

POLYMORPHIC FORM OF TG02

BACKGROUND OF THE INVENTION

[0001] TG02 is a pyrimidine-based multi-kinase inhibitor that inhibits CDKs 1, 2, 5, 7, and 9 together with JAK2 and FLT3. It dose-dependently inhibits signaling pathways downstream of CDKs, JAK2 and FLT3 in cancer cells with the main targets being CDKs. TG02 is anti-proliferative in a broad range of tumor cell lines, inducing G1 cell cycle arrest and apoptosis. Primary cultures of progenitor cells derived from acute myeloid leukemia (AML) and polycythemia vera patients are very sensitive to TG02. Comparison with reference inhibitors that block only one of the main targets of TG02 demonstrate the benefit of combined CDK and JAK2/FLT3 inhibition in cell lines as well as primary cells. *See Goh et al., Leukemia 26:236-43 (2012).* TG02 is also known as SB1317 and by its chemical name: (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene.

[0002] US 8,143,255 discloses TG02 as Compound 1. US 9,120,815 discloses various salt and crystalline forms of TG02, including TG02 citrate polymorphs referred to as Citrate Pattern 1, Citrate Pattern 2, and Citrate Pattern 3. The powder x-ray diffraction (PXRD or XRPD) pattern of TG02 Citrate Pattern 1, Citrate Pattern 2, and Citrate Pattern 3 are provided in Figs. 1 and 2.

SUMMARY

[0003] In one example, the present disclosure provides crystalline polymorphic forms of TG02 free base and TG02 acid addition salts (collectively referred to as "TG02 polymorphic forms").

[0003a] In one aspect, the present disclosure refers to a polymorphic form of the citrate salt of (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene (TG02 Form X (citrate)) characterized as having a powder x-ray diffraction pattern with peaks at 15.2, 15.5, 21.7, 22.1, 23.0, 26.2, and 29.9 degrees 2 Θ , wherein the powder x-ray diffraction pattern is collected using Cu K α radiation.

[0004] In another example, the present disclosure provides methods of making TG02 polymorphic forms.

[0004a] In another aspect, the present disclosure refers to a method of making the TG02 Form X (citrate) as disclosed herein, the method comprising:

- (a) combining a solution of citric acid in ethanol with a solution of TG02 free base in DMSO/ethanol;
- (b) heating the solution of (a) at 70°C for at least 15 minutes to give a solution comprising TG02 citrate;
- (c) cooling the solution of (b) comprising TG02 citrate to 5°C to give a crystalline solid; and
- (d) isolating the crystalline solid of (c) to give TG02 Form X (citrate).

[0005] In another example, the present disclosure provides pharmaceutical compositions comprising TG02 polymorphic forms and one or more excipients.

[0005a] In another aspect, the present disclosure refers to a pharmaceutical composition comprising the TG02 Form X (citrate) as disclosed herein and one or more pharmaceutically acceptable excipients.

[0006] In another example, the present disclosure provides methods of making pharmaceutical compositions comprising TG02 polymorphic forms and one or more excipients.

[0006a] In another aspect, the present disclosure refers to a method of making the pharmaceutical composition as disclosed herein, the method comprising admixing TG02 Form X (citrate) and one or more pharmaceutically acceptable excipients.

[0007] In another example, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form, or a pharmaceutical composition thereof.

[0007a] In another aspect, the present disclosure refers to use of a therapeutically effective amount of the TG02 Form X (citrate) as disclosed herein in the manufacture of a medicament for treating a patient having cancer.

[0007b] In another aspect, the present disclosure refers to the TG02 Form X (citrate) as disclosed herein for use in the treatment of cancer.

[0007c] In another aspect, the present disclosure refers to use of TG02 Form X (citrate) as disclosed herein for the manufacture of a medicament for treatment of cancer.

[0007d] In another aspect, the present disclosure refers to the pharmaceutical composition as disclosed herein for use in treating cancer.

[0008] In another example, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form, or a pharmaceutical composition thereof, and one or more additional therapeutic agents.

[0009] In another example, the present disclosure provides a kit comprising TG02 polymorphic forms.

[0009a] In another aspect, the present disclosure refers to a kit comprising the TG02 Form X (citrate) as disclosed herein and instructions for administering the TG02 polymorphic form to a patient having cancer.

BRIEF DESCRIPTION OF DRAWINGS

- [0010] Fig. 1 is a PXRD of Citrate Pattern 1 of US 9,120,815.
- [0011] Fig. 2 is the PXRD of Citrate Patterns 1, 2, and 3 of US 9,120,815.
- [0012] Fig. 3 is the PXRD of TG02 FB Form I.
- [0013] Fig. 4 is the PXRD of TG02 FB Form II.
- [0014] Fig. 5 is the PXRD of TG02 FB Form III.
- [0015] Fig. 6 is the PXRD of TG02 FB Form IV.
- [0016] Fig. 7 is the PXRD of TG02 FB Form V.
- [0017] Fig. 8 is the PXRD of TG02 HCl Form VI.
- [0018] Fig. 9 is the PXRD of TG02 HCl Form VII.
- [0019] Fig. 10 is the PXRD of TG02 HCl Form VIII.
- [0020] Fig. 11 is the PXRD of TG02 citrate Form X.

DETAILED DESCRIPTION OF THE INVENTION

Polymorphic Forms of TG02 Free Base

- [0021] In one embodiment, the present disclosure provides crystalline polymorphic forms of TG02 free base (FB).

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[0022] In another embodiment, the present disclosure provides Form I (FB), Form II (FB), Form III (FB), Form IV (FB), or Form V (FB), or a mixture thereof.

TG02 Form I (FB)

[0023] In another embodiment, the present disclosure provides Form I (FB), characterized as having a powder x-ray diffraction (PXRD) pattern with peaks at 6.077, 17.675, 17.994, 18.475, 19.135, and 19.727 degrees 2Θ .

[0024] In another embodiment, Form I (FB) is characterized as having a PXRD pattern with peaks at 6.077, 14.628, 17.675, 17.994, 18.475, 19.135, 19.727, 19.913, 21.698, 25.456, 26.209, and 26.527 degrees 2Θ .

[0025] In another embodiment, Form I (FB) is characterized as having a PXRD pattern with peaks at 6.077, 8.840, 10.404, 13.368, 14.031, 14.628, 17.675, 17.994, 18.475, 19.135, 19.727, 19.913, 21.698, 22.460, 24.749, 25.456, 25.833, 26.209, 26.527, 26.882, 28.004, 28.625, 28.857, 29.725, 30.305, 31.009, 31.689, 32.160, 33.741, 34.293, and 35.029 degrees 2Θ .

[0026] In another embodiment, Form I (FB) is characterized as having a PXRD pattern that is essentially the same as Fig. 3.

[0027] In another embodiment, the present disclosure provides substantially pure Form I (FB), e.g., Form I (FB) characterized as comprising about 10% or less, by weight, of any other physical forms of TG02.

[0028] In another embodiment, the present disclosure provides pure TG02 Form I (FB), e.g., TG02 Form I (FB) characterized as comprising about 1% or less, by weight of any other physical forms of TG02.

TG02 Form II (FB)

[0029] In another embodiment, the present disclosure provides Form II (FB), characterized as having a PXRD pattern with peaks at 8.238, 11.607, 16.683, 17.153, and 19.073 degrees 2Θ .

[0030] In another embodiment, Form II (FB) is characterized as having a PXRD pattern with peaks at 6.954, 8.238, 11.607, 16.683, 17.153, 18.546, 19.073, 21.294, 22.342, and 25.204 degrees 2Θ .

[0031] In another embodiment, Form II (FB) is characterized as having a PXRD pattern with peaks at 6.025, 6.954, 8.238, 10.036, 11.607, 14.563, 15.299, 16.683, 17.153,

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18.064, 18.546, 19.073, 21.013, 21.294, 22.342, 23.516, 24.029, 24.518, 25.204, 26.225, 26.509, 26.954, 27.212, 27.755, 28.047, 29.133, 31.644, 32.026, 33.634, and 38.906 degrees 2Θ .

[0032] In another embodiment, Form II (FB) is characterized as having a PXRD pattern that is essentially the same as Fig. 4.

[0033] In another embodiment, the present disclosure provides substantially pure Form II (FB).

[0034] In another embodiment, the present disclosure provides pure Form II (FB).

TG02 Form III (FB)

[0035] In another embodiment, the present disclosure provides Form III (FB), characterized as having a PXRD pattern with peaks at 6.236, 17.674, 17.769, 19.056, 19.082, 21.631, and 25.596 degrees 2Θ .

[0036] In another embodiment, Form III (FB) is characterized as having a PXRD pattern with peaks at 6.236, 15.486, 15.599, 17.674, 17.769, 18.649, 18.726, 19.056, 19.082, 19.619, 21.536, 21.594, 21.631, 24.800, and 25.596 degrees 2Θ .

[0037] In another embodiment, Form III (FB) is characterized as having a PXRD pattern with peaks at 6.236, 10.734, 12.791, 13.957, 14.987, 15.053, 15.486, 15.599, 16.650, 17.674, 17.769, 18.162, 18.649, 18.726, 19.056, 19.082, 19.676, 19.619, 21.718, 21.000, 21.536, 21.594, 21.631, 23.109, 24.800, 25.596, 26.589, 27.675, 27.857, 27.981, 29.046, and 29.288 degrees 2Θ .

[0038] In another embodiment, Form III (FB) is characterized as having a PXRD pattern that is essentially the same as Fig. 5.

[0039] In another embodiment, the present disclosure provides substantially pure Form III (FB).

[0040] In another embodiment, the present disclosure provides pure Form III (FB).

TG02 Form IV (FB)

[0041] In another embodiment, the present disclosure provides Form IV (FB), characterized as having a PXRD pattern with peaks at 8.484, 17.409, 18.807, 19.299, and 22.616 degrees 2Θ .

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[0042] In another embodiment, Form IV (FB) is characterized as having a PXRD pattern with peaks at 7.143, 7.184, 8.484, 11.850, 17.169, 17.409, 17.573, 18.807, 19.299, 21.337, 21.519, 22.616, 24.791, and 27.180 degrees 2Θ .

[0043] In another embodiment, Form IV (FB) is characterized as having a PXRD pattern with peaks at 7.143, 7.184, 8.484, 11.850, 14.826, 15.597, 15.933, 16.957, 17.169, 17.409, 17.573, 18.311, 18.807, 19.299, 19.773, 21.337, 21.519, 22.616, 23.749, 24.791, 25.126, 25.448, 26.468, 26.729, 27.180, 27.970, 29.384, 30.310, 31.344, 31.867, and 38.475 degrees 2Θ .

[0044] In another embodiment, Form IV (FB) is characterized as having a PXRD pattern that is essentially the same as Fig. 6.

[0045] In another embodiment, the present disclosure provides substantially pure Form IV (FB).

[0046] In another embodiment, the present disclosure provides pure Form IV (FB).

TG02 Form V (FB)

[0047] In another embodiment, the present disclosure provides Form V (FB), characterized as having a PXRD pattern with peaks at 7.151, 14.299, 19.114, 19.185, and 21.495 degrees 2Θ .

[0048] In another embodiment, Form V (FB) is characterized as having a PXRD pattern with peaks at 7.087, 7.151, 8.271, 8.416, 11.739, 14.299, 16.858, 17.336, 19.114, 19.185, 21.495, and 26.345 degrees 2Θ .

[0049] In another embodiment, Form V (FB) is characterized as having a PXRD pattern with peaks at 7.087, 7.151, 8.271, 8.416, 10.245, 11.657, 11.739, 14.053, 14.299, 15.478, 16.858, 17.163, 17.336, 18.751, 19.114, 19.185, 21.259, 21.495, 21.867, 22.414, 23.607, 24.185, 24.711, 25.351, 26.345, 26.558, 27.092, 27.334, 29.159, 31.202, 36.149, and 36.238 degrees 2Θ .

[0050] In another embodiment, Form V (FB) is characterized as having a PXRD pattern that is essentially the same as Fig. 7.

[0051] In another embodiment, the present disclosure provides substantially pure Form V (FB).

[0052] In another embodiment, the present disclosure provides pure Form V (FB).

Polymorphic Forms of TG02 Acid Addition Salts

[0053] In another embodiment, the present disclosure provides crystalline polymorphic forms of TG02 acid addition salts.

[0054] In another embodiment, the present disclosure provides crystalline polymorphic forms of the TG02 acid addition salt with hydrochloric acid (HCl). In another embodiment, the present disclosure provides Form VI (HCl), Form VII (HCl), or Form VIII (HCl), or a mixture thereof.

TG02 Form VI (HCl)

[0055] In another embodiment, the present disclosure provides Form VI (HCl), characterized as having a PXRD pattern with peaks at 8.055, 12.695, 15.868, 16.664, 18.460, 19.392, 22.103, 24.552, and 25.604 degrees 2θ .

[0056] In another embodiment, Form VI (HCl) is characterized as having a PXRD pattern with peaks at 8.055, 9.300, 9.527, 10.843, 12.695, 14.505, 15.868, 15.979, 16.664, 18.460, and 19.392 degrees 2θ .

[0057] In another embodiment, Form VI (HCl) is characterized as having a PXRD pattern with peaks at 6.593, 8.055, 8.309, 9.300, 9.527, 10.843, 12.695, 12.917, 13.594, 14.505, 14.799, 15.868, 15.979, 16.289, 16.491, 16.664, 17.409, 17.845, 18.460, 19.392, 20.553, 22.103, 22.290, 22.832, 23.197, 23.565, 24.552, 24.796, 25.353, 25.604, and 26.981 degrees 2θ .

[0058] In another embodiment, Form VI (HCl) is characterized as having a PXRD pattern that is essentially the same as Fig. 8.

[0059] In another embodiment, the present disclosure provides substantially pure Form VI (HCl).

[0060] In another embodiment, the present disclosure provides pure Form VI (HCl).

TG02 Form VII (HCl)

[0061] In another embodiment, the present disclosure provides Form VII (HCl), characterized as having a PXRD pattern with peaks at 6.601, 12.691, 13.364, 21.785, 23.554, and 27.007 degrees 2θ .

[0062] In another embodiment, Form VII (HCl) is characterized as having a PXRD pattern with peaks at 6.601, 12.691, 13.364, 14.802, 16.061, 18.809, 21.785, 23.554, 24.135, 24.914, 26.904, 27.007, 27.792, and 28.179 degrees 2θ .

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- [0063] In another embodiment, Form VII (HCl) is characterized as having a PXRD pattern with peaks at 6.601, 9.152, 12.691, 13.364, 13.598, 14.802, 14.952, 16.061, 17.457, 18.555, 18.809, 19.548, 20.191, 20.549, 21.259, 21.025, 21.785, 22.084, 23.554, 24.135, 24.914, 25.287, 26.904, 27.007, 27.792, 28.179, 30.091, 31.007, 31.632, and 33.498 degrees 2Θ .
- [0064] In another embodiment, Form VII (HCl) is characterized as having a PXRD pattern that is essentially the same as Fig. 9.
- [0065] In another embodiment, the present disclosure provides substantially pure Form VII (HCl).
- [0066] In another embodiment, the present disclosure provides pure Form VII (HCl).

TG02 Form VIII (HCl)

In another embodiment, the present disclosure provides Form VIII (HCl), characterized as having a PXRD pattern with peaks at 12.994, 16.147, 22.211, 23.305, and 24.586 degrees 2Θ .

- [0067] In another embodiment, Form VIII (HCl) is characterized as having a PXRD pattern with peaks at 12.994, 16.147, 17.977, 19.441, 20.933, 22.152, 22.211, 23.305, 24.586, 24.679, and 25.513 degrees 2Θ .
- [0068] In another embodiment, Form VIII (HCl) is characterized as having a PXRD pattern with peaks at 8.351, 9.402, 12.994, 16.147, 16.386, 16.807, 17.977, 18.624, 19.441, 20.933, 22.152, 22.211, 23.190, 23.305, 24.305, 24.317, 24.586, 24.679, 25.407, 25.513, 27.804, and 33.775 degrees 2Θ .
- [0069] In another embodiment, Form VIII (HCl) is characterized as having a PXRD pattern that is essentially the same as Fig. 10.
- [0070] In another embodiment, the present disclosure provides substantially pure Form VIII (HCl).
- [0071] In another embodiment, the present disclosure provides pure Form VIII (HCl).

TG02 Form X (citrate)

- [0072] In another embodiment, the present disclosure provides Form X (citrate), characterized as having a PXRD pattern with peaks at 15.2, 15.5, 21.7, 22.1, 23.0, 26.2, and 29.9 degrees 2Θ .

- [0073] In another embodiment, Form X (citrate) is characterized as having a PXRD pattern with peaks at 8.6, 9.4, 11.9, 15.2, 15.5, 17.0, 17.4, 19.6, 21.7, 22.1, 23.0, 26.2, and 29.9 degrees 2Θ .
- [0074] In another embodiment, Form X (citrate) is characterized as having a PXRD pattern with peaks at 8.6, 9.4, 11.9, 12.5, 14.3, 15.2, 15.5, 16.1, 16.4, 17.0, 17.4, 17.9, 19.0, 19.6, 20.3, 20.6, 21.2, 21.7, 22.1, 23.0, 23.5, 23.9, 24.2, 24.8, 26.2, 27.3, 28.0, and 29.9 degrees 2Θ .
- [0075] In another embodiment, Form X (citrate) is characterized as having a PXRD pattern that is essentially the same as Fig. 11.
- [0076] In another embodiment, the present disclosure provides substantially pure Form X (citrate).
- [0077] In another embodiment, the present disclosure provides pure Form X (citrate).
- [0078] In another aspect, the present disclosure provides micronized TG02 polymorphic forms. In one embodiment, the average particle size distribution of the micronized TG02 polymorphic form is about 20 μm or less, *e.g.*, about 19 μm , about 18 μm , about 17 μm , about 16 μm , about 15 μm , about 14 μm , about 13 μm , about 12 μm , or about 11 μm , or less, as determined, for example, by laser diffraction spectroscopy. In another embodiment, the average particle size distribution is about 10 μm or less, *e.g.*, about 9 μm , about 8 μm , about 7 μm , about 6 μm , or about 5 μm , or less. In another embodiment, the average particle size distribution is about 5 μm or less, *e.g.*, about 4 μm , about 3 μm , about 2 μm , or about 1 μm , or less. In another embodiment, the average particle size distribution is about 1 μm or less, *e.g.*, about 0.9 μm , about 0.8 μm , about 0.7 μm , about 0.6 μm , about 0.5 μm , about 0.4 μm , about 0.3 μm , about 0.2 μm , about 0.1 μm , about 0.09 μm , about 0.08 μm , about 0.07 μm , about 0.06 μm , about 0.05 μm , about 0.04 μm , about 0.03 μm , about 0.02 μm , or about 0.01 μm or less.
- [0079] In another embodiment, the present disclosure provides methods of making TG02 polymorphic forms. Methods of making TG02 polymorphic forms are described in the Examples provided herein below.
- [0080] In another embodiment, the present disclosure provides TG02 polymorphic forms, or a composition thereof, for use in treating a disease, disorder, injury, or condition in a subject.

- [0081]** In another embodiment, the present disclosure provides TG02 polymorphic forms, or a composition thereof, for use in the manufacture of a medicament for treating a disease, disorder, injury, or condition in a subject.
- [0082]** In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form.
- [0083]** In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form, wherein one or more of the genes listed in Table 1, see below, is differentially present in a biological sample taken from the patient as compared with a biological sample taken from a subject of another phenotypic status. In another embodiment, MYC overexpression is differentially present in a sample taken from the patient. In another embodiment, MCL1 overexpression is differentially present in a sample taken from the patient.
- [0084]** In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amounts of a TG02 polymorphic form and a second therapeutic agent, e.g., an immune checkpoint inhibitor, wherein one or more of the genes listed in Table 1, see below, is differentially present in a biological sample taken from the patient as compared with a biological sample taken from a subject of another phenotypic status. In another embodiment, MYC overexpression is differentially present in a sample taken from the patient. In another embodiment, MCL1 overexpression is differentially present in a sample taken from the patient. In another embodiment, the TG02 polymorphic form is administered to the patient before the second therapeutic agent. In another embodiment, the TG02 polymorphic form is administered to the patient after the second therapeutic agent. In another embodiment, the TG02 polymorphic form is administered to the patient at the same time as the second therapeutic agent.
- [0085]** In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and a second therapeutic agent, e.g., an immune checkpoint inhibitor. In another embodiment, the TG02 polymorphic form is administered to the patient before the second therapeutic agent. In

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another embodiment, the TG02 polymorphic form is administered to the patient after the second therapeutic agent. In another embodiment, the TG02 polymorphic form is administered to the patient at the same time as an immune checkpoint inhibitor.

[0086] In another embodiment, the present disclosure provides kits comprising a TG02 polymorphic form and a second therapeutic agent, e.g., an immune checkpoint inhibitor, and instructions for administering the TG02 polymorphic form and the second therapeutic agent to a patient having cancer.

[0087] In another embodiment, the kit is packaged in a manner that facilitates its use to practice methods of the present disclosure.

[0088] In another embodiment, the kit includes a TG02 polymorphic form (or a composition comprising the TG02 polymorphic form) packaged in a container, such as a sealed bottle or vessel, with a label affixed to the container or included in the kit that describes use of the TG02 polymorphic form or composition to practice the method of the disclosure. In one embodiment, the TG02 polymorphic form is packaged in a unit dosage form. The kit further can include a device suitable for administering the composition according to the intended route of administration.

[0089] The disclosure provides various therapeutic methods, kits, and compositions for treating cancer in a patient in need thereof with a TG02 polymorphic form. In one embodiment, the cancer is a solid tumor. In another embodiment, the cancer is a hematological malignancy. In another embodiment, the cancer selected from any one or more of the cancers of Table 2.

Table 2

adrenal cancer	acinic cell carcinoma	acoustic neuroma	acral lentiginous melanoma
acrosioma	acute eosinophilic leukemia	acute erythroid leukemia	acute lymphoblastic leukemia
acute megakaryoblastic leukemia	acute monocytic leukemia	acute promyelocytic leukemia	adenocarcinoma
adenoid cystic carcinoma	adenoma	adenomatoid odontogenic tumor	adenosquamous carcinoma

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adipose tissue neoplasm	adrenocortical carcinoma	adult T-cell leukemia/lymphoma	aggressive NK-cell leukemia
AIDS-related lymphoma	alveolar rhabdomyosarcoma	alveolar soft part sarcoma	ameloblastic fibroma
anaplastic large cell lymphoma	anaplastic thyroid cancer	angioimmunoblastic T-cell lymphoma	angiomyolipoma
angiosarcoma	astrocytoma	atypical teratoid rhabdoid tumor	B-cell chronic lymphocytic leukemia
B-cell prolymphocytic leukemia	B-cell lymphoma	basal cell carcinoma	biliary tract cancer
bladder cancer	blastoma	bone cancer	Brenner tumor
Brown tumor	Burkitt's lymphoma	breast cancer	brain cancer
carcinoma	carcinoma in situ	carcinosarcoma	cartilage tumor
cementoma	myeloid sarcoma	chondroma	chordoma
choriocarcinoma	choroid plexus papilloma	clear-cell sarcoma of the kidney	craniopharyngioma
cutaneous T-cell lymphoma	cervical cancer	colorectal cancer	Degos disease
desmoplastic small round cell tumor	diffuse large B-cell lymphoma	dysembryoplastic neuroepithelial tumor	dysgerminoma
embryonal carcinoma	endocrine gland neoplasm	endodermal sinus tumor	enteropathy-associated T-cell lymphoma
esophageal cancer	fetus in fetu	fibroma	fibrosarcoma
follicular lymphoma	follicular thyroid cancer	ganglioneuroma	gastrointestinal cancer
germ cell tumor	gestational choriocarcinoma	giant cell fibroblastoma	giant cell tumor of the bone
glial tumor	glioblastoma	glioma	gliomatosis cerebri
glucagonoma	gonadoblastoma	granulosa cell tumor	gynandroblastoma
gallbladder cancer	gastric cancer	hairy cell leukemia	hemangioblastoma

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head and neck cancer	hemangiopericytoma	hematological malignancy	hepatoblastoma
hepatocellular carcinoma	hepatosplenic T-cell lymphoma	Hodgkin's lymphoma	non-Hodgkin's lymphoma
invasive lobular carcinoma	intestinal cancer	kidney cancer	laryngeal cancer
lentigo maligna	lethal midline carcinoma	leukemia	leydig cell tumor
liposarcoma	lung cancer	lymphangioma	lymphangiosarcoma
lymphoepithelioma	lymphoma	acute lymphocytic leukemia	acute myelogenous leukemia
chronic lymphocytic leukemia	liver cancer	small cell lung cancer	non-small cell lung cancer
MALT lymphoma	malignant fibrous histiocytoma	malignant peripheral nerve sheath tumor	malignant triton tumor
mantle cell lymphoma	marginal zone B-cell lymphoma	mast cell leukemia	mediastinal germ cell tumor
medullary carcinoma of the breast	medullary thyroid cancer	medulloblastoma	melanoma
meningioma	merkel cell cancer	mesothelioma	metastatic urothelial carcinoma
mixed Mullerian tumor	mucinous tumor	multiple myeloma	muscle tissue neoplasm
mycosis fungoides	myxoid liposarcoma	myxoma	myxosarcoma
nasopharyngeal carcinoma	neurinoma	neuroblastoma	neurofibroma
neuroma	nodular melanoma	ocular cancer	oligoastrocytoma
oligodendroglioma	oncocytoma	optic nerve sheath meningioma	optic nerve tumor
oral cancer	osteosarcoma	ovarian cancer	Pancoast tumor
papillary thyroid cancer	paraganglioma	pinealoblastoma	pineocytoma

pituicytoma	pituitary adenoma	pituitary tumor	plasmacytoma
polyembryoma	precursor T-lymphoblastic lymphoma	primary central nervous system lymphoma	primary effusion lymphoma
preprimary peritoneal cancer	prostate cancer	pancreatic cancer	pharyngeal cancer
pseudomyxoma peritonei	renal cell carcinoma	renal medullary carcinoma	retinoblastoma
rhabdomyoma	rhabdomyosarcoma	Richter's transformation	rectal cancer
sarcoma	Schwannomatosis	seminoma	Sertoli cell tumor
sex cord-gonadal stromal tumor	signet ring cell carcinoma	skin cancer	small blue round cell tumors
small cell carcinoma	soft tissue sarcoma	somatostatinoma	soot wart
spinal tumor	splenic marginal zone lymphoma	squamous cell carcinoma	synovial sarcoma
Sezary's disease	small intestine cancer	squamous carcinoma	stomach cancer
T-cell lymphoma	testicular cancer	thecoma	thyroid cancer
transitional cell carcinoma	throat cancer	urachal cancer	urogenital cancer
urothelial carcinoma	uveal melanoma	uterine cancer	verrucous carcinoma
visual pathway glioma	vulvar cancer	vaginal cancer	Waldenstrom's macroglobulinemia
Warthin's tumor	Wilms' tumor	diffuse pontine glioma	

[0090] In another embodiment, the cancer is selected from the group consisting of squamous cell carcinoma of the head and neck, adenocarcinoma squamous cell carcinoma of the esophagus, adenocarcinoma of the stomach, adenocarcinoma of the colon, hepatocellular carcinoma, cholangiocarcinoma of the biliary system, adenocarcinoma of gall bladder, adenocarcinoma of the pancreas, ductal carcinoma in situ of the breast, adenocarcinoma of the breast, adenocarcinoma of the lungs, squamous cell carcinoma of the lungs, transitional cell carcinoma of the bladder, squamous cell carcinoma of the

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bladder, squamous cell carcinoma of the cervix, adenocarcinoma of the cervix, endometrial carcinoma, penile squamous cell carcinoma, and squamous cell carcinoma of the skin.

[0091] In another embodiment, the cancer is selected from the group consisting of multiple myeloma, hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, colorectal cancer, and diffuse pontine glioma.

[0092] In another embodiment, the cancer is diffuse pontine glioma.

[0093] In another embodiment, a precancerous tumor is selected from the group consisting of leukoplakia of the head and neck, Barrett's esophagus, metaplasia of the stomach, adenoma of the colon, chronic hepatitis, bile duct hyperplasia, pancreatic intraepithelial neoplasia, atypical adenomatous hyperplasia of the lungs, dysplasia of the bladder, cervical intraepithelial neoplasia, penile intraepithelial neoplasia, and actinic keratosis of the skin.

[0094] In another embodiment, the patient has tumors that overexpress MYC, MCL1, or both. The tumors may be determined to overexpress MYC, MCL1, or both, by methods known in the art.

[0095] In another embodiment, the cancer is selected from the group consisting of hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.

[0096] In another embodiment, the cancer has become resistant to conventional cancer treatments. The term "conventional cancer treatments" as used herein refers to any cancer drugs or biologics or radiation therapy, or combination of cancer drugs and/or biologics and/or radiation therapy that have been tested and/or approved for therapeutic use in humans by the U.S. Food and Drug Administration, European Medicines Agency, or similar regulatory agency.

[0097] In another embodiment, the patient has been treated previously with an immune checkpoint inhibitor without TG02. For example, the previous immune checkpoint therapy may be an anti-PD-1 therapy.

[0098] In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form, wherein the phenotypic

status of the patient is overexpression of MYC, overexpression of MCL1, or overexpression of MYC and MCL1. In another embodiment, the cancer is selected from the group consisting of hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.

[0099] In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and a second therapeutic agent.

[0100] In one embodiment, the second therapeutic agent is selected from the group consisting of temozolomide, daunorubicin, doxorubicin, epirubicin, idarubicin, valrubicin, cisplatin, bortezomib, carfilzomib, lenalidomide, sorafenib, regorafenib, and radiotherapy.

[0101] In another embodiment, the second therapeutic agent is an immune checkpoint inhibitor. In another embodiment, the immune checkpoint inhibitor is a PD-1 inhibitor or a PD-L1 inhibitor. In another embodiment, the PD-1 inhibitor is an anti-PD-1 antibody. In another embodiment, the anti-PD-1 antibody is selected from the group consisting of nivolumab, pembrolizumab, pidilizumab and STI-1110. In another embodiment, the PD-L1 inhibitor is an anti-PD-L1 antibody. In another embodiment, the anti-PD-L1 antibody is selected from the group consisting of avelumab, atezolizumab, durvalumab, and STI-1014

[0102] In another embodiment, the present disclosure provides therapeutic methods of treating a patient having cancer, comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form, an immune checkpoint inhibitor, and a third therapeutic agent.

[0103] In another embodiment, the present disclosure provides personalized medicine for cancer patients, and encompasses the selection of treatment options with the highest likelihood of successful outcome for individual cancer patients. In another aspect, the disclosure relates to the use of an assay(s) to predict the treatment outcome, *e.g.*, the likelihood of favorable responses or treatment success, in patients having cancer.

[0104] In another embodiment, the present disclosure provides methods of selecting a patient, *e.g.*, a human subject for treatment of cancer with a TG02 polymorphic form and, optionally, a second therapeutic agent, *e.g.*, an immune checkpoint inhibitor, comprising

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obtaining a biological sample, e.g., blood cells, from the patient, testing a biological sample from the patient for the presence of a biomarker, e.g., overexpression of MYC, overexpression of MCL1, or both, and selecting the patient for treatment if the biological sample contains that biomarker. In another embodiment, the methods further comprise administering a therapeutically effective amount of a TG02 polymorphic form and, optionally, an immune checkpoint inhibitor, to the patient if the biological sample contains the biomarker. Examples of cancer biomarkers are provided in Table 1. In another embodiment, the cancer is a solid tumor. In another embodiment, the cancer is a hematological malignancy. In another embodiment, the cancer is selected from the group consisting of hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.

[0105] In another embodiment, the present disclosure provides methods of predicting treatment outcomes in a patient having cancer, comprising obtaining a biological sample, from the patient, testing the biological sample from the patient for the presence of a biomarker, e.g., overexpression of MYC, overexpression of MCL1, or both, wherein the detection of the biomarker indicates the patient will respond favorably to administration of a therapeutically effective amount of a TG02 polymorphic form and, optionally, a second therapeutic agent. Favorable responses include, but are not limited to, a decrease in tumor size and an increase in progression-free or overall survival.

[0106] In another embodiment, the present disclosure provides methods of treating cancer, comprising administering a therapeutically effective amount of a TG02 polymorphic form and, optionally, a second therapeutic agent, e.g., an immune checkpoint inhibitor to a patient, e.g., a human subject, with cancer in whom the patient's cells contain a biomarker. In another embodiment, the patient is selected for treatment with a TG02 polymorphic form and, optionally, an immune checkpoint inhibitor, after the patient's cells have been determined to contain an overexpression of MYC. In another embodiment, the patient is selected for treatment with a TG02 polymorphic form and, optionally, an immune checkpoint inhibitor after the patient's cells have been determined to contain an overexpression of MCL1. In another embodiment, the patient is selected for treatment with a TG02 polymorphic form and, optionally, an immune checkpoint inhibitor after the patient's cells have been determined to contain an overexpression of MYC and an overexpression of MCL1.

[0107] In another embodiment, the method of treating a patient having cancer comprises obtaining a biological sample from the patient, determining whether the biological sample contains a biomarker, *e.g.*, overexpression of MYC, overexpression of MCL1, or both, and administering to the patient a therapeutically effective amount of a TG02 polymorphic form and, optionally, an immune checkpoint inhibitor if the biological sample contains the biomarker. In another embodiment, the methods provided herein comprise determining whether the patient's cells contain an overexpression of MYC. In another embodiment, the methods provided herein comprise determining whether the patient's cells contain an overexpression of MCL1. In another embodiment, the methods provided herein comprise determining whether the patient's cells contain an overexpression of MYC and MCL1.

[0108] In another embodiment, the disclosure provides a method of treating a subject having cancer, the method comprising obtaining a biological sample from the subject, determining the expression level of MYC, MCL1, or both in the biological sample; and administering a therapeutically effective amount of a TG02 polymorphic form and a second therapeutic agent, *e.g.*, temozolomide, carfilzomib, sorafenib, regorafenib, bortezomib, doxorubicin, cisplatin, lenalidomide, dexamethasone, or Ara-C, to the subject if the biological sample shows overexpression of MYC, MCL1, or both.

I. Optional Therapeutic agents

[0109] In some therapeutic methods of the disclosure, a second therapeutic agent is administered to a cancer patient in combination with a TG02 polymorphic form.

[0110] In some therapeutic methods of the disclosure, a second therapeutic agent and a third therapeutic agent are administered to a cancer patient in combination with a TG02 polymorphic form.

[0111] In some therapeutic methods of the disclosure, a second therapeutic agent, a third therapeutic agent, and a fourth therapeutic agent are administered to a cancer patient in combination with a TG02 polymorphic form.

