

# Transforming **radiotherapy** for patients with cancer

June 2021



# Forward-Looking Statements

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This presentation contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our clinical results and other future conditions. All statements other than statements of historical facts contained in this presentation, including statements regarding future results of operations and financial position, business strategy, the safety, efficacy, regulatory and clinical progress, and therapeutic potential of current and prospective product candidates, plans and timing for the commencement of and the release of data from clinical trials, our plans to prepare for commercialization and a US launch, the anticipated direct and indirect impact of COVID-19 on Galera's business and operations, planned clinical trials and preclinical activities, potential product approvals and related commercial opportunity, current and prospective collaborations, and timing and likelihood of success, plans and objectives of management for future operations, are forward-looking statements. The words "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "estimate," "believe," "predict," "potential" or "continue" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

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Whenever the Company uses the terms "transform radiotherapy" or "transforming radiotherapy" in this presentation, it is referring to its mission statement.

# Radiation Therapy – Key Role in Cancer Treatment

Over 50% of all cancer patients receive radiation therapy as part of their treatment

## IMRT

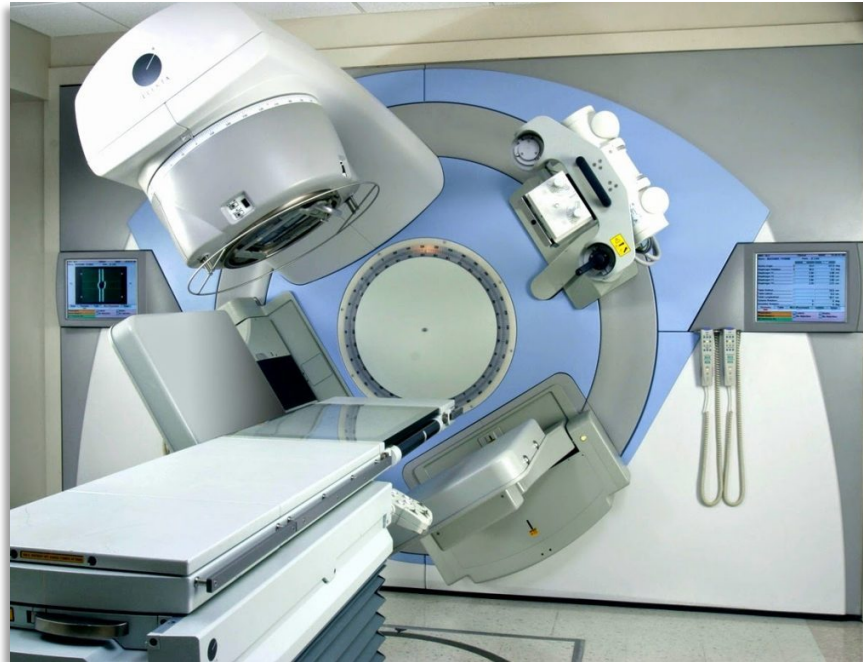
Intensity Modulated Radiation Therapy

Low doses for weeks  
(~2 Gy/day)

Most used form of external beam RT

Toxicity

**Galera's Goal**  
Radioprotection  
To Reduce  
IMRT Toxicity



## SBRT

Stereotactic Body Radiation Therapy

High doses for days  
(>5 Gy/day)

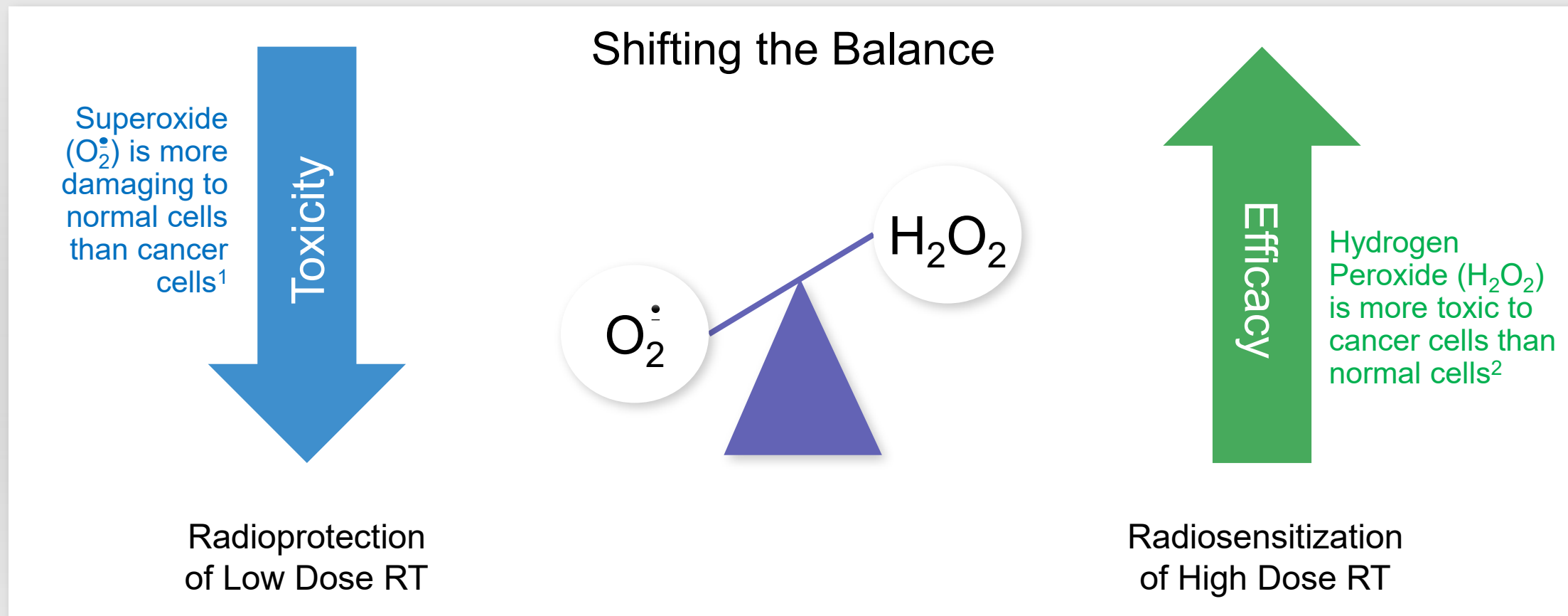
Cutting edge form of external beam RT

Efficacy

**Galera's Goal**  
Radiosensitization  
To Increase  
SBRT Efficacy

# Galera's Technology: Dismutase Mimetics

Mechanism of action is to convert RT-induced burst of Superoxide to Hydrogen Peroxide



<sup>1</sup>Sonis S. Drug Design, Development and Therapy 2021;15 1021–1029

<sup>2</sup>Park WH: Oncol Rep 40: 1787-1794, 2018

# Transforming Radiotherapy

## **Avasopasem** **Reducing** **IMRT Toxicity**

In Phase 3 with Breakthrough  
Therapy Designation

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Severe Oral Mucositis  
In Head & Neck Cancer

Esophagitis  
in Lung Cancer

## **GC4711** **Increasing** **SBRT Efficacy**

Encouraging Survival Data  
in Pancreatic Cancer Trial<sup>1</sup>

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Pancreatic Cancer  
Locally Advanced

Lung Cancer  
Locally Advanced

## **Large Markets** **with High** **Unmet Need**

18 Million New Cancers in  
World in 2020<sup>2</sup> (1.9M in US)

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Radiotherapy needed by over  
half of patients with cancer

Galera building US commercial  
team for Avasopasem Launch

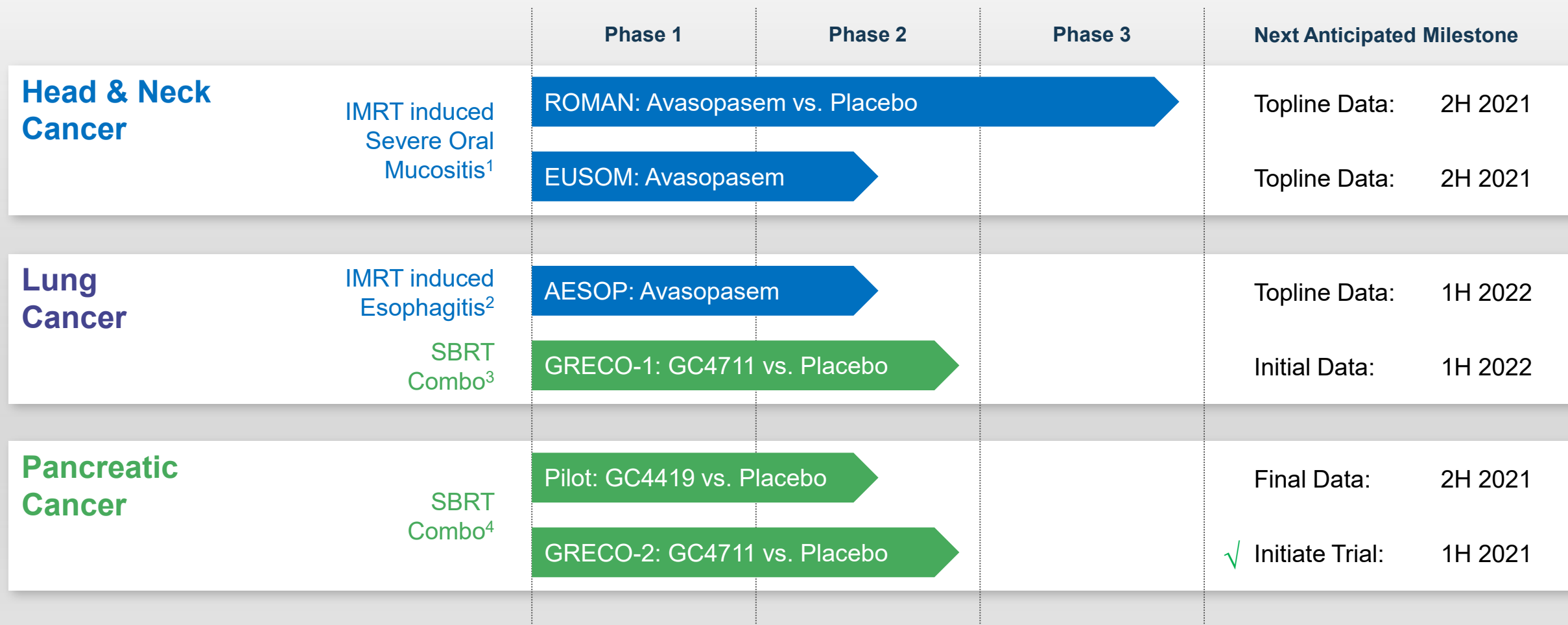
<sup>1</sup>The first SBRT combination trial used GC4419 (avasopasem). Observations from this pilot trial used to guide development of GC4711 in combination with SBRT

<sup>2</sup>Global Cancer Statistics. Sung H et al. CA Cancer J Clin 2021;0:1–41 (excluding nonmelanoma skin cancer)

<sup>3</sup>US Cancer Statistics Siegel RL et al. CA Cancer J Clin 2021;71:7–33



# Robust Pipeline



<sup>1</sup>EUSOM is a single-arm multi-center trial evaluating the safety and efficacy of avasopasem in patients with HNC in Europe

