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Interim Analysis of a Phase 1b Study Evaluating the Safety of GS-9820, a Second-Generation PI3K δ -Inhibitor, in Relapsed/Refractory Lymphoid Malignancies



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Introduction

- In B cells, phosphatidylinositol 3-kinase- δ (PI3K δ) mediates a positive effect on cell survival, proliferation, growth, and metabolism
- PI3K δ activity is critical for homing and retaining B cells in lymphoid tissues
 - In B-cell malignancies, increased activity of PI3K δ drives proliferation and survival of malignant B cells, and mediates trafficking to lymphoid tissues

GS-9820

- GS-9820 is a 2nd-generation, selective, small molecule inhibitor of PI3K δ under investigation for the treatment of lymphoid malignancies including non-Hodgkin lymphoma (NHL) and chronic lymphocytic leukemia (CLL)

Objectives

Primary

- To determine the appropriate GS-9820 dose for future clinical trials in patients with lymphoid malignancies

Secondary

- To characterize the GS-9820 safety profile
- To explore the onset, magnitude, and duration of tumor control

Methods

Study Design

- Phase 1b, open label, 3+3 dose escalation (ClinicalTrials.gov NCT01705847)
- Patients received GS-9820 50, 100, 200, or 400 mg administered orally BID
- Interim analysis based on data cut-off date of 23 July 2014
- Patients could continue receiving GS-9820 indefinitely as needed

Eligibility

- Age ≥ 18 years
- Recurrent B-cell indolent NHL (iNHL), diffuse large B-cell lymphoma, mantle cell lymphoma, Hodgkin lymphoma (HL), or CLL, with ≥ 1 prior therapy
- Presence of radiographically measurable lymphadenopathy

