

MRB-CFI-1: NEW IMMUNOTHERAPY TO SOLID TUMOR TREATMENT

 **OncoTherad**
ONCOLOGY THERAPY ADJUVANT

Prof. Dr. Wagner José Fávaro

**Sócio-Fundador da NANOIMMUNOTHERAPY PHARMA
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UNICAMP



Há 15 anos, pesquisadores da UNICAMP vêm realizando pesquisas visando o desenvolvimento de medicamentos e novas plataformas terapêuticas para o tratamento de tumores sólidos. O resultado dessas pesquisas foi o desenvolvimento do OncoTherad[®], a primeira molécula de Imunoterapia totalmente criada e desenvolvida no Brasil



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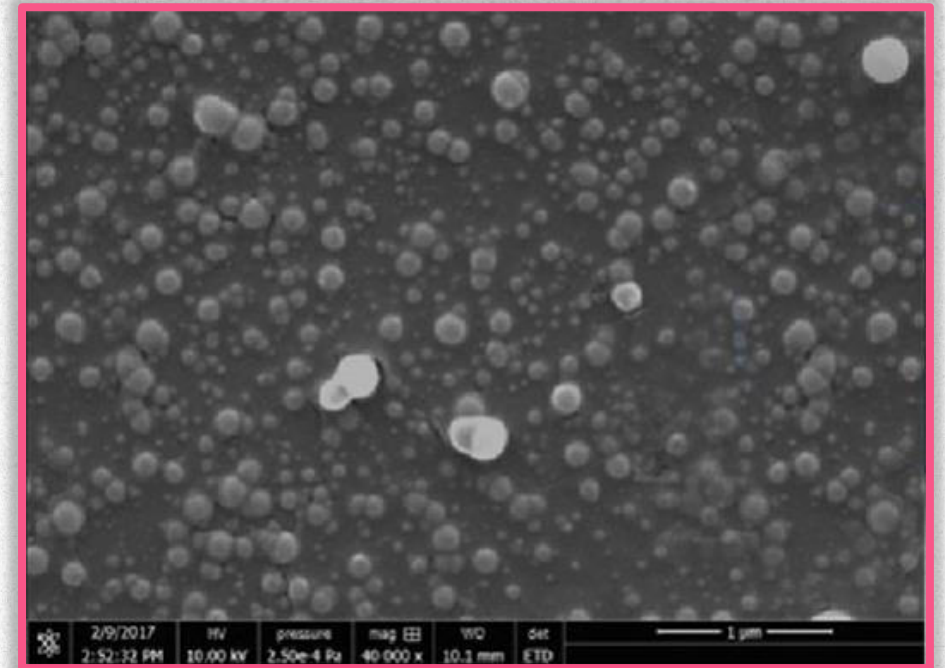
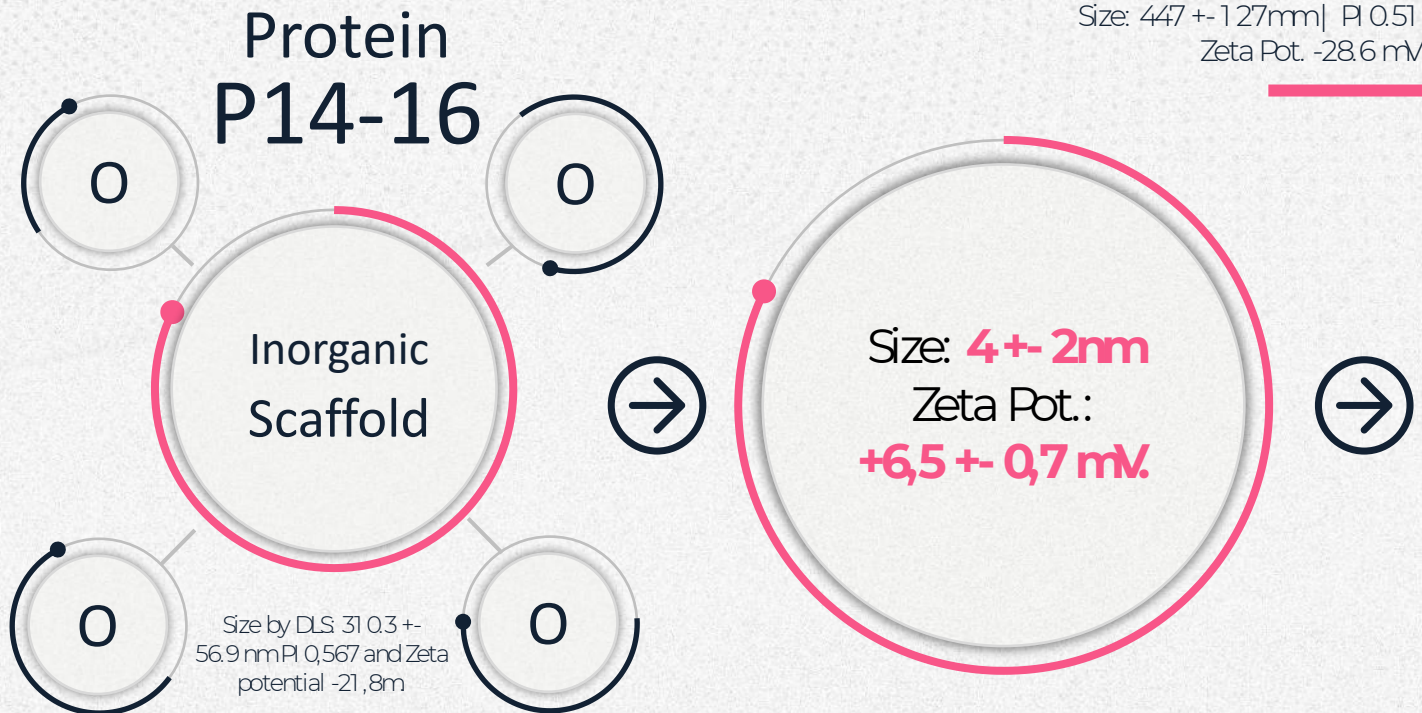


