

Information for the public

1. OBJECTIVES FOR RELEASE

The Clinical Trial Title:

“A randomized, double blind, placebo controlled, parallel group, multicenter study of the safety and response rate of 3 subcutaneously administered doses of 5×10^7 pfu (plaque forming units) of RO5217790 in patients with high grade cervical intraepithelial neoplasia grade 2 or 3 associated with High Risk HPV infection.”

Plaque forming units (pfu) is a measure of the number of vector particles in the dose; subcutaneously means injection just under the skin.

The main objective of this trial is to determine the ability of RO5217790 (when compared to placebo—a similar substance that does not contain the active drug) to cause regression at 6 months of CIN2/3 lesions on the cervix (the opening to a woman’s uterus) as determined by removal of the abnormal cervical tissue and examination by a pathologist.

2. NAME AND ADDRESS OF THE NOTIFIER

Sponsor

*F. Hoffmann-La Roche, Ltd.
Bldg. 74, Grenzacherstrasse 124
4070 Basel
Switzerland*

EU Representative

*Roche Registration Ltd.
6 Falcon Way-Shire Park
Welwyn Garden City AL7 1 TW
United Kingdom*

3. DESCRIPTION AND LOCALISATION OF THE RELEASE

The Clinical Sites in Belgium whose participation to the trial is confirmed are listed below :

<i>Universitair Ziekenhuis Brussel Dr Philippe De Sutter Laarbeeklaan 101 1090 Brussel BELGIUM</i>	<i>U. Z. Antwerpen Dr Wiebren Tjalma Wilrijkstraat 10 2650 Edegem BELGIUM</i>
<i>Algemeen Ziekenhuis Heilig-Hart Dr Gilbert Donders Kliniekstraat 45 3300 Tienen BELGIUM</i>	<i>AZ Middelheim Dr Frans Wesling Lindendreef 1 2020 Antwerpen BELGIUM</i>
<i>U. Z. Gasthuisberg Dr Willy Poppe Herestraat 49 3000 Leuven BELGIUM</i>	<i>Universitair Ziekenhuis Gent Dr Steven Weyers De Pintelaan 185 9000 Gent BELGIUM</i>

<i>ULB Hôpital Erasme Dr Philippe Simon Route de Lennik 808 1070 Bruxelles BELGIUM</i>	
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4. GENERAL DESCRIPTION OF THE GMO

RO5217790 is comprised of a recombinant vaccinia, MVA (a form of small pox vaccine), that contains DNA sequences that cause one's cells to make modified forms of the Human Papilloma Virus genotype 16 (HPV16) E6 and E7 proteins and normal human interleukin 2 (hIL2). E6 and E7 proteins are made by HPV in order to maintain infection of affected cells and are contained in the cells of the cervix that have CIN2/3. The modified E6, E7 and hIL2 together made from the vector are thought to cause the patient to develop an immune response that will allow for destruction of cervical cells infected with HPV.

5. METHODS AND MONITORING PLANS IN CASE OF EMERGENCY

The patients will be treated with RO5217790 by a qualified health care professional in a clinical setting e.g. hospital department or clinic. A detailed procedure for preparing the drug will be provided to all personnel involved in handling of the product and a technical sheet that describes the procedure for injection, the conditions of waste disposal and the procedure to follow in case of accidental spillage of RO5217790 will also be posted in the room.

All waste resulting from the use of the product will be stored in appropriate biohazard containers. Waste materials and any unused product will be sent by each institution involved in the trial to a central destruction facility identified by the sponsor.

6. RISK ASSESSMENT FOR PUBLIC HEALTH AND ENVIRONMENT

The use of the MVA vector has several advantages, the main one is that it cannot propagate (form new vector particles) in normal human cells or most mammalian cells because 3 major sections of its genes have been removed. Removal of these sections make it non pathogenic for humans. As a result the risk of spread of the vector to persons other than the treated patient or into the environment is extremely low. The MVA vector cannot integrate into the host cell genome (it cannot insert itself into the human genes contained in the patients DNA) since MVA does not enter the nucleus of human cells where the DNA is and it remains exclusively within the cytoplasmic compartment (the part of the cell that is not the nucleus). MVA causes destruction of the cell, which prevents insertion of the MVA genes into the patients DNA and the survival of the few patients cells that take up the vector.

The product RO5217790 has already been given to people during previous clinical studies. No significant spread of the vector beyond the immediate injection site was observed in treated patients. Public Health risk and Environmental risk related to the use of this vector is therefore unlikely for the above mentioned reasons.