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O'farril, Vibora, Municipio 10 de, Octubre, Ciudad de la Habana, Cuba (CU).

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(74) Agents: RANGANATH, Shivakumar et al.; K & S Partners, # 134, First Floor, 60 Ft. Domlur Road, Indiranagar, Bangalore, Karnataka 560 008 (IN).

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(71) Applicants (for all designated States except US): BIOCON LIMITED [IN/IN]; 20th KM, Hosur Road, Electronic City, Bangalore, Karnataka 560 100 (IN). CEN-TRO DE INMUNOLOGIA MOLECULAR [IN/IN]; Calle 216 y 15 Atabey Playa, Ciudad, Havana City 11600, Cuba 11600 (IN).

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(72) Inventors; and

(75) Inventors/Applicants (for US only): MELARKODE, Ramakrishnan [IN/IN]; No.288, 4th Main, Rainbow Drive Layout, Sarjapur Road, Bangalore, Karnataka 560 038 (IN). NAIR, Pradip [IN/IN]; # 101, Sarangi Residency, Near and Opposite India Packers Limited, Kammanahalli, Off Bennerughatta Road, Bangalore, Karnataka 560 076 (IN). CHIVUKULA, Indira, Venkata [US/US]; 6, Nye Road, Medfield, Usa, Massachusetts 02052 (US). CASIMIRO, Jose, Enrique, Montero [CU/CU]; Calle 314 # 2916, Fraga, La Lisa, Ciudad, Habana, Cuba 17100 (CU). RODRIGUEZ, Rolando, Perez [CU/CU]; Juan Delgado 567, entre Avenida de Acosta, y

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(54) Title: A PHARMACEUTICAL COMPOSITION AND A PROCESS THEREOF

(57) Abstract: A combination therapy is provided of an EGFR-inhibiting agent that competitively inhibits native EGF binding to the receptor and an immunosuppressant to treat a mammalian host, preferably human by administration of a therapeutically effective amount of the drug for the prophylaxis and/or treatment of tumors. The Immunosuppressant selected from the group comprising rapamycin, tacrolimus, everolimus, pimecrolimus in the free form or in the form of a pharmaceutically acceptable salt or solvates. Novel anti-EGFR drug-conjugates, and compositions optionally containing at least one pharmaceutically acceptable carrier for simultaneous use is also contemplated.

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A PHARMACEUTICAL COMPOSITION AND A PROCESS THEREOF

FIELD OF THE INVENTION

The invention is directed towards novel synergistic combinations of anti-EGFR antibodies and immunosuppressive agents used to treat a mammalian host by administration of a therapeutically effective amount of the drug in the course of a treatment for cancer or suspected tumor cell growth. The drug combination that is cytotoxic to tumor cells comprises an EGFR inhibiting antibody that competitively inhibits native EGF ligand binding to the EGFR receptor. The combination also comprises at least one further immunosuppressant selected from the group comprising rapamycin, tacrolimus, everolimus, pimecrolimus in the free form or in the form of a pharmaceutically acceptable salt. The combination drug used is preferably an immunosuppressive agent and most preferably rapamycin. Novel anti-EGFR-drug conjugates, and compositions optionally containing at least one pharmaceutically acceptable carrier for simultaneous use is contemplated. The above described agents may be used for the prophylaxis and/or treatment of tumors by increasing cytotoxicity of the tumor cells towards the described combinatorial therapeutic agent.

BACKGROUND AND PRIOR ART OF THE INVENTION:

Despite the swift progress made in the field of cancer therapies, cancer recurrence still remains a problem. Issues concerning relapse and non-responsiveness to chemotherapeutic agents in cancer patients are a major problem improperly addressed. Further, overdoses of targeted antibody therapies results in increased blood toxicities such as neutropenia and thrombocytopenia. There remains a need to identify new methods of treatment that would alleviate and/or prevent relapse of tumors, whilst keeping the effective drug doses as low as possible

Combination therapies are among the current experimental regimens focusing on combining chemotherapy with immunotherapy in an attempt to overcome such resistance issues. Combination therapy refers to simultaneous administration of two or more medications or treatments, such as chemotherapy (CT), radiation therapy (RT) or a drug, to treat a single disease. The rationale for this tactic is to use drugs that work on different signal transduction pathways, thereby increasing the likelihood that more cells

will be affected. For example, antibodies and RT treat cancer locally, while CT also kills metastatic cancer cells.

A new trend in combination therapy is the use of immunoconjugates, which are antibody-drug conjugates used to deliver drugs specifically to target cells, as opposed to being freely available systemically. These immunoconjugates show an augmented combined efficacy *in vivo*. It has been found that therapeutic monoclonal antibodies (mAb) might be more effective when conjugated with cytotoxic drugs. For example, the anti-HER2 mAb Herceptin-geldanamycin chemical conjugate showed a greater anti-tumor effect than Herceptin alone in tumor xenograft mouse models.

The present invention provides a rationally designed synergistic combination that offers clinically meaningful survival advantages over a single monotherapy. The combinations described in the invention helps achieve this clinical benefit with a manageable toxicity profile, making them more attractive options in the metastatic setting.

The invention is directed towards novel synergistic combinations of anti-EGFR antibodies binding to EGFR and immunosuppressive agents used to treat a mammalian host by administration of a therapeutically effective amount of the drug in the course of a treatment for cancer or suspected of tumor cell growth. The drug combination cytotoxic to tumor cells comprise an EGFR inhibiting agent that competitively inhibits EGF ligand binding to the EGFR receptor such as nimotuzumab (hR3). The combination also comprises at least one further immunosuppressive agent selected from the group comprising rapamycin, tacrolimus, everolimus, pimecrolimus in the free form or in the form of a pharmaceutically acceptable salt. The combination drug used is preferably an immunosuppressive agent and most preferably rapamycin.

hR3 is an anti-EGFR (epidermal growth factor receptor) humanized monoclonal antibody (mAb). EGFR activation stimulates cell proliferation, angiogenesis, dedifferentiation, and migration, as well as protects from apoptosis, which are all unregulated in cancer. hR3 binds to EGFR, preventing EGF-EGFR binding and inhibiting downstream signaling through the reduction of cytoplasmic tyrosine phosphorylation thereby blocking the signal transduction for cell proliferation. hR3 is the subject of product patents US 5,891,996 and US6,506,883.

Rapamycin is a macrolide antibiotic, produced from the bacterium *Streptomyces hygroscopicus*, with potent immunosuppressive and anti-proliferative effects, used mainly to prevent organ transplant rejection. Rapamycin binds to the cytosolic protein FK-binding protein 12 (FKBP12) and this complex inhibits the mammalian target of Rapamycin (mTOR) pathway, specifically the mTOR-mediated S6K1 and 4E-BP1 arms by directly binding to mTOR Complex-1 (mTORC1). One result of mTOR inhibition is selectively blocking the transcriptional activation of interleukin-2 (IL-2), making IL-2 unavailable to bind to IL-2 receptors expressed by lymphocytes, thereby blocking T- and B-cell activation. Rapamycin was first described in US 3,929,992.

Goudar R, et al (2005)ⁱ describe a combination therapy of inhibitors of epidermal growth factor receptor/vascular endothelial growth factor receptor 2 (AEE788) and the mammalian target of rapamycin (RAD001) everolimus offering improved glioblastoma tumor growth inhibition.

Buck E, et al (2006), describes rapamycin synergizing with the epidermal growth factor receptor inhibitor erlotinib in non-small-cell lung, pancreatic, colon and breast tumors.

Li D, et al (2007), describes rapamycin synergizing with the irreversible EGFR tyrosine kinase inhibitor HKI-272 in erlotinib-resistant murine lung adenocarcinomas.

The proposed combination of hR3 and rapamycin would be novel to the above approaches because it involves an anti-EGFR monoclonal antibody, as opposed to a small molecule, to be combined with rapamycin for an epidermoid carcinoma target. A monoclonal antibody has a significantly longer half-life than a small molecule. Hence the dosing and therapeutic method would be significantly different from a small molecule inhibitor of the EGFR tyrosine kinase domain.

