

Phase I/II Study of gemtuzumab ozogamicin in combination chemotherapy for CD33+ refractory or relapsed AML: JALSG-AML206

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Background

- Current treatment results in young adults with non-APL-AML are improving (%CR >70%, SY-OS 40-50%), however, quite a few patients relapse or refractory to initial therapies.

STUDY	N	CR %	ED %	OS % (3-5 yr)
CALGB	474	72	9	3.4
CAMLCC	838	74	11	3.9
HONON	253	77	7	3.8
ALFA	345	82	9	3.8
JALSG	1,064	78	4	5.1

Talman M, 2007

Study	N	%CR	OS	DFS
AML87	158	79.8	30.2	28.5
AML89	232	78.5	35.1	43.7
AML92	566	77.2	33.5	31.6
AML95	480	80.7	44.3	28
AML97	789	78.7	40.8	35.5
AML201*	1057	78	51	
IDR	532	78.6	53.1	41.8
DNR	525	77.5	49.1	42.2

* Ohtake S, et al. Blood 108:566a #2000, 2006

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Background

- Patients with relapsed or refractory AML have a poor outcome (%CR<50%, SY-OS<30%).
- Gemtuzumab ozogamicin(GO) is a humanized anti-CD33 MoAb conjugated with cytotoxic antitumor antibiotic, calicheamicin, that target CD33 Ag. More than 80% of AML cells have CD33 on their surface.
- GO induces CR+CRp in about 30% of relapsed/refractory AML.
- Several studies tested the use of GO in combination chemotherapy, either at diagnosis or at time of relapse and most of them are more promising than monotherapy.

Study	Year	Phase	Regimen	N	CR %	CRp %	OS %	DFS %
AML87	1997	I	GO + ARA-C	158	79.8	30.2	30.2	28.5
AML89	1998	I	GO + ARA-C	232	78.5	35.1	35.1	43.7
AML92	2000	I	GO + ARA-C	566	77.2	33.5	33.5	31.6
AML95	2001	I	GO + ARA-C	480	80.7	44.3	44.3	28
AML97	2002	I	GO + ARA-C	789	78.7	40.8	40.8	35.5
AML201*	2007	I/II	GO + ARA-C	1057	78	51	51	
IDR	2008	I	GO + ARA-C	532	78.6	53.1	53.1	41.8
DNR	2008	I	GO + ARA-C	525	77.5	49.1	49.1	42.2

ORR 76%

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AIMS and OBJECTIVES

- AIMS**
 - In order to improve outcome of patients with AML, we investigate effective salvage therapies combining new agent (GO) with conventional chemotherapy (JALSG AML201 induction therapy regimen)
- OBJECTIVES**
 - Determine: Maximum tolerated dose (MTD)
 - DLTs:
 - >Grade 4(CTCAE ver 3.0) of FN, Bleeding, Neutro & Vomiting, Infection reaction, liver toxicity (hyperbilirubinemia, hypertransaminasemia)
 - >Grade 3(CTCAE ver 3.0) or more of non hematologic toxicity not related to progression of AML
 - Prolongation of bone marrow suppression (ANC<500/μL, PLT<20,000/μL) over 6 weeks not related to AML
 - Toxicity profile (NCI-CTCAE ver3)
 - Response Rate (International Working Group Criteria)

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Eligibility

Inclusion Criteria

- CD33+ de novo AML except APL ; refractory to the first remission induction therapy or first relapse (>6 months from CR1)
- Age 20 - 64
- ECOG performance status of PS 0 or 1
- After 30 days or more from initial therapy and recovered to baseline from any toxicities of prior chemotherapy
- Adequate hepatic, cardiac, renal, pulmonary function
- Life expectancy ≥ 2 months

Exclusion Criteria

- Previous MDS/MP
- Secondary AML
- CNS leukemia
- Received Transplantation
- Women who are pregnant or breastfeeding
- Received therapy with anti-CD33 MoAb
- Concurrent active malignant disease
- Uncontrolled infection
- HBV,HCV or HIV infection
- Treated with investigational drugs
- Previously received cumulative dose of >500 mg/m² of DNR (only for DAG arm)

