

ESMO Fellowship

Best Fellowship Project # 2

Hatem A. Azim Jr, MD, PhD

Institut Jules Bordet

Brussels, BE

Who Am I ?

- Egyptian
- Medical Oncologist – NCI Cairo
- Passion for research
- Seeking to build an international career in the field of cancer research



During my training 2008

Introduction to the field BC & pregnancy

- Reviews
- Case reports
- Review papers
- Attend clinics and MDT
- Establish hospital based series
- “BC during pregnancy” “Pregnancy after BC”



ESMO Translational Fellowship 2010

- Understand impact of pregnancy on BC Biology/Outcome
 - Gene expression
 - Sequencing
 - Protein based

Project: Genomic Profiling of breast cancer during pregnancy

Home institute: National Cancer Institute, Cairo



Host institute: Institut Jules Bordet, Brussels

CHALLENGES

- A clinician going to the lab
- No previous experience in micro-array / sequencing
- Working in your 3rd language !!!
- Work on grants/funding under tight timelines

CHALLENGE ACCEPTED



CHALLENGES

- Settling in a new country
- New culture
- Paper work +++++
- Different weather !!!
- Family relocation



Keep up with your peers !!



Sherene LOI

Assoc. Professor, University of Melbourne



Michail IGNATIADIS

Faculty Staff, Institut Jules Bordet



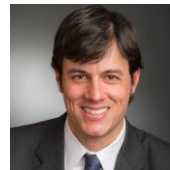
Philippe BEDARD

Faculty Staff, Princess Margaret



Carmen Criscitiello

Medical Oncologist, European Inst of Oncology



Otto METZGER

Faculty Staff, Dana Farber



Kamal SAINI

Associate Director, Breast International Group

esmo.org

26-30 September 2014, Madrid, Spain

Fellowship Plan

Develop the ESMO project as a part of a PhD at the Institut Jules Bordet (Université Libre de Bruxelles; ULB) titled

“BC in young women: impact of pregnancy on biology & outcome”

- Biology of BC in young women (Translational – gene expression)
- Biology of BC during pregnancy (Translational – gene expression, sequencing, protein)
- Pregnancy after breast cancer diagnosis (Clinical)

Predictive Biomarkers and Personalized Medicine

Elucidating Prognosis and Biology of Breast Cancer Arising in Young Women Using Gene Expression Profiling

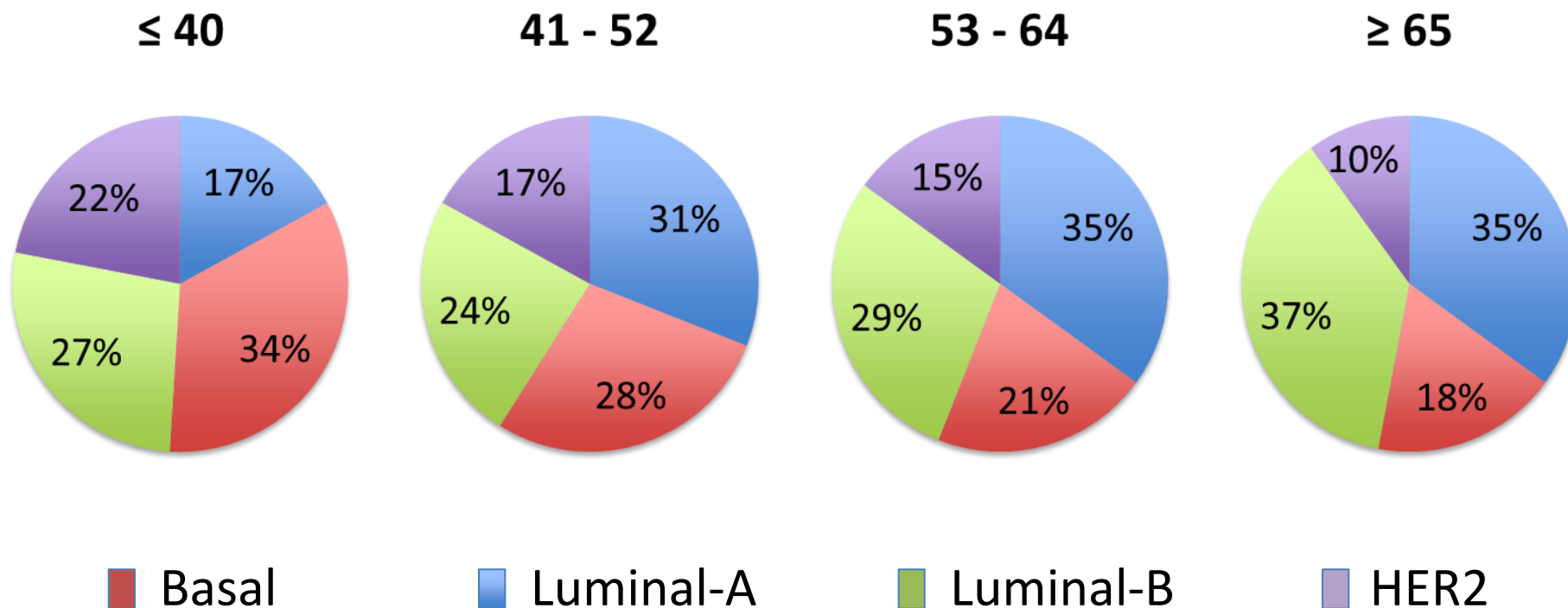
Hatem A. Azim Jr¹, Stefan Michiels¹, Philippe L. Bedard², Sandeep K. Singhal¹, Carmen Criscitiello¹, Michail Ignatiadis¹, Benjamin Haibe-Kains³, Martine J. Piccart⁴, Christos Sotiriou¹, and Sherene Loi¹

