

bjcclub breast
Journal
Club

L'IMPORTANZA DELLA RICERCA IN ONCOLOGIA

**20 - 21 APRILE
2023 ROMA**

THE HIVE HOTEL

Via Torino, 6

**THE
OXFORD DEBATE
EDITION**

Disclosures

Consultancy/Advisory Board:

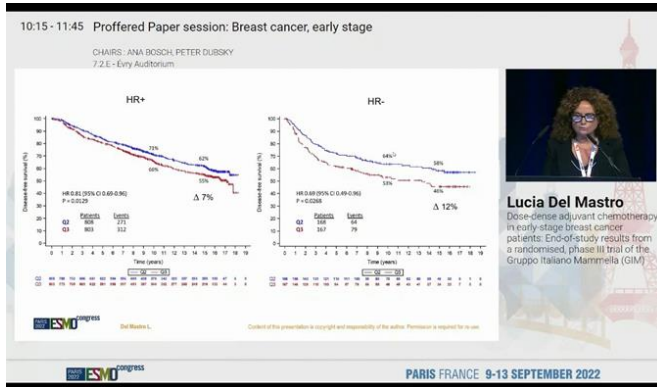
Daiichi Sankyo, AstraZeneca, Roche, Seagen, Eisai, Pfizer, Lilly, Novartis, Amgen, MSD, Chugai, Sanofi, Gilead, Exact Science, Agendia



Congratulations to Lucia, all co-authors GIM!



ESMO 2022



Fluorouracil and dose-dense adjuvant chemotherapy in patients with early-stage breast cancer (GIM2): end-of-study results from a randomised, phase 3 trial



*Lucia Del Mastro, Francesca Poggio, Eva Blondeaux, Sabino De Placido, Mario Giuliano, Valeria Forestieri, Michelino De Laurentiis, Adriano Gravina, Giancarlo Bisagni, Anita Rimanti, Anna Turletti, Cecilia Nisticò, Angela Vaccaro, Francesco Cognetti, Alessandra Fabi, Simona Gasparro, Ornella Garrone, Maria Grazia Alicicco, Ylenia Urracci, Mauro Mansutti, Paola Poletti, Pierpaolo Correale, Claudia Bighin, Fabio Puglisi, Filippo Montemurro, Giuseppe Colantuoni, Matteo Lambertini, Luca Boni, on behalf of the Gruppo Italiano Mammella Investigators**

Clinical research

Pharma



Academia

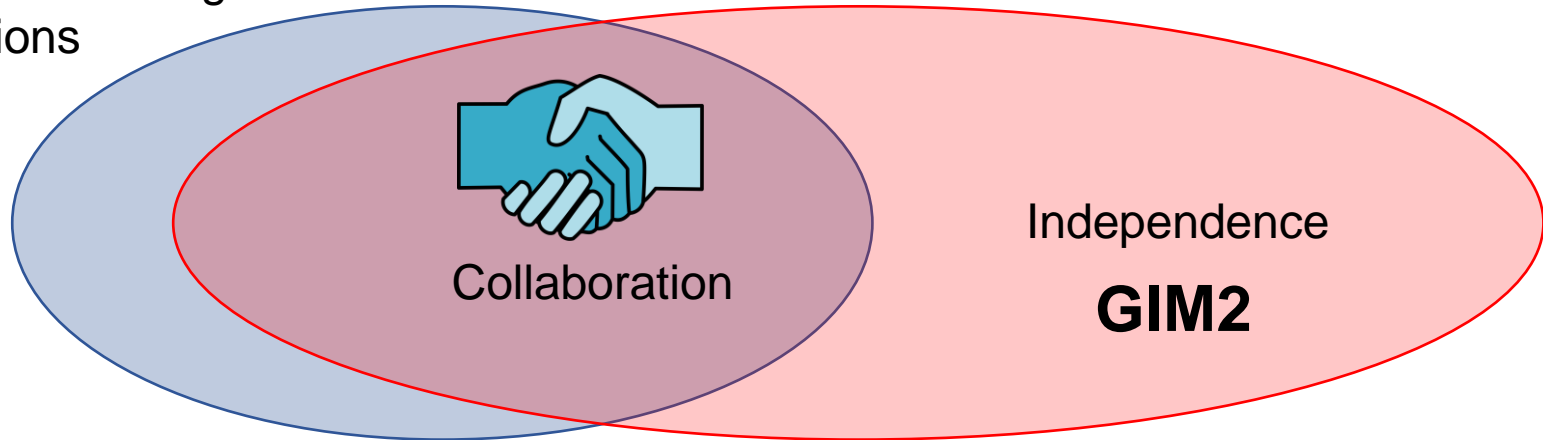
Clinical research

Pharma

Academia

Clinical research questions

Clinical meaningless questions



GIM2: which clinical questions?

