

Capitulum-like structure showing typical endospore formation

Valley Fever

1,000 patients annually
fail current treatments

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CLSI FAST

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VF NIKZ 2018_0322b FAST

Valley Fever Solutions



FAST Benefits to Reach Market Sooner

- ▶ The process of communicating effectively
 - ▶ How to make the story more compelling
- ▶ We are near “Critical Mass”
 - ▶ Key inflection point at 18-24 months Proof of Concept, valuation bump
 - ▶ Destination is feasible (drug can be made, should work, approval straightforward)
 - ▶ Destination is worthy (save some of 150 lives/yr, help 1K/yr with no therapy options)
- ▶ The process of de-risking
 - ▶ Committed 3/8/15 to 2 kg pilot scale manufacture, expect 10 kg by 12/31/18
- ▶ Sensitivity analysis – leveraging limited resources, manage which to use first
 - ▶ Adding key team (pharma MD on BOD; BD) Refining detailed roadmap



Management Team

- ▶ David Larwood, MS, JD, MBA - CEO, BOD
 - ▶ First to make two \$1B drugs – Iotrolan (contrast agent, UCSD); PEGylated liposomes (UCSF, basis of Doxil)
 - ▶ MS=PhD studies – 4 years at UCSF – Medicinal and Pharmaceutical Chemistry
 - ▶ 2nd startup as founder after 8 years VP @ 2 strong startups (both NASDAQ), GC for Verity S1, 4 years public
 - ▶ Managed our process improvement and scale up for NikZ to cGMP-ready; organized Trial roadmap; BD
- ▶ John Galgiani, MD – BOD Chairman
 - ▶ Premier academic in cocci; 40 years research and clinical experience in medical mycology;
 - ▶ Post-Doc Stanford University; Professor, University of Arizona College of Medicine
 - ▶ Chairman, NIH Mycoses Study Group Coccidioidomycosis Subproject.
 - ▶ Founder and Director, UA Valley Fever Center for Excellence (VFCE), University of Arizona College of Medicine
- ▶ Consultants, Advisors:
 - ▶ David Nix, PharmD, Univ. Ariz – ran Phase I trial center for 10 years
 - ▶ Identified: Commercial MD (15 NDAs), BD (30 years in Pharma)
 - ▶ Locust Walk – finance and business development



Fungal diseases

- ▶ Current drugs are not helpful to a significant subpopulation of Valley Fever patients
- ▶ New fungi are emerging, highly virulent, increasing resistance
 - ▶ There is a compelling need for new types of antifungal drugs
- ▶ New antifungal candidates: Viamet, F2G, Scynexis (mostly Phase 2)
 - ▶ Various MOAs, none interfere with chitin synthase (our MOA)
 - ▶ Expect combinations may be needed against new super fungi
- ▶ Fluconazole had peak sales > \$1B
 - ▶ Most widely used drug for Valley Fever, now off patent and much cheaper
- ▶ Current drugs used frequently against Valley Fever (recent revenue peaks)
 - ▶ Azoles, recent: voriconazole (\$800M), itraconazole (\$900M),
 - ▶ Ambisome (\$400M) reformulated Amphotericin B (introduced in 1958)

