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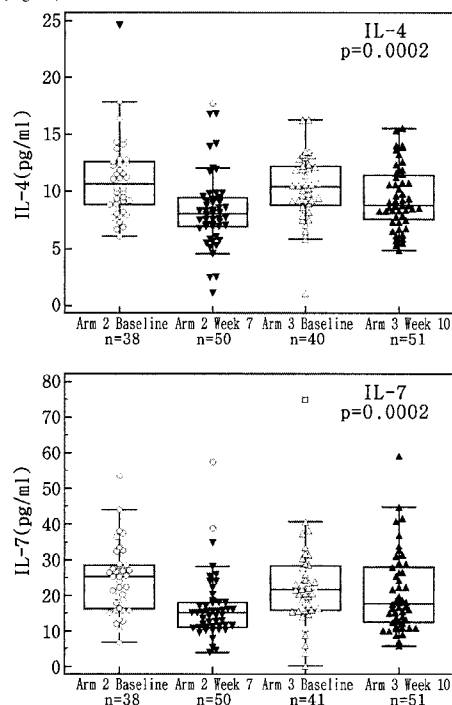
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(54) Title: BIOLOGICAL MARKERS USEFUL IN CANCER IMMUNOTHERAPY

[Fig. 1a]



(57) Abstract: Methods are disclosed that are based on the finding that serum and plasma levels of eotaxin, MIP1 α , and CRP act as important biomarkers that are useful for determining the feasibility in instigating immunotherapeutic treatment of cancer when immunizing with the GV1001 peptide (EARPALLTSRLRFIPK; derived from human telomerase protein), optionally when combined with state of the art combination treatment with Gemcitabine and Capecitabine. In particular, the present invention provides methods for determining whether patients should be treated GV1001 and for determining whether instigated treatment should be continued.



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Description

Title of Invention: BIOLOGICAL MARKERS USEFUL IN CANCER IMMUNOTHERAPY

Technical Field

- [1] The present invention relates to the field of cancer immunotherapy and the field of anti-inflammatory drugs. In particular the present invention relates to methods and kits for use in therapy, where the diagnostic/predictive value of eotaxin and C-reactive protein are exploited.

Background Art

- [2] The 16-mer peptide EARPALLTSRLRFIPK (SEQ ID NO: 1; also termed "GV1001") is a fragment of the human telomerase enzyme (WO 00/02581). GV1001 binds multiple HLA class II molecules and harbours putative HLA class I epitopes. The peptide has therefore been considered capable of eliciting combined CD4/CD8 T-cell responses, which in turn are important for initiation of tumour eradication and long-term memory. Clinical trials in advanced pancreatic and pulmonary cancer patients have demonstrated GV1001-specific T-cell responses in > 50% of subjects, without clinically important toxicity (Kyte JA (2009), Expert Opin Investig Drugs **18** (5):687-94.
- [3] An on-line publication on chronic inflammation by the Life Extension foundation (www.lef.org; accessed 6 June 2013), focused on the long-term health effects of chronic, low-level inflammation, reviewed various markers and mediators of inflammation, among which tumour necrosis factor alpha (TNF α), nuclear factor kappa-B (NF- κ B), interleukins, C-reactive protein (CRP), eicosanoids, cyclooxygenases (COX) and lipoxygenases (LOX) and various other inciting factors.
- [4] Guo et al. (J Immunol 2001;166:5208-5218) found that eotaxin mRNA and protein were upregulated during an inflammatory response in a rat model of acute inflammatory injury, and explored its role in neutrophil recruitment.
- [5] Eotaxin-1, -2 and -3 (also known as CCL11, CCL24 and CCL26) are known chemokines known to recruit eosinophils and other leukocytes, and elicit their effects by binding to the cell surface chemokine receptors (e.g., CCR3).

Disclosure of Invention

Technical Problem

- [6] It is an object of embodiments of the invention to provide improved methods for predicting efficacy of medical treatment with GV1001-derived drugs as well as for predicting patient survival among individuals suffering from cancer, in particular pancreatic cancer.

Solution to Problem

- [7] TeloVac, a multi-centre Phase III trial of a GV1001 based vaccine in advanced and metastatic pancreatic cancer has recently been conducted through the Cancer Research UK Liverpool Clinical Trials Unit and supported by the GemVax AS, a subsidiary of KAEL-GemVax.
- [8] The trial recruited 1062 patients in 52 centres throughout the United Kingdom. While there was no significant difference in overall survival between the groups that received the vaccine and the control group receiving chemotherapy, the trial however also included an ambitious program of translational research. Initial results indicate that the vaccine resulted in a significant anti-inflammatory response that correlates well with new research being conducted by the parent company, Kael-GemVax. Additionally, 3 possible biomarkers - eotaxin, MIP1 α , and CRP - were identified in a subgroup of patients as indicators of an increased survival.

Advantageous Effects of Invention

- [9] So, in its broadest aspects, the invention relates to the use of eotaxin and/or MIP1 α and/or CRP as prognostic tools useful in therapeutic treatment with GV1001-derived material.

[10]

Brief Description of Drawings

- [11] Fig. 1: Graphs showing levels of IL-4, IL-5, IL-7, IL-17, PDGF and VEGF in serum from baseline arm 2 and 3, arm 2 week 7 and arm 3 week 10 patients (p values uncorrected Kruskal-Wallis).
- [12] Fig. 2: Graphs showing the change in levels of IFN γ , IL-10, IL-7, PDGF, RANTES, TNF α and VEGF for arms 2 and 3. Also shown are the numbers of positive (+ve) and negative (-ve) changes along with p values.
- [13] Fig.3: Levels of CRP in arm 2 and 3 patients at baseline and following treatment.
- [14] Fig. 4: Paired analysis of CRP in arm 2 patients (left) and 3 patients (right) at baseline and following treatment Also shown are the numbers of positive (+ve) and negative (-ve) changes along with p values.
- [15] Fig. 5: Survival curves for IL-8 dichotomised at the median for baseline levels, post treatment levels and absolute change from baseline to post treatment.
- [16] Fig. 6: Survival curves for Eotaxin dichotomised at the median for baseline levels, post treatment levels and absolute change from baseline to post treatment.
- [17] Fig. 7: Survival curves for MIP1 α dichotomised at the median for baseline levels, post treatment levels and absolute change from baseline to post treatment.
- [18] Fig. 8: Survival curves for MIP1 β dichotomised at the median for baseline levels, post treatment levels and absolute change from baseline to post treatment.

- [19] Fig. 9: Survival curves for VEGF dichotomised at the median for baseline levels, post treatment levels and absolute change from baseline to post treatment.
- [20] Fig. 10: Survival curves for CRP dichotomised at the median for baseline levels, post treatment levels and absolute change from baseline to post treatment.
- [21] Fig.: 11. Survival curves for CRP dichotomised at the median for post treatment levels in arm 3.
- [22] Fig. 12: (A) Survival curves for eotaxin (high: median survival 493 days, n=16; low: median survival 239 days, n=25). (B) Survival curves for CRP (high: median survival 222 days, n=20; low: median survival 486 days, n=21).
- [23] Fig. 13 shows profile plots of baseline and post-treatment means of log cytokine data from serum for Arm 2. BL and PT represent baseline and post treatment, respectively.
- [24] Fig. 14 shows baseline and post treatment means of log cytokine data from serum for Arm 3.
- [25] Fig. 15 shows a profile plot of the mean differences (post-treatment - baseline) for the cytokines in serum for each arm. Of note, 19 cytokines showed a statistically significant decrease between baseline and post-treatment in Arm 2 (PDGF, IL1 β , IL-1ra, IL-2, IL-4, IL-5, IL-7, IL-10, IL-12, IL-13, IL-17, GCSF, IFN γ , eotaxin, FGFb, MIP1 β , RANTES, TNF α , VEGF; but not CRP, IL-6, IL-8, IL-9, IL-15, GM-CSF, IP10, MCP1, MIP1 α) and none in Arm3.
- [26] Fig. 16 shows the p-values obtained from a Wilcoxon signed-rank test used on each cytokine from serum for each arm to test for increase/decrease in values from baseline to post treatment. The significant differences (p<0.05) as seen are in bold grey font. The decreases were larger in Arm2 than in Arm3, noting that there were 19 significant decreases in Arm2 but none in Arm3.
- [27] Fig. 17 shows the median difference of post-treatment minus baseline levels, for each cytokine in serum, for each arm of the study. Decreases are highlighted in light shadow and increases/no change are highlighted in dark shadow.
- [28] Fig. 18 shows Cox proportional hazards models on baseline data for each cytokine in serum for each arm of the study. The table gives univariate analyses for the baseline data and shows hazard ratios with 95% confidence intervals and p-values. CRP, IL-1ra, IL-2, IL-10, Eotaxin and IFN γ are significant (p<0.1) for Arm 2, while CRP, IL-1ra and Eotaxin are significant for Arm 3.
- [29] Figs. 19a and Fig. 19b show levels of CRP at baseline in Arm 2 and Arm 3. Low levels of CRP gave a median survival of 337 days for Arm 2 and a median survival of 373 days for Arm 3. Baseline CRP levels predicted median (95% CI) overall survival in Arm3 (high CRP=250 [132-451] days; low CRP=372.5 [229-517] days; p=0.0500) but not in Arm2 (high CRP=195 [140-262] days; low CRP=337 [167-366] days; p=0.2534)

- [30] Figs. 20a and Fig. 20b show levels of Eotaxin at baseline in Arm 2 and Arm 3. High levels of Eotaxin in serum give a median survival of 300 days for Arm 2 and a median survival of 451 days for Arm 3. Baseline eotaxin levels predicted median (95% CI) overall survival in Arm3 (high eotaxin=451 [308-623] days; low eotaxin=238.5 [178-344] days; $p=0.0135$) but not in Arm2 (high eotaxin=299.5 [167-358] days; low eotaxin=188 [102-320] days; $p=0.1138$)
- [31] Figs. 21a and Fig. 21b show Proportional hazards models using dichotomized variables for the baseline data for CRP and Eotaxin in serum combined. When variables were combined at baseline the longest overall survival was predicted by a combination of low levels of CRP plus high levels of Eotaxin in Arm 2 (median survival = 337 days) and similarly for Arm 3 (median survival = 450 days).
- [32] Figs. 22a and Fig. 22b show CRP in serum post treatment in Arm 2 and Arm 3. Low levels of CRP give a median survival of 337 days for Arm 2 and a median survival of 450 days for Arm 3.
- [33] Figs. 23a and Fig. 23b show Eotaxin in serum post treatment in Arm 2 and Arm 3. High levels of Eotaxin give a median survival of 251 days for Arm 2 and a median survival of 364 days for Arm 3.
- [34] Figs. 24a and 24b show Proportional hazards models using dichotomized variables for the post-treatment data for serum CRP and serum Eotaxin combined. When variables were combined the longest survival was predicted by a combination of low levels of CRP plus high levels of Eotaxin in Arm 2 (median survival = 355 days) and similarly for Arm 3 (median survival = 535 days). When variables were combined at post-treatment the longest survival was predicted by a combination of low levels of CRP plus high levels of Eotaxin in Arm 2 (median survival = 355 days) and similarly for Arm 3 (median survival = 535 days).
- [35] Fig. 25 shows the vaccination schedule employed in the Examples.

Best Mode for Carrying out the Invention

- [36] *Definitions*
- [37] "GV1001" denotes the telomerase-derived peptide having SEQ ID NO: 1:
EARPALLTSRLRFIPK
- [38] "Eotaxin" denotes the protein having any one of the amino acid sequences SEQ ID NO: 2-4 (or allelic or naturally occurring isoforms or variants thereof), which can be encoded by any one of the nucleic acid sequences SEQ ID NO: 5-7, respectively.
- [39] "CRP" is the protein having the amino acid sequence SEQ ID NO: 8 (or allelic or other naturally occurring isoforms or variants thereof), which can be encoded by the nucleic acid sequence SEQ ID NO: 9.
- [40] "MIP1 α " is the protein having the amino acid sequence SEQ ID NO: 10 (or allelic or

other naturally occurring isoforms or variants thereof), which can be encoded by the nucleic acid sequence SEQ ID NO: 11.

[41] *Specific embodiments of the invention*

[42] In one embodiment, the present invention provides a method for anti-cancer and/or anti-inflammatory treatment of an individual in need thereof by administering a therapeutically effective amount of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids (such as 8, 9, 10, 11, 12, 13, 14 or 15 amino acids), if said individual exhibits an increased serum level of eotaxin and/or MIP1 α when compared to population average or to a population of individuals suffering from the same cancer and/or inflammatory condition.

[43] A related embodiment relates to a method for determining whether to instigate anti-cancer and/or anti-inflammatory treatment of an individual in need thereof, wherein said anti-cancer treatment and/or anti-inflammatory treatment involves administration of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, comprising determining if said individual exhibits an increased serum level of eotaxin and/or MIP1 α when comparing to the population average or to a population of individuals suffering from the same cancer and/or inflammatory condition, a positive determination indicating that said treatment is justified.

[44] As appears from the examples, it has been found by the present inventors that median survival of cancer patients receiving the medical treatments disclosed herein is at its highest when these patients exhibit a combined baseline serum level of high eotaxin and low CRP. Further, it is also found that patients that exhibit the same combination (high eotaxin, low CRP) post-treatment art those that have the highest median survival.

[45] Hence according to the present invention, the treatments of the present invention are preferably those where the patients subjected to the treatments are those who prior to treatment exhibit increased eotaxin and/or MIP-1 α serum levels in combination with decreased CRP levels - again the levels are determined either relative to the average (or median) in the general population or relative to the average or median in the relevant patient group.

[46] Depending on the exact route of administration, the effective amount administered according to the various embodiments of the invention may vary. If the polypeptide is administered as a vaccine, the amounts typically range from 0.5 μ g up to 500 mg, with preferred administration amounts ranging between 10 μ g to 1000 μ g, and in particular between 20 and 200 μ g. These ranges are also relevant when the polypeptide is administered as an anti-inflammatory agent, but it may be relevant - for instance if the polypeptide is administered intravenously or intraarterially - to regulate the amounts administered on the basis of the individual's condition, body weight and age.

- [47] Increased levels of eotaxin and/or MIP1 α and/or CRP are in the relevant embodiments determined according to standardized assays generally known in the art - immune assays, for instance ELISAs, are preferred, but also assays that determine the activity of these cytokines on suitable target cells or suitable target molecules are relevant. If an assay is very sensitive and accurate, even small increases compared to standard values may be relevant, whereas less sensitive or accurate assays will require that larger deviations from standard values can be determined. As a rule, for a given assay for a particular cytokine there will exist a range of normal values and if the cytokine level is beyond these normal values, the level of eotaxin or MIP1 α will be considered to be increased. Typically, the increased baseline level of eotaxin and/or MIP1 α is at least 10%, but higher increases in values may be relevant: at least 15%, at least 20%, at least 30%, at least 40%, at least 50%, at least 60%, at least 70%, at least 80%, and even at least 100%.
- [48] Another embodiment of the invention relates to a method for anti-cancer and/or anti-inflammatory treatment of an individual in need thereof by administering a therapeutically effective amount of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, wherein said treatment is continued after an initial stage of said treatment if said individual exhibits a decrease of CRP level in serum after said initial stage of said treatment. This is to mean, that the treatment has been instigated, but subsequently the measurement of CRP is used to gauge the efficacy of the treatment regimen. If serum CRP does not decrease or increases (cf. the remarks concerning assay sensitivity above), the findings of the present invention questions whether continued treatment with the GV1001-derived polypeptide is of value to the patient, meaning that it can be considered to terminate this part of the treatment and turn to possible alternatives or palliative treatment.
- [49] Related to this embodiment is a method for determining the efficacy of therapeutic treatment of an individual with a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, comprising determining the serum level of CRP in said individual after an initial stage of said treatment and comparing with the serum level of CRP prior to said initial stage of treatment, where a decrease in said serum level indicates that said treatment is effective in terms of conferring an increase in survival time.
- [50] Said decrease in the serum level of CRP should typically be at least 10%, but further decreases in values may be relevant: at least 15%, at least 20%, at least 30%, at least 40%, at least 50%, at least 60%, at least 70%, and even at least 80%.
- [51] The above-described embodiments have focussed on the use of the GV1001-derived polypeptide, but in important embodiments of the invention, the anti-cancer and/or

anti-inflammatory treatment involves concurrent treatment with at least one cytostatic or cytotoxic agent. For instance, the concurrent treatment may involve administration of GemCap as in the present examples, but depending on the cancer or inflammatory disease in question, the GV1001-derived peptide may according to the present invention be combined with the administration of cytostatic/cytotoxic agents particular relevant for the treatment of the disease in question.

- [52] Very important embodiments of the invention are those where the treatment is an anti-cancer treatment, and particularly preferred is treatment of pancreatic cancer. However, treatment of other cancer forms are contemplated, and the cancer may be selected from the group consisting of an epithelial cancer, a non-epithelial cancer, and a mixed cancer. The epithelial cancer may be both a carcinoma or an adenocarcinoma, and the non-epithelial or mixed cancer is typically a liposarcoma, a fibrosarcoma, a chondrosarcoma, an osteosarcoma, a leiomyosarcoma, a rhabdomyosarcoma, a glioma, a neuroblastoma, a medullablastoma, a malignant melanoma, a malignant meningioma, a neurofibrosarcoma, a leukemia, a myeloproliferative disorder, a lymphoma, a hemangiosarcoma, a Kaposi's sarcoma, a malignant teratoma, a dysgerminoma, a seminoma, or a choriocarcinoma.
- [53] Also, the anatomic location of the cancer can be anywhere in body. So the cancer may be a of the eye, the nose, the mouth, the tongue, the pharynx, the oesophagus, the stomach, the colon, the rectum, the bladder, the ureter, the urethra, the kidney, the liver, the pancreas, the thyroid gland, the adrenal gland, the breast, the skin, the central nervous system, the peripheral nervous system, the meninges, the vascular system, the testes, the ovaries, the uterus, the uterine cervix, the spleen, bone, or cartilage
- [54] The polypeptide is administered typically parenterally, and when administered as a vaccine, the polypeptide will be normally be administered subcutaneously or intradermally. If the anti-inflammatory effect is most desired, also the intravenous or intraarterial routes may be utilised.
- [55] Determination of serum levels of the above mentioned is performed in vitro. Typically, a serum sample is subjected to an ELISA in order to determine the amount of the serum levels of the cytokines.
- [56] In all of the above discussed embodiments, the polypeptide can preferably be SEQ ID NO: 1 (i.e. the 16-mer peptide as such) or a fragment of at least 8 amino acids of SEQ ID NO: 1; that is, it is contemplated that it will not be necessary to include further amino acids in the GV1001-derived peptides.
- [57] In general embodiments are provided the use of eotaxin and/or MIP1 α and/or CRP as a prognostic marker in anticancer and/or anti-inflammatory treatment, in particular if said treatment involves administration of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids. As mentioned

above, the typical use will be as an agent captured/determined in an appropriate assay, so this aspect of the invention also covers use of antibodies and other agents that specifically bind to any one of the three cytokines.

[58] An interesting embodiment relates to a method for modulation of the activity of eotaxin and/or MIP1 α and/or CRP in an individual in need thereof, said method comprising administering a therapeutically effective amount of a polypeptide as defined herein -such a method will be able to address the negative impact caused by abnormal levels of these cytokines in an individual. Consequently, this embodiment relates to the use of these polypeptides as modulators of eotaxin and/or MIP1 α and/or CRP.

[59] Finally, a separate embodiment of the invention relates to a kit comprising a) a pharmaceutical composition comprising a GV1001-derived polypeptide discussed above, and b) means for determining the serum concentration of eotaxin and/or means for determining the serum concentration of MIP1 α and/or means for determining the serum concentration of CRP. These means may e.g. be in the form of a suitable immune assay.

Mode for the Invention

[60] Example

[61] The TeloVac trial recruited 1062 patients in 52 centres throughout the UK. There was no significant difference in overall survival between the groups that received the vaccine and the control group receiving chemotherapy (GemCap therapy, cf. below), but included an ambitious program of translational research, which is still undergoing evaluation. However, results show that the vaccine resulted in a significant anti-inflammatory response, and that simultaneous vaccination with chemotherapy provides an effective method for generating both an immune response and also promoting an anti-inflammatory effect. Importantly, biomarkers for an increased survival in response to the vaccine were identified in a subgroup of patients.

[62] Materials and methods

[63] The TeloVac trial, was initiated in January 2007 comparing combination therapy with Gemcitabine and Capecitabine (GemCap) therapy with concurrent and sequential chemo-immunotherapy using GV1001 in locally advanced and metastatic pancreatic cancer.

[64] *Vaccination Schedule*

[65] Fig. 25 shows the vaccination schedule employed: GV1001 intradermal injections were given three times (preferably Monday, Wednesday and Friday) in the first week (week 1), and once a week in weeks 2, 3, 4, and 6. After this, GV1001 was administered once monthly. GM-CSF was administered separately as an intradermal

injection 10-15 minutes before all GV1001 injections at the approximately same site.

[66] Patients with advanced pancreatic cancer have a short life expectancy and their immune system deteriorates rapidly. The window available for induction of immune response is hence limited. It is therefore important to use a frequent vaccination regimen in order to induce an efficient immune response as fast as possible. The vaccination regimen used for GV1001, with aggressive vaccination during the first six weeks of the treatment, was based on a similar regimen used for another peptide vaccine which has proven to be efficient for induction of immune response in patients with advanced pancreatic cancer.

[67] Inflammatory cytokine analysis

[68] Serum samples (Arm3 only) from week1 (baseline) and week10 (Gemcitabine + Capecitabine + GV1001) were analyzed by Luminex multiplex cytokine analysis. A total of 26 cytokines were analyzed, and the CRP level was analyzed by ELISA.

[69] Overview of Samples analysed:

[70]

	Arm 1	Arm 2	Arm 3
Screening	BaselinePlasmaUrine 30 ml	BaselinePlasmaUrine 30 ml	BaselinePlasmaUrine 30 ml
Week 1	–	<i>BaselineSerum</i>	<i>BaselineSerum</i>
Week 7	–	<i>GemCapSerum</i>	
Week 10	–		<i>GemCap & GV1001Serum</i>
Week 14	GemCapPlasmaUrine 30 ml	GV1001 (+ GemCap if progressed)PlasmaUrine 30 ml	GemCap & GV1001SerumPlasmaUrine 30 ml
Week 18	–	GV1001 (+ GemCap if progressed)Serum	GemCap & GV1001Serum
Week 22	–	GV1001 (+ GemCap if progressed)Serum	
Week 26	GemCapPlasmaUrine 30 ml	GV1001 (+ GemCap if progressed)Serum	GemCap & GV1001PlasmaUrine 30 ml

[71] Grey shading: Plasma analysed

[72] Italic letters: Serum analysed

[73]

[74] Arm 1: patients received GemCap only, i.e. a currently accepted standard chemotherapeutic treatment regimen for pancreatic cancer patients utilising a combination of Gemcitabine (administered iv weekly) and Capecitabine (administered as tablets twice daily). Arm 2: patients received GemCap therapy followed by gv1001 at week 7. Arm 3: patients received concurrent GemCap and GV1001 during the entire

treatment period.

[75] *Cytokines*

[76] Grouping of some of the cytokines tested for:

[77] **Factors** associated with immune stimulatory functions

[78] INF- γ Immune stimulatory

[79] IL-12 (p70) Immune stimulatory

[80] IL-1 β Immune stimulatory

[81] IL-6 Immune stimulatory

[82] TNF- α Immune stimulatory

[83] **Factors** associated with immune suppressive functions:

[84] IL-10 Immune suppressive

[85] IL-1Ra Immune suppressive

[86] IL-4 Immune suppressive

[87] VEGF Immune suppressive

[88] **Factors** associated with chemotactic functions:

[89] Eotaxin Chemotactic

[90] IL-8 Chemotactic

[91] IP-10 Chemotactic

[92] MCP-1 Chemotactic

[93] MIP-1 α Chemotactic

[94] MIP-1 β Chemotactic

[95] RANTES Chemotactic

[96] **Factors** associated with vascular remodelling functions:

[97] FGF basic Vascular remodelling

[98] PDGF-BB Vascular remodelling

[99] VEGF Vascular remodelling

[100] *Analysis of patient sera*

[101] Cytokine Results: The Kruskal-Wallis comparison of Arm 2 and Arm 3 baseline (i.e. before treatment) with arm 2 week 7 (GemCap) with Arm 3 week 10 (GemCap and GV1001) serum samples are shown in table 1 below. Kruskal-Wallis testing identifies 18 cytokines with significantly different levels; following Bonferroni-Holm correction, 8 of these cytokines are still significant.

[102] *Results*

[103] The results are shown in Tables 1-6 and Figs. 1-24.

[104] There were 7 cytokines (IL-4, IL-5, IL-7, IL-17, PDGF, VEGF and RANTES) that were at significantly higher levels after treatment with GV1001/GemCap compared to GemCap treatment alone. Using crude uncorrected 2-tailed Mann-Whitney PDGF ($p < 0.0001$) and RANTES ($p = 0.002$) were most significant. Following Bonferroni

Holm correction both of these remained significant (Table 2 and Fig. 1).

- [105] GemCap treatment resulted in decreased levels of a number of cytokines (pre-treatment compared to post treatment) in the serum fraction of blood (but not in plasma); this decrease was not evident in the presence of GV1001 (Table 3 and Fig. 2).
- [106] C-Reactive Protein levels were significantly lower in serum from patients receiving GV1001/GemCap compared to patients receiving GemCap alone (see Fig. 3). There was no significant difference in CRP from baseline (before treatment) to post GemCap (n=38) or from baseline (before treatment) to post GemCap with GV1001 (n=41) (Fig. 4).
- [107] Initial crude survival analysis of CRP levels showed that prior to treatment [at baseline] there was no evidence to show an association between overall survival and CRP levels (cut off 6 mg/l) in either arm 2 or arm 3. Further, after treatment in arm 2 there was no association between overall survival and CRP levels (cut off 9mg/ml). In contrast, after treatment in arm 3, a low CRP was associated with higher overall survival and median survival (486 days) compared to patients with a high CRP (median 222 days; p=0.0002) (Fig. 11). Without being bound to theory, patients responding to the vaccine with reduction of CRP appear to have significantly longer survival times than those that do not.
- [108] High baseline levels of eotaxin or MIP1 α were associated with greatly increased survival in arm 3 (Figs. 6 and 7). As with CRP post initial treatment this will need to be confirmed by minimizing potential biases from other prognostic criteria, but the effect is remarkable. Somewhat surprisingly, it did not appear that treatment with GV1001 could regulate the serum levels of eotaxin or MIP1 α , as is clear from the following data:

[109]

serum	Arm 2 baseline	Arm 2 (GemCap) week 7	Arm 3 baseline	Arm 3 post (GemCap +GV100) Week10
Eotaxin	172.75pg/ml	132.24pg/ml	84.22pg/ml	85.28pg/ml
MIP1 α	15.91	13.38	11.31	11.48
plasma	Arm 1 (GemCap) week14	Arm 1 (GemCap) week 26	Arm 3 (GemCap +GV1001) Week14	Arm 3 post (GemCap +GV1001) Week26
Eotaxin	77.92pg/ml	81.89	79.06pg/ml	87.81
MIP1 α	15.92	14.45	16.23	17.62

- [110] *Serum analysis:*
- [111] Table 1 shows Kruskal-Wallis comparison of Arms 2 and 3 baseline, Arm 2 week 7 (GemCap) with Arm 3 week 10 (GemCap and GV1001) serum.
- [112] The comparison of Arm 2 week 7 (GemCap) with Arm 3 week 10 (GemCap and GV1001) serum samples are shown in Table 2.

