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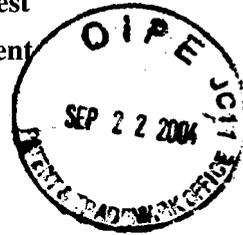
OCT 27 2006

PATENT EXTENSION
A/C PATENTS

Case No. 11567/46001
Pat. No. 6,034,267
Atty. DMP
Due Date

The Impressed Mail Room date stamp acknowledges receipt of the date indicated of:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application <i>EXT. OF PAT. TERM.</i> | <input type="checkbox"/> Extension Request |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Priority Document |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Issue Fee |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Declaration |
| <input type="checkbox"/> Prior Art Statement | <input type="checkbox"/> Small Entity |
| <input type="checkbox"/> Appeal Brief
<i>POWER OF ATTY</i> | <input type="checkbox"/> |



9/20/04

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER

Docket Number:
11567/46001

Application Number
913,257

Filing Date
December 5, 1997

Examiner

Art Unit

Patent Number
6,034,267

Issue Date
March 7, 2000

Invention Title
Esters of 5-Aminolevulinic Acid as Photosensitizing
Agents in Photochemotherapy

Inventor(s)
Gierskcky, et al.

OCT 27 2004

I hereby certify that this correspondence is being deposited with the
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in an envelope addressed to:
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Address to:
Commissioner of Patents and Trademarks
Washington D.C. 20231
Box Pat. Ext.

Date: 9/20/04

SIR:

Signature: Gregory Norwalk

Please find enclosed the following documents filed in connection with the above-referenced patent:

1. Application for Extension of Patent Term Under 35 U.S.C. 156, and
2. Appointment of Power of Attorney by Assignee of Entire Interest.

Respectfully submitted,

Dated: September 20, 2004

Donna M. Praiss

Donna M. Praiss
Reg. No. 34,232

Elizabeth M. Wieckowski
Reg. No. 42,226

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U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER		Docket Number: 11567/46001	
Application Number 913,257	Filing Date December 5, 1997	Examiner	Art Unit
Patent Number 6,034,267	Issue Date March 7, 2000		
Invention Title Esters of 5-Aminolevulinic Acid as Photosensitizing Agents in Photochemotherapy		Inventor(s) Giersckky, et al.	

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U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

APPOINTMENT OF POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST		Docket Number: 11567/46001	
Application Number 913,257	Filing Date December 5, 1997	Examiner	Art Unit
Patent Number 6,034,267	Issue Date March 7, 2000		
Invention Title Esters of 5-Aminolevulinic Acid as Photosensitizing Agents in Photochemotherapy		Inventor(s) Gierskocky, et al.	

PhotoCure ASA, as assignee of the entire, right, title and interest in the above-captioned U.S. patent, does hereby revoke all previous powers of attorney and appoint Richard L. DeLucia (Reg. No. 28,839), Donna M. Praiss (Reg. No. 34,232) and Elizabeth M. Wieckowski (Reg. No. 42,226) as its attorneys with full power of substitution and revocation, to transact all business in the Patent and Trademark Office connected therewith.

Please address all communications regarding this patent to:

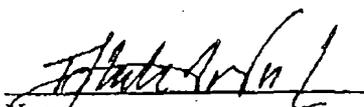
Donna M. Praiss, Esq.
KENYON & KENYON
One Broadway
New York, New York 10004

Please direct all telephone calls to Donna M. Praiss or Elizabeth M. Wieckowski at (212) 425-7200.

PhotoCure ASA

Dated: September 17, 2004

By:


Name:

Position: Aslak Godal, PhD
PhotoCure ASA Director Preclinical R&D
Hoffsveien 48
0377 Oslo
Norway PhotoCure ASA

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PAT. DIVISION
A/C PATENTS

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

APPLICATION FOR EXTENSION OF PATENT TERM UNDER 35 U.S.C. 156		Docket Number: 11567/46001	
Application Number 913,257	Filing Date December 5, 1997	Examiner	Art Unit
Patent Number 6,034,267	Issue Date March 7, 2000		
Invention Title Esters of 5-Aminolevulinic Acid as Photosensitizing Agents in Photochemotherapy		Inventor(s) Gierskcky, et al.	

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OCT 27 2006

**PAT. EXTENSION
A/C PATENTS**

Address to:
Commissioner of Patents and Trademarks
Washington D.C. 20231
Box Pat. Ext.

PhotoCure ASA, assignee and owner of the entire 100% interest in U.S. Patent 6,034,267 (the "'267 patent") submits this request for patent term extension for the '267 patent.

(1) The approved product is methyl aminolevulinate Cream, 16.8%, which contains methyl aminolevulinate hydrochloride equivalent to 168 mg/g of methyl aminolevulinate. Methyl aminolevulinate Cream contains glyceryl monostearate, cetostearyl alcohol, polyoxyl stearate, cholesterol and oleyl alcohol as emulsifying agents. Methyl aminolevulinate Cream also contains white petrolatum, isopropyl myristate, refined peanut oil, refined almond oil as emollients, edetate disodium as a chelating agent and methylparaben and propyl paraben as preservatives.

Methyl aminolevulinate Cream in combination with 570 to 670 nm wavelength red light illumination using the CureLight BroadBand Model CureLight 01 lamp is indicated for treatment of non-hyperkeratotic actinic keratoses of the face and scalp in immunocompetent patients when used in conjunction with lesion preparation (debridement using a sharp dermal curette) in the physician's office when other therapies are unacceptable or considered medically less appropriate.

(2) Regulatory review of methyl aminolevulinate Cream occurred under section 505(b) of the Federal Food, Drug and Cosmetic Act.

(3) The methyl aminolevulinate product received permission for commercial marketing under Section 505(b) of the Federal Food, Drug and Cosmetic Act on July 27, 2004.

(4) The methyl aminolevulinate product has not been previously approved for commercial marketing or use under the Federal Food, Drug and Cosmetic Act.

(5) This application is being submitted by the owner of the '267 patent, PhotoCure ASA, within the sixty day period permitted for submission pursuant to 37 CFR § 1.720(f). The application is being submitted on September 20, 2004 and prior to the due date of September 24, 2004.

(6) The patent for which an extension is being sought is U.S. Patent 6,034,267 filed on December 5, 1997 as a U.S. national stage application under 35 U.S.C. §371 of PCT/GB96/00553, filed on March 8, 1996. The inventors are Karl E. Giersckky, Johan Moan, Qian Peng, Harald Steen, Trond Warloe and Alf Bjorseth. The '267 patent currently expires March 8, 2016.

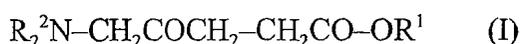
(7) A copy of the '267 patent is attached hereto as Exhibit A.

(8) No terminal disclaimer, certificate of correction or reexamination certificate has been issued. A copy of a receipt for maintenance fee payment is provided as Exhibit B.

(9) The '267 patent claims methods of treatment using the approved product and the approved product. The applicable patent claims and the manner in which each applicable claim reads on the approved product follows:

1. A method for the diagnosis or photochemotherapeutic treatment of disorders or abnormalities of external or internal surfaces of the body, comprising:

i) administering to the sites of investigation or affected surfaces a composition comprising a compound of formula I



wherein, R¹ is alkyl; and each R² is independently hydrogen or alkyl; wherein each alkyl of R¹ and R² is optionally substituted by hydroxy, alkoxy, acyloxy, alkoxy-carbonyloxy, amino, aryl, oxo or fluoro groups and is optionally interrupted by oxygen atoms; or a salt thereof; and

ii) exposing said sites or surfaces to light.

Claim 1 covers a method of photochemotherapeutic treatment with the active component of the methyl aminolevulinate Cream in combination with exposure of the treated surface to light. Formula I of claim 1 covers a salt of methyl aminolevulinate when R¹ is alkyl and each R² is independently hydrogen. In methyl aminolevulinate the alkyl group is a methyl group. The package insert states that methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride equivalent to 168 mg/g of methyl aminolevulinate. Methyl aminolevulinate hydrochloride is a salt of methyl aminolevulinate.) Methyl aminolevulinate

Cream in combination with 570 to 670 nm wavelength red light illumination using the CureLight BroadBand Model CureLight 01 is indicated for treatment of non-hyperkeratoses.

3. The method of claim 1 wherein R¹ represents an unsubstituted alkyl group and each R² is hydrogen.

Claim 3 covers a method of photochemotherapeutic treatment with the active component of the methyl aminolevulinate Cream. When R¹ is an unsubstituted alkyl group and each R² is independently hydrogen, the compound is methyl aminolevulinate when the alkyl group is a methyl group. Methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride, which is a salt of methyl aminolevulinate.

4. The method of claim 1 wherein R¹ represents an unsubstituted alkyl group or each R² is hydrogen.

Claim 4 covers a method of photochemotherapeutic treatment with the active component of the methyl aminolevulinate Cream. When R¹ of formula I is an unsubstituted alkyl group, i.e. a methyl group, the compound of formula I is methyl aminolevulinate. When each R² is hydrogen (and R¹ is an alkyl, i.e. a methyl group), the compound of formula I is methyl aminolevulinate. Methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride, which is a salt of methyl aminolevulinate.

5. The method of claim 1 wherein alkyl contains up to 10 carbon atoms.

Claim 5 covers a method of photochemotherapeutic treatment with the active component of the methyl aminolevulinate Cream. When R¹ of formula I is an alkyl group having one carbon atom, i.e. a methyl group, the compound of formula I is methyl aminolevulinate. Methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride, which is a salt of methyl aminolevulinate.

6. The method of claim 1 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a salt thereof.

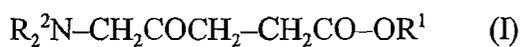
Claim 6 specifically covers a method of photochemotherapeutic treatment with a salt of ALA-methyl ester, which is methyl aminolevulinate. Methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride, which is a salt of methyl aminolevulinate.

7. The method of claim 1 wherein the light is in the wavelength region 500-700 nm.

Claim 6 specifically covers a method of photochemotherapeutic treatment wherein a compound of formula I is administered to an affected surface and said surface is exposed to

light in the wavelength region 500-700 nm. As discussed above for claim 1, methyl aminolevulinate Cream in combination with 570 to 670 nm wavelength red light illumination using the CureLight BroadBand Model CureLight 01 is indicated for treatment of non-hyperkeratoses.

8. A pharmaceutical composition comprising an effective diagnostic or therapeutic amount of a compound of formula I



wherein, R¹ is alkyl; and each R² is independently hydrogen or alkyl; wherein each alkyl of R¹ and R² is optionally substituted by hydroxy, alkoxy, acyloxy, alkoxy-carbonyloxy, amino, aryl, oxo or fluoro groups and is optionally interrupted by oxygen atoms; or a pharmaceutically acceptable salt thereof; together with at least one pharmaceutical carrier or excipient.

Claim 8 covers the methyl aminolevulinate Cream, which contains methyl aminolevulinate hydrochloride equivalent to 168 mg/g of methyl aminolevulinate. The compound of Formula I of claim 1 covers a salt of methyl aminolevulinate when R¹ is alkyl and each R² is independently hydrogen. Methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride, in which the R¹ alkyl group is a methyl group.

9. The composition of claim 8 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a pharmaceutically acceptable salt thereof.

Claim 9 specifically covers a methyl aminolevulinate salt. Methyl aminolevulinate Cream contains methyl aminolevulinate hydrochloride, which is a salt of methyl aminolevulinate.

(10) The relevant dates and information pursuant to 35 U.S.C. 156(g) in order to enable the Secretary of Health and Human Services to determine the applicable regulatory review period are:

IND number: 59,756
IND effective date: February 24, 2000

NDA number 21-415
NDA effective date: September 26, 2001
NDA approval date: July 27, 2004

(11) The methyl aminolevulinate Cream was approved by the FDA on an IND and NDA filed by PhotoCure ASA. ("PhotoCure"), the owner of the entire right and interest in the '267 patent. As a brief description of the significant activities undertaken by PhotoCure during the applicable regulatory review period with respect to the approved product and the significant dates applicable to such activities, attached hereto as Exhibit C is a brief chronology of the communications with the FDA during the regulatory review period ending with approval on July 27, 2004.

(12) In the opinion of the applicant, the '267 patent is eligible for patent term extension under 35 U.S.C. 156 because

- (a) 35 U.S.C. 156(a)
The '267 patent claims methods of treatment using a product and the product.
- (b) 35 U.S.C. 156(a)(1)
The term of the '267 patent has not expired before submission of this application.
- (c) 35 U.S.C. 156(a)(2)
The term of the '267 patent has never been extended.
- (d) 35 U.S.C. 156(a)(3)
The application for extension is submitted by PhotoCure ASA, the owner of record in accordance with the requirement of 35 U.S.C. 156(d) and the rules of the U.S. Patent and Trademark Office.
- (e) 35 U.S.C. 156(a)(4)
The methyl aminolevulinate product has been subjected to a regulatory review period before its commercial marketing or use.
- (f) 35 U.S.C. 156(a)(5)(A)
The commercial marketing or use of the methyl aminolevulinate product, after the regulatory review period is the first permitted commercial marketing or use of methyl aminolevulinate product under section 505(b) of the Federal Food Drug and Cosmetic Act under which such regulatory review period occurred.
- (g) 35 U.S.C. 156(c)(4)
No other patent has been extended for the same regulatory review period for the methyl aminolevulinate product.

The length of extension of the patent term of the '267 patent claimed by applicant is 871 days, until July 27, 2018. The length of the extension was determined pursuant to 37 C.F.R. 1.775 as follows:

- (a) 581 The number of days in the period beginning on the date an exemption under subsection (i) of section 505 or subsection (d) of section 507 of the Federal Food, Drug, and Cosmetic Act became effective for the approved product (February 24, 2000) and ending on the date the application was initially submitted for such product under those sections or under section 351 of the Public Health Service Act (September 26, 2001); (See 37 C.F.R. 1.775(c)(1)).
- (b) 1036 The number of days in the period beginning on the date the application was initially submitted for the approved product under section 351 of the Public Health Service Act, subsection

(b) of section 505 or section 507 of the Federal Food, Drug and Cosmetic Act (September 26, 2001) and ending on the date such application was approved under such section (July 27, 2004). (See 37 C.F.R. 1.775(c)(2)).

- (c) 1617 The sum of (a) and (b). This is the regulatory review period. (37 C.F.R. 1.775(c)).
- (d) 13 The number of days in the regulatory review period of (a) which were on and before the '267 patent issued (March 7, 2000). (37 C.F.R. 1.775(d)(1)(i)).
- (e) 568 Subtract (d) from (a) for the days remaining in the regulatory review period of (a). (37 C.F.R. 1.775(d)(1)(i)).
- (f) 0 The number of days in the regulatory review period during which it is determined under 35 U.S.C. 156(d)(2)(B) by the Secretary of Health and Human Services that applicant did not act with due diligence.¹ (37 C.F.R. 1.775(d)(1)(ii)).
- (g) 1036 Subtract (f) from (b). (37 C.F.R. 1.775(d)(1)(ii)).
- (h) 568 Subtract (f) from (e). (37 C.F.R. 1.775(d)(1)(ii)).
- (i) 284 Subtract from (h) one half of the days calculated in (h); half days will be ignored for the purposes of subtraction. (37 C.F.R. 1.775(d)(1)(iii)).
- (j) 1320 the sum of (g) and (i). (37 C.F.R. 1.775(d)(1)(iii)).
- (k) 03/08/2016 The original term of the '267 patent, shortened by any terminal disclaimer.
- (l) 10/19/2019 The original term of the patent as shortened by any terminal disclaimer plus the number of days in (j). (37 C.F.R. 1.775(d)(2)).
- (m) 07/27/2018 The date of approval of the application under section 351 of the Public Health Service Act, or subsection (b) of section 505 or section 507 of the Federal Food, Drug and Cosmetic Act plus 14 years. (37 C.F.R. 1.775(d)(3)).
- (n) 07/27/2018 The earlier of (l) and (m). (37 C.F.R. 1.775(d)(4)).

1. There has been no such determination. To the best of applicant's knowledge, PhotoCure ASA was diligent during the regulatory review period.

(o) 03/08/2021 (k) plus 5 years. (37 C.F.R. 1.775(d)(5)(i)).

(p) 07/27/2018 The earlier of (n) and (o). (37 C.F.R. 1.775(d)(5)(ii)).

(13) The applicant acknowledges a duty to disclose to the Commissioner of Patents and Trademarks and the Secretary of Health and Human Services or the Secretary of Agriculture any information which is material to the determination of entitlement to the extension sought.

(14) Please charge the proscribed fee (\$1,120.00) pursuant to 37 C.F.R. 1.20(j) for receiving and acting upon this Application for Patent Term Extension of the '267 patent to deposit account 11-0600.

(15) Please address inquiries and correspondence to the undersigned.

(16) A triplicate of these application papers is submitted herewith.

- (17) The following declaration is submitted herewith in compliance with the requirements of 37 C.F.R. § 1.740(b):

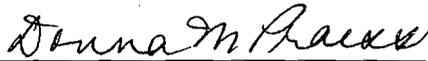
DECLARATION

The undersigned, Attorney for PhotoCure ASA, which is the applicant submitting this application for patent term extension of United States Patent No. 6,034,267, hereinabove referred to as the '267 patent, in compliance with the requirements of 37 C.F.R. § 1.740(b)(1), hereby avers as follows:

1. She is a patent attorney authorized to practice before the United States Patent and Trademark Office (Reg. No. 34,232) and she is authorized to represent PhotoCure ASA in this application for patent term extension of the '267 patent and to transact all business in the United States Patent and Trademark Office in connection therewith;
2. She has reviewed and understands the contents of this application for patent term extension of the '267 patent;
3. She believes that the '267 patent is subject to patent term extension pursuant to the provisions of 37 C.F.R. § 1.710;
4. She believes that the extension of the length claimed in this application for patent term extension of the '267 patent is justified under 35 U.S.C. § 156 and the applicable regulations relating thereto; and
5. She believes that the '267 patent which is the subject of this application for patent term extension meets the conditions for patent term extension as set forth in 37 C.F.R. § 1.720.

Respectfully submitted,

Dated: September 20, 2004



Donna M. Praiss
Reg. No. 34,232

Elizabeth M. Wieckowski
Reg. No. 42,226

Attorneys for Applicant
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US006034267A

United States Patent [19][11] **Patent Number:** **6,034,267**

Giersckey et al.

[45] **Date of Patent:** **Mar. 7, 2000**

[54] ESTERS OF 5-AMINOLEVULINIC ACID AS PHOTSENSITIZING AGENTS IN PHOTOCHEMOTHERAPY

[75] Inventors: Karl E. Giersckey; Johan Moan; Qian Peng; Harald Steen; Trond Warloe; Alf Bjorseth, all of Oslo, Norway

[73] Assignee: PhotoCure AS, Oslo, Norway

[21] Appl. No.: 08/913,257

[22] PCT Filed: Mar. 8, 1996

[86] PCT No.: PCT/GB96/00553

§ 371 Date: Dec. 5, 1997

§ 102(e) Date: Dec. 5, 1997

[87] PCT Pub. No.: WO96/28412

PCT Pub. Date: Sep. 19, 1996

[30] Foreign Application Priority Data

Mar. 10, 1995 [GB] United Kingdom 9504948
Dec. 18, 1995 [GB] United Kingdom 9525822[51] Int. Cl.⁷ C07C 229/00; A61K 31/195[52] U.S. Cl. 560/155; 514/506; 436/74;
436/63; 436/64; 436/96; 435/29; 435/34;
424/9.6

[58] Field of Search 560/155; 514/506

[56] References Cited

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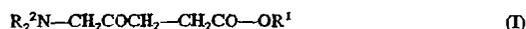
Primary Examiner—Gary Geist

Assistant Examiner—Robert Deemie

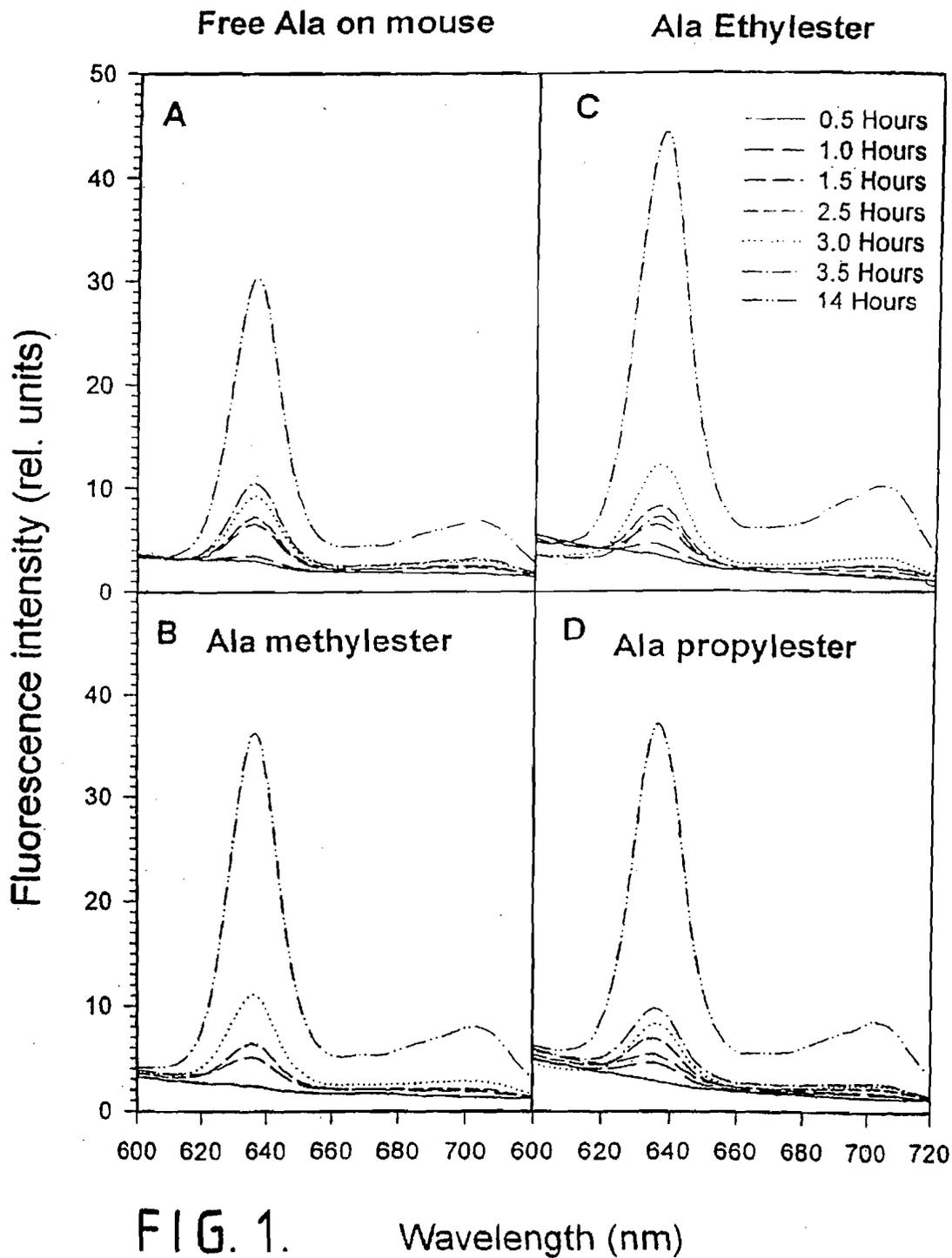
Attorney, Agent, or Firm—Schwegman, Lundberg, Woessner & Kluth, P.A.

[57] ABSTRACT

The invention provides a pharmaceutical compositions comprising a compound of formula I:

wherein, R¹ and R² have any of the values defined in the specification; or a salt thereof; and a pharmaceutically acceptable carrier or excipient. The invention also provides a method for the diagnosis or photochemotherapeutic treatment of disorders or abnormalities of external or internal surfaces of the body using such compounds or salts.

