

***ESR1* mutations: A Mechanism for Acquired Endocrine Resistance**

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Contents

- Introduction
- New insights for ESR1 mutations in MBC
- New diagnostic strategies
- Therapeutic strategies
- Summary

Endocrine Therapy: The 1st Target Tx

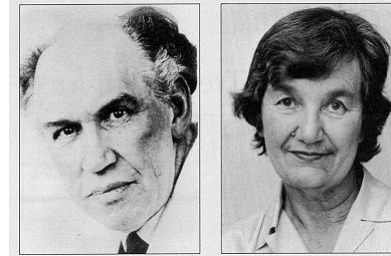
Dr. Schinziner &
Sir. Beatson GT



1940's

Full range of
ablative hormonal
therapy developed

Dr. Arthur Walpole/Dr. Dora Richardson



1970's

Development of
Tamoxifen

IHC Detection

1990's

Demonstration
of the
therapeutic
efficacy of
Tamoxifen

1870

1st description of
surgical
oophorectomy

1950's

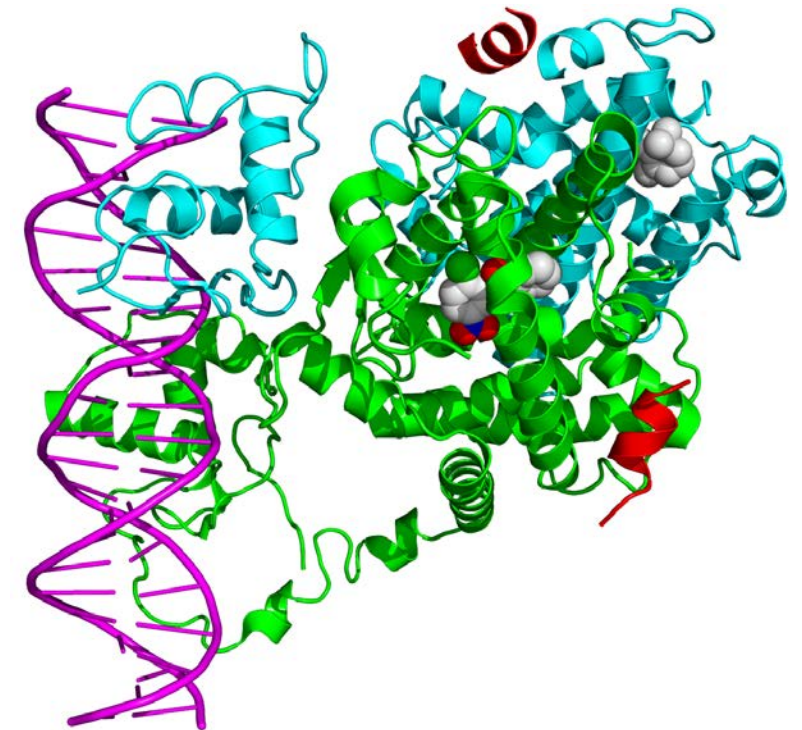
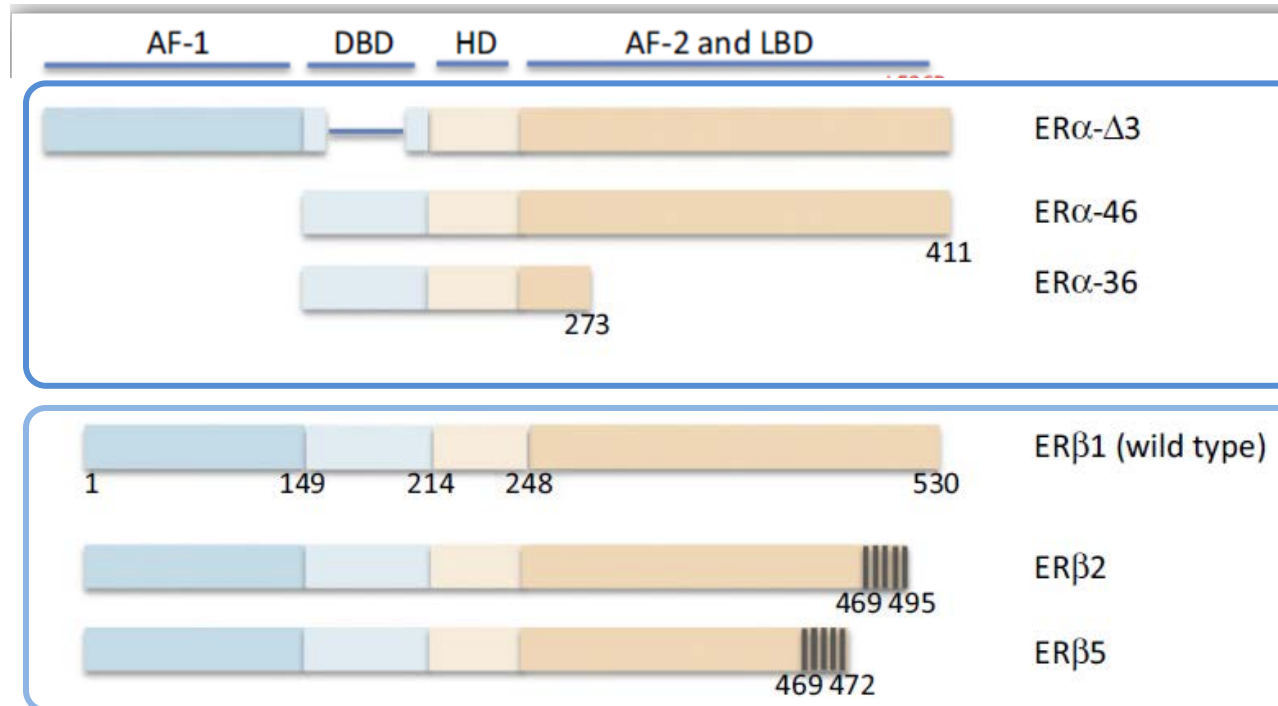
Era of Additive
hormonal therapy

1980's

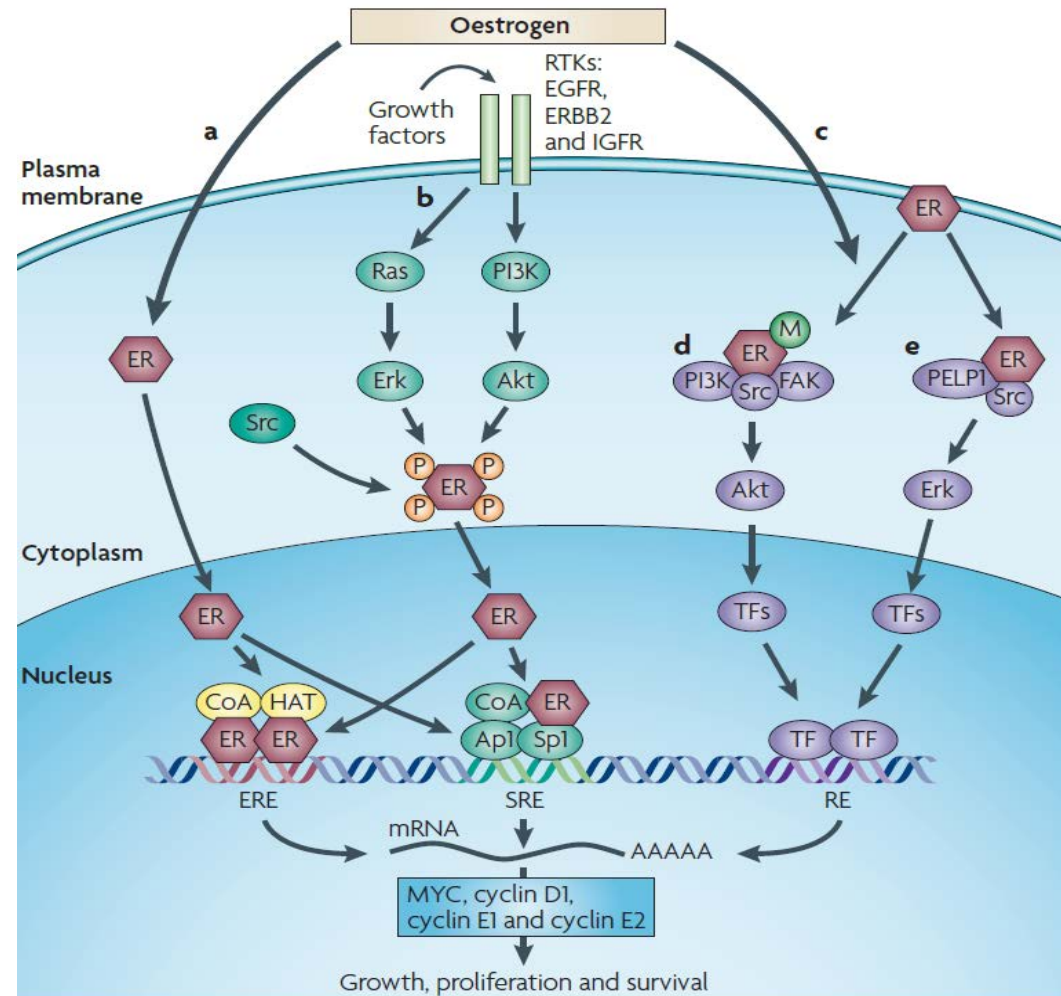
ER/PR
detection and
resurgence in
interest in
endocrine Rx

Lancet 1896;2:104-7.