[0112] The second, third, and fourth therapeutic agents used in the therapeutic methods of the present disclosure are referred to as "optional therapeutic agents." Such optional therapeutic agents useful in the treatment of cancer patients are known in the art. In one embodiment, the optional therapeutic agent combined with a TG02 polymorphic form is an anticancer agent. Optional therapeutic agents include, but are not limited to,

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temozolomide, daunorubicin, doxorubicin, epirubicin, idarubicin, valrubicin, cisplatin, bortezomib, carfilzomib, lenalidomide, sorafenib, regorafenib, radiotherapy, immune checkpoint inhibitors, e.g., PD-1 or PD-L1 inhibitors, e.g., anti-PD-1 or anti-PD-L1 antibodies, e.g., nivolumab, pembrolizumab, pidilizumab, STI-1110, avelumab, atezolizumab, durvalumab, and STI-1014.

[0113] Optional therapeutic agents are administered in an amount to provide their desired therapeutic effect. The effective dosage range for each optional therapeutic agent is known in the art, and the optional therapeutic agent is administered to an individual in need thereof within such established ranges.

[0114] A TG02 polymorphic form and the optional therapeutic agent can be administered together as a single-unit dose or separately as multi-unit doses, and in any order, e.g., wherein a TG02 polymorphic form is administered before the optional therapeutic agent, or vice versa. One or more doses of a TG02 polymorphic form and the optional therapeutic agent can be administered to the patient.

[0115] Immune checkpoint inhibitors are therapies that blockade immune system inhibitor checkpoints. In some therapeutic methods of the disclosure, an immune checkpoint inhibitor is administered to a cancer patient in combination with a TG02 polymorphic form.

[0116] Immune checkpoints can be stimulatory or inhibitory. Blockade of inhibitory immune checkpoint activates immune system function and can be used for cancer immunotherapy. Pardoll, *Nature Reviews. Cancer* 12:252-64 (2012). Tumor cells turn off activated T cells when they attach to specific T-cell receptors. Immune checkpoint inhibitors prevent tumor cells from attaching to T cells, which results in T cells remaining activated. In effect, the coordinated action by cellular and soluble components combats pathogens and injuries by cancers. The modulation of immune system pathways may involve changing the expression or the functional activity of at least one component of the pathway to then modulate the response by the immune system. U.S. 2015/0250853. Examples of immune checkpoint inhibitors include PD-1 inhibitors, PD-L1 inhibitors, CTLA-4 inhibitors, LAG3 inhibitors, TIM3 inhibitors, cd47 inhibitors, and B7-H1 inhibitors. Thus, in one embodiment, the immune checkpoint inhibitor is selected from the group consisting of a PD-1 inhibitor, a PD-L1 inhibitor, a CTLA-4 inhibitor, a LAG3 inhibitor, a TIM3 inhibitor, and a cd47 inhibitor.

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- [0117] In another embodiment, the immune checkpoint inhibitor is a programmed cell death (PD-1) inhibitor. PD-1 is a T-cell coinhibitory receptor that plays a pivotal role in the ability of tumor cells to evade the host's immune system. Blockage of interactions between PD-1 and PD-L1, a ligand of PD-1, enhances immune function and mediates antitumor activity. Examples of PD-1 inhibitors include antibodies that specifically bind to PD-1. Particular anti-PD-1 antibodies include, but are not limited to nivolumab, pembrolizumab, STI-1014, and pidilizumab. For a general discussion of the availability, methods of production, mechanism of action, and clinical studies of anti-PD-1 antibodies, see U.S. 2013/0309250, U.S. 6,808,710, U.S. 7,595,048, U.S. 8,008,449, U.S. 8,728,474, U.S. 8,779,105, U.S. 8,952,136, U.S. 8,900,587, U.S. 9,073,994, U.S. 9,084,776, and Naido *et al.*, *British Journal of Cancer* 111:2214-19 (2014).
- [0118] In another embodiment, the immune checkpoint inhibitor is a PD-L1 (also known as B7-H1 or CD274) inhibitor. Examples of PD-L1 inhibitors include antibodies that specifically bind to PD-L1. Particular anti-PD-L1 antibodies include, but are not limited to, avelumab, atezolizumab, durvalumab, and BMS-936559. For a general discussion of the availability, methods of production, mechanism of action, and clinical studies, see U.S. 8,217,149, U.S. 2014/0341917, U.S. 2013/0071403, WO 2015036499, and Naido *et al.*, *British Journal of Cancer* 111:2214-19 (2014).
- [0119] In another embodiment, the immune checkpoint inhibitor is a CTLA-4 inhibitor. CTLA-4, also known as cytotoxic T-lymphocyte antigen 4, is a protein receptor that downregulates the immune system. CTLA-4 is characterized as a "brake" that binds costimulatory molecules on antigen-presenting cells, which prevents interaction with CD28 on T cells and also generates an overtly inhibitory signal that constrains T cell activation. Examples of CTLA-4 inhibitors include antibodies that specifically bind to CTLA-4. Particular anti-CTLA-4 antibodies include, but are not limited to, ipilimumab and tremelimumab. For a general discussion of the availability, methods of production, mechanism of action, and clinical studies, see U.S. 6,984,720, U.S. 6,207,156, and Naido *et al.*, *British Journal of Cancer* 111:2214-19 (2014).
- [0120] In another embodiment, the immune checkpoint inhibitor is a LAG3 inhibitor. LAG3, Lymphocyte Activation Gene 3, is a negative co-simulatory receptor that modulates T cell homeostasis, proliferation, and activation. In addition, LAG3 has been reported to participate in regulatory T cells (Tregs) suppressive function. A large

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proportion of LAG3 molecules are retained in the cell close to the microtubule-organizing center, and only induced following antigen specific T cell activation. U.S. 2014/0286935. Examples of LAG3 inhibitors include antibodies that specifically bind to LAG3. Particular anti-LAG3 antibodies include, but are not limited to, GSK2831781. For a general discussion of the availability, methods of production, mechanism of action, and studies, see, U.S. 2011/0150892, U.S. 2014/0093511, U.S. 20150259420, and Huang *et al.*, *Immunity* 21:503-13 (2004).

[0121] In another embodiment, the immune checkpoint inhibitor is a TIM3 inhibitor. TIM3, T-cell immunoglobulin and mucin domain 3, is an immune checkpoint receptor that functions to limit the duration and magnitude of T_H1 and T_C1 T-cell responses. The TIM3 pathway is considered a target for anticancer immunotherapy due to its expression on dysfunctional CD8⁺ T cells and Tregs, which are two reported immune cell populations that constitute immunosuppression in tumor tissue. Anderson, *Cancer Immunology Research* 2:393-98 (2014). Examples of TIM3 inhibitors include antibodies that specifically bind to TIM3. For a general discussion of the availability, methods of production, mechanism of action, and studies of TIM3 inhibitors, see U.S. 20150225457, U.S. 20130022623, U.S. 8,522,156, Ngiow *et al.*, *Cancer Res* 71: 6567-71 (2011), Ngiow, *et al.*, *Cancer Res* 71:3540-51 (2011), and Anderson, *Cancer Immunology Res* 2:393-98 (2014).

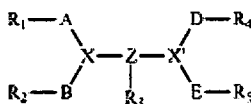
[0122] In another embodiment, the immune checkpoint inhibitor is a cd47 inhibitor. See Unanue, E.R., *PNAS* 110:10886-87 (2013).

[0123] The term "antibody" is meant to include intact monoclonal antibodies, polyclonal antibodies, multispecific antibodies formed from at least two intact antibodies, and antibody fragments, so long as they exhibit the desired biological activity. In another embodiment, "antibody" is meant to include soluble receptors that do not possess the Fc portion of the antibody. In one embodiment, the antibodies are humanized monoclonal antibodies and fragments thereof made by means of recombinant genetic engineering.

[0124] Another class of immune checkpoint inhibitors include polypeptides that bind to and block PD-1 receptors on T-cells without triggering inhibitor signal transduction. Such peptides include B7-DC polypeptides, B7-H1 polypeptides, B7-1 polypeptides and B7-2 polypeptides, and soluble fragments thereof, as disclosed in U.S. Pat. 8,114,845.

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[0125] Another class of immune checkpoint inhibitors include compounds with peptide moieties that inhibit PD-1 signaling. Examples of such compounds are disclosed in U.S. Pat. 8,907,053 and have the structure:



or a pharmaceutically acceptable salt thereof, wherein the compound comprises at least 5 amino acids useful as therapeutic agents capable of inhibiting the PD-1 signaling pathway.

[0126] Another class of immune checkpoint inhibitors include inhibitors of certain metabolic enzymes, such as indoleamine 2,3 dioxygenase (IDO), which is expressed by infiltrating myeloid cells and tumor cells. The IDO enzyme inhibits immune responses by depleting amino acids that are necessary for anabolic functions in T cells or through the synthesis of particular natural ligands for cytosolic receptors that are able to alter lymphocyte functions. Pardoll, *Nature Reviews. Cancer* 12:252-64 (2012); Löb, *Cancer Immunol Immunother* 58:153-57 (2009). Particular IDO blocking agents include, but are not limited to levo-1-methyl typtophan (L-1MT) and 1-methyl-tryptophan (1MT). Qian *et al.*, *Cancer Res* 69:5498-504 (2009); and Löb *et al.*, *Cancer Immunol Immunother* 58:153-7 (2009).

[0127] In another embodiment, the immune checkpoint inhibitor is nivolumab, pembrolizumab, pidilizumab, STI-1110, avelumab, atezolizumab, durvalumab, STI-1014, ipilimumab, tremelimumab, GSK2831781, BMS-936559 or MED14736.

[0128] In another embodiment, the optional therapeutic agent is an epigenetic drug. As used herein, the term "epigenetic drug" refers to a therapeutic agent that targets an epigenetic regulator. Examples of epigenetic regulators include the histone lysine methyltransferases, histone arginine methyl transferases, histone demethylases, histone deacetylases, histone acetylases, and DNA methyltransferases. Histone deacetylase inhibitors include, but are not limited to, vorinostat.

[0129] In another embodiment, the optional therapeutic agent is a chemotherapeutic agent or other anti-proliferative agent that can be administered in combination with a TG02 polymorphic form to treat cancer. Examples of therapies and anticancer agents that can be used in combination with a TG02 polymorphic form include surgery, radiotherapy (e.g., gamma-radiation, neutron beam radiotherapy, electron beam radiotherapy, proton

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therapy, brachytherapy, and systemic radioactive isotopes), endocrine therapy, a biologic response modifier (e.g., an interferon, an interleukin, tumor necrosis factor (TNF), hyperthermia and cryotherapy, an agent to attenuate any adverse effect (e.g., an antiemetic), and any other approved chemotherapeutic drug.

[0130] Nonlimiting exemplary antiproliferative compounds include an aromatase inhibitor; an anti-estrogen; an anti-androgen; a gonadorelin agonist; a topoisomerase I inhibitor; a topoisomerase II inhibitor; a microtubule active agent; an alkylating agent, e.g., temozolomide; a retinoid, a carotenoid, or a tocopherol; a cyclooxygenase inhibitor; an MMP inhibitor; an mTOR inhibitor; an antimetabolite; a platin compound; a methionine aminopeptidase inhibitor; a bisphosphonate; an antiproliferative antibody; a heparanase inhibitor; an inhibitor of Ras oncogenic isoforms; a telomerase inhibitor; a proteasome inhibitor; a compound used in the treatment of hematologic malignancies; a Flt-3 inhibitor; an Hsp90 inhibitor; a kinesin spindle protein inhibitor; a MEK inhibitor; an antitumor antibiotic; a nitrosourea; a compound targeting/decreasing protein or lipid kinase activity, a compound targeting/decreasing protein or lipid phosphatase activity, or any further anti-angiogenic compound.

[0131] Nonlimiting exemplary aromatase inhibitors include steroids, such as atamestane, exemestane, and formestane, and non-steroids, such as aminoglutethimide, roglethimide, pyridoglutethimide, trilostane, testolactone, ketokonazole, vorozole, fadrozole, anastrozole, and letrozole.

[0132] Nonlimiting anti-estrogens include tamoxifen, fulvestrant, raloxifene, and raloxifene hydrochloride. Anti-androgens include, but are not limited to, bicalutamide. Gonadorelin agonists include, but are not limited to, abarelix, goserelin, and goserelin acetate.

[0133] Nonlimiting exemplary topoisomerase I inhibitors include topotecan, gimatecan, irinotecan, camptothecin and its analogues, 9-nitrocamptothecin, and the macromolecular camptothecin conjugate PNU-166148. Topoisomerase II inhibitors include, but are not limited to, anthracyclines, such as doxorubicin, daunorubicin, epirubicin, idarubicin, and nemorubicin; anthraquinones, such as mitoxantrone and losoxantrone; and podophyllotoxines, such as etoposide and teniposide.

[0134] Microtubule active agents include microtubule stabilizing, microtubule destabilizing compounds, and microtubulin polymerization inhibitors including, but not

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limited to, taxanes, such as paclitaxel and docetaxel; vinca alkaloids, such as vinblastine, vinblastine sulfate, vincristine, and vincristine sulfate, and vinorelbine; discodermolides; cochicine and epothilones and derivatives thereof.

- [0135] Nonlimiting exemplary alkylating agents include cyclophosphamide, ifosfamide, melphalan, and nitrosoureas, such as carmustine and lomustine.
- [0136] Nonlimiting exemplary matrix metalloproteinase inhibitors ("MMP inhibitors") include collagen peptidomimetic and nonpeptidomimetic inhibitors, tetracycline derivatives, batimastat, marimastat, prinomastat, metastat, BMS-279251, BAY 12-9566, TAA211, MMI270B, and AAJ996.
- [0137] Nonlimiting exemplary mTOR inhibitors include compounds that inhibit the mammalian target of rapamycin (mTOR) and possess antiproliferative activity such as sirolimus, everolimus, CCI-779, and ABT578.
- [0138] Nonlimiting exemplary antimetabolites include 5-fluorouracil (5-FU), capecitabine, gemcitabine, DNA demethylating compounds, such as 5-azacytidine and decitabine, methotrexate and edatrexate, and folic acid antagonists, such as pemetrexed.
- [0139] Nonlimiting exemplary platin compounds include carboplatin, cis-platin, cisplatin, and oxaliplatin.
- [0140] Nonlimiting exemplary methionine aminopeptidase inhibitors include bengamide or a derivative thereof and PPI-2458.
- [0141] Nonlimiting exemplary bisphosphonates include etridronic acid, clodronic acid, tiludronic acid, pamidronic acid, alendronic acid, ibandronic acid, risedronic acid, and zoledronic acid.
- [0142] Nonlimiting exemplary heparanase inhibitors include compounds that target, decrease, or inhibit heparin sulfate degradation, such as PI-88 and OGT2115.
- [0143] Nonlimiting exemplary compounds which target, decrease, or inhibit the oncogenic activity of Ras include farnesyl transferase inhibitors, such as L-744832, DK8G557, tipifarnib, and lonafarnib.
- [0144] Nonlimiting exemplary telomerase inhibitors include compounds that target, decrease, or inhibit the activity of telomerase, such as compounds that inhibit the telomerase receptor, such as telomestatin.

- [0145] Nonlimiting exemplary proteasome inhibitors include compounds that target, decrease, or inhibit the activity of the proteasome including, but not limited to, bortezomib. In some embodiments, the proteasome inhibitor is carfilzomib.
- [0146] Nonlimiting exemplary FMS-like tyrosine kinase inhibitors, which are compounds targeting, decreasing or inhibiting the activity of FMS-like tyrosine kinase receptors (Flt-3R) include interferon, I- β -D-arabinofuransylcytosine (ara-c), and bisulfan; and ALK inhibitors, which are compounds which target, decrease, or inhibit anaplastic lymphoma kinase.
- [0147] Nonlimiting exemplary Flt-3 inhibitors include PKC412, midostaurin, a staurosporine derivative, SU11248, and MLN518.
- [0148] Nonlimiting exemplary HSP90 inhibitors include compounds targeting, decreasing, or inhibiting the intrinsic ATPase activity of HSP90; or degrading, targeting, decreasing or inhibiting the HSP90 client proteins via the ubiquitin proteasome pathway. Compounds targeting, decreasing or inhibiting the intrinsic ATPase activity of HSP90 are especially compounds, proteins, or antibodies that inhibit the ATPase activity of HSP90, such as 17-allylamino,17-demethoxygeldanamycin (17AAG), a geldanamycin derivative; other geldanamycin related compounds; radicicol and HDAC inhibitors.
- [0149] Nonlimiting exemplary protein tyrosine kinase and/or serine and/or threonine kinase inhibitors or lipid kinase inhibitors, include a) a compound targeting, decreasing, or inhibiting the activity of the platelet-derived growth factor-receptors (PDGFR), such as a compound that targets, decreases, or inhibits the activity of PDGFR, such as an N-phenyl-2-pyrimidine-amine derivatives, such as imatinib, SU101, SU6668, and GFB-111; b) a compound targeting, decreasing, or inhibiting the activity of the fibroblast growth factor-receptors (FGFR); c) a compound targeting, decreasing, or inhibiting the activity of the insulin-like growth factor receptor I (IGF-IR), such as a compound that targets, decreases, or inhibits the activity of IGF-IR; d) a compound targeting, decreasing, or inhibiting the activity of the Trk receptor tyrosine kinase family, or ephrin B4 inhibitors; e) a compound targeting, decreasing, or inhibiting the activity of the Axl receptor tyrosine kinase family; f) a compound targeting, decreasing, or inhibiting the activity of the Ret receptor tyrosine kinase; g) a compound targeting, decreasing, or inhibiting the activity of the Kit/SCFR receptor tyrosine kinase, such as imatinib; h) a compound targeting, decreasing, or inhibiting the activity of the c-Kit receptor tyrosine

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kinases, such as imatinib; i) a compound targeting, decreasing, or inhibiting the activity of members of the c-Abl family, their gene-fusion products (e.g. Bcr-Abl kinase) and mutants, such as an N-phenyl-2-pyrimidine-amine derivative, such as imatinib or nilotinib; PD180970; AG957; NSC 680410; PD173955; or dasatinib; j) a compound targeting, decreasing, or inhibiting the activity of members of the protein kinase C (PKC) and Raf family of serine/threonine kinases, members of the MEK, SRC, JAK, FAK, PDK1, PKB/Akt, and Ras/MAPK family members, and/or members of the cyclin-dependent kinase family (CDK), such as a staurosporine derivative disclosed in U.S. Patent No. 5,093,330, such as midostaurin; examples of further compounds include UCN-01, safingol, BAY 43-9006, bryostatin 1, perifosine; ilmofosine; RO 318220 and RO 320432; GO 6976; Isis 3521 ; LY333531/LY379196; a isochinoline compound; a farnesyl transferase inhibitor; PD184352 or QAN697, or AT7519; k) a compound targeting, decreasing or inhibiting the activity of a protein-tyrosine kinase, such as imatinib mesylate or a tyrphostin, such as Tyrphostin A23/RG-50810; AG 99; Tyrphostin AG 213; Tyrphostin AG 1748; Tyrphostin AG 490; Tyrphostin B44; Tyrphostin B44 (+) enantiomer; Tyrphostin AG 555; AG 494; Tyrphostin AG 556, AG957 and adaphostin (4-{{(2,5-dihydroxyphenyl)methyl}amino}-benzoic acid adamantyl ester; NSC 680410, adaphostin); l) a compound targeting, decreasing, or inhibiting the activity of the epidermal growth factor family of receptor tyrosine kinases (EGFR, ErbB2, ErbB3, ErbB4 as homo- or heterodimers) and their mutants, such as CP 358774, ZD 1839, ZM 105180; trastuzumab, cetuximab, gefitinib, erlotinib, OSI-774, CI-1033, EKB-569, GW-2016, antibodies E1.1, E2.4, E2.5, E6.2, E6.4, E2.11, E6.3 and E7.6.3, and 7H-pyrrolo-[2,3-d]pyrimidine derivatives; and m) a compound targeting, decreasing, or inhibiting the activity of the c-Met receptor.

[0150] Nonlimiting exemplary compounds that target, decrease, or inhibit the activity of a protein or lipid phosphatase include inhibitors of phosphatase 1, phosphatase 2A, or CDC25, such as okadaic acid or a derivative thereof.

[0151] Further anti-angiogenic compounds include compounds having another mechanism for their activity unrelated to protein or lipid kinase inhibition, e.g., thalidomide and TNP-470.

[0152] Additional, nonlimiting, exemplary chemotherapeutic compounds, one or more of which may be used in combination with TG02, or a pharmaceutically acceptable salt

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thereof, include: avastin, daunorubicin, adriamycin, Ara-C, VP-16, teniposide, mitoxantrone, idarubicin, carboplatinum, PKC412, 6-mercaptopurine (6-MP), fludarabine phosphate, octreotide, SOM230, FTY720, 6-thioguanine, cladribine, 6-mercaptopurine, pentostatin, hydroxyurea, 2-hydroxy-1H-isoindole-1,3-dione derivatives, 1-(4-chloroanilino)-4-(4-pyridylmethyl)phthalazine or a pharmaceutically acceptable salt thereof, 1-(4-chloroanilino)-4-(4-pyridylmethyl)phthalazine succinate, angiostatin, endostatin, anthranilic acid amides, ZD4190, ZD6474, SU5416, SU6668, bevacizumab, rhuMAb, rhuFab, macugon; FLT-4 inhibitors, FLT-3 inhibitors, VEGFR-2 IgG1 antibody, RPI 4610, bevacizumab, porfimer sodium, anecortave, triamcinolone, hydrocortisone, 11- α -epihydrocortisol, cortex olone, 17 α -hydroxyprogesterone, corticosterone, desoxycorticosterone, testosterone, estrone, dexamethasone, fluocinolone, a plant alkaloid, a hormonal compound and/or antagonist, a biological response modifier, such as a lymphokine or interferon, an antisense oligonucleotide or oligonucleotide derivative, shRNA, and siRNA.

[0153] A number of suitable optional therapeutic, e.g., anticancer, agents are contemplated for use in the therapeutic methods provided herein. Indeed, the methods provided herein can include, but are not limited to, administration of numerous optional therapeutic agents such as: agents that induce apoptosis; polynucleotides (*e.g.*, anti-sense, ribozymes, siRNA); polypeptides (*e.g.*, enzymes and antibodies); biological mimetics (*e.g.*, gossypol or BH3 mimetics); agents that bind (*e.g.*, oligomerize or complex) with a Bcl-2 family protein such as Bax; alkaloids; alkylating agents; antitumor antibiotics; antimetabolites; hormones; platinum compounds; monoclonal or polyclonal antibodies (*e.g.*, antibodies conjugated with anticancer drugs, toxins, defensins), toxins; radionuclides; biological response modifiers (*e.g.*, interferons (*e.g.*, IFN- α) and interleukins (*e.g.*, IL-2)); adoptive immunotherapy agents; hematopoietic growth factors; agents that induce tumor cell differentiation (*e.g.*, all-trans-retinoic acid); gene therapy reagents (*e.g.*, antisense therapy reagents and nucleotides); tumor vaccines; angiogenesis inhibitors; proteasome inhibitors; NF-KB modulators; anti-CDK compounds; HDAC inhibitors; and the like. Numerous other examples of optional therapeutic agents such as chemotherapeutic compounds and anticancer therapies suitable for co-administration with the disclosed compounds are known to those skilled in the art.

[0154] In certain embodiments, anticancer agents comprise agents that induce or stimulate apoptosis. Agents that induce or stimulate apoptosis include, for example, agents that interact with or modify DNA, such as by intercalating, cross-linking, alkylating, or otherwise damaging or chemically modifying DNA. Agents that induce apoptosis include, but are not limited to, radiation (*e.g.*, X-rays, gamma rays, UV); tumor necrosis factor (TNF)-related factors (*e.g.*, TNF family receptor proteins, TNF family ligands, TRAIL, antibodies to TRAIL-R1 or TRAIL-R2); kinase inhibitors (*e.g.*, epidermal growth factor receptor (EGFR) kinase inhibitor. Additional anticancer agents include: vascular growth factor receptor (VGFR) kinase inhibitor, fibroblast growth factor receptor (FGFR) kinase inhibitor, platelet-derived growth factor receptor (PDGFR) kinase inhibitor, and Bcr-Abl kinase inhibitors (such as GLEEVEC)); antisense molecules; antibodies (*e.g.*, HERCEPTIN, RITUXAN, ZEVALIN, and AVASTIN); anti-estrogens (*e.g.*, raloxifene and tamoxifen); anti-androgens (*e.g.*, flutamide, bicalutamide, finasteride, aminoglutethamide, ketoconazole, and corticosteroids); cyclooxygenase 2 (COX-2) inhibitors (*e.g.*, celecoxib, meloxicam, NS-398, and non-steroidal anti-inflammatory drugs (NSAIDs)); anti-inflammatory drugs (*e.g.*, butazolidin, DECADRON, DELTASONE, dexamethasone, dexamethasone intensol, DEXONE, HEXADROL, hydroxychloroquine, METICORTEN, ORADEXON, ORASONE, oxyphenbutazone, PEDIAPRED, phenylbutazone, PLAQUENIL, prednisolone, prednisone, PRELONE, and TANDEARIL); and cancer chemotherapeutic drugs (*e.g.*, irinotecan (CAMPTOSAR), CPT-11, fludarabine (FLUDARA), dacarbazine (DTIC), dexamethasone, mitoxantrone, MYLOTARG, VP-16, cisplatin, carboplatin, oxaliplatin, 5-FU, doxorubicin, gemcitabine, bortezomib, gefitinib, bevacizumab, TAXOTERE or TAXOL); cellular signaling molecules; ceramides and cytokines; staurosporine, and the like.

[0155] In still other embodiments, the therapeutic methods provided herein include administering to a cancer patient a therapeutically effective amount of a TG02 polymorphic form and at least one additional anti-hyperproliferative or antineoplastic agent selected from alkylating agents, antimetabolites, and natural products (*e.g.*, herbs and other plant and/or animal derived compounds).

[0156] Alkylating agents suitable for use in the present methods include, but are not limited to: 1) nitrogen mustards (*e.g.*, mechlorethamine, cyclophosphamide, ifosfamide,

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melphalan (L-sarcosine); and chlorambucil); 2) ethylenimines and methylmelamines (*e.g.*, hexamethylmelamine and thiotepa); 3) alkyl sulfonates (*e.g.*, busulfan); 4) nitrosoureas (*e.g.*, carmustine (BCNU); lomustine (CCNU); semustine (methyl-CCNU); and streptozocin (streptozotocin)); and 5) triazenes (*e.g.*, dacarbazine (DTIC); dimethyltriazenoimid-azolecarboxamide).

[0157] In some embodiments, antimetabolites suitable for use in the present methods include, but are not limited to: 1) folic acid analogs (*e.g.*, methotrexate (amethopterin)); 2) pyrimidine analogs (*e.g.*, fluorouracil (5-fluorouracil; 5-FU), floxuridine (fluorodeoxyuridine; FudR), and cytarabine (cytosine arabinoside)); and 3) purine analogs (*e.g.*, mercaptopurine (6-mercaptopurine; 6-MP), thioguanine (6-thioguanine; TG), and pentostatin (2'-deoxycoformycin)).

[0158] In still further embodiments, chemotherapeutic agents suitable for use in the methods of the present disclosure include, but are not limited to: 1) vinca alkaloids (*e.g.*, vinblastine (VLB), vincristine); 2) epipodophyllotoxins (*e.g.*, etoposide and teniposide); 3) antibiotics (*e.g.*, dactinomycin (actinomycin D), daunorubicin (daunomycin; rubidomycin), doxorubicin, bleomycin, plicamycin (mithramycin), and mitomycin (mitomycin C)); 4) enzymes (*e.g.*, L-asparaginase); 5) biological response modifiers (*e.g.*, interferon- α); 6) platinum coordinating complexes (*e.g.*, cisplatin (cis-DDP) and carboplatin); 7) anthracenediones (*e.g.*, mitoxantrone); 8) substituted ureas (*e.g.*, hydroxyurea); 9) methylhydrazine derivatives (*e.g.*, procarbazine (N-methylhydrazine; MIH)); 10) adrenocortical suppressants (*e.g.*, mitotane (o,p'-DDD) and aminoglutethimide); 11) adrenocorticosteroids (*e.g.*, prednisone); 12) progestins (*e.g.*, hydroxyprogesterone caproate, medroxyprogesterone acetate, and megestrol acetate); 13) estrogens (*e.g.*, diethylstilbestrol and ethinyl estradiol); 14) antiestrogens (*e.g.*, tamoxifen); 15) androgens (*e.g.*, testosterone propionate and fluoxymesterone); 16) antiandrogens (*e.g.*, flutamide); and 17) gonadotropin-releasing hormone analogs (*e.g.*, leuprolide).

[0159] Any oncolytic agent that is routinely used in a cancer therapy context finds use in the therapeutic methods of the present disclosure. For example, the U.S. Food and Drug Administration (FDA) maintains a formulary of oncolytic agents approved for use in the United States. International counterpart agencies to the FDA maintain similar formularies. Those skilled in the art will appreciate that the "product labels" required on

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all U.S. approved chemotherapeutics describe approved indications, dosing information, toxicity data, and the like, for the exemplary agents.

[0160] Anticancer agents further include compounds which have been identified to have anticancer activity. Examples include, but are not limited to, 3-AP, 12-O-tetradecanoylphorbol-13-acetate, 17AAG, 852A, ABI-007, ABR-217620, ABT-751, ADI-PEG 20, AE-941, AG-013736, AGRO100, alanosine, AMG 706, antibody G250, antineoplastons, AP23573, apaziquone, APC8015, atiprimod, ATN-161, atrasenten, azacitidine, BB-10901, BCX-1777, bevacizumab, BG00001, bicalutamide, BMS 247550, bortezomib, bryostatin-1, buserelin, calcitriol, CCI-779, CDB-2914, cefixime, cetuximab, CG0070, cilengitide, clofarabine, combretastatin A4 phosphate, CP-675,206, CP-724,714, CpG 7909, curcumin, decitabine, DENSPM, doxercalciferol, E7070, E7389, ecteinascidin 743, efaproxiral, eflornithine, EKB-569, enzastaurin, erlotinib, exisulind, fenretinide, flavopiridol, fludarabine, flutamide, fotemustine, FR901228, G17DT, galiximab, gefitinib, genistein, glufosfamide, GTI-2040, histrelin, HKI-272, homoharringtonine, HSPPC-96, hu14.18-interleukin-2 fusion protein, HuMax-CD4, iloprost, imiquimod, infliximab, interleukin-12, IPI-504, irofulven, ixabepilone, lapatinib, lenalidomide, lestaurtinib, leuprolide, LMB-9 immunotoxin, lonafarnib, luniliximab, mafosfamide, MB07133, MDX-010, MLN2704, monoclonal antibody 3F8, monoclonal antibody J591, motexafin, MS-275, MVA-MUC1-IL2, nilutamide, nitrocamptothecin, nolatrexed dihydrochloride, nolvadex, NS-9, O6-benzylguanine, oblimersen sodium, ONYX-015, oregovomab, OSI-774, panitumumab, paraplirin, PD-0325901, pemetrexed, PHY906, pioglitazone, pirfenidone, pixantrone, PS-341, PSC 833, PDX101, pyrazoloacridine, R115777, RAD001, ranpirinase, rebeccamycin analogue, rhuAngiostatin protein, rhuMab 2C4, rosiglitazone, rubitecan, S-1, S-8184, satraplatin, SB-715992, SGN-0010, SGN-40, sorafenib, regorafenib, SR31747A, ST1571, SU011248, suberoylanilide hydroxamic acid, suramin, talabostat, talampanel, tariquidar, temsirolimus, TGFa-PE38 immunotoxin, thalidomide, thymalfasin, tipifarnib, tirapazamine, TLK286, trabectedin, trimetrexate glucuronate, TroVax, UCN-1, valproic acid, vinflunine, VNP40101M, volociximab, vorinostat, VX-680, ZD1839, ZD6474, zileuton, and zosuquidar trihydrochloride.

[0161] For a more detailed description of anticancer agents and other optional therapeutic agents, those skilled in the art are referred to any number of instructive manuals

including, but not limited to, the Physician's Desk Reference and to Goodman and Gilman's "Pharmaceutical Basis of Therapeutics" tenth edition, Eds. Hardman *et al.*, 2002.

[0162] In some embodiments, methods provided herein comprise administering a TG02 polymorphic form to a cancer patient in combination with radiation therapy. The methods provided herein are not limited by the types, amounts, or delivery and administration systems used to deliver the therapeutic dose of radiation to a patient. For example, the patient may receive photon radiotherapy, particle beam radiation therapy, other types of radiotherapies, and combinations thereof. In some embodiments, the radiation is delivered to the patient using a linear accelerator. In still other embodiments, the radiation is delivered using a gamma knife.

[0163] The source of radiation can be external or internal to the patient. External radiation therapy is most common and involves directing a beam of high-energy radiation to a tumor site through the skin using, for instance, a linear accelerator. While the beam of radiation is localized to the tumor site, it is nearly impossible to avoid exposure of normal, healthy tissue. However, external radiation is usually well tolerated by patients. Internal radiation therapy involves implanting a radiation-emitting source, such as beads, wires, pellets, capsules, particles, and the like, inside the body at or near the tumor site including the use of delivery systems that specifically target cancer cells (*e.g.*, using particles attached to cancer cell binding ligands). Such implants can be removed following treatment, or left in the body inactive. Types of internal radiation therapy include, but are not limited to, brachytherapy, interstitial irradiation, intracavity irradiation, radioimmunotherapy, and the like.

[0164] The patient may optionally receive radiosensitizers (*e.g.*, metronidazole, misonidazole, intra-arterial Budr, intravenous iododeoxyuridine (IudR), nitroimidazole, 5-substituted-4-nitroimidazoles, 2H-isoindolediones, [[(2-bromoethyl)-amino]methyl]-nitro-1H-imidazole-1-ethanol, nitroaniline derivatives, DNA-affinic hypoxia selective cytotoxins, halogenated DNA ligand, 1,2,4 benzotriazine oxides, 2-nitroimidazole derivatives, fluorine-containing nitroazole derivatives, benzamide, nicotinamide, acridine-intercalator, 5-thiotetrazole derivative, 3-nitro-1,2,4-triazole, 4,5-dinitroimidazole derivative, hydroxylated texaphrins, cisplatin, mitomycin, tiripazamine, nitrosourea, mercaptopurine, methotrexate, fluorouracil, bleomycin, vincristine, carboplatin,

epirubicin, doxorubicin, cyclophosphamide, vindesine, etoposide, paclitaxel, heat (hyperthermia), and the like), radioprotectors (*e.g.*, cysteamine, aminoalkyl dihydrogen phosphorothioates, amifostine (WR 2721), IL-1, IL-6, and the like). Radiosensitizers enhance the killing of tumor cells. Radioprotectors protect healthy tissue from the harmful effects of radiation.

