Daiichi Sankyo – Phase 1 Data for EZH1/2 Dual Inhibitor DS-3201 in Patients with Non-Hodgkin Lymphomas

Preliminary exploratory efficacy results from phase 1 study show an overall response rate of 58.8% with single agent DS-3201, an investigational and potential first-in-class EZH1/2 dual inhibitor, in patients with relapsed or refractory non-Hodgkin lymphomas.

An overall response rate of 45.5% (five of 11 patients) was observed with DS-3201 in 11 evaluable patients with B-cell lymphomas, including follicular lymphoma (five patients), diffuse large B-cell lymphoma (three patients), extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (two patients) and lymphoplasmacytic lymphoma (one patient). An overall response rate (ORR) of 83.3% (five of six patients) was observed with DS-3201 in six evaluable patients with T-cell lymphomas, including peripheral T-cell lymphoma not otherwise specified (two patients), angioimmunoblastic T-cell lymphoma (two patients) and adult T-cell leukemia-lymphoma (two patients).

A separate study of DS-3201 is also underway in the US in patients with AML and ALL, underscoring Daiichi Sankyo Cancer Enterprise's commitment to advancing science for blood cancers.

Preliminary exploratory efficacy results from an ongoing phase 1 dose escalation study showed that an ORR of 58.8% (10 of 17 patients) was observed with single agent DS-3201 in 17 evaluable patients with NHLs, including B-cell and T-cell lymphomas, who were relapsed from or refractory to standard treatment or for whom no standard treatment was available. Among the ten patients with response, there were one complete remission and nine partial remissions. Additionally, four patients experienced stable disease and three patients experienced progressive disease.

"Based on these preliminary safety and efficacy data on DS-3201 in a clinical setting, further evaluation of DS-3201 is warranted. As the first dual inhibitor of EZH1 and EZH2 in clinical development, DS-3201 may represent a new epigenetic approach to treating blood cancers. We look forward to reviewing additional data as it becomes available to evaluate the potential of this approach." said Dai Maruyama, MD, PhD, Department of Hematology, National Cancer Center Hospital, Tokyo, Japan.

Following observation of dose-limiting toxicities (DLTs) in three of 18 evaluable patients, dose expansion is ongoing to determine a conclusive recommended phase 2 dose. Four DLTs were observed in three patients who received either the 200 or 300mg dose: there were three cases of temporary grade 4 platelet count decreases (one patient in the 200mg cohort and two patients in the 300mg cohort) and one case of grade 3 anemia requiring transfusion in a patient in the 300mg cohort. Preliminary safety data from 18 evaluable patients in the study also were reported. The most common treatment emergent hematologic adverse events of any grade seen in all patients included decreased platelet count (77.8%), anemia (55.6%), decreased lymphocyte count (50.0 percent) and decreased neutrophil count (44.4%). The most common treatment emergent non-hematologic adverse events were dysgeusia (50.0%), alopecia (33.3%), diarrhea (22.2%), decreased appetite (22.2%), nasopharyngitis (22.2%), alanine aminotransferase increased (22.2%), rash (16.7%), aspartate aminotransferase increased (16.7%) and dry skin (16.7%). One serious adverse event of grade 3 pneumocystis jirovecii pneumonia (PJP) led to discontinuation from the study. There was one additional non-serious case of PJP observed, leading to the institution of prophylactic treatment for all subsequent patients enrolled into the study.

DS-3201 targets epigenetic regulation by inhibiting both the EZH1 (enhancer of zeste homolog 1) and EZH2 (enhancer of zeste homolog 2) enzymes, which may reactivate various genes that have been silenced by the protein H3K27me3.1 Reactivation of the silenced genes has been shown to result in decreased proliferation of EZH2-expressing cancer cells. Preclinical research has shown that DS-3201 suppressed trimethylation of H3K27 in cells (IC50: 0.55 nM) more potently than EZH2 selective inhibitors [1].