Genomic & Functional Structure of Estrogen Receptors

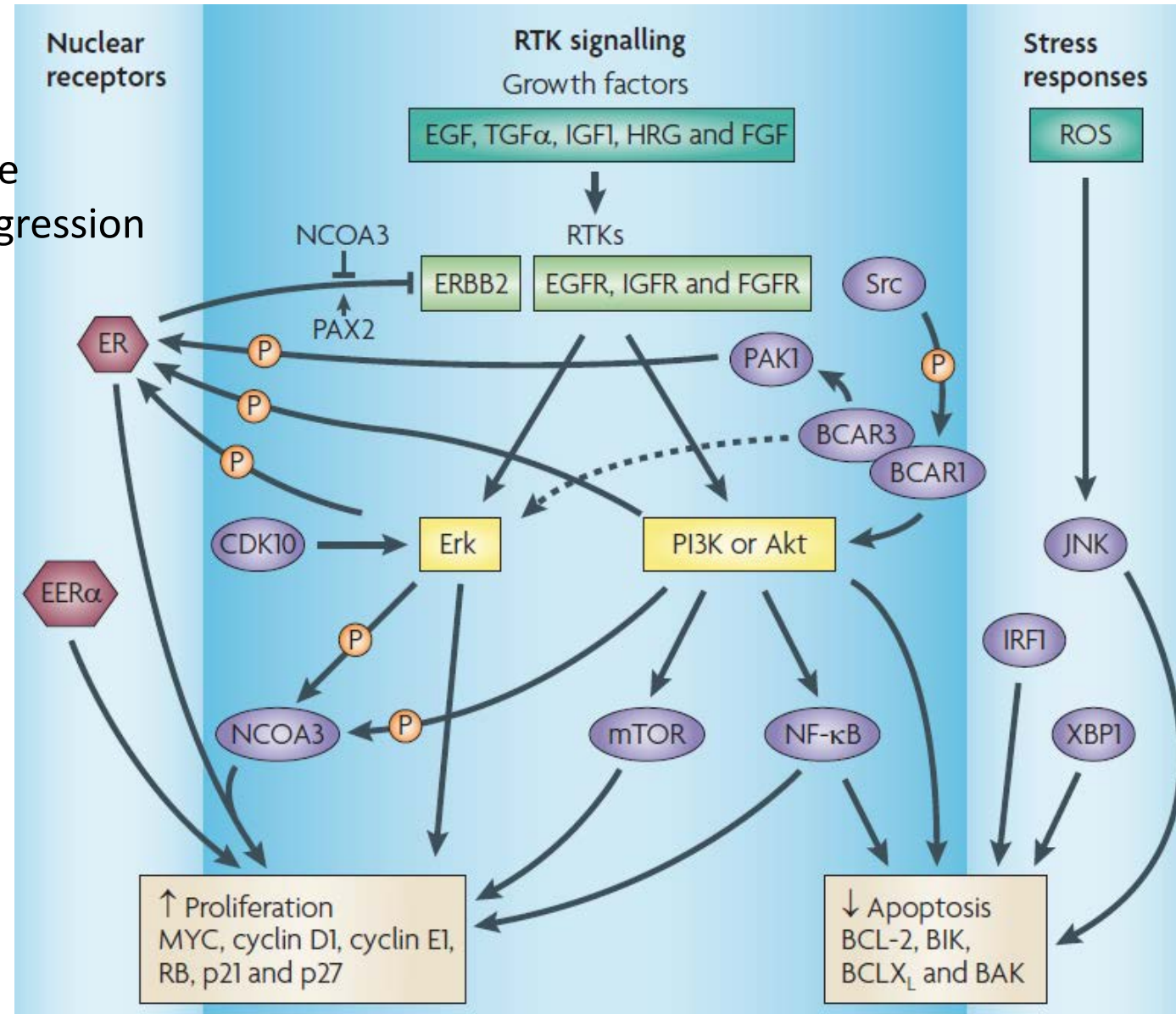


Signaling through ER



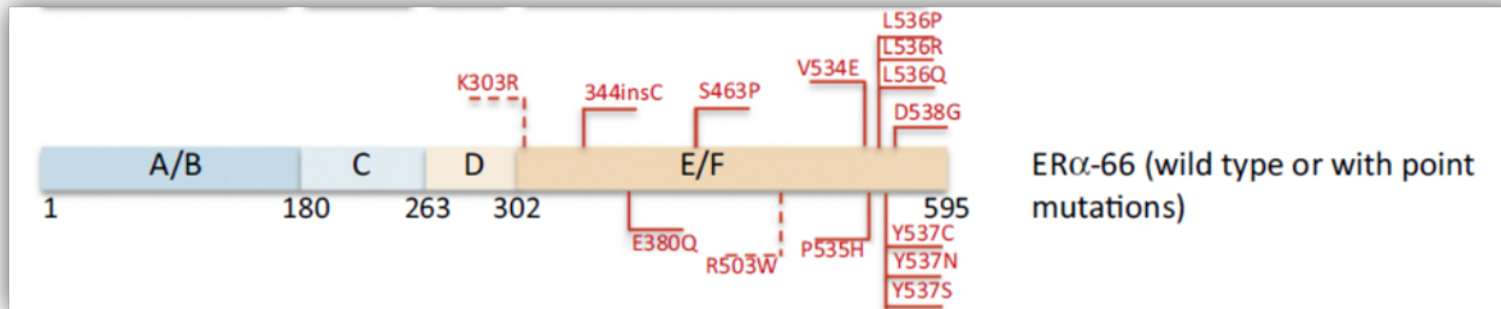
Molecular Mechanisms of **Endocrine Resistance**

EBC: ~25% Resistance
MBC: ~30% initial regression



TCGA data

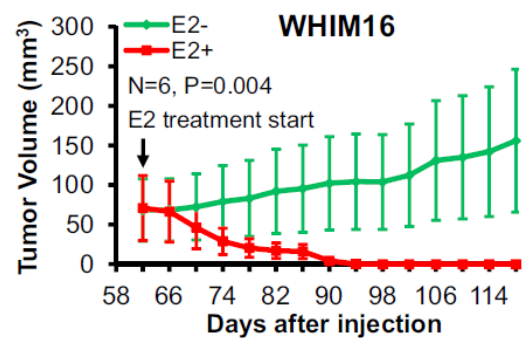
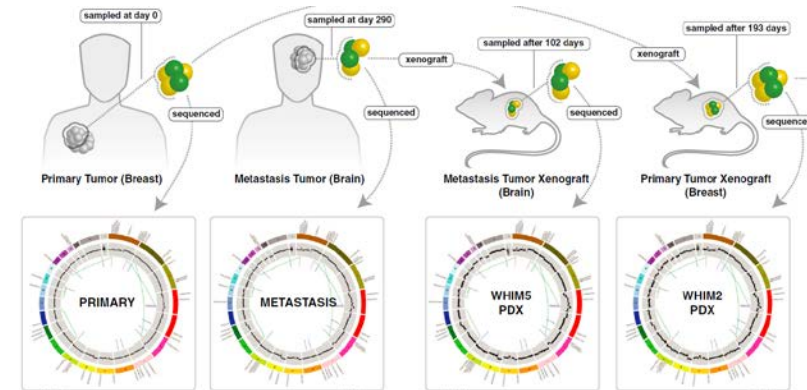
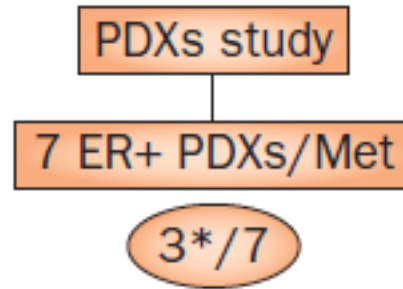
- **N=962** breast cancer samples
- Frequency > 5% in Luminal types: *PIK3CA*, *TP53*, *MAP3K1*, *MAP2K4*, *GATA3*, *MLL3*, *CDH1*, and *PTEN*
- **ESR1** genes: mutations 0.5%, amplifications 2.6%



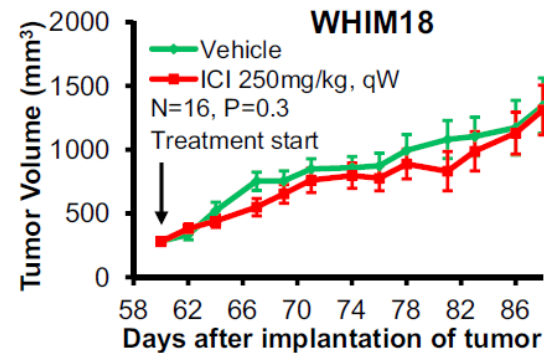
***ESR-1* Genomic Alterations in MBC**

- ***ESR1* amplifications:** 0-23%
 - mechanism for endocrine resistance and treatment failure
- ***ESR1* Genomic rearrangements:** *ESR1-CCDC170*, *YAP1-ESR1*
 - transcriptional dysregulation
 - ↑motility, tumorigenicity, resistance to fulvestrant
- ***ESR1* missense mutations**

