
Circulating Tumor Cells may Express HER2 in Patients With Early HER2 Negative Breast Cancer

▣ Results of the German SUCCESS C Trial ▣

B. Jaeger , U. Andergassen, J. Neugebauer , C. Melcher, K. Schueller, T. Fehm, Ch. Scholz, A. Schneeweiss,
W. Lichtenegger, M. W. Beckmann, K. Pantel, H. Sommer, K. Friese, W. Janni, B. Rack

9th International Symposium on Minimal Residual Cancer
September 25-27, 2013
Paris, France



- Circulating tumor cells (CTCs) in blood are associated with reduced progression-free and overall survival in metastatic and early breast cancer
- Disseminated tumor cells persisting after chemotherapy in early BC are an independent prognostic factor for disease free survival, distant disease free survival, and overall survival
- Marker for treatment monitoring might improve patient care
- The HER2 status may change during disease progression.
- Frequent discrepancy between the primary tumor und metastasis

HER2-Status on CTCs in MBC



**Total
CTC+**

**n=245
n=122 (50%)**

n=122	Primärtumor		
CTC	HER2 neg	HER2 pos	HER2 unknown
HER2 neg	51 (67%)	13 (42%)	8 (53%)
HER2 pos	25 (33%)	18 (58%)	7 (47%)
Total	78 (100%)	31 (100%)	15 (100%)

Lack of data for CTCs in early BC
as well as phenotype and molecular characterisation of CTCs

Do CTCs persist after adjuvant Chemotherapy?



**Do patients with early HER2 negative breast cancer have
HER2 positive CTCs?**

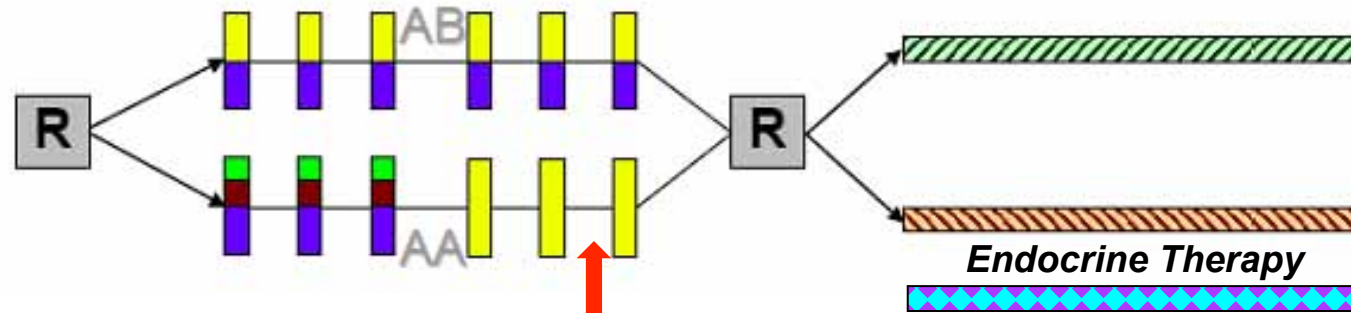


Will these patients benefit from a HER2 targeted therapy?

