

# Personalized Pediatric Oncology: What are the Targets?

Synergy Satellite: Targeted Drugs - scattered goals  
EAHP Hamburg, 16. 3. 2105

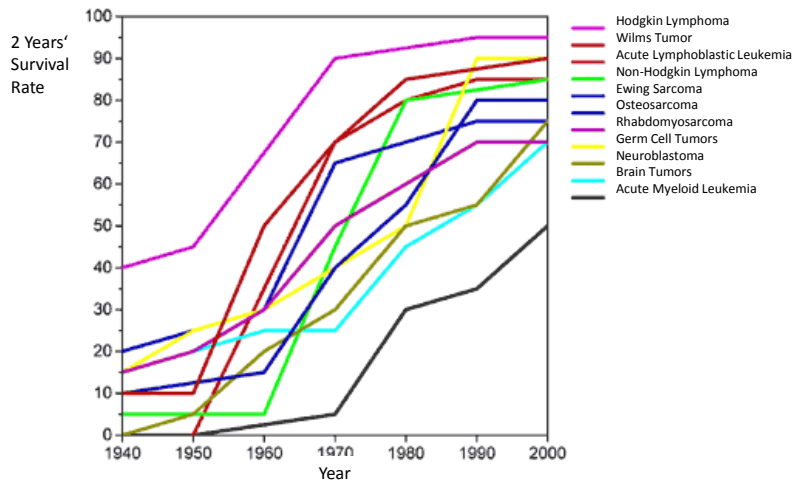
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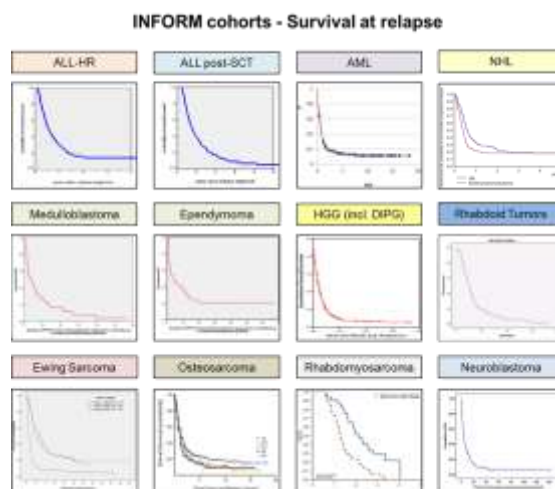
## Disclosure:

Consultant Novartis  
Consultant Astra Zeneca  
Research Grant Bayer Healthcare

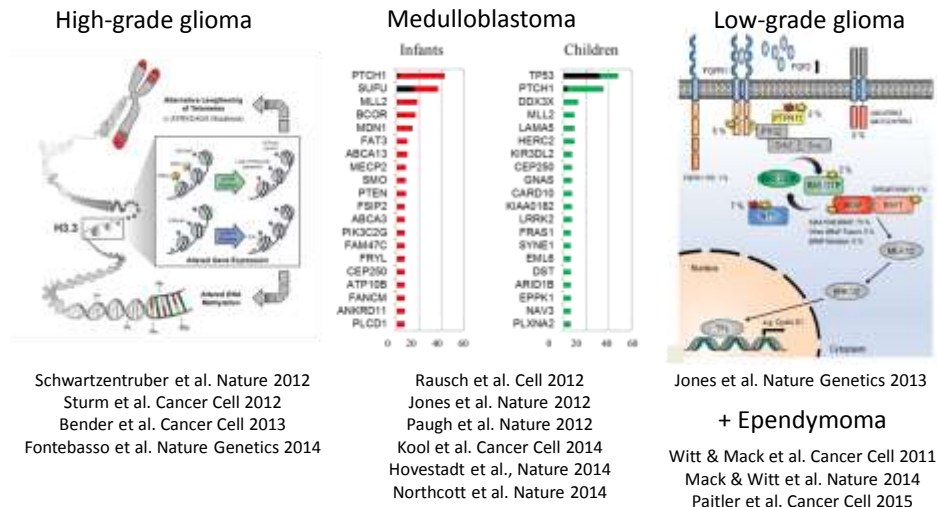
## Pediatric Oncology – a success story in firstline treatment



