

US007700299B2

# (12) United States Patent

(54) METHOD FOR PREDICTING THE RESPONSE TO A TREATMENT

(US)

Moecks et al.

(10) Patent No.: US 7,700,299 B2 (45) Date of Patent: Apr. 20, 2010

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(\*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35

U.S.C. 154(b) by 547 days.

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(21) Appl. No.: 11/438,033

(22) Filed: May 19, 2006

(65) Prior Publication Data

US 2007/0037228 A1 Feb. 15, 2007

## (30) Foreign Application Priority Data

(51) Int. Cl.

G01N 33/53 (2006.01)

G01N 33/48 (2006.01)

G01N 33/566 (2006.01)

G01N 33/567 (2006.01)

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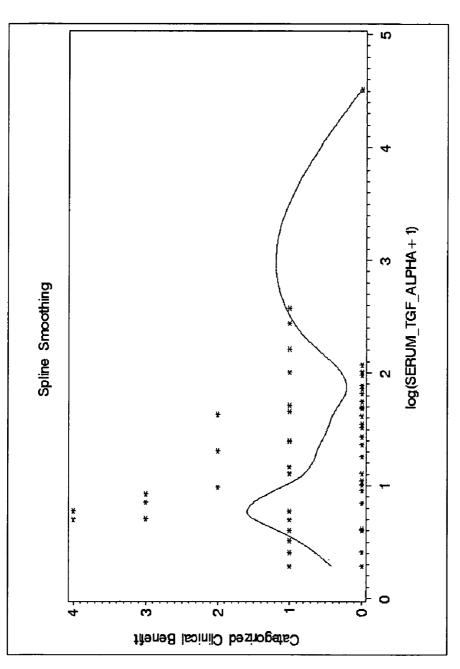
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## (57) ABSTRACT

The invention is related to a method of predicting the response to a treatment with a HER inhibitor in a patient comprising the steps of assessing a biomarker or a combination of biomarkers selected from the group consisting of amphiregulin, an epidermal growth factor, a transforming growth factor alpha, and a HER2 biomarker in a biological sample from the patient and predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of the first step. Further uses and methods wherein these markers are used are disclosed.

11 Claims, 19 Drawing Sheets

Fig. 1

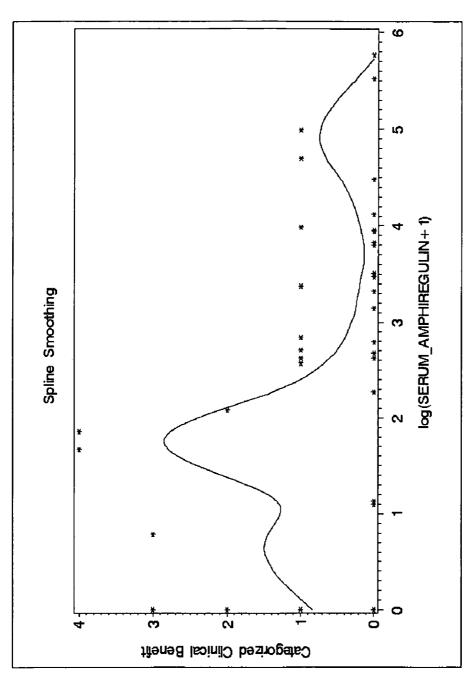


Categorized clinical benefit:

4 - partial response
3 - stable disease >= 6 months
2 - stable disease 4 to 6 months

0 - fast progressive disease

Fig. 2



Categorized clinical benefit:

4 - partial response
3 - stable disease >= 6 months
2 - stable disease 4 to 6 months
1 - stable disease < 4 months</li>

0 - fast progressive disease

Fig. 3

Total	28 - fast progressive disease	17 - stable disease < 4 months	3 - stable disease 4 to 6 months	3 - stable disease >= 6 months	2 - partial response	53
SERUM_TG  F_ALPHA>  =3.5	l I		+ — -   	0	0	21
SERUM_TG SERUM_TG F_ALPHA< F_ALPHA> 3.5  =3.5	0   14	11	 	3	4   2   6	32
Category   SERUM_TG   SERUM_TG   F_ALPHA<   F_ALPHA<   =3.5   =3.5	0	Ħ	2	8	4	Total

Fig. 4

Total	28 - fast progressive disease	17 - stable disease < 4 months	3 - stable disease 4 to 6 months	3 - stable disease >= 6 months	2 – partial response	53
SERUM_AM  PHIREGUL  IN>=12	İ	i	i	i	ı	23
SERUM_AM SERUM_AM  PHIREGUL PHIREGUL  IN<12	0   13	1   9		8	4   2	30
Category   SERUM_AM   SERUM_AM   PHIREGUL   IN>=12   IN>=12	0	П	2	m	4	Total

Fig. 5

Total	28 - fast progressive disease	17 - stable disease < 4 months	3 - stable disease 4 to 6 months	3 - stable disease >= 6 months	2 – partial response	53
SERUM_EG   F>=150	18	6			] 	32
SERUM_EG   F<150	0   10   18	8		)   	0	rotal 21
Category   SERUM_EG SERUM_EG  Total   F<150   F>=150	0	<del>, , ,</del>	2	ĸ	4	Total

Fig. 6

Total	44 - fast progressive disease	24 - stable disease < 4 months	4 - stable disease 4 to 6 months	4 - stable disease >= 6 months	2 - partial response	78
HER2P_EC  D>=18	17	! !	H	0	0	22
HER2P_EC   D<18	0 27 1	1   20			4   2	tal 56 22
Category   HER2P_EC   HER2P_EC   D>=18	0	Н	2	8	4	Total

**Fig. 7** 

		Time to progression (TTP)	ression (TTP)	Time to de	Time to death (TTD)
Serum Marker	Exploratory marker cut off for group with greater benefit in TTP and/or TTD	Number of events for TTP / N total	TTP P log-rank	Number of events for TTD / N total	P Log-rank TTD
TGF-alpha	< 3.5 pg/ml	50/53	0.058	18/53	0.0002
Amphiregulin	< 12 pg/ml	50/53	0.030	18/53	0.29
EGF	< 150 pg/ml	50/53	0.85	18/53	0.046
Her2-ECD	< 18 ng/ml	74/78	0.014	30/78	0.0003

Fig. 8

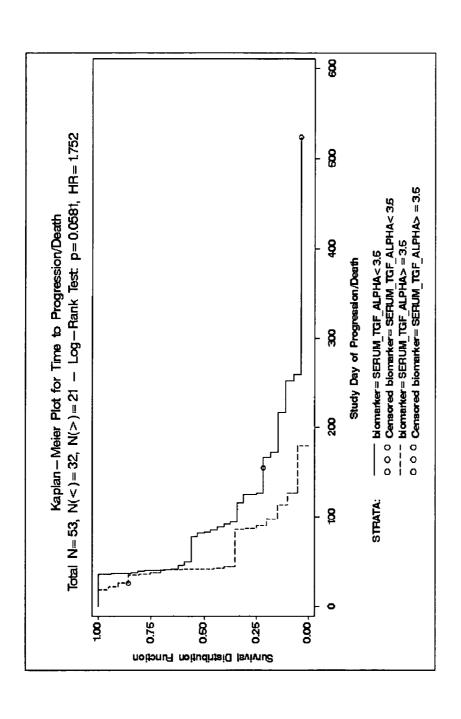
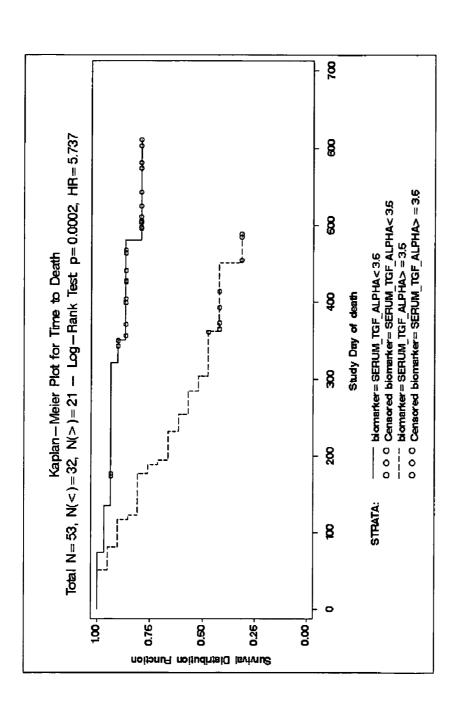


Fig. 9



**Fig. 10** 

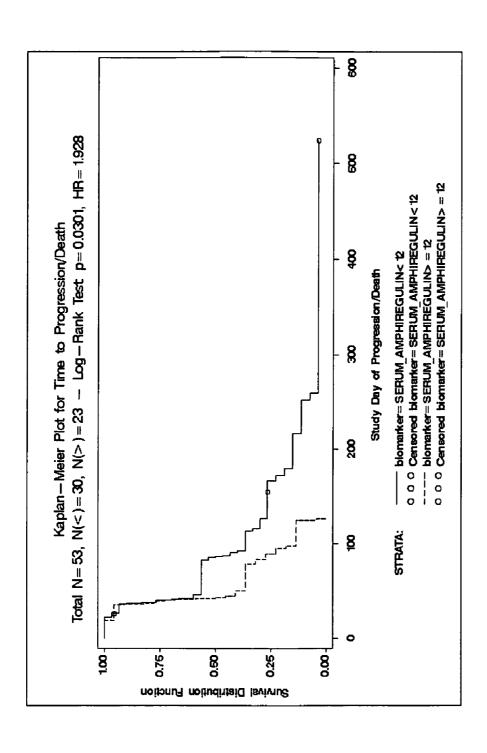
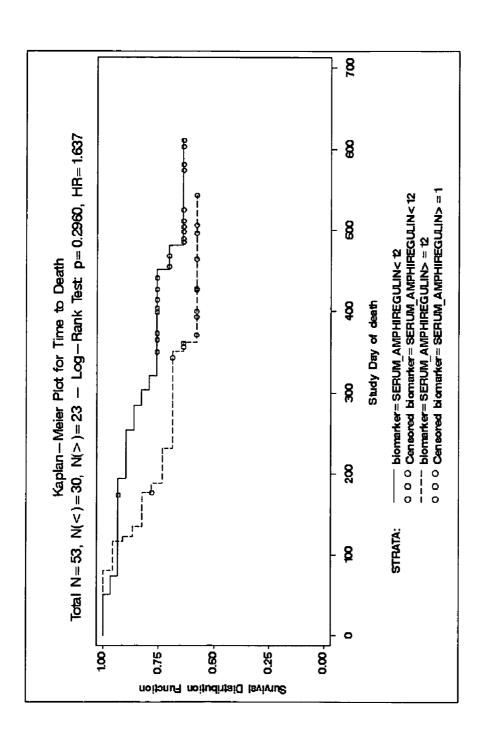
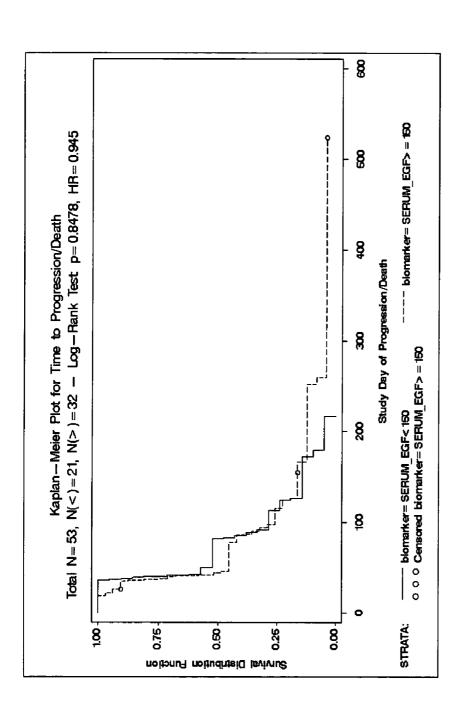


Fig. 11



**Fig. 12** 



**Fig. 13** 

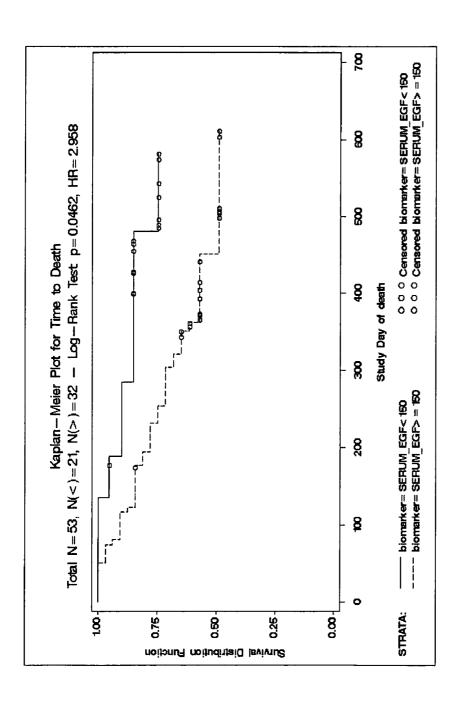


Fig. 14

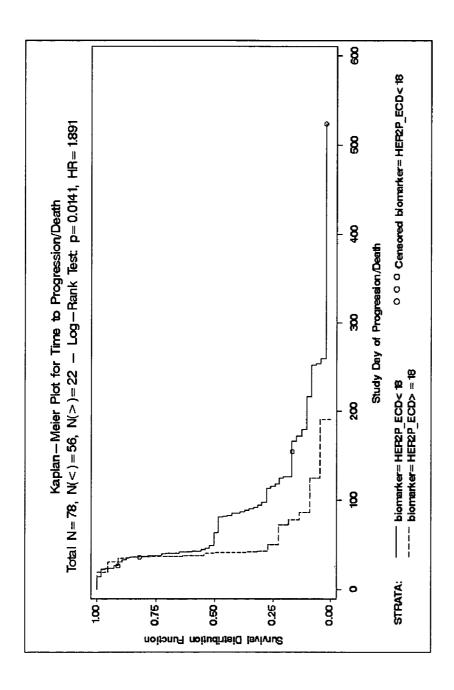
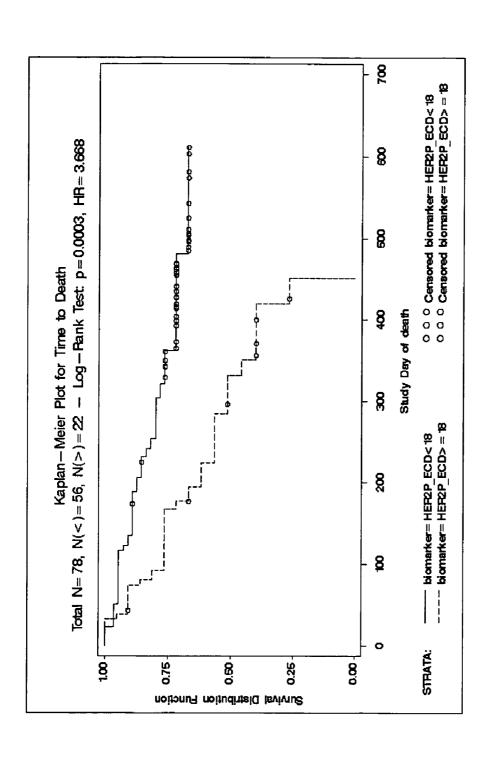


