

Conversation ID: 8c1b4f4af2af2847a240041390e31399

One of the characteristics that distinguishes them from many other hematology drugs on the market. Preclinical findings for both have been compelling, and we now have reached important junctures in their development.

We'll continue to bring clinical sites online and expect 4 to 5 other sites to be initiated during November, in order to identify a dose that would be expected to deliver a therapeutic exposure level

but also being aware of the time when you will enter this narrative in the clinic,

I'm much more comfortable putting those very ill patients on the higher-dose levels because we think we'll see efficacy at those levels.

You see the DLTs, you have to expand out to 6 and just your time frame just gets extended so much.

or is it due to the excipients. So typically, we would expect it will take about 2 weeks in total

And then once we get to a dose level that we think is therapeutic, we may continue dose escalating a bit in those patients -- excuse me, in those healthy volunteers just to collect additional data.

Thank you, Catherine. Good morning, and welcome to the Aptose Biosciences conference call to discuss financial and operational results for the third quarter

For this reason, a number of AML patients during the screening process were not enrolled in the trial because of their advanced disease.

So while the healthy volunteer study and some of the additional safety studies it requires have moved our IND filing

And what we've said is they have to have a 2-month life expectancy to get on to these levels.

So we think it's actually more ethical, this pathway that we're taking. We think it's more expeditious and will help us to

The protocol requires only 1 patient at each of the 2 lowest dose levels,

All forward-looking statements made during this call speak only as of the date they are made. Aptose undertakes no obligation to revise or update the statements to reflect events or circumstances after the date of this call, except as required by law.

We continue to uncover characteristics for this drug candidate that make it even more compelling, and we are being very disciplined in its development to give the best possible chance for its success. We

Importantly, without the need to dose patients with lower dose levels that are likely subtherapeutic. A

On the other hand, additional preclinical safety tests are required before any drug is taken into healthy volunteer, whereas, such studies are not required before a drug is dosed in cancer patients.

and in parallel, performing a healthy volunteer SAD study to identify a potential therapeutic dose for the acutely AML patients and then taking that potential therapeutic dose directly into AML patients.

and the team of The University of Texas MD Anderson Cancer Center will present data in a separate poster. These presentations will highlight several key findings.

that would save us so much time in the AML trial because we're not getting all the negative data from these very ill patients and the risk of having to expand out those dose levels there.

some of your findings from preclinical studies that give you confidence that 253 has a safe therapeutic window.

and it's because there's a dependency upon the MYC for maintenance of the signaling pathways and viability.