16 Claims, 23 Drawing Sheets



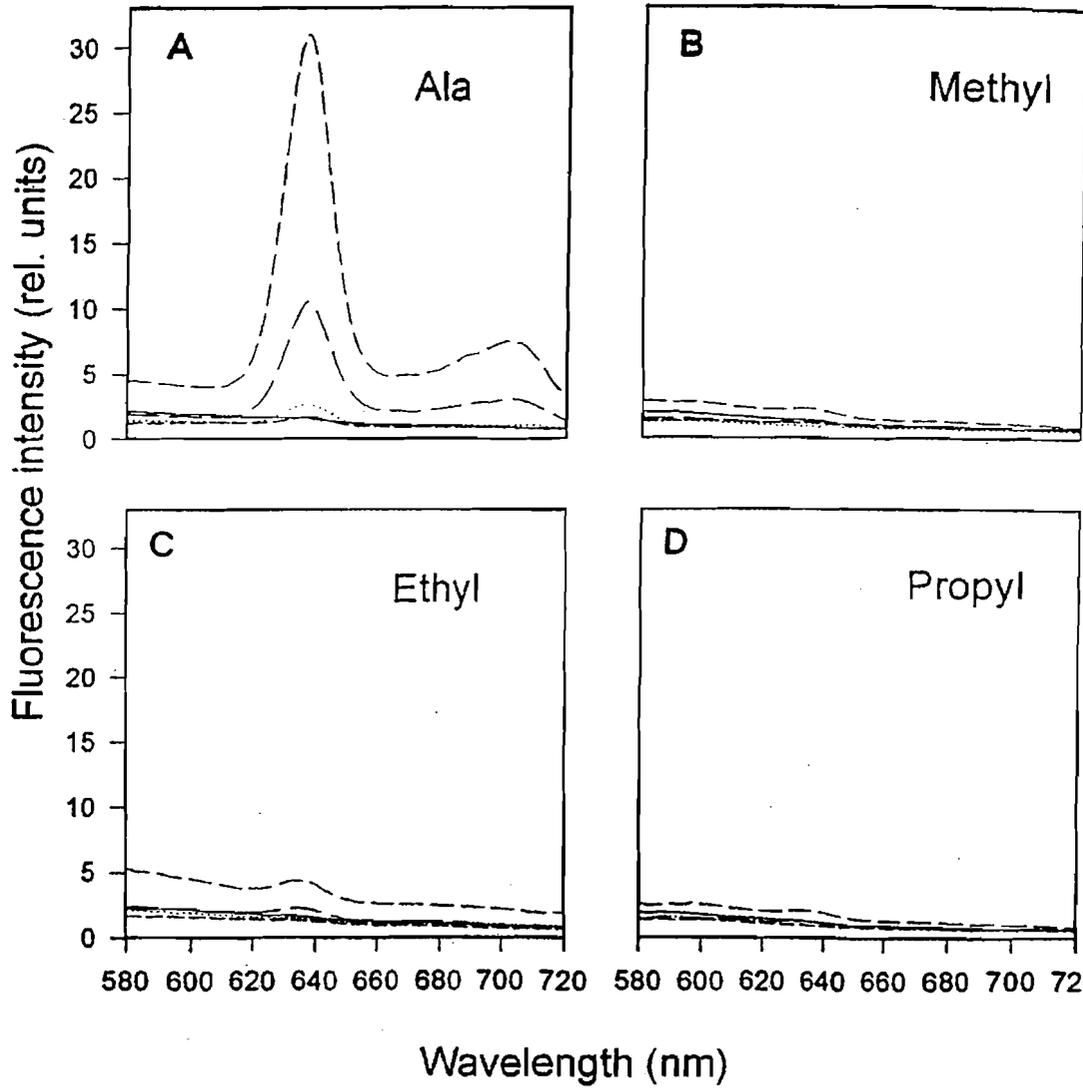


FIG. 2.

- Brain
- - - Dermis
- - - Ear
- - - Liver
- Muscle

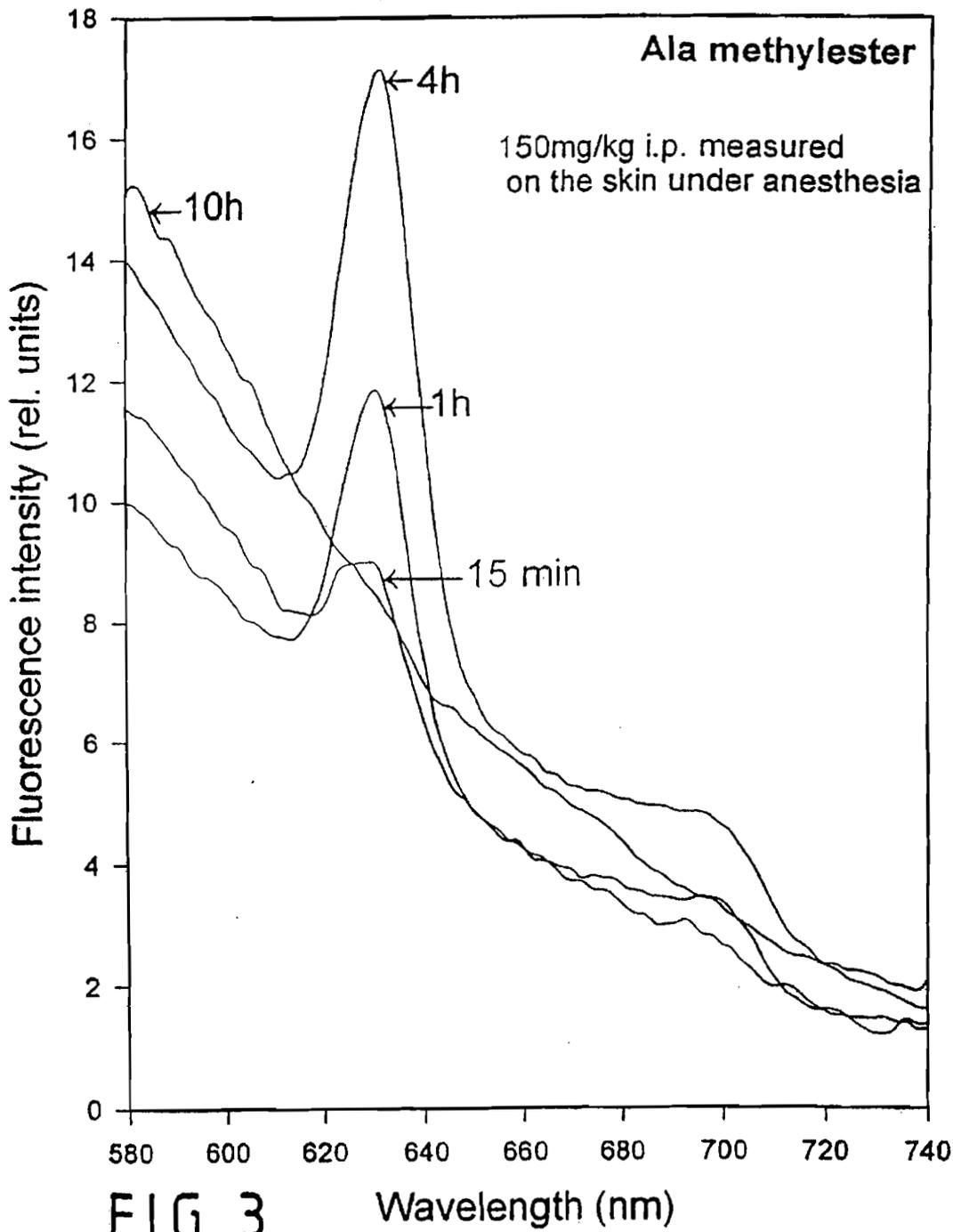


FIG. 3.

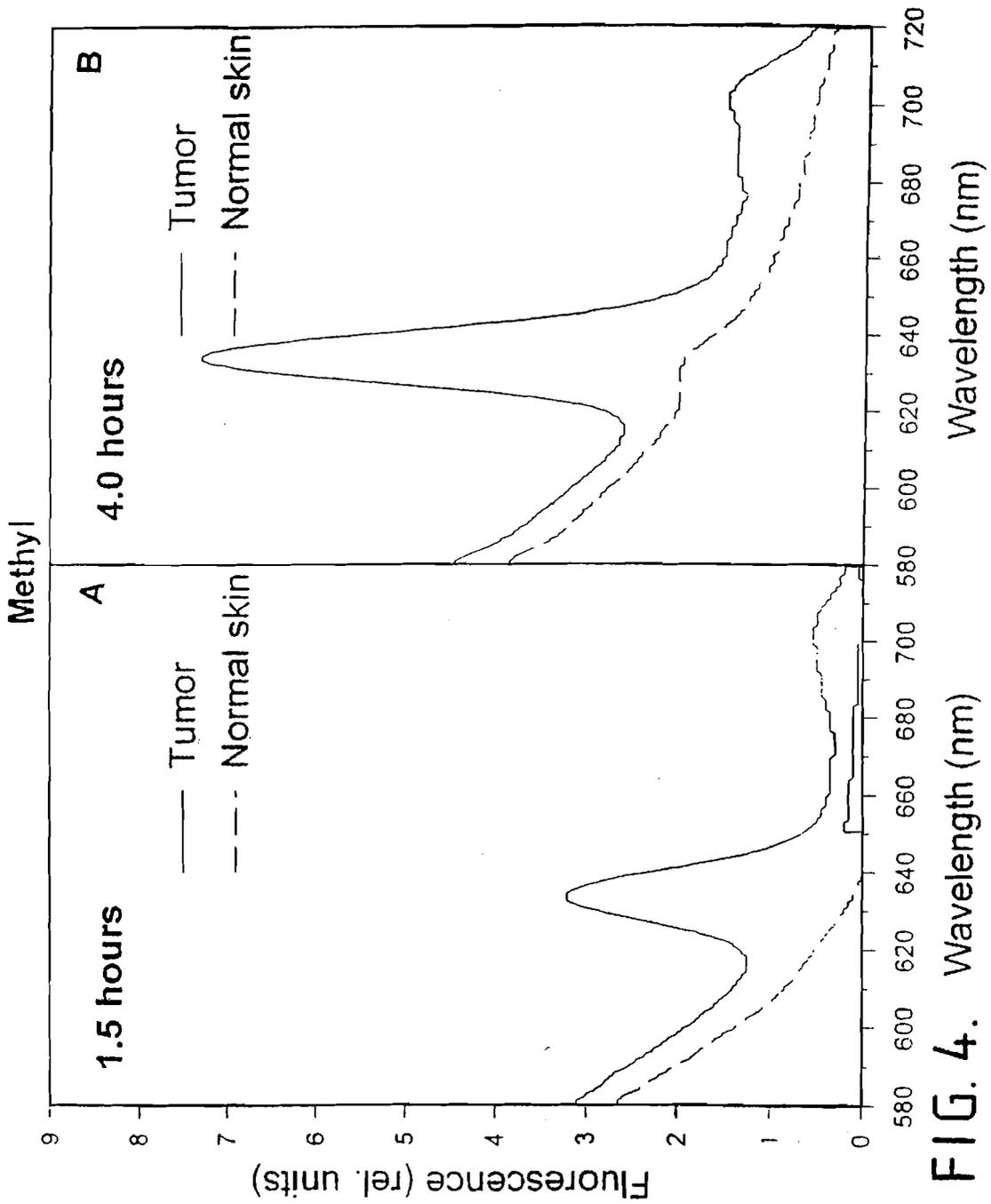
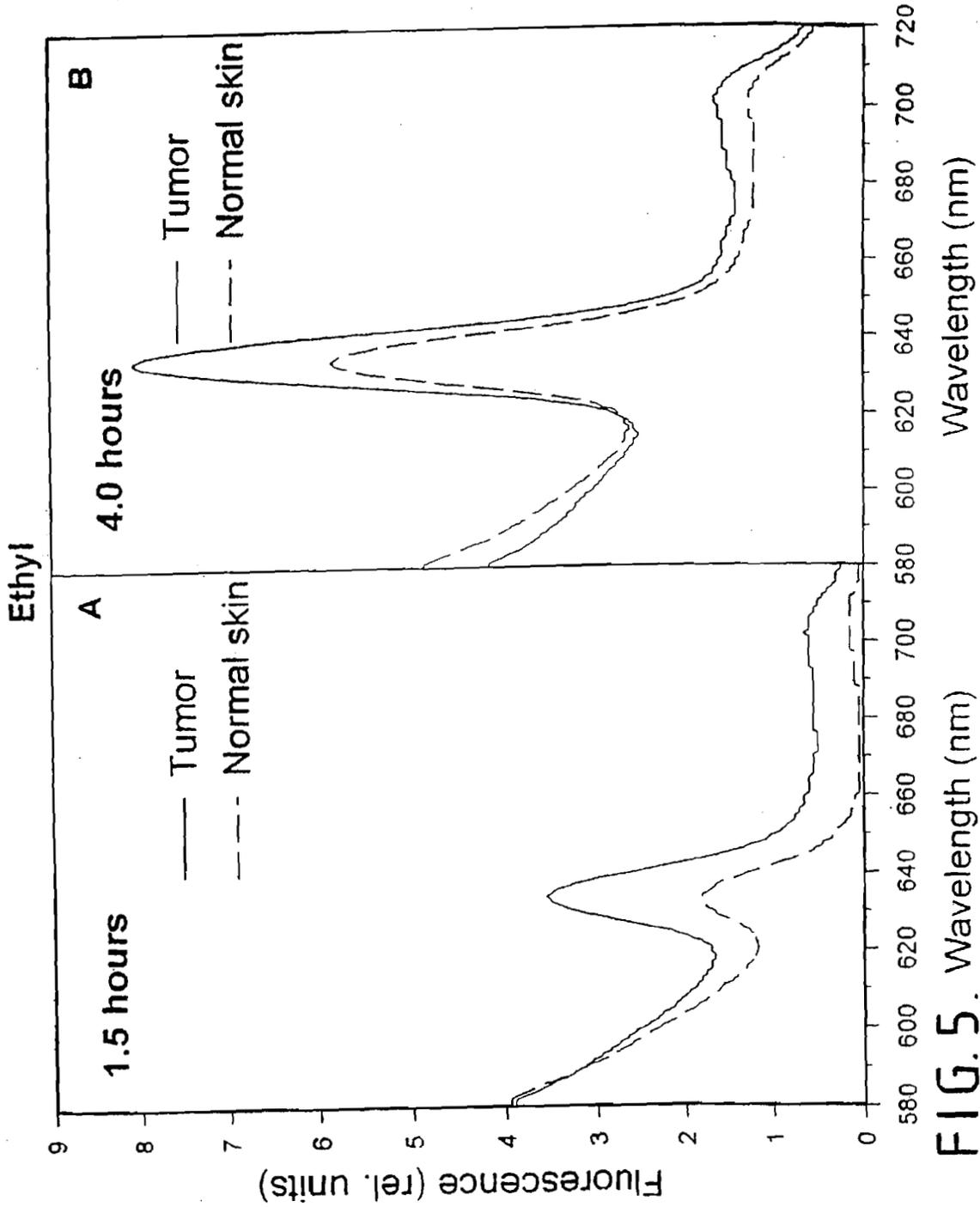


FIG. 4. Wavelength (nm)



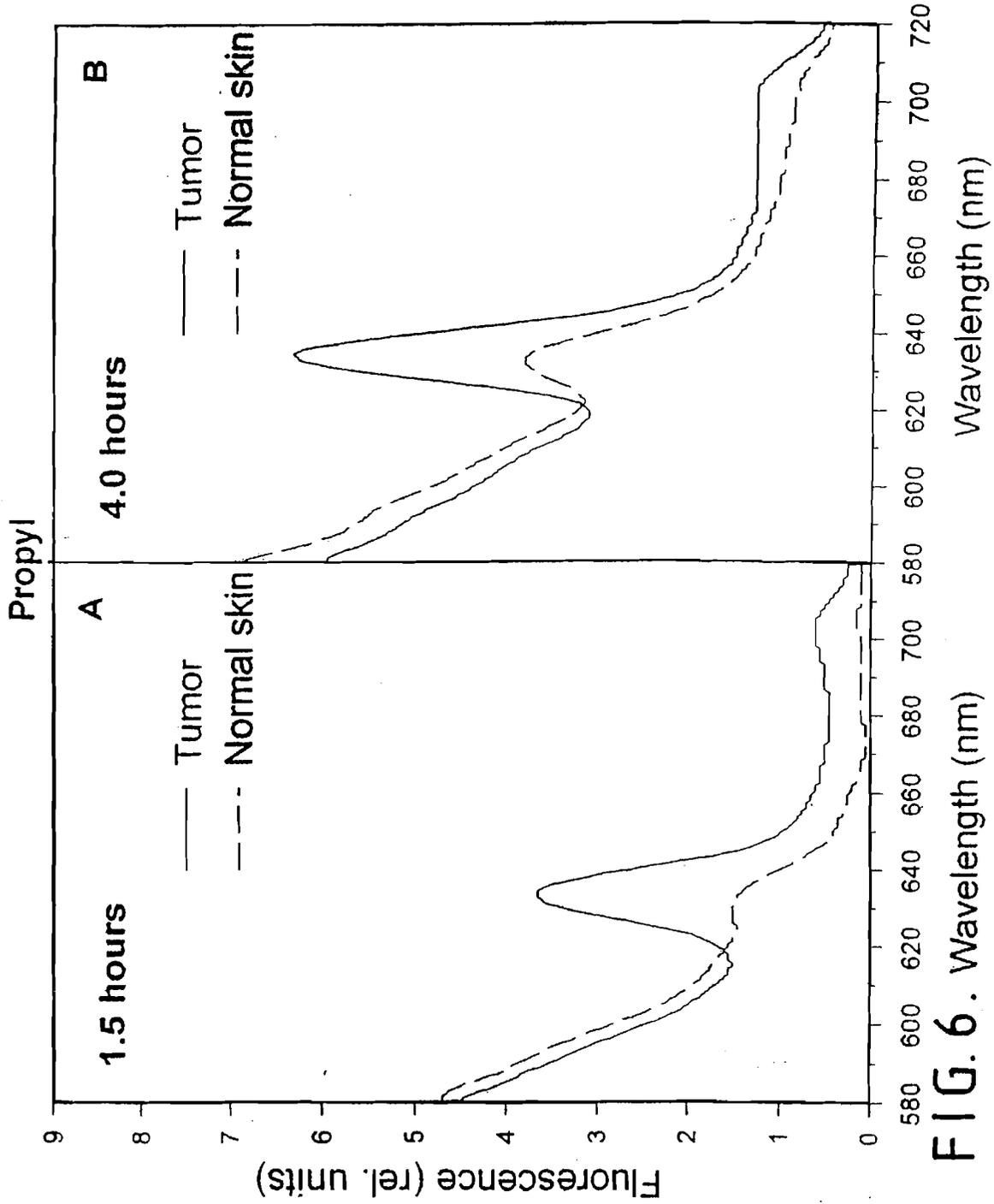


FIG. 6. Wavelength (nm)

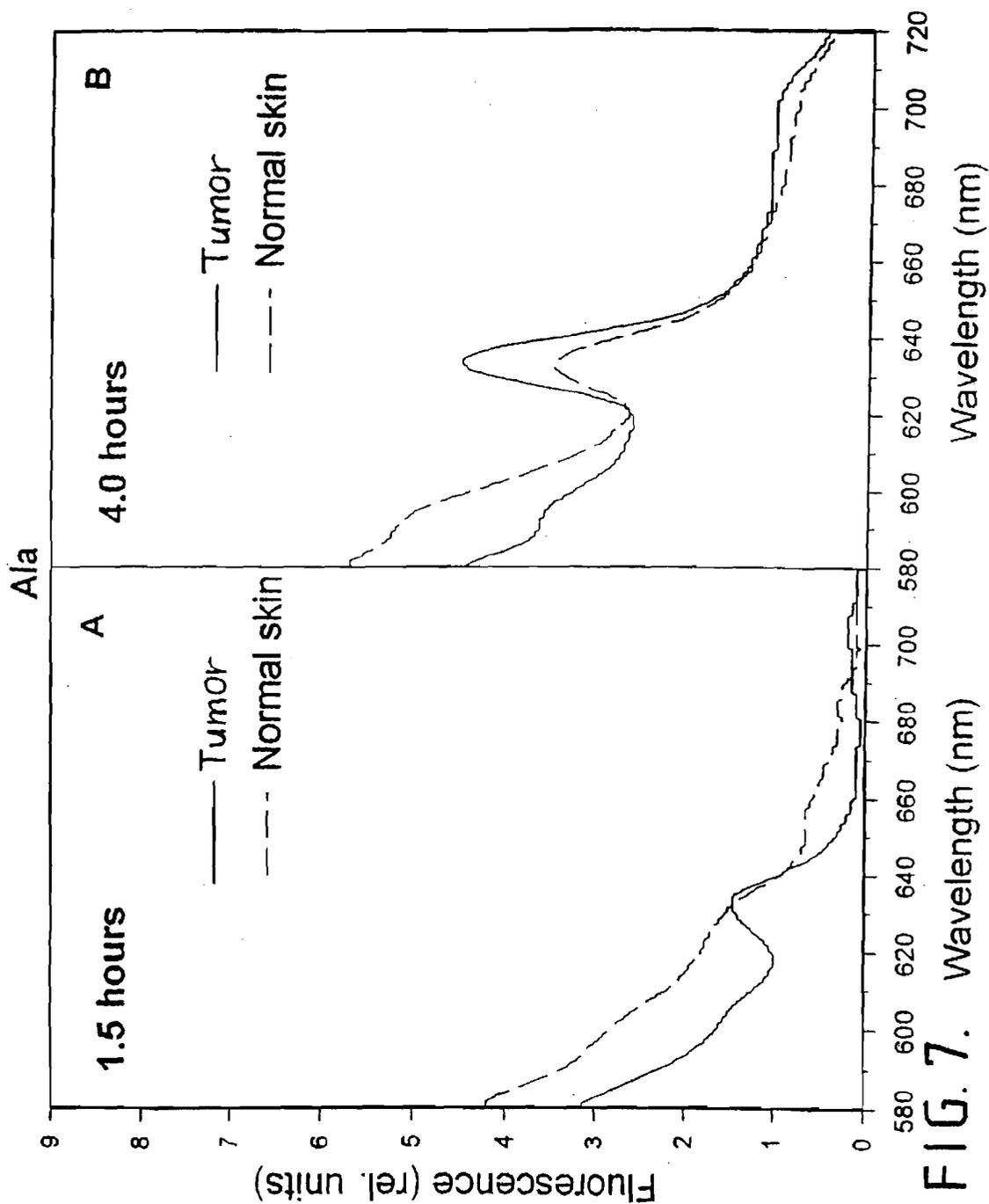
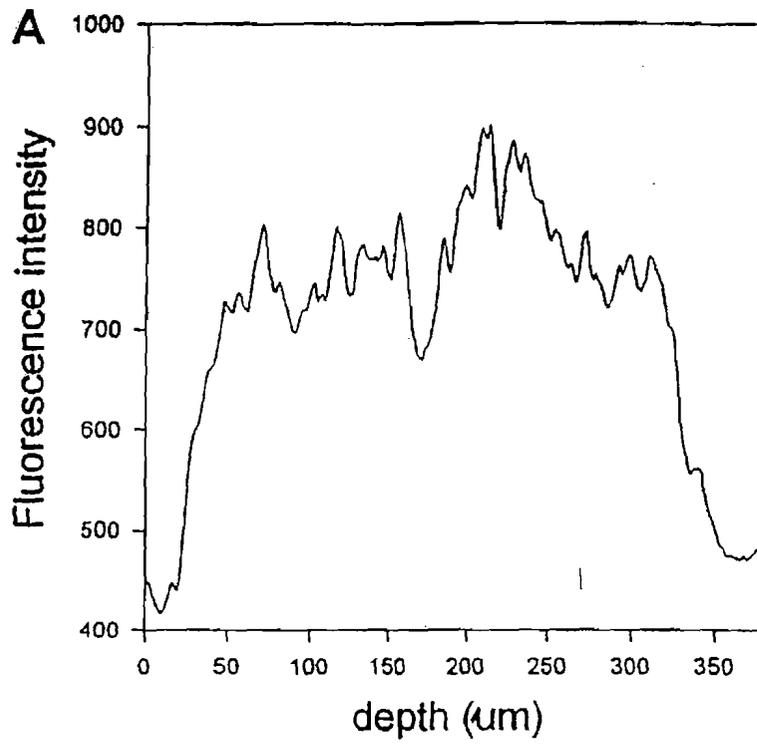
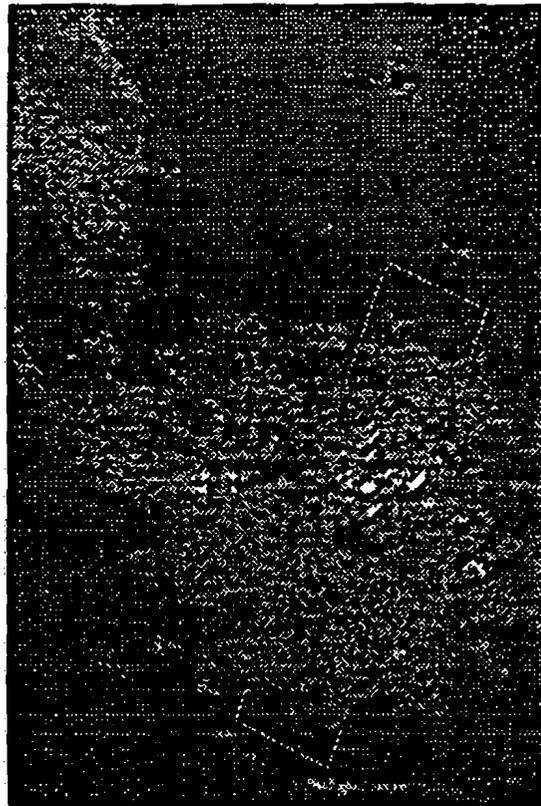


