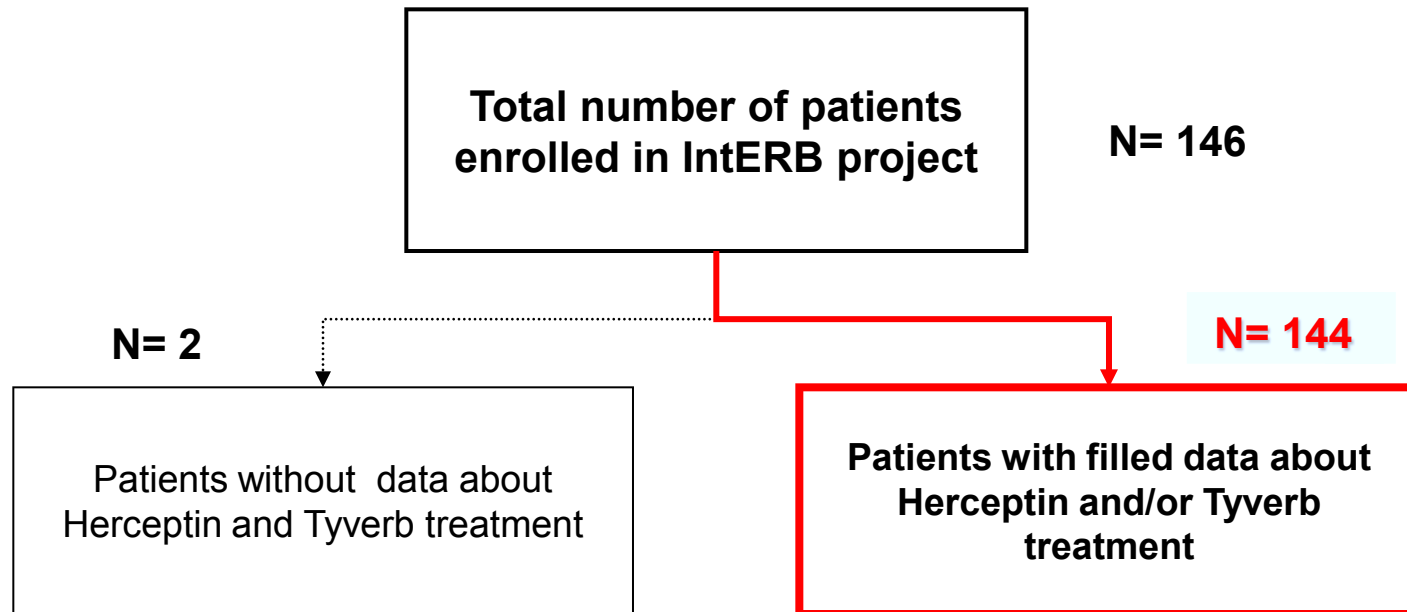




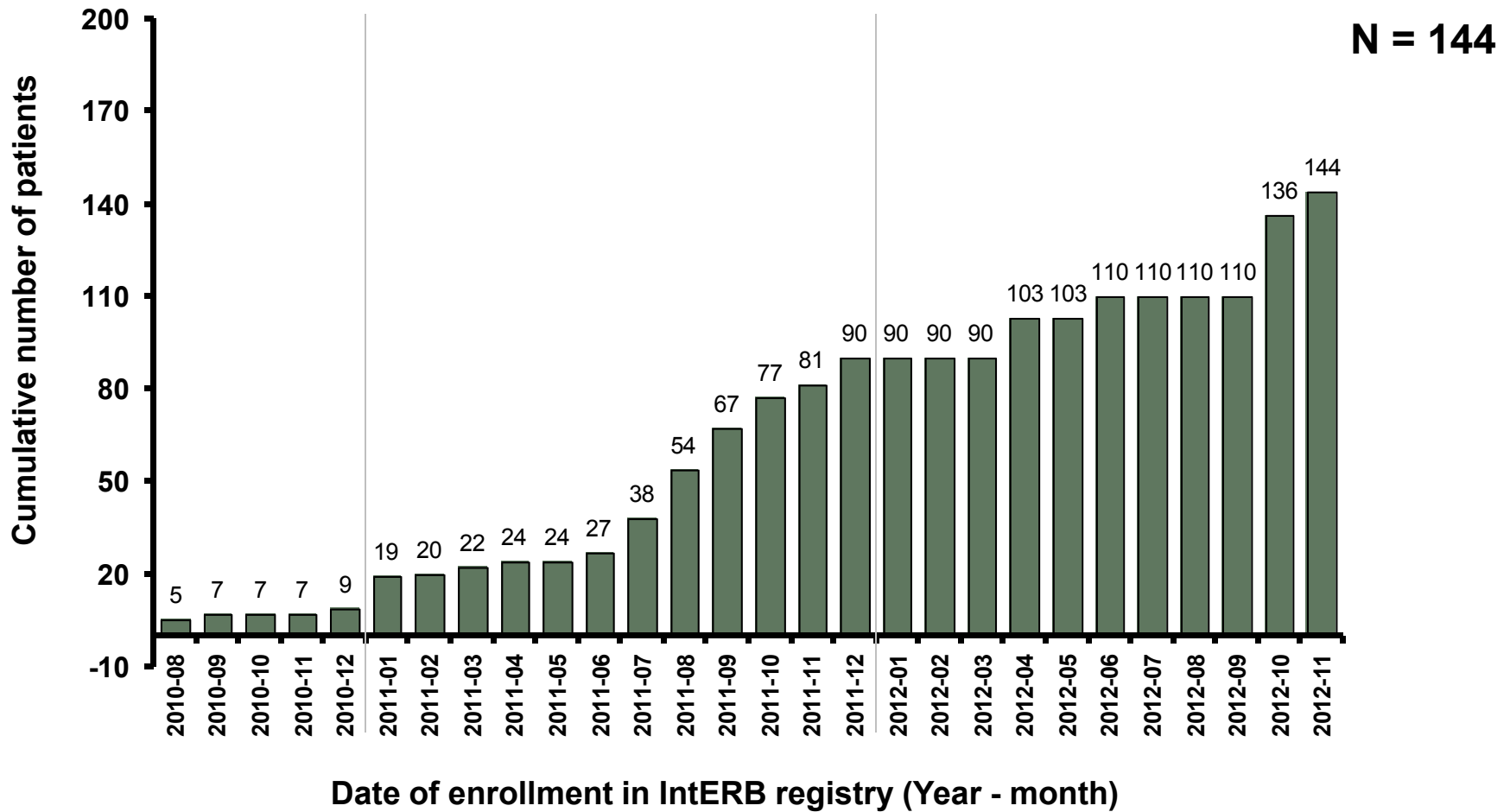
Project intERB overview

Project intERB was initiated in 2008 with the aim to describe epidemiology and treatment management of ERBB positive breast cancer patients with treatment targeting ERBB receptor. The idea was to introduce the project in all countries of CE region. However, only centres from the Czech Republic, Hungary and Lithuania decided to participate actively. Czech intERB (Herceptine/Lapatinib) registry became a part of the larger project Breast in 2011. The Breast project monitors all patients treated with various treatments reserved for tertiary referral centres (comprehensive cancer care centres). The structure of the database was modified in 2011 to accommodate the new needs.

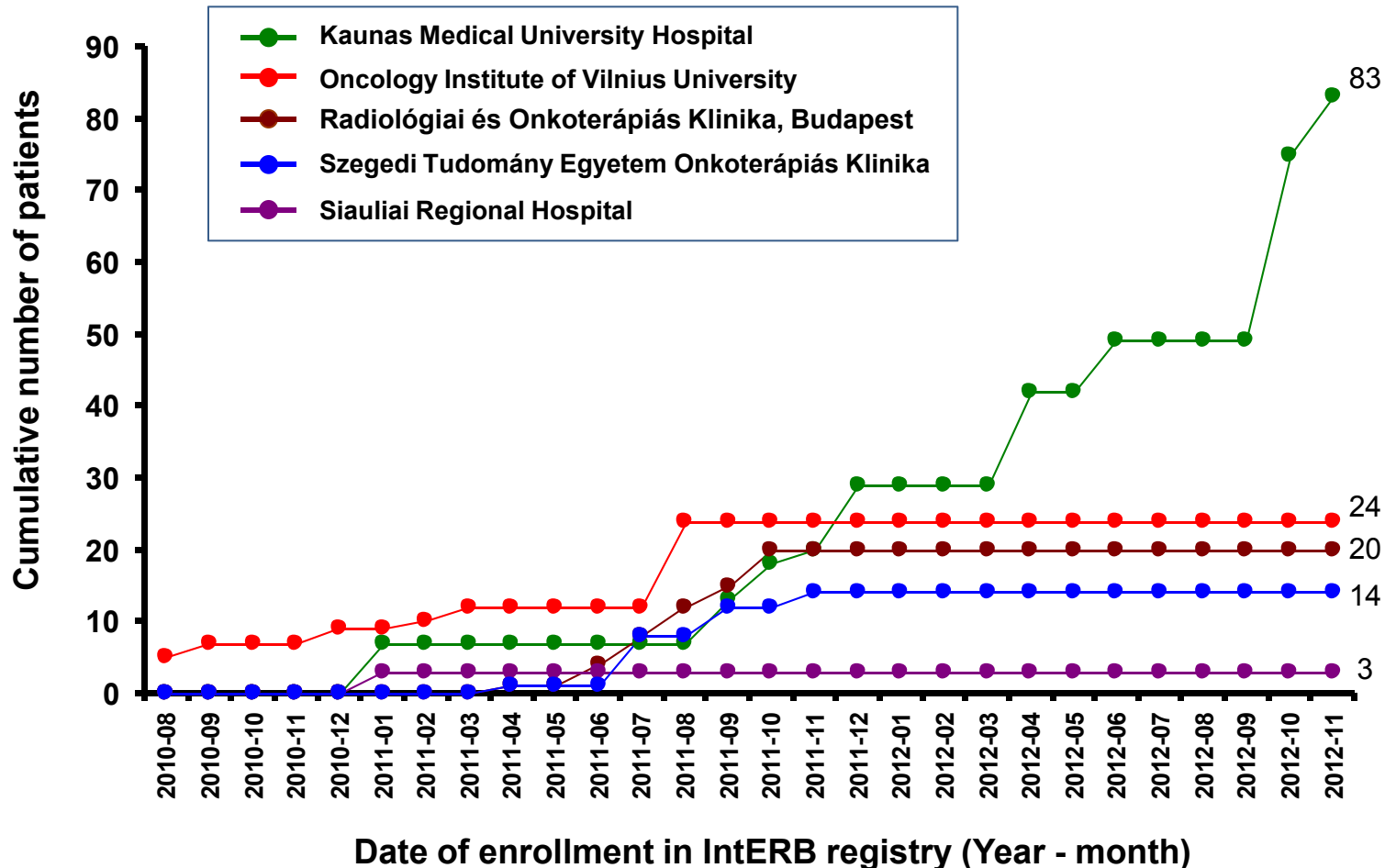
The original Database intERB was used by centres from Hungary and Lithuania until the official end of the project 31. 12. 2012.



