

# **Intra-arterial Targeted Delivery of Gemcitabine in Treatment of Patients with Loco-regional Pancreatic Tumors**

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## Disclosures

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Aim: A dose escalation study of Gemcitabine for treatment of unresectable pancreatic cancer, using a targeted intra-arterial delivery catheter (RenovoCath™).

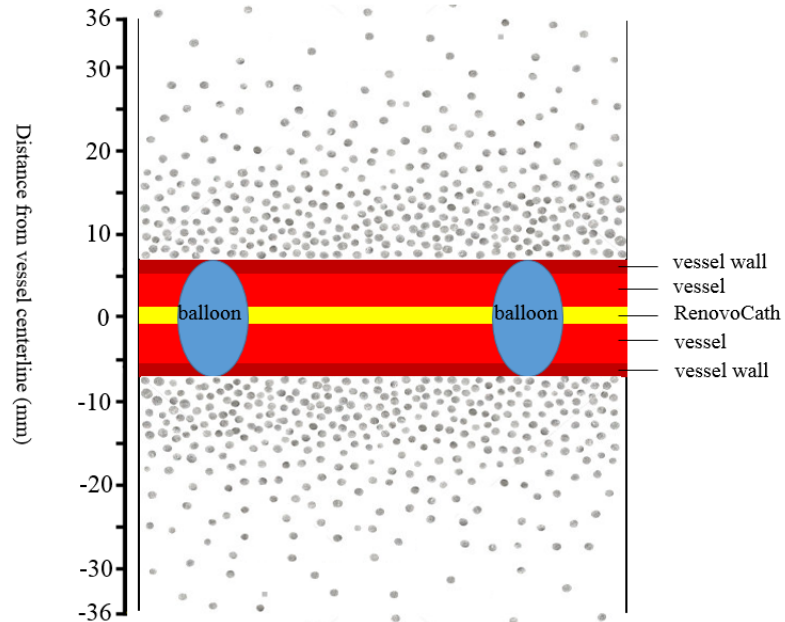
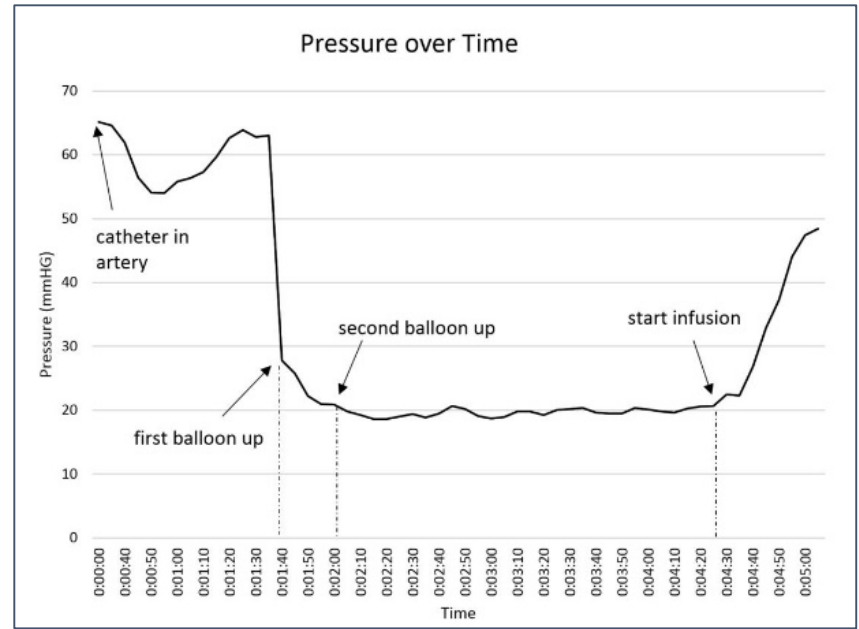
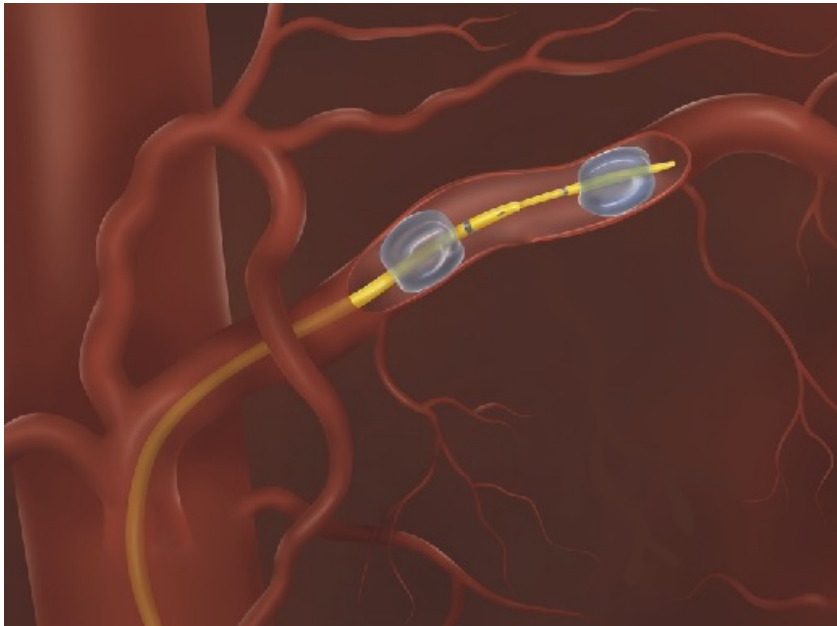
Methods: 20 patients at two centers were enrolled with a four-stage dose escalation of gemcitabine up to 1000 mg/m<sup>2</sup>.

