

# Engaging Patient Cohorts for Better Medicines, Faster

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# Cancer Drug Development

- 833 industry sponsored Phase I trials ongoing  
50% are targeted drugs (Cancer trials.gov )
- Cost is >1 billion per drug and 7 years for regulatory approval
- But only 5 % of drugs in phase I, will make it to market
- New drug approvals lowest in 20 years
- FDA Critical path Initiative (2004)
  - A paradigm change is required
  - Innovative trial designs
  - *Enrichment of patients*

We are using the evaluation tools and  
infrastructure of the last century to  
develop this century's advances

Robert Justice, MD, MS Division of Drug  
Oncology Products, FDA. 2006

# Our Approach to Phase I Trials Emphasizes Patient Selection

- An unmet need, most patients with advanced cancer ( >200,000 /year) will exhaust FDA approved treatments quickly
- “Rare Tumors” (new cases 40,000/year) no standard therapy in most cases
- Patients enroll to phase I trials in expectation of benefit
- Patients should be assigned to potential therapy of benefit if possible

# Finding a Molecular Target

- Progress in cancer therapy impeded by inability to find a relevant target
- Most tumors are genetically heterogeneous
- Many over-expressed / mutated genes represent only a subset of the tumor cells
  - (i.e not an therapeutic target)
- Need to identify key oncogenic mutations that lead to the development of an invasive tumor

# Contexts of Vulnerabilities “Oncogene Addiction”

## Have been found for Rare Tumors

| Tumor Type                       | Genomic Vulnerability  | Go-to-Agent                             |
|----------------------------------|------------------------|---|
| CML                              | Bcr-abl fusion protein | imatinib (Gleevec)                      |
| GIST                             | c-kit mutations        | Gleevec, sunitinib                      |
| Basal Cell                       | Patched mutation       | GDC 0449                                |
| Adrenal Cancer<br>Ewings sarcoma | IGFR                   | IGFR antibodies<br>AMG 479; CP 751, 871 |
| Castleman’s Disease              | Upregulated IL6        | CNTO 328                                |
| Papillary renal cell             | C-met amplification    | XL888, MP470                            |
| Myxoid liposarcoma               | 12:16 translocation    | ET743 (trabectedin)                     |
| Chondrosarcoma                   | TRAIL                  | TRAIL interactive                       |
| Synovial Cell Sarcoma            | EGFR                   | erlotinib                               |

