Clinical Development Program and Clinical Trial Efficacy Results

Howard Mayer, MD
Pfizer Global Research & Development

29

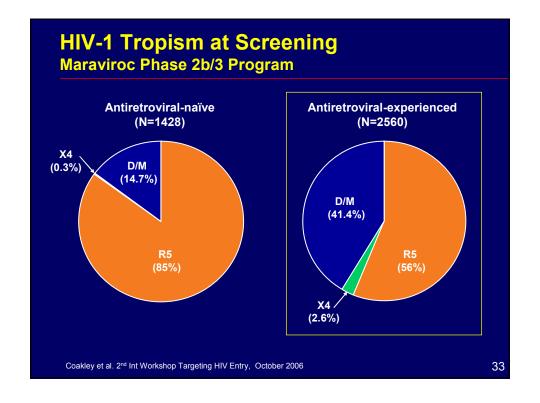
Overview

- Overview of the maraviroc Phase 2b/3 development program
- Clinical results in treatment-experienced patients with R5-tropic HIV-1
- Clinical results in treatment-experienced patients with dual/mixed-tropic HIV-1

Overview

- Overview of the maraviroc Phase 2b/3 development program
- Clinical results in treatment-experienced patients with R5-tropic HIV-1
- Clinical results in treatment-experienced patients with dual/mixed-tropic HIV-1

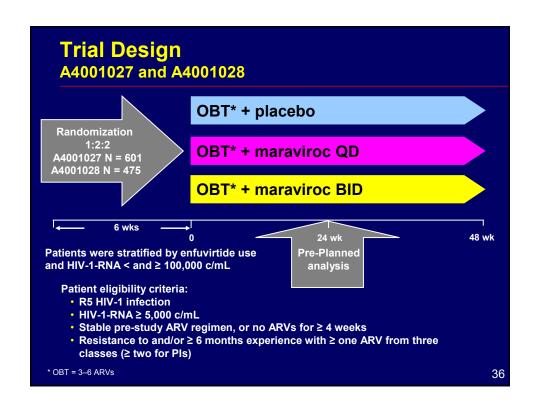
	ARV-naïve	ARV-experienced		
	R5 Patients	R5 Pa	tients	Non R5 Patients
Study	1026	1027	1028	1029
Phase	2b→3	2b/3	2b/3	2b
Design	MVC vs. EFV +CBV		OBT add-o	n
Randomization	1:1:1	2:2:1	2:2:1	1:1:1
Primary endpoint	%<400/<50 wk 48/96	Δ VL at wk 24/48		1/48
Enrollment	917	601	475	190
Received maraviroc		467	373	124



Concomitant Antiretrovirals	Maraviroc Unit Dose
≥1 PI (excluding tipranavir/ritonavir) and/or delavirdine (± efavirenz)	150 mg *
All other regimens (including tipranavir/ritonavir)	300 mg
* Dose adjustment based on not significantly exceeding a	a 300 mg equivalent C _{max}

Overview

- Overview of the maraviroc Phase 2b/3 development program
- Clinical results in treatment-experienced patients with R5-tropic HIV-1
- Clinical results in treatment-experienced patients with dual/mixed-tropic HIV-1



Primary and Secondary Endpoints A4001027 and A4001028

- Primary Efficacy Endpoint
 - Change from baseline in log₁₀ transformed HIV-1 RNA levels
 - ▶ Discontinuation = no change from baseline
- Key Secondary Endpoints
 - ▶ Percentage of subjects with HIV-1 RNA < 400 c/mL
 - ▶ Percentage of subjects with HIV-1 RNA < 50 c/mL
 - ▶ Change from baseline in CD4+ cell count*

