Galera Therapeutics, Inc

Transforming Radiotherapy

with

Dismutase Mimetics

October 2020

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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.

Superoxide Dismutase Mimetics – Vision

Rapid elimination of Superoxide ($O_2^{\bullet-}$)

IMRT
Intensity Modulated RT

Potential to Reduce Toxicity

Severe Oral Mucositis Head & Neck Cancer (SOM in HNC)	Esophagitis NSC Lung Cancer (NSCLC)
	
Phase 3 ROMAN	Phase 2 Trial

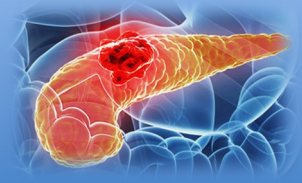
Normal tissue toxicity limits optimal radiotherapy treatment of tumor

Over half of cancer patients receive radiotherapy as part of their care[1, 2]

Increase H_2O_2 in tumors

SBRT
Stereotactic Body RT

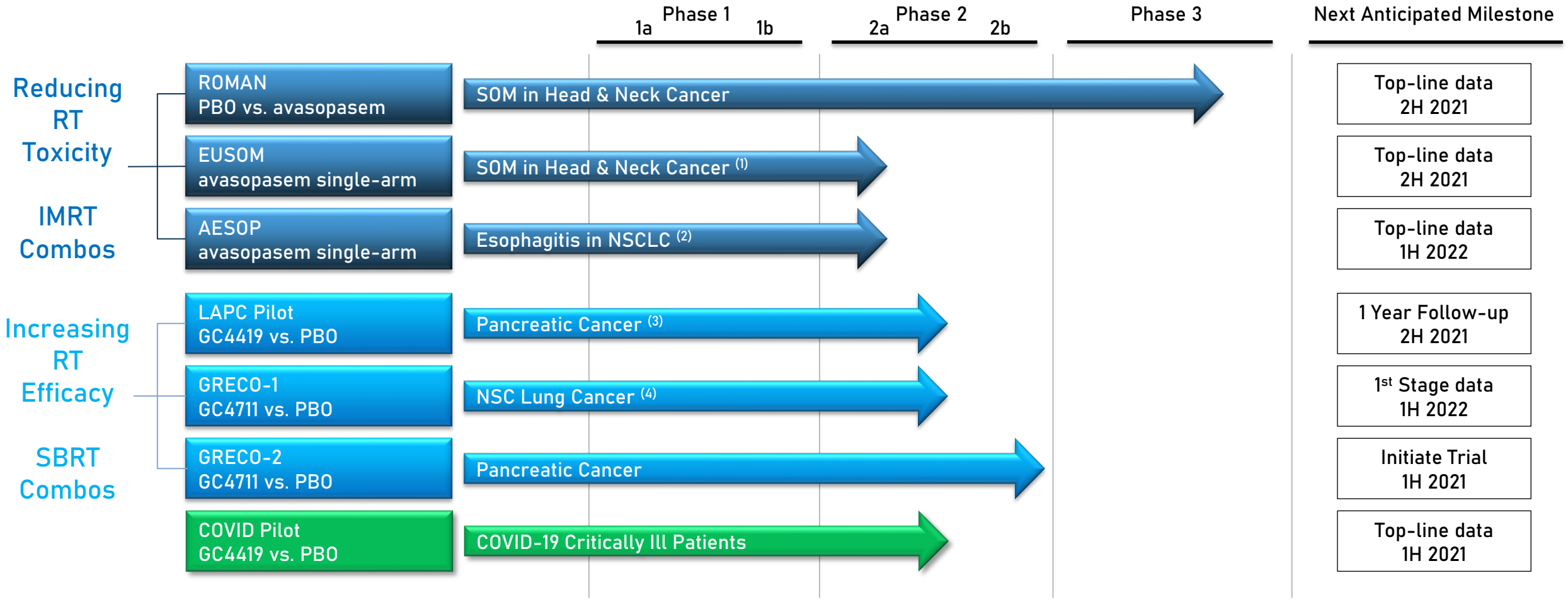
Potential to Increase Efficacy

Pancreatic Cancer Locally Advanced (LAPC)	Lung Cancer Locally Advanced (LANSCLC)
	
Phase 1b/2a SBRT Combo	Phase 1b/2a SBRT Combo

Radiotherapy is SoC for many local tumors but need remains for greater efficacy

[1] *Delaney G, Jacob S, Featherstone C, Barton M. The role of radiotherapy in cancer treatment… Cancer. 2005;104:1129-1137*
[2] *Begg AC, Stewart FA, Vens C. Strategies to improve radiotherapy with targeted drugs. Nat Rev Cancer. 2011;11:239-253*

Clinical Stage Pipeline



(1) EUSOM is a single-arm multi-center trial evaluating the safety of avasopasem in patients with HNC in Europe.

(2) Phase 2a trial in patients with lung cancer building on avasopasem safety and tolerability findings from SOM trials in patients with HNC.

(3) This first SBRT combination trial used GC4419. Observations from this pilot trial have been used to guide development of GC4711 to assess anti-cancer efficacy in combination with SBRT.

(4) Two stage trial with first stage to assess anti-cancer efficacy of SBRT +/- GC4711 and the second stage to assess anti-cancer efficacy of SBRT and checkpoint inhibitor +/- GC4711.

Investment Highlights

Avasopasem GC4419

Reducing IMRT toxicity in patients with head & neck cancer

- Robust efficacy in randomized Phase 2b trial (n=223)
- Breakthrough therapy designation granted by FDA
- Single Phase 3 sufficient for registration (n≈450)

2nd Product GC4711

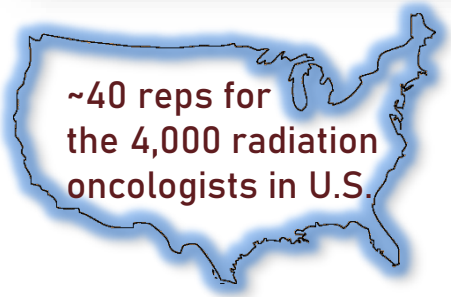
Increasing SBRT anti-cancer efficacy in patients

- Improved local control and overall survival in pilot LAPC trial (n=42)
- Preparing to initiate randomized Phase 2b trial in pancreatic cancer
- Randomized Phase 1/2 trial ongoing in NSCLC

Planning US Launch

Galera is building a commercial team for the US Launch

- 65,000 head & neck cancer patients diagnosed annually in the US
- 4,000 radiation oncologists in ~2,500 radiotherapy sites in US
- Galera's quantitative market research reached ~5% of US Rad Oncs



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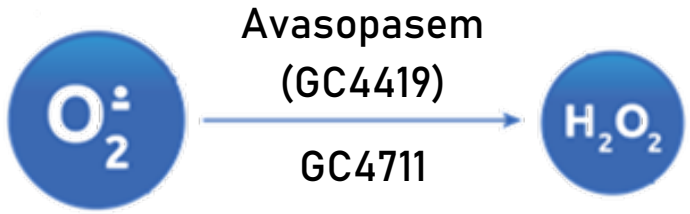
Dismutase Technology

Unique Technology

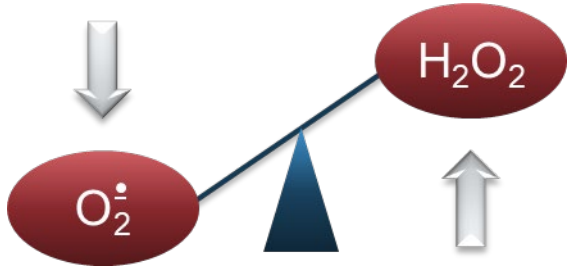
Dismutase Mimetics

Small Molecule Enzyme Mimetics

- Mimic human superoxide dismutase (SOD) enzymes
- Rapidly convert superoxide ($O_2^{\bullet-}$) to hydrogen peroxide (H_2O_2)



Shifts balance in normal & cancer cells from superoxide to hydrogen peroxide

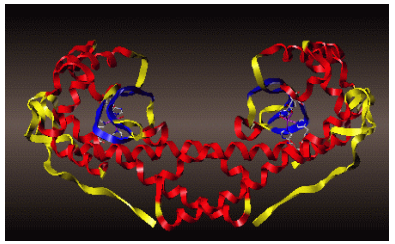


Galera's Dismutase Mimetics

Native SOD Enzymes

Native SOD Enzymes

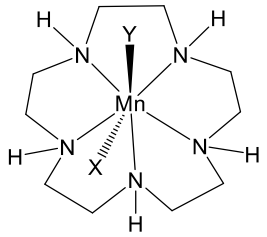
- Overexpression reduces RT toxicity
- Large size, immunogenicity & short half-lives limit bioavailability
- Inactivation/inhibition by reactive oxygen species



Small Molecule Mimetics

Challenge: suitable small molecule dismutase mimetics

- Fast catalytic rates & high selectivity for superoxide
- Firmly hold manganese in macrocyclic ring
- Stable, safe & suitable for manufacturing



Dismutase Mimetics Core Structure
Pentaaza Macrocycles

Small Molecule Dismutase Mimetics with Attractive Drug Characteristics

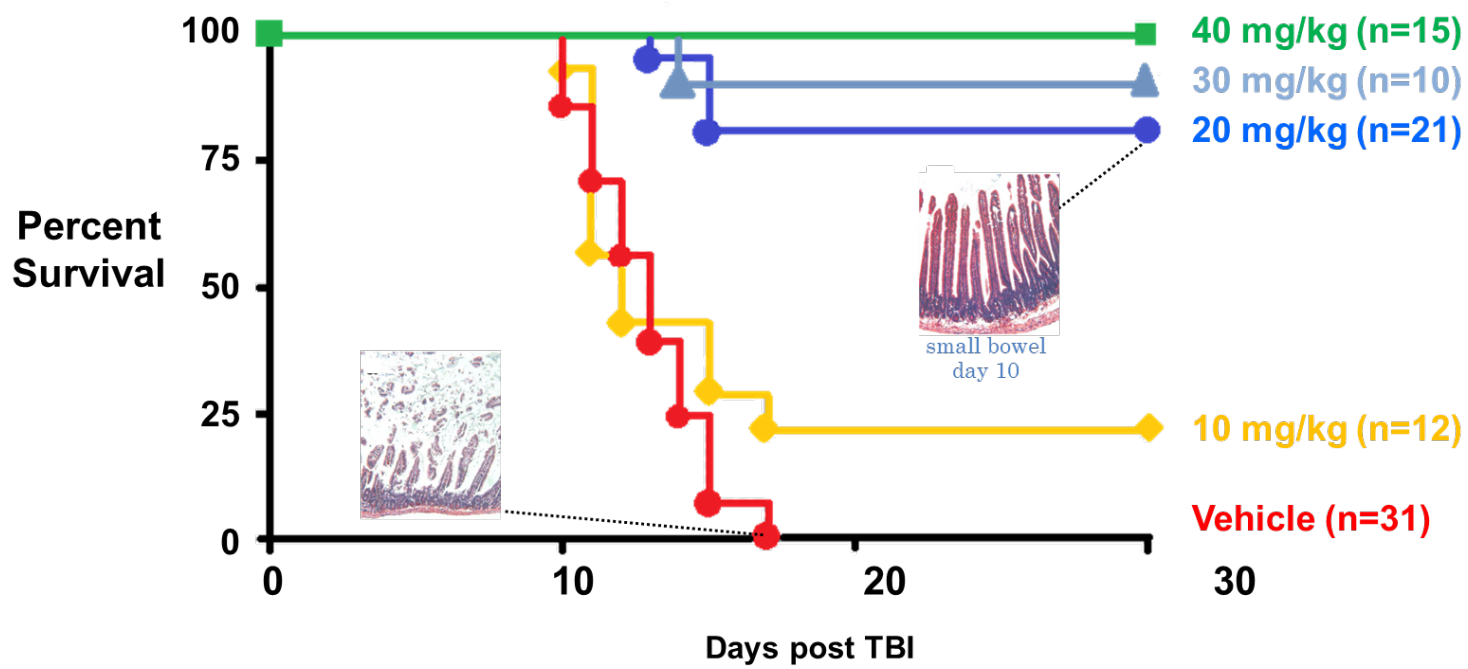
Speed	Selectivity	Stability	Safety	Synthesis
Comparable to native SODs ($2x10^7$ molecules per sec)	Interact with superoxide alone, not other reactive oxygen species	Firmly hold Mn atom in macrocyclic ring	Well-tolerated preclinically and clinically	Efficient & cost-effective manufacturing process