Does Fluorouracil
matter?

Does dose-dense
matter?

Are these questions clinically relevant?

YES

Best (neo)adjuvant chemotherapy regimen

What?

Anthracyclines
(epirubicin, doxorubicin)

Cyclophosphamide

Fluorouracil

Taxane
(paclitaxel, docetaxel)

Add on?

Pharma



Academia

Best (neo)adjuvant chemotherapy regimen

What?

Anthracyclines
(epirubicin, doxorubicin)

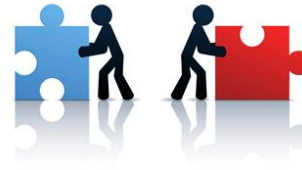
Cyclophosphamide

Fluorouracil

Taxane
(paclitaxel, docetaxel)

Take out?

Pharma



Accademia

Best (neo)adjuvant chemotherapy regimen

What?

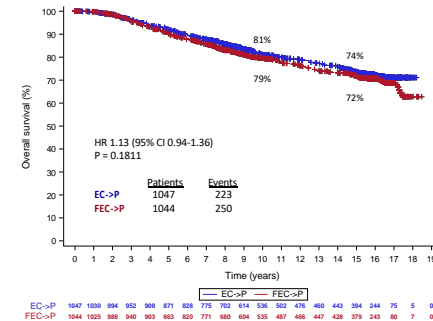
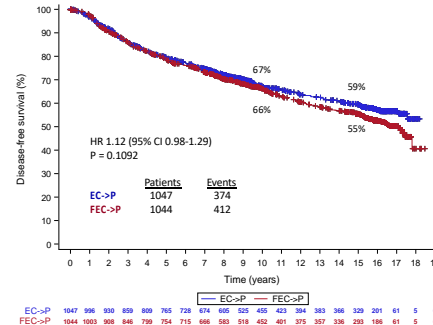
Anthracyclines
(epirubicin, doxorubicin)

Cyclophosphamide

Fluorouracil

Taxane

(paclitaxel, docetaxel)



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Best (neo)adjuvant chemotherapy regimen

Academia

How?

Sequential vs Concomitant

Dose

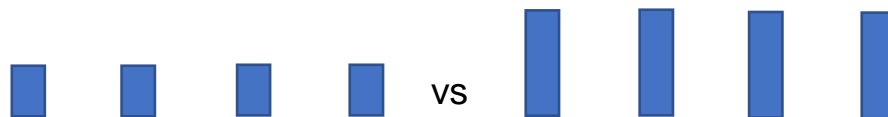
Dose

Academia

Dose escalation



Dose intensity



Total dose
(duration)



Dose density



Rationale for “dose-dense”

VIEWPOINT

www.nature.com/clinicalpractice/onc

The Norton–Simon hypothesis: designing more effective and less toxic chemotherapeutic regimens

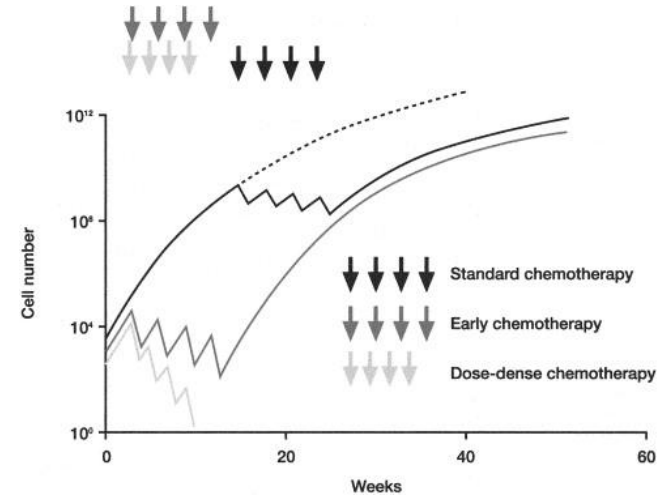
Richard Simon* and Larry Norton

R Simon is Chief of the Biometric Research Branch at the National Cancer Institute, Bethesda, MD, USA. L Norton is Deputy Physician-in-Chief of Memorial Hospital and Medical Director of the Evelyn F. McKnight Breast Center, Memorial Sloan-Kettering Cancer Center, New York, NY, USA.

