

Intranasal Nose to Brain ST266 Amnion Cell Derived Secretome Delivery to Non-Human Primates and Clinical Translation

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Presentation Overview

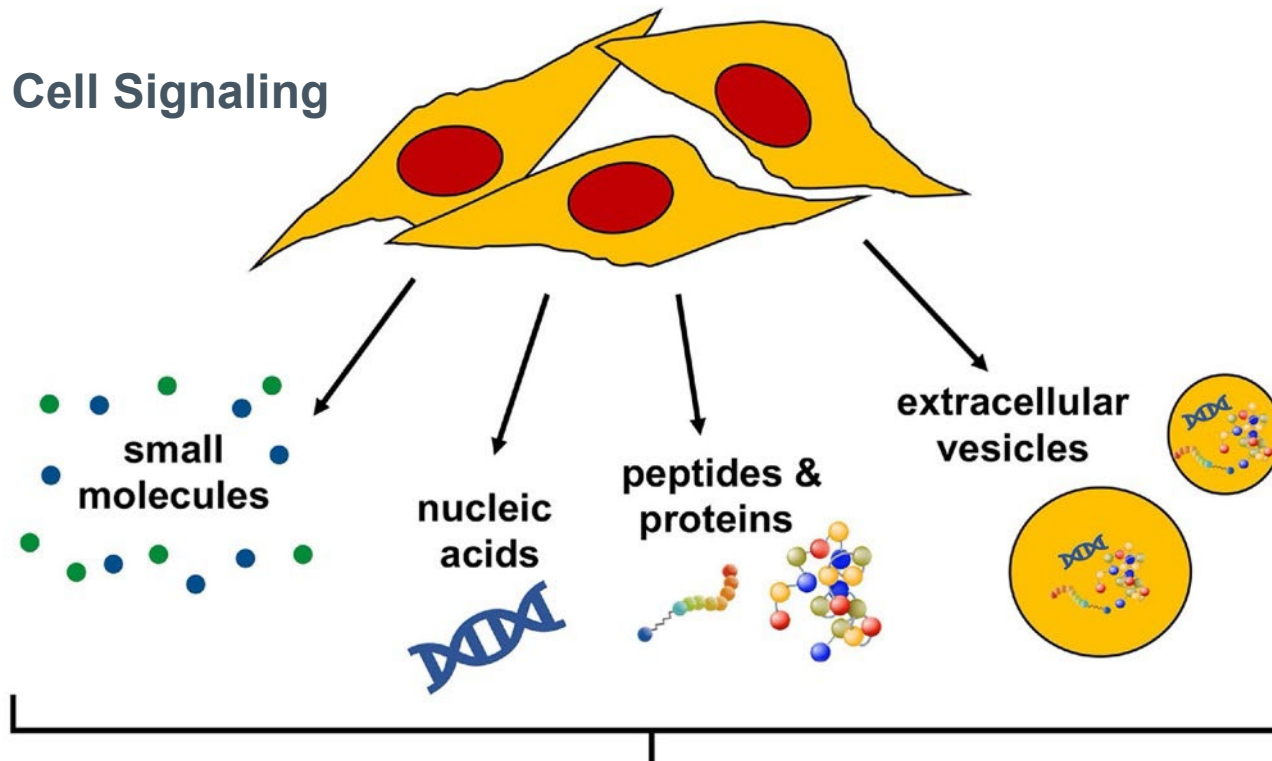


- ST266 cell secretome – “Cell therapy without the cell”
- Intranasal Nose-to-Brain Delivery
- In vivo preclinical studies:
 - Observed ST266 biological effects of intranasal delivery
- Clinical Translation
- Case study

ST266 “Cell Therapy without the Cell”: Secreted Cell Products that are Anti-inflammatory, Anti-apoptotic, Promote Cell Survival



Paracrine Cell Signaling



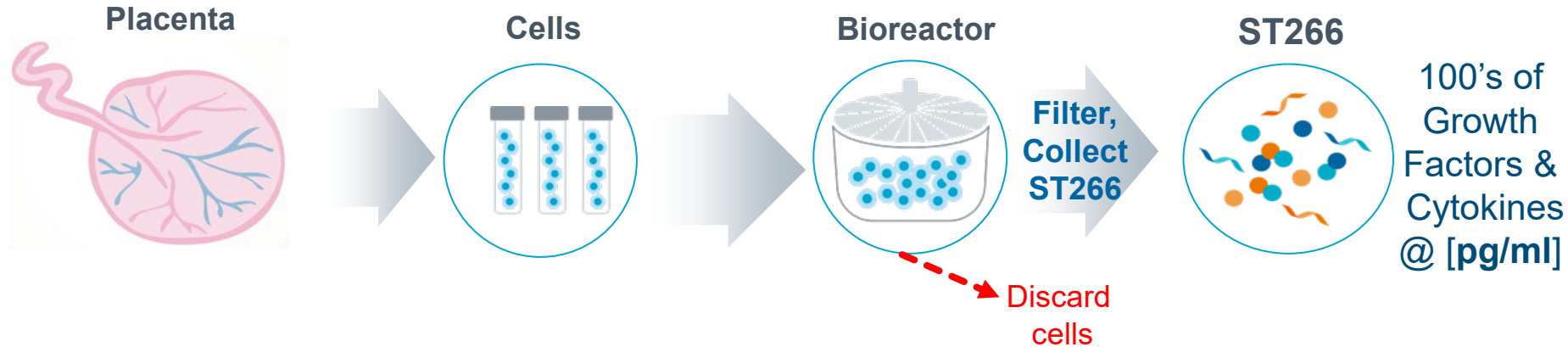
ST266 Amnion-derived Cell Secretome

anti-inflammatory, anti-apoptotic, promote cell survival

ST266 (formerly ACCS): Anti-Inflammatory, Neuroprotective, Anti-Apoptotic Growth Factors & Cytokines Derived from Proprietary Placenta Amnion Cells



