



STELLAR MEDICINES FOR RARE DISEASES

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An effective targeted cancer therapy

PROBLEM

Malignant Pleural Mesothelioma (MPM) is a very aggressive pleura and peritoneum cancer and there is very high risk of local recurrence after surgery.

Patient have 12 months survival after diagnosis.

A light gray world map is centered in the background of the slide, showing the continents of North America, South America, Europe, Africa, Asia, and Australia.

50.000 patients

**43.000 people die
every year
worldwide**

THE BIG IDEA

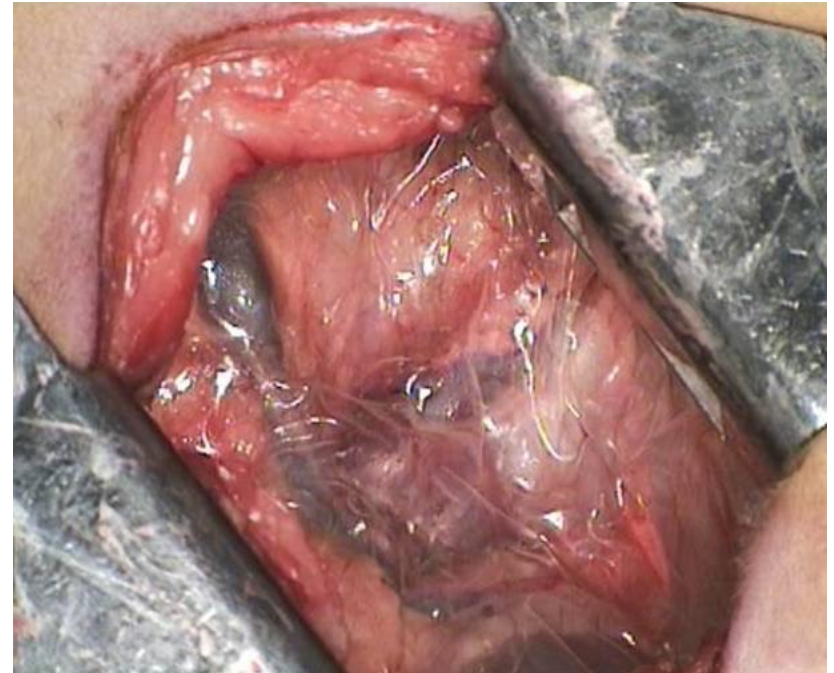
**Development of novel medicine
repurposing in
innovative targeted delivery system
s
drugs used to cure
Malignant Pleural Mesothelioma**



Solution: HYALCIS

Hyalcis is a biodegradable film loaded with **cisplatin** and sodium hyaluronate.

The film is deposited in the thorax cavity after surgery for primary tumor resection, with the objective to release **cisplatin in loco** to prevent or delay the local metastases of MPM.



