

# **Available and emerging novel systemic agents in the treatment of metastatic uLMS**

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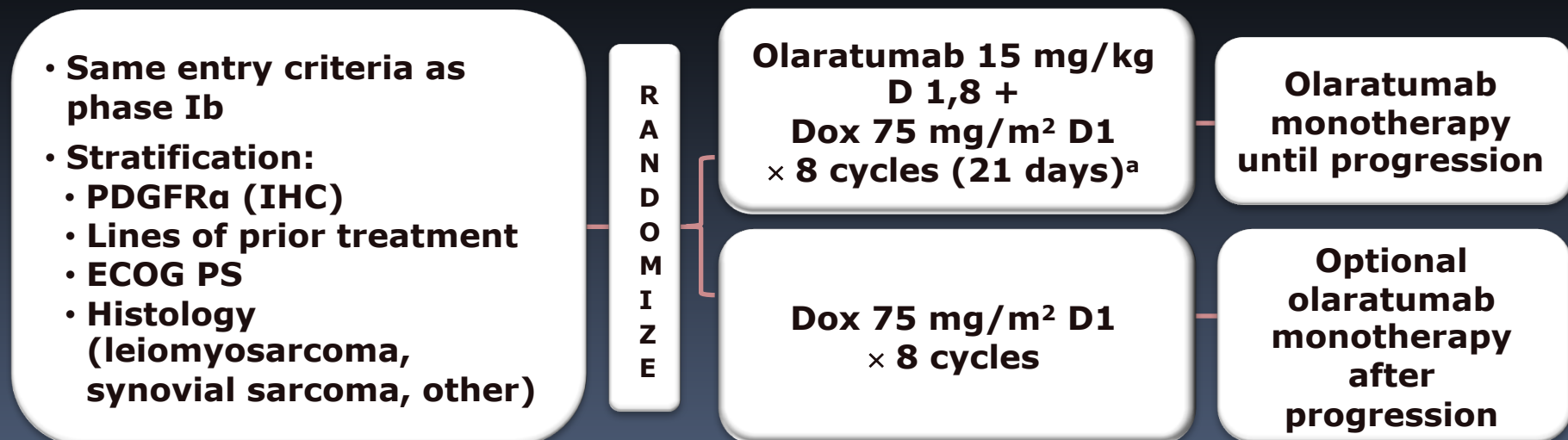
# Disclosures

<b>Advisory Committee</b>	Caris Life Sciences, EMD Serono Inc, GlaxoSmithKline, ImClone Systems, a wholly owned subsidiary of Eli Lilly and Company, Lilly, Novartis Pharmaceuticals Corporation
<b>Contracted Research</b>	Eisai Inc, Merck, Pfizer Inc
<b>Paid Research</b>	Eisai Inc, Merck
<b>Speakers Bureau</b>	Caris Life Sciences, GlaxoSmithKline, Novartis Pharmaceuticals Corporation

# Case Study 1: Uterine LMS

- 46-year-old white woman presents for a second opinion
- Originally morcellated for her fibroids 4 years ago.
- Pathology was not sent.
- Developed widespread abdominal and lung disease within 6 months
- First treated with gemcitabine and docetaxel.
- At progression was referred to me for participation in a clinical trial.

