cellceutix



100 Cummings Center, Beverly, MA

Ticker: CTIX



Corporate Focus and Management Team

Established in 2007, Cellceutix is a clinical-stage biopharmaceutical company dedicated to discovering and developing innovative compounds with **dermatology, oncology, anti-inflammatory and antibiotic applications**.

Name	Title	
Leo Ehrlich	Chief Executive Officer, Chief Financial Officer	Co-Founder; Investor
Krishna Menon, PhD, DVM	Chief Scientific Officer	Co-Founder Liley
Arthur P. Bertolino, MD, PhD, MBA	President, Chief Medical Officer	U NOVARTIS Prizer
Jane Harness, MS, MP	VP, Clinical Sciences and Portfolio Management	U NOVARTIS Pfizer
LaVonne Lang, DrPH	VP, Regulatory Affairs	Pfizer

Board of Directors: Leo Ehrlich; Krishna Menon, PhD, DVM; Barry Schechter, MD; Zorik Spektor, MD; Mark Tobin, MBA



Drug Candidates

Cellceutix has **three drug candidates**, each with first-in-class potential, advancing in mid-to-late stage clinical trials under various special FDA designations.

Prurisol

<u>Orally</u>-delivered **psoriasis** drug candidate <u>in a Phase 2b trial</u> utilizing advantages of the 505(b)(2) development approach

Kevetrin

p53-activating drug candidate with three Orphan Drug designations starting a Phase 2a trial for **ovarian cancer**

Brilacidin

Drug candidate in a **new antibiotic class** with unique immunomodulatory properties advancing in clinical trials under Fast Track designations



Pipeline—Stages of Development & Special FDA Designations

Exceptionally strong pipeline, novel mechanisms of action

Drug Candidate	Indication	Preclinical	Phase 1	Phase 2	Phase 3
Prurisol	Psoriasis				
Kevetrin	Ovarian Cancer				
Brilacidin	UP/UPS*				
	Oral Mucositis				
	ABSSSI**				

Leveraging designations to expedite development, improve likelihood of drug approval, and gain added market exclusivity



Drug Candidate	Designation Type	Date Granted
Kevetrin	Orphan Drug Designation for Ovarian Cancer	July 2015
	Orphan Drug Designation for Retinoblastoma	November 2015
	Rare Pediatric Disease Designation for Retinoblastoma	November 2015
	Orphan Drug Designation for Pancreatic Cancer	January 2016
Brilacidin	QIDP*** Fast-Track Designation for ABSSSI**	December 2014
	Fast-Track Designation for Oral Mucositis	November 2015

^{*}UP/UPS - Ulcerative Proctitis/Proctosigmoiditis **ABSSSI - Acute Bacterial Skin and Skin Structure Infections ***QIDP – Qualified Infectious Disease Product

Cellceutix Anticipated Clinical Milestones

By Drug Candidate, Type of Event and Timeframe

Drug Candidate		lidate					q
Brilacidin	Kevetrin	Prurisol	Event	Description	Period	Year	Delivered
		X	Trial Progress	Psoriasis- Initiation Ph2b trial	4Q	2016	4
X			Clinical Update	Ulcerative Proctitis- Interim analysis Ph2a trial	4Q	2016	*
	X		Trial Progress	Ovarian Cancer- Initiation Ph2a trial	1Q	2017	
		X	Clinical Update	Psoriasis- Interim Analysis Ph2b	1H	2017	
X			Clinical Update	Oral Mucositis- Interim analysis Ph2	1H	2017	
X			Clinical Update	Ulcerative Proctitis- Complete Ph2a trial	1H	2017	
		X	Clinical Update	Psoriasis - Complete Ph2b trial	2Н	2017	
X			Clinical Update	Oral Mucositis- Complete Ph2 trial	2Н	2017	
	X		Clinical Update	Ovarian Cancer- PoC p53 modulation (Ph2a)	2Н	2017	
X			Trial Progress	ABSSSI- Start Ph3 trial	*	2017	

