

Defined Health Cancer Progress March 7 & 8 NYC



Panel:

The sad tale of neglected targets and companies in the race to IO domination



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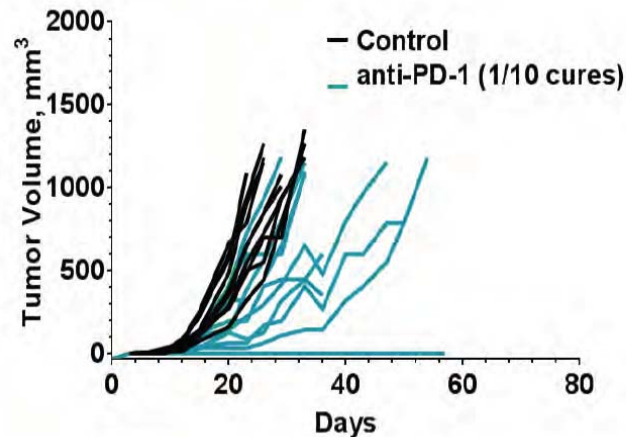
Has the cancer R&D pendulum swung too far to IO?

How good are anti-PD(L)-1 antibody drugs?

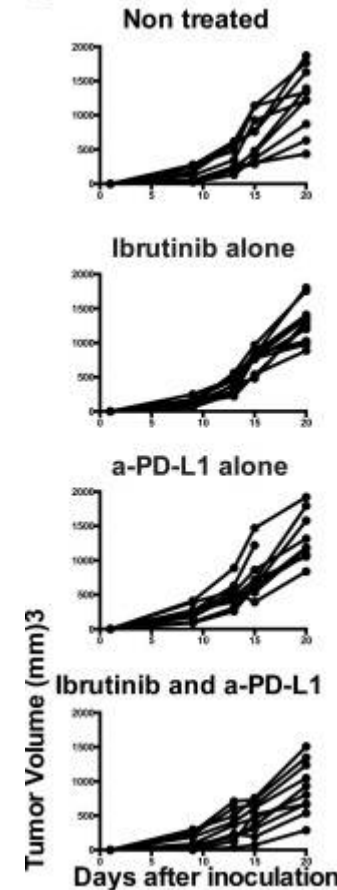
a-PD-1 in murine Colon26

a-PD-L1 in murine 4T1

Anti-PD-1



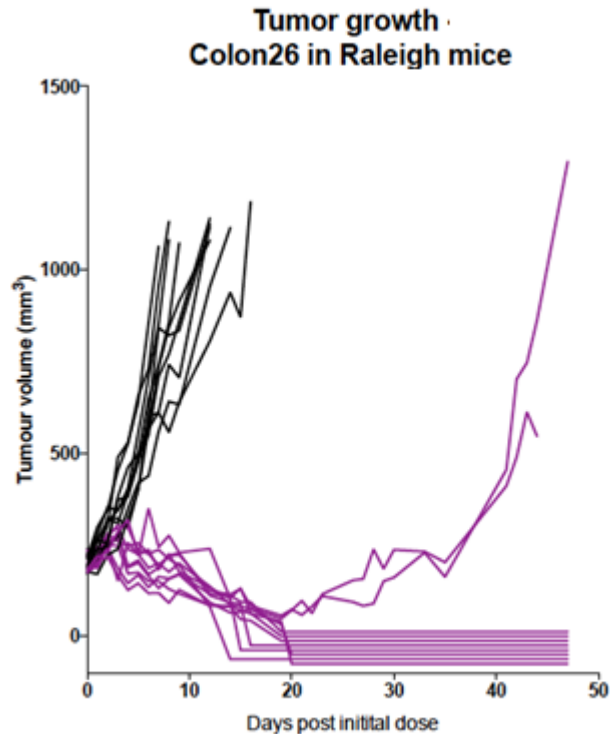
- PD-1 given 2 days post cell implant
- BiW x 2



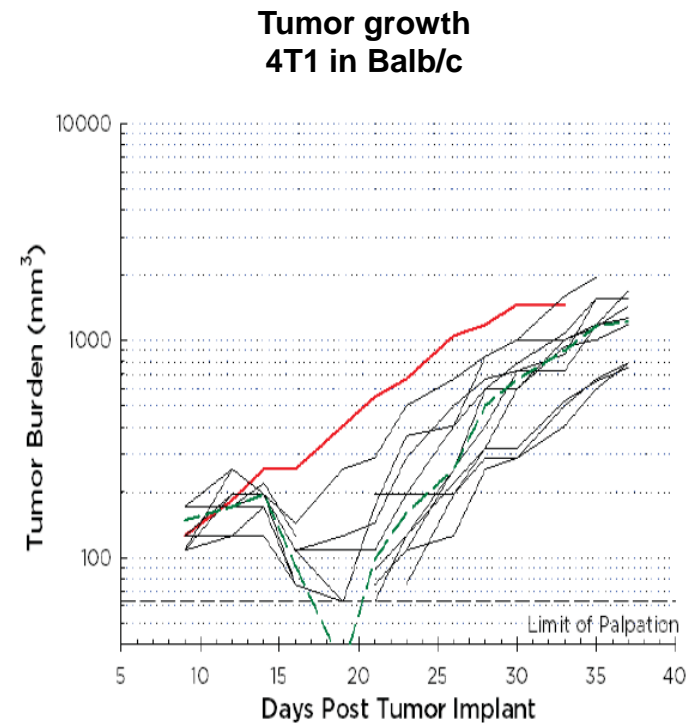
CRL data: AACR 2015 Poster #3362

Proc Natl Acad Sci USA. 2015 Mar 3; 112(9): E966–E972.

