UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): September 9, 2020

GALERA THERAPEUTICS, INC.
(Exact name of registrant as specified in its charter)

Delaware	001-39114	46-1454898
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

2 W Liberty Blvd #100
Malvern, PA 19355
(Address of principal executive offices) (Zip Code)

(610) 725-1500
(Registrant's telephone number, include area code)

N/A
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.001 par value per share	**GRTX**	**The Nasdaq Global Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 7.01. Regulation FD Disclosure.

Galera Therapeutics, Inc. (the "Company") from time to time presents and/or distributes to the investment community at various industry and other conferences slide presentations to provide updates and summaries of its business. On September 9, 2020, the Company posted an updated corporate slide presentation in the "Investors" portion of its website at *www.galeratx.com*. A copy of its current corporate slide presentation is attached to this Current Report on Form 8-K as Exhibit 99.1. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

The information contained in Item 7.01 of this Form 8-K (including Exhibit 99.1 attached hereto) shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly provided by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

The following exhibit relating to Item 7.01 shall be deemed to be furnished, and not filed:

Exhibit No.	Description
99.1	Corporate Slide Presentation of Galera Therapeutics, Inc. dated September 9 2020

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

GALERA THERAPEUTICS, INC.

Date: September 9, 2020

By: /s/ J. Mel Sorensen, M.D.
J. Mel Sorensen, M.D.
President and Chief Executive Officer

Exhibit 99.1

Galera Therapeutics, Inc

Transforming Radiotherapy

with

Dismutase Mimetics

September 2020

Disclaimers and Forward-Looking Statements

Certain information contained in this presentation and statements made orally during this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and Galera's own internal estimates and research. While Galera believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. While Galera believes its internal research is reliable, such research has not been verified by any independent source.

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, 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.

The information in this presentation, including without limitation the forward-looking statements contained herein, represent our views as of the date of this presentation. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements. The forward-looking statements in this presentation involve risks and uncertainties that could cause actual results to differ materially from those reflected in such statements. Risks and uncertainties that may cause actual results to differ materially include uncertainties inherent in the drug development process and the regulatory approval process, our reliance on third parties over which we may not always have full control, and other important risks and uncertainties that are described in Galera's Quarterly Report on Form 10-Q for the quarterly period ended June 30, 2020 filed with the U.S. Securities and Exchange Commission (SEC), Annual Report on Form 10-K for the year ended December 31, 2019 and Galera's other filings with the SEC. New risk factors and uncertainties may emerge from time to time, and it is not possible to predict all risk factors and uncertainties.

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

Reducing Toxicity

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

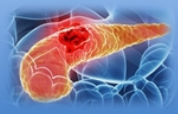
Normal tissue toxicity limits optimal radiotherapy treatment of tumor

