# CHOSA team to participate at ASCO and present phase II data from the iCIP study

**CHOSA has submitted an abstract presenting data on the first predictive biomarker for cisplatin and LiPlaCis in metastatic breast cancer to ASCO. The CHOSA team will participate in the ASCO conference as part of its business development efforts and engage in meetings with interested parties.**

Heavily pretreated late-stage breast cancer patients of any subtype represent a huge treatment challenge. Cisplatin may work in selected patients but is often disqualified because of toxicity. LiPlaCis® is a liposomal formulation of cisplatin in development utilizing the sPLA2-triggered targeted release of cisplatin directly at the tumor. The prediction of cisplatin efficacy with a 205 mRNA profile has previously been demonstrated in a retrospective study in two Non-Small-Cell Lung Cancer (NSCLC) patient cohorts receiving adjuvant cisplatin[1].

Now an abstract with prospective, blinded phase IIb data from the iCIP study has been submitted to ASCO and will be the backbone in discussions with potential partners at the ASCO conference.

The ASCO (American Society of Clinical Oncology) conference the largest cancer conference is held on June 2-6 in Chicago, USA.

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**CHOSA in short**
CHOSA Oncology AB is an oncology biotechnology company led by a proven international team with veteran specialists in oncology, drug development, running clinical trials, regulatory expertise and business development. CHOSA intends to enter into agreements for partnership or sublicensing of iCIP™.

**About iCIP™**
CHOSA is focused on late-stage clinical development of iCIP™ (LiPlaCis® and its DRP® companion diagnostic together) to which it has worldwide rights. The cisplatin DRP is the only proven test to foresee and thereby select who to treat and who will benefit from cisplatin. The cisplatin DRP has previously shown its ability to foresee the value of cisplatin therapy in lung cancer. Even when lung cancer surgery is successful in removing all visible tumor, too many patients have a re-emergence of cancer. Cisplatin therapy after surgery is a gold standard that clearly increases lung cancer cure, but not always, and until now the doctors do not know who will benefit from cisplatin and who should have something else. This is where the cisplatin DRP is a potential game changer. Cisplatin DRP was validated in a blinded retrospective study in two lung cancer patient cohorts receiving cisplatin after surgery to kill remaining tumor cells. Tissue from the patient's lung cancers was tested with the cisplatin DRP technology to get the DRP scores. A high cisplatin DRP score was directly linked to high cisplatin efficacy. Thus, patients with the 10% highest scores had a 3-year survival of 90% whereas the patients with the lowest 10% score had much lower survival with only 40% surviving 3 years[1].

1) Buhl et al PLOS One doi: 10.1371/journal.pone0194609