BXQ-350 May Protect from the Direct Toxicity of Chemotherapeutic Agents Associated with **Chemotherapy Induced Peripheral Neuropathy (CIPN)**

1. Background:

- Chemotherapy-induced peripheral neuropathy (CIPN) is a significant side-effect associated with many chemotherapeutic agents
- CIPN is highly prevalent in CRC patients receiving therapeutic regimens including oxaliplatin; ~15-20% of patients suffer from chronic CIPN that severely impacts quality of life (QoL) and may require dose vacation, dose reduction or treatment interruption
- CIPN's pathology is complex and not completely understood; preclinical and clinical data has shown inflammatory (IL-6, Il-8, IL-10) and immune involvement as well as increased levels of **sphingoisine-1-phosphate** (S1P), a bioactive signaling sphingolipid
- Elevated S1P and dysregulated sphingolipid metabolism are associated with many diseases including cancer, autoimmune, inflammatory, Gaucher and Parkinson diseases

2. BXQ-350 is a nanovesicle formulation of Saposin C, an allosteric activator of sphingolipid metabolism that normalizes dysregulated sphingolipid metabolism by lowering S1P and increasing ceramides levels



3. Methods: BXQ-350 was investigated in

- *in vitro* and *in vivo* preclinical CIPN models (Point 4.)
- a Phase 1 dose escalation safety study in all-comer cancer patients with recurrent solid malignancies (NCT02859857) (Point 5.)
- BXQ-350 was safe and well-tolerated (no Dose Limiting Toxicity); a 17.8% Clinical Benefit **Rate** (CR, PR, SD) was observed at Cycle 6 (See Anti-Cancer Presentation)
- One patient self-reported an improvement of their pre-existing CIPN symptoms soon after BXQ-350 administration; this observation was confirmed in 4 out of 10 patients with established CIPN at the time of enrollment

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Summary

- BXQ-350 is a novel biologic and a nanovesicle formulation of Saposin C, an allosteric activator of enzymes involved in sphingolipid metabolism
- S1P and increases ceramide levels
- BXQ-350 is well-tolerated and showed signs of single agent activity in multiple cancer tumor types in patients with recurrent advanced disease (See Anti-Cancer Presentation)
- In preclinical models, BXQ-350 protects neuronal oxaliplatin-induced CIPN in mice
- Clinically, BXQ-350 seems to resolve CIPN symptoms in some cancer patients

On-going Studies

Preclinical studies to illustrate BXQ-350's MOA.

BXQ-350 is clinically being investigated in:

- Phase 1/2 study in combination with SoC in newly diagnosed mCRC patients (NCT05322590)
- PoC and PK/PD study in cancer patients with established CIPN (NCT05291286)
- Phase 2 study in combination with radiation in pediatric DIPG/Diffuse Midline Glioma (NCT04771897)

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• BXQ-350 modulates sphingolipid metabolism, lowers

cells from oxaliplatin's neurotoxicity and prevents

4. Preclinical Results:

BXQ-350 protects

- PC12 neuronal cells from chemotherapeutic agents' neurotoxicity and promotes neurite growth
- mice from oxaliplatininduced CIPN in a murine mechanical allodynia model



5. Clinical Results:

 Pancreatic cancer patient (209) with history of grade 2 CIPN (oxaliplatin & nab-paclitaxel) spontaneously reported resolution of their symptoms by Cycle 2





Untreated

Oxaliplatin



- Patients with known CIPN symptoms at enrollment were *a posteriori* asked about their symptoms after receiving BXQ-350:
 - appeared to have patients improvements of their symptoms following BXQ-350 administration

with potential improvement • S1P levels decreased post BXQ-350 in 6 out 10 41.3 <u>+</u> 13.9 * patients 36.9<u>+</u>5.6 * Post

* Mean + SEM; not statistically different

Pre-Post S1P Values in 4 CIPN Pts