

# Anatomy of a Breakthrough in Targeted Cancer Treatments



**Brian Druker, MD**



**Knight Cancer Institute**  
at Oregon Health & Science University

**Breakthroughs Take Time**



# **The 20th Century**

## **Leading causes of mortality**

**1900**

- 1) Pneumonia**
- 2) Tuberculosis**
- 3) Enteritis**
- 4) Heart Disease**
- 5) Stroke**
- 6) Liver Disease**

# The 20th Century

## Leading causes of mortality

### 1900

- 1) Pneumonia
- 2) Tuberculosis
- 3) Enteritis
- 4) Heart Disease
- 5) Stroke
- 6) Liver Disease

### 2000

- Heart Disease
- Cancer
- Stroke
- COPD
- Accidents
- Pneumonia/Influenza

# **Factors Leading to Eradication and Treatability of Infections**

- |  |                            |
|--|----------------------------|
| <ul style="list-style-type: none"><li>• <b>Improved sanitation and refrigeration</b></li></ul> | <b>Prevention</b>          |
| <ul style="list-style-type: none"><li>• <b>Antibiotics</b></li></ul>                           | <b>Specific treatments</b> |
| <ul style="list-style-type: none"><li>• <b>Vaccination</b></li></ul>                           | <b>Immune modulation</b>   |

# Historical Perspective on Chronic Myeloid Leukemia (CML)

1845	1985	2001
First description of CML	BCR-ABL	Specific therapy for CML

# **Clinical Description of CML**



# LEUCOCYTHEMIA,

OR

## WHITE CELL BLOOD,

IN RELATION TO THE

PHYSIOLOGY AND PATHOLOGY OF THE LYMPHATIC GLANDULAR SYSTEM.

BY JOHN HUGHES BENNETT, M.D., F.R.S.E.,

PROFESSOR OF INSTITUTES OF MEDICINE AND OF CLINICAL MEDICINE IN THE UNIVERSITY,  
AND PRESIDENT OF THE PHYSIOLOGICAL SOCIETY, EDINBURGH.  
MEMBER OF THE AMERICAN PHILOSOPHICAL SOCIETY; OF THE IMPERIAL SOCIETY OF  
PHYSICIANS OF VIENNA; OF THE MEDICAL ASSOCIATION OF PRUSSIA;  
OF THE ANATOMICAL AND BIOLOGICAL SOCIETIES OF PARIS;  
OF THE MEDICAL SOCIETIES OF SWEDEN, COPENHAGEN,  
ETC. ETC.

WITH TWO COLOURED LITHOGRAPHS, AND NUMEROUS WOODCUTS.

EDINBURGH: SUTHERLAND AND KNOX.

LONDON: SIMPKIN, MARSHALL, & CO.

MDCCCLII.



## Weißes Blut.

Außer sehr wenig rothen Blutkörperchen bestand der ungleich größere Theil aus denselben farblosen oder weißen Körpern, die auch im normalen Blut vorkommen, nämlich kleinen, nicht ganz regelmäßigen Proteinmoleculen, größeren, körnigen, fetthaltigen, kernlosen Körperchen und granulirten Zellen mit einem rundlichen, hufeisenförmigen oder flecblattartigen oder mit mehreren napfförmigen, distincten Kernen. Die größeren dieser Zellen hatten ein leicht gelbliches Aussehen. Das Verhältniß zwischen den farbigen und farblosen Blutkörperchen stellte sich hier ungefähr umgekehrt, wie im normalen Blut, indem die farblosen die Regel, die farbigen eine Art von Ausnahme zu bilden schienen. Wenn ich daher von weißem Blute spreche, so meine ich in der That ein Blut, in welchem die Proportion zwischen den rothen und farblosen (in Masse weißen) Blutkörperchen eine umgekehrte ist, ohne daß eine Beimischung fremdartiger chemischer oder morphologischer Elemente zu bemerken wäre.

ich würde mich glücklich schätzen, der Wissenschaft dadurch zu einer neuen und, wie es mir scheint, nicht unwichtigen Thatfache verholfen zu haben. —

Dr. Virchow.

# **Chronic Myeloid Leukemia (CML)**

- **15 - 20 % of all leukemias**
- **1 - 2 cases per 100,000 per year**

**Average age of onset - 50 to 60 yrs of age**

**Median survival – 3 to 5 years**

**Breakthroughs Require Knowledge**



# **Molecular Pathogenesis of CML**



## A Minute Chromosome in Human Chronic Granulocytic Leukemia

In seven cases thus far investigated (five males, two females), a minute chromosome has been observed replacing one of the four smallest autosomes in the chromosome complement of cells of chronic granulocytic leukemia cultured from peripheral blood. No abnormality was observed in the cells of four cases of acute granulocytic leukemia in adults or of six cases of acute leukemia in children. There have been several recent reports of chromosome abnormalities in a number of cases of human leukemia [including two of the seven cases reported here: Nowell and Hungerford, *J. Natl. Cancer Inst.* **25**, 85 (1960)], but no series has appeared in which there was a consistent change typical of a particular type of leukemia.