Sr. Carlos Kleber de Andrade





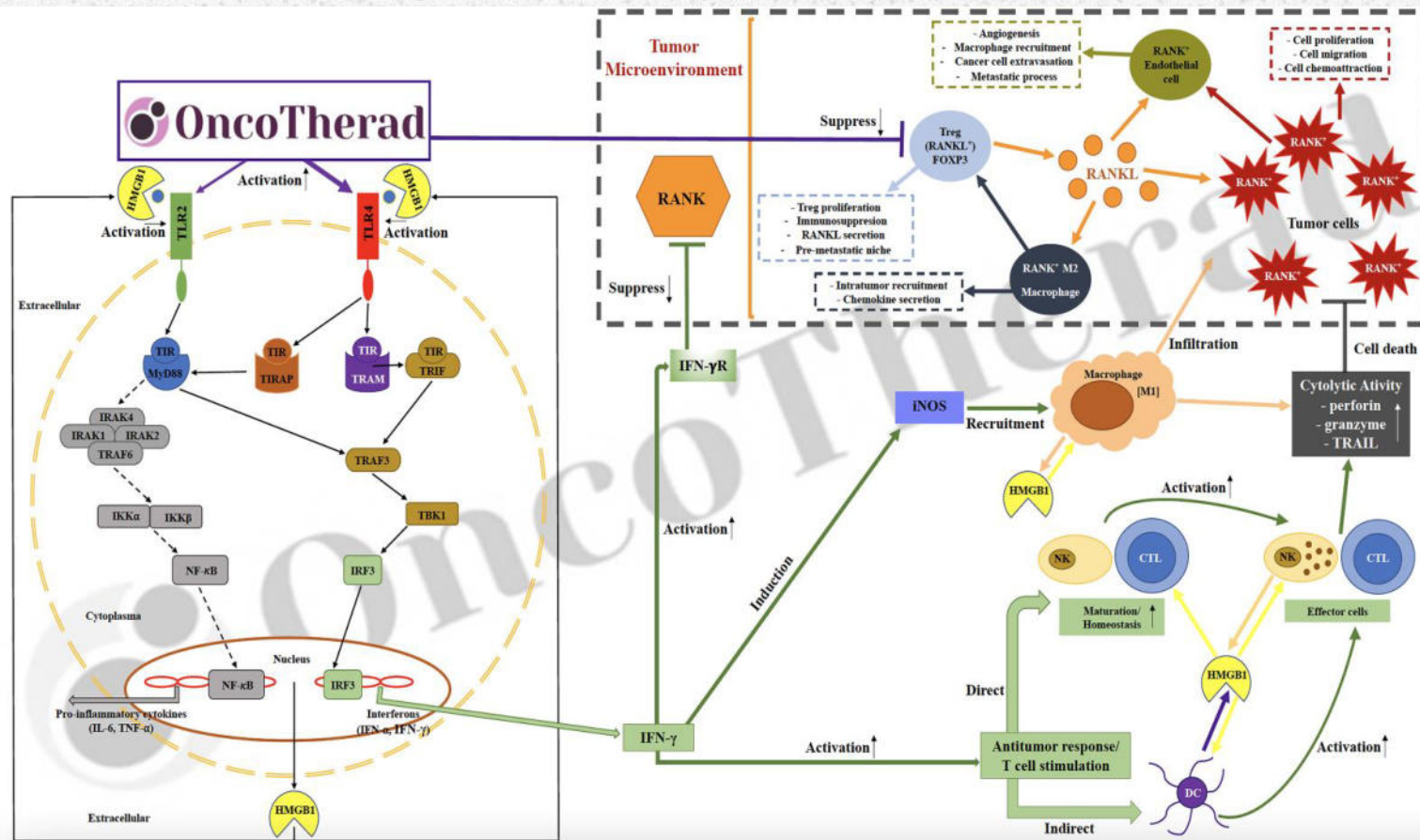
ONCOLOGY THERAPY ADJUVANT



OncoTherad®

OncoTherad

ONCOLOGY THERAPY ADJUVANT



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New synthetic nano-immunotherapy (OncoTherad®) for non-muscle invasive bladder cancer: Its synthesis, characterization and anticancer property

