VACEPYLORI

A Novel Vaccine Platform for Peptic Ulcer and Gastric Cancer

AIM

VACEPYLORI is a novel vaccine platform for peptic ulcer and gastric cancer by targeting chronic *Helicobacter pylori* infection

BACKGROUND

Helicobacter pylori is a Gram-negative bacteria that chronically colonizes human stomach. H. pylori infection is mainly acquired in childhood and usually persists for life within the gastric mucosa. Epidemiologically, there is a huge variation in the prevalence of H. pylori infection among different geographic, socioeconomic, cultural, and racial groups. According to World Health Organization (WHO), Helicobacter pylori infects approximating 50% of the population worldwide.

H. pylori infection is associated with gastritis, peptic ulcer diseases (gastric or duodenal ulcer), atrophic gastritis, mucosa-associated lymphoid tumor lymphoma, or gastric cancer. Chronic *H. pylori* infection is the most common cause of ulcers of the stomach and duodenum, accounting for up to 80% of gastric ulcers and 90% of duodenal ulcers. Ulcers can be resulted from stress, too much acid, or some medications, but the most common cause is H. pylori infection. The lifetime prevalence of peptic ulcer diseases is 8-14% in the United States. Every year in the U.S., there are approximately 500,000 new cases and 4 million recurrent cases of peptic ulcer diseases. In 2004, there were about 1 million ambulatory care visits and hospital discharges with peptic ulcer as the first-line diagnosis and an equal number in which it is a secondary diagnosis. The annual prescription expenses for peptic ulcer disease are more than \$500 million in 2004, plus other direct and indirect costs.

As a definite causative factor, *H. pylori* has been classified as a class 1 carcinogen of gastric cancer by the World Health Organization (WHO) in 1994. Most infected humans remain asymptomatic; 10% will develop peptic ulcers, and about 1% will develop gastric cancer.

CURRENT TREATMENT

Antimicrobial eradication of *H. pylori* has been proved to facilitate the healing of peptic ulcer and prevent the development of gastric cancer. Because of the high prevalence of *H. pylori* infection, however, it is not feasible to conduct generalized *H. pylori* eradication in the population. Additionally, the efficacy of *H. pylori* eradication has to be evaluated carefully due to the increasing antimicrobial resistance and a high recurrence of *H. pylori* infection after successful antimicrobial eradication (10-30 % of reinfection within 3-6 years).

VACCINE DEVELOPMENT

H. pylori vaccination has the most potential as preventive and therapeutic modality. However, there is no *H. pylori* vaccine on the market.

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BTBA

Overview

VACEPYLORI

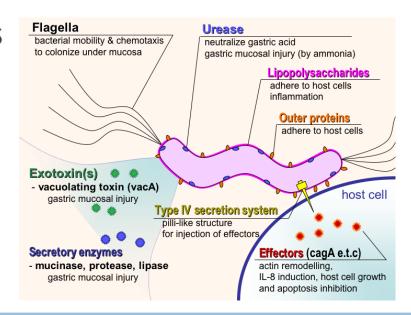
- We are establishing a novel vaccine platform
- We will develop a vaccine for Helicobacter pylori
 (Hp)-associated peptic ulcer and gastric cancer and license technology for other indications.
- >\$1B market opportunity worldwide
- \$54M to get through Phase I Hp clinical trials

Technology

 Novel mucosal vaccine platform for Hp prevention and eradication

Rational design of vaccines

Provisional patent filed



Rational Mucosal Vaccines

- Mucosal vs. Injection
 - More robust mucosal immunity
 - Lower cost
- Rational vs. Selection
 - Less costly
 - Quicker to produce
 - Reproducible manufacturing

Helicobacter pylori (Hp)

- Hp is the primary cause of gastritis, peptic ulcer and gastric cancer
- >50% population worldwide infected (Hp+) \rightarrow gastritis
 - 10% $Hp+\rightarrow$ peptic ulcer ¹
 - 500 K cases/year in US
 - \$10 B direct and indirect cost
 - 1% $Hp+ \rightarrow$ gastric cancer ²
 - 0.95 M cases/year worldwide
 - 12 K cases/year in US



Hp Market

Market:

- 4 M/yr births in the US
- 500 K/yr adult peptic ulcer in the US
- 350 M/yr peptic ulcer worldwide
- \Box \$10 x (4x90% + 0.5x50% + 350x50%) = \$1.79 B/yr market

Current Standard of Care

- No vaccine currently exists
- Antibiotic Hp eradication requires combination of 2 or more antibiotics
- Increasing drug resistance 1
- Significant side effects (nausea, diarrhea, disturbance of gut microbiome)

Competition



Whole inactivated



Recombinant





VACEPYLORI

Technology Advantage:

- Rational design
- Mucosal delivery

Team

- Chung-Wei Lee, MD, PhD, Microbiology, Immunology
- Howard G. Fass, Business Development

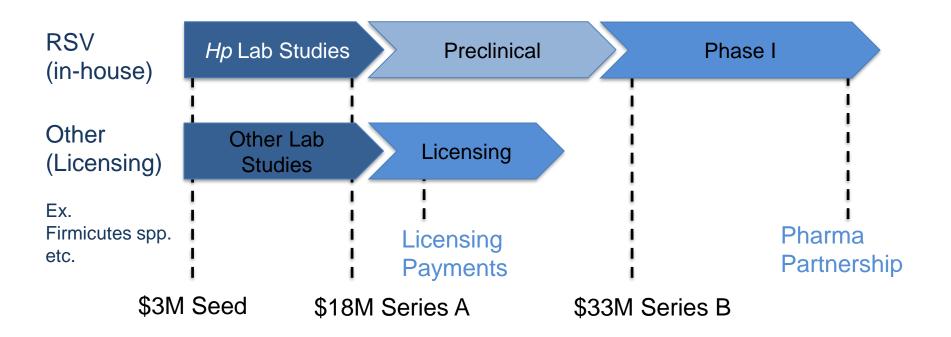
Medical/Regulatory

- BLA (Biological License Application) after Phase
 1-3 Clinical Trials in US, EU approval next
- Expect vaccine to be fully reimbursed after
 seeking ACIP (Advisory Committee on Immunization Practices) approval and addition
 to standard immunization schedule
- First: clinical trials for adults
- Second: clinical trial for infants

Timeline

2017 2018 2019 2020

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4



Conclusion/Next Steps

Next Steps:

- Assemble world class SAB and BOD
- Generate in-vivo data for Hp
- Expand and strenghen IP coverage
- Initiate licensing discussions with potential partners for applications outside of Hp
- Raise seed round

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THANK YOU!