Oral Presentation



More *Basal* tumors and less luminal-A in young women

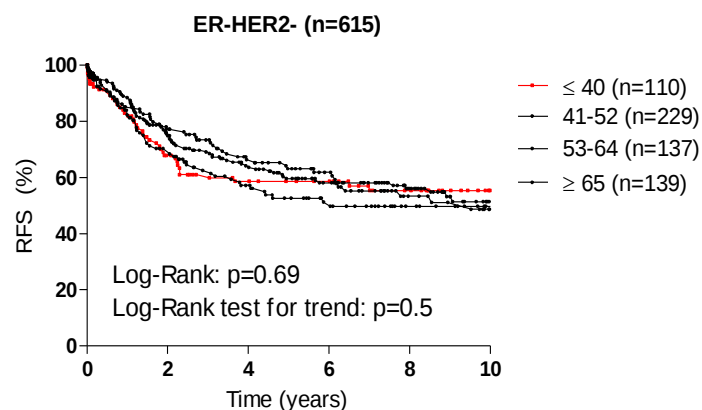
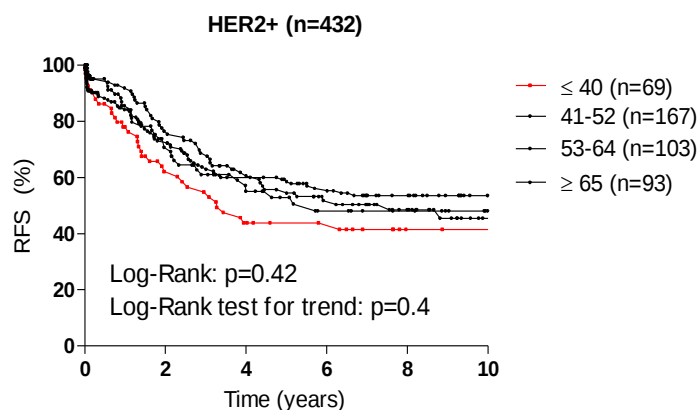
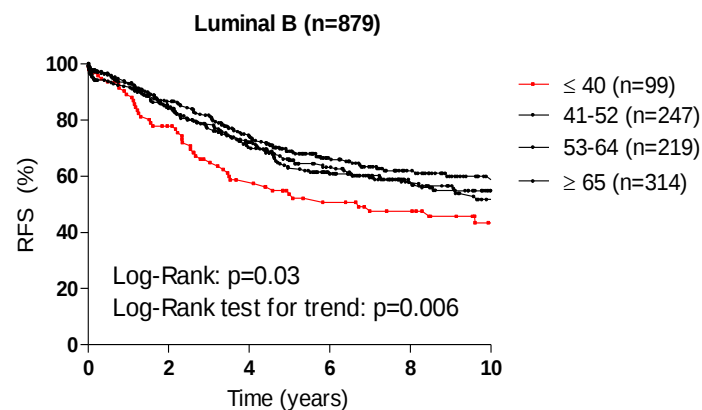
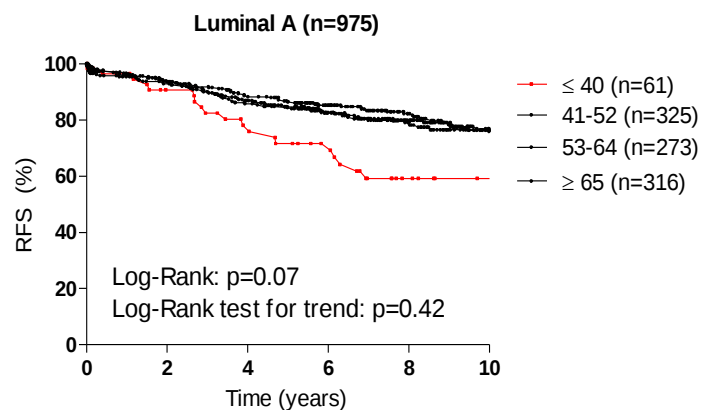
N=3,522



BC in the young is associated with poor prognosis
independent of other possible confounding factors

	HR	95% CI	p-value
Age (≤ 40 vs. >40)	1.3	1.1 – 1.6	0.004
Tumor size ($>2\text{cm}$ vs. $< 2\text{cm}$)	1.6	1.4 – 1.9	<0.001
Nodal status (N+ vs. N0)	1.7	1.5 – 2.1	<0.001
Histological grade (III vs. II vs. I)	1.5	1.3 – 1.7	<0.001
BC subtype (Basal vs. HER2+ vs. ER+/HER2-)	1.1	1.01 – 1.2	0.04
Treatment	1.3	1.1 – 1.5	0.04