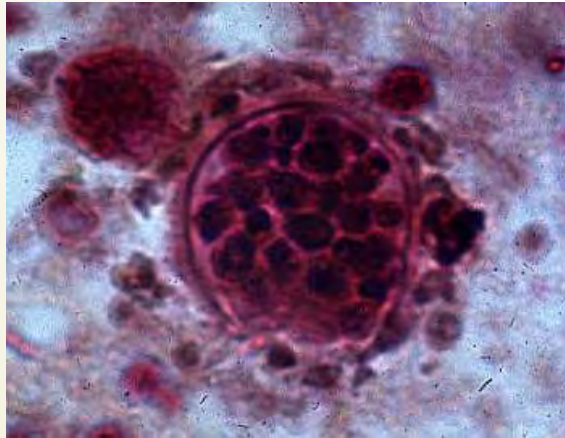
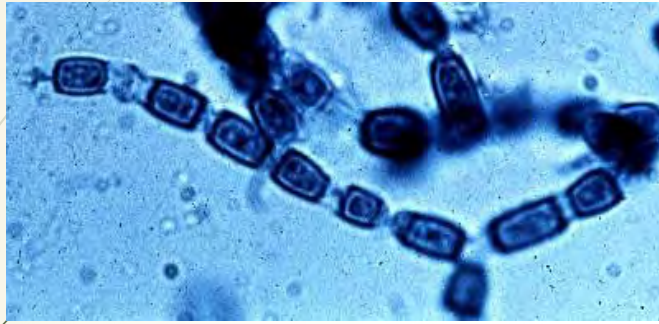
Valley Fever

- ▶ An orphan disease found in desert regions in the Americas
 - 50% of known cases in man occur in Phoenix AZ
 - ▶ 80% of known cases are in three US counties – concentrated need, and sales
 - ▶ Also found in dogs and less commonly in cats.
- ▶ Symptoms –pneumonia, night sweats, lethargy, pain and cough
- ▶ In the USA, 50,000 new patients each year
 - ▶ For 40K, self limiting but miserable for months, often residual for years
 - ▶ 8K to 9K helped by azoles and Amphotericin B (many need drugs for life)
 - ▶ 1K per year fail current treatments
 - ▶ 150 people die every year
 - ▶ Natural reservoir of disease – these rates are expected to increase slowly





Images



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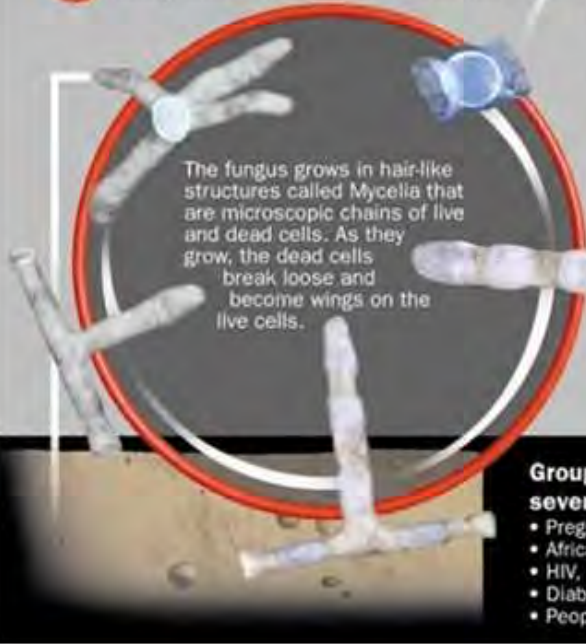
http://botit.botany.wisc.edu/toms_fungi/jan2002.htm



Life cycles of VALLEY FEVER

The fungus that causes valley fever (*Coccidioides immitis*) grows one way in the ground and another way in an infected person or animal

1 Valley fever fungus grows in dry, sandy soils in parts of the Southwest.



The fungus grows in hair-like structures called Mycelia that are microscopic chains of live and dead cells. As they grow, the dead cells break loose and become wings on the live cells.

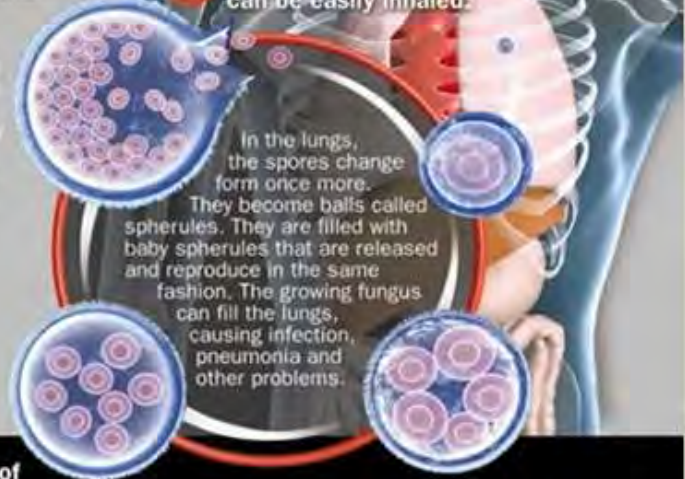
2

Living fungal spores take flight.

