

# An open-label Phase I/IIa study to evaluate the safety and efficacy of CCS1477 as monotherapy and in combination in patients with advanced solid/metastatic tumours

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Abstract: TPS5089



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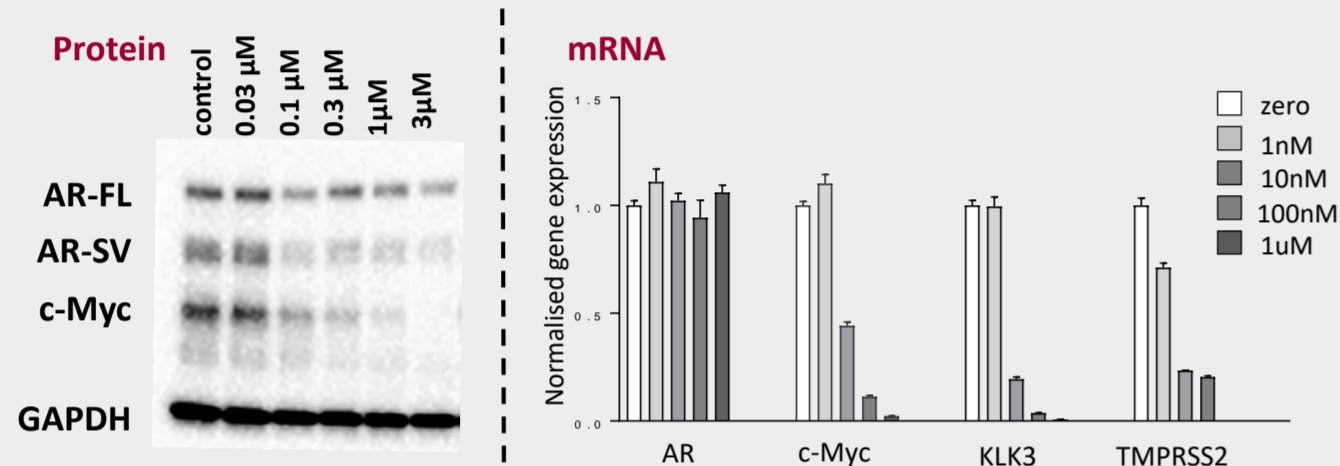


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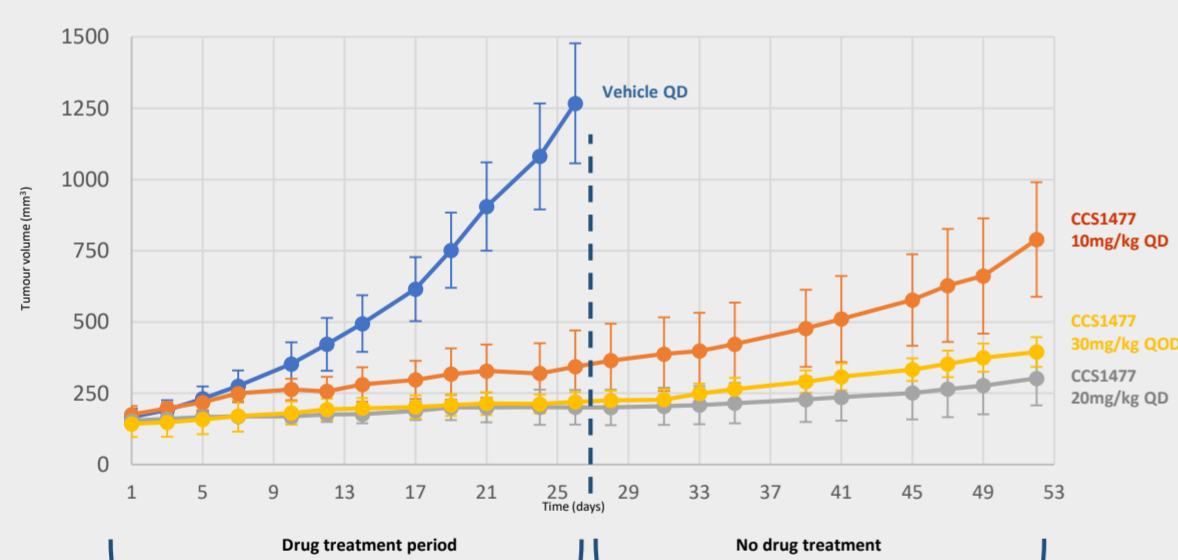


