

# Phase I Clinical Study of Intratumoral Injection of Clostridium Novyi-NT Spores MDAnderson in Patients with Advanced Cancer

THE UNIVERSITY OF TEXAS Cancer Center

Filip Janku<sup>1</sup>, Mrinal Gounder<sup>2</sup>, Ravi Murthy<sup>1</sup>, Rudin C<sup>2</sup>, Thorunn Helgason<sup>1</sup>, David S. Hong<sup>1</sup>, Robert S. Benjamin Larissa A. Meyer<sup>1</sup>, Ralph G. Zinner<sup>1</sup>, Funda Meric-Bernstam<sup>1</sup>, Masters T<sup>2</sup>, and BioMed Valley Discoveries C.novyi-NT Study Team<sup>3</sup>

Making Cancer History®

<sup>1</sup> Investigational Cancer Therapeutics (Phase I Clinical Trials Program), The University of Texas MD Anderson Cancer Center, Houston, TX, USA <sup>2</sup> Memorial Sloan-Kettering Cancer Center, New York, NY 10022, USA <sup>3</sup>BioMed Valley Discoveries Inc., Kansas City, MO 64111, USA

#### BACKGROUND

Intratumoral (IT) injection of Clostridium novyi-NT (C. novyi-NT), an attenuated strain of Clostridium, induced a microscopically precise, tumor-localized response in a rat orthotopic brain tumor model and in companion dogs bearing spontaneous solid tumors.<sup>1</sup>

In rats, *C. novyi*-NT spores injected into implanted glioma tumors resulted in a significant survival advantage. Brain edema was a common toxicity and was able to be managed medically.<sup>1</sup>

In companion dogs, C. novyi-NT spores injected into single solid tumors resulted in a response rate (CR or PR) of 37.5% (6/16 dogs). The most common toxicities were expected and associated with bacterial infection. These included tumor inflammation, abscess, and pain.<sup>1</sup>

Additionally, preclinical studies have shown that *C.novyi*-NT injection can induce a systemic anti-tumor immune response.<sup>2</sup>

#### **METHODS**

## **Study Design**

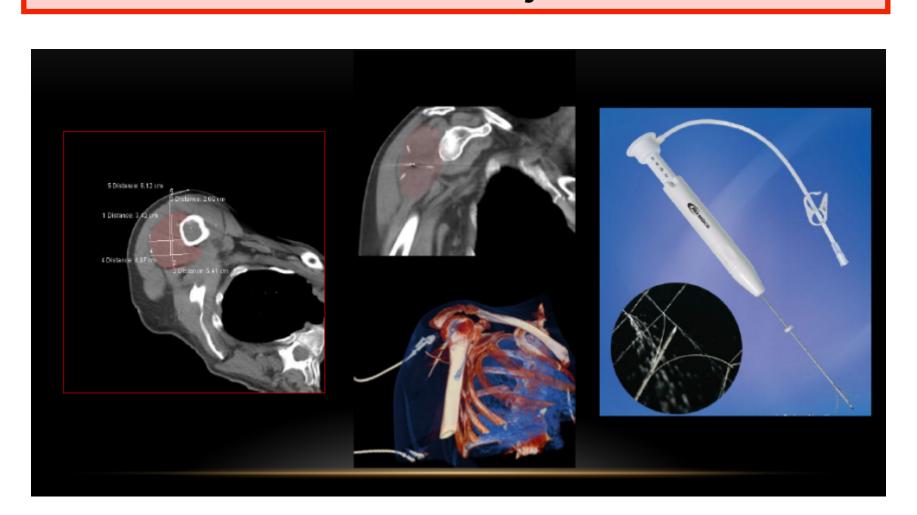
### **Endpoints**

- To determine the maximum tolerated dose (MTD), and dose-limiting toxicities (DLT) of a single intratumoral injection of *C. novyi-NT* using the standard 3+3 dose escalation schedule
- To document preliminary anti-tumor activity of both the injected tumor and an overall response
- To study the disposition of circulating *C. novyi-*NT spores
- To measure the host immune and inflammatory response to *C. novyi*-NT administered as a single IT injection in humans with treatmentrefractory solid tumor malignancies

