

M. Colleoni, MD

### Education and PHD/Masters/Courses

- 1987 University Degree in Medicine
- 1991 Specialization Degree in Oncology
- 1994 Specialization Degree in Experimental Endocrinology

### Titles (included other positions covered)

- 1999 – .... Member, Milan Breast Cancer Conference Scientific Secretary (MBCC)
- 2000 – .... Member, Early Breast Cancer Trialists Group, Oxford
- 2002 – 2003 Member, Commissione Scientifica Ministero della Salute
- 2003 – 2004 ESMO Guidelines Task Force
- 2007 – 2008 Member, Ethics Committee of Istituto Nazionale Tumori, Milano
- 2009 – .... Member, Foundation Council International Breast Cancer Study Group (IBCSG)
- 2009 – .... Member, St Gallen International Cancer Conference Expert Panel
- 2012 – .... Co-Chair, International Breast Cancer Study Group (IBCSG)
- 2012 – .... Member, Breast International Group (B.I.G)
- 2012 – .... Member, Executive Committee of IEO Education

### Clinical Activities carried out at IEO

Director of the **Division of Medical Senology** to lead the area of medical treatment of Breast Cancer at the IEO, creating and conducting a structure for excellence in patient care. **Ten Physicians** are currently involved in care and research at the Division of Medical Senology.

The area of Medical Senology is aimed to provide comprehensive care of all the types and phases (preoperative, adjuvant, advanced disease) of breast cancer with active clinical and translational research, integrating outpatient and in-patient areas through a common support. The principle of providing the best personalized care for the individual patient with breast cancer, with full respect for quality of life and proper communication, is the best support for competitive and innovative clinical research.

### Research Activities carried out at IEO

**Direct responsibility in research programs** directed to develop personalized and innovative treatment plans for all the phases of the disease based on individual needs and biological features of the tumour. Research programs are dedicated also to specific aspects of breast cancer such as special histological types, inflammatory breast cancer, and very young patients. During the past 3 years he served as **principal investigator in 52 phase I-III studies** on breast cancer. He is member of the Steering Committee of 4 International Studies.

As Co-Chairman of the Scientific Committee of the **International Breast Cancer Study Group (IBCSG)** he is Coordinator of several cooperative trials. These Trials are conducted with the active cooperation of the IEO with more than 2000 patients included in past and ongoing studies.

The IBCSG is a cooperative group, which conducts large, multicenter, randomized trials. It is dedicated to innovative clinical research designed to improve the prognosis of women with operable breast cancer. Patients and investigators from twenty countries in five continents (Europe, Australia/New Zealand, Africa, Asia, and North America) are involved in this cooperation. The IBCSG has been a pioneer in research into combined hormonal therapy and chemotherapy, timing and duration of adjuvant therapies, and the assessment of quality of life of breast cancer patients. Since 1978, **32.865 patients** with breast cancer have been enrolled in randomized clinical trials and are included in IBCSG databases. The group has published 285 publications focusing on various aspects of breast cancer treatment (I.F. 2011 186.53 – I.F. 2012 165.025).

When developing trials, the IBCSG follows some basic principles:

- Research questions are based upon biological hypotheses
- Trials complement each other, thus allowing information from separate programs to be combined to address common research questions
- All research questions should be selected for their direct impact on patient care

In addition to the clinical trials research questions, the IBCSG carries out extensive research in pathology, database studies, quality of life, and statistical methodology (together with the Harvard Medical School and Dana-Farber Cancer Institute, Boston MA, USA).

He is author of approximately 300 publications in peer-reviewed journals.

### Passed Clinical and Research Activities

1987 - 1988 MD visiting fellow at the Division of Medical Oncology of National Cancer Institute of Milan. Clinical and research activity on NHL lymphomas, breast cancer.

1989 – 1991 MD fellow at the Division of Medical Oncology B at National Cancer Institute of Milan. Clinical activity and research activity on gastrointestinal tumors, lymphomas, breast cancer and palliative care.

1991 – 1993 MD Associate researcher at the Division of Medical Oncology B at National Cancer Institute of Milan. Clinical and research activity on gastrointestinal tumors, breast cancer and palliative care.

1993 – 1996 Deputy-director at the Division of Medical Oncology, City Hospital, Castelfranco Veneto. Clinical and research activity on lung cancer, gastrointestinal tumors and breast cancer.

