



股號：6492

生華生物科技股份有限公司

次世代DDR與HH/IO抗癌與抗病毒新藥

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A worldwide opportunity for Silmintasertib (CX-4945) as a COVID-19 targeted therapy



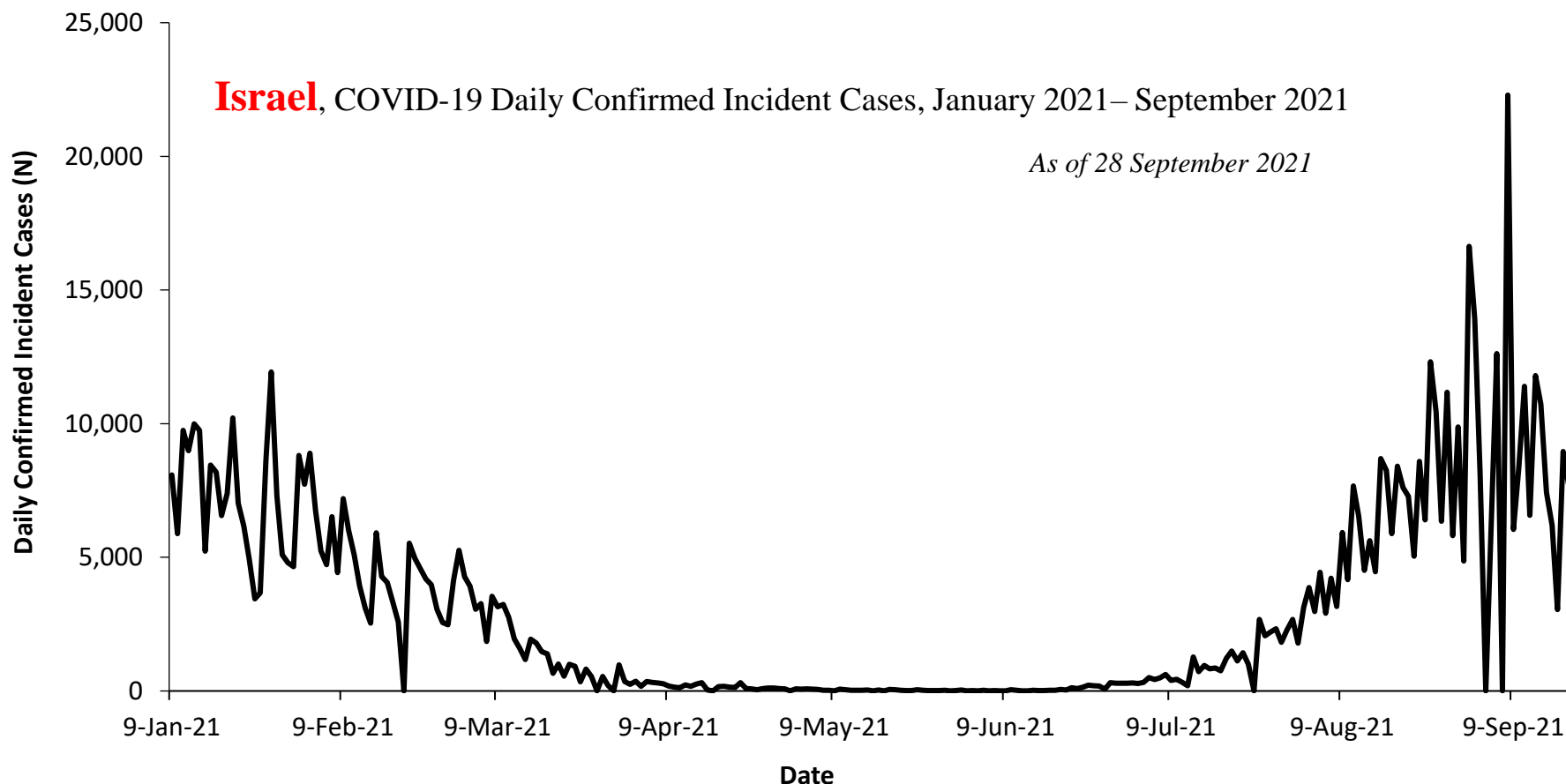
抗新冠病毒藥研發難度非常大

1. 病毒感染初期複製快，典型感染者每天產生至少100萬病毒粒子
2. 新冠病毒變種太快，變得快的病毒會產生耐藥性
3. 對抗新冠病毒，藥物作用不但要能跟人體免疫系統協同清除病毒，且也需要降低造成免疫風暴及肺部發炎反應的因子 (IL-6, TNF- α)、進而改善症狀、使人體盡快回復正常功能。



