# A phase 1, dose-escalation, safety, pharmacokinetic, pharmacodynamic study of thioureidobutyronitrile, a novel p53 targeted therapy, in patients with advanced solid tumors

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# INTRODUCTION

Thioureidobutyronitrile, Kevetrin™, has demonstrated anti-tumor activity in several wild type and mutant p53 xenografts without evidence of genotoxicity. Kevetrin induces cell cycle arrest and apoptosis through activation and stabilization of wild type p53, resulting in increased expression of target genes p21 and PUMA (Kumar et al. 2011). Kevetrin also alters processivity of MDM2, and induces monoubiquitination of wild type p53, enhancing its stability (Kumar et al. 2012).

Activation of wild type p53 by Kevetrin is non-genotoxic and induces apoptosis in tumors. p53 function is lost or inactive in about 50% of human cancers. Various stresses induce mutations and decrease the fidelity funnel through a p53-MDM2 node in the signaling pathway. This node is very important for preventing the cancer. p53 is a tumor-suppressor protein that induces cell cycle arrest and apoptosis in response to genotoxic stress. p53 is regulated primarily by the ubiquitin ligase MDM2, which binds to p53 leading to proteasomal degradation.

Mutant p53 is an array of mutant proteins with oncogenic properties varying among patients. Mutant p53 proteins increase proliferation and chemoresistance in cancer cells. Depletion of mutant p53 in tumors induces apoptosis. A drug that activates wild type p53 and degrades mutant p53 is an excellent candidate for cancer treatment. Kevetrin induces degradation of oncogenic mutant p53 and induces apoptosis (Kumar et al. 2012). Kevetrin therefore has the unique ability to target tumors with both wild type and mutant p53 in a wide range of tumor types.

Based on these data, a Phase 1 study is being conducted at Harvard Cancer Centers:

Dana-Farber Cancer Institute, Beth Israel Deaconess Medical Center, and Massachusetts General Hospital

# PHASE 1 STUDY

## Harvard Cancer Centers

Dana-Farber Cancer Institute, Beth Israel Deaconess Medical Center, Massachusetts General Hospital ClinicalTrials.gov Identifier: NCT01664000

- Evaluate the safety, tolerability, maximum tolerated dose (MTD) and determine recommended Phase 2 dose
- Characterize pharmacokinetic (PK) profiles
- Evaluate preliminary evidence of anti-tumor activity • Explore potential biomarkers of tumor response

- 1-hour intravenous infusion once weekly for 3 weeks in 28-day cycles
- Starting dose was 10 mg/m<sup>2</sup>.
- Dose escalation in a 3+3 design, groups of 3-6 patients evaluated for toxicity at each dose level.
- Dose escalation is based upon the number and intensity of adverse events in cycle 1.
- The total number of subjects planned is up to 40.
- Once the MTD is established, up to 12 additional subjects may be enrolled at the MTD dose level.
- PK is characterized for the first and last doses given in cycle 1.
- Anti-tumor activity by RECIST 1.1 criteria and serum tumor markers will be assessed.
- p53 status of tumors of selected patients will be determined.

# **PD Biomarker:**

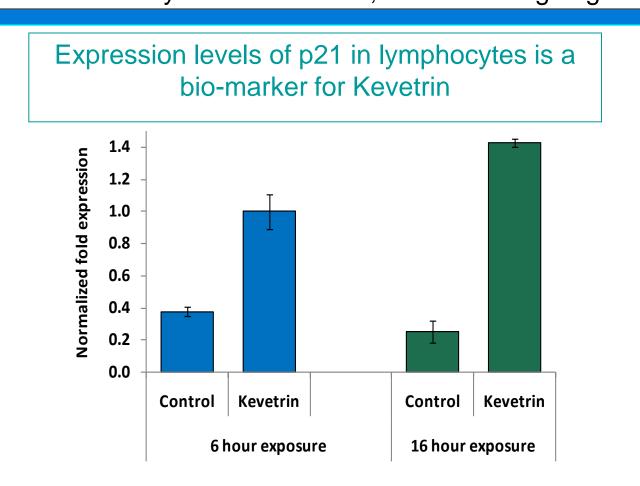
p21 expression in peripheral blood mononuclear cells