The application WO 2004/056847 (US 2003/194403) discloses combination of an anti-EGFR monoclonal antibody like hR3 and immunosuppressive agents like rapamycin.

The advantage of the present invention over the cited prior art is the synergistic benefit achieved by the concurrent administration of the EGFR inhibiting agent and a chemotherapeutic drug such as rapamycin. It has now surprisingly been found that a

synergistic combination of hR3 and rapamycin shows increased cytotoxicity towards tumors.

OBJECTIVES OF THE INVENTION:

The main objective of the present invention is to obtain a synergistic combination of a therapeutic drug comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant.

Another main objective of the present invention is to obtain a pharmaceutical composition for therapeutic or prophylactic treatment of cancer

Yet another main objective of the present invention is to obtain a process of manufacturing a pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant, comprising step of mixing anti-EGFR antibody and an immunosuppressant along with pharmaceutically acceptable excipients.

Still another main objective of the present invention is to obtain a method of detecting a presence of the EGFR antigen or a cell expressing EGFR comprising contacting the sample with the diagnostic composition of claim 13 to allow a formation of a complex and detecting the formation of the complex.

Still another main objective of the present invention is to obtain a kit comprising the diagnostic combination.

STATEMENT OF THE INVENTION:

Accordingly, the present invention relates to a synergistic combination of a therapeutic drug comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant; a pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising administration of a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant and a pharmaceutically acceptable carrier; a process of manufacturing a pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant, comprising step of mixing anti-EGFR antibody and an immunosuppressant along with pharmaceutically acceptable excipients; a method of detecting a presence of the EGFR antigen or a cell expressing EGFR comprising contacting the sample with the diagnostic composition of claim 13 to

allow a formation of a complex and detecting the formation of the complex; and a kit comprising the diagnostic combination.

BRIEF DESCRIPTION OF THE FIGURES:

FIG 1: SRB Assay: Percentage cytotoxicity of A431 cells exposed for 72 hours to hR3 in combination with Rapamycin for a serially diluted concentration range from 5.2nM to 83nM for hR3 and 1.6nM to 25nM for Rapamycin.

FIG 2: MTS Assay: Percentage cytotoxicity of A431 cells exposed for 72 hours to hR3 in combination with Rapamycin for a serially diluted concentration range from 5.2nM to 83nM for hR3 and 1.6nM to 25nM for Rapamycin.

FIG 3: SRB Assay: Percentage cytotoxicity of A431 cells exposed for 72 hours to hR3 in combination with Rapamycin for a serially diluted concentration range from 2.6nM to 1328nM for hR3 and 0.78nM to 400nM for Rapamycin. The analyses of Figures 3-A and 3-B correspond to Figures 4-A and 4-B (below), respectively.

FIG 4: Bliss Independence Analysis of the hR3-Rapamycin combination

FIG 5: Western blot image composite. The blots show key signal transduction molecules downstream to hR3 and rapamycin and evaluates the combination of these drugs to these molecules. The figure also has quantification of the blot as compared to TFIID or Akt control. The values shown are relative to the Cells + EGF or Cells+EGF+DMSO control.

FIG 6: (A) Data illustrates the daily tumor volumes of the tumor xenografts in nude mice during the treatment course, starting from Day 12 (dose commencement) until Day 28 after cell implantation (date of sacrifice).

(B) Data expresses fold difference in tumor growth at Day 28 as compared to Day 12 for each drug arm.

Error bars express SD of mean tumor measurements for mice in each drug arm.

FIG7: Data represents relative values assigned according to mitotic activity frequency in H&E (Hematoxylin and eosin) stained tumor sections. Data shows a decrease in

mitotic activity in the 606.5 hR3 + 12.5nM Rapamycin combination group, as compared to the placebo group.

DETAILED DESCRIPTION OF THE INVENTION:

The present invention relates to a synergistic combination of a therapeutic drug comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant.

In another embodiment of the present invention the antibody competitively inhibits native EGF ligand binding to the EGFR receptor.

In yet another embodiment of the present invention, the anti-EGFR antibody is hR3.

In still another embodiment of the present invention, the immunosuppressant is selected from the group comprising macrolides selected from rapamycin, tacrolimus, everolimus, pimecrolimus or cyclosporins.

In still another embodiment of the present invention, the anti-EGFR antibody is conjugated to the immunosuppressant.

In still another embodiment of the present invention, the drug elicits increased cytotoxicity against tumor cells.

In still another embodiment of the present invention, the combination can be administered in the form of solid, semi-solid, or liquid, tablets, pills, powders, capsules, gels, ointments, liquids, suspensions or aerosols.

The present invention relates to a pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising administration of a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant and a pharmaceutically acceptable carrier.

In another embodiment of the present invention, wherein the therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant further comprises pharmaceutically acceptable excipients.

In yet another embodiment of the present invention the composition is administered intravenously, intramuscularly, subcutaneously, intrasynovially, by infusion, sublingually, transdermally, orally, topically or by inhalation.

In still another embodiment of the present invention the combination drug is used in the treatment of breast cancer, bladder cancer, colon cancer, esophageal cancer, pancreatic

cancer, stomach cancer, lung cancer, uterine cancer, cervical cancer, kidney cancer, ovarian cancer, prostate cancer, renal cancer and head and neck cancer.

The present invention relates to a process of manufacturing a pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant, comprising step of mixing anti-EGFR antibody and an immunosuppressant along with pharmaceutically acceptable excipients.

In another embodiment of the present invention, the immunosuppressant is selected from the group comprising macrolides selected from rapamycin, tacrolimus, everolimus, pimecrolimus or cyclosporins.

The present invention relates to the use of the combination of an anti-EGFR antibody and an immunosuppressant according to any of preceding claims for the preparation of a diagnostic composition for the immunohistological detection of cancers.

In another embodiment of the present invention, a method of detecting a presence of the EGFR antigen or a cell expressing EGFR comprising contacting the sample with the diagnostic composition of claim 13 to allow a formation of a complex and detecting the formation of the complex.

The present invention relates to a kit comprising the diagnostic combination.

This invention is directed towards novel synergistic combinations of EGFR inhibiting agents specific to the EGFR receptor and immunosuppressive drugs or agents, which can be used to treat a mammalian host, usually a human, suffering from cancer by administering the combination in a therapeutically-effective amount exhibiting cytotoxicity.

Preferred EGFR inhibiting agents are molecules which can competitively inhibit the binding of the native ligands for the receptor, the binding of which elicits signal transduction pathways that regulate cell proliferation, differentiation and apoptosis.

Preferred immunosuppressive agents may be selected from the group comprising rapamycin, tacrolimus, everolimus, pimecrolimus in the free form or in the form of a pharmaceutically acceptable salt. The combination drug used is preferably an immunosuppressive agent and most preferably rapamycin.

The effective dosage of each of the combination partners employed in the method of the invention may vary depending on the particular compound or pharmaceutical composition employed, the mode of administration, the severity of the condition being treated.

Another aspect of the present invention relates to anti-EGFR drug- conjugates, and compositions optionally containing at least one pharmaceutically acceptable carrier for simultaneous use.

Other objects and advantages of the present invention will be more fully apparent to those of ordinary skill in art, in light of the ensuing disclosure and appended claims.

Another aspect of the present invention relates to anti-EGFR drug- conjugates, and compositions optionally containing at least one pharmaceutically acceptable carrier for simultaneous use.

The synergistic drug combination of the present invention comprises at least two components, an immunosuppressant drug or agent and an EGFR inhibiting molecule that is characterized as a tyrosine kinase inhibitors displaying cytotoxicity towards tumor cells.

DEFINITION OF TERMS:

The present invention provides novel combinatorial therapies for treatment of cancer and methods as set forth within this specification. In general, all technical and scientific terms used herein have the same meaning as commonly understood to one of ordinary skill in the art to which this invention belongs, unless clearly indicated otherwise. For clarification, listed below are definitions for certain terms used herein to describe the present invention. These definitions apply to the terms as they are used throughout this specification, unless otherwise clearly indicated.