Endpoints

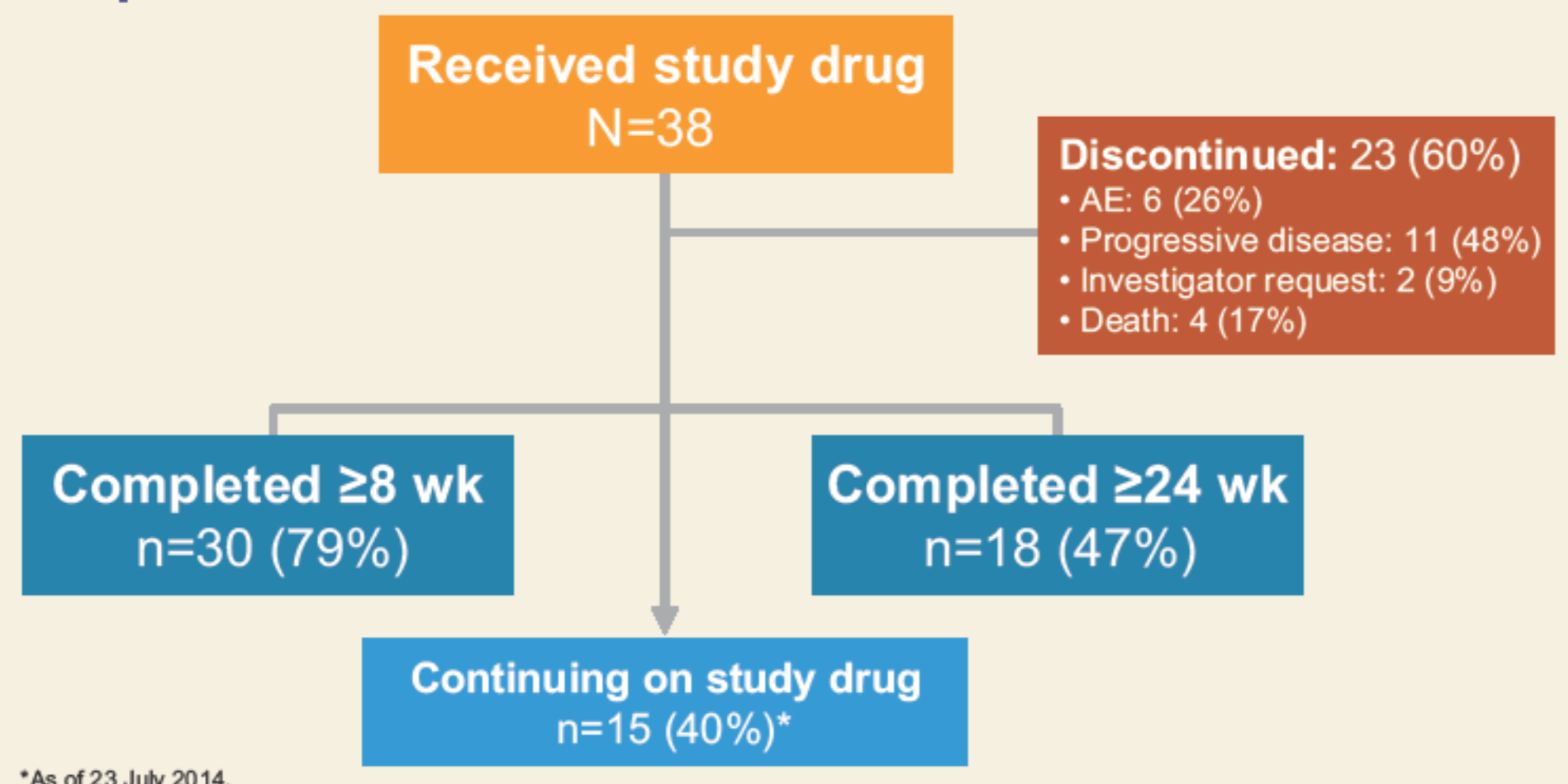
- Primary
 - Maximally tolerated dose (MTD) within tested GS-9820 dose range
- Secondary
 - Overall safety profile of each study treatment regimen characterized by type, frequency, severity, timing of onset, duration, and relation to study therapy of any adverse events (AEs)
 - Antitumor activity—objective response rate (ORR), time to response, duration of response, and progression-free survival—evaluated using standard response criteria for NHL and HL or for CLL, with adjustment of CLL criteria to account for the redistribution lymphocytosis observed with PI3K δ inhibition

Disease Assessment

- Computed tomographic or magnetic resonance imaging assessments were used to evaluate tumor response every 2–3 months
- Response per modified International Workshop on Chronic Lymphocytic Leukaemia and International Working Group guidelines¹
- Safety assessments for MTD occurred after 4 weeks of treatment

