Preclinical Pharmacologic Evaluation of MST-997, an Orally Active Taxane with Superior \textit{In vitro} and \textit{In vivo} Efficacy in Paclitaxel- and Docetaxel-Resistant Tumor Models

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Abstract

\textbf{Purpose:} Because resistance to paclitaxel and docetaxel is frequently observed in the clinic, new anti-microtubule agents have been sought. The aim of this study was to evaluate the efficacy and oral activity of a novel taxane (MST-997) in paclitaxel- and docetaxel-resistant tumor models \textit{in vitro} and \textit{in vivo}.

\textbf{Experimental Design:} Tubulin polymerization assays, immunohistochemistry, and cell cycle analysis was used to evaluate mechanism of action of MST-997. The effect of MST-997 on growth inhibition in a panel of paclitaxel- and docetaxel-resistant cell lines that overexpressed P-glycoprotein (MDR1) or harbored \(\beta\)-tubulin mutations were assayed \textit{in vitro} and in murine xenografts.

\textbf{Results:} MST-997 induced microtubule polymerization (EC50 = 0.9 \(\mu\)mol/L) and bundling, resulting in G2-M arrest and apoptosis. In addition, MST-997 was a potent inhibitor of paclitaxel- and docetaxel-sensitive tumor cell lines that did not have detectable P-glycoprotein (IC50 = 1.8 \(\pm\) 1.5 nmol/L). Minimal resistance (1- to 8-fold) to MST-997 was found in cell lines that either overexpressed MDR1 or harbored point mutations in \(\beta\)-tubulin. Most notable, MST-997 displayed superior \textit{in vivo} efficacy as a single i.v. or p.o. dose either partially or completely inhibited tumor growth in paclitaxel- and docetaxel-resistant xenografts.

\textbf{Conclusions:} MST-997 represents a potent and orally active microtubule-stabilizing agent that has greater pharmacologic efficacy \textit{in vitro} and \textit{in vivo} than the currently approved taxanes. Our findings suggest that MST-997, which has entered phase I clinical trials, may have broad therapeutic value.

Based on current estimates, >10 million cases of cancer are documented worldwide, resulting in >6 million deaths annually (1). In most patients with solid tumors, some of the most effective anticancer therapies are palliative rather than curative and extend life only on the order of months rather than years (2). Thus, there remains a significant unmet medical need to develop agents that improve quality of life and prolong survival.

Agents that bind to tubulin and inhibit microtubule function are widely used in the treatment of cancer (2). Such drugs inhibit several processes during cell division, most notably chromatid separation, leading to inhibition of growth and ultimately cell death. Although the exact mechanism of action is not completely understood, all anti-microtubule agents alter the dynamic equilibrium of microtubules such that they either perturb the net addition of tubulin dimers to one end (polymerization) or the net removal of tubulin dimers from the opposite end (depolymerization; ref. 2).

Paclitaxel, originally derived from the inner bark of the pacific yew tree \textit{Taxus brevifolia}, and docetaxel, derived semi-synthetically by esterification of a side chain to 10-deacetyl baccatin III, stabilize microtubules and at stoichiometric concentrations enhance microtubule polymerization (3–8). Based on photoaffinity labeling and crystallographic analyses, both paclitaxel and docetaxel inhibit the function of tubulin by binding to a similar, highly defined region within \(\beta\)-tubulin (9). However, recent studies indicate that the antineoplastic activity of taxanes may originate, in part, from induction of genes encoding transcription factors with tumor suppressor effects as well as enzymes governing proliferation, apoptosis, and inflammation (10–12).

The currently approved taxanes have numerous limitations. First, certain tumor types are either completely refractory to these agents (i.e., colon carcinomas) or develop resistance during multiple cycles of therapy (i.e., breast, ovarian, or lung carcinomas; refs. 1, 13). Second, all anti-microtubule drugs...
induce serious side effects, most notably bone marrow suppression and/or peripheral neuropathy. Third, both paclitaxel and docetaxel are prepared in vehicles that induce hypersensitivity reactions and require patients to be premedicated with corticosteroids.

Tumor cell resistance to paclitaxel or docetaxel is also observed in vitro and can be attributed to (a) overexpression of drug efflux pumps, such as P-glycoprotein; (b) acquired mutations at the drug binding site of tubulin; (c) differential expression of tubulin isoforms; (d) alteration in apoptotic mechanisms; (e) activation of growth factor pathways; or (f) other biochemical changes (14–16). The contribution of each of these mechanisms to clinical resistance remains uncertain, although correlations have been made with P-glycoprotein expression levels in some tumor types.