“EGF receptor” is a transmembrane glycoprotein which has a molecular weight of 175 kDa and is found on many epithelial cell types. It is activated by at least three ligands, EGF (epidermal growth factor), TGF- α . (transforming growth factor alpha) and amphiregulin. Both EGF and TGF- α . have been demonstrated to bind to EGFR and lead to cellular proliferation and tumor growth.

“EGFR inhibiting agent” may be any monoclonal antibody directed against the epidermal growth factor receptor (EGFR) with potential antineoplastic activity. The antibody binds to the extracellular domain of EGFR, thereby preventing the activation and subsequent dimerization of the receptor; the decrease in receptor activation and dimerization that may result in signal transduction inhibition and anti-proliferative effects. Preferably the anti-EGFR agent is Nimotuzumab that binds to and inhibits EGFR, resulting in growth inhibition of tumor cells that overexpress EGFR. The antibodies may be murine, chimeric or humanized.

“hR3” is an anti-EGFR (epidermal growth factor receptor) humanized monoclonal antibody (mAb). EGFR activation stimulates cell proliferation, angiogenesis, dedifferentiation, and migration, as well as protects from apoptosis, which are all unregulated in cancer. hR3 binds to EGFR, preventing EGF-EGFR binding and inhibiting downstream signaling through the reduction of cytoplasmic tyrosine phosphorylation thereby blocking the signal transduction for cell proliferation.

The term “immunosuppressant” as used herein is meant to include compounds or compositions which suppress immune responses. Exemplary immunosuppressants include macrolides and cyclosporins, in particular macrolides (such as pimecrolimus, tacrolimus and sirolimus) and cyclosporins (such as phosphorine A) in the free form or in the form of a pharmaceutically acceptable salt or solvates. In one embodiment of the invention the immunosuppressant is a macrolide, in particular rapamycin.

The expression “synergistic” or “synergistically effective amounts” refers to amounts of each component of the combination which together are effective in producing more than an additive effect of the components alone. Therefore, the combination’s effect is greater than the sum of the effects of the two components.

According to one aspect of the invention the anti-EGFR antibody is conjugated to the immunosuppressant. The immunosuppressant is preferably hR3 in context of the present invention.

Preferred EGFR inhibiting agents are molecules which can competitively inhibit the binding of the native ligands for the receptor, the binding of which elicits signal transduction pathways that regulate cell proliferation, differentiation and apoptosis.

The immunosuppressive drugs or agents contemplated for use in this invention are selected from the group comprising rapamycin, tacrolimus, everolimus, pimecrolimus in the free form or in the form of a pharmaceutically acceptable salt. The combination drug used is preferably an immunosuppressive agent and most preferably rapamycin.

Those of skill will readily appreciate that dose levels can vary as a function of the specific compound, the severity of the symptoms and the susceptibility of the subject to side effects. Preferred dosages for a given compound are readily determinable by those of skill in the art by a variety of means. A preferred means is to measure the physiological potency of a given compound.

In a further embodiment the invention provides for a kit comprising a combination of antibodies comprising anti-EGFR antibody and an immunosuppressant or a diagnostic composition of the invention. Advantageously, the kit of the present invention further comprises, optionally (a) buffer (s), storage solutions and/or remaining reagents or materials required for the conduct of medical, scientific or diagnostic assays and purposes. Furthermore, parts of the kit of the invention can be packaged individually in vials or bottles or in combination in containers or multicontainer units.

The kit of the present invention may be advantageously used, inter alia, for carrying out the (diagnostic) methods of the invention and could be employed in a variety of applications referred herein, e. g. , as diagnostic kits, as research tools or medical tools. Additionally, the kit of the invention may contain means for detection suitable for scientific, medical and/or diagnostic purposes. The manufacture of the kits follows preferably standard procedures which are known to the person skilled in the art.

The susceptibility of a particular tumor cell to killing with the combined therapy may be determined by in vitro testing. For example, a culture of the tumor cell is combined with combinations at varying concentrations for a period of time sufficient to allow the active agents to inhibit cell proliferation. For in vitro testing, cultured cells from a biopsy sample of the tumor may be used.

The compositions herein are preferably administered to human patients via oral, intravenous or parenteral administrations and other systemic forms. The pharmaceutical formulations or compositions of this invention may be in the dosage form of solid,

semi-solid, or liquid such as, e.g., tablets, pills, powders, capsules, gels, ointments, liquids, suspensions, aerosols or the like. Preferably the compositions are administered in unit dosage forms suitable for single administration of precise dosage amounts. The compositions may also include, depending on the formulation desired, pharmaceutically-acceptable, non-toxic carriers or diluents, which are defined as vehicles commonly used to formulate pharmaceutical compositions for animal or human administration.

The EGFR inhibiting agent and the immunosuppressant may be administered alone or in combination with adjuvants that enhance stability of the ingredients, facilitate administration of pharmaceutical compositions containing them in certain embodiments, provide increased dissolution or dispersion, increase activity, provide adjunct therapy, and the like, including other active ingredients that may further lower toxic dosage levels of the immunosuppressants.

According to this invention, the components of the therapy and pharmaceutical compositions containing them may be administered to a patient in any conventional manner and in any pharmaceutically acceptable dosage form, including, but not limited to, intravenously, intramuscularly, subcutaneously, intrasynovially, by infusion, sublingually, transdermally, orally, topically or by inhalation. Preferred modes of administration are oral and intravenous.

The total amount of therapeutic compound, hR3 + Rapamycin combination as per the instant invention to be used can be determined by those skilled in the art. The amount of therapeutic agent is an amount effective to accomplish the purpose of the particular active agents. The amount in the composition is a therapeutically effective dose, i.e., a pharmacologically or biologically effective amount. However, the amount can be less than a pharmacologically or biologically effective amount when the composition is used in a dosage unit form, such as a capsule, a tablet or a liquid, because the dosage unit form may contain a multiplicity of delivery agent/biologically or chemically active agent compositions or may contain a divided pharmacologically or biologically effective amount. The total effective amounts can then be administered in cumulative units containing, in total, pharmacologically or biologically or chemically active amounts of biologically or pharmacologically active agent.

The composition may include one or more adjuvants, one or more carriers, one or more excipients, one or more stabilizers, one or more imaging reagents, one or more effectors; one or more photodynamic agents; and/or physiologically acceptable saline.

The composition of the invention can additionally comprise inert constituents including carriers, diluents, fillers, salts, and other materials well-known in the art, the selection of which depends upon the particular purpose to be achieved and the properties of such additives which can be readily determined by one skilled in the art.

According to one aspect of the invention, the composition includes pharmaceutically acceptable carriers. Pharmaceutically accepted carriers include but are not limited to saline, sterile water, phosphate buffered saline, and the like. Other buffering agents, dispersing agents, and inert non-toxic substances suitable for delivery to a patient may be included in the compositions of the present invention. The compositions may be solutions suitable for administration, and are typically sterile and free of undesirable particulate matter.

The compositions may be sterilized by conventional sterilization techniques. It may be desirable to add a preservative to the formulation of the present invention.

It is contemplated that the polypeptide or antibodies of the present invention may be used to treat a mammal. In one embodiment, the antibody is administered to a nonhuman mammal for the purposes of obtaining preclinical data, for example. Exemplary nonhuman mammals to be treated include nonhuman primates, dogs, cats, rodents and other mammals in which preclinical studies are performed. Such mammals may be established animal models for a disease to be treated with the antibody or may be used to study toxicity of the antibody of interest. In each of these embodiments, dose escalation studies may be performed on the mammal to ascertain the optimal dosage.

It is well known in the medical arts that dosages for any one patient depend on many factors, including the general health, sex, weight, body surface area, and age of the patient, as well as the particular compound to be administered, the time and route of administration, and other drugs being administered concurrently.

