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INTELLIGENT ONCOLOGY

CHOSA Oncology AB publishes results from clinical phase 2 trial of liposomal formulation in breast cancer, using predictive marker for cisplatin

Abstract 3130: First predictive biomarker for cisplatin in prospective phase 2 of liposomal cisplatin **in metastatic breast cancer**

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CEO Peter Buhl comments: "CHOSA presents these important findings that have crystallized by deep clinical knowledge and years of dedication to developing LiPlaCis and its response prediction test DRP".

We welcome interaction and look forward to discussing this at the ASCO poster session that opens today:

Abstract number and title: 3130; *Predictive biomarker for cisplatin in prospective phase 2 of liposomal cisplatin in metastatic breast cancer*
Session: Developmental Therapeutics—Molecularly Targeted Agents and Tumor Biology
Poster Board: 328
Date and time: Saturday 3 June 2023; 8:00-11:00 CDT

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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™ - LiPlaCis® and DRP®
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. In essence, iCIP™ combines the identification of patients that will benefit from cisplatin treatment with the ability to treat them with higher efficacy and less toxicity.

Breast: We have strong phase 2b data in metastatic breast cancer, demonstrating that patients selected by DRP® responded better to treatment; have longer progression-free survival; and maybe even an overall longer total survival than those patients who were identified as unlikely to respond well to the treatment.

Lung: The cisplatin DRP has previously shown its ability to foresee the value of cisplatin therapy in lung 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 especially in new neoadjuvant treatment where immunotherapy obtains high efficacy rates when combined with cisplatin-doublets.

Cisplatin DRP was validated in a blinded retrospective study in two lung cancer patient cohorts receiving cisplatin after surgery to kill remaining tumor cells. 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
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