

# Company Presentation

February, 2016



**MediWound**

Innovative solutions for wound & burn care

**Nasdaq: MDWD**

**Gal Cohen, President & CEO**



# Cautionary note regarding forward-looking statements

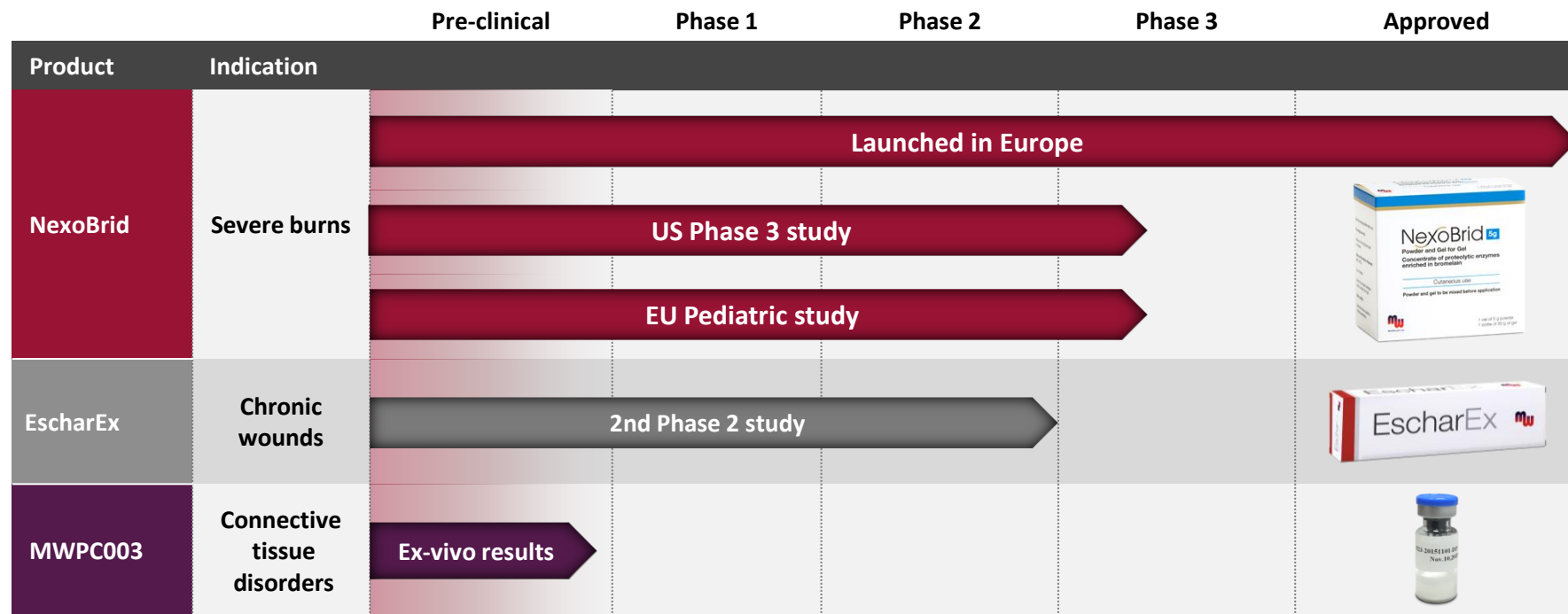
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# Who we are

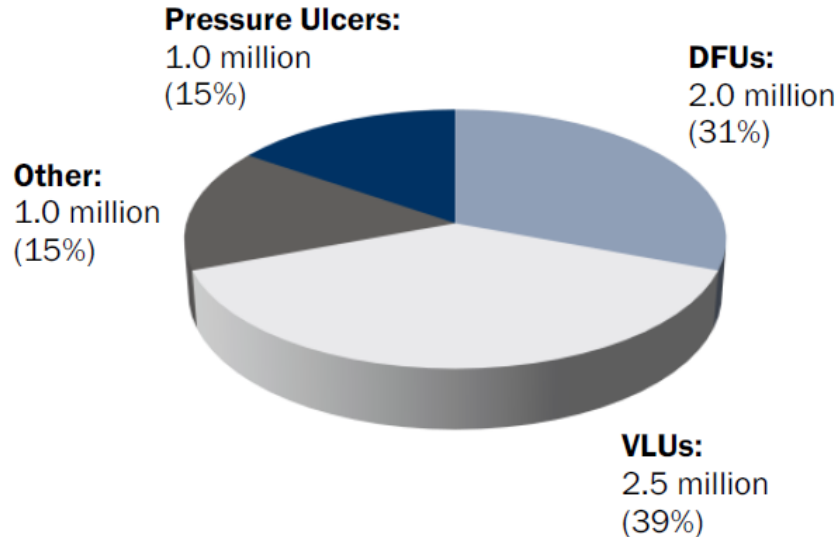
- Fully integrated, biopharmaceutical company developing, manufacturing and commercializing innovative products for wound and burn care
- Nasdaq [MDWD]
- Strong proprietary proteolytic enzymes technology, with 1<sup>st</sup> drug approved and launched
- State of the art, EMA certified and cGMP compliant manufacturing facility for sterile pharmaceutical products
- Strong management team with deep industry experience

“  
...Our goal is to provide  
healthcare professionals and  
patients with an innovative, burn  
and wound eschar removal agent  
allowing direct visual assessment of  
the wound bed thereby enabling  
precise diagnosis of wound severity  
and an informed treatment plan...”

# Introducing disruptive solutions for wound and burn care



## U.S. Chronic Wound Cases per Year<sup>1</sup>



*6.5 million U.S. Chronic Wound Cases per Year*

**8% growth:**  
aging, obesity  
and diabetes

**\$25 B burden**  
to the U.S.  
healthcare system

# Complementary to many wound healing therapies

## Debridement



Debridement is a critical 1<sup>st</sup> step  
in healing chronic wounds

## Healing

NPWT



Acelity™

Skin substitutes



ConvaTec

foams

Growth factors

Johnson & Johnson

Interactive dressing

collagen

smith&nephew



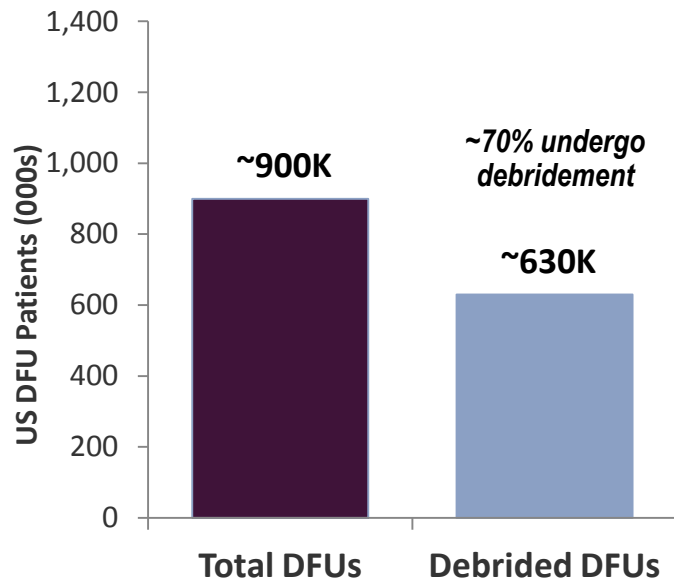
MÖLNLYCKE  
HEALTH CARE

honey

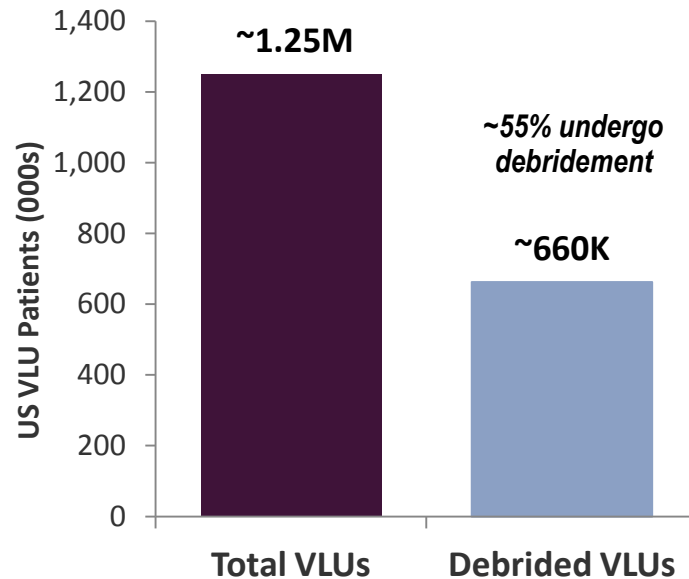
hydrogel

# Significant opportunity in DFU & VLU debridement

## Incidence of DFUs

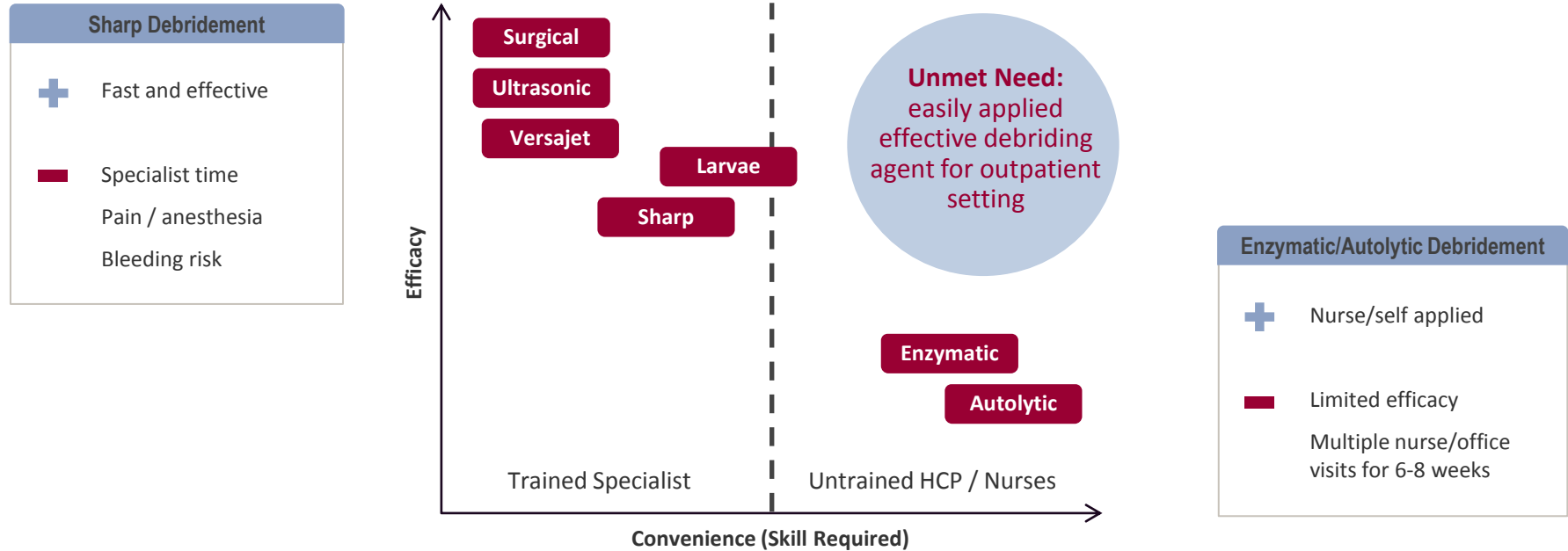


## Incidence of VLUs



Over \$1B market potential in DFU's and VLU's in the US alone

# Current standard of care limitations create unmet medical needs



# Addressing unmet need in debriding chronic wounds

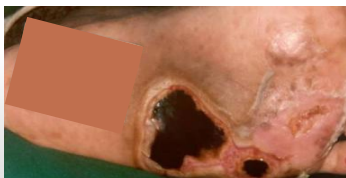
EscharEx



- ✓ **Biological drug** containing a sterile mixture of proteolytic enzymes
- ✓ **Easy to use**, non-surgical topical application for outpatient setting
- ✓ Effectively debride chronic wounds **in less than a week**
- ✓ **Clinical evidence**
- ✓ **IP protection**

