

17th Annual International Partnering Conference

BIO-EUROPE[®]
2011

OCTOBER 31– NOVEMBER 2, 2011
DUESSELDORF, GERMANY

CCD Congress Center Duesseldorf



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GROUP

Bio
PHARMACEUTICALS


acacia **pharma**

November 2nd 2011

Dr Julian Gilbert, CEO, Acacia Pharma

Summary

- Focused on cancer supportive care
 - Managed by a virtual, experienced team
 - Backed by supportive, specialist investors
- Generated a pipeline of Phase II product opportunities
 - Nausea & vomiting – generating exciting data
 - Cancer cachexia – complete
 - Data being published at Cachexia Conference in Milan December 2011
 - Xerostomia – ongoing
- All three products will complete these Phase II studies 1Q 2012
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 - Seeking licensees for certain projects and considering further investment



Cancer Supportive Care

Enabling better cancer treatment,
ensuring better quality of life.



Acacia Pharma is focused on cancer supportive care – the management of the symptoms of cancer or the side effects of cancer therapy.

Patients, carers and healthcare professionals urgently need new and improved treatments in this rapidly expanding, yet poorly served area, to improve both the effectiveness of cancer treatment and the quality of life of cancer patients. Significant advances in cancer treatment in the last two decades have been made possible by progress in supportive care, according to leading professional organisation MASCC (Multinational Association of Supportive Care in Cancer www.mascc.org).

Cancer Supportive Care

Cancer supportive care is a rapidly developing clinical and commercial opportunity.

Oncologists are increasingly citing the critical importance of cancer supportive care in

About Us

Acacia Pharma has generated a pipeline of product opportunities addressing a range of cancer supportive care indications, such as nausea & vomiting, xerostomia and cachexia, using a commercially driven approach to product

Latest News

31st March 2011

Acacia Pharma Closes \$10 Million Investment Round

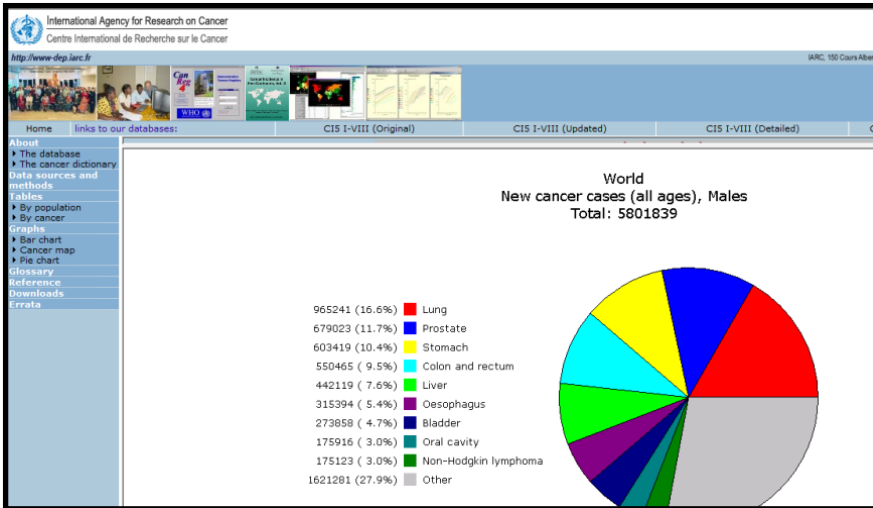
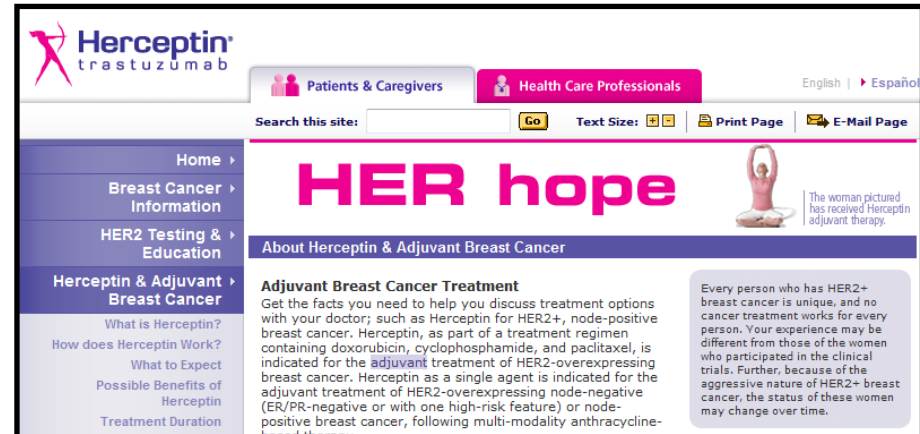
16th February 2011

