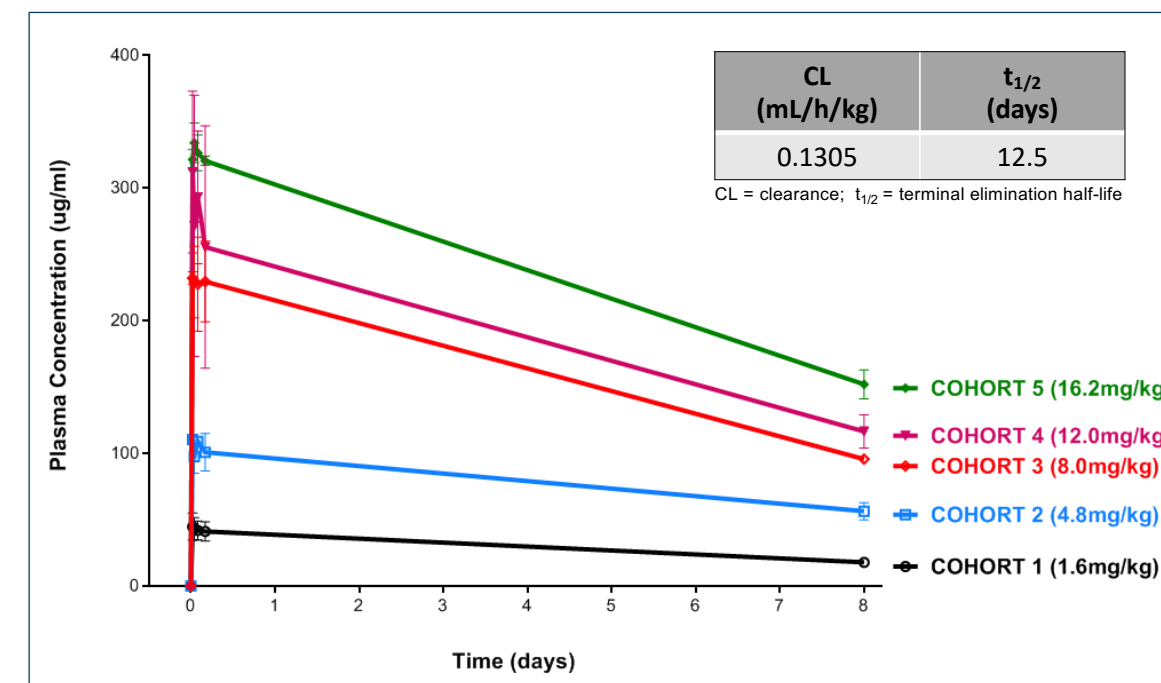


BACKGROUND

- Gliomas are the most common primary malignant central nervous system (CNS) tumors with glioblastoma, representing approximately 57% of all gliomas.¹
- GBM remains an incurable disease, with the median survival of approximately 15 months.²
- **Pritumumab** is a natural human IgG1 kappa monoclonal antibody (mAb) originally isolated from a regional lymph node of a patient with cervical carcinoma. This antibody was then produced using a human lymphoblast-like B cell line (UC729-6) and a human lymphocyte (B cell).³
- This mAb recognizes an altered form of the cytoskeletal protein vimentin, referred to as **ectodomain vimentin (EDV)**.
- Pritumumab binds to a malignant tumor associated antigen TA226 (a form of ectovimentin).⁴⁻⁵
- EDV is an ideal target as it is expressed on the surface of tumor cells and is significantly overexpressed in GBM.
- Antitumor effect is mainly mediated by antibody dependent cellular cytotoxicity (ADCC).⁶

