

BCI Pharma – FLT3 project

Strategy

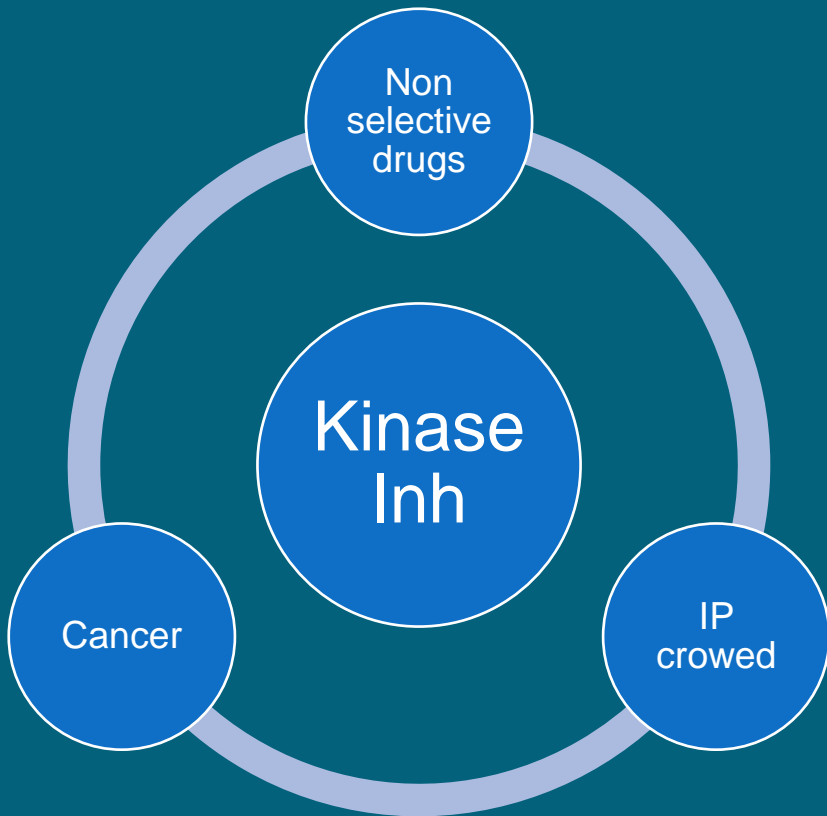
Platform of
Selective,
Potent ,
Novel kinase Inh.

Medicinal chemistry

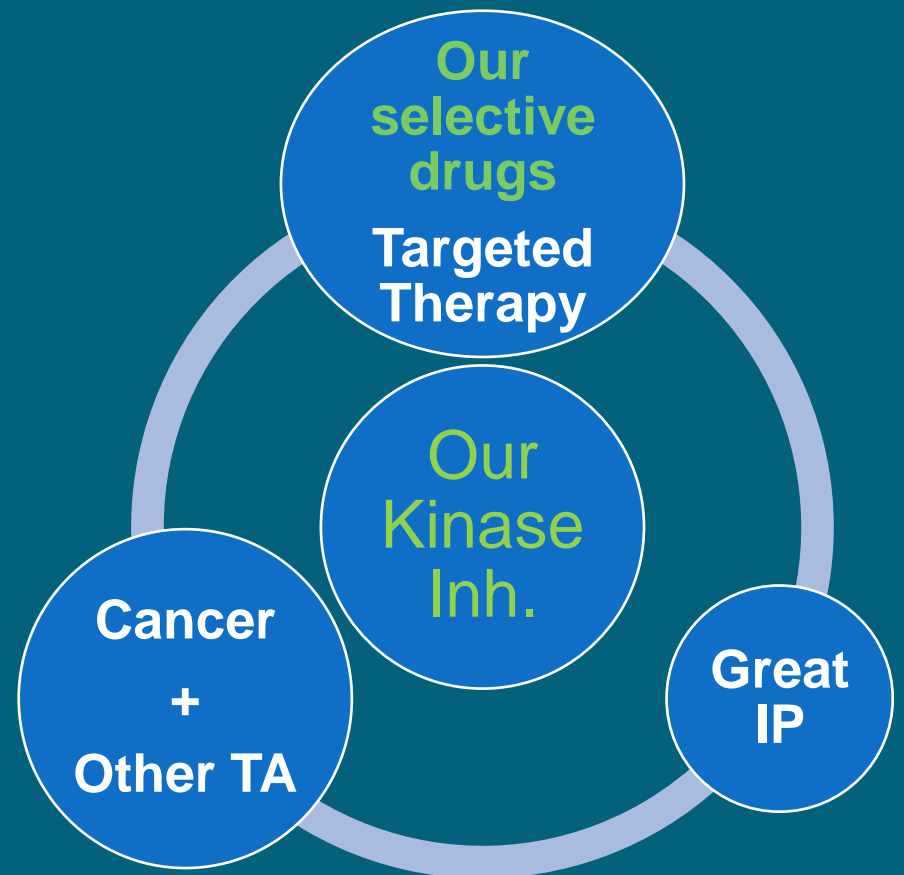
Innovative
Therapy for
Cancer,
Inflammation,
Pain, neuro-
inflammation