<sup>2</sup>Phase 2a trial in patients with lung cancer building on avasopasem safety and tolerability findings from SOM trials in patients with HNC

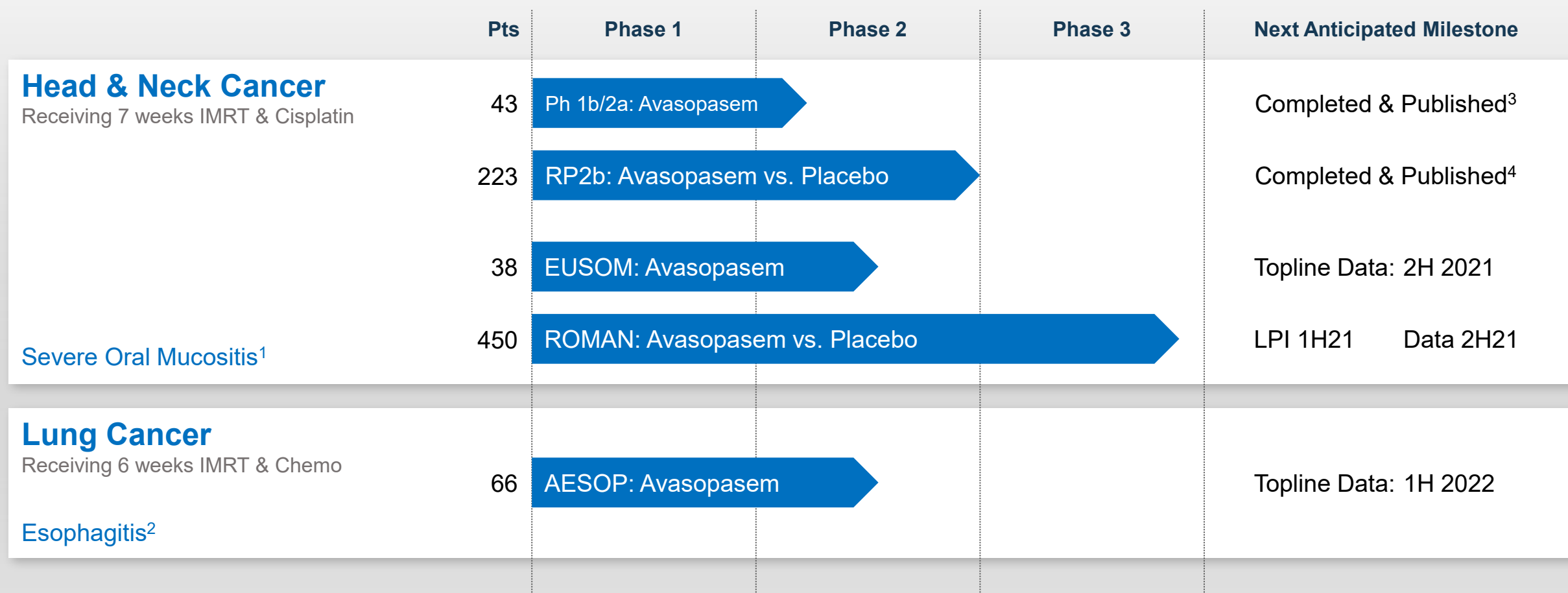
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<sup>4</sup>The first SBRT combination trial used GC4419 (avasopasem). Observations from this pilot trial used to guide development of GC4711 in combination with SBRT

# Reducing IMRT Toxicity



# Radioprotection Programs



<sup>1</sup>EUSOM is a single-arm multi-center trial evaluating the safety and efficacy of avasopasem in patients with HNC in Europe

<sup>2</sup>Phase 2a trial in patients with lung cancer building on avasopasem safety and tolerability findings from SOM trials in patients with HNC

<sup>3</sup>Anderson CM et al. Int J Radiat Oncol Biol Phys. 2018 Feb 1;100(2):427-435

<sup>4</sup>Anderson CM et al. J Clin Oncol. 2019;37(34):3256-3265.

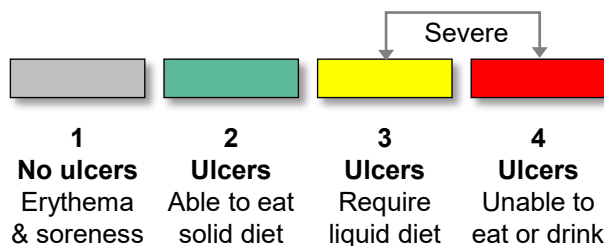


# Severe Oral Mucositis in Head & Neck Cancer

The most burdensome toxicity of standard-of-care chemoradiotherapy (radiotherapy & cisplatin)

## 70% Patients Get SOM (Grade 3 or 4 OM)

### WHO Grading System



## Current Approaches Lack Efficacy

MASCC Guidelines focus only on symptoms<sup>1</sup>

- Basic Oral care
- Opioids, anesthetics
- Coating agents
- Benzydamine
- Anti-inflammatories

## Physicians Consider Topicals Ineffective

Market Research with 150 Radiation Oncologists<sup>2</sup>

- Only 20% of physicians believe topical agents perform well for oral mucositis

<sup>1</sup>Elad S et al, MASCC/ISOO Clinical Practice Guidelines for the Management of Mucositis Secondary to Cancer Therapy. Cancer 2020;126:4423-4431

<sup>2</sup>Galera Market Research

# 223 Patient Phase 2b Trial – Robust Results

Randomized Placebo-Controlled Severe Oral Mucositis (SOM) Trial



## Population

- Patients with Head & Neck Cancer (locally advanced)
- Receiving standard IMRT and cisplatin over 7 weeks
- 70% expected to get SOM



## Treatment

- R**
- Avasopasem 90mg x 7 weeks
  - Avasopasem 30mg x 7 weeks
  - Placebo x 7 weeks
- 60-minute IV infusion just before IMRT
  - Multicenter (North America)

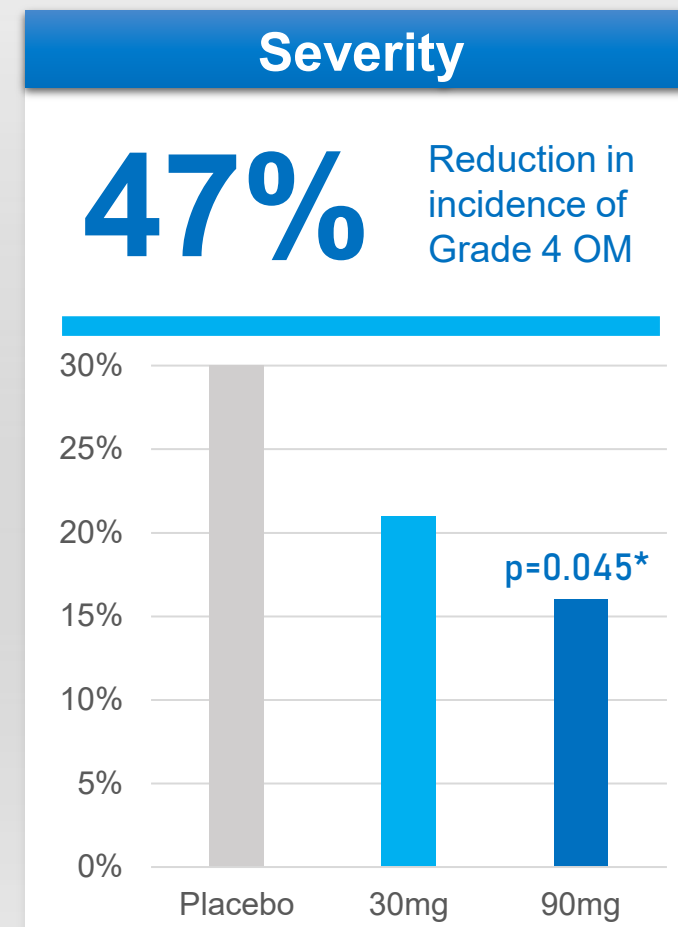
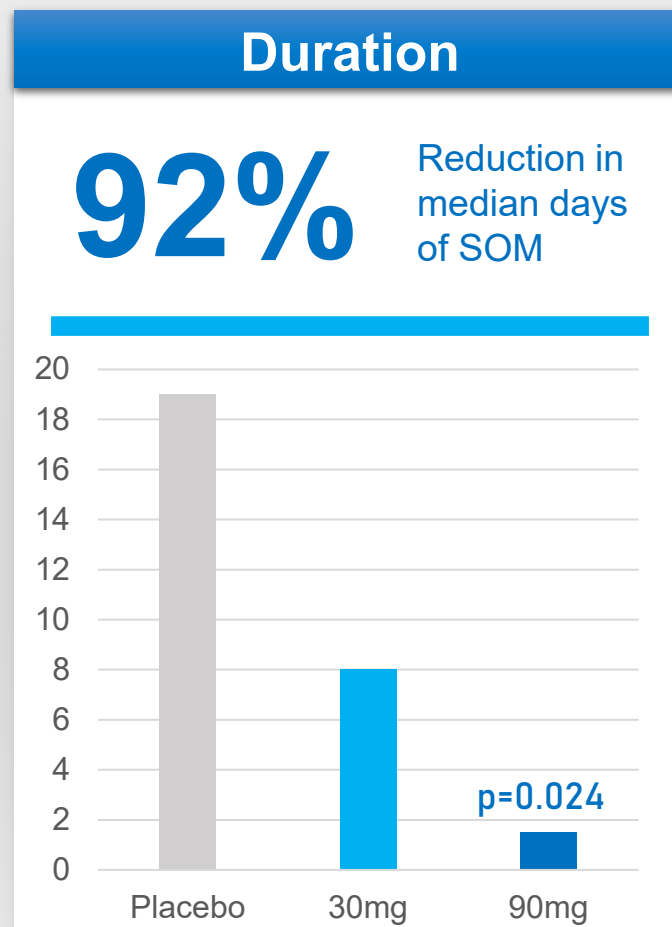
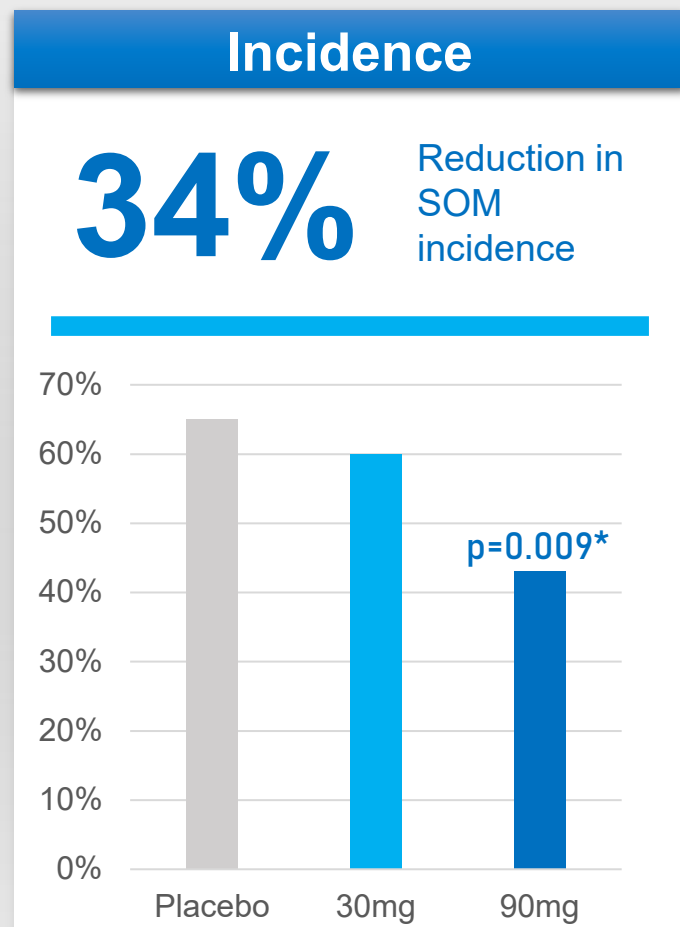


