









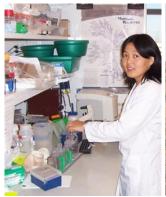


A Cancer Center Designated by the National Cancer Institute John L. Villano, MD, PhD

October 17, 2018

Our Mission

■ To reduce cancer mortality in our state through a comprehensive program of cancer research, treatment, education, and community engagement with a particular focus on the underserved population of Appalachian Kentucky.



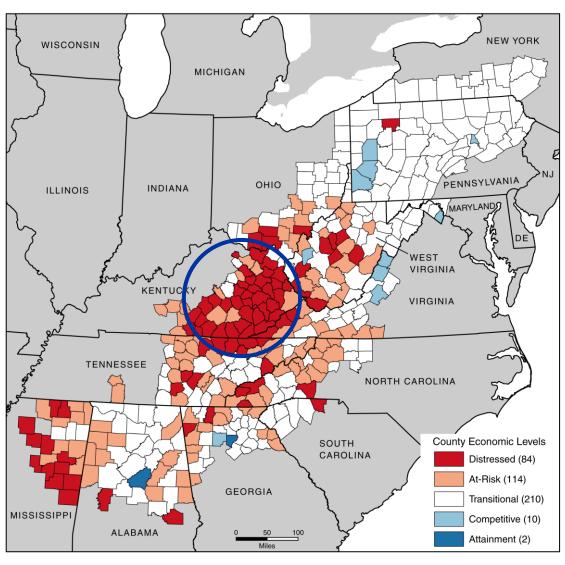






Conquering Cancer in the Commonwealth

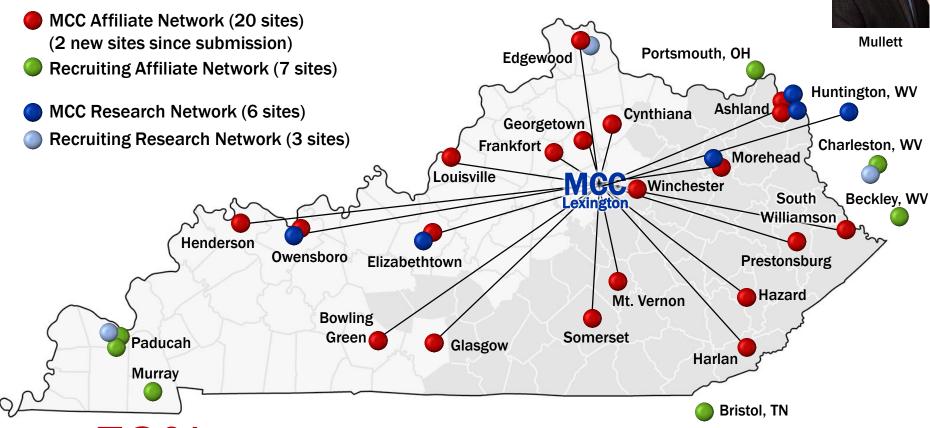
Appalachian Kentucky



Appalachian county economic status (2016-17)

- **Cancer**
- **Smoking**
- **Obesity**
- Chronic Infection (HPV & HCV)
- **Poverty**

MCC Network: Expanding Access Throughout Kentucky and Beyond



59% of all new cancer cases in Kentucky are directly or indirectly cared for by MCC

Markey At-A-Glance

MCC

SRFs

Cancer Cell Biology and Signaling

Programs

Cancer Prevention and Control

Drug Discovery, Delivery and Translational Therapeutics

Genomic Instability, Epigenetics and Metabolism

Biostatistics and Bioinformatics

Biospecimen Procurement and Translational Pathology

Cancer Research Informatics

Flow Cytometry and Cell Sorting

Redox Metabolism

- 120 members (73 research members)
- \$41.9M total cancer research funding (48% increase)
- 10,084 interventional accruals (44% Appalachian)
- >1,400 students, trainees and junior faculty mentored since 2013
- >5,700 health care professionals trained since 2013

MCC Clinical Protocol and Data Management



Maintain high quality clinical cancer research

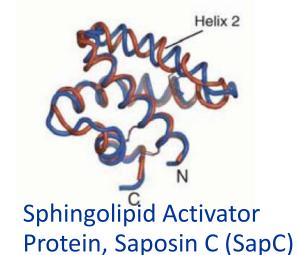
BXQ-350 CLINICAL TRIAL

- Part 1: Dose escalation scheme
 - Sequential cohort were treated with escalating doses until the maximum tolerated dose is established or the highest planned dose level (2.4 mg/kg) is reached
- Part 2: BXQ-350 will be administered at maximum tolerated dose determined in part 1
 - Primary objective: To assess preliminary antitumor activity

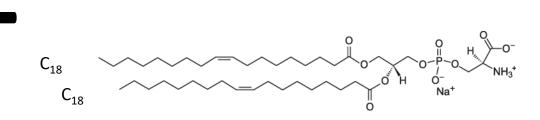
Current enrollment						
Consent signed	On study	On treatment	Off treatment	On follow up	Off study	Expired
11	11	11	7	0	3	2

BXQ-350 ("SapC-DOPS")

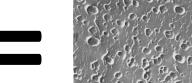
Protein

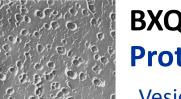


Lipid (aminophospholipid)



1,2-Dioleoyl-*sn*-Glycero-3-Phospho-L-Serine (Sodium Salt) (DOPS)