In a continued effort to identify taxanes that are more potent, orally bioavailable, and efficacious in drug-resistant tumors, we evaluated several taxane analogues provided by Taxolog, Inc. (Fairfield, NJ), which are generated by an optimized semisynthetic chemical process. We report the identification of a novel structurally distinct docetaxel analogue, microtubule-stabilizing taxane-997 (MST-997), that has superior in vitro and in vivo activity in paclitaxel- and docetaxel-resistant models, is orally active, and causes complete tumor regression with a single dose. In addition, the superior in vivo efficacy of MST-997 can be obtained in non-Cremophor EL vehicles, potentially providing alternative formulation options and circumventing the need for premedication that is required for paclitaxel administration.

### Materials and Methods

#### Materials

- Paclitaxel, vinblastine, Cremophor EL (polyoxyl 35 castor oil), and Tween 80 (polyborate 80) were purchased from Sigma, Inc. (St. Louis, MO). Intralipid (20% soybean oil, 1.2% egg phospholipids, 2.2% glycerin) was purchased from Baxter Healthcare (Deerfield, IL). Docetaxel was purchased from LKT Laboratories (St. Paul, MN).

- Paclitaxel and docetaxel were given on days 1, 5, and 9 (q4d) as described previously (20).

#### Cell lines.

- The following human cell lines were purchased from the American Type Culture Collection (Rockville, MD): HCT-116, DLD-1, HCT-15 representing colorectal tumors; NCI-H838 derived from non–small cell lung carcinomas; and Lox originating from melanoma tumors. The A549 human lung adenocarcinoma parental cell lines and its counterpart selected for resistance to epothilone B (A549.EpoB40) were kindly obtained from Dr. Susan Band Horwitz (Albert Einstein College of Medicine, Bronx, NY) and have been described previously (17).

- The human KB series of epidermoid tumors (KB-3-1, KB-8-5, and KB-V1) and MX-1W breast carcinoma have been described and maintained as previously reported (18, 19). The KB-D-15, KB-P-15, and KB-PTX/099 lines were derived from the parental KB-3-1 cells by selecting and clonally expanding in the presence of 15 nmol/L docetaxel (KB-D-15). 15 nmol/L paclitaxel (KB-P-15), or a combination of 15 nmol/L paclitaxel and 5 nmol/L MST-997 or paclitaxel for 16 hours. Cells were harvested, fixed in ethanol, and stained with 0.5 mg/mL of propidium iodide along with 0.1 mg/mL of RNase A (200 KU, Calbiochem, San Diego, CA) and analyzed on a FACSCalibur cell sorter (Becton Dickinson).

- Cell proliferation assays. All in vivo animal studies described here were carried out in compliance with the standards for use of laboratory animals. Athymic nu/nu female mice were implanted s.c. with either 2 × 10^6 MX-1W tumor fragment. When tumors attained an average mass between 80 and 200 mg (defined as day 0 of staging), 5 or 10 mice were randomized into treatment groups depending upon the experiment.

- MST-997 was initially solubilized in 100% ethanol followed by mixing with vehicles used for i.v. or p.o. administration. Mice were treated i.v. with a single dose of MST-997 prepared in 5% ethanol and 95% Intralipid or vehicle alone. Additional i.v. formulations for MST-997 included 5% ethanol and 5% Tween 80 in normal saline and 5% ethanol and 5% Cremophor EL in normal saline. Mice were treated orally (p.o.) with a single dose of MST-997 prepared in 5% ethanol and 5% Cremophor EL in normal saline or vehicle alone. Briefly, paclitaxel powder was initially solubilized in 100% ethanol followed by mixing with Cremophor EL to yield a 25 mg/mL stock of 50% ethanol/50% Cremophor EL that was diluted in saline immediately before administration. Docetaxel powder (20 mg) was dissolved in 100% Tween 80 and then further diluted in 13% ethanol to yield a 10 mg/mL stock. Paclitaxel and docetaxel were given on days 1, 5, and 9 (q4d × 3).
post-staging in 6% ethanol and 6% Cremophor EL in normal saline or 2.5% ethanol and 6% Tween 80 in normal saline, respectively.