"Targeting epigenetic regulation is an approach to treating cancer that aims to reverse aberrant epigenetic changes that contribute to cancer cell growth and to maintain normal gene expression. The dual inhibition of EZH1/2 is theoretically able to provide a different spectrum of activity compared to EZH2-specific inhibitors already in the clinic. Our phase 1 program is designed to address the question of the potential benefit for this dual mode of action. In addition to the phase 1 study in non-Hodgkin lymphomas, we also are evaluating targeting epigenetic regulation with DS-3201 in patients with acute myeloid leukemia and acute lymphocytic leukemia" said Antoine Yver, MD, MSc, Executive Vice President and Global Head, Oncology Research and Development, Daiichi Sankyo.

Non-Hodgkin Lymphoma

Non-Hodgkin lymphoma (NHL) is a form of cancer that originates in lymphocytes, a type of white blood cell [2]. The two main types of NHL are B-cell lymphomas and T-cell lymphomas, which are classified into subtypes based on the origin and stage of the cancer [2]. There were an estimated 386,000 new cases and about 200,000 deaths globally from NHL in 2012 [3]. In Japan, there were nearly 21,000 new cases of NHL in 2012, accounting for around five percent of cases worldwide [3]. While recent treatment advances have led to improved outcomes for patients with certain types of NHL, patients with aggressive NHL subtypes or relapsed or refractory disease still face a poor prognosis [2,4].

About the DS-3201 Phase 1 Study

A multicenter, non-randomised, open-label phase 1 dose escalation trial in Japan is enrolling adult patients with non-Hodgkin lymphomas (NHL) who have relapsed from or are refractory to standard treatment or for whom no standard treatment is available. The primary objectives are to evaluate the safety and pharmacokinetics of multiple-dose monotherapy of DS-3201 and to determine the recommended phase 2 dose. Secondary objectives are to determine the maximum tolerated dose of DS-3201 and to conduct exploratory evaluations of DS-3201-related biomarkers and the efficacy of DS-3201. ***For more information about the clinical trial, visit ClinicalTrials.gov.***

About DS-3201

Part of the AML Franchise of the Daiichi Sankyo Cancer Enterprise, DS-3201 is an investigational and potential first-in-class EZH1/2 dual inhibitor in phase 1 clinical development for hematologic cancers including acute myeloid leukemia (AML), acute lymphocytic leukemia (ALL) and

non-Hodgkin lymphoma (NHL). DS-3201 is an investigational agent that has not been approved by the FDA or any other regulatory agency worldwide as a treatment for any indication. Safety and efficacy have not been established.

About Daiichi Sankyo Cancer Enterprise

The vision of Daiichi Sankyo Cancer Enterprise is to leverage our world-class, innovative science and push beyond traditional thinking in order to create meaningful treatments for patients with cancer. We are dedicated to transforming science into value for patients, and this sense of obligation informs everything we do. Anchored by our Antibody Drug Conjugate (ADC) and Acute Myeloid Leukemia (AML) Franchises, our cancer pipeline includes more than 20 small molecules, monoclonal antibodies and ADCs stemming from our powerful research engines: our two laboratories for biologic/immuno-oncology and small molecules in Japan, and Plexxikon Inc., our small molecule structure-guided R&D center in Berkeley, CA. ***For more information, please visit: www.DSCancerEnterprise.com.***

About Daiichi Sankyo

Daiichi Sankyo Group is dedicated to the creation and supply of innovative pharmaceutical products to address diversified, unmet medical needs of patients in both mature and emerging markets. With over 100 years of scientific expertise and a presence in more than 20 countries, Daiichi Sankyo and its 15,000 employees around the world draw upon a rich legacy of innovation and a robust pipeline of promising new medicines to help people. In addition to a strong portfolio of medicines for hypertension and thrombotic disorders, under the Group's 2025 Vision to become a "Global Pharma Innovator with Competitive Advantage in Oncology," Daiichi Sankyo research and development is primarily focused on bringing forth novel therapies in oncology, including immuno-oncology, with additional focus on new horizon areas, such as pain management, neurodegenerative diseases, heart and kidney diseases, and other rare diseases. For more information, please visit: www.daiichisankyo.com. Daiichi Sankyo, Inc., headquartered in Basking Ridge, New Jersey, is a member of the Daiichi Sankyo Group. ***For more information on Daiichi Sankyo, Inc., please visit: www.dsi.com.***