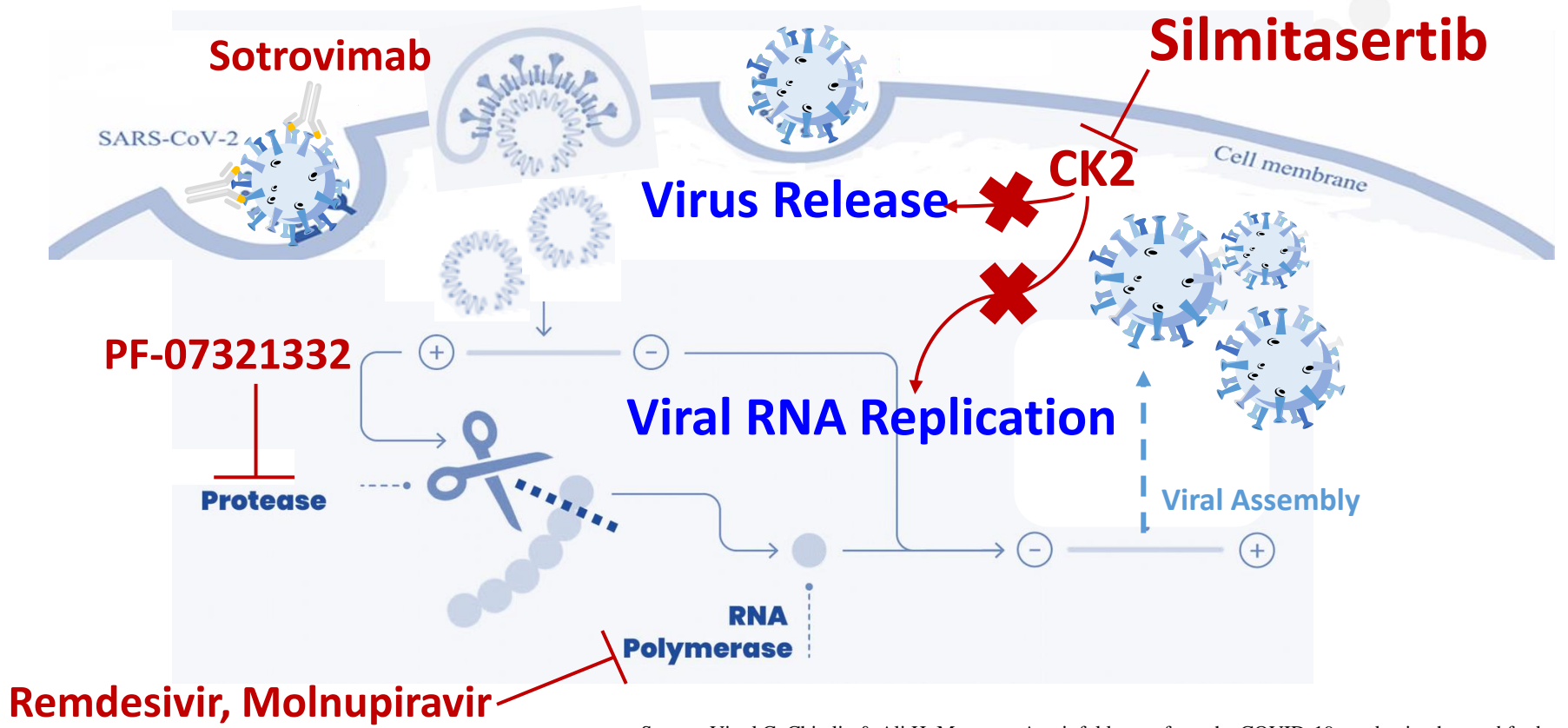
新冠病毒變種造成突破性感染

雖有疫苗接種仍迫切需要新冠治療藥物



需要宿主導向的新冠藥物

新冠病毒變種太快，容易產生耐藥性



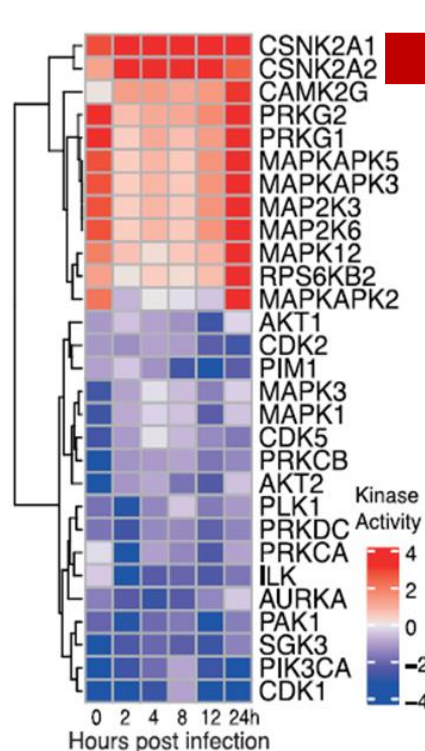
Source: Vipul C. Chitalia & Ali H. Munawar A painful lesson from the COVID-19 pandemic: the need for broad-spectrum, host-directed antivirals. *Journal of Translational Medicine* volume 18, Article number: 390 (2020)
Yu-Wen Zhou. REVIEW ARTICLE OPEN Therapeutic targets and interventional strategies in COVID-19: mechanisms and clinical studies. *Signal Transduction and Targeted Therapy* (2021) 6:317



CK2宿主細胞蛋白驗證為終結新冠病毒的標靶

- CK2為美國QBI-UCSF科學團隊研究發現SARS-CoV-2在細胞中進行複製所依賴之最關鍵且不可或缺之宿主細胞蛋白激酶
- Silmitasertib藉由抑制CK2阻斷病毒複製、阻止SARS-CoV-2離開細胞，從而防止感染傳播。由於CK2蛋白激酶不會發生突變，因此不受病毒變異影響機制
- CIGB-325勝肽類靜脈注射藥物，在古巴完成的二期研究也顯示臨床效益。CIGB-325與Silmitasertib的二期臨床均驗證CK2是治療新冠病毒的關鍵標的。

Signaling Changes in Host Cells in Response to SARS-CoV-2 Infection. Kinases depicting a strong change in activity upon infection.



CK2

"Achilles heel of SARS-CoV-2"