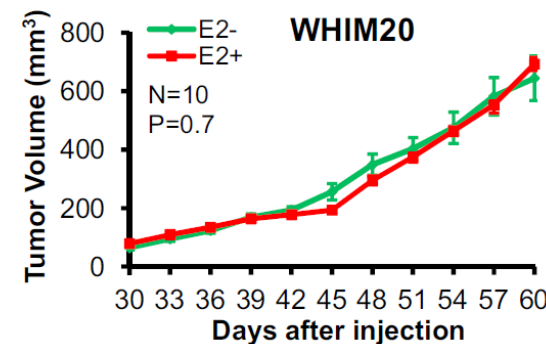
Genomic Characterization of *ESR1* Variants by Breast cancer PDX



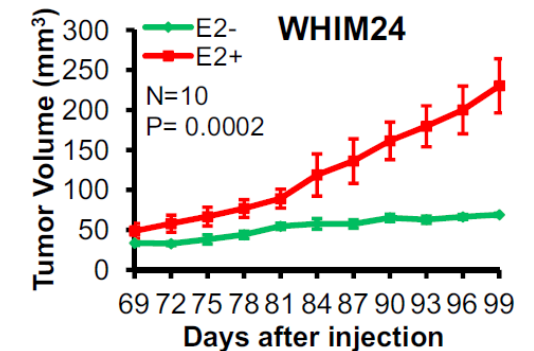
***ESR1* amplification**



***ESR1*-YAP1**

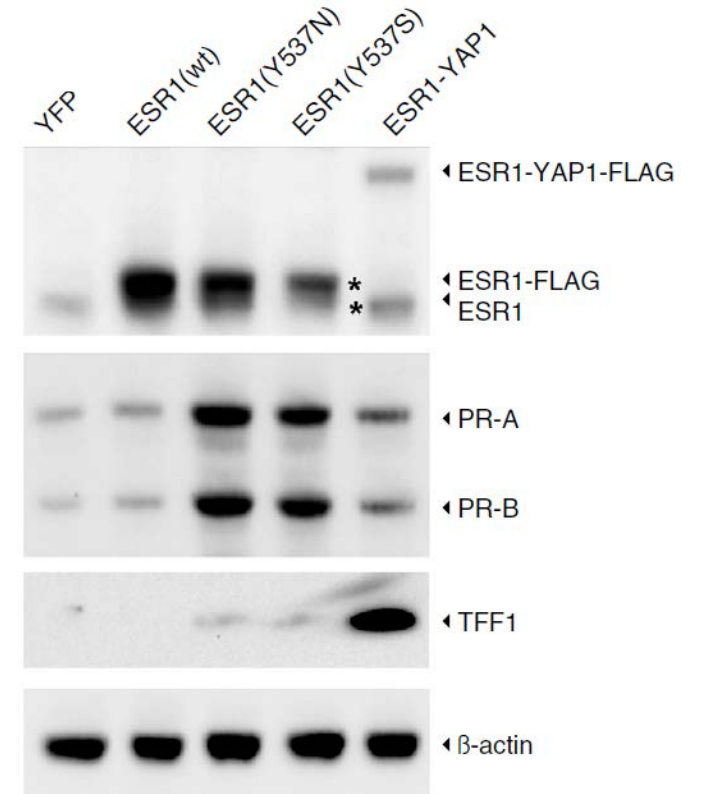
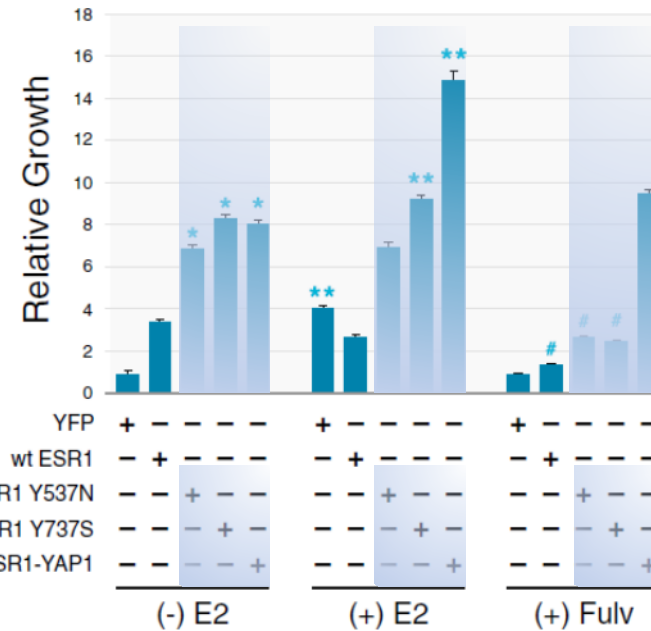
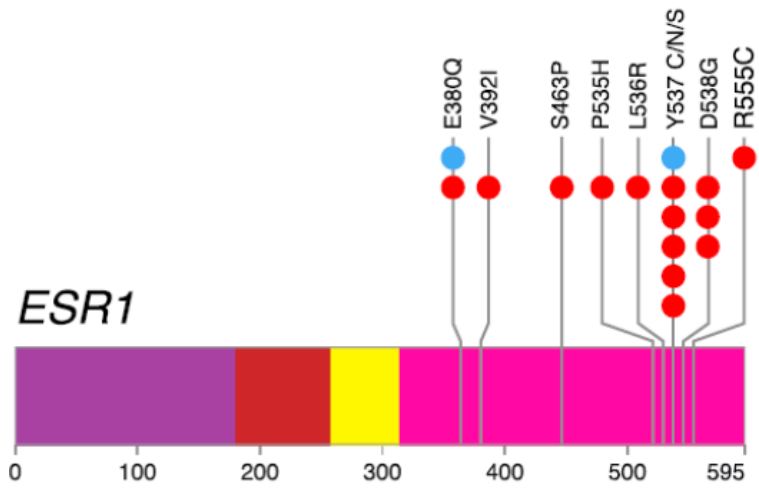


***ESR1*-Y537S**

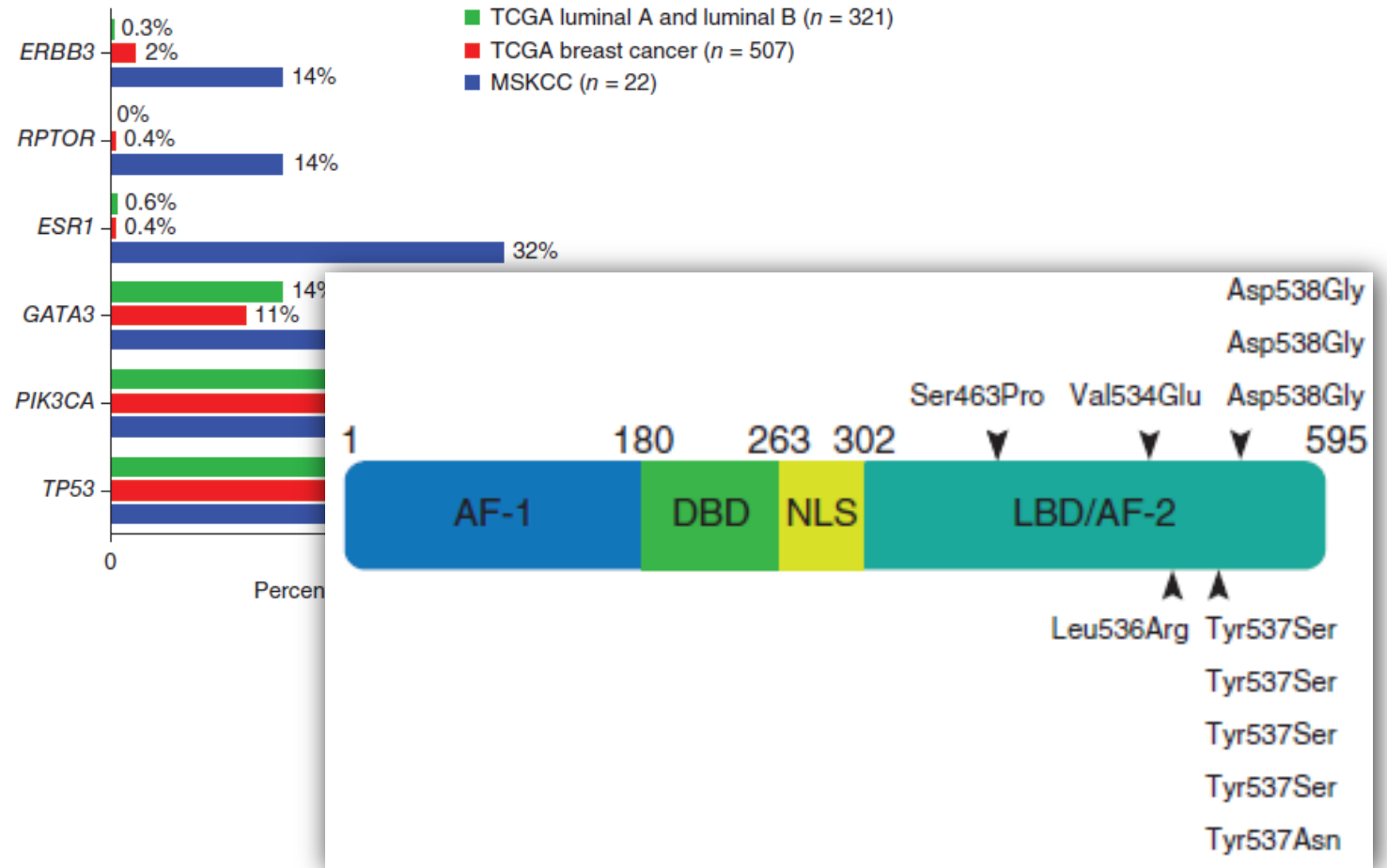
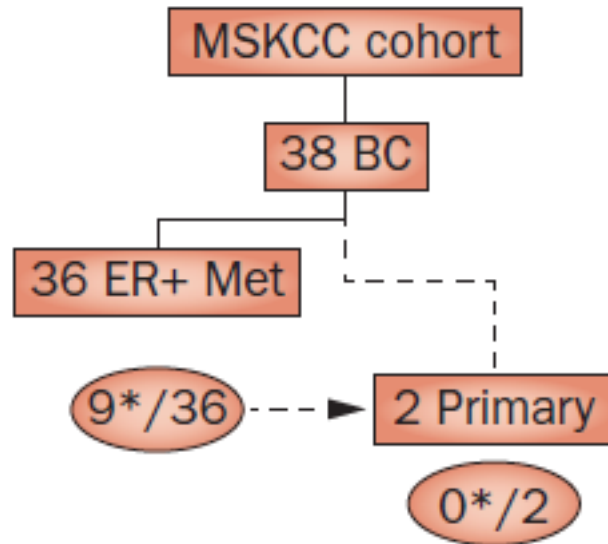