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Scancell Holdings Plc and Cancer Research UK collaborate to advance novel cancer immunotherapy into clinical trials

Cancer Research UK is about to take SCIB2 into a Phase 1/2 trials for patients with a range of solid tumours

Scancell Holdings PLC, a developer of novel immunotherapies for the treatment of cancer, and Cancer Research UK, the world's leading cancer charity, are pleased to announce that they have entered into a Clinical Development Partnership to develop Scancell's ImmunoBody® vaccine, SCIB2, for the treatment of patients with solid tumours, including non-small cell lung cancer (NSCLC).

Scancell's ImmunoBody® immunotherapy platform activates the body's immune system by enhancing the uptake and presentation of cancer antigens to help target and eliminate cancer cells. SCIB2, Scancell's second ImmunoBody® therapy, targets an antigen called NY-ESO-1, which is expressed on a range of solid tumours, including NSCLC and oesophageal, ovarian, bladder and prostate cancers, as well as neuroblastoma, melanoma and sarcoma.

Under the terms of the Clinical Development Partnership, Cancer Research UK will fund and sponsor a UK-based Phase 1/2 clinical trial of SCIB2 in combination with a checkpoint inhibitor in patients with solid tumours, focusing on NSCLC in the first instance. The charity's Centre for Drug Development (CDD) will be responsible for manufacturing the clinical trial supplies of SCIB2, conducting pre-clinical testing, sponsoring and managing the clinical trial, including the clinical trial timelines.

Following completion of the Phase 1/2 clinical trial, Scancell will have the option to acquire the rights to the data to support further development of SCIB2 itself. If Scancell elects not to exercise the option, Cancer Research UK will retain the right to take the SCIB2 programme forward in all indications.

Professor Lindy Durrant, Chief Scientific Officer of Scancell, commented: "We are delighted to announce this partnership with Cancer Research UK, which is a significant endorsement for our ImmunoBody® technology. The charity's world-renowned expertise will no doubt be invaluable as we progress SCIB2 through the clinic. In pre-clinical studies, we have shown that a combination of SCIB2 and checkpoint inhibition produces enhanced tumour destruction and significantly longer survival times than when either treatment was used alone. We believe SCIB2 has the potential to provide a much needed treatment option for patients suffering from a range of common solid tumours."

Dr Nigel Blackburn, Cancer Research UK's director of drug development, said: "We're excited to be giving our extensive expertise and experience in drug development to move this immunotherapy treatment into the clinic.

"This collaboration will ensure that this innovative vaccine reaches patients sooner and could bring about urgently needed improvements for some cancers which can be hard to treat, including lung cancer – a disease where survival rates remain stubbornly low."

About Scancell

Scancell is developing novel immunotherapies for the treatment of cancer based on its ImmunoBody® and Moditope® technology platforms. Scancell's first ImmunoBody®, SCIB1 is being developed for the treatment

of melanoma. Data from the Phase 1/2 clinical trial demonstrate that SCIB1, when used as monotherapy, has a marked effect on tumour load, produces a melanoma-specific immune response and highly encouraging survival trend without serious side effects. In patients with resected disease there is increasing evidence to suggest that SCIB1 may delay or prevent disease recurrence.

Scancell's ImmunoBody® vaccines target dendritic cells and stimulate both parts of the cellular immune system: the helper cell system where inflammation is stimulated at the tumour site, and the cytotoxic T-lymphocyte or CTL response where immune system cells are primed to recognise and kill specific cells.

Pre-clinical data on a combination of SCIB1 or SCIB2 and checkpoint inhibition (blockade of the PD-1 or CTLA-4 immune checkpoint pathways) have shown enhanced tumour destruction and significantly longer survival times than when either treatment was used alone.

Scancell has also identified and patented a series of modified epitopes that stimulate the production of killer CD4+ T cells that have the ability to destroy tumours with minimal toxicity. The Directors believe that the Moditope® platform could play a major role in the development of safe and effective cancer immunotherapies in the future.

