### Cancer Research UK and Cancer Research Technology collaborate with TYG oncology



Cancer Research UK and Cancer Research Technology (CRT), the charity's commercial arm, have signed an agreement with TYG oncology (TYG) to take its TYG100, a new antigen-specific, active checkpoint control cancer vaccine, into clinical trials involving cancer patients with advanced solid tumours.



Let's beat cancer sooner

## **CANCER RESEARCH** UK



Addressing Cancers with Severe Unmet Medical needs

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- TYG oncology (TYG) is a UK-based cancer therapy company
- TYG100, TYG's lead asset, facilitates the neutralisation of growth factors in multiple cancer indications
- Proven safety record based on existing clinical trial data of immunogen
- Selected for non-dilutive CR-UK funding for 2 orphan indications through clinical development
- US Orphan Drug designation granted; provides rapid route to market for severe unmet medical needs
- TYG is seeking up to £10.0m to have two orphan indications fully funded through Phase I/II

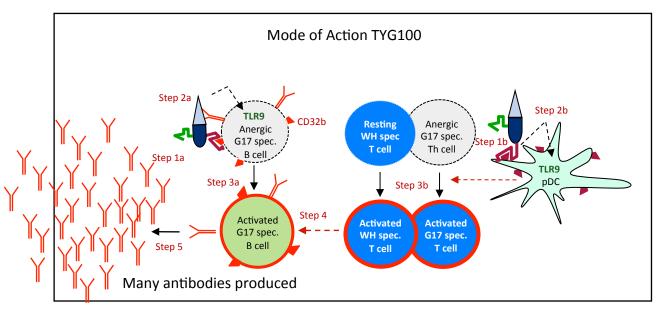
### Mode of action of TYG100 enables unique, measurable, antibody response

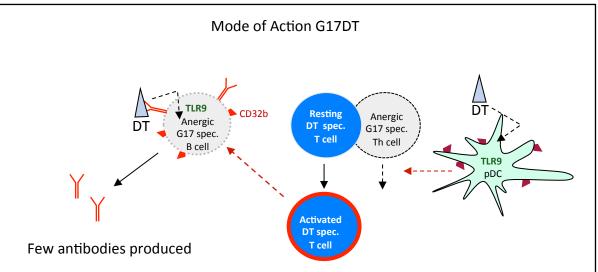


- G17 immunogen neutralises G17 and G17-Gly: growth factors for pancreatic and gastric cancers
- S-TIR enables specific binding to plasmacytoid dendritic cells (pDCs) and B cells to program them to neutralise G17 growth factors
- B cells:
  - Low affinity interaction with CD32b, stabilized by BCR immunogen recognition (step 1a)
  - Internalization → TLR9 activation (step 2a) + antigen presentation to T cells (step 3a) = B cell checkpoint control

#### • Plasmacytoid Dendritic Cells (pDCs):

- High affinity interaction with CD32a (step 1b)
- Internalization → TLR9 activation (step 2b) + antigen presentation to T cells (step 3b) = T cell check point control
- T cells:
  - pDC removes anergy of G17 spec (step 3b) → activated G17 spec T cells + activation of carrier (WH) specific T cells
  - activated G17 and WH spec. T cells provide help for G17 specific B cells (step 4)
- Plasma cells/Plasmablasts:
  - Antibody production and affinity maturation (step 5)





## The new TYG100 technology has produced a much higher antibody response against G17 in early pre-clinical studies



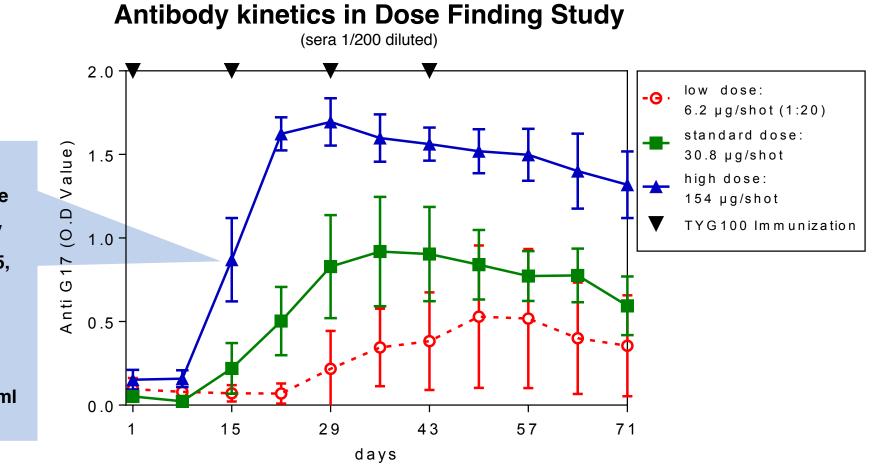
The S-TIR<sup>™</sup> platform has demonstrated effectiveness with all three developed prototype vaccines in preclinical studies

