



Docetaxel-PNP (Docetaxel, anhydrous)

Resistant Cancers (clinical stage)

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Docetaxel-PNP (Polymeric Nano-Particle)

1. Unmet Needs of existing chemotherapy

- Shortcoming of conventional Docetaxel formulation
 - Tween-80 originated hypersensitivity, requires premedication
 - Short period of blood circulation, limited efficacy
- Opportunities to improve therapy
 - Prolonged exposure of docetaxel to tumor
 - Minimizing the systemic toxicity related to vehicle

2. PNP (Polymeric Nano-Particle)



- Feature of PNP (Polymeric Nano-Particle)
- Nanometer size particle (10 ~ 1,000 nm)
- Sustained release of Docetaxel
- Biocompatible & biodegradable polymer

3. Expected Dosage and Administration

- No premedication required
- Indicated for the treatment of various advanced/resistant cancers
- Dosage information & treatment cycle (undecided)



Pre-Clinical Study of Docetaxel-PNP (SYP-0709)

1. Pharmacokinetic studies

- Animal : ICR mice (8 weeks, ca. 28 g), n=5
- Group and Dose: Docetaxel-PNP (10 mg/kg) Docetaxel conventional formulation (10 mg/kg) via tail vein
- RESULT: Longer blood circulation higher AUC & slower clearance

- Animal: Female nu/nu athymic mice with H1299 xenograft (8 weeks, ca. 20 g), n=5
- Group and Dose: Docetaxel-PNP (10 mg/kg) Docetaxel conventional formulation (10 mg/kg) via tail vein
- RESULT: Higher accumulation in tumor tissue



2. MTD (Maximum Tolerance Dose), In vivo Efficacy

- Animal: MDA-MB435 Xenograft tumor model, Cancer cell line: Human breast cancer cell line
- Group and Dose: Docetaxel-PNP (8, 10, 13 mg/kg),
- Docetaxel conventional formulation (13 mg/kg), 3 times/day x3 days
- RESULT: Similar MTD between Docetaxel-PNP and Docetaxel conventional formulation \rightarrow 13 mg/kg Superior efficacy in animal tumor models at equivalent or lower dose





Pre-Clinical study

3. Hypersensitivity Study

- Animal : Beagle Dogs (n=3~4)
- Dosing Regimen : iv infusion for 30 minutes
- Dose: 0.35, 0.7, 1.4 mg/kg
- Sampling: 30 minutes after the start of iv infusion
- Premedication: Not treated
- RESULT: No hypersensitive reaction



 Docetaxel-PNP treated



- Conventional formula treated
- Superior therapeutic profile preclinical studies compared with Docetaxel conventional formulation
- Desirable pharmacokinetic profile
- Longer blood circulation: higher AUC & slower clearance
- Higher accumulation in tumor tissue
- Superior efficacy in animal models at equivalent or lower dose
- **Possibly lower toxicity** Free from hypersensitivity reactions attributed to Tween-80

Phase I Clinical Study completed

1. Synopsis of the Study

- Trial Objectives
 - ✓ Primary: the MTD and Recommended Ph II Dose
 - ✓ Secondary: the DLT and the PK on Day 1 of 1st cycle
- No. of Subjects: 3~6 patients for each group
- Dose level: 20 → 35 → 45 → 60 → 75 → 90 mg/m2
- Evaluation: DLT (only for 1st Cycle), MTD (2 DLTs in a dose level) Parmacokinetics, Safety, ORR

2. Conclusion

- MTD & Recommended Dose
- MTD: tentatively 75 mg/m2
- Recommended Dose: 45~60 mg/m2
- Pharmacokinetics
- AUC: AUC of 60~80% dose in Docetaxel-PNP group is similar to the AUC in Taxotere® Group
- T1/2: 1.5 to 2 times longer than Taxotere®
- Safety
- Main adverse event: Neutropenia due to the long circulation in blood
- Other adverse event (Diarrhea, Myalgia, Alopecia, Asthenia)
 - : lower grade compared to Taxotere®



Summary

1. Advantage of Docetaxel-PNP

• Enhanced stability of

'Polymeric Nano-Particle containing Docetaxel' in blood

- \rightarrow Longer blood circulation
- \rightarrow Prolonged drug exposure to tumor cells
- → Superior efficacy
- Elimination of solubilizer-related hyper-sensitivity reactions
 → No Premedication

2. Current Status

- In Korea,
 - Phase I completed (Apr/2010 ~ Dec/2011)
 - Phase II ready
- To Worldwide
 - Open for Technology Transfer
 - Open to discuss various biz model based on Samyang's EU-GMP of oncologic drugs