HUMANITAS
GAVAZZENI

Ordine dei Medici Chirurghi
e Odontoiatri
della provincia di Bergamo

Tommaso Martino De Pas
Oncologia medica
Humanitas Gavazzeni

Nuove classi di farmaci

Terapie standard in continua evoluzione

Studi clinici interventistici IIT e sponsorizzati

Disponibilità ad uso nominale

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Terapie standard in continua evoluzione

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- Ricercatori clinici
- Servizi diagnostici dedicati

- Direzione scientifica e comitato scientifico
- Clinical trial office

- Struttura dedicata alla ricerca clinica
- Infermieri di ricerca

- Terapie standard in continua evoluzione
- Studi clinici interventistici IIT e sponsorizzati
- Disponibilità ad uso nominale

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della provincia di Bergamo

Tumori rari
Nuove classi di farmaci

TYME

Italian Sarcoma Group

IBCSG International Breast Cancer Study Group

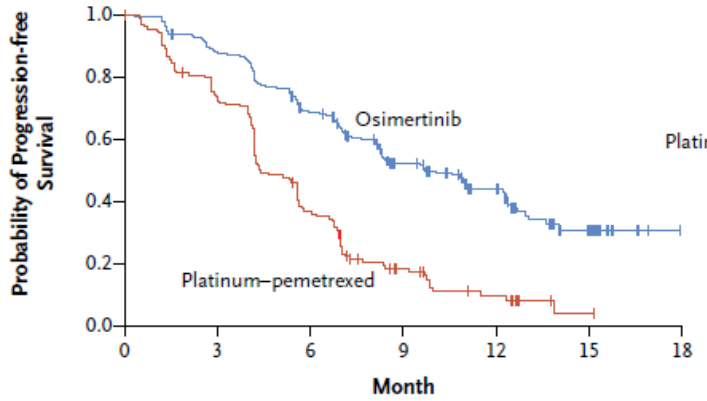
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Osimertinib or Platinum–Pemetrexed in *EGFR* T790M–Positive Lung Cancer

T.S. Mok, Y.-L. Wu, M.-J. Ahn, M.C. Garassino, H.R. Kim, S.S. Ramalingam, F.A. Shepherd, Y. He, H. Akamatsu, W.S.M.E. Theelen, C.K. Lee, M. Sebastian, A. Templeton, H. Mann, M. Marotti, S. Ghiorghiu, and V.A. Papadimitrakopoulou, for the AURA3 Investigators*

A Patients in Intention-to-Treat Population



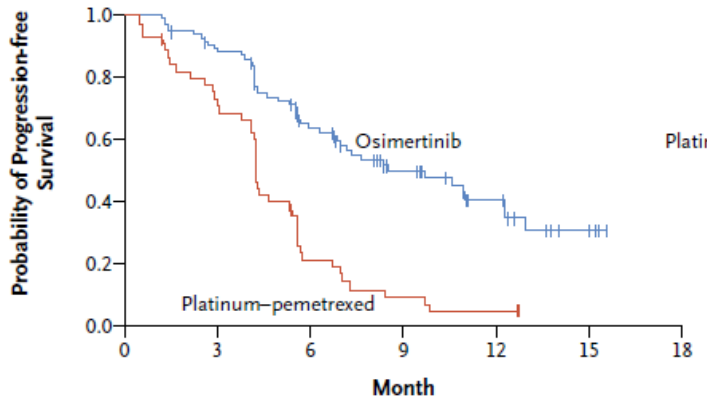
	No. of Patients	Median Progression-free Survival (mo (95% CI))
Osimertinib	279	10.1 (8.3–12.3)
Platinum–pemetrexed	140	4.4 (4.2–5.6)