Thickness :60-120 μm

Size: 10x10 cm



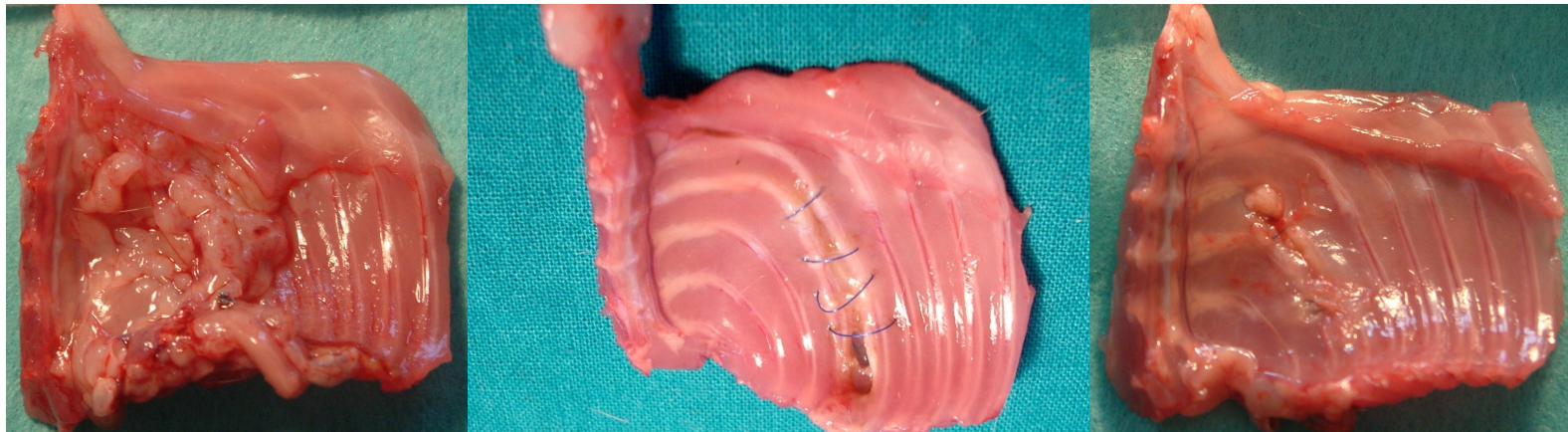
HYALCIS BENEFITS

Unique targeted *in situ* treatment

Untreated

Hyalcis film treatment

Cisplatin solution



Efficacy: **Significant reduction** of local tumor metastases
Liver and renal **toxicity lower** than IV administration



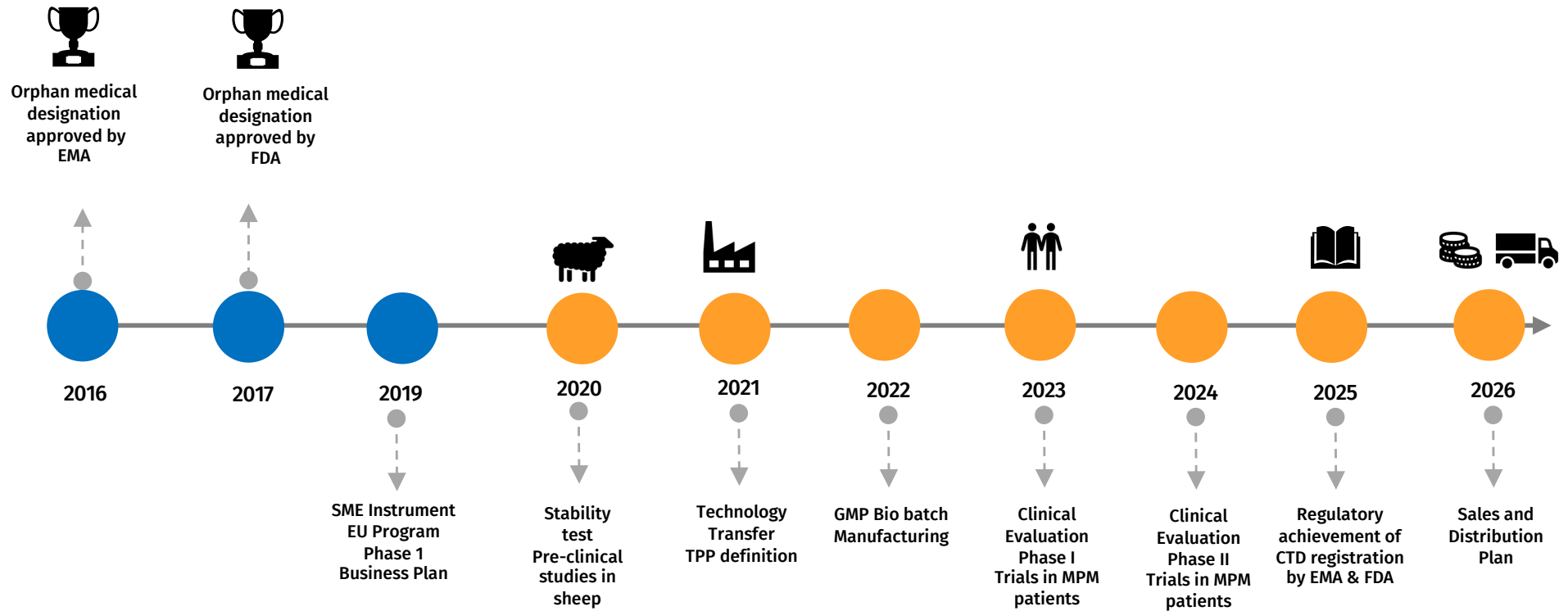
EXISTING ALTERNATIVES

Currently on the market there are **no product for in situ treatment** of malignant mesothelioma.

Alternative solutions include:

- 1** Radiotherapy, which remains a palliative method.
- 2** Intravenous cisplatin chemotherapy with some efficacy but strong adverse effects due to toxicity.
- 3** Intracavitary chemotherapy, still under test but with similar results as IV.