Enzyme markers, blood count, and constitutional endpoints were monitored to assess for dose-limiting toxicities. Feasibility and safety of repeated intra-arterial treatment sessions were assessed. Secondary endpoints included the effect on tumor size by imaging, tumor markers, and conversion to resectability.

Results: Data for 20 patients enrolled is presented. Efficacy analysis was limited to the 15 patients who received more than two treatments.

Table 1. Treatment Regimen			
Cycle	Day	Chemotherapy	Dose
1*	1	Gemcitabine	250 mg/m <sup>2</sup>
	8		
	15	Gemcitabine	250 mg/m <sup>2</sup>
	22		
	29		
2	1	Gemcitabine	500 mg/m <sup>2</sup>
	8		
	15	Gemcitabine	500 mg/m <sup>2</sup>
	22		
	29		
3	1	Gemcitabine	750 mg/m <sup>2</sup>
	8		
	15	Gemcitabine	750 mg/m <sup>2</sup>
	22		
	29		
4	1	Gemcitabine	1000 mg/m <sup>2</sup>
	8		
	15	Gemcitabine	1000 mg/m <sup>2</sup>
	22		
	29		

\*Starting with patient RR1-109, the dose for the first cycle increased to 500 mg/m<sup>2</sup>.





Splenic artery narrowing with tumor impingement



RenovoCath™ isolation of the tumor region with drug delivery

**Table 2. Patient Characteristics**

<b>Characteristic</b>	<b>No.</b>	<b>%</b>
<b>Age, years</b>		
<b>Median</b>	70	
<b>Range</b>	51-84	
<b>Sex</b>		
<b>Male</b>	9	45%
<b>Female</b>	11	55%
<b>Stage of Tumor</b>		
<b>I</b>	0	0
<b>II</b>	0	0
<b>III</b>	20	100%
<b>IV</b>	0	0
<b>Prior Treatment</b>		
<b>Yes</b>	11	55%
<b>No</b>	9	45%
<b>Prior Chemotherapy Only</b>		
<b>Yes</b>	5	25%
<b>No</b>	15	75%
<b>Prior Chemoradiation</b>		
<b>Yes</b>	6	30%
<b>No</b>	14	70%
<b>Prior Surgery</b>		
<b>Yes</b>	0	0%
<b>No</b>	20	100%

**Table 3. Toxicities (grade 3 and grade 4)**

<b>Toxicity</b>	<b>Grade 3</b>		<b>Grade 4</b>	
	<b>No. of Patients</b>	<b>%</b>	<b>No. of Patients</b>	<b>%</b>
<b>Hematologic</b>				
Neutropenia	3	15%	0	0
Thrombocytopenia	0	0%	0	0
Leukopenia	0	0%	0	0
<b>Non-hematologic</b>				
Bilirubin	0	0%	0	0
Hyperglycemia	0	0%	0	0
Elevated Liver Function (LFP)	0	0%	0	0
Elevated Pancreatic Enzymes	0	0%	0	0
Gastritis	1	5%	0	0



