

Modulation of Innate Immunity in the Treatment of Inflammation-Driven and Infection-Driven Disease

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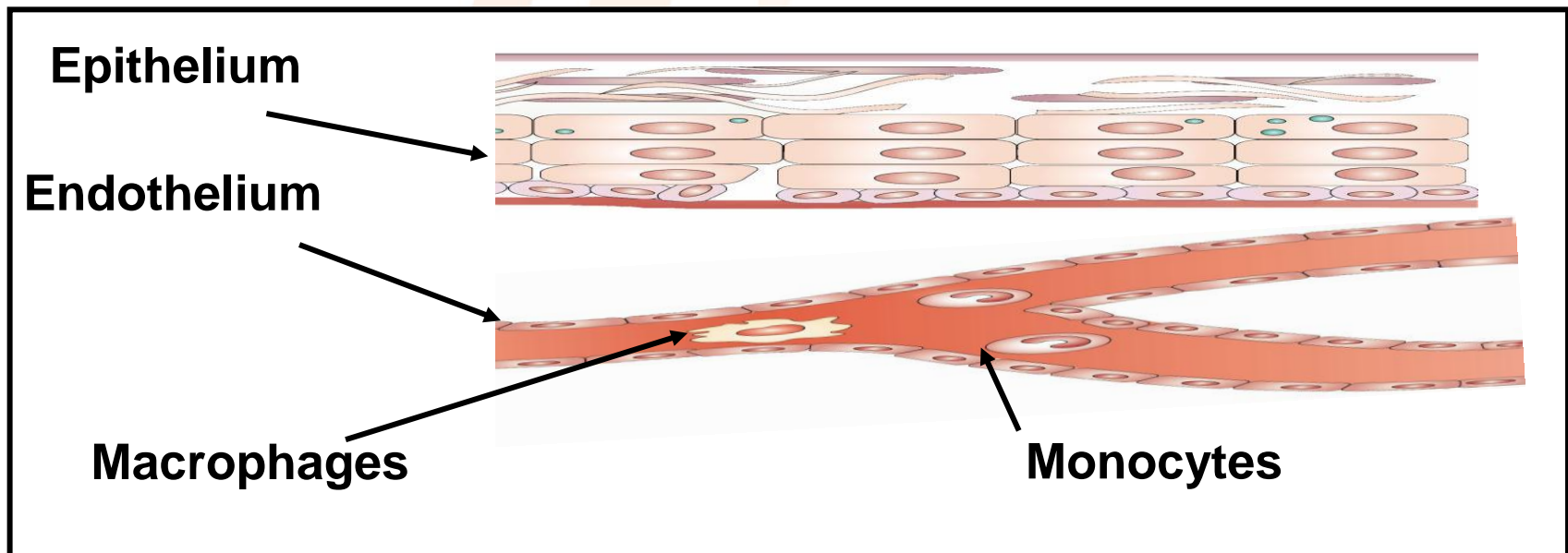
July 13, 2017

Forward-Looking Statements

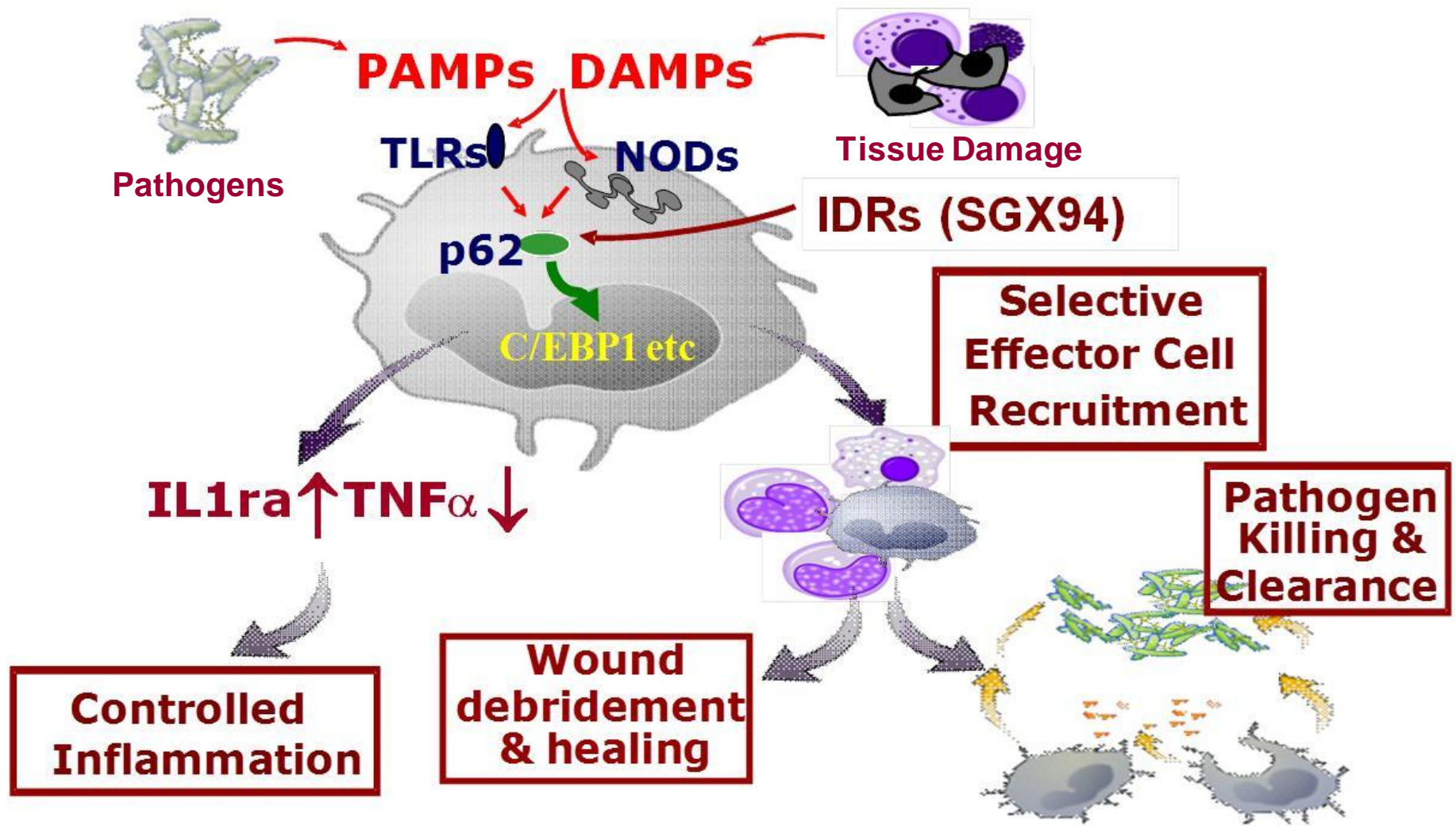
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Leveraging Innate Immunity

- Rapid, non-specific response
- Involves circulating and tissue resident cells
- Inflammation separable from tissue healing / bacterial clearance mechanisms