A particular trend of poorer prognosis in *luminal* tumors



BC in young women is enriched with potential cancer targets

	Genes	Gene sets	Direction	Training set (n=1188)		Validation set (n=2334)	
				Effect of age adjusted to all covariates *	FDR	Effect of age adjusted to all covariates *	FDR
Apoptosis-related	FAS CASP3 BAD		down	6.6E-03 2.2E-02 3.2E-02	0.03 0.08 0.11	3.9E-03 2.5E-02 1.7E-02	0.008 0.04 0.03
MAP kinase – related		MAPK	up	5.8E-07	<0.0001	5.9E-05	0.0002
mTOR/PI3K – related	PDPk1	PIK3CA-GS	up	2.1E-02 6.7E-09	0.08 <0.0001	7.6E-04 5.0E-11	0.002 <0.0001
BRCA-related	BRCA1	BRCA1	down up	3.8E-04 4.5E-03	0.003 0.02	4.4E-02 2.5E-03	0.06 0.006
Stem cell-related	RANKL	MaSC	up up	1.8E-10 1.5E-09	<0.0001 <0.0001	1.6E-06 3.2E-15	<0.0001 <0.0001
Luminal progenitor	c-kit	Luminal progenitor	up up	3.3E-13 1.1E-03	<0.0001 0.007	1.3E-07 1.9E-02	<0.0001 0.04

26-30 September 2014, Madrid, Spain

esmo.org

* Analysis adjusted for BC subtype, T, N, Grade

Azim HA Jr et al; CCR 2012

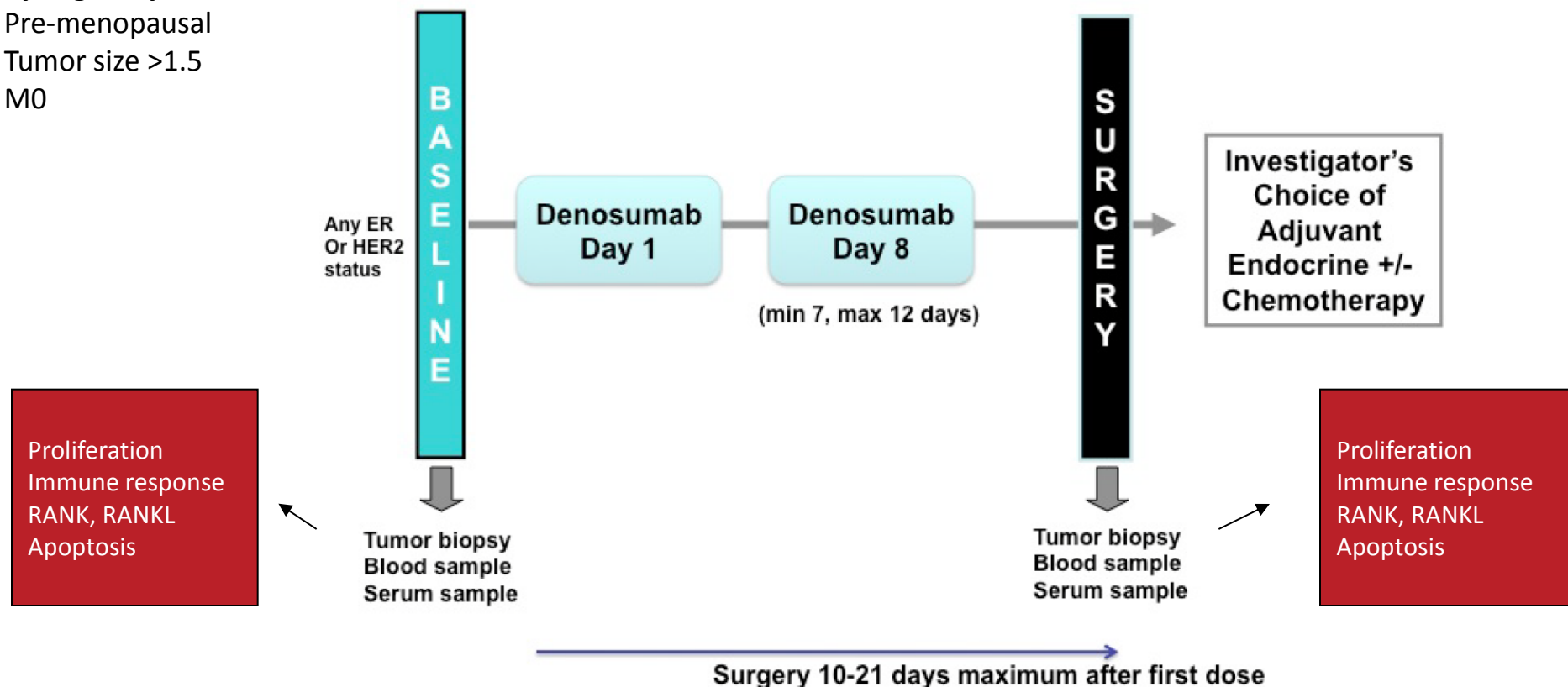


D-BEYOND

Denosumab Biological Effects in Young Women Diagnosed with Breast Cancer

Key eligibility

- Pre-menopausal
- Tumor size >1.5
- M0



26-30 September 2014, Madrid, Spain

esmo.org

Trial currently recruiting

Research grant from



Clinical Trial Identifier: NCT01864798

Research

H A Azim Jr et al.

