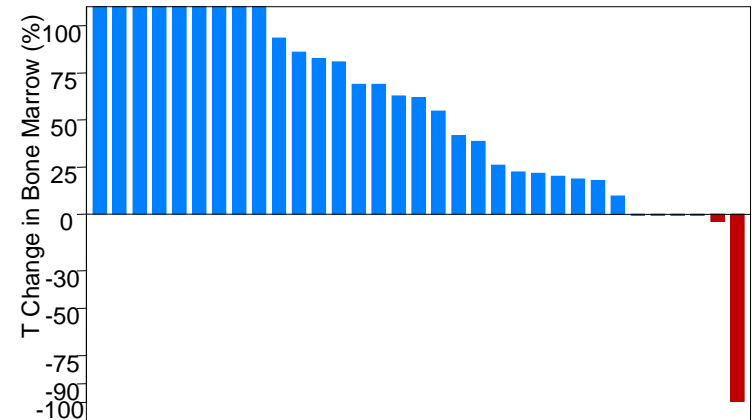
AR Shift in Subcellular Localization



Pretreatment

Week 8

Marrow Testosterone Increase



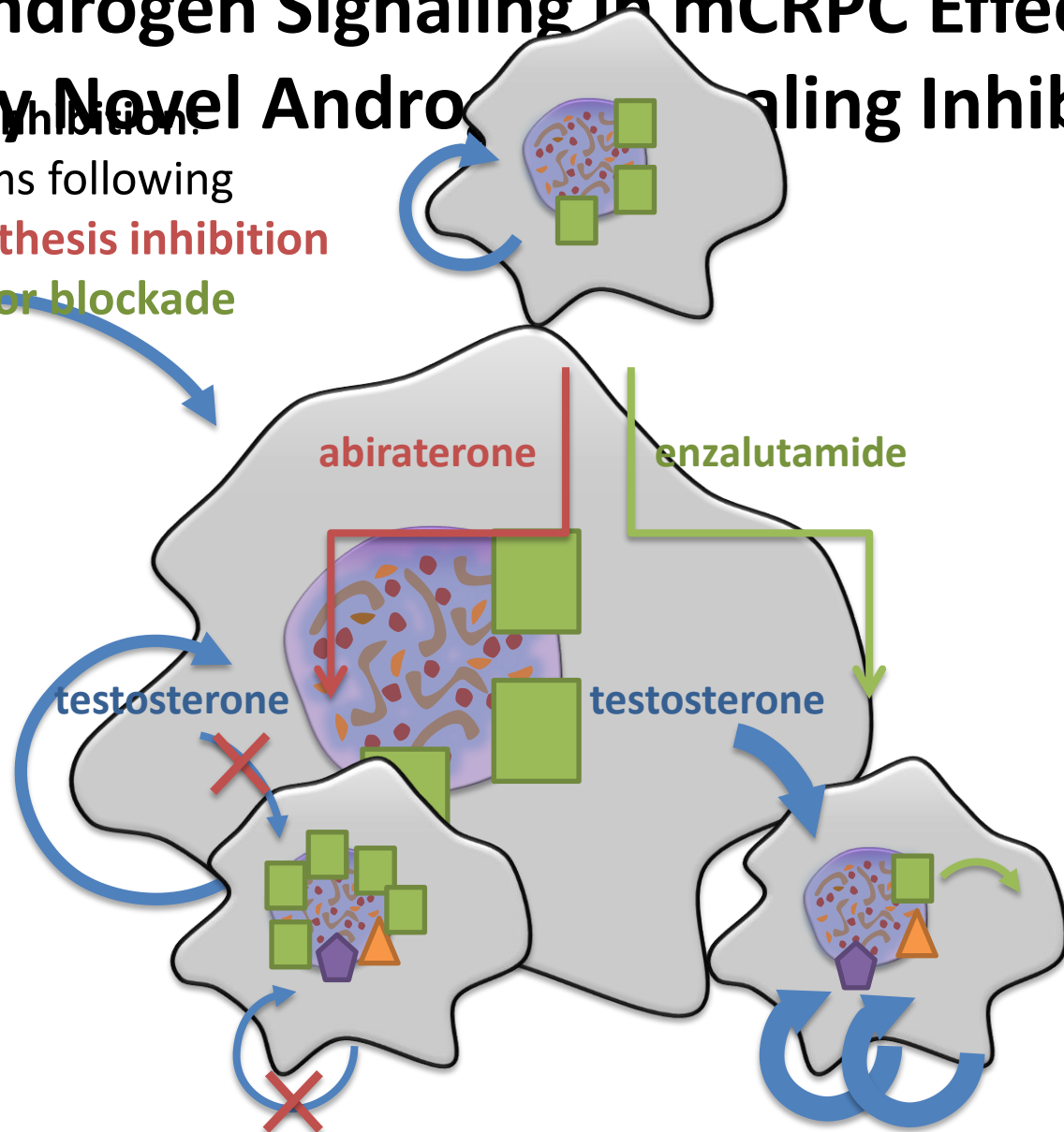
Adaptive Androgen Signaling in mCRPC Effectively Targeted by Novel Androgen Signaling Inhibitors

Androgen signaling inhibition:

Feedback mechanisms following

A. Androgen biosynthesis inhibition

B. Androgen receptor blockade



Efstathiou et al JCO 2012;
Efstathiou et al Eur Urology (in press).
mCRPC, metastatic castration-resistant
prostate cancer

Efstathiou et al ASCO 2014

Study 12-0083

Enzalutamide

160 mg once daily

+

Abiraterone acetate (+ prednisone)

1 g once daily

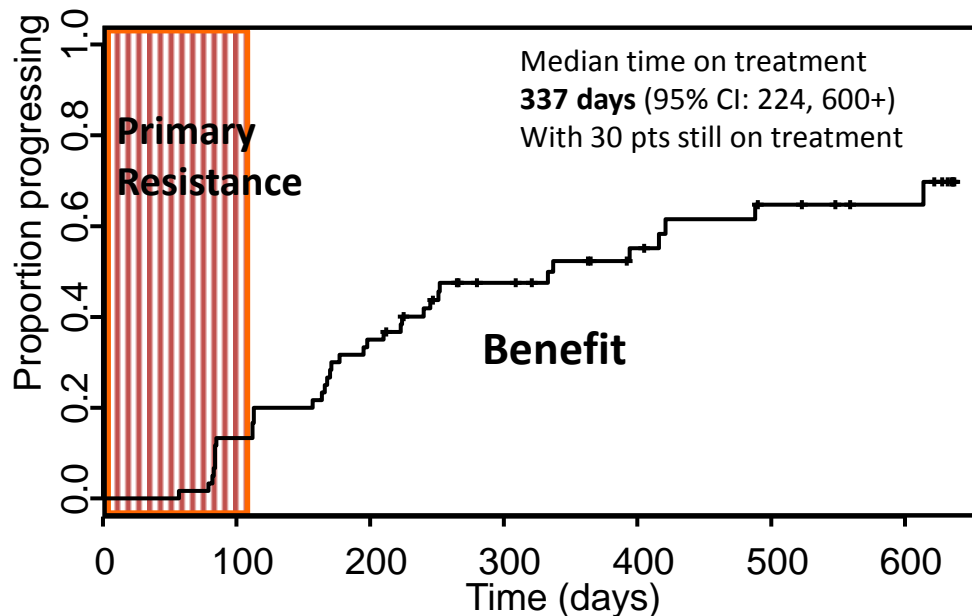
(5 mg twice daily)

Bone marrow biopsy
Bone marrow aspirate
Blood collection

***Hypothesis Confirmed :
Combination of ABI + ENZA
will dissipate physiologic feedbacks
incurred by each agent alone***

Baseline

Week 9



Primary Resistance :

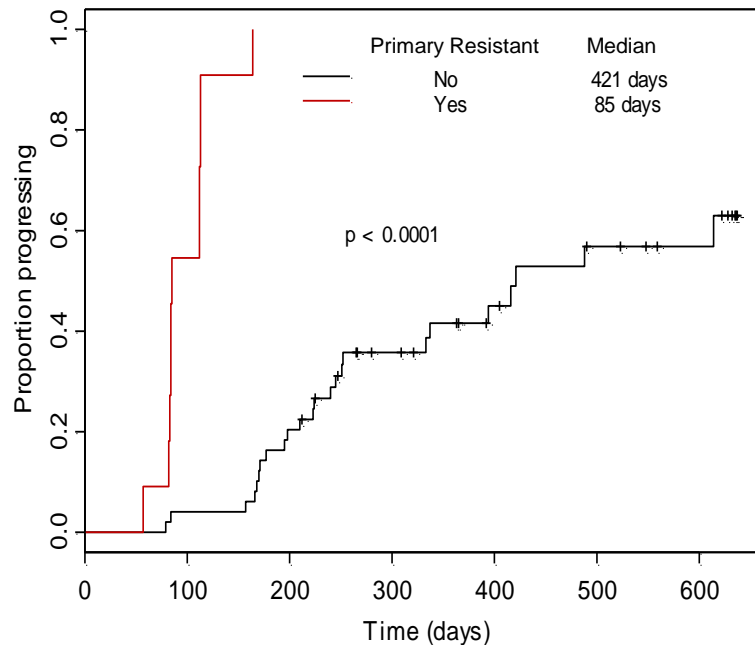
Not related to feedback mechanisms

Ensuing Resistance :

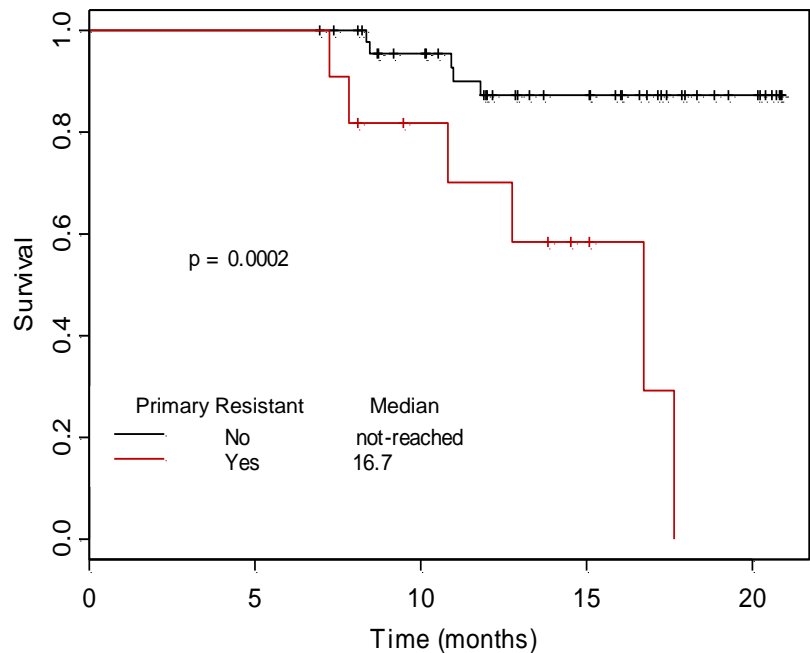
maybe Affected as evidenced by time
on combination