Tumor mass ([length × width²] / 2) was determined once a week for up to 56 days, depending upon the experiment. The percent tumor/control (%T/C) was then calculated for each treatment group for the duration of the experiment. The %T/C is defined as the mean tumor mass of the treated group divided by the mean tumor mass of the vehicle control group multiplied by 100. A drug dose is considered toxic if there is >20% lethality, or if animals have lost ≥20% of their initial body weight. Injection or gavage volumes for all test agents did not exceed 0.5 mL.

Statistical analysis. Cell proliferation data were imported into Microsoft Excel for analyses and IC₅₀ determinations were obtained using Data Analysis Toolbox (MDL Information Systems, v.1.0.1), licensed by Wyeth. Average and SD values were calculated using Microsoft Excel. In vivo data were analyzed for significance by a two-tailed Student’s t test. \( P \leq 0.05 \) indicates a statistically significant reduction in relative tumor growth of the treated group compared with that of the vehicle control group. A drug is considered active if the %T/C is ≤42, and \( P \leq 0.05 \) is calculated.

Results

Chemical structure of MST-997. The structure of MST-997 is defined as 5\( \beta \),20-epoxy-1,2\( \alpha \),4,7\( \beta \),10\( \beta \),13\( \alpha \)-hexahydroxytax-11-en-9-one 4-acetate-2-benzoate-10-cyclopentane-carboxylate-13-ester with \( (2\,R\,S)\)-N-isopropoxycarbonyl-3-(2-thienyl) isoserine. MST-997 is an analogue of docetaxel with two major substitutions at carbon 10 and the 13 side chain of the baccatin core (Fig. 1). These modifications highlight the structural diversity of MST-997.

MST-997 induces microtubule polymerization and stabilization. The effect of MST-997 on microtubule polymerization was studied in vitro. In cell-free assays with purified tubulin, MST-997 was a potent agent that stabilized microtubules in the absence of GTP. Comparable with docetaxel, MST-997 caused an increase in turbidity when incubated with purified tubulin (indicative of microtubule formation) with EC₅₀ value of 0.9 \( \mu \)mol/L. At the maximum concentration of 24 \( \mu \)mol/L of MST-997, the overall rate of tubulin polymerization was similar to docetaxel; however, the net amount of polymerized tubulin was slightly enhanced in the presence of MST-997 (Fig. 2A). In the absence of GTP, paclitaxel was a weak inducer of tubulin polymerization. Thus, MST-997 is a more potent tubulin polymerizing agent than paclitaxel.

Fluorescent staining of microtubules in KB-3-1 cells. Another hallmark of taxanes is their ability to induce tubulin bundling in tumor cells. Therefore, MST-997 was examined by immunofluorescence for its ability to disrupt cell division and induce the bundling of microtubules in KB-3-1 epidermoid cells. As a control, paclitaxel was used at concentrations that were 10-fold higher than the concentration needed to inhibit the growth of KB-3-1 human epidermoid carcinoma cells (Table 1). In untreated cells, extensive microtubule networks in the cytoplasm (Fig. 2B) and defined spindle poles surrounding the metaphase plate in dividing cells were observed (Fig. 2B, inset).

Fig. 1. Chemical structures of paclitaxel (PTX), docetaxel (DTX), and MST-997. Modifications of the baccatin III core structure (A, B, C, and D) are indicated as \( R_1 \), \( R_2 \), and \( R_3 \).
At 1 nmol/L MST-997 normal metaphase plates with characteristic spindle poles were rarely observed, and cells were usually rounded (Fig. 2C). However, at the highest concentration tested, both 10 nmol/L MST-997 and 40 nmol/L paclitaxel induced the formation of microtubule bundles in the cytoplasm of numerous cells (Fig. 2D and E). Docetaxel caused similar effects (data not shown). To insure these effects were specific, cells were treated with 8 nmol/L of the depolymerizing agent vinblastine, in which no bundling of tubulin was observed (data not shown).

**MST-997 arrests tumor cells at G2-M phase of cell cycle.** To confirm that MST-997 behaved similarly to conventional taxanes, drug-sensitive KB-3-1 epidermoid cells were incubated with varying concentrations of MST-997 and paclitaxel (0.2-50 nmol/L) for 16 hours, and the proportion of cells in each of the different phases of the cell cycle were assessed by fluorescence-activated cell sorting analysis. Although the majority of cells (>75%) were arrested in G2-M when treated with 25 nmol/L paclitaxel, doses as low as 1.6 nmol/L MST-997 achieved a comparable effect. (Fig. 3A and B). Docetaxel caused similar effects (data not shown). To insure these effects were specific, cells were treated with 8 nmol/L of the depolymerizing agent vinblastine, in which no bundling of tubulin was observed (data not shown).

