



NH TherAguix

A Nanomedicine Company

Tristan Doussineau

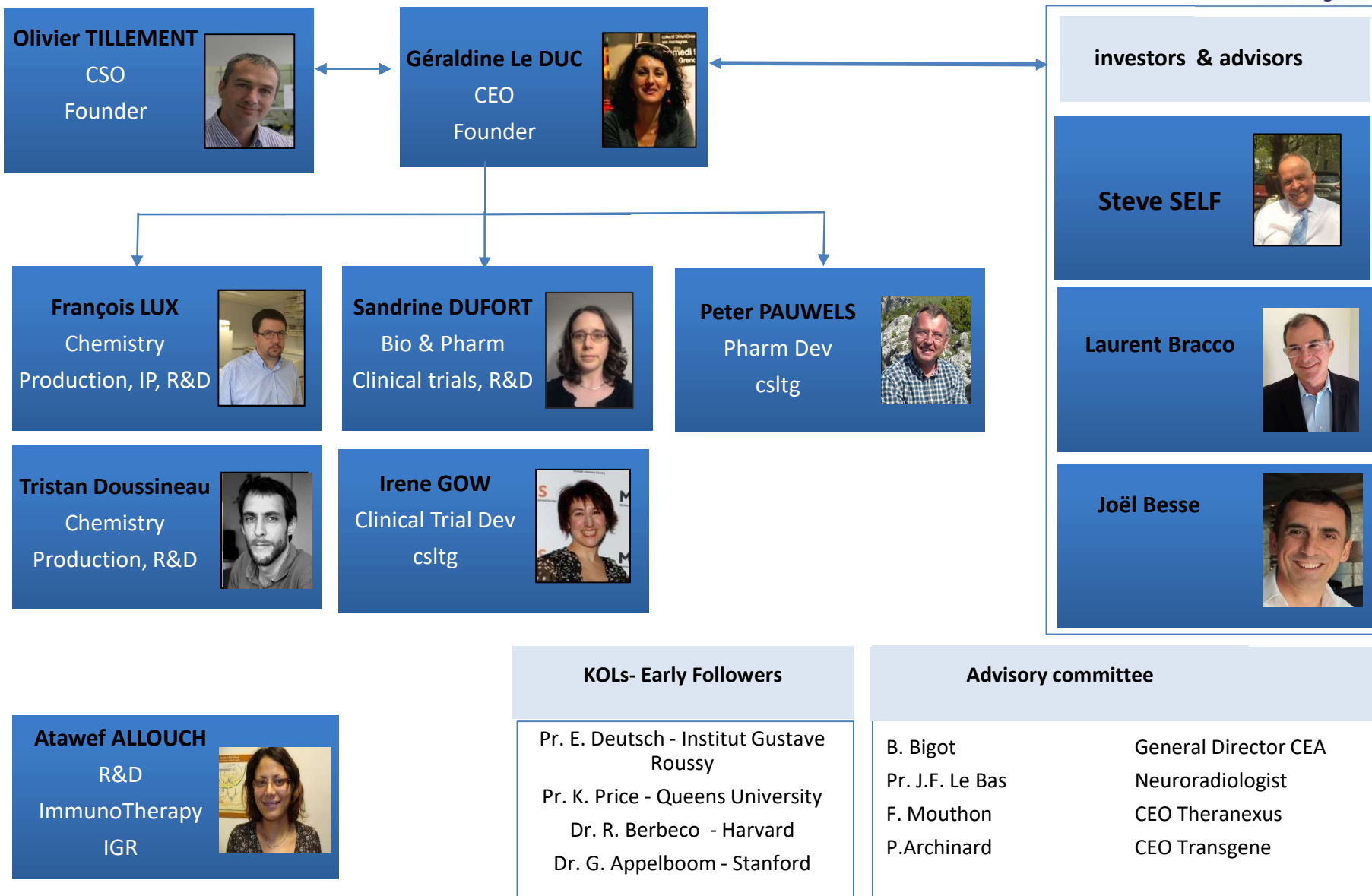
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The Team



