

Exploring non-traditional antimicrobials: Insights from three cases

Guest speakers: Jennifer Schneider, Rida Mourtada & Gregorio Iraola

Moderator: Sina Gerbach

Host: Victor Kouassi

22 August 2024



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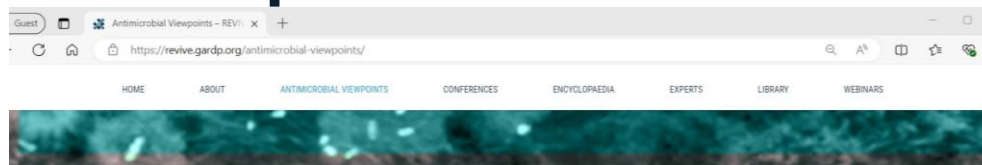
Webinar recordings

The screenshot displays the website <https://revive.gardp.org/revive-webinars/>. The page features a navigation bar with links to HOME, ABOUT, ANTIMICROBIAL VIEWPOINTS, CONFERENCES, ENCYCLOPAEDIA, EXPERTS, LIBRARY, and WEBINARS. The main content area is a grid of four webinar cards, each with a 'LIVE WEBINAR' header and a 'Register now!' button. The cards are arranged in two rows and two columns.

Webinar Title	Date	Speakers	Status
An introduction to antibiotic research and development (R&D)	19 September 2024, 10:00-11:30 CEST (18:00 - 19:30 AEST)	Allen Mackinnon, GSK Australia; Ma Yin, Pfizer Singapore; Herbert Wong, GSK Australia	Register now!
Exploring non-traditional antimicrobials: Insights from three cases	22 August 2024, 17:00-18:30 CEST (11:00 am - 12:30 pm AEST)	Jennifer Buchanan, Pfizer Australia; Rita Kaur, GSK Australia; Gabe Taylor, GSK Japan	Register now!
The value of surveillance data in defining the medical need for new antimicrobials	23 July 2024, 17:00-18:30 CEST (11:00 am - 12:30 pm AEST)	Dr. Marianne, AMR; Dr. [Name], AMR; Dr. [Name], AMR	Recording available
Progressing an antibacterial drug discovery project - an SME perspective	27 June 2024, 15:00-16:30 CEST (09:00 am - 10:30 am PST; 16:00 - 17:30 AEST)	Alice Serio, Amgen; Victoria Szabo, Genentech	Recording available

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Targeting bacterial virulence to tackle the antimicrobial resistance crisis – by Ronan R. McCarthy

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Bioinspired peptides as an alternative strategy for controlling multidrug-resistant bacteria – by Octavio Luiz Franco

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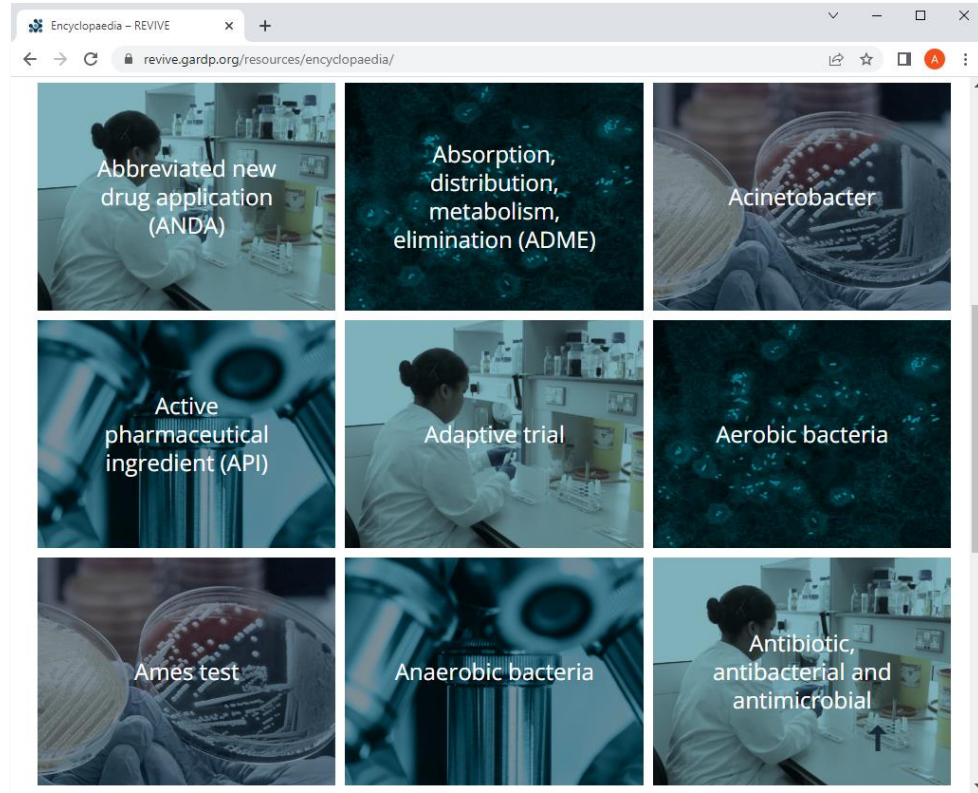
25 JANUARY 2024

The value of diagnostics in the fight against antimicrobial resistance – by Rosanna W. Peeling, David L. Heymann & Debi Boeras

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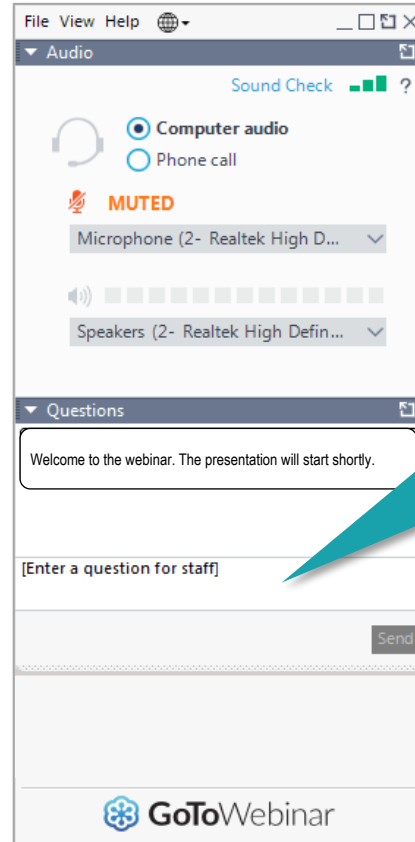
Antimicrobial Encyclopaedia



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How to submit your questions

If your question is addressed to a specific speaker, please include their name when submitting the question.



The presentation will be followed by an interactive Q&A session.

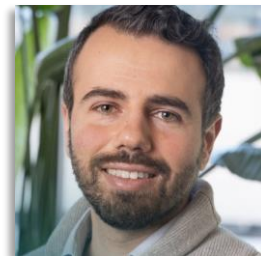
Please submit your questions via the 'questions' window. We will review all questions and respond to as many as possible after the presentation.

Today's speakers

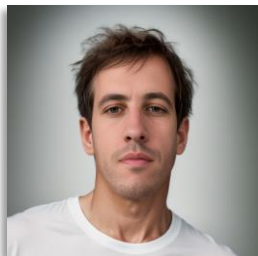
Exploring non-traditional antimicrobials: Insights from three cases



Jennifer Schneider
Chief Executive Officer
Centauri Therapeutics (UK)



Rida Mourtada
Chief Executive Officer
Lytica Therapeutics (USA)



Gregorio Iraola
Chief Executive Officer
Kinzbio (Uruguay)



Moderator:
Sina Gerbach
Deputy Head and Development Lead of the
Transfer Group Anti-infectives, Leibniz-HKI
and Program Manager at INCATE (Germany)



The **INC**ubator for
Antibacterial
Therapies in
Europe



Members



Partners



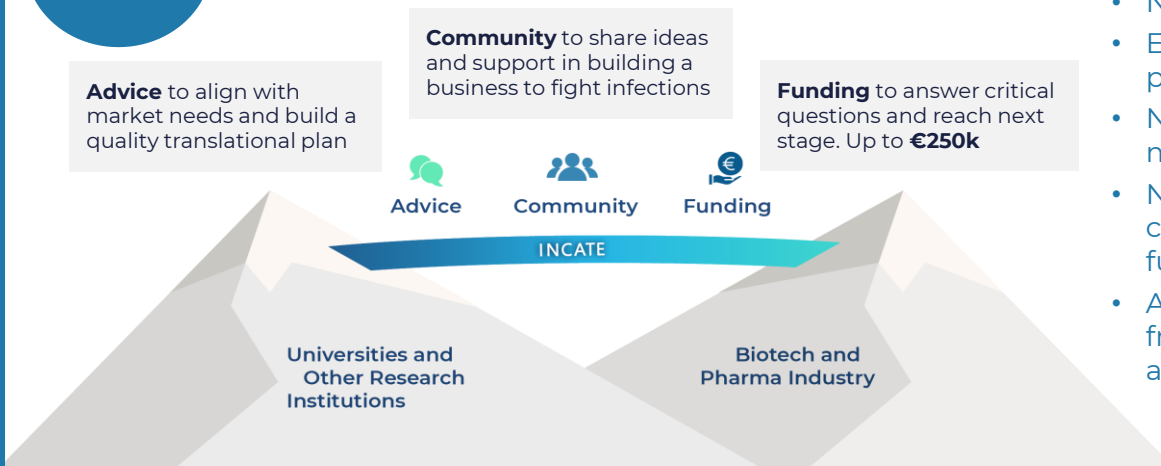
SUPPORTING INNOVATORS TO FIGHT DRUG RESISTANT INFECTIONS

How
we help

Advice to align with market needs and build a quality translational plan

Community to share ideas and support in building a business to fight infections

Funding to answer critical questions and reach next stage. Up to **€250k**



Why
INCATE?

- No cost
- Easy application process for cash funding
- No need of confidential material disclosure
- No strings attached & compatible with other funding programs
- Applications are accepted from around the world on a rolling basis

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Achievements 2021-2024

290+
Ventures contacted since launch

40
Ventures selected for tailored support & funding

HERA
Recognised as unique instrument by EU health Emergency Preparedness & response agency

Stay informed by signing up to our community:
<https://www.incate.net/contact/>

Jennifer Schneider



Jennifer Schneider has been the CEO of Centauri Therapeutics since May 2022. Prior to Centauri, Jennifer was Executive Officer, North America, for the Global Antibiotic Research & Development Partnership (GARDP). She has nearly twenty years of experience working with companies, universities, and non-governmental organizations in the United States and around the world, providing expertise in antibiotic policy, partnering, and fundraising. She participates in US and international discussions surrounding market creation, access, and novel payment models.

Jennifer received her PhD in molecular biology from the University of Notre Dame and her MPH in epidemiology and international health from the University of Michigan.





Immunotherapy for life-threatening infections in vulnerable patients

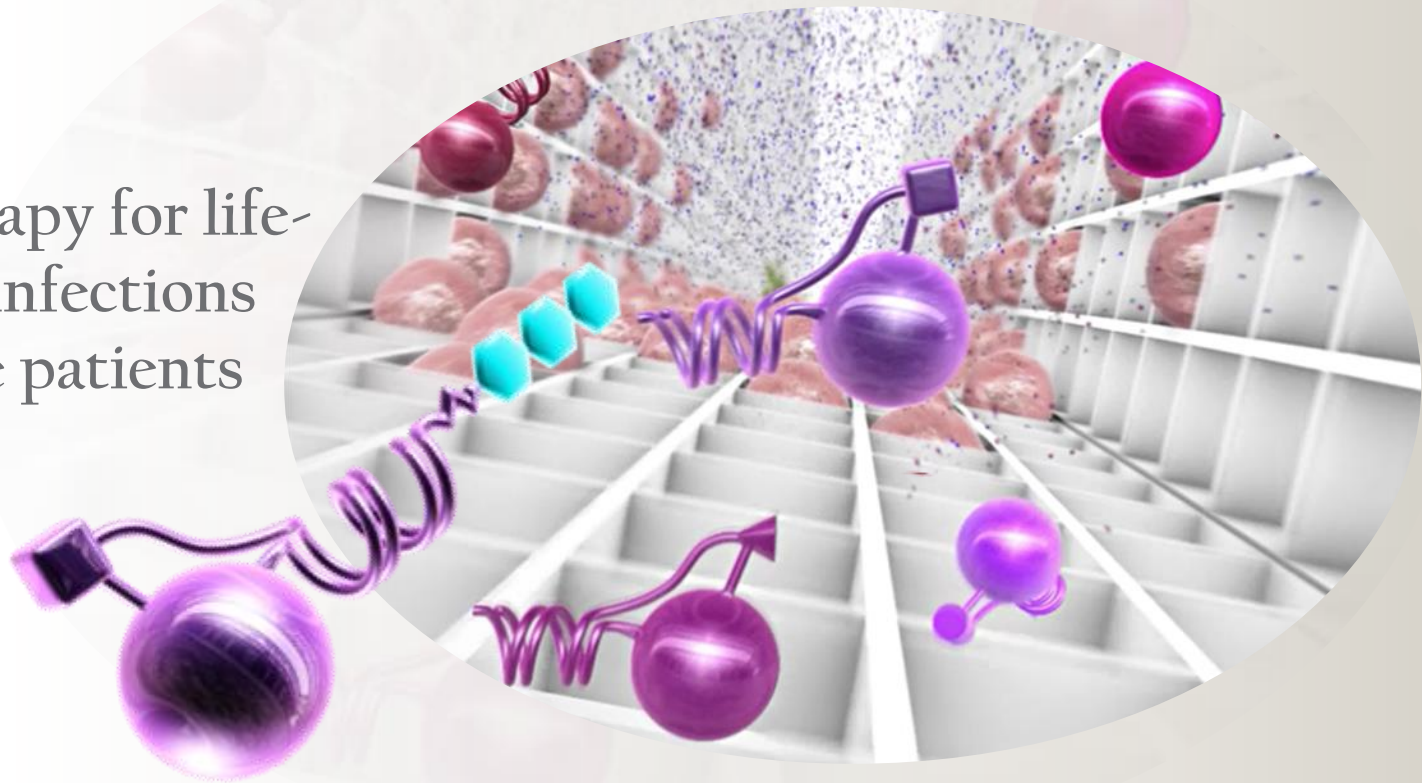
Jennifer Schneider, CEO

Non-confidential deck


REVIVE webinar

August 22, 2024

www.centauritherapeutics.com




Current antibacterial agents are performing poorly




35-50%
clinical failure in
recent Phase 3 studies
of **uncomplicated**
infections




60%
of
haematological
cancer deaths are
infection related



Over half of
organ transplant
patients develop infection
within the first year



Infection adds another
\$2.5 B to the \$200 B
spent on **cancer care**
in the US annually



Patients treated with
TNF-antibodies
have at least **double**
the risk of the
development of
infection



200-400k patients
develop **post-surgery**
bacterial infections
annually, leading to at least
10k deaths

<https://www.pfizer.com/news/press-release/press-release-detail/phase-3-studies-pfizers-novel-antibiotic-combination-offer>

<https://www.gsk.com/en-gb/media/press-releases/gepoticidacin-s-positive-phase-iii-data-shows-potential-to-be-the-first-in-a-new-class-of-oral-antibiotics-for-uncomplicated-urinary-tract-infections/>

Zembower, T.R. (2014). Epidemiology of Infections in Cancer Patients. In: Stosor, V., Zembower, T. (eds) Infectious Complications in Cancer Patients. Cancer Treatment and Research, vol 161. Springer, Cham https://doi.org/10.1007/978-3-319-04220-6_2

<https://www.cdc.gov/drugresistance/solutions-initiative/stories/partnership-estimates-healthcare-cost.html>

<https://www.euro.who.int/en/health-topics/disease-prevention/pages/news/news/2022/01/whoecdc-report-antimicrobial-resistance-remains-threat-to-health-in-european-region>

<https://www.cdc.gov/media/releases/2019/n1113-antibiotic-resistant.html>

Traditional approaches to infection are no longer sufficient for many patients

New mechanisms are needed to address untreated infections



We have all been there

We have the bug

We have the sensitivities

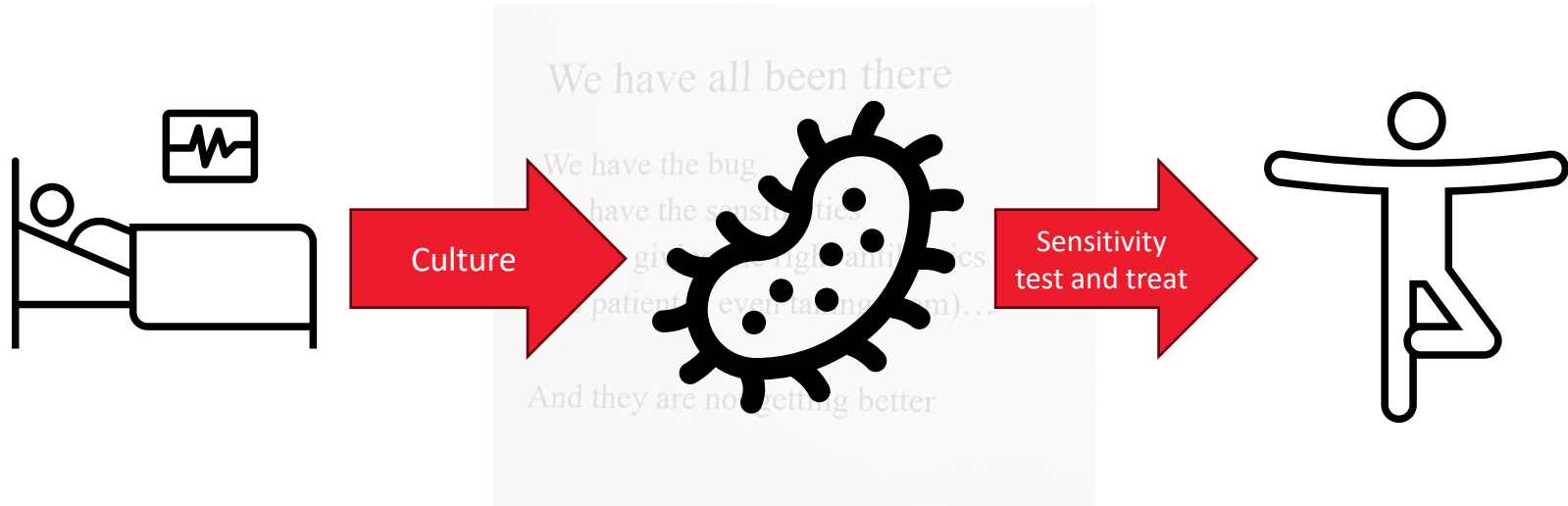
We are giving the right antibiotics
(the patient is even taking them)...

