Preliminary Activity in the First in Human Study of the First-In-Class Fatty Acid Synthase (FASN) Inhibitor, TVB-2640

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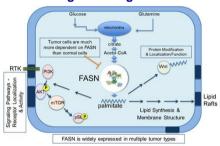
Introduction

- FASN inhibition is a novel approach to cancer treatment.
- · Selective disruption of palmitate biosynthesis leads to apoptosis in many tumor cells.
- FASN expression correlates with poor prognosis in certain tumor types including NSCLC (Visca et al., 2004).
- TVB-2640 is the only selective FASN inhibitor in clinical trials.
- Preliminary data show:

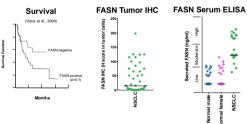
3-V BIOSCIENCES

- Broad monotherapy activity in multiple solid tumors, including 60% (3 of 5) NSCLC KRAS-Mut patients with > 12
- -Well tolerated with majority grade 1-2 adverse events at the MTD; even when combined with paclitaxel.

FASN: An Integrated Target in Tumor Biology



FASN Expression in Human NSCLC



- · Markedly higher in NSCLC patients compared to normal donors.
- NSCLC serum FASN among the highest expression of >10 tumor types tested.

Archival FEPE sections stained with FASN CST rabbit Ab C20G5 using a validated method. H-score in tumor tissue quantitated by standard pathology review. ELISA for FASN performed on archival human sera using a commercially available ELISA kit

Objectives

- Safety, MTD, PK, recommended Phase-2 dose (monotherapy and in combination with chemo) and preliminary activity.
- Biomarkers of response and pharmacodynamic biomarkers.

Study Design & Key Eligibility Criteria

- Oral, once daily; 21 days in monotherapy or 28 days with a taxane; continuous cycles.
- Adult patients (ECOG 0-1), with pathologically confirmed metastatic or advanced-stage solid tumors, standard accepted Ph-1 In/Exclusion criteria.
- Clinically significant ophthalmologic finding, including history of dry eye, excluded.
- The RP2D has been defined as 100mg/m² with DLTS of palmar plantar erythrodysesthesia and corneal edema. The trial is currently in dose expansion in multiple tumor types as monotherapy and in combination with taxane regimens.
- TVB-2640 plasma exposure increases with dose, has a half life of approx. 16 hr and was unaffected by paclitaxel.

More information regarding study design:

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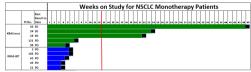
Treatment Related Adverse Events

AE Verbatins	Events	Grade 1	Grade 2	Grade 3	NHST	AE Verbatin	Events	Grade 1	Grade 2	Grade 3	N+54
Any Or NOT 2 Related Adverse Event				52 (23%) Any Gr 1 Gr 2 Related Adverse Event						47 (92%	
lary 2 Gr 3 Rolated Adverse Event					95 (24%)	Any k Gr 3 Related Adverse Excet					95 (20N
Skin and subcutaneous tissue	52	29	19		79%	Skin and subcutaneous tissue	40	15	10	7	74%
Gestrointestinal	32	25	- 7		48%	Gastrointestinal	31	24	- 5	2	57%
Epe	30	19	- 8	3	45%	General disorders and of ministration with	24	12	11	- 1	44%
General disorders and administration side	25		13	- 4	37%	Epo	19	12	7		35%
Berwes system	17	15	- 1		25%	Metabolism and netrition	13	7	5	- 1	24%
Retabolism and natrition	13		- 5	2	19%	Respiratory, thoracic and	12	2	3	2	22%
Respiratory, thoracic and	10	,	- 1		19%	Blood and lymphatic system			- 5	2	15%
Investigations	- 6	- 1	-		9%	Investigations	8		2	1	15%
Good and lymphatic system	1				976	Servoes system	8	3	- 5		15%
Infections	-	- 1		-	5%	Infections	7	2	4	- 1	13%
Cooperital, familial and greetic	1	- 1			2%	Musculuskeletal and connective Sissue	6	6	-	-	11%
Vescular	- 1	- 1	-	-	2%	Far and labyrings	1	- 1	-	-	2%
						Ronal and urinary	- 1	-	- 1	-	2%

- · SAEs were unrelated except a possibly related Gr. 3 Fatigue.
- Four unrelated deaths due to disease progression.

