

(54) **METHODS AND COMPOSITIONS FOR TREATING CANCER**

(75) Inventors: **Alan H. Auerbach**, Hermosa Beach, CA (US); **Arie S. Beldegrum**, Los Angeles, CA (US)

(73) Assignee: **Janssen Oncology, Inc.**, Los Angeles, CA (US)

(\* ) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: **13/034,340**

(22) Filed: **Feb. 24, 2011**

(65) **Prior Publication Data**

US 2011/0144016 A1 Jun. 16, 2011

**Related U.S. Application Data**

(63) Continuation of application No. 11/844,440, filed on Aug. 24, 2007, now abandoned.

(60) Provisional application No. 60/921,506, filed on Aug. 25, 2006.

(51) **Int. Cl.**

**A61K 31/56** (2006.01)

**A61K 31/58** (2006.01)

(52) **U.S. Cl.**

CPC ..... **A61K 31/58** (2013.01)

USPC ..... **514/170**; 514/180

(58) **Field of Classification Search**

USPC ..... 514/170, 182

See application file for complete search history.

(56) **References Cited**

U.S. PATENT DOCUMENTS

2006/0030608 A1 2/2006 Nelson et al.

FOREIGN PATENT DOCUMENTS

EP 2478907 7/2012

WO 2006027266 3/2006

OTHER PUBLICATIONS

O'Donnell et al., *British Journal of Cancer*, 2004;90:2317-2325.\*

Tannock et al., *J. Clin. Oncol.*, 1996;14:1756-1764.\*

ASCO Cancer Foundation, Poster Session F: Hormone Refractory, ASCO, 2005.

Bruno et al, Targeting cytochrome P450 enzymes: A new approach in anti-cancer drug development, Elsevier, 2007, pp. 5047-5060, vol. 15.

Cannell, 100th Annual Meeting of the American Association for Cancer Research, Los Angeles, CA, USA., <http://oncology.thelancet.com>, 2007, pp. 471, vol. 8.

Collins, et al. "A Systematic Review of the effectiveness of Docetaxel and Mitoxantrone for the Treatment of Metastatic Hormone-Refractory Prostate Cancer", *British J. of Cancer*, 95, pp. 457-462 (2006). Cougar Biotechnology, Cougar Biotechnology Announces Initiation of Phase I/II Trial for CB7630 (Abiraterone Acetate), Cougar Biotechnology, Dec. 14, 2004.

Cougar Biotechnology, Cougar Biotechnology Announces Presentation of Positive CB7630 Clinical Data at AACR-NCI-EORTC International Conference on Molecular Targets and Cancer Therapeutics, Cougar Biotechnology, Oct. 2007.

Cougar Biotechnology, Cougar Biotechnology Announces Presentation of Positive CB7630 Clinical Data at ESMO Conference, Drugs.com, Jul. 2007.

Cougar Biotechnology, Cougar Biotechnology announces presentation of positive phase I and phase II data at ASCO Prostate Cancer Symposium, Cougar Biotechnology, Feb. 23, 2007.

Cougar Biotechnology, Cougar Biotechnology presents CB7630 Phase I clinical data at the 2005 Prostate Cancer Symposium, AllBusiness, 2005.

Cougar Biotechnology, Cougar Biotechnology presents positive CB7630 Clinical Data at AACR Annual Meeting Late-Breaking Clinical Trials Session, Cougar Biotechnology, Apr. 17, 2007.

Cougar Biotechnology, Cougar Technology Announces Presentation of Positive CB7630 Clinical Data at ASCO Annual Meeting, The Free Library, Jun. 4, 2007.

De Bono et al, Inhibition of CYP450c17 by abiraterone administered once daily to castrate patients with prostate cancer resistant to LHRH analogues, anti-androgens and steroid therapy is well tolerated . . . , *The institute of Cancer Research*, 2007.

De Coster, et al., Effects of High-Dose Ketoconazole and Dexamethason on ACTH-Stimulated Adrenal Steroidogenesis in Orchiectomized Prostatic Cancer Patients, *ACTA Endocrinologica (Copenh)*, 1987, pp. 265-271, vol. 115.

Duc et al, In Vitro and in vivo models for the evaluation of potent inhibitors of male rat 17 -hydroxylase/C-lyase, Pergamon, 2003, pp. 537-542, vol. 84.