And they are not getting better

Taken from Dr. Steve Holland
Laboratory of Clinical Immunology and Microbiology
National Institute of Allergy and Infectious Diseases
National Institutes of Health
ECCMID 2024

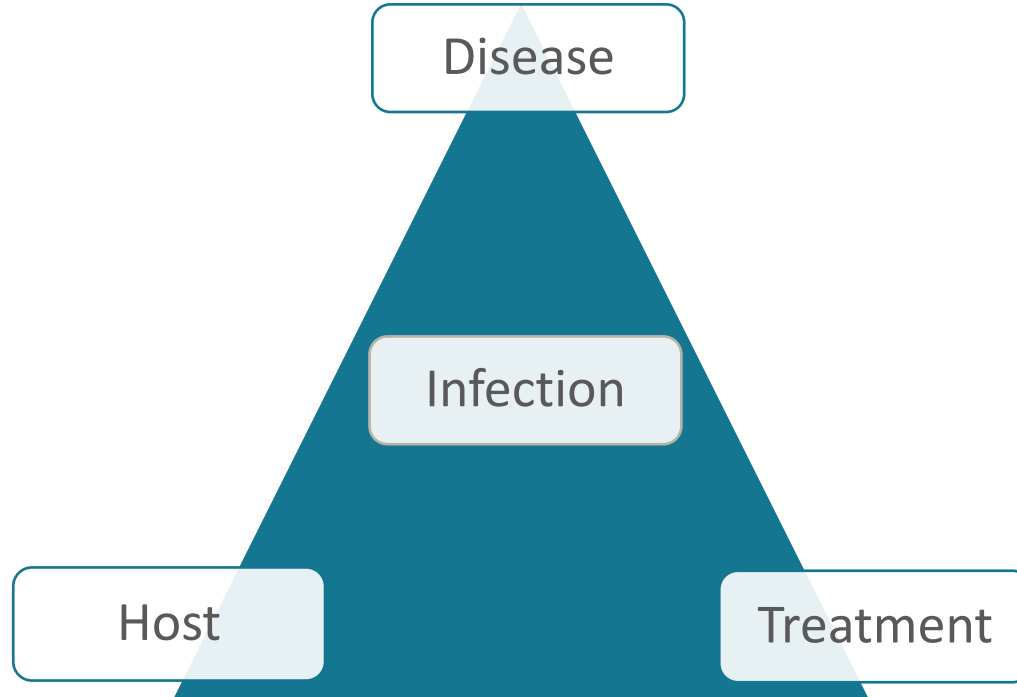
This approach is no longer sufficient for many patients

The traditional approach does not take into account the host



A more complex model of infection is being recognized

Emerging understanding of the patient will support development of non-traditional agents



Top papers in antimicrobial pharmacology, 2023

Model-based assessment of neutrophil-mediated phagocytosis and digestion of bacteria across *in vitro* and *in vivo* studies

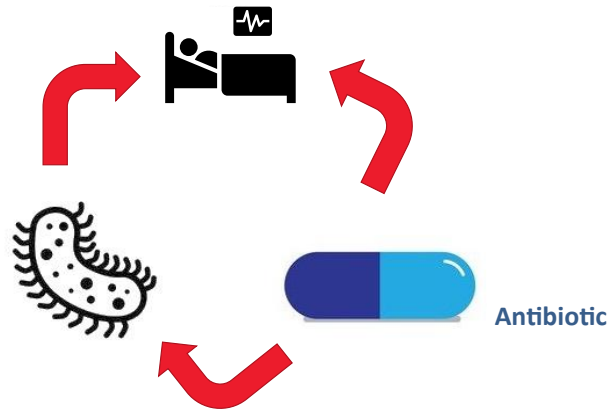
- ***“Typically, antimicrobial drugs are administered to assist a compromised (or functioning) immune system in combating an infection. However, the host response component is usually disregarded during pharmacokinetic/pharmacodynamic (PKPD) assessment of antibiotics, and its effect relative to that of the administered antibiotic(s) is undetermined, although it may be profound.”***
- Thorsted A, Pham AD, Friberg LE, Nielsen EI. CPT Pharmacometrics Syst Pharmacol. 2023;12:1972-1987.
doi:[10.1002/psp4.13046](https://doi.org/10.1002/psp4.13046)



Immune modulation seeks to tip the balance back in favor of the host

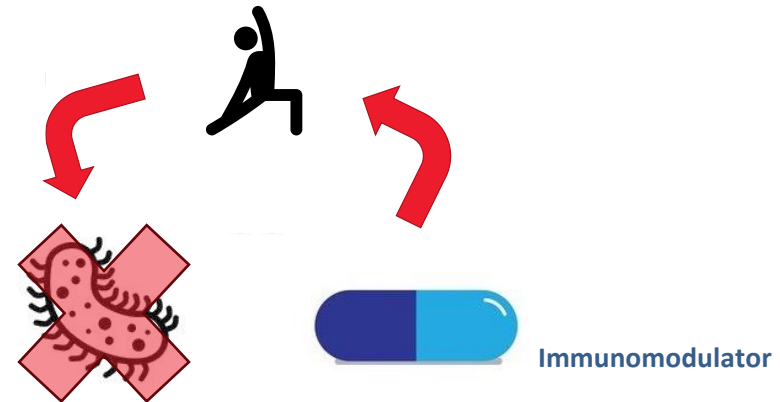
Anti-infectives work best when coupled to a robust immune response

Patients with weakened immunity are often unable to control or clear infections, leading to chronic infections, resistance, increased hospitalization, and death



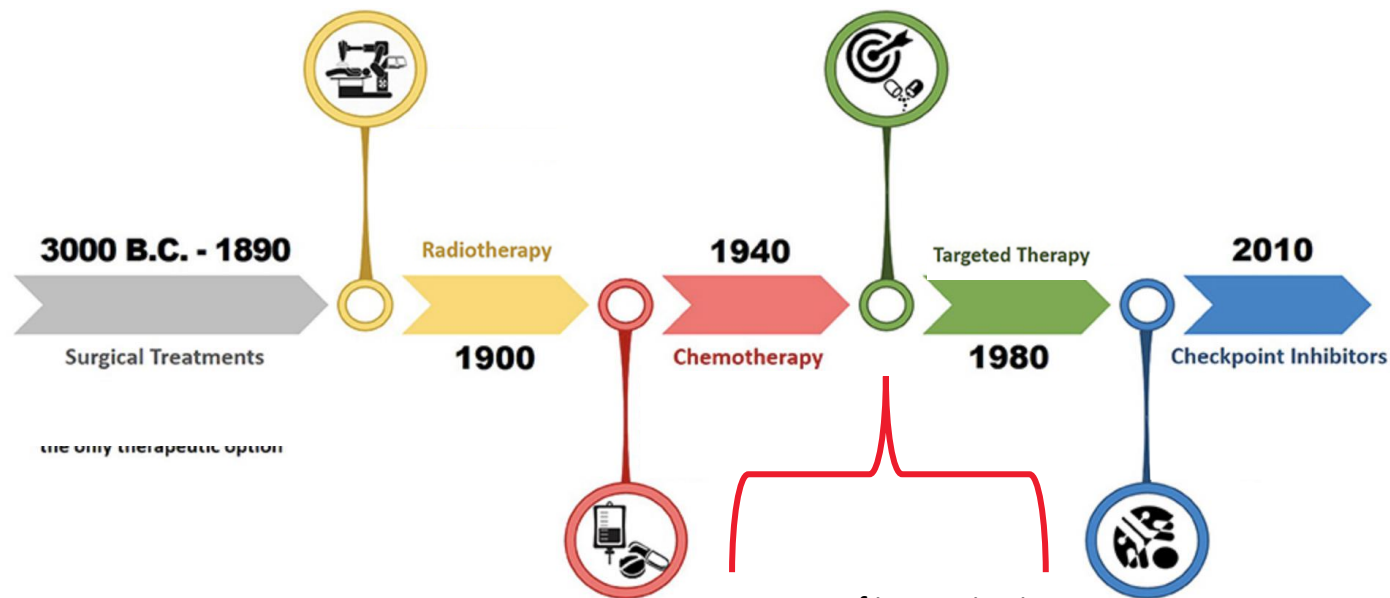
Traditional antibiotic development focuses on achieving target drug concentration in healthy individuals without accounting for the immune system of the patient

Leveraging the immune system, even in immune compromised hosts, enables more rapid and complete clearance of infection



Centauri's technology engages a potent pre-existing antibody response which efficiently drives antibacterial clearance

Immunotherapy has the potential to transform anti-infectives in the same way as the discovery of the cancer immunity cycle has for oncology



*Immuno-oncology:
\$48b market in 2022*

In terms of innovation in antibiotics, we are here.
The last antibiotic class to be successfully introduced as treatment was discovered in **1987**

Compelling rationale for targeted immunotherapies for treatment of bacterial infections

Background to the Centauri platform



Alphamer® platform recruits natural antibodies to drive innate and adaptive response



Engages pre-existing polyclonal antibodies present and perfused in all individuals



Utilises broad range of Ig subtypes including IgG, IgM and IgA antibodies



Focuses the immune system to more effectively recognize and kill through complement and phagocytosis



Potential to specifically target pathogenic bacteria, leaving the microbiome intact

Centauri has strong financial support to bring our vision to patients

Robust cash position supports broader evaluation of the opportunities with our platform and development of additional differentiated assets

£24 M

£24 million GBP
(c. \$32 million USD) Series A
investment round

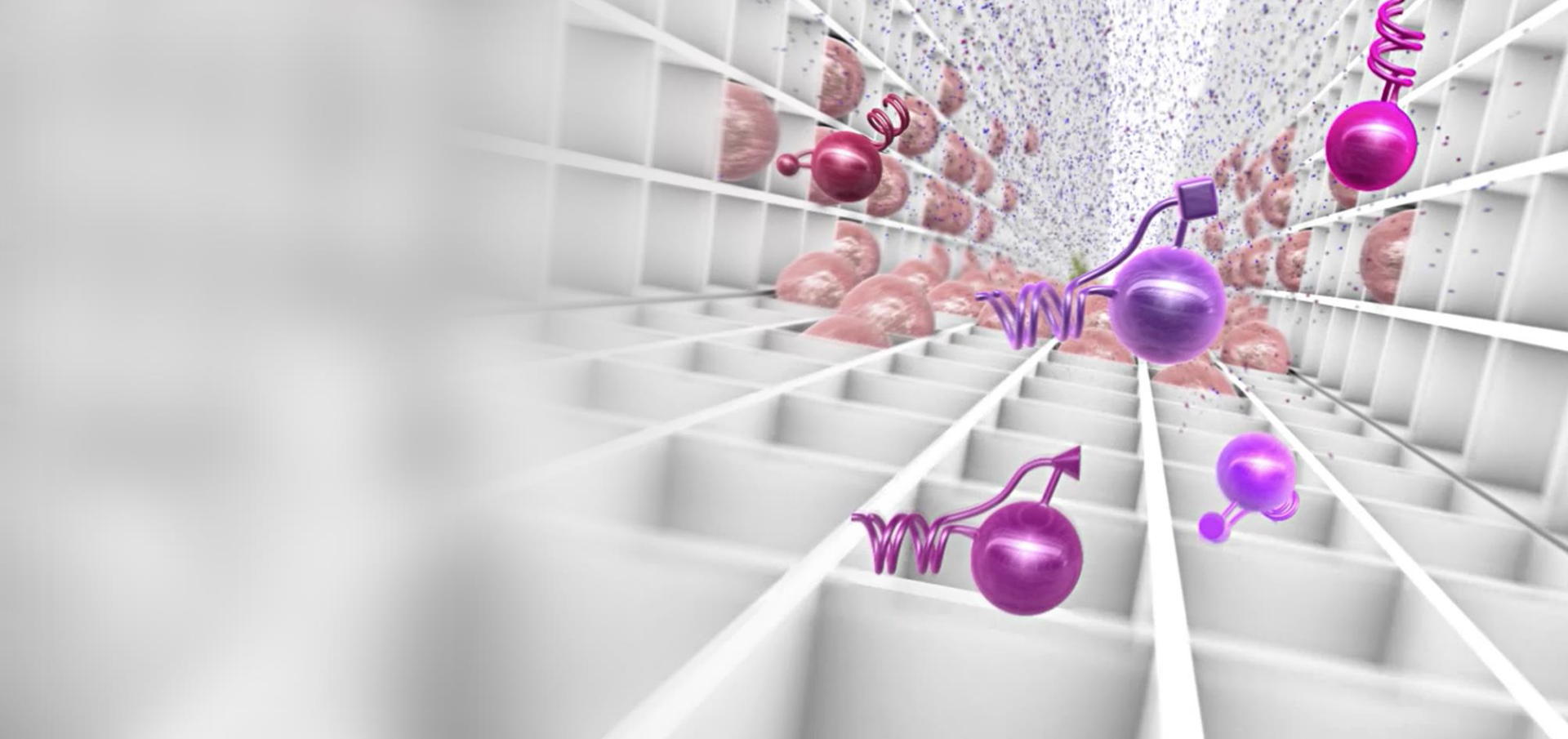
\$9 M

Up to \$9 million USD
(c. £7.8 million GBP) grant
from Combating Antibiotic
Resistant Bacteria
Biopharmaceutical Accelerator
(CARB-X)