***ESR1*-E380Q**

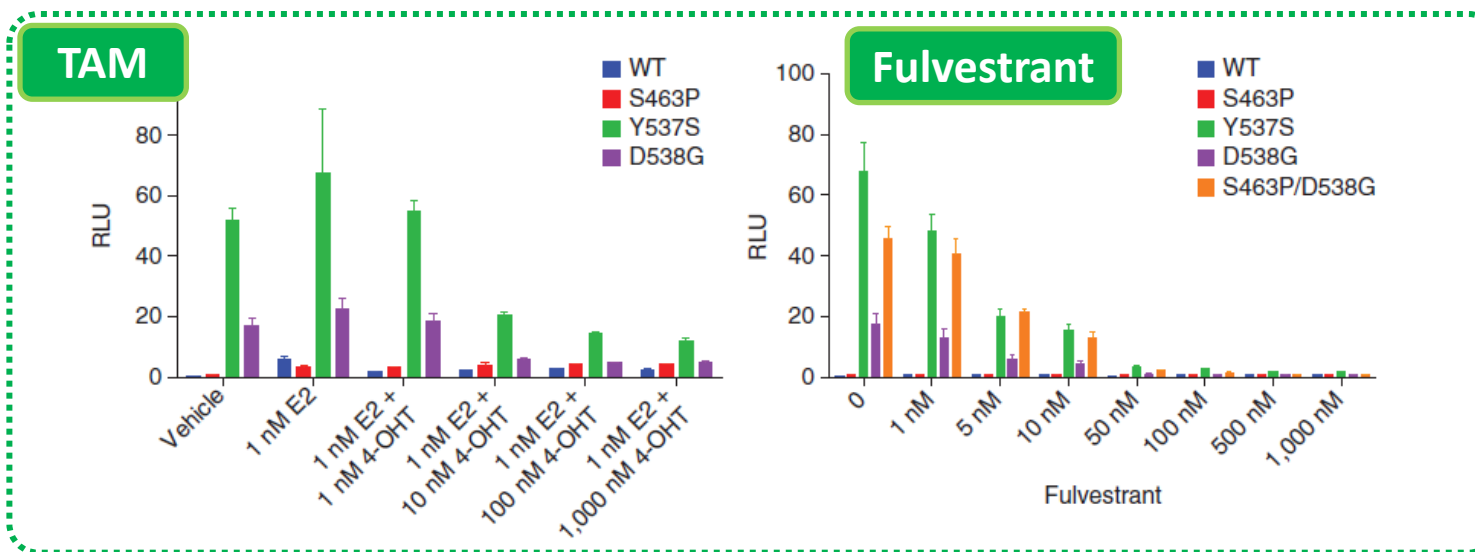
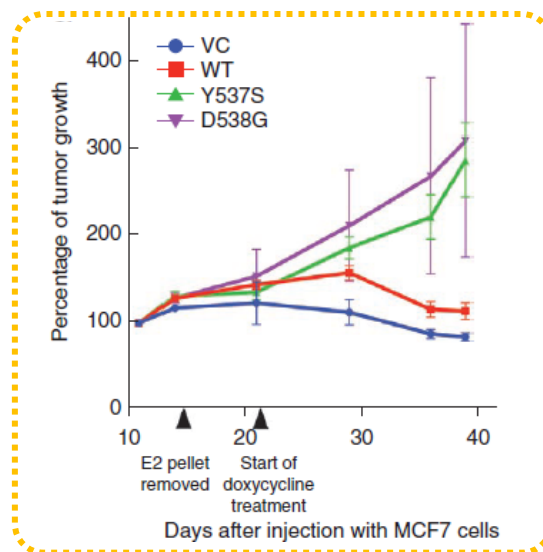
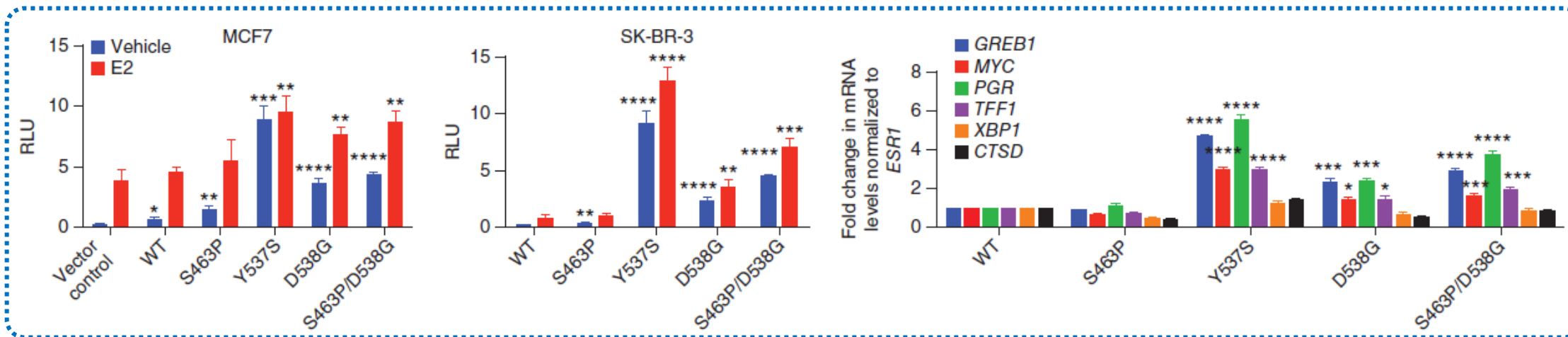
Biologic Consequences



