Media contact
ESMO Press Office
E-mail media@esmo.org

新闻稿

内容保密至 2015 年 12 月 18 日 23:55（新加坡标准时间）

联合治疗法造福亚洲女性内分泌抗性乳腺癌患者

Promising results of PALOMA3 trial confirmed in Asian patients
PALOMA3 试验的良好结果在亚洲患者中得到证实

新加坡/卢加诺 — 全球 PALOMA3 试验中从日本和韩国患者身上收集的数据证实，将帕布昔利布跟氟维司群联合使用是一种有效的治疗策略，能克服激素受体阳性（HR+）、HER2 阴性（HER2-）晚期乳腺癌女性内分泌抗性。在新加坡举办的首届欧洲肿瘤医学会（ESMO）亚洲区域大会上发表了（1）对亚洲人群采用联合治疗的效力和安全性分析，分析结果符合今年初所有患者（包括亚洲和非亚洲患者）报告的情况。

内分泌抗性是一个使晚期乳腺癌更难治疗的重大临床问题。激素疗法通常具有很好的耐受性，是一种易于管理的乳腺癌治疗方案，在其肿瘤表达出激素受体（HR，尤其是 HR+/HER2-子群）的患者身上表现出良好的效果。理想的治疗方案是重复采用内分泌疗法，只要疾病有所反应或者保持不变。这项研究的其中一位作者韩国高阳市国家癌症中心乳腺癌中心的 Jungsil Ro 医生表示，“但不可避免的是，在施用一线治疗激素十个月后，几乎所有患者都会发展成抗性，施用第二或第三线治疗激素后这个平均时间还会短很多，最终迫使患者转用毒性更强的化学疗法。”

帕布昔利布是 CDK 4/6 生长信号的一种口服选择性抑制剂，能阻塞细胞增殖和细胞分裂。它在 HR+乳腺癌细胞系中有很高的活性，而且能跟不同的内分泌疗法发挥协同作用。

对于采用内分泌治疗之前发展成 HR+/HER2-晚期乳腺癌的绝经前和绝经后女性，PALOMA3 试验评估了联合使用帕布昔利布和氟维司群的安全性和效力。2015 年 3 月，在韩国和日本随机抽查的 105 位亚洲患者中，有 74 位使用帕布昔利布加氟维司群，31 位使用安慰剂加氟维司群。Ro 医生表示，“对于绝经后女性，这项研究明确表现出积极的结果：无进展生存期超过两倍。在帕布昔利布治疗组群中，患者遭受更多不良反应，特别是易于管控的血液毒性。对于绝经前女性，效果看起来跟绝经后女性一样喜人，尽管得到明确结论的人数相当少。”

这项涉及亚洲患者的分析令人满意地证实了联合使用帕布昔利布和氟维司群是一种极具前景的治疗方案。“虽然这样联合用药并未达到亚洲患者的平均无进展生存期，但对这些人群来说，却是合理可行的治疗方案，”供职于法国维勒瑞夫古斯塔夫·鲁西癌症研究所的 ESMO 发言人 Fabrice André 医生表示，“帕布昔利布表现出具有适度毒性的临床活性。虽然亚洲和非亚洲人群之间的毒性差异实在很有趣，但由于非亚洲患者及亚洲患者存在差异，从这项研究尚不能得出任何清楚的解释。”

Ro 医生指出，为了支持这样联合用药相较于单独使用激素药剂的优越性，需要对总体生存结果进行更长时间的跟踪观察。“目前，我们还没有预测性的生物标记物来挑选 HR+/HER2-乳腺癌患者接受氟维司群加帕布昔利布的联合治疗，而非亚型本身。另外，我们还需要观察一线激素治疗的其它效果，用帕布昔利布临床试验来核实这种药物的效力，但是需要更长时间才能得出结果。”

时任比利时布鲁塞尔朱尔·博尔代研究所乳腺癌数据中心内科主任的 ESMO 发言人（未参与这项研究）Evandro de Azambuja 医生对这些成果发表评论称：“靶向疗法 CDK4/6 是一种解决内分泌抗性问题的更良好的治疗方案。对内分泌治疗的其它抗性机制包括，酪氨酸激酶信号传输的激活、PI3 激酶哺乳动物雷帕霉素靶蛋白（mTOR）信号传输的上调以及 ESR1 的突变。”