About Cancer Research UK's Clinical Development Partnerships

CDP is a Cancer Research UK initiative that aims to develop promising anti-cancer agents from companies that are not able to take them through early phase clinical trials themselves. Under the scheme, Cancer Research UK sponsors and funds early clinical development, while companies retain all underlying rights to their programmes. At the end of the study, companies can decide if they wish to develop the drug further based on the clinical trial results. If they choose not to, the charity may secure an alternative partner and ensure the drug has every possible chance of reaching patients, with a share of future income returned to Cancer Research UK.

Cancer Research UK's Centre for Drug Development

Cancer Research UK has an impressive record of developing novel treatments for cancer. The Cancer Research UK Centre for Drug Development, formerly the Drug Development Office, has been pioneering the development of new cancer treatments for 25 years, taking over 140 potential new anti-cancer agents into clinical trials in patients. It currently has a portfolio of around 30 new anti-cancer agents in preclinical development, Phase I or early Phase II clinical trials. Six of these new agents have made it to market including temozolomide for brain cancer, abiraterone for prostate cancer and rucaparib for ovarian cancer. Two other drugs are in late development Phase III trials. This rate of success is comparable to that of any pharmaceutical company.

About Cancer Research UK

Cancer Research UK is the world's leading cancer charity dedicated to saving lives through research. Cancer Research UK's pioneering work into the prevention, diagnosis and treatment of cancer has helped save millions of lives. Cancer Research UK receives no government funding for its life-saving research. Every step it makes towards beating cancer relies on vital donations from the public. Cancer Research UK has been at the heart of the progress that has already seen survival in the UK double in the last 40 years. Today, two in four people survive their cancer for at least 10 years. Cancer Research UK's ambition is to accelerate progress so that by 2034, three in four people will survive their cancer for at least 10 years. Cancer Research UK supports research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. Together with its partners and supporters, Cancer Research UK's vision is to bring forward the day when all cancers are cured.

For further information about Cancer Research UK's work or to find out how to support the charity, please call 0300 123 1022 or visit www.cancerresearchuk.org. Follow us on Twitter and Facebook.

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Xenikos BV report on phase I/II trial with T-Guard™ for treatment of steroid-resistant acute GVHD

Xenikos BV disclosed detailed efficacy and safety data from a clinical phase I/II trial with T-Guard for the second-line treatment of steroid-resistant acute graft-versus-host disease (GVHD).

- Fifty percent day 28 complete responses (CR) and 60% overall survival (OS) at six months in high-risk patient population with 90% lower gastrointestinal tract involvement.
- Rapid recovery of the immune system with a diverse T cell repertoire.

A Phase I/II Study on the Anti-CD3/CD7 Immunotoxin Combination (T-Guard™) for the Treatment of Steroid-Refractory Acute GVHD has been presented by Walter JFM van der Velden, Radboud University Medical Center. Nijmegen, The Netherlands, Seventeen of the 20 patients (85%) in this study suffered from severe steroid resistant-acute GVHD (Grade III-IV), and all had involvement of their visceral organs – gut (18/20; 90%) and liver (5/20; 25%). Twelve of these patients (60%) achieved an overall clinical response (ORR) on day 28, with 10 patients (50%) achieving a complete response (CR). Twelve of the 20 patients were alive at s months (overall survival, (OS), at this time, 60%). The outcomes compared favorably with the most recent historical controls of the participating centers, receiving either infliximab (N=21) or inolimomab/etanercept (N=21), where an ORR and CR was achieved in 52 and 19% of patients, respectively, and OS at six months was 29%. The one-week treatment course resulted in marked in vivo T- and NK-cell depletion, followed by a rapid recovery of the immune system starting right after the last T-Guard infusion with increasing T- and NK-cell numbers and a diverse T cell repertoire, suggesting a rebalancing of the immune system.

Dr van der Velden said that "With a long-term survival rate of only 20%, there is an urgent need for more effective therapies for steroid-refractory acute graft-versus-host disease, especially for those that limit the level of immune suppression after achieving a remission. Indeed, today there are no approved therapies to treat acute GVHD once a patient becomes resistant to or the disease progresses following treatment with steroids. T-Guard has demonstrated promising response rates and overall survival results, allowed for a swift immune reconstitution and proved to be safe and well tolerated. I look forward to the initiation of the pivotal trial with T-Guard, which, if proven safe and effective, I believe could be a potentially game-changing therapy.

