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Assessment of Tumor Genotypes in Metastatic Colorectal Cancer (mCRC): Mutations beyond KRAS Codons 12 and 13 as Predictive Biomarkers of Response to Panitumumab (pmab) in a Randomized, Phase 3 Monotherapy Study

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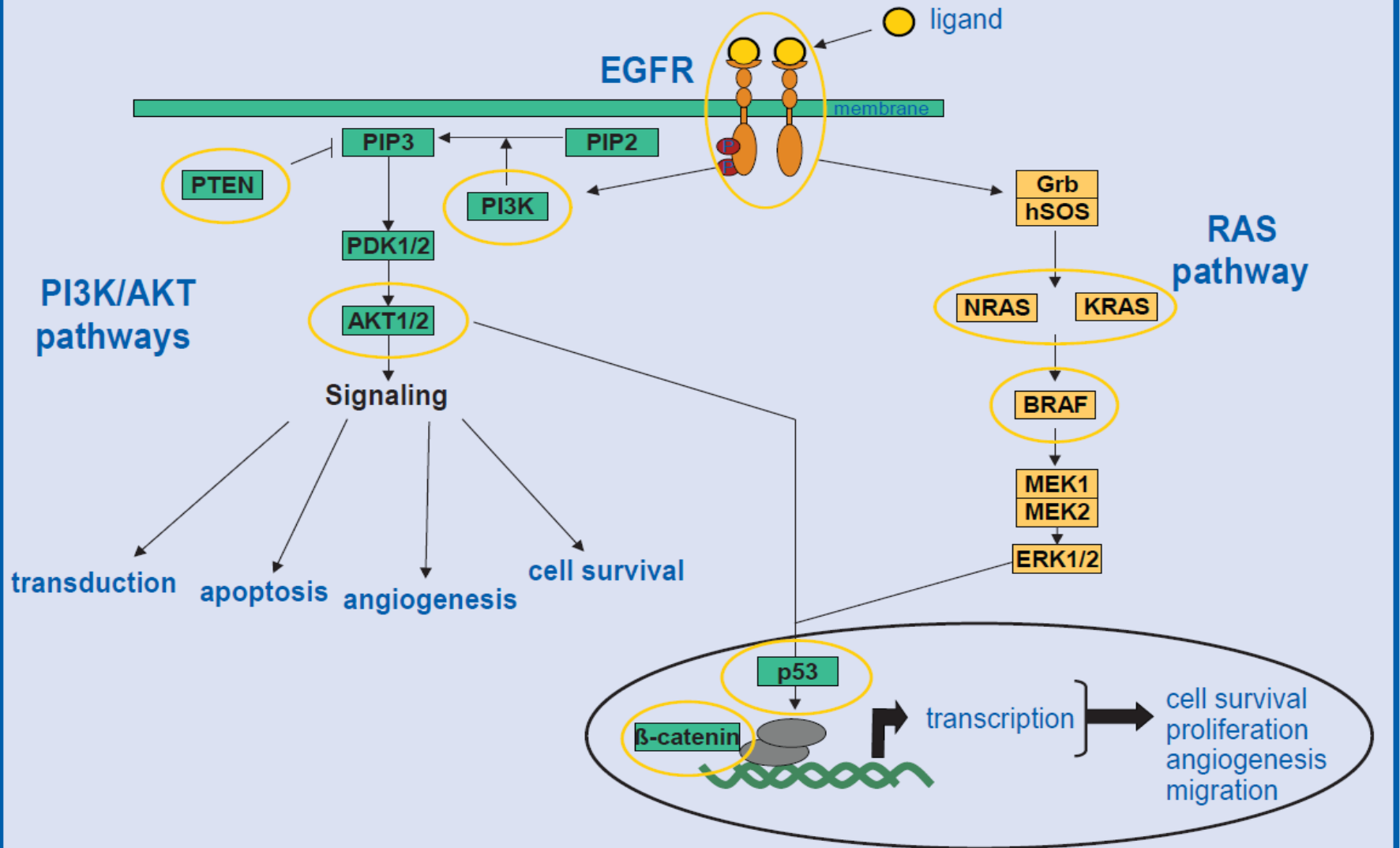