Dismutase Mimetics Reduce Radiation Toxicities

Reduce Radiation Mucositis

Lethal dose of Total Body Irradiation (8.5 Gy) to mice

- 100% death on control, 100% survival with 40mg/kg
- Main cause of death was intestinal mucositis



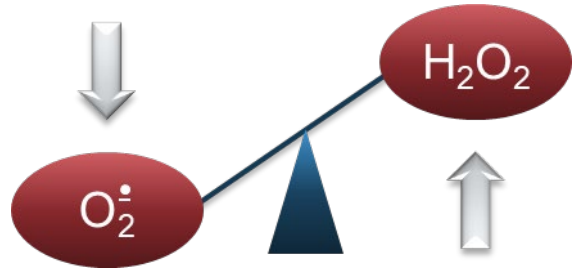
Thompson, et al., Free Radical Research, 44(5):529-540, 2010
Galera internal data

Dismutase Mimetics Increase Anti-Cancer Efficacy with High Fraction-Dose RT in Preclinical Models

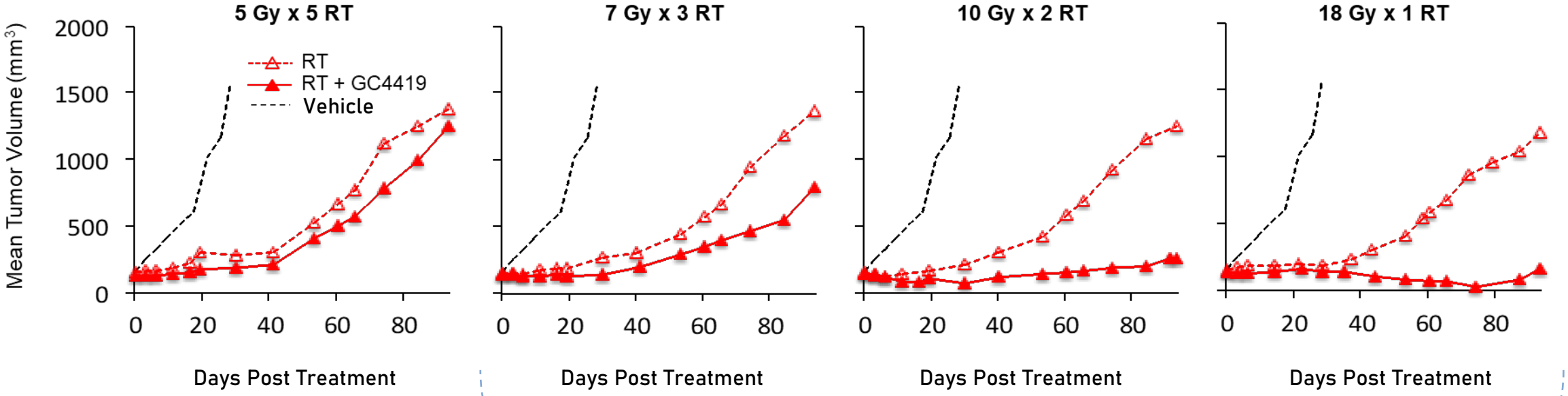
Increase Radiotherapy Efficacy

Focal irradiation of human tumor xenografts (H1299 NSCLC) in mice

- RT anti-cancer synergy of GC4419 increases with bigger RT fractions
- Bigger fraction → More $O_2^{\bullet}$ → More H_2O_2
- Also demonstrated with human pancreatic cancer xenografts



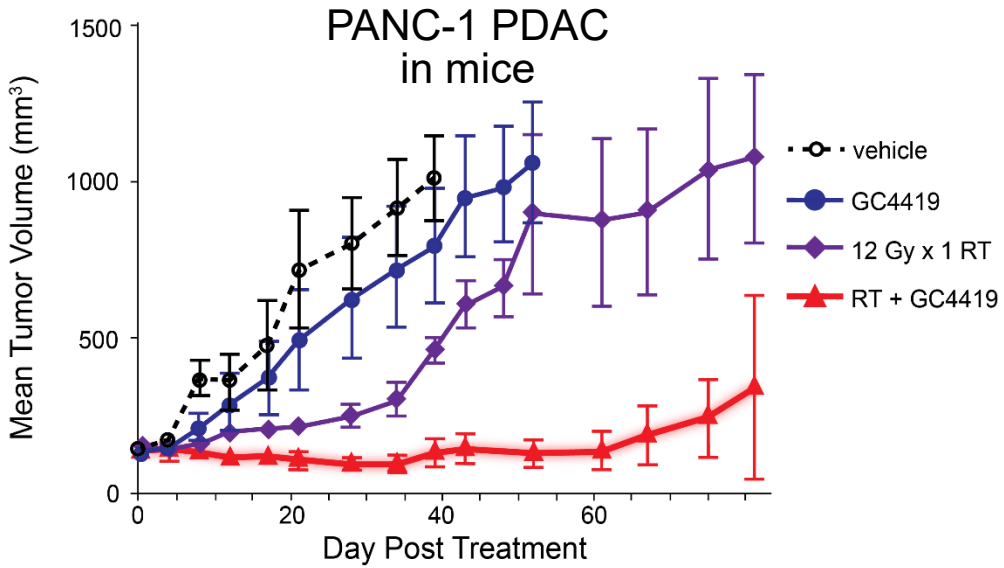
RT with Biological Equivalent Doses



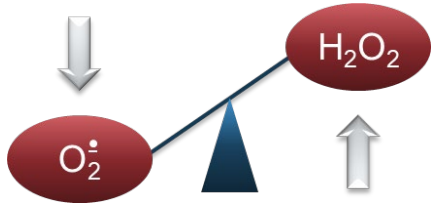
SBRT
Stereotactic Body Radiation Therapy

Courtesy of M Story (UTSW)

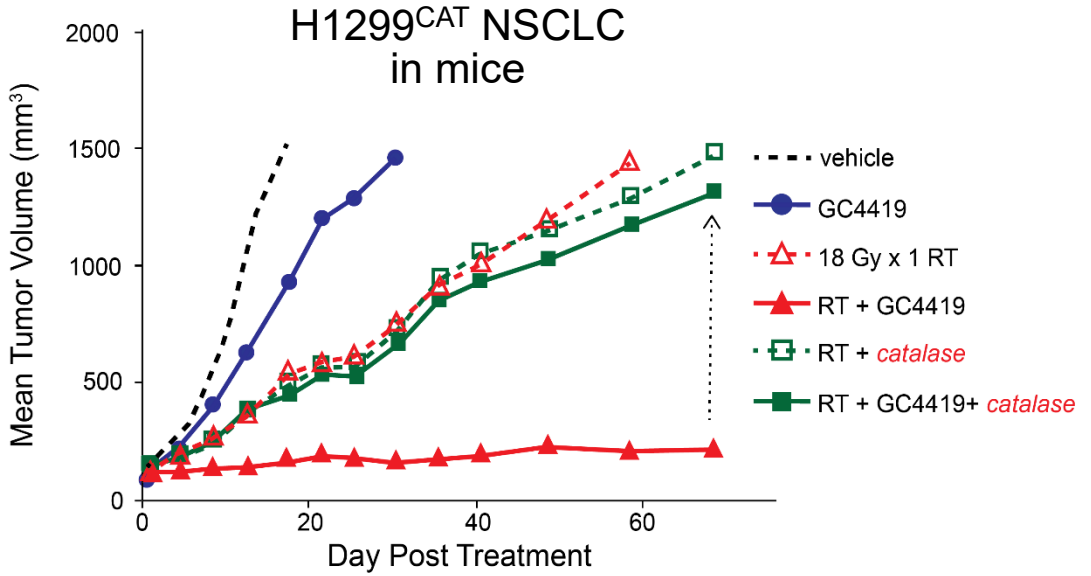
…Increasing Anti-Cancer Efficacy via H_2O_2



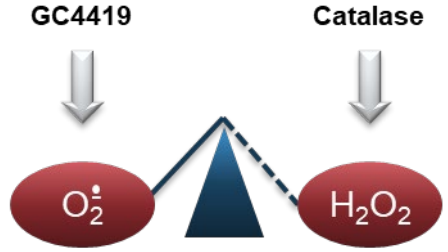
Larger RT fraction → more $O_2^{\cdot-}$
Dismutase Mimetics → more H_2O_2



Genetically modified H1299 tumor with doxycycline-inducible catalase



Tumor tissue H_2O_2 reduced when doxycycline added, losing the synergy



Sishc, et al, AACR Pancreatic Cancer, 2019
Sishc et al, AACR, 2018

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Reducing Toxicity of IMRT – Clinical Data

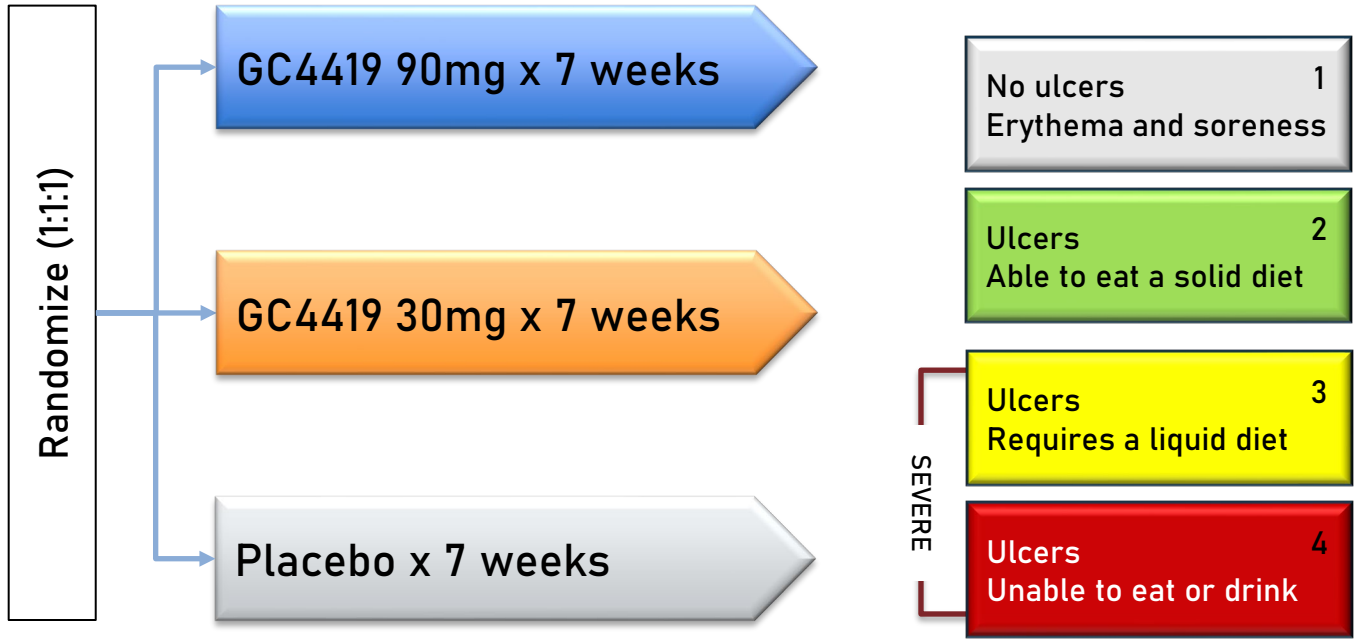
(Intensity Modulated Radiotherapy)

