

PCI Biotech

PCI – Unlocking the true value of innovative oncology therapies: from therapeutics to vaccines

SACHS, Basel, September 2014



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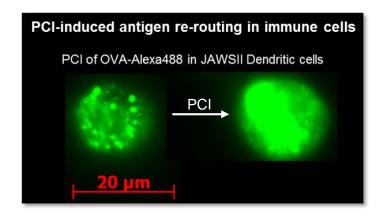


PCI Biotech at a glance

- A listed cancer-focused biotech company entering clinical Phase II for two indications; head & neck and bile duct cancer
- Pre-clinical program on therapeutic vaccination, with promising results showing substantial enhancement of the important cytotoxic T-cell response
- Technology based on <u>photochemical internalisation</u> ("PCI"), originating from the Norwegian Radium
 Hospital, using a small molecule photosensitizer
 (TPCS_{2a}) and light to induce the endosomal escape
 of active molecules trapped in endosomes

PCI induces triggered endosomal escape by illumination





PCI technology – enable drugs to cover additional areas of unmet medical need



Existing & innovative treatments

PCI enhancement technology

Cells



Cancerous cell



Dendritic cell

Active ingredient (trapped in endosome)

- Small molecules
- siRNA/mRNA
- Antibody targeted drugs
- Peptides
- Antigens

Photosensitiser (Amphinex)



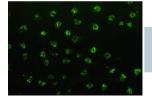
Light source



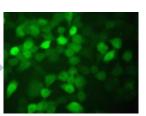
Red light



Blue light



Endosomal escapeRelease of drug in cells



PCI technology – enabling drugs to reach intracellular therapeutic targets



STEP 1:

 TPCS_{2a} (S) and the active molecule (D) are injected into the body and carried by the blood stream to the cell



STEP 2:

- TPCS_{2a} (S) and the active molecule (D) are taken up by the cell, but D is unable to reach the target (T), as it is encapsulated in an endosome
- S is washed away from the cell membrane, but trapped in endosomes



STEP 3:

- Light activates TPCS_{2a} (S) in the membrane of the endosome
- · The membrane integrity is affected and the active molecule released



STEP 4:

• The active molecule (D) can now bind to its target (T) and initiate the therapeutic response





The active molecule

- Anticancer agent, e.g. bleomycin, gemcitabine
- Oligonucleotide, e.g. siRNA
- Protein, e.g. antibodydrug conjugate
- Peptide: e.g. antigen



The PCI component

- Light sensitive component
- Amphinex TPCS_{2a}



The target

- Target for the active molecule
- E.g. DNA, mRNA, enzyme, microtubuli

PCI mechanism of action – triggered endosomal escape through illumination

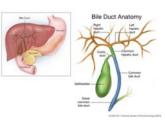




Local cancer treatment

- bleomycin in head and neck cancer
- gemcitabine in bile duct cancer

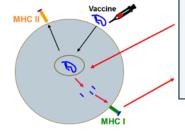




Systemic administration

PCI vaccination technology

- therapeutic vaccination



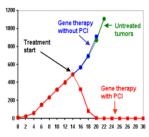
PCI – induce presentation on MHC class I

- Make it possible to achieve cytotoxic T-cell response with protein/ peptide vaccines
- Can solve a key challenge for many vaccine approaches

Local administration

PCI macromolecule delivery

- immunotoxins
- siRNA & other oligo
- gene therapy



Local or systemic administration



Clinical Programs

Amphinex (TPCS_{2a}) induced PCI of bleomycin Phase I summary



Summary of design

- Amphinex dose-escalation study
- Bleomycin and light dose were fixed
- Patients with cutaneous and/or subcutaneous tumours
- 22 patients treated across 5 dose groups
- Majority of patients were squamous cell carcinoma of the head & neck

Key findings

- Strong tumour response across all doses
- Apparent selectivity for cancer in several patients
- Well tolerated with appropriate analgesia and anesthesia
- Dose limiting toxicity at highest dose due to skin photosensitivity



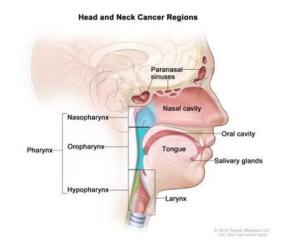
Complete Response following treatment of skin adnexal tumour