FIG. 7. Wavelength (nm)

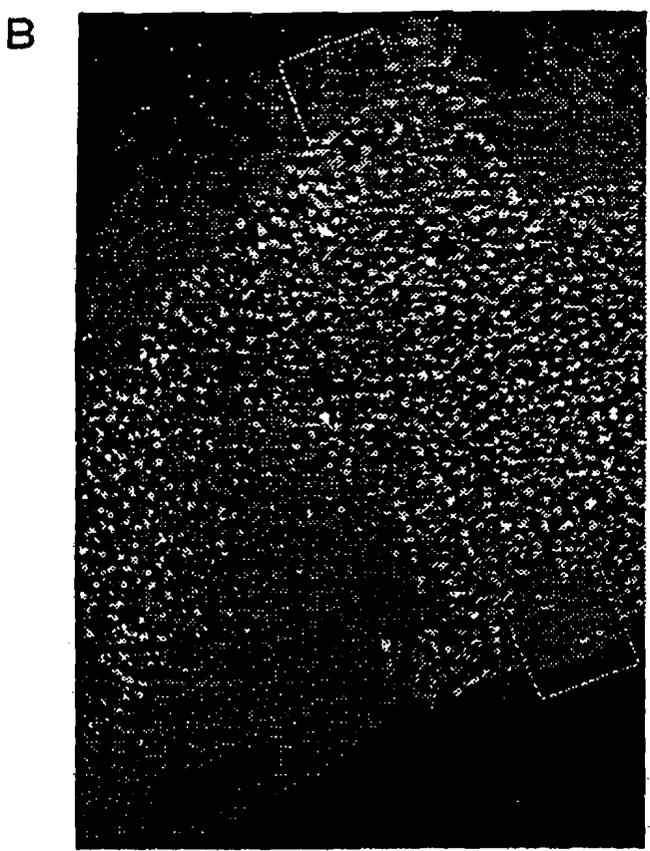
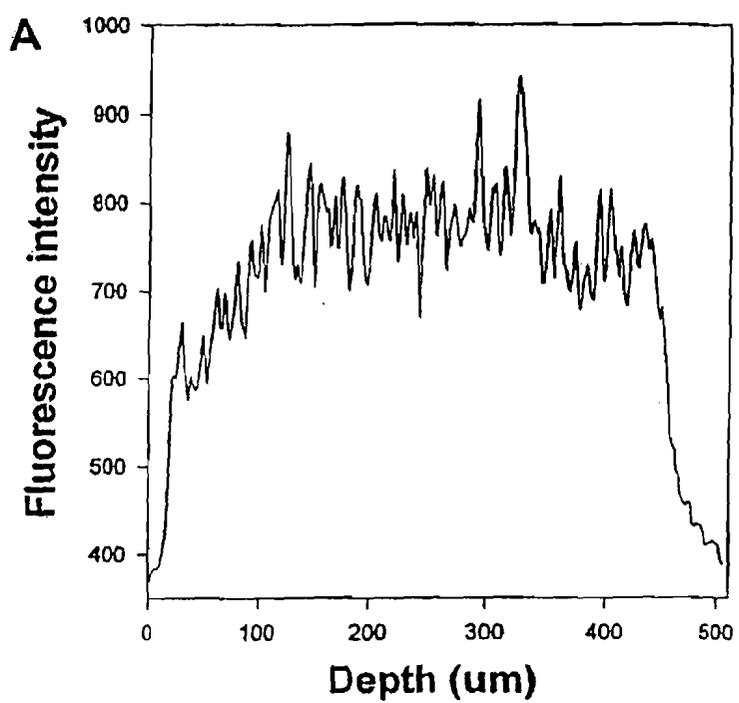


B



Free ALA

Figure 8



ALA methylester

Figure 9

BCC ALA-methyl 24 hours

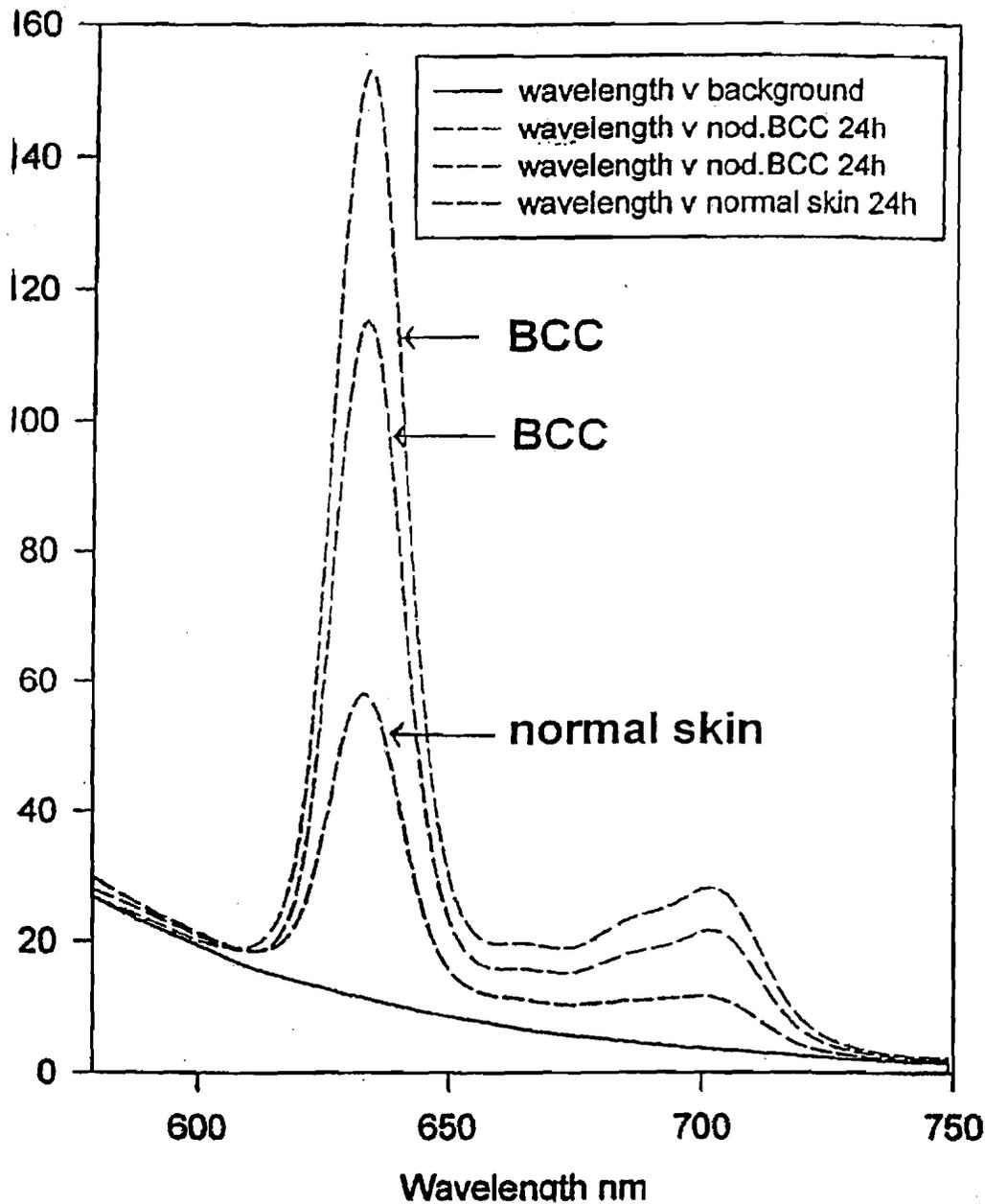


Figure 10

BCC ALA 24 hours

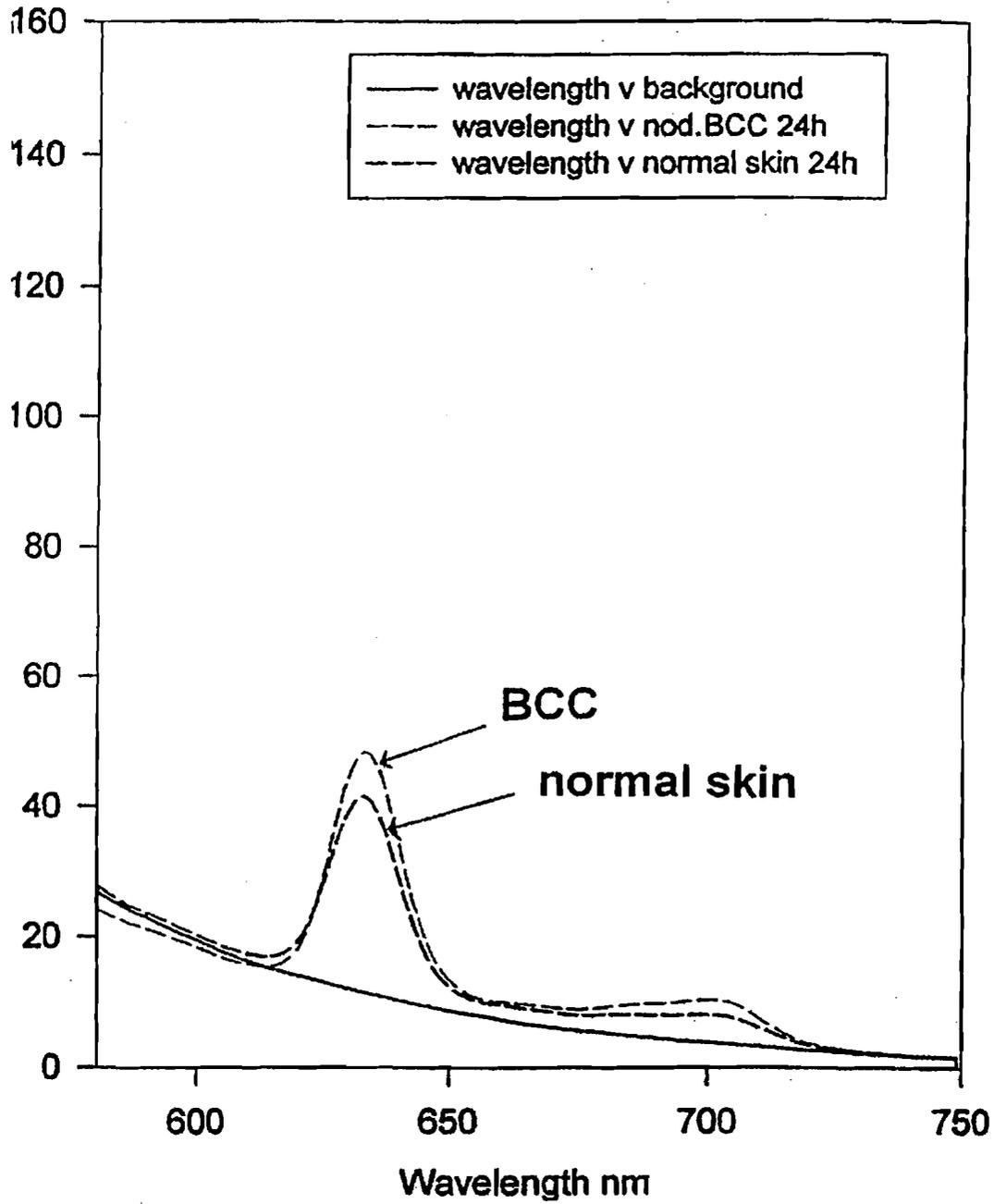
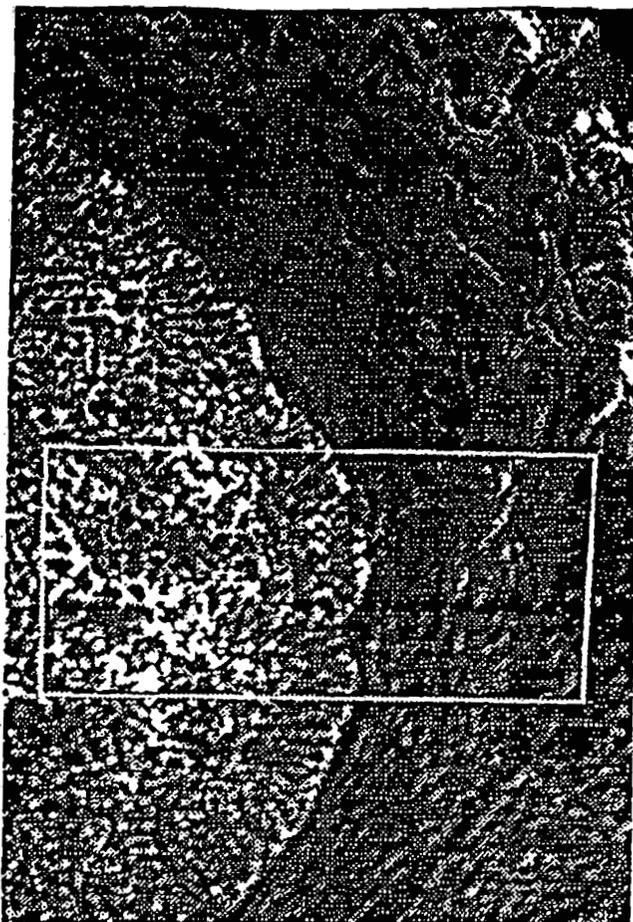


Figure 11

B



A

155-20

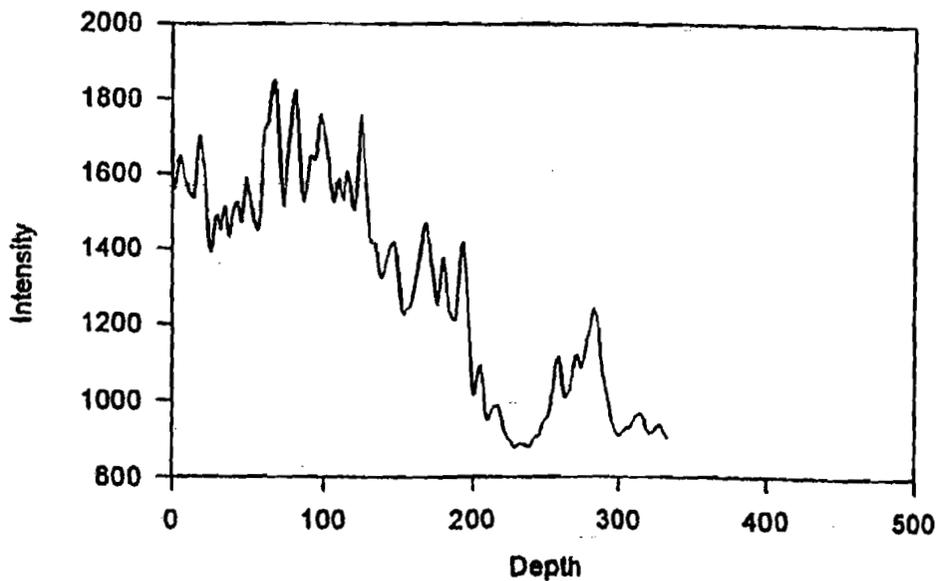
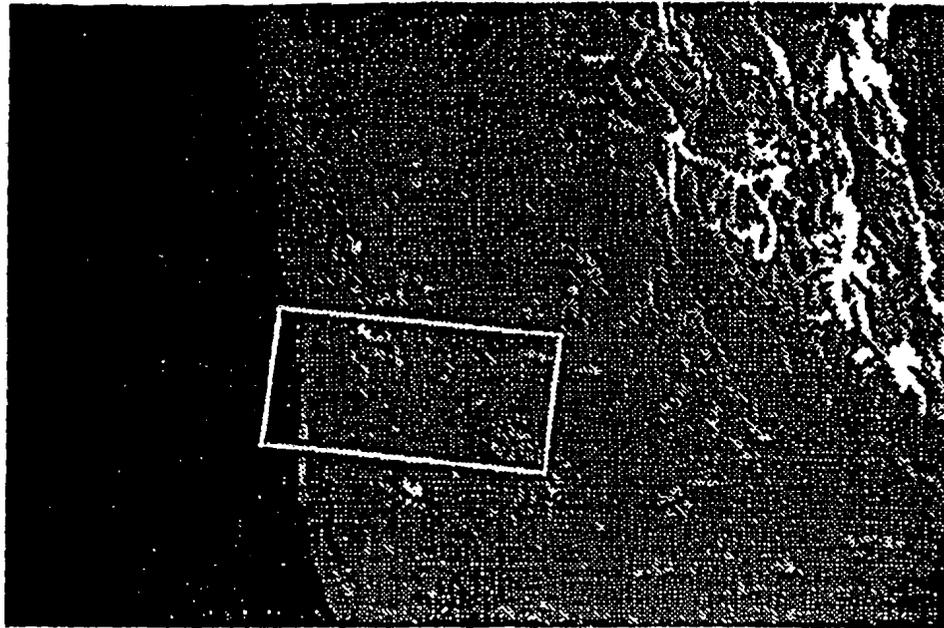


Figure 12

B



156-1

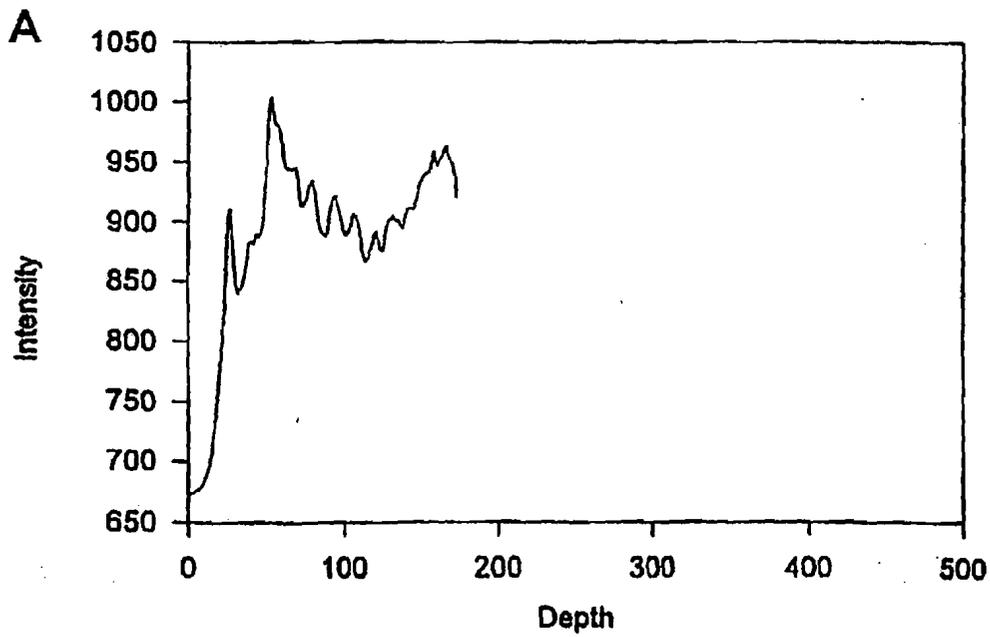
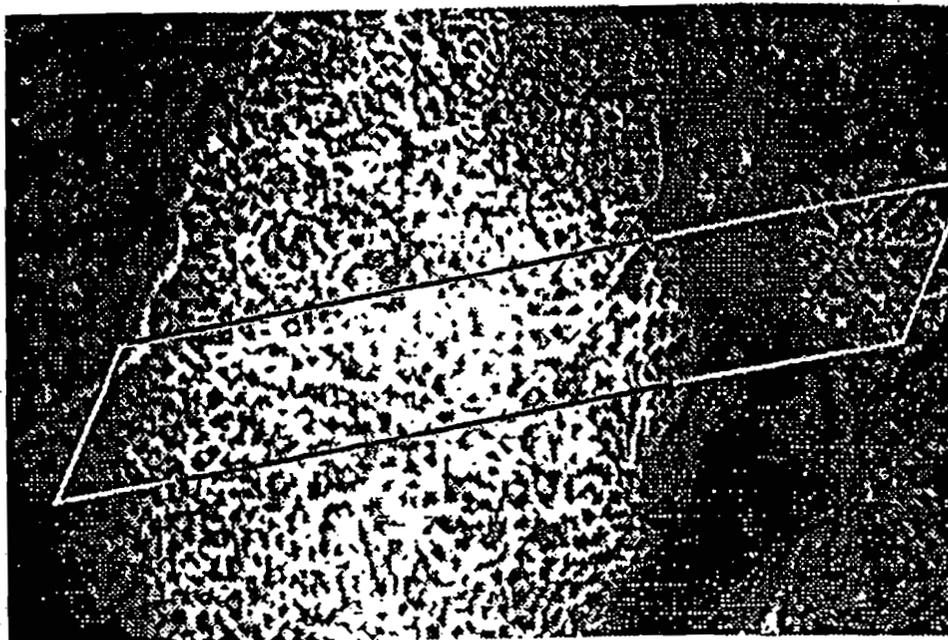