Fig. 15



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**Fig. 16** 

Total	36 - fast progressive disease	18 - stable disease < 4 months	4 - stable disease 4 to 6 months	3 - stable disease >= 6 months	2 - partial response	63
HER2<18 HER2>=18 and TGFA or TGFA <2.4  >=2.4	59			 		42
y   HER2<18   HER   and TGFA  or   <2.4   >=2	 	}	1	<b>!</b>	4   2	21
Category   HER2<18   HER2>=18   and TGFA   or TGFA	0	1		m	4	Total

**Fig. 17** 

_		
Time to progression (TTP)  Time to death (TTD)	P Log-rank TTD	0.0014
	Number of events for TTD / N total	25/63
	TTP P log-rank	0.0014
	Number of events for TTP / N total	£9/09
	Exploratory marker cut off for group with greater benefit in TTP and/or TTD	< 18ng/ml HER2 ECD and/or < 2.4 pg/ml TGF- alpha
	Serum Marker	Her2-ECD/ TGF-alpha Combo score

Fig. 18

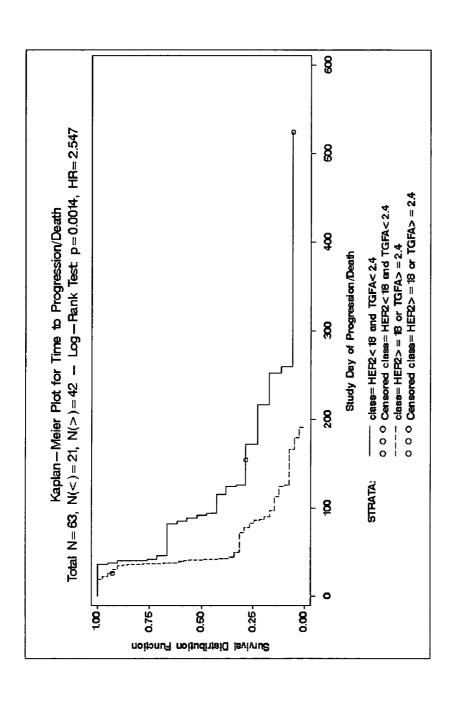
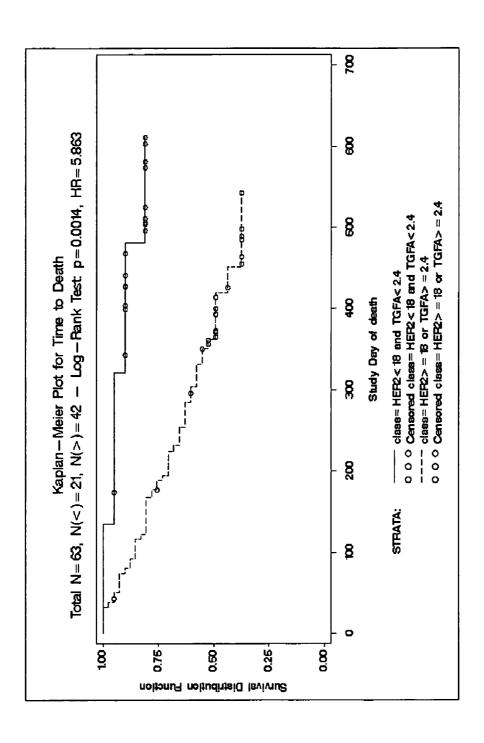


Fig. 19



# METHOD FOR PREDICTING THE RESPONSE TO A TREATMENT

## PRIORITY TO RELATED APPLICATIONS

This application claims the benefit of European Application No. 05017663.5, filed Aug. 12, 2005, which is hereby incorporated by reference in its entirety.

#### FIELD OF THE INVENTION

The invention is related to a method of predicting the response to a treatment with a HER inhibitor, preferably a HER dimerization inhibitor, in a patient comprising the steps of assessing a marker gene or a combination of marker genes 15 selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene or a combination of marker genes comprising an amphiregulin marker gene and a marker gene selected from an epidermal growth factor, a transforming growth factor alpha 20 and a HER2 marker gene in a biological sample from the patient and predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of the first step. Further uses and methods wherein these markers are used are disclosed.

#### BACKGROUND OF THE INVENTION

The human epidermal growth factor receptor (ErbB or HER) family comprises four members (HER1-4) that, 30 through the activation of a complex signal cascade, are important mediators of cell growth, survival and differentiation. At least 11 different gene products from the epidermal growth factor (EGF) superfamily bind to three of these receptors, EGFR (also called ErbB1 or HER1), HER3 (ErbB3) and 35 HER4 (ErbB4). Although no ligand has been identified that binds and activates HER2 (ErbB2 or neu), the prevailing understanding is that HER2 is a co-receptor that acts in concert with other HER receptors to amplify and in some cases initiate receptor-ligand signaling. Dimerization with the 40 same receptor type (homodimerization) or another member of the HER family (heterodimerization) is essential for their activity. HER2 is the preferred dimerization partner for other HER family members. The role of the HER family in many epithelial tumor types is well documented and has led to the 45 rational development of novel cancer agents directed specifically to HER receptors. The recombinant humanized anti-HER2 monoclonal antibody (MAb) trastuzumab is a standard of care in patients with HER2-positive metastatic breast cancer (MBC). Overexpression/amplification of the HER2 pro- 50 tein/gene, which occurs in 20-30% of breast cancer cases, is a prerequisite for treatment with trastuzumab.

Pertuzumab (Omnitarg<sup>TM</sup>; formerly 2C4) is the first of a new class of agents known as HER dimerization inhibitors (HDls). Pertuzumab binds to HER2 at its dimerization 55 domain, thereby inhibiting its ability to form active dimer receptor complexes and thus blocking the downstream signal cascade that ultimately results in cell growth and division. Pertuzumab is a fully humanized recombinant monoclonal antibody directed against the extracellular domain of HER2. 60 Binding of Pertuzumab to the HER2 on human epithelial cells prevents HER2 from forming complexes with other members of the HER family (including EGFR, HER3, HER4) and probably also HER2 homodimerization. By blocking complex formation, Pertuzumab prevents the growth-stimulatory effects and cell survival signals activated by ligands of HER1, HER3 and HER4 (e.g. EGF, TGFα, amphiregulin, and the

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heregulins). Other names for Pertuzumab are 2C4 or Pertuzumab. Pertuzumab is a fully humanized recombinant monoclonal antibody based on the human  $lgG1(\kappa)$  framework sequences. The structure of Pertuzumab consists of two heavy chains (449 residues) and two light chains (214 residues). Compared to Trastuzumab (Herceptin®), Pertuzumab has 12 amino acid differences in the light chain and 29 amino acid differences in the lgG1 heavy chain. WO 2004/092353 and WO 2004/091384 present investigations that the formation of heterodimers of HER2 with other receptors should be linked to the effectiveness or suitability of Pertuzumab.

Zabrecky, J. R. et al., J. Biol. Chem. 266 (1991) 1716-1720 disclose that the release of the extracellular domain of HER2 may have implications in oncogenesis and its detection could be useful as a cancer diagnostic. Colomer, R. et al., Clin. Cancer Res. 6 (2000) 2356-2362 disclose circulating HER2 extracellular domain and resistance to chemotherapy in advanced breast cancer. The prognostic and predictive values of the extracellular domain of HER2 is reviewed by Hait, W. N., Clin. Cancer Res. 7 (2001) 2601-2604.

#### SUMMARY OF THE INVENTION

There is still a need to provide further methods for determining the progression of disease in a cancer patient treated with a HER dimerization inhibitor.

Therefore, in an embodiment of the invention, a method of predicting the response to a treatment with a HER inhibitor, preferably a HER dimerization inhibitor, in a patient is provided comprising the steps of:

- (a) determining the expression level or amount of one or more biomarker in a biological sample from a patient wherein the biomarker or biomarkers are selected from the group consisting of:
  - (1) transforming growth factor alpha;
  - (2) HER2;
  - (3) amphiregulin; and
  - (4) epidermal growth factor;
- (b) determining whether the expression level or amount assessed in step (a) is above or below a certain quantity that is associated with an increased or decreased clinical benefit to a patient; and
- (c) predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of step (b).

In another embodiment of the invention, a probe that hybridizes with the polynucleotides of the above biomarkers under stringent conditions or an antibody that binds to the proteins of the above biomarkers is used for predicting the response to treatment with a HER inhibitor in a patient or used for selecting a composition for inhibiting the progression of disease in a patient.

In still another embodiment of the invention, a kit is provided comprising a probe that anneals with a biomarker polynucleotide under stringent conditions or an antibody that binds to the biomarker protein.

In still another embodiment of the invention, a method of selecting a composition for inhibiting the progression of disease in a patient is provided, the method comprising:

- (a) separately exposing aliquots of a biological sample from a cancer patient in the presence of a plurality of test compositions;
- (b) comparing the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquots of the biological sample contacted with the test compositions and the level of

expression of such biomarkers in an aliquot of the biological sample not contacted with the test compositions; and

(c) selecting one of the test compositions which alters the level of expression of a particular biomarker or biomarkers in the aliquot of the biological sample contacted with the test composition and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the test composition is an indication for the selection of the test 10 composition.

In yet another embodiment of the invention, a method of identifying a candidate agent is provided said method comprising:

- (a) contacting an aliquot of a biological sample from a 15 cancer patient with the candidate agent and determining the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquot; 20
- (b) determining the level of expression of a corresponding biomarker or of a corresponding combination of biomarkers in an aliquot of the biological sample not contacted with the candidate agent;
- (c) observing the effect of the candidate agent by comparing the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the 30 candidate agent; and
- (d) identifying said agent from said observed effect, wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate 35 agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent is an indication of an effect of the candidate agent.

In yet another embodiment, a candidate agent identified by 40 the method according to the invention or a pharmaceutical preparation comprising an agent according to the invention is provided.

In yet another embodiment of the invention, an agent according to the invention is provided for the preparation of a 45 composition for the treatment of cancer.

In still another embodiment of the invention, a method of producing a drug is provided comprising:

- (i) synthesizing the candidate agent identified as described above or an analog or derivative thereof in an amount 50 sufficient to provide said drug in a therapeutically effective amount to a subject; and/or
- (ii) combining the drug candidate or the candidate agent identified as described above or an analog or derivative thereof with a pharmaceutically acceptable carrier.

In yet another embodiment of the invention, a biomarker protein or a biomarker polynucleotide selected from the group consisting of an amphiregulin biomarker, and epidermal growth factor biomarker, a transforming growth factor alpha biomarker and a HER2 biomarker protein or polynucleotide is used for deriving a candidate agent or for selecting a composition for inhibiting the progression of a disease in a patient.

In another embodiment of the invention, a HER inhibitor, preferably a HER dimerization inhibitor, is used for the 65 manufacture of a medicament for treating a human cancer patient characterized in that said treating or treatment

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includes assessing in a biological sample from the patient: one or more biomarkers selected from the group consisting of amphiregulin biomarker, epidermal growth factor biomarker, transforming growth factor alpha biomarker, and HER2 biomarker. In a particular embodiment, one or more biomarkers are assessed wherein the biomarkers are selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and HER2. In another particular embodiment, a transforming growth factor alpha biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, amphiregulin, and HER2. In another particular embodiment, a HER2 biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and amphiregulin.

In another particular embodiment, a epidermal growth factor biomarker is assessed in combination with one or more biomarkers selected from the group consisting of amphiregu20 lin, transforming growth factor alpha, and HER2.

In another particular embodiment, an amphiregulin biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and HER2.

#### BRIEF DESCRIPTION OF THE FIGURES

FIG. 1: Scatterplot TGF-alpha logarithmic transformation versus categorized clinical benefit

FIG. 2: Scatterplot Amphiregulin logarithmic transformation versus categorized clinical benefit

FIG. 3: Ordinal clinical benefit TGF-alpha

FIG. 4: Ordinal clinical benefit Amphiregulin

FIG. 5: Ordinal clinical benefit EGF

FIG. 6: Ordinal clinical benefit HER2-ECD

FIG. 7: Overview exploratory cut-points and log-rank p-values for TTP and TTD for Amphiregulin, EGF, TGF-alpha, HER2-ECD

FIG. 8: TGF-alpha Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point

FIG. 9: TGF-alpha Kaplan Meier plot for time to death based on exploratory single marker cut-point

FIG. 10: Amphiregulin Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point

FIG. 11: Amphiregulin Kaplan Meier plot for time to death based on exploratory single marker cut-point

FIG. 12: EGF Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point

FIG. 13: EGF Kaplan Meier plot for time to death based on exploratory single marker cut-point

FIG. 14: HER2-ECD Kaplan Meier plot for time to progression/death based on exploratory single marker cut-point

FIG. 15: HER2-ECD Kaplan Meier plot for time to death based on exploratory single marker cut-point

FIG. **16**: As example for a combination score, further improving the separation between the greater clinical benefit/lesser clinical benefit groups in TTP: Ordinal clinical benefit HER2-ECD TGF alpha combination

FIG. 17: Overview exploratory cut-points and log-rank p-values for TTP and TTD for a combination of TGF-alpha and HER2-ECD

FIG. 18: HER2-ECD/TGF-alpha Kaplan Meier plot for time to progression/death based on exploratory combination marker cut-point

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FIG. 19: HER2-ECD/TGF-alpha Kaplan Meier plot for time to death based on exploratory combination marker cutpoint

#### DETAILED DESCRIPTION OF THE INVENTION

The articles "a" and "an" are used herein to refer to one or to more than one (i.e. to at least one) of the grammatical object of the article. By way of example, "an element" means one element or more than one element.