**MST-997 overcomes paclitaxel drug resistance due to overexpression of drug efflux pumps.** Because MST-997 is an antimicrotubule drug, we reasoned that it would be most useful in those patients where traditional anti-microtubule therapies had failed. Therefore, the activity of MST-997 was compared with other taxanes, with special emphasis on paclitaxel/docetaxel-resistant models, where the basis of resistance was known to be associated with the overexpression of drug efflux pumps, including MDR1 (P-glycoprotein/ABCB1; ref. 23). In a previous study, the increased levels of MDR1 mRNA and protein were confirmed in cell lines selected for resistant to colchicine (KB-8-5), vinblastine (KB-V1), paclitaxel (KB-P-15), docetaxel (KB-D-15), or inherently resistant (HCT-15 and DLD-1) when compared with the drug-sensitive parental lines (19). Indeed, when compared with drug-sensitive P-glycoprotein-negative cell lines, the average IC50 for docetaxel and paclitaxel increased to 105.4 ± 178.9 and 737.0 ± 1,226.5 nmol/L in P-glycoprotein-positive tumor lines, respectively (Table 1). This translated into a 87.4- and 178.4-fold increase in the relative drug resistance for docetaxel and paclitaxel, respectively (relative resistance is a ratio of IC50 of the drug-resistant cell line versus IC50 of the sensitive parental or tumor counterpart cell line).
7.9- to 44.5-fold resistance was observed in KB-D-15 and KB-V1 cell lines, respectively, both of which express very high levels of MDR1 (Table 1). Consistent with this observation, only KB-V1 cells had 4-fold lower drug accumulation of 14C-radiolabeled MST-997 compared with the parental KB-3-1 cells and KB-8-5 (data not shown). However, both KB-8-5 and KB-V1 cells had low drug accumulation of radiolabeled paclitaxel (data not shown). The latter is likely due to MDR1 because decreased cellular accumulation of paclitaxel was partially reversed with CL-329,753, an MDR1-specific inhibitor (24). In addition, MST-997 was a potent inhibitor of growth in HCT-15 and DLD-1 that were inherently resistant to paclitaxel in the absence of drug selection (Table 1). For example, the relative level of

<table>
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<tr>
<th>Cell line (paclitaxel sensitive)</th>
<th>Tumor origin</th>
<th>Resistance phenotype</th>
<th>P-glycoprotein expression</th>
<th>IC50 (nmol/L)</th>
<th>Fold relative resistance</th>
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<tr>
<td>KB-3-1</td>
<td>Epidermoid</td>
<td>None</td>
<td>0</td>
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<tr>
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<tr>
<td>Average ± SD</td>
<td></td>
<td></td>
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<td>1.8 ± 1.5</td>
<td>6.5 ± 1.9</td>
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<th>Resistance phenotype</th>
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<th>IC50 (nmol/L)</th>
<th>Fold relative resistance</th>
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<tr>
<td>KB-8-5</td>
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<td>1.6 ± 0.4</td>
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<td>KB-P-15</td>
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<td>P-glycoprotein overexpression</td>
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<td>KB-D-15</td>
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<td>P-glycoprotein overexpression</td>
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<td>6.4 ± 0.8</td>
<td>7.9</td>
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<td>KB-V1</td>
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<td>P-glycoprotein overexpression</td>
<td>++++</td>
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<td>44.5</td>
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<td>+++</td>
<td>1.5 ± 0.3</td>
<td>1.5</td>
</tr>
<tr>
<td>HCT-15</td>
<td>CRC</td>
<td>P-glycoprotein overexpression</td>
<td>+++</td>
<td>3.0 ± 0.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Average ± SD</td>
<td></td>
<td></td>
<td></td>
<td>8.5 ± 13.6</td>
<td>10.1 ± 17.0</td>
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<th>Cell line</th>
<th>Tumor origin</th>
<th>Resistance phenotype</th>
<th>P-glycoprotein expression</th>
<th>IC50 (nmol/L)</th>
<th>Fold relative resistance</th>
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<tr>
<td>KB-PTX/099</td>
<td>Epidermoid</td>
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<td></td>
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<td>18.1 ± 1.2</td>
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</table>

NOTE: Cell toxicity was measured using Cell-Titer Glo as described in Materials and Methods to assess the levels of ATP after a 72-hour incubation with MST-997, docetaxel, or paclitaxel. Values represent average IC50 ± SE.