Cells of the five new cases were obtained from peripheral blood (and bone marrow in one instance), grown in culture for 24-72 hours, and processed for cytological examination by a recently developed air-drying technique (Moorhead, *et al.*, *Exptl. Cell Research*, in press). The patients varied from asymptomatic untreated cases to extensively treated

cases of several years duration in terminal myeloblastic crisis. All seven individuals showed a similar minute chromosome, and none showed any other frequent or regular chromosome change. In most of the cases, cells with normal chromosomes were also observed. Thus, the minute is not a part of the normal chromosome constitution of such individuals.

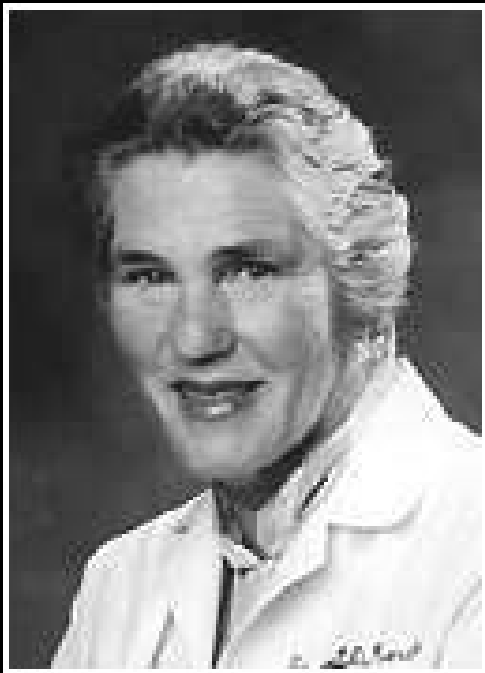
The findings suggest a causal relationship between the chromosome abnormality observed and chronic granulocytic leukemia.