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

Increase H_2O_2 in tumors

SBRT
Stereotactic Body RT

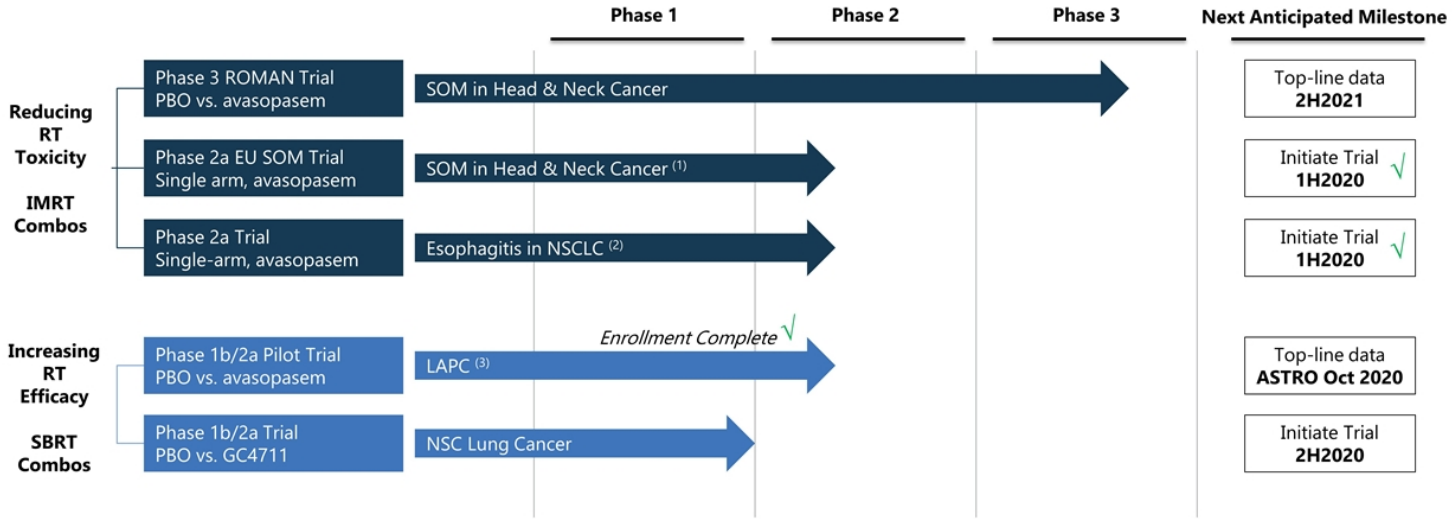
Increasing Efficacy

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 HNC patients in Europe. First patient dosed in June 2020. We continue to monitor the COVID-19 pandemic in Europe regarding enrollment prospects for this trial.
(2) Phase 2a trial in patients with lung cancer building on avasopasem safety and tolerability findings in patients with HNC SOM studies.
(3) This first SBRT combination trial used GC4419. Observations from this pilot trial will be used to help develop GC4711 to increase the anti-cancer efficacy of SBRT.

Investment Highlights

Avasopasem In Phase 3

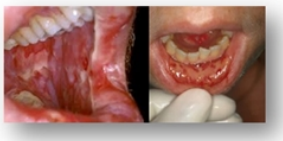
Robust Efficacy in Randomized Phase 2b (n=223)

- Breakthrough Therapy designation granted by FDA
- Single Phase 3 sufficient for registration (n≈450)

RT-related Toxicity

Radiation-Related Severe Oral Mucositis (SOM)

- 65,000 patients/year in US get Head & Neck Cancer
- SOM most burdensome side-effect: 70% of patients



Anti-Cancer Efficacy

Pilot Phase 1b/2a Anti-cancer Trial in Locally Advanced Pancreatic Cancer

- Randomized, placebo-controlled trial
- Unmet medical need following induction chemotherapy

Galera Therapeutics, Inc

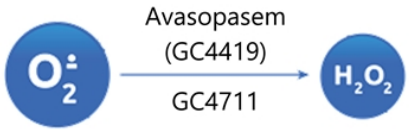
Dismutase Technology

Unique Technology

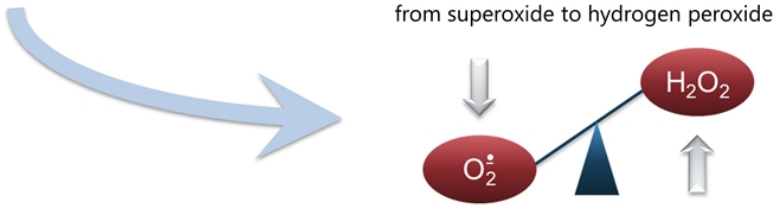
Dismutase Mimetics

Small Molecule Enzyme Mimetics

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



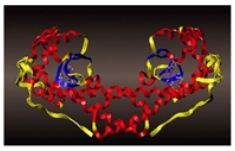
Shifts balance in normal & cancer cells from superoxide to hydrogen peroxide



Galera's Dismutase Mimetics

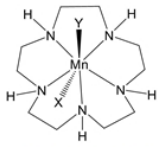
Native SOD Enzymes

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



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

Galera Therapeutics, Inc

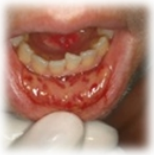
Reducing Toxicity of IMRT

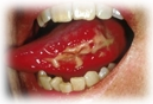
(Intensity Modulated Radiotherapy)