Abbreviations: CRC, colorectal carcinoma; NSCLC, non-small cell lung carcinoma.

1 P-glycoprotein expression was determined by Western blotting and quantitative real-time RT-PCR using MDR1-specific antibodies and probes, respectively, as previously described (19). Scoring code based on Western blotting: 0, undetectable; + to ++++, low to high expression.

2 Fold relative resistance is defined as a ratio of IC50 in the resistant cell line to the IC50 of the corresponding sensitive/parental cell counterpart. For example, drug-resistant epidermoid tumors were compared with the KB-3-1 parental line. HCT-116 was used as the respective sensitive colon cell line for DLD-1 and HCT-15. A549 was used as the respective parental line for A549.EpoB40.
reported as an amino acid. Gln

don't overexpress drug efflux pumps and have been previously observed to be sensitive to MDR1, which presumably bind to the Vinca and Vinca peptide–binding domains of tubulin, respectively (data not shown). The binding domain for these agents is believed to be distinct from the taxane pharmacophore based on pharmacologic, biochemical, and crystallographic data (9).

**MST-997 is highly efficacious when given as a single i.v. or p.o. dose in paclitaxel-sensitive tumor xenografts in vivo.** The activity of MST-997 was assessed in several nude mouse xenograft models that are known to be sensitive to treatment with paclitaxel and docetaxel (29–31). The first set of experiments was done using Lox melanoma and KB-3-1 epidermoid xenograft models. We have established that these tumor models are highly responsive to paclitaxel such that the optimal dose of 60 mg/kg paclitaxel when given on days 1, 5, and 9 (q4d × 3) is ~90% of the maximum tolerated dose (MTD; based on the maximal acceptable weight loss of 20% compared with control-treated animals). Animals bearing small-established Lox melanoma xenografts were treated with 10 to 120 mg/kg MST-997 given as a single i.v. dose in Intralipid on day 1 (defined henceforth as the day after tumor weight of ~100 mg was achieved). A clear dose response was observed with a maximum efficacious dose of 100 mg/kg and the minimum efficacious dose of 10 mg/kg (Fig. 4A). No tumors were detected in 9 of 10 animals receiving the 100 and 70 mg/kg doses up to 56 days after drug administration and as such were defined as cured (Fig. 4A). The MTD was 120 mg/kg. Consistent with previously published data (19, 29), paclitaxel was also highly effective when given at its optimal dose of 60 mg/kg q4d × 3 such that tumor growth was inhibited by >95% up to day 35 (Fig. 4A) with no observable weight loss.

In animals bearing staged HT-29 colon tumors, the minimum efficacious dose of MST-997 was 30 mg/kg, and cures were observed at 70 mg/kg (data not shown). Again, with exception of the 120 mg/kg MTD dose, little or no weight loss was observed in the latter experiment either. Similar to LOX and HT-29, single i.v. doses of MST-997 > 60 mg/kg were also highly effective in eliminating tumor growth in MX-1, Panc-1, and KB-3-1 xenografts such that no tumors were detected 30 to 60 days post-administration, and animals were again classified as cured (8 of 10 animals; data not shown). However, single i.v. doses of paclitaxel given at concentrations of >60 mg/kg were completely ineffective in reducing tumor growth in all sensitive models tested (data not shown). Thus, a single i.v. dose of MST-997 is highly effective in a non-Cremophor EL vehicle, such as Intralipid; well tolerated; and has a broad therapeutic window in animals bearing paclitaxel-sensitive tumors.

MST-997 was also benchmarked directly to paclitaxel with regard to a multiple i.v. dose schedule in sensitive models to determine it tolerability. MST-997 was given i.v. on days 1, 5, and 9 to animals bearing Lox melanoma and MX-1 breast tumor xenografts. Doses of MST-997 ranged from 5 to 40 mg/kg/dose, and drug was prepared in Intralipid. All doses of MST-997 significantly inhibited tumor growth of LOX melanoma xenografts with cures observed at 20 to 40 mg/kg in 10 of 10 animals (Fig. 4B). Again, the increased potency of resistance to MST-997 and paclitaxel in the HCT-15 colon tumor cell line, which overexpresses very high levels of MDR1, was 1.9- and 53.4-fold, respectively, compared with HCT-116 colon cells that are sensitive to these agents. MDR1 mediates resistance, at least in part, in the HCT-15 lines as well because the reversal agent CL-329,753 resensitized cells to MDR1 substrates, such as paclitaxel (24).