UCSF

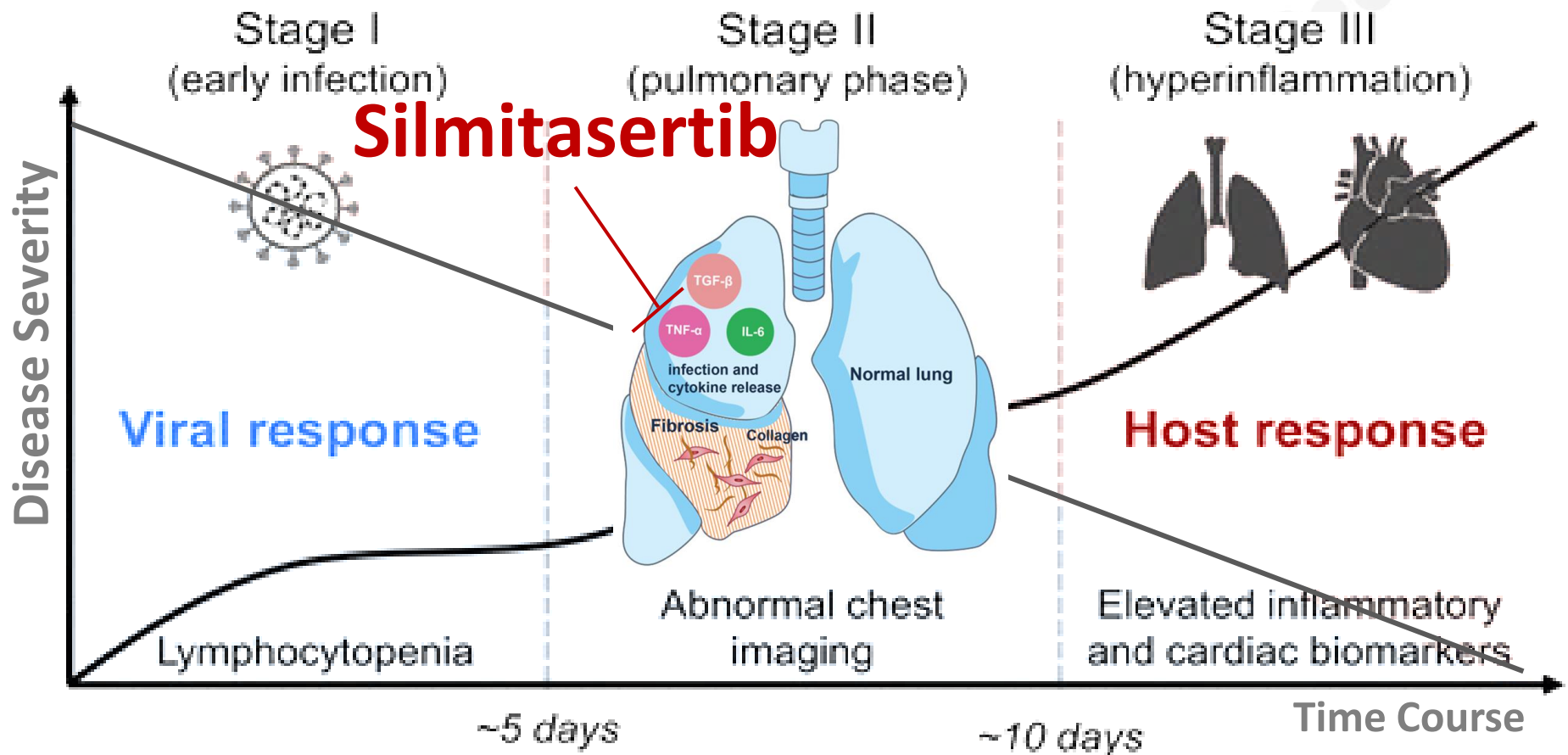
"It totally makes sense there's an overlap in anticancer drugs and an antiviral effect," said Prof. Krogan, who added that cancers, HIV and SARS-CoV-2 are all searching for the "Achilles heel of the cell."

Source: Bouhaddou M, Memon D, Meyer B, et al. The Global Phosphorylation Landscape of SARS-CoV-2 Infection. Cell. Published online 2020. doi:10.1016/j.cell.2020.06.034 [https://www.cell.com/cell/fulltext/S0092-8674\(20\)30811-4](https://www.cell.com/cell/fulltext/S0092-8674(20)30811-4)



開發具抗病毒及抗發炎的新冠藥物

對抗新冠病毒要針對呼吸系統、減緩肺部發炎反應



Silmitasertib 抗新冠臨床療效驗證

【Fail Fast-藥物快速驗效】策略

- 本二期新冠臨床設計採用大型製藥公司為加速藥物開發會採取的“藥物快速驗效”策略
- 生華採此策略，旨在開發與對照組相比具臨床優勢高於一倍以上的藥物。因試驗設計採高標準，若此藥物臨床療效具統計上顯著意義，此藥物具高機會成為重磅藥物(blockbuster)
- 生華團隊期待藉由這項20名受試者的二期臨床試驗快速驗證Silmitasertib是否為有效治療COVID-19的重磅藥物