Endocrinology, Inhibition of Androgen Synthesis in Human Testicular and Prostatic Microsomes and in Male Rats by Novel Steroidal Compounds, *Endocrinology*, 1999, pp. 2891-2897, vol. 140 No. 6.

Fossa, et al., Weekly Docetaxel and Prednisone Versus Prednisolone Alone in Androgen-Independent Prostate Cancer: A Randomized Phase II Study, *European Urology*, 2007, pp. 1691-1699, vol. 52.

Gerber, et al., Prostate Specific Antigen for Assessing Response to Ketoconazole and Prednisone in Patients with Hormone Refractory Metastatic Prostate Cancer, *The Journal of Urology*, 1990, pp. 1177-1179, vol. 1444, No. 5.

Hakki et al, CYP17- and CYP11B-dependent steroid hydroxylases as drug development targets, Elsevier, 2006, pp. 27-52, vol. 11.

Harris, et al., Low Dose Ketoconazole with Replacement Doses of Hydrocortisone in Patients with Progressive Androgen Independent Prostate Cancer, *The Journal of Urology*, 2002, pp. 542-545, vol. 168.

Moreira et al, Synthesis and evaluation of novel 17-indazole androstene derivatives designed as CYP17 inhibitors, Elsevier, 2007, pp. 939-948, vol. 72.

Newell et al, The Cancer Research UK experience of pre-clinical toxicology studies to support early clinical trials with novel cancer therapies, Elsevier, 2004, pp. 899-906, vol. 40.

(Continued)

*Primary Examiner* — San-Ming Hui

(57) **ABSTRACT**

Methods and compositions for treating cancer are described herein. More particularly, the methods for treating cancer comprise administering a 17 $\alpha$ -hydroxylase/C<sub>17,20</sub>-lyase inhibitor, such as abiraterone acetate (i.e., 3 $\beta$ -acetoxy-17-(3-pyridyl)androsta-5,16-diene), in combination with at least one additional therapeutic agent such as an anti-cancer agent or a steroid. Furthermore, disclosed are compositions comprising a 17 $\alpha$ -hydroxylase/C<sub>17,20</sub>-lyase inhibitor, and at least one additional therapeutic agent, such as an anti-cancer agent or a steroid.

**20 Claims, No Drawings**

(56)