Results

Disposition



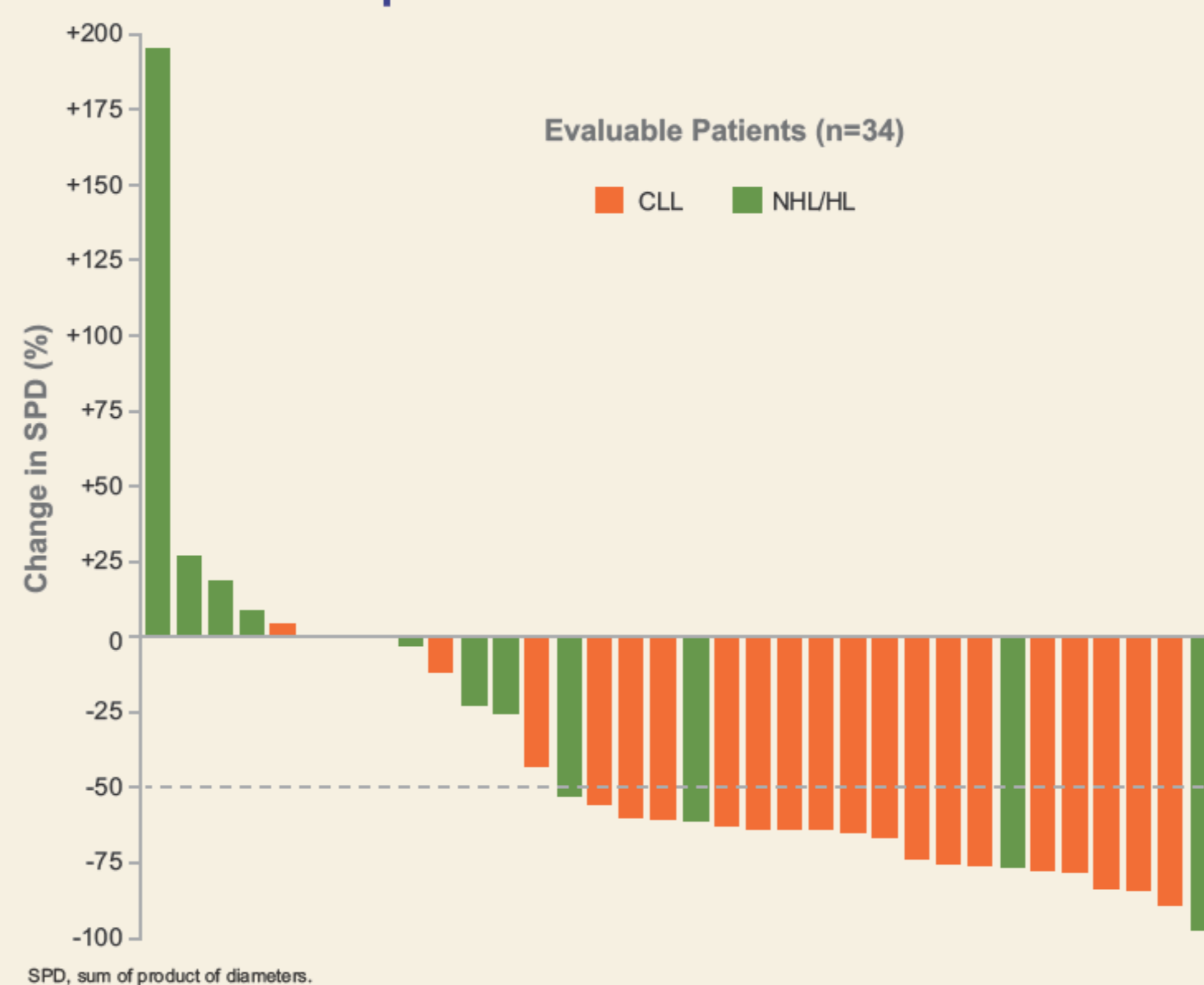
Baseline Demographics and Disease Characteristics

	Patients, N=38
Male/female, n (%)	26/12 (68/32)
Median age, y (range)	69 (48–81)
Disease type, n (%)	
Follicular lymphoma	1 (3)
Marginal zone lymphoma	1 (3)
Lymphoplasmacytoid lymphoma	1 (3)
Mantle cell lymphoma	8 (21)
Diffuse large B-cell lymphoma	4 (10)
CLL	22 (58)
HL	1 (3)
Median regimens, n (range)*	3 (1–13)
Prior therapy type, n (%)	
Rituximab	34 (90)
Alkylating agent	38 (100)
Purine analog	23 (61)

	CLL, n=22	iNHL, n=15	HL, n=1	Total, N=38
Disease status at study entry, n				
Refractory disease	12	8	1	21 (55%)
Relapse disease	7	6	0	13 (34%)
Unknown	3	1	0	4 (11%)
Bulky disease, n [†]	NA	9	0	9 (24%)

*All patients received chemotherapy or combination chemotherapy; [†]Presence of ≥ 1 node > 5 cm at baseline. NA, not applicable.

