

Results of a Phase 1 Study of RX-5902, an Orally Bioavailable Inhibitor of Phosphorylated p68, Targeting Solid Tumors

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Background: RX-5902 is a novel compound that targets phosphorylated p68 RNA helicase (also known as DDX5), a member of the DEAD box family of RNA helicases. Phosphorylated p68 may play a vital role in cell proliferation and tumor/cancer progression. As a single agent, RX-5902 inhibits tumor growth, alters cell migration and enhances survival in a variety of in vivo animal xenograft tumor models (e.g., breast, ovarian, renal, pancreatic). We report the data from the first clinical study of RX-5902 as a single agent to treat solid tumors.

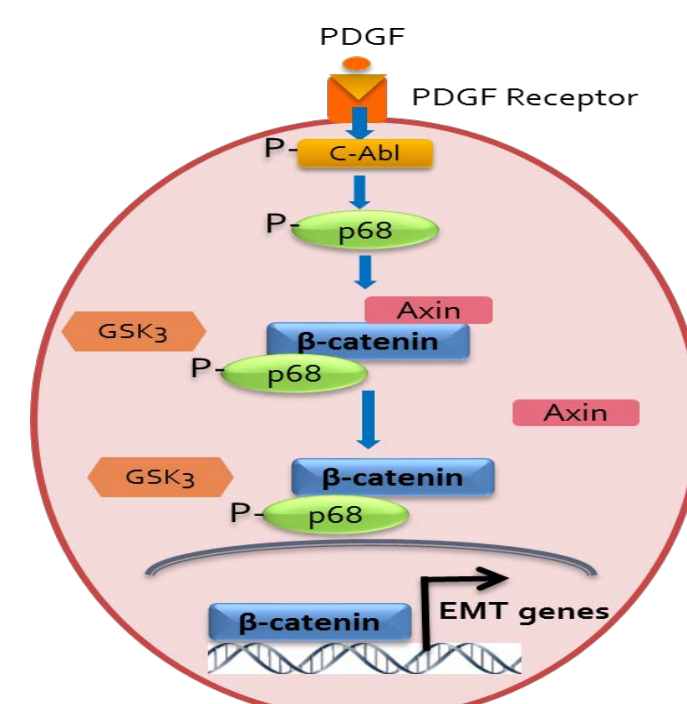
Methods: This is a Phase 1 study (NCT02003092) designed to evaluate safety, tolerability and pharmacokinetics following increasing doses of RX-5902 at varying schedules. Primary objectives include safety, tolerability and dose limiting toxicities to identify the maximum tolerated dose and a recommended phase 2 dose and schedule (RP2D). Secondary objectives were pharmacokinetics (PK) and antitumor activity (RECIST v1.1). Eligible subjects (aged ≥ 18 years) with relapsed/refractory solid tumors received oral RX-5902 at 1, 3, 5 or 7 times per week for 3 weeks followed by 1 week of rest or for 4 weeks without a rest. Plasma concentrations were measured using a validated LC-MS/MS assay, and non-compartmental pharmacokinetic parameters were calculated using WinNonlin, Version 6.4.

Results: As of January 2016, 18 subjects have been enrolled (8 Females, 10 males). No dose limiting toxicities or treatment related SAEs have been reported. Six subjects have experienced stable disease; three subjects are currently receiving treatment for > 1 year. The most common side effects were grade 1 related adverse events: nausea, vomiting and fatigue; no grade 2 related events have been reported. RX-5902 was orally bioavailable with median Tmax of 2 hours and median elimination half-life of 12 hours.

Conclusions: Data from this study support that RX-5902 is safe and well tolerated at the doses and schedules tested. Early Antitumor activity has been observed. A recommended phase 2 dose for RX-5902 for the treatment of triple negative breast cancer and advanced ovarian cancer will be presented.

RX-5902 Proposed Mechanism

- p68 phosphorylation at Tyr593 by c-Abl (Yang et al. Cell 2006)
- Phospho-p68 promotes EMT via promoting β-catenin nuclear translocation (Yang et al Cell 2006)
- Phospho-p68 mediates PDGF stimulated cell proliferation via promoting transcription of cyclin D1 and c-Myc genes (Yang et al J Biol Chem 2007)
- Phospho-p68 correlates with cancer progression
- β-catenin translocates into the nucleus, where it binds to diverse DNA-binding partners to regulate gene transcription
- The β-catenin nuclear translocation and subsequent interaction with various targets (including T-cell factor/lymphoid enhancer factor [TCF/LEF] transcription factors) is required for the EMT process
- Studies underway to further characterize β-catenin interaction