DEVELOPMENT PLAN



EARLY ADOPTERS AND CUSTOMERS



Thoracic surgery
departments in
hospitals



Pharmaceutical company
interested in
anticancer drug

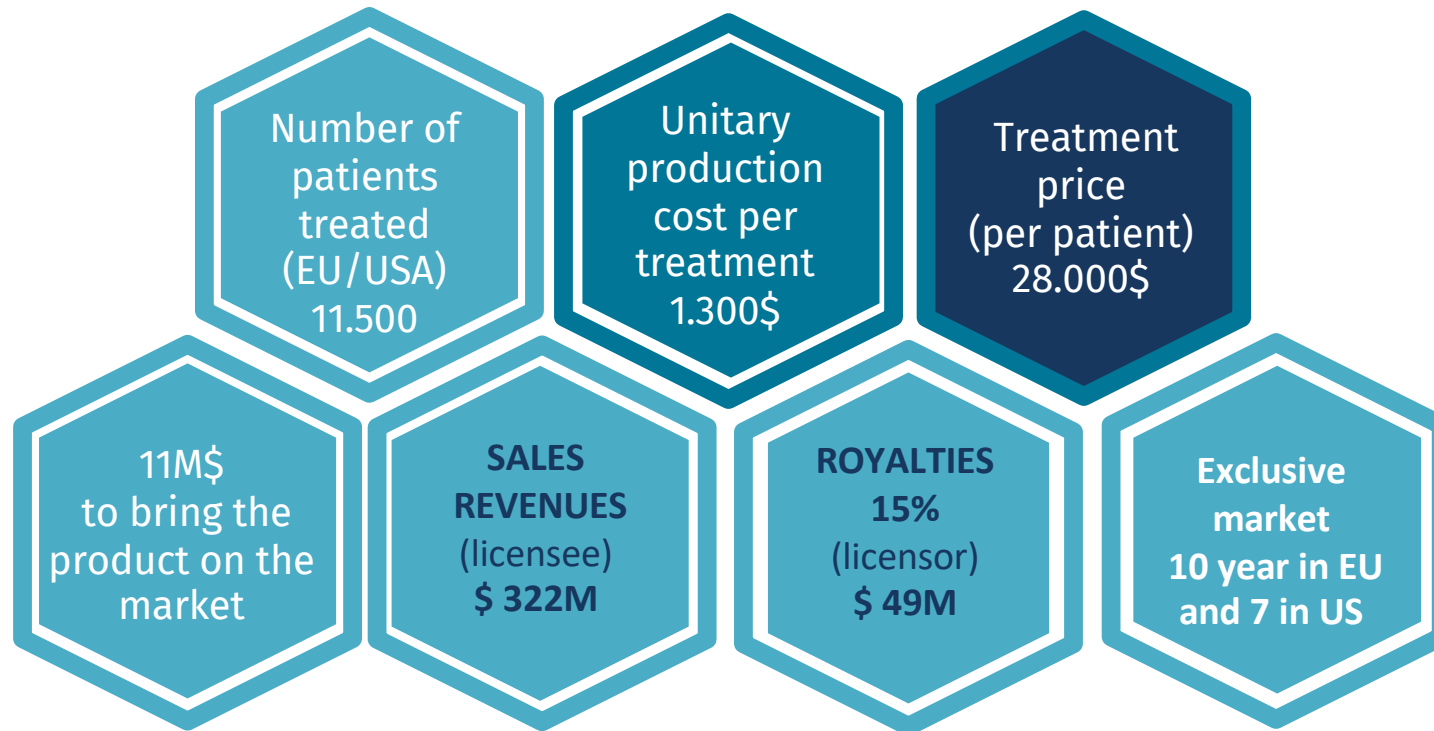
BUSINESS MODEL:CHANNELS

Find partners
to co-develop
the technology

Continue
development
internally and
bring to
market

Sell or license
IP to pharma
industrial partner
on the base of
lump sum and
royalties

FINANCIAL OVERVIEW



DESCRIPTION OF THE PRODUCT

Hyalcis is a cisplatin loaded polysaccharide thin film, used as intrapleural implant for the local drug delivery on pleural surface during surgery



Cisplatin content: 0.5 – 1 % w/w

50 – 100 $\mu\text{g}/\text{cm}^2$

Thickness : 60 - 120 μm

Weight: 8 - 12 mg/cm^2

MEDICAL PLAUSIBILITY

Hyalcis is for direct application on the mesothelium surface where it releases locally cisplatin

