PULMOTECT

A spinout of M.D. Anderson and Texas A&M University

Pulmotect is developing PUL-042, a clinical stage, novel, pathogen-agnostic, inhaled compound (TLR 2/6 and 9 agonists) for the prevention and early treatment of acute, severe viral and bacterial respiratory infections in patients with chronic debilitating conditions.

MARKET SEGMENTS

Even with current vaccines, anti-virals and antibiotics, significant unmet needs remain to better prevent and treat respiratory infections. Pulmotect technology has demonstrated activity and completed Phase I clinical trials to address these unmet needs.

$4B
COPD

- 24M patients in U.S.
- Responsible for 5% of deaths worldwide
- 3rd cause of deaths in U.S.
- $50B direct and indirect costs – most due to exacerbations and hospitalizations

$1B
SEVERE FLU

- Average 500,000 U.S. hospitalizations
- 310,000 in 2015-2016 seasons
- 2017 = 50 / 100,000 pop/week

$640M
VIRAL INFECTIONS IN CANCER PATIENTS

- 1.6M new cancer cases/yr in U.S.
- RSV, PIV, MPV, ADV, HRV, CoV, Influenza
- Up to 20% hospitalized and 50% mortality

Investment Opportunity & Advantages

PUL-042 is an inhaled anti-infective that has demonstrated activity against a number of infections: Anthrax, SARS, Influenza, Pneumococcus, Pseudomonas, Sendai Virus and other infectious agents.

- Effective in prophylaxis and treatment models – either as monotherapy or in combination with standard of care – versus both placebo or active drugs
- Has not shown any indication to cause resistance due to its unique host-directed mechanism of action
- Three immediate indications: reduction of exacerbations in COPD, reduction of LRTI in cancer patients, and improvement of severe influenza
- Maximum tolerated dose identified characterizing the safety profile in man
- Non-complicated manufacture and administration

POTENTIAL BENEFITS

Patients

- Reduce morbidity / mortality
- Lower costs
- No resistance expected

Physicians

- Better patient outcomes
- Ease of administration

Health Care Systems

- Decrease length of hospital stay
- Reduce disease burden

PULMOTECT

www.pulmotect.com

PUL-042 is well-tolerated in two Phase I studies - 49 subjects dosed

STUDY 001 - SAD

- 3+3 Design
  Doubling doses from 4.2/3.9 to 68/46.4ug
- Dose related decrease in FEV_1
- Dose related increase in ANC and CRP
- Maximum tolerated dose identified
  59.5/40.6ug defined by reductions in FEV_1
- No serious adverse events;
  Most common adverse events included
  cough, secretions, minor irritations

STUDY 003 - MAD

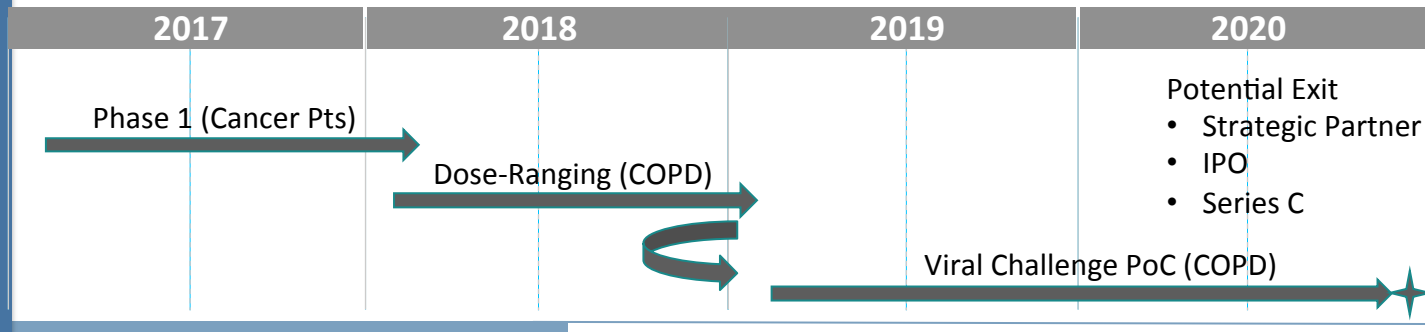
- Multiple dose cross-over design
  Used 29.8/20.3ug/day
  (threshold dose)
- FEV_1 reductions not averted by
  Cromolyn or Albuterol
- No serious adverse events;
  Most common adverse events included
  cough, secretions, minor irritations

FUNDRAISING HISTORY

$18M Grants
$2M Angels
$2.1M Series A

With patent coverage in eight countries to date, three initial indications are being pursued: 1) reduce exacerbations in COPD patients; 2) prevention of respiratory infections in immunocompromised patients, specifically high-risk cancer patients receiving chemotherapy; and 3) treating influenza and combating pandemic/emerging pathogen infections. Additionally, asthma, MDR bacteria broad spectrum, preclinical formulations of PUL-043, and preclinical research in solid tumors are also under development.

MILESTONE TIMELINE



SERIES B: SEEKING $22M

**Does not include pending BARDA funding*

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