The Context

30% of people will have a cancer



60% of cancer patients will receive a radiotherapy (RT) as a treatment
(\approx 4 million people/year)



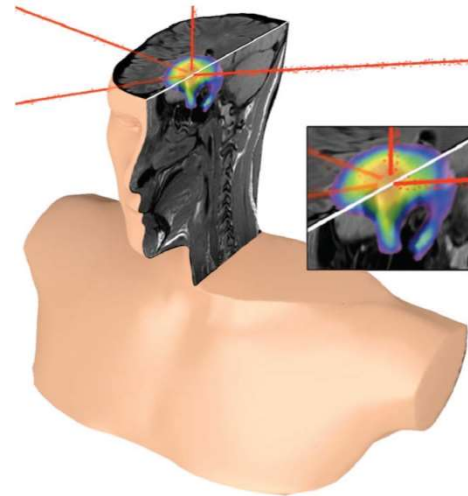
PROBLEMS:

- 30% *radioresistant* or *badly positioned* tumors
- 70% secondary *adverse effects* of RT



CONSEQUENCES:

- full efficacy of RT constrained
- quality of life negatively impacted




*Taken from
Institut Curie
report*

The AGuIX[®] solution: a theranostic solution


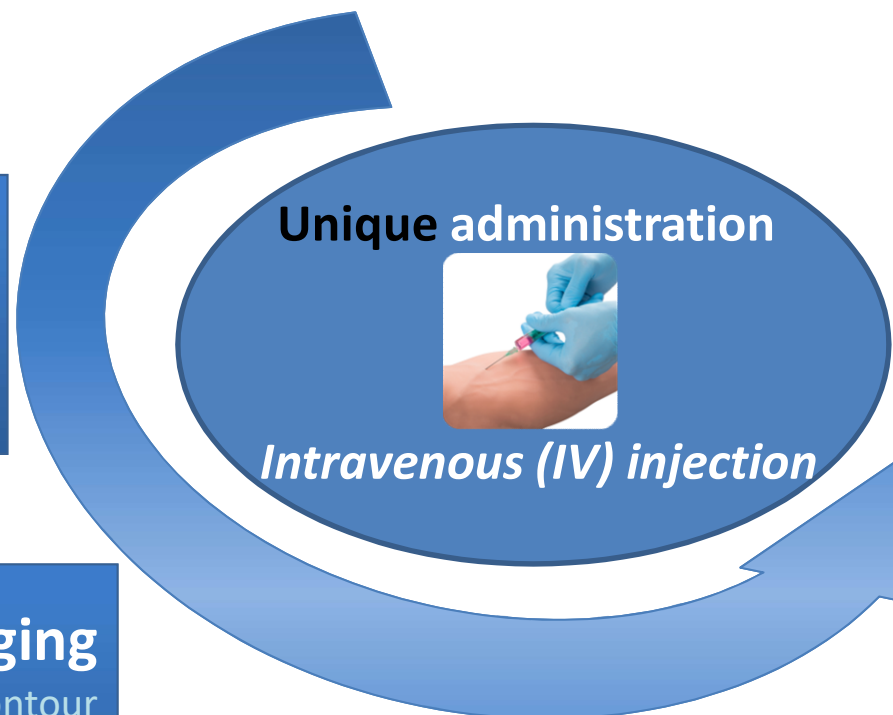
See What You Target & Target What You See



Targeting
Specific tumour accumulation
High precision

A diagram showing a cluster of white cells with red nuclei. A yellow arrow points from a small red cell towards the cluster, illustrating specific targeting.

Imaging
Precise treatment contour
Patient selection
Personalized treatment

A photograph of a patient lying on a table inside a large medical imaging machine, likely a PET or CT scanner.