GT-201: 223-Patient Randomized Phase 2b OM Trial

Supportive trial to the ROMAN Phase 3 for the NDA

Trial Design

Treatment	• Avasopasem (GC4419) 90mg, 30mg, or placebo • 60 minute IV infusion, Mon-Fri. • Ending <60 mins pre-RT
Population	• Patients with HNC • Locally-advanced, squamous cell • Eligible for SoC – 7 weeks IMRT + cisplatin
Stratification Factors	• Tumor HPV Status: positive or negative • Cisplatin Schedule: q3wks or weekly
Endpoints	• Primary – Reduction in median duration of SOM – WHO Grades 3 & 4
	• Secondary – Reduction in incidence and severity of SOM at pre-specified timepoints • Exploratory – Time to SOM onset
	• Tumor outcomes (2 year follow-up) • Locoregional control, distant mets, PFS, OS



Anderson et al, JCO, 2019

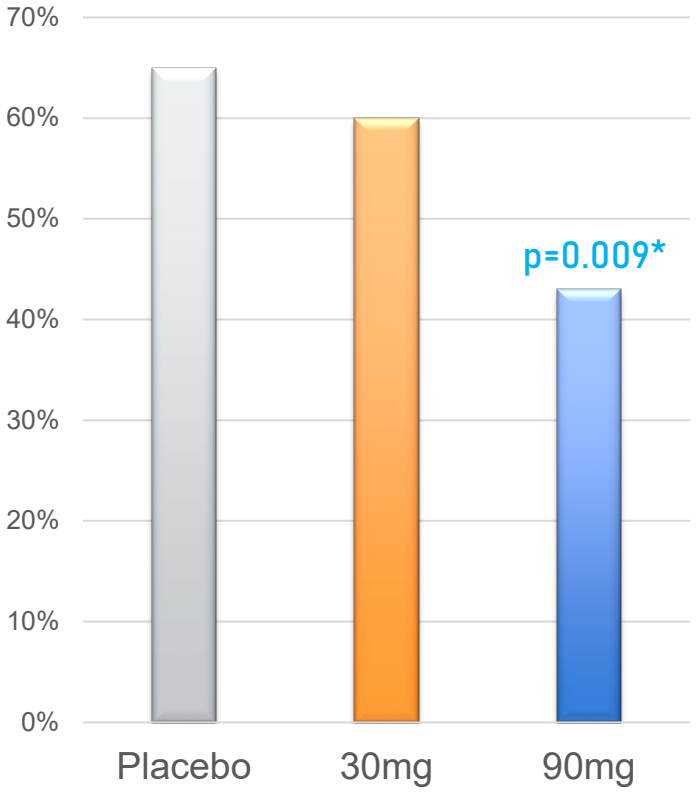
Consistent Efficacy Across All SOM Parameters

And consistent dose response: 90mg > 30mg

INCIDENCE

34% Reduction through all RT

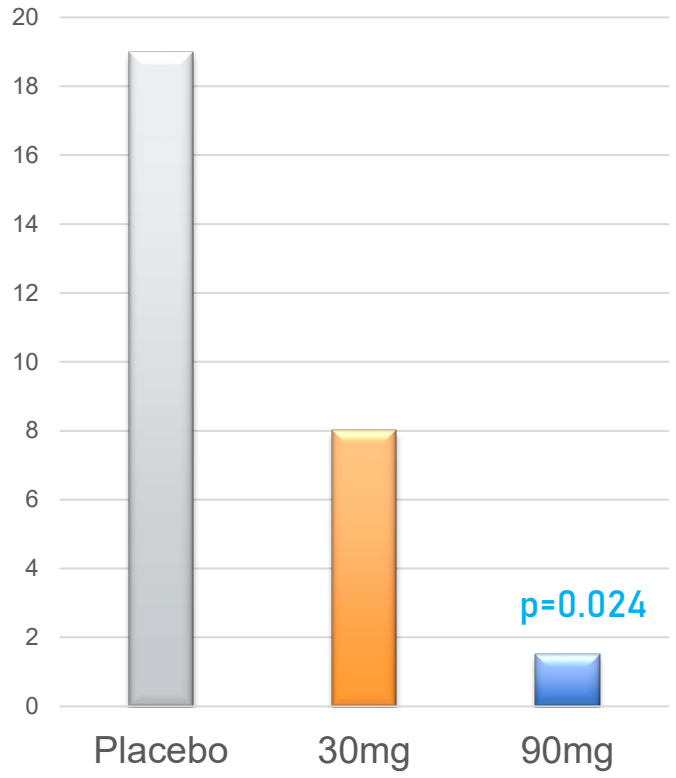
90 mg vs. Placebo



DURATION

92% Reduction in median days of SOM

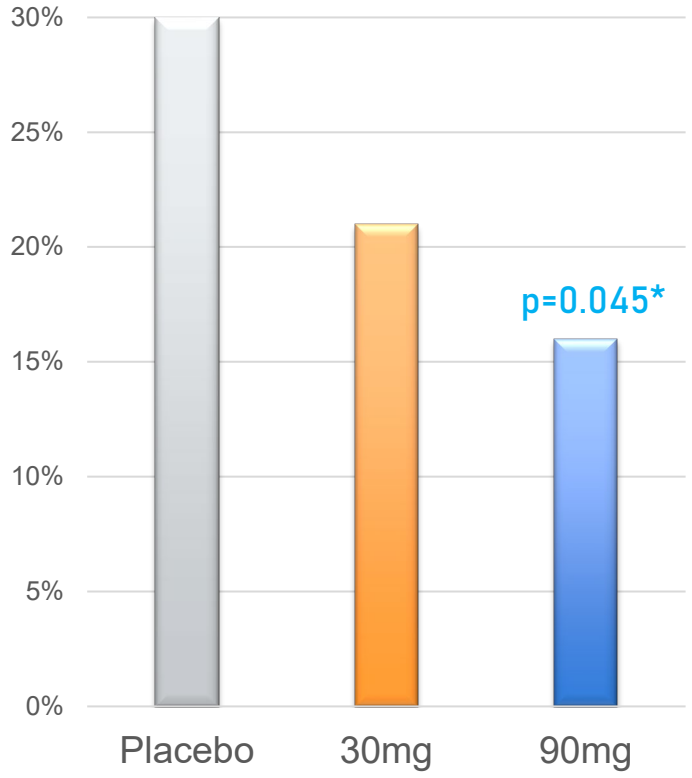
90 mg vs. Placebo



SEVERITY

47% Reduction in Incidence of Grade 4 OM

90 mg vs. Placebo



Primary endpoint was duration - defined as # days from 1st occurrence of grade 3 or 4 SOM until the 1st event of grade 2 or less (there being no subsequent grade 3 or 4 events.)

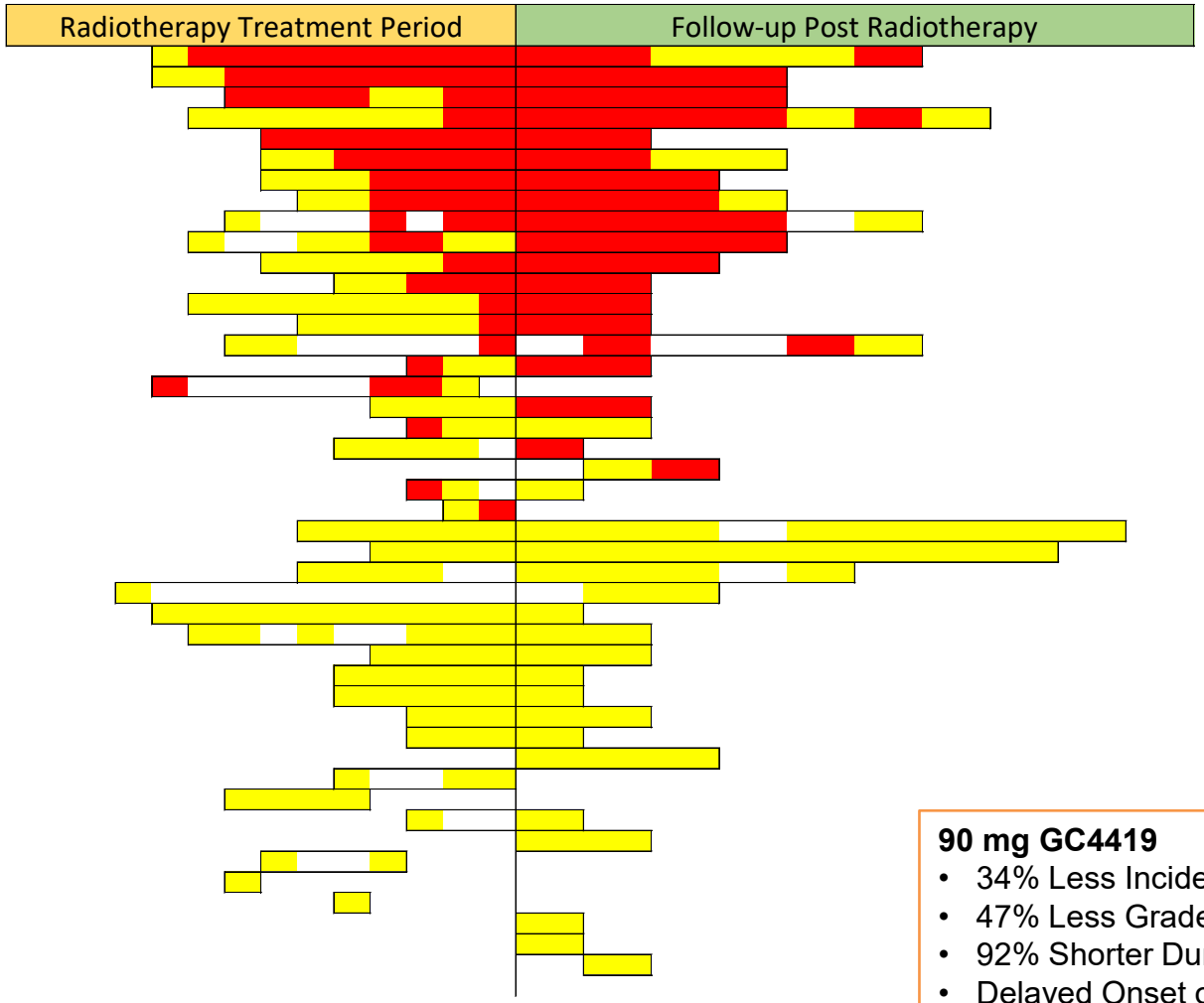
**Secondary endpoints (incidence and severity) have nominal p values compared to placebo*

ITT = Intent-To-Treat population (n=223)

