

# A Clinical Perspective

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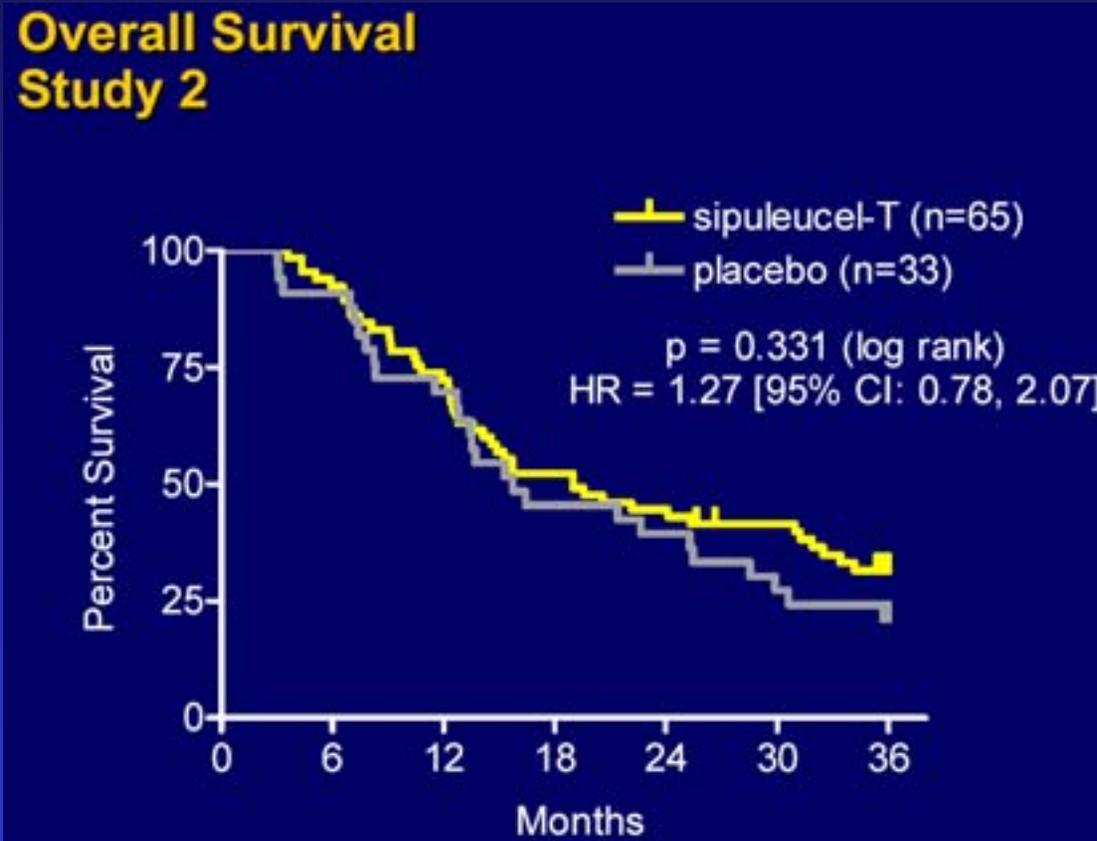
# Presenter Disclosure Information

*Charles G. Drake M.D., Ph.D.*

The following relationships exist related to this presentation:

<u>Commercial Interest</u>	<u>What I Received</u>	<u>My Role</u>
Bristol Meyers Squibb	Consulting Fee	Consultant
Amplimmune Inc	Consulting Fee	Consultant
Dendreon, Inc	Consulting Fee	Consultant
Pfizer, Inc	Consulting Fee	Consultant
Sanofi Aventis	Honorarium	Speakers' Bureau
Cell Genesys, Inc	Honorarium	Speakers' Bureau
Cell Genesys, Inc	Sponsored Research Agreement	Laboratory Investigator

“Doc, What happened to that ProVenge you promised me?”