# Phase II: Olaratumab ± Doxorubicin



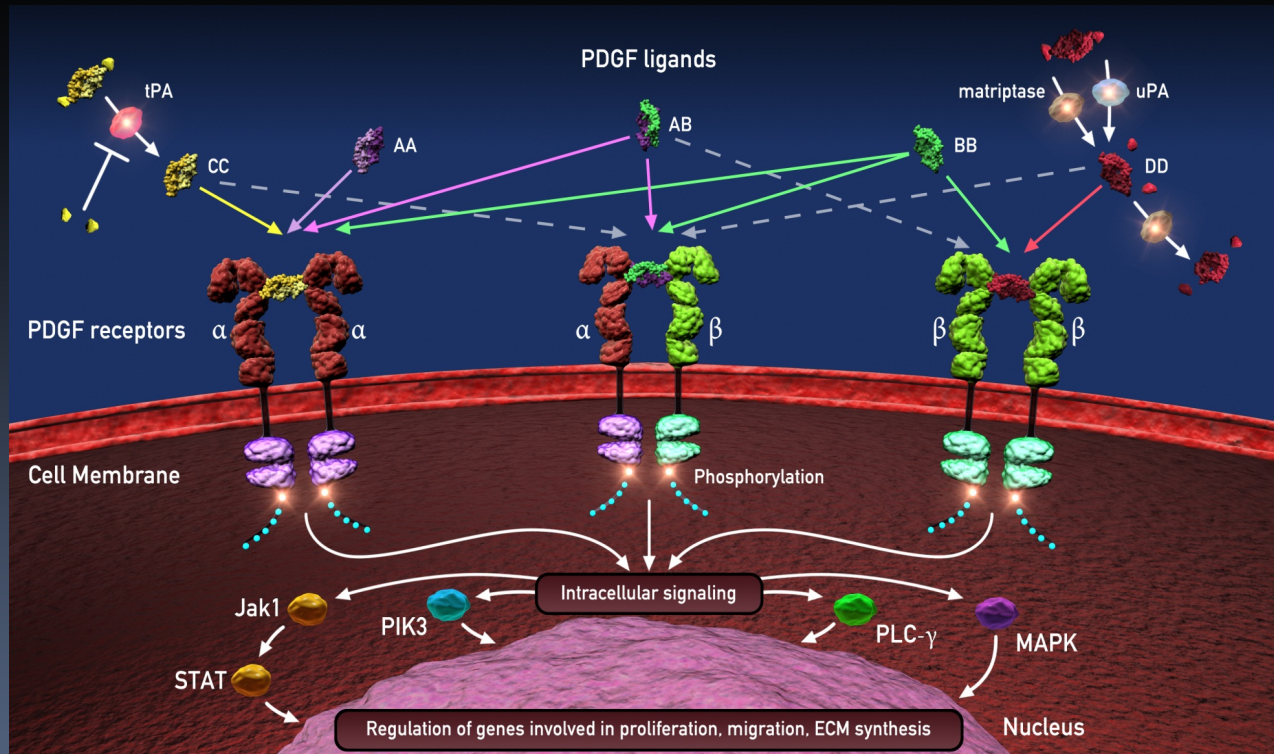
**Primary end point:** progression-free survival (PFS) (predefined statistical significance: 2-sided alpha = 0.2)

**Secondary end points:** overall survival (OS), objective response rate, PFS at 3 months

**Biomarker:** PDGFRα (IHC) and related ligands

<sup>a</sup>During cycles 5 to 8, patients receiving doxorubicin could receive dexrazoxane at the investigator's discretion. Tap et al, 2015.