£1 M

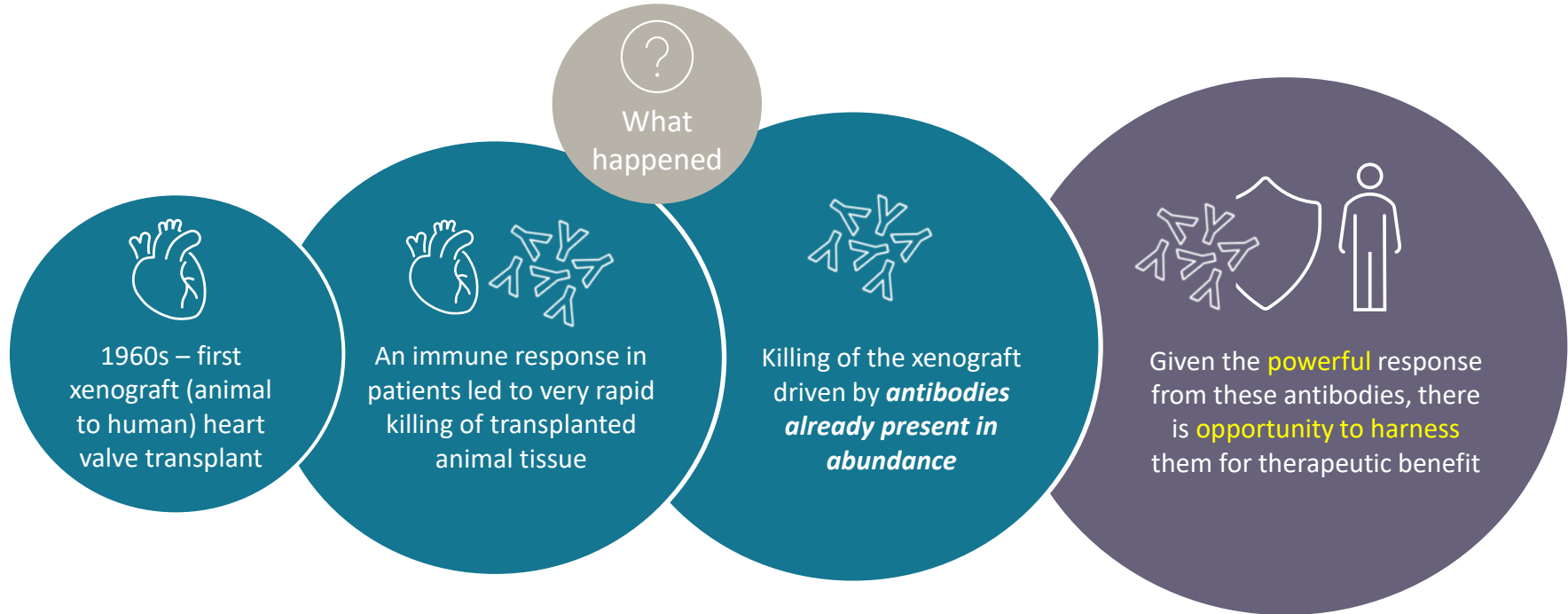


Previous funding
received via Innovate
UK grant programme

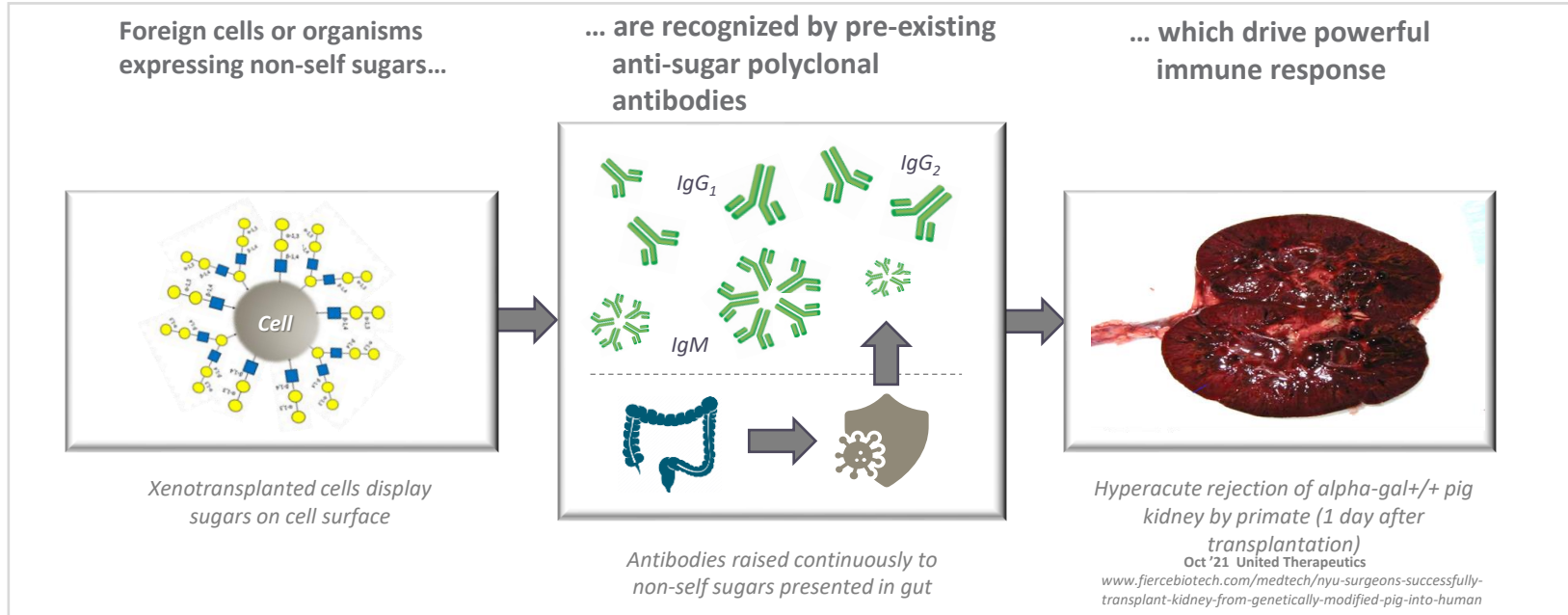


The Alphamer Platform

Origins of the platform



The key to this antibody response is the presentation of natural sugars to the immune system and is the basis for the design of our Alphas

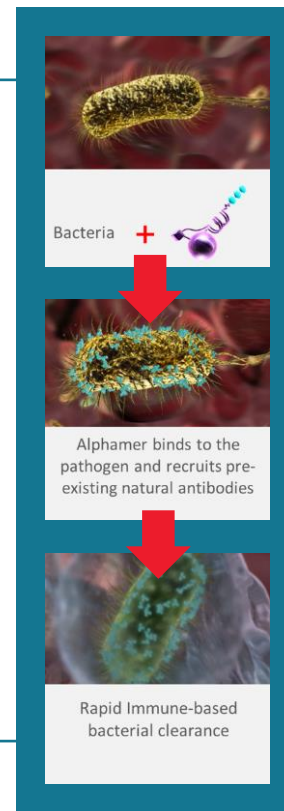
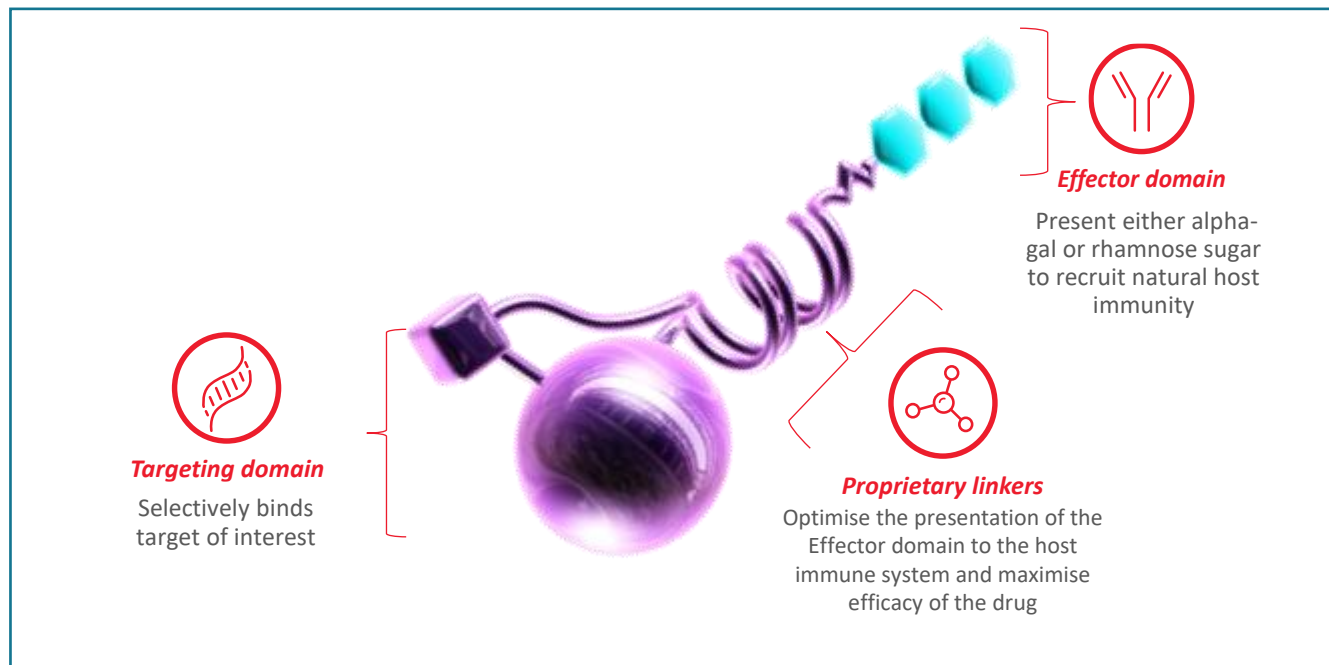


Extensive preclinical data supports therapeutic potential of redirecting anti-glycan antibodies [see refs]

Clinical precedence exists for both the use of alpha-Gal and Rhamnose for recruiting natural immunity

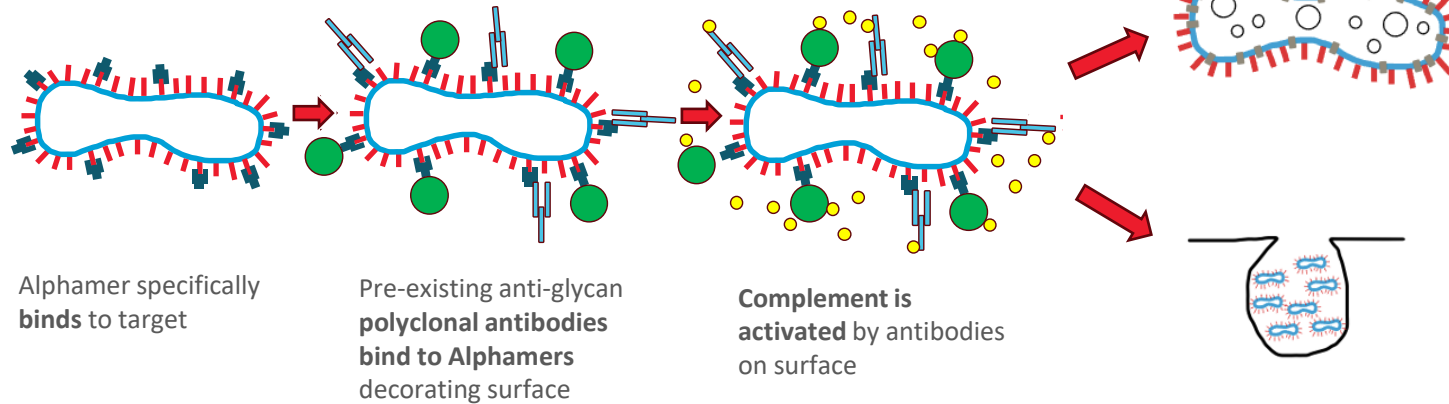
1. Kristian, et al. (2015). *J. Mol. Med.* 93: 619-31; 2. Abdel-Motal, et al. (2007). *J. Virol.* 81: 9131-41; 3. Yilmaz, et al. (2014). *Cell* 159: 1277-89; 4. Gallili, et al. (2007). *J. Immunol.* 178: 4676-87; 5. Schrand, B et al. (2018). *Nat. Comms*, 9: 3348; 6. Tanemura, et al. (2015). *World Journal of Gastroenterology* 21(40): 11396-410.







Alphamers engage the surface of the pathogen through targeting moieties bound to an effector domain to drive rapid immune clearance



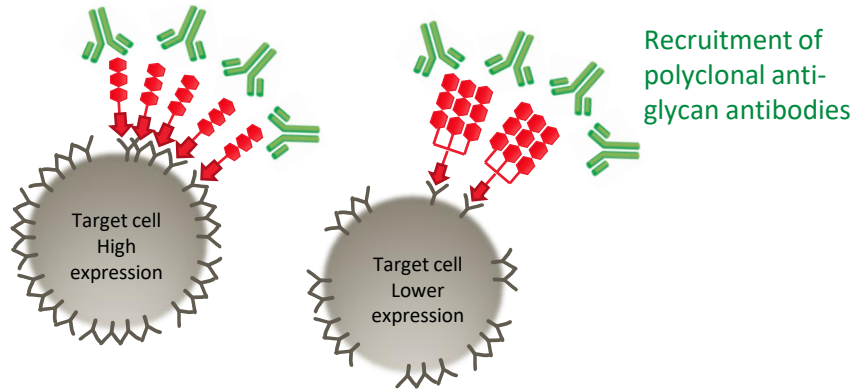
Alphamer mechanisms of action

Two independent pathways leading to cell death

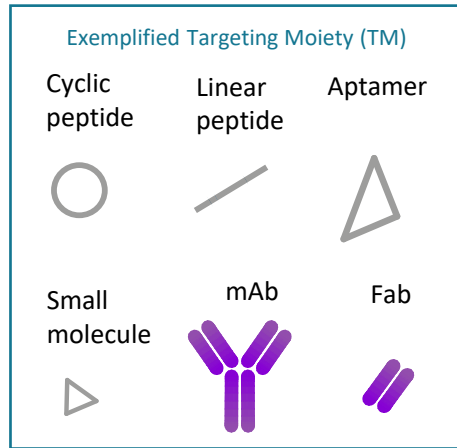
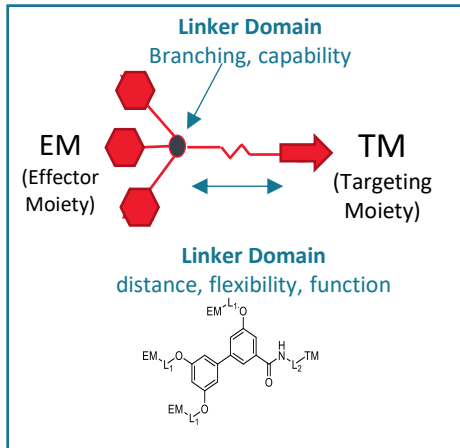


-  Bacterial surface protein
-  Alphamer targeting bacterial surface protein
-  Anti-alpha gal / anti-rhamn IgM antibody
-  Anti-alpha gal / anti-rhamn IgG antibody
-  Complement
-  Complement membrane attack complex (MAC)

Linkers fine tune optimal valency and compatibility for multiple types of targeting moiety, while ensuring appropriate presentation of the sugar to the immune system

