



# Novel Therapeutic Platform Targeting TLR4-Lipid Rafts for Treatment of Acute and Chronic Pain

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# Unmet Medical Need

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## Chronic Pain

- Following inflammation/nerve injury
- Annual cost \$635B in the US
- ***Opiates, NSAIDs, gabapentinoid: Limited efficacy; adverse effects; abuse***

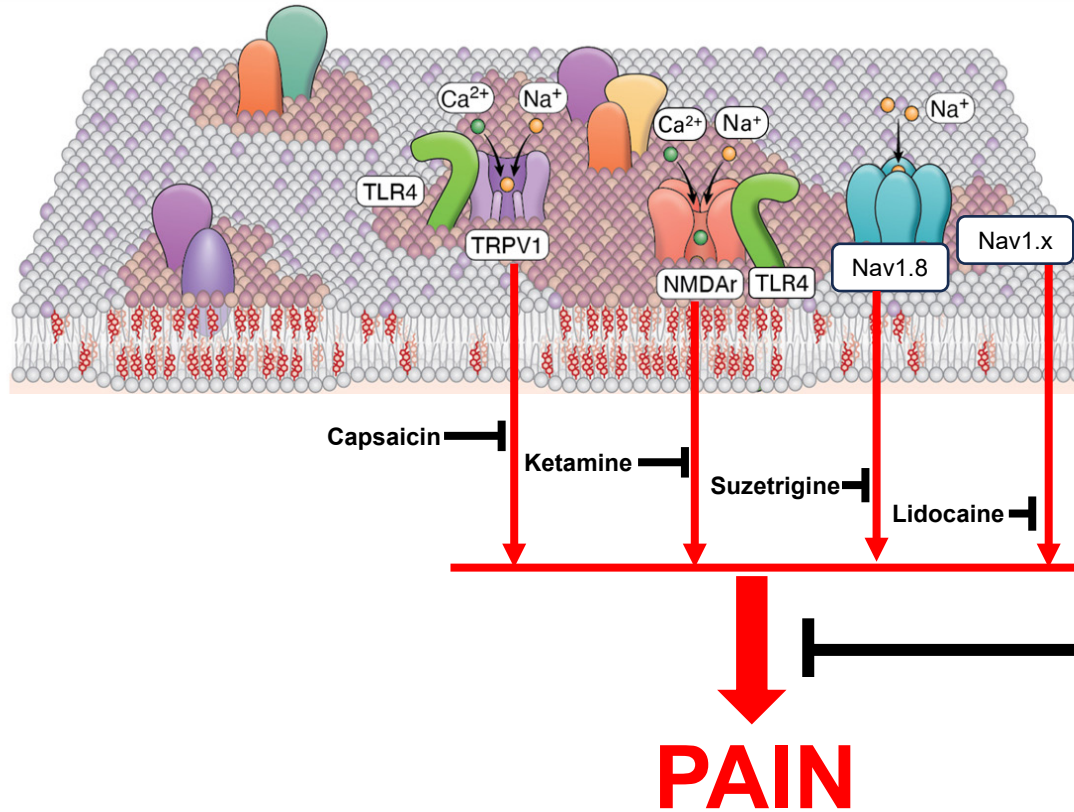
## Postoperative Pain

- Undertreated, impairing recovery
- Annual cost \$38.4B in the US
- ***Opiates and NSAIDs: limiting side effects and addiction***

## Migraine

- Second most common cause of disability in young/middle-aged women
- Annual cost \$22B in the US
- ***CGRP/Triptan therapeutics 50% effective, adverse events***

# Targeting TLR4-Lipid Rafts: Novel Approach to More Effective Analgesia



- Individual pain target modulators exhibit partial/limited efficacy
- **TLR4-Lipid Raft** is the platform for assembly of multiple functional pain receptors and ion channels
- Targeting the entire **TLR4-Lipid Raft** creates the opportunity to inhibit ALL pain signaling, without affecting normal sensory or motor function