## Relapse - Clinical challenge

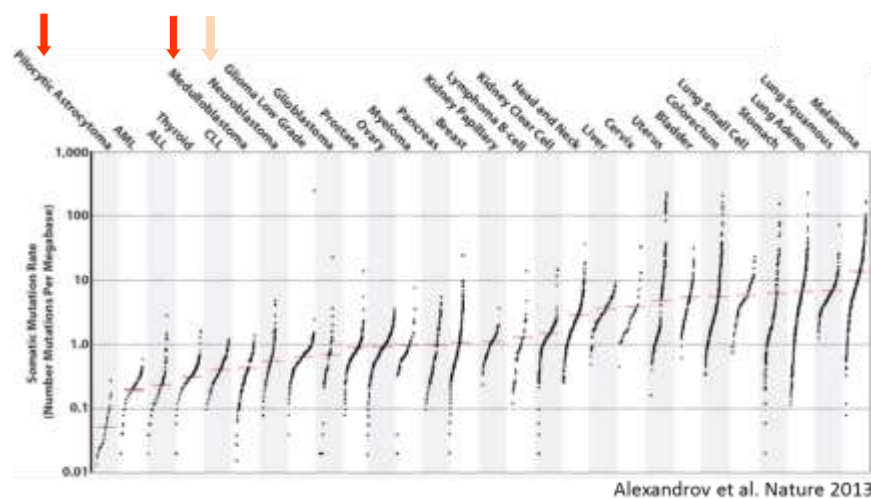


## NGS: New drug targets

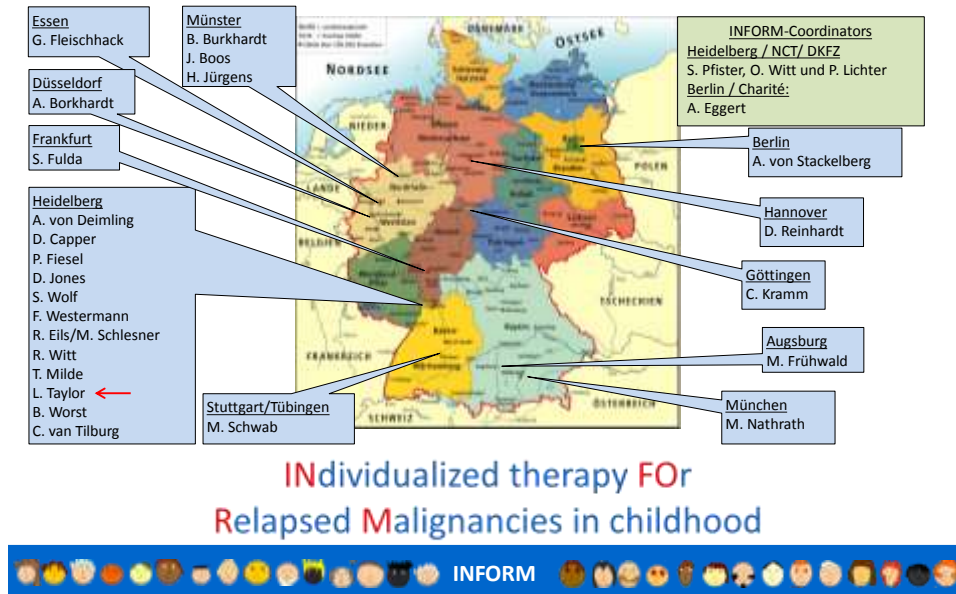


→ In addition to brain tumors: PNET, Wilms, ALL, etc.