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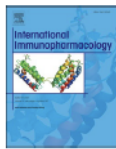
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ARTICLE INFO

ABSTRACT

Keywords:
 Non-muscle invasive bladder cancer
 OncoTherad®
 Toll-like receptors
 Nanotechnology
 Immunotherapy
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Abstract:
Bacillus Calmette-Guérin (BCG)-based intravesical immunotherapy has been applied as gold standard treatment for high-risk non-muscle invasive bladder cancer (NMIBC) for almost half a century. However, several patients with high-risk disease experience relapse, including those whose condition has worsened and who failed to respond to BCG. Non-significant therapeutic options have been developed for these at-risk patients, for many years. Immunotherapies have shown promising outcomes for bladder cancer treatment. Accordingly, our research group developed the OncoTherad® (MRB-CFI-1) immunotherapy, which has shown positive outcomes in NMIBC treatment. The aim of the current study is to describe, in details, the physicochemical features and potential action mechanisms of OncoTherad® nano-immunotherapy, based on toll-like receptor 4 (TLR4)-mediated interferon and on RANK/RANKL signaling pathways, in animal model with NMIBC. Based on the current findings, OncoTherad® nano-immunotherapy did not have genotoxic effect on the investigated model and did not show signs of limiting local and/or systemic toxicity at therapeutic doses. OncoTherad® nano-immunotherapy was more effective than the BCG treatment, since it reduced by 70% the malignancy rate. Furthermore, it was possible identifying an important action mechanism of OncoTherad®, which was based on the modulation of TLR4-mediated interferon and RANK/RANKL signaling pathways that, altogether, were essential to reduce malignancy rate. OncoTherad® mechanisms in these pathways helped preventing tumor recurrence.



A novel therapeutic strategy for non-muscle invasive bladder cancer: OncoTherad® immunotherapy associated with platelet-rich plasma

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ABSTRACT

Patients with non-muscle invasive bladder cancer (NMIBC) that are unresponsive to Bacillus Calmette-Guérin (BCG) have historically had limited treatment options. A new perspective is represented by OncoTherad® (MRB-CFI-1) immunotherapy, a nanostructured inorganic phosphate complex associated with glycoacidic protein, developed by the University of Campinas in Brazil. Previous studies have shown that Platelet-Rich Plasma (PRP) also acts on immune activation and exerts antitumor effects. This study characterized the effects of the OncoTherad® associated with PRP in the treatment of NMIBC chemically induced in mice. When treated intravesically with PRP only, mice showed 28.6% of tumor progression inhibition rate; with OncoTherad® 85.7%; and with OncoTherad®+PRP 71.4%. Intravesical treatments led to distinct activation of Toll-like Receptors (TLRs) 2 and 4-mediated innate immune system in the interleukins (canonical) and interferons (non-canonical) signaling pathways. OncoTherad® isolated or associated with PRP upregulated TLR4 and its downstream cascade mediators as well as increased interleukins 6 (IL-6) and 1 β (IL-1 β), and interferon- γ (IFN- γ). In this way, the NMIBC microenvironment was modulated to a cytotoxic profile correlated with the IL-1 β increase by stimulating immune pathways for IFN- γ production and consequent cytotoxic T lymphocytes (as CD8+ T-cells) activation and regulatory T-cells (Tregs) reduction. In addition, PRP did not trigger carcinogenic effects through the biomarkers evaluated. Considering the possibility of personalizing the treatment with the PRP use as well as the antitumor properties of OncoTherad®, we highlight this association as a potential new therapeutic strategy for NMIBC.

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Effects of combined OncoTherad immunotherapy and probiotic supplementation on modulating the chronic inflammatory process in colorectal carcinogenesis

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Keywords:
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ABSTRACT

This study evaluated the effects of combined OncoTherad immunotherapy and probiotic supplementation on colorectal carcinogenesis chemically induced with 1,2-Dimethylhydrazine (DMH) in mice. The animals were randomly allocated in five groups: Control, DMH; did not receive any treatment; DMH + OncoTherad; received weekly 1 P. (antiproliferative) dose of OncoTherad; DMH + Probiotic; received daily administration via gavage of the functional food (*Lactobacillus acidophilus* and *Bifidobacterium lactis* and *Bifidus*) and DMH + Probiotic + OncoTherad; received the same treatment than the previous groups. After ten weeks of treatment, the large intestine was collected for immunohistochemical analysis of TLR4, MyD88, NF- κ B, IL-6, TLR2, TRIF, IRF-3, IRF-1, IRF-4, IRF-5, IL-10, and TGF- β . For the statistical analysis, the variance test (ANOVA) and Tukey's-Post hoc were used and significance set at $p < 0.05$. Probiotic supplementations associated with the OncoTherad were able to modulate weight loss, minimize the canonical signaling pathway TLR4/TLR4 (MyD88-dependent), reduce the non-canonical signaling pathway (TRIF-dependent), attenuate the proinflammatory pathway mediated by IRF-3 and IRF-4, and stimulate the production of IL-10 and TGF- β cytokines. Thus, the association of OncoTherad and probiotic supplementations has shown important immunomodulatory effects and could be considered a potential new therapeutic approach for colorectal cancer after further investigations.