Treatment
Activatable drug
Cytotoxic under radiations
Local Radiation Booster

A diagram showing a cross-section of a human head with a green grid overlaying the brain area, representing the treatment field.

*AGuIX: « **A**ctivation and **G**uidance of Irradiation by **X**-ray »*

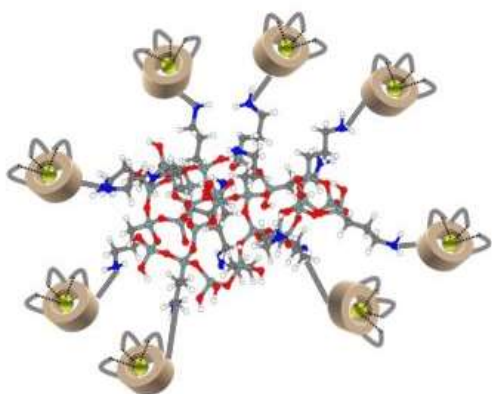
The AGuIX[®] Technology

no drug delivery, passive targeting

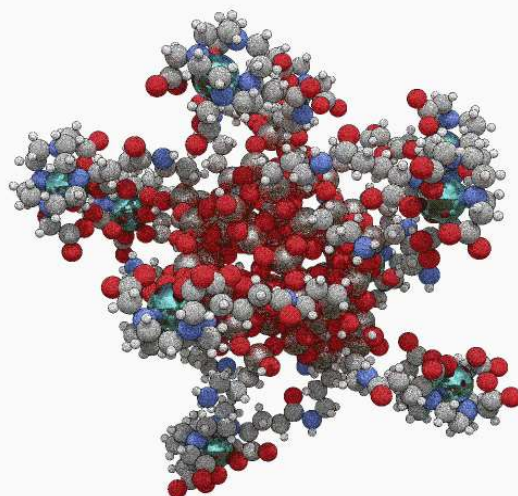


Structure and composition of AGuIX[®] (7 brevets et 1 FTO)