Hospital	Total number of patients		Total number of patients with filled data about Herceptin and/or Tyverb treatment	
	N	%	N	%
Kaunas Medical University Hospital	83	56.8	83	57.6
Oncology Institute of Vilnius University	24	16.4	24	16.7
Radiológiai és Onkoterápiás Klinika, Budapest	20	13.7	20	13.9
Szegedi Tudomány Egyetem Onkoterápiás Klinika	15	10.3	14	9.7
Siauliai Regional Hospital	4	2.7	3	2.1
Total	146	100.0	144	100.0

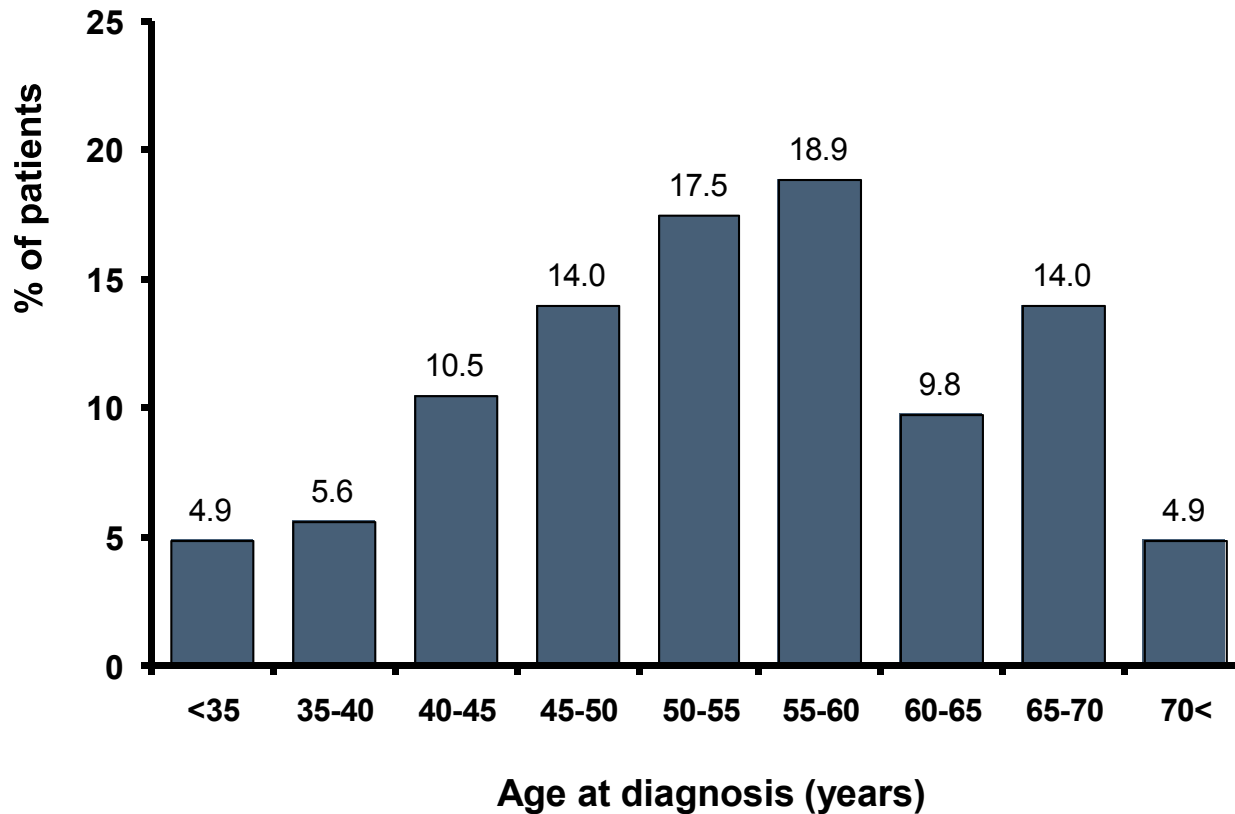


N = 144



Primary diagnosis

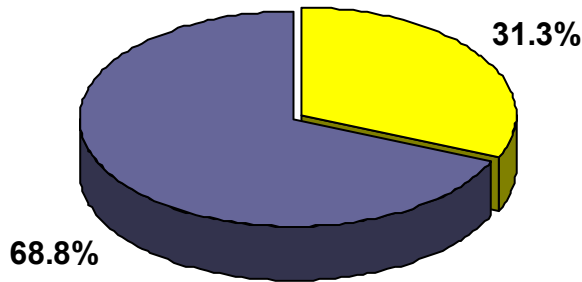
N = 144



Mean	54 years
Median	55 years
Min – Max	32 - 80 years
Younger than 65 yrs	91 (81.1%)

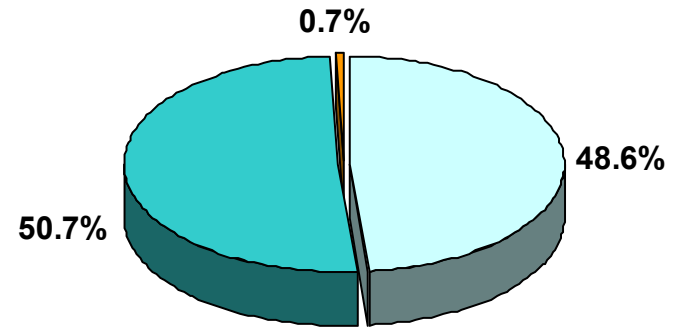
Ovarian function at the time of diagnosis

N = 144



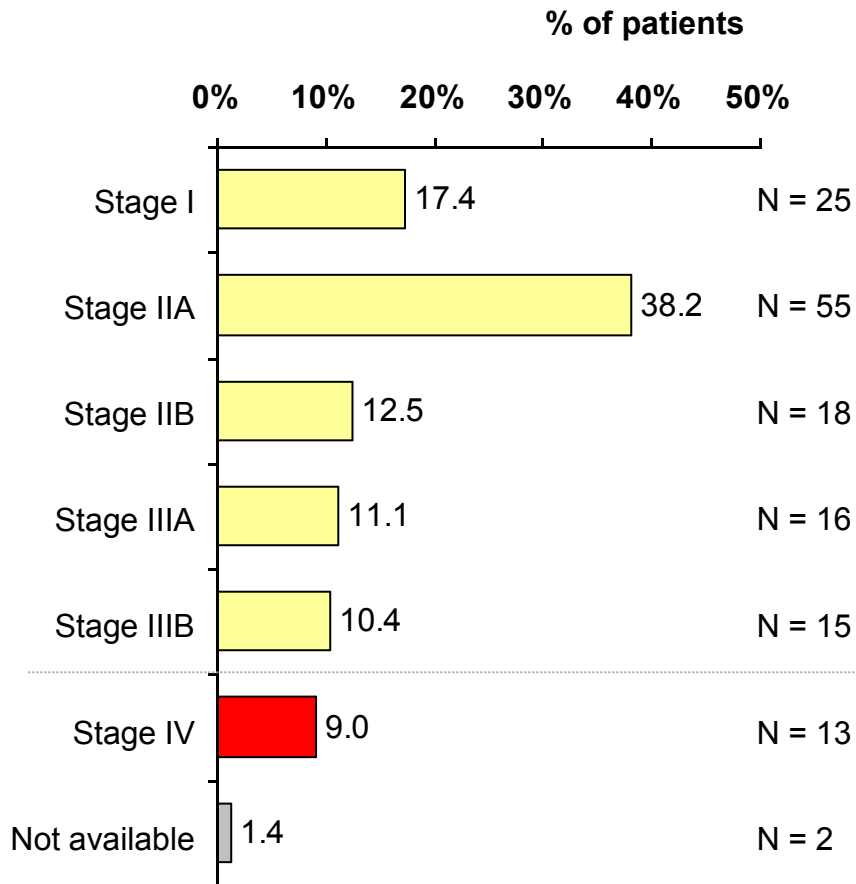
- Pre menopause**
(N = 45)
- Post menopause**
(N = 99)

Affected side

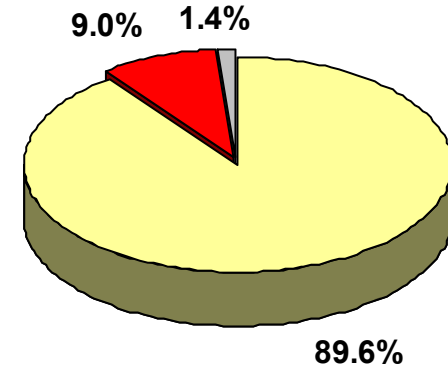


- Right**
(N = 70)
- Left**
(N = 73)
- Bilateral**
(N = 1)

N = 144



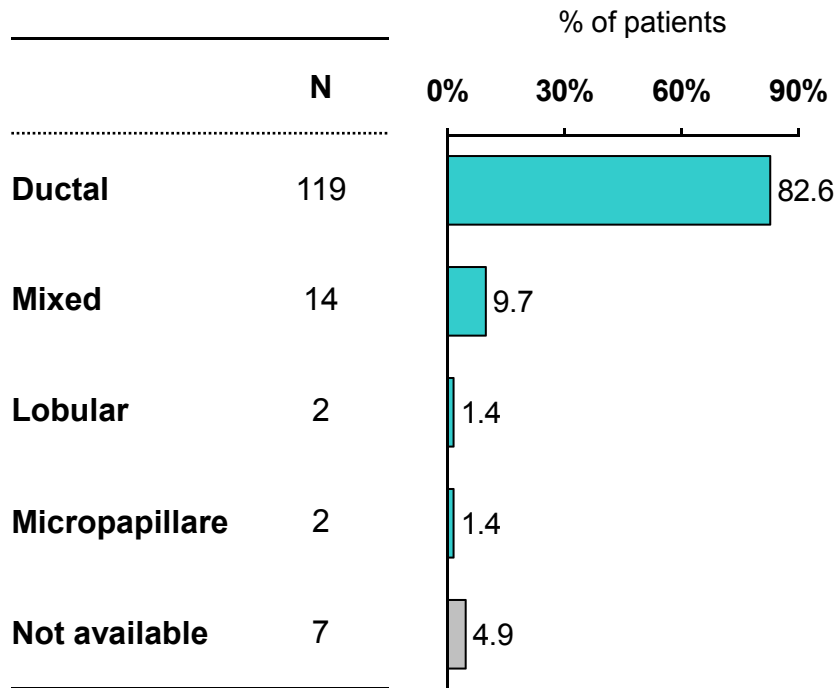
Extent of the disease at diagnosis



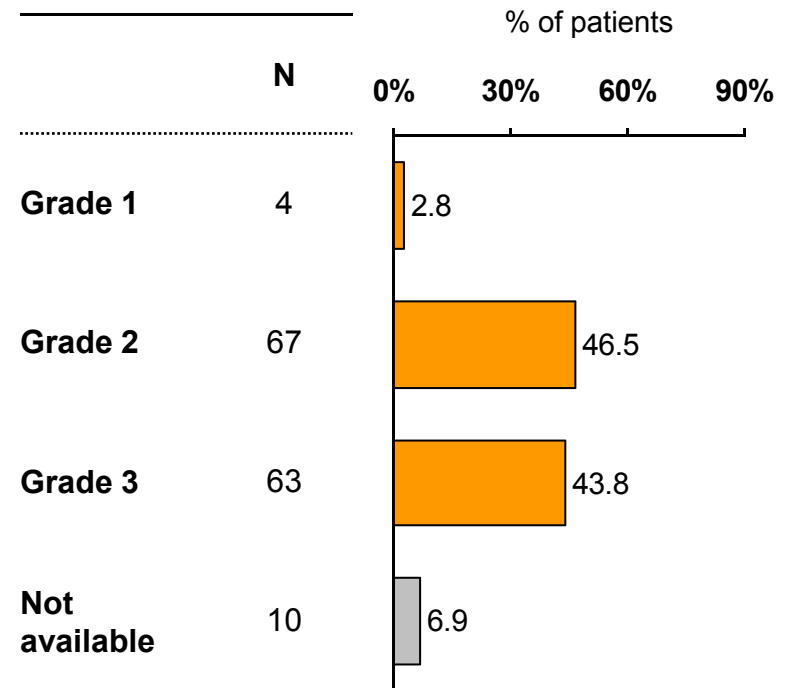
- Non metastatic disease**
(N = 129)
- Metastatic disease**
(N = 13)
- Metastatic disease**
(N = 2)

Histological type

N = 144

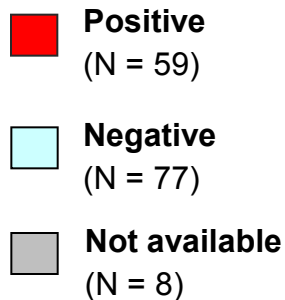
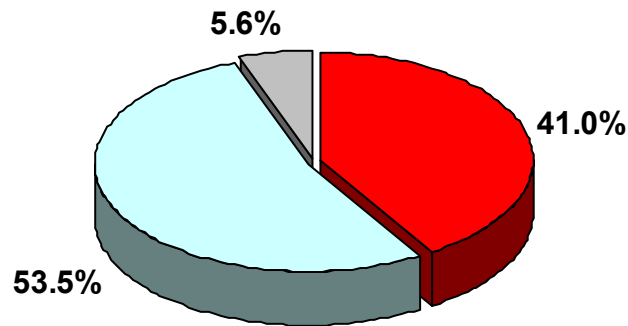
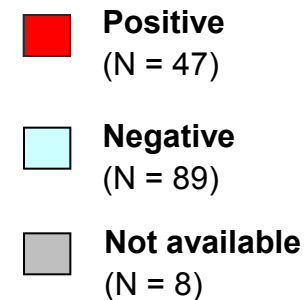
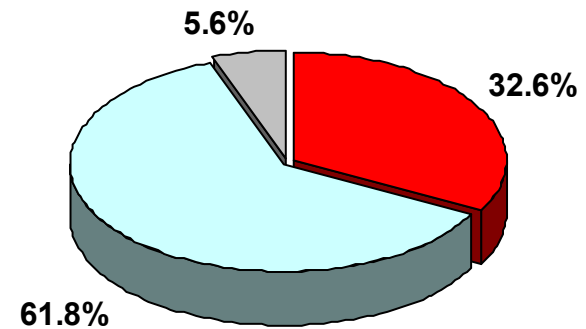