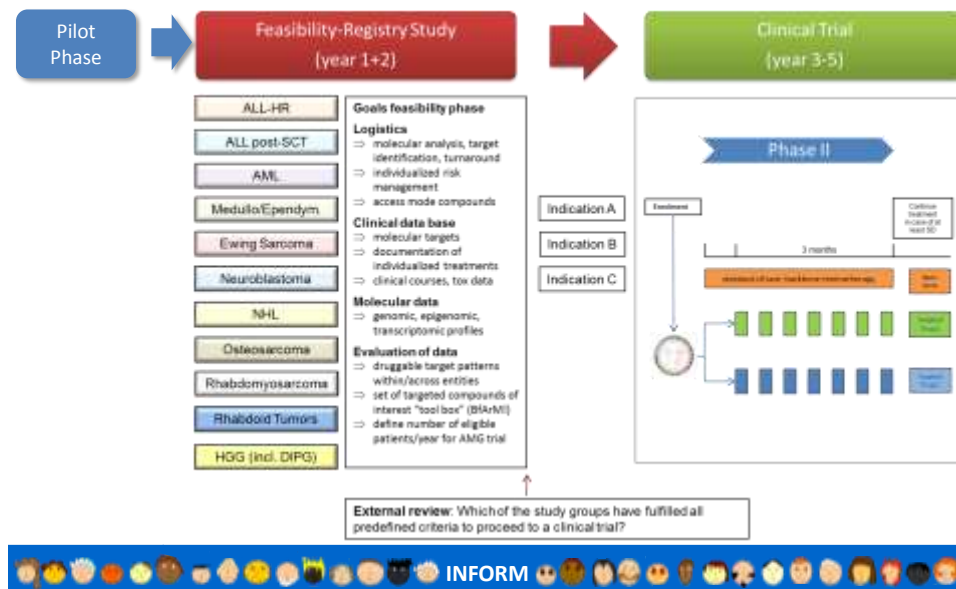
## Pediatric tumor genomes are „simple“



# INFORM Consortium



## INFORM program: 3 steps

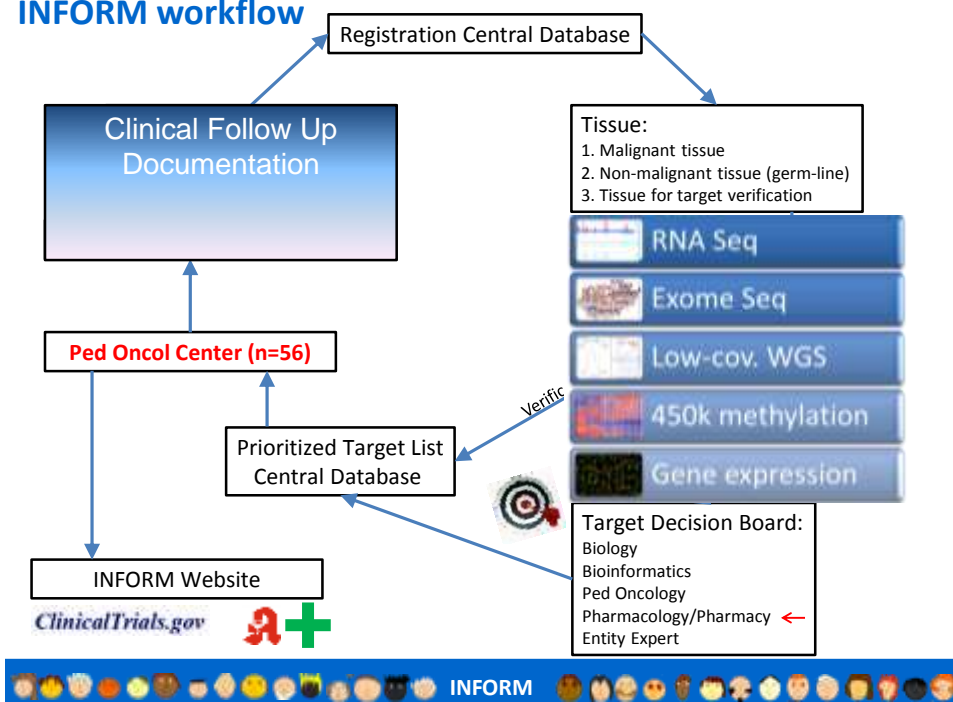


## Key Inclusion Criteria

- Children, adolescents, young adults, 1-40 years
- **Refractory/relapsed/progressive oncological disease**
  - (Exception: some primary rhabdomyosarcoma indications and DIPG)
- **No established treatment option** available
- **Life expectancy > 3 months & Lansky /Karnofsky  $\geq$  50**
- First-line treatment in GPOH trial protocol
- Inclusion discussed with respective GPOH Study group