Polysiloxane + gadolinium cyclic chelates



Size 2-5 nm



Ultrasmall size

- └ IV injection
- └ tumor **targeting**
- └ **renal clearance**

Safe composition

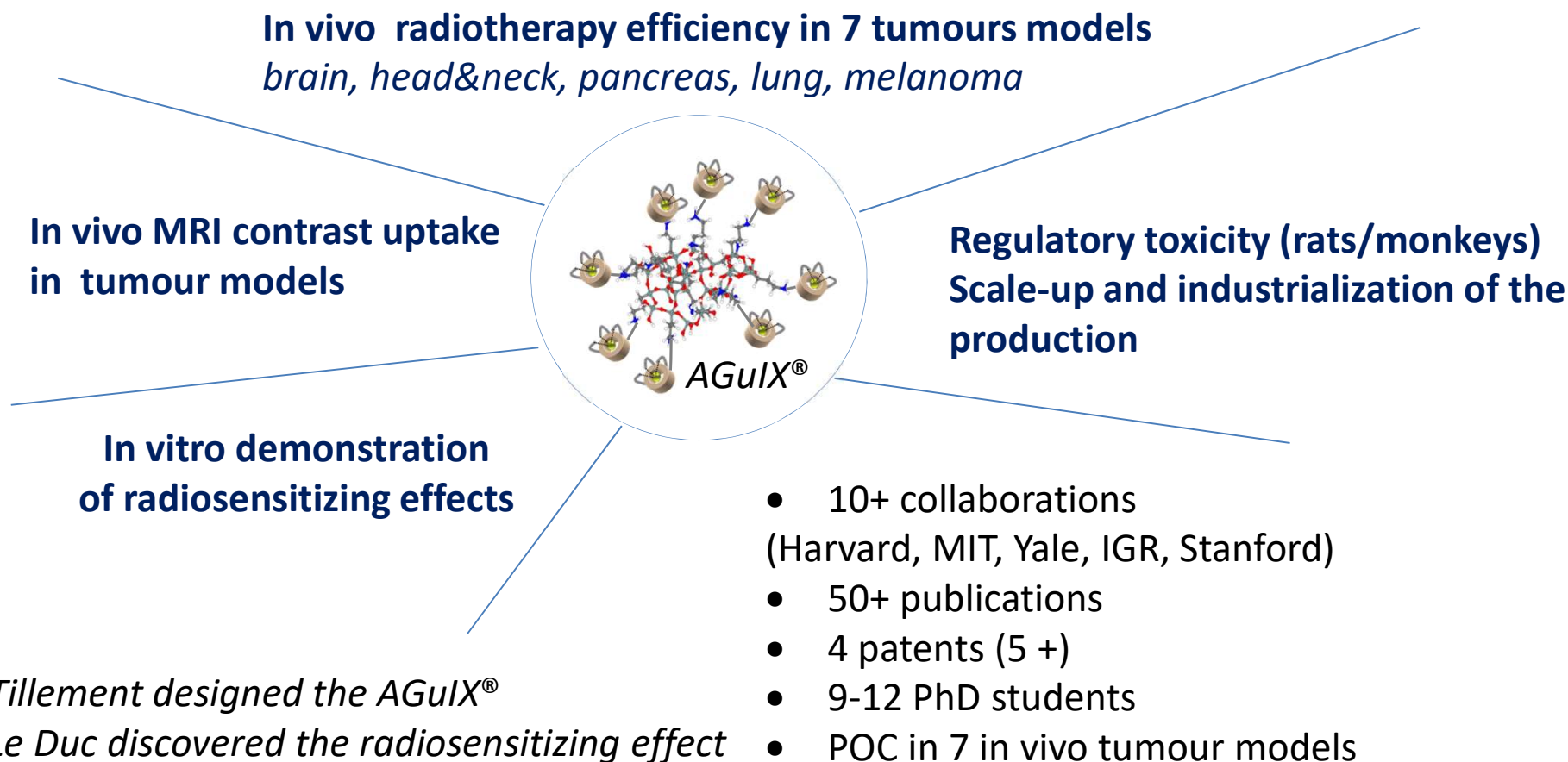
- └ **biocompatible** components

Gadolinium

- └ high gadolinium content
- └ **paramagnetic** properties
→ **MRI**
- └ **radiosensitizing** effect
→ **radiotherapy (RT)**

Preclinical Proof of Concept (PoC)

10 years of academic research



O Tillement designed the AGuIX®

G Le Duc discovered the radiosensitizing effect

Le Duc G, Miladi I, Alric C, Mowat P, Bräuer-Krisch E, Bouchet A, Khalil E, Billotey C, Janier M, Lux F, Epicier T, Perriat P, Roux S, Tillement O. ACS Nano. 2011 Dec 27;5(12):9566-74

NANORAD Clinical Trial: A First-in-Human



Sponsor CHU Grenoble Alpes
PI Dr C. Verry , Radiotherapy Department
Head: Pr J. Balosso