low dose: 6.2 µg/shot

standard dose: 30.8 µg/shot **Dose Finding Study versus Historical Data** high dose: 154 μg/shot standard dose: 30.8 µg/shot + Gemcitabine 10000 The G17 targeting TYG100 in G17DT in standard dose: 30.8 µg/shot (USA study) non-human primates humans immunogen is effective Ph3 G17DT + Gemcitabine (PC4) Aphton with both the S-TIR<sup>™</sup> and Ph3 G17DT Monotherapy (PC6) Aphton diphtheria toxoid carrier. gG anti G17 (µg/ml) Approximately 1000 Units The new vaccine produces exactly the S-TIR<sup>™</sup> technology same antibody as the Approximately 100 Units enables more precisely legacy (Aphton) asset but targeted delivery and in vastly higher amounts Approximately 16 Units larger uptake of the G17 and frequency. immunogen, resulting in a higher anti-G17 antibody response 0.1 49,849,5449,057,054,540,40,40,40,40,40, 6.249

### 2015: Dose finding study





#### **Conclusions:**

- 1) Dose dependent kinetics and max. titre
- Very high IgG anti-G17 titres after only three TYG100 injections (day 1, day 15, day 29)
- Low dose (6.2µg/shot): Clinically relevant titres before day 43
- 4) High dose (154  $\mu$ g/shot): >150  $\mu$ g lgG/ml at day 15 after one injection



## н is TYG's Respected Development Partner

#### Validation of the Science

CR-UK reviewed 300 projects so far, TYG100 is the 18<sup>th</sup> project accepted for development

#### **Non-Dilutive Funding**

reasonable milestones and sales based royalty payments to CR-UK

> 50% funding of Process Development and GMP manufacture

100% funding of clinical phase I trials in Pancreatic Cancer Patients and Oesophageal, and Gastric Cancer Patients with tumours near the Gastroesophageal junction.

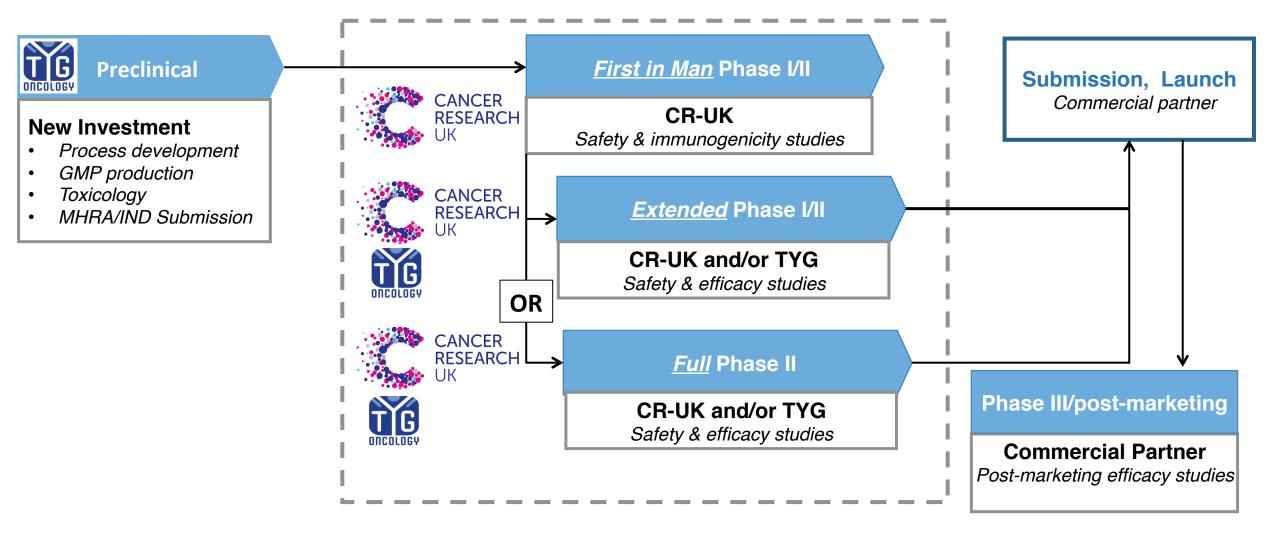
#### Estimated total >£9M

Highest standard of testing CR-UK will use Experimental Cancer Medicines Centres in Leeds and the University of Leeds, Glasgow and Belfast. Other centres will be engaged if required.