Figure 13

B



153-11

A

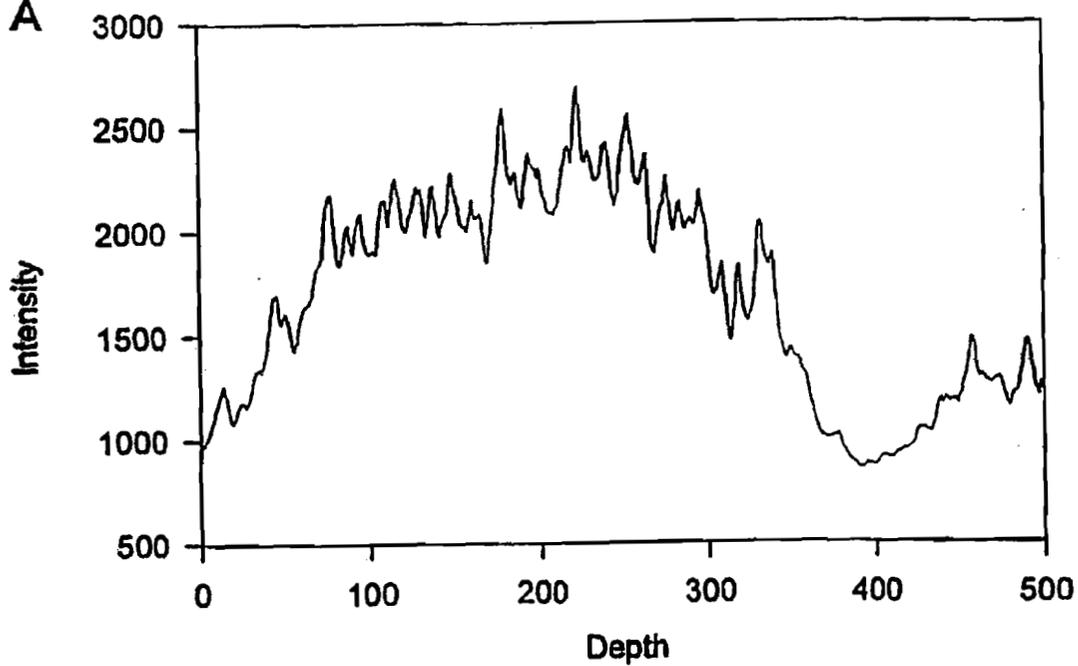
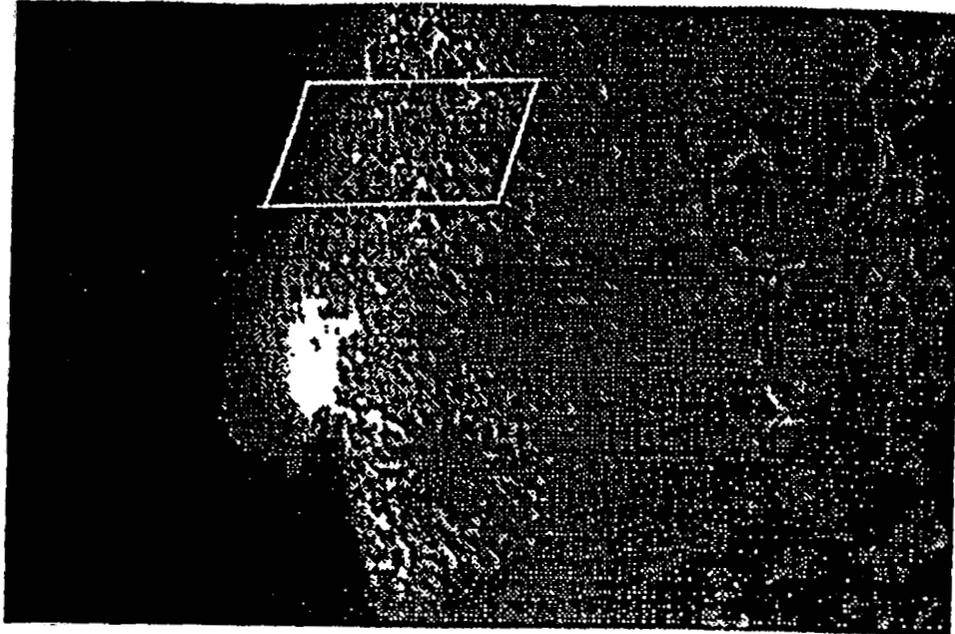


Figure 14

B



158-1

A

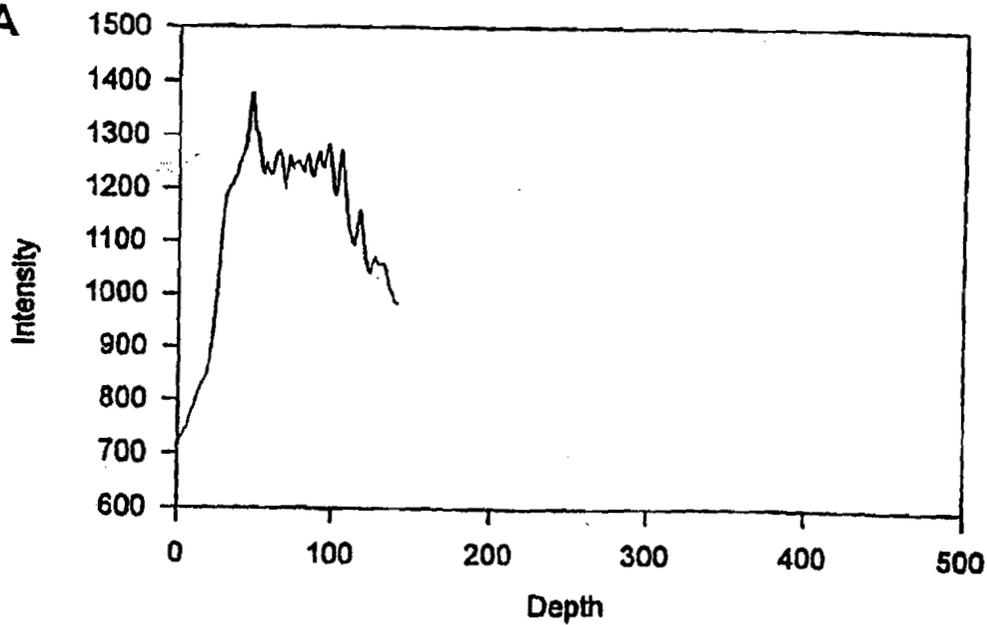
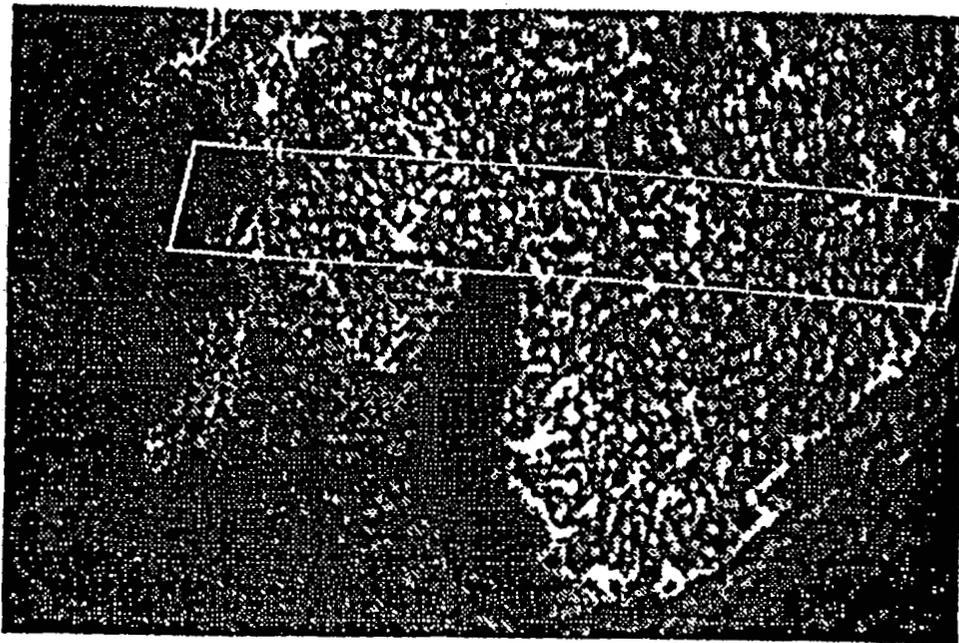


Figure 15

B



159-4

A

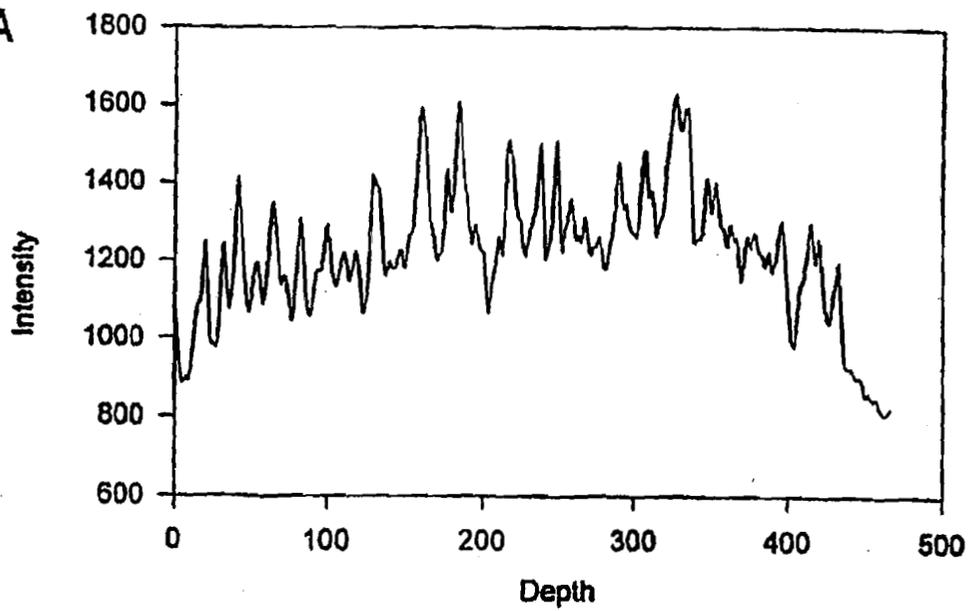
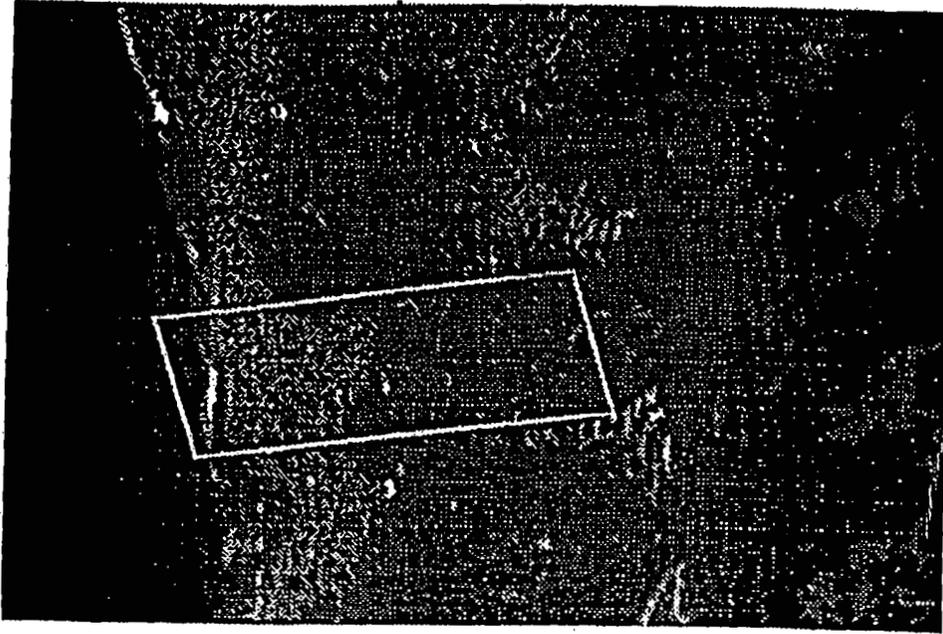


Figure 16

B



160-1

A

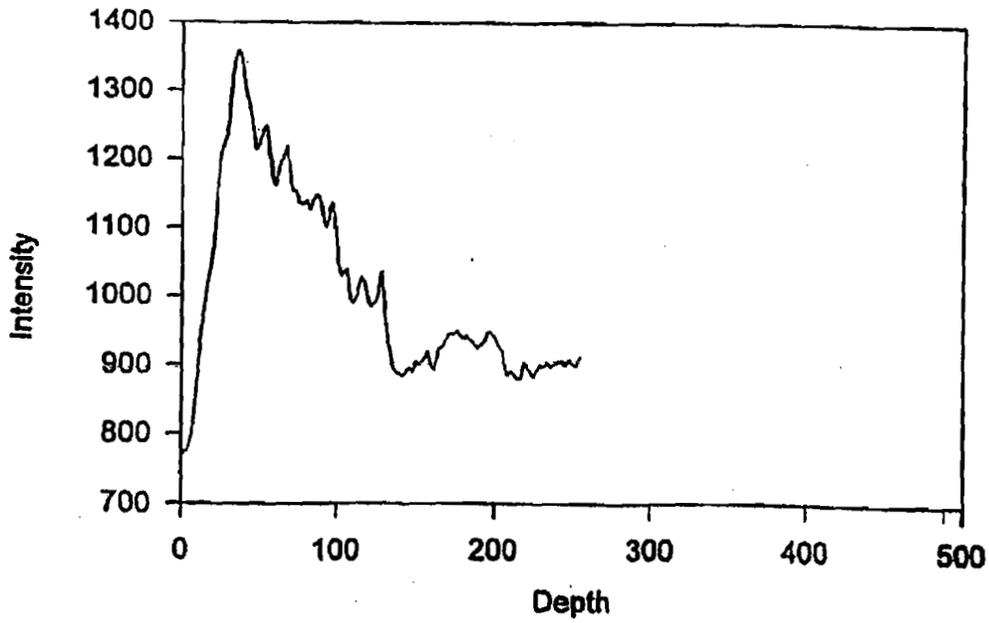
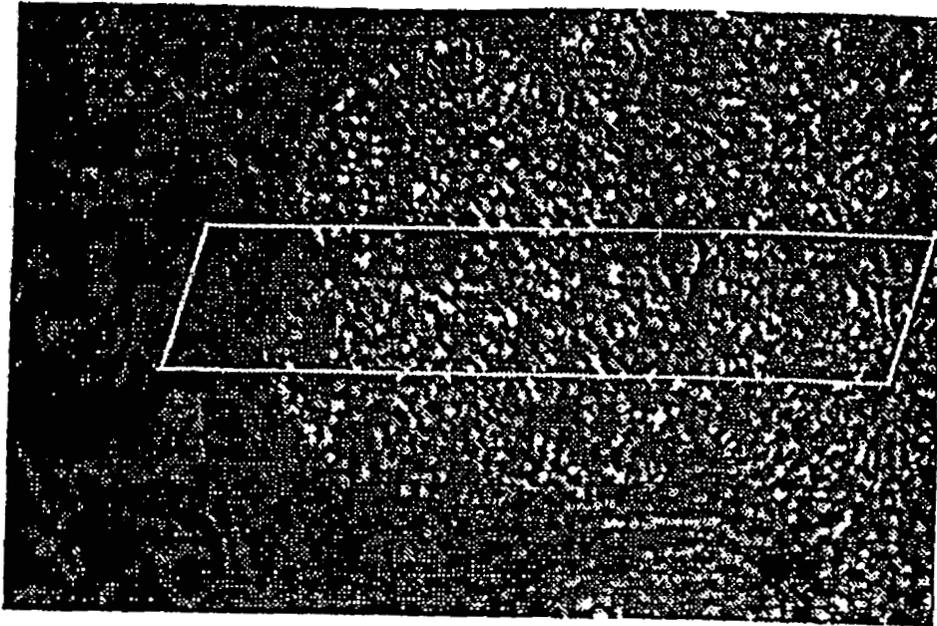


Figure 17

B



161-6

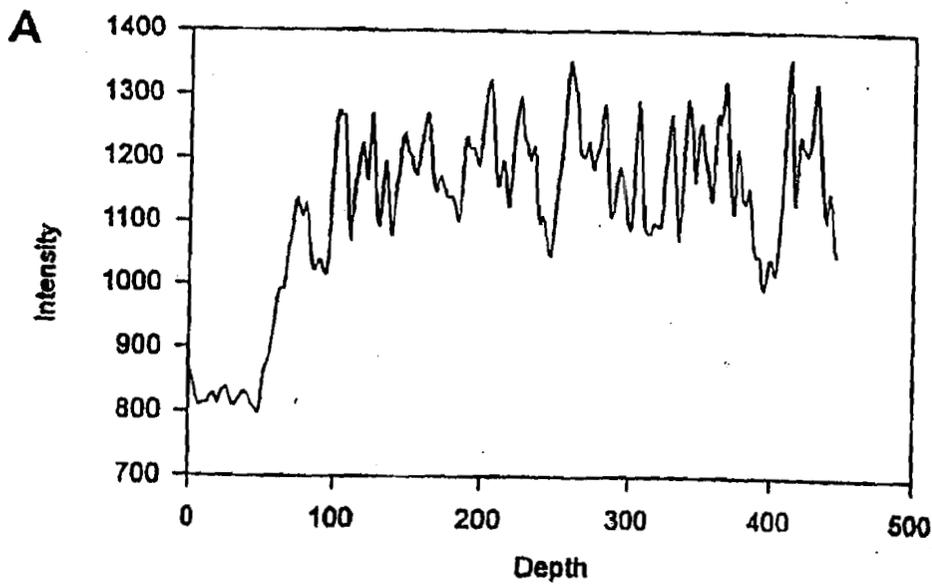
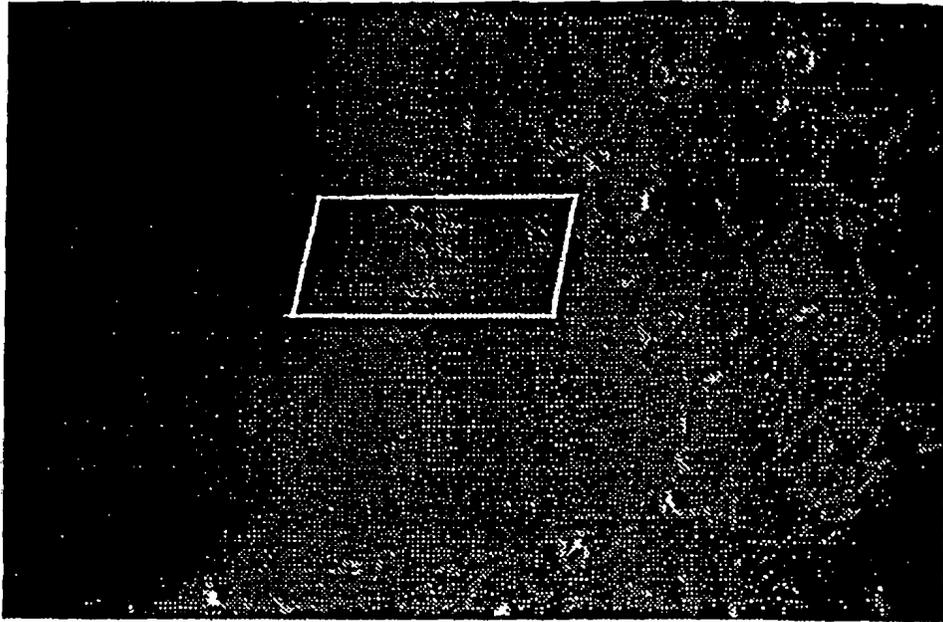


Figure 18

B



162-1

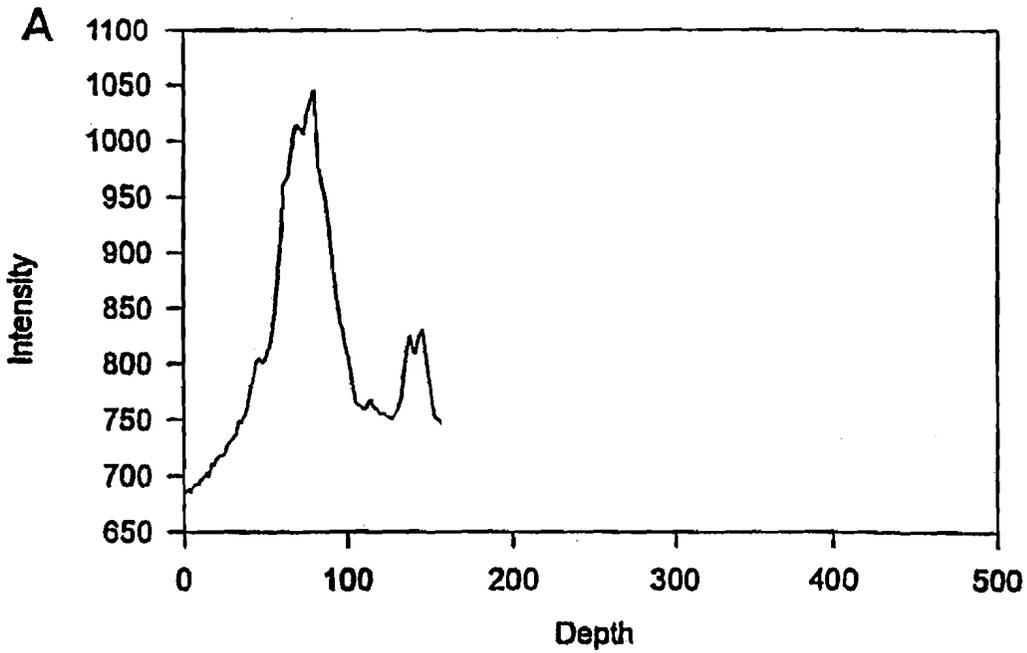
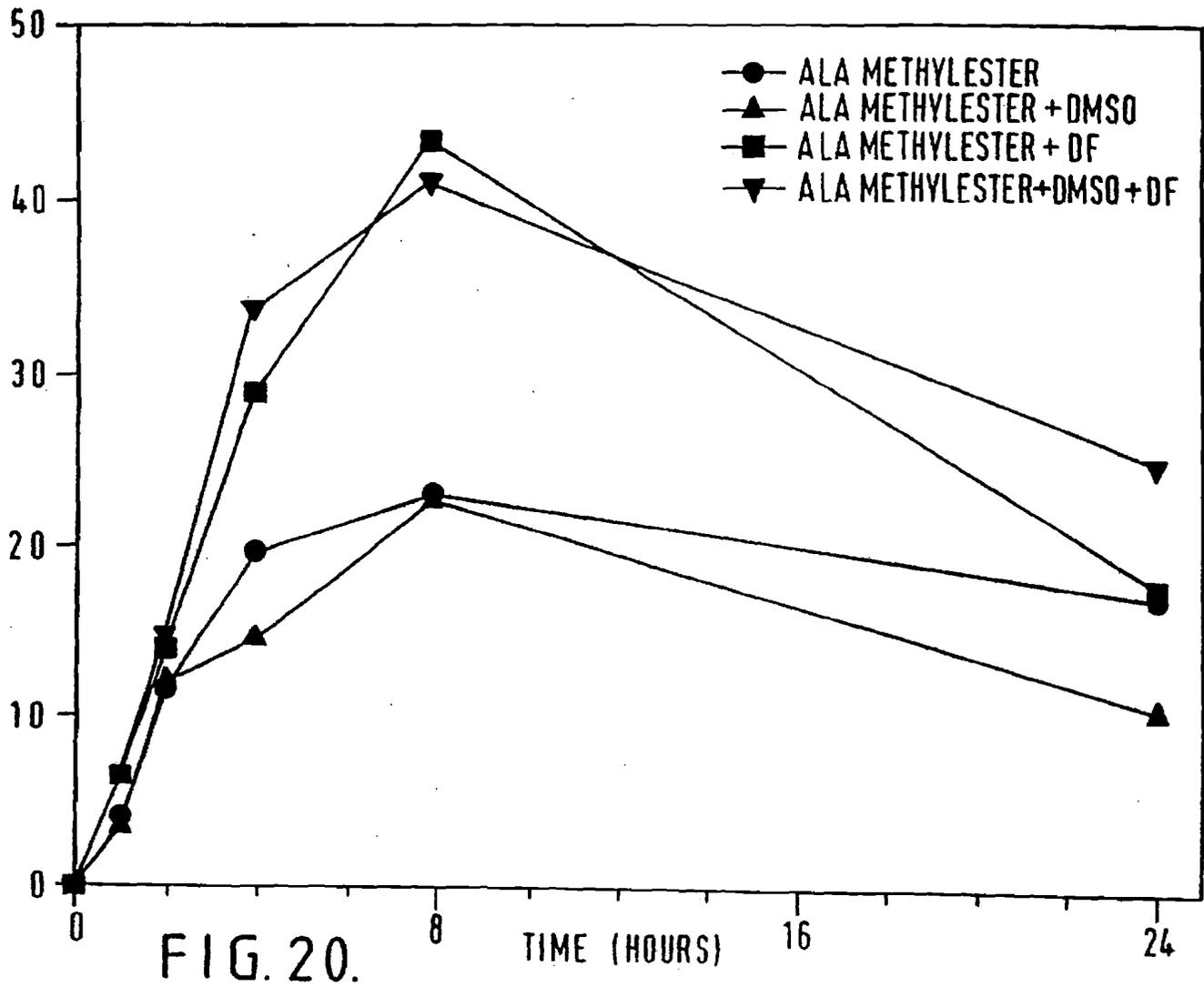