“Primary Resistance” as a Prognosticator in mCRPC

Time on treatment

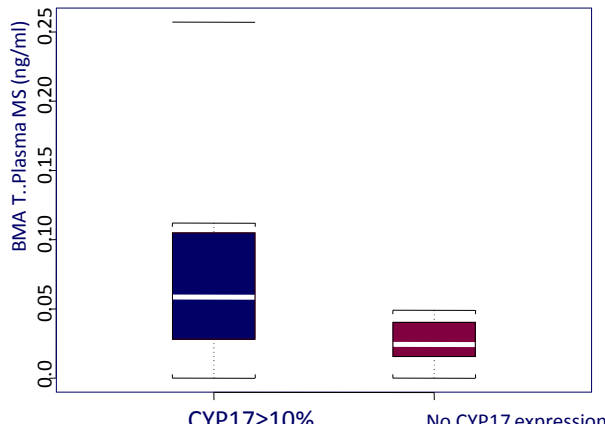
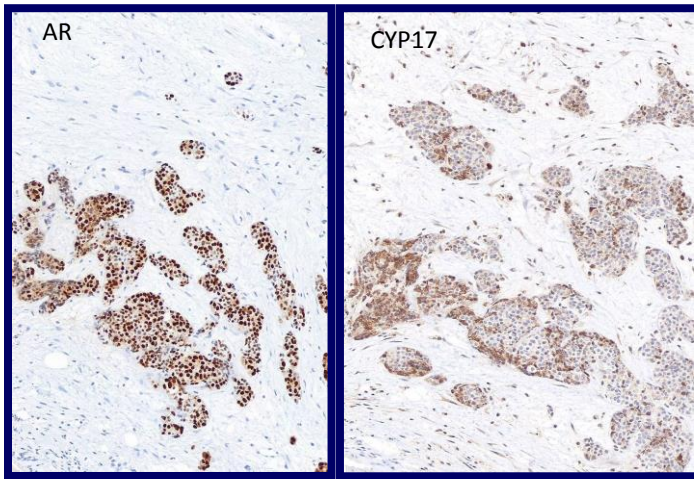


Overall survival

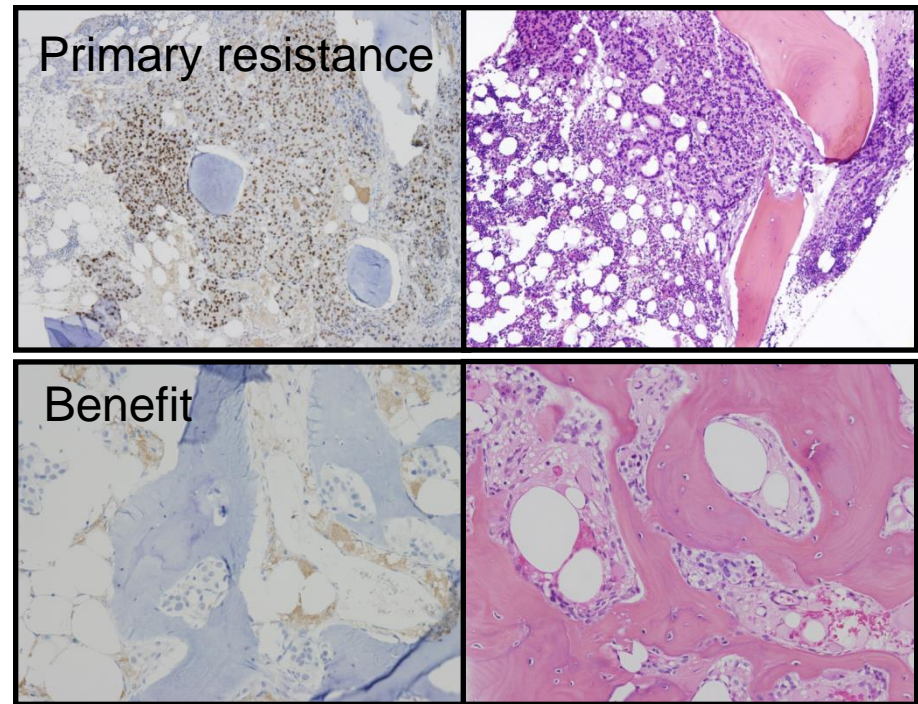


Androgen Signaling in mCRPC and association benefit

Nuclear over-expression of N terminal AR + CYP17 correlates with benefit
($p < 0.01$)



AR V7 expression linked primary resistance to enzalutamide ($p = 0.02$)



Efstathiou et al JCO 2012;
Efstathiou et al Eur Urology 2014;
Antonarakis et al AACR 2014

AR, androgen receptor

Androgen Receptor Expression & Alterations

Transcriptional-activation

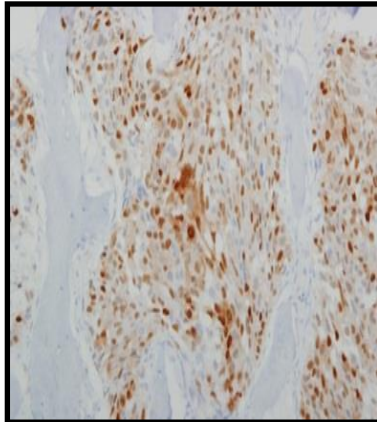
DNA-binding

Ligand-binding

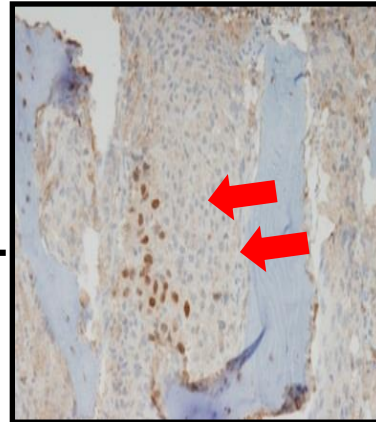
N terminus

C terminus

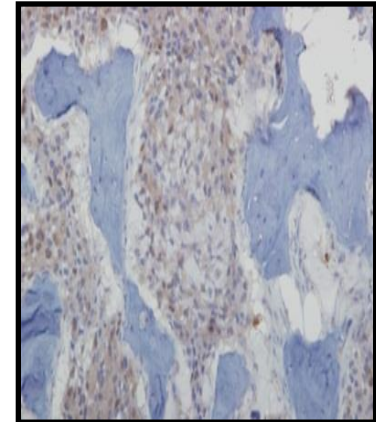
AR-N



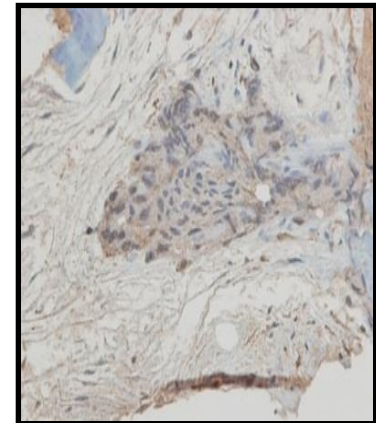
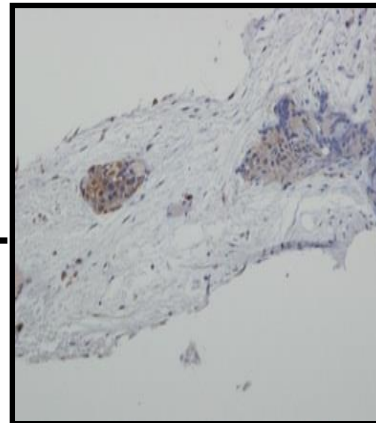
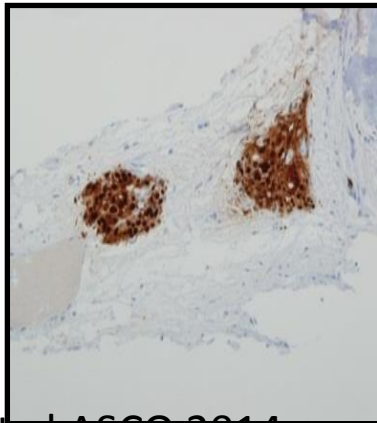
AR-V7+