BCI Pharma, a disruptive techno

Now



Future



Technology 2 Clients/Partnership

Selective FLT3 Series BCI-332

Cancer
=
AML

Neuropathic pain

Autoimmune disease
Psoriasis (Expert
opinion, 1685, 2008)

X= Clients

YYYYY= Partners

Short term goals

Start clinical development of our Accute Myeloid Leukemia (AML) new treatment

Identify the best combo to cure AML

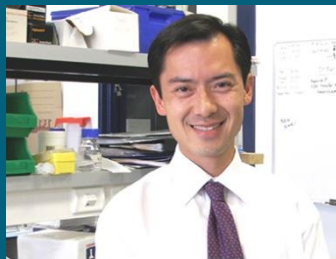
Identify clinical candidate for neuropathic pain (NP)

Cure AML with a safe combo



Targeted Therapies Could
Revolutionize AML Treatment

Raoul Tibes, M.D., Ph.D. - Mayo Clinic Faculty



Targeted therapies
offer fresh hope for AML

Dr Andrew Wei ,Alfred Hospital and Monash University, Melbourne, Australia.

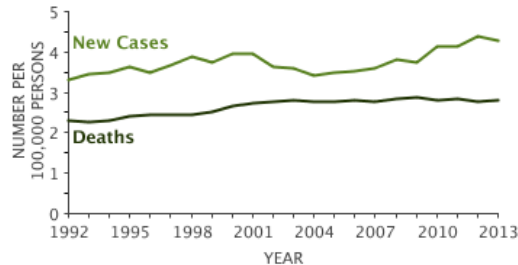
BCI-332 – AML (I)

- Market 1,6 billion
- Combo
- Comp : Midostaurin
- Collaboration: Auckland

AML-US

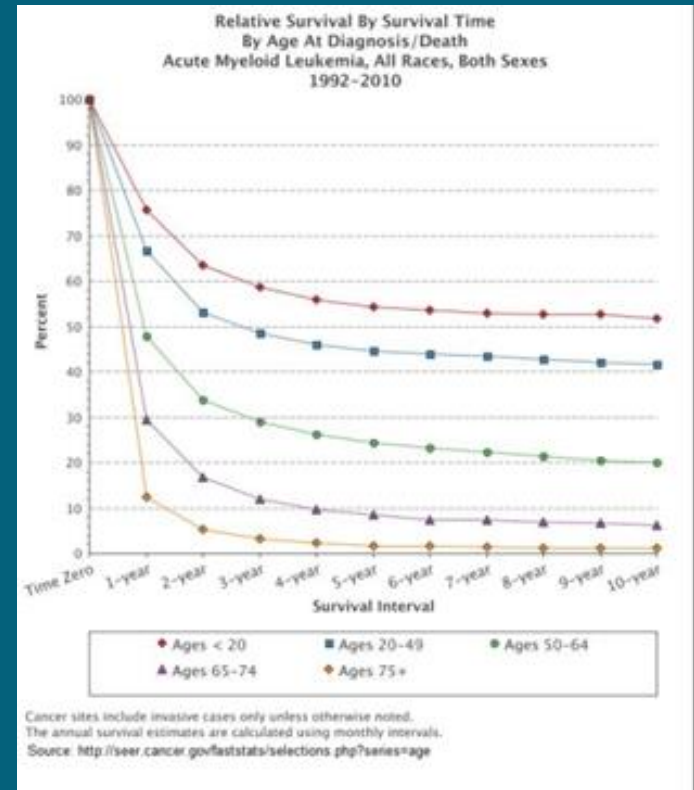


Estimated New Cases in 2016	19,950
% of All New Cancer Cases	1.2%
Estimated Deaths in 2016	10,430
% of All Cancer Deaths	1.8%