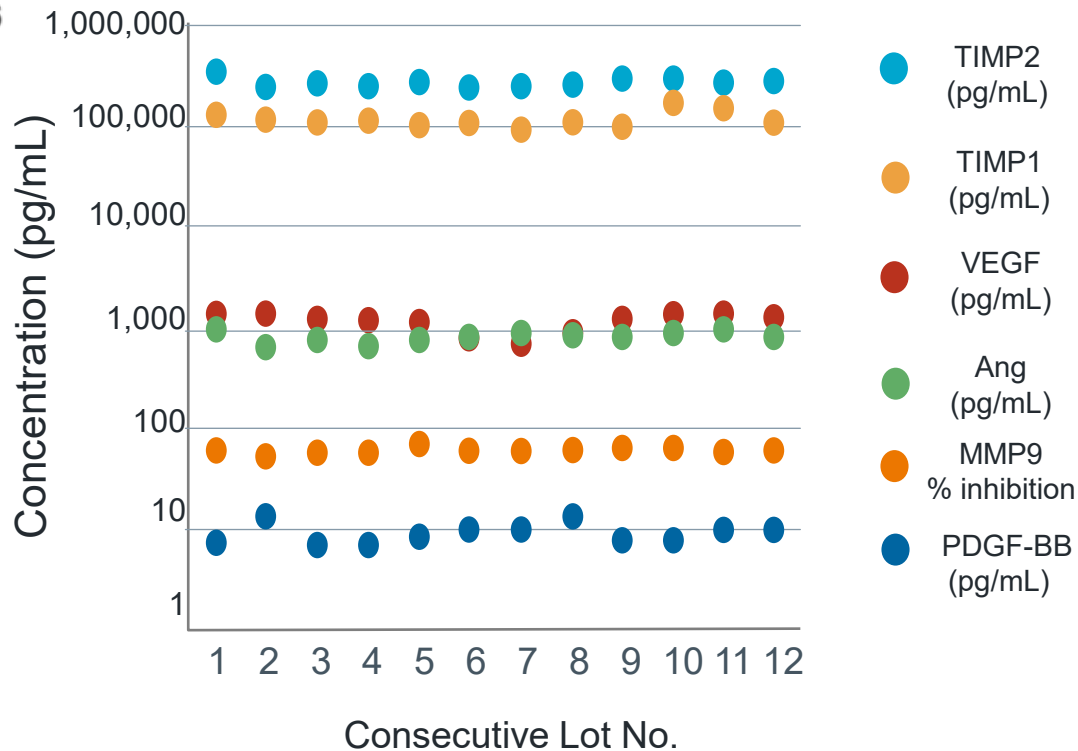
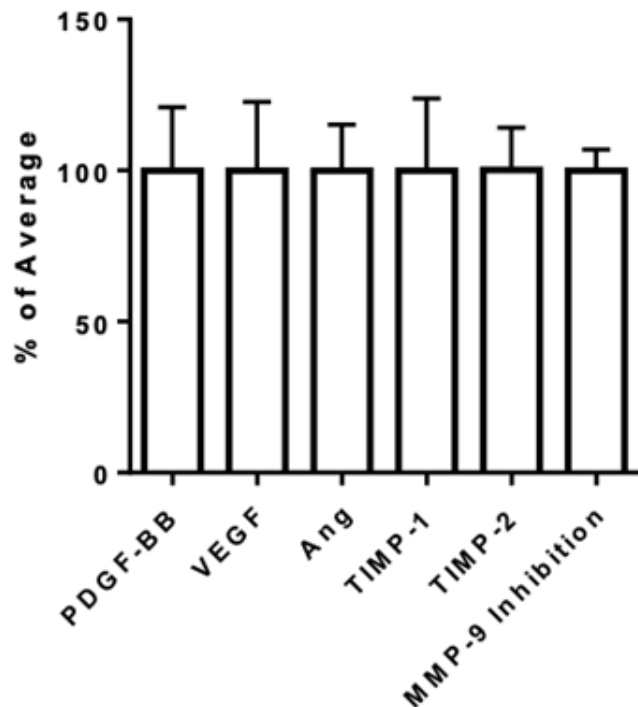
- Noveome collects and grows placenta-derived amnion cells to produce ST266 in a **GMP** manufacturing process.



Reproducibility of Manufacture: 12 Consecutive Lots \pm 2 Std Dev



Lot-to-Lot Consistency of ST266



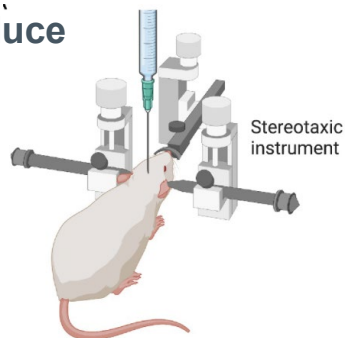
ST266 Properties: Cell Therapy Without Cells



- Neuroprotective
- Anti-inflammatory
- Anti-apoptotic
- Regenerative
- Decreases vascular permeability

ST266 Motor Function Neuroprotection and Anti-inflammatory Activity Following Penetrating Ballistic Brain Injury (PBBI)

1. Induce PBBI

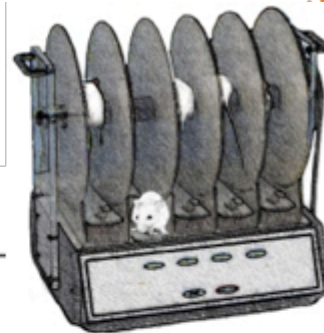
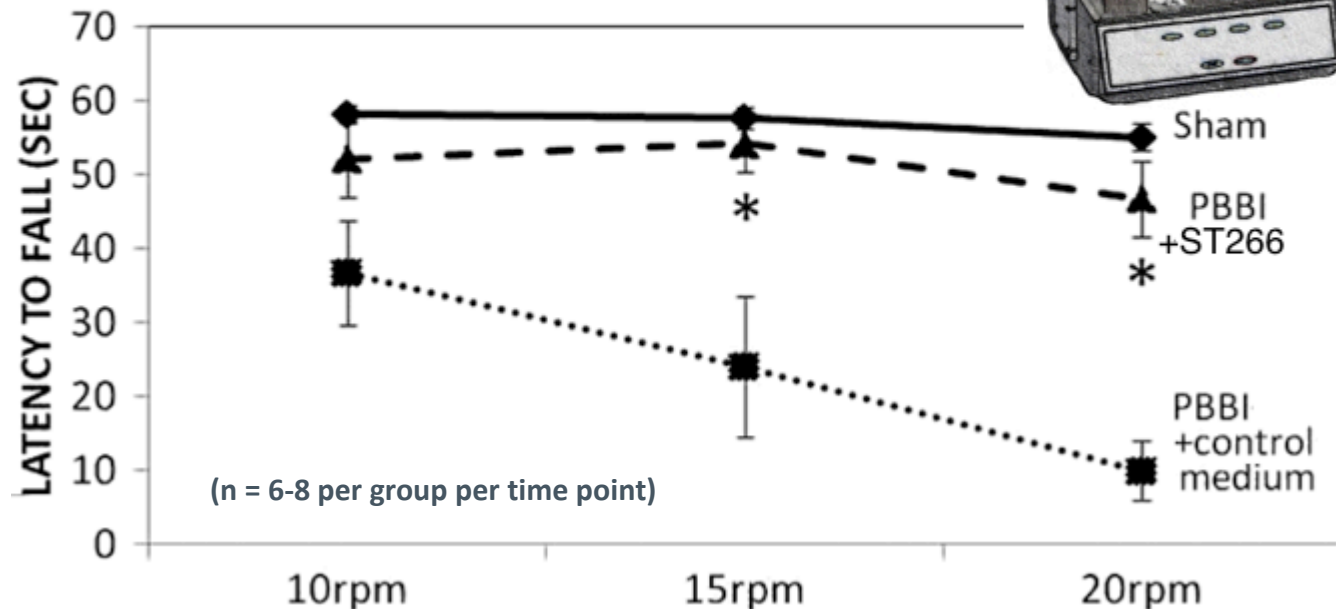


- ↑ Motor function
- ↓ Neutrophil infiltration-1st inflammatory response
- ↓ Axon degeneration
- ↓ Microglial inflammatory reactivity