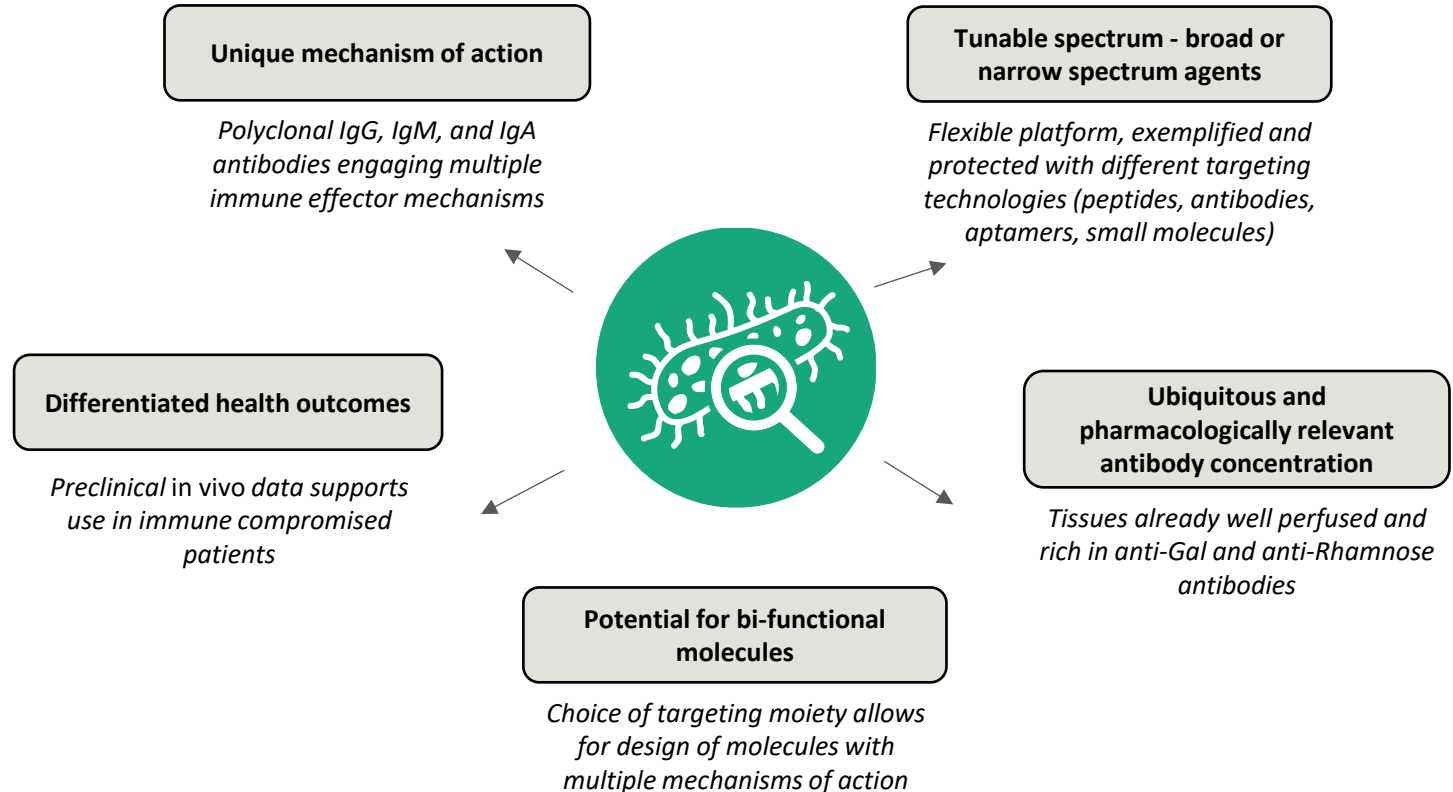


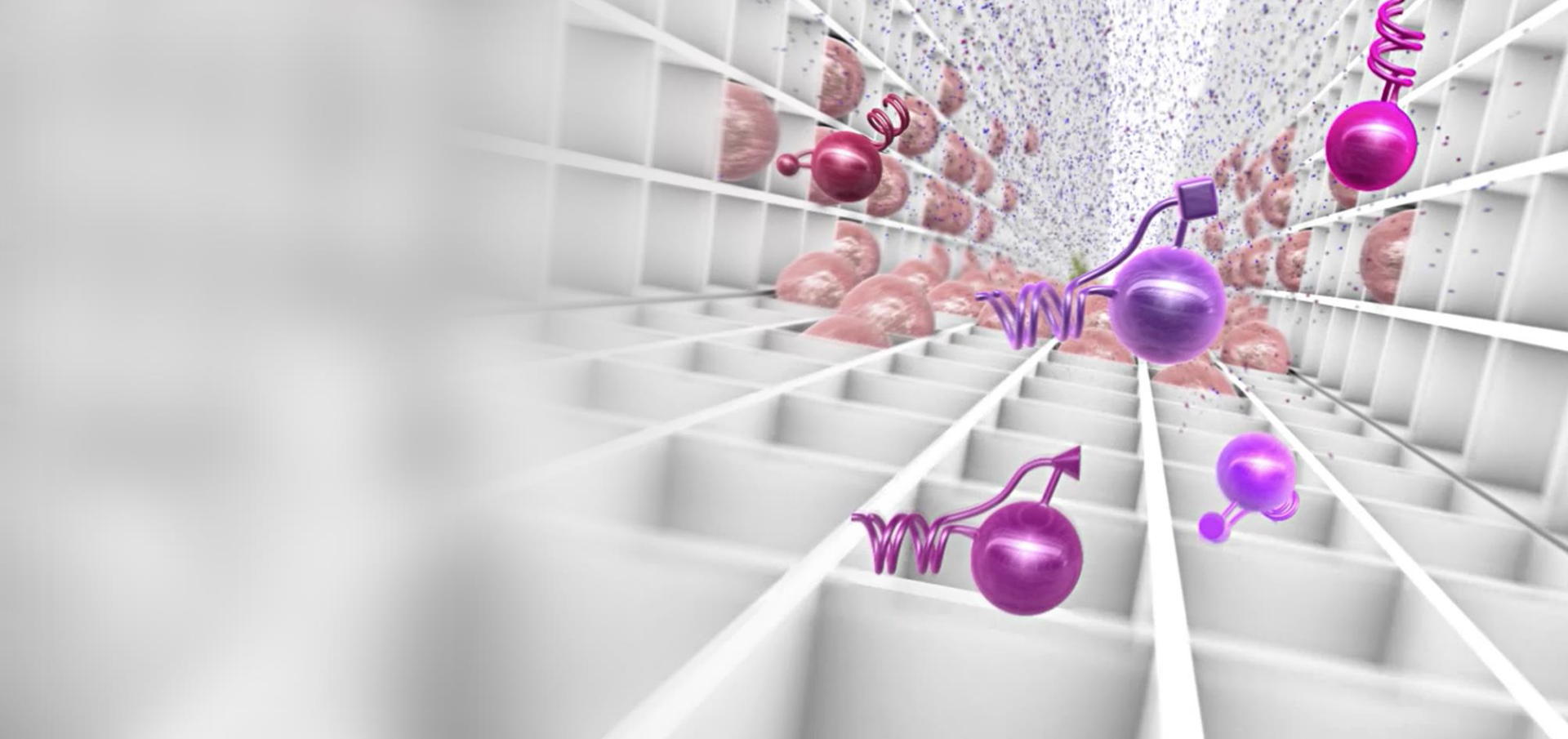
Engagement of polyclonal antibody response by Alphamers expected to lead to broader immune response and faster bacterial clearance than IgG1 mAbs or other recombinant antibody products



We have synthesised and characterised examples of these types of targeting moieties in ID and cancer

Centauri's platform is a disruptive, immunotherapy-based approach to the treatment of serious infections

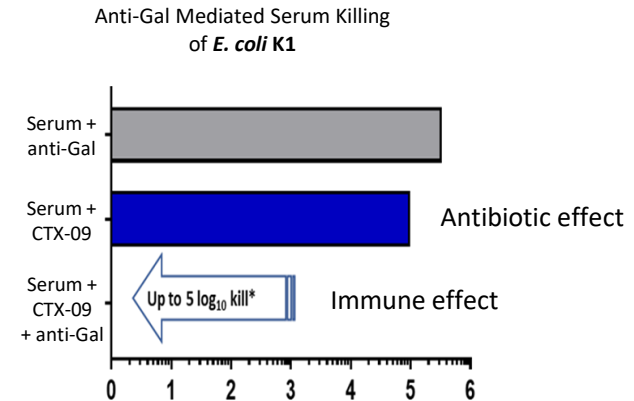
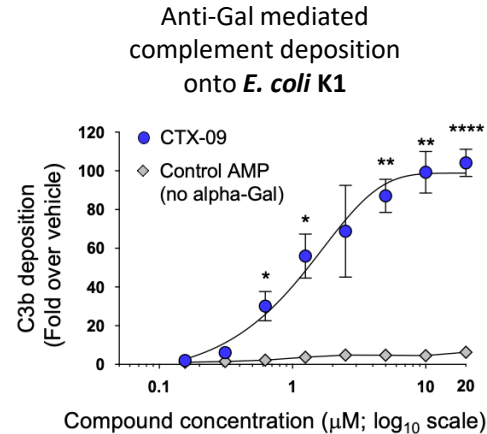
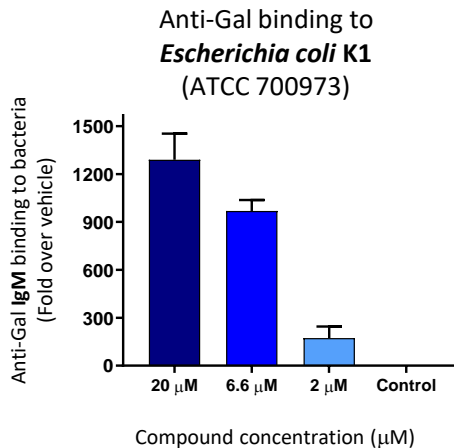




Proof of Concept

We have demonstrated that Alphamers are functional immunotherapeutics *in vitro*

Significant bacterial killing driven through immune activity



Binding of Alphamer to bacterial surface recruits natural antibodies



Recruitment of natural antibodies drives complement deposition...

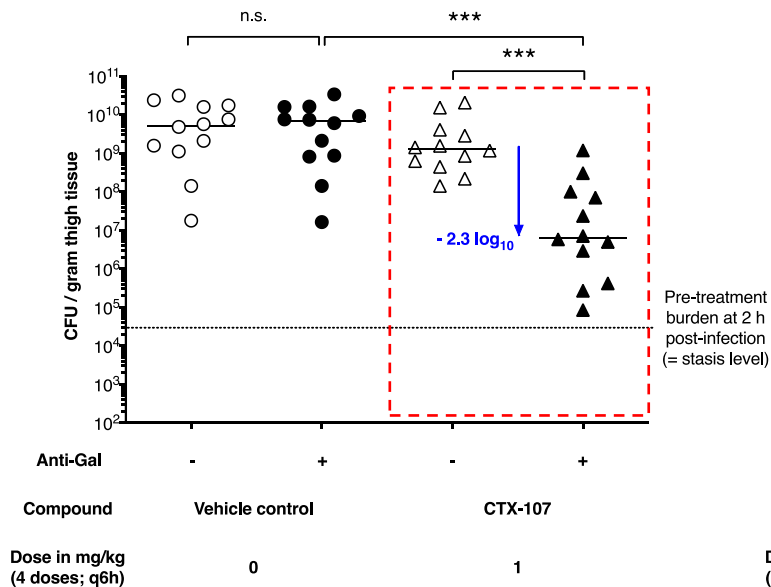


...and serum killing at sub-MIC concentrations

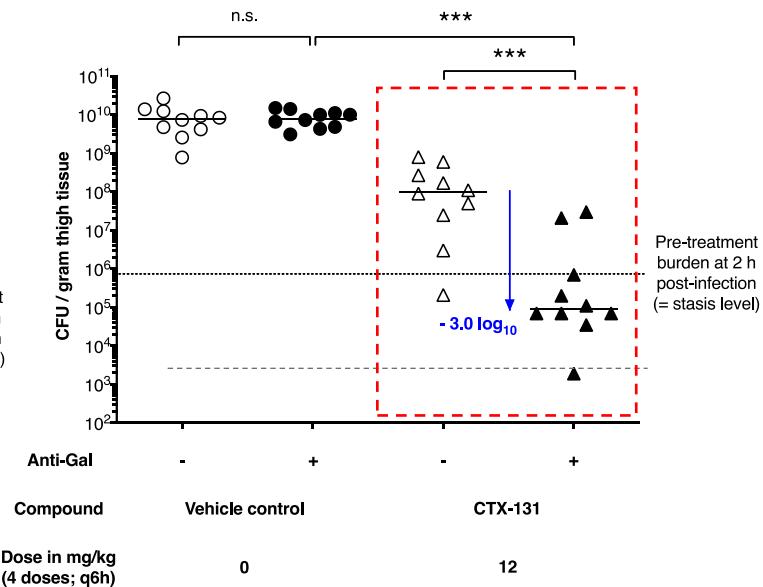
Dual MoA demonstrated *in vivo*

Alphamers mediate *Escherichia coli* inhibition, even in neutropenic murine thigh infection models. Neutropenic animal models are likely a significant under representation of the robustness of the Alphamer mechanism.

CTX-107 activity against *E. coli* NCTC 13441 (ESBL+)

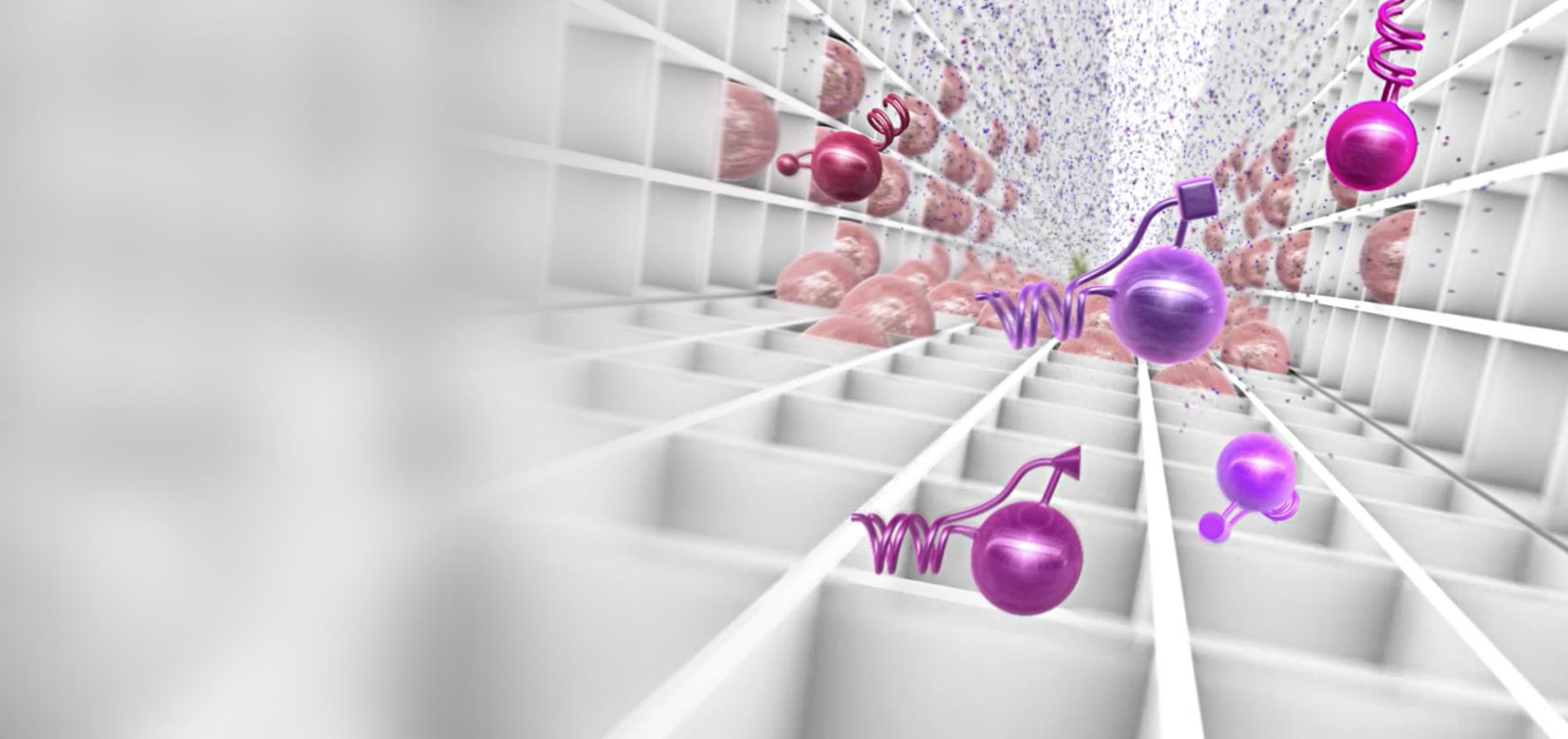


CTX-131 activity against *E. coli* K1



n.s., not significant; ***, $p < 0.0001$, unpaired, two-tailed Mann-Whitney test

Significant drop in bacterial load in the presence of the anti-Gal antibody (red boxes)

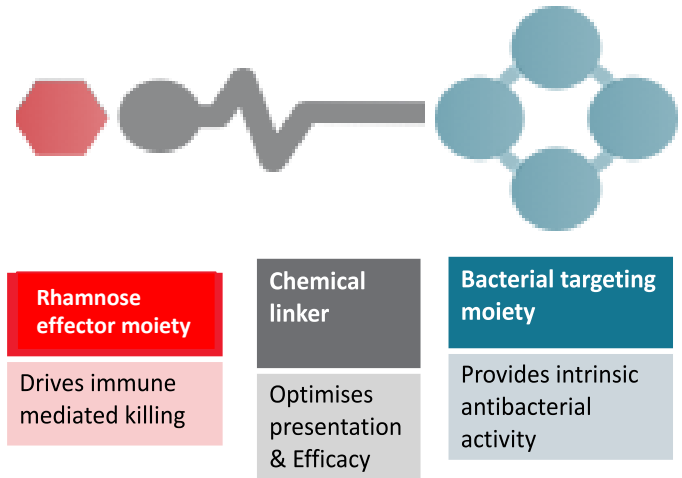


Our lead program, ABX-01

ABX-01 a broad spectrum Gram-negative program

Validation of the technology and approach

- Will treat serious infections caused by Gram-negative pathogens
- Selected to work against clinically prevalent and multi-drug resistant strains
- Broad spectrum, via AMP targeting moiety
- Effective as monotherapy
- No requirement for diagnostic test



Dual mechanism of action: immunotherapeutic effects via complement fixation and phagocytosis in addition to intrinsic antibacterial activities in the same molecule

TPP broad-spectrum Gram-negative

	Minimum Acceptable Result	Ideal Result
Mechanism of Action	A peptide conjugated to one or more alpha-Gal or L-rhamnose epitopes (Alphamer) that binds to Gram-negative bacteria, including MDR strains . Possesses intrinsic antibacterial activity and promotes multiple immune mechanisms to eradicate bacteria through recruitment of natural anti-glycan antibodies.	
Patient Population	Adults with confirmed or suspected serious Gram-negative infections including those caused by MDR Enterobacterales (<i>Escherichia coli</i> , <i>Klebsiella</i> spp., <i>Enterobacter</i> spp.)	Adults and children (>1yr) with confirmed or suspected serious Gram-negative infections including those caused by MDR (including CoIR strains) Enterobacterales, <i>Pseudomonas aeruginosa</i> and/or <i>Acinetobacter baumannii</i>
Dosage form	Lyophilised powder	iv-ready solution
Route of Administration	iv	iv
Dosing	q6h	BID
Indications	VAP/HAP or IAI with limited treatment options	VAP/HAP and IAI with limited treatment options
Risks/Safety	<ul style="list-style-type: none"> • AEs must be manageable and reversible • Nephrotoxicity comparable to or better than current cyclic peptides due to an improved therapeutic window (>3) • Manageable DDIs 	<ul style="list-style-type: none"> • (additional) Able to be dosed in critically ill patients including those with renal or hepatic insufficiency as well as cardiac disease

