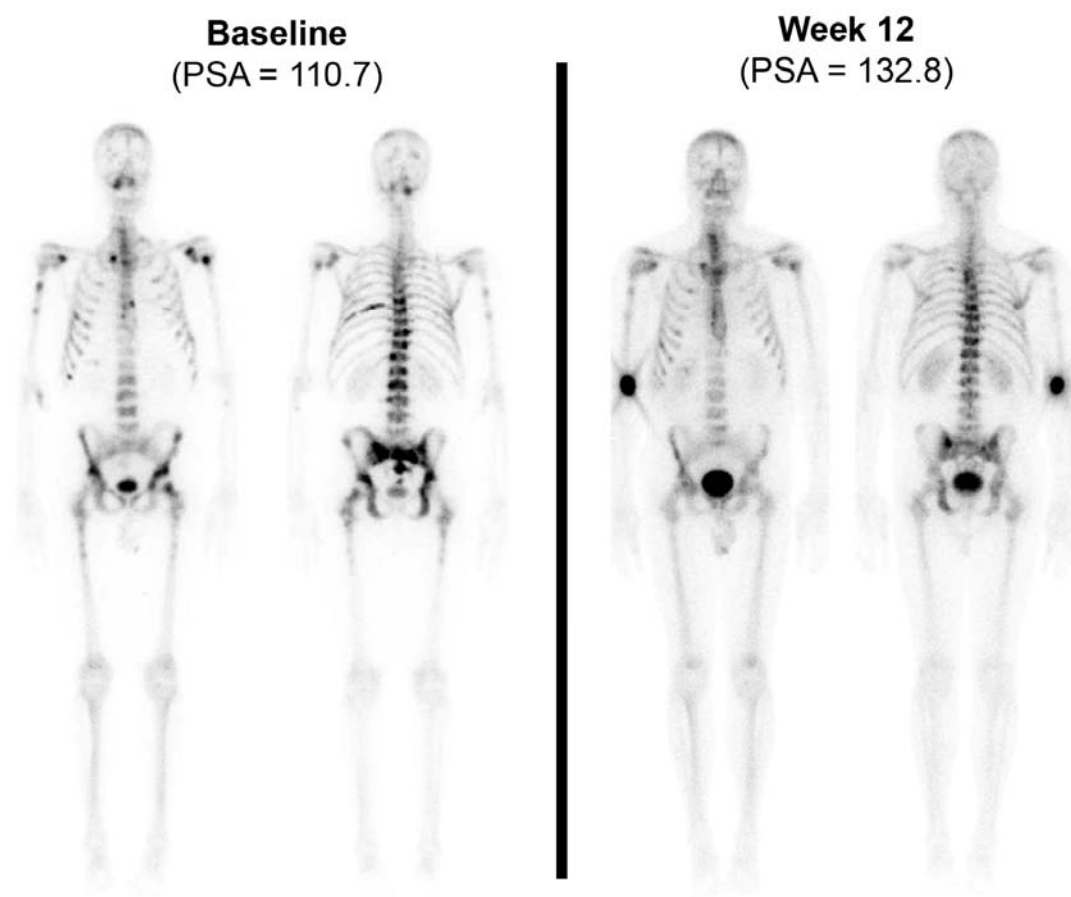
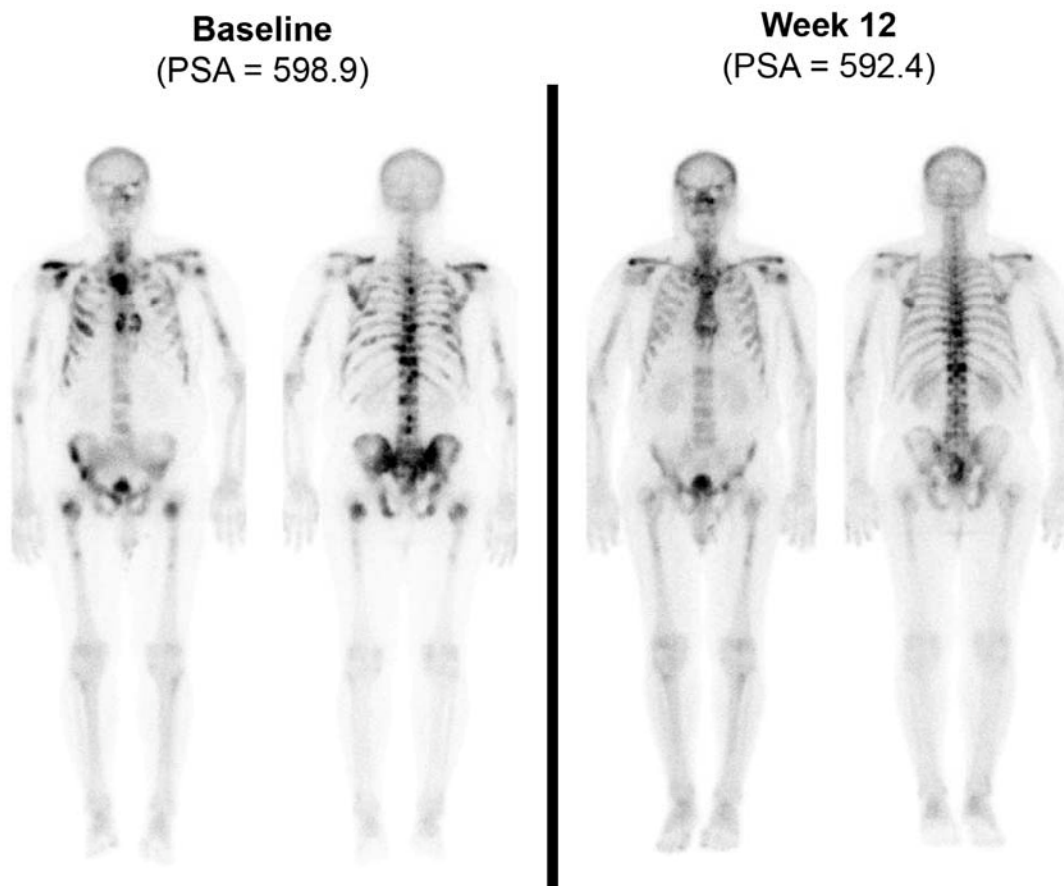