## Endpoints

- Primary: Reduction in SOM duration
- Secondary: Reduction in SOM incidence & severity

# Consistent and Encouraging Results

Across SOM Endpoints



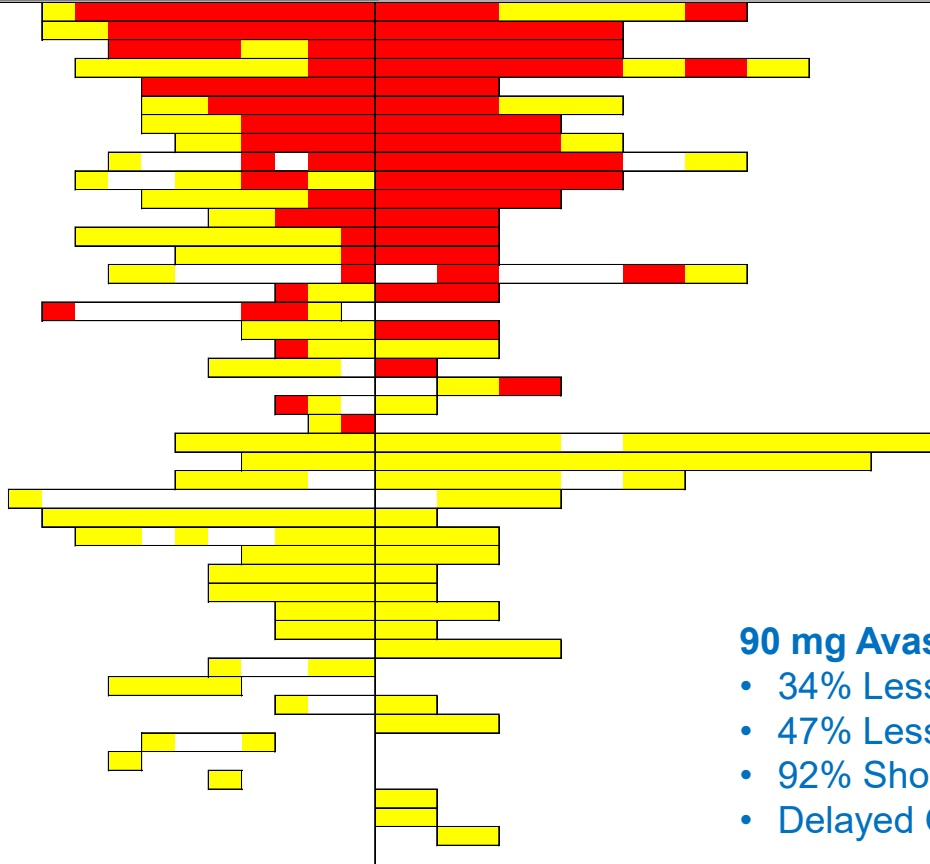
Anderson CM et al. Journal of Clinical Oncology 2019 37:34, 3256-3265

\*Secondary endpoints (incidence and severity) have nominal p values compared to placebo Intent-To-Treat (ITT) Population

# Avasopasem Efficacy Significantly Better than Placebo

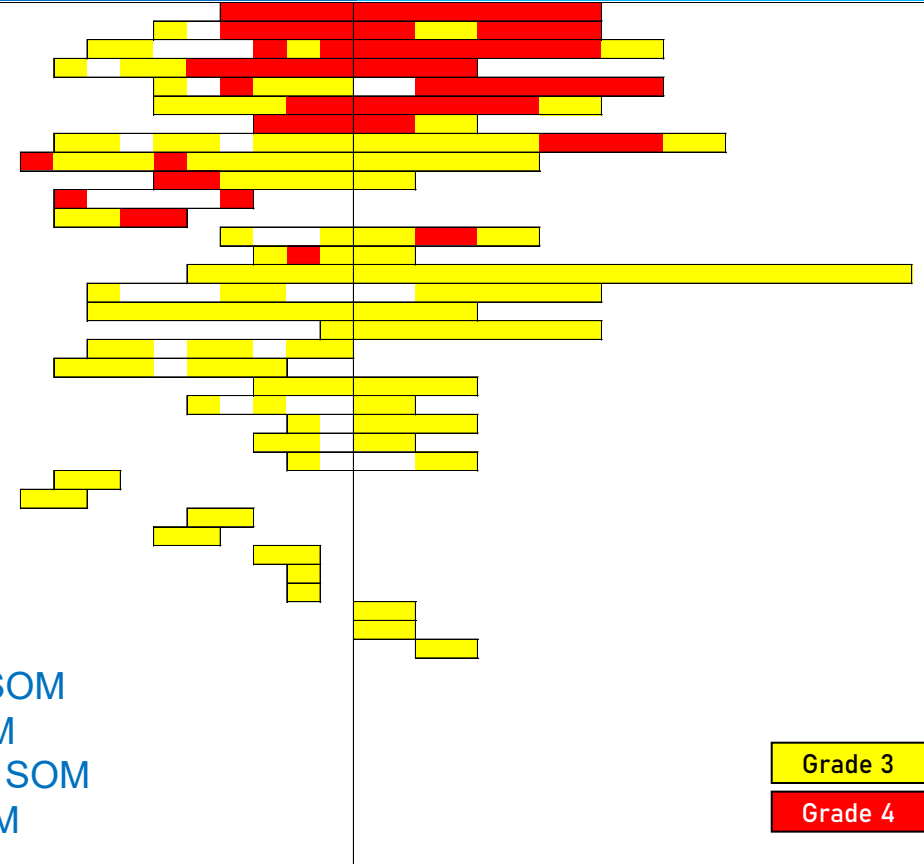
**PLACEBO Arm** (45 of 74 Pts had  $\geq 1$  visit with SOM)

RADIOTHERAPY TREATMENT PERIOD      FOLLOW UP POST THERAPY



**90MG Avasopasem Arm** (35 of 76 Pts had  $\geq 1$  visit with SOM)

RADIOTHERAPY TREATMENT PERIOD      FOLLOW UP POST THERAPY



## 90 mg Avasopasem

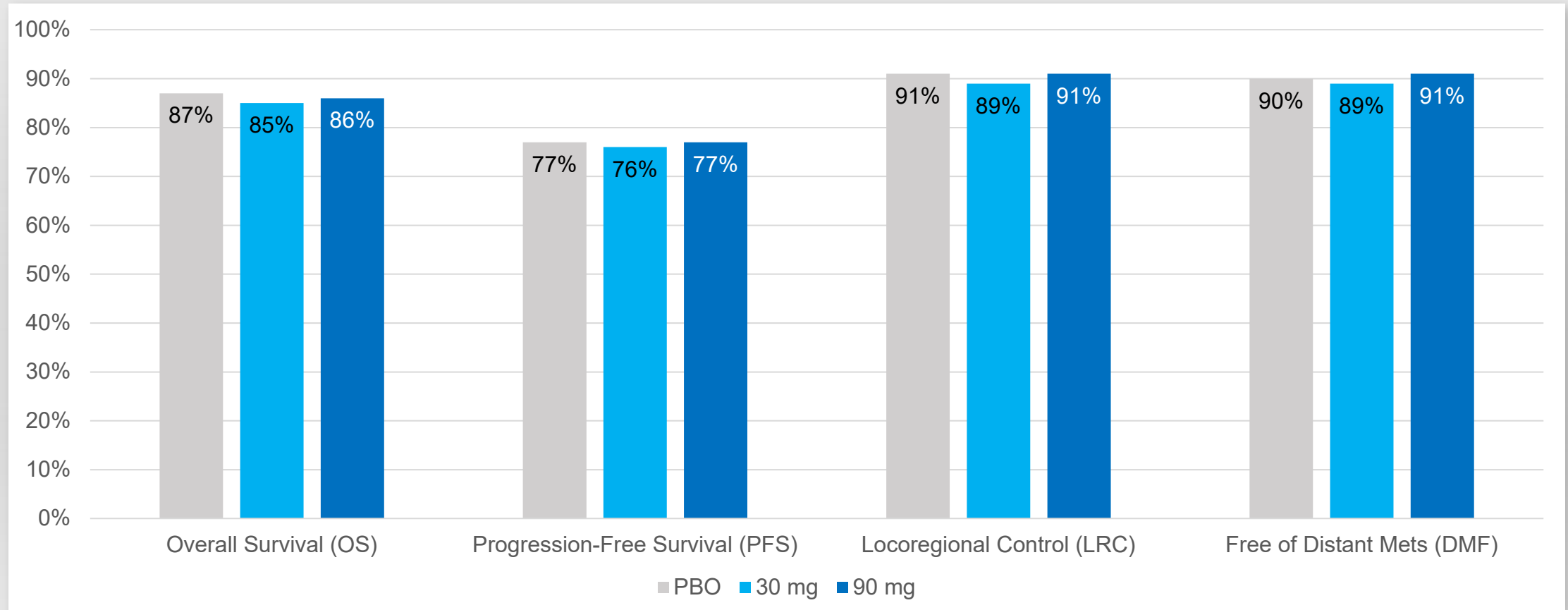
- 34% Less Incidence SOM
- 47% Less Grade 4 OM
- 92% Shorter Duration SOM
- Delayed Onset of SOM