[0165] Any type of radiation can be administered to an patient, so long as the dose of radiation is tolerated by the patient without unacceptable negative side-effects. Suitable types of radiotherapy include, for example, ionizing (electromagnetic) radiotherapy (*e.g.*, X-rays or gamma rays) or particle beam radiation therapy (*e.g.*, high linear energy radiation). Ionizing radiation is defined as radiation comprising particles or photons that have sufficient energy to produce ionization, *i.e.*, gain or loss of electrons (as described in, for example, U.S. 5,770,581 incorporated herein by reference in its entirety). The effects of radiation can be at least partially controlled by the clinician. In one embodiment, the dose of radiation is fractionated for maximal target cell exposure and reduced toxicity.

[0166] In one embodiment, the total dose of radiation administered to a patient is about .01 Gray (Gy) to about 100 Gy. In another embodiment, about 10 Gy to about 65 Gy (*e.g.*, about 15 Gy, 20 Gy, 25 Gy, 30 Gy, 35 Gy, 40 Gy, 45 Gy, 50 Gy, 55 Gy, or 60 Gy) are administered over the course of treatment. While in some embodiments a complete dose of radiation can be administered over the course of one day, the total dose is ideally fractionated and administered over several days. Desirably, radiotherapy is administered over the course of at least about 3 days, *e.g.*, at least 5, 7, 10, 14, 17, 21, 25, 28, 32, 35, 38, 42, 46, 52, or 56 days (about 1-8 weeks). Accordingly, a daily dose of radiation will comprise approximately 1-5 Gy (*e.g.*, about 1 Gy, 1.5 Gy, 1.8 Gy, 2 Gy, 2.5 Gy, 2.8 Gy, 3 Gy, 3.2 Gy, 3.5 Gy, 3.8 Gy, 4 Gy, 4.2 Gy, or 4.5 Gy), or 1-2 Gy (*e.g.*, 1.5-2 Gy). The daily dose of radiation should be sufficient to induce destruction of the targeted cells. If stretched over a period, in one embodiment, radiation is not administered every day, thereby allowing the animal to rest and the effects of the therapy to be realized. For example, radiation desirably is administered on 5 consecutive days, and not administered on 2 days, for each week of treatment, thereby allowing 2 days of rest per week. However, radiation can be administered 1 day/week, 2 days/week, 3 days/week, 4 days/week, 5 days/week, 6 days/week, or all 7 days/week, depending on the animal's

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responsiveness and any potential side effects. Radiation therapy can be initiated at any time in the therapeutic period. In one embodiment, radiation is initiated in week 1 or week 2, and is administered for the remaining duration of the therapeutic period. For example, radiation is administered in weeks 1-6 or in weeks 2-6 of a therapeutic period comprising 6 weeks for treating, for instance, a solid tumor. Alternatively, radiation is administered in weeks 1-5 or weeks 2-5 of a therapeutic period comprising 5 weeks. These exemplary radiotherapy administration schedules are not intended, however, to limit the methods provided herein.

II. Therapeutic methods

- [0167] In the therapeutic methods provided herein, the TG02 polymorphic form and optional therapeutic, e.g., anticancer, agent may be administered to a cancer patient under one or more of the following conditions: at different periodicities, at different durations, at different concentrations, by different administration routes, *etc.*
- [0168] In some embodiments, the TG02 polymorphic form is administered prior to the optional therapeutic agent, *e.g.*, 0.5, 1, 2, 3, 4, 5, 10, 12, or 18 hours, 1, 2, 3, 4, 5, or 6 days, or 1, 2, 3, or 4 weeks prior to the administration of optional therapeutic agent.
- [0169] In some embodiments, the TG02 polymorphic form is administered after the optional therapeutic agent, *e.g.*, 0.5, 1, 2, 3, 4, 5, 10, 12, or 18 hours, 1, 2, 3, 4, 5, or 6 days, or 1, 2, 3, or 4 weeks after the administration of the optional therapeutic agent.
- [0170] In some embodiments, the TG02 polymorphic form and the optional therapeutic agent are administered concurrently but on different schedules, *e.g.*, the TG02 polymorphic form is administered daily while the immune checkpoint inhibitor is administered once a week, once every two weeks, once every three weeks, or once every four weeks. In other embodiments, the TG02 polymorphic form is administered once a day while the immune checkpoint inhibitor and/or the optional therapeutic agent is administered once a week, once every two weeks, once every three weeks, or once every four weeks.
- [0171] The therapeutic methods provided herein comprise administering a TG02 polymorphic form to a cancer patient in an amount which is effective to achieve its intended purpose. While individual needs vary, determination of optimal ranges of effective amounts of each component is within the skill of the art. Typically, a TG02 polymorphic form may be administered in an amount from about 1 mg/kg to about 500

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mg/kg, about 1 mg/kg to about 100 mg/kg, or about 1 mg/kg to about 50 mg/kg. The dosage of a composition can be at any dosage including, but not limited to, 30-600 mg/day. Particular doses include 50, 100, 200, 250, 300, 400, 500, and 600 mg/day. In one embodiment, a TG02 polymorphic form is administered once a day on 3-7 consecutive days prior to the administration of the immune checkpoint inhibitor. In another embodiment, 250 mg/day of a TG02 polymorphic form is administered. In another embodiment, 250 mg/day of a TG02 polymorphic form is administered twice weekly. In another embodiment, TG02 polymorphic form administration continues on the day of the immune checkpoint inhibitor and continues for additional days until disease progression or until TG02 polymorphic form administration is no longer beneficial. These dosages are exemplary of the average case, but there can be individual instances in which higher or lower dosages are merited, and such are within the scope of this disclosure. In practice, the physician determines the actual dosing regimen that is most suitable for an individual patient, which can vary with the age, weight, and response of the particular patient.

[0172] The unit oral dose of the TG02 polymorphic form may comprise from about 0.01 to about 1000 mg, e.g., about 10 to about 500 mg of the TG02 polymorphic form. In one embodiment, the unit oral dose of the TG02 polymorphic form is 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg, 80 mg, 90 mg, 100 mg, 110 mg, 120 mg, 130 mg, 140 mg, 150 mg, 160 mg, 170 mg, 180 mg, 190 mg, 200 mg, 210 mg, 220 mg, 230 mg, 240 mg, 250 mg, 260 mg, 270 mg, 280 mg, 290 mg, or 300 mg. The unit dose may be administered one or more times daily, e.g., as one or more tablets or capsules.

[0173] In addition to administering the TG02 polymorphic form as a raw chemical, it may be administered as part of a pharmaceutical preparation or composition. In some embodiments, the pharmaceutical preparation or composition can include one or more pharmaceutically acceptable carriers, excipients, and/or auxiliaries. In some embodiments, the one or more carriers, excipients, and/or auxiliaries facilitate processing of the TG02 polymorphic form into a preparation or composition which can be used pharmaceutically. The preparations, particularly those preparations which can be administered orally or topically and which can be used for one type of administration, such as tablets, dragees, slow release lozenges and capsules, mouth rinses and mouth washes, gels, liquid suspensions, hair rinses, hair gels, shampoos and also preparations

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which can be administered rectally, such as suppositories, as well as suitable solutions for administration by intravenous infusion, injection, topically or orally, contain from about 0.01 to 99 percent, in one embodiment from about 0.25 to 75 percent of active compound(s), together with the one or more carriers, excipients, and/or auxiliaries.

[0174] The pharmaceutical compositions of provided herein may be administered to any patient which may experience the beneficial effects of the TG02 polymorphic form. Foremost among such patients are mammals, *e.g.*, humans, although the methods and compositions provided herein are not intended to be so limited. Other patients include veterinary animals (cows, sheep, pigs, horses, dogs, cats and the like).

[0175] The pharmaceutical compositions provided herein are manufactured by means of conventional mixing, granulating, dragee-making, dissolving, or lyophilizing processes. Thus, pharmaceutical preparations for oral use can be obtained by combining the active compounds with solid excipients, optionally grinding the resulting mixture and processing the mixture of granules, after adding suitable auxiliaries, if desired or necessary, to obtain tablets or dragee cores.

[0176] The term "excipient" as used herein refers to any ingredient in a composition other than the TG02 polymorphic form. An excipient is typically an inert substance added to a composition to facilitate processing, handling, administration, etc. of the TG02 polymorphic form. Useful excipients include, but are not limited to, adjuvants, antiadherents, binders, carriers, disintegrants, fillers, flavors, colors, diluents, lubricants, glidants, preservatives, sorbents, solvents, surfactants, and sweeteners. In one embodiment, the composition comprises at least one excipient selected from the group consisting of silicified microcrystalline cellulose, hypromellose 2910, crospvidone, and magnesium stearate. In one embodiment, the composition comprises silicified microcrystalline cellulose.

[0177] Conventional pharmaceutical excipients are well known to those of skill in the art. In particular, one of skill in the art will recognize that a wide variety of pharmaceutically acceptable excipients can be used in admixture with crystalline polymorphic forms of TG02, including those listed in the *Handbook of Pharmaceutical Excipients*, Pharmaceutical Press 4th Ed. (2003), and *Remington: The Science and Practice of Pharmacy*, Lippincott Williams & Wilkins, 21st ed. (2005).

[0178] Suitable excipients are, in particular, fillers such as saccharides, for example lactose or sucrose, mannitol or sorbitol, cellulose preparations and/or calcium phosphates, for example tricalcium phosphate or calcium hydrogen phosphate, as well as binders such as starch paste, using, for example, maize starch, wheat starch, rice starch, potato starch, gelatin, tragacanth, methyl cellulose, hydroxypropylmethylcellulose, sodium carboxymethylcellulose, and/or polyvinyl pyrrolidone. If desired, disintegrating agents may be added such as the above-mentioned starches and also carboxymethyl-starch, cross-linked polyvinyl pyrrolidone, agar, or alginic acid or a salt thereof, such as sodium alginate. Auxiliaries can be suitable flow-regulating agents and lubricants. Suitable auxiliaries include, for example, silica, talc, stearic acid or salts thereof, such as magnesium stearate or calcium stearate, and/or polyethylene glycol. Dragee cores are provided with suitable coatings which, if desired, are resistant to gastric juices. For this purpose, concentrated saccharide solutions may be used, which may optionally contain gum arabic, talc, polyvinyl pyrrolidone, polyethylene glycol and/or titanium dioxide, lacquer solutions and suitable organic solvents or solvent mixtures. In order to produce coatings resistant to gastric juices, solutions of suitable cellulose preparations such as acetylcellulose phthalate or hydroxypropylmethyl-cellulose phthalate, are used. Dye stuffs or pigments may be added to the tablets or dragee coatings, for example, for identification or in order to characterize combinations of active compound doses.

[0179] Other pharmaceutical preparations which can be used orally include push-fit capsules made of gelatin, as well as soft, sealed capsules made of gelatin and a plasticizer such as glycerol or sorbitol. The push-fit capsules can contain the active compounds in the form of granules which may be mixed with fillers such as lactose, binders such as starches, and/or lubricants such as talc or magnesium stearate and, optionally, stabilizers. In soft capsules, the active compounds are in one embodiment dissolved or suspended in suitable liquids, such as fatty oils, or liquid paraffin. In addition, stabilizers may be added.

[0180] Possible pharmaceutical preparations which can be used rectally include, for example, suppositories, which consist of a combination of one or more of the active compounds with a suppository base. Suitable suppository bases are, for example, natural or synthetic triglycerides, or paraffin hydrocarbons. In addition, it is also possible to use gelatin rectal capsules which consist of a combination of the active compounds with a

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base. Possible base materials include, for example, liquid triglycerides, polyethylene glycols, or paraffin hydrocarbons.

[0181] Suitable formulations for parenteral administration include aqueous solutions of the active compounds in water-soluble form, for example, water-soluble salts and alkaline solutions. In addition, suspensions of the active compounds as appropriate oily injection suspensions may be administered. Suitable lipophilic solvents or vehicles include fatty oils, for example, sesame oil, or synthetic fatty acid esters, for example, ethyl oleate or triglycerides or polyethylene glycol-400. Aqueous injection suspensions may contain substances which increase the viscosity of the suspension including, for example, sodium carboxymethyl cellulose, sorbitol, and/or dextran. Optionally, the suspension may also contain stabilizers.

[0182] Therapeutically effective amounts of the TG02 polymorphic form and/or the immune checkpoint inhibitor and/or the optional therapeutic agent formulated in accordance with standard pharmaceutical practices, are administered to a human patient in need thereof. Whether such a treatment is indicated depends on the individual case and is subject to medical assessment (diagnosis) that takes into consideration signs, symptoms, and/or malfunctions that are present, the risks of developing particular signs, symptoms and/or malfunctions, and other factors.

[0183] The TG02 polymorphic form, the immune checkpoint inhibitor and/or the optional therapeutic agent can be administered by any suitable route, for example by oral, buccal, inhalation, sublingual, rectal, vaginal, intracisternal or intrathecal through lumbar puncture, transurethral, nasal, percutaneous, i.e., transdermal, or parenteral (including intravenous, intramuscular, subcutaneous, intracoronary, intradermal, intramammary, intraperitoneal, intraarticular, intrathecal, retrobulbar, intrapulmonary injection and/or surgical implantation at a particular site) administration. Parenteral administration can be accomplished using a needle and syringe or using a high pressure technique.

[0184] Pharmaceutical compositions include those wherein the TG02 polymorphic form, the immune checkpoint inhibitor and/or the optional therapeutic agent are administered in an effective amount to achieve its intended purpose. The exact formulation, route of administration, and dosage is determined by an individual physician in view of the diagnosed condition or disease. Dosage amount and interval can be adjusted individually

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to provide levels of TG02, immune checkpoint inhibitor, COX-2 inhibitor, and/or optional therapeutic agent that is sufficient to maintain therapeutic effects.

[0185] Toxicity and therapeutic efficacy of TG02, the immune checkpoint inhibitor and/or the optional therapeutic agent can be determined by standard pharmaceutical procedures in cell cultures or experimental animals, e.g., for determining the maximum tolerated dose (MTD) of a compound, which defines as the highest dose that causes no toxicity in a patient. The dose ratio between the maximum tolerated dose and therapeutic effects (e.g. inhibiting of tumor growth) is the therapeutic index. The dosage can vary within this range depending upon the dosage form employed, and the route of administration utilized. Determination of a therapeutically effective amount is well within the capability of those skilled in the art, especially in light of the detailed disclosure provided herein.

[0186] A therapeutically effective amount of the TG02 polymorphic form, immune checkpoint inhibitor and/or optional therapeutic agent required for use in therapy varies with the nature of the condition being treated, the length of time that activity is desired, and the age and the condition of the patient, and ultimately is determined by the attendant physician. For example, dosage amounts and intervals can be adjusted individually to provide plasma levels of TG02 and immune checkpoint inhibitor that are sufficient to maintain the desired therapeutic effects. The desired dose conveniently can be administered in a single dose, or as multiple doses administered at appropriate intervals, for example as one, two, three, four or more subdoses per day. Multiple doses often are desired, or required. For example, the TG02 polymorphic form and immune checkpoint inhibitor can be administered at a frequency of: one dose per day; four doses delivered as one dose per day at four-day intervals (q4d x 4); four doses delivered as one dose per day at three-day intervals (q3d x 4); one dose delivered per day at five-day intervals (qd x 5); one dose per week for three weeks (qwk3); five daily doses, with two days rest, and another five daily doses (5/2/5); or, any dose regimen determined to be appropriate for the circumstance.

[0187] The immune checkpoint inhibitor is administered in therapeutically effective amounts. When the immune checkpoint inhibitor is a monoclonal antibody, 1-20 mg/kg is administered as an intravenous infusion every 2-4 weeks. For example, 50 mg, 60 mg, 70 mg, 80 mg, 90 mg, 100 mg, 200 mg, 300 mg, 400 mg, 500 mg, 600 mg, 700 mg, 800

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mg, 900 mg, 1000 mg, 1100 mg, 1200 mg, 1300 mg, 1400 mg, 1500 mg, 1600 mg, 1700 mg, 1800 mg, 1900 mg and 2000 mg of the antibody may be administered.

[0188] For example, when the immune checkpoint inhibitor is the anti-PD-1 antibody nivolumab, 3 mg/kg may be administered by intravenous infusion over 60 minutes every two weeks. When the immune checkpoint inhibitor is the anti-PD-1 antibody pembrolizumab, 2 mg/kg may be administered by intravenous infusion over 30 minutes every two or three weeks. When the immune checkpoint inhibitor is the anti-PD-L1 antibody avelumab, 10 mg/kg may be administered by intravenous infusion as frequently as every 2 weeks. Disis *et al.*, *J. Clin Oncol.* 33 (2015) (suppl; abstr 5509). When the immune checkpoint inhibitor is the anti-PD-L1 antibody MPDL3280A, 20 mg/kg may be administered by intravenous infusion every 3 weeks. Herbst *et al.*, *Nature* 515:563-80 (2014). When the immune checkpoint inhibitor is the anti-CTLA-4 antibody ipilimumab, 3 mg/kg may be administered by intravenous infusion over 90 minutes every 3 weeks. When the immune checkpoint inhibitor is the anti-CTLA-4 antibody tremelimumab, 15 mg/kg may be administered by intravenous infusion every 12 weeks. Naido *et al.*, *British Journal of Cancer* 111:2214-19 (2014); *Drugs R D*, 10:123-32 (2010). When the immune checkpoint inhibitor is the anti-LAG3 antibody GSK2831781, 1.5 to 5 mg/kg may be administered by intravenous infusion over 120 minutes every 2-4 weeks. When the immune checkpoint inhibitor is an anti-TIM3 antibody, 1-5 mg/kg may be administered by intravenous infusion over 30-90 minutes every 2-4 weeks. When an inhibitor of indoleamine 2,3-dioxygenase (IDO) pathway is inhibitor indoximod in combination with temozolomide, 18.5 mg/kg/dose BID with an escalation to 27.7 mg/kg/dose BID of indoximod with 200 mg/m² every 5 days of temozolomide.

[0189] In one embodiment, the immune checkpoint inhibitor is an antibody and 1-20 mg/kg is administered by intravenous infusion every 2-4 weeks. In another embodiment, 50-2000 mg of the antibody is administered by intravenous infusion every 2-4 weeks. In another embodiment, TG02 is administered prior to administration of the antibody. In another embodiment, TG02 is administered 3-7 days prior to the day of administration of the antibody. In another embodiment, TG02 is also administered the day the antibody is administered and on consecutive days thereafter until disease progression or until TG02 administration is no longer beneficial.

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- [0190] In one embodiment, the cancer patient has tumors with a biomarker, e.g., overexpression of MYC and/or MCL1, and receives 2 mg/kg pembrolizumab administered by intravenous infusion every three weeks and 30-600 mg of TG02 administered for 3-7 days prior to pembrolizumab administration, on the day of pembrolizumab administration, and thereafter until disease progression or until there is no therapeutic benefit.
- [0191] In another embodiment, the cancer patient has tumors with a biomarker, e.g., overexpression of MYC and/or MCL1, and receives 3 mg/kg nivolumab administered by intravenous infusion every 2 weeks and 30-600 mg TG02 administered orally for 3-7 days prior to nivolumab administration, on the day of nivolumab administration, and thereafter until disease progression or until there is no therapeutic benefit.
- [0192] In another embodiment, the cancer patient has tumors with a biomarker, e.g., overexpression of MYC and/or MCL1, and receives 3 mg/kg nivolumab administered by intravenous infusion every 2 weeks and 30-600 mg TG02 administered orally twice weekly prior to nivolumab administration, on the day of nivolumab administration, and thereafter until disease progression or until there is no therapeutic benefit.
- [0193] In another embodiment, the treatment of the cancer patient with an immune checkpoint inhibitor and the TG02 polymorphic form induces anti-proliferative response faster than when the immune checkpoint inhibitor is administered alone.
- [0194] In another embodiment, the treatment of the cancer patient with a COX-2 inhibitor and the TG02 polymorphic form induces anti-proliferative response faster than when the COX-2 inhibitor is administered alone.
- [0195] The present disclosure also provides the following particular embodiments with respect to pharmaceutical compositions comprising TG02 Form X (citrate) and pharmaceutically acceptable excipients.
- [0196] Embodiment 1. A pharmaceutical composition comprising, by weight:
- (a) about 7% to about 70% of TG02 Form X (citrate);
 - (b) about 20% to about 83% of a filler;
 - (c) about 1% to about 10% of a disintegrant;
 - (d) about 1% to about 10% of a binder; and

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(e) about 0.1% to about 1% of a lubricant.

[0197] Embodiment 2. The pharmaceutical composition of Embodiment 1, comprising about 60% to about 65% of TG02 Form X (citrate).

[0198] Embodiment 3. The pharmaceutical composition of Embodiments 1 or 2, comprising about 25% to about 30% of a filler.

[0199] Embodiment 4. The pharmaceutical composition of Embodiment 1, comprising about 35% to about 40% of TG02 Form X (citrate).

[0200] Embodiment 5. The pharmaceutical composition of Embodiments 1 or 4, comprising about 50% to about 55% of a filler.

[0201] Embodiment 6. The pharmaceutical composition of Embodiment 1, comprising about 5% to about 10% of TG02 Form X (citrate).

[0202] Embodiment 7. The pharmaceutical composition of Embodiments 1 or 4, comprising about 80% to about 85% of a filler.

[0203] Embodiment 8. The pharmaceutical composition of any one of Embodiments 1-7, comprising about 5% of a disintegrant.

[0204] Embodiment 9. The pharmaceutical composition of any one of Embodiments 1-8, comprising about 5% of a binder.

[0205] Embodiment 10. The pharmaceutical composition of any one of Embodiments 1-9, comprising about 0.5% of a lubricant.

[0206] Embodiment 11. The pharmaceutical composition of any one of Embodiments 1-10, wherein the filler is selected from the group consisting of microcrystalline cellulose, silicified microcrystalline cellulose, lactose monohydrate, and mannitol.

[0207] Embodiment 12. The pharmaceutical composition of Embodiment 11, wherein the filler is silicified microcrystalline cellulose.

[0208] Embodiment 13. The pharmaceutical composition of any one of Embodiments 1-12, wherein the disintegrant selected from the group consisting of crospovidone and sodium starch glycolate.

[0209] Embodiment 14. The pharmaceutical composition of Embodiment 13, wherein the disintegrant is crospovidone.

[0210] Embodiment 15. The pharmaceutical composition of any one of Embodiments 1-14, wherein the binder is hydroxypropyl methylcellulose.

- [0211] Embodiment 16. The pharmaceutical composition of any one of Embodiments 1-15, wherein the lubricant is selected from the group consisting of magnesium stearate and sodium stearyl fumarate.
- [0212] Embodiment 17. The pharmaceutical composition of any one of Embodiments 1-15, wherein the lubricant is magnesium stearate.
- [0213] Embodiment 18. The pharmaceutical composition of claim 1 comprising: (a) about 36.3% of TG02 Form X (citrate); (b) about 53.2% of silicified microcrystalline cellulose; (c) about 5% of crospovidone; (d) about 5% of hydroxypropyl methycellulose; and (e) about 0.5% of magnesium stearate.
- [0214] Embodiment 19. The pharmaceutical composition of claim 1 comprising: (a) about 63.5% of TG02 Form X (citrate); (b) about 26% of silicified microcrystalline cellulose; (c) about 5% of crospovidone; (d) about 5% of hydroxypropyl methycellulose; and (e) about 0.5% of magnesium stearate.
- [0215] Embodiment 20. The pharmaceutical composition of claim 1 comprising: (a) about 7.5% of TG02 Form X (citrate); (b) about 82% of silicified microcrystalline cellulose; (c) about 5% of crospovidone; (d) about 5% of hydroxypropyl methycellulose; and (e) about 0.5% of magnesium stearate.
- [0216] Embodiment 21. The pharmaceutical composition of any one of Embodiments 1-20 for oral administration to a subject in need thereof.
- [0217] Embodiment 22. The pharmaceutical composition of claim 22 for oral administration in a capsule.
- [0218] Embodiment 23. The pharmaceutical composition of any one of claims 1-3 or 8-22 providing about 225 mg to about 230 mg of TG02 Form X (citrate) as a unit dose in a capsule.
- [0219] Embodiment 24. The pharmaceutical composition of any one of claims 1, 4, 5, or 8-22 providing about 75 mg to about 80 mg of TG02 Form X (citrate) as a unit dose in a capsule.
- [0220] Embodiment 25. The pharmaceutical composition of any one of claims 1 or 6-22 providing about 13 mg to about 18 mg of TG02 Form X (citrate) as a unit dose in a capsule.

III. Biomarkers

[0221] The term "biomarker" as used herein refers to any biological compound, such as a gene, a protein, a fragment of a protein, a peptide, a polypeptide, a nucleic acid, etc., that can be detected and/or quantified in a cancer patient *in vivo* or in a biological sample obtained from a cancer patient. A biomarker can be the entire intact molecule, or it can be a portion or fragment thereof. In one embodiment, the expression level of the biomarker is measured. The expression level of the biomarker can be measured, for example, by detecting the protein or RNA, e.g., mRNA, level of the biomarker. In some embodiments, portions or fragments of biomarkers can be detected or measured, for example, by an antibody or other specific binding agent. In some embodiments, a measurable aspect of the biomarker is associated with a given state of the patient, such as a particular stage of cancer. For biomarkers that are detected at the protein or RNA level, such measurable aspects may include, for example, the presence, absence, or concentration, i.e., expression level, of the biomarker in a cancer patient, or biological sample obtained from the cancer patient. For biomarkers that are detected at the nucleic acid level, such measurable aspects may include, for example, allelic versions of the biomarker or type, rate, and/or degree of mutation of the biomarker, also referred to herein as mutation status.

[0222] For biomarkers that are detected based on expression level of protein or RNA, expression level measured between different phenotypic statuses can be considered different, for example, if the mean or median expression level of the biomarker in the different groups is calculated to be statistically significant. Common tests for statistical significance include, among others, t-test, ANOVA, Kruskal-Wallis, Wilcoxon, Mann-Whitney, Significance Analysis of Microarrays, odds ratio, etc. Biomarkers, alone or in combination, provide measures of relative likelihood that a subject belongs to one phenotypic status or another. Therefore, they are useful, *inter alia*, as markers for disease and as indicators that particular therapeutic treatment regimens will likely result in beneficial patient outcomes.

[0223] Biomarkers include, but are not limited, the genes listed in Table 1. In one embodiment, the measurable aspect of the biomarker is its expression status. In one embodiment, the measurable aspect of the biomarker is its mutation status.

Table 1

Gene	Gene synonym	Gene description
A2M	CPAMD5, FWP007, S863-7	Alpha-2-macroglobulin
ABCB1	ABC20, CD243, CLCS, GP170, MDR1, P-gp, PGY1	ATP-binding cassette, sub-family B (MDR/TAP), member 1
ABCC1	GS-X, MRP, MRP1	ATP-binding cassette, sub-family C (CFTR/MRP), member 1
ABCC2	CMOAT, cMRP, DJS, MRP2	ATP-binding cassette, sub-family C (CFTR/MRP), member 2
ABCC3	cMOAT2, EST90757, MLP2, MOAT-D, MRP3	ATP-binding cassette, sub-family C (CFTR/MRP), member 3
ABCC5	EST277145, MOAT-C, MRP5, SMRP	ATP-binding cassette, sub-family C (CFTR/MRP), member 5
ABCC6	ARA, EST349056, MLP1, MRP6, PXE, URG7	ATP-binding cassette, sub-family C (CFTR/MRP), member 6
ABCG2	ABCP, BCRP, CD338, EST157481, MXR	ATP-binding cassette, sub-family G (WHITE), member 2 (Junior blood group)
ABL1	ABL, c-ABL, JTK7, p150	ABL proto-oncogene 1, non-receptor tyrosine kinase
ABL2	ABLL, ARG	ABL proto-oncogene 2, non-receptor tyrosine kinase
ACAP1	CENTB1, KIAA0050	ArfGAP with coiled-coil, ankyrin repeat and PH domains 1
ACLY	ACL, ATPCL, CLATP	ATP citrate lyase
ACPP	ACP-3, ACP3	Acid phosphatase, prostate
ACVR1B	ActRIB, ACVRLK4, ALK4, SKR2	Activin A receptor, type IB
ACVR2A	ACTRII, ACVR2	Activin A receptor, type IIA
ACVR2B	ActR-IIB	Activin A receptor, type IIB
ADAM9	CORD9, KIAA0021, MCMP, MDC9, Mltng	ADAM metalloproteinase domain 9
ADAMTS1	C3-C5, KIAA1346, METH1	ADAM metalloproteinase with thrombospondin type 1 motif, 1
ADAMTS14		ADAM metalloproteinase with thrombospondin type 1 motif, 14
ADAMTS18	ADAMTS21	ADAM metalloproteinase with thrombospondin type 1 motif, 18
ADAMTS20	GON-1	ADAM metalloproteinase with thrombospondin type 1 motif, 20
ADAMTS3	ADAMTS-4, KIAA0366	ADAM metalloproteinase with thrombospondin type 1 motif, 3
ADAMTS4	ADAMTS-2, ADMP-1, KIAA0688	ADAM metalloproteinase with thrombospondin type 1 motif, 4
ADAMTS5	ADAMTS11, ADMP-2	ADAM metalloproteinase with thrombospondin type 1 motif, 5

ADAMTS6	ADAM-TS6	ADAM metalloproteinase with thrombospondin type 1 motif, 6
ADAMTS8	ADAM-TS8, FLJ41712, METH2	ADAM metalloproteinase with thrombospondin type 1 motif, 8
ADAMTS9	KIAA1312	ADAM metalloproteinase with thrombospondin type 1 motif, 9
ADM	AM	Adrenomedullin
ADRA1B		Adrenoceptor alpha 1B
AFP	FETA, HPAFP	Alpha-fetoprotein
AGER	RAGE	Advanced glycosylation end product-specific receptor
AHR	bHLHe76	Aryl hydrocarbon receptor
AHSG	A2HS, FETUA, HSGA	Alpha-2-HS-glycoprotein
AKAP12	AKAP250, SSeCKS	A kinase (PRKA) anchor protein 12
AKR1B1	ALDR1, AR	Aldo-keto reductase family 1, member B1 (aldose reductase)
AKT1	AKT, PKB, PRKBA, RAC	V-akt murine thymoma viral oncogene homolog 1
AKT2		V-akt murine thymoma viral oncogene homolog 2
AKT3	PKBG, PRKBG, RAC-gamma	V-akt murine thymoma viral oncogene homolog 3
ALB		Albumin
ALCAM	CD166, MEMD	Activated leukocyte cell adhesion molecule
ALDOA		Aldolase A, fructose-bisphosphate
ALDOB		Aldolase B, fructose-bisphosphate
ALDOC		Aldolase C, fructose-bisphosphate
ALPL	HOPS, TNSALP	Alkaline phosphatase, liver/bone/kidney
ALPP		Alkaline phosphatase, placental
ANG	RNASE5	Angiogenin, ribonuclease, RNase A family, 5
ANGPT1	Ang1, KIAA0003	Angiopoietin 1
ANGPT2	Ang2	Angiopoietin 2
ANXA1	ANX1, LPC1	Annexin A1
ANXA11	ANX11	Annexin A11
ANXA2	ANX2, ANX2L4, CAL1H, LIP2, LPC2D	Annexin A2
ANXA4	ANX4	Annexin A4
ANXA7	ANX7	Annexin A7
AOC3	HPAO, VAP-1, VAP1	Amine oxidase, copper containing 3
AP2B1	ADTB2, CLAPB1	Adaptor-related protein complex 2, beta 1 subunit
APAF1	APAF-1, CED4	Apoptotic peptidase activating factor 1
APEX1	APE, APE-1, APEN, APEX, APX, HAP1, REF-1, REF1	APEX nuclease (multifunctional DNA repair enzyme) 1

APOA1		Apolipoprotein A-I
APOA2		Apolipoprotein A-II
APOC1		Apolipoprotein C-I
APOC3		Apolipoprotein C-III
APOD		Apolipoprotein D
APOE	AD2	Apolipoprotein E
APPBP2	Hs.84084, KIAA0228, PAT1	Amyloid beta precursor protein (cytoplasmic tail) binding protein 2
AR	AIS, DHTR, HUMARA, NR3C4, SBMA, SMAX1	Androgen receptor
AREG	AREGB, SDGF	Amphiregulin
ARG2		Arginase 2
ARNT	bHLHe2, HIF-1beta	Aryl hydrocarbon receptor nuclear translocator
ASPH	BAH, CASQ2BP1, HAAH, JCTN	Aspartate beta-hydroxylase
ATM	ATA, ATC, ATD, ATDC, TEL1, TELO1	ATM serine/threonine kinase
ATOH1	bHLHa14, HATH1, MATH-1, Math1	Atonal homolog 1 (Drosophila)
ATP7B	WND	ATPase, Cu ⁺⁺ transporting, beta polypeptide
AURKA	AIK, ARK1, AurA, BTAK, PPP1R47, STK15, STK6, STK7	Aurora kinase A
AURKB	Aik2, AIM-1, ARK2, AurB, IPL1, PPP1R48, STK12, STK5	Aurora kinase B
AZGP1	ZA2G, ZAG	Alpha-2-glycoprotein 1, zinc-binding
B2M		Beta-2-microglobulin
BAD	BBC2, BCL2L8	BCL2-associated agonist of cell death
BAG1		BCL2-associated athanogene
BAI1		Brain-specific angiogenesis inhibitor 1
BAX	BCL2L4	BCL2-associated X protein
BCL11A	BCL11A-L, BCL11A-S, BCL11A-XL, CTIP1, EVI9, HBFQTL5, ZNF856	B-cell CLL/lymphoma 11A (zinc finger protein)
BCL2	Bcl-2, PPP1R50	B-cell CLL/lymphoma 2
BCL2A1	ACC-1, ACC-2, BCL2L5, BFL1, GRS, HBPA1	BCL2-related protein A1
BCL2L1	Bcl-X, bcl-xL, bcl-xS, BCL2L, BCLX, PPP1R52	BCL2-like 1
BCL2L2	BCL-W, KIAA0271, PPP1R51	BCL2-like 2
BCL2L2-PABPN1		BCL2L2-PABPN1 readthrough
BCL3	BCL4, D19S37	B-cell CLL/lymphoma 3