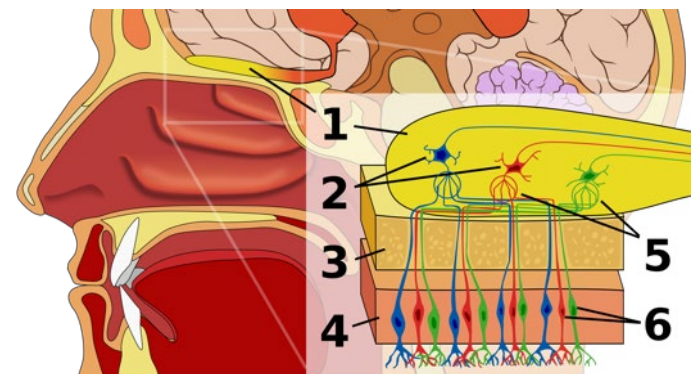
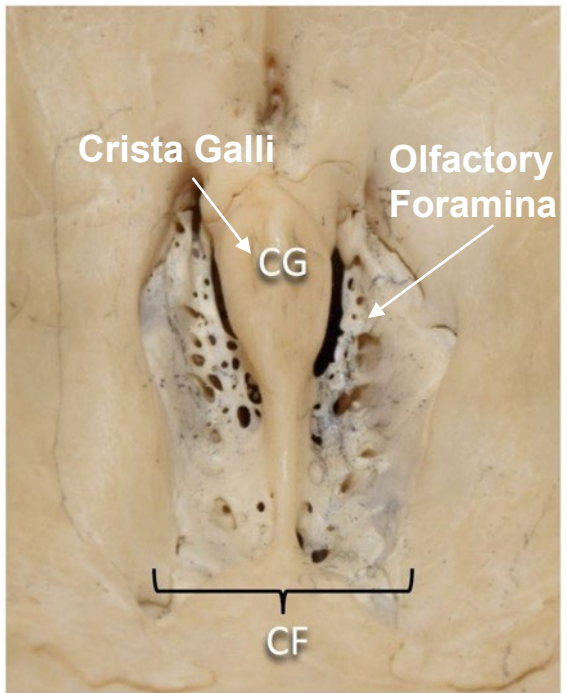
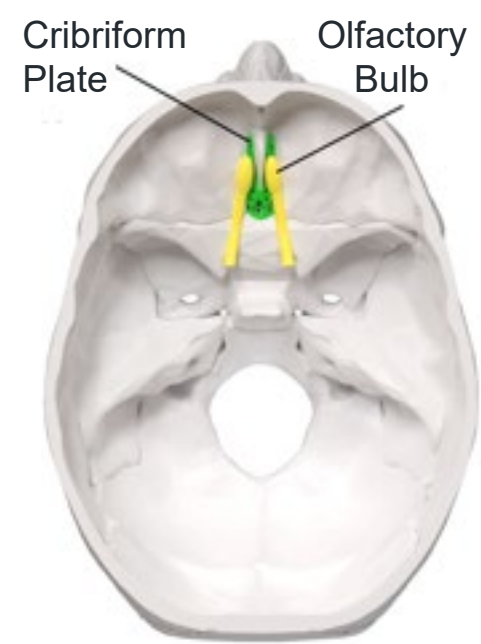
2. Intracerebroventricular ST266 delivery 1 μ L/hr with SQ osmotic minipump for 1 to 4 weeks



LATENCY TO FALL - 2 WEEK

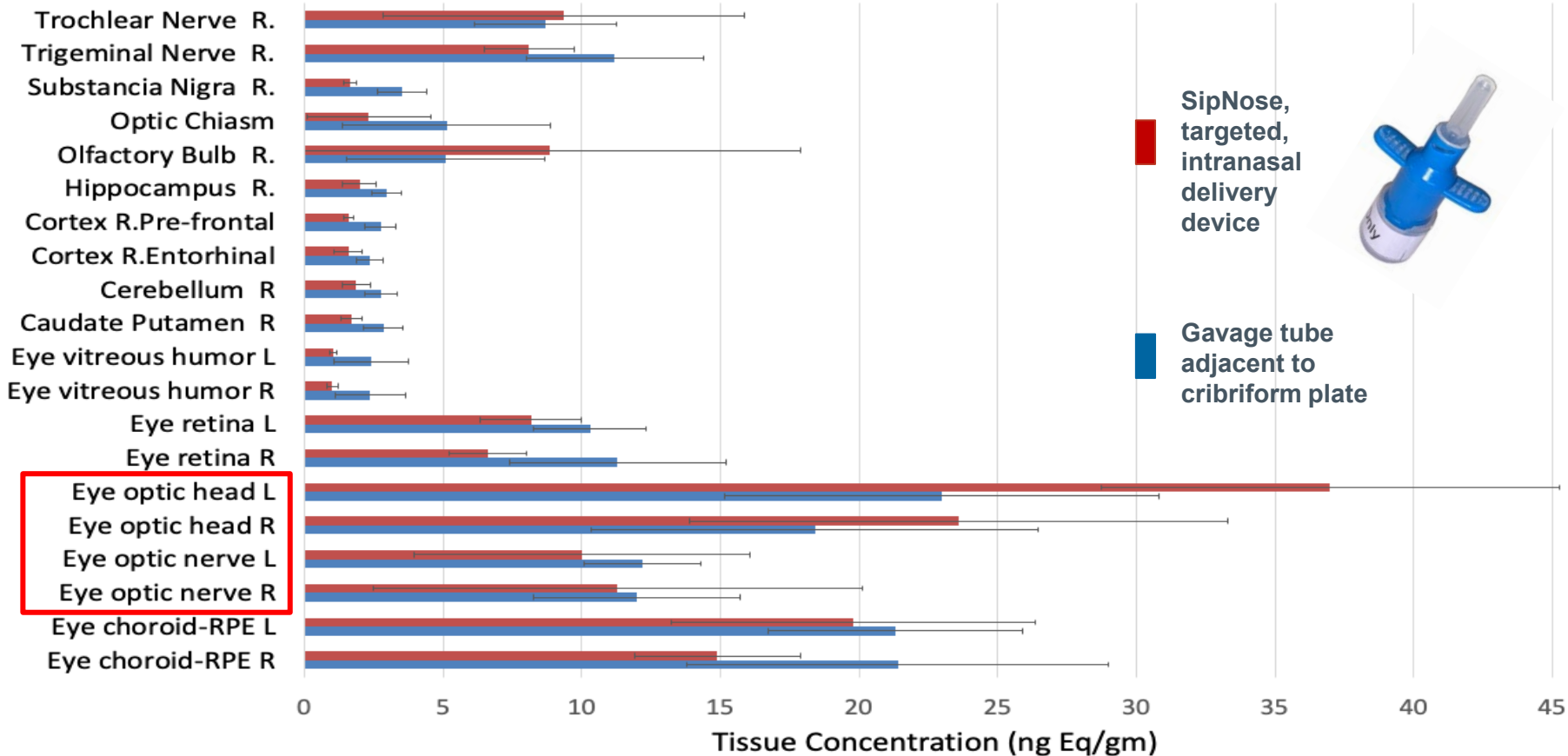


1989 – Professor William Frey II, University of Minnesota described intranasal macromolecule brain delivery via the olfactory neural pathway. (WO/1991/007947)¹



- 1. Olfactory Bulb
- 2. Mitral Cells
- 3. Cribriform Plate
- 4. Olfactory Epithelium
- 5. Glomerulus
- 6. Olfactory Receptor Neurons