Grade 3

Grade 4

Anderson CM et al. Journal of Clinical Oncology 2019 37:34, 3256-3265

# Radiotherapy Efficacy Maintained Over Two Years

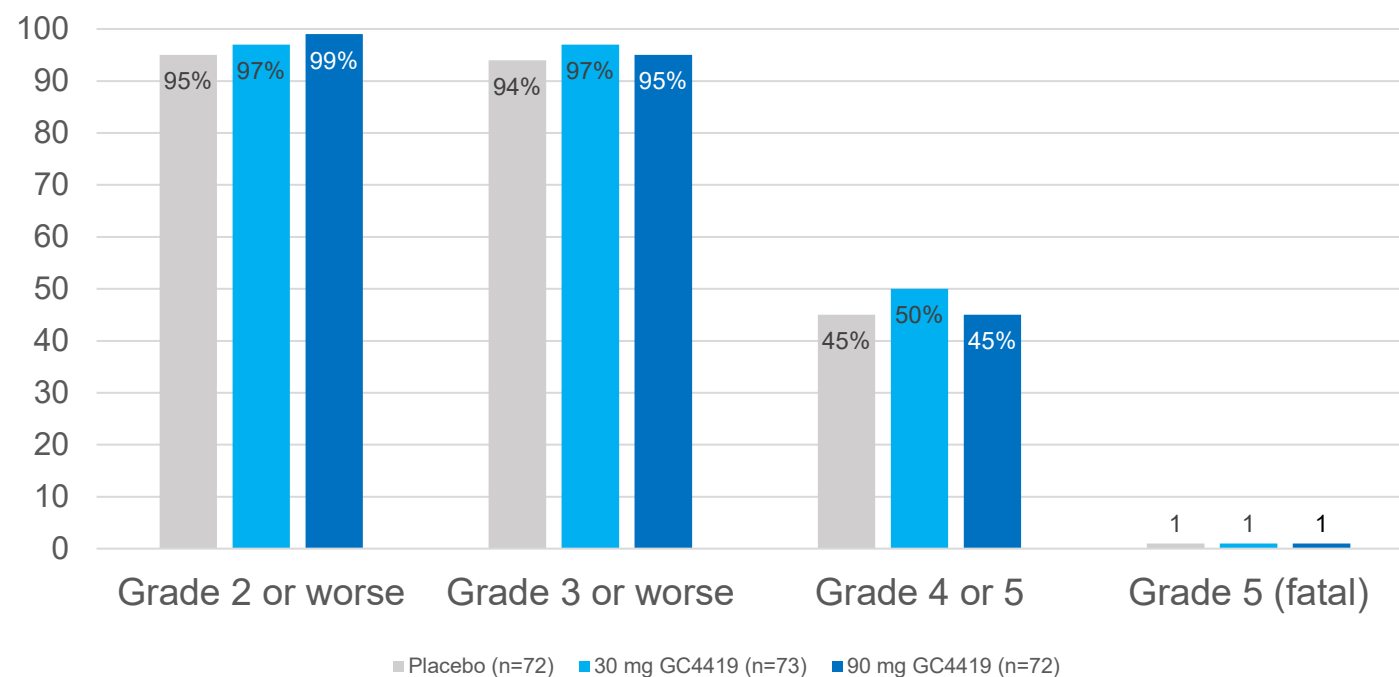


Final ITT Analysis



# Safety Results Comparable to Placebo

Avasopasem Generally Well Tolerated



Most Frequent AEs (any grade)	Placebo (n=72)	30 mg Avasopasem (n=73)	90 mg Avasopasem (n=72)
Lymphopenia	89%	92%	88%
Nausea	75%	68%	82%
Fatigue	69%	60%	65%
Oropharyngeal pain	64%	63%	61%
Constipation	53%	59%	64%
Radiation skin injury	47%	51%	53%
Vomiting	47%	52%	49%
Dysgeusia (taste)	49%	55%	43%
Dysphagia	43%	42%	47%
Weight decreased	35%	40%	44%
Oral candidiasis	29%	45%	43%
Leukopenia	39%	37%	39%

Anderson CM et al. Journal of Clinical Oncology 2019 37:34, 3256-3265

# 450 Patient ROMAN Phase 3 Trial – Results this Year

Randomized Placebo-Controlled Severe Oral Mucositis Trial

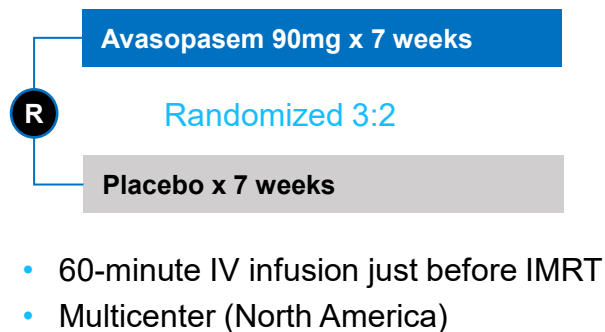


## Population

- Patients with Head & Neck Cancer (locally advanced)
- Receiving standard IMRT and cisplatin over 7 weeks
- 70% expected to get SOM



## Treatment



## Endpoints

- Primary: Reduction in the incidence of SOM
- Secondary: Reduction in SOM duration & severity

# SOM Market Opportunity



# Head and Neck Cancer – Large Market Opportunity

Severe Oral Mucositis is most burdensome side effect – 70% get SOM

**650,000**

Global Head & Neck Cancer Incidence

**65,630**

US Patients Diagnosed each year

**42,000**

US Patients at Risk for RT-related SOM

Initial  
Target  
Population



Locally advanced HNC is curable with the standard-of-care IMRT and cisplatin regimen



# Head and Neck Cancer Can Affect Anyone



Babe Ruth, Lana Turner, Jamie Dimon, Ulysses S. Grant, Sigmund Freud, Humphrey Bogart, Grover Cleveland, Eddie Van Halen  
Sammy Davis Jr., George Harrison, Michael Douglas, Ann Richards, Tony Gwynn



# Avasopasem: First-to-Market Potential

## Avasopasem Prevents RT Injury

Patients get avasopasem before each RT fraction/dose

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Blocks initiating injury in normal cells from RT burst of superoxide

Does not interfere with RT anti-cancer efficacy

## Avasopasem has BTB for Oral Mucositis

FDA Breakthrough Therapy Designation

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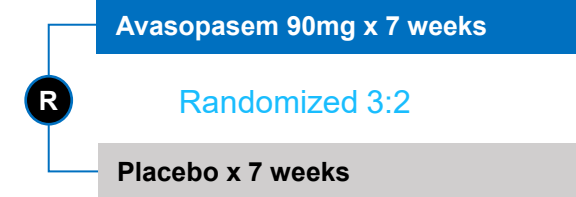
BTB granted for oral mucositis in February 2018

Based on robust Phase 2b data in 223 patients

## 450 Patient ROMAN Phase 3 Trial

Data Anticipated in 2021

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# Concentrated Physician Population

SOM is most burdensome side effect of curative IMRT + cisplatin regimen

5,000

Radiation Oncologists  
in U.S

2,500

Radiotherapy  
Treatment Sites

700

Top centers where >80%  
HNC patients are treated

Initial  
Sales  
Focus

72%

Sites with Existing  
Infusion Capability<sup>1</sup>

64%

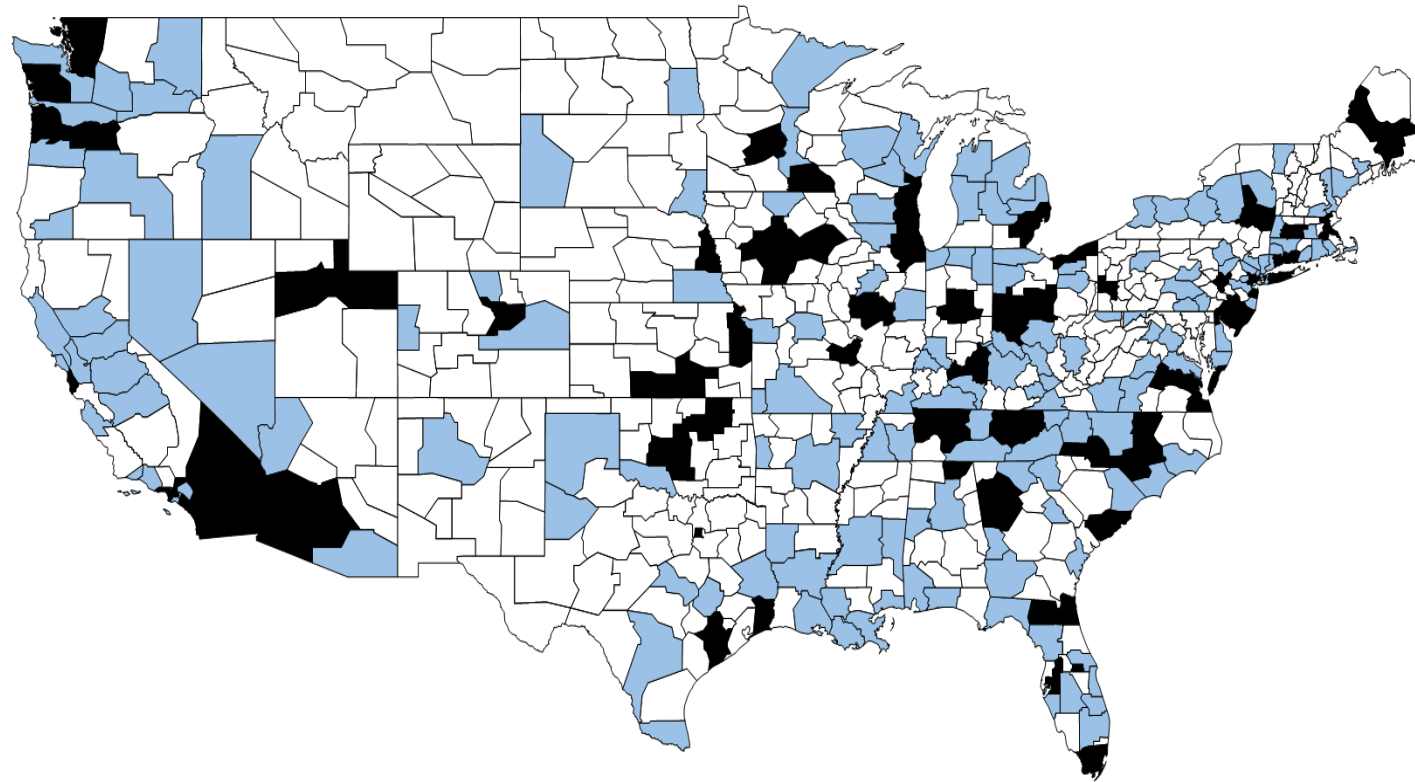
Market Patient Share


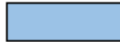

38% IMRT centers currently infuse drugs<sup>1</sup>  
34% more coordinate with medical oncology to infuse patients  
Additional 17% can add capabilities to infuse patients

<sup>1</sup>Primary market research with 125 IMRT centers in the US

# Where Patients with Head & Neck Cancer are Treated

76% Treated in only 29% Zip Code areas



3-Zip Code Counts			Cases	
	>104	72	16,701	58%
	>53	141	21,786	76%
	≤53	348	6,787	24%
			489	28,573

Galera Market Research (122 Zip Codes are 0)

