

## Kiadis Pharma (KDS.AS)

### Kiadis Reports 1-Year Follow-up of Single Dose Patients in the CR-AIR-008 Study

Earlier today, Kiadis Pharmaceuticals (AMS: KDS) gave a 1-year update on 5 patients from its CR-AIR-008 Phase II study evaluating ATIR101 in adults with acute blood malignancies who have received a half-matched hematopoietic stem cell transplant (HSCT). Results from this trial were consistent with a previous study. ATIR101 is a donor lymphocyte infusion that is given after an allogeneic HSCT (allo-HSCT) to prevent GvHD and mitigate the risk of disease relapse and infection. Other competitors in this space include Bellicum's (NasdaqGM: BLCM) BPX-501 and MolMed's (BIT:MLMD.MI) *Zalmoxis*. BPX-501 was placed on clinical hold yesterday by the FDA after 3 reported cases of encephalopathy. To our knowledge, there have been no reported cases of encephalopathy with Kiadis' therapy. A Marketing Authorization Application (MAA) for the approval of ATIR101 in Europe has been submitted and accepted for review by the EMA. A regulatory decision from the agency is expected during the second half of 2018 and represents the next inflection point for Kiadis.

- One Year Follow up of Patients is in Line with Previous Data.** Kiadis reported the one year follow up of 5 patients and dosing of the last patient in its [CR-AIR-008](#) Phase II study. Based on the update, 5 of 9 patients treated with ATIR101 in this study experienced clinical benefits that were consistent with the previous [CR-AIR-007](#) Phase II trial in the same indication. This announcement further validates the results of the CR-AIR-007 trial, and support the already submitted marketing authorization application (MAA) for the therapy in the EU.
- Competing Ex Vivo Cell Therapy Put on Clinical Hold for Encephalopathy.** Bellicum's BPX-501 was placed on clinical hold by the FDA in the US after 3 reported cases of encephalopathy, highlighting a possible complication that may impact its use if approved. One patient died as a result of encephalopathy, which was confirmed with a brain biopsy. This particular patient had a history of immunodeficiency and concurrent virus infections, which has been linked to encephalopathy after an HSCT. After the patient death, two subjects in the study were categorized as having treatment related encephalopathy, which was ultimately resolved. The encephalopathy in these patients was deemed not treatment related prior to the patient death occurring. We note that an [analysis](#) of 405 pediatric patients who received an allogeneic HSCT found that 6.4% (26/405) developed encephalopathy. BPX-501 has been dosed in more than 240 patients and the company's registrational BP-004 trial will continue as planned in the EU. Based on this, it is possible that the clinical hold will eventually be lifted in the US.

#### Expected Upcoming Milestones

- H2 2018 – Potential approval (conditional or full) for ATIR101 in the EU.
- 2018 – Initiate ATIR101 as adjunctive to PT-Cy and/or other T cell depleted HSCT.
- 2019 – Potential commercialization of ATIR101 in the EU.

#### Analysts

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#### Market Data

Price	\$16.62
Market Cap (M)	\$281
EV (M)	\$270
Shares Outstanding (M)	16.9
Fully Diluted Shares (M)*	18.1
Avg Daily Vol	205,907
52-week Range:	\$6.33 - \$16.72
Cash (M)	\$48.0
Net Cash/Share	\$0.67
Annualized Cash Burn (M)	\$18.0
Years of Cash Left	2.7
Debt (M)	\$37.0

*All relevant values converted at 1 Euro to 1.24 USD*

*Cash and debt are pro forma*

*\*Does not take into account the exercise of warrants on 10/10/17.*

#### Financials

FY Dec		2015A	2016A	2017A
EPS	H1	(0.95)A	(0.51)A	(0.63)A
	H2	NA	NA	NA
	FY	(1.45)A	(1.15)A	NA

Noninfectious causes of encephalopathy have also been identified, including treatment with cyclosporine, tacrolimus, and ganciclovir. The latter is particularly interesting given that ganciclovir is critical in the activation of MolMed's *Zalmoxis*, an *ex vivo* cell therapy, to reduce GvHD in patients with hematological malignancies after a haploidentical HSCT. MolMed has not reported encephalopathies related to treatment. We also note that Kiadis' ATIR101 does not require the use of ganciclovir or genetic manipulation, and to our knowledge, no cases of encephalopathy have been reported as a result of the treatment. Finally, Kiadis is addressing adults with acute malignancies, while the aforementioned therapies are targeting pediatric patients with inherited blood disorders and blood malignancies.

- **Phase II CR-AIR-008 Trial Design.** This was an open-label Phase II trial to evaluate whether the effects of ATIR101 could be extended by adding a second dose of ATIR101. A total of 15 patients were enrolled and 6 received 2 doses of ATIR101. 2 of the 6 patients treated with a second dose of ATIR101 reported grade III/IV GvHD. As a result, the Company terminated administration of a second dose of ATIR. The remaining 9 patients received one dose of ATIR101 as a donor lymphocyte infusion 30 days after a HSCT. The primary endpoint of the study was the incidence of acute graft versus host disease (GvHD) and secondary endpoints included incidence of chronic GvHD, overall survival (OS), and GvHD-free, relapse-free survival (GRFS).

### Risk to Investment

We consider an investment in Kiadis to be a high-risk investment. Kiadis is a developmental stage company with no history of taking a treatment to market, and currently has no FDA or EMA approved products in its portfolio. The Company's products in development may fail in clinical trials or fail to be approved by the FDA or other regulatory agencies. Furthermore, early indications of efficacy do not necessarily translate into positive late-stage results. As with any company, Kiadis may be unable to obtain sufficient capital to fund planned development programs. Regulatory approval to market and sell a drug does not guarantee that the drug will penetrate the market, and sales may not meet the expectations of investors.

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