- [113] Mann Whitney analysis shows that there are significant increases in the levels of IL-17, IL-4, IL-5, IL-7, PDGF, RANTES and VEGF in serum samples from arm 3 week 10 patients that have received GemCap and GV1001 compared to serum samples from arm 2 week 7 patients that have received only GemCap. However, following Bonferroni-Holm correction only PDGF remains significant. Comparison graphs for IL-4, IL-5, IL7, IL-17, PDGF and VEGF cytokines in arms 2 and 3 at baseline and post treatment are shown in Fig. 1.
- [114] Paired analysis was carried out for:
- [115] ■ Arm 2 patients at baseline and following 7 weeks of GemCap treatment.
- [116] ■ Arm 3 patients at baseline and following 10 weeks of GemCap and GV1001 treatment. The overall P value results of these tests are shown in Table 3.
- [117] There was a clear difference in the p values from patients in arm 2 and arm 3. The paired Wilcoxon analysis indicated that there were significant differences in 19 cytokine levels between arm 2 baseline and post 7 weeks of GemCap treatment this decreases to 10 cytokines following Bonferroni Holm correction. However, in arm 3 only GM-CSF approached significance ($p=0.052$) between baseline and post 10 weeks of GV1001/GemCap treatment, this was no longer relevant following Bonferroni Holm correction.
- [118] Graphs showing the paired analysis for both arm 2 and arm 3 patients for a selection of cytokines are shown in Fig. 2. The figure also includes the number of positive and negative changes seen in the patient samples from baseline to post treatment. In the majority of arm 2 patients the cytokines analysed decrease from baseline to week 7, i.e. during GemCap treatment. This is in contrast with the arm 3 results, where the numbers of positive and negative changes are relatively evenly distributed.
- [119] C - Reactive Protein Results:
- [120] The levels of serum CRP was analysed. Fig. 3 shows the levels of CRP in serum from patients in arms 2 and 3 at baseline and following treatment. The data shows that there is no significant difference in CRP levels at baseline, however the post treatment analysis shows that there is a significant difference, with the levels in patients receiving GV1001/GemCap being significantly lower than in patients receiving GemCap only. Table 4 shows the summary statistics for the CRP data split by arm and baseline post treatment.
- [121] As with the cytokine data, paired analysis was carried out and is shown in Fig. 4. There were no significant differences in either arm 2 or 3 from baseline to post treatment.
- [122] *Analysis of Plasma*
- [123] Cytokine Results:
- [124] The comparison of arm 1 week 14 (GemCap) with arm 3 week 14 (GemCap and

GV1001) plasma samples are shown in Table 4, there are no significant differences. The comparison of arm 1 week 26 (GemCap) with arm 3 week 26 (GemCap and GV1001) plasma samples are shown in table 5, there are no significant differences.

[125] As with the serum analysis, plasma has been analysed with a paired Wilcoxon test, this has been carried out for the following comparisons with p values shown in Table 6:

[126] ■ Arm 1 patients at baseline and following 14 weeks of GemCap treatment.

[127] ■ Arm 3 patients at baseline and following 14 weeks of GemCap and GV1001 treatment.

[128] ■ Arm 1 patients at baseline and following 26 weeks of GemCap treatment.

[129] ■ Arm 3 patients at baseline and following 26 weeks of GemCap and GV1001 treatment.

[130] It was noted that the decrease seen in cytokines in the serum following GemCap treatment was not seen in plasma. There was only one significant difference seen in RANTES for arm 3 week 14 patients, where levels decreased following GemCap and GV1001 treatment, however this was no longer significant following Bonferroni Holm correction.

[131] *Survival Analysis*

[132] Serum Cytokines:

[133] Initial survival analyses of baseline, post treatment and absolute changes in cytokine levels revealed survival effects in one or both treatment arms with IL-8 (Fig. 5), Eotaxin (Fig. 6), MIP1 α (Fig. 7), MIP1 β (Fig. 8) and VEGF (Fig. 9).

[134] CRP:

[135] Although initial survival analysis has indicated an influence of baseline CRP on survival this did not reach significance. However, for arm 3 post treatment levels of CRP did appear to be significantly associated with a survival difference (median survival with high CRP 222 days, median survival with low CRP 486 days p=0.002, Fig. 11) this was not seen with arm 2 (Fig. 10).

[136] **Table 1.** The Kruskal-Wallis comparison of Arms 2 and 3 baseline, Arm 2 week 7 (Gem-Cap) with Arm 3 week 10 (Gem-Cap and GV1001) serum

[137]

Analyte	Kruskal-Wallis p-Value	Bonferroni-Holm Corrected	Arm 2 Baseline (pg/ml)	Arm 2 Week 7 (pg/ml)	Arm 3 Baseline (pg/ml)	Arm 3 Week 10 (pg/ml)	Arm 2 Baseline St Dev	Arm 2 Week 7 St Dev	Arm 3 Baseline St Dev	Arm 3 Week 10 St Dev	Arm 2 Baseline N=	Arm 2 Week 7 N=	Arm 3 Baseline N=	Arm 3 Week 10 N=
PDGF	<0.0001	<0.0001	3924.92	2228.25	4277.13	4046.41	1791.72	1720.22	1793.54	1688.58	38	50	40	51
IL-1ra	<0.0001	0.002	943.93	625.12	156.09	137.21	4145.76	2930.23	200.98	181.77	38	47	39	51
IL-4	0.0002	0.004	11.1	8.38	10.27	9.49	3.54	3.36	2.89	2.71	38	40	40	51
IL-7	0.0002	0.004	26.97	20.57	22.7	21.44	18.22	30.61	12.17	11.6	38	50	41	51
IL-17	0.0004	0.009	508.09	346.54	415.68	398.77	273.91	279.11	162.26	169.65	38	49	40	51
IFN- γ	0.001	0.020	238.89	171.2	144.94	129.83	422.71	350.35	52.4	54.29	38	50	40	51
IL-5	0.001	0.024	21.39	16.59	20.58	19.51	5.41	5.85	6.54	6.43	38	50	40	51
IL-10	0.002	0.043	54.62	55.56	26.03	22.58	69.73	116.86	27.16	21.85	38	48	40	51
VEGF	0.004	0.063	117.1	77.44	102.78	99.79	79.67	96.28	57.02	71.22	37	44	38	49
RANTES	0.005	0.078	56156.98	31469.68	36870.07	107767.49	151062.34	44100.47	26046.57	521514.89	38	49	39	51
TNF- α	0.012	0.192	144.33	104.02	101.93	105.26	172.05	136.23	36.56	91.02	38	50	40	51
IL-12	0.013	0.195	196	145.55	70.73	78.37	310	265.81	70.43	119.01	38	47	39	50
MIP-1b	0.016	0.224	150.03	122.84	135.39	128.02	50.93	60.49	64.43	50.91	38	50	41	51
IL-6	0.017	0.221	54.19	49.17	18.6	18.04	185.1	137.33	7.97	9.32	38	50	39	51
IL-9	0.030	0.360	24.21	19.91	17.97	14.94	17.16	17.09	10.44	8.91	38	43	36	40
IL-2	0.033	0.363	56.83	47.7	21.73	19.97	153.77	123.67	12.14	13.09	38	33	36	40
G-CSF	0.035	0.350	138.77	102.77	106.37	99.96	87.87	61.97	37.99	43.2	38	50	40	51
IL-8	0.040	0.360	119.06	108.03	104.82	96.83	43.98	41.06	47.69	35.73	38	50	41	51
IL-13	0.083	0.654	14.21	11.02	13.51	11.89	8.43	7.85	9.95	7.7	38	50	41	51
MIP-1a	0.095	0.665	15.91	13.38	11.31	11.48	12.39	11.62	5.74	7.37	38	50	41	51
IL-1b	0.135	0.810	11.16	8.53	4.71	4.67	36.67	30.84	2.36	2.08	38	49	41	51
Eotaxin	0.159	0.795	172.65	132.24	84.22	85.28	339.03	285.05	49.63	64.19	38	44	39	47
GM-CSF	0.200	0.800	61.03	69.49	48.4	11.54	155.05	129.57	132.38	14.87	12	10	10	8
FGF	0.227	0.681	131.11	110.15	94.46	94.02	95.71	95.88	51.32	60.78	38	39	38	41
IP-10	0.441	0.882	606.51	678.51	585.7	622.25	480.13	1108.63	359.53	356.08	38	50	41	51
MCP-1	0.494	0.484	104.25	108.42	92.07	94.58	47.38	68.02	37.14	44.01	38	50	41	51

[138]

Table 2. The comparison of Arm 2 week 7 (Gem-Cap) with Arm 3 week 10

(Gem-Cap and GV1001) serum

[139]

Analyte	Mann-Whitney P-Value	Bonferroni Holm Correct p Value	Arm 2 Week 7 Mean (pg/ml)	Arm 3 Week 10 Mean (pg/ml)	Arm 2 Week 7 Std Dev	Arm 3 Week 10 Std Dev	Arm 2 Week 7 N=	Arm 3 Week 10 N=
Eotaxin	0.987	0.987	132.24	85.28	285.05	64.19	44	47
FGF basic	0.859	1.718	110.15	94.02	95.88	60.78	39	41
G-CSF	0.694	3.470	102.77	99.96	61.97	43.2	50	51
GM-CSF	0.091	1.729	69.49	11.54	129.57	14.87	10	8
IFN- γ	0.828	2.484	171.2	129.83	350.35	54.29	50	51
IL-10	0.454	3.632	55.56	22.58	116.86	21.85	48	51
IL-12(p70)	0.468	3.276	145.55	78.37	265.81	119.01	47	50
IL-13	0.596	3.576	11.02	11.89	7.85	7.7	50	51
IL-17	0.00694	0.167	346.54	398.77	279.11	169.65	49	51
IL-1b	0.296	3.848	8.53	4.67	30.84	2.08	49	51
IL-1ra	0.39	3.510	625.12	137.21	2930.23	181.77	47	51
IL-2	0.273	3.822	47.7	19.97	123.67	13.09	33	40
IL-4	0.036	0.756	8.38	9.49	3.36	2.71	50	51
IL-5	0.049	0.980	16.59	19.51	5.85	6.43	50	51
IL-6	0.12	2.160	49.17	18.04	137.33	9.32	50	51
IL-7	0.033	0.726	20.57	21.44	30.61	11.6	50	51
IL-8	0.133	2.128	108.03	96.83	41.06	35.73	50	51
IL-9	0.347	3.470	19.91	14.94	17.09	8.91	49	50
IP-10	0.121	2.057	678.51	622.25	1108.63	356.08	50	51
MCP-1	0.174	2.610	108.42	94.58	68.02	44.01	50	51
MIP-1a	0.791	3.164	13.38	11.48	11.62	7.37	50	50
MIP-1b	0.299	3.588	122.84	128.02	60.49	50.91	50	51
PDGF	5.31E-08	<0.001	2228.25	4046.41	1720.22	1688.58	50	51
RANTES	0.00203	0.051	31469.66	107767.49	44100.47	521514.89	49	51
TNF- α	0.31	3.410	104.02	105.26	136.23	91.02	50	51
VEGF	0.021	0.483	77.44	99.79	96.28	71.22	44	49

[140] **Table 3.** Shown are the p values for the paired comparison of arm 2 baseline versus week 7 and arm 3 baseline versus week 10

[141]

Cytokine	Wilcoxon Paired Test		Bonferroni Holm Corrected	
	Arm 2	Arm 3	Arm 2	Arm 3
Eotaxin	0.0042	0.8307	0.059	2.492
FGF-Basic	0.0129	0.2477	0.142	4.211
G-CSF	0.0025	0.2357	0.045	4.714
GM-CSF	0.8394	0.0522	1.679	1.357
IFN-g	0.0008	0.2468	0.018	4.442
IL-10	0.014	0.2207	0.140	4.635
IL-12	0.0199	0.4106	0.179	4.106
IL-13	0.0454	0.396	0.363	4.356
IL-17	0.0003	0.2909	0.008	4.654
IL-1b	0.0027	0.5392	0.041	3.235
IL-1ra	0.0089	0.0959	0.107	2.302
IL-2	0.0009	0.2372	0.019	4.507
IL-4	0.0005	0.3747	0.012	4.496
IL-5	0.0004	0.5129	0.010	3.590
IL-6	0.4043	0.9535	1.213	1.907
IL-7	0.0025	0.4641	0.043	3.713
IL-8	0.0624	0.3029	0.437	4.544
IL-9	0.1617	0.0985	0.809	2.266
IP-10	0.1705	0.3279	0.682	4.591
MCP-1	0.9364	0.6927	0.936	3.464
MIP-1a	0.141	0.2183	0.846	4.803
MIP-1b	0.0018	0.4255	0.036	3.830
PDGF	0.0001	0.0696	0.003	1.740
RANTES	0.00464	0.7698	0.060	3.079
TNFa	0.0025	0.3609	0.040	4.692
VEFG	0.0023	0.9777	0.044	0.978

[142]

Table 4. Summary statistics for CRP data

[143]

	Arm 2 Baseline	Arm 2 Week 7	Arm 3 Baseline	Arm 3 Week 10
n=	38	50	41	51
Range	5-238	5-175	5-77	5-97
Mean (mg/l)	20.70	21.60	15.96	13.60
Median (mg/l)	7.00	12.00	6.00	6.00
St Dev	40.40	26.60	18.00	18.27

[144]

[145]

Table 5A. The comparison of arm 1 week 14 (Gem-Cap) with arm 3 week 14 (Gem-Cap and GV1001) plasma

[146]

Analyte	Mann-Whitney P-Value	Arm 1 Week 14 Mean (pg/ml)	Arm 3 Week 14 Mean (pg/ml)	Arm 1 Week 14 Std Dev	Arm 3 Week 14 Std Dev	Arm 1 Week 14 N=	Arm 3 Week 14 N=
Eotaxin	0.644	77.92	79.06	52.83	76.8	19	35
FGF basic	0.926	139.37	133.58	93.37	80.31	18	31
G-CSF	0.848	146.67	149.68	105.15	99.17	22	36
GM-CSF	0.904	25.2	28.13	22.74	25.59	14	24
IFN- γ	0.817	222.03	212.81	184.02	166.71	21	36
IL-10	0.83	38.3	37.83	38.91	38.52	20	34
IL-12	0.566	71.28	72.41	66.42	55.71	19	30
IL-13	0.576	19.04	24.08	17.04	36.98	23	36
IL-17	0.287	310.21	242.25	236.38	204.02	18	36
IL-1b	0.832	7.55	7.36	6.21	5.37	21	35
IL-1ra	0.872	261.48	278.84	263.25	273.17	21	35
IL-2	0.468	31	35	27.32	24.55	16	26
IL-4	0.947	8.67	8.55	6.02	6.07	21	36
IL-5	0.768	22.74	23.96	18.29	17.48	23	36
IL-6	0.597	28.85	31.66	25.84	24.14	21	36
IL-7	0.938	26.02	25.36	18.7	17.65	23	36
IL-8	0.544	89.83	100.79	62.96	65.8	23	36
IL-9	0.436	31.43	22.68	32.3	19.28	19	34
IP-10	0.128	426.93	552.65	243.56	399.59	23	36
MCP-1	0.828	74.55	75.09	52.21	42.68	23	36
MIP-1a	0.689	15.92	16.23	10.79	8.56	22	36
MIP-1b	0.132	69.25	80.07	32.35	29.81	23	36
PDGF	0.694	843.99	841.71	763.73	790.98	20	36
RANTES	0.779	16082.77	16775.4	13640.29	13237.25	21	36
TNF- α	0.921	153.59	153.63	131.33	120.9	21	36
VEGF	0.792	50.63	48.63	53.93	44.09	14	25

[147]

[148] **Table 5B.** The comparison of arm 1 week 26 (Gem-Cap) with arm 3 week 26 (Gem-Cap and GV1001) plasma

[149]

Analyte	Mann-Whitney P-Value	Arm 1 Week 26 Mean (pg/ml)	Arm 3 Week 26 Mean (pg/ml)	Arm 1 Week 26 Std Dev	Arm 3 Week 26 Std Dev	Arm 1 Week 26 N=	Arm 3 Week 26 N=
Eotaxin	0.826	81.89	87.81	66.34	63.55	14	27
FGF basic	0.541	151.21	135.93	93.38	90.95	13	26
G-CSF	0.688	162.99	168.96	129.63	106.37	16	27
GM-CSF	0.237	66.4	29.1	89.19	30.16	9	18
IFN- γ	0.709	230.92	252.86	203.79	202.9	17	27
IL-10	0.856	46.67	46.67	38.23	43.06	16	26
IL-12	0.969	73.72	79.1	81.14	84.54	15	27
IL-13	0.933	23.96	23.15	23.11	21.23	17	27
	0.03	37.57	18.24	5.09	10.76	3	7
IL-17	0.805	299.09	274.4	219.64	206.66	14	27
IL-1b	0.368	7.75	10.12	6.35	8.44	17	24
IL-1ra	0.546	448.9	317.37	445.43	306.59	16	27
IL-2	0.59	36.09	39.65	29.95	28.5	14	21
IL-4	0.691	9.13	9.61	7.91	6.6	17	27
IL-5	0.555	25.23	28.35	20.13	20.34	17	27
IL-6	0.92	31.92	32.82	24.99	25.61	16	27
IL-7	0.763	28.02	30.06	18.16	18.47	17	27
IL-8	0.638	102.04	109.65	78.4	70.9	17	27
IL-9	0.978	28.03	26.7	23.7	19.85	15	25
IP-10	0.876	431.27	495.29	234.75	332.43	17	27
MCP-1	0.507	83.53	90.7	62.11	61.04	17	27
MIP-1a	0.242	14.45	17.62	9.88	9.28	17	27
MIP-1b	0.099	65.96	80.56	33.71	27.82	17	27
PDGF	0.844	1098.88	1044.5	940.97	961.42	15	27
RANTES	0.209	13632.77	20133.86	12204.71	16974.26	16	27
TNF- α	0.706	167.63	176.14	143.56	132.79	16	27
VEGF	0.962	64.83	61.7	47.07	41.9	10	18

[150]

Table 6. P values for the paired comparison of arm 1 baseline versus arm 1 week 14 and arm 3 baseline versus arm 3 week 14 (left) and arm 1 baseline versus arm 1 week 26 and arm 3 baseline

[151]

Week 14			Week 26		
Paired Wilcoxon P value			Paired Wilcoxon P value		
Cytokine	Arm 1	Arm 3	Cytokine	Arm 1	Arm 3
Eotaxin	0.5771	0.0827	Eotaxin	0.625	0.498
FGF-Basic	0.4648	0.2904	FGF-Basic	0.6953	0.7285
G-CSF	0.3396	0.2758	G-CSF	0.6772	0.6477
GM-CSF	0.5703	0.6226	GM-CSF	0.8438	0.8603
IFN- γ	0.4143	0.3819	IFN- γ	0.3804	0.7562
IL-10	0.3804	0.4237	IL-10	0.4131	0.8596
IL-12	0.4697	0.2238	IL-12	0.8984	1
IL-13	0.6355	0.8191	IL-13	0.5186	0.9563
IL-15	0.4375	0.25	IL-15	NA	0.8203
IL-17	0.2783	0.1578	IL-17	0.8457	0.6215
IL-1b	0.4548	0.2087	IL-1b	0.5186	0.89
IL-1ra	0.3804	0.1742	IL-1ra	0.4131	0.4091
IL-2	0.2783	0.1283	IL-2	0.9219	0.5798
IL-4	0.3396	0.313	IL-4	0.791	0.6742
IL-5	0.3396	0.3819	IL-5	0.791	0.7012
IL-6	0.5693	0.4593	IL-6	0.6377	0.4749
IL-7	0.5417	0.313	IL-7	1	0.8408
IL-8	0.5417	0.3674	IL-8	0.6772	0.7841
IL-9	0.3394	0.3967	IL-9	0.8311	0.6742
IP-10	0.0942	0.4273	IP-10	0.2334	0.4749
MCP-1	0.7354	0.5812	MCP-1	0.1294	0.9854
MIP-1a	0.4143	0.2758	MIP-1a	0.791	0.7285
MIP-1b	0.0681	0.7164	MIP-1b	0.1763	0.33
PDGF	0.1099	0.5272	PDGF	0.1099	0.5217
RANTES	0.8311	0.0299	RANTES	0.8984	0.7983
TNFA	0.4143	0.2528	TNFA	0.6772	0.6477
VEFG	0.4316	0.2305	VEFG	0.7344	0.9632

[152] **Further** results of analyses

[153] Fig. 13 shows profile plots of baseline and post-treatment means of log serum cytokine data for Arm 2.

[154] Fig. 14 shows baseline and post-treatment means of log serum cytokine data for Arm 3. .

[155] Fig. 15 shows a profile plot of the mean differences (post-treatment - baseline) for the cytokines in serum for each arm.

[156] Of note, The analyses revealed that 19 cytokines showed a statistically significant decrease in serum between baseline and post-treatment in Arm 2 (PDGF, IL1 β , IL-1ra, IL-2, IL-4, IL-5, IL-7, IL-10, IL-12, IL-13, IL-17, G-CSF, IFN γ , eotaxin, FGFb,

MIP1 β , RANTES, TNF α , VEGF; but not CRP, IL-6, IL-8, IL-9, IL-15, GM-CSF, IP10, MCP1, MIP1 α), whereas none showed a statistically significant decrease in Arm3. This appears from Fig. 16, which provides the p-values obtained from a Wilcoxon signed-rank test used on each cytokine for each arm to test for increase/decrease in values from baseline to post-treatment. The significant differences as seen are in bold grey font. The decreases were larger in Arm2 than in Arm3, noting that there were 19 significant decreases in Arm2 but none in Arm3.

- [157] Fig. 17 shows the median difference of post-treatment minus baseline levels in serum for each cytokine and for each arm of the study. Decreases are highlighted in light shadow and increases/no change are highlighted in dark shadow.
- [158] Fig. 18 shows Cox proportional hazards models on baseline data for each cytokine in serum for each arm of the study. The table provides univariate analyses for the baseline data and shows hazard ratios with 95% confidence intervals and p-values. CRP, IL-1ra, IL-2, IL-10, Eotaxin and IFN γ are significant ($p < 0.1$) for Arm 2, while CRP, IL-1ra and Eotaxin are significant for Arm 3.
- [159] Figs. 19a and 19b show serum levels of CRP at baseline in Arm 2 and Arm 3. Low levels of CRP gave a median survival of 337 days for Arm 2 and a median survival of 373 days for Arm 3. Baseline CRP levels predicted median (95% CI) overall survival in Arm3 (high CRP=250 [132-451] days; low CRP=372.5 [229-517] days; $p=0.0500$) but not in Arm2 (high CRP=195 [140-262] days; low CRP=337 [167-366] days; $p=0.2534$)
- [160] Figs. 20a and 20b show levels of Eotaxin at baseline in Arm 2 and Arm 3. High levels of Eotaxin give a median survival of 300 days for Arm 2 and a median survival of 451 days for Arm 3. Baseline eotaxin levels predicted median (95% CI) overall survival in Arm3 (high eotaxin=451 [308-623] days; low eotaxin=238.5 [178-344] days; $p=0.0135$) but not in Arm2 (high eotaxin=299.5 [167-358] days; low eotaxin=188 [102-320] days; $p=0.1138$)
- [161] Fig. 21a and Fig. 21b shows Proportional hazards models using dichotomized variables for the baseline data for serum CRP and serum Eotaxin combined. When variables were combined at baseline the longest overall survival was predicted by a combination of low serum levels of CRP plus high serum levels of Eotaxin in Arm 2 (median survival = 337 days) and similarly for Arm 3 (median survival = 450 days).
- [162] Figs. 22a and 22b show serum CRP post treatment in Arm 2 and Arm 3. Low serum levels of CRP give a median survival of 337 days for Arm 2 and a median survival of 450 days for Arm 3.
- [163] Figs. 23a and 23b show serum Eotaxin post treatment in Arm 2 and Arm 3. High levels of serum Eotaxin give a median survival of 251 days for Arm 2 and a median survival of 364 days for Arm 3.

- [164] Figs. 24a and 24b show Proportional hazards models using dichotomized variables for the post-treatment data for serum CRP and serum Eotaxin combined. When variables were combined the longest survival was predicted by a combination of low levels of CRP plus high levels of Eotaxin in Arm 2 (median survival = 355 days) and similarly for Arm 3 (median survival = 535 days). When variables were combined at post-treatment the longest survival was predicted by a combination of low levels of CRP plus high levels of Eotaxin in Arm 2 (median survival = 355 days) and similarly for Arm 3 (median survival = 535 days).

