Preliminary Results from Trastysvere Study: A Retrospective Analysis of Heavily Pretreated HER2-Positive Metastatic Breast Cancer (mBC) Patients Treated in Spain with Lapatinib Plus Trastuzumab as Composive Therapy

BACKGROUND

- Vertical dactyl blockades with trastuzumab (T) and lapatinib (L) have heavily pretreated HER2-positive mBC patients shown consistent activity in phase II trials, yielding to an EMA approval for the hormone-negative subgroup (L).
- The study was approved by the competent authorities and Ethics committees from all participating institutions.

RESULTS

- Median age of the series was 59.8 years (34.0 – 84.0); 63.2% previously treated with L.
- Median number of prior T lines 3.0 (Interquartile Range (IQR) 2.0-5.0); 67.0% previously treated with L.
- Median overall survival probability at 6 months was 27.14 (18.1 to 39.69) and at 1 year was 32.6% (95%CI 25.2 to 40.8).
- Median time to progression for total population of the study was 3.91 (3.45 to 5.09) months with an overall survival probability at 6 months of 23.36 (16.23 to 30.46).

MATERIAL AND METHODS

- We conducted a retrospective analysis among patients treated in Spain with composition therapy for the combinations of L + T.
- The database was approved by the competent authorities and Ethics committees for all participating centers. A signed consent form was required for surviving patients.
- Major inclusion criteria were:
  - ER -95%CI 3.5 – 5.1 and the median overall survival (OS) was 3.9 months.
  - Comparing time to progression in L plus T vs. previous antiHER2 line (p = 0.129) (Figure 1-3).
  - Interim results suggest that vertical dual blockade (L plus T) remains active and safe among patients progressing on L and/or T regimens.

TOXICITY

- Lapatinib plus trastuzumab treatment-related toxicities were reported in 48 patients (46.2%).
- Median time to progression for total population of the study was 3.91 (3.45 to 5.09) months.

Table 1. Baseline Characteristics

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Treated (n=71)</th>
<th>Untreated (n=35)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (years), median (IQR)</td>
<td>59 (39 to 84)</td>
<td>63 (39 to 84)</td>
<td>0.600</td>
</tr>
<tr>
<td>Total number of prior treatments</td>
<td>4.0 (3.0 to 5.0)</td>
<td>4.0 (3.0 to 5.0)</td>
<td>0.500</td>
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</tbody>
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Table 2. Summary of effectiveness in L plus T treatment

- Effectiveness analysis:
  - A total of 20 patients (32.2%) achieved ER (95%CI 22.8 – 40.9) and 28.2% achieved PR. 
  - Interim results suggest that vertical dual blockade (L plus T) remains active and safe among patients progressing on L and/or T regimens.

CONCLUSIONS

- Patients results suggest that vertical dual blockade includes L plus T in patients progressing on L and/or T regimens. 
- Overall survival benefit with lapatinib in combination with trastuzumab for patients with human epidermal growth factor receptor 2-positive metastatic breast cancer: final results from the EGF104900 study.

REFERENCES

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