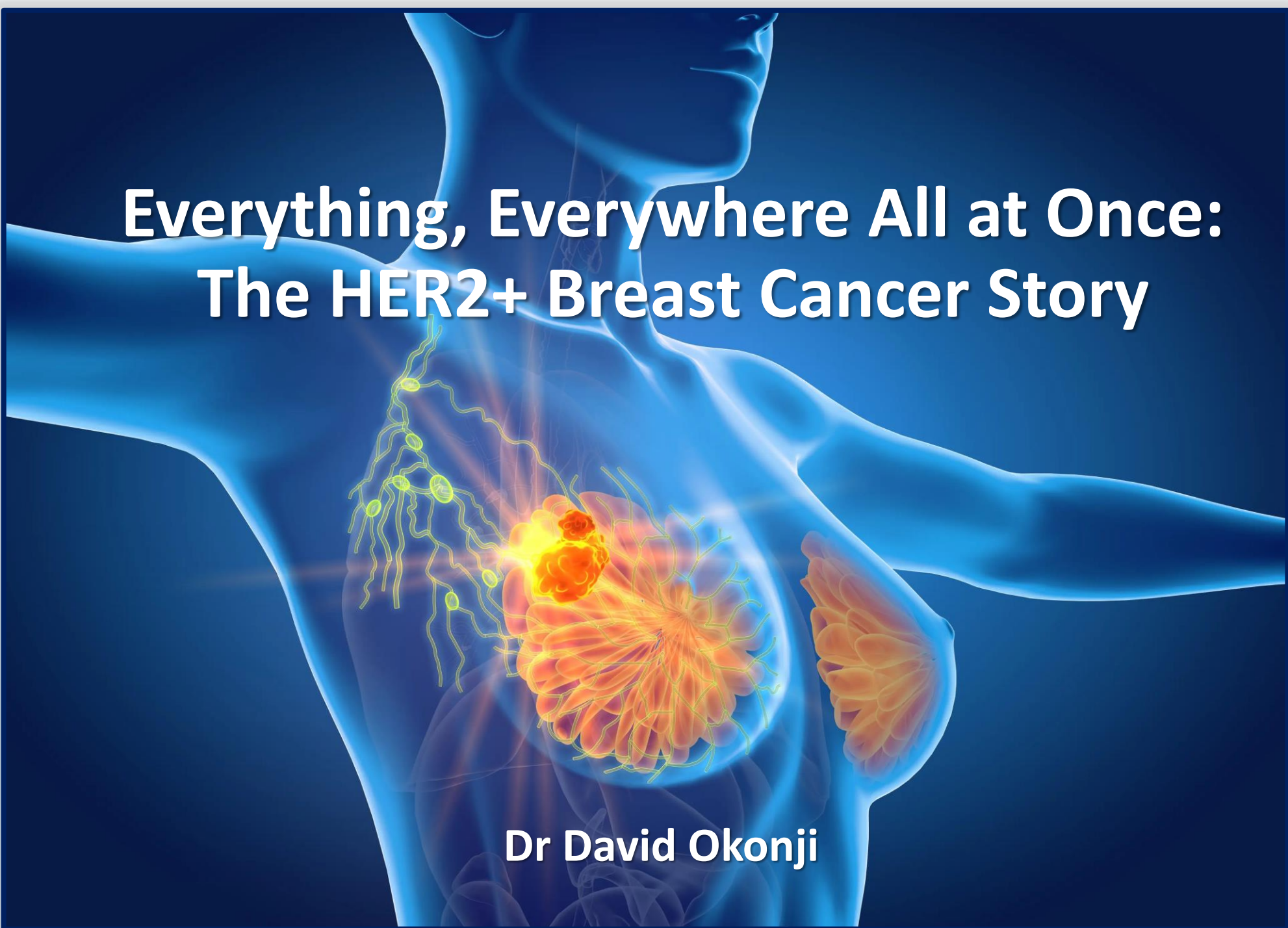


# Everything, Everywhere All at Once: The HER2+ Breast Cancer Story

Dr David Okonji





COMING  
SOON

# Disclosures

- Honoraria: Pfizer, MSD, Astra Zeneca, Novartis, BMS
- Consulting or Advisory Role: Pfizer, MSD, Astra Zeneca, Novartis, BMS
- Travel/Accommodation grants: Roche, Pfizer, Astra Zeneca

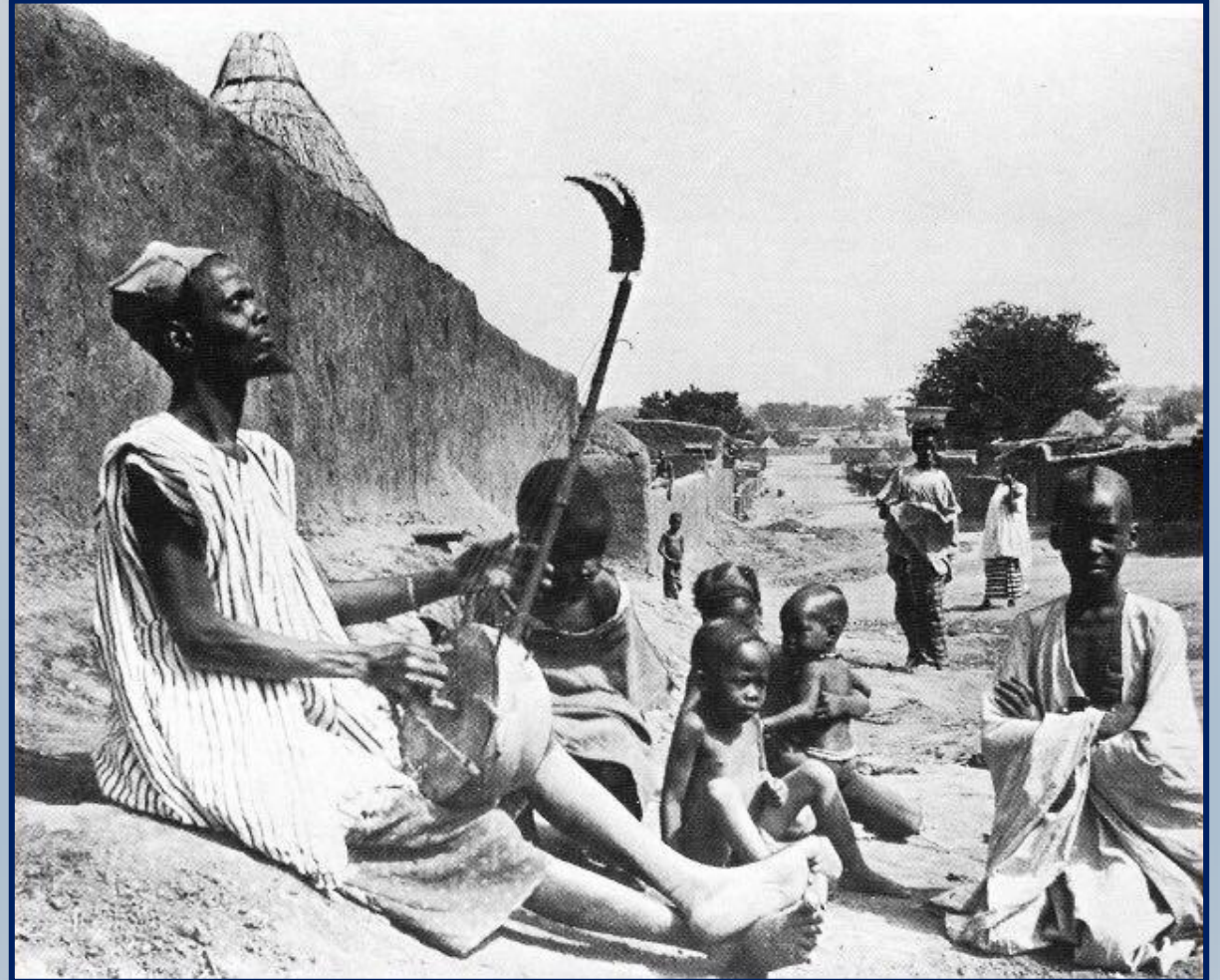
**Those who do not have power over the story that dominates their lives, power to retell it, to rethink it, deconstruct it, joke about it, and change it as times change, truly are powerless, because they cannot think new thoughts.**

**1981 Booker Prize Winner Sir Salman Rushdie**

# Story Telling:



**“The most powerful person in the world is the storyteller. The storyteller sets the vision, values, and agenda of an entire generation that is to come.”**



# Safeguarding Old and New Stories

“A griot was a person in Africa who was charged with keeping the stories of the village. Everyone would tell a griot their stories and the griot would remember them all so that they could tell future generations. When they got old, they’d tell them to someone else. And they say in Africa, when a griot dies it’s like a library was burned down.”

Dave Chapelle- Mark Twain Prize Acceptance Speech (2019)

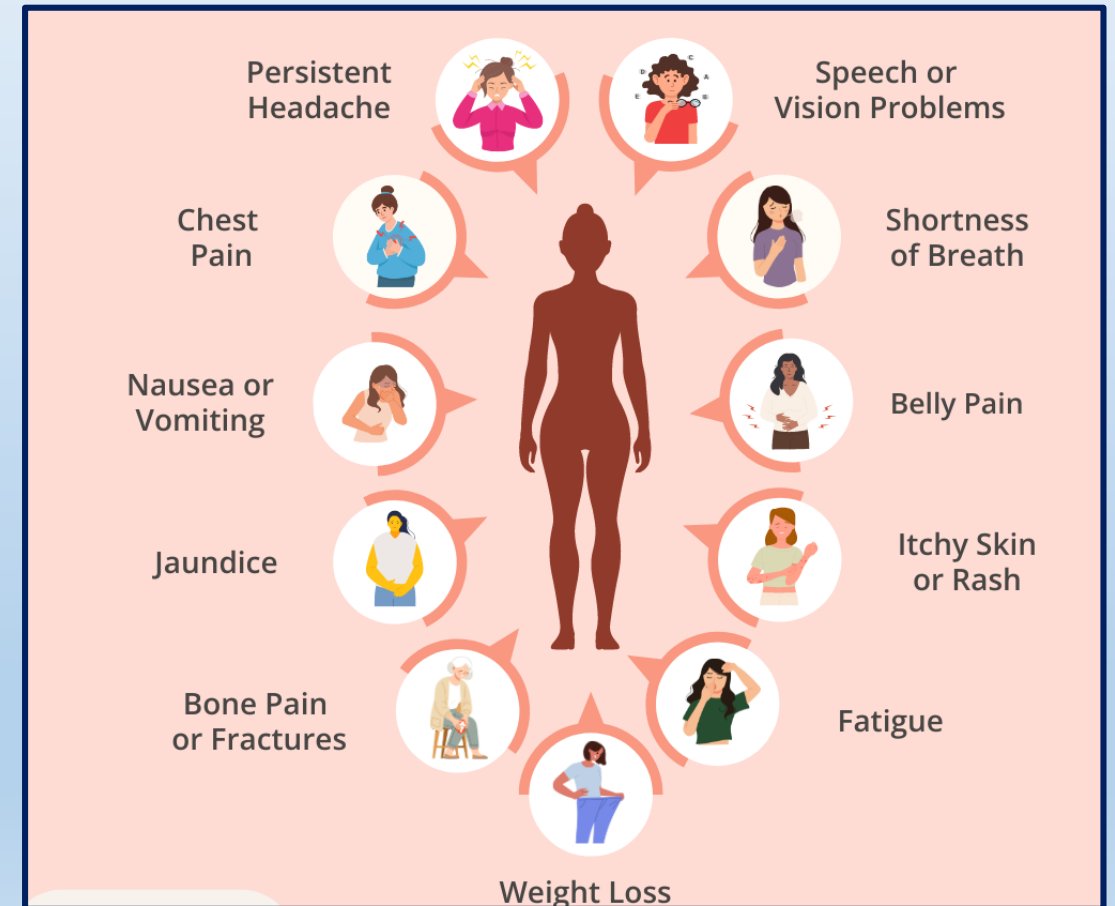
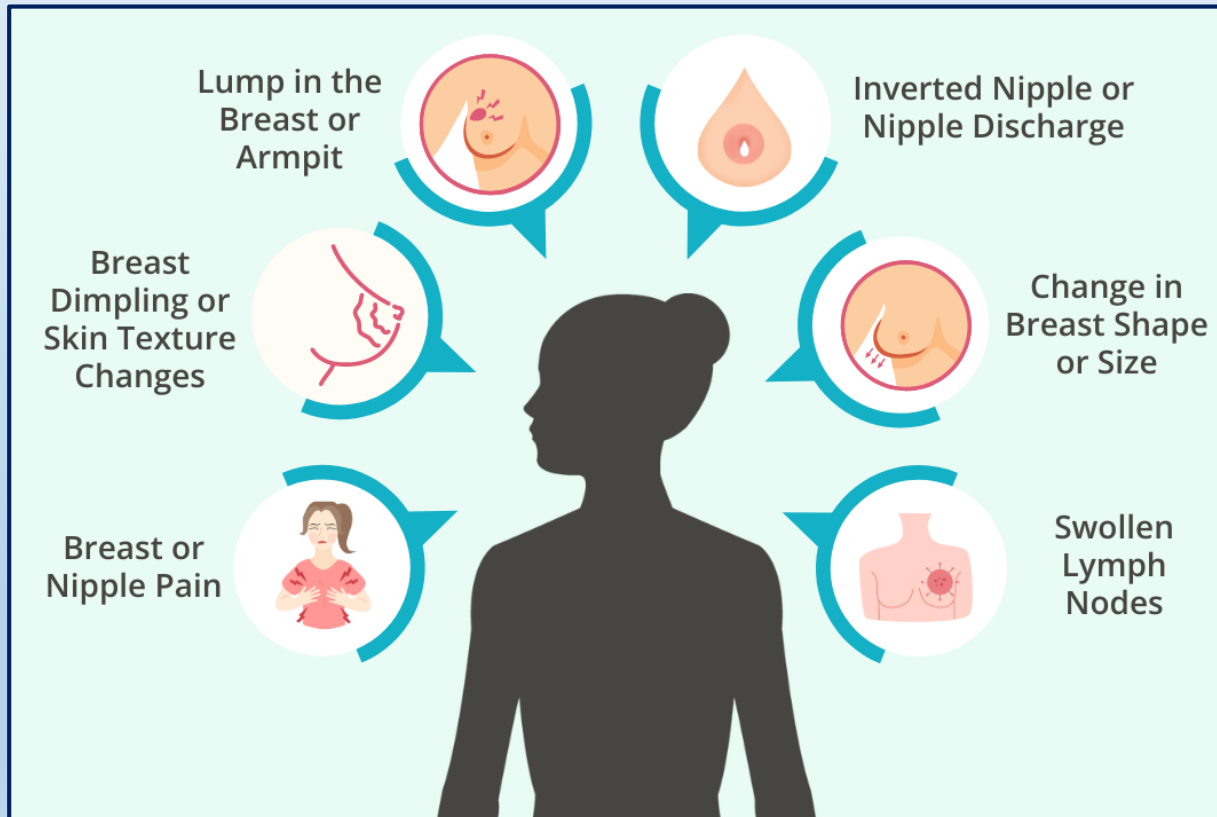
# Outline