# Promising results in a Phase II feasibility study

## 1 Diabetic Foot Ulcer (3 months old)



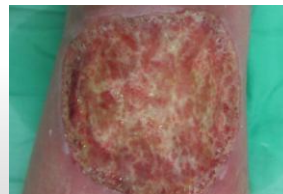
Before



After 2nd application

**Result:** Wound debridement in 2 applications

## 2 Venus Ulcer (11 months old)



Before



After 1st application

**Result:** Wound debridement in 1 application

## 3 Post traumatic (6 weeks old)



Before



After 4th application

**Result:** Wound debridement in 4 applications

## 4 Pressure Sore (4 months old)



Before



After 2nd application

**Result:** Wound debridement in 2 applications

# Phase 2 Trial Objectives and Design

EscharEx  
Phase 2 study

## Objectives

- Prove effective debridement
- Assess safety
- Select indication for pivotal studies

## Design

- Prospective
- Randomized
- Controlled (EscharEx vs. Gel)
- Multi-Center
- Sample size: 73 patients
- Indications: Hard to heal VLU, DFUs and post surgical

## Endpoints

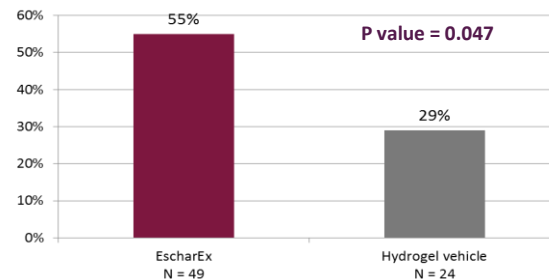
- Eschar removal
- Wound closure
- Pharma-co-economic measurements

## Phase 2 top-line results

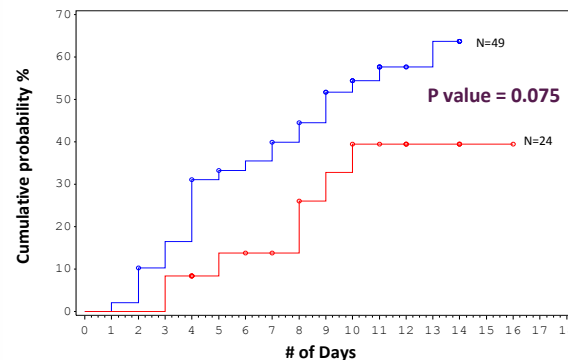
EscharEx

- ✓ The study met its primary endpoint with statistical significance
- ✓ Significantly higher incidence of complete debridement compared with patients treated with the hydrogel vehicle
- ✓ Clear trend ( $p=0.075$ ) that strongly suggests that debridement occurred earlier in the group treated by EscharEx
- ✓ No deleterious effect on wound healing was observed
- ✓ Safety profile comparable to current standard of care

### Incidence of complete debridement w/i 10 daily applications



### Time to complete debridement w/i 10 daily applications\*

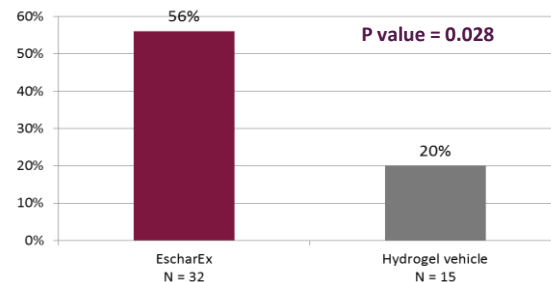


\*Kaplan-Meier survival analysis with log rank p-value

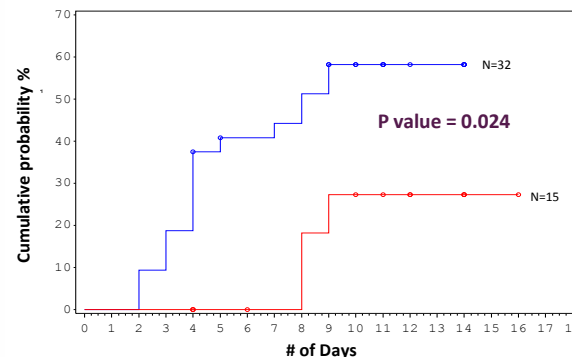
## Phase 2 - DFUs and VLUs post-hoc analysis

- ✓ Incidence of complete debridement compared with patients treated with the hydrogel vehicle is higher in DFUs and VLUs
- ✓ Debridement occurred significantly earlier in the group treated by EscharEx
- ✓ 93% of the patients who completed debridement with EscharEx were debrided within seven days after four to five applications, on average

Incidence of complete debridement w/i 10 daily applications



Time to complete debridement w/i 10 daily applications\*



\*Kaplan-Meier survival analysis with log rank p-value

**Thank you**

[www.mediwound.com](http://www.mediwound.com)



**MediWound**

Innovative solutions for wound & burn care





**Preventing Blood Clots without Bleeding**

Neil J. Hayward, Ph.D.  
President and CEO

# Safe Harbor Statement

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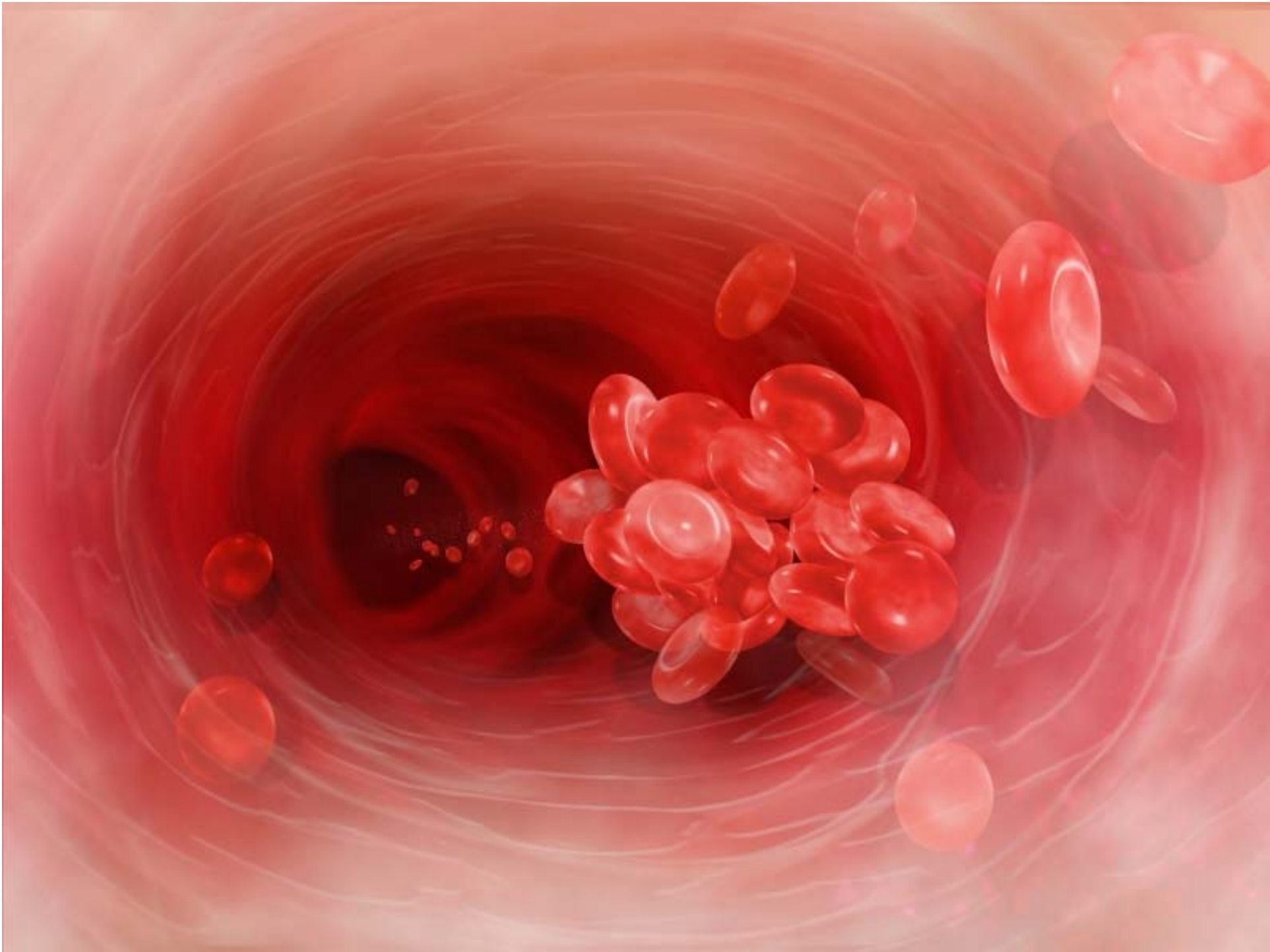
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US alone – Stroke every 40 seconds – Heart Attack every 43 seconds



DVT/PE :  $\approx$  1,000,000 people in the US, every year, suffer from a clot



# eXithera Pharmaceuticals

## (Shareholders: CBI & Schooner Capital)





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### -Mission-

Develop a new generation of anti-thrombotics with no bleeding complications, unlike the first and second generation agents

- ALL approved anti-thrombotics, including new thrombin and Factor Xa inhibitors, can cause unpredictable bleeding in patients. If major bleeding is uncontrolled death results.
- Factor XI has emerged as a key enzyme for coagulation (thrombosis) without impacting bleeding (hemostasis) :
  - Genetic data supports the view that Factor XIa inhibitors will afford efficacy with low bleeding risk
  - Recently confirmed by Phase 2 PoC results - injectable Factor XI antisense candidate (Ionis-FXI)
- eXithera's **EP-7041** is a novel, potent and selective *small molecule* Factor XIa inhibitor
  - On demand treatment window for immediate use before, during and post surgery
  - Stellar preclinical results – confirming anti-coagulation potential with no bleeding risk
  - On track to initiate Phase 1 studies in June 2016

# 1<sup>st</sup> and 2<sup>nd</sup> Generation Drugs

Drug	 (warfarin)	 (dabigatran)	 (rivaroxaban)	 (apixaban)
FDA approval	Pre-1982	2010	2011	2012
Onset	slow	rapid	rapid	rapid
Food Effect	yes	no	take with food	no
Routine Lab Monitoring	yes	no	no	no
Bleeding Risk	yes	yes	yes	yes

**2<sup>nd</sup> Generation agents have clear advantages over Coumadin  
BUT still cause bleeding**

## Pradaxa Lawsuit

4,000 victims awarded \$650 million  
settlement. See if you qualify.

☎ Act Now to Get Help  
**888-681-1893**

Free Case Evaluation  
Time is Limited  
Contact Us Now

## Pradaxa May Cause Fatal Bleeding

Pradaxa was first prescribed to prevent blood clots in people with atrial fibrillation. **While the anti-clotting action of Pradaxa can treat this condition, it can also lead to potentially fatal bleeding.**

### FDA Safety Warning

After only two years on the market, the anticoagulant drug Pradaxa had been linked to more than 500 deaths. By 2014, *Bloomberg* had reported that Pradaxa may be responsible for **more than 1,400 deaths**. Without an antidote in place to reverse its blood-thinning effects, Pradaxa has caused uncontrollable bleeding in thousands of patients.