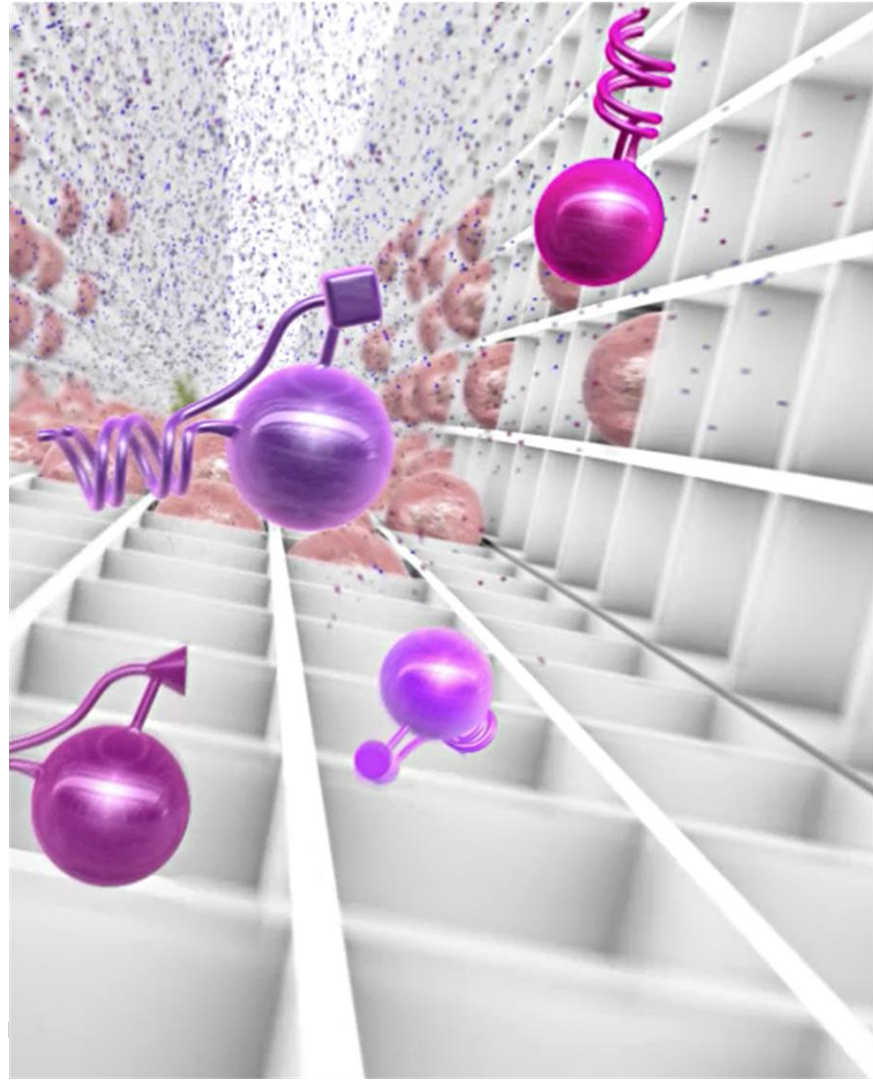
Summary of science and novel approach

- Excellent scientific and leadership team, robust IP position, and solid funding base
- Highly disruptive immunotherapeutic technology with application across multiple therapy areas including infectious diseases, oncology and vaccines
- Demonstrated broad-spectrum anti-microbial activity against Gram-negative bacteria *in vitro* and *in vivo*
- Potent dual mechanism of direct antibacterial and anti-glycan driven immune response demonstrated *in vivo*
- Novel solution to treating a range of life-threatening diseases with systemically-delivered immunotherapeutic
 - The underlying immune mechanism is well known, universal and highly potent
 - The platform can generate multiple innovative products across a number of therapy areas

Immunotherapy for life-threatening infections in vulnerable patients



We seek to tackle life-threatening infectious diseases in the most vulnerable patients.



Rida Mourtada



Rida Mourtada is a co-founder and Chief Executive Officer at Lytica Therapeutics, a biotechnology company focused on developing novel therapeutics to treat infectious diseases and cancer. His passion for drug discovery led him to co-invent Lytica's core technologies, stapled antimicrobial Peptides (StAMPs) and stapled peptide antibody conjugates.

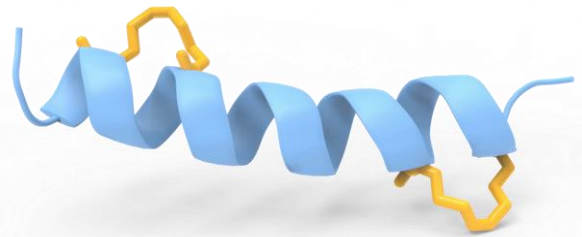
Rida completed his bachelor's and master's degrees at the University of Toronto, Canada and he received his PhD from the Harvard-MIT Program in Health Sciences and Technology at the Massachusetts Institute of Technology, USA.





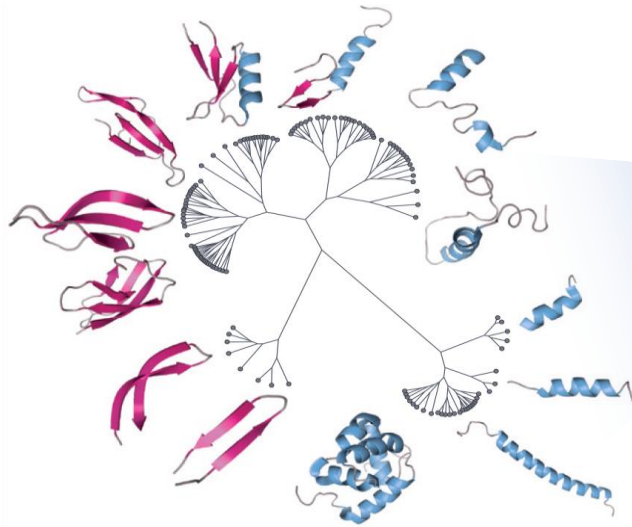
Break Barriers

Stapled Antimicrobial Peptides

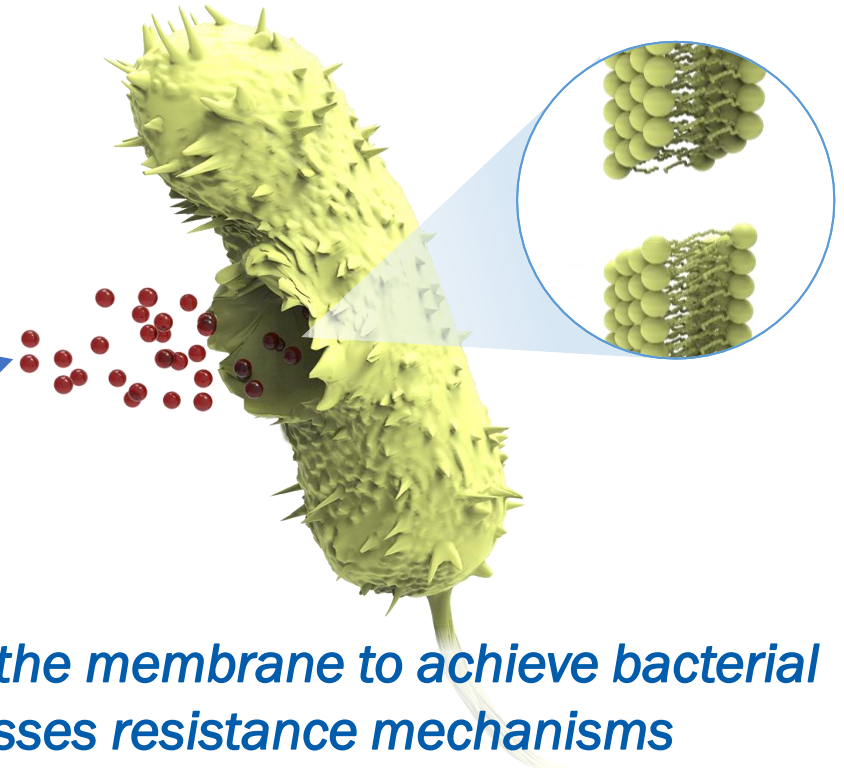


AMPs: A Natural Source of Antibiotics That Has Yet To be Harnessed

- >700 sequences are alpha-helical
- Broad spectrum activity
- Low potential for resistance



Fjell et al. *Nat Rev Drug Discov.* 2011



Targeting the membrane to achieve bacterial lysis bypasses resistance mechanisms

AMPs: A Natural Source of Antibiotics Yet To be Harnessessed

Big Potential

>700 sequences

Broad spectrum activity

Low potential for resistance



Class-Wide Liabilities

Low Potency



Low Selectivity



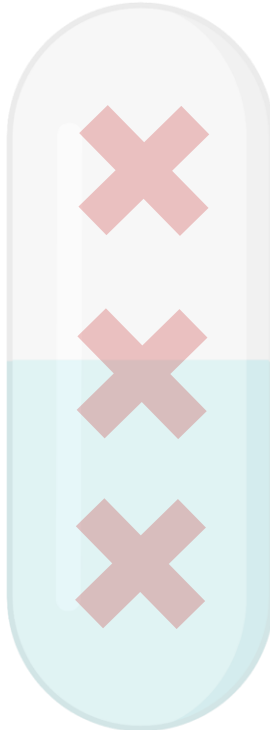
Low Stability



Low *In Vivo* Efficacy



Few Candidates No Success

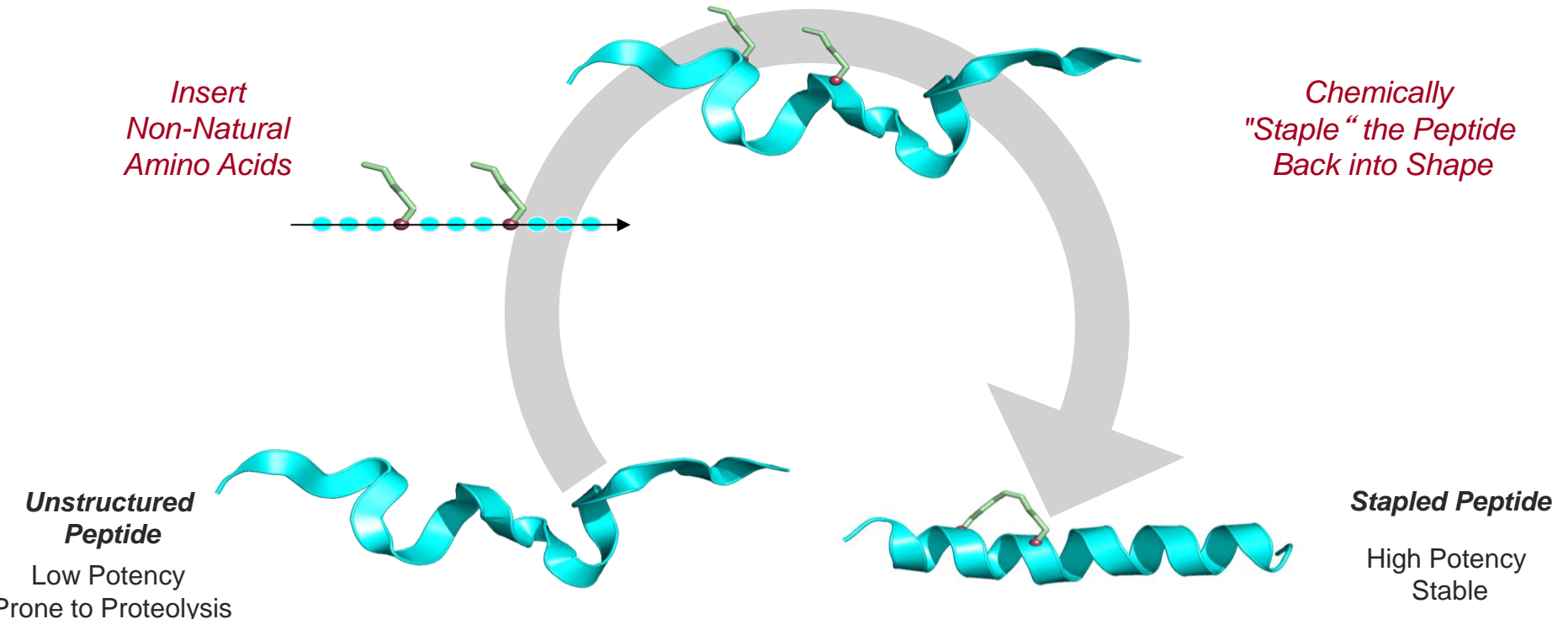


Pexiganan
Topical – *Diabetic Foot Ulcer*

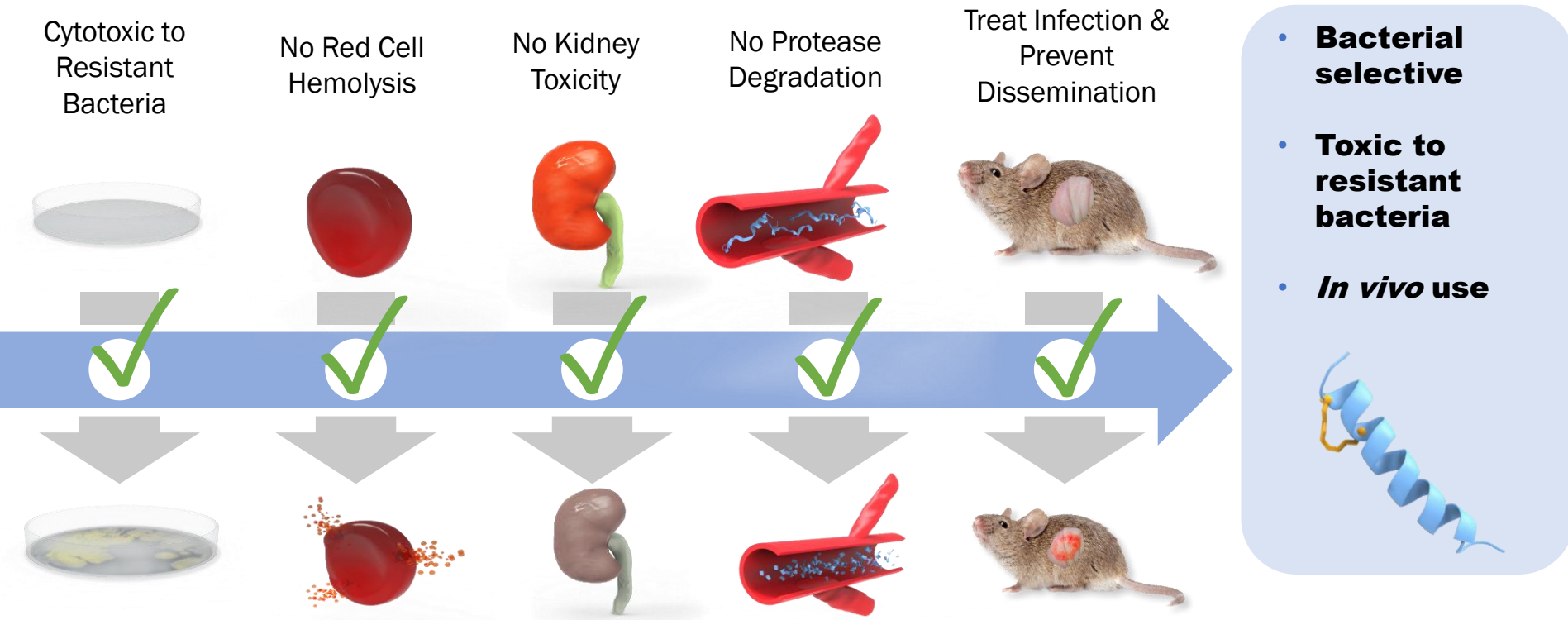
Omiganan
Topical – *Catheter-Associated UTIs*

Brilacidin
IV – *Gram-positive ABSSSI*

Peptide Stapling: A Technology to Restore and Stabilize Bioactive Shape



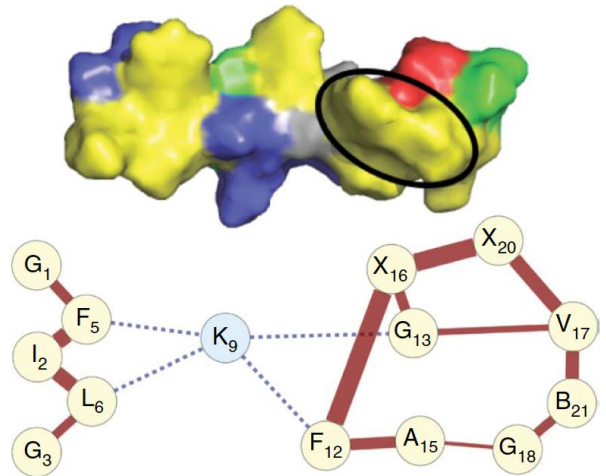
Stapled Antimicrobial Peptides (StAMPs): A Promising New Class of Antibiotics



Design Principles of StAMPs Result in Highly Membrane Selective Lytic Antimicrobials

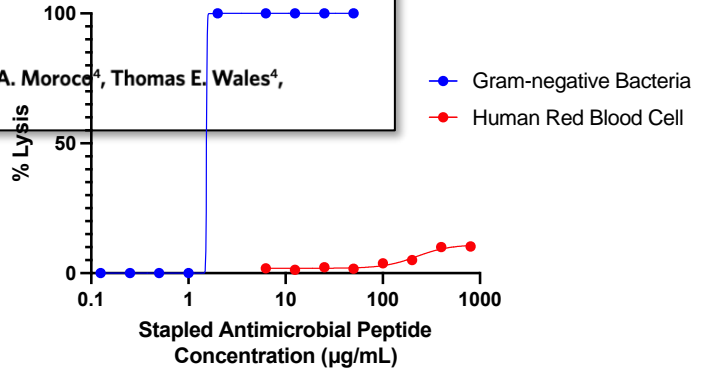
ARTICLES nature
biotechnology

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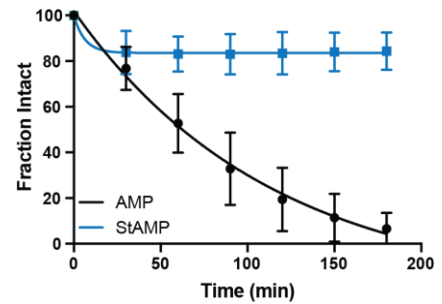
Antimicrobial peptides that kill antibiotic-resistant