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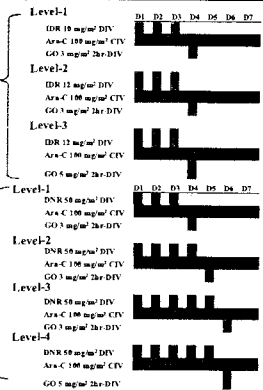
JALSG AML206-P1: Treatment Schedule

1. IDR arm (IAG)

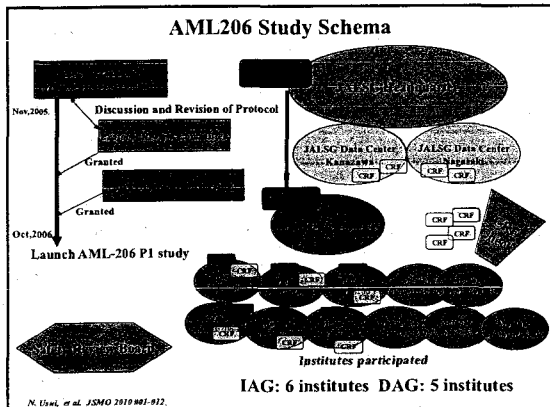
Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
DDR 12 mg/m ² DIV	1	1	1	1	1	1	1
ARA-C 100 mg/m ² CIV	1	1	1	1	1	1	1
GO 5 mg/m ² 2hr-DIV	1	1	1	1	1	1	1

2. DNR arm (DAG)

Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
DNR 50 mg/m ² DIV	1	1	1	1	1	1	1
ARA-C 100 mg/m ² CIV	1	1	1	1	1	1	1
GO 5 mg/m ² 2hr-DIV	1	1	1	1	1	1	1



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Patients Demographics

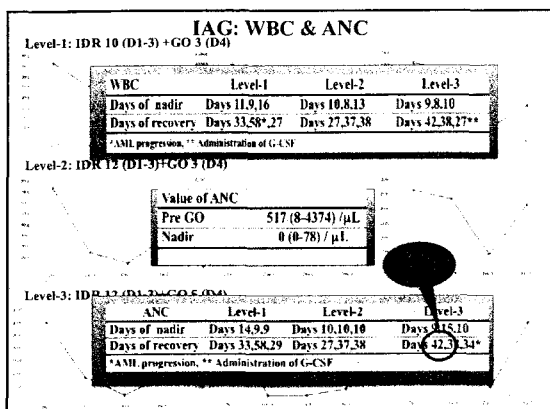
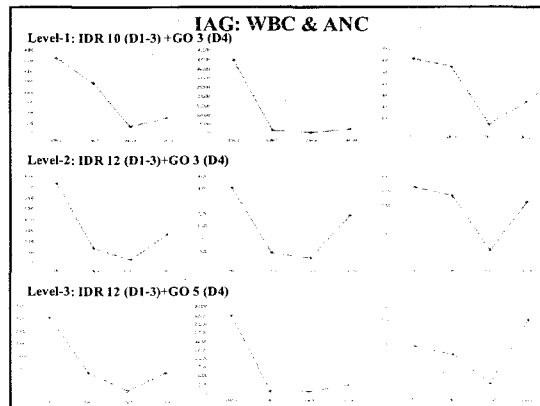
	Overall	IAG	DAG
N	19	9	10
M:F	9:10	4:5	5:5
Age			
Median	59	61	58
Range	33 - 64	38 - 64	33 - 62
Relapsed	14	7	6
Refractory	5	2	4
AML Subtypes			
M0	1		1
M1	1	2	1
M2	7	3	5
M4	6	3	3
M5	1	1	
Karyotype			
CMF	2	1	1
CN	10	6	4
11q23	1	1	
t(6:9)	1		1
Complex	3	1	2
Others	2		2