Hazard ratio for disease progression or death, 0.30 (95% CI, 0.23–0.41)
P<0.001

No. at Risk

Osimertinib	279	240	162	88	50	13	0
Platinum–pemetrexed	140	93	44	17	7	1	0

B Patients with CNS Metastases

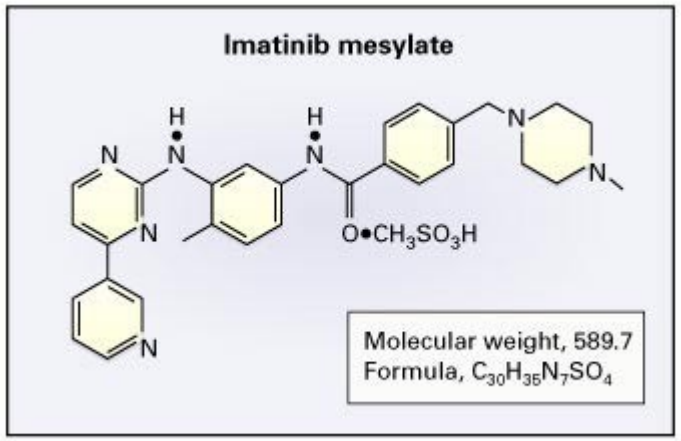


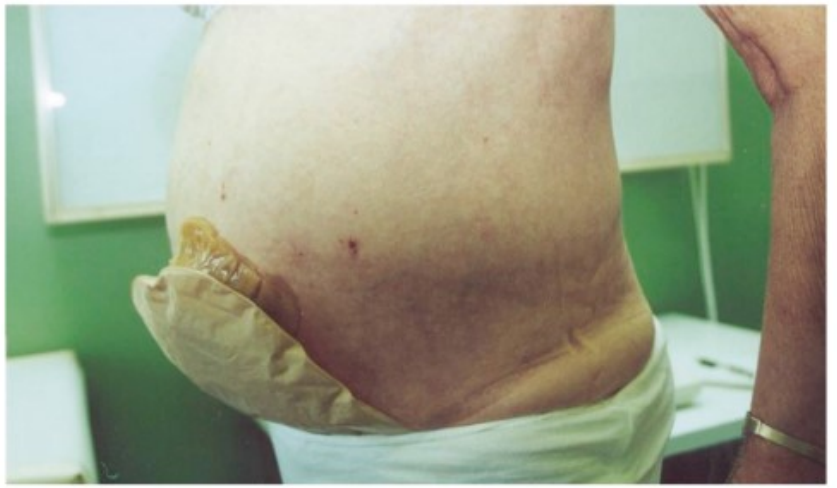
	No. of Patients	Median Progression-free Survival (mo (95% CI))
Osimertinib	93	8.5 (6.8–12.3)
Platinum–pemetrexed	51	4.2 (4.1–5.4)

Hazard ratio for disease progression or death, 0.32 (95% CI, 0.21–0.49)

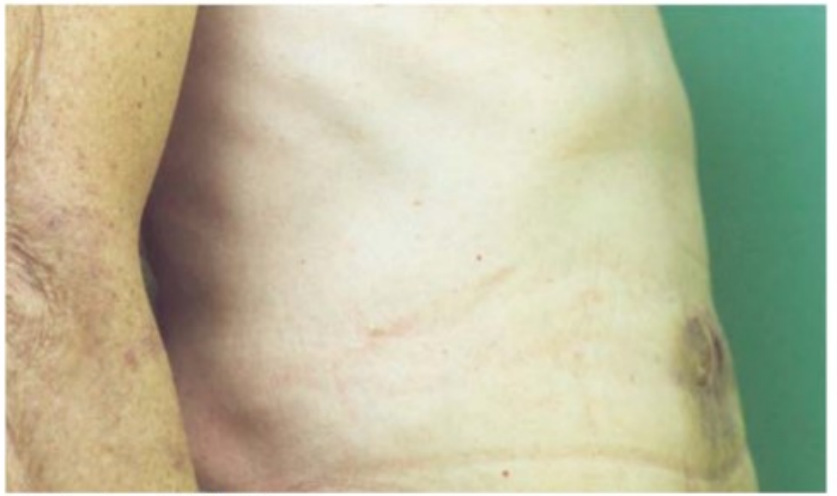
No. at Risk

Osimertinib	93	80	46	27	14	4	0
Platinum–pemetrexed	51	32	9	4	2	0	0

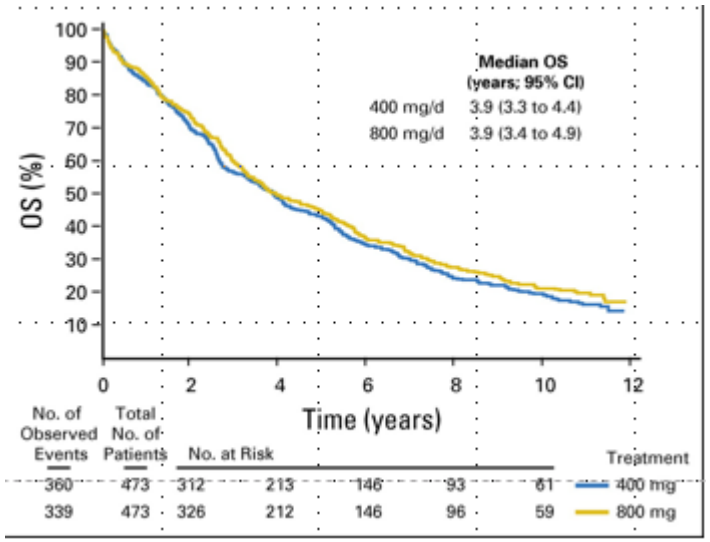




September 14, 2000



September 27, 2000



VOLUME 35 · NUMBER 15 · MAY 20, 2017
JOURNAL OF CLINICAL ONCOLOGY
ORIGINAL REPORT

HUMANITAS GAVAZZENI

Ordine dei Medici Chirurghi e Odontoiatri della provincia di Bergamo

Avapritinib in advanced PDGFRA D842V-mutant gastrointestinal stromal tumour (NAVIGATOR): a multicentre, open-label, phase 1 trial