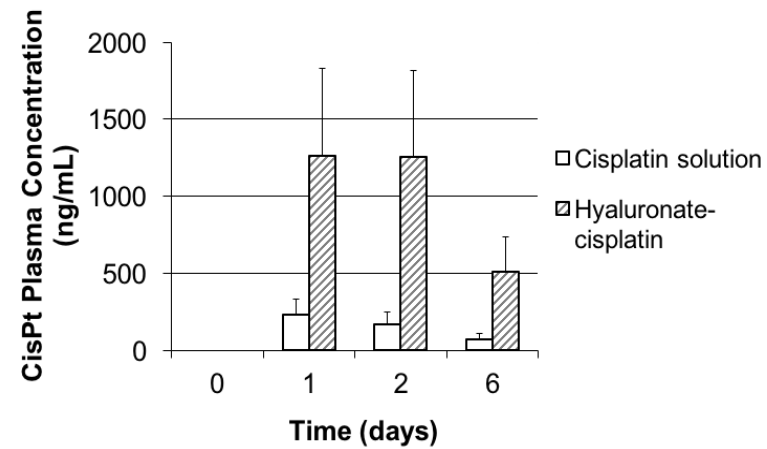
- High cisplatin local concentrations
- Prolonged exposure to the anticancer drug
- Improved efficacy for the local control of the disease
- Reduced systemic toxicity

MESOTHELIOMA RECURRENCE ON CHEST WALL

Untreated

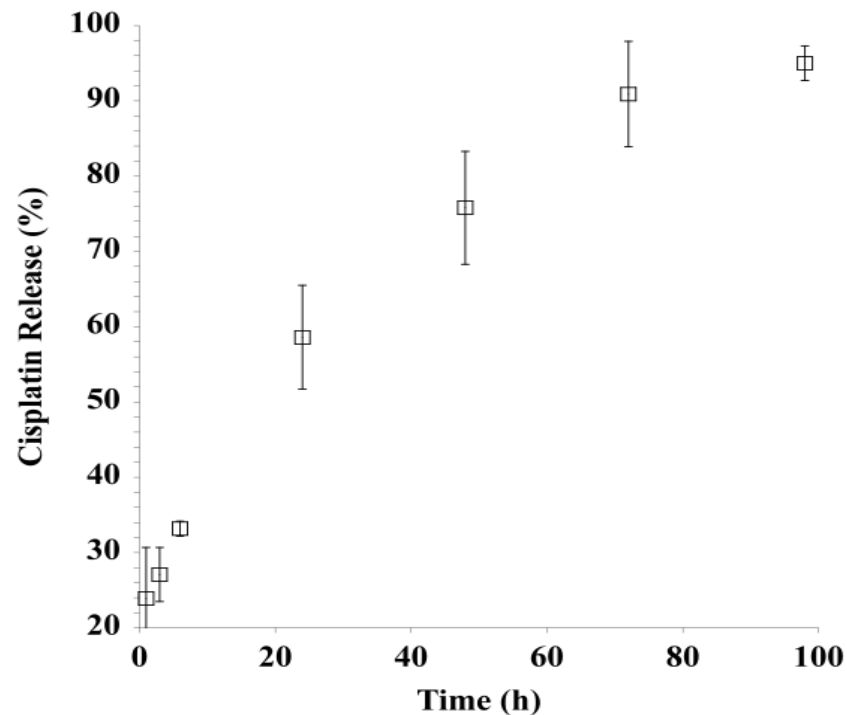
CisPt HA film

CisPt IP solution



CISPLATIN RELEASE FROM HYALCIS FILMS

In vitro release conditions: Temperature = 37°C; 15 ml Saline Solution, Bath Shaker



Controlled release of cisplatin over time as a result of the interaction with the polymer hydrated matrix formed.

In these conditions, the release is nearly complete after 96 hours.

In vivo efficacy study in rats

A well-established orthotopic rat recurrence model of malignant pleural mesothelioma was used.

