Neem Biotech – the journey continues

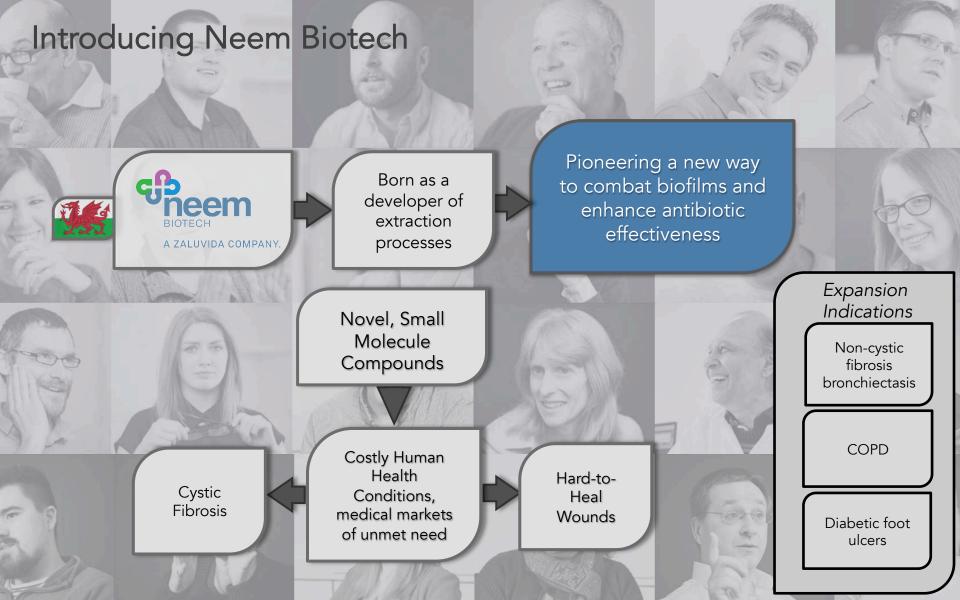
A novel approach to minimising antimicrobial resistance by addressing persistent bacterial infections



Synopsis

- A brief (re)introduction to Neem Biotech
- Developments in the last half year
 - The family grows
 - The clinical development programme broadens
- Next steps in Neem's journey





Leadership



Dr Graham Dixon Chief Executive Officer



Dr Felicity Gabbay Chief Medical Officer



Dr Wright Nichols Chief Scientific Officer

Dr Dixon is CEO of Neem Biotech and Head of R&D for the Zaluvida Group. He has spent over 25 years in Big Pharma, VC funded and publicly listed biotechnology companies. He has held CSO and COO roles in Onexo, Sensorion, Addex Therapeutics, Galapagos, Entomed and F2G where he has led over ten positive proof of concept programmes in humans and been a part of several new drug approval programmes.

Dr Gabbay is a specialist in infectious diseases, respiratory and drug safety. She founded and is currently Managing Partner at TranScrip. She has raised in excess of £10 million in VC and grant funding for Rademacher Group Ltd and Phico Therapeutics where she held a Non-Executive Director role. She has been Director of Education at the Drug Surveillance Research Unit at the University of Portsmouth and is an active member of the Faculty of Pharmaceutical Medicine Board of Examiners and ABPI AMR Working Party and contributions to All Party Parliamentary Group on AMR.

Dr Nichols consults to the pharmaceutical industry. He has spent 25 years at AstraZeneca in antiinfective drug discovery and development roles. He was formerly Director of Development Microbiology for the global phase III ceftazidime-avibactam development project and previously held directorships of the Microbiology and Development Microbiology departments at Act at appeca.

A ZALUVIDA COMPANY.

BIOTECH

Advisory boards

Wound healing



Prof Keith Harding CBE Medical Advisor

Medical Director, Welsh Wound Innovation Centre and Dean of Clinical Innovation, Cardiff University

Clinical Professor, Cardiff University School of Medicine

Editor-in-Chief International Wound Journal

Cystic fibrosis



Prof Stuart Elborn CBE Medical Advisor

Clinical Professor and Centre Director for Specialist Adult Cystic Fibrosis, Royal Brompton Hospital

Member of the UK CF Trust Scientific Advisory Board

Biofilm and microbiology expertise



Prof Michael Givskov Scientific Advisor

MD of Costerton Biofilm Centre, University of Copenhagen and Research Director SCELSE



Prof Aras Kadioglu Scientific Advisor

Professor of Bacterial Pathogenesis, University of Liverpool



Prof Dr Rolf Müller Scientific Advisor

MD of Helmholtz Institute for Pharmaceutical

Research
Saarland (HIPS)



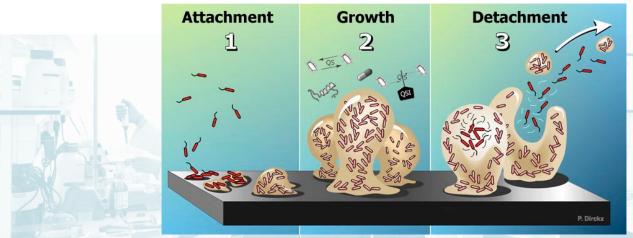
Prof Dr Rudolf Morgenstern Scientific Advisor

Professor Emeritus, Institute of Pharmacology, Charité Berlin



A novel approach to managing phenotypic resistance

- NX-AS-401 in cystic fibrosis and NX-AS-911 in wounds
 - Novel quorum sensing inhibitors
 - Disrupt chemical signaling between bacteria
 - Disrupt biofilms throughout the life cycle of the biofilm
 - Reduce virulence of the biofilm
 - Enhance effects of antibiotics and the body's own immune system
 - No resistance developed by bacteria to this mechanism of action





Hard-to-heal wounds The medical need and current treatment

- Biofilms a significant cause of nonhealing and infection in hard-toheal wounds, drastically reduce quality of life and are a risk factor for survival
- £3054 (UK) to \$10 000 (USA) to treat a single wound
- Wound recurrence in 20%¹ 37%²
 of cases at a significant increase in
 cost of treatment

Biofilm grows and spreads

Wound becomes more severe and complex

Phenotypic resistance in wounds limits antibiotics' effect

Interventions fail to clear persistent infection

WELSH WOUND INNOVATION Tissue damage and AMR proliferates

neem

1- SVS/AVF Joint Clinical Practice Guidelines Committee - Venous Leg Ulcer - J Vasc Surg 2014;60:3S-59S

2 - McDaniel HB, Marston WA, Farber MA, Mendes RR, Owens LV, Young ML, et al. Recurrence of chronic venous ulcers on the basis of clinical, etiologic, anatomic, and pathophysiologic criteria and air plethysmography. J Vasc Surg. 2002;35:723–8

A ZALUVIDA COMPANY.

The next steps

NX-AS-911

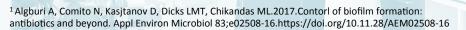
First-in-man trial

NX-AS-401

Ongoing preclinical development

Contribution to understanding phenotypic resistance

Improving quality and length of life for people with cystic fibrosis and hard-to-heal wounds





In summary

- A brief (re)introduction to Neem Biotech
- Developments in the last half year
 - Growth in leadership and technical expertise
 - Expansion of clinical development programme
 - External collaboration
- Short and medium term clinical and patient-related aims and objectives



Contact us

heathergraz@neembiotech.com

www.neembiotech.com

@NeemBiotech