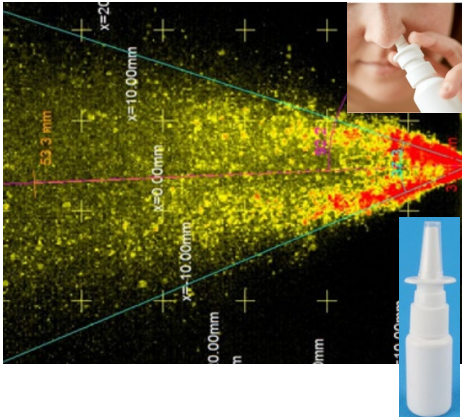
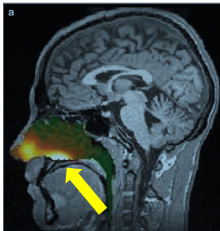
Intranasal [125 I] Labeled ST266 Brain Distribution in Non-Human Primates (N=3)/Group – Highest Concentration: Optic Nerve Head



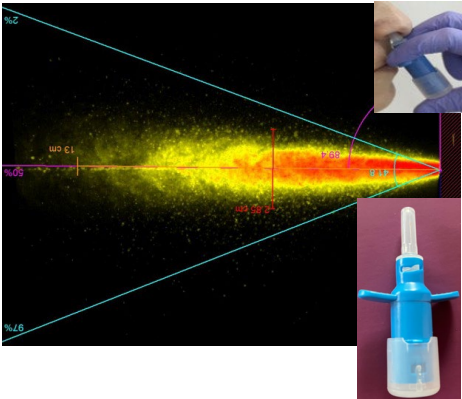
SipNose Device Targets the Cribriform Plate and Olfactory Nerves to Bypass the Blood Brain Barrier



Commercial Nasal Pump (wide angle)

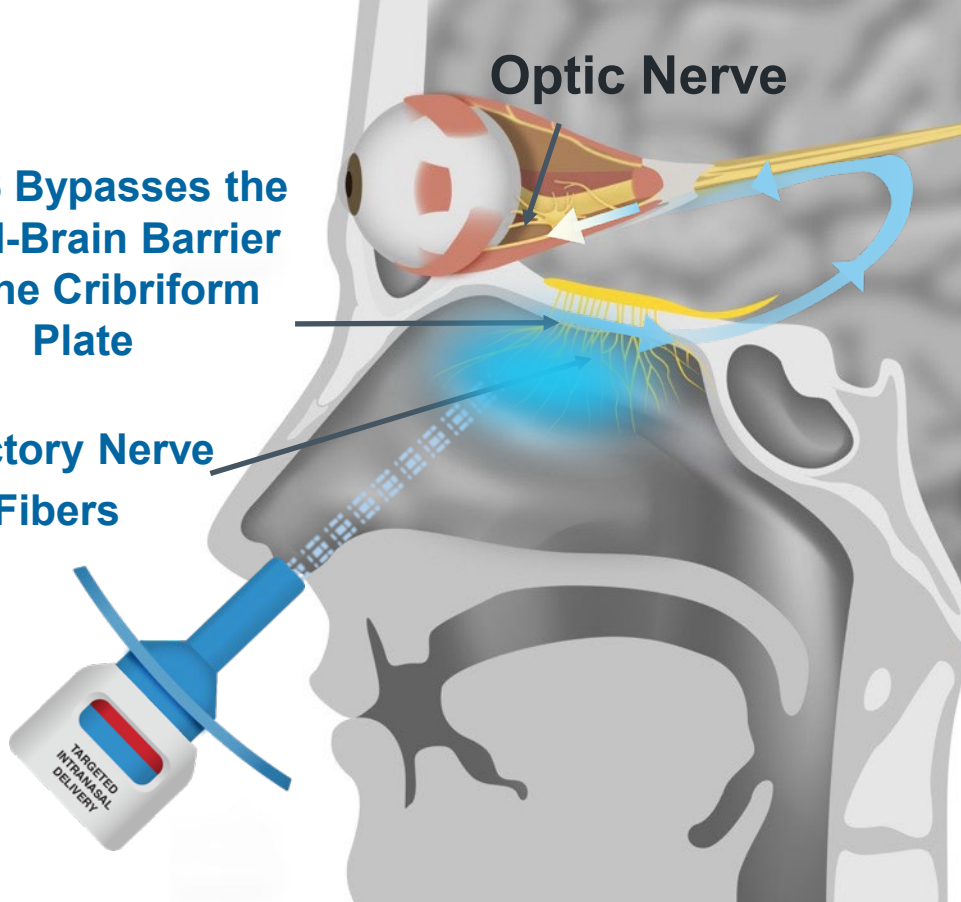


SipNose Delivery (narrow angle)