RESULTS

Pritumumab Clinical Pharmacokinetics Profile



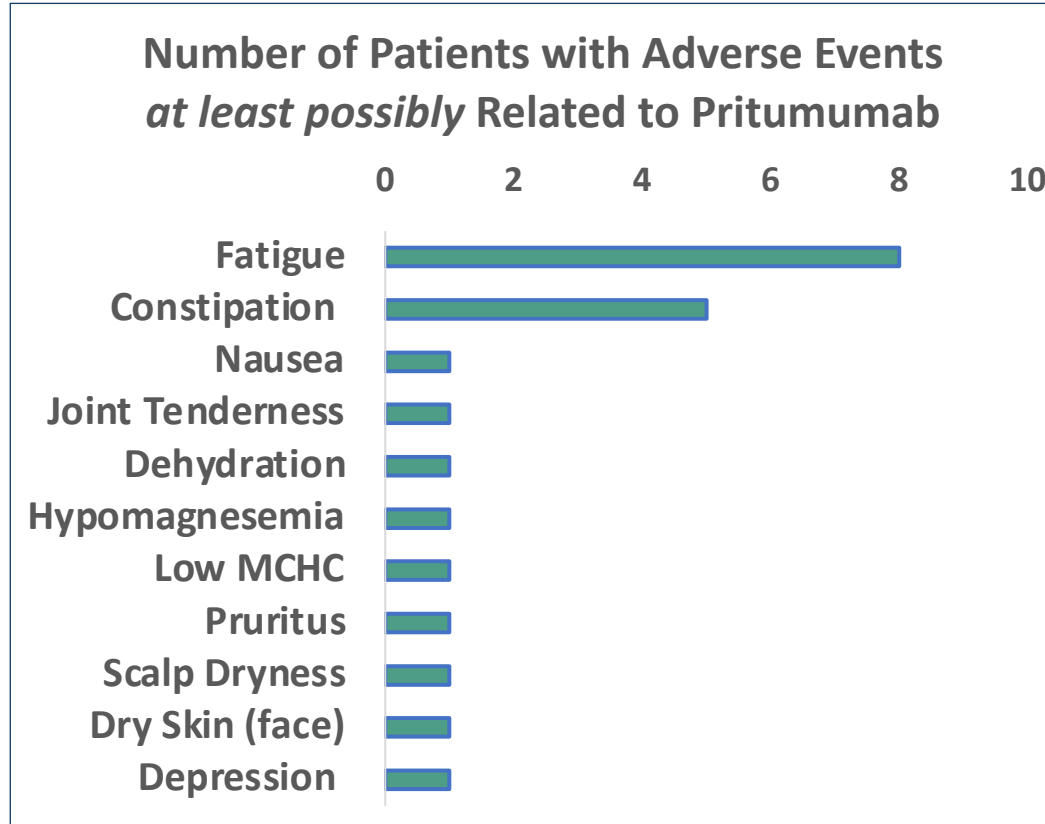
Pritumumab PK profile appears to be linear with no observed sink effect.

The PK profile for Pritumumab dosing at 16.2 mg/kg allows for an increase in therapeutic efficacy without toxicity.

Safety Data

Safety Population	15
Number of subjects with TEAE	15 (100%)
Drug-related	10 (66.7%)
Number of subjects with Grade 3-4 TEAEs	12 (80.0%)
Drug-related	0 (0%)
Number of subjects with SAEs	8 (53.3%)
Drug-related	0 (0%)

Adverse Events



PHASE 1 TRIAL DESIGN

Dose Escalation Schema:

Dose Cohort	Dose Level	Patients
1	1.6 mg/kg	n = 3
2	4.8 mg/kg	n = 3
3	8.0 mg/kg	n = 3
4	12.0 mg/kg	n = 3
5	16.2 mg/kg	n = 3
Total		15

Demographics:

Characteristics	N=15
Age, years	
Median	58
Range	40-84
Gender	
Female	4 (27%)
Male	11 (73%)
Racial Origin	
White	15 (100%)
Ethnicity	
Hispanic or Latino	3 (20%)
Not Hispanic or Latino	12 (80%)
Pathology	
Glioblastoma, Grade IV	12 (80%)
Anaplastic Astrocytoma, Grade III	1 (7%)
Oligodendroglioma, Grade III	1 (7%)
NSCLC with Brain Metastases	1 (7%)
Karnofsky Performance Status	
90	3 (20%)
80	5 (33%)
70	6 (40%)
60	1 (7%)