BCL6	BCL5, BCL6A, LAZ3, ZBTB27, ZNF51	B-cell CLL/lymphoma 6
BDNF		Brain-derived neurotrophic factor
BIRC2	API1, c-IAP1, cIAP1, hiap-2, MIHB, RNF48	Baculoviral IAP repeat containing 2
BIRC3	API2, c-IAP2, cIAP2, hiap-1, MALT2, MIHC, RNF49	Baculoviral IAP repeat containing 3
BIRC5	API4, EPR-1, survivin	Baculoviral IAP repeat containing 5
BIRC6	BRUCE	Baculoviral IAP repeat containing 6
BLK	MGC10442	BLK proto-oncogene, Src family tyrosine kinase
BLMH	BH	Bleomycin hydrolase
BMI1	PCGF4, RNF51	BMI1 proto-oncogene, polycomb ring finger
BMP2	BMP2A	Bone morphogenetic protein 2
BMP4	BMP2B	Bone morphogenetic protein 4
BNIP3	Nip3	BCL2/adenovirus E1B 19kDa interacting protein 3
BNIP3L	BNIP3a, Nix	BCL2/adenovirus E1B 19kDa interacting protein 3-like
BRCA1	BRCC1, PPP1R53, RNF53	Breast cancer 1, early onset
BRCA2	BRCC2, FACD, FAD, FAD1, FANCD, FANCD1	Breast cancer 2, early onset
BRMS1	DKFZP564A063	Breast cancer metastasis suppressor 1
BTG2	MGC126063, MGC126064, PC3, TIS21	BTG family, member 2
C18orf8	HsT2591, MIC-1, MIC1	Chromosome 18 open reading frame 8
C1QBP	gC1Q-R, gC1qR, HABP1, p32, SF2p32	Complement component 1, q subcomponent binding protein
C6		Complement component 6
C7		Complement component 7
CA8	CALS, CARP	Carbonic anhydrase VIII
CALCA	CALC1	Calcitonin-related polypeptide alpha
CALM1	CALML2, CAMI, DD132, PHKD	Calmodulin 1 (phosphorylase kinase, delta)
CALM2	CAMII, PHKD	Calmodulin 2 (phosphorylase kinase, delta)
CALM3	PHKD	Calmodulin 3 (phosphorylase kinase, delta)
CALR	cC1qR, CRT, FLJ26680, RO, SSA	Calreticulin
CANX	CNX, IP90, P90	Calnexin
CAPN6	CalpM, CANPX, CAPNX	Calpain 6
CASC3	BTZ, MLN51	Cancer susceptibility candidate 3
CASP1	ICE, IL1BC	Caspase 1, apoptosis-related cysteine peptidase
CASP10	MCH4	Caspase 10, apoptosis-related cysteine

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		peptidase
CASP2	ICH1, MGC2181, NEDD2, PPP1R57	Caspase 2, apoptosis-related cysteine peptidase
CASP3	apopain, CPP32, CPP32B, Yama	Caspase 3, apoptosis-related cysteine peptidase
CASP4	ICE(rel)II, ICH-2, TX	Caspase 4, apoptosis-related cysteine peptidase
CASP5	ICE(rel)III	Caspase 5, apoptosis-related cysteine peptidase
CASP6	MCH2	Caspase 6, apoptosis-related cysteine peptidase
CASP7	CMH-1, ICE-LAP3, MCH3	Caspase 7, apoptosis-related cysteine peptidase
CASP8	Casp-8, FLICE, MACH, MCH5	Caspase 8, apoptosis-related cysteine peptidase
CASP9	APAF-3, ICE-LAP6, MCH6, PPP1R56	Caspase 9, apoptosis-related cysteine peptidase
CAT		Catalase
CAV1	CAV	Caveolin 1, caveolae protein, 22kDa
CBL	c-Cbl, CBL2, RNF55	Cbl proto-oncogene, E3 ubiquitin protein ligase
CCKBR		Cholecystokinin B receptor
CCL11	eotaxin, MGC22554, SCYA11	Chemokine (C-C motif) ligand 11
CCL13	CKb10, MCP-4, MGC17134, NCC-1, SCYA13, SCYL1	Chemokine (C-C motif) ligand 13
CCL14	CKb1, HCC-1, HCC-3, MCIF, NCC-2, SCYA14, SCYL2	Chemokine (C-C motif) ligand 14
CCL16	CKb12, HCC-4, LCC-1, LEC, LMC, Mtn-1, NCC-4, SCYA16, SCYL4	Chemokine (C-C motif) ligand 16
CCL18	AMAC-1, CKb7, DC-CK1, DCCCK1, MIP-4, PARC, SCYA18	Chemokine (C-C motif) ligand 18 (pulmonary and activation-regulated)
CCL19	CKb11, ELC, exodus-3, MIP-3b, SCYA19	Chemokine (C-C motif) ligand 19
CCL2	GDCF-2, HC11, MCAF, MCP-1, MCP1, MGC9434, SCYA2, SMC-CF	Chemokine (C-C motif) ligand 2
CCL21	6Ckine, CKb9, ECL, exodus-2, SCYA21, SLC, TCA4	Chemokine (C-C motif) ligand 21
CCL23	Ckb-8, CKb8, MIP-3, MPIF-1, SCYA23	Chemokine (C-C motif) ligand 23
CCL3	GOS19-1, LD78ALPHA, MIP-1-alpha, SCYA3	Chemokine (C-C motif) ligand 3

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CCL4	Act-2, AT744.1, LAG1, MIP-1-beta, SCYA4	Chemokine (C-C motif) ligand 4
CCL5	D17S136E, MGC17164, RANTES, SCYA5, SISd, TCP228	Chemokine (C-C motif) ligand 5
CCL7	FIC, MARC, MCP-3, MCP3, NC28, SCYA6, SCYA7	Chemokine (C-C motif) ligand 7
CCL8	HC14, MCP-2, SCYA8	Chemokine (C-C motif) ligand 8
CCNA1	CT146	Cyclin A1
CCNA2	CCN1, CCNA	Cyclin A2
CCNB1	CCNB	Cyclin B1
CCNB2	HsT17299	Cyclin B2
CCND1	BCL1, D11S287E, PRAD1, U21B31	Cyclin D1
CCND2		Cyclin D2
CCNE1	CCNE	Cyclin E1
CCNE2	CYCE2	Cyclin E2
CCNG1	CCNG	Cyclin G1
CCNG2		Cyclin G2
CCNH	CycH, p34, p37	Cyclin H
CCR10	GPR2	Chemokine (C-C motif) receptor 10
CCR7	BLR2, CD197, CDw197, CMKBR7, EBI1	Chemokine (C-C motif) receptor 7
CD14		CD14 molecule
CD27	S152, TNFRSF7, Tp55	CD27 molecule
CD36	FAT, GP3B, GP4, GPIV, SCARB3	CD36 molecule (thrombospondin receptor)
CD38		CD38 molecule
CD40	Bp50, p50, TNFRSF5	CD40 molecule, TNF receptor superfamily member 5
CD40LG	CD154, CD40L, gp39, hCD40L, HIGM1, IMD3, TNFSF5, TRAP	CD40 ligand
CD44	CD44R, CSPG8, HCELL, IN, MC56, MDU2, MDU3, MIC4, Pgp1	CD44 molecule (Indian blood group)
CD46	MCP, MGC26544, MIC10, TLX, TRA2.10	CD46 molecule, complement regulatory protein
CD52	CDW52	CD52 molecule
CD59	16.3A5, EJ16, EJ30, EL32, G344, MIC11, MIN1, MIN2, MIN3, MSK21, p18-20	CD59 molecule, complement regulatory protein
CD70	CD27L, CD27LG, TNFSF7	CD70 molecule
CD74	DHLAG	CD74 molecule, major histocompatibility complex, class II

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		invariant chain
CD82	IA4, KAI1, R2, ST6, TSPAN27	CD82 molecule
CD9	BA2, MIC3, MRP-1, P24, TSPAN29	CD9 molecule
CDC16	ANAPC6, APC6, CUT9	Cell division cycle 16
CDC20	CDC20A, p55CDC	Cell division cycle 20
CDC25A		Cell division cycle 25A
CDC25B		Cell division cycle 25B
CDC25C	CDC25, PPP1R60	Cell division cycle 25C
CDC34	E2-CDC34, UBC3, UBE2R1	Cell division cycle 34
CDC37	P50CDC37	Cell division cycle 37
CDC6	CDC18L	Cell division cycle 6
CDH1	CD324, UVO, uvomorulin	Cadherin 1, type 1, E-cadherin (epithelial)
CDH17	cadherin, HPT-1	Cadherin 17, LI cadherin (liver-intestine)
CDH5	7B4, CD144	Cadherin 5, type 2 (vascular endothelium)
CDK1	CDC2, CDC28A	Cyclin-dependent kinase 1
CDK2		Cyclin-dependent kinase 2
CDK4	PSK-J3	Cyclin-dependent kinase 4
CDK6	PLSTIRE	Cyclin-dependent kinase 6
CDK7	CAK, CAK1, CDKN7, MO15, STK1	Cyclin-dependent kinase 7
CDKN1A	CAP20, CDKN1, CIP1, P21, p21CIP1, p21Cip1/Waf1, SDI1, WAF1	Cyclin-dependent kinase inhibitor 1A (p21, Cip1)
CDKN1C	BWCR, BWS, KIP2, P57	Cyclin-dependent kinase inhibitor 1C (p57, Kip2)
CDKN2A	ARF, CDK4I, CDKN2, CMM2, INK4, INK4a, MLM, MTS1, p14, p14ARF, p16, p16INK4a, p19, p19Arf	Cyclin-dependent kinase inhibitor 2A
CEACAM5	CD66e, CEA	Carcinoembryonic antigen-related cell adhesion molecule 5
CEACAM6	CD66c, NCA	Carcinoembryonic antigen-related cell adhesion molecule 6 (non-specific cross reacting antigen)
CENPF	hcp-1	Centromere protein F, 350/400kDa
CFHR1	CFHL, CFHL1, CFHL1P, CFHR1P, FHR1, H36-1, H36-2, HFL1, HFL2	Complement factor H-related 1
CFLAR	c-FLIP, CASH, CASP8AP1,	CASP8 and FADD-like apoptosis

	Casper, CLARP, FLAME, FLIP, I-FLICE, MRIT	regulator
CFTR	ABC35, ABCC7, CF, CFTR/MRP, dJ760C5.1, MRP7, TNR-CFTR	Cystic fibrosis transmembrane conductance regulator (ATP-binding cassette sub-family C, member 7)
CGA	FSHA, GPHa, GPHA1, HCG, LHA, TSHA	Glycoprotein hormones, alpha polypeptide
CGB	CGB3	Chorionic gonadotropin, beta polypeptide
CGB5	HCG	Chorionic gonadotropin, beta polypeptide 5
CGB7	CG-beta-a	Chorionic gonadotropin, beta polypeptide 7
CGB8		Chorionic gonadotropin, beta polypeptide 8
CHD7	CRG, FLJ20357, FLJ20361, KIAA1416	Chromodomain helicase DNA binding protein 7
CHEK1	CHK1	Checkpoint kinase 1
CHEK2	bA444G7, CDS1, CHK2, HuCds1, PP1425, RAD53	Checkpoint kinase 2
CHFR	FLJ10796, RNF196	Checkpoint with forkhead and ring finger domains, E3 ubiquitin protein ligase
CHGA		Chromogranin A (parathyroid secretory protein 1)
CHI3L1	GP39, YKL40	Chitinase 3-like 1 (cartilage glycoprotein-39)
CHP2		Calcineurin-like EF-hand protein 2
CIB2	DFNB48, KIP2, USH1J	Calcium and integrin binding family member 2
CKB	CKBB	Creatine kinase, brain
CKS1B	CKS1, ckshs1	CDC28 protein kinase regulatory subunit 1B
CKS2		CDC28 protein kinase regulatory subunit 2
CLDN3	C7orf1, CPE-R2, CPETR2, HRVP1, RVP1	Claudin 3
CLDN4	CPE-R, CPETR, CPETR1, hCPE-R, WBSCR8	Claudin 4
CLDN7	CEPTL2, CPETRL2, Hs.84359	Claudin 7
CLEC3B	TN, TNA	C-type lectin domain family 3, member B
CLIC1	NCC27, p64CLCP	Chloride intracellular channel 1
CLIP1	CLIP, CLIP-170, CLIP170, CYLN1, RSN	CAP-GLY domain containing linker protein 1
CLSTN1	CDHR12, CSTN1, KIAA0911	Calsynenin 1

CLU	APOJ, CLI, CLU1, CLU2, KUB1, SGP-2, SP-40, TRPM-2	Clusterin
CNN1	Sm-Calp, SMCC	Calponin 1, basic, smooth muscle
CNTF	HCNTF	Ciliary neurotrophic factor
COL11A1	CO11A1, COLL6, STL2	Collagen, type XI, alpha 1
COL17A1	BP180, BPAG2	Collagen, type XVII, alpha 1
COL18A1	KNO, KNO1, KS	Collagen, type XVIII, alpha 1
COL1A1	OI4	Collagen, type I, alpha 1
COL1A2	OI4	Collagen, type I, alpha 2
COL4A2	DKFZp686I14213, FLJ22259	Collagen, type IV, alpha 2
COL4A3		Collagen, type IV, alpha 3 (Goodpasture antigen)
COL4A4	CA44	Collagen, type IV, alpha 4
COL4A5	ASLN, ATS	Collagen, type IV, alpha 5
COL6A1		Collagen, type VI, alpha 1
COX17		COX17 cytochrome c oxidase copper chaperone
CP		Ceruloplasmin (ferroxidase)
CRABP1	CRABP, CRABP-I, CRABPI, RBP5	Cellular retinoic acid binding protein 1
CRADD	RAIDD	CASP2 and RIPK1 domain containing adaptor with death domain
CREBBP	CBP, KAT3A, RSTS, RTS	CREB binding protein
CRP	PTX1	C-reactive protein, pentraxin-related
CRYAB	CRYA2, HSPB5	Crystallin, alpha B
CSE1L	CAS, CSE1, XPO2	CSE1 chromosome segregation 1-like (yeast)
CSF1	M-CSF, MCSF, MGC31930	Colony stimulating factor 1 (macrophage)
CSF1R	C-FMS, CD115, CSFR, FMS	Colony stimulating factor 1 receptor
CSF2	GM-CSF, GMCSF	Colony stimulating factor 2 (granulocyte-macrophage)
CSF2RA	CD116, CSF2R	Colony stimulating factor 2 receptor, alpha, low-affinity (granulocyte-macrophage)
CSF3	C17orf33, G-CSF, GCSF, MGC45931	Colony stimulating factor 3 (granulocyte)
CSN1S1	CASA, CSN1	Casein alpha s1
CSNK1E	CKIE, CKIepsilon, HCKIE	Casein kinase 1, epsilon
CSNK2A1		Casein kinase 2, alpha 1 polypeptide
CSNK2A2	CSNK2A1	Casein kinase 2, alpha prime polypeptide
CSNK2B		Casein kinase 2, beta polypeptide
CST3		Cystatin C

CST6		Cystatin E/M
CSTA	STF1, STFA	Cystatin A (stefin A)
CSTB	CST6, EPM1, PME, STFB	Cystatin B (stefin B)
CTAG1A	ESO1, LAGE2A	Cancer/testis antigen 1A
CTAG1B	CT6.1, CTAG, CTAG1, ESO1, LAGE2A, LAGE2B, NY-ESO-1	Cancer/testis antigen 1B
CTAG2	CAMEL, CT6.2a, CT6.2b, ESO2, LAGE-1, LAGE-1a, LAGE-1b, LAGE1, MGC138724, MGC3803	Cancer/testis antigen 2
CTGF	CCN2, IGFBP8	Connective tissue growth factor
CTNNB1	armadillo, beta-catenin, CTNNB	Catenin (cadherin-associated protein), beta 1, 88kDa
CTNNBL1	C20orf33, FLJ21108, NAP, NYD-SP19, P14, P14L	Catenin, beta like 1
CTSB		Cathepsin B
CTSD	CLN10, CPSD	Cathepsin D
CTSH	ACC-4, ACC-5, CPSB	Cathepsin H
CTSL	CTSL1, FLJ31037	Cathepsin L
CUL2		Cullin 2
CUL5	VACM-1	Cullin 5
CXCL1	FSP, GRO1, GROa, MGSA, MGSA-a, NAP-3, SCYB1	Chemokine (C-X-C motif) ligand 1 (melanoma growth stimulating activity, alpha)
CXCL10	C7, crg-2, gIP-10, IFI10, INP10, IP-10, mob-1, SCYB10	Chemokine (C-X-C motif) ligand 10
CXCL13	ANGIE, ANGIE2, BCA-1, BLC, BLR1L, SCYB13	Chemokine (C-X-C motif) ligand 13
CXCL2	CINC-2a, GRO2, GROb, MGSA-b, MIP-2a, SCYB2	Chemokine (C-X-C motif) ligand 2
CXCL5	ENA-78, SCYB5	Chemokine (C-X-C motif) ligand 5
CXCL8	3-10C, AMCF-I, b-ENAP, GCP-1, GCP1, IL-8, IL8, K60, LECT, LUCT, LYNAP, MDNCF, MONAP, NAF, NAP-1, NAPI, SCYB8, TSG-1	Chemokine (C-X-C motif) ligand 8
CXCL9	CMK, crg-10, Humig, MIG, SCYB9	Chemokine (C-X-C motif) ligand 9
CXCR1	CD181, CDw128a, CKR-1, CMKAR1, IL8RA	Chemokine (C-X-C motif) receptor 1
CXCR2	CD182, CMKAR2, IL8RB	Chemokine (C-X-C motif) receptor 2
CXCR4	CD184, D2S201E, fusin, HM89, HSY3RR, LESTR, NPY3R, NPYR, NPY3R	Chemokine (C-X-C motif) receptor 4
CYB5R3	DIA1	Cytochrome b5 reductase 3

CYP19A1	ARO, ARO1, aromatase, CPV1, CYAR, CYP19, P-450AROM	Cytochrome P450, family 19, subfamily A, polypeptide 1
CYP1A2	CP12, P3-450	Cytochrome P450, family 1, subfamily A, polypeptide 2
CYP2C19	CPCJ, CYP2C, P450IIC19	Cytochrome P450, family 2, subfamily C, polypeptide 19
CYP2E1	CYP2E	Cytochrome P450, family 2, subfamily E, polypeptide 1
CYP3A4	CYP3A3	Cytochrome P450, family 3, subfamily A, polypeptide 4
CYP3A5	CP35, P450PCN3, PCN3	Cytochrome P450, family 3, subfamily A, polypeptide 5
DAD1	OST2	Defender against cell death 1
DAPK1	DAPK	Death-associated protein kinase 1
DAXX	DAP6	Death-domain associated protein
DBI	ACBD1, ACBP	Diazepam binding inhibitor (GABA receptor modulator, acyl-CoA binding protein)
DCC	IGDCC1, NTN1R1	DCC netrin 1 receptor
DCDC1		Doublecortin domain containing 1
DCN	DSPG2, SLRR1B	Decorin
DDB2	DDBB, FLJ34321, UV-DDB2	Damage-specific DNA binding protein 2, 48kDa
DDIT3	CHOP, CHOP10, GADD153	DNA-damage-inducible transcript 3
DEFA1	DEF1, DEFA2, HNP-1, MRS	Defensin, alpha 1
DEFA1B		Defensin, alpha 1B
DEFA3	DEF3, HNP-3	Defensin, alpha 3, neutrophil-specific
DEK	D6S231E	DEK proto-oncogene
DES	CMD1I, CSM1, CSM2	Desmin
DHFR		Dihydrofolate reductase
DIAPH3	AN, AUNA1, DRF3, FLJ34705, NSDAN	Diaphanous-related formin 3
DLC1	ARHGAP7, DLC-1, HP, p122-RhoGAP, STARD12	DLC1 Rho GTPase activating protein
DNAJC2	MPHOSPH11, MPP11, ZRF1, ZUO1, zuotin	DnaJ (Hsp40) homolog, subfamily C, member 2
DST	BP240, BPA, BPAG1, CATX-15, FLJ13425, FLJ21489, FLJ30627, FLJ32235, KIAA0728, MACF2	Dystonin
DUSP1	CL100, HVH1, MKP-1, PTPN10	Dual specificity phosphatase 1
DUSP14	MKP-L, MKP6	Dual specificity phosphatase 14

DUSP4	HVH2, MKP-2, TYP	Dual specificity phosphatase 4
DVL3	KIAA0208	Dishevelled segment polarity protein 3
DYNLL1	DLC1, DLC8, DNCL1, hdcl1, LC8, PIN	Dynein, light chain, LC8-type 1
DYRK2		Dual-specificity tyrosine-(Y)-phosphorylation regulated kinase 2
E2F1	RBBP3, RBP3	E2F transcription factor 1
E2F3		E2F transcription factor 3
E2F5		E2F transcription factor 5, p130-binding
EBAG9	EB9, RCAS1	Estrogen receptor binding site associated, antigen, 9
EDN1	ET1	Endothelin 1
EEF2	EEF-2, EF2	Eukaryotic translation elongation factor 2
EFNA1	ECKLG, EPLG1, LERK1, TNFAIP4	Ephrin-A1
EFNA2	ELF-1, EPLG6, LERK6	Ephrin-A2
EFNA5	AF1, EPLG7, LERK7	Ephrin-A5
EFNB1	CFNS, Elk-L, EPLG2, LERK2	Ephrin-B1
EFNB2	EPLG5, Htk-L, HTKL, LERK5, MGC126226, MGC126227, MGC126228	Ephrin-B2
EFNB3	EPLG8, LERK-8	Ephrin-B3
EGF		Epidermal growth factor
EGFR	ERBB, ERBB1	Epidermal growth factor receptor
EGR1	AT225, G0S30, KROX-24, NGFI-A, TIS8, ZIF-268, ZNF225	Early growth response 1
EI24	EPG4, PIG8, TP53I8	Etoposide induced 2.4
EIF3H	eIF3-gamma, eIF3-p40, eIF3h, EIF3S3	Eukaryotic translation initiation factor 3, subunit H
EIF4E	EIF4E1, EIF4EL1, EIF4F	Eukaryotic translation initiation factor 4E
EIF4EBP1	4E-BP1, PHAS-I	Eukaryotic translation initiation factor 4E binding protein 1
EIF4G1	EIF4F, EIF4G, p220, PARK18	Eukaryotic translation initiation factor 4 gamma, 1
EIF4H	KIAA0038, WBSCR1, WSCR1	Eukaryotic translation initiation factor 4H
EIF5A	EIF-5A, EIF5A1, MGC104255, MGC99547	Eukaryotic translation initiation factor 5A
ELANE	ELA2, HLE, HNE, NE	Elastase, neutrophil expressed
ELK3	ERP, NET, SAP2	ELK3, ETS-domain protein (SRF accessory protein 2)
ENC1	ENC-1, KLHL37, NRPB,	Ectodermal-neural cortex 1 (with BTB

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	PIG10, TP53I10	domain)
ENG	CD105, END, HHT1, ORW, ORW1	Endoglin
ENO1	ENO1L1, MBP-1, MPB1, PPH	Enolase 1, (alpha)
ENO2		Enolase 2 (gamma, neuronal)
ENPP2	ATX, PD-IALPHA, PDNP2	Ectonucleotide pyrophosphatase/phosphodiesterase 2
EPAS1	bHLHe73, HIF2A, HLF, MOP2, PASD2	Endothelial PAS domain protein 1
EPCAM	17-1A, 323/A3, CD326, CO-17A, EGP-2, EGP34, EGP40, Ep-CAM, ESA, GA733-2, HEA125, KS1/4, KSA, Ly74, M4S1, MH99, MIC18, MK-1, MOC31, TACST-1, TACSTD1, TROP1	Epithelial cell adhesion molecule
EPHA1	EPH, EPHT, EPHT1	EPH receptor A1
EPHA2	ECK	EPH receptor A2
EPHA3	ETK, ETK1, HEK, HEK4, TYRO4	EPH receptor A3
EPHA4	Hek8, TYRO1	EPH receptor A4
EPHA7	Hek11	EPH receptor A7
EPHA8	EEK, Hek3	EPH receptor A8
EPHB2	DRT, EPHT3, ERK, Hek5, Tyro5	EPH receptor B2
EPHB3	ETK2, Hek2, Tyro6	EPH receptor B3
EPHB4	HTK, Tyro11	EPH receptor B4
EPHX1	EPHX	Epoxide hydrolase 1, microsomal (xenobiotic)
EPO	EP	Erythropoietin
EPOR		Erythropoietin receptor
ERBB2	CD340, HER-2, HER2, NEU, NGL	V-erb-b2 avian erythroblastic leukemia viral oncogene homolog 2
ERBB3	HER3, LCCS2	V-erb-b2 avian erythroblastic leukemia viral oncogene homolog 3
ERBB4	ALS19	V-erb-b2 avian erythroblastic leukemia viral oncogene homolog 4
ERCC1	RAD10	Excision repair cross-complementation group 1
ERCC2	EM9, MAG, MGC102762, MGC126218, MGC126219, TFIH, XPD	Excision repair cross-complementation group 2
ERCC3	BTF2, GTF2H, RAD25, TFIH, XPB	Excision repair cross-complementation group 3
ERCC4	FANCCQ, RAD1, XPF	Excision repair cross-complementation group 4

ERCC5	ERCM2, XPGC	Excision repair cross-complementation group 5
ERCC6	ARMD5, CKN2, CSB, RAD26	Excision repair cross-complementation group 6
ESR1	Era, ESR, NR3A1	Estrogen receptor 1
ESR2	Erb, NR3A2	Estrogen receptor 2 (ER beta)
ETHE1	HSCO, YF13H12	Ethylmalonic encephalopathy 1
ETV4	E1A-F, E1AF, PEA3	Ets variant 4
ETV5	ERM	Ets variant 5
EXT1	LGCR, LGS, ttv	Exostosin glycosyltransferase 1
EZH2	ENX-1, EZH1, KMT6, KMT6A	Enhancer of zeste 2 polycomb repressive complex 2 subunit
EZR	VIL2	Ezrin
F13A1	F13A	Coagulation factor XIII, A1 polypeptide
F13B	FXIIIB	Coagulation factor XIII, B polypeptide
F2		Coagulation factor II (thrombin)
F3	CD142	Coagulation factor III (thromboplastin, tissue factor)
FABP1	L-FABP	Fatty acid binding protein 1, liver
FABP2	I-FABP	Fatty acid binding protein 2, intestinal
FABP4	A-FABP, aP2	Fatty acid binding protein 4, adipocyte
FABP5	E-FABP, KFABP, PA-FABP	Fatty acid binding protein 5 (psoriasis-associated)
FADD	GIG3, MORT1	Fas (TNFRSF6)-associated via death domain
FAF1	CGI-03, hFAF1, HFAF1s, UBXD12, UBXN3A	Fas (TNFRSF6) associated factor 1
FAM129A	C1orf24, GIG39, NIBAN	Family with sequence similarity 129, member A
FAP	DPPIV	Fibroblast activation protein, alpha
FAS	APO-1, APT1, CD95, FAS1, TNFRSF6	Fas cell surface death receptor
FASLG	APT1LG1, CD178, FasL, TNFSF6	Fas ligand (TNF superfamily, member 6)
FASN	FAS, SDR27X1	Fatty acid synthase
FBXO6	FBG2, FBS2, FBX6, Fbx6b	F-box protein 6
FCER2	CD23, CD23A, CLEC4J, FCE2	Fc fragment of IgE, low affinity II, receptor for (CD23)
FEN1	FEN-1, MF1, RAD2	Flap structure-specific endonuclease 1
FES	FPS	FES proto-oncogene, tyrosine kinase
FGA		Fibrinogen alpha chain
FGB		Fibrinogen beta chain
FGF1	AFGF, ECGF, ECGF-beta, ECGFA, ECGFB, FGF-alpha, FGFA, GLIO703, HBGF1	Fibroblast growth factor 1 (acidic)

FGF17	FGF-13	Fibroblast growth factor 17
FGF18	FGF-18, ZFGF5	Fibroblast growth factor 18
FGF19		Fibroblast growth factor 19
FGF2	FGFB	Fibroblast growth factor 2 (basic)
FGF23		Fibroblast growth factor 23
FGF3	HBGF-3, INT2	Fibroblast growth factor 3
FGF4	HBGF-4, HST, HST-1, HSTF1, K-FGF, KFGF	Fibroblast growth factor 4
FGF6		Fibroblast growth factor 6
FGF7	KGF	Fibroblast growth factor 7
FGF8	AIGF	Fibroblast growth factor 8 (androgen-induced)
FGF9		Fibroblast growth factor 9
FGFR1	BFGFR, CD331, CEK, FLG, FLT2, H2, H3, H4, H5, KAL2, N-SAM	Fibroblast growth factor receptor 1
FGFR2	BEK, CD332, CEK3, CFD1, ECT1, JWS, K-SAM, KGFR, TK14, TK25	Fibroblast growth factor receptor 2
FGFR3	ACH, CD333, CEK2, JTK4	Fibroblast growth factor receptor 3
FGFR4	CD334, JTK2	Fibroblast growth factor receptor 4
FGG		Fibrinogen gamma chain
FHIT	AP3Aase, FRA3B	Fragile histidine triad
FIGF	VEGF-D, VEGFD	C-fos induced growth factor (vascular endothelial growth factor D)
FKBP5	FKBP51, FKBP54, P54, PPIase, Ptg-10	FK506 binding protein 5
FKBP8	FKBP38, FKBP38	FK506 binding protein 8, 38kDa
FLT1	FLT, VEGFR1	Fms-related tyrosine kinase 1
FLT4	PCL, VEGFR3	Fms-related tyrosine kinase 4
FMO5		Flavin containing monooxygenase 5
FN1	CIG, FINC, GFND2, LETS, MSF	Fibronectin 1
FOLH1	FOLH, GCP2, GCP11, NAALAD1, NAALAdase, PSM, PSMA	Folate hydrolase (prostate-specific membrane antigen) 1
FOS	AP-1, c-fos	FBJ murine osteosarcoma viral oncogene homolog
FOSL1	fra-1	FOS-like antigen 1
FOXJ1	FKHL13, HFH-4, HFH4	Forkhead box J1
FOXO1	FKHL16, HFH-11, HNF-3, INS-1, MPHOSPH2, MPP2, TGT3, trident	Forkhead box M1
FOXO1	FKH1, FKHR, FOXO1A	Forkhead box O1
FOXO3	AF6q21, FKHL1, FOXO2, FOXO3A	Forkhead box O3
FOXQ1	HFH1	Forkhead box Q1

FSCN1	FLJ38511, p55, SNL	Fascin actin-bundling protein 1
FSHB		Follicle stimulating hormone, beta polypeptide
FST	FS	Follistatin
FTH1	FHC, FTH, FTHL6, PIG15, PLIF	Ferritin, heavy polypeptide 1
FTL	MGC71996, NBIA3	Ferritin, light polypeptide
FZD1	DKFZp564G072	Frizzled class receptor 1
FZD2		Frizzled class receptor 2
G6PD	G6PD1	Glucose-6-phosphate dehydrogenase
GADD45A	DDIT1, GADD45	Growth arrest and DNA-damage-inducible, alpha
GADD45G	CR6, DDIT2, GADD45gamma, GRP17	Growth arrest and DNA-damage-inducible, gamma
GAS1		Growth arrest-specific 1
GAST	GAS	Gastrin
GATA3	HDR	GATA binding protein 3
GCLM	GLCLR	Glutamate-cysteine ligase, modifier subunit
GDF15	MIC-1, MIC1, NAG-1, PDF, PLAB, PTGFB	Growth differentiation factor 15
GDNF	ATF1, ATF2, HFB1-GDNF	Glial cell derived neurotrophic factor
GH1	GH, GH-N, GHN, hGH-N	Growth hormone 1
GH2	GH-V, GH2, GHL, GHV, hGH-V	Growth hormone 2
GJA1	CX43, GJAL, ODD, ODDD, ODOD, SDTY3	Gap junction protein, alpha 1, 43kDa
GJB5	CX31.1	Gap junction protein, beta 5, 31.1kDa
GLO1	GLOD1	Glyoxalase I
GMNN	Gem	Geminin, DNA replication inhibitor
GNAS	GNAS1, GNASXL, GPSA, NESP, NESP55, SCG6	GNAS complex locus
GPA33	A33	Glycoprotein A33 (transmembrane)
GPC3	DGSX, OCI-5, SDYS, SGB, SGBS, SGBS1	Glypican 3
GPI	AMF, NLK	Glucose-6-phosphate isomerase
GPX1		Glutathione peroxidase 1
GPX2	GSHPX-GI	Glutathione peroxidase 2 (gastrointestinal)
GRB10		Growth factor receptor-bound protein 10
GRB2	NCKAP2	Growth factor receptor-bound protein 2
GRB7		Growth factor receptor-bound protein 7
GSK3A		Glycogen synthase kinase 3 alpha
GSN	DKFZp313L0718	Gelsolin
GSR		Glutathione reductase
GSTM1	GST1, H-B, MU	Glutathione S-transferase mu 1

GSTM3	GST5	Glutathione S-transferase mu 3 (brain)
GSTP1	FAEES3, GST3, GSTP	Glutathione S-transferase pi 1
HDAC10	DKFZP761B039	Histone deacetylase 10
HDAC2	RPD3, YAF1	Histone deacetylase 2
HDAC5	FLJ90614, KIAA0600, NY-CO-9	Histone deacetylase 5
HGF	DFNB39, F-TCF, HGFB, HPTA, SF	Hepatocyte growth factor (hepapoietin A; scatter factor)
HGFAC	HGFA, HGFAP	HGF activator
HIF1A	bHLHe78, HIF-1alpha, HIF1, MOP1, PASD8	Hypoxia inducible factor 1, alpha subunit (basic helix-loop-helix transcription factor)
HIP1R	FLJ14000, HIP12, HIP3, ILWEQ, KIAA0655	Huntingtin interacting protein 1 related
HIST1H2AC	H2AFL	Histone cluster 1, H2ac
HK1		Hexokinase 1
HK2		Hexokinase 2
HLA-G		Major histocompatibility complex, class I, G
HMGA1	HMG1Y	High mobility group AT-hook 1
HMGA2	BABL, HMGIC, LIPO	High mobility group AT-hook 2
HMOX1	bK286B10, HO-1	Heme oxygenase (decycling) 1
HOXA5	HOX1, HOX1C	Homeobox A5
HOXA9	HOX1, HOX1G	Homeobox A9
HP		Haptoglobin
HPGD	SDR36C1	Hydroxyprostaglandin dehydrogenase 15-(NAD)
HPN	TMPRSS1	Hepsin
HRAS	HRAS1	Harvey rat sarcoma viral oncogene homolog
HSF1	HSTF1	Heat shock transcription factor 1
HSP90AA1	FLJ31884, Hsp89, Hsp90, HSP90N, HSPC1, HSPCA	Heat shock protein 90kDa alpha (cytosolic), class A member 1
HSP90AB1	HSPC2, HSPCB	Heat shock protein 90kDa alpha (cytosolic), class B member 1
HSP90B1	GP96, GRP94, TRA1	Heat shock protein 90kDa beta (Grp94), member 1
HSPA1A	HSP70-1, HSPA1	Heat shock 70kDa protein 1A
HSPA1B	HSP70-2	Heat shock 70kDa protein 1B
HSPA1L	HSP70-HOM, hum70t	Heat shock 70kDa protein 1-like
HSPA2		Heat shock 70kDa protein 2
HSPA4	HS24/P52, HSPH2	Heat shock 70kDa protein 4
HSPA8	HSC70, HSC71, HSP73, HSPA10	Heat shock 70kDa protein 8
HSPB1	Hs.76067, Hsp25, HSP27, HSP28	Heat shock 27kDa protein 1
HSPD1	GROEL, HSP60, SPG13	Heat shock 60kDa protein 1