# Platelet-Derived Growth Factor Receptor

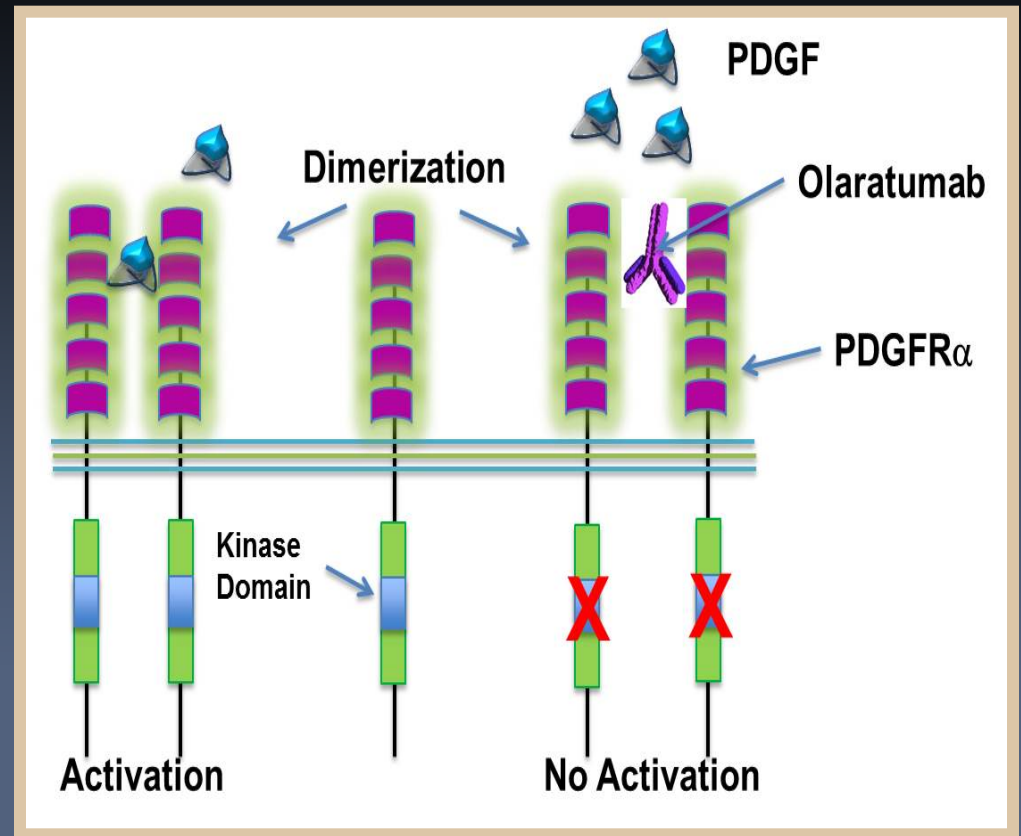


- Cell surface receptor tyrosine kinase ( $\alpha$ , $\beta$ ) activated by the platelet-derived growth factor (PDGF A–D) family of ligands
- In normal mesenchymal biology, PDGF/PDGFR signaling has a significant role in mesenchymal stem cell differentiation, growth of mesenchymal cells, and angiogenesis and wound healing

Ng et al, 2008; Li et al, 2014; Andrae et al, 2008.