Tumoral cells
inoculation

10^6 IL-45
rat mesothelioma cell line



Day 0

Tumor Nodules
Resection

Pneumonectomy

Intrapleural
Treatment

3 mg/kg CisPt solution
or
3 mg/kg
CisPt HA Flms \approx 4.5 cm \varnothing



Day 6

Evaluation of Tumor
Recurrence

$V = \frac{4}{3}\pi abc$

Histology



Day 12

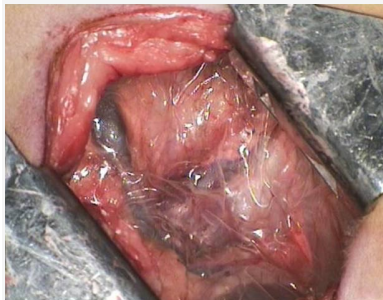


The PlumeStars product

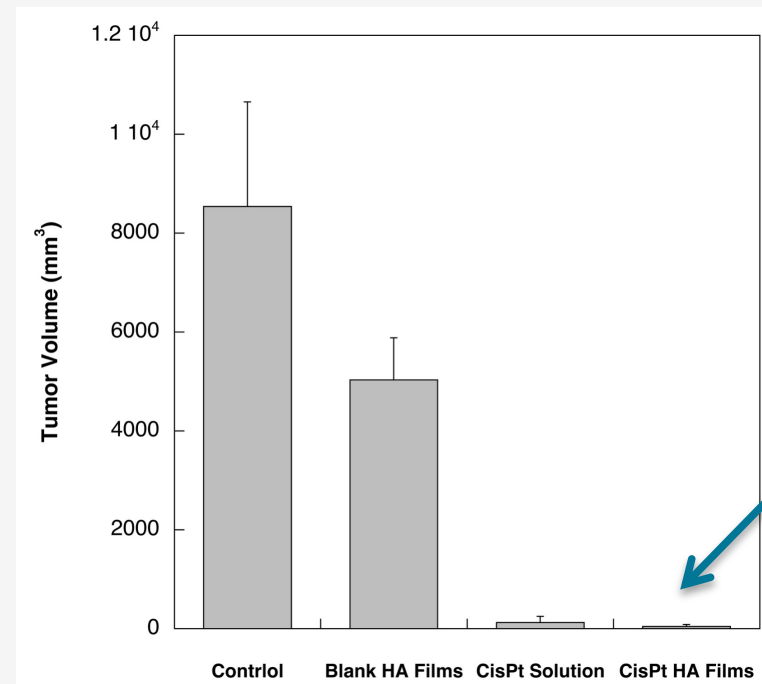


The product developed is a hydrophilic, thin and flexible film, containing cisplatin drug.

The film is applied intrapleural during surgery, adhering to the mesothelial or epithelial surfaces.



The release of anticancer cisplatin from the film is prolonged, providing high local concentrations precisely in the site where the residual tumor could develop.



Hyalcis efficacy study results

***In vivo* toxicity and PKs study in sh**

sheep

- Sardinian sheep (40 Kg)
- Surgical treatment
 - *Left pneumonectomy*
- Adjuvant treatment (Cisplatin 3 mg/kg)
 - *Intrapleural Hyalcis films*
 - *Intrapleural cisplatin solution (IP)*
 - *Intravenous cisplatin solution (IV)*
 - *Control*



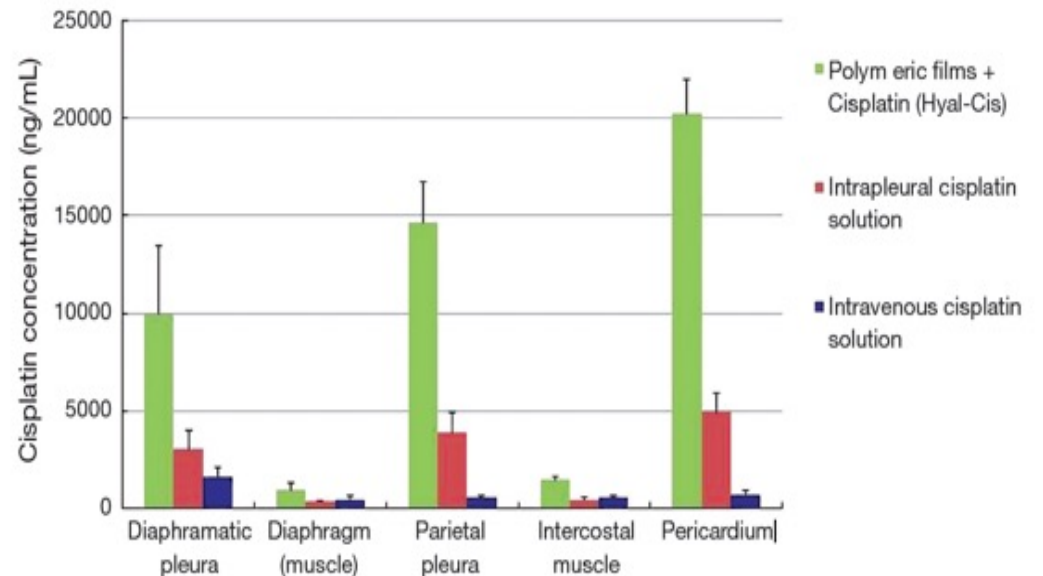
Primary objective: Plasmatic and tissue concentration of Cisplatin