Wind and other disturbances release the spores into the air. The spores' wings allow them to travel long distances.

3

Once airborne, the spores can be easily inhaled.



In the lungs, the spores change form once more.

They become balls called spherules. They are filled with baby spherules that are released and reproduce in the same fashion. The growing fungus can fill the lungs, causing infection, pneumonia and other problems.

Groups at higher risk of severe infection from valley fever

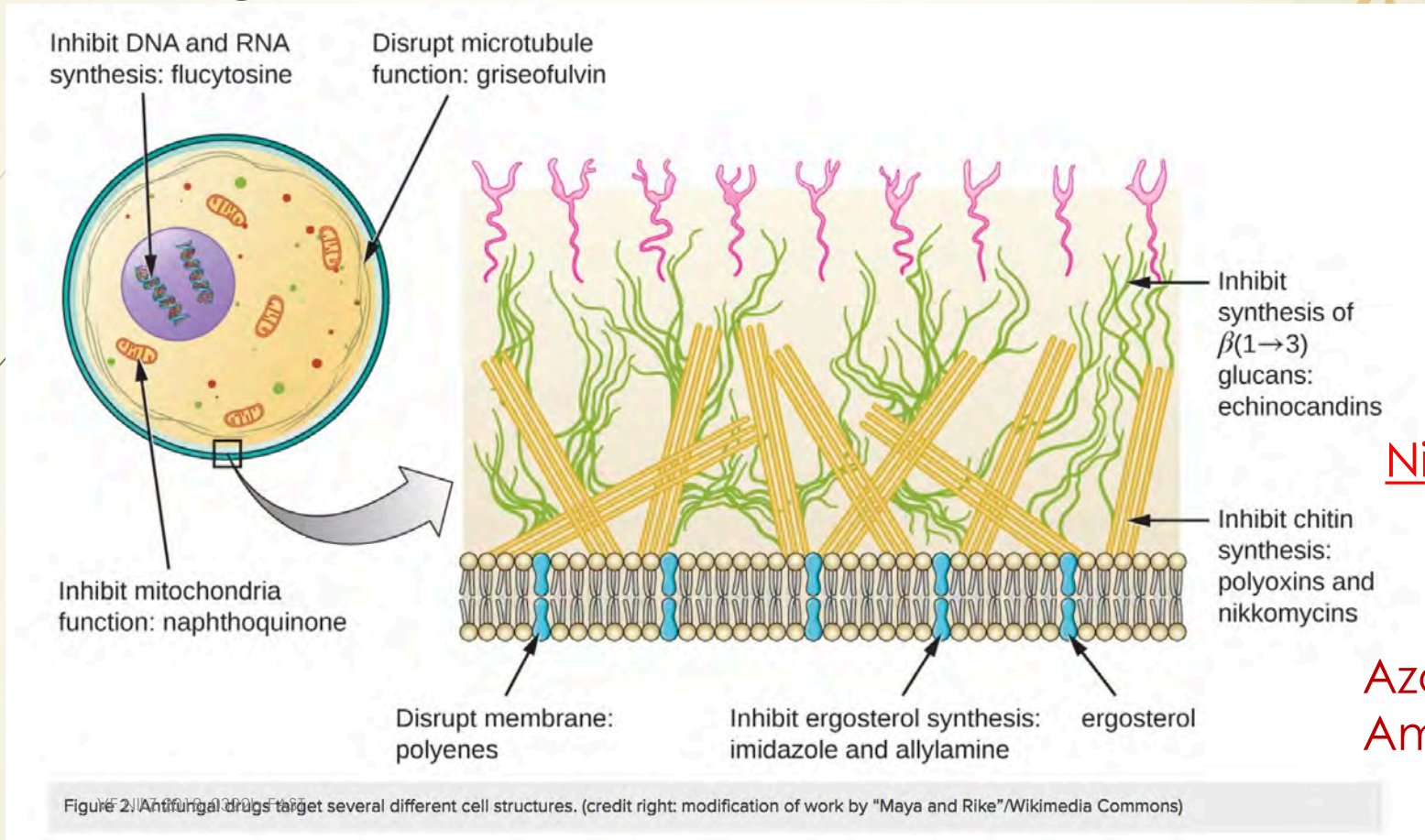
- Pregnant women
- African-Americans, Filipinos
- HIV, Hodgkin's disease and Lymphoma patients
- Diabetics and people with organ transplants
- People undergoing adrenal corticosteroid therapy