- HER2+ Breast Cancer: What is it?
- Symptoms
- Treating HER2 positive metastatic breast cancer
- The Trastuzumab Story
- How to make Trastuzumab
- The Trastuzumab Biosimilar Story
- Pertuzumab
- Trastuzumab Emtansine
- Trastuzumab Deruxtecan
- HER2-directed therapies: Have they made a difference?
- The Future

# The “HER2” & HER2 positive Breast Cancer- What is it?

- The HER2 protein is involved in cell growth and division
- HER2 testing is crucial for determining the most effective treatment in this breast cancer sub-type
- A type of breast cancer where cells have an overabundance of the HER2 protein.
- Approximately 15% to 20% of all breast cancer cases are HER2-positive
- HER2+ breast cancers tend to be more aggressive and grow faster than other types of breast cancers

# HER2+ Breast Cancer: Symptoms



# **The Trastuzumab Story (Herceptin<sup>©</sup>)**

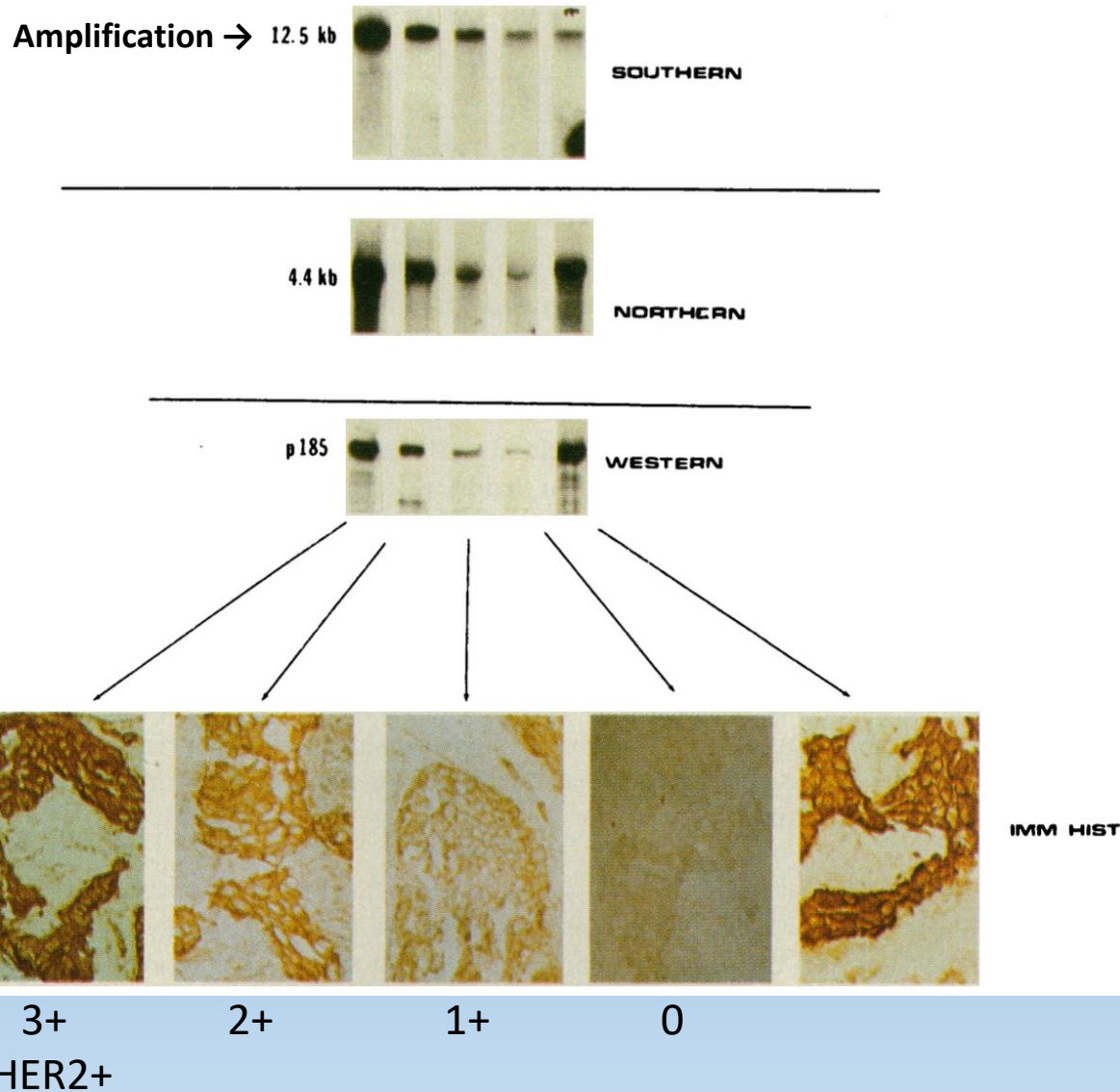
# It all began in 1989



*"1989"- Explores the feelings that come after a major move or life change, focusing on freedom, fun, and flirtation.*



# Correlation Between HER-2/*neu* Gene Amplification and Expression

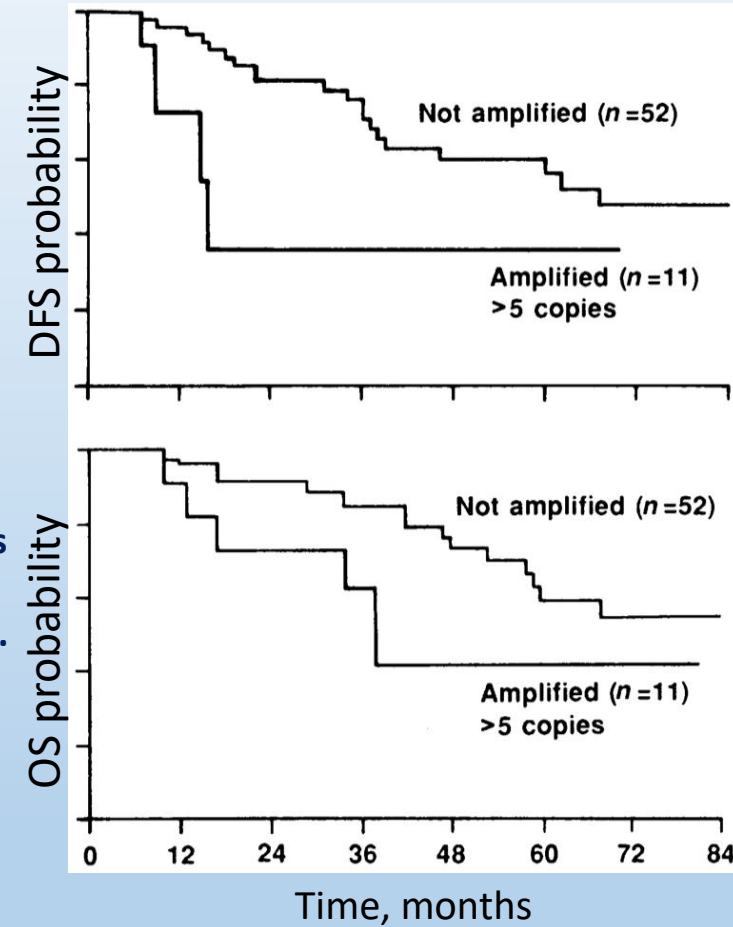


Southern blot analyses show the 12.5-kb HER-2/*neu* band seen with Eco RI cut DNA.

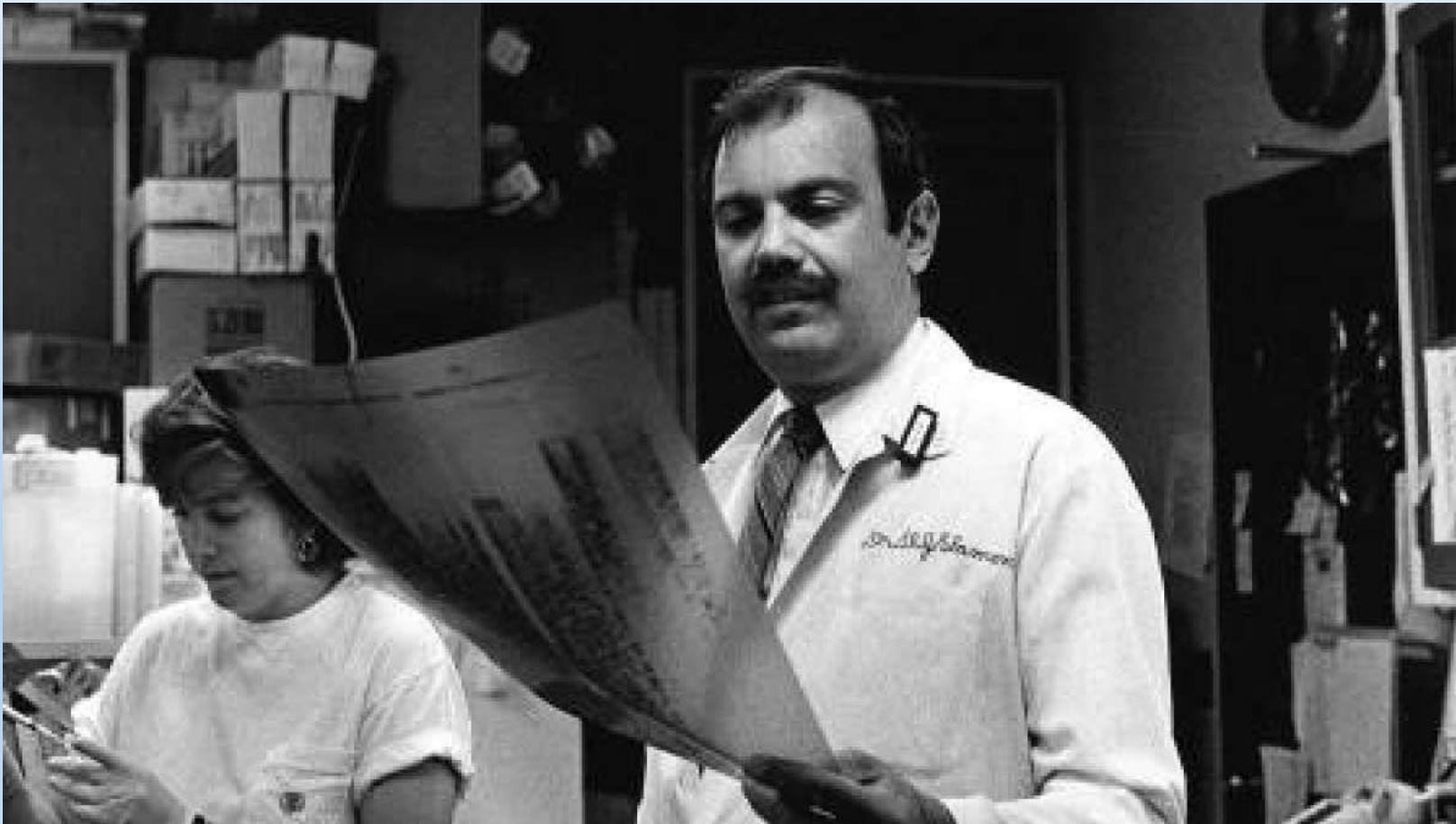
Northern blot analyses show the 4.5-kb HER-2/*neu* transcript.

Western blot analyses show the 185-kD HER-2/*neu* protein band.

“Immunohistochemical analysis was done with the anti-HER-2/*neu* specific antibody on frozen sections. Tissues were scored and placed in one of the four staining categories shown on the basis of the relative level of specific staining as judged by microscopic examination as follows: negative to weak, 1+, 2+, and 3+”.



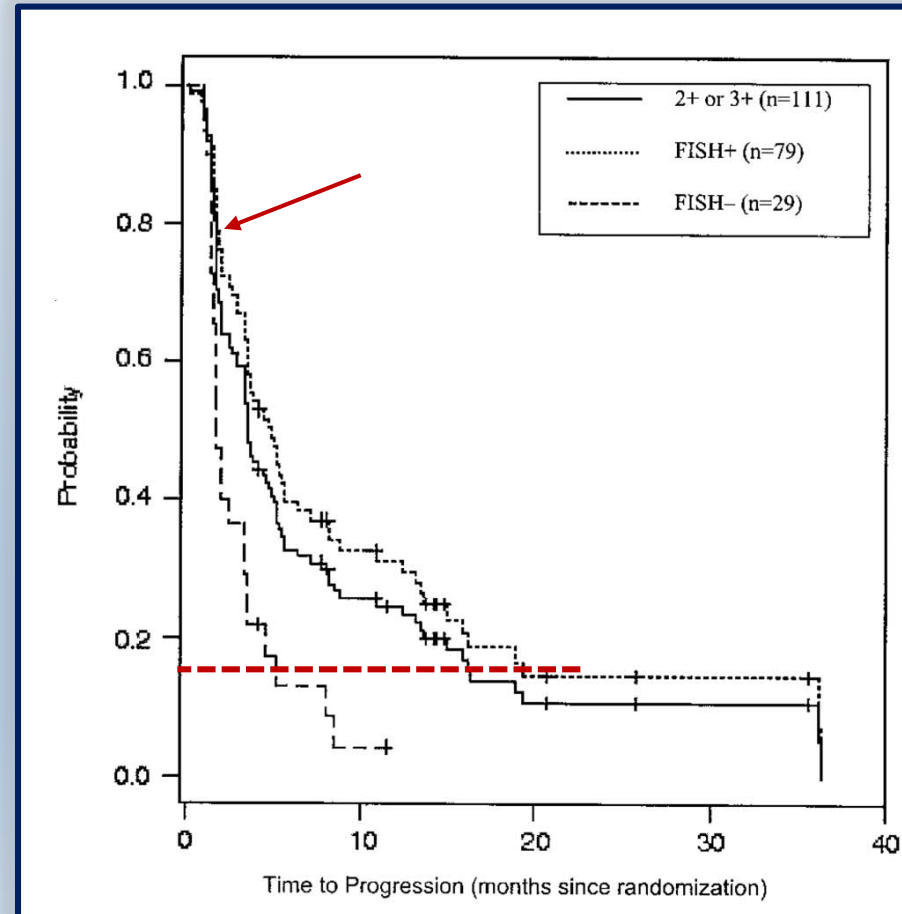
# Trastuzumab: Testing the drug- First in human studies



# Trastuzumab: Is it safe? Does it work?

## Efficacy and Safety of Trastuzumab as a Single Agent in First-Line Treatment of *HER2*-Overexpressing Metastatic Breast Cancer

By Charles L. Vogel, Melody A. Cobleigh, Debu Tripathy, John C. Gutheil, Lyndsay N. Harris, Louis Fehrenbacher, Dennis J. Slamon, Maureen Murphy, William F. Novotny, Michael Burchmore, Steven Shak, Stanford J. Stewart, and Michael Press

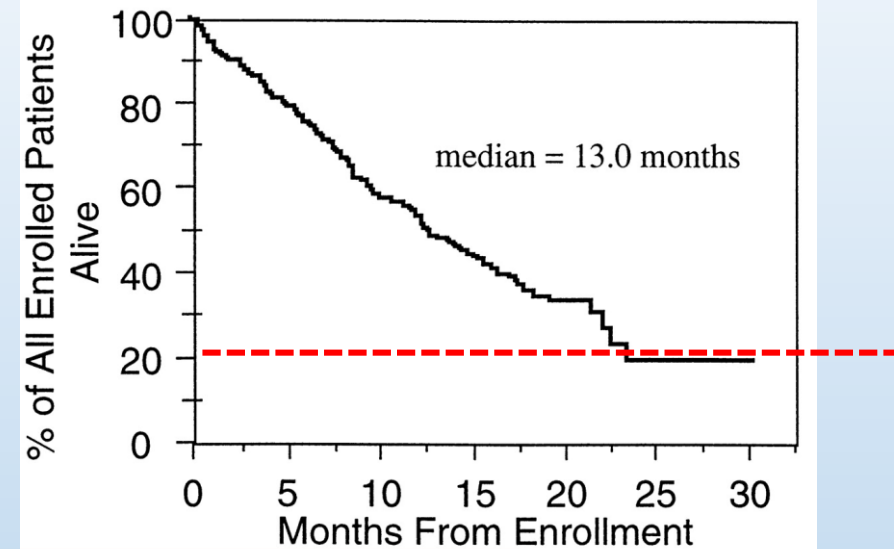


# Trastuzumab- Practice Changing

Clinical Trial > J Clin Oncol. 1999 Sep;17(9):2639-48. doi: 10.1200/JCO.1999.17.9.2639.