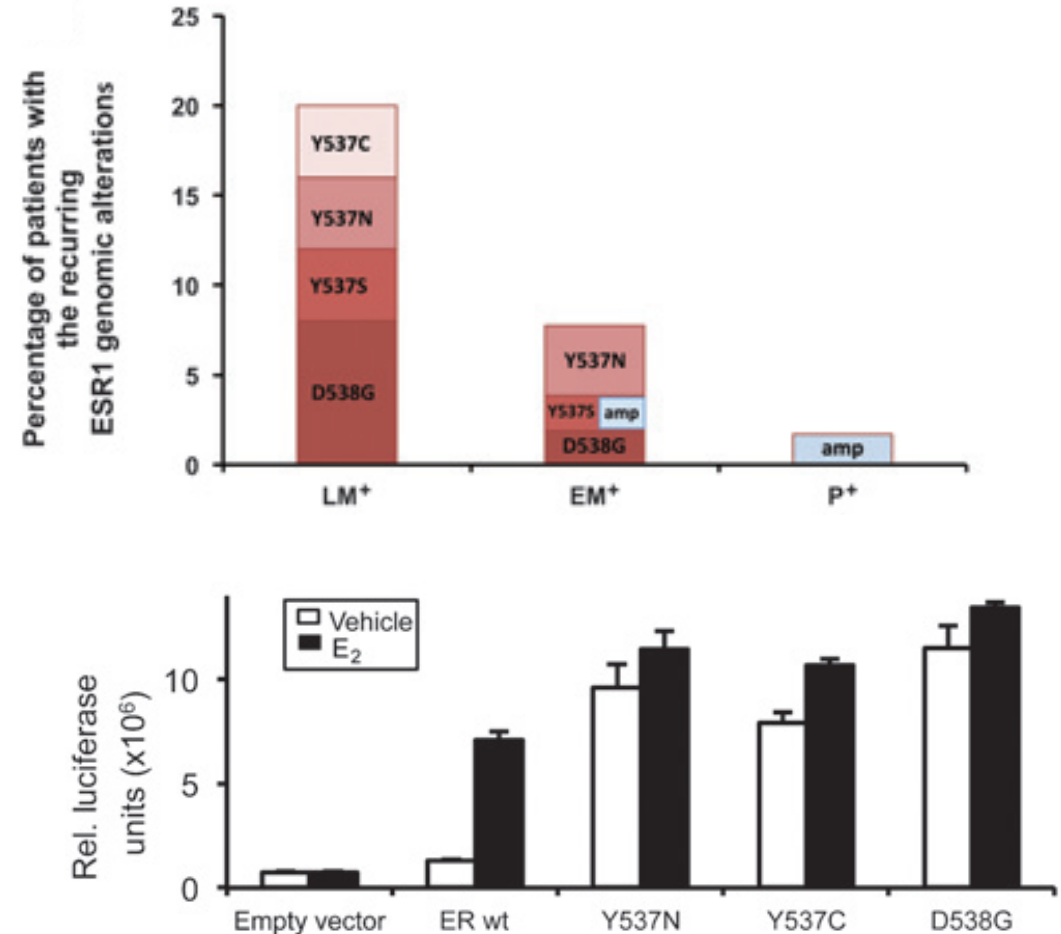
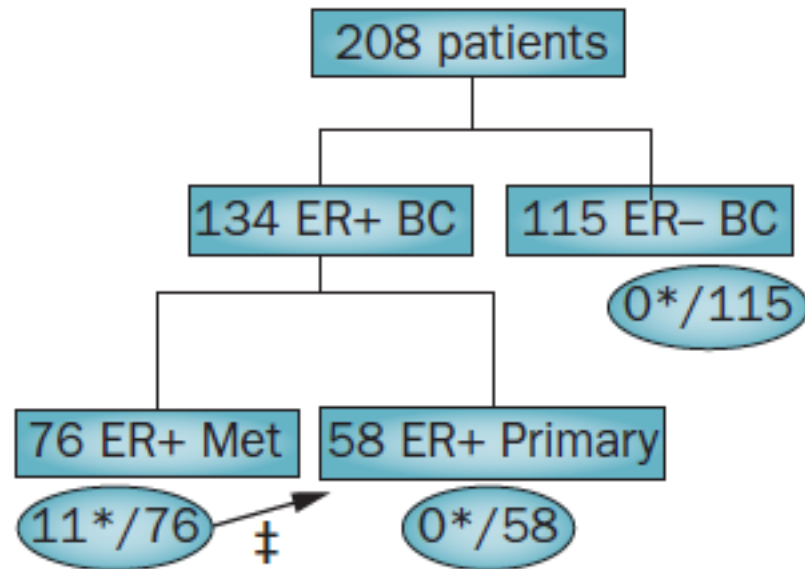
ER-LBD-activating *ESR1* mutations