# Finding a Target-The 6<sup>th</sup> Vital Sign

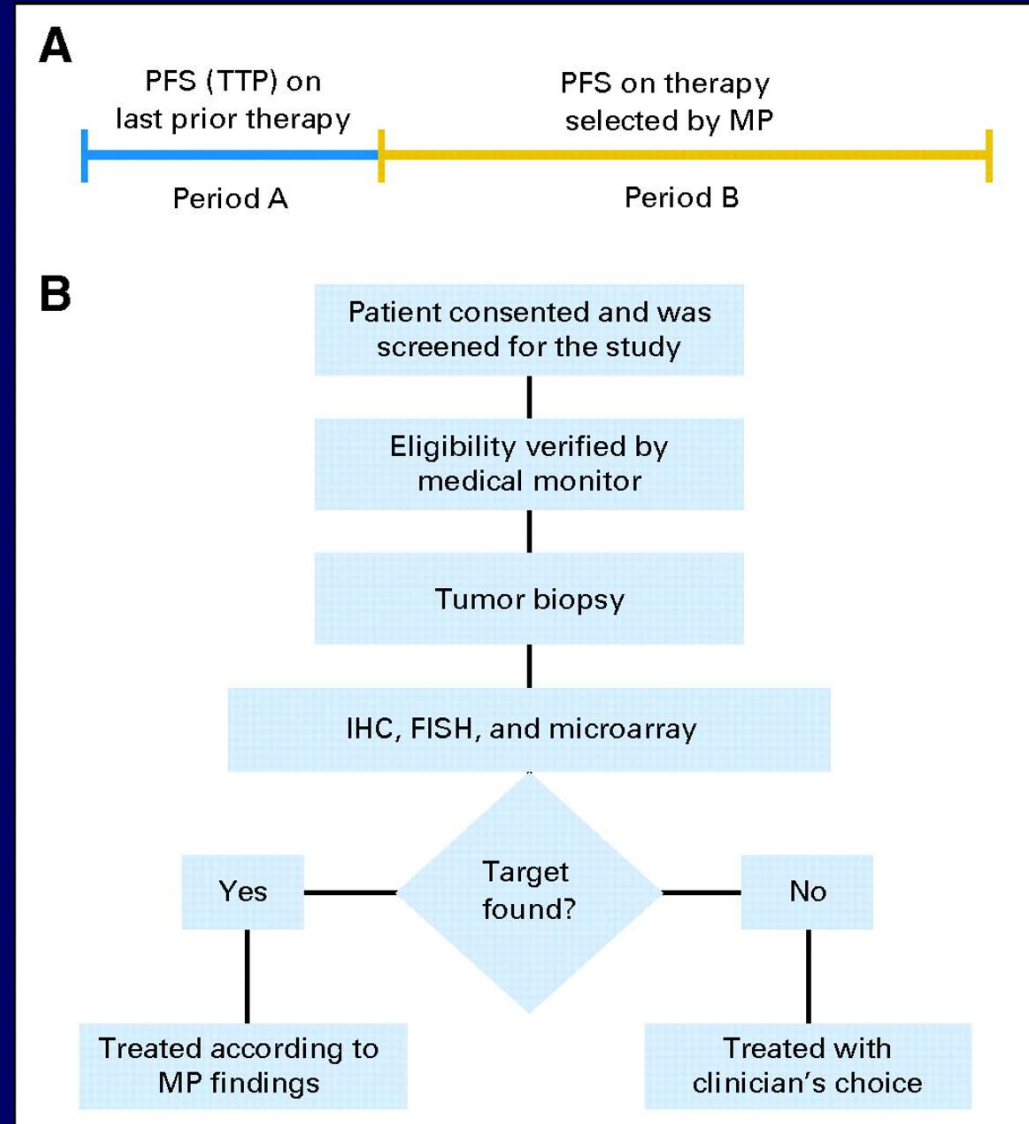
- IHC assays + DNA microarray for up to 18 targets (e.g. Her2/neu, ER, c-kit, etc.)
- 91 patients with fresh frozen tumor
- IHC identified an average of 1.2 targets (for which a conventional therapeutic agent is available) per patient (range 0 - 4 targets).
- The DMA identified an average of 3.3 targets per patient (range 0 - 8 targets).
- Overall, a target was found for 89 (98%) of the patients.
- This data indicates that using IHC and DMA one can consistently find a potential target