## Multinational study of the efficacy and safety of humanized anti-HER2 monoclonal antibody in women who have HER2-overexpressing metastatic breast cancer that has progressed after chemotherapy for metastatic disease

M A Cobleigh<sup>1</sup>, C L Vogel, D Tripathy, N J Robert, S Scholl, L Fehrenbacher, J M Wolter, V Paton, S Shak, G Lieberman, D J Slamon



## The New England Journal of Medicine

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VOLUME 344

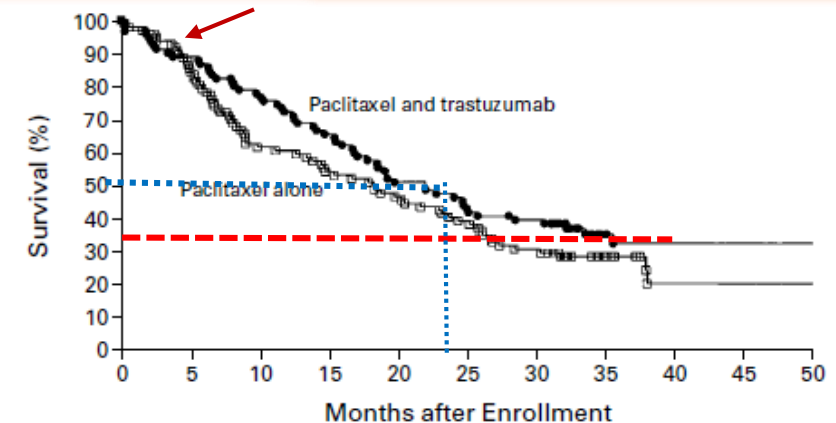
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### USE OF CHEMOTHERAPY PLUS A MONOCLONAL ANTIBODY AGAINST HER2 FOR METASTATIC BREAST CANCER THAT OVEREXPRESSES HER2

DENNIS J. SLAMON, M.D., PH.D., BRIAN LEYLAND-JONES, M.D., STEVEN SHAK, M.D., HANK FUCHS, M.D., VIRGINIA PATON, PHARM.D., ALEX BAJAMONDE, PH.D., THOMAS FLEMING, PH.D., WOLFGANG EIERMANN, M.D., JANET WOLTER, M.D., MARK PEGRAM, M.D., JOSE BASELGA, M.D., AND LARRY NORTON, M.D.\*



No. AT RISK

Paclitaxel and  
trastuzumab

92 80 69 58 45 39 34 15 2

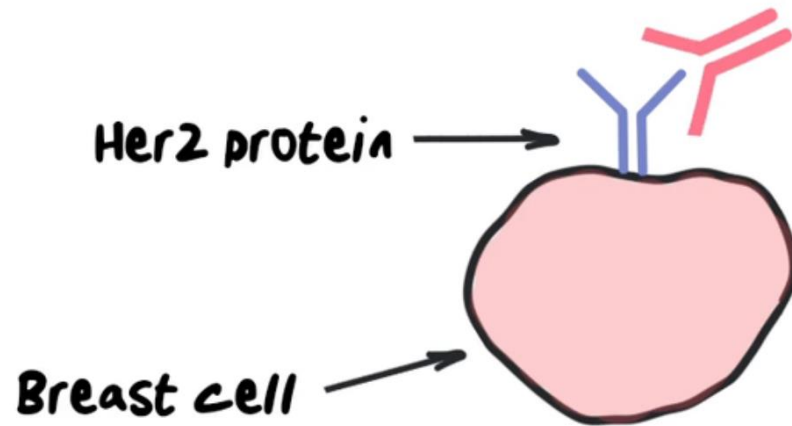
Paclitaxel alone

96 81 58 51 44 37 28 14 2

“[Without] a paclitaxel arm, Trastuzumab could not be in the market today,”

# Trastuzumab: Novel drug with a new target and new mechanism of action

## Her2 Targeted Therapies



**Herceptin**

**Trastuzumab**

**Binds Her2 receptor**

**Blocks growth**

**Immune attack**

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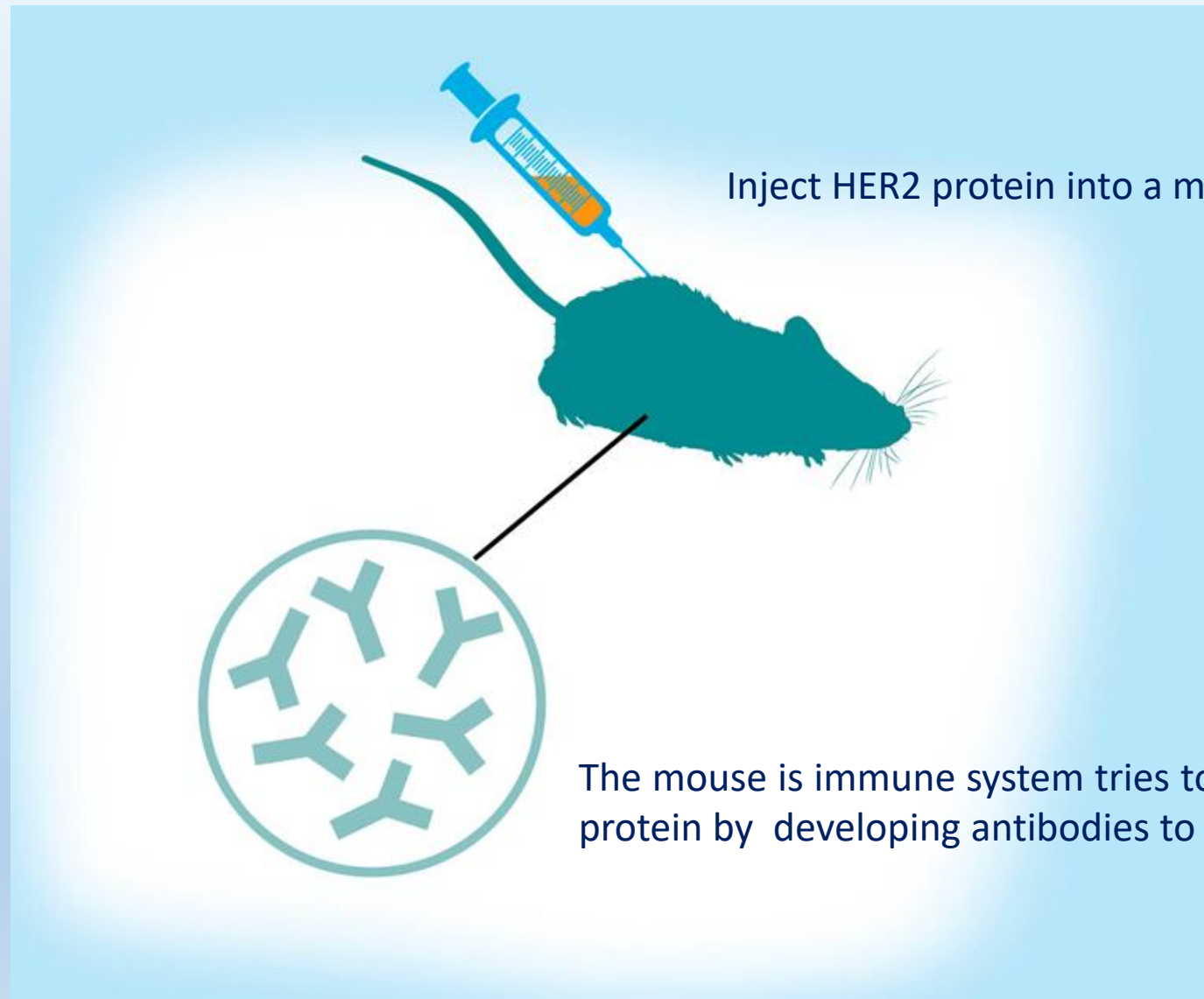
# HER2+ breast cancer- a quick re-cap

- Approx. 20% of all Breast cancers are HER-2 positive
- This is manifest as:
  - over-expression of HER2 receptor
  - gene amplification of HER2receptor
- HER2 receptor positivity confers a more aggressive phenotype with poorer prognosis.
- Taxane + Trastuzumab superior to Taxane alone in 1<sup>st</sup> line treatment of patients with HER-2 positive metastatic breast cancer (The M77001 Study Group, 2005)

# HER2 positive Breast Cancer: How to make Trastuzumab

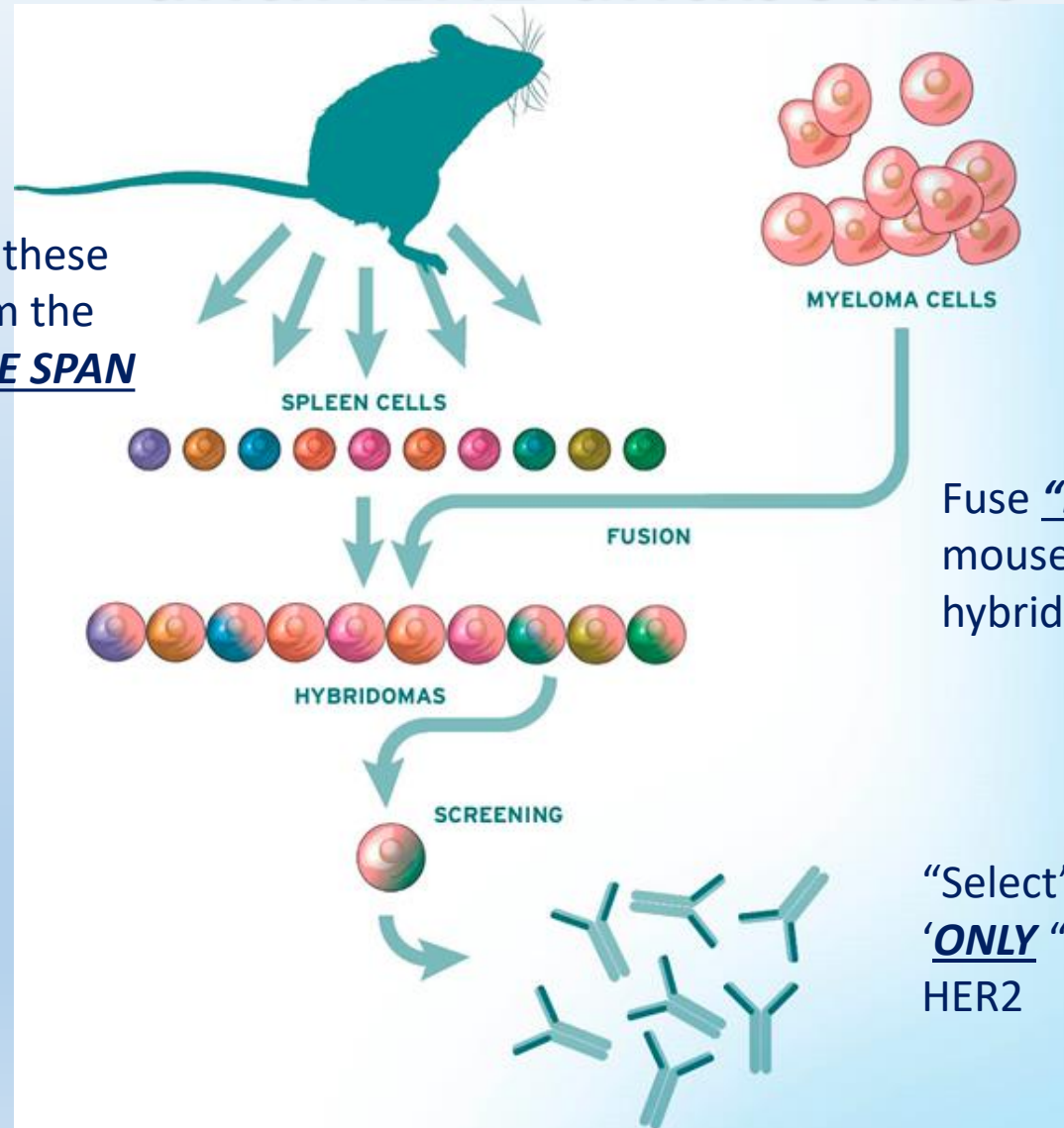


# Step 1: Develop the antibody



## Step 2: Select out and mass produce specific antiHER2 antibodies

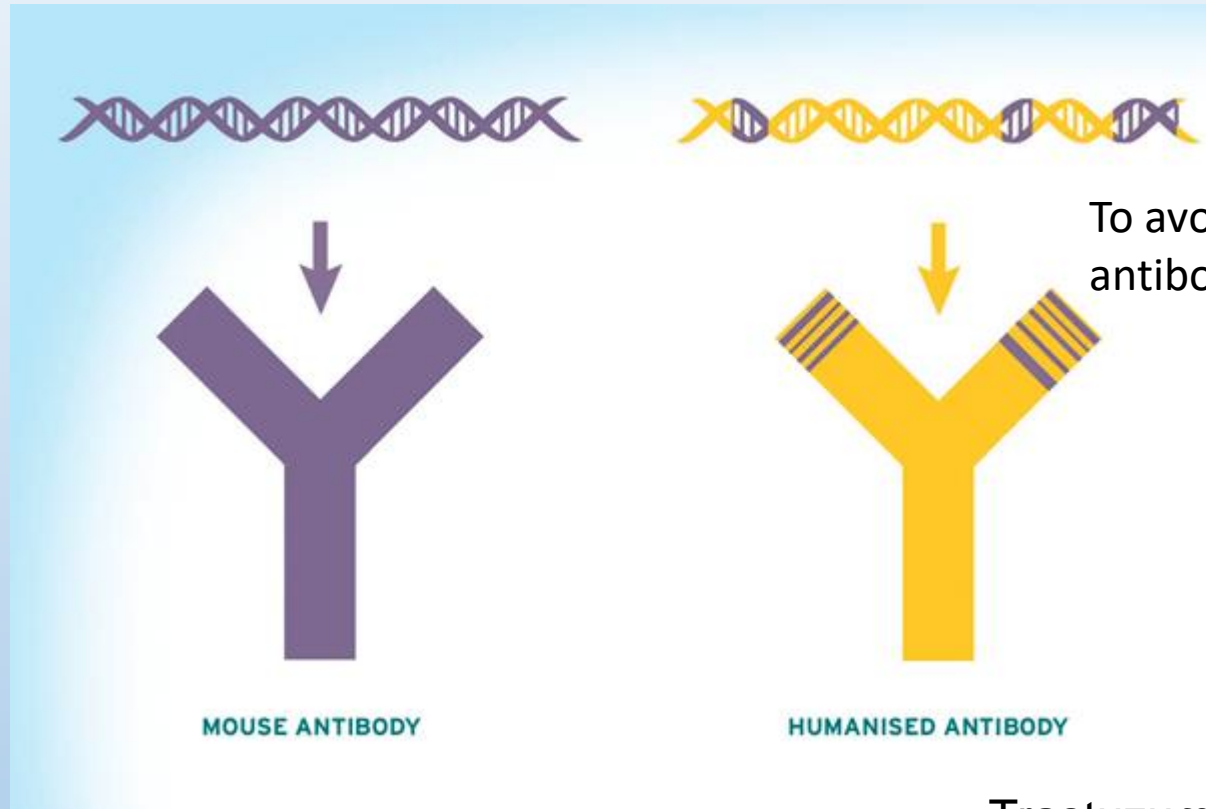
The B-cells that manufacture these antibodies are extracted from the mouse's spleen- **LIMITED LIFE SPAN**



Fuse **“ETERNAL”** myeloma cells with mouse B-cells to manufacture hybridomas

“Select” out the hybridoma that **‘ONLY’** produces antibodies specific to HER2

# Humanise the anti-HER2 antibody



To avoid this, the genes for producing the Herceptin antibody are altered to make them more human-like

If a mouse antibody is given directly to humans it can trigger an immune reaction.

