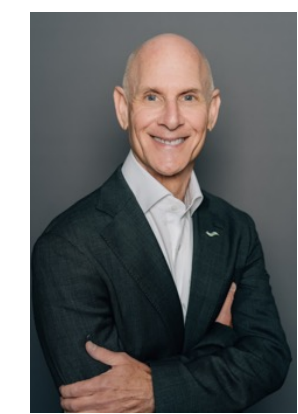


Clinically meaningful radicular leg pain management via SX600, a novel dexamethasone extended-release microsuspension

SALIENT Phase 1/2 trial results



PRESENTER:

Lee Techner, DPM

Consultant to SpineThera

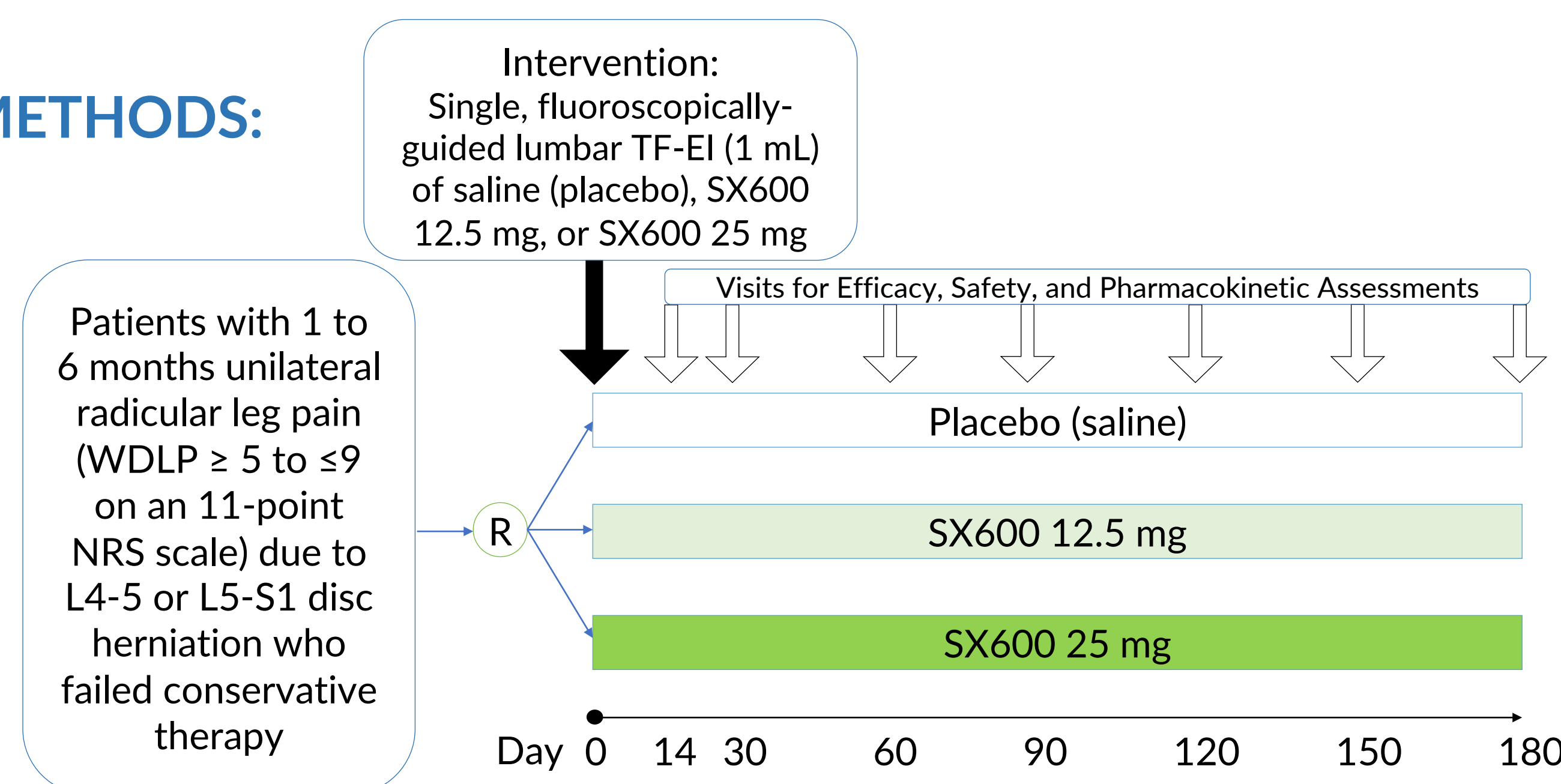
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BACKGROUND:

- Management of lumbar radicular pain remains challenging
- ESIs commonly administered off-label
 - Need for repeated injections is common
 - Risk of serious neurologic events particularly with corticosteroid suspensions
- SX600 is a novel ER formulation of dexamethasone acetate incorporated into biodegradable PLGA microspheres
 - Formulation provides 90 days of dexamethasone exposure
 - Key SX600 microsphere design characteristics (small diameter [$\leq 50\%$ of RBCs], spherical, non-aggregating), take into consideration reports of serious neurologic sequelae with ESIs attributable to inadvertent intravascular administration

METHODS:



- Primary endpoint** - Proportion of 50% responders ($\geq 50\%$ improvement in WDLP from baseline) at 60-day visit post-dosing
- Secondary endpoints** - 50% responders at each visit, change in function (ODI), QOL (SF-36), patient impression of efficacy (PGIC), and rescue medication use
- Safety, PK** - AEs, physical exam, LE neurologic assessments, vital signs, ECGs, clinical labs, and blood draws for PK

Disposition and Key Demographics

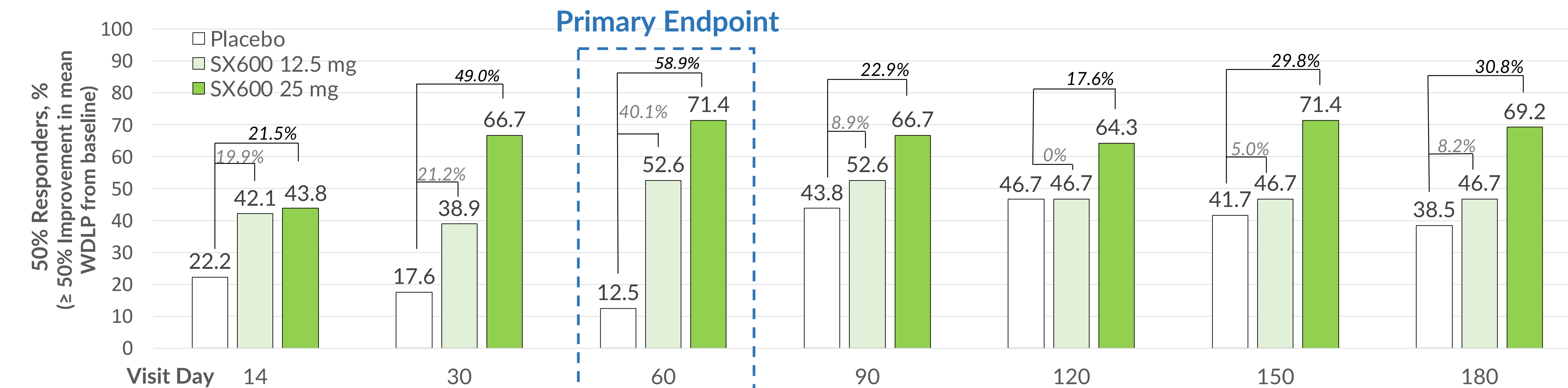
- Due to COVID-19 impact on enrollment, SALIENT enrollment stopped with 56 patients
 - SX600 25 mg, 17; SX600 12.5 mg, 21; placebo, 18
 - 91% completed trial; 5 withdrawn, none due to AEs

	Placebo (N = 18)	SX600 12.5 mg (N = 21)	SX600 25 mg (N = 17)
Mean age, years	45	48	52
Male, n (%)	11 (61)	16 (76)	10 (59)
Race, n (%)			
White	13 (72)	17 (81)	14 (82)
Asian	2 (11)	3 (14)	0
Pacific Islander	1 (6)	0	0
Other	2 (11)	1 (5)	3 (18)
Mean BMI, kg/m ²	28.9	27.2	30.1
Hernia location, n (%)			
L4-L5	4 (22)	15 (71)	8 (47)
L5-S1	14 (78)	6 (29)	9 (53)
Nerve root involvement, n (%)			
L4	1 (6)	2 (10)	3 (18)
L5	6 (33)	14 (67)	10 (59)
S1	11 (61)	5 (24)	4 (24)