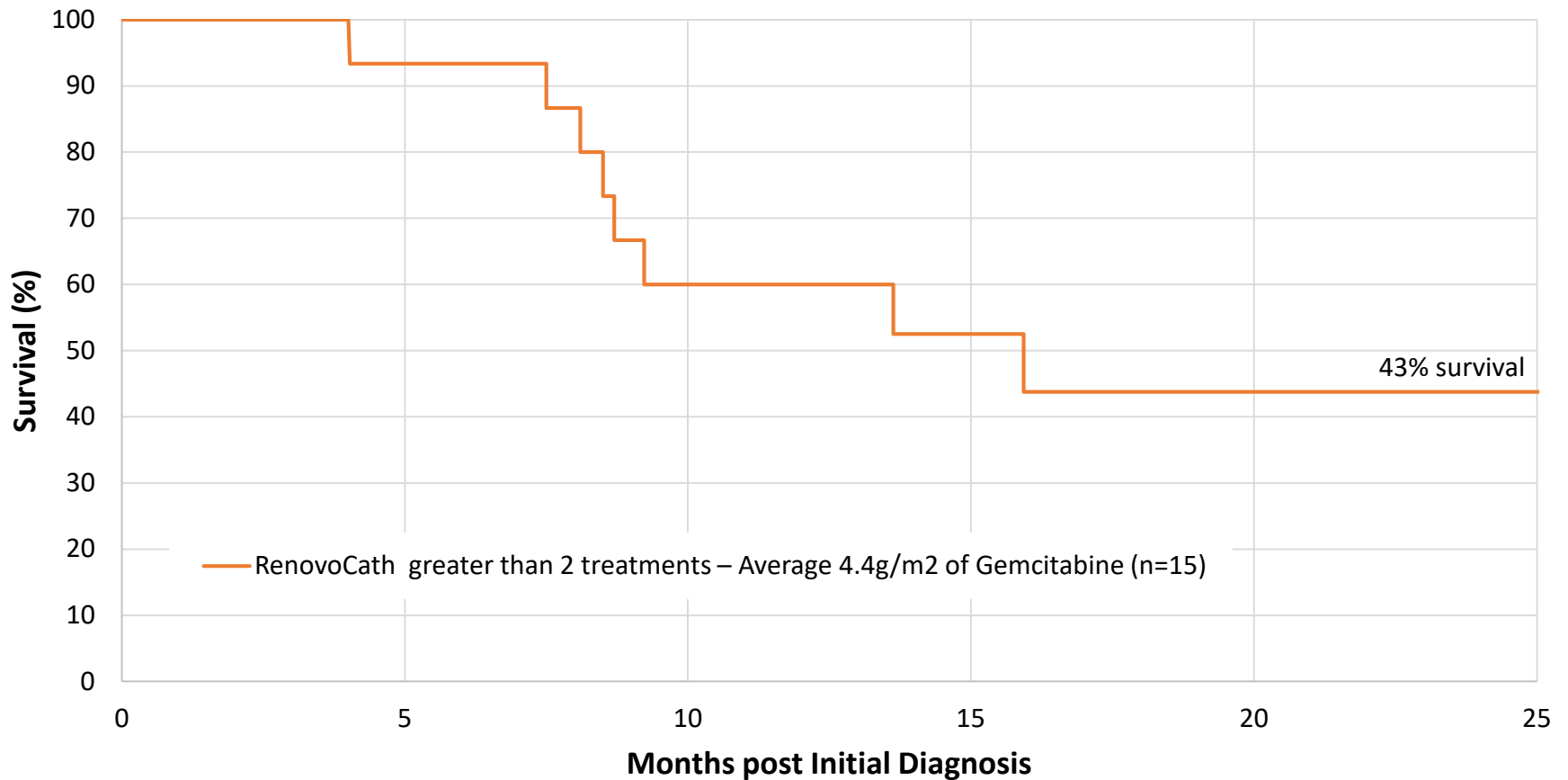
**Table 4. Serious Adverse Events**

<b>Parameter</b>	<b>No. of Patients</b>
<b>Vascular</b>	
Visceral Arterial Dissection	
Requiring termination of further treatment	2
Continuing further treatment	1
Vascular access complication	
Hematoma (self-limited, conservative management)	1
<b>Non-Vascular</b>	
Pulmonary Distress	1
Sepsis	3
Gastritis	1
Duodenal Obstruction	1