Successful treatment of bacterial infections is largely a result of our ability to exploit the biochemical differences between bacteria and human cells so as to achieve toxic drug concentrations in the former while sparing the latter. Unfortunately, such high selectivity is at present elusive in the chemotherapy of human cancers. Hence, great effort is required to determine dose schedules that maximize the benefit/toxicity ratio, particularly for multiple agent regimens.

Extensive clinical experience has taught us that trial-and-error, in the absence of guiding principles, is inefficient in this regard. Seeking guiding principles, we used clinical and laboratory observations to derive a phenomenological law relating the effect of cytotoxic chemotherapy on

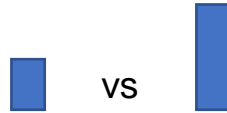
integrated drug effect, the chance of eradicating the tumor is maximized by delivering the most effective dose level of drug over as short a time as possible. Thereby, tumors given less time to grow between treatments are more likely to be eradicated. Administering high quantities of the drug at the beginning of the chemotherapy cycle (i.e. front-loading) might fail for two reasons. First, levels higher than a certain concentration may not increase the killing of cancer cells. Second, even if they did, the toxicity could be intolerable. In practice, optimizing the schedule means determining a way to give the maximum integrated effect over as short a time as possible, consistent with reasonable quality of life.



Optimizing dose

Academia

Dose escalation



Dose intensity



Total dose
(duration)

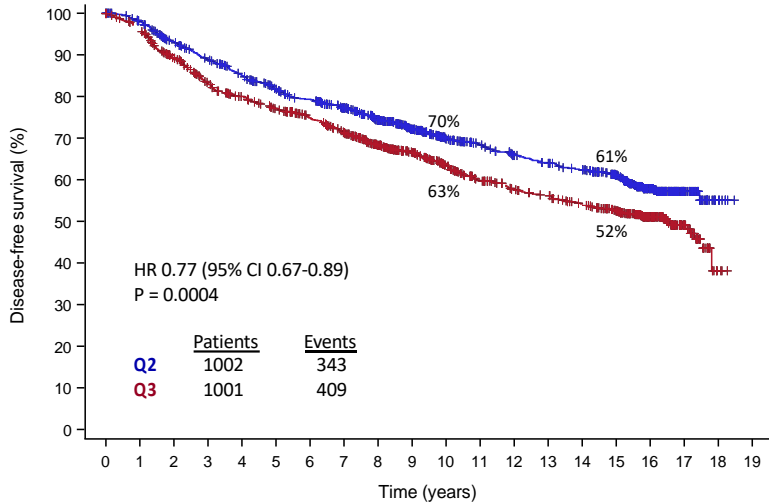


Dose density

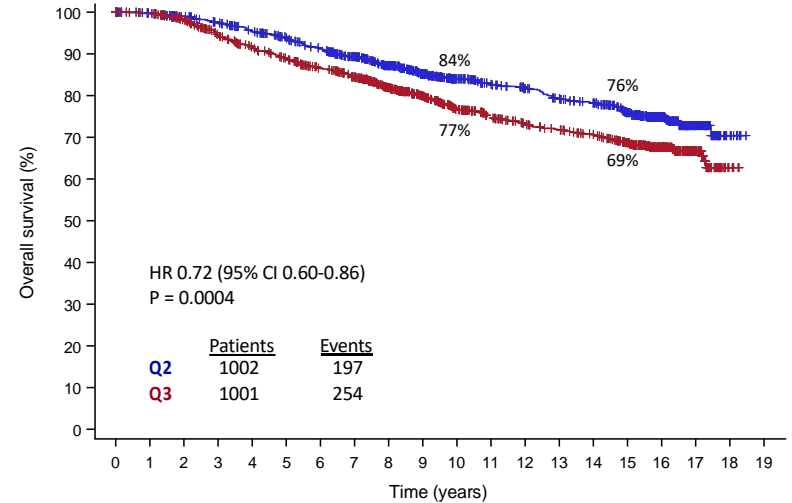


GIM 2

Dose-dense improve DFS and OS



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Q2	1002	967	901	851	804	758	725	677	602	522	451	415	388	373	357	311	192	54	7	0
Q3	1001	950	863	785	743	705	665	611	534	470	405	358	330	316	294	260	163	54	3	0