Biology of breast cancer during pregnancy

Endocrine-Related Cancer (2014) 21, 545–554

Biology of breast cancer during pregnancy using genomic profiling

Hatem A Azim Jr^{1,2}, Sylvain Brohée², Fedro A Peccatori³, Christine Desmedt², Sherene Loi^{4,5}, Diether Lambrechts^{6,7}, Patrizia Dell'Orto⁸, Samira Majjaj², Vinu Jose², Nicole Rotmensz⁹, Michail Ignatiadis^{2,10}, Giancarlo Pruneri⁸, Martine Piccart¹⁰, Giuseppe Viale⁸ and Christos Sotiriou^{2,10}

Oral Presentation

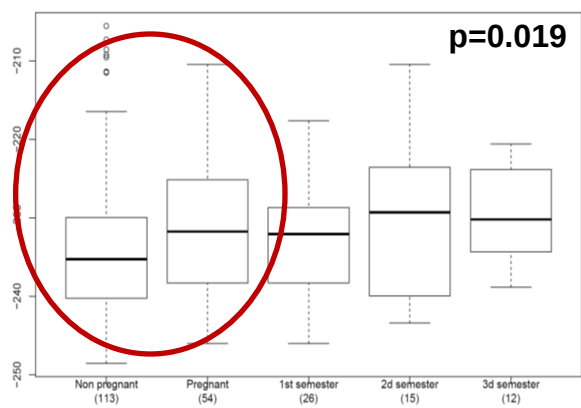
Funding



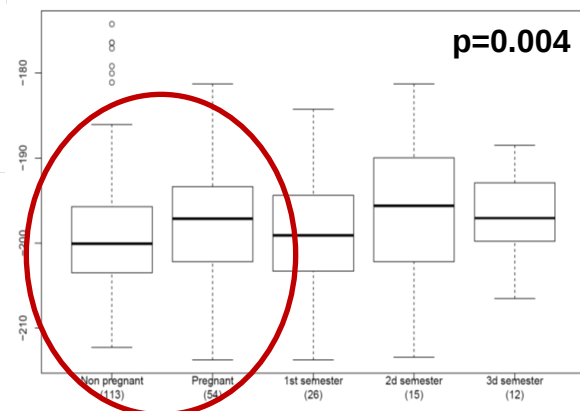
Pattern of hot spot somatic mutations in young and pregnant BC patients

	Breast cancer patients diagnosed during pregnancy, N (%)	Breast cancer patients, not diagnosed during pregnancy, N (%)
Total number	54 (100%)	113 (100%)
PIK3CA		
- All	10 (18.6%)	26 (23%)
- Exon 9 mutations	3 (5.6%)	9 (8%)
- Exon 20 mutations	4 (7.4%)	12 (10.6%)
- Other PIK3CA mutations	3 (5.6%)	5 (4.4%)
p53	2 (3.7%)	7 (6.2%)
MAP3K1	1 (1.9%)	2 (1.8%)
STK1	1 (1.9%)	0
RET	0	1 (0.9%)

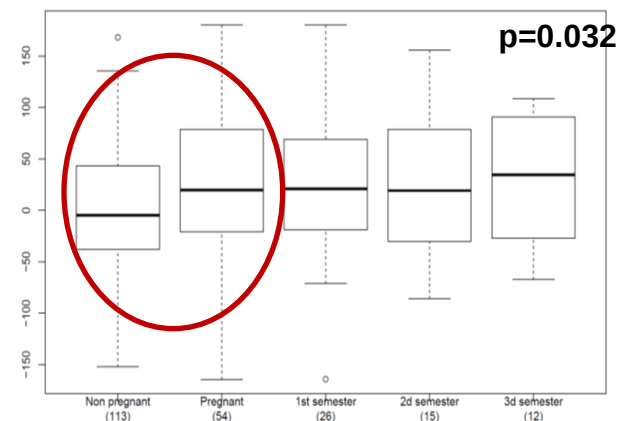
β -Catenin



SRC

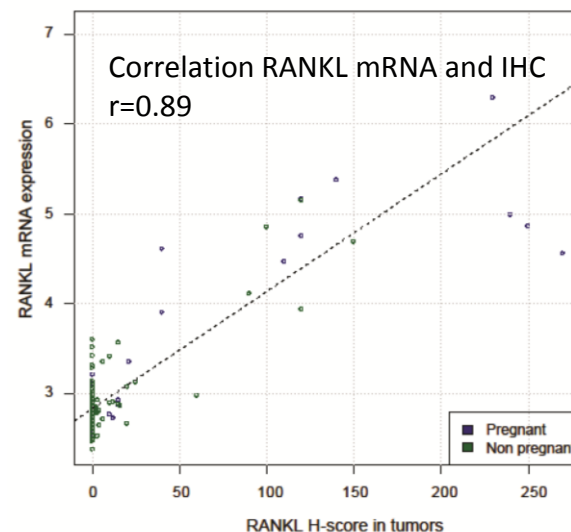
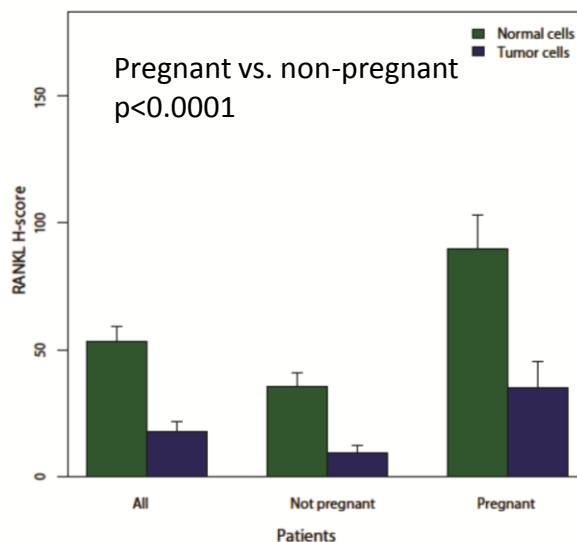
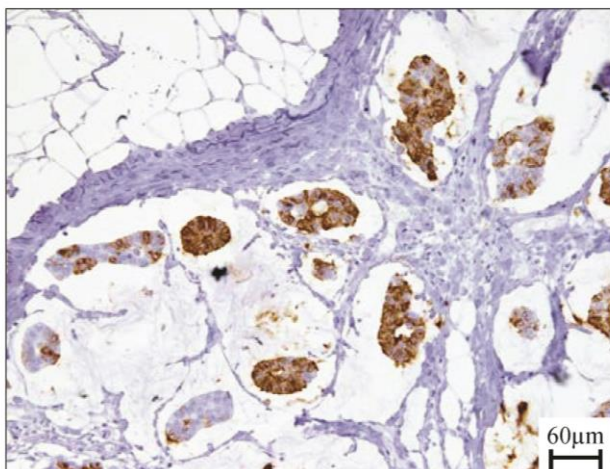


