

RTS,S MEDICAL AND SCIENTIFIC QUESTIONS & ANSWERS

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Disclaimer

The primary focus of this resource is to be an internal training tool for RTS,S malaria vaccine candidate, containing related data in the format of a Q&A for Medical Affairs personnel. Information presented here is not for external distribution.

Whilst this document can be inspirational for reactive responses to experts or medical enquiries, local regulations, the GSK Code of Practice, scientific engagement principles and/or medical information processes should be followed appropriately.

Please Note

- For media enquiries, please refer to the specific reactive Q&A for Media Enquiries and notify the Global Pipeline Communications team before you respond to a request for an interview so that they can help you to prepare (contact person: Aoife Pauley at aoife.x.pauley@gsk.com).
- The vaccine RTS,S/AS01 has completed phase 3 clinical program and positive regulatory assessment from the European Medicines Agency, but is not yet authorized for marketing in any country. The RTS,S vaccine is being developed in Public Private Partnership with PATH-MVI, as an additional tool to be added to the currently available malaria preventive interventions and for implementation through the national immunization programs in malaria endemic regions in sub-Saharan African countries.
- When referencing clinical data on RTS,S any statements should be prefaced by "In this study...", to make it clear that it is too early to make any general statement on the vaccine profile outside the context of the ongoing clinical trials.
- Have you found what you were looking for? If you have any suggestions for information which should be included in this tool please contact us at the following address: Carys Calvert at carys.calvert@gsk.com.

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What is a 'blood-stage' malaria vaccine and how does this differ from RTS,S?

The malaria parasite has a very complex lifecycle within the human body. After entering its host's bloodstream, the parasite goes through several 'stages' in various locations throughout the body. The parasite first infects the liver, and later infects the red blood cells, which is when clinical symptoms are observed. The parasite uses different proteins to survive in the liver cells compared to those it uses to survive in red blood cells. Therefore, vaccines that target proteins used by the parasite during the liver stage (such as RTS,S) do not protect against the blood stage parasites when other proteins (such as MSP3, AMA1 or FMP2.1) are used by the parasite to survive.