PRESS RELEASE

# *New data presented at ASCO on NGR-hTNF: significantly increase in survival in squamous NSCLC and clinical benefit in sarcomas*

- *Final results from a randomised Phase II study indicate a 50% relative reduction in the risk of death in first-line squamous lung cancer*
- *Optimal treatment regimen with statistically significant improvement in progression free survival identified in a randomised Phase II trial in soft tissue sarcomas*

Milan / Chicago, 3 June 2013 – MolMed S.p.A. (MLM.MI) presented this weekend, at the 49th ASCO annual meeting, positive results from a randomized Phase II study evaluating safety and efficacy of its investigational drug NGR-hTNF in combination with standard chemotherapy in patients with previously untreated non-small cell lung cancer (NSCLC) with squamous histology. These final results indicate a statistically significant 50% relative reduction in the risk of death. Results from an additional on-going randomised Phase II trial of NGR-hTNF given alone or in combination with doxorubicin in soft tissue sarcomas allowed to select the optimal dose and treatment combination able to provide statistically significant superior progression free survival.

Claudio Bordignon, Chairman and CEO of MolMed, commented: *"These compelling results in randomised clinical studies confirm the antitumor activity of NGR-hTNF and the survival benefit we already observed in a number of single-arm Phase II trials for different indications. The Phase II results in squamous NSCLC prioritize this tumour type as the next candidate for late-stage clinical development. These data coupled with the completion of the patient enrolment in our on-going Phase III pivotal trial in malignant pleural mesothelioma, and the very favourable safety profile, may position NGR-hTNF as a potential blockbuster".*

**About the randomized Phase II trial in NSCLC (abstract 8035, poster presentation)**

After a median follow-up of 2.5 years, the final results of this two-arm trial showed a clinically meaningful benefit from NGR-hTNF in chemonaive NSCLC patients with squamous histology. By a preplanned subset analysis, the addition of NGR-hTNF to standard chemotherapy induced a two-fold higher tumour shrinkage and, most importantly, a statistically significant fifty percent increase in median survival time compared to chemotherapy alone *(p=0.04)*. Notably, these efficacy outcomes were coupled with a favourable tolerability profile in combination with chemotherapy. Specifically, there were no pulmonary haemorrhages or bleeding events that have either contraindicated the use or hampered the development of most antiangiogenic or antivascular agents in squamous NSCLC.

**About non-small cell lung cancer (NSCLC)**

NSCLC is the most common type of lung cancer, comprising about 85% of all lung cancers. NSCLC patients can be divided into two groups: those with squamous histology (homogeneous group, representing approximately 30% of patients) and those with non-squamous histology (heterogeneous group, representing the remainder of the population). According to the American Cancer Society, it is estimated that more than



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228,000 Americans will be diagnosed with lung cancer in 2013, while 430,000 new cases are diagnosed in the EU.

**About NGR-hTNF**

NGR-hTNF is a novel therapeutic agent for solid tumours which displays antitumor activity through its specific binding to blood vessels feeding the tumour mass. NGR-hTNF is being investigated in a large clinical program, including a Phase III trial in malignant pleural mesothelioma and Phase II trials in six indications: colorectal, lung (small-cell and non-small-cell), liver and ovarian cancer, and soft tissue sarcomas.

**Summary of the other abstracts presented at ASCO**

**Two doses of NGR-hTNF given alone or in combination with doxorubicin in soft-tissue sarcomas (abstract 10568, poster presentation).** This four-arm trial was designed to select the best NGR-hTNF regimen for patients with sarcomas. The primary aim of achieving a doubled three-month progression-free rate (40% vs 20%) was met by the combination of low-dose intensified NGR-hTNF (0.8 µg/m2 weekly) with doxorubicin, after both the first and the second trial stages. Moreover, the superiority of this regimen over the other ones in terms of progression-free survival (with a three-fold increased median duration) translated in an analogous advantage in terms of overall survival (with a two-fold increased median time). Of particular interest is also the evidence that both pretreated and untreated patients shared similar benefit, and the significant reduction observed by PET imaging of intratumoural metabolic activity, which correlated with increased progression-free rates. Taken together, these results confirm both the hypothesised drug mechanism of action and the potential clinical benefit of NGR-hTNF in the treatment of sarcoma patients.

Furthermore, the following four studies have highlighted the potential role of chills, of circulating lymphocytes, of soluble TNF receptors and early disease control in predicting drug efficacy, in a way consistent with the hypothesised mechanism of action.

- **Relationships of peripheral blood lymphocyte counts with antitumor activity of NGR-hTNF given in combination with chemotherapy (abstract 3038, poster presentation)**
- **Infusion-related reactions during NGR-hTNF therapy as potential predictors of clinical outcome (abstract 13593)**
- **Changes in shedding of soluble tumor necrosis factor receptors and in dynamic MRI as early predictors of outcome with NGR-hTNF (abstract 22145)**
- **Treatment-free interval after first-line therapy and disease control rate on second-line therapy: Impact on overall survival in relapsed malignant pleural mesothelioma (abstract 18528)**

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## *About MolMed*

MolMed S.p.A. is a biotechnology company focused on research, development and clinical validation of novel anticancer therapies. MolMed's pipeline includes two antitumour therapeutics in clinical development: TK, a cell-based therapy enabling bone marrow transplants from partially compatible donors, in absence of post-transplant immune-suppression, in Phase III in high-risk acute leukaemia; NGR-hTNF, a novel vascular

targeting agent, in Phase III in malignant pleural mesothelioma and in Phase II in six more indications: colorectal, lung (small-cell and non-small-cell), liver and ovarian cancer, and soft tissue sarcomas. MolMed also offers top-level expertise in cell and gene therapy to third parties to develop, conduct and validate projects from preclinical to Phase III trials, including scale-up and cGMP production of clinical-grade viral vectors, and manufacturing of patient-specific genetically engineered cells. MolMed is headquartered at the San Raffaele Biomedical Science Park in Milan, Italy. The Company's shares are listed on the main market (MTA) of the Milan Stock Exchange. (Ticker Reuters: MLMD.MI)

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