

# Innate Defense Regulators: Agnostic Therapy for Antibiotic Resistant Disease

*“Supercharging existing and new antibiotic therapies”*

Oreola Donini, PhD  
Chief Scientific Officer, Soligenix, Inc.

March 20, 2017

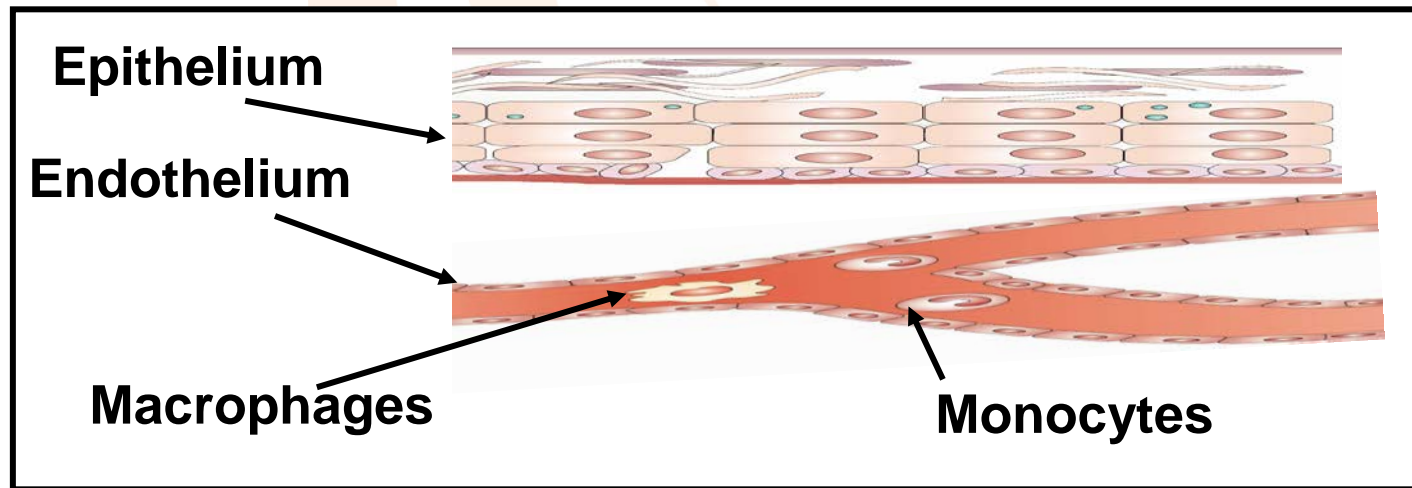
# Forward-Looking Statements

---

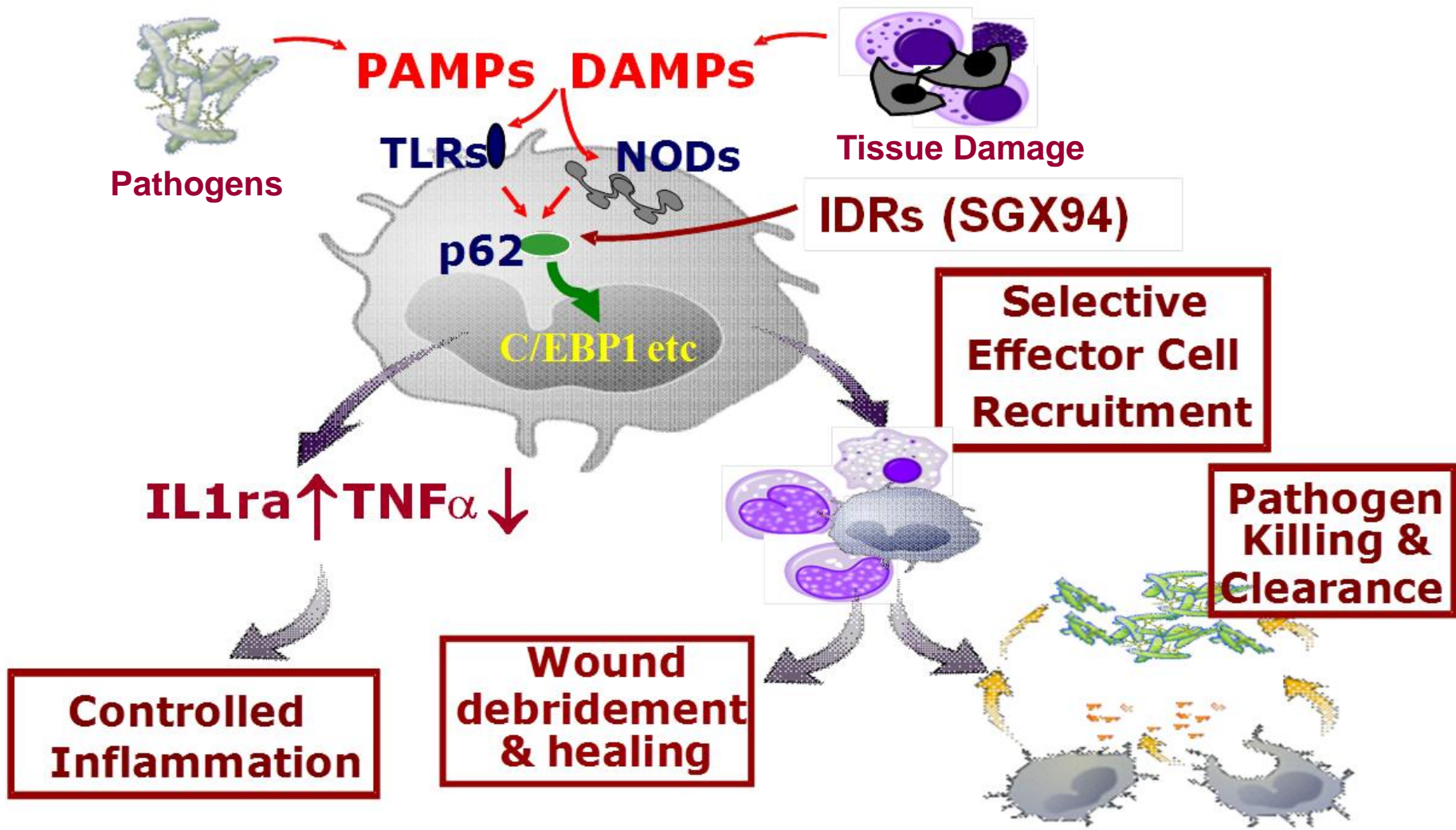
This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, prospective products and product candidates and their development, regulatory approvals, ability to commercialize our products and product candidates and attract collaborators, reimbursement for our product candidates, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, our ability to obtain and maintain intellectual property protection for our product candidates and their development, competing therapies, and future results of current and anticipated products and product candidates, are forward-looking statements. These statements involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements, many of which are disclosed in detail in our reports and other documents filed with the Securities and Exchange Commission. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publically update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances, or otherwise. Certain information contained in this presentation and statements made orally during this presentation relate to or are based on studies, publications, surveys and other data obtained from third-party sources. In addition, no independent source has evaluated the reasonableness or accuracy of Soligenix, Inc. internal estimates and no reliance should be made on any information or statements made in this presentation relating to or based on such internal estimates.