Grade



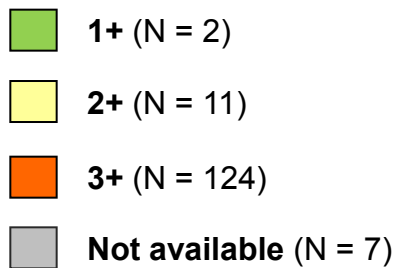
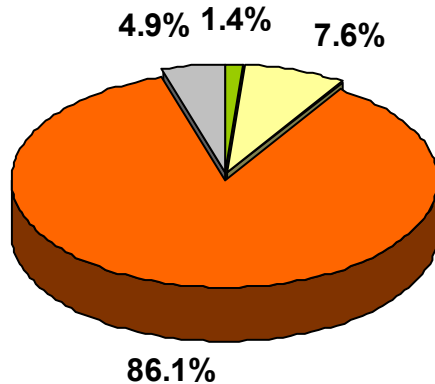
Estrogen receptors

N = 144

**Progesterone** receptors

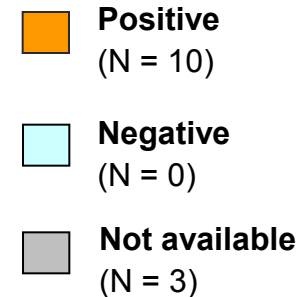
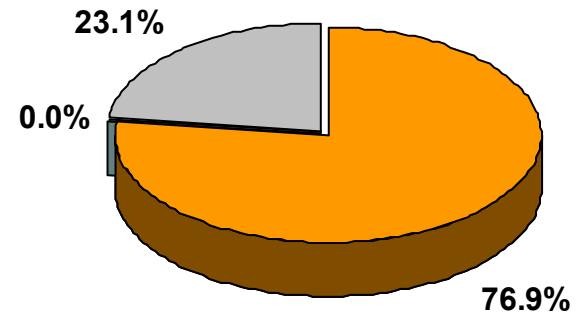
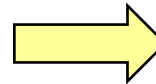
HER-2/neu - immunohistochemical

N = 144



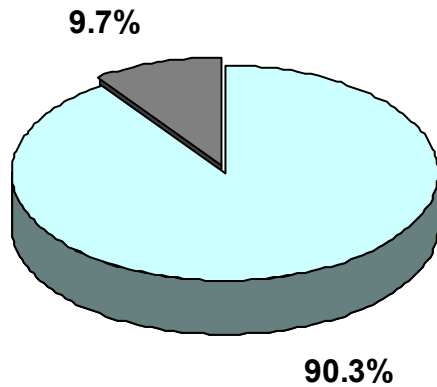
HER-2/neu - in situ hybridization

N = 13
with IHC
1+ or 2+



Surgery

N = 144

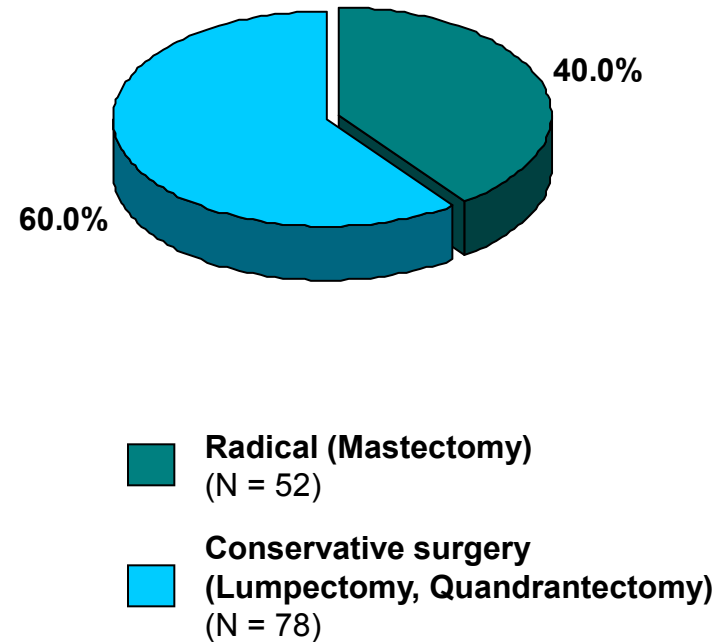
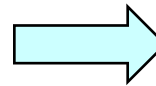


Yes (N = 130)

No (N = 14)

Extent of surgery

N = 130

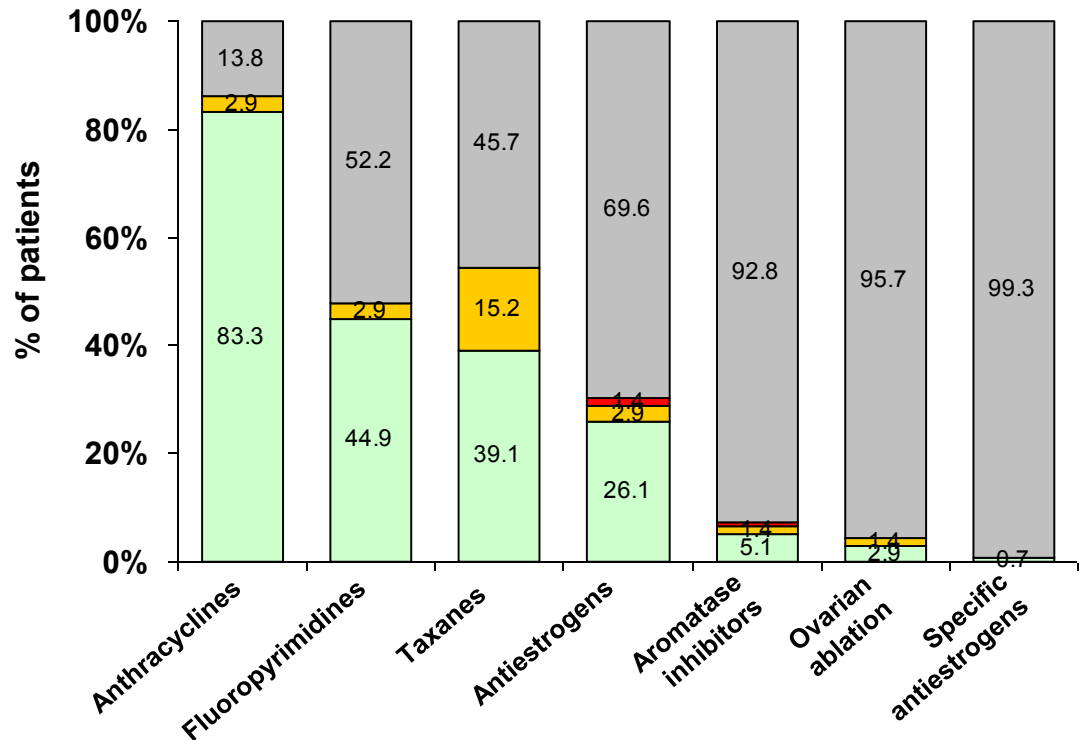
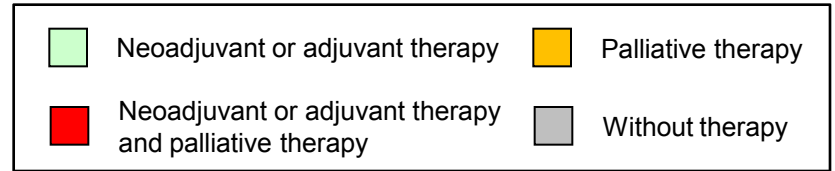
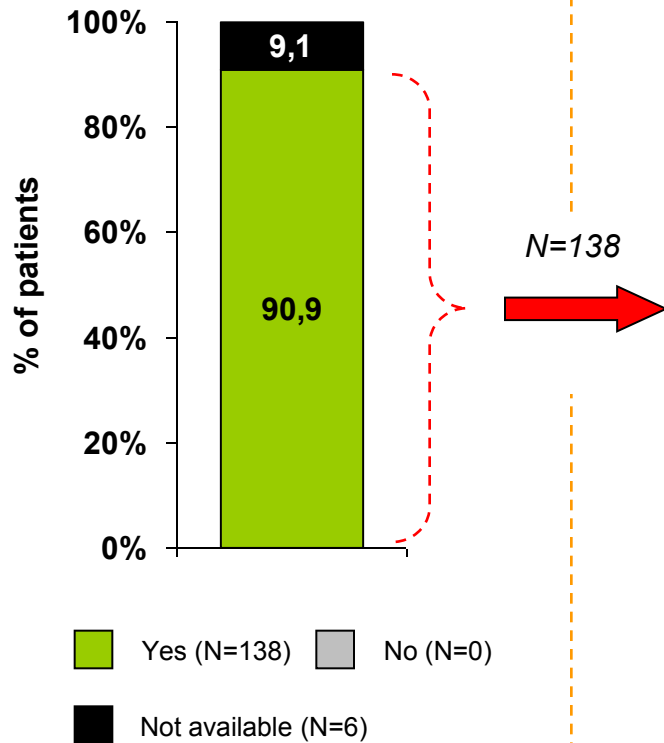


Radical (Mastectomy)
(N = 52)

Conservative surgery
(Lumpectomy, Quadrantectomy)
(N = 78)

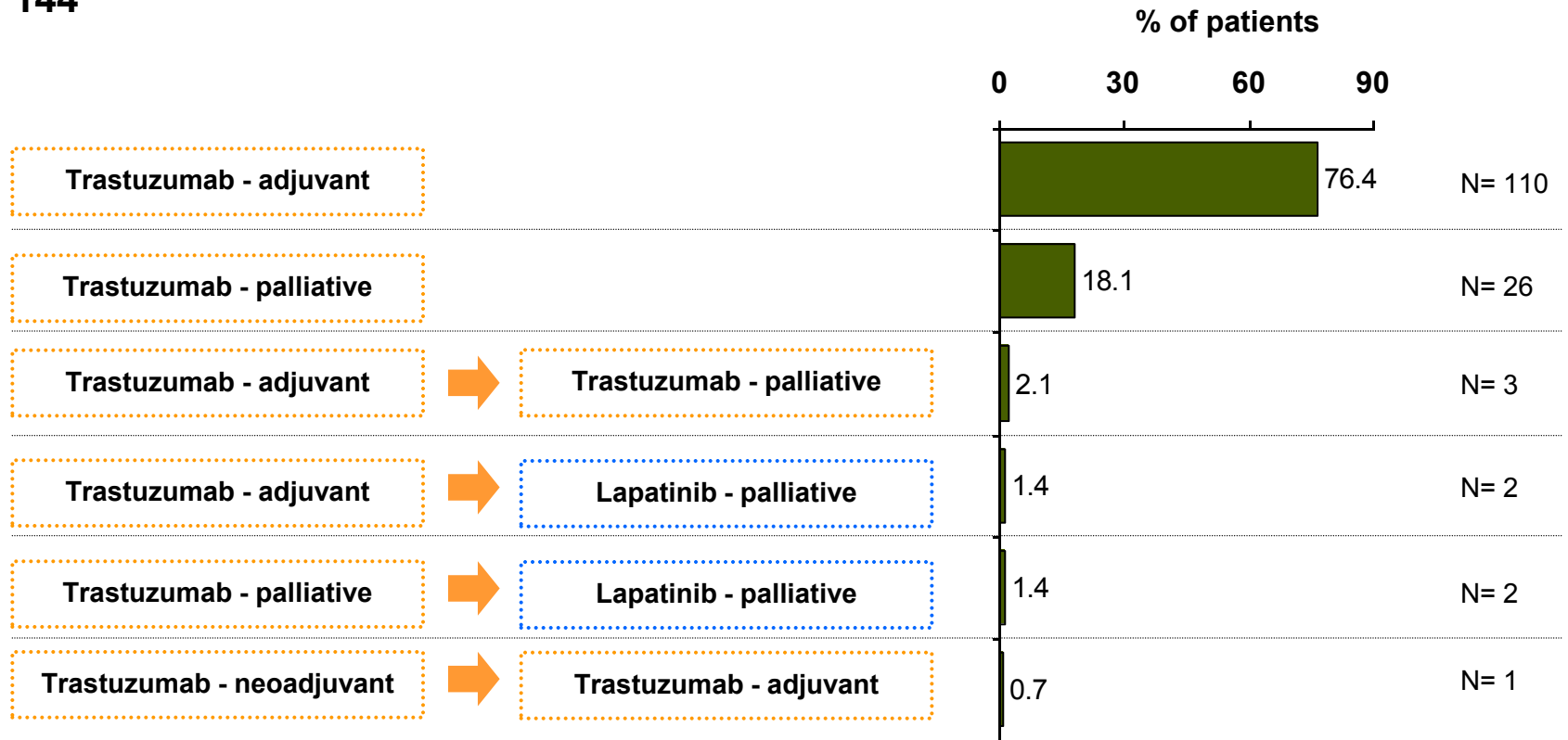
Has the patient undergone any cytostatic therapy (non ERB2 targeted CHT, HT)

