

## TT-173

## **Overview**

Drug Name	TT-173
Description	TT-173 is the first human tissue factor (TF)- based hemostat, compared to the
	commonly used topical thrombin as surgical hemostats. It is produced by
	expressing recombinant human TF in yeast, purifying cell membranes, and forming
	the microvesicles. Using this approach, a pharmaceutical grade hemostat can be
	obtained easily and cost effectively.TT-173 is presented as lyophilized powder in
	glass vials intended to be reconstituted just before application. The resulting
	hemostatic solution can be sprayed over the bleeding surfaces with a manual
	syringe coupled to a nozzle diffuser or, alternatively, can be applied on a gelatin
	sponge or similar support over the bleeding area. This therapeutic compound has
	been granted the Orphan Drug Designation for hemophilia and von Willebrand
	disease. The study of TT-173 is currently in phase II/III clinical trial for total knee
	arthroplasty (TKA), after completing the successful phase I in dental extraction and
	phase II in skin grafting.
Active Ingredient	Tissue factor
Drug Modality	Recombinant protein
Indication	Surgical bleeding and trauma
Product Category	Hemostatic
Mechanism of Action	Tissue factor, the active ingredient of TT-173, induces the activation of extrinsic
	pathway of the coagulation cascade to reduce blood loss.
Status	Phase II/III
Patent	Filed

#### **Collaboration Opportunity**

Protheragen Inc. is actively seeking partnership to further develop TT-173. Potential collaboration can be strategic alliance, licensing, or other marketing agreement. We look forward to hearing from you.



# **Active Ingredient**

#### **Tissue Factor (TF)**

This gene encodes coagulation factor III, which is a cell surface glycoprotein. This
factor enables cells to initiate the blood coagulation cascades, and functions as the
high-affinity receptor for the coagulation factor VII. The resulting complex provides
a catalytic event that is responsible for initiation of the coagulation protease
cascades by specific limited proteolysis. Unlike other cofactors of these protease
cascades, which circulate as nonfunctional precursors, this factor is a potent
initiator that is fully functional when expressed on cell surfaces. There are 3 distinct
domains of this factor: extracellular, transmembrane, and cytoplasmic. This protein
is the only one in the coagulation pathway for which a congenital deficiency has no
been described. Alternate splicing results in multiple transcript variants.
Coagulation factor III, tissue factor
<u>F3</u>
Protein coding
TF; TFA; CD142
ENSG0000117525
2152
<u>NM_001993</u>
<u>NP_001171567</u>
<u>134390</u>
<u>P13726</u>
1p21.3

#### **Clinical Resources**

Gene Function TF expression from adventitial fibroblasts and vascular smooth muscle cells surrounding blood vessels provides a hemostatic barrier that activates coagulation when vascular integrity is disrupted. TF is also expressed by cardiac muscle but not skeletal muscle. The coagulation protease cascades are composed of the extrinsic (TF/FVIIa) and intrinsic (FVIIIa/FIXa) pathways, which together maintain



	hemostasis.
Pathway	Coagulation cascade
Major Conditions	Eye disorders; cancer

# **Drug Modality**

#### **Recombinant Protein**

TT-173 is the first recombinant human Tissue Factor-based topical hemostat for use in surgical bleeding. Developed as a lyophilized, it is highly stable even at room temperature. Its use can be flowable gelatin matrix, presentation in powder, absorbable dressing, and sealant.

