

# #11517: A Phase II Study of Oral Paclitaxel with Encequidar in the Treatment of Unresectable Cutaneous Angiosarcoma

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## Background

- Oral paclitaxel + encequidar (Pac+E) is a novel oral formulation of paclitaxel. Encequidar is a novel oral gut P-gp inhibitor.
- Angiosarcomas are highly aggressive malignant tumors with poor prognosis.
- Currently there is no FDA-approved treatment.

## Study Design and Endpoints

This is phase-2 study evaluating the activity, safety and tolerability of oral paclitaxel 205mg/m<sup>2</sup> with encequidar 15 mg administered orally once daily for 3 consecutive days weekly for unresectable cutaneous angiosarcoma.

- Primary endpoint is tumor response rates (RECIST v1.1).
- Secondary end points are progression free survival (PFS) and overall survival (OS)

## Inclusion/Exclusion Criteria

- Unresectable cutaneous angiosarcoma.
- No prior taxane
- Non-metastatic disease

## Results

Preliminary results of 26 patients enrolled:

- Median age=75 (range: 49-93)
- Male: female= 16: 10
- Cutaneous angiosarcoma: face=4, scalp=14, breast=7, leg=1
- 1 patient had previous chemotherapy for cutaneous angiosarcoma
- 22 patients were evaluable for response.
- 4 patients are awaiting repeat 2<sup>nd</sup> tumor imaging
- The clinical benefit rate (CR+PR+SD) was 100%.

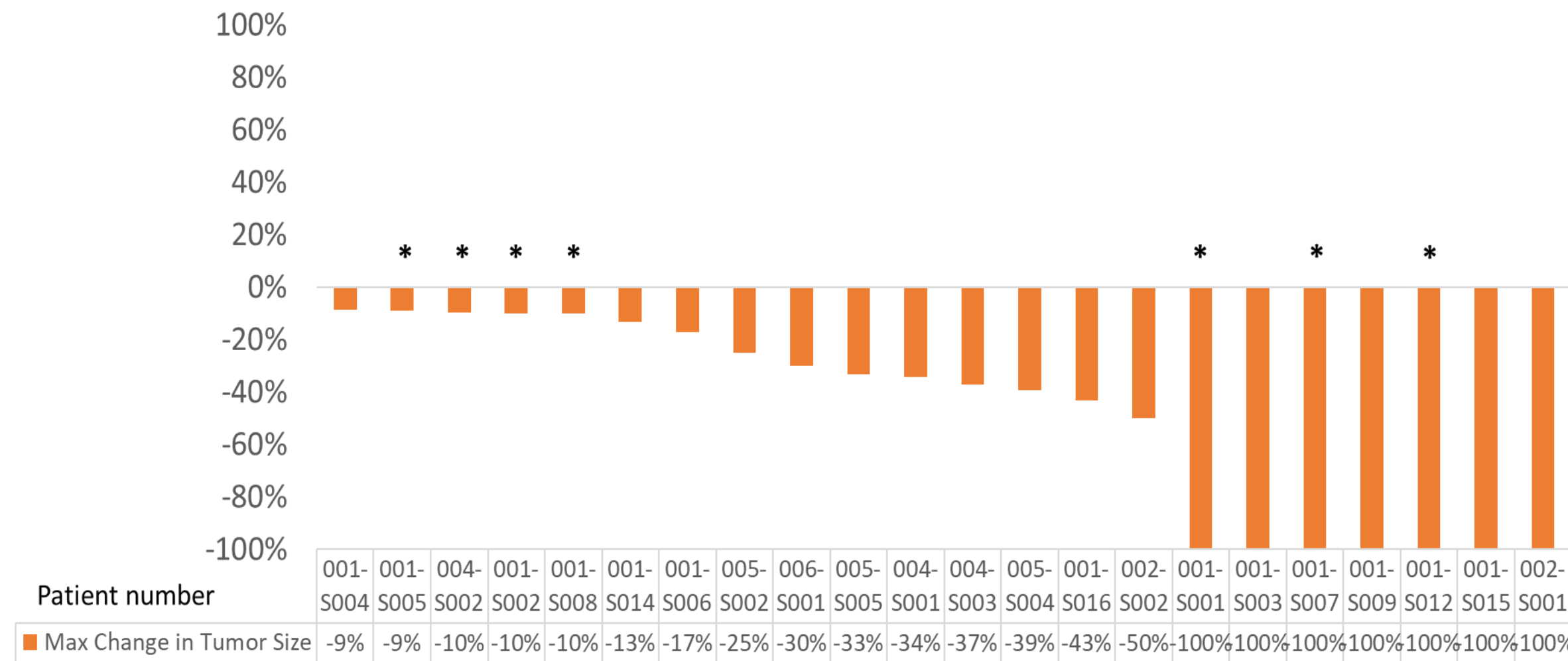
CR	PR	SD	PD
6/22 (27.3%)	5/22 (22.7%)	11/22 (50%)	0%

- Median PFS is 36 weeks and OS is 92% at 52 weeks.
- 7 patients' tumors were deemed resectable after Oral paclitaxel treatment and elected to receive curative resection.

## Oral Paclitaxel: Conclusions

- Oral paclitaxel showed encouraging efficacy and tolerability in the treatment of unresectable cutaneous angiosarcoma in an elderly population.
- All patients showed reduction in tumor size, suggesting an incremental improvement in outcomes both in terms of response and time to progression.
- Curative resections were possible after treatment.
- Offers the possibility of improving the treatment outcome (PFS: 9 months compared to 6.6 months reported for IV paclitaxel), reduced neuropathy (11.5%) and providing the convenience of home treatment.
- Decreasing exposure of an elderly patient population to hospitals has a distinct advantage, particularly during the COVID-19 pandemic.
- In the long-term, oral therapy will help reduce healthcare costs.