PETER C. NOWELL

*School of Medicine,  
University of Pennsylvania*

DAVID A. HUNGERFORD

*Institute for Cancer Research*



**ABL**



9



22

**BCR**



9q<sup>+</sup>



22q<sup>-</sup>

Ph

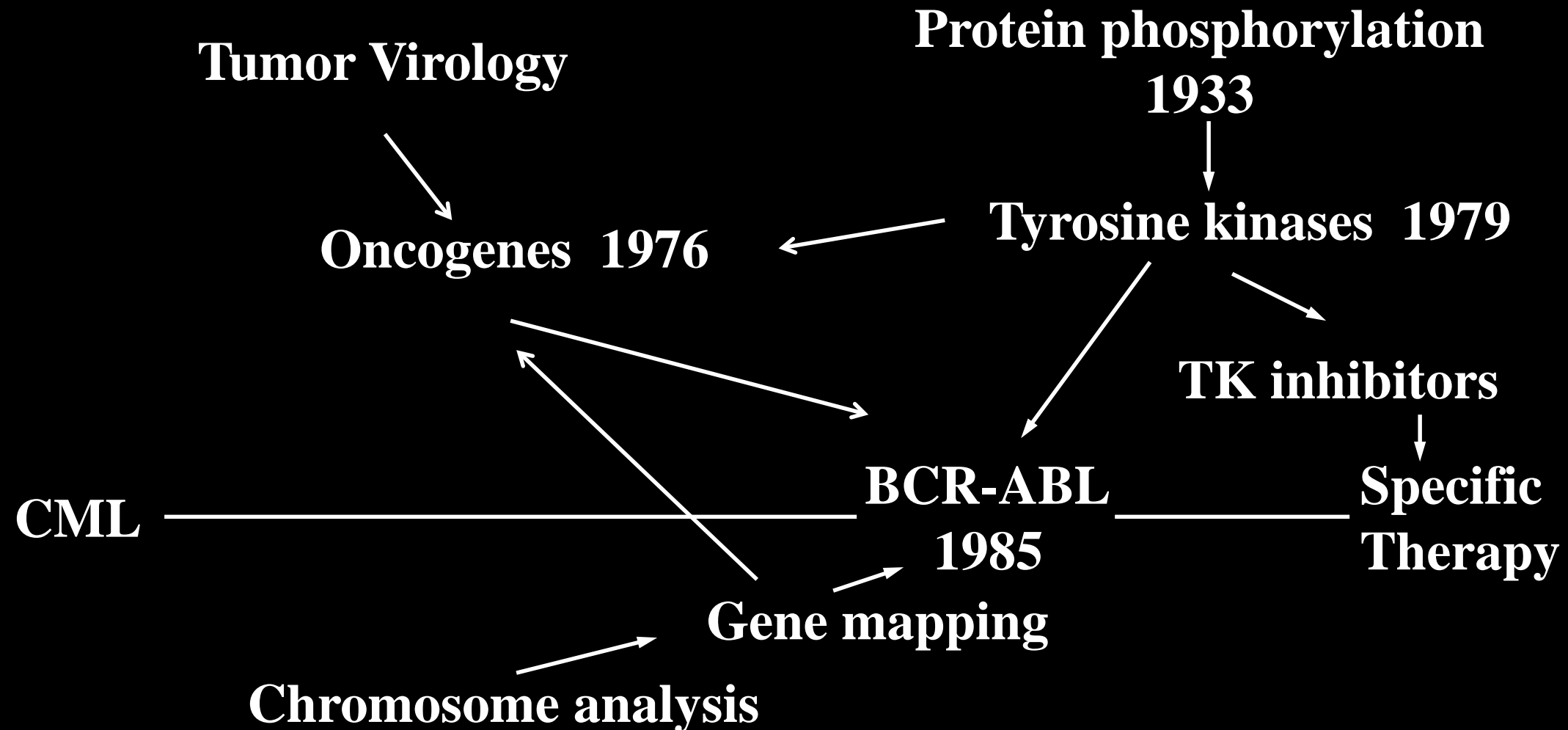
**BCR-ABL**



# **Breakthroughs Often Occur When Different Fields of Investigation Converge**

**And the Right Technology is Applied to  
the Right Problem at the Right Time**

# Historical Perspective on CML



# **Breakthroughs Requiring Seeing Things Differently**

**Even if the Answer is Right in Front of You**

# Velcro



George de Mestral