Acacia Pharma Initiates Phase IIa Clinical Trial With APD421 For Nausea & Vomiting

7th February 2011

Acacia Pharma Completes Phase I Clinical Trial With APD515 For Xerostomia

Growing commercial opportunity

Herceptin[®]
trastuzumab

Patients & Caregivers | Health Care Professionals

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HER hope

The woman pictured has received Herceptin adjuvant therapy.

About Herceptin & Adjuvant Breast Cancer

Adjuvant Breast Cancer Treatment

Get the facts you need to help you discuss treatment options with your doctor; such as Herceptin for HER2+, node-positive breast cancer. Herceptin, as part of a treatment regimen containing doxorubicin, cyclophosphamide, and paclitaxel, is indicated for the **adjuvant** treatment of HER2-overexpressing breast cancer. Herceptin as a single agent is indicated for the adjuvant treatment of HER2-overexpressing node-negative (ER/PR-negative or with one high-risk feature) or node-positive breast cancer, following multi-modality anthracycline-

Every person who has HER2+ breast cancer is unique, and no cancer treatment works for every person. Your experience may be different from those of the women who participated in the clinical trials. Further, because of the aggressive nature of HER2+ breast cancer, the status of these women may change over time.

- Increasing incidence of cancer
 - Ageing population
 - Western lifestyle

- New cancer therapies
 - Extending survival
 - Chronic condition

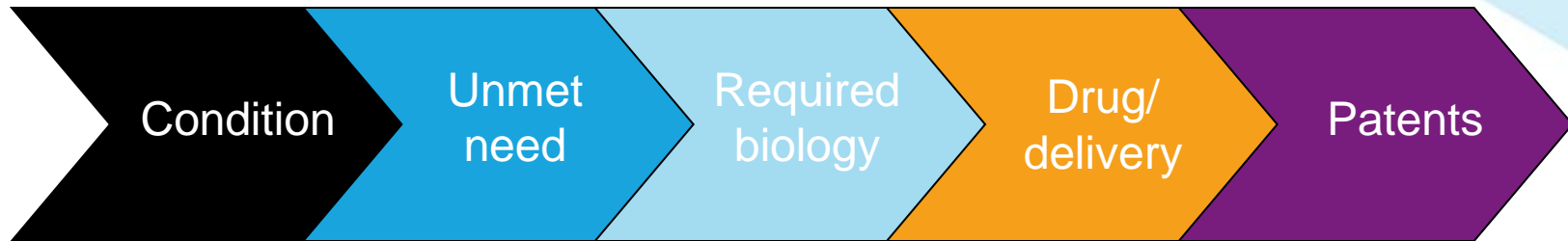
Increasing the need for good cancer supportive care

Great commercial successes...



