

## Debio 0228, Targeted Radiotherapy

May 2023

#### Executive Summary

Radioligand therapy targeting Carbonic Anhydrase 9 (CAIX) Program

- Radioligand therapy is an exciting field in oncology
- Debio 0228 has the potential to be the first-in-class peptide theranostic pair to treat multiple tumor types and **attain blockbuster status**
- CAIX offers a potential target to deliver radiotherapy to the core of the cancer
- Pre-clinical data package is complete
- First-in-human study was initiated in Q1 2023 with a market exclusivity expected until 2047

#### **Value Drivers**

# Potential long period of commercial exclusivity in multiple indications





## The Challenge

Take Radiotherapy to the Next Level

## Current Issues with Radiotherapy

# Radiotherapy is a proven standard of care but important limitations still exist



#### **Toxicity burden**

Intrinsic damage to healthy tissues Administration of multiple fractionated treatment cycles Dose limiting toxicities



#### **Extended Disease**

More efficient when reduced tumor burden Unfeasible if tumor/nodal volume too extensive



#### **Anatomical imaging**

Unfeasible for small lesions or early disease dissemination due to limitations on imaging resolution



## The Target

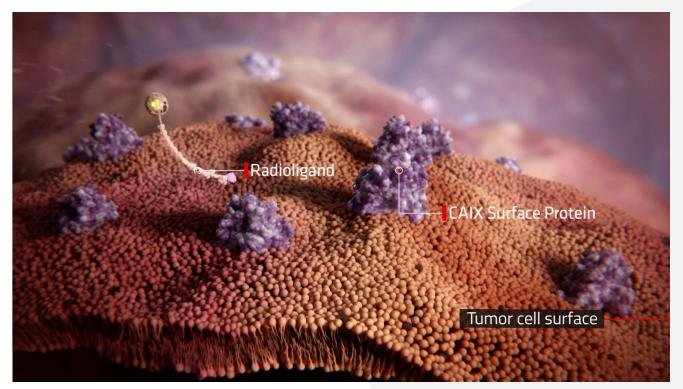
Carbonic Anhydrase 9 (CAIX)

#### Targeted Radiopharmaceuticals

# Targeting the CAIX surface protein and delivering radioactive particles directly to the tumor

When injected into the patient's bloodstream, the targeting agent:

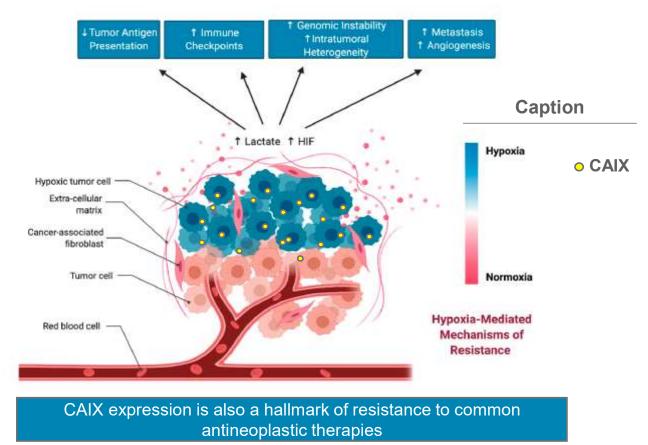
- Attaches to cancer cells by binding to the CAIX target
- Delivers high-dose radiation to tumor
- Spares normal tissues, where CAIX expression is very limited





#### CAIX & Hypoxia

CAIX expression is induced by hypoxia and is a hallmark of tumor aggressiveness & resistance to treatments





Adapted from Vito & al., Cells, 2020

#### Indications

#### **Our first development targets:** renal, pancreatic & colorectal cancers



15'000 deaths in US

 $\rightarrow$  CAIX expression: 85% - estimated<sup>1</sup>



#### **Pancreatic Cancer**

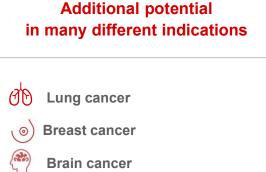
48'000 deaths in US

 $\rightarrow$  CAIX expression: 50% - estimated<sup>2</sup>

#### **Colorectal Cancer** [Fig]

53'000 deaths in US

 $\rightarrow$  CAIX expression: **30%** - estimated



- **Thyroid cancer**
- Head & Neck cancer
- **Mesothelioma** AP
  - Cholangiocarcinoma
  - **Bladder cancer**