## References Cited

## OTHER PUBLICATIONS

- Petrylak, et al., Future Directions in the Treatment of Androgen-Independent Prostate Cancer, *Urology*, 2005, pp. 8-13, vol. 65, Supplement 6A.
- Scholz, et al., Long-Term Outcome for Men with Androgen Independent Prostate Cancer Treated with Ketoconazole and Hydrocortisone, *The Journal of Urology*, 2005, pp. 1947-1952, vol. 173.
- Small et al, The Case for Socondary Hormaonal Therapies in the Chemotherapy Age, *The Journal of Urology*, 2006, pp. S66-S71, vol. 176.
- Wikipedia, Corticosteriod, undated, website, 2013.
- Third Party Observations dated Oct. 18, 2012 for EP Appln. No. 07837326.3.
- Third Party Observations dated Mar. 28, 2013 for EP Appln. No. 07837326.3.
- Third Party Observations dated Jul. 1, 2013 for EP Appln. No. 07837326.3.
- Berry, W. et al. Phase III Study of Mitoxantrone Plus Low Dose Prednisone Versus Low Dose Prednisone Alone in Patients with Asymptomatic Hormone Refractory Prostate Cancer, *The Journal of Urology*, 2002, pp. 2439-2443, vol. 168.
- Chang, Ching-Yi, et al. Glucocorticoids Manifest Androgenic Activity in a Cell Derived from a Metastatic Prostate Cancer, *Cancer Research*, 2001, pp. 8712-8717, vol. 61.
- Dorff, TB, Crawford, ED. Management and challenges of corticosteroid therapy in men with metastatic castrate-resistant prostate cancer, *Annals of Oncology*, 2013, pp. 31-38, vol. 24(1).
- Efstathiou, Eleni, et al. Effects of Abiraterone Acetate on Androgen Signaling in Castrate-Resistant Prostate Cancer in Bone, *American Society of Clinical Oncology, Journal of Clinical Oncology*, 2011, pp. 1-8.
- Huggins, Charles, et al. Studies on Prostatic Cancer.I. The Effect of Castration, of Estrogen and of Androgen Injection on Serum Phosphatases in Metastatic Carcinoma of the Prostate, *Cancer Research*, 1941, pp. 293-297, vol. 1.
- Mostaghel, EA, et al. Molecular Pathways: Targeting resistance in the androgen receptor for therapeutic benefit, *Clin Cancer Res*, Dec. 4, 2013.
- Nishimura, Kazuo, et al. Potential Mechanism for the Effects of Dexamethasone on Growth of Androgen-Independent Prostate Cancer, *Journal of the National Cancer Institute*, 2001, pp. 1739-1746, vol. 93.
- Oudar, Stephane, et al. Actualite dans le cancer de la prostate, *Synthese, Bull Cancer* 2005; 92 (10), pp. 865-873 (relevance in English abstract).
- Petrylak, et al. Docetaxel and Estramustine Compared with Mitoxantrone and Prednisone for Advanced Refractory Prostate Cancer, *The New England Journal of Medicine*, 2004, pp. 1513-1520, vol. 351.
- Ryan, et al., Aberaterone Acetate in Metastatic Prostate Cancer With-out Previous Chemotherapy, *The New England Journal of Medicine*, 2013, 368:138-148.
- Sartor, et al, Abiraterone Prolongs Survival in Metastatic Prostate Cancer, *Nature Reviews Clinical Oncology*, 2011, pp. 515-516, vol. 8.
- Tannock, IF, et al. Docetaxel plus prednisone or mitoxantrone plus prednisone for advanced prostate cancer, *The New England Journal of Medicine*, 2004, pp. 1502-1512, vol. 351(15).
- Assessment Report for Zytiga (abiraterone) published 2011 by the CHMP of the EMA.
- Auchuz-3, R.J., "The genetics, pathophysiology, and the management of human deficiencies of P450c17", *Endocrinol Metab Clin North Am* (2001), 30, p. 101-119.
- Ayub, M., Inhibition of testicular 17 $\alpha$ -hydroxylase and 17,20-lyase but not 3 $\beta$ -hydroxysteroid dehydrogenase-isomerase or 17 $\beta$ -hydroxysteroid oxidoreductase by ketoconazole and other imidazole drugs, *Journal of Steroid Biochemistry* (1987) 28(5), p. 521-531.
- Campbell-Walsh *Urology*, Ninth Edition, Saunders, vol. 3, Chapters 104 and 105, 2007.
- Cecil Textbook of Medicine, Wyngaarden & Smith 18th edition; Chapter on "Glucocorticosteroid Therapy", Wyngaarden & Smith 18th edition, (1988) p. 128-131.
- Coudar Biotechnology Inc. with the U.S. Securities and Exchange Commission, Form 10-QSB, 2013.
- Czock, et al., "Pharmacokinetics and Pharmacodynamics of Systemically Administered Glucocorticoids", *Pharmacokinetics* (2005), 44(1), p. 61-98.
- Ergun-Longmire, Berrin, et al., "Two Novel Mutations Found in a Patient with 17 $\alpha$ -Hydroxylase Enzyme Deficiency", *The Journal of Clinical Endocrinology & Metabolism* (2006), 91(10), p. 4179-4182.
- Fakih, et al., *Urology* (2002) 60, p. 553-561.
- Friel, Patrick N., et al., "Suppression of adrenal function by low-dose prednisone: assessment with 24-hour urinary steroid hormone profiles—A review of five cases", *Alternative Medicine Review* (2006), 11(1).
- Internet article: [http://clinicaltrials.gov/archive/NCT00485303/2007\\_06\\_11](http://clinicaltrials.gov/archive/NCT00485303/2007_06_11).
- Information concerning Zytiga (abiraterone acetate) from <http://www.kompodium.ch/prod/pnr/1183238/de?Platform=Desktop> as of Mar. 25, 2014.
- Internet article: <http://clinicaltrials.gov/ct2/show/study/NCT00485303?sec=X501>, 2014.
- Mostaghel, E.A., "Abiraterone in the treatment of metastatic castration-resistant prostate cancer", *Cancer Management Res.* (2014) 6, p. 39-51.
- Osaba, D., et al., "Health-Related Quality of Life in Men with Metastatic Prostate Cancer Treated with Prednisone alone or Mitoxantrone and Prednisone", *J Clin. Oncol.* (1999), 17(6), p. 165-1663.
- Petrylak, D.P., "New Paradigms for Advanced Prostate Cancer", *Rev. Urol.* (2007), 9, Suppl. 2, S3-S12.
- Prostate Cancer Principles and Practice*, Taylor & Francis (2006) Chapter 93.
- Reid, A., et al., "Annals of Oncology", Educational and Abstract Book of the ESMO Conference Lugano (ECLU), (2007), 18(Supplement 9), ix173-ix174. Abstract 50PD.
- Remington, *The Science and Practice of Pharmacy*, 20th Edition (2000), p. 1363-1370.
- Runge, Marschall S., et al., *Principles of Molecular Medicine*; Second edition; (2006) Humana Press Inc. ISBN: 1-58829-202-9. pp. 365-376 and 482-484.
- Sills, Irene N., et al., "17 $\alpha$ -hydroxylase deficiency in a genetic male and female sibling pair", *Int. J. Gynaecol. Obstet.*, (1981), 19, p. 473-479.
- Summary of Product Characteristics for Zytiga 250mg tablets (Jan. 16, 2014).
- Tannock., et al., "Docetaxel Plus Prednisone or Mitoxantrone Plus Prednisone for Advanced Prostate Cancer", *Journal of Urology* (2005), 173(2), p. 456.
- The reply of applicant (i.e. the Proprietor of herein opposed patent) dated Jun. 4, 2013 in relation to the corresponding US2011/0144016A1 US proceedings.
- Wang, C., et al., "Hypertension due to 17 $\alpha$ -Hydroxylase deficiency", *Australian and New Zealand Journal of Medicine* (1978), 8(3), p. 295-299.
- Yano, A., et al., "Glucocorticoids Suppress Tumor Angiogenesis and In vivo Growth of Prostate Cancer Cells", *Clin. Cancer Res.*, (2006) 12, 3003-3009.
- Statement of Opposition, Actavis Group PTC ehf, 2014.
- Statement of Opposition, Alfred E. Tiefenbacher, 2014.
- Statement of Opposition, Alison Gallafent, 2014.
- Statement of Opposition, Arnold Siedsma, 2014.
- Statement of Opposition, Cabinet Lavoix, 2014.
- Statement of Opposition, Galenicum Health, S.L., 2014.
- Statement of Opposition, Generics Ltd., 2014.
- Statement of Opposition, Helm AG, 2014.
- Statement of Opposition, Hetero Drugs, 2014.
- Statement of Opposition, Isenbruck Bosl Horschler LLP, 2014.
- Statement of Opposition, Laboratorios Leon Farma, S.A., 2014.
- Statement of Opposition, Maiwald Patentanwalts GmbH, 2014.
- Statement of Opposition, Stada Arzneimittel, 2014.
- Statement of Opposition, Synthon B.V., 2014.