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

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

SEVERE

Current Treatments

MASCC / ISOO Guidelines for HNC OM

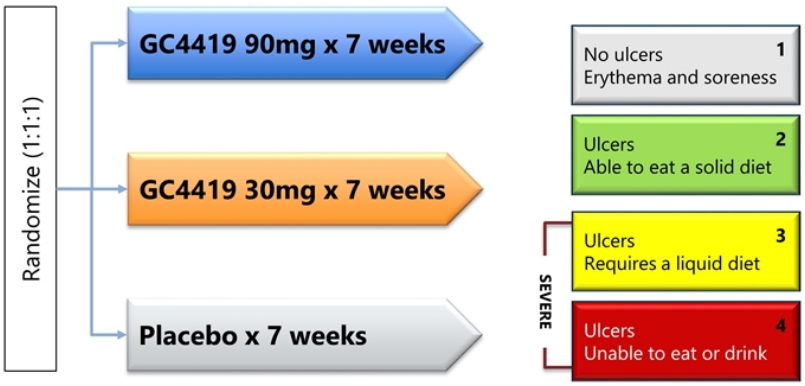
Treatment Approach	Recommended for HNC OM due to RT?
Basic oral care	✓
Anti-microbials, coating agents, anesthetics, & analgesics (0.2% morphine mouthwash)	✓
Anti-inflammatories, benzydamine	?
Low level laser & other light therapy	?
Cryotherapy for 5-FU chemotherapy	✗
Natural & other agents	✗