This is because the human immune system recognises that it is foreign

Trastuzumab DNA is 95% human & 5% mouse.

Hence the immune system is tricked into thinking its human

Meanwhile HER2 targeting section can bind to HER2.

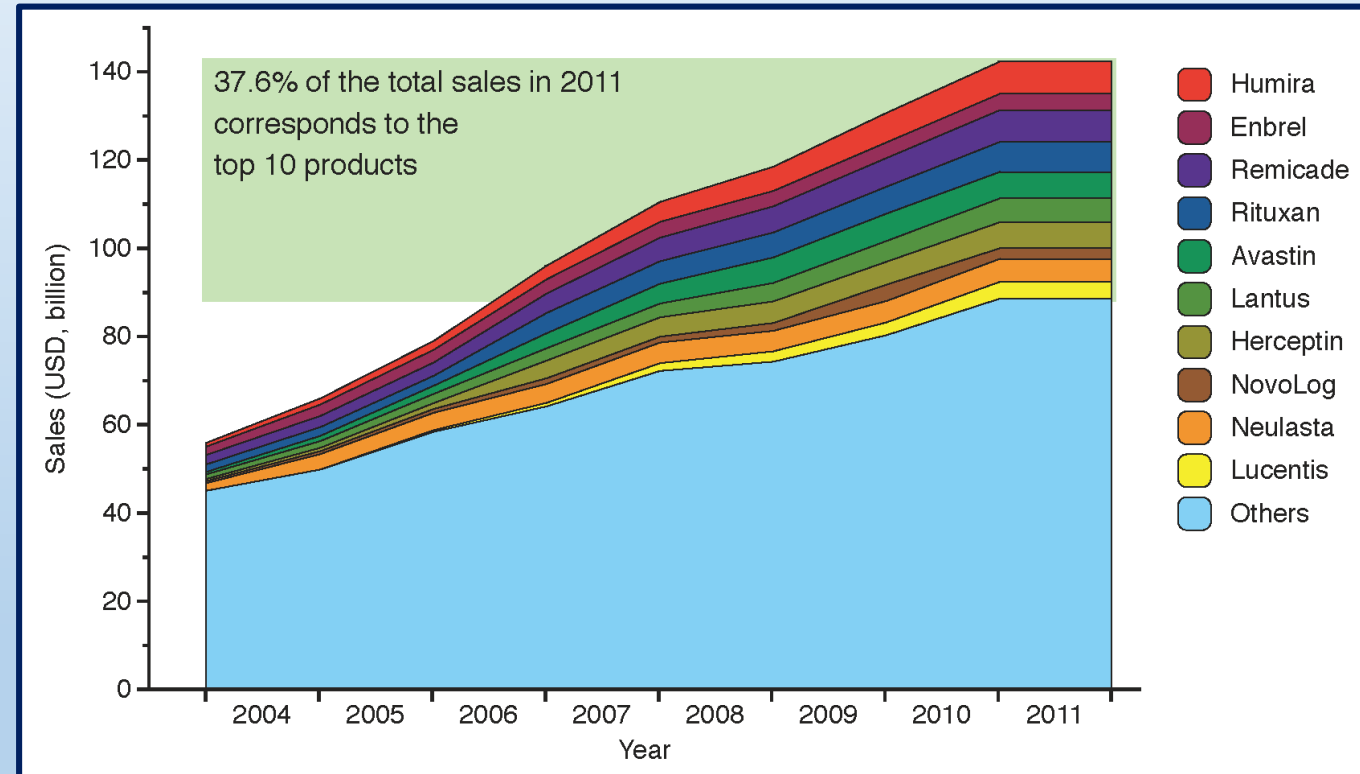
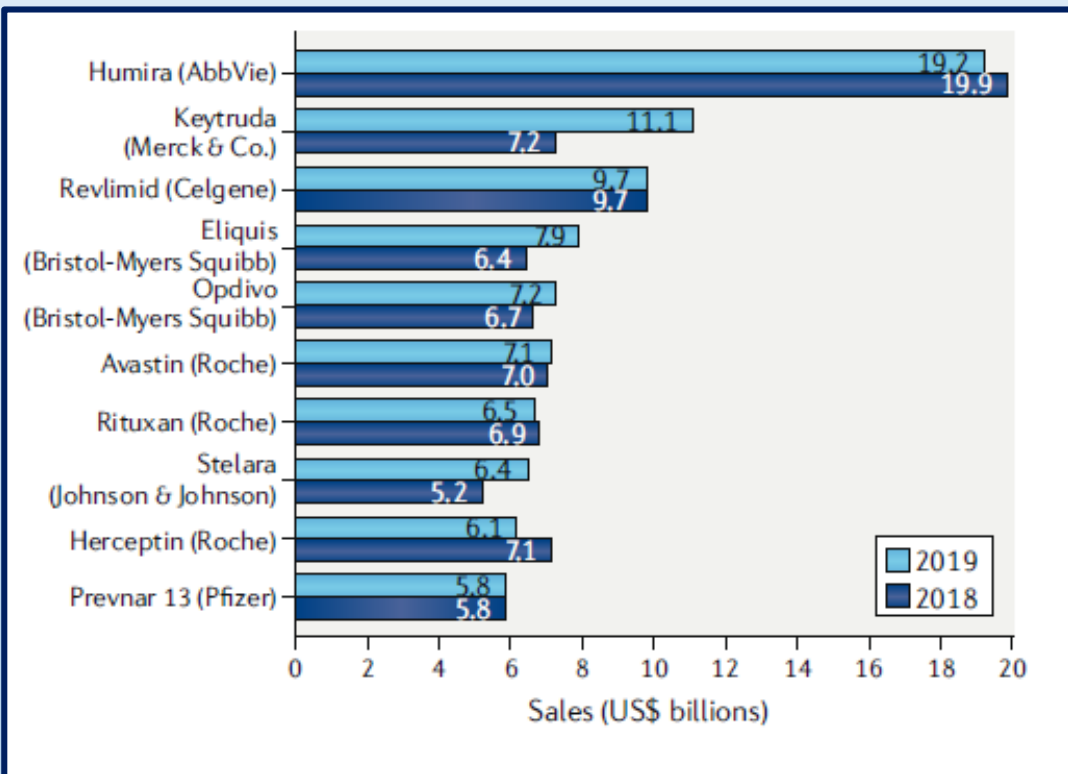
# Mass-produce Trastuzumab



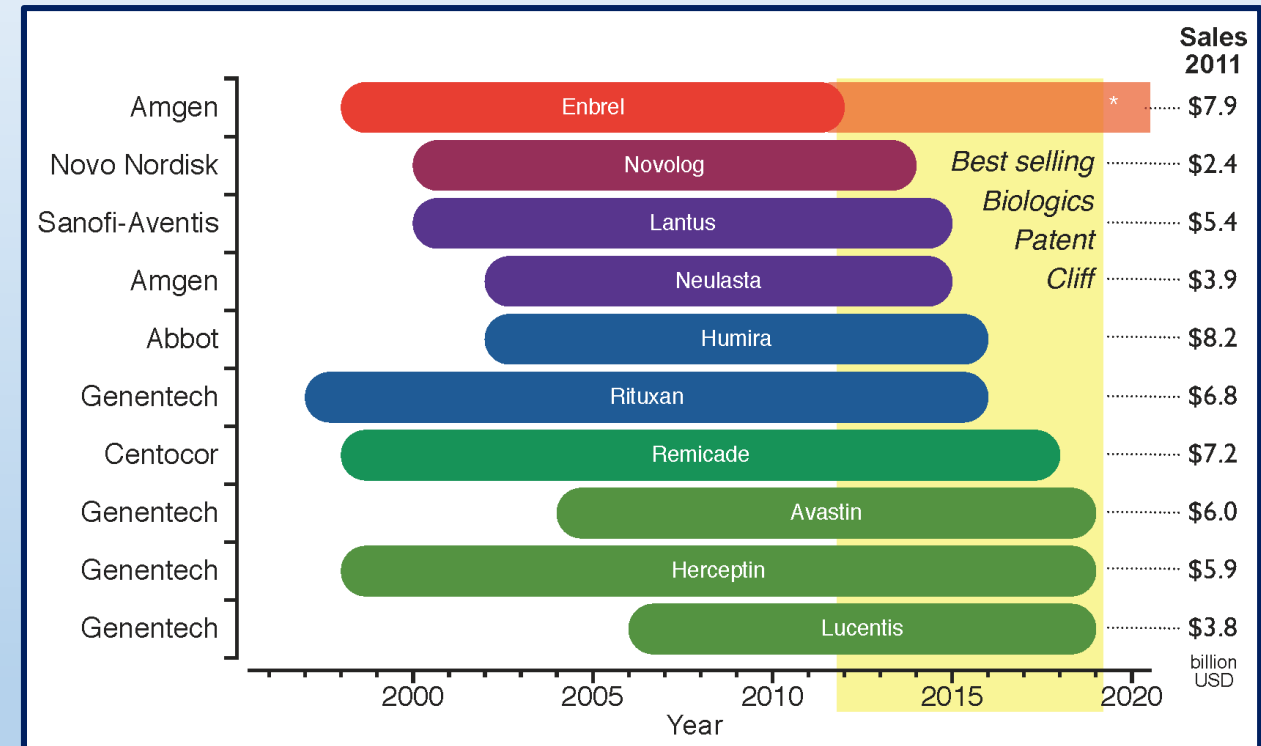
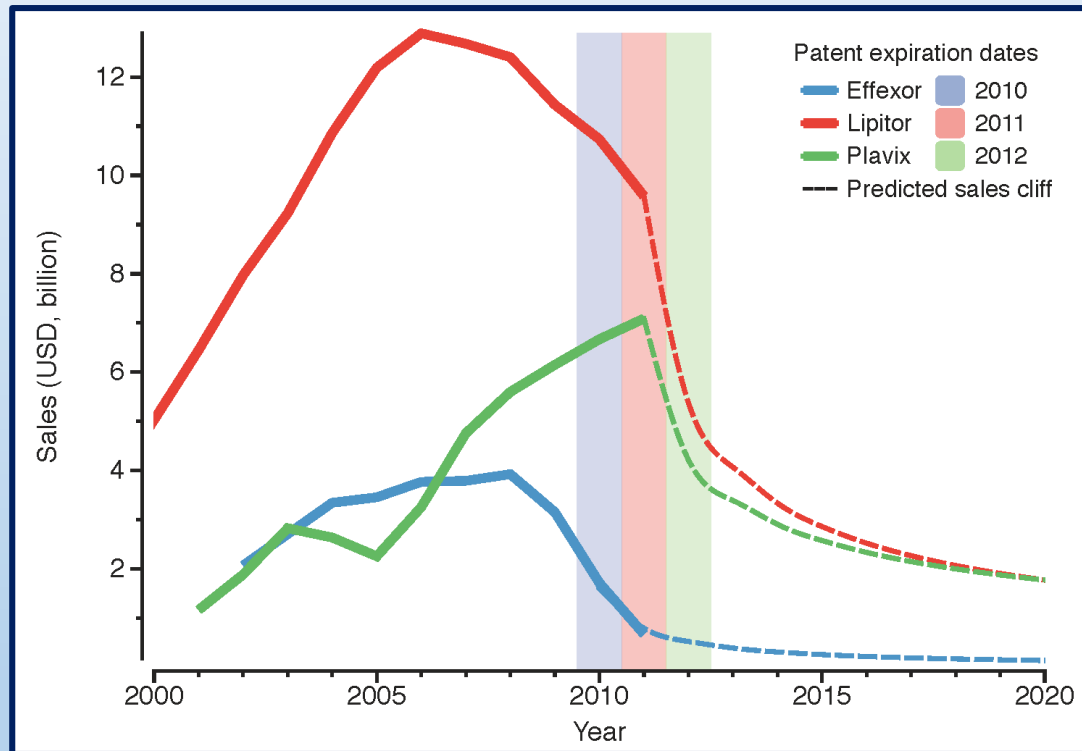
- The newly humanised gene for the antibody is then placed inside ovary cells taken from Chinese hamsters
- B-Cells can be grown in unlimited amounts
- Antibodies i.e. Trastuzumab are extracted from them

# **The Trastuzumab Biosimilar Story**

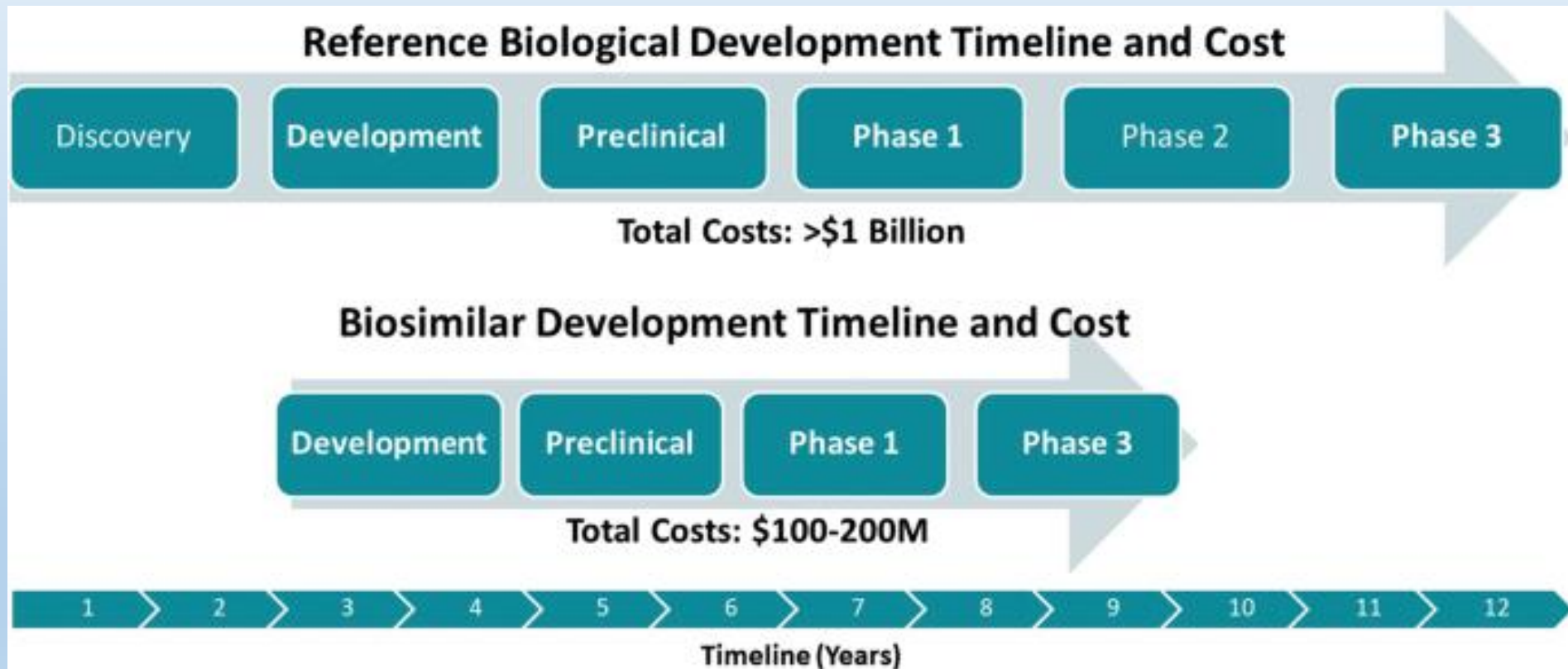
# Herceptin<sup>®</sup>: One the Best selling drugs in the 21<sup>st</sup> Century?