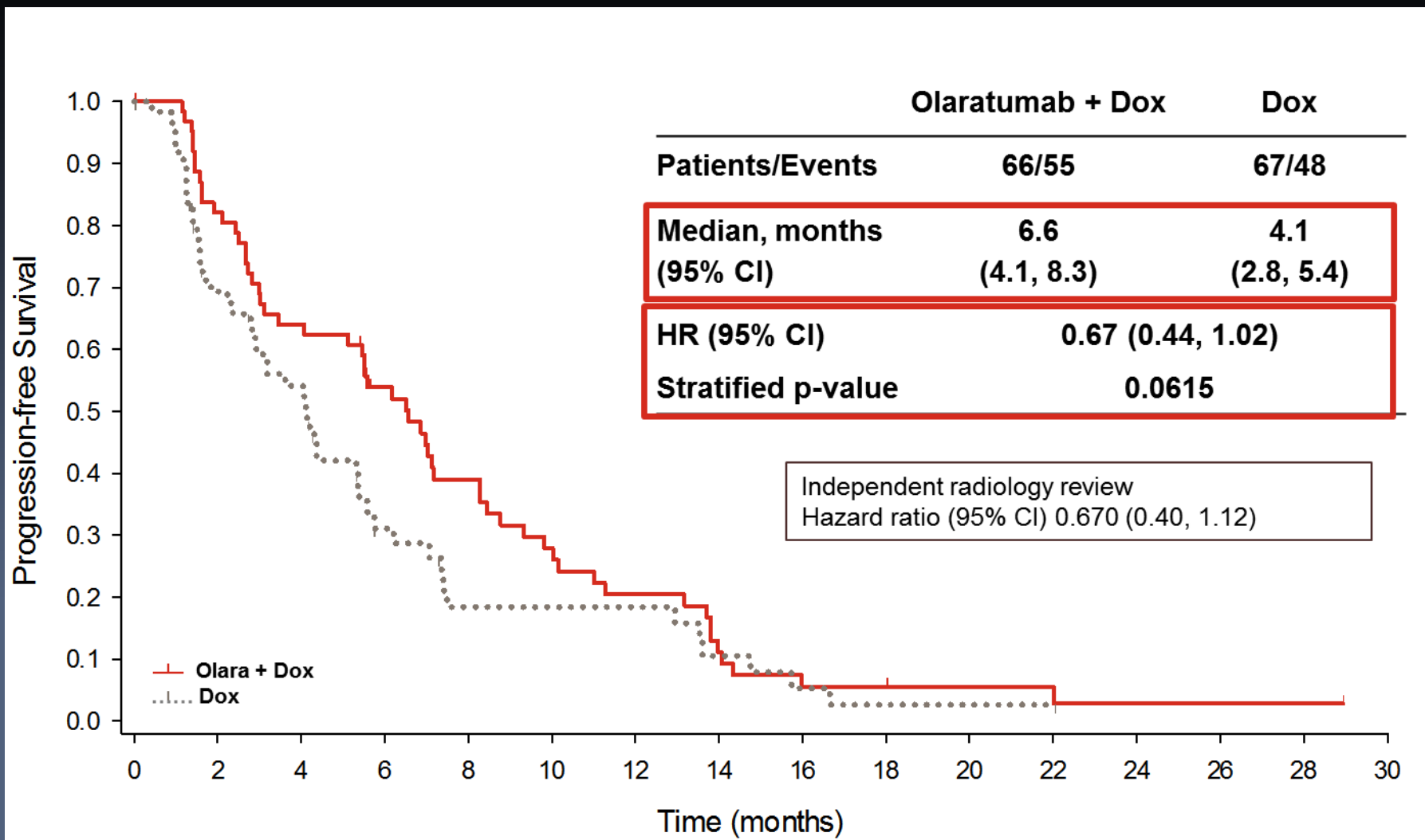
# Olaratumab

- Fully human monoclonal antibody of immunoglobulin G class 1 (IgG1) that selectively binds PDGFR $\alpha$
- Blocks PDGF binding and PDGF-induced PDGFR $\alpha$  activation
- Demonstrated activity in both in vitro and in vivo cancer models known to be driven by a PDGF-PDGFR $\alpha$  autocrine loop
- Demonstrated antitumor activity alone or in combination with Dox in human sarcoma xenograft models



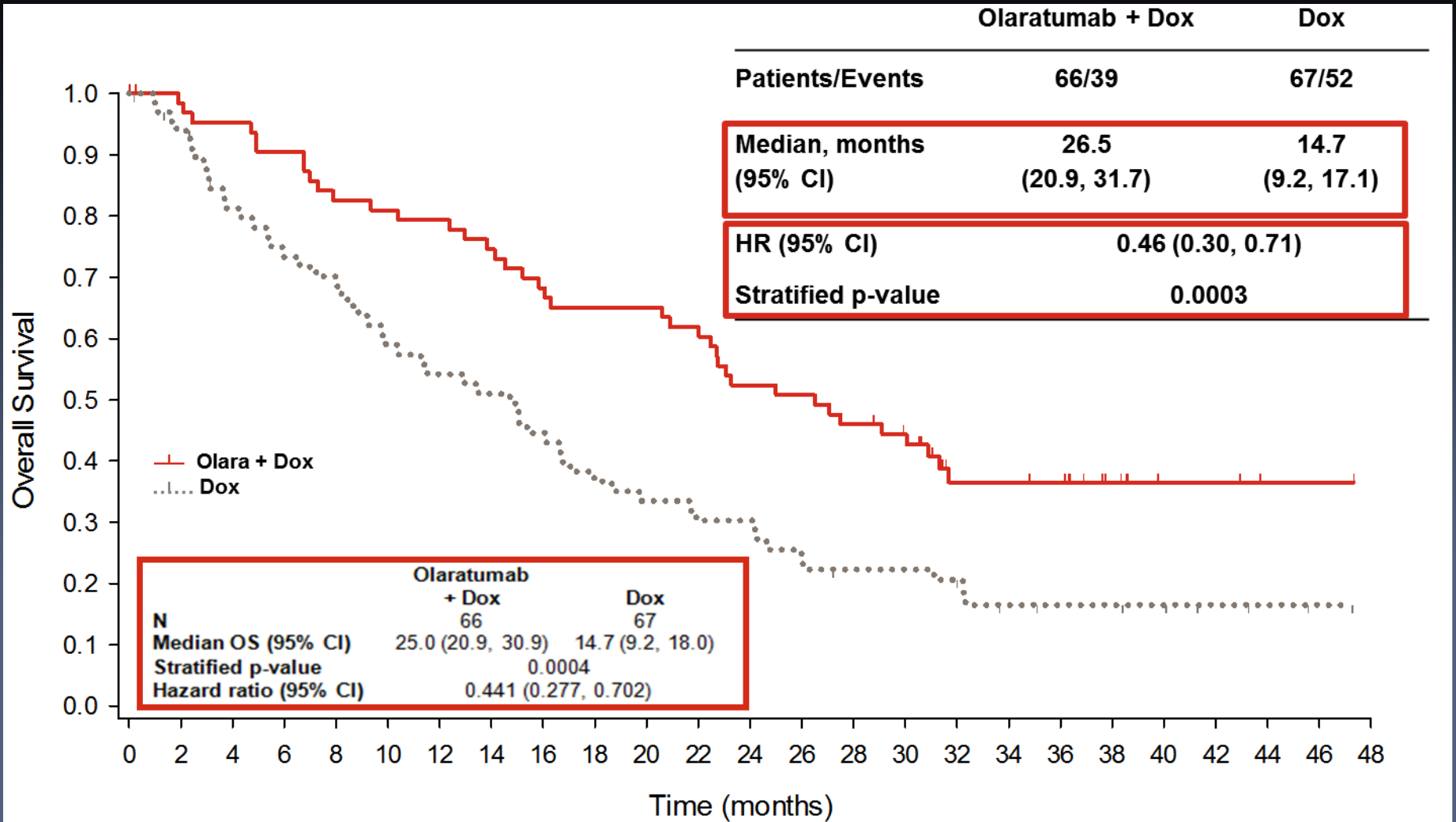
Loizos et al, 2005; Gerber et al, 2012.

