

Efficacy of carboplatin against Clear Cell Ovarian Carcinoma is improved by inhibition of glycogen utilisation



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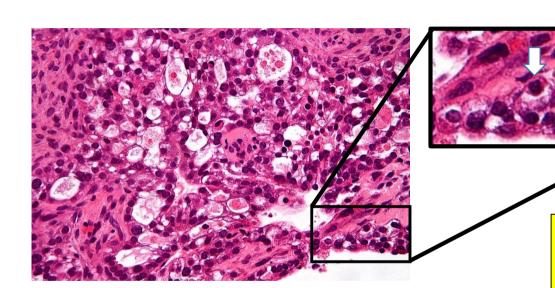
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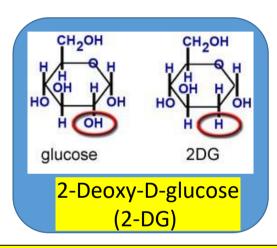






Clear Cell Ovarian Cancer





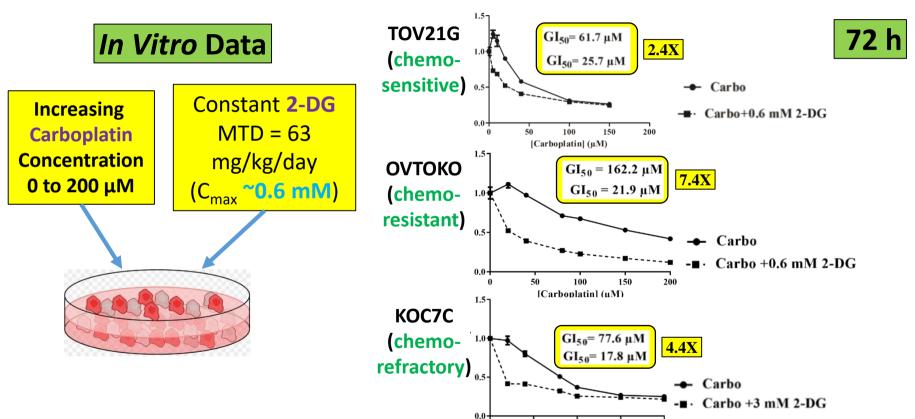
Significant adverse effects at 63-88 mg/kg/day

- reversible hyperglycemia (100%)
- gastrointestinal bleeding (6%)
- reversible grade 3 QTc prolongation (22 %).

- "clear" cell histology may promote resistance
 - Store of Glycogen (glucose polymer)
 - Can be mobilised to provide an alternate energy source during periods of stress; including treatment with chemotherapy

Targeting glycogen in Clear Cell Ovarian Cancer:





150

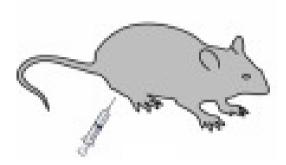
[Carboplatin] (µM)

200

Targeting glycogen in Clear Cell Ovarian Cancer:



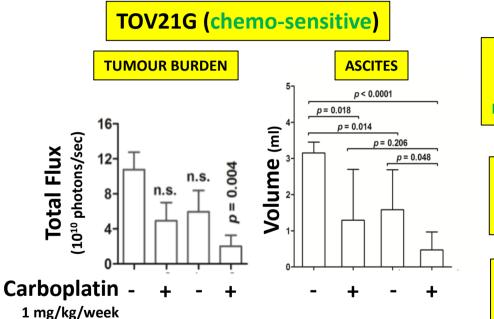




Intraperitoneal injection of cells
Treatments start 2 weeks later

2-DG MTD

63 mg/kg/day = ~800 mg/kg/day in mice



50 mg/kg twice/week

2-DG

KOC7C (chemorefractory)

PH250
Recurrent
Grade 3

PH138 Stage 1C Grade 3



Conclusions:

- Clear Cell OvCa is often resistant to platinum-based chemotherapies (especially recurrent and late-stage disease)
- Our data suggest that combining carbo with an inhibitor of glycogen utilisation (such as 2-DG) could benefit patients

ACKNOWLEDGEMENTS









Dr Paul Haluska & Dr John Weroha, Mayo Clinic









Mater Ovarian Cancer Research Collaborative MOCRC







Faculty Disclosure

	No, nothing to disclose
X	Yes, please specify:

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Astra Zeneca			X					

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