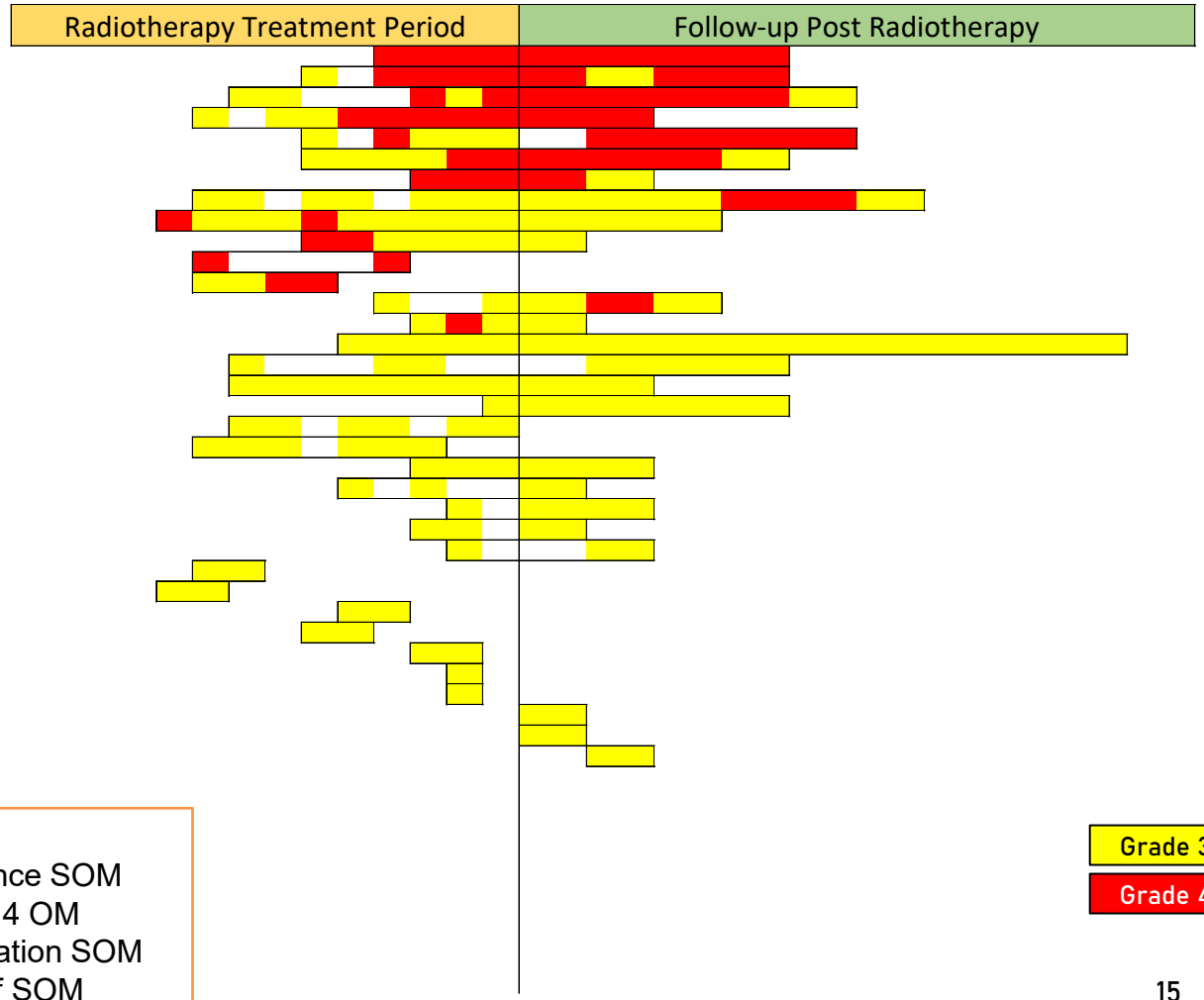
Efficacy Parameters Better on 90mg arm Compared to Placebo

Swimmers plot: each patient who developed at least one SOM episode is represented by a row

PLACEBO Arm (45 of 74 Pts had ≥1 visit with SOM)



90MG Avasopasem (GC4419) Arm (35 of 76 Pts had ≥1 visit with SOM)



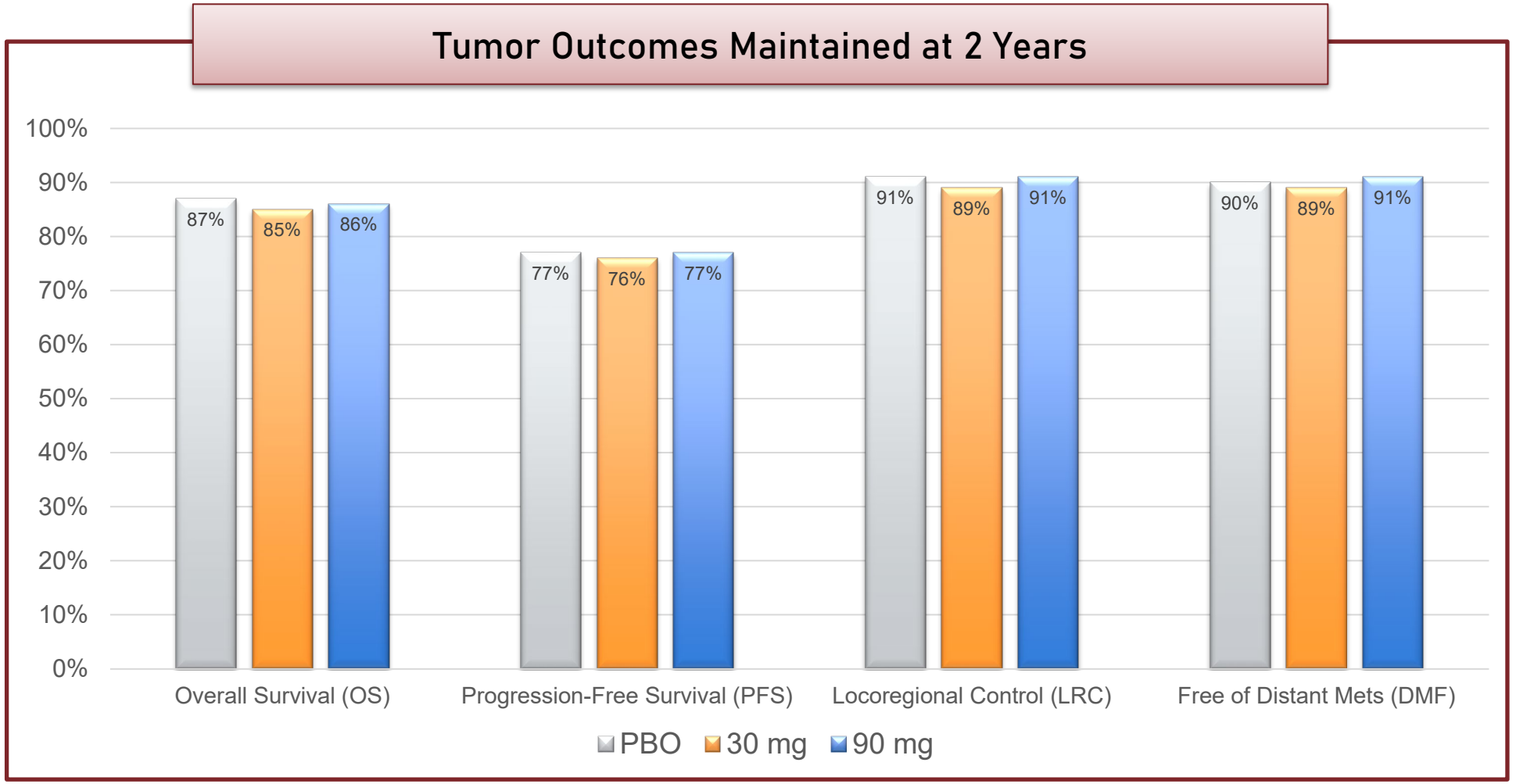
90 mg GC4419

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

Grade 3

Grade 4

Tumor Outcomes Maintained - 2 year follow-up

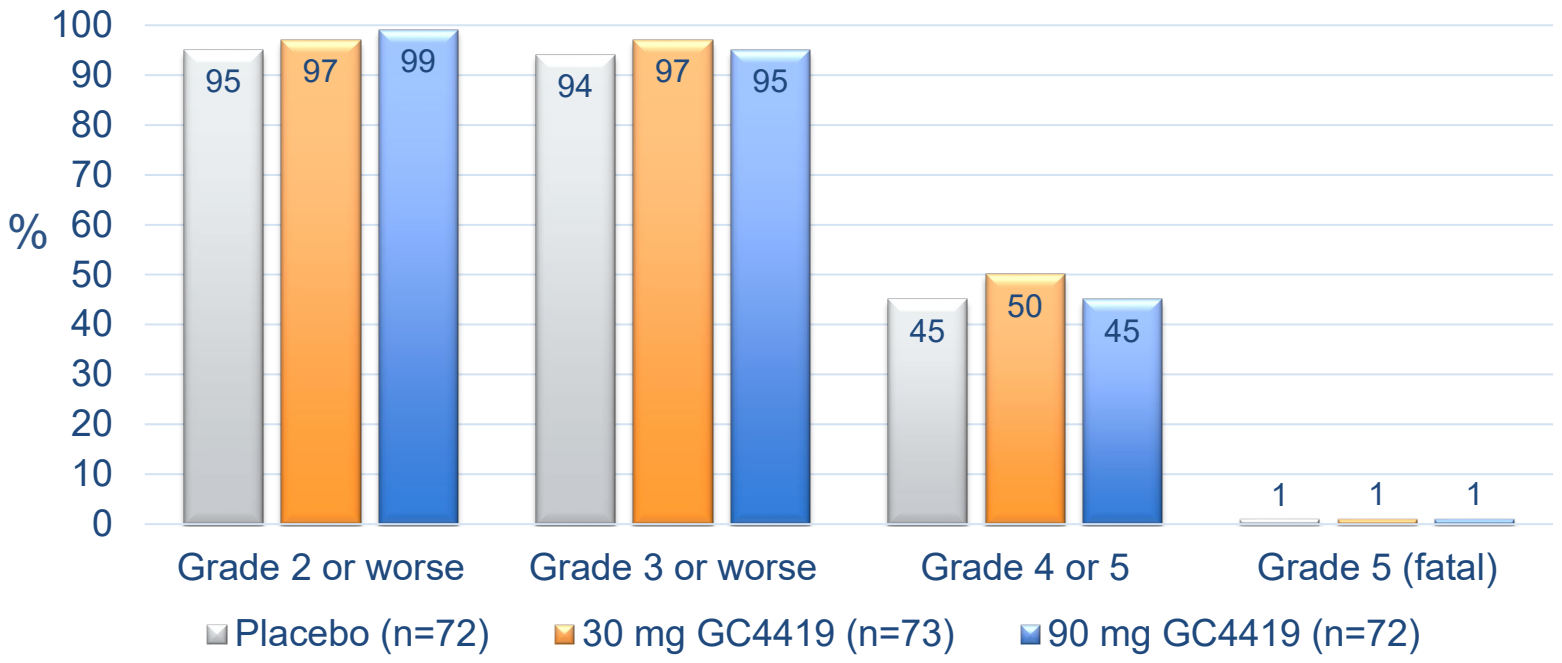


Final ITT Analysis

OS = Overall Survival, PFS = Progression-Free Survival, LRC = LocoRegional Control, DMF = Free of Distant Metastases

Safety Summary – Rand. Phase 2b Trial

Safety Profile of Both Avasopasem (GC4419) Doses Comparable to Placebo



Avasopasem (GC4419) was well tolerated at both doses

Most frequent AE's are those expected with SoC cisplatin – RT regimen

Most Frequent AEs (any grade)	Placebo (n=72)	30 mg GC4419 (n=73)	90 mg GC4419 (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 et al, JCO, 2019

GT-301: The ROMAN Trial – Phase 3 Confirmatory Trial Enrolling

Reduction in Oral Mucositis with Avasopasem Manganese (GC4419)

Trial Design (n≈450 pts)

Treatment	• Avasopasem (GC4419) 90mg or placebo • 60 minute IV infusion, Mon-Fri • Ending <60 mins pre-RT
Population	• Patients with Head & Neck Cancer • Locally-advanced, squamous cell • Eligible for SoC – 7 weeks IMRT + cisplatin
Stratification Factors	• Surgery Status: post-op or definitive • Cisplatin Schedule: q3wks or weekly
Endpoints	• Primary – Reduction in incidence of SOM – WHO Grades 3 & 4
	• Secondary – Reductions in severity of SOM and number of days of SOM experienced • Tumor outcomes[1] – LRC, DM-free, PFS, OS

Randomize (3:2)

- GC4419 90mg x 7 weeks
- Placebo x 7 weeks

WHO Grading Scale

1. No ulcers
   Erythema and soreness
2. Ulcers
   Able to eat a solid diet

SEVERE

3. Ulcers
   Requires a liquid diet
4. Ulcers
   Unable to eat or drink

[1] LRC = locoregional control, DM-free = free of distant mets, PFS = Progression-Free Survival, OS = Overall Survival

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Increasing SBRT Efficacy – Clinical Data

