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## Abstract

## A phase 1 trial of PT-100 in patients receiving myelosuppressive chemotherapy

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Background: PT-100 is a small molecule which competitively inhibits dipeptidyl peptidase activity of fibroblast activation protein (FAP) and dipeptidyl peptidase IV (DPP-IV). It rapidly increases cytokine (G-CSF, IL-8) production, accelerates neutrophil and erythrocyte regeneration, and causes tumor regression in mice via inhibition of FAP and DPP-IV. This dose-escalation study was conducted to evaluate the safety of PT-100 in patients receiving myelosuppressive chemotherapy (a doxorubicin or taxane based regimen) and to assess its effects on neutrophil recovery. Methods: Patients received 2 cycles of chemotherapy: the first cycle (C1) served as each patient's individual control. PT-100 was administered orally for 7 days in cycle 2 (C2) as a 200, 400, 800, and 1200mcg total daily dose (divided twice daily) to 6, 6, 13, and 4 patients, respectively. Most patients received PT-100 on Days 2-8 of chemotherapy in C2, except at 800mcg where one cohort was treated on a Day 5 -11 schedule. Patients had to have Grade 3/4 neutropenia in C1 to receive PT-100 in C2. **Results:** Five of 13 patients receiving PT-100 800mcg experienced a 2 2-day improvement in ≥ Grade 3 neutropenia, and a 62% improvement in median AUC in C2 vs. C1 was observed in patients treated on the Day 2-8 schedule. A corresponding upregulation in G-CSF, IL-6, and IL-8 was observed in most patients. Overall, PT-100 was well-tolerated. Edema/peripheral swelling, hypotension, and hypovolemia were the most common nonhematologic AEs considered related to PT-100. Two Grade 3 AEs were considered related to PT-100: syncope (1200mcg) and orthostatic hypotension (800mcg). An MTD was not reached. Conclusions: Given the accelerated neutrophil recovery, strong preclinical evidence of antitumor activity, and tolerable toxicities of PT-100, studies using a longer PT-100 dosing schedule are warranted to investigate its antitumor and neutrostatic effects.

	PT-100 Daily Dose and Schedule						
	200 mog (02-8) (14-6)	400 mcg (02-8) (n=6)	800 mog (D2-8) (H=7)	800 mog (D5-11) (H=6)	1200 mcg (02-8) (e=4)		
Grade 3 neutropenia	1	0	0	1	0		
Grade 4 neutropenia	1		3	1	\. \.		
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## Author Disclosure

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Employment or Leadership	Consultant or Advisory	Stock Ownership	Honoraria	Research Funding	Expert Testimony	Other Remuneratior
Point Therapeutics	Point Therapeutics	Point Therapeutics	Cell Genesys; ONYX Pharmaceuticals		Corixa	

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