[165]

Sequence Listing Free Text

- [166] Biologic sequence data

[167] **SEQ ID NO: 1;** GV1001 amino acid sequence:EARPALLTSRLRFIPK

[168] **SEQ ID NO: 2;** Human Eotaxin(Eotaxin1) (CCL11 chemokine (C-C motif) ligand 11); Protein; UniProt ID: P51671; Length: 97 amino acids, MW: 10.732 kDa:MKVSAALLWLLIAAAFSPQGLAGPASVPTTCCFNLANRKIPLQRLESYR RITSGKCPQKAVIFKTKLAKDICADPKKKWVQDSMKYLDQKSPTPKP

[169] **SEQ ID NO: 3;** Human eotaxin 2 (CCL24); Protein; UniProt ID: O00175; Length: 119 amino acids, MW: 13.134 kDa:MAGLMTIVTSLLFLGVCAHHIPTGSVVIPSPCCMFFVSKRIPENRVVSYQL SSRSTCLKAGVIFTTKKGQQFCGDPKQEWVQRYMKNLDAKQKKASPRARAV AVKGPVQRYPGNQTTTC

[170] **SEQ ID NO: 4;** Human eotaxin 3 (CCL26); Protein; UniProt ID: Q9Y258; Length: 94 amino acids, MW: 10.648 kDa:MMGLSLASAVLLASLLSLHLGTATRGSDISKTCFQYSHKPLPWTWVRSY EFTSNSCSQRAVIFTTKRGKKVCTHPRKKWVQKYISLLKTPKQL

[171] **SEQ ID NO: 5;** Human Eotaxin(Eotaxin1) (CCL11 chemokine (C-C motif) ligand 11); nucleic acid; NCBI GeneBank ID: NM_002986.2:ATGGGCAAAGGCTTCCCTGGAATCTCCCACACTGTCTGCTCC CTATAAAAGGCAGGCAGATGGGCCAGAGGAGCAGAGAGGCTGAGACCAA CCCAGAAACCACCACCTCTCACGCCAAAGCTCACACCTTCAGCCTCCAACA TGAAGGTCTCCGCAGCACTTCTGTGGCTGCTGCTCATAGCAGCTGCCTTCA GCCCCAGGGGCTCGCTGGGCCAGCTTCTGTCCCAACCACCTGCTGCTTTA ACCTGGCCAATAGGAAGATACCCCCTTCAGCGACTAGAGAGCTACAGGAGA ATCACCAGTGGCAAATGTCCCCAGAAAGCTGTGATCTTCAAGACCAAACCTG GCCAAGGATATCTGTGCGGACCCCAAGAAGAAGTGGGTGCAGGATTCCAT GAAGTATCTGGACCAAAAATCTCCAACCTCAAAGCCATAAATAATCACCAT TTTTGAAACCAAACCAGAGCCTGAGTGTTCCTAATTTGTTTTCCCTTCTTA

CAATGCATTCTGAGGTAACCTCATTATCAGTCCAAAGGGCATGGGTTTTAT
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[172] **SEQ ID NO: 6;** Human eotaxin 2 (CCL24); nucleic acid; NCBI GeneBank ID:
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 CCACCAAGAAGGGCCAGCAGTTCTGTGGCGACCCCAAGCAGGAGTGGGTC
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[173] **SEQ ID NO: 7;** Human Eotaxin 3 (CCL26); nucleic acid; NCBI GeneBank ID:
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 GGCCTCCCTCCTGAGTCTCCACCTTGGAAGTCCACACGTGGGAGTGACAT
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 GGGTGCAAAAATACATTTCTTTACTGAAAACCTCCGAAACAATTGTGACTCA
 GCTGAATTTTCATCCGAGGACGCTTGGACCCCGCTCTTGGCTCTGCAGCCCT
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 GAGAGGGTGTTCCTCCCAGAGTTACTTTAATAAAGGTTGTTTCATAGAGTT
 GACTTGTTTCAT

[174] **SEQ ID NO: 8;** Human CRP (C-reactive protein); Protein; UniProt ID: Q5VVP7;
 Length: 102 amino acids, MW: 11.632

kDa:MEKLLCFLVLTSLSHAFGQTDMSRKAFVFPKESDTSYVSLKAPLTKPLKA
 FTVCLHFYTELSSTHEINTIYLGGPFSPNVLNWRALKYEVQGEVFTKPQLWP

[175] **SEQ ID NO: 9;** Human CRP (C-reactive protein); nucleic acid; NCBI GeneBank ID:
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[176] **SEQ ID NO: 10**; Human MIP1 α (CCL3 chemokine (C-C motif) ligand 3); Protein;
 UniProt ID: P10147; Length: 92 amino acids, MW: 10.085
 kDa:MQVSTAALAVLLCTMALCNQFSASLAADTPTACCFSTSRQIPQNFIADY
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[177] **SEQ ID NO: 11**; Human MIP1 α (CCL3 chemokine (C-C motif) ligand 3); nucleic
 acid; NCBI GeneBank ID:
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 CTCAGAATCATGCAGGTCTCCACTGCTGCCCTTGCTGTCCTCCTCTGCACCA
 TGGCTCTCTGCAACCAGTTCTCTGCATCACTTGCTGCTGACACGCCGACCGC
 CTGCTGCTTCAGCTACACCTCCCGGCAGATTCCACAGAATTCATAGCTGA
 CTACTTTGAGACGAGCAGCCAGTGCTCCAAGCCCGGTGTCATCTTCCTAAC
 CAAGCGAAGCCGGCAGGTCTGTGCTGACCCCAGTGAGGAGTGGGTCCAGA
 AATATGTCAGCGACCTGGAGCTGAGTGCCTGAGGGGTCCAGAAGCTTCGA
 GGCCCAGCGACCTCGGTGGGCCCAGTGGGGAGGAGCAGGAGCCTGAGCCT
 TGGAACATGCGTGTGACCTCCACAGCTACCTCTTCTATGGACTGGTTGTT
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 GACAACCGAGTGGCTGTCATCAGCCTGTGTAGGCAGTCATGGCACCAAAG

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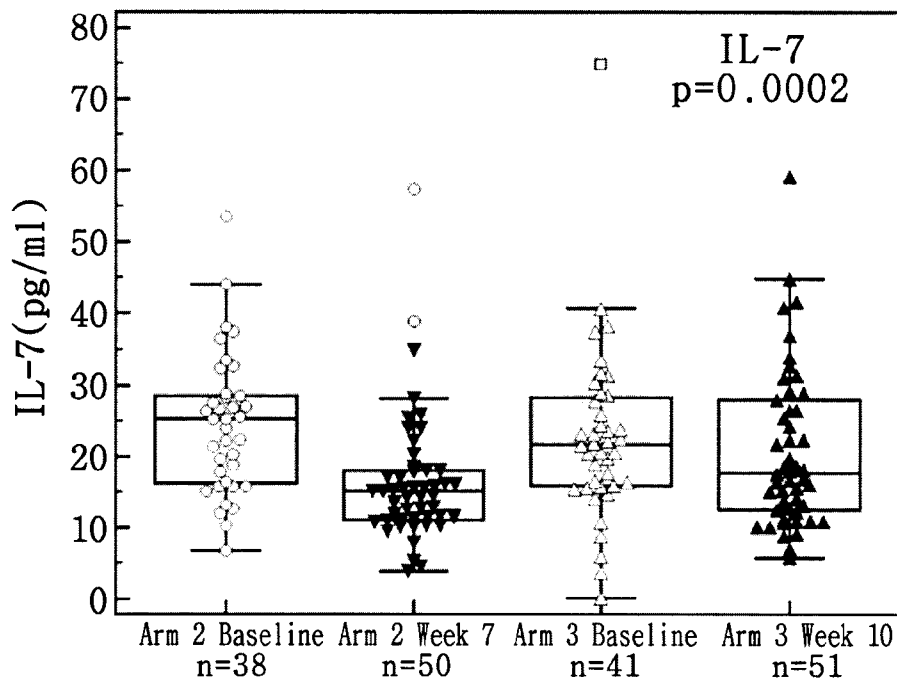
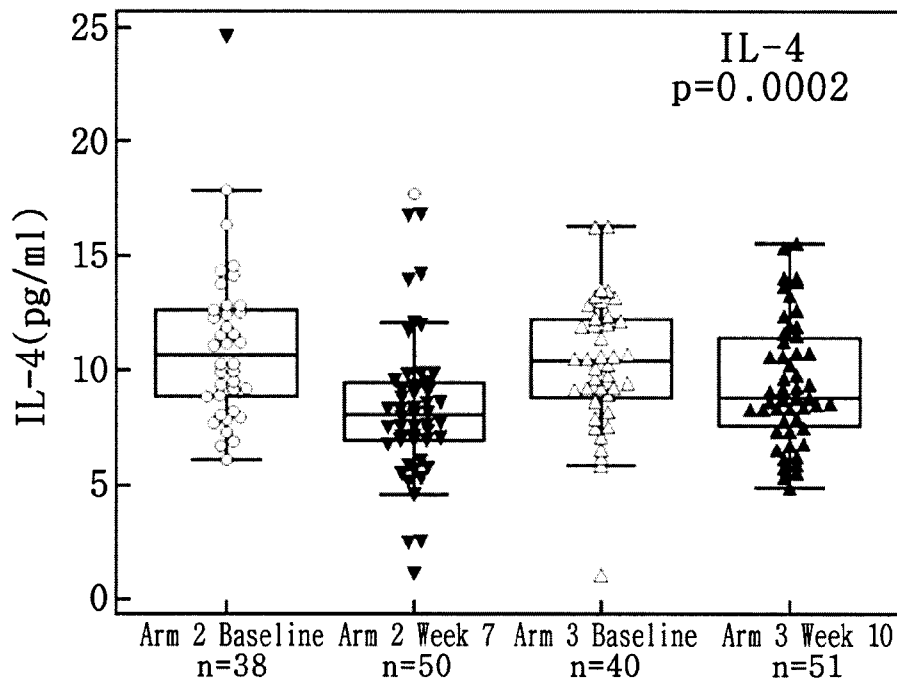
Claims

- [Claim 1] A method for anti-cancer and/or anti-inflammatory treatment of an individual in need thereof by administering a therapeutically effective amount of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, if said individual exhibits an increased serum level of eotaxin and/or MIP1 α when compared to population average or to a population of individuals suffering from the same cancer and/or inflammatory condition.
- [Claim 2] A method for determining whether to instigate anti-cancer and/or anti-inflammatory treatment of an individual in need thereof, wherein said anti-cancer treatment and/or anti-inflammatory treatment involves administration of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, comprising determining if said individual exhibits an increased serum level of eotaxin and/or MIP1 α when comparing to the population average or to a population of individuals suffering from the same cancer and/or inflammatory condition, a positive determination indicating that said treatment is justified.
- [Claim 3] The method according to claim 1 or 2, wherein the significantly increased level of eotaxin and/or MIP1 α is at least 10%.
- [Claim 4] The method according to any one of the preceding claims, wherein in addition the serum level of CRP in said individual is determined, and wherein a decreased level of CRP compared to population average or to a population of individuals suffering from the same cancer and/or inflammatory condition is a further indication that said treatment is justified.
- [Claim 5] A method for anti-cancer and/or anti-inflammatory treatment of an individual in need thereof by administering a therapeutically effective amount of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, wherein said treatment is continued after an initial stage of said treatment if said individual exhibits a decrease of CRP level in serum after said initial stage of said treatment.
- [Claim 6] A method for determining the efficacy of therapeutic treatment of an individual with a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids, comprising determining the serum level of CRP in said individual after

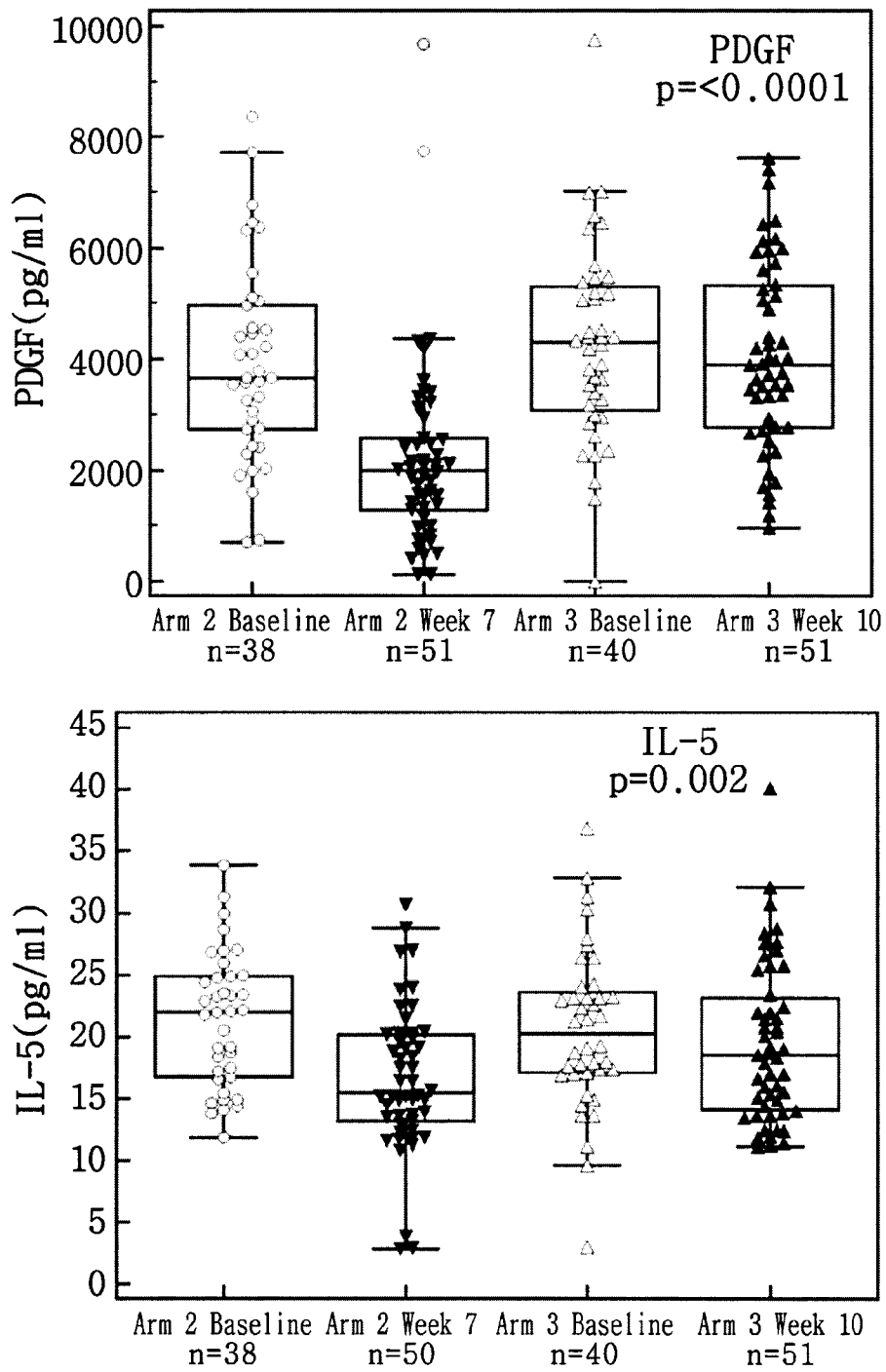
an initial stage of said treatment and comparing with the serum level of CRP prior to said initial stage of treatment, where a decrease in said serum level indicates that said treatment is effective in terms of conferring an increase in survival time.

- [Claim 7] The method according to claim 5 or 6, wherein said decrease in the serum level of CRP is at least 10%.
- [Claim 8] The method according to any one of the preceding claims, wherein said anti-cancer and/or anti-inflammatory treatment involves concurrent treatment with at least one cytostatic or cytotoxic agent.
- [Claim 9] The method according to claim 8, wherein said concurrent treatment involves administration of GemCap.
- [Claim 10] The method according to any one of the preceding claims, wherein treatment is an anti-cancer treatment.
- [Claim 11] The method according to any one of the preceding claims, wherein the treatment is treatment of pancreatic cancer.
- [Claim 12] The method according to any one of the preceding claims, wherein said polypeptide is administered parenterally.
- [Claim 13] The method according to any one of the preceding claims, wherein determination of serum levels is performed in vitro.
- [Claim 14] The method according to any one of the preceding claims, wherein said polypeptide is SEQ ID NO: 1 or a fragment of at least 8 amino acids of SEQ ID NO: 1.
- [Claim 15] Use of eotaxin and/or MIP1 α and/or CRP as a prognostic marker in anticancer and/or anti-inflammatory treatment.
- [Claim 16] The use according to claim 14, wherein the treatment involves administration of a polypeptide, which comprises SEQ ID NO: 1 or comprises a fragment of SEQ ID NO: 1 of at least 8 amino acids.
- [Claim 17] A kit comprising a) a pharmaceutical composition comprising a polypeptide as defined in any one of claims 1-14, and b) means for determining the serum concentration of eotaxin and/or means for determining the serum concentration of MIP1 α and/or means for determining the serum concentration of CRP.
- [Claim 18] A method for modulation of the activity of eotaxin and/or MIP1 α and/or CRP in an individual in need thereof, said method comprising administering a therapeutically effective amount of a polypeptide as defined in claim 1 or 14.
- [Claim 19] Use of a polypeptide as defined in claim 1 or 14 as a modulator of eotaxin and/or MIP1 α and/or CRP.

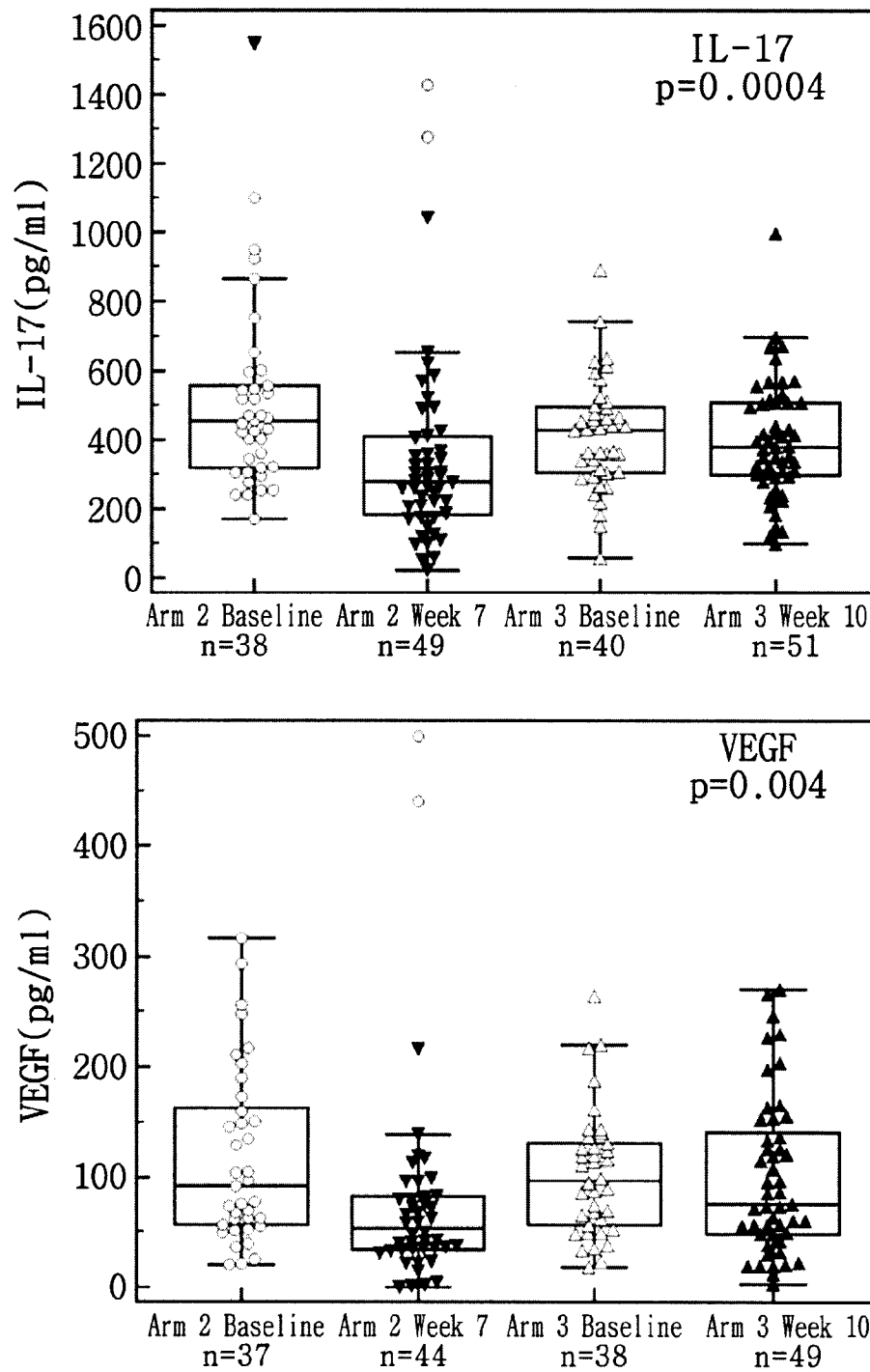
[Fig. 1a]



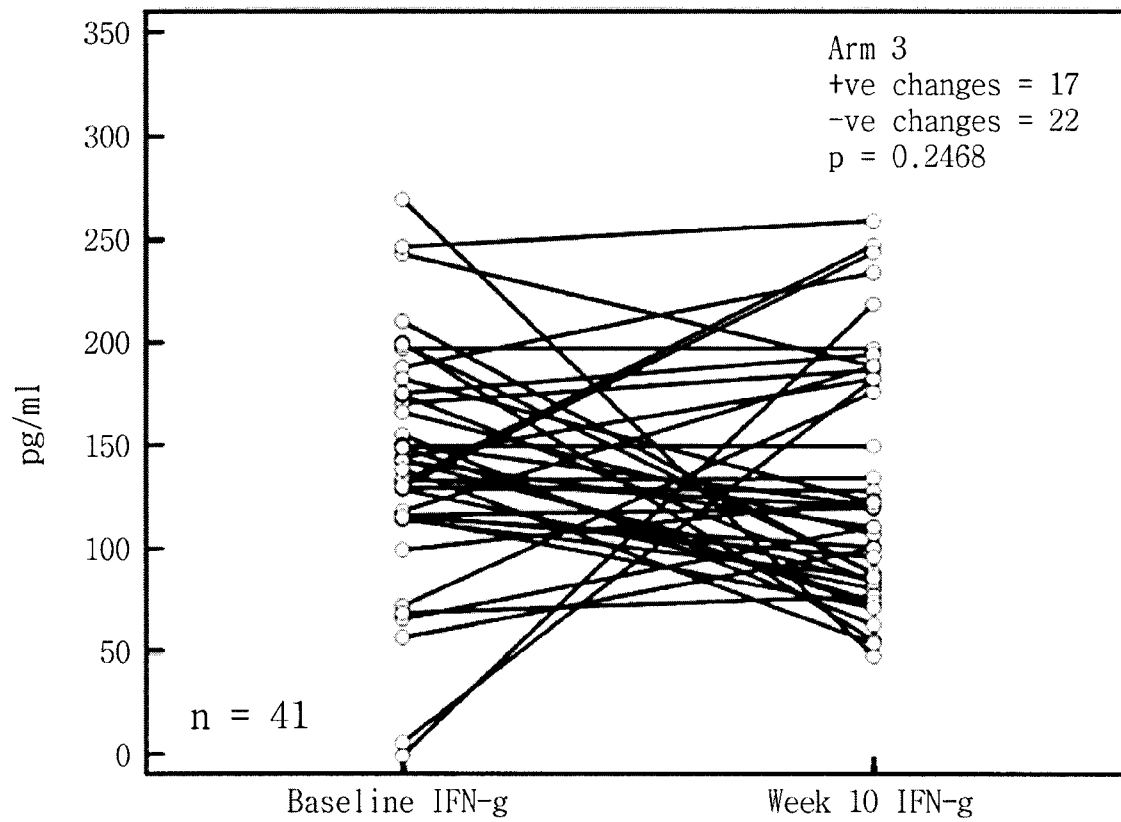
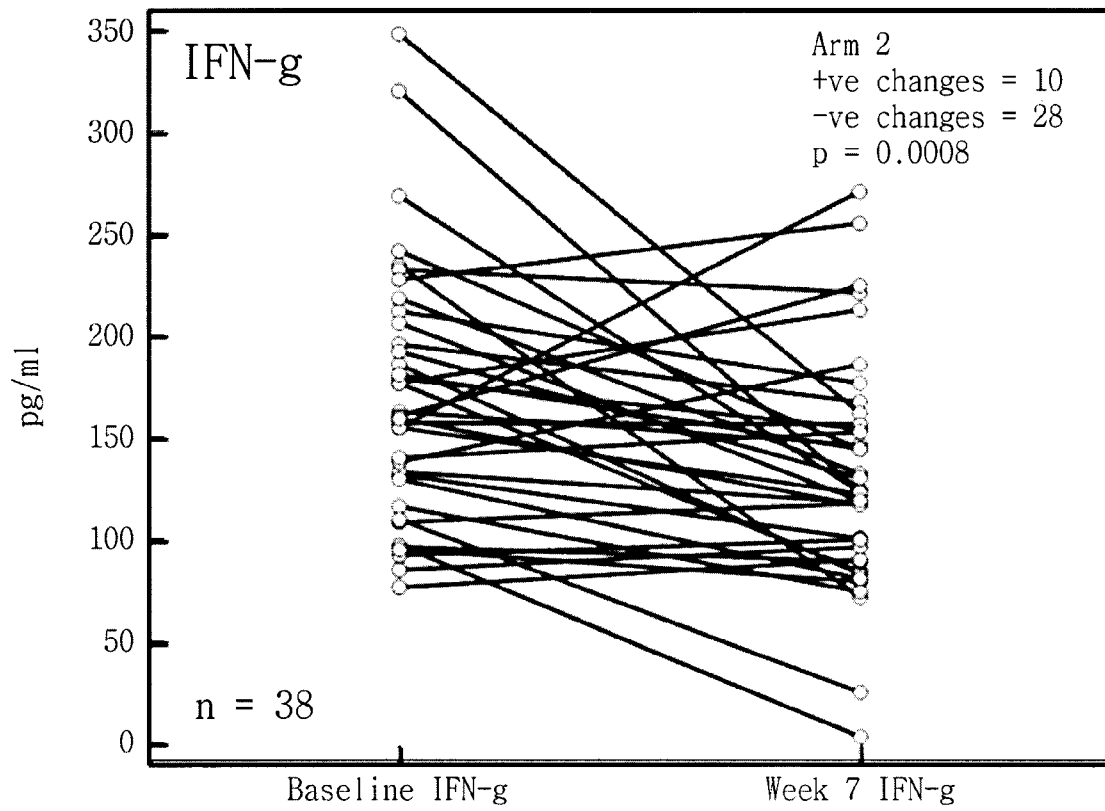
[Fig. 1b]



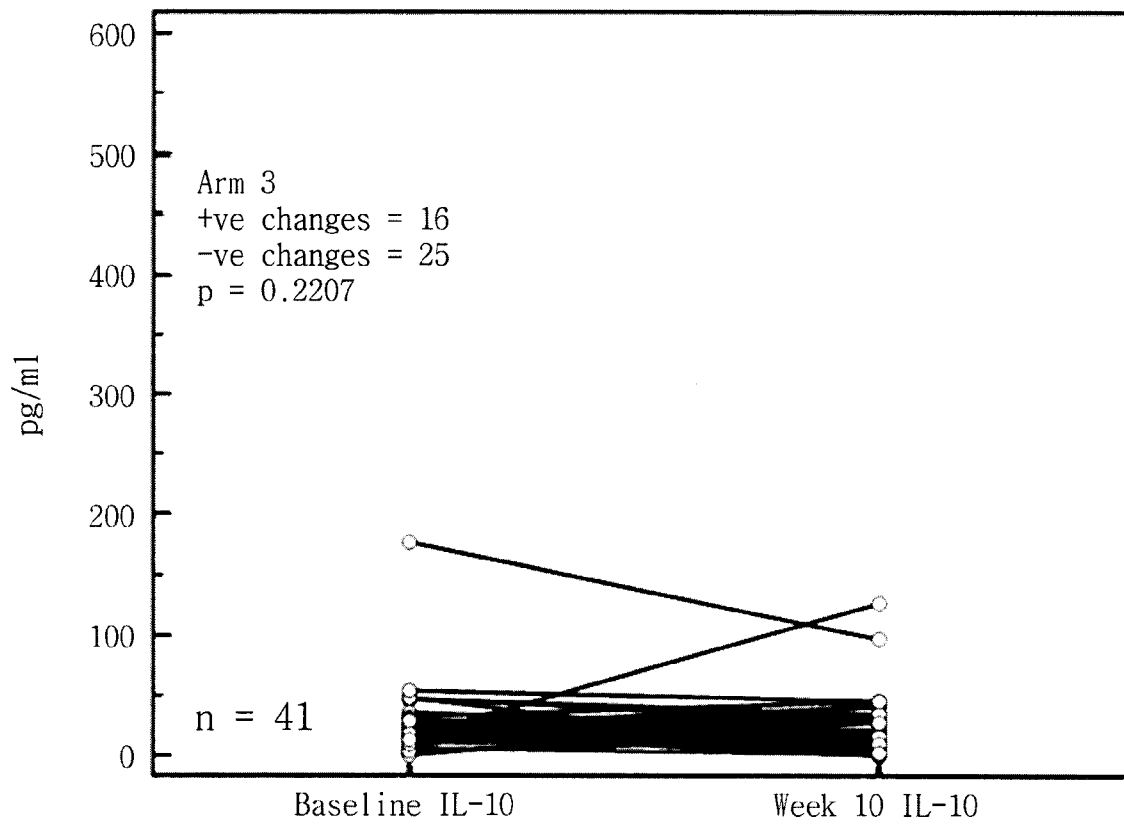
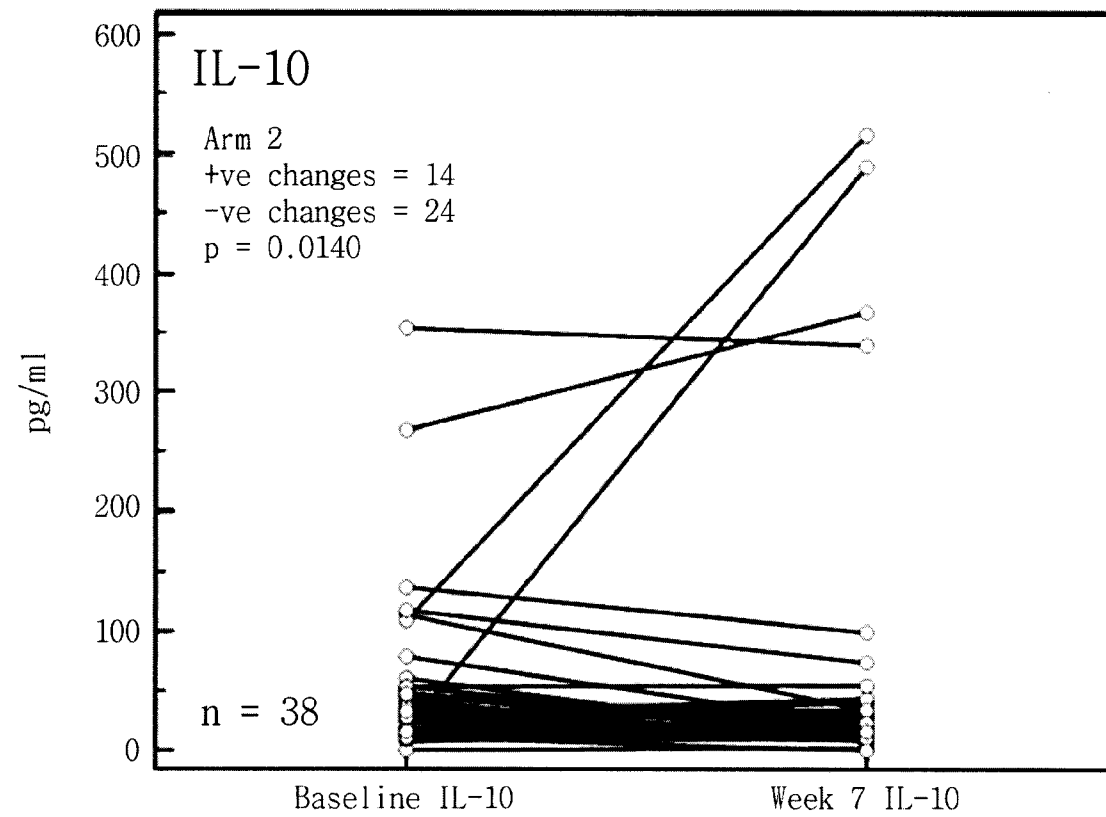
[Fig. 1c]