The SUCCESS C trail



SUCCESS^C



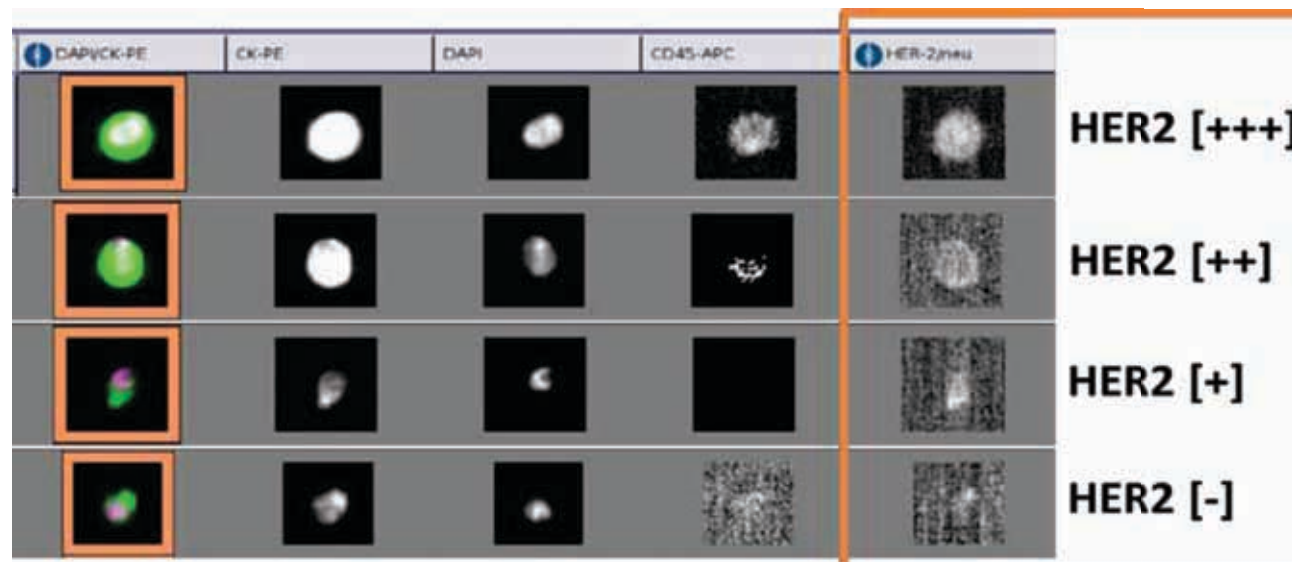
MRD-Surveillance in peripheral blood

	Docetaxel 75mg/m ² , Cyclophosphamide 600mg } q3w		Phone based individual lifestyle intervention: Reduction of body weight, dietary changes, physical activity
	5- FU 500 mg/m ² Epirubicin 100 mg/m ² Cyclophosphamide 500 mg/m ² } q3w		Control arm: General recommendations for healthy lifestyle
	Docetaxel 100 mg/m ² q3w		

HER2 phenotyping using CellSearch™



- Analysis of 23 ml of peripheral blood
- Anti-CK-Fluorescein Isothiocyanate (FITC) was used for HER2 phenotyping
- Categorization of HER2-Signal:



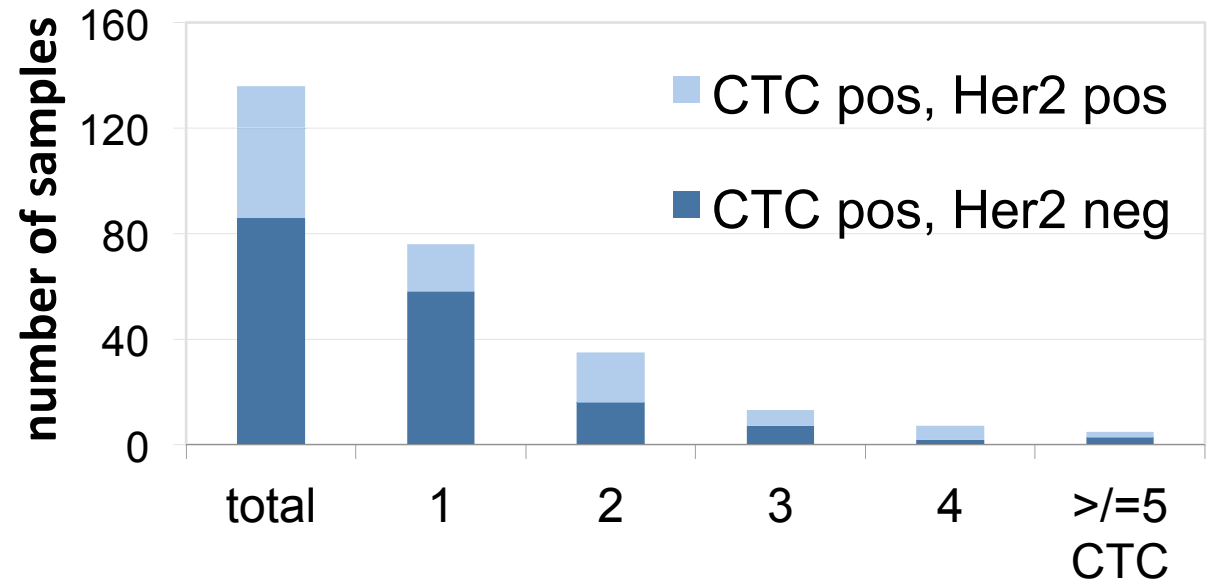
© Carsten Hagenbeck

- Cut-off: 1 \geq CTC, \geq 1 CTC HER2+++

HER2-Status on CTCs in

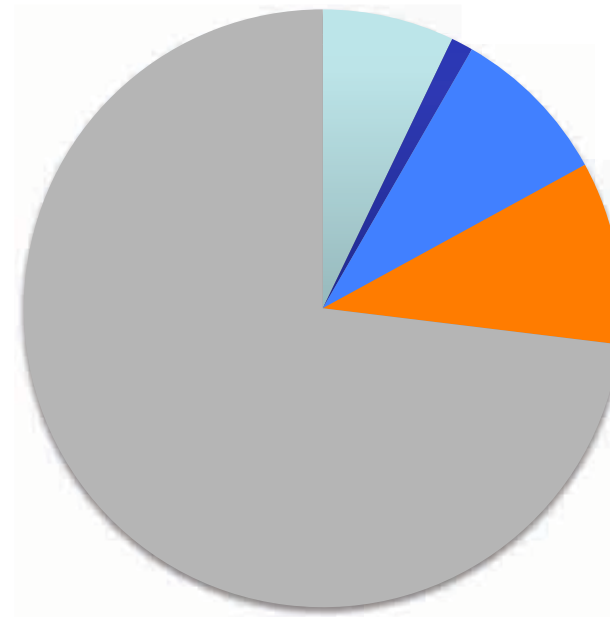


- 505 samples
- ≥ 1 CTC in 26.9% (n = 136)
- Median 0.48; Range 1-7
- Distribution of CTC pos samples:
 - 1 CTC (n=76; 55.9%)
 - ≥ 5 CTCs (n=5; 3.7%)

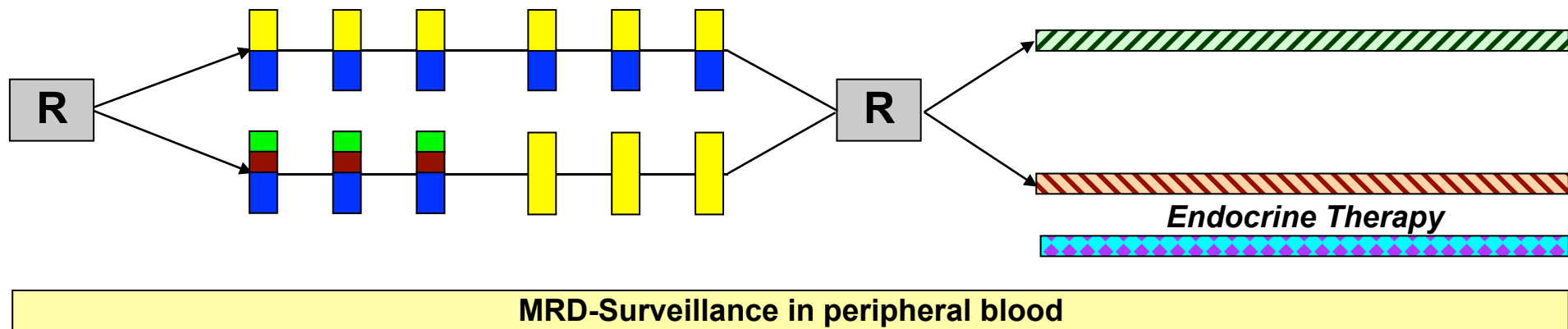


- HER2-status of the sample:
 - ≥ 1 HER2 pos (+++) CTC in 9,9% of all samples
 - ≥ 1 HER2 pos (+++) CTC in 36,8% of all CTC pos samples

- HER2-status on CTCs of CTC positive patients
 - Negative 26.5% (n=36)
 - Weak 4.4% (n=6)
 - Moderate in 32.4% (n=44)
 - Strong 36.8% (n=50)



- CTC pos, Her2-
- CTC pos, Her2+
- CTC pos, Her2++
- CTC pos, Her2+++
- CTC neg



Premenopausal women: Tamoxifen 20 mg qid p.o.x 5 a



Postmenopausal women without circulating tumor cells: Exemestane qid p.o.x 5 a



Postmenopausal women with circulating tumor cells:



Randomization to Exemestane qid p.o.x 5 a or
Tamoxifen 20mg qid p.o.x 2a and Switch to Exemestane qid p.o.x 3a



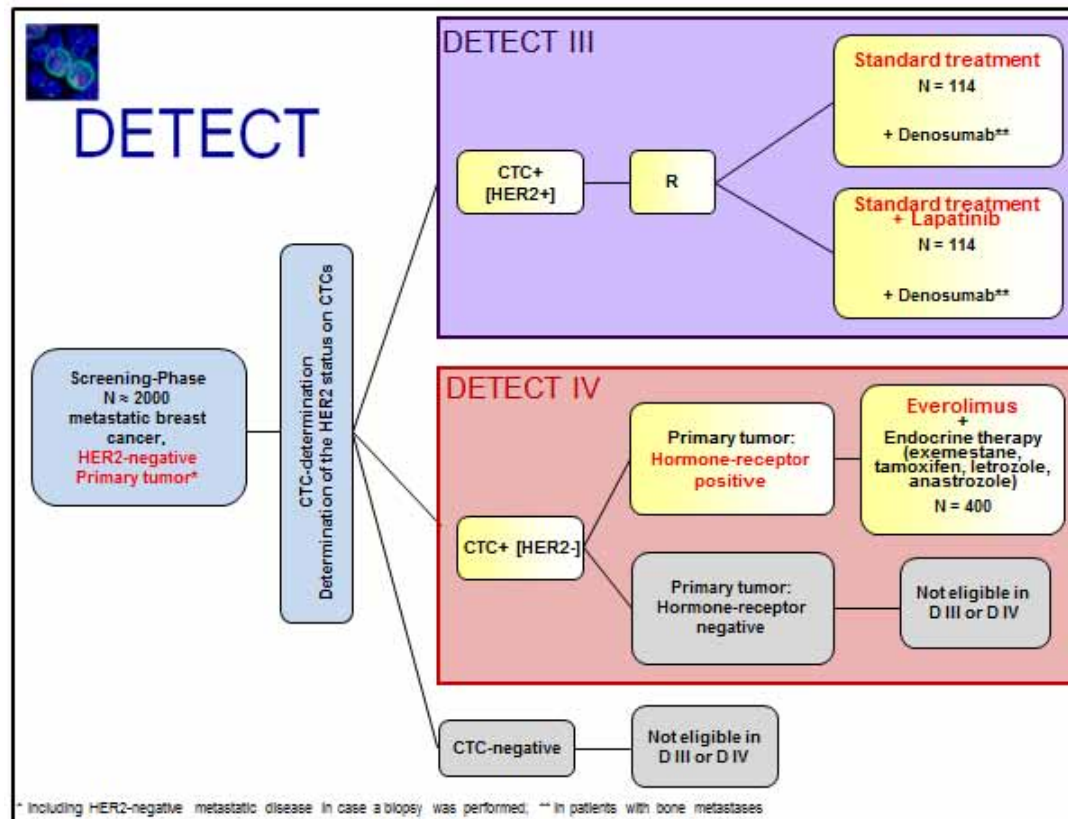
GnRH x 2 a in premenopausal women with additional criteria as described in the protocol



DETECT III



A multicenter, randomized, phase III study to compare standard therapy alone versus standard therapy plus Lapatinib in patients with initially HER2-negative metastatic breast cancer and HER2-positive circulating tumor cells



TREAT CTC - FLOW CHART



Screening: blood draw after chemo (N=2150)



≥ 1 CTC/15mL ~8%

Women with positive Blood Test



10% Drop out

Eligible for randomization / analysis (N=156)



Trastuzumab



Observation

Stratification for ER, center, chemo (adj vs neoadj)

Conclusion



- CTCs are prognostic factors in metastatic and early breast cancer
 - Identification of patients at higher risk of relapse
- Phenotyping of CTCs
 - HER2-Status on CTCs may be different compared to the primary tumor even in early breast cancer
 - 10 % of HER2 negative early breast cancer have ≥ 1 HER2 positive CTC
 - CTCs target of personalized therapy (DETECT III, TREAT CTC)