IGFR1



High RANKL expression in pregnant BC patients

RANKL expression, primary tumor



Prognostic Impact of Pregnancy After Breast Cancer According to Estrogen Receptor Status: A Multicenter Retrospective Study

Hatem A. Azim Jr, Niels Kroman, Marianne Paesmans, Shari Gelber, Nicole Rotmensch, Lieveke Ameye, Leticia De Mattos-Arruda, Barbara Pistilli, Alvaro Pinto, Maj-Britt Jensen, Octavi Cordoba, Evandro de Azambuja, Aron Goldhirsch, Martine J. Piccart, and Fedro A. Peccatori

Oral Presentation



Funding



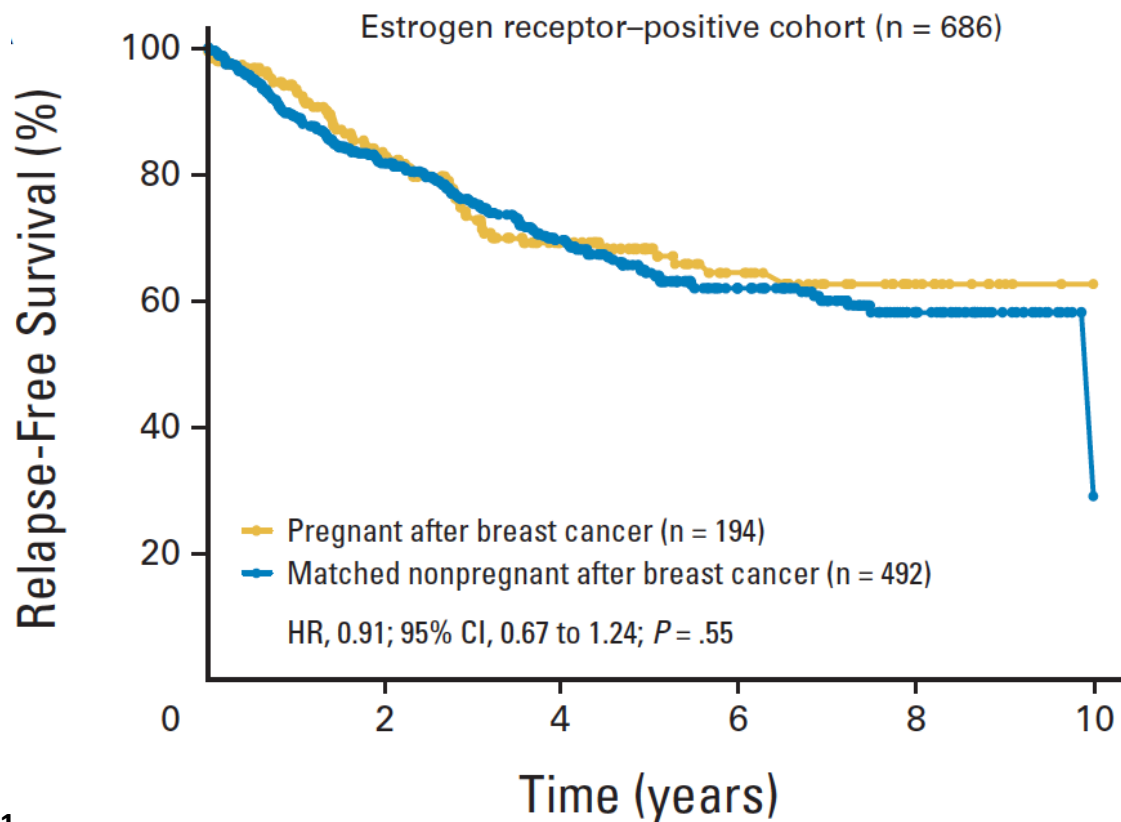
- Retrospective search.
- BC patients < 50 years diagnosed before 2007.
- 3 controls / pregnant case
- Confirm pregnancy status in controls.
- Unified CRF for data collection from different sites
- Data were sent to Institut Jules Bordet (IJB) for data analysis.
- Study approved by IJB Ethics committee
- **STUDY POWERED TO DETECT DIFFERENCE IN DFS IN ER+ POPULATION** (at least 162 ER+ pregnant women were required)