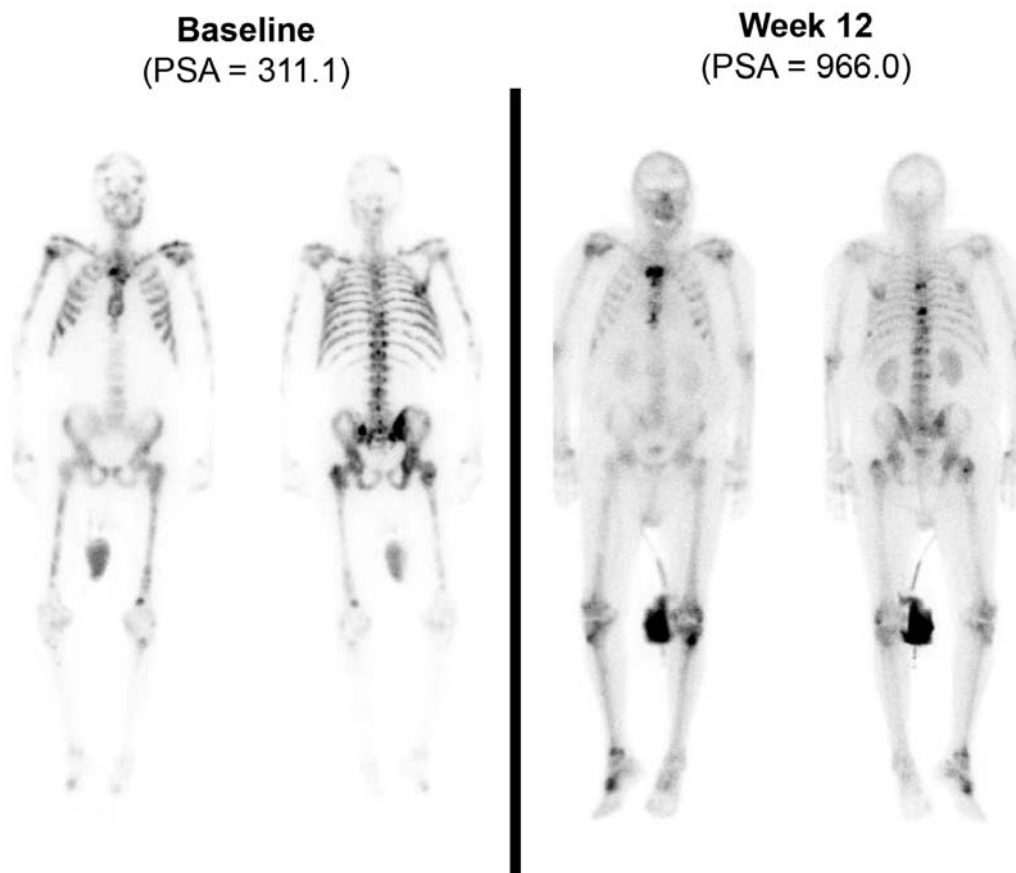
**FIGURES 1-3:** Clinical data for remaining subjects with partial or complete response by bone scan