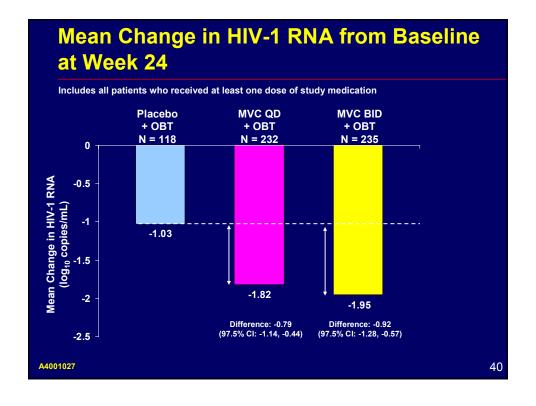
* LOCF = Last Observation Carried Forward

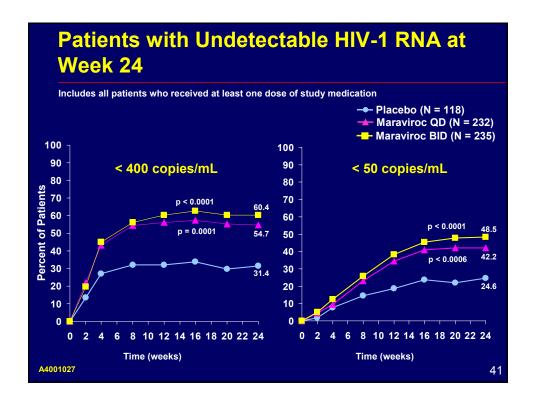
37

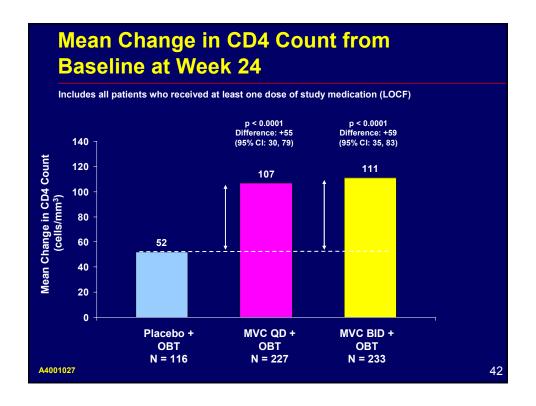
A4001027: Results

US, Canada

Includes all patients who received a	nt least one dose of stud	ly medication	
Randomized N = 601 Treated N = 585	Placebo + OBT N=118	MVC QD + OBT N=232	MVC BID + OBT N=235
Mean age, yrs (range)	46 (31–71)	46 (19–75)	46 (25–69)
Male, n (%)	106 (90)	210 (91)	212 (90)
White, n (%)	99 (84)	187 (81)	197 (84)
Median CD4 count*, cells/mm³ (range)	163 (1–675)	168 (1–812)	150 (2–678)
Mean HIV-1 RNA*, log ₁₀ c/mL (range)	4.84 (3.46–6.02)	4.85 (3.20–6.75)	4.86 (3.26–6.88)
Enfuvirtide in OBT, %	42	43	46
≤ 2 active drugs in OBT (OSS), %	66	69	76