# Major eligibility criteria

- Adult patients with advanced refractory cancers
- Target tumor that is amenable to percutaneous injection of *C. novyi*-NT spores
- ECOG 0-2
- ANC ≥ 1,000/uL
- Hemoglobin ≥ 9 g/dL
- Platelets ≥ 100,000/uL
- Total bilirubin ≤ 1.5 x upper limit of normal (ULN)
- ALT/AST ≤ 2.5 x ULN
- INR ≥ 1.3
- No primary brain malignancies or brain metastases
- No active infection or treatment with antibiotics

# **Intratumoral Injection**



#### RESULTS

#### **Dose Escalation Dose-limiting Dose of Intratumoral Number of** Dose C. Novyi-NT Spores patients toxicities (DLT) Level 1 x 10<sup>4</sup> None $3 \times 10^4$ None 2 10 x 10<sup>4</sup> Enrolling 30 x 10<sup>4</sup> 100 x 10<sup>4</sup>

#### **Patients Characteristics (n=6)**

Median age – years (range) 53.5 (39-	
Male/Female	2/4
Median prior therapies (range)	6.5 (4-9)
Cancer types:	
Leimyosarcoma	2 (34%)
Chondrosarcoma	1 (17%)
Carcinosarcoma	1 (17%)
Angiosarcoma	1 (17%)

Papillary thyroid cancer

# **Best Response**

1 (17%)

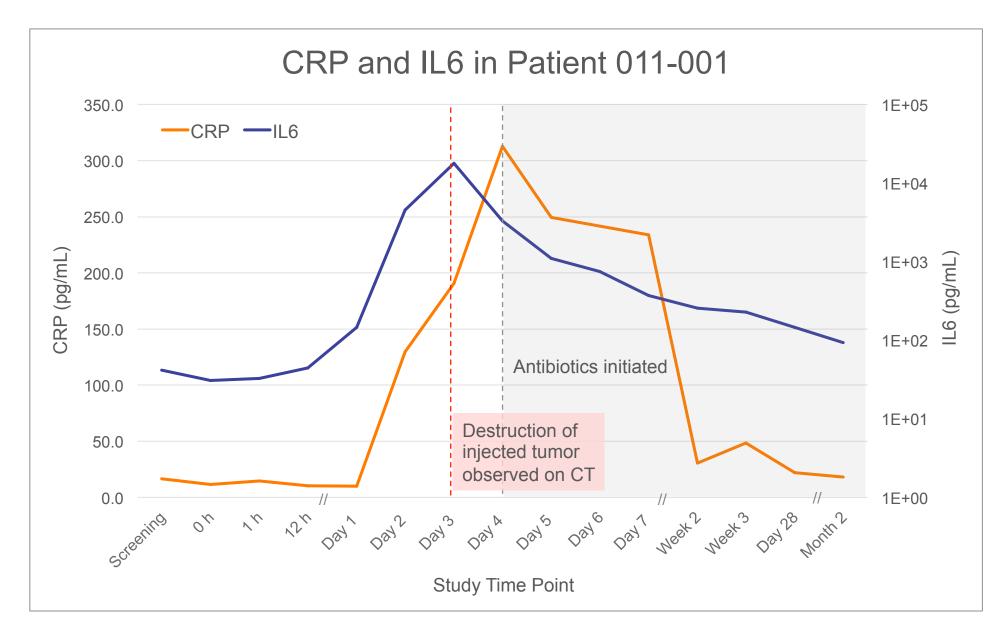
Tumor type	Dose Level	Injected Lesion Response at Month1 (% reduction, if observed)	Overall response
Leimyosarcoma	1	Stable disease (-24%)	Stable disease
Chondrosarcoma	1	Stable disease	Stable disease
Leimyosarcoma	1	Stable disease	Progressive disease
Carcinosarcoma	2	Stable disease (-22%)	Progressive disease
Angiosarcoma	2	Complete necrosis	Progressive disease
Papillary thyroid carcinoma	2	Stable disease	Stable disease