We are excited about the data from this important clinical study, providing further evidence for the potential of T-Guard to effectively treat stem cell transplantation patients with this life-threatening medical complication," said Ypke van Oosterhout, PhD, Chief Executive Officer of Xenikos. "We look forward to discussing the results from the phase I/II trial with FDA soon and gaining their input on the design of the pivotal international phase III trial, which we plan to initiate in the first half of 2018 and that is expected to support a future regulatory filing for marketing approval in both the US and Europe."

The study enrolled 20 adult patients with a median age of 53, all of whom had received an allogeneic stem cell transplant for myeloid or lymphoid malignancies, and had Grade II-IV steroid-resistant acute GVHD. Patients were treated with T-Guard administered as a four-hour intravenous infusion every 48 hours for a total of four infusions (4mg/m^2 each). The primary efficacy endpoint was defined as ORR on day 28. Main secondary endpoints were CR rate at day 28 and six-month OS, as well as safety and tolerability.

Treatment with a short course of T-Guard was generally well tolerated with no significant infusion reactions. There was a limited number of potentially T-Guard-related adverse events, which consisted of thrombocytopenia, micro-angiopathy and hypoalbuminemia. The adverse events were manageable and reversible after treatment.

The Company is planning to initiate a pivotal multi-center global active-controlled trial, comparing T-Guard with best-available therapy for steroid-resistant acute GVHD in the first half of 2018.

About Acute Graft-versus-host Disease

Patients who have had an allogeneic stem cell transplant are at high risk of developing graft-versus-host disease (GVHD). The older the person is, the higher the risk for GVHD. GVHD develops when the donor's immune cells mistakenly attack the patient's normal cells. Acute GVHD can occur soon after the transplanted cells begin to appear in the recipient and ranges from mild or moderate to severe, and can be life-threatening if its effects are not controlled. While patients may be successfully treated with steroids, once the disease progresses or if a disease is resistant to treatment, there are currently no approved therapies. The long-term survival of patients with steroid-resistant acute GVHD is only 20% (Calmettes et al., BBMT, 2015); thus, there is an urgent need to develop more effective therapies for this disease.

About T-Guard™

T-Guard is in development for the treatment of steroid-resistant acute graft-versus-host disease (GVHD), a life-threatening immune condition. T-Guard consists of a combination of two toxin-loaded antibodies that target CD3 and CD7 on T and NK cells and shows promise as a therapeutic tool for safely and swiftly rebalancing the body's immune system in T-cell-mediated diseases. Once injected into the body, T-Guard specifically identifies and eliminates adult T- and NK-cells, with a strong preference for the activated T cells. In preclinical testing, T-Guard was shown to be highly effective in killing these cells through non-inflammatory apoptotic mechanisms (programmed cell death), which are associated with minimal side effects. T-Guard's brief but targeted action is believed to leave patients less vulnerable to opportunistic infections when compared to current best available but not yet approved therapies. T-Guard has been granted Orphan Drug Designation in both the EU and US.

Xenikos recently completed a phase I/II study in 20 patients with severe steroid-refractory acute GVHD. Based on

the results, the Company believes that T-Guard has the potential to offer a curative approach with a one-week treatment. Unlike other approaches, which only address symptoms, T-Guard actively restores the immunological balance, providing a durable remedy for patients with this devastating and potentially fatal disease. A registration trial for this indication is expected to start in the first half of 2018. Other areas of future development may include transplant-related rejection, acute solid organ rejection and various severe autoimmune diseases.

About Xenikos B.V.

Xenikos B.V. is developing new, innovative immunotherapies to help restore patients' health and save lives. It is developing new therapies based on the action of conjugated antibodies that enables patients suffering from serious immune diseases or rejection after transplantation to reset their immune systems quickly and efficiently. Its lead product candidate T-Guard is currently being developed for the second-line treatment of steroid-resistant acute GVHD. ***Further information is available at www.xenikos.com.***

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Genetic link found between the immune system and lymphoma

DNA changes identified include several previously associated with autoimmune disease.

