



ANTINEO

Preclinical Services in Oncology

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- Optimize and Accelerate the development of our customers' compounds
- Provide advice, expertise and services
- Work with a reactive team of scientists
- Access a range of *in vitro*, *ex vivo* and *in vivo* services
- Fully authorized animal house and personnel





Antineo

5
years

30 clients
30% Turnover
at Export
> 100 projects

Per year
+ 25 %
turnover
1 recruitment

French CIR
2020-2023

2 PhD
CIFRE

Expertise
(consultant,
SAB)

4 engineers
2 PhD
> 20 y expertise

2 000 mice

> 100 human
CDX
> 30 syngeneic
tumours



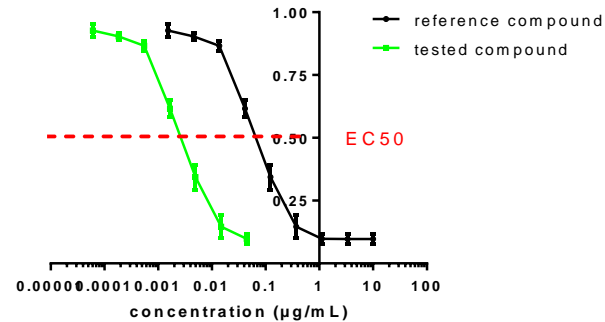


Expertise and services



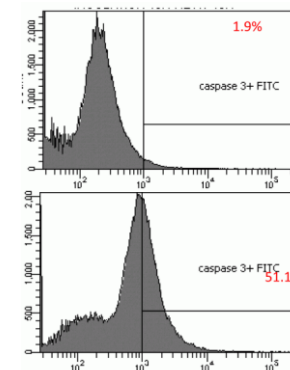
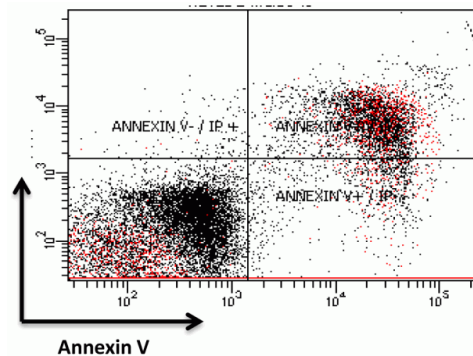
➤ **Cytotoxicity assays:**

- IC50/EC50
- Synergy/antagonism assay

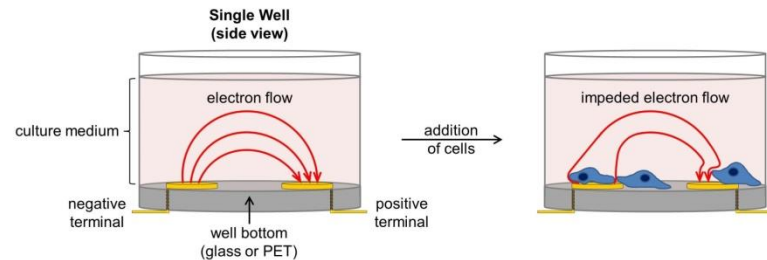
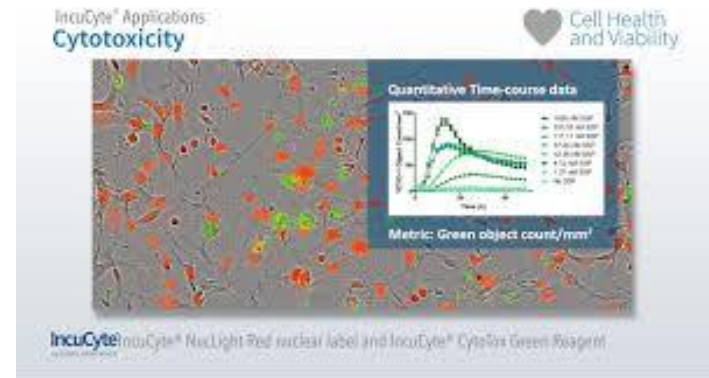