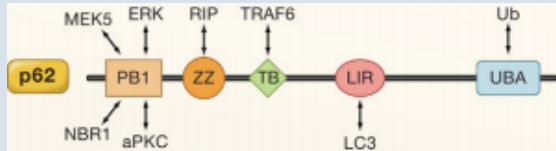


Innate Defense Regulators

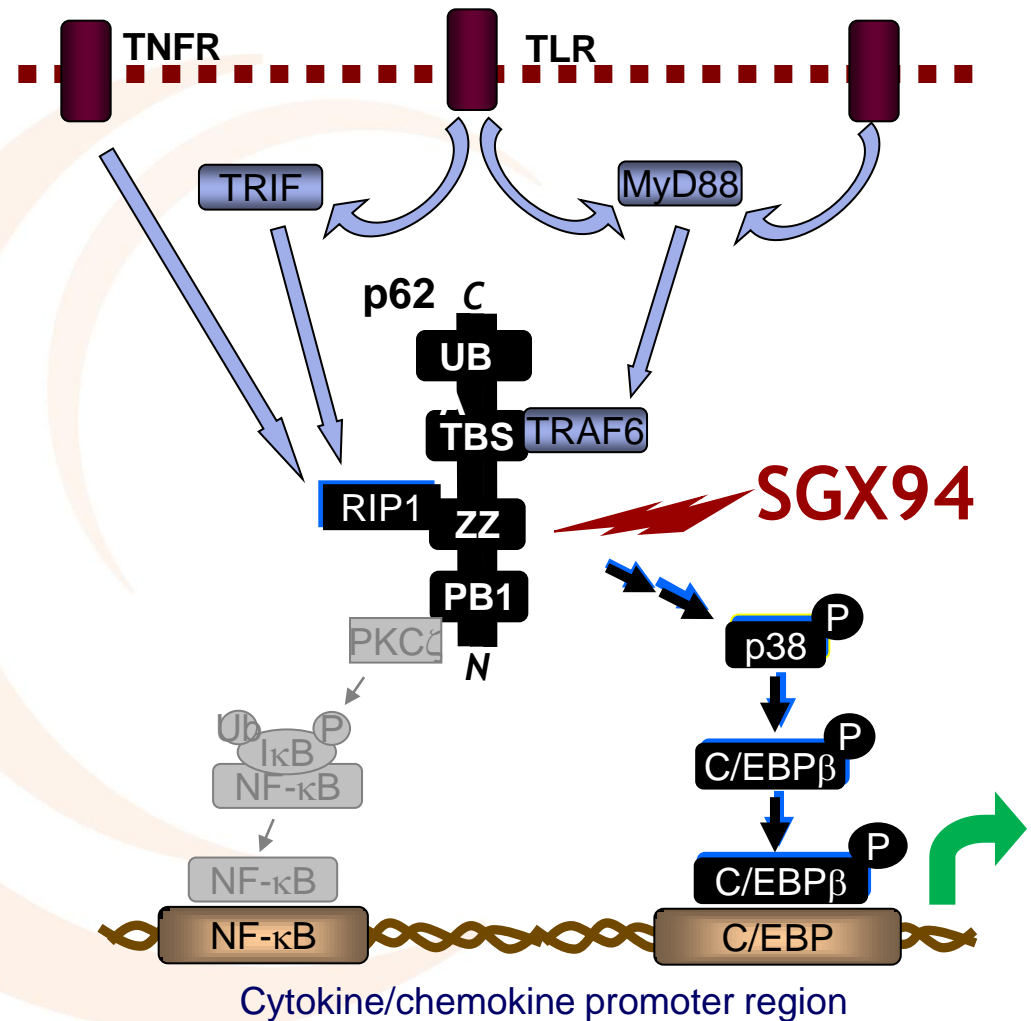


SGX94 Targets Sequestosome-1 (p62)

- SGX94 (dusquetide) specifically binds to the ZZ domain of p62



- Selectively stabilizes TNF α -induced p62-RIP1 complex formation
 - No effect on TNF α -induced p62-PKC ξ complex formation**
- Specifically modulates downstream pathways by activating MAPK p38 and C/EBP β
 - Does not modulate NF- κ B activity**
- Results in:
 - Modulation of cytokine/chemokine production
 - Altered protein expression in endothelial cells, monocytes
 - Increased macrophage recruitment to the site of infection/damage



Jorge Moscat and Maria T. Diaz-Meco. Cell 137, June 12, 2009

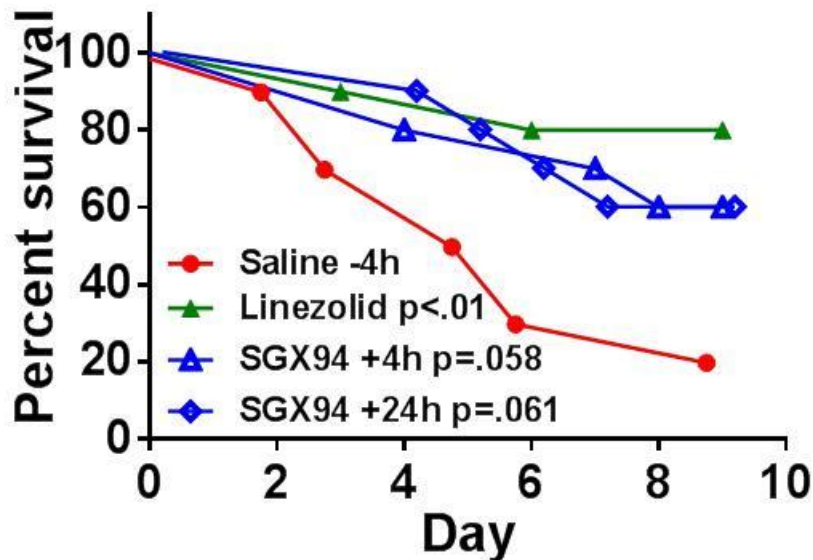
Broad Spectrum Activity

- Improves survival **and** enhances bacterial clearance
- Efficacious against various pathogens:
 - Gram-negative (*P. aeruginosa*, *B. pseudomallei*) **OR** Gram-positive (*S. aureus*, MRSA)
 - Extracellular (MRSA, *S. aureus*) **OR** Intracellular (*B. pseudomallei*)
 - Antibiotic sensitive (*S. aureus*) **OR** Antibiotic resistant (MRSA, *B. pseudomallei*)
- Effective at various anatomic locations
- ***Enhances antibiotic action when antibiotics alone are suboptimal***
- ***Active in immune compromised animals***
- ***Aids in resolution of tissue damage***
- ***Modulates inflammation***

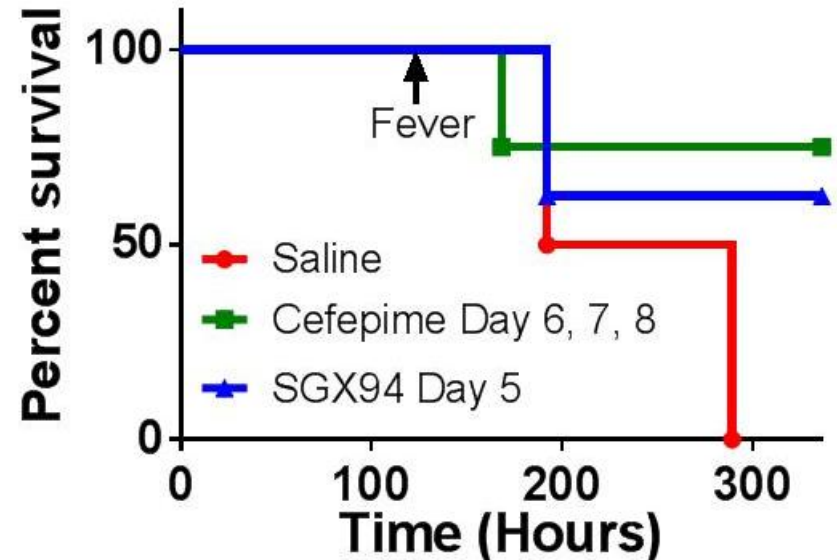
Anti-Infective

- Improves **survival** with *therapeutic* administration, including in immune-compromised animals

Gram-positive, Antibiotic-resistant Bacteremia (MRSA)