(56)

**References Cited**

## OTHER PUBLICATIONS

Statement of Opposition, Teva Pharmaceutical Industries, Ltd., 2014.  
Statement of Opposition, Zentiva k.s., 2014.  
Carducci, M.A., "What is more exciting? The Activity of Docetaxel in Early Prostate Cancer or the Successful Collaboration between Urologists and Medical Oncologists to complete a study in early Prostate Cancer'?", *Journal of Clinical Oncology* (2005), vol. 23, No. 15, pp. 3304-3307.  
Sahu, B., et al., "FoxA1 Specifies Unique Androgen and Glucocorticoid Receptor Binding Events in Prostate Cancer Cells", *Cancer Research* (2013), vol. 73, pp. 1570-1580.  
Storlie, J.A., et al., "Prostate Specific Antigen Levels and Clinical Response to Low Dose Dexamethasone for Hormone-Refractory Metastatic Prostate Carcinoma", *Cancer* (1995) vol. 76, No. 1, p. 96-100.  
Tanagho, E.A., et al., "The Leading Single-Volume Resource in Urology", *Smith's General Urology*, 16th Edition, (2004), Chapter 19, pp. 321-323; Chapter 22, pp. 380-385.  
Tomic, R., et al., "Hormonal Effects of High Dose Medroxyprogesterone Acetate Treatment in Males with Renal or Prostatic Adenocarcinoma", (1988), vol. 22 (1), Abstract.  
Venkitaraman, R., et al., "Efficacy of Low-Dose Dexamethasone in Castration-Refractory Prostate Cancer", *BJU Int* (2008), 101, pp. 1756-1764.