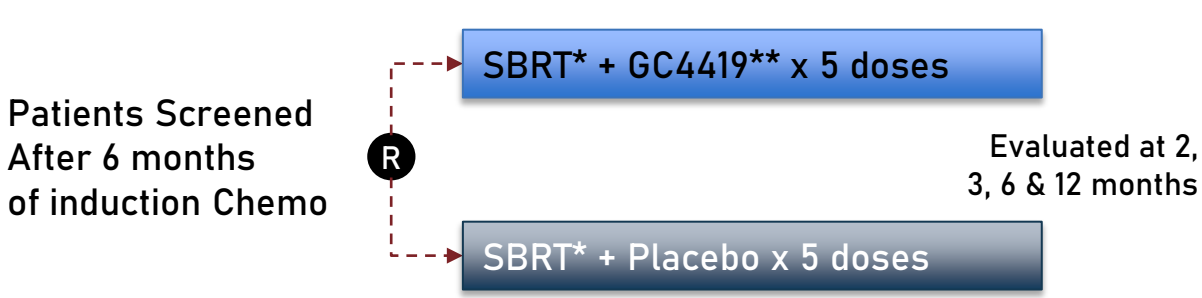
(Stereotactic Radiotherapy)

GC4419 + SBRT Pilot Phase 1/2 in Pancreatic Cancer

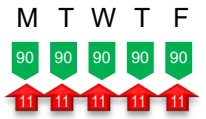
SBRT Combo Pilot Trial

Double-blind, Placebo-controlled, Randomized Adaptive Trial

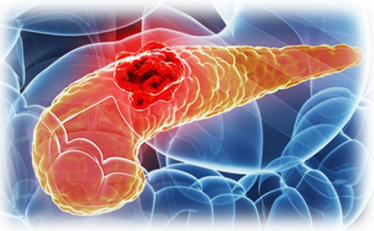
- Enrollment of maximum of 24 patients on each arm (LO-ET[1] design)
- Primary objective is recommended dose of SBRT with GC4419 or placebo
- Secondary objectives include OS, PFS, local control, DM rate, ORR and surgical resectability



***SBRT** Dose Selected by LO-ET Method on both arms



****GC4419** 60min IV
90mg x 5 doses

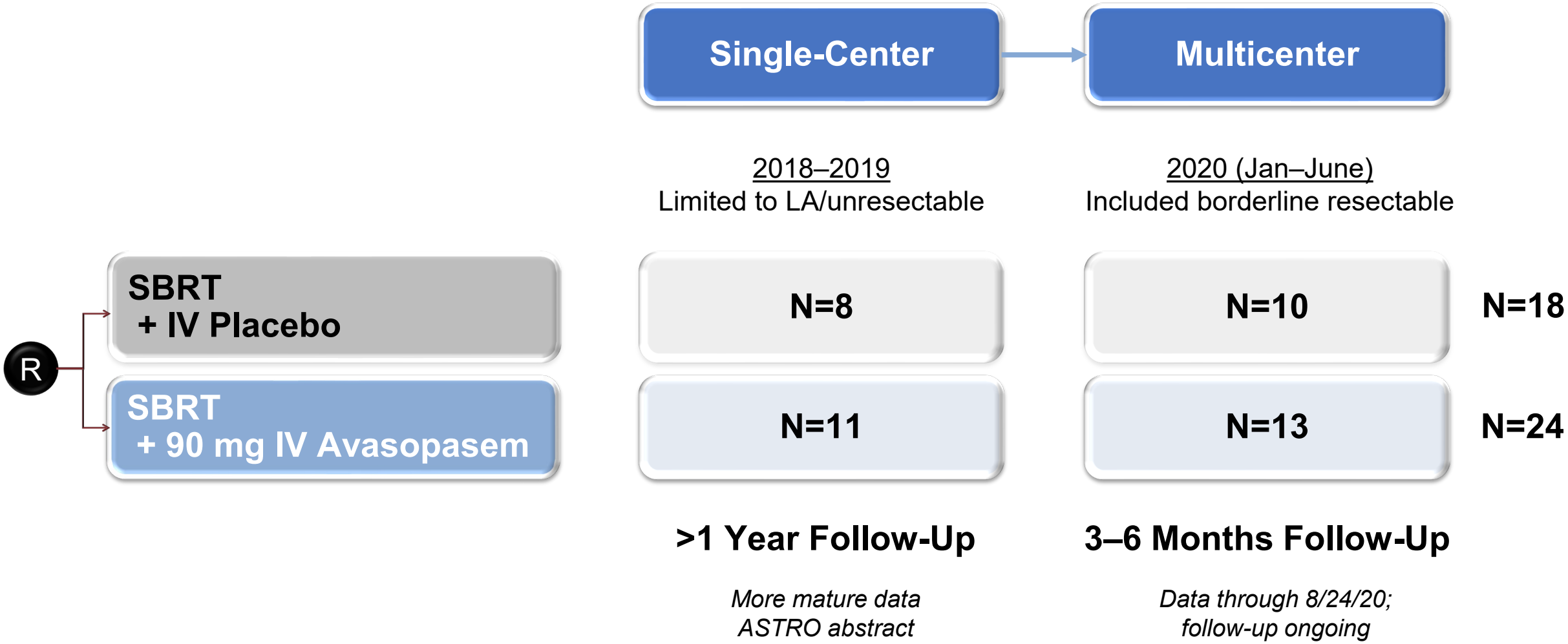


SBRT = Stereotactic Body Radiation Therapy; OS = Overall Survival; PFS = Progression-Free Survival; ORR = Overall Response Rate; DM = Distant Detastasis;
[1]LO-ET = Late-Onset Efficacy-Toxicity (Jin IH, Liu S, Thall PF, Yuan Y. J Am Stat Assoc 2014;109:525-36)

Baseline Characteristics

	Placebo (n=18)	Avasopasem (n=24)
Median age (range), yrs	68 (48–82)	72 (41–83)
Male/Female	7/11	16/8
Borderline resectable/Locally advanced	2/16	7/17
Performance status 0/1/2	9/9/0	12/11/1
Prior chemotherapy duration median (range), wks	21.9 (12.0–36.3)	17.9 (9.1–67.1)
CA19-9 at randomization, median (range)	26.25 (0.5–2186)	28.5 (0.3–70)
Smokers/Nonsmokers	3/15	2/22

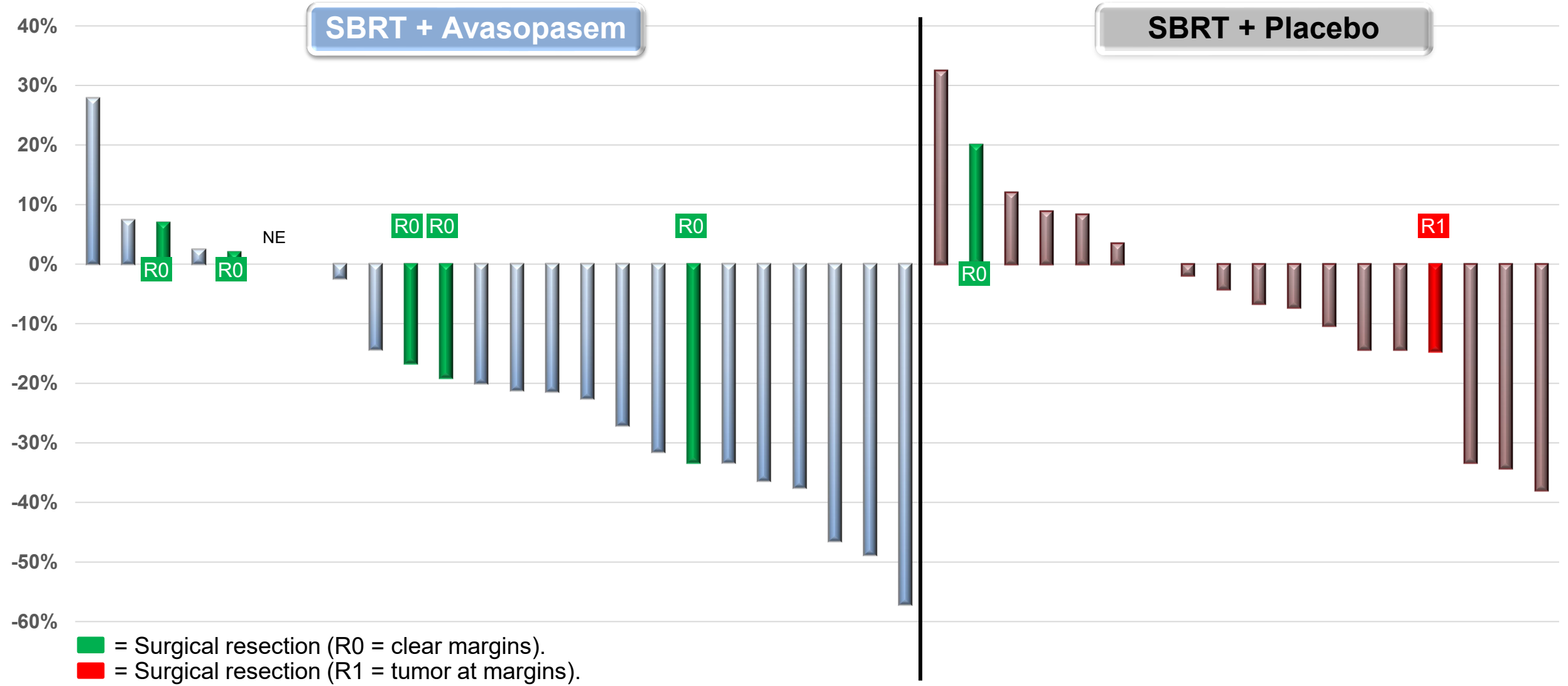
Timeline – Pilot Trial in Pancreatic Cancer



IV = intravenous; LA = locally advanced; SBRT = stereotactic body radiation therapy.

Best Response from Baseline Tumor in SBRT Field

Data through August 24, 2020; follow-up ongoing



= Surgical resection (R0 = clear margins).
= Surgical resection (R1 = tumor at margins).
NE = not evaluable.

Patients Who Underwent Resection Post SBRT
Surgical Decision Based on Multiple Factors (n=7)