Best Nodal Response



Overall Response Rate by Dose Cohort

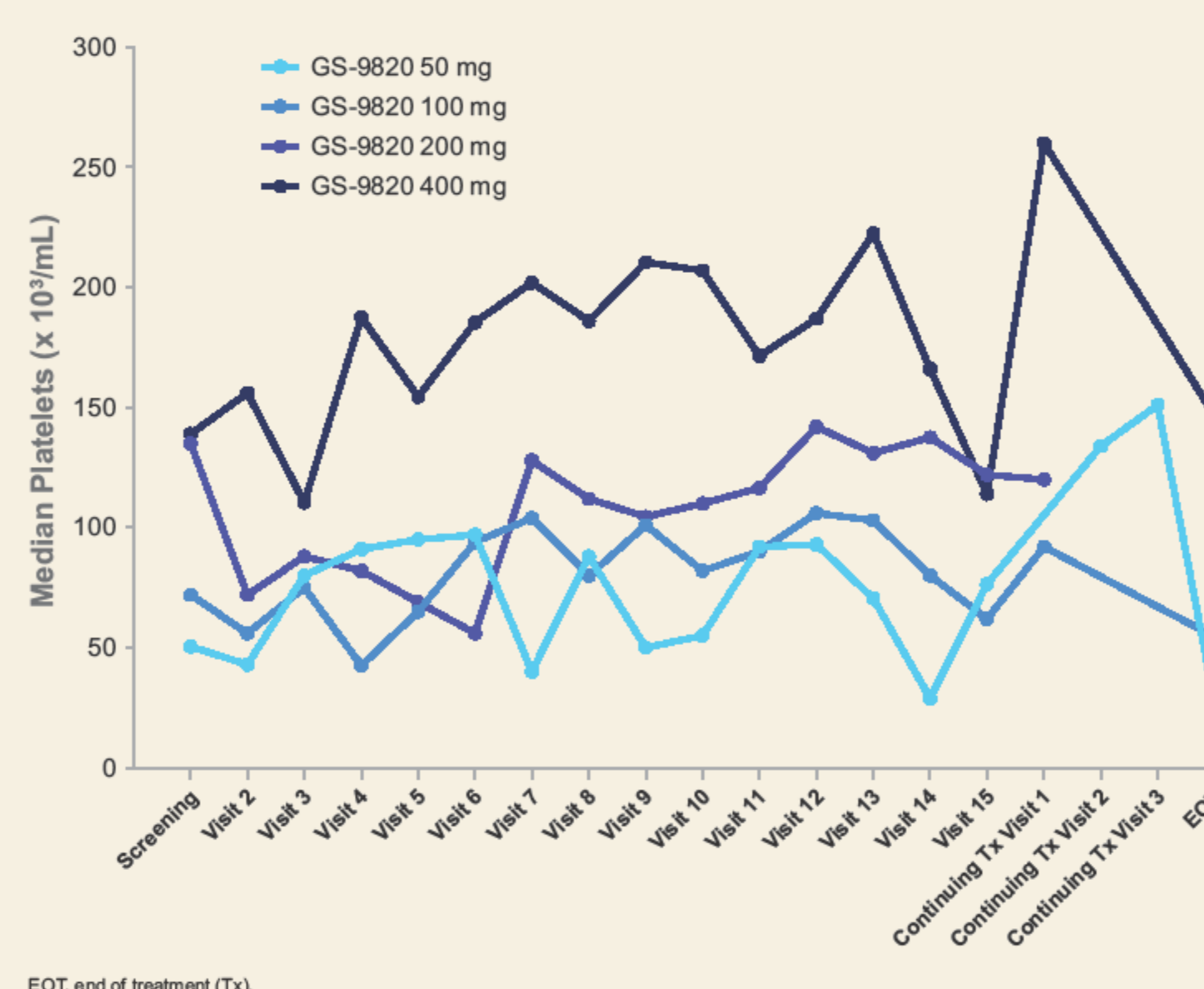
Patients, n (%)	GS-9820				Total N=38
	50 mg BID n=3	100 mg BID n=3	200 mg BID n=3	400 mg BID n=29	
Complete response	0	0	1 (33)	1 (3)	2 (5)
Partial response	1 (33)	1 (33)	1 (33)	8 (28)	11 (29)
Stable disease	2 (67)	1 (33)	0	12 (41)	15 (40)
Progressive disease	0	1 (33)	1 (33)	4 (14)	6 (16)
Not evaluable	0	0	0	4 (14)	4 (11)