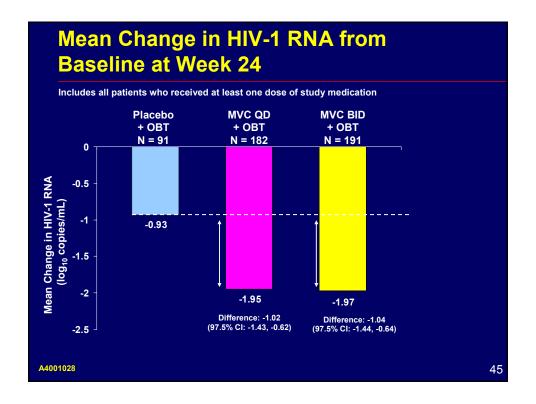


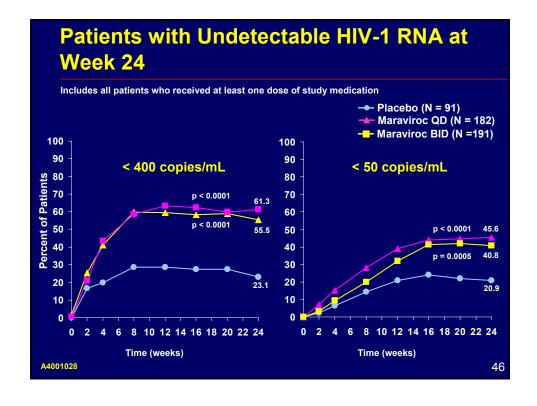


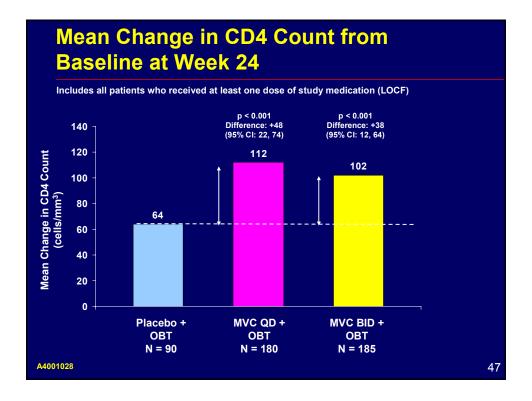
A4001028: Results

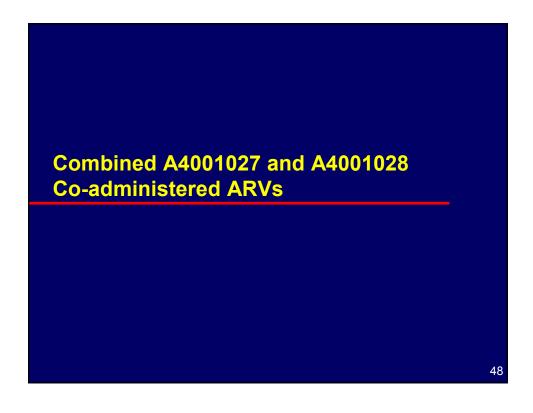
Europe, Australia and US

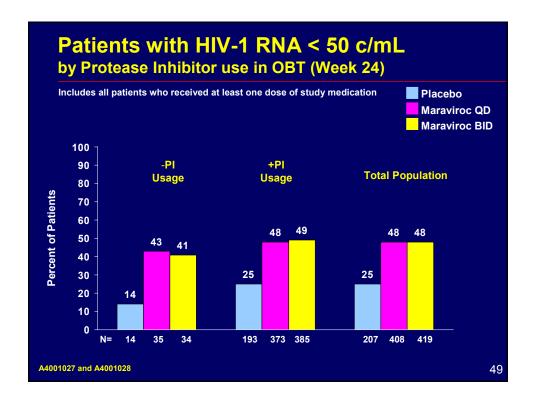
ncludes all patients who received	at least one dose of stu	udy medication	
Randomized N = 475	Placebo +	MVC QD +	MVC BID +
Treated N = 464	OBT	OBT	OBT
	N=91	N=182	N=191
Mean age, yrs (range)	45 (29–72)	45 (17–75)	47 (21–73)
Male, n (%)	79 (87)	153 (84)	170 (89)
White, n (%)	79 (87)	149 (82)	166 (87)
Median CD4 count*,	174	174	182
cells/mm³ (range)	(2–545)	(1–966)	(3–820)
Mean HIV-1 RNA*,	4.89	4.87	4.84
log ₁₀ c/mL (range)	(3.75–7.07)	(2.49–6.33)	(2.96–6.22)
Enfuvirtide in OBT, %	45	37	39
≤ 2 active drugs in OBT (OSS), %	66	63	62