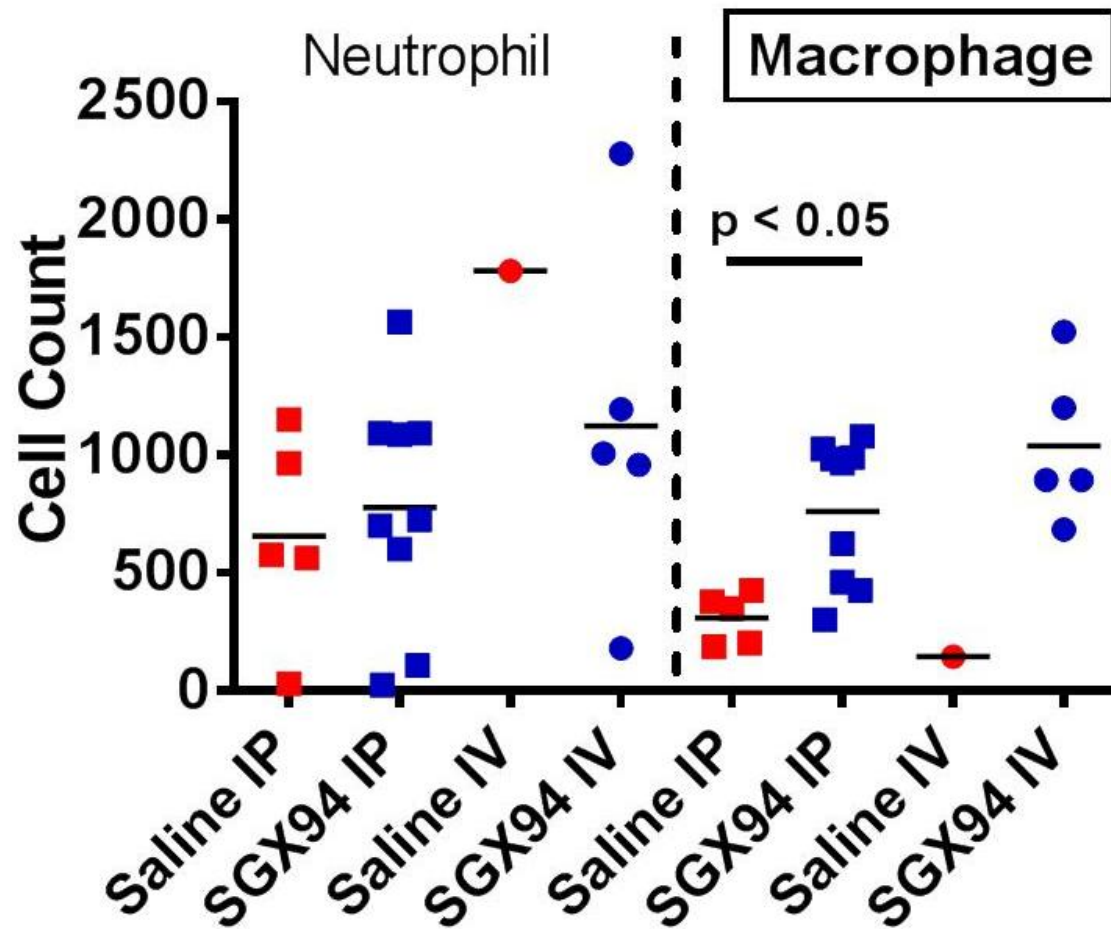


Gram-negative, Leukopenic Septicemia (*P. aeruginosa*)



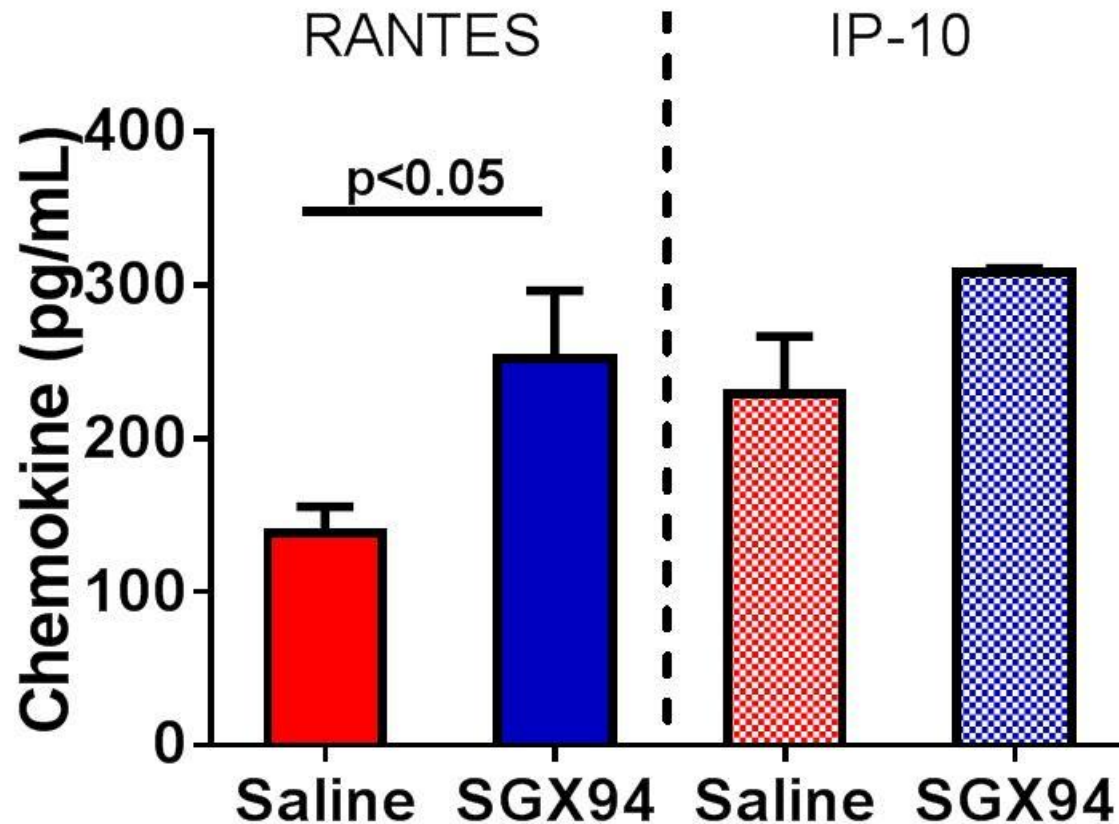
Increased Macrophage Recruitment

Peritoneal macrophages increased in MRSA IP infection



Early Chemokine Responses

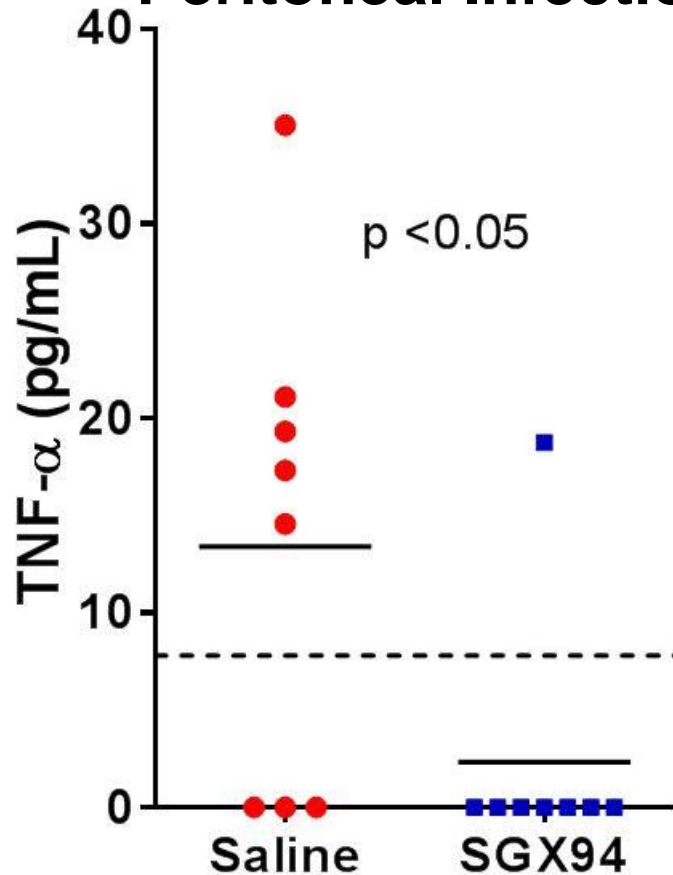
Peritoneal RANTES and IP10 increased in MRSA IP infection