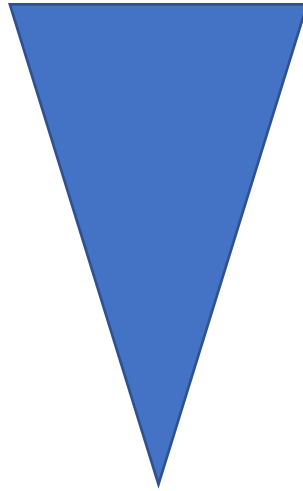


	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Q2	1002	985	955	930	896	862	825	773	696	606	533	496	475	455	438	381	238	70	8	0
Q3	1001	987	947	884	841	806	759	713	627	555	481	436	410	396	377	336	210	66	4	0

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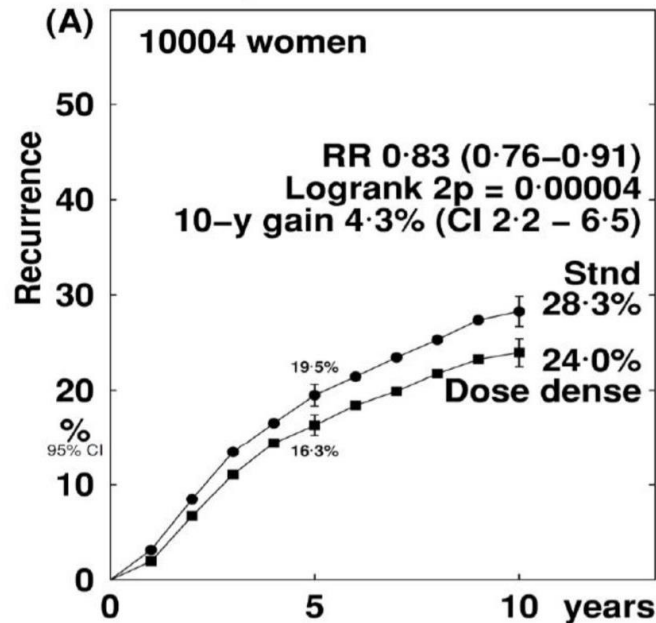
Dose-dense improve DFS and OS