As used herein, "an effective amount" means an amount required to achieve a desired end result. The amount required to achieve the desired end result will depend on the

nature of the disease or disorder being treated, and can be determined by standard clinical techniques. In addition, in vitro assays may optionally be employed to help identify optimal dosage ranges. The precise dose to be employed will also depend on the route of administration and the seriousness of the disease or disorder, and should be decided according to the judgment of the practitioner and each subject's circumstances. Effective doses may be extrapolated from dose-response curves derived from in vitro or animal model test systems.

The detailed components of the combination may be characterized in several ways which will become more apparent from the description which follows. The following examples are offered by way of illustration and shall not be construed as being limitations on the scope or spirit of the instant invention.

EXAMPLE 1:

Sulforhodamine B (SRB) Colorimetric Assay

The cell line A431 was maintained in Dulbecco's modified eagle medium (DMEM) containing 10% FBS, 1% Penicillin-Streptomycin, and 20mM HEPES. The principle of this assay is based on the ability of the protein dye sulforhodamine B to bind electrostatically and pH dependently on amino acid residues of trichloroacetic acid (TCA)-fixed cells. Under mild acidic conditions SRB binds to the protein of cells and under mild basic conditions it can be eluted from cells for measurement. Results of the SRB assay are linear with respect to cell number and cellular protein amount.

A431 (human epidermoid carcinoma cells overexpressing EGFR) were seeded at a concentration of 5,000 cells per well in five 96-well flat-bottom plates, leaving twelve wells per plate without cells as a background reference. Plates were incubated in a humidified CO₂ incubator at 37°C for 24 hours. One 96-well plate was fixed using 10% TCA to be used as the 0-hour baseline value. Serial dilutions of Rapamycin (R) and hR3 were performed using 96-well round-bottom plates. Control per plate: twelve wells as background reference and twelve wells as negative controls. Experimental per plate (in triplicates): hR3 serially diluted from 83nM to 5.19nM, Rapamycin serially diluted from 25nM to 1.56nM, 83nM hR3 combined with 25nM to 1.56nM Rapamycin, and 25nM Rapamycin combined with 83nM to 5.19nM hR3. The spent medium was

tapped off from each plate and the total volume from each round-bottom plate was transferred to the flat-bottom plate containing cells. The final volume per well was 200 μ L. Plates were placed in a humidified CO₂ incubator at 37°C for 48 and 72 hours, with one hR3 and Rapamycin plate fixed at each time point. After fixation, all plates were stained using 0.4% SRB, washed with 1% acetic acid, eluted using 10mM unbuffered Tris base, and read at 570nm in an ELISA plate reader.

As depicted in Figure 1-a, R + 83 hR3 shows a significantly higher percentage of cytotoxicity as compared with R alone. In Figure 1-b, hR3 + 25 R also shows significantly higher cytotoxicity as compared with hR3 alone. Data suggests that hR3 combined with R has an amplified cytotoxic effect over hR3 or R alone.

EXAMPLE 2:

CellTiter 96® Aqueous Non-Radioactive Cell Proliferation Assay (Promega Corp., Madison WI)

The cell line A431 was maintained in DMEM containing 10% FBS, 1% Penicillin-Streptomycin, and 20mM HEPES. This colorimetric assay uses a soluble form of MTT, known as MTS, to determine the cell viability in a sample. Metabolically active cells bioreduce MTS into a soluble formazan product, so this conversion is directly related to the number of viable cells. It is the absorbance of the formazan product that is measured spectrophotometrically.

The cell line A431 was maintained in DMEM containing 10% FBS, 1% Penicillin-Streptomycin, and 20mM HEPES. This colorimetric assay uses a soluble form of MTT, known as MTS, to determine the cell viability in a sample. Metabolically active cells bioreduce MTS into a soluble formazan product, so this conversion is directly related to the number of viable cells. It is the absorbance of the formazan product that is measured spectrophotometrically.

A431 cells were seeded at a concentration of 10,000 cells per well in four 96-well flat-bottom plates, leaving twelve wells per plate without cells as a background reference. Plates were incubated in a humidified CO₂ incubator at 37°C for 24 hours. The identical plate set-up and dilutions as the SRB assay were used, but in this MTS-based assay, the total volume per well was 100 μ L. Plates were incubated in a humidified CO₂

values normalized. Here, Rapamycin alone displays greater cytotoxicity than hR3 in its lower doses and begins to show similar cytotoxicity as the dose concentration increases. The Bliss curve shows the dose response of R + hR3 if the combination effect was exactly additive. The combinations of varying hR3 with constant R (H_v / R_c) and varying R with constant hR3 (R_v / H_c) both show dose-response curves above the Bliss curve, indicating that R + hR3 have a synergistic cytotoxic effect. In lower doses R_v / H_c shows greater synergy than H_v / R_c , but as the concentration of hR3 increases both combinations show similar synergism.

EXAMPLE 4:

Preparation of Protein Lysates and Western Blotting

Cell extracts were prepared by RadioImmuno Precipitation Assay (RIPA) Buffer containing PMSF, protease inhibitor cocktail and sodium orthovanadate (sc-24948, Santa Cruz Biotechnology, Santa Cruz, CA). The soluble protein concentration was determined by the Bradford method as a macro-bovine serum albumin assay (#105570, Bangalore Genei, Bangalore, India). Protein immuno-detection was done by electrophoretic transfer of 10% SDS-PAGE separated proteins to Polyvinylidene Fluoride (PVDF #162-0177, Biorad Laboratories, Hercules, CA), incubation with primary/secondary antibody, and chemiluminescent substrate ECL plus (RPN 2132, GE Healthcare, Buckinghamshire, UK). The primary antibodies included phospho-Tyrosine[#9411] (pTYR), total EGFR[#2232], phospho-Akt(S473)[#9271] (pAKT), Akt pan11E7[#4685], phospho-MAPK (p42/p44)[#9101] (pMAPK), and phospho-Stat3(Y705)[#9131] (pSTAT3), mTOR[#2972], phosphor-S6 Ribosomal Protein(S235/236) [#2211] (pS6RP). All these primary antibodies were obtained from Cell Signaling Technologies (Danvers, MA). TFIID (TBP) (SI-1) [sc-273] was used as loading control which was obtained from Santa Cruz Biotechnology (Santa Cruz, CA).

For analysis of the effects of Rapamycin and hR3 on the phosphorylation of downstream signaling proteins, A431 cells were seeded at 1×10^6 cells per well in a 6-well plate in DMEM 10%FBS, 1% Penicillin-Streptomycin, 20mM HEPES. Plates were incubated in a humidified CO₂ incubator at 37°C for 24 hours. Following which they were washed once with 2mL 1XDPBS (Gibco #14190). Subsequently the following drug treatments were done in DMEM containing 1% FBS, 1% Penicillin-

Streptomycin, 20mM HEPES: cells alone; cells + EGF; cells + T1h + EGF; cells + Rapamycin 25nM + EGF; cells + Rapamycin 1.56nM + EGF; cells + hR3 12.5ug/mL + EGF; cells + hR3 3.12ug/mL + EGF; cells + hR3 1.56ug/mL + EGF; cells + DMSO + EGF; cells + hR3 12.5ug/mL + Rapamycin 25nM + EGF; cells + hR3 12.5ug/mL + Rapamycin 1.56nM + EGF; cells + hR3 3.12ug/mL + Rapamycin 25nM + EGF; cells + hR3 3.12ug/mL + Rapamycin 1.56nM + EGF; cells + hR3 1.56ug/mL + Rapamycin 25nM + EGF; cells + hR3 1.56ug/mL + Rapamycin 1.56nM + EGF. T1h a non-specific IgG antibody was used here as a negative control. Plates were incubated in a humidified CO₂ incubator at 37°C for an additional 24 hours without EGF. Subsequently 10ng/mL of EGF was added and kept in humidified CO₂ incubator for 10mins to stimulate the cells. The medium was removed, the plate wells were washed once with 1X DPBS and cells were lysed as previously described. The total protein in the lysate was estimated by Bradford's method as mentioned above. 50ug of total protein was loaded and separated using 10% SDS-PAGE and it was transferred to a PVDF membrane by an overnight wet transfer method at 4°C. The membrane was blocked with 3% Bovine Serum Albumin (# RM 3151, Himedia Laboratories, Mumbai, India) for one hour at room temperature. The blots were then incubated overnight at 4°C with respective primary antibody diluted as per the manufacturer's dilution recommendation. Subsequently the blots were washed thrice with 1X Tris buffered saline-Tween20 (TBS-T). The secondary antibody was added and incubated for one hour at room temperature. The blots were washed again in 1X TBS-T and to the membrane ECL plus reagent was added. The blots were exposed to scientific imaging film (BiomaxTM MS film (#829 4985 Kodak, Rochester, NY) and the film was developed using hyperprocessor (SRX-101A, GE Amersham Biosciences). The blots were quantified using Alpha view software (Alpha Innotech, San Leandro, CA).