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



WHO Grading Scale

1 No ulcers Erythema and soreness

2 Ulcers Able to eat a solid diet

SEVERE

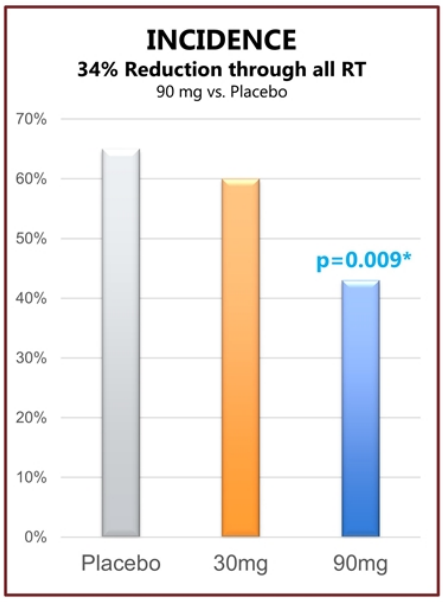
3 Ulcers Requires a liquid diet

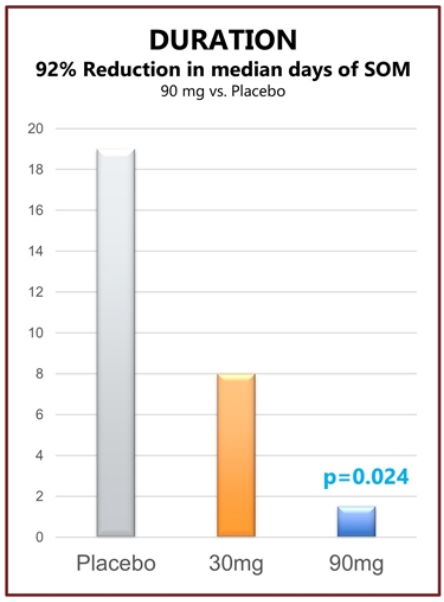
4 Ulcers Unable to eat or drink

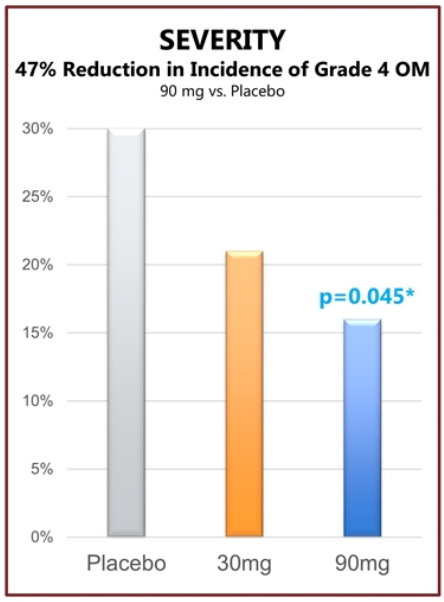
Anderson et al, JCO, 2019

Consistent Efficacy Across All SOM Parameters

And consistent dose response: 90mg > 30mg



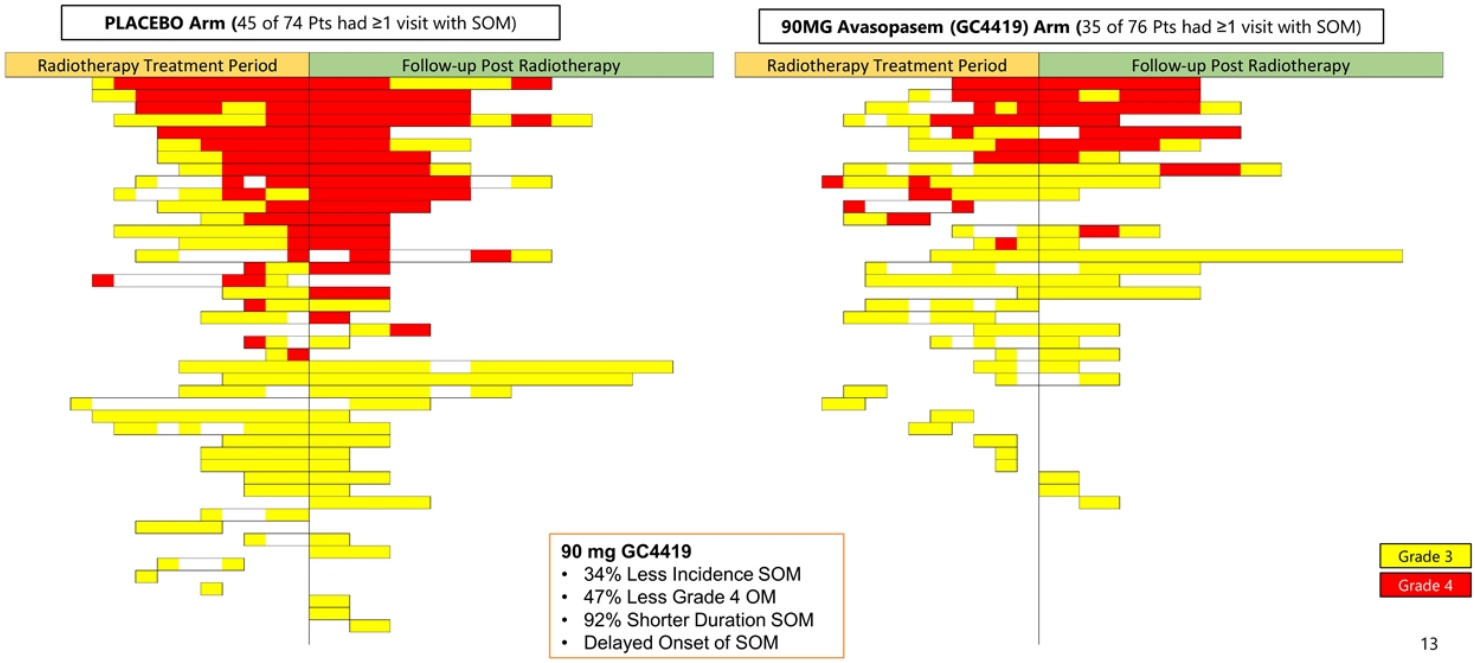




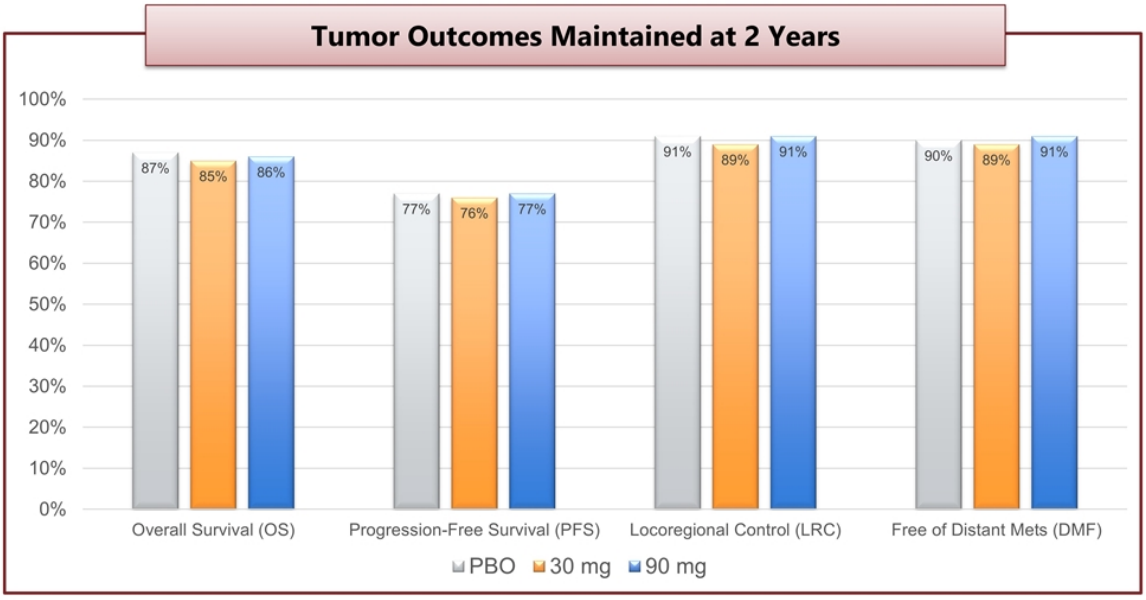
Primary endpoint was duration - defined as # days from 1st occurrence of grade 3 or 4 SOM until the 1st event of grade 2 or less (there being no subsequent grade 3 or 4 events.)
**Secondary endpoints (incidence and severity) have nominal p values compared to placebo*
ITT = Intent-To-Treat population (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



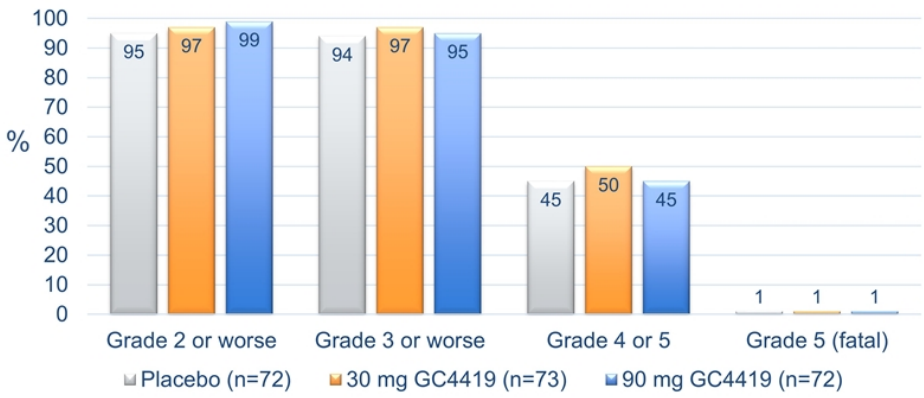
Tumor Outcomes Maintained - 2 year follow-up



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

SEVERE

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

Galera Therapeutics, Inc

Commercial Considerations

Large Commercial Opportunity Addressing Clear Unmet Need

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

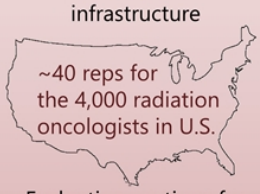
~2,500 radiotherapy sites in US
~60% of patients are treated in ~500 centers[1]

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

OM Substantially Increases Medical Expenses in Patients with HNC

Health economic analysis of patients with HNC receiving RT or chemo/RT

High Cost Of Oral Mucositis

Identified patients with locally advanced Head & Neck Cancer, treated with RT +/-chemo

- Longitudinal claims analysis[1] assessing costs over a six month period
- Compared healthcare expenses of patients with & without oral mucositis
- Included both in-patient and out-patient expenses associated with a claim

Pts with OM incur **~$32,000** more of medical expenses within first 6 months of start of RT

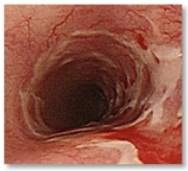
[1] *Navigant analysis; 40 million member years*