# **Key Eligibility Criteria:**

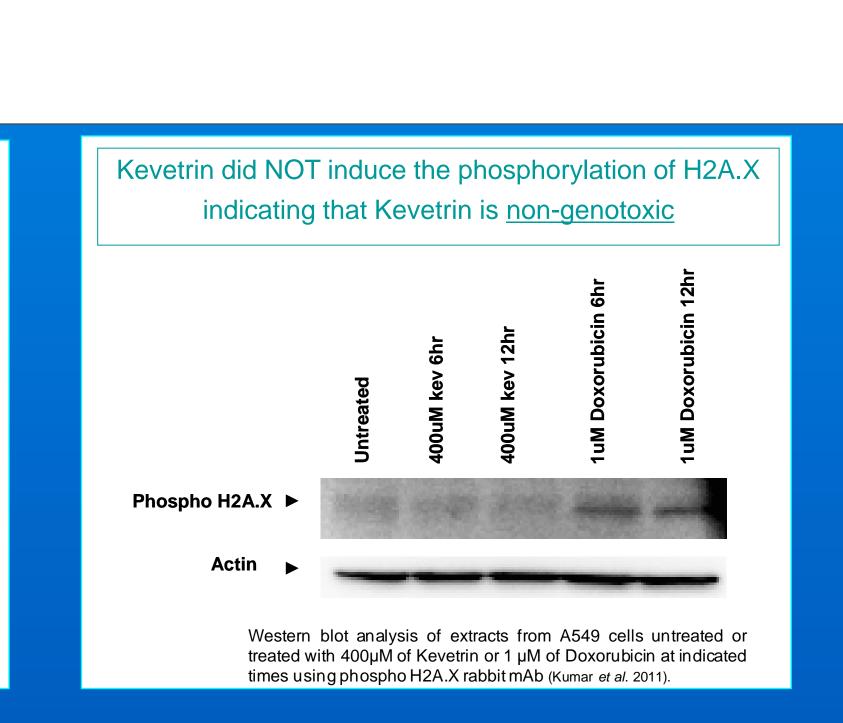
Adults with refractory locally advanced / metastatic solid tumors, acceptable liver, kidney function, and hematological status.

Demographics of Trial Participants							
Cohort	Dose (mg/m²)	Age	Sex	Race	Ethnicity	Cycles Completed	Tumor
0	10	45	Female	White	Non-Hispanic	2	Metastatic squamous cell carcinoma with metastases to the liver
0	10	55	Male	White	Non-Hispanic	1	Metastatic squamous cell carcinoma with metastases to the lungs
0	10	80	Female	White	Non-Hispanic	7	Endometrium stroma sarcoma
1	20	73	Female	White	Non-Hispanic	1	Metastatic ovarian cancer
1	20	76	Female	White	Non-Hispanic	1	Metastatic melanoma with metastases to the lungs, left thigh, and large bowel
1	20	71	Female	White	Non-Hispanic	1	Metastatic endometrial cancer with metastases to the thorax and abdomen
1	20	69	Female	Asian	Non-Hispanic	2	Small cell esophageal carcinoma with metastases to the liver
2	30	55	Male	White	Non-Hispanic	2	Prostate cancer
2	30	62	Male	White	Non-Hispanic	1	Bladder cancer
2	30	69	Female	White	Non-Hispanic	2	Pancreatic cancer with liver lesions