Introduction

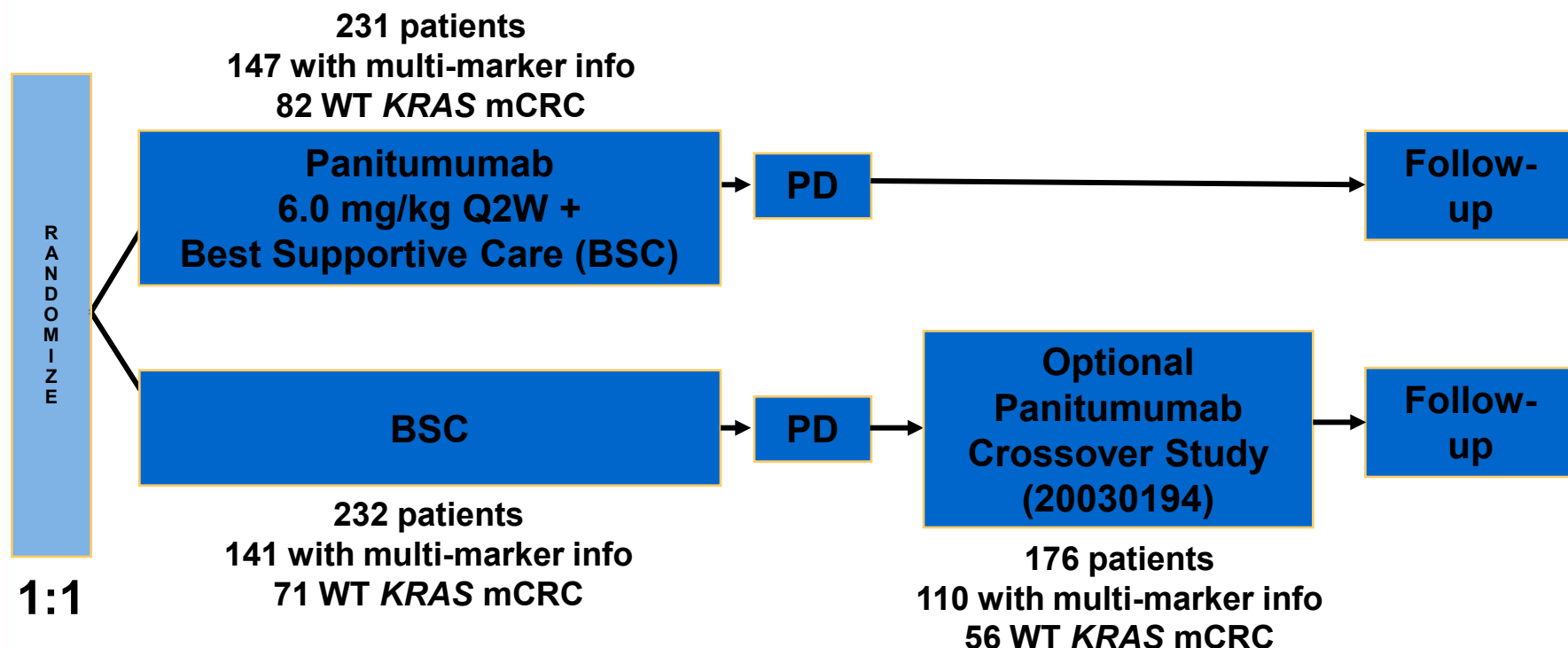
General Background

- Panitumumab (Pmab)
 - a fully human monoclonal antibody
 - targeting the epidermal growth factor receptor (EGFR)
 - treatment for mCRC
- Retrospective subset analyses of mCRC trials have not shown a treatment benefit for Pmab in patients whose tumors had *KRAS* mutations in codon 12 or 13.
- Availability of massively parallel, next-generation sequencing
 - 454 Pyrosequencing is utilized
 - High sensitivity (5% mutant DNA detection)
 - Multiplexed gene analysis
 - Rapid data generation