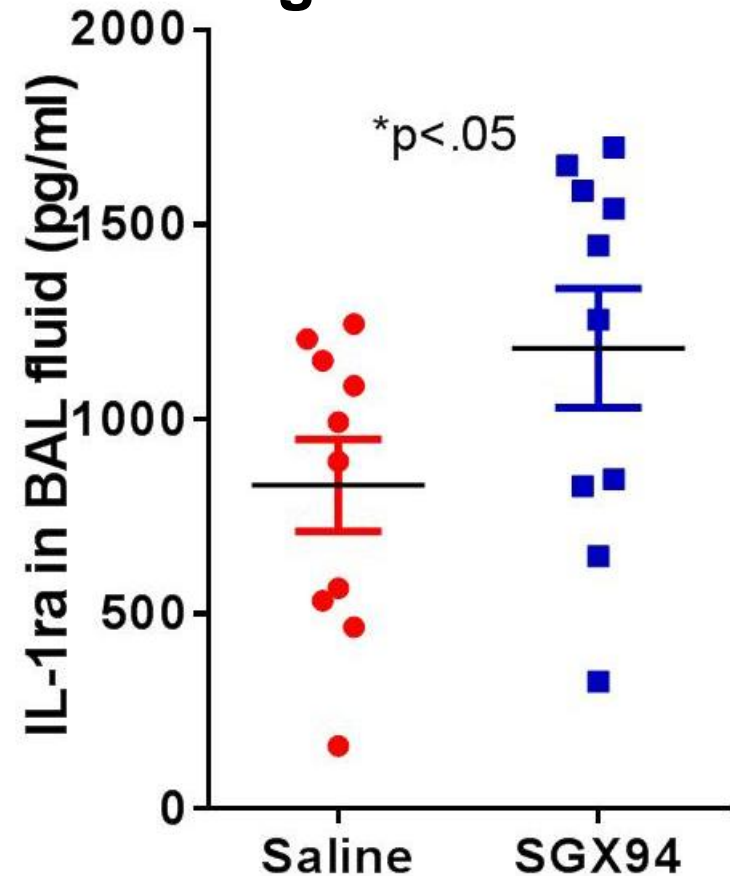
Anti-Inflammatory Action

TNF α decreased and IL-1ra increased

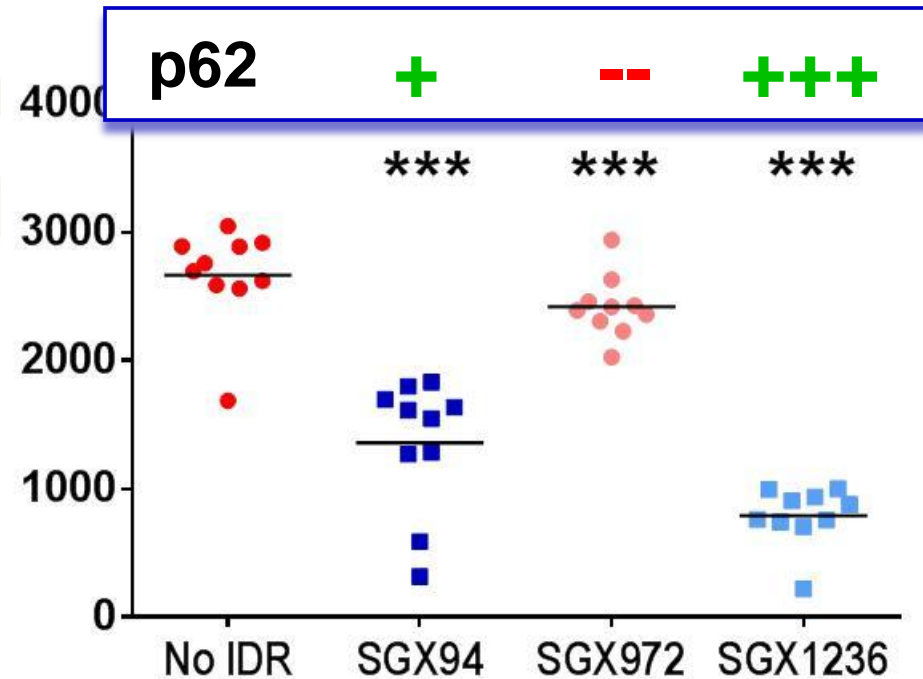
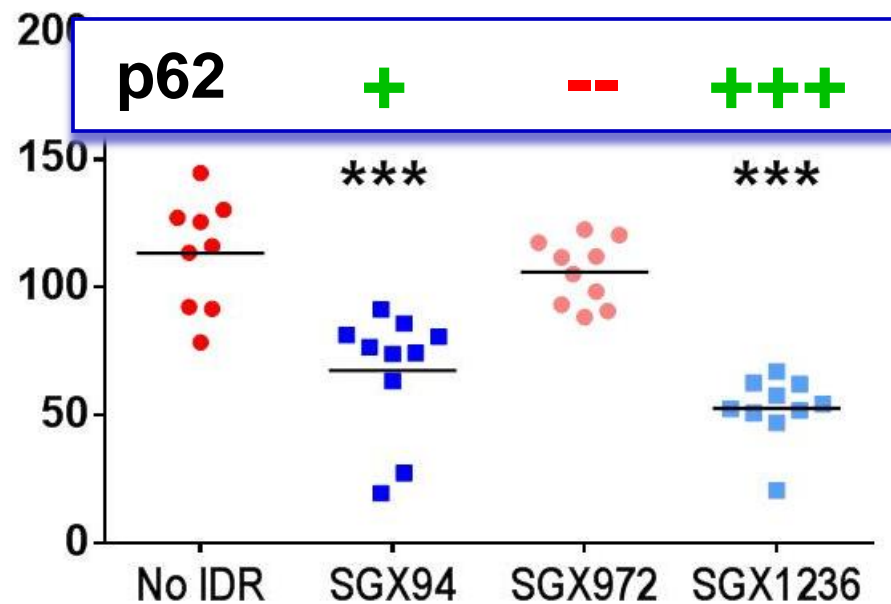
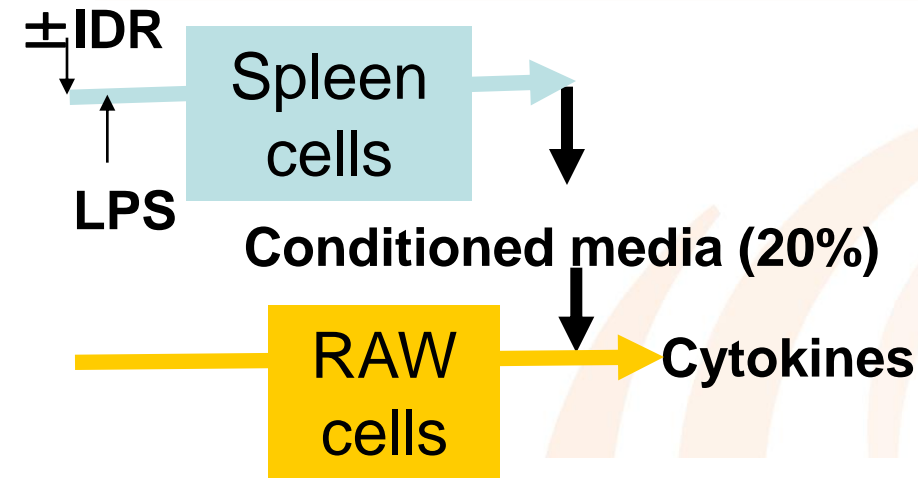
Peritoneal Infection



Lung Inflammation



Tissue-Mediated Effects



IL-6
(pg/ml)

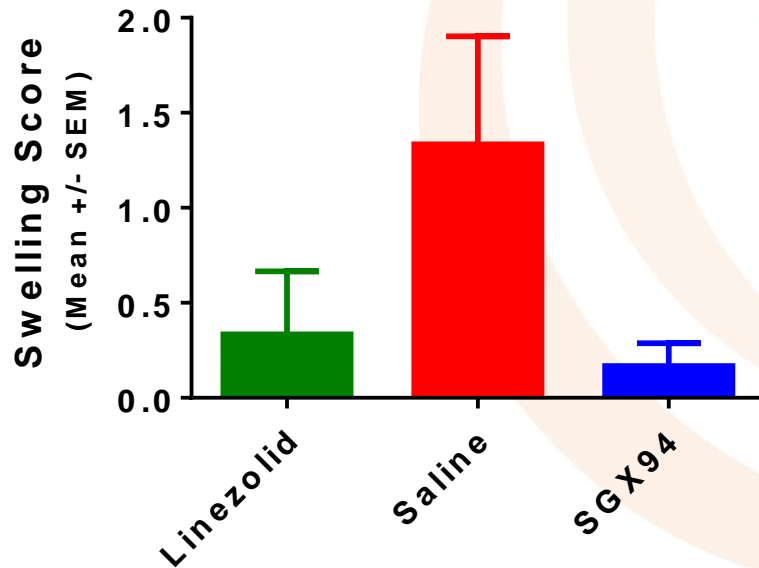
**Responsiveness
correlates with p62
binding affinity**