# **Toxicity Data Summary**

Fever has been observed in half of treated patients; this event is expected due to the nature of the therapy. All other related adverse events todate have been observed in single patients. Grade 3 events have been observed in one patient, and include post-traumatic pain, pathologic fracture of the humerus, shoulder pain, and respiratory insufficiency.

# **Inflammation and Immune Markers**

CRP and IL6 showed significant increases in this patient that were coincident with the changes observed on CT and MRI.



#### RESULTS

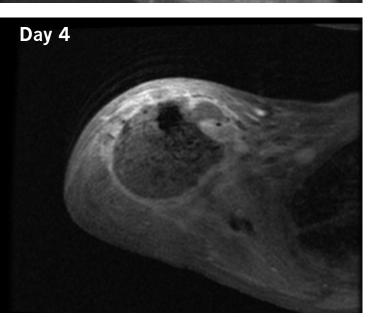
53-year-old female with leiomyosarcoma treated at dose level 1: right shoulder lesion with the adjacent humerus involvement<sup>1</sup>

- Dramatic local tumor destruction within 72 hours demonstrated by MRI and CT scans
- No viable tumor cells in biopsies from soft tissue tumor and adjacent bone on Day 4
- Antibiotics initiated on Day 4 after MRI confirmation of tumor destruction
- No evidence of any systemic infection

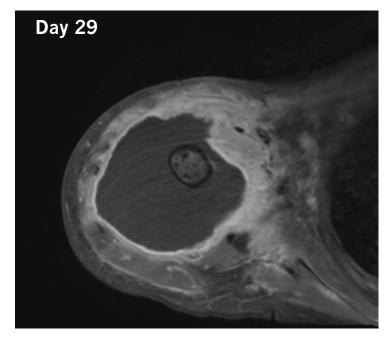
#### MRI with contrast



Baseline: contrast enhancing mass involving soft tissue and possibly adjacent bone. Lesion measures about 7.2cm AP x 7.4cm transverse in the axial dimensions

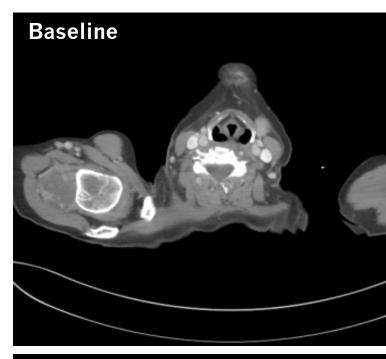


Day 4: markedly diminished contrast enhancement within the tumor mass of soft tissue and possibly adjacent bone component

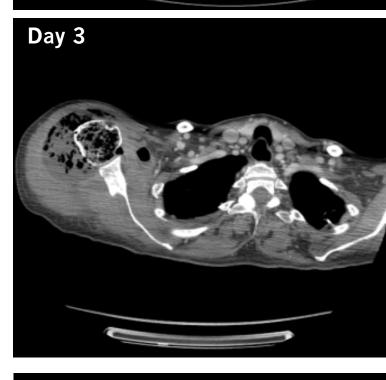


Day 29: non-enhancing tumor mass becomes more homogeneous consistent with ongoing necrosis

# **CT** with contrast



Baseline: soft tissue mass prior to C. novyi-NT treatment



Day 3: internal development of intraand extra-medullar air collection



Day 28: impartially imaged soft tissue necrosis with reduced intra- and extra-medullar air collection

# CONCLUSIONS

- Intratumoral injection of *C. novyi*-NT is feasible and has lead to significant destruction of injected tumor masses in the first two doses studied
- Dose escalation is ongoing

fjanku@mdanderson.org