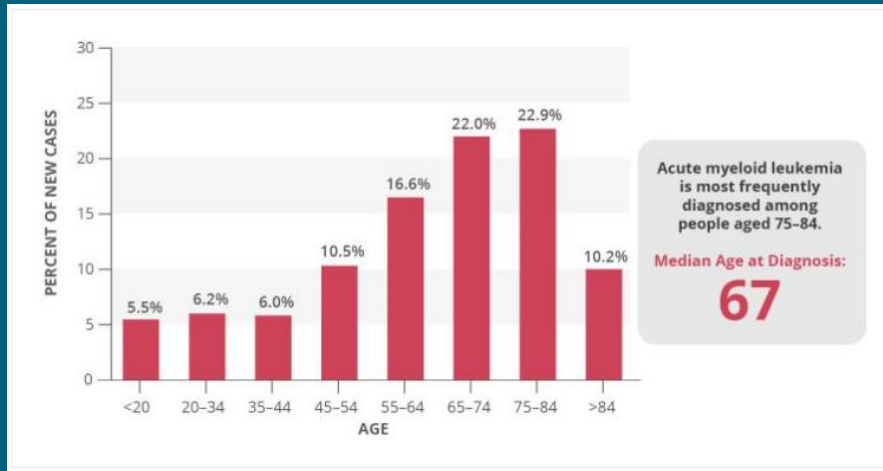


Percent Surviving 5 Years
26.6%
2006-2012

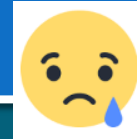
Number of New Cases and Deaths per 100,000: The number of new cases of acute myeloid leukemia was 4.1 per 100,000 men and women per year. The number of deaths was 2.8 per 100,000 men and women per year. These rates are age-adjusted and based on 2009-2013 cases and deaths.



BCI-332 – AML (II)



Elderly patients with AML who have comorbidities may have a **poorer tolerance to chemotherapy**



Need selective drug = less side effect = **BCI Pharma**



BCI-332 - NP

- Market 7 billion
- Monotherapy

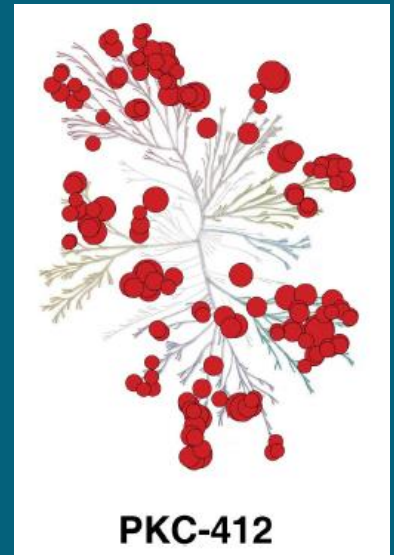
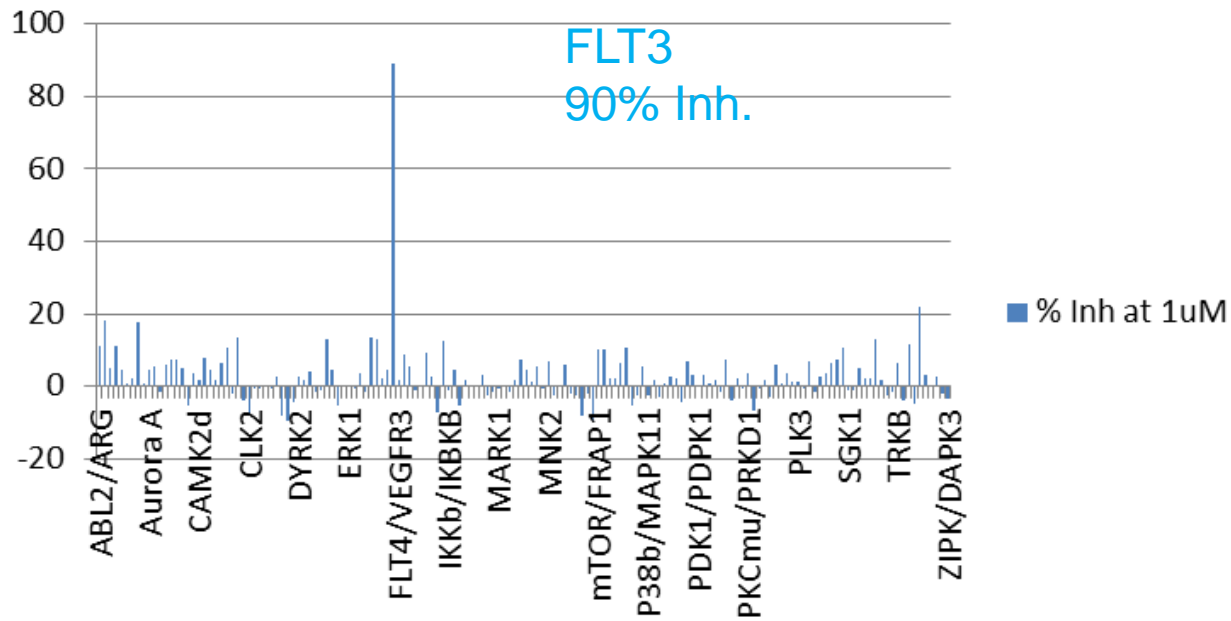
- Ant Na
- Partnership : to be identified