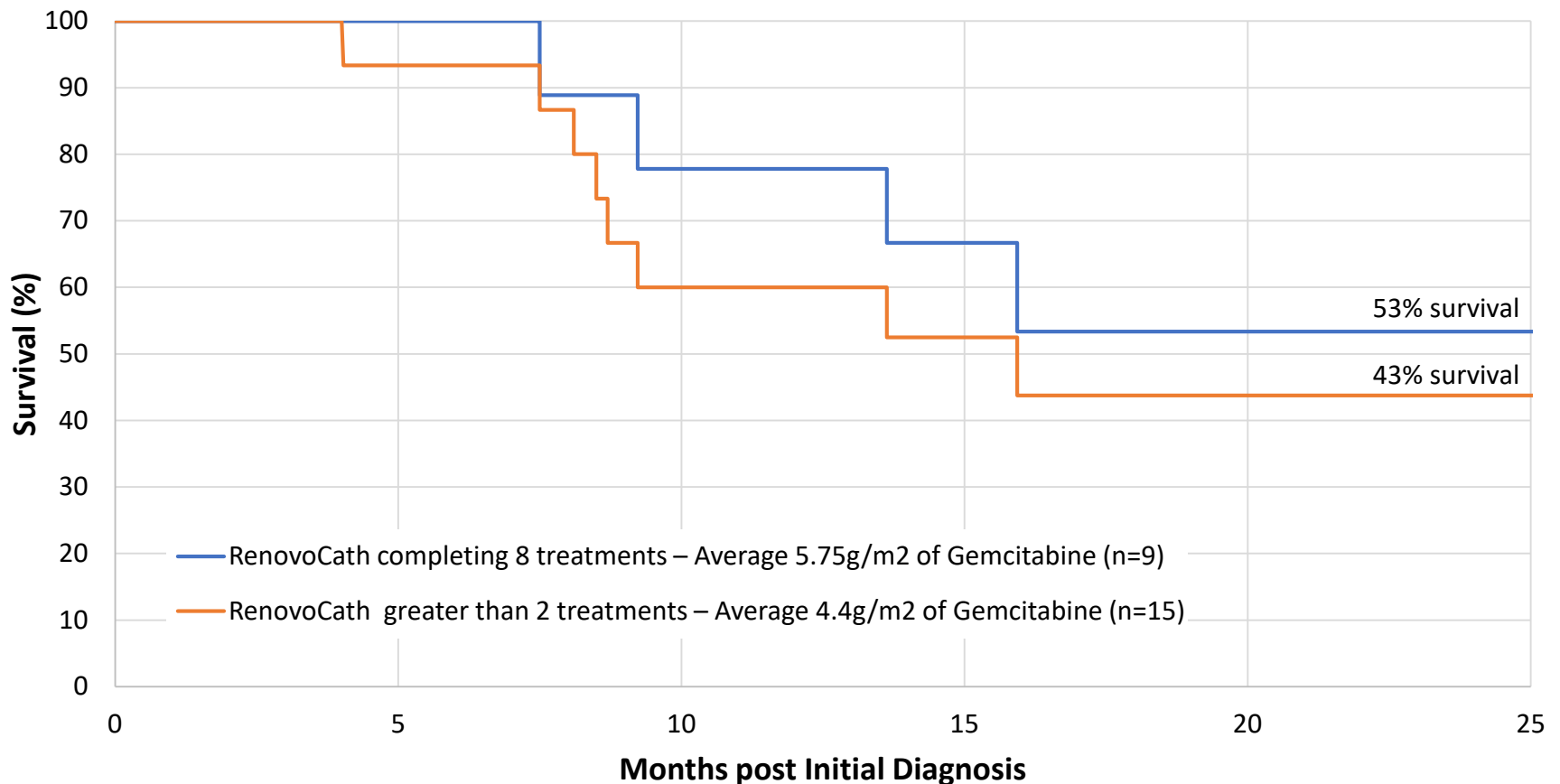
**Table 5. Efficacy: Tumor Response (clinical and or radiological progression), RECIST Criteria CT response, CA19-9**

Parameter	No. of Patients	%
Stable Disease	10	67%
Progression	3	20%
Partial Response	2	13%
CA 19-9 Reduction	9	60%
> 20% CA 19-9 Reduction	5	33%

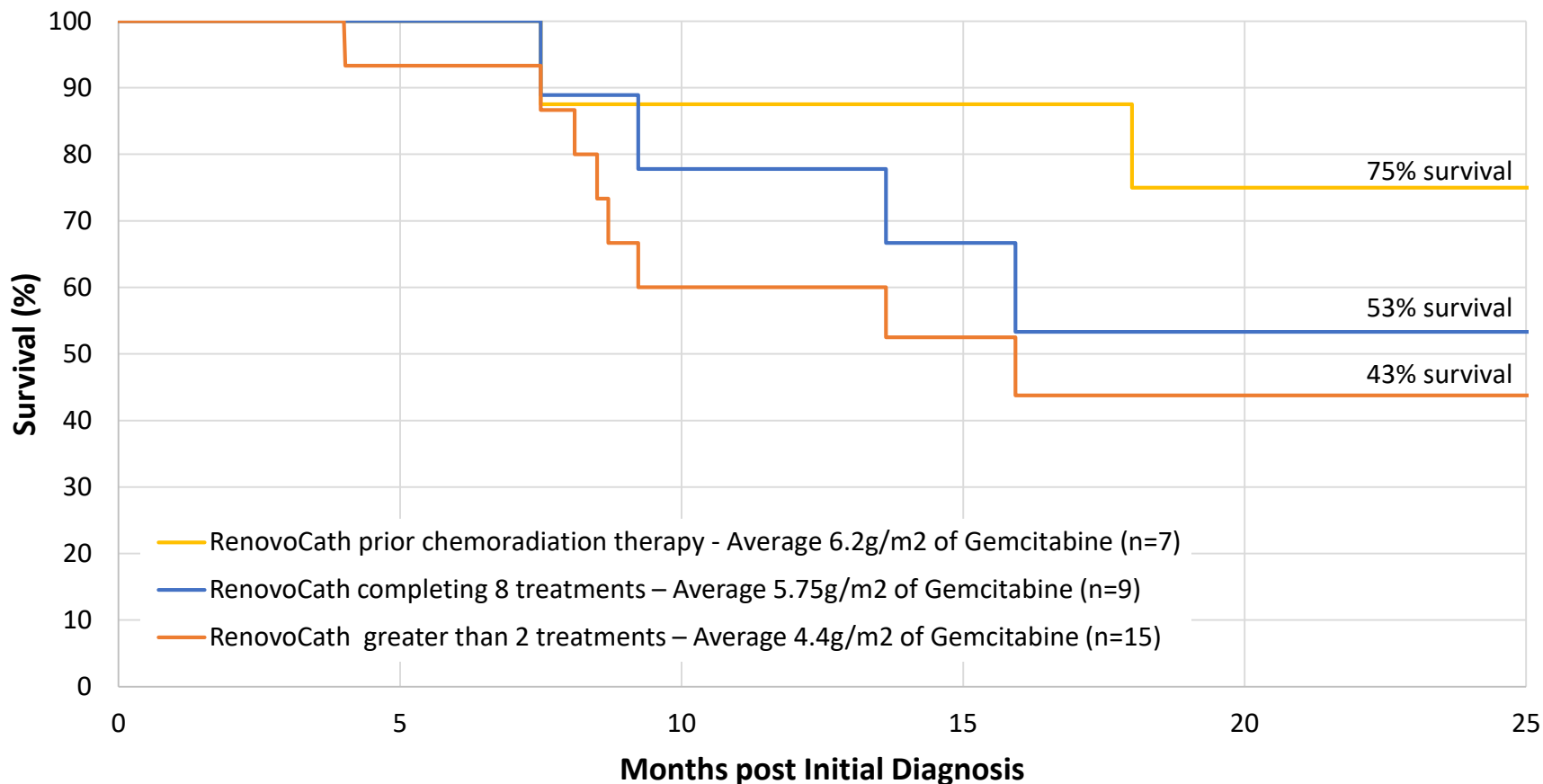
# RenovoCath treatment (>2 treatments): 43% survival