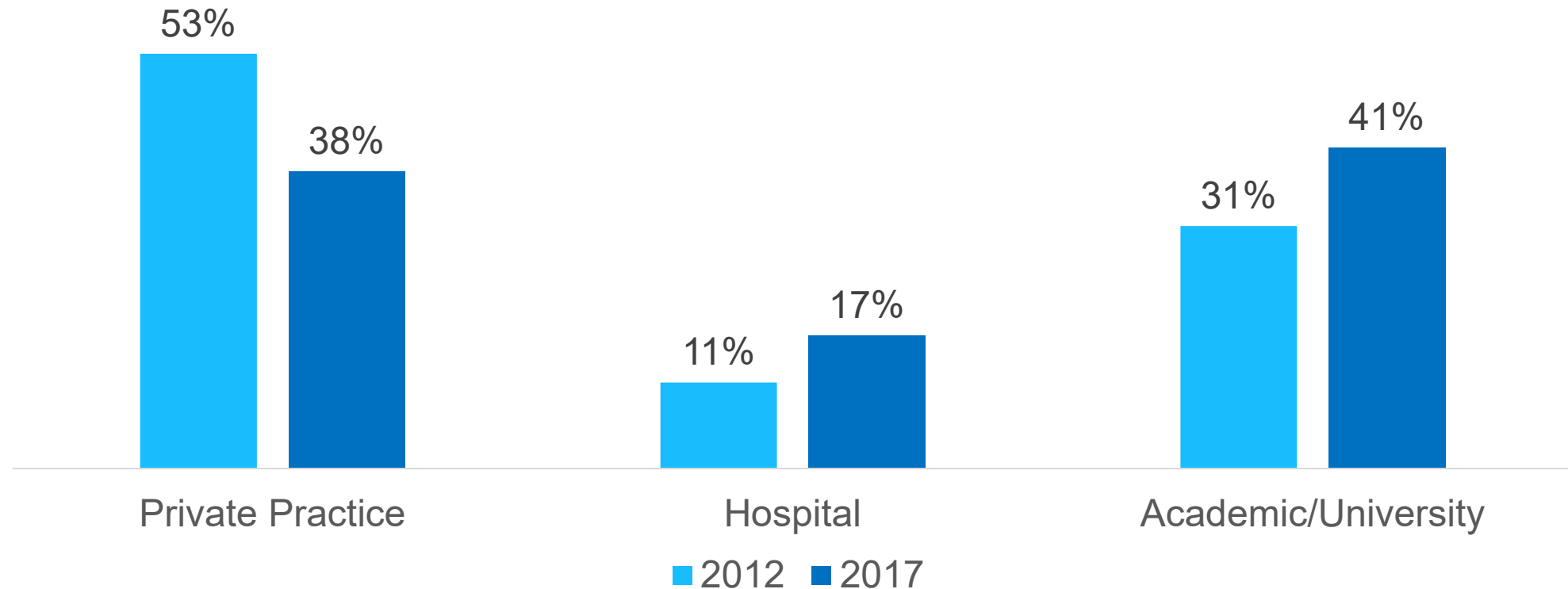
# Most IMRT Centers Have Ability to Infuse Today

72% Radiotherapy Sites Have Existing Infusion Capability

Adoption Archetype Determinants	A Rad Oncs Have Current Capabilities	B Med Oncs Administer Infusions for Rad Onc	C Rad Oncs Need to Add Capabilities	D Rad Oncs Unlikely to Add Capabilities
Avasopasem Infusion Owner	Rad Onc	Med Onc	Rad Onc	-
MD-Stated Patient Volume	High	Low	High	Moderate
Ease of Coordination Today	High	High	Low	Low
Likelihood of Prescribing Avasopasem	High	High	High	Low
Total % Sample Distribution (n)	38% (51)	34% (39)	17% (23)	11% (12)

Data in above table based on primary research with 125 IMRT centers in the US

# US Radiation Oncologists Trending Away from Private Practice



<sup>1</sup>Data from ASTRO



# Favorable Payer Landscape

## \$40,000

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Additional medical expenses incurred by patients who develop OM

## \$15-25K

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Indicative price of full course of therapy based on initial payer research

## Price strategy intended to optimize patient access

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Head and neck cancer not a focus for cost control measure

## Step Edits Unlikely

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High unmet need with limited treatment options



# Esophagitis in Lung Cancer

50% get Grade 2 or worse

**2,500,000**

Global NSCLC Incidence

**175,000**

US Patients Diagnosed each year

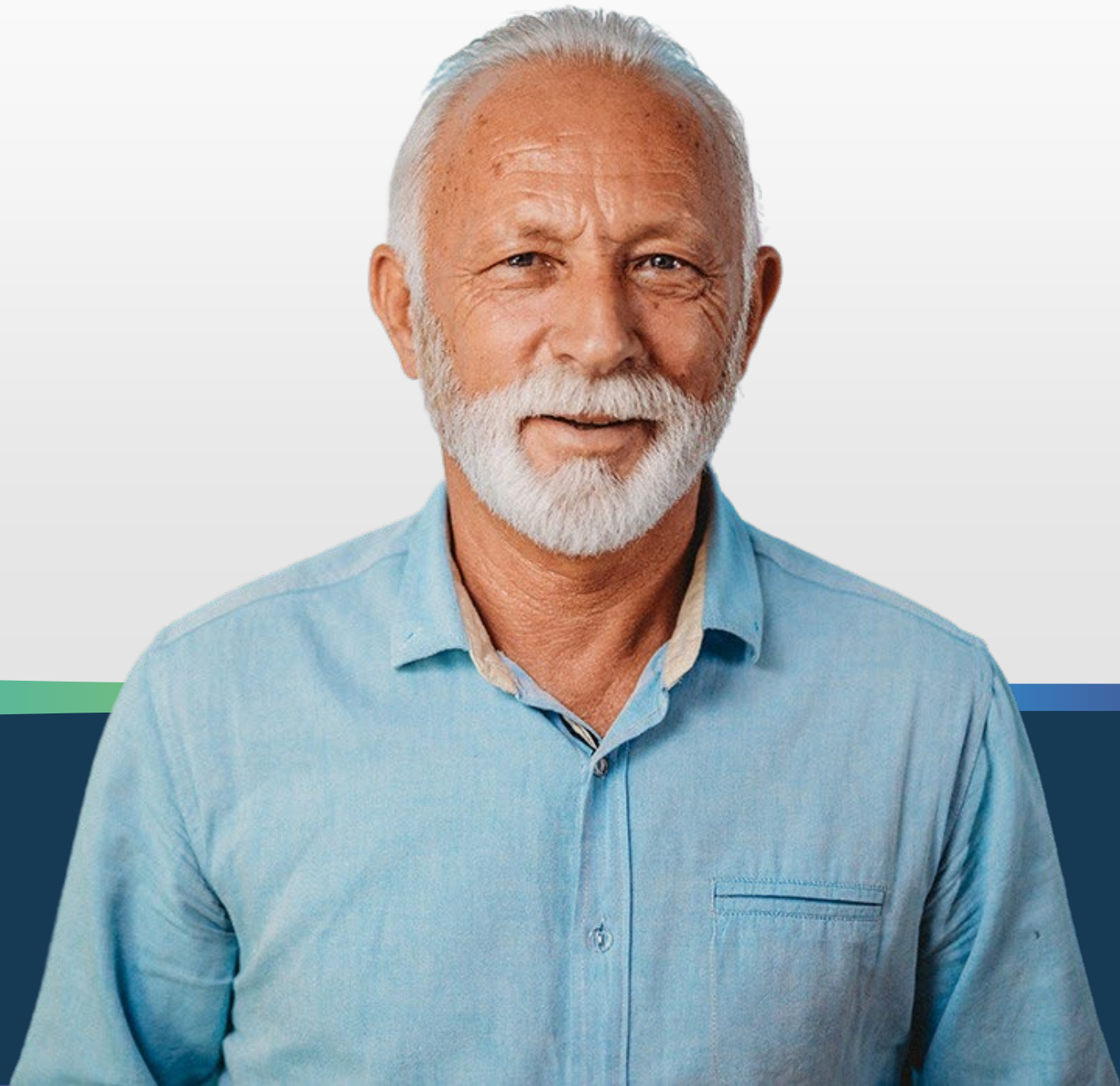
**50,000**

US Patients at Risk for RT-related Esophagitis

Initial  
Target  
Population

Locally advanced NSCLC frequently treated  
with IMRT and chemotherapy

# Increasing SBRT Efficacy



# Radiosensitizer Programs

	Pts	Phase 1	Phase 2	Phase 3	Next Anticipated Milestone	
<b>Pancreatic Cancer<sup>1</sup></b> Locally Advanced Receiving 5 days SBRT after 4-6 months chemo	42	Pilot: GC4419 vs. Placebo			Final Data:	2H 2021
	160	GRECO-2: GC4711 vs. Placebo			✓ Initiate Trial:	1H 2021
<b>Lung Cancer<sup>2</sup></b> Locally Advanced Receiving 5 days SBRT	71	GRECO-1: GC4711 vs. Placebo			Initial Data:	1H 2022

<sup>1</sup>First SBRT combination trial used GC4419 (avasopasem). Observations from this pilot trial used to guide development of GC4711 in combination with SBRT

<sup>2</sup>Trial to assess anti-cancer efficacy of SBRT +/- GC4711; subsequently, intend to assess anti-cancer efficacy of SBRT and checkpoint inhibitor +/- GC4711



# Pancreatic Cancer

High Unmet Medical Need With Limited Therapeutic Options

**500,000**

Global Incidence

**60,000**

US Patients Diagnosed each year

**18,000**

Patients with Unresectable Locally Advanced Tumors

**Initial  
Target  
Population**

5-year survival rate is only ~10%

SBRT use increasing for locoregional control  
of pancreatic cancer



# People We Have Lost to Pancreatic Cancer



Pavarotti, Donna Reed, Dizzy Gillespie, Cardinal Bernardin, Eiko Ishioka, Bonanza's Pernell Roberts, Joan Crawford  
Ben Gazzara, Alex Trebek, Alan Bates, Jack Benny, Dr. Sydney Salmon, Billy Paul, Rand Pausch (last lecture)  
Ruth Bader Ginsburg, John Lewis, Henry Mancini, Sally Ride, Munster's Fred Gwynne, Columnist William Safire, Michal Landon

# Pilot Trial in Pancreatic Cancer

42-Patient Double-blind, Placebo-controlled, Randomized Trial



## Population

- Patients with Locally-advanced Pancreatic Cancer (LAPC)
- Screened after 4-6 months of chemotherapy



## Treatment

- R**
- SBRT + GC4419 90mg x 5 doses
  - SBRT+ Placebo x 5 doses
- 60-minute IV infusion before SBRT
  - 4 Centers: MDA, Moffitt, Duke, UTSW



## Endpoints

- Safety and Feasibility of dismutase mimetic with SBRT
- Survival (OS, PFS)
- Tumor Control (LRC, DMC)
- Response Rate