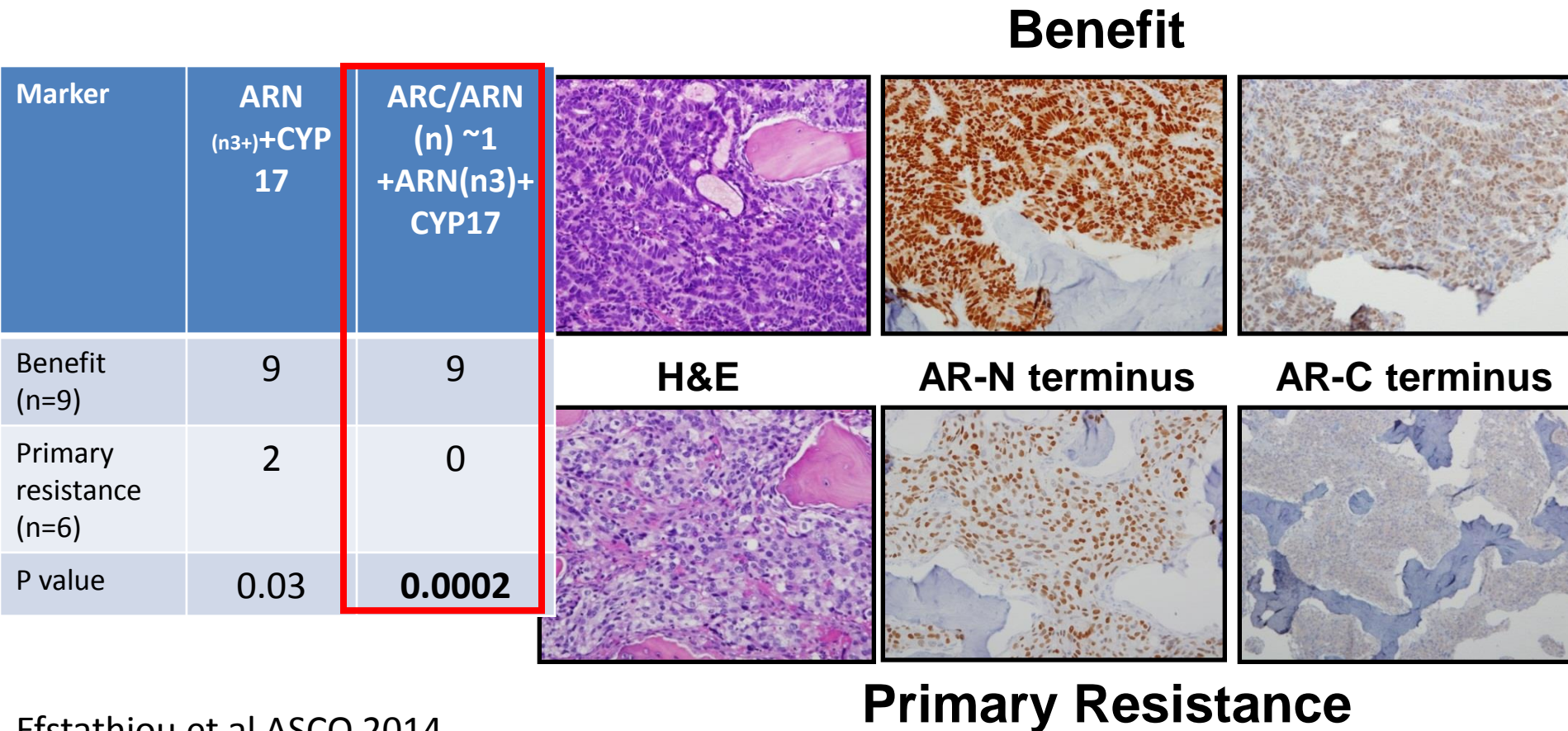
AR-C



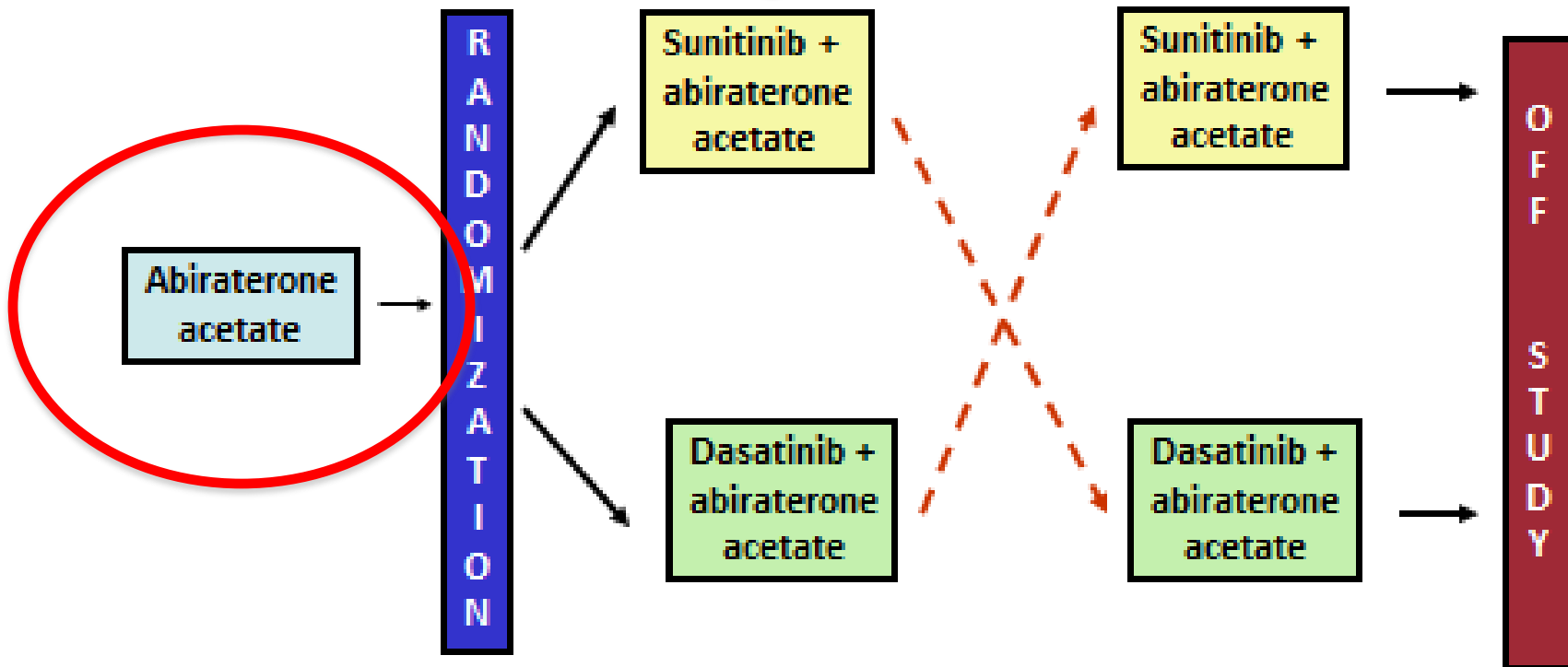
AR-V7 -



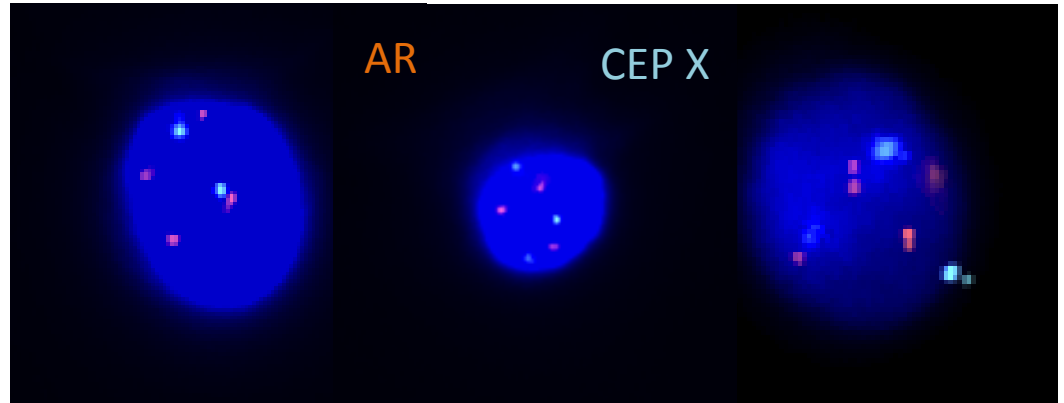
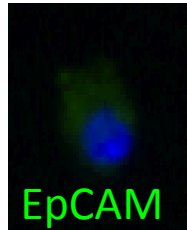
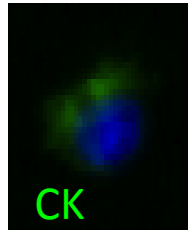
C Terminal / N Terminal Ratio AR Expression May Enhance Predictive Performance



MDACC 10-0070 Testing Primary Resistance associations with androgen signaling molecular signature

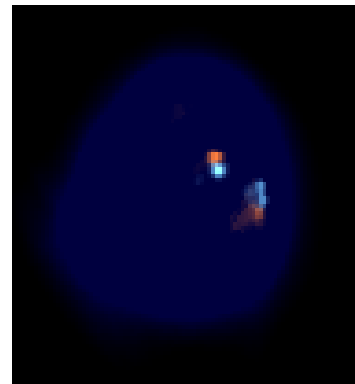


Prostate Cancer in the Bone Marrow



AR amplification (17/37 CK+ cells)

3 months on abiraterone and enzalutamide

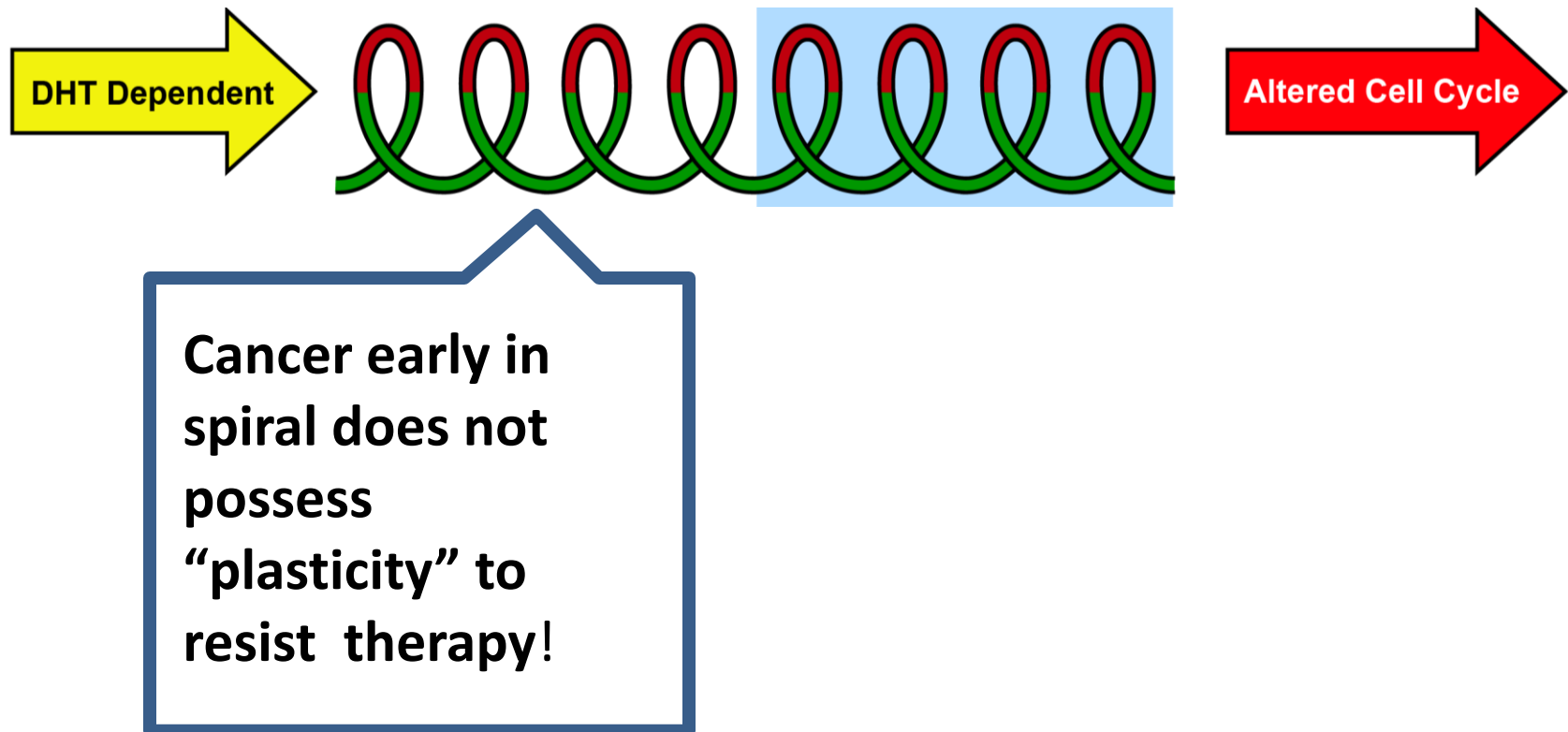


AR gain (5/5 cells)

Progressing to abiraterone
Negative BM (path)