Highest degree of clinical relevance

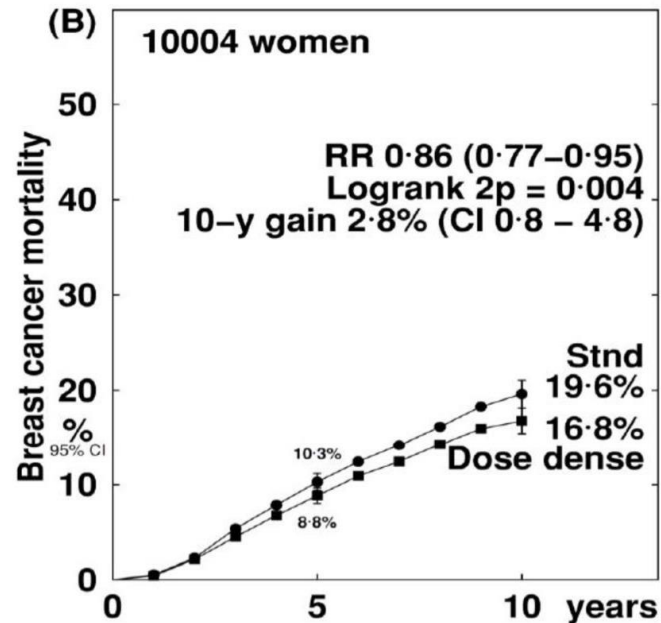


2-weekly (dose dense) vs the same chemotherapy given 3-weekly

Any Recurrence



Breast Cancer Mortality



Key Italian contribution in cancer research



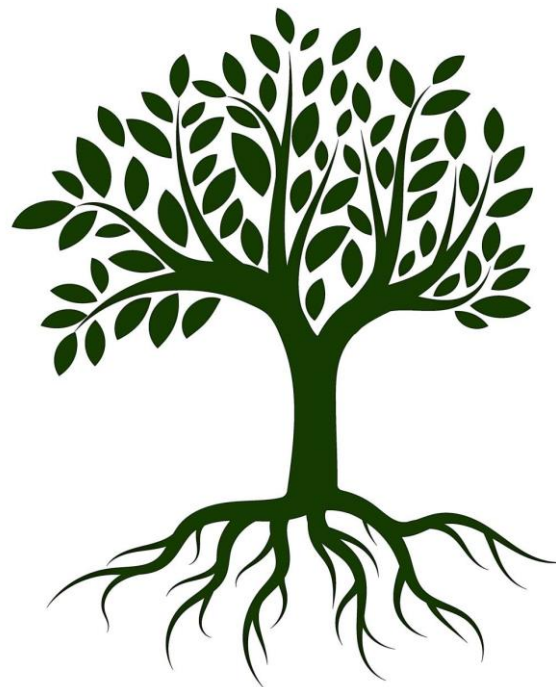
GIM 2



Fluorouracil and dose-dense adjuvant chemotherapy in patients with early-stage breast cancer (GIM2): end-of-study results from a randomised, phase 3 trial



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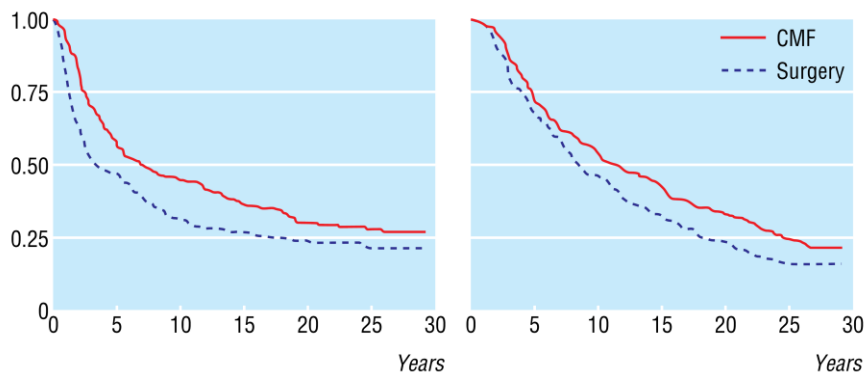
COMBINATION CHEMOTHERAPY AS AN ADJUVANT TREATMENT IN OPERABLE BREAST CANCER

GIANNI BONADONNA, M.D., ERIOLE BRUSAMOLINO, M.D., FINUCCIA VALAGUSSA, B.S., ANNA RISSI, M.D., LEISA BRIGNATELLI, M.D., CRISTINA BRAMBILLA, M.D., MARIO DE LENA, M.D., GABRIELE TANCINI, M.D., ENILSO BAJETTA, M.D., RENATO MUSUMECI, M.D., AND UMBERTO VERONESI, M.D.

Quality information provided only by academia: very long follow-up

30 years' follow up of randomised studies of adjuvant CMF in operable breast cancer: cohort study

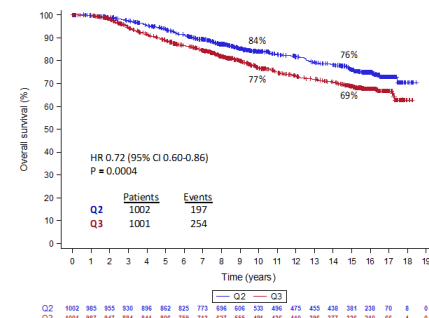
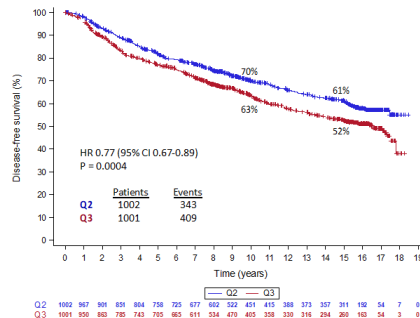
Gianni Bonadonna, Angela Moliterni, Milvia Zambetti, Maria Grazia Daidone, Silvana Pilotti, Luca Gianni, Pinuccia Valagussa



Bonadonna G BMJ 2005

Fluorouracil and dose-dense adjuvant chemotherapy in patients with early-stage breast cancer (GIM2): end-of-study results from a randomised, phase 3 trial

