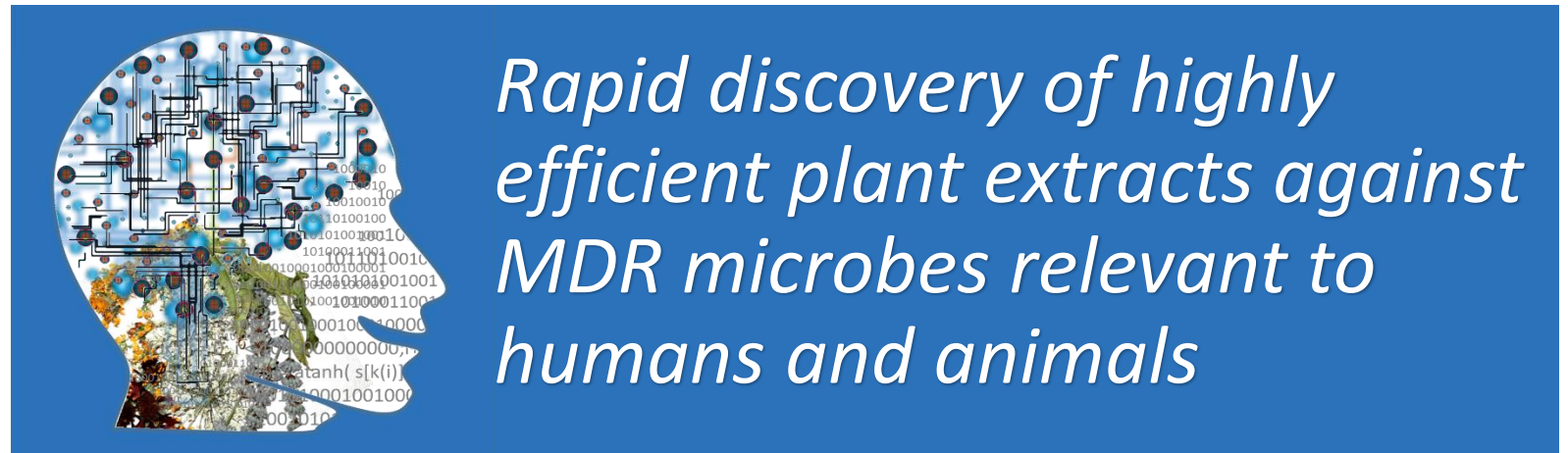


Alphanosos



Dr Pascal Mayer, PhD,
Founder, CEO

contact: pascal.mayer@alphanosos.com
+33 659 856 881 / +33 982 211 049



Rapid discovery of highly efficient plant extracts against MDR microbes relevant to humans and animals

Startup, financed by FFF + loans (BpiFrance) + grants (Région Auvergne-Rhône-Alpes)

Operations start : mid-2015

Discovery of and patent application (with very positive EPO search report) on antimicrobial plant mix family with 750 active mixes exemplified

Discovery of plant mix family active on cancer cell lines in collaboration with Swiss EPFL (patent in preparation)

Commercial stage : direct sales (B2B) and through distributors

2018

- cosmetic ingredients
- veterinary hygiene products

2019

- AI based discovery partnerships
- animal feed additives
- dermocosmetics



First exclusive EffiSkin® distribution agreement signed for Switzerland

Edible plant paradox

=> safe despite mix of hundreds of actives

=> mixes of edibles safe too



=> activity against bacteria

Antibacterial activity of vegetables and juices.

Lee YL, Cesario T, Wang Y, Shanbrom E, Thrupp L.; Nutrition. 2003 Nov-Dec;19(11-12):994-6.

System's biology/polypharmacology

=> call for poly-actives

Network medicine and high throughput screening.

Smith RE *, Tran K, Vocque RH. Curr Drug Discov Technol. 2013 Sep;10(3):182-94.

* Total Diet and Pesticide Research Center,
U.S. Food and Drug Administration

Proof of the efficacy on bacterial control of polypharmacology based on edible plants:

Consumption of Mediterranean versus Western Diet Leads to Distinct Mammary Gland Microbiome Populations.

Shively CA, Register TC, Appt SE, Clarkson TB, Uberseder B, Clear KYJ, Wilson AS, Chiba A, Tooze JA, Cook KL., Cell Rep. 2018 Oct 2;25(1):47-56.e3.