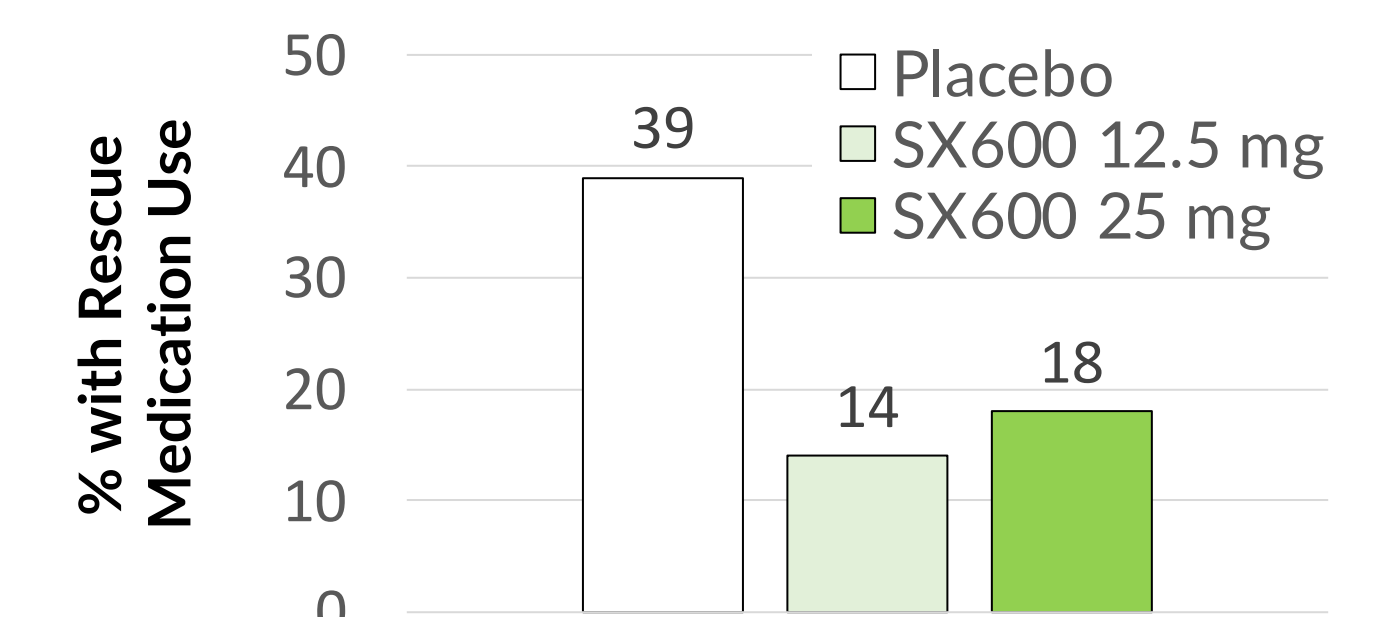
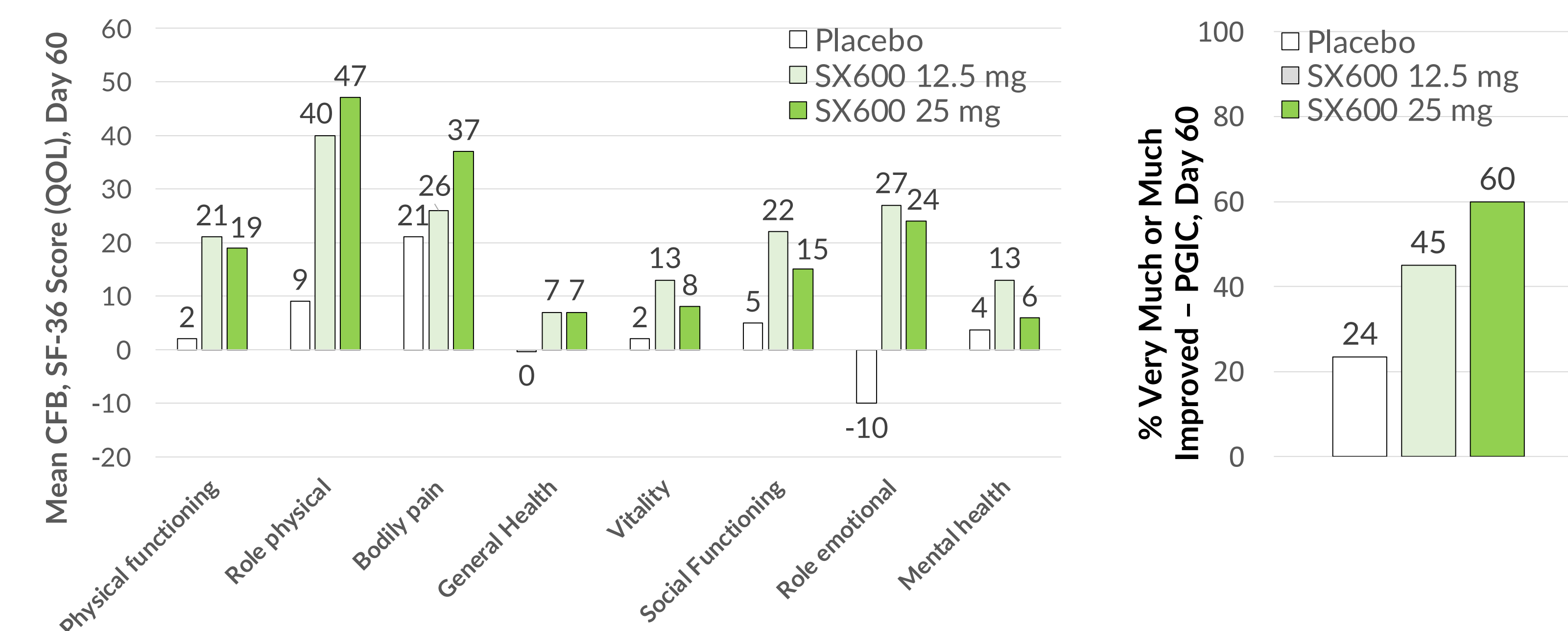
Pharmacokinetics and Safety