Figure 19



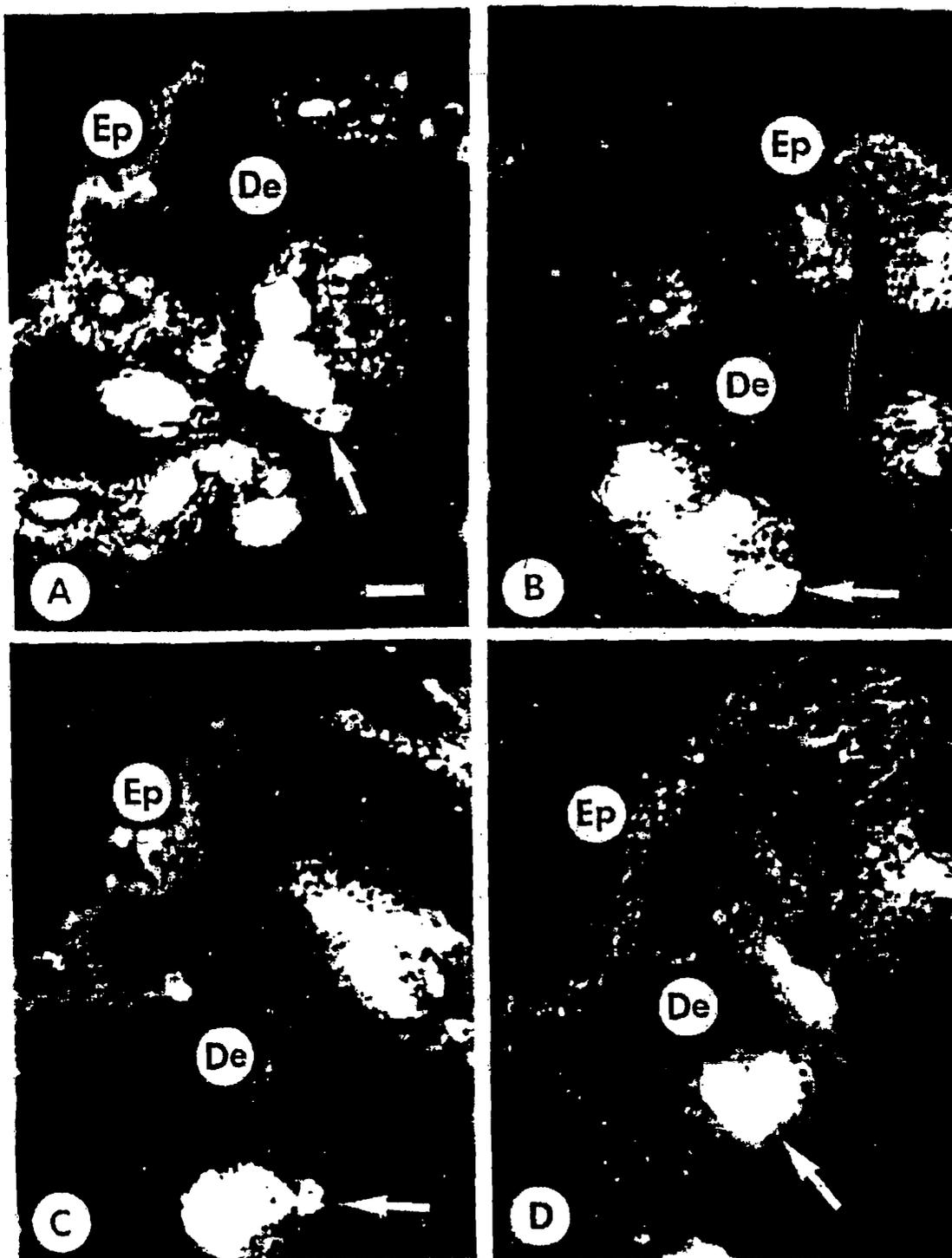
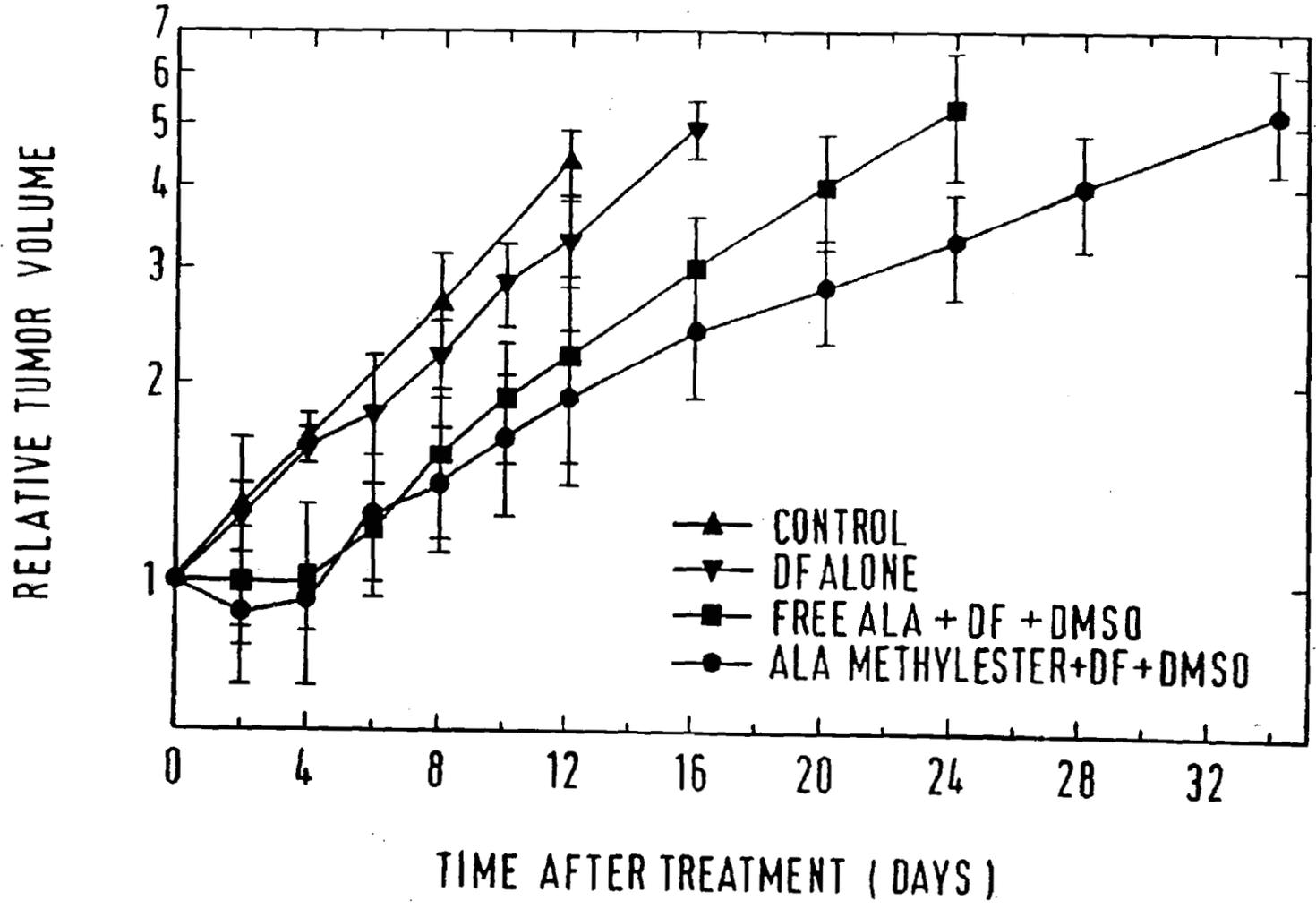


FIG. 21.

FIG. 22.



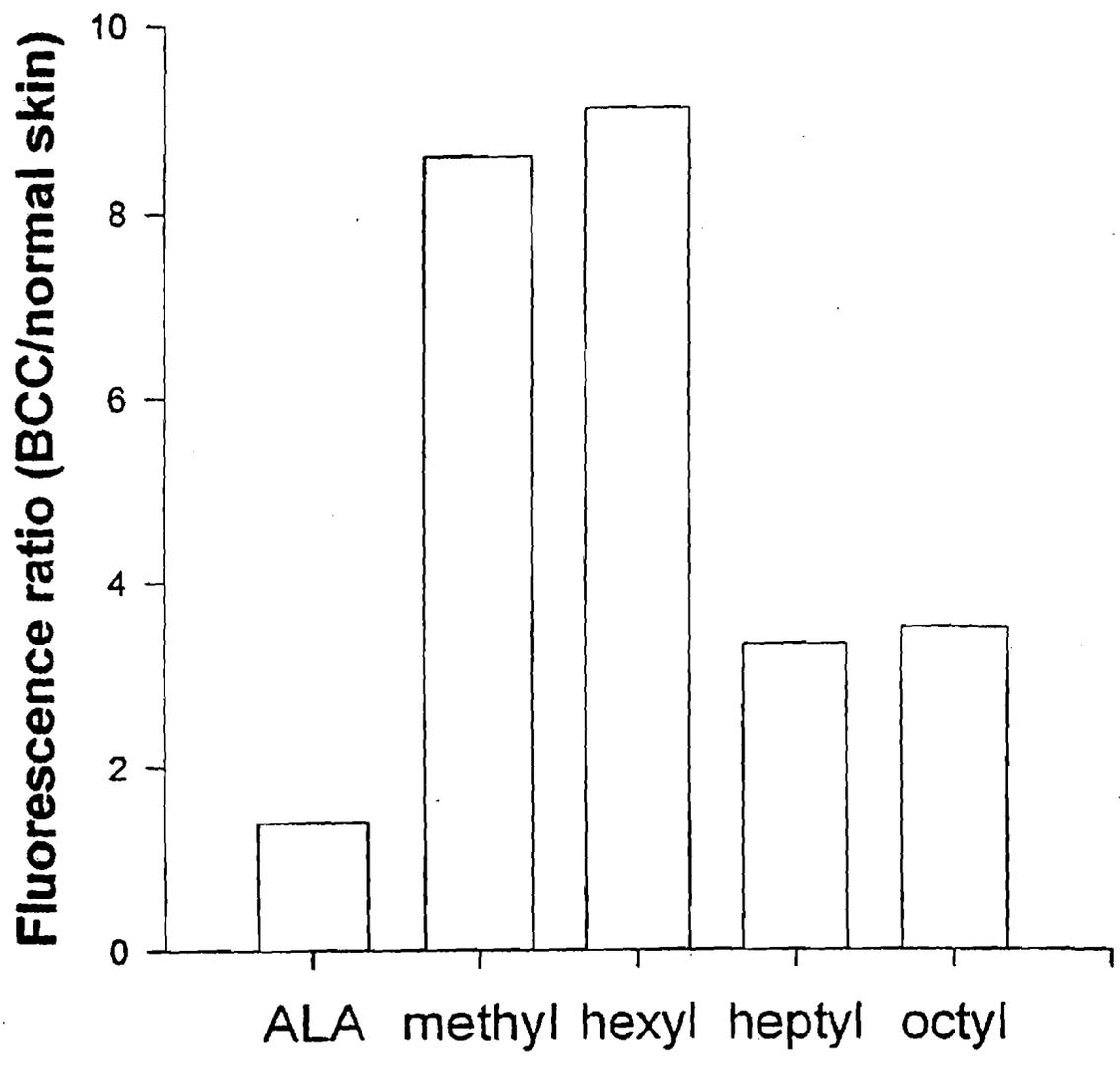


Figure 23

1

ESTERS OF 5-AMINOLEVULINIC ACID AS PHOTOSENSITIZING AGENTS IN PHOTOCHEMOTHERAPY

The present invention relates to derivatives of 5-aminolevulinic acid (ALA) and in particular to esters of ALA for use as photosensitizing agents in photochemotherapy or diagnosis.

Photochemotherapy, or photodynamic therapy (PDT) as it is also known, is a recently up-coming technique for the treatment of various abnormalities or disorders of the skin or other epithelial organs or mucosa, especially cancers or pre-cancerous lesions, as well as certain non-malignant lesions for example skin complaints such as psoriasis. Photochemotherapy involves the application of photosensitizing (photochemotherapeutic) agents to the affected area of the body, followed by exposure to photoactivating light in order to activate the photosensitizing agents and convert them into cytotoxic form, whereby the affected cells are killed or their proliferative potential diminished.

A range of photosensitizing agents are known, including notably the psoralens, the porphyrins, the chlorins and the phthalocyanins. Such drugs become toxic when exposed to light.

Photosensitizing drugs may exert their effects by a variety of mechanisms, directly or indirectly. Thus for example, certain photosensitizers become directly toxic when activated by light, whereas others act to generate toxic species, e.g. oxidising agents such as singlet oxygen or other oxygen-derived free radicals, which are extremely destructive to cellular material and biomolecules such as lipids, proteins and nucleic acids. Psoralens are an example of directly acting photosensitizers; upon exposure to light they form adducts and cross-links between the two strands of DNA molecules, thereby inhibiting DNA synthesis. The unfortunate risk with this therapy is that unwanted mutagenic and carcinogenic side effects may occur.

This disadvantage may be avoided by selecting photosensitizers with an alternative, indirect mode of action. For example porphyrins, which act indirectly by generation of toxic oxygen species, have no mutagenic side effects and represent more favourable candidates for photochemotherapy. Porphyrins are naturally occurring precursors in the synthesis of heme. In particular, heme is produced when iron (Fe^{2+}) is incorporated in protoporphyrin IX (Pp) by the action of the enzyme ferrochelatase. Pp is an extremely potent photosensitizer, whereas heme has no photosensitizing effect.

One such porphyrin-based drug, Photofrin, has recently been approved as a photosensitizer in the therapy of certain cancers. The main disadvantage is that since it must be administered parenterally, generally intravenously, cause photosensitization of the skin which may last for several weeks following i.v. injection. Photofrin consists of large oligomers of porphyrin and it does not readily penetrate the skin when applied topically. Similar problems exist with other porphyrin-based photosensitizers such as the so-called "hematoporphyrin derivative" (Hpd) which has also been reported for use in cancer photochemotherapy (see for example S. Dougherty, *J. Natl. Cancer Ins.*, 1974, 52; 1333; Kelly and Snell, *J. Urol.*, 1976, 115: 150). Hpd is a complex mixture obtained by treating hematoporphyrin with acetic and sulphuric acids, after which the acetylated product is dissolved with alkali.

To overcome these problems, precursors of Pp have been investigated for photochemotherapeutic potential. In particular the Pp precursor 5-aminolevulinic acid (ALA) has

2

been investigated as a photochemotherapeutic agent for certain skin cancers. ALA, which is formed from succinyl CoA and glycine in the first step of heme synthesis, is to a limited extent able to penetrate the skin and lead to a localised build-up of Pp; since the action of ferrochelatase (the metallating enzyme) is the rate limiting step in heme synthesis, an excess of ALA leads to accumulation of Pp, the photosensitizing agent. Thus, by applying ALA topically to skin tumours, and then after several hours exposing the tumours to light, a beneficial photochemotherapeutic effect may be obtained (see for example WO91/01727). Since the skin covering basilomas and squamous cell carcinomas is more readily penetrated by ALA than healthy skin, and since the concentration of ferrochelatase is low in skin tumours, it has been found that topical application of ALA leads to a selectively enhanced production of Pp in tumours.

However, whilst the use of ALA represents a significant advance in the art, photochemotherapy with ALA is not always entirely satisfactory. ALA is not able to penetrate all tumours and other tissues with sufficient efficacy to enable treatment of a wide range of tumours or other conditions and ALA also tends to be unstable in pharmaceutical formulations. A need therefore exists for improved photochemotherapeutic agents.

The present invention addresses this need and in particular aims to provide photochemotherapeutic agents which are better able to penetrate the tumour or other abnormality, and which have an enhanced photochemotherapeutic effect over those described in the prior art.

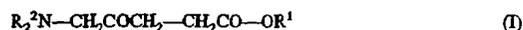
In one aspect, the present invention thus provides compounds being esters of 5-aminolevulinic acids or pharmaceutically acceptable salts thereof for use in photochemotherapy or diagnosis.

In the esters of the invention the 5-amino group may be substituted or unsubstituted, the latter case being the ALA esters.

More particularly, the compounds for use according to the invention are esters of 5-aminolevulinic acids with optionally substituted alkanols, i.e. alkyl esters or substituted alkyl esters.

Database Xfire, entries 3060978, 5347132, 5499790, 5620924, 5633390, 5991317 and 6517740 (Beilstein); Cosmo Sogo Kenkyusho KK, Patent Abstracts of Japan, Vol 16; No. 156 (C-0930), 16.4.1992; EP-A-316179 (Tokuyama Soda KK); GB-A-2058077 (Hudson et al) and DE-A-2411382 (Boehringer Sohn Ingelheim) describe alkyl ester derivative of 5-aminolevulinic acid, and derivatives and salts thereof and processes for their preparation.

Alternatively viewed, the invention can therefore be seen to provide compounds of formula I,



(wherein R^1 may represent alkyl optionally substituted by hydroxy, alkoxy, acyloxy, alkoxy-carbonyloxy, amino, aryl, oxo or fluoro groups and optionally interrupted by oxygen, nitrogen, sulphur or phosphorus atoms; and R^2 , each of which may be the same or different, represents a hydrogen atom or a group R^1) and salts thereof for use in photochemotherapy or diagnosis.

The substituted alkyl R^1 groups may be mono or poly-substituted. Thus suitable R^1 groups include for example unsubstituted alkyl, alkoxyalkyl, hydroxyalkoxyalkyl, polyhydroxyalkyl, hydroxy poly alkyleneoxyalkyl and the like. The term "acyl" as used herein includes both carboxylate and carbonate groups, thus, acyloxy substituted alkyl groups include for example alkyl-carbonyloxy alkyl. In such groups any alkylene moieties preferably have carbon atom

contents defined for alkyl groups below. Preferred aryl groups include phenyl and monocyclic 5-7 membered heteroaromatics, especially phenyl and such groups may themselves optionally be substituted.

Representative substituted alkyl groups R^1 include alkoxymethyl, alkoxyethyl and alkoxypropyl groups or acyloxymethyl, acyloxyethyl and acyloxypropyl groups eg. pivaloyloxymethyl.

Preferred compounds for use according to the invention, include those wherein R^1 represents an unsubstituted alkyl group and/or each R^2 represents a hydrogen atom.

As used herein, the term "alkyl" includes any long or short chain, straight-chained or branched aliphatic saturated or unsaturated hydrocarbon group. The unsaturated alkyl groups may be mono- or polyunsaturated and include both alkenyl and alkynyl groups. Such groups may contain up to 40 carbon atoms. However, alkyl groups containing up to 10 eg. 8, more preferably up to 6, and especially preferably up to 4 carbon atoms are preferred.

Particular mention may be made of ALA-methylester, ALA-ethylester, ALA-propylester, ALA-hexylester, ALA-heptylester and ALA-octylester and salts thereof, which represent preferred compounds for use according to the invention.

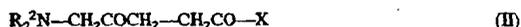
The compounds for use in the invention may be prepared using standard processes and procedures well-known in the art for derivatization of multi-functional compounds, and especially esterification. As known in the art, such esterification of compounds may involve protection and deprotection of appropriate groups such that only the required groups remain active and take part in the reaction under the conditions of the esterification. Thus for example the substituents of substituted alkanols used to prepare the esters may be protected during esterification. Similarly the NR_2 group on the compound contributing this group to compounds of formula I may be protected during the reaction and deprotected thereafter. Such protection/deprotection procedures are well known in the art for the preparation of derivatives, and in particular, esters of well known amino-acids, see for example Mcomie in "Protective Groups in Organic Chemistry", Plenum, 1973 and T. W. Greene in "Protective Groups in Organic Chemistry", Wiley-Interscience, 1981.

In a further aspect, the present invention thus provides a process for preparing the compounds for use in the invention, comprising forming an ester of the carboxy group of a 5-aminolevulinic acid.

The invention can thus be seen to provide a process for preparing the compounds for use in the invention, comprising reacting a 5-aminolevulinic acid, or an esterifiable derivative thereof, with an alkanol or an ester-forming derivative thereof.

More particularly, this aspect of the invention provides a process for preparing compounds of formula I, which process comprises at least one of the following steps:

(a) reacting a compound of formula II



(wherein X represents a leaving group, for example a hydroxyl group, a halogen atom or alkoxy group or COX represents an acid anhydride group and R^2 is as hereinbefore defined)

with a compound of formula III



(wherein R^1 is as hereinbefore defined); and

(b) converting a compound of formula I into a pharmaceutically acceptable salt thereof.

The reaction of step (a) may conveniently be carried out in a solvent or mixture of solvents such as water, acetone, diethylether, methylformamide, tetrahydrofuran etc. at temperatures up to the boiling point of the mixture, preferably at ambient temperatures.

The conditions of the esterification reactions will depend of the alcohol used and the conditions may be chosen such that maximum yield of the ester is obtained. Since the esterification reactions are reversible equilibrium reactions, reaction conditions may be selected in such a way that maximum yield of the ester product is obtained. Such conditions may be obtained by selecting a solvent which is capable of removing the water formed in a typical esterification reaction by forming an azeotrope with water. Such solvents are exemplified by aromatic hydrocarbons or others capable of forming azeotropes with water, e.g. some chlorinated hydrocarbons such as chloroform. For the formation of the lower esters of 5-ALA the equilibrium reaction may be driven to the ester side by using a large excess of the alcohol. With other esters the equilibrium may be driven towards the ester product by using a large excess of the acid.

Esterification reactions are well-known in the art for example, as described by Saul Patai in "The chemistry of the carboxylic acids and esters", (Ch. 11, p. 505, Interscience 1969) and Houban Weyl, (Methoden der Organische Chemie, Band E5, "Carbonsauren und Carbonsauren-derivate", p. 504, Georg Thieme Verlag, 1985). The formation of derivatives of amino-acids are described in Band XI/2 of the same series, (Houben Weyl, Methoden der Organische Chemie, Band XI/2, "Stickstoffverbindungen", p. 269, Georg Thieme Verlag, 1958).

The reaction will conveniently be carried out in the presence of a catalyst, eg. an inorganic or organic acid or an acid binding agent such as a base.

The compounds used as starting materials are known from the literature, and in many cases commercially available, or may be obtained using methods known per se. ALA, for example, is available from Sigma or from Photocure, Oslo, Norway.

As mentioned above, the compounds for use according to the invention may take the form of pharmaceutically acceptable salts. Such salts preferably are acid addition salts with physiologically acceptable organic or inorganic acids. Suitable acids include, for example, hydrochloric, hydrobromic, sulphuric, phosphoric, acetic, lactic, citric, tartaric, succinic, maleic, fumaric and ascorbic acids. Procedures for salt formation are conventional in the art.

As mentioned above, the compounds for use according to the invention and their salts have valuable pharmacological properties, namely a photosensitizing agent which renders them useful as photochemotherapeutic agents.