# RenovoCath treatment (8 treatments): 53% survival



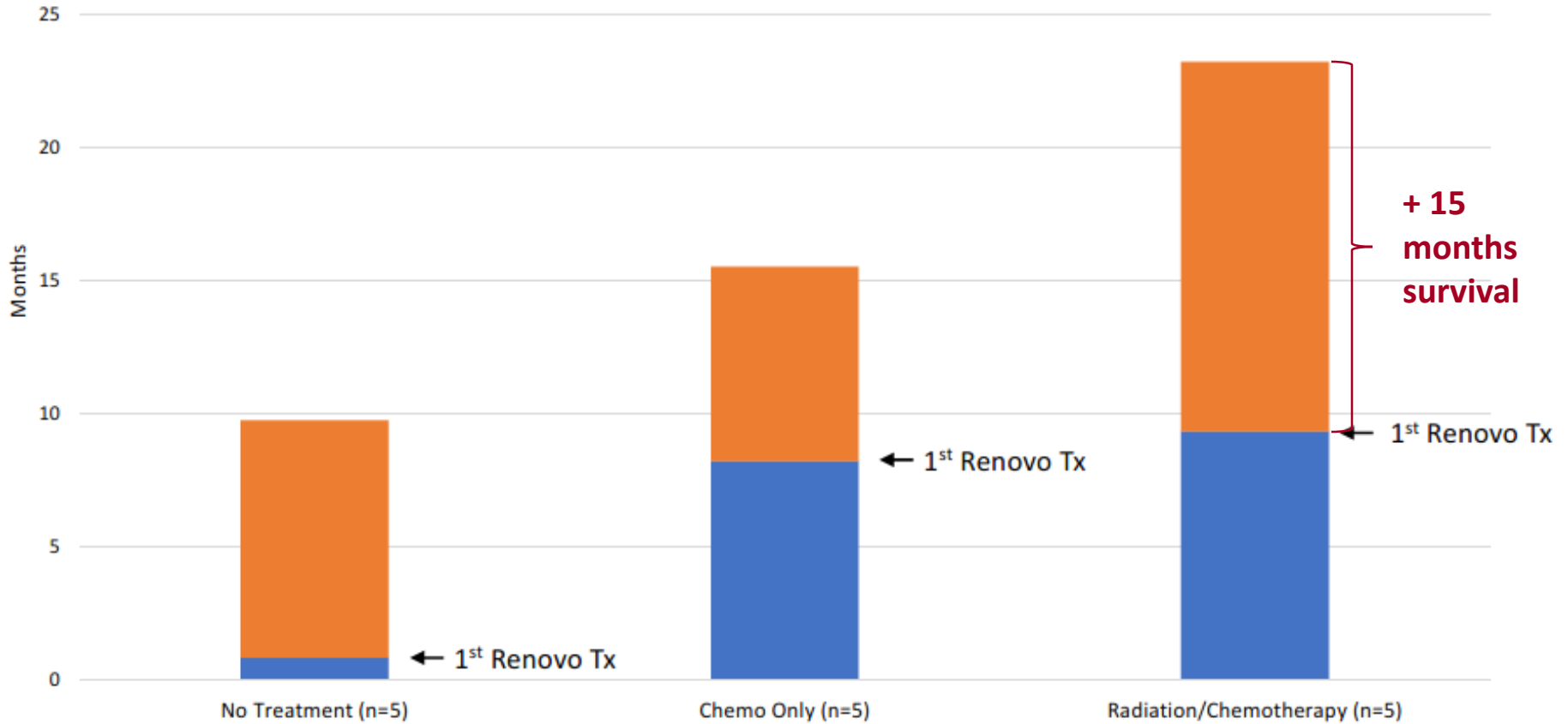
# RenovoCath treatment (>prior radiation): 75% survival