Tissue Healing Activity

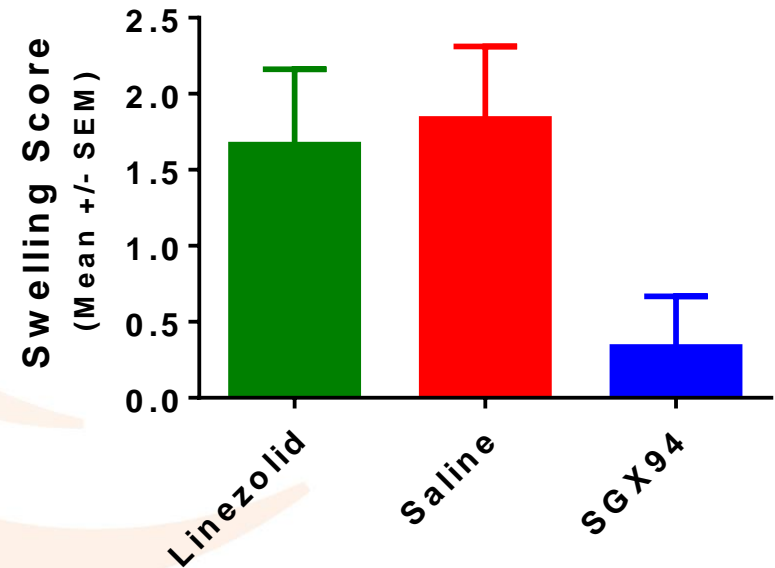
- Epithelial damaged followed by MRSA infection

Decreased Ulceration & Swelling with Single Administration

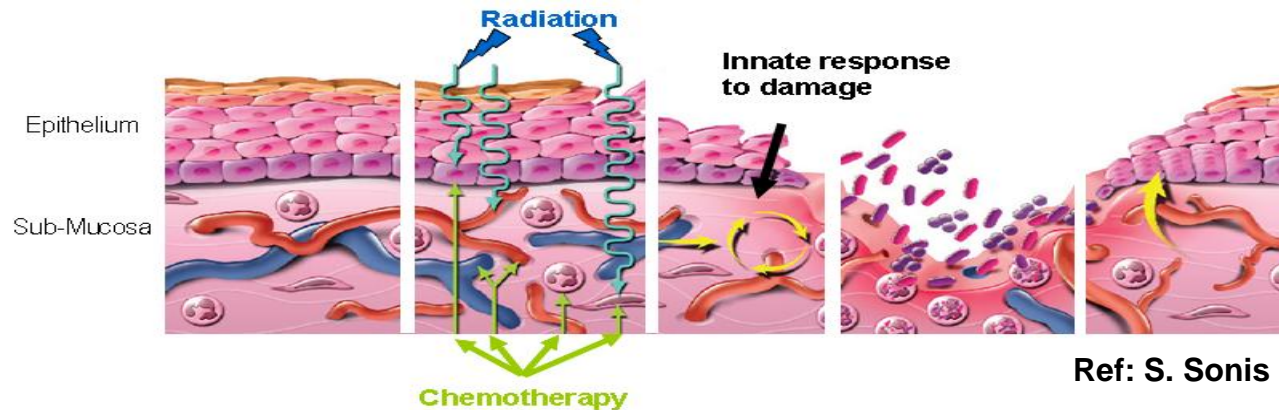
Ulceration Score at 48 h



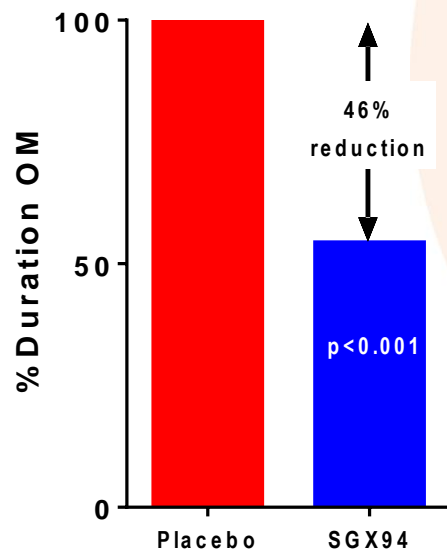
Swelling Score at 96 h



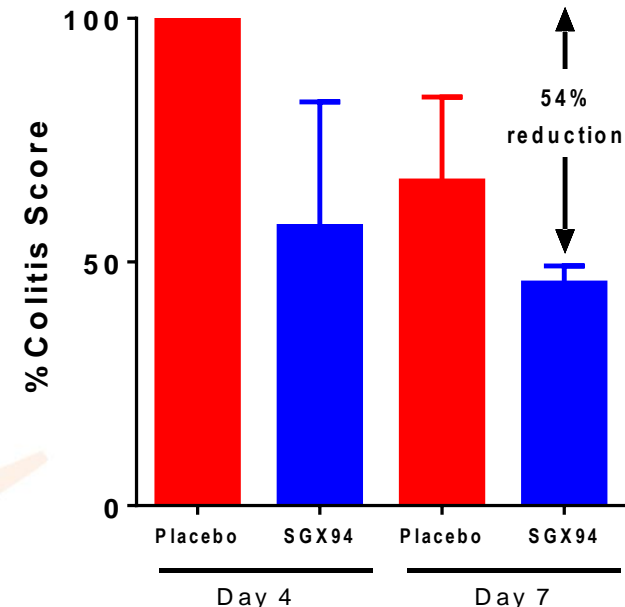
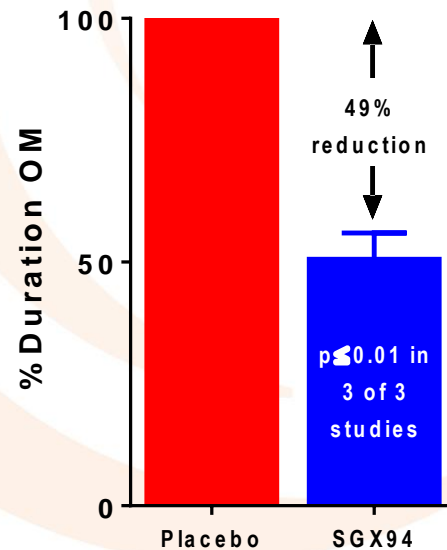
Chronic Injury Models: Oral Mucositis