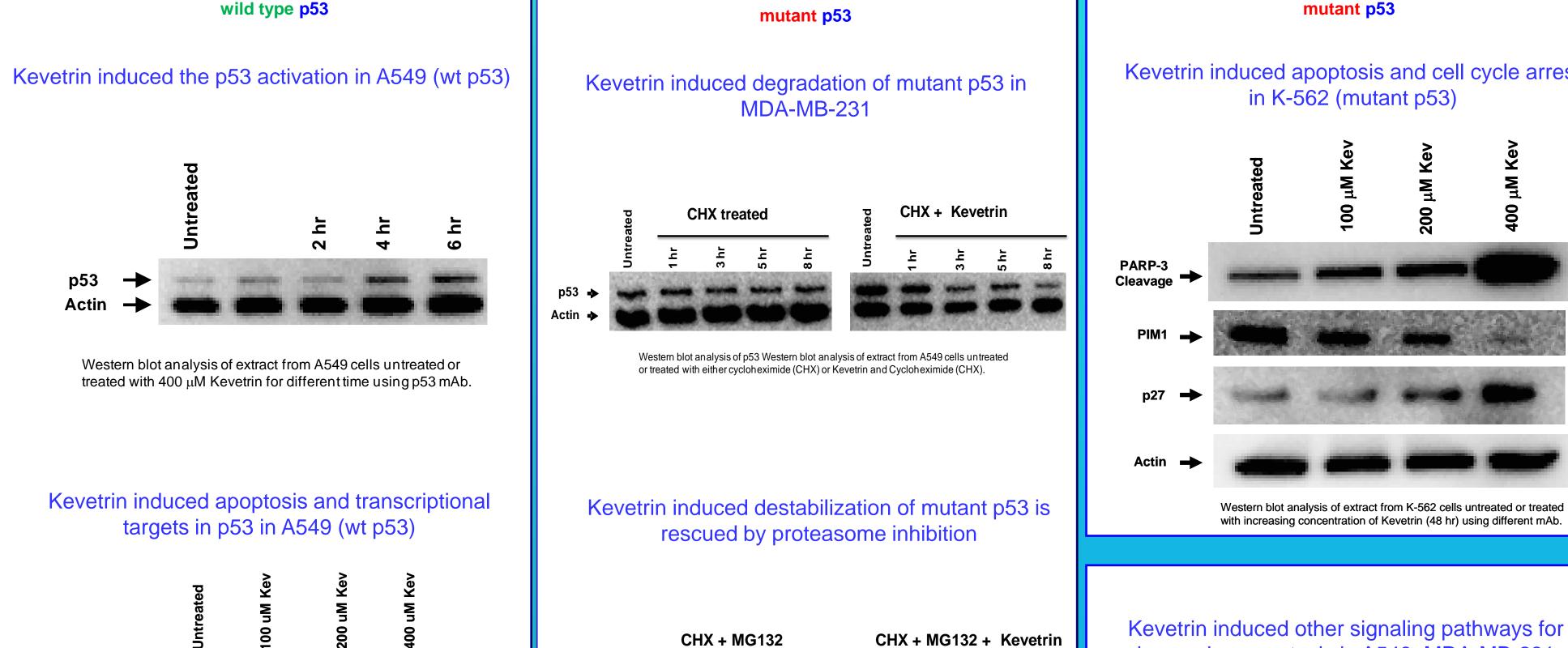
- The Phase 1 trial began November 7, 2012.
- A total of 10 patients have been enrolled to date. • Cohorts 0, 1 and 2 have been completed without DLT.
- The MTD has not yet been reached; the trial is ongoing.