**Table 6. Prior chemoradiation vs. others, clinical response: Median Survival, CA19-9 reduction, CT response**

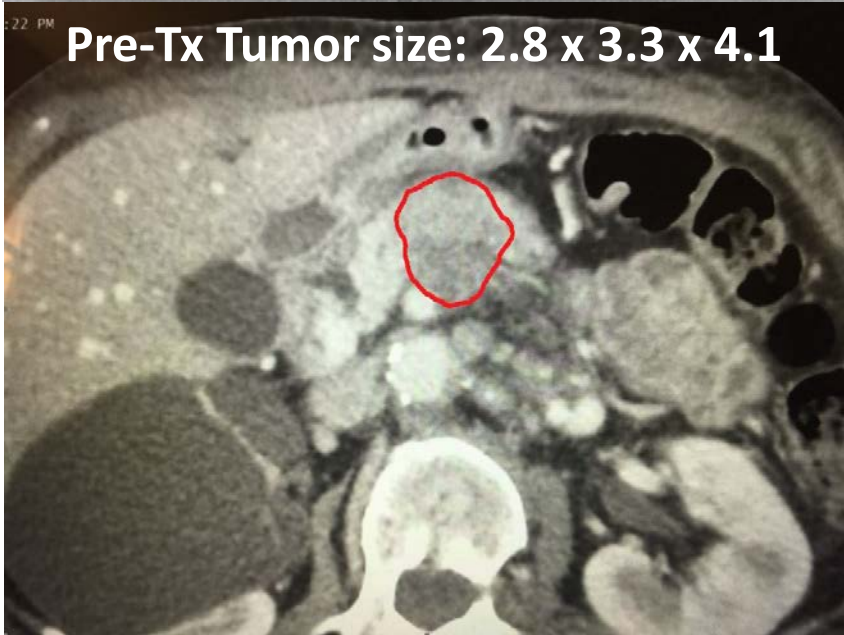
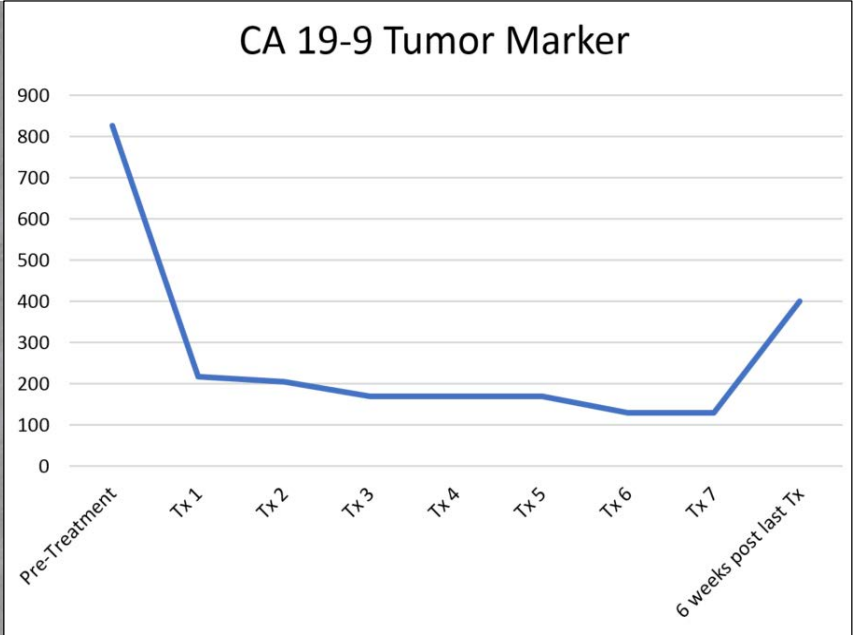
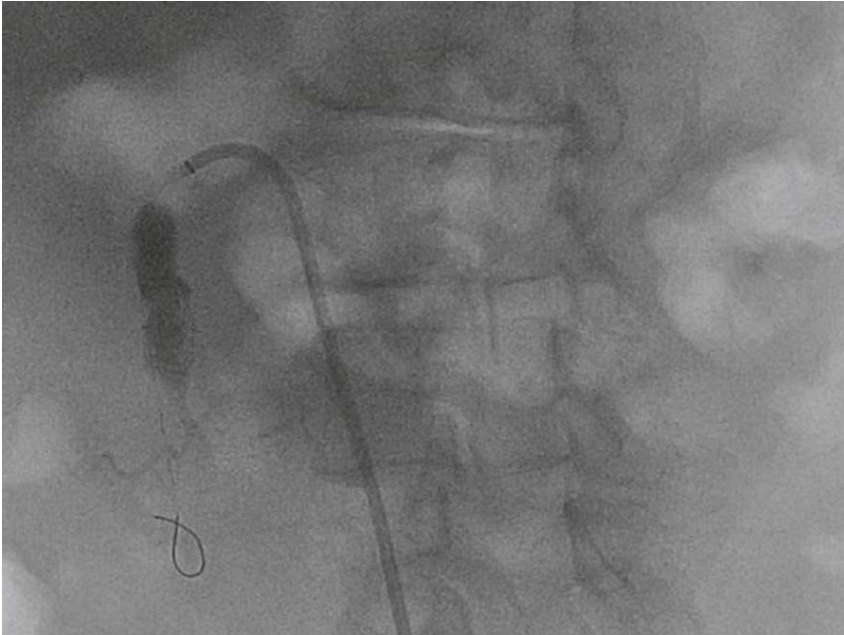
	Prior Chemoradiation (n=5)	All Others (n=10)	P value
Median Survival	846 days	327 days	P < 0.1
Survived more than two years post-diagnosis	4	1	p < 0.005
>20% CA 19-9 Reduction	3	2	P < 0.1
Consecutive CA 19-9 Reduction	4	1	p < 0.05
Tumor Size Reduction	2	0	P < 0.05