The term "biological sample" shall generally mean any biological sample obtained from an individual, body fluid, cell line, tissue culture, or other source. Body fluids are e.g. lymph, sera, plasma, urine, semen, synovial fluid and spinal fluid. Methods for obtaining tissue biopsies and body fluids 15 from mammals are well known in the art. If the term "sample" is used alone, it shall still mean that the "sample" is a "biological sample", i.e. the terms are used interchangeably.

The term "response of a patient to treatment with a HER inhibitor" or "response of a patient to treatment with a HER 20 dimerization inhibitor" refers to the clinical benefit imparted to a patient suffering from a disease or condition (such as cancer) from or as a result of the treatment with the HER inhibitor (e.g., a HER dimerization inhibitor). A clinical benefit includes a complete remission, a partial remission, a 25 stable disease (without progression), progression-free survival, disease free survival, improvement in the time-to-progression (of the disease), improvement in the time-to-death, or improvement in the overall survival time of the patient from or as a result of the treatment with the HER dimerization 30 inhibitor. There are criteria for determining a response to therapy and those criteria allow comparisons of the efficacy to alternative treatments (Slapak and Kufe, Principles of Cancer Therapy, in Harrisons's Principles of Internal Medicine, 13th edition, eds. Isselbacher et al., McGraw-Hill, Inc., 1994). For 35 ate. example, a complete response or complete remission of cancer is the disappearance of all detectable malignant disease. A partial response or partial remission of cancer may be, for example, an approximately 50 percent decrease in the product of the greatest perpendicular diameters of one or more lesions 40 additional clinical covariates. or where there is not an increase in the size of any lesion or the appearance of new lesions.

As used herein, the term "progression of cancer" includes and may refer to metastasis; a recurrence of cancer, or an at least approximately 25 percent increase in the product of the 45 greatest perpendicular diameter of one lesion or the appearance of new lesions. The progression of cancer, preferably breast cancer, is "inhibited" if recurrence or metastasis of the cancer is reduced, slowed, delayed, or prevented.

As used herein, the term "Time To Progression/death" 50 (also referred to as "TPP") or Progression-Free Survival (also referred to as "PFS") refers to a clinical endpoint frequently used in oncology trials (that includes but is not limited to clinical trials with reference to the present invention). The measurement for each patient equals the time elapsed from 55 onset of the treatment of a patient in a trial (as defined in the protocol [i.e, see the examples infra]) until the detection of a malignancy progression (as defined in the protocol) or the occurrence of any fatality (whatever is first). If the observation of the patient was stopped (e.g. at study end) after a 60 period and no event was observed, then this observation time t is called "censored."

As used herein, the term "Time To Death" (also referred to as "TTD") or "Overall Survival" (also referred to as "OS") refers to a clinical endpoint frequently used in oncology trials 65 (that includes but is not limited to clinical trials with reference to the present invention). The measurement for each patient

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equals the time elapsed from onset of the treatment of a patient in a trial (as defined in the protocol [i.e., see the examples infra]) until the occurrence of any fatality. If the observation of the patient is stopped (e.g. at study end) after a period t and the patient survived to this time, then this observation time t is called "censored."

As used herein, the term "covariate" refers to certain variables or information relating to a patient. The clinical endpoints are frequently considered in regression models, where the endpoint represent the dependent variable and the biomarkers represent the main or target independent variables (regressors). If additional variables from the clinical data pool are considered these are denoted as (clinical) covariates. The term "clinical covariate" here is used to describe all clinical information about the patient, which are in general available at baseline. These clinical covariates comprise demographic information like sex, age etc., other anamnestic information, concomitant diseases, concomitant therapies, result of physical examinations, common laboratory parameters obtained, known properties of the target tumor, information quantifying the extent of malignant disease, clinical performance scores like ECOG or Karnofsky index, clinical disease staging, timing and result of pretreatments and disease history as well as all similar information, which may be associated with the clinical prognosis.

As used herein, the term "raw analysis" or "unadjusted analysis" refers to regression analyses, where over the considered biomarkers no additional clinical covariates were used in the regression model, neither as independent factors nor as stratifying covariate.

As used herein, the term "adjusted by covariates" refers to regression analyses, where over the considered biomarkers additional clinical covariates were used in the regression model, either as independent factors or as stratifying covariate

As used herein, the term "univariate" refers to regression models or graphical approaches where as independent variable only one of the target biomarkers is part of the model. These univariate models can be considered with and without additional clinical covariates.

As used herein, the term "multivariate" refers to regression models or graphical approaches where as independent variables more than one of the target biomarkers are part of the model

These multivariate models can be considered with and without additional clinical covariates.

"Nucleotides" are "nucleosides" that further include a phosphate group covalently linked to the sugar portion of the nucleoside. For those "nucleosides" that include a pentofuranosyl sugar, the phosphate group can be linked to either the 2',3'or 5' hydroxyl moiety of the sugar. A "nucleotide" is the "monomeric unit" of an "oligonucleotide", more generally denoted herein as an "oligomeric compound", or a "polynucleotide", more generally denoted as a "polymeric compound". Another general expression therefor is desoxyribonucleic acid (DNA) and ribonucleic acid (RNA). As used herein the term "polynucleotide" is synonymous with "nucleic acid."

As used herein, the term "probe" refers to synthetically or biologically produced nucleic acids (DNA or RNA) which, by design or selection, contain specific nucleotide sequences that allow them to hybridize under defined predetermined stringencies specifically (i.e., preferentially) to "nucleic acids". A "probe" can be identified as a "capture probe" meaning that it "captures" the nucleic acid so that it can be separated from undesirable materials which might obscure its detection. Once separation is accomplished, detection of the

captured "target nucleic acid" can be achieved using a suitable procedure. "Capture probes" are often already attached to a solid phase. According to the present invention, the term hybridization under "stringent conditions" is given the same meaning as in Sambrook et al. (Molecular Cloning, A Labo- 5 ratory Manual, Cold Spring Harbor Laboratory Press (1989), paragraph 1.101-1.104). Preferably, a "stringent hybridization" is the case when a hybridization signal is still detectable after washing for 1 h with 1×SSC and 0.1% SDS at 50° C., preferably at 55° C., more preferably at 62° C., and most 10 preferably at 68° C., and more preferably for 1 hour with 0.2×SSC and 0.1% SDS at 50°, preferably at 55° C., more preferably at 62°, and most preferably at 68° C. The composition of the SSC buffer is described in Sambrook et al. (Molecular Cloning, A Laboratory Manual, Cold Spring Har- 15 bor Laboratory Press (1989)).

As used herein, a "transcribed polynucleotide" is a polynucleotide (e.g an RNA, a cDNA, or an analog of one of an RNA or cDNA) which is complementary to or homologous with all or a portion of a mature RNA made by transcription 20 of a gene, such as the marker gene of the invention, and normal post-transcriptional processing (e.g. splicing), if any, of the transcript. The term "cDNA" is an abbreviation for complementary DNA, the single-stranded or double-stranded DNA copy of a mRNA. The term "mRNA" is an abbreviation 25 refers to a downward deviation in levels of expression as for messenger RNA—the RNA that serves as a template for protein synthesis.

As used herein, the term "marker gene" or "biomarker gene" is meant to include a gene which is useful according to this invention for determining the progression of cancer in a 30 patient, particularly in a breast cancer patient.

As used herein, the term "marker polynucleotide" or "biomarker polynucleotide" is meant to include a nucleotide transcript (hnRNA or mRNA) encoded by a marker gene according to the invention, or cDNA derived from the nucleotide transcript, or a segment of said transcript or cDNA.

As used herein, the term "marker protein," "marker polypeptide," "biomarker protein," or "biomarker polypeptide" is meant to include a protein or polypeptide encoded by a marker gene according to the invention or to a fragment 40 thereof.

As used herein, the term "marker" and "biomarker" are used interchangeably and refer to a marker gene, marker polynucleotide, or marker protein as defined above.

As used herein, the term "gene product" refers to a marker 45 polynucleotide or marker protein encoded by a marker gene.

The expression of a marker gene "significantly" differs from the level of expression of the marker gene in a reference sample if the level of expression of the marker gene in a sample from the patient differs from the level in a sample 50 from the reference subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% of that amount. Alternatively, expression of the 55 marker gene in the patient can be considered "significantly" lower than the level of expression in a control subject if the level of expression in a sample from the patient is lower than the level in a sample from the control subject by an amount greater than the standard error of the assay employed to assess 60 expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% that amount.

A marker polynucleotide or a marker protein "corresponds to" another marker polynucleotide or marker protein if it is 65 related thereto, and in preferred embodiments is identical thereto.

The terms "level of expression" or "expression level" are used interchangeably and generally refer to the amount of a polynucleotide or an amino acid product or protein in a biological sample. "Expression" generally refers to the process by which gene encoded information is converted into the structures present and operating in the cell. Therefore, according to the invention "expression" of a gene may refer to transcription into a polynucleotide, translation into a protein or even posttranslational modification of the protein. Fragments of the transcribed polynucleotide, the translated protein or the postranslationally modified protein shall also be regarded as expressed whether they originate from a transcript generated by alternative splicing, a degraded transcript or from a posttranslational processing of the protein, e.g. by proteolysis. "Expressed genes" include those that are transcribed into a polynucleotide as mRNA and then translated into a protein; and also include expressed genes that are transcribed into RNA but not translated into a protein (for example, transfer and ribosomal RNAs).

The term "overexpression" or "increased expression" refers to an upward deviation in levels of expression as compared to the baseline expression level in a sample used as a

The term "underexpression" or "decreased expression" compared to the baseline expression level in a sample used as a control.

The term "amphiregulin" relates to a gene that encodes a protein and to the protein itself that is a member of the epidermal growth factor family. It is an autocrine growth factor as well as a mitogen for astrocytes, Schwann cells, and fibroblasts. It is related to epidermal growth factor (EGF) and transforming growth factor alpha (TGF-alpha). This protein interacts with the EGF/TGF-alpha receptor to promote the growth of normal epithelial cells and inhibits the growth of certain aggressive carcinoma cell lines. According to the invention, the amino acid sequence of amphiregulin is the amino acid sequence according to SEQ ID NO: 1. According to the invention, the nucleic acid sequence of the "amphiregulin" cDNA is the nucleic acid sequence according to SEQ lD NO: 5 which is accessible at GenBank with the accession number NM\_001657.

The term "transforming growth factor alpha" relates to a gene that encodes a protein and to the protein itself that is a member of the family of transforming growth factors (TGFs). These are biologically active polypeptides that reversibly confer the transformed phenotype on cultured cells. "Transforming growth factor-alpha" shows about 40% sequence homology with epidermal growth factor and competes with EGF for binding to the EGF receptor, stimulating its phosphorylation and producing a mitogenic response. According to the invention, the amino acid sequence of "Transforming growth factor-alpha" is the amino acid sequence according to SEQ ID NO: 3. According to the invention, the nucleic acid sequence of the "transforming growth factor-alpha" cDNA is the nucleic acid sequence according to SEQ ID NO: 7 which is accessible at GenBank with the accession number NM\_003236.

The term "epidermal growth factor" relates to a gene that encodes a protein and to the protein itself that is a member of the family of growth factors. "Epidermal growth factor (EGF)" has a profound effect on the differentiation of specific cells in vivo and is a potent mitogenic factor for a variety of cultured cells of both ectodermal and mesodermal origin. The EGF precursor is believed to exist as a membrane-bound molecule which is proteolytically cleaved to generate the 53-amino acid peptide hormone that stimulates cells to

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divide. According to the invention, the amino acid sequence of "Epidermal growth factor" is the amino acid sequence according to SEQ 1D NO: 2. According to the invention, the nucleic acid sequence of the "Epidermal growth factor (EGF)" cDNA is the nucleic acid sequence according to SEQ 5 1D NO: 6 which is accessible at GenBank with the accession number NM\_001963. The "Epidermal Growth Factor Receptor" abbreviated as EGFR, a 170-kD glycoprotein, is composed of an N-terminus extracellular domain, a hydrophobic transmembrane domain, and a C-terminus intracellu- 10 lar region containing the kinase domain. The mRNA has different variants translated into different receptor proteins. According to the invention, the amino acid sequence of the "Epidermal growth factor receptor" is the amino acid sequence according to SEQ ID NO: 11 (transcript variant 1; 15 GenBank accession number NM\_005228), SEQ ID NO: 12 (transcript variant 2; GenBank accession number NM\_201282), SEQ ID NO: 13 (transcript variant 3; Gen-Bank accession number NM\_201283), or SEQ ID NO: 14 (transcript variant 4; GenBank accession number 20 NM\_201284). EGFR, encoded by the erbB1 gene, has been causally implicated in human malignancy. In particular, increased expression of EGFR has been observed in breast, bladder, lung, head, neck and stomach cancer as well as glioblastomas. EGFR ligand-induced dimerization activates 25 the intrinsic RTK domain (an Src homology domain 1, SH1), resulting in autophosphorylation on six specific EGFR tyrosine residues in the noncatalytic tail of the cytoplasmic domain. The cellular effects of EGFR activation in a cancer cell include increased proliferation, promotion of cell motil- 30 ity, adhesion, invasion, angiogenesis, and enhanced cell survival by inhibition of apoptosis. Activated EGFR induces tumor cell proliferation through stimulation of the mitogenactivated protein kinase (MAPK) cascade.

The terms "human neu", "c-erbB-2", "erbB-2", "erbB-2", 35 "HER-2/neu", "HER-2" and "HER2" are used interchangeably herein. These terms relate to a gene that encodes a protein and to the protein itself that is a member of the family of the epidermal growth factor (EGF) receptor family of receptor tyrosine kinases. This protein has no ligand binding 40 domain of its own and therefore cannot bind growth factors. However, it does bind tightly to other ligand-bound EGF receptor family members to form a heterodimer, stabilizing ligand binding and enhancing kinase-mediated activation of downstream signalling pathways, such as those involving 45 mitogen-activated protein kinase and phosphatidylinositol-3 kinase. Allelic variations at amino acid positions 654 and 655 of isoform a (positions 624 and 625 of isoform b) have been reported, with the most common allele, 1le654/lle655 being preferred according to the invention. Amplification and/or 50 overexpression of this gene has been reported in numerous cancers, including breast and ovarian tumors. Alternative splicing results in several additional transcript variants, some encoding different isoforms and others that have not been fully characterized. According to the invention, the amino 55 acid sequence of HER2 is the amino acid sequence according to SEQ ID NO: 4. According to the invention, the nucleic acid sequence of the "HER2" cDNA is the nucleic acid sequence according to SEQ 1D NO: 8 which is accessible at GenBank with the accession number NM 004448.2.