Max Change in Tumor Size (n=22)

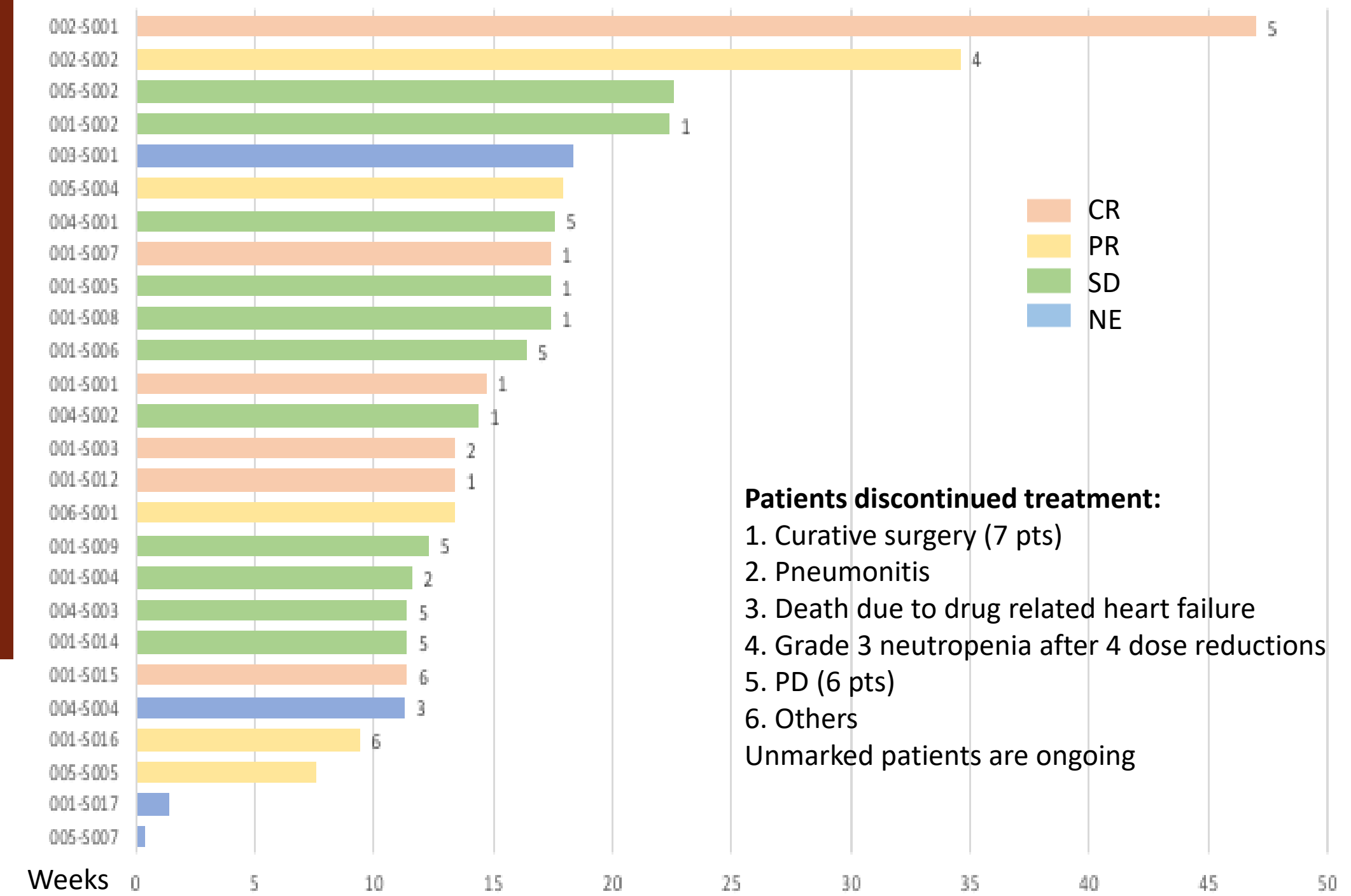


\*7 patients received curative surgery after CR, PR, or SD

## Treatment Toxicities

AE	Grade 1	Grade 2	Grade 3	Grade 4	Total n=26
Neutropenia	1 (4%)	2 (8%)	5 (19%)	7 (27%)	15 (58%)
Febrile Neutropenia	0	0	3 (8%)	0	3 (8%)
Fatigue	9 (34.6%)	7 (26.9%)	3 (11.5%)	0	19 (73%)
Diarrhea	13 (50%)	2 (7.6%)	1 (3.8%)	0	16 (61.5%)
Nausea	10 (38.4%)	1 (3.8%)	0	0	11 (42.3%)
Vomiting	0	1 (3.8%)	0	0	1 (3.8%)
Neuropathy	3 (11.54%)	0	0	0	3 (11.54%)

## Treatment Duration (n=26)



**Patients discontinued treatment:**  
 1. Curative surgery (7 pts)  
 2. Pneumonitis  
 3. Death due to drug related heart failure  
 4. Grade 3 neutropenia after 4 dose reductions  
 5. PD (6 pts)  
 6. Others  
 Unmarked patients are ongoing

## Early Onset of Response

Scalp Angiosarcoma, male, age 93  
 Complete Response at week 13



## Early Onset of Response

Breast Angiosarcoma, female age 69  
 Complete Response at week 6

