

**Mylotarg<sup>®</sup>**  
**(gemtuzumab ozogamicin)**

**Wyeth Pharmaceuticals**  
**Oncologic Drugs Advisory Committee**  
**13 March 2003**

**Wyeth**

**Mylotarg<sup>®</sup>**  
**(gemtuzumab ozogamicin)**

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**Clinical Research & Development**

**Wyeth**

# Agenda

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- **Introduction and Regulatory History**
- **Post-approval Commitment**
- **Post-marketing Safety Surveillance**
- **Prospective Observational Study**
- **Conclusions**

# Introduction

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- **Indication**

- ▶ Mylotarg is indicated for patients with CD33 positive AML in first relapse who are  $\geq 60$  years of age and not candidates for other cytotoxic chemotherapy

- **Mechanism of Action**

- ▶ Antibody-targeted chemotherapy
- ▶ Binds CD33 cell surface antigen on myeloid cells
- ▶ Internalization and release of highly potent antitumor enediyne calicheamicin
- ▶ Spares pluripotent stem cell and allows regeneration of normal blood cells following therapy

# Regulatory History

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- **November 24, 1999 Orphan Drug Designation**
  - ▶ AML incidence in US population ~10,000 per year (NCI/SEER)
- **May 17, 2000 Accelerated Approval**
  - ▶ Pivotal studies: Three ongoing Phase 2 open-label studies (n = 142 patients)
  - ▶ Endpoint for approval: Response rate
- **Current**
  - ▶ Pivotal Phase 2 studies completed (n = 277 patients)
  - ▶ Post-approval commitment for full approval

# Post-Approval Commitment

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**Use of Mylotarg in combination  
with induction chemotherapy for the treatment of  
first-line patients with *de novo* AML**

# Post-Approval Commitment

	<u>Accelerated Approval</u>	<u>Full Approval</u>
Indication	Relapsed AML	de novo AML
Schedule	Single agent	Combination
Dose	9 mg/m <sup>2</sup> days 1,15	6 mg/m <sup>2</sup> day 4
Endpoints	Response rate (CR, CRp)	Survival
Timeframe	Ph 1: 2 years Ph 2: 2.5 years	Ph 1/2: 2.5 years Ph 3: 7.5 years

# Phase 1/2 Combination Studies

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- **Pilot dose-escalation studies to establish safety and MTD of Mylotarg in combination with standard chemotherapy**
- **Study 205**
  - ▶ Patients <sup>3</sup> 60 years of age
  - ▶ Mylotarg and cytarabine
  - ▶ First patient enrolled: August 2000; last patient visit: April 2003
- **Study 206**
  - ▶ Patients 18 to 60 years of age
  - ▶ Mylotarg and daunorubicin + cytarabine
  - ▶ First patient enrolled: October 2000; last patient visit: April 2003

# Phase 1/2 Combination Studies

	<u>Study 205</u> Mylotarg Cytarabine	<u>Study 206</u> Mylotarg Cytarabine Daunorubicin
Part 1 Dose-escalating	21	22
Part 2 Expanded cohort	17	49
<b>Total Patients</b>	<b>38</b>	<b>71</b>

# Establishing the MTD

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- **Study 205**
  - ▶ Mylotarg 6 and 4 mg/m<sup>2</sup> IV day 1 and 8
  - ▶ Cytarabine 100 mg/m<sup>2</sup> CIVI days 1 to 7
- **Study 206**
  - ▶ Mylotarg 6 mg/m<sup>2</sup> IV day 4
  - ▶ Daunorubicin 45 mg/m<sup>2</sup> IV days 1, 2 , 3
  - ▶ Cytarabine 100 mg/m<sup>2</sup> CIVI days 1 to 7

# Study 206 Preliminary Data

## Part 1 and 2 *de novo* Patients

	<u>Response rate</u>	<u>RFS</u>
Part 1 patients (n=8)	7 (88%)	17.3 mo
Part 2 patients (n=43)	36* (83%)	n/a

1 CRp  
ASH 2002

# Proposed Phase 3 Study

- **Study 301 (SWOG S0106)**
  - ▶ Phase 3, randomized, controlled trial of Mylotarg in combination with standard induction chemotherapy in de novo AML
  - ▶ Comparison of daunorubicin/cytarabine “3 and 7” chemotherapy  $\pm$  Mylotarg
  - ▶ Primary endpoint: Survival
- **Status**
  - ▶ Submitted for Special Protocol Assessment
  - ▶ Southwest Oncology Group (SWOG), Dr. Frederick Appelbaum, Chair of Leukemia Subcommittee
  - ▶ Target 684 patients, 160 patients/year: 4.5 years to accrue
  - ▶ Anticipated time to complete study: 7.5 years

# Study Challenges

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- **Uncommon disease**
- **Treatment typically at major medical centers and universities therefore a need for cooperative group involvement**
  - ▶ **SWOG accepted our request to participate in study**
  - ▶ **CALGB, ECOG, EORTC, GIMEMA cooperative groups had prior commitments**

# Post-marketing Safety Surveillance Hepatotoxicity

- **Clinical trial experience**

- ▶ **Liver function test abnormalities: mild to moderate in severity; generally reversible**
- ▶ **Severe hepatotoxicity including veno-occlusive disease (VOD): Low incidence rate reported**

<b>Study</b>	<b>VOD, n (%)</b>
<b>NDA Submission (n = 142)</b>	<b>3 (2.1)</b>
<b>Completed Registration Trial (n = 277)</b>	<b>7 (2.5)</b>

# Post-marketing Safety Surveillance Hepatotoxicity

- **Post-marketing experience**
  - ▶ **Grade 3 and 4 hepatotoxicity and VOD reported at higher than expected rate**

	VOD, n (%)
<b>Giles FJ, et al. (n = 119)</b>	<b>14 (12)</b>

Cancer 2001; 92: 406-413

# Post-marketing Safety Initiatives

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- **Label changes implemented to strengthen warnings**
- **Developed and initiated a Prospective Observational Study**
- **Study rationale**
  - ▶ **Assess the safety of Mylotarg when used in routine practice**

# Prospective Observational Study

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- **Status**

- ▶ **Patient enrollment ongoing**
- ▶ **57 sites have been activated with IRB approval**
- ▶ **11 additional sites under recruitment**
- ▶ **101 patients consented and enrolled**
- ▶ **~90 patients have received Mylotarg**

# Incidence of VOD

<b>Study</b>	<b>VOD, n (%)</b>
<b>NDA Submission (n = 142)</b>	<b>3 (2.1)</b>
<b>Completed Registration Trial (n = 277)</b>	<b>7 (2.5)</b>
<b>Giles FJ, et al. (n = 119)*</b>	<b>14 (12)</b>
<b>Prospective Observational Study† (n = 90)</b>	<b>4 (4.4)</b>

\* Cancer 2001; 92: 406-413

† as of February 28, 2003

# Prospective Observational Study

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- **Challenges**

- ▶ **Site recruitment is difficult**
- ▶ **Contacted >200 sites to participate**
  - ~1/3 no response
  - ~1/3 would not participate
  - ~1/3 would participate
- ▶ **Patient recruitment is difficult in small patient population**
  - Even major centers only treat limited AML patients per year

# Conclusions

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- **Patient recruitment and study completion have been appropriate for this patient population**
- **FDA approval of Mylotarg under Subpart H provided older AML patients in first relapse with a meaningful treatment option for an unmet medical need**
- **Wyeth is committed to completing the post-approval obligation**

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