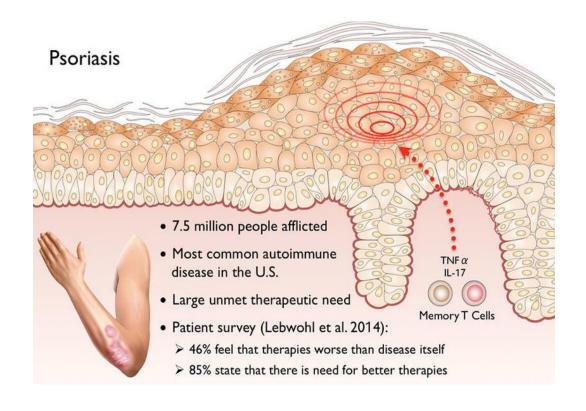
^{*}Timetable dependent on reaching SPA agreement with FDA



Prurisol

Psoriasis: Debilitating Chronic Disease That Affects Millions

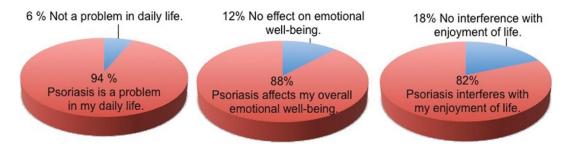
84% of those with moderate-to-severe psoriasis report suffering discrimination and humiliation.







Overall Quality of Life among Psoriasis Patients



Sources:

https://www.novartis.com/news/media-releases/largest-global-psoriasis-survey-shows-84-people-face-discrimination-and http://www.cytherapharm.com/

http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0052935



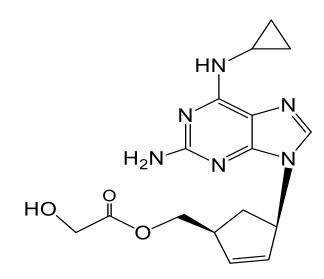
MOA and Attributes

Mechanism of Action (MOA)

- Acts through immune modulation and PRINS* reduction
 - Reduces IL-20
 - Reduces skin cell proliferation rate

Attributes

- NCE with strong Intellectual Property(IP) and patent protections
- **Abbreviated development plan** utilizing advantages of 505(b)(2) development approach [reference drug: Abacavir]
- Efficacy in Phase 2 trial in mild-to-moderate chronic plaque psoriasis
- Oral dosing
- Small-molecule (<500 MW) (an ester of Abacavir)
- Bioavailable
- Excellent in-vivo and in-vitro activity
- Efficacy in xenograft model
 *PRINS Psoriasis-associated non-protein coding RNA induced by stress



Prurisol

[Abacavir glycolate]

Molecular formula: $C_{16}H_{20}N_6O_3$ Molecular weight: 344.37

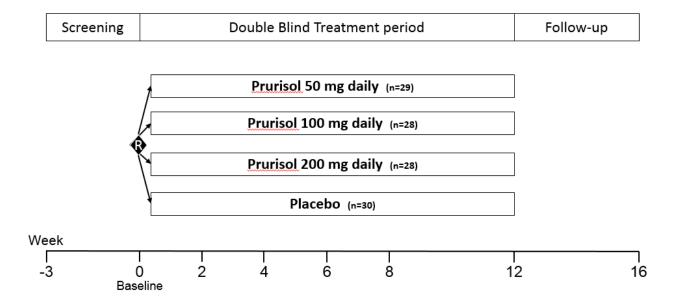
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CTIX-0002 – Study Design for Phase 2a Clinical Trial in Mild-to-Moderate Plaque Psoriasis

Primary efficacy endpoint: percentage of subjects with ≥ 2 point improvement in IGA rating at 84 days (12 weeks)

Investigator Global Assessment (IGA) rating: clear (0), almost clear (1), mild (2), moderate (3), severe (4), very severe (5)

- Randomized, double blind, parallel group, placebo-controlled
- 4 treatment groups, 1:1:1:1 randomization, 12 weeks treatment
 - Prurisol
 - 50 mg daily (50 mg AM)
 - 100 mg daily (50 mg AM & 50 mg PM)
 - 200 mg daily (100 mg AM & 100 mg PM)
 - Placebo AM & PM



- Trial conducted at 9 sites in U.S.
- 115 subjects, 4 arms, ~29 per arm
- Efficacy, Safety & PK

For study details, see

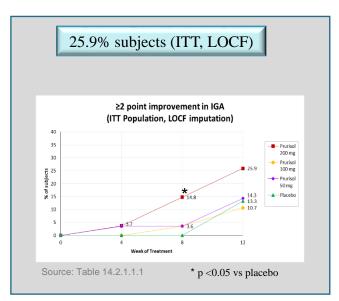
https://clinicaltrials.gov/ct2/show/NCT02494479