## Pradaxa Manufacturer Pays \$650 Million Settlement

It is a drug maker's responsibility to perform thorough testing and notify the FDA and public of the full extent of a drug's risks. When this does not happen, the individuals and families harmed should consider speaking with an attorney to understand their rights. **In May 2014, Pradaxa's manufacturer, Boehringer Ingelheim, announced a \$650 million payout to victims of Pradaxa involved in an estimated 4,000 lawsuits.**

Helping Victims in Massachusetts and  
Nationwide

Were you or a loved one prescribed  
Pradaxa? \*

☐ Yes ☐ No

First Name \*

Last Name \*

State\*

Zip

Phone \*

Email

Terms & Conditions \*


☒ I agree to the [Terms & conditions](#)

# All new anticoagulants = “lawsuits”

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Xarelto, Pradaxa and Eliquis were hailed as the “next generation” of anti-coagulants. There were few interactions to worry about and dosage was easily determined on a “one-size-fits-all” basis. They were also very profitable for the manufacturers. Whereas warfarin costs around \$80 – \$100 per year, Xarelto carries an annual price tag of \$3,000.

All three of these “next generation” anti-coagulants also have serious side effects. In the case of Xarelto and Pradaxa, the most serious of these is uncontrolled hemorrhaging.



**\$650M** to settle  
4,000 Pradaxa  
lawsuits



**Xarelto® & Eliquis®**  
linked to:

- Bleeding on the Brain
- Kidney Bleeding
- Intestinal Bleeding
- Uncontrolled Bleeding
- Deep Vein Thrombosis (DVT)
- Or Even Death

If you took Xarelto® or Eliquis® and then suffered internal bleeding or a deep vein thrombosis, or if a loved one died after using one of these drugs,  
**Call the Goldwater Law Firm!**

**1-800-494-8686**  
Call The Goldwater Law Firm Anytime, Day or Night

# Anti-thrombotic Product Landscape

- Large Market: ≈ \$29.6B - 2020
- 2<sup>nd</sup> generation inhibitors are now on the market
  - Direct Thrombin Inhibitor: Pradaxa (BI)
    - \$2.3B sales in 2014
    - FDA warning of internal bleeding complications
    - Antidote – approved Q4, 2015: Praxbind (BI)
  - Factor Xa Inhibitors: Xarelto & Eliquis
    - \$2.1B sales of Xarelto in 2015
    - Antidote in development (Portola) for bleeding - latches onto Factor Xa inhibitors, disarming their activity (i.e. patient no longer protected from clots)
    - Sales in 2020 to hit \$6.4B and \$3.7B for Xarelto (#8) & Eliquis (#28)



# Genetic Evidence

## Factor XI Inhibition Supported by Deficient Individuals

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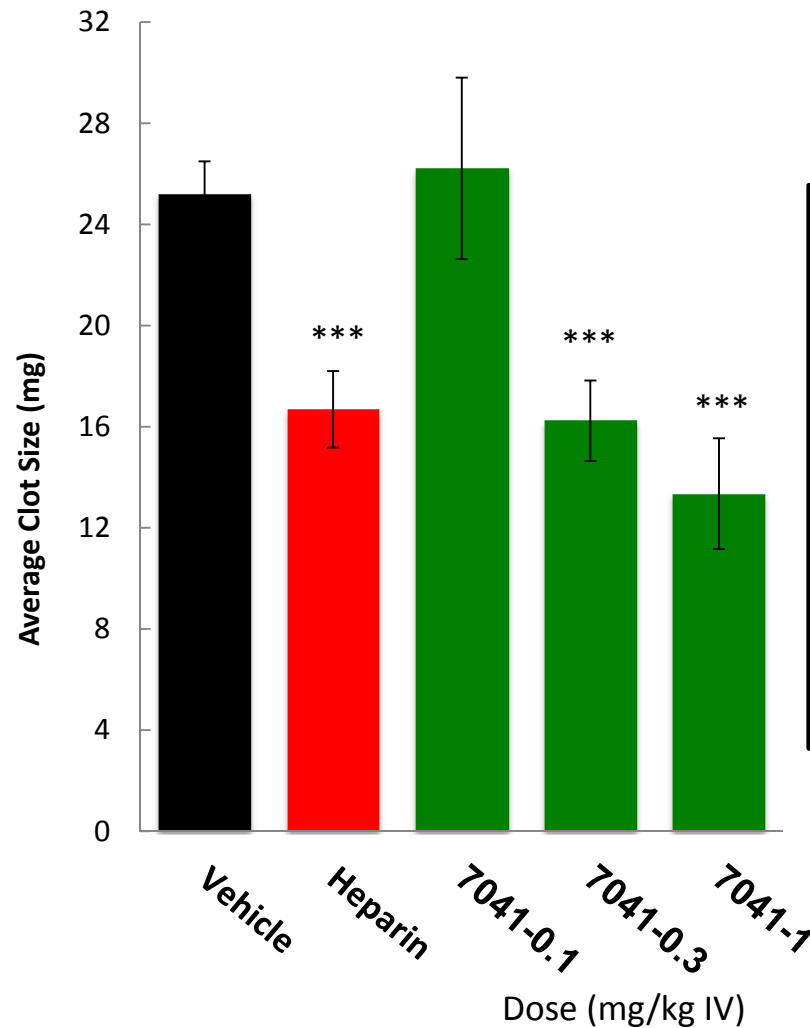
- An experiment of nature:



- Factor XI deficient individuals are at ***little or no risk*** of developing ischemic stroke [Salomon *et al.* (2008) *Blood*, 111: 4113-7]
  - Factor XI deficient patients have little or ***no bleeding liability***
  - [ People with elevated levels of Factor XI in the blood, suffer more frequently from stroke, thrombosis and pulmonary embolism ]
- Factor XI inhibitors expected to be safer than both old and new generations of anti-thrombotics – with no antidote required to reverse effects