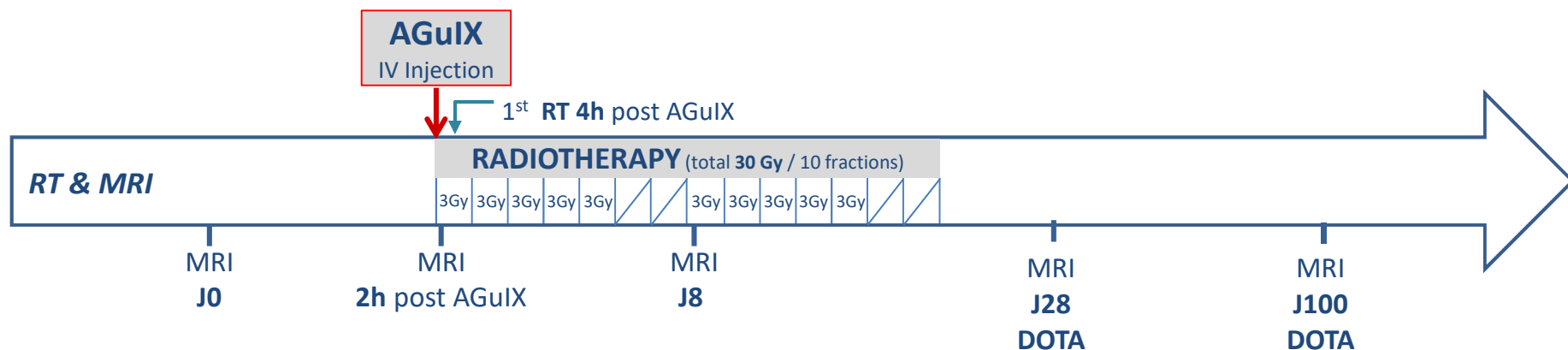
Dose-escalation 5 dose levels (n=3 patients)
15, 30, 50, 75 and 100 mg/kg

Inclusion criteria

Multiple BM ineligible for local treatment by surgery or stereotactic radiation

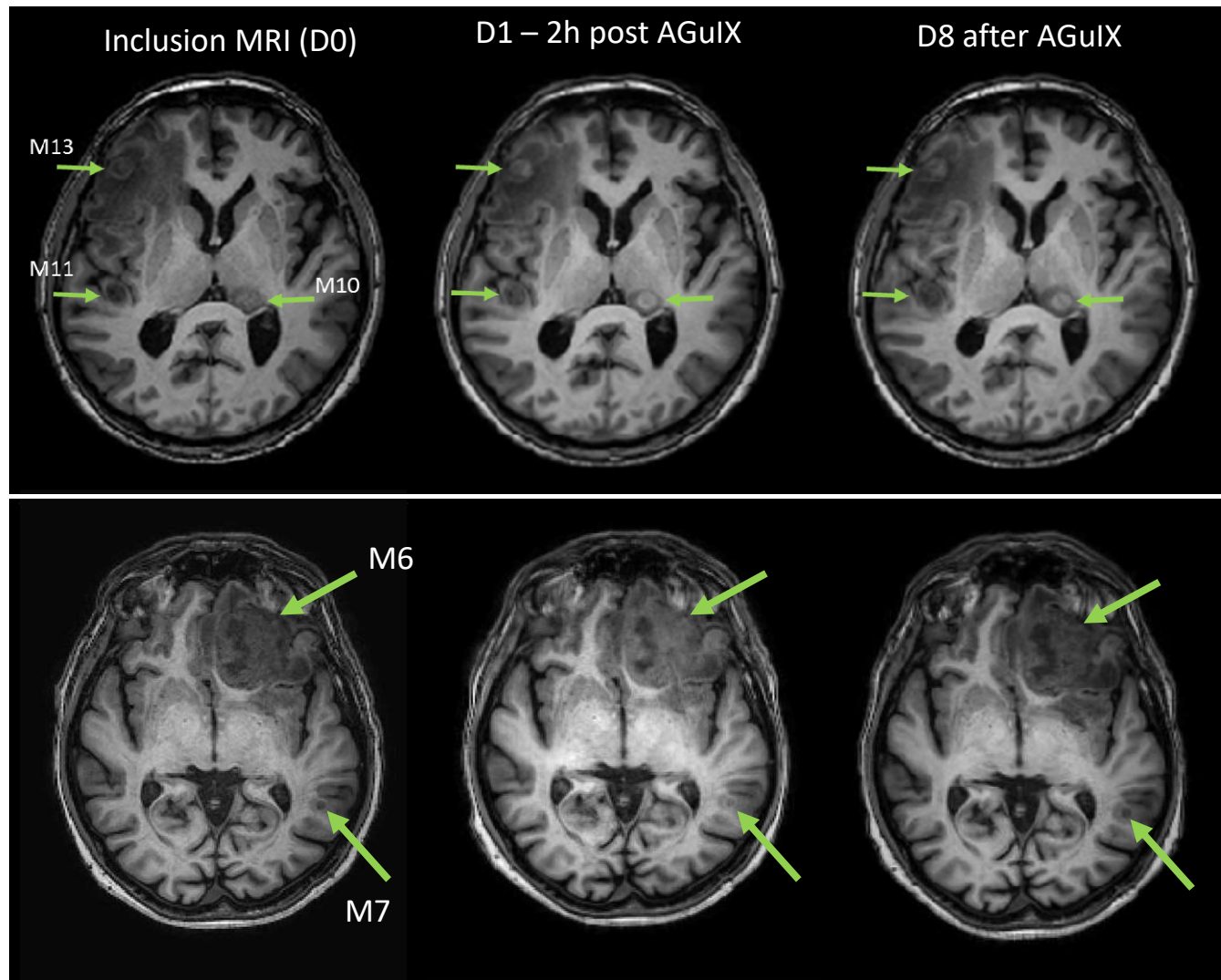
Primary cancer : Melanoma, Lung , Breast, Colon