Our competitors

Compound	Ref Cpds	Company	Selectivity	Clinical stage
Crenolanib	CP-868	<i>Arog Pharmaceuticals</i>	FLT3,PDGFR,cKIT	Phase III
Quizartinib	AC-220	Ambit-Daiichi	FLT3,PDGFR, CSFR,cKIT	Phase III
Gilteritinib	ASP2215	Astella	FLT3, Ret, AXL, cKIT	Phase III
Midostaurin	PKC-412	Novartis	FLT3, VEGFR2, cKIT, PDGFR, PKc	Phase III

Selectivity of BCI-332

% Inh at 1uM



PKC-412

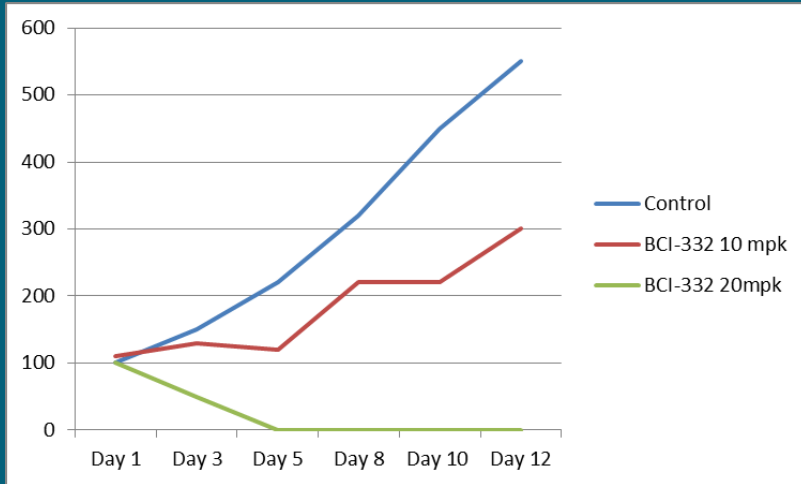
Midostaurin, phase III

IC(50)nM cancer cell

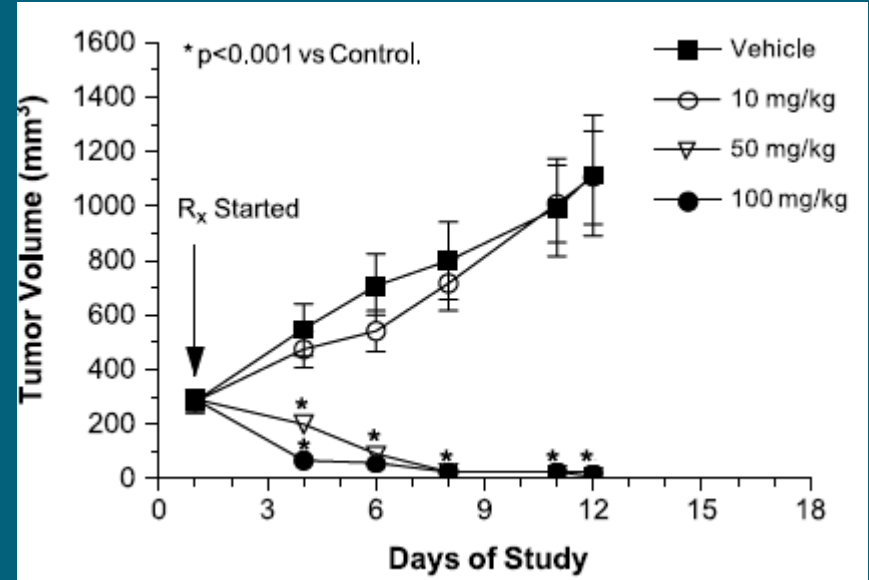
Compounds	Molm-13	Mv4-11
Crenolanib	2.1	2.5
BCI-332	13.0	56.0
BCI-353	7.5	29.0
BCI-475	0.5	0.8
BCI-476	4.4	19.0
BCI-492	3.6	22.0
BCI-513	1.3	4.0
BCI-518	0.4	0.4
BCI-519	0.5	1.4
BCI-555	1.8	9.3

Very potent drugs
below nM

Efficacy of BCI-332 in a subcutaneous mice model of MV4-11 cell line



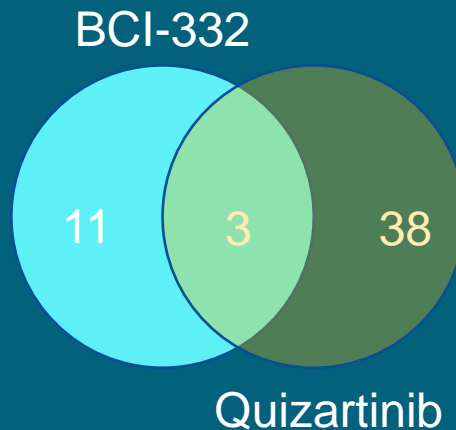
%Inh of tumor grow at
10 or 20mpk, po, QD dosing