Vogelzang, N.J., Curriculum Vitae, 15 pages.  
Yana, A., et al., "Glucocorticoids Suppress Tumor Lymphangiogenesis of Prostate Cancer Cells", *Clin Cancer Res* (2006), vol. 12, pp. 6012-6017.  
Declaration by Dr. Jacqueline Anne Warner in the matter of Opposition by Northern Rivers Pty Ltd., 25 pages, 2004.  
Declaration by Helen Grimes in the matter of Opposition by Northern Rivers Pty Ltd., 43 pages, 2004.  
Statement of Opposition, Actavis Group PTC ehf.  
Statement of Opposition, Alfred E. Tiefenbacher (translated in English).  
Statement of Opposition, Arnold Siedsma (Synthon B.V.).  
Statement of Opposition, Cabinet Lavoix.  
Statement of Opposition, Galenicum Health, S.L.  
Statement of Opposition, Generics Ltd.  
Statement of Opposition, Helm AG (translated in English).  
Statement of Opposition, Hetero Drugs.  
Statement of Opposition, Laboratorios Leon Farma, S.A.  
Statement of Opposition, Maiwald Patentanwalts GmbH.  
Statement of Opposition, Stada Arzneimittel AG (translated in English).  
Statement of Opposition, Teva Pharmaceutical Industries, Ltd.

\* cited by examiner

# 1

## METHODS AND COMPOSITIONS FOR TREATING CANCER

### FIELD OF THE INVENTION

Methods and compositions for treating cancer are described herein. More particularly, the methods for treating cancer comprise administering a  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor, such as abiraterone acetate (i.e.,  $3\beta$ -acetoxy-17-(3-pyridyl)androsta-5,16-diene), in combination with at least one additional therapeutic agent, such as an anti-cancer agent or a steroid. Furthermore, disclosed are compositions comprising a  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor, and at least one additional therapeutic agent such as an anti-cancer agent or a steroid, e.g., a corticosteroid or, more specifically, a glucocorticoid.

### BACKGROUND

The number of people diagnosed with cancer has significantly increased. Of special interest are individuals diagnosed with androgen-dependent disorders, such as prostate cancer, and estrogen-dependent disorders, such as breast cancer since such diagnoses are increasing in number at an alarming rate.

Prostate cancer is currently the most common non-skin cancer and the second leading cause of cancer-related death in men after lung cancer. The primary course of treatment for patients diagnosed with organ-confined prostate cancer is usually prostatectomy or radiotherapy. Not only are these treatments highly invasive and have undesirable side effects, such localized treatments are not effective on prostate cancer after it has metastasized. Moreover, a large percent of individuals who receive localized treatments will suffer from recurring cancer.

Additionally, breast cancer incidence in women has increased from one out of every 20 women in 1960 to one out of every eight women in 2005. Moreover, it is the most common cancer among white and African-American women. Similar to treating prostate cancer, most options for women diagnosed with breast cancer are highly invasive and have significant side-effects. Such treatments include surgery, radiation and chemotherapy.

Hormone therapy is another treatment option for individuals diagnosed with prostate or breast cancer. Hormone therapy is a form of systemic treatment for prostate or breast cancer wherein hormone ablation agents are used to suppress the production or block the effects of hormones, such as estrogen and progesterone in the body, which are believed to promote the growth of breast cancer, as well as testosterone and dihydrotestosterone, which are believed to promote the growth of prostate cancer. Moreover, hormone therapy is less invasive than surgery and does not have many of the side effects associated with chemotherapy or radiation. Hormone therapy can also be used by itself or in addition to localized therapy and has shown to be effective in individuals whose cancer has metastasized.

Even though hormone therapy is less invasive and can be used on more advanced stages of cancer, some individuals administered current hormone therapy treatments may not show a significant response or may not show any response at all to such treatments. Additionally, some patients treated with current hormone therapy treatments may also suffer from relapsing or recurring cancer. Currently, such refractory cancer patients are left with very few treatment options.

Despite the progress made in the treatment of cancer, there remains a need for more effective ways to treat cancer such as, but not limited to, prostate cancer and breast cancer. Addi-

2

tionally, there is a need for effective anti-cancer treatment options for patients who are not responding to current anti-cancer treatments. Also, there is a need for effective anti-cancer treatment options for patients whose cancer has recurred.