N = 144

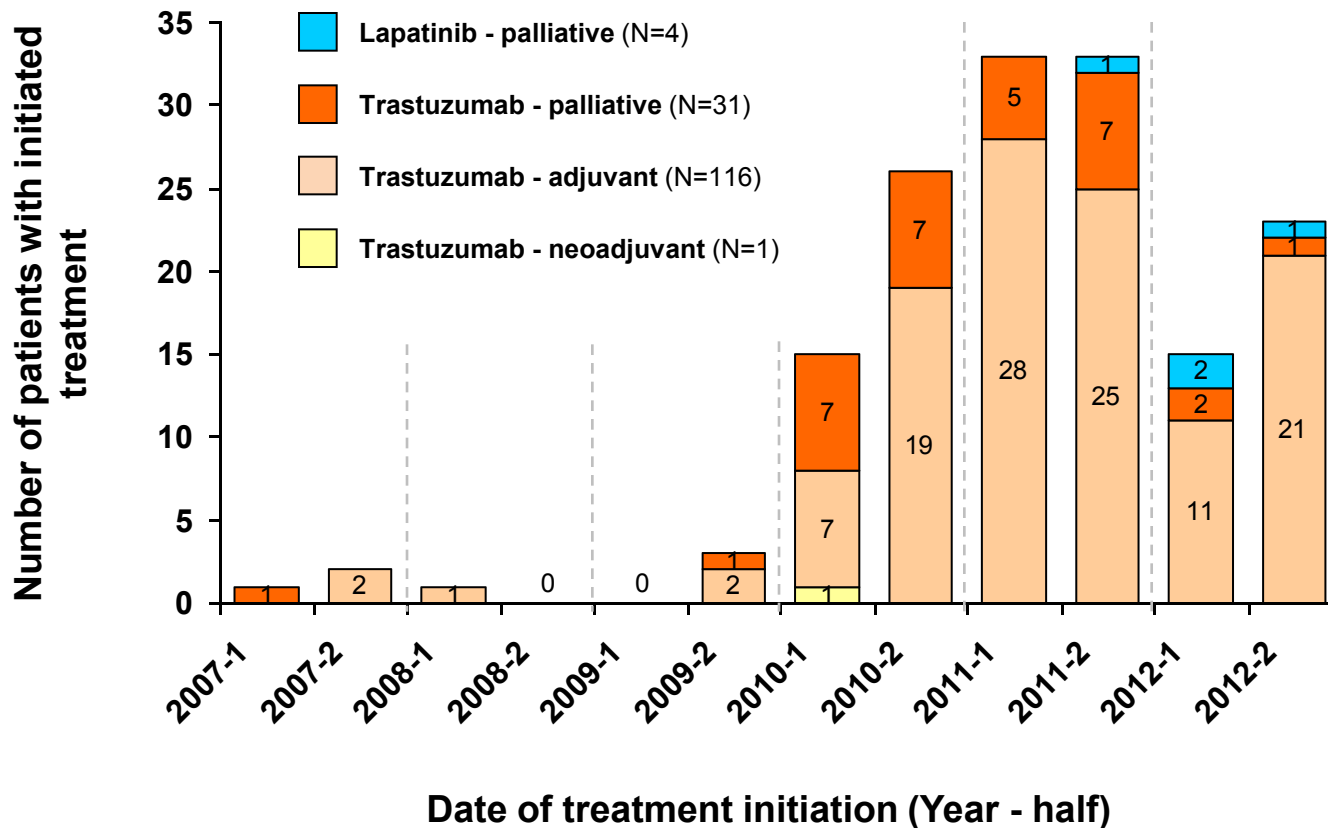


ERB2 targeted therapy

N = 144



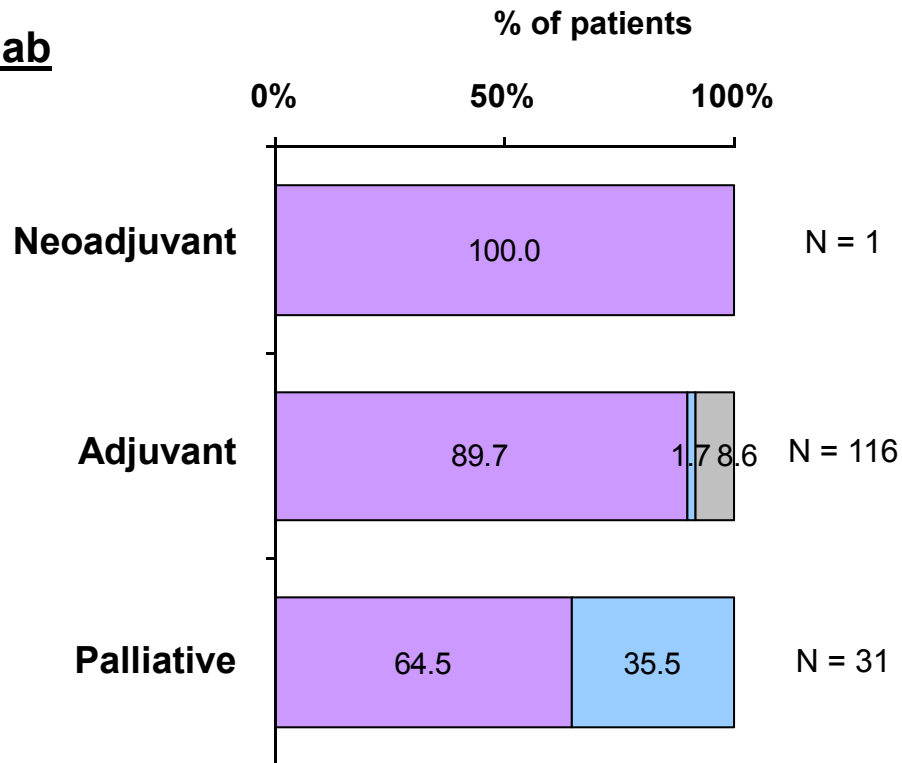
N = 144



Patients treated with trastuzumab

N = 144

Trastuzumab indication:



Treatment regimen:

- 6mg/kg every 3 weeks
- 2mg/kg every 1 week
- Not available

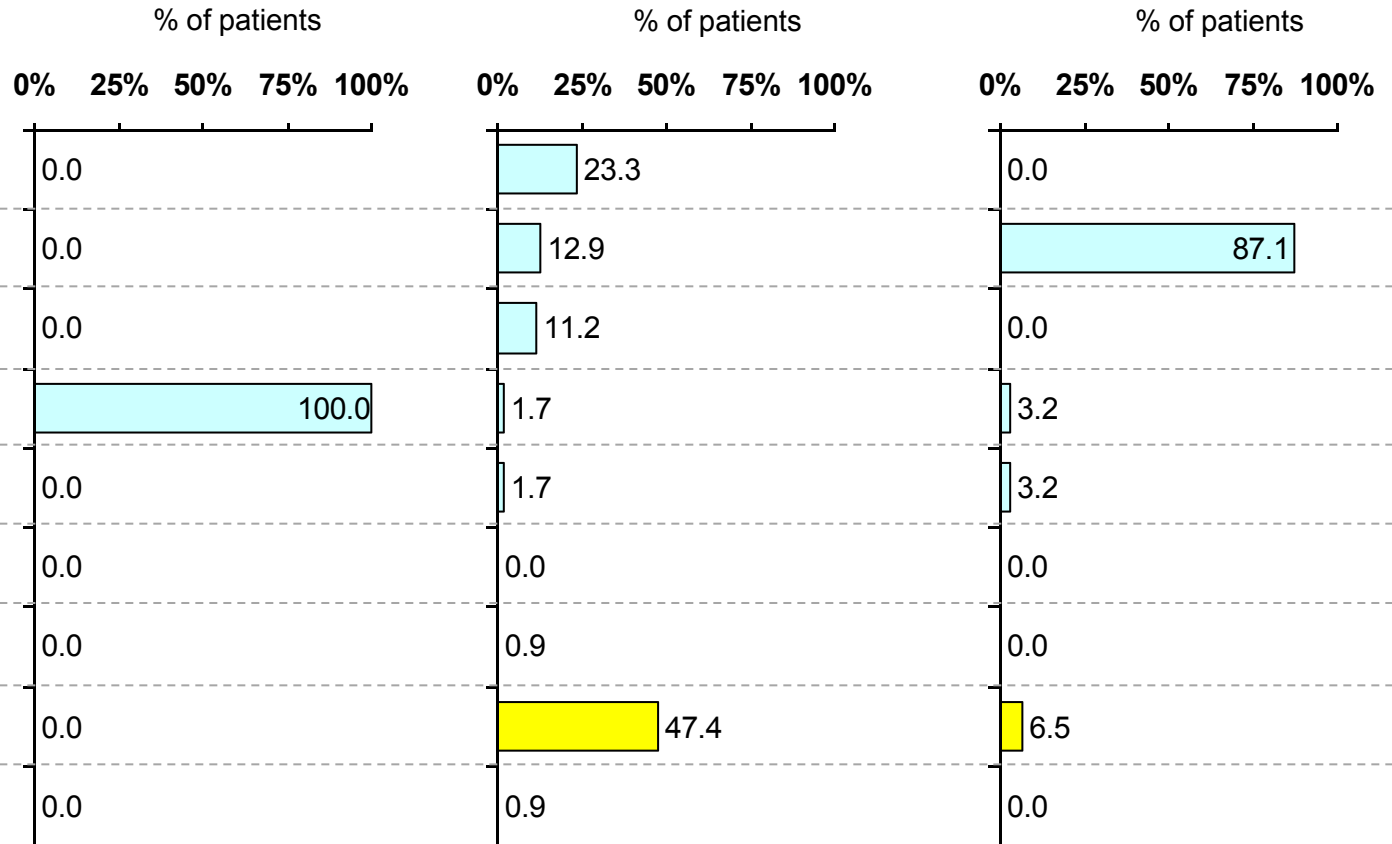
N = 144

Trastuzumab -
neoadjuvant
(N= 1)