【藥物快速驗效】策略 – 有效率地找出重磅藥物

臨床樣本數量

- 藥物快速驗效策略，其設計透過樣本小的試驗，快速篩選具開發成為重磅藥物的潛力藥物
- 如開發藥物在小樣本試驗中展現顯著臨床效益並具統計意義時，此結果可被視為進一步開發的重要依據。
- 生華目標開發出與對照組相比具臨床優勢高於一倍以上的重磅藥物

雙盲或開放式試驗

- 由於陸續有新的療法因取得EUA加入標準療法(SOC)，且多為靜脈注射，本公司試驗藥物為口服劑型，在藥物快速驗效的策略下，毋須雙盲設計
- 經數據分析，10位試驗組患者在療程中都僅接受 **Silmitasertib** 單藥治療，並未接受其他同步性療法
- 試驗結果可視為 **Silmitasertib** 大幅優於採標準療法(SOC)/最佳支持療法(best supportive care)對照組中的EUA藥物

統計分析方式

- 本試驗採單側、1型誤差(Type 1 error) **alpha 0.2** 的統計分析，常見於臨床2期試驗（初步療效評估）
- 如已上市癌症藥物愛寧達(Alimta)，其2期臨床試驗即以單側、**alpha 0.2** 進行統計分析
- 此試驗相關數據分析，當 **p 值 < 0.2**，即達統計上顯著差異。



COVID-19臨床應依不同病程設計臨床試驗

Severity	Description (NIH)
Mild	Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) <u>without shortness of breath, dyspnea, or abnormal chest imaging.</u>
Moderate	Individuals who have <u>evidence of lower respiratory disease by clinical assessment or imaging</u> and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.
Severe	Individuals who have respiratory frequency >30 breaths per minute, SpO2 $<94\%$ on room air at sea level, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates $>50\%$.
Critical	Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

- COVID-19分輕、中、重、危重症四個病程階段，臨床症狀也不相同
- 輕症多為典型症狀。中重症發生在下呼吸道及肺部發炎感染
- 臨床試驗設計依不同病程納入相對應之患者，其試驗指標也隨不同設計而異
- 國際藥廠新冠臨床設計多以 **Mild to Moderate** (輕至中症)、**Moderate** (中症)、**Severe** (重症)、**Critical** (危重症)為收案區隔