EGFR Signaling pathway



Schema for Pivotal Phase 3 Panitumumab Study (20020408) and Optional Crossover Study (20030194)



Primary Endpoint: Progression-free Survival (PFS)

Objectives

- Investigate whether mutation of multiple genes known to be altered in mCRC are predictive of response to Pmab
 - Focus on codons 12, 13, and 61 of the *KRAS* gene
 - Assess clinical outcomes of patients with defined tumor genotypes treated with Pmab + BSC vs. BSC alone
 - Include patients treated on the BSC arm that enrolled in an optional crossover study to better understand response to Pmab



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Results

Tumor samples and DNA sequencing

- 320 archival tumor samples available
- 288 (90%) tumor samples yielded results
- 277 tumor samples yielded a definitive genotype (WT or MT) on codons 12, 13, and 61 for *KRAS*
 - 153 were WT *KRAS*
 - 71 patients with WT *KRAS* received BSC in the randomized study
 - 82 patients with WT *KRAS* received Pmab in the randomized study
 - 56 patients with WT *KRAS* received Pmab in the extension study
 - Total 138 patients with WT *KRAS* received Pmab
- 49 primer pairs to amplify 41 exons from 9 genes
- Data completeness range for each gene = 84% to 99%
- 5.7 million DNA sequence reads
- A total of 1.26 billion base pairs obtained

Mutation rates in 288 mCRC tumors

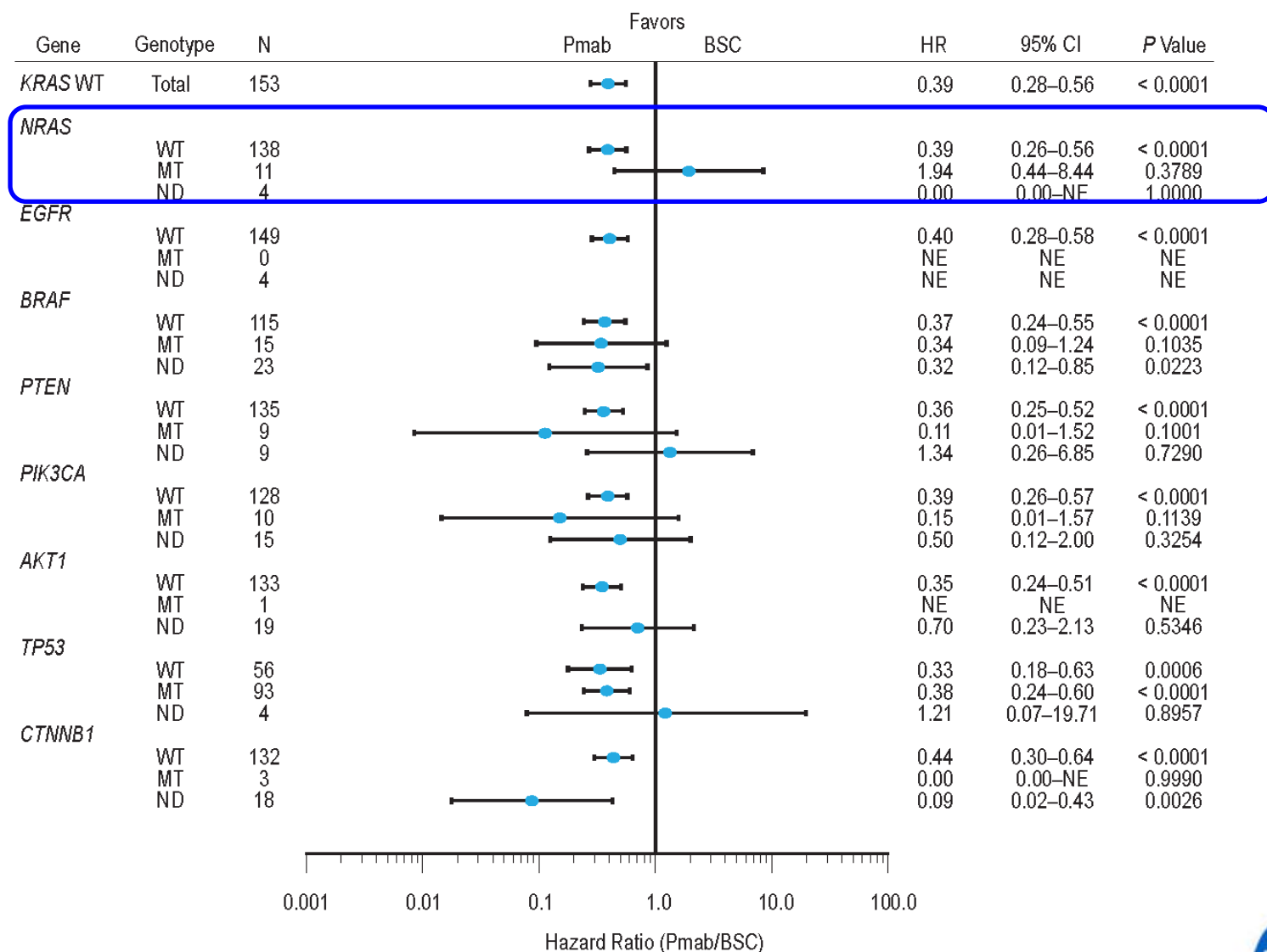
	Mutation	Patients With	Patients With	Data
Gene	Rate, %	Mutations, n	Data Available, n	Completeness %
<i>KRAS</i> (codons 12, 13, and 61)	46	124	277	96
<i>KRAS</i> (codons 12 and 13) [†]	42	117	280	97
<i>KRAS</i> (codon 61)	3	7	284	99
<i>NRAS</i>	5	14	282	98
<i>EGFR</i>	1	3	280	97
<i>BRAF</i>	7	18	243	84
<i>PTEN</i>	6	15	272	94
<i>PIK3CA</i>	9	24	255	89
<i>AKT1</i>	<1	1	250	87
<i>TP53</i>	60	167	277	96
<i>CTNNB1</i>	2	5	256	89