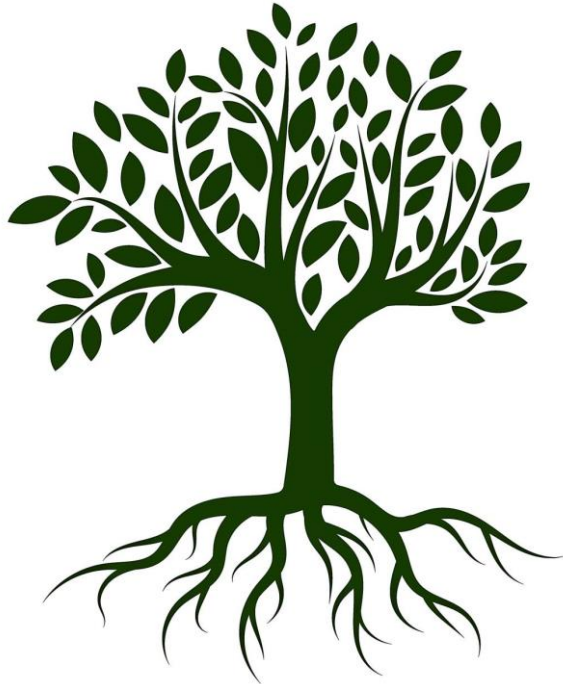
Lucia Del Mastro, Francesca Poggio, Eva Blondeaux, Sabina De Placido, Mario Giuliano, Valeria Forestieri, Michelino De Laurentis, Adriano Gravina, Giancarlo Bisogni, Anita Rimanti, Arwa Turketti, Cecilia Nestà, Angela Vaccaro, Francesco Cognetti, Alessandro Fabb, Simona Gaspari, Ornella Garone, Maria Grazia Alicata, Ylenia Urzaci, Mauro Mansueti, Paola Paletti, Pierpaolo Corrao, Claudia Bighin, Fabio Puglisi, Filippo Montemurro, Giuseppe Colaninno, Matteo Lambertini, Luca Boni, on behalf of the Gruppo Italiano Mammella Investigators*



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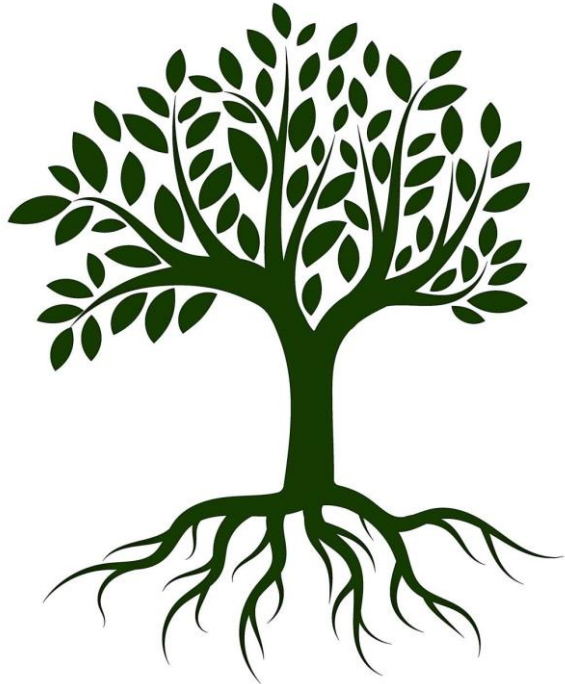
Italian research: room for improvement