- **Current and routine** re-biopsy performed (i.e. not part of the study)
  - (Note: non-interventional study, EC approved)
- Solid tumors: **measurable disease activity**
- **Fresh frozen tissue**, matching normal tissue and formalin fixed paraffin embedded (FFPE) mandatory
- Informed consent



## INFORM workflow



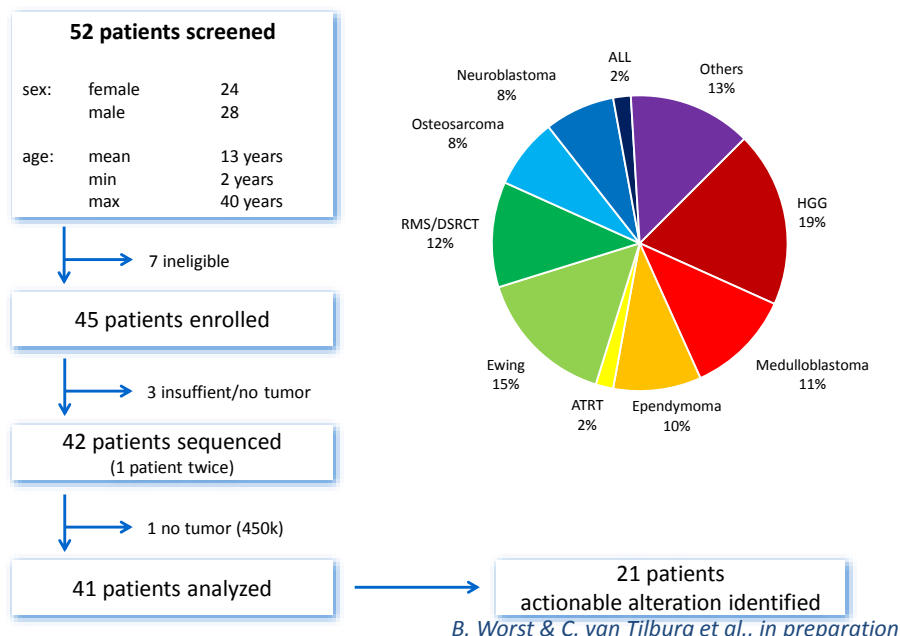
# Target Selection and Prioritization

Criteria harmonized with Scientific Advisory Board (Jan Molenaar & Huib Caron, NKOC-iTHER project, Holland and Birgit Geoerger, MOSCATO project, France)