Joint distribution across all gene pairs

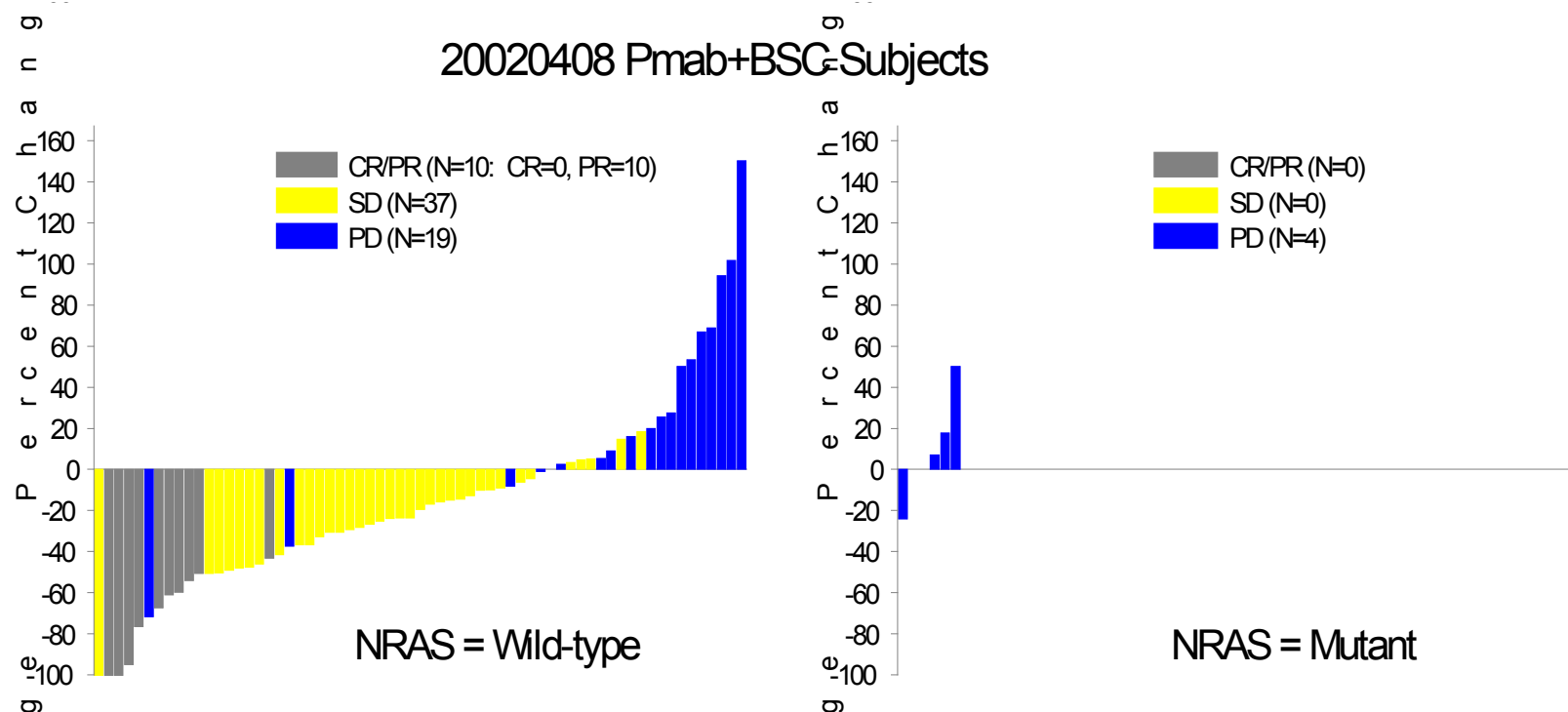
Gene - n	AKT1	BRAF	CTNNB1	EGFR	KRAS	NRAS	PIK3CA	PTEN	TP53
AKT1									
BRAF	1								
CTNNB1	–	–							
EGFR	–	–	–						
KRAS	–	2	1	3					
NRAS	–	–	–	–	3				
PIK3CA	–	2	1	–	13	–			
PTEN	–	4	–	1	6	1	1		
TP53	–	8	1	1	66	9	12	9	

- 109 tumors had mutations in more than one gene
- 20 tumors had more than one mutation in a single gene in this analysis