**Resistance models with mutations in the taxane binding site of tubulin.** In cell culture, resistance to paclitaxel and other tubulin polymerizing agents, such as epothilones, can be attributed to tubulin mutations (17, 20, 25, 26). Epothilone A and B promote microtubule polymerization and bind to a similar site in tubulin compared with paclitaxel and docetaxel (27, 28). Therefore, we determined if MST-997 could overcome this mode of resistance by using the KB-PTX/099 line derived from the human KB-3-1 epidermoid cells selected in the presence of paclitaxel and an MDR1 reversal agent (20). Additional comparisons were also done with an A549 human lung carcinoma selected for resistance to epothilone B (17). These resistant cell lines express β-tubulin containing distinct point mutations in the taxane- or epothilone-binding sites but do not overexpress drug efflux pumps and have been previously reported as amino acids 29Glu→Aam (A549.EpoB40) and amino acid 26Asp→Glu (KB/099; refs. 17, 20). Cross-resistance to docetaxel and paclitaxel was observed in both tubulin-mutant lines tested and on average was ~11.8- to 18.0-fold, respectively (Table 1). However, MST-997 displayed a lower level of cross-resistance (3.8-fold) in both lines when compared with paclitaxel and docetaxel (Table 1). In contrast to tubulin–polymerizing agents, no cross-resistance was observed for vinblastine or for dolastatin-10, which presumably bind to the Vinca and Vinca peptide–binding domains of tubulin, respectively (data not shown). The binding domain for these agents is believed to be distinct from the taxane pharmacophore based on pharmacologic, biochemical, and crystallographic data (9).
MST-997 in sensitive xenograft models is underscored by the observation that a 2-fold less dose was more efficacious than paclitaxel (Fig. 5B; 30 mg/kg MST-997 versus 60 mg/kg paclitaxel). Similar results were obtained using the human breast carcinoma MX-1 (data not shown). No significant weight loss was noted at any of the doses in either Lox or MX-1 models, suggesting that MST-997 is well tolerated at multiple low doses.

MST-997 was also highly efficacious in the KB-3-1 paclitaxel-sensitive model when given orally. Animals bearing KB-3-1 xenografts were treated with vehicle or 10 to 300 mg/kg MST-997 given as a single p.o. dose prepared in Cremophor EL in normal saline (Fig. 4C). The MTD of MST-997 when given orally was 300 mg/kg, and the minimum efficacious dose was 30 mg/kg. Cures were observed in all animals receiving as low as 100 mg/kg MST-997 (Fig. 4C). Little or no weight loss was detected at any dose tested. Although paclitaxel is not orally bioavailable, a single p.o. administration of MST-997 was as effective as multiple i.v. doses of paclitaxel given at its optimal concentration and schedule in KB-3-1 xenografts (Fig. 4D). However, >90% tumor growth inhibition was observed when animals were treated with 70 mg/kg MST-997 p.o., where a comparable i.v. dose resulted in cures in 9 of 10 animals (Fig. 4D). Similar p.o. results were obtained in the Lox melanoma xenograft model (data not shown). The data obtained in the above in vivo experiments confirm that MST-997 is a potent inhibitor of growth in paclitaxel-sensitive tumors when given either i.v. or p.o. However, cures were observed at lower i.v. doses, suggesting that higher or more frequent dosing may be required when MST-997 is given orally.

**MST-997 has superior activity in paclitaxel- and docetaxel-resistant xenograft animal models.** Experiments were done in xenograft models that were either inherently resistant (DLD-1 and HCT-15 colorectal carcinoma) or have acquired resistance to paclitaxel and docetaxel (KB-8-5). As described previously, the DLD-1 cell line overexpressed MDR1 to equivalent levels found in KB-8-5 cells (19, 29) and was ~2.7- to 4.0-fold resistant to docetaxel and paclitaxel relative to the HCT-116 P-glycoprotein-negative cell lines described in Table 1. For example, in tumors derived from DLD-1, 20 mg/kg docetaxel or 60 mg/kg given i.v. q4d/C2 did not inhibit the growth of tumors (Fig. 5A). The results were markedly different for MST-997 because tumor growth was inhibited by >90% (10% T/C) with a single i.v. dose of 70 mg/kg in Intralipid (Fig. 5A) in 9 of 10 animals. The minimum efficacious dose of MST-997 was