### SUMMARY OF THE INVENTION

Described herein are methods for treating a cancer in which a therapeutically effective amount of a  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor, such as abiraterone acetate (i.e.  $3\beta$ -acetoxy-17-(3-pyridyl)androsta-5,16-diene), is administered to a patient, e.g., a patient in need thereof, in combination with a therapeutically effective amount of at least one additional therapeutic agent including, but not limited to, an anti-cancer agent or steroid. Such methods can also provide an effective treatment for individuals with a refractory cancer, including individuals who are currently undergoing a cancer treatment. Therefore, in certain embodiments, the method is directed to treating a refractory cancer in a patient, in which a therapeutically effective amount of  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor is administered to a patient currently receiving an anti-cancer agent.

For example, in certain embodiments, the method for the treatment of a cancer in a mammal comprises administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 0.1 mg/m<sup>2</sup> to about 20 mg/m<sup>2</sup> of mitoxantrone.

In another embodiment, the method for the treatment of a cancer in a mammal comprises administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 1 mg/m<sup>2</sup> to about 175 mg/m<sup>2</sup> of paclitaxel.

In still other embodiments, the method for the treatment of a cancer in a mammal comprises administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 1 mg/m<sup>2</sup> to about 100 mg/m<sup>2</sup> of docetaxel.

Furthermore, described herein is a method for the treatment of a cancer in a mammal comprising administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate; and an amount of about 0.01 mg to about 200 mg of leuprolide, wherein the leuprolide is administered over a period of about 3 days to about 12 months.

In other embodiments, the method for the treatment of a cancer in a mammal comprises administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 0.01 mg to about 20 mg of goserelin, wherein the goserelin is administered over a period of about 28 days to about 3 months.

Additionally, in another embodiment, the method for the treatment of a cancer in a mammal comprises administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 0.01 mg to about 20 mg of triptorelin, wherein the triptorelin is administered over a period of about 1 month.

The method for the treatment of a cancer in a mammal can also comprise administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 0.1 µg/day to about 500 µg/day of seocalcitol, such as about 100 µg/day of seocalcitol.

Also, the method for the treatment of a cancer in a mammal can comprise administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 1 mg/day to about 300 mg/day of bicalutamide.

3

In yet another embodiment, the method for the treatment of a cancer in a mammal can comprise administering an amount of about 0.01 mg/kg/day to about 100 mg/kg/day of abiraterone acetate and an amount of about 1 mg/day to about 2000 mg/day of flutamide.

Moreover, the method for the treatment of a cancer in a mammal can comprise administering an amount of about 50 mg/day to about 2000 mg/day of abiraterone acetate and an amount of about 0.01 mg/day to about 500 mg/day of a glucocorticoid including, but not limited to, hydrocortisone, prednisone or dexamethasone.

Also described herein are compositions for the treatment of cancer that comprise a combination of a therapeutically effective amount of at least one  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor and a therapeutically effective amount of at least one additional anti-cancer agent, such as, but not limited to, mitoxantrone, paclitaxel, docetaxel, leuprolide, goserelin, triptorelin, seocalcitol, bicalutamide, flutamide, or a steroid including, but not limited to, hydrocortisone, prednisone, or dexamethasone.

Finally, single unit dosage forms comprising abiraterone acetate and a glucocorticoid, optionally with carriers, diluents or excipients, are contemplated. Also, kits comprising at least one  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor and an additional anti cancer agent or steroid are contemplated. For example, the kit may include a vial containing abiraterone acetate and another vial containing a glucocorticoid.

#### DEFINITIONS

As used herein and unless otherwise defined the word "cancer," refers to the growth, division or proliferation of abnormal cells in the body. Cancers that can be treated with the methods and the compositions described herein include, but are not limited to, prostate cancer, breast cancer, adrenal cancer, leukemia, lymphoma, myeloma, Waldenström's macroglobulinemia, monoclonal gammopathy, benign monoclonal gammopathy, heavy chain disease, bone and connective tissue sarcoma, brain tumors, thyroid cancer, pancreatic cancer, pituitary cancer, eye cancer, vaginal cancer, vulvar cancer, cervical cancer, uterine cancer, ovarian cancer, esophageal cancer, stomach cancer, colon cancer, rectal cancer, liver cancer, gallbladder cancer, cholangiocarcinoma, lung cancer, testicular cancer, penal cancer, oral cancer, skin cancer, kidney cancers, Wilms' tumor and bladder cancer.