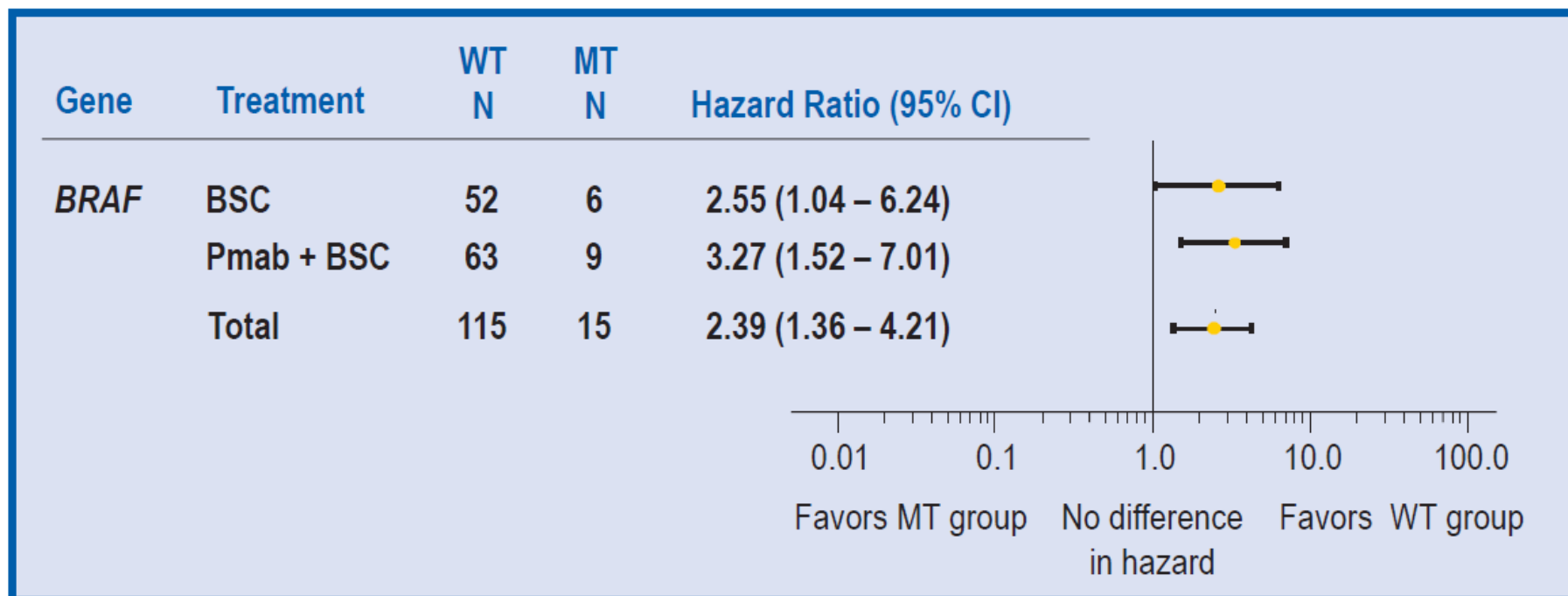
Treatment Effect on PFS within KRAS WT group