The "extracellular domain of HER2" or "shed extracellular domain of HER2" or "HER2-ECD" is a glycoprotein of between 97 and 115 kDa which corresponds substantially to the extracellular domain of the human HER2 gene product. It can be referred to as p105 (Zabrecky, J. R. et al., J. Biol. 65 Chem. 266 (1991) 1716-1720; U.S. Pat. No. 5,401,638; U.S. Pat. No. 5,604,107). The quantitation and detection of the

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extracellular domain of HER2 is described in U.S. Pat. No. 5,401,638 and U.S. Pat. No. 5,604,107.

The term "HER3" stands for another member of the epidermal growth factor receptor (EGFR) family of receptor tyrosine kinases. This membrane-bound protein has not an active kinase domain. The protein can bind ligands but not transmit a signal into the cell. It forms heterodimers with other EGF receptor family members which do have kinase activity which leads to cell proliferation or differentiation. Amplification of this gene and/or overexpression of its protein is found in numerous cancers. According to the invention, the amino acid sequence of the "HER3" cDNA is the amino acid sequence according to SEQ ID NO: 9 which is accessible at GenBank from the translation of the nucleic acid sequence of HER3 with the accession number NM\_001005915. According to the invention, the nucleic acid sequence of the "HER3" cDNA is the nucleic acid sequence according to SEQ 1D NO: 10 which is accessible at GenBank with the accession number NM\_001005915.

The term "antibody" herein is used in the broadest sense and specifically covers intact monoclonal antibodies, polyclonal antibodies, and multispecific antibodies (e.g., bispecific antibodies) formed from at least two intact antibodies, and antibody fragments, so long as they exhibit the desired biological activity of an antibody.

The term "monoclonal antibody" as used herein refers to an antibody obtained from a population of substantially homogeneous antibodies, i.e., the individual antibodies comprising the population are identical except for possible naturally occurring mutations that may be present in minor amounts. Monoclonal antibodies are highly specific, being directed against a single antigenic site. Furthermore, in contrast to polyclonal antibody preparations which include different antibodies directed against different determinants (epitopes), each monoclonal antibody is directed against a single determinant on the antigen. In addition to their specificity, the monoclonal antibodies are advantageous in that they may be synthesized uncontaminated by other antibodies. The modifier "monoclonal" indicates the character of the antibody as being obtained from a substantially homogeneous population of antibodies, and is not to be construed as requiring production of the antibody by any particular method. For example, the monoclonal antibodies to be used in accordance with the present invention may be made by the hybridoma method first described by Kohler, G. et al., Nature 256 (1975) 495-497, or may be made by recombinant DNA methods (see, e.g., U.S. Pat. No. 4,816,567). "Antibody fragments" comprise a portion of an intact antibody.

An antibody "which binds" an antigen of interest according to the invention is one capable of binding that antigen with sufficient affinity such that the antibody is useful in detecting the presence of the antigen. One antibody according to the invention binds human HER2 and does not (significantly) cross-react with other proteins. In such embodiments, the extent of binding of the antibody to other proteins will be less than 10% as determined by fluorescence activated cell sorting (FACS) analysis or radioimmunoprecipitation (R1A).

Dimerization—the pairing of receptors—is essential to the signaling activity of all HER receptors. According to the 60 invention, the term "HER dimerization inhibitor" or preferably "HER2 heterodimerization inhibitor" refers to a therapeutic agent that binds to HER2 and inhibits HER2 heterodimerization. These are preferably antibodies, preferably monoclonal antibodies, more preferably humanized antibodies that bind to HER2 and inhibit HER2 heterodimerization. Examples of antibodies that bind HER2 include 4D5, 7C2, 7F3 or 2C4 as well as humanized variants thereof, including

huMAb4D5-1, huMAb4D5-2, huMAb4D5-3, huMAb4D5-4, huMAb4D5-5, huMAb4D5-6, huMAb4D5-7 and huMAb4D5-8 as described in Table 3 of U.S. Pat. No. 5,821, 337; and humanized 2C4 mutant numbers 560, 561, 562, 568, 569, 570, 571, 574, or 56869 as described in WO 01/00245. 57C2 and 7F3 and humanized variants thereof are described in WO 98/17797. The term "HER dimerization inhibitor" or "HER2 heterodimerization inhibitor" shall not apply to Trastuzumab monoclonal antibodies commercially available as "Herceptin®" as the mechanism of action is different and as 10 Trastuzumab does not inhibit HER dimerization.

Preferred throughout the application is the "antibody 2C4", in particular the humanized variant thereof (WO 01/00245; produced by the hybridoma cell line deposited with the American Type Culture Collection; Manassass, Va., 15 USA under ATCC HB-12697), which binds to a region in the extracellular domain of HER2 (e.g., any one or more residues in the region from about residue 22 to about residue 584 of HER2, inclusive). The "epitope 2C4" is the region in the extracellular domain of ErbB2 to which the antibody 2C4 20 binds. The expression "monoclonal antibody 2C4" refers to an antibody that has antigen binding residues of, or derived from, the murine 2C4 antibody of the Examples in WO 01/00245. For example, the monoclonal antibody 2C4 may be murine monoclonal antibody 2C4 or a variant thereof, such as 25 humanized antibody 2C4, possessing antigen binding amino acid residues of murine monoclonal antibody 2C4. Examples of humanized 2C4 antibodies are provided in Example 3 of WO 01/00245. Unless indicated otherwise, the expression "rhuMAb 2C4" when used herein refers to an antibody com- 30 prising the variable light (VL) and variable heavy (VH) sequences of SEQ 1D Nos. 3 and 4 of WO 01/00245, respectively, fused to human light and heavy lgG1 (non-A allotype) constant region sequences optionally expressed by a Chinese Hamster Ovary (CHO) cell. Preferred embodiments of WO 35 01/00245 are preferred herein as well. The humanized antibody 2C4 is also called Pertuzumab.

A "kit" is any manufacture (e.g a package or container) comprising at least one reagent, e.g a probe, for specifically detecting a marker gene or protein of the invention. The 40 manufacture is preferably promoted, distributed, or sold as a unit for performing the methods of the present invention.

The verbs "determine" and "assess" shall have the same meaning and are used interchangeably throughout the application.

Conventional techniques of molecular biology and nucleic acid chemistry, which are within the skill of the art, are explained in the literature. See, for example, Sambrook, J. et al., Molecular Cloning: A Laboratory Manual, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, N.Y., 1989; 50 Gait, M. J. (ed.), Oligonucleotide synthesis—a practical approach, IRL Press Limited, 1984; Hames, B. D. and Higgins, S. J. (eds.), Nucleic acid hybridisation—a practical approach, IRL Press Limited, 1985; and a series, Methods in Enzymology, Academic Press, Inc., all of which are incorporated herein by reference. All patents, patent applications, and publications mentioned herein, both supra and infra, are hereby incorporated by reference in their entirety.

As used herein, the general form of a prediction rule consists in the specification of a function of one or multiple 60 biomarkers potentially including clinical covariates to predict response or non-response, or more generally, predict benefit or lack of benefit in terms of suitably defined clinical endpoints.

The simplest form of a prediction rule consists of an 65 univariate model without covariates, where the prediction is determined by means of a cutoff or threshold. This can be

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phrased in terms of the Heaviside function for a specific cutoff c and a biomarker measurement x, where the binary prediction A or B is to be made, then

If H(x-c)=0 then predict A.

If H(x-c)=1 then predict B.

This is the simplest way of using univariate biomarker measurements in prediction rules. If such a simple rule is sufficient, it allows for a simple identification of the direction of the effect, i.e. whether high or low expression levels are beneficial for the patient.

The situation can be more complicated if clinical covariates need to be considered and/or if multiple biomarkers are used in multivariate prediction rules. In order to illustrate the issues here are two hypothetical examples:

#### Covariate Adjustment (Hypothetical Example)

For a biomarker X it is found in a clinical trial population that high expression levels are associated with a worse prognosis (univariate analysis). A closer analysis shows that there are two tumor types in the population, one of which possess a worse prognosis than the other one and at the same time the biomarker expression for this tumor group is generally higher. An adjusted covariate analysis reveals that for each of the tumor types the relation of clinical benefit and prognosis is reversed, i.e. within the tumor types, lower expression levels are associated with better prognosis. The overall opposite effect was masked by the covariate tumor type—and the covariate adjusted analysis as part of the prediction rule reversed the direction.

## Multivariate Prediction (Hypothetical Example)

For a biomarker X it is found in a clinical trial population that high expression levels are slightly associated with a worse prognosis (univariate analysis). For a second biomarker Y a similar observation was made by univariate analysis. The combination of X and Y revealed that a good prognosis is seen if both biomarkers are low. This makes the rule to predict benefit if both biomarkers are below some cutoffs (AND—connection of a Heaviside prediction function). For the combination rule there is no longer a simple rule phraseable in an univariate sense. E.g. having low expression levels in X will not automatically predict a better prognosis.

These simple examples show that prediction rules with and without covariates cannot be judged on the univariate level of each biomarker. The combination of multiple biomarkers plus a potential adjustment by covariates does not allow to assign simple relationships towards single biomarkers.

In one embodiment of the invention, a method of predicting the response to a treatment with a HER inhibitor, preferably a HER dimerization inhibitor, in a patient comprises the steps of:

- (a) determining the expression level or amount of one or more biomarkers in a biological sample from a patient wherein the biomarker or biomarkers are selected from the group consisting of:
  - (1) transforming growth factor alpha;
  - (2) HER2;
  - (3) amphiregulin; and
  - (4) epidermal growth factor;
- (b) determining whether the expression level or amount assessed in step (a) is above or below a certain quantity that is associated with an increased or decreased clinical benefit to a patient; and

(c) predicting the response to the treatment with the HER inhibitor in the patient by evaluating the results of step (b).

In a more particular embodiment of the above method, the expression level of the transforming growth factor alpha 5 biomarker is determined in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, amphiregulin, and HER2. In another more particular embodiment of the above method, the expression level of the HER2 biomarker is determined in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and amphiregulin. In another more particular embodiment of the above method, the expression level of the epidermal growth factor biomarker is determined in combi- 15 nation with one or more biomarkers selected from the group consisting of amphiregulin, transforming growth factor alpha, and HER2. In another more particular embodiment of the above method, an amphiregulin biomarker is assessed in combination with one or more biomarkers selected from the  $\,^{20}$ group consisting of epidermal growth factor, transforming growth factor alpha, and HER2.

The "quantity that is associated with an increased or decreased clinical benefit to a patient" of the above method is preferably a value expressed in mass/volume for blood serum or blood plasma or mass/mass for tumor tissue. It can be measured by methods known to the expert skilled in the art and also disclosed by this invention. If the expression level or amount determined in step (a) is above or below a certain quantity or value, the response to the treatment can be determined.

With respect to the quantity in blood serum for the transforming growth factor alpha marker protein, a range between 2.0-10.0 pg/ml, preferably a range between 2.0-5.0 pg/ml, and more preferably about 3.5 pg/ml may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of transforming growth factor alpha marker protein in the blood serum of a patient is within one of the foregoing ranges for predicting a good response to treatment with a HER inhibitor in the patient.

With respect to the quantity in blood serum for the HER2 marker protein (preferably the soluble HER2 extracellular domain (HER2-ECD)), a range between 12-22 ng/ml, preferably about 18 ng/ml, may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of HER2 marker protein in the blood serum of a patient is within the foregoing range for predicting a good response to treatment with a HER inhibitor in the patient.

With respect to the quantity in blood serum for the epidermal growth factor marker protein, a range between 100-250 pg/ml, preferably about 150 pg/ml, may be favorable for progression free survival and overall survival when treatment with a HER inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of epidermal growth factor marker protein in the blood serum of a patient is within the foregoing range for predicting a good response to treatment with a HER inhibitor in the patient.

With respect to the quantity in blood serum for the amphiregulin marker protein, a range between 6-15 pg/ml, preferably about 12 pg/ml, may be favorable for progression free survival and overall survival when treatment with a HER 65 inhibitor is considered. See FIG. 7. Thus, in a preferred embodiment, the quantity of amphiregulin marker protein in

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the blood serum of a patient is within the foregoing range for predicting a good response to treatment with a HER inhibitor in the patient.

Since the marker genes, in particular in serum, may be used in multiple-marker prediction models potentially including other clinical covariates, the direction of a beneficial effect of a single marker gene within such models cannot be determined in a simple way, and may contradict the direction found in univariate analyses, i.e. the situation as described for the single marker gene.

More preferably, in the method according to the invention, the quantity or value (below or above which is associated with an increased or decreased clinical benefit) is determined by:

- determining the expression level or amount of a biomarker or combination of biomarkers in a plurality of biological samples from patients before treatment with the HER inhibitor,
- (2) treating the patients with the HER inhibitor,
- (3) determining the clinical benefit of each patient; and
- (4) correlating the clinical benefit of the patients treated with the HER inhibitor to the expression level or amount of the biomarker or combination of biomarkers.

The "quantity" is preferably a value expressed in mass/volume for blood serum or blood plasma or mass/mass for tumor tissue.

The present invention also considers mutants or variants of the marker genes according to the present invention and used in the methods according to the invention. In those mutants or variants the native sequence of the marker gene is changed by substitutions, deletions or insertions. "Native sequence" refers to an amino acid or nucleic acid sequence which is identical to a wild-type or native form of a marker gene or protein.

The present invention also considers mutants or variants of the proteins according to the present invention and used in the methods according to the invention. "Mutant amino acid sequence," "mutant protein" or "mutant polypeptide" refers to a polypeptide having an amino acid sequence which varies from a native sequence or is encoded by a nucleotide sequence intentionally made variant from a native sequence. "Mutant protein," "variant protein" or "mutein" means a protein comprising a mutant amino acid sequence and includes polypeptides which differ from the amino acid sequence of the native protein according to the invention due to amino acid deletions, substitutions, or both.