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**Fig. 4.** Efficacy of MST-997 in paclitaxel (PTX) - sensitive xenograft tumor models in vivo by i.v. and p.o. administration. A and B, female nu/nu mice (n = 10) bearing paclitaxel-sensitive Lox melanoma tumors — 100 mg in size were treated i.v. with vehicle (Intralipid), 10 to 100 mg/kg of MST-997 given qd × 1 (A) or 5 to 40 mg/kg MST-997 dosed q4d × 3 (B). As a control, paclitaxel was administered i.v. at its optimal dose and schedule of 60 mg/kg q4d × 3 (A and B). C, animals bearing KB-3-1 epidermoid tumors (n = 10) were treated with vehicle (Cremophor EL) or a single p.o. dose of 10 to 300 mg/kg MST-997. D, animals bearing KB-3-1 tumors (n = 10) were dosed with vehicle (Intralipid), single i.v. and p.o. doses of 70 mg/kg MST-997 on day 1, or multiple 60 mg/kg doses of paclitaxel given q4d × 3. Tumor growth was determined every 7 days for 28 or 60 days depending on the model tested. *, P < 0.01.

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3465

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30 mg/kg in the DLD-1 model versus 10 mg/kg in the Lox melanoma model, and the MTD was 100 mg/kg (Fig. 5A). Little or no weight loss was observed at any of the doses tested.

To further explore the use of MST-997 in paclitaxel-resistant models, the MDR1-positive epidermoid cell line KB-8-5, which is 19-fold resistant to paclitaxel or docetaxel, was used. This level of resistance in vitro translates to resistance in animals as well (19). KB-8-5 xenografts were dosed i.v. from 10 to 100 mg/kg with MST-997 in Intralipid, and >50% inhibition was observed with doses as low as 30 mg/kg (data not shown). Maximum tumor growth inhibition at 90% (10% T/C) was observed in all animals tested at 70 mg/kg MST-997 (data not shown). The growth of KB-8-5 tumors treated with paclitaxel was not inhibited when given as a single i.v. dose of 60 mg/kg or on q4d × 3 schedules, which is efficacious in the paclitaxel-sensitive KB-3-1 model (data not shown).

To explore the efficacy and tolerability of multidose i.v. regimens, 40 mg/kg MST-997 was given q4d × 3 in HCT-15 xenografts, a highly resistant paclitaxel model. Indeed, in tissue culture and in vivo, these colon carcinoma cells are inherently resistant to both paclitaxel and docetaxel due to very high levels of MDR1 (refs. 19, 29; Fig. 5B). Given that repeated high doses of 70 mg/kg were toxic, lower doses of MST-997 were required on the multidose schedule. Interestingly, compared with MAC-321, another docetaxel analogue that was identified by Taxolog and characterized in our laboratory (29), which is only partially effective at multiple doses of 30 mg/kg q4d × 3; 40 mg/kg of MST-997 given q4d × 3 resulted in >90% inhibition in 9 of 10 animals (Fig. 5B). Thus, multidose scheduling of MST-997 at low doses is extremely effective in reducing tumor growth in both paclitaxel-sensitive and highly resistant tumor xenografts and, more importantly, are well tolerated.

MST-997 was also tested orally in the KB-8-5 xenograft model. Animals bearing KB-8-5 xenografts were dosed p.o. with vehicle or 10 to 300 mg/kg MST-997 prepared in Cremophor EL. The minimum efficacious dose was 50 mg/kg, and cures were observed in 8 of 10 animals at the 100 and 300 mg/kg dose levels (Fig. 5C). However, MST-997 was partially effective at the 70 mg/kg dose, which typically resulted in >95% inhibition when given i.v. (Fig. 5D). Nevertheless, p.o. administration of MST-997 was more effective than either i.v. or p.o. dosing of paclitaxel in the KB-8-5 model (Fig. 5D). Thus, a single dose of MST-997 significantly inhibited, or in some cases completely repressed, tumor growth in paclitaxel-resistant tumor xenografts when given either i.v. or p.o.
MST-997, a Novel Orally Active and Improved Taxane...
resistance to paclitaxel (33). However, the results have not been confirmed by subsequent studies where DNA or cDNA was obtained from tumor or serum samples (34–37). In addition, no mutations in β-tubulin that encode a different protein structure have been found in 62 human breast cancers (38). The discrepancy between the original report and subsequent studies is likely attributed to the use of nonselective primers used during PCR amplification of β-tubulin that would allow hybridization of probes to tubulin pseudogenes present in genomic DNA (35–37). The lack of positive results, however, does not exclude the possibility that clinical resistance to paclitaxel may be correlated with mutations in other isoforms of α-tubulin or β-tubulin.