## Background

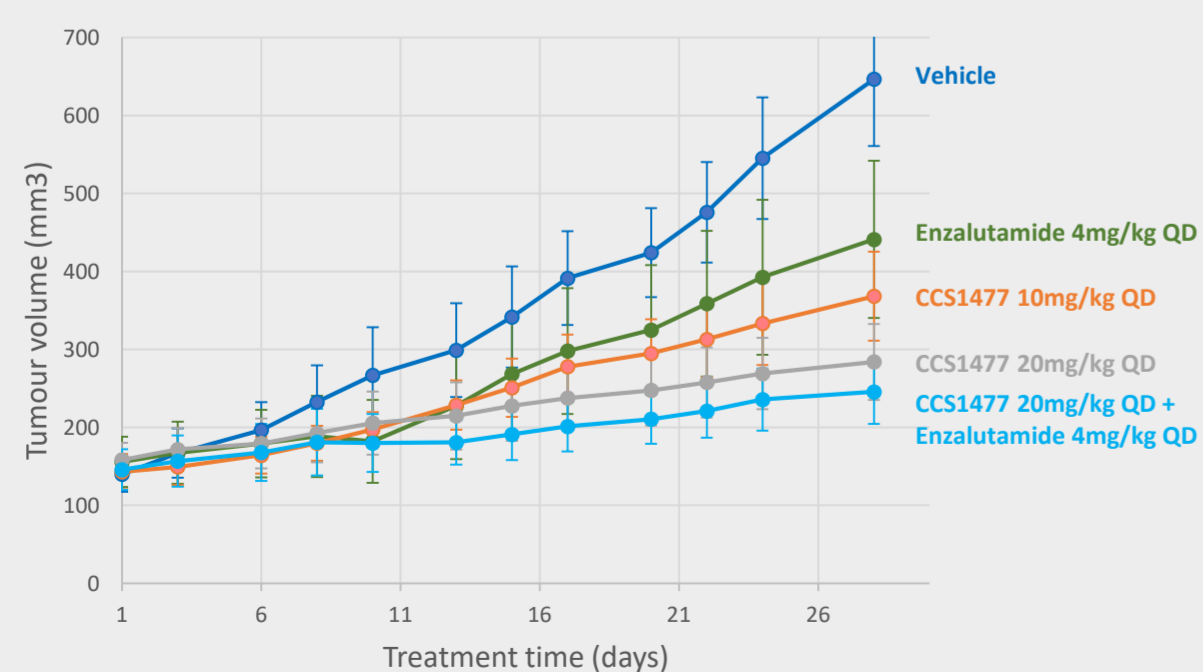
- CCS1477 is a potent, selective and orally bioavailable inhibitor of the bromodomain of p300 and CBP
- CCS1477 inhibits the expression and function of AR-FL, AR-SV and c-Myc



- CCS1477 monotherapy causes complete tumour stasis in a 22Rv1 xenograft model of CRPC, with continued tumour growth block following drug withdrawal