# Penicillin

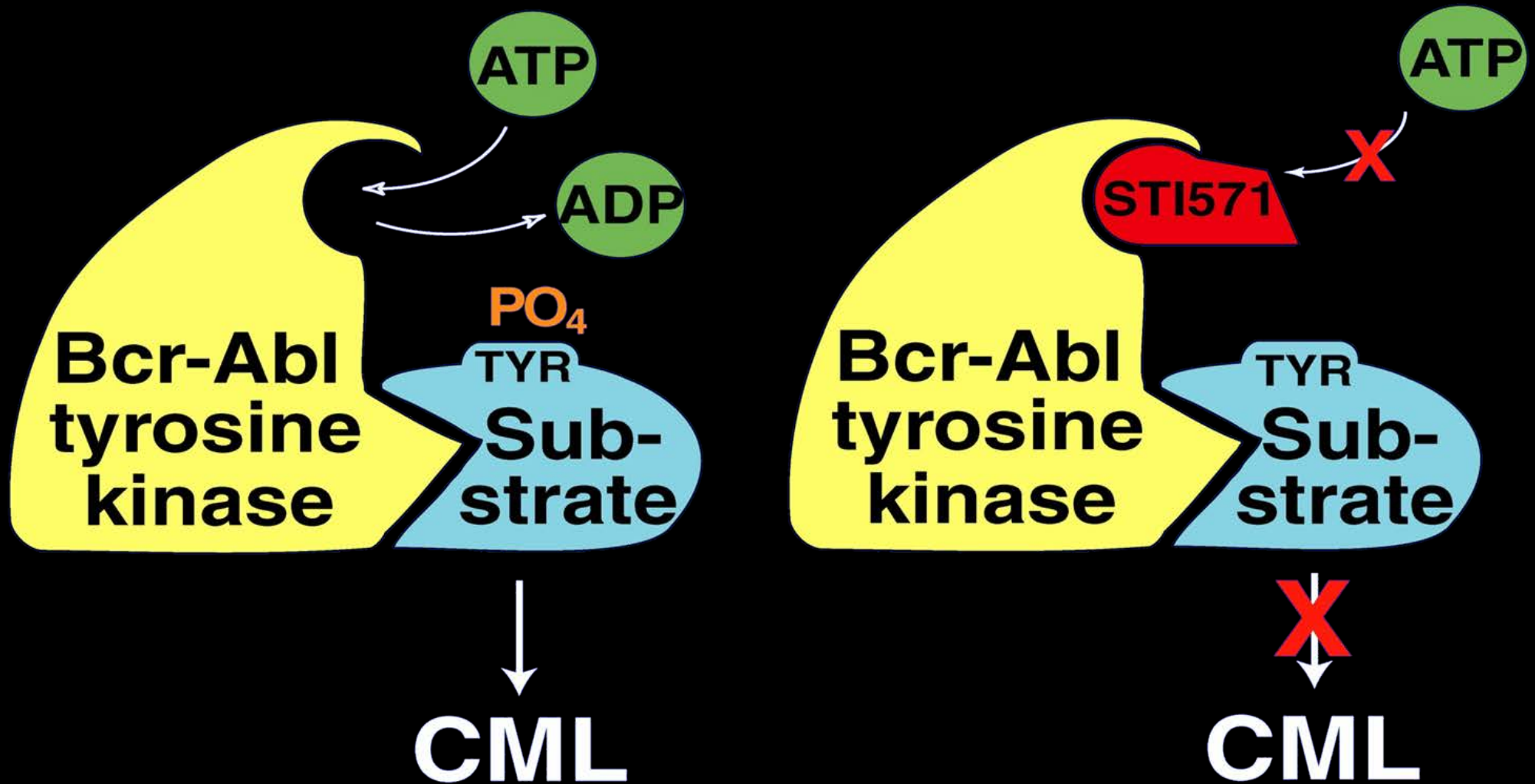


**Alexander Fleming**

# **BCR-ABL As a Therapeutic Target for CML**

- **Product of the Philadelphia chromosome**
- **Present in all patients with CML**
- **Causative molecular abnormality of CML**
- **BCR-ABL is a constitutively activated intracellular tyrosine kinase**
  - **Tyrosine kinase activity of BCR-ABL is required for function**

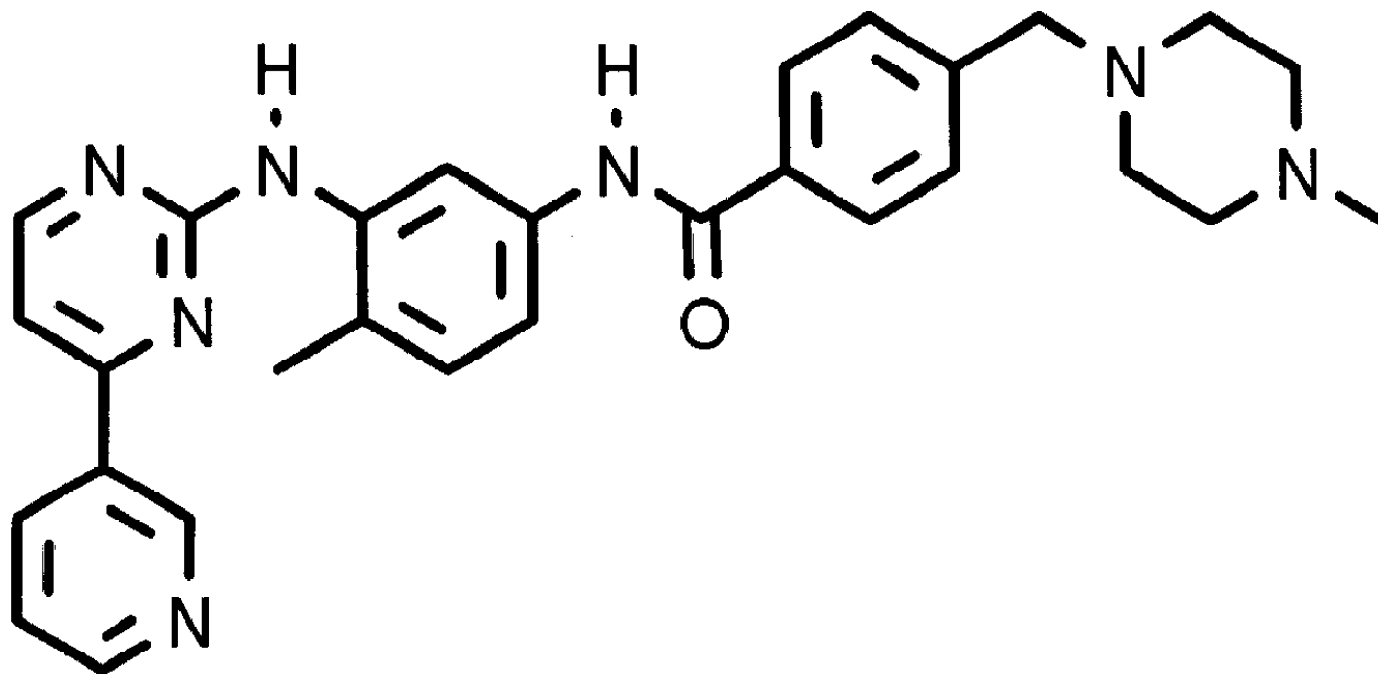
# BCR-ABL As a Therapeutic Target for CML