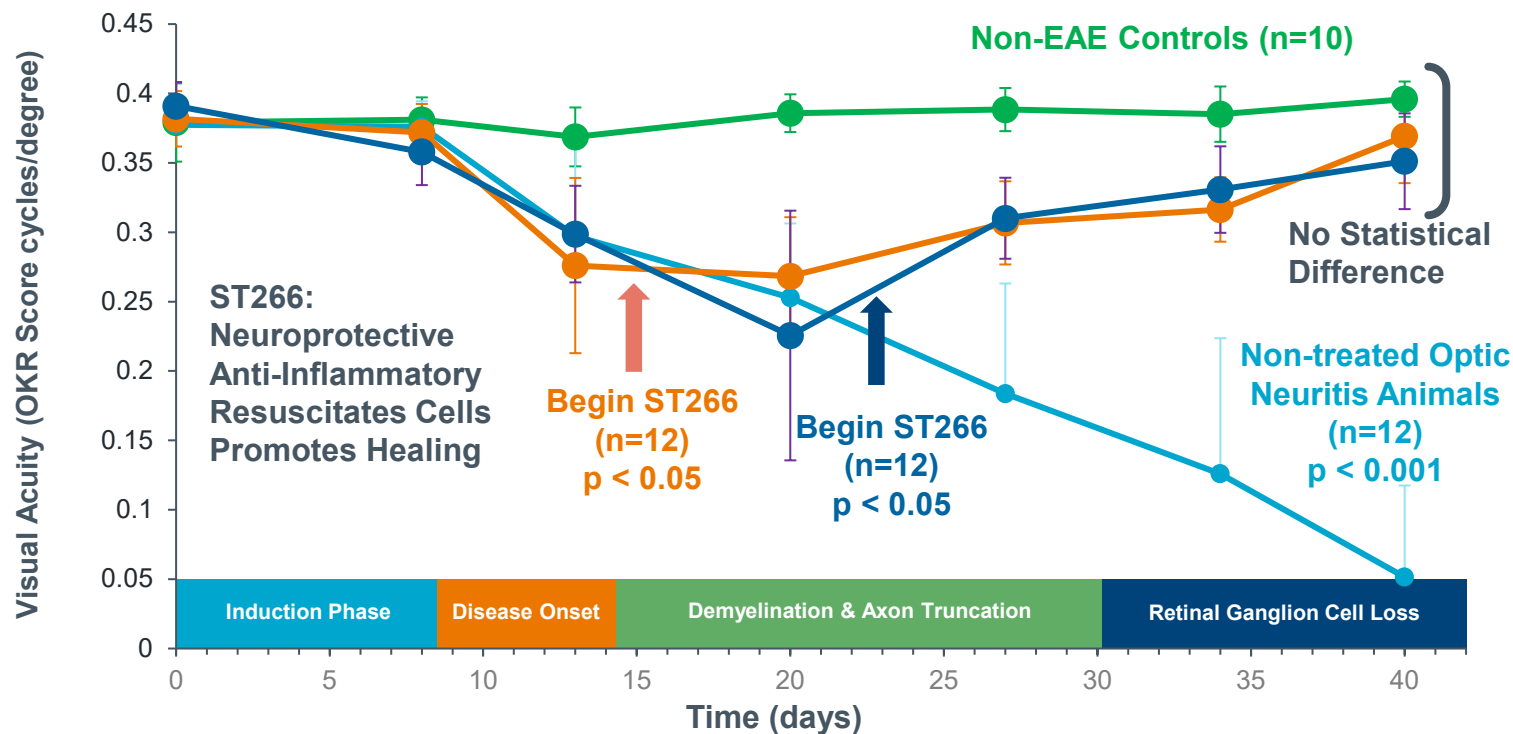


ST266 Bypasses the Blood-Brain Barrier via the Cribriform Plate

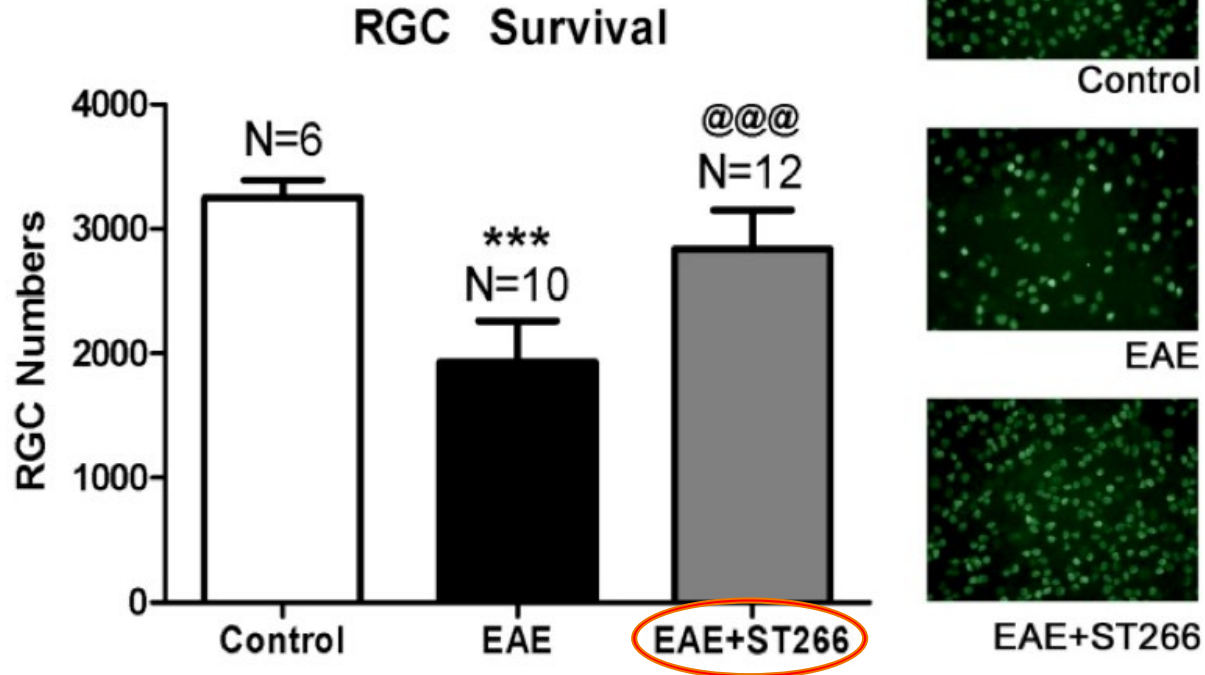
Olfactory Nerve Fibers



Intranasal ST266 Restores Vision in Experimental Autoimmune Encephalomyelitis (EAE) Mouse Model of Optic Nerve Disease



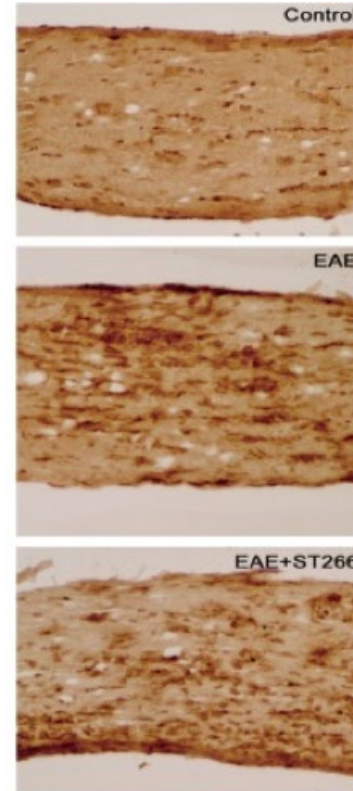
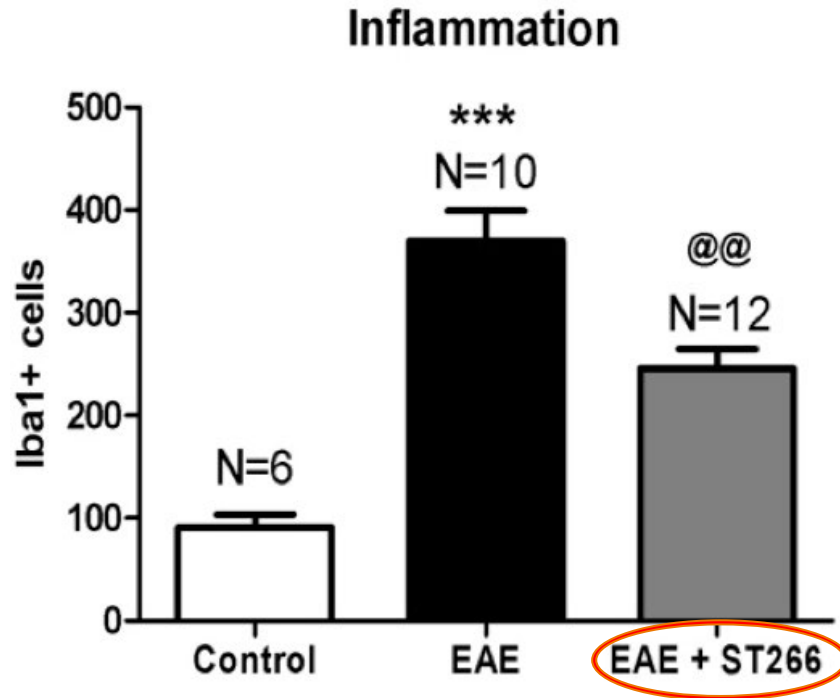
Intranasal ST266 Enhances of Brn3a labeled Retinal Ganglion Cell (RGC) Survival