Acquiring Knowledge with a Curative Intent

The preoperative high risk model



Preoperative High Risk Platform

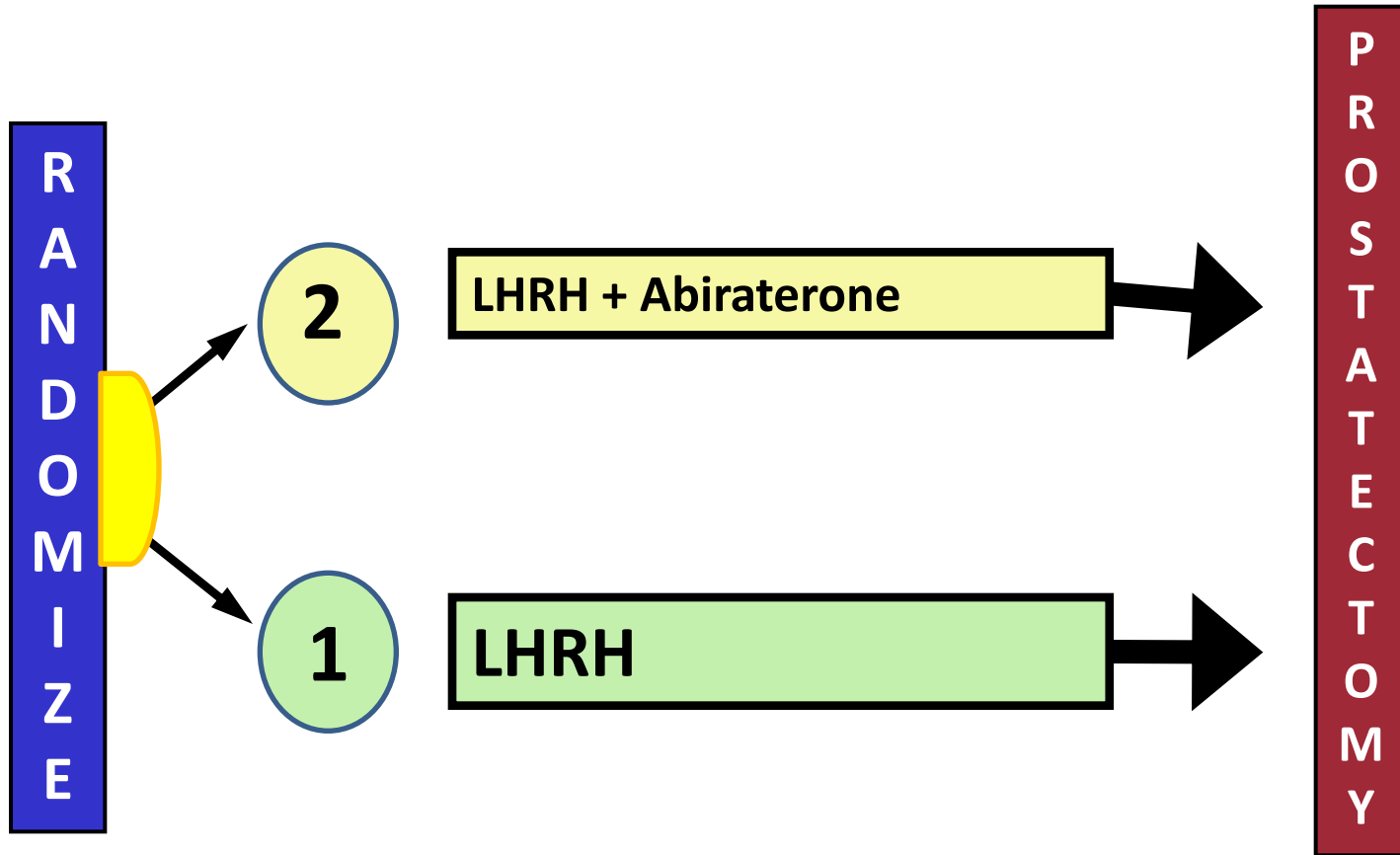
Patients at high
risk for relapse

Investigational R_x

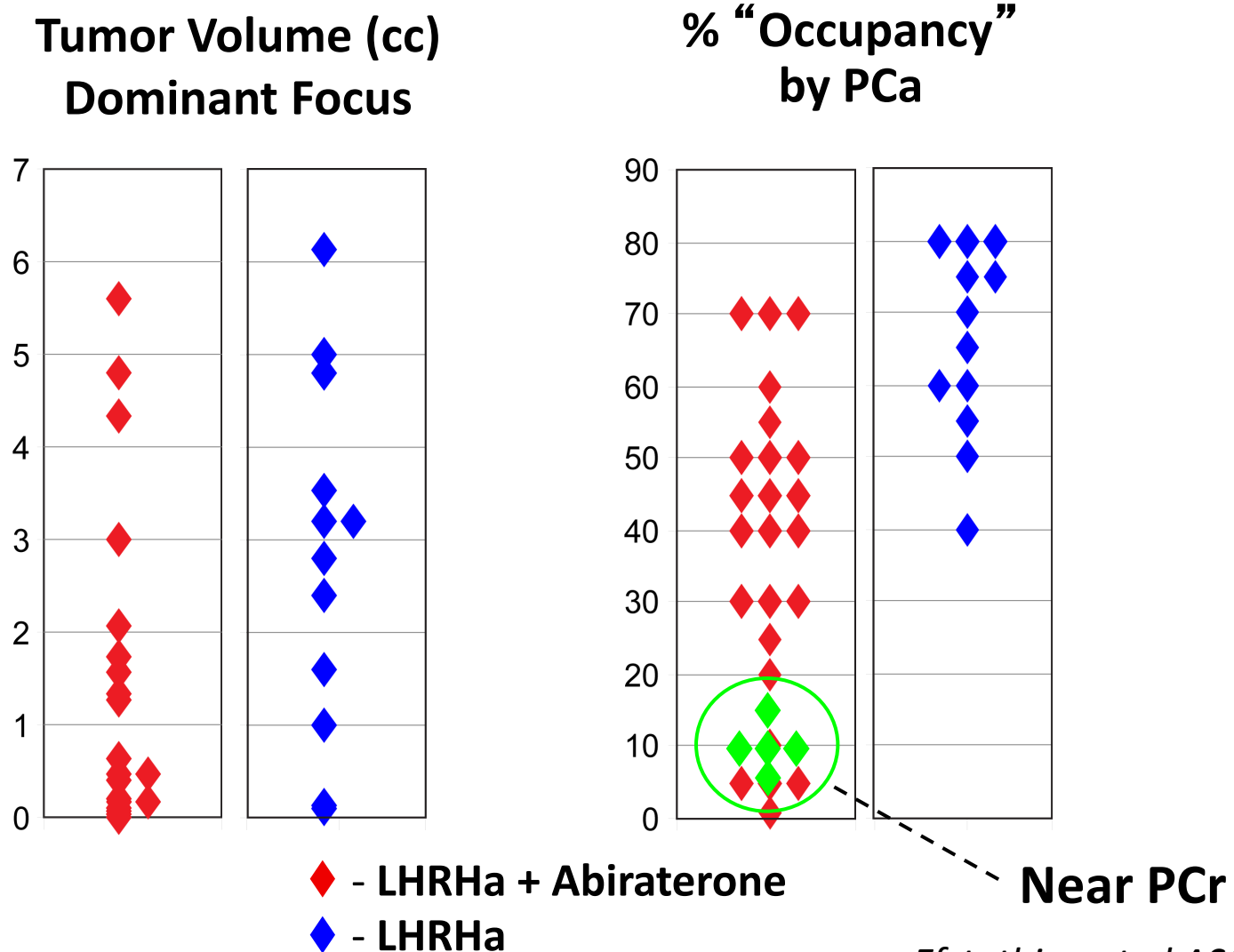
Prostatectomy

Protocol #	Protocol	Years	#RP	Frozen Tissue (FT) % of cases	% FT with Ca
	KAVE	97-98	30	13	50
DM97-095	p-53	98-99	25	36	100
DM96-140	TNP	98-00	24	46	100
99-063	KAVE vs Horm. Abl. (<i>Prostate 12</i>)	99-03	60	67	73
01-079	Thalidomide (<i>CCR 07</i>)	2001-02	16	75	100
ID03-0112	Docetaxel & LHRH. (<i>JCO 12</i>)	2003-05	36	92	77*
2003-0492	CCI 779 (<i>ASCO 09</i>)	2004-07	34	100	97*
2004-0273	Horm. Abl. & Docetaxel*	2006-09	32	81	**
2005-0903	Sutent	2007-09	39	100	**
2008-0069	Sutent (Multi-Center)	2009-09	1	100	**
2009-0293	LHRH + Abiraterone (Multi-Center)	2010-11	13	92	**
2009-0473	LHRH +/- GDC-0449 (Single-Center) pending	2009-12	12		**
2009-0322	LHRH +/- Abiraterone Acetate (<i>ASCO 12</i>)	2010-13	66	88	**
2012-0922	LHRH+Abi+/-Enza	2013			

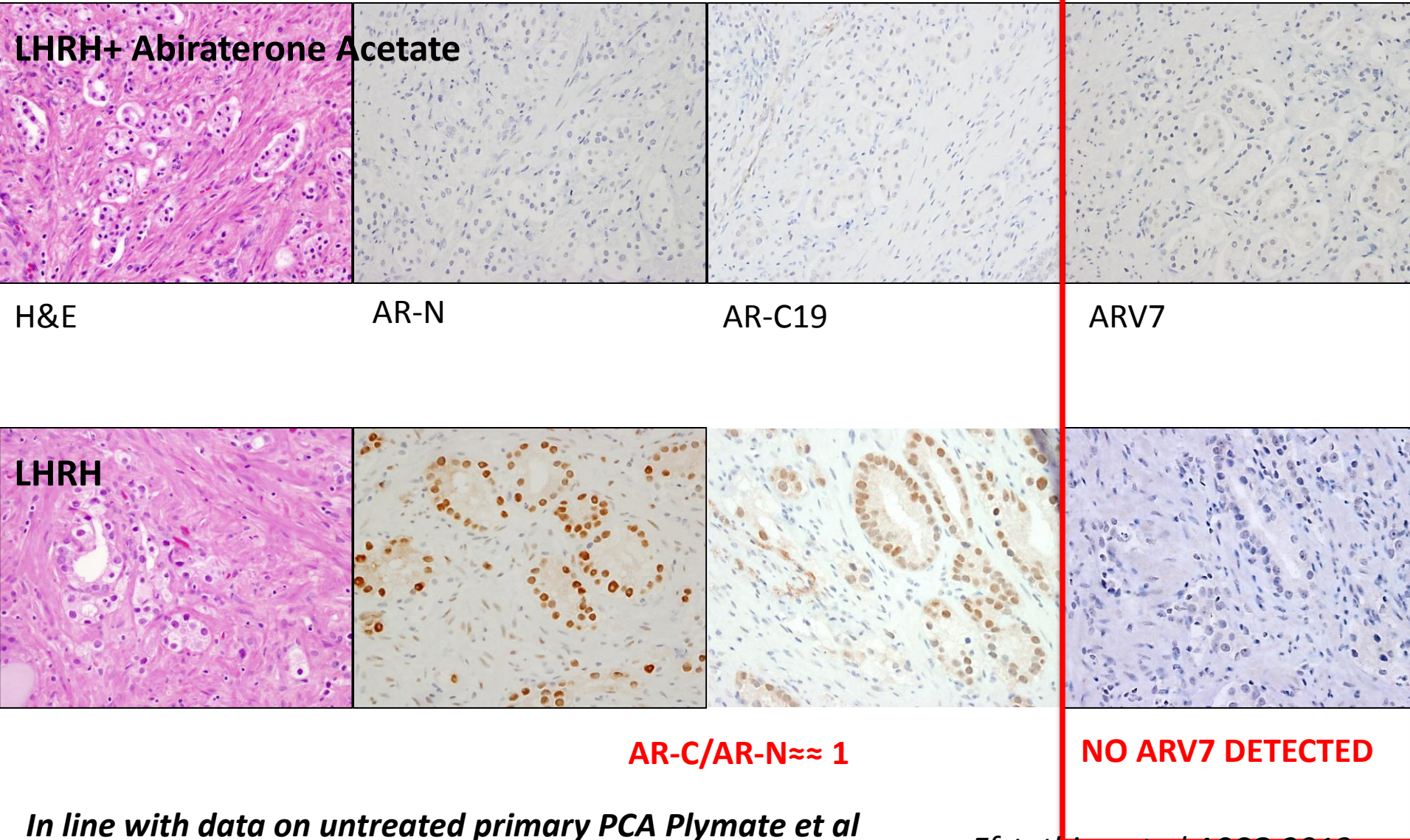
High Risk Pre-op Model (Curative Intent)