# Herceptin<sup>®</sup>: The Patent Cliff

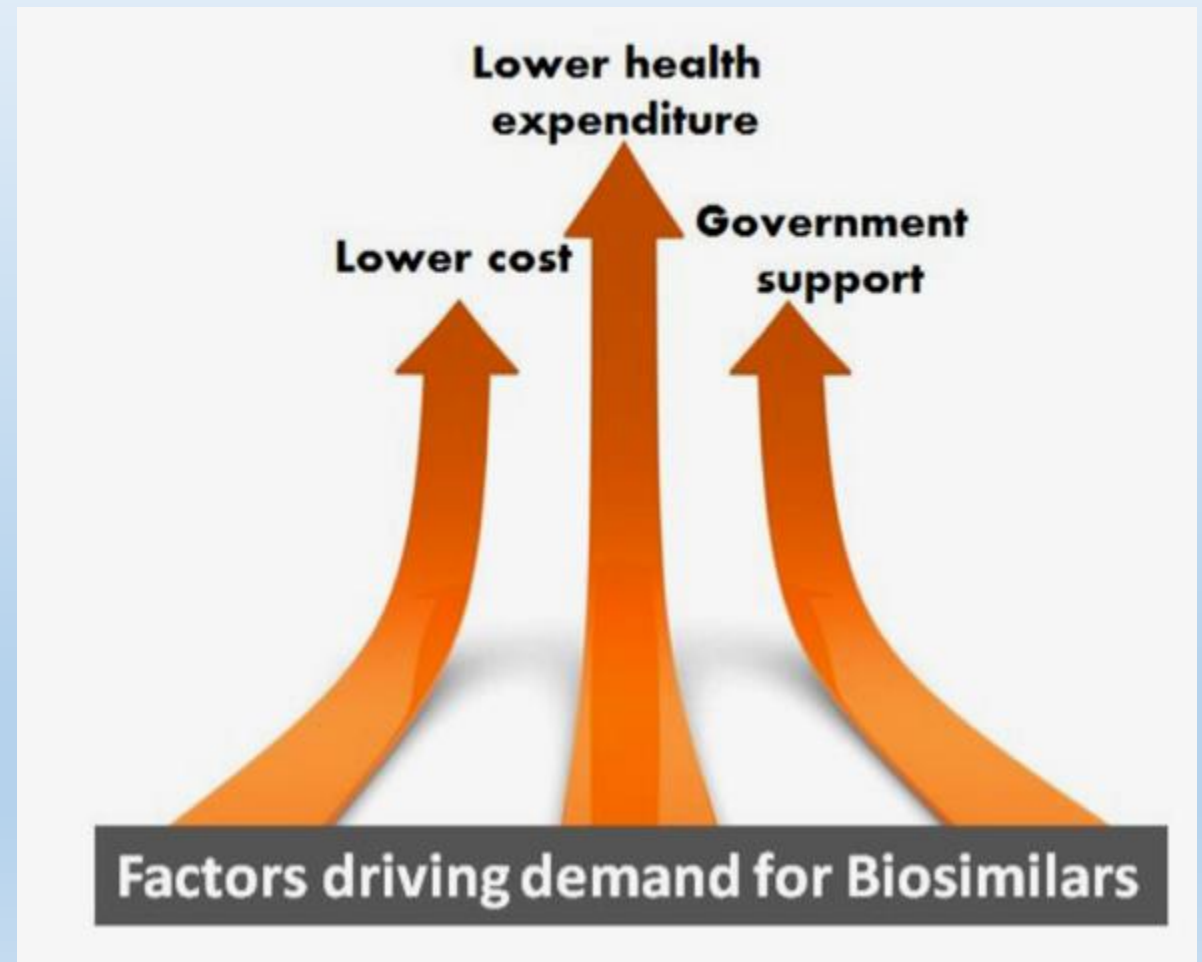


# The Development of “me-too” Trastuzumabs

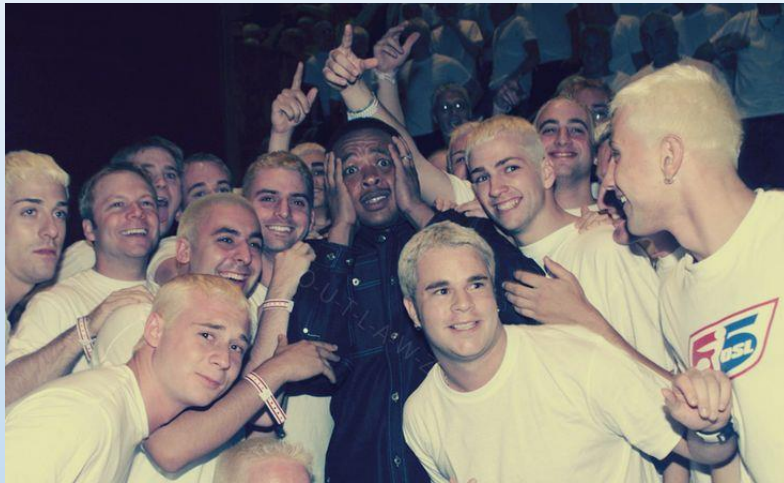


# Herceptin<sup>®</sup> vs Trastuzumab Biosimilar: What's the difference?

Similar design	
	
BIOLOGIC	BIOSIMILAR
Novel therapeutic	Competitive Bioequivalence
15 years to develop	8-10 years to develop
\$1.2 Billion cost	\$100-200 Million cost
Patentable	Non-patentable
Reference Price	Reduced price



# Choosing Between Biosimilars: Can the real Trastuzumab please stand up!



Comparison of the five approved trastuzumab biosimilars.

Agent	Brand name	Approval	Indication	Trial population	Trial results
MYL-14010	Ogivri	December 2017	Adjuvant early stage and metastatic breast cancer, metastatic gastric or GEJ adenocarcinoma	Metastatic breast cancer (n=500)	MYL-1410 <i>versus</i> trastuzumab: Noninferior ORR: 69.6% <i>versus</i> 64% (HR 1.09; CI 95% 0.95–1.24) <sup>12,13</sup>
CT-P6	Herzuma	December 2018	Adjuvant early stage and metastatic breast cancer	Early stage breast cancer (n=549)	CT-P6 <i>versus</i> trastuzumab: noninferior pCR 46.8% <i>versus</i> 50.4% (risk ratio 0.92) <sup>17,18</sup>
SB3	Ontruzant	January 2019	Adjuvant early stage and metastatic breast cancer, metastatic gastric or GEJ adenocarcinoma	Early stage breast cancer (n=800)	SB3 <i>versus</i> trastuzumab: Equivalent in breast pCR 51.7% <i>versus</i> 42.0% (adjusted ratio 1.259) <sup>20</sup>
PF-05280014	Trazimera	March 2019	Adjuvant early stage and metastatic breast cancer, metastatic gastric or GEJ adenocarcinoma	Metastatic breast cancer (n=707)	PF-05280014 <i>versus</i> trastuzumab: Equivalent in breast ORR 62.5% <i>versus</i> 66.5% (RR for ORR 0.94) <sup>24</sup>
ABP980	Kanjinti	June 2019	Adjuvant early stage and metastatic breast cancer, metastatic gastric or GEJ adenocarcinoma	Early stage breast cancer (n=725)	ABP980 <i>versus</i> trastuzumab: pCR 48% <i>versus</i> 41% (risk ratio 1.188) <sup>28</sup>

GEJ, gastroesophageal junction; HR, hazard ratio; ORR, Overall Response Rate; pCR, pathological complete response; RR, risk ratio.

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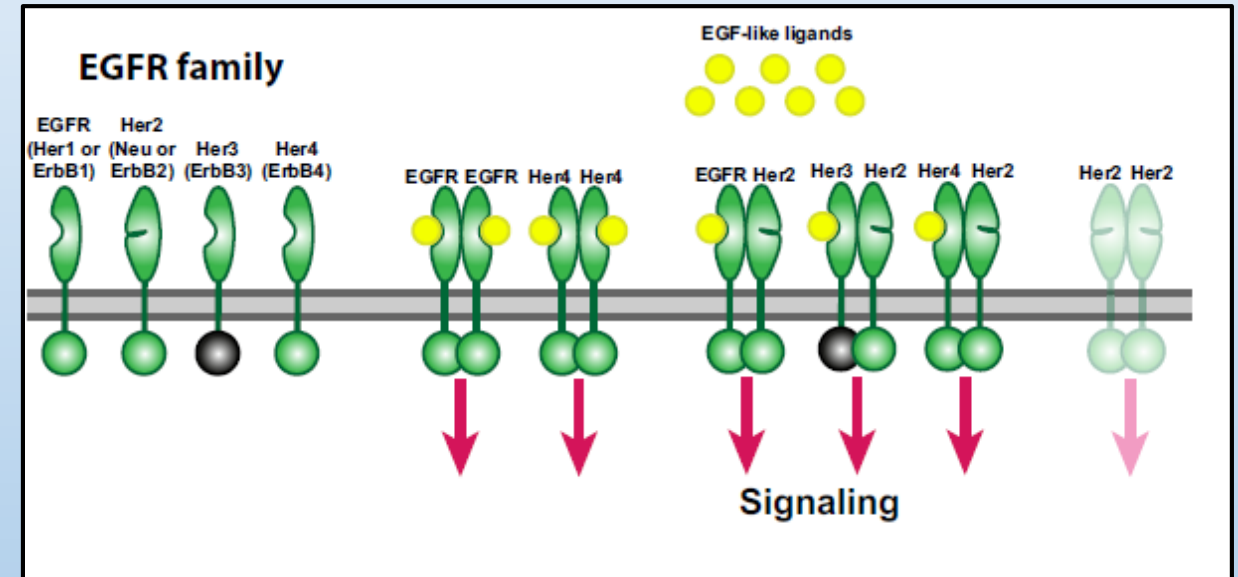
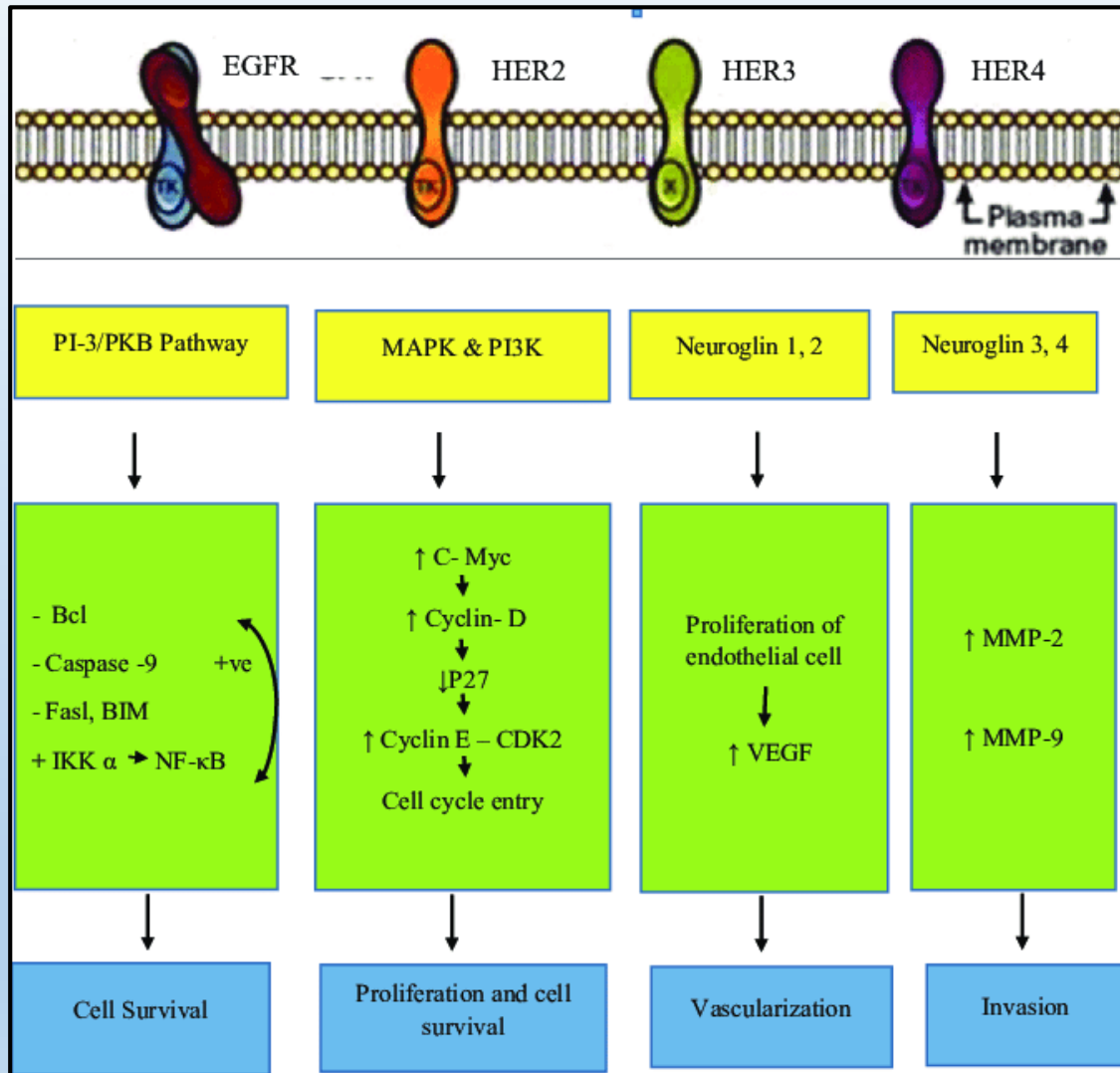
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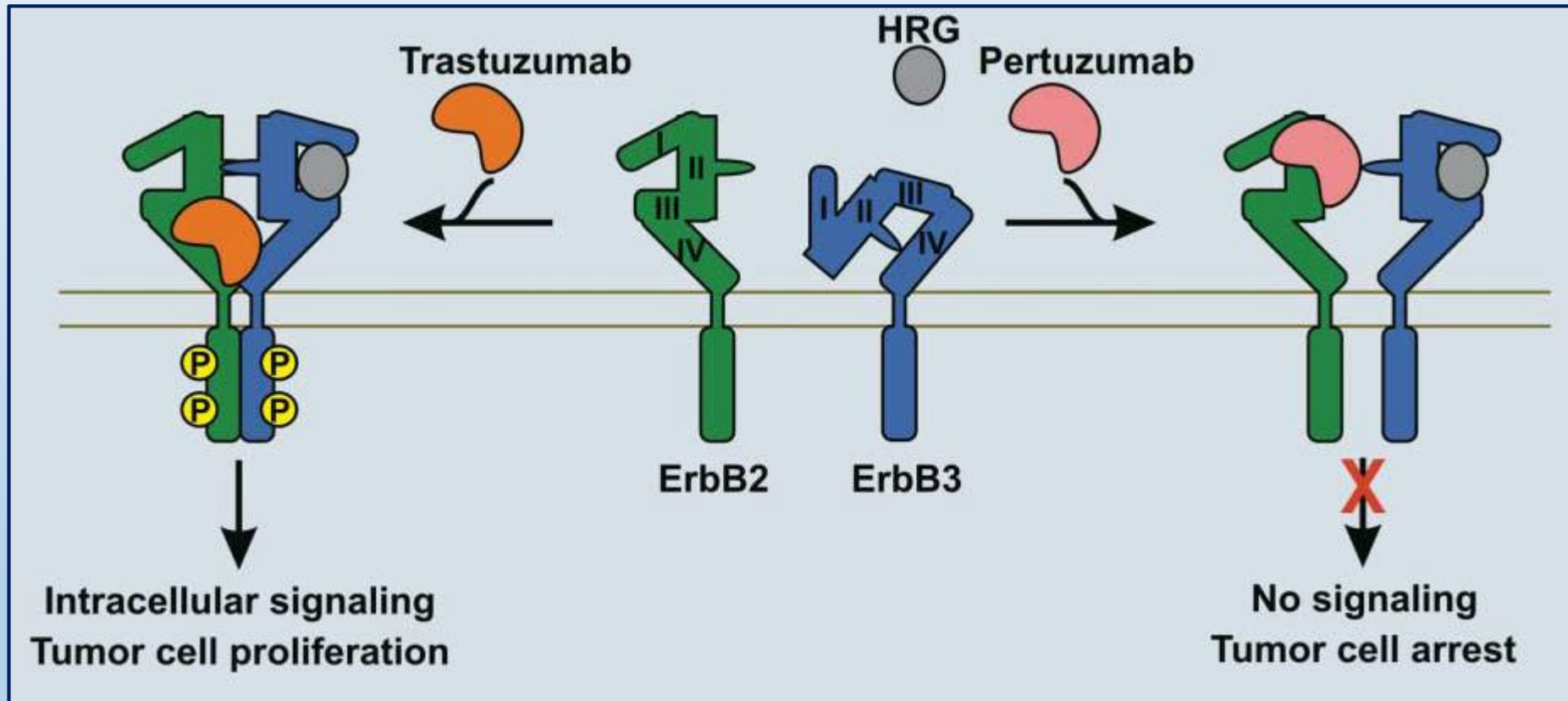
2023  
PHARMAC funds Herzuma  
Trastuzumab biosimilar