# Leveraging Innate Immunity

- Rapid, non-specific response
- Involves circulating **and** tissue resident cells.
- Inflammation separable from tissue healing / bacterial clearance mechanisms
- ***Antibiotics act in tandem with the innate immune system***

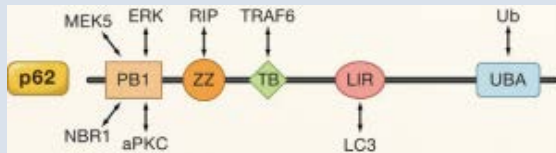


# Innate Defense Regulators

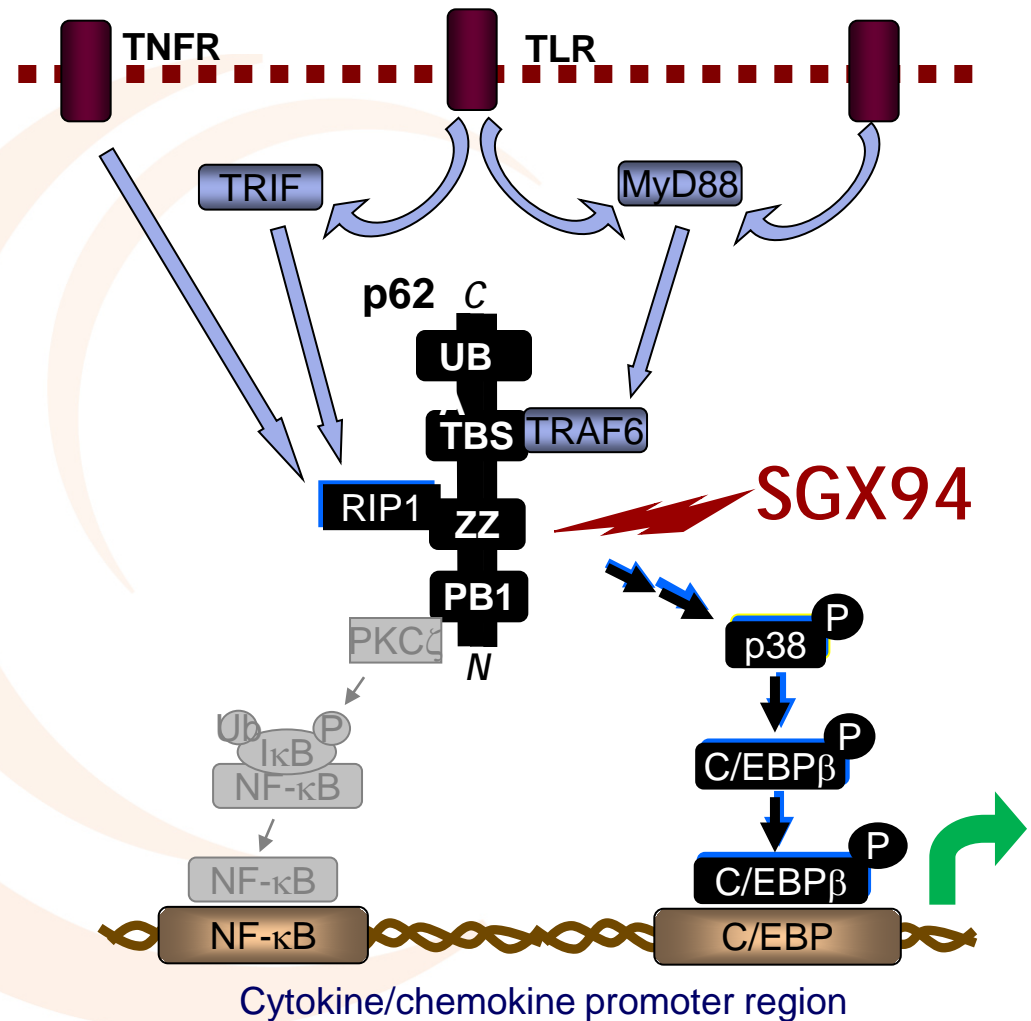


# SGX94 Targets Sequestosome-1 (p62)

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



- Selectively stabilizes TNF $\alpha$ -induced p62-RIP1 complex formation
  - No effect on TNF $\alpha$ -induced p62-PKC $\xi$  complex formation
- Specifically modulates downstream pathways by activating MAPK p38 and C/EBP $\beta$ 
  - Does not modulate NF- $\kappa$ 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

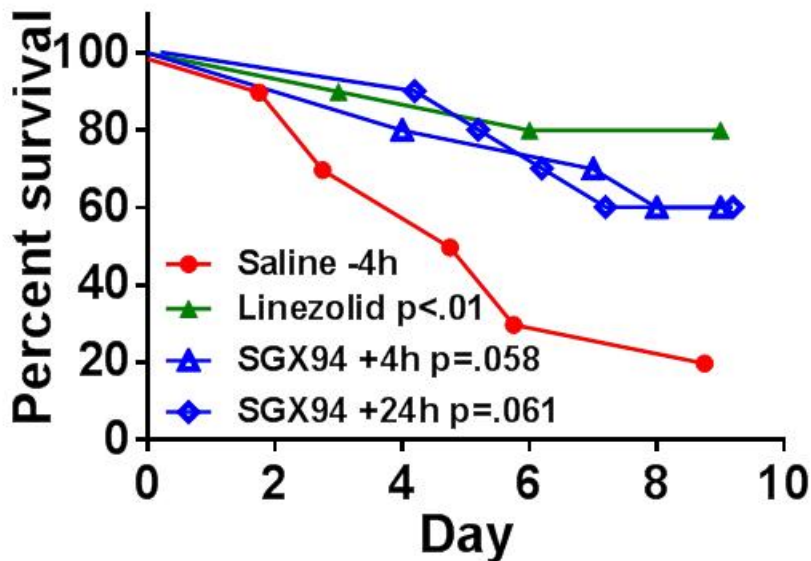
---

- 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
- Active in immune compromised animals
- Aids in resolution of tissue damage
- Modulates inflammation
- ***Enhances antibiotic action when antibiotics alone are suboptimal***

