



VL-2397: A Novel Approach to Treat Life-Threatening Invasive Fungal Infections

8th Congress on Trends in Medical Mycology

October 8, 2017

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Vical at a Glance

- **Small biotechnology company based in San Diego, CA**
- **Platform of DNA delivery technologies**
- **Core competency in vaccines and infectious diseases**
 - ASP0113 vaccine in pivotal Phase 3 study for prevention of CMV reactivation in transplant patients
 - VCL-HB01 vaccine in Phase 2 study for treatment of HSV-2
 - VL-2397 antifungal planned for Phase 2 study in invasive aspergillosis
- **Strategic partnerships with Astellas**

VL-2397 for Invasive Fungal Infections

PRODUCT CANDIDATE

Antifungal compound with a novel mechanism of action
In-licensed from Astellas

TARGET INDICATIONS

Treatment of invasive aspergillosis (IA)
Treatment of infections caused by other pathogenic fungi

DEVELOPMENT STATUS

QIDP, orphan & Fast Track designations for treatment of IA
Potential for Limited Use Indication in IA based on
successful outcome of a single Phase 2 trial
Phase 1 trial in healthy volunteers completed
Phase 2 trial in IA planned to start in 4Q 2017

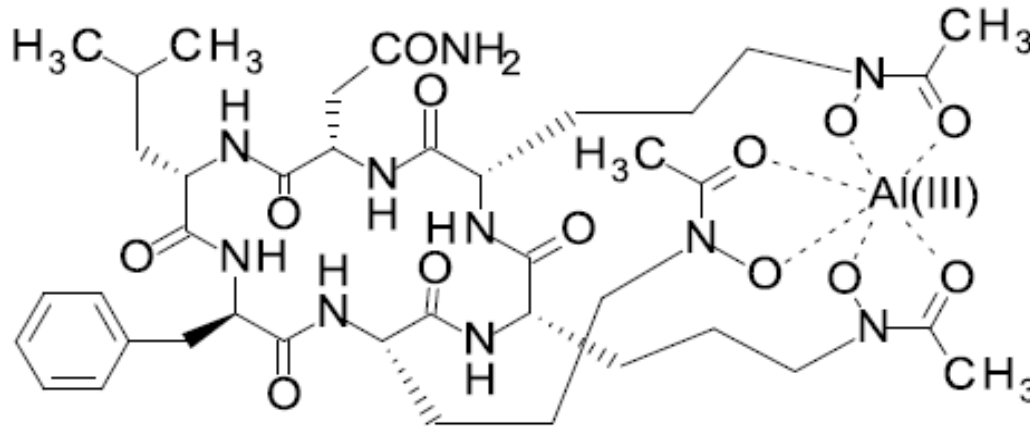
Invasive Aspergillosis

- **More than 200,000 diagnoses annually worldwide¹**
 - Predominantly occurs in immunocompromised patients
- **Limitations of current antifungals**
 - 20% all-cause mortality at 6 weeks²
 - Drug-drug interactions
 - Toxicities, intolerance
 - Lack of coverage against resistant strains
- **Only 1 new therapy class introduced in past 30 years**



VL-2397 Characteristics

- Resembles the siderophore ferrichrome
- Isolated from fungus *Acremonium persicinum*
 - Produced by fungal fermentation
 - Amino acid sequence: Phe-Leu-Asn-Orn-Orn-Orn • (Al⁺³)
- **Aluminum (Al³⁺) chelation by hydroximated ornithines is required for antifungal activity**