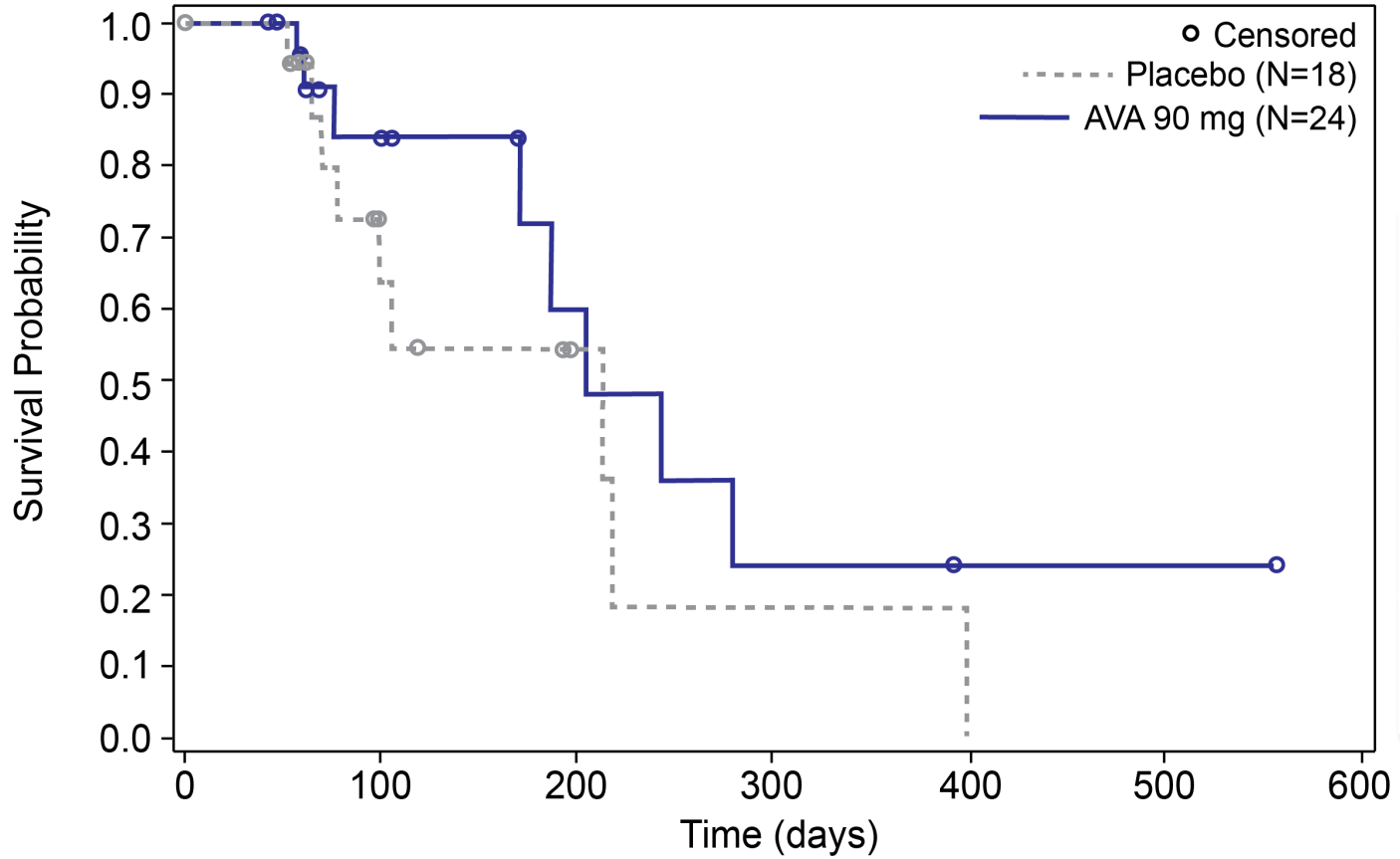
Treatment SBRT Arm	Initial Tumor Staging LA or BR		Margins Post Resection R0/R1		Histopath Analysis Post Resection		
Avasopasem (n=5)	LA		R0		**pCR**		
		BR	R0				pPR
		BR	R0				pPR
		BR	R0				pPR
	LA		R0				pPR
Placebo (n=2)		BR	R0				pPR
	LA			R1		pNR	

- No significant perioperative complications after SBRT for all 7 patients

AVA/PBO = avasopasem or placebo arm; LA/BR = locally advanced or borderline resectable; pCR/pNR/pPR = pathological complete, near, or partial response; R0/R1 = resectable results: R0 = clear margins; SBRT = stereotactic body radiation therapy.

Progression-Free Survival From Randomization (N=42)

Kaplan-Meier Analysis of PFS by Treatment (ITT)—Resected Patients Censored at Time of Surgery



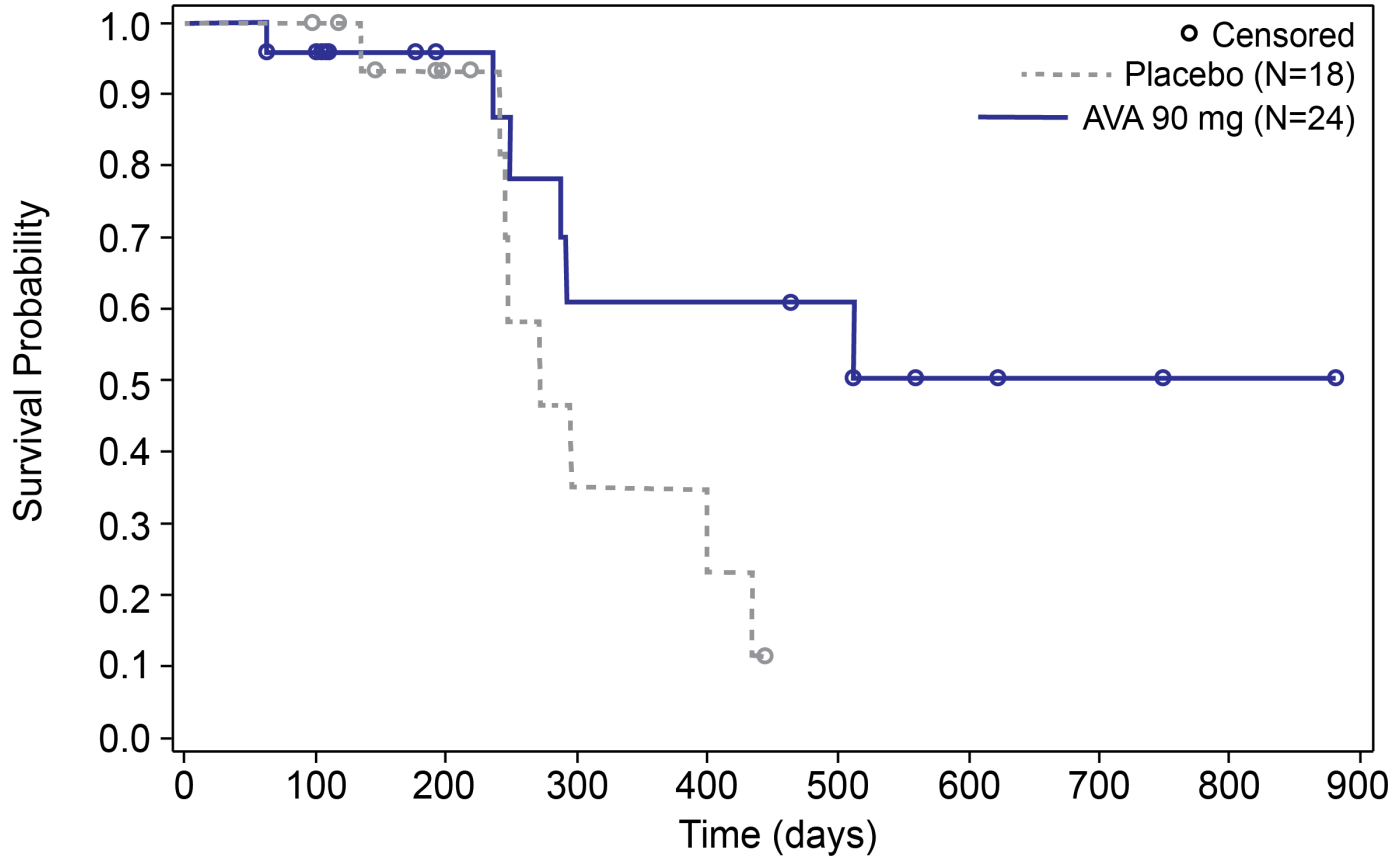
Number of Patients at Risk

Placebo	18	8	3	1	0		
AVA 90 mg	24	12	5	2	1	1	0

	Placebo (n=18)	Avasopasem (n=24)
Median PFS (wks)	30.6	29.3
P value (log-rank)	0.2852	
Hazard Ratio (95% CI)	0.6 (0.23–1.56)	

Overall Survival From Randomization (N=42)

Kaplan-Meier Analysis of OS by Treatment (ITT)



Number of Patients at Risk

Placebo	18	16	9	3	2	0				
AVA 90 mg	24	21	11	7	7	6	3	2	1	0

	Placebo (n=18)	Avasopasem (n=24)
Median OS (wks)	38.7	NR
P value (log-rank)	0.0643	
Hazard Ratio (95% CI)	0.4 (0.12–1.11)	

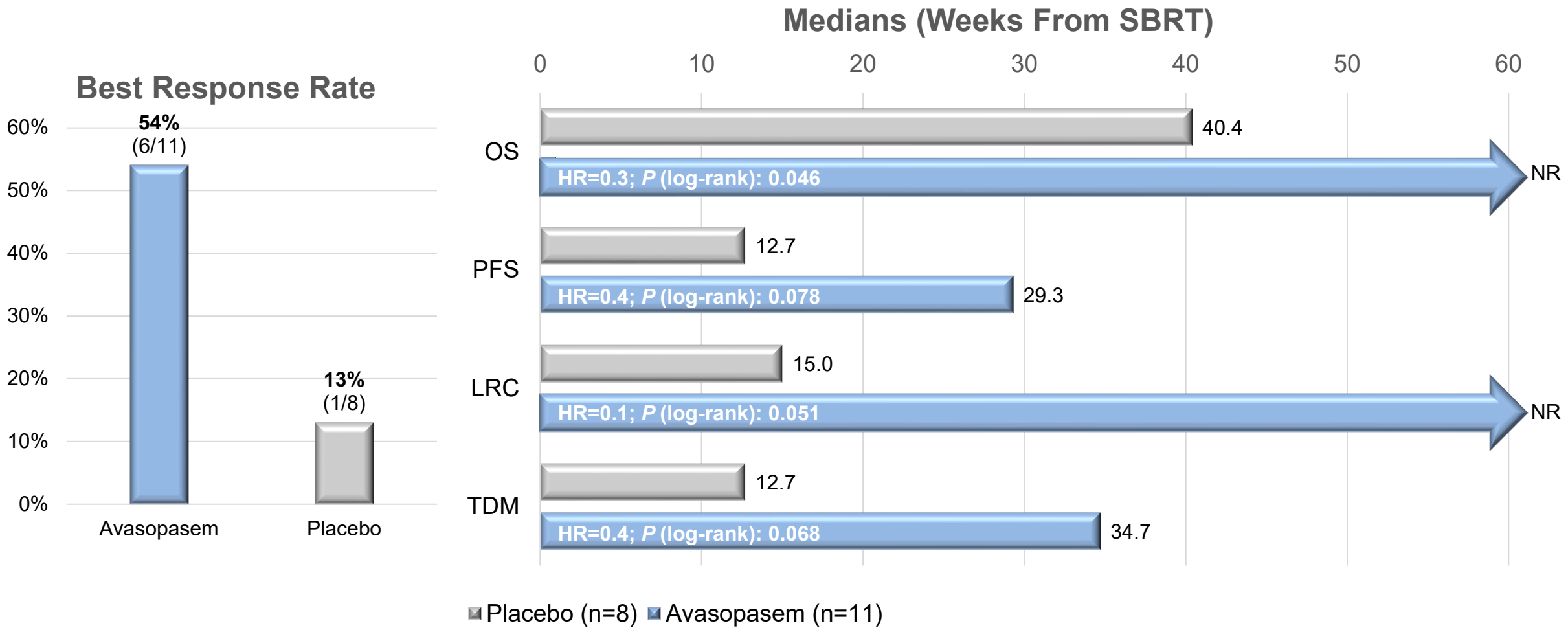
Grade 3+ Adverse Events
All Causalities

	Placebo (n=18)	Avasopasem (n=24)
Acute Adverse Events (up to 90 days post SBRT)		
• Any acute Grade 3+ AEs, n (%)	4 (22)	6 (25)
• Grade 3 or greater acute GI toxicity[a]	2 (11)	2 (8)
• Total number of Grade 3+ acute AEs	5	8
Late Adverse Events (91 days–1 year post SBRT)		
• Any Grade 3+ AEs, n (%)	5 (28)	7 (29)
• Total number of Grade 3+ late AEs	12	10

[a]No bleeding ulcers by 12-week endoscopy.

AE = adverse event; GI = gastrointestinal.