Overall Response Rate by Disease Type: GS-9820 400 mg BID

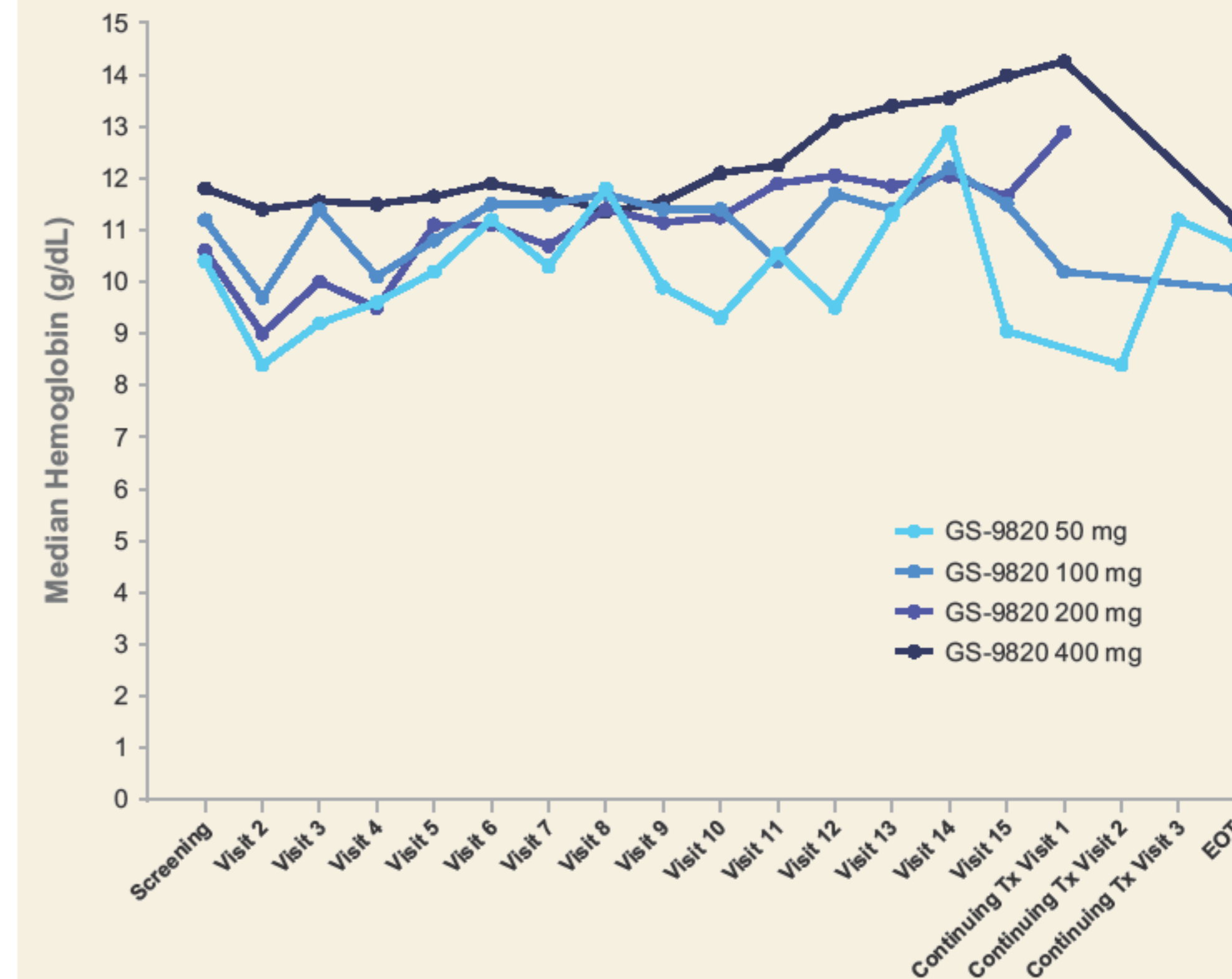
Patients, n (%)	CLL, n=15	NHL/HL, n=14	Total, n=29
Complete response	0	1 (7)	1 (3)
Partial response	5 (33)*	3 (21)	8 (28)
Stable disease	9 (60)	3 (21)	12 (41)
Progressive disease	0	4 (29)	4 (14)
Not evaluable	1 (7)	3 (21)	4 (14)
ORR	5 (33)	4 (29)	9 (31)