**FIGURE 1:** Significant improvement of bone metastases in bilateral humeri, ribs, vertebrae, pelvic bones, and femora, categorized as partial response. PSA increased by 20%.



**FIGURE 2:** Marked improvement of bone metastases throughout axial and appendicular skeleton, categorized as partial response. CT scan of the chest/abdomen/pelvis revealed stable disease at a pelvic side wall mass and at metastatic nodes. PSA declined by 1%.



**FIGURE 3:** Prior superscan improved to recognizable individual metastatic lesions of sternum, rib, thoracic spine, pelvic bones, and proximal femora, categorized as partial response. A new liver metastasis was found on CT. PSA increased by 211%.

**TABLE 1:** Patient characteristics for phase II trial of sunitinib for prostate cancer

	Group A (no prior chemotherapy)	Group B (docetaxel resistant)
Number of subjects	17	17
Age (years)		
Median	71	65
Range	52-80	45-84
ECOG performance status		
0	12	7
1	5	9
2	0	1
Sites of disease		
Bone metastasis	12	15
PSA-only disease	1	0
PSA (ng/mL)		
Median	51	44
Range	7 – 602	8 – 752
Alkaline phosphatase (U/L)		
Median	99	126
Range	46 – 991	69 – 495
Hemoglobin (g/dL)		
Median	13.2	12.5
Range	10.7 – 14.9	8.3 – 14.1
Prior hormone therapies		
1-3	11	12
4-6	6	4
Prior cycles of chemotherapy	-	8
Median	-	3 – 14
Range		
Prior radiation therapy	8	10
Bisphosphonate use	6	11

**TABLE 2:** In vitro kinase inhibitor activities expressed as IC<sub>50</sub> (nmol/L) values

	Sunitinib [nM]	Cabozantinib [nM]
VEGFR1/FLT		12.2
VEGFR2/KDR	4	0.035
VEGFR3/FLT-4		6.0
MET		1.8
PDGFR-beta	4, 10	
RET	50	9.8
KIT	1-10, 13	4.6
FLT3	250, 50 (ITD)	14.4
TIE2		14.3
AXL		7
CSF-1R	50-100	

IC<sub>50</sub> is the concentration required for 50% target inhibition. KIT is stem cell factor receptor. RET is glial cell-line-derived neurotrophic factor receptor. FLT3 is Fms-like tyrosine kinase-3. All values are as reported in the respective investigator's brochures. Please note that published literature has also reported in vitro inhibitory activity for sunitinib at VEGFR1 and VEGFR3.<sup>1-3</sup>

**References:**

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2. Manley PW, Bold G, Bruggen J, et al. Advances in the structural biology, design and clinical development of VEGF-R kinase inhibitors for the treatment of angiogenesis. *Biochim Biophys Acta*. Mar 11 2004;1697(1-2):17-27.
3. Roskoski R, Jr. Sunitinib: a VEGF and PDGF receptor protein kinase and angiogenesis inhibitor. *Biochem Biophys Res Commun*. May 4 2007;356(2):323-328.