

**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 (temsirrolimus, Torisel™)**3. DATE  
**December 20 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-0086P (AE# 1737163)**8b. AE GRADE: AE  
**Grade 4: Uric acid, serum-high (hyperuricemia)**9. PATIENT IDENTIFICATION  
**110-0086P-002**10. AGE  
**59 years**11. SEX  
**Female**

## 12. DESCRIPTION OF ADVERSE EVENT

The patient is a 59-year-old female with endometrial adenocarcinoma who experienced grade 4 hyperuricemia while on a phase 2 trial utilizing the investigational agent temsirolimus in combination with paclitaxel and carboplatin. The patient began the investigational therapy on October 13, 2010, and received her last dose of temsirolimus on November 11, 2010 (Cycle 2, Day 8), and the last doses of paclitaxel and carboplatin on November 4, 2010 (Cycle 2, Day 1). On November 24, 2010 (Cycle 2, Day 21) the patient presented to the clinic for reassessment and her uric acid was 11.9 mg/dL (reference range: 2.4-6.0 mg/dL) as compared to a baseline value of 8.1 mg/dL on September 30, 2010. On December 8, 2010 (Cycle 3, Day 5) the patient called the clinic complaining of a painful left toe. She was uncertain if her toe pain was a symptom of gout or related to her bunions as she had been wearing new shoes. The next day, during a clinic visit, her left bunion and left big toe were red, swollen, and slightly warm. A repeat laboratory report showed uric acid of 9 mg/dL. The patient was started on indomethacin and advised to follow-up with her primary care physician (PCP). On December 10, 2010 (Cycle 3, Day 7), the patient visited her PCP with improvement in her symptoms. It was felt that her symptoms were more likely from the bunion than true gout. 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 = 21 days**

**Temsirolimus 20 mg IV over 30 minutes on Days 1 and 8 (starting with Cycle 2 for those patients entering post surgery) × 6 cycles. Maintenance Therapy (Cycles 7+): Temsirolimus 20 mg IV over 30 minutes weekly on Days 1, 8, and 15 (Note: Patients to receive maintenance treatment until disease progression or until adverse events prohibit further therapy).**

## 14. DATES OF TREATMENT

**The patient began the investigational therapy on October 13, 2010, and received her last dose of temsirolimus on November 11, 2010 (Cycle 2, Day 8).**

## 15. ACCRUAL AND IND EXPERIENCE

**Number of patients enrolled in NCI-sponsored clinical trials using temsirolimus = 2331.**

**There have been 2 other cases of hyperuricemia reported to the NCI through AdEERS as serious adverse events for temsirolimus.**

## 16. COMMENTS

**Also administered on this protocol: Paclitaxel 135 mg/m<sup>2</sup> IV over 3 hours on Day 1 × 6 cycles; Carboplatin: AUC = 5 IV over 30 minutes on Day 1 × 6 cycles**

**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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