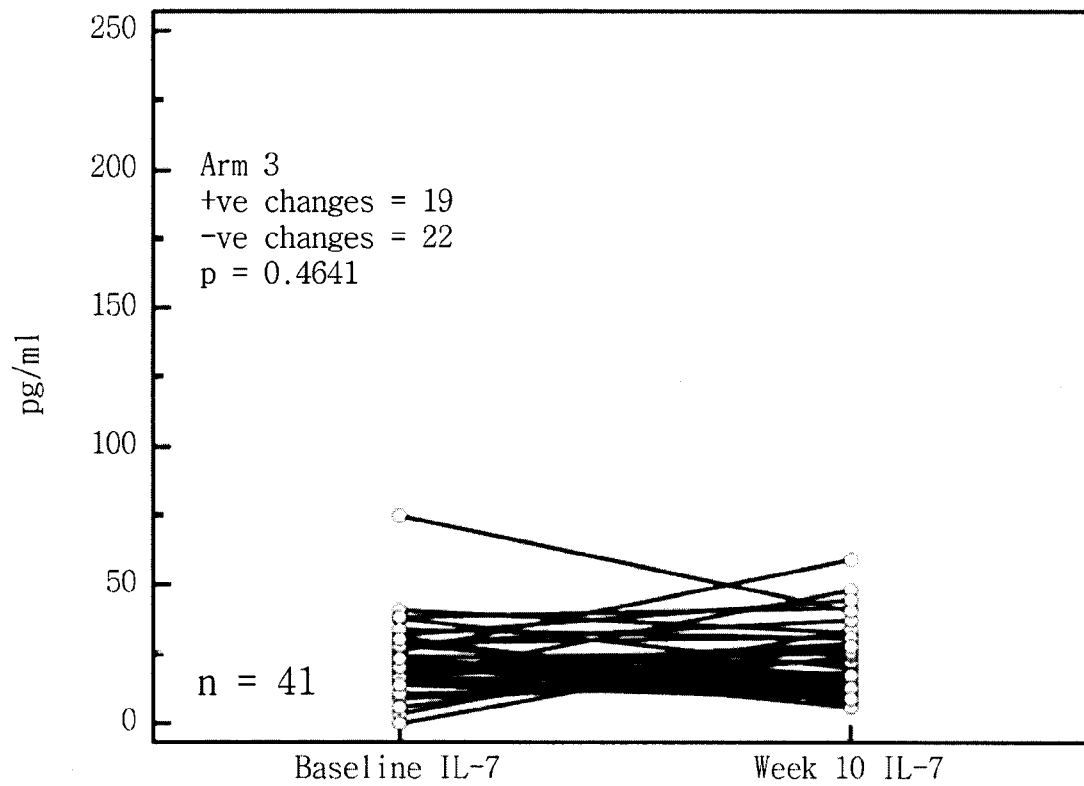
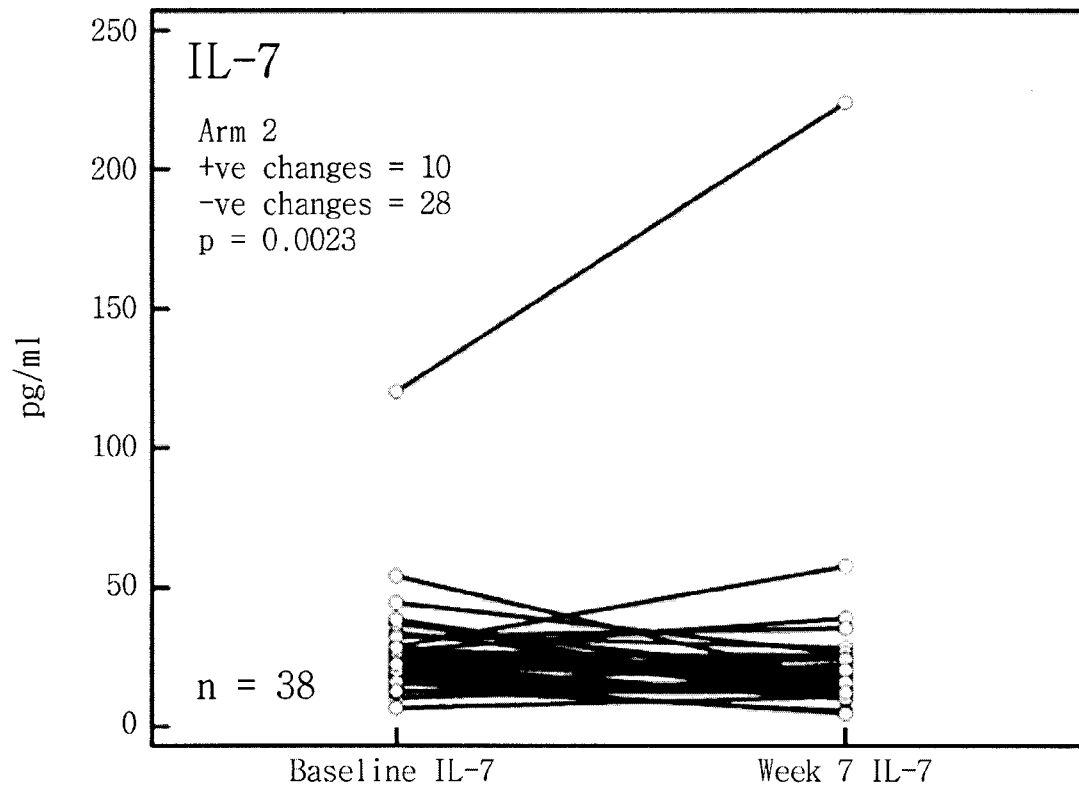
[Fig. 2a]



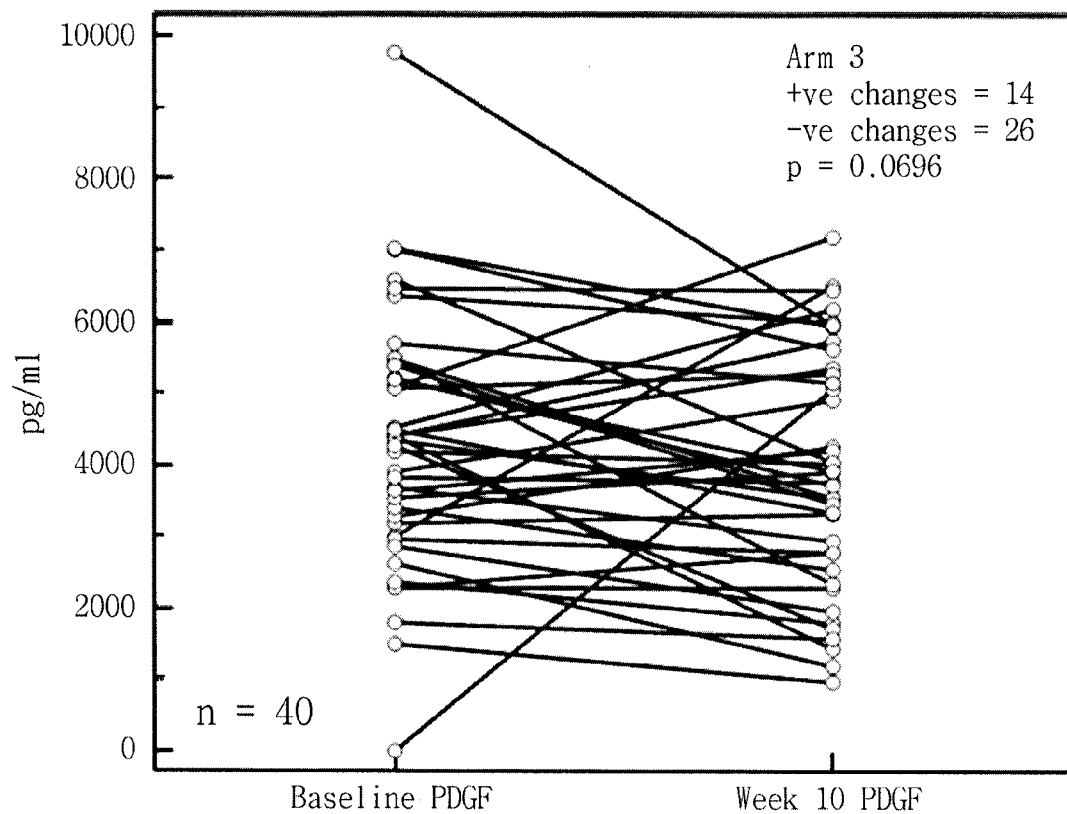
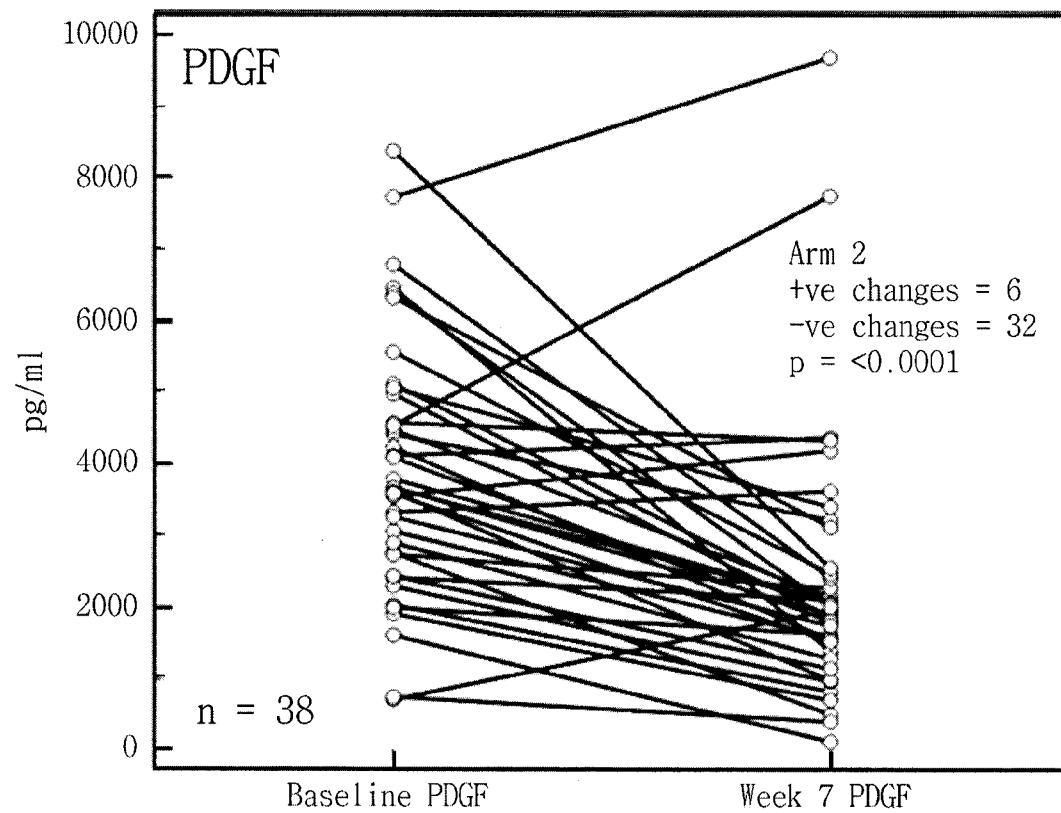
[Fig. 2b]



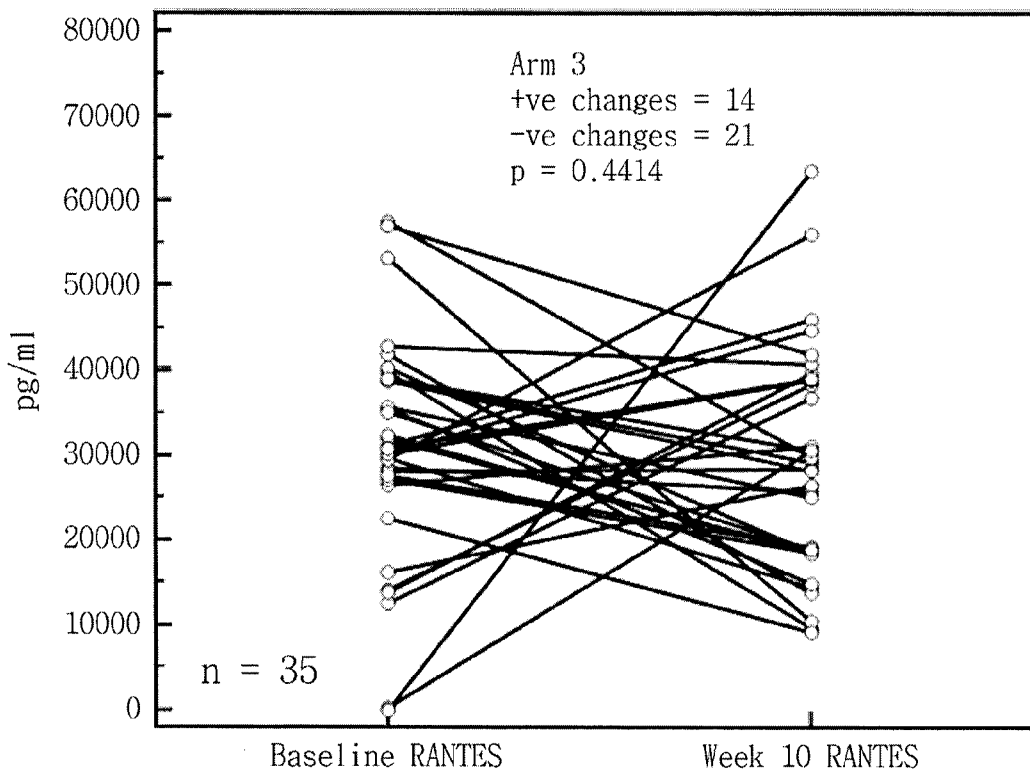
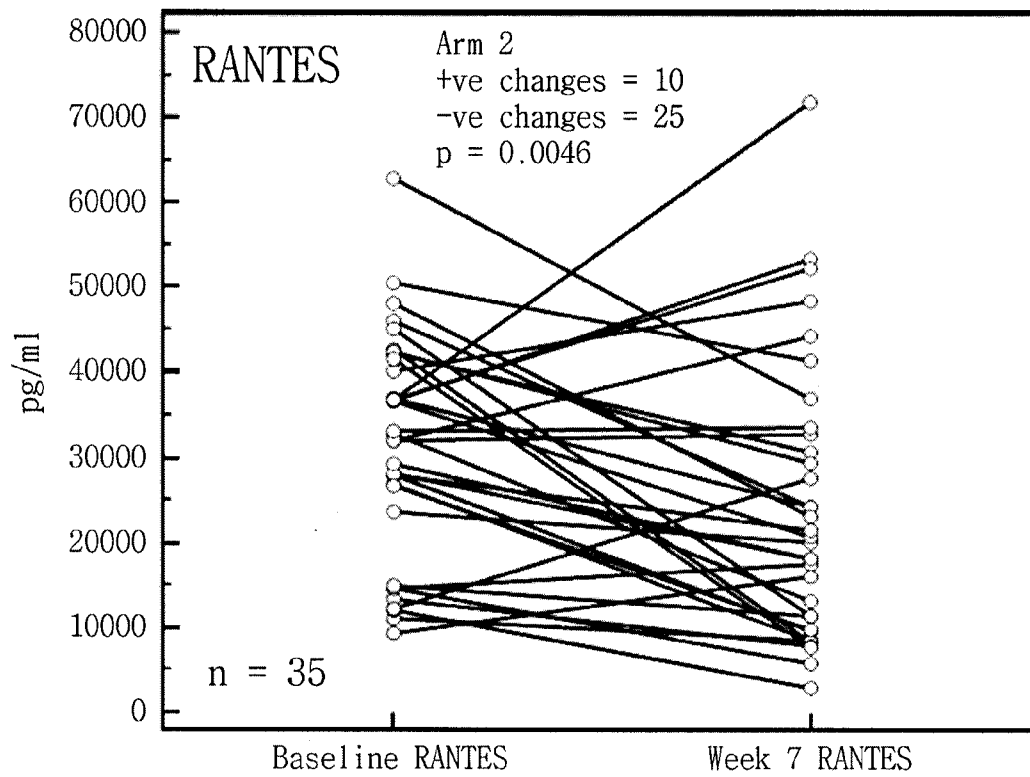
[Fig. 2c]



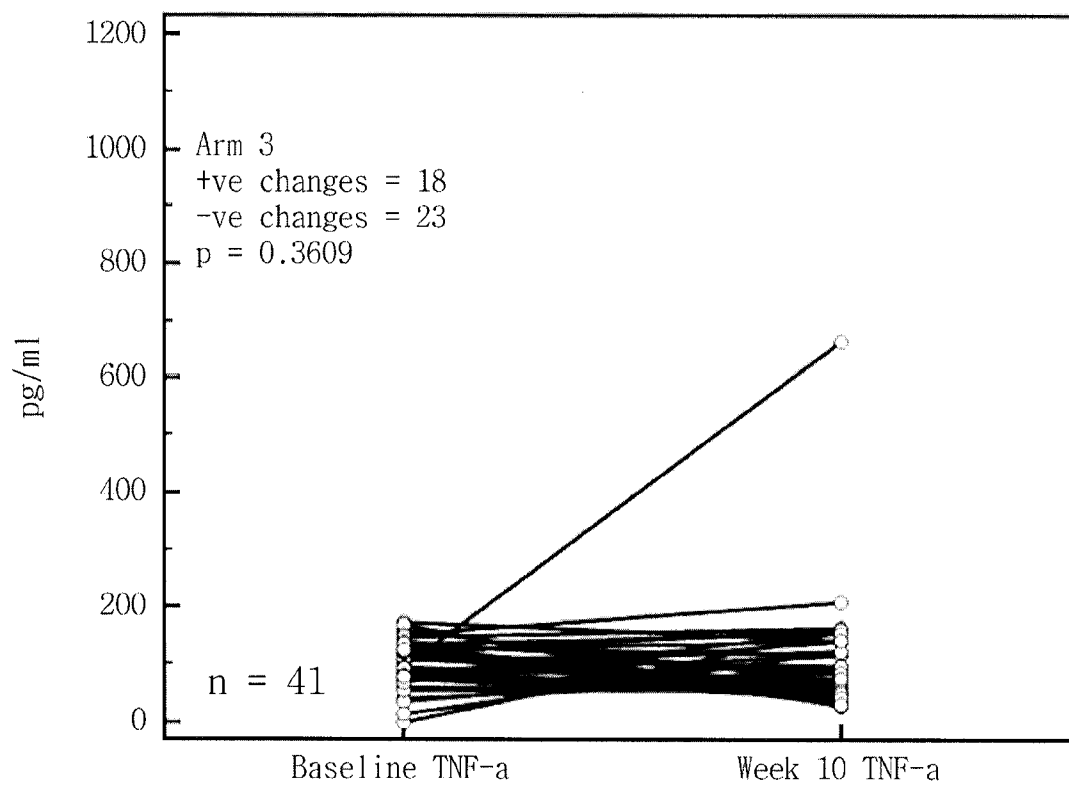
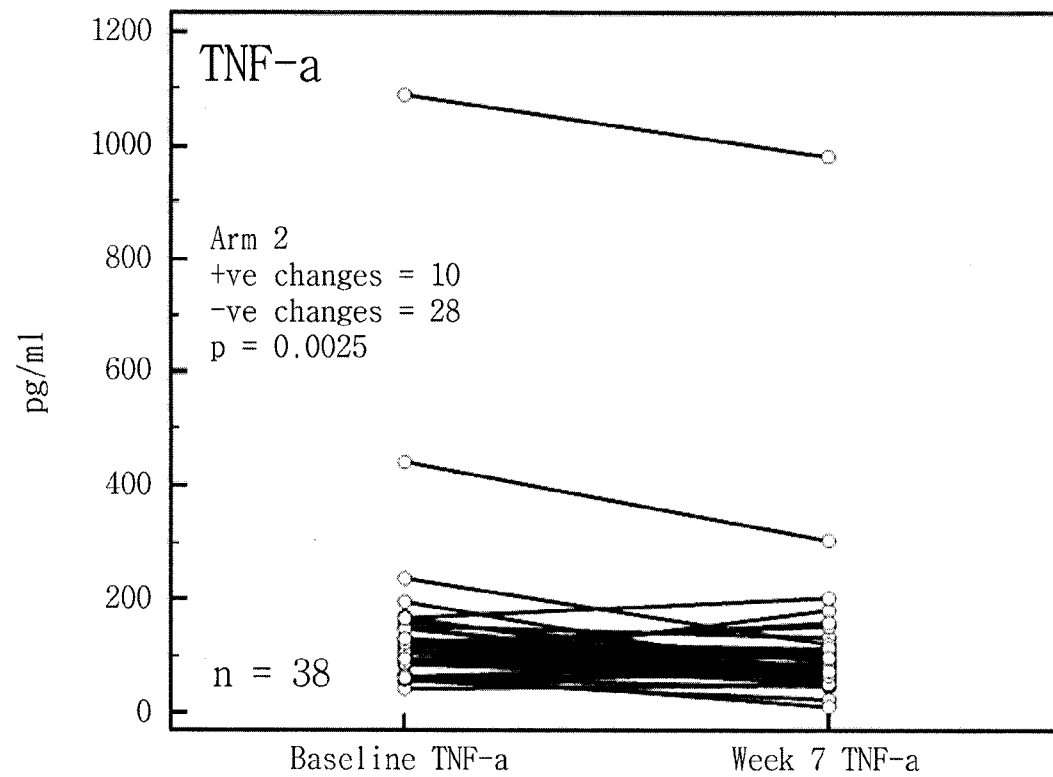
[Fig. 2d]



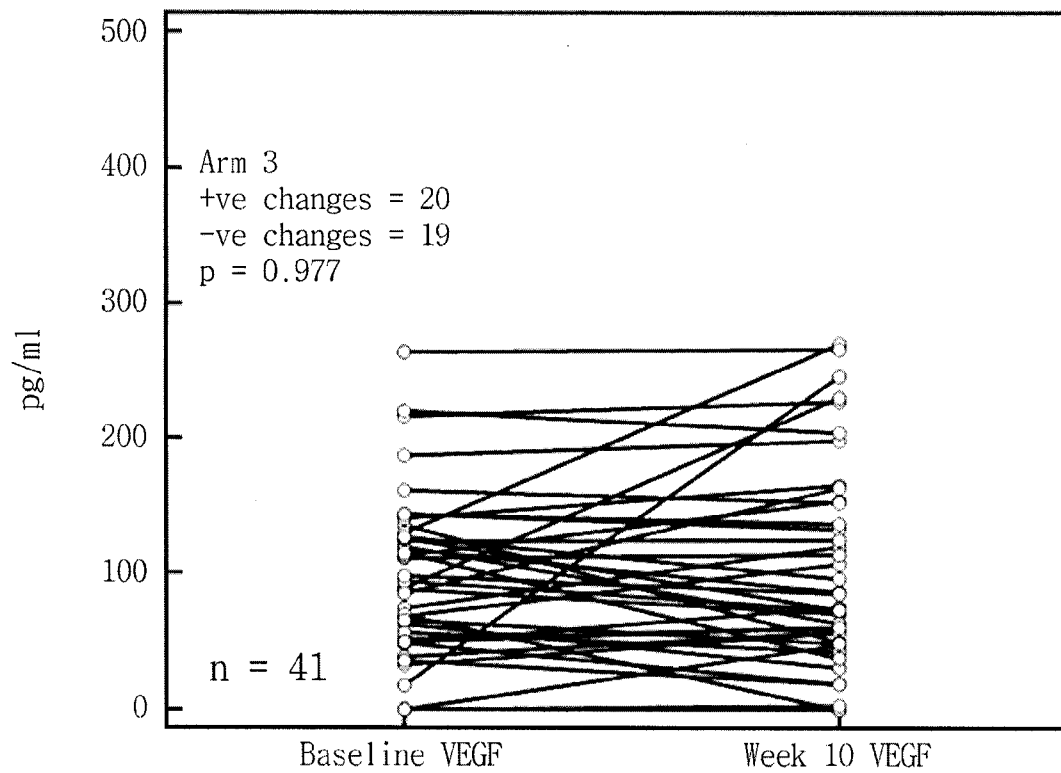
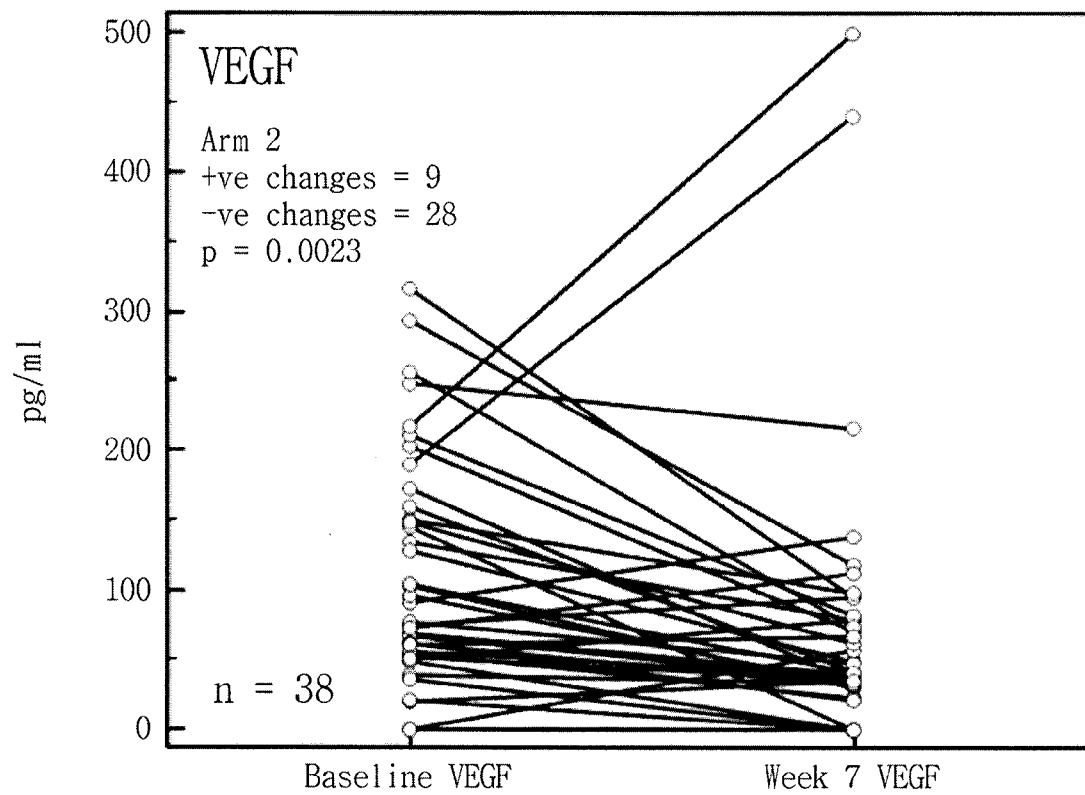
[Fig. 2e]



