

# Phase 1 study of the novel prodrug MIV-818 in patients with hepatocellular carcinoma, intra-hepatic cholangiocarcinoma or liver metastases

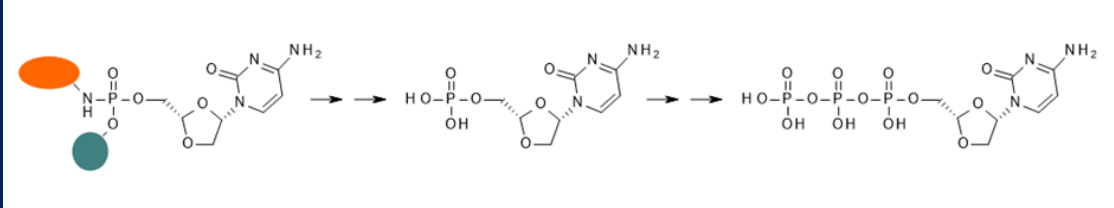
Jeff Evans<sup>1</sup>, Eric Van Cutsem<sup>2</sup>, Hans Prenen<sup>3</sup>, Mark Middleton<sup>4</sup>, Debashis Sarker<sup>5</sup>, Karin Tunblad<sup>6</sup>, Fredrik Öberg<sup>6</sup>, Tom Morris<sup>6</sup>, Linda Basse<sup>6</sup>, Ruth Plummer<sup>7</sup>

<sup>1</sup>University of Glasgow, <sup>2</sup>University of Leuven, <sup>3</sup>University hospital Antwerp, <sup>4</sup>University of Oxford, <sup>5</sup>King's college London, <sup>6</sup>Medivir AB, <sup>7</sup>Newcastle University

# Background

MIV-818

Active metabolite



## MIV-818

- Orally administered prodrug of the nucleoside analogue troxacitabine
- Liver targeting by rapid conversion to active metabolite in the liver
- Causes DNA breaks and cell death
- Favourable effect in vitro in combination with multi-kinase inhibitors and anti-PD1 and DNA damage repair inhibitors

## Phase 1

### Phase 1a

- Intra-patient dose-escalation design with doses of 3-70 mg for 3-5 days in 21-day cycles (results presented)

### Phase 1b

- Inter-patient dose escalation (3+3 design) starting at 40 mg for 5 days in 21-day cycles (ongoing)