Michael C Heinrich, Robin L Jones*, Margaret von Mehren*, Patrick Schöffski, César Serrano, Yoon-Koo Kang, Philippe A Cassier, Olivier Mir, Ferry Eskens, William D Tap, Piotr Rutkowski, Sant P Chawla, Jonathan Trent, Meera Tugnait, Erica K Evans, Tamieka Lauz, Teresa Zhou, Maria Roche, Beni B Wolf, Sebastian Bauer*, Suzanne George**

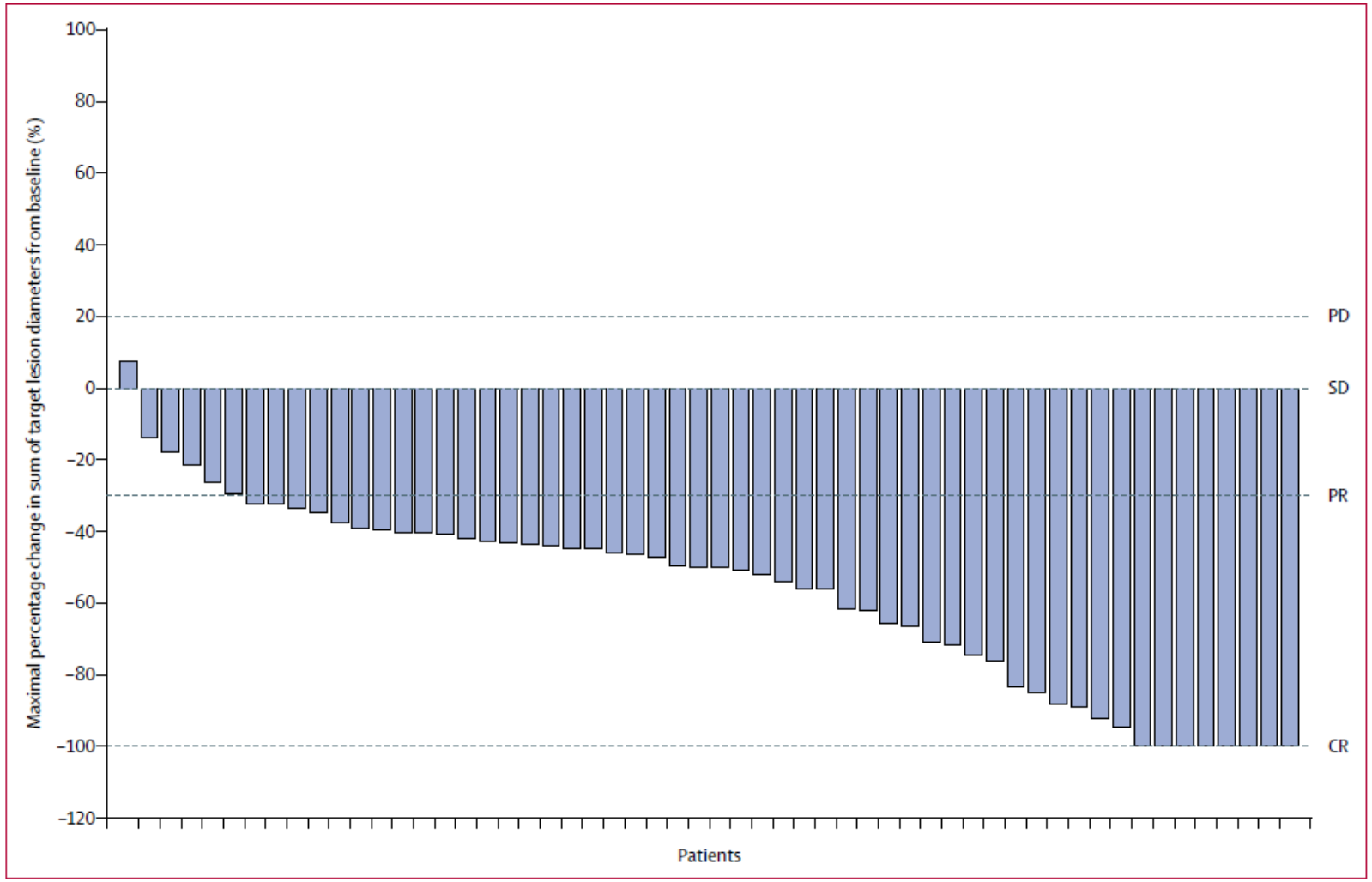
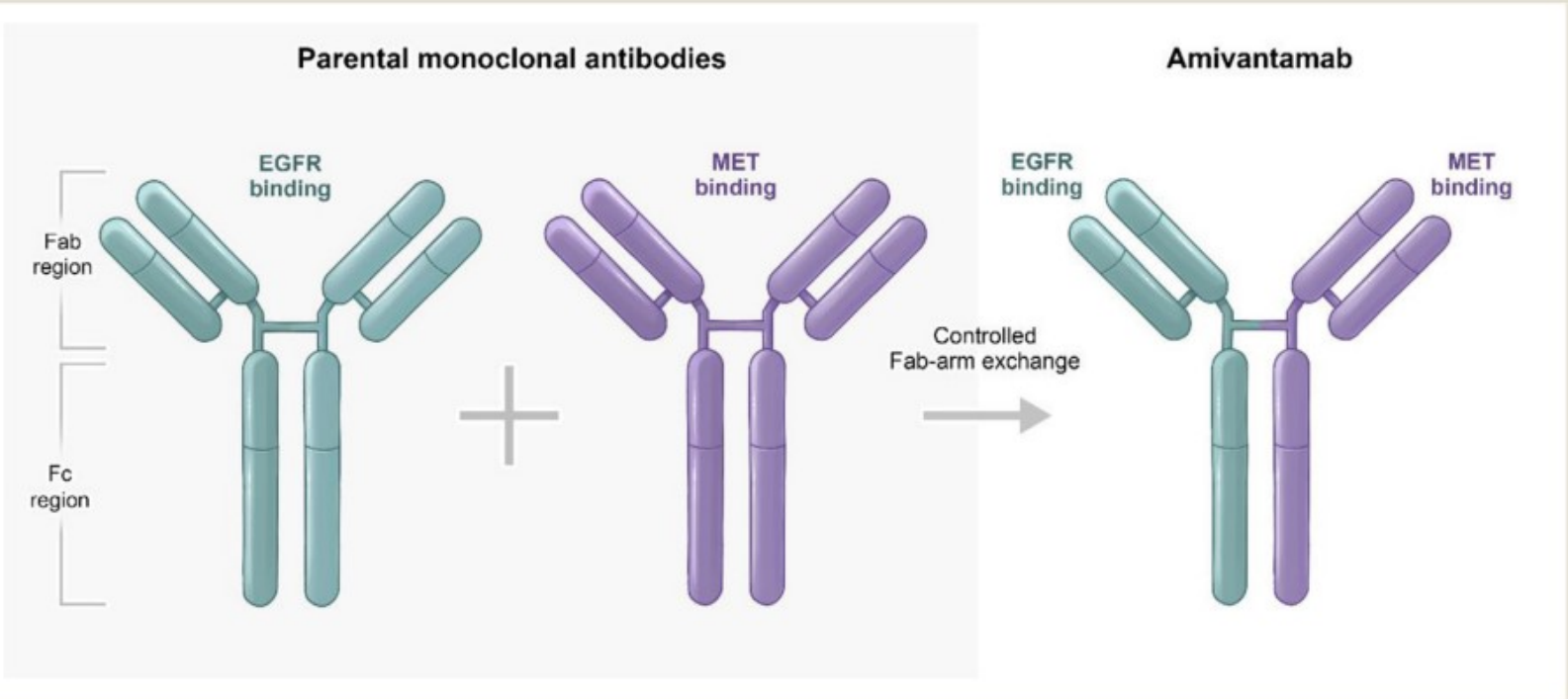