25 % of cancer patients, Life expectancy < 4 months

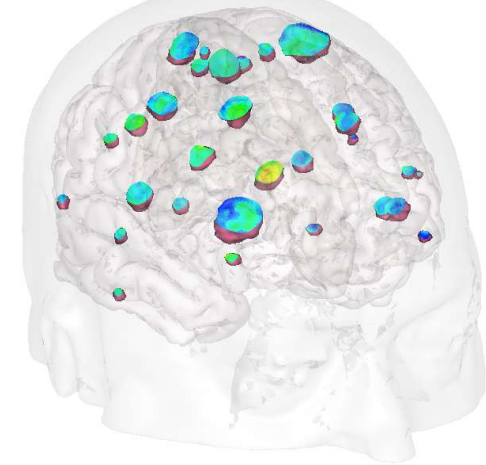


Tumor Targeting

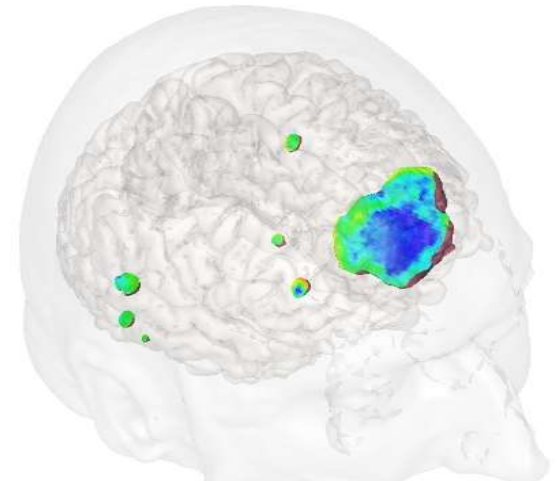
MRI T₁ enhancement of metastases (case of 15 mg/kg)



Patient #2 (melanoma)



Patient #3 (lung)



→ **good AGuIX uptake, i.e. targeting, for every tumor type even at the lowest administrated dose**

→ **persistent accumulation of the AGuIX® product up to 1 week**

NANORAD Phase I on brain metastases

Intermediate results after 9 patients (15 patients done – 12 evaluated)



15 mg/kg
n=3

30 mg/kg
n=3

50 mg/kg
n= 3

75 mg/kg

100 mg/kg



First proof of safety

No adverse effects due to the injection of the drug (even minor)
Fast blood half life and renal elimination