... but limited innovation in R&D, despite clear unmet needs

Discovery & development



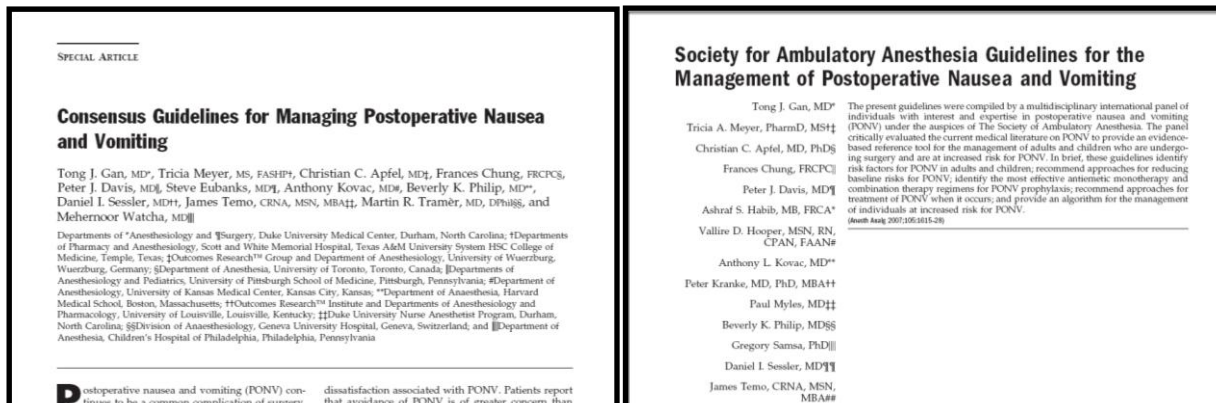
- Discovery & development based on established drugs
 - Higher probability of success
 - More rapid development – especially to Phase II PoC
 - Lower cost
- Commercially led process, driven by unmet needs of the oncologist
 - Market research conducted with two distinct groups
 - “The zealots” - KOLs
 - “The doers” - HoDs/consultants
- Product differentiation and patent protection
 - Absolutely key and Acacia Pharma adopts a set of strategies to achieve this

Phase II pipeline

Product	Discovery	Preclinical	Phase I	Phase II	Phase III
APD421	Post-operative nausea & vomiting (PONV)				
APD403	Chemotherapy induced nausea & vomiting (CINV)				
APD209	Cancer cachexia				
APD515	Xerostomia in advanced cancer patients				

APD421: PONV medical need

- PONV is a common complication of surgery
 - Limits early patient discharge and leads to costly readmissions
 - Significant concern to patients
 - Ranks second only to pain
 - Reported they will spend up to \$100 for an effective anti-emetic
- >130 million operations worldwide per annum
 - PONV occurs in ~30% of all patients and ~70% of high risk patients
 - Prophylaxis given according to Apfel score (5HT3s, steroids etc)



“..if it were not for the “black-box” warning, droperidol would have been the panel’s overwhelming first choice for PONV prophylaxis.”

APD421: Product rationale

Anaesthetists seek a “safe droperidol” – a D₂-antagonist with good efficacy (nausea), no QTC elongation and reduced extrapyramidal

- APD421 comprises a completely new use for a currently marketed D₂-antagonist
 - Potent D₂-antagonist
 - Low potency on hERG channels
 - No major extrapyramidal side effect issues
 - Wide range of approved clinical doses
 - Physical chemistry allows IV formulation (route of choice)
- Intellectual property and product differentiation
 - New use IP, combined with intravenous formulation and dose

APD403: CINV medical need

- CINV is common with many agents
 - >90% with highly emetogenic chemotherapy (HEC)
 - 30-90% with moderately emetogenic chemotherapy (MEC)
- Acute (24 hours) and delayed (5 days) phases occur
- Commonly treated with 5HT3s, steroids and NK1s

The major unmet needs that still exists is nausea:
In both the acute and delayed phases, 35-60% of patients treated with both HEC & MEC, are still getting nausea



Multinational Association of Supportive Care in Cancer

Supportive Care Makes Excellent Cancer Care Possible

www.mascc.org

Issues In Controlling Nausea Associated With Cancer Chemotherapy

Primary Focus: Should the Control of Nausea be the Primary Endpoint in Future Antiemetic Studies

MASCC Symposium 2011, Athens, Greece - Antiemetics

Wednesday, June 22, 8:30A.M. – 12:30P.M.