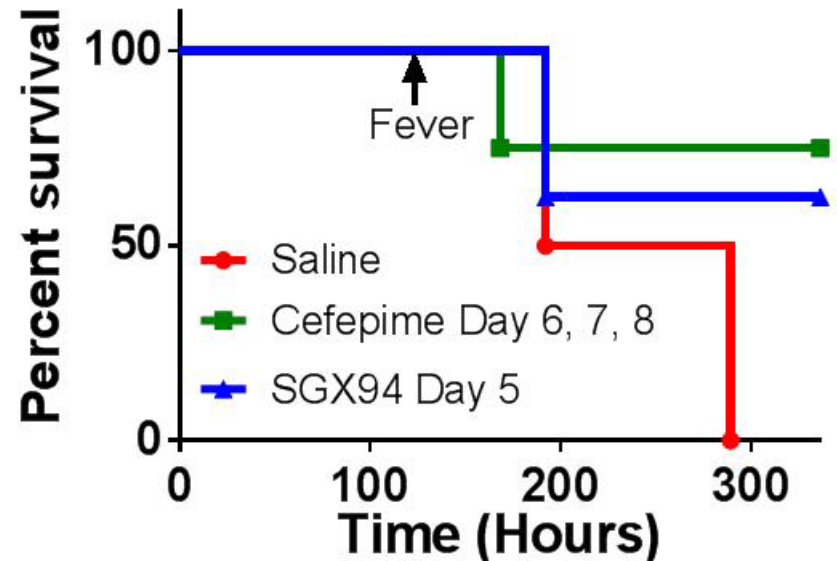
# Anti-Infective

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

## Gram-positive, Antibiotic-resistant Bacteremia (MRSA)

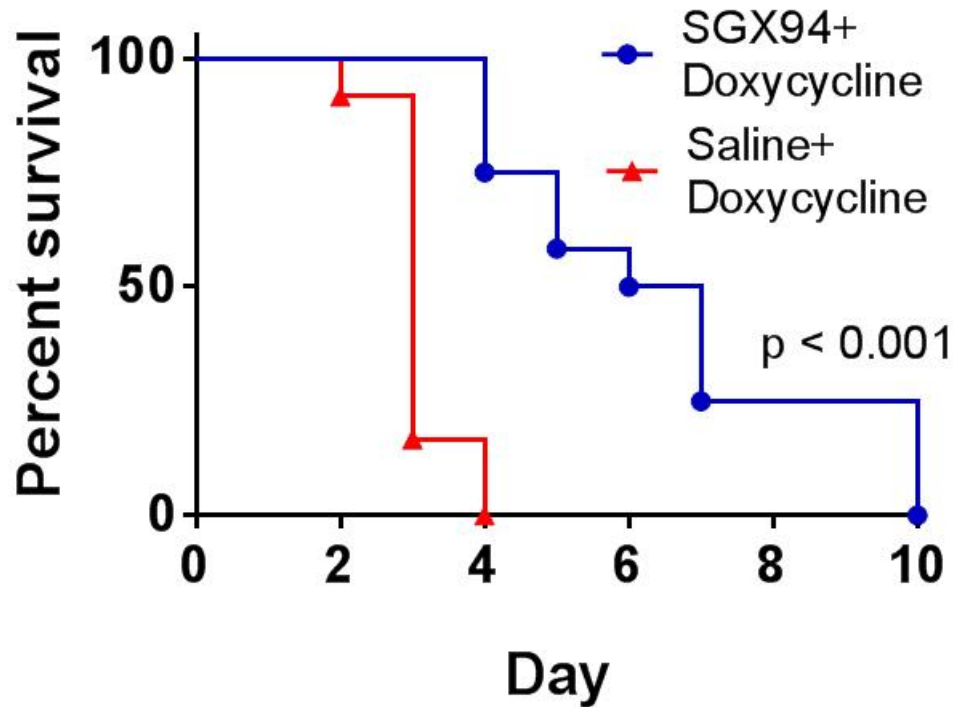


## Gram-negative, Leukopenic Septicemia (*P. aeruginosa*)



# Complements Antibiotic Action

Combination treatment with lung infection:  
Gram-negative, Antibiotic-resistant *B. pseudomallei*