Figure 5 shows a relative expression of proteins downstream to hR3 and rapamycin by western blotting. The samples 1-8 have been normalized to control 3 (cells + T1h + EGF) and samples 9-15 have been normalized to the sample 9 (cells + DMSO + EGF). The numbers below the blot are relative values to their respective controls. TFIID values were observed to be almost equivalent and hence not mentioned. The proteins like pTyr (170kDa), pMAPK and pSTAT3 that are downstream effectors of EGFR

were downregulated by BioMab EGFR (hR3) while, rapamycin treatment did not have any effect on these proteins except for pTyr at the highest concentration of rapamycin. The combination of rapamycin (25nM) and hR3 (12.5 and 3.12 µg/ml) showed a significant reduction of phosphorylated downstream molecules including pTyr, pMAPK and pSTAT3. PS6RP protein which is downstream to mTOR pathway was affected by rapamycin treatment especially with 25nM of rapamycin and remains unaffected with hR3 treatment. pAKT expression was not affected much at the time point of analysis in this assay. Overall, the study proved that at certain concentrations the drug combination suppresses pMAPK and pTyr expression better than the individual drugs alone. The inhibition with pSTAT3 is sustained.

EXAMPLE 5:

Study of drug combination in a sc-tumor xenograft model in nude mice

Each 9 week-old female BALB/c nude mouse was implanted with 5×10^6 A431 epidermoid carcinoma cells in a single s.c. site on the left flank. Tumors were allowed to grow to at least 200 mm^3 , at which time the animals were sorted into treatment groups of six animals per group based on even distribution of body weight and marked on the tail-base for identification. Tumor volumes and clinical observations were measured daily, and body weights were determined weekly. The tumor volume was determined by measuring in three directions with vernier calipers and calculated using the following formula: $\text{tumor volume} = 4/3\pi(\text{radius}^3)$, with radius determined using averaged length and width measurements. hR3 was prepared in PBS and Rapamycin was prepared in DMSO as separate injection solutions. Six doses were administered over a two-week period, given by i.p. injection using an insulin syringe. hR3 was introduced first, followed by Rapamycin one hour later. All control animals were dosed with equal volumes of the vehicles. Treatment combinations were as follows: 12.5nM Rapamycin, 2.5nM Rapamycin, 1213nM hR3, 606.5nM hR3, 121.3nM hR3, 121.3nM hR3 + 2.5nM Rapamycin, 606.5nM hR3 + 12.5nM Rapamycin, 121.3nM hR3 + 12.5nM Rapamycin, Placebo. After dosing all mice were sacrificed, with tumors and organs harvested. Snap-frozen tumor samples, formalin-fixed tumor and organs, and murine blood serum were collected and stored.

Figure 6 shows tumor volumes in mean values, fold difference in tumor growth as compared to date of treatment commencement, and mouse weight over the study period.

EXAMPLE 6:

Hematoxylin and Eosin staining on paraffin-embedded formalin-fixed tumor tissue

The formalin fixed tumor tissues from the mice xenografts were processed and mounted in wax. Microtome sections at 5 micron thick were taken on poly L lysine coated slides. The sections were deparaffinized in three changes Xylene (Merck) of 15 minutes, 10 minutes and finally 5 minutes. The slides are subsequently transferred in to alcohol grades of 100, 90 and 80% for three minutes each. Finally the sections are washed in running tap water for around two minutes. The slides are then transferred to Hematoxyline (Harris Hematoxylin solution Merck) for 7 – 10 minutes. The sections are then brought to tap water and washed till the sections are blue. The section is then differentiated using 1% acid alcohol with 1-2 dips. The sections are subsequently dipped in ammonia water and washed in tap water till the sections are blue. The sections are then counter stained with Eosin (Eosin Yellowish Merck) for 30 seconds and washed in running tap water for two minutes. The sections are dehydrated in ascending grades of alcohol cleared in Xylene and coverslip mounted with DPX (Merck).

The sections were observed by two persons one of them being a pathologist using an upright BX 51 Bi headed microscope TE 2000 S. Number of metaphase and anaphase cells were counted in each section. They were scored as none = 0; low= 1; moderate = 2; high =3; very high =4.

Figure 7 shows the representation of the scores in each group, with one of the combinations showing substantially lower mitotic activity.

It is to be understood that this invention is not limited to the particular methodology, protocols, cell lines, animal species or genera, and reagents described, as such may vary. It is also to be understood that the terminology used herein is for the purpose of describing particular embodiments only, and is not intended to limit the scope of the

present invention which will be limited only by the appended claims. The above description is for the purpose of teaching the person of ordinary skill in the art how to practice the present invention, and it is not intended to detail all those obvious modifications and variations of it which will become apparent to the skilled worker upon reading the description.

All publications mentioned herein are incorporated herein by reference for the purpose of describing and disclosing, for example, the cell lines, and methodologies that are described in the publications which might be used in connection with the presently described invention. The publications discussed above and throughout the text are provided solely for their disclosure prior to the filing date of the present application. Nothing herein is to be construed as an admission that the inventors are not entitled to antedate such disclosure by virtue of prior invention.

We Claim

1. A synergistic combination of a therapeutic drug comprising a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant.
2. The combination of claim 1, wherein the antibody competitively inhibits native EGF ligand binding to the EGFR receptor.
3. The combination of claim 1, wherein the anti-EGFR antibody is hR3.
4. The combination of claim 1, wherein the immunosuppressant is selected from the group comprising macrolides selected from rapamycin, tacrolimus, everolimus, pimecrolimus or cyclosporins.
5. The combination of claim 1, wherein the anti-EGFR antibody is conjugated to the immunosuppressant.
6. The combination of claim 1, wherein the drug elicits increased cytotoxicity against tumor cells.
7. The combination of claim 1 can be administered in the form of solid, semi-solid, or liquid, tablets, pills, powders, capsules, gels, ointments, liquids, suspensions or aerosols.
8. A pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising administration of a therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant and a pharmaceutically acceptable carrier.
9. The pharmaceutical composition of claim 8, wherein the therapeutically effective mixture of an anti-EGFR antibody and an immunosuppressant further comprises pharmaceutically acceptable excipients.
10. The pharmaceutical composition of claim 8, wherein the composition is administered intravenously, intramuscularly, subcutaneously, intrasynovially, by infusion, sublingually, transdermally, orally, topically or by inhalation.
11. The pharmaceutical composition of claim 8, wherein the combination drug is used in the treatment of breast cancer, bladder cancer, colon cancer, esophageal cancer, pancreatic cancer, stomach cancer, lung cancer, uterine cancer, cervical cancer, kidney cancer, ovarian cancer, prostate cancer, renal cancer and head and neck cancer.
12. A process of manufacturing a pharmaceutical composition for therapeutic or prophylactic treatment of cancer comprising a therapeutically effective mixture

of an anti-EGFR antibody and an immunosuppressant, comprising step of mixing anti-EGFR antibody and an immunosuppressant along with pharmaceutically acceptable excipients.