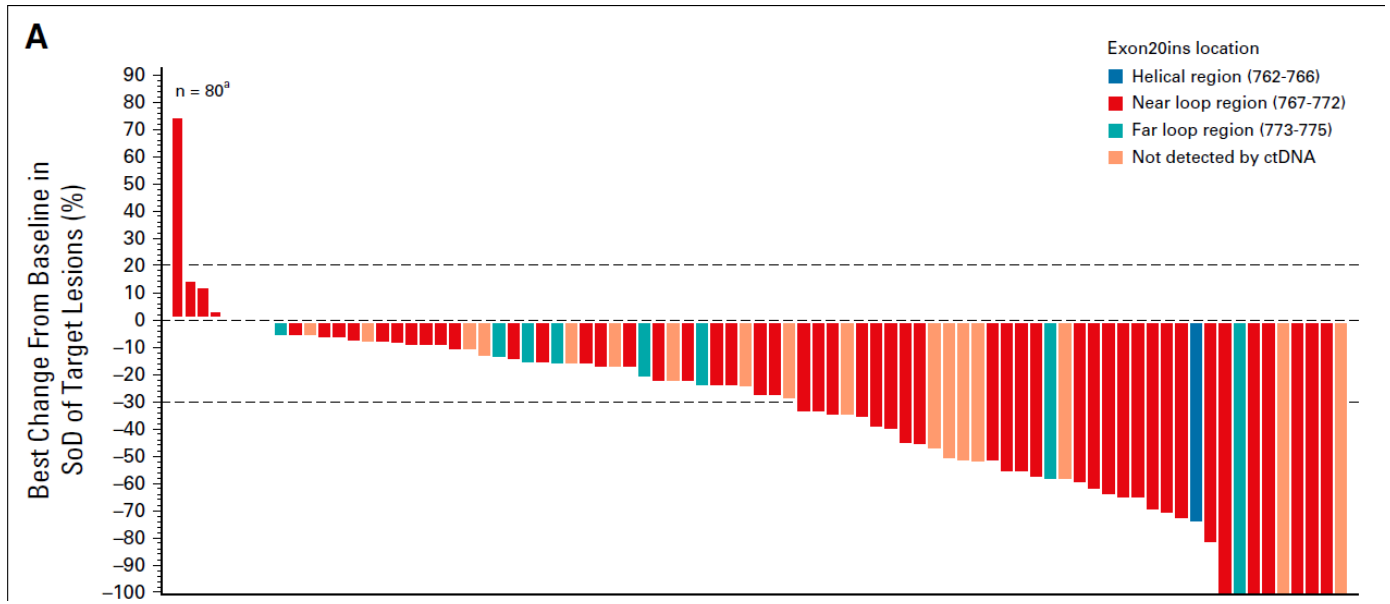
Figure 1 Engineered Fc mutations within EGFR and MET antibodies lead to bispecific amivantamab formation following controlled Fab-arm exchange process. EGFR = epidermal growth factor receptor; Fab = antigen-binding fragment; Fc = crystallizable fragment; MET = mesenchymal-epithelial transition factor