Primary Resistance in high risk locally advanced disease



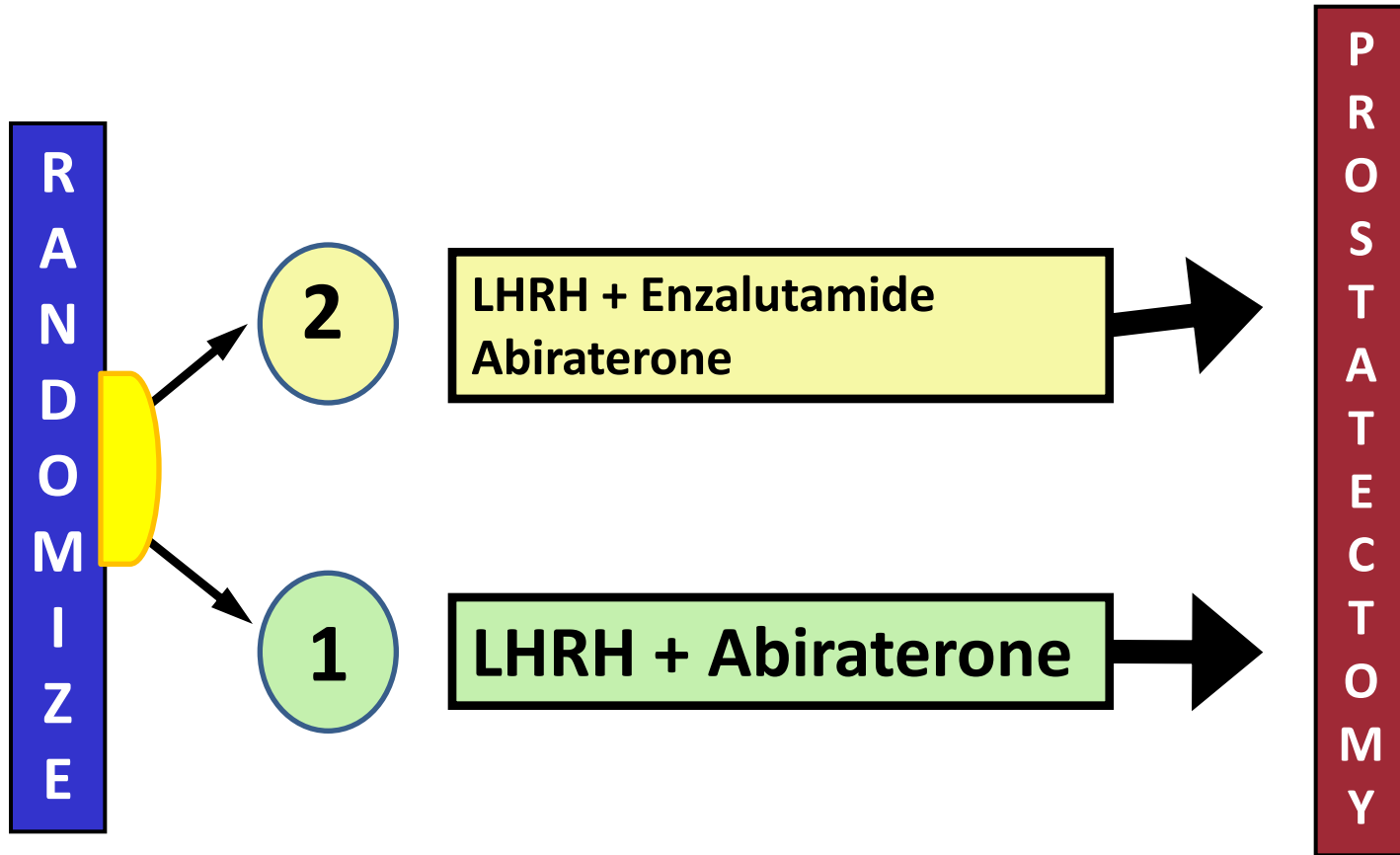
Androgen Receptor Expression and lack of Splice Variant detection



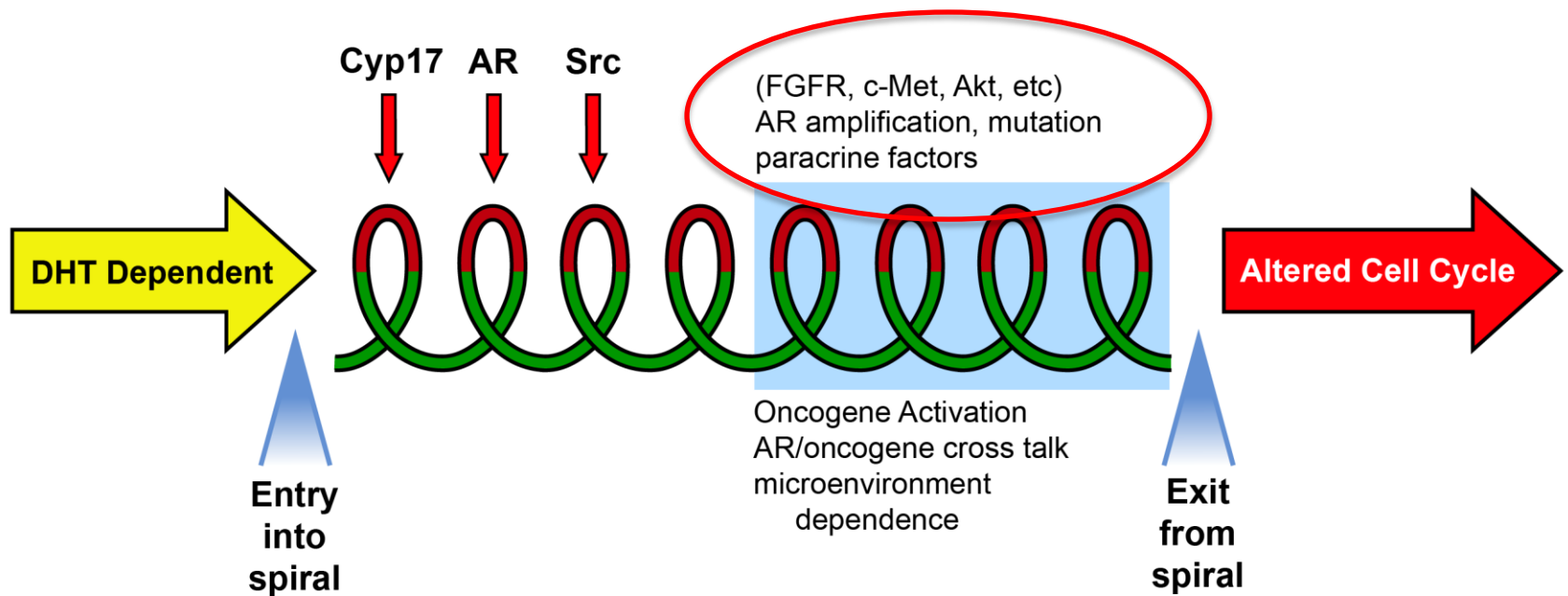
In line with data on untreated primary PCA Plymate et al

Efstathiou et al ASCO 2013

High Risk Pre-op Model (Curative Intent)

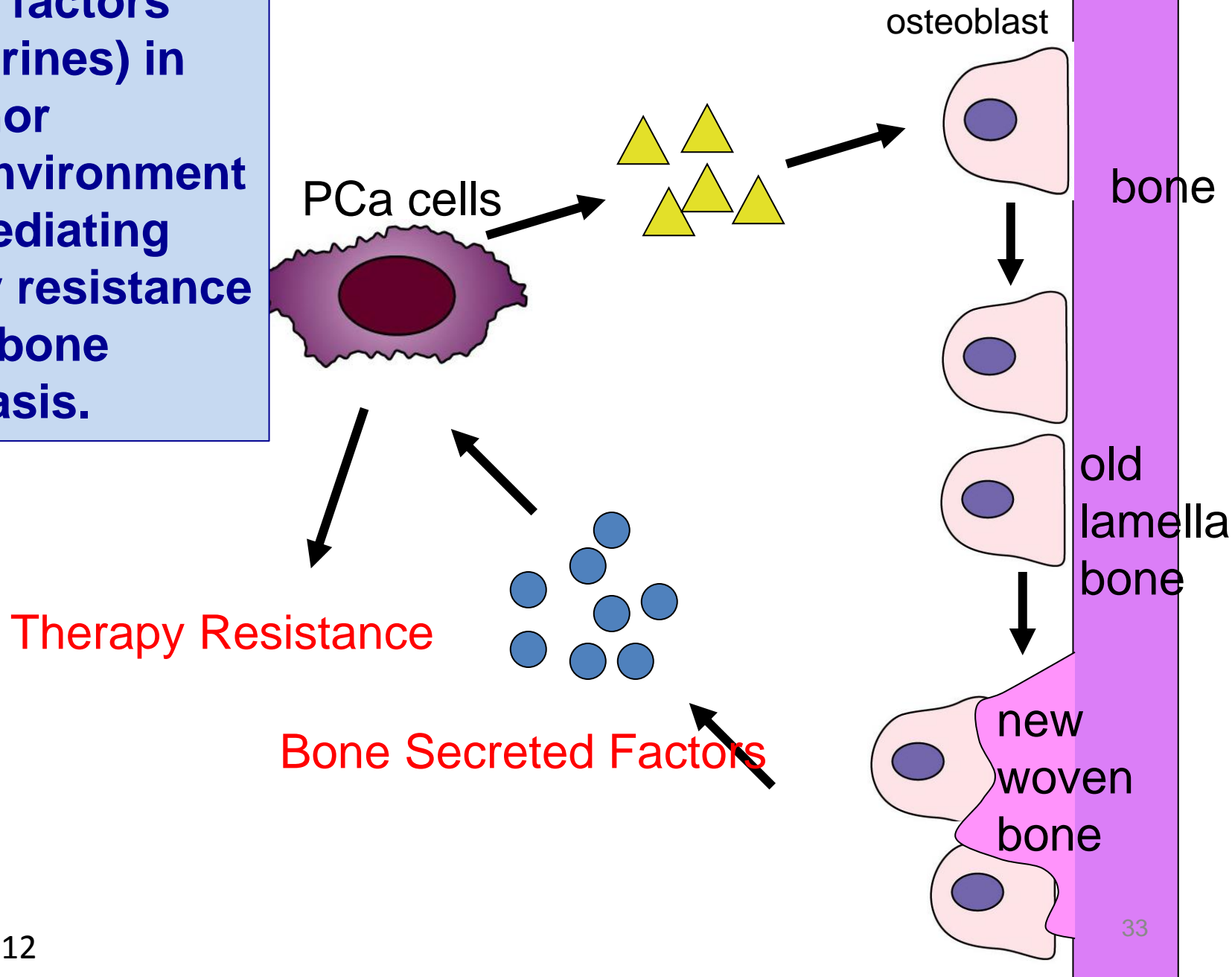


Model for Reclassification of Prostate Cancer



Microenvironment Dependence

Osteoblasts secrete factors (osteocrines) in the tumor microenvironment thus mediating therapy resistance of PCa bone metastasis.