Like ALA, the compounds exert their effects by enhancing production of Pp; upon delivery to the desired site of action hydrolytic enzymes such as esterases present in the target cells break down the esters into the parent ALA, which then enters the haem synthesis pathway and leads to a build-up of Pp. However, the compounds for use according to the invention have a number of advantages over ALA itself. Firstly, the compounds are better able to penetrate skin and other tissues as compared with ALA; the penetration is both deeper and faster. This is an important advantage, especially for topical administration. Secondly, the esters have surprisingly been found to be better enhancers of Pp production than ALA; Pp production levels following administration of the ALA esters are higher than with ALA alone. Thirdly, the compounds for use in the invention demonstrate improved selectivity for the target tissue to be

treated, namely the Pp production-enhancing effect is localised to the desired target lesion and does not spread to the surrounding tissues. This is especially evident with tumours. Finally, the compounds appear to localise better to the target tissue upon administration. This is especially important for systemic application, since it means that undesirable photosensitization effects, as reported in the literature for other porphyrin-based photosensitizers, may be reduced or avoided.

A further aspect of the present invention accordingly provides a pharmaceutical composition comprising a compound as described hereinbefore, or a pharmaceutically acceptable salt thereof, together with at least one pharmaceutical carrier or excipient.

In a still further aspect, there is also provided the use of a compound as described hereinbefore, or a pharmaceutically acceptable salt thereof, for the preparation of a therapeutic agent for use in photochemotherapy, and especially for the treatment of disorders or abnormalities of external or internal surfaces of the body which are responsive to photochemotherapy.

The abnormalities and disorders which may be treated according to the present invention include any malignant, pre-malignant and non-malignant abnormalities or disorders responsive to photochemotherapy eg. tumours or other growths, skin disorders such as psoriasis or actinic keratoses, skin abrasions, and other diseases or infections eg. bacterial, viral or fungal infections, for example Herpes virus infections. The invention is particularly suited to the treatment of diseases, disorders or abnormalities where discrete lesions are formed to which the compositions may be directly applied (lesions is used here in a broad sense to include tumours and the like).

The internal and external body surfaces which may be treated according to the invention include the skin and all other epithelial and serosal surfaces, including for example the linings of organs eg. the respiratory, gastrointestinal and genito-urinary tracts, and glands with ducts which empty onto such surfaces (e.g. liver, hair follicles with sebaceous glands, mammary glands, salivary glands and seminal vesicles). In addition to the skin, such surfaces include for example the lining of the vagina, the endometrium and the urothelium. Such surfaces may also include cavities formed in the body following excision of diseased or cancerous tissue eg. brain cavities following the excision of tumours such as gliomas.

Exemplary surfaces thus include: (i) skin and conjunctiva; (ii) the lining of the mouth, pharynx, oesophagus, stomach, intestines and intestinal appendages, rectum, and anal canal; (iii) the lining of the nasal passages, nasal sinuses, nasopharynx, trachea, bronchi, and bronchioles; (iv) the lining of the ureters, urinary bladder, and urethra; (v) the lining of the vagina, uterine cervix, and uterus; (vi) the parietal and visceral pleura; (vii) the lining of the peritoneal and pelvic cavities, and the surface of the organs contained within those cavities; (viii) the dura mater and meninges; (ix) any tumors in solid tissues that can be made accessible to photoactivating light e.g. either directly, at time of surgery, or via an optical fibre inserted through a needle.

The compositions of the invention may be formulated in conventional manner with one or more physiologically acceptable carriers or excipients, according to techniques well known in the art. Compositions may be administered topically, orally or systemically. Topical compositions are preferred, and include gels, creams, ointments, sprays, lotions, salves, sticks, soaps, powders, pessaries, aerosols, drops and any of the other conventional pharmaceutical forms in the art.

Ointments and creams may, for example, be formulated with an aqueous or oily base with the addition of suitable thickening and/or gelling agents. Lotions may be formulated with an aqueous or oily base and will, in general, also contain one or more emulsifying, dispersing, suspending, thickening or colouring agents. Powders may be formed with the aid of any suitable powder base. Drops may be formulated with an aqueous or non-aqueous base also comprising one or more dispersing, solubilising or suspending agents. Aerosol sprays are conveniently delivered from pressurised packs, with the use of a suitable propellant.

Alternatively, the compositions may be provided in a form adapted for oral or parenteral administration, for example by intradermal, subcutaneous, intraperitoneal or intravenous injection. Alternative pharmaceutical forms thus include plain or coated tablets, capsules, suspensions and solutions containing the active component optionally together with one or more inert conventional carriers and/or diluents, e.g. with corn starch, lactose, sucrose, microcrystalline cellulose, magnesium stearate, polyvinylpyrrolidone, citric acid, tartaric acid, water, water/ethanol, water/glycerol, water/sorbitol, water/polyethyleneglycol, propyleneglycol, stearylalcohol, carboxymethylcellulose or fatty substances such as hard fat or suitable mixtures thereof.

The concentration of the compounds as described hereinbefore in the compositions, depends upon the nature of the compound, the composition, mode of administration and the patient and may be varied or adjusted according to choice. Generally however, concentration ranges of 1 to 50% (w/w) are suitable. For therapeutic applications concentration ranges of 10 to 50% have been found to be suitable, eg. 15 to 30% (w/w).

Following administration to the surface, the area treated is exposed to light to achieve the photochemotherapeutic effect. The length of time following administration, at which the light exposure takes place will depend on the nature of the composition and the form of administration. This can generally be in the order of 0.5 to 48 hours, e.g. 1 to 10 hours.

The irradiation will in general be applied at a dose level of 40 to 200 Joules/cm², for example at 100 Joules/cm².

The wavelength of light used for irradiation may be selected to achieve a more efficacious photochemotherapeutic effect. Conventionally, when porphyrins are used in photochemotherapy they are irradiated with light at about the absorption maximum of the porphyrin. Thus, for example in the case of the prior art use of ALA in photochemotherapy of skin cancer, wavelengths in the region 350-640 nm, preferably 610-635 nm were employed. However, by selecting a broad range of wavelengths for irradiation, extending beyond the absorption maximum of the porphyrin, the photosensitizing effect may be enhanced. Whilst not wishing to be bound by theory, this is thought to be due to the fact that when Pp, and other porphyrins, are exposed to light having wavelengths within its absorption spectrum, it is degraded into various photo-products including in particular photoporphyrin (PPp). PPp is a chlorin and has a considerable photo-sensitizing effect; its absorption spectrum stretches out to longer wavelengths beyond the wavelengths at which Pp absorbs ie. up to almost 700 nm (Pp absorbs almost no light above 650 nm). Thus in conventional photochemotherapy, the wavelengths used do not excite PPp and hence do not obtain the benefit of its additional photosensitizing effect. Irradiation with wavelengths of light in the range 500-700 nm has been found to be particularly effective. It is particularly important to include the wavelengths 630 and 690 nm.

A further aspect of the invention thus provides a method of photochemotherapeutic treatment of disorders or abnormalities of external or internal surfaces of the body, comprising administering to the affected surfaces, a composition as hereinbefore defined, and exposing said surfaces to light, preferably to light in the wavelength region 300-800 nm, for example 500-700 nm.

Methods for irradiation of different areas of the body, eg. by lamps or lasers are well known in the art (see for example Van den Bergh. Chemistry in Britain. May 1986 p. 430-439).

The compounds for use in the invention may be formulated and/or administered with other photosensitizing agents, for example ALA or photofrin, or with other active components which may enhance the photochemotherapeutic effect. For example, chelating agents may beneficially be included in order to enhance accumulation of Pp; the chelation of iron by the chelating agents prevents its incorporation into Pp to form haem by the action of the enzyme ferrochelatase, thereby leading to a build-up of Pp. The photosensitizing effect is thus enhanced.

Aminopolycarboxylic acid chelating agents are particularly suitable for use in this regard, including any of the chelants described in the literature for metal detoxification or for the chelation of paramagnetic metal ions in magnetic resonance imaging contrast agents. Particular mention may be made of EDTA, CDTA (cyclohexane diamine tetraacetic acid), DTPA and DOTA. EDTA is preferred. To achieve the iron-chelating effect, desferrioxamine and other siderophores may also be used, e.g. in conjunction with aminopolycarboxylic acid chelating agents such as EDTA.

The chelating agent may conveniently be used at a concentration of 1 to 20% eg. 2 to 10% (w/w).

Additionally, it has been found that surface-penetration assisting agents and especially dialkylsulphoxides such as dimethylsulphoxide (DMSO) may have a beneficial effect in enhancing the photochemotherapeutic effect. This is described in detail in our co-pending application No. PCT/GB94/01951, a copy of the specification of which is appended hereto.

The surface-penetration assisting agent may be any of the skin-penetration assisting agents described in the pharmaceutical literature e.g. HPE-101 (available from Hisamitsu), DMSO and other dialkylsulphoxides, in particular n-decylmethyl-sulphoxide (NDMS), dimethylsulphacetamide, dimethylformamide (DMFA), dimethylacetamide, glycols, various pyrrolidone derivatives (Woodford et al., J. Toxicol. Cut. & Ocular Toxicology, 1986, 5: 167-177), and Azone® (Stoughton et al., Drug Dpv. Ind. Pharm. 1983, 9: 725-744), or mixtures thereof.

DMSO however has a number of beneficial effects and is strongly preferred. Thus, in addition to the surface-penetration assisting effect (DMSO is particularly effective in enhancing the depth of penetration of the active agent into the tissue), DMSO has anti-histamine and anti-inflammatory activities. In addition, DMSO has been found to increase the activity of the enzymes ALA-synthase and ALA-dehydrogenase (the enzymes which, respectively, form and condense ALA to porphobilinogen) thereby enhancing the formation of the active form, Pp.

The surface penetration agent may conveniently be provided in a concentration range of 2 to 50% (w/w), eg about 10% (w/w).

According to the condition being treated, and the nature of the composition, the compounds for use in the invention may be co-administered with such other optional agents, for example in a single composition or they may be adminis-

tered sequentially or separately. Indeed, in many cases a particularly beneficial photochemotherapeutic effect may be obtained by pre-treatment with the surface-penetration assisting agent in a separate step, prior to administration of the compounds for use in the invention. Furthermore, in some situations a pre-treatment with the surface-penetration assisting agent, followed by administration of the photochemotherapeutic agent in conjunction with the surface-penetration assisting agent may be beneficial. When a surface-penetration assisting agent is used in pre-treatment this may be used at high concentrations, e.g. up to 100% (w/w). If such a pre-treatment step is employed, the photochemotherapeutic agent may subsequently be administered up to several hours following pre-treatment eg. at an interval of 5-60 minutes following pre-treatment.

Viewed from a further aspect, the invention thus provides a product comprising a compound as described hereinbefore or a pharmaceutically acceptable salt thereof, together with at least one surface-penetration assisting agent, and optionally one or more chelating agents as a combined preparation for simultaneous, separate or sequential use in treating disorders or abnormalities of external or internal surfaces of the body which are responsive to photochemotherapy.

Alternatively viewed, this aspect of the invention also provides a kit for use in photochemotherapy of disorders or abnormalities of external or internal surfaces of the body comprising:

- a) a first container containing a compound as described hereinbefore or a pharmaceutically acceptable salt thereof,
- b) a second container containing at least one surface penetration assisting agent; and optionally
- c) one or more chelating agents contained either within said first container or in a third container.

Where the surface penetration agent is applied in a separate pre-treatment step, it may be applied in higher concentration, for example up to 100% (w/w).

It will be appreciated that the method of therapy using compounds as described hereinbefore inevitably involves the fluorescence of the disorder or abnormality to be treated. Whilst the intensity of this fluorescence may be used to eliminate abnormal cells, the localization of the fluorescence may be used to visualize the size, extent and situation of the abnormality or disorder. This is made possible through the surprising ability of ALA esters to preferentially localize to non-normal tissue.

The abnormality or disorder thus identified or confirmed at the site of investigation may then be treated through alternative therapeutic techniques e.g. surgical or chemical treatment, or by the method of therapy of the invention by continued build up of fluorescence or through further application of compounds of the invention at the appropriate site. It will be appreciated that diagnostic techniques may require lower levels of fluorescence for visualization than used in therapeutic treatments. Thus, generally, concentration ranges of 1 to 50% e.g. 1-5% (w/w) are suitable. Sites, methods and modes of administration have been considered before with regard to the therapeutic uses and are applicable also to diagnostic uses described here. The compounds for use in the invention may also be used for in vitro diagnostic techniques, for example for examination of the cells contained in body fluids. The higher fluorescence associated with non-normal tissue may conveniently be indicative of an abnormality or disorder. This method is highly sensitive and may be used for early detection of abnormalities or disorders, for example bladder or lung carcinoma by examination of the epithelial cells in urine or sputum samples.

respectively. Other useful body fluids which may be used for diagnosis in addition to urine and sputum include blood, semen, tears, spinal fluid etc. Tissue samples or preparations may also be evaluated, for example biopsy tissue or bone marrow samples. The present invention thus extends to the use of compounds of the invention, or salts thereof for diagnosis according to the aforementioned methods for photochemotherapy, and products and kits for performing said diagnosis.

A further aspect of the invention relates to a method of *in vitro* diagnosis, of abnormalities or disorders by assaying a sample of body fluid or tissue of a patient, said method comprising at least the following steps:

- i) admixing said body fluid or tissue with a compound as described hereinbefore,
- ii) exposing said mixture to light,
- iii) ascertaining the level of fluorescence, and
- iv) comparing the level of fluorescence to control levels.

The invention will now be described in more detail in the following non-limiting Examples, with reference to the drawings in which:

FIG. 1 shows fluorescence intensity (relative units vs wavelength (nm)) of PpIX in the normal skin of mice after topical administration of

- (A) free ALA
- (B) ALA methylester
- (C) ALA ethylester
- (D) ALA propylester

after 0.5, 1, 1.5, 2.5, 3, 3.5 and 14 hours following administration;

FIG. 2 shows the distribution of PpIX as measured by fluorescence intensity (relative units vs wavelength (nm)) in Brain, dermis, Ear, Liver and muscle 14 hours after topical administration to the normal skin of mice:

- (A) free ALA
- (B) ALA methylester
- (C) ALA ethylester
- (D) ALA propylester;

FIG. 3 shows PpIX fluorescence (fluorescence intensity, relative units vs wavelength (nm)) in the skin of mice 15 minutes, 1 hour, 4 hours and 10 hours after intraperitoneal injection of ALA methylester (150 mg/kg);

FIG. 4 shows PpIX fluorescence (fluorescence intensity relative units vs wavelength (nm)) (A) 1.5 hours and (B) 4 hours after topical administration of ALA methylester to basal cell carcinoma (BCC) lesions on the skin of human patients (- tumour; --- normal skin);

FIG. 5 shows PpIX fluorescence (fluorescence intensity relative units vs wavelength (nm)) (A) 1.5 hours and (B) 4 hours after topical administration of ALA ethylester to basal cell carcinoma (BCC) lesions on the skin of human patients (- tumour; --- normal skin);

FIG. 6 shows PpIX fluorescence (fluorescence intensity relative units vs wavelength (nm)) (A) 1.5 hours and (B) 4 hours after topical administration of ALA propylester to basal cell carcinoma (BCC) lesions on the skin of human patients (- tumour; --- normal skin);

FIG. 7 shows PpIX fluorescence (fluorescence intensity relative units vs wavelength (nm)) (A) 1.5 hours and (B) 4 hours after topical administration of ALA to basal cell carcinoma (BCC) lesions on the skin of human patients (- tumour; --- normal skin);

FIG. 8 shows measurement of PpIX production following topical application of ALA methylester in human BCC and surrounding normal skin by CDD microscopy of biopsies

(A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 9 shows measurement of PpIX production following topical application of ALA in human BCC and surrounding normal skin by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 10 shows PpIX fluorescence (fluorescence intensity relative units vs wavelength (nm)) 24 hours following topical administration of ALA methylester to BCC lesion and to normal skin of human patients.

FIG. 11 shows PpIX fluorescence (fluorescence intensity relative units vs wavelength (nm)) 24 hours following topical administration of ALA to BCC lesion and to normal skin of human patients.

FIG. 12 shows measurement of PpIX production 4.5 hours following topical application of ALA methylester in human BCC by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 13 shows measurement of PpIX production 4.5 hours following topical application of ALA methylester in human normal skin by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 14 shows measurement of PpIX production 24 hours following topical application of ALA methylester in human BCC by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 15 shows measurement of PpIX production 24 hours following topical application of ALA methylester in human normal skin by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 16 shows measurement of PpIX production 24 hours following topical application of free ALA in human BCC by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 17 shows measurement of PpIX production 24 hours following topical application of free ALA in human normal skin by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 18 shows measurement of PpIX production 4.5 hours following topical application of free ALA and 20% DMSO in human BCC by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 19 shows measurement of PpIX production 4.5 hours following topical application of free ALA and 20% DMSO in human normal skin by CDD microscopy of biopsies (A) graphical representation showing fluorescence intensity vs depth (μm) and (B) micrograph;

FIG. 20 shows a time course (fluorescence intensity relative units vs time (hours)) of ALA methylester-induced (PpIX) fluorescence in the mouse skin after topical application of ALA methylester alone (-●-), ALA methylester plus DMSO (-▲-), ALA methylester plus desferrioxamine (DF) (-■-) or ALA methylester plus DF and DMSO (-▼-). Each point is the mean of measurements from at least three mice;

FIG. 21 shows fluorescence photographs of the mouse skin taken 1 h after topical application of free ALA alone (A), ALA methylester (B), ALA ethylester (C) and ALA propylester (D), showing fluorescence in the epidermis (Ep),

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epithelial hair follicles and sebaceous gland (arrows), but not in the dermis (De). Original magnification $\times 250$.

FIG. 22 is a graph showing relative tumour volume against time (days) following treatment of WiDr human colonic carcinoma transplanted subcutaneously into nude mice with ALA or ALA methylester plus DF; (- \blacktriangle -) control; (- \blacktriangledown -) DF alone; (- \blacksquare -) ALA+DF+DMSO; (- \bullet -) ALA methylester+DF+DMSO.

FIG. 23 shows ppIX fluorescence ratios between BCC lesions and surrounding normal skin after topical application of ALA or its esters.

EXAMPLE 1

Preparation of Methyl 5-aminolevulinic Hydrochloride

To a 500 ml glass reactor containing 200 ml methanol, was added 1 g 5-amino-levulinic acid hydrochloride and 1 drop conc. HCl. The reaction mixture was then stirred overnight at 60° C. The progress of the esterification was followed by $^1\text{H-NMR}$. Excess methanol was removed by distillation, and the product further dried under vacuum at 30–40° C., giving methyl 5-aminolevulinic hydrochloride. The structure was confirmed by $^1\text{H-NMR}$ in DMSO- d_6 .

EXAMPLE 2

Preparation of Ethyl 5-aminolevulinic Hydrochloride (ALA ethylester)

1 g 5-aminolevulinic acid hydrochloride was added to 200 ml dry ethanol containing 1–2 drops conc. hydrochloric acid in a 250 ml glass reactor equipped with a stirrer, reflux condenser and a thermometer. The esterification was performed at reflux overnight (70–80° C.). After the reaction had gone to completion, the ethanol was removed under vacuum. Finally, the product was dried under high vacuum at 30–40° C., giving 0.94 g Ethyl 5-aminolevulinic hydrochloride. Confirmation of the structure was done by $^1\text{H-NMR}$ in DMSO- d_6 .

EXAMPLE 3

Preparation of n-propyl 5-aminolevulinic Hydrochloride (ALA propylester)

0.5 g 5-aminolevulinic acid hydrochloride was dissolved in 100 ml dry n-propanol containing 1–2 drops of conc. hydrochloride in a 250 ml glass reactor equipped with a stirrer, reflux condenser and a thermometer. The reaction mixture was stirred at 70–80° C. for approx. 20 hours. After all the 5-aminolevulinic acid was converted to its n-propylester (followed by $^1\text{H-NMR}$), the excess propanol was removed, and the product dried under high vacuum (<1 mBar) at 40–50° C. The reaction gave 0.49 g propyl 5-aminolevulinic hydrochloride. The structure was confirmed by $^1\text{H-NMR}$ in DMSO- d_6 .

EXAMPLE 4

Preparation of n-hexyl 5-aminolevulinic Hydrochloride (ALA hexylester)

2 grams of 5-aminolevulinic acid hydrochloride was dissolved in 25 grams of dry n-hexanol with 5–6 drops of conc. hydrochloride added in a 50 ml glass reactor equipped with a reflux condenser and a thermometer. The reaction mixture was held at 50–60° C. for approx. 3 days. The excess n-hexanol was removed under vacuum and the prod-

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uct finally dried under high vacuum, giving 2.4 grams of n-hexyl 5-aminolevulinic hydrochloride. The structure was confirmed by $^1\text{H-NMR}$ spectroscopy in DMSO- d_6 .

EXAMPLE 5

Preparation of n-heptyl 5-aminolevulinic Hydrochloride (ALA heptylester)

0.5 g 5-aminolevulinic acid hydrochloride was added to 30 grams of n-heptanol containing 5 drops of conc. hydrochloride in a 100 ml glass reactor equipped with a stirrer, reflux condenser and a thermometer. After all the 5-aminolevulinic acid had dissolved, the reaction mixture was stirred at 70–80° C. for approx. 48 hours. After the 5-aminolevulinic acid was converted to its n-heptyl ester (followed by $^1\text{H-NMR}$), the excess alcohol was removed, and the product dried under high vacuum (<1 mbar) at 70° C. The reaction gave 1.5 g n-heptyl 5-aminolevulinic hydrochloride. The structure was confirmed by $^1\text{H-NMR}$ in DMSO- d_6 .

EXAMPLE 6

Preparation of n-octyl 5-aminolevulinic Hydrochloride (ALA octylester)

1 gram 5-aminolevulinic acid hydrochloride was added to 30 grams of dry n-octanol containing 5–6 drops of conc. hydrochloride in a 50 ml glass reactor equipped with a reflux condenser, stirrer and a thermometer. The reaction mixture was stirred at 65–70° C. for approx. 2 days. Excess n-octanol was removed under vacuum and the product finally dried under high vacuum, giving 1.5 grams of n-octyl 5-aminolevulinic hydrochloride. The structure was confirmed by $^1\text{H-NMR}$ spectroscopy in DMSO- d_6 .

EXAMPLE 7

Formulation

20% creams were prepared by admixture of the active component, ALA, ALA methylester, ALA ethylester, or ALA propylester (prepared according to Examples 1 to 3 respectively), with "Urguentum Merck" cream base (available from Merck) consisting of silicon dioxide, paraffin liq., vaseline, album, cetostearyl, polysorbate 40, glycerol monostearate, Miglyol®812 (a mixture of plant fatty acids), polypropyleneglycol., and purified water.

Corresponding creams were also prepared, additionally containing 3–20% DMSO.

EXAMPLE 8

Determination of Protoporphyrin IX Production in the Skin of Mice by CCD Microscopy of Biopsies

A commercial oil-in-water cream containing (20% w/w) one of the chemicals (free ALA, ALA methylester, ALA ethylester and ALA propylester) (see Example 1) was topically applied to the normal skin of nu/nu nude mice for 0.5, 1, 3 and 6 hours, then biopsied and evaluated by means of microscopic fluorescence photometry incorporating a light-sensitive thermol-electrically cooled charge coupled device (CCD) camera. The results show that free ALA and its three ester derivatives are taken up by the skin tissue, the esterified ALA derivatives are being deesterified in the skin, and converted into protoporphyrin IX (PpIX) 0.5 hours after topical application. The fluorescence intensity of PpIX in the skin increased with the time of the application and the

maximum amounts of the fluorescence were seen about 6 hours (the latest time point studied) after the application in all cases.

EXAMPLE 9

Measurements in Situ of Protoporphyrin IX Production in the Skin of Mice by an Optical-fiber Based System

The aim of this study was to investigate the build-up of esterified ALA ester-induced porphyrins fluorescence in the normal skin of nude mice *in vivo* after topical or systemic administration of ALA ester derivatives.

