

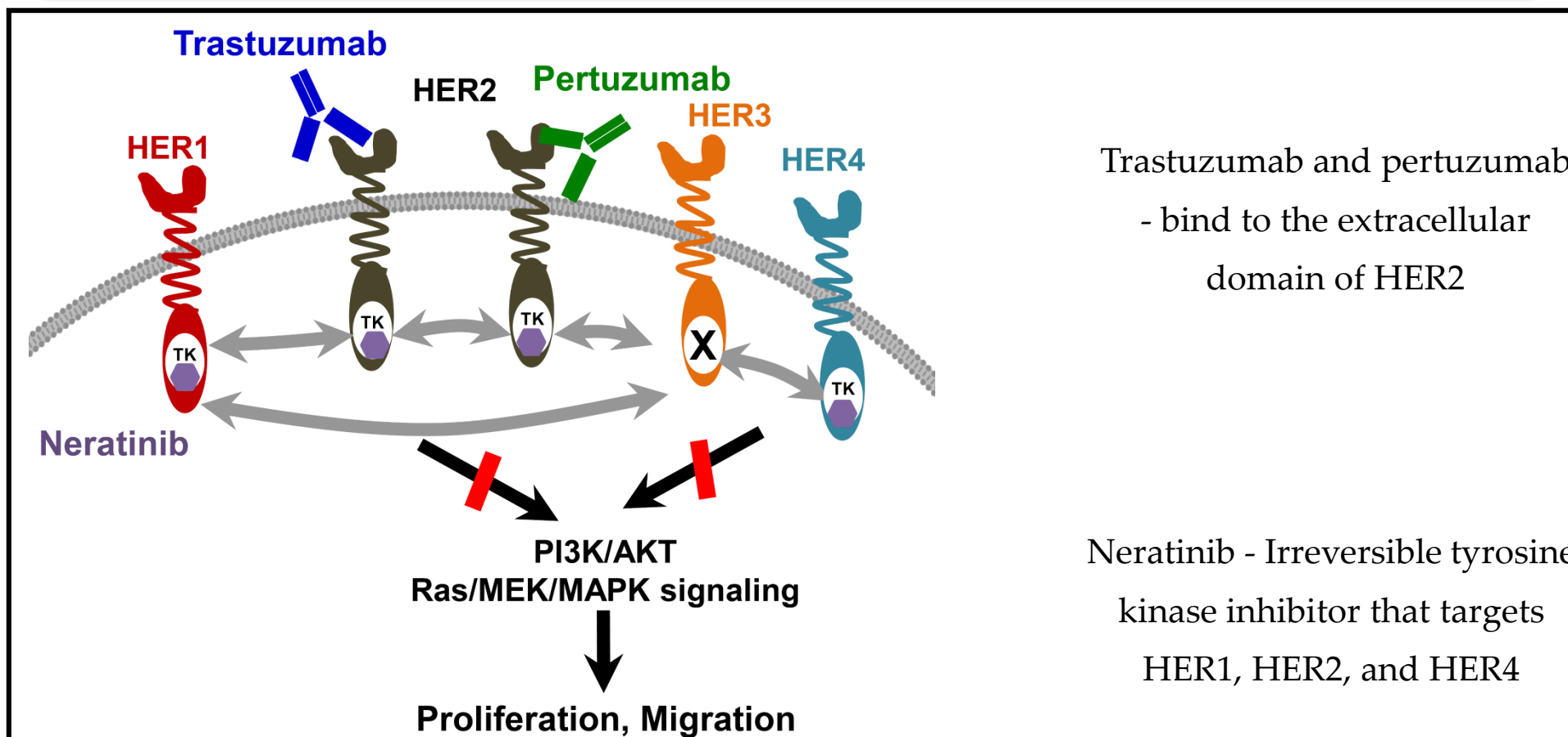
Introduction

Lapatinib (L) plus trastuzumab (T) alone or with endocrine therapy for HER2+/ER+ tumors but without chemotherapy, yielded complete tumor eradication in xenograft models. In neoadjuvant trials (NCT00548184, 00999804, 01973660), a substantial number of patients achieved pathologic complete response with this same strategy. The irreversible pan-HER inhibitor neratinib (N) has been recently approved by the FDA for early stage HER2+ breast cancer and has shown greater potency compared to L in the preclinical setting. However, the therapeutic efficacy of N in combination with T (N+T) and how it compares to pertuzumab (P) +T (without chemotherapy) has not been well studied. Here, we evaluate the therapeutic efficacy of N, P, and T, either alone or in combination, with a primary focus on comparing N+T vs. P+T in established cell line- and patient-derived xenograft (PDX) models.

