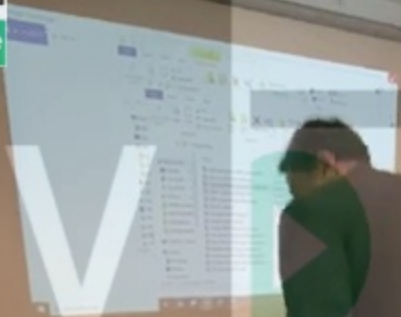


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Not for lack of trying!

Neuro-Oncology

The clinical trials landscape for glioblastoma is a challenge to develop new treatments

- Checkpoint inhibitors
- CAR-Ts
- Peptide vaccines
- Gene therapy
- Chemo
- DCs + personalized peptides

- 407 clinical trials for glioblastoma
- 31,007 patients
- Only 36 fully recruiting phase 1

Enrollment with biomarkers for patients with newly diagnosed, IDHwt, expressing glioblastoma (NCT01014090), a randomized, double-blind, intratumoral phase 1 trial

Enrollment with biomarkers for patients with newly diagnosed, IDHwt, expressing glioblastoma (NCT01014090), a randomized, double-blind, intratumoral phase 1 trial



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Crossover Design

All patients could crossover to receive DCvak following tumor recurrence

All parties (patients, physicians, sponsors) remained blinded as to what treatment received before crossover

Crossover was necessary for feasibility and ethical reasons

- Necessary for enrollment and retention of patients
- Important to justify all patients undergoing invasive biopsies/procedure. No benefit to placebo patients as they could receive their autologous product made from the biopsies



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Results: New GBM

- mOS: 19.3 mos from randomization (22.4 mos from surgery)
vs. 16.5 mos from randomization in controls
- mMGMT mOS: 30.2 mos from randomization (33 mos from surgery)
vs 21.3 mos from randomization in controls
- Survival Tail: 13% vs 5.7% at 5 years
- Survival advantage also in groups traditionally considered with poorer prognosis especially older patients



Overall Survival in Recurrent GBM

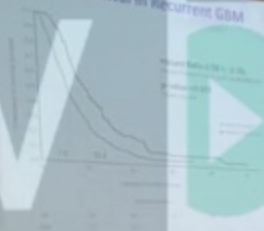
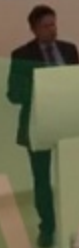


Figure 1. Overall Survival in Recurrent GBM. P=0.001. N=100. Standard of Care (N=50) vs. Experimental Group (N=50).



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