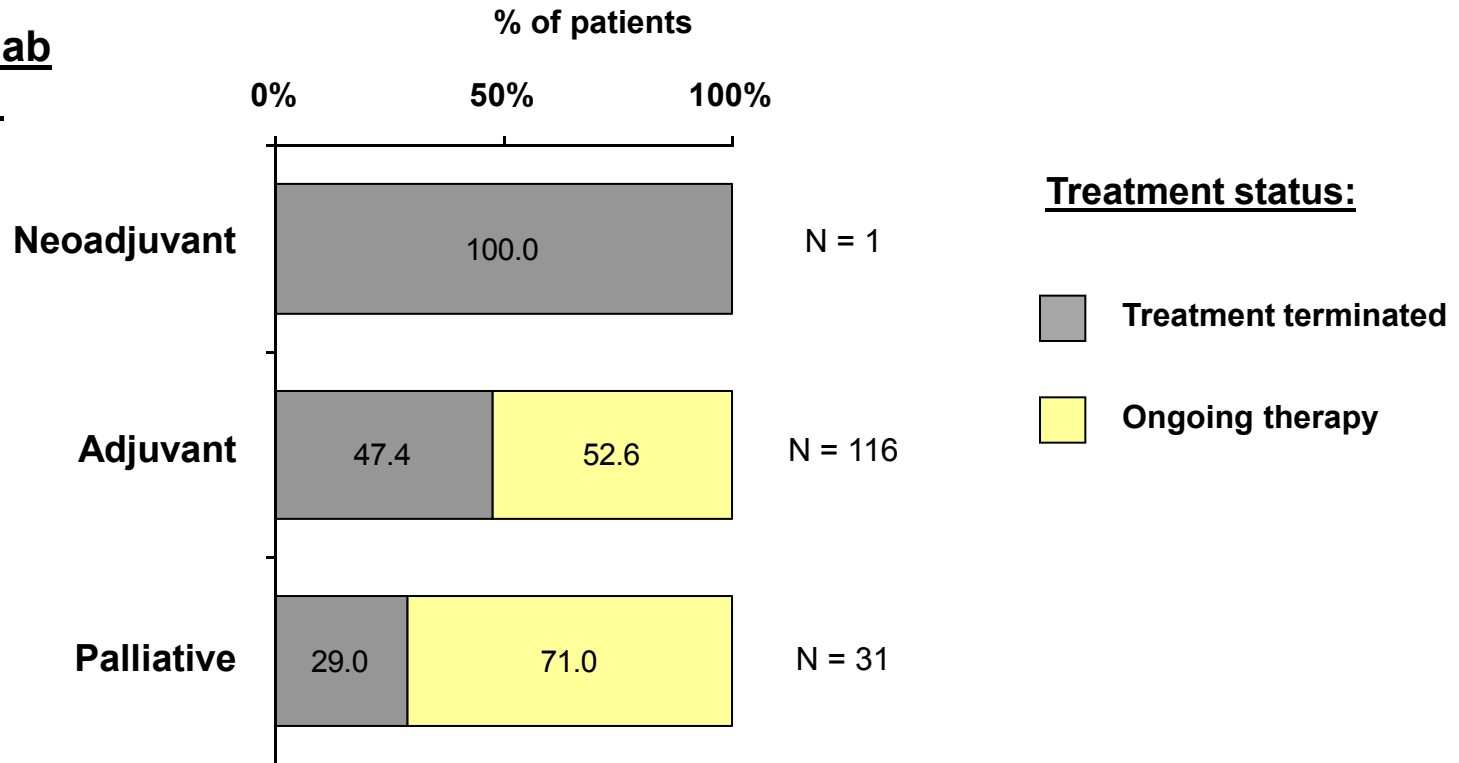
Trastuzumab -
adjuvant
(N= 116)

Trastuzumab -
palliative
(N= 31)

**Concomitant
therapy:**



Trastuzumab indication:



The median adjuvant trastuzumab treatment duration (N= 55) is 11.6 months (mean 11,2 months).
 The median palliative trastuzumab treatment duration (N=9) is 11.9 months (mean 12.2 months).

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Trastuzumab indication	Adjuvant	Adjuvant	Adjuvant	Adjuvant	Adjuvant	Palliative	Palliative
Time to AE from trastuzumab treatment initiation	0.7 months	2.8 months	9.2 months	3.5 months	3.0 months	13.6 months	1.7 months
Type of AE	Lower extremity numbness and joint pain	Arthralgia, myalgia	Chest pain	Decrease of EF - Cardiotoxicity	Fluctuation in blood pressure	Arthralgia, myalgia	Urinary tract infection
Relatedness of adverse event to trastuzumab treatment	undetectable	improbable	probable	probable	undetectable	probable	improbable
Was it serious adverse event?	No	No	No	No	No	No	Patient admitted to hospital / hospital stay extended

In general there is under-reporting of adverse events across all projects without direct control of source data by specialized monitors

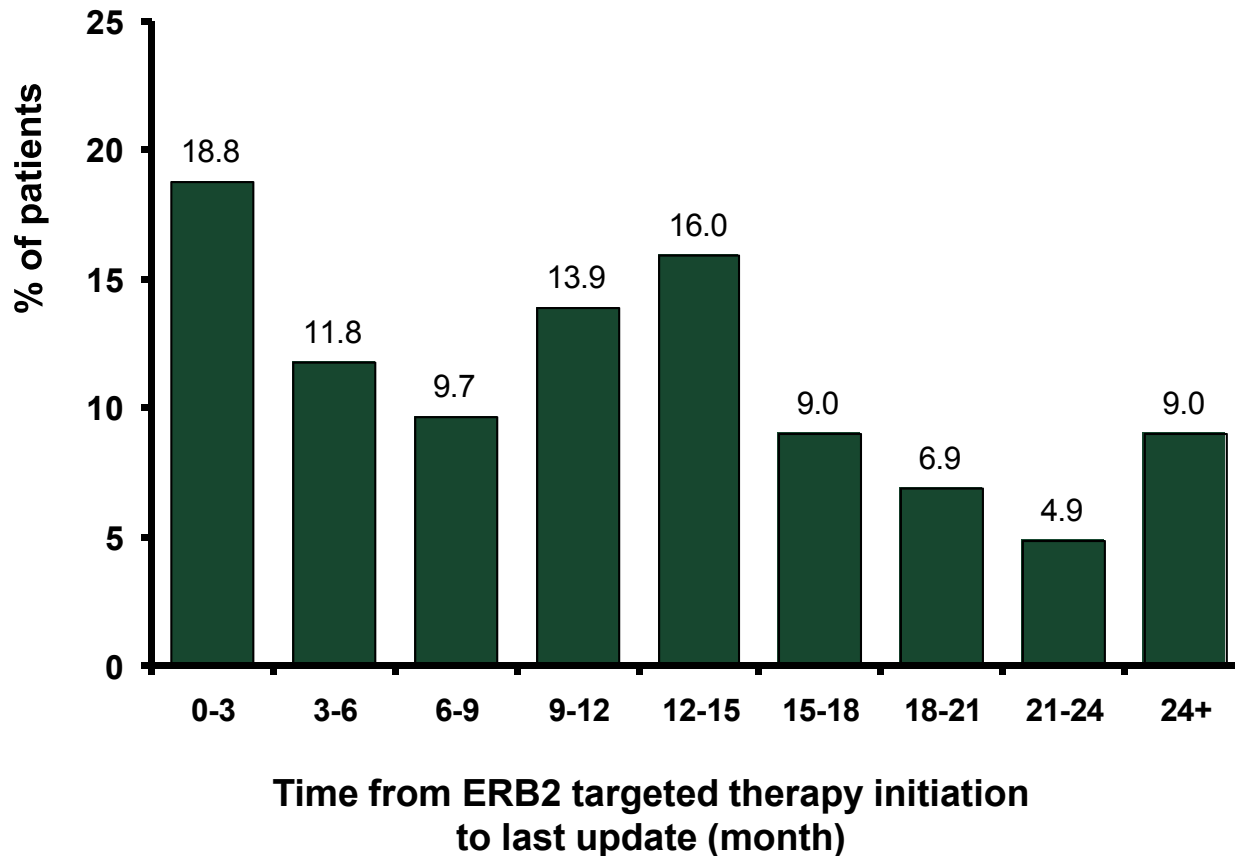
Patients treated with lapatinib

		Patient 1	Patient 2	Patient 3	Patient 4
Primary diagnosis	Age at diagnosis	69 years	55 years	47 years	39 years
	TNM of primary tumour	T1N0M0	T1N0M0	T1N0M0	T1N0M1
	Ovarian function at the time of diagnosis	Post menopause	Post menopause	Post menopause	Pre menopause
	Affected side	Left	Right	Left	Left
	Histological type	Ductal	Ductal	Ductal	Ductal
	Grade	2	2	2	3
	Estrogen receptor	Negative	Positive	Negative	Negative
	Progesterone receptor	Negative	Negative	Negative	Negative
Preceding therapy	Surgery (extent)	Yes (Radical)	Yes (Radical)	Yes (Conservative)	Yes (Conservative)
	Radiotherapy	No	No	Yes	No
	Anthracyclines	Yes	Yes	Yes	No
	Fluoropyrimidines	No	No	Yes	No
	Taxanes	Yes	No	No	Yes
	Antiestrogens	No	No	No	No
	Aromatase inhibitors	No	No	No	No
	Ovarian ablation	No	No	No	No
	Trastuzumab	palliative	adjuvant	adjuvant	palliative

		Patient 1	Patient 2	Patient 3	Patient 4
Lapatinib treatment	Age at treatment initiation	71 years	56 years	49 years	41 years
	Stage at treatment initiation	IV	IV	IV	IV
	Line of treatment	2 nd line	2 nd line	1 st line	2 nd line
	Metastases	Lung, Bone	Lung, Bone	Bone	Lung
	Daily dose	1250 mg	1250 mg	1250 mg	1750 mg
	Concomitant therapy	Capecitabine	Capecitabine	Capecitabine	Capecitabine
	Treatment status	Terminated	Terminated	Ongoing*	Terminated
	Reason for termination	Disease progression	Disease progression	-	Disease progression
	Treatment duration	2.4 months	8.8 months	1.3 months*	11.0 months
	The best response achieved	PD	SD	PR	SD*
Adverse effects	No	Yes	No	Yes	
Time to AE from lapatinib treatment initiation	-	Not specified	-	4 days	
Type of AE	-	Not specified	-	Diarrhoea	
Relatedness of adverse event to lapatinib treatment	-	Not specified	-	Probable	
Was it serious adverse event?	-	Not specified	-	No	

As of the date of last update all patients were alive, except one patient who died 19 months after palliative trastuzumab treatment initiation.

N = 144



Mean	12.3 months
Median	11.3 months
Min – Max	0 – 52.8 months

From 8/2010 to 11/2012 information about 144 patients (women) was collected in the database; 99 pts (68.8%) were in menopause, 45 pts (31.3%) were premenopausal women. Right and left breast were evenly affected, only in one case bilateral affection was reported. More than half of the patients (51.9%) commenced treatment in early stages (stage I + stage IIA); in 20.1% of patients the diagnosis was confirmed while the disease was already locally advanced and/or metastatic (stage IIIB and stage IV). From the histological point of view predominantly ductal type was reported (82.6%), estrogen and progesteron receptors were positive in 41% and 32.6% cases respectively. Presence of the HER2/neu receptors was mostly confirmed by immunohistochemical examination. Most patients (130 pts, 90.3%) underwent surgery prior ERBB targeted therapy; 60% underwent breast preserving operation, 40% underwent mastectomy. 106 pts (73.6%) underwent radiotherapy; 2 patients had CNS radiotherapy due to brain metastases. Anthracyclines were the most common adjuvant or neoadjuvant therapy (83.3%) (trastuzumab and ERBB targeted therapy not included) followed by fluoropyrimidines (44.9%). The most common cytostatic palliative therapy (apart from trastuzumab and ERBB targeted therapy) were taxanes (15,2%).

Trastuzumab 6 mg/kg every 3 weeks was predominantly used in adjuvant therapy (110 pts, 76.4%).

26 pts (18.1%) received trastuzumab as a palliative treatment, 64.5% of patients received 6 mg/kg every 3 weeks, 35.5% of patients received 2 mg/kg every week.

3 pts received trastuzumab both as an adjuvant as well as palliative treatment.