# "Do you think it's SAFE?"

## Adverse Drug Reactions: Severity of Events Integrated Studies 1 & 2

Events	sipuleucel-T N = 147		placebo N = 76	
	Grade 1 or 2 %	Grade 3 or 4 %	Grade 1 or 2 %	Grade 3 or 4 %
Chills	53.0	4.8	7.9	0.0
Pyrexia	29.9	2.0	6.6	0.0
Fatigue	41.5	1.4	28.9	0.0
Headache	17.7	1.4	6.6	0.0
Nausea	13.6	0.7	7.9	0.0
Asthenia	14.3	0.0	3.9	0.0
Dyspnea	7.5	3.4	1.3	1.3
Vomiting	10.2	0.7	2.6	0.0
Tremor	8.8	0.0	0.0	0.0

# "Don't you think Immunotherapy is BETTER than Chemotherapy?"

## Relationship of Symptom State to Benefit from Docetaxel (TAX 327)

	Docetaxel Q 3 wks median survival (months)	Mitoxantrone median survival (months)	$\Delta$ (months)	Hazard Ratio (p = 0.009)
Asymptomatic (N = 367)	23.0	19.8	3.2	0.73 (p = 0.009)

## Overall Survival Summary Study 1

	N	Survival Percentiles (months)		
		75%	50%	25%
<b>sipuleucel-T</b>	<b>82</b>	<b>14.3</b>	<b>25.9</b>	<b><math>\geq 36.0</math></b>
<b>placebo</b>	<b>45</b>	<b>10.5</b>	<b>21.4</b>	<b>30.9</b>

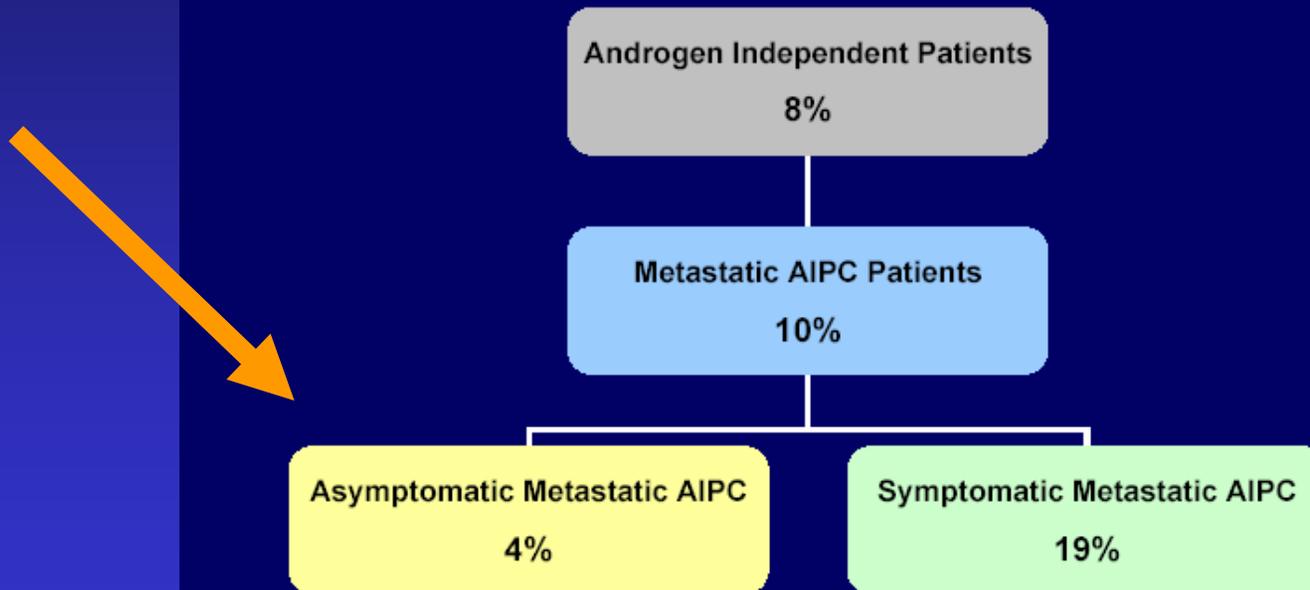
# "Chemo? .... I've heard chemo is bad bad bad"

