Trends-in-Medicine

Quick Takes

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Trends-in-Medicine
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…Highlights from this week's news affecting drugs and devices in development…

SHORT TAKES

- **ARENA PHARMACEUTICALS' ADP-916** started a 72-patient Phase I tolerability and safety study in narcolepsy and cataplexy.
- **ASTRAZENECA's Seroquel (quetiapine)** – A New Jersey state court jury ruled in favor of the company and rejected a Louisiana plaintiff's claim that Seroquel caused his diabetes. This was the first product liability case to reach trial after nine others were dismissed by federal or state judges.
- **GRACEWAY PHARMACEUTICALS' Zyclara (imiquimod topical cream)** was approved by the FDA to treat actinic keratoses (AK) on the face or balding scalp, a pre-cancerous lesion which affects as many as 10 million Americans.
- **PONIARD PHARMACEUTICALS' picoplatin** program in small cell lung cancer is being dropped, but the company will continue to investigate the drug for other cancers, including colorectal and ovarian cancers.
- **RECKITT BENCKISER** announced it will buy back the rights to Suboxone (buprenorphine + naloxone), Subutex (buprenorphine), and Temgesic (buprenorphine) from Merck for $152.7 million.
- **VIVUS's Qnexa (phentermine + topiramate)** is scheduled to be reviewed by an FDA advisory panel on July 15, 2010. The PDUFA date is October 28, 2010.

NEWS IN BRIEF

ABRAXIS BIOSCIENCE's Abraxane (nanoparticle albumin-bound paclitaxel) – effective in NSCLC, 2011 sNDA planned

In top-line results from a Phase III study of 1,052 non-small cell lung cancer patients, Abraxane significantly improved response rates vs. Bristol-Myers Squibb's Taxol (solvent-based paclitaxel). The full results of the clinical trial will be presented at the American Society of Clinical Oncology (ASCO) meeting in June 2010. Abraxane, which delivers higher concentrations of drug directly to tumors, received FDA approval in 2005 for metastatic breast cancer after combination chemotherapy treatment failure or relapse after adjuvant chemotherapy and is being investigated for

expanded indications for metastatic breast cancer. The company also is pursuing Abraxane for potential treatment of malignant melanoma, gastric cancers, and pancreatic cancer.

ATRITECH's Watchman – FDA requests more research

The FDA asked Atritech to perform an additional study to confirm the safety of the Watchman left atrial appendage closure device in patients with atrial fibrillation at increased risk of stroke and who are eligible for anticoagulation therapy. The device was studied in the PROTECT-AF trial, and investigators found a two-fold increase in safety events, most commonly pericardial effusion, among patients receiving the Watchman implant vs. those taking warfarin. However, the 800-patient study did show a 32% reduction in relative risk for the primary endpoints of stroke, cardiovascular death, unexplained death, and systemic embolization (HR=0.68) among those receiving the device. In addition, 87% of Watchman patients were able to discontinue warfarin therapy at Day 45, and 93% had permanently discontinued warfarin treatment at Month 12.

BIOFORM MEDICAL/DERMIK's Radiesse/Sculptra – CMS will pay for use in some HIV patients

The Centers for Medicare and Medicaid Services (CMS) announced it will pay for Radiesse and Sculptra dermal filler injections for some HIV patients with facial lipodystrophy syndrome caused by antiretroviral therapy. The injections will only be covered for patients in whom the facial disfigurement is a significant contributor to depression, according to the CMS decision.

CAMERON HEALTH's S-ICD System – Pivotal trial starting

Cameron Health will begin a pivotal trial aiming to secure U.S. approval for its minimally-invasive, Subcutaneous Implantable Defibrillator System for use in patients at risk of sudden cardiac arrest. The system, which received a C.E. Mark in 2009, does not require lead placement in the heart. The FDA approved the prospective, single-arm trial design under an investigational device exemption (IDE). The trial will include up to 330 patients at 35 sites worldwide, and the primary endpoints are arrhythmia conversion rate and device complication rate at six months.