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		(chaperonin)
HSPE1	CPN10, GROES	Heat shock 10kDa protein 1
HSPH1	HSP105A, HSP105B, KIAA0201, NY-CO-25	Heat shock 105kDa/110kDa protein 1
IBSP	BSP, BSP-II, SP-II	Integrin-binding sialoprotein
ICAM1	BB2, CD54	Intercellular adhesion molecule 1
ID1	bHLHb24, dJ857M17.1.2	Inhibitor of DNA binding 1, dominant negative helix-loop-helix protein
ID2	bHLHb26, GIG8	Inhibitor of DNA binding 2, dominant negative helix-loop-helix protein
ID3	bHLHb25, HEIR-1	Inhibitor of DNA binding 3, dominant negative helix-loop-helix protein
IDO1	IDO, INDO	Indoleamine 2,3-dioxygenase 1
IFNA1	IFL, IFN, IFN-ALPHA, IFN-alphaD, IFNA13, IFNA@	Interferon, alpha 1
IFNA13		Interferon, alpha 13
IFNAR1	IFNAR, IFRC	Interferon (alpha, beta and omega) receptor 1
IFNAR2	IFNABR	Interferon (alpha, beta and omega) receptor 2
IFNB1	IFB, IFF, IFNB	Interferon, beta 1, fibroblast
IFNG		Interferon, gamma
IGF1	IGF-I, IGF1A, IGF1	Insulin-like growth factor 1 (somatomedin C)
IGF1R	CD221, IGFIR, IGFR, JTK13, MGC18216	Insulin-like growth factor 1 receptor
IGF2	C11orf43, FLJ44734, IGF-II	Insulin-like growth factor 2
IGF2R	CD222, CIMPR, M6P-R, MPRI, MPRI	Insulin-like growth factor 2 receptor
IGFBP2	IBP2	Insulin-like growth factor binding protein 2, 36kDa
IGFBP3	BP-53, IBP3	Insulin-like growth factor binding protein 3
IL10	CSIF, IL-10, IL10A, TGIF	Interleukin 10
IL11	AGIF, IL-11	Interleukin 11
IL12A	CLMF, IL-12A, NFSK, NKSF1, p35	Interleukin 12A
IL13	ALRH, BHR1, IL-13, MGC116786, MGC116788, MGC116789, P600	Interleukin 13
IL13RA2	CD213a2, CT19, IL-13R, IL13BP	Interleukin 13 receptor, alpha 2
IL15	IL-15, MGC9721	Interleukin 15
IL16	FLJ16806, FLJ42735, HsT19289, IL-16, LCF, prIL-16	Interleukin 16

IL17A	CTLA8, IL-17, IL-17A, IL17	Interleukin 17A
IL17B	IL-17B, IL-20, MGC138900, MGC138901, NIRF, ZCYTO7	Interleukin 17B
IL18	IGIF, IL-18, IL-1g, IL1F4	Interleukin 18
IL1A	IL-1A, IL1, IL1-ALPHA, IL1F1	Interleukin 1, alpha
IL1B	IL-1B, IL1-BETA, IL1F2	Interleukin 1, beta
IL1R1	CD121A, D2S1473, IL1R, IL1RA	Interleukin 1 receptor, type I
IL1R2	CD121b, IL1RB	Interleukin 1 receptor, type II
IL1RN	ICIL-1RA, IL-1RN, IL1F3, IL1RA, IRAP, MGC10430	Interleukin 1 receptor antagonist
IL2	IL-2, TCGF	Interleukin 2
IL24	C49A, FISP, IL-24, IL10B, mda-7, Mob-5, ST16	Interleukin 24
IL2RA	CD25, IDDM10, IL2R	Interleukin 2 receptor, alpha
IL2RB	CD122, IL15RB	Interleukin 2 receptor, beta
IL2RG	CD132, C1DX, IMD4, SC1DX1	Interleukin 2 receptor, gamma
IL4	BCGF-1, BCGF1, BSF1, IL-4, MGC79402	Interleukin 4
IL4R	CD124	Interleukin 4 receptor
IL5	EDF, IL-5, TRF	Interleukin 5
IL6	BSF2, HGF, HSF, IFNB2, IL-6	Interleukin 6
IL6R	CD126	Interleukin 6 receptor
IL6ST	CD130, GP130	Interleukin 6 signal transducer
IL7	IL-7	Interleukin 7
IL9	HP40, IL-9, P40	Interleukin 9
ILF3	DRBP76, MPHOSPH4, MPP4, NF90, NFAR-1	Interleukin enhancer binding factor 3, 90kDa
ILK		Integrin-linked kinase
INHBA		Inhibin, beta A
INHBB		Inhibin, beta B
INS	IDDM1, IDDM2	Insulin
IRF1	MAR	Interferon regulatory factor 1
IRF4	LSIRF, MUM1	Interferon regulatory factor 4
ITGA1	CD49a, VLA1	Integrin, alpha 1
ITGA2	CD49B	Integrin, alpha 2 (CD49B, alpha 2 subunit of VLA-2 receptor)
ITGA2B	CD41, CD41B, GP2B, PPP1R93	Integrin, alpha 2b (platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41)
ITGA3	CD49c, GAP-B3, MSK18, VCA-2, VLA3a	Integrin, alpha 3 (antigen CD49C, alpha 3 subunit of VLA-3 receptor)
ITGA4	CD49D	Integrin, alpha 4 (antigen CD49D,

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		alpha 4 subunit of VLA-4 receptor)
ITGA5	CD49e, FNRA	Integrin, alpha 5 (fibronectin receptor, alpha polypeptide)
ITGA6	CD49f	Integrin, alpha 6
ITGAM	CD11B, CR3A, MAC-1	Integrin, alpha M (complement component 3 receptor 3 subunit)
ITGAV	CD51, MSK8, VNRA, VTNR	Integrin, alpha V
ITGB1	CD29, FNRB, GPIIA, MDF2, MSK12	Integrin, beta 1 (fibronectin receptor, beta polypeptide, antigen CD29 includes MDF2, MSK12)
ITGB3	CD61, GP3A, GPIIIa	Integrin, beta 3 (platelet glycoprotein IIIa, antigen CD61)
ITGB4	CD104	Integrin, beta 4
ITGB5		Integrin, beta 5
ITGB6		Integrin, beta 6
ITGB8		Integrin, beta 8
ITIH4	H4P, IHRP, ITIHL1	Inter-alpha-trypsin inhibitor heavy chain family, member 4
JKAMP	C14orf100, CDA06, HSPC213, HSPC327, JAMP	JNK1/MAPK8-associated membrane protein
JTB	hJT	Jumping translocation breakpoint
JUN	AP-1, c-Jun	Jun proto-oncogene
JUND	AP-1	Jun D proto-oncogene
JUP	CTNNG, DP3, DPIII, PDGB, PKGB	Junction plakoglobin
KAT2B	GCN5, GCN5L, P/CAF, PCAF	K(lysine) acetyltransferase 2B
KDR	CD309, FLK1, VEGFR, VEGFR2	Kinase insert domain receptor (a type III receptor tyrosine kinase)
KIF2A	HK2, KIF2	Kinesin heavy chain member 2A
KIF2C	CT139, KNSL6, MCAK	Kinesin family member 2C
KISS1		KiSS-1 metastasis-suppressor
KIT	C-Kit, CD117, PBT, SCFR	V-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog
KITLG	FPH2, Kitl, KL-1, MGF, SCF, SF	KIT ligand
KLF4	EZF, GKLF	Kruppel-like factor 4 (gut)
KLF5	BTEB2, CKLF, IKLF	Kruppel-like factor 5 (intestinal)
KLK10	NES1, PRSSL1	Kallikrein-related peptidase 10
KLK11	PRSS20, TLSP	Kallikrein-related peptidase 11
KLK13	KLK-L4	Kallikrein-related peptidase 13
KLK14	KLK-L6	Kallikrein-related peptidase 14
KLK15	ACO, HSRNASPH, prostinogen	Kallikrein-related peptidase 15
KLK2		Kallikrein-related peptidase 2
KLK3	APS, PSA	Kallikrein-related peptidase 3

KLK4	EMSP, EMSP1, KLK-L1, PRSS17, PSTS	Kallikrein-related peptidase 4
KLK5	KLK-L2, SCTE	Kallikrein-related peptidase 5
KLK6	Bssp, Klk7, neurosin, PRSS18, PRSS9	Kallikrein-related peptidase 6
KLK7	PRSS6, SCCE	Kallikrein-related peptidase 7
KLK8	HNP, neuropsin, ovasin, PRSS19, TADG14	Kallikrein-related peptidase 8
KLRK1	CD314, D12S2489E, KLR, NKG2-D, NKG2D	Killer cell lectin-like receptor subfamily K, member 1
KRAS	KRAS1, KRAS2	Kirsten rat sarcoma viral oncogene homolog
KRT13	CK13, K13, MGC161462, MGC3781	Keratin 13
KRT14	EBS3, EBS4	Keratin 14
KRT15	CK15, K15, K1CO	Keratin 15
KRT17	PCHC1	Keratin 17
KRT18		Keratin 18
KRT19	CK19, K19, K1CS, MGC15366	Keratin 19
KRT4	CK4, CYK4, K4	Keratin 4
KRT8	CARD2, CK8, CYK8, K2C8, K8, KO	Keratin 8
LALBA	LYZL7	Lactalbumin, alpha-
LAMB1	CLM	Laminin, beta 1
LAMC1	LAMB2	Laminin, gamma 1 (formerly LAMB2)
LCN1	MGC71975, PMFA, TLC, TP, VEGP	Lipocalin 1
LDHA		Lactate dehydrogenase A
LEP	OB, OBS	Leptin
LGALS3	GALIG, LGALS2, MAC-2	Lectin, galactoside-binding, soluble, 3
LGALS3BP	90K, BTBD17B, CyCAP, gp90, M2BP, MAC-2-BP, TANGO10B	Lectin, galactoside-binding, soluble, 3 binding protein
LGALS4	GAL4	Lectin, galactoside-binding, soluble, 4
LGI1	EPITEMPIN, EPT, ETL1, IB1099	Leucine-rich, glioma inactivated 1
LGMN	LGMN1, PRSC1	Legumain
LHB	CGB4, hLHB, LSH-B	Luteinizing hormone beta polypeptide
LHX1	LIM-1, LIM1	LIM homeobox 1
LIF	CDF, DIA, HILDA	Leukemia inhibitory factor
LIG4		Ligase IV, DNA, ATP-dependent
LIMK1	LIMK	LIM domain kinase 1
LMNA	CMD1A, HGPS, LGMD1B, LMN1, LMNL1, PRO1	Lamin A/C
LRP1B	LRP-DIT, LRPDIT	Low density lipoprotein receptor-related protein 1B

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LRP6	ADCAD2	Low density lipoprotein receptor-related protein 6
LTA	LT, TNFB, TNFSF1	Lymphotoxin alpha
LTA4H		Leukotriene A4 hydrolase
LTB	p33, TNFC, TNFSF3	Lymphotoxin beta (TNF superfamily, member 3)
LTBR	D12S370, TNF-R-III, TNFCR, TNFR-RP, TNFR2-RP, TNFRSF3	Lymphotoxin beta receptor (TNFR superfamily, member 3)
LTF	HLF2	Lactotransferrin
MAD2L1	HSMAD2, MAD2	MAD2 mitotic arrest deficient-like 1 (yeast)
MAD2L2	MAD2B, POLZ2, REV7	MAD2 mitotic arrest deficient-like 2 (yeast)
MAGEA3	CT1.3, HIP8, HYPD, MAGE3, MGC14613	Melanoma antigen family A, 3
MAGEA4	CT1.4, MAGE-41, MAGE-X2, MAGE4, MAGE4A, MAGE4B, MGC21336	Melanoma antigen family A, 4
MAGEA6	CT1.6, MAGE6	Melanoma antigen family A, 6
MAGEB5	CT3.3, MAGE-B5	Melanoma antigen family B, 5
MAGEB6	CT3.4, FLJ40242, MAGE-B6, MAGEB6A	Melanoma antigen family B, 6
MAGEC1	CT7, CT7.1, MAGE-C1, MGC39366	Melanoma antigen family C, 1
MAGEC2	CT10, MAGE-C2, MAGEE1	Melanoma antigen family C, 2
MAGEC3	CT7.2, HCA2, MAGE-C3	Melanoma antigen family C, 3
MAGED1	DLXIN-1, NRAGE	Melanoma antigen family D, 1
MAGED2	11B6, BCG1, HCA10, JCL-1, MAGE-D2, MAGED, MGC8386	Melanoma antigen family D, 2
MAGI1	AIP3, BAIAP1, BAP1, MAGI-1, TNRC19, WWP3	Membrane associated guanylate kinase, WW and PDZ domain containing 1
MAP2K1	MAPKK1, MEK1, PRKMK1	Mitogen-activated protein kinase kinase 1
MAP2K2	MEK2, PRKMK2	Mitogen-activated protein kinase kinase 2
MAP2K4	JNKK1, MEK4, MKK4, PRKMK4, SERK1	Mitogen-activated protein kinase kinase 4
MAPK1	ERK, ERK2, MAPK2, p41mapk, PRKM1, PRKM2	Mitogen-activated protein kinase 1
MAPK14	CSBP1, CSBP2, CSPB1, Mxi2, p38, PRKM14, PRKM15	Mitogen-activated protein kinase 14
MAPK3	ERK1, p44erk1, p44mapk, PRKM3	Mitogen-activated protein kinase 3
MAPK7	BMK1, ERK5, PRKM7	Mitogen-activated protein kinase 7

MAPK8	JNK, JNK1, PRKM8, SAPK1	Mitogen-activated protein kinase 8
MAPKAPK2		Mitogen-activated protein kinase-activated protein kinase 2
MBD1	CXXC3, PCM1	Methyl-CpG binding domain protein 1
MBD2		Methyl-CpG binding domain protein 2
MBD4	MED1	Methyl-CpG binding domain protein 4
MCL1	BCL2L3, Mcl-1	Myeloid cell leukemia 1
MCM2	BM28, CCNL1, cdc19, CDCL1, D3S3194, KIAA0030	Minichromosome maintenance complex component 2
MCM3		Minichromosome maintenance complex component 3
MCM5	CDC46	Minichromosome maintenance complex component 5
MCM7	CDC47, MCM2, PPP1R104	Minichromosome maintenance complex component 7
MDH1		Malate dehydrogenase 1, NAD (soluble)
MDK	FLJ27379, MK, NEGF2	Midkine (neurite growth-promoting factor 2)
MDM2	HDM2, MGC5370	MDM2 proto-oncogene, E3 ubiquitin protein ligase
MECP2	MRX16, MRX79, RTT	Methyl CpG binding protein 2
MED1	CRSP1, CRSP200, DRIP230, PBP, PPARBP, PPARGBP, RB18A, TRAP220, TRIP2	Mediator complex subunit 1
MET	HGFR, RCCP2	MET proto-oncogene, receptor tyrosine kinase
MFGE8	BA46, EDIL1, hP47, HsT19888, MFG-E8, OAcGD3S, SED1, SPAG10	Milk fat globule-EGF factor 8 protein
MGMT		O-6-methylguanine-DNA methyltransferase
MIA	CD-RAP	Melanoma inhibitory activity
MIF	GIF, GLIF	Macrophage migration inhibitory factor (glycosylation-inhibiting factor)
MKI67	MIB-, PPP1R105	Marker of proliferation Ki-67
MLH1	COCA2, FCC2, HNPCC, HNPCC2	MutL homolog 1
MLLT11	AF1Q	Myeloid/lymphoid or mixed-lineage leukemia (trithorax homolog, Drosophila); translocated to, 11
MME	CALLA, CD10, NEP	Membrane metallo-endopeptidase
MMP1	CLG	Matrix metalloproteinase 1 (interstitial collagenase)
MMP10	STMY2	Matrix metalloproteinase 10

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		(stromelysin 2)
MMP11	STMY3	Matrix metallopeptidase 11 (stromelysin 3)
MMP12	HME	Matrix metallopeptidase 12 (macrophage elastase)
MMP13	CLG3	Matrix metallopeptidase 13 (collagenase 3)
MMP14	MT1-MMP	Matrix metallopeptidase 14 (membrane-inserted)
MMP15	MT2-MMP, MTMMP2, SMCP-2	Matrix metallopeptidase 15 (membrane-inserted)
MMP16	C8orf57, DKFZp761D112, MT3-MMP	Matrix metallopeptidase 16 (membrane-inserted)
MMP2	CLG4, CLG4A, TBE-1	Matrix metallopeptidase 2 (gelatinase A, 72kDa gelatinase, 72kDa type IV collagenase)
MMP3	STMY, STMY1	Matrix metallopeptidase 3 (stromelysin 1, progelatinase)
MMP7	MPSL1, PUMP-1	Matrix metallopeptidase 7 (matrilysin, uterine)
MMP8	CLG1	Matrix metallopeptidase 8 (neutrophil collagenase)
MMP9	CLG4B	Matrix metallopeptidase 9 (gelatinase B, 92kDa gelatinase, 92kDa type IV collagenase)
MPO		Myeloperoxidase
MRE11A	ATLD, MRE11	MRE11 meiotic recombination 11 homolog A (S. cerevisiae)
MSH6	GTBP	MutS homolog 6
MSLN	CAK1, MPF	Mesothelin
MSMB	IGBF, MSP, MSPB, PN44, PRPS, PSP, PSP-94, PSP57, PSP94	Microseminoprotein, beta-
MSR1	CD204, SCARA1	Macrophage scavenger receptor 1
MT1A	MT1, MT1S	Metallothionein 1A
MT1G	MT1, MT1K	Metallothionein 1G
MTA1		Metastasis associated 1
MUC1	ADMCKD, ADMCKD1, CD227, MCD, MCKD, MCKD1, PEM, PUM	Mucin 1, cell surface associated
MUTYH	MYH	MutY homolog
MVP	LRP, VAULT1	Major vault protein
MXI1	bHLHe11, MAD2, MXD2, MXI	MAX interactor 1, dimerization protein
MYBL2	B-MYB, BMYB	V-myb avian myeloblastosis viral oncogene homolog-like 2
MYC	bHLHe39, c-Myc, MYCC	V-myc avian myelocytomatosis viral

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		oncogene homolog
MYOCD	MYCD	Myocardin
MYOD1	bHLHe1, MYF3, MYOD, PUM	Myogenic differentiation 1
MYOG	bHLHe3, MYF4	Myogenin (myogenic factor 4)
NAGA	D22S674	N-acetylgalactosaminidase, alpha-
NAIP	BIRC1, NLRB1	NLR family, apoptosis inhibitory protein
NAMPT	PBEF, PBEF1	Nicotinamide phosphoribosyltransferase
NAT2	AAC2	N-acetyltransferase 2 (arylamine N-acetyltransferase)
NCAM1	CD56, NCAM	Neural cell adhesion molecule 1
NCOA3	ACTR, AIB1, bHLHe42, CAGH16, KAT13B, p/CIP, RAC3, SRC-3, SRC3, TNRC16, TRAM-1	Nuclear receptor coactivator 3
NDRG1	CAP43, DRG1, NDR1, RTP, TDD5	N-myc downstream regulated 1
NEDD8	Nedd-8	Neural precursor cell expressed, developmentally down-regulated 8
NEO1	HsT17534, IGDCC2, NGN, NTN1R2	Neogenin 1
NFKB1	KBF1, NF-kappaB, NF-kB1, NFkappaB, NFKB-p50, p105, p50	Nuclear factor of kappa light polypeptide gene enhancer in B-cells 1
NFKB2	LYT-10, NF-kB2, p105, p52	Nuclear factor of kappa light polypeptide gene enhancer in B-cells 2 (p49/p100)
NFKBIA	IkappaBalpha, IKBA, MAD-3, NFKBI	Nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, alpha
NFKBIE	IKBE	Nuclear factor of kappa light polypeptide gene enhancer in B-cells inhibitor, epsilon
NGF	NGFB	Nerve growth factor (beta polypeptide)
NGFR	CD271, p75NTR, TNFRSF16	Nerve growth factor receptor
NKX3-1	BAPX2, NKX3.1, NKX3A	NK3 homeobox 1
NME1	NDPKA, NM23, NM23-H1	NME/NM23 nucleoside diphosphate kinase 1
NME2	NDPKB, NM23-H2	NME/NM23 nucleoside diphosphate kinase 2
NOS1	nNOS, NOS	Nitric oxide synthase 1 (neuronal)
NOS2	HEP-NOS, iNOS, NOS, NOS2A	Nitric oxide synthase 2, inducible
NOS3	ECNOS, eNOS	Nitric oxide synthase 3 (endothelial cell)

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NOTCH1	TAN1	Notch 1
NOTCH2		Notch 2
NOTCH3	CADASIL, CASIL	Notch 3
NQO1	DHQU, DIA4, DTD, NMOR1, QR1	NAD(P)H dehydrogenase, quinone 1
NR0B1	AHC, AHCH, DAX1, DSS, NR0B1	Nuclear receptor subfamily 0, group B, member 1
NRG1	GGF, HGL, HRG, NDF, NRG1-IT2	Neuregulin 1
NRG2	Don-1, HRG2, NTAK	Neuregulin 2
NRG3		Neuregulin 3
NRP1	CD304, NRP, VEGF165R	Neuropilin 1
NRP2	VEGF165R2	Neuropilin 2
NTF3	NGF2	Neurotrophin 3
NTF4	GLC10, NT-4/5, NTF5	Neurotrophin 4
NTHL1	NTH1, OCTS3	Nth endonuclease III-like 1 (E. coli)
NTN1	NTN1L	Netrin 1
NTRK1	MTC, TRK, TRKA	Neurotrophic tyrosine kinase, receptor, type 1
NTRK2	TRKB	Neurotrophic tyrosine kinase, receptor, type 2
NTRK3	TRKC	Neurotrophic tyrosine kinase, receptor, type 3
NUDT1	MTH1	Nudix (nucleoside diphosphate linked moiety X)-type motif 1
NUMB	C14orf41	Numb homolog (Drosophila)
OGG1	HMMH, HOGG1, MUTM, OGH1	8-oxoguanine DNA glycosylase
OR51E2	PSGR	Olfactory receptor, family 51, subfamily E, member 2
ORM1		Orosomucoid 1
OSM	MGC20461	Oncostatin M
PAGE4	CT16.7, GAGEC1, PAGE-4	P antigen family, member 4 (prostate associated)
PAPPA	ASBABP2, DIPLA1, IGFBP-4ase, PAPA, PAPP-A, PAPPA1	Pregnancy-associated plasma protein A, pappalysin 1
PARP1	ADPRT, PARP, PPOL	Poly (ADP-ribose) polymerase 1
PARVB	CGI-56	Parvin, beta
PAX5	BSAP	Paired box 5
PAX8		Paired box 8
PCNA		Proliferating cell nuclear antigen
PDGFA	PDGF-A, PDGF1	Platelet-derived growth factor alpha polypeptide
PDGFB	SIS, SSV	Platelet-derived growth factor beta polypeptide
PDGFRA	CD140a, PDGFR2	Platelet-derived growth factor receptor,

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		alpha polypeptide
PDGFRB	CD140b, JTK12, PDGFR, PDGFR1	Platelet-derived growth factor receptor, beta polypeptide
PDZD4	FLJ34125, KIAA1444, LU1, PDZK4, PDZRN4L	PDZ domain containing 4
PF4	CXCL4, SCYB4	Platelet factor 4
PGC		Progastricsin (pepsinogen C)
PGF	D12S1900, PGFL, PLGF, PIGF-2, SHGC-10760	Placental growth factor
PGR	NR3C3, PR	Progesterone receptor
PHF20	C20orf104, dJ1121G12.1, TDRD20A	PHD finger protein 20
PIGR		Polymeric immunoglobulin receptor
PIK3CA	PI3K	Phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha
PIK3R1	GRB1, p85, p85-ALPHA	Phosphoinositide-3-kinase, regulatory subunit 1 (alpha)
PIK3R2	p85, P85B	Phosphoinositide-3-kinase, regulatory subunit 2 (beta)
PIK3R3	p55	Phosphoinositide-3-kinase, regulatory subunit 3 (gamma)
PIM1	PIM	Pim-1 proto-oncogene, serine/threonine kinase
PIM2		Pim-2 proto-oncogene, serine/threonine kinase
PIM3		Pim-3 proto-oncogene, serine/threonine kinase
PIN1	dod	Peptidylprolyl cis/trans isomerase, NIMA-interacting 1
PIP4K2B	PIP5K2B, PIP5KIIB, PIP5KIIBeta	Phosphatidylinositol-5-phosphate 4-kinase, type II, beta
PKM	OIP3, PK3, PKM2, THBP1	Pyruvate kinase, muscle
PLAT		Plasminogen activator, tissue
PLAU	UPA, URK	Plasminogen activator, urokinase
PLAUR	CD87, UPAR, URKR	Plasminogen activator, urokinase receptor
PLG		Plasminogen
PLK1	PLK	Polo-like kinase 1
PLP1	GPM6C, PLP, SPG2	Proteolipid protein 1
PMEPA1	STAG1, TMEPAI	Prostate transmembrane protein, androgen induced 1
PML	MYL, RNF71, TRIM19	Promyelocytic leukemia
PMP22	GAS-3, HNPP, Sp110	Peripheral myelin protein 22
PNMT	PENT	Phenylethanolamine N-methyltransferase
POMC	ACTH, CLIP, LPH, MSH, NPP, POC	Proopiomelanocortin

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PON1	ESA, PON	Paraoxonase 1
POSTN	OSF-2, periostin, PN	Periostin, osteoblast specific factor
POU2F2	OCT2, OTF2	POU class 2 homeobox 2
PPA2	FLJ20459	Pyrophosphatase (inorganic) 2
PPARG	NR1C3, PPARG1, PPARG2, PPARgamma	Peroxisome proliferator-activated receptor gamma
PPARGC1A	PGC1, PGC1A, PPARGC1	Peroxisome proliferator-activated receptor gamma, coactivator 1 alpha
PPM1D	PP2C-DELTA, Wip1	Protein phosphatase, Mg ²⁺ /Mn ²⁺ dependent, 1D
PPP1R15A	GADD34	Protein phosphatase 1, regulatory subunit 15A
PPY	PNP	Pancreatic polypeptide
PRDM13		PR domain containing 13
PRDM16	KIAA1675, MEL1, MGC166915, PFM13	PR domain containing 16
PRDX2	MGC4104, NKEFB, PRP, PRX2, PRXII, TDPX1, TSA	Peroxiredoxin 2
PRDX4	AOE37-2	Peroxiredoxin 4
PRKCA	PKCA	Protein kinase C, alpha
PRKCB	PKCB, PRKCB1, PRKCB2	Protein kinase C, beta
PRKCE		Protein kinase C, epsilon
PRKCH	PKC-L, PKCL, PRKCL	Protein kinase C, eta
PRKCI	DXS1179E, PKCI	Protein kinase C, iota
PRKCQ		Protein kinase C, theta
PRKDC	DNA-PKcs, DNAPK, DNPK1, HYRC, HYRC1, p350, XRCC7	Protein kinase, DNA-activated, catalytic polypeptide
PRL		Prolactin
PROC		Protein C (inactivator of coagulation factors Va and VIIIa)
PRSS1	TRY1	Protease, serine, 1 (trypsin 1)
PSCA		Prostate stem cell antigen
PSMD4	AF, AF-1, Rpn10, S5A	Proteasome (prosome, macropain) 26S subunit, non-ATPase, 4
PTCH1	BCNS, NBCCS, PTCH	Patched 1
PTCH2		Patched 2
PTGS1	COX1, PGHS-1, PTGHS	Prostaglandin-endoperoxide synthase 1 (prostaglandin G/H synthase and cyclooxygenase)
PTGS2	COX2	Prostaglandin-endoperoxide synthase 2 (prostaglandin G/H synthase and cyclooxygenase)
PTH	PTH1	Parathyroid hormone
PTH1H	HBM, PLP, PTHR, PTHRP	Parathyroid hormone-like hormone
PTK2	FADK, FAK, FAK1, PPP1R71	Protein tyrosine kinase 2

PTN	HBGF8, HBNF, NEGF1	Pleiotrophin
PTPRO	GLEPP1, NPHS6, PTP-oc, PTP-U2, PTPU2	Protein tyrosine phosphatase, receptor type, O
PTTG1	EAP1, HPTTG, PTTG, securin, TUTR1	Pituitary tumor-transforming 1
PURA	PUR-ALPHA, PUR1, PURALPHA	Purine-rich element binding protein A
PZP	CPAMD6	Pregnancy-zone protein
RAB11FIP3	eferin, KIAA0665, Rab11-FIP3	RAB11 family interacting protein 3 (class II)
RAB18		RAB18, member RAS oncogene family
RAB25	CATX-8	RAB25, member RAS oncogene family
RAC1	p21-Rac1, Rac-1, TC-25	Ras-related C3 botulinum toxin substrate 1 (rho family, small GTP binding protein Rac1)
RAD23A	HHR23A, MGC111083	RAD23 homolog A (<i>S. cerevisiae</i>)
RAD23B	HHR23B, HR23B, P58	RAD23 homolog B (<i>S. cerevisiae</i>)
RAD51	BRCC5, HsRad51, HsT16930, RAD51A, RECA	RAD51 recombinase
RAD51D	HsTRAD, R51H3, RAD51L3, Trad	RAD51 paralog D
RAD52		RAD52 homolog (<i>S. cerevisiae</i>)
RAD54B	RDH54	RAD54 homolog B (<i>S. cerevisiae</i>)
RAF1	c-Raf, CRAF, Raf-1	Raf-1 proto-oncogene, serine/threonine kinase
RARA	NR1B1, RAR	Retinoic acid receptor, alpha
RARB	HAP, NR1B2, RRB2	Retinoic acid receptor, beta
RARG	NR1B3, RARC	Retinoic acid receptor, gamma
RASA1	CM-AVM, GAP, p120GAP, p120RASGAP, RASA	RAS p21 protein activator (GTPase activating protein) 1
RB1	OSRC, PPP1R130, RB	Retinoblastoma 1
RBBP4	lin-53, NURF55, RbAp48	Retinoblastoma binding protein 4
RBL1	cp107, p107, PRB1	Retinoblastoma-like 1
RBL2	p130, Rb2	Retinoblastoma-like 2
RBM6	3G2, DEF-3, DEF3, g16, NY-LU-12	RNA binding motif protein 6
RBP4		Retinol binding protein 4, plasma
REL	c-Rel, I-Rel	V-rel avian reticuloendotheliosis viral oncogene homolog
RELA	NFKB3, p65	V-rel avian reticuloendotheliosis viral oncogene homolog A
RELB	REL-B	V-rel avian reticuloendotheliosis viral oncogene homolog B
RET	CDHF12, CDHR16,	Ret proto-oncogene

	HSCR1, MEN2A, MEN2B, MTC1, PTC, RET51	
RHOA	ARH12, ARHA, Rho12, RhoA, RHOH12	Ras homolog family member A
RHOB	ARH6, ARHB, MST081, RhoB, RHOH6	Ras homolog family member B
RHOC	ARH9, ARHC, RhoC	Ras homolog family member C
RPA2		Replication protein A2, 32kDa
RPL27	L27	Ribosomal protein L27
RPS3	FLJ26283, FLJ27450, MGC87870, S3	Ribosomal protein S3
RPS6KA1	HU-1, RSK, RSK1	Ribosomal protein S6 kinase, 90kDa, polypeptide 1
RPS6KA3	CLS, HU-3, MRX19, RSK, RSK2	Ribosomal protein S6 kinase, 90kDa, polypeptide 3
RXRA	NR2B1	Retinoid X receptor, alpha
RXRB	H-2RIIBP, NR2B2, RCoR-1	Retinoid X receptor, beta
RXRG	NR2B3	Retinoid X receptor, gamma
S100A1	S100-alpha, S100A	S100 calcium binding protein A1
S100A2	CAN19, S100L	S100 calcium binding protein A2
S100A4	18A2, 42A, CAPL, FSP1, MTS1, P9KA, PEL98	S100 calcium binding protein A4
S100A6	2A9, CABP, CACY, PRA	S100 calcium binding protein A6
S100A7	PSOR1, S100A7c	S100 calcium binding protein A7
S100A8	60B8AG, CAGA, CFAG, CGLA, MRP8, P8	S100 calcium binding protein A8
S100A9	60B8AG, CAGB, CFAG, CGLB, LIAG, MAC387, MIF, MRP14, NIF, P14	S100 calcium binding protein A9
S100B	S100beta	S100 calcium binding protein B
S1PR1	CD363, D1S3362, edg-1, EDG1	Sphingosine-1-phosphate receptor 1
SAA1	PIG4, SAA, TP53I4	Serum amyloid A1
SAA2		Serum amyloid A2
SART1	Ara1, SNRNP110, Snu66	Squamous cell carcinoma antigen recognized by T cells
SCGB1A1	CC10, CC16, CCSP, UGB	Secretoglobin, family 1A, member 1 (uteroglobin)
SCGB1D2	LIPB, LPHB	Secretoglobin, family 1D, member 2
SCGB2A1	LPHC, MGB2, MGC71973, UGB3	Secretoglobin, family 2A, member 1
SCGB2A2	MGB1, MGC71974, UGB2	Secretoglobin, family 2A, member 2
SDC1	CD138, SDC, SYND1, syndecan	Syndecan 1
SELE	CD62E, ELAM, ELAM1, ESEL	Selectin E
SELL	CD62L, hLHRc, LAM-1,	Selectin L

	LAM1, Leu-8, LNHR, LSEL, Lyam-1, LYAM1, PLNHR	
SELP	CD62, CD62P, GMP140, GRMP, PADGEM, PSEL	Selectin P (granule membrane protein 140kDa, antigen CD62)
SEMA3B	LUCA-1, SemA, sema5, SEMAA, semaV	Sema domain, immunoglobulin domain (Ig), short basic domain, secreted, (semaphorin) 3B
2-Sep	DIFF6, hNedd5, KIAA0158, NEDD5, Pnutl3	Septin 2
SERPINA1	A1A, A1AT, AAT, alpha-1-antitrypsin, alpha1AT, PI, PI1	Serpin peptidase inhibitor, clade A (alpha-1 antiproteinase, antitrypsin), member 1
SERPINA3	AACT, ACT, alpha-1-antichymotrypsin	Serpin peptidase inhibitor, clade A (alpha-1 antiproteinase, antitrypsin), member 3
SERPINA5	PAI3, PCI, PLANH3, PROCI	Serpin peptidase inhibitor, clade A (alpha-1 antiproteinase, antitrypsin), member 5
SERPINB2	HsT1201, PAI2, PLANH2	Serpin peptidase inhibitor, clade B (ovalbumin), member 2
SERPINB3	HsT1196, SCC, SCCA1, T4-A	Serpin peptidase inhibitor, clade B (ovalbumin), member 3
SERPINB4	LEUPIN, PI11, SCCA-2, SCCA1, SCCA2	Serpin peptidase inhibitor, clade B (ovalbumin), member 4
SERPINE1	PAI, PAI1, PLANH1	Serpin peptidase inhibitor, clade E (nexin, plasminogen activator inhibitor type 1), member 1
SERPINF1	EPC-1, PEDF, PIG35	Serpin peptidase inhibitor, clade F (alpha-2 antiplasmin, pigment epithelium derived factor), member 1
SFN	YWHAS	Stratifin
SHBG	ABP, MGC126834, MGC138391, TEBG	Sex hormone-binding globulin
SIRT2	SIR2L	Sirtuin 2
SKP2	FBL1, FBXL1, p45	S-phase kinase-associated protein 2, E3 ubiquitin protein ligase
SLC19A1	FOLT	Solute carrier family 19 (folate transporter), member 1
SLC2A1	DYT18, GLUT, GLUT1, HTLVR	Solute carrier family 2 (facilitated glucose transporter), member 1
SLC3A2	4F2, 4F2HC, 4T2HC, CD98, CD98HC, MDU1, NACAE	Solute carrier family 3 (amino acid transporter heavy chain), member 2
SLPI	ALK1, ALP, BLPI, HUSI, HUSI-I, WAP4, WFDC4	Secretory leukocyte peptidase inhibitor
SMAD1	JV4-1, MADH1, MADR1	SMAD family member 1
SMAD2	JV18-1, MADH2, MADR2	SMAD family member 2