The present invention also considers a method of predicting the response to a treatment with a combination of a HER inhibitor and another substance or agent as a chemotherapeutic agent or a therapeutic antibody used for treating cancer. The chemotherapeutic agent may be e.g. gemcitabine (Gemzar®; chemical name: 2',2'-difluorodeoxycytidine (dFdC)), carboplatin (diammine-(cyclobutane-1,1-dicarboxylato(2-)-O,O')-platinum), or paclitaxel (Taxol®, chemical name:  $\beta$ -(benzoylamino)- $\alpha$ -hydroxy-,6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca(3,4)benz(1,2-b)oxet-9-yl ester,(2aR-(2a- $\alpha$ ,4- $\beta$ ,4a- $\beta$ ,6- $\beta$ , 9- $\alpha$ ( $\alpha$ -R\*, $\beta$ -S\*),11- $\alpha$ ,12- $\alpha$ , 12 $\alpha$ - $\alpha$ ,2b- $\alpha$ ))-benzenepropanoic acid); or transtuzumab; or erlotinib.

In a preferred embodiment of the invention, the biological sample is blood serum, blood plasma or tumor tissue. Tumor tissue may be formalin-fixed paraffin embedded tumor tissue or fresh frozen tumor tissue.

In another preferred embodiment of the invention, the HER dimerization inhibitor inhibits heterodimerization of HER2 with EGFR or HER3, or HER4. Preferably, the HER dimer-

ization inhibitor is an antibody, preferably the antibody 2C4. Preferred throughout the application is the "antibody 2C4", in particular the humanized variant thereof (WO 01/00245; produced by the hybridoma cell line deposited with the American Type Culture Collection, Manassass, Va., USA under ATCC 5 HB-12697), which binds to a region in the extracellular domain of HER2 (e.g., any one or more residues in the region from about residue 22 to about residue 584 of HER2, inclusive). Examples of humanized 2C4 antibodies are provided in Example 3 of WO 01/00245. The humanized antibody 2C4 is 10 also called Pertuzumab.

In still another preferred embodiment of the invention, the patient is a cancer patient, preferably a breast cancer, ovarian cancer, lung cancer or prostate cancer patient. The breast cancer patient is preferably a metastatic breast cancer patient or a HER2 low expressing breast or metastatic breast cancer patient, or a HER2 high expressing breast or metastatic breast cancer patient. The ovarian cancer patient is preferably a metastatic ovarian cancer patient. The lung cancer patient is preferably a non-small cell lung cancer (NSCLC) patient.

It is preferred that two, three or all four marker genes, marker polynucleotides or marker proteins are used in combination, i.e. used in all disclosed embodiments of the invention or methods, uses or kits according to the invention. The following are preferred combinations of biomarkers in which 25 the level of expression or amounts are determined in accordance with the invention:

In one particular embodiment, a transforming growth factor alpha biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epi- 30 dermal growth factor, amphiregulin, and HER2. In another particular embodiment, a HER2 biomarker is assessed in combination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and amphiregulin. In another particular 35 embodiment, a epidermal growth factor biomarker is assessed in combination with one or more biomarkers selected from the group consisting of amphiregulin, transforming growth factor alpha, and HER2. In another particular embodiment, an amphiregulin biomarker is assessed in com- 40 bination with one or more biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha, and HER2.

In a particularly preferred embodiment of the invention, the combination of biomarkers consists of:

the transforming growth factor alpha and the HER2 biomarkers, or

the transforming growth factor alpha and the EGF biomarkers or

the amphiregulin, the epidermal growth factor, the trans- 50 about 18 ng/ml. forming growth factor alpha and the HER2 biomarkers, In yet another

In a preferred embodiment of the invention, the level of expression of the marker gene or the combination of marker genes in the sample is assessed by detecting the level of expression of a marker protein or a fragment thereof or a 55 combination of marker proteins or fragments thereof encoded by the marker gene or the combination of marker genes. Preferably, the level of expression of the marker protein or the fragment thereof or the combination of marker proteins or the fragments thereof is detected using a reagent which specifically binds with the marker protein or the fragment thereof or the combination of marker proteins or the fragments thereof. Preferably, the reagent is selected from the group consisting of an antibody, a fragment of an antibody, and an antibody derivative.

There are many different types of immunoassays which may be used in the method of the present invention, e.g.

enzyme linked immunoabsorbent assay (ELISA), fluorescent immunosorbent assay (FIA), chemical linked immunosorbent assay (CLIA), radioimmuno assay (RIA), and immunoblotting. For a review of the different immunoassays which may be used, see: Lottspeich and Zorbas (eds.), Bioanalytik, 1st edition 1998, Spektrum Akademischer Verlag, Heidelberg, Berlin, Germany. Therefore, in yet another preferred embodiment of the invention, the level of expression is determined using a method selected from the group consisting of proteomics, flow cytometry, immunocytochemistry, immunohistochemistry, enzyme-linked immunosorbent assay, multi-channel enzyme-linked immunosorbent assay, and variations of these methods. Therefore more preferably, the level of expression is determined using a method selected from the group consisting of proteomics, flow cytometry, immunocytochemistry, immunohistochemistry, enzymelinked immunosorbent assay, multi-channel enzyme-linked immunosorbent assay, and variations of these methods.

In another preferred embodiment of the invention, the fragment of the marker protein is the extracellular domain of the HER2 marker protein (HER2-ECD). Preferably, the extracellular domain of the HER2 marker protein has a molecular mass of approximately 105,000 Dalton. "Dalton" stands for a mass unit that is equal to the weight of a hydrogen atom, or 25 1.657×10<sup>-24</sup> grams.

In another preferred embodiment of the invention the amino acid sequence of the amphiregulin marker protein is the amino acid sequence SEQ ID NO: 1,

the amino acid sequence of the epidermal growth factor marker protein is the amino acid sequence SEQ ID NO: 2.

the amino acid sequence of the transforming growth factor alpha marker protein is the amino acid sequence SEQ ID NO: 3 or

the amino acid sequence of the HER2 marker protein is the amino acid sequence SEQ ID NO: 4.

In another preferred embodiment of the invention, the quantity in blood serum for

the transforming growth factor alpha marker protein is between 2.0 to 10.0 pg/ml, preferably about 3.5 pg/ml, the epidermal growth factor marker protein is between 100 to 250 pg/ml, preferably about 150 pg/ml, or

the amphiregulin marker protein is between 6 to 15 pg/ml, preferably about 12 pg/ml.

the HER2 marker protein is between 12 to 22 ng/ml, preferably about 18 ng/ml.

In still another preferred embodiment of the invention, the "quantity" in blood serum for the extracellular domain of the HER2 marker protein is between 12 to 22 ng/ml, preferably about 18 ng/ml

In yet another preferred embodiment of the invention, the level of expression of the marker gene or the combination of marker genes in the biological sample is assessed by detecting the level of expression of a transcribed marker polynucleotide encoded by the marker gene or a fragment of the transcribed marker polynucleotides encoded by the combination of marker genes or fragments of the transcribed marker polynucleotide. Preferably, the transcribed marker polynucleotide is a cDNA, mRNA or hnRNA or wherein the transcribed marker polynucleotides are cDNA, mRNA or hnRNA.

Preferably, the step of detecting further comprises amplifying the transcribed polynucleotide. The amplification is performed preferably with the polymerase chain reaction which specifically amplifies nucleic acids to detectable amounts. Other possible amplification reactions are the Ligase Chain Reaction (LCR; Wu D. Y. and Wallace R. B.,

Genomics 4 (1989) 560-569; and Barany F., Proc. Natl. Acad. Sci. USA 88 (1991)189-193); Polymerase Ligase Chain Reaction (Barany F., PCR Methods and Applic. 1 (1991) 5-16); Gap-LCR (WO 90/01069); Repair Chain Reaction (EP 0439182 A2), 3SR (Kwoh, D. Y. et al., Proc. Natl. Acad. Sci. 5 USA 86 (1989) 1173-1177; Guatelli, J. C. et al., Proc. Natl. Acad. Sci. USA 87 (1990) 1874-1878; WO 92/08808), and NASBA (U.S. Pat. No. 5,130,238). Further, there are strand displacement amplification (SDA), transcription mediated amplification (TMA), and Q $\beta$ -amplification (for a review see e.g. Whelen, A. C. and Persing, D. H., Annu. Rev. Microbiol. 50 (1996) 349-373; Abramson, R. D. and Myers T. W., Curr. Opin. Biotechnol. 4 (1993) 41-47). More preferably, the step of detecting is using the method of quantitative reverse transcriptase polymerase chain reaction.

Other suitable polynucleotide detection methods are known to the expert in the field and are described in standard textbooks as Sambrook J. et al., Molecular Cloning: A Laboratory Manual, Cold Spring Harbor Laboratory Press, Cold Spring Harbor, N.Y., 1989; and Ausubel, F. et al., Current 20 Protocols in Molecular Biology, 1987, J. Wiley and Sons, NY. There may be also further purification steps before the polynucleotide detection step is carried out as e.g. a precipitation step. The detection methods may include but are not limited to the binding or intercalating of specific dyes as ethidiumbro- 25 mide which intercalates into the double-stranded polynucleotides and changes their fluorescence thereafter. The purified polynucleotide may also be separated by electrophoretic methods optionally after a restriction digest and visualized thereafter. There are also probe-based assays which exploit 30 the oligonucleotide hybridisation to specific sequences and subsequent detection of the hybrid. It is also possible to sequence the DNA after further steps known to the expert in the field. The preferred template-dependent DNA polymerase is Taq polymerase.

In yet another preferred embodiment of the invention, the level of expression of the marker gene is assessed by detecting the presence of the transcribed marker polynucleotide or the fragment thereof in a sample with a probe which anneals with the transcribed marker polynucleotide or the fragment thereof 40 under stringent hybridization conditions or the level of expression of the combination of the marker genes in the samples is assessed by detecting the presence of transcribed marker polynucleotides or the fragments thereof in a sample with probes which anneal with the transcribed marker poly- 45 nucleotides or the fragments thereof under stringent hybridization conditions. This method may be performed in a homogeneous assay system. An example for a "homogeneous" assay system is the TaqMan® system that has been detailed in U.S. Pat. No. 5,210,015, U.S. Pat. No. 5,804,375 and U.S. 50 Pat. No. 5,487,972. Briefly, the method is based on a doublelabelled probe and the 5'-3' exonuclease activity of Taq DNA polymerase. The probe is complementary to the target sequence to be amplified by the PCR process and is located between the two PCR primers during each polymerisation 55 cycle step. The probe has two fluorescent labels attached to it. One is a reporter dye, such as 6-carboxyfluorescein (FAM), which has its emission spectra quenched by energy transfer due to the spatial proximity of a second fluorescent dye, 6-carboxy-tetramethyl-rhodamine (TAMRA). In the course 60 of each amplification cycle, the Taq DNA polymerase in the process of elongating a primed DNA strand displaces and degrades the annealed probe, the latter due to the intrinsic 5'-3' exonuclease activity of the polymerase. The mechanism also frees the reporter dye from the quenching activity of 65 TAMRA. As a consequence, the fluorescent activity increases with an increase in cleavage of the probe, which is propor-

tional to the amount of PCR product formed. Accordingly, an amplified target sequence is measured by detecting the intensity of released fluorescence label. Another example for "homogeneous" assay systems are provided by the formats used in the LightCycler® instrument (see e.g. U.S. Pat. No. 6,174,670), some of them sometimes called "kissing probe" formats. Again, the principle is based on two interacting dyes which, however, are characterized in that the emission wavelength of a donor-dye excites an acceptor-dye by fluorescence resonance energy transfer. The COBAS® AmpliPrep instrument (Roche Diagnostics GmbH, D-68305 Mannheim, Germany) was recently introduced to expand automation by isolating target sequences using biotinylated sequence-specific capture probes along with streptavidin-coated magnetic particles (Jungkind, D., J. Clin. Virol. 20 (2001) 1-6; Stelzl, E. et al., J. Clin. Microbiol. 40 (2002) 1447-1450). It has lately been joined by an additional versatile tool, the Total Nucleic Acid Isolation (TNAI) Kit (Roche Diagnostics). This laboratory-use reagent allows the generic, not sequence-specific isolation of all nucleic acids from plasma and serum on the COBAS® AmpliPrep instrument based essentially on the method developed by Boom, R. et al., J. Clin. Microbiol. 28 (1990) 495-503.

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In another preferred embodiment of the invention, the nucleic acid sequence of the amphiregulin marker polynucleotide is the nucleic acid sequence SEQ ID NO: 5, the nucleic acid sequence of the epidermal growth factor marker polynucleotide is the nucleic acid sequence SEQ ID NO: 6, the nucleic acid sequence of the transforming growth factor alpha marker polynucleotide is the nucleic acid sequence SEQ ID NO: 7, or the nucleic acid sequence of the HER2 marker polynucleotide is the nucleic acid sequence SEQ ID NO: 8.

In another embodiment of the invention, a probe that hybridizes with the epidermal growth factor, transforming growth factor alpha or HER2 marker polynucleotide under stringent conditions or an antibody that binds to the epidermal growth factor, transforming growth factor alpha or HER2 marker protein is used for predicting the response to treatment with a HER inhibitor in a patient or a probe that hybridizes with the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker polynucleotide under stringent conditions or an antibody that binds to the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker protein is used for selecting a composition for inhibiting the progression of disease in a patient. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

In another embodiment of the invention, a kit comprising a probe that anneals with the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker polynucleotide under stringent conditions or an antibody that binds to the amphiregulin, epidermal growth factor, transforming growth factor alpha or HER2 marker protein is provided. Such kits known in the art further comprise plastics ware which can be used during the amplification procedure as e.g. microtitre plates in the 96 or 384 well format or just ordinary reaction tubes manufactured e.g. by Eppendorf, Hamburg, Germany and all other reagents for carrying out the method according to the invention, preferably an immunoassay, e.g. enzyme linked immunoabsorbent assay (ELISA), fluorescent immunosorbent assay (F1A), chemical linked immunosorbent assay (CLIA), radioimmuno assay (RIA), and immunoblotting. For a review of the different immunoassays and reagents which may be used, see: Lottspeich and Zorbas (eds.), Bioanalytik, 1<sup>st</sup> edition, 1998, Spektrum Akademischer Verlag, Heidelberg, Berlin, Germany. Preferably combinations of the probes or antibodies to the various

marker polynucleotides or marker proteins are provided in the form of kit as the preferred combinations of the marker polynucleotides or marker proteins as disclosed above.