## Indication

#### **Surgical Bleeding**

Bleeding is a potential complication of any surgical procedure, representing a major challenge for surgeons and anesthetists. The larger and more complex the surgery, the greater the potential for unexpected severe bleeding. Although the mortality rate is low for most surgical procedures, that is, less than 0.1% for most routine surgery, the percentage may be greatly increased when severe bleeding occurs during the operative procedure. Severe, unexpected, and uncontrollable bleeding during the operation can raise the mortality rate from 1% to 20%. The most common cause of significant intraoperative bleeding is inadequate surgical hemostasis. Moreover, it has been demonstrated that surgical technique per se affects the rate of postoperative hemorrhage. However, in some cases either acquired or congenital coagulopathies may at least favor, if not directly, cause surgical bleeding. Whatever the cause, uncontrolled bleeding can lead to a combination of hemodilution, hypothermia, consumption of clotting factors, and acidosis, which in turn exert negative influences over the clotting process to further exacerbate the problem in a vicious circle. When surgical hemostasis is inadequate or impractical, topical hemostatic agents are used. Most routine, elective surgeries are performed on patients with normal hemostasis and minimal blood loss. There are two main types of local hemostats: one is mechanical hemostats that use passive substrates to promote hemostasis; the other is



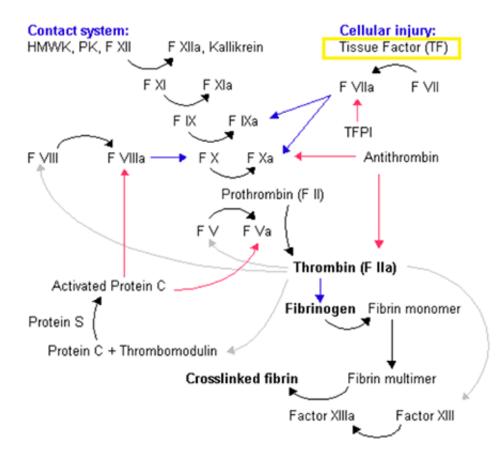
bioactive hemostatic agents, which enhance coagulation at the site of bleeding.

# **Mechanism of Action**

#### The First Tissue Factor-Based Hemostatic Agent

Tissue factor (TF) is a transmembrane glycoprotein that induces the activation of extrinsic pathway of the coagulation cascade. The use of TF as a hemostat has been postulated in the past, but their development as hemostatic treatment has been limited by the fact that purified TF presents a very limited biological activity and must be incorporated into a lipid membrane to adopt and adequate folding.TT-173 is the first recombinant human tissue factor-based, not thrombin-based, hemostatic agent, using yeast-derived microvesicles integrating a modified form of recombinant human TF in the membrane. As a fully recombinant compound, TT-173 does not present associated risk of infectious agent transmission. In contrast to thrombin, TT-173 acts at the first step of coagulation cascade activating all the coagulation factors, stopping the hemorrhage with better mechanical properties and leading to a higher hemostatic efficacy compared to thrombin.





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## Status

#### Status of TT-173

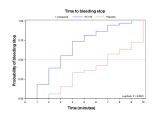
TT-173 is currently in phase II/III study in total knee arthroplasty (TKA), after successfully completing the phase I in dental extraction and phase II in skin grafting. Short term strategic objectives (18 months) are to complete the final clinical trials and drug registration with the European Medicines Agency (EMA) and the US FDA.

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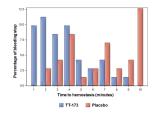


# Data



## Evaluation of TT-173 in Skin Grafting Procedures: Kaplan–Meier Analysis of Bleeding Time

The mean±SD and median bleeding times were 3.53±2.1min and 3.00min respectively, for patients treated with TT-173. Kaplan–Meier analysis showed a statistically significant increased hemostasis probability for the subjects treated with TT-173 with a hazard ratio (HR) in front of controls of 0.308 (95% CI: 0.179 to 0.530; log-rank <0.0001).



# Evaluation of TT-171 in Skin Grafting Procedures: Percentage of Patients That Stopped Bleeding

Bleeding stopped within 1.00-4.00min in most patients treated with TT-173. By contrast, patients that received placebo achieved hemostasis in 5.00-10.00min. In addition, patients using TT-173 did not need rescue treatment at the end of the evaluation, whereas 24.24% of the patients that received placebo required the rescue treatment for bleeding cessation.