# Investigator Assessed Progression-Free Survival (ITT)



Tap et al, 2015.

# Overall Survival: ITT



Tap et al, 2015.



# Grade $\geq 3$ Adverse Events

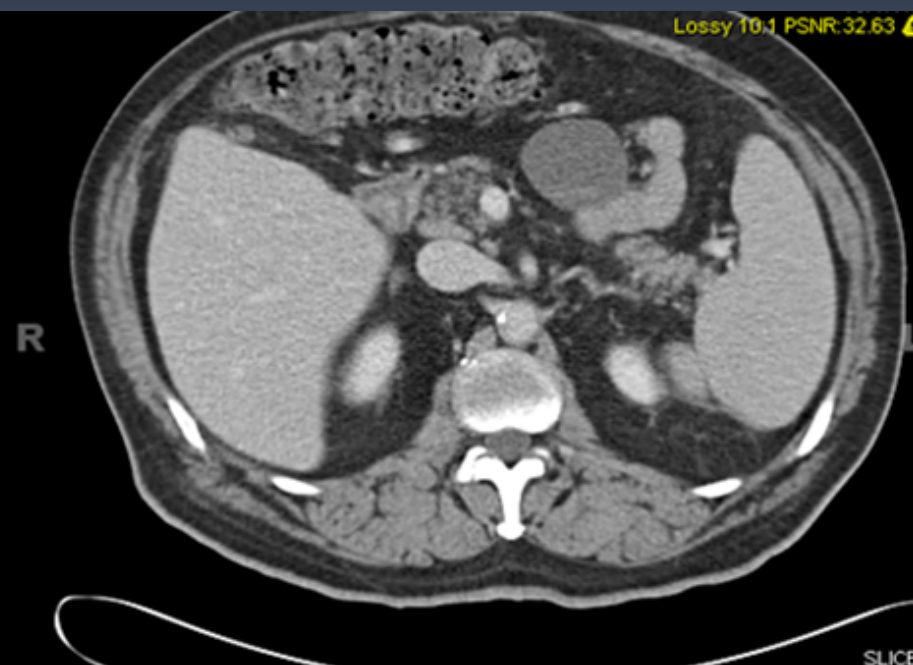
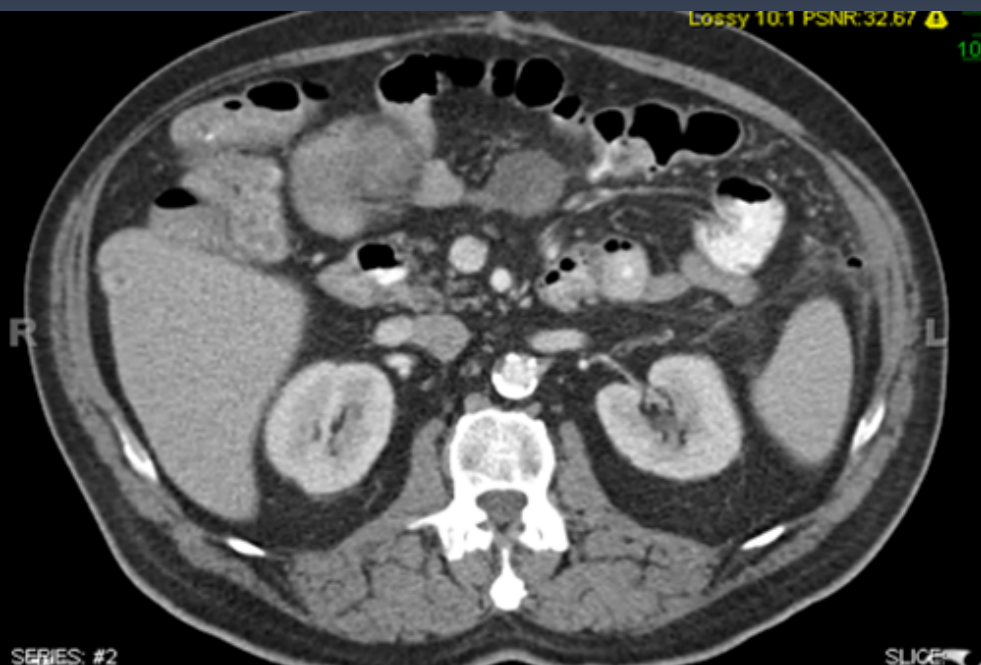
<b>Adverse event</b>	<b>Olaratumab + Doxorubicin (n = 64)</b>	<b>Doxorubicin (n = 65)</b>
Neutropenia	51.5%	33.8%
Anemia	12.5%	7.7%
Febrile neutropenia	12.5%	13.8%
Fatigue	9.4%	3.1%
Thrombocytopenia	9.4%	7.7%
Infections	6.3%	10.8%
Cardiac AE	14.1%	9.2%
Decrease in ejection fraction	4.7%	6.2%
LVEF <50%	11.8%	9.4%
Treatment-related AE	64%	54%
Treatment-related serious AE	22%	25%
AE leading to discontinuation	13%	22%