# Phase II Study of Molecular Profiling for Refractory Solid Tumors

The Bisgrove Study Group

The Stardust and  
Scottsdale Healthcare  
Foundations

Von Hoff D D et al.  
JCO 2010;28:4877-4883





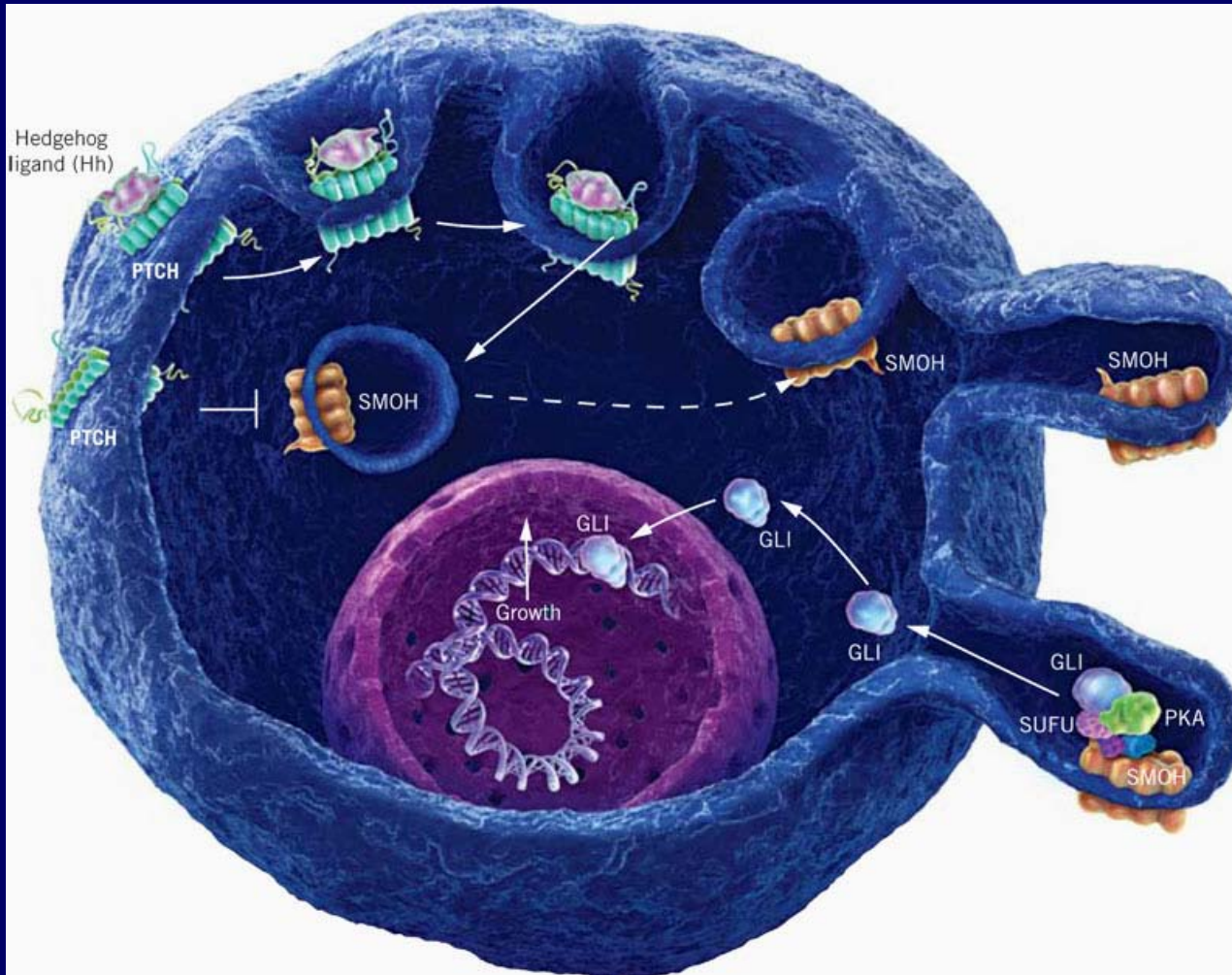
# Results: Primary Endpoint – PFS Ratio $\geq 1.3$

1. In 66 patients treated according to MP results
  - Number of patients with PFS ratio  $\geq 1.3 = 18/66$  (27%)
  - 95%CI 17-38%,
  - One-sided one-sample;  $p=0.007$
2. The null hypothesis was that  $\leq 15\%$  of this patient population would have a PFS ratio of  $\geq 1.3$ .
3. Therefore the null hypothesis is rejected and our conclusion is that this molecular profiling approach is promising

# Conclusions for this Prospective Study

1. It is possible to measure molecular targets in patient's tumors from 9 different centers across the U.S.
2. This Molecular Profiling approach and treatment selection showed benefit in some cases
3. We consider this a promising result worth pursuing
4. Newer technologies such as whole genome sequencing may refine patient selection

# Treatment Based on Inhibiting the Hedgehog Pathway:



**2 Key Receptors**  
*-Smoothened*  
*-Patched (Tumor suppressor)*

# Phase I Study of GDC-0449

- Metastatic/ locally advanced basal-cell carcinoma
- Only 800-1000 cases/year
- 3 dose levels (n=33) treated with GDC-0449
  - 150 mg/d (n=17)
  - 270 mg/d (n=15)
  - 540 mg/d (n=1)
- Minimal side effects, Grade 3/4 AEs in only 6 patients
  - Fatigue (n=4), hyponatremia (n=2),
  - muscle spasm/ atrial fibrillation (n=1 each).

# 41yo With Multiple Advanced Facial BCCs

Baseline



After 5 months



# Clinical Activity Summary of GDC0449 in Basal cell cancer

| Best Response         | Patients, N=33 |
|-----------------------|----------------|
| Duration of Treatment | 9.8 months     |
| Response (2CR)        | 18             |
| RECIST                | 7              |
| Physical exam         | 10             |
| Both                  | 1              |
| Stable Disease        | 11             |
| Disease Progression   | 4              |
| Patched mutations     | 9/10 specimens |

# Whole Genome Sequencing for Treatment is now a Reality

## Scientists Crack Cancer Codes

Nature; December 16, 2009

- Scientists are hailing the unlocking of the complete genetic code of two of the most common cancers as "a fundamental moment in cancer research".
- The scientists have discovered 30,000-odd errors in the DNA code of melanoma and about 23,000 errors in the DNA of lung cancer.