# **The Pertuzumab Story**

# The EGFR/HER Family



# How Pertuzumab overcomes Trastuzumab Resistance by Tumour

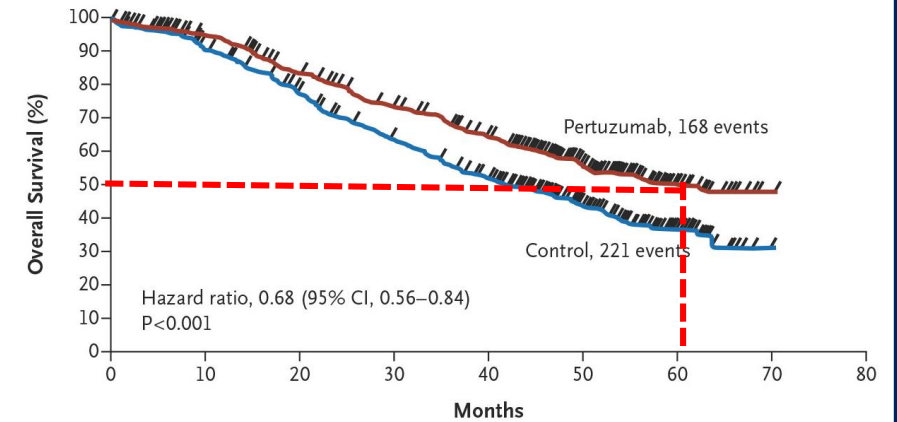


# Trastuzumab + Pertuzumab - Practice Changing

## ORIGINAL ARTICLE

### Pertuzumab, Trastuzumab, and Docetaxel in HER2-Positive Metastatic Breast Cancer

Sandra M. Swain, M.D., José Baselga, M.D., Sung-Bae Kim, M.D., Jungsil Ro, M.D., Vladimir Semiglazov, M.D., Mario Campone, M.D., Eva Ciruelos, M.D., Jean-Marc Ferrero, M.D., Andreas Schneeweiss, M.D., Sarah Heeson, B.Sc., Emma Clark, M.Sc., Graham Ross, F.F.P.M., Mark C. Benyunes, M.D., and Javier Cortés, M.D., for the CLEOPATRA Study Group\*



#### No. at Risk

Pertuzumab	402	371	318	268	226	104	28	1	0
Control	406	350	289	230	179	91	23	0	0

## The New England Journal of Medicine

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VOLUME 344

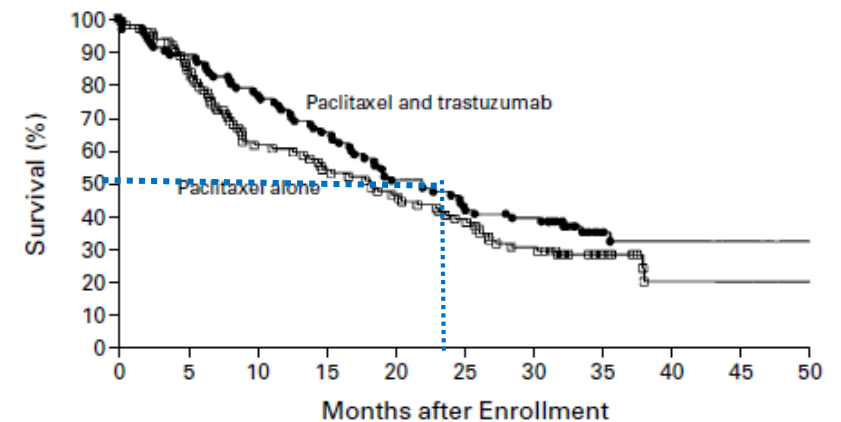
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#### No. AT RISK

Paclitaxel and trastuzumab	92	80	69	58	45	39	34	15	2
Paclitaxel alone	96	81	58	51	44	37	28	14	2

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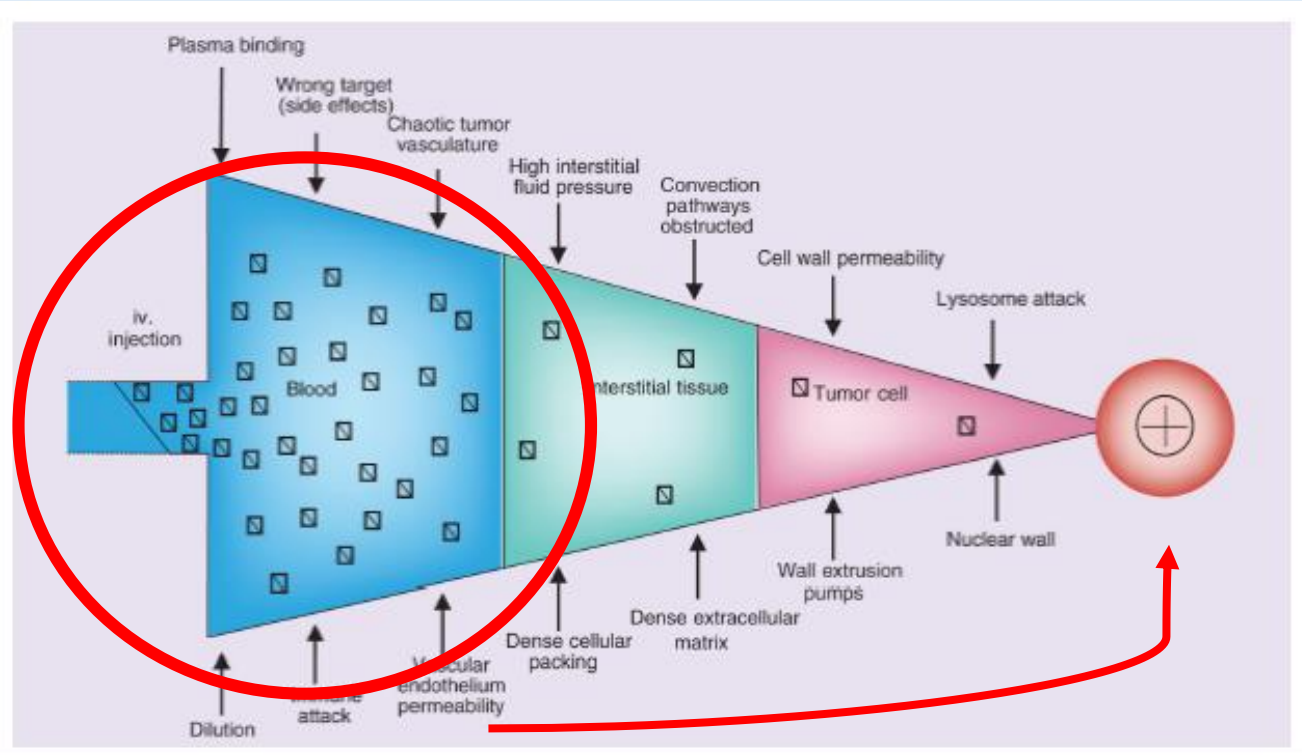
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**1990**  
Pertuzumab (Perjeta) developed

2017  
PHARMAC funds  
Pertuzumab for HER2+  
mBC

# **The Trastuzumab Emtansine Story (T-DM1/Kadcyla)**

# The problem with chemotherapy



- Narrow Therapeutic Index
- Wrong target
- Immediate And Intermediate dose limiting toxicities
- Low specificity
- Development of resistance

Selectively deliver potent chemotherapy drugs directly to cancer cells while minimizing damage to healthy tissues

# The premise for new class of drug:

## The Magic Bullet

- 1890's: Behring hypothesizes conceptualises “antibodies” – a chemical produced by your body to fight toxins produces by bacteria
- 1901: Receives Nobel prize for characterising diphtheria antibodies produced by body to fight diphtheria toxins
- 1907: Nobel Prize laureate Paul Ehrlich hypothesises that antibodies bind antigens through special chemical structures that he called "side chains" (which he later named “receptors” ).
- Theorizes that one can attach a ‘poison’ to this side chain and attempt to deliver the poison to the bacteria- coins the term “Zauberkegel”- “magic bullet”/ “chemotherapy”
- Becomes the laughing stock of the medical fraternity- “Dr Phantassus”

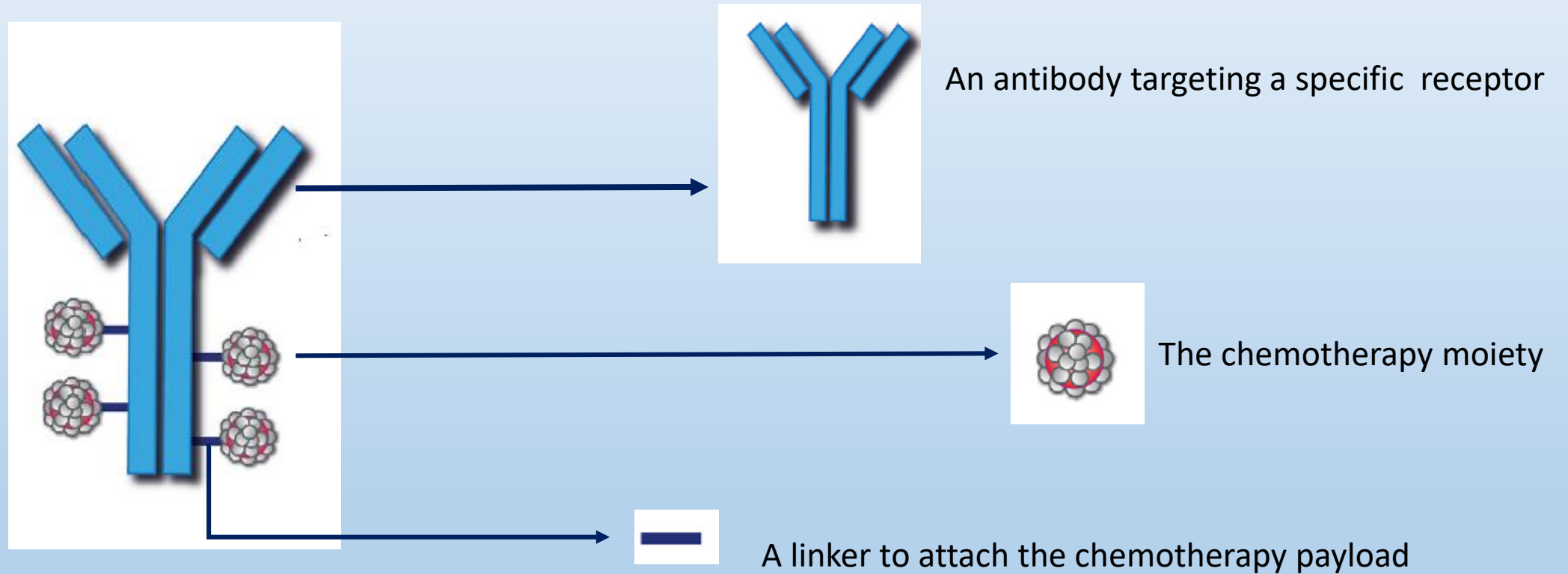
**“It always seems impossible, until it is done.”**