B. Chul Cho et al Clin Lung Cancer 2023

Amivantamab in EGFR Exon 20 Insertion–Mutated Non–Small-Cell Lung Cancer Progressing on Platinum Chemotherapy: Initial Results From the CHRYSALIS Phase I Study

Keunchil Park, MD, PhD[1]; Eric B. Haura, MD[2]; Natasha B. Leighl, MD[3]; Paul Mitchell, MD[4]; Catherine A. Shu, MD[5]; Nicolas Girard, MD, PhD[6]; Santiago Viteri, MD[7]; Ji-Youn Han, MD, PhD[8]; Sang-We Kim, MD, PhD[9]; Chee Khoon Lee, MD[10]; Joshua K. Sabari, MD[11]; Alexander I. Spira, MD, PhD[12]; Tsung-Ying Yang, MD, PhD[13]; Dong-Wan Kim, MD, PhD[14]; Ki Hyeong Lee, MD, PhD[15]; Rachel E. Sanborn, MD[16]; José Trigo, MD[17]; Koichi Goto, MD, PhD[18]; Jong-Seok Lee, MD, PhD[19]; James Chih-Hsin Yang, MD, PhD[20]; Ramaswamy Govindan, MD[21]; Joshua M. Bauml, MD[22]; Pilar Garrido, MD, PhD[23]; Matthew G. Krebs, MD, PhD[24]; Karen L. Reckamp, MD[25]; John Xie, PhD[26]; Joshua C. Curtin, PhD[26]; Nahor Haddish-Berhane, PhD[26]; Amy Roshak, BS[26]; Dawn Millington, MS[26]; Patricia Lorenzini, MS[26]; Meena Thayu, MD[26]; Roland E. Knoblauch, MD, PhD[26]; and Byoung Chul Cho, MD, PhD[27]