Amphinex (TPCS_{2a}) induced PCI of bleomycin Phase II study in head & neck cancer



Summary of design

- Patient inclusion: 2012-2015
- Target population: recurrent head and neck squamous cell carcinoma, unsuitable for radiotherapy and surgery
- Both cutaneous/subcutaneous and interstitial tumours
- Study design: single arm, open label multi-center study in up to 80 patients to assess safety and efficacy of a single treatment with Amphinex induced PCI of bleomycin
- Primary endpoint: progression free survival at 6 months



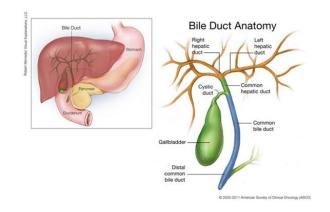
Preliminary findings

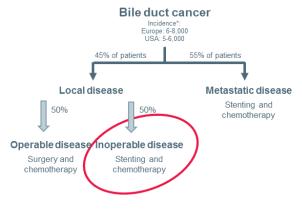
- Stronger effect with intra-tumour treatment than seen with surface illumination in Phase I
- Intra-tumour illumination is optimized in separate light dose escalation part of the study, running in parallel to open inclusion of patients for superficial illuminations; started in Q3 2013
- Included an interim PoC analysis when 12 patients have been treated with intra-tumour illumination at the selected light dose

Amphinex (TPCS_{2a}) induced PCI of gemcitabine – phase I/II cholangiocarcinoma



- Patient population with high medical unmet need
 - Patient inclusion: 2014/15
 - Target population: patients with inoperable bile duct cancer
 - Study design: open label, multicenter study in up to 45 patients to assess safety and efficacy of a single treatment with Amphinex induced PCI of gemcitabine, followed by systemic cisplatin/gemcitabine
 - Phase I: dose escalation study to assess the local tolerance
 - Phase II: randomized double-arm phase II study



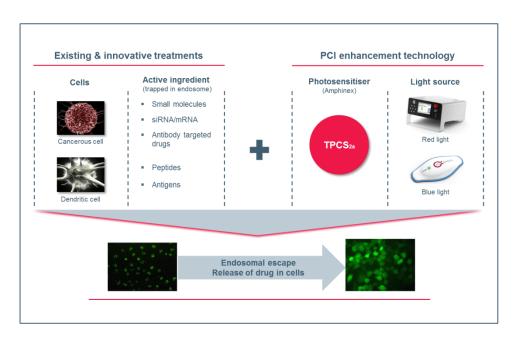


*Source; Khan et al, Lancet 2005; 366:1303 Gatta et al, Eur J Cancer 2011; 47:2493 Bragazzi et al, Transl Gastrointest Cancer 2012; 1:21

Unlocking the true potential of new treatment paradigms



Enhancement of therapeutic vaccination and delivery of macromolecules



- PCI is a clinically proven endosomal escape technology that may realise the true therapeutic benefit of innovative medicines
- Strong preclinical efficacy evidence
 - Potentiation of responses considered key for effective therapeutic vaccination
 - Effective localised delivery of a range of macromolecules
 - siRNA

PCI may realise additional therapeutic potential of innovative medicines and increase their coverage of unmet need in certain disease areas

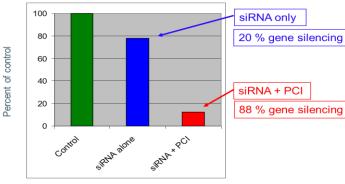
Macromolecules – endosomal escape of a range of products, pre-clinical data





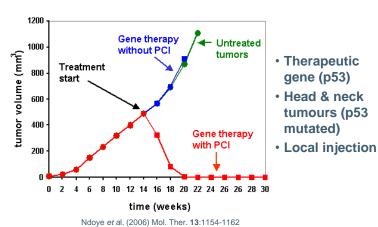


2 Intracellular delivery of siRNA

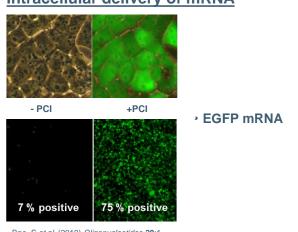


Bøe, S., Longva, A.S. and Hovig, E. (2007). Oligonucleotides 17, 166-73

3 Intracellular delivery of gene therapy – in vivo



Intracellular delivery of mRNA



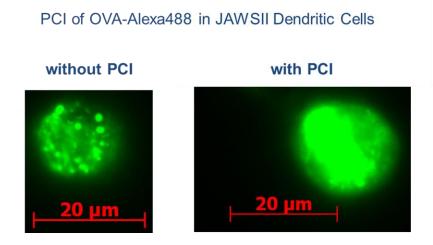
Bøe, S et al. (2010) Oligonucleotides 20:1-