Periodic Table of the Elements

hydrogen

alkali metals

alkali earth metals

transition metals

Ca

Sr

Ba

Ra

metals

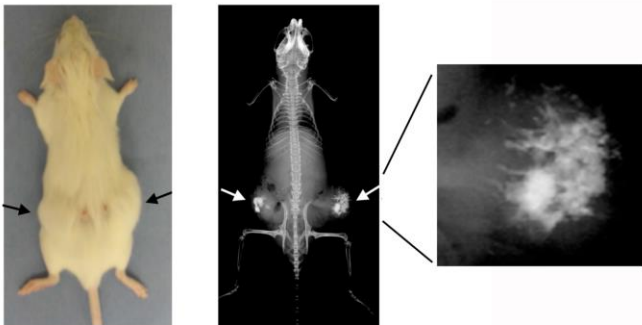
1	2																	18	19	20				
H	He																	Ar	Kr	Xe				
3	4																	13	14	15	16	17		
Li	Be																	B	C	N	O	F	Ne	
5	6																	11	12					
Na	Mg																	Al	Si	P	S	Cl	Ar	
7	8	9	10													19	20							
K	Ca	Sc	Ti	V	Cr	Mn	Fe	Co	Ni	Cu	Zn	Ga	Ge	As	Se	Br	Kr							
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29						
Rb	Sr	Y	Zr	Nb	Mo	Tc	Ru	Rh	Pd	Ag	Cd	In	Sn	Sb	Te	I	Xe							
37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54							
Cs	Ba	La	Hf	Ta	W	Re	Os	Ir	Pt	Au	Hg	Tl	Pb	Bi	Po	At	Rn							
55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72							
Ba	La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Ho	Er	Tm	Yb	Lu	73	74							
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104							
Fr	Ra	Ac	Th	Pa	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	Lr	105							

Rad-223 efficacy attributed to microenvironment targeting;

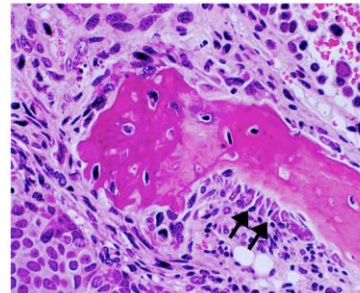
Determining bone marrow secretome of patients treated will identify candidate predictive markers

MDA-PCa-118b

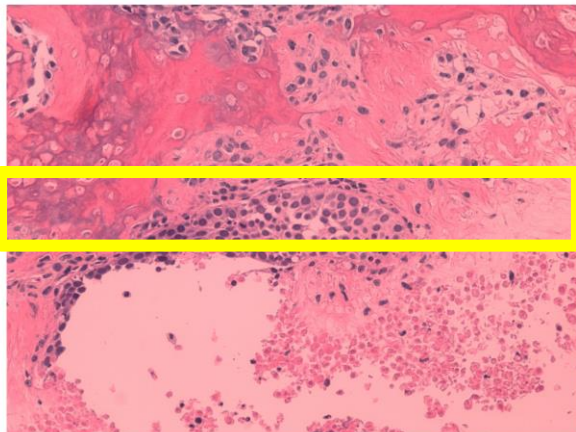
X-ray



Histology

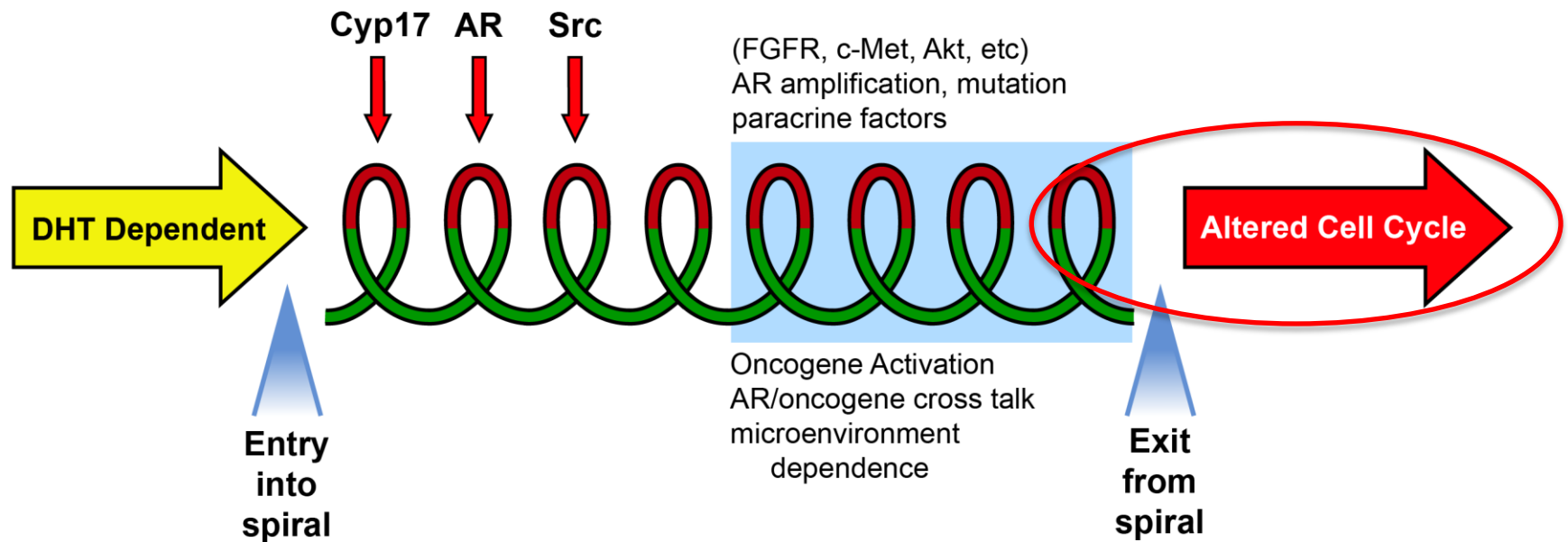


**Prostate cancer xenograft
MDA-PCa-118b
secretes bone forming
soluble factors**

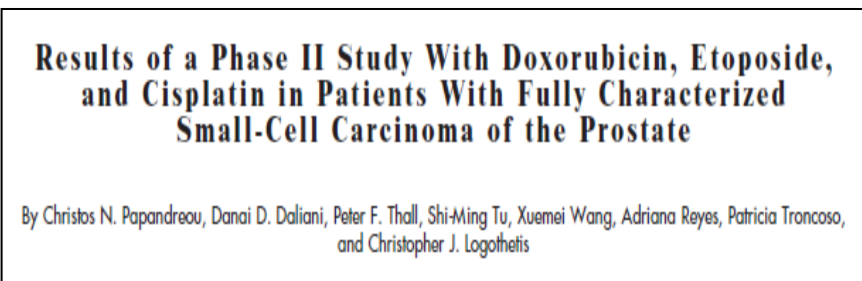
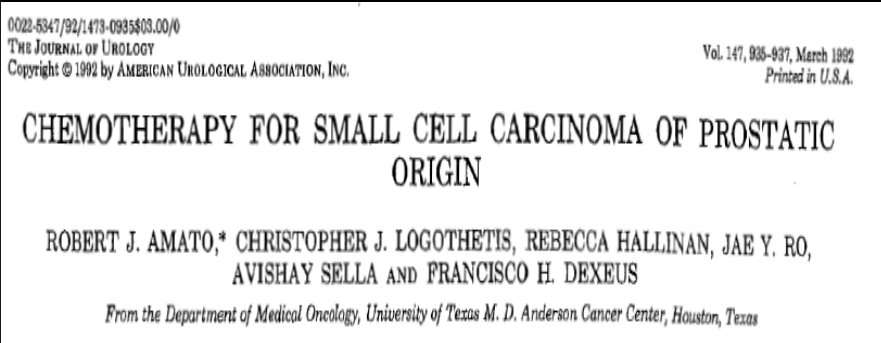


**Resistant Tumor Cells Are Found Close
to Newly Formed Bone Matrix**

Model for Reclassification of Prostate Cancer



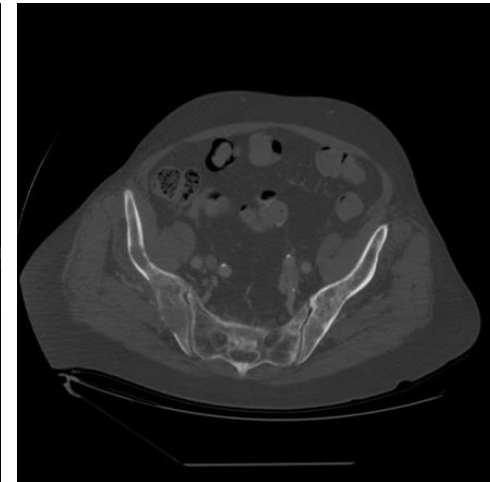
From SCPC to “Anaplastic”