The lack of resistance to MST-997 in vitro and in vivo in cell lines, such as KB-8-5, DLD-1, or HCT-15, that overexpress P-glycoprotein at clinically relevant levels suggests that MST-997 may have use in patients who have failed previous taxane therapy due to P-glycoprotein overexpression. However, it should be noted that the contribution of each of these mechanisms to the clinical response to taxanes is either controversial (i.e., MDR1), has not been substantiated (i.e., tubulin mutations), or is poorly studied (i.e., apoptotic mechanisms; refs. 4, 10, 13). Moreover, because P-glycoprotein is present and functional in normal tissues (15), including progenitors of the hematopoietic system (39) and endothelial cells within the blood brain barrier (15), it remains to be determined if enhanced efficacy of MST-997 in a P-glycoprotein-expressing tumor will also be associated with increased toxicity in humans.

Previously, it has been shown that paclitaxel and docetaxel are ineffective when given orally and both agents have poor bioavailability (40–42). Because paclitaxel and docetaxel are excellent substrates for MDR1, this effect is likely due to high levels of MDR1 that are present in the gastrointestinal tract (43, 44). Consistent with this hypothesis, the oral bioavailability of paclitaxel is improved in MDR 

Another advantage of MST-997 may indeed involve the dosing schedule. In the experiments presented, a single dose of MST-997 can be highly effective; therefore, dividing the dose was usually unnecessary. This is similar to docetaxel where an equivalent total dose of the compound has been reported to be equally efficacious when given on an intermittent schedule (days 1 and 6 or days 1, 5, 9, and 13) or thrice a day for 5 days (41). By comparison, paclitaxel often requires repetitive dosing (i.e., daily doses on days 1 to 5 or days 1, 5, and 9) to show efficacy in numerous models (31). Multiple-dose therapy with MST-997 may still be preferred in paclitaxel-resistant models where a single dose of MST-997 is only partially effective. Notably, multiple low doses of MST-997 was more effective than MAC-321, given at a similar schedule and dose, at overcoming drug resistance in the HCT-15 cell lines, which overexpresses high levels of MDR1. The latter observation suggests that MST-997 may be an effective alternative to MAC-321 in treating highly resistant tumors that overexpress comparable levels of MDR1.

Presently, paclitaxel and docetaxel are given in Cremophor EL or Tween 80, respectively. In both cases, patients must be premedicated to avoid a hyperallergenic response that has been attributed to the vehicle rather than the taxane (48, 49). Given that MST-997 was highly efficacious in a non-Cremophor vehicle, such as Intralipid, when given i.v., it may not induce a hypersensitive response in patients. Furthermore, MST-997, unlike paclitaxel is highly soluble in ethanol (~275 versus 39 mg/mL, respectively), thus eliminating the need for Cremophor EL or Tween 80. However, it is important to note that MST-997 is equally efficacious in either Cremophor EL or Tween 80. Therefore, it is likely that the superior activity observed for MST-997 is due to the compound and not the formulation. An alternative formulation to Cremophor EL that does not require premedications, such as Intralipid, however, will be clearly advantageous when MST-997 is given in the clinic.

In conclusion, MST-997 can be distinguished from other anti-microtubule agents in development or marketed because it has a unique chemical structure that is amenable to scale-up and administration in non-Cremophor vehicles. Like other taxanes, however, it induces polymerization of purified tubulin and G2-M arrest in cells albeit at a more rapid rate and lower doses. Most notably, it is a highly potent orally bioavailable taxane that overcomes paclitaxel and docetaxel resistance in vitro and in vivo at single doses. The data presented here provide further support for aggressive development of MST-997, which is currently in phase I clinical trial for the treatment of human cancers.

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Preclinical Pharmacologic Evaluation of MST-997, an Orally Active Taxane with Superior \textit{In vitro} and \textit{In vivo} Efficacy in Paclitaxel- and Docetaxel-Resistant Tumor Models