**STI571 (CGP 57148B)**

**Imatinib mesylate**

**Gleevec™, Glivec®**

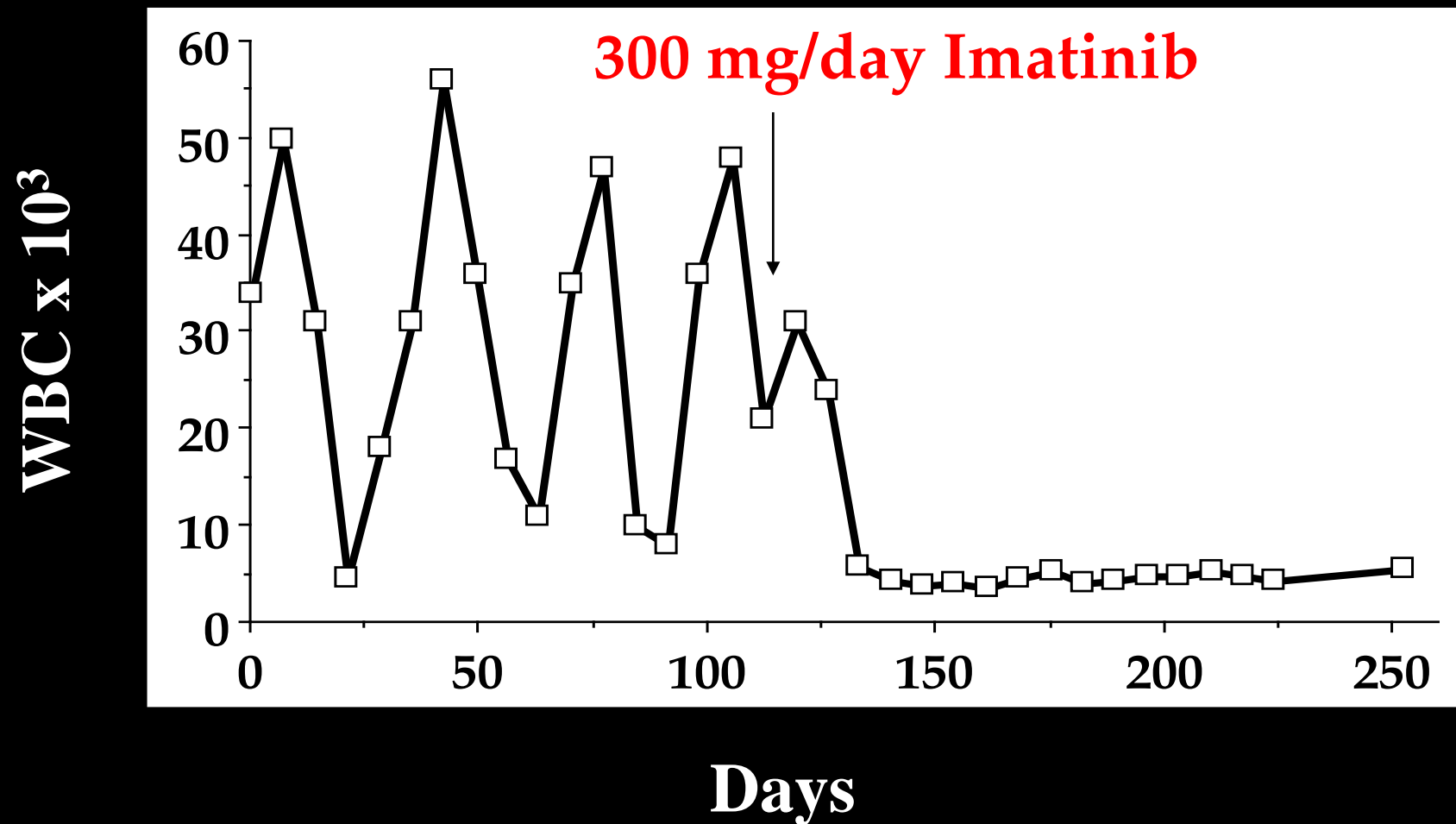




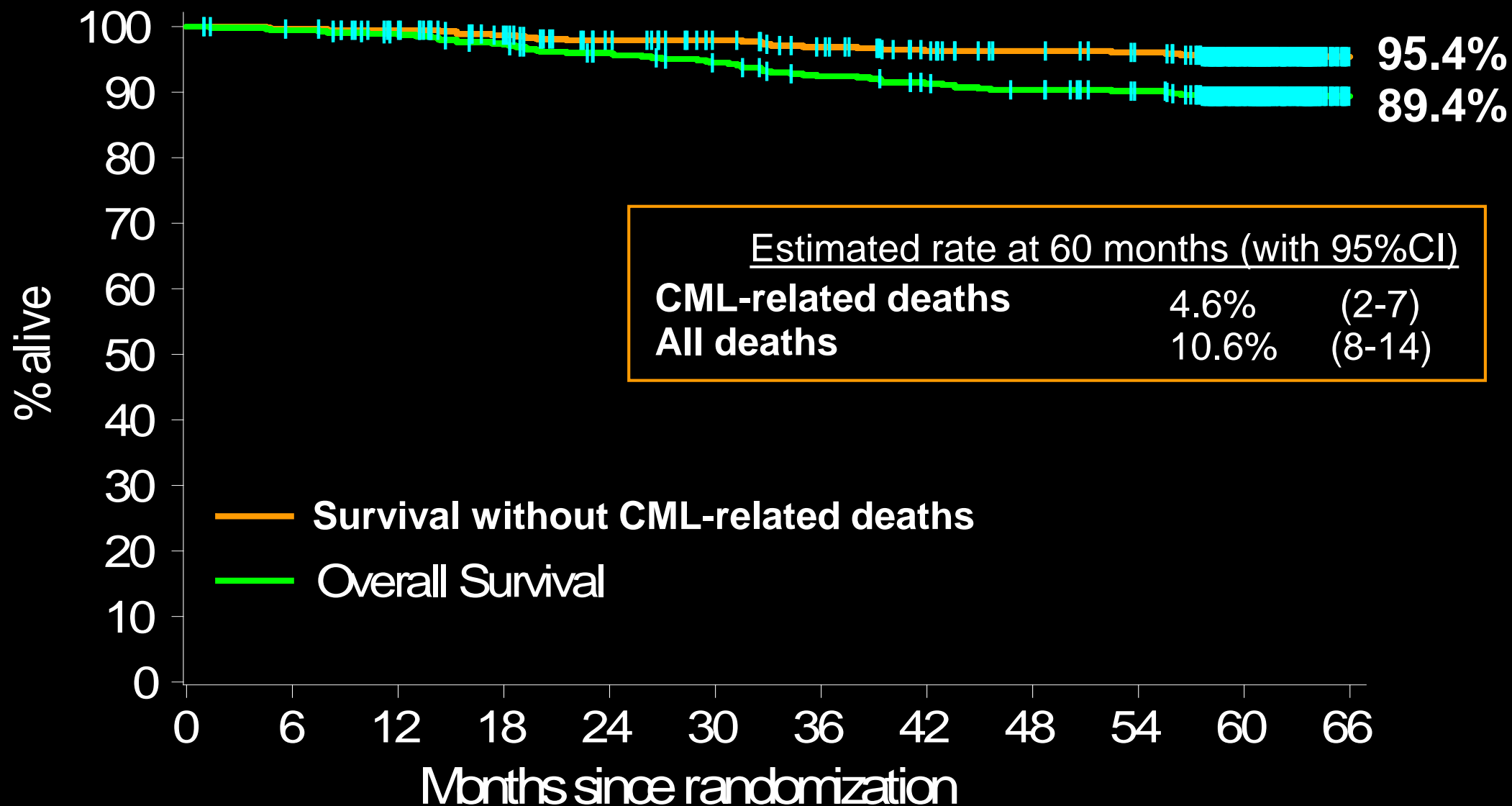
# Reasons Not to Develop Gleevec

- You can't make a drug against this target
- The drug will never work
- It will be toxic
- The drug will never make enough money to justify its development

# Pt 0101



# Overall Survival on Imatinib



# TIME

THERE IS NEW **AMMUNITION**  
IN THE WAR AGAINST  
**CANCER.**  
**THESE ARE THE BULLETS.**

Revolutionary new pills like **GLEEVEC** combat cancer by targeting only the diseased cells. Is this the breakthrough we've been waiting for?