Notes: 1: Histology= clear cell; 2: Histology= Adenocarcinoma of the Ductal Epithelium. Source: Globocan (2020) for epidemiology of the disease in US (all histological subtypes, no biomarker)

## Why Targeted Radiotherapeutics?

#### **Precision nuclear medicine**

- Validated yet emerging approach
  - Innovative technologies successfully launched in the past 5 years (Lutathera, Pluvicto)
  - Physicians are excited by this new targeted treatment approach in oncology

#### Sizable market opportunity

- Market is expected to grow to \$30b by 2030<sup>1</sup> worldwide
- Recent deals confirm growing interest of Pharmas

#### Patient centric

- Only treating patients who have a chance to benefit (Treat what you see)
- Targeting radiation directly to the cancer cell allowing a potentially better safety, tolerability profile and quality of life

#### Long Life cycle

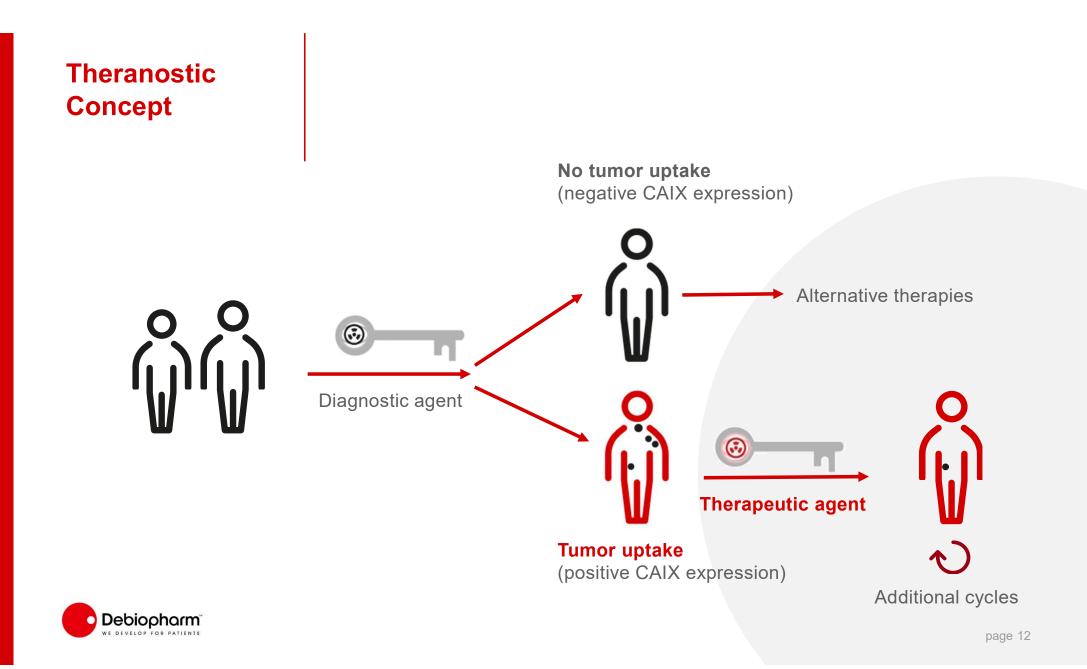
• Complex supply chain coupled with manufacturing know-how may facilitate protection against generics and competitor erosion



Source: <sup>1</sup>MEDraysintell Nuclear Medicine (2020)