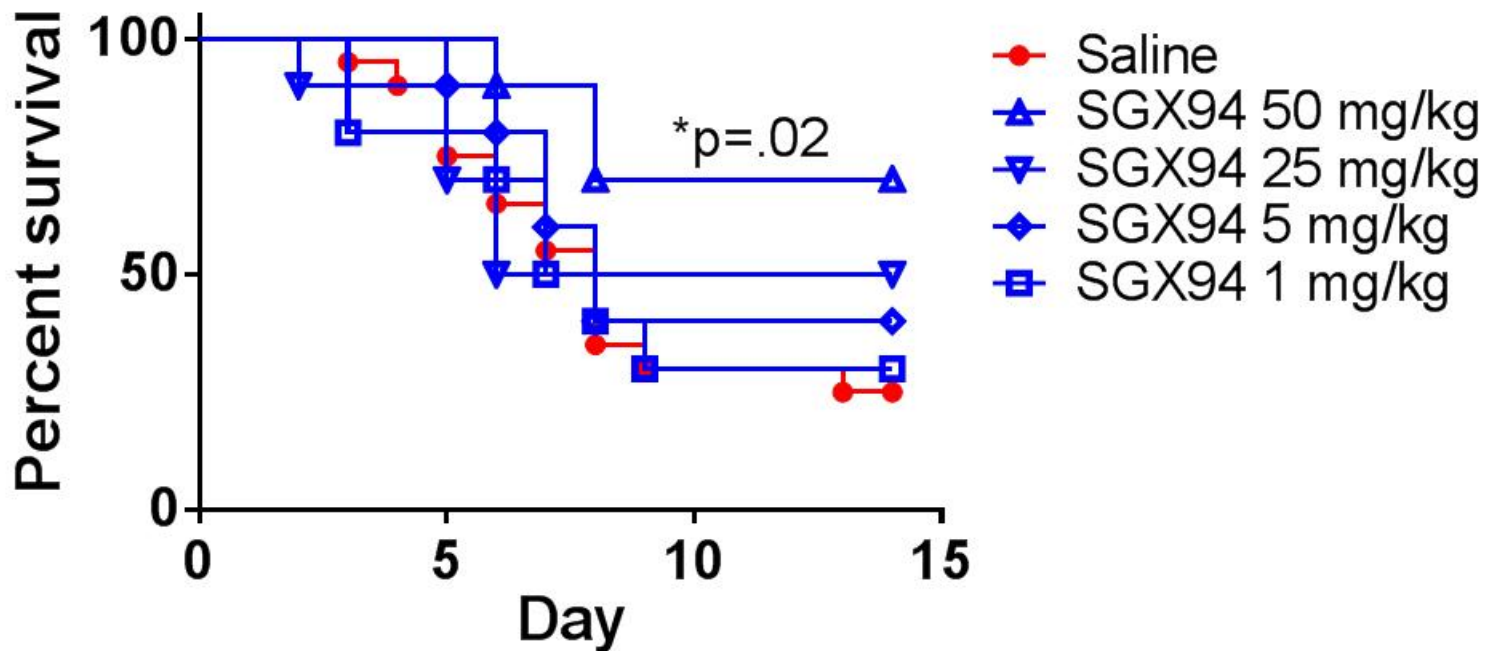






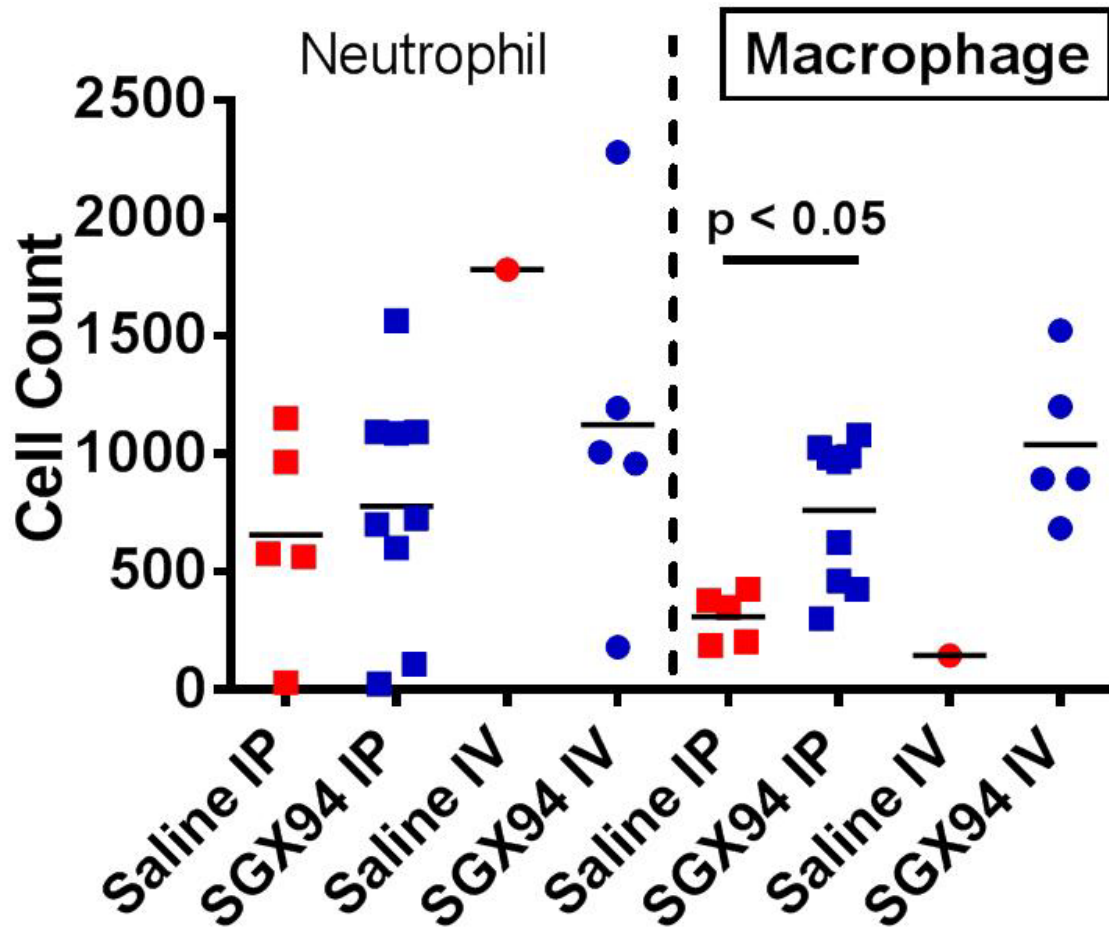
# Anti-Infective Dose Response

## MRSA Bacteremia in Nude Mice with Treatment 4 hours prior to Infection



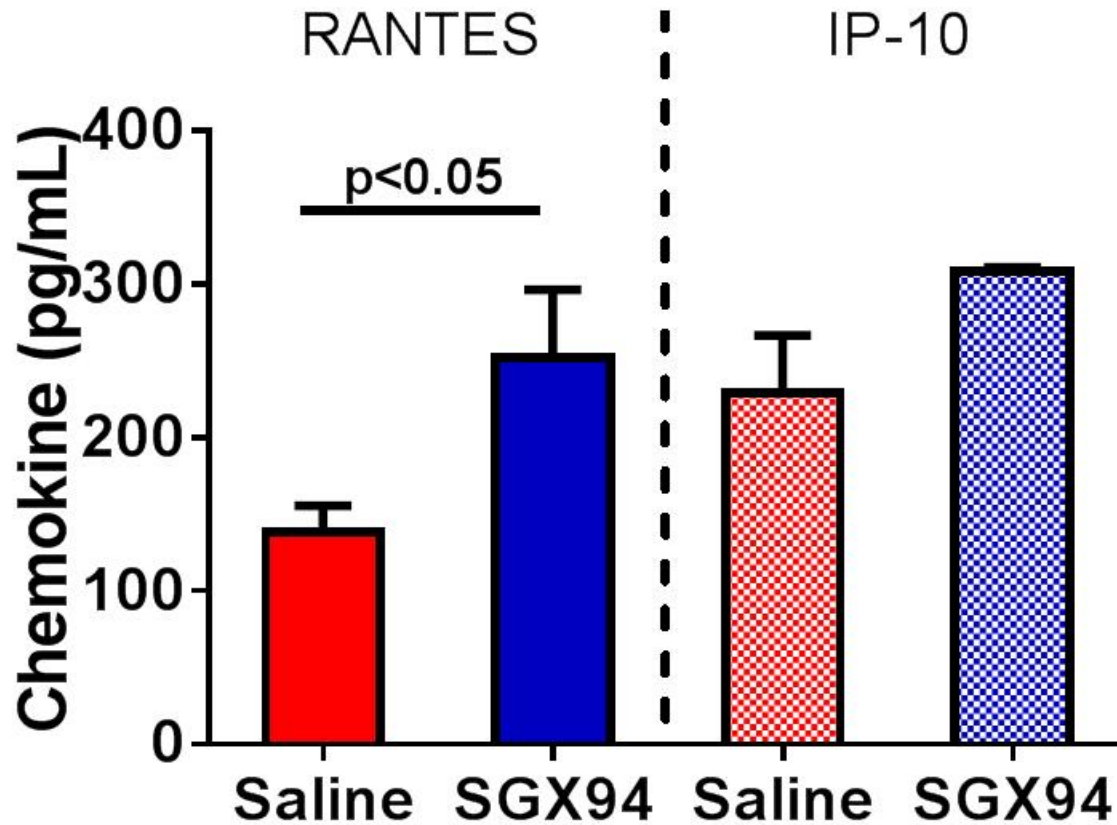
# Increased Macrophage Recruitment

Peritoneal macrophages increased in MRSA IP infection