Secondary objective: *Hematologic toxicity, Organ toxicity*

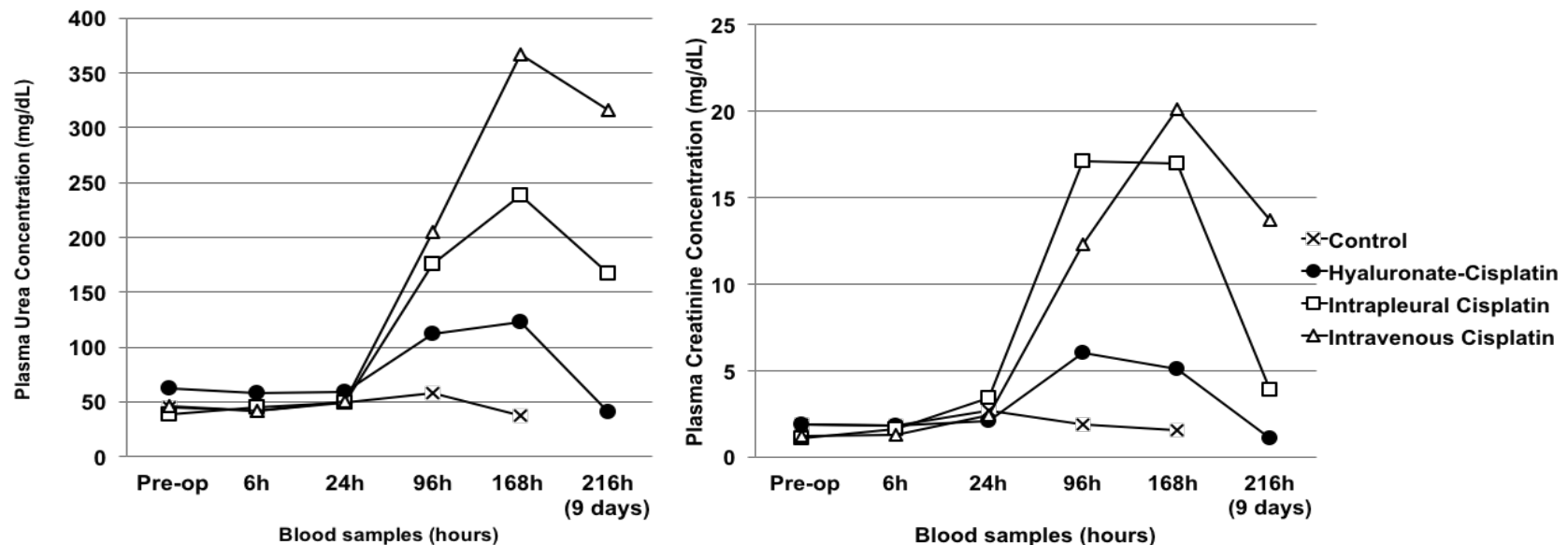
In vivo cisplatin tissue concentration

After Hyalcis administration cisplatin tissue concentrations were **high** for **diaphragm, pericardium, parietal pleura and diaphragmatic pleura**.

Hyalcis films attain **higher local tissue concentrations** not only compared to the IV administration but also compared to the IP administration of cisplatin solution.