In another embodiment of the invention, a method of selecting a composition for inhibiting the progression of dis- 5 ease in a patient is provided, the method comprising:

- (a) separately exposing aliquots of a biological sample from a cancer patient in the presence of a plurality of test compositions;
- (b) comparing the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquots of the biological sample contacted with the test compositions and the level of expression of such biomarkers in an aliquot of the biological sample not contacted with the test compositions; and
- (c) selecting one of the test compositions which alters the level of expression of the biomarker or biomarkers in the aliquot containing that test composition relative to the 20 aliquot not contacted with the test composition wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the test composition and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the test composition is an indication for the selection of the test composition. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

In another embodiment of the invention, a method of selecting a composition for inhibiting the progression of disease in a patient is provided, the method comprising:

- (a) separately exposing aliquots of a biological sample from a cancer patient in the presence of a plurality of test 35 compositions;
- (b) comparing the level of expression of one or more biomarkers selected from the group consisting of the amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquots of the biological 40 sample contacted with the test compositions and the level of expression of such biomarkers in an aliquot of the biological sample not contacted with the test compositions; and
- (c) selecting one of the test compositions which alters the level of expression of the biomarker or biomarkers in the aliquot containing that test composition relative to the aliquot not contacted with the test composition wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the test composition and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the test composition is an indication for the selection of the test composition. The 55 disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

The expression of a marker gene "significantly" differs from the level of expression of the marker gene in a reference sample if the level of expression of the marker gene in a 60 sample from the patient differs from the level in a sample from the reference subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%,500% 65 or 1,000% of that amount. Alternatively, expression of the marker gene in the patient can be considered "significantly"

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lower than the level of expression in a reference subject if the level of expression in a sample from the patient is lower than the level in a sample from the reference subject by an amount greater than the standard error of the assay employed to assess expression, and preferably at least 10%, and more preferably 25%, 50%, 75%, 100%, 125%, 150%, 175%, 200%, 300%, 400%, 500% or 1,000% that amount. The difference of the level of expression be up to 10,000 or 50,000%. The difference of the level of expression is preferably between 10% to 10,000%, more preferably 25% to 10,000%, 50% to 10,000%, 50% to 5,000%, 50% to 5,000%, 50% to 5,000%.

In another embodiment of the invention, a method of identifying a candidate agent is provided said method comprising:

- (a) contacting an aliquot of a biological sample from a cancer patient with the candidate agent and determining the level of expression of one or more biomarkers selected from the group consisting of amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 in the aliquot;
- (b) determining the level of expression of a corresponding biomarker or biomarkers in an aliquot of the biological sample not contacted with the candidate agent;
- (c) observing the effect of the candidate agent by comparing the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent; and
- (d) identifying said agent from said observed effect, wherein an at least 10% difference between the level of expression of the biomarker gene or combination of biomarker genes in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker gene or combination of biomarker genes in the aliquot of the biological sample not contacted with the candidate agent is an indication of an effect of the candidate agent.

In still another embodiment of the invention, a method of identifying a candidate agent is provided said method comprising:

- (a) contacting an aliquot of a biological sample from a cancer patient with the candidate agent and determining the level of expression in the aliquot of:
  - a biomarker or a combination of biomarkers selected from the group consisting of epidermal growth factor, transforming growth factor alpha and HER2 or;
  - (2) a combination of biomarkers comprising amphiregulin and one or more biomarkers selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha, and HER2,
- (b) determining the level of expression of a corresponding biomarker or biomarkers in an aliquot of the biological sample not contacted with the candidate agent,
- (c) observing the effect of the candidate agent by comparing the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent,
- (d) identifying said agent from said observed effect, wherein an at least 10% difference between the level of expression of the biomarker or biomarkers in the aliquot of the biological sample contacted with the candidate agent and the level of expression of the corresponding

biomarker or biomarkers in the aliquot of the biological sample not contacted with the candidate agent is an indication of an effect of the candidate agent.

Preferably, the candidate agent is a candidate inhibitory agent. Preferably, said candidate agent is a candidate enhanc- 5 ing agent.

In another embodiment of the invention, a candidate agent derived by the method according to the invention is provided.

In another embodiment of the invention, a pharmaceutical preparation comprising an agent according to the invention is 10 provided.

In yet another embodiment of the invention, an agent according to the invention is used for the preparation of a composition for the treatment of cancer. Preferred forms of cancer are disclosed above.

In another preferred embodiment of the invention, a method of producing a drug comprising the steps of the method according to the invention and

- (i) synthesizing the candidate agent identified in step (c) above or an analog or derivative thereof in an amount sufficient to provide said drug in a therapeutically effective amount to a subject; and/or
- (ii) combining the drug candidate the candidate agent identified in step (c) above or an analog or derivative thereof with a pharmaceutically acceptable carrier.

In another embodiment of the invention, a marker protein or a marker polynucleotide selected from the group consisting of a amphiregulin, epidermal growth factor, transforming growth factor alpha and HER2 marker protein or marker polynucleotide is used for identifying a candidate agent or for selecting a composition for inhibiting the progression of a disease in a patient. The disease is preferably cancer and the patient is preferably a cancer patient as disclosed above.

In another embodiment of the invention, a HER inhibitor is used for the manufacture of a pharmaceutical composition for treating a human cancer patient characterized in that said treating or treatment includes assessing in a biological sample from the patient

- (a) a marker gene or a combination of marker genes selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene or;
- (b) a combination of marker genes comprising an amphiregulin marker gene and a marker gene selected from the group consisting of an epidermal growth factor, a transforming growth factor alpha and a HER2 marker gene.

The manufacture of a pharmaceutical composition for treating a human cancer patient and particularly the formulation is described in WO 01/00245, incorporated herein by  $_{\rm 50}$  reference, particularly for the antibody 2C4.

In an preferred embodiment of the invention, in the use of the HER dimerization inhibitor for the manufacture of a pharmaceutical composition for treating a human cancer patient, the treatment includes assessing the marker gene or the combination of marker genes at least one time or repeatedly during treatment. Preferably, the level of expression of the marker gene or the level of expression of the combination of marker genes is assessed. Preferably, the HER inhibitor is an antibody, preferably the antibody 2C4. Preferably, the patient is a breast cancer, ovarian cancer, lung cancer or prostate cancer patient.

In all embodiments of the invention, combinations of the marker genes, marker polynucleotides or marker proteins are used as disclosed above. In all embodiments of the invention, 65 preferred values for the difference of the level of expression determined in the respective steps are also as disclosed above.

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The following examples, sequence listing and figures are provided to aid the understanding of the present invention, the true scope of which is set forth in the appended claims. It is understood that modifications can be made in the procedures set forth without departing from the spirit of the invention.

#### **EXAMPLES**

Statistical Methods

The statistical tasks comprise the following steps:

- 1. Pre-selection of candidate biomarkers
- 2. Pre-selection of relevant clinical prognostic covariates
- 3. Selection of biomarker prediction functions at an univariate level
- 4. Selection of biomarker prediction functions including clinical covariates at an univariate level
- Selection of biomarker prediction functions at a multivariate level
- Selection of biomarker prediction functions including clinical covariates at a multivariate level

The following text details the different steps:

Ad1: Pre-selection of candidate biomarkers: The statistical pre-selection of candidate biomarkers is oriented towards the strength of association with measures of clinical benefit. For this purpose the different clinical endpoints may be transformed in derived surrogate scores, as e.g. an ordinal assignment of the degree of clinical benefit or morbidity scores regarding TTP or TTD which avoid censored observations. These surrogate transformed measures can be easily used for simple correlation analysis, e.g. by the non-parametric Spearman rank correlation approach. An alternative here is to use the biomarker measurements as metric covariates in Time-toevent regression models, as e.g. Cox proportional hazard regression. Depending on the statistical distribution of the biomarker values this step may require some pre-processing, as e.g. variance stabilizing transformations and the use of suitable scales or, alternatively, a standardization step like e.g. using percentiles instead of raw measurements. A further approach is inspection of bivariate scatter plots, e.g. by displaying the scatter of (x-axis=biomarker value, y-axis=measure of clinical benefit) on a single patient basis. Here also some non-parametric regression line as e.g. achieved by smoothing splines can be useful to visualize the association of biomarker and clinical benefit.

The goal of these different approaches is the pre-selection of biomarker candidates, which show some association with clinical benefit in at least one of the benefit measures employed, while results for other measures are not contradictory. When there are available control groups, then differences in association of biomarkers with clinical benefit in the different arms could be a sign of differential prediction which makes the biomarker eligible for further consideration.

Ad2: Pre-selection of relevant clinical prognostic covariates: The term "clinical covariate" here is used to describe all other information about the patient, which are in general available at baseline. These clinical covariates comprise demographic information like sex, age etc., other anamnestic information, concomitant diseases, concomitant therapies, result of physical examinations, common laboratory parameters obtained, known properties of the target tumor, information quantifying the extent of malignant disease, clinical performance scores like ECOG or Karnofsky index, clinical disease staging, timing and result of pretreatments and disease history as well as all similar information, which may be associated with the clinical prognosis. The statistical preselection of clinical covariates parallels the approaches for

pre-selecting biomarkers and is as well oriented towards the strength of association with measures of clinical benefit. So in principle the same methods apply as considered under 1. In addition to statistical criteria, also criteria from clinical experience and theoretical knowledge may apply to pre-select 5 relevant clinical covariates.

The prognosis by clinical covariates could interact with the prognosis of the biomarkers. They will be considered for refined prediction rules if necessary.

Ad3: Selection of biomarker prediction functions at an univariate level: The term "prediction function" will be used in a general sense to mean a numerical function of a biomarker measurement which results in a number which is scaled to imply the target prediction.

A simple example is the choice of the Heaviside function for a specific cutoff c and a biomarker measurement x, where the binary prediction A or B is to be made, then

If H(x-c)=0 then predict A.

If H(x-c)=1 then predict B.

This is probably the most common way of using univariate biomarker measurements in prediction rules. The definition of a prediction function usually recurs to an existing training data set which can be used to explore the prediction possibilities. In order to achieve a suitable cutoff c from the training set different routes can be taken. First the scatterplot with smoothing spline mentioned under 1 can be used to define the cutoff. Alternatively some percentile of the distribution could be chosen, e.g. the median or a quartile. Cutoffs can also be systematically extracted by investigating all possible cutoffs according to their prediction potential with regard to the measures of clinical benefit. Then these results can be plotted to allow for an either manual selection or to employ some search algorithm for optimality. This was realized based on the endpoints TTP and TTD using a Cox model, where at each test cutoff the biomarker was used as a binary covariate. Prediction criteria were the resulting Hazard ratios. Then the results for TTP and TTD can be considered together in order to chose a cutoff which shows prediction in line with both endpoints

Another uncommon approach for choosing a prediction function can be based on a fixed parameter Cox regression model obtained from the training set with biomarker values (possibly transformed) as covariate. Then the prediction could simply depend on whether the computed Hazard ratio is smaller or greater than 1.

A further possibility is to base the decision on some likelihood ratio (or monotonic transform of it), where the target probability densities were pre-determined in the training set for separation of the prediction states. Then the biomarker would be plugged into some function of the density ratios.

Ad4: Selection of biomarker prediction functions including clinical covariates at an univariate level: Univariate here 55 refers to using only one biomarker—with regard to clinical covariates this can be a multivariate model. This approach parallels the search without clinical covariates, only that the methods should allow for incorporating the relevant covariate information. The scatterplot method of choosing a cutoff 60 allows only a limited use of covariates, e.g. a binary covariate could be color coded within the plot. If the analysis relies on some regression approach then the use of covariates (also many of them at a time) is usually facilitated. The cutoff search based on the Cox model described under 3, allows for 65 an easy incorporation of covariates and thereby leads to a covariate adjusted univariate cutoff search. The adjustment

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by covariates may be done as covariates in the model or via the inclusion in a stratified analysis.

Also the other choices of prediction functions allow for the incorporation of covariates.

This is straightforward for the Cox model choice as prediction function. There is the option to estimate the influence of covariates on an interaction level, which means that e.g. for different age groups different Hazard ratios apply.

For the likelihood ratio type of prediction functions, the prediction densities must be estimated including covariates. Here the methodology of multivariate pattern recognition can be used or the biomarker values can be adjusted by multiple regression on the covariates (prior to density estimation).

The CART technology (Classification And Regression Trees; Breiman L., Friedman J. H., Olshen R. A., Stone C. J., Chapman & Hall (Wadsworth, Inc.), New York, 1984) can be used for a biomarker (raw measurement level) plus clinical covariates employing a clinical benefit measure as response. This way cutoffs are searched and a decision tree type of functions will be found involving the covariates for prediction. The cutoffs and algorithms chosen by CART are frequently close to optimal and may be combined and unified by considering different clinical benefit measures.

Ad5: Selection of biomarker prediction functions at a multivariate level: When there are several biomarker candidates which maintain their prediction potential within the different univariate prediction function choices, then a further improvement may be achieved by combinations of biomarkers, i.e. considering multivariate prediction functions.

Based on the simple Heaviside function model combinations of biomarkers may be evaluated, e.g. by considering bivariate scatterplots of biomarker values where optimal cutoffs are indicated. Then a combination of biomarkers can be achieved by combining different Heaviside function by the logical AND and OR operators in order to achieve an improved prediction.

The CART technology (Classification And Regression Trees) can be used for multiple biomarkers (raw measurement level) and a clinical benefit measure as response, in order to achieve cutoffs for biomarkers and decision tree type of functions for prediction. The cutoffs and algorithms chosen by CART are frequently close to optimal and may be combined and unified by considering different clinical benefit measures.

The Cox-regression can be employed on different levels. A first way is to incorporate the multiple biomarkers in a binary way (i.e. based on Heaviside functions with some cutoffs). The other option is to employ biomarkers in a metric way (after suitable transformations), or a mixture of the binary and metric approach. The evolving multivariate prediction function is of the Cox type as described under 3.

The multivariate likelihood ratio approach is difficult to realize but presents as well as an option for multivariate prediction functions.

Ad6: Selection of biomarker prediction functions including clinical covariates at a multivariate level: When there are relevant clinical covariates then a further improvement may be achieved by combining multiple biomarkers with multiple clinical covariates. The different prediction function choices will be evaluated with respect to the possibilities to include clinical covariates.

Based on the simple logical combinations of Heaviside functions for the biomarkers, further covariates may be included to the prediction function based on logistic regression model obtained in the training set.