➤ **Flow cytometry:**

- Proliferation
- Cell cycle analyses
- Apoptosis
- Marker expression

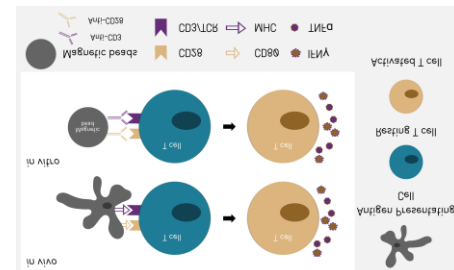
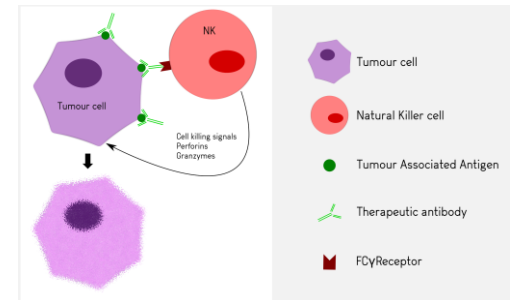


- **IncuCyte and xCELLigence:**
 - Cell health and viability applications (apoptosis, cytotoxicity, proliferation)
 - Mobility assays (cell migration, chemotaxis)
 - Immuno-oncology assays (immune cell clustering and killing, antibody internalization, phagocytosis)



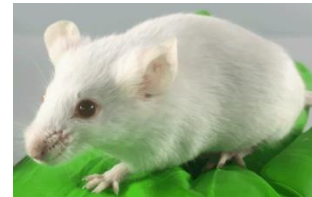
➤ Immunology assays

- End-point and continuous monitoring analysis can be performed with PBMC/effector cells from healthy donors/health mice
- Antibody Dependent Cell Cytotoxicity ADCC
- Complement Dependent Cytotoxicity CDC
- Antibody Dependent Cell Phagocytosis ADCP
- T cells activation, proliferation, cytotoxicity
- Mixed Lymphocytes Reaction
- etc



➤ Toxicity assay:

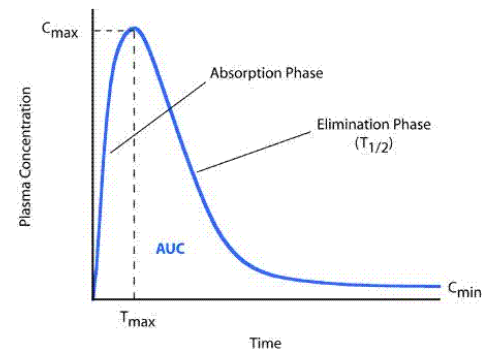
- Non-regulatory toxicity in mice
- Non-regulatory toxicity in rats



Weight, behaviour, aspect etc

➤ Pharmacokinetics studies:

- Choice of route (IP, IV PO)
- in mice
- in rats



➤ Toxicology analyses on blood:

- Hematology with MS9 analyzer
- Metabolic with VetScan analyzer
- Plasma/serum sampling



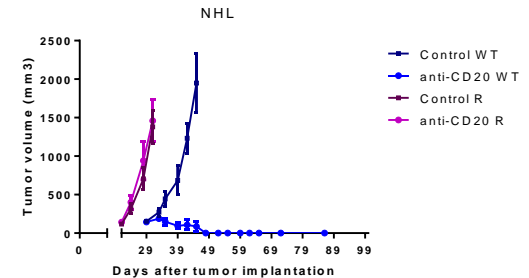
- Patients are frequently primarily resistant to therapies or develop secondary resistance upon treatment
- The sensitivity of preclinical tumor models to therapies can be assessed
- **BUT** there is a lack of preclinical *in vivo* secondary resistance models

→ ***Antineo's strategy is to develop resistant models from sensitive cells, without genetic modification as well as primary refractory models***



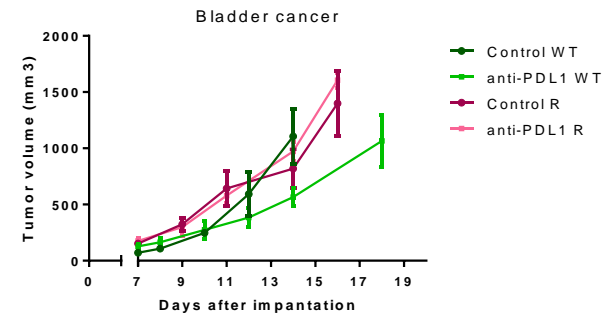
➤ **CDX human models:**

- Lymphoma resistant to anti-CD20, to R-CHOP combitherapy
- Myeloma resistant to anti-CD38
- Breast cancer resistant to T-DM1 or anti-Her2



➤ **Syngeneic mouse models:**

- Melanoma resistant to anti-PD(L)1
- Colon cancer resistant to anti-PD(L)1
- Bladder cancer resistant to anti-PD(L)1
- Renal cancer resistant to anti-PD(L)1
- B lymphoma cancer resistant to anti-PD(L)1 and anti-CD20





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