

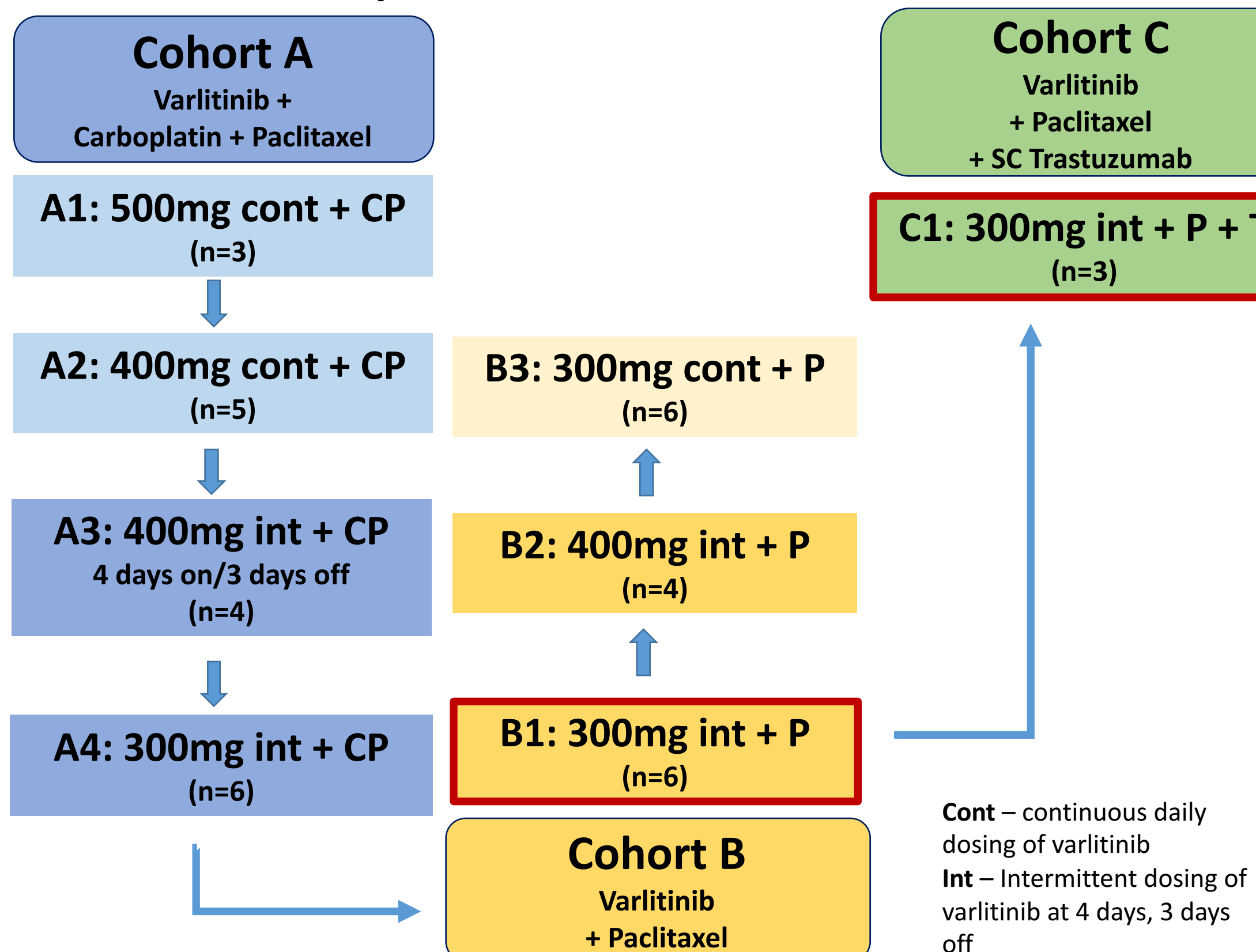
BACKGROUND

- The HER family of tyrosine kinases are implicated in several malignancies.
- Varlitinib is a potent small molecule tyrosine kinase inhibitor of HER1/HER2/HER4.
- The recommended dose of Varlitinib is 500mg twice daily.

Compound	IC50 (nM)		
	HER1	HER2	HER4
Varlitinib	7	2	4
Lapatinib	10.8	9.2	367
Neratinib	92	59	
Gefitinib	27	>3700	

METHODOLOGY

- Aim:** To determine the maximum tolerated dose and pharmacokinetics of Varlitinib (V) combination therapy. (NCT02396108)
- A 3+3 design was used in this Phase Ib trial.
- Eligibility:** advanced cancer where treatment with weekly paclitaxel/carboplatin was indicated.
- There were 3 treatment cohorts, each in combination with V:
 - A: Carboplatin AUC2 (C) + Paclitaxel 80mg/m² (P) weekly
 - B: P 80mg/m² weekly
 - C: P + Subcutaneous Trastuzumab (T) 600mg 3 weekly
- Treatment was administered until disease progression or intolerable toxicity.

