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新聞發布

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混合治療有效醫治對荷爾蒙療法產生抗藥性的亞洲女性乳癌患者

PALOMA3 臨床試驗報告顯示，混合治療用於亞洲患者身上成效顯著

新加坡／盧加諾 - PALOMA3 臨床試驗中包括來自日本及韓國的患者，其結果顯示，結合 palbociclib 和 fulvestrant 的療法，有效治療對荷爾蒙療法產生抗藥性，身上帶有陽性荷爾蒙受體（HR+）和陰性第二型人類表皮生長因子（HER2 -）的晚期乳癌女性患者。這混合療法對亞洲人士的安全性和療效之研究，發表於（1）歐洲腫瘤醫學會（ESMO）於新加坡舉行的首屆 2015 亞洲會議。其結果與本年較早時在所有患者（亞洲與非亞洲人士）身上進行的試驗結果一致。

對荷爾蒙療法產生抗藥性，會令晚期乳癌更難治療。一般而言，荷爾蒙療法效果良好、易於監控，是治療乳癌常用的療法，對腫瘤帶有荷爾蒙受體（HR），尤其是陽性荷爾蒙受體（HR+）/第二型陰性人類表皮生長因子（HER2 -）的患者成效顯著。此療法最理想的造法是， 患者在接受一線荷爾蒙治療藥物後，若腫瘤對此有良好反應或沒有增生，便會接受二線或三線治療藥物。不過，其中一位報告作者，韓國高陽市國家癌症研究中心乳癌科的 Jungsil Ro 教授表示：「可是，所有晚期患者在接受第一批荷爾蒙藥物後 ，在時間中位值十個月後，均無可避免地出現抗藥性。接受第二及第三批藥物後，出現抗藥性的時間中位值則更短，逼使患者改為採用副作用更大的化學療法。」

Palbociclib 是口服的選擇性抑制劑，有效抑制 CDK 4/6 生長信號，阻止細胞增生及細胞分裂。在治療 HR+乳癌癌細胞方面成效顯著，並且能配合不同荷爾蒙療法使用。

PALOMA3 臨床試驗中，在帶有 HR+ / HER2-的晚期乳癌女性患者接受荷爾蒙療法前，分別在經期前及經期後的患者中進行試驗，評估 palbociclib 和 fulvestrant 的安全性和療效。試驗在 2015 年 3 月前，在日本和韓國隨機抽取 105 名亞洲患者，其中 74 位採用 palbociclib 和 fulvestrant，另外 31 位則採用對照試驗樣本和 fulvestrant。Jungsil Ro 教授表示：「試驗結果在期經後的女性身上非常正面—存活期增加了超過一倍。患者注射 palbociclib 的手臂出現血液毒性的不良反應，不過這很容易應付。至於經期前的女性，其結果與經期後的女性一樣良好，不過試驗數據較少，暫未能作定論。」

此包括亞洲患者的研究顯示，混合 palbociclib 和 fulvestrant 是有效的療法。「雖然是次試驗沒有測量亞洲患者的存活期中位值，不過本混合療法仍然適用於此族群。」ESMO 發言人、法國猶太城 Institut de Cancérologie Gustave Roussy 的 Fabrice André 教授表示，「Palbociclib 展示了低毒性的臨床療效。雖然亞洲與非亞洲族群之間的毒性反應差異十分有趣，不過由於兩者間的差異，是次試驗未能找出造成此現象的原因。」

為了進一步支持此混合藥物療法較單一荷爾蒙治療藥物更有效，研究人員需要進行更長的後續存活率試驗並取得結果。Ro 教授表示：「到目前為止，除了 HR+/HER2-這一群乳癌患者外，我們沒有可預計的生物指標，找出可混合使用 palbociclib 和 fulvestrant 的患者。我們也需要其他使用 palbociclib 的一線荷爾蒙療程的臨床試驗結果，來核實此藥物的效用，不過獲得這些結果需時較長。」

並沒有參與是次研究的 ESMO 發言人、比利時布魯塞爾 Jules Bordet Institute Br.E.A.S.T. Data Centre 醫學總監 Evandro de Azambuja 表示：「針對抑制 CDK4/6 的造法，能有效應付對荷爾蒙療法產生抗藥性的情況。其餘阻礙荷爾蒙療法的現象包括啟動酪氨酸激酶信號、上調 P13 激酶哺乳動物雷帕黴素靶信號，和 ESR1 突變。」

鑑於 II 期 PALOMA-2 試驗的驚人成果，美國食品藥品監督管理局（FDA）已認可在荷爾蒙療程中加入 palbociclib 的混合療法。其發言人表示：「這些結果有助亞洲國家的混合療法發展。」

-完-

編輯備註

免責聲明

刊載於本新聞稿中的信息由摘要作者提供，僅反映研究內容，不一定與ESMO的觀點一致。

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

關於歐洲腫瘤醫學會（ESMO）

ESMO 是領先全球的專業腫瘤醫學組織，以改善各地癌症患者的病況為首要目標。本會為社會提供腫瘤學方面的教育及資訊，並致力支持會員於變化萬千的專業環境中不斷發展和進步。

成立於 1975 年的 ESMO 雖然植根歐洲，但視野是全球性的，歡迎來自世界各地的腫瘤學專家。本會關注所有與腫瘤有關的人士、連接擁有專業知識及經驗的人才，為腫瘤學發聲。ESMO 的教育及資源著眼醫學角度，為癌症護理提供綜合的專業手法。本會期望能夠衝破癌症治療的界限，跨國家、跨專業，在全球追隨腫瘤學的使命。

ESMO 匯集來自 130 多個國家的逾 12000 名腫瘤學專業人士。憑藉 40 年經驗及約 500 個專家委員會成員，ESMO 為會員及腫瘤學界提供：

- 腫瘤學研究生教育及培訓
- 職業發展和領導能力訓練，培育下一代腫瘤學家
- 國際會議及研討會，讓各地專才能夠互相聯繫、分享專業知識和實踐經驗、了解最新的科學進展
- 不斷審查、以實證為基礎的歐洲癌症護理
- 宣傳及諮詢，以促進良好科研環境

癌症治療發展迅速，而且變得越來越全面及專業。無論領域是研究、診斷、治療、護理或宣傳，所有腫瘤學專家均需建立專業知識，並與其他學科的專才相互交流。ESMO 會員制度就是因此而起。

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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)

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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

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