Target Type	Entity	Target Status	Description	Priority
Confirmed driver	Specific	Genetic hit (focal high-amplitude CNV)	Specific alteration in actionable target confirmed as driving in specific entity	Very high
Confirmed driver	Specific	Genetic hit (focal high-amplitude CNV)	Specific alteration in actionable target confirmed as driving in specific entity	High
Confirmed driver	Other	Genetic hit (mutation/ rearrangement/ focal high-amplitude CNV)	Specific alteration in actionable target confirmed as driving in another entity	High
Presumed driver	Specific	Genetic hit (mutation/ rearrangement/ focal high-amplitude CNV)	Actionable gene known to be a driver in specific entity, function of this mutation likely activating but not proven	High
Presumed driver	Other	Genetic hit (mutation/ rearrangement/ focal high-amplitude CNV)	Actionable gene known to be a driver in another entity, function of this mutation likely activating but not proven	Moderate
Pathway activation, genetic	Specific	Genetic hit incl. focal CNV	Genetic alteration indicating activation of an actionable pathway known to be involved in specific entity; potential drug acting elsewhere in pathway	Moderate
Synthetic lethal / Predictive marker, genetic	Specific	Genetic hit incl. focal CNV	Genetic alteration in a gene known to induce susceptibility to inhibition of another gene in specific entity	Moderate
Pathway activation, genetic	Other	Genetic hit incl. focal CNV	Genetic alteration indicating activation of an actionable pathway known to be involved in another entity; potential drug acting elsewhere in pathway	Intermediate
Synthetic lethal / Predictive marker, genetic	Other	Genetic hit incl. focal CNV	Genetic alteration in a gene known to induce susceptibility to inhibition of another gene in another entity	Intermediate
Overexpressed driver	Specific	Protein/Expression Change	Overexpression of a directly actionable gene known to be a driver in specific entity	Intermediate
Pathway activation, expression	Specific	Protein/Expression Change	Expression changes clearly indicating activation of a potentially actionable pathway linked to specific entity	Borderline
Synthetic lethal / Predictive marker, expression	Specific	Protein/Expression Change	Altered expression of a gene/pathway known to induce susceptibility to inhibition of another gene in specific entity	Borderline
Pathway activation, expression	Other	Protein/Expression Change	Expression changes clearly indicating activation of a potentially actionable pathway known from another entity	Low
Synthetic lethal / Predictive marker, expression	Other	Protein/Expression Change	Altered expression of a gene known to induce susceptibility to inhibition of another gene in another entity	Low
Circumstantial evidence	Other	Genetic/Protein/Expression Change	Alterations with some modest literature evidence of possible pathway activation	Very Low



## INFORM – Pilotphase



## Targets identified

	Amplification	Deletion	SNV/Indel	Fusion	Overexpression
ALK				2	2
CCND1/2	2				1
CDKN2A/B		2			
CDK4	1				
EGFR			1		
EWSR1				4	
FGFR4			1		1
HSP90AB1					1
KRAS			1		
MET	1			1	2
MLL				1	
MYCN	1				
PDGFRA	1				
PIK3CA			3		
PTCH1			2		
TSC2			1		
VEGFA					1
VEGFR1	1				
<b>total</b>	<b>7</b>	<b>2</b>	<b>9</b>	<b>8</b>	<b>8</b>

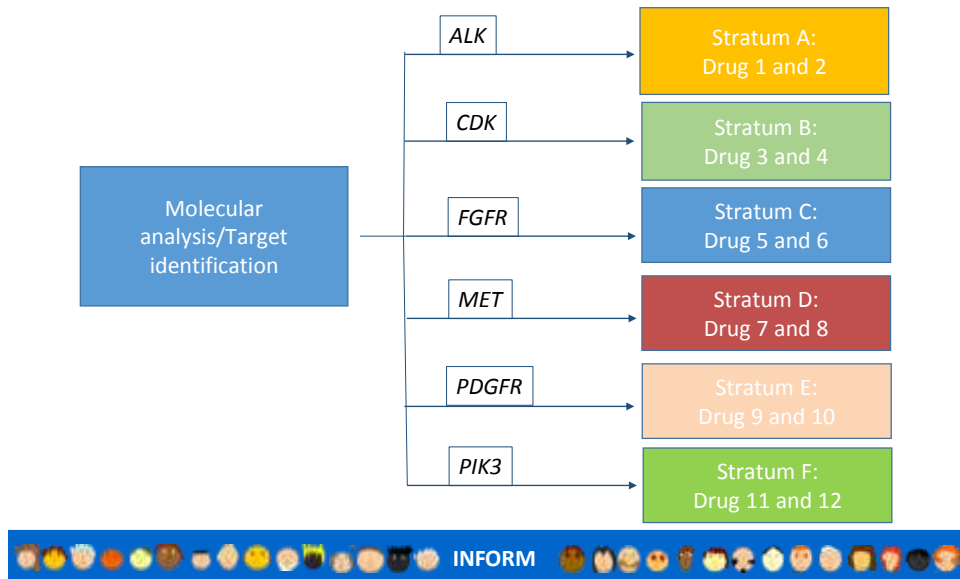
41 patients fully sequenced and analyzed so far, 21 had  $\geq 1$  alteration with at least “borderline” evidence  
*B. Worst & C. van Tilburg et al., in preparation*