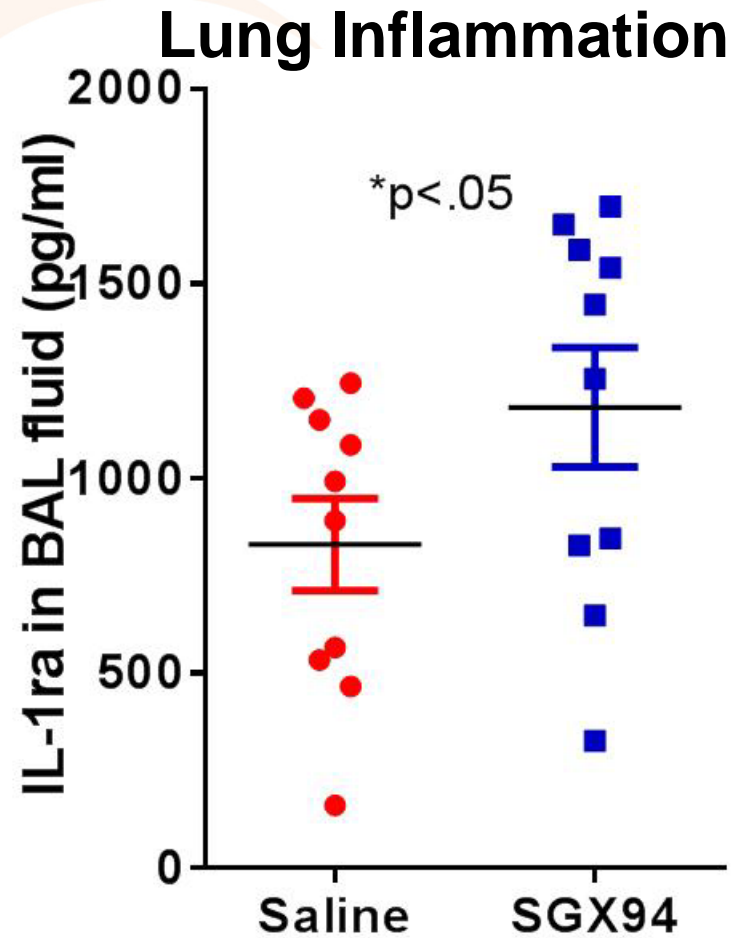
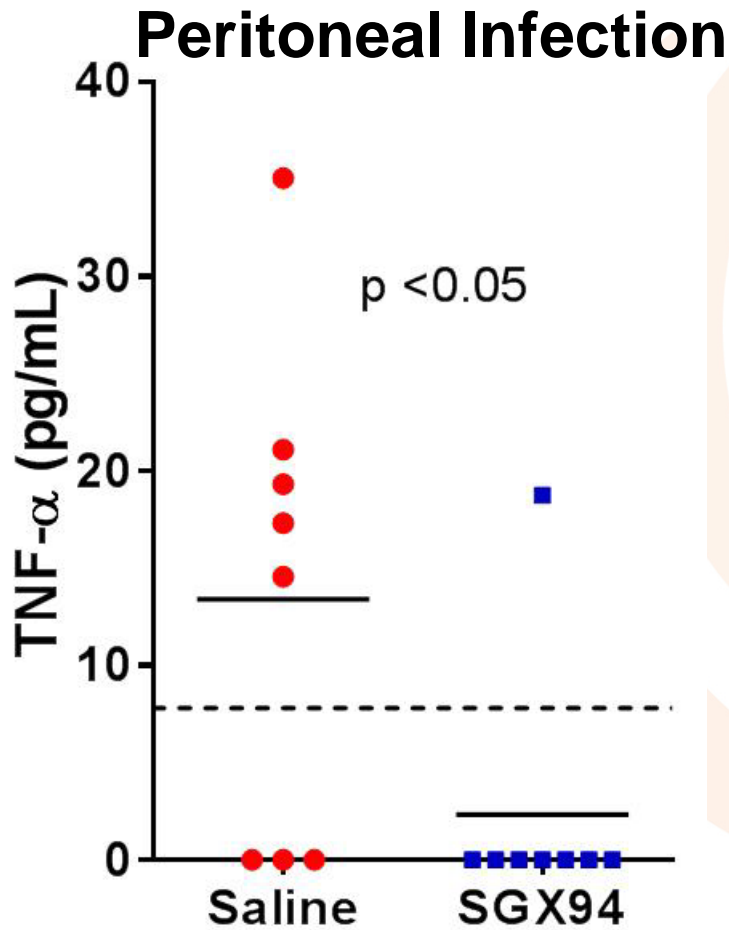
# Early Chemokine Responses

Peritoneal RANTES and IP10 increased in MRSA IP infection

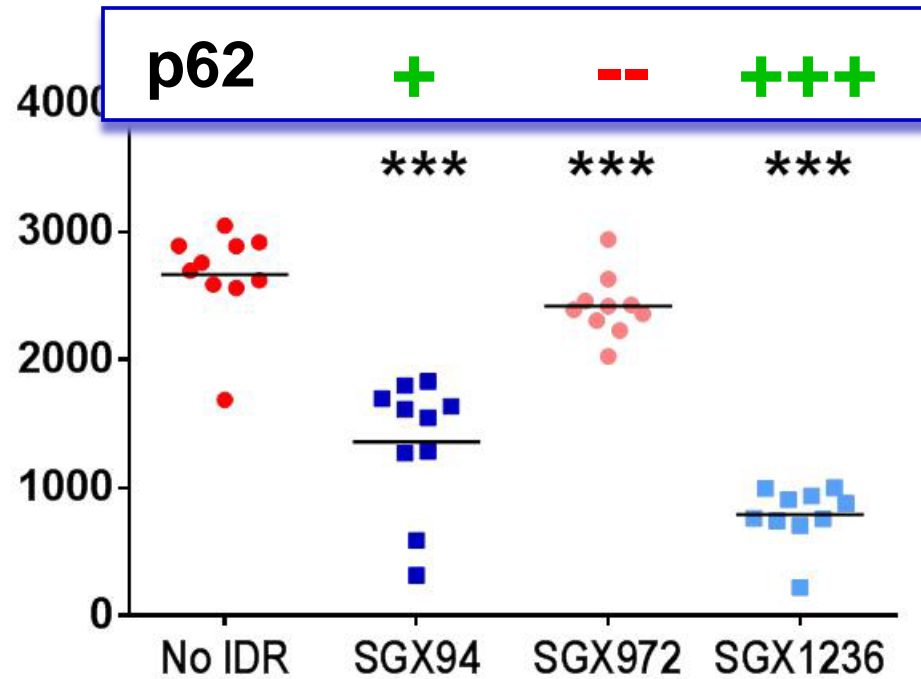
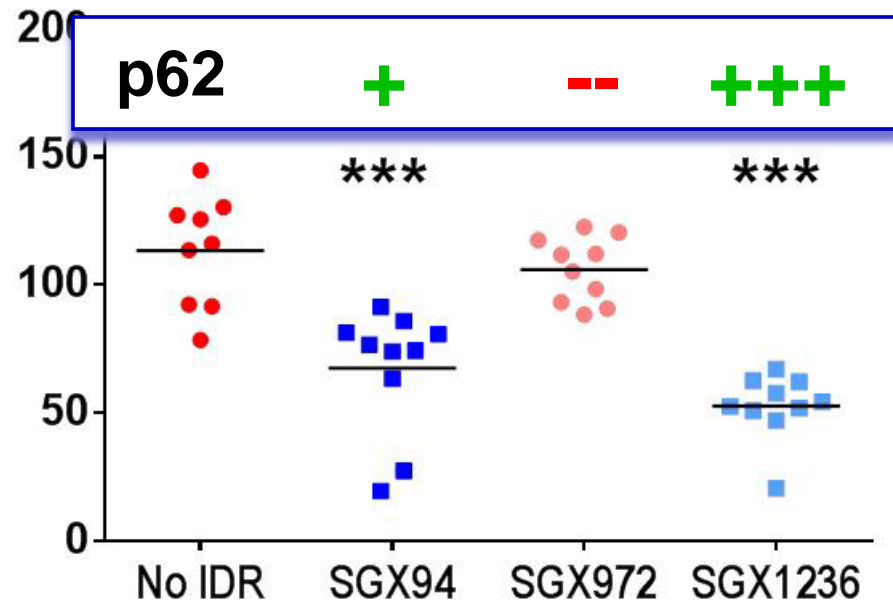
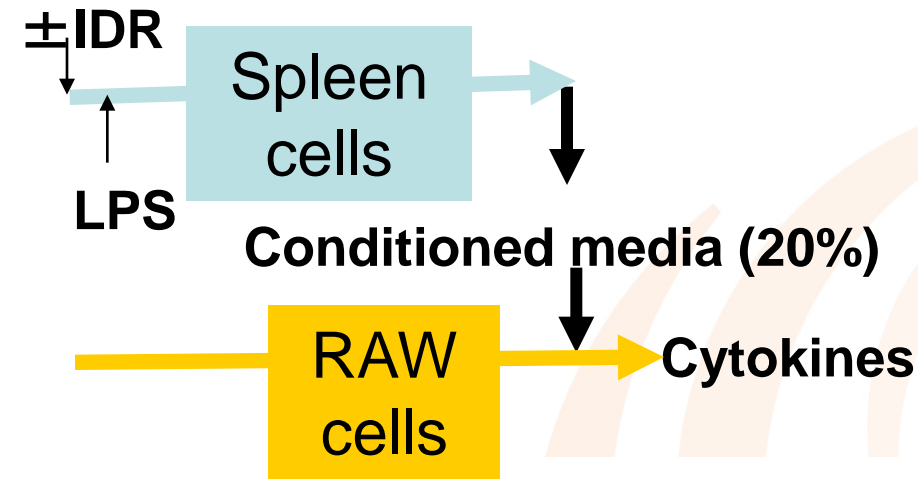