APD403: Product rationale

- The major unmet medical is nausea
- D₂-antagonists are known to good anti-nauseant drugs
- Acacia Pharma therefore believes that:

APD403 can prevent and treat the major unmet need in CINV
chemotherapy induced nausea (CIN)

- APD421/403 has now been confirmed as a good anti-nauseant in an incredibly tough Phase II PoC clinical study ...

APD421/403: Phase IIa study

- Investigator:
 - PI: Professor Jørn Herrstedt, Odense University Hospital, Denmark
 - 3 other centres in Denmark and UK
- Design:
 - Open-label, single ascending dose, minimum effective dose study
- Patient population:
 - Up to 3 cohorts each comprising 5-18 patients receiving cisplatin ($\geq 50 \text{ mg/m}^2$) as cancer chemotherapy
- Treatment period:
 - 1 day
- Primary endpoint:
 - Complete response, defined as no vomiting or use of rescue medication in 24 hour period after cisplatin
- Secondary endpoints:
 - Severity of and time to nausea/emesis, use of rescue medication

APD421/403: Phase IIa study update

Dose	1x	3x	8x
Number of subjects	5	5	13
No clinically relevant nausea	1	1	10

- 77% (10 pts) of cisplatin treated patients receiving the top dose of APD421/403 got clinically relevant relief from nausea
- The remaining 5 patients have been recruited
 - 3 have completed, we await results
 - 2 are being dosed imminently

APD421/403 is working: it significantly reduces nausea (the major unmet need) in an incredibly tough challenge

APD421/403: Next steps

- APD403 - CINV
 - Complete Phase II PoC in cancer patients receiving cisplatin, in combination with ondansetron – December
- APD421 - PONV
 - Initiate Phase II PONV (3 doses vs placebo, 200 pts) – November
 - Complete Phase II PONV – February

Initiate licensing discussions when licensing package is complete
– March 2012

Milestones for next 6 months

Project	Milestone	Timing
APD421 (PONV)	Complete Phase IIa pilot	3Q 2011
	Initiate Phase II PONV study	4Q 2011
	Complete Phase II PONV study	1Q 2012
APD403 (CINV)	Complete Phase IIa pilot (+ ondansetron)	1Q 2012
APD515 (xerostomia)	Complete Phase II	1Q 2012
APD209 (cachexia)	Complete Phase IIa pilot	3Q 2011
	Agree plans with regulatory agencies	4Q 2011
	Complete FDC development	4Q 2011

Four Phase II studies complete by 1Q 2012
 Opportunity to license and fund raise Q1 2012

Virtual, experienced management team

- Dr Julian Gilbert – CEO
 - Commercial Director & Co-founder, Arakis
 - SK&F, BTG, Mundipharma, Chiroscience
- Dr Gabriel Fox – CMO
 - Head, Global Oncology Marketing, Roche
 - NeXstar, Gilead
- Dr Ian Walker – Head of Project Leadership
 - Head of Development, Arakis
 - Reckitt & Colman, Ethical, Quadrant



Major pharma & start companies, cover a range of functional areas
Supported by a quality group of expert consultants



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Acacia Pharma Closes \$10 Million Investment Round

Funds to be used to complete two Phase II programmes

Cambridge, UK – 31st March 2011: Acacia Pharma, a pharmaceutical company specialising in the development of drugs for cancer supportive care, announces it has successfully closed a funding round, raising a total of \$10 million. **New investor Lundbeckfond Ventures joins Gilde Healthcare in this Series A financing.**

Acacia Pharma will use the proceeds to complete Phase II development of its two lead product opportunities, APD421 for the prevention of nausea & vomiting in post-surgical patients and APD515 for the treatment of xerostomia (dry mouth) in advanced cancer patients. As a consequence of the investment, Associate Professor Johan Kördel of Lundbeckfond Ventures will join the Board of Acacia Pharma.

Julian Gilbert, Acacia Pharma's CEO said, "I am delighted to welcome Lundbeckfond

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HEALTHCARE PARTNERS

LUNDBECKFOND VENTURES

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“Supportive Care Makes Excellent Cancer Care Possible” MASCC