*Including partial response + lymphocytosis (3 of 5).

Platelet Levels While on GS-9820 Treatment



Hemoglobin Levels While on GS-9820 Treatment



Overall Safety Summary

Patients, n (%)	GS-9820				Total N=38
	50 mg BID n=3	100 mg BID n=3	200 mg BID n=3	400 mg BID n=29	
Any AE	3 (100)	3 (100)	3 (100)	28 (97)	37 (97)
Grade ≥ 3 AE	3 (100)	2 (67)	3 (100)	19 (66)	27 (71)
Serious AE	2 (67)	1 (33)	2 (67)	16 (55)	21 (55)
AE leading to drug discontinuation	0	1 (33)	0	13 (45)	14 (37)
AE leading to death	0	0	0	6 (21)	6 (16)

Treatment-Emergent AEs in $\geq 15\%$ of Patients

Adverse Events	Total, (N=38), n (%)	
	Any Grade	Grade ≥ 3
Fatigue	17 (45)	3 (8)
Pyrexia	11 (29)	0
Cough	10 (26)	0
Diarrhoea	10 (26)	2 (5)
Oedema peripheral	10 (26)	0
Dyspnoea	9 (24)	1 (3)
Rash	9 (24)	4 (11)
Weight decrease	7 (18)	1 (3)
Anaemia	6 (16)	3 (8)
Dysgeusia	6 (16)	0
Pneumonia	6 (16)	4 (11)
Vomiting	6 (16)	0

Treatment-Emergent Grade ≥ 3 Laboratory Abnormalities

Laboratory Abnormalities	Total, (N=38), n (%)	
	Grade ≥ 3	Any Grade
Anemia	4 (11)	10 (26)
Leukocytosis	9 (24)	11 (29)
Lymphocytosis	11 (29)	13 (34)
Neutropenia	15 (40)	23 (61)
Thrombocytopenia	5 (13)	12 (32)
Transaminase elevation	3 (8)	3 (8)
Leukopenia	9 (24)	11 (29)
Lymphocytopenia	11 (29)	13 (34)
Hypophosphatemia	2 (5)	5 (13)
High triglycerides	3 (8)	21 (55)
Hyperuricemia	1 (3)	3 (8)

Serious Adverse Events in >1 Patient

	Total, (N=38), n (%)
Any serious AE	21 (55)
Pneumonia	5 (13)
Pyrexia	4 (11)
Sepsis	2 (5)

Conclusions

- No MTD was observed in the doses of GS-9820 evaluated
- GS-9820 was tolerable, with no dose-limiting toxicities observed in the doses evaluated
- GS-9820 demonstrated clinical activity in these patients with hard-to-treat disease at the doses tested

Reference

1. Hallek M, et al. Blood 2008;111:5446-56.

Acknowledgments

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Disclosures

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