Neutropenia did not translate into higher rates of febrile events or infections

Tap W et al. *Proc ASCO* 2015;Abstract 10501.

# Case 1 Continued

- Patient went on to receive 8 cycles of doxorubicin and olaratumab
- She then went on to 16 cycles of olaratumab maintenance prior to progression of the nodules she already had.
- Best response on trial was a PR
- No new nodules were seen at the time of progression.



# ANNOUNCE

- Olaratumab, in combination with doxorubicin, is the first FDA-approved front-line therapy for soft tissue sarcoma in four decades
  - The approval was based on results from the positive Phase 2 JGDG trial
  - Olaratumab received the FDA's Breakthrough Therapy Designation and was approved under the Agency's Accelerated Approval program
- Ongoing Phase III ANNOUNCE trial of doxorubicin versus doxorubicin/olaratumab in patients with advanced or metastatic STS is accrued and awaiting the needed events for analysis.
- This is a randomized placebo controlled Phase III clinical trial of 1:1 randomization of doxorubicin + olaratumab vs. doxorubicin + placebo.

# Case 1 becomes Case 2

- Olaratumab important considerations include increased rate of nausea and anaphylaxis.
- At the time of progression, the same patient was still ECOG PS0. She agreed to participate in a second clinical trial.
- At that time the open clinical trial was a randomized clinical trial of dacarbazine versus trabectedin.



Figure 1: *Ecteinascidia turbinata*, the sea squirt, growing in its natural habitat.

This agent derived from a Caribbean tunicate *Ecteinascidia turbinata* is a tetrahydroisoquinolone alkaloid. Alkylating drugs bind to DNA and disrupt its function.

## Case 2 Continued

- Patient went on to receive 12 cycles of trabectedin before progression.
- This is given as a 24 hour infusion once every three weeks.
- Important considerations include heart failure, rhabdomyolysis and hepatitis
- Overall between clinical trials and multidisciplinary management the patient lived 4.7 years on active therapy from the time of metastatic disease.