SMAD3	HsT17436, JV15-2, MADH3	SMAD family member 3
SMAD4	DPC4, MADH4	SMAD family member 4
SMYD3	KMT3E, ZMYND1, ZNFN3A1	SET and MYND domain containing 3
SOD1	ALS, ALS1, IPOA	Superoxide dismutase 1, soluble
SOD2		Superoxide dismutase 2, mitochondrial
SOX1		SRY (sex determining region Y)-box 1
SOX9	CMD1, CMPD1, SRA1	SRY (sex determining region Y)-box 9
SP1		Sp1 transcription factor
SPARC	ON	Secreted protein, acidic, cysteine-rich (osteonectin)
SPARCL1	MAST9	SPARC-like 1 (hevin)
SPINK1	PCTT, PSTI, Spink3, TATI	Serine peptidase inhibitor, Kazal type 1
SPINT1	HAI, MANSC2	Serine peptidase inhibitor, Kunitz type 1
SPINT2	HAI-2, Kop	Serine peptidase inhibitor, Kunitz type, 2
SPP1	BNSP, BSPI, ETA-1, OPN	Secreted phosphoprotein 1
SPRR1B	GADD33, SPRR1	Small proline-rich protein 1B
SPRR3		Small proline-rich protein 3
SPRY1	hSPRY1	Sprouty homolog 1, antagonist of FGF signaling (Drosophila)
SRC	ASV, c-src, SRC1	SRC proto-oncogene, non-receptor tyrosine kinase
SRD5A1		Steroid-5-alpha-reductase, alpha polypeptide 1 (3-oxo-5 alpha-steroid delta 4-dehydrogenase alpha 1)
SRD5A2		Steroid-5-alpha-reductase, alpha polypeptide 2 (3-oxo-5 alpha-steroid delta 4-dehydrogenase alpha 2)
SST	SMST	Somatostatin
SSX2	CT5.2a, HD21, HOM-MEL-40, MGC119055, MGC15364, MGC3884, SSX	Synovial sarcoma, X breakpoint 2
SSX2B	CT5.2b	Synovial sarcoma, X breakpoint 2B
ST14	HAI, MT-SP1, PRSS14, SNC19, TMPRSS14	Suppression of tumorigenicity 14 (colon carcinoma)
STARD3	es64, MLN64	StAR-related lipid transfer (START) domain containing 3
STAT4		Signal transducer and activator of transcription 4
STAT5A	MGF, STAT5	Signal transducer and activator of transcription 5A
STEAP1	PRSS24, STEAP	Six transmembrane epithelial antigen of the prostate 1

STMN1	C1orf215, FLJ32206, Lag, LAP18, OP18, PP17, PP19, PR22, SMN	Stathmin 1
STRAP	MAWD, pt-wd, UNRIP	Serine/threonine kinase receptor associated protein
STT3A	ITM1, MGC9042, STT3-A, TMC	STT3A, subunit of the oligosaccharyltransferase complex (catalytic)
SULT1E1	EST, STE	Sulfotransferase family 1E, estrogen-preferring, member 1
TAGLN	DKFZp686P11128, SM22, SMCC, TAGLN1, WS3-10	Transgelin
TDRD6	bA446F17.4, CT41.2, NY-CO-45, SPATA36	Tudor domain containing 6
TEK	CD202b, TIE-2, TIE2, VMCM, VMCM1	TEK tyrosine kinase, endothelial
TERT	EST2, hEST2, TCS1, TP2, TRT	Telomerase reverse transcriptase
TF	PRO1557, PRO2086	Transferrin
TFAP2B	AP2-B	Transcription factor AP-2 beta (activating enhancer binding protein 2 beta)
TFDP1	Dp-1, DP1, DRTF1	Transcription factor Dp-1
TFDP2	Dp-2	Transcription factor Dp-2 (E2F dimerization partner 2)
TFF1	BCE1, D21S21, HP1.A, HPS2, pNR-2, pS2	Trefoil factor 1
TFF2	SML1	Trefoil factor 2
TFF3	HITF, ITF	Trefoil factor 3 (intestinal)
TFRC	CD71, p90, TFR1	Transferrin receptor
TG	AITD3, TGN	Thyroglobulin
TGFA		Transforming growth factor, alpha
TGFB1	CED, DPD1, TGFB, TGFBeta	Transforming growth factor, beta 1
TGFB2		Transforming growth factor, beta 2
TGFB3	ARVD, ARVD1	Transforming growth factor, beta 3
TGFBR3	betaglycan, BGCAN	Transforming growth factor, beta receptor III
TGM4	TGP	Transglutaminase 4
TGM7	TGMZ	Transglutaminase 7
THBS1	THBS, THBS-1, TSP, TSP-1, TSP1	Thrombospondin 1
THBS2	TSP2	Thrombospondin 2
THBS4		Thrombospondin 4
THPO	MGDF, MPLLG, TPO	Thrombopoietin
THRA	AR7, EAR-7.1/EAR-7.2, ERBA, ERBA1, NR1A1,	Thyroid hormone receptor, alpha

	THRA1, THRA2, THRA3	
THRB	ERBA-BETA, ERBA2, GRTH, NR1A2, PRTH, THR1, THRB1, THRB2	Thyroid hormone receptor, beta
TIE1	JTK14, TIE	Tyrosine kinase with immunoglobulin-like and EGF-like domains 1
TIMP1	CLGI, EPO, TIMP	TIMP metalloproteinase inhibitor 1
TIMP2	CSC-21K	TIMP metalloproteinase inhibitor 2
TIMP3	SFD	TIMP metalloproteinase inhibitor 3
TK1		Thymidine kinase 1, soluble
TMF1	ARA160, TMF	TATA element modulatory factor 1
TMPRSS2	PRSS10	Transmembrane protease, serine 2
TMPRSS3	DFNB10, DFNB8	Transmembrane protease, serine 3
TNC	DFNA56, HXB, MGC167029, TN	Tenascin C
TNF	DIF, TNF-alpha, TNFA, TNFSF2	Tumor necrosis factor
TNFAIP2	B94, EXOC3L3	Tumor necrosis factor, alpha-induced protein 2
TNFAIP3	A20, OTUD7C	Tumor necrosis factor, alpha-induced protein 3
TNFRSF10A	Apo2, CD261, DR4, TRAILR-1	Tumor necrosis factor receptor superfamily, member 10a
TNFRSF10B	CD262, DR5, KILLER, TRAIL-R2, TRICK2A, TRICKB	Tumor necrosis factor receptor superfamily, member 10b
TNFRSF10C	CD263, DcR1, LIT, TRAILR3, TRID	Tumor necrosis factor receptor superfamily, member 10c, decoy without an intracellular domain
TNFRSF10D	CD264, DcR2, TRAILR4, TRUNDD	Tumor necrosis factor receptor superfamily, member 10d, decoy with truncated death domain
TNFRSF11B	OCIF, OPG, TR1	Tumor necrosis factor receptor superfamily, member 11b
TNFRSF12A	CD266, FN14, TweakR	Tumor necrosis factor receptor superfamily, member 12A
TNFRSF14	ATAR, CD270, HVEA, HVEM, LIGHTR, TR2	Tumor necrosis factor receptor superfamily, member 14
TNFRSF1A	CD120a, TNF-R, TNF-R-I, TNF-R55, TNFAR, TNFR1, TNFR60	Tumor necrosis factor receptor superfamily, member 1A
TNFRSF1B	CD120b, p75, TNF-R-II, TNF-R75, TNFBR, TNFR2, TNFR80	Tumor necrosis factor receptor superfamily, member 1B
TNFRSF4	ACT35, CD134, OX40, TXGP1L	Tumor necrosis factor receptor superfamily, member 4
TNFRSF8	CD30, D1S166E, KI-1	Tumor necrosis factor receptor superfamily, member 8

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TNFRSF9	4-1BB, CD137, ILA	Tumor necrosis factor receptor superfamily, member 9
TNFSF10	Apo-2L, CD253, TL2, TRAIL	Tumor necrosis factor (ligand) superfamily, member 10
TNFSF11	CD254, ODF, OPGL, RANKL, TRANCE	Tumor necrosis factor (ligand) superfamily, member 11
TNFSF13	APRIL, CD256	Tumor necrosis factor (ligand) superfamily, member 13
TNFSF13B	BAFF, BLYS, CD257, TALL-1, TALL1, THANK, TNFSF20	Tumor necrosis factor (ligand) superfamily, member 13b
TNFSF4	CD252, gp34, OX-40L, TXGP1	Tumor necrosis factor (ligand) superfamily, member 4
TNFSF8	CD153, CD30LG	Tumor necrosis factor (ligand) superfamily, member 8
TNK2	ACK, ACK1, p21cdc42Hs	Tyrosine kinase, non-receptor, 2
TOP2A	TOP2	Topoisomerase (DNA) II alpha 170kDa
TP53	LFS1, p53	Tumor protein p53
TP53BP2	53BP2, ASPP2, PPP1R13A	Tumor protein p53 binding protein 2
TPD52	D52, hD52, N8L	Tumor protein D52
TPI1		Triosephosphate isomerase 1
TPM1	C15orf13, CMH3	Tropomyosin 1 (alpha)
TPM2	AMCD1, DA1, NEM4	Tropomyosin 2 (beta)
TPX2	C20orf1, C20orf2, DIL-2, p100	TPX2, microtubule-associated
TRAF1	EBI6	TNF receptor-associated factor 1
TRAF2	TRAP3	TNF receptor-associated factor 2
TRAF4	CART1, MLN62, RNF83	TNF receptor-associated factor 4
TRIM25	EFP, RNF147, ZNF147	Tripartite motif containing 25
TRIP4	HsT17391, ZC2HC5	Thyroid hormone receptor interactor 4
TRO	KIAA1114, MAGE-D3, MAGED3	Trophinin
TSG101	TSG10, VPS23	Tumor susceptibility 101
TSPAN8	CO-029, TM4SF3	Tetraspanin 8
TSPO	BZRP, DBI, IBP, MBR, mDRC, PBR, pk18, PKBS	Translocator protein (18kDa)
TTR	CTS, CTS1, HsT2651, PALB	Transthyretin
TUSC2	C3orf11, FUS1, PAP, PDAP2	Tumor suppressor candidate 2
TWIST1	ACS3, bHLHa38, BPES2, BPES3, CRS, CRS1, H-twist, SCS, TWIST	Twist family bHLH transcription factor 1
TXLNA	DKFZp451J0118	Taxilin alpha
TYMP	ECGF1, MNGIE	Thymidine phosphorylase
TYMS	HsT422, TMS, TS, Tsase	Thymidylate synthetase
TYRO3	Brk, Dtk, RSE, Sky, Tif	TYRO3 protein tyrosine kinase

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UBA1	A1S9T, CFAP124, GXP1, POC20, UBE1, UBE1X	Ubiquitin-like modifier activating enzyme 1
UBE2C	UBCH10	Ubiquitin-conjugating enzyme E2C
UBE2I	UBC9	Ubiquitin-conjugating enzyme E2I
UBE2N	MGC8489, UBC13, UbcH-ben	Ubiquitin-conjugating enzyme E2N
UGT1A10	UGT1J	UDP glucuronosyltransferase 1 family, polypeptide A10
UGT1A3	UGT1C	UDP glucuronosyltransferase 1 family, polypeptide A3
UGT1A4	HUG-BR2, UGT1D	UDP glucuronosyltransferase 1 family, polypeptide A4
UGT1A8	UGT1H	UDP glucuronosyltransferase 1 family, polypeptide A8
UGT1A9	HLUGP4, LUGP4, UGT1AI	UDP glucuronosyltransferase 1 family, polypeptide A9
USH1C	AIE-75, DFNB18, harmonin, NY-CO-37, NY-CO-38, PDZ-73, PDZ73, PDZD7C	Usher syndrome 1C (autosomal recessive, severe)
VAMP3	CEB	Vesicle-associated membrane protein 3
VCAM1	CD106	Vascular cell adhesion molecule 1
VEGFA	VEGF, VEGF-A, VPF	Vascular endothelial growth factor A
VEGFB	VEGFL, VRF	Vascular endothelial growth factor B
VEGFC	VRP	Vascular endothelial growth factor C
VHL	VHL1	Von Hippel-Lindau tumor suppressor, E3 ubiquitin protein ligase
VIL1	D2S1471, VIL	Villin 1
VIP		Vasoactive intestinal peptide
VTN	VN	Vitronectin
VWF	F8VWF	Von Willebrand factor
WEE1		WEE1 G2 checkpoint kinase
WFDC2	dJ461P17.6, EDDM4, HE4, WAP5	WAP four-disulfide core domain 2
WISP1	CCN4	WNT1 inducible signaling pathway protein 1
WNT1	INT1	Wingless-type MMTV integration site family, member 1
WNT2	INT1L1, IRP	Wingless-type MMTV integration site family member 2
WRN	RECQ3, RECQL2	Werner syndrome, RecQ helicase-like
WT1	AWT1, GUD, WAGR, WIT-2	Wilms tumor 1
XBP1	XBP2	X-box binding protein 1
XIAP	API3, BIRC4, hILP	X-linked inhibitor of apoptosis
XPA	XP1, XPAC	Xeroderma pigmentosum, complementation group A

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XPC	RAD4, XPCC	Xeroderma pigmentosum, complementation group C
XRCC2		X-ray repair complementing defective repair in Chinese hamster cells 2
XRCC3		X-ray repair complementing defective repair in Chinese hamster cells 3
XRCC4		X-ray repair complementing defective repair in Chinese hamster cells 4
XRCC5	KARP-1, KU80, Ku86, KUB2	X-ray repair complementing defective repair in Chinese hamster cells 5 (double-strand-break rejoining)
XRCC6	D22S671, D22S731, G22P1, KU70, ML8	X-ray repair complementing defective repair in Chinese hamster cells 6
YBX1	BP-8, CSDA2, CSDB, DBPB, MDR-NF1, NSEP-1, NSEP1, YB-1, YB1	Y box binding protein 1
YWHAB	YWHAA	Tyrosine 3-monooxygenase/tryptophan 5-monooxygenase activation protein, beta
YWHAE	FLJ45465	Tyrosine 3-monooxygenase/tryptophan 5-monooxygenase activation protein, epsilon
YWHAH	YWHA1	Tyrosine 3-monooxygenase/tryptophan 5-monooxygenase activation protein, eta
ZBTB16	PLZF, ZNF145	Zinc finger and BTB domain containing 16
ZMAT3	FLJ12296, MGC10613, PAG608, WIG-1, WIG1	Zinc finger, matrin-type 3

[0224] In one embodiment, the biomarker is MYC. In one embodiment, the measurable aspect of MYC is its expression status. In one embodiment, the biomarker is overexpression of MYC.

[0225] Thus, in certain aspects of the disclosure, the biomarker is MYC which is differentially present in a subject of one phenotypic status, e.g., a patient having cancer, e.g., hepatocellular carcinoma (HCC), glioblastomas (GBM), lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, or colorectal cancer, as compared with another phenotypic status, e.g., a normal undiseased subject or a patient having cancer without overexpression MYC.

[0226] In one embodiment, the biomarker is MCL1. In one embodiment, the measurable aspect of MCL1 is its expression status. In one embodiment, the biomarker is overexpression of MCL1.

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[0227] A biomarker is differentially present between different phenotypic status groups if the mean or median expression or mutation levels of the biomarker is calculated to be different, i.e., higher or lower, between the groups. Thus, biomarkers provide an indication that a subject, e.g., a cancer patient, belongs to one phenotypic status or another.

[0228] Thus, in certain aspects of the disclosure, the biomarker is MCL1 which is differentially present, i.e., overexpressed, in a subject of one phenotypic status, e.g., a patient having cancer, e.g., hepatocellular carcinoma (HCC), glioblastomas (GBM), lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, colorectal cancer, medulloblastoma, or general brain tumors, as compared with another phenotypic status, e.g., an undiseased patient or a cancer patient without overexpression MCL1.

[0229] In addition to individual biological compounds, e.g., MYC or MCL1, the term "biomarker" as used herein is meant to include groups, sets, or arrays of multiple biological compounds. For example, the combination of MYC and MCL1 may comprise a biomarker. The term "biomarker" may comprise one, two, three, four, five, six, seven, eight, nine, ten, fifteen, twenty, twenty five, thirty, or more, biological compounds.

[0230] The determination of the expression level or mutation status of a biomarker in a patient can be performed using any of the many methods known in the art. Any method known in the art for quantitating specific proteins and/or detecting MYC and/or MCL1 expression, or the expression or mutation levels of any other biomarker in a patient or a biological sample may be used in the methods of the disclosure. Examples include, but are not limited to, PCR (polymerase chain reaction), or RT-PCR, Northern blot, Western blot, ELISA (enzyme linked immunosorbent assay), RIA (radioimmunoassay), gene chip analysis of RNA expression, immunohistochemistry or immunofluorescence. *See, e.g.,* Slagle et al. Cancer 83:1401 (1998). Certain embodiments of the disclosure include methods wherein biomarker RNA expression (transcription) is determined. Other embodiments of the disclosure include methods wherein protein expression in the biological sample is determined. *See, for example, Harlow et al., Antibodies: A Laboratory Manual, Cold Spring Harbor Laboratory, Cold Spring Harbor, NY, (1988) and Ausubel et al., Current Protocols in Molecular Biology, John Wiley & Sons, New York 3rd Edition, (1995).* For northern blot or RT-PCR analysis, RNA is isolated from

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the tumor tissue sample using RNase free techniques. Such techniques are commonly known in the art.

[0231] In one embodiment of the disclosure, a biological sample is obtained from the patient and cells in the biopsy are assayed for determination of biomarker expression or mutation status.

[0232] In one embodiment of the disclosure, PET imaging is used to determine biomarker expression.

[0233] In another embodiment of the disclosure, Northern blot analysis of biomarker transcription in a tumor cell sample is performed. Northern analysis is a standard method for detection and/or quantitation of mRNA levels in a sample. Initially, RNA is isolated from a sample to be assayed using Northern blot analysis. In the analysis, the RNA samples are first separated by size via electrophoresis in an agarose gel under denaturing conditions. The RNA is then transferred to a membrane, crosslinked and hybridized with a labeled probe. Typically, Northern hybridization involves polymerizing radiolabeled or nonisotopically labeled DNA, in vitro, or generation of oligonucleotides as hybridization probes. Typically, the membrane holding the RNA sample is prehybridized or blocked prior to probe hybridization to prevent the probe from coating the membrane and, thus, to reduce non-specific background signal. After hybridization, typically, unhybridized probe is removed by washing in several changes of buffer. Stringency of the wash and hybridization conditions can be designed, selected and implemented by any practitioner of ordinary skill in the art. Detection is accomplished using detectably labeled probes and a suitable detection method. Radiolabeled and non-radiolabeled probes and their use are well known in the art. The presence and or relative levels of expression of the biomarker being assayed can be quantified using, for example, densitometry.

[0234] In another embodiment of the disclosure, biomarker expression and/or mutation status is determined using RT-PCR. RT-PCR allows detection of the progress of a PCR amplification of a target gene in real time. Design of the primers and probes required to detect expression and/or mutation status of a biomarker of the disclosure is within the skill of a practitioner of ordinary skill in the art. RT-PCR can be used to determine the level of RNA encoding a biomarker of the disclosure in a tumor tissue sample. In an embodiment of the disclosure, RNA from the biological sample is isolated, under RNase free conditions, then converted to DNA by treatment with reverse transcriptase. Methods

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for reverse transcriptase conversion of RNA to DNA are well known in the art. A description of PCR is provided in the following references: Mullis et al., *Cold Spring Harbor Symp. Quant. Biol.* 51:263 (1986); EP 50,424; EP 84,796; EP 258,017; EP 237,362; EP 201,184; U.S. Patent Nos. 4,683,202; 4,582,788; 4,683,194.

[0235] RT-PCR probes depend on the 5'-3' nuclease activity of the DNA polymerase used for PCR to hydrolyze an oligonucleotide that is hybridized to the target amplicon (biomarker gene). RT-PCR probes are oligonucleotides that have a fluorescent reporter dye attached to the 5' end and a quencher moiety coupled to the 3' end (or vice versa). These probes are designed to hybridize to an internal region of a PCR product. In the unhybridized state, the proximity of the fluor and the quench molecules prevents the detection of fluorescent signal from the probe. During PCR amplification, when the polymerase replicates a template on which an RT-PCR probe is bound, the 5'-3' nuclease activity of the polymerase cleaves the probe. This decouples the fluorescent and quenching dyes and FRET no longer occurs. Thus, fluorescence increases in each cycle, in a manner proportional to the amount of probe cleavage. Fluorescence signal emitted from the reaction can be measured or followed over time using equipment which is commercially available using routine and conventional techniques.

[0236] In another embodiment of the disclosure, expression of proteins encoded by biomarkers are detected by western blot analysis. A western blot (also known as an immunoblot) is a method for protein detection in a given sample of tissue homogenate or extract. It uses gel electrophoresis to separate denatured proteins by mass. The proteins are then transferred out of the gel and onto a membrane (e.g., nitrocellulose or polyvinylidene fluoride (PVDF)), where they are detected using a primary antibody that specifically binds to the protein. The bound antibody can then be detected by a secondary antibody that is conjugated with a detectable label (e.g., biotin, horseradish peroxidase or alkaline phosphatase). Detection of the secondary label signal indicates the presence of the protein.

[0237] In another embodiment of the disclosure, the expression of a protein encoded by a biomarker is detected by enzyme-linked immunosorbent assay (ELISA). In one embodiment of the disclosure, "sandwich ELISA" comprises coating a plate with a capture antibody; adding sample wherein any antigen present binds to the capture antibody; adding a detecting antibody which also binds the antigen; adding an enzyme-

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linked secondary antibody which binds to detecting antibody; and adding substrate which is converted by an enzyme on the secondary antibody to a detectable form. Detection of the signal from the secondary antibody indicates presence of the biomarker antigen protein.

[0238] In another embodiment of the disclosure, the expression of a biomarker is evaluated by use of a gene chip or microarray. Such techniques are within ordinary skill held in the art.

[0239] The present disclosure also provides the following particular embodiments with respect to biomarkers:

[0240] Embodiment I. A method of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form, wherein one or more of the genes listed in Table 1 is differentially present in a biological sample taken from the patient as compared with a biological sample taken from a subject of another phenotypic status.

[0241] Embodiment II. The method of Embodiment I, wherein MYC overexpression is present in a sample taken from the patient.

[0242] Embodiment III. The method of Embodiments I or II, wherein MCL1 overexpression is present in a sample taken from the patient.

[0243] Embodiment IV. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of an immune checkpoint inhibitor.

[0244] Embodiment V. The method of Embodiment IV, wherein the TG02 polymorphic form is administered to the patient before an immune checkpoint inhibitor.

[0245] Embodiment VI. The method of Embodiment IV, wherein the TG02 polymorphic form is administered to the patient after an immune checkpoint inhibitor.

[0246] Embodiment VII. The method of Embodiment IV, wherein the TG02 polymorphic form is administered to the patient at the same time as an immune checkpoint inhibitor.

[0247] Embodiment VIII. The method of any one of Embodiments IV-VII, wherein the immune checkpoint inhibitor is selected from the group consisting of a PD-1 inhibitor, a PD-L1 inhibitor, a CTLA-4 inhibitor, a LAG3 inhibitor, a TIM3 inhibitor, and a cd47 inhibitor.

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- [0248] Embodiment IX. The method of Embodiment VIII, wherein the immune checkpoint inhibitor is a PD-1 inhibitor.
- [0249] Embodiment X. The method of Embodiment IX, wherein the PD-1 inhibitor is an anti-PD-1 antibody.
- [0250] Embodiment XI. The method of Embodiment X, wherein the anti-PD-1 antibody is selected from the group consisting of nivolumab, pembrolizumab, pidilizumab and STI-1110.
- [0251] Embodiment XII. The method of Embodiment VIII, wherein the immune checkpoint inhibitor is a PD-L1 inhibitor.
- [0252] Embodiment XIII. The method of Embodiment XII, wherein the PD-L1 inhibitor is an anti-PD-L1 antibody.
- [0253] Embodiment XIV. The method of Embodiment XII, wherein the anti-PD-L1 antibody is selected from the group consisting of avelumab, atezolizumab, durvalumab, and STI-1014.
- [0254] Embodiment XV. The method of Embodiment VIII, wherein the immune checkpoint inhibitor is an anti-CTLA-4 inhibitor.
- [0255] Embodiment XVI. The method of Embodiment XV, wherein the CTLA-4 inhibitor is an anti-CTLA-4 antibody.
- [0256] Embodiment XVII. The method of Embodiment XVI, wherein the anti-CTLA-4 antibody is selected from the group consisting of ipilimumab and tremelimumab.
- [0257] Embodiment XVIII. The method of Embodiment VIII, wherein immune checkpoint inhibitor is a LAG3 inhibitor.
- [0258] Embodiment XIX. The method of Embodiment XVII, wherein the LAG3 inhibitor is an anti-LAG3 antibody.
- [0259] Embodiment XX. The method of Embodiment XIX, wherein the anti-LAG3 antibody is GSK2831781.
- [0260] Embodiment XXI. The method of Embodiment XX, wherein the immune checkpoint inhibitor is a TIM3 inhibitor.
- [0261] Embodiment XXII. The method of Embodiment XXI, wherein the TIM3 inhibitor is an anti-TIM3 antibody.

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- [0262] Embodiment XXIII. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of an alkylating agent.
- [0263] Embodiment XXIV. The method of Embodiment XXIII, wherein the TG02 polymorphic form is administered to the patient before the alkylating agent.
- [0264] Embodiment XXV. The method of Embodiment XXIII, wherein the TG02 polymorphic form is administered to the patient after the alkylating agent.
- [0265] Embodiment XXVI. The method of Embodiment XXIII, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the alkylating agent.
- [0266] Embodiment XXVII. The method of any one of Embodiments XXIII-XXVI, wherein the alkylating agent is temozolimide.
- [0267] Embodiment XXVIII. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of a protein kinase inhibitor.
- [0268] Embodiment XXIX. The method of Embodiment XXVIII, wherein the TG02 polymorphic form is administered to the patient before the protein kinase inhibitor.
- [0269] Embodiment XXX. The method of Embodiment XXVIII, wherein the TG02 polymorphic form is administered to the patient after the protein kinase inhibitor.
- [0270] Embodiment XXXI. The method of Embodiment XXVIII, wherein a therapeutically effective amount of TG02 is administered to the patient at the same time as the protein kinase inhibitor.
- [0271] Embodiment XXXII. The method of any one of Embodiments XXVIII-XXXI, wherein the protein kinase inhibitor is sorafenib.
- [0272] Embodiment XXXIII. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of a proteasome inhibitor.
- [0273] Embodiment XXXIV. The method of Embodiment XXXIII, wherein the TG02 polymorphic form is administered to the patient before the proteasome inhibitor.
- [0274] Embodiment XXXV. The method of Embodiment XXXIII, wherein the TG02 polymorphic form is administered to the patient after the proteasome inhibitor.

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- [0275] Embodiment XXXVI. The method of Embodiment XXXIII, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the proteasome inhibitor.
- [0276] Embodiment XXXVII. The method of any one of Embodiments XXXIII-XXXVI, wherein the proteasome inhibitor is bortezomib.
- [0277] Embodiment XXXVIII. The method of any one of Embodiments XXXIII-XXXVI, wherein the proteasome inhibitor is carfilizomib.
- [0278] Embodiment XXXIX. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of a topoisomerase II inhibitor.
- [0279] Embodiment XL. The method of Embodiment XXXIX, wherein the TG02 polymorphic form is administered to the patient before the topoisomerase II inhibitor.
- [0280] Embodiment XLI. The method of Embodiment XXXIX, wherein the TG02 polymorphic form is administered to the patient after the topoisomerase II inhibitor.
- [0281] Embodiment XLII. The method of Embodiment XXXIX, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the topoisomerase II inhibitor.
- [0282] Embodiment XLIII. The method of any one of Embodiments XXXIX-XLII, wherein the topoisomerase II inhibitor is doxorubicin.
- [0283] Embodiment XLIV. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of a platinum coordinating complex.
- [0284] Embodiment XLV. The method of Embodiment XLIV, wherein the TG02 polymorphic form is administered to the patient before the platinum coordinating complex.
- [0285] Embodiment XLVI. The method of Embodiment XLIV, wherein the TG02 polymorphic form is administered to the patient after the platinum coordinating complex.
- [0286] Embodiment XLVII. The method of Embodiment XLIV, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the platinum coordinating complex.
- [0287] Embodiment XLVIII. The method of any one of Embodiments XLIV-XLVII, wherein the platinum coordinating complex is cisplatin.

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- [0288] Embodiment XLIX. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of lenalidomide.
- [0289] Embodiment L. The method of Embodiment XLIX, wherein the TG02 polymorphic form is administered to the patient before lenalidomide.
- [0290] Embodiment LI. The method of Embodiment XLIX, wherein the TG02 polymorphic form is administered to the patient after lenalidomide.
- [0291] Embodiment LII. The method of Embodiment XLIX, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as lenalidomide.
- [0292] Embodiment LIII. The method of any one of Embodiments I-III further comprising administering to the patient a therapeutically effective amount of radiotherapy.
- [0293] Embodiment LIV. The method of Embodiment LIII, wherein the TG02 polymorphic form is administered to the patient before radiotherapy.
- [0294] Embodiment LV. The method of Embodiment LIII, wherein the TG02 polymorphic form is administered to the patient after radiotherapy.
- [0295] Embodiment LVI. The method of Embodiment LIII, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as radiotherapy.
- [0296] Embodiment LVII. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and an immune checkpoint inhibitor.
- [0297] Embodiment LVIII. The method of Embodiment LVII, wherein the TG02 polymorphic form is administered to the patient before the immune checkpoint inhibitor.
- [0298] Embodiment LIX. The method of Embodiment LVII, wherein the TG02 polymorphic form is administered to the patient after the immune checkpoint inhibitor.
- [0299] Embodiment LX. The method of Embodiment LVII, wherein the TG02 polymorphic form is administered to the patient at the same time as the immune checkpoint inhibitor.

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- [0300] Embodiment LXI. The method of any one of Embodiments LVII-LX, wherein immune checkpoint inhibitor is selected from the group consisting of a PD-1 inhibitor, a PD-L1 inhibitor, a CTLA-4 inhibitor, a LAG3 inhibitor, and a TIM3 inhibitor.
- [0301] Embodiment LXII. The method of LXI, wherein the immune checkpoint inhibitor is a PD-1 inhibitor.
- [0302] Embodiment LXIII. The method of Embodiment LXII, wherein the PD-1 inhibitor is an anti-PD-1 antibody.
- [0303] Embodiment LXIV. The method of Embodiment LXIII, wherein the anti-PD-1 antibody is selected from the group consisting of nivolumab, pembrolizumab, pidilizumab and STI-1110.
- [0304] Embodiment LXV. The method of Embodiment LXI, wherein the immune checkpoint inhibitor is a PD-L1 inhibitor.
- [0305] Embodiment LXVI. The method of Embodiment LXV, wherein the PD-L1 inhibitor is an anti-PD-L1 antibody.
- [0306] Embodiment LXVII. The method of Embodiment LXVI, wherein the anti-PD-L1 antibody is selected from the group consisting of avelumab, atezolizumab, durvalumab, and STI-1014.
- [0307] Embodiment LXVIII. The method of Embodiment LXI, wherein the immune checkpoint inhibitor is an anti-CTLA-4 inhibitor.
- [0308] Embodiment LXIX. The method of Embodiment LXVIII, wherein the CTLA-4 inhibitor is an anti-CTLA-4 antibody.
- [0309] Embodiment LXX. The method of Embodiment LXIX, wherein the anti-CTLA-4 antibody is selected from the group consisting of ipilimumab and tremelimumab.
- [0310] Embodiment LXXI. The method of Embodiment LXI, wherein the immune checkpoint inhibitor is a LAG3 inhibitor.
- [0311] Embodiment LXXII. The method of Embodiment LXXI, wherein the LAG3 inhibitor is an anti-LAG3 antibody.
- [0312] Embodiment LXXIII. The method of Embodiment LXXII, wherein the anti-LAG3 antibody is GSK2831781.
- [0313] Embodiment LXXIV. The method of Embodiment LXI, wherein the immune checkpoint inhibitor is a TIM3 inhibitor.

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- [0314] Embodiment LXXV. The method of Embodiment LXXIV, wherein the TIM3 inhibitor is an anti-TIM3 antibody.
- [0315] Embodiment LXXVI. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and an alkylating agent.
- [0316] Embodiment LXXVII. The method of Embodiment LXXVI, wherein the TG02 polymorphic form is administered to the patient before the alkylating agent.
- [0317] Embodiment LXXVIII. The method of Embodiment LXXVI, wherein the TG02 polymorphic form is administered to the patient after the alkylating agent.
- [0318] Embodiment LXXIX. The method of Embodiment LXXVI, wherein the TG02 polymorphic form is administered to the patient at the same time as the alkylating agent.
- [0319] Embodiment LXXX. The method of any one of Embodiments LXXVI-LXXIX, wherein the alkylating agent is temozolimide.
- [0320] Embodiment LXXXI. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and a protein kinase inhibitor.
- [0321] Embodiment LXXXII. The method of Embodiment LXXXI, wherein the TG02 polymorphic form is administered to the patient before the protein kinase inhibitor.
- [0322] Embodiment LXXXIII. The method of Embodiment LXXX, wherein the TG02 polymorphic form is administered to the patient after the protein kinase inhibitor.
- [0323] Embodiment LXXXIV. The method of Embodiment LXXX, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the protein kinase inhibitor.
- [0324] Embodiment LXXXV. The method of any one of Embodiments LXXXI-LXXXIV, wherein the protein kinase inhibitor is sorafenib.
- [0325] Embodiment LXXXVI. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and a proteasome inhibitor.
- [0326] Embodiment LXXXVII. The method of Embodiment LXXXVI, wherein the TG02 polymorphic form is administered to the patient before the proteasome inhibitor.
- [0327] Embodiment LXXXVIII. The method of Embodiment LXXXVI, wherein the TG02 polymorphic form is administered to the patient after the proteasome inhibitor.