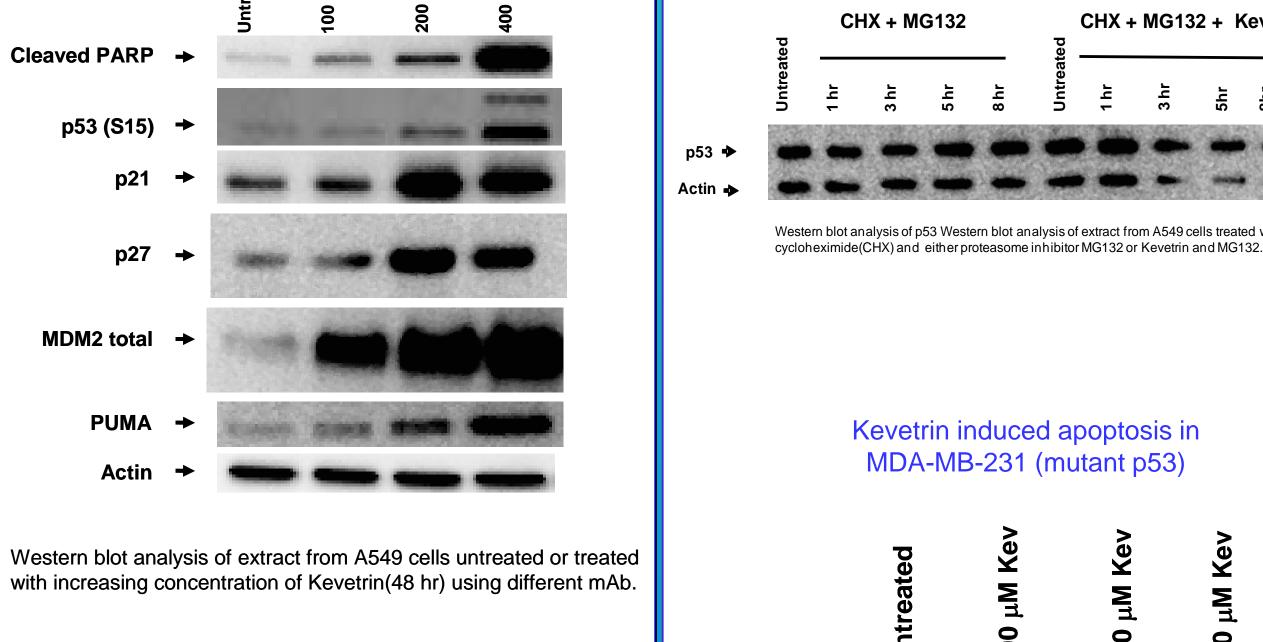


Real time PCR analysis of p21 gene expression. Mice were injected with 200mg/kg IP of Kevetrin. Blood samples were collected at 6 or 16 hrs after injection. Lymphocytes were isolated and RNA was extracted. Expression levels of p21 were measured using qPCR (Kumar et al. 2011).