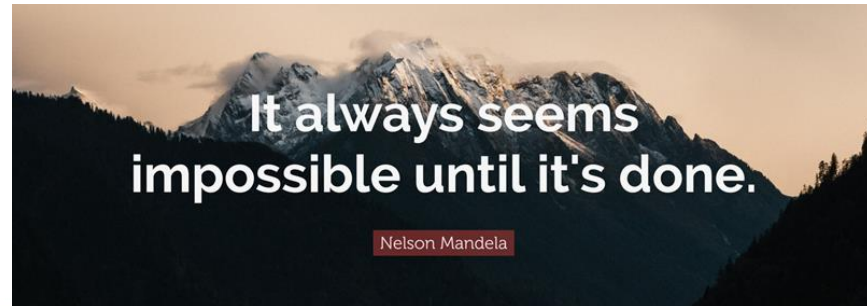
Join efforts for common goals



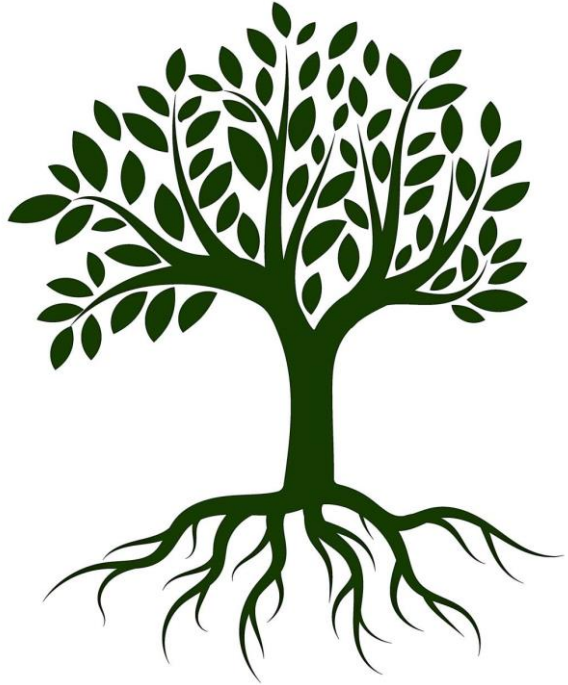
Italian research: room for improvement



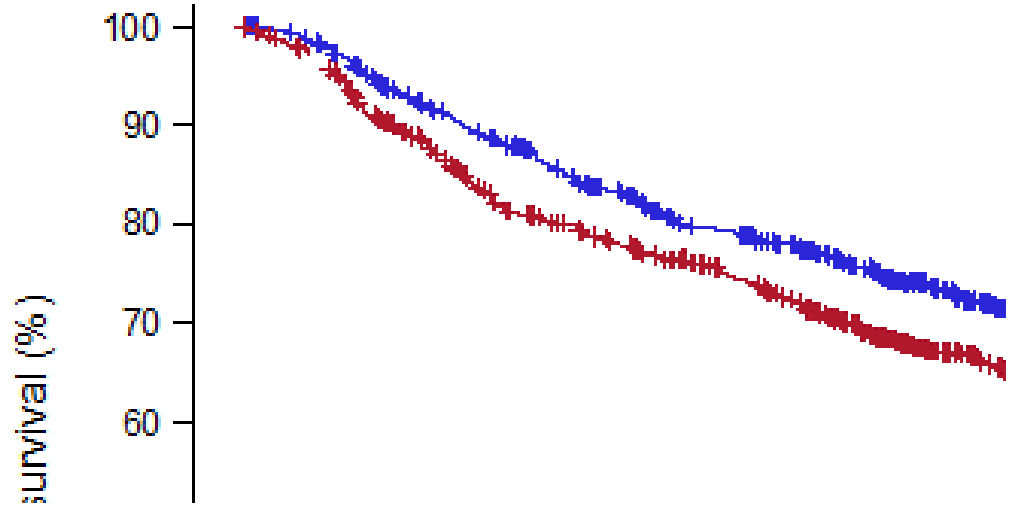
- Improve the education of new generations of oncologist
- Engaging all the existing competences and expertises
- Improve quality of the research



Italian research: room for improvement



Example: improve quality by improving the commitment



(Some) Next research questions in eBC

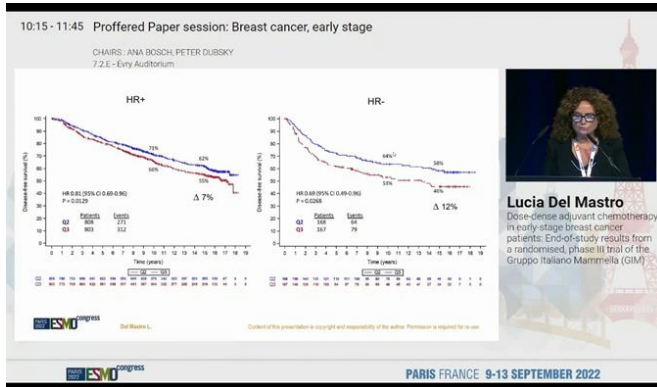
- Who benefit the most from dose-dense therapy?
- Which is the contribution of dose-dense AC in the context of dose-dense paclitaxel/carboplatin and olaparib administration (high-risk TNBC) ?
- Should dose-dense AC be used in combination with neoadjuvant immunotherapy in eTNBC?
- Any role for anthracyclines (and dose-dense AC) in HER2+ eBC?
- Who may be spared by anthracyclines in HER2-negative eBC?



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**When your ambition is big
Then your efforts should be even bigger**

-unknown