Journal of Clinical Oncology, Vol 20, No 14 (July 15), 2002: pp 3072-3080



Liver

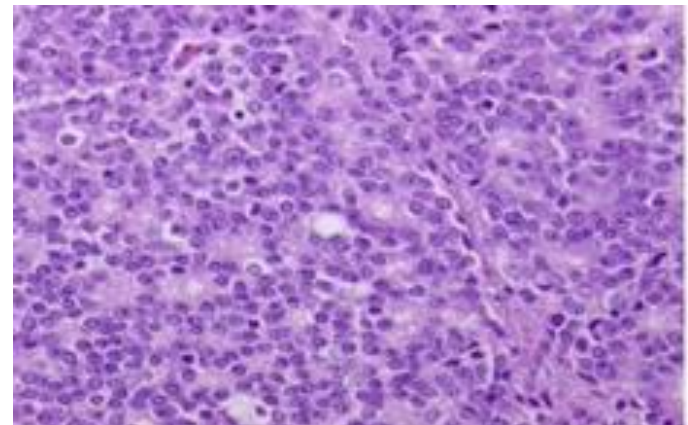


Lytic bone

Chemotherapy Responsive

Hypothesis

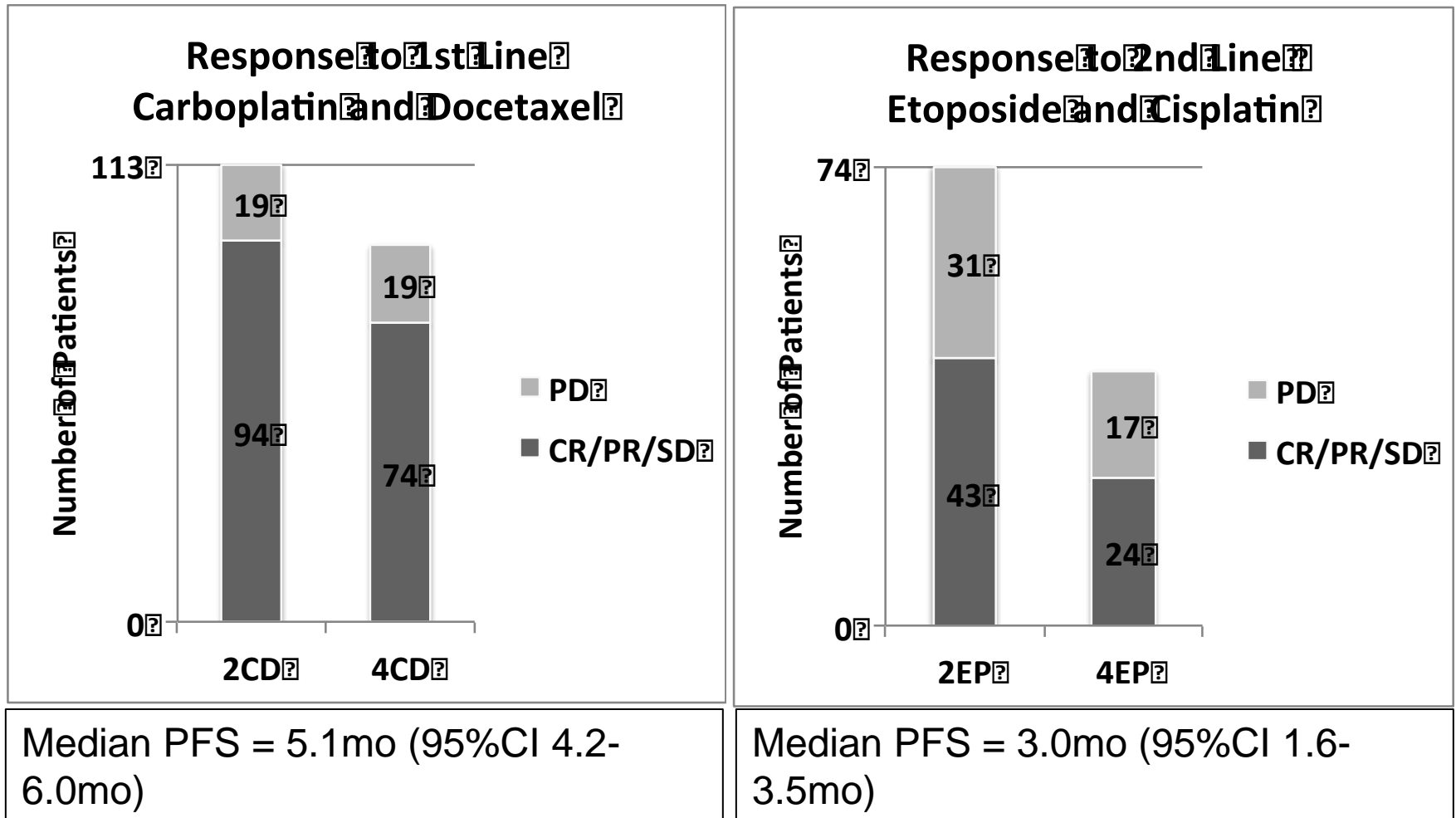
Clinically defined “anaplastic” prostate cancers share the *chemotherapy responsiveness* of the small cell prostate carcinomas (despite *morphologic heterogeneity*)



Adenocarcinoma

PCCTC 05-015:

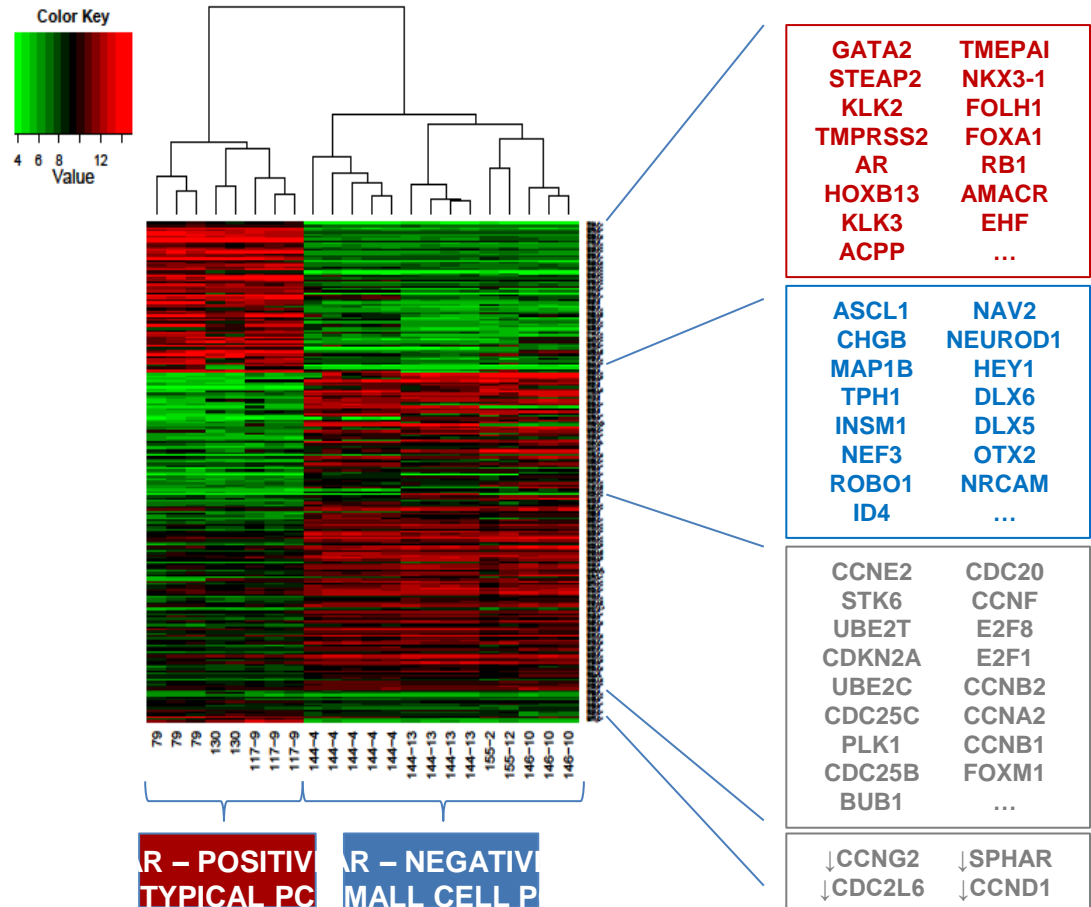
*Morphologically heterogeneous CRPC with variant **clinical features** have a **chemotherapy response** profile similar to that observed in SCPC*



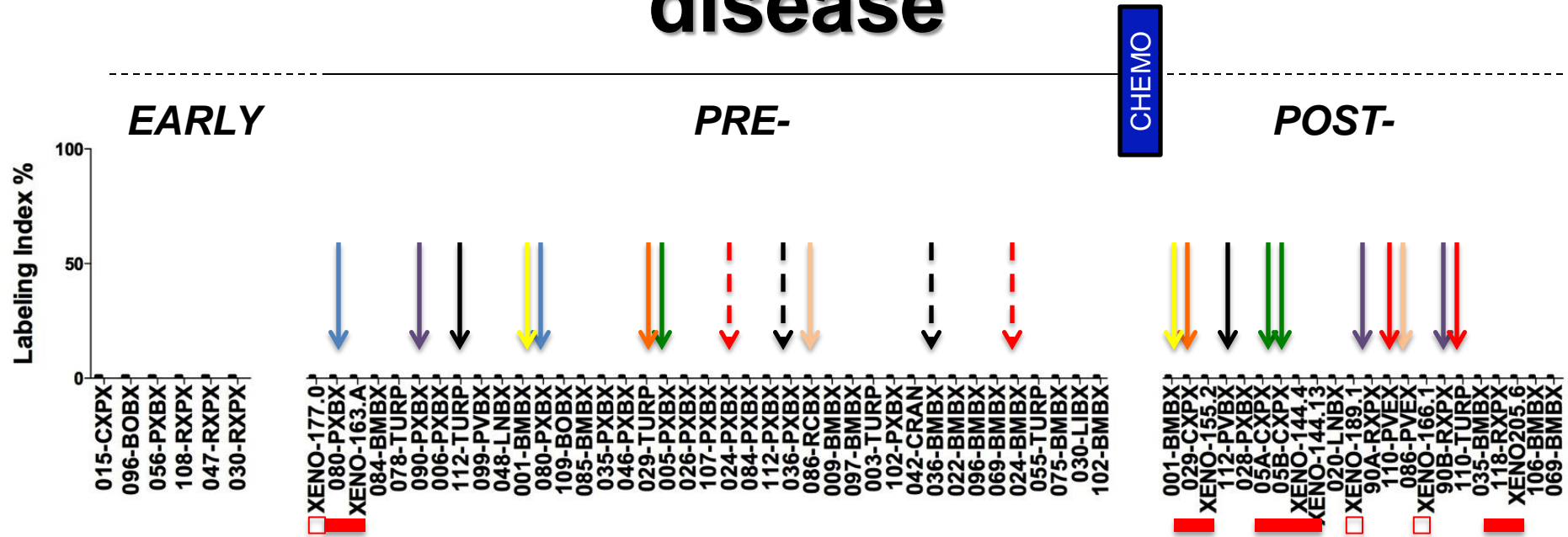
Activation of the Mitotic and Neural Precursor Programs in Small Cell Prostate Carcinomas

Hypothesis

Functional characterization of patient derived xenografts (PDX) from men with 'anaplastic' prostate cancers will enable the identification of predictive markers and therapy targets