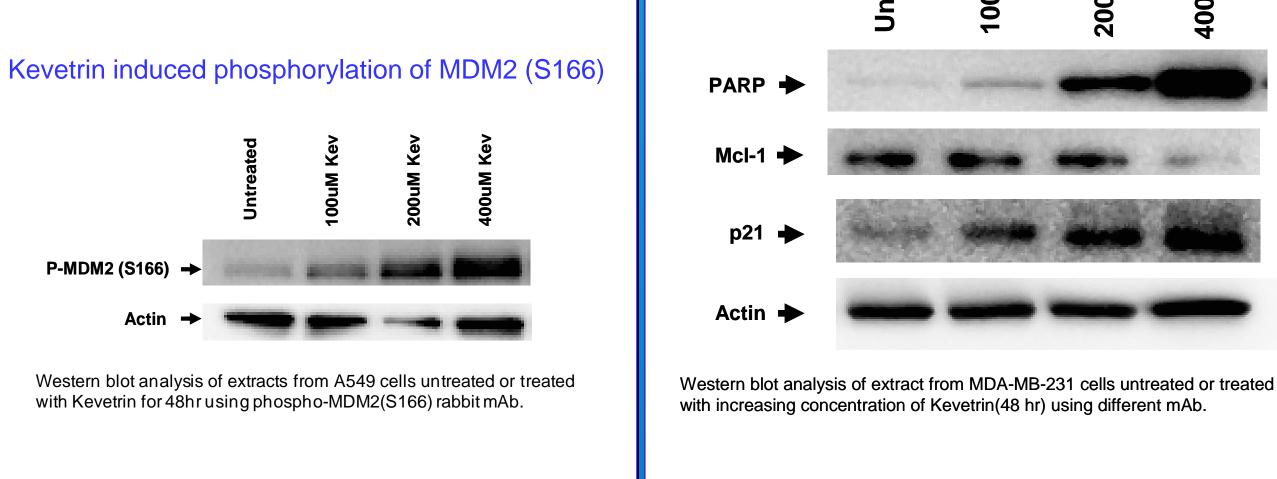
# BACKGROUND

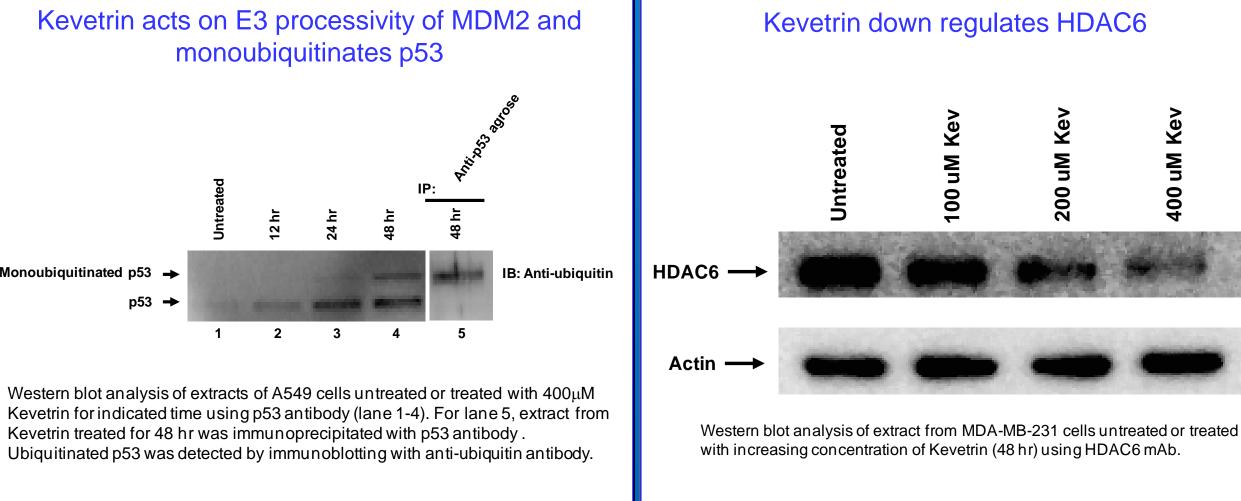




**Cleaved PARP** 

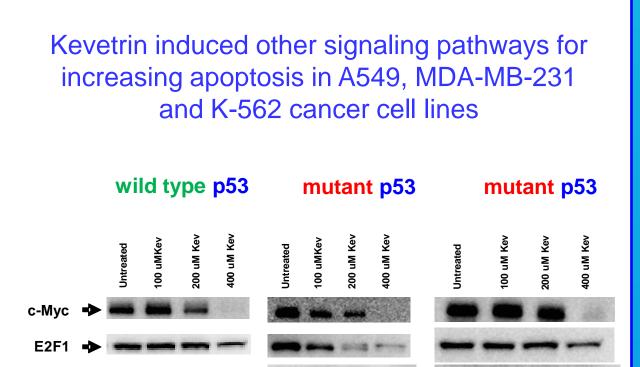
MDM2 total

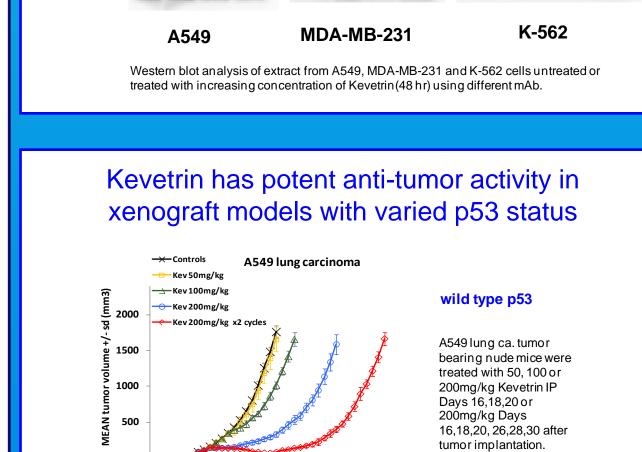


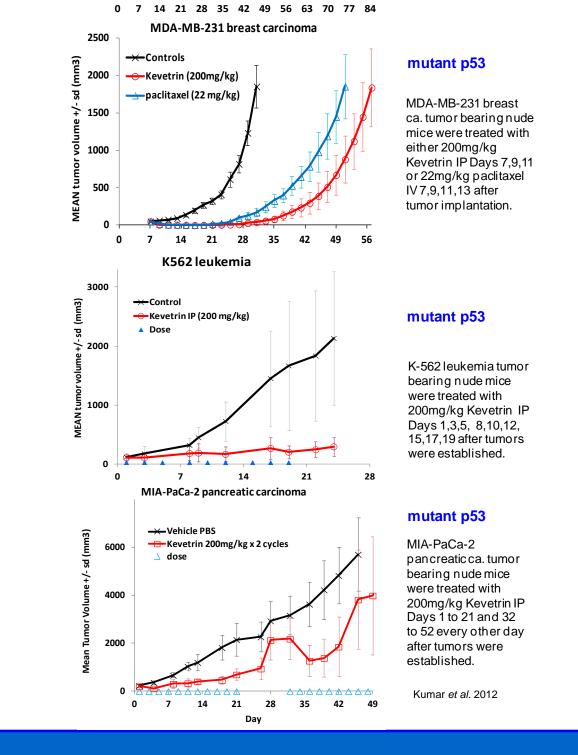


