# Prognostic value of HER2-positive circulating tumor cells in metastatic breast cancer patients treated with aromatase inhibitors

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We hypothezise that patients with a primary tumor expressing ER and lacking HER2 but with CTCs expressing HER2 have a worse response on hormonal therapy.

Ethical reviewApproved WMOStatusRecruitment stoppedHealth condition typeBreast disorders

**Study type** Observational non invasive

# **Summary**

#### ID

NL-OMON24808

**Source** NTR

**Brief title** 

CareMore-Al study

#### **Condition**

Breast disorders

#### **Health condition**

Breast cancer, borstkanker, HER2, ER, PIK3CA, CTC, circulating tumor cell, circulerende tumorcellen, metastasen, metastasis, AI, aromatase inhibitor, letrozole, anastrozole, arimidex, aromataseremmer

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Erasmus MC Cancer Institute

Department of Medical Oncology

Source(s) of monetary or material Support: EU-FP7, CareMore, projectnumber 601760-2

#### Intervention

Other intervention

#### **Explanation**

#### **Outcome measures**

#### **Primary outcome**

To determine the impact of HER2 expression in CTCs taken at baseline on outcome to Als in metastatic breast cancer patients with an ER-positive primary tumor

#### **Secondary outcome**

- To determine impact of PIK3CA mutation status, pHER2 and ER expression status in CTCs taken at baseline on outcome to Als
- To determine the PIK3CA mutation status, pHER2 and ER expression status on primary tumor tissue to compare with CTCs
- To compare CTCs enumerated and isolated by CellSearch to CTCs enumerated and characterized by CytoTrack
- To explore whether the percentage of HER2-positive CTCs is associated with outcome on Als

# **Study description**

#### **Background summary**

Today's treatment of metastatic breast cancer is guided by characteristics of the primary tumor, while 90% of deaths due to breast cancer occur as a consequence of metastases. Treatment of metastatic breast cancer patients with hormonal agents is often employed in the clinic. A worse outcome to hormonal therapy was observed in patients with primary tumors expressing both ER and HER2 compared to patients with primary tumors positive for ER but negative for HER2. Metastatic breast cancer patients are still treated based on primary tumor characteristics, while it is now increasingly appreciated that important characteristics like ER and HER2 expression may differ between the primary tumor and the

metastatic lesion. Circulating tumor cells (CTCs) are cancer cells present in the peripheral blood of patients with metastatic breast cancer and are thought to represent characteristics of the metastases. We hypothesize that HER2 status on CTCs will be stronger associated with outcome to hormonal therapy than HER2 status in primary tumors. If so, this means that patients with primary tumors expressing ER and lacking HER2, but with CTCs expressing HER2, should not be treated with hormonal agents.

### Study objective

We hypothezise that patients with a primary tumor expressing ER and lacking HER2 but with CTCs expressing HER2 have a worse response on hormonal therapy.

#### Study design

- Baseline
- 6 months evaluation

#### Intervention

Blood draw for CTC enumeration and characterization (80 mL of blood) at baseline

## **Contacts**

#### **Public**

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#### Scientific

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# **Eligibility criteria**

#### Age

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Adults (18-64 years)

Adults (18-64 years)

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Adults (18-64 years)

Elderly (65 years and older)

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#### Inclusion criteria

- Female patient with metastatic breast cancer
- Age ≥ 18 years
- Written informed consent

#### **Exclusion criteria**

- Adjuvant chemotherapy within 6 months prior to treatment start
- Other anticancer chemotherapy, use of biological response modifiers, or immunotherapy within two weeks prior to treatment start. Hormonal antitumor treatment within one week prior to treatment start.
- Serious illness or medical unstable condition prohibiting adequate treatment and follow-up

# Study design

## Design

Study phase: N/A

Study type: Observational non invasive

Intervention model: Other

Allocation: Non controlled trial

Masking: Open (masking not used)

Control: N/A, unknown

Primary purpose: Other

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 27-03-2015

Enrollment: 18

Type: Actual

## **IPD** sharing statement

Plan to share IPD: No

## **Ethics review**

Approved WMO

Date: 10-02-2015

Application type: First submission

Review commission: METC Erasmus MC, Universitair Medisch Centrum Rotterdam

(Rotterdam)

# **Study registrations**

# Followed up by the following (possibly more current) registration

ID: 47479

Bron: ToetsingOnline

Titel:

## Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

NTR-new NL4884 NTR-old NTR5121

CCMO NL50622.078.14 OMON NL-OMON47479

Study results	