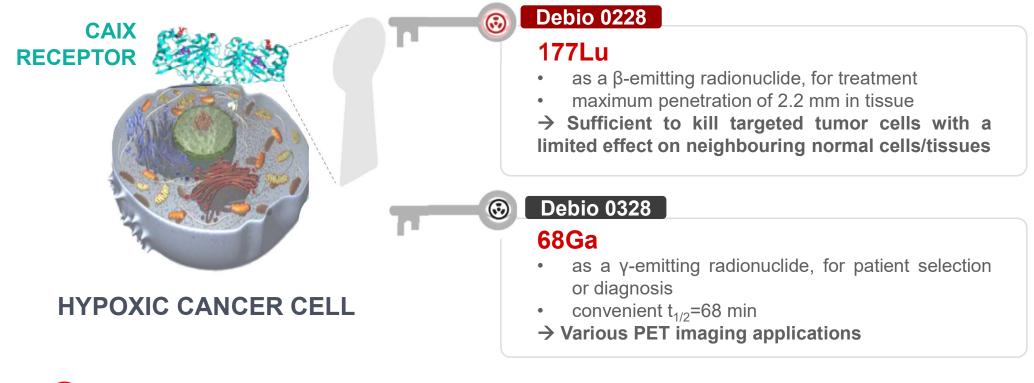
# Our approach

A new ligand radioconjugate, targeting CAIX positive tumors



#### **Theranostic Pair**

# Debio 0228 (<sup>177</sup>Lu) and Debio 0328 (<sup>68</sup>Ga) are a new radiopeptide tandem targeting CAIX



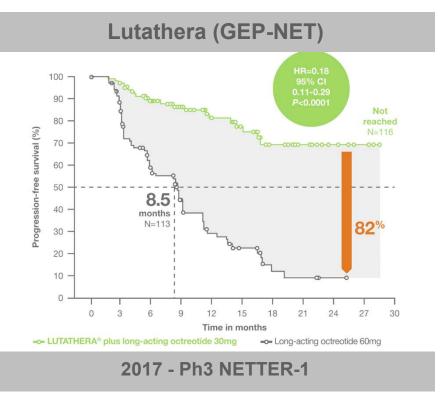


#### Validated Concepts (1/2)

# Improved patient outcomes in both rare diseases and highly prevalent cancers

## 82% reduction in the risk of progression

was shown in the randomized, controlled trial evaluating the efficacy and safety of 177Lu– DOTATE in combination with SOC in patients with advanced, progressive, SSTR–positive midgut NETs



Strosberg J et al. N Engl J Med. 2017 Jan 12;376(2):125-135



#### Validated Concepts (2/2)

38% reduction in the risk of death

#### 60% reduction in the risk of progression

in combination with SOC

#### Improved patient outcomes in both rare diseases and highly prevalent cancers

2021 - Ph3 VISION

**Pluvicto (mCRPC)** <sup>177</sup>Lu-PSMA-617 significantly reduced <sup>177</sup>Lu-PSMA-617 significantly reduced the risk of radiographic progression or death by 60% rPFS HR1: 0.40 (99.2%CI: 0.29, 0.57) Median OS: 15.3 months (14.2, 16.9)3 vs. 11.3 (9.8, 13.5)3 Median rPFS: 8.7 months (7.9, 10.8)<sup>2</sup> vs. 3.4 (2.4, 4.0)<sup>2</sup> 100% + O Censoring times (a) Lu-PSMA-617+BSC/BSoC (n/N = 254/385) O - -O (b) BSC/BSoC only (n/N = 93/196) 90% dazard Ratio = 0.40 80% 99.2 % CI [0.29,0.57] Kaplan-Meier median (%) 70% Lu-PSMA-617+BSC/BSoC : 8.7 months BSC/BSoC only : 3.4 months 60% Logrank 1-sided p-value = <.001 50% 40% 30% 20% 10% 0% io, patients still at Risk 385 373 362 292 272 235 215 194 182 10 12 14 16 18 20 22 24 26 28 30 32 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

1. p<0.001, stratified log-rank test 1-sided 2. 99.2% CI, in line with hypothesis testing strategy 3. 95% CI

Time from randomization (months



N Engl J Med 2021; 385:1091-1103

the risk of death by 38%

OS HR1: 0.62 (95%CI: 0.52, 0.74)

+ O Censoring times

Hazard Ratio = 0.62 95 % CI 10.52.0.741

Kaplan-Meier medians Lu-PSMA-617+BSC/BSoC : 15.3 month

patients still at Risk

535 506 470 425

BSC/BSoC only : 11.3 months Logrank 1-sided p-value = <.0

+-+ (a) Lu-PSMA-617+BSC/BSoC (n/N = 343/551) ---- (b) BSC/BSoC only (n/N = 187/280)