# TLR4-lipid rafts as a novel therapeutic target

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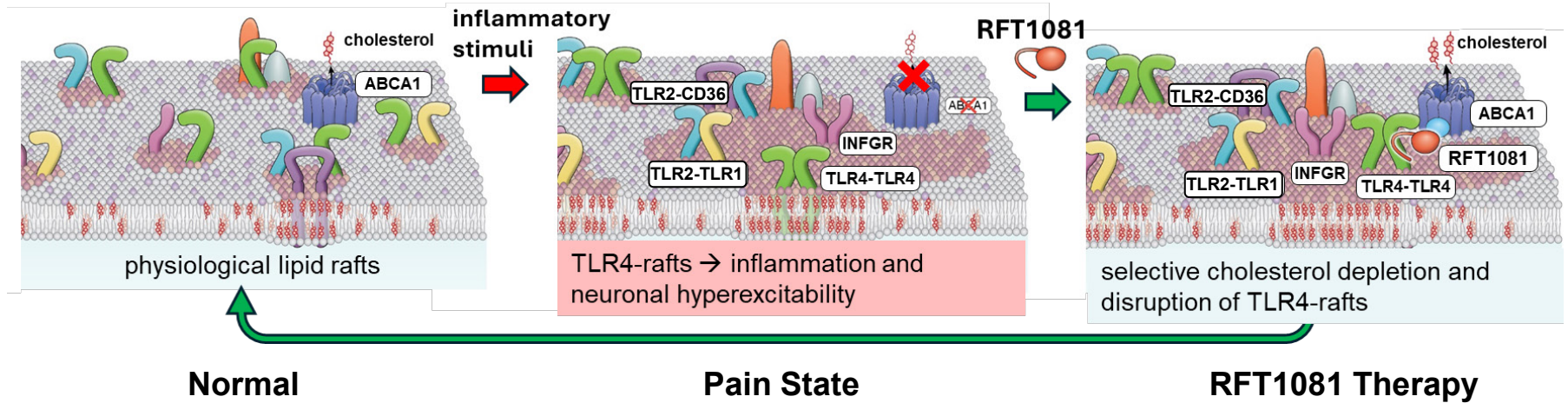
- Three major neuraxial cell types involved in pain processing and chronification express high levels of **TLR4**:
  - DRG (dorsal root ganglia) **nociceptive neurons**, but not low-threshold sensory or motor neurons
  - DRG **macrophages**
  - Spinal cord **microglia**
- In activated cells, **TLR4 is localized to lipid rafts** and forms functional complexes with other receptors:
  - TLR4-TLR4 homodimers (among others) in macrophages and microglia
  - TLR4-TRPV1, TLR4-NMDAr (among others) in neurons

## Selective targeting of **TLR4-lipid rafts** by **RFT1081**

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- RAFT's lead RFT1081 facilitates cholesterol removal from plasma membrane and reduces cholesterol-rich lipid rafts
- RFT1081 binds to TLR4 → targets cholesterol depletion machinery to cells with high TLR4-lipid rafts (e.g., DRG nociceptive neurons and macrophages / spinal microglia)
- Dissociation of TLR4-lipid rafts removes the assembly platform for inflammatory and nociceptive receptors and channels on neuraxial pain systems → benefit of polypharmacology vs. single pain target approaches
- Selective targeting of *TLR4-rafts* vs. *physiological lipid rafts* → beneficial safety profile

# RFT1081: Selective cholesterol removal from cells with high expression of TLR4-lipid rafts



# RFT1081 is a modified AIBP protein

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1. Apolipoprotein A-I Binding Protein (AIBP; gene *APOA1BP* or *NAXE*) is an evolutionary conserved protein; secreted or intracellular
2. *APOA1BP* is a strong susceptibility locus for migraine
3. Reduced expression of endogenous AIBP in asthmatic bronchi and in glaucomatous retina
4. AIBP facilitates membrane cholesterol depletion from neurons, macrophages, microglia and endothelial cells
5. AIBP-mediated cholesterol depletion reduces lipid rafts and inhibits ectopic angiogenesis, vascular, neuro and pulmonary inflammation, and spontaneous activity in DRG neurons
6. **RFT1081 introduces a modification in AIBP molecule that facilitates its binding to TLR4 → selective targeting to TLR4-lipid raft expressing cells → selective disruption of receptors functioning within TLR4-lipid rafts**