### Primary objective

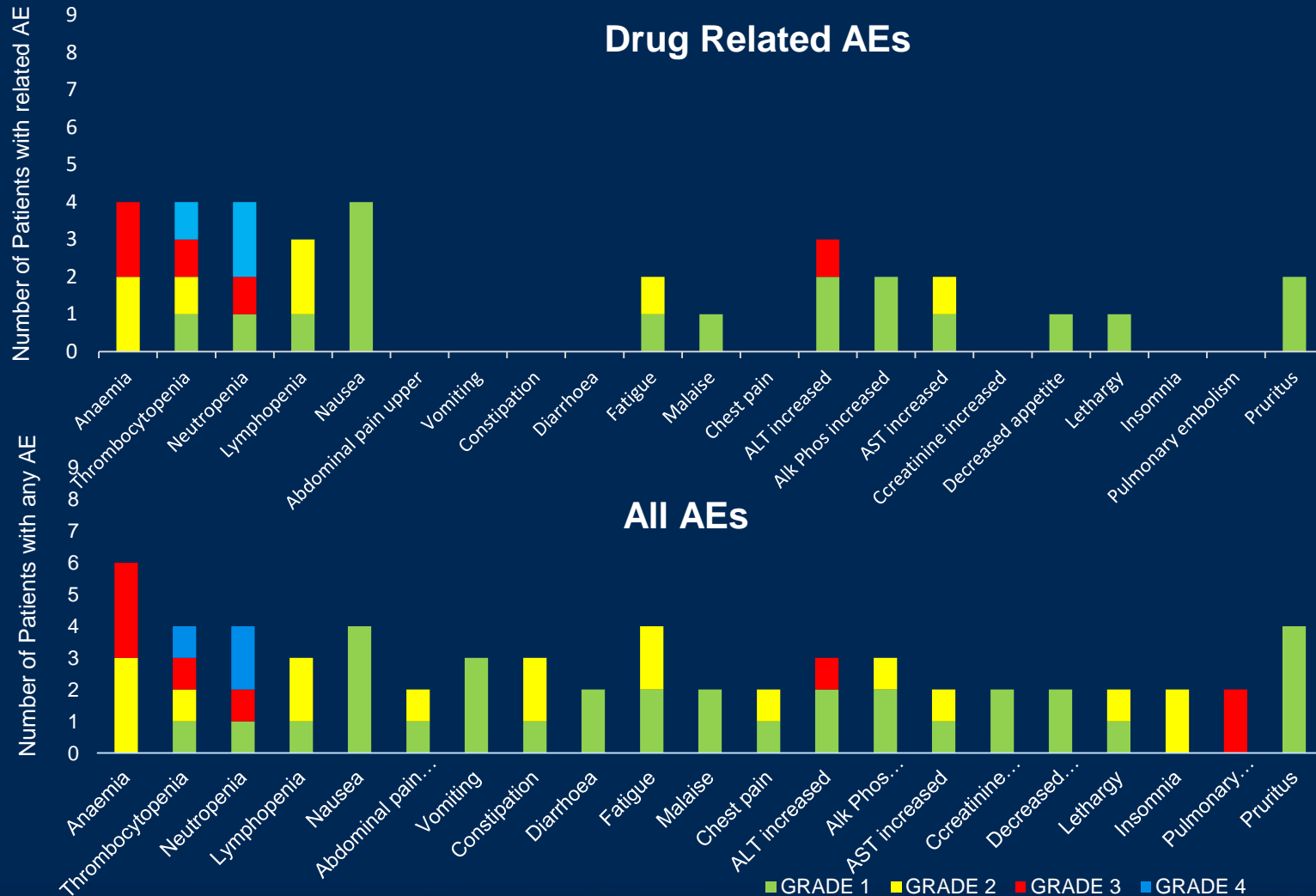
- Safety and tolerability

### Patient population Phase 1a

- Pre-treated advanced HCC (2), iCCA (1) or liver metastases from solid tumors (6)
- ECOG status 0 (n=3) or 1 (n=6)
- Median 2 (1-5) previous treatment lines

# Adverse Events by Grade reported in $\geq 2$ patients

## All AEs and drug related AEs

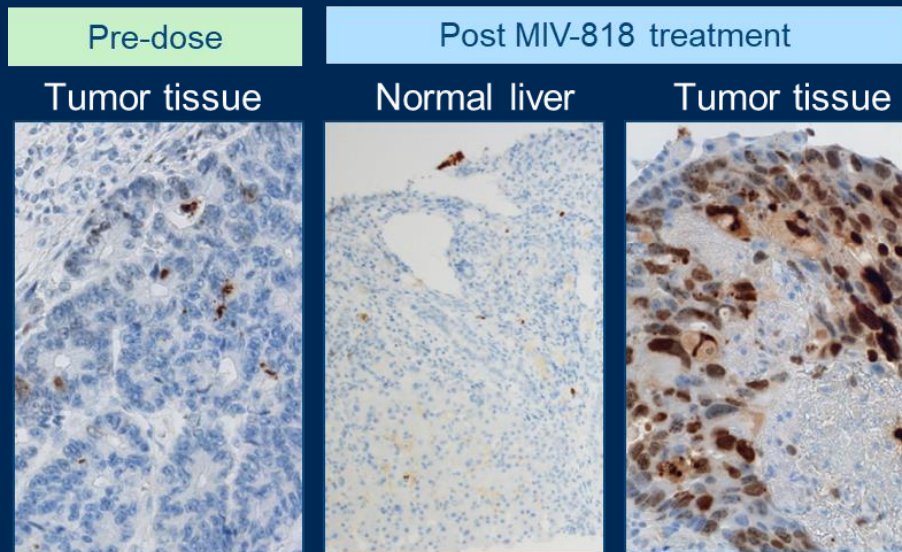


- AEs related to MIV-818 predominantly Grade 1 events at doses below 50mg
- Hematological effects emerged at doses of  $\geq 50$ mg
- 2 patients discontinued due to AEs unrelated to drug: oesophageal haemorrhage; spinal cord compression + bilateral pulmonary emboli

40mg selected as starting dose for phase 1b

# Early POC: Tumor selective effect observed

- Clear signs of a tumor selective effect, measured as DNA damage, observed in liver tumor biopsies
- Normal liver tissue does not appear to have been affected
- Evidence of delivery of MIV-818 to the tumor with minimal MIV-818 exposure in plasma



Patient with metastatic colorectal adenocarcinoma dosed 30mg x 3 days. DNA-damage pH2AX (brown stain) in cycle 2 liver biopsy

| Diagnosis                | Dose in C2 | Tumor (pH2AX)   | Normal Liver (pH2AX) |
|--------------------------|------------|-----------------|----------------------|
| Liver metastatic disease | 3x20 mg    | 20-56%          | <1%                  |
| iCCA                     | 3x30 mg    | 14-17%          | 2%                   |
| Liver metastatic disease | 4x40 mg    | 37-52%          | <1%                  |
| HCC                      | 4x60 mg    | na <sup>1</sup> | na                   |
| Liver metastatic disease | 5x30 mg    | 0-11%           | 0%                   |
| Liver metastatic disease | 5x50 mg    | 0.2-2.8%        | na <sup>2</sup>      |
| Liver metastatic disease | 5x60 mg    | 4-43%           | <1%                  |

<sup>1</sup>100% tumor necrosis in biopsy, <sup>2</sup>Only tumor tissue in biopsy

# Summary

- Nine patients in Phase 1a treated for 2-4 cycles
  - Acceptable safety and tolerability profile; hematological effects were most common AEs and emerged at doses of  $\geq 50\text{mg}$
  - Selective effect on cancer cells in the liver
  - Low plasma levels of MIV-818
- Phase 1b ongoing at 40mg dose level
  - One DLT (rash) observed and resolved, dose reduced to 30mg
  - Further cohort of 3 being dosed