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

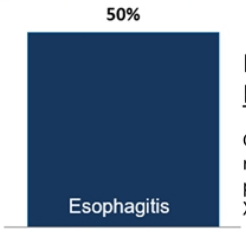


Compendial Listing

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®



Patients at risk of experiencing radiation induced esophagitis

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*

Galera Therapeutics, Inc

Increasing SBRT Efficacy

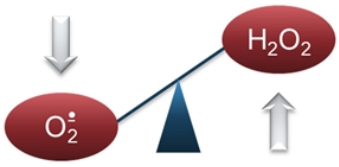
(Stereotactic Radiotherapy)

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

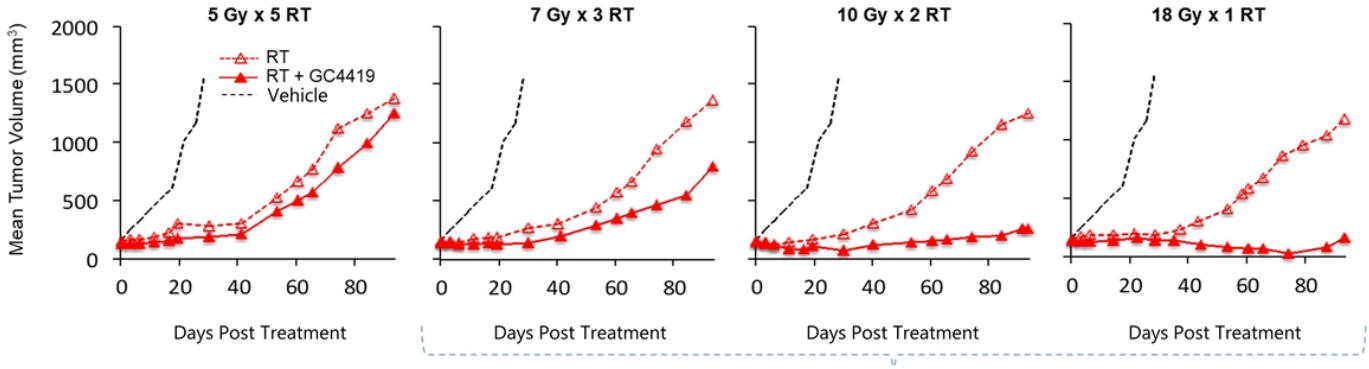
Increase Radiotherapy Efficacy

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

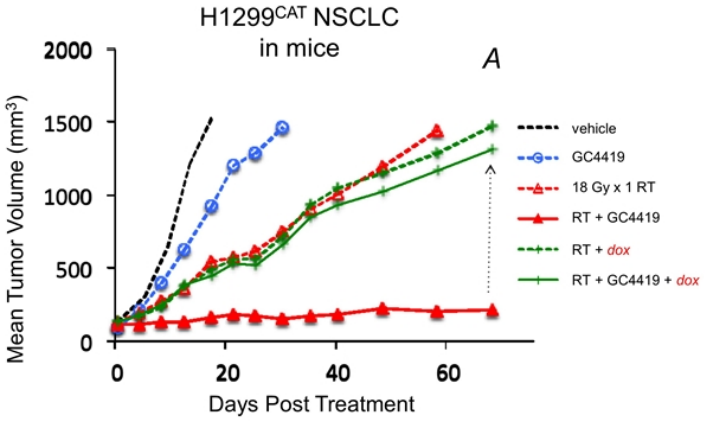
Courtesy of M Story (UTSW)

…Increasing Anti-Cancer Efficacy via H_2O_2

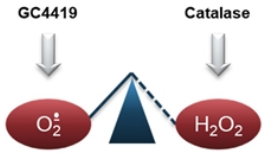
H_2O_2 Drives Increased Efficacy

SBRT Irradiation of human tumor-derived xenografts (H1299^{CAT}) in mice

- Engineered to overexpress catalase (disposes of H_2O_2) when induced by doxycycline
- Overexpressing catalase blocks synergy with RT by removing GC4419-generated H_2O_2



Tumor tissue H_2O_2 reduced when doxycycline added to RT + avasopasem (GC4419)



Sishc et al, AACR 2018

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

GC4419 + SBRT Pilot Phase 1b/2a 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 MTD of escalating fractions of SBRT
- Secondary objectives include Progression-Free Survival, Overall Response Rate at 90 days