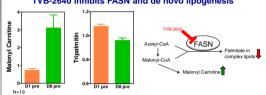
NSCLC Patients Duration on Study

KRAS-MUT have longer duration on study than KRAS-WT

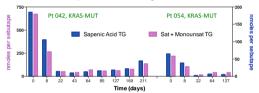


- 10 NSCLC patients enrolled on monotherapy
- > 60% KRAS-MUT on study > 12 weeks
- 0% KRAS-WT on study > 12 weeks
- Similar plasma TVB-2640 exposure across MUT and WT patients

Pharmacodynamics TVB-2640 inhibits FASN and de novo lipogenesis



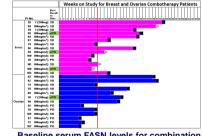
 Increased serum malonyl carnitine, and decreased serum tripalmitin were observed in 90% of patients tested, including both KRAS-MUT and KRAS-WT



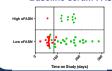
Sebum was collected using Sebutape® patches on the forehead for 30 minutes and profiled by GC-MS and MS-flame ionization detection for lipid content at Metabolon. Normal donors were not administered TVB-2640. Similar inhibition of de novo lipogenesis observed across all patients tested (n=19)

Significant reductions in sebum saturated and monounsaturated triglycerides including sapienic acid (primarily de novo) were observed after one week of treatment and generally remained low through subsequent cycles of

Breast and Ovarian Patients Duration on Study



Baseline serum FASN levels for combination



- 91% patients with high serum FASN (≥ 10 ng/mL) have SD and longer duration on study
- To date, approx, 50% breast cancer patients have high serum FASN

Green = SD

NSCLC Preliminary Anti-Tumor Activity

Tumor Type	Response	Previous Taxane Treatment*	Notes							
TVB-2640 monotherapy										
NSCLC KRAS-MUT	SD > 12 weeks 3 of 5	N/A	1 KRAS-Mut SD = 42 weeks							
NSCLC KRAS-WT	SD > 12 weeks 0 of 5	N/A								
TVB-2640 + paclitaxel										
NSCLC KRAS-MUT	1 Confirmed PR	None	Confirmed PR at 12 weeks; patient now at 36+ weeks							
NSCLC KRAS-MUT	SD > 12 weeks 3 of 5	1 of 5								
NSCLC KRAS-WT	SD > 12 weeks 4 of 6	3 of 6	1 KRAS-WT SD=16 weeks							

* # of average prior regimens (including taxanes)=4

Conclusions

- TVB-2640 demonstrates a favorable tolerability profile with no significant GI, hematologic or serum chemistry adverse events: no evidence of QTc prolongation by Holter monitoring.
- Biomarker analysis demonstrates target engagement (FASN inhibition), and inhibition of lipogenesis in patients.
- NSCLC KRAS-MUT patients remain on study longer than NSCLC KRAS-WT patients, when treated with TVB-2640 monotherapy.
- Further exploration of biological activity is underway in heavily pretreated ovarian and breast cancer patients in combination with paclitaxel:
 - ➤ Breast: 3 confirmed PRs and 8 SDs > 12
 - Ovarian/Peritoneal: 1 confirmed PR and 58-98% decreases in tumor marker CA-125 in n=6 patients.
 - > High baseline serum FASN associated with longest duration on study, a potential patient selection marker.

For more information, please contact; Emma.Dean@christie.nhs.uk

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Thank You to the Patients and Their Families

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