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Patients Demographics-2

	Overall	IAG	DAG
Pre-treatment Status			
WBC ($\times 10^3/\mu\text{L}$)			
Median (Range)	3.0 (0.9-39.2)	3.7 (2.6-39.2)	2.1 (0.9-25.3)
Hb (g/dl)			
Median(Range)	10.9 (7.1-13.6)	12.5 (7.6-13.6)	10.6 (7.1-12.8)
PLT ($\times 10^3/\mu\text{L}$)			
Median (Range)	8.8 (2.6-44.3)	5.9 (2.6-20.7)	13.5 (3.4-44.3)
%Blasts			
Median (Range)	42.8 (7.9-96.8)	56.4 (17.3-88)	29.9 (7.9-96.8)
%CD33 Blasts			
Median (Range)	89.4 (39-100)	92.9 (62.8-100)	80.6 (39-96.9)

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IAG: Hematologic Toxicity

Hb	Level-1	Level-2	Level-3
Grade 0	0	0	1
Grade 1	1	1	1
Grade 2	2	1	1
Grade 3/4	0	0	0
Units of RBC-TF	4,4,12	4,6,2	8,10,4

Hb	Level-1	Level-2	Level-3
Days of nadir	Days 26,35,16	Days 18,27	Days 7,23
Days of recovery	Days none,39,35	Days 21,29	Days 30,27

Platelet	Level-1	Level-2	Level-3
Grade 3	3	2	3
Grade 4	0	1	0
Units of PLT-TF	90,130,100	130,130,50	74,220,70

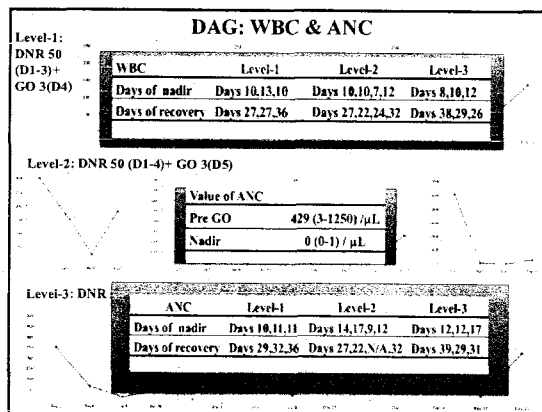
PLT	Level-1	Level-2	Level-3
Days of nadir	Days 11,11,17	Days 13,13,17	Days 14,8,17
Days of recovery	Days 33,none,none	Days none,46,38	Days 28,90,34

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IAG: Non-Hematologic Toxicity

	Level-1 (N=3)	Level-2 (N=3)	Level-3 (N=3)
Febrile Neutropenia			
Grade 3	3	2	2
Grade 4			1
Infection (Grade 4)			1
Sepsis			1
Cerebral Abscess			1
Hepatic			
Grade 2	1	1	1
Grade 3			2
Anorexia, Nausea/ Vomiting			
Grade 2			2
Edema			
Grade 1			2
Skin rash			
Grade 2			1
Diarrhea			
Grade 1			1
VOD/SOS	0	0	0

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DAG: Hematologic Toxicity

Hb	Level-1	Level-2	Level-3
Grade 0	0	2	0
Grade 1	3	1	1
Grade 2	0	1	2
Grade 3/4	0	0	0
Units of RBC-1F	18,0,6	0,6,10,10	6,6,8

Hb	Level-1	Level-2	Level-3
Days of nadir	Days 11,13,39	Days 13,6	Days 22,14,21
Days of recovery	Days 20,15,36	Days 22,34	Days 28,25,26

Platelet	Level-1	Level-2	Level-3
Grade 3	2	4	3
Grade 4	1	0	0
Units of PLT-1F	150,60,90	50,70,110,170	170,60,40

PLT	Level-1	Level-2	Level-3
Days of nadir	Days 11,13,20	Days 13,10,11,12	Days 25,12,17
Days of recovery	Days 25,32,34	Days 36,24,N/A,46	Days 38,34,26

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DAG: Non-Hematologic Toxicity

