PRECLINICAL STAGE LICENSING OPPORTUNITY

OCTREOTIDE
DK-0051

DRUG FOR MULTI AND EXTENSIVELY DRUGRESISTANT TUBERCULOSIS (MDR / XDR-TB)

OCTREOTIDE EFFICACY & SAFETY

• Regulatory approved drug for a different indication with excellent safety profile.
• Inhibits XDR-TB clinical bacterial strains.
• Inhibits MDR-TB clinical bacterial strains.
• Inhibits drug-sensitive clinical bacterial strains.
• Different Mode of Action as compared to classical anti-TB drugs.

ADVANTAGES vs. CURRENT STANDARD OF CARE

• XDR-TB is defined as TB that has developed resistance to at least rifampicin and isoniazid (resistance to these first line anti-TB drugs defines Multi-drug-resistant tuberculosis), as well as to any member of the quinolone family and at least one of the following second-line anti-TB injectable drugs: kanamycin, capreomycin, or amikacin. Because XDR-TB is resistant to first-and-second-line drugs, treatment options are seriously limited.
• Octreotide has the chance to be first in class on the market.

ATTRACTIVE MARKET IN EXCESS OF $300M FOR USA AND EUROPE MARKETING APPROVAL EXPECTED IN AROUND 4 YEARS

Relief Therapeutics is seeking partners for commercialization in USA, France, Great Britain, Japan of OCTREOTIDE (DK-0051).

INTELLECTUAL PROPERTY & PATENTS

• Issued and validated patents in UK, France, Switzerland and USA.
• Intention for patent grant received in Japan.
• Expiration date no earlier than 2026.

MDR / XDR TUBERCULOSIS

• Tuberculosis is an infection caused by *Mycobacterium tuberculosis* and is one of the world’s deadliest diseases.
• It is spread from person to person through the air and usually affects the lungs, but it can also affect other parts of the body such as the brain and kidneys.
• Multi-drug resistant TB occurs when *M. tuberculosis* becomes resistant to isoniazid and rifampin, two powerful drugs most commonly used to treat TB.
• MDR-TB takes longer to treat with secondline drugs, which are more expensive and have more side-effects. XDR-TB develops when these second-line drugs also become ineffective. Because XDRTB is resistant to first-and-second-line drugs, treatment options are seriously limited.
• Prevalence: about 30 000 patients in the USA, and Europe.

CLINICAL DEVELOPMENT

• About 300 patients required for approval.
• Fast track designation, priority review and orphan-product designation possible.
• Clinical centres in South Africa, and India committed.