12



CTL-inducing technology

PCI can induce escape of antigens from endocytic vesicles in antigen presenting cells, thereby enhancing MHC class I antigen presentation

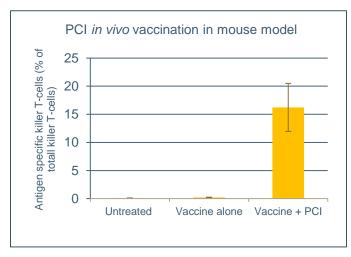


PCI – a simple and effective procedure for both modes of therapeutic vaccination



In vivo vaccination

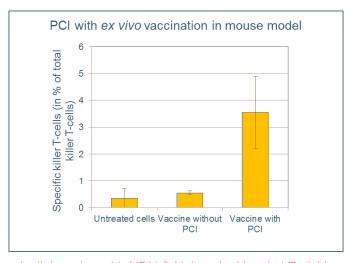
- Inject vaccine (+ adjuvant) into patient, e.g. in or under the skin
- PCI: add photosensitiser and illuminate
 - > PCI induced increase in antigen specific CD8+ T-cells >50 times has been seen
 - > Further optimisation of in vivo PCI vaccination method ongoing



(collaboration with NTNU & University Hospital Zurich)

Ex vivo vaccination

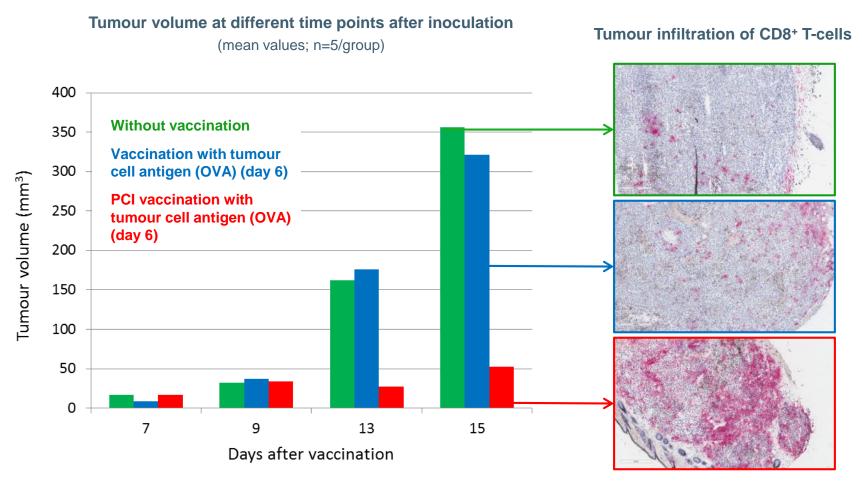
- Remove immune cells from patient
- Give vaccine + adjuvant treatment to the cells in laboratory; PCI: performed on cells in laboratory
- Return the treated cells to the patient
 - > PCI induced increase in antigen specific CD8+ T-cells up to 16 times has been seen
 - > Further optimisation of ex vivo PCI vaccination method ongoing



(collaboration with NRH & University Hospital Zurich)

PCI induced immune response translates into therapeutic effect in animal tumour model (B16-F10-OVA melanoma/OT-1)

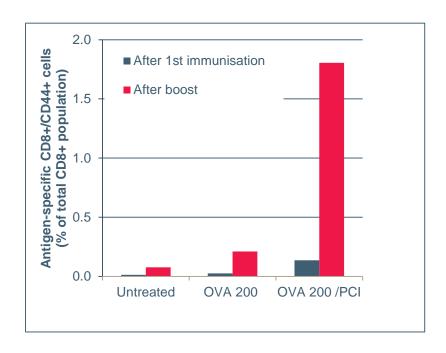




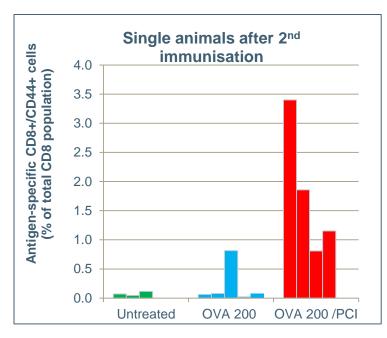
With OVA antigen PCI induces antigen-specific CD8 cells also from mouse endogenous T-cells