- 37.5% (12.5-mg group) and 78.6% (25-mg group) had low nanogram-level systemic dexamethasone exposure through the Day 90 Visit
- SX600 generally well tolerated, with safety profile comparable to placebo
- 82% ≥ 1 TEAE (25 mg, 88%; 12.5 mg, 76%; pla, 83%); vast majority mild
 - No TEAE led to study withdrawal
- 4 SAEs reported in 4 patients with no deaths
 - Radiculopathy in placebo patient
 - Back pain in placebo patient
 - Likely low back pain/radicular leg pain in SX600 25 mg patient
 - Small intestinal obstruction in SX600 25 mg patient with history of recurrent SBO
- No meaningful differences relative to placebo, signals, patterns, or trends in physical findings, lab parameters, ECGs, or vital signs detected across groups

Efficacy



	Baseline			Day 60		
	Placebo (N=17)	SX600 12.5mg (N=21)	SX600 25mg (N=16)	Placebo (N=17)	SX600 12.5mg (N=20)	SX600 25mg (N=15)
ODI Score, mean	27.99	35.21	32.83	17.64	16.5	15.31
Score Interpretation, n (%)						
0-20%: Minimal Disability	4 (23.5)	3 (14.3)	4 (25.0)	10 (58.8)	13 (65.0)	12 (80.0)
21-40%: Moderate Disability	11 (64.7)	12 (57.1)	8 (50.0)	7 (41.2)	6 (30.0)	2 (13.3)
41-60%: Severe Disability	2 (11.8)	6 (28.6)	3 (18.8)	0	1 (5.0)	0
61-80%: Crippling Back Pain	0	0	1 (6.3)	0	0	1 (6.7)
81-100%: Bed-Bound or Exaggerating Symptoms	0	0	0	0	0	0
Change from baseline, mean	-	-	-	-10.36	-18.08	-16.25



Conclusions

- SX600 provided clinically meaningful, durable unilateral radicular leg pain reduction after a single TF-EI
- $\geq 64\%$ who received SX600 25 mg had $\geq 50\%$ improvement of WDLP from day 30 - 180 visits
 - Magnitude considered substantial and clinically relevant
- Accompanied by improvements in function, QOL, patient perceived improvement, less rescue medication
- Sustained 3-month DXM exposure with SX600 25 mg
- Overall safety profile favorable and comparable to placebo