Radiation-Induced Mucositis

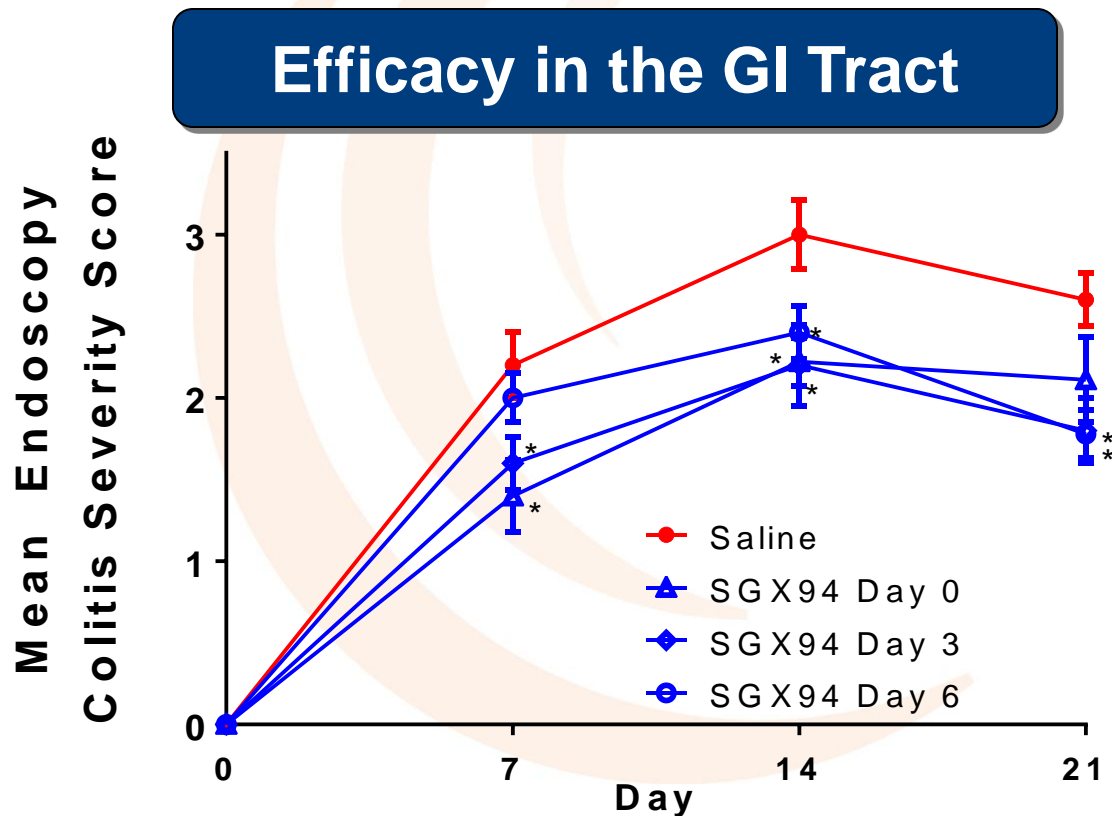


Chemotherapy- Induced Mucositis



Gastrointestinal Injury: IBD Model

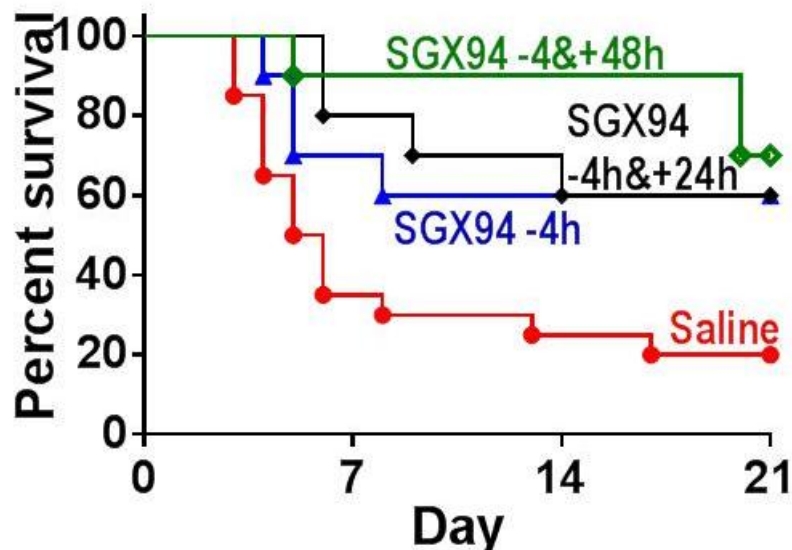
- Oral DSS given on Days 0 to 5 damages the GI lining.
- SGX94 is effective administered before, during or after the insult.



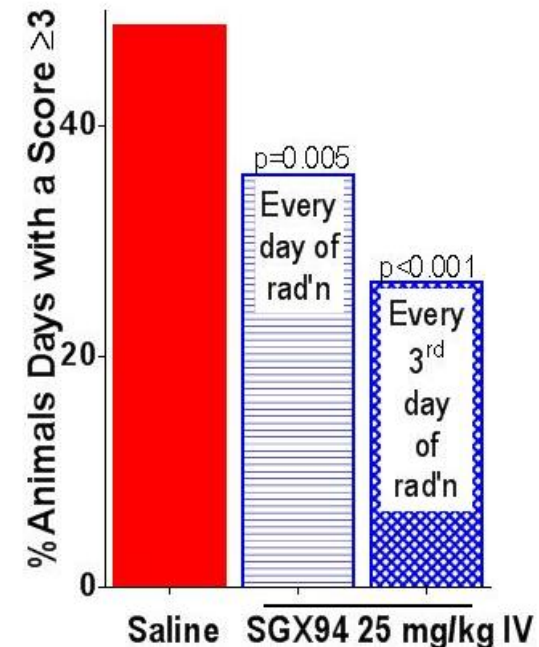
Enduring Pharmacodynamic Effect

- Rapid PK (expected for peptide product)
- Repeat administration within 24-48 hours has no additional benefit
- Treatment up to 5 days prior to infection is effective

Gram-positive, Antibiotic-resistant Bacteremia



Oral Mucositis Model



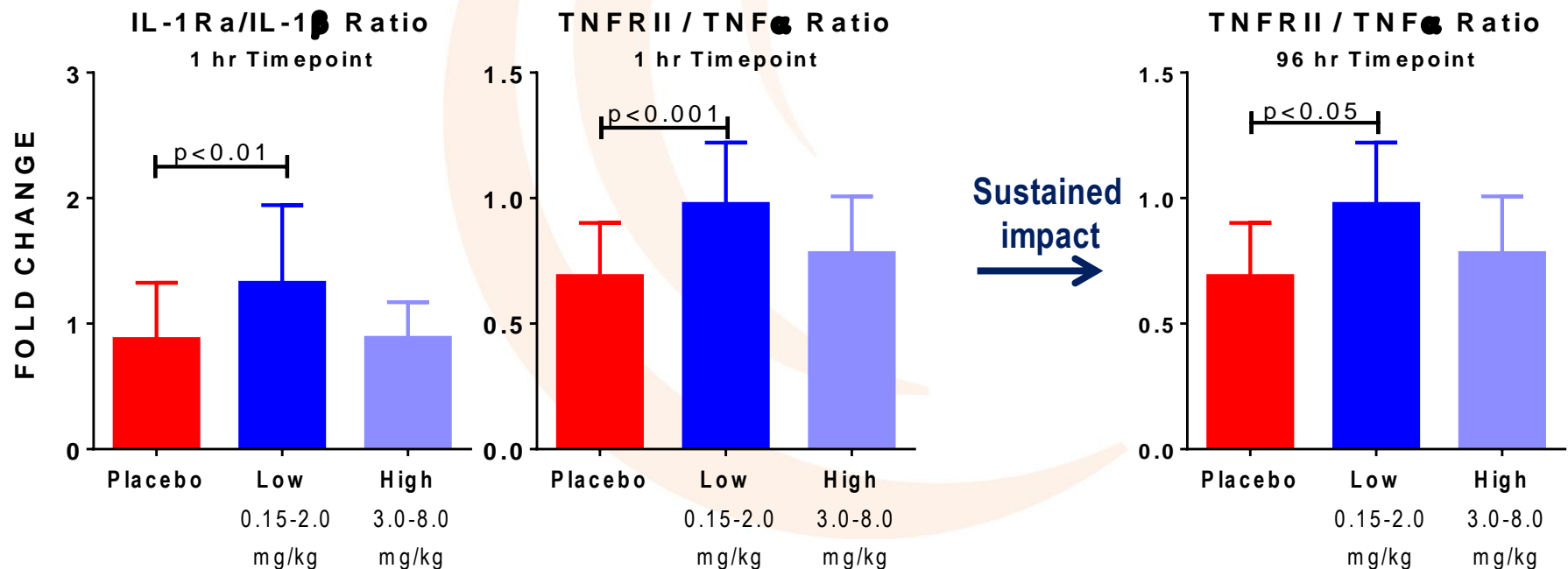
Translation to the Clinic

- Innate immune system present in all orders of mammals
 - Highly conserved
- Target protein p62 highly conserved
 - 91% sequence identity mouse-human
 - 99% sequence identity orangutan-human
- Phase 1 study in 84 healthy human volunteers
- Phase 2 study in 111 head and neck cancer patients at risk of severe oral mucositis
- *Complete concordance between nonclinical and clinical findings*

Anti-Inflammatory

- Whole blood samples collected at various timepoints post-dosing are stimulated with LPS (endotoxin) for 4 hours