MATERIALS AND METHODS

Chemicals. 5-aminolevulinic acid (ALA) methyl-, ethyl- and propyl-esters ($H_2N-CH_2COOCH_2-CH_2COO-R$; R can be CH_3 , $CH_2-CH_2-CH_3$) were prepared by Norsk Hydro Research Center (Porsgrunn, Norway) as described in Examples 1 to 3. Free ALA hydrochloride and desferrioxamine mesylate (DF) were purchased from Sigma Chemical Company (St. Louis, Mo., USA). Dimethyl sulphoxide (DMSO) was obtained from Janssen Chimica (Geel, Belgium). Commercial oil-water creams (Unguentum Merck, Darmstadt, Germany) containing 20% one of the ALA ester derivatives (w/w), 20% free ALA, 20% ALA methylester plus 5% DF, 20% ALA methylester plus 20% DMSO, or 20% ALA methylester plus 5% DF and 20% DMSO were freshly prepared prior to use. All creams were made by the Pharmacy at the Norwegian Radium Hospital. For intraperitoneal injection, ALA and its methylester were freshly dissolved in saline. All other chemicals used were of the highest purity commercially available.

Animals. Female Balb/c nu/nu athymic nude mice were obtained from the Animal Laboratory at the Norwegian Radium Hospital and kept under specific-pathogen-free conditions. At the start of the experiments the mice were 6-7 weeks old weighing 18-24 g. Three mice were housed per cage with autoclaved covers in a dark room during the experiments.

Treatment procedure. One of the creams was painted on the normal skin at right flank region of each mouse, and covered by a semi-permeable dressing (3M, St Paul, Minn., USA) for various time intervals (from 0.25 to 24 h) before fluorescence measurements *in situ* or being biopsied for microscopic fluorescence imaging. About 0.2 g cream was applied to an approximate 2.25 cm² area of the skin. In the case of *i.p.* injection the mice were given ALA or its methylester at a dose of 150 mg/kg. At least three mice were used for each condition.

Fluorescence spectroscopic measurements *in situ*. A Perkin Elmer LS-50 fluorescence spectrometer equipped with a red-sensitive photomultiplier (Hamamatsu R 928) was used. This instrument has a pulsed Xenon arc light source and phase sensitive detection, such that fluorescence can be readily measured. Part of the excitation beam (set at 408 nm for fluorescence measurements) was reflected into a 600 μ m core multimodus optical quartz fiber (No. 3501 393, Dornier Medizintechnik, GmbH, Germering, Germany) by means of a mirror for application onto the subject through a hand held probe. Emission in the region of 550-750 nm was measured via emission fibres collecting information through the probe.

Fluorescence microscopy. After the creams were topically applied to the skin of mice for various times (as indicated above), the skin was biopsied and the frozen tissue sections were cut with a cryostat to a thickness of 8 μ m. The

fluorescence microscopy was carried out using an Axioplan microscope (Zeiss, Germany) with a 100 W mercury lamp. The fluorescence images were recorded by a light-sensitive thermo-electrically cooled charge coupled device (CCD) camera (resolution: 385x578 pixels with a dynamic range of 16 bits per pixel)(Astromed CCD 3200, Cambridge, UK) and hard copies on a video printer (Sony multiscan video printer UP-930). The filter combination used for detection of porphyrin fluorescence consisted of 390-440 nm excitation filter, a 460 nm beam splitter and a >600 nm emission filter. Results

PPIX fluorescence was measured *in situ* by an optical-fiber based system in the normal skin of nude mice 0.5, 1, 1.5, 2.5, 3, 3.5 and 14 hours after topical application of free ALA or one of its ester derivatives as described above. As shown in FIG. 1, the PPIX fluorescence was already built-up 1 hour after topical application in the case of all derivatives, while the fluorescence was seen 1.5 hours after the application of free ALA. The maximum fluorescence intensity was found 14 hours after the application in all cases, but PPIX fluorescence induced from ALA esters in the skin was stronger than that from free ALA. Furthermore, as can be seen in FIG. 2, 14 hours after the application no fluorescence of ALA-esters-induced PPIX was detected in other areas of the skin and internal organs including ear, dermis, muscle, brain and liver. However, in the case of free ALA, a strong fluorescence was also seen in the ear as well as in the other areas of the skin. Thus, after topical application ALA-ester-induced PPIX was found locally in the skin, whereas free ALA-induced PPIX distributed not only locally, but also in other areas of the skin. We suggest that ALA is transported in the blood and that PPIX is subsequently formed in all organs containing the enzymes of the heme synthesis pathway and/or PPIX is formed in the skin and then transported to other tissues via blood circulation. The latter situation may lead to skin photosensitivity in areas where free ALA is not topically applied. In addition, after intraperitoneal injection of ALA methylester at a dose of 150 mg/kg, the PPIX fluorescence in the skin of mice was built-up 15 minutes after the injection and the peak value was found around 4 hours, and the fluorescence disappeared within 10 hours post the injection (FIG. 3). This kinetic pattern is similar to that of the fluorescence of free ALA-induced porphyrins in the skin following *i.p.* injection of the same dose, although the fluorescence decreased faster in the case of the ester than in the case of the free ALA.

EXAMPLE 10

Measurements of Protoporphyrin IX Production in Human Basal Cell Carcinoma (BCC) and Surrounding Normal Skin by Optical-fiber Based System

The PPIX fluorescence in the BCC lesions and surrounding normal skin of human patients was measured *in situ* by optical-fiber based system after topical application of 20% free ALA and its derivatives for various time intervals.

FIGS. 4, 5, 6 and 7 show that, compared to free ALA, the ALA derivatives-induced PPIX was built up faster, produced more and localized more selectively in the BCC lesions (i.e. much less fluorescence in the surrounding normal skin), particularly for ALA methylester.

EXAMPLE 11

In Vivo Fluorescence Surface Measurements of PPIX Production in Human BCC and Surrounding Normal Skin by CCD Microscopy of Biopsies

In a 78 years old Caucasian male presenting multiple ulcero-nodular BCCs lesions were exposed to commercial

oil-in-water creams containing either ALA alone (20% w/w) or ALA methyl ester (20% w/w) (as described in Example 7) covered by a semi-permeable dressing for 24 hours. After removal of dressings and cream in vivo fluorescence was measured at the surface of tumor tissue and adjacent normal skin by means of a spectrofluorometer. Punch biopsies of the same areas were removed and samples were immediately immersed in liquid nitrogen. The tissue sections were cut with a cryostat microtome to a thickness of 8 μ m. The localization pattern of the porphyrin fluorescence in the tissue sections was directly observed by means of fluorescence microscopy. The same frozen sections were subsequently stained with routine H&E staining for histological identification. Fluorescence microscopy was carried out with an Axioplan microscope (Zeiss, Germany). Fluorescence images and quantitative measurements were performed by a light-sensitive thermol-electrically cooled charge coupled device (CCD) camera (Astromed CCD 3200, Cambridge, UK) and an image processing unit (Astromed/Visilog, PC 486DX2 66 MHz VL). The main purpose for such quantitative measurements is to determine the exact penetration of ALA-induced porphyrins from tissue surface to the bottom layers of cancer lesions. The results are shown in FIGS. 8 and 9 in which the fluorescence intensity is expressed as a function of depth of cancer lesion.

As shown in FIGS. 8 and 9, an homogeneous distribution of PpIX fluorescence is seen from the top to the bottom of the whole BCC lesions after use of either free ALA or its methyl ester. This suggests that ALA methylester is at least as good as free ALA in terms of penetration and PpIX production in the BCC lesion. In addition, no PpIX fluorescence was seen in the surrounding normal skin after topical application of ALA methylester, indicating that ALA-methylester-induced PpIX highly selectively took place only in the BCC lesion.

In vivo fluorescence after 24 hours showed at least doubled fluorescence intensity for ALA methyl ester compared to ALA for the selected tumors and also an increase for corresponding normal tissues, however this only of about 50%. The ratio between tumor and normal tissue was about 1.2:1 for ALA and 2:1 for the ALA methyl ester. The results are shown in FIGS. 10 and 11.

At control one week after treatment all treatment fields presented a central necrotic area corresponding to the tumor. In the adjacent normal skin exposed to cream and light irradiation there was observed a marked erythema for the ALA while for the ALA methyl ester only moderate erythema was observed.

EXAMPLE 12

In Vivo Fluorescence Surface Measurements of PpIX Production in Human BCC and Surrounding Normal Skin by CCD Microscopy of Biopsies

The present data show the localization patterns and production of porphyrins (mainly protoporphyrin IX (PpIX)) after topical application of free ALA and one of its derivatives (methyl ester) for 4.5 and 24 hours in the nodular basal cell carcinomas (BCCs) and surrounding normal skin of patients. The tests were performed as described in Example 11.

Each of the following figures show both (B) fluorescence images of either the bottom layer of BCC lesions or of the surrounding normal skin. Curves indicating the fluorescence intensity as a function of depth of the BCC lesions or of the normal skin are also shown (A).

FIG. 12 shows a homogenous distribution of PpIX fluorescence generated by ALA methyl ester in the bottom layer of a BCC 4.5 hours after topical application.

There is also some porphyrin fluorescence in surrounding normal skin (FIG. 13). The fluorescence intensity ratio between BCC and the normal skin is about 2. Moreover, the absolute amount of the fluorescence induced by ALA methyl ester is higher than that induced by free ALA and 20% DMSO after topical application for 4.5 hours, as shown below.

FIGS. 14 and 15 show a uniform distribution of porphyrin fluorescence induced by topical application of ALA methyl ester for 24 hours in the bottom layer of BCC and surrounding normal skin. The ratio of the fluorescence in BCC and that in normal skin is also about 2. Furthermore, the fluorescence intensity of ALA methyl ester-induced porphyrins in the BCC is almost twice as high as that in BCC after topical application of free ALA alone for 24 hours, as shown below.

FIGS. 16 and 17 show a homogenous distribution of free ALA-induced porphyrins in the bottom layer of BCC and surrounding normal skin 24 hours following topical application. However, the ratio of the fluorescence intensity between BCC and normal skin is about 1, which indicates a low selectivity of this treatment. Moreover the production of porphyrins in BCC is less than that in the case of ALA methyl ester.

FIGS. 18 and 19 show a homogenous distribution of ALA-induced porphyrins in the bottom layer of BCC and surrounding normal skin after topical application of free ALA and 20% DMSO for 4.5 hours. However, the ratio of the fluorescence intensity between BCC and normal skin is only slightly larger than 1, which demonstrates that the DMSO probably reduces the tumor selectivity of the porphyrins produced. Moreover, also in this case less porphyrins are produced in BCC than in the case of the application of ALA methyl ester.

EXAMPLE 13

Investigation of the Effects of the Chelating Agent Desferrioxamine (DF) and/or DMSO and Fluorescence of Skin

I. The effect of DF and/or DMSO on the build up of fluorescence in the normal skin of mice in situ was ascertained various times after topical administration of ALA-methylester. Methods were performed as described in Example 9.

RESULTS

Topical application of the cream alone containing only DMSO did not show any fluorescence in the normal mouse skin, but there was some fluorescence of PpIX after DF alone was applied.

DF or DF plus DMSO (a well-known skin penetration enhancer) significantly enhanced the production of ALA methylester-induced PpIX.

II. Fluorescence imaging of the skin treated with three derivatives (performed as described in Example 9) showed fluorescence of the ester derivative-induced porphyrins in the epidermis, epithelial hair follicles and sebaceous glands 1 h after topical application (FIG. 21). The fluorescence intensity of the porphyrins increased with the time after the application.

SUMMARY

A large number of patients with basal cell carcinomas (BCCs) has topically been treated with ALA-based PDT in

our hospital during the past five years and more than 90% of superficial BCCs have shown a complete regression. However, nodular BCCs had a low complete response rate due to a poor ALA retention and, consequently, a low ALA-induced porphyrin production in the deep layers of the lesions. In order to improve the technique, we used ALA ester derivatives instead of free ALA. The present data obtained presented in this Example and in Example 9 by means of both fluorescence spectroscopic measurements in situ and fluorescence microscopy of tissue biopsies, indicate that all three ester derivatives studied were taken up, de-esterified and finally converted into porphyrins in the epidermis, epithelial hair follicles and sebaceous glands of the nude mice with a higher porphyrin production than that of free ALA. This is in agreement with the preceding Examples concerning a study of human nodular basal cell carcinoma that demonstrate that the fluorescence of the ALA ester-induced porphyrins was built up faster with a higher intensity and a more homogenous distribution than those of free ALA-induced porphyrins in the lesions.

The present study also shows that DF has a significant effect in enhancing the production of ALA methylester-derived PpIX in the normal skin of the mice after topical application.

Interestingly, a strong fluorescence of free ALA-induced porphyrins was found in regions of the skin outside the area where the cream was topically applied (FIG. 2). This indicates that after topical application free ALA is transported in the blood and porphyrins are subsequently formed in all organs containing the enzymes of the heme synthesis pathway or porphyrins are initially formed in the skin or/and liver, then transported to other tissues via blood circulation. This may lead to skin photosensitivity in areas where free ALA is even not topically applied. However, none of the ester derivatives studied induced porphyrin fluorescence in other parts of the skin.

EXAMPLE 14

Effects of ALA Methylester or ALA, DP and DMSO PDT on Tumor Growth in WiDr Human Colonic Carcinoma-transplanted Nude Mice

Nude mice were transplanted with WiDr human colonic carcinoma cells by subcutaneous injection into the right flank region. The following creams, formulated as described in the preceding Examples, were applied topically to the site of the tumor: 10% DF alone; 20% ALA+10% DF+20% DMSO; or 20% ALA methylester+10% DF+20% DMSO, followed, 14 hours later by laser light irradiation (632 nm, 150 mW/cm² for 15 minutes). A separate group of animals bearing the same tumor model, but receiving no topical application of the cream, served as a control. The responses of the treated tumors were evaluated as tumor regression/regrowth time. When the tumors reached a volume 5 times that of the volume on the day of light irradiation, the mice were killed. The results are shown in FIG. 22. (Bars: standard error of mean (SEM) based on 3-5 individual animals in each group). The results show that it took 34 days for tumors treated with ALA methylester+DF+DMSO to reach a volume five times that of the volume on the day just before light irradiation, whereas in the case of free ALA+DF+DMSO it took 24 days for the treated tumors to grow to 5 times size. Thus, ALA methylester is more effective than ALA in slowing tumor regrowth.

EXAMPLE 15

Selectivity of ALA Esters (methyl, hexyl, heptyl and octyl) for Non-normal Tissue

The PpIX fluorescence ratios between BCC lesions and surrounding normal skin after topical application of ALA or

its esters (20% for 4 hours), was examined using methods described in previous examples. The results are shown in FIG. 23 and indicate that all esters can more selectively induce PpIX in BCC lesions than free ALA, particularly in the case of ALA-methylester and ALA-hexylester.

We claim:

1. A method for the diagnosis or photochemotherapeutic treatment of disorders or abnormalities of external or internal surfaces of the body, comprising:

- i) administering to the sites of investigation or affected surfaces a composition comprising a compound of formula I



wherein, R¹ is alkyl; and each R² is independently hydrogen or alkyl; wherein each alkyl of R¹ and R² is optionally substituted by hydroxy, alkoxy, acyloxy,

alkoxycarbonyloxy, amino, aryl, oxo or fluoro groups and is optionally interrupted by oxygen atoms; or a salt thereof; and

ii) exposing said sites or surfaces to light.

2. The method of claim 1 wherein aryl is phenyl or a monocyclic 5-7 membered heteroaromatic.

3. The method of claim 1 wherein R¹ represents an unsubstituted alkyl group and each R² is hydrogen.

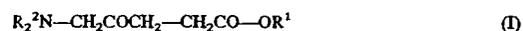
4. The method of claim 1 wherein R¹ represents an unsubstituted alkyl group or each R² is hydrogen.

5. The method of claim 1 wherein alkyl contains up to 10 carbon atoms.

6. The method of claim 1 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a salt thereof.

7. The method of claim 1 wherein the light is in the wavelength region 500-700 nm.

8. A pharmaceutical composition comprising an effective diagnostic or therapeutic amount of a compound of formula I



wherein, R¹ is alkyl; and each R² is independently hydrogen or alkyl;

wherein each alkyl of R¹ and R² is optionally substituted by hydroxy, alkoxy, acyloxy, alkoxycarbonyloxy, amino, aryl, oxo or fluoro groups and is optionally interrupted by oxygen atoms; or a pharmaceutically acceptable salt thereof; together with at least one pharmaceutical carrier or excipient.

9. The composition of claim 8 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a pharmaceutically acceptable salt thereof.

10. The composition of claim 8 further comprising at least one surface-penetration assisting agent, and optionally one or more chelating agents.

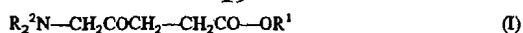
11. The composition of claim 10 wherein the surface-penetration assisting agent is dimethyl sulfoxide.

12. The composition of claim 10 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a pharmaceutically acceptable salt thereof.

13. A method for in vitro diagnosis of abnormalities or disorders by assaying a sample of body fluid or tissue of a patient, said method comprising:

- i) admixing said body fluid or tissue with a compound of formula I

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wherein, R^1 is alkyl; and each R^2 is independently hydrogen or alkyl;

wherein each alkyl of R^1 and R^2 is optionally substituted by hydroxy, alkoxy, acyloxy, alkoxy-carbonyloxy, amino, aryl, oxo or fluoro groups and is optionally interrupted by oxygen atoms; or a pharmaceutically acceptable salt thereof;

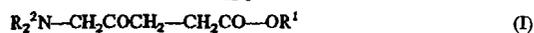
- ii) exposing said mixture to light;
- iii) ascertaining the level of fluorescence; and
- iv) comparing the level of fluorescence to control levels.

14. The method of claim 13 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a pharmaceutically acceptable salt thereof.

15. A kit for use in diagnosis or photochemotherapy of disorders or abnormalities of external or internal surfaces of the body comprising:

- i) a first container containing a compound of formula I

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wherein, R^1 is alkyl; and each R^2 is independently hydrogen or alkyl;

wherein each alkyl of R^1 and R^2 is optionally substituted by hydroxy, alkoxy, acyloxy, alkoxy-carbonyloxy, amino, aryl, oxo or fluoro groups and is optionally interrupted by oxygen atoms; or a pharmaceutically acceptable salt thereof;

- ii) a second container containing at least one surface penetration assisting agent; and optionally

- iii) one or more chelating agents contained either within said first container or in a third container.

16. The kit of claim 15 wherein the compound is ALA-methyl ester, ALA-ethyl ester, ALA-propyl ester, ALA-hexyl ester, ALA-heptyl ester, or ALA-octyl ester; or a pharmaceutically acceptable salt thereof.

* * * * *



Address: COMMISSIONER PATENTS AND TRADEMARKS
Washington, D.C. 20231

Customer No

M12KB

SCHWEGMAN LUNDBERG WOESSNER & KLUTH
PO BOX 2938
MINNEAPOLIS MN 55402

MAINTENANCE FEE STATEMENT

The data shown below is from the records of the Patent and Trademark Office. If the maintenance fees and any necessary surcharges have been timely paid for the patents listed below, the notation "PAID" will appear in column 11, "STAT" below.

If a maintenance fee payment is defective, the reason is indicated by code in column 11, "STAT" below. **TIMELY CORRECTION IS REQUIRED IN ORDER TO AVOID EXPIRATION OF THE PATENT. NOTE 37 CFR 1.377. THE PAYMENT(S) WILL BE ENTERED UPON RECEIPT OF ACCEPTABLE CORRECTION. IF PAYMENT OR CORRECTION IS SUBMITTED DURING THE GRACE PERIOD, A SURCHARGE IS ALSO REQUIRED. NOTE 37 CFR 1.20(h).**

If the statement of small entity status is defective the reason is indicated below in column 10 for the related patent number. **THE STATEMENT OF SMALL ENTITY STATUS WILL BE ENTERED UPON RECEIPT OF ACCEPTABLE CORRECTION.**

ITEM NBR	PATENT NUMBER	FEE CDE	FEE AMT	SUR CHARGE	APPLICATION NUMBER	PATENT DATE	FILE DATE	PAY YR	SML ENT	STAT
1	6,034,267	1551	890	0	08/913,257	03/07/00	12/05/97	04	NO	PAID

Atty
Item Dkt Number
1 697.002US1

**DIRECT YOUR RESPONSE TOGETHER WITH ANY QUESTIONS ABOUT THIS NOTICE TO:
Mail Stop: M. Correspondence, Director of the United States Patent & Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450**

FDA contacts
Metvix cream – Actinic Keratosis
IND #59,756

Serial no	Date	Item	No. of binders in "rullearkiv"
	24.02.00	FDA acknowledge receipt of the IND application IND Number Assigned: 59,756	
	28.03.00	Tel contact: Asked for clinical response (PC T306) (IND 59,221)	
	29.03.01	Tel contact: PC concerned at lack of clinical response (IND 59,221)	
#001	12.04.00	Request for Clinical Meeting	
	12.04.00	Updated 1572 FDA Form (Statement of investigator) (Mistakenly in IND 59,221)	
#001	19.04.00	FDA Form 1571 (statement of investigator)	
	26.04.00	Comments from Medical Reviewer	
	03.05.00	Tel contact: FDA grant all meetings requested – clinical mtg, eop-2 mtg, t-con with Wilken?	
#002	15.05.00	Protocol Amendment and New Investigator Data	1
	23.05.00	<i>Same as 15.05.00? (We do not have a copy)</i>	
	26.05.00	Tel contact: briefing document acceptable to FDA	
	02.06.00	Briefing Document re mtg 22.06.00 (Cover letter 23.05.00)	1
#004	07.06.00	Additions to Briefing Document	1
	13.06.00	Tel contact: missing 1571 sheets in briefing document	
	14.06.00	Tel contact: FDA have received videos for mtg. Submission of informed consents, and consistency of protocols between submissions 15 and 23 May OK.	
	16.06.00	Tel contact: FDA requested new CD (confirmed OK on 20 June)	
#005	06.07.00	Protocol Amendment and New Investigator Data (306)	1
#006	19.07.00	Protocol Amendment 3 to PC T306	
#007	27.07.00	Revised Investigator Brochure	1
	(31.07.00)	Tel contact: FDA upset at t-con performance – regarding IND 59,221 stats t-con 31.07.00)	
	07.08.00	Tel contact: PC ask for status on FDA minutes from 22 June. (See also IND 59,221)	
#008	29.08.00	Protocol Amendment 4 to PC T306	1
#009	08.09.00	Request for Waiver of phototox studies	
	18.10.00	Tel contact: Confirmation that Clementi submissions to FDA match with their log	
	25.10.00	FDA Meeting Minutes from 22.06.00 Pre-IND meeting (End of phase 2)	
#011	26.10.00	TCON with Division of Dental and Dermatological Drug Products Representatives to Discuss NDA CMC Questions	
#013	26.10.00	Biopharmaceutics TCON Briefing Document	1
#010	31.12.00	PhotoCure's Minutes: End-of-Phase II Meeting for IND 59,756 on June 22.06.00. Cross filing to IND 59,221 #029	
	16.01.01	Tel contact: End-of-Phase II conference and how to run	