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The CART technology and the evolving decision trees can be easily used with additional covariates, which would include these in the prediction algorithm.

All prediction functions based on the Cox-regression can use further clinical covariates. There is the option to estimate 5 the influence of covariates on an interaction level, which means that e.g. for different age groups different Hazard ratios apply.

The multivariate likelihood ratio approach is not directly extendible to the use of additional covariates.

#### Example 1

Baseline Blood Sera from HER2 Low Expressing Metastatic Breast Cancer Patients Treated with Pertuzumab were Assessed for Levels of HER Ligands and Shedded HER2 (HER2 ECD), as Described Below

Kits used for assessment of the serum biomarkers:

Marker	Assay	Distribution
HER2-ECD	Bayer HER-2/neu	DakoCytomation
	ELISA, Cat.#:	N.V./S.A., Interleuvenlaan
	EL501	12B, B-3001 Heverlee
Amphiregulin	DuoSet ELISA	R&D Systems Ltd., 19 Barton
	Development System	Lane, Abingdon OX14 3NB,
	Human Amphiregulin,	UK
	Cat. #: DY262	
EGF	Quantikine human EGF	R&D Systems Ltd., 19 Barton
	ELISA kit, Cat. #:	Lane, Abingdon OX14 3NB,
	DEG00	UK
TGF-alpha	Quantikine ® Human	R&D Systems Ltd., 19 Barton
	TGF-alpha	Lane, Abingdon OX14 3NB,
	Immunoassay, Cat. #: DTGA00	UK

## Protocols:

## HER2-ECD:

HER2-ECD ELISA was performed according to the recommendations of the manufacturer.

## Amphiregulin:

Prepare all reagents (provided with the kit), standard dilutions (provided with the kit) and samples

Provide EvenCoat Goat Anti-mouse lgG microplate strips (R&D, Cat. # CP002; not provided with the kit) in the frame. The frame is now termed ELISA plate.

Determine of the required number of wells (number of standard dilutions+number of samples).

Determine the plate layout.

Add 100 µl diluted capture antibody (provided with the kit; 1:180 in PBS) to each well.

Incubate at r.t. for 1 hour.

Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with 400 µl Wash buffer (not provided with the kit; 0.05% Tween-20 in PBS was used), using a manifold dispenser, and subsequent aspiration. After the last wash, remove any remaining Wash buffer by aspirating. Invert the plate and blot it against clean paper towels.

Add 100 µl standard dilution or diluted sample (see below) per well. Change tip after every pipetting step.

lncubate for 2 hours at r.t. on a rocking platform.

Repeat the aspiration/wash as described previously.

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Aspirated samples and wash solutions are treated with laboratory disinfectant.

Add 100 µl Detection Antibody (provided with the kit) diluted 1:180 in Reagent diluent (not provided with the kit; 1% BSA (Roth; Albumin Fraction V, Cat. # T844.2) in PBS was used) per well

Incubate for 2 hours at r.t.

Repeat the aspiration/wash as described previously.

Add 100 µl working dilution of the Streptavidin-HRP to each well (provided with the kit; 1:200 dilution in Reagent diluent). Cover with a new adhesive strip.

Incubate for 20 min at r.t.

Repeat the aspiration/wash as described previously.

Add 100 µl Substrate Solution (R&D, Cat. # DY999; not provided with the kit) to each well.

Incubate for 20 min at r.t. Protect from light.

Add 50 µl Stop Solution (1.5 M H2SO4 (Schwefelsäure reinst, Merck, Cat. #713); not provided with the kit) to each well. Mix carefully.

Determine the optical density of each well immediately, using a microplate reader set to 450 nm.

## Amphiregulin Standard Curve:

A 40 ng/ml amphiregulin stock solution was prepared in 1% BSA in PBS, aliquotted and stored at -80° C. Amphiregulin solutions in 20% BSA in PBS were not stable beyond 2 weeks and were therefore not used. From the aliquotted amphiregulin stock solution, the amphiregulin standard curve 30 was prepared freshly in 20% BSA in PBS prior to each experiment. The highest concentration was 1000 pg/ml (1:40 dilution of the amphiregulin stock solution). The standards provided with the ELISA kit produced a linear standard curve. Excel-based analysis of the curves allowed the determination 35 of curve equations for every ELISA.

## Amphiregulin Samples:

When samples were diluted 1:1 in Reagent Diluent, all samples were within the linear range of the ELISA. Each sample was measured in duplicates. Dependent on the quality of the data, and on sufficient amounts of serum, determinations were repeated in subsequent experiments if necessary.

Prepare all reagents (provided with the kit), standard dilutions (provided with the kit) and samples

Remove excess antibody-coated microtiter plate strips (provided with the kit) from the frame. The frame is now termed ELISA plate.

Determine of the required number of wells: (Number of standard dilutions+number of samples)×2

Determine the plate layout.

Add 50 µl Assay Diluent RD1 (provided with the kit) to each well

Add 200 µl standard dilution or diluted sample (e.g. 1:20 in Calibrator Diluent RD6H) per well. Change tip after every pipetting step.

Cover plate with the adhesive strip (provided with the kit). lncubate for 2 hours at r.t. on a rocking platform.

Aspirate each well and wash, repeating the process three times for a total of four washes.

Wash by filling each well with 400 µl Wash Buffer (provided with the kit), using a manifold dispenser, and subsequent Cover plate with the adhesive strip (provided with the kit). 65 aspiration. After the last wash, remove any remaining Wash buffer by aspirating. Invert the plate and blot it against clean paper towels.

Aspirated samples and wash solutions are treated with laboratory disinfectant. Add 200  $\mu$ l of Conjugate (provided with the kit) to each well. Cover with a new adhesive strip.

Incubate for 2 hours at r.t.

Repeat the aspiration/wash as described previously.

Add 200 µl Substrate Solution (provided with the kit) to each well.

Incubate for 20 min at r.t. Protect from light.

Add 50  $\mu$ l Stop Solution (provided with the kit) to each  $^{10}$  well. Mix carefully.

Determine the optical density of each well within 30 minutes, using a microplate reader set to 450 nm.

## EGF Standard Curve:

The standards provided with the ELISA kit produced a linear standard curve. Also very small concentrations showed detectable results.

## EGF Samples:

A total of four assays with the samples was performed. Each sample was measured 2-5 times, the number of determinations being dependent on the quality of the results (mean+/–SD) and the availability of sufficient amounts of serum. When samples were diluted 1:20 in Calibrator Diluent RD6H, all samples were within the linear range of the ELISA.

TGF-alpha:

Prepare all reagents (provided with the kit), standard dilutions (provided with the kit) and samples

Remove excess antibody-coated microtiter plate strips 30 (provided with the kit) from the frame. The frame is now termed ELISA plate.

Determine of the required number of wells: (Number of standard dilutions+number of samples)×2

Determine the plate layout.

Add  $100\,\mu l$  Assay Diluent RD1W (provided with the kit) to each well

Add 50 µl standard dilution or sample per well. Change tip after every pipetting step.

Cover plate with the adhesive strip (provided with the kit).  $^{40}$  Incubate for 2 hours at r.t. on a rocking platform.

Aspirate each well and wash, repeating the process three times for a total of four washes. Wash by filling each well with 400 µl Wash Buffer (provided with the kit), using a manifold dispenser, and subsequent aspiration. After the last wash, remove any remaining Wash buffer by aspirating. Invert the plate and blot it against clean paper towels.

Aspirated samples and wash solutions are treated with  $_{\rm 50}$  laboratory disinfectant.

Add 200 µl of TGF-alpha Conjugate (provided with the kit) to each well. Cover with a new adhesive strip.

Incubate for 2 hours at r.t.

Repeat the aspiration/wash as described previously.

Add 200 µl Substrate Solution (provided with the kit) to each well.

Incubate for 30 min at r.t. Protect from light.

Add 50 µl Stop Solution (provided with the kit) to each well. Mix carefully.

Determine the optical density of each well within 30 minutes, using a microplate reader set to 450 nm.

#### TGF-alpha Standard Curve:

The standards provided with the ELISA kit produced a 65 linear standard curve. Also very small concentrations showed detectable results.

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TGF-alpha Samples:

A total of four assays with the samples was performed. Samples were measured in 2-4 independent assays.

The serum data was analyzed to identify factors the baseline serum levels of which would be associated with response to the Pertuzumab treatment. For all factors a skewed pattern of the distribution (mean, standard deviation, median, minimum, maximum) was observed. A monotonic transform was used to reduce the skewness based on the logarithm: Log(x+ 1). In a univariate analysis, it was explored whether suitable cut-points for the factors could be defined which would relate to the probability of response (in this example defined as clinical benefit). Here, patients with clinical benefit were defined as those who achieved a partial response (PR) or maintained stable disease for at least 6 months. Scatterplots of the factors versus the response categories were investigated. FIG. 1 and FIG. 2 show a plotting of the clinical response categories versus the logarithmic transformation of the serum levels of TGF-alpha and amphiregulin, respectively, to exemplify the approach.

Based on the scatterplots, cut-points were selected for the factors to define groups of patients, who have experienced greater clinical benefit. FIG. 3 (TGF-alpha), FIG. 4 (Amphiregulin), FIG. 5 (EGF), and FIG. 6 (HER2-ECD) show the clinical benefit in relation to the different factor groupings based on the exploratory cut-points calculated to the original factor units. The cut-points separate out some of the patients without clinical benefit, and hence, elevate the response rate for the group with greater clinical benefit.

#### Example 2

In this example the exploratory cut-points from Example 1 were used to assess the univariate effect of the factor groupings on different measures of the clinical benefit of the Pertuzumab treatment, using time to progression/or death (TTP) and time to death (TTD) as alternative clinical endpoints. Significant effects were observed for TGF-alpha, Amphiregulin, EGF and HER2-ECD in Kaplan-Meier estimates and log-rank tests for TTP and/or TTD, as shown in an overview in FIG. 7.

The Kaplan-Meier plots displaying the hazard ratio are given for TTP and TTD (highest number of events observed) in FIG. 8 and FIG. 9 (TGF-alpha), 10 and 11 (Amphiregulin), 12 and 13 (EGF), and 14 and 15 (HER2-ECD), showing the pronounced effect of a grouping based on these factors on the clinical outcome of the patients treated with Pertuzumab.

#### Example 3

In this example multivariate approaches were used to identify combinations of factors that would further improve the identification of patients with greater benefit from the Pertuzumab treatment. Results, as derived from a CART approach (Classification And Regression Trees), are reflected. The CART classification approach made it necessary to specify as the benefit group all values in clinical benefit above of 0. As variables serum levels of HER2-ECD, TGF-alpha, Amphiregulin, and EGF were employed. A combination of serum HER2-ECD and serum TGF-alpha levels were selected to give best results. From the CART results optimized cut-points for a combination of serum HER2-ECD and serum TGF-alpha levels were derived, resulting in a rule for exploratory categorization of clinical benefit in the study population—a

combination of low serum HER2-ECD values and low serum TGF-alpha values capturing 2/2 PR and 2/3 SD>6 months in the study population and excluding a reasonable number of fast progressing patients. FIG. 16 shows the clinical benefit in relation to the TGF-alpha/HER2-ECD combination groupings based on the exploratory combination cut-point. FIG. 17 summarizes the effect of a combination of TGF-alpha and HER2-ECD on TTP and TTD. The Kaplan-Meier estimates and the hazard ratios given in FIG. 18 (TTP) and FIG. 19

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(TTD) demonstrate the significant effect of the grouping based on a combination of these factors for on the clinical outcome of the patients treated with Pertuzumab.

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Unless stated to the contrary, all compounds in the examples were prepared and characterized as described. All ranges recited herein encompass all combinations and subcombinations included within that range limit. All patents and publications cited herein are hereby incorporated by reference in their entirety for any purpose.

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His Ala L 130	eu Arg	Gln	Leu	Arg 135	Leu	Thr	Gln	Leu	Thr 140	Gly	Gln	Phe	Pro	
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Leu Glu Ile Thr Tyr Val Gln Arg Asn Tyr Asp Leu Ser Phe Leu Lys  $_{65}$   $\phantom{000}$  70  $\phantom{000}$  75  $\phantom{000}$  80

Thr Ile Gln Glu Val Ala Gly Tyr Val Leu Ile Ala Leu Asn Thr Val\$85\$ 90 95

Glu Arg Ile Pro Leu Glu Asn Leu Gln Ile Ile Arg Gly Asn Met Tyr  $100 \hspace{1cm} 105 \hspace{1cm} 110 \hspace{1cm}$ 

Tyr Glu Asn Ser Tyr Ala Leu Ala Val Leu Ser Asn Tyr Asp Ala Asn 115 \$120\$ 125

His Gly Ala Val Arg Phe Ser Asn Asn Pro Ala Leu Cys Asn Val Glu

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Gly Lys Ser Pro Ser Asp Cys Cys His Asn Gln Cys Ala Ala Gly Cys