From The Institute of Cancer Research, London

In a recent study by scientists at The Institute of Cancer Research, London, they found that people who inherit genetic changes that alter the function of their immune system have a higher risk of developing Hodgkin lymphoma than the rest of the population, being one of the most common cancers in young adults. Six genetic changes are involved, but many of DNA changes can affect the function of the immune system, and three of the genes implicated had previously been associated with autoimmune diseases (e.g. multiple sclerosis, rheumatoid arthritis, lupus). The six changes noted were single base changes in DNA linked to the development of Hodgkin lymphoma, five of which affect the development of B-cells, the cells that are involved in producing antibodies. Clear differences in genetic risk were noted between two different subtypes of Hodgkin Lymphoma, namely nodular sclerosis Hodgkin Lymphoma (NSHL) and mixed cellularity Hodgkin Lymphoma (MCHL). For example, a single base change located in DNA near the gene LPP increased the risk of NSHL by 37%, but had little effect on the risk of developing MCHL.

The researchers stressed that the link did not mean people with autoimmune diseases are at increased risk of lymphoma, but did offer important genetic clues for understanding both lymphoma and autoimmune diseases better. Professor Richard Houlston, head of the Molecular and Population Genetics, said that "Interestingly, we found that some of the genetic changes we have linked to Hodgkin lymphoma have previously been associated with the risk of autoimmune diseases, such as multiple sclerosis and rheumatoid arthritis.

One of the genetic changes identified increases the risk of Hodgkin lymphoma by more than a third, and the others each by at least 15%, information that could point to new targeted drugs for the disease. The findings were published in Nature Communications. The research was funded by a several organisations, including Bloodwise, Cancer Research UK, and the Lymphoma Research Trust. The analysis was made on genetic data from 5,314 cases of Hodgkin lymphoma and 16,749 controls, collating data from four different European investigations, one of the largest ever carried out. For most people, Hodgkin lymphoma can be successfully treated with first-line therapies, but new treatments are needed for cases where first-line treatment has failed.

Professor Paul Workman, Chief Executive of The Institute of Cancer Research, London, remarked that "Understanding the genetic changes that underpin cancer's development is crucial for all aspects of our quest to defeat cancer – to understand which patients are most at risk from different types of cancer, to improve diagnosis, and to develop treatments that are most likely to work for individual patients."

Dr Alasdair Rankin, Director of Research at Bloodwise, said that "Because of research, treatments for many people with Hodgkin lymphoma are now good, and around 80% of all people affected survive in the long-term. Although this is good news, treatments can have long-term health effects, such as infertility and secondary cancers, so finding kinder treatments for Hodgkin lymphoma is important. We welcome this study, which sheds new light on how Hodgkin lymphoma develops."

The Royal Marsden NHS Foundation Trust in its 'bench-to-bedside' approach has intimate association with the ICR making it possible to get results in a way that other institutions cannot. Together these two organisations are rated in the top four centres for cancer research and treatment in the world.

For more information please contact Claire Hastings in the ICR press office on 020 7153 5380 or claire.hastings@icr.ac.uk. For enquiries out of hours, please call 07595 963 613.

University College London Hospital on Truxima® (CT-P10, biosimilar rituximab) in patients with advanced-stage follicular lymphoma

CT-P10 also proven to have pharmacokinetic equivalence to reference rituximab.

New data from University College London Hospitals NHS Foundation Trust (UCLH) on the safety and tolerability of rapid infusion of CT-P10 show that rapid infusion of CT-P10 is well-tolerated across all patient groups, and patients could be safely switched from reference rituximab to CT-P10 without reverting to slower infusion rates [1].

An independent study examined the infusion-related reactions (IRRs) in three different patient groups: rituximab naive, those switching directly from reference rituximab to CT-P10, and those that received their last dose of reference rituximab at least six months prior to the study [1]. Administration of rituximab is associated with IRRs which occur most frequently during the first infusion. To reduce the risk of IRRs, it is the manufacturers' recommendation that the first dose is increased every 30 minutes in 50mg/hour increments resulting in a typical rituximab infusion taking four to six hours. It is common practice however to administer rituximab as a rapid infusion if the first infusion is well-tolerated which reduces infusion time to just over an hour and 30 minutes [1].

