

## IND SAFETY REPORT: INITIAL WRITTEN REPORT

**TO: Division of Drug Oncology Products, Center for Drug Evaluation and Research, FDA**

**FAX: 301-796-9845**

1. IND NUMBER  
**61010**

2. AGENT NAME  
**CCI-779 (temsirolimus, Torisel™)**

3. DATE  
**June 15, 2010**

4. SPONSOR

**Division of Cancer Treatment and Diagnosis, National Cancer Institute**

5. REPORTER'S NAME, TITLE, AND INSTITUTION

**L. Austin Doyle, M.D., Senior Investigator for Investigational Therapeutics 2, Investigational Drug Branch, CTEP, DCTD, NCI**

6. PHONE NUMBER  
**301-496-1196**

7. FAX NUMBER  
**301-402-0428**

8a. PROTOCOL NUMBER (AE #)  
**GOG-0248 (AE# 1497480)**

8b. AE GRADE: AE  
**Grade 3: Pain: Extremity-limb**

9. PATIENT IDENTIFICATION  
**822-0248-001**

10. AGE  
**67 years**

11. SEX  
**Female**

12. DESCRIPTION OF ADVERSE EVENT

**The patient is a 67-year-old female with endometrioid endometrial adenocarcinoma who experienced grade 3 right upper extremity pain while on a phase 2 trial utilizing the investigational agent temsirolimus in combination with megestrol and tamoxifen. The patient began the investigational therapy on July 9, 2009, and received her last dose of temsirolimus on June 4, 2010 (Cycle 8, Day 29), last dose of tamoxifen on December 24, 2009 (Cycle 5, Day 1), and last dose of megestrol on January 4, 2010 (Cycle 5, Day 12). On June 4, 2010 (Cycle 8, Day 29) the patient, who had earlier complained of swelling in her hands necessitating a venous Doppler study which was negative for DVT, presented to the clinic for treatment with increased right upper extremity swelling and worsening pain. She denied any fever, chest pain, or dyspnea. On examination she had right upper extremity swelling with pitting edema of the right hand extending up to and proximal to the elbow. The patient was admitted for further evaluation of her symptoms. On June 6, 2010, a CT scan of the upper right extremity with IV contrast showed nonspecific subcutaneous soft tissue edema in the dorsal/medial aspect of the right elbow and proximal forearm without CT evidence of soft tissue abscess or mass. The next day, a right upper extremity venous duplex scan was unremarkable with no evidence of any deep or superficial venous thrombosis. The patient was continued on Vicodin®, fentanyl patch, and Lasix®. She remained hospitalized as of June 9, 2010. Additional information has been requested from the investigational site. There is a reasonable possibility that the experience may have been caused by the drug.**

13. DOSE, ROUTE, AND SCHEDULE

**Cycle = 6 weeks  
Temirolimus 25 mg IV over 30 minutes weekly**

14. DATES OF TREATMENT

**The patient began the investigational therapy on July 9, 2009, and received her last dose of temsirolimus on June 4, 2010 (Cycle 8, Day 29).**

15. ACCRUAL AND IND EXPERIENCE

**Number of patients enrolled in NCI-sponsored clinical trials using temsirolimus = 2045.  
There have been 4 other cases of pain in the extremity reported to the NCI through AdEERS as serious adverse events for temsirolimus.**

16. COMMENTS

**Also administered on this protocol: Megestrol acetate: 80 mg PO twice daily × 3 weeks followed by Tamoxifen: 20 mg PO twice daily × 3 weeks**

**AT THIS TIME, NO OTHER INFORMATION IS AVAILABLE. IF UPON FURTHER INVESTIGATION RELEVANT INFORMATION BECOMES AVAILABLE, THEN A FOLLOW-UP REPORT WILL BE SUBMITTED IN ACCORDANCE WITH 21CFR 312.32(d) (2).**

**DISCLAIMER per 21 CFR 312.32(e): THIS SAFETY REPORT DOES NOT NECESSARILY REFLECT A CONCLUSION OR ADMISSION BY THE CTEP IDB SENIOR INVESTIGATOR/SPONSOR THAT THE INVESTIGATIONAL AGENT/THERAPY CAUSED OR CONTRIBUTED TO THE ADVERSE EXPERIENCE BEING REPORTED.**

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