JNJ-28312141, BID dosing
Mol Cancer Ther, 8, 3151, 2009
MV-4-11 cell line

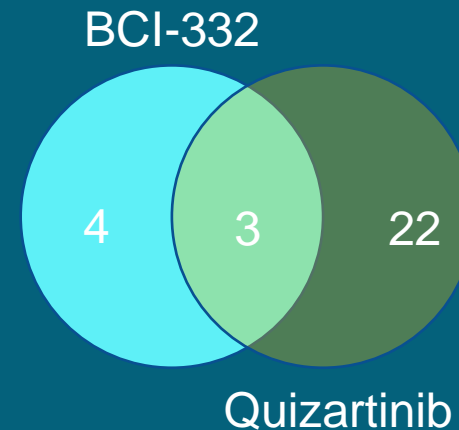
Identify the best combo to cure AML

MOLM13



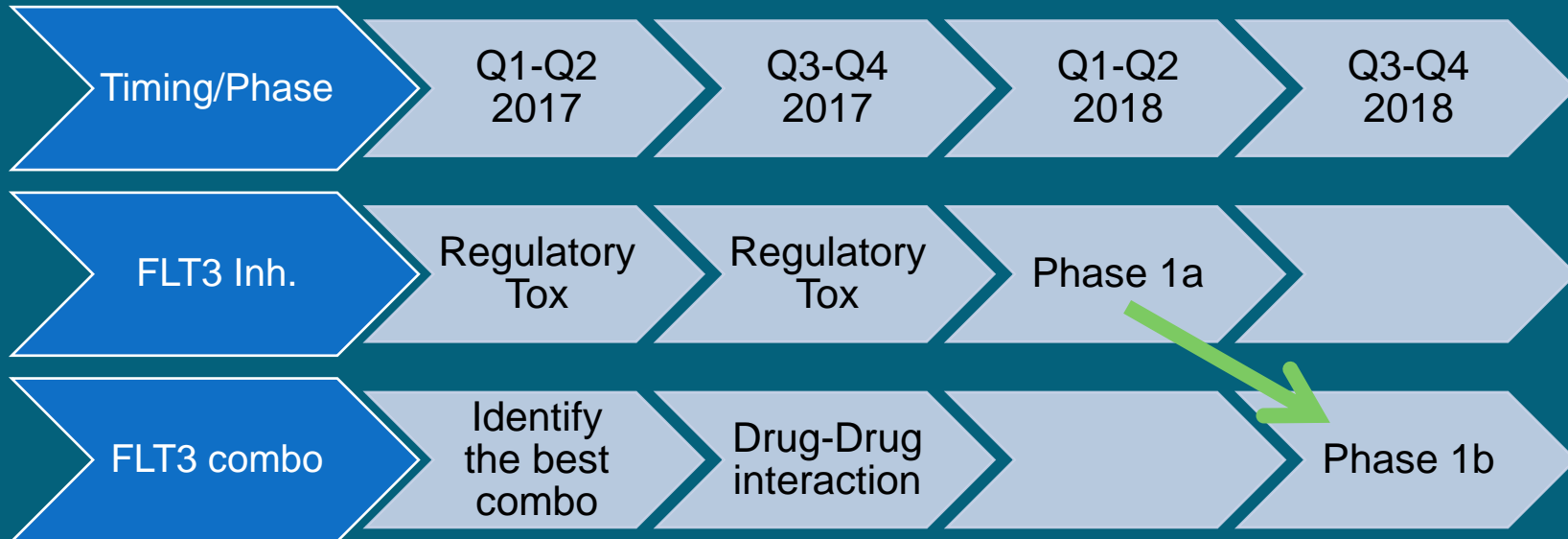
Drug	Target/function	Drug class	sDSS Quizartinib	sDSS BCI-332
Refametinib	MEK1/2 inhibitor	B. Kinase inhibitor	7	8
PF-04691502	PI3K/mTOR inhibitor	B. Kinase inhibitor	7,8	6,9
Pimasertib	MEK1/2 inhibitor	B. Kinase inhibitor	9	11,2

OCI-AML3



Drug	Target/function	Drug class	sDSS Quizartinib	sDSS BCI-332
MK-0752	gamma-secretase/notch inhibitor	X. Other	5,7	6,6
