

PentixaPharm develops a CXCR4 theranostic approach for hematological diseases



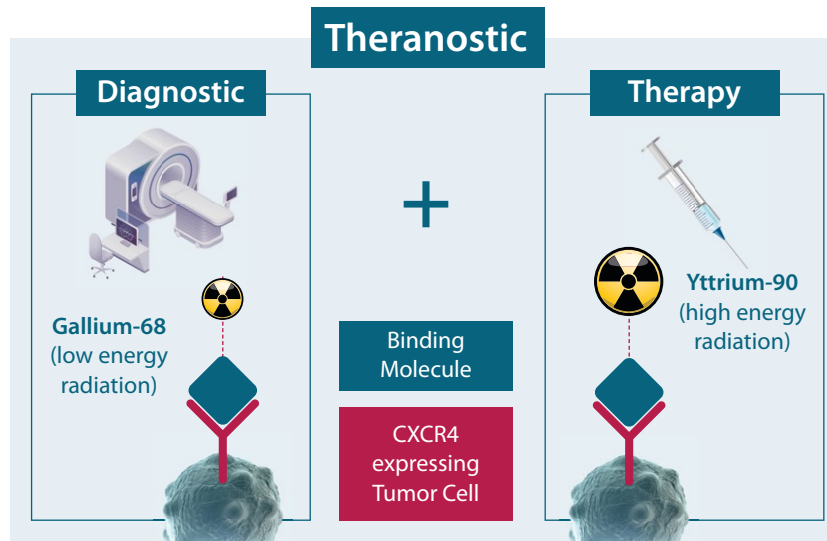
Our Vision:

- better imaging
- better treatment
- better outcome

[⁶⁸Ga]Ga-PentixaFor (Gallium(⁶⁸Ga)boclatixafortide)
and [⁹⁰Y]Y-PentixaTher (Yttrium(⁹⁰Y)anditixafortide):
an innovative theranostic approach for diagnosis
and treatment of hematological neoplasms and
other diseases.

What is Theranostic?