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

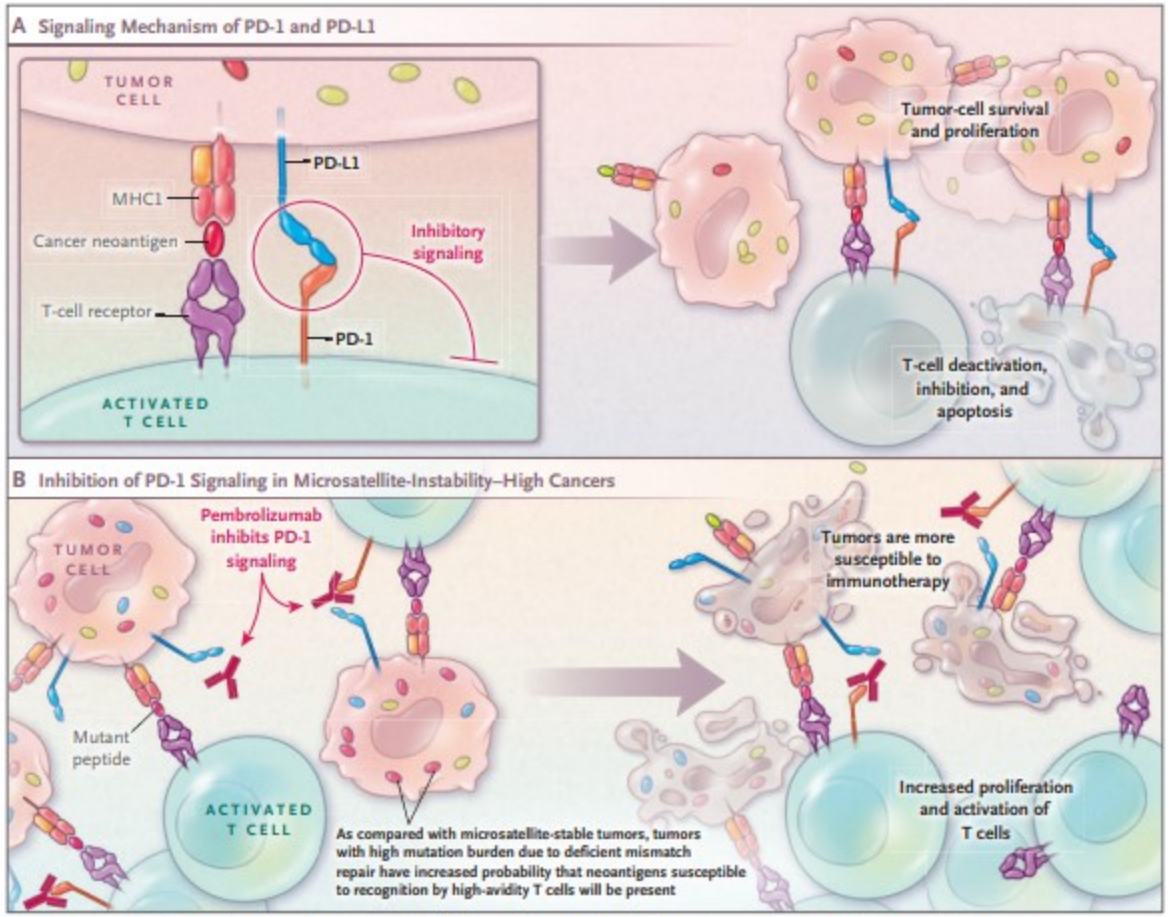
OCTOBER 12, 2017

First FDA Approval Agnostic of Cancer Site — When a Biomarker Defines the Indication

Steven Lemery, M.D., M.H.S., Patricia Keegan, M.D., and Richard Pazdur, M.D.

Pembrolizumab Response Rate by Tumor Type.*

Tumor Type	No. of Tumors	Patients with a Response	Range of Response Duration
		no. (%)	*mo*
Colorectal cancer	90	32 (36)	1.6+ to 22.7+
Endometrial cancer	14	5 (36)	4.2+ to 17.3+
Biliary cancer	11	3 (27)	11.6+ to 19.6+
Gastric or gastroesophageal junction	9	5 (56)	5.8+ to 22.1+
Pancreatic cancer	6	5 (83)	2.6+ to 9.2+
Small-intestine cancer	8	3 (38)	1.9+ to 9.1+
Breast cancer	2	2 (100)	7.6 to 15.9
Prostate cancer	2	1 (50)	9.8+
Other cancers	7	3 (43)	7.5+ to 18.2+



Signaling Mechanism of PD-1 and PD-L1 and Inhibition of PD-1 Signaling in Microsatellite-Instability–High Cancers.

MHC1 denotes major histocompatibility complex 1.

Open access Editorial

ESMO Open
Cancer Horizons

Entrectinib approval by EMA reinforces options for ROS1 and tumour agnostic *NTRK* targeted cancer therapies

Elena Ardini,[1] Salvatore Siena [2]