CTIX-0002: Efficacy Data

By group, Percentage of Subjects \geq 2-point Improvement in IGA Over Time

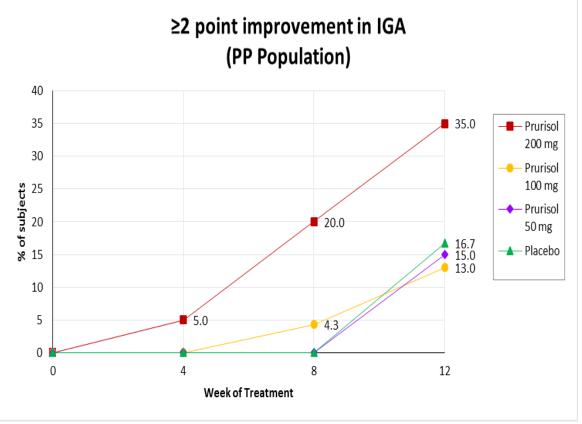
- Clinical improvement seen in 200 mg group as early as 4 weeks, with progressive treatment effect over time
- \geq 2-point IGA improvement (200 mg group) at Week 12 was:



- Prurisol met the primary endpoint (a ≥ 2-point IGA reduction) in 35% of all patients who received a dose of 200 mg per day(Per Protocol)
- Prurisol was well-tolerated—just one Serious Adverse Event (SAE) occurred and it was in the 50 mg dose group
- PK results showed a dosedependent increase in drug exposure and maximum plasma concentration

Among patients with the severest form of psoriasis in study, those having a baseline IGA score of 3 ("moderate"), the **primary endpoint was met in 46% of patients** who received 200 mg per day. These data were derived from the Per Protocol population.

35.0% subjects (PP)



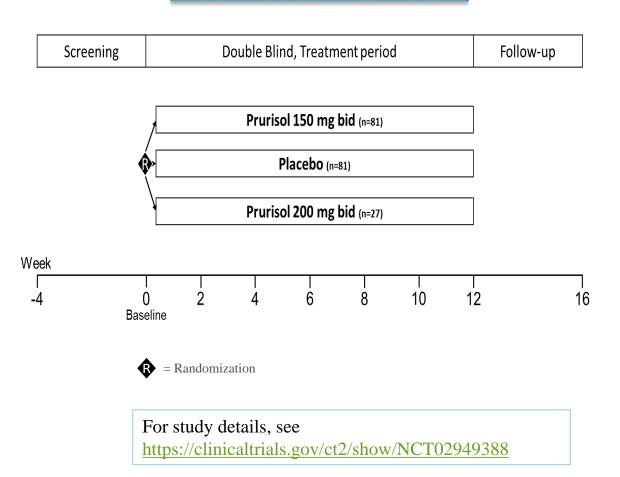
Source: Table 14.2.1.1.2 and Table 14.2.1.2.4



Ongoing Phase 2b Clinical Trial in Moderate-to-Severe Plaque Psoriasis

- Randomized, double-blind, parallel-group, placebo-controlled
- Treatment Groups
 - Prurisol 300 mg: Pbo: Prurisol 400 mg
 - 3:3:1
- Number of Subjects
 - ~189
- Treatment Duration
 - 12 weeks (interim readout 2Q17)
- Number of Sites (U.S.)
 - ~25

Study Design Schematic





Regulatory Plan Overview

Target NDA Approval 2020

Version 1.0: 01-Dec-2016

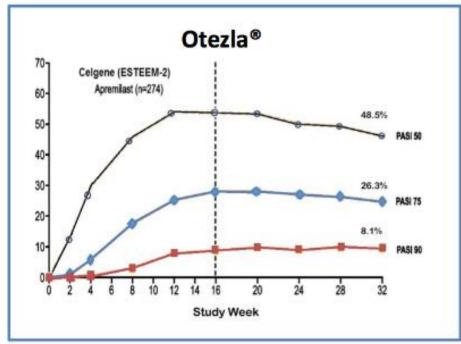
Year	2012	2013	2014	2015	2016	2017	2018	2019	2020
H/Q			1H : 2H	1H : 2H	1Q : 2Q : 3Q : 4Q	1Q 2Q 3Q 4Q	1Q 2Q 3Q 4Q	1Q 2Q 3Q 4Q	1Q : 2Q : 3Q : 4Q
REG	Pre-IND mtg 505(b)(2) developr		ubmit EOF IND mt			EOP2 mtg		Pre-NDA Subm mtg NDA	
	[reference								