## Drug “wish list”



Target	Compound #1	+ Compound #2
ALK	Crizotinib (Pfizer) Ceritinib (Novartis)	?
CDK4/6	LEE011 (Novartis) Palbociclib (Pfizer)	?
FGFR	Regorafenib (Bayer Healthcare) Ponatinib (Ariad)	MEKi
MET	Cabozatinib (Exelixis) Crizotinib (Pfizer)	MEKi
PDGFR	Dasatinib (Bristol Myers Squibb)	?
PIK3	<b>Everolimus (Novartis)</b>	Trametinib (GSK)
BRAFV600E	Vemurafenib (Hoffmann-La Roche) Dabrafenib (GSK)	MEKi
Smo+PTCH	LDE225 (Novartis) Vismodegib (Roche)	-
MYC	Panobinostat (Novartis) CUDC-907 (Curis)	BETi Alisertib (Takeda) Pi3Ki EZH2i

# Outlook INFORM<sup>2</sup>: Basket trial design



## Some preliminary examples...

### Pilot – ES-XXX

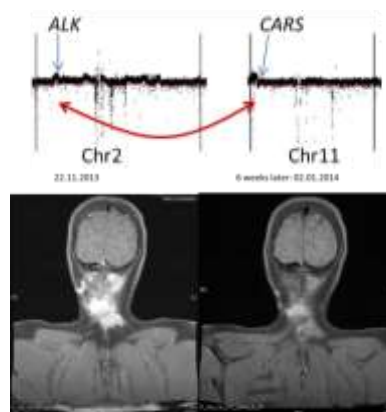
Very large myofibroblastic sarcoma

### INFORM analysis

- ALK fusion identified by sequencing

### Clinical consequence

- Recruited to Phase I/II ALKi trial
- PR after 2 months
- CR after 1 year (2nd look surgery)



Courtesy of J. Schulte & G. Fleischhack (Essen)





**Pilot – HD-XXX**

2011: Metastasized group 3 medulloblastoma

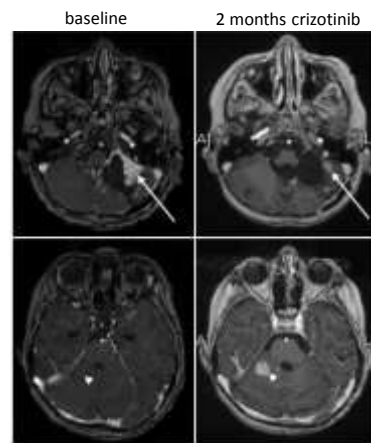
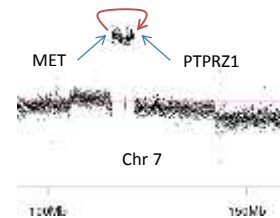
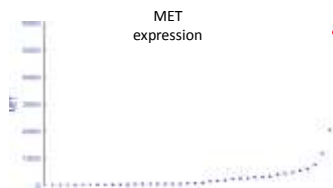
2014: Relapse? + meningeosis

**INFORM Analysis:**

- Secondary malignancy: glioblastoma!
- PTPRZ1-MET fusion with amplification and corresponding overexpression of MET

**Clinical consequence:**

- Off label compassionate use: Crizotinib
- Local Partial response, but new metastatic lesions



## Summary & Challenges

- ✓ High unmet medical need
- ✓ Personalized molecular diagnostics: clinically feasible
- ✓ Targets (being) identified
- **Access** to targeted drugs for children very **limited**
- Almost **no approved** targeted drugs for children
- Limited number of **phase I** data in ped onc
- **Combination therapy**: different companies



# Acknowledgements



Stefan Pfister Peter Lichter Angelika Eggert Study Groups GPOH



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- German Childhood Cancer Foundation (DKS)



# INFOs & Contact



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