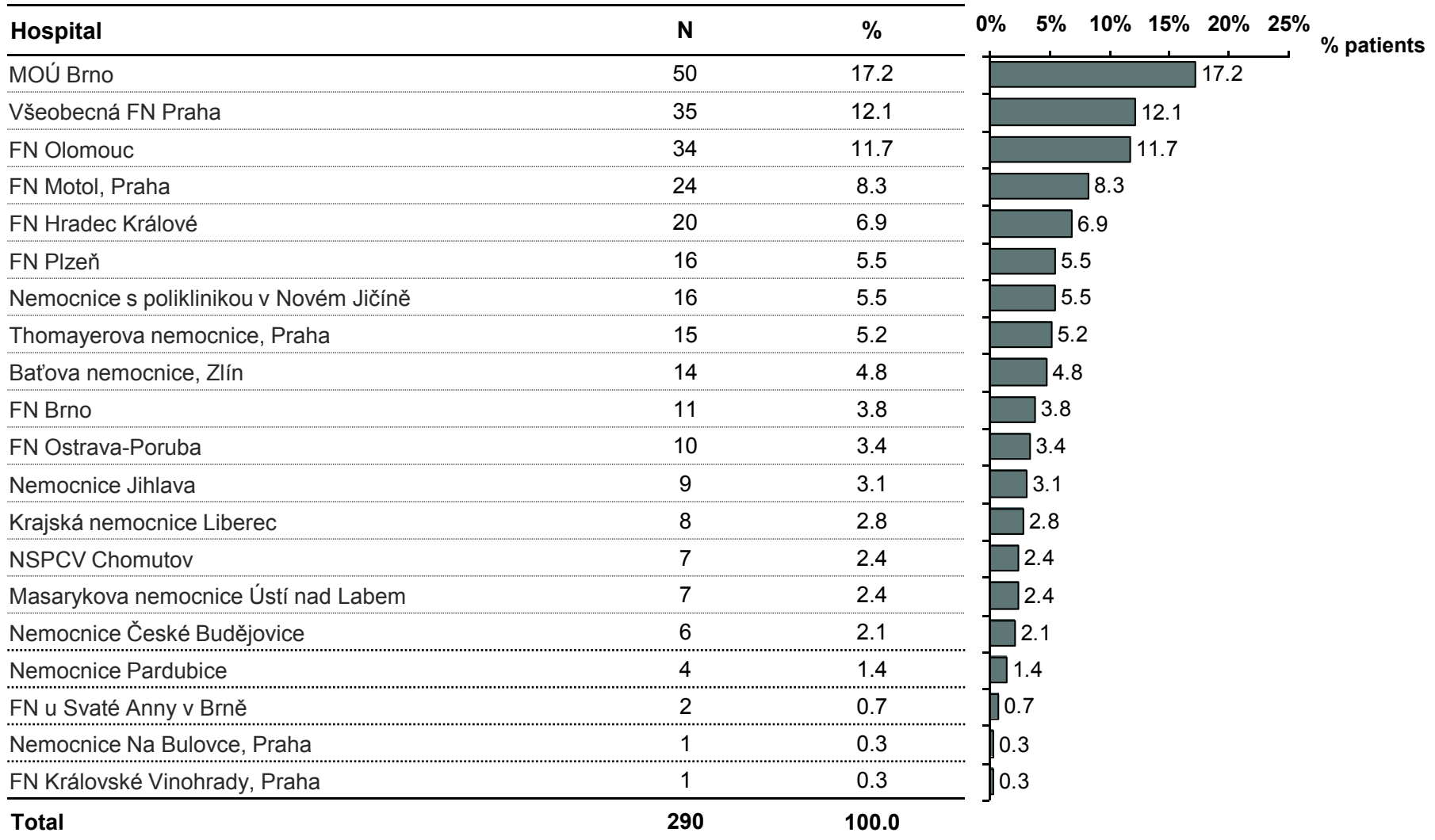
The median trastuzumab treatment duration was 11.6 months.

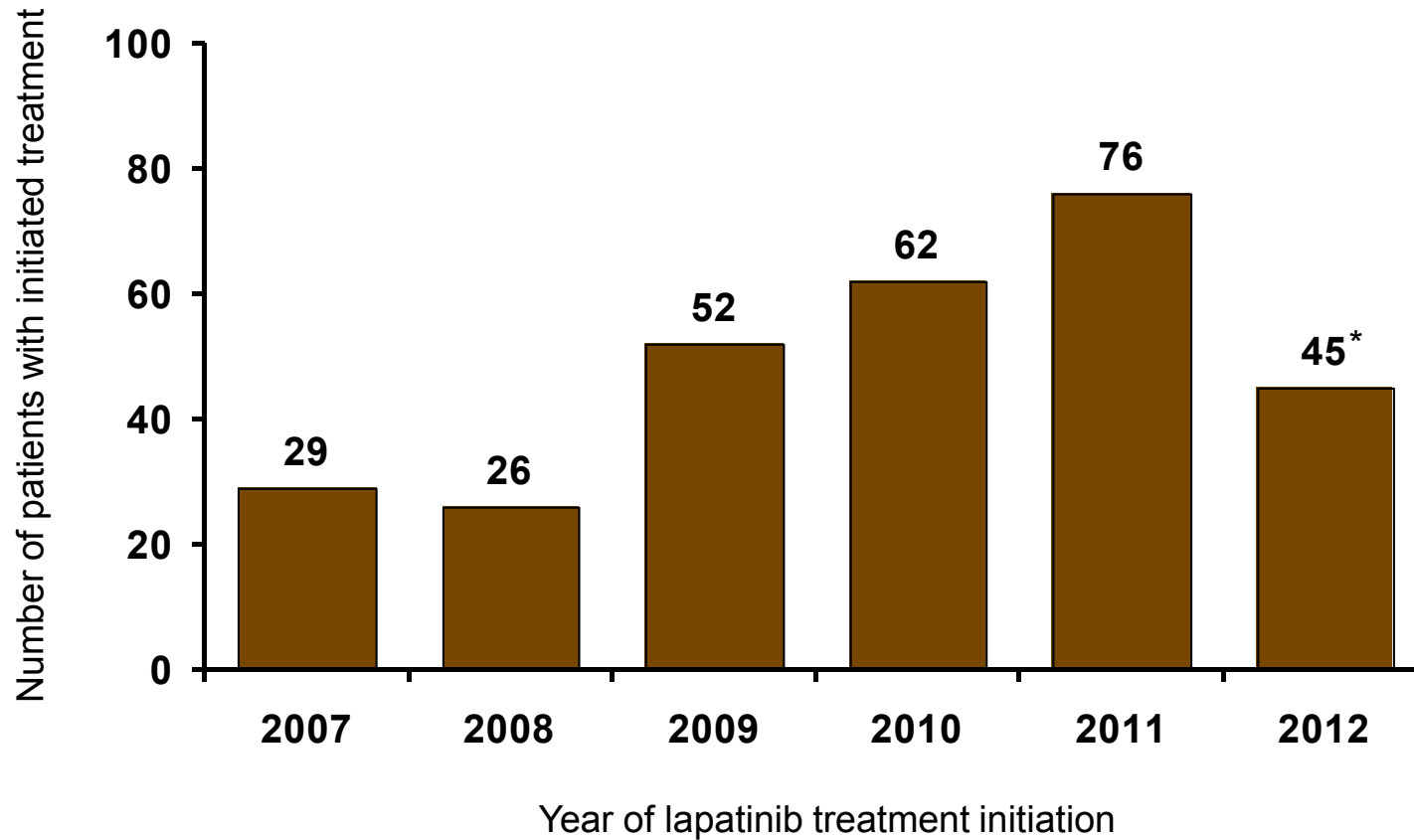
Slides 26 and 27 summarize lapatinib treatment of all 4 recorded patients.

Patients treated with lapatinib in Czech Republic

-

Data from BREAST registry





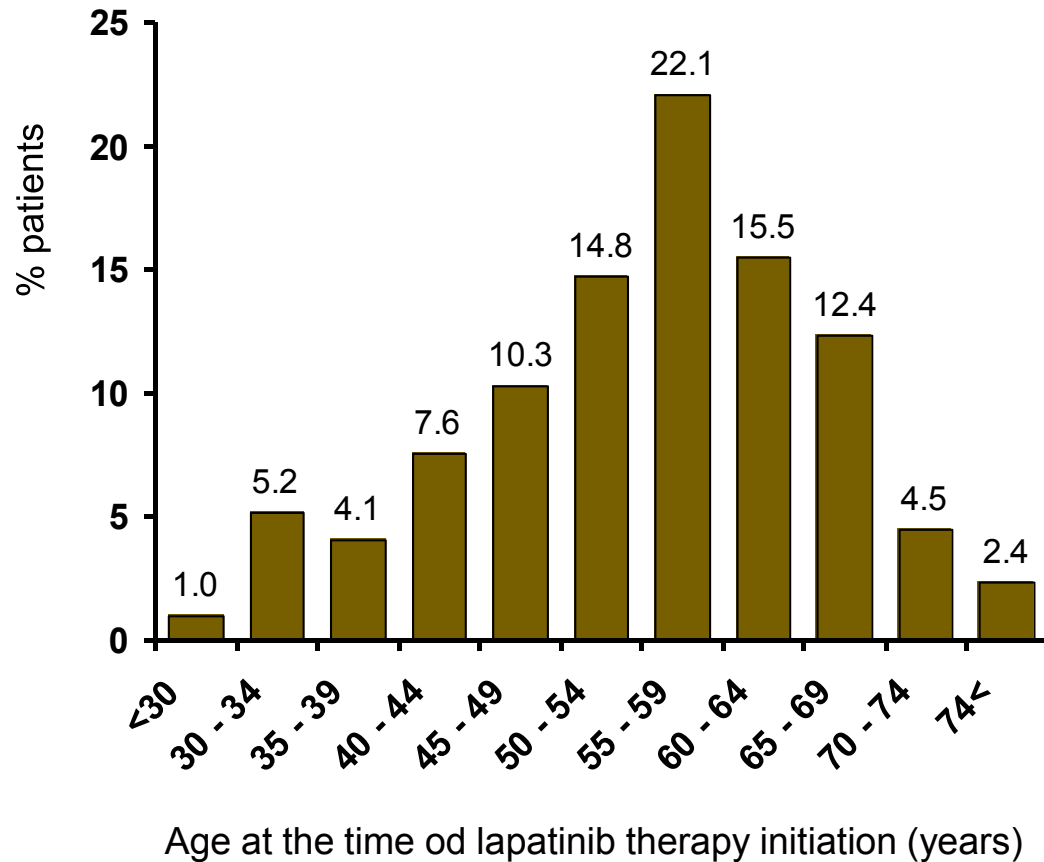
N = 290

54 patients with initiated therapy till 9/2008 were involved in the EAP program.

The remaining 236 patients were not involved in the EAP programme.

*As of 8.10. 2012

N = 290

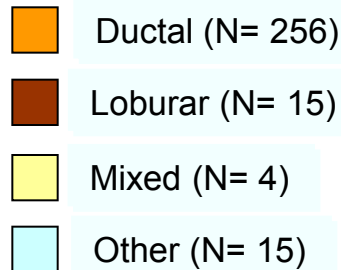
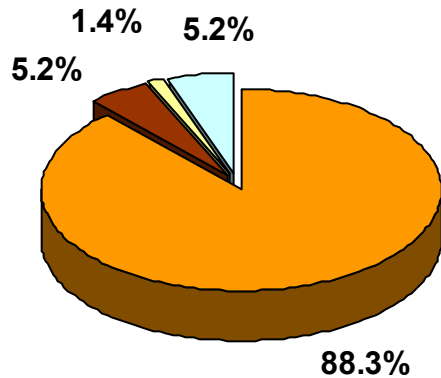


Age at the time of lapatinib therapy initiation

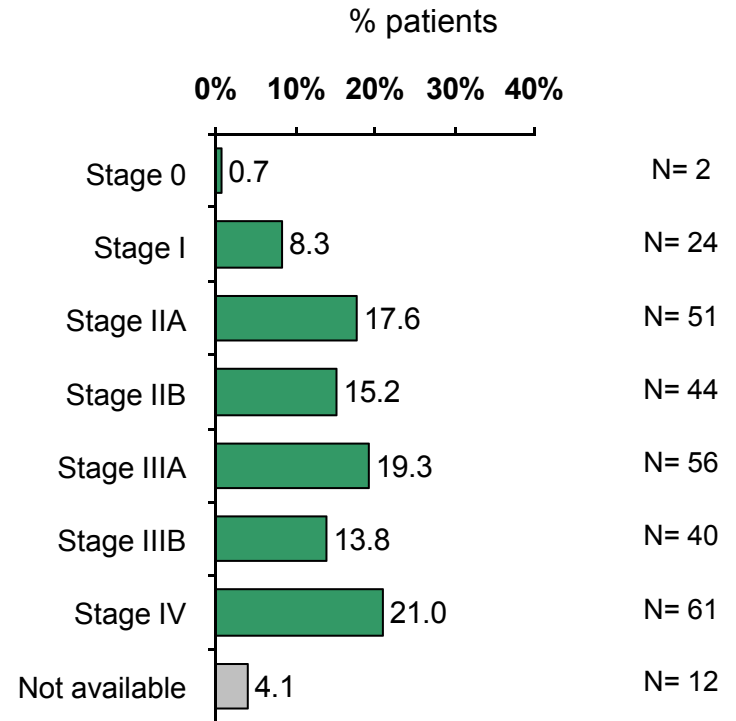
N	290
Mean	55 years
Median	57 years
Min – Max	23 – 79 years