- Mice immunised with 200 μg OVA +/- PCI at days 0 and 14, blood samples analysed on days 7 and 21



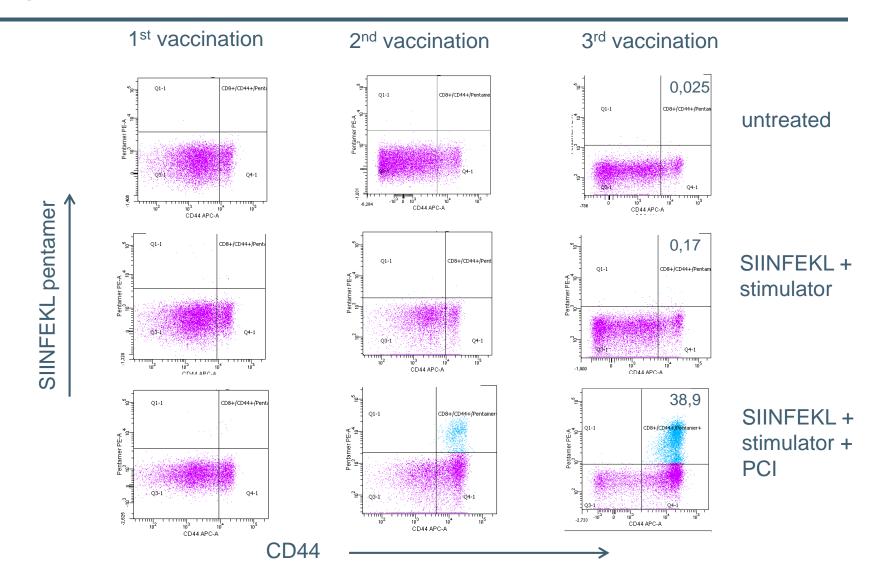
- PCI enhances CD8 response both after 1st immunisation and 2nd immunisation.



- 100% of PCI-treated animals give a CD8 response to the vaccine (both after 1st and 2nd immunisation), compared to only 20% in the antigen alone group (only after 2nd immunisation).

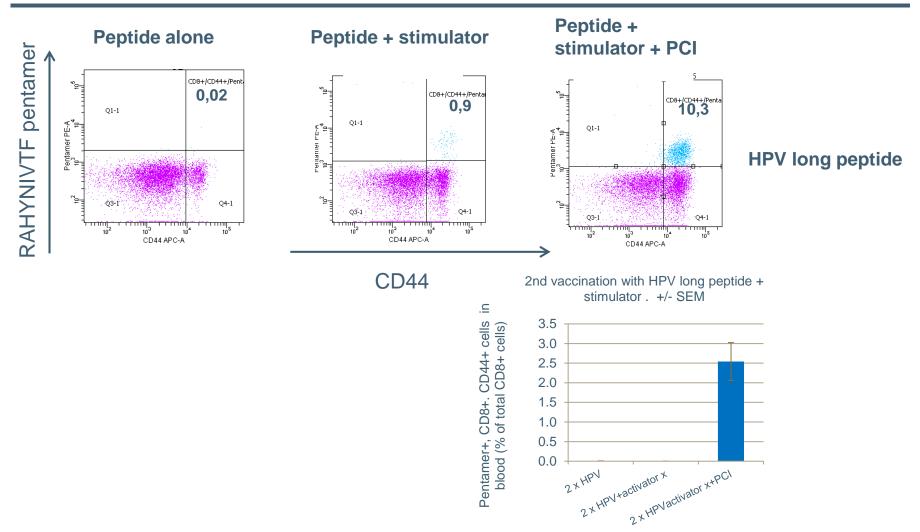
PCI combined with immune stimulator enhances immune response with SIINFEKL (OVA) peptide antigen > 100 times in normal mice.