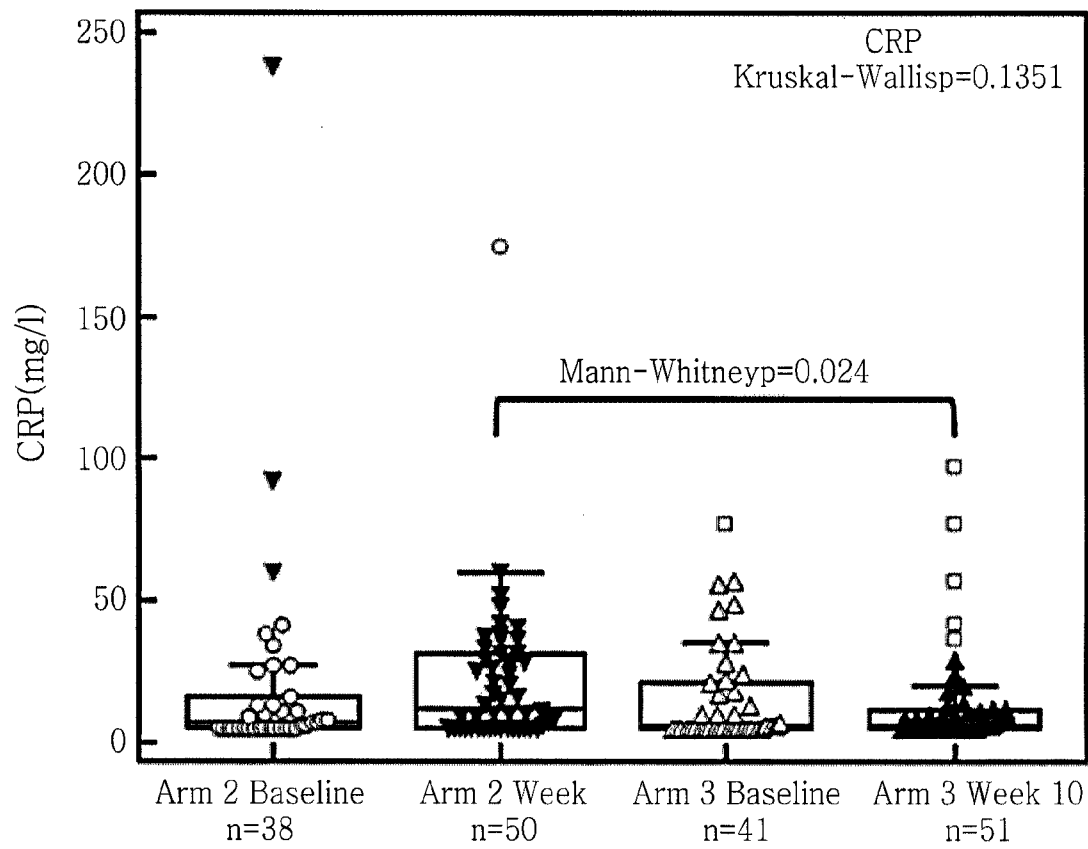
[Fig. 2f]



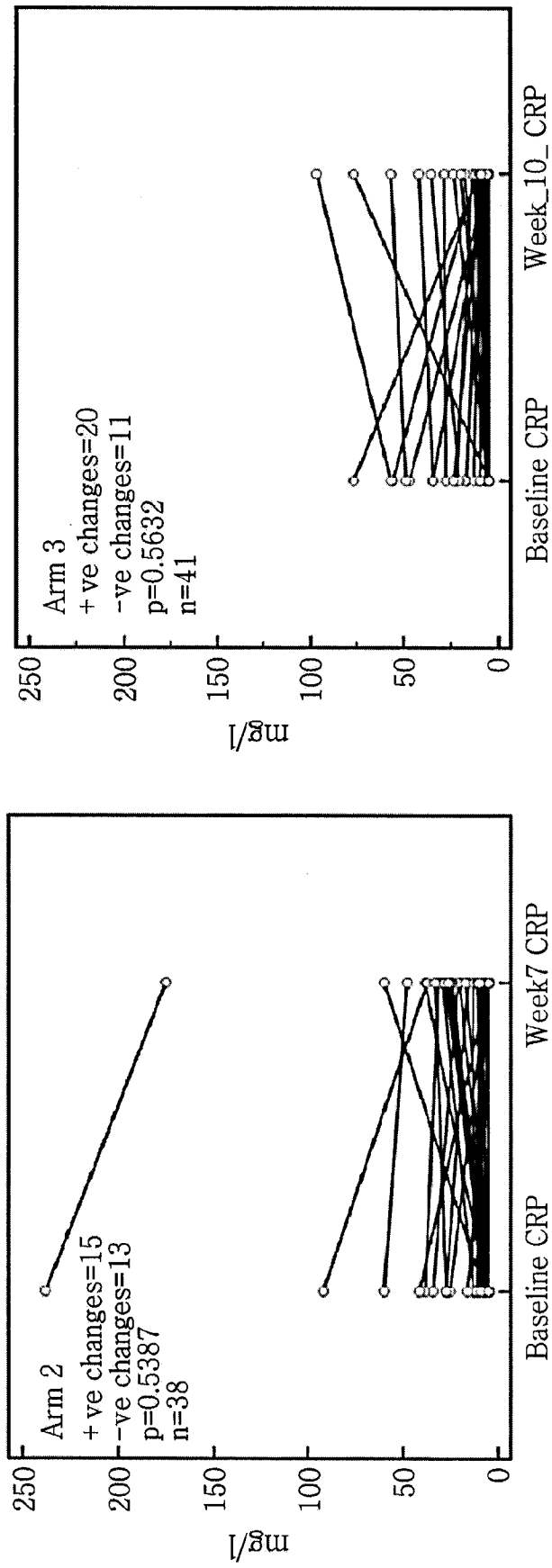
[Fig. 2g]



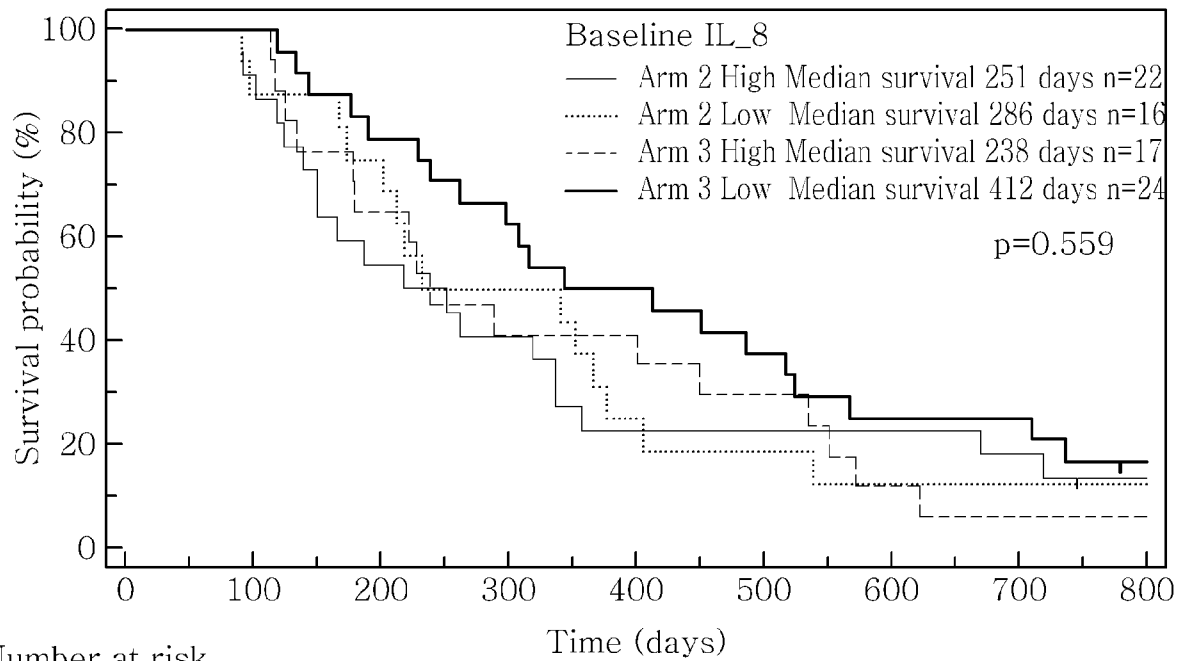
[Fig. 3]



[Fig. 4]



[Fig. 5a]



Number at risk

Group: Arm 2 High

22	20	12	9	5	5	5	4	2
----	----	----	---	---	---	---	---	---

Group: Arm 2 Low

16	14	12	8	4	3	2	2	2
----	----	----	---	---	---	---	---	---

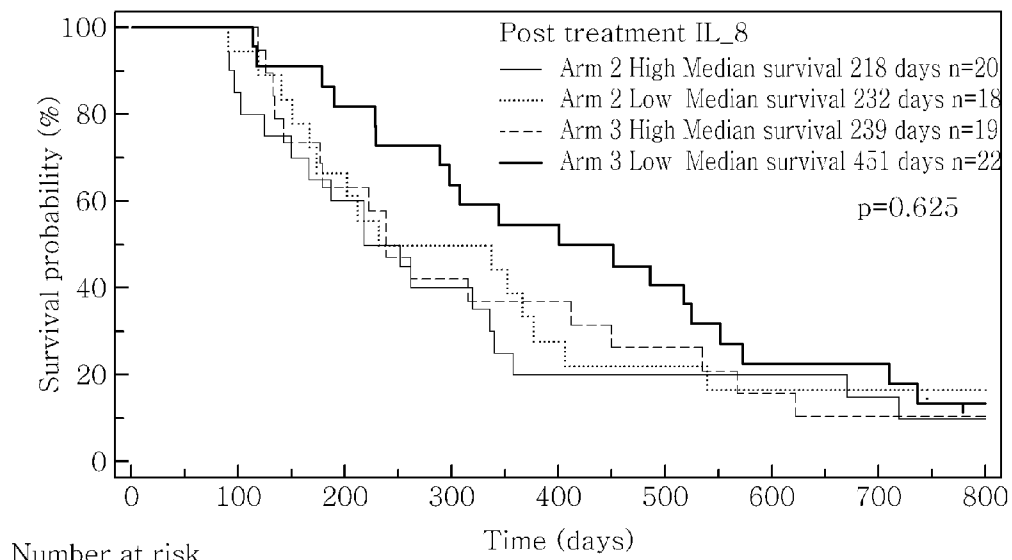
Group: Arm 3 High

17	17	11	7	7	5	2	1	1
----	----	----	---	---	---	---	---	---

Group: Arm 3 Low

24	24	19	15	12	9	6	6	3
----	----	----	----	----	---	---	---	---

[Fig. 5b]



Number at risk

Group: Arm 2 High

20	17	12	8	4	4	4	3	2
----	----	----	---	---	---	---	---	---

Group: Arm 2 Low

18	17	12	9	5	4	3	3	2
----	----	----	---	---	---	---	---	---

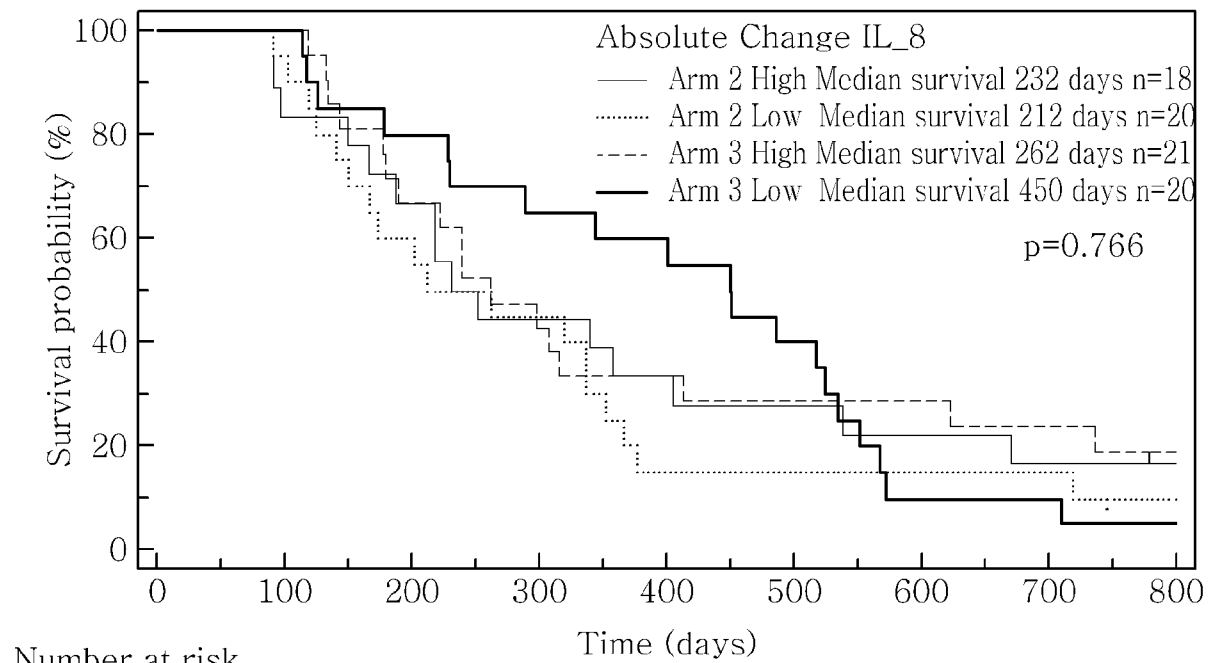
Group: Arm 3 High

19	19	12	8	7	5	3	2	2
----	----	----	---	---	---	---	---	---

Group: Arm 3 Low

22	22	18	14	12	9	5	5	2
----	----	----	----	----	---	---	---	---

[Fig. 5c]



Number at risk

Group: Arm 2 High

18	15	12	8	6	5	4	3	3
----	----	----	---	---	---	---	---	---

Group: Arm 2 Low

20	19	12	9	3	3	3	3	1
----	----	----	---	---	---	---	---	---

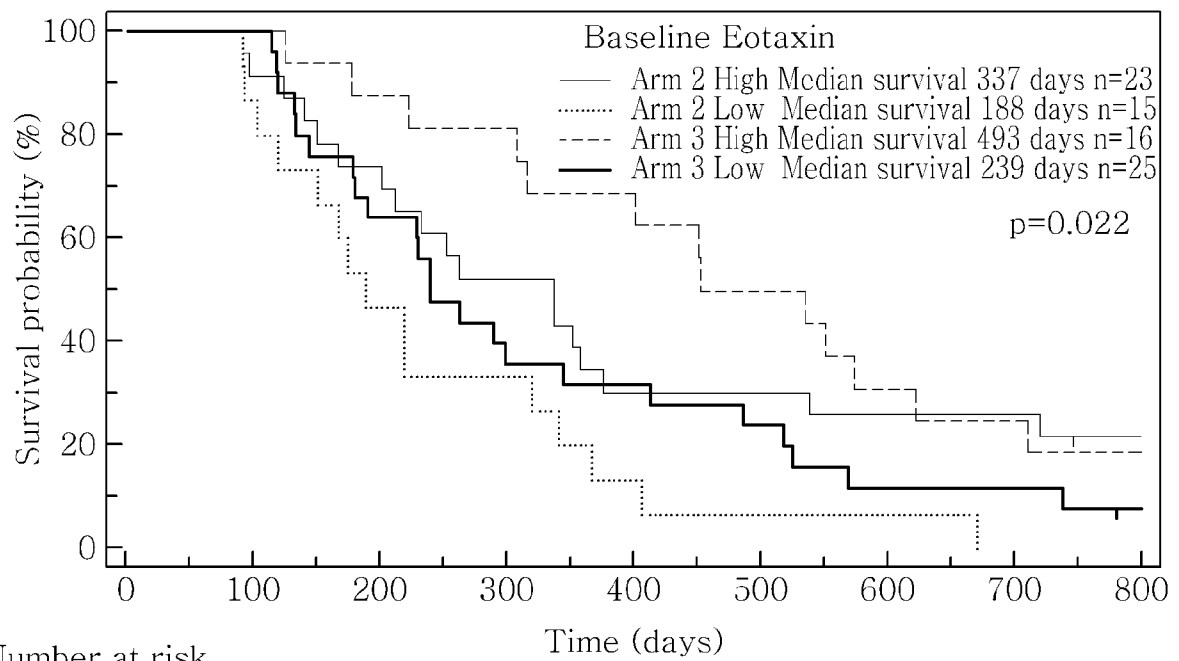
Group: Arm 3 High

21	21	14	9	7	6	6	5	3
----	----	----	---	---	---	---	---	---

Group: Arm 3 Low

20	20	16	13	12	8	2	2	1
----	----	----	----	----	---	---	---	---

[Fig. 6a]



Number at risk

Group: Arm 2 High

23	21	17	12	7	7	6	6	4
----	----	----	----	---	---	---	---	---

Group: Arm 2 Low

15	13	7	5	2	1	1	0	0
----	----	---	---	---	---	---	---	---

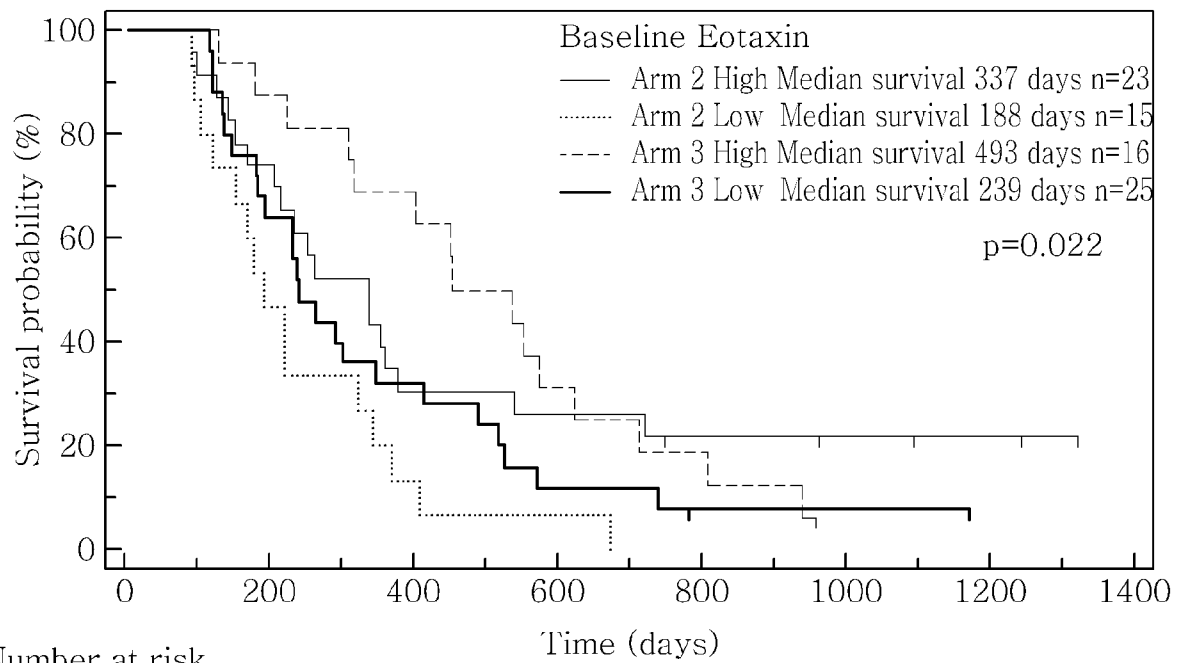
Group: Arm 3 High

16	16	14	13	11	8	5	4	3
----	----	----	----	----	---	---	---	---

Group: Arm 3 Low

25	25	16	9	8	6	3	3	1
----	----	----	---	---	---	---	---	---

[Fig. 6b]



Number at risk

Group: Arm 2 High

23	17	7	6	4	3	2	0
----	----	---	---	---	---	---	---

Group: Arm 2 Low

15	7	2	1	0	0	0	0
----	---	---	---	---	---	---	---

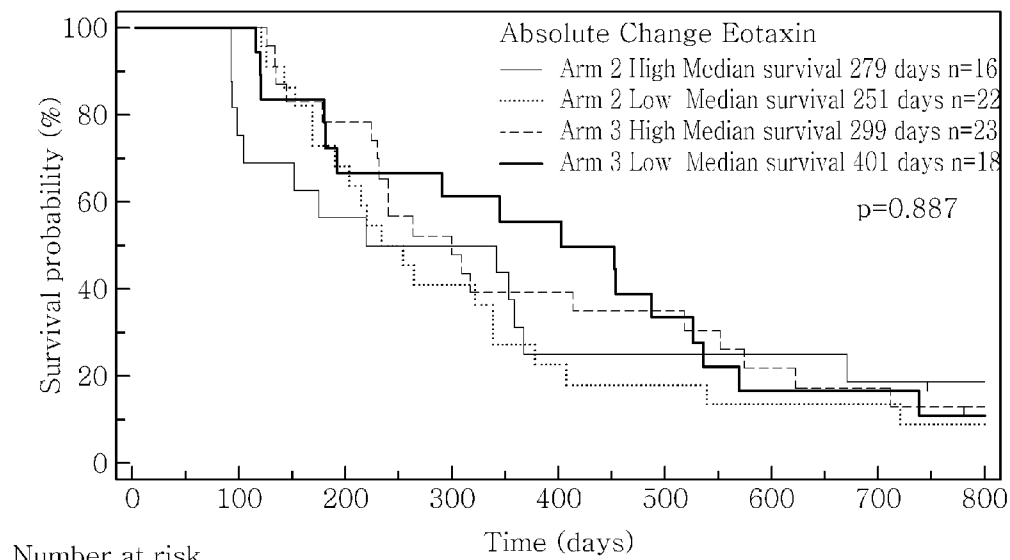
Group: Arm 3 High

16	14	11	5	3	0	0	0
----	----	----	---	---	---	---	---

Group: Arm 3 Low

25	16	8	3	1	1	0	0
----	----	---	---	---	---	---	---

[Fig. 6c]



Number at risk

Group: Arm 2 High

16	12	9	8	4	4	4	3	2
----	----	---	---	---	---	---	---	---

Group: Arm 2 Low

22	22	15	9	5	4	3	3	2
----	----	----	---	---	---	---	---	---

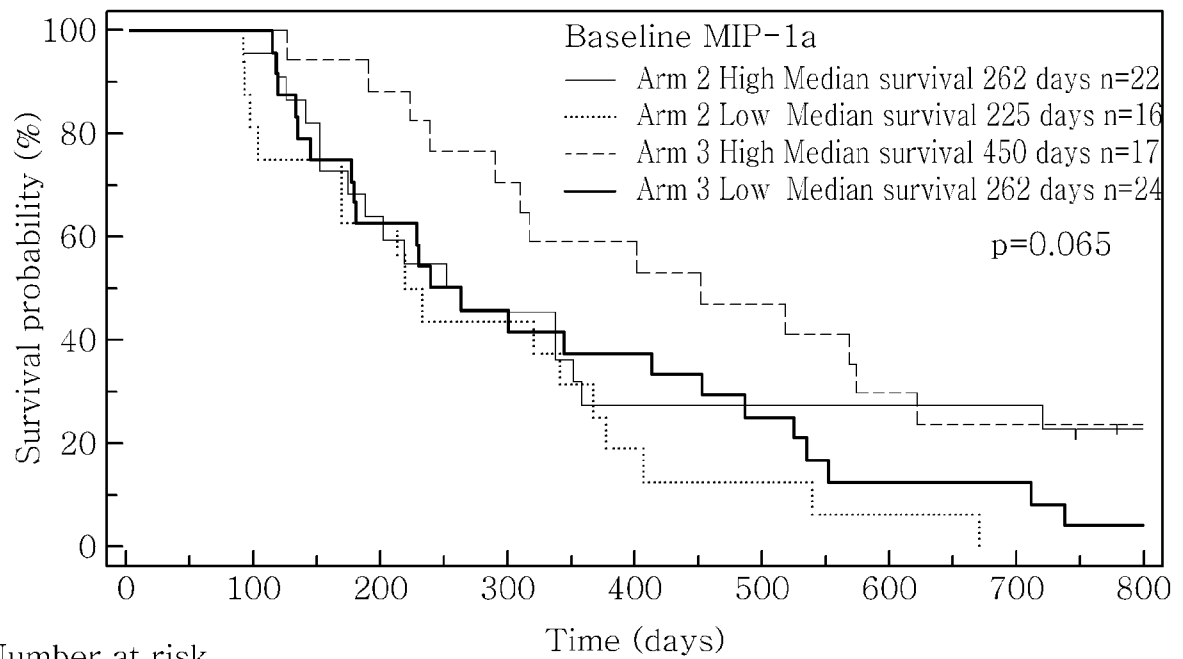
Group: Arm 3 High

23	23	18	11	9	8	5	4	2
----	----	----	----	---	---	---	---	---

Group: Arm 3 Low

18	18	12	11	10	6	3	3	2
----	----	----	----	----	---	---	---	---

[Fig. 7a]



Number at risk

Group: Arm 2 High

22	21	14	10	6	6	6	6	4
----	----	----	----	---	---	---	---	---

Group: Arm 2 Low

16	13	10	7	3	2	1	0	0
----	----	----	---	---	---	---	---	---

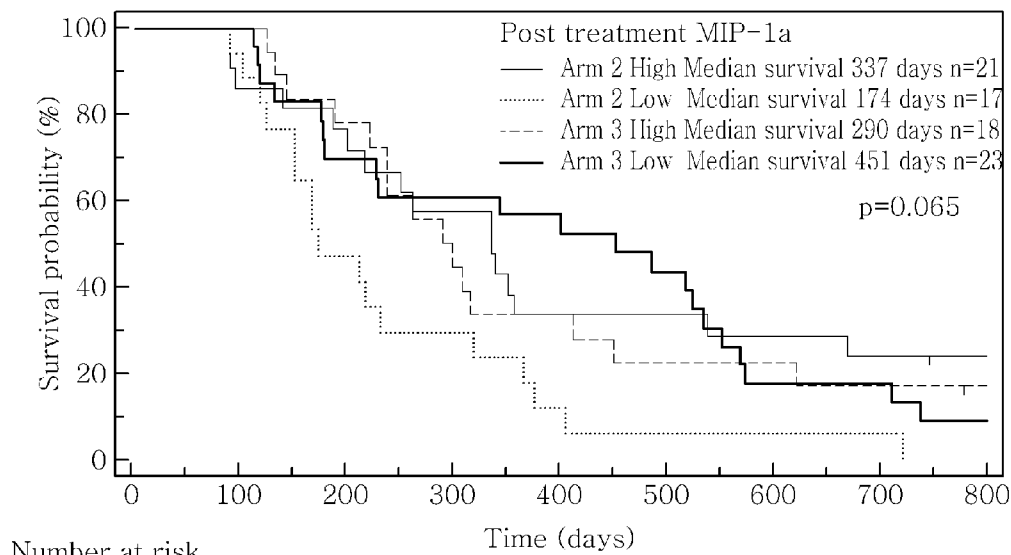
Group: Arm 3 High

17	17	15	12	10	8	5	4	3
----	----	----	----	----	---	---	---	---

Group: Arm 3 Low

24	24	15	10	9	6	3	3	1
----	----	----	----	---	---	---	---	---

[Fig. 7b]



