

Abstract # 11105

TITLE: MCS110, AN ANTI-CSF-1 ANTIBODY, FOR THE TREATMENT OF PIGMENTED VILLONODULAR SYNOVITIS (PVNS)

AUTHORS: Edward Y. Cheng¹, Anna Kudlidjian⁵, Joel A. Block⁷, Steven Gitelis², Robert M. Henshaw³, Breeelyn A. Wilky⁴, Jonathan C. Trent⁴, John A. Abraham⁶, Ursula Schramm⁸, Pascale Pinot⁸, YINUO Pang⁹, Marie-Anne Valentin⁸, Babul Borah⁹, Liewen Jiang⁸, Ronenn Roubenoff⁹

INSTITUTIONS:

1. Orthopaedic Surgery, University of Minnesota Masonic Cancer Center, Minneapolis, MN, United States.
2. Orthopaedic Surgery, Rush Medical College, Chicago, IL, United States.
3. Orthopedic Oncology, MedStar Washington Cancer Institute, Washington, DC, United States.
4. Hematology/Oncology, University of Miami, Miami, FL, United States.
5. Orthopaedic Surgery, University of San Diego, San Diego, CA, United States.
6. Orthopaedic Surgery, Rothman Institute, Philadelphia, PA, United States.
7. Rheumatology, Rush Medical College, Chicago, IL, United States.
8. Novartis Institutes for BioMedical Research, Basel, Switzerland.
9. Novartis Institutes for BioMedical Research, Cambridge, MA, United States.

ABSTRACT BODY:

Objective:

MCS110, a monoclonal antibody against macrophage colony stimulating factor CSF-1, was tested for the treatment of pigmented villonodular synovitis (PVNS), a rare joint tumor mainly located in the knee, shoulder, hip or elbow. PVNS is driven by an overexpression of CSF-1 most likely due to a gene translocation. Tumor tissue mainly consists of CSF-1R bearing macrophages, which are attracted by locally high levels of CSF-1.

Methods:

Newly diagnosed or relapse patients with PVNS were enrolled in this single dose, randomized, placebo controlled multi-center study. The objectives of the study were to assess safety, tolerability, and efficacy of MCS110 in reducing the tumor volume from baseline to 4 weeks post-dose measured by MRI. MRI volume was determined centrally by two independent, blinded radiologists (summation of area x slice width for all proton density slices) and geometrical mean values were used for calculation.

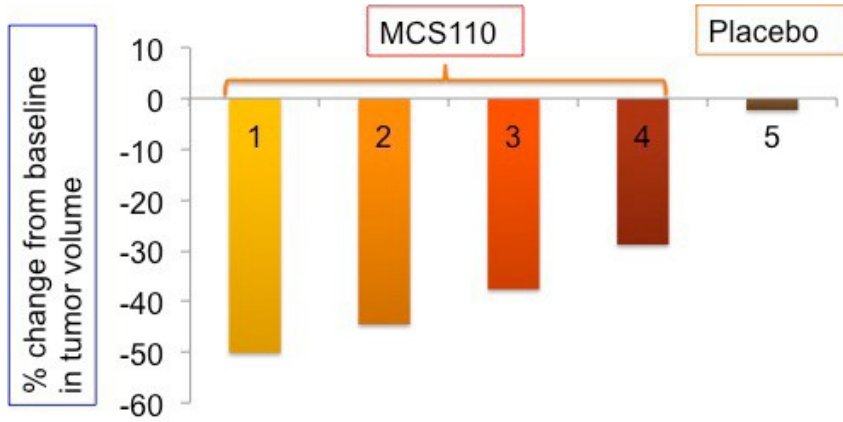
Results:

Three female and two male patients with PVNS in the knee, shoulder or elbow with a mean age of 45.2 years were treated with a single dose of 10 mg/kg MCS110 (4) or placebo (1). MCS110 was well tolerated, with no drug related adverse events (AEs). AEs were mild and uncommon. Tumor volume, determined 4 weeks after a single dose of 10 mg/kg MCS110 or placebo demonstrated a mean reduction in tumor volume by MRI of 40% in MCS110 treated patients versus 2% in the single placebo dosed patient. In parallel, clinical symptoms (joint range of motion) improved and the expected pharmacodynamics effects, such as CD14+ monocyte and

CTX-I reduction and transient CK increase were observed in MCS110 treated patients.

Conclusion:

MCS110 was well tolerated and demonstrated a clear reduction of PVNS tumor volume. The study will continue with a multiple dose administration protocol of MCS110 with a goal of tumor ablation.



Tumor volume change



Tumor volume -29%, MRI knee, Sagittal 2D PD-w fast Spin Echo Fat Suppression