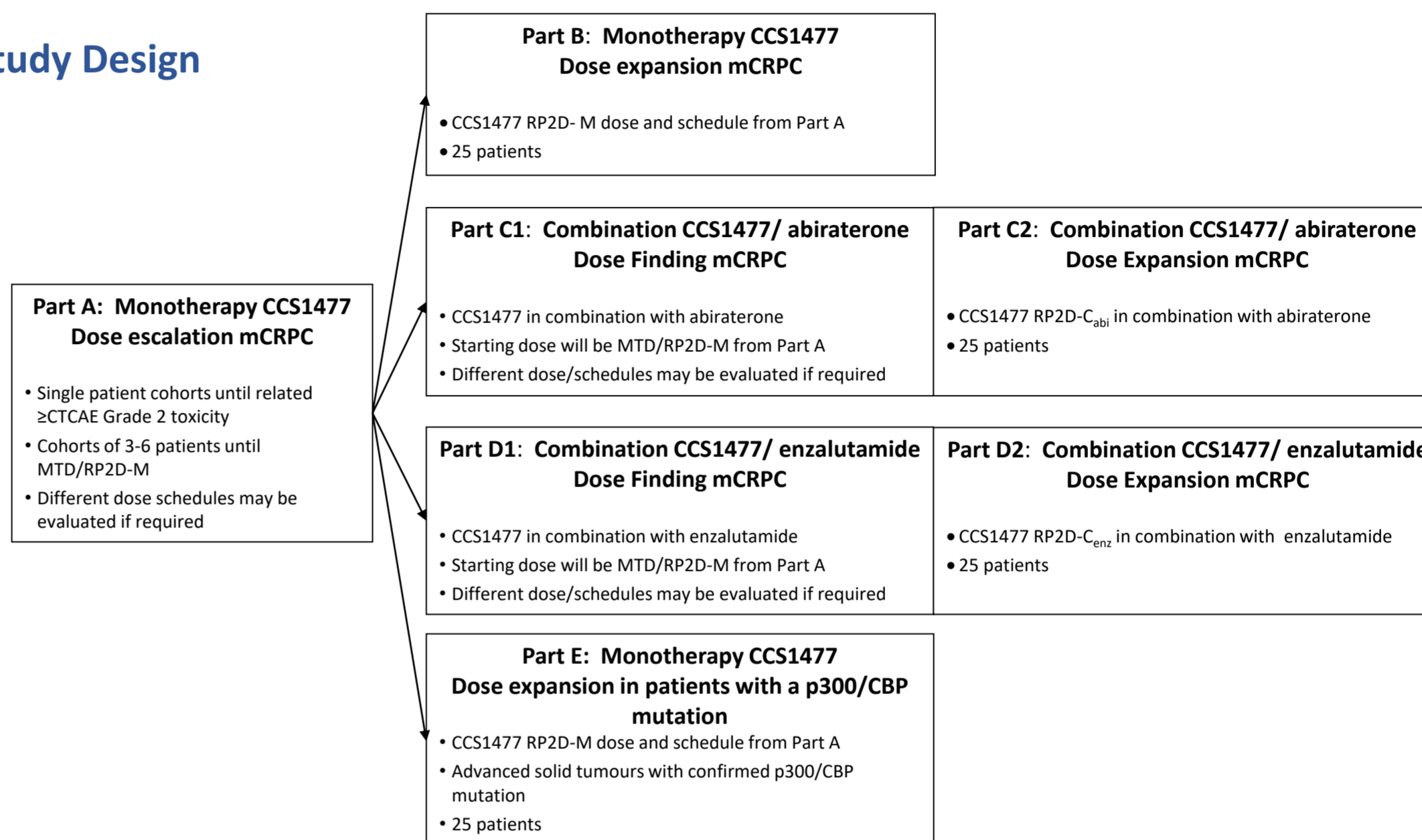


- CCS1477 combines with enzalutamide to inhibit tumour growth in a bicalutamide resistant LNCaP xenograft model



- CCS1477 represents a new therapeutic option for prostate cancer patients who have progressed after failure of, or in combination with, anti-androgens such as enzalutamide or abiraterone

## Study Design



### Primary objective

- Investigate the safety and tolerability of CCS1477 as monotherapy and in combination with abiraterone or enzalutamide

### Secondary objectives

- Obtain a preliminary assessment of the anti-tumour activity of CCS1477 as monotherapy and in combination with abiraterone or enzalutamide in patients with mCRPC by measurement of changes in PSA, CTCs, RECIST and metastatic bone disease status
- Characterise the PK of CCS1477, following a single dose and at steady state after multiple dosing, when given as a single agent or in combination
- Characterise the PK of abiraterone and enzalutamide when dosed in combination with CCS1477
- Obtain a preliminary assessment of the anti-tumour activity of CCS1477 in patients with advanced solid tumours with a confirmed mutation in p300 or CBP

### Patient criteria

#### For patients with mCRPC

- Previous treatment with abiraterone and/or enzalutamide and a taxane (unless ineligible or refused)
- Evidence of disease progression (PCWG-3 guidelines)
- For parts C&D, patients whose last dose of abiraterone or enzalutamide is >6 months prior to start of study will receive a 4-wk run-in treatment to confirm refractoriness to treatment

#### For patients with a solid tumour p300/CBP mutation

- Histological or cytological confirmation of malignancy that is advanced and not considered to be appropriate for further approved/standard of care treatment
- Advanced solid tumour with a confirmed mutation in p300 or CBP

### Status

- Cohort 1 and 2 of dose-escalation (rolling 6 design; 3-6 patients/cohort) has completed
- Currently recruiting to Cohort 3