13. The process as claimed in claim 12, wherein the immunosuppressant is selected from the group comprising macrolides selected from rapamycin, tacrolimus, everolimus, pimecrolimus or cyclosporins.
14. The use of the combination of an anti-EGFR antibody and an immunosuppressant according to any of preceding claims for the preparation of a diagnostic composition for the immunohistological detection of cancers.
15. A method of detecting a presence of the EGFR antigen or a cell expressing EGFR comprising contacting the sample with the diagnostic composition of claim 13 to allow a formation of a complex and detecting the formation of the complex.
16. A kit comprising the diagnostic combination of claim 14.

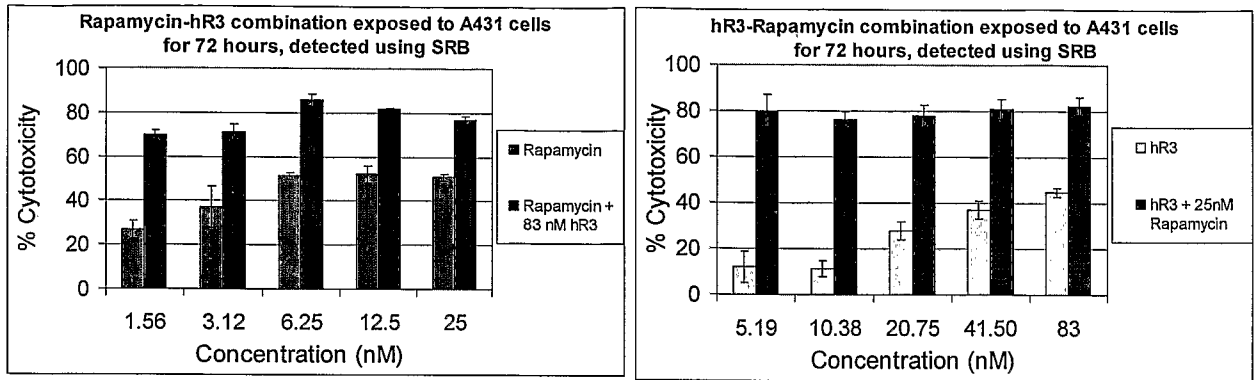


FIG 1

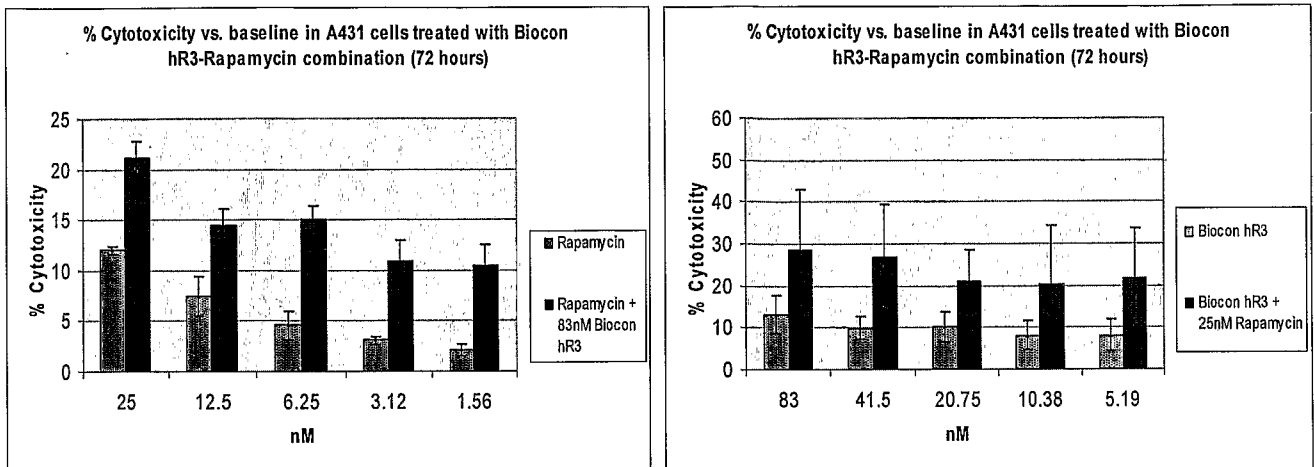


FIG 2

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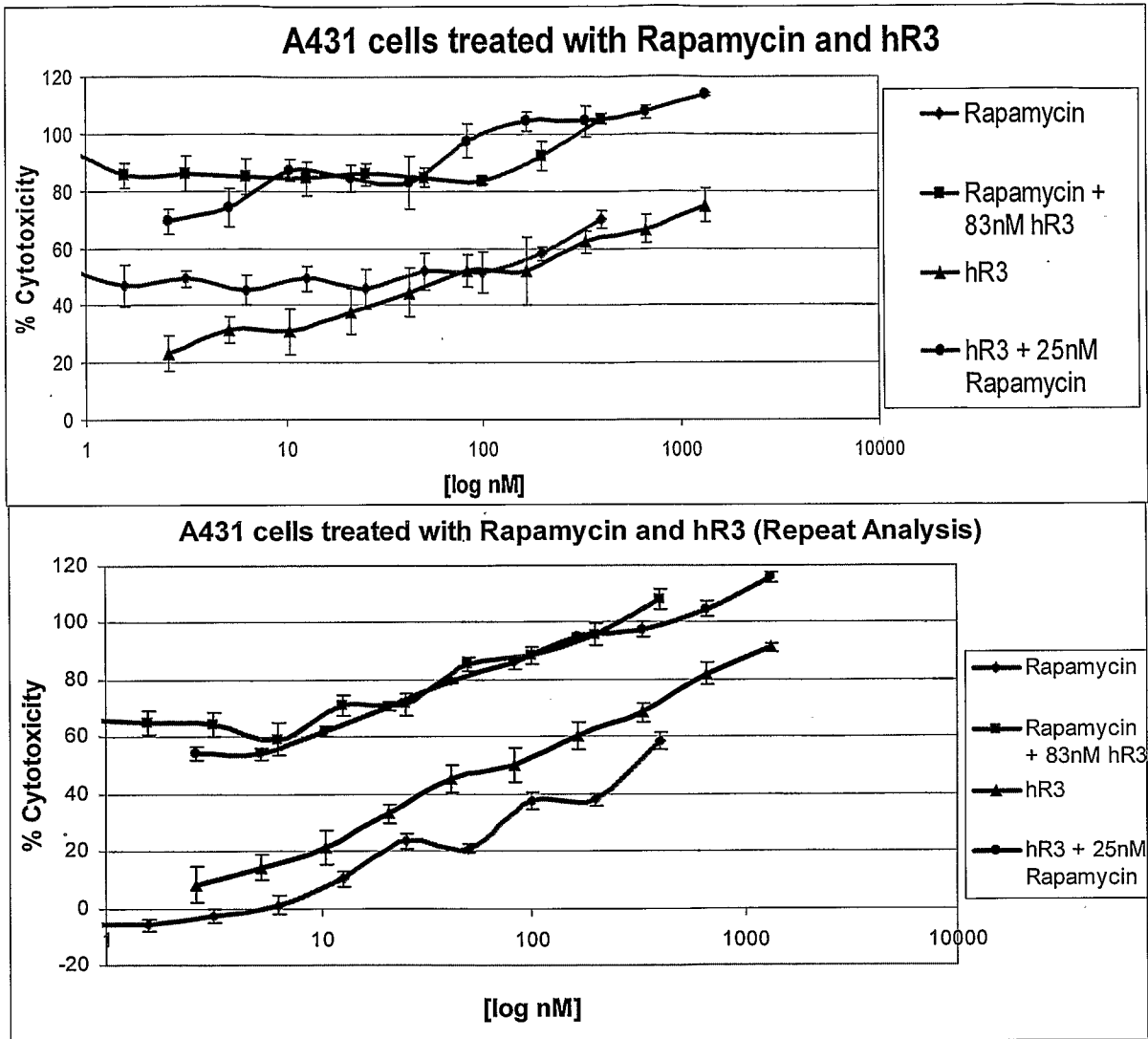
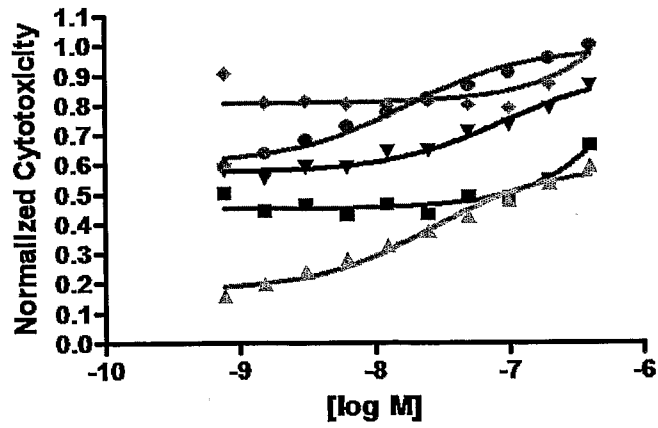