CELL THERAPEUTICS' Pixuvri (pixantrone) – FDA panel unanimously recommends against approval

The FDA's Oncologic Drugs Advisory Committee voted unanimously to recommend that the FDA reject approval for Pixuvri, developed to treat refractory or relapsed, aggressive non-Hodgkin's lymphoma (NHL). The FDA action (PDUFA) date is April 23, 2010. Advisory panel members said the one clinical trial using the drug in patients with NHL who had previously failed two currently-available treatments provided insufficient evidence of efficacy, and some suggested that Cell Therapeutics conduct trials using Pixuvri in combination with other treatments, rather than as monotherapy.

CHEMGENEX's Omapro (omacetaxine mepesuccinate) – FDA wants more clinical data

The FDA's Oncologic Drugs Advisory Committee (ODAC) voted 7 to 1 that the FDA should require additional clinical data before approving Omapro and ensure that a uniform test is used to identify patients who are candidates for the chronic myeloid leukemia (CML) drug. Omapro is intended to treat CML patients with the T315I gene mutation which causes resistance to more effective and less toxic agents, including Novartis's Gleevec (imatinib) and alternative treatments such as Novartis's Tasigna (nilotinib) for Philadelphia chromosome positive CML and Bristol-Myers Squibb's Sprycel (dasatinib) for Philadelphia chromosome positive acute lymphoblastic leukemia. ODAC did not question the efficacy of Omapro for T315I CML patients, but the panel felt the trial results presented included data on patients not confirmed to have the mutation. ChemGenex said it is working on the diagnostic issue and will meet with the FDA on April 9, 2010, to review approval strategy. Reported studies show that half of CML patients develop resistance to Gleevec, and of those, an estimated 15% have the T315I mutation.

GENZYME – FDA plans enforcement action against Allston MA plant

After failing regulatory inspections continuously since 2008, the FDA announced it will "take enforcement action to ensure that products manufactured at the plant are made in compliance with good manufacturing practice regulations." The Allston plant manufactures Cerezyme (imiglucerase) for Gaucher disease, Fabrazyme (agalsidase beta) for Fabry disease, and Thyrogen (thyrotropin alfa) for the detection and treatment of thyroid cancer.

Genzyme officials said they expect the enforcement action to be a consent decree, which would require regular third-party plant inspections. The FDA also intends to seek penalties, but the amount of any fines is yet to be worked out between Genzyme and the Agency.

In June 2009 the plant was temporarily closed because of viral contamination resulting in shortages of Cerezyme and Fabrazyme. Genzyme officials claim a consent decree would not affect Cerezyme and Fabrazyme production but admitted that Thyrogen production could be disrupted.

In addition to paying for the third-party monitor, Genzyme is expected to have to pay hefty fines and penalties.

The question is if this will impact – positively or negatively – the company's focus on alemtuzumab in multiple sclerosis?

MELA SCIENCES' MelaFind – rejected by FDA

The FDA issued a ***not approvable*** letter to Mela Sciences for its skin cancer screening device, MelaFind, and extended the PMA review date by 180 days, asking that the company provide additional information. The PMA is based on results of a clinical trial designed under a binding special protocol agreement (SPA) with the FDA, which showed that, in examining 1,831 pigmented lesions, the hand-held imaging device was 2.5 times more likely to accurately identify melanomas than was a conventional clinical examination by a dermatologist.

Pain clinics – now problems with cities?

One Florida city does not a trend make, but now a second Florida city is considering an ordinance that would make it more difficult for a pain clinic to set up in that town. The question is whether this idea will spread. Will pain clinics become like strip clubs and adult bookstores – relegated to certain parts of a town or excluded altogether from some towns?

Delray Beach FL doesn't ban pain management clinics, but it makes it tough for them to get approved if they dispense narcotics on site. The Port St. Lucie FL city council is considering a similar ordinance. A local news report said the Port St. Lucie police department has reported an "increase in the number of pain management clinics in the city that are dispensing drugs such as oxycodone without proper medical supervision." The new city ordinance would legally define medical offices and pharmacies and would prohibit dispensing certain narcotics at pain clinics.

A third Florida city (Stuart) recently imposed a three-month moratorium on requests for new pain clinics within its city limits.

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