Novel Drug: Results in pre-dose, large established tumors.



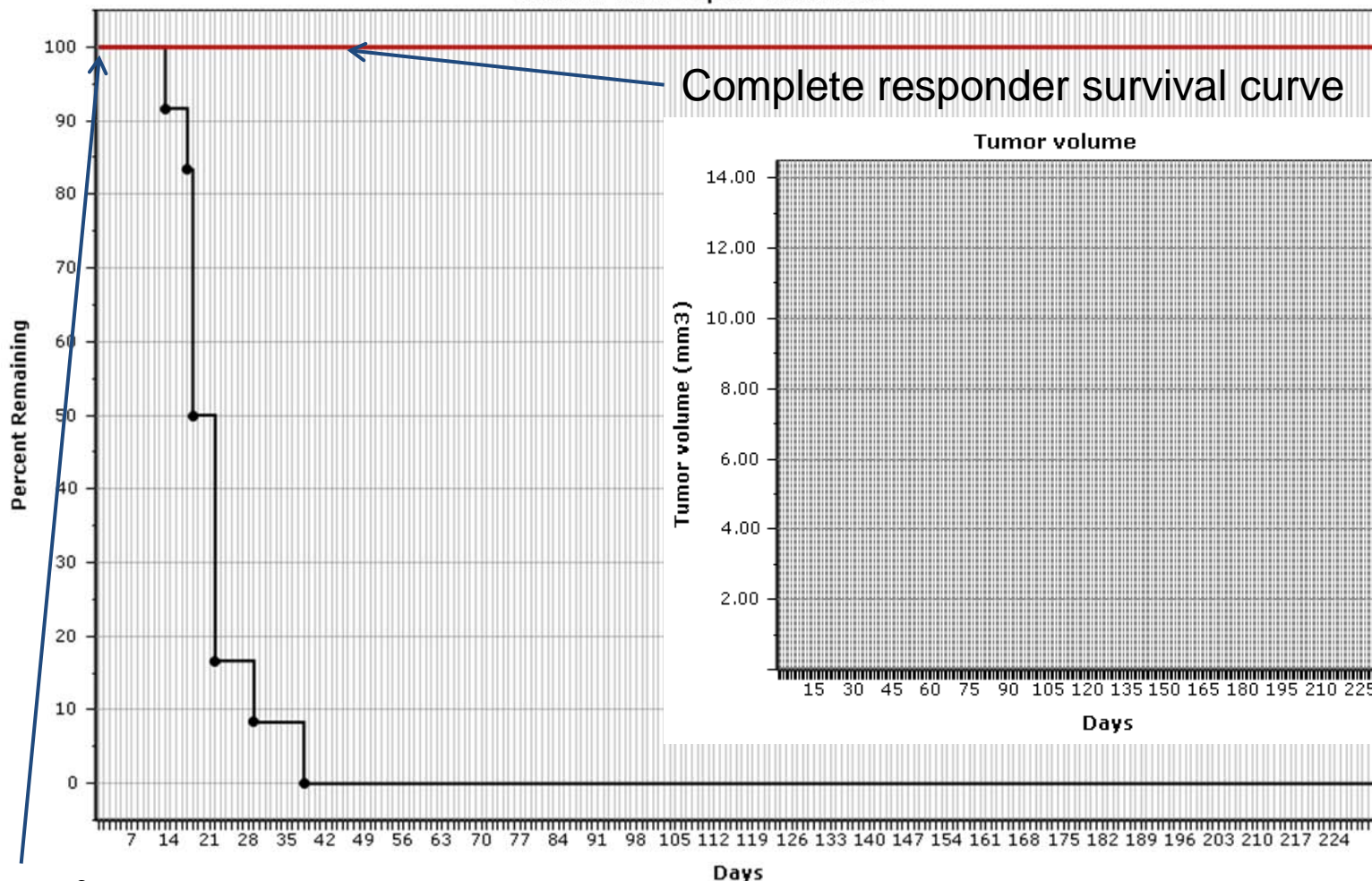
- >200 mm³ tumors at start
- 1 drug cycle QDx5
- 4 mg/kg total drug per dose
- 100% of animals' tumors regress from baseline
- **80% complete responders**



- >125 mm³ tumors – fat pad
- 1 drug cycle QDx3
- 4 mg/kg total drug per dose
- 50% of animals' tumors regress to 0.

Novel drug results in complete responders permanently protected over their lifetime without any new treatment.

Colon26-e237 Kaplan-Meier Plot



1x10⁶ cancer cells first given SC, the a second cancer re-inoculation IV months later

More information on Novel Drug

- US and foreign patents issued on class of new products; IP ownership is clear.
- IND was accepted by FDA and CTA by Health Canada
- Manufacturing has been scaled / the drug is stable past the 6 month time point
- Drug is now in clinical trials – no data available yet.

Questions

- If the drug were an IO antibody, would it be more, less or no different in value to an agent that not an IO antibody?
- Based on the information shown, should the drug be of interest to pharmaceutical companies today?