SYNOPSIS

Final Clinical Study Report for CA165026

TITLE OF STUDY: A Three Cohort Phase 2 Trial of BMS-275183 Given Orally on a Twice Weekly Schedule in Pretreated Locally Advanced or Metastatic NSCLC Patients

PURPOSE: This was a multi-center, open-label, Phase 2, non-randomized study in which eligible subjects with locally advanced or metastatic non-small cell lung cancer (NSCLC), in whom prior anti-cancer treatment had failed, were administered BMS-275183 orally at a starting dose of 100 mg/m^2 on a continuous twice weekly schedule. Subjects were enrolled in 3 separate cohorts depending upon the prior treatment received: (i) one taxane containing regimen and no prior EGFR-TKI compound, (ii) a platinum based but non-taxane containing regimen and no prior EGFR-TKI compound, and (iii) both a chemotherapy regimen and one EGFR-TKI compound. The primary objective of this study was to assess efficacy of BMS-275183 in pretreated NSCLC patients as measured by the tumor response rate.

NUMBER OF SUBJECTS: 10 enrolled, 10 treated in 2 Cohorts (2 in Cohort I, 8 in Cohort II, and 0 in Cohort III).

STUDY PERIOD: Study Initiation Date: 02-Aug-2006 **CLINICAL PHASE:** 2

Study Completion Date: 04-Mar-2007

DEMOGRAPHICS AND OTHER PERTINENT BASELINE CHARACTERISTICS: The study population had 9 males and 1 female. All 10 subjects were white (100%) and ranged in age from 49 to 79 years (median age = 62 years). Five subjects (50%) were less than 65 years of age and 5 subjects (50%) were ≥65 years of age. The subjects had an ECOG performance status of either 0 or 1.

SUMMARY OF SAFETY RESULTS: Five of the 10 treated subjects (50%) died during the study; 2 of the deaths occurred within 30 days of administering the last dose of study drug. One death was due to febrile neutropenia (study drug toxicity) and occurred 7 days after administering the last dose of study drug, and the other death was due to respiratory distress (disease progression) and occurred 9 days after administering the last dose of study drug. Six subjects (60%) experienced at least 1 SAE during the study. Febrile neutropenia, asthenia and diarrhea were reported as SAEs in more than 1 subject. AEs led to discontinuation of study therapy in 5 subjects (50%): febrile neutropenia (2 subjects), asthenia, mucosal inflammation, neutropenia and septic shock in 1 subject, vomiting, anorexia and altered performance status in 1 subject, and asthenia in 1 subject. A majority of subjects (90%) experienced at least 1 treatment-related AE. Overall, treatment-related diarrhea (70%) and vomiting (60%) were the predominant AEs (ie, reported in ≥50% of subjects). Clinically important hematology or serum chemistry abnormalities reported were Grade 4 leucopenia (20%), Grade 4 thrombocytopenia (20%), Grade 4 anemia (10%), and Grade 3 gamma-glutamyl transferase (GT) (50%).

DATE OF REPORT: 12-Sep-2007