# Anti-Inflammatory Action

**TNF $\alpha$  decreased and IL-1ra increased**



# Tissue-Mediated Effects

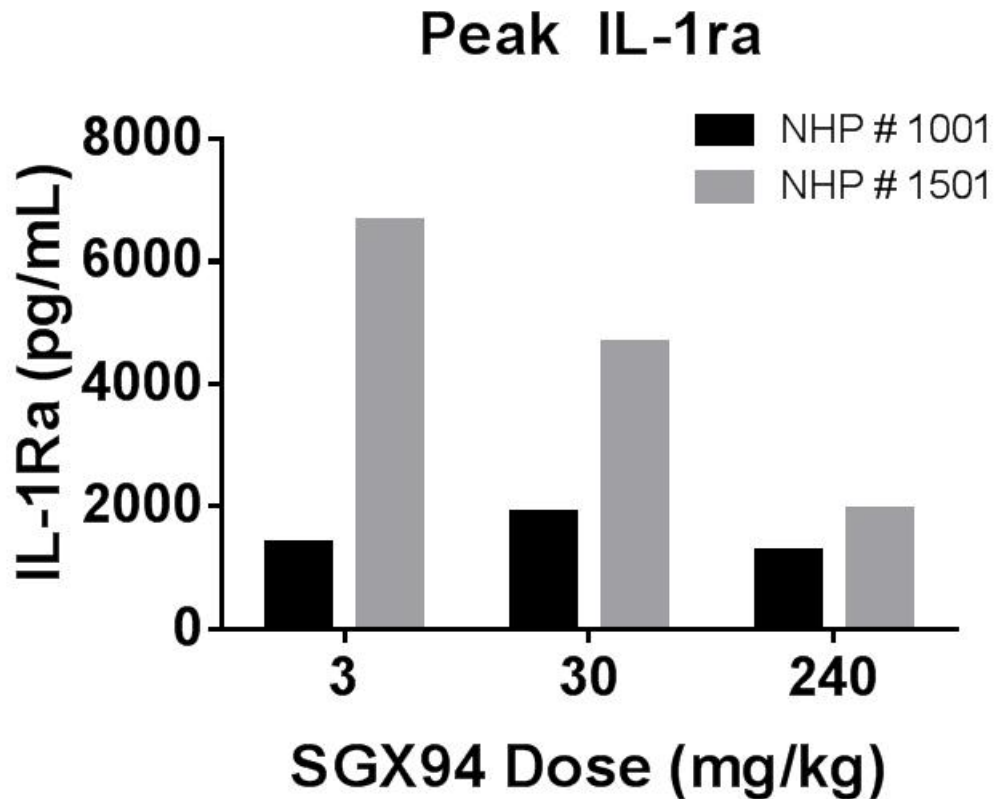


**IL-6**  
(pg/ml)

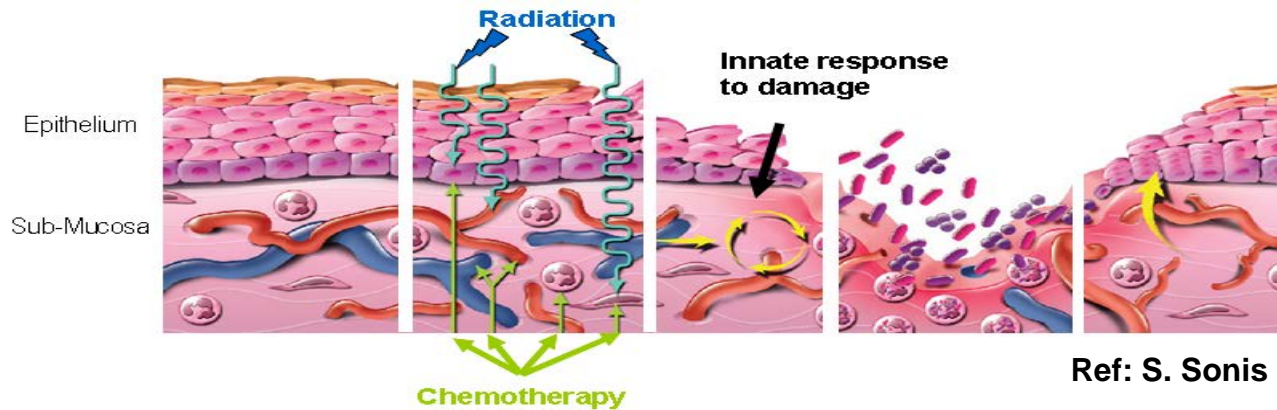
**Responsiveness  
correlates with p62  
binding affinity**