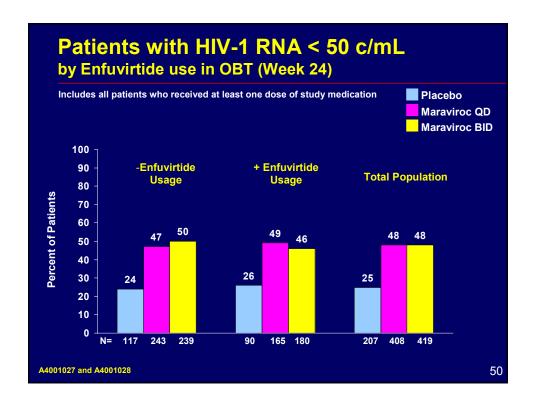


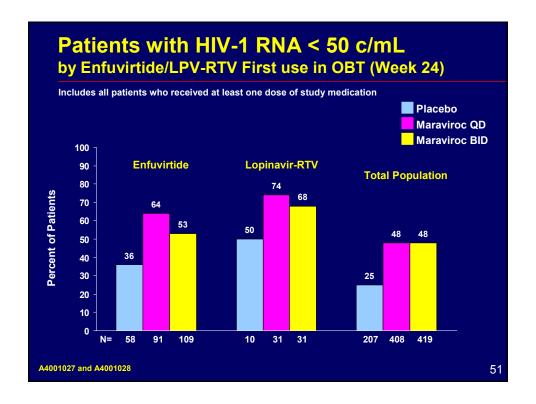


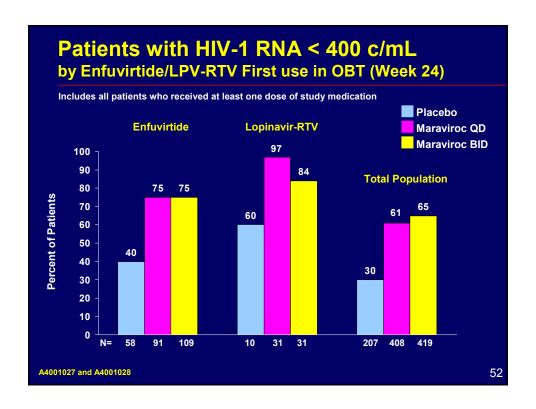




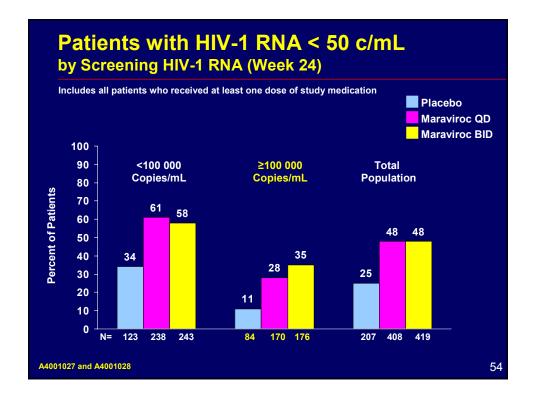


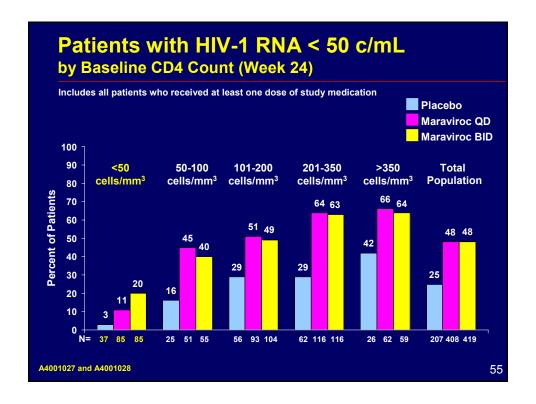


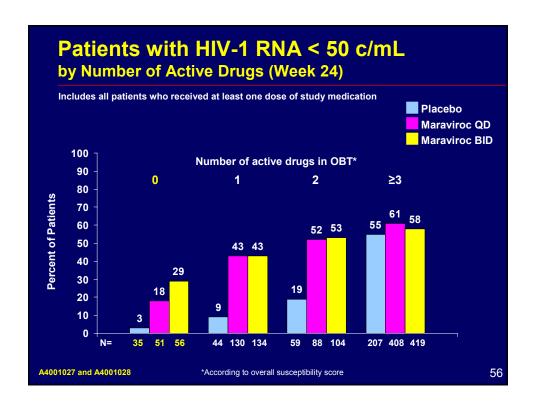


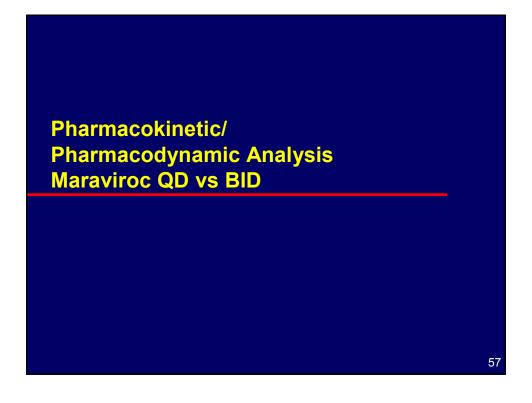


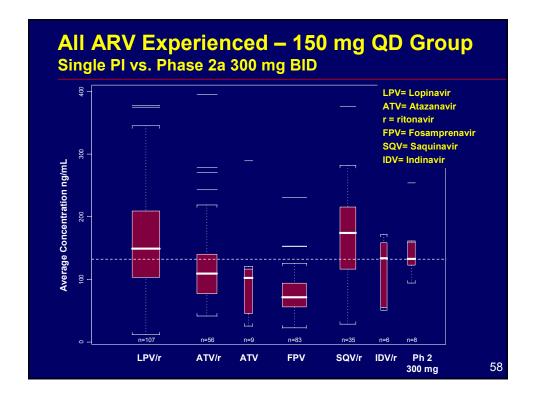


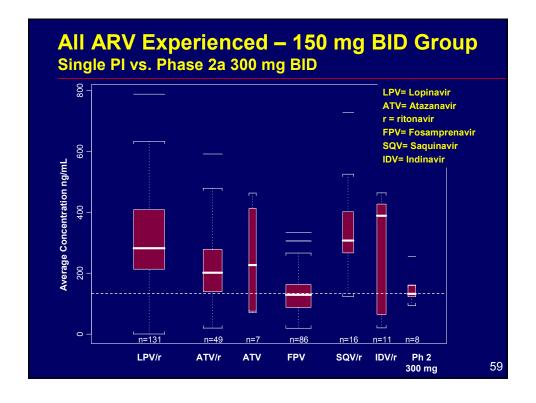


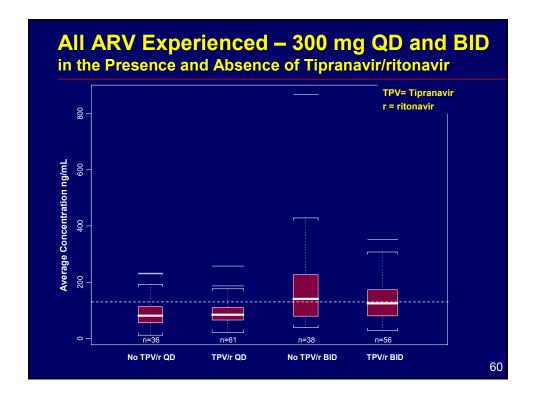






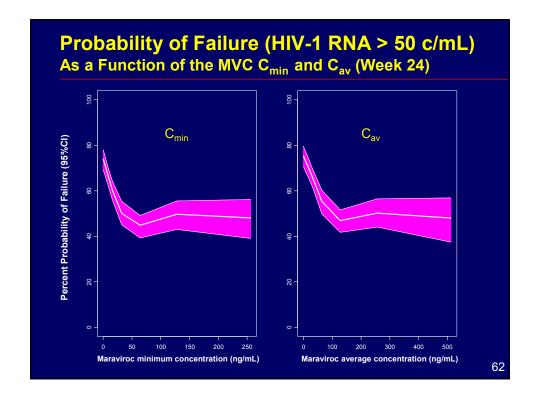


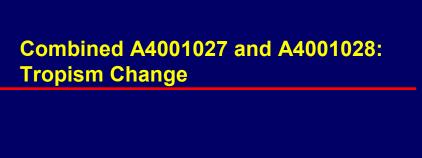




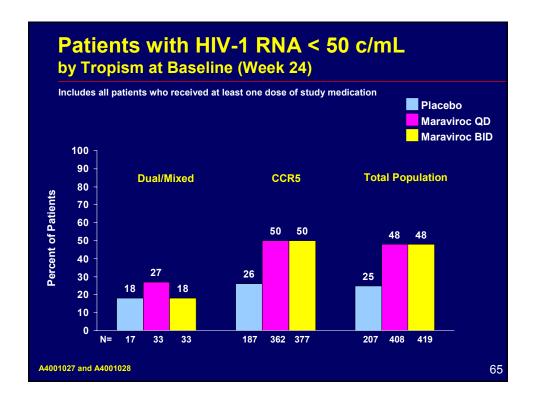
Exposure Response Efficacy Analysis A4001027 and A4001028