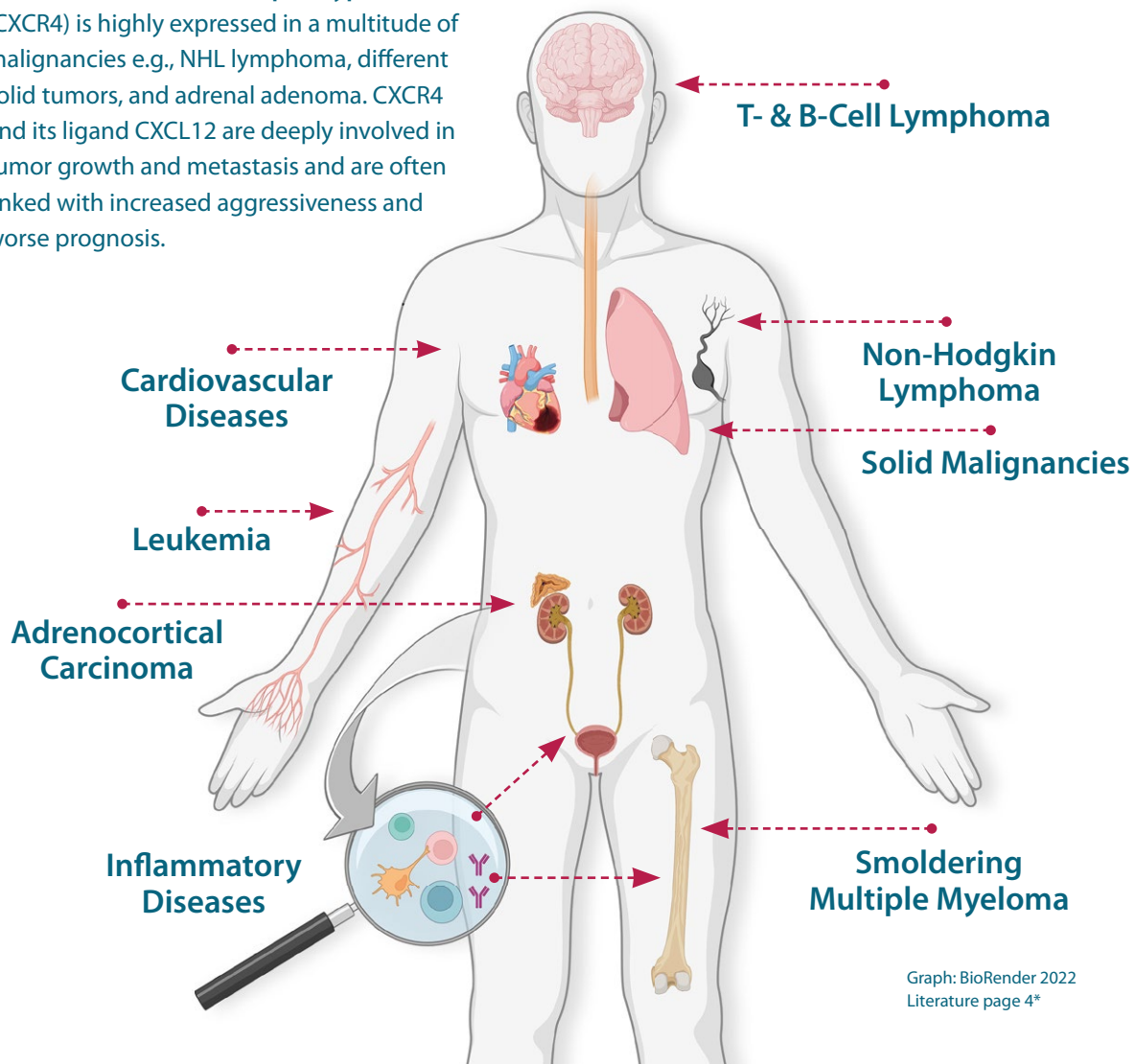
The tumor lesion can be localized and diagnosed by PET/CT using the radioactive agent [⁶⁸Ga]Ga-PentixaFor (Gallium(⁶⁸Ga) boclatixafortide), which binds to the C-X-C chemokine receptor type 4 (CXCR4) on the tumor cells.



The tumor is destroyed only in the proximity of the emitting agent [⁹⁰Y]Y-PentixaTher (Yttrium(⁹⁰Y) anditixafortide) and therefore the treatment is well tolerated.

C-X-C chemokine receptor type 4 (CXCR4) is a promising target for theranostic approach

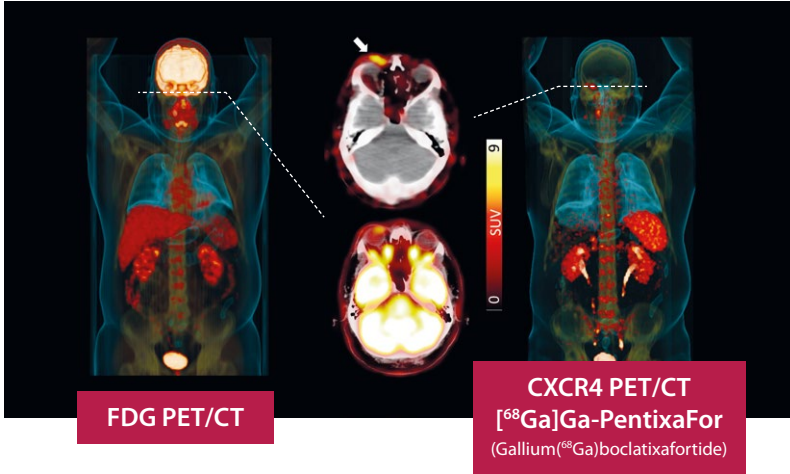
The C-X-C chemokine receptor type 4 (CXCR4) is highly expressed in a multitude of malignancies e.g., NHL lymphoma, different solid tumors, and adrenal adenoma. CXCR4 and its ligand CXCL12 are deeply involved in tumor growth and metastasis and are often linked with increased aggressiveness and worse prognosis.