Table 2. Treatment.<sup>a</sup>

Variable	Docetaxel Every 3 Wk	Weekly Docetaxel	Mitoxantrone Every 3 Wk
No. randomized	335	334	337
No. treated with chemotherapy	332	330	335
No. treated with prednisone	332	330	335
No. of cycles			
Median	9.5	4	5
Range	1-11	1-6	1-11
≥1 Infusion delayed (%)	24	34	21
Dose reduction (%)	12	9	8
Major protocol violation (%)	7	8	7
Reasons for stopping treatment (%)			
Completed treatment	46	35	25
Progression of disease	38	35	56
Adverse event	11	16	10
Withdrawal of consent	1	6	3
Death	1	2	2
Other	4	6	5
Crossover to other drug (%)	27	24	20

"If it's not so bad - then why doesn't anyone want it?"

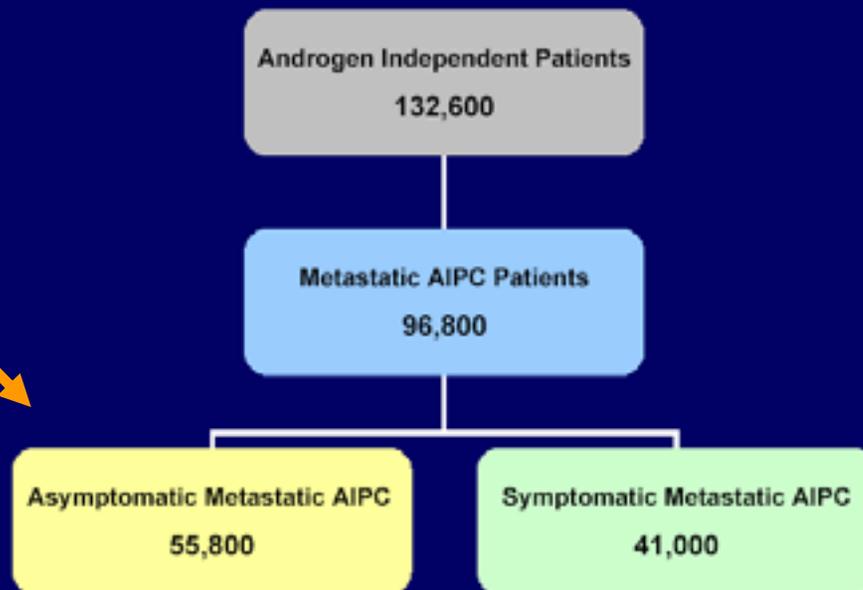
## Limited Acceptance of Docetaxel as Reflected in Current Usage



Sources: Oncology Inc. OncoTrack Data Query 2006

# From the back of my napkin ....

## Advanced Prostate Cancer



50% of ASYMPTOMATIC HRPC  
Patients = 29,000

X 3 months EACH

= 87,000 months of life saved

= 7000 patient years

# Conclusions

- IMPACT (D9902B) Closed to Accrual in August
  - Interim analysis next year
  - End of survival discussion ...
- Inappropriate for biologics to “Dis” conventional therapy
  - Docetaxel has documented survival benefit in asymptomatic HRPC
  - Sipuleucel T benefit is similar (4.5 versus 3.2 months)
  - Unclear whether Sipuleucel alone would achieve same benefit
    - About 50% of patients in D9901 got both sipuleucel T + chemo
- INSTEAD
  - Clinical Reality = many patients will get BOTH
    - Sipuleucel T -> Docetaxel or other way?
    - Co-administration
    - More creative combinations
      - Sipuleucel + Ipilimumab
      - Sipuleucel + Immunomodulatory Cyclophosphamide