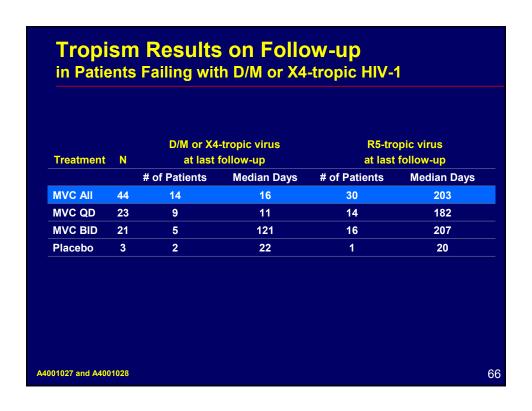
- Endpoints
 - Virology
 - VL < 50 copies/mL at week 24
 - VL < 400 copies/mL at week 24
 - Failure at week 4: VL > 400 copies/mL or decrease from baseline less than -1 log₁₀ copies/mL
 - CD4+ cell count change from baseline at week 24
- Method: Generalized additive modeling (GAM)
- Prognostic factors tested included:
 - ▶ Dose + compliance or C_{min}, or C_{av}
 - Baseline viral load, CD4, tropism phenotype
 - Number of active drugs, PI use, ENF use, etc
 - Demographics





	Mean change in CD4 count (cells/mm³)		