First proof of contrast uptake

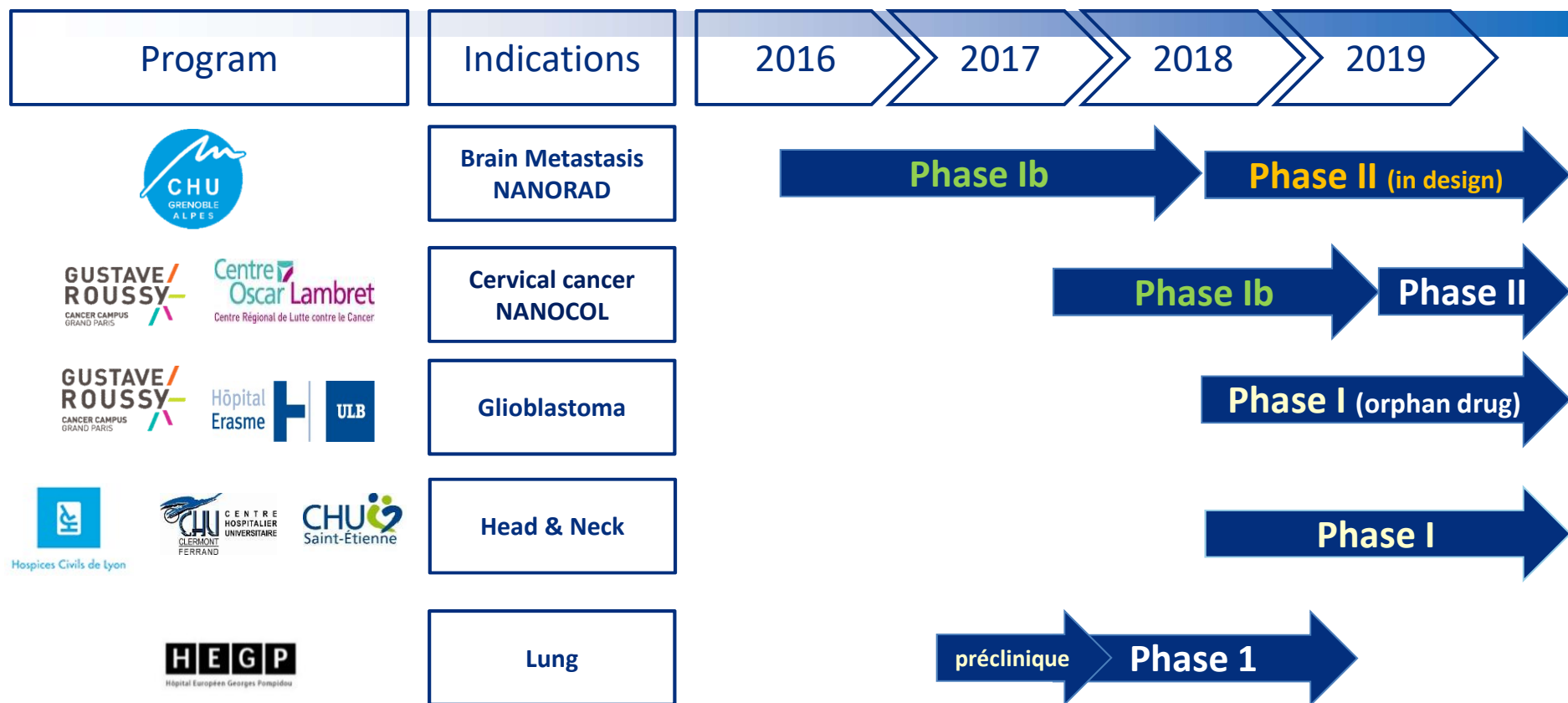
Contrast uptake for 9/9 patients (15 - 30 – 50 - 75 mg/kg)
(melanoma, NSCLC, Colon carcinoma)
Remanence of the contrast enhancement 8 days after injection in tumour tissues



Therapeutic response

Response to the treatment (WBRT + AGuIX)
Clinical benefit
Correlation between AGuIX contrast uptake and tumour response
Dose effect

Pipeline of clinical trials



Summary