# Highlights of Current Analysis

Follow-up through at least 6 months on all patients

**2.5-fold Increase in  
Response Rate**

## Response

Partial Response Rate

GC **29%**

PBO **11%**

Surgery	GC	PBO
R0*	5	1

**2-fold Increase in  
Time to Metastases**

## Metastases

Median Time to Mets

GC **13.9 Mos**

PBO **7.0 Mos**

Tumor Control	LRC	DMC
Hazard Ratio	0.3	0.3

**85% Increase in  
Overall Survival**

## Survival

Median Overall Survival

GC **20.1 Mos**

PBO **10.9 Mos**

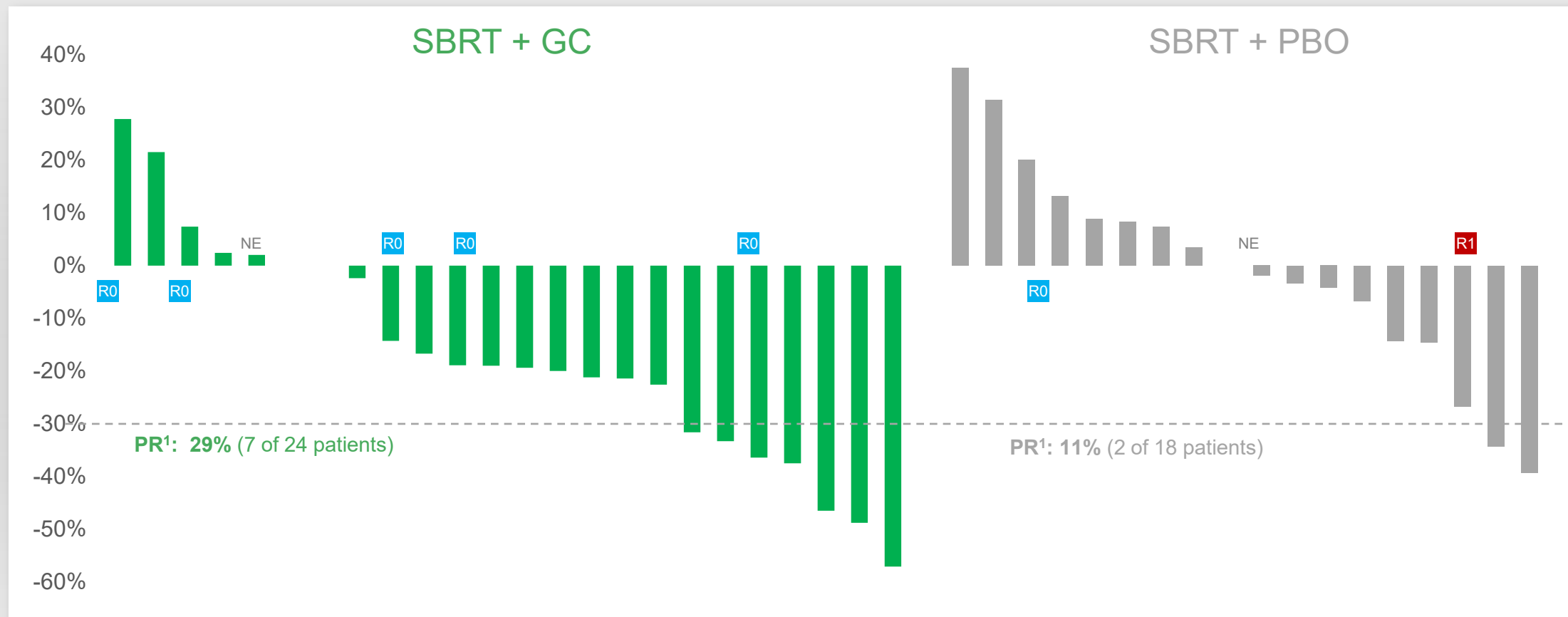
Survival	PFS	OS
Hazard Ratio	0.4	0.4

\*R0 = margins free of microscopic tumor (5/5 patients on GC and 1/2 patients on placebo had clear margins at surgery)

LRC = Locoregional Control; DMC = Control of Distant Metastases; PFS = Progression-Free Survival; OS = Overall Survival

# Partial Response Rate Increased 2.5-fold

Best Local Response with follow-up of at least 6 months on all patients (ITT, n=42)



<sup>1</sup>Partial response per modified RECIST (Response Evaluation Criteria in Solid Tumors)

R0 = margins free of microscopic tumor (5/5 patients on GC and 1/2 patients on placebo had clear margins at surgery)

NE = not evaluable (scans not performed post SBRT)

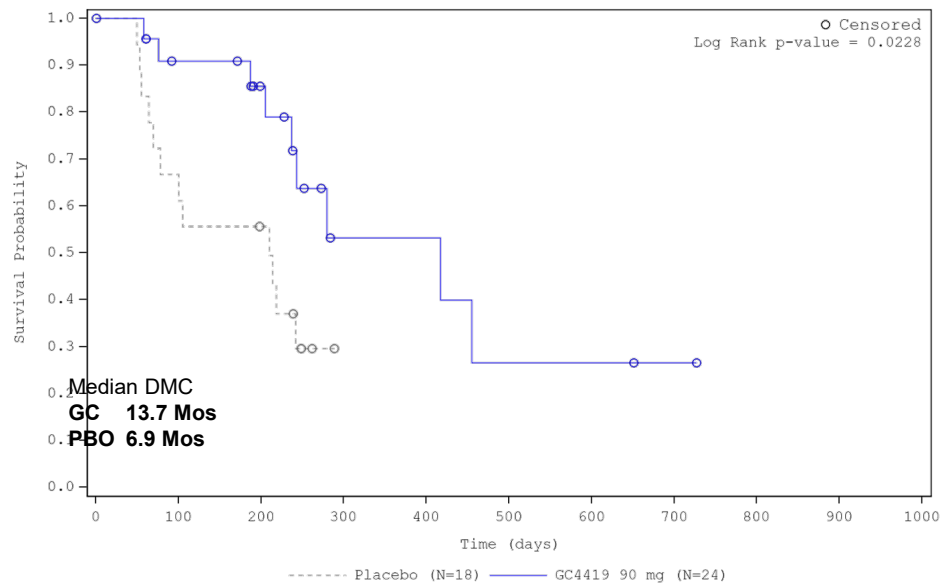
R1 = positive tumor margins at surgery

# Time to Distant Metastases Increased 2-fold

And Improved Locoregional Control

## Distant Metastases Control

– outside RT Field



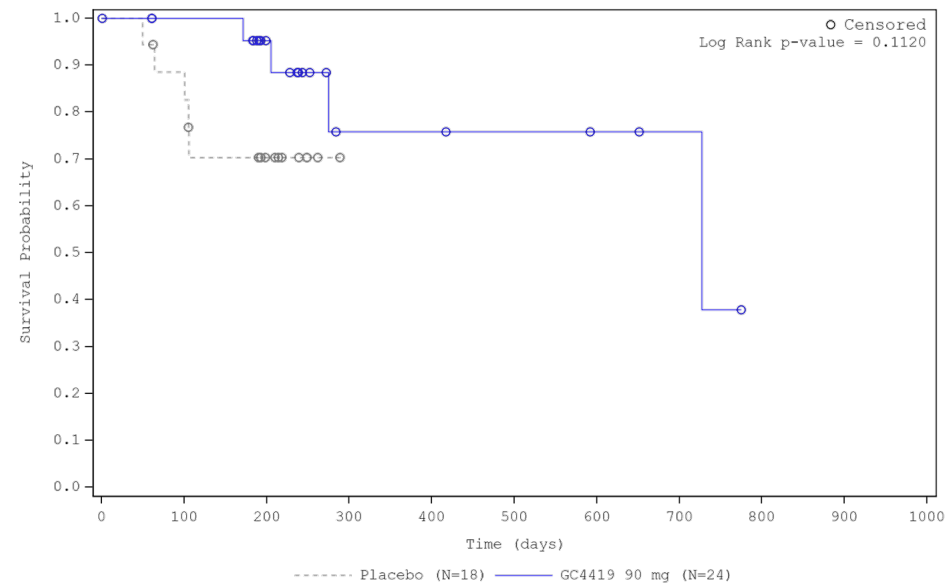
Number of Patients at Risk

Placebo	18	12	9	0	0	0	0	0	0	0
GC4419 90 mg	24	18	13	4	4	2	2	1	0	0

**Hazard Ratio = 0.3**

## Locoregional Control (LRC)

– within RT Field



Number of Patients at Risk

Placebo	18	15	8	0	0	0	0	0	0	0
GC4419 90 mg	24	21	14	5	5	4	3	2	0	0

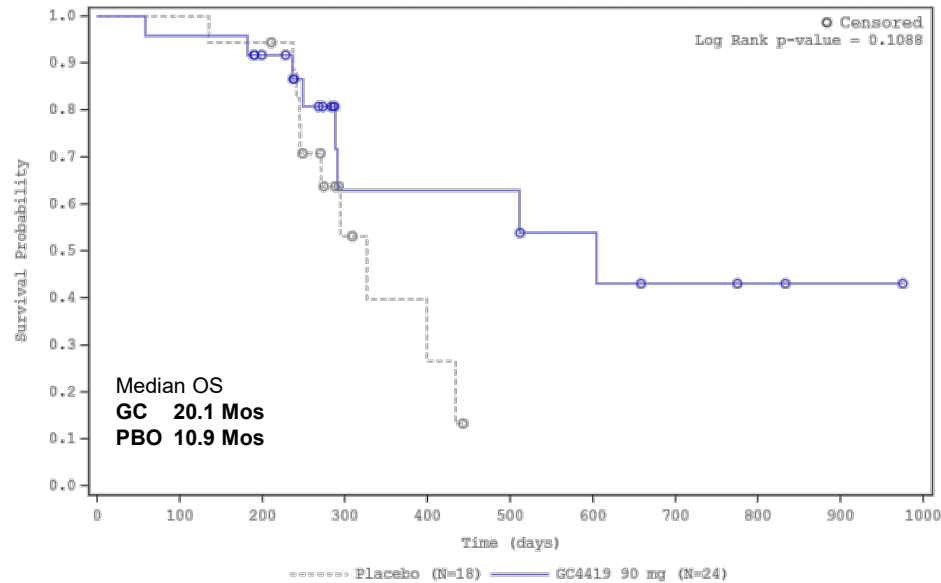
**Hazard Ratio = 0.3**

*DMC and LRC defined as distant metastasis or local regional progression, not censored for treatment post SBRT*

# Median Overall Survival Increased 85%

Encouraging hazard ratios for both OS and PFS

## Overall Survival (OS)

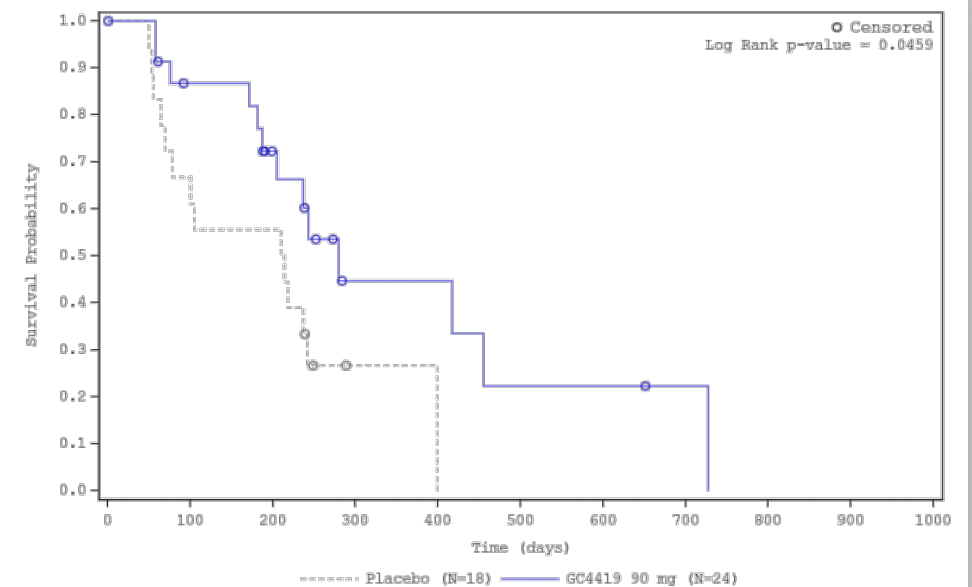


Number of Patients at Risk

Placebo	18	18	17	5	2	0	0	0	0	0	0
GC4419 90 mg	24	23	19	7	7	7	5	3	2	1	0

**Hazard Ratio = 0.4**

## Progression-Free Survival (PFS)



Number of Patients at Risk

Placebo	18	12	10	1	0	0	0	0	0	0	0
GC4419 90 mg	24	18	12	4	4	2	2	1	0	0	0

**Hazard Ratio = 0.4**

*PFS defined as local progression or distant metastasis, not censored for treatment post SBRT*