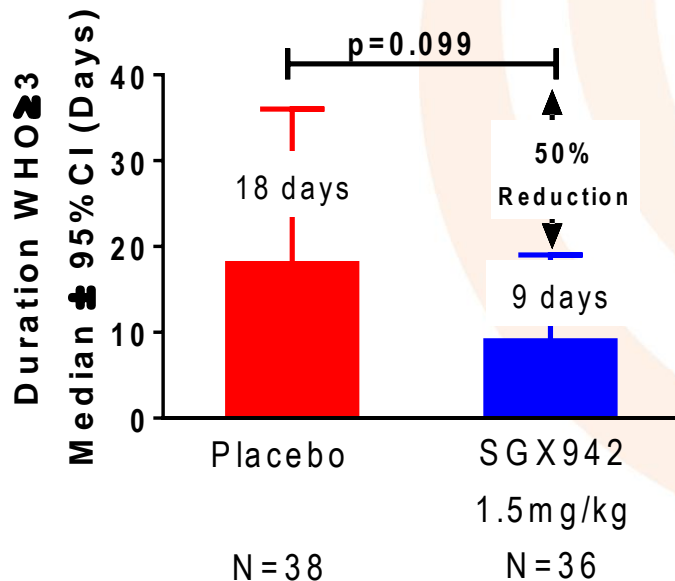
**Anti-Inflammatory Effect Stronger at Low Dose
Enduring PD Response**



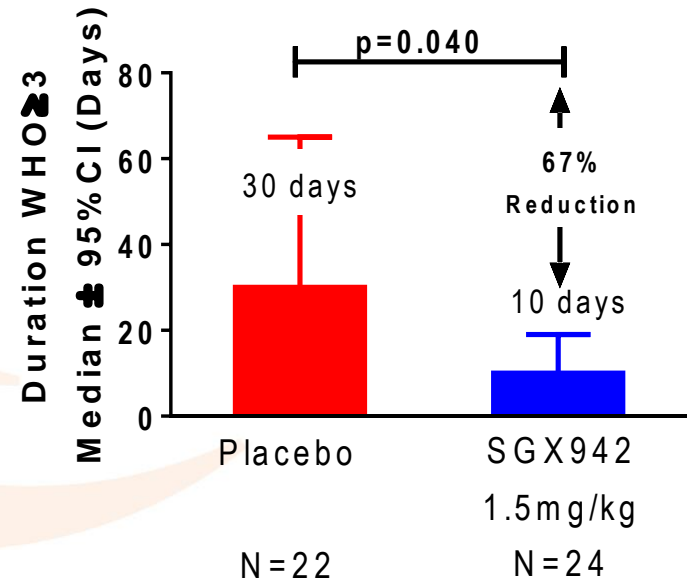
Tissue Healing/Anti-Inflammatory

- Enrolled 111 head and neck cancer (HNC) patients planned to receive at least 55 Gy radiation and either weekly (30-40 mg/m²) or every 3rd week (80-100 mg/m²) cisplatin

Duration Severe OM



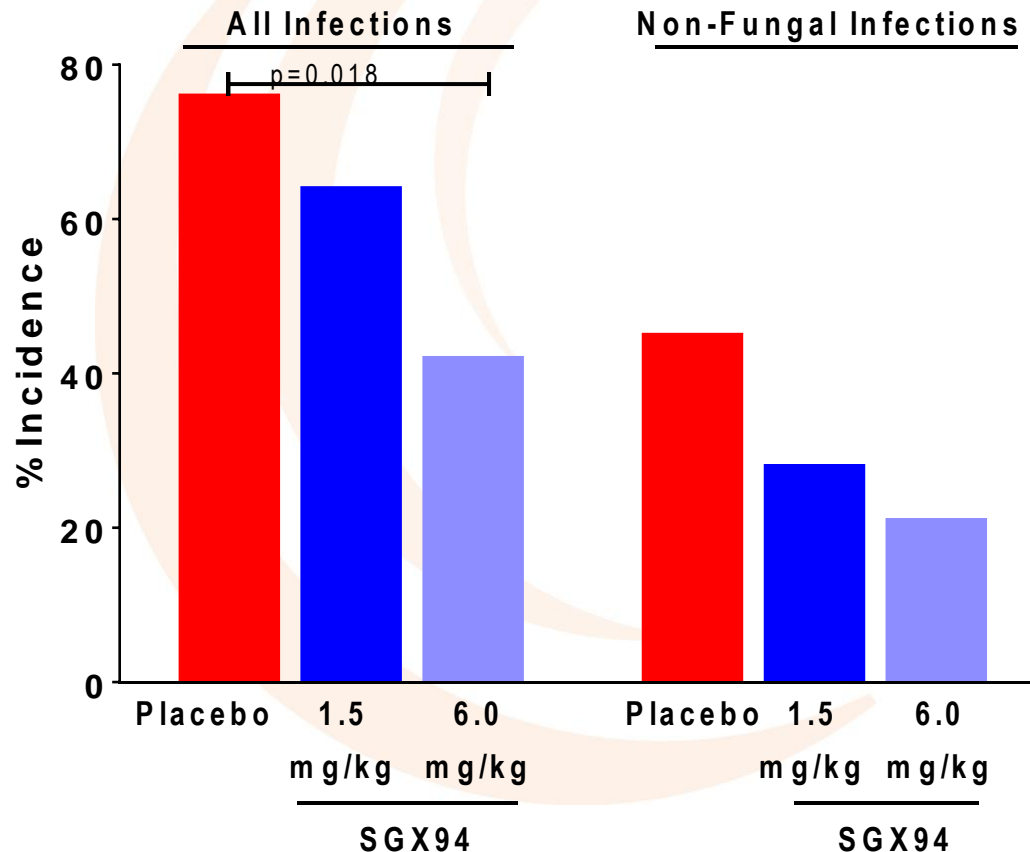
Duration Severe OM High Risk Subpopulation



Anti-Infective

- Recorded infection as a monitored adverse event (Phase 2 study)
- All concurrent antibiotic treatments allowed