Tropism Result, Baseline → Treatment Failure	Placebo + OBT N=209	MVC QD + OBT N=414	MVC BID + OBT N=426
All treatment failures	+14 (n=97)	+49 (n=68)	+71 (n=77
R5 → R5	+15 (n=80)	+61 (n=18)	+138 (n=17
R5 → D/M or X4	+67 (n=4)	+37 (n=31)	+56 (n=32
Non-R5 → Any	+15 (n=8)	+54 (n=11)	+26 (n=19

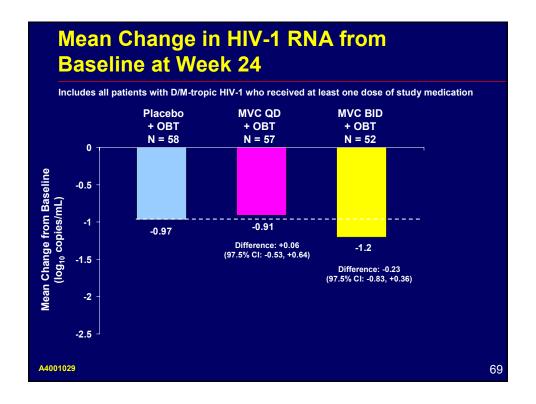


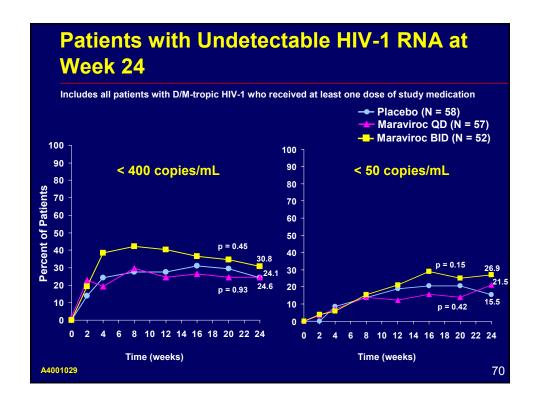


Overview

- Overview of the maraviroc Phase 2b/3 development program
- Clinical results in treatment-experienced patients with R5-tropic HIV-1
- Clinical results in treatment-experienced patients with dual/mixed-tropic HIV-1