Wang et al, Mol Cell Proteomics 2012; Yang et al, Cell 2006; He Cell, 2006; Yang J Biol Chem 2007

Patient Demographics and Prior Treatments

| Parameter | Overall |
|--|------------|
| Gender, n (%) | 24 |
| Female | 11 (46%) |
| Male | 13 (54%) |
| Median age (range) | 58 (25-86) |
| Race, n (%) | |
| White | 23 (96%) |
| Other | 1 (4%) |
| ECOG performance status, n (%) | |
| 0 | 6 (25%) |
| 1 | 18 (75%) |
| Number of prior anticancer treatments, n (%) | |
| 1 | 3 (13%) |
| 2 | 5 (22%) |
| 3 | 2 (9%) |
| 4+ | 13 (56%) |

Baseline Characteristics of Patients. 28 potential patients were screened of which 24 were enrolled and 21 were treated with RX-5902. All 24 patients enrolled entered with Stage IV disease.

Safety Profile

| Adverse Event | Number of Subjects per severity grade, n | | | |
|----------------------|--|---------|---------|---------|
| | Grade 1 | Grade 2 | Grade 3 | Overall |
| Constipation | 1 | | | 1 |
| Diarrhea | 1 | 1 | | 2 |
| Fatigue | 3 | 2 | 1 | 6 |
| Generalized weakness | 1 | | | 1 |
| Headache | 1 | | | 1 |
| Hypotension | 1 | | | 1 |
| Myalgias | 1 | | | 1 |
| Nausea | 2 | 3 | | 5 |
| Neutropenia | 1 | | | 1 |
| Somnolence | | 1 | | 1 |
| Weight Loss | 3 | | 2 | 5 |
| Vomiting | 3 | 1 | | 4 |