As used herein, and unless otherwise defined, the terms "treat," "treating" and "treatment" include the eradication, removal, modification, management or control of a tumor or primary, regional, or metastatic cancer cells or tissue and the minimization or delay of the spread of cancer.

As used herein, and unless otherwise defined, the term "patient" means an animal, including but not limited to an animal such as a human, monkey, cow, horse, sheep, pig, chicken, turkey, quail, cat, dog, mouse, rat, rabbit, or guinea pig. In one embodiment, the patient is a mammal and in another embodiment the patient is a human. In certain embodiments, the patient can be an adult male or female. In some embodiments, the patient is a male of age about 30 years to about 85 years. In other embodiments, the patient is a female of age about 30 years to about 85 years. In a particular embodiment, the patient has or is susceptible to having (e.g., through genetic or environmental factors) cancer. In a further embodiment, the patient has or is susceptible to having (e.g., through genetic or environmental factors) a tumor. In other embodiments, the patient can be castrated or non-castrated.

The term " $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor" as used herein refers to an inhibitor of  $17\alpha$ -hydroxylase/ $C_{17,20}$ -

4

lyase, (which is an enzyme in testosterone synthesis), an analog thereof, derivative thereof, metabolite thereof or pharmaceutically acceptable salt thereof. Also, unless otherwise noted, reference to a particular  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor can include analogs, derivatives, metabolites or pharmaceutically acceptable salts of such particular  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor.

The term "anti-cancer agent" as used herein refers to any therapeutic agent that directly or indirectly kills cancer cells or directly or indirectly prohibits stops or reduces the proliferation of cancer cells. It should be noted that even though throughout this specification and in the claims the phrase "anti-cancer agent" is written as a singular noun, for example; "an anti-cancer agent" or "the anti-cancer agent," the phrase "anti-cancer agent" should not be interpreted as being limited to the inclusion of a single anti-cancer agent.

As used herein, and unless otherwise defined, the phrase "therapeutically effective amount" when used in connection with a  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor or therapeutic agent means an amount of the  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor or therapeutic agent effective for treating a disease or disorder disclosed herein, such as cancer.

As used herein and unless otherwise defined the phrase "refractory cancer," means cancer that is not responding to an anti-cancer treatment or cancer that is not responding sufficiently to an anti-cancer treatment. Refractory cancer can also include recurring or relapsing cancer.

As used herein and unless otherwise defined the phrase "refractory patient," means a patient who has refractory cancer.

As used herein and unless otherwise defined the phrase "relapse cancer," means cancer that was at one time responsive to an anti-cancer treatment but has become no longer responsive to such treatment or is no longer responding sufficiently to such treatment.

As used herein and unless otherwise defined the phrase "recurring cancer," means cancer that has returned after a patient has been earlier diagnosed with cancer, under gone treatment or had been previously diagnosed as cancer-free.

As used herein and unless otherwise defined the term "derivative" refers to a chemically modified compound wherein the chemical modification takes place at one or more functional groups of the compound. The derivative may retain or improve the pharmacological activity of the compound from which it is derived.

As used herein and unless otherwise defined the term "analog" refers to a chemical compound that is structurally similar to another but differs slightly in composition (as in the replacement of one atom by an atom of a different element or in the presence of a particular functional group).

As used herein and unless otherwise defined the phrase "pharmaceutically acceptable salt" refers to any salt of a  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor which retains the biological effectiveness of the  $17\alpha$ -hydroxylase/ $C_{17,20}$ -lyase inhibitor. Examples of pharmaceutically acceptable salts include, but are not limited to, acetates, sulfates, pyrosulfates, bisulfates, sulfites, bisulfites, phosphates, monohydrogenphosphates, dihydrogenphosphates, metaphosphates, pyrophosphates, chlorides, bromides, iodides, acetates, propionates, decanoates, caprylates, acrylates, formates, isobutyrate, caproates, heptanoates, propiolates, oxalates, malonates, succinates, suberates, sebacates, fumarates, maleates, butyne-1,4-dioates, hexyne-1,6-dioates, benzoates, chlorobenzoates, methylbenzoates, dinitrobenzoates, hydroxybenzoates, methoxybenzoates, phthalates, sulfonates, xylenesulfonates, phylacetates, phenylpropionates, phenylbutyrates, citrates, lactates, gamma-hydroxybutyrates,

# Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

## Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

## Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

## Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

## API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

## LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

## FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

## E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.