Number at risk

Group: Arm 2 High

21	18	16	12	7	7	6	5	4
----	----	----	----	---	---	---	---	---

Group: Arm 2 Low

17	16	8	5	2	1	1	1	0
----	----	---	---	---	---	---	---	---

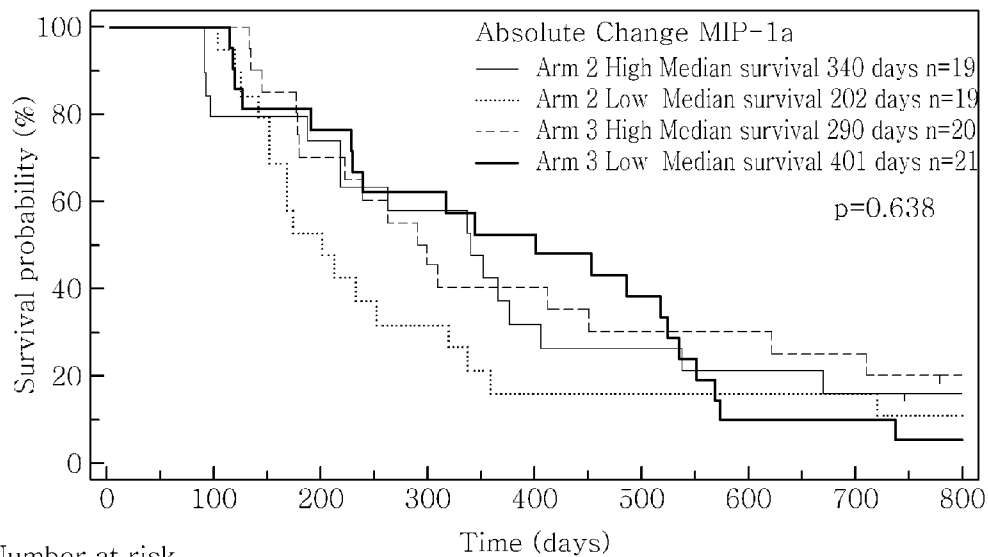
Group: Arm 3 High

18	18	14	8	6	4	4	3	2
----	----	----	---	---	---	---	---	---

Group: Arm 3 Low

23	23	16	14	13	10	4	4	2
----	----	----	----	----	----	---	---	---

[Fig. 7c]



Number at risk

Group: Arm 2 High

19	15	14	11	6	5	4	3	2
----	----	----	----	---	---	---	---	---

Group: Arm 2 Low

19	19	10	6	3	3	3	3	2
----	----	----	---	---	---	---	---	---

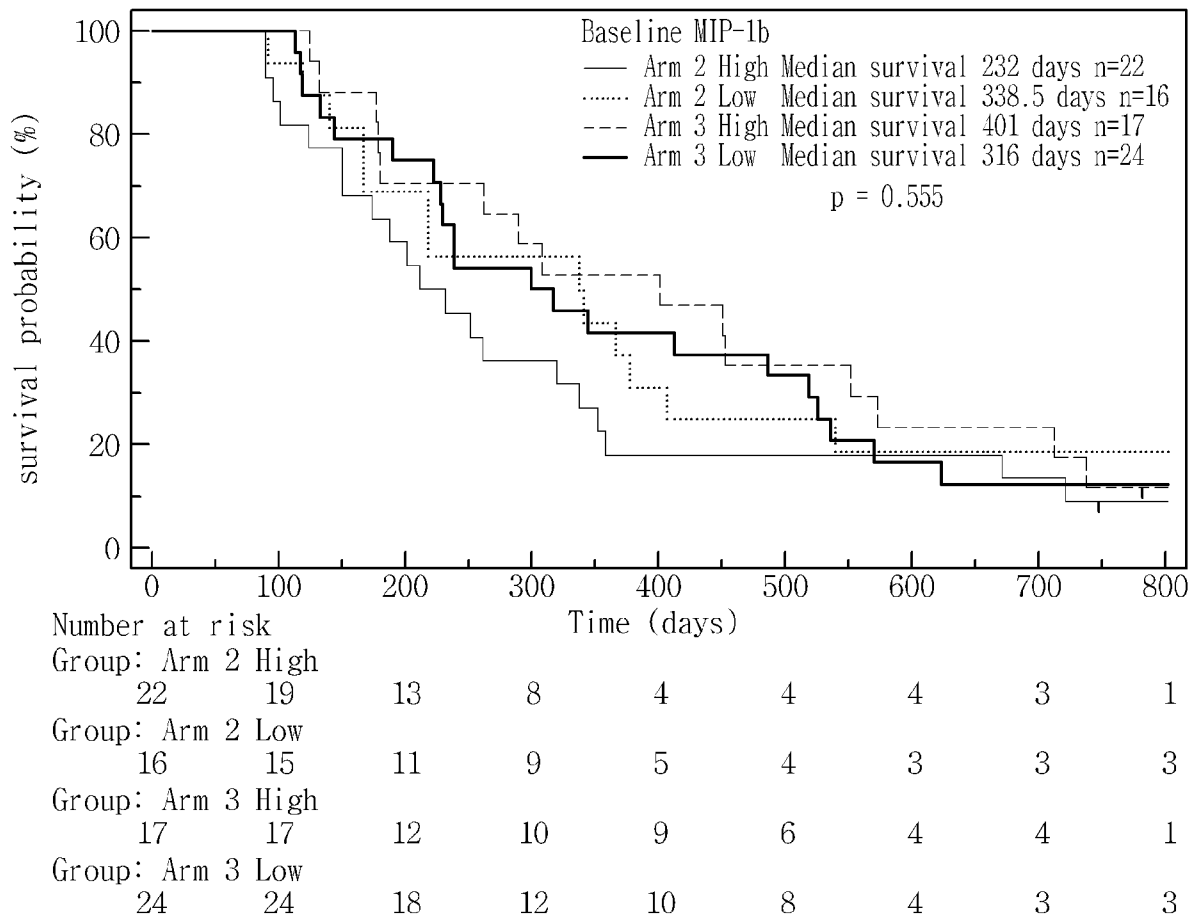
Group: Arm 3 High

20	20	14	9	8	6	6	5	3
----	----	----	---	---	---	---	---	---

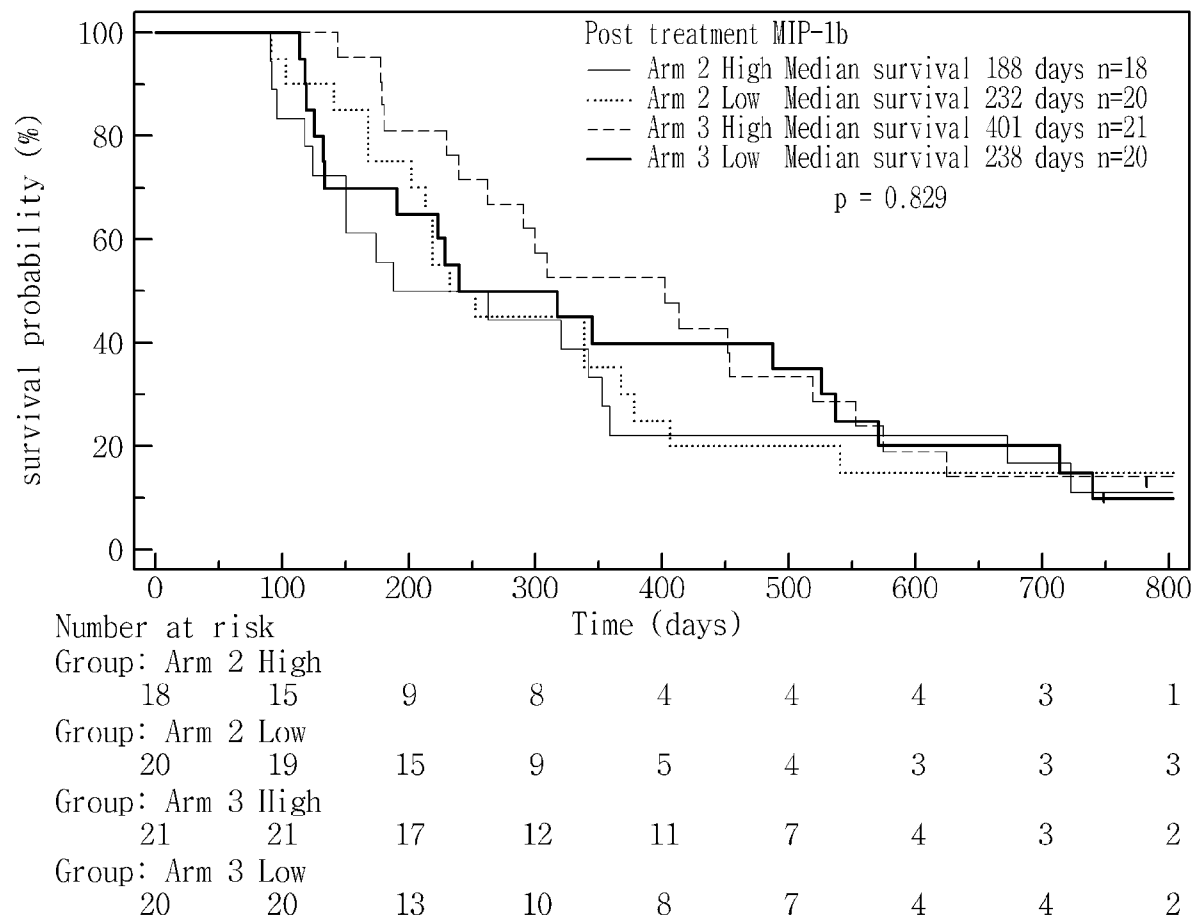
Group: Arm 3 Low

21	21	16	13	11	8	2	2	1
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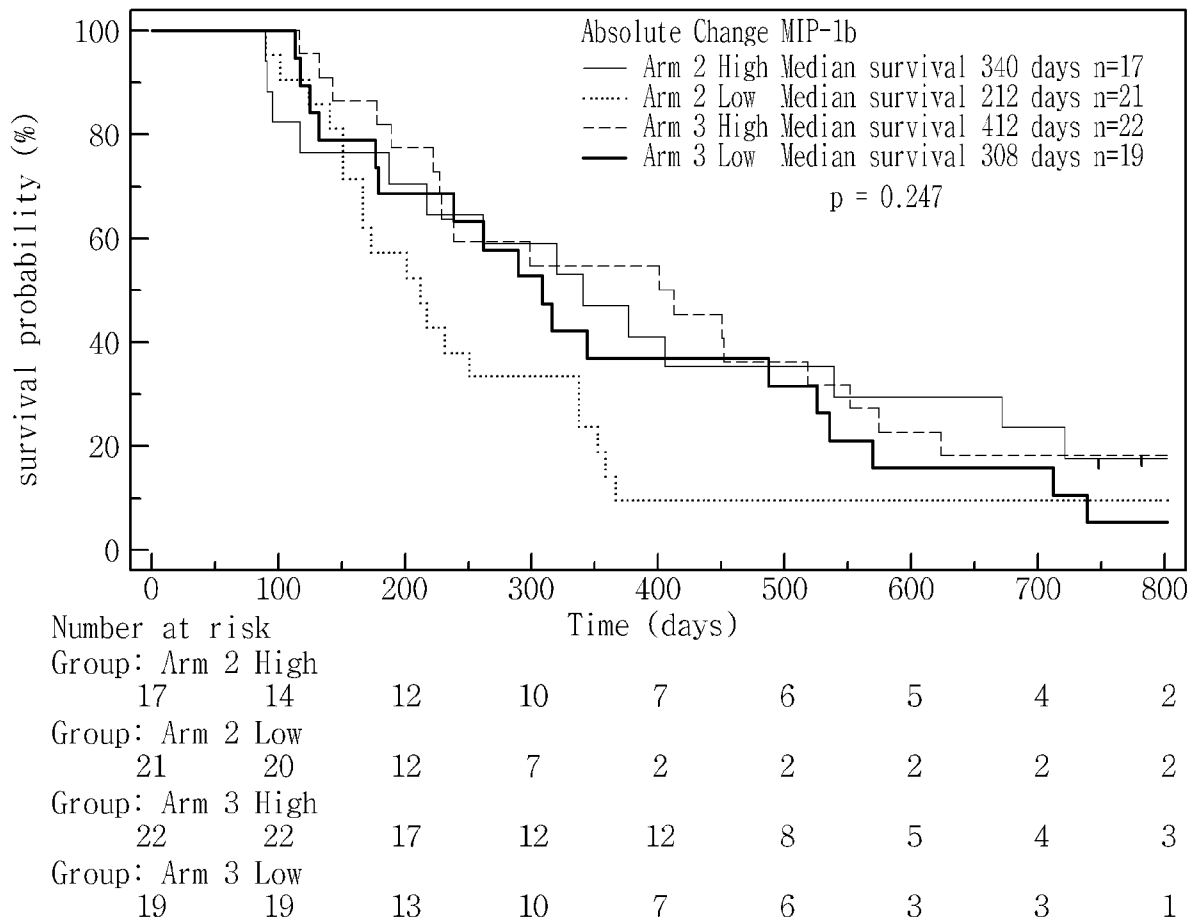
[Fig. 8a]



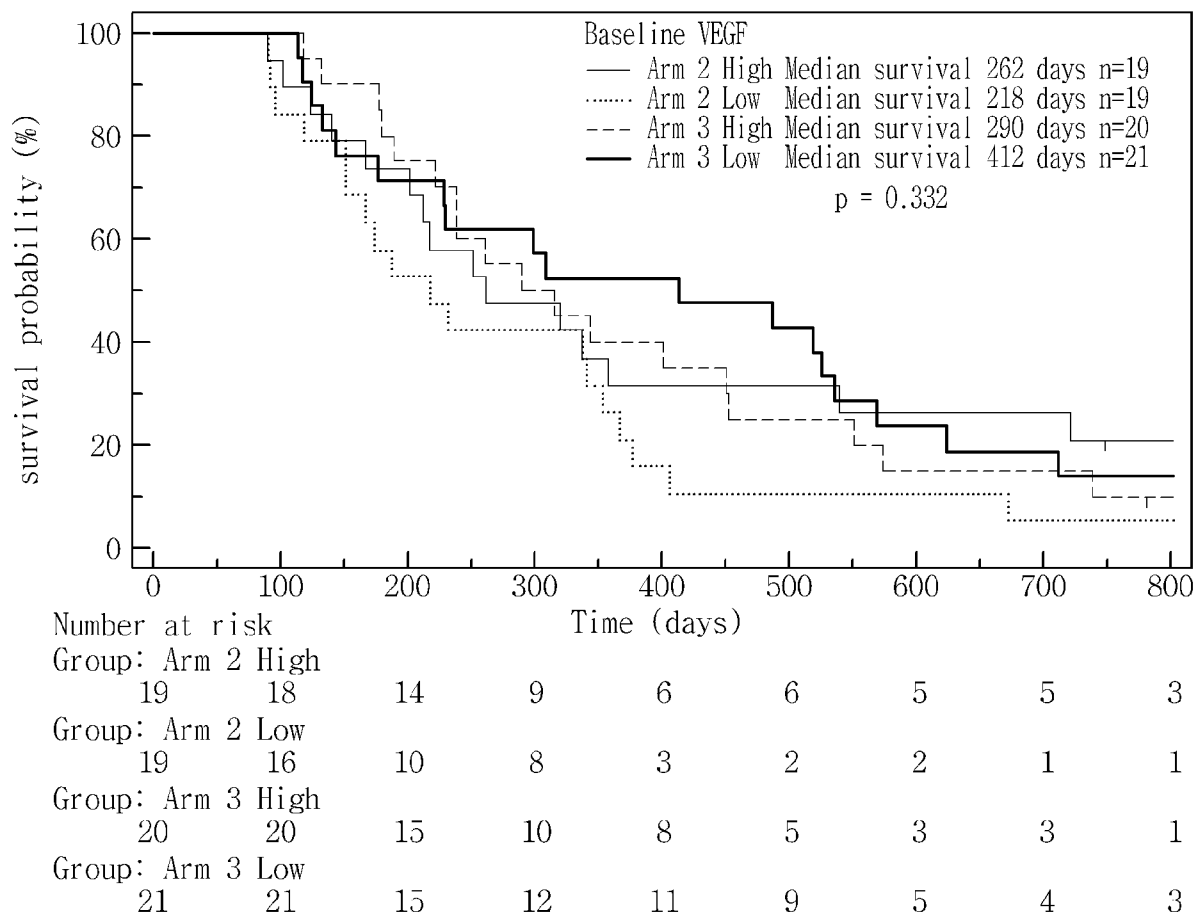
[Fig. 8b]



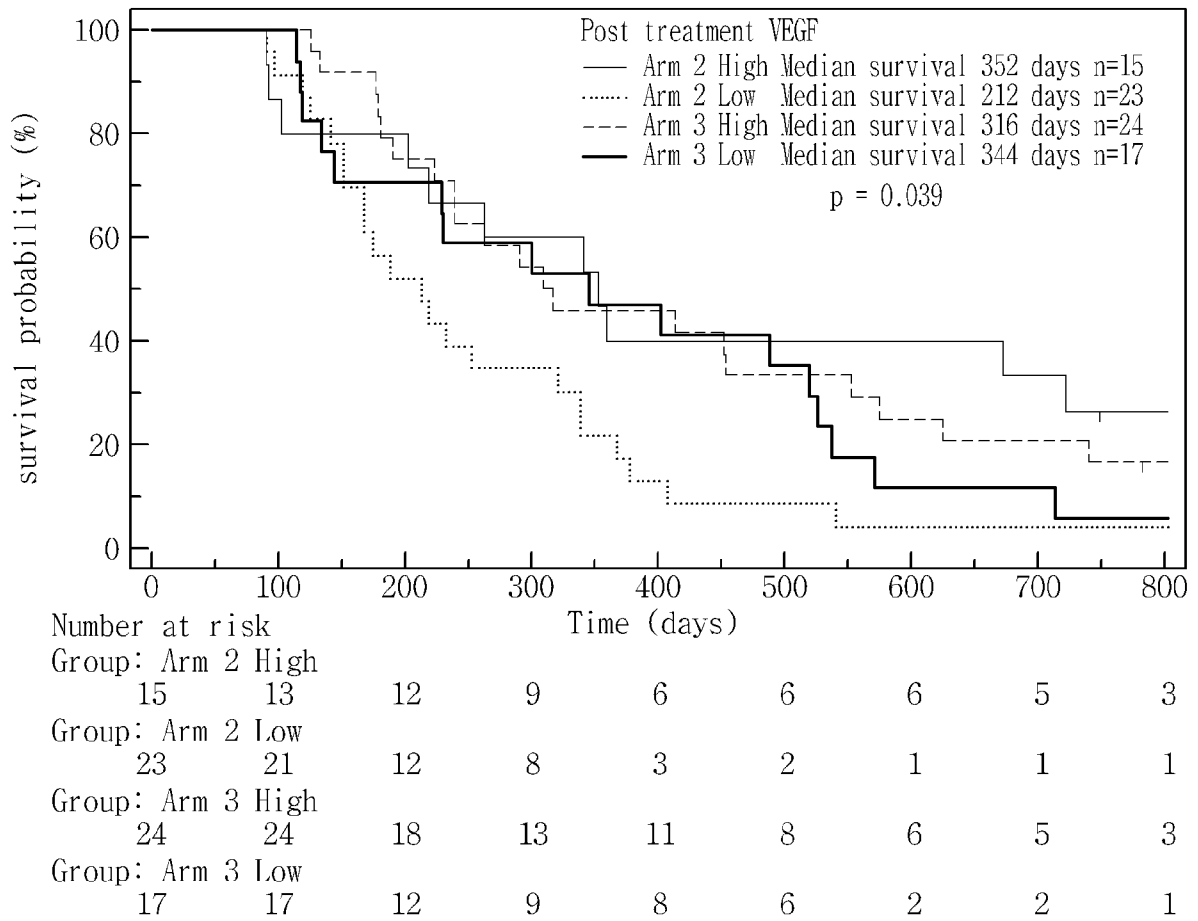
[Fig. 8c]



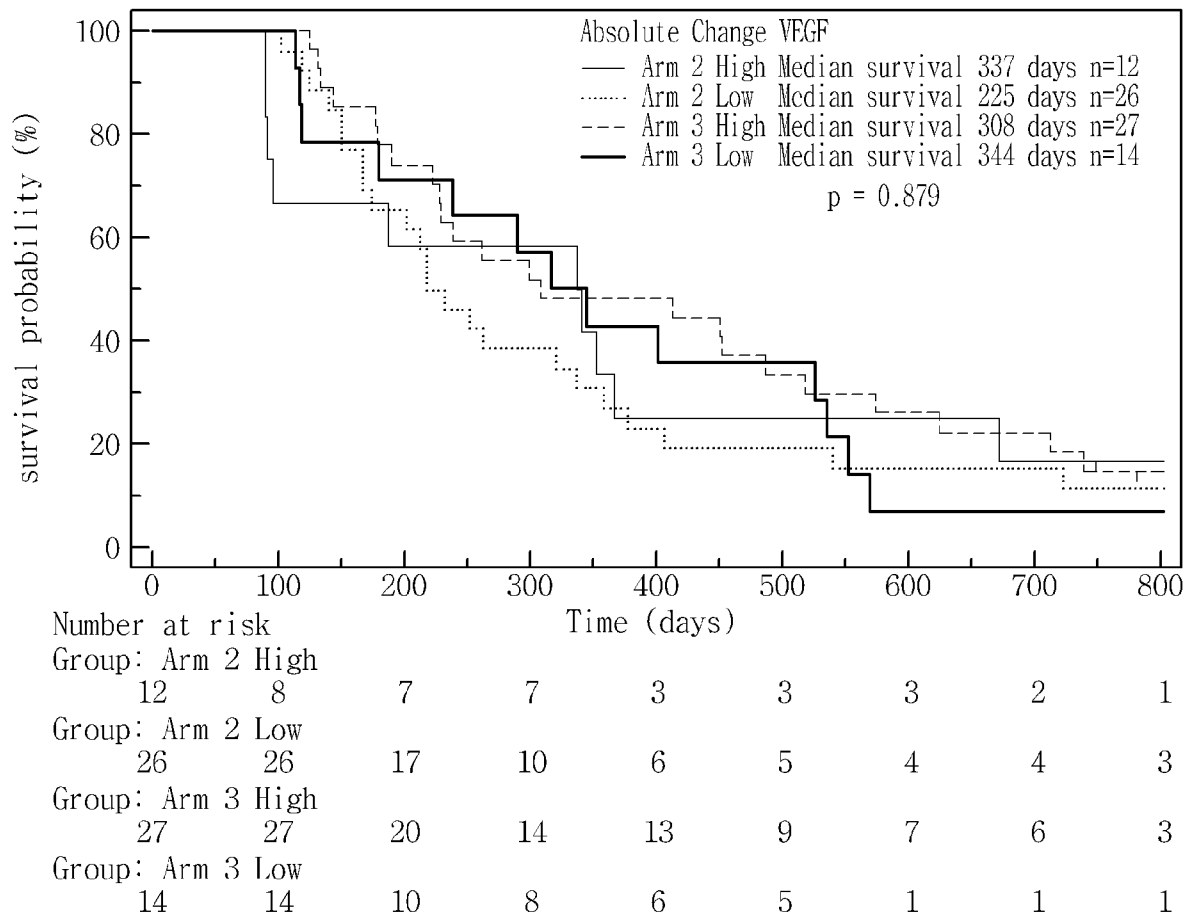
[Fig. 9a]



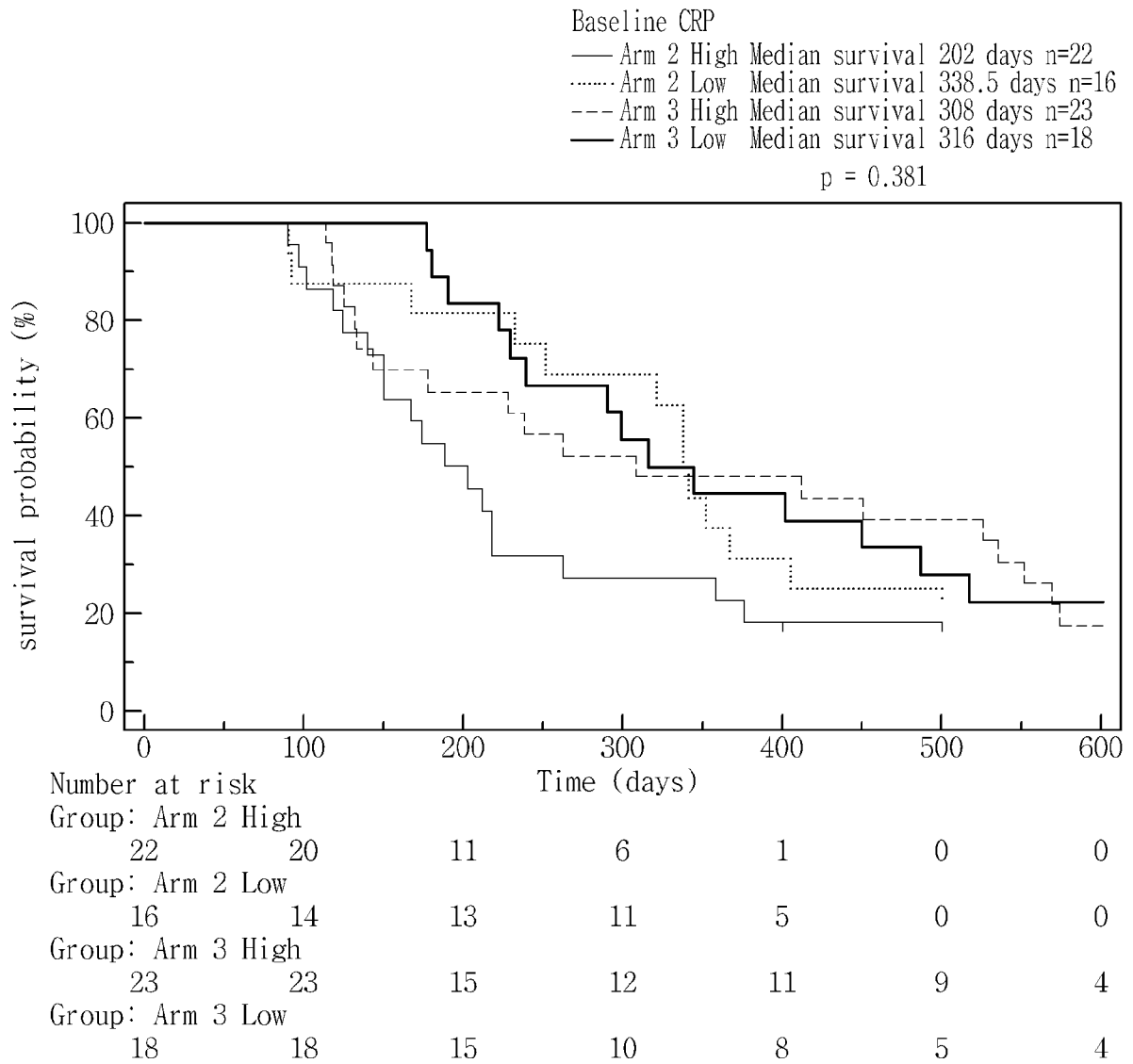
[Fig. 9b]