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New synthetic nano-immunotherapy (OncoTherad®) for non-muscle invasive bladder cancer: Its synthesis, characterization and anticancer property

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ARTICLE INFO

Keywords:
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Nanotechnology
Immunotherapy
Nanomedicine

ABSTRACT

Bacillus Calmette-Guérin (BCG)-based intravesical immunotherapy has been applied as gold standard treatment for high-risk non-muscle invasive bladder cancer (NMIBC) for almost half a century. However, several patients with high-risk disease experience relapse, including those whose condition has worsened and who failed to respond to BCG. Non-significant therapeutic options have been developed for these at-risk patients, for many years. Immunotherapies have shown promising outcomes for bladder cancer treatment. Accordingly, our research group developed the OncoTherad® (MRB-CFI-1) immunotherapy, which has shown positive outcomes in NMIBC treatment. The aim of the current study is to describe, in details, the physicochemical features and potential action mechanisms of OncoTherad® nano-immunotherapy, based on toll-like receptor 4 (TLR4)-mediated interferon and on RANK/RANKL signaling pathways, in animal model with NMIBC. Based on the current findings, OncoTherad® nano-immunotherapy did not have genotoxic effect on the investigated model and did not show signs of limiting local and/or systemic toxicity at therapeutic doses. OncoTherad® nano-immunotherapy was more effective than the BCG treatment, since it reduced by 70% the malignancy rate. Furthermore, it was possible identifying an important action mechanism of OncoTherad®, which was based on the modulation of TLR4-mediated interferon and RANK/RANKL signaling pathways that, altogether, were essential to reduce malignancy rate. OncoTherad® mechanisms in these pathways helped preventing tumor recurrence.

RESEARCH



OncoTherad® is an immunomodulator of biological response that downregulate RANK/RANKL signaling pathway and PD-1/PD-L1 immune checkpoint in non-muscle invasive bladder cancer

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Abstract

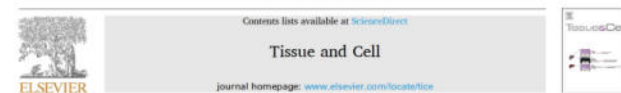
Introduction Bladder cancer is the second most common urinary tract cancer. Above 70% of the occurrence of bladder cancer is superficial (pTis, pTa, and pT1), non-muscle invasive tumor (NMIBC), and the incidence of invasive disease is occasional. Treatments for NMIBC consist of transurethral resection (TUR) and subsequently intravesical immunotherapy with *Bacillus Calmette-Guérin* (BCG), intending to prevent tumor progression and decrease recurrence. However, 20–30% of these tumors have progression, and 70% have a recurrence after exclusive TUR treatment. The immunomodulator of biological response, OncoTherad®, is an attractive potential to revolutionize cancer therapy. In our previous studies with mice, the results showed that treatment with OncoTherad® reduced 100% of tumor progression in NMIBC through the activation of Toll-Like Receptors' non-canonical pathway.

Materials and Methods In the present study, 36 female C57Bl/6J mice were divided into 6 groups ($n = 6$ /group): Control, Cancer, Cancer + BCG, Cancer + OncoTherad® (MRB-CFI-1), Cancer + P14-16 and Cancer + CFI-1. NMIBC was chemically induced and the treatments were followed for 6 weeks. A week after the last dose of treatment, animals were euthanized, the bladder was collected and routinely processed for immunohistochemical analyses of RANK, RANKL, FOXP3, and PD-1/PD-L1, such as PD-1/PD-L1 western blotting.

Conclusion The immunohistochemical results showed that OncoTherad® reduced RANK and RANKL immunoreactivities compared to the cancer group, which indicates a good prognosis. Immunohistochemical and western blotting analyses confirmed that OncoTherad® modulated PD-1/PD-L1 immune checkpoint.