Endocrine resistant Biology

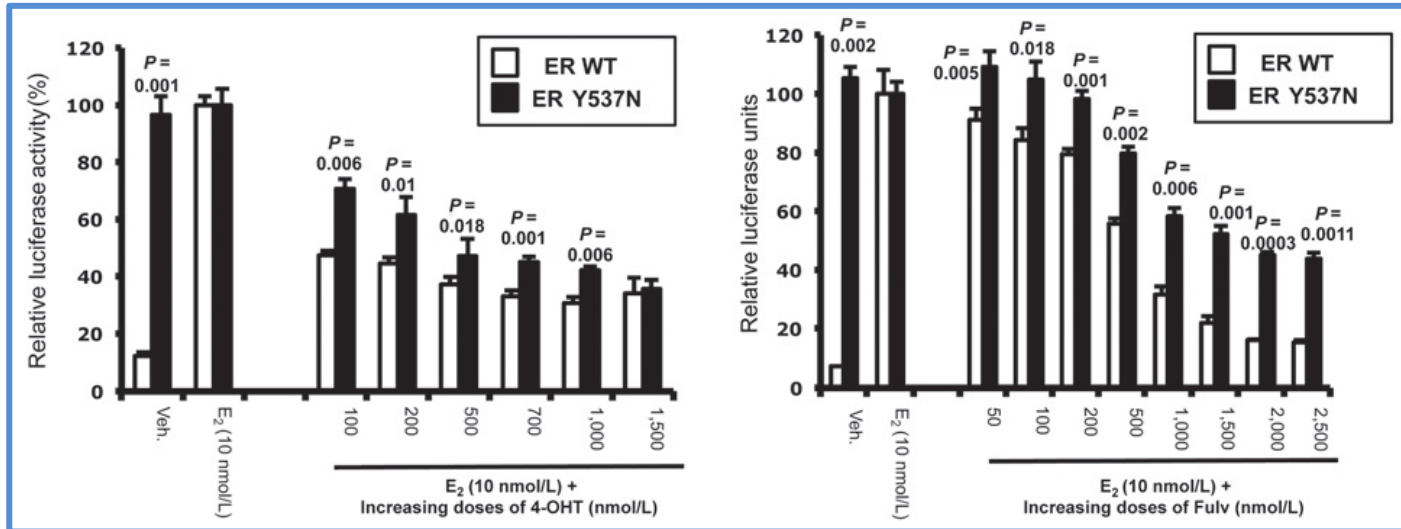


Emergence of Constitutively Active *ESR1* Mutations in Pretreated ABC



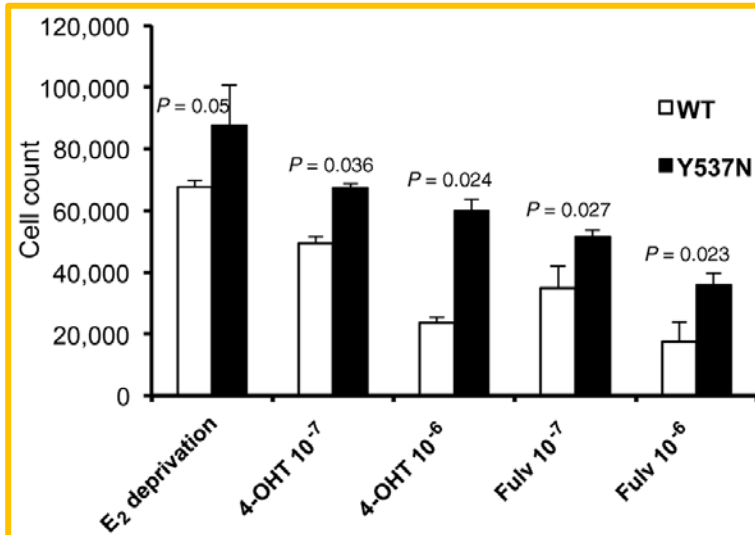
LBD mutations and Endocrine Resistance

Tamoxifen

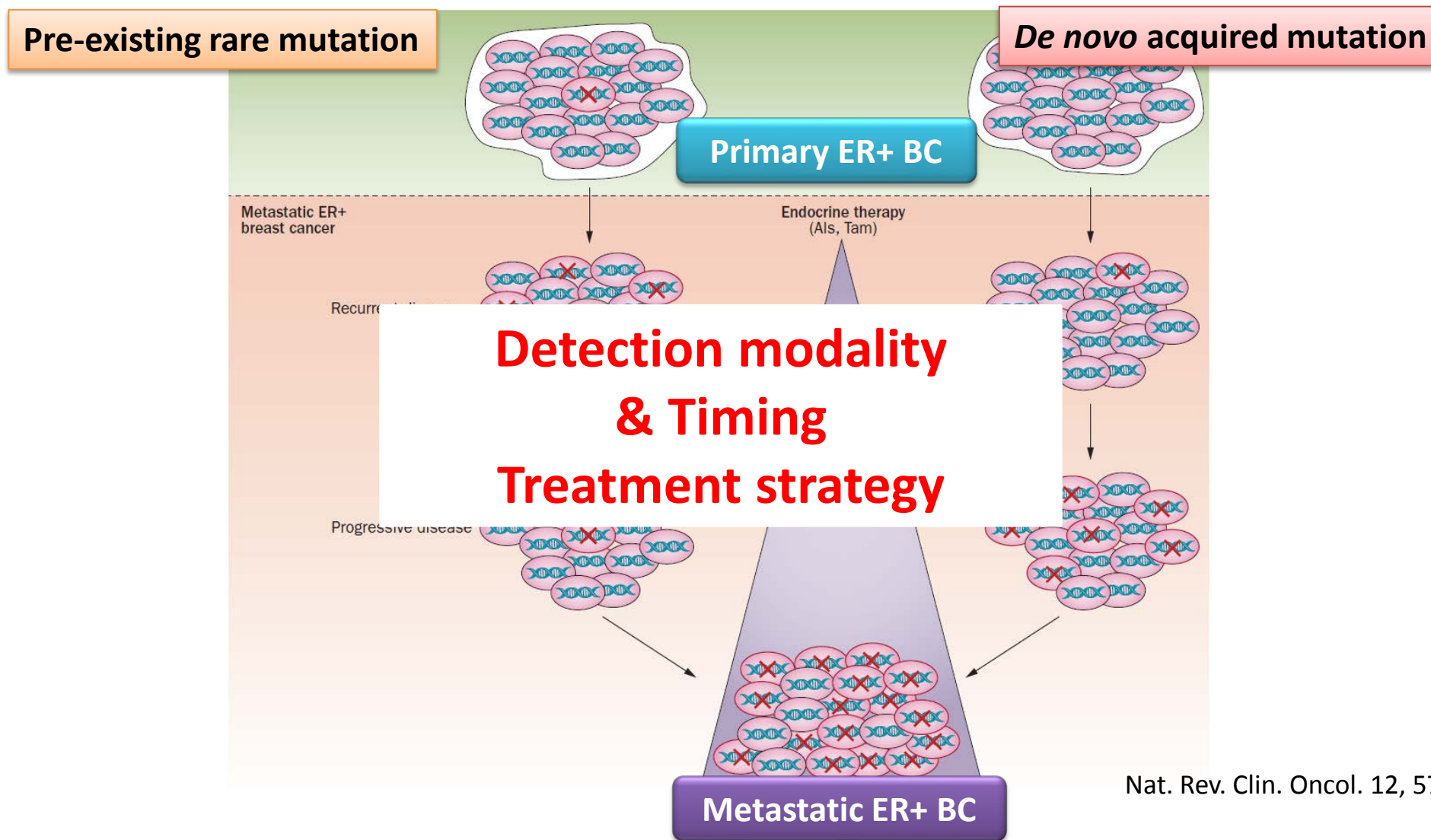


Fulvestrant

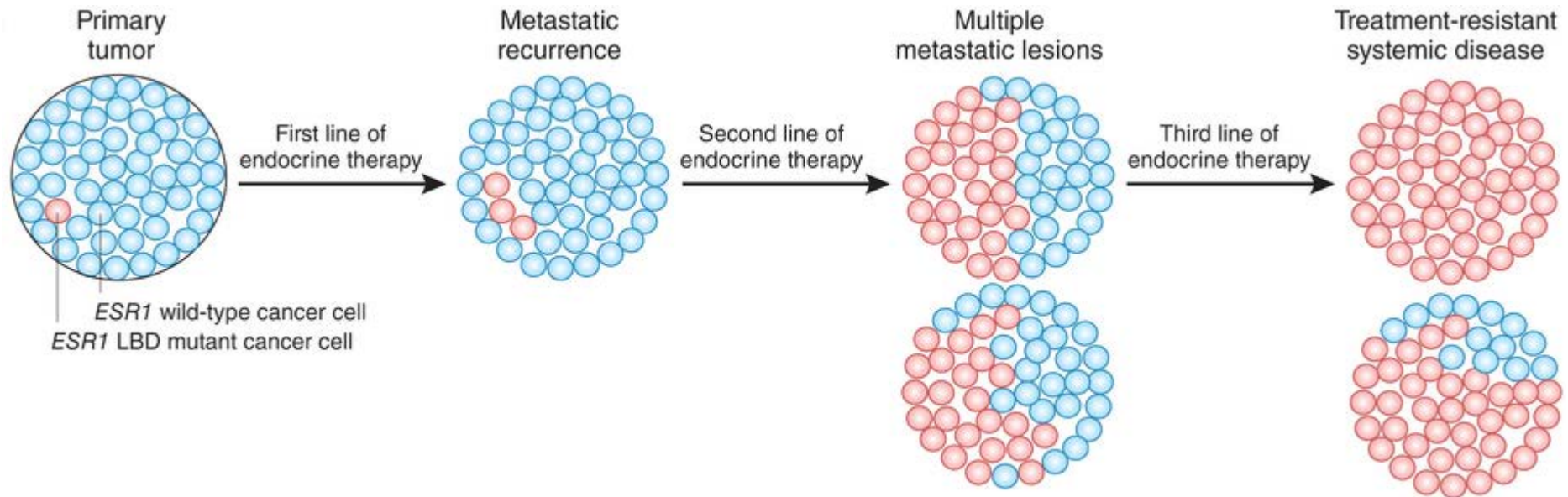
Cell Survival



Scenarios for Clonal Selection of rare *ESR1* Mutation



Detection of rare *ESR1* Mutation

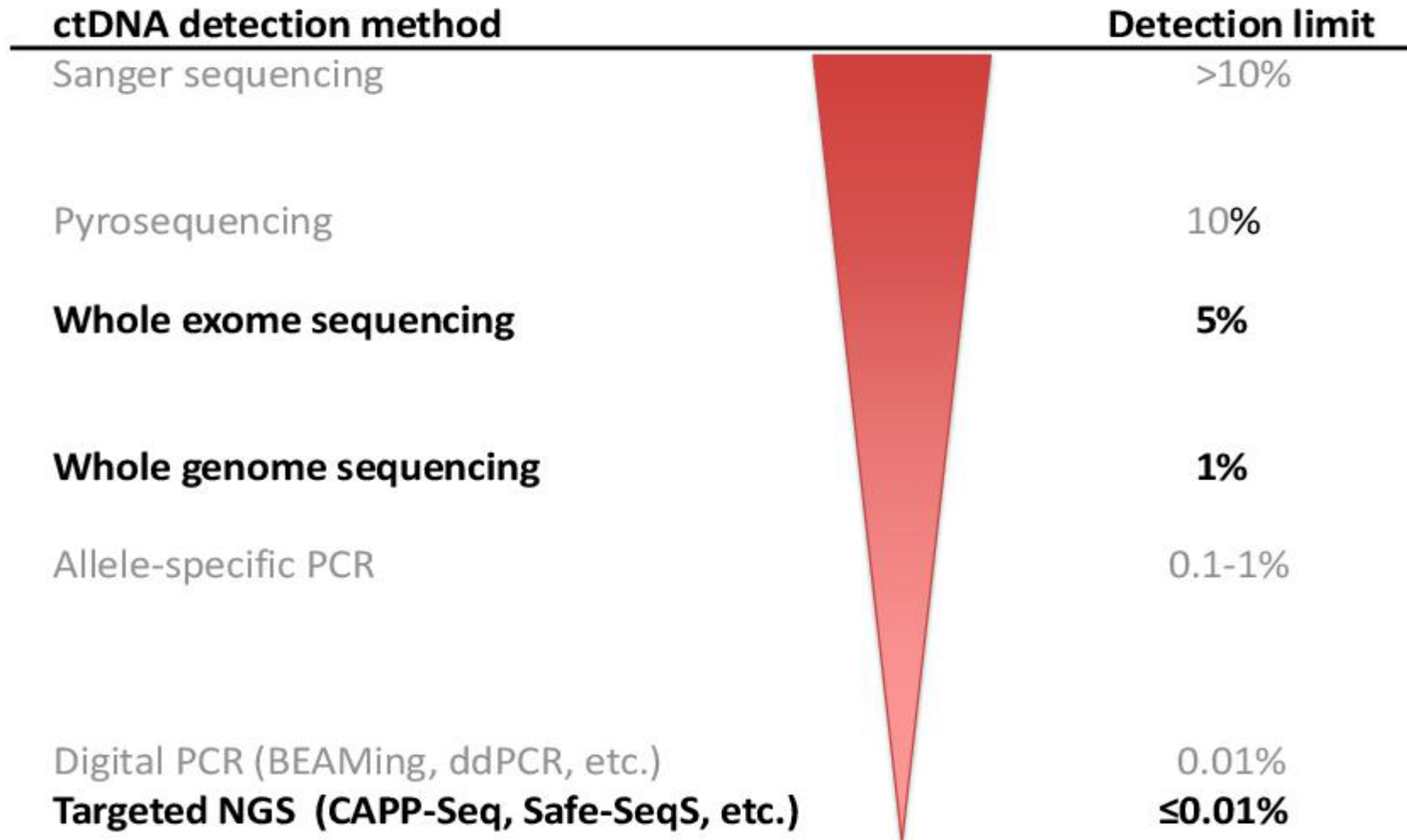


- Very low mutational frequency

- Limited availability of tissue
- Monitoring by repeated test

More sensitive platform & Liquid biopsy