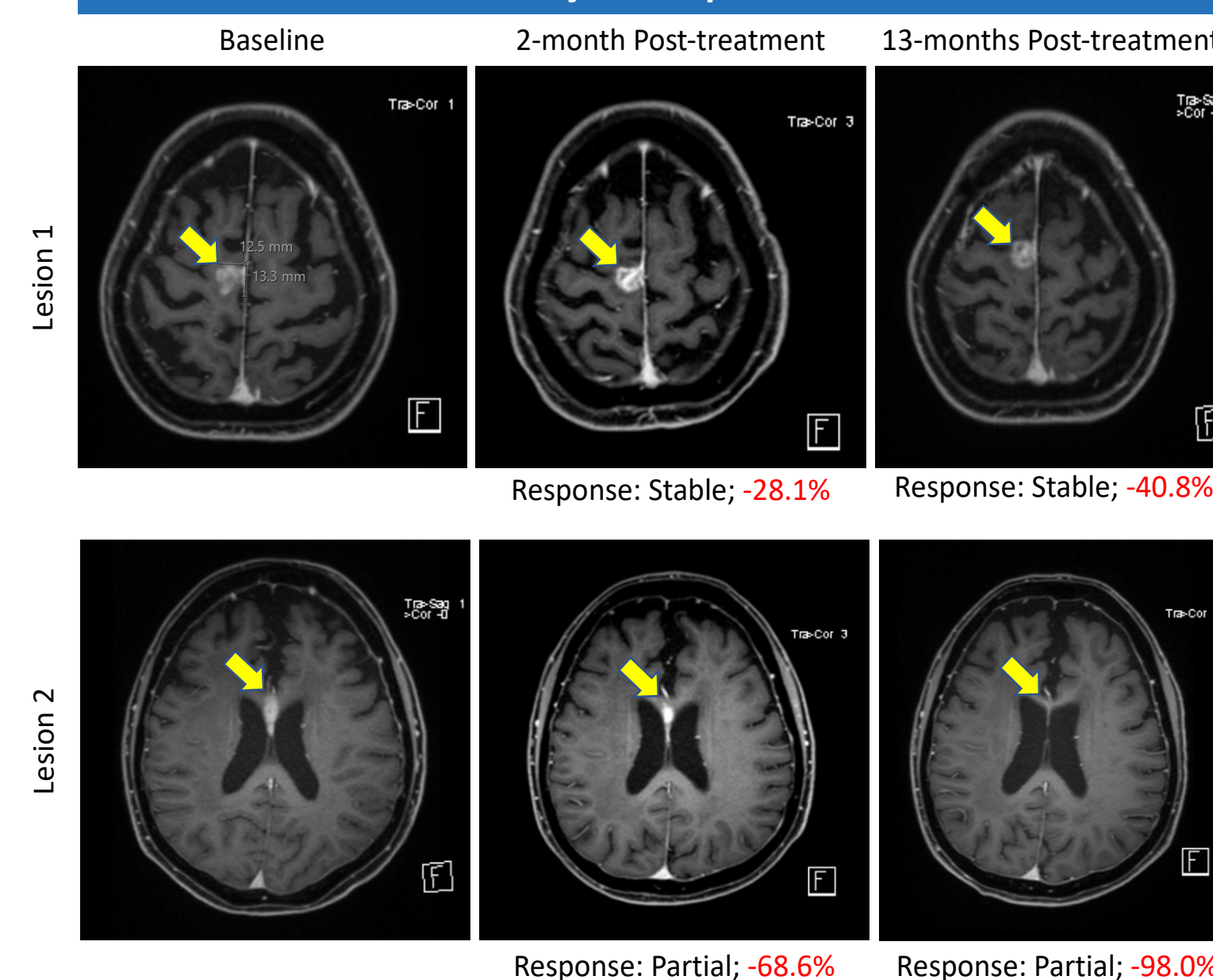
Key Inclusion

- Age ≥18 years
 - Histologically confirmed diagnosis of a CNS cancer
- ### Key Exclusion
- Less than 28 days from cytotoxic therapy or less than 14 days from non-cytotoxic investigational agent

Biomarker Profile

MGMT: Methylated
 BRCA1: Mutated
 CDKN2A: Copy Number Loss
 EGFR: Amplified
 LZTR1: Somatic Variant
 PD-1: Positive, 2-5/HPF
 PD-L1: Positive, 2+, 100%
 TOP01: 2+, 100%
 TS: Positive, 2+, 25%
 TMB: Intermediate, 11 mut/Mb

Subject Response



CONCLUSIONS

- This study evaluated the safety of pritumumab in brain tumor patients
- No Grade 3 or 4 toxicities related to Pritumumab
- No Serious Adverse Events related to Pritumumab
- Results from Phase 1 NAS-101 trial (NCT04396717) show that single agent Pritumumab is **safe**
- Phase 1 study established a **Maximum Feasible Dose (MFD)*** of Pritumumab as 16.2 mg/kg every 7 days
- Drug levels were in similar range to other antibodies commercially available

*Note: Maximum Tolerated Dose (MTD) was not reached

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FUTURE DIRECTION

Phase 2 studies are being planned as single agent and in combination with standard chemotherapy and checkpoint inhibitors in recurrent gliomas and upfront with chemoradiation in newly diagnosed gliomas.

REFERENCES

1. Q. T. Ostrom, H. Gittleman, G. Truitt, A. Boscia, C. Kruchko, J. S. Barnholtz-Sloan, CBTRUS Statistical Report: Primary Brain and Other Central Nervous System Tumors Diagnosed in the United States in 2011-2015. Neuro Oncol 20, iv1-iv86 (2018).
2. Thakkar J.P., Dolecek T.A., Horbinski C et al.. Epidemiologic and molecular prognostic review of glioblastoma. Cancer Epidemiol Biomarkers Prev. Oct;23(10):1985-96 (2014).
3. M. C. Glassy, H. Hagiwara, Summary analysis of the pre-clinical and clinical results of brain tumor patients treated with pritumumab. Hum Antibodies 18, 127-137 (2009).
4. H. Hagiwara, Y. Aotsuka, Y. Yamamoto, J. Miyahara, Y. Mitoh, Determination of the antigen/epitope that is recognized by human monoclonal antibody CLN-IgG. Hum Antibodies 10, 77-82 (2001).
5. Y. D. Gupta R, Kotlan B, Bleck G, Glassy E, Glassy M, Use of the GPEx system to increase production of pritumumab in a CHO cell line. Journal of Bioprocess Technology - Photon Journal 98, 318-326 (2013).
6. K. Osumi, J. Nagao, H. Yuasa, H. et al., Antibody dependent cell mediated cytotoxicity on human cervical carcinoma cell line, ME-180, with human monoclonal antibody. Cancer Lett 62, 179-183 (1992).