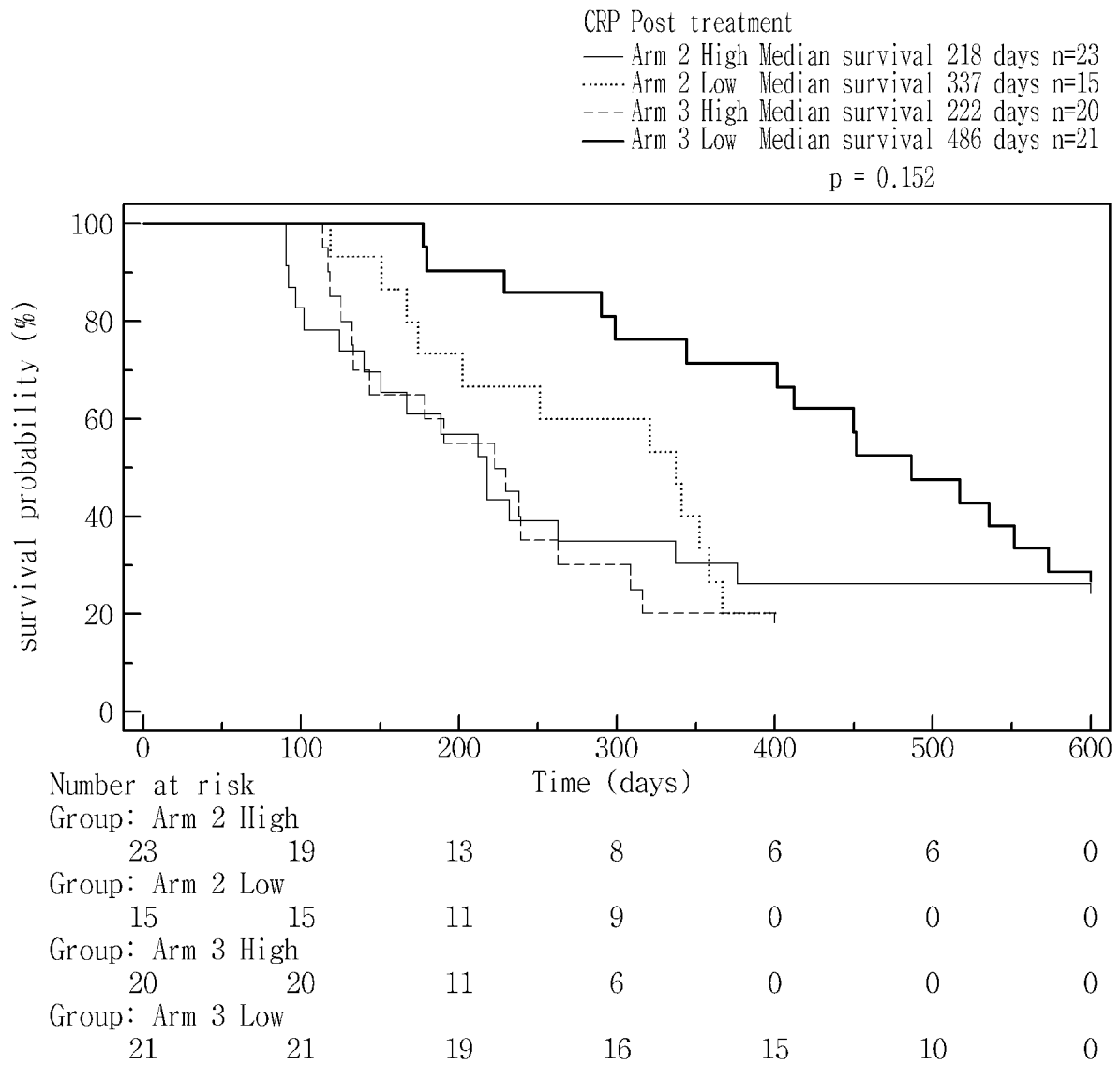
[Fig. 9c]



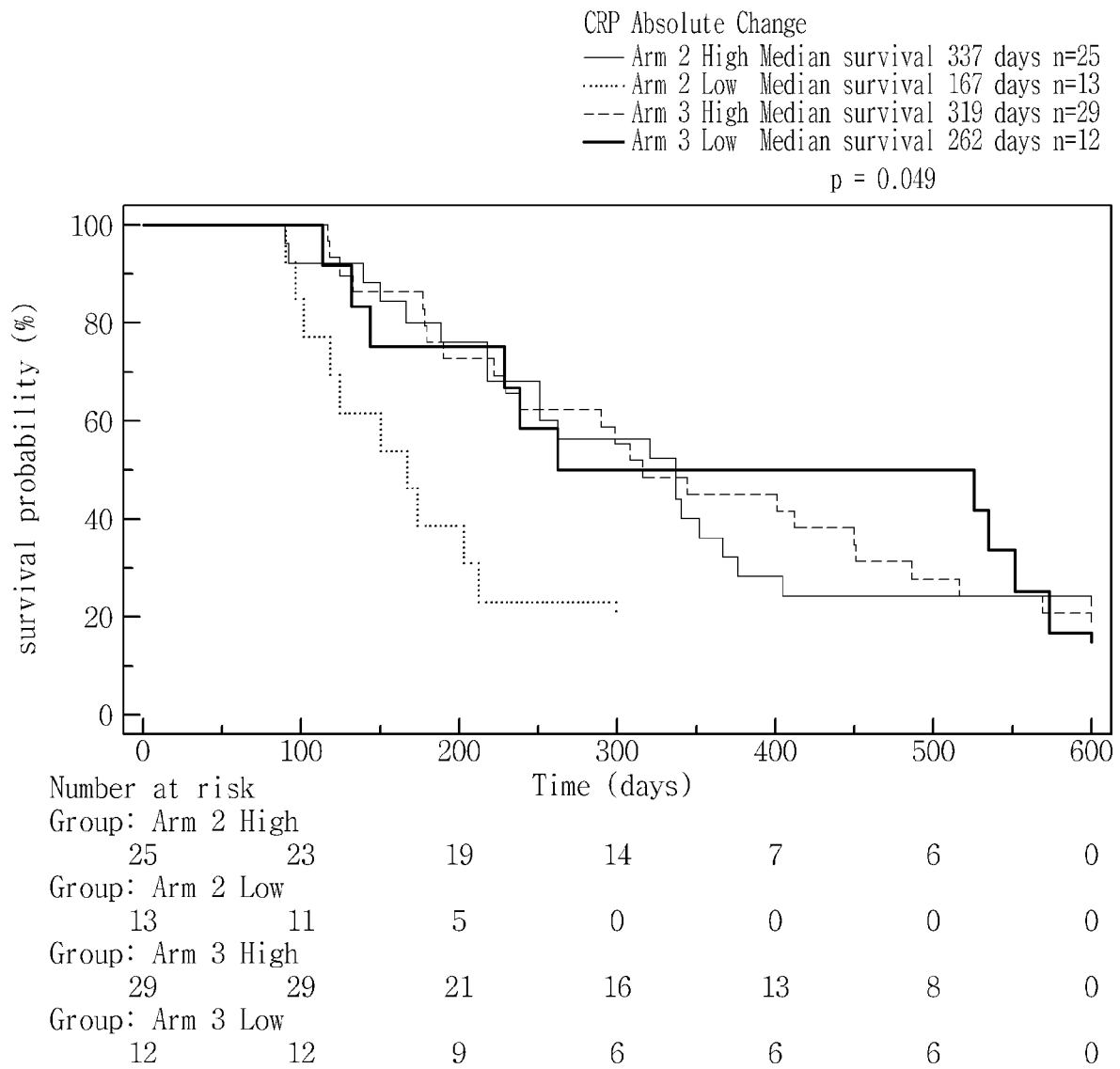
[Fig. 10a]



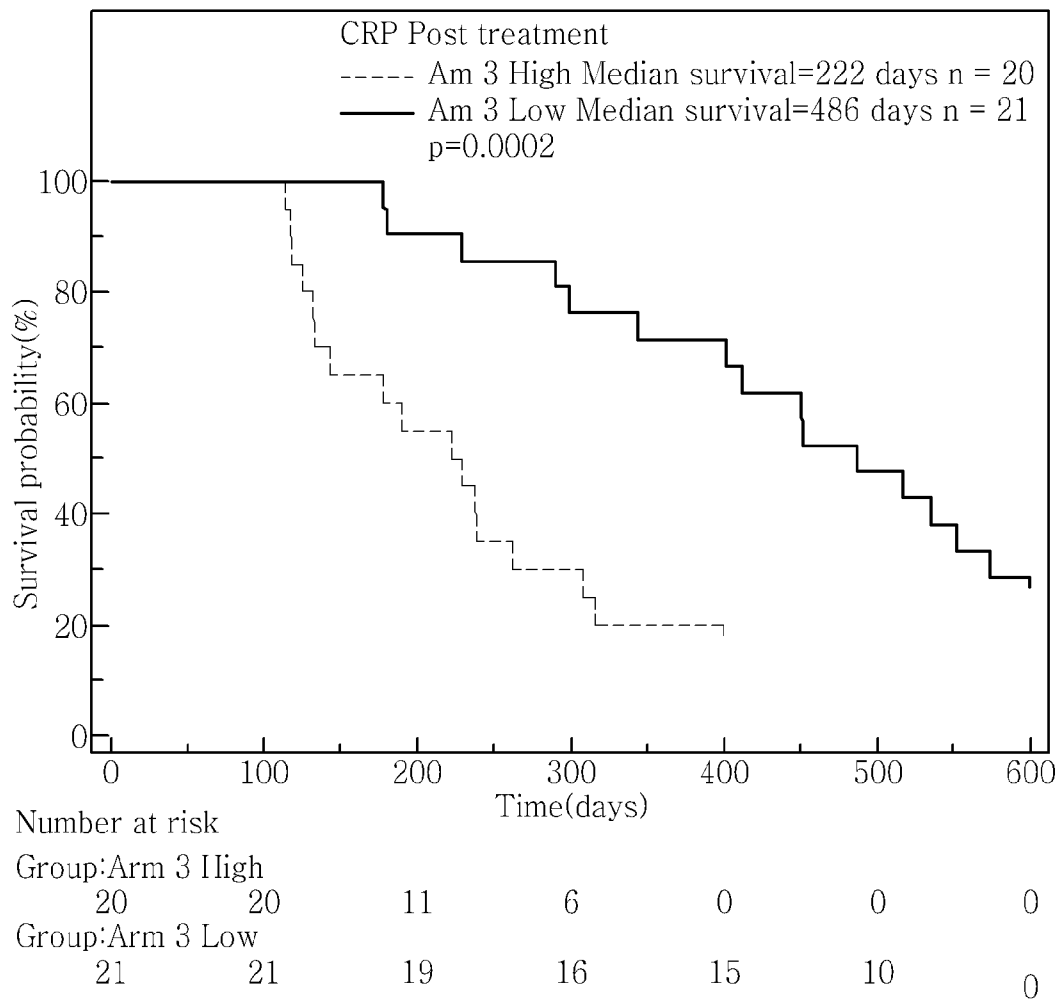
[Fig. 10b]



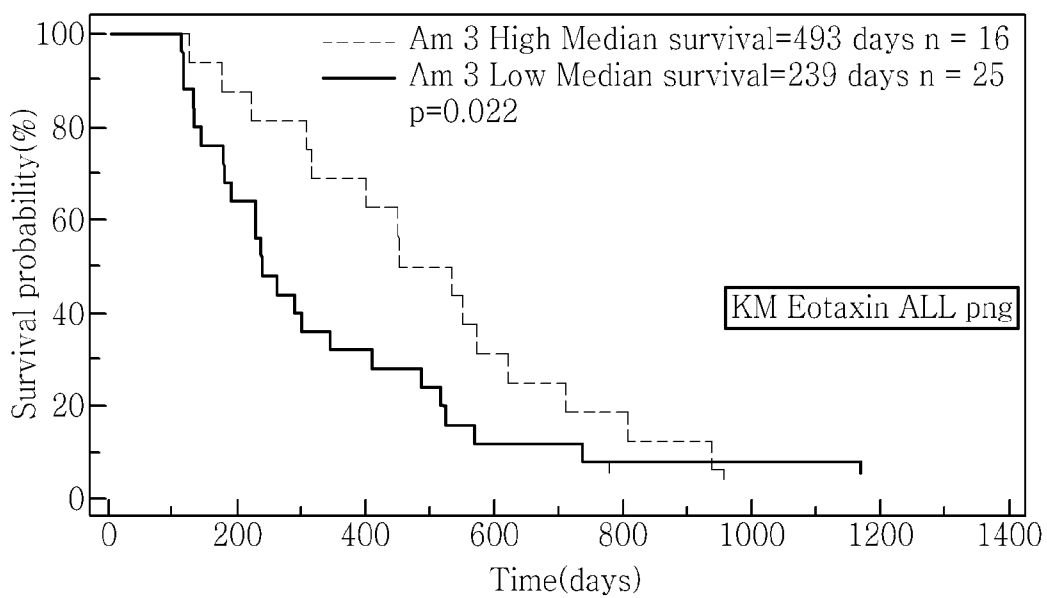
[Fig. 10c]



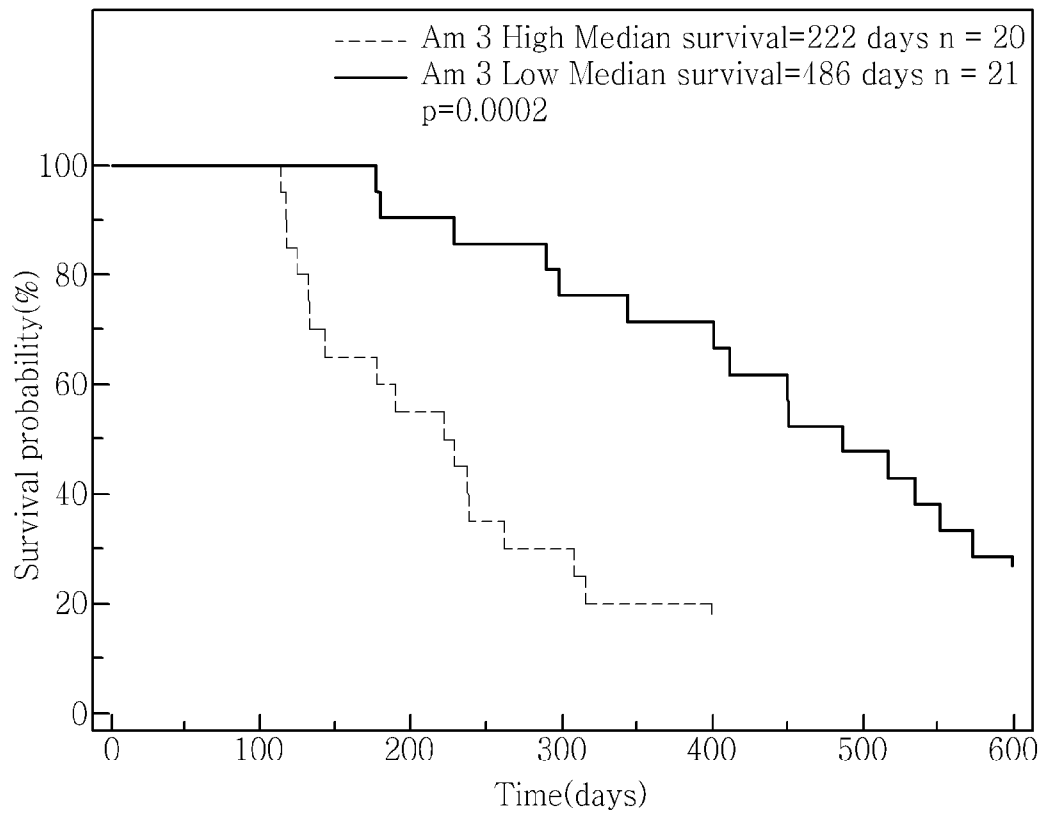
[Fig. 11]



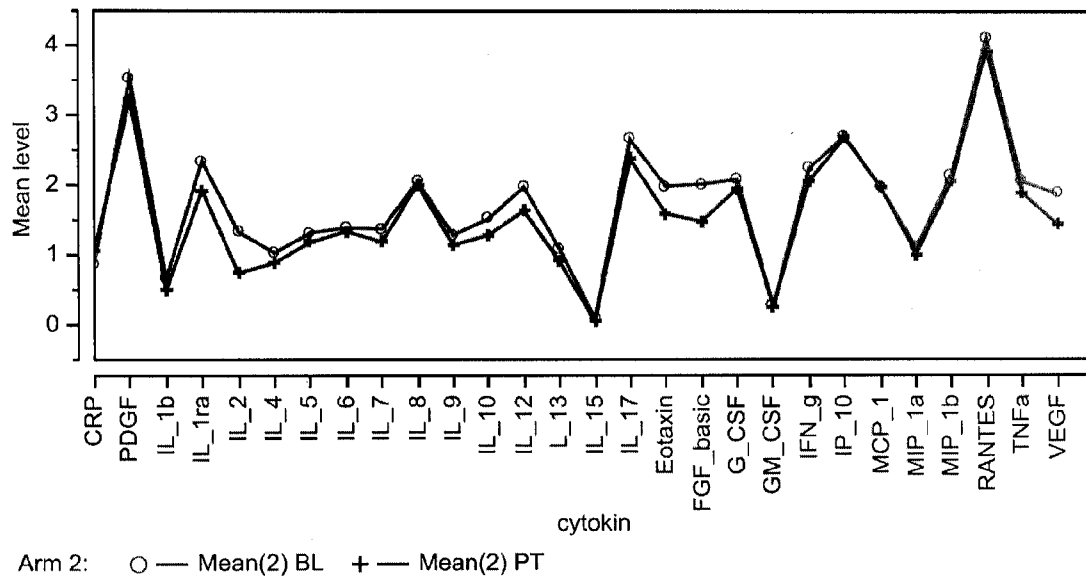
[Fig. 12a]



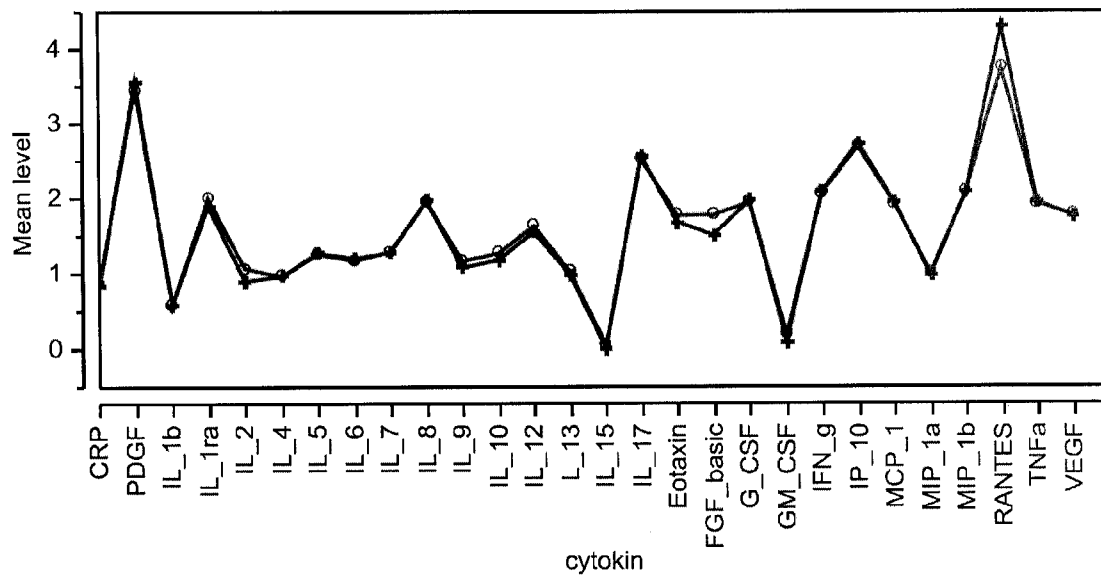
[Fig. 12b]



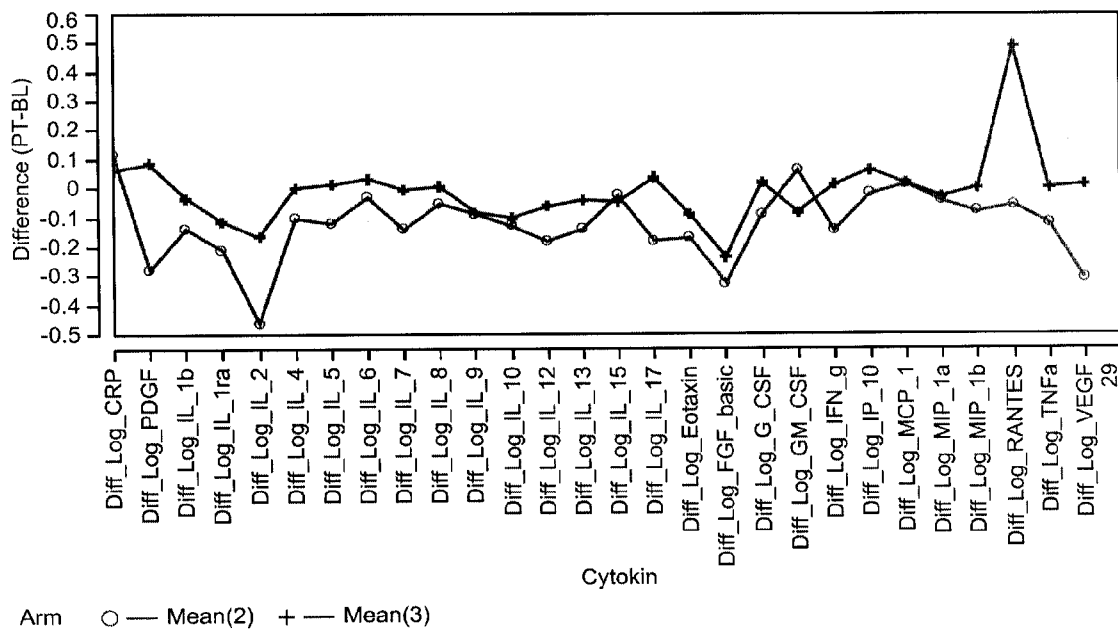
[Fig. 13]



[Fig. 14]



[Fig. 15]



[Fig. 16]

Wilcoxon signed rank p-values					
Cytokine	arm2	arm3	Cytokine	arm2	arm3
CRP	0.526	0.451	IL_15		
PDGF	<0.001	0.069	IL_17	<0.001	0.297
IL_1b	0.002	0.551	Eotaxin	0.003	0.834
IL_1ra	0.007	0.096	FGF_basic	0.011	0.253
IL_2	<0.001	0.242	G_CSF	0.002	0.240
IL_4	<0.001	0.381	GM_CSF	0.839	0.052
IL_5	<0.001	0.520	IFN_g	<0.001	0.252
IL_6	0.412	0.954	IP_10	0.174	0.334
IL_7	0.002	0.471	MCP_1	0.938	0.698
IL_8	0.061	0.309	MIP_1a	0.143	0.223
IL_9	0.165	0.099	MIP_1b	0.001	0.432
IL_10	0.012	0.225	RANTES	0.002	0.071
IL_12	0.018	0.417	TNFa	0.002	0.367
IL_13	0.044	0.403	VEGF	0.001	0.978

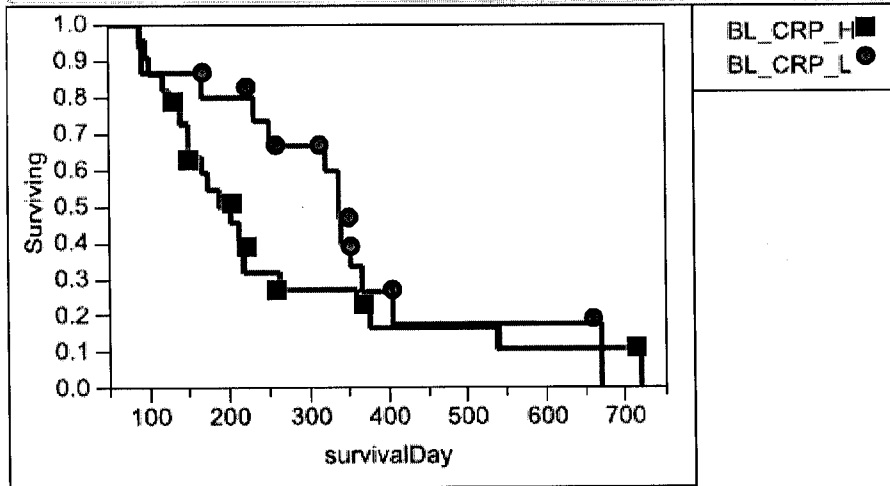
[Fig. 17]

Median differences (PT - BL)					
red negative; blue positive or zero ; bold significant					
Cytokine	arm2	arm3	Cytokine	arm2	arm3
CRP	0	1	IL_15		
PDGF	-1555.3	-448.5	IL_17	-145.0	-41.6
IL_1b	-0.9	0.0	Eotaxin	-18.9	-7.7
IL_1ra	-44.3	-35.3	FGF_basic	-25.5	-16.8
IL_2	-11.0	0.0	G_CSF	-19.4	-12.9
IL_4	-2.4	-0.7	GM_CSF	0.0	0.0
IL_5	-4.4	-1.0	IFN_g	-31.6	-12.9
IL_6	-1.8	0.9	IP_10	-62.7	27.5
IL_7	-6.4	-2.6	MCP_1	-1.6	-7.6
IL_8	-11.1	1.1	MIP_1a	-1.0	-1.2
IL_9	-4.0	-3.0	MIP_1b	-23.9	-9.9
IL_10	-7.5	-3.1	RANTES	-9269.3	-8497.3
IL_12	-25.0	-11.4	TNFa	-20.6	-16.3
IL_13	-3.6	-1.3	VEGF	-31.9	0.0

[Fig. 18]

Baseline					
	HR(95%CI) Arm 2	p-value		HR(95%CI) Arm 3	p-value
CRP	2.71 (1.24-05.78)	0.013		3.65 (1.68-7.89)	0.001
PDGF	0.53 (0.11-3.14)	0.467		0.68 (0.44-1.25)	0.180
IL_1b	0.58 (0.24-1.24)	0.174		0.98 (0.31-3.47)	0.968
IL_1ra	0.43 (0.18-0.89)	0.021		0.56 (0.32-1.11)	0.091
IL_2	0.62 (0.36-1.07)	0.083		0.80 (0.47-1.45)	0.453
IL_4	0.55 (0.04-6.31)	0.642		0.57 (0.14-3.54)	0.509
IL_5	1.17 (0.05-26.69)	0.922		0.60 (0.20-2.78)	0.469
IL_6	0.48 (0.15-1.17)	0.119		1.25 (0.37-5.46)	0.743
IL_7	1.92 (0.26-14.42)	0.522		0.80 (0.28-2.81)	0.715
IL_8	4.11 (0.49-35.80)	0.194		0.89 (0.28-4.64)	0.870
IL_9	0.98 (0.36-2.78)	0.973		0.81 (0.23-3.04)	0.752
IL_10	0.47 (0.21-1.04)	0.062		1.40 (0.55-3.56)	0.483
IL_12	0.63 (0.33-1.19)	0.155		0.85 (0.45-1.75)	0.640
IL_13	0.92 (0.19-4.38)	0.913		0.88 (0.32-2.52)	0.803
IL_17	0.39 (0.05-2.49)	0.332		0.58 (0.28-1.68)	0.262
Eotaxin	0.46 (0.21-1.00)	0.050		0.35 (0.19-0.69)	0.004
FGF_basic	0.80 (0.33-2.15)	0.652		0.83 (0.47-1.70)	0.571
G-CSF	1.05 (0.25-3.89)	0.944		0.56 (0.24-1.80)	0.291
IFN_g	0.31 (0.05-1.12)	0.077		0.64 (0.29-1.87)	0.369
IP_10	1.27 (0.29-4.76)	0.736		0.68 (0.28-1.92)	0.442
MCP_1	0.96 (0.35-3.43)	0.951		0.95 (0.16-7.23)	0.960
MIP_1a	0.93 (0.31-2.96)	0.907		0.79 (0.14-4.62)	0.788
MIP_1b	2.76 (0.34-23.20)	0.346		0.34 (0.09-1.72)	0.179
RANTES	1.12 (0.86-1.65)	0.438		0.99 (0.83-1.21)	0.912
TNFa	0.49 (0.11-1.61)	0.257		0.65 (0.25-2.36)	0.475
VEGF	0.66 (0.38-1.27)	0.193		0.86 (0.53-1.53)	0.574

[Fig. 19a]

Product-Limit Survival Fit Arm=2**Survival Plot****Summary**

Group	Number failed	Number censored	Mean	Std Error
BL_CRP_H	20	2	267	43
BL_CRP_L	13	3	347	49
Combined	33	5	299	32

