The Institute of Cancer Resear

Preliminary results of a Phase 1 study of intravenous administration of GL-ONC1 Vaccinia virus in patients with advanced solid cancer with real time imaging. 534P

BACKGROUND

•GLV-1h68/GL-ONC1 is a genetically engineered live vaccinia virus attenuated by insertion of the *ruc-gfp* (a luciferase and green fluorescent protein fusion gene), beta-galactosidase (LacZ) and beta-glucuronidase (gusA) reporter genes into the F14.5L, J2R (thymidine kinase) and A56R (hemagglutinin) loci respectively.

Strategy of mechanism:

. Replicates only within the cytoplasm of the cancer cells.

. Deletion of thymidine gene leads to dependence of virus on cellular thymidine kinase expression, which is constitutively expressed at high levels in the majority of cancer cells.

Direct infection of cancer cells results in cell lysis and death.

Adaptive and innate immune response are harnessed to fight cancer.

Diagnostic proteins are produced so tumour regression can be supervised.

METHOD

•See Figure 3.

•Green-fluorescent protein (GFP) imaging was performed at baseline and during each cycle on patients with superficial or mucosal lesions.

•Endpoints were safety, tolerability, viral replication, tumour delivery, neutralizing antibody development, anti-tumour activity and recommendation of dose/schedule for future trials.

AKNOWLEDGEMENTS

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REFERENCES

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RESULTS

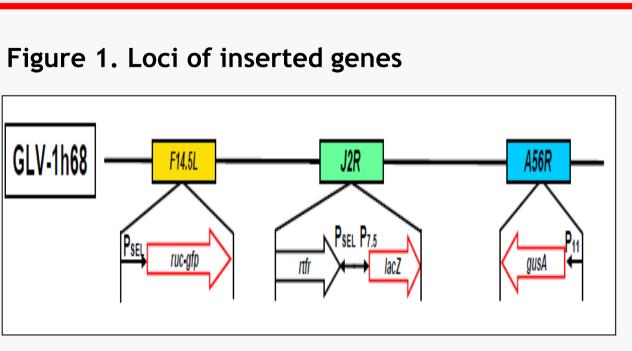
•Seventeen patients have been treated with no dose limiting toxicities (DLT) observed.

•Adverse events see Table 2. One patient was diagnosed with radiological changes in his spleen and an arterial embolism which we believe was caused by his underlying disease and not drug related.

•The rash comprising of vaccinia pustules appeared in two patients in cycle 1 during the first week and resolved without treatment at the end of cycle 1. It was positive for GL-ONC viral plaque assay (VPA) and GFP imaging. See Figure 2. •VPA of blood, urine, stool and sputum were negative for viral shedding in all except one patient. See Table 3. •Best response was stable disease by RECIST observed in five patients for 3 to 6 months but one patient received 8 months of treatment

CONCLUSION

•GL-ONC1 is well tolerated with minimal toxicity and preliminary evidence of anticancer activity.

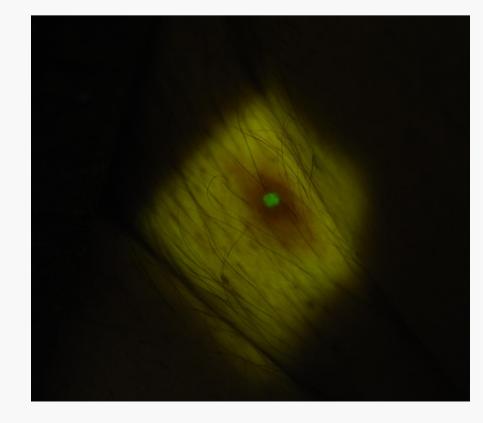


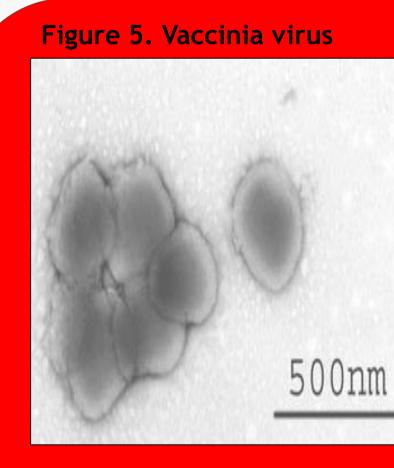
Joanna Vitfell Pedersen, Elena Karapanagiotou, Salma Alam, Martina Puglisi, Lauren Britton, Salem Sassi, David Mansfield, Timothy Yap, Johann De-Bono and Kevin Harrington. Royal Marsden Hospital NHS Foundation Trust/Institute of Cancer Research, Sutton, Surrey, United Kingdom