Intranasal ST266 Reduces Inflammation



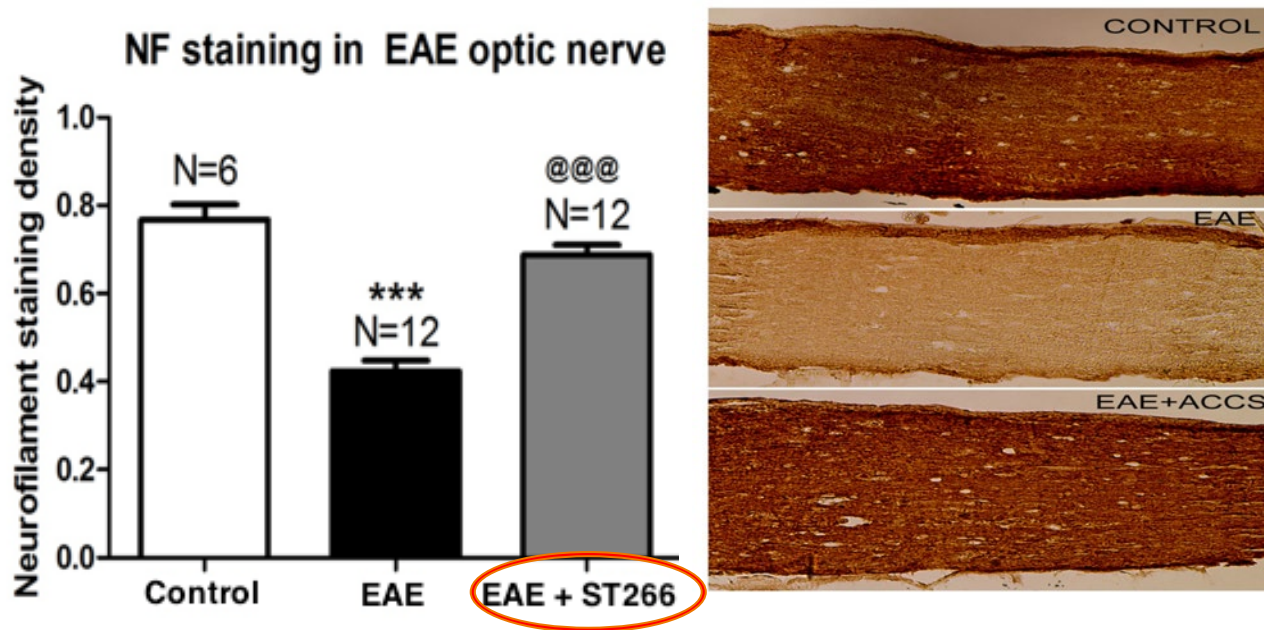
Reduced Iba1 microglia expression



*** $p < 0.001$ vs control

@@ $p < 0.01$ vs EAE

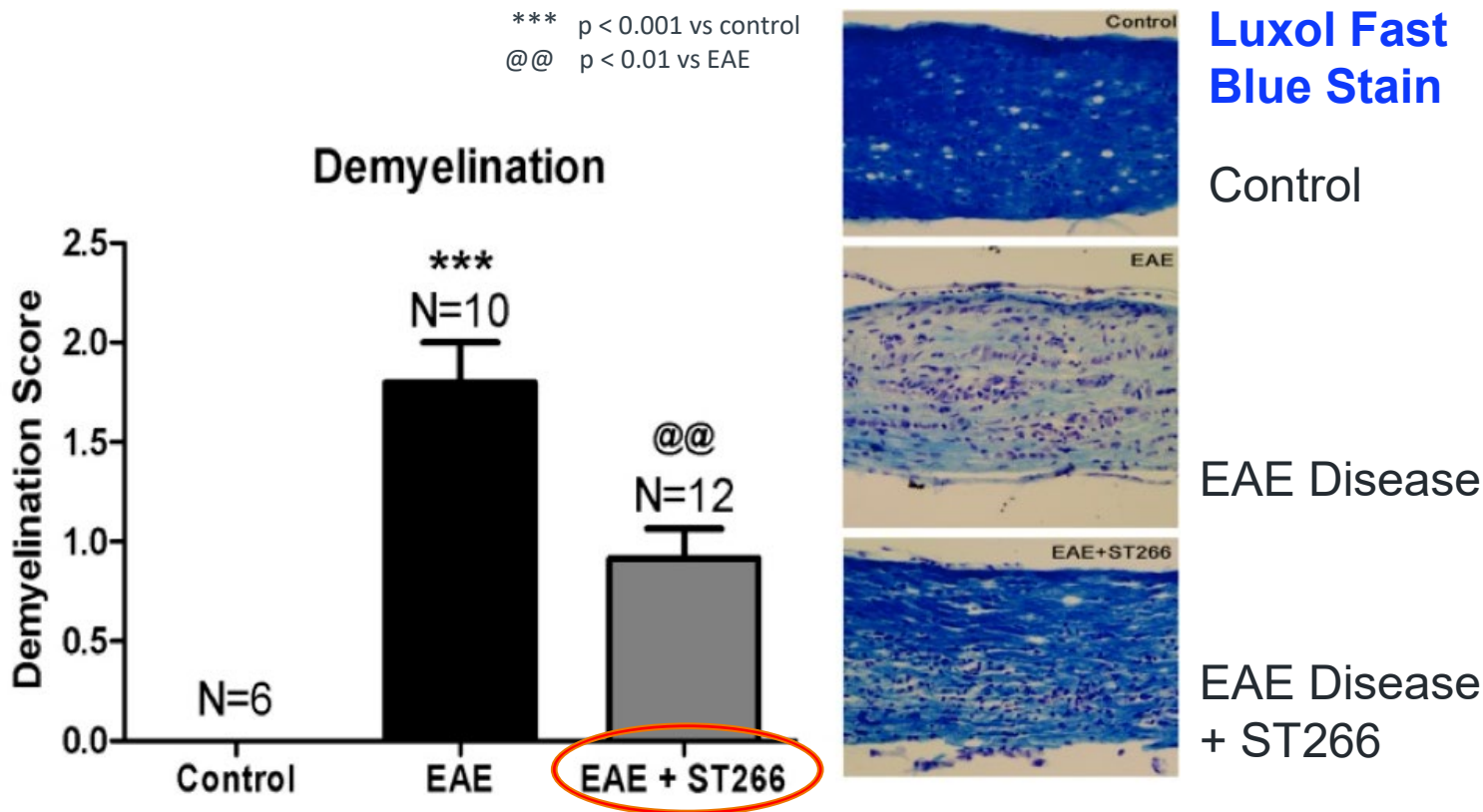
Early ST266 Treatment Attenuates Axonal Loss



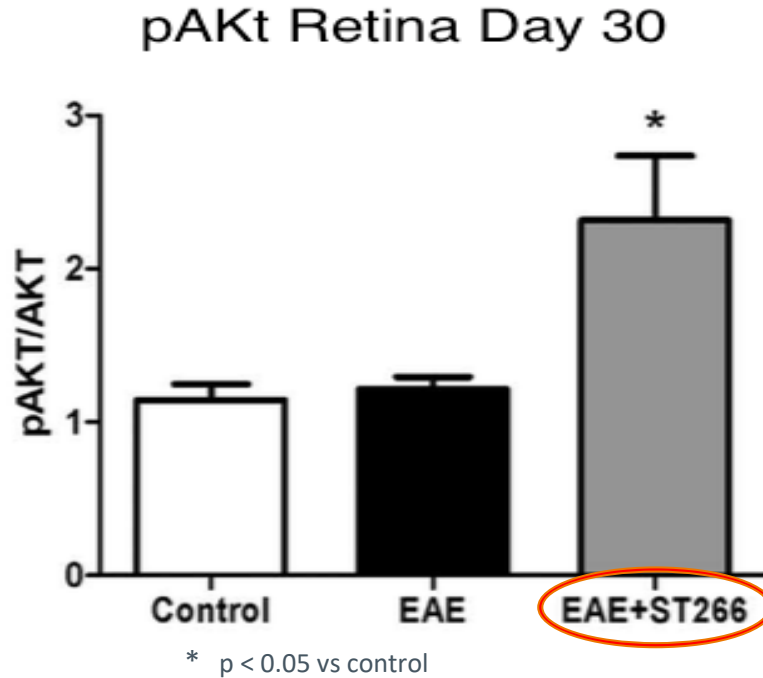
*** $p < 0.001$ vs control

@@@ $p < 0.001$ vs EAE

Intranasal ST266 Reduces Nerve Demyelination in a Mouse Model of Optic Nerve Disease