Emerging detection Platforms



Droplet Digital PCR



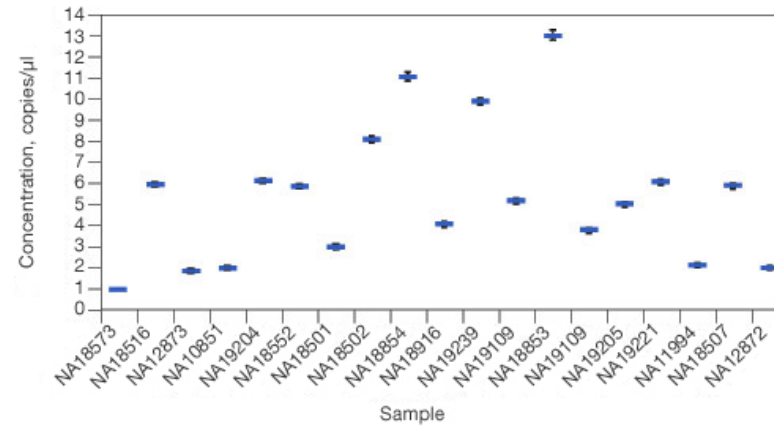
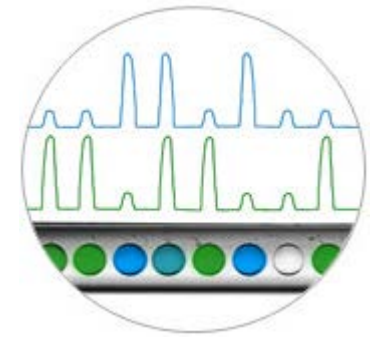
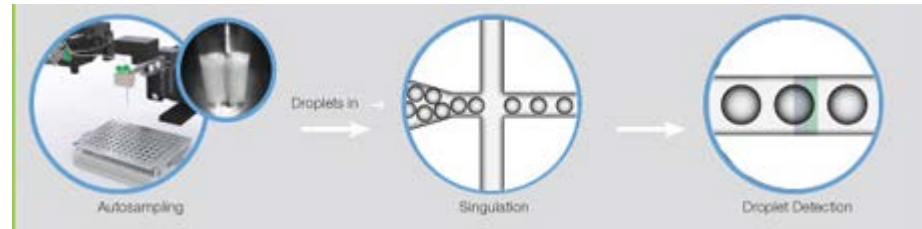
One measurement



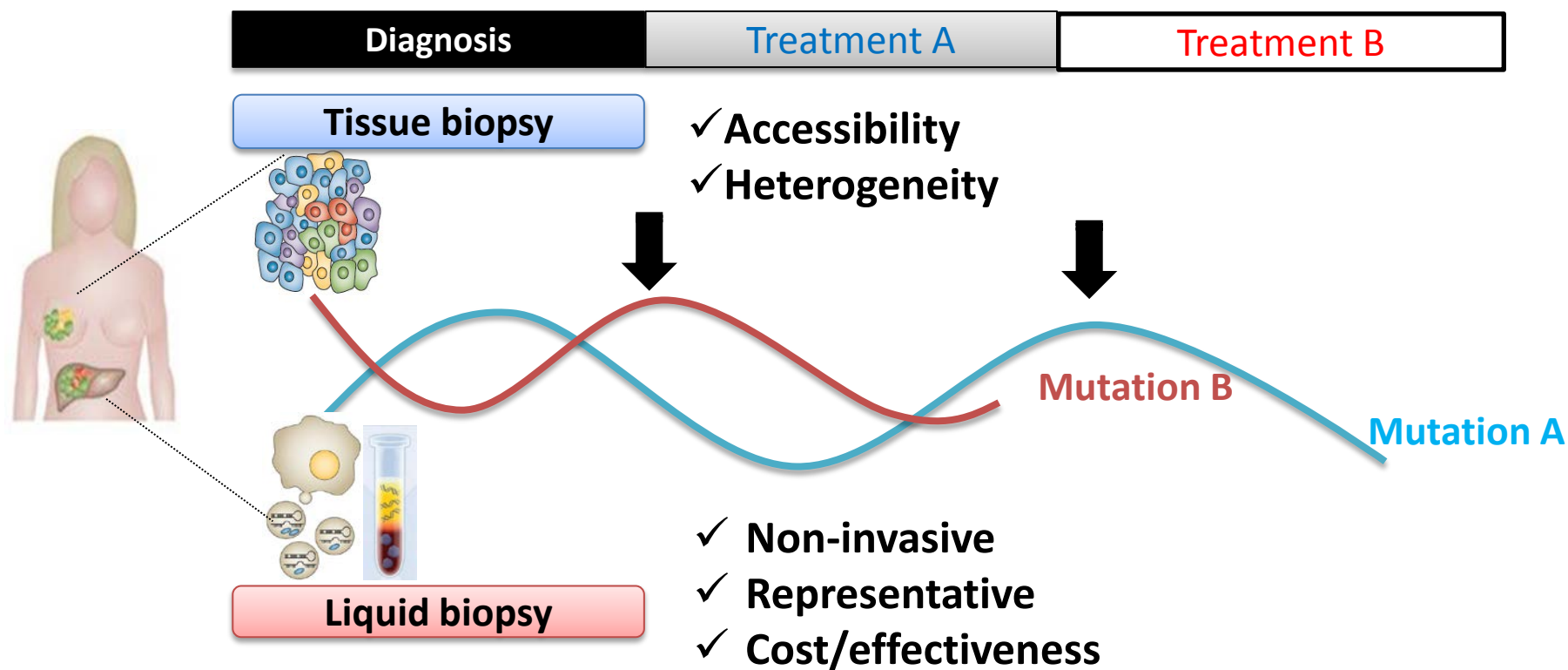
Nanodroplet PCR reactions are independent, single amplification events



Many thousands of discrete measurements



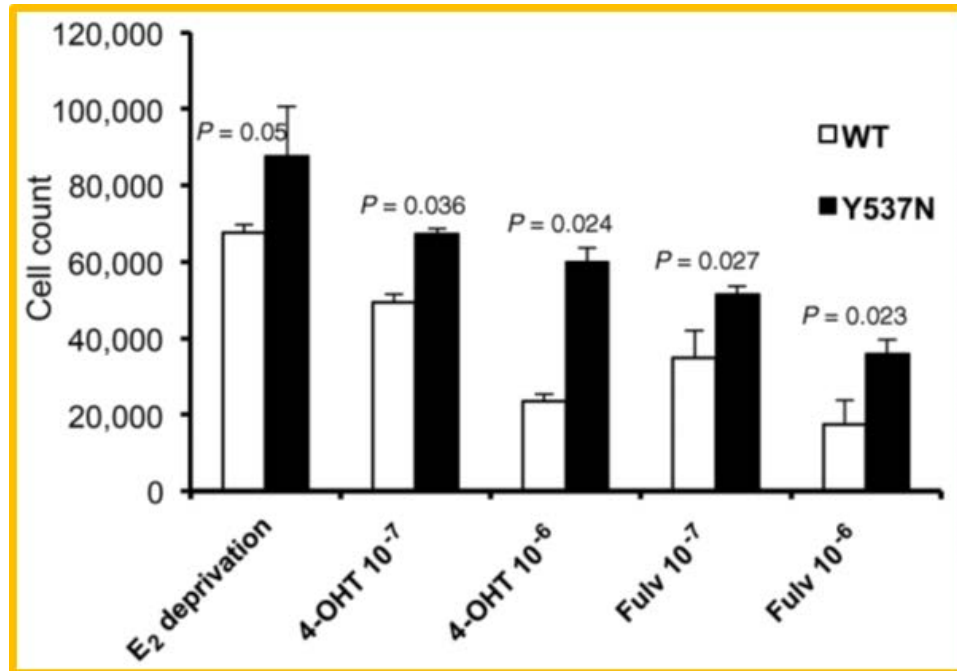
Application of Sensitive Detection Platforms



Non-invasive Genotyping of cancer
→ Prognosis/ Section of Treatment/ Disease monitoring (MRD)

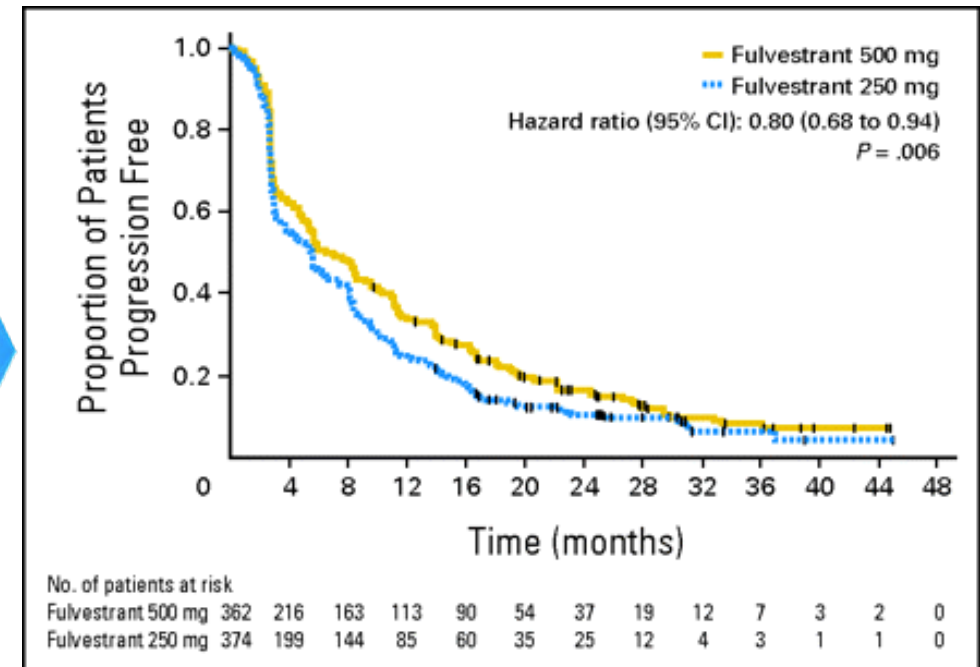
New Treatment Strategies: **HD Endocrine**