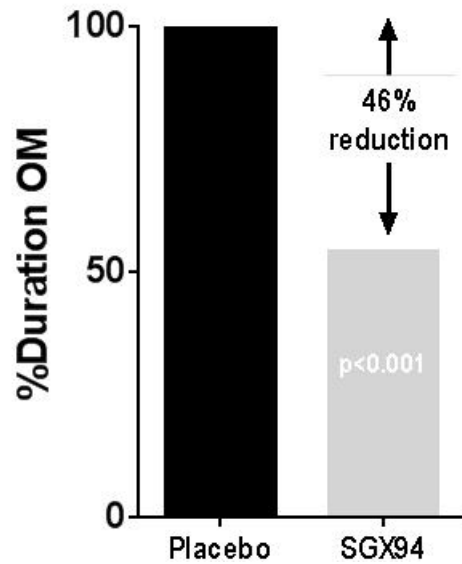
# Anti-Inflammatory Dose Response



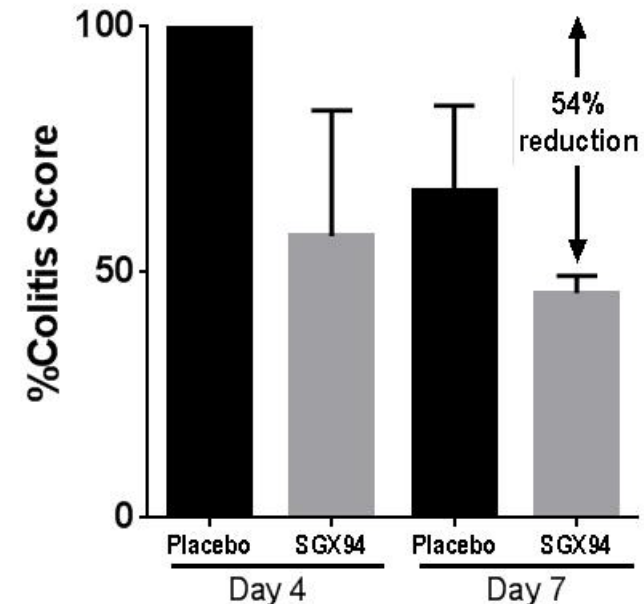
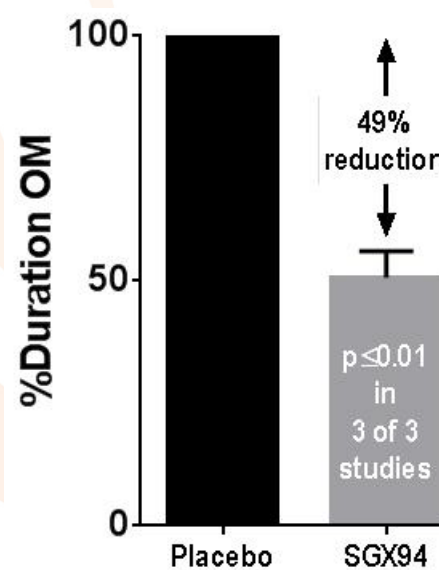
# Chronic Injury Models: Oral Mucositis