基于二期 PALOMA-2 试验的良好结果，内分泌治疗跟帕布昔利布相结合的疗法已得到美国食品和药品监督管理局（FDA）核准。他表示：“这些结果对这种联合治疗法在亚洲国家的登记审批应该也有帮助。”

-END-
-完-

编者注

免责声明

此篇新闻稿所载信息由摘录作者提供，反映了这些研究的内容。并不一定代表欧洲肿瘤医学会的观点。

Reference

(1) Abstract 53O_PR, Efficacy and safety of palbociclib plus fulvestrant in Asian women with hormone receptor-positive (HR+)/human epidermal growth factor-2 negative (HER2-) metastatic breast cancer (MBC) that progressed on prior endocrine therapy (ET) J. Ro, S.-A. Im, N. Masuda, Y.-H. Im, K. Inoue, Y. Rai, R. Nakamura, J.H. Kim, K. Zhang, C. Giorgetti, P. Schnell, C. Huang Bartlett, H. Iwata, will be presented during Breast Cancer session on Saturday 19th December, h. 16:30

Abstract will be available online on 18th December 2015, 23:55 hours (SGT)
https://cslide.ctimeetingtech.com/library/esmo/browse/itinerary/5225

欧洲肿瘤医学会简介

ESMO 是领先的肿瘤医学专业组织，秉承改进全球癌症患者治疗效果的首要目标。我们是肿瘤学教育及信息的参考学会，致力于支持我们的会员在快速变化的专业环境中发展和进步。

ESMO 成立于 1975 年，立足欧洲，面向全球：我们欢迎世界各地的肿瘤学专业人士加入我们。我们是所有肿瘤学相关人士共同的家园，汇聚拥有不同专长和经验的专业人士，齐心协力促进我们的学科发展。我们掌握的教育和信息资源促成了一种综合的多专业癌症治疗方法，从肿瘤医学视角进行癌症护理。我们力求消除癌症医护的国家和专业界限，在全球范围内践行肿瘤治疗使命。

ESMO 将 130 多个国家的 12,000 余名肿瘤学专业人士汇聚一堂。依托 40 年的相关经验以及约 500 位专家委员会成员，ESMO 通过以下途径为各位会员和肿瘤学相关人士服务：

- 肿瘤学研究生教育和培训
- 对下一代肿瘤学家进行职业发展和领导力培训
- 举办国际性大会和研讨会，以分享专门知识和最佳实践，学习最新的科学进展，联络相关学科的同仁。
- 持续评审基于实证的欧洲癌症护理标准
- 进行宣传，提供咨询，为科学研究营造有利的环境

癌症医护正迅速变得更综合、更专业；无论是身处研究、诊断、治疗、护理还是宣传领域，肿瘤学专业人士都需要积累自己的专业知识以及联系全球各地其它学科领域的优秀从业者。ESMO 会员计划使之成为可能。

敬请登录访问 **esmo.org** 了解更多内容。**跨越多学科，覆盖全世界。**

ABSTRACT 53O_PR

Efficacy and safety of palbociclib plus fulvestrant in Asian women with hormone receptor-positive (HR+)/human epidermal growth factor-2 negative (HER2-) metastatic breast cancer (MBC) that progressed on prior endocrine therapy (ET)

J. Ro[1], S.-A. Im[2], N. Masuda[3], Y.-H. Im[4], K. Inoue[5], Y. Rai[6], R. Nakamura[7], J.H. Kim[8], K. Zhang[9], C. Giorgetti[10], P. Schnell[11], C. Huang Bartlett[12], H. Iwata[13]
[1]Center for Breast Cancer, National Cancer Center, Goyang, Korea, [2]Medical Oncology, Seoul National University, Seoul, Korea, [3]Department of Surgery, Breast Oncology, NHO Osaka National Hospital, Osaka, Japan, [4]Professor, Division of Hematology/Medical Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Samsung Medical Center Sungkyunkwan University School of Medicine, Seoul, Korea, [5]Division of Breast Oncology, Saitama Cancer Center, Saitama, Japan, [6]Principal of Sagara Hospital, Breast Surgery, Sagara Hospital, Hakuaikai Medical Corporation Sagara Hospital, Kagoshima, Japan, [7]Division of Breast Surgery, Chiba Cancer Center Hospital, Chiba, Japan, [8]Professor Division of Hematology/Medical Oncology, Seoul National University Bundang Hospital, Gyeonggi-do, Korea, [9]Oncology Clinical Statistics, Pfizer Inc., San Diego, CA, USA, [10]Clinical Oncology, Pfizer, Italy, Milan, Italy, [11]Pfizer Inc., New York, NY, USA, [12]Clinical Oncology, Pfizer Inc., New York, NY, USA, [13]Department of Breast Oncology, Aichi Cancer Center Hospital, Nagoya, Japan