Kumar et al. 2012

# mutant p53 Kevetrin induced apoptosis and cell cycle arrest





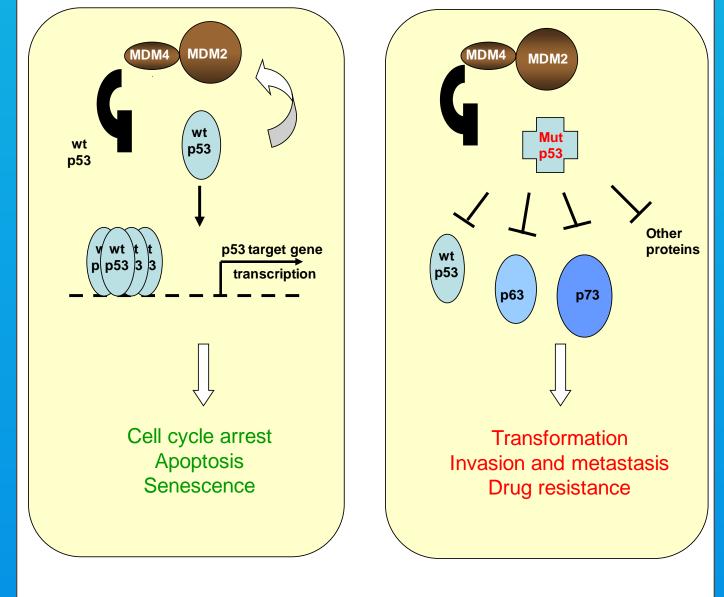


References: Kumar et al. (2011) Cancer Research 71: 4470 Kumar et al. (2012) Cancer Research 72: 2874