## Radiation-Induced Mucositis



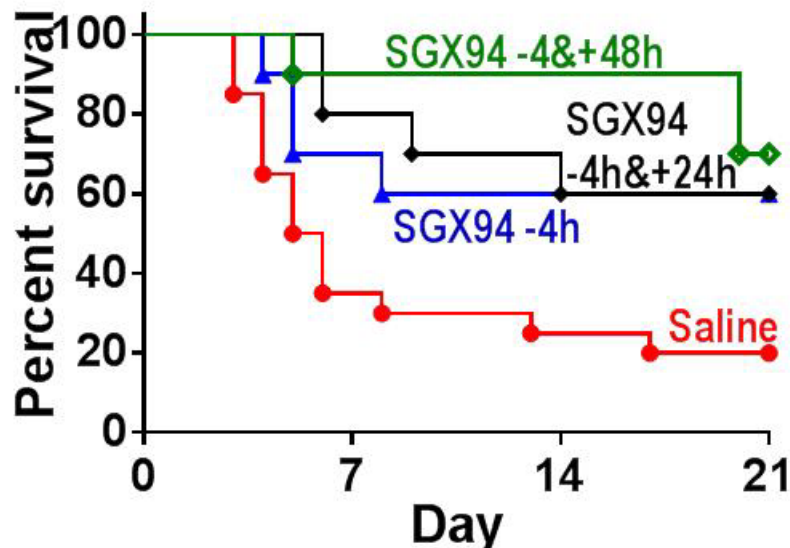
## Chemotherapy-Induced Mucositis



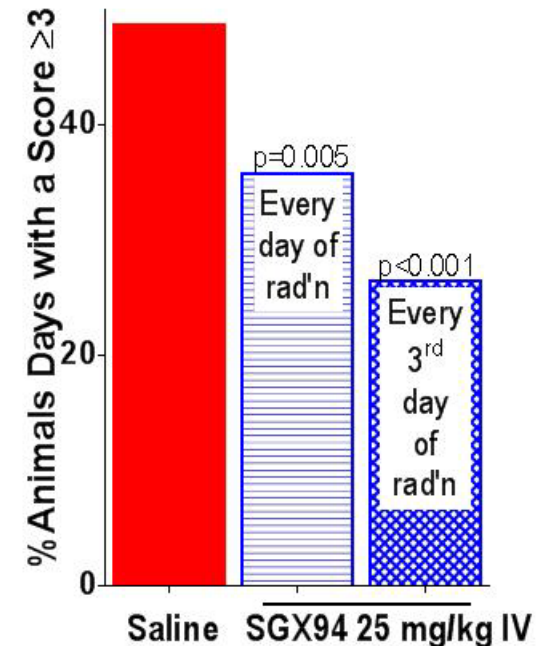
# Enduring Pharmacodynamic Effect

- 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

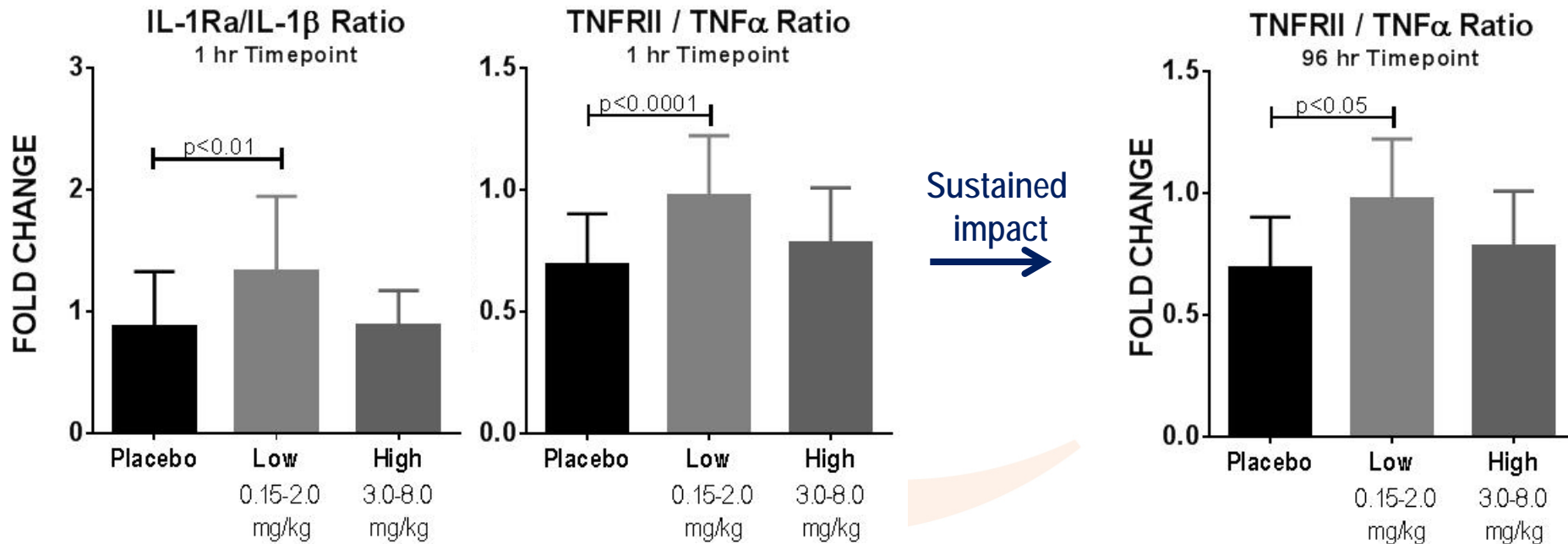
---

- 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

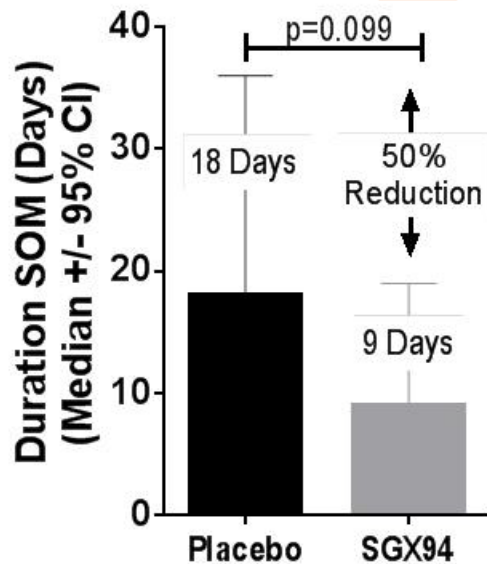
## Anti-Inflammatory Effect Stronger at Low Dose Enduring PD Response



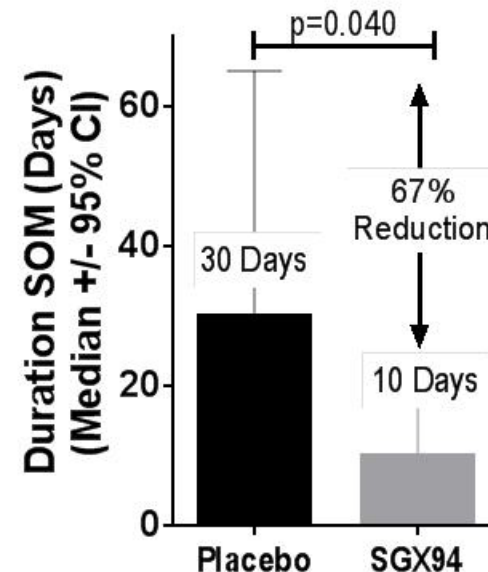
# Tissue Healing/Anti-Inflammatory

- Enrolled 111 head and neck cancer (HNC) patients planned to receive at least 55 Gy radiation and either weekly (30-40 mg/m<sup>2</sup>) or every 3<sup>rd</sup> week (80-100 mg/m<sup>2</sup>) cisplatin

## Duration Severe OM



## Duration Severe OM High Risk Subpopulation

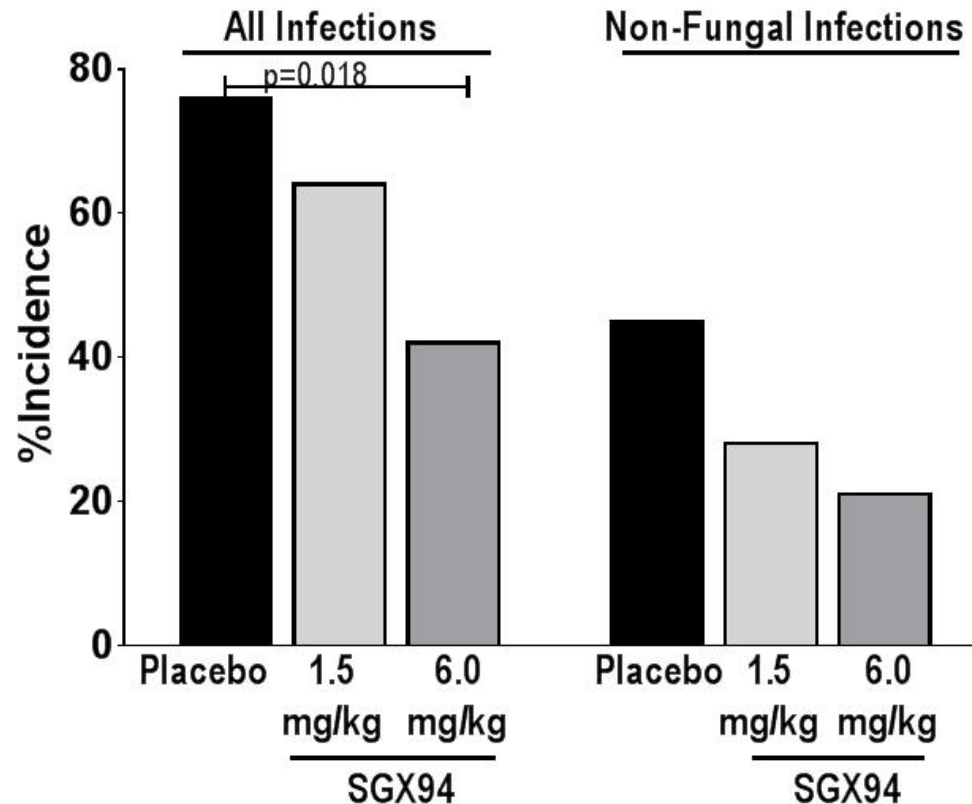




# Anti-Infective

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

## All and Non-Fungal (Bacterial) Infections Reduced



# Infectious Disease

---

- **Broad-spectrum activity**
  - Does not require positive identification of pathogen
  - Effective irrespective of antibiotic resistance
  - Will work in at-risk populations (immune-compromised)
- **Combination activity:**
  - Can be combined with standard of care antibiotic therapy – tested for interference with most major antibiotic classes
  - No PK interference with other drugs likely (rapid degradation by blood/tissue peptidases; kidney/liver functions not required)

# IDR Program Status

---

- Phase 2 clinical study in oral mucositis completed
- Phase 3 clinical study in oral mucositis initiating 2017
- cGMP - quality drug product available
- Pharmacokinetics and nonclinical toxicology completed
- Phase 1 healthy volunteer studies completed
- Portfolio of IDR analogs:
  - Co-crystal structure solved for SGX94 in its target binding site
  - SAR against target protein binding; peptidomimetic analogs developed

# Conclusions

---

- IDRs, such as SGX94, represent a new class of compound with unique mechanism of action targeting p62
- IDRs may significantly enhance antibiotic efficacy *without* increasing resistance
  - Does not interfere with antibiotic action on either a PD or PK basis
- IDR action is independent of bacterial pathogen characteristics:
  - Broad-spectrum activity
  - Targets both tissue mediated and circulating innate immune responses
  - Extended PD action
- High degree of clinical translation observed in recent Phase 2 clinical study

# Acknowledgements

---

## Dana Farber/Harvard Cancer Center

- Dr. Stephen Sonis

## University of British Columbia

- Dr. Brett Finlay
- Dr. Leonard Foster
- Dr. Hongbing Yu
- Dr. Robert Hancock



## National Institutes of Health (NIH)

- National Institute of Allergy and Infectious Diseases Small Business Innovation Research grant (SBIR; R43)
- National Institute of Dental and Craniofacial Research Small Business Innovation Research grant (SBIR; R43)