2 vaccinations with PCI/stimulator combination significantly enhance effect of a HPV long peptide antigen.

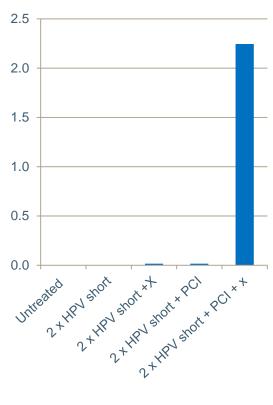




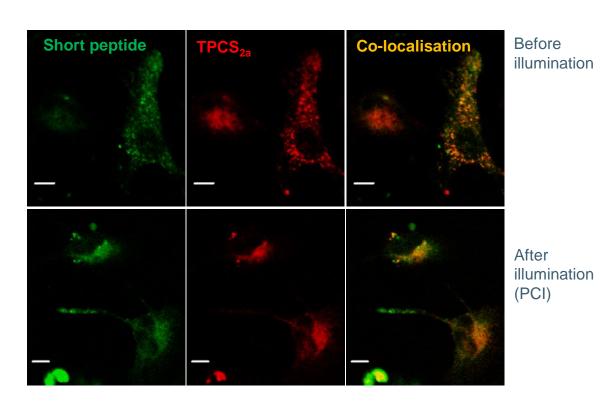
PCI/X combination strongly induces CD8+ immune response also with HPV short peptide antigen.







Also short peptides are taken up by endocytosis and co-localises with TPCS_{2a} in endosomes



Pentamer+, CD8+, CD44+ cells in blood (% of total CD8 cells)

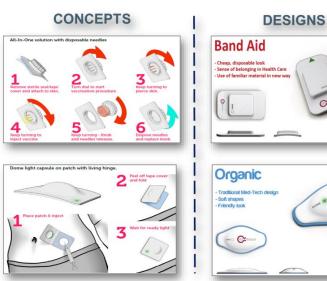
Cancer therapeutic vaccines – Competitive advantages and user-friendly solutions



Safety – TPCS_{2a} tested in Phase I study (i.v. inj.) at much higher doses than what will be used for vaccination

Stability – TPCS_{2a} can be autoclaved and is stable at room temperature, also in solution

Innovation – Unique mode of action; indication that TPCS_{2a} induces MHC class I antigen presentation in dendritic cells and macrophages



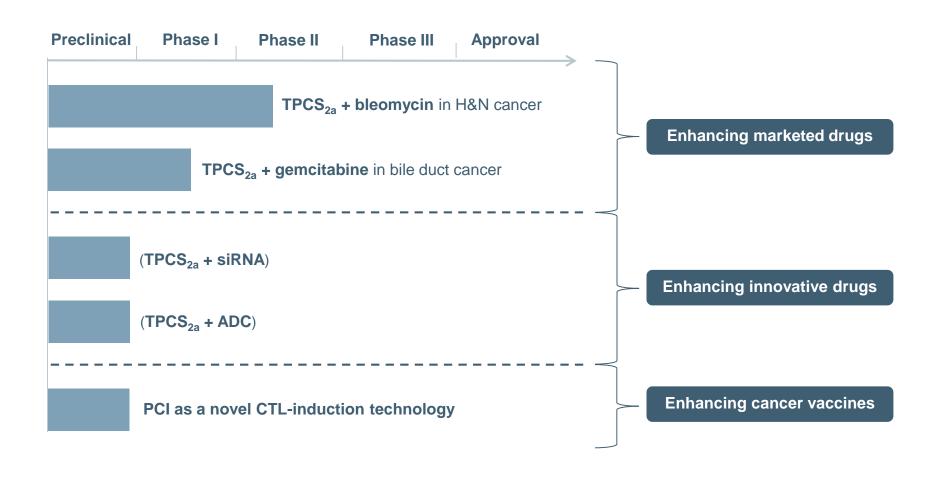
Cost effectiveness – Simple and cost effective synthesis of TPCS_{2a}

Broad applicability – Peptide and protein antigens as well as particulate antigen formulations; Prophylactic & therapeutic vaccination, *in vivo* & *ex vivo*

Clinical safety and preclinical efficacy evidence, combined with a comprehensive patent estate on PCI-mediated immunization (products, uses and devices)



PCI Biotech: versatile platform allows for diverse applications in the cancer field





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