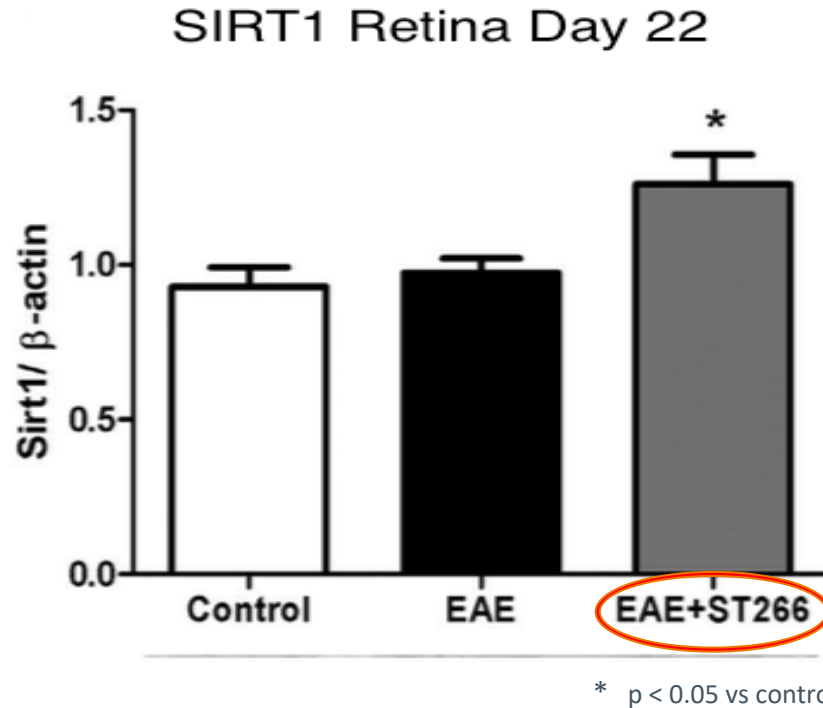


Mechanism: ST266 Upregulates pAKt Cell Survival Pathway



- Reduces oxidative stress
- Inhibits cell death genes
- Inhibits apoptosis
- Neuronal survival enhanced via PI3 kinase

Mechanism: Intranasal ST266 Upregulated Retinal SIRT1

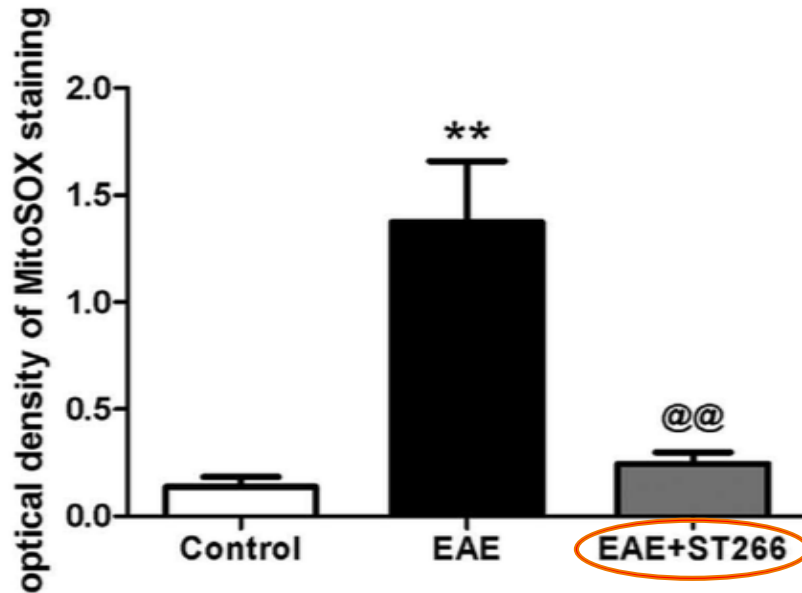


- **SIRT1 promotes cell stress responses and cell survival**
- **Anti-inflammatory properties**
- **Activation of SIRT1 prevents RGC loss**

Mechanism: Intranasal ST266 Suppresses Reactive Oxygen Species Accumulation in EAE: Present in normal cells at low and stationary levels in



Optic Nerve MitoSOX Staining Day 42



** $p < 0.01$ vs control

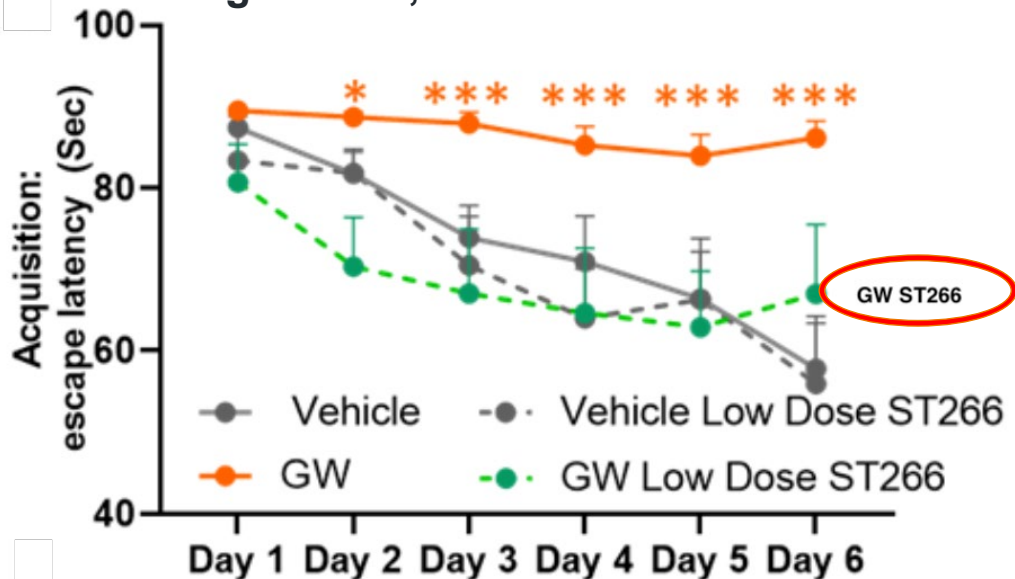
@@ $p < 0.01$ vs EAE

- Decreases mitochondrial oxidization by superoxide
- Can cause irreversible damage to DNA

Intranasal ST266 Improved Cognitive Deficits in Barnes Learning Maze: Gulf War Neurochemical and Repeat Mild TBI Mouse Models