Trial Status

Expanded from Single Center (MDA) to Multi-Center (n=5) after First 19 Patients

- Single-center (n=19) experience: PFS & response rates favored GC4419 arm
- Enrollment completed & last patient treated
- Topline safety and efficacy results will be presented later this year

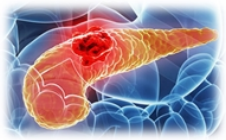
***SBRT** Dose Selected by LO-ET Method on both arms

M T W T F S S

90 90 90 90 90

11 11 11 11 11

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



SBRT = Stereotactic Body Radiation Therapy, C Taniguchi & J Herman (MD Anderson),

[1] *LO-ET = Late-Onset Efficacy-Toxicity (*in IH, Liu S, Thall PF, Yuan Y. J Am Stat Assoc 2014;109:525-36)

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 1b/2a in NSCLC with GC4711 + SBRT

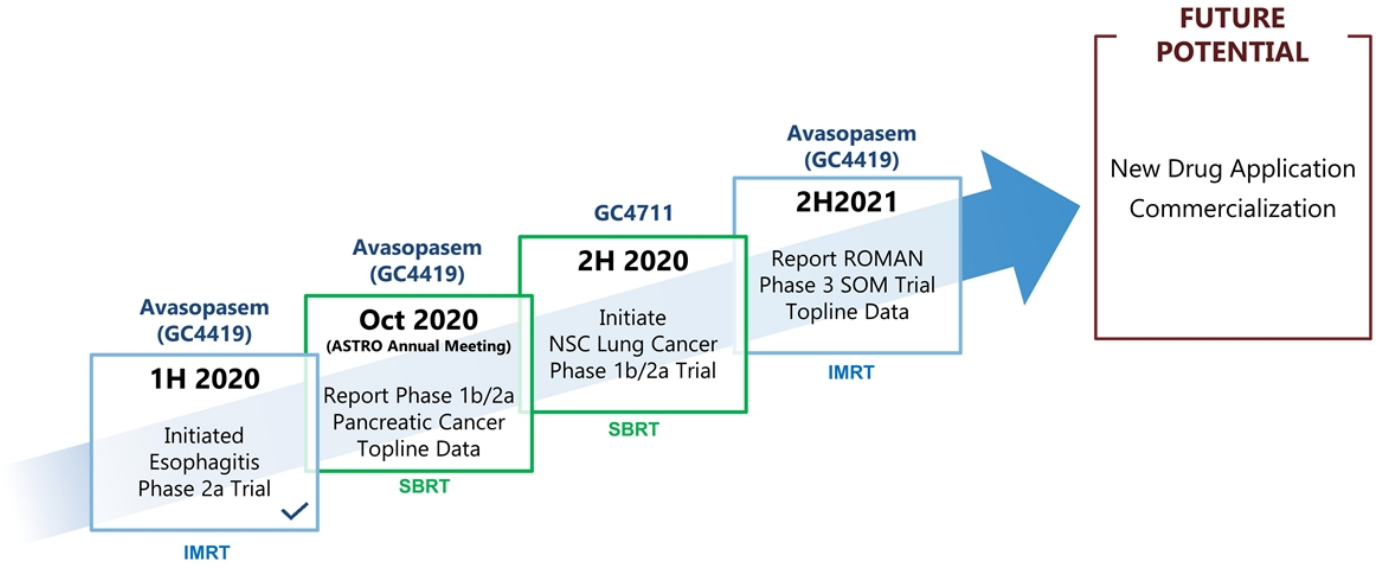
- 1st Stage: 5 fractions of SBRT +/- GC4711
- 2nd Stage: 5 fractions of SBRT + checkpoint inhibitor +/- GC4711
- Endpoints include safety, acute pneumonitis (DLCO[2]) & PFS

[1] 2019 SEER Data
[2] DLCO = diffusing capacity of the lung for carbon monoxide

Galera Therapeutics, Inc

Summary

Near-term Potential Catalysts to Drive Future Value



Superoxide Dismutase Mimetics – Vision

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

IMRT
Intensity Modulated RT

Reducing Toxicity

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

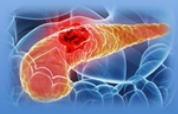
Normal tissue toxicity limits optimal radiotherapy treatment of tumor

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

Increase H_2O_2 in tumors

SBRT
Stereotactic Body RT

Increasing 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*