1996 – 1998 Senior Assistant at the Division of Medical Oncology of European Institute of Oncology. Clinical and research activity on systemic treatments of breast cancer.

1998 – 2001 Deputy-Director of the Division of Medical Oncology of European Institute of Oncology. Clinical and research activity on systemic treatments of breast cancer. Responsibilities for patient's care, improvement of communications between the medical team and patients, development of multidisciplinary activities

2001 – 2005 Co-Director of the Division of Medical Oncology of European Institute of Oncology. Clinical and research activity on breast cancer patients.

2005 – 01/2013 Director of Unit of Research in Medical Senology of European Institute of Oncology. Dedicated to lead the area of medical treatment of Breast Cancer at the IEO.

### Publications

1. **Colleoni M**, Goldhirsch A. Neoadjuvant chemotherapy for breast cancer: any progress?. LANCET ONCOL. 2013 Dec; 13: 70584-9. [Epub ahead of print].
2. **Colleoni M**, Giobbie-Hurder A, Regan MM, Thurlimann B, Mouridsen H, Mauriac L, Forbes JF, Paridaens R, Lang I, Smith I, Chirgwin J, Pienkowski T, Wardley A, Price KN, Gelber RD, Coates AS, Goldhirsch A (2011). Analyses Adjusting for Selective Crossover Show Improved Overall Survival With Adjuvant Letrozole Compared With Tamoxifen in the BIG 1-98 Study. JOURNAL OF CLINICAL ONCOLOGY, vol. 29, p. 1117-1124, ISSN: 0732-183X, doi: 10.1200/JCO.2010.31.6455
3. **Colleoni M**, Giobbie-Hurder A (2010). Benefits and adverse effects of endocrine therapy. ANNALS OF ONCOLOGY, vol. 21, p. 107-111, ISSN: 0923-7534, doi: 10.1093/annonc/mdq281
4. **Colleoni M**, Cole BF, Viale G, Regan MM, Price KN, Maiorano E, Mastropasqua MG, Crivellari D, Gelber RD, Goldhirsch A, Coates AS, Gusterson BA (2010). Classical Cyclophosphamide, Methotrexate, and Fluorouracil Chemotherapy Is More Effective in Triple-Negative, Node-Negative Breast Cancer: Results From Two Randomized Trials of Adjuvant Chemoendocrine Therapy for Node-Negative Breast Cancer. JOURNAL OF CLINICAL ONCOLOGY, vol. 28, p. 2966-2973, ISSN: 0732-183X, doi: 10.1200/JCO.2009.25.9549
5. **Colleoni M**, Sun Z, Martinelli G, Bassar RL, Coates AS, Gelber RD, Green MD, Peccatori F, Cinieri S, Aebi S, Viale G, Price KN, Goldhirsch A (2009). The effect of endocrine responsiveness on high-risk breast cancer treated with dose-intensive chemotherapy: results of International Breast Cancer Study Group Trial 15-95 after prolonged follow-up. ANNALS OF ONCOLOGY, vol. 20, p. 1344-1351, ISSN: 0923-7534, doi: 10.1093/annonc/mdp024
6. **Colleoni M**, Bagnardi V, Rotmensz N, Dellapasqua S, Viale G, Pruneri G, Veronesi P, Torrises R, Luini A, Intra M, Galimberti V, Montagna E, Goldhirsch A (2009). A risk score to predict disease-free survival in patients not achieving a pathological complete remission after preoperative chemotherapy for breast cancer. ANNALS OF ONCOLOGY, vol. 20, p. 1178-1184, ISSN: 0923-7534, doi: 10.1093/annonc/mdn747
7. **Colleoni M**, Gelber S, Goldhirsch A, Aebi S, Castiglione-Gertsch M, Price KN, Coates AS, Gelber RD (2006). Tamoxifen after adjuvant chemotherapy for premenopausal women with lymph node-positive breast cancer: International Breast Cancer Study Group Trial 13-93. JOURNAL OF CLINICAL ONCOLOGY, vol. 24, p. 1332-1341, ISSN: 0732-183X, doi: 10.1200/JCO.2005.03.0783
8. **Colleoni M**, Rotmensz N, Peruzzotti G, Maisonneuve P, Mazzarol G, Pruneri G, Luini A, Intra M, Veronesi P, Galimberti V, Torrises R, Cardillo A, Goldhirsch A, Viale G (2005). Size of breast cancer metastases in axillary lymph nodes: Clinical relevance of minimal lymph node involvement. JOURNAL OF CLINICAL ONCOLOGY, vol. 23, p. 1379-1389, ISSN: 0732-183X, doi: 10.1200/JCO.2005.07.094
9. **Colleoni M**, Zahrieh D, Gelber RD, Holmberg SB, Mattsson JE, Rudenstam CM, Lindtner J, Erzen D, Snyder R, Collins J, Fey MF, Thurlimann B, Crivellari D, Murray E, Mendiola C, Pagani O, Castiglione-Gertsch M, Coates AS, Price K, Goldhirsch A (2005). Site of primary tumor has a prognostic role in

