PHASE II STUDY OF ORAL RIGOSERTIB COMBINED WITH AZACITIDINE IN PATIENTS WITH HIGHER-RISK MYELODYSPLASTIC SYNDROMES (MDS)

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Recent studies failed to demonstrate improved clinical benefit with combination therapies compared to single agent AZA [1].

CR rates were 7-24% [1].

In the current study, we did a Ph-II study of oral rigosertib in MDS patients.

The combination was well-tolerated in repetitive cycles for 25+ months. Risk mitigation strategies reduced urinary AEs in the expansion cohort.

A pivotal Phase 3 trial is planned in an HMA-naive patient population.

**TREATMENT OF HIGHER-RISK MDS**


- **Clinical response**: MDS: 90% (95% CI: 71-97); AML: 41% (95% CI: 28-55).

- **Complete response**: MDS: 39% (95% CI: 30-48); AML: 31% (95% CI: 22-40).

- **Safety optimization strategies mitigated urinary AEs in the expansion cohort.

**CONCLUSION**

- **Oral rigosertib in combination with AZA demonstrated efficacy in both HMA-naive and HMA-refractory MDS patients**.

- **In higher-risk MDS patients combined with AZA was associated with an ORR of 90% and a CR rate of 34%**.

- **Oral rigosertib in combination with AZA was well-tolerated and administered in repetitive cycles for more than two years**.

- **Safety optimization strategies mitigated urinary AEs in the expansion cohort**.

- **Based on the safety and efficacy profile of the combination in MDS, a pivotal Phase III trial is planned in an HMA naïve population**.