# Regimen Generally Well Tolerated

Toxicity reports through first 90 days after SBRT (ITT, n=42)

Acute Adverse Events (up to 90 days post SBRT)	Placebo (n=18)	Avasopasem (n=24)
Grade 3+ AEs	4 (22%)	6 (25%)
Grade 3 Gastrointestinal AEs <sup>1</sup>	2 (11%)	2 (8%)

<sup>1</sup>No bleeding ulcers by 12-week endoscopy, no GI toxicity > Grade 3

# Next Steps

## **Proof of Concept**

Efficacy results from blinded controlled trial consistent with preclinical studies that showed synergy with RT

## **Consistent Synergy**

Magnitude of synergy with RT and consistency across efficacy parameters is very encouraging

## **GRECO Trials**

Galera advanced its dismutase mimetics into larger placebo-controlled trials, in pancreatic and lung cancer

# Galera's GRECO Trials

Galera Radiotherapy Efficacy Cancer Optimization

## GRECO-1



- 71 Patients
- Placebo-controlled multicenter trial
- Locally Advanced NSC Lung Cancer
- Large & central tumors
- Status: Open & recruiting patients

## GRECO-2



- 160 Patients
- Placebo-controlled multicenter trial
- Locally Advanced Pancreatic Cancer
- Following 4 months chemotherapy
- Status: Open & recruiting patients

# SBRT for Non-Small Cell Lung Cancer

SBRT is an established treatment for central and large peripheral NSCLC tumors

2,500,000

Global NSCLC Incidence

175,000

US Patients Diagnosed each year

55,100

Node-Negative NSCLC

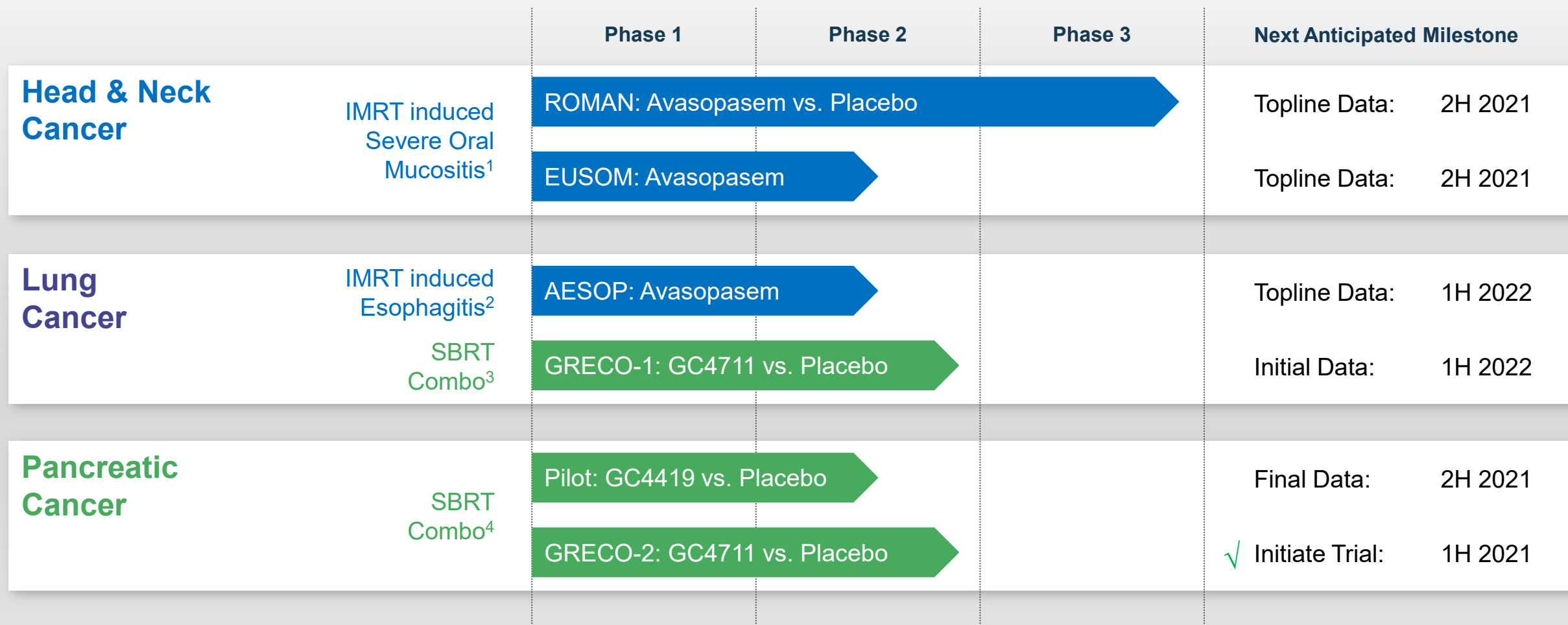


All SBRT	14,600	12,120	15,430
Node-Negative NSCLC	Peripheral Tumor >3cm	Central Tumor <3cm	Central Tumor >3cm
Surgery ONLY	16%	30%	12%
SBRT (+/- other modalities)	81%	67%	85%
Other	3%	2%	4%

# Corporate Highlights



# Robust Pipeline



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# Thank you.