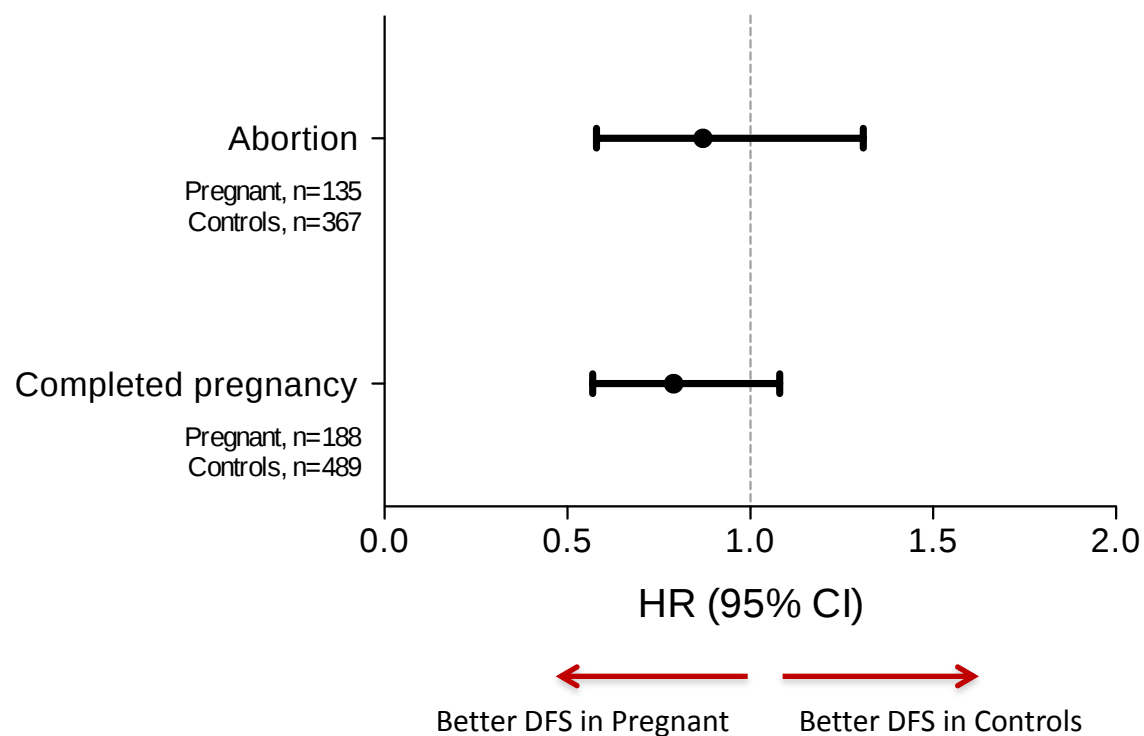
Institution/Group	Pregnant cases, n	Matched controls, n
Number	333	874
Median age (range)	31 (21-44)	34 (22-48)
Tumor size > 2cm *	135 (40.5%)	359 (41%)
Nodal status		
• Negative	188 (57%)	498 (57%)
• Positive	144 (43%)	376 (43%)
Histological grade		
• 1	37 (11%)	103 (12%)
• 2	96 (29%)	253 (29%)
• 3	114 (34%)	346 (39%)
• unknown	84 (26%)	172 (20%)
ER status		
• Negative	139 (42%)	382 (44%)
• Positive	194 (58%)	492 (56%)
Adjuvant chemotherapy received	264 (79%)	714 (82%)