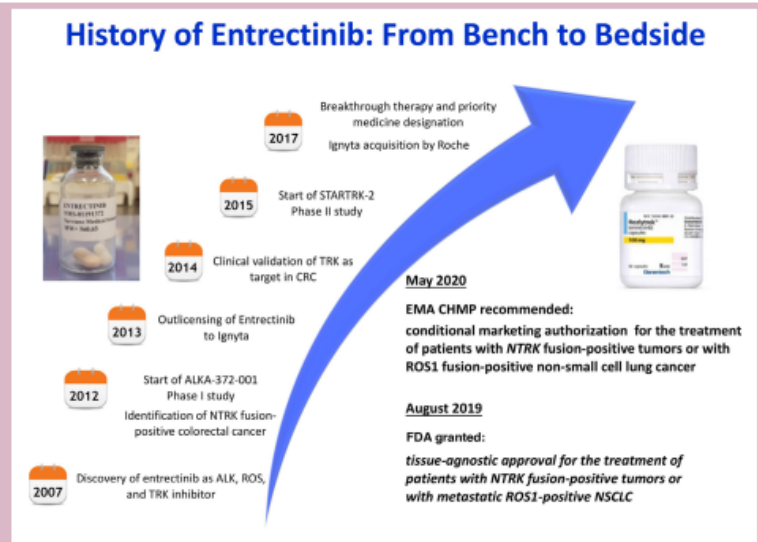
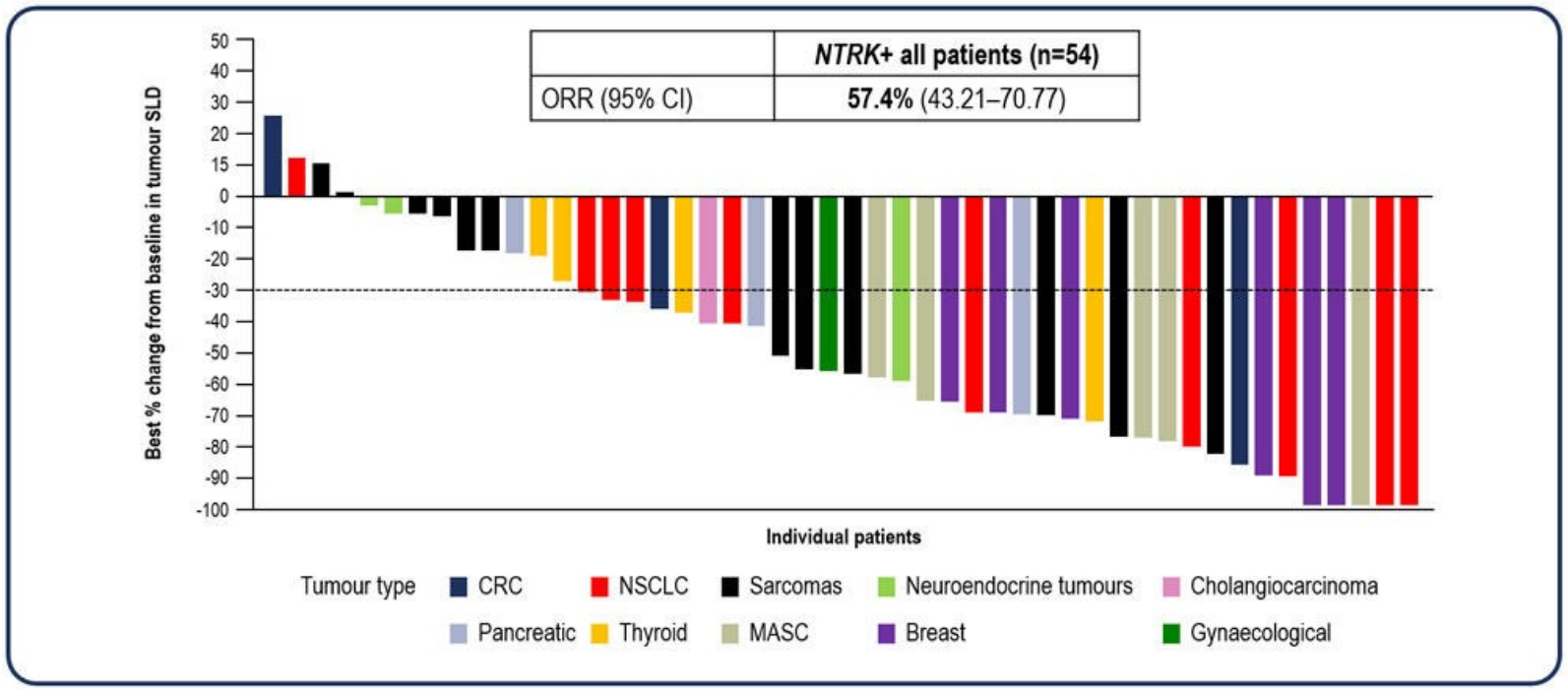


Figure 1 Main steps and years of entrectinib history from discovery to clinical application. CHMP; Committee for Medicinal Products for Human Use; EMA, European Medicines Agency; NSCLC, non-small cell lung cancer.

4.1 Indicazioni terapeutiche

Rozlytrek in monoterapia è indicato per il trattamento di pazienti adulti e pediatrici di età pari o superiore a 12 anni con tumori solidi che esprimono una fusione dei geni del recettore tirosin-chinasico neurotrofico (*NTRK*),

- che sono affetti da malattia localmente avanzata, metastatica o la cui resezione chirurgica potrebbe comportare una severa morbilità, e
- che non sono stati trattati in precedenza con un inibitore di NTRK
- che non dispongono di opzioni terapeutiche soddisfacenti (vedere paragrafi 4.4 e 5.1).



CI, confidence interval; MASC, mammary analogue secretory carcinoma; SLD, sum of longest diameter