# Survival: RenovoCath Effect



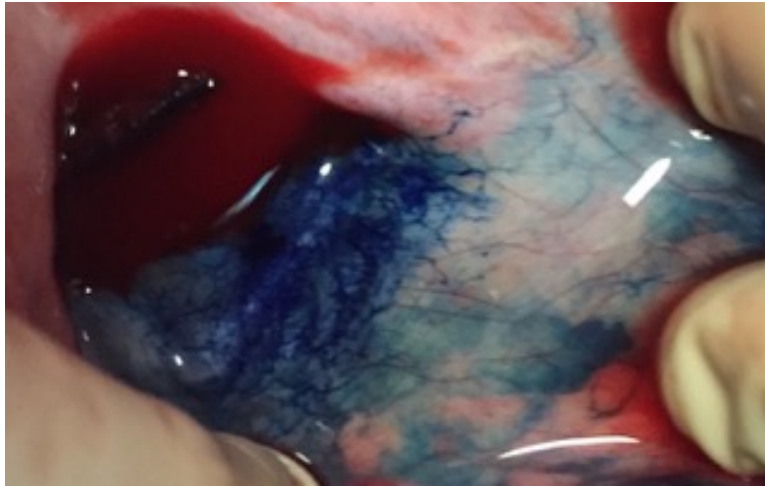
■ Average Time from Diagnosis to 1st RenovoRx Tx