100%

90%

80%

70%

60%

50%

40%

30%

20%

10%

0%

35

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Time from randomization (months

## **Our asset**

#### Debio 0228/0328

#### Potentially first and best in class peptide-based RLT targeting carbonic anhydrase 9

Opportunity	<ul> <li>Treatment of multiple tumor types</li> <li>As monotherapy and in combination</li> <li>Blockbuster potential</li> <li>Enabling chelation with beta and alpha-emitters</li> <li>Potential for long exclusivity period (up to 2047)</li> </ul>
Complete preclinical package	<ul> <li>Cyclic peptide that binds with a high affinity and selectivity to CAIX</li> <li>Better or similar biodistribution profile in animals compared to the marketed products</li> <li>Compelling in-vivo efficacy results in animal models</li> <li>No identified safety issues in the preclinical toxicology studies</li> </ul>
Clinical stage	<ul> <li>Development initiated in indications with high unmet need</li> <li>First-in-human started in Q1 2023</li> <li>Anticipated market entry 2030</li> </ul>

#### <sup>177</sup>Lu-DPI-4452 (Debio 0228)

#### DPI-4452 is a DOTA cyclic peptide which targets CAIX with high affinity and high selectivity

#### DPI-4452 binding to recombinant human CAIX assessed by Surface Plasmon Resonance (SPR)

Compound	K <sub>D</sub> (nM)	T <sub>1/2</sub> (min)
DPI-4452	0.25	99
natLu-DPI-4452	0.16	123
<sup>nat</sup> Ga-DPI-4452	0.20	112

DPI-4452 binds human CAIX <u>with high affinity</u> <u>and long residence time</u>, independent of the conjugation with <sup>nat</sup>Lu or <sup>nat</sup>Ga NatLu-DPI-4452 binding to recombinant human CAs by Surface Plasmon Resonance (SPR)

Target	K <sub>D</sub> (nM)	T <sub>1/2</sub> (min)
hCAIX	0.32	76
hCAIV	> 2'000	n.d
hCAXII	> 2'000	n.d
hCAXIV	> 2'000	n.d

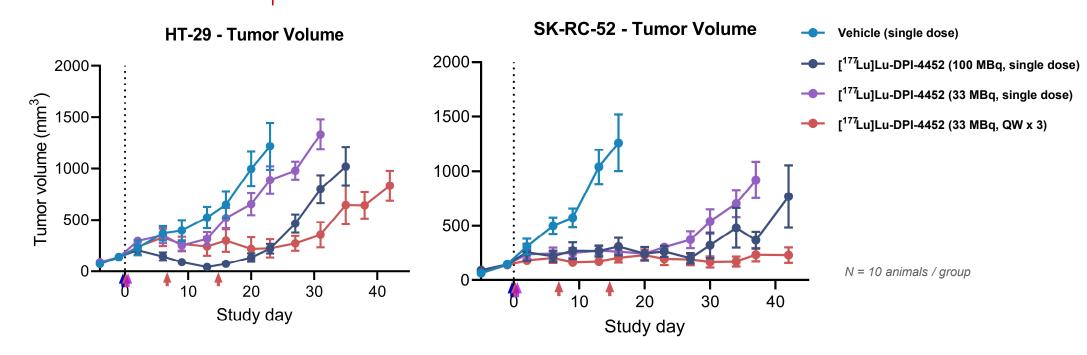
n.d : not defined

DPI-4452 is highly selective for CAIX



<sup>177</sup>Lu-DPI-4452 (Debio 0228)

# <sup>177</sup>Lu-DPI-4452 shows *in vivo* anti-tumoral activity in xenograft mouse models



> Marked Tumor Growth inhibition in both models

➢ Higher efficacy with 3x 33 MBq compared to the 100 MBq group → Fractionation seems beneficial



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# Interested in discussing further?

#### **DEBIOPHARM GROUP**

## we develop for patients

#### **Contact informations**

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