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- [0328] Embodiment LXXXIX. The method of Embodiment LXXXVI, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the proteasome inhibitor.
- [0329] Embodiment XC. The method of any one of Embodiments LXXXVI-LXXXIX, wherein the proteasome inhibitor is bortezomib.
- [0330] Embodiment XCI. The method of any one of Embodiments LXXXVI-LXXXIX, wherein the proteasome inhibitor is carfilizomib.
- [0331] Embodiment XCII. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of the TG02 polymorphic form and a topoisomerase II inhibitor.
- [0332] Embodiment XCIII. The method of Embodiment XCII, wherein the TG02 polymorphic form is administered to the patient before the topoisomerase II inhibitor.
- [0333] Embodiment XCIV. The method of Embodiment XCII, wherein the TG02 polymorphic form is administered to the patient after the topoisomerase II inhibitor.
- [0334] Embodiment XCV. The method of Embodiment XCII, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the topoisomerase II inhibitor.
- [0335] Embodiment XCVI. The method of any one of Embodiments XCII-XCV, wherein the topoisomerase II inhibitor is doxorubicin.
- [0336] Embodiment XCVII. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and a platinum coordinating complex.
- [0337] Embodiment XCVIII. The method of Embodiment XCVII, wherein the TG02 polymorphic form is administered to the patient before the platinum coordinating complex.
- [0338] Embodiment XCIX. The method of Embodiment XCVII, wherein the TG02 polymorphic form is administered to the patient after the platinum coordinating complex.
- [0339] Embodiment C. The method of Embodiment XCVII, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as the platinum coordinating complex.
- [0340] Embodiment CI. The method of any one of Embodiments XCVII-C, wherein the platinum coordinating complex is cisplatin.

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- [0341] Embodiment CII. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and lenalidomide.
- [0342] Embodiment CIII. The method of Embodiment CII, wherein the TG02 polymorphic form is administered to the patient before lenalidomide.
- [0343] Embodiment CIV. The method of Embodiment CII, wherein the TG02 polymorphic form is administered to the patient after lenalidomide.
- [0344] Embodiment CV. The method of Embodiment CII, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as lenalidomide.
- [0345] Embodiment CVI. A method of treating a patient having cancer, the method comprising administering to the patient therapeutically effective amounts of a TG02 polymorphic form and radiotherapy.
- [0346] Embodiment CVII. The method of Embodiment CVI, wherein the TG02 polymorphic form is administered to the patient before radiotherapy.
- [0347] Embodiment CVIII. The method of Embodiment CVI, wherein the TG02 polymorphic form is administered to the patient after radiotherapy.
- [0348] Embodiment CIX. The method of Embodiment CVI, wherein a therapeutically effective amount of the TG02 polymorphic form is administered to the patient at the same time as radiotherapy.
- [0349] Embodiment CX. The method of any one of Embodiments I-CIX, wherein the cancer is a solid tumor.
- [0350] Embodiment CXI. The method of any one of Embodiments I-CIX, wherein the cancer is a hematological malignancy.
- [0351] Embodiment CXII. The method of any one of Embodiments I-CIX, wherein the cancer any one or more of the cancers of Table 2.
- [0352] Embodiment CXIII. The method of Embodiment CXII, wherein the cancer is selected from the group consisting of hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.
- [0353] Embodiment CXIV. The method of Embodiment CXII, wherein the cancer is multiple myeloma.

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- [0354] Embodiment CXV. The method of any one of Embodiments I-CXIV, wherein the cancer has become resistant to conventional treatments.
- [0355] Embodiment CXVI. A kit comprising a TG02 polymorphic form and an immune checkpoint inhibitor, an alkylating agent, a protein kinase inhibitor, a proteasome inhibitor, a topoisomerase II inhibitor, a platinum coordinating complex, or lenalidomide, and instructions for administering the TG02 polymorphic form and the immune checkpoint inhibitor, alkylating agent, protein kinase inhibitor, proteasome inhibitor, topoisomerase II inhibitor, platinum coordinating complex, or lenalidomide, to a patient having cancer.
- [0356] Embodiment CXVII: A method of treating a patient having cancer, the method comprising administering a therapeutically effective amount of a TG02 polymorphic form to the patient, wherein cells of the patient contain a biomarker, and the biomarker is overexpression of MCL-1, overexpression of MYC, or co-overexpression of MCL-1 and MYC.
- [0357] Embodiment CXVIII: A method of treating a patient having cancer, the method comprising:
- (a) determining the expression level of MCL-1, MYC, or MCL-1 and MYC, in a biological sample from the patient, and when the expression level is determined to be higher than that of a control sample, e.g., a sample from a normal undiseased patient or a patient having cancer without overexpression of MCL-1, MYC, or MCL-1 and MYC,
 - (b) administering to the patient a therapeutically effective amount of a TG02 polymorphic form.
- [0358] Embodiment CXIX: A method for treating a cancer that overexpresses MCL-1, MYC, or MCL-1 and MYC, in a patient, the method comprising administering to the patient a therapeutically effective amount of a TG02 polymorphic form.
- [0359] Embodiment CXX: A method of treating a human patient having cancer, the method comprising:
- (a) obtaining a biological sample from the patient;
 - (b) determining whether the biological sample co-overexpresses MCL-1 and MYC;
- and

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(c) administering to the patient a therapeutically effective amount of a TG02 polymorphic form if the biological sample indicates co-overexpression of MCL-1 and MYC.

[0360] Embodiment CXXI: A method of treating a human patient having cancer, the method comprising:

(a) measuring the MCL-1 expression level in a biological sample collected from the patient prior to administering a TG02 polymorphic form to the subject;

(b) determining whether the MCL-1 expression level is higher than a predetermined threshold standard; and

(c) administering a therapeutically effective amount of the TG02 polymorphic form and, optionally, a MCL-1 inhibitor, to the patient if the MCL-1 expression level is higher than the predetermined threshold standard.

[0361] Embodiment CXXII: A method of treating a human patient having cancer, the method comprising:

(a) measuring the MYC expression level in a biological sample collected from the patient prior to administering a TG02 polymorphic form to the subject;

(b) determining whether the MYC expression level is higher than a predetermined threshold standard; and

(c) administering a therapeutically effective amount of the TG02 polymorphic form and, optionally, a MYC inhibitor, to the patient if the MYC expression level is higher than the predetermined threshold standard.

[0362] Embodiment CXXIII: The method of any one of Embodiments CXVII- CXXII, wherein at least one additional anticancer agent is administered to the patient.

[0363] Embodiment CXXIV: The method of Embodiment CXXIII, wherein the at least one additional anticancer agent is an anti-PD-1 antibody.

[0364] Embodiment CXXV: The method of Embodiment CXXIII, wherein the at least one additional anticancer agent is radiation.

[0365] Embodiment CXXVI: The method of Embodiment CXXIII, wherein the at least one additional anticancer agent is temozolomide.

[0366] Embodiment CXXVII: The method of any one of Embodiments CXVII- CXXVI, wherein the cancer is selected from the group consisting of glioblastoma, hepatocellular

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carcinoma, non-small cell and small-cell lung cancer, head and neck cancer, colorectal carcinoma, and triple-negative breast cancer.

- [0367] Embodiment CXXVIII: A method of treating a human patient having glioblastoma, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and an anti-PD-1 antibody to the patient.
- [0368] Embodiment CXXIX: A method of treating a human patient having glioblastoma, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and radiation to the patient.
- [0369] Embodiment CXXX: A method of treating a human patient having glioblastoma, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and temozolomide to the patient.
- [0370] Embodiment CXXXI: A method of treating a human patient having hepatocellular carcinoma, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and sorafenib or regorafenib to the patient.
- [0371] Embodiment CXXXII: A method of treating a human patient having multiple myeloma, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and bortezomib, carfilzomib, or lenalidomide to the patient.
- [0372] Embodiment CXXXIII: A method of treating a human patient having chronic lymphocytic leukemia, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and ibrutinib or idelalisib to the patient.
- [0373] Embodiment CXXXIV: A method of treating a human patient having acute myeloid leukemia, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and cytarabine (Ara-C) to the patient.
- [0374] Embodiment CXXXV: A method of treating a human patient having triple-negative breast cancer, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and doxorubicin to the patient.
- [0375] Embodiment CXXXVI: A method of treating a human patient having small-cell lung cancer, the method comprising administering therapeutically effective amounts of a TG02 polymorphic form and cisplatin to the patient.

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- [0376] Embodiment CXXXVII: A method of treating a human patient having cancer, the method comprising administering therapeutically a effective amount of a TG02 polymorphic form to the patient.
- [0377] Embodiment CXXXVIII: A method of treating a human patient having acute leukemia, multiple myeloma, glioblastoma, hepatocellular carcinoma, non-small cell cancer, small-cell lung cancer, head and neck cancer, colorectal carcinoma, or triple-negative breast cancer, the method comprising administering therapeutically a effective amount of a TG02 polymorphic form to the patient.
- [0378] Embodiment CXXXVIX: The method of any one of Embodiments I-CXXXVIII, wherein the TG02 polymorphic form is TG02 Form X (citrate).
- [0379] The disclosure is also directed to the following particular embodiments.
- [0380] Embodiment 1. A TG02 polymorphic form selected from the group consisting of:
- [0381] Form X (citrate) characterized as having a powder x-ray diffraction pattern with peaks 15.2, 15.5, 21.7, 22.1, 23.0, 26.2, and 29.9 degrees 2Θ ;
- [0382] Form I (FB) characterized as having a powder x-ray diffraction pattern with peaks at 6.077, 17.675, 17.994, 18.475, 19.135, and 19.727 degrees 2Θ ;
- [0383] Form II (FB) characterized as having a powder x-ray diffraction pattern with peaks at 8.238, 11.607, 16.683, 17.153, and 19.073 degrees 2Θ ;
- [0384] Form III (FB) characterized as having a powder x-ray diffraction pattern with peaks at 6.236, 17.674, 17.769, 19.056, 19.082, 21.631, and 25.596 degrees 2Θ ;
- [0385] Form IV (FB) characterized as having a powder x-ray diffraction pattern with peaks at 8.484, 17.409, 18.807, 19.299, and 22.616 degrees 2Θ ;
- [0386] Form V (FB) characterized as having a powder x-ray diffraction pattern with peaks at 7.151, 14.299, 19.114, 19.185, and 21.495 degrees 2Θ ;
- [0387] Form VI (HCl) characterized as having a powder x-ray diffraction pattern with peaks at 8.055, 12.695, 15.868, 16.664, 18.460, 19.392, 22.103, 24.552, and 25.604 degrees 2Θ ;
- [0388] Form VII (HCl) characterized as having a powder x-ray diffraction pattern with peaks at 6.601, 12.691, 13.364, 21.785, 23.554, and 27.007 degrees 2Θ ; and
- [0389] Form VIII (HCl) characterized as having a powder x-ray diffraction pattern with peaks at 12.994, 16.147, 22.211, 23.305, and 24.586 degrees 2Θ .

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- [0390] Embodiment 2. The TG02 polymorphic form of Embodiment 1 which is Form X (citrate).
- [0391] Embodiment 3. The TG02 polymorphic form of Embodiments 1 or 2 having an average particle size distribution of about 10 μm or less.
- [0392] Embodiment 4. The TG02 polymorphic form of Embodiment 3 having an average particle size distribution of about 1 μm or less.
- [0393] Embodiment 5. A pharmaceutical composition comprising the TG02 polymorphic form of any one of Embodiments 1-4 and one or more pharmaceutically acceptable excipients.
- [0394] Embodiment 6. The composition of Embodiment 5, wherein at least one of the one or more pharmaceutically acceptable excipients are selected from the group consisting of silicified microcrystalline cellulose, hypromellose 2910, crospovidone, and magnesium stearate.
- [0395] Embodiment 7. The composition of Embodiment 6, wherein at least one of the one or more pharmaceutically acceptable excipients is silicified microcrystalline cellulose.
- [0396] Embodiment 8. A method of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of the TG02 polymorphic form of any one of Embodiments 1-4.
- [0397] Embodiment 9. A method of treating a patient having cancer, the method comprising administering to the patient a therapeutically effective amount of the TG02 polymorphic form of any one of Embodiments 1-4, wherein MYC overexpression, MCL1 overexpression, or MYC and MCL1 overexpression is differentially present in the patient as compared with a subject of another phenotypic status.
- [0398] Embodiment 10. The method of Embodiment 9, wherein MYC overexpression is differentially present in a sample taken from the patient.
- [0399] Embodiment 11. The method of Embodiment 9, wherein MCL1 overexpression is differentially present in a sample taken from the patient.
- [0400] Embodiment 12. The method of Embodiment 9, wherein MYC and MCL1 overexpression is differentially present in a biological sample taken from the patient

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- [0401] Embodiment 13. The method of any one of Embodiments 8-12 further comprising administering to the patient a therapeutically effective amount of a second therapeutic agent.
- [0402] Embodiment 14. The method of Embodiment 13, wherein the second therapeutic agent is selected from the group consisting of temozolomide, daunorubicin, doxorubicin, epirubicin, idarubicin, valrubicin, cisplatin, bortezomib, carfilzomib, lenalidomide, sorafenib, and radiotherapy.
- [0403] Embodiment 15. The method of Embodiment 13, wherein the second therapeutic agent is an immune checkpoint inhibitor.
- [0404] Embodiment 16. The method of Embodiment 15, wherein the immune checkpoint inhibitor is a PD-1 inhibitor or a PD-L1 inhibitor.
- [0405] Embodiment 17. The method of Embodiment 16, wherein the PD-1 inhibitor is an anti-PD-1 antibody.
- [0406] Embodiment 18. The method of Embodiment 17, wherein the anti-PD-1 antibody is selected from the group consisting of nivolumab, pembrolizumab, pidilizumab and STI-1110.
- [0407] Embodiment 19. The method of Embodiment 16, wherein the PD-L1 inhibitor is an anti-PD-L1 antibody.
- [0408] Embodiment 20. The method of Embodiment 19, wherein the anti-PD-L1 antibody is selected from the group consisting of avelumab, atezolizumab, durvalumab, and STI-1014.
- [0409] Embodiment 21. The method of any one of Embodiments 8-20, wherein the cancer is a solid tumor.
- [0410] Embodiment 22. The method of any one of Embodiments 8-20, wherein the cancer is a hematological malignancy.
- [0411] Embodiment 23. The method of any one of Embodiments 8-20, wherein the cancer any one or more of the cancers of Table 2.
- [0412] Embodiment 24. The method of Embodiment 23, wherein the cancer is selected from the group consisting of multiple myeloma, hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.

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- [0413] Embodiment 25. The method of any one of Embodiments 8-24, wherein the cancer has become resistant to conventional treatments.
- [0414] Embodiment 26. The TG02 polymorphic form of any one of Embodiments 1-4 for use in the treatment of cancer.
- [0415] Embodiment 27. The TG02 polymorphic form for use of Embodiment 26, wherein the cancer is a solid tumor.
- [0416] Embodiment 28. The TG02 polymorphic form for use of Embodiment 26, wherein the cancer is a hematological malignancy.
- [0417] Embodiment 29. The TG02 polymorphic form for use of Embodiment 26, wherein the cancer any one or more of the cancers of Table 2.
- [0418] Embodiment 30. The TG02 polymorphic form for use of Embodiment 26, wherein the cancer is selected from the group consisting of multiple myeloma, hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.
- [0419] Embodiment 31. Use of the TG02 polymorphic form of any one of Embodiments 1-4 for the manufacture of a medicament for treatment of cancer.
- [0420] Embodiment 32. The use of the TG02 polymorphic form of Embodiment 31, wherein the cancer is a solid tumor.
- [0421] Embodiment 33. The use of the TG02 polymorphic form of Embodiment 31, wherein the cancer is a hematological malignancy.
- [0422] Embodiment 34. The use of the TG02 polymorphic form of Embodiment 31, wherein the cancer any one or more of the cancers of Table 2.
- [0423] Embodiment 35. The use of the TG02 polymorphic form of Embodiment 31, wherein the cancer is selected from the group consisting of multiple myeloma, hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.
- [0424] Embodiment 36. The pharmaceutical composition of Embodiment 4 for use in treating cancer.
- [0425] Embodiment 37. The pharmaceutical composition of Embodiment 36, wherein the cancer is a solid tumor.
- [0426] Embodiment 38. The pharmaceutical composition of Embodiment 36, wherein the cancer is a hematological malignancy.

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- [0427] Embodiment 39. The pharmaceutical composition of Embodiment 36, wherein the cancer any one or more of the cancers of Table 2.
- [0428] Embodiment 40. The pharmaceutical composition of Embodiment 36, wherein the cancer is selected from the group consisting of multiple myeloma, hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, and colorectal cancer.
- [0429] Embodiment 41. A kit comprising the TG02 polymorphic form of any one of Embodiments 1-4 and instructions for administering the TG02 polymorphic form to a patient having cancer.
- [0430] Embodiment 42. The kit of Embodiment 41 further comprising an immune checkpoint inhibitor or alkylating agent.
- [0431] Embodiment 43. The kit of Embodiment 42 further comprising instructions for administering the immune checkpoint inhibitor or alkylating agent to the patient.
- [0432] Embodiment 44. A method of making the composition of Embodiment 5, the method comprising admixing the TG02 polymorphic form and one or more pharmaceutically acceptable excipients.
- [0433] Embodiment 45. The method of Embodiment 44, wherein the TG02 polymorphic form is Form X (citrate).
- [0434] Embodiment 46. A method of making the TG02 Form X (citrate) of Embodiment 2, the method comprising:
- (a) combining a solution of citric acid in ethanol with a solution of TG02 free base in DMSO/ethanol;
 - (b) heating the solution of (a) at about 70°C for at least about 15 minutes to give a solution comprising TG02 citrate;
 - (c) cooling the solution of (b) comprising TG02 citrate to about 5°C to give a crystalline solid; and
 - (d) isolating the crystalline solid of (c) to give TG02 Form X (citrate).
- [0435] Embodiment 47. The method of Embodiment 13, wherein the second therapeutic agent is regorafenib.

V. Definitions

- [0436]** The term "TG02" as used herein refers to (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene.
- [0437]** The term "TG02 free base" or "TG02 FB" refers to the free base of (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene.
- [0438]** The term "TG02 acid addition salt" or "TG02 salt" refers to a pharmaceutically acceptable acid addition salt of (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene. Examples of acids which can be employed to form pharmaceutically acceptable acid addition salts include inorganic acids such as nitric, boric, hydrochloric, hydrobromic, sulfuric, and phosphoric, and organic acids such as oxalic, maleic, succinic, and citric. Nonlimiting examples of salts of TG02 include, but are not limited to, the hydrochloride, hydrobromide, hydroiodide, sulfate, bisulfate, 2-hydroxyethansulfonate, phosphate, hydrogen phosphate, acetate, adipate, alginate, aspartate, benzoate, bisulfate, butyrate, camphorate, camphorsulfonate, digluconate, glycerolphosphate, hemisulfate, heptanoate, hexanoate, formate, succinate, fumarate, maleate, ascorbate, isethionate, salicylate, methanesulfonate, mesitylenesulfonate, naphthylenesulfonate, nicotinate, 2-naphthalenesulfonate, oxalate, pamoate, pectinate, persulfate, 3-phenylpropionate, picrate, pivalate, propionate, trichloroacetate, trifluoroacetate, phosphate, glutamate, bicarbonate, paratoluenesulfonate, undecanoate, lactate, citrate, tartrate, gluconate, methanesulfonate, ethanedisulfonate, benzene sulfonate, and p-toluenesulfonate salts.
- [0439]** The term "TG02 citrate" or "TG02 CA" refers to the citrate salt of (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene. This is also known as (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene – citric acid.
- [0440]** The term "TG02 HCl" refers to the hydrochloric acid salt of (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene. This is also known as (16E)-14-methyl-20-

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oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacosal(25),2(26),3,5,8(27),9,11,16,21,23-decaene – hydrochloric acid.

[0441] The term "TG02 polymorphic forms" as used herein refers to crystalline polymorphic forms of TG02 free base and TG02 acid addition salts. TG02 polymorphic forms include, but are not limited to, any one or more of TG02 Form I (FB), TG02 Form II (FB), TG02 Form III (FB), TG02 Form IV (FB), TG02 Form V (FB), TG02 Form VI (HCl), TG02 Form VII (HCl), TG02 Form VIII (HCl), or TG02 Form X (citrate). In one embodiment, the TG02 polymorphic form is TG02 Form X (citrate).

[0442] The term "biological sample" as used herein refers any tissue or fluid from a patient that is suitable for detecting a biomarker, such as MYC and/or MCL1 expression status. Examples of useful biological samples include, but are not limited to, biopsied tissues and/or cells, *e.g.*, solid tumor, lymph gland, inflamed tissue, tissue and/or cells involved in a condition or disease, blood, plasma, serous fluid, cerebrospinal fluid, saliva, urine, lymph, cerebral spinal fluid, and the like. Other suitable biological samples will be familiar to those of ordinary skill in the relevant arts. A biological sample can be analyzed for biomarker expression and/or mutation using any technique known in the art and can be obtained using techniques that are well within the scope of ordinary knowledge of a clinical practitioner. In one embodiment of the disclosure, the biological sample comprises blood cells.

[0443] The terms "a", "an", "the", and similar referents in the context of describing the disclosure (especially in the context of the claims) are to be construed to cover both the singular and the plural, unless otherwise indicated. Recitation of ranges of values herein merely are intended to serve as a shorthand method of referring individually to each separate value falling within the range, unless otherwise indicated herein, and each separate value is incorporated into the specification as if it were individually recited herein. The use of any and all examples, or exemplary language, *e.g.*, "such as," provided herein, is intended to better illustrate the disclosure and is not a limitation on the scope of the disclosure unless otherwise claimed. No language in the specification should be construed as indicating any non-claimed element as essential to the practice of the disclosure.

[0444] The term "about," as used herein, includes the recited number $\pm 10\%$. Thus, "about 10" means 9 to 11.

- [0445] As used herein, the term "substantially pure" with reference to a particular TG02 polymorphic form means that the polymorphic form comprises about 10% or less, *e.g.*, about 9%, about 8%, about 7%, about 6%, about 5%, about 4%, about 3%, about 2%, or about 1%, or less, by weight, of any other physical, *e.g.*, crystalline and/or amorphous, forms of TG02.
- [0446] As used herein, the term "pure" with reference to a particular TG02 polymorphic form means that the polymorphic form comprises about 1% or less, *e.g.*, about 0.9%, about 0.8%, about 0.7%, about 0.6%, about 0.5%, about 0.4%, about 0.3%, about 0.2%, or about 0.1%, or less, by weight, of any other physical forms of TG02. In one embodiment, a "pure" polymorphic form contains no PXRD-detectable amount of any other physical forms of TG02.
- [0447] As used herein, the term "amorphous" refers to a solid form of TG02 that lacks the long-range order characteristic of a crystal, *i.e.*, the solid is non-crystalline.
- [0448] As used herein, the term "essentially the same" with reference to PXRD peak positions and relative intensities means that peak position and intensity variability are taken into account when comparing PXRD diffractograms. PXRD peak positions can show inter-apparatus variability as much as $\pm 0.2^\circ$ and be "essentially the same." Relative peak intensities can also show inter-apparatus variability due to degree of crystallinity, orientation, prepared sample surface, and other factors known to those skilled in the art, and should be taken as qualitative measures only.
- [0449] As used herein, the term "micronization" refers to a process or method by which the size of a population of particles is reduced, typically to the micron scale.
- [0450] As used herein, the term "micron" or " μm " refer to "micrometer," which is 1×10^{-6} meter.
- [0451] As used herein, the term "average particle size distribution" or " D_{50} " is the diameter where 50 mass-% of the particles have a larger equivalent diameter, and the other 50 mass-% have a smaller equivalent diameter as determined by laser diffraction using Malvern Master Sizer Microplus equipment or its equivalent.
- [0452] As used herein, the terms "treat," "treating," "treatment," and the like refer to eliminating, reducing, or ameliorating a disease or condition, and/or symptoms associated therewith. Although not precluded, treating a disease or condition does not require that the disease, condition, or symptoms associated therewith be completely eliminated.

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However, in one embodiment, administration of a TG02 polymorphic form and/or an immune checkpoint inhibitor leads to complete remission of the cancer.

[0453] The term "therapeutically effective amount," as used herein, refers to that amount of the therapeutic agent sufficient to result in amelioration of one or more symptoms of a disorder, or prevent advancement of a disorder, or cause regression of the disorder. For example, with respect to the treatment of cancer, in one embodiment, a therapeutically effective amount will refer to the amount of a therapeutic agent that causes a therapeutic response, *e.g.*, normalization of blood counts, decrease in the rate of tumor growth, decrease in tumor mass, decrease in the number of metastases, increase in time to tumor progression, and/or increase patient survival time by at least about 2%. In other embodiments, a therapeutically effective amount will refer to the amount of a therapeutic agent that causes a therapeutic response of at least about 5%, at least about 10%, at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, at least about 55%, at least about 60%, at least about 65%, at least about 70%, at least about 75%, at least about 80%, at least about 85%, at least about 90%, at least about 95%, or at least about 100%, or more.

[0454] The term "pharmaceutically acceptable carrier" or "pharmaceutically acceptable vehicle" encompasses any of the standard pharmaceutical carriers, solvents, surfactants, or vehicles. Suitable pharmaceutically acceptable vehicles include aqueous vehicles and nonaqueous vehicles. Standard pharmaceutical carriers and their formulations are described in Remington's Pharmaceutical Sciences, Mack Publishing Co., Easton, PA, 19th ed. 1995.

[0455] The term "container" means any receptacle and closure therefore suitable for storing, shipping, dispensing, and/or handling a pharmaceutical product.

[0456] The term "insert" means information accompanying a pharmaceutical product that provides a description of how to administer the product, along with the safety and efficacy data required to allow the physician, pharmacist, and patient to make an informed decision regarding use of the product. The package insert generally is regarded as the "label" for a pharmaceutical product.

[0457] "Concurrent administration," "administered in combination," "simultaneous administration," and similar phrases mean that two or more agents are administered

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concurrently to the subject being treated. By "concurrently," it is meant that each agent is administered either simultaneously or sequentially in any order at different points in time. However, if not administered simultaneously, it is meant that they are administered to an individual in a sequence and sufficiently close in time so as to provide the desired therapeutic effect and act in concert. For example, a TG02 polymorphic form can be administered at the same time or sequentially in any order at different points in time as the immune checkpoint inhibitor and/or the optional therapeutic agent. The TG02 polymorphic form and the immune checkpoint inhibitor and/or the optional therapeutic agent can be administered separately, in any appropriate form and by any suitable route. When the TG02 polymorphic form and the immune checkpoint inhibitor and/or the optional therapeutic agent are not administered concurrently, it is understood that they can be administered in any order to a patient in need thereof. For example, the TG02 polymorphic form can be administered prior to (e.g., 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, 24 hours, 48 hours, 72 hours, 96 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, or 12 weeks before), concomitantly with, or subsequent to (e.g., 5 minutes, 15 minutes, 30 minutes, 45 minutes, 1 hour, 2 hours, 4 hours, 6 hours, 12 hours, 24 hours, 48 hours, 72 hours, 96 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, 5 weeks, 6 weeks, 8 weeks, or 12 weeks after) the immune checkpoint inhibitor, to an individual in need thereof. In various embodiments, the TG02 polymorphic form and the immune checkpoint inhibitor are administered 1 minute apart, 10 minutes apart, 30 minutes apart, less than 1 hour apart, 1 hour apart, 1 hour to 2 hours apart, 2 hours to 3 hours apart, 3 hours to 4 hours apart, 4 hours to 5 hours apart, 5 hours to 6 hours apart, 6 hours to 7 hours apart, 7 hours to 8 hours apart, 8 hours to 9 hours apart, 9 hours to 10 hours apart, 10 hours to 11 hours apart, 11 hours to 12 hours apart, no more than 24 hours apart or no more than 48 hours apart. In one embodiment, the components of the combination therapies are administered at about 1 minute to about 24 hours apart. In one embodiment, the TG02 polymorphic form is administered 3-7 days prior to the day the immune checkpoint inhibitor is administered. In another embodiment, the TG02 polymorphic form is also administered on the day the immune checkpoint inhibitor is administered and continues to be administered until disease progression or TG02 therapy is no longer beneficial.

EXAMPLES

General Instrument and Methodology Details

X-ray Powder Diffraction

[0458] X-ray Powder Diffraction (XRPD or PXRD) diffractograms were collected on a Bruker AXS C2 GADDS, Bruker AXS DB Advance, PANalytical Empyrean, or similar diffractometer using Cu K α radiation.

Bruker AXS C2 GADDS diffractometer

[0459] XRPD diffractograms were collected on a Bruker AXS C2 GADDS diffractometer using Cu K α radiation (40 kV, 40 mA), an automated XYZ stage, a laser video microscope for auto-sample positioning and a Vantec-500 2-dimensional area detector. X-ray optics consists of a single Gobel multilayer mirror coupled with a pinhole collimator of 0.3 mm.

[0460] The beam divergence, i.e. the effective size of the X-ray beam on the sample, was approximately 4 mm. A Θ - Θ continuous scan mode was employed with a sample detector distance of 20 cm which gives an effective 2Θ range of 1.5° - 32.5°. Typically, the sample was exposed to the X-ray beam for 120 seconds. The software used for data collection and analysis was GADDS for Win7/XP and *Diffraction Plus* EVA, respectively.

[0461] Samples run under ambient conditions were prepared as flat plate specimens using powder as received without grinding. Samples were prepared and analysed on either a glass slide or glass frit. Samples were lightly pressed onto a glass slide to obtain a flat surface for analysis. A glass frit filter block was used to isolate and analyse solids from suspensions by adding a small amount of suspension directly to the glass frit before filtration under a light vacuum.

[0462] For variable temperature (VT) experiments samples were mounted on an Anton Paar DHS 900 hot stage at ambient conditions. The sample was then heated to the appropriate temperature at 20 °C/min and subsequently held isothermally for 1 minute before data collection was initiated. Samples were prepared and analysed on a silicon wafer mounted to the hot stage using a heat-conducting compound.

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Bruker AXS DB Advance diffractometer

- [0463] XRPD diffractograms were collected on a Bruker D8 diffractometer using Cu K α radiation (40 kV, 40 mA) and a 8-28 goniometer fitted with aGe monochromator. The incident beam passes through a 2.0 mm divergence slit followed by a 0.2 mm anti-scatter slit and knife edge. The diffracted beam passes through an 8.0 mm receiving slit with 2.5° Soller slits followed by the Lynxeye Detector. The software used for data collection and analysis was *Diffraction Plus* XRD Commander and *Diffraction Plus* EVA respectively.
- [0464] Samples were run under ambient conditions as flat plate specimens using powder as received. The sample was prepared on a polished, zero-background (510) silicon wafer by gently pressing onto the flat surface or packed into a cut cavity. The sample was rotated in its own plane.
- [0465] The details of the standard data collection method are: Angular range: 2 to 42° 2 Θ ; Step size: 0.05° 2 Θ ; and Collection time: 0.5 s/step (total collection time: 6.40 min).

PANalytical Empyrean diffractometer

- [0466] XRPD diffractograms were collected on a PANalytical Empyrean diffractometer using Cu K α radiation (45 kV, 40 mA) in transmission geometry. A 0.5° slit, 4 mm mask and 0.04 rad Soller slits with a focusing mirror were used on the incident beam. A PIXcel^{3D} detector, placed on the diffracted beam, was fitted with a receiving slit and 0.04 rad Soller slits. The software used for data collection was X'Pert Data Collector using X'Pert Operator Interface. The data were analysed and presented using *Diffraction Plus* EVA or HighScore Plus.
- [0467] Samples were prepared and analysed in either a metal or Millipore 96 well-plate in transmission mode. X-ray transparent film was used between the metal sheets on the metal well-plate and powders (approximately 1 - 2 mg) were used as received. The Millipore plate was used to isolate and analyse solids from suspensions by adding a small amount of suspension directly to the plate before filtration under a light vacuum.
- [0468] The scan mode for the metal plate used the gonic scan axis, whereas a 28 scan was utilised for the Millipore plate.
- [0469] The details of the standard screening data collection method are: Angular range: 2.5 to 32.0° 2 Θ ; Step size: 0.0130° 2 Θ ; and Collection time: 12.75 s/step (total collection time of 2.07 min).

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[0470] The software used for data collection was X'Pert Data Collector and the data were analysed and presented using Diffrac *Plus* EVA or Highscore Plus.

[0471] Samples were prepared and analysed in an Anton Paar chromed sample holder.

Nuclear Magnetic Resonance (NMR)

[0472] ^1H NMR spectra were collected on a Bruker 400 MHz instrument equipped with an auto-sampler and controlled by a DRX400 console. Samples were prepared in DMSO- d_6 solvent, unless otherwise stated. Automated experiments were acquired using ICON-NMR configuration within Topspin software, using standard Brukerloaded experiments (^1H , ^{13}C { ^1H }, DEPT135). Off-line analysis was performed using ACD Spectrus Processor.

Differential Scanning Calorimetry (DSC)

[0473] DSC data were collected on a TA Instruments Q2000 equipped with a 50 position auto-sampler. Typically, 0.5 – 1.5 mg of each sample, in a pin-holed aluminium pan, was heated at either 2 °C/min or 10 °C/min from 25 °C to 250 °C. A purge of dry nitrogen at 50 ml/min was maintained over the sample. The instrument control software was Advantage for Q Series and Thermal Advantage and the data were analysed using Universal Analysis or TRIOS.

Thermo-Gravimetric Analysis (TGA)

[0474] TGA data were collected on a TA Instruments Q500 TGA, equipped with a 16 position auto-sampler. Typically, 3 - 6 mg of each sample was loaded onto a pre-tared aluminium DSC pan and heated at 10 °C/min from ambient temperature to 350 °C. A nitrogen purge at 60 ml/min was maintained over the sample.

[0475] The instrument control software was Advantage for Q Series and Thermal Advantage and the data were analysed using Universal Analysis or TRIOS.

Polarised Light Microscopy (PLM)

[0476] Samples were analysed on a Leica LM/DM polarised light microscope with a digital video camera for image capture. A small amount of each sample was placed on a glass slide, with or without immersion oil, and covered with a glass slip. The sample was

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viewed with appropriate magnification and partially polarised light, coupled to a λ false-colour filter. Images were captured using StudioCapture or Image ProPlus software.

Gravimetric Vapour Sorption (GVS)

[0477] Sorption isotherms were obtained using a SMS DVS Intrinsic moisture sorption analyser, controlled by DVS Intrinsic Control software. The sample temperature was maintained at 25 °C by the instrument controls. The humidity was controlled by mixing streams of dry and wet nitrogen, with a total flow rate of 200 ml/min. The relative humidity was measured by a calibrated Rotronic probe (dynamic range of 1.0 – 100 %RH), located near the sample. The weight change, (mass relaxation) of the sample as a function of % RH was constantly monitored by a microbalance (accuracy ± 0.005 mg).

