

ABSTRACT #:

TREATMENT OF SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK WITH PROXINIUM™: PRELIMINARY RESULTS

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INTRODUCTION: Proxinium™ is a recombinant fusion protein comprised of a humanized scFv, specific for EpCAM (epithelial cell adhesion molecule), and a truncated fragment of *Pseudomonas* exotoxin A. EpCAM is highly expressed on squamous cell carcinoma of the head and neck (SCCHN) but has limited expression on normal epithelial tissues. The monoclonal antibody portion of Proxinium specifically targets EpCAM located on cancer cells. Once bound, Proxinium is internalized and induces cell death through inhibition of protein synthesis. Two dose escalation phase I trials have been completed to date.

OBJECTIVES:

The primary objective of the study is to compare overall survival of patients who received Proxinium plus best supportive care (BCS) versus those patients who only receive BSC. The secondary objectives include safety/tolerability and the tumour responses. The preliminary safety and tumour response data for the Phase II portion of the study will be presented.

METHODS:

The study is an international, multicentre, randomized controlled trial. A total of 292 patients with persistent or recurrent refractory SCCHN will be enrolled. The study is conducted in two periods: a Phase II lead-in period comprised of 30 patients followed by a Phase III period comprised of 262 patients.

700 µg of Proxinium was administered weekly via intratumoral injection until complete resolution of all target tumours or; clinically relevant tumour progression of the principal target tumour or unacceptable toxicity occurred. All patients will receive BSC according to institutional standards or standard clinical treatment guidelines.

All toxicities were assessed according to the NCI CTC AE v3. Tumor responses were assessed radiographically. The best response is the best radiographically determined response achieved after baseline. The data from the Phase II lead-in period is presented.

RESULTS: Tumour responses were assessed radiographically at baseline and every four weeks. Of the 15 patients treated with Proxinium, 10 patients had evaluable tumour responses. 1 patient had a complete response and 4 patients had a partial response as their best response. There were no complete or partial responses observed in 11 evaluable BSC only patients. A best response of stable disease was seen in 5 patients while a best response of tumour progression occurred in the remaining 6 patients.

66% of patients treated with Proxinium had an adverse event that was assessed as possibly, probably or definitely related. The majority of related adverse events were mild to moderate in severity. Most of the related adverse events were local rather than systemic reactions with cancer pain being the most frequently reported. There was only one patient with a grade 3 or higher haemorrhage that was assessed as probably related. There was only one patient who experienced two grade 4 events of tumour necrosis that were assessed as probably related. There were no other related SAEs.

CONCLUSION: These preliminary results demonstrate that intra-tumorally administered Proxinium is safe and well tolerated. The tumour response data provide further evidence that Proxinium offers a potential clinical benefit for patients with advanced SCCHN.