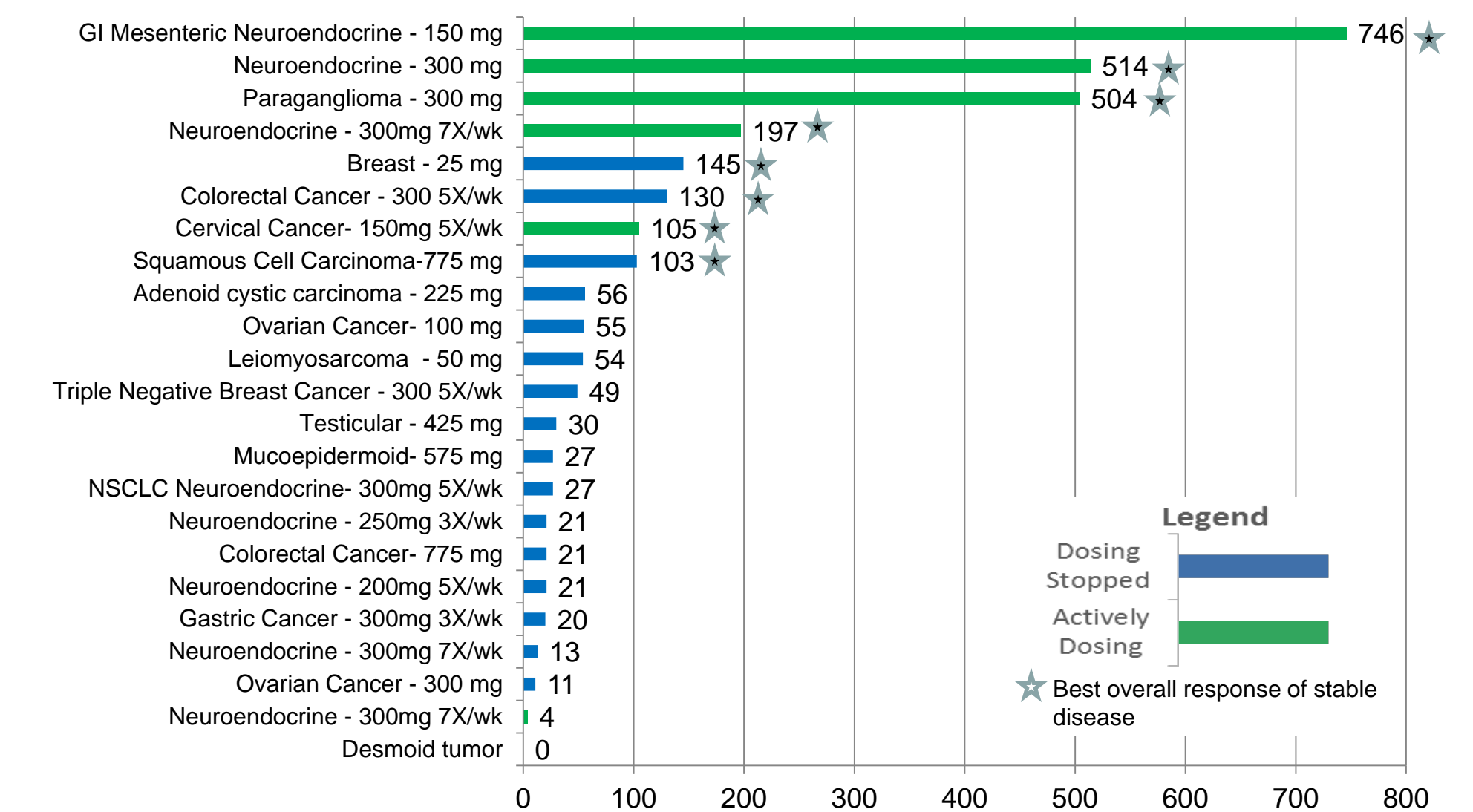
Pharmacokinetics

Pharmacokinetic (PK) samples were collected on Day 1 (for single weekly dosing) and Day 15 (multiple weekly doses) for 48 hours. Plasma concentrations were measured using a validated LC-MS/MS assay, and non-compartmental pharmacokinetic parameters were calculated using WinNonlin, Version 6.4. Population PK model was built and used for pharmacokinetic/pharmacodynamics assessments.

| Dose (mg) | N | Dose Scheme | Dose Number | Cmax (µg/L) | Tmax (hr) | T1/2 (hr) | AUClast (hr*µg/L) | AUClast/Dose (hr/L*1000) |
|-----------|---|-------------|-------------|-------------|-----------|-----------|-------------------|--------------------------|
| 100 | 1 | 1 / Week | 1 | 252 | 2 | | 2341 | 23 |
| 150 | 1 | 1 / Week | 1 | 226 | 6 | 11.4 | 3280 | 22 |
| 225 | 1 | 1 / Week | 1 | 364 | 4 | 12.0 | 4312 | 19 |
| 300 | 2 | 1 / Week | 1 | 385 | 3.8 | 16.6 | 5847 | 19 |
| 425 | 1 | 1 / Week | 1 | 660 | 2 | | 14673 | 35 |
| 575 | 1 | 1 / Week | 1 | 707 | 4 | | 10098 | 18 |
| 775 | 2 | 1 / Week | 1 | 571 | 2.8 | | 6570 | 8 |
| 250 | 1 | 3 / Week | 1 | 394 | 2 | 14.0 | 5211 | 21 |
| 250 | 1 | 3 / Week | 7 | 403 | 2 | | 7774 | 31 |
| 300 | 1 | 3 / Week | 1 | 288 | 6 | 10.3 | 4555 | 15 |
| 300 | 1 | 3 / Week | 7 | 301 | 2 | | 4143 | 14 |
| 150 | 1 | 5 / Week | 1 | 227 | 2 | | 2152 | 14 |
| 150 | 1 | 5 / Week | 11 | 347 | 1 | | 3721 | 25 |
| 200 | 1 | 5 / Week | 1 | 337 | 4 | 8.5 | 2752 | 14 |
| 200 | 1 | 5 / Week | 11 | 440 | 2 | | 4034 | 20 |
| 300 | 2 | 5 / Week | 1 | 433 | 1.8 | | 4200 | 14 |
| 300 | 2 | 5 / Week | 11 | 498 | 1.3 | | 4359 | 15 |

Pharmacokinetic profiles of RX-5902. Dose proportional increase in plasma exposure up to dose of 575 mg daily, with slight accumulation from Days 1 to 15. Rapid oral absorption, with elimination half life suitable for once daily dosing.

Treatment (Days) and Best Response



Conclusions

- RX-5902 is safe and well tolerated at the doses and schedules tested.
- Early anti-tumor activity was observed in patients with breast, neuroendocrine, paraganglioma, head and neck and colorectal cancers.
- Continuous dosing is currently being tested
- The study was recently amended to target triple negative breast cancer or ovarian cancer in a 2-stage Phase 2

Investigator Disclosures

1. Christine Peterson, PhD., Reza Mazhari, PhD, and Ely Benaim, MD – Rexahn Pharmaceuticals

For further information about RX-5902 and Rexahn Pharmaceuticals please contact Dr. Ely Benaim: benaim@rexahn.com, (240) 268-5300 x304