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Asp	Asn	Cys	Ile 580	Gln	Cys	Ala	His	Tyr 585	Ile	Asp	Gly	Pro	His 590	Сув	Val
Lys	Thr	Сув 595	Pro	Ala	Gly	Val	Met 600	Gly	Glu	Asn	Asn	Thr 605	Leu	Val	Trp
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His 145	Gly	Ala	Val	Arg	Phe 150	Ser	Asn	Asn	Pro	Ala 155	Leu	Cys	Asn	Val	Glu 160
Ser	Ile	Gln	Trp	Arg 165	Asp	Ile	Val	Ser	Ser 170	Asp	Phe	Leu	Ser	Asn 175	Met
Ser	Met	Asp	Phe 180	Gln	Asn	His	Leu	Gly 185	Ser	CÀa	Gln	Lys	Cys 190	Asp	Pro
Ser	Сув	Pro 195	Asn	Gly	Ser	Сув	Trp 200	Gly	Ala	Gly	Glu	Glu 205	Asn	Сув	Gln
ГÀа	Leu 210	Thr	ГЛа	Ile	Ile	Сув 215	Ala	Gln	Gln	СЛа	Ser 220	Gly	Arg	CÀa	Arg
Gly 225	Lys	Ser	Pro	Ser	Asp 230	СЛа	Сла	His	Asn	Gln 235	CÀa	Ala	Ala	Gly	Cys 240
Thr	Gly	Pro	Arg	Glu 245	Ser	Asp	Сла	Leu	Val 250	СЛа	Arg	ГÀа	Phe	Arg 255	Asp
Glu	Ala	Thr	Сув 260	ГÀа	Asp	Thr	Cya	Pro 265	Pro	Leu	Met	Leu	Tyr 270	Asn	Pro
Thr	Thr	Tyr 275	Gln	Met	Asp	Val	Asn 280	Pro	Glu	Gly	Lys	Tyr 285	Ser	Phe	Gly
Ala	Thr 290	Cys	Val	Lys	Lys	Сув 295	Pro	Arg	Asn	Tyr	Val 300	Val	Thr	Asp	His
Gly 305	Ser	Cys	Val	Arg	Ala 310	Сув	Gly	Ala	Asp	Ser 315	Tyr	Glu	Met	Glu	Glu 320
Asp	Gly	Val	Arg	Lys 325	Сув	Lys	Lys	Сув	Glu 330	Gly	Pro	Сув	Arg	Lys 335	Val
Сув	Asn	Gly	Ile 340	Gly	Ile	Gly	Glu	Phe 345	Lys	Asp	Ser	Leu	Ser 350	Ile	Asn
Ala	Thr	Asn 355	Ile	Lys	His	Phe	160 160	Asn	Cys	Thr	Ser	Ile 365	Ser	Gly	Asp
Leu	His 370	Ile	Leu	Pro	Val	Ala 375	Phe	Arg	Gly	Asp	Ser 380	Phe	Thr	His	Thr
Pro 385	Pro	Leu	Asp	Pro	Gln 390	Glu	Leu	Asp	Ile	Leu 395	ГÀа	Thr	Val	ГЛа	Glu 400

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Met 1	Arg	Pro	Ser	Gly 5	Thr	Ala	Gly	Ala	Ala 10	Leu	Leu	Ala	Leu	Leu 15	Ala	
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Gly	Thr	Ser 35	Asn	Lys	Leu	Thr	Gln 40	Leu	Gly	Thr	Phe	Glu 45	Asp	His	Phe	
Leu	Ser 50	Leu	Gln	Arg	Met	Phe 55	Asn	Asn	CÀa	Glu	Val 60	Val	Leu	Gly	Asn	
Leu 65	Glu	Ile	Thr	Tyr	Val 70	Gln	Arg	Asn	Tyr	Asp 75	Leu	Ser	Phe	Leu	80 Lys	
Thr	Ile	Gln	Glu	Val 85	Ala	Gly	Tyr	Val	Leu 90	Ile	Ala	Leu	Asn	Thr 95	Val	
Glu	Arg	Ile	Pro 100	Leu	Glu	Asn	Leu	Gln 105	Ile	Ile	Arg	Gly	Asn 110	Met	Tyr	
Tyr	Glu	Asn 115	Ser	Tyr	Ala	Leu	Ala 120	Val	Leu	Ser	Asn	Tyr 125	Asp	Ala	Asn	
Lys	Thr 130	Gly	Leu	Lys	Glu	Leu 135	Pro	Met	Arg	Asn	Leu 140	Gln	Glu	Ile	Leu	
His 145	Gly	Ala	Val	Arg	Phe 150	Ser	Asn	Asn	Pro	Ala 155	Leu	Сла	Asn	Val	Glu 160	
Ser	Ile	Gln	Trp	Arg 165	Asp	Ile	Val	Ser	Ser 170	Asp	Phe	Leu	Ser	Asn 175	Met	
Ser	Met	Asp	Phe 180	Gln	Asn	His	Leu	Gly 185	Ser	Сув	Gln	Lys	Cys 190	Asp	Pro	
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Lys	Leu 210	Thr	Lys	Ile	Ile	Cys 215	Ala	Gln	Gln	Cys	Ser 220	Gly	Arg	Cys	Arg	
Gly 225	Lys	Ser	Pro	Ser	Asp 230	Сув	Сув	His	Asn	Gln 235	Cys	Ala	Ala	Gly	Cys 240	
Thr	Gly	Pro	Arg	Glu 245	Ser	Asp	Сув	Leu	Val 250	Сув	Arg	Lys	Phe	Arg 255	Asp	
Glu	Ala	Thr	Сув 260	Lys	Asp	Thr	СЛа	Pro 265	Pro	Leu	Met	Leu	Tyr 270	Asn	Pro	
Thr	Thr	Tyr 275	Gln	Met	Asp	Val	Asn 280	Pro	Glu	Gly	Lys	Tyr 285	Ser	Phe	Gly	
Ala	Thr 290	CÀa	Val	ГÀа	ГЛа	Сув 295	Pro	Arg	Asn	Tyr	Val 300	Val	Thr	Asp	His	
Gly 305	Ser	CÀa	Val	Arg	Ala 310	CÀa	Gly	Ala	Asp	Ser 315	Tyr	Glu	Met	Glu	Glu 320	
Asp	Gly	Val	Arg	Lys 325	Cys	Lys	Lys	Сув	Glu 330	Gly	Pro	Cys	Arg	Lys 335	Val	
Cys	Asn	Gly	Ile 340	Gly	Ile	Gly	Glu	Phe 345	Lys	Asp	Ser	Leu	Ser 350	Ile	Asn	
Ala	Thr	Asn	Ile	Lys	His	Phe	Lys	Asn	Cys	Thr	Ser	Ile	Ser	Gly	Asp	

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L	eu	His 370	Ile	Leu	Pro	Val	Ala 375	Phe	Arg	Gly	Asp	Ser 380	Phe	Thr	His	Thr
	ro 85	Pro	Leu	Asp	Pro	Gln 390	Glu	Leu	Asp	Ile	Leu 395	ГÀа	Thr	Val	ГÀа	Glu 400
I	le	Thr	Gly	Phe	Leu 405	Leu	Ile	Gln	Ala	Trp 410	Pro	Glu	Asn	Arg	Thr 415	Asp
L	eu	His	Ala	Phe 420	Glu	Asn	Leu	Glu	Ile 425	Ile	Arg	Gly	Arg	Thr 430	Lys	Gln
H	is	Gly	Gln 435	Phe	Ser	Leu	Ala	Val 440	Val	Ser	Leu	Asn	Ile 445	Thr	Ser	Leu
G:	ly	Leu 450	Arg	Ser	Leu	Lys	Glu 455	Ile	Ser	Asp	Gly	Asp	Val	Ile	Ile	Ser
	ly 65	Asn	Lys	Asn	Leu	Cys 470	Tyr	Ala	Asn	Thr	Ile 475	Asn	Trp	ГÀз	TÀa	Leu 480
Pl	he	Gly	Thr	Ser	Gly 485	Gln	Lys	Thr	Lys	Ile 490	Ile	Ser	Asn	Arg	Gly 495	Glu
A	sn	Ser	Сла	200	Ala	Thr	Gly	Gln	Val 505	CÀa	His	Ala	Leu	Cys 510	Ser	Pro
G:	lu	Gly	Cys 515		Gly	Pro	Glu	Pro	Arg	Asp	Cys	Val	Ser 525	Cys	Arg	Asn
V	al	Ser 530		Gly	Arg	Glu	Cys 535		Asp	Lys	Cys	Asn 540	Leu	Leu	Glu	Gly
	lu 45		Arg	Glu	Phe	Val 550		Asn	Ser	Glu	Cys		Gln	CÀa	His	Pro 560
		Cys	Leu	Pro	Gln 565	Ala	Met	Asn	Ile	Thr 570		Thr	Gly	Arg	Gly 575	
A	sp	Asn	Сув			Cha	Ala	His	_		Asp	Gly	Pro			Val
Ŀ	Хs	Thr	Cys	580 Pro	Ala	Gly	Val	Met	585 Gly	Glu	Asn	Asn	Thr	590 Leu	Val	Trp
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Γį	γs	Tyr 610	нта	vab	АІА	Gly	H1S	val	cys	нıs	ьеи	620	нIS	PTO	ASN	cÀa
	hr 25	Tyr	Gly	Pro	Gly	Asn 630	Glu	Ser	Leu	ГÀа	Ala 635	Met	Leu	Phe	CAa	Leu 640
Pl	he	Lys	Leu	Ser	Ser 645	Cys	Asn	Gln	Ser	Asn 650	Asp	Gly	Ser	Val	Ser 655	His
G.	ln	Ser	Gly	Ser 660	Pro	Ala	Ala	Gln	Glu 665	Ser	Cys	Leu	Gly	Trp 670	Ile	Pro
S	er	Leu	Leu 675	Pro	Ser	Glu	Phe	Gln 680	Leu	Gly	Trp	Gly	Gly 685	Cha	Ser	His
L	eu	His 690	Ala	Trp	Pro	Ser	Ala 695	Ser	Val	Ile	Ile	Thr 700	Ala	Ser	Ser	Сув
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The invention claimed is:

- 1. A method of predicting the response of a metastatic breast cancer patient to treatment with pertuzumab comprising the steps of:
  - (a) determining the amount of each of the following biom- 5 arkers in a biological sample from a metastatic breast cancer patient that has been treated with pertuzumab:
    - (1) the amino acid sequence of SEQ ID NO: 1;
    - (2) the amino acid sequence of SEQ ID NO: 2;
    - (3) the amino acid sequence of SEQ ID NO: 3; and
    - (4) the amino acid sequence consisting of residues 22 to 645 of SEQ ID NO: 4;
  - (b) determining whether the amount assessed in step (a) is above or below a quantity that is associated with an increased or decreased clinical benefit to a metastatic 15 cifically binds with said biomarker protein. breast cancer patient; and
  - (c) predicting the response to the treatment with pertuzumab in the patient by evaluating the results of step (b).
- 2. The method of claim 1 wherein said biological sample is obtained from blood serum and the quantity of the amino acid  $\ ^{20}$ sequence of SEQ ID NO: 3 that is associated with an increased clinical benefit to a metastatic breast cancer patient is between 2.0-10.0 pg/ml.
- 3. The method of claim 1 wherein said biological sample is obtained from blood serum and the quantity of the amino acid sequence consisting of residues 22 to 645 of SEQ ID NO: 4 that is associated with an increased clinical benefit to a metastatic breast cancer patient is between 12-22 ng/ml.
- 4. The method of claim 1 wherein said biological sample is obtained from blood serum and the quantity of the amino acid sequence of SEQ ID NO: 1 that is associated with an increased clinical benefit to a metastatic breast cancer patient is between 6-15 pg/ml.
- 5. The method of claim 1 wherein said biological sample is obtained from blood serum and the quantity of the amino acid sequence of SEQ ID NO: 2 that is associated with an increased clinical benefit to a metastatic breast cancer patient is between 100-250 pg/ml.
- 6. The method of claim 1 wherein said biological sample is obtained from blood serum and the quantity of said amino acid sequence consisting of residues 22 to 645 of SEQ ID NO: 4 that is associated with an increased clinical benefit to a

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patient is about 18 ng/ml and the quantity of said amino acid sequence of SEQ ID NO: 3 that is associated with an increased clinical benefit to a patient is about 3.5 pg/ml.

- 7. The method according to claim 1 wherein the quantity in step (b) of claim 1 is determined by:
  - (1) determining the amount of said biomarkers in a plurality of biological samples from patients before treatment with pertuzumab,
  - (2) treating the patients with pertuzumab,
  - (3) determining the clinical benefit of each patient; and
  - (4) correlating the clinical benefit of the patients treated with the pertuzumab to the amount of said biomarkers.
- 8. The method according to claim 1, wherein the amount of each biomarker is determined by using a reagent which spe-
- 9. The method of claim 8, wherein the reagent is an anti-
- 10. The method according to claim 1 wherein said biological sample is obtained from blood serum and the quantity of said amino acid sequence consisting of residues 22 to 645 of SEQ ID NO: 4 that is associated with an increased clinical benefit to a metastatic breast cancer patient is about 18 ng/ml.
- 11. A method of predicting the response of a metastatic breast cancer patient to treatment with pertuzumab comprising the steps of:
  - (a) determining the amount of each of the following biomarkers in a biological sample from a metastatic breast cancer patient that has been treated with pertuzumab:
    - (1) the amino acid sequence of SEO ID NO: 1:
    - (2) the amino acid sequence of SEQ ID NO: 2;
    - (3) the amino acid sequence of SEQ ID NO: 3; and
    - (4) the amino acid sequence consisting of residues 22 to 645 of SEQ ID NO: 4;
  - (b) determining whether the amount assessed in step (a) of SEQ ID NO: 1 is between 6 and 15 pg/ml, of SEQ ID NO: 2 is between 100 and 250 pg/ml, of SEQ ID NO: 3 is between 2.0 and 10.0 pg/ml, and of the amino acid sequence consisting of residues 22 to 645 SEQ ID NO: 4 is between 12 and 22 ng/ml;
  - (c) predicting the response to the treatment with pertuzumab in the patient by evaluating the results of step (b).

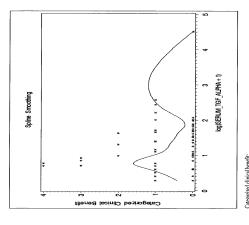


专利名称(译)	预测对治疗的反应的方法									
公开(公告)号	<u>US7700299</u>	公开(公告)日	2010-04-20							
申请号	US11/438033	申请日	2006-05-19							
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当前申请(专利权)人(译)	霍夫曼罗氏INC.									
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IPC分类号	G01N33/53 G01N33/48 G01N33/	566 G01N33/567								
CPC分类号	C12Q1/6886 G01N33/6872 G01N33/57415 C12Q2600/106 C12Q2600/136 C12Q2600/158 G01N2800 /52 G01N2333/4756 G01N2333/485 G01N2333/495 A61P11/00 A61P13/08 A61P15/00 C12Q2600/118 G01N33/57407 G01N33/6854									
优先权	2005017663 2005-08-12 EP									
其他公开文献	US20070037228A1									
外部链接	Espacenet USPTO									

摘要(译)

Fig. 1

本发明涉及预测患者对HER抑制剂治疗的反应的方法,包括评估选自双调蛋白,表皮生长因子,转化生长因子的生物标志物或生物标志物组合的步骤。  $\alpha$ 和来自患者的生物样品中的HER2生物标志物,并通过评估第一步的结果预测患者中HER抑制剂治疗的反应。公开了使用这些标记物的其他用途和方法。



4- partial response
3- stable disease >= 6 months
2- stable disease 4 to 6 months
1- stable disease 4 to 6 months
1- stable disease 4 months
6- stat progressive disease
6- stat progressive disease