Common symptoms of valley fever

- Fever
- Cough
- Chest pain
- Fatigue
- Shortness of breath
- Chills
- Muscle and joint pain
- Night sweats
- Lack of appetite and weight loss



Fungi: NikZ Inhibits Chitin Synthase





Drug History - Nikkomycin Z

- ▶ Discovered in late 1970's, developed at Bayer,
 - ▶ Novel mechanism of action, interfering with chitin synthase, initially pesticide
 - ▶ Human use discovered 1986 (effective vs. high chitin fungi, esp. cocci, histo, blasto)
 - ▶ Potentiator in treating "bigger" fungi – aspergillus, candida
- ▶ Developed by Shaman Pharmaceuticals, Phase 1 started, 1994-2000
- ▶ Acquired by University of Arizona in 2005
- ▶ Valley Fever Solutions formed in 2007 to drive commercialization. NIH support to VFS has enabled
 - ▶ completion of Phase I trial (grant to Univ. Az, also FDA support)
 - ▶ improvement of API production
 - ▶ preparation for Phase II
- ▶ We have started pilot scale API production (2 kg)
 - ▶ Expected late 2018 – cGMP 10 kg trial material

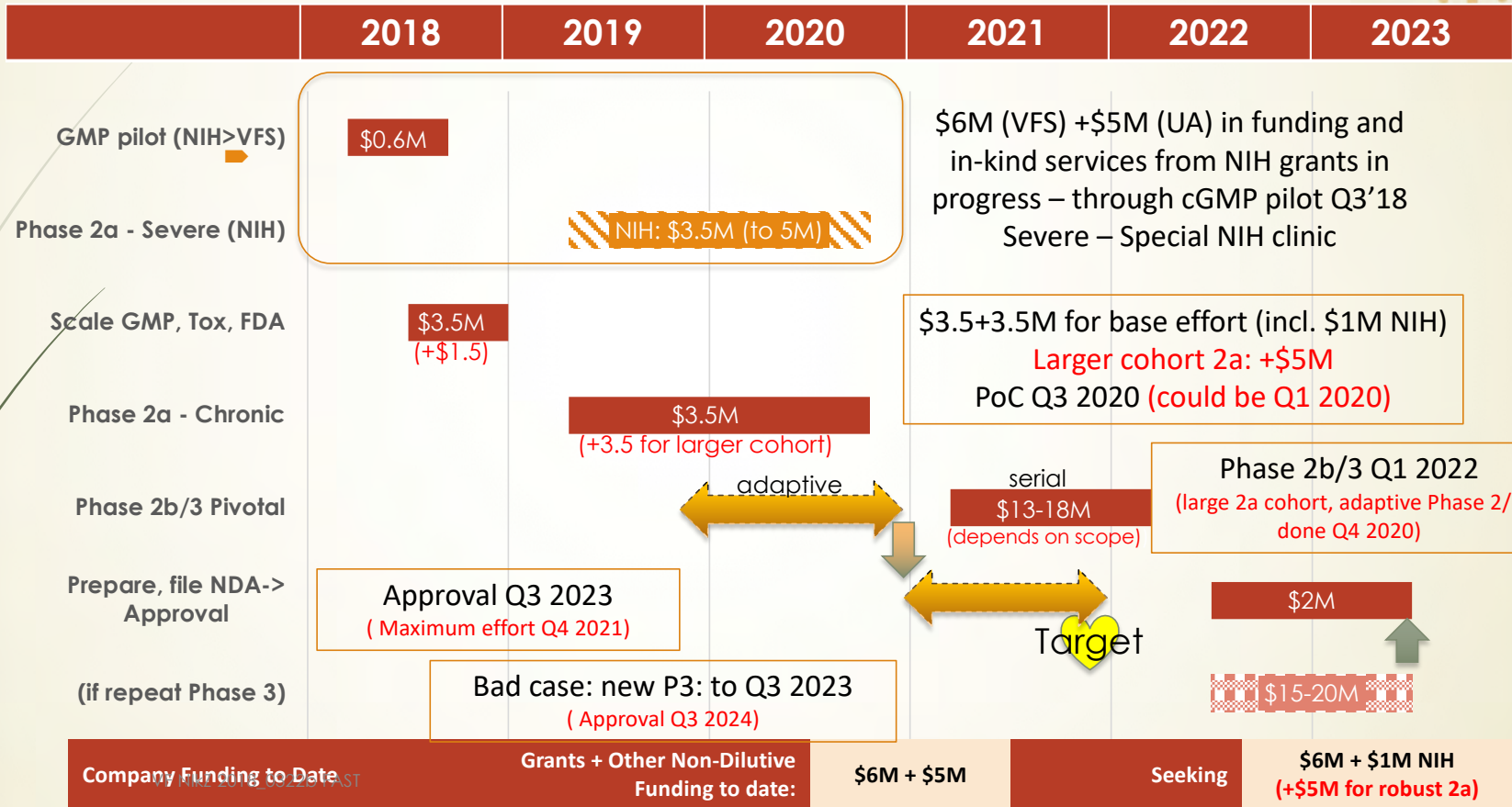
Clinical Trial Strategy



- ▶ Phase 1
 - ▶ Does not interact with mammalian physiology (anticipated, now shown)
 - ▶ 36 patients; blinded Nikkomycin Z and placebo
- ▶ Phase 2a:
 - ▶ focus on patients not responding to current therapies
 - ▶ 25-36 patients, open label, dose ranging, 1 and 4 month readouts with an option to add blinding in a larger trial