Efficacy Endpoints for Patients Followed for >1 year
(ITT, n=19)

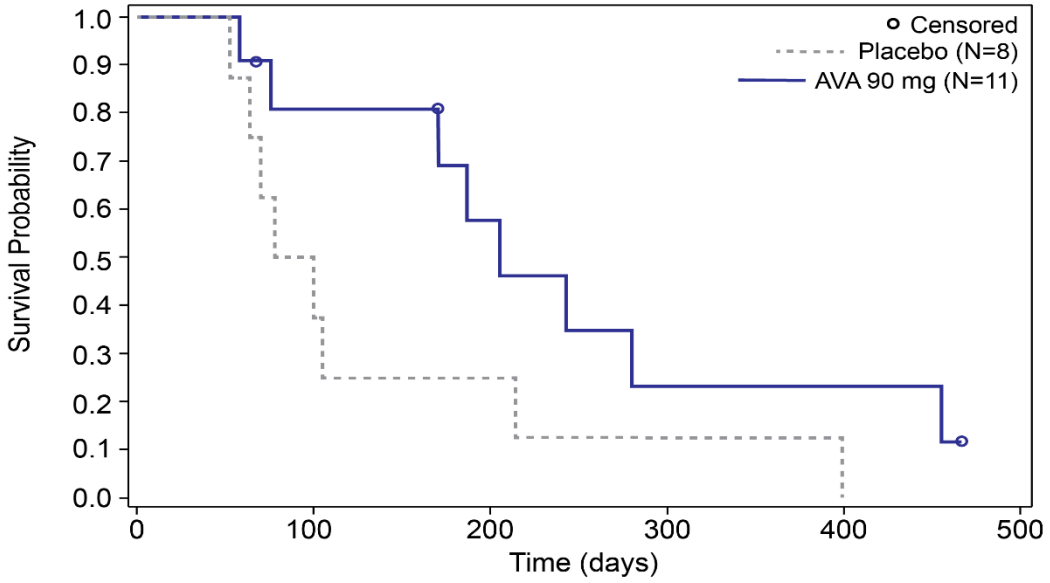


HR = Hazard ratio; LRC = locoregional control; OS = overall survival, PFS = progression-free survival, TDM = time to distant metastases.

Kaplan-Meier Analysis for Patients Followed for >1 Year

Kaplan-Meier Analysis by Treatment (ITT, n=19)

Progression-Free Survival (PFS)

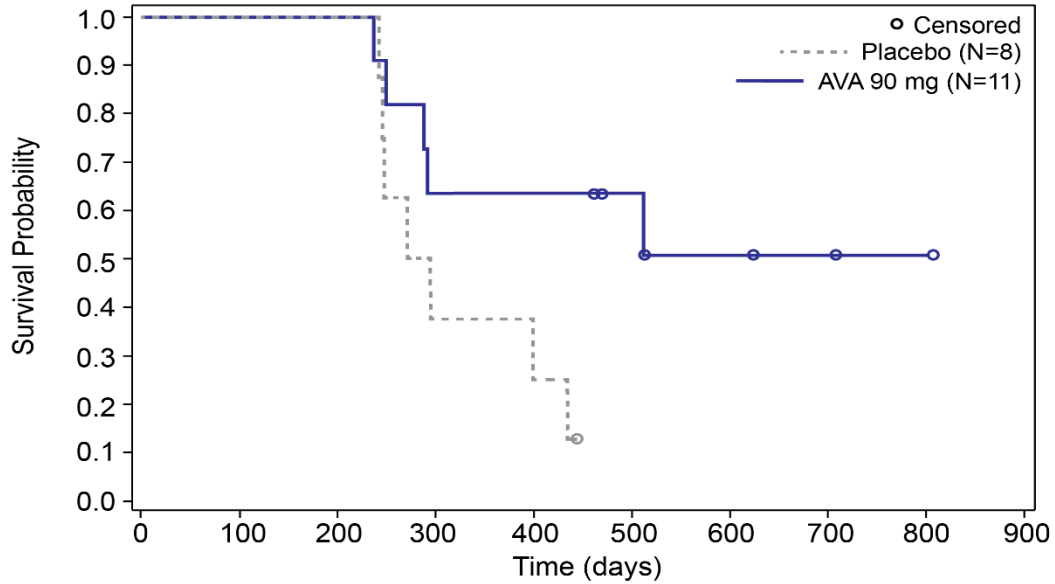


Number of Patients at Risk

Placebo	8	4	2	1	0	
AVA 90 mg	11	8	5	2	2	0

Log Rank *P* value = 0.078

Overall Survival (OS)



Number of Patients at Risk

Placebo	8	8	8	3	2	0				
AVA 90 mg	11	11	11	7	7	5	3	2	1	0

Log Rank *P* value = 0.0463

GRECO-1 Trial: GC4711 + SBRT Combination in NSC Lung Cancer

GC4711

GC4711 – SBRT Clinical Candidate

- Same mechanism of action as avasopasem (GC4419), with IV & oral forms
- NCE with new IP & lyophilized drug product
- Completed 14-day Phase 1 in healthy volunteers: 15-minute infusion

NSCLC

Non-Small Cell Lung Cancer (NSCLC)

- Leading cause of cancer death in US – 142,670 deaths in 2019[1]
- SBRT commonly used for smaller peripheral tumors
- Lung toxicity limits use in larger or centrally-located tumors

Pilot Study

Phase 1/2 in NSCLC with GC4711 + SBRT

- 1st Stage: 5 fractions of SBRT +/- GC4711
- 2nd Stage: 5 fractions of SBRT + checkpoint inhibitor +/- GC4711
- Endpoints include safety, acute pneumonitis (DLCO[2]) & PFS

[1] 2019 SEER Data

[2] DLCO = diffusing capacity of the lung for carbon monoxide

Galera Therapeutics, Inc

Commercial Considerations

Large Commercial Opportunity Addressing Clear Unmet Need

Galera Therapeutics, Inc

220 Rad Oncs in market research

5% of Rad Oncs

Galera's quantitative market research to date includes ~5% of US radiation oncologists

Supports significant, rapid uptake[2]

SOM clear unmet need

70% get SOM

Rad Oncs report severe oral mucositis is most burdensome side effect of HNC RT treatment

70% of patients get SOM (Grades 3 & 4) with standard-of-care RT & 20-30% get Grade 4

SOM common & costly

~$32,000

Current approaches inadequate – while frequently used, only 1 in 5 believe they are useful

Patients with OM incur ~$32,000 more in medical expenses in first 6 months from start of RT

OM data representative for all mucositis

4,000 Rad Oncs

~2,500 radiotherapy sites in US
~60% of patients are treated in ~500 centers[1]

Market research suggests rad oncs view OM data as representative of efficacy in esophagitis

Targeted salesforce In U.S.

~40 Reps

Focused commercial infrastructure

Evaluating options for commercialization outside U.S.

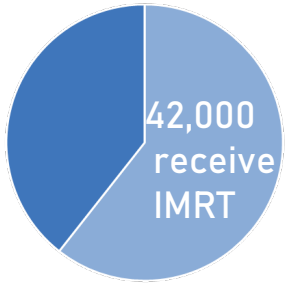
Rad Oncs = Radiation Oncologists, SOM = Severe Oral Mucositis

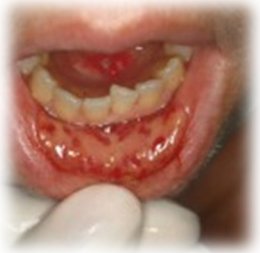
[1] Medicare Claims Analysis by Galera in 2019 [2] Hypothetical Product X for SOM with a similar profile to avasopasem Phase 2b results

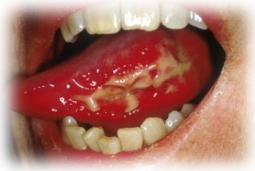
Oral Mucositis in HNC – Large Unmet Medical Need

SOM and Head & Neck Cancer

- ~65,000 new HNC patients in US/Year
- ~65% get IMRT & cisplatin as standard-of-care
- ~70% of patients get SOM (can't eat)
- ~20-30% get Grade 4 (can't eat or drink)
- No approved drug available







Can Have Devastating Complications

- **Dehydration & Malnutrition**
  Often requiring PEG tube feeding
- **Pain**
  Often severe pain requiring opioids
- **Treatment interruption**
  Each week of treatment delay decreases tumor control by >10%
- **Increased economic burden**
  OM Dx → ~$32,000 in additional medical expenses in first 6 months from RT start

WHO Grading Scale

1	No ulcers Erythema and soreness
2	Ulcers Able to eat a solid diet
3	Ulcers Requires a liquid diet
4	Ulcers Unable to eat or drink

SEVERE

Current Treatments

MASCC / ISOO Guidelines for HNC OM

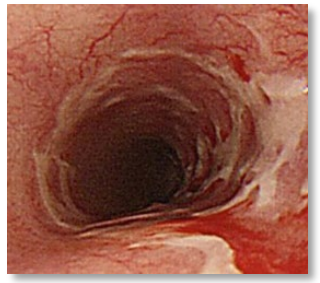
Treatment Approach	Recommended for HNC OM due to RT?
Basic oral care	✓
Anti-microbials, coating agents, anesthetics, & analgesics (0.2% morphine mouthwash)	✓
Anti-inflammatories, benzydamine	?
Low level laser & other light therapy	?
Cryotherapy for 5-FU chemotherapy	✗
Natural & other agents	✗

RT-related Mucositis Beyond Head and Neck Cancer

Mucositis of Esophagus

Radiotherapy-related Esophagitis in Lung Cancer

- SOM efficacy seen by radiation oncologists as supportive for esophagitis[1]
- ~50,000 lung cancer patients are treated with RT, 50% get ≥ Grade 2 esophagitis[2]
- Effects: inability to swallow, severe pain, ulceration, bleeding & hospitalization

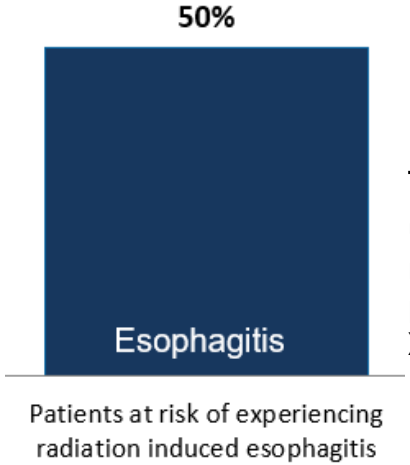


Compendial Listing

Phase 2 to support Compendial Listing post-Approval for SOM

- Single-arm Phase 2a trial in 60 patients w/ locally-advanced lung cancers
- Standard IMRT to ≥ 5 cm of esophagus (30 fractions, 2Gy/day x5 for 6 weeks)
- Post approval for SOM in HNC, plan to seek compendial listing in U.S.

NCCN National Comprehensive Cancer Network®



Market Research Question
Patients with Other Conditions[1]

Given the demonstrated ability of Product X to prevent radiation-induced toxicities in the oral mucosa, please indicate how you might use (maximum %) Product X for the following radiation associated conditions?

[1]Galera Market Research (150 Radiation Oncologists)
[2] NCI or RTOG grading scales

LAPC - Unmet Medical Need with Limited Treatment Options

Target Treatment Population

Increasing Number of Pancreatic Cancer Patients Diagnosed Each Year

- 57,000 newly diagnosed/year[1]
- 65% of Stage 2: unresectable (UR) or borderline resectable (BR) at Diagnosis
- 85% of Stage 3: UR or BR at Diagnosis

} 18,000 Pts[2]

Novel Therapies Needed

First Line Treatment is Induction Chemotherapy for Over 80% of Patients[2]

- FOLFIRINOX or Gemcitabine/Abraxane most commonly used[3]
- 60% of patients fail induction therapy within 12 months[4]
- 60% on FOLFIRINOX develop Grade 3-5 toxicity[4]

SBRT is Accepted Tx Option

NCCN Recommends SBRT for some Patients with Locally Advanced Pancreatic Cancer (LAPC)[5]

- For loco-regional recurrence after surgical resection
- 1st line option for locally advanced cancer
- 1st or 2nd line option after 4-5 months of chemotherapy

[1] 2019 SEER Data [2] Derived from Kantar CancerMPact Treatment Architecture Report, October 2017.
[3] Acta Oncologica, 2015; 54: 979–985 [4] Suker M., Beumer B.R., Sadot E., Marthey L., Faris J.E., Mellon E.A. The Lancet Oncology. 2016;17(6):801–810.
[5] NCCN = National Comprehensive Cancer Network-2019

