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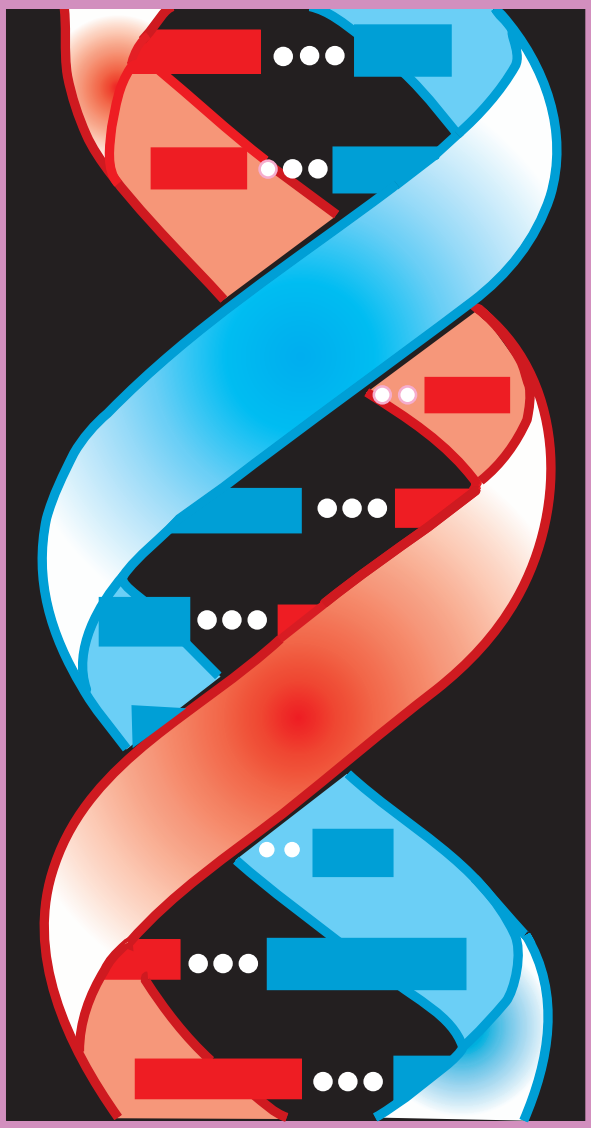

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VOLUME 19 NUMBER 7 PAGES 97-112

The mission of this magazine is to transform the expanding information on cancer research into understandable language to the curious and the informed.

Drug inhibiting DNA-repair Shrinks Some Breast&Ovarian Tumors

New Treatment Target in ER-positive Breast Cancer

Zoledronic Acid&Post-surgical Hormone Therapy in Breast Cancer

Entinostat & Aromatase Inhibitor in Cytotoxic Therapy

Adherence Low among Women Taking Adjuvant Hormone Therapy

NSCLC: Ipilimumab+Phased Paclitaxel/Carboplatin Extends irPFS

NSCLC: High ORR and PFS with Investigational EGFR-TKI

Iniparib Tolerated w/ Temozolimide+Radiotherapy for BrainCancer

Aldesleukin in Metastatic Renal Cell Carcinoma

Deferasirox Is Effective for Pediatric Beta-Thalassemia

Dasatinib: High Overall Survival Rate After 4 Years in CP-CML

Carbazitaxel in Prostate Cancer After Docetaxel Therapy Failure

Radium-223 and Castration-Resistant Metastatic Prostate Cancer

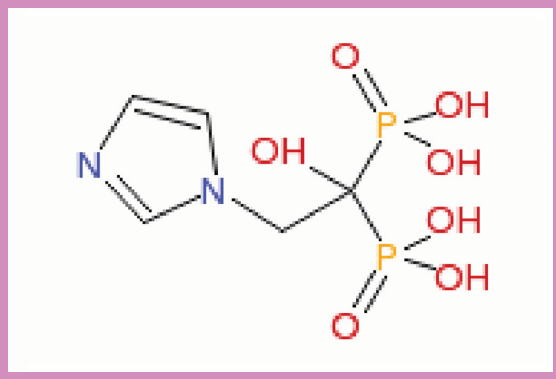
Robust Response in Metastatic Melanoma to Rose Bengal (PV-10)

Assay to Predict Best Chemo for Endometrial Cancer Patients

New Way to Shield Vision During Radiation for Eye Cancer

Researchers Observe Real Time Tumor Death

Glossary



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Robust Response in Metastatic Melanoma to Rose Bengal (PV-10)

Rose Bengal's most common medical use, since its original development in the 1870s as a coal-tar derived wool dye, has been as a stain for diagnosing ocular pathologies. A study of chemoblation of metastatic melanoma with a 10% Rose Bengal solution (PV-10) presented at the 2010 Annual Meeting of the American Society of Clinical Oncology (ASCO), revealed robust responses in a majority of patients.

The phase 2 trial, stated Sanjiv Agarwala, MD, section chief of hematology/oncology at St. Luke's Hospital and Health Network in Bethlehem, Pennsylvania, enrolled 80 patients with measurable Stage III-IV melanoma. All received initial treatment with PV-10 in up to 20 cutaneous, subcutaneous or nodal lesions. New or incompletely responsive lesions were retreated at weeks 8, 12 or 16, with follow-up to 52 weeks. Target lesions were ≥ 0.2 cm diameter, with at least one confirmed by biopsy. Investigators were allowed to leave 1 or 2 lesions untreated, among which were included some visceral lesions. The recently completed study's primary endpoint was response rate of injected lesions.

Among the first 40 subjects (median age 74.5 years, range 37-92) to complete the study, 26 were male. Median time from diagnosis with metastatic melanoma and enrollment was 34 months. Dr. Agarwala reported that 33% of patients achieved a complete response (CR), 28% partial remission (PR) and 20% stable disease (SD) in their target lesions. Also 33% of 21 subjects with evaluable bystander lesions achieved CR of these lesions, along with 10% achieving PR and 14% achieving SD. Mean progression-free survival (PFS) for all subjects was 8.5 months.

"What's really interesting is that we are seeing responses not only in the injected lesions, but in lesions that we are not injecting. So we think the systemic effect is based on the immune system," Dr. Agarwala said. Dr. Agarwala noted further that a significantly longer PFS (11.1 months) was achieved by subjects with an overall response than by those with SD or progressive disease (2.8 and 2.7 months, respectively).

Adverse events, in general, were predominantly mild-to-moderate, and no grade 4 or 5 adverse events were reported.

Dr. Agarwala concluded, "PV-10/Rose Bengal 10% solution offers potential locoregional control of metastatic disease," He said also that responses of injected lesions appear to be unrelated to disease stage or prior treatment. The safety and efficacy profile of PV-10 compares favorably with available and emerging options for this patient population, Dr. Agarwala added.

Beyond melanoma, PV-10 is currently being evaluated in treatment of primary and metastatic tumors of the liver. Ultimately, systemic administration of PV-10 may be explored for certain indications. ❑