

# IGF-I Receptor a Target in Deadly Breast Ca

BY KERRI WACHTER

The insulinlike growth factor I receptor may offer a much-needed therapeutic target for triple-negative breast cancer.

High levels of IGF-IR expression appear to confer a survival benefit for a subset of patients with this type of cancer, based on the results of a small study.

"In triple-negative breast cancer pa-

tients younger than 55, high expression is associated with longer survival," Dr. Agneiszka W. Witkiewicz said at a press briefing sponsored by the American Association for Cancer Research.

Unlike hormone receptor-positive or HER2-positive breast cancers, triple-negative breast cancer has lacked a therapeutic drug target. While triple-negative breast cancer accounts for only 15%-20% of breast cancer cases, it results in

half of all breast cancer deaths, said Dr. Witkiewicz, a pathologist at Thomas Jefferson University in Philadelphia.

The researchers evaluated tissue from 99 women with triple-negative breast cancer. They stained the samples with anti-IGF-IR antibody (Ventana Medical Systems Inc.), and scored IGF-IR protein expression. Patients were stratified as high expression (a score of 3) or low expression (scores 0-2). More than a quar-

ter of patients (29%) had high IGF-IR expression – and this was significantly correlated with negative lymph nodes. Among patients older than 55 years, there was no survival difference between those with low and high IGF-IR expression.

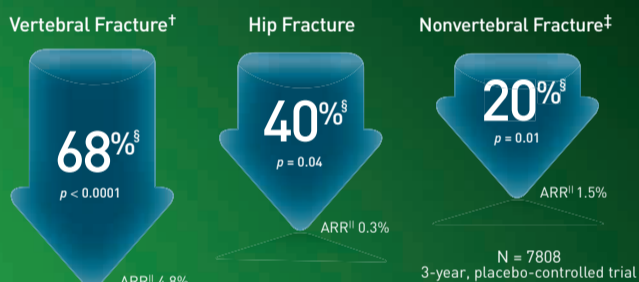
The study was presented in Denver at the AACR's International Conference on Molecular Diagnostics in Cancer Therapeutic Development. One of the coauthors is employed by Ventana. ■

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be performed by the prescriber prior to initiation of Prolia™. A dental examination with appropriate preventive dentistry should be considered prior to treatment in patients with risk factors for ONJ. Good oral hygiene practices should be maintained during treatment with Prolia™.

For patients requiring invasive dental procedures, clinical judgment should guide the management plan of each patient. Patients who are suspected of having or who develop ONJ should receive care by a dentist or an oral surgeon. Extensive dental surgery to treat ONJ may exacerbate the condition. Discontinuation of Prolia™ should be considered based on individual benefit-risk assessment.

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**Adverse Reactions:** The most common adverse reactions (> 5% and more common than placebo) are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. Pancreatitis has been reported with Prolia™.

The overall incidence of new malignancies was 4.3% in the placebo and 4.8% in the Prolia™ groups. A causal relationship to drug exposure has not been established. Denosumab is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity.

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\* Key sites: vertebral, hip, and nonvertebral.<sup>1,2</sup>  
<sup>†</sup> Includes 7393 patients with a baseline and at least one post-baseline radiograph.<sup>1,2</sup>  
<sup>‡</sup> Composite measurement excluding pathological fractures and those associated with severe trauma, fractures of the vertebrae, skull, face, mandible, metacarpals, fingers, and toes.<sup>1,2</sup>  
<sup>§</sup> RRR = relative risk reduction.  
<sup>||</sup> ARR = absolute risk reduction.

References: 1. Prolia™ [denosumab] prescribing information, Amgen. 2. Cummings SR, San Martin J, McClung MR, et al. Denosumab for prevention of fractures in postmenopausal women with osteoporosis. *N Engl J Med.* 2009;361:756-765.

For more information, visit [www.ProliaHCP.com](http://www.ProliaHCP.com)

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