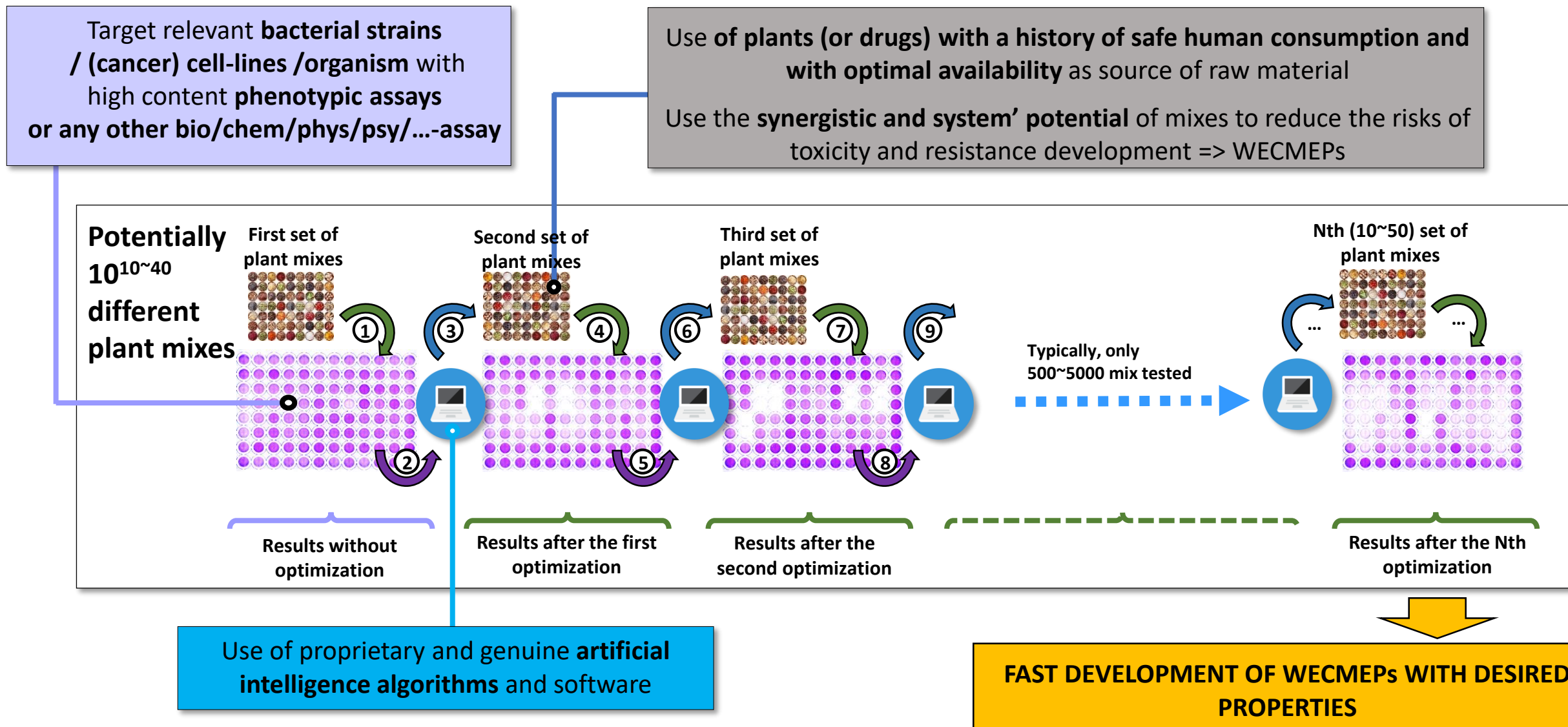
➔ Alphanosos' WECMEPs (Water Extracts of Complex Mixes of Edible Plants)

Synergistic => patentable, reproducible efficacy, scalable production, safe

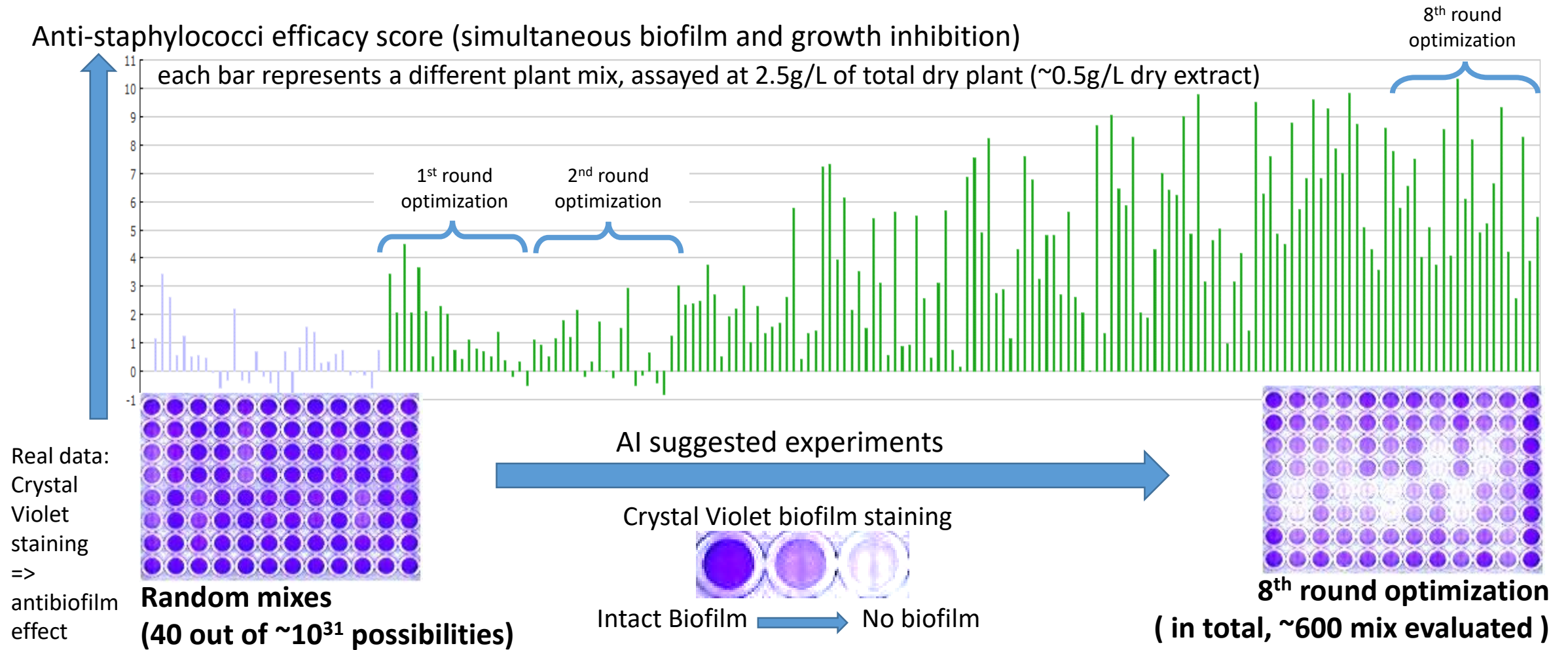
BUT from a library of 300-1000+ edibles, there are 10^{10-40+} possible mixes of 5-20 edibles