Kidney toxicity biomarkers

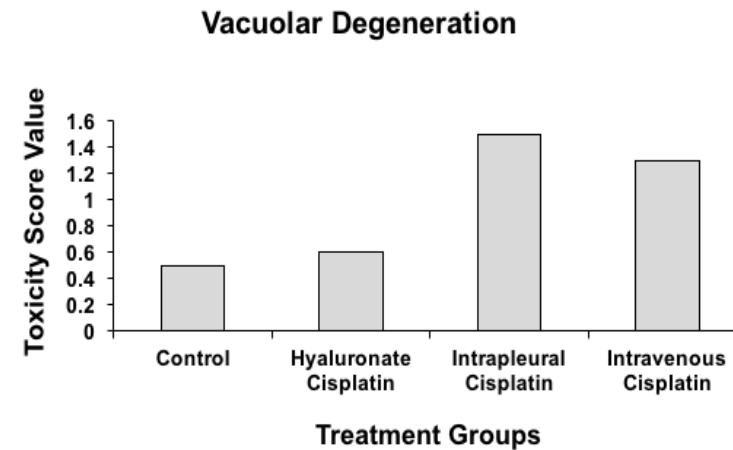
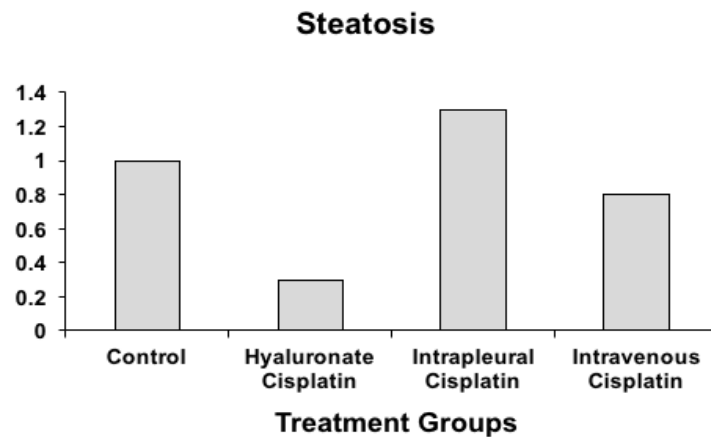
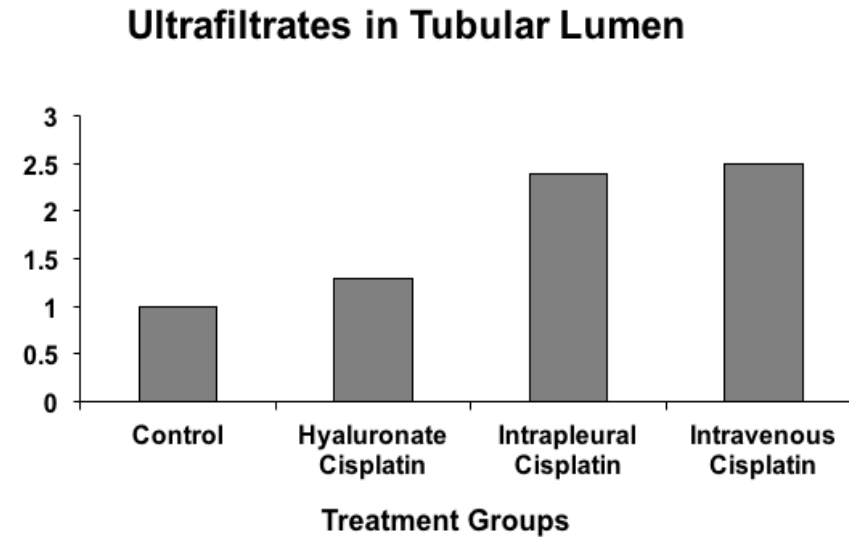
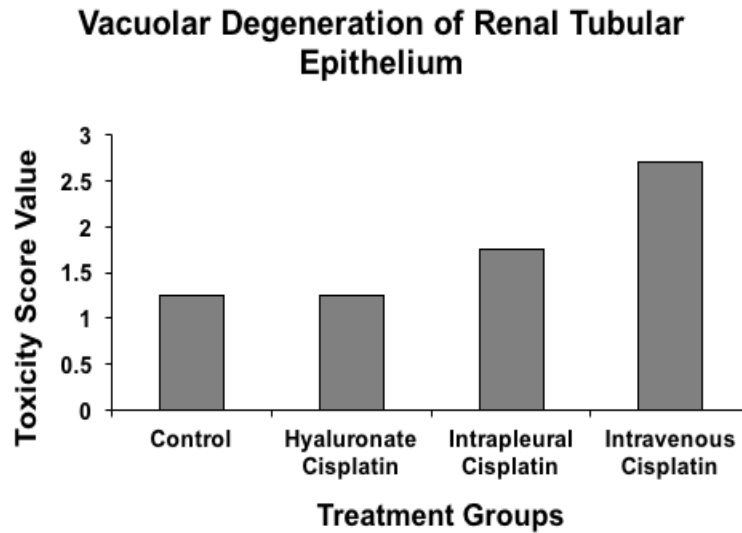


Nephrotoxicity is a typical toxicity of cisplatin. Two biomarkers of kidney toxicity were monitored during experiment, urea and creatinine.