Histological type

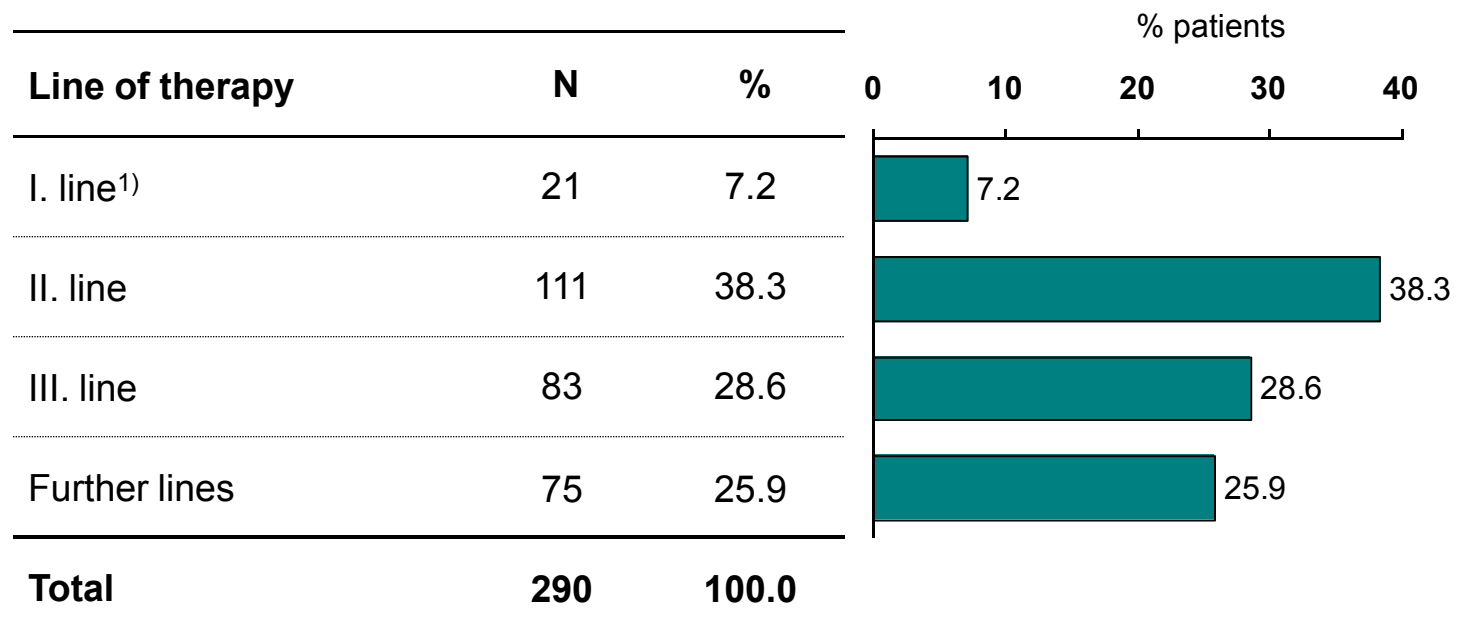
N = 290



Clinical stage



N = 290



¹⁾ 19 patients had undergone Herceptin (neo)adjuvant therapy prior to lapatinib treatment initiated in the I. line.

Initial daily dose of lapatinib [mg]

N = 290

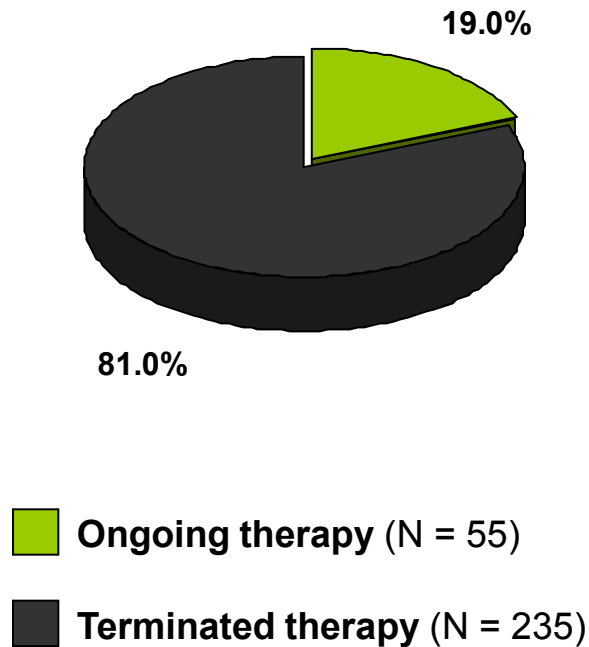
	N	%
750 mg	2	0.7
1000 mg	7	2.4
1250 mg	268	92.4
1500 mg	8	2.8
2000 mg	1	0.3
2500 mg	1	0.3
Unknown	3	1.0
Total	290	100.0

Concomitant therapy at lapatinib therapy initiation

	N	%
Capecitabin	266	91.7
Lapatinib monotherapy	16	5.5
Capecitabin+antiestrogens	2	0.7
Inhibitor aromatase	2	0.7
Vinorelbin	2	0.7
Not specified	2	0.7
Total	290	100.0

Lapatinib therapy status

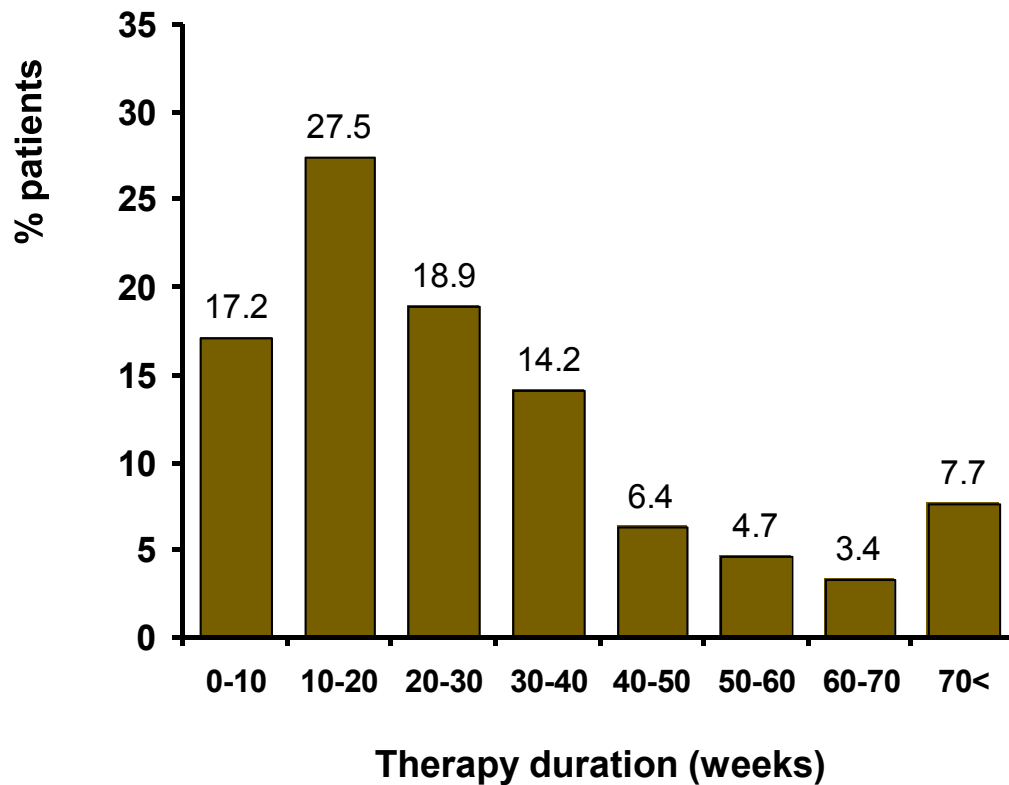
N = 290



Reasons for therapy termination

Reason	N	%
Progression	180	76.6
Adverse effect	18	7.7
Death	11	4.7
Health status worsening without disease progression	7	3.0
Refusal	4	1.7
Other	13	5.5
Unknown	2	0.9
Total	235	100.0

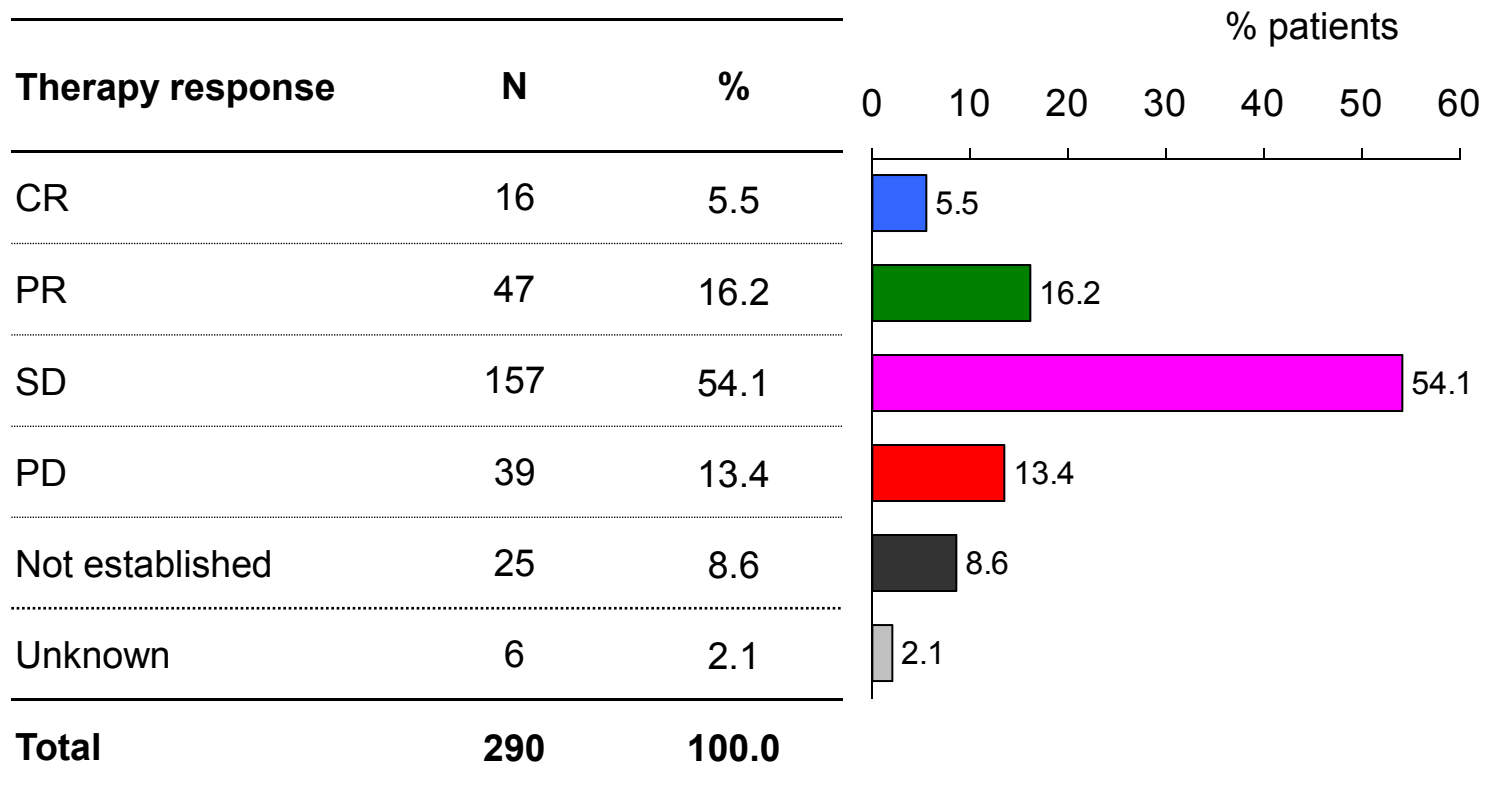
N = 235 patients with terminated therapy