# NCCN

- All patients should be managed (not necessarily treated) by a multidisciplinary team with expertise in sarcoma
- Clinical trial is still the best option for a patient with metastatic LMS

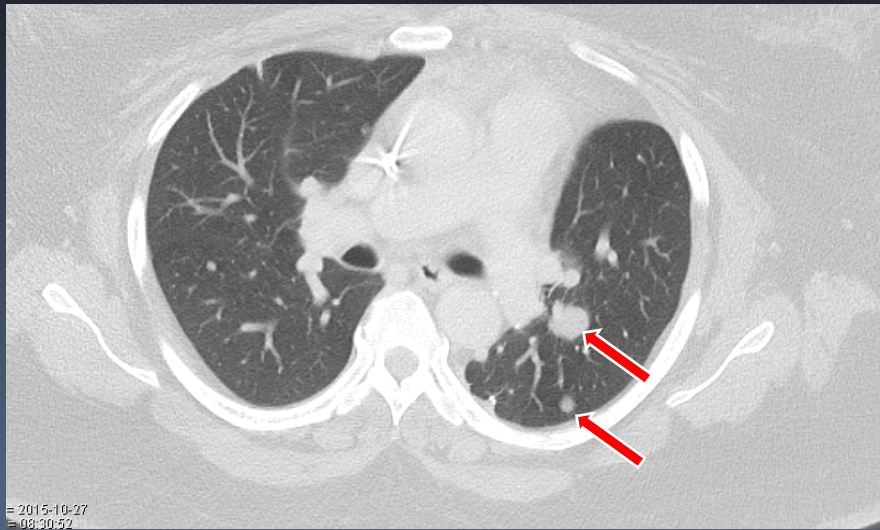
# Case 3:

- 49YO AAF originally diagnosed with uLMS in 2013 underwent TAH-BSO.
- In 2014 relapsed with lung disease and underwent treatment with gemcitabine and docetaxel in combination with a TEM1 antibody that was on trial.
- The TEM1 antibody trial was negative.
- By the time she progressed the Alliance trial of ipilimumab and nivolumab was accrued (It took just three weeks).
- She begged to try this.
- Combination administered on compassionate use program.
- This case is interesting in light of the recent beautiful immunity paper suggesting that PD1 does not work well in uLMS

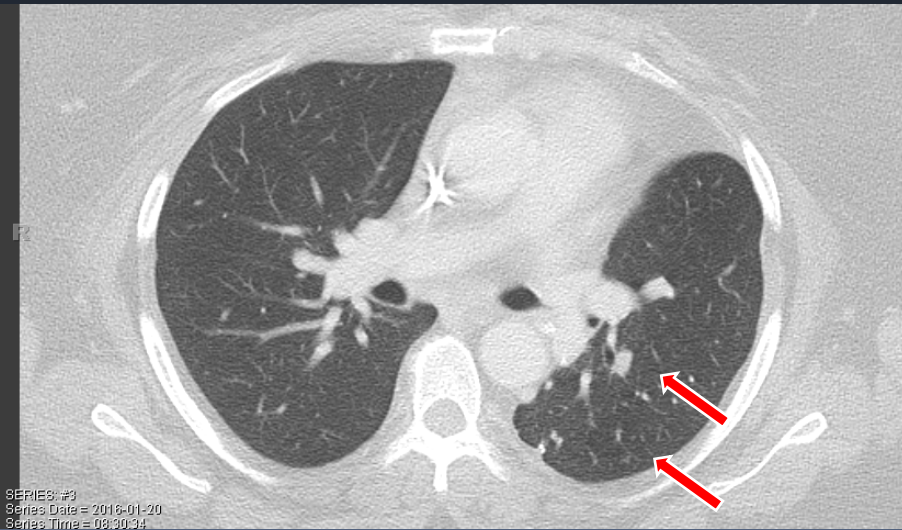
<http://dx.doi.org/10.1016/j.immuni.2017.02.001>

# Patient has a durable CR that is ongoing

Before Immunotherapy



18 Months Later



- At this time I cannot advocate for off label use.



# Other trials:

## Phase II Alliance A091401

- Nivolumab with or without ipilimumab in treating patients with metastatic or unresectable sarcoma
- Confirmed response rate estimated as the number of patients having a best objective tumor status of complete response or partial response lasting at least 4 weeks, divided by the number of evaluable patients
- This will be reported at ASCO this year

Clinicaltrials.gov. NLM Identifier: NCT02500797.

# Other Important Pathways and Trials:

- Alisertib – a phase II trial by GOG against Aurora Kinase was negative
- Durvalumab/atezolizumab - PD-L1 inhibitors and other check point inhibitors need to be better explored in this sarcoma subset.
- Anlotinib is another TKI being developed from China to be reported at ASCO 2017
- Pazopanib combinations with topotecan MWSTP or gemcitabine are being tested for efficacy
- The use of hormonal therapies such as onapristone need to be approached from a molecular perspective.