■ Average Time from 1st RenovoRx Tx to Death

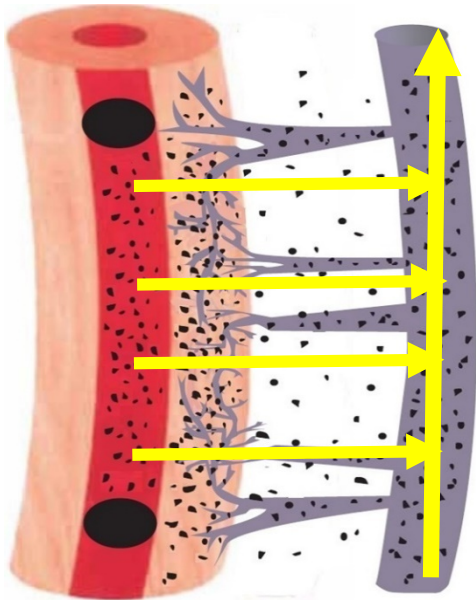




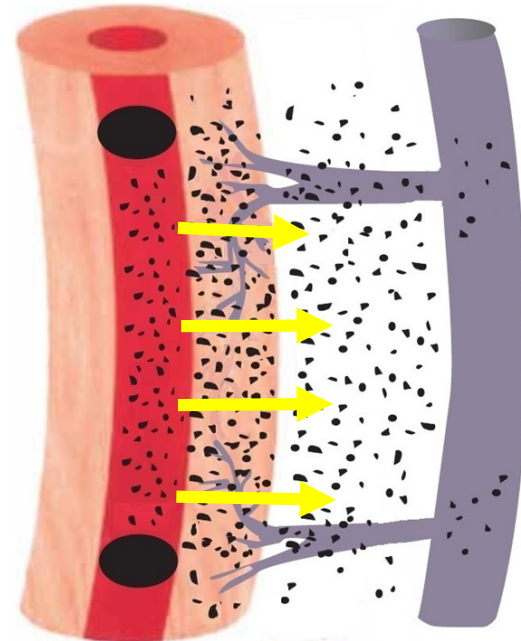
# Trans-Arterial Micro-Perfusion



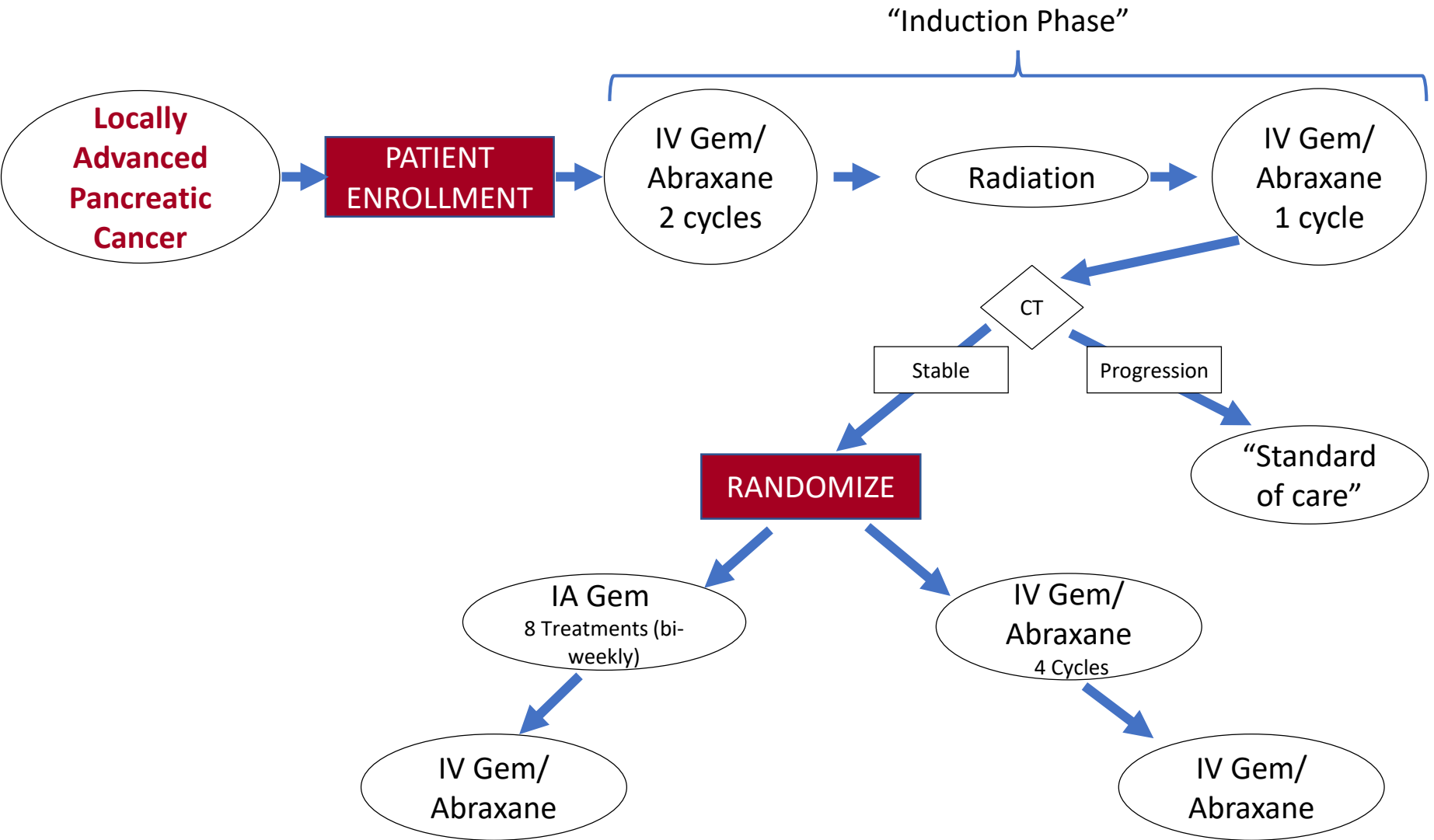
Native tissue/vasculature + IA chemo



Irradiated tissue/vasculature + IA chemo



# Next Steps: RR3 Phase 3 Study Design



# SUMMARY

Intra-arterial delivery of gemcitabine using localized delivery catheter, RenovoCath, is safe provided:

Patients with prior biliary stent/drain receive peri-op antibiotics

IR training/support is necessary to avoid guide mediated vascular complications

Early efficacy results of survival is encouraging, especially in patients with prior radiation where there may exist a synergistic effect with localized trans-arterial delivery of gemcitabine

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