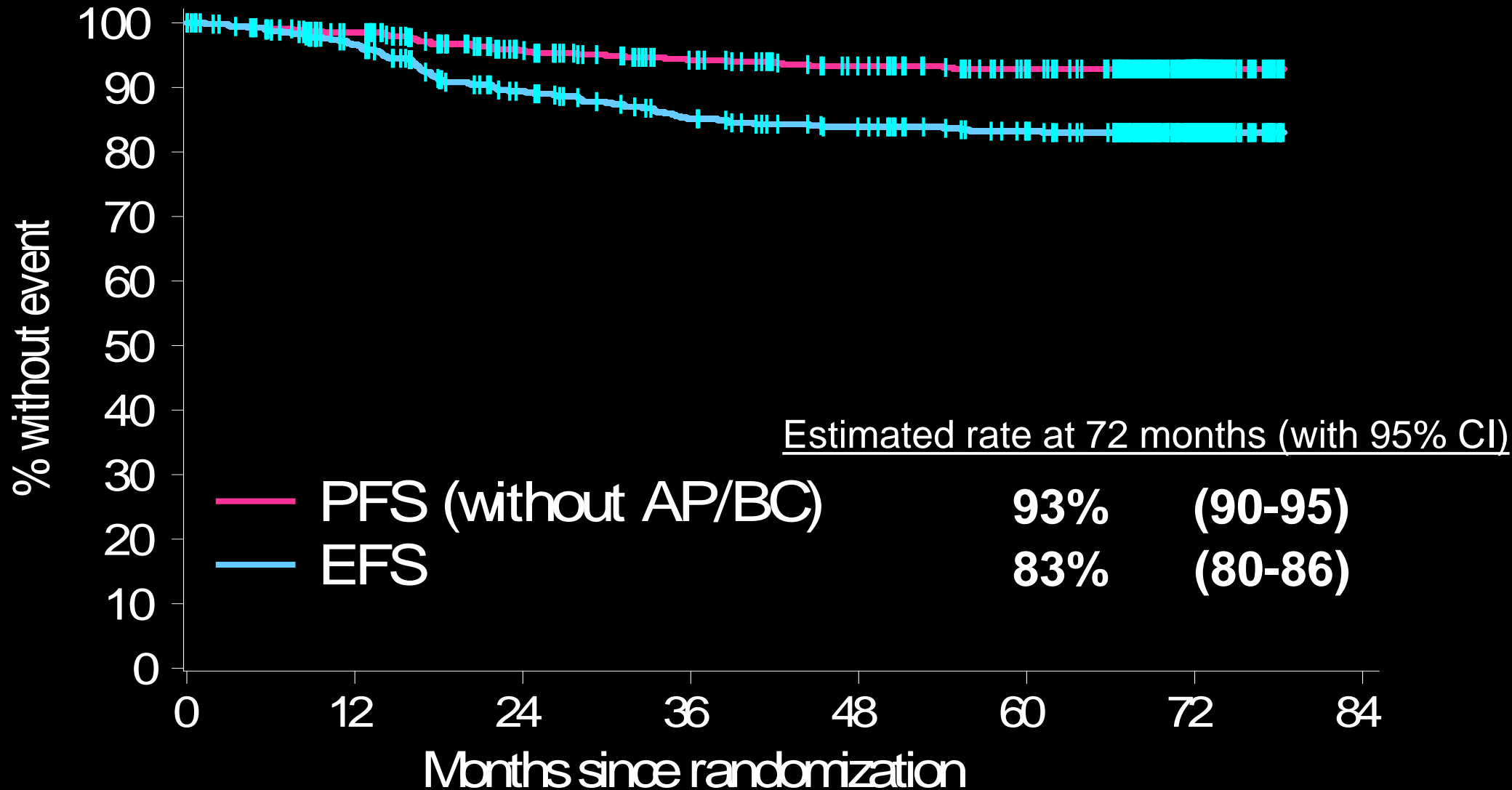


# Survival According to Molecular Response

At 18 mos	Major Molecular Response or Better	No Major Molecular Response	P Value
Patients, n	164	89	
Deaths, n (%)	12 (7.3)	13 (14.6)	
Not due to CML	12 (7.3)	4 (4.5)	
Due to CML	0	9 (10.1)	
Estimated 10-year overall survival, %	93.0	85.6	.0367
Estimated 10-year freedom from CML-related death, %	100	90.5	< .0001



# Relapses and Disease Progression



AP/BC, accelerated phase/blast crisis; EFS, event-free survival; PFS, progression-free survival

# CML Summary

- **Imatinib is current standard therapy**
  - **Significant prolongs disease duration**
- **Relapses mostly due to kinase domain mutations**
  - **Novel ABL inhibitors have significant activity and are being used in newly diagnosed patients**
- **CML has been converted to a manageable condition**



# Where Else Has Gleevec Worked?

- **Gastrointestinal stromal tumor**
- **Melanoma**
- **Hypereosinophilic syndrome**
- **Dermatofibrosarcoma protuberans (DFSP)**

