

CGCM 15th Annual Meeting – Taipei Clinical Investigation I Cancer, Liver Disease, and Inflammation Tuesday, August 23, 2016 Time: 14:00 – 16:00 pm





- Chair:Edward Chu (UPCI, USA)Co-Chair:Shuang-En Chuang (NHRI, Taiwan)
- Panelists: Guo-Feng Pan (Capital Medical Univ. Beijing) Vincent CH Chung (CUHK, Hong Kong) Chung-Hua Hsu (Taipei City Hospital/National Yang Ming Univ, Taiwan)











- (3) Radix astragali-based Chinese medicines and transarterial chemoembolization for intermediate or advanced hepatocellular carcinoma: metaanalysis of randomized controlled trials
- (4) Literature review of Chinese medicine used with tamoxifen treatment
- (5) Anadamide induced human hepatoma cells death through the DNA damage and apoptosis induction









- (6) Prescription pattern of Chinese herbal products and risk of breast cancer among females with type 2 diabetes in Taiwan: a population-based study
- (7) Evaluation of Antrodia cinnamomea in liver protection effects on irradiation-induced acute hepatitis
- (8) The traditional Chinese medicine "Kuan-Sin-Yan" improves meridian energy and cancer-relates symptoms in advanced colon cancer patients

NC A Comprehensive Cancer Center Designated by the National Cancer Institute



(9) Influence of weight loss on different TCM constitutional types of patients with head and neck cancer who underwent radiotherapy: an observational study

(10)Meta-analysis of oxaliplatin-based chemotherapy combined with traditional medicines for colorectal cancer: contributions of specific plants to tumor response







Reasons and Expectations for TCM Usage

- Desire to improve quality of life
- Enhance the immune system
- Relieve symptoms related to cancer treatment
- Provide hope regarding treatment outcome
- Desire for greater control over the medical decision-making process

Challenges/Issues Relating to the Use of TCM and Botanicals

- Quality control
 - Multiple herbs are administered together in a given formulation making batch-to-batch standardization difficult
 - Contamination of herbal preparations
- Herbals are essentially black boxes, and their interactions with other prescribed or non-prescribed medications are not known.
- Characterizing drug-herb interactions difficult

Issues Relating to the Use of Herbal Therapies: Herb/Drug Interactions

- St. John's Wort Widespread use for mild depression. Induces expression of <u>CYP3A4</u> liver microsomal enzyme and <u>MDR-1 P-170</u> expression
 - Reduced plasma levels of SN-38, active metabolite of irinotecan. Effects observed up to 3 weeks after last dose
 - Increased plasma clearance of HIV drugs, indinavir and nevirapine, resulting in lower drug levels
 - Lower levels of cyclosporine A in transplant patients
 - Alters warfarin metabolism
- Ginkgo biloba, Ginseng, Garlic, and Kava interfere
 with metabolism and/or efficacy of approved drugs

Challenges/Issues Relating to the Use of Herbal Therapies

- Herbal medicines should not be assumed to be benign products. Adverse effects are now well-described, including HSRs, liver toxicity (autoimmune hepatitis), and coagulopathy
- Complementary approaches may represent confounding variables that could affect the interpretation of clinical results of clinical trials.
- Significant financial cost to the use of herbals and CAM.

Challenges/Issues Relating to the Use of Herbal Therapies

- Perception / skepticism of Western physicians to potential role of herbal medicines in treatment of human diseases
- Main focus of Western medicine has been on reductionist single molecule approach to therapy as opposed to polychemical approach

PHY906 Clinical / Translational Research Project

- NCI-PO1: Chinese Herbal Medicine as a Novel Paradigm for Cancer Chemotherapy
- Collaboration between Yale Cancer Center and UPCI
- Yung-chi Cheng, PhD (PI)
- Edward Chu, MD (Co-PI)
- Hongyu Zhao, PhD
- Represents bench to bedside to bench translation



PHY906 Clinical / Translational Research Project

- P01: Three Research Projects
 - Clinical Study of PHY906, a Novel Chinese Herbal Medicine, as a Modulator of Irinotecan Chemotherapy (Edward Chu, MD)
 - Characterization of Predictive Biomarkers for the Clinical Efficacy of PHY906 (Yung-chi Cheng, PhD)
 - Bioinformatic Characterization/Analysis of Translational Biomarkers (Hongyu Zhao, PhD)

Ziziphus jujube



baicalensis

PHY906 Traditional Chinese botanical formulation composed of four main herbs – Huang Qin Tang (HQT) Used in Asia for a variety of gastrointestinal ailments (diarrhea, nausea/vomiting, and abdominal cramps) since 300 AD **Scutellaria** Glycyrrhiza Paeonia

lactiflora

uralensis

Lessons Learned Relating to the Use of PHY906: Pre-Clinical

- Quality control and standardization of Chinese herbal medicine are essential before proceeding to clinical trials.
- In vivo pre-clinical studies to establish efficacy, safety profile, and dosing schedule

(知其然: First, ID what TCMs 100% work for what diseases/conditions)

- **PK profiling** is critical as parent formulation and metabolized form may be different
- Investigate potential mechanisms of action using systems biology approach

(知其所以然: For further improvement)

Lessons Learned Relating to the Clinical Studies of PHY906

- Use of high quality **cGMP** herbal medicine
- Careful design of clinical trials with well-defined endpoints to determine effect of herbal medicine, including placebo-controlled arm
- Incorporation of validated QOL instrument tools
- Design clinical studies with translational PD biomarkers
- Comprehensive bioinformatic analysis critical to identifying clinically relevant PD biomarkers and potential bioactive component(s)

(and/or by using connectivity map?)

Lessons Learned Relating to the Clinical Development of PHY906: Practical Issues

- Need to carefully consider patient population
 - 1st-line mCRC
 - 2nd-line mCRC
- Clinical practice standards may change during course of study
- Competing clinical studies testing novel genomedriven targeted agents and immunotherapies
- **Regulatory issues (IND, FDA, institution IRB)**

Lessons Learned Relating to the Clinical Studies of PHY906

- Need to identify consistent source of cGMP material and ensure capabilities of manufacturer
- Coordination of multi-center clinical trials with oversight of data management, regulatory issues, and reporting to FDA
- Financial support of clinical trial (NCI, institution, pharma sponsor)

Lessons Learned: It Takes a Village



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Patients and their families/caregivers