ncludes all patients who received	at least one dose of st	udy medication	
Randomized N = 190	Placebo +	MVC QD + OBT	MVC BID + OBT
Treated N = 186	OBT		
	N=62	N=63	N=61
Mean age, yrs (range)	45 (23–65)	43 (16–59)	43 (16–62)
Male, n (%)	53 (86)	53 (84)	55 (90)
White, n (%)	40 (65)	46 (73)	44 (72)
Median CD4 count,	421	40 ²	43*
cells/mm³ (range)	(2, 650)	(1, 442)	(0, 615)
Mean HIV-1 RNA,	5.01 ¹	5.03 ²	5.10*
log ₁₀ c/mL (range)	(3.65, 6.15)	(3.43, 5.94)	(3.61, 6.67)
Enfuvirtide in OBT, %	56	60	57
D/M at Screening, n	58	57	52





	cells/mm ³		
	Placebo +	MVC QD +	MVC BID +
	OBT	OBT	OBT
All treated patients with D/M-tropic HIV-1	+36 [*]	+60	+62
	(n=58)	(n=57)	(n=52)
Difference MVC –	N/A	+24	+26
Placebo (95% CI)		(-1.36, 49.21)	(0.87, 52.49)
Patients discontinuing due to treatment failure	+4	+38	+25
	(n=23)	(n=33)	(n=21)
Patients with only X4- tropic HIV-1 detectable at time of treatment failure	-104 (n=2)	+48 (n=12)	+33 (n=12)

Summary

- In treatment-experienced patients with R5-tropic HIV-1 and few remaining treatment options, maraviroc + OBT demonstrated significantly greater virologic suppression and CD4 cell increases compared with placebo + OBT
- There are subgroups of patients where there appears to be an efficacy difference between maraviroc BID and maraviroc QD
 - ► HIV-1 RNA ≥ 100,000 c/mL
 - Very low CD4
 - No other active ARVs

Summary

- Patients with R5-tropic HIV-1 failing on maraviroc had mean increases in CD4 count that were greater than placebo even when failing in the context of a change in tropism
- Of patients with R5-tropic virus at baseline who failed on maraviroc + OBT, nearly twice as many patients had a change in tropism to D/M-tropic or X4-tropic as compared with remaining R5-tropic
 - ► The virus in most patients who failed on maraviroc with D/M-tropic or X4-tropic virus reverted back to R5-tropic during the follow-up period

73

Summary

- In treatment-experienced patients with D/M-tropic HIV-1, maraviroc + OBT did not lead to a significantly greater reduction in HIV-1 RNA, but was also not associated with an adverse virologic outcome and demonstrated greater CD4 increases as compared with placebo + OBT
 - These results were also observed in those patients (7.6%) in studies 1027 and 1028, who had a change in tropism from R5-tropic to D/M-tropic between screening and baseline

Agenda and Speakers

- Introductions, Background and Overview of Maraviroc Michael Dunne MD, Therapeutic Area Head, Development, Infectious Diseases
- Clinical Efficacy Howard Mayer MD, Global Clinical Leader, Pfizer
- Safety and Toleration
 Steve Felstead MB ChB, Maraviroc Team Leader, Pfizer
- In Vitro and In Vivo Tropism and Resistance Evaluation Mike Westby PhD, Virology Team Leader, Pfizer
- Medical Need and Place in HIV Armamentarium
 Dan Kuritzkes MD, Brigham and Women's Hospital, Harvard Medical School, Boston
- Conclusions
 Michael Dunne MD

75

Safety and Toleration of Maraviroc

Steve Felstead, MB ChB
Pfizer Global Research & Development