=> Brute force is not an option

➔ Alphanosos' AI specialized algorithms (re-)enable this revolution



α lphanosos Alphanosos' AI based compound discovery methodology applied to antimicrobials



Results:

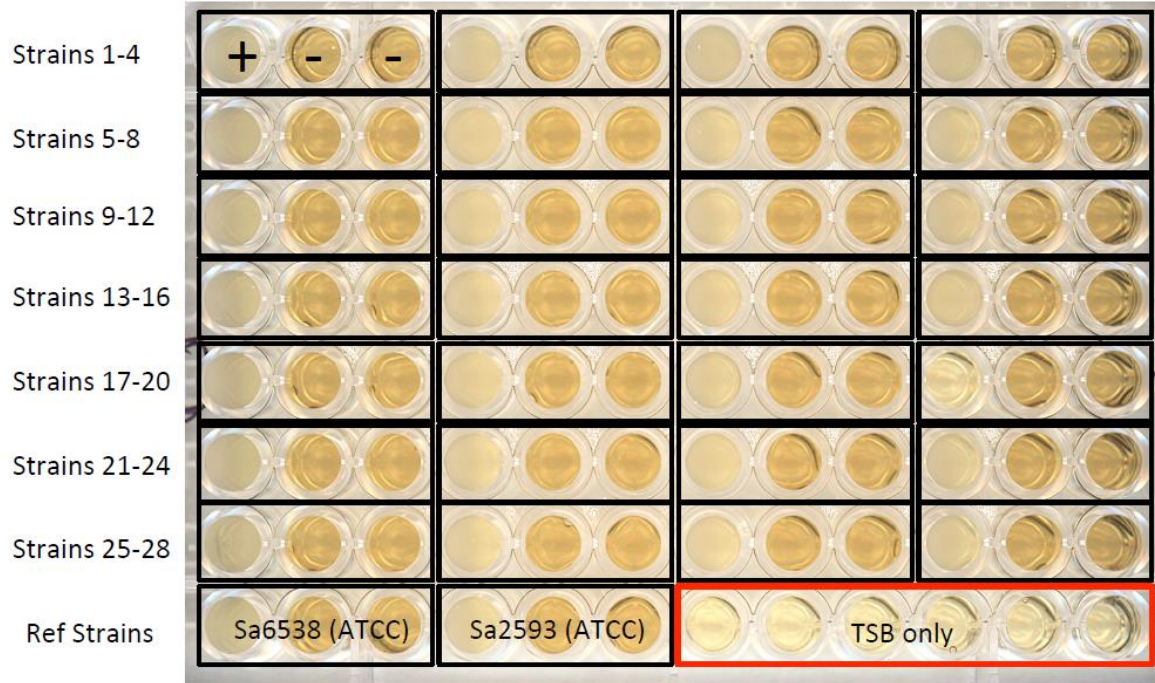
- ⇒ patent pending family of narrow and broad spectrum mixes (3 to 20 plants) with typical MIC ranging 0.02% – 0.4% (w/v)
- ⇒ Time from project start to filed patent: 12 months, including technology developments/optimizations (NB: this was our first project)

For Staphylococci (including MRSA) :

MIC90 = 500 μ g/mL,
MIC100 = 0.2% (w/v)

