American Society of Clinical Oncology Selects BeyondSpring Abstract on Neutropenia Mitigation with Plinabulin Use for Publication

New York, N.Y. – May 26, 2016 – BeyondSpring Pharmaceuticals, a clinical stage biopharmaceutical company focused on the development of innovative cancer therapies, including a Phase III immuno-oncology compound and strong pipeline in collaboration with the Fred Hutchinson Cancer Research Center, announced today that the American Society of Clinical Oncology (ASCO) has selected the Company’s abstract, titled “The Plinabulin/Docetaxel combination to mitigate the known safety concerns of Docetaxel,” for publication. The abstract’s selection is in conjunction with ASCO’s Annual Meeting that will take place on June 3 through 7, 2016, in Chicago, Ill.

BeyondSpring’s innovative lead asset, Plinabulin, mitigates Docetaxel-induced Neutropenia, which is the destruction of a type of white blood cells (Neutrophils) that are key components of the immune system. Neutrophils are our first line of defense against infections. Patients with grade 4 Neutropenia are more susceptible to severe bacterial infections and sepsis, which requires hospitalization, and causes high mortality rates during chemotherapy. In addition, severe Neutropenia often leads to Docetaxel dose reduction, or treatment delays, thus patients would not receive optimal chemotherapy. Supportive care with treatments which can prevent Neutropenia, minimize chemotherapy dose reductions or treatment delays, and therefore enable the delivery of adequate, full-dose chemotherapy (dose-dense chemotherapy).

“Our team’s mission is to bring change to cancer care by bringing innovative, but cost-effective oncology therapeutics to our patients,” said Dr. Ramon Mohanlal, M.D., Ph.D., Chief Medical Officer of BeyondSpring. “Docetaxel is a well-established cancer therapeutic that is widely used in the Oncology setting, however grade 4 Neutropenia occurs in a high number of patients receiving Docetaxel, which limits its utility. The Phase II data with Plinabulin showed that, when combined with Docetaxel, it was highly effective in avoiding Docetaxel dose reductions, due to minimizing the occurrence of grade 4 Neutropenia.

The Neutropenia benefit was likely due to Plinabulin-induced release of cytokines, such as IL-1 and IL-6 (data obtained in in-vitro Plinabulin studies), which are known to increase Neutrophil count.

Additionally, preliminary results indicated a potential efficacy benefit of the Plinabulin/Docetaxel combination over Docetaxel alone in NSCLC patients, and a global Phase III trial with the Plinabulin/Docetaxel combination versus Docetaxel alone is currently underway in the U.S., China and Australia.
“The Plinabulin/Docetaxel combination improved overall survival in a subset of patients with measurable lung tumors and also had duration of response benefit over Docetaxel alone,” added Dr. Lan Huang, Ph.D., co-founder and Chief Executive Officer of BeyondSpring. “We are reporting on the safety profile of the Plinabulin/Docetaxel combination, and Plinabulin’s product profile is very attractive, as it can become an efficient, safe, convenient and cost-effective alternative to G-CSF, including its biosimilars.”

A full-text version of the abstract appears on the ASCO website.

About BeyondSpring Pharmaceuticals
BeyondSpring is a global clinical stage biopharmaceutical company developing innovative cancer therapies targeting immuno-oncology and tumor vascularization. BeyondSpring has advanced its lead asset, Plinabulin, into a Phase III clinical trial as a direct anticancer agent in non-small cell lung cancer. The Company is also planning a Phase III clinical trial for Plinabulin in the prevention of Docetaxel-induced Neutropenia. BeyondSpring’s management team brought a combined 30+ drugs to market. The Company’s immuno-oncology pipeline is robust, including a collaboration agreement with the Fred Hutchinson Cancer Research Center.

About Plinabulin
Plinabulin is a small molecule agent that is administered by IV infusion (30-minute infusion) and is administered 60 minutes after completion of Docetaxel infusion, on the same day of Docetaxel infusion.

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