BXQ-350 Protein/Lipid nanovesicle

Vesicle diameter, ca. 60 nm

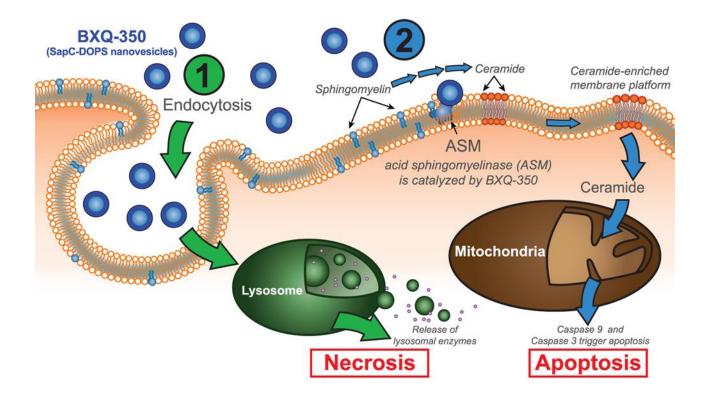


BXQ-350 Mechanism of Action

Two mechanisms of action have been characterized:

Mechanism #1 - Endocytosis of BXQ-350 leading to lysosomal degradation and necrosis

Mechanism #2 - Catalysis of acid spingomyelinase leading to ceramide elevation and apoptosis



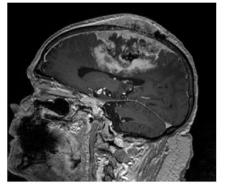
BXQ-350 for ependymoma

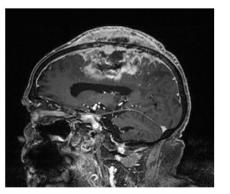
A 67 y/o gentleman with a history of prostate cancer was diagnosed in October 2014 with a left parietal anaplastic ependymoma.

He underwent gross total resection followed by adjuvant radiation. Repeat brain MRI in April 2017 demonstrated a local recurrence. He received 3 cycles of temozolomide but continued to progress.

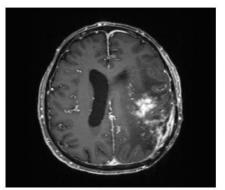
He was enrolled in BXQ-350 in September 2017.

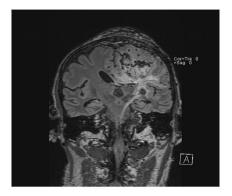
The patient received C1 (BXQ-350 2/4 mg/kg IV infusion at day 1-5, 8, 10, 12,15,22 and 3 additional cycles (1x28 days), and was followed until death for safety, response, RANO, and ECOG.

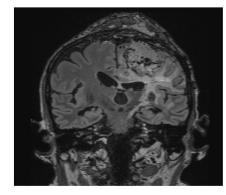


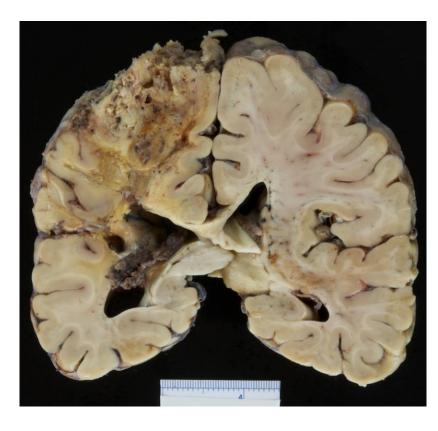


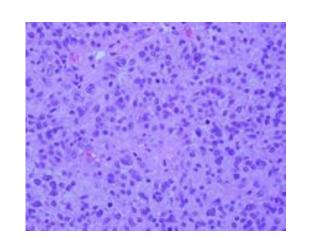


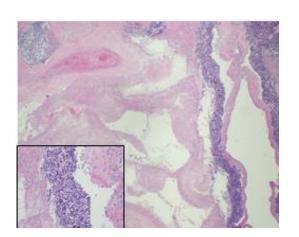


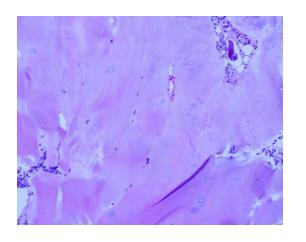






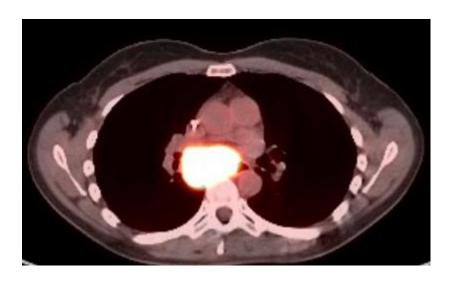




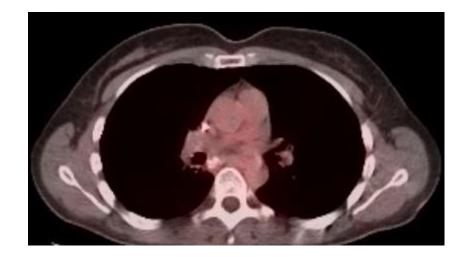


Patient 1 at UK

October 2016



April 2018



39 y/o woman with metastatic (stage IV) rectal adenocarcinoma

Enrolled in BXQ-350 in April 2017

She has received 20 cycles; currently NED

Improving Cancer Care Across Kentucky



- Strong track record for Investigator-Initiated Trials
- Engagement of key populations
 - 68% of treatment intervention accruals are women
 - 65% of pediatric patients receive treatment on a COG trial
 - 54% of treatment intervention accruals are from Appalachia
- Comprehensive strategy for expansion of the Markey Cancer Center Network across the entire state and Central Appalachia