Serial no	Date	Item	No. of binders in "rullearkiv"
		pre-NDA meetings	
	12.02.01	Fax from Clementi: #012, #013 (Pre NDA meeting request, #014 Minutes of TCON 28.11.00) OBS Other serial numbers and small changes in lay out compared to the submitted copy (see next documents)	
#012	14.02.01	Biopharm Meeting Minutes (TCON 28.11.00), PC's minutes	
#014	13.02.01	PRE-NDA Meeting Request	
#015	15.02.01	Minutes of TCON (31.01.01) with Dr Bashaw, PC's minutes	
#016	15.02.01	CMC information (peanut oil)	
	21.02.01	Telephone contact re PRE-NDA meeting date	
	26.02.01	Telephone contact re PRE-NDA meeting date	
	21.03.01	Medical comments from FDA	
#017	23.03.01	New protocol: HIM 00-PC T108/01 and New Investigator H. I. Maiback. Cross filing to IND 59,221 #039	1
#018	23.03.02	New protocol: HIM 00-PC T107/01 and New Investigator H. I. Maibach. Cross filing to IND 59,221 #038	1
#019	26.03.01	Request for User Fee Waiver Application for Small Business Size Determination	1
	30.03.01	Telephone contact re PRE-NDA meeting date	
	30.03.01	Tel contact: general contents and procedures for pre-NDA mtg	
	30.03.01	Minutes from telephone contact Re Pre-NDA meeting	
	30.03.01	Tel cintact: change time of Pre-NDA mtg	
#020	02.04.01	Pre-NDA Meeting Briefing Document	1
#021	12.04.01	Request for Waiver of Pediatric Studies	
	24.04.01	Waiver Request for Size determination – PhotoCure ASA - #2001.028	1 Together with #019
#024	25.04.01	IND – Annual report (update adverse events)	1
	02.05.01	<i>Pre-NDA meeting; minutes see 09.07.01</i>	
#022	03.05.01	Proposed pre-clinical protocol: dermal toxicity in mini-pigs, for review (Cross filing IND 59,221 #005)	?
	07.05.01	Telephone contact; completing review of protocol PC T107 and 108	
#026	09.05.01	Meeting minutes January 3, 2000 (Cross filing IND 59,221 #006)	
#027	09.05.01	Meeting minutes January 5, 2000 (Cross filing IND 59,221 #007)	?
#028	09.05.01	Response to Questions January 5, 2000 (Cross filing IND 59,221 #008)	
#029	09.05.01	Request for a Meeting, January 14, 2000 (Cross filing IND 59,221 #009)	
#035	09.05.01	Slides from meeting on May 2001	
	14.05.01	Telephone contact; Electronic submission Word/PDF format	
	14.05.01	User Fee Waiver: additional submissions to regional SBA office?	
	15.05.01	Response to Unresolved issues in fax 21 March 01	
#036	30.05.01	Clinical Trial Protocol PC T109/01 (Cross filing IND	1

Serial no	Date	Item	No. of binders in "rullearkiv"
		59,221 #043)	
#037	30.05.01	Pre-NDA meeting minutes (from PhotoCure) (Cross filing IND 59,221 #035)	?
	31.05.01	Internal from Clementi: Pre-NDA minutes for review	
#038	04.06.01	Response to unresolved issues for IND 59,756	1
	19.06.01	Tel contact SBA: inquired into status of small business determination	
	19.06.01	Tel contact: received #022 (cf IND 59,221 #005 - minipigs), review had been completed, need to clarify cross-filing	
	20.06.01	Tel contact: clarification of cross-filing between INDs 59,756 and 59,221; fast track request (BCC) denied; delayed pre-NDA mtg minutes (AK, 2 May 2001) from FDA	
#025	02.07.01	Revised protocol PC T209/99 (Revised and amended December 6, 1999) (Cross filing IND 59,221 #004)	1
	02.07.01	Small Business Administration: Letter of determination of business size	
#033	05.07.01	Letter to Dr Wilken 17 April 00: Request for meeting to resolve outstanding Clinical Phase III issues (Cross filing IND 59,221 #014) And: Letter to K. Bhatt: Proposed Ph 3 clinical trials in BBC (Cross filing IND 59,221 #013) (<i>Revision of clinical program after meeting 7 March 2000</i>)	?
	09.07.01	Small business determination decision 2 July 01, Meeting minutes of 2 May 01 from FDA	
	16.07.01	Copy tel contact report 3 May, copy tel contact report 14 May re electronic parts of NDA submission	
#039	24.07.01	Notification of final preclinical reports to be submitted (cf. Serial No #041)	
	13.08.01	Small Business (User fee) waiver request granted	
#040	16.08.01	Agreement on parts of NDA to be submitted electronically	
#041	22.08.01	Final reports – preclinical section (to replace drafts submitted earlier)	10
	18.09.01	Tel contact: Details on upcoming submission, no of copies	
	26.09.01	NDA #21-415 submission; stamped cover letter (dated 27.09.01) received	
#043	07.03.02	Second Annual Report (new copy received May 2002)	1
	21.11.04	Annual report	1

FDA contacts

Metvix AK

NDA # 21-415

Ark-nok: 12.08.01

Serial no	Date	Item	No. of binders in "rullearkiv"
000	26.09.01	NDA submitted	48
-	09.10.01	Tel contact: FDA removed all Word files from the NDA – only pdf formats are acceptable (save labelling: pdf and Word)	
-	12.10.01	Tel contact: New CMC issues – inspection dates too late, PC agreed to earlier dates in subsequent t-con (<i>a few days later</i>) – <i>December for Norselight and Hydro?</i>	
-	16.10.01	Letter to FDA (K. Bhatt): Inspection readiness statement	
	25.10.01	Letter from Dr Maibach re reason for not conducting PC T109/01 Colour mock-ups of labels Alternative trademark	
-	25.10.01	Letter to FDA (K. Bhatt): Re: Request for Information from Dr. Laibach	
-	30.10.01	Location of rationale for assuming applicability of foreign data to US population	
-	30.10.01	Tel contact CDRH/Vidra: CFN numbers	
-	30.10.01	Confirmation that no CFN numbers exist for Norsk Hydro or Norselight	
-	30.10.01	Tel contact CDRH/Felton: 6 additional copies of vol. 66, 67 and 68	
-	30.10.01	Tel contact: PDUFA dates	
-	05.11.01	Tel contact: Methods Validation package missing	
-	06.11.01	Commitment to submit Methods Validation package 14.11.01	
-	06.11.01	Tel contact: volume rework needed volumes 1.3 – 1.8	
-	07.11.01	Volume rework – agree to resubmit reworked volumes 1.2 through 1.6 by 15.11.	
-	07.11.01	Tel contact: general issues; fileability assessment	
-	08.11.01	Tel contact: assignments of K Bhatt/new proj. mgr	
-	09.11.01	Tel contact: CDRH/Felton. PMA fileable but some questions. Software validation for microprocessor controlling on-off switch.	
	13.11.01 □copied G	Methods Validation Package submitted	1
FDA	19.11.01	Fax from FDA: 6 questions; some obsolete (1-4)	
-	26.11.01	Tel contact: new Project Mgr: Victoria (Vickey) Lutwak	
-	26.11.01 □	Tel contact: Clinical requests: carton label to be sent, clinical protocols in the US (306). See also fax from FDA 26.11.00 Fileable, but no letter will be issued.	
FDA	26.11.01 □copied G	Fax from FDA: Requests for electronic information; <i>Reply within 7.12. – serial No 001?</i> Response submitted 20.02.02	
FDA	29.11.01 □copied G	Request <i>see response submitted 20.02.02</i>	
FDA	29.11.01	Fax from FDA: Biostats questions, Biopharm questions	

		<i>Reply within 14.12. - serial No. 002?</i>	
FDA	13.12.01	Tel Contact: Ms Lutwak acknowledged receipt of diskette.	
-	17.12.01	Letter to FDA (V. Lutwak): Re: Request for information-copies of labels.	
FDA	19.12.01	Fax from FDA: 4 questions regarding PCT305/99 Response submitted....	
	19.12.01	Answers to FDA Questions of November 29, 2001 Item I and J appendices	
-	17.01.02 copied G	Submission: 120 Day Safety Update	2
-	24.01.02 copied G	Submission: Answers to FDA Questions for NDA 21-415	1
FDA	11.02.02 copied G	CMC informational request (DS and DP) Response submitted 2 April 02	
FDA	14.02.01	Tel Contact: Ms. Lutwak called to ask about timing of response	
FDA	19.02.01	FDA Approvable Letter for PMA P010061	
	20.02.02	Reponse to FDA requests 26.11.01, 29.11.01, 06.02.02	1
	21.02.02	Response to FDA request 26.11.01: A diskette containing labelling	
	21.02.02	Response to FDA request 26.11.01: A diskette containing protocols for 302, 305, 306.	
FDA	22.02.02 □copied G	Clinical/Biopharm: Validation report for PpIX assay in study 206/98 Response submitted 28.02.02	
	22.02.02	Record of Telephone Contact: Re: Approvable letter	
	28.02.02	Response to FDA request 22.02.02 <i>See new fax from FDA 18.03.02</i>	
-	15.03.02	Letter to FDA (R. Felton): Re: PMA P-010061 TCON	
FDA	15.03.02	Notice of Inspection for PMA -010061	
FDA	18.03.02□	Clinical/Biopharm Request: Calibration; Study 206/98. IMT sent response to Clementi 04.04.02 (e-mail excel spreadsheet from NO Hoem) and 08.04.02 (DHL + e-mail) Response submitted 03.05.02	
-	20.03.02	Tel Contact with Ms. Lutwak to discuss inspection procedures	
-	22.03.02 □	FDA contact rpt: Felton CDRH asked specific questions on dosing and calibration of lamp. KS sent response to Clementi XX.04.02 Response submitted 07.05.01	
-	22.03.02	Letter to FDA (P Everett): Factory Profile Information Work Sheets	
-	26.03.02	FDA contact rpt: FDA asked for when answers to questions would be received, stated that new questions were coming same day and later.	
FDA	26.03.02 □copied G	Clinical/statistics: request regarding study 302/99; e-files for studies 101 and 206. IMT sent response to Clementi 15.04.02 Response submitted 17.04.02	
FDA	28.03.02	Clinical: lesion preparation and procedures, Studies 302/99, 305/99, 306/99. Clarification FDA fax 11.04.02 IMT sent response to Clementi 10.04. (CRFs,	

	□copied G	publications) (DHL) BB/HMS sent photographs to Clementi April 02 (e-mail) HMS sent remaining response to Clementi 22.04.02 (e-mail) HMS/IMT sent requested e-file study 302/99 5.04.02 and 22.04.02 (e-mail) Response submitted 26.04.02	
	02.04.02	Response to FDA fax 11.02.02	1
	05.04.02	Request for clarification on questions 28.03.02	
	07.04.02	Drug substance Facilities Inspection; Details on Hydro Organics AS	
FDA	11.04.02	Clarification of fax 28.03.02; see response submitted...	
	12.04.02	Proposed questions for 15.04.02 t-con	
	16.04.02 copied G	Response to Facilities Inspection; Quality systems manual for medical devices, from PhotoCure and Norselight	1
-	18.04.02	FDA telephone contact; need outstanding material by 15.05.02; no advisory panel planned (no major issues); might receive "friendly labeling"	
	18.04.02	Response to FDA; Illumination and Total Energy; Two literature references.	
	19.04.02 copied G	Response to FDA fax dated 26.03.02;	1
	26.04.02 copied G	Response to FDA 28.03.2002	4
	30.04.02	Letter to FDA (M Dunnaway): Re: PMA Inspection-Quality System Procedures for PhotoCure	
FDA	30.04.02	Letter to FDA (Dr. Wilken): Pre-NDA for IND 59,221	
FDA	02.05.02 □	Request for clarification (PC T302/99); follow up of sponsor fax 19.04.02 Response submitted 06.05.02	
-	03.05.02	FDA telephone contact – Div of information and computing science regarding Word (not acceptable) vs PDF/SAS formats	
	03.05.02 copied G	Response to FDA fax 18.03.02	
	06.05.02 copied G	Response to FDA fax 02.05.02	
-	07.05.02	Several FDA telephone contacts (filed chronologically according to date)	
	07.05.02 copied G	Response to t-con 22.03.02; additional information on CureLight lamp (PMA P010061)	
-	07.05.02	FDA telephone contact re outstanding issues (none)	
-	08.05.02	FDA telephone contact – Div of information and computing science regarding Excel format, convert to SAS using "Stats Transfer"	
-	08.05.02	FDA telephone contact – request for samples would be sent by fax	
FDA	08.05.02	Request for samples (AGU/EJH/JEB)	
	10.05.03	FDA telephone contact- Disussed CMC inspections	
	15.05.02	Response to FDA – samples + documentation from Penn/Hydro	
FDA	14.05.02 □copied G	CMC informational request (DS and DP)	

		Response 23 May 2002	
FDA	21.05.02	Clinical Request for safety information on light measuring diode and horseshoe position device	
	21.05.02	FDA Telephone Contact: Mr Smith received materials	
	22.05.02	Letter to FDA (J. Wilken): Pre-NDA Briefing doc.	
	23.05.02	Response to May 14, 2002 Questions (CMC)	
	23.05.02 copied G	Response to observations noted on FDA form 483 dated May 15 (NB: Photocure inspection, not Norse Light as stated in the cover letter)	
	23.05.02 copied G	Norse Light Inspection of PhotoCure's Cure Light Lamp (PMA P-010061), #032	
	24.05.02 copied G	Response to May 21, 2002 Questions	
	28.05.02 copied G	Response to May 14, 2002 Questions 4	
	06.06.02 copied G	Response to May 20, 2002 Questions	
	11.06.02 copied G	Camera ready format of Metvix carton and tube labels	
	12.06.02 copied G	PMA P-010061 Response to Observations noted on FDA Form 483 dated May 15, 2002 Inspection at PhotoCure ASA (FEI NO 3003610539)	
	12.06.02 copied G	PMA P-010061 Response to Observations noted on FDA Form 483 dated May 15, 2002 Inspection at NorseLight (FEI NO 3003610534)	
FDA	15.06.02 copied G	FDA: Request lightmeasuring probe details. etc	
	17.06.02 copied G	PMA P-010061 (Serial 002) Response to Observations noted on FDA Form 483 dated May 10, 2002 Inspection at PhotoCure ASA (FEI NO 3003610539)	
	17.06.02	Telephone contact record: Forthcoming meeting, time, place etc	
	18.06.02 copied G	Amendment 3 to PMA P-010061 Fulfilment of Approvability Requirements	
	20.06.02 copied G	PMA P-010061 Response to Observation 3A, 10B and 10C noted on FDA Form 483 dated May 10, 2002 Inspection at PhotoCure ASA (FEI NO 3003610539)	
	20.06.02 copied G	PMA P-010061 Response to Observations 2 noted on FDA Form 483 dated May 10, 2002 Inspection at NorseLight (FEI NO 3002922439)	
FDA	25.06.02	FDA Request for Information : Safety questions	
	26.06.02 copied G	PMA P-010061 Response to Observations noted on FDA Form 483 dated May 10, 2002 Inspection at NorseLight (FEI NO 3002922434)	1
	26.06.02	Telephone contact record: 483 submissions to FDA – copies to Document Control Room	
	26.06.02	Telephone contact record: Post marketing adverse events	
	26.06.02	Telephone contact record: Trademark issue	
	27.06.02	Telephone contact record: from Office of Compliance	

	27.06.02 copied G	Response to June 26, 2002 TCON:Post marketing adverse events	
	28.06.02 copied G	Response to clarification request for questions presented by facsimile to PhotoCure 26.06: Use of Tegaderm + Pad and illumination/lamp details	2
	28.06.02 copied G	Response to Observations noted on FDA form 483 dated May 10, Inspection at PhotoCure ASA (FEI 3303610539)	
	08.07.02	Telephone contact record: Reminders from Clementi	
	12.07.02 copied G	PMA P-010061 Supplement to response to Observation 2 (FEI 3303610539)	1
#057	17.07.02 copied G	PhotoCure's Pre-NDA Meeting Minutes	
FDA	18.07.0 copied G	FDA: Trade name, Comments to the sponsor Request for Additional Trade Names	
	22.07.02 copied G	PMA P-010061 Response to FDA Question; Disinfections of the lamp	
	22.07.02 copied G	Telephone contact: Disinfections of the lamp	
FDA	23.07.02	Comments to the sponsor: Re: Tradename	
	24.07.02 Copied G	Response to FDA Question 1-13 July 13, 2002	
	30.07.02 copied G	Response to TCON 26.07.02; PhotoCure's understanding of anticipated regulatory actions	
	05.08.02 copied G	Follow up on disinfections issue from TCON 02.08.02	
	05.08.02 copied G	Action letter discussion	
	08.08.02 copied G	Follow up on "Response to TCON 26.07.02" dated 30.07 - contact hypersensitivity	
	16.09.02	NDA 21-415, Draft reviewers comments re: Meeting Briefing document	
	18.09.02	Telephone Contact Record: Request for information about the review/TCON	
	20.09.02	TCON record: Approvable letter on it's way	
FDA	20.09.02 copied G	FDA: Approvable letter	
	26.09.02 27.09.00	Request for meeting to discuss the further steps of the application	
	07.10.02	TCON record: Comments to briefing document and meeting arrangements	
	16.10.02	Confirmation of meeting 16, 12.02	
	20.10.02	Telephone contact FDA:No establishment fee for device manufacturers	
	24.10.02	Telephone contact FDA: Norselight EIR	
	28.10.02	Telephone contact FDA: Establishment fee for device manufacturers	
	01.11.02	Telephone contact FDA: Samples FDA (100)	
	04.11.02	Telephone contact FDA: Establishment fee for device manufacturers	
	19.11.02	Telephone contact FDA: Meeting date December	
	20.11.02	Telephone contact FDA: User fee made by Galderma	
	20.11.02	Telephone contact FDA: Approval of PMA	

	20.11.02	Telephone contact FDA: Samples FDA (50)	
	25.11.02	Telephone contact FDA: Briefing doc one day delay	
	25.11.02	Telephone contact FDA: Briefing doc. For 16 December meeting one day delay	
	29.11.02	Response to action letter (copied G)	1
	12.12.02	Telephone contact FDA: Fees, submission of 2656	
	21.01.2003	BCC as Amendment to NDA 21-415	
	06 Feb 03	Request for TCON for AK/BCC filing	
	24.Mar 03	FDA: Meeting minutes from 16 December 2002, Approvable letter discussions	
FDA	24 Apr 03	FDA Request for Registration information	
	1 May 03	Letter to FDA (M.Owens): Re: description of lamps	
	5 May 03	Letter to FDA (M.Harris): Re: description of lamps	
	03 Jun 03	Registration of foreign drug establishment, further to letter dated 14 November 2002	
	10 Jun 01	PMA: Telephone contact MR Felten, submission details	
	12 Jun 03	Submission of site audit books for PC T307/00 center 02 and 07 inspection	
	11 July 03	Letter to FDA (J. Wilken): CMC information, proposal for spec changes, updated stability	1
	16 July 03	AK-amendment submission (copied G)	9
	24 July 03	Electronic media only – CD-ROM response to Approvable letter (cover letter copied G)	
	19 Aug 03	2 Extra CD-ROMS for labeling (copied G)	
	29 Aug 03	An extra copy of Approvable Letter Amendment; Volume 1 (copied G)	
	04 Sept 03	2 more copies of the Metvix Instruction Video (copied G)	
	06 Spet 03	FDA Telephone contact: K Bhatt requested e-copy of Protocol PC T308/99	
	30 Sept 03	FDA: Request for electronic copy of Amendment document + PC T110/03 (copied G)	
	02 Oct 03	Response requested 30 September 2003 (copied G)	
	15 Oct 03	FDA: Request for Information NDA 21-415 (copied G)	
	30 Oct 03	Response to Information request of 15 Oct	1
	6 Nov 03	PMA – P010061 Annotated User Manual Broadband	
	14 Nov 03	FDA: Request for Information: Patient Product Insert	
	14 Nov 03	FDA: Request for Information: Gloves	
	17 Nov 03	PMA – P010061: Resubmission of Erroneous S-006 as A-011 (6 Nov 03 submission of User Manual)	
	21 Nov 03	FDA: Request for Safety Update	
	21 Nov 03	Annual Report for IND 59,756 – ARKIVED UNDER IND 59,756	1
	21 Nov 03	Response to Request for Informational Needs, (re-write PPI)	
	21 Nov 03	Response to Request for Informational Needs (analytical data regarding gloves)	
	03 Dec 03	Safety Update submission	
	08 Dec 03	FDA: Clinical request for information – Safety Update issues	
	08 Dec 03	FDA: Biopharm request for information – PK studies	
	12 Dec 03	Response to 8 Dec 03 request: Safety issues	

	12 Dec 03	Response to 8 Dec 03 request: Biopharmaceutics	
	15 Dec 03	Change in name and address for Clementi and Associates	
	17 Dec 03	Tradename for MAL PDT	
	17 Dec 03	FDA: Minutes from the 12/4/03 TCON	
	09 Jan 04	FDA: Draft label	
	09 Jan 04	Telephone contacts with FDA and Melinda Harris	
	09 Jan 04	Telephone contacts with FDA and Melinda Harris, Draft Label from FDA	
	12 Jan 04	Telephone contacts with FDA and Melinda Harris	
	13 Jan 04	Label Revisions	
	14 Jan 04	Draft labeling (Serial #63)	
	14 Jan 04	Telephone contacts with FDA, DV, LSK, MJKF and MH	
	14 Jan 04	FDA: Revised draft label	
	14 Jan 04	Telephone contacts with FDA and Melinda Harris	
	14 Jan 04	Telephone contacts with FDA and Melinda Harris, Labeling Update	
	14 Jan 04	Telephone contacts with FDA and Richard Felton	
	15 Jan 04	Draft labeling (Serial #64)	
	16 Jan 04	Draft labeling (serial #65)	
	16 Jan 04	FDA: Action letter NDA 21-415	
	20 Jan 04	Telephone contacts with FDA and Mary Jean Kozmo-Fanarro	
	20 Jan 04	Telephone contacts with FDA and Mary Jean Kozmo-Fanarro, Approval Letter Procedures	
	20 Jan 04	Telephone contacts with FDA and Jim Sailor	
	22 Jan 04	Serial # 66 Response to Approvable Letter dated January 17, 2004	
	22 Jan 04	PMA P010061 Amendment 007	1
	23 Jan 04	Serial # 67 Copy of letter to Felten	
	17 Feb 04	Telephone contacts with FDA: Richard Felton, Review of PMA by March 1, 2004	
	15 Mar 04	Telephone contacts with FDA: R. Felten; PMA review by April 1	
	16 Mar 04	FDA Request: Poster information Patient 2009 in PC T307/00	
	17 Mar 04	Telephone contacts with FDA: Margo Owns, Follow up in information Need	
	17 Mar 04	PMA: Confirmation of conversation, evaluation completed by April 1, 2004	
	18 Mar 04	FDA: Copy of Poster sent at our request.	
	30 March 04	Telephone contact: R: Felten Completeion date for review CDRH: April 9	
	3 May 04	Telephone contact: Melinda Harris, label	
	3 May 04	Telephone contact: Melinda Harris, review status	
	3 May 04	Telephone contact: Sheila Brown, review status	
	3 May 04	Telephone contact: Mr Felten, completed review PMA	
	6 May 04	Telephone contact: Melinda Harris, request for a TCON May 10	
	7 May 04	Telephone contact: Mr Felten; Review status	
	10 May 04	FDA: Memorandum of telecon about safety updates, chemistry and CDRH review	
	19 May 04	Telephone contact: Mr Felten; Left message and asked	

		if the PMA had been signed off.	
	25 May 04	Complete reponse to NDA 21-415 (Type I submission): Final draft labeling and safety Update May 2004.	1 volume
	7 June 04	Telephone contact: M Harris; FDA requesting line listings from study 112-03 and protocol	
	10 June 04	Further to conversation of June 7; Study PC T112/03 Report, protocol and line listings	1 volume
	15 June 04	Telephone contacts various FDA personnel; clinical data PC T112 accepted as Type I filing and decision date is July 27.	
	22 June 04	Letter to Felten; PMA review completed and no issues will be raised prior to PDUFA date	
	24 June 04	Telephone contact: Melinda Harris; Name rejection	
	19 July 04	FDA: Tradename Metvix is not acceptable	
71	22 July 04	Request for name change:	
72	21 July 04	Phase 4 study commitments	
	27 July 04	FDA: Revised label, request for acceptability	
	27 July 04	PC agree to the proposed changes to the labelling	
	27 July 04	FDA: Action letter NDA 21-415, approved application	
	28 July 04	FDA: PMA approved	
73	28 July 04	Acceptance of Label Changes	