No difference in DFS in patients with ER positive disease

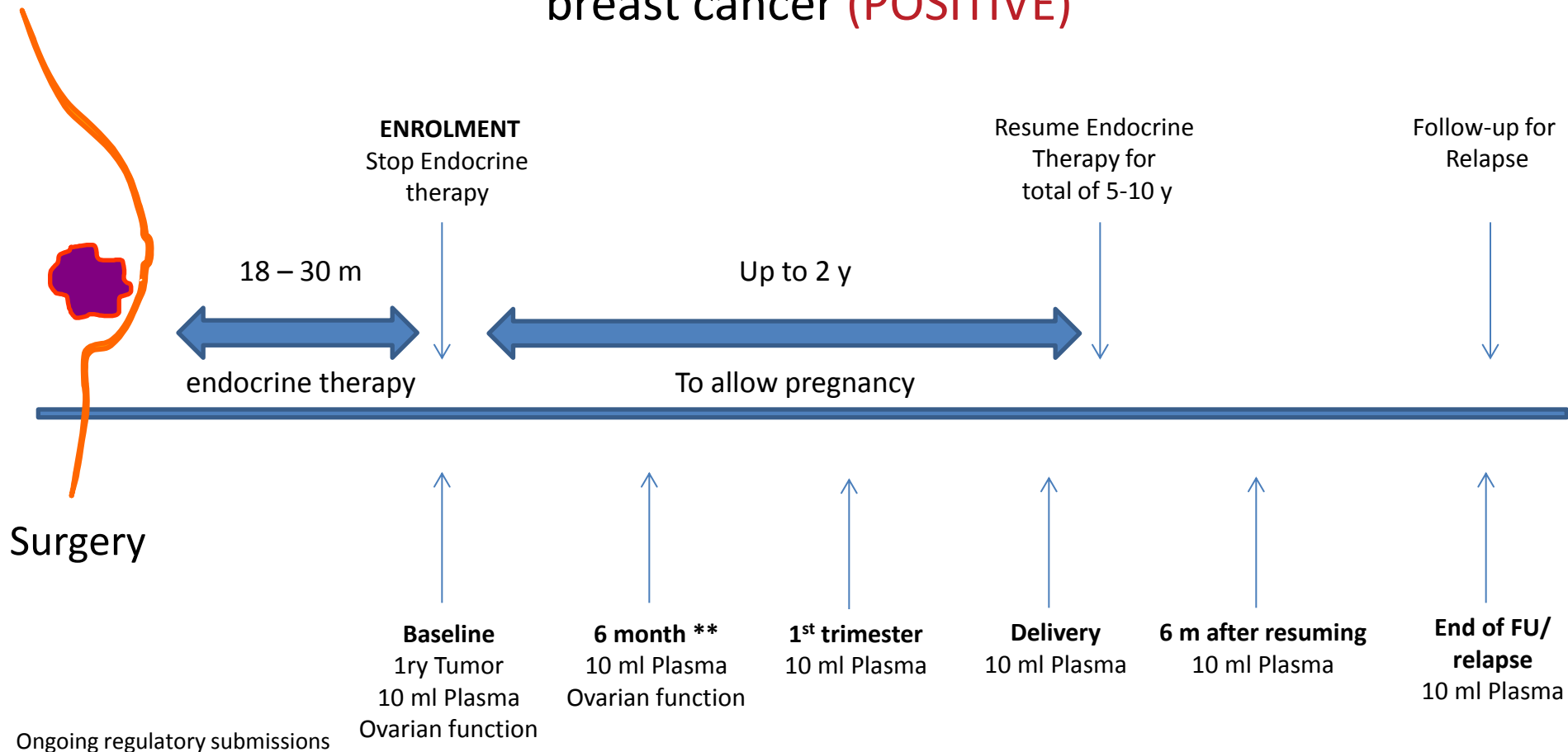
Median follow-up from date of conception: 4.7 years (IQR: 3.1 – 6.9)



No impact of induced abortion on prognosis

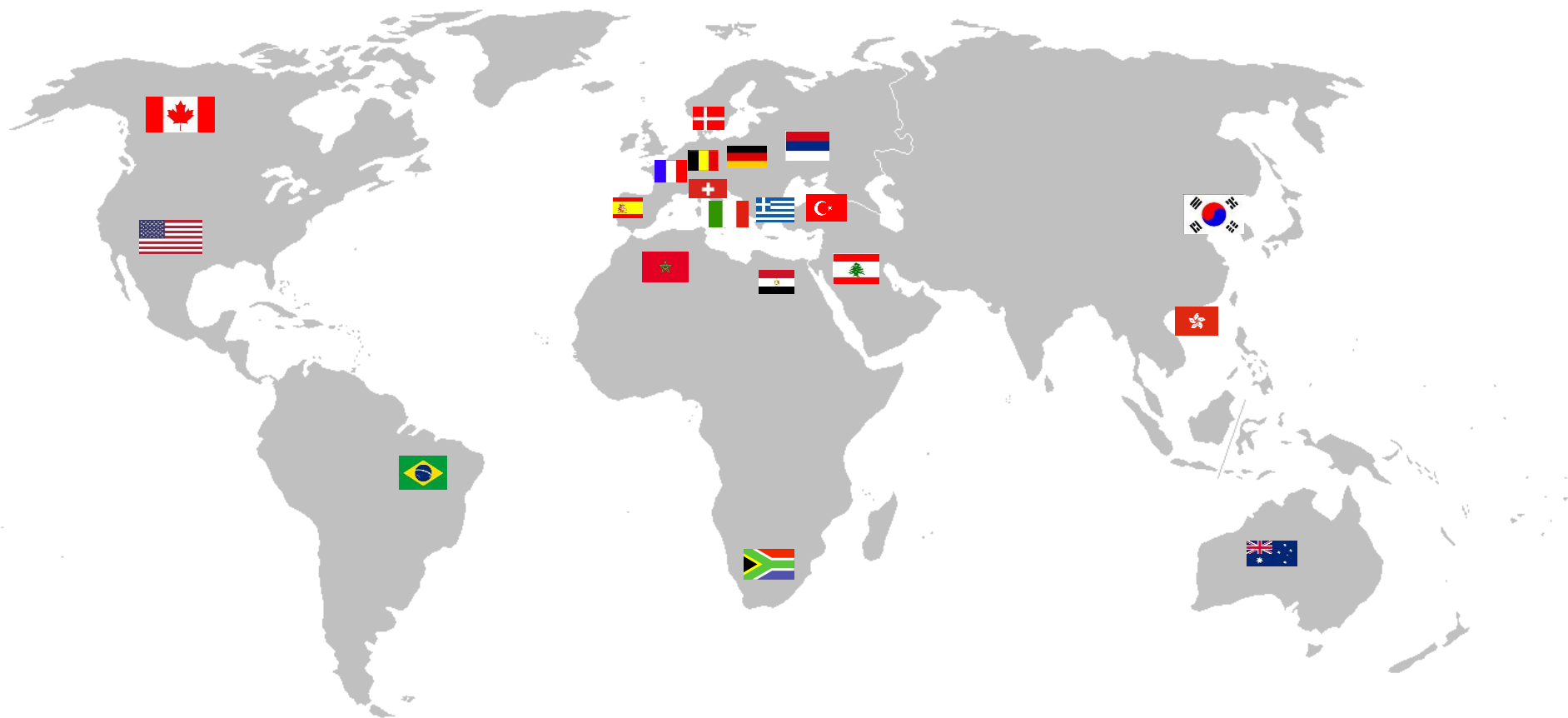


Pregnancy Outcome and Safety of Interrupting Therapy for women with endocrine responsive breast cancer (POSITIVE)