IOX-2	PHD2 inhibitor	E. Differentiating/ epigenetic modifier	8,8	5,4
BMS-777607	Met, Axl, Ron and Tyro3 inhibitor	B. Kinase inhibitor	6	7,2

Timing of AML cure project



L
i
c
e
n
c
e

Goal = Propose very potent and clean combo to **cure** AML



Clinical phase

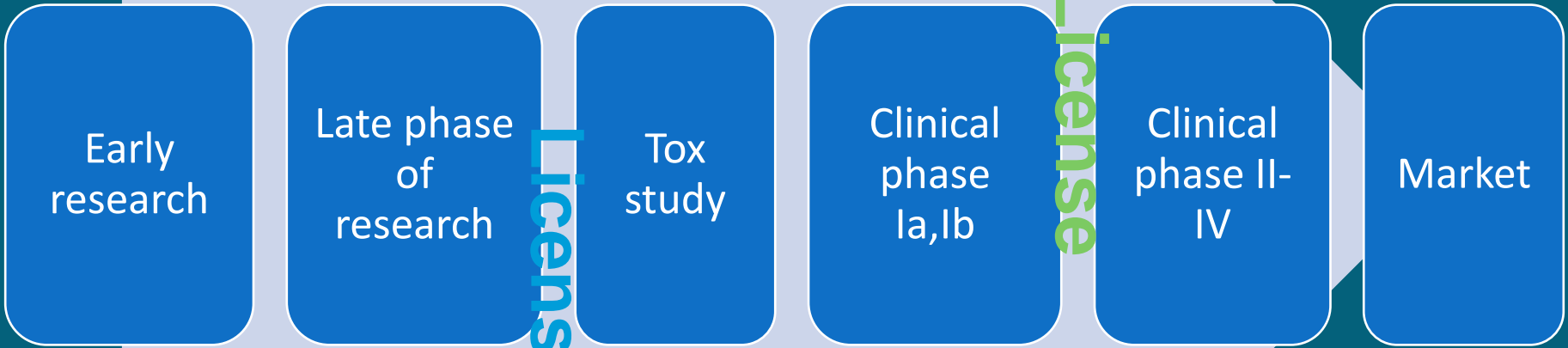
- Phase 1a
 - End point = safety, tolerability, pharmacokinetic and pharmacodynamic
- Phase 1b
 - Combo in relapsed/refractory patient
 - Or
 - Elderly population with many comorbidities and no further treatment options
 - End point = CR and CRi and overall survival
 - Recommended dose for phase 2