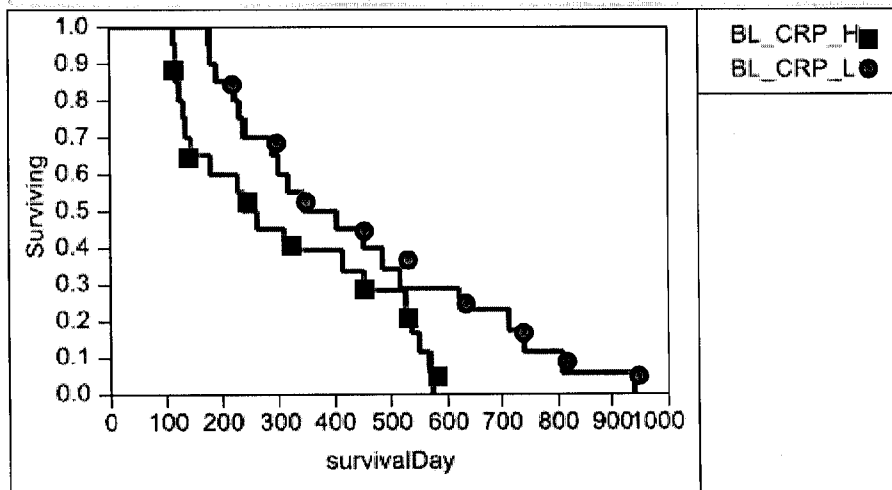
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
BL_CRP_H	195	140	262	140	358
BL_CRP_L	337	167	366	232	405
Combined	232	174	337	150	366

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	1.3046	1	0.2534
Wilcoxon	2.7870	1	0.0950

[Fig. 19b]

Product-Limit Survival Fit Arm=3**Survival Plot****Summary**

Group	Number		Mean	Std Error
	failed	censored		
BL_CRP_H	19	2	310	41
BL_CRP_L	19	1	442	54
Combined	38	3	376	35

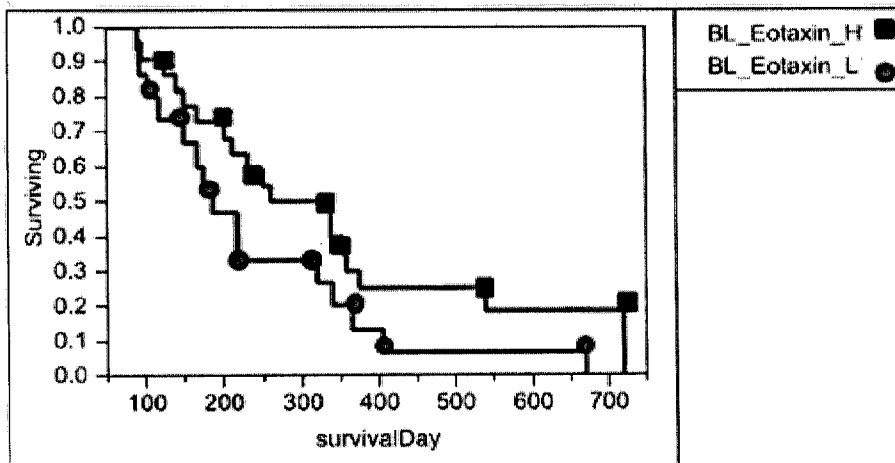
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25%	75%
				Failures	Failures
BL_CRP_H	250	132	451	132.5	525
BL_CRP_L	372.5	229	517	234	623
Combined	308	229	451	185	535

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	3.8417	1	0.0500 *
Wilcoxon	3.5008	1	0.0613

[Fig. 20a]

Product-Limit Survival Fit Arm=2**Survival Plot****Summary**

Group	Number failed	Number censored	Mean	Std Error
BL_Eotaxin_H	18	5	344	47
BL_Eotaxin_L	15	0	241	40
Combined	33	5	299	32

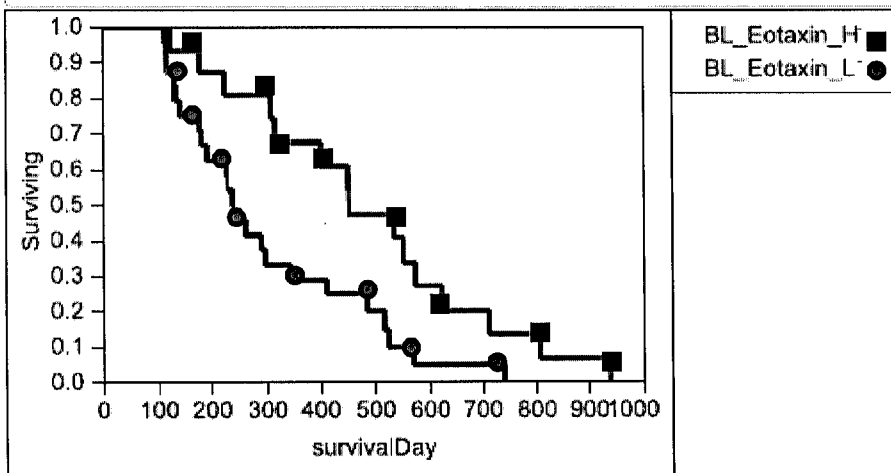
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
BL_Eotaxin_H	299.5	167	358	167	457
BL_Eotaxin_L	188	102	320	118	340
Combined	232	174	337	150	366

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	2.5012	1	0.1138
Wilcoxon	2.0452	1	0.1527

[Fig. 20b]

Product-Limit Survival Fit Arm=3**Survival Plot****Summary**

Group	Number failed	Number censored	Mean	Std Error
BL_Eotaxin_H	15	1	484	59
BL_Eotaxin_L	23	2	302	37
Combined	38	3	376	35

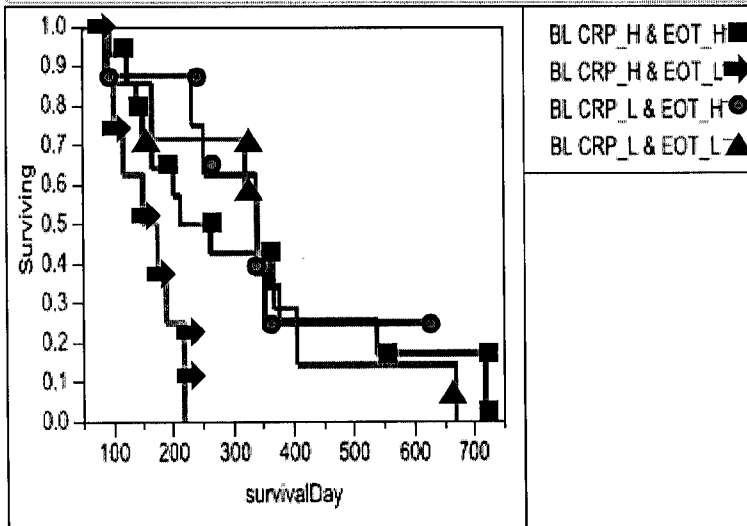
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
BL_Eotaxin_H	451	308	623	308	623
BL_Eotaxin_L	238.5	178	344	160.5	449
Combined	308	229	451	185	535

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	6.1011	1	0.0135 *
Wilcoxon	5.8445	1	0.0156 *

[Fig. 21a]

Product-Limit Survival Fit Arm=2**Survival Plot****Summary**

Group	Number		Mean	Std Error
	failed	censored		
BL CRP_H & EOT_H	12	2	329	61
BL CRP_H & EOT_L	8	0	157	18
BL CRP_L & EOT_H	6	3	288	Biased 34
BL CRP_L & EOT_L	7	0	337	70
Combined	33	5	299	32

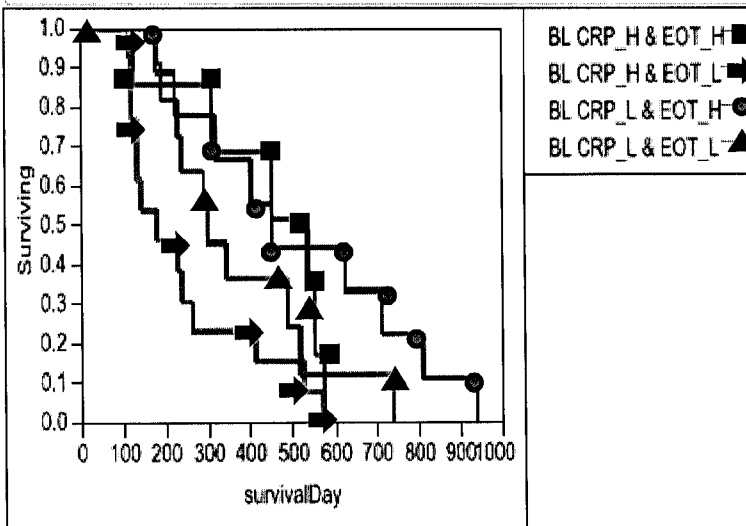
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25%	75%
				Failures	Failures
BL CRP_H & EOT_H	237	140	538	150	538
BL CRP_H & EOT_L	162	90	218	110	203
BL CRP_L & EOT_H	337	90	.	241.5	.
BL CRP_L & EOT_L	340	92	405	167	405
Combined	232	174	337	150	366

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	11.4011	3	0.0097 *
Wilcoxon	9.0258	3	0.0289 *

[Fig. 21b]

Product-Limit Survival Fit Arm=3**Survival Plot****Summary**

Group	Number		Mean	Std Error
	failed	censored		
BL CRP_H & EOT_H	6	1	432	66
BL CRP_H & EOT_L	13	1	244	44
BL CRP_L & EOT_H	9	0	516	89
BL CRP_L & EOT_L	10	1	372	58
Combined	38	3	376	35

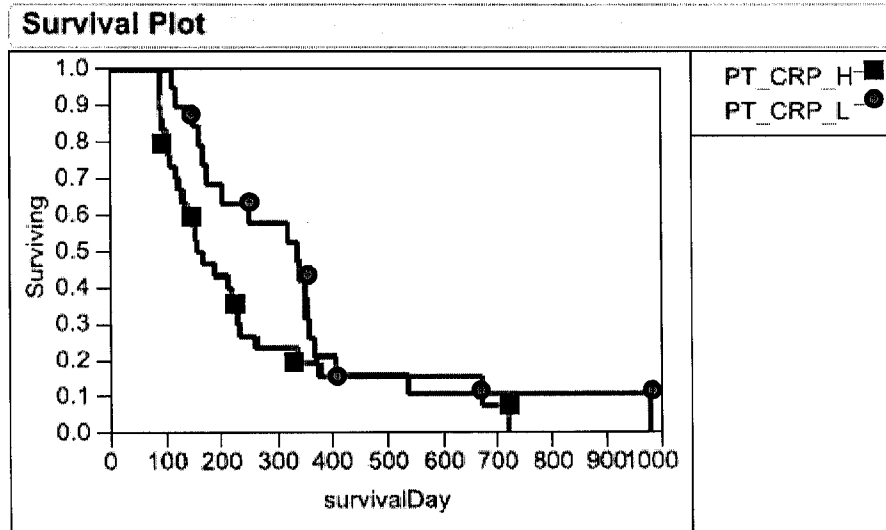
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25%	75%
				Failures	Failures
BL CRP_H & EOT_H	535	125	573	308	551
BL CRP_H & EOT_L	178	118	262	132	262
BL CRP_L & EOT_H	450	177	808	316	711
BL CRP_L & EOT_L	299	190	517	229	486
Combined	308	229	451	185	535

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	11.0949	3	0.0112 *
Wilcoxon	11.7697	3	0.0082 *

[Fig. 22a]

Product-Limit Survival Fit Arm=2**Summary**

Group	Number failed	Number censored	Mean	Std Error
PT_CRP_H	27	4	252	38
PT_CRP_L	18	1	350	57
Combined	45	5	287	33

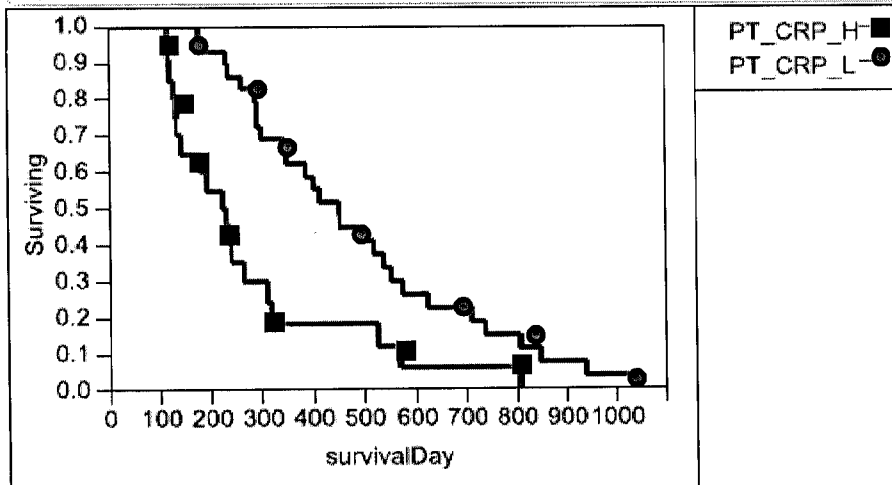
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
PT_CRP_H	162.5	124	230	109	262
PT_CRP_L	337	167	358	167	366
Combined	212	158	262	131	352

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	2.2731	1	0.1316
Wilcoxon	4.6678	1	0.0307 *

[Fig. 22b]

Product-Limit Survival Fit Arm=3**Survival Plot****Summary**

Group	Number failed	Number censored	Mean	Std Error
PT_CRP_H	19	1	274	44
PT_CRP_L	28	3	486	44
Combined	47	4	400	35

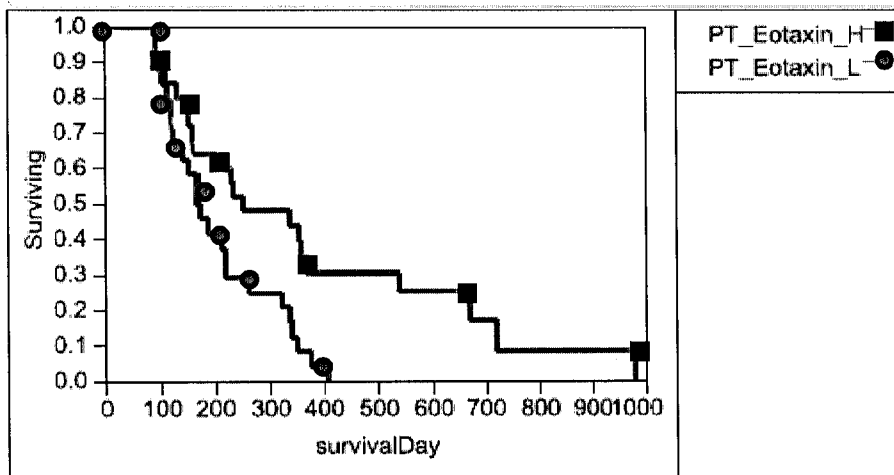
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
PT_CRP_H	225.5	132	308	132.5	308
PT_CRP_L	450	299	551	290	623
Combined	316	259	450	228	535

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	10.5386	1	0.0012 *
Wilcoxon	14.7271	1	0.0001 *

[Fig. 23a]

Product-Limit Survival Fit Arm=2**Survival Plot****Summary**

Group	Number failed	Number censored	Mean	Std Error
PT_Eotaxin_H	21	5	372	59
PT_Eotaxin_L	24	0	204	20
Combined	45	5	287	33

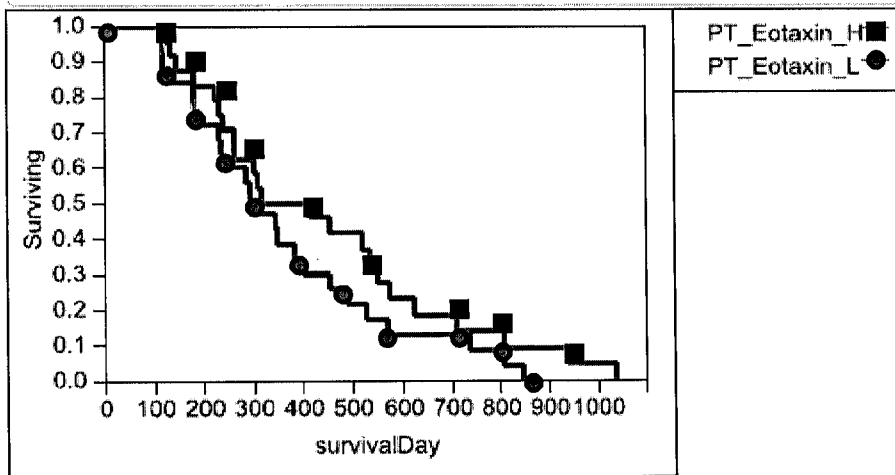
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
PT_Eotaxin_H	251	158	366	150	670
PT_Eotaxin_L	170.5	120	218	119	291
Combined	212	158	262	131	352

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	6.9528	1	0.0084 *
Wilcoxon	3.3939	1	0.0654

[Fig. 23b]

Product-Limit Survival Fit Arm=3**Survival Plot****Summary**

Group	Number failed	Number censored	Mean	Std Error
PT_Eotaxin_H	23	2	440	54
PT_Eotaxin_L	24	2	359	44
Combined	47	4	400	35

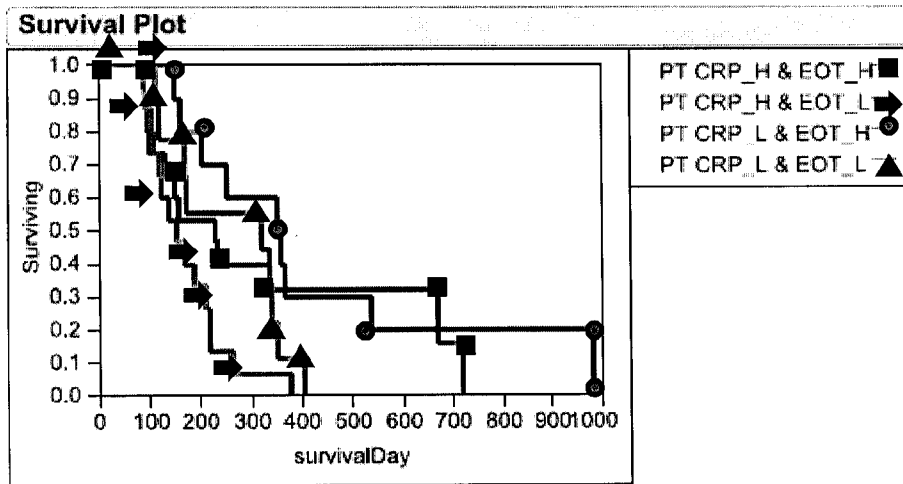
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
PT_Eotaxin_H	364	239	551	234	573
PT_Eotaxin_L	290	228	401	190	486
Combined	316	259	450	228	535

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	1.5340	1	0.2155
Wilcoxon	1.1518	1	0.2832

[Fig. 24a]

Product-Limit Survival Fit Arm=2**Summary**

Group	Number failed	Number censored	Mean	Std Error
PT CRP_H & EOT_H	12	4	335	70
PT CRP_H & EOT_L	15	0	172	20
PT CRP_L & EOT_H	9	1	434	99
PT CRP_L & EOT_L	9	0	258	38
Combined	45	5	287	33

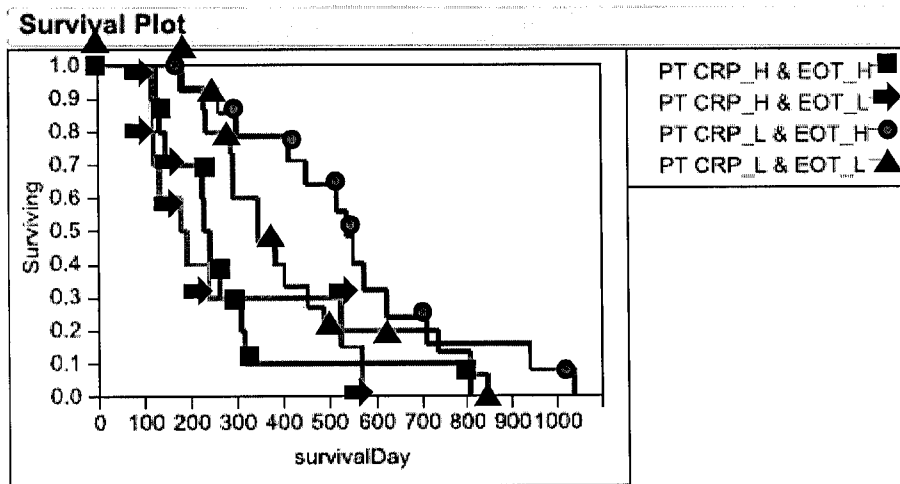
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
PT CRP_H & EOT_H	230	96	670	102	670
PT CRP_H & EOT_L	152	105	212	109	218
PT CRP_L & EOT_H	355	150	538	202	538
PT CRP_L & EOT_L	320	112	349	167	340
Combined	212	158	262	131	352

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	10.3496	3	0.0158 *
Wilcoxon	8.1352	3	0.0433 *

[Fig. 24b]

Product-Limit Survival Fit Arm=3**Summary**

Group	Number failed	Number censored	Mean	Std Error
PT CRP_H & EOT_H	10	0	278	63
PT CRP_H & EOT_L	9	1	273	62
PT CRP_L & EOT_H	13	2	555	68
PT CRP_L & EOT_L	15	1	421	55
Combined	47	4	400	35

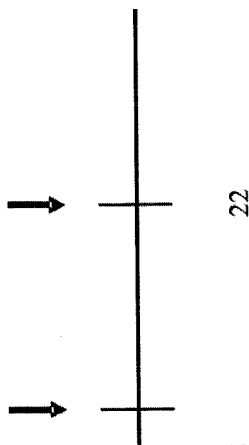
Quantiles

Group	Median Time	Lower 95%	Upper 95%	25% Failures	75% Failures
PT CRP_H & EOT_H	234	125	308	143	308
PT CRP_H & EOT_L	184	114	525	118	525
PT CRP_L & EOT_H	535	299	623	412	623
PT CRP_L & EOT_L	345	233	451	285	486
Combined	316	259	450	228	535

Tests Between Groups

Test	ChiSquare	DF	Prob>ChiSq
Log-Rank	12.2787	3	0.0065 *
Wilcoxon	16.3031	3	0.0010 *

[Fig. 25]



INTERNATIONAL SEARCH REPORT

International application No.
PCT/KR2014/005031**A. CLASSIFICATION OF SUBJECT MATTER****G01N 33/563(2006.01)i, G01N 33/574(2006.01)i, G01N 33/68(2006.01)i**

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)

G01N 33/563; A61K 35/76; C12Q 1/70; G01N 33/68; G01N 33/574

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Korean utility models and applications for utility models

Japanese utility models and applications for utility models

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

eKOMPASS(KIPO internal) & Keywords: anti-cancer, anti-inflammatory, GV1001, cotaxin, MIP1a, CRP

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	KR 10-2012-0087885 A (AHN GOOK PHARMACEUTICAL CO., LTD.) 07 August 2012 See claims 1, 19.	15
A		16
A	US 2009-0136917 A1 (SZALAY, ALADAR A. et al.) 28 May 2009 See claims 35, 38-39, 42, 44.	15-16
A	GUNTURU, KRISHNA SOUJANYA et al., 'Immunotherapy updates in pancreatic cancer: are we there yet?', Therapeutic Advances in Medical Oncology, January 2013, Vol. 5, No. 1, pp. 81-89 See p. 84.	15-16
A	VENNELA, B. et al., 'Current and future strategies for therapy of pancreatic cancer', International Journal of Research in Pharmacy and Chemistry, 2012, Vol. 2, No. 3, pp. 728-740 See p. 733, left-column.	15-16
A	INDERBERG-SUSO, ELSE-MARIT et al., 'Widespread CD4+ T-cell reactivity to novel hTERT epitopes following vaccination of cancer patients with a single hTERT peptide GV1001', OncoImmunology, August 2012, Vol. 1, No. 5, pp. 670-686 See the whole document.	15-16



Further documents are listed in the continuation of Box C.



See patent family annex.

* Special categories of cited documents:

"A" document defining the general state of the art which is not considered to be of particular relevance

"E" earlier application or patent but published on or after the international filing date

"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)

"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"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

"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

"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

"&" document member of the same patent family

Date of the actual completion of the international search

22 September 2014 (22.09.2014)

Date of mailing of the international search report

22 September 2014 (22.09.2014)

Name and mailing address of the ISA/KR

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INTERNATIONAL SEARCH REPORT

International application No.
PCT/KR2014/005031

Box No. I Nucleotide and/or amino acid sequence(s) (Continuation of item 1.c of the first sheet)

1. With regard to any nucleotide and/or amino acid sequence disclosed in the international application, the international search was carried out on the basis of :

a. a sequence listing filed or furnished

☐

on paper

☒

in electronic form

b. time of filing or furnishing

☒

contained in the international application as filed

☐

filed together with the international application in electronic form

☐

furnished subsequently to this Authority for the purposes of search

2. ☐ In addition, in the case that more than one version or copy of a sequence listing has been filed or furnished, the required statements that the information in the subsequent or additional copies is identical to that in the application as filed or does not go beyond the application as filed, as appropriate, were furnished.

3. Additional comments:

INTERNATIONAL SEARCH REPORTInternational application No.
PCT/KR2014/005031**Box No. II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)**

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☒ Claims Nos.: 1-14, 18
because they relate to subject matter not required to be searched by this Authority, namely:
Claims 1-14, 18 pertain to methods for treatment of the human body by therapy, as well as diagnostic methods practiced on the human body, and thus relate to a subject matter which this International Searching Authority is not required to search (PCT Article 17(2)(a)(i) and PCT Rule 39.1(iv)).
2. ☒ Claims Nos.: 9
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
Claim 9 is regarded to be unclear since it refers to claim 8 which does not comply with PCT Rule 6.4(a).
3. ☒ Claims Nos.: 4, 8, 10-14, 17-19
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box No. III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fees, this Authority did not invite payment of any additional fees.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest and, where applicable, the payment of a protest fee.
- ☐ The additional search fees were accompanied by the applicant's protest but the applicable protest fee was not paid within the time limit specified in the invitation.
- ☐ No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

International application No.

PCT/KR2014/005031

C (Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	KOKHAEI, PARVIZ et al., `Telomerase (hTERT 611-626) serves as a tumor antigen in B-cell chronic lymphocytic leukemia and generates spontaneously antileukemic, cytotoxic T cells`, Experimental Hematology, 2007, Vol. 35, pp. 297-304 See the whole document.	15-16
A	SCHLAPBACH, CHRISTOPH et al., `Telomerase-specific GV1001 peptide vaccination fails to induce objective tumor response in patients with cutaneous T cell lymphoma`, Journal of Dermatological Science, 2011, Vol. 62, pp. 75-83 See the whole document.	15-16

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No.

PCT/KR2014/005031

Patent document cited in search report	Publication date	Patent family member(s)	Publication date
KR 10-2012-0087885 A	07/08/2012	CA 2691980 A1	08/01/2009
		CN 101855553 A	06/10/2010
		CN 101855553 B	11/06/2014
		EP 2171453 A1	07/04/2010
		EP 2171453 A4	06/10/2010
		EP 2637020 A2	11/09/2013
		EP 2637020 A3	08/01/2014
		JP 2010-532484 A	07/10/2010
		KR 10-1262202 B1	16/05/2013
		KR 10-2010-0062996 A	10/06/2010
		MY 150234 A	31/12/2013
		SG 182976 A1	30/08/2012
		US 2009-0004687 A1	01/01/2009
		US 2014-0221240 A1	07/08/2014
		WO 2009-006439 A1	08/01/2009
US 2009-0136917 A1	28/05/2009	EP 2212696 A2	04/08/2010
		EP 2212696 B1	04/12/2013
		WO 2009-054996 A2	30/04/2009
		WO 2009-054996 A3	11/06/2009
		WO 2009-054996 A8	05/11/2009
		WO 2009-054996 A9	06/08/2009