## In vivo efficacy of VAL-083 in the treatment of MGMT-positive glioblastoma multiforme (GBM)

Anne Steino<sup>1</sup>, Jeffrey A. Bacha<sup>1</sup>, William J. Garner<sup>1</sup>, Sarath Kanekal<sup>1</sup>, Nancy Dos Santos<sup>2</sup>, Dennis Brown<sup>1</sup> <sup>1</sup>DelMar Pharmaceuticals, Inc., Vancouver, Canada and California, USA; <sup>2</sup>BC Cancer Agency, Vancouver, BC, Canada

**ABSTRACT:** Median survival for patients with recurrent GBM is <6 months. Front-line systemic therapy is temozolomide (TMZ) but resistance due to O6-methylguanine-DNA-methyltransferase (MGMT) activity is implicated in poor outcomes. Dianhydrogalactitol (VAL-083) is a structurally unique bi-functional DNA alkylating agent that crosses the blood-brain barrier and accumulates in brain tumor tissue. VAL-083 has demonstrated *in vitro* activity against pediatric and adult GBM cell lines, as well as GBM cancer stem cells. VAL-083 has furthermore been shown to overcome MGMT-induced drug resistance in vitro, and previous clinical trials suggest that VAL-083 has anti-tumor activity against a range of tumors, including GBM. Taken together, these results propose that VAL-083 may be a therapeutic option for MGMT-positive GBM patients who have a high likelihood of TMZ-resistance.

The purpose of this study was to evaluate the activity of VAL-083 in *in vivo* models of drug-resistant GBM. Rag2 mice bearing intracranial human GBM xenograft tumors of either MGMT-positive and TMZ-resistant origin (BT74), or MGMT-negative and TMZ-sensitive origin (U251) were treated.

## **VAL-083** Overview

**USAN Name** 

**Molecular Structure** 

**Chemical Formula Molecular Weight** 

**Proposed anticancer** mechanism

dianhydrogalactitol



VAL-083 forms intra-strand DNA cross links @ N7 position of guanine leading to double-strand DNA breaks, apoptosis and cell death





# VAL-083: *Clinical History*

- Studied extensively in 1970s & 80s by National Cancer Institutes in USA
- Approved for CML and Lung Cancer in China
- > Demonstrated clinical activity against a range of tumor types, including GBM
- > Historical outcomes are comparable to modern standard-of-care
- > Active against nitrosourea (BCNU) failed tumors

Chemotherapy	Comparative Therapy Survival		Median Suminal P
	Radiation	Radiation + Chemotherapy	vs. XRT
Temodar™	12.1 months	58 weeks (14.6 months)	2.5 months
VAL-083	8.3 months	67 weeks (16.7 months)	8.0 months

Reported Radiation + Chemo Survival w/ other chemotherapeutic agents in GBM

Carmustine™ (BCNU)	40-50 weeks	
Lormustine™ (CCNU)	52 weeks	
Nimustine™ (ACNU)	35 weeks	
Avastin™	No reported benefit to survival	



### enefit

3

VAL-083 offers a unique cytotoxic mechanism and improved safety profile versus temozolomide





### MGMT enzyme DOES NOT repair VAL-083 alkylation

### temozolomide

YES

**Monofunctional methylation** via guanine O6

YES

- Hematologic
- Within 14 days
- Nausea, vomiting, fatigue, asthenia, neuropathy

### In vitro data summary

TMZ resistance and MGMT status in GBM cell lines SF188 (pediatric), U251 (adult), and T98G (adult)



> VAL-083 is more potent than temozolomide against GBM cell lines *in vitro* 

> VAL-083 maintains cytotoxic activity independent of MGMT expression, whereas temozolomide activity is inhibited by MGMT



### In vitro data summary

VAL-083 inhibited the growth of Brain Tumor Initiating cells (BTIC) (BT74, GBM4 and GBM8) by 80-100% in neurosphere growth assays, with minimal effect on normal human neural stem cells. Temozolomide was ineffective against BTICs. BTICs are thought to give rise to relapse as they are resistant to conventional therapies.







In vivo study

## *In vivo* mouse model of VAL-083 efficacy in comparison to TMZ in xenograft GBN models of U251(TMZ-sensitive ) and BT74 (TMZ-resistant ).

Treatment protocol for testing the efficacy of VAL-083 in comparison to temozolomide (TMZ) in the treatment Rag2 mice bearing intracranial human GBM xenograft tumors of U251 (TMZ-sensitive) or BT74 (TMZ-resist day 0, 7.5 x 10<sup>4</sup> cells were implanted intracranially. On day 18, treatment was initiated. Disease progression overall survival, clinical observations and body weight measurements.

	Dose (mg/kg)		No.	Admin.	Volume
Group	U251 (TMZ-senstitive)	BT74 (TMZ-resistant)	mice	route	(uL/20g)
1 - Control	n/a	n/a	10	n/a	n/a
2 - TMZ	30	30	10	i.p.	200
3 - VAL-083	3	3	10	i.p.	200
4 - VAL-083	4	3.5	10	i.p.	200
5 - VAL-083	5	4	10	i.p.	200

N
ment of female tant) origin. On is evaluated by
Schedule
n/a
Q7D X 3
M, W, F X 3
M, W, F X 3
M, W, F X 3

In vivo study

**RESULTS TO DATE** 

U251 <i>(TMZ-sensitive)</i>	As expected, U251 was sensitive to both TM 083. Treatment with either compound result statistically significant survival benefit component control.
BT74 <i>(TMZ-resistant)</i>	Study Ongoing

Full data to be presented / published upon study completion

### IZ and VALted in a pared to

## **VAL-083**: **Translational Research**

## VAL-083 Clinical Study

VAL-083 is currently undergoing a Phase I/II clinical trial in refractory glioblastoma

- Three clinical sites in USA (UCSF, SCRI, FCA)
- Clinicaltrials.gov identifier: NCT01478178

Modern side-effect management has enabled higher dosing in comparison to previous NCI studies

Comparator	NCI Regimen	DelMar Regimen
Single Dose	25 mg/m <sup>2</sup>	25 mg/m <sup>2</sup>
Acute cycle	125 mg/m² <i>(5 days)</i>	150 mg/m² <i>(3 days)</i>
Overall 33-day cycle	125 mg/m <sup>2</sup>	300 mg/m <sup>2</sup>

9

## **VAL-083**: Conclusions

- > VAL-083 has a cytotoxic mechanism that is different from TMZ
- > VAL-083 is effective in various GBM cell lines, and the activity is independent of MGMT
- > VAL-083 inhibits neurosphere formation and growth of brain tumor initiating cells BT74, GBM4 and GBM8
- > VAL-083 has a favorable safety profile in GBM patients
- > VAL-083 is currently in clinical trial for the treatment of refractory GBM
- > VAL-083 is safe and well tolerated at doses tested to date (up to 40mg/m<sup>2</sup>), delivering more drug to the tumor more often in comparison to historical NCI dosing regimens

Eagan R.T. et al. JAMA; 1979; 241: (19): 2046-50 Dunn S.E et al. Cancer Research: April 15, 2012; 72 (8); Supplement 1. З. 1.

Stupp et al. N Eng J Med; 2005; 352 (10): 987-96 Dunn S.E. et al. AACR 2012 2. 4