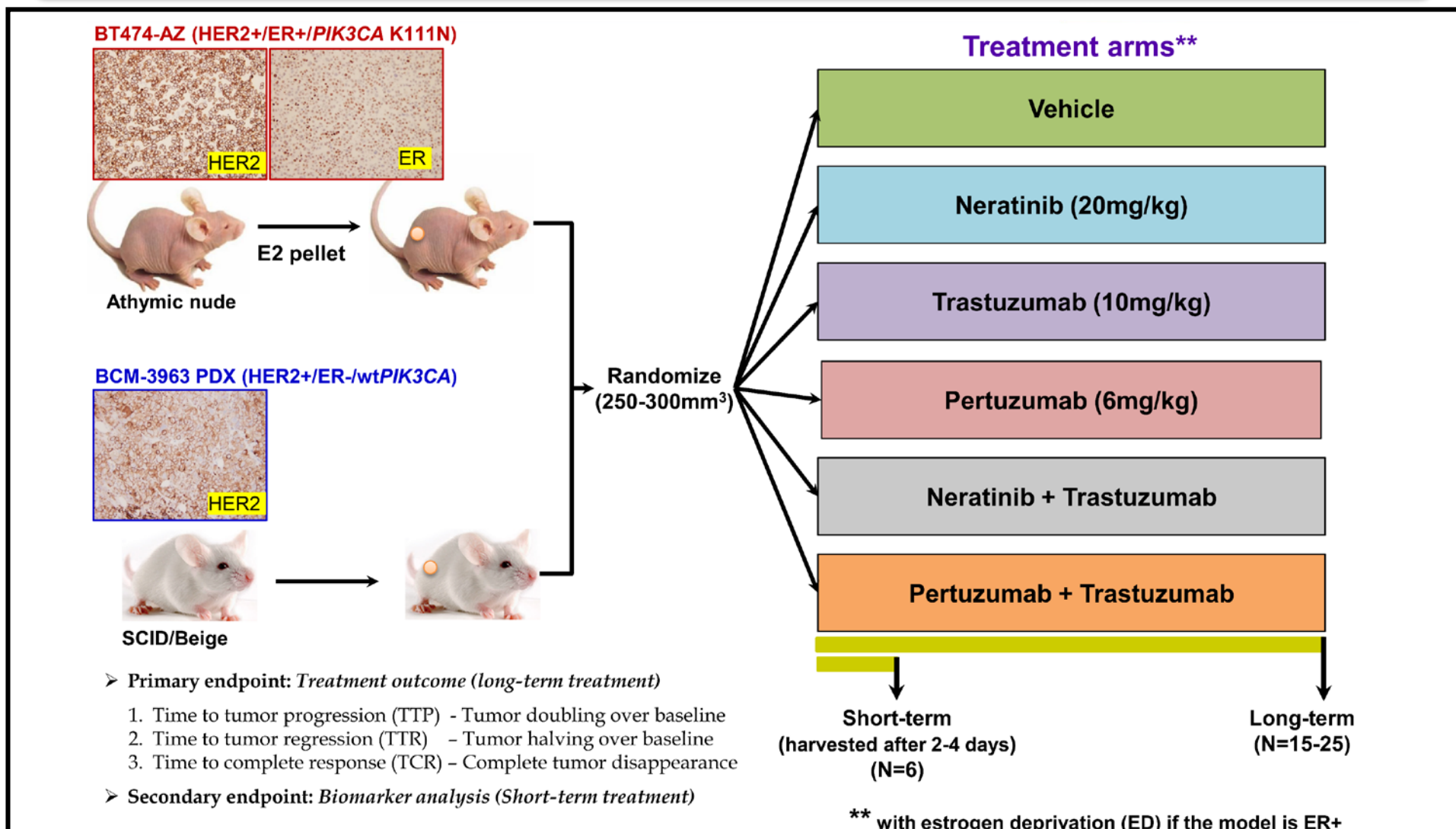
Hypothesis

Dual HER2 inhibition using N+T will be highly efficacious and equally potent or more effective than P+T due to more complete blockade of the HER pathway.