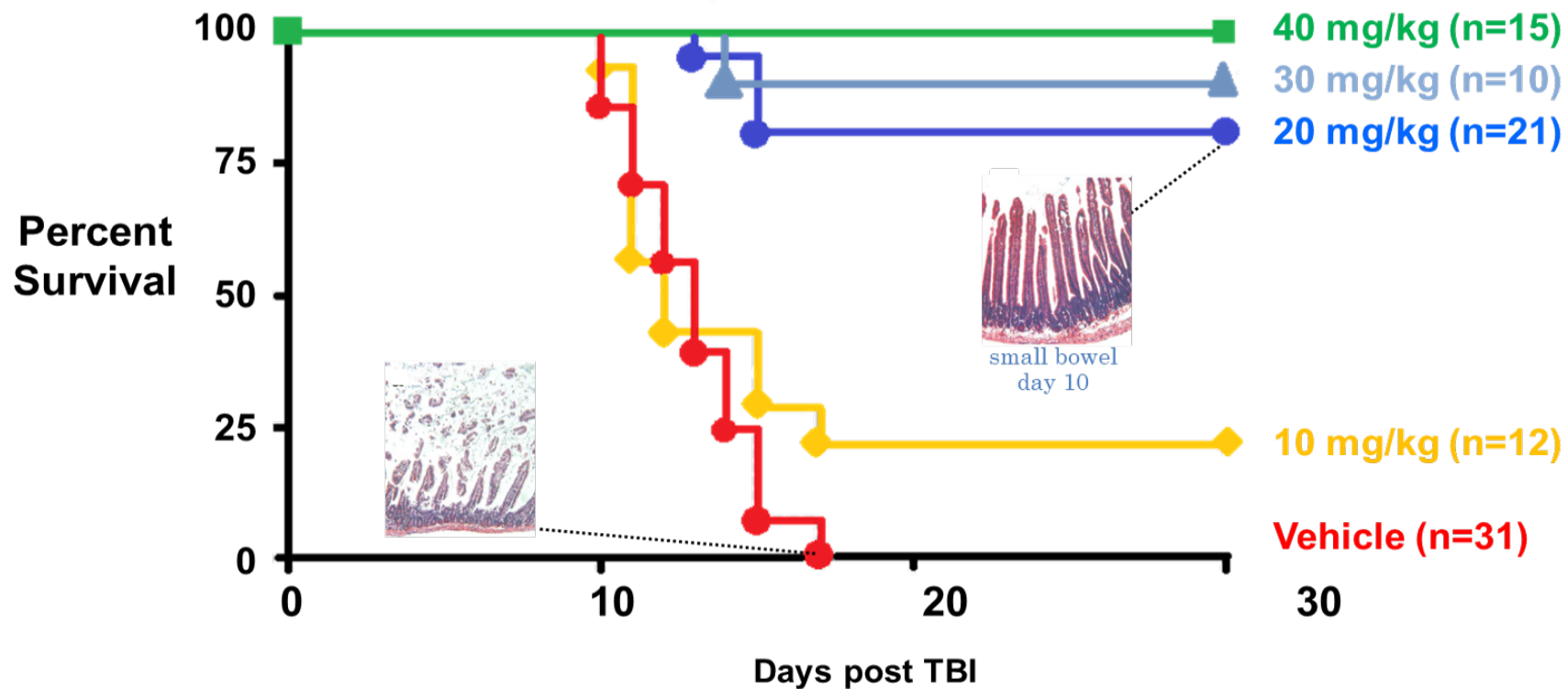
# **Back-up Slides**

## **Mechanistic and Preclinical Data**



# Protection from Lethal Radiation Exposure

Observed in Preclinical Studies – Total Body Irradiation (8.5 Gy) to Mice

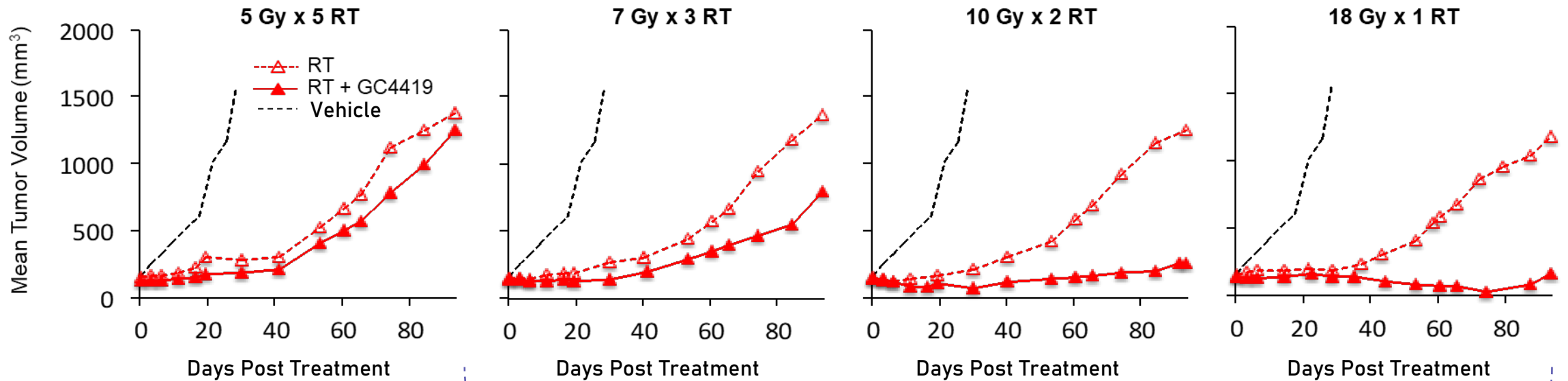


Thompson, et al., Free Radical Research, 44(5):529-540, 2010

# Synergy with High-Dose RT (SBRT)

High-fraction focal irradiation of human tumor xenografts (H1299 NSCLC) in mice

## RT with Biological Equivalent Doses



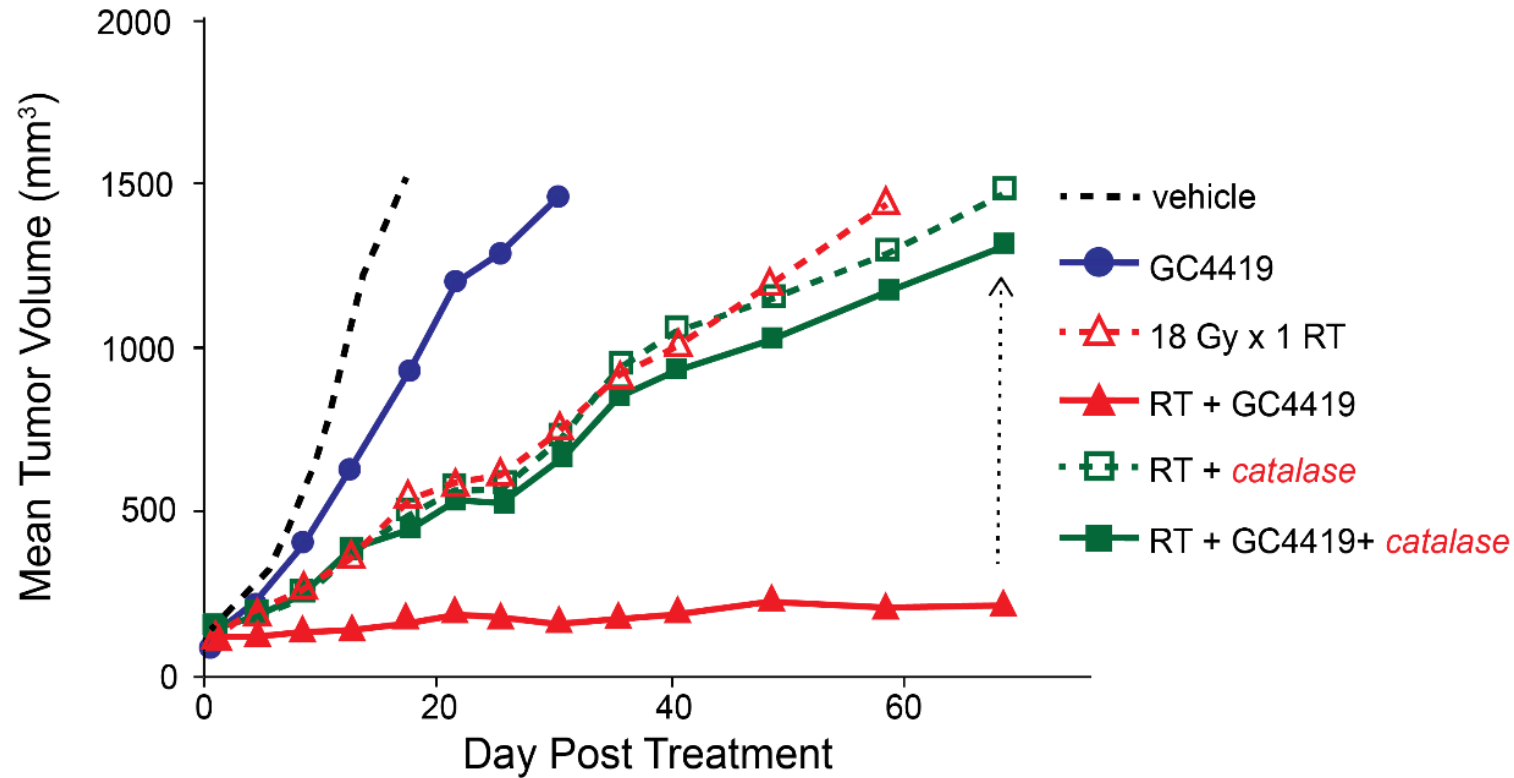
SBRT

Stereotactic Body Radiation Therapy

Sishc, et al., Science Translational Medicine 12 May 2021:Vol. 13, Issue 593

# H<sub>2</sub>O<sub>2</sub> build-up in Cancer Cell → Synergy with SBRT

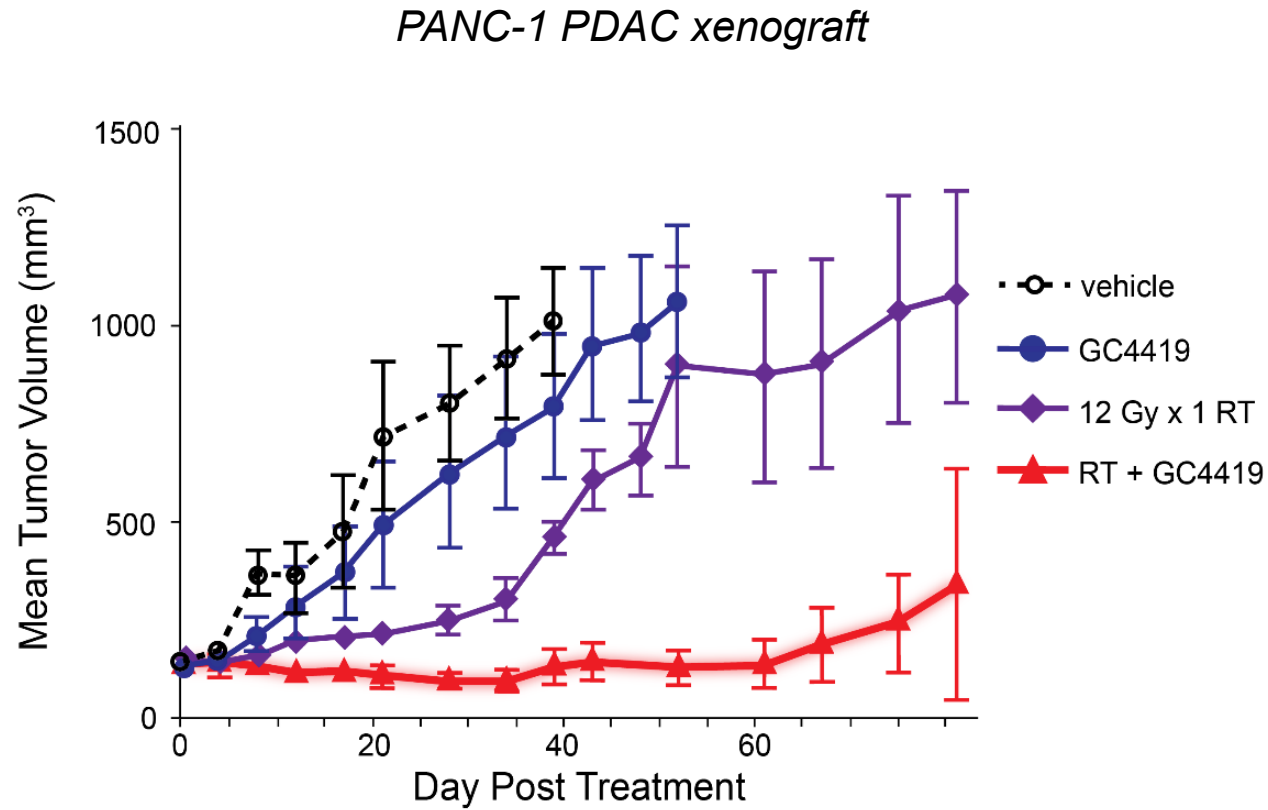
Synergy abrogated with doxycycline-induced catalase in genetically modified H1299<sup>CAT</sup> cells



Sishc, et al., Science Translational Medicine 12 May 2021:Vol. 13, Issue 593

# Pancreatic Tumor Model → Synergy with SBRT

Marked synergy of Dismutase Mimetic with 12 Gray Radiotherapy



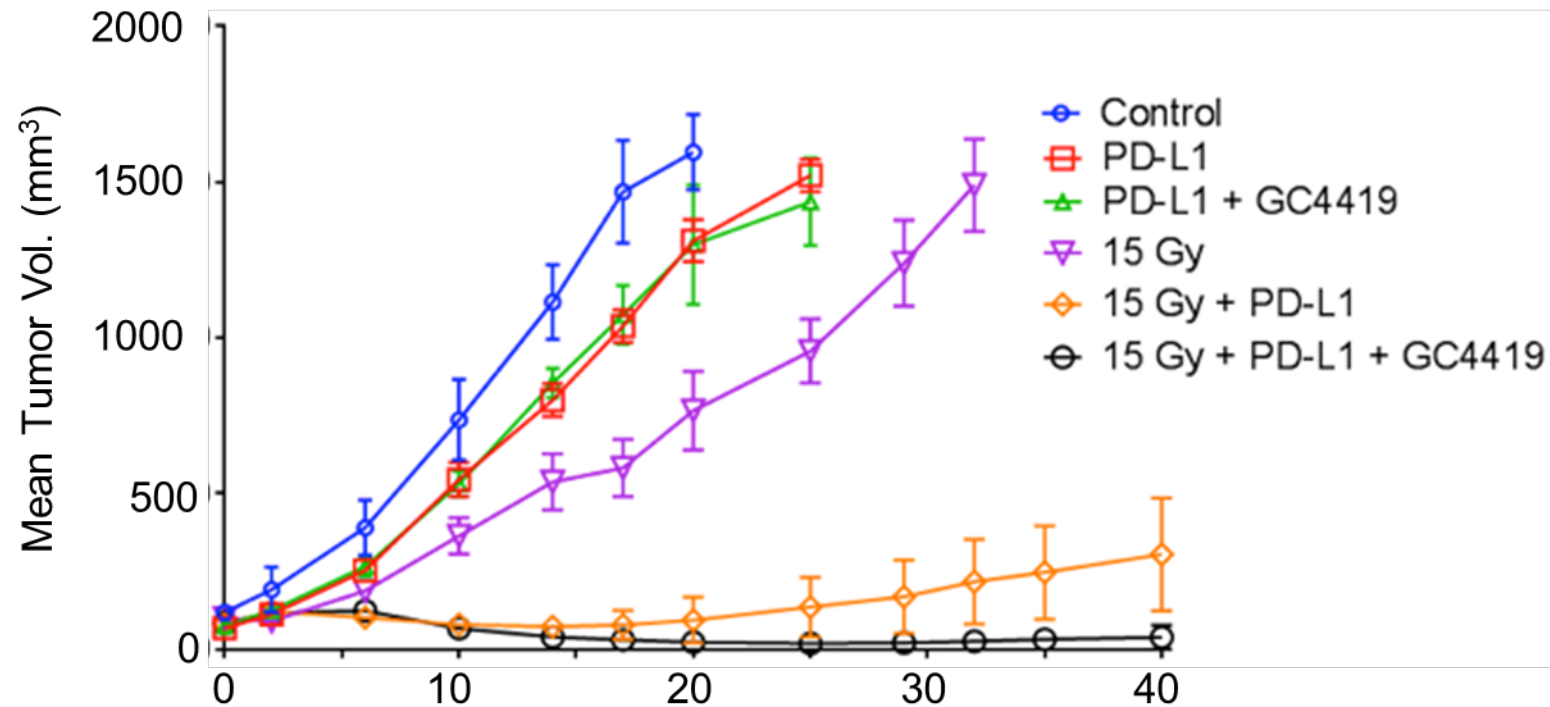
Sishc, et al., Science Translational Medicine 12 May 2021:Vol. 13, Issue 593



# Enhanced Checkpoint Inhibitor Activity in Vivo

GC4419 enhances tumor response to SBRT + anti-PD-L1, PD-1 or CTLA-4 – within and outside RT field

*LLC syngeneic lung tumor model*



Galera data on file