Simon Cheesman from the University College London Hospitals NHS Foundation Trust and one of the authors of the study said, "We felt that it was important to investigate the safety of using rapid infusion for CT-P10 as this method of infusion for reference rituximab is of significant benefit to patients, taking hours off their treatment time. The findings from the study should help to increase physician confidence and facilitate the introduction of CT-P10 at centres prescribing rituximab across the UK and beyond".

Man Hoon Kim, President and CEO of Celltrion Healthcare, welcomed the findings from UCLH's study commenting: "The study by UCLH is of significant importance as it demonstrates that CT-P10 can be safely administered as a rapid infusion without physicians having to revert to the slower infusion rate. This not only saves hospitals' valuable time and resources but also greatly improves the patient experience".

Celltrion Healthcare presented pharmacokinetic (PK) data for CT-P10, which compared the PK properties of CT-P10 and reference rituximab according to several relevant clinical factors in patients with advanced-stage follicular lymphoma. The results showed that the PK of CT-P10 is in accordance with historical data about reference rituximab and further supports the PK similarity between CT-P10 and reference rituximab across all patient sub-groups [2].

About CT-P10 (biosimilar rituximab)

CT-P10 is a mAb that targets CD20, a transmembrane protein found on the surface of most B cells. By binding specifically to CD20, CT-P10 depletes B cells by three main mechanisms: Induction of apoptosis, stimulation of CDC (complement-dependent cytotoxicity) and stimulation of ADCC (antibody-dependent cell-mediated cytotoxicity).

CT-P10 is approved in the EU for the treatment of patients with non-Hodgkin lymphoma (NHL), chronic lymphocytic leukaemia, rheumatoid arthritis, granulomatosis with polyangiitis and microscopic polyangiitis. Further details of the approved indications and safety information for CT-P10 are available in the summary of product characteristics (SmPC) [3].

About Advanced FL

Follicular lymphomas are the second most frequent subtype of nodal lymphoid malignancies in Western Europe [4] and are a subtype of NHL [5]. It is a slow-growing lymphoma that develops from B lymphocytes (B cells). It is characterised by painless swelling of the lymph nodes, fever for no apparent reason, drenching night sweats, fatigue, infections and bleeding. Most cases are advanced at the time of diagnosis but since the advent of rituximab, overall survival has increased to in excess of 20 years. It is called 'follicular' lymphoma because the abnormal lymphocytes often collect in lymph nodes in clumps that are known as 'follicles'. Follicular lymphoma is more common in people aged over 65, but it can occur in people of any age.

About CT-P10 Advanced FL 24 week study [6]

This Phase III, randomised, parallel-group, active-controlled, double-blind study aims to demonstrate equivalence of pharmacokinetics and non-inferiority of efficacy for CT-P10 in comparison with reference rituximab, each administered in combination with cyclophosphamide, vincristine, and prednisone (CVP) in patients with advanced FL.

A total of 121 patients were included in the results presented at the ASH meeting [2]. Fifty-nine patients in the CT-P10 group and 62 patients in the reference rituximab group received CT-P10 or reference rituximab plus CVP every three weeks over eight cycles. No statistically significant differences were found between the two groups in PK properties in all subgroup analyses.

Data previously published in The Lancet, Hematology, in 2017 showed that CT-P10 was non-inferior to reference rituximab in advanced FL in terms of efficacy [7].

About Celltrion Healthcare

Celltrion Healthcare conducts the worldwide marketing, sales and distribution of biological medicines developed by Celltrion, Inc. through an extensive global network that spans more than 120 different countries. Celltrion Healthcare's products are manufactured at state-of-the-art mammalian cell culture facilities, designed and built to comply with the US Food and Drug Administration (FDA) cGMP guidelines and the EU GMP guidelines.