**-Tata Madiba**

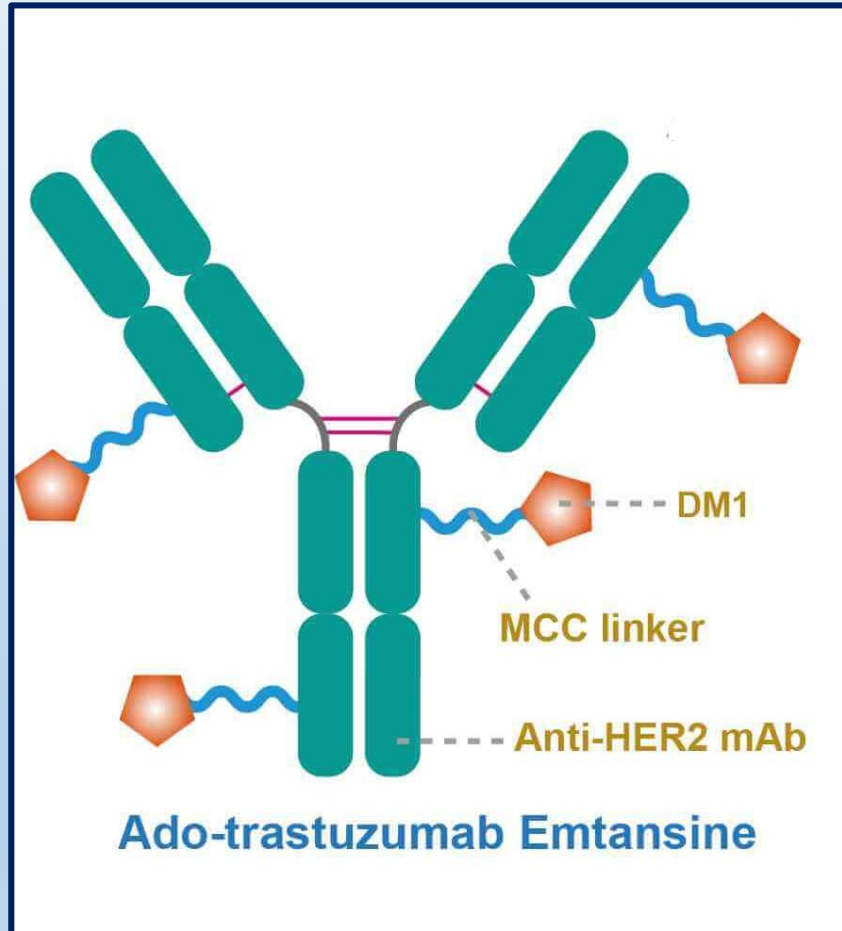
**"You see things; you say, 'Why?' But I dream things that never were;  
and I say, 'Why not?'"**

**- George Bernard Shaw**

# The Anatomy of an Antibody Drug Conjugate



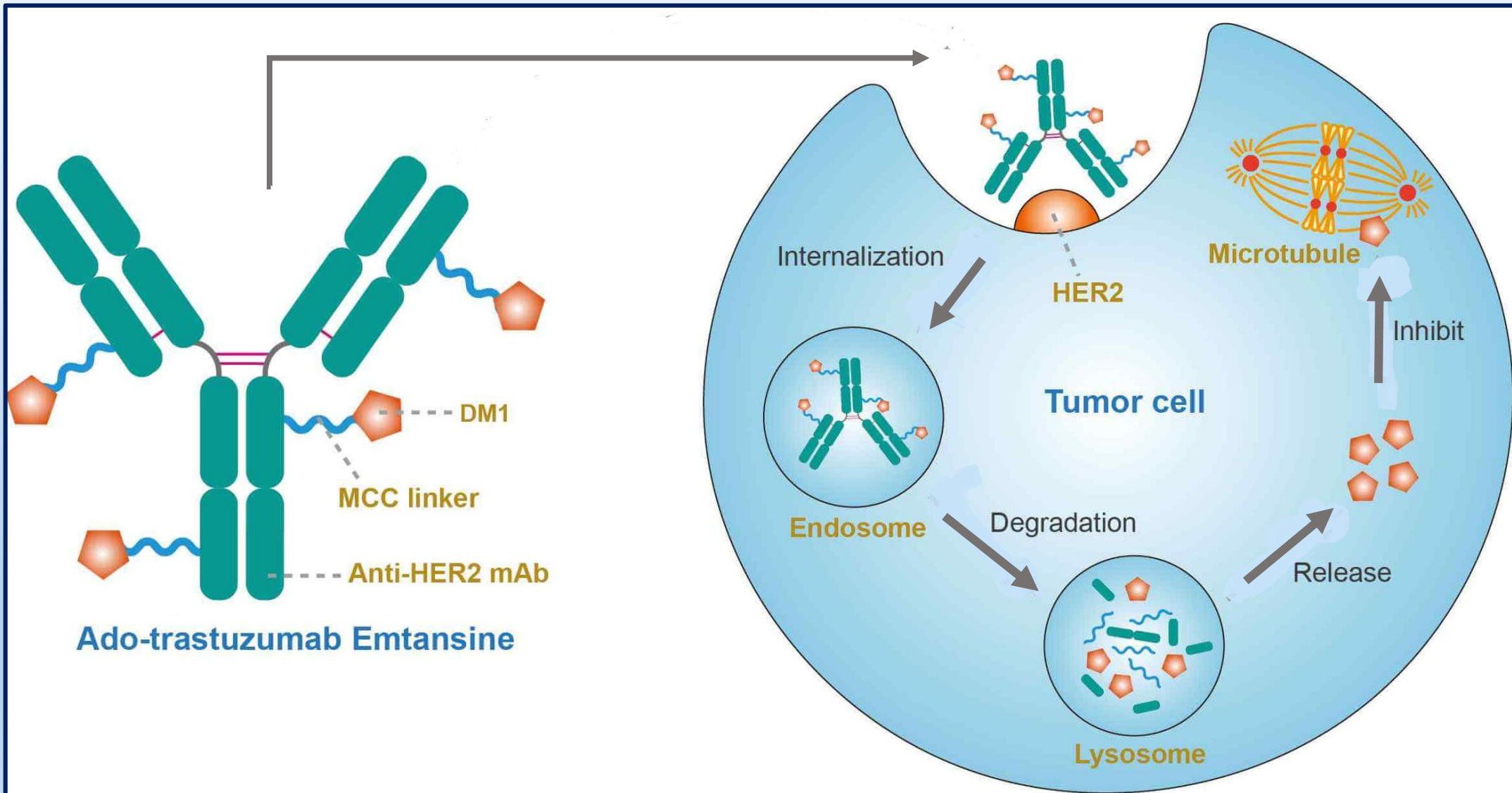
# Trastuzumab emtansine (T-DM1): Structure



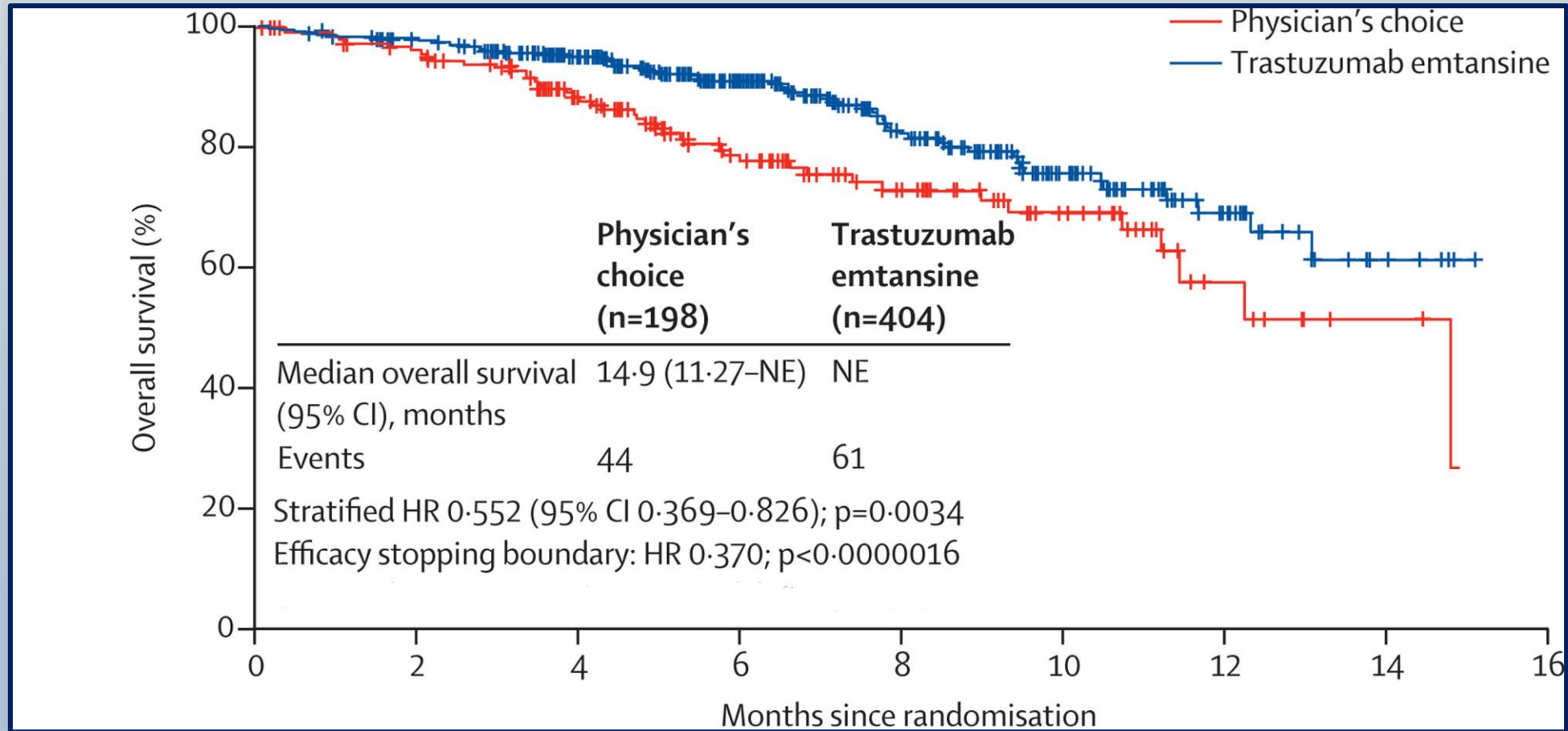
Comprised of:

- An antibody against the HER2 receptor- Trastuzumab
- A potent chemotherapy- tubulin based inhibitor- maytansine  
Derivative of maytansine 1- DM1
- A stable linker that does not contain a cleavage element

# Trastuzumab emtansine: How it works



# Trastuzumab Emtansine- Practice Changing



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**2006**  
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(T-DM1) first developed

**2019**  
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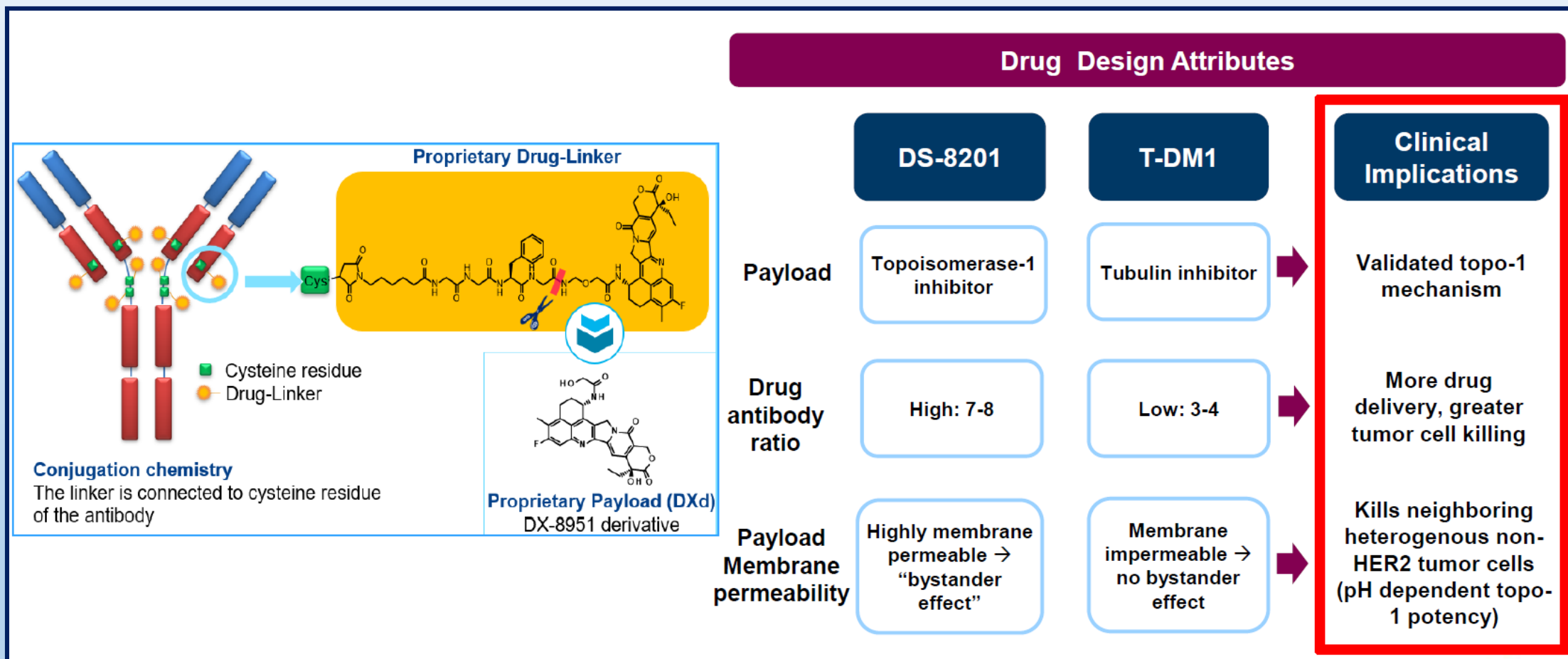
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# **The Trastuzumab Deruxtecan Story (Enhertu)**

# Why Trastuzumab Deruxtecan is the Business

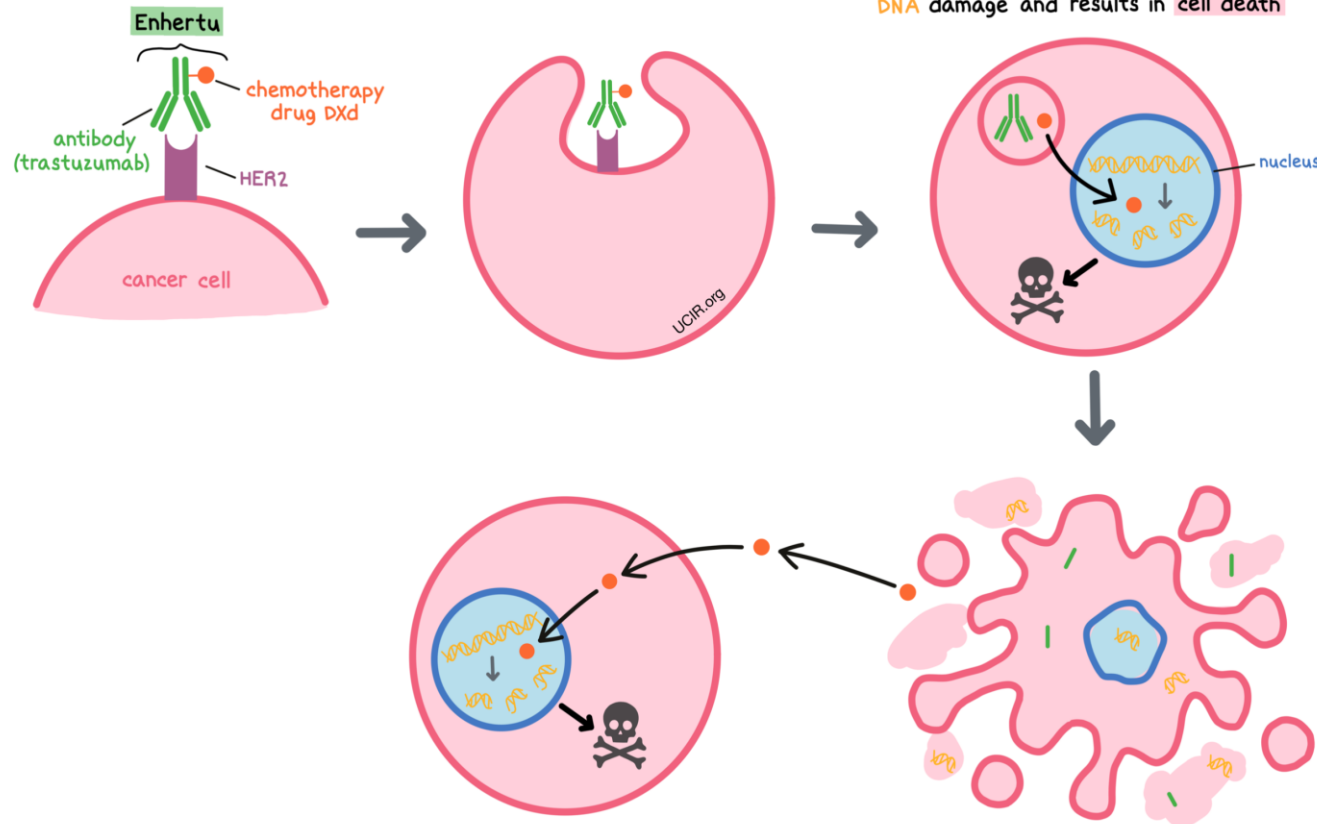


# Trastuzumab Deruxtecan (Enhertu)

Using its **antibody** part, **Enhertu** binds to **HER2** on the surface of a **cancer cell**...