Keywords Immune checkpoint · Cancer treatment · Immune system · RANKL · FOXP3

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OncoTherad® (MRB-CFI-1) nano-immunotherapy reduced tumoral progression in non-muscle invasive bladder cancer through activation of Toll-like signaling pathway

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Keywords:
Bladder cancer
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Immunohistochemistry
Toll-Like receptors

ABSTRACT

The new modulation for treating patients with high-grade non-muscle invasive bladder cancer (HGNMIBC) for whom Bacillus Calmette-Guérin (BCG) has failed so is contemplated and recently increasing due to the development of new drugs. Since NMIBC is sensitive to immunotherapy, Toll-like receptors (TLRs) agonist compounds may represent a potential antitumor therapeutic approach. Our research group developed a synthetic compound, with antitumor and immunological properties, called OncoTherad® (MRB-CFI-1). To evaluate the effects of OncoTherad® (MRB-CFI-1) and its compounds (P14-16 and CFI-1), thirty six female C57BL/6 J mice were divided into six groups ($n = 6$): Control, Cancer, Cancer + BCG (40 mg), Cancer + OncoTherad® (20 mg/mL), Cancer + P14-16 (20 mg/mL) and Cancer + CFI-1 (20 mg/mL). NMIBC was chemically induced (N-ethyl-N-nitrosourea 50 mg/mL) and the treatments were followed for six weeks. The bladder was collected and routinely processed for immunohistochemical analyses of the Toll-Like receptors signaling pathway (TLR2, TLR4, MyD88, IRF-3, IRF-4, NF- κ B, TRIF, IRF-1, IRF-5, IL-6). The results obtained showed that the tumor progression was 100% reduced on OncoTherad® (MRB-CFI-1) treated animals. Immunohistochemical analysis demonstrated that while the conventional BCG treatment stimulated the canonical pathway, OncoTherad® (MRB-CFI-1) stimulated the non-canonical pathway (increasing expression of TLR4, TRIF, IRF-1, and IRF-5). OncoTherad® (MRB-CFI-1) could be considered a promising therapy in the treatment of NMIBC.

CARTA PATENTE Nº BR 102017012768-0

O INSTITUTO NACIONAL DA PROPRIEDADE INDUSTRIAL concede a presente PATENTE DE INVENÇÃO, que outorga ao seu titular a propriedade da invenção caracterizada neste título, em todo o território nacional, garantindo os direitos dela decorrentes, previstos na legislação em vigor.

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(54) Título: PROCESSO DE OBTENÇÃO DE COMPLEXO NANOESTRUTURADO (CFI-1), COMPLEXO NANOESTRUTURADO ASSOCIADO A PROTEÍNA (MRB-CFI-1)

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(54) **METHOD FOR PRODUCING A NANOSTRUCTURED COMPLEX (CFI-1), A PROTEIN-ASSOCIATED NANOSTRUCTURED COMPLEX (MRB-CFI-1) AND USE**

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(73) Assignee: **UNIVERSIDADE ESTADUAL DE CAMPINAS—UNICAMP**

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

(21) Appl. No.: **16/617,493**

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(54) **METHOD FOR PRODUCING A NANOSTRUCTURED COMPLEX (CFI-1), A PROTEIN-ASSOCIATED NANOSTRUCTURED COMPLEX (MRB-CFI-1) AND USE**

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(54) **METHOD FOR PRODUCING A NANOSTRUCTURED COMPLEX (CFI-1), A PROTEIN-ASSOCIATED NANOSTRUCTURED COMPLEX (MRB-CFI-1) AND USE**

(71) Applicant: **UNIVERSIDADE ESTADUAL DE CAMPINAS—UNICAMP**, Campinas (BR)

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(54) **METHOD FOR PRODUCING A NANOSTRUCTURED COMPLEX (CFI-1), A PROTEIN-ASSOCIATED NANOSTRUCTURED COMPLEX (MRB-CFI-1) AND USE**

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(72) Inventors: **Wagner José Favaro**, Campinas (BR); **Nelson Eduardo Duran Caballero**, Paulínia (BR)