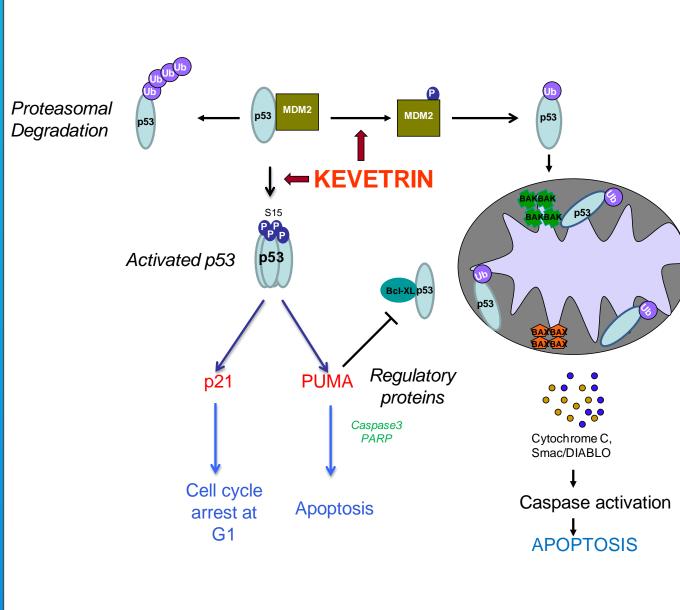
# CONCLUSIONS

- p53 induction by Kevetrin is non-genotoxic
- Tumors harboring both mutant and wild type p53 can be treated with Kevetrin
- Kevetrin induced apoptotic cell death in wild type p53 and mutant p53 cells through p53 apoptotic pathways
- Kevetrin stabilized p53 and induced p53 transcriptional targets in wild type p53
- Inhibition of MDM2 by Kevetrin induces transcriptional independent apoptosis
- Kevetrin induced degradation of mutant p53 mediated by reactivation of MDM2 E3 ligase
- Kevetrin is a potent anti-tumor agent
- Expression of p21 in lymphocytes is a biomarker for Kevetrin
- Kevetrin is in a Phase 1 clinical trial; 3 cohorts have been completed without DLT

# Representation of p53 pathways

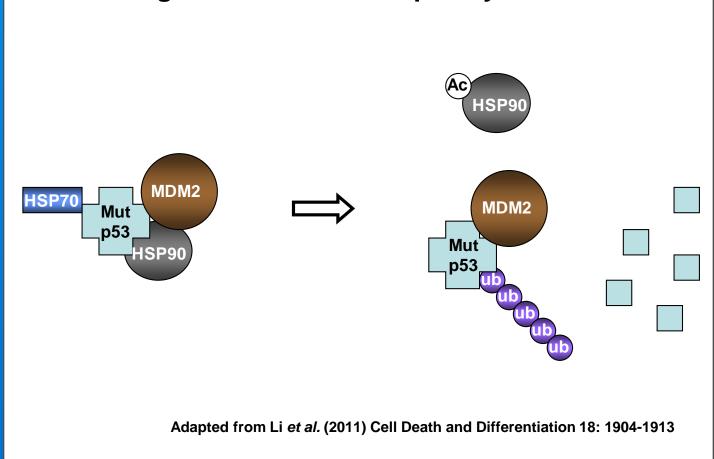


# Activation of wild type p53 by Kevetrin

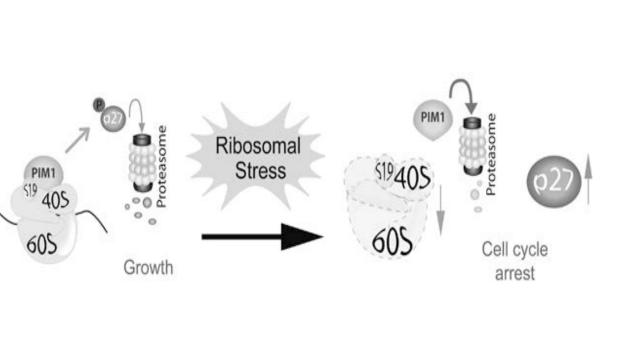


Degradation of mutant p53 by Kevetrin

Adapted from Goh et al. J Pathol (2011) 116-126



Model of the relationship between ribosomal stress and PIM1



ladevaia *et al*. (2010) Oncogene 29: 5490-5499

# For further information

Please contact Cellceutix Corporation at 978-236-8717 <u>info@cellceutix.com</u> More information on this and related projects can be obtained at www.cellceutix.com