Molecular Profiling of Anaplastic disease

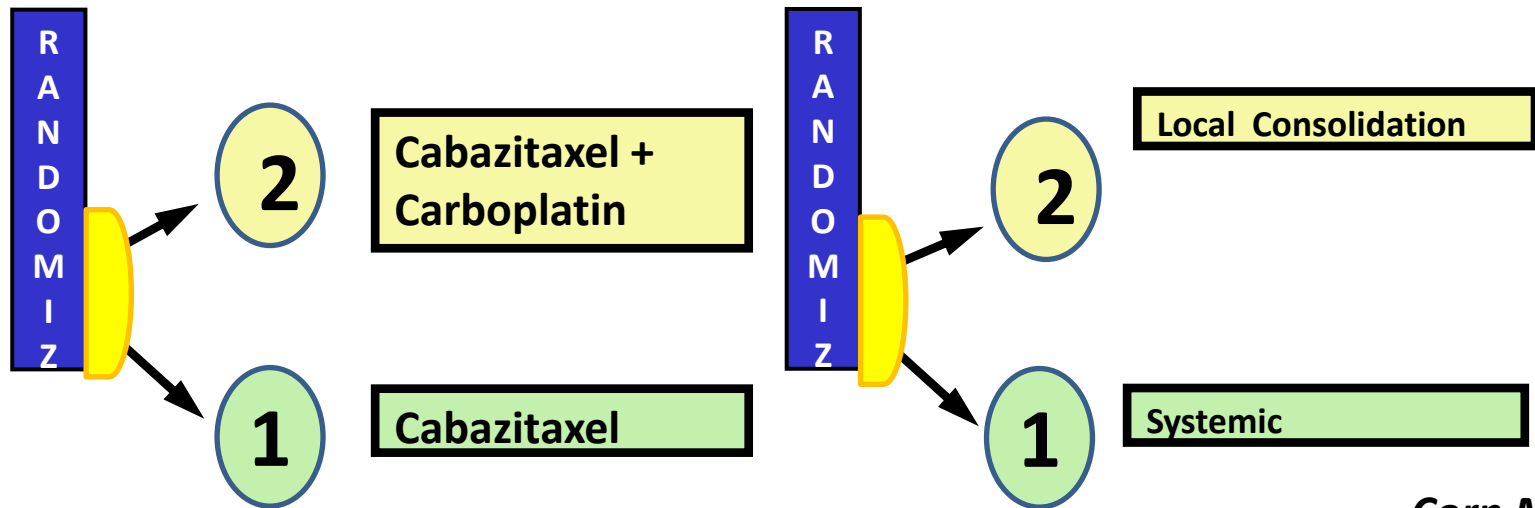


The **Clinical** “anaplastic” tumors show alterations in 3 domains:

1. Loss of tumor suppressors (RB, p53 and/or REST)
2. Gain of neural development program
3. Alteration of the mitotic apparatus

The transitions and mixed profiles observed are consistent with the presence of a **biologic continuum**.

Translational Chemotherapy Trials



Corn MDACC

CT Guided Biopsy/BMB – Cabazitaxel Trial



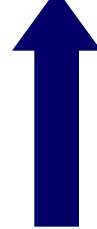
Week 8*



**Maximum
Response*/****

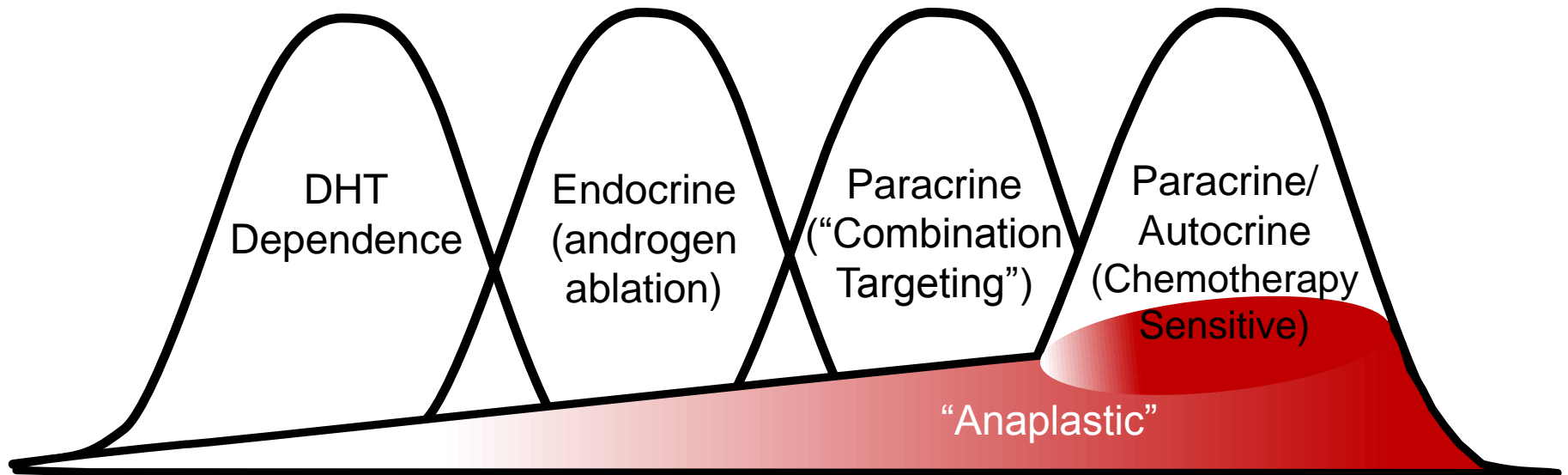


Discontinuation*



Efstathiou HeCoG- MDACC

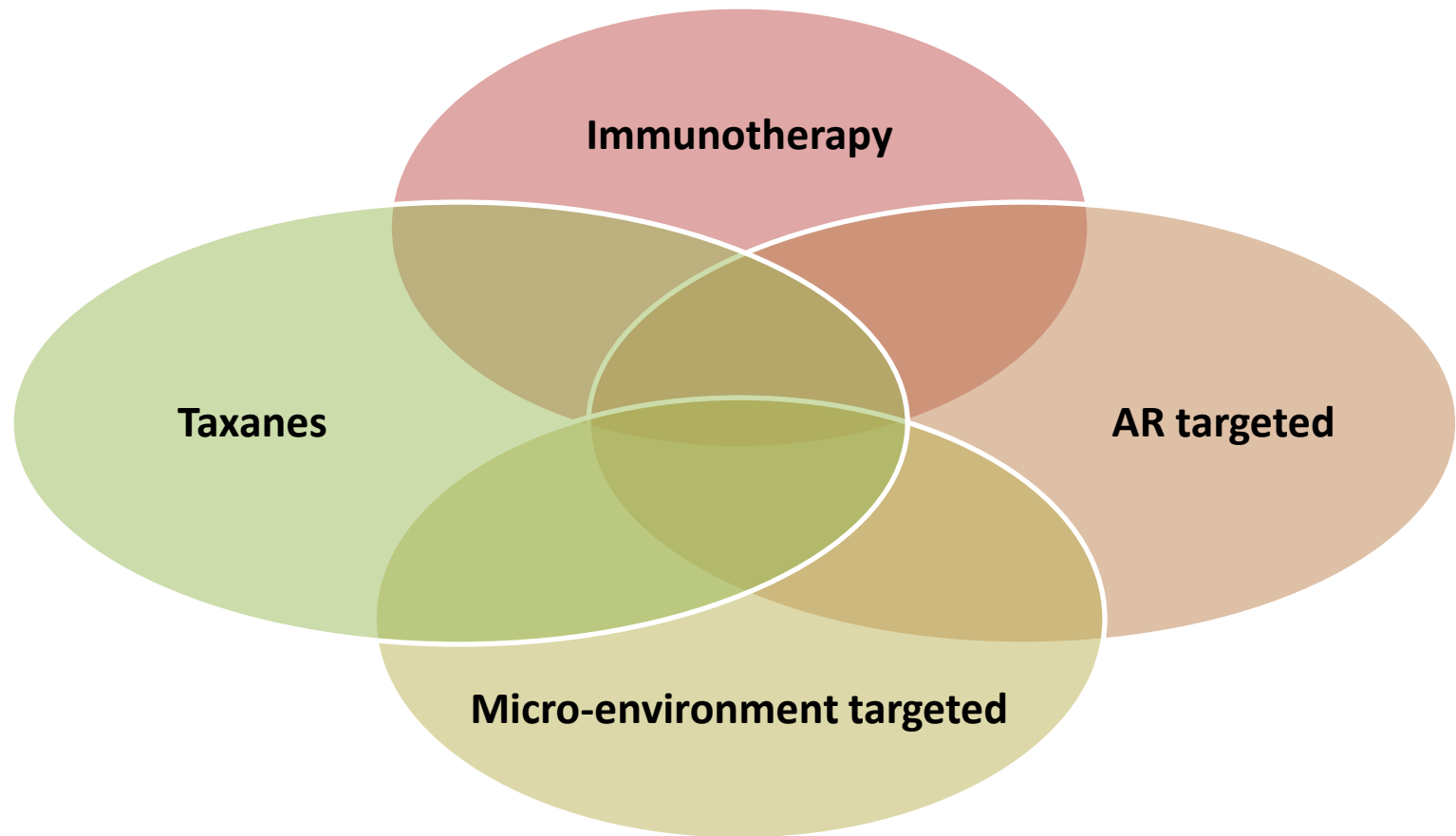
Building on Findings



Discovery → Testing → Validation

Drug Sequencing and Combination era

WARRANTS Integration of Knowledge towards a BIOMARKER STRATEGY



Precision Medicine Requirements

Knowledge Network for Biomedical Research

*integrating :
Molecular Characterisation
& Clinical Data*



New Taxonomy of Disease



Biomedical Research



Clinical Medicine

Precision Medicine delivered

Right treatment strategy at the right dose at the right time, with minimum ill consequences and maximum efficacy

Acknowledgements

Medical Oncology

Ana Aparicio
John Araujo
Paul Corn
Eleni Efsthathiou
JJ Gao
Lance Pagliaro
Padmanee Sharma
Sumit Subudhi
Shi Ming Tu
Amado Zurita

Laboratory Investigators

Maria Karlou
Mark Titus
Peter Friedl
Gary Gallick
Sue Hwa Lin
Nora Navone
Andreas Varkaris
Timothy Thompson
Theodoros Karantatos
James Allison

Radiotherapy

Deborah Kuban
Sean Mcguire
Sentek Choi

Pharmaceutical Collaboration

Bristol Myers Squibb
Cougar / Johnson & Johnson
Medivation / Astellas
Bayer
Exelixis

Funding

Prostate Cancer Foundation
CCSG (5 P30 CA016672-35)
MD Anderson Prostate Cancer SPORE
DOD Therapy Consortium
Hellenic PCF/Mitchell foundation
David H. Koch Center
DOD Therapy Consortium

Urology

John Davis
Brian Chapin
Louis Pistors
Curtis Pettaway

Pathology

Li Ing
Patricia Troncoso