Cut-off date: 31 May 2018

*Patients with missing SLD percent change (n=6) were excluded from the plot

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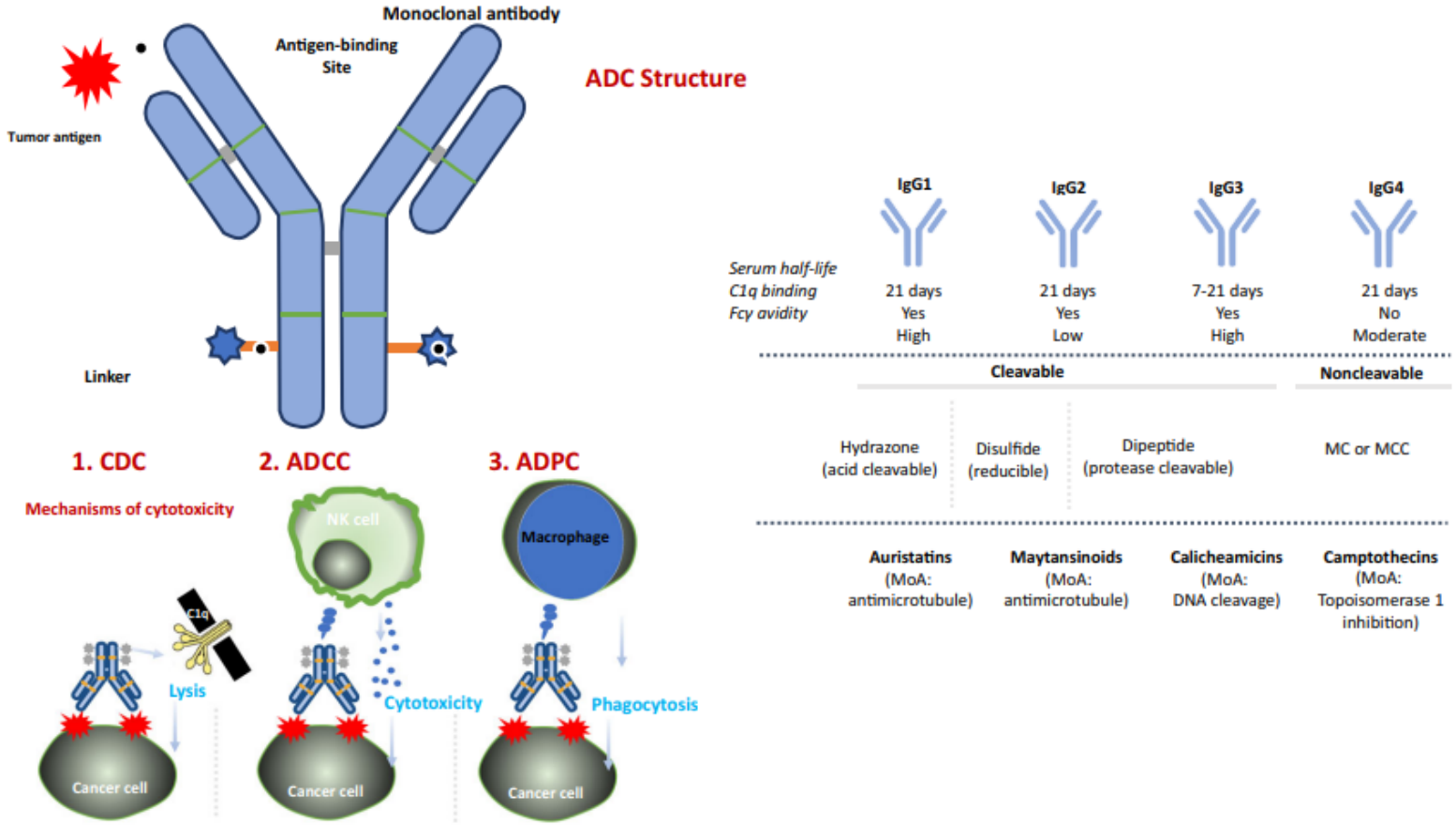
REVIEW ARTICLE OPEN

Check for updates

Antibody-drug conjugates in lung cancer: dawn of a new era?

Niamh Coleman[1], Timothy A. Yap[1,2,3,4], John V. Heymach[2], Funda Meric-Bernstam[1,4,5] and Xiuning Le[2]✉



antibody-dependent cell phagocytosis

antibody-dependent cell cytotoxicity

complement-dependent cytotoxicity

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A review of recent advances on single use of antibody-drug conjugates or combination with tumor immunology therapy for gynecologic cancer

An-Jin Wang[1,2,3], Yang Gao[1,2,3], Yu-Ying Shi[1,2,3], Meng-Yuan Dai[1,2,3]* and Hong-Bing Cai[1,2,3]*†

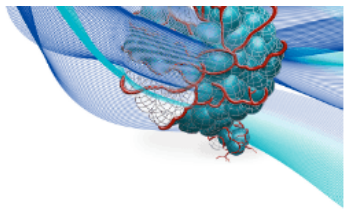
Antibody-drug conjugates in breast cancer: Marching from HER2-overexpression into HER2-low

Pinchao Fan [a], Kun Xu [b,*]

Discovery and development of trastuzumab deruxtecan and safety management for patients with HER2-positive gastric cancer

Kohei Shitara[1] · Eishi Baba[2] · Kazumasa Fujitani[3] · Eiji Oki[4] · Satoshi Fujii[5] · Kensei Yamaguchi[6]

Clinical Trial Protocol



Multicenter phase II trial of trastuzumab deruxtecan for HER2-positive unresectable or recurrent biliary tract cancer: HERB trial

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