(73) Assignee: **UNIVERSIDADE ESTADUAL DE CAMPINAS—UNICAMP**

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A61K 38/00 (2006.01) **A61K 33/42** (2006.01)
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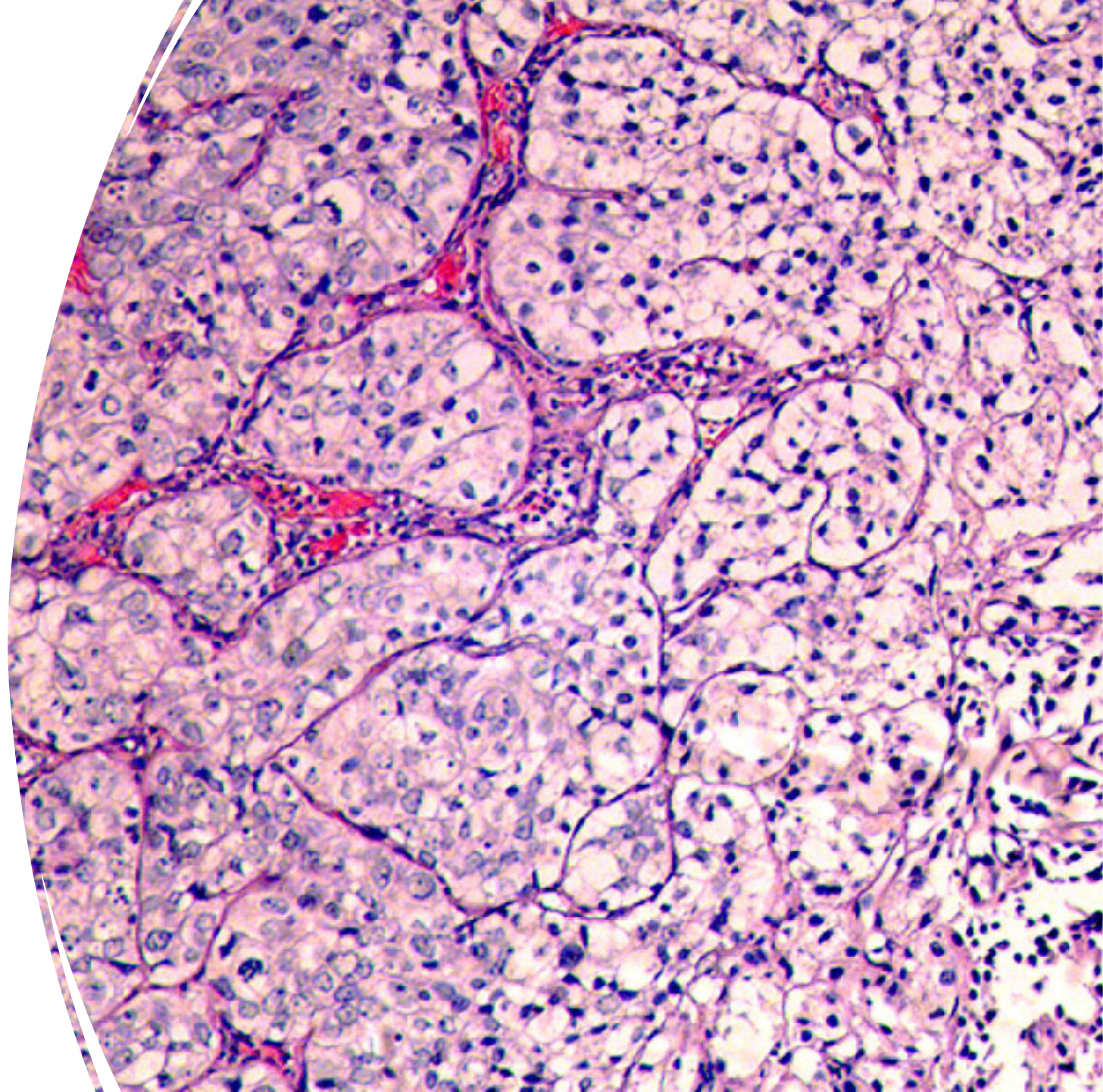
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(54) **METHODS FOR PRODUCING A NANOSTRUCTURED COMPLEX (CFI-1) AND A PROTEIN-ASSOCIATED NANOSTRUCTURED COMPLEX (MRB-CFI-1) AND USE**

VERFAHREN ZUR HERSTELLUNG EINES NANOSTRUKTURIERTER KOMPLEXES (CFI-1) UND EINES PROTEIN-ASSOZIIERTER NANOSTRUKTURIERTER KOMPLEX (MRB-CFI-1) UND VERWENDUNG

PROCÉDÉS DE PRÉPARATION D'UN COMPLEXE NANOESTRURÉ (CFI-1) ET D'UN COMPLEXE NANOESTRURÉ ASSOCIÉ À UNE PROTÉINE (MRB-CFI-1) ET UTILISATION

**Protocols for Human Use:
ONCOTHERAD NANO-
IMMNOTHERAPY IN BCG-
UNRESPONSIVE NON-MUSCLE
INVASIVE BLADDER CANCER: AN
OPEN-LABEL AND SINGLE-ARM
PHASE 1/2 STUDY**



Significant Unmet Medical Need in NMIBC

~430,000

new cases each year globally^{1,2}

BCG
SHORTAGE

is complicating patient care

AFTER BCG

a patient's only option is to undergo radical cystectomy or face cancer progression

Bladder cancer is the 9th most prevalent cancer in the World, of which 75%-85% is NMIBC^{1,2,3}

Bladder cancer is the single most expensive (\$4 billion/year) cancer to treat in the US⁴

One of the worst patient experiences among common cancers

Survival rates for bladder cancer have decreased in recent years in the several countries, during which time there was also a BCG shortage⁴

¹ Siegel RL, et al. CA Cancer J Clin 2019; 69:7-34.

² American Cancer Society. <https://www.cancer.org/cancer/bladder-cancer.html>, 2020.

³ Lamm D., et al. J Urol 2014; 191:20-27

⁴ Bray F., et al. CA Cancer J Clin 2018; 68:394-424.