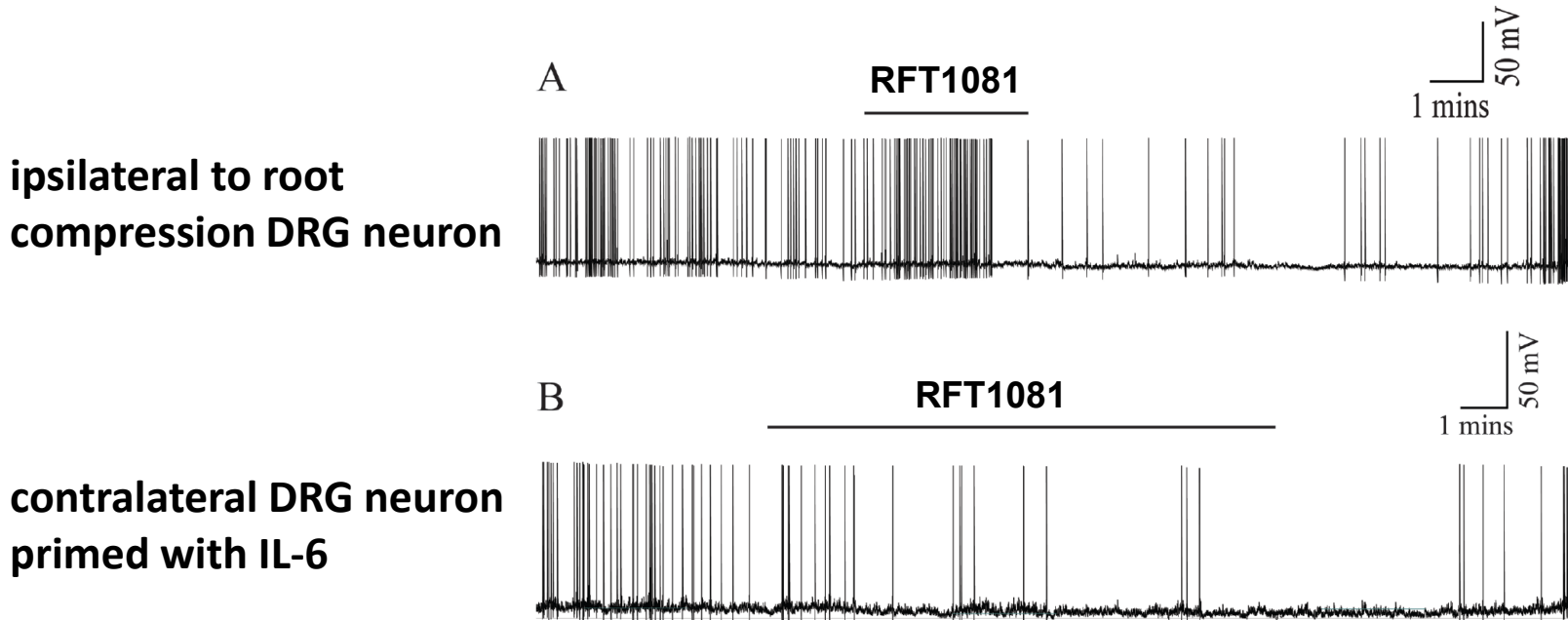
# Target Product Profile for RFT1081

Property	Results
Potent modulator of TLR4 lipid rafts	<ul style="list-style-type: none"> <li>• Binds to TLR4 to ensure selectivity</li> <li>• Depletes cholesterol and disrupts TLR4 rafts to block nociceptor excitability and neuroinflammation</li> </ul>
Drug Characteristics	<ul style="list-style-type: none"> <li>• Recombinant protein (32 kDa)</li> <li>• Modified apolipoprotein A-I binding protein (AIBP)</li> </ul>
Therapeutic Targets	<ul style="list-style-type: none"> <li>• Acute and chronic pain, migraine (additional studies in asthma control)</li> </ul>
Administration Route	<ul style="list-style-type: none"> <li>• Intrathecal (CIPN)</li> <li>• Intravenous (post-operative pain, migraine)</li> <li>• Subcutaneous (migraine)</li> </ul>
Pharmacokinetics	<ul style="list-style-type: none"> <li>• Relatively short exposure</li> <li>• Lasting pharmacodynamic effect</li> </ul>
Efficacy	<ul style="list-style-type: none"> <li>• Statistically significant efficacy in:               <ul style="list-style-type: none"> <li>➢ human DRG neurons from painful dermatomes</li> <li>➢ rat model of post-operative pain</li> <li>➢ mouse