Table 1. Patient characteristics Age, years 57 Median 39-71 Range Gender Male 13 Female Tumor type Melanoma Head and Neck Parotid Oesophagus Thyroid Colorectal

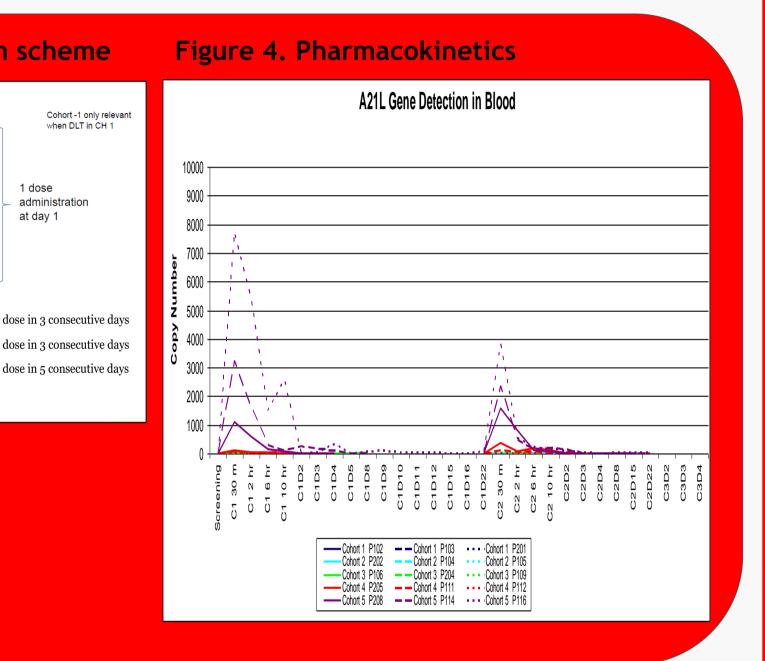
igure 3. Dose escalation scheme CH -1 Starting dose 8 Cohorts CH 1 10⁵ pfu each with 3 CH 2 10⁶ pfu patients additional patien CH 3 10⁷ pfu according to protocol CH 4 10⁸ pfu CH 5 10⁹ pfu 3 + 3 Maximum dos Examination cycles with 28 MTD: Maximum Tolerated Dos DLT: Dose-Limiting Toxicity

Figure 2. GFP imaging of rash









	Grade 1	Grade 2
Fatigue	2	1
Fever	6	1
Oily hair/skin	1	0
Myalgia	1	1
Flu-like symptoms	2	0
Rash	1	1
Anemia	0	2
Leukopenia	0	1
Neutropenia	0	1
Leukocytosis	1	0



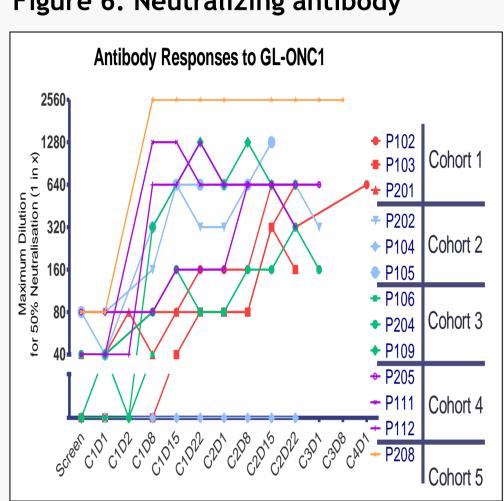


Table 3. Viral shedding (pfu) in patient 116

Day	Blood	Saliva	AS
2	1	0	1
3	0	0	0
4	0	37	0
5	0	74	1
6	n.a.	n.a.	n.a.
7	n.a.	n.a.	n.a.
8	0	61	0
9	0	120	1
10	0	15	1
11	0	0	0
12	0	0	0
13	n.a.	n.a.	n.a.
14	n.a.	n.a.	n.a.
15	0	0	0
16	0	0	0