Tumor Response by NRAS Mutation

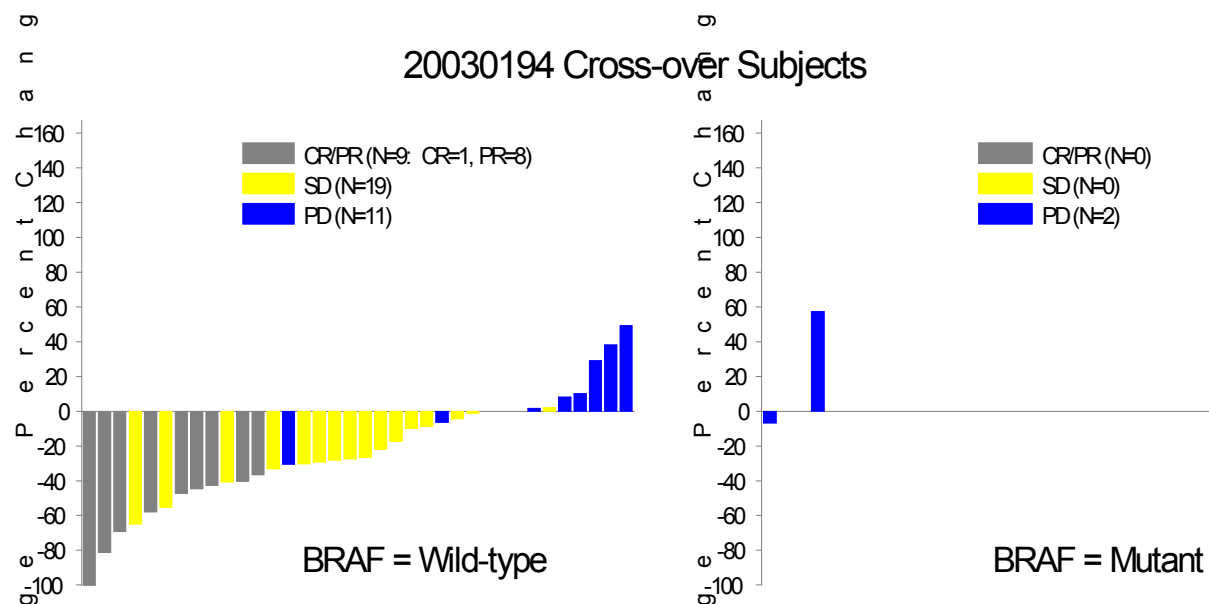
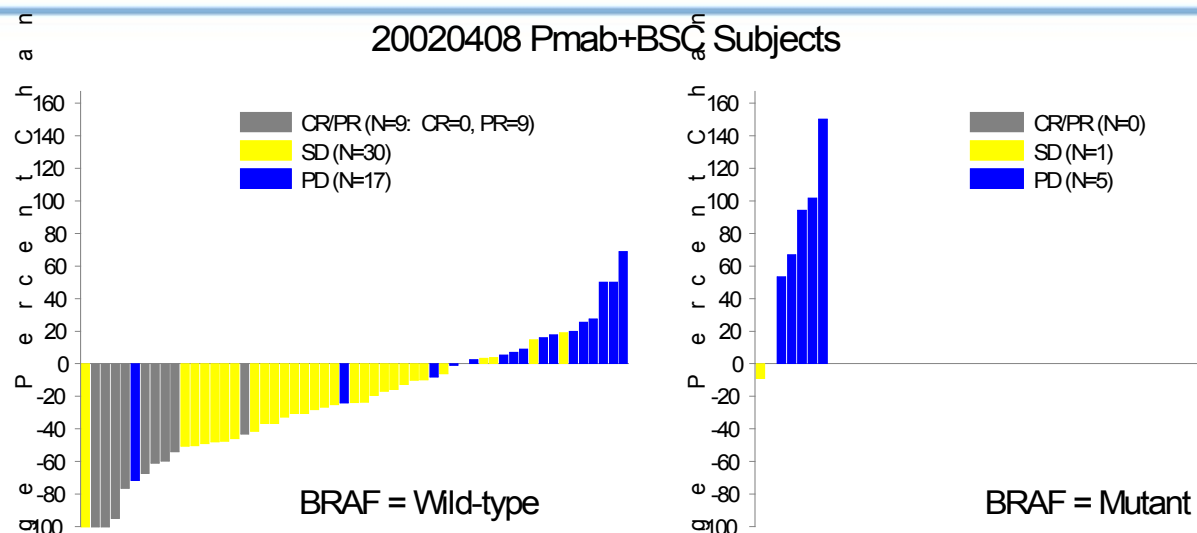