Aim/Background: Endocrine resistance is a major clinical issue for patients (pts) with HR+/HER2- breast cancer. The standard of care (SOC) is to re-challenge with ET before switch to chemotherapy (CT). PALOMA3 assessed whether Palbociclib (P) + fulvestrant (F) prolonged progression-free survival (PFS) vs F + placebo (PLB) in pts with HR+/HER2- MBC whose disease had progressed on prior ET. Primary analysis showed median PFS of 9.2 vs 3.8 m (HR 0.42, P<0.001) in full population (Turner et al NEJM 2015). We present the efficacy and safety in Asian pts with longer follow-up.

Methods: In the Ph 3 PALOMA3 study, 521 pts were randomized 2:1 to P (125 mg/d oral [3 wks drug, 1 wk off]) + F (500 mg, SOC) or PLB + F. Pre-/perimenopausal pts also received goserelin. One previous line of CT for MBC was allowed. Safety assessments occurred at baseline and on D1 per cycle; blood counts every 2 wks for first 2 cycles and on D1 of subsequent cycles. Primary endpoint was investigator-assessed PFS. Secondary endpoints: overall survival, response assessment, patient-reported outcomes, safety. PALOMA3 enrolled pts in Korea and Japan.

Results: By March 2015, 105 Asian pts were randomized (P+F, 74; PLB+F, 31). Baseline characteristics were well balanced. Compared to non-Asians, median age was lower in Asians (52 vs 58 y) and more were pre/perimenopausal (42% vs 15%). 59% of Asian pts had visceral disease, 80% had documented endocrine responsiveness, 34% had 1 line of CT for MBC. Median PFS in Asian pts was not reached for P+F (95% CI 9.2–NR) and 5.8 m for PLB+F (3.5–9.5m) (HR 0.485 [95% CI 0.270–0.869], P=0.0065). Most common Grade 3/4 adverse events (AEs) in Asian pts were neutropenia (92%) and leucopenia (29%); febrile neutropenia occurred in 4.1% (P+F). No pt stopped P+F due to AEs. 51% of Asian pts had dose reduction due to AEs. 48% were on 100mg dose.

Conclusions: P+F improved PFS in Asians with HR+/HER2- MBC that progressed on prior ET. The safety profile was consistent with that seen in Non-Asians; neutropenia was the most common AE, and can be managed by dose reduction. P+F may be a reasonable therapeutic option in Asian pts.

Clinical trial identification: Clinical Trial ID: NCT01942135

Disclosure: J. Ro: Dr. Ro has served as a consultant/advisor to Nippon Kayaku (NK) and has received travel support

from Eisai
S.-A. Im: 2c. Receipt of Intellectual Property Rights / Patent Holder: NA 2d. Consulting Fees (e.g. advisory boards): Roche, Novartis, AstraZeneca 2f. Contracted Research (NOTE: Pls must provide disclosure in this category): AstraZeneca in 2014
N. Masuda: Fees for Non-CME Services Received Directry from Commercial Interest or their agents (speaker\'s Bureaus) Chugai, AstraZenaca Contracted Research Chugai, Novaltis, Pfizer, AstraZeneca, Lilly
K. Inoue: research funding Pfizer, Lily, Chugai, Taiho, Daiichi-Sankyo, Palexel
K. Zhang: Dr. Zhang is an employee of and owns stock in Pfizer Inc and receives stock options from Pfizer Inc.
C. Giorgetti: Dr. Giorgetti is an employee of, and owns stock in Pfizer Inc and receives stock options from Pfizer Inc.
P. Schnell: Dr. Schnell is an employee of, and owns stock in Pfizer Inc and receives stock options from Pfizer Inc.
C. Huang Bartlett: Dr. Huang Bartlett is an employee of and owns stock in Pfizer Inc and receives stock options from Pfizer Inc.
H. Iwata: Dr. Iwata has received honoraria from AstraZeneca, Eisai, Daiichi-Sankyo, Chugai, and Pfizer Inc.
All other authors have declared no conflicts of interest.

Keywords: palbociclib, metastatic breast cancer, Asian, endocrine resistance