For more information please visit: http://www.celltrionhealthcare.com

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SOTIO, a Biotechnology Company Owned by the PPF Group Broadening of its Phase II Clinical Trial Program in Ovarian Cancer

In Prague, November 28, 2017, Sotio announced the enrolment of the first patient to a Phase II study testing DCVAC/OvCa in combination with standard of care chemotherapy for patients with ovarian cancer after first relapse. Based on positive signals from ongoing trials, SOTIO is also expanding its ongoing study testing DCVAC/OvCa as a maintenance therapy in first-line treatment of patients with ovarian cancer. This newly initiated clinical trial SOV06 (Eudra CT: 2017-002196-26) is an open-label, single-group, multicenter Phase II clinical trial evaluating DCVAC/OvCa in combination with standard of care chemotherapy in women with first relapse of platinum-sensitive epithelial ovarian carcinoma.

The SOV06 study will enrol 30 patients in seven oncogynecological centres. The clinical trial is conducted in collaboration with CEEGOG (Central and Eastern European Gynecological Oncology Group), which brings together centres dedicated to patients with malignant gynecological tumours in 8 Central and Eastern Europe countries. The first patient was enrolled in the clinical trial at the General University Hospital in Prague in the department of Professor David Cibula: "For CEEGOG this is an exceptional study for several reasons. The active substance was developed in the Czech Republic, where the sponsor, biotechnology company SOTIO, is headquartered; the mechanism of action is innovative and the results of studies conducted so far are promising in the area, which still has the worst results in our field of gynecological oncology,"

SOTIO is expanding its ongoing trial SOV01 (Eudra CT: 2013-001322-26) by including additional 30 patients in the Czech Republic. SOV01 is a randomised, open-label, three-arm multicentre Phase II clinical trial evaluating DCVAC/OvCa in combination with first-line standard chemotherapy in women with newly diagnosed epithelial ovarian cancer after radical debulking surgery. The trial was launched in November 2013, recruitment being completed in March 2016. The first part of SOV01 enrolled 99 patients at clinical sites in the Czech Republic, Poland and Germany.

Ladislav Bartonicek, CEO of SOTIO, said: "Positive signals from the clinical trials with DCVAC/OvCa encourage us to launch an additional Phase II trial with more patients to confirm its efficacy. The expansion of the clinical trials represents an important step in the development of this innovative treatment for ovarian cancer. We have also started discussions with key opinion leaders to define the path towards the setup of the registration trials." Radek Spisek, Chief Scientific Officer of SOTIO added: "SOV06 and the expansion of SOV01 represent a significant broadening of our Phase II program for ovarian cancer. From ongoing clinical trials we see indications that DCVAC/OvCa in combination with the first-line chemotherapy could be beneficial for patients. Expanding the program and testing of DCVAC/OvCa in combination with standard of care chemotherapy in patients with platinum sensitive relapse of the disease is a logical step to do."

About DCVAC

DCVAC is an active cellular immunotherapy treatment produced for each patient using the patient's own dendritic cells to induce an immune reaction against tumour antigens. SOTIO is developing three product candidates using the DCVAC platform to affect multiple different cancers in various stages of disease – DCVAC/PCa for patients with prostate cancer, DCVAC/OvCa for patients with ovarian cancer and DCVAC/LuCa for patients with lung cancer. The company is currently testing the safety and efficacy of investigational medicinal treatment DCVAC through multiple Phase I to Phase III clinical trials. SOTIO has been sponsoring 4 Phase II clinical trials in patients with ovarian cancer (DCVAC/OvCa treatment).

About SOTIO

SOTIO is an international biotechnology company leading the efforts of PPF Group to build a diverse biotechnology portfolio through its own research & development, collaborations, in-licensing, investments, mergers and acquisitions. The company is developing new medical therapies, focusing on the treatment of cancer and autoimmune diseases. SOTIO's most advanced project is its proprietary platform of active cellular immunotherapy (ACI) based on dendritic cells. SOTIO is also collaborating with NBE Therapeutics on the development of novel antibody-drug conjugate products (ADC), with Cytune Pharma on developing novel IL15-based immunotherapies for the treatment of cancer, and with LDC and Max Planck on an oncology program addressing a novel target in tumour metabolism. SOTIO has facilities in Europe, the United States, China and Russia.

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