 - ▶ Study bioavailability, look to improve through formulation
- ▶ Phase 3:
 - ▶ Broaden enrollment criteria
 - ▶ 75-100 patients, blinded, traditional, well controlled trial



Development Timeline



Market Opportunities



- ▶ Veterinary Indications
 - ▶ Dogs - can be on human time frame, or sooner. Estimate \$3-5M market
 - ▶ Cats – less common
- ▶ Dosage Form
 - ▶ Improve bioavailability – expands market opportunities
 - ▶ Injectable – for acute use
 - ▶ Oral liquid : Pediatric / geriatric
 - ▶ Inhalation
- ▶ Clinical Indications
 - ▶ Other fungi, some known;
 - ▶ Drug combinations for Aspergillus and emerging treatment resistant fungi

Intellectual Property



- ▶ OOPD Office of Orphan Product Development – Orphan Designation
 - ▶ Seven years US market exclusivity after approval
 - ▶ USA is the primary world market
- ▶ QIDP Qualified Infectious Disease Product
 - ▶ Additional five years US market exclusivity
- ▶ Patents
 - ▶ In preparation – initial filings 3/23/18
 - ▶ improved product,
 - ▶ improved API, improved use, formulation, more,

Summary



Valley Fever Solutions has a clearly defined clinical development plan which could lead to approval in 2023 of Nikkomycin Z.

As an orphan, there is a likely path to conditional approval in 2020.

Most drugs used for VF have had peak sales > \$800M