[0478] Typically, 5 - 30 mg of sample was placed in a tared mesh stainless steel basket under ambient conditions. The sample was loaded and unloaded at 40 % RH and 25 °C (typical room conditions). A moisture sorption isotherm was performed as outlined below (2 scans per complete cycle). The standard isotherm was performed at 25 °C at 10 % RH intervals over a 0 – 90 % RH range. Typically, a double cycle (4 scans) was carried out. Data analysis was carried out within Microsoft Excel using the DVS Analysis Suite.

[0479] The sample was recovered after completion of the isotherm and re-analysed by XRPD.

Water Determination by Karl Fischer Titration (KF)

[0480] The water content of each sample was measured on a Metrohm 874 Oven Sample Processor at 150 °C with 851 Titrano Coulometer using Hydranal Coulomat AG oven reagent and nitrogen purge. Weighed solid samples were introduced into a sealed sample vial. Approximately 10 mg of sample was used per titration and duplicate determinations were made. An average of these results is presented unless otherwise stated. Data collection and analysis were performed using Tiamo software.

Thermodynamic Aqueous Solubility

[0481] Aqueous solubility was determined by suspending sufficient compound in relevant media to give a maximum final concentration of ≥ 10 mg/ml of the parent freeform of the compound. The suspension was equilibrated at 25 °C, on a Heidolph plate shaker set to 750 rpm for 24 hours. The pH of the saturated solution was then measured

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and the suspension filtered through a glass fibre C filter (particle retention 1.2 μm) and diluted appropriately. Quantitation was by HPLC with reference to a standard solution of approximately 0.15 mg/ml in DMSO. Different volumes of the standard, diluted and undiluted sample solutions were injected. The solubility was calculated using the peak areas determined by integration of the peak found at the same retention time as the principal peak in the standard injection.

Light Stability Trials

[0482] Solid and liquid samples were exposed to accelerated stress conditions using an Atlas CPS+ light box. Samples were prepared for analysis in duplicate in clear glass vials with closed lids for the liquid samples and open vials for the solid samples. Two of the vials were exposed to light conditions and the other vial was wrapped in aluminium foil to act as reference material. The sample thickness of solid samples was no more than ~3 mm.

[0483] Exposure to light was effected by a combination of a single quartz glass filter with two window glass filters to reduce the effects of UV light upon the test samples. Temperature effects on the samples were reduced by attaching a chiller unit to the light box. Analysis of the samples was performed by HPLC

EXAMPLE 1

Preparation of TG02 free base polymorphic forms

Form I (FB)

[0484] Preparation: NaHCO_3 (aq) was added to a mixture containing $\text{TG02} \cdot 2\text{HCl}$ and DCM adjusting pH to 8. The separated organic layer was concentrated till near dryness to give TG02 Form I (FB).

[0485] Characterization: The PXRD of TG02 Form I (FB) is shown in Fig. 3. Table 3 lists the peak positions, d values, and relative peak intensities of TG02 Form I (FB).

Table 3

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	6.077	14.53102	100.0 %
2	8.840	9.99553	0.8 %
3	10.404	8.49596	2.2 %
4	13.368	6.61832	2.0 %
5	14.031	6.30672	3.7 %
6	14.628	6.05083	7.0 %
7	17.675	5.01390	11.6 %
8	17.994	4.92580	6.5 %
9	18.475	4.79867	38.5 %
10	19.135	4.63446	7.2 %
11	19.727	4.49685	10.1 %
12	19.913	4.45515	5.4 %
13	21.698	4.09257	3.9 %
14	22.460	3.95543	3.1 %
15	24.749	3.59448	1.9 %
16	25.456	3.49626	5.3 %
17	25.833	3.44601	2.2 %
18	26.209	3.39751	3.6 %
19	26.527	3.35744	4.0 %
20	26.882	3.31396	0.8 %
21	28.004	3.18361	1.6 %
22	28.625	3.11602	0.5 %
23	28.857	3.09142	0.7 %
24	29.725	3.00315	1.9 %
25	30.305	2.94692	0.4 %
26	31.009	2.88160	0.3 %
27	31.689	2.82135	0.8 %
28	32.160	2.78109	0.6 %
29	33.741	2.65431	0.5 %
30	34.293	2.61283	0.4 %
31	35.029	2.55957	0.5 %

Form II (FB)

[0486] Preparation: K_2CO_3 (aq) was added to a solution containing TG02·HCl and MeOH at 40-60°C adjusting pH to 8-9. The product was filtered and dried to give TG02 Form II (FB).

[0487] Characterization: The PXRD of TG02 Form II (FB) is shown in Fig. 4. Table 4 lists the peak positions, d values, and relative peak intensities of TG02 Form II (FB).

Table 4

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	6.025	14.65812	1.4 %
2	6.954	12.70150	7.9 %
3	8.238	10.72461	100.0 %
4	10.036	8.80626	0.7 %
5	11.607	7.61760	25.9 %
6	14.563	6.07746	1.0 %
7	15.299	5.78667	0.5 %
8	16.683	5.30984	22.1 %
9	17.153	5.16540	26.0 %
10	18.064	4.90672	1.6 %
11	18.546	4.78043	10.1 %
12	19.073	4.64946	40.0 %
13	21.013	4.22436	2.5 %
14	21.294	4.16916	4.6 %
15	22.342	3.97608	12.7 %
16	23.516	3.78001	4.5 %
17	24.029	3.70051	0.5 %
18	24.518	3.62784	1.5 %
19	25.204	3.53068	4.6 %
20	26.225	3.39544	2.7 %
21	26.509	3.35968	3.0 %
22	26.954	3.30524	2.5 %
23	27.212	3.27451	1.2 %
24	27.755	3.21161	1.5 %
25	28.047	3.17886	1.2 %
26	29.133	3.06275	1.2 %
27	31.644	2.82522	1.5 %
28	32.026	2.79241	1.8 %
29	33.634	2.66252	0.6 %
30	38.906	2.31296	0.4 %

Form III (FB)

[0488] Preparation: A solution of TG02 free base in DCM was swapped with toluene. After cooling to 20-30°C, the product was filtered and dried to give TG02 Form III (FB).

[0489] Characterization: The PXRD of TG02 Form III (FB) is shown in Fig. 5. Table 5 lists the peak positions, d values, and relative peak intensities of TG02 Form III (FB).

Table 5

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	6.236	14.16204	100.0 %
2	10.734	8.23523	10.4 %
3	12.791	6.91506	3.7 %
4	13.957	6.34010	14.8 %
5	14.987	5.90674	9.4 %
6	15.053	5.88077	10.9 %
7	15.486	5.71739	26.2 %
8	15.599	5.67617	29.6 %
9	16.650	5.32029	1.3 %
10	17.674	5.01413	89.8 %
11	17.769	4.98765	93.6 %
12	18.162	4.88050	13.2 %
13	18.649	4.75417	25.4 %
14	18.726	4.73479	27.5 %
15	19.056	4.65350	37.8 %
16	19.082	4.64721	38.9 %
17	19.676	4.50833	22.2 %
18	19.619	4.52115	23.3 %
19	21.718	4.08873	22.6 %
20	21.000	4.22691	7.8 %
21	21.536	4.12288	26.5 %
22	21.594	4.11207	29.9 %
23	21.631	4.10514	30.9 %
24	23.109	3.84567	4.7 %
25	24.800	3.58719	25.1 %
26	25.596	3.47737	44.3 %
27	26.589	3.34973	13.0 %
28	27.675	3.22071	11.4 %
29	27.857	3.20014	11.8 %
30	27.981	3.18625	9.7 %
31	29.046	3.07175	7.8 %
32	29.288	3.04691	4.0 %

Form IV (FB)

[0490] Preparation: A warm solution containing TG02 free base and DMF was cooled to 20-30°C. The product was filtered and dried to give TG02 Form IV (FB).

[0491] Characterization: The PXRD of TG02 Form IV (FB) is shown in Fig. 6. Table 6 lists the peak positions, d values, and relative peak intensities of TG02 Form IV (FB).

Table 6

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	7.143	12.36611	14.9 %
2	7.184	12.29422	13.7 %
3	8.484	10.41370	67.9 %
4	11.850	7.46220	42.0 %
5	14.826	5.97050	9.4 %
6	15.597	5.67675	4.0 %
7	15.933	5.55779	3.3 %
8	16.957	5.22453	31.4 %
9	17.169	5.16040	21.5 %
10	17.409	5.08997	61.1 %
11	17.573	5.04269	17.0 %
12	18.311	4.84106	10.5 %
13	18.807	4.71465	93.2 %
14	19.299	4.59553	48.3 %
15	19.773	4.48636	11.0 %
16	21.337	4.16085	16.2 %
17	21.519	4.12623	27.5 %
18	22.616	3.92843	100.0 %
19	23.749	3.74353	7.5 %
20	24.791	3.58845	15.6 %
21	25.126	3.54135	8.3 %
22	25.448	3.49736	11.3 %
23	26.468	3.36482	12.1 %
24	26.729	3.33250	13.9 %
25	27.180	3.27825	23.7 %
26	27.970	3.18744	4.7 %
27	29.384	3.03719	6.3 %
28	30.310	2.94650	3.3 %
29	31.344	2.85159	8.2 %
30	31.867	2.80594	9.4 %
31	38.475	2.33792	4.7 %

Form V (FB)

[0492] Preparation: A warm solution containing TG02 free base and DMSO/acetone or NMP/acetone or DMF/EtOAc was cooled to 20-30°C. The product was filtered and dried to give TG02 Form V (FB).

[0493] Characterization: The PXRD of TG02 Form V (FB) is shown in Fig. 7. Table 7 lists the peak positions, d values, and relative peak intensities of TG02 Form V (FB).

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Table 7

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	7.087	12.46270	12.1 %
2	7.151	12.35255	100.0 %
3	8.271	10.68141	2.0 %
4	8.416	10.49824	4.0 %
5	10.245	8.62705	0.4 %
6	11.657	7.58525	1.3 %
7	11.739	7.53278	2.9 %
8	14.053	6.29687	0.3 %
9	14.299	6.18933	6.1 %
10	15.478	5.72033	0.7 %
11	16.858	5.25516	2.7 %
12	17.163	5.16220	1.2 %
13	17.336	5.11121	2.1 %
14	18.751	4.72848	1.8 %
15	19.114	4.63953	5.9 %
16	19.185	4.62256	7.4 %
17	21.259	4.17594	0.9 %
18	21.495	4.13071	9.7 %
19	21.867	4.06121	0.2 %
20	22.414	3.96346	0.5 %
21	23.607	3.76576	1.4 %
22	24.185	3.67699	0.2 %
23	24.711	3.59998	1.1 %
24	25.351	3.51045	0.2 %
25	26.345	3.38018	2.7 %
26	26.558	3.35357	0.3 %
27	27.092	3.28875	0.6 %
28	27.334	3.26010	0.2 %
29	29.159	3.06012	0.4 %
30	31.202	2.86423	0.6 %
31	36.149	2.48278	1.2 %
32	36.238	2.47691	0.6 %

EXAMPLE 2

Preparation of TG02 HCl polymorphic forms

Form VI (HCl)

[0494] Preparation: A solution containing TG02·HCl (10 g), EtOH (184 mL) and water (16 mL) was heated to reflux for 1 h. The mixture was cooled to 0-5 °C and stirred for 1 h. The mixture was filtered, and the filter cake was washed with 90% EtOH (aq) and dried to give TG02 Form VI (HCl).

[0495] Characterization: The PXRD of TG02 Form VI (HCl) is shown in Fig. 8. Table 8 lists the peak positions, d values, and relative peak intensities of TG02 Form VI (HCl).

Table 8

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	6.593	13.39617	41.8 %
2	8.055	10.96766	90.8 %
3	8.309	10.63284	45.6 %
4	9.300	9.50212	65.4 %
5	9.527	9.27630	69.2 %
6	10.843	8.15308	16.7 %
7	12.695	6.96730	96.1 %
8	12.917	6.84816	40.2 %
9	13.594	6.50861	19.1 %
10	14.505	6.10155	70.5 %
11	14.799	5.98113	18.4 %
12	15.868	5.58066	83.0 %
13	15.979	5.54199	58.7 %
14	16.289	5.43722	41.3 %
15	16.491	5.37121	47.4 %
16	16.664	5.31561	71.7 %
17	17.409	5.09002	21.2 %
18	17.845	4.96641	34.5 %
19	18.460	4.80252	74.6 %
20	19.392	4.57378	100.0 %
21	20.553	4.31777	32.1 %
22	22.103	4.01853	49.9 %
23	22.290	3.98509	42.9 %
24	22.832	3.89183	31.6 %

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25	23.197	3.83142	30.9 %
26	23.565	3.77237	56.2 %
27	24.552	3.62281	67.2 %
28	24.796	3.58772	63.8 %
29	25.353	3.51019	30.5 %
30	25.604	3.47630	63.7 %
31	26.981	3.30197	18.5 %

Form VII (HCl)

- [0496]** Preparation Method A: A solution containing TG02·2HCl (20 g), pyridine (60 mL) and H₂O (120 mL) was heated at 80°C for 1-3 h. The mixture was cooled to 20-30°C and stirred for 2 h. The mixture was filtered, and the filter cake was washed with H₂O and dried to give TG02 Form VII (HCl).
- [0497]** Preparation Method B: A solution containing TG02·2HCl (50 g) pyridine (150 mL) and EtOAc (300 mL) was heated at 80°C for 2-3 h. The mixture was cooled to 20-30°C and stirred for 2 h. The mixture was filtered, and the filter cake was washed with H₂O and dried to give TG02 Form VII (HCl).
- [0498]** Preparation Method C: A solution containing TG02·HCl (5.7 g), EtOH (74.5 mL) and H₂O (8 mL) was heated at reflux for 1 h. The mixture was cooled to 0-5°C and stirred for 1 h. The mixture was filtered, and the filter cake was washed with EtOH and dried to give TG02 Form VII (HCl).
- [0499]** Preparation Method D: A solution containing TG02·HCl (9.3 g) EtOH (284 mL) and H₂O (22 mL) was heated at reflux for 1 h. The mixture was cooled to 0-5°C and stirred for 2h. The mixture was filtered, and the filter cake was washed with EtOH and dried to give TG02 Form VII (HCl).
- [0500]** Characterization: The PXRD of TG02 Form VII (HCl) is shown in Fig. 9. Table 9 lists the peak positions, d values, and relative peak intensities of TG02 Form VII (HCl).

Table 9

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	6.601	13.37949	100.0 %
2	9.152	9.65532	3.4 %
3	12.691	6.96956	15.3 %
4	13.364	6.62027	16.9 %

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5	13.598	6.50683	6.3 %
6	14.802	5.98006	14.5 %
7	14.952	5.92026	2.1 %
8	16.061	5.51407	8.5 %
9	17.457	5.07590	2.4 %
10	18.555	4.77810	2.9 %
11	18.809	4.71417	6.5 %
12	19.548	4.53753	2.6 %
13	20.191	4.39445	3.3 %
14	20.549	4.31868	3.0 %
15	21.259	4.17601	2.7 %
16	21.025	4.22208	3.8 %
17	21.785	4.07639	10.2 %
18	22.084	4.02178	5.5 %
19	23.554	3.77407	61.2 %
20	24.135	3.68456	14.4 %
21	24.914	3.57101	8.1 %
22	25.287	3.51924	1.9 %
23	26.904	3.31123	5.1 %
24	27.007	3.29892	11.7 %
25	27.792	3.20747	4.4 %
26	28.179	3.16424	3.6 %
27	30.091	2.96742	1.2 %
28	31.007	2.88184	1.2 %
29	31.632	2.82632	3.7 %
30	33.498	2.67297	0.8 %

Form VIII (HCl)

[0501] Preparation: A solution containing TG02·HCl (77.1 g), EtOH (2340 mL) and H₂O (185 mL) was heated at reflux for 0.5 h. The mixture was cooled to 0-5°C and stirred for 2 h. The mixture was filtered, and the filter cake was washed with EtOH and dried to give TG02 Form VIII (HCl). TG02 Form VIII (HCl) gradually converted to TG02 Form VI (HCl) over time.

[0502] Characterization: The PXRD of TG02 HCl Form VIII is shown in Fig. 10. Table 10 lists the peak positions, d values, and relative peak intensities of TG02 Form VII (HCl).

Table 10

Index	Angle (2-Theta °)	d Value (Å)	Relative Intensity
1	8.351	10.57951	29.3 %

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2	9.402	9.39909	12.9 %
3	12.994	6.80778	61.4 %
4	16.147	5.48485	100.0 %
5	16.386	5.40540	31.3 %
6	16.807	5.27097	17.7 %
7	17.977	4.93024	51.8 %
8	18.624	4.76041	24.8 %
9	19.441	4.56226	51.2 %
10	20.933	4.24024	46.9 %
11	22.152	4.00961	36.1 %
12	22.211	3.99909	62.3 %
13	23.190	3.83254	41.3 %
14	23.305	3.81384	73.4 %
15	24.305	3.65916	27.5 %
16	24.317	3.65736	23.9 %
17	24.586	3.61800	72.3 %
18	24.679	3.60450	63.2 %
19	25.407	3.50293	33.0 %
20	25.513	3.48852	39.5 %
21	27.804	3.20607	23.7 %
22	33.775	2.65168	11.3 %

EXAMPLE 3

Preparation of TG02 Form X (citrate)

[0503] Preparation: Method A: A 12.2% w/v solution of TG02 free base was prepared in DMSO/ethanol (94/6 v/v) by heating to about 70°C to dissolve the TG02 free base. A separate solution of citric acid in ethanol (10% w/v) containing a 2% molar excess of citric acid relative to TG02 free base was prepared. The volume of the citric acid/ethanol solution was about 64% relative to the TG02 free base solution. The citric acid/ethanol solution (at about 70°C) was transferred to the TG02 free base solution to form TG02 citrate, and the solution was stirred for at least 30 minutes. Warm ethanol (1.5 volume equivalents to previous citric acid/TG02 free base solution) was added and the solution was stirred for at least one hour at about 70°C. The solution was cooled to about 5°C. TG02 citrate crystallized upon cooling. TG02 citrate was collected by filtration, washed with ethanol and dried to give TG02 Form X (citrate) in 88-93% yield.

[0504] Method B: A homogeneous mixture of TG02 Form X (citrate), TG02 Citrate Pattern 1 of US 9,120,815, and TG02 Citrate Pattern 2 of US 9,120,815 was treated with solvent (20 vol.) and agitated for 4 days at different temperatures (5 °C, 25 °C, and

50 °C). The recovered solids were air dried and analysed by XRPD. As summarized in Table 11, several solvents resulted in the recovery of TG02 Form X (citrate).

Table 11

Solvent	Temperature	TG02 (Citrate) Polymorph ¹
IPA	5 °C	Form X
Acetone		Form X
TBME		Pattern 2 + Form X
EtOAc		Pattern 2 + Form X
H ₂ O		Pattern 2
THF:H ₂ O (9:1)		Pattern 2
DCM:H ₂ O (9:1)		Pattern 2 + Form X
Acetone:H ₂ O (9:1)		Pattern 2
IPA	25 °C	Form X
Acetone		Form X
TBME		Pattern 2 + Form X
EtOAc		Form X
H ₂ O		Pattern 2
THF:H ₂ O (9:1)		Pattern 2
DCM:H ₂ O (9:1)		Pattern 2
Acetone:H ₂ O (9:1)		Pattern 2
IPA	50 °C	Form X
Acetone		Form X
TBME		Form X
EtOAc		Form X
H ₂ O		Pattern 2
THF:H ₂ O (9:1)		Pattern 2
DCM:H ₂ O (9:1)		Form X
Acetone:H ₂ O (9:1)		Pattern 2

¹ See Example 4 for discussion of Pattern 2

[0505] Characterization: Form X (citrate) is a non-solvated, non-hygroscopic crystalline form of TG02 citrate which remained unchanged by XRPD following storage at elevated temperatures and relative humidity levels (40 °C / 75 % RH, 25 °C / 97 % RH and 60 °C / ambient RH) after 28 days. Proton NMR was consistent with the proposed structure. However, as the methylene protons of the citric acid overlapped with the D₆-DMSO reference peak, the stoichiometric equivalence of citrate acid is slightly offset. Thermal gravimetric analysis revealed the sample lost 29.8 % w/w between 190 – 230 °C, possibly due to the dissociation of the salt. Differential scanning calorimetry thermal events included a single broad endotherm at 204.5 °C (366.9 J/g). Analysis of the thermal events monitored at two different heating rates (2 °C and 10 °C) revealed a significant change in

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both melt temperature and enthalpy (192.1 °C, 336.2 J/g and 205.3 °C, 378.2 J/g). This finding suggests the observed endotherm is not a pure melt (thermodynamic) but also consists of a kinetic component possibly the dissociation of the citrate. HPLC purity analysis resulted in a purity reading of 97.6 %. GVS analysis showed the material to be non-hygroscopic, with an uptake of 0.13 % between 0 – 90 % RH, with a maximum difference of 0.04 % hysteresis between 40 – 60 % RH. The sample remained unchanged by XRPD following GVS analysis. Thermodynamic solubility determination produced a reading of 0.64 mg/ml solubility in aqueous media.

[0506] The XRPD of Form X (citrate) is shown in Fig. 11. Table 12 lists the peak positions, d values, and relative peak intensities of TG02 Form X (citrate).

Table 12

Index	Angle (2-Theta °)	d value (Å)	Relative Intensity
1	8.6	10.3	10.7 %
2	9.4	9.4	12.8 %
3	11.9	7.4	13.0 %
4	12.5	7.1	8.6 %
5	14.3	6.2	9.8 %
6	15.2	5.8	33.4 %
7	15.5	5.7	47.7 %
8	16.1	5.5	14.6 %
9	16.4	5.4	6.9 %
10	17.0	5.2	22.3 %
11	17.4	5.1	18.4 %
12	17.9	5.0	7.6 %
13	19.0	4.7	8.6 %
14	19.6	4.5	13.2 %
15	20.3	4.4	9.0 %
16	20.6	4.3	9.1 %
17	21.2	4.2	5.3 %
18	21.7	4.1	33.5 %
19	22.1	4.0	31.4 %
20	23.0	3.9	100.0 %
21	23.5	3.8	5.6 %
22	23.9	3.7	7.4 %
23	24.2	3.7	5.1 %
24	24.8	3.6	9.1 %

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25	26.2	3.4	21.9 %
26	27.3	3.3	7.1 %
27	28.0	3.2	8.3 %
28	29.9	3.0	21.1 %

EXAMPLE 4

TG02 Citrate Patterns of US 9,120,815

[0507] TG02 Citrate Pattern 1 ("Pattern 1") of US 9,120,815 is a non-solvated, slightly hygroscopic crystalline form of TG02 citrate, which remained unchanged by XRPD following storage at elevated temperatures and relative humidity (40 °C / 75 % RH, 25 °C / 97 % RH and 60 °C / ambient RH) for 28 days. Proton NMR analysis was consistent with the proposed structure, although there was overlap of the methylene protons of the citrate and the D₆-DMSO reference peak. Thermal gravimetric analysis showed a weight loss of 29.6 % w/w between 180 – 240 °C, possibly due to loss of citrate. Differential scanning calorimetry revealed a single endothermic event at 196.6 °C (327.7 J/g). Comparing DSC profiles of the material at two different heating rates (2 °C and 10 °C) showed a large difference in onset temperature and enthalpy. This observation suggest the endotherm is likely due to both melt of the material (thermodynamic) and loss of the citrate (kinetic). HPLC purity analysis resulted in a purity reading of 97.7 %. GVS analysis showed the material to be slightly-hygroscopic, with an uptake of 1.0 % between 0 – 90 % RH and a maximum hysteresis of 0.2 % between 40 – 50 % RH. The sample remained unchanged by XRPD following GVS analysis. Thermodynamic solubility determination produced a reading of 0.33 mg/ml solubility in aqueous media. XRPD following thermodynamic solubility analysis revealed a form change from TG02 Citrate Pattern 1 to TG02 Citrate Pattern 2 (both of US 9,120,815). The XRPD of Pattern 1 is shown in Fig. 1.

[0508] TG02 Citrate Pattern 2 ("Pattern 2") of US 9,120,815 defined as a hydrated, hygroscopic crystalline form of TG02 citrate, which remained unchanged by XRPD following storage at elevated temperatures and relative humidity (40 °C / 75 % RH and 25 °C / 97 % RH) for 28 days. However, storage at 60 °C / ambient RH resulted in additional peaks being present in the XRPD diffractogram after 7 days. These additional

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peaks remained throughout the 28 days storage period. This may be caused by dehydration of the hydrate. Proton NMR analysis was consistent with the proposed structure, although there was overlap of the methylene protons of the citrate and the D₆-DMSO reference peak. Thermal gravimetric analysis showed two weight losses: a weight loss of 3.1 % w/w between 25 – 115 °C, possibly due to loss of water, followed by a weight loss of 29.5 % w/w between 180 – 240 °C, possibly due to the dissociation of citrate. Differential scanning calorimetry consisted of a broad, asymmetrical endotherm between 25 – 115 °C (70.2 J/g) followed by a large endotherm at 186.0 °C (313.4 J/g), possibly due to the sample melt and dissolution of the salt. HPLC purity analysis resulted in a purity reading of 97.7 %. GVS analysis showed the material to be hygroscopic, with an uptake of 3.84 % between 0 – 90 % RH, with a maximum hysteresis of 1.4 % between 10 – 30 % RH. The sample remained unchanged by XRPD following GVS analysis. Water content was determined by Karl Fischer analysis to be 3.3 %, equating to 1 molar equivalent of water. Thermodynamic solubility determination produced a reading of 0.23 mg/ml solubility in aqueous media and remained unchanged by XRPD. The XRPD of Pattern 2 is shown in Fig. 2.

EXAMPLE 5

Photostability

- [0509] The photostability of Pattern 1 and Pattern 2 of US 9,120,815, and Form X (citrate) was investigated to determine whether light exposure results in substance changes.
- [0510] A thin layer (≤ 3 mm) of Pattern 1, Pattern 2, and Form X (citrate) was placed in a clear glass HPLC vial. These samples were prepared in duplicate; one set to be kept in the dark (wrapped in aluminium foil) and the other exposed to light. Images of the HPLC vials were taken before and after light exposure. Samples were exposed to irradiation (765 W/m²) for 6.9 h, equating to one weeks Miami sunshine.
- [0511] No visual change in appearance, XRPD, or purity of each sample was noted.

EXAMPLE 6

Pharmaceutical Compositions

[0512] Compatibility experiments were conducted to select excipients for TG02 Form X (citrate) for use in gelatin capsules. Binary mixtures (1:1) of an excipient and TG02 Form X (citrate) were prepared, mixed, and stored at 40°/75% RH in open and closed containers for four weeks. Blend appearance and HPLC test results (chromatographic purity and assay) obtained after four weeks of storage in both open and closed configurations were compared to the initial results (Table 13 and Table 14). No significant appearance changes were noted over the course of the study. The list of compatible and incompatible excipients is provided in Table 15.

Table 13: Excipient Compatibility Results, 40°C/ 75% RH, Open Configuration

Excipient	Initial		4 weeks	
	Purity (%)	Assay (%)	Purity (%)	Assay (%)
Avicel	96.06	100.92	96.69	99.99
Prosolv	96.48	101.04	96.66	101.24
Mannitol	96.67	100.91	96.65	99.06
Lactose Monohydrate	96.65	100.27	96.69	99.89
HPMC	96.66	101.85	96.67	98.41
PVP	96.67	100.75	96.67	98.81
PRUV	96.41	83.93	96.13	71.01
Mg Stearate	96.65	90.42	96.67	99.92
Croscarmellose	96.36	73.46	96.36	76.23
Explotab	96.58	91.95	96.60	92.77
Crospovidone	96.64	98.61	96.67	98.88
Avicel + SLS	96.67	100.29	96.65	100.32
Control	96.66	100.96	96.68	98.29

Table 14: Excipient Compatibility Results, 40°C/ 75% RH, Closed Configuration

Excipient	Initial		4 weeks	
	Purity (%)	Assay (%)	Purity (%)	Assay (%)
Avicel	96.06	100.92	96.70	103.27
Prosolv	96.48	101.04	96.68	100.34
Mannitol	96.67	100.91	96.62	96.84
Lactose Monohydrate	96.65	100.27	96.63	98.71
HPMC	96.66	101.85	96.60	95.40
PVP	96.67	100.75	96.64	97.55
PRUV	96.41	83.93	96.24	72.60
Mg Stearate	96.65	90.42	96.68	96.10
Croscarmellose	96.36	73.46	96.29	69.92
Explotab	96.58	91.95	96.58	93.96
Crospovidone	96.64	98.61	96.67	100.14
Avicel + SLS	96.67	100.29	96.62	102.09
Control	96.66	100.96	96.66	94.38

Table 15: Results Summary of TG02 Form X (citrate) Excipient Compatibility

Excipient Function	Compatible Excipients	Potentially Incompatible Excipients
Fillers	Microcrystalline cellulose Silicified microcrystalline cellulose Lactose monohydrate Mannitol	
Binders	Crospovidone Hydroxypropyl methycellulose	
Disintegrants	Crospovidone Sodium starch glycolate	Croscarmellose sodium
Lubricants	Magnesium stearate Sodium stearyl fumarate (PRUV)	
Wetting Agents	Sodium lauryl sulfate	
Capsule Shell	Gelatin	

[0513] Representative TG02 Form X (citrate) formulation compositions are provided in Table 16. The capsules are an immediate release dosage form provided in two strengths: 50 mg and 150 mg. The capsule fill is a dry powder formulated blend of TG02 Form X

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(citrate) and excipients. The labelled strength of the TG02 Form X (citrate) capsules is in terms of TG02 base, while the batch formula is in terms of the TG02 Form X (citrate) salt. For example, the 50 mg strength of TG02 Form X (citrate) capsules contains about 76 mg of TG02 Form X (citrate) to account for the citric acid content of the drug substance total mass. Additional compositions are provided in Table 17.

Table 16: Formulation Compositions for TG02 Form X (citrate) Capsules

	Strength: Name:	50 mg TG02	150-mg TG02
	Capsule Size	2	0
	Capsule Color	Swedish Orange	Light blue
Ingredient	Function	Composition (mg/capsule)	
TG02 citrate	Active	76.23	228.6
Silicified Microcrystalline Cellulose, NF	Filler	111.72	93.6
Crospovidone, Ph.Eur., NF, JP	Disintegrant	10.50	18.0
Hypromellose 2910, Ph.Eur., USP, JP	Binder	10.50	18.0
Magnesium Stearate, NF	Lubricant	1.05	1.8
Total Fill Weight (mg):		210.0	360.0

Table 17: Formulation Composition for TG02 Form X (citrate) Capsules

Ingredient	Strength (mg)		
	10 mg	10 mg	150 mg
TG02 Citrate	15.6	15.6	234.0
Silicified Microcrystalline Cellulose, NF	172.3	172.3	106.2
Crospovidone, NF	10.5	10.5	19.0
Hypromellose 2910, USP	10.5	10.5	19.0
Magnesium Stearate, NF	1.1	---	1.8
Sodium stearyl fumarate, NF (PRUV)	---	1.1	---

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[0514] Having now fully described the methods, compounds, and compositions herein, it will be understood by those of skill in the art that the same can be performed within a wide and equivalent range of conditions, formulations, and other parameters without affecting the scope of the methods, compounds, and compositions provided herein or any embodiment thereof. All patents, patent applications and publications cited herein are fully incorporated by reference herein in their entirety.

WHAT IS CLAIMED IS:

1. A polymorphic form of the citrate salt of (16E)-14-methyl-20-oxa-5,7,14,26-tetraazatetracyclo[19.3.1.1(2,6).1(8,12)]heptacos-1(25),2(26),3,5,8(27),9,11,16,21,23-decaene (TG02 Form X (citrate)) characterized as having a powder x-ray diffraction pattern with peaks at 15.2, 15.5, 21.7, 22.1, 23.0, 26.2, and 29.9 degrees 2Θ , wherein the powder x-ray diffraction pattern is collected using Cu K α radiation.
2. The TG02 Form X (citrate) of claim 1 having an average particle size distribution of 10 μm or less.
3. The TG02 Form X (citrate) of claim 2 having an average particle size distribution of 1 μm or less.
4. A pharmaceutical composition comprising the TG02 Form X (citrate) of any one of claims 1-3 and one or more pharmaceutically acceptable excipients.
5. The pharmaceutical composition of claim 4 comprising, by weight:
 - (a) 7% to 70% of TG02 Form X (citrate);
 - (b) 20% to 83% of a filler;
 - (c) 1% to 10% of a disintegrant;
 - (d) 1% to 10% of a binder; and
 - (e) 0.1% to 1% of a lubricant.
6. Use of a therapeutically effective amount of the TG02 Form X (citrate) of any one of claims 1-3 in the manufacture of a medicament for treating a patient having cancer.
7. The use of claim 6, wherein MYC overexpression, MCL1 overexpression, or MYC and MCL1 overexpression is differentially present in the patient as compared with a subject of another phenotypic status.

8. The use of claims 6 or 7, wherein a therapeutically effective amount of a second therapeutic agent is to be further administered to the patient.
9. The use of any one of claims 6-8, wherein the cancer is a solid tumor.
10. The use of any one of claims 6-8, wherein the cancer is a hematological malignancy.
11. The use of any one of claims 6-8, wherein the cancer any one or more of the cancers of Table 2.
12. The use of claim 11, wherein the cancer is selected from the group consisting of multiple myeloma, hepatocellular carcinoma, glioblastoma, lung cancer, breast cancer, head and neck cancer, prostate cancer, melanoma, colorectal cancer, and diffuse pontine glioma.
13. The TG02 Form X (citrate) of any one of claims 1-3 for use in the treatment of cancer.
14. Use of TG02 Form X (citrate) of any one of claims 1-3 for the manufacture of a medicament for treatment of cancer.
15. The pharmaceutical composition of claims 4 or 5 for use in treating cancer.
16. A kit comprising the TG02 Form X (citrate) of any one of claims 1-3 and instructions for administering the TG02 polymorphic form to a patient having cancer.
17. The kit of claim 16 further comprising an immune checkpoint inhibitor or alkylating agent.
18. A method of making the pharmaceutical composition of claim 4, the method comprising admixing TG02 Form X (citrate) and one or more pharmaceutically acceptable excipients.
19. A method of making the TG02 Form X (citrate) of claim 1, the method comprising:

(a) combining a solution of citric acid in ethanol with a solution of TG02 free base in DMSO/ethanol;

(b) heating the solution of (a) at 70°C for at least 15 minutes to give a solution comprising TG02 citrate;

(c) cooling the solution of (b) comprising TG02 citrate to 5°C to give a crystalline solid; and

(d) isolating the crystalline solid of (c) to give TG02 Form X (citrate).