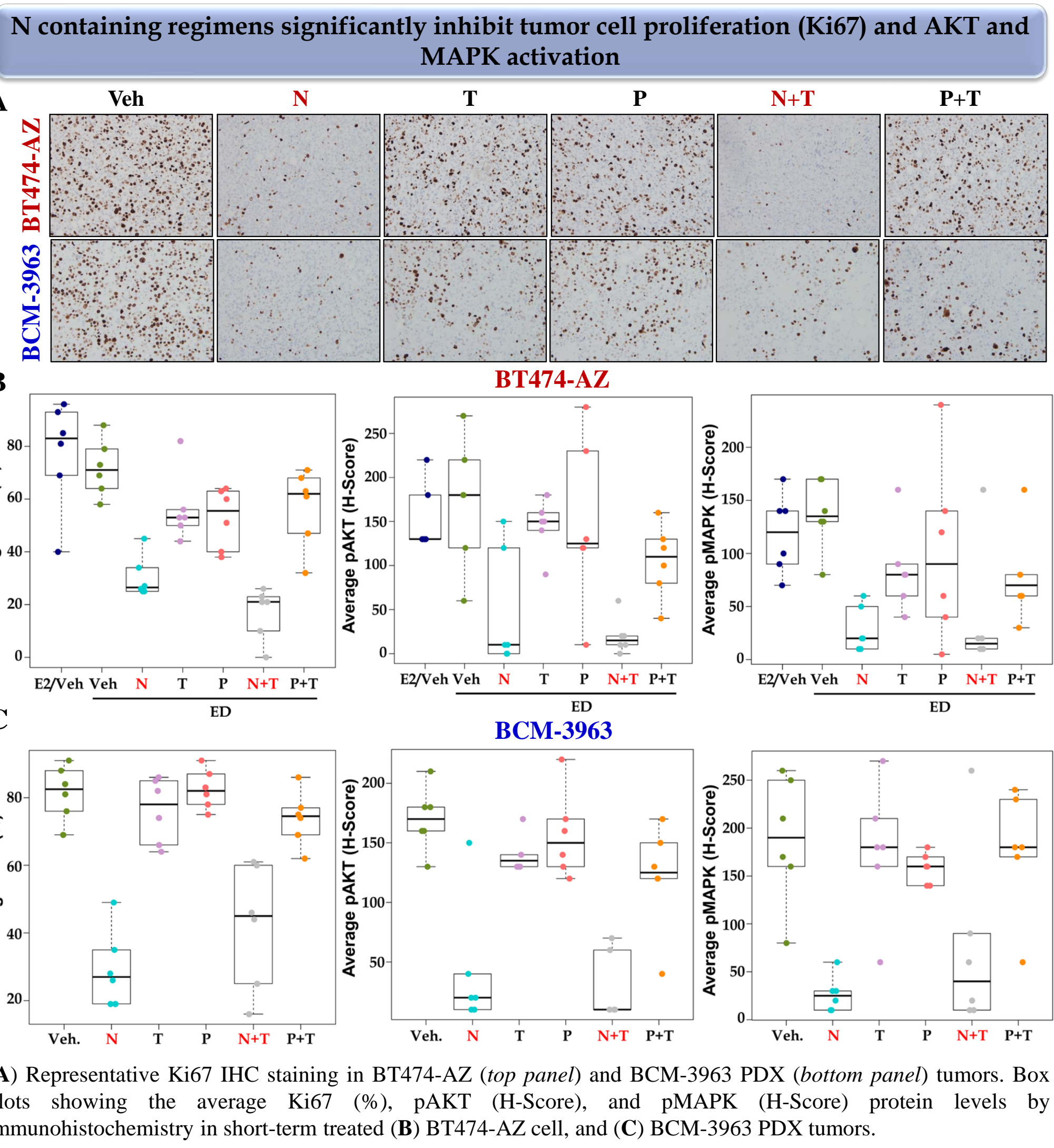
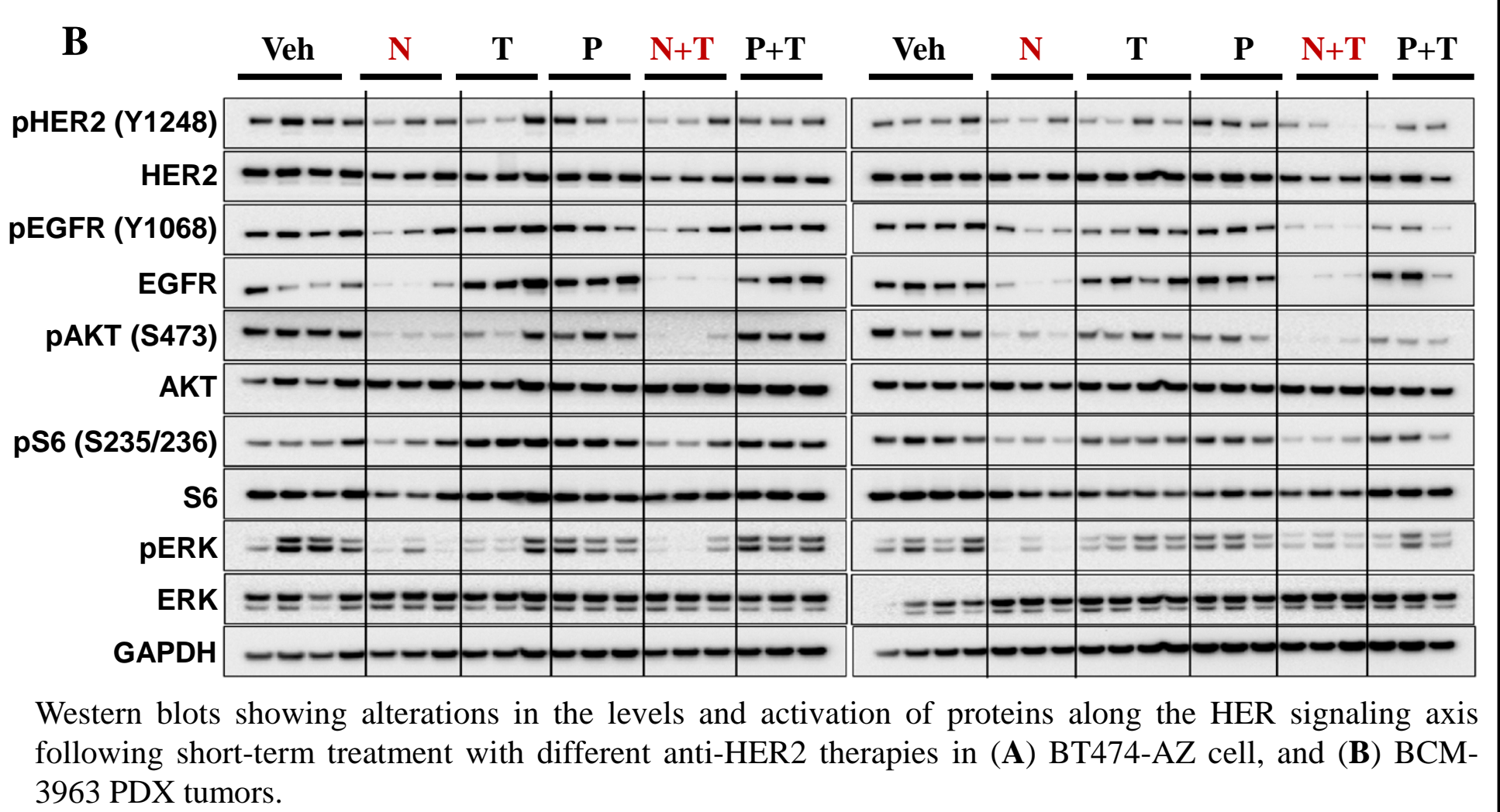
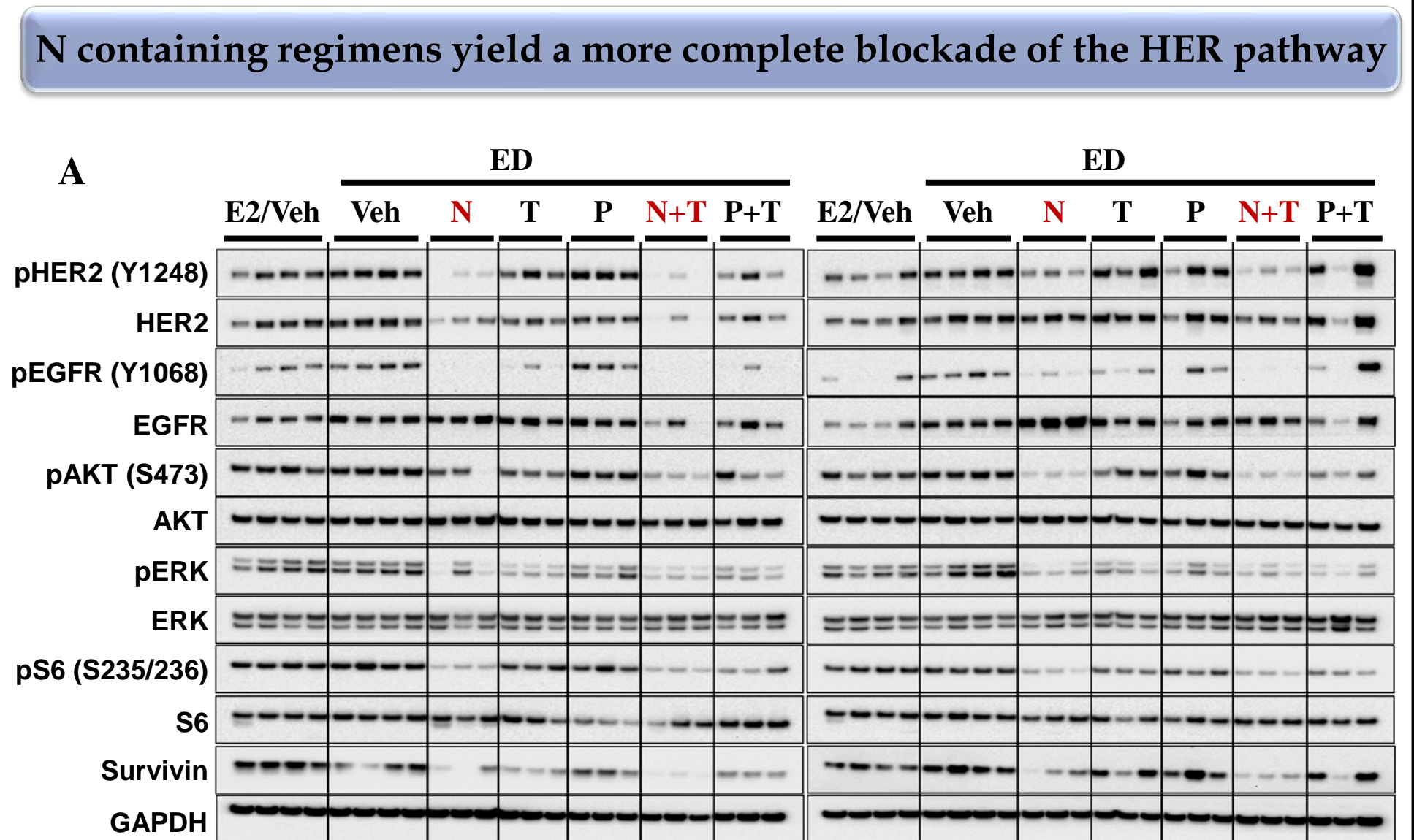
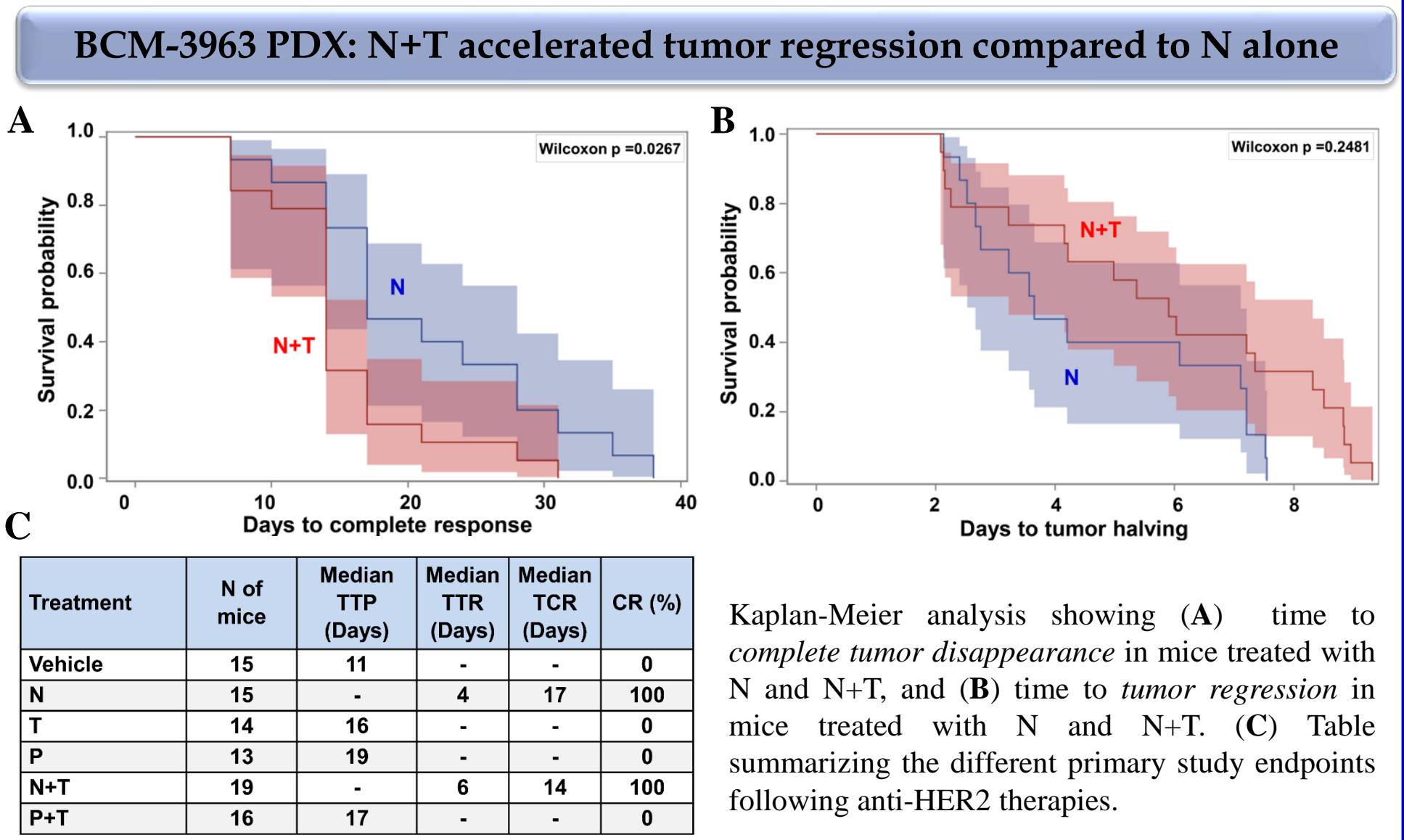
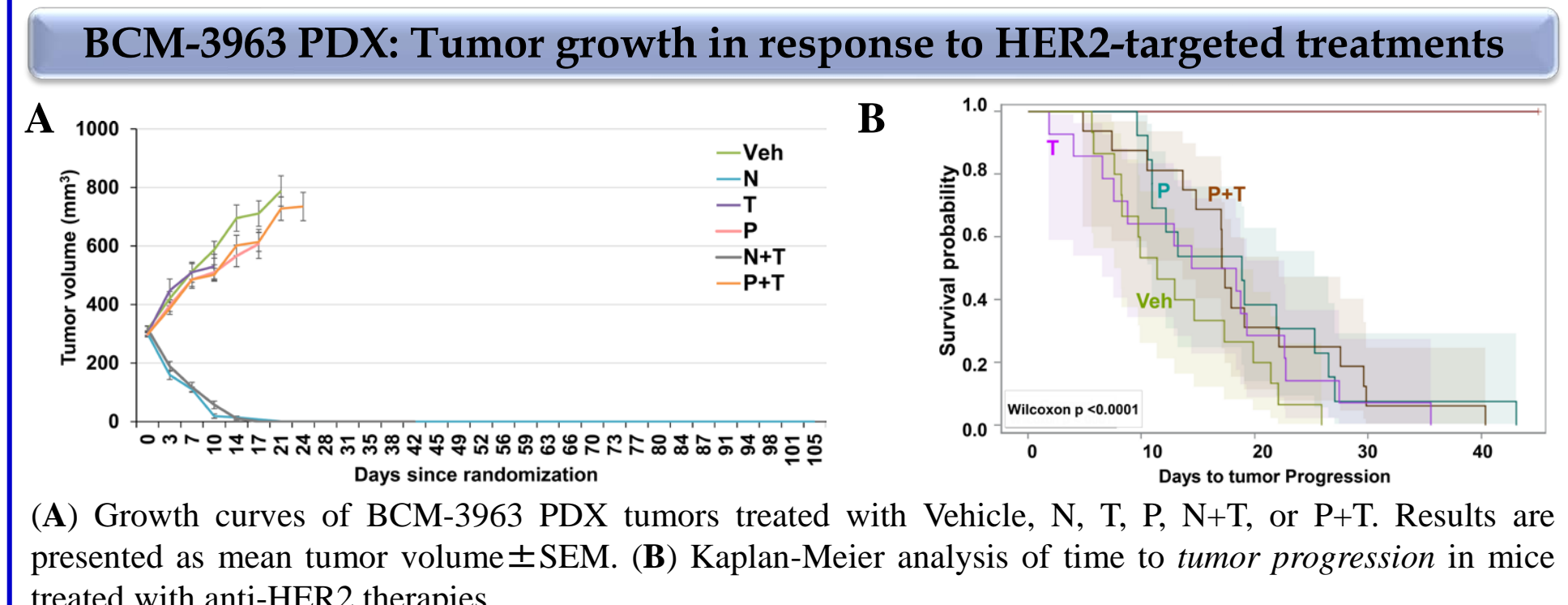
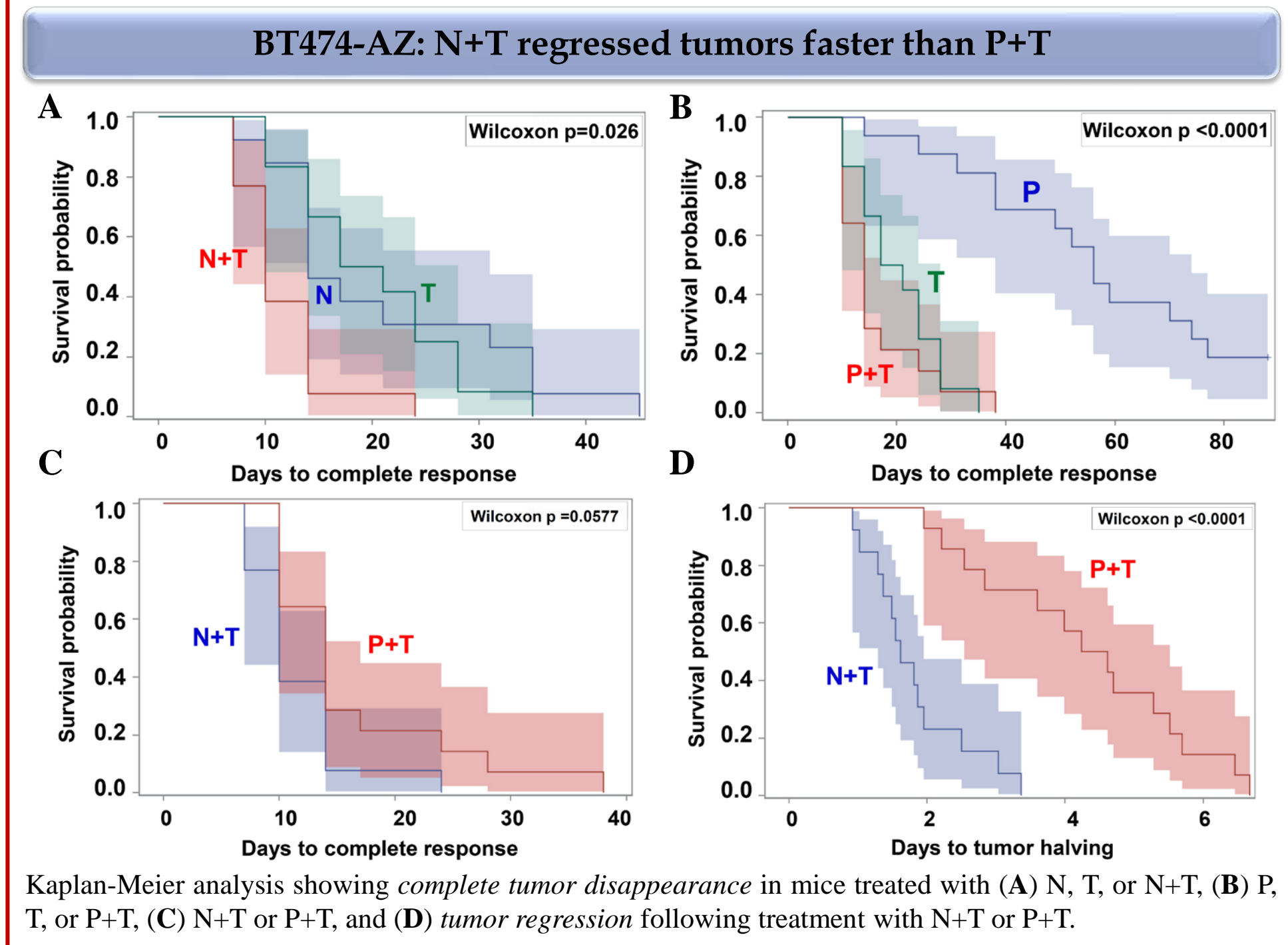