Diagnosis & Treatment

PET/CT Imaging with

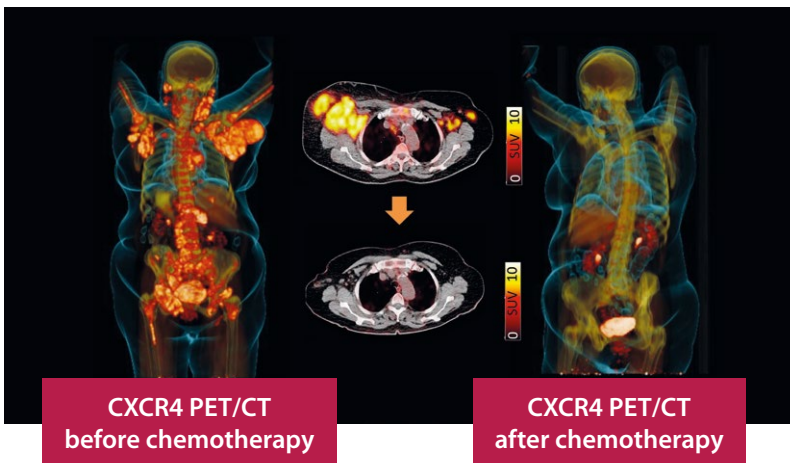
$[^{68}\text{Ga}]\text{Ga-PentixaFor}$ (Gallium(^{68}Ga)boclatixafortide)



$[^{68}\text{Ga}]\text{Ga-PentixaFor}$ (Gallium(^{68}Ga)boclatixafortide) Scan detected a marginal zone lymphoma (MZL) (periorbital, white arrow) which led to upstaging and change of treatment protocol.

Therapeutic Monitoring with

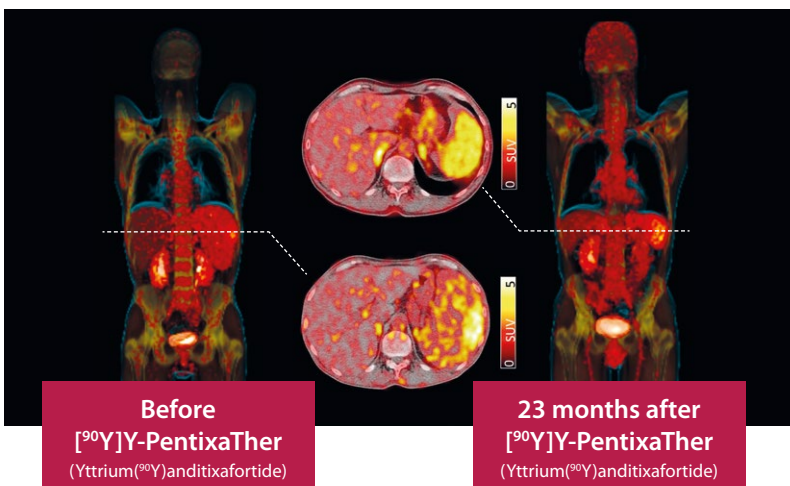
$[^{68}\text{Ga}]\text{Ga-PentixaFor}$ (Gallium(^{68}Ga)boclatixafortide)



Patient with splenic MZL before (left) and after (right) chemotherapy treatment (R-Benda).