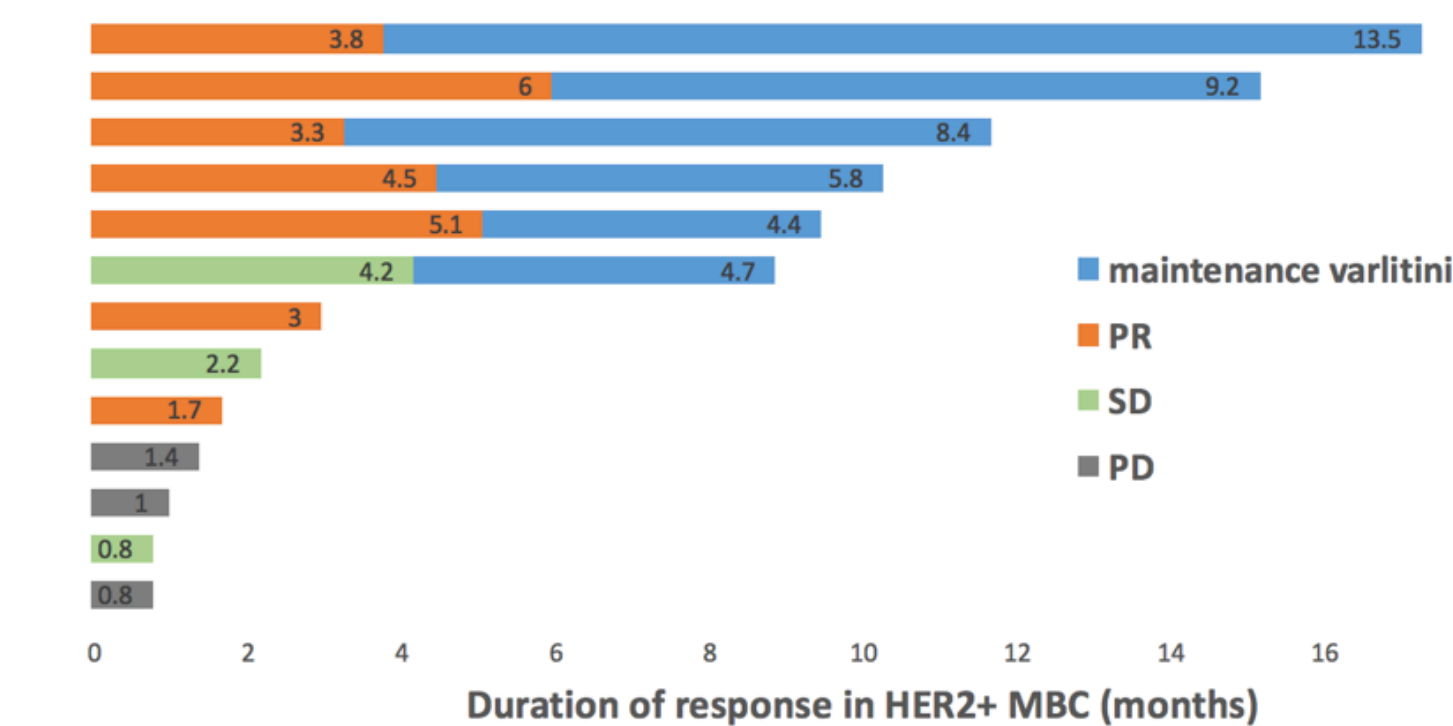


PATIENT CHARACTERISTICS

Demographics	N=37
Gender	Male 6 (16.2%); Female 31 (83.7%)
Median age (yrs)	56.8 (range 31.8 – 73.9)
Median lines of previous palliative systemic therapies	3 (range 0-14)
Primary tumor site	
Breast	28 (75.6%); HER2+ 20/28 (54% of entire cohort)
Cervix	2 (5.6%)
Lung	2 (5.6%)
Others	5 (13.5%)

EFFICACY

- 26/37 patients were evaluable for response
- 7 discontinued before cycle 2 due to toxicities, 1 died from suicide prior to cycle 2, 3 had yet to be evaluated for response at time of analysis.
- CR 1 (3.8%), PR 9 (34.6%), SD 11 (42.3%), PD 5 (19.2%),
- Median duration of response was 3 months (range 0.8 – 17.3m)
- 13/20 HER2+ metastatic breast cancer patients were evaluable for response
- 3 discontinued due to toxicities (in cohorts A4 & B2), 1 suicide prior to cycle 2, 3 yet to be evaluated,
- 6/20 were maintained on single agent Varlitinib for median 8 cycles (range 5-13) after chemotherapy completed.