Biomarker Effect on PFS: the BRAF Story



*WT in codons 12, 13, and 61

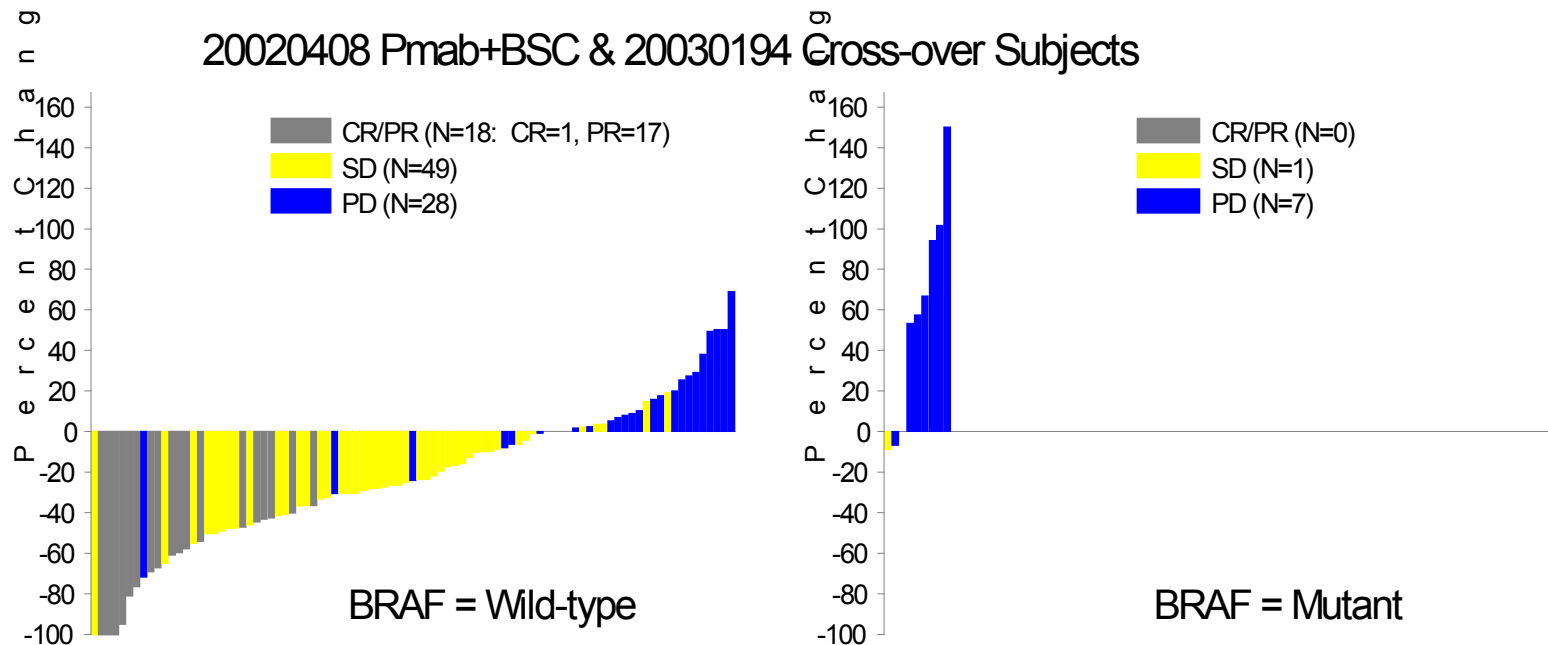
Tumor Response by BRAF Mutation



Combine together

Tumor Response by BRAF Mutation

combine the randomized and the cross-over studies



CR: Complete Response; PR: Partial Response; SD: Stable Disease; PD: Progressive Disease.

Tumor Response

combine the randomized and the cross-over studies

		Randomized Phase 3 Study Panitumumab + BSC <i>n</i> = 82		Extension Study Panitumumab + BSC <i>n</i> = 56		Combined Panitumumab + BSC <i>n</i> = 138	
Genotype		<i>n</i>	Response Rate, % (95% CI)	<i>n</i>	Response Rate, % (95% CI)	<i>n</i>	Response Rate, % (95% CI)
<i>NRAS</i>	WT	76	13 (6–23)	50	24 (13–38)	126	17 (11–25)
	MT	4	0 (0–60)	5	0 (0–52)	9	0 (0–34)
<i>EGFR</i>	WT	82	12 (6–21)	52	23 (13–37)	134	16 (11–24)
	MT	0	NA	0	NA	0	NA
<i>BRAF</i>	WT	63	14 (7–25)	44	21 (10–35)	107	17 (10–25)
	MT	9	0 (0–34)	4	0 (0–60)	13	0 (0–25)
<i>PTEN</i>	WT	72	13 (6–22)	50	22 (12–36)	122	16 (10–24)
	MT	7	14 (0–58)	2	0 (0–84)	9	11 (0–48)
<i>PIK3CA</i>	WT	74	12 (6–22)	43	19 (8–33)	117	15 (9–22)
	MT	5	20 (1–72)	5	20 (1–72)	10	20 (3–56)

Conclusion

- Next-generation sequencing technology can be employed to assess mutation in multiple genes in archival tumor samples from a randomized phase 3 study
- Observed mutation rates in this study were consistent with previous reports in mCRC
- Within the KRAS wild type population, patients whose tumors contain mutations in other RAS family members, such as NRAS, may not derive benefit from panitumumab
- Further investigation is required to determine the predictive value of KRAS codon 61, NRAS, and BRAF mutations due to the low prevalence of mutations

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