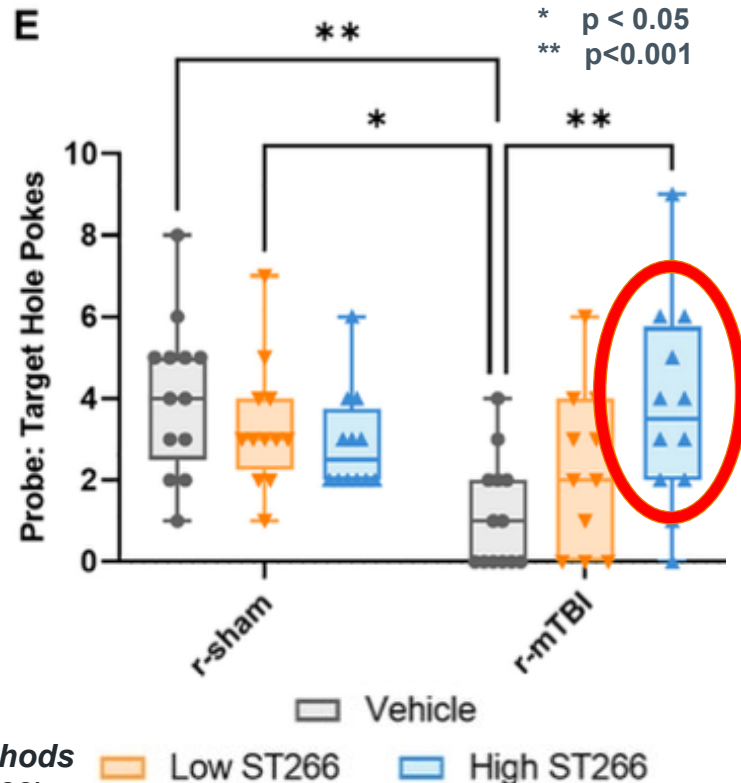


Gulf War Model: DEET, Nerve Agent DFP, Cortisone



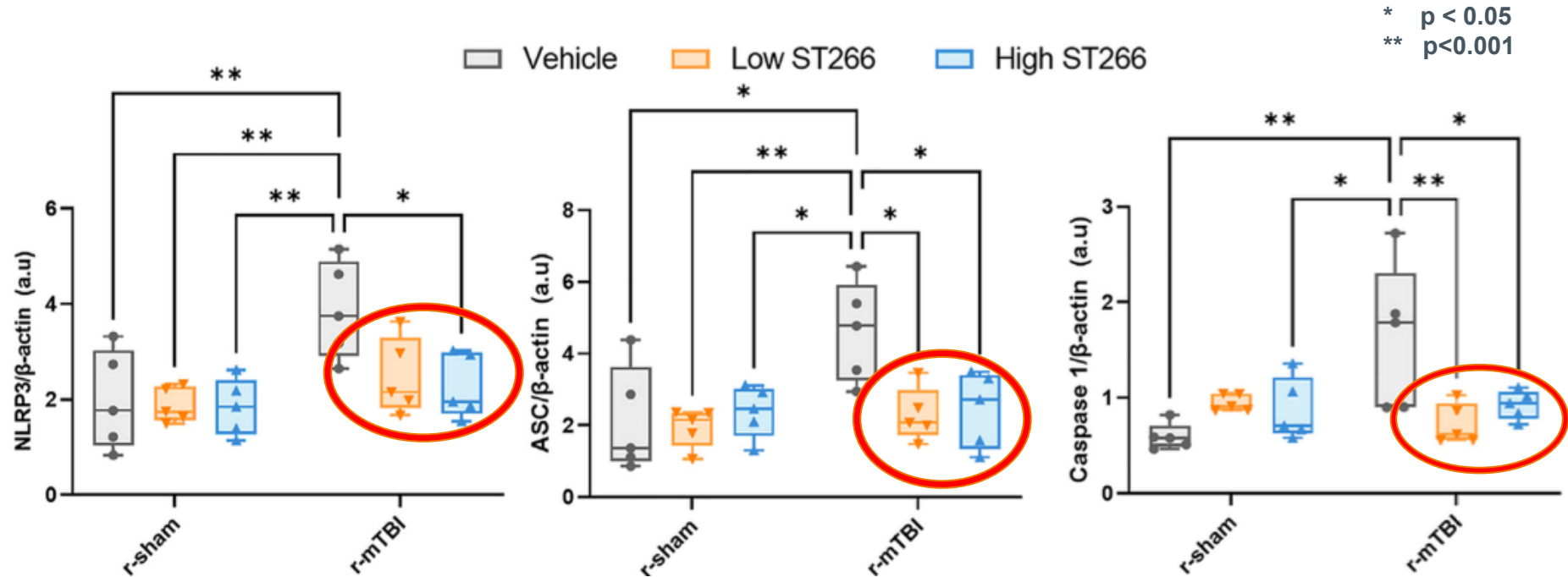
Browning et al MHSRS 2024
Conference, Orlando FL

Repeat Mild Traumatic Brain Injury



McCartan, Molecular Therapy: Methods
& Clinical Development 29:303, (2023)

Intranasal ST266 significantly attenuated inflammatory biomarkers NLRP3, ASC, and Caspase-1 following Repeated Mild TBI.



Dose Escalating Clinical Study in Glaucoma Suspects (ClinicalTrials.gov : NCT0390178)



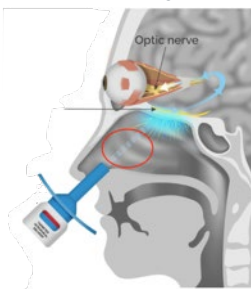
Cohort	Nostril	Administered Dose	Days	Total Daily Dose	N
1	alternating	200 µL	14	200 µL	3
2	bilateral	200 µL	14	400 µL	3
3	bilateral	200 µL	28	400 µL	3

Inclusion criteria (any of):

- ocular hypertension
- optic nerve cupping
- family history of glaucoma

Exclusion criteria included:

- IOP > 29mmHg either eye
- High risk factors of ocular hypertension
- Evidence of angle closure
- Recent laser or incisional glaucoma surgery
- Subjects requiring glaucoma medication
- History or evidence of sinus or nasal pathology
- Current use of intranasal medication
- Stroke or TIA within past 5 years
- Neurocognitively impaired assessed by RBANS



SipNose Ltd
Cribriform Targeted
Device

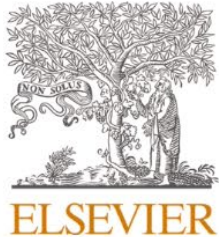
9 Subjects

Phase 1 Intranasal ST266 in Glaucoma Suspects Safety Trial

ClinicalTrials.gov : NCT0390178



- Intranasal ST266 Safety established, supports use for optic neuropathies
- Published unexpected neuroprotective efficacy observation:



Contents lists available at [ScienceDirect](#)

Otolaryngology Case Reports

journal homepage: www.elsevier.com/locate/xocr

- Resolution of COVID-19 induced anosmia following treatment with ST266
Devica L. Bhutania, Ahmara G. Rossa,b, Amanda Y. Lehmana, Kenneth S. Shindler
Otolaryngol Case Rep. 2022 Nov;25:100475. doi: 10.1016/j.xocr.2022.100475.
- 28-days of intranasal ST266 resolved 13-months complete anosmia

Summary: Intranasal ST266 Neuroprotective Therapy



- Demonstrated noninvasive, cribriform plate targeted delivery of large molecular weight ST266 proteins to the brain and optic nerve
- ST266 secretome neuroprotective efficacy via multiple signaling pathways
 - Optic neuritis model → Preserved retinal ganglion cells
 - Brain injury models → Decreases microglial inflammation, optic nerve demyelination, NLRP3 inflammasome
 - Improved Barnes Maze learning and cognitive performance in GW and TBI models
- Phase 1 dose escalation safety study of ST266 in glaucoma suspect
- Unexpected resolution of Covid-19 induced anosmia

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