FIG 3

Bliss Analysis of Rapamycin-hR3 Combination



**Bliss Analysis of Rapamycin-hR3 Combination
(Repeat Analysis)**

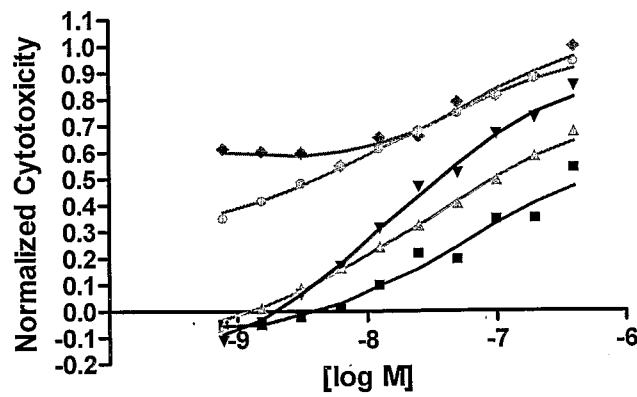


FIG 4

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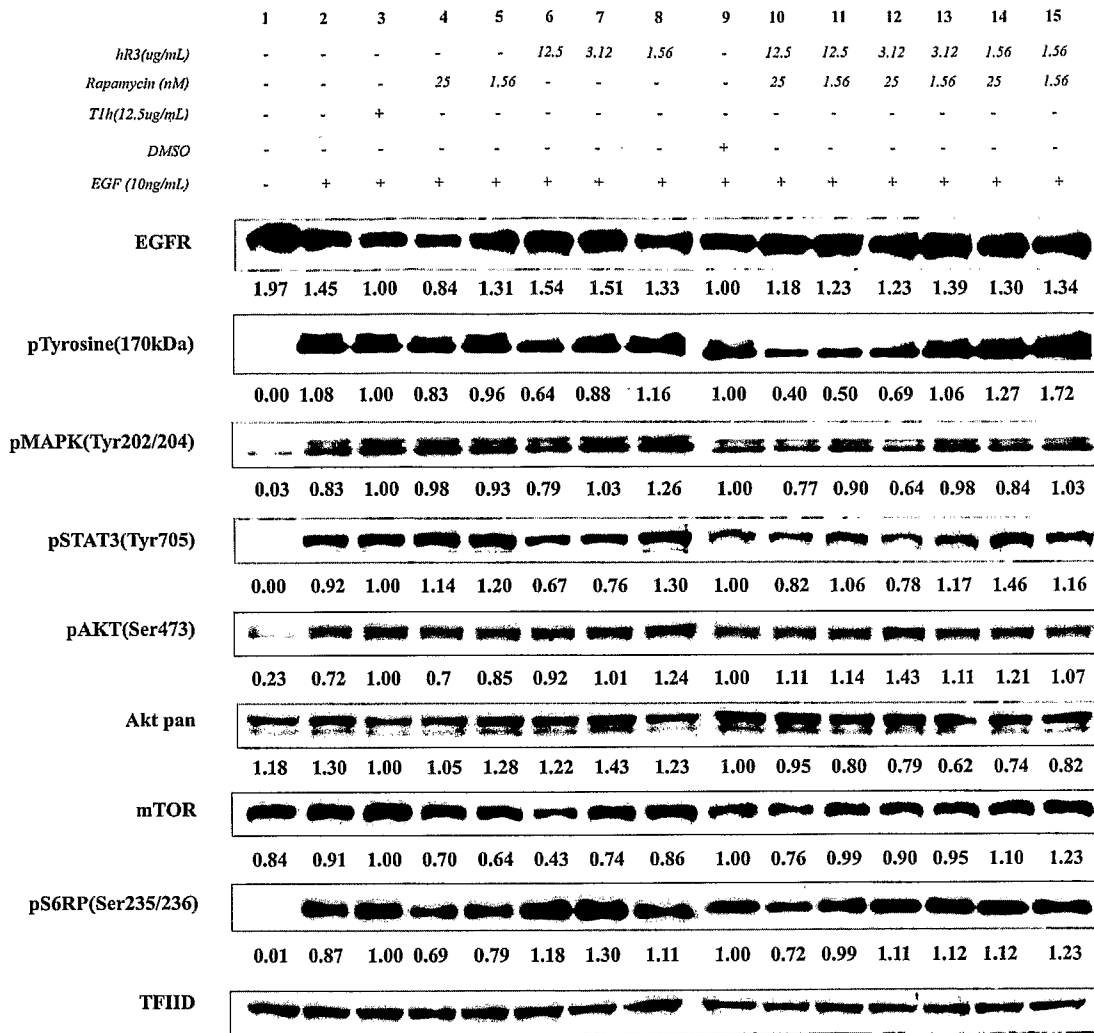
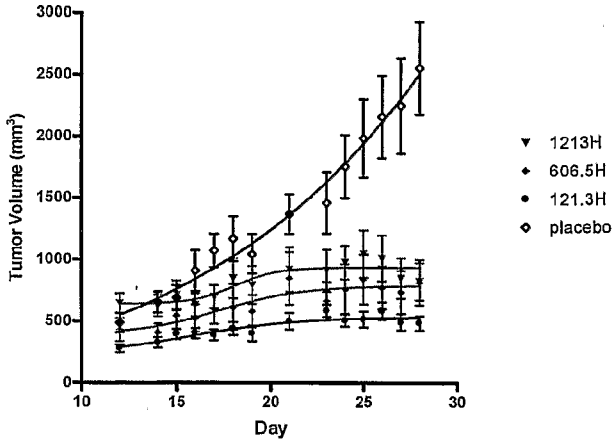


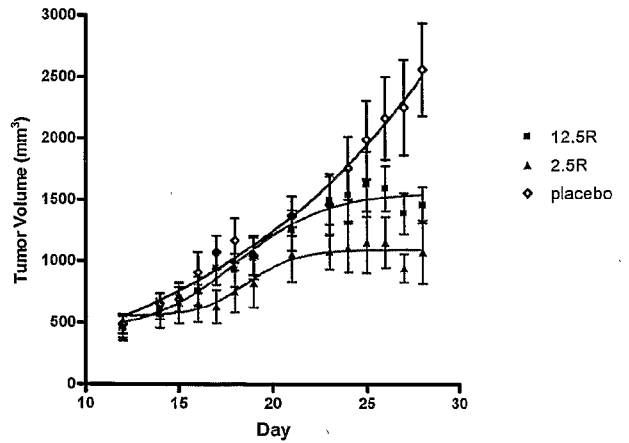
FIG 5

A

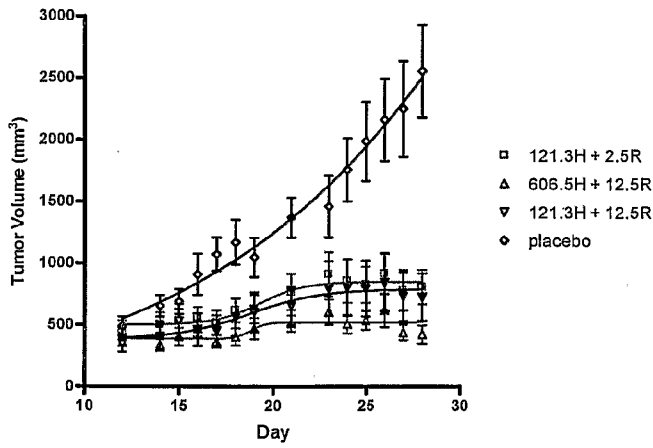
hR3 Response of A431 tumors in Female Balb/c Nude Mice