# Whole Genome Sequence Analysis of a Pancreatic Ampullary Adenocarcinoma-TGEN

63 y.o. man with Pancreatic Ampullary Adenocarcinoma

5 year survival rate is ~ 40%

Used frozen tumor specimen 300mg total tissue ( $\approx$  70% tumor)

Peripheral blood cells for normal DNA

Timeline: 3-4 weeks data generation; 3 weeks analysis

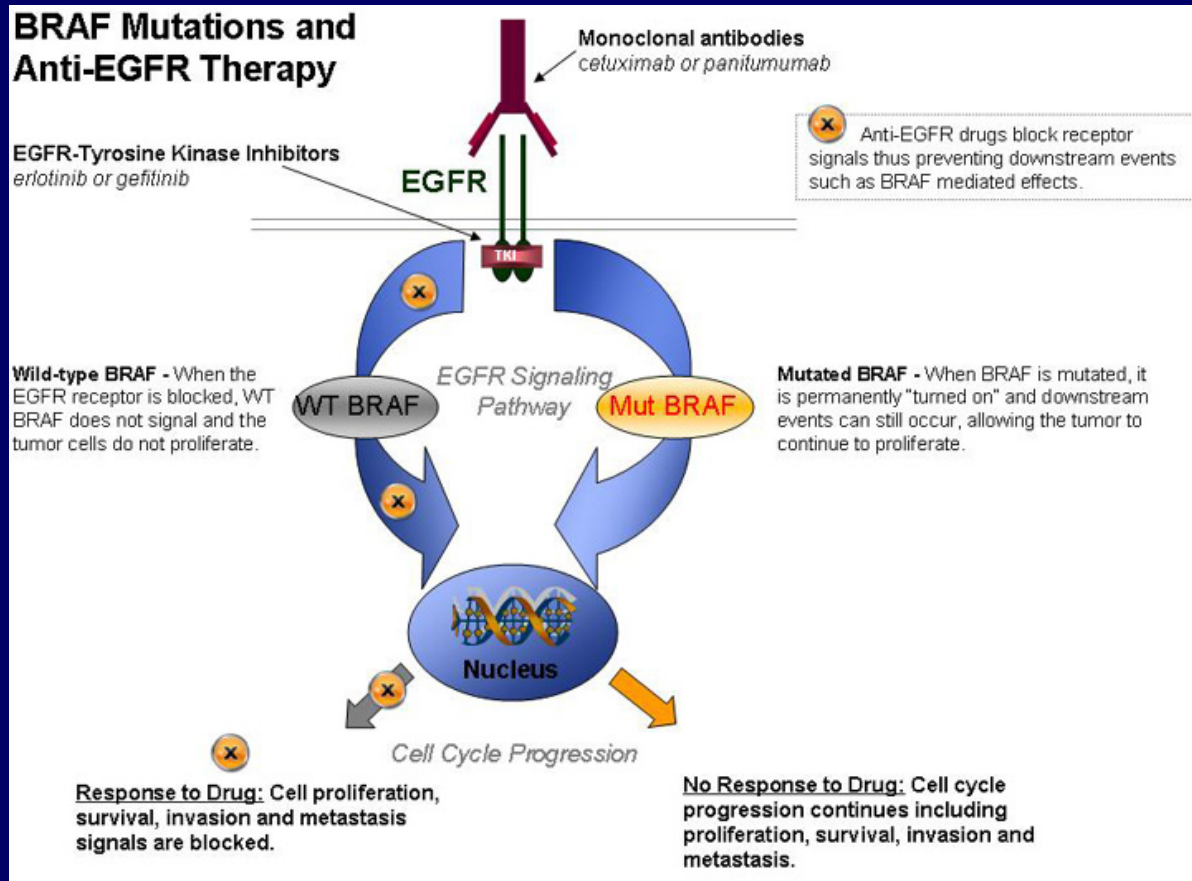
## SNP/Mutation statistics

- 30X coverage of tumor and 25X for normal
- number of total germline SNPs = 2,641,540
- 2284316 in dbSNP (86.5%)
- number of de novo mutations = 9,017
- **number of non-synonymous coding mutations = 81**
- **Druggable genes: Kras and PTEN found**



