INTRODUCTION

MALIGNANT GLIOMES: >10,000 new cases per year in the US alone.

• Treatment options are limited, in part due to the difficulties associated with accessing the tumors across the BLOOD-BRAIN BARRIER (BBB).
• One of the most highly expressed receptors on the BBB, and also enters tumor cells via LRP, which is upregulated in various cancer cell types.
• ANG1005: Development of a new Engineered Peptide Compound (EPiC) for the treatment of malignant gliomas.

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Safely is a key aspect of cancer treatment. ANG1005 is a novel compound that targets malignant gliomas. The study involved patients with recurrent or progressive malignant gliomas, and the treatment was administered via intravenous infusion once every 21 days. The primary objective was to assess the safety and tolerability of ANG1005.

METHODS

Primary objectives:
- Characterize safety and tolerability
- Identify maximum tolerated dose (MTD)
- Pharmacokinetics
- Pharmacodynamics
- Obtain preliminary antitumor activity

Study design:
- Multicenter, open-label study using a modified rapid dose-escalation design

Patient population:
- Adults with recurrent or progressive malignant gliomas

PRELIMINARY EFFICACY RESULTS

One of these patients was progressing on bevacizumab therapy at the time of study entry.

CASE STUDIES

- 49 y. female patient with ANAPLASTIC OLIGODENDROCYTOMA
  - Highly pre-treated
  - No study entry the patient had rapidly progressing symptoms including left hemiparesis; she was using a cane/wheelchair
  - After 2 cycles of ANG1005 at 420 mg/m² the patient showed marked clinical improvement and had only very mild residual leg weakness; she was no longer using her cane
  - After 4 cycles of ANG1005 the patient was walking unhindered

ANG1005 PENETRATION INTO GBM TUMORS

Excised tumor tissue was collected for analysis of ANG1005 by LC/MS/MS from patients undergoing tumor debulking who had received one dose of ANG1005 prior to surgery.

GMB TUMOR GROWTH
- NO GROWTH was observed after extracted tumor samples were cultured in neurobasal media.