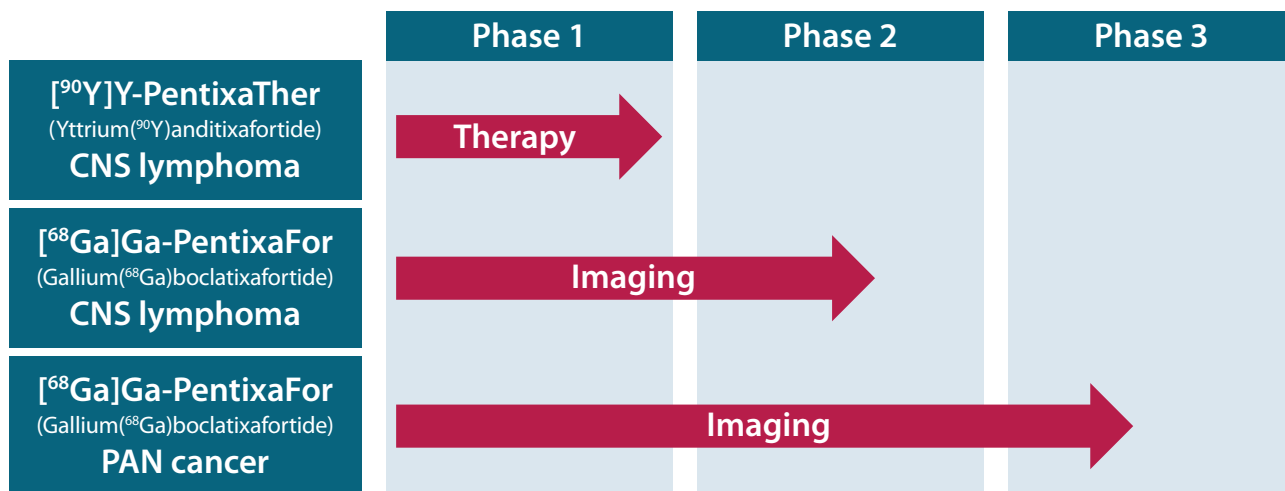
Radioligand Therapy (RLT) with

$[^{90}\text{Y}]\text{Y-PentixaTher}$ (Yttrium(^{90}Y)anditixafortide)



Metabolic response after CXCR4-directed RLT as conditioning regimen before allogeneic hematopoietic stem cell therapy in a pretreated patient with hepatosplenic T-Cell lymphoma. Scans derived from CXCR4 PET/CT.

Current Portfolio & Clinical Development Program of PentixaPharm



With our clinical studies we would like to support and verify the following benefits of the CXCR4 theranostic approach:

- Precise alternative to localize hematological tumor lesions
- Improved staging of the tumor
- Personalized and adapted therapy

*Herhaus u. a. 2020; Starzer u. a. 2021; Chen u. a. 2021; Breun u. a. 2019; Lapa, Lückcrath, Kleinlein, u. a. 2016; Wester u. a. 2015; Pan, Luo, Zhang, u. a. 2020; Jacobs u. a. 2022; Mayerhoefer u. a. 2021; Duell u. a. 2021; Luo u. a. 2018; Pan u. a. 2021; Haug u. a. 2019; Mayerhoefer u. a. 2022; Pan, Luo, Cao, u. a. 2020; Kraus u. a. 2021; Lapa u. a. 2017; Philipp-Abbrederis u. a. 2015; Kuyumcu u. a. 2021; Mayerhoefer u. a. 2018; Buck, Haug, u. a. 2022; Herhaus u. a. 2016; Buck, Grigoleit, u. a. 2022; Lapa, Lückcrath, Rudelius, u. a. 2016; Werner, Weich, Higuchi, u. a. 2017; Werner, Weich, Schirbel, u. a. 2017; Bluemel u. a. 2017; Fang u. a. 2018; Heinze u. a. 2018; Ding, Zhang, u. a. 2020; Ding, Tong, u. a. 2020; Bouter u. a. 2018; Derlin u. a. 2017; 2018; Rausch u. a. 2020; Li u. a. 2019; Thackeray u. a. 2015; Reiter u. a. 2018; Werner u. a. 2021.

CXCR4: CXC chemokine receptor 4, NHL: Non-Hodgkin Lymphoma, PET: Positron Emission Tomography, CT: Computed Tomography, FDG: Fluorodeoxyglucose, MZL: Marginal Zone Lymphoma, RLT: Radioligand therapy, SUV: Standardized uptake value.



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