# Selection of Patients Can Result in Efficacy: The Braf Story

- Seen in 60% of melanomas
- 10% of solid tumors



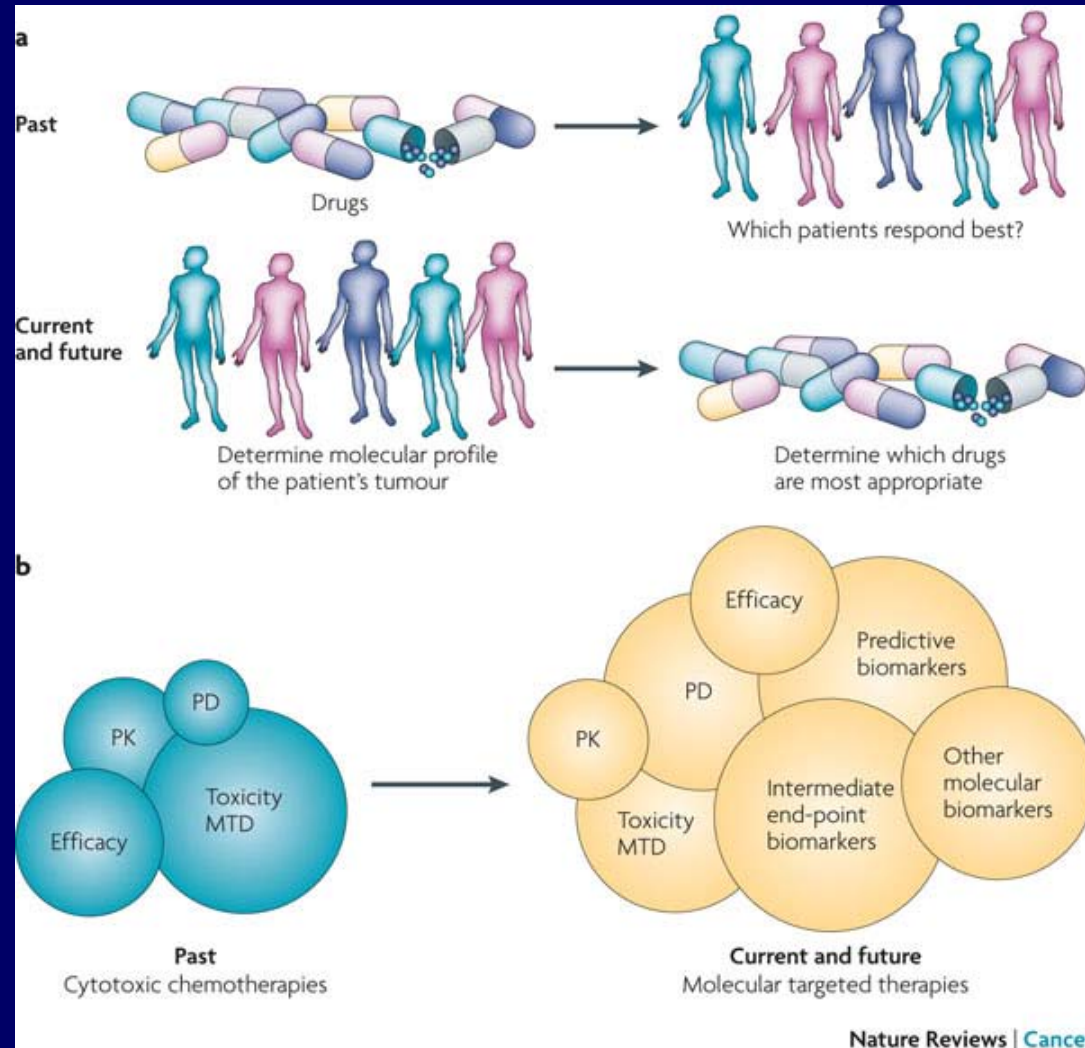
## PLX4032

- oral inhibitor of Braf
- Phase I study
- N=27
- Dose 960 mg bid
- 70% response in Braf mutated melanoma!!

# Other Examples

- ALK fusion Gene Inhibition.
  - Crizotinib in NSCLC. (A3, ASCO 2010).
- BRACA1/2-PARP Inhibition.
  - Olafarib (Fong PC et al, NEJM 2009)
- HDAC Inhibition.
  - HBI-8000 in Adenoid Cystic carcinoma (A 3529. ASCO 2009)
- CDK/TRKA Inhibition.
  - PHA-848125 Thymic cancer (A3531, ASCO 2008). Now a phase II study

# Drug Development-The New Paradigm To Accelerate Discoveries into the clinic



# The Team at Virginia G. Piper Cancer Center



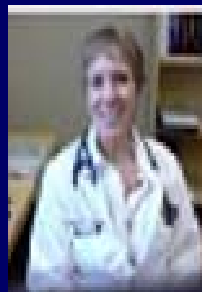
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