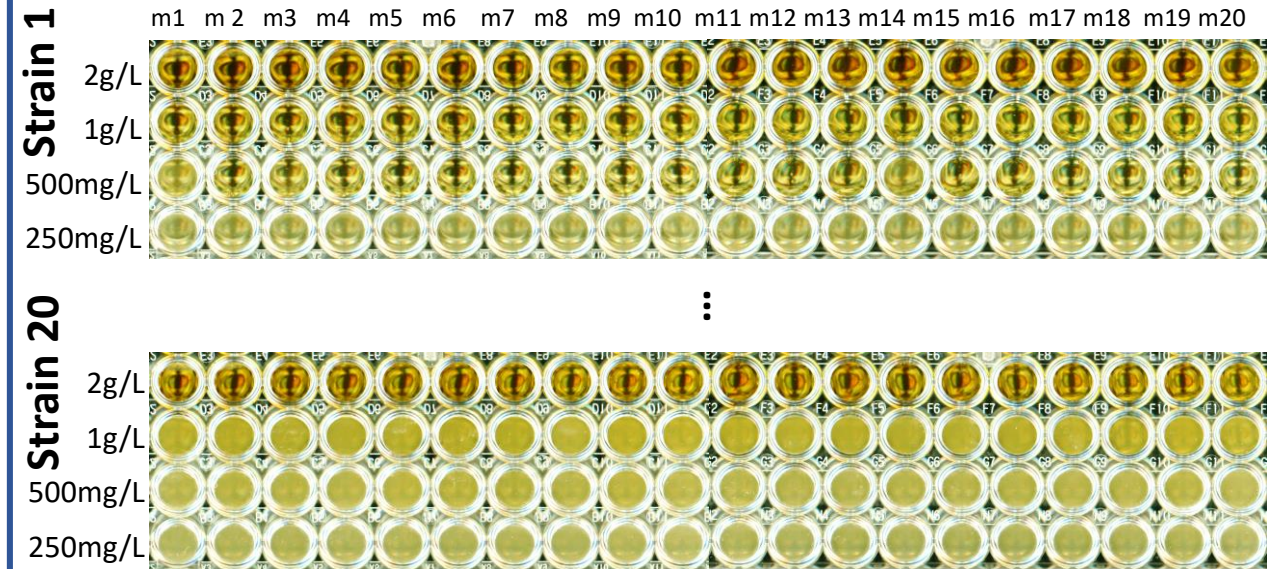
For Staphylococci (including MRSA)  **MIC90 = 500µg/mL**
MIC100 = 0.2% (w/v)

Killing activity of W16P576 against planktonic cells
(also preventing biofilm formation)



Experiment by Prof Ensoli's group IFO, Rome, Italy, on clinical strains from severe dermatitis patients (including multiple resistant, MRSA)

Reproducibility of 20 different W16P576 preparations
(m1 to m20) with each of 16 plants in a preparation
chosen among 3 different batches for each plant
(producer, year, conventional or organic...)



Tested on 20 clinical *S. pseudintermedius*, 10 from dog skin infections and 10 from dog ear infections (including multiple resistant, MRSP)

Peer reviewed publications in preparation (4Q2018)

System's biology effect simply stated: targeted dietary imbalance *An untapped mode of action*

EDIBLES

⇒ safe unless dietary imbalance is maintained over prolonged period ➡

What is “Prolonged period”? Depends on organism system's dynamics

What is “dietary imbalance” ? System biology notion of robustness

Organism	Dietary time	Generation time	System's Robustness
Humans/pets/farm animals	24h	10-20 years	Very High
Microorganism acute infections	Minutes	0'5-1 hour	Much less than human cells
Microorganism silent/slow infections	Hours?	Day(s)	Much less than human cells
Tumor cells	Hours?	“Months”	Less than non-mutated cells

⇒ *Imbalance in microorganisms (and cancer cells) is much more easy to achieve than in human organisms*

Taking inspiration from recent science, e.g.:

[A robustness-based approach to systems-oriented drug design.](#)

Kitano H. Nat Rev Drug Discov. 2007 Mar;6(3):202-10.

[Targeting molecular networks for drug research.](#)

Pinto JP, Machado RS, Xavier JM, Futschik ME., Front Genet. 2014 Jun 4;5:160.

[Loss of connectivity in cancer co-expression networks.](#)

Anglani R, Creanza TM, Liuzzi VC, Piepoli A, Panza A, Andriulli A, Ancona N. PLoS One. 2014 Jan 28;9(1):e87075.

New approach to antimicrobials:

Targeted dietary imbalance

⇒ Will make selected microorganism/tumors extinct before human health is impaired

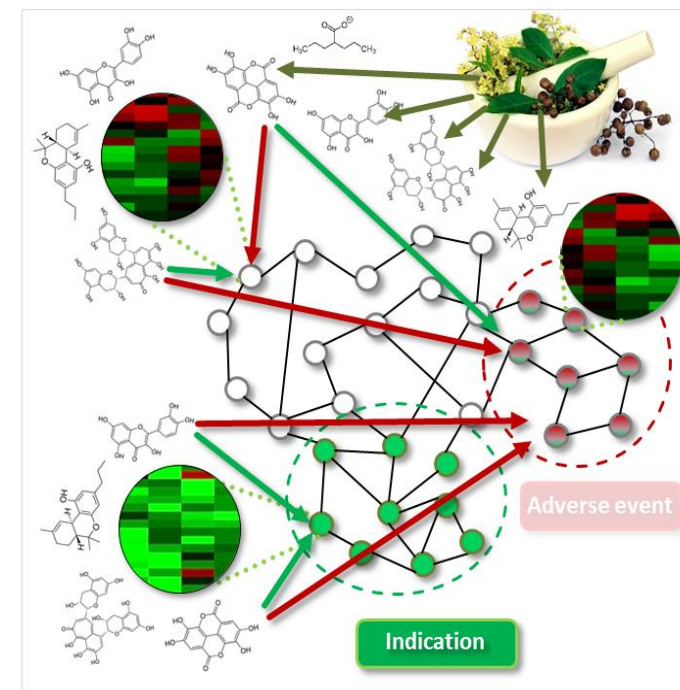
⇒ Will promote desirable microorganisms

⇒ “EUBIOTICS”