Yin J. Yin^{1,2}, Jamie A. Morocco⁴, Thomas E. Wales⁴,
■ 1,2*

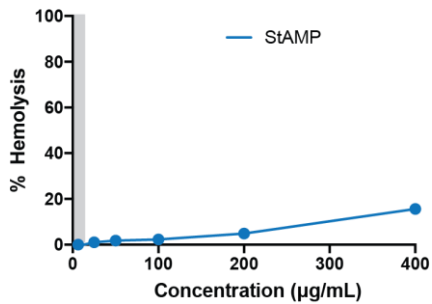


StAMPs: A New Class of Antimicrobials with Unique Properties

Stable



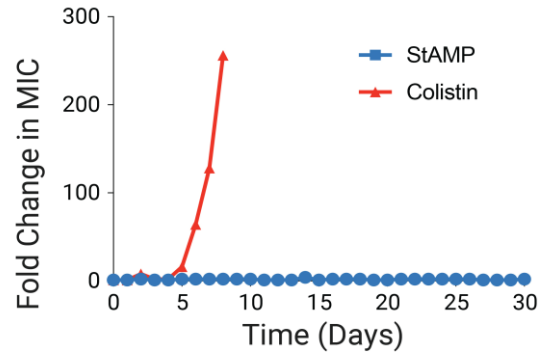
Safe



Gram-negative Selective

Bacteria	Antimicrobial Activity (MIC in µg/ml)
<i>E. coli</i>	2
<i>B. cereus</i>	8
<i>P. aeruginosa</i>	4
<i>S. aureus</i>	64

Do Not Induce Resistance



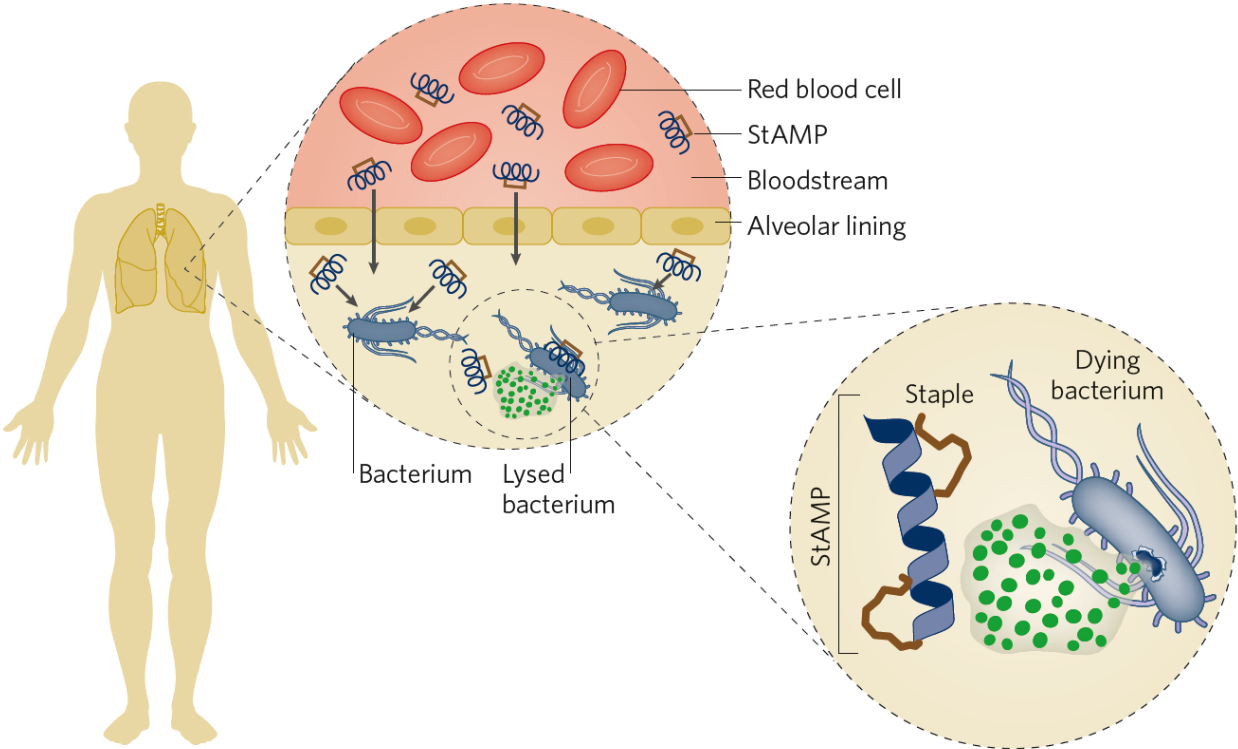
Effective Against MDR Clinical Isolates

Microorganism	Strain	Amp	Ceftaz	CTX	Cipro	Doxy	Gent	Mero	TMP/SMX	StAMP MIC (µg/ml)*
<i>E. coli</i>	RB001	S	S	S	S	I	S	S	S	1.56
<i>E. coli</i>	RB002	R	R	R	R	R	-	-	I	1.56
<i>P. aeruginosa</i>	RB019	-	S	-	S	-	-	S	-	3.12
<i>P. aeruginosa</i>	RB020	-	R	-	I	-	-	-	-	1.56
<i>K. pneumoniae</i>	RB040	-	S	-	S	-	S	-	-	6.25
<i>K. pneumoniae</i>	RB013	-	R	-	R	-	I	-	-	3.12
<i>A. baumannii</i>	RB197	-	-	-	S	-	S	S	S	1.56
<i>A. baumannii</i>	RB206	-	-	-	R	-	R	R	R	1.56

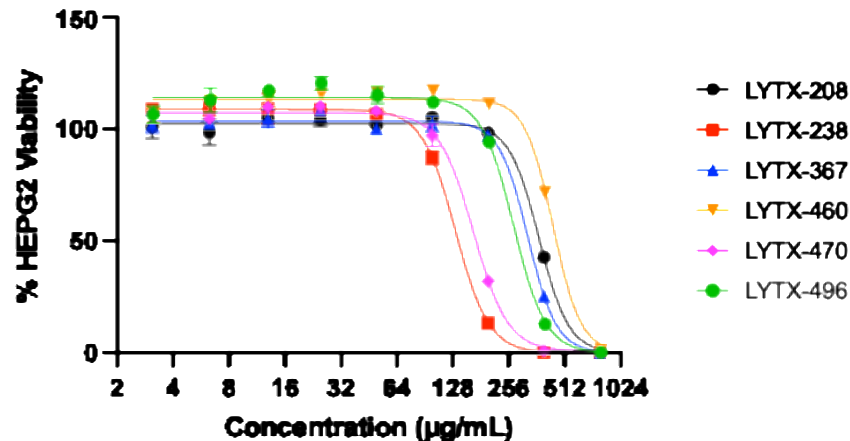
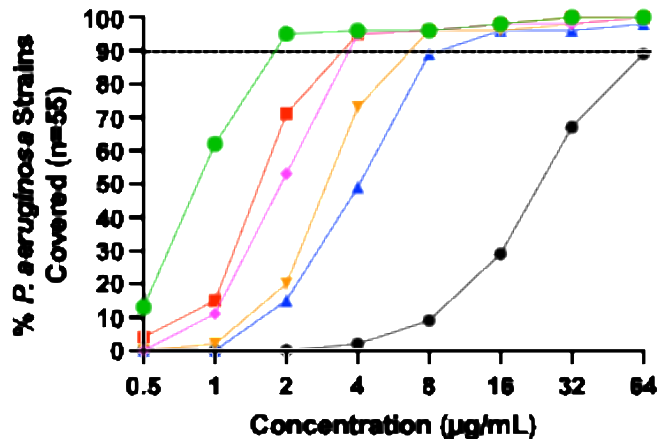
S=Susceptible, I=Intermediate, R=Resistant; Amp=Ampicillin, Ceftaz=Ceftazidime, CTX=Ceftriaxone, Cipro=Ciprofloxacin, Doxy=Doxycycline, Gent=Gentamicin, Mero=Meropenem, TMP/SMX=Trimethoprim/sulfamethoxazole
*Geometric Mean



StAMPs: A New Class of Antimicrobials to Treat MDR Pneumonia

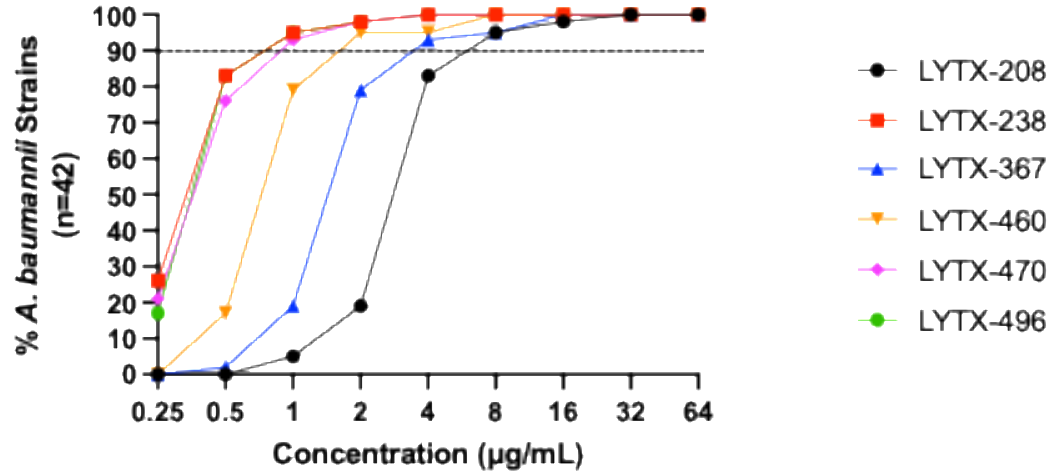


Optimization of StAMP Therapeutic Index



Through an iterative SAR campaign, StAMP potency was optimized while maintaining low cellular toxicity

MIC₉₀ in CDC MDR *A. baumannii* panel



Enhancement in potency against *P. aeruginosa* resulted in potent activity against MDR *A. baumannii* including colistin-resistant strains

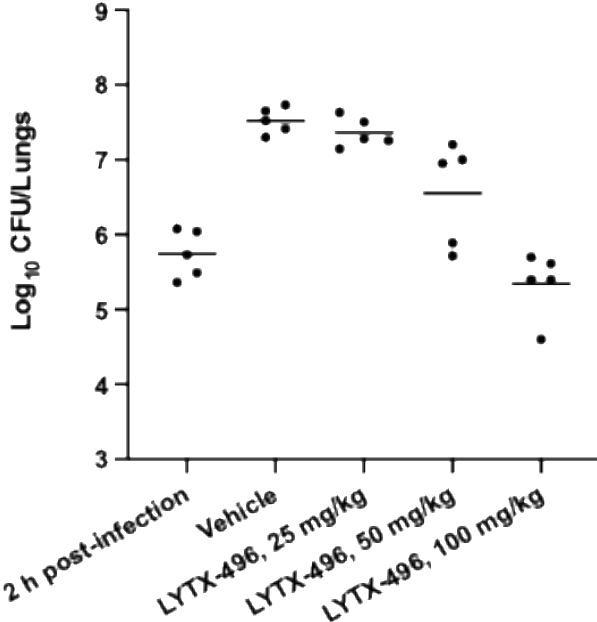
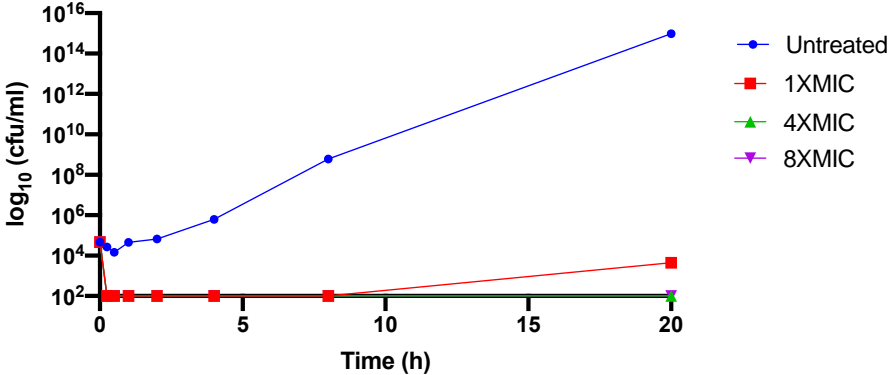
Antimicrobial Efficacy and Cytotoxicity of Optimized StAMPs

StAMP	<i>P. aeruginosa</i> MIC ₉₀ (µg/mL)	<i>A. baumannii</i> MIC ₉₀ (µg/mL)	Cytotoxicity (IC ₅₀ in µg/mL)		Therapeutic Index	
			RPTEC	HEPG2	RPTEC/ <i>P. ae</i>	RPTEC/ <i>A. ba</i>
LYTX-208	~64	8	367	375	6	46
LYTX-238	4	1	103	133	26	103
LYTX-367	~8	4	356	327	44	89
LYTX-460	8	2	263	441	33	132
LYTX-470	4	1	172	167	43	172
LYTX-496	2	1	316	270	158	316

Shortlisted StAMPs show greater bacterial selectivity than initial hits

MIC₉₀ estimated from sub-panel results. CDC AR-bank *P. aeruginosa* (55 strains) and *A. baumannii* (42 strains) panels were used for MIC₉₀ calculations.

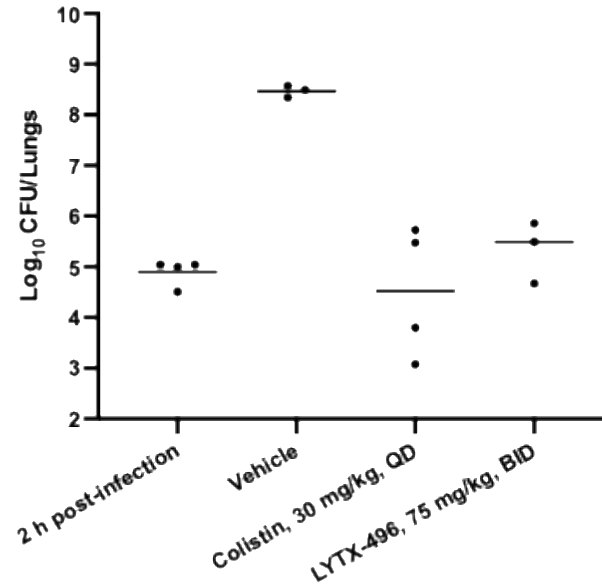
LYTX-496 Displays Rapid *In Vitro* and *In Vivo* Killing Kinetics



Within 4 hours post-administration, LYTX-496 reduced *P. aeruginosa* burden in lung tissue

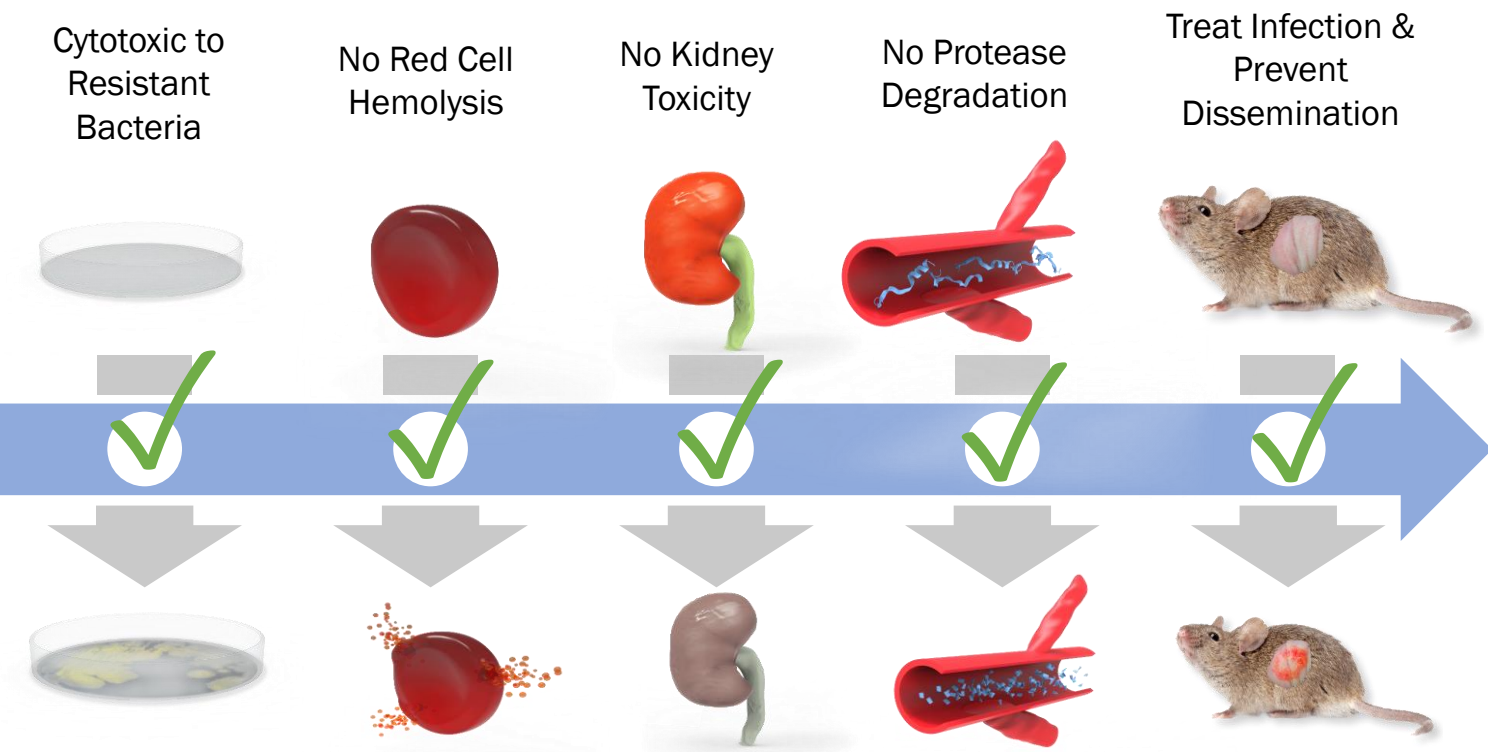


Twice a Day Dosing of StAMP Results in a Sustained Response in a Neutropenic Murine Model of Pneumonia