All and Non-Fungal (Bacterial) Infections Reduced

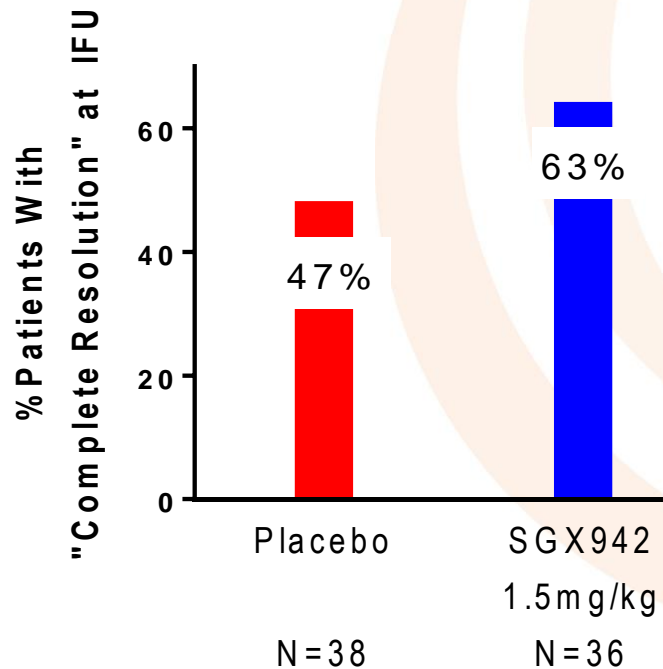


Ancillary Benefits

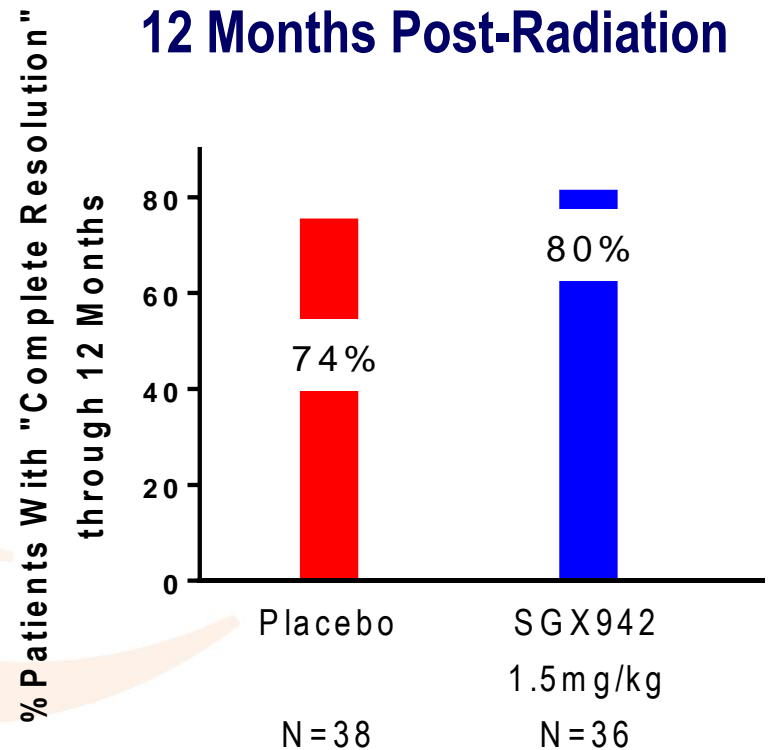
- Potential for accelerated tumor resolution

Tumor Resolution at 1 and 12 Months

% "Complete" Tumor Resolution at 1 month Post-Radiation



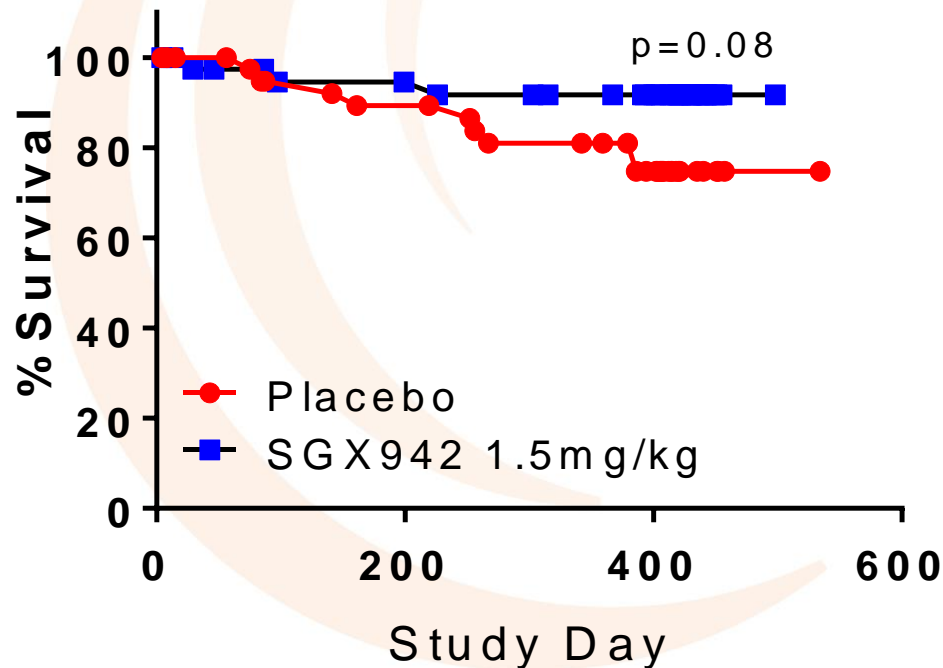
% "Complete" Tumor Resolution to 12 Months Post-Radiation



Improved Survival over 12 Months

- Patients monitored through 12 months post-radiation

Increased Survival with SGX94 Treatment



IDR Program Status

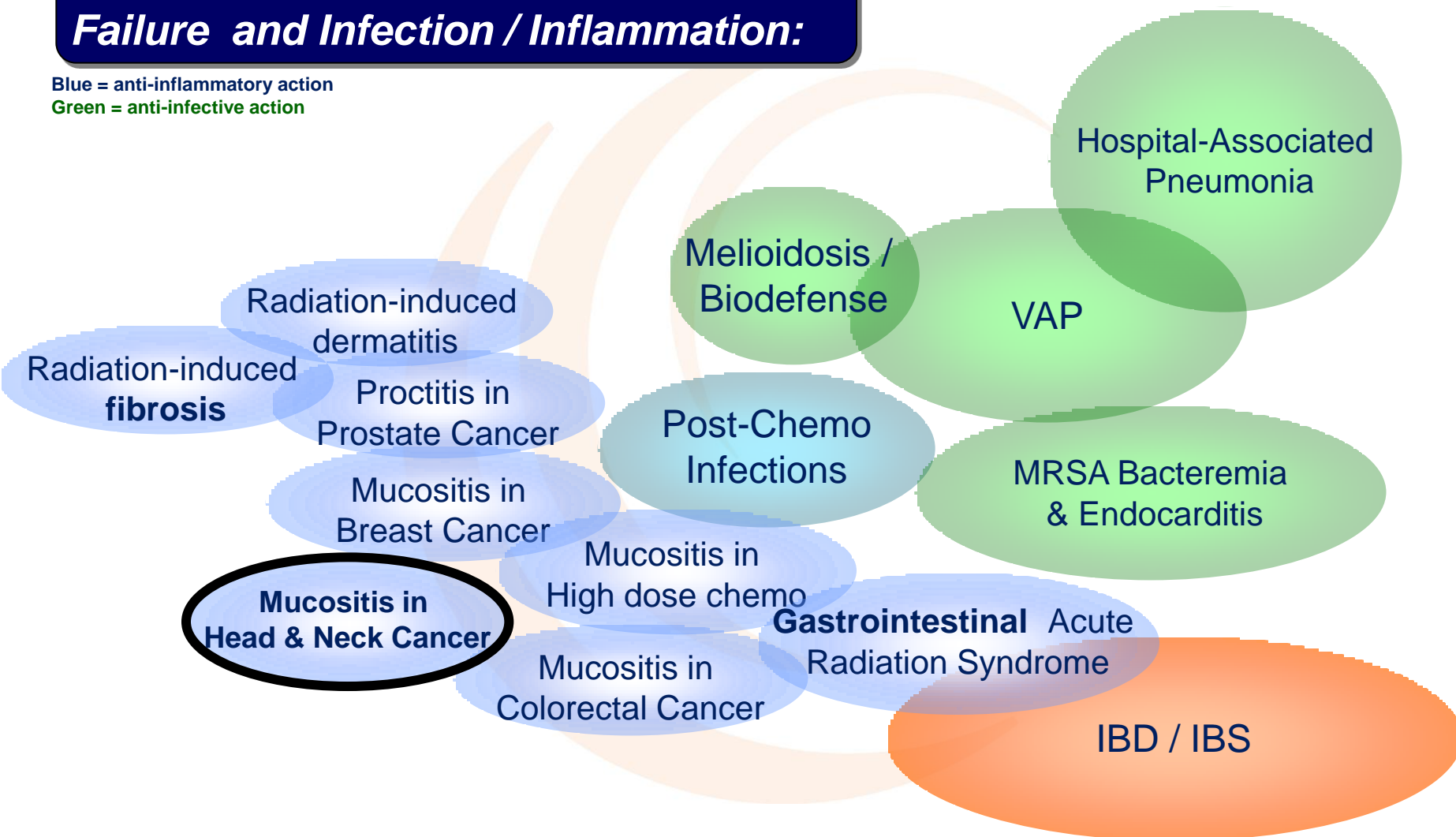
- Pharmacokinetics and nonclinical toxicology completed
- cGMP-quality drug product available
- Phase 1 healthy volunteer study completed.
- Phase 2 clinical study in oral mucositis completed
- Phase 3 clinical study in oral mucositis initiating
- Portfolio of IDR analogs:
 - Co-crystal structure solved for SGX94 in its target binding site
 - SAR against target protein binding; peptidomimetic analogs developed
- Initiated explorations of other potential clinical indications (GI disease, infectious disease, etc.)

Potential Indications

Patients at risk of Mucosal Barrier Failure and Infection / Inflammation:

Blue = anti-inflammatory action

Green = anti-infective action



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