In vitro Study



CONFIRM Study

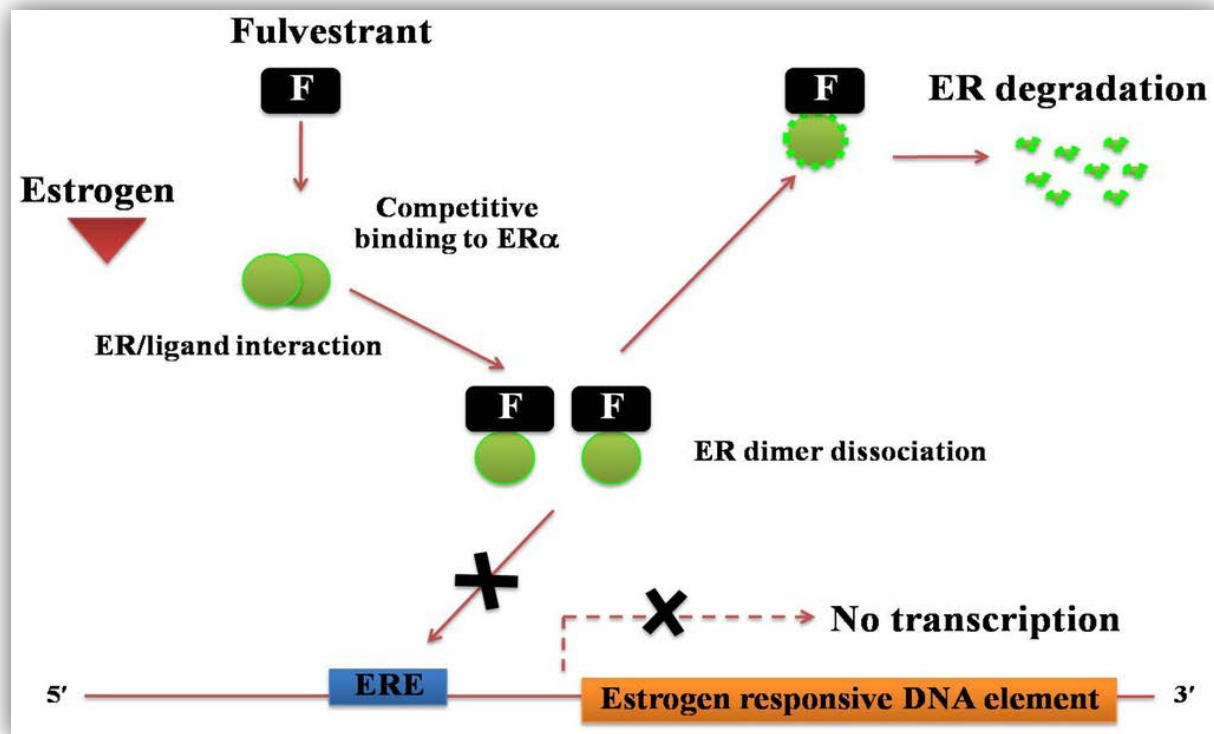
: Fulvestrant 250mg vs 500mg



Clin Cancer Res; 20(7) April 1, 2014

J Clin Oncol. 2010 Oct 20;28(30):4594-600

New Treatment Strategies: New SERD



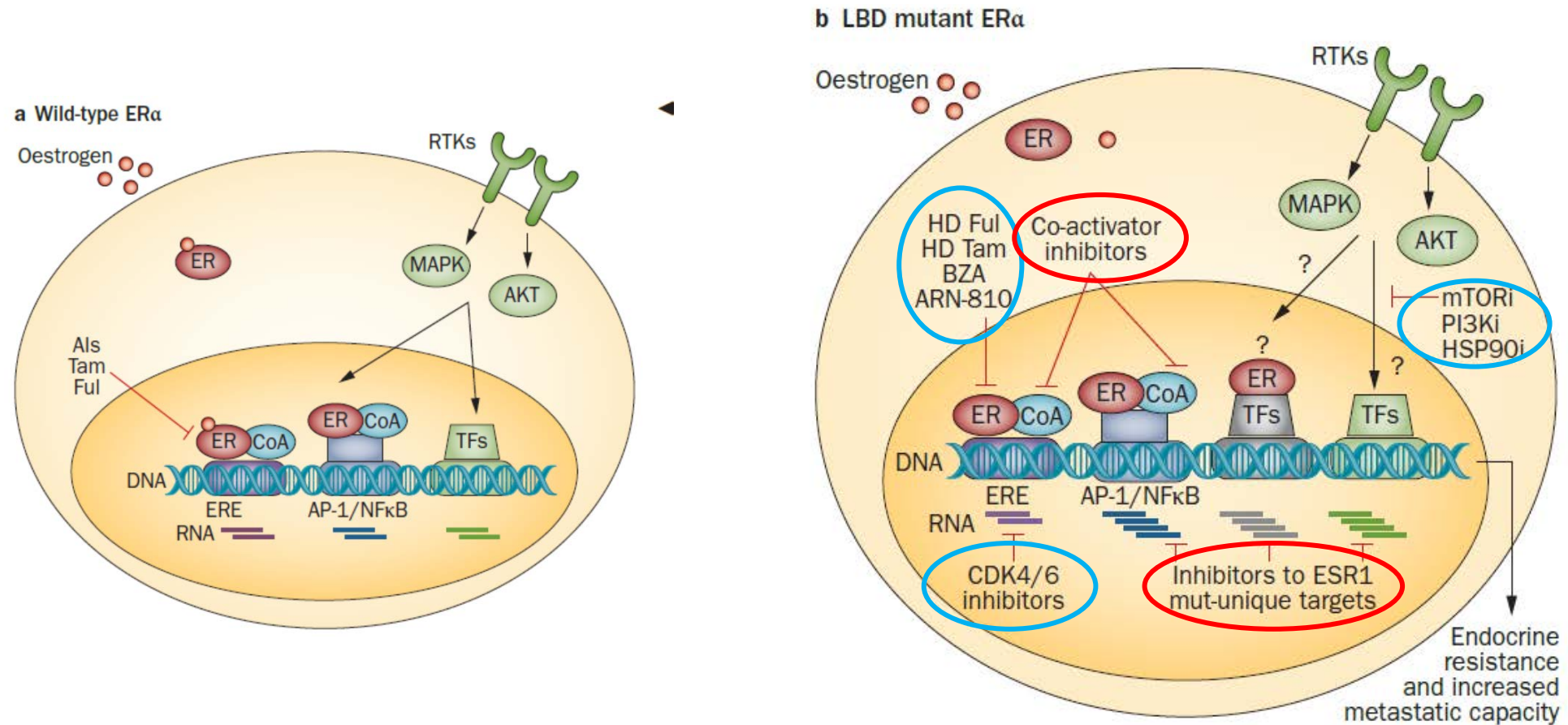
Steroidal	Non-Steroidal	
	Acrylic Acids	Bases
<p>ICI 182,780 (fulvestrant)</p>	<p>GW7604</p>	<p>bazedoxifene</p>
<p>RU 58668</p>	<p>GDC-0810</p>	<p>OP-1074</p>
	<p>AZD9496</p>	<p>pipendoxifene</p>
		<p>acolbifene (EM-652)</p>
		<p>arzoxifene</p>

Estrogen-Receptor Degradar **GDC-0810** Active in Metastatic Breast Cancer

- **GDC-0810 (ARN-0810):** ER antagonism and degradation, non-steroidal and orally bioavailable
- Active in TAM-sensitive, resistant & *ESR1*-wild, mutant
- Phase I dose-escalation study (n=41)
- *ESR1* mutation: positive (n=9, 22%), wild type (n=10, 24%), unknown (n=22, 54%)
- **Response: SD (42%)**

Phase IIa study: GDC-0810 in postmenopausal women with ER-positive advanced or metastatic breast cancer who have been previously treated with an aromatase inhibitor, **including tumors with *ESR1* mutations.**

New Treatment Strategies: Summary



Summary

- Endocrine resistance after treatment is a case for Darwinian tumor evolution.
- *ESR1*-LBD mutations confer endocrine resistance and ligand independent tumor growth.
- New technologies with better sensitivity: Safe-Seq, ddPCR
- Application of liquid biopsy
- New strategies: HD endocrine therapy, New SERD