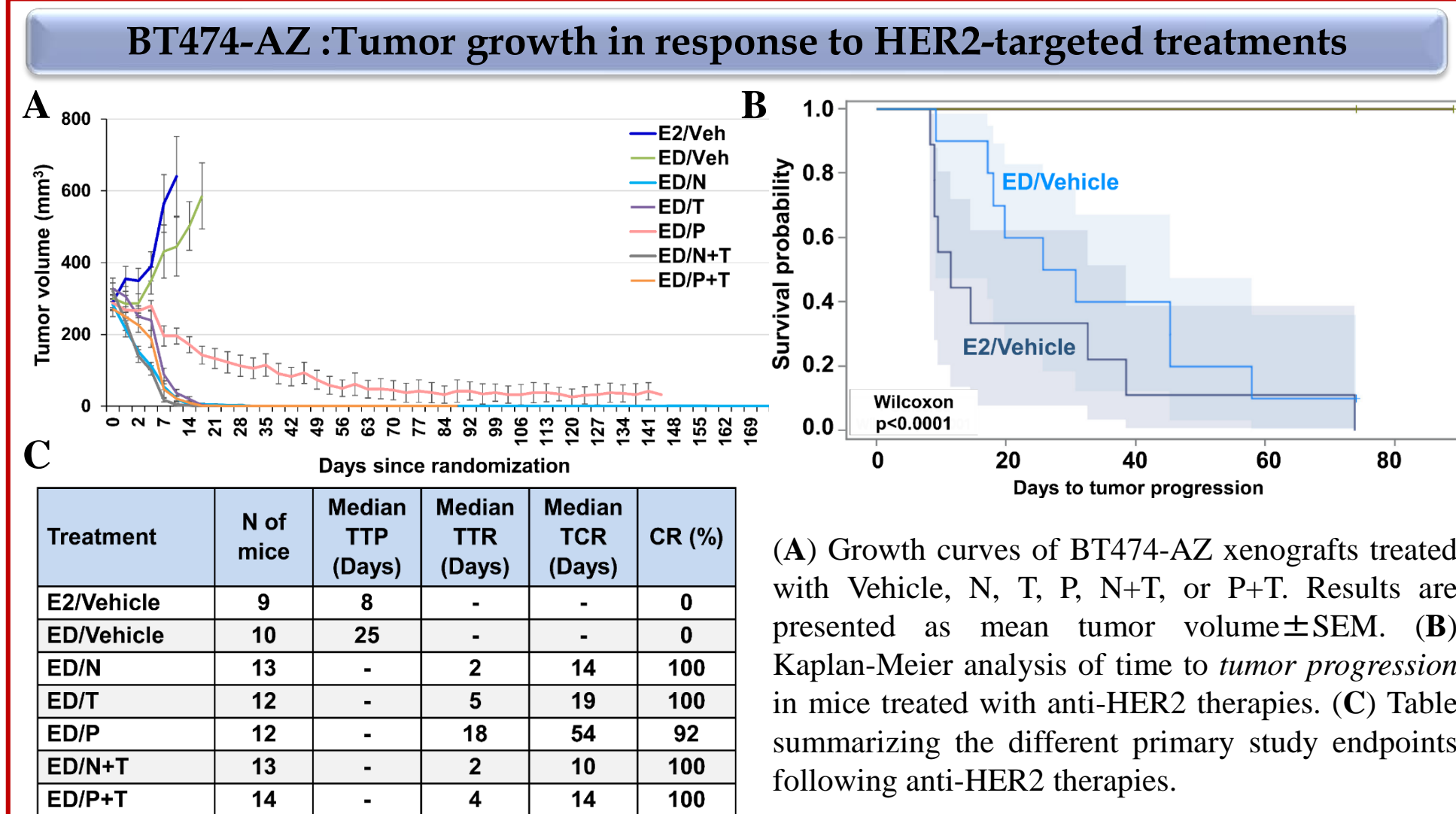
HER signaling pathway and targeted therapy



Experimental Plan



Results



Conclusions and clinical significance

- ### Conclusions
- N achieved 100% complete tumor disappearance in both xenograft models, and accelerated both tumor regression and tumor disappearance compared to T and P, either alone or in combination.
 - N+T was more effective than T and P, either alone or in combination in achieving faster tumor regression and a more complete blockade of the HER signaling pathway.
 - N, both alone and in combination with T significantly suppressed tumor cell proliferation (Ki67) after short-term treatment.
 - pAKT and pMAPK levels were significantly inhibited by N and N+T, but not by T, P, or P+T
- ### Clinical significance
- N is a potent, irreversible pan-HER inhibitor and yields a more comprehensive blockade of the HER layer and its downstream signaling.
 - Our findings strongly support future clinical investigations of the combination of N with T in a chemotherapy-sparing setting for patients with HER2+ breast cancer.

FUNDING/ACKNOWLEDGEMENTS

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