# EP-7041 : Pre-clinical data

## - Inhibition of Thrombus Formation -

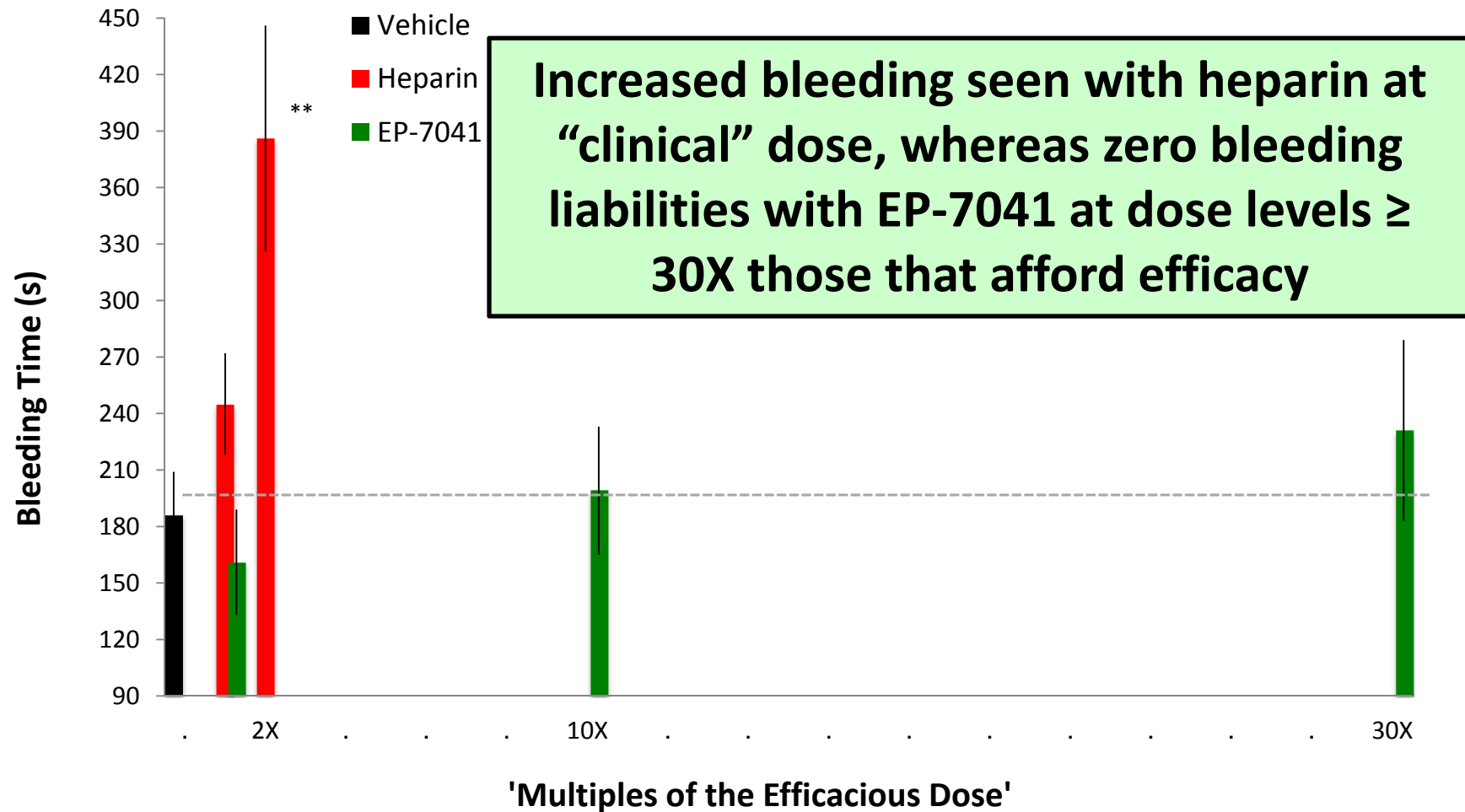


**EP-7041 as potent as  
heparin in inhibiting clot  
formation in an established  
rat model of thrombosis**

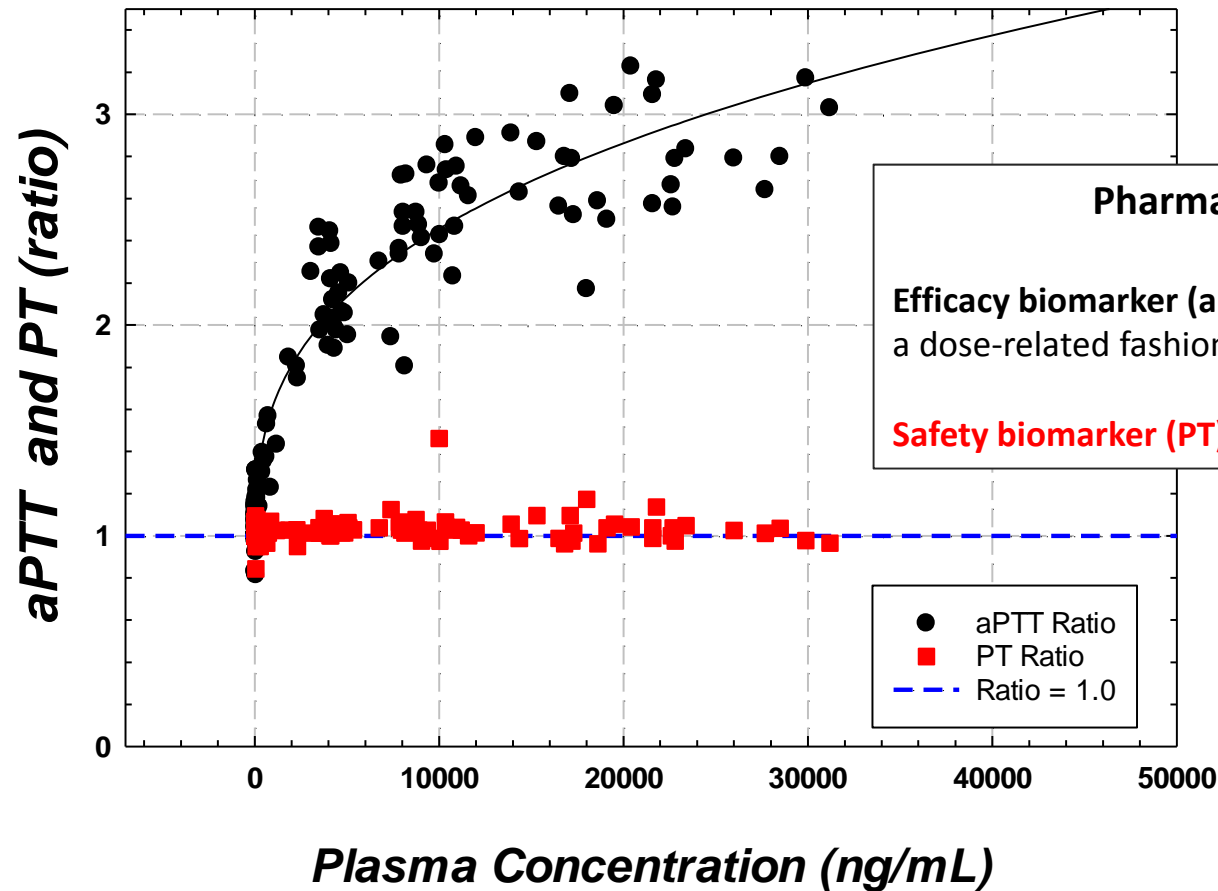
**rapid onset & dose-related**

# Zero Bleeding Liability: EP-7041

- Factor Xla Inhibition does not affect Hemostasis -



# EP-7041 : Plasma Levels vs. Biomarkers (Dog PD: Efficacy & Safety)



## Pharmacodynamics

Efficacy biomarker (aPTT) was elevated 3-fold in a dose-related fashion

Safety biomarker (PT) unchanged

Simple,  
established,  
biomarkers will  
allow PoC in Phase  
1 studies

# eXithera's Trajectory

- Strong Corporate Position
  - Capitalized through Phase 1a/1b clinical program, with \$14m raised to date
  - Issued patents covering scaffolds
  - Experienced development team and top advisors in the field

Neil J. Hayward

President  
& CEO



Dennis I. Goldberg

VP  
Regulatory



Phillip M. Friden

VP  
R&D



Eric Morrel

VP  
Clinical



# eXlthera's Trajectory

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- Factor XI Competitive Environment
  - Ionis Pharmaceuticals - FXI (antisense) SC injectable
    - Limitation due to long pre-dosing requirement before surgery
    - Partnered with Bayer (\$150m upfront) following Phase2a PoC
  - BMS, Bayer and other big Pharma groups have internal Factor XIa programs
  - eXlthera compounds have potential to be **best in class**
- eXlthera's IV Product for Acute Hospital Care : EP-7041
  - Submit regulatory dossier in Q2 2016
  - Commence PoC Phase 1a/1b clinical trials in **Q2 2016**
    - Primary efficacy endpoint – increase in aPTT
    - Primary safety endpoint – no change in PT
  - Initial read out expected **Q4 2016**
- Goal for strategic partnership to coincide with EP-7041 clinical data
  - All players in the anti-thrombotic arena will need a Factor XIa inhibitor to compete



CONNECTIVITY. COGNITION. CURES.

# Discovery of novel NMDAr modulators for neurodevelopmental and psychiatric diseases

Introduction for TASE | 23 February 2016

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# Luc Therapeutics: vision and identity

## ***Vision***

- To discover and develop breakthrough, first-in-class therapies for neurodevelopmental and psychiatric disorders by modulating NMDA receptors to restore synaptic plasticity and dynamic network connectivity

## **Identity**

- Seeded in 2010 – pharma-experienced NMDAr pharmacology, medicinal chemistry
- In 2014, recruited leadership to further scale company – new CEO, CSO
- In 2015, partnered lead negative allosteric modulator (NAM) selective for NR2B with **Novartis** (rapid acting agent for **depression**)
- Now: Positive allosteric modulators (PAMs) for cognitive impairment in **schizophrenia**

# Luc Therapeutics team

## **Vanessa King, Ph.D. – President and CEO**

- 20+ years leadership experience in pharma/biotech, including Novartis, Amgen, and in leading scientific institutions (Venter Institute)
- Led business development at deCODE, yielding 2012 Amgen acquisition

## **Timothy Piser, Ph.D. – CSO**

- 20 years scientific leadership experience in pharma/biotech, including Astra Zeneca and Forum Pharmaceuticals
- Expertise spans all aspects of in vitro and in vivo neuropharmacology

## **Robert Volkmann, Ph.D. -- VP Chemistry**

- 30+ years medicinal chemistry experience at Pfizer

## **David Anderson, Ph.D. -- Head Discovery Operations**

- Medicinal chemistry, computational chemistry, HTS at Pfizer

## **Christopher Fanger, Ph.D. – Director In Vitro Pharmacology**

- Ion channel drug discovery at Astra Zeneca, Hydra Biosciences

## **Steve Leiser, Ph.D. -- Head Translational Science**

- Translational biomarker research, neurophysiology at Lundbeck, Astra Zeneca, Wyeth

# The unmet medical need is profound

## *Treatment-resistant Major Depressive Disorder*

### High unmet need

- 31% of patients do not reach remission even after their 4th treatment
- High costs for those with inadequate response to treatment
  - Direct costs: \$22,784 vs. \$11,733;
  - Indirect costs: \$12,765 vs. \$6,885\*

### Competitive landscape

- No NMDAr therapies approved for Treatment Resistant Depression
  - Pfizer: rapastinel (GLYX-13), Ph3
  - J&J: esketamine, Ph3
  - Cerecor: CERC-301, Ph2
- Novartis is strong partner for Luc

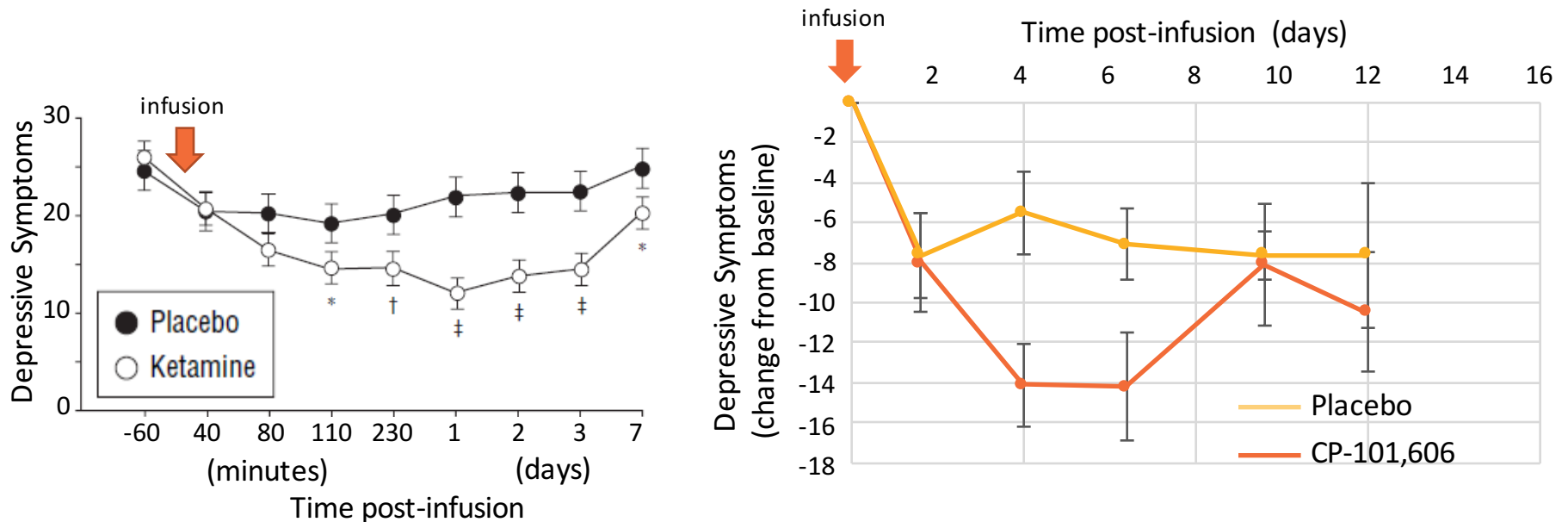
† Rush, AJ et al, Acute and Longer Term Outcomes in Depressed Outpatients Requiring One or Several Treatment Steps: A STAR\*D Report, Am J Psychiatry 2006; 163: 1905-1917

\* Ivanova et al (2010) CMRO

# The benefit to patients has been demonstrated

## *Rapid response in treatment-resistant depression*

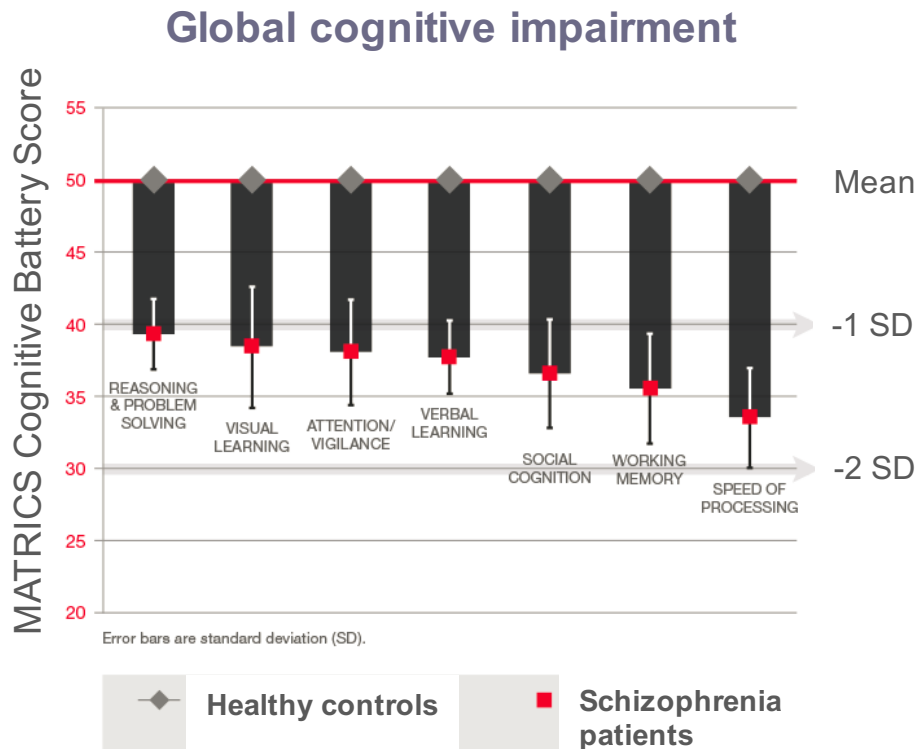
### Capitalizing on the ketamine revolution in clinical neuroscience



- Ketamine: anesthetic NMDA receptor channel blocker used off-label for severe treatment resistant depression
- CP-101,606: Pfizer's GluN2b-selective NAM
- Luc GluN2B NAMs – partnered with Novartis