# **Lessons Learned From Clinical Trials With Gleevec**

**IT'S THE TARGET!**

**Good Target + Good Drug**

**=**

**Good Results**

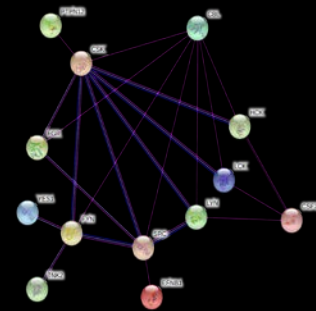
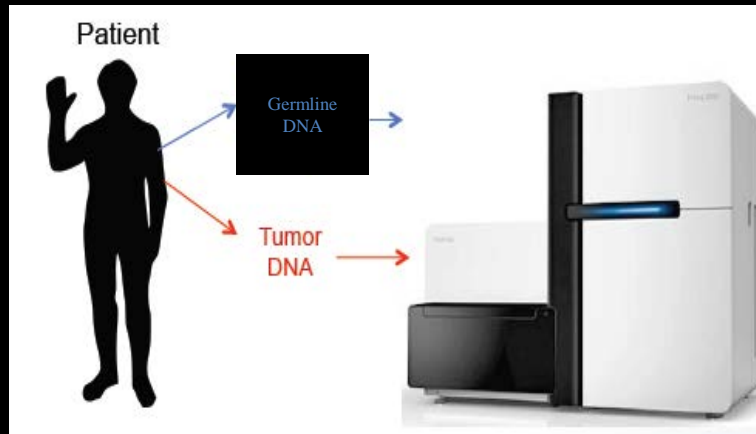
# Translating the Success of Gleevec to Other Malignancies

- Identify the appropriate therapeutic targets
  - Early molecular changes
- Treat early in the course of the disease
  - Develop reliable techniques for early detection
- Match the right patient with the right drug

# Where Are We Now?

- **Cancers are treated by site of origin (breast, colon, lung, prostate)**
- **Treatments are largely empiric and toxic**
- **Response rates are relatively low and which patients will respond cannot be predicted**

# The Future of Cancer Treatment



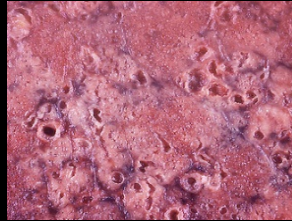
Patient  
Sample

OMIC  
Analysis

Treatment  
Options

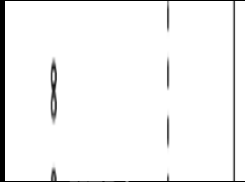
# The Future of Cancer Treatment

Patient  
sample



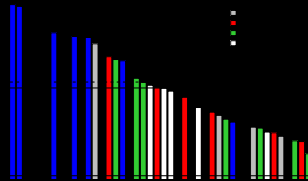
Preclinical data

Mutation

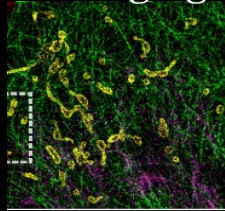


HER2 w HER2+

Subtype

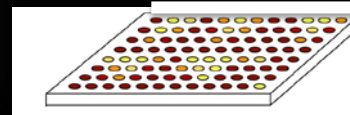


Imaging

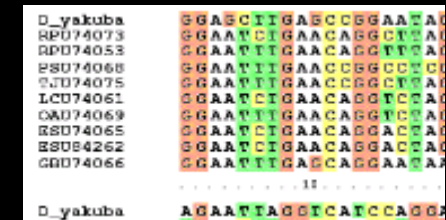


Functional  
Screens

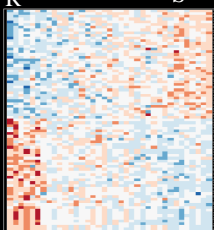
In Vitro



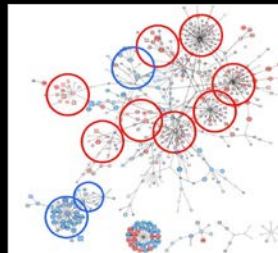
Computational biology



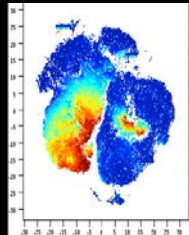
Transcriptional  
Signature



Pathway  
Activity



Immunopheno-  
typing



In Vivo



Data from all  
sources are integrated  
with clinical data to  
inform patient care

# **The 21st Century**

## **Broad-based approach to cancer**

- **Specific therapies directed at critical targets**
- **Immune modulation**
- **Prevention and early diagnosis**