...and enters the cell.

Inside the cell, the **chemotherapy drug DXd** gets released and travels to the **nucleus** of the cell, where it leads to **DNA damage** and results in **cell death**



when the **cancer cell** dies, the **chemotherapy drug DXd** may be freed, going on to kill neighboring **cancer cells**

## Trastuzumab Deruxtecan

The disease did not get worse for at least 18 months

83% of patients had a response

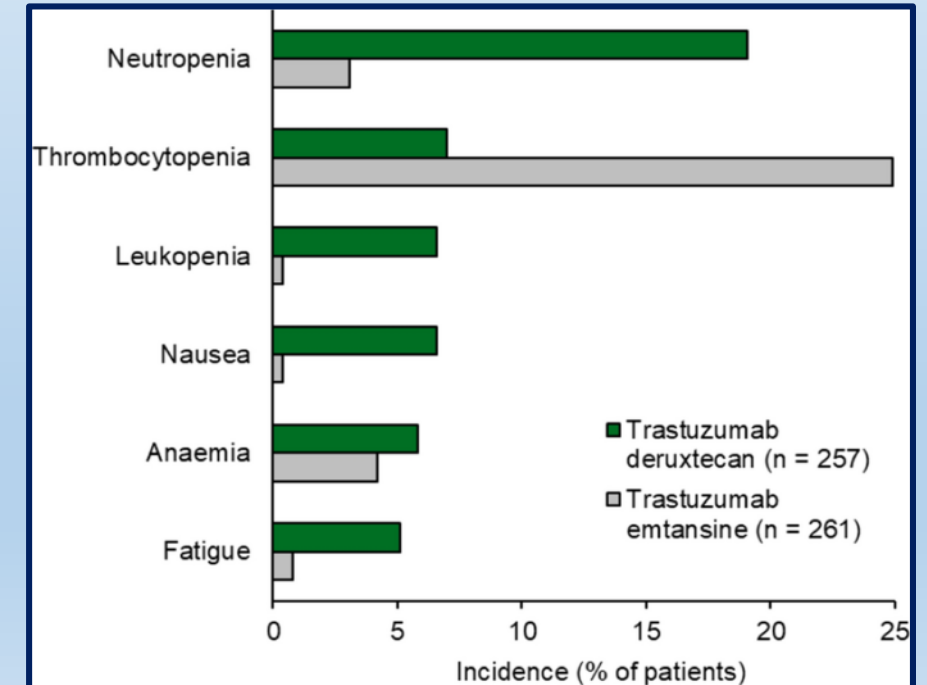
- 16% had their cancer completely disappear
- 67% had shrinkage of their cancer

## Trastuzumab Emtansine

The disease did not get worse for a median of 7 months

36% of patients had a response

- 8% had their cancer completely disappear
- 28% had shrinkage of their cancer



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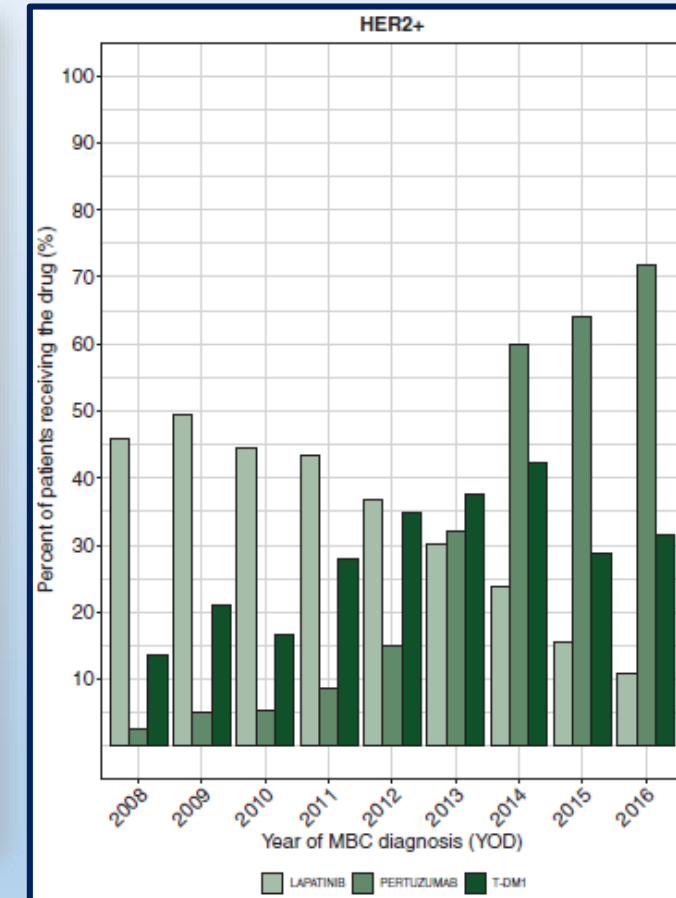
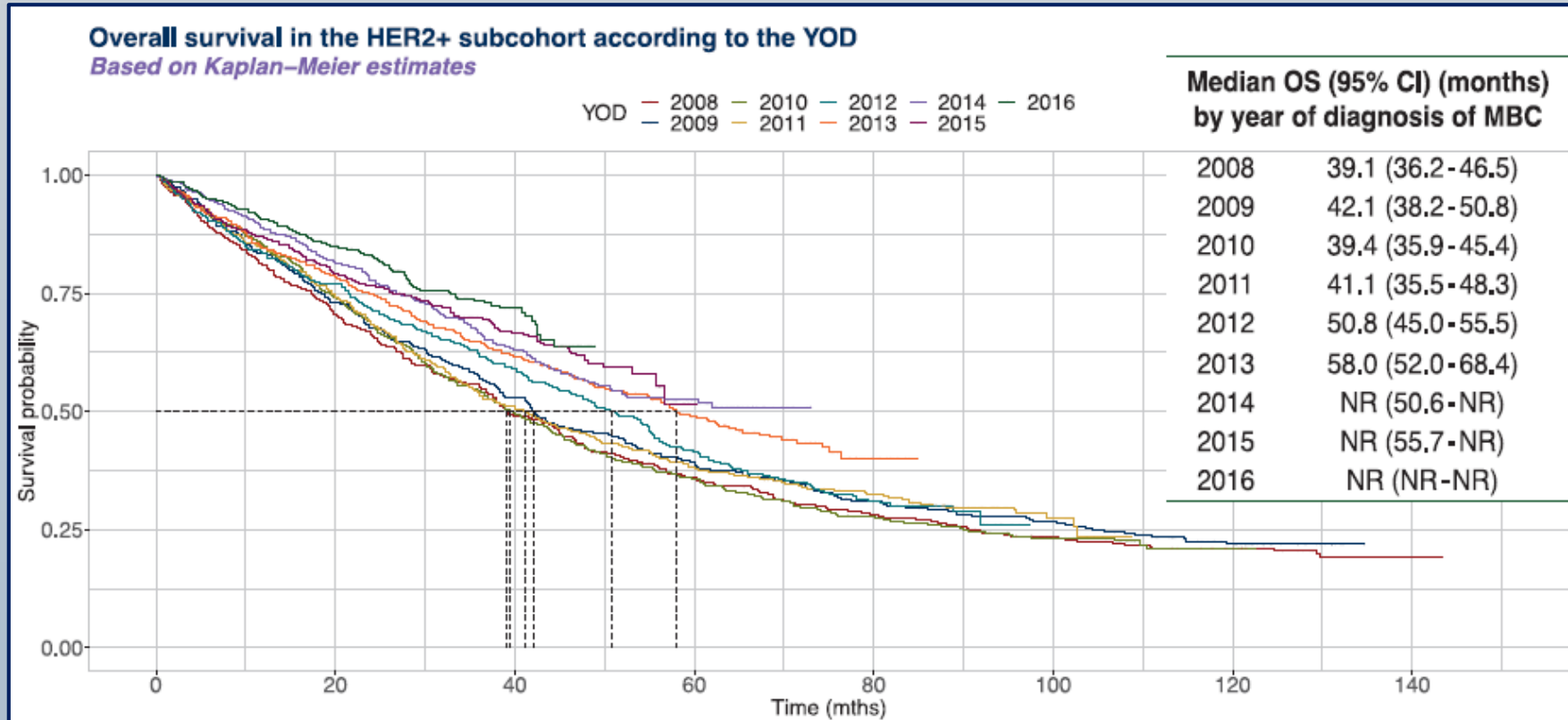
**2025**  
PHARMAC funds Enhertu  
HER2+ mBC

**1990**  
Pertuzumab (Perjeta) developed

**2019**  
Trastuzumab Deruxtecan  
(Enhertu) developed

**2023**  
PHARMAC funds Herzuma  
Trastuzumab biosimilar

# Anti-HER2 therapy and Survival: Getting better by the decade?



# A Brief History anti-HER2 therapy (1982-2025)



**1998**  
US FDA Approval of Trastuzumab for HER2+ mBC

**2012**  
US FDA approval of Trastuzumab +  
Pertuzumab as 1<sup>st</sup> line therapy for  
HER2+ mBC

Dennis Slamon publication  
HER2 amplification in breast cancer  
cells correlated with poor prognosis

PHARMAC funds  
Trastuzumab for HER2+  
mBC

FDA Approval T-DM1  
(>2ndline therapy) for  
HER2+ mBC

Barbara Bradfield still alive  
and cancer free!

1982

1984

1989

1990

2005

2013

2025

Lakshmi Padhy  
isolates **neu gene**  
Rat tumour-  
neuroblastoma

Barbara Bradfield recruited  
into 1<sup>st</sup> Trastuzumab clinical  
trial

Genentech discover human homolog of **neu gene**  
HER2 gene

**2006**  
Antibody drug Conjugate  
Kadcyla(TDM1) first  
developed

**2019**  
PHARMAC funds T-DM1  
for HER2+ mBC

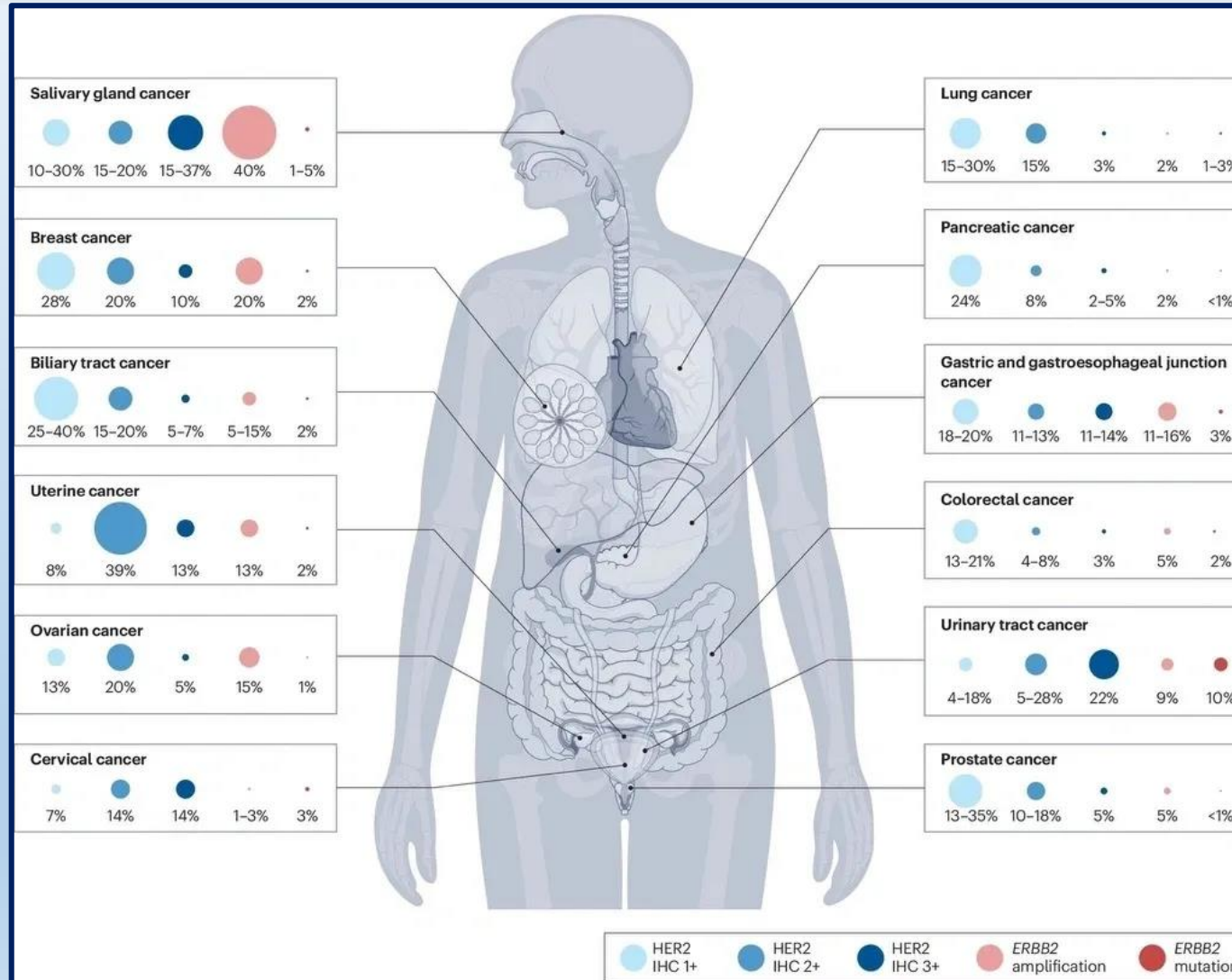
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# Anti-HER2 therapy in cancer the Future



**Questions?**