

Include 3 bullets (< 30 words total) per slide – the most important messages associated with the particular slide

Team name: Inhibitec-Anticuerpos

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S1: Title & Elevator Pitch/Headline	<ul style="list-style-type: none"> • Inhibitec-Anticuerpos S.L. • Psoriatic Arthritis (PsA) is a progressive and destructive joint disease that severely reduces the quality of life of patients with psoriasis. • BAMBI (BMP and Activin Membrane-Bound Inhibitor) blockade is a new therapeutic option for patients with Psoriatic Arthritis
S2: The problem and who has it	<ul style="list-style-type: none"> • More than 125 million individuals (2–3% of global population) are affected by psoriasis and 30% of them also develop PsA. • With the existing therapies 35-40% of patients with PsA do not reach a minimum level of efficacy (<u>ACR 20% joint response level</u>) and the appearance of drug resistances is frequent. • There is a need to identify new molecular targets and treatments in PsA that improve existing therapies.
S3: The solution	<ul style="list-style-type: none"> • We have identified BAMBI as a key player in PsA. • We have developed an anti-mouse and human BAMBI mAb, B101.37, that inhibits BAMBI. • B101.37 demonstrates in vivo preclinical efficacy in PsA equivalent to existing standard of care.
S4: Product (how it addresses the problem)	<ul style="list-style-type: none"> • B101.37 simultaneously targets protective Treg (enhance) and harmful TH17 cells (reduce). • Existing therapies target only the IL-23/IL-17A T_{H17} axis. • Future development will position B101.37 as a new gold standard in the management of PsA.
S5: Technology	<ul style="list-style-type: none"> • Anti-BAMBI mAb acts on activated CD4+ T cells. • Anti-BAMBI mAb inhibits the differentiation of pathogenic TH17 CD4+ T cells. • Anti-BAMBI mAb enhances the differentiation and activity of protective regulatory CD4+ T cells (Tregs).
S6: Competing approaches	<ul style="list-style-type: none"> • There exist new treatment with biologics for PsA [Secukinumab and Ixekizumab (anti-IL-17A), Ustekinumab (anti-IL-12 and IL-23)] that exhibit better responses than anti-TNF therapies. • When B101.37 mAb can arrive to the market, some of these treatments will be available as biosimilars. • Our anti-BAMBI mAb exhibits similar therapeutic responses than anti-IL-17 mAbs in preclinical models of PsA.
S7: Traction	<ul style="list-style-type: none"> • Two articles; one already published and the second in revision (both in Arthritis Rheumatol.). Two grants from the Spanish Nacional Agency of Science. • One patent on National Phases (USA and EC). • Inhibitec-Anticuerpos External Scientific Board: Prof Gabriel Nuñez, University of Michigan; Prof Miguel López-Botet Universidad Pompeu Fabra; Prof Carlo Chizzolini, University of Geneva; Prof Stéphane Schurmans, University of Liege.
S8: Team	<ul style="list-style-type: none"> • Scientists: Ramón Merino, Jesús Merino. • Partners from Pharma and Biotech industries: Eduardo Quemada, Josep M. Piqueras, Joaquín A. Palma • Partners with experience in Finance: Eduardo Mesquida, Pascal Vieilledent
S9: Closing	<ul style="list-style-type: none"> • We have identified a new molecular target in PsA, BAMBI, and develop inhibitory mAbs against it. • Inhibitec-Anticuerpos plans to position B101.37 as a new gold standard in the management of PsA • Inhibitec-Anticuerpos, Instituto de Biomedicina y Biotecnología de Cantabria, C/ Albert Einstein 22, 39011 Santander, Spain.