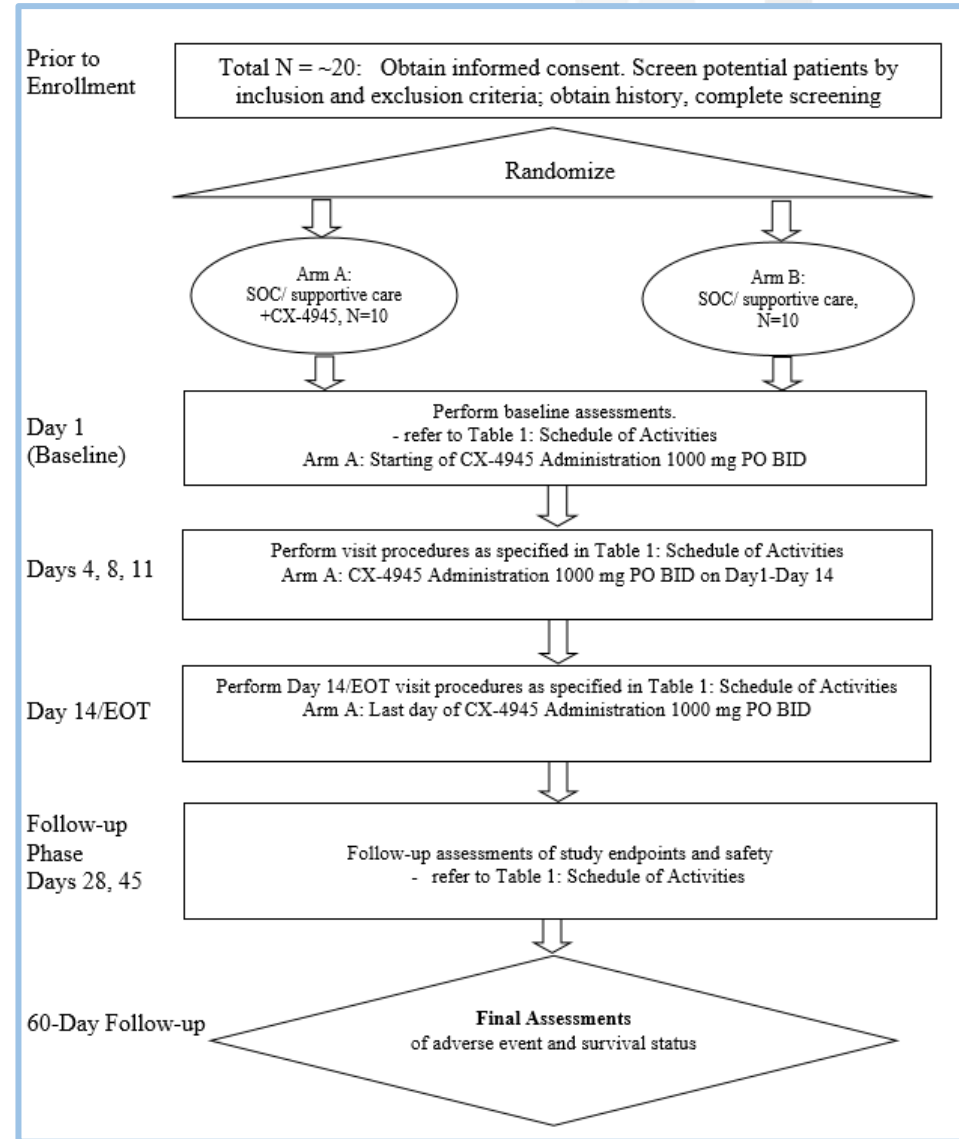
Silmitasertib 治療 COVID-19 中症患者：
一項隨機、開放性臨床二期試驗



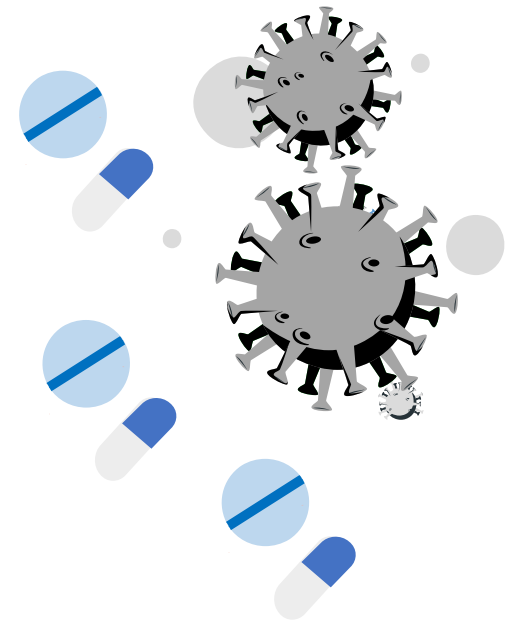
試驗方式:

- 招募 20 名新冠肺炎確診且出現中度體徵或症狀患者，並以 1:1 隨機分配進入試驗組或對照組
- 試驗組接受每日兩次、各 1,000 mg 口服 Silmitasertib 加上標準治療/最佳支持療法，療程為 14 天
- 對照組接受標準治療/最佳支持療法 14 天

試驗模式:



“With the current therapeutic options available are infused and require access to healthcare facility, **treatments that can be taken at home are critically needed. We are very encouraged by the results from this study and hope **Silmitasertib can make a profound impact in controlling the pandemic”****



- Dr. Chris Recknor, Center for Advanced Research and Education (CARE) in Gainesville, Georgia