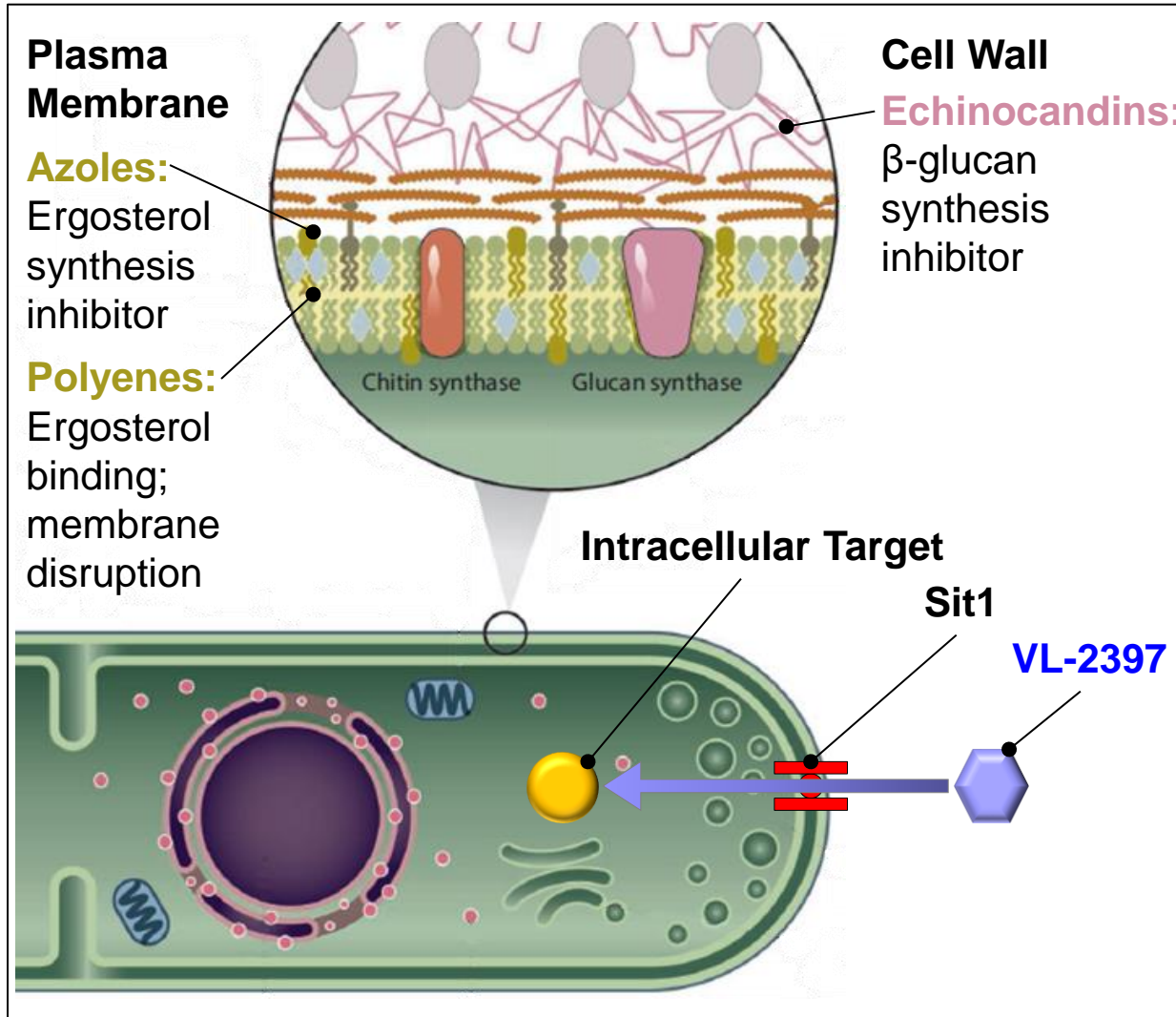
In Vitro Antifungal Activity

Susceptible fungal pathogens (MIC ≤ 2)

Fungal Species		Affected Patient Populations
<i>Aspergillus</i> species	<i>A. fumigatus</i> , <i>A. terreus</i> , <i>A. flavus</i> , <i>A. nidulans</i>	Immunosuppressed, older patients
<i>Candida</i> species	<i>C. glabrata</i> , <i>C. kefyr</i>	UTI, intra-abdominal infections, MDR infections
Other yeast species	<i>Cryptococcus neoformans</i>	HIV, Africa, South East Asia
	<i>Trichosporon asahii</i>	Immunocompromised

Assayed in inactivated human serum-containing media
MIC, minimal inhibitory concentration