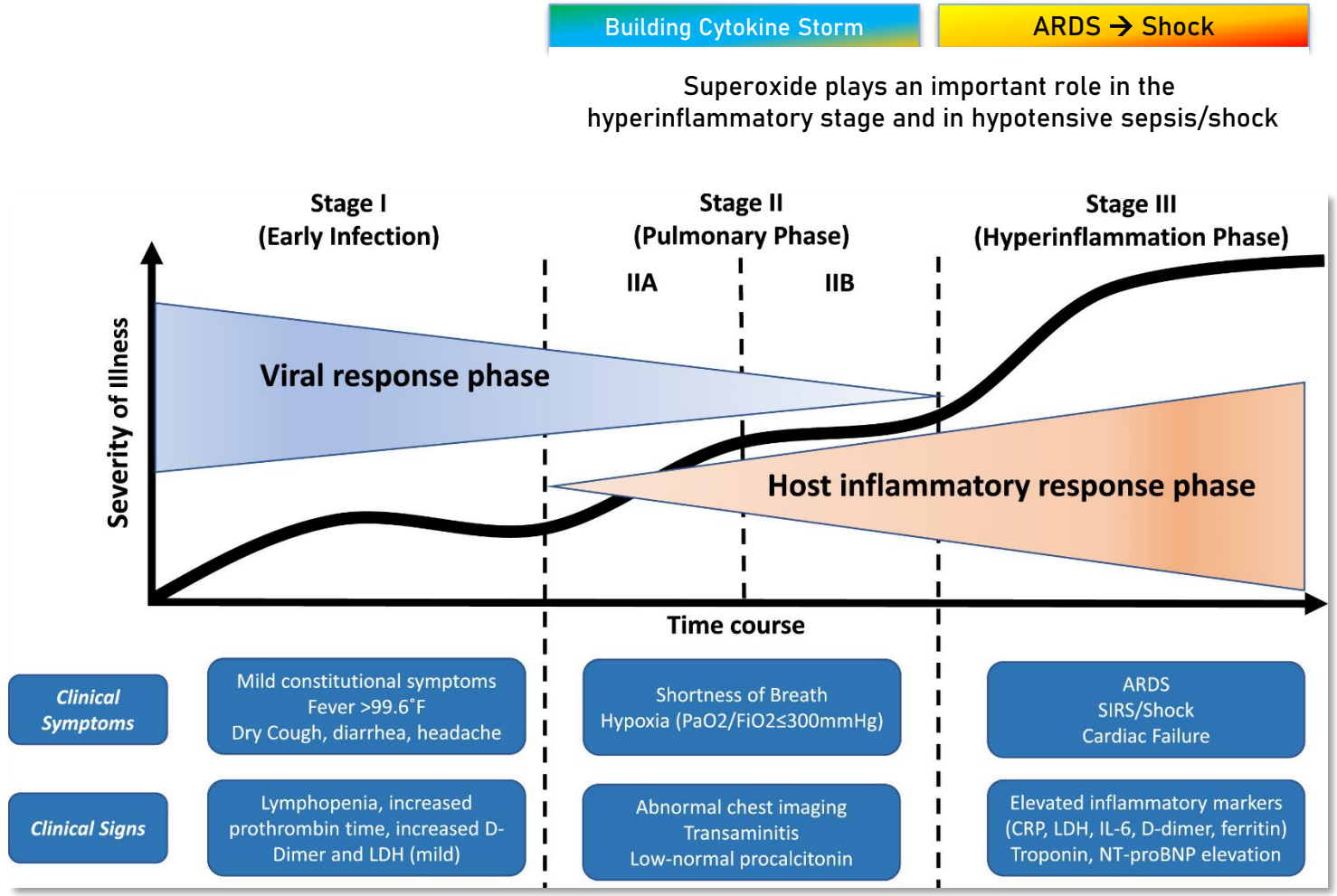
Galera Therapeutics, Inc

COVID-19 Trial

Role of Superoxide in Late Stages of COVID-19 Infection

Superoxide plays a central role in pathophysiology of acute respiratory distress syndrome (ARDS)

- Causes endothelial cell damage & increased microvascular permeability
- Promotes formation of chemotactic factors such as leukotriene B4
- Causes lipid peroxidation and DNA single-strand damage
- Forms peroxynitrite (ONOO-) a potent cytotoxic proinflammatory molecule
- Galera's dismutase mimetics inhibited these effects and inflammatory cytokine production in animal ARDS models & in E. coli LPS-stimulated alveolar macrophages

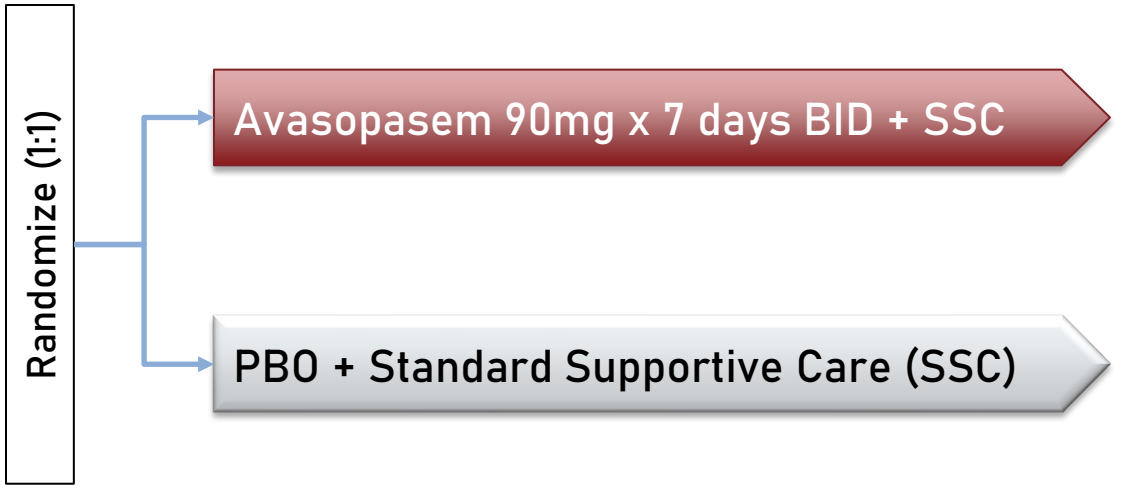


Siddiqi & Mehra, J Heart Lung Transplant, 2020; Salvemini, et al, Br J Pharmacology, 2001; Macarthur, et al, Crit Care Med, 2003; Cuzzocrea, et al, Crit Care Med, 2004; Ndengele, et al, Shock, 2005

Phase 2 Pilot Trial of Avasopasem in Patients with COVID-19

Randomized Placebo-Controlled Trial in Patients with Critical Illness (n=50)

Active Regimen	Avasopasem 90mg 3 hr IV infusion BID x 7d
Patients	COVID-19 test + critical phase respiratory failure
Stratification	Age < 60 or ≥ 60 years
Sites	Multi-center



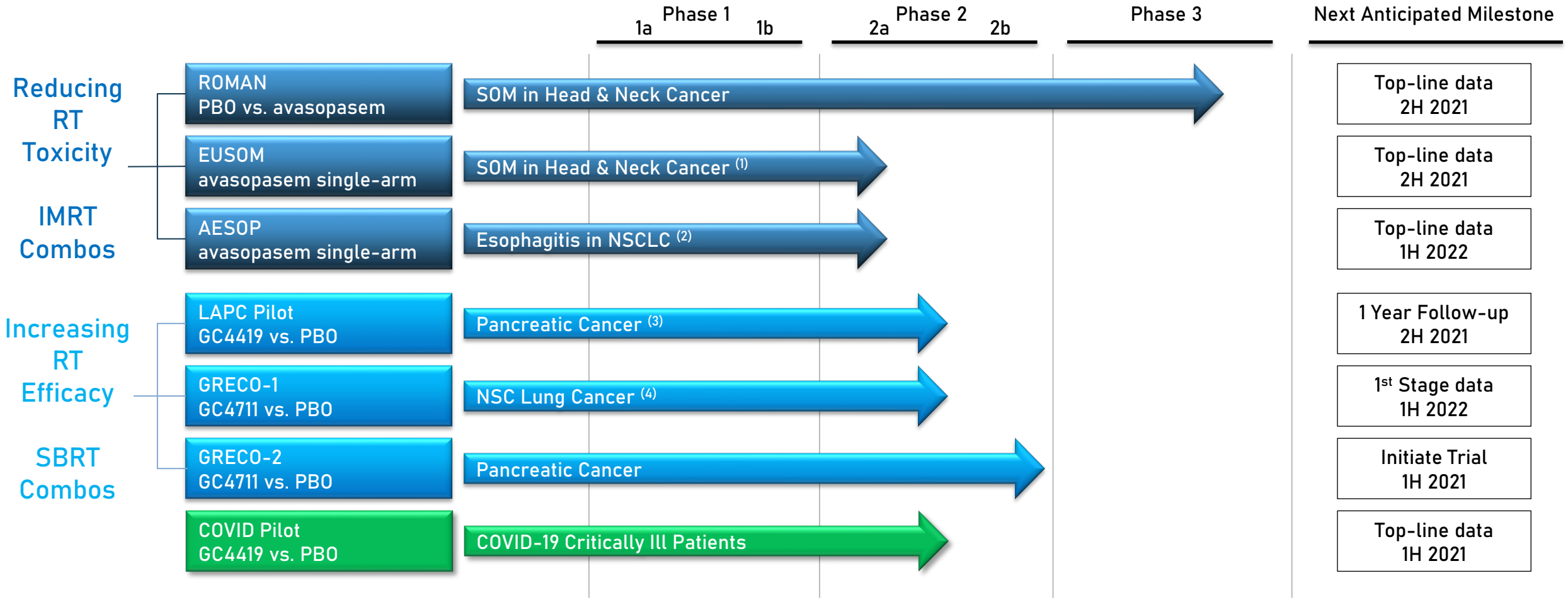
Primary
- 28-day mortality (overall survival)

Secondary
- Safety of avasopasem in COVID patients
- Ventilator weaning
- Vent-free days in hospital
- ICU-free days
- Catecholamine support, BP <65mmHg
- SOFA scores

SSC = Standard Supportive Care
SOFA = Sequential Organ Failure Assessment

Summary

Clinical Stage Pipeline



(1) EUSOM is a single-arm multi-center trial evaluating the safety of avasopasem in patients with HNC in Europe.

(2) Phase 2a trial in patients with lung cancer building on avasopasem safety and tolerability findings from SOM trials in patients with HNC.

(3) This first SBRT combination trial used GC4419. Observations from this pilot trial have been used to guide development of GC4711 to assess anti-cancer efficacy in combination with SBRT.

(4) Two stage trial with first stage to assess anti-cancer efficacy of SBRT +/- GC4711 and the second stage to assess anti-cancer efficacy of SBRT and checkpoint inhibitor +/- GC4711.

Superoxide Dismutase Mimetics – Vision

Rapid elimination of Superoxide ($O_2^{\bullet-}$)

IMRT
Intensity Modulated RT

Potential to Reduce Toxicity

Severe Oral Mucositis Head & Neck Cancer (SOM in HNC)	Esophagitis NSC Lung Cancer (NSCLC)
	
Phase 3 ROMAN	Phase 2 Trial

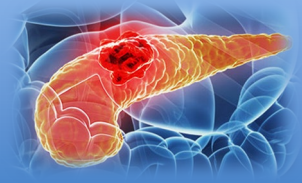
Normal tissue toxicity limits optimal radiotherapy treatment of tumor

Over half of cancer patients receive radiotherapy as part of their care[1, 2]

Increase H_2O_2 in tumors

SBRT
Stereotactic Body RT

Potential to Increase Efficacy

Pancreatic Cancer Locally Advanced (LAPC)	Lung Cancer Locally Advanced (LANSCLC)
	
Phase 1b/2a SBRT Combo	Phase 1b/2a SBRT Combo

Radiotherapy is SoC for many local tumors but need remains for greater efficacy

[1] *Delaney G, Jacob S, Featherstone C, Barton M. The role of radiotherapy in cancer treatment… Cancer. 2005;104:1129-1137*
[2] *Begg AC, Stewart FA, Vens C. Strategies to improve radiotherapy with targeted drugs. Nat Rev Cancer. 2011;11:239-253*