Rapamycin Response of A431 tumors in Female Balb/c Nude Mice

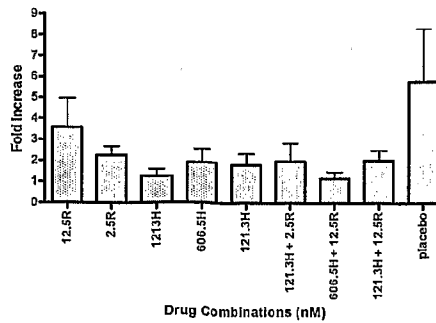


Combination Response of A431 tumors in Female Balb/c Nude Mice



B

Drug Combination Response of A431 tumors In Female Balb/c Nude Mice
(comparing date of sacrifice to dose 1)



7/7

FIG 6

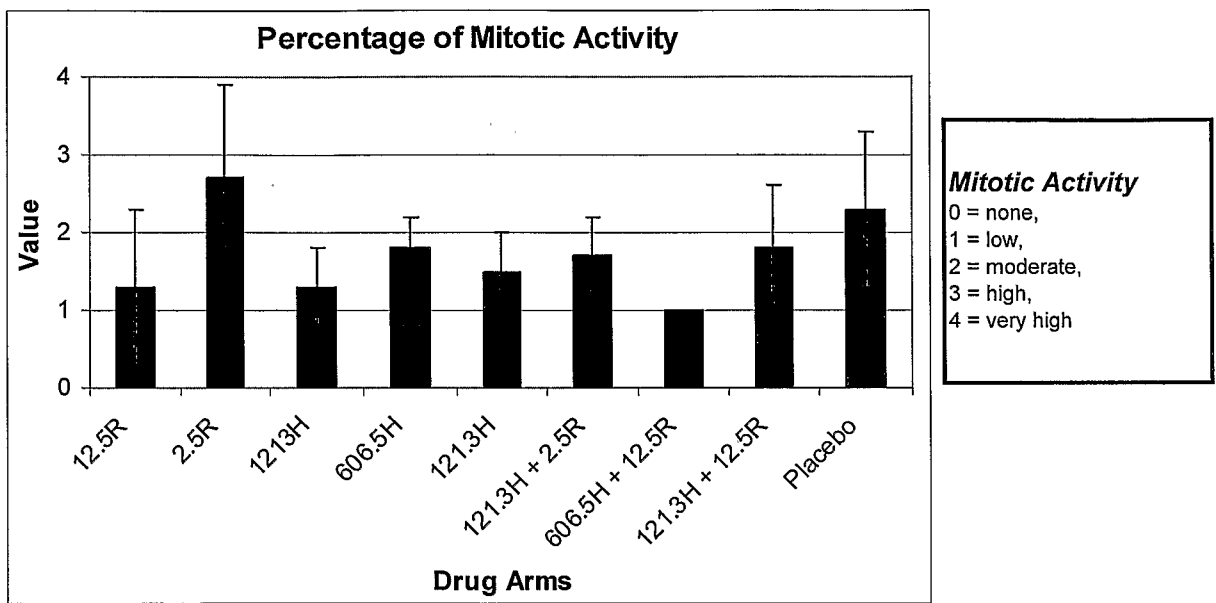


FIG 7

INTERNATIONAL SEARCH REPORT

International application No.

PCT/IN2008/000688

A. CLASSIFICATION OF SUBJECT MATTER		
Int. Cl.		
<i>A61K 39/395</i> (2006.01) <i>A61K 31/436</i> (2006.01) <i>A61K 39/00</i> (2006.01) <i>A61P 37/00</i> (2006.01) <i>A61P 37/06</i> (2006.01) <i>A61P 35/04</i> (2006.01)		
According to International Patent Classification (IPC) or to both national classification and IPC		
B. FIELDS SEARCHED		
Minimum documentation searched (classification system followed by classification symbols)		
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched		
Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) EPODOC, WPIDS, MEDLINE, BIOSIS, CAPLUS: EGFR, epidermal growth factor receptor, EGFR antibody, hR3, nimotuzumab, immunosuppress, suppress immun, modulat immun, inhibit immun, macrolide, rapamycin, sirolimus, FK 506, cancer, neoplasm, tumour and related words		
C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2005/0276812 A1 (EBENS J R et al.) 15 December 2005 (See entire document, in particular abstract, paragraphs [0002], [0007], [0013], [0017], [0020], [0024], [0050], [0056], [0107], [0194], [0467]-[0469], claims 1, 16 – 17, 26 – 27, 35 – 36 and 48)	1, 2, 4 – 16
X	WO 2007/106503 A2 (OSI PHARMACEUTICALS, INC.) 20 September 2007 (See entire document, in particular abstract, paragraphs [18], [19], [74], [76], [77], [80], [81], [101], [113], [117], [119], [127], [152], claims 1, 2, 7, 9 – 11, 19, 26 and 53)	1, 2, 4, 6 – 13, 15, 16
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<input checked="" type="checkbox"/> Further documents are listed in the continuation of Box C <input checked="" type="checkbox"/> See patent family annex		
* "A"	Special categories of cited documents: document defining the general state of the art which is not considered to be of particular relevance	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"E"	earlier application or patent but published on or after the international filing date	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"L"	document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"O"	document referring to an oral disclosure, use, exhibition or other means	"&" document member of the same patent family
"P"	document published prior to the international filing date but later than the priority date claimed	
Date of the actual completion of the international search 16 March 2009		Date of mailing of the international search report 23 MAR 2009
Name and mailing address of the ISA/AU AUSTRALIAN PATENT OFFICE PO BOX 200, WODEN ACT 2606, AUSTRALIA E-mail address: pct@ipaaustralia.gov.au Facsimile No. +61 2 6283 7999		Authorized officer ROSELLE MAILVAGANAM AUSTRALIAN PATENT OFFICE (ISO 9001 Quality Certified Service) Telephone No : +61 2 6225 6112

INTERNATIONAL SEARCH REPORT

International application No.

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C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
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INTERNATIONAL SEARCH REPORT

Information on patent family members

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This Annex lists the known "A" publication level patent family members relating to the patent documents cited in the above-mentioned international search report. The Australian Patent Office is in no way liable for these particulars which are merely given for the purpose of information.

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International application No.

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INTERNATIONAL SEARCH REPORT

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International application No.

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US	2002177553	US	2002182638	US	2002182673
US	2002183493	US	2002183494	US	2002183505

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US	2002193299	US	2002193300	US	2002197612
US	2002197615	US	2002197674	US	2002198147
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US	2003170806	US	2003175882	US	2003180310
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US	2007265436	US	2007269446	US	2008124331
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WO	2007106503	EP	1996193	US	2007280928		
WO	2007059782	AU	2006317242	CA	2631184	CN	101370526
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US	2007104721	AR	057854	AU	2006311877	CA	2626326
		CN	101300029	EP	1942937	KR	20080064156
		WO	2007056118				
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		BR	PI0417312	CA	2494009	CA	2589731
		CN	1650471	CN	1926719	EP	1509967
		EP	1700358	EP	1701979	EP	1961071
		MX	PA04011992	NZ	537354	US	6897832
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		EP	1417232	EP	1572746	HU	0600225
		MX	PA03011365	NZ	530212	RU	2004100834
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		US	2006264456	US	2007190106	WO	2005016252
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Due to data integration issues this family listing may not include 10 digit Australian applications filed since May 2001.

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