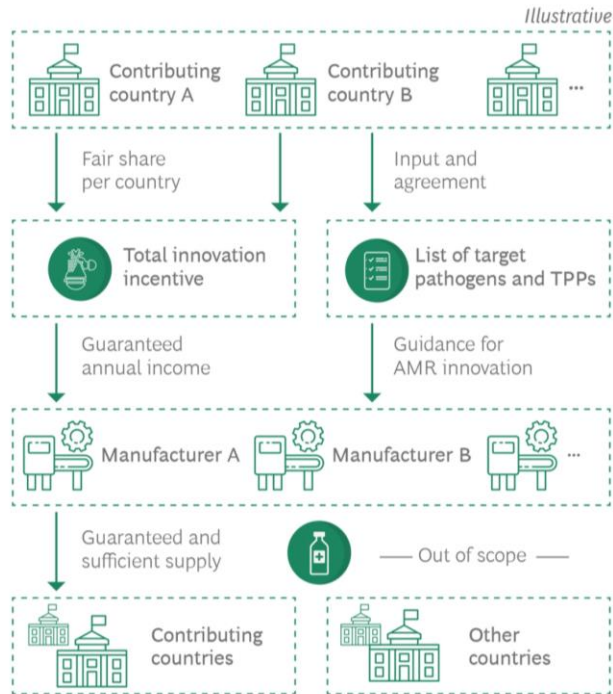
Two doses of LYTX-496 resulted in a 3-log difference in *P. aeruginosa* burden in lung tissue when compared to vehicle

Stapled Antimicrobial Peptides (StAMPs): A Promising New Class of Antibiotics



- **Bacterial selective**
 - **Toxic to resistant bacteria**
 - ***In vivo* use**
- 

A New Economic Model is Needed for a Sustainable Antibiotic Pipeline: A Subscription Model



Source: BCG analysis.

Note: AMR = antimicrobial resistance; TPP = target product profile.

Key characteristics of subscription model



Appropriate and **sustainable financial incentive** for manufacturers to innovate antimicrobials to which G7 countries, the rest of the EU, and China contribute their **fair share**

Increased ecosystem viability



Globally relevant **pathogen list and TPPs** to guide **innovation efforts**, with global **cumulative values assigned** to each TPP

Continuous innovation Portfolio diversity



Sufficient local product availabilities ensured by manufacturers in return for **guaranteed annual income** (delinked from volume sold) over set period

Supply certainty Stewardship and surveillance

Gregorio Iraola



Gregorio Iraola is co-founder and CEO of Kinzbio, a biotech startup developing preventives and therapeutics for antibiotic-resistant bacteria using an innovative technology platform based on the biology of jumbo phages. He is an International Fellow at the Wellcome Sanger Institute (UK) and Adjunct International Professor at the Universidad Mayor (Chile). His research focuses on understanding and combating bacterial infections and AMR from a one-health perspective, integrating the human microbiome with its surroundings.

Gregorio completed his bachelor's degree in biology and went on to complete his master's degree in bioinformatics and PhD in computational microbiology at Institut Pasteur Montevideo, Uruguay.





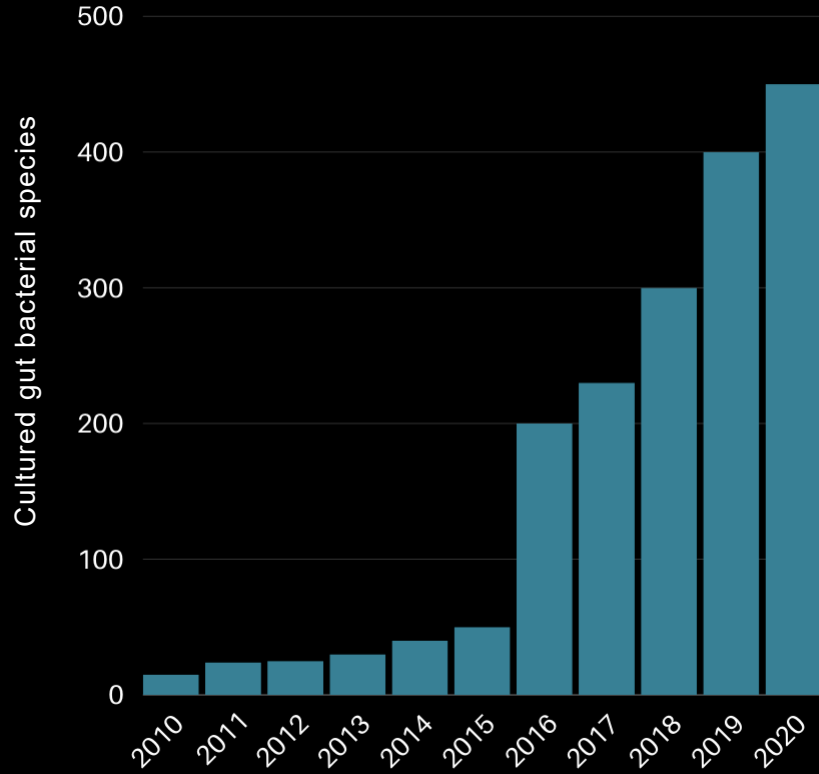
kinzbio®

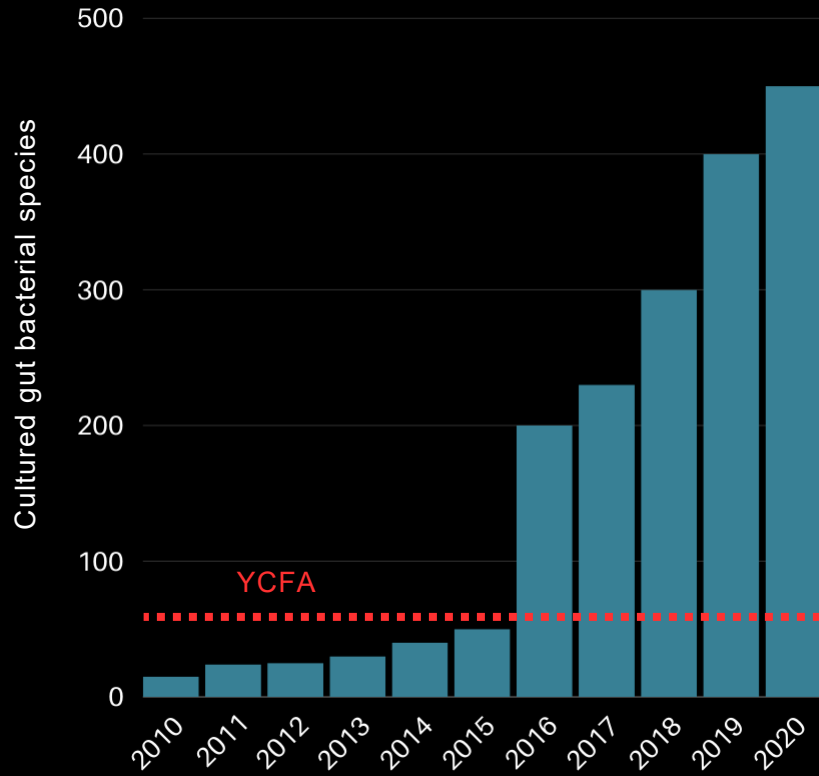
Preventing and treating bacterial
infections with non-traditional
antimicrobials developed from
non-traditional phages

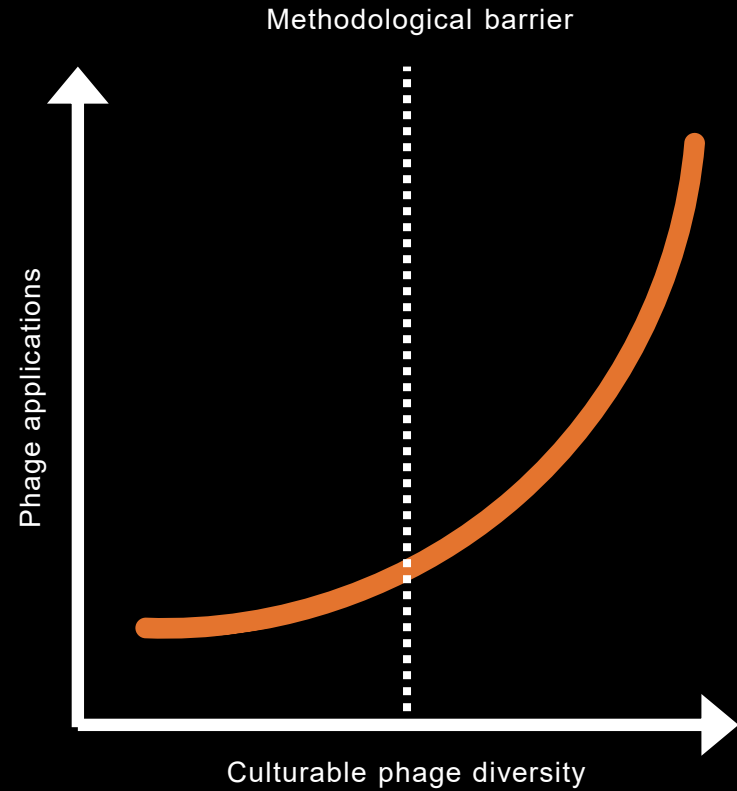
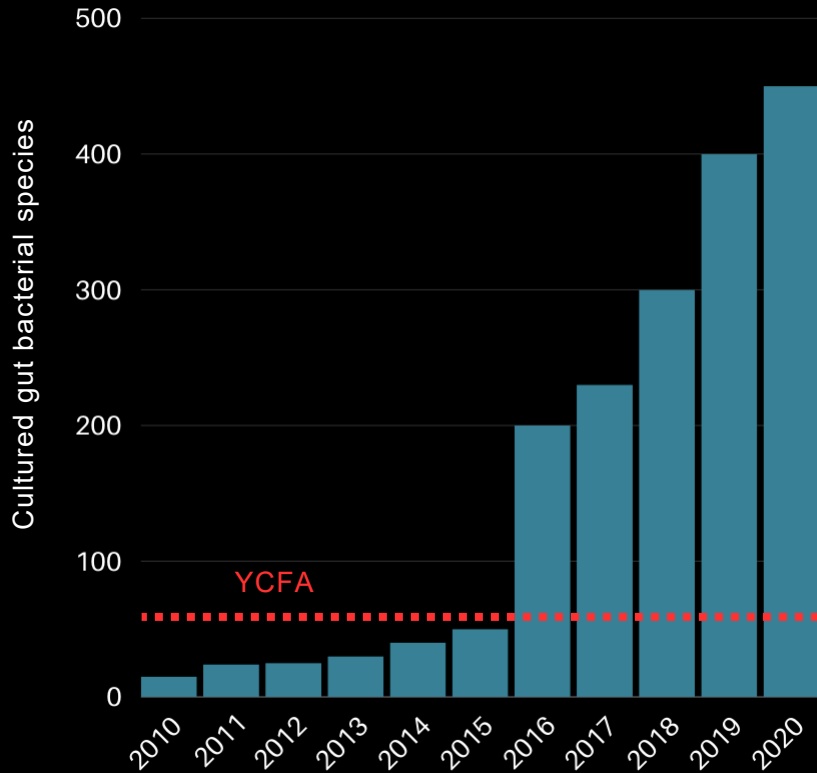
Dr. Gregorio Iraola
CEO

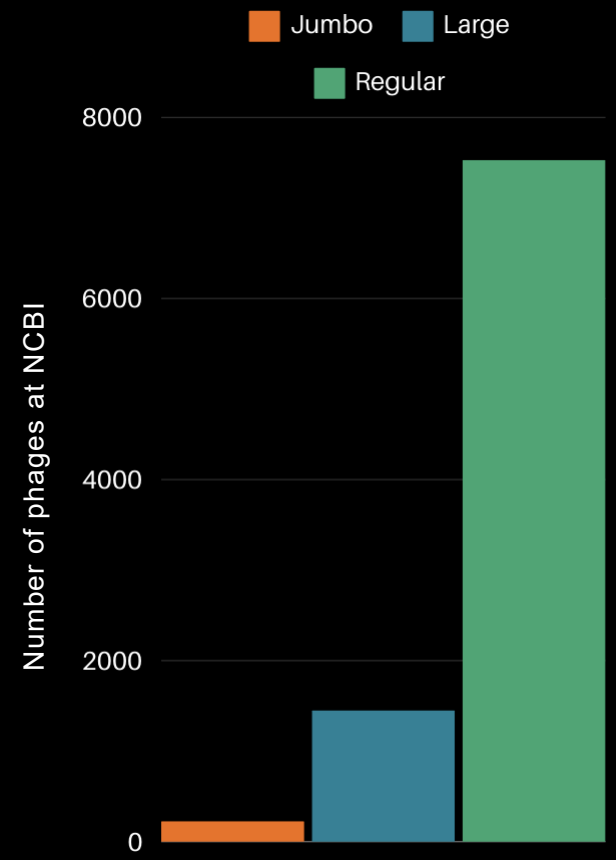
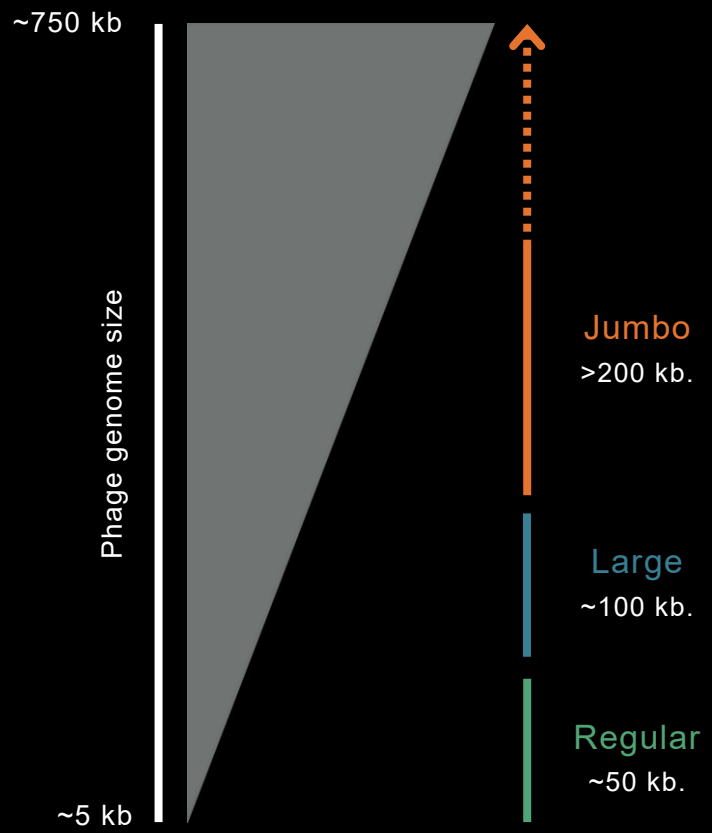


Phages are the most abundant and genetically diverse entities in nature but **only a small fraction of them can be isolated in the lab and are currently being used** for industrial and biotechnological applications









Phage isolation methods effectively recover only a biased fraction of phages of small-sized genomes

Phage isolation methods effectively recover only a biased fraction of phages of small-sized genomes

Phages enclosing bigger genomes, hence expanded genetic and metabolic repertoires, are rarely recovered despite they are abundant in nature, hampering the exploration of their biotechnological applications