DOSE LIMITING TOXICITIES (DLT)

Cohort	Number with DLTs	DLT in cycle 1
A1	3/3	G3 hyperbilirubinemia=1 Received <75% intended Varlitinib dose due to toxicities=2
A2	3/5	Febrile neutropenia = 3
A3	2/4	G3 hypophosphatemia= 1 G3 hyponatremia, G3 hypokalemia, intolerable G2 fatigue=1
A4	2/6	Febrile neutropenia = 1 G3 hypophosphatemia, G3 vomiting=1
B1*	0/6	Nil
B2	2/4	Febrile neutropenia =1 G3 transaminitis=1
B3	4/6	G3 diarrhea=1 G4 neutropenia >7days=1 Received <75% intended Varlitinib dose due to toxicities=2
C1*	0/3	Nil

*Only cohorts B1 and C1 were tolerable with no DLTs

ADVERSE EVENTS

Adverse Event	Any Grade	Grade 3-5
Diarrhea	25 (69.4%)	2 (5.6%)
Fatigue	24 (66.7%)	4 (11.1%)
Neutropenia	17 (47.2%)	15 (41.7%)
Loss of appetite	16 (44.4%)	0
Hyperbilirubinemia	14 (38.9%)	1 (2.8%)
Vomiting	13 (36.1%)	0
Hypokalemia	12 (33.3%)	3 (8.3%)
Hyponatremia	10 (27.8%)	6 (16.7%)
Hypophosphatemia	10 (27.8%)	5 (13.9%)
Mucositis	6 (16.7%)	2 (5.6%)
Constipation	5 (13.9%)	0
Anemia	5 (13.9%)	2 (5.6%)
Elevated AST	4 (11.1%)	1 (2.8%)
Febrile neutropenia	4 (11.1%)	4 (11.1%)
Thrombocytopenia	4 (11.1%)	1 (2.8%)
Pneumonitis	2 (5.6%)	2 (5.6%)
Perforated bowel	1 (2.8%)	1 (2.8%)

PHARMACOKINETICS

- Cmax, AUC and Clearance rates of paclitaxel were measured for patients in cohort A3, A4, B1.

Cohort		C1D1				C1D8			
		Tmax (h)	Cmax (ng/mL)	AUC (ng/mL*h)	Clearance (L/h)	Tmax (h)	Cmax (ng/mL)	AUC (ng/mL*h)	Clearance (L/h)
A3 (V 400mg int + CP)	Mean	0.8	3357.5	5410.6	25	0.9	4065	7336.3	19.5
	SD	0.3	957.6	1141.3	5.86	0.3	1218.4	3711.0	10.2
A4 (V 300mg int + CP)	Mean	1.3	2470.8	5772.7	26.7	1	2730.4	6301.1	22.5
	SD	0.6	1103.7	1141.3	5.86	0.3	1218.4	3177.0	10.2
B1 (V 300mg int + P)	Mean	1.3	3137.5	5314.6	24.4	0.8	2942.5	5087.5	23.6
	SD	0.3	1406.1	1661.5	9.2	0.3	1150.8	1686.1	7.8

- Pharmacokinetics of paclitaxel were not significantly different between the V 400mg int and V 300mg int groups.
- Suggests that V did not interact significantly with the pharmacokinetics of paclitaxel.

CONCLUSIONS

- The recommended dose of Varlitinib in combination with paclitaxel is 300mg BD administered intermittently.
- SC trastuzumab can be added safely.
- Promising efficacy of the combination was observed in HER2+ MBC with 30% patients experiencing prolonged disease control.
- Varlitinib with paclitaxel and SC trastuzumab is now being studied in HER2+ early breast cancers as a neoadjuvant regimen in a phase II trial.

ACKNOWLEDGEMENTS

- We are grateful to patients and families who have participated in our study, and to ASLAN Pharmaceuticals for providing Varlitinib for the clinical trial.
- This trial is supported by research grants from the Singapore Ministry of Health's National Medical Research Council under its Clinician Scientist Awards (NMRC/CSA-SI/0004/2015 and NMRC/CSA/015/2009) and NCIS Centre Grant (NMRC/CG/012/2013).