新冠2期臨床試驗證明：

Silmitasertib 對 COVID-19 中症患者具顯著療效

- 試驗結果顯示Silmitasertib與對照組相比具統計和臨床意義，可大幅加速患者康復時間(time to recovery)和臨床體徵正常化時間(time to normalization of clinical sign)等
- 10位試驗組患者在療程中都僅接受Silmitasertib單藥治療，並未同步接受其他EUA藥物治療
- 安全性 - 未顯示任何與 Silmitasertib 相關的嚴重不良事件 (SAE)
- 此2期試驗達到作為Silmitasertib治療COVID-19的臨床概念驗證 (Clinical Proof-of-Concept)。



Silmitasertib 和 Molnupiravir 臨床試驗比較

	Silmitasertib (二期臨床試驗)	Molnupiravir (三期臨床期中分析)
藥物機制	宿主細胞蛋白導向的抗病毒/CK2抑制劑 (沒有致癌風險)	RNA聚合酶/病毒複製抑制劑 (有致癌風險)
疾病程度	COVID-19 中症	COVID-19 輕中症
給藥時機	COVID-19 檢測呈陽性後 7 天內	COVID-19 檢測呈陽性/ 出現症狀後 5 天內
試驗組	Silmitasertib 口服給藥、一天兩次，與SOC併用 (然此組病患並未接受其他EUA藥物療法)	Molnupiravir 口服給藥、一天兩次
對照組	標準治療/最佳支持性護理 (醫生可用美國任何EUA藥物治療患者)	安慰劑
治療時間	14天	5天
臨床結果	與標準療法/最佳支持療法相比，Silmitasertib 的療效具統計和臨床意義，大幅改善： <ul style="list-style-type: none"> • 更快達到COVID-19 相關臨床症狀改善時間 • 更快達到 EQ-5D-5L Q6 ≥ 90%的時間 • 更快達到COVID-19 相關臨床體徵正常化的時間 	與安慰劑組相比住院率減少 50% (Molnupiravir 7.3% vs Placebo 14.1%)



COVID-19 病程表：從感染到康復或死亡



Silmitasertib 對於新冠肺炎治療優勢

優異臨床療效 (COVID-19中症)

- 與標準療法(SOC)/最佳支持療法相比 (best supportive care) ， Silmitasertib 的療效具統計和臨床意義，大幅改善：
 - 更快達到COVID-19 相關臨床症狀改善時間
 - 更快達到EQ-5D-5L Q6 $\geq 90\%$ 的時間
 - 更快達到COVID-19 相關臨床體徵正常化的時間
- 顯示可抑制多種導致免疫風暴的細胞激素因子 (IL-6)
- 具與其他不同機制的藥物併用治療COVID-19的潛力

口服方便使用

- 口服藥不但方便且具成本效益, 更可以減少患者就診次數，有利公共衛生，中症之前治療可防止進展到住院和危重症階段，以減輕醫療資源負擔
- 小分子藥物製程相對大分子穩定。藥物可室溫儲存方便使用

宿主細胞機制

- Silmitasertib利用冠狀病毒依賴宿主蛋白激酶CK2進行複製的特性，藉由抑制CK2阻斷病毒複製，阻止 SARS-CoV2 離開細胞，從而防止感染傳播。

抵抗病毒變異

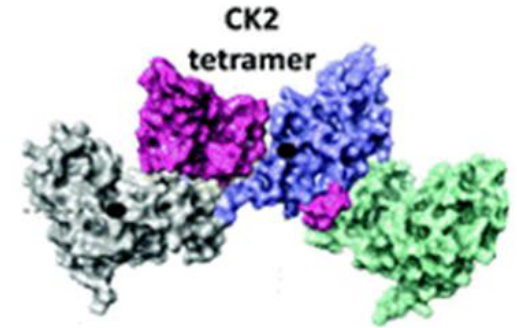
- 由於 CK2 蛋白激酶不會發生突變，因此不受病毒變異影響機制

良好安全性

- COVID-19二期試驗未顯示任何與 Silmitasertib 相關的嚴重不良事件 (SAE)
- 於多個一期和二期臨床試驗，逾200 多名受試者中驗證安全性和耐受性



Target Validation



Clinical Proof-of-Concept



Collaboration Opportunity





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