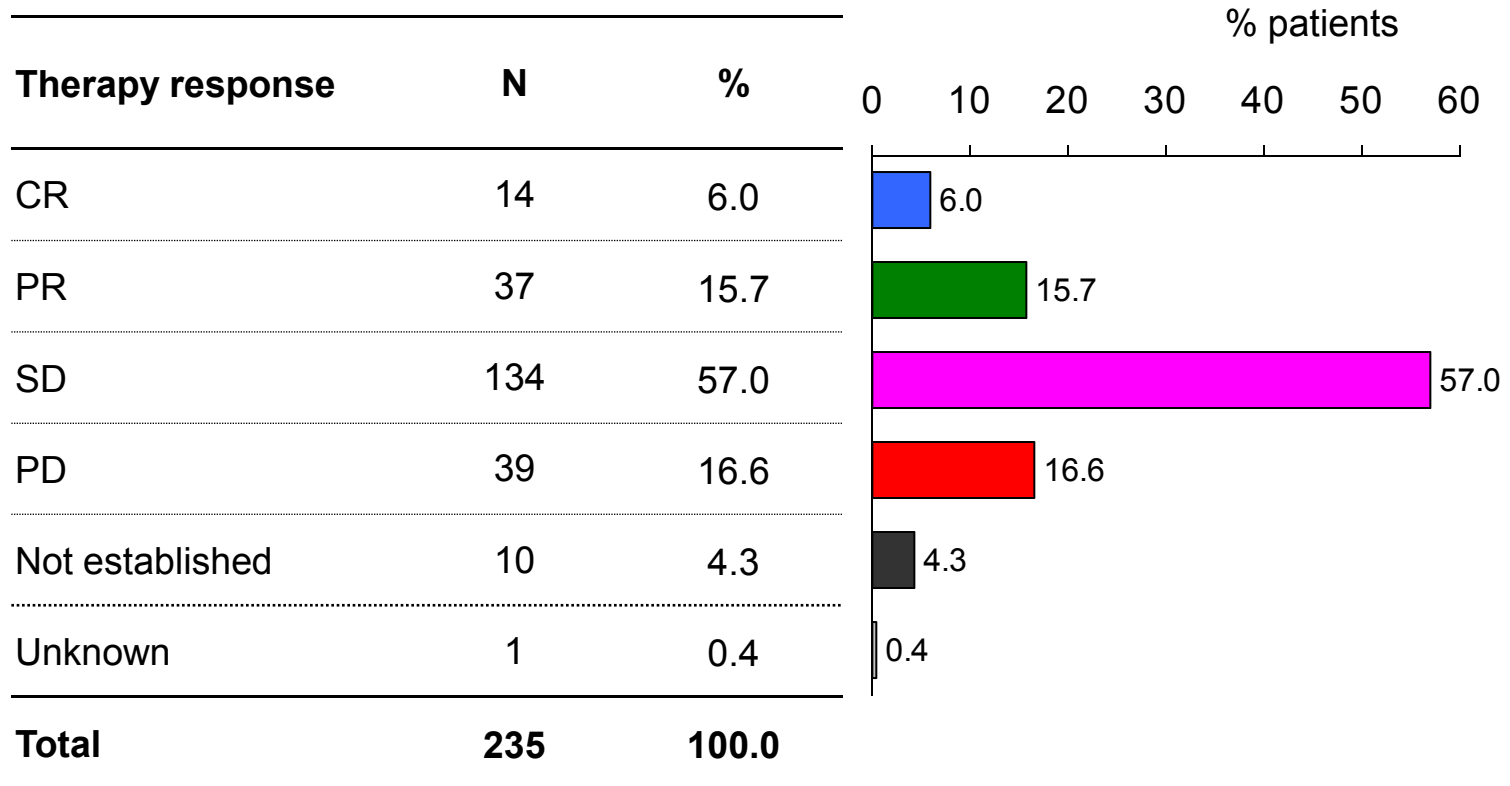
Therapy duration	
N ¹⁾	233
Mean	29.2 weeks
Median	21.7 weeks
5% - 95%	3.0 – 78.6 weeks

¹⁾ Therapy duration was not available in 2 patients.

N = 290

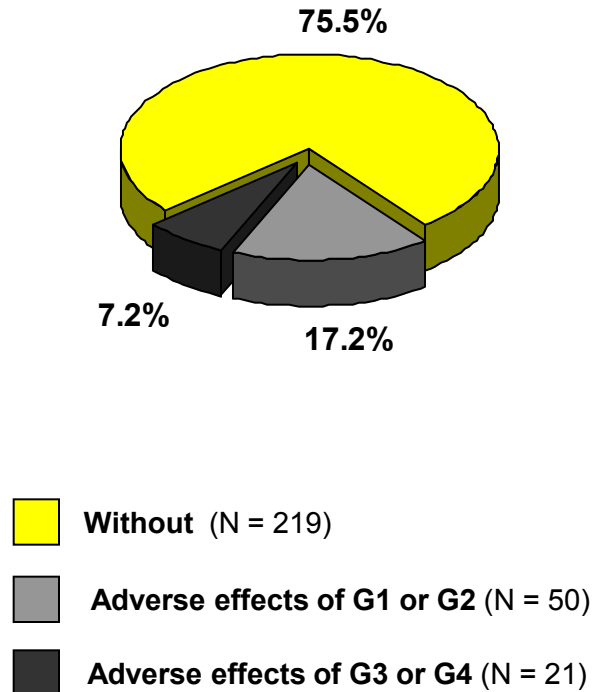


N = 235 patients with terminated therapy



Occurrence of adverse effects

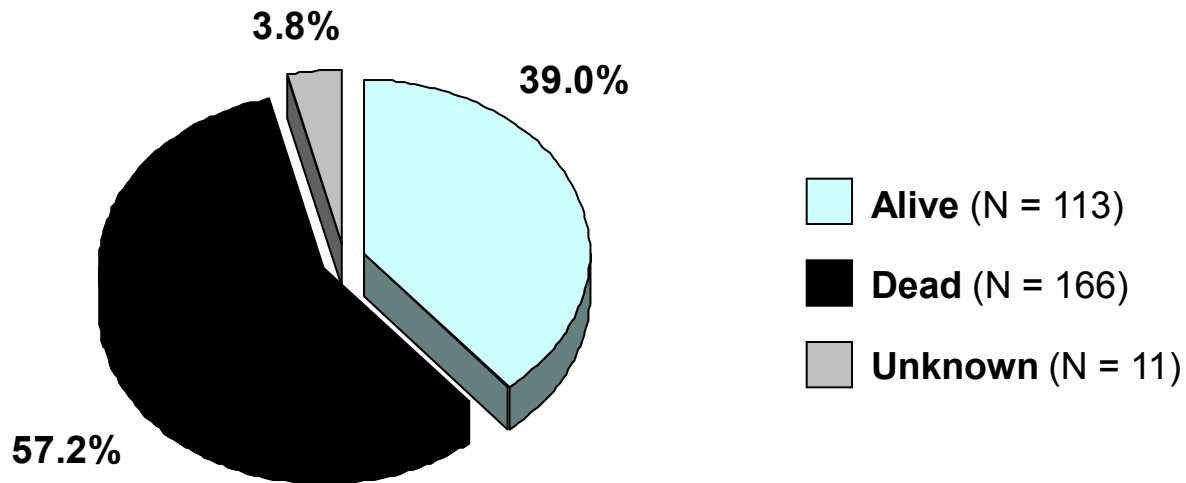
N = 290



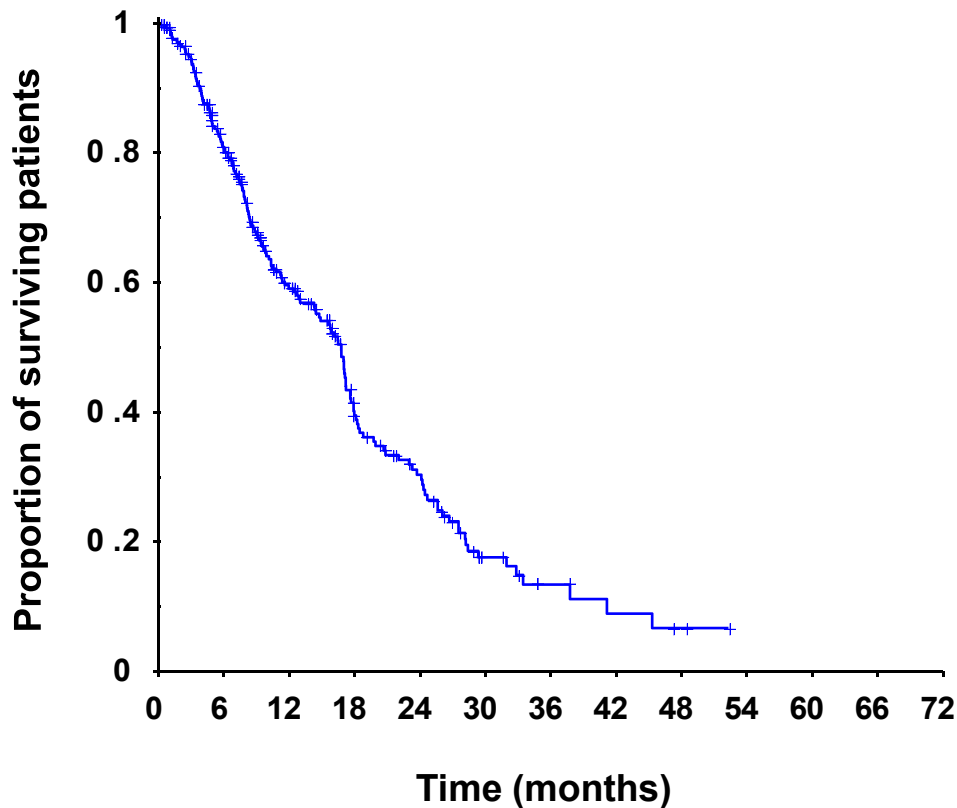
Type of adverse effects	N (%) patients with AE G1 or G2	N (%) patients with AE G3 or G4
Diarrhoea	24 (8.3%)	12 (4.1%)
Skin toxicity	24 (8.3%)	6 (2.1%)
Nausea / vomit	11 (3.8%)	3 (1.0%)
Hepatotoxicity	8 (2.8%)	3 (1.0%)
Paronychium	2 (0.7%)	(0%)
Dyspnoe	1 (0.3%)	(0%)
Other	4 (1.3%)	2 (0.7%)

One patient can experience more adverse effects.

N = 290



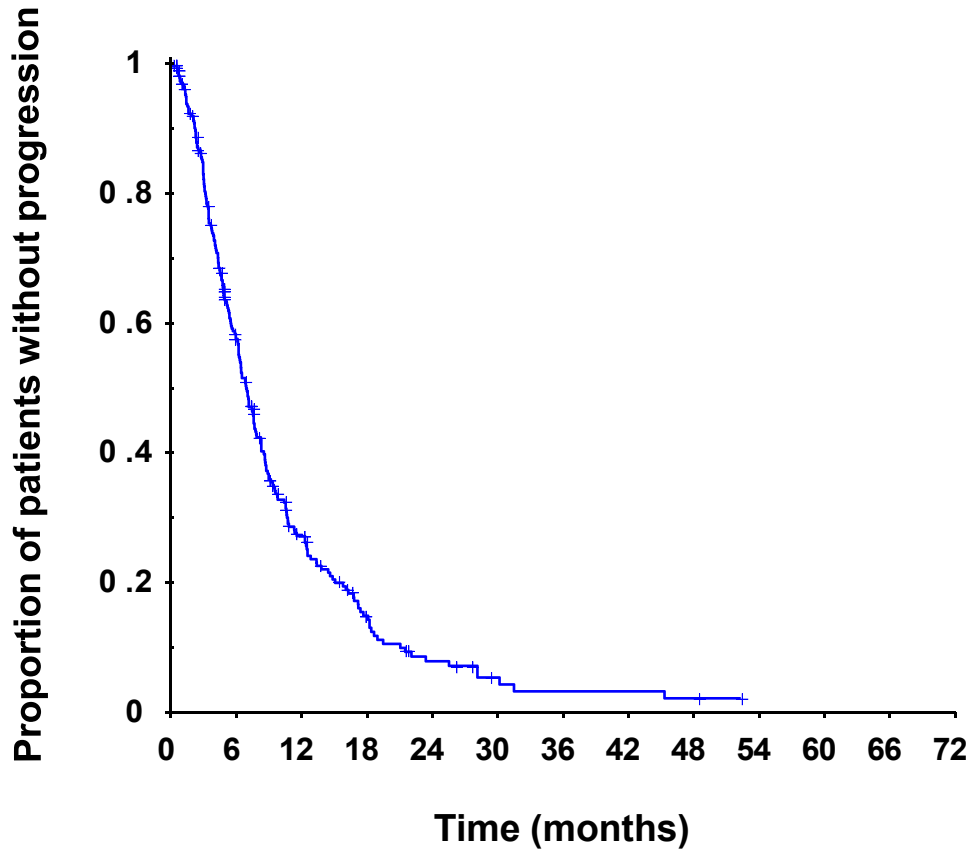
N = 290



	Overall survival
Median OS (95% IS)	16.8 months (15.1; 18.5)
	Overall survival (% , 95% CI)
6-month survival	80.9 (76.1; 85.7)
1-year survival	59.1 (52.7; 65.4)
2-year survival	30.4 (23.4; 37.3)

Patients' survival was assessed by Kaplan-Meier method.

N = 290



	PFS
Median PFS (95% IS)	6,9 months (6,1; 7,7)
	PFS (% , 95% IS)
6-month survival without progression	57.6 (51.6; 63.6)
1-year survival without progression	27.2 (21.5; 32.8)
2-year survival without progression	7.9 (3.9; 11.9)

Patients' progression-free survival was assessed by Kaplan-Meier method.