Development of methods to discover jumbo phages from nature



Previously unknown jumbo phage species

Development of methods for genomic analysis, propagation and manufacturing

* Proprietary biobank made of unique jumbo phages that offer advantages and others cannot find

* Proprietary software for AI-enhanced phage characterization and manufacturing optimization

Advantages of jumbo phages

- **SAFE >>>** Are almost exclusively virulent, minimizing the chance of lysogeny (integration to the bacterial genome and undesired HGT)
- **RESILIENT >>>** Pose natural defense mechanisms against bacterial anti-phage machineries (CRISPR-Cas, RM systems, etc.)
- **BROADER >>>** They are broad-spectrum phages, meaning that one single phage can kill a wide diversity of target bacteria
- **RESISTANT >>>** Naturally adapted to survive in stressful environmental conditions, improving their activity and stability in formulations
- **HIGH POTENTIAL >>>** >90% of their genomes harbor genes of unknown function, enabling future phage-derived biotechnologies
- **STABLE >>>** Their bigger genomes may tolerate bigger genetic modifications in favor of other applications beyond killing bacteria

* Kinzbio's technology is backed by a fully-owned intellectual property package that includes patents, industrial secrets, proprietary databases, biobanks and software

PERSONALIZED MEDICINES

Kinzbio has developed a personalized phage therapy platform that is currently applying and commercializing in Latin America to treat antibiotic-resistant infections

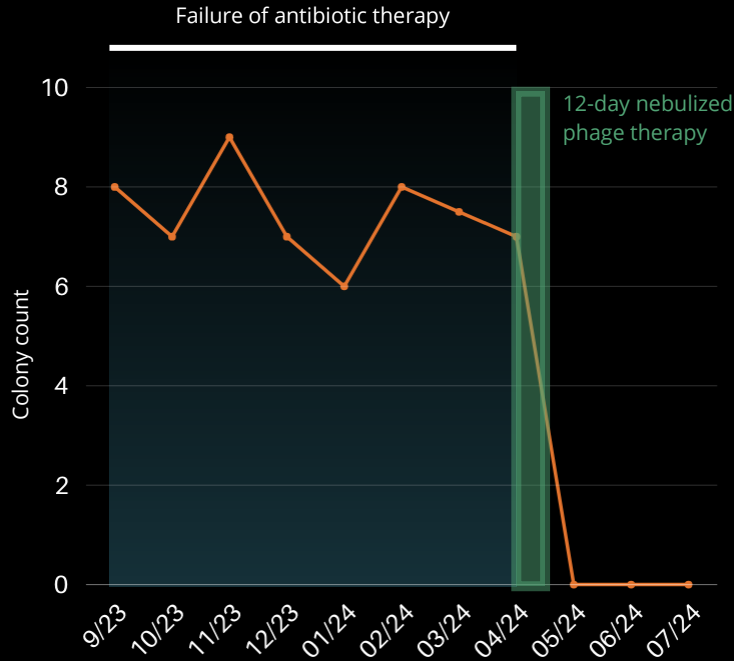


Kinzbio's core
technology

INFECTION PREVENTION AND CONTROL

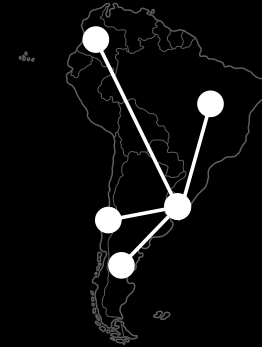
Through partnerships with global leader companies and organizations, Kinzbio is developing phage applications to prevent bacterial surface contamination in hospital and domestic environments

Scaling and making personalized phage therapy available globally



A local hub for ambulatory patients

Through a local hub in Uruguay, and taking advantage from local regulations and installed capacities, Kinzbio will focus on treating ambulatory patients that can travel to the country from the Latam region and abroad



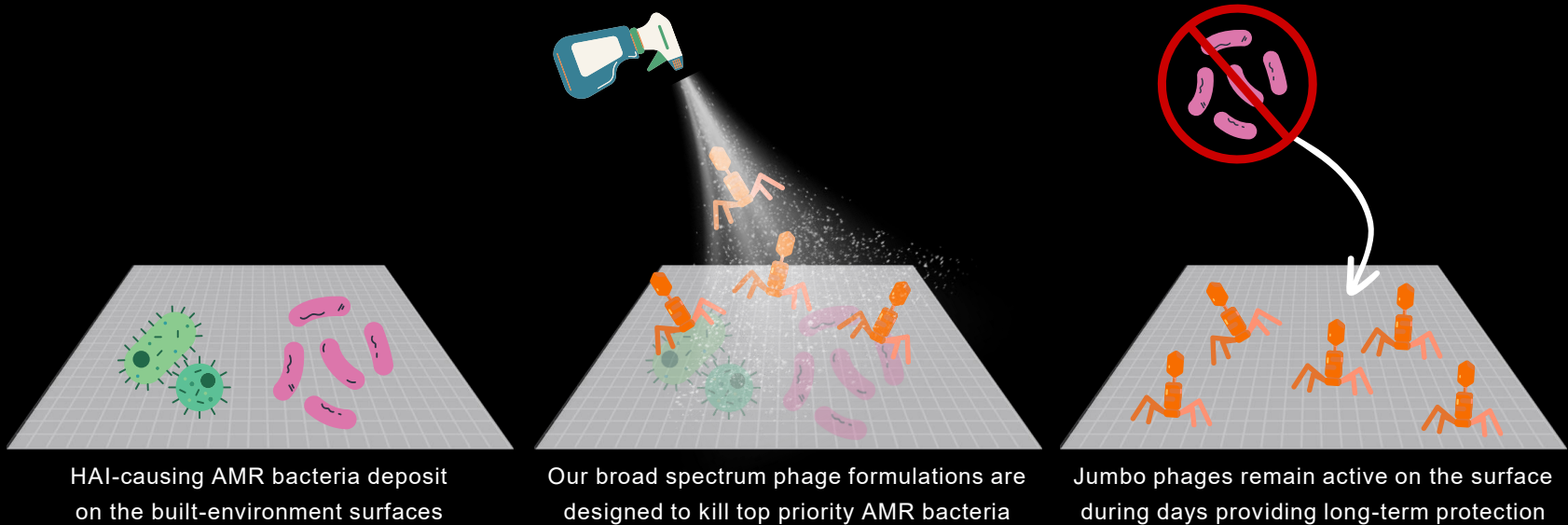
A decentralised network for critically-ill patients

Through a decentralized network where Kinzbio subsidiary operations will be installed, we will scale to the region and beyond facilitating the treatment of critical patients



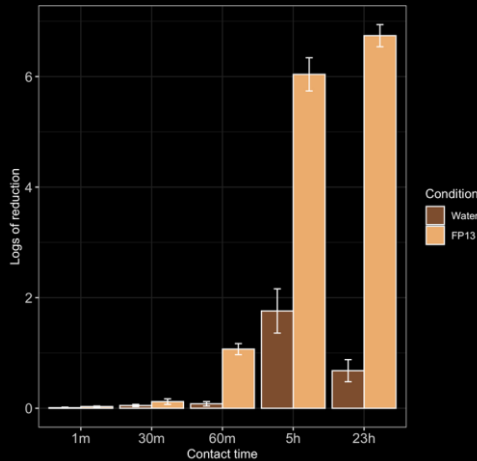
Partnering to develop the next generation of infection prevention and control tools

At Kinzbio we are preventing HAIs by providing the built-environment with broad spectrum and **long-lasting protection against top-priority AMR bacteria** using phage-based technologies



Partnering to develop the next generation of infection prevention and control tools

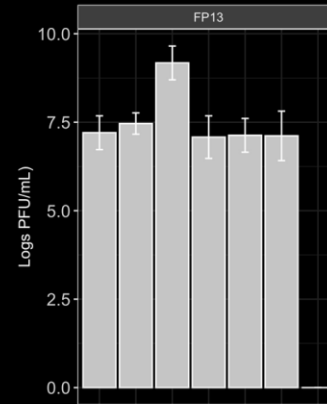
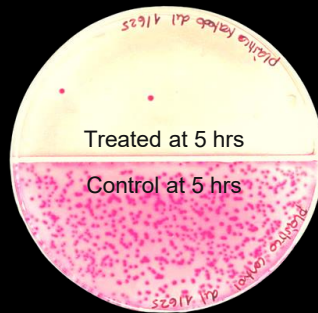
Klebsiella pneumoniae (Kp), is a phenotypically diverse top-priority pathogen with the ability to resist to last-line antibiotics and that has evolved **increased capacity to colonize and persist in the hospital environment**



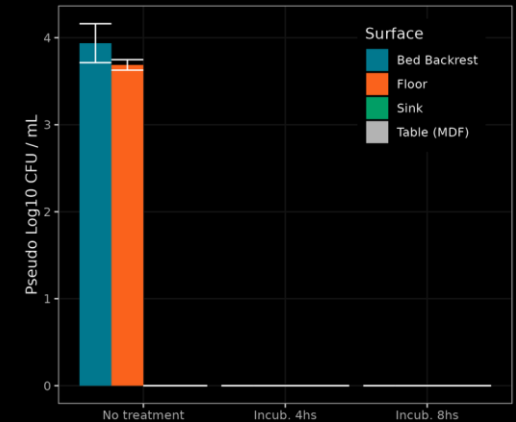
Eradiation of nosocomial, multidrug resistant bacteria from experimentally-contaminated surfaces



24 hours after atomization phages were recovered viable



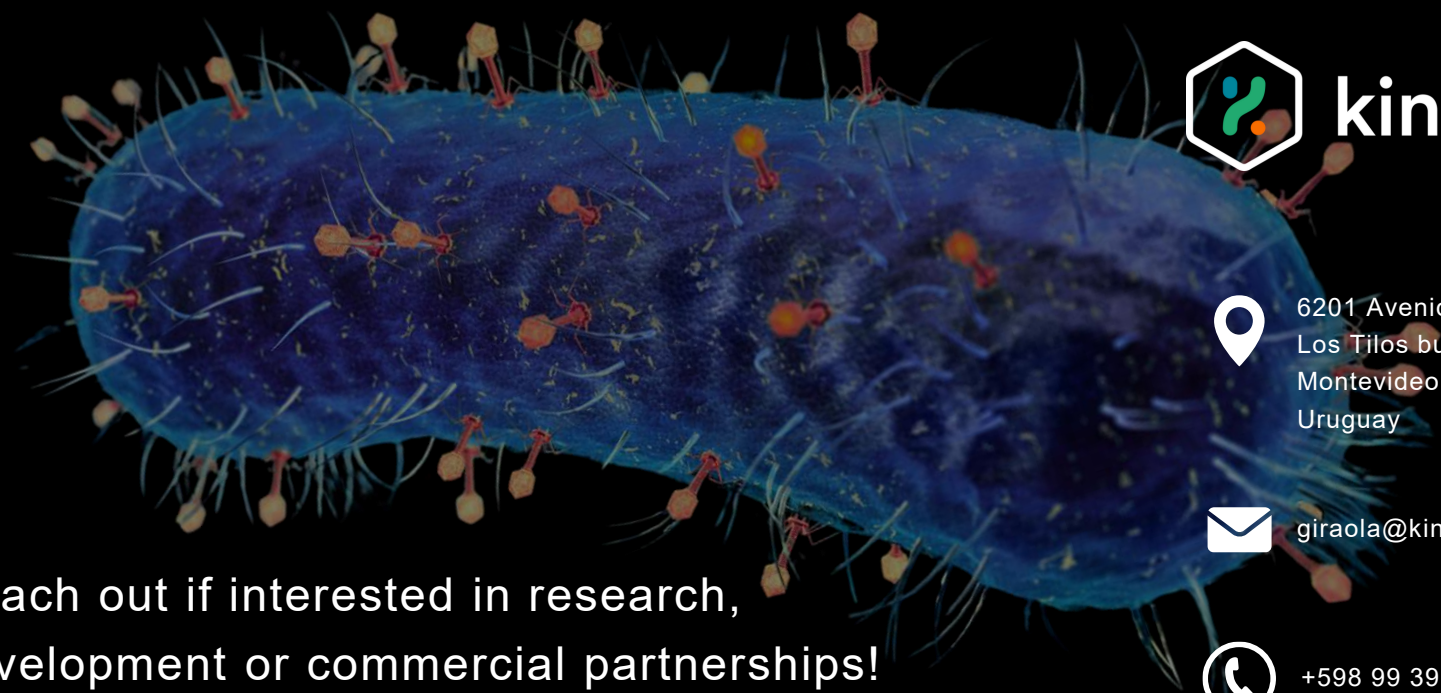
Our phages are resistant to chemicals that are commonly used in disinfectants, supporting their addition to surface protection formulations



When atomized on surfaces from hospital ICUs, phages eradicated bacterial strains thriving on the built environment and derived from infected patients in the ICU isolation boxes

Final remarks

- Kinzbio developed a phage core technology platform backed by proprietary methods allowing to **expand the diversity of culturable phages**, leveraging the potential of phages with expanded genetic and metabolic repertoires
- Based on its unique phage biobank and manufacturing methods, Kinzbio has successfully performed **personalized treatments achieving complete eradication of infecting strains**
- This therapeutic option is now **commercially available in Uruguay** through a network of hospitals and physicians and expansion to Latin America and Europe is in progress
- Through an ongoing partnership with a global multinational company in the hygiene and human health sectors, we are developing **a new generation of phage-based disinfectants for domestic environments**
- Another partnership is under consideration to keep developing and expanding the use of our approach for **infection prevention and control through the delivery of phages on hospital surfaces**



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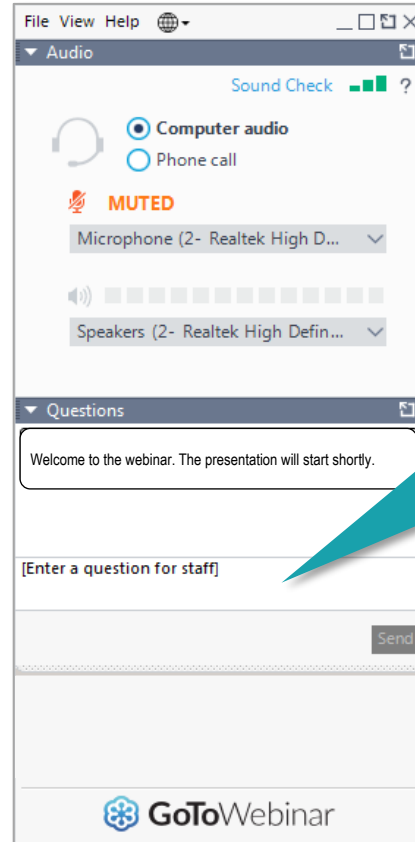
Reach out if interested in research,
development or commercial partnerships!

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How to submit your questions

If your question is addressed to a specific speaker, please include their name when submitting the question.



The presentation will be followed by an interactive Q&A session.

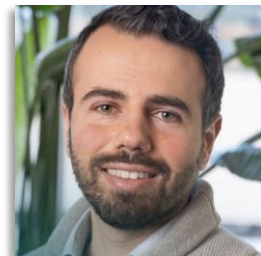
Please submit your questions via the 'questions' window. We will review all questions and respond to as many as possible after the presentation.

Today's speakers

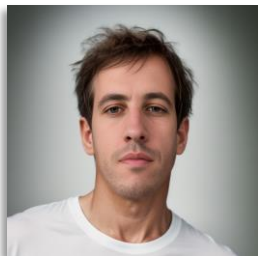
Exploring non-traditional antimicrobials: Insights from three cases



Jennifer Schneider
Chief Executive Officer
Centauri Therapeutics (*UK*)



Rida Mourtada
Chief Executive Officer
Lytica Therapeutics (USA)

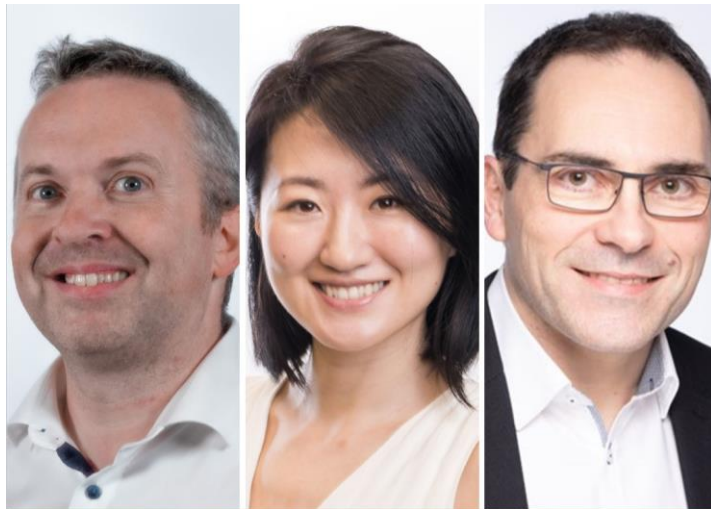


Gregorio Iraola
Chief Executive Officer
Kinzbio (Uruguay)



Moderator:
Sina Gerbach
Deputy Head and Development Lead of the
Transfer Group Anti-infectives, Leibniz-HKI
and Program Manager at INCATE (Germany)

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