CLINICAL PROTOCOL: PHASE 1/2 BCG-UNRESPONSIVE NON-MUSCLE INVASIVE BLADDER CANCER

- Ethical Approvals

RBR-6swqd2 Effects of Oncotherad Immunotherapy in the Treatment of Bacillus Calmette-Guérin (BCG)-Recurrent and Relapsed Non...

Date of registration: 08/20/2019 (mm/dd/yyyy)

Last approval date : 08/20/2019 (mm/dd/yyyy)

Study type:

Interventional

Scientific title:

en

Effects of Oncotherad Intravesical Immunotherapy in the treatment of Bacillus Calmette-Guérin (BCG)-Refractory and Relapsed Non-Muscle Invasive Bladder Cancer patients

pt-br

Efeitos da Imunoterapia Intravesical com Oncotherad no tratamento de pacientes com Câncer de Bexiga Não-Músculo Invasivo Recidivado Não-Responsivo à terapia com Bacillus Calmette-Guérin (BCG)

Trial identification

- UTN code: U1111-1226-9096
- Public title:

en

Effects of Oncotherad Immunotherapy in the Treatment of Bacillus Calmette-Guérin (BCG)-Recurrent and Relapsed Non-Muscle Invasive Bladder Cancer

pt-br

Efeitos da Imunoterapia com Oncotherad no Tratamento de pacientes com Câncer de Bexiga Não-Músculo Invasivo Recorrente Não-Responsivo à Terapia com Bacillus Calmette-Guérin (BCG)

- Scientific acronym:
- Public acronym:

• Secondaries identifiers:

- o No. 2.820.147
Issuing authority: Comitê de Ética em Pesquisa da Universidade Estadual de Campinas
- o No. 93619718.7.0000.5404 - CAAE
Issuing authority: Plataforma Brasil



PARECER CONSUBSTANCIADO DO CEP

DADOS DO PROJETO DE PESQUISA

Titulo da Pesquisa: EFEITOS DA IMUNOTERAPIA INTRAVESICAL COM ONCOTHERAD NO TRATAMENTO DE PACIENTES COM CÂNCER DE BEXIGA NÃO-MÚSCULO INVASIVO RECIDIVADO NÃO RESPONSIVO À TERAPIA COM BACILLUS CALMETTE-GUÉRIN (BCG)

Pesquisador: Wagner José Fávoro

Área Temática:

Versão: 2

CAAE: 93619718.7.0000.5404

Instituição Proponente: Instituto de Biologia - Unicamp

Patrocinador Principal: Financiamento Próprio

DADOS DO PARECER

Número do Parecer: 2.820.147

CLINICAL
PROTOCOL: PHASE
1/2 BCG-
UNRESPONSIVE
NON-MUSCLE
INVASIVE
BLADDER CANCER

- **Prospective, single-center (Municipal Hospital of Paulinia, São Paulo, Brazil), single-arm phase I/ II study in 44 (30 male, 14 female) consecutive patients with HGNMIBC-refractory or relapsed (≥ 1 previous course of BCG intravesical therapy);**
- **The schedule was initiated with weekly intravesical (120 mg/mL) and intramuscular (25 mg/mL) OncoTherad treatment for 6 weeks, followed by one every other week application for 3 months and, one monthly application until the end of the treatment (24 months);**
- **Follow-up was performed with systematic mapping biopsies of the bladder, cystoscopy and ultrasound;**
- **The primary endpoints were pathological complete response (pCR) and recurrence-free survival (RFS). The recurrence was defined as histology proven tumor recurrence (any grade) and monitored at 3-month intervals. Secondary endpoints were duration of response and safety.**

CLINICAL
 PROTOCOL: PHASE
 1/2 BCG-
 UNRESPONSIVE
 NON-MUSCLE
 INVASIVE
 BLADDER CANCER

**Primary and Secondary Endpoints: Results in our Phase 1/ 2
 Clinical Trial**

Endpoint	How Endpoint is Measured	Results
Pathological Complete Response Rate (pCRR) Primary Endpoint	Defined as the proportion of patients who show no evidence of high-risk disease, or disease progression	<ul style="list-style-type: none"> • 100% pCRR at 3 and 6 months • 97.7% pCRR at 9 months • 86.4% pCRR at 12 months • 77.3% pCRR at 18 months • 72.7% pCRR at 24 months
Recurrence-Free Survival (RFS) Primary Endpoint	Defined as the time from the date of first dose of study treatment to disease recurrence or death as a first event. The recurrence was defined as histology proven tumor recurrence (any grade).	<ul style="list-style-type: none"> • Median is 21.4 months (at 24-month follow-up)
Duration of Response (DoR) Secondary Endpoint	Defined as the time from complete response to treatment failure.	<ul style="list-style-type: none"> • Median Duration of Response is 429 days (95% CI) (14.3 months)
Safety Secondary Endpoint	Full review of all safety data from Phase 1/2 (Adverse Events 1-2 Grades and 3-4 Grades)	<ul style="list-style-type: none"> • 61.4% treatment-related Grade 1-2 Adverse Events • 11.4% treatment-related Grade 1-2 + Grade 3-4 Adverse Events • 27.2% no Adverse Events