Fellowship Outcome

Extensive network +++



Cancer, pregnancy and fertility: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up[†]

F. A. Peccatori¹, H. A. Azim Jr², R. Orecchia³, H. J. Hoekstra⁴, N. Pavlidis⁵, V. Kesic⁶ & G. Pentheroudakis⁵, on behalf of the ESMO Guidelines Working Group^{*}

The Breast 23 (2014) 209–220

Original article

First international consensus guidelines for breast cancer in young women (BCY1)

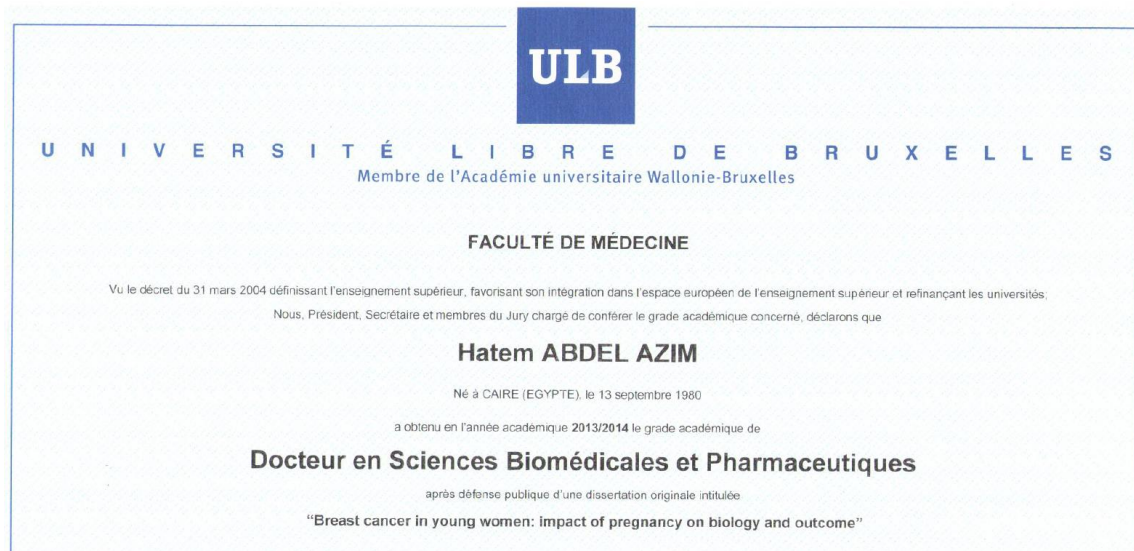


Ann H. Partridge^{a,1}, Olivia Pagani^{b,c,1}, Omalkhair Abulkhair^d, Stefan Aebi^e, Frédéric Amant^f, Hatem A. Azim Jr.^g, Alberto Costa^h, Suzette Delalogeⁱ, Gloria Freilich^j, Oreste Davide Gentilini^k, Nadia Harbeck^l, Catherine M. Kelly^m, Sibylle Loibl^{n,o}, Dror Meirow^p, Fedro Peccatori^{h,k}, Bella Kaufmann^{q,2}, Fatima Cardoso^{r,k,*,2}

Annals of Oncology 24: 647–654, 2013
doi:10.1093/annonc/mds645
Published online 20 January 2013

Utility of prognostic genomic tests in breast cancer practice: The IMPAKT 2012 Working Group Consensus Statement[†]

H. A. Azim Jr¹, S. Michiels¹, F. Zagouri², S. Delaloge³, M. Filipits⁴, M. Namer⁵, P. Neven⁶, W. F. Symmans⁷, A. Thompson⁸, F. André^{3*}, S. Loi^{1*} & C. Swanton^{9,10}



What Am I doing now ?



Associate Director

Clinical trial unit, 75 members



Post-Doc

Breast Cancer Translational Research Laboratory

Medical Oncology / Data centre

M. Piccart
E. De Azambuja
A. Awada
M. Paesmans
S. Dolci

Breast Cancer Translational Research Lab

C. Sotiriou
S. Loi
M. Ignatiadis
S. Michiels
C. Desmedt
S. Brohée
S. Majjaj

Fellows

D. Fumagalli
C. Criscitiello
O. Metzger
P. Bedard
K. Saini
I. Bozovic
C. Moulin
H. Elmansy
M. Capalan

National Cancer Institute, Cairo

R. Gaafar
O. Khorshid
M. Elserafy
S. Eid
O. Mansour

Key International Collaborators

F. Peccatori
N. Pavlidis
S. Gelber
G. Pruneri
N. Kroman
O. Pagani
L. De Mattos Arruda

Funding/Research Support