TYG oncology needs funding to complete pre-clinical programs to support CR-UK into the clinic

### TYG100 development pathway could be rapid for all indications





TYG Oncology addresses the most devastating, underserved cancers today and has committed support from CR-UK for early clinical development

- TYG100's target has a unique history of prior development, making it well understood and de-risked
- S-TIR<sup>™</sup> technology enables a more potent drug effect
- Non-dilutive funding from CR-UK
- Orphan diseases with rapid clinical development pathway and potential to gain 'Fast Track Designation'
- £10.0 million enables progression of TYG100 through Phase I/II in 2 orphan disease cancer indications



**Pushing the Horizon:** 

# Fluid-Flow Cell-Imaging

high-speed, labeled & label-free analysis

# **Circulating Tumour Cell Capture**

with a better mousetrap

# **Cellular Digital PCR Analysis**

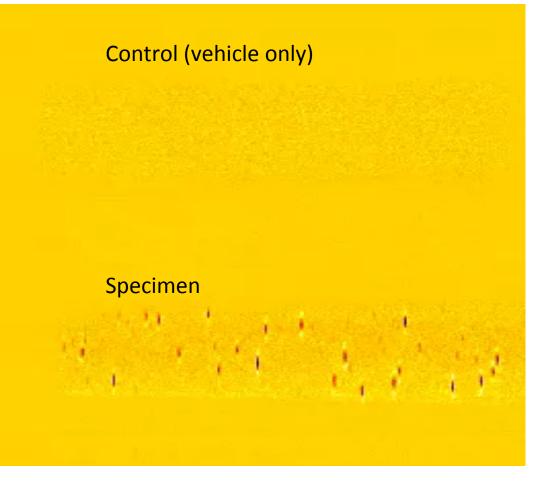
easy accuracy



A Doctor Examining Urine (by candle light) by Trophîme Bigot, ca 1640, Ashmolean Museum, Oxford



# Absorbance video of a bladder cancer specimen



Video footage (slowed down) of bladder cancer cells from a voided urine specimen of a patient with bladder cancer

UPPER PANEL – vehicle alone, no cells

LOWER – cells in cancer specimen

Cells are colour coded to indicate intensity of absorbance which is quantifiable automatically.

Data are 'binned' (8x compressed in horizontal Dimension).

Light scattering is also clearly evident as 'halos' and can also be quantified to characterise cells and particles *en masse* 



## Algorithms from astronomy

Data from near IR image of a galaxy in the Fornax cluster.

Data from ESO/VISTA telescope, processed by IoA in Cambridge.

Small round objects are stars in our galaxy (blue being hot stars, red, cool stars). Anything extended are other galaxies.

Astronomical algorithms for automated analysis of tissue protein expression in breast cancer:

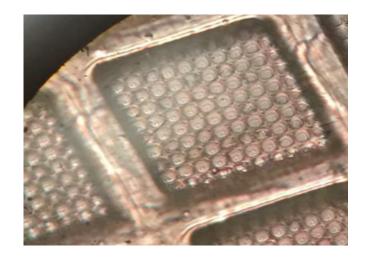


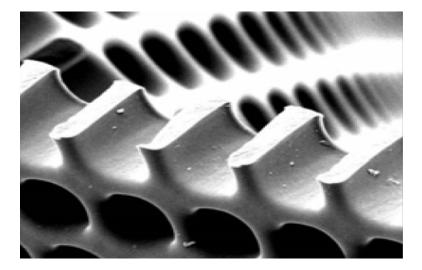
British Journal of Cancer (2013) 108, 602-612 | doi: 10.1038/bjc.2012.558



## **Circulating Tumour Cells Captured with Cellexia**

## **Unique Filter Membrane Structure**





- Highly uniform pore size
- Allows passage of blood cells
- Allows passage of urine
- Enhanced retrieval of cancer cells