Zarate 2006 Arch Gen Psych; Preskorn 2008 J Clin Psychopharmacol

# Focus of Luc's internal program: A therapeutic for cognitive impairment in schizophrenia



## Cognitive impairment in Schizophrenia

- Persists over patient lifetime
- Cause of severe disability (e.g., unemployment, inability to live independently)
- No approved treatments

# Why Luc's approach, today

## 1. Extensive target validation

## 2. Unprecedented NMDA receptor pharmacology

## 3. Translatable neuro-physiological biomarkers

### Previous approaches

- Putative animal models of disease
- NMDR antagonists and glycine site activators
- Not used or only 'target engagement'
- Patient population defined only by clinical assessment

### Our approach

- Strong platform of clinical evidence for therapeutic hypothesis
- Proprietary assay protocols
- Drug-like NMDAR positive allosteric modulators (PAMs)
- Disease- and target-related clinical biomarkers enabling translation

# Platform of clinical evidence for Luc's therapeutic approach

Decreased cognitive function in schizophrenic patients



## **Clinical Evidence**

- ▶ Pharmacology
- ▶ EEG Biomarkers
- ▶ Cognitive Physiology
- ▶ Neuroanatomy
- ▶ Proteomics/Genomics
- ▶ Genetics

← Key lines of evidence translate →

## **Non-clinical Evidence**

Translational Pharmacology



Disease-relevant measures of cortical function

***Therapeutic hypothesis: Luc drugs will normalize function of the brain safely improving cognition in schizophrenic patients***

# Luc compounds enhance synaptic currents in increasingly native systems

Glutamate/glycine-evoked currents in **oocytes** expressing human GluN1 and GluN2B

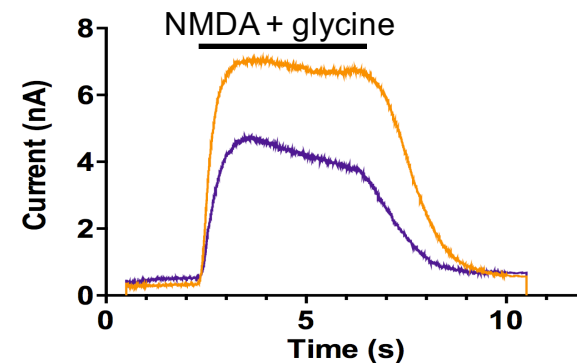
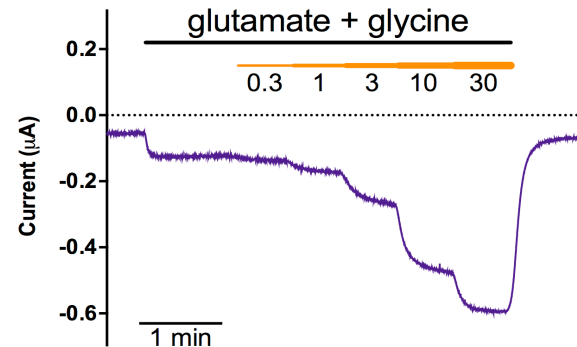


NMDA/glycine-evoked currents in **cultured rat cortical neurons**

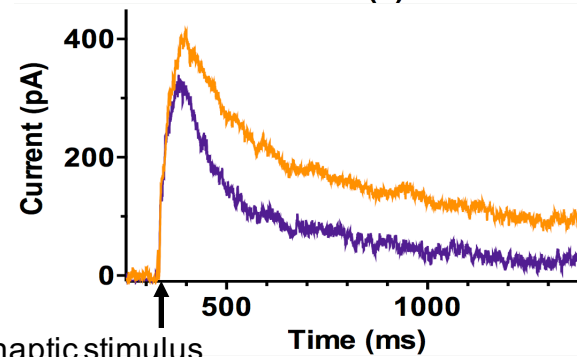


Synaptic currents in **rat brain slices**

## LTX-027



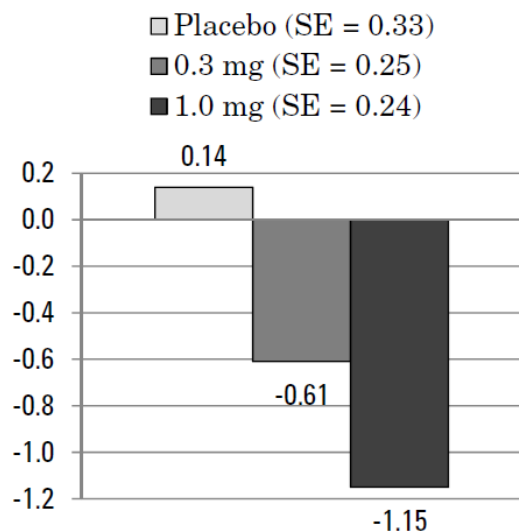
LUC  
Control



# Translatable EEG biomarkers enable Luc's development path

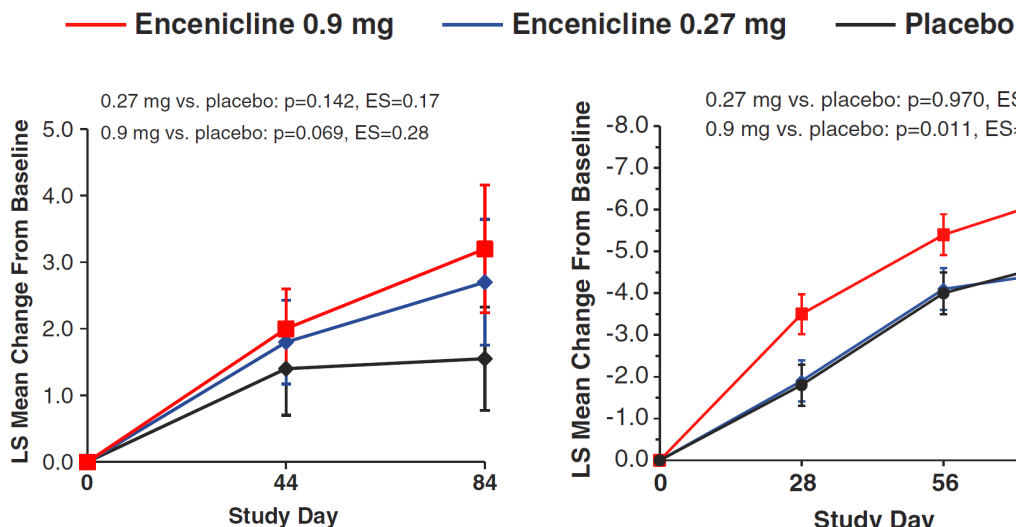
*Consistent with direct measurement of cortical pathophysiology, effects on MMN predict effects on cognitive and global function*

MMN summed amplitude (rare-frequent)

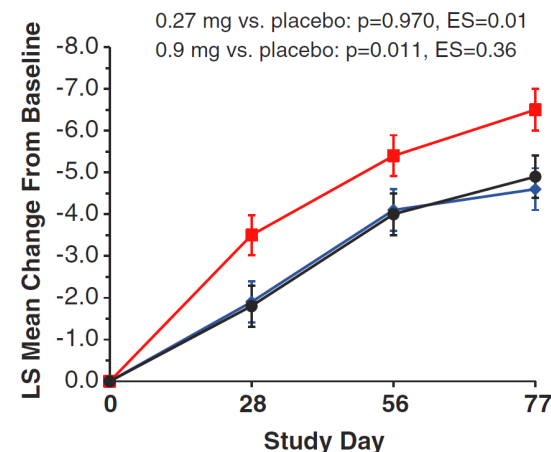


Ph1b in Schizophrenic patients  
stable antipsychotic therapy  
qd, 3 weeks

MATRICES cognitive battery



Global Function



Ph2b in Schizophrenic patients  
stable antipsychotic therapy  
qd, 12 weeks

Preskorn 2014 J Psych Practice  
Keefe 2015 Neuropsychopharmacol

*\*FORUM Ph3 design accepted by FDA (Special Protocol Assessment)*

# Luc Therapeutics

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## ***Vision***

- To discover and develop breakthrough, first-in-class therapies for neurodevelopmental and psychiatric disorders by modulating NMDA receptors to restore synaptic plasticity and dynamic network connectivity

## **Identity**

- Pharma-experienced NMDAr pharmacology, medicinal chemistry
- New leadership to further scale company – new CEO, CSO
- Partnered lead negative allosteric modulator (NAM) with **Novartis** (rapid acting agent for **depression**)
- Now: Positive allosteric modulators (PAMs) for cognitive impairment in **schizophrenia**



*Vedanttra Pharmaceuticals Inc.*

*Precision Immunotherapeutics for Cancer and  
Infectious Disease*

*One Kendall Square, Suite 14303, Cambridge, MA 02139 USA  
+1 617-945-2077*

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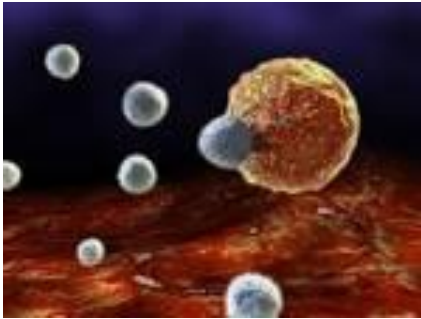
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# *The Next Leap Forward in Precision Immunotherapy*

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## Vedantra Pharmaceuticals Inc.

- An **immunotherapeutic company** founded on nanotechnology from Dr. Darrell Irvine's Lab (MIT, Koch Institute, Ragon Institute, HHMI)
- Vedantra labs located in Kendall Square, Cambridge, MA
- \$7.6 MM invested to date (\$6 MM Clal, 78% equity)
- **Two immune potentiating technologies** licensed from MIT
- **Unprecedented immune responses** against cancers and infectious diseases
- Operating in stealth mode until recent completion of 2<sup>nd</sup> license from MIT



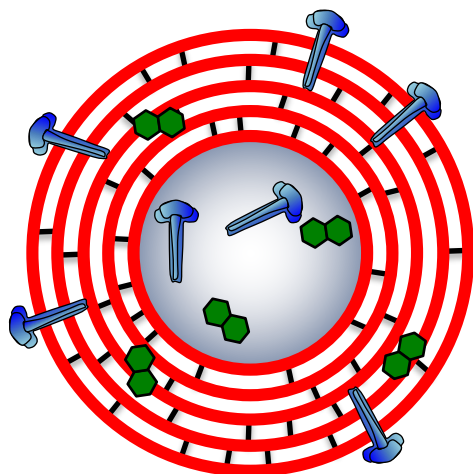
It's all about specific **CD8 T cell responses**. A potential **\$30 BB market!**

## Mechanisms for anti-tumor therapy:

- Vaccines
  - Whole tumor lysates and oncolytic viruses (T-vec)
  - Antigenic peptides (Neon)
  - Live vectors (Advaxis, Aduro)
  - Dendritic cell vaccines (e.g. Provenge)
  - DNA vaccines
- Adoptive cell therapy (e.g. CAR-T: Juno, Kite, Novartis)
- Checkpoint inhibitors (target PD-1, CTLA4, CD-40)

# Vedantra's Core Immunotherapeutic Technologies

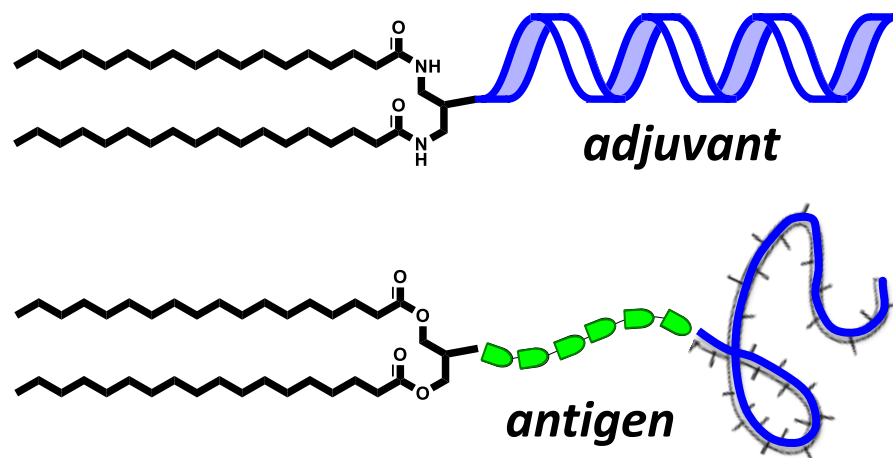
## ICMV Vaccines



Interbilayer-Crosslinked  
Multilamellar Vesicles

- **Lymph node targeting**
- Ideal for **whole-protein antigens**
- Generates **CD8 T-cells for cancer**
- Generates **antibodies to block infectious diseases**

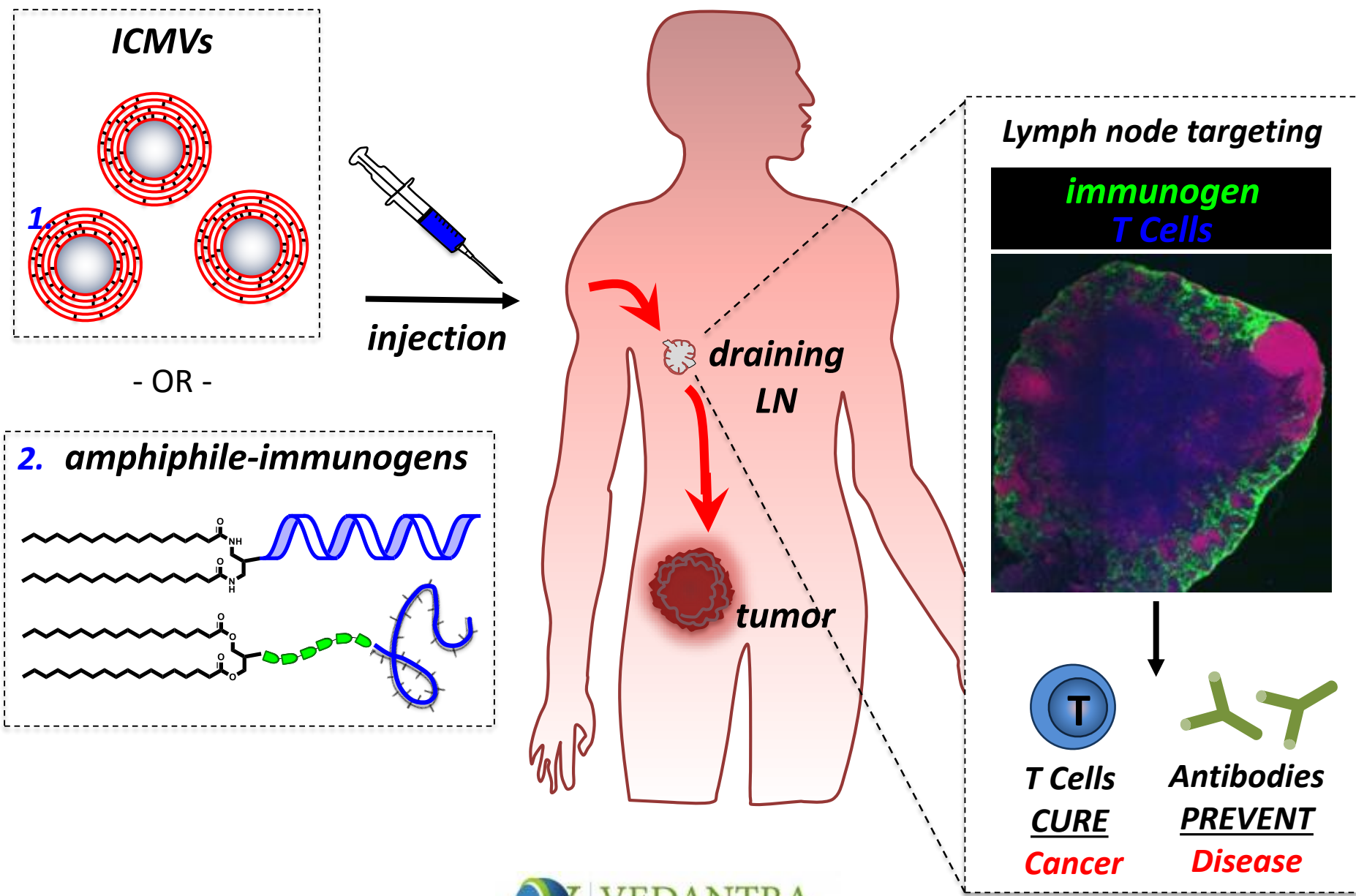
## Amphiphile Vaccines



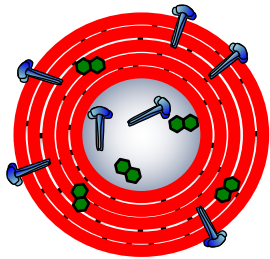
**Antigen / adjuvant amphiphile  
conjugates**

- **Lymph node targeting via albumin**
- Ideal for **peptide antigens**
- Generates **CD8 T-cell** for cancer

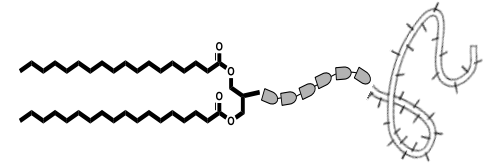
# Creating T-cells to kill tumors



# Vedantra's Core Immunotherapeutic Technologies



## Vedantra's Advantage:



- Targeted delivery to lymph nodes creates **unprecedented levels of tumor targeting CD8 T cells**
- Toxicity of adjuvants minimized or eliminated by reduced systemic exposure
- Vedantra's delivery systems are **not neutralized by immune system**.....can give multiple booster shots to increase activity
- Can be made on a **production scale**

# ICMV therapy for HPV-induced Cancers

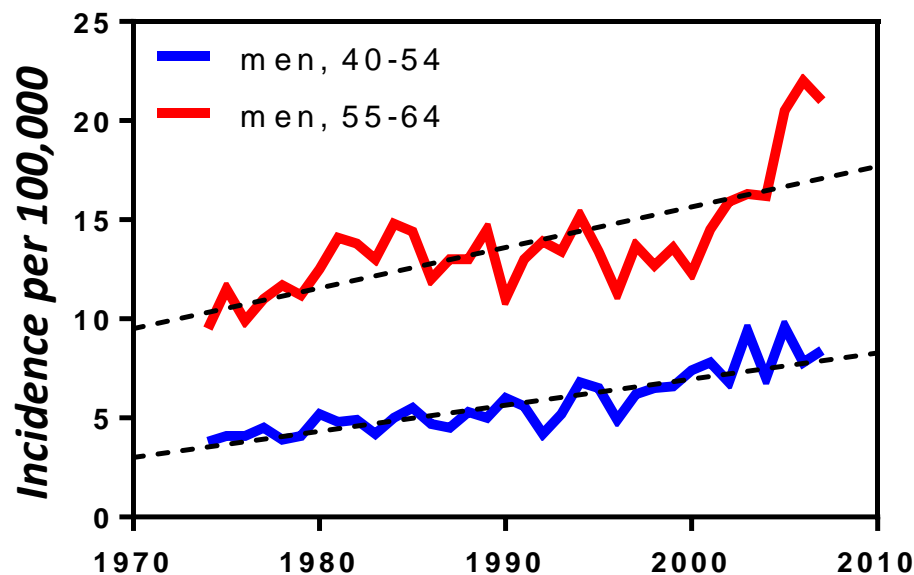
## Market Opportunity

- **20 million** currently infected in the US, **6.2 million** new infections each year
- HPV-induced **cervical** cancer (500k/year), **ano-genital** (89k/year) cancer, **head and neck** cancer (115k/year)

## Current Strategies

- only **32%** of eligible women are receiving the licensed prophylactic vaccines
- prophylactic vaccines **cannot cure** existing infection or implicated cancers

## HPV-related head and neck cancer incidence



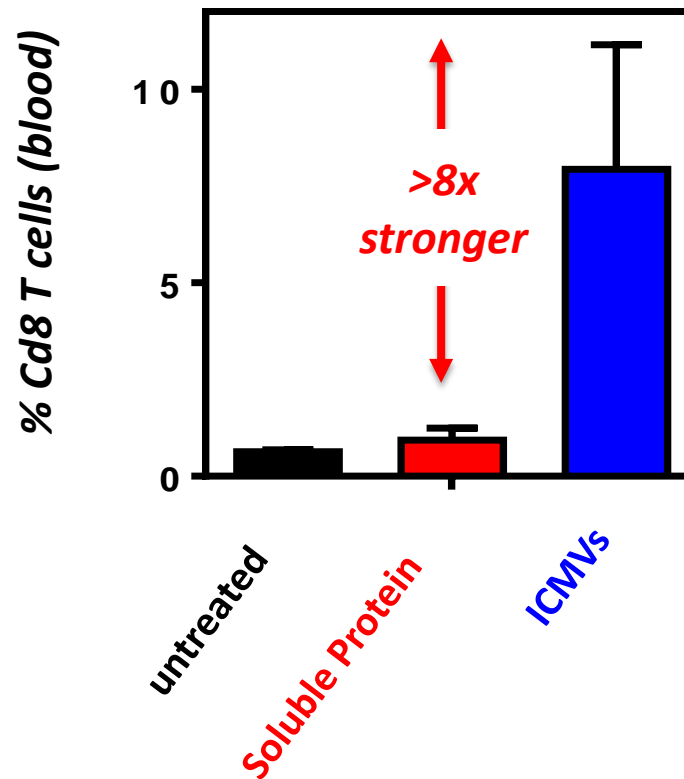
# ICMVs induce **strong + effective T cells** against HPV tumors

## timeline

Day	Activity
0	TC-1 Tumor cells
6	*Treatment
20	Treatment
34	Treatment
42	Monitor
49	
56	Tumor Size,
63	Survival
70	

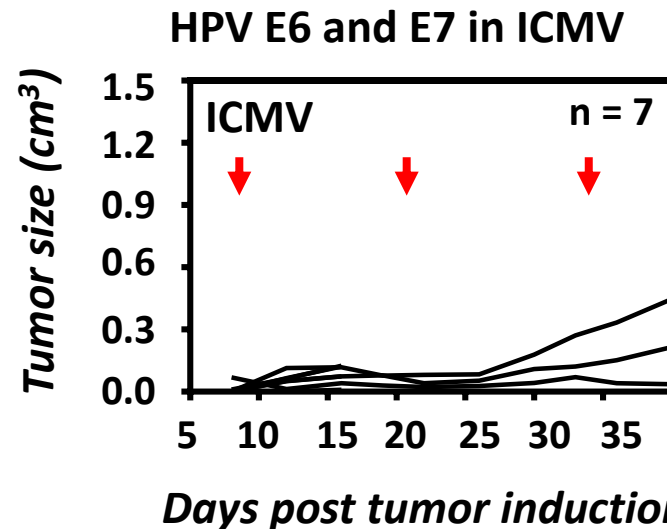
50k TC-1 Tumor Cells –  
Subcutaneous in the  
flank

## E7 T Cell Response

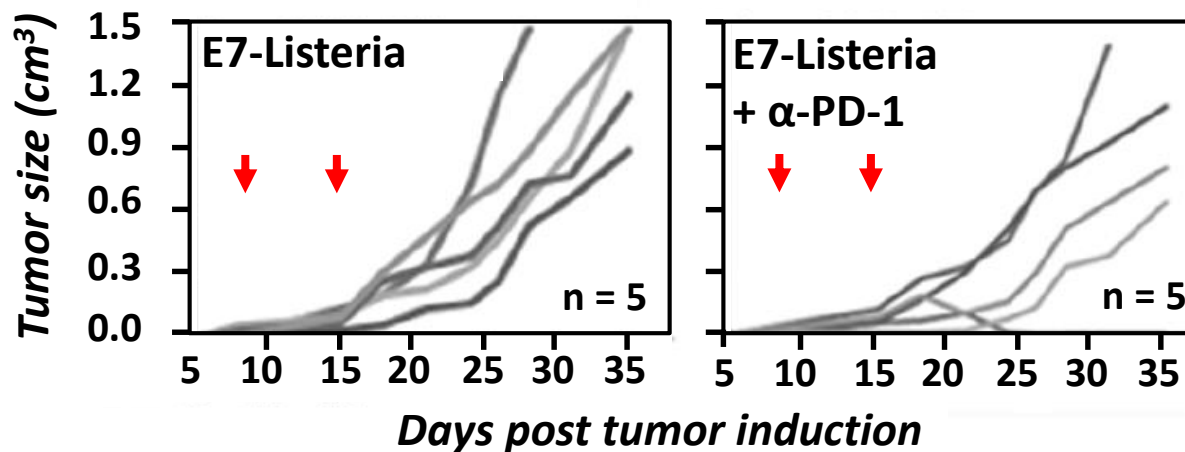


Addition of adjuvant can raise CD8+ T-cell response to 30%!!!

# ICMVs compared to *Advaxis Phase 2 Vaccine*

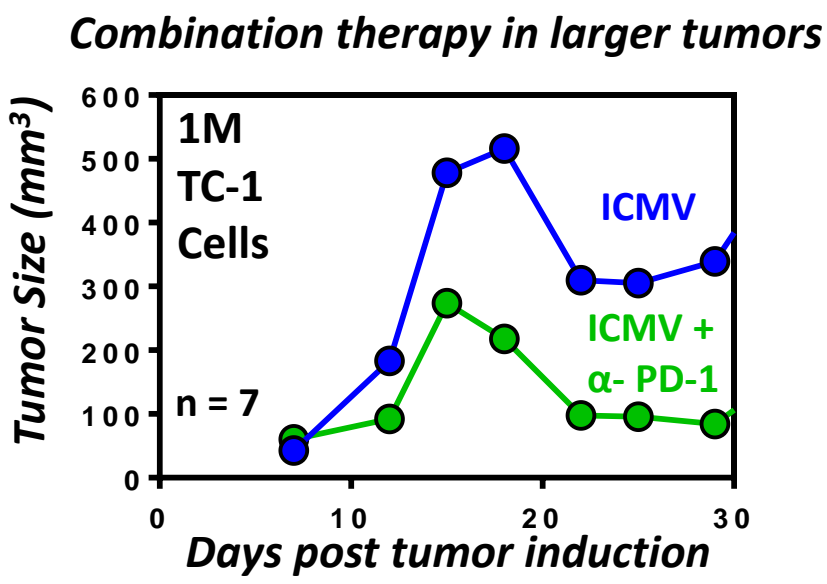
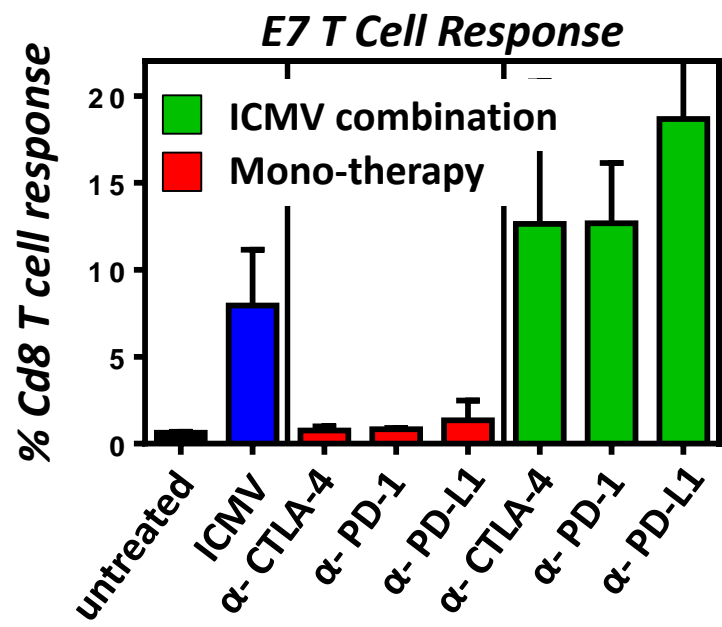


Compare to Advaxis Live E7-Listeria with  $\alpha$ -PD-1



**ICMVs outperform Live Vector +  $\alpha$ -PD-1**

# Checkpoint inhibitors work with ICMV therapy



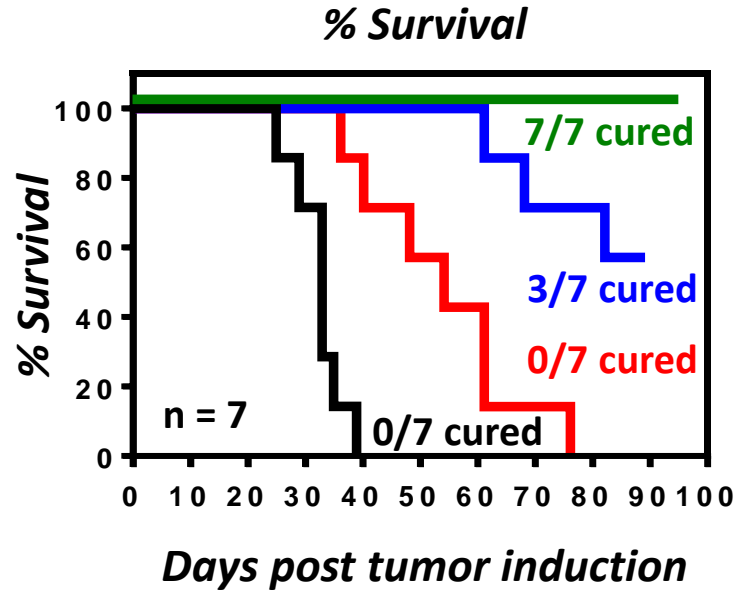
Checkpoint inhibitors amplify ICMV CD8 T Cell response and kill tumors!

# ICMV therapy is synergistic with Treg inhibition

- untreated
- ICMV
- Cyclophosphamide (CPM) only\*
- ICMV + CPM

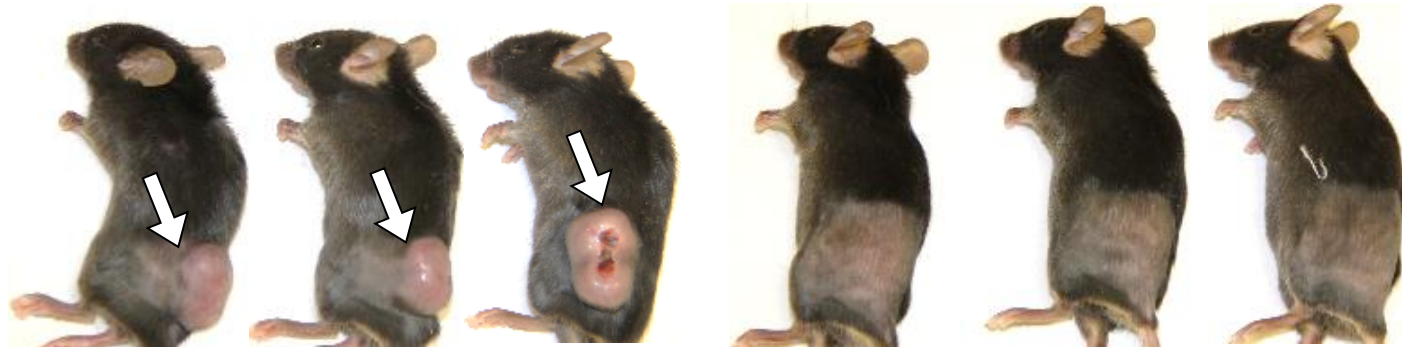
## timeline

Day	Activity
0	Tumor Cells
6	Treatment
13	Treatment
20	Treatment
49	Monitor Tumor Size

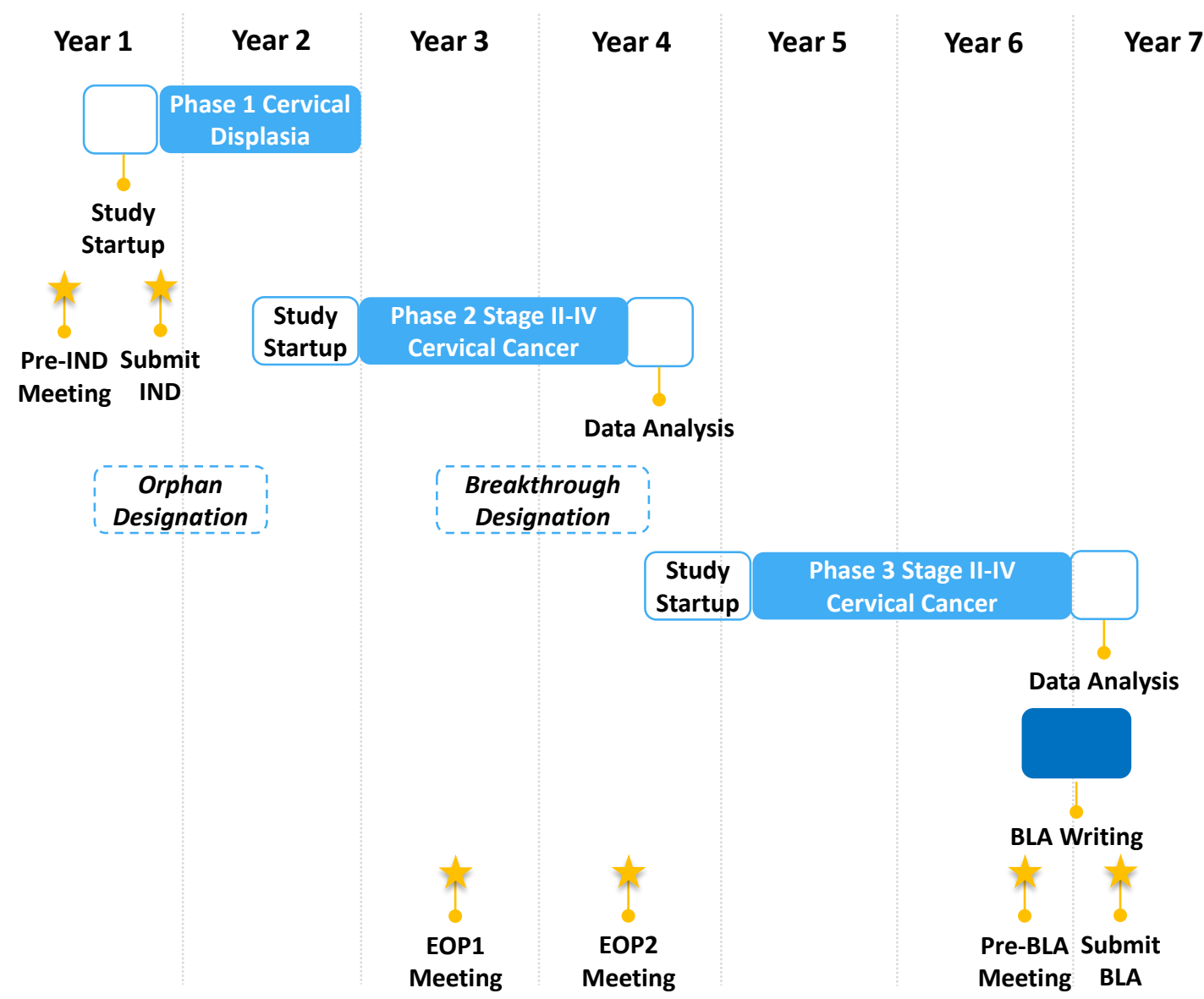


untreated: 0/7 cured

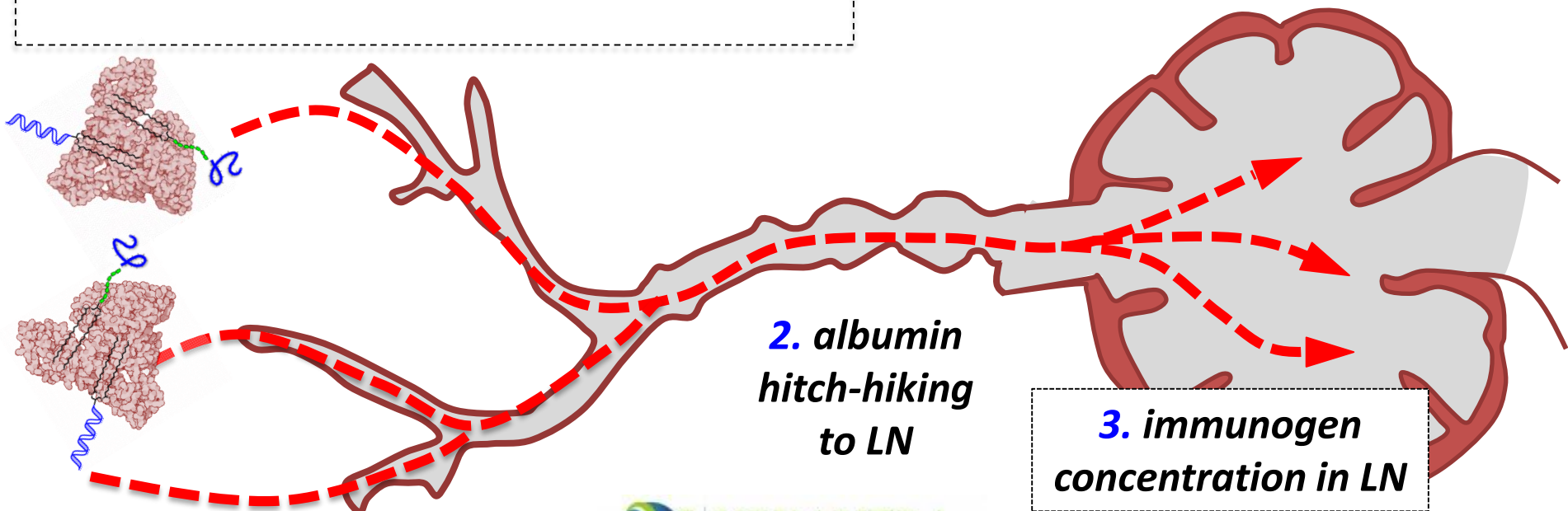
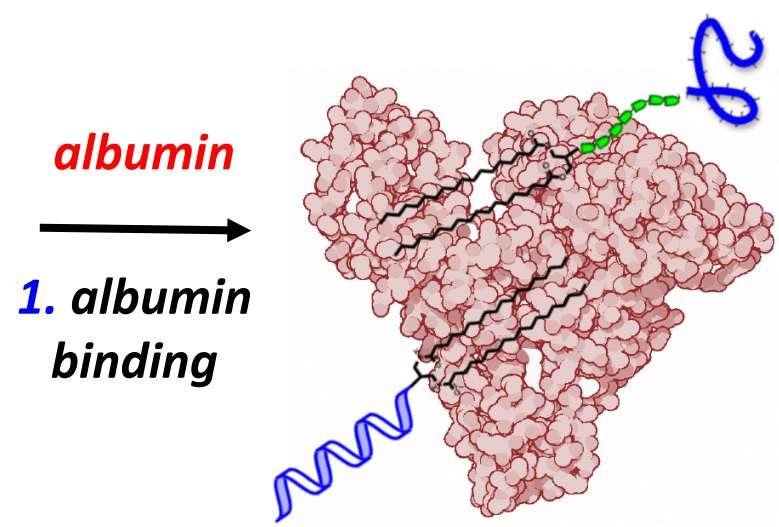
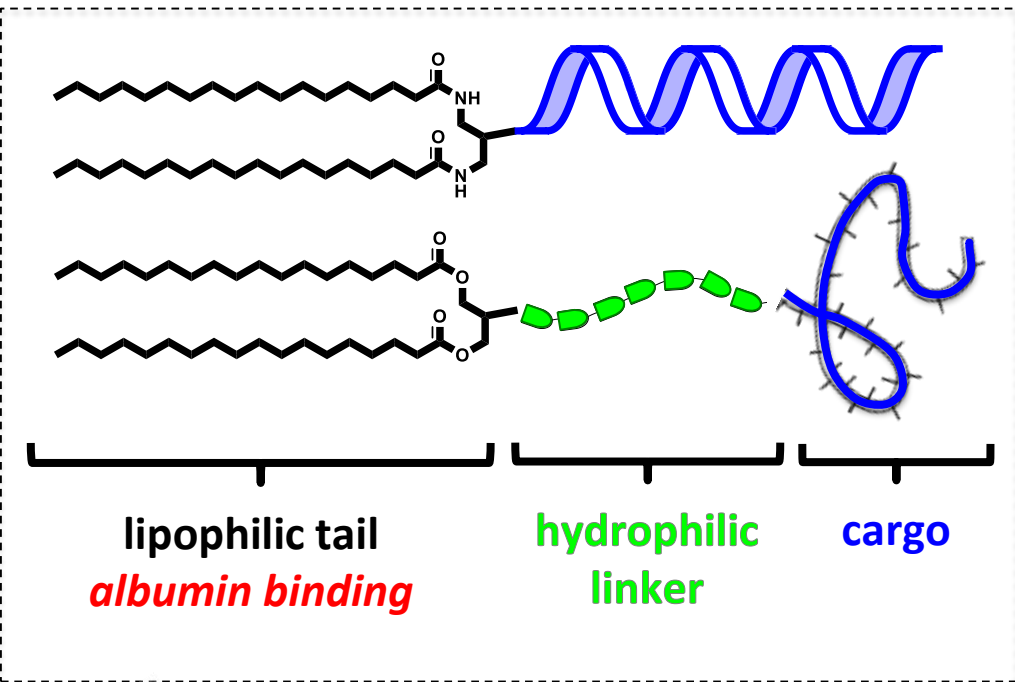
ICMV + CPM: 7/7 cured



# Clinical program: *ICMV therapy for HPV-induced Cancers*



# Amphiphiles hitch-hike on albumin into lymph nodes



**molecular adjuvant: CpG DNA**

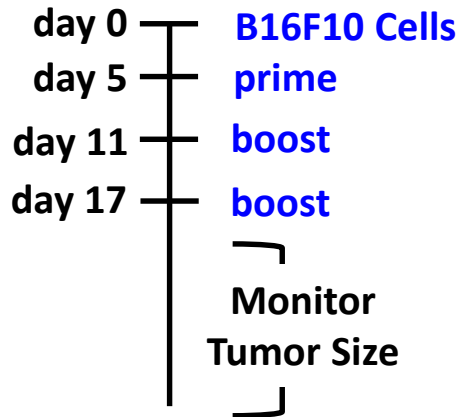
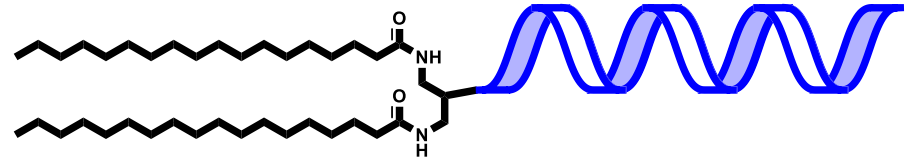
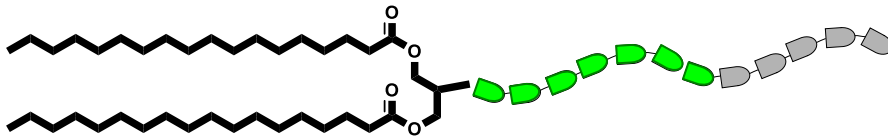


Figure 1 is a line graph showing the Average Tumor Area (mm<sup>2</sup>) on the Y-axis (ranging from 0 to 240) versus Days post Tumor Inoculation on the X-axis (ranging from 3 to 25). Three treatment groups are compared: No Treatment (black circles), Trp2+CpG (red squares), and amph-Trp2 + amph-CpG (purple triangles). The graph indicates the timing of the 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> doses of the treatments. The amph-Trp2 + amph-CpG group shows the lowest tumor growth, followed by the Trp2+CpG group, and the No Treatment group shows the highest tumor growth.

Days post Tumor Inoculation	No Treatment (mm <sup>2</sup> )	Trp2+CpG (mm <sup>2</sup> )	amph-Trp2 + amph-CpG (mm <sup>2</sup> )
5	~10	~10	~10
7	~15	~15	~15
9	~25	~25	~20
11	~45	~40	~25
13	~70	~65	~30
15	~105	~100	~45
17	~150	~135	~55
19	~195	~160	~60
21	-	-	~65
23	-	-	~95
25	-	-	~130

# Vedantra's Amphiphilic Agents



- Efficient delivery of **peptidic antigens and adjuvants** to site of **CD8+ T cell activation**
- Applications:
  - Targeted delivery of **neoantigens**
  - Ideally suited to **personalized medicine** paradigm
  - Improved safety for **adjuvant delivery**

# ***Vedantra Executive Summary***

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**An immunotherapy company focused on developing products for **cancer** and **infectious disease**.**

**Two Core Technologies** generating strong **CD8+ T-cell and antibody responses**

**Three internal candidates moving towards clinical development:**

- **HPV immunotherapy**: preclinical development candidate identified; application: cervical and head/neck cancers
- **ALK immunotherapy**: IP licensed for protein; discovery candidates identified; application in lung cancer
- **Malaria vaccine**: non-human primate study on-going at NIH

**Collaborative exploratory research** with other companies in:

- Cancer: adjuvant delivery, neoantigen presentation
- Infectious Disease: HIV, HSV, TB

## Board of Directors

**William Koster, PhD (chair)**

**previous SVP, BMS; CEO, Neurogen Corp.**

**Steven Deitcher, MD**

**CEO, Medeor; Former CEO, Talon**

**Satish Jindal, PhD**

**Co-founder; Co-founder Verastem; former VP, BMS**

**Isaac Kohlberg, MBA**

**Chief Technology Development Officer, Harvard University**

## Scientific and Management Team

**William Koster, PhD**

**Executive Chairman**

**Mark Carthy, MBA**

**Business Advisor to Board, previous Vertex, Cubist**

**Dan Geffken, MBA**

**Interim CFO; founder and managing director, Danforth Advisors**

**Darrell J. Irvine, PhD**

**Founder and Scientific Consultant**

**George Siber, MD**

**Consultant; former EVP, Wyeth Vaccines**



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