assistência

PELA PRIMEIRA VEZ, UNIVERSIDADE PÚBLICA BRASILEIRA DESENVOLVE IMUNOTERÁPICO EFICAZ CONTRA CÂNCER DE BEXIGA

Para além da indústria farmacêutica

Um medicamento 100% desenvolvido por pesquisadores da Universidade Estadual de Campinas (Unicamp) tem mostrado bons resultados no tratamento do câncer de bexiga avançado em pacientes já submetidos, sem sucesso, a tratamentos convencionais e que tinham indicação para retirada do órgão (a chamada cistectomia).

O primeiro ensaio clínico, realizado no Hospital Municipal de Paulínia (SP), teve início em 2018, acompanhando 44 pacientes (30 homens e 14 mulheres). Após dois anos, o tratamento experimental havia eliminado o tumor em 72,7% dos casos. Nos demais, o câncer voltou, porém, com tamanho bem menor

e menos agressivo. Nenhum paciente precisou retirar a bexiga nem morreu. Os resultados animadores foram apresentados no XXII Congresso Brasileiro de Oncologia Clínica, em novembro de 2021, e reconhecidos pela Sociedade Brasileira de Oncologia Clínica (Sboc) com o Prêmio Sboc de Ciência.

As pesquisas tiveram início há 15 anos. Um dos inventores do medicamento, o professor Wagner José Fávoro, do Instituto de Biologia da Unicamp, conta animado: "Iniciamos as pesquisas após a fusão de dois laboratórios: o meu, que já trabalhava com câncer, e o do professor Nelson Duran, do Instituto de Química, com experiência em nanotecnologia. Com a fusão, passamos



7. Other agents

OncoTherad is a nanostructured inorganic phosphate complex associated to glycosidic protein developed by the University of Campinas/Brazil which exhibits immunomodulatory and anti-tumour properties [90]. In a phase I/II study of OncoTherad immunotherapy in 29 patients with BCG-unresponsive NMIBC (RBR-6swqd2), at a follow-up of 24 months, a complete response rate of 79.3% was observed with Grade 1 or 2 adverse events seen in 62.1% [91]. Further studies are needed to establish the safety and efficacy of OncoTherad immunotherapy in patients with NMIBC.



OncoTherad®

é amplamente reconhecido pela comunidade científica

Reconhecido em premiações Internacionais

Papers publicados em grandes revistas científicas

Entrevistas em diversos veículos de imprensa



Orphan Drug Designation: Disease Considerations

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When reviewing a request for orphan drug designation, FDA considers the mechanism of action of the drug to determine what distinct disease or condition the drug is intended to treat, diagnose or prevent. Whether a given medical condition constitutes a distinct disease or condition for the purpose of orphan-drug designation depends on a number of factors, assessed cumulatively, including: Pathogenesis of the disease or condition; course of the disease or condition; prognosis of the disease or condition; and resistance to treatment. These factors are analyzed in the context of the specific drug for which designation is requested. [1]



Dificuldades na Inovação Farmacêutica no Brasil

O Brasil é um ambiente altamente desafiador para empresas que queiram desenvolver e introduzir no mercado local inovações tecnológicas de um modo geral, e na indústria farmacêutica em particular:

- O Brasil carece de mecanismos de crédito para o desenvolvimento de novas drogas. Uma vez passada a fases de invenção/inovação, as fases posteriores como fabricação de lotes piloto e ensaios clínicos por exemplo, carecem de mecanismos oficiais de financiamento;
- O país resente-se também de um ecossistema com infraestrutura mínima para serviços terceirizados, seja no desenvolvimento de novas drogas (CDMOs) seja no fornecimento de IFA ou condução de ensaios clínicos. Nosso setor farmoquímico é praticamente embrionário;
- A falta de tradição em pesquisa com novas moléculas também limita o desenvolvimento do mercado de financiamento privado à inovação nesta área (quer sejam investidores anjo quer sejam *private equity*);
- Muitas vezes os poucos Family Offices ou Fundos de *Private Equity* locais que investem na área, possuem política de só investir em novas startups, que tenham sede/operações nos EUA;

Assim, as novas empresas têm se esforçar muito e lutar para quebrar paradigmas em todas etapas do desenvolvimento de novos medicamentos: da fase da pesquisa científica, aos serviços terceirizados de projeto e produção, à procura de financiamento e a obtenção de aprovações regulatórias.

“ Acreditamos que o que fizemos até aqui **pode mudar vidas.** E o que faremos no futuro, **mudar a saúde.** Você pode fazer parte dessa mudança com... ”

OncoTherad[®]

Unidos pela vida, juntos pela saúde.