	Level-1 (N=3)	Level-2 (N=4)	Level-3 (N=3)
Febrile Neutropenia			
Grade 3	1	3	2
Grade 4	2		
Hepatic			
Grade 2			2
Grade 3	1	1	
Anorexia, Nausea/ Vomiting			
Grade 2	1		1
Colitis			
Grade 2	1		
Diarrhea			
Grade 2			1
Cardiac			
Grade 2		1	
Bleeding			
CNS		1 ^a	
Laboratory			
Hypophosphatemia		1	
VOD/SOS	0	0	0

^a Due to Disease Progression

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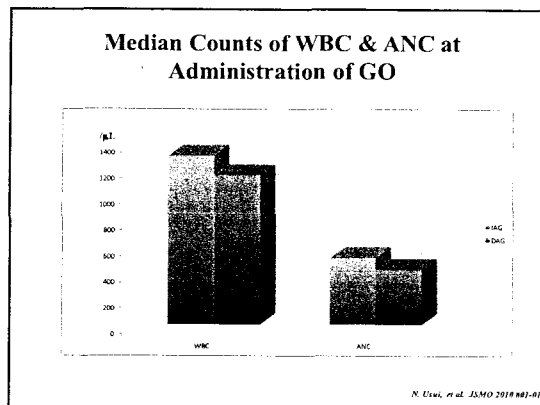
Assessment of DLT

	No of Pts	No of DLT	
IAG			
Level-1	3	0	
Level-2	3	0	
Level-3	3	3	Prolongation of neutropenia Prolongation of thrombocytopenia Grade 4 Infection (Brain Abscess)
DAG			
Level-1	3	0	
Level-2	4	0	
Level-3	3	0	
Level-4	SRB recommended not to proceed		

IAG-Level-3 is MTD
DAG-Level-4 will be MTD

Recommend Dose & Schedule: IAG-Level-2
DAG-Level-3

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Response

	IAG			DAG			Total (N=11)														
	Level 1 (N=3)	Level 2 (N=3)	Level 3 (N=3)	Level 1 (N=3)	Level 2 (N=4)	Level 3 (N=3)															
	IDR 10 GO 3 (D1-3)	IDR 12 GO 3 (D1-3)	IDR 12 GO 5 (D1-3)	DNR 40 GO 10 (D1-3)	DNR 40 GO 10 (D4)	DNR 50 GO 10 (D6)															
CR	1	2				1	9														
CRp							1														
PR						1	2														
NR (Best Overall)	1					1	4														
Resistant Disease	1	1					3														
<table border="1" style="margin: auto;"> <tr> <td>ORR (CR+CRp)</td> <td>10/19 (53%)</td> </tr> <tr> <td>REL</td> <td>8/14 (57%)</td> </tr> <tr> <td>REF</td> <td>2/5 (40%)</td> </tr> <tr> <td>Karyo</td> <td></td> </tr> <tr> <td>CN</td> <td>4/10 (40%)</td> </tr> <tr> <td>CBF</td> <td>1/2 (50%)</td> </tr> <tr> <td>Comp/Others</td> <td>3/5 (60%)</td> </tr> </table>								ORR (CR+CRp)	10/19 (53%)	REL	8/14 (57%)	REF	2/5 (40%)	Karyo		CN	4/10 (40%)	CBF	1/2 (50%)	Comp/Others	3/5 (60%)
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<p>Outcome: Alive: 18 patients Dead: 1 patient (DAG-level-2) died of CNS bleeding due to PD</p>																					

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- ### Conclusion
1. Combination of GO with conventional (as JALSG) IDR+Ara-C or DNR-Ara-C is well tolerated and active in relapsed/refractory AML
 2. MTD of GO in the combination is considered 5 mg/m² (just after IDR or DNR administration)
 3. Major toxicities are severe neutropenia, thrombocytopenia, febrile neutropenia
 4. No VOD/SOS was observed
 5. Both of IAG [IDR 12 mg/m² (D1-3)+Ara-C 100 mg/m² (D1-7)+GO 3 mg/m² (D4)] and DAG [DNR (50 mg/m² D1-5)+Ara-C 100 mg/m² (D1-7)+GO 3 mg/m² (D6)] therapies are recommend for phase II study to evaluate long term efficacy and safety
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- ### Acknowledgements
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