- operable breast cancer: The International Breast Cancer Study Group experience. *JOURNAL OF CLINICAL ONCOLOGY*, vol. 23, p. 1390-1400, ISSN: 0732-183X, doi: 10.1200/JCO.2005.06.052
10. **Colleoni M**, Li SG, Gelber RD, Price KN, Coates AS, Castiglione-Gertsch M, Goldhirsch A (2005). Relation between chemotherapy dose, oestrogen receptor expression, and body-mass index. *LANCET*, vol. 366, p. 1108-1110, ISSN: 0140-6736, doi: 10.1016/S0140-6736(05)67110-3
  11. **Colleoni M**, Gelber S, Coates AS, Castiglione-Gertsch M, Gelber RD, Price K, Rudenstam CM, Lindtner J, Collins J, Thurlimann B, Holmberg SB, Cortes-Funes H, Simoncini E, Murray E, Fey M, Goldhirsch A (2001). Influence of endocrine-related factors on response to perioperative chemotherapy for patients with node-negative breast cancer. *JOURNAL OF CLINICAL ONCOLOGY*, vol. 19, p. 4141-4149, ISSN:0732-183X
  12. **Colleoni M**, Bonetti M, Coates AS, Castiglione-Gertsch M, Gelber RD, Price K, Rudenstam CM, Lindtner J, Collins J, Thurlimann B, Holmberg S, Veronesi A, Marini G, Goldhirsch A (2000). Early start of adjuvant chemotherapy may improve treatment outcome for premenopausal breast cancer patients with tumors not expressing estrogen receptors. *JOURNAL OF CLINICAL ONCOLOGY*, vol. 18, p. 584-590, ISSN: 0732-183X
  13. **Colleoni M**, Mandala M, Peruzzotti G, Robertson C, Bredart A, Goldhirsch A (2000). Depression and degree of acceptance of adjuvant cytotoxic drugs. *LANCET*, vol. 356, p. 1326-1327, ISSN: 0140-6736, doi: 10.1016/S0140-6736(00)02821-X
  14. **Colleoni M**, Price KN, Castiglione-Gertsch M, Gelber RD, Coates AS, Goldhirsch A (1999). Mortality during adjuvant treatment of early breast cancer with cyclophosphamide, methotrexate, and fluorouracil. *LANCET*, vol. 354, p. 130-131, ISSN: 0140-6736, doi: 10.1016/S0140-6736(99)02015-2
  15. **Colleoni M**, Martinelli G, Beretta F, Marone C, Gallino A, Fontana M, Graffeo R, Zampino G, De Pas T, Cipolla G, Martinoni C, Goldhirsch A (1998). Intracavitary chemotherapy with thiotepa in malignant pericardial effusions: An active and well-tolerated regimen. *JOURNAL OF CLINICAL ONCOLOGY*, vol. 16, p. 2371-2376, ISSN: 0732-183X

## Congresses

- St Gallen Breast Cancer Conference. March 2013. (St. Gallen – Switzerland). Chair: Adjuvant systemic treatment for the individual patient I. Speaker: Extended adjuvant chemotherapy in endocrine non-responsive disease.
- 37th ESMO Congress. September 2012. (Vienna – Austria). Speaker: Neoadjuvant therapy for ER-positive breast cancer.
- 8th European Breast Cancer Conference – EBCC. March 2012. (Vienna – Austria). Teaching Lectures: Clinical Management of Triple Negative Breast Cancer.
- 35th ESMO Congress. October 2010. (Milan – Italy). Speaker: Benefits and side effects of endocrine therapy.
- Consensus Conference NCI-NIH, Bethesda. Preoperative therapy in invasive breast cancer. March 2007. Lecture: Correlation between preoperative chemotherapy response and ER, PgR, HER-1, HER-2 expression.