Market Opportunity, Competitive Landscape

Otezla® is a Blockbuster Drug

Otezla®, the main potential oral competitor, demonstrates only moderate efficacy by week 16



Source: http://www.baystreet.ca/articles/research_reports/lifesci/Can-Fite%20BioPharma041216.pdf; Cellceutix research

Celgene Otezla® earned revenue of >\$1 billion in 2016 and expects \$1.5 billion to \$2 billion in 2017

Recent Psoriasis Deals

\$640 million



RORyt IL-17 modulation

\$790 *million*



\$490 *million*





Monomethylfumarate prodrug

\$595 million





Anti-IL-23 mAb



Kevetrin for Ovarian Cancer

Program Summary

A p53-activating drug candidate granted multiple FDA Orphan Drug designations starting a Phase 2a trial for platinum-resistant ovarian cancer

- Induces apoptosis and shows potent anti-tumor activity
- Multiple molecular targets and signaling pathways targeted and regulated (modulates)
- Non-genotoxic induction of Apoptosis
- Does not affect normal cell viability at concentrations that kill tumor cells
- Well-tolerated with minimal adverse effects in the completed

 Phase 1 clinical trial

Current Perspectives

- Ovarian Cancer (OC) indication supported by Phase 1 solid tumor trial
- **p53 pathway modulation** to be measured in upcoming OC trial
- Oral formulation and delivery advances are underway. This better aligns with Kevetrin's short half-life and may provide for even better drug exposure and toleration



Kevetrin for Ovarian Cancer

Upcoming Phase 2a Clinical Trial in Late-Stage Ovarian Cancer

Kevetrin Therapy

• Kevetrin (starting dose 250 mg/m²) 3 times/week over 3 weeks (dose escalation

in 2nd cohort)

(5 subjects in each cohort)

Endpoints

- Safety
- Efficacy based on RECIST criteria using scans
- PK

Proposed Biomarkers

- p53 (in tumor and ascites cells)
- Pathways analyses via RNA sequencing
- Small RNAs and others

60% of cases are diagnosed as late-stage disease ...

... and 25% of these women will have recurrence with a platinum-resistant tumour within the first 12 months.

Goal: Establish p53 MOA directly in tumor cells



Multidisciplinary Programs - Brilacidin

Gastrointestinal

Inflammatory Bowel Disease:
Ulcerative Proctitis/Ulcerative Proctosigmoiditis

(UP/UPS)

Dermatology/Cancer

Oral Mucositis (OM)

Infectious Disease

Acute Bacterial Skin and Skin Structure Infections (ABSSSI)



Brilacidin

IBD—Ulcerative Proctitis and Ulcerative Proctosigmoiditis (Phase 2a Trial in Progress)

Study Design

- Open-label, sequential dose escalation
- Brilacidin (N= 6 per cohort) once daily for 42 days
 - Cohort A: 50 mg
 - Cohort B: 100 mg (currently dosing this cohort)
 - Cohort C: 200 mg

Objectives

Primary:

- Assess frequency of clinical and endoscopic remission
 - Brilacidin administered per rectum in subjects with active UP or UPS
 - 6 weeks of treatment





Healthy Colon

Ulcerative Colitis

Crohn's Disease

Interim Results in First Study Cohort

All **4 subjects evaluated** demonstrated a clinical response, measurable by the **Modified Mayo Disease Activity Index** (MMDAI)

- Partial MMDAI (Day 42)
 - 2 of 4 subjects achieved full response (100% reduction)
 - 2 of 4 subjects had notable improvement (50% reduction)
- MMDAI (Day 42; 3 of 4 subjects completed endoscopy)
 - 1 of 3 subjects achieved full response (100% reduction)
 - 2 of 3 subjects had notable improvement (50% reduction)
- Patient Quality of Life, as measured by the Short Inflammatory Bowel Disease Questionnaire (SIBDQ)
 - **Improved** after 6-week treatment with Brilacidin
- Safety
 - Generally well-tolerated
 - Subjects had stable normal vital signs
- Drug Concentrations in Plasma
 - All levels at all time points **below the lower limit of quantification** (ie, <100 ng/mL)
 - Consistent with very limited systemic exposure from administration per rectum by enema