VL-2397 Novel Mechanism of Action

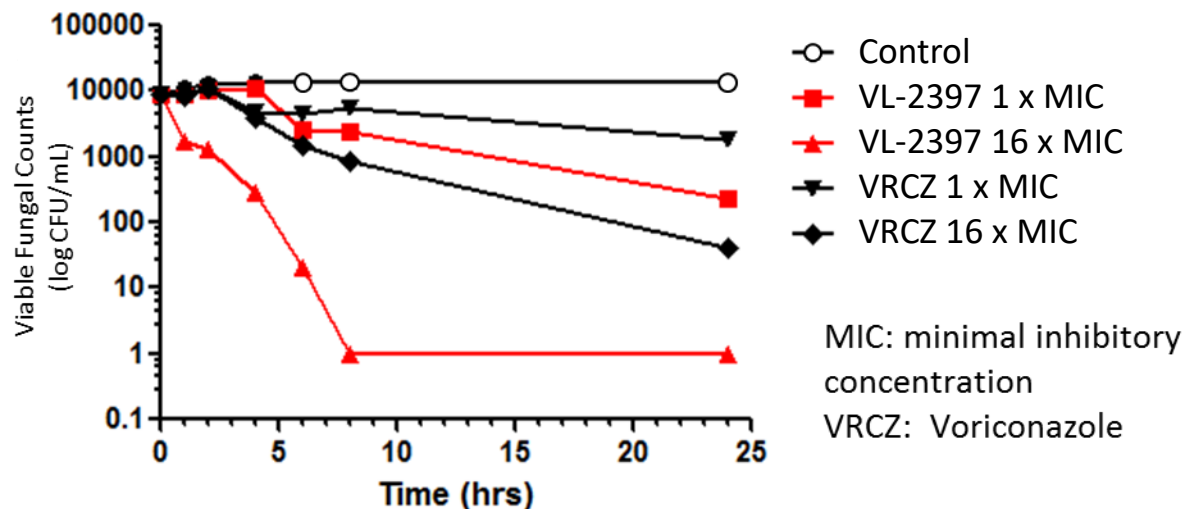


- VL-2397 represents a potentially new class of antifungal agents
- Active transport into *A. fumigatus* occurs via Sit1
 - Mammalian cells lack Sit1 transporter
- Activity results from effect on an intracellular target

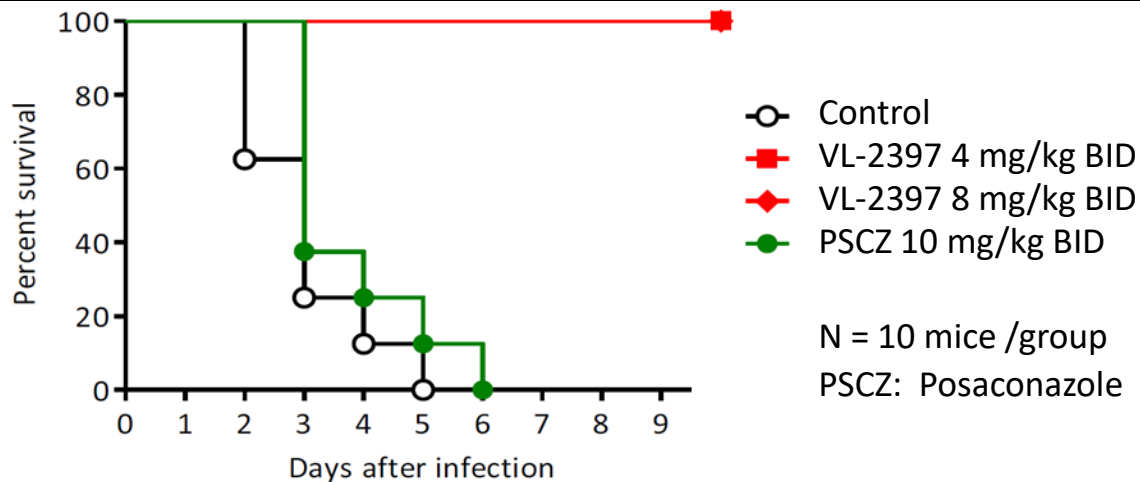
Rapid Activity Against *Aspergillus*

Including Drug-Resistant Isolates

Rapid Onset of Antifungal Activity



Activity vs. Azole-Resistant *Aspergillus*



Phase 1 Summary

- **Seven single-ascending dose cohorts, three 7-day multiple-ascending dose cohorts, one 28-day cohort**
 - Total enrollment 96 healthy subjects-ages 18 to 55
- **VL-2397 appeared to be safe and well-tolerated**
 - Safety review committee did not identify any overall concerns with the safety profile
- **Predictable PK**
 - Minimal inter-subject variability
 - No apparent accumulation of VL-2397 was observed
- **Data support advancement to Phase 2 in IA patients**

Planning for Phase 2 in IA

- **Potential expedited development pathway**
 - Intensive interaction with FDA under QIDP designation
 - VL-2397 will be eligible for Limited Use Indication approval assuming a successful outcome of a single Phase 2 trial
 - The trial must be carried out in accordance with a protocol and statistical analysis plan consistent with the Agency's advice
 - Final determination whether the drug is approvable will be made by FDA after review of all relevant data
- **Collaboration with the Mycoses Study Group Education and Research Consortium (MSGERC)**
 - Trial design and protocol input
- **Planned initiation in 4Q 2017**

Phase 2 Overview

- **Global, multicenter, randomized, open-label study**
- **N=200 adults with AML, ALL or allo HCT recipients**
- **2:1 randomization VL-2397 to active comparator**
 - Comparator: Physician's choice of voriconazole, isavuconazole or liposomal amphotericin B
- **6 weeks of antifungal treatment**
 - 4 weeks of VL-2397 followed by 2 weeks of comparator
- **Primary endpoint: All-cause mortality at 4 weeks**
 - Key secondary endpoint: ACM at 6 weeks
- **Noninferiority design**

VL-2397 Summary

- **First-in-class antifungal with novel MOA**
- **Extensive nonclinical data support rapid antifungal effect against azole-sensitive and resistant strains**
- **Favorable safety and PK profiles in Phase 1 trial support advancement to Phase 2 trial in IA patients**
- **Phase 2 trial in IA planned for initiation in 4Q 2017**
 - Potential for Limited Use Indication approval
 - Collaboration with MSGERC

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