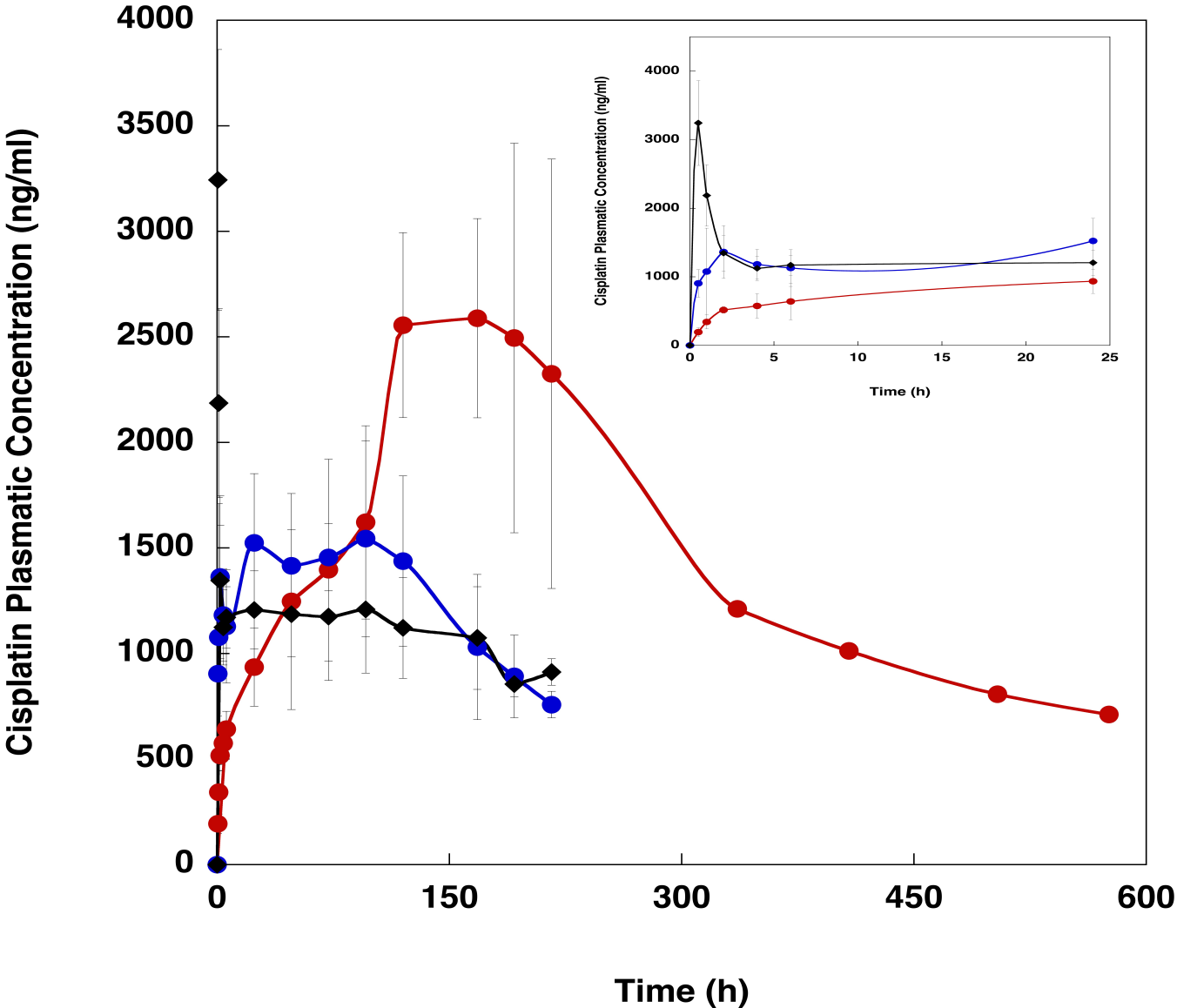
For both biomarkers the **plasma concentrations** obtained for the group treated with Hylacis were **lower** than those obtained for the groups treated with IV and IP cisplatin solutions.

Histologic evaluation: kidney and liver

Toxicity score: 0 (no toxicity), 3 (severe anomalies)



PLATIN PLASMATIC CONCENTRATION



BENEFITS OVER CURRENT THERAPIES

- ★ Unique dosage form for loco-regional chemotherapy
- ★ Easy to handle and to apply to pleural surface *in vivo*
- ★ *In vitro* prolongation of drug release
- ★ Sustained cisplatin plasma levels
- ★ Elevated local cisplatin concentrations
- ★ Suppress tumor in pleural recurrence rat model
- ★ Remarkable tolerability with low kidney and liver toxicity in sheep model

WHO WE ARE

The pharmaceutical technology researchers of PLU are world recognized and patent owners in medicines constructed on drug delivery technology



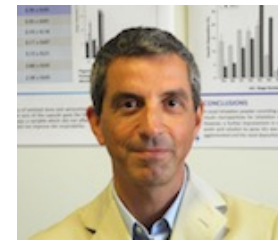
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Prof. Francesca Buttini
Founder



Anna Giulia Balducci
Founder



Prof. Ruggero Bettini
Founder



Eride Quarta
Research leader



Fabio Borella
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Laura Monica
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*“This film would improve the
quality life of patients”*

Luca Ampollini, Cardiothoracic Surgeon, University of Parma (IT)

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