For current standard of care, see

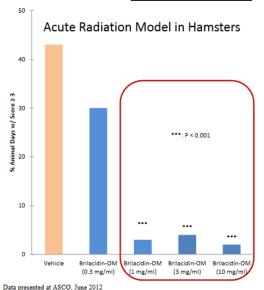
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4876845/



Brilacidin

Oral Mucositis—Animal Model Results (Phase 2 Trial in Progress)

Pre-Clinical



Study Design:

•Brilacidin-OM administered 3x/day as topical rinse @ doses of 0.3, 1, 3 or 10 mg/ml over 28 days

Results seen with Brilacidin-OM:

- •Reduced animal days w/ ulcerative oral mucositis by >90%
 - From 42.7% to 2-4%
- ·High statistical significance

Clinical Predictability of the Hamster Oral Mucositis Models Studies by Dr. Stephen Sonis, Harvard

		in animal model reduction	Effect in Clinic <u>% reduction</u>
ActoGenix AG013 (HTF-1)		33%	30%
SciClone SCV-07		33%	30%
Velafermin (hFGF-20)		37%	51%
*Cellceutix Clinical Advisor	BRII ACIDIN	04%	Interim Phase 2 Results Anticipated O2 2017

Phase 2 Trial

Study Design

- Phase 2, Multi-center, Randomized, Double-blind, Placebo-controlled (10 sites in US expanding to up to 20)
- 60 subjects 30 each of drug or placebo (Water for Injection)
- "Swish and spit" Brilacidin 3x/daily for 7 weeks 16 ml oral rinse
- Interim analysis after 36 subjects (18 per treatment group) by a Data Monitoring Committee (DMC); will review safety and efficacy results

Primary Endpoints

- Control and prevent oral mucositis in patients receiving chemoradiation therapy for Head and Neck Cancer
- Efficacy of topically-applied Brilacidin vs placebo in delaying the onset of severe OM (WHO Grade ≥ 3)
- Safety and tolerability of topically-applied Brilacidin administered three times daily for approximately 7 weeks

For pre-clinical work, see http://cellceutix.com/wp-content/uploads/2013/11/ECCMID-2015-OM-poster.pdf For study details, see https://clinicaltrials.gov/ct2/show/NCT02324335



Brilacidin

ABSSSI Phase 2b Clinical Trial Results

	Brilacidin 0.6 mg/kg IV x 1 day (N=53)	Brilacidin 0.8 mg/kg IV x 1 day (N=53)	Brilacidin x 3 days (N=53)	Daptomycin x 7 days (N=50)
Number assessed	51	48	52	48
Clinical Response (%)	47 (92.2)	46 (95.8)	51 (98.1)	45 (93.8)
95% C.I.	(84.8, 99.5)	(90.2, 100)	(94.3, 100)	(86.9, 100)

Pre-treatment



Day 3



Day 10



Current Perspectives

- Safe and effective in three Phase 2 studies
- Convenient single-dose regimen
 - Pharmacoeconomic advantages
- Efficacy comparable to 7-day regimen of robust comparator (Daptomycin x 7 days)
- QIDP designation (Nov 2014) under the GAIN Act
 - Eligible for Fast Track and Priority Review
- Minimal potential for development of resistance
 - Novel class, with no cross-resistance
 - Novel mechanism of action confers fitness disadvantage for bacterial resistance
 - Single dose removes patient non-compliance as driver of resistance
- Phase 3 planning in progress
 - Response to Special Protocol Assessment (SPA) comments from FDA underway

For the Phase 2b clinical trial of Brilacidin in ABSSSI, see https://clinicaltrials.gov/ct2/show/NCT02052388 Also see: Comparative Mechanistic Studies of Brilacidin, Daptomycin, and the Antimicrobial Peptide LL16



^{*}Acute Bacterial Skin and Skin Structure Infection

Intellectual Property and Patents

Strong Protections Across All Drug Candidates and Related Compounds

Kevetrin Brilacidin **Prurisol** and related and related and related compounds compounds compounds # US Patents granted # US Patents granted **#US** Patents granted # Patents pending Brilacidin Mfg method Prurisol Mfg method Others In-process Prov. pending Countries Granted Countries Granted Countries Granted Various EU Various EU Various EU Japan Japan Japan Others Others Others



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