



For more information, contact
the **Neuro-Oncology
Clinical Trial Team** at:
Neuro.Oncology@jwci.org
310-829-8265

Clinical Trial Investigators

Garni Barkhoudarian, MD
Jose Carrillo, MD
Daniel Kelly, MD
Santosh Kesari, MD, PhD
Steven O'Day, MD
Marlon Garzo Saria, PhD, RN

Clinical Trial Team

Jaya Mini Gill, RN, BSN
jaya.gill@providence.org
310-582-7437

Annie Heng, RN, BSN
HengA@jwci.org
310-582-7457

Tiffany Juarez, PhD
Tiffany.Juarez@jwci.org
310-449-5225

Hanh Nguyen, CRA
NguyenThuyH@jwci.org
310-582-7434

Sponsor

PNI/JWCI/Aadi Bioscience

**Saint John's
Health Center**

 **PROVIDENCE** Health & Services

CLINICAL TRIAL ANNOUNCEMENT

Study to Evaluate ABI-009 (*nab*-Rapamycin) in Patients with High Grade Glioma

Official Title: A Phase 2, Open-label Study of ABI-009 (*nab*-Rapamycin) in Bevacizumab-naïve Patients with Recurrent High-grade Glioma and in Patients with Newly Diagnosed Glioblastoma

ABI-009 (*nab*-rapamycin) - nanoparticle form of human albumin-bound rapamycin. The *nab* technology may enhance tumor penetration and accumulation via the albumin receptor-mediated (gp60) endothelial transcytosis. Albumin is highly soluble, has long plasma half-life, broad binding affinity, making it an ideal candidate for drug delivery. Importantly, albumin has been shown to be able to penetrate the blood-brain barrier (BBB) and highly accumulate in GBM. Therefore, albumin may facilitate the efficient delivery of nab-rapamycin into GBM tumors, making it a useful treatment option for GBM.

In patients with Newly diagnosed GBM, ABI-009 will be combined with standard of care Temozolomide and Radiation.

In patients with Recurrent High-grade Glioma, four cohorts will include: (1) ABI-009 as a single agent (2) ABI-009 + Temozolomide (3) ABI-009 + Bevacizumab and (4) ABI-009 + Lomustine .

Key Inclusion Criteria:

- Karnofsky Performance Status \geq 70%.
- No investigational agent within 4 weeks prior to the first dose of study drug.
- Adequate hematological, renal, and hepatic function
- Patients must be without seizures for at least 14 days prior to enrollment
- If Newly Diagnosed: must have confirmed GBM, no prior treatment with mTOR inhibitors, and no prior local or systemic therapy for GBM
- If Recurrent: Must have histologic evidence of high grade glioma (WHO Grade 3 or 4), and no prior treatment with mTOR inhibitors or bevacizumab

Key Exclusion Criteria:

- Use of strong inhibitors and inducers of CYP3A4 within the 14 days prior to receiving the first dose of ABI-009