Timing of projects

AML

Today

2018

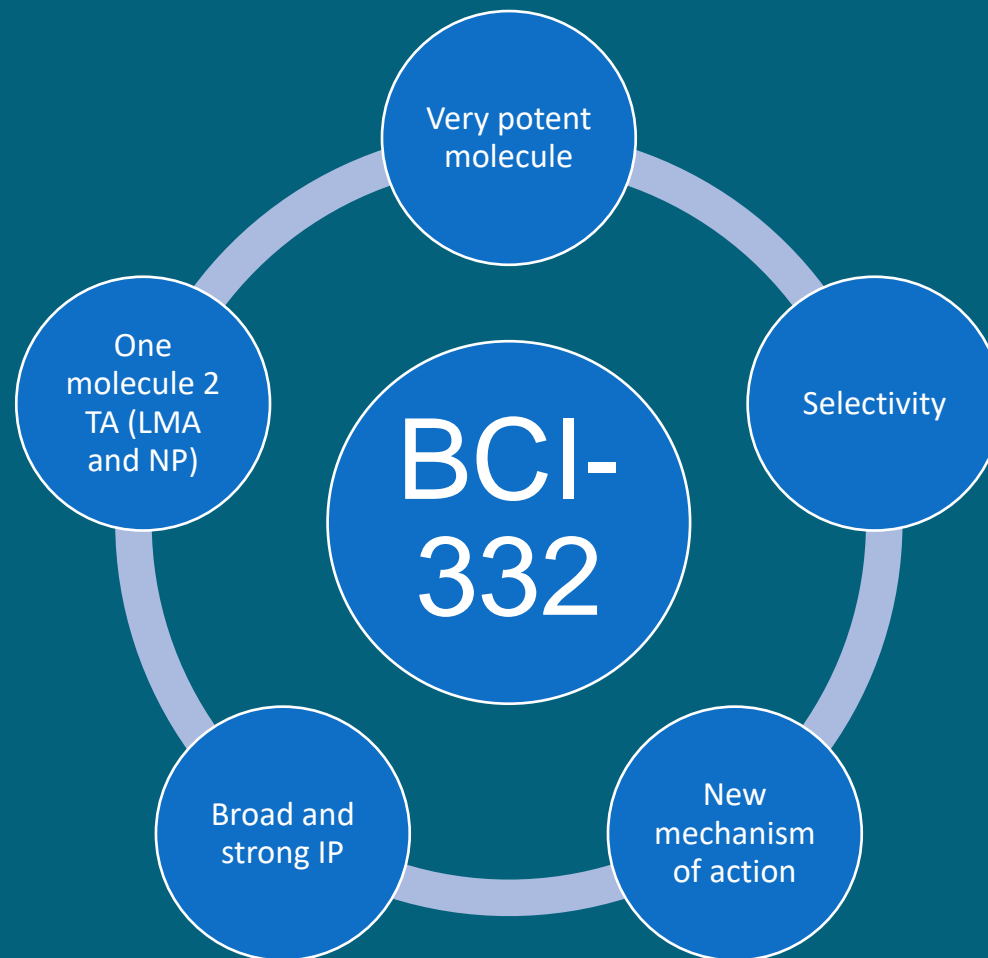


NP

Today

2017

Our competitive advantages



Thanks

Dominique.surleraux@bci-pharma.com

<http://www.bci-pharma.com/>

References

- FLT3-autoimmune
 - Expert opinion, 1685, 2008
 - Gastroenterology Research and Practice, 1, 2014.
 - Gut. 2012 August ; 61(8): 1154–1162
 - Gut 2005;54:228–236.
 - Immunol Res (2014) 60:112–126
 - BLOOD, VOLUME 114, NUMBER 4, 835, 2009