Alphanosos' solution:
Massively Parallel Phyto-Pharmacology:

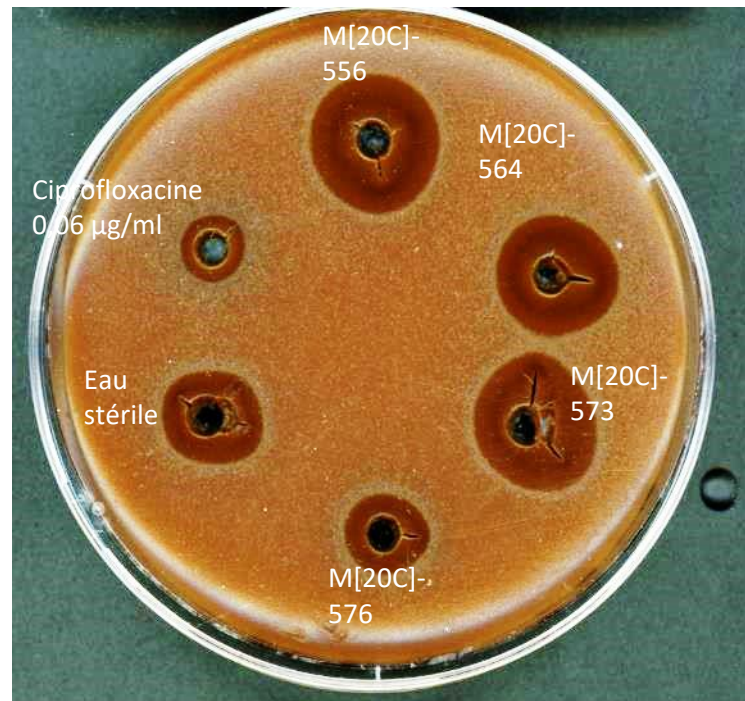
From « *miraculous bullet* »
to « *magic*shotgun* »

* : “ Any sufficiently advanced technology is indistinguishable from magic ”, Arthur C. Clarke

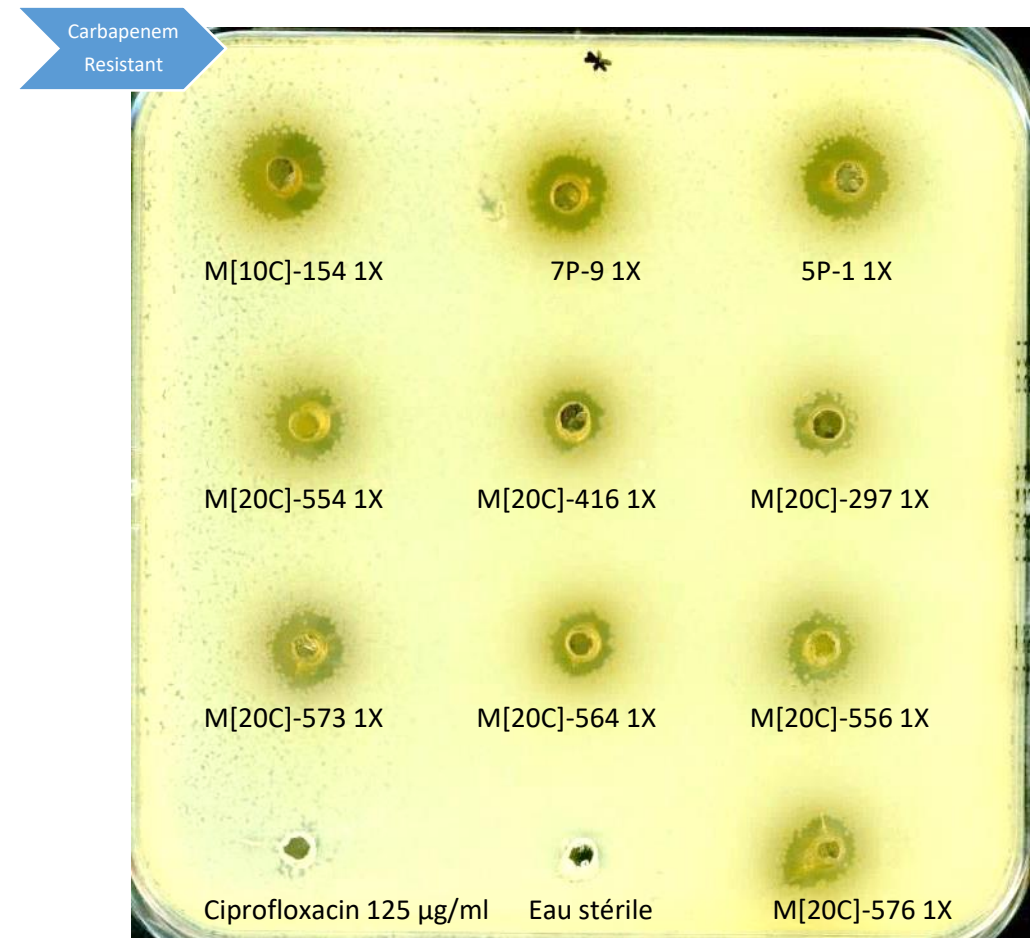


ACTIVITY AGAINST CARBAPENEM RESISTANT *Nesseiria gonorrhoeae* AND *Acinetobacter baumannii*

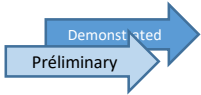
WECMEPs fighting carbapenem resistant
Neisseria gonorrhoeae NCTC 13822



WECMEPs fighting carbapenem resistant
Acinetobacter baumannii NCTC 13301



in vitro status:



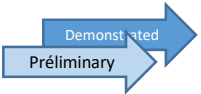
WHO priority pathogens list for R&D of new antibiotics

Priority 1: CRITICAL

<i>In red, dermatology indications and « low hanging fruits »</i>		
Wounds	Demonstrated	○ <i>Acinetobacter baumannii</i> , carbapenem-resistant
Wounds, Chronic rhinosinusitis	Demonstrated	○ <i>Pseudomonas aeruginosa</i> , carbapenem-resistant
	Préliminary	○ <i>Enterobacteriaceae</i> , carbapenem-resistant, ESBL-producing

Priority 2: HIGH

Wounds	Préliminary	○ <i>Enterococcus faecium</i> , vancomycin-resistant
Eczema, Psoriasis, Acne, Wounds, Chronic rhinosinusitis	Demonstrated	○ <i>Staphylococcus aureus</i> , methicillin-resistant, vancomycin-resistant
ND		○ <i>Helicobacter pylori</i> , clarithromycin-resistant
ND		○ <i>Campylobacter</i> spp., fluoroquinolone-resistant
	Préliminary	○ <i>Salmonellae</i> , fluoroquinolone-resistant
	Demonstrated	○ <i>Neisseria gonorrhoeae</i> , cephalosporin-resistant, fluoroquinolone-resistant

in vitro status: 

*In red, dermatology indications
and « low hanging fruits »*

Mycobacteria

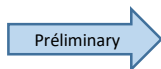
**Mycobacteriosis,
leprosy, tuberculosis**

 Demonstrated

○ *Mycobacterium smegmatis* (representative organism)

ND

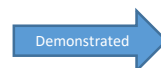
○ *Mycobacterium bovis*

 Preliminary

○ *Mycobacterium tuberculosis* (attenuated)

Miscellaneous

Acne

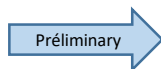
 Demonstrated

○ *Propionibacterium acnes*

 Demonstrated

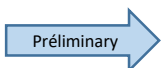
○ *Klebsiella pneumoniae*

Food industry

 Preliminary

○ *Listeria monocytogenes*

Lyme's

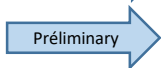
 Preliminary

○ *Borrelia burgdorferi*

 Demonstrated

○ *Streptococcus uberis* (bovine mastitis)

Dental Caries

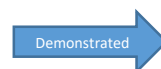
 Preliminary

○ *Streptococcus mutans*

In progress

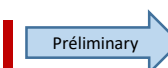
○ *Streptococcus pneumoniae*

Vaginosis

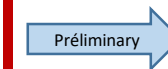
 Demonstrated

○ *Candida albicans* (*C. albicans* / *S. aureus* mixed biofilms)

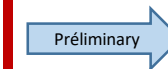
Aquaculture

 Preliminary

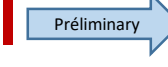
○ *Vibrio parahaemolyticus*

 Preliminary

○ *Vibrio vulnificus*

 Preliminary

○ *Vibrio alginolyticus*

 Preliminary

○ *Vibrio harveyi*

With WECMEPs composed of plants
already authorized as feed additives...



No toxicity in OF1 mice following a 2 times a day oral treatment for 12 days with 1.5mg/g, 0.5mg/g and 0.15mg/g plant extract : *mortality, weighing, signs of suffering*

Proof of principle of systemic action *in vivo* despite passage through digestive system

Infection model: **intraperitoneal infection** on 2 groups of 10 OF1 mice

⇒ *S. aureus* Newman at 1.7×10^7 cfu/mice

Treatment with WECMEP W16P576:

⇒ ***per os***, oral gavage

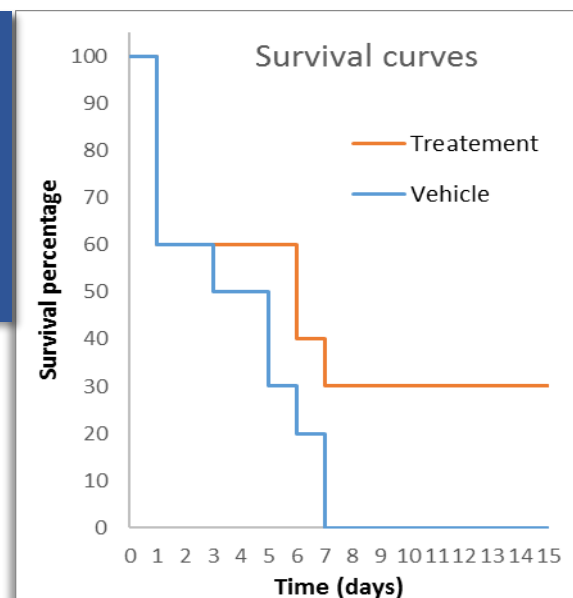
⇒ **1 dose/day**: 10 µl/g plant extract at 20g/L (200mg/kg)

⇒ dose = (typical) 6 mg extract from **15 mg total herbs / mouse**
(weight adjusted at 0.5mg/g [mix/mouse])

⇒ **Human equivalent could be a “soda can” at 60g/L extract**
(NB: extract mix is an “aromatic preparation” (EU) before drug claim)

30% survival at 15 days with treatment,

0% survival with vehicle



To be seen as proof of principle for systemic effect by ingestion

Alphanosos EffiSkin lotion efficacy assessment clinical case



Generalized Bacterial Folliculitis diagnosed at the Lyon Veterinary School's clinic
Therapeutic failure of chlorhexidine based shampoo and lotions
Therapeutic failure of antibiotic treatment
Bacteria revealed as resistant to ALL antibiotics authorized for the treatment of dogs
Euthanasia envisaged because of signs of suffering resulting from the disease conditions
Last resort option envisaged by the medical team: Effiskin®

J+1

3% chlorhexidine containing shampoo
Twice a day (morning and evening)

3% chlorhexidine containing shampoo only mornings
+ Effiskin® morning (post-shampoo) and evening

D0

D0+1

D0+3
Effiskin® since 2
days

D0+5
Effiskin® since 4
days

D0+7
Effiskin® since 6
days

D0+9
Effiskin® since 8
days

Favorable regulatory situation for botanical drugs (USA/FDA)

⇒ Possibility to go “immediately” to phase II

Botanical Drug Development Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)

December 2016
Pharmaceutical Quality/CMC
Revision 1

For a botanical drug that is not currently lawfully marketed in the United States, if it is administered using the route (e.g., topically or orally) and prepared, processed, and used according to methodologies for which there is extensive prior human experience, sufficient information may be available to support initial clinical studies without additional nonclinical pharmacological/toxicological testing. Literature and other available information related to the safety of the drug should be provided.

For example, a botanical dietary supplement marketed under the Dietary Supplement Health and Education Act of 1994 (DSHEA) that has no known safety issues often would require less detailed information on chemistry, manufacturing, and controls (CMC) or toxicological data in an IND for early-phase studies than would a botanical product that is newly discovered, has not been marketed, or has known safety issues. For most botanical drugs, detailed CMC information (e.g., data on comprehensive characterization of the drug substance) may not be warranted for early-phase development (Phase 1 and Phase 2 clinical studies); however, gathering of CMC data should be initiated during these phases because such preliminary information should be submitted prior to initiating Phase 3 studies.

Botanical drug products currently marketed as dietary supplements under DSHEA generally would not require typical Phase 1 tolerability studies if sponsors can provide adequate justification for the relevance of the prior human use.

Biological assay. If the active constituents are not known or quantifiable, a biological assay should be developed, prior to initiation of Phase 3 studies, to assess drug substance batch potency and activity relative to a reference standard (see Section VII.B.2.d).

The AMR business model dead-end is solved with WECMEPs

- Repurposing possible as

- ✓ Cosmetics
- ✓ Hygiene products
- ✓ Food supplements



Early and sustained non-clinical revenues are possible

- No Hit-2-Lead-2-drug research
- Pre-clinical tox etc... mostly reduced to get convinced of efficacy in animals
- Clinical development is faster: directly into phase II
- Go-to-production is fast, scale-up is universal (same process for every WECMEP)

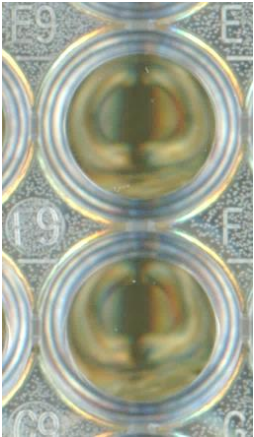
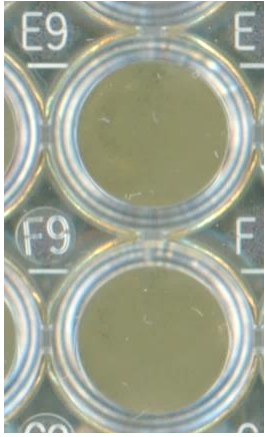



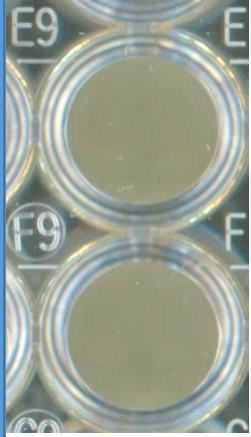
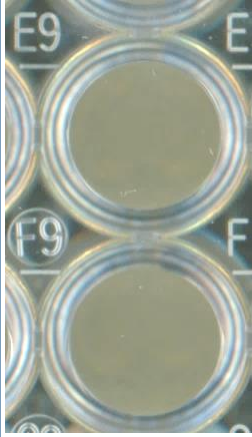

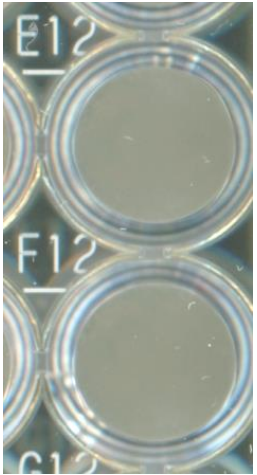
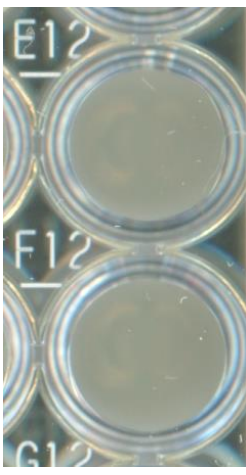
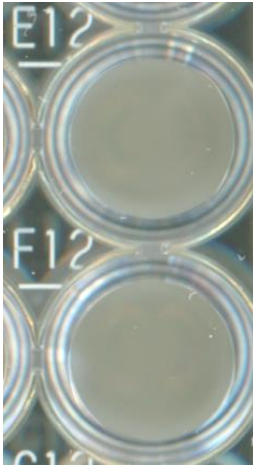
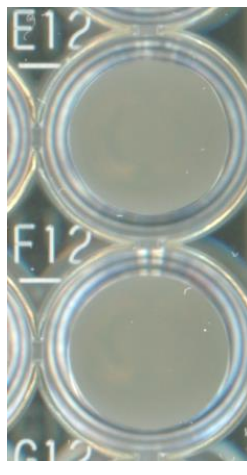




Drug development costs and timelines are made acceptable again, prolonged patent commercial exploitation

- WECMEPs are environmental friendly:
 - ✓ Fully biodegradable by essence
 - ✓ Do not require organic solvents
 - ✓ Produced in NON-Seveso class production plants

*WECMEPs make antibiotics great again!
(easy joke! Thanks Barack)*

Example of WECMEP with growth and biofilm inhibition activity limited to a single strain within a given specie: growth results

WECMEP W10P119 at 750µg/mL =0.075% (approx.)	Without bacteria	ATCC® 25923™	ATCC® 49476™	ATCC® 6538™	ATCC® 51740™	ATCC® 29213™	ATCC® 14775™
							
Control without WECMEP							

Protocol: Bacteria are inoculated at $3 \cdot 10^5$ in TSB with 0.075% WECMEP and incubated for 17h at 37°C



"1001" AMR preventing WECMEPs

- narrow spectrum WECMEPs , prescribed after antibiogram
⇒ minimize microbiota perturbation
- 1002nd developed in a matter of days if ever a resistant strain emerges

"1001" microbiota rescuing WECMEPs

- WECMEPs to promote desirable micro-organisms



« 7(14)/31» antimicrobial WECMEPs

- ☐ Veterinary
- ☐ Humans

- large spectrum WECMEPs: a different treatment started (or switched) each (half-)day of the week / month
⇒ Difficult to imagine resistance
⇒ Probabilistic prescription less risky: if day 1 morning pill is wrong, day 1 afternoon pill may still save the patient

Regulatory Issue:



Botanical Drug Development Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
December 2016
Pharmaceutical Quality/CMC
Revision 1

WECMEPs are designed to be likely eligible for directly entering phase II

**Is there an issue at all?
(for the "1001" products)**

In regards of a definitive and sustainable answer to AMR?

BIODEFENSE AND EMBEDDED SOLUTION

A solution to face antimicrobial emergency

Based on

- ⇒ WECMEPs
- ⇒ AI rapid discovery
- ⇒ Improved throughput (10x)
- ⇒ Improved rapid instrumentation (3h readout))
- ⇒ Emergency organization



Unique, no equivalent possible with chemical entities

- Because of costs of infrastructure
- Because of speed of upscale
- Because of speed and costs of diversity generation
- Because of safety (and regulatory) :

First time in universe compounds vs mix of edible plants

de novo antimicrobial discovery (as proven with *S.a.*) would be performed in 24-36h

Rapid response to bio-terrorism attacks and pandemics



Rapid tool for facing non-envisaged organisms



Adapted for confined crews situations



Regulatory Issue:



Botanical Drug
Development
Guidance for Industry

U.S. Department of Health and Human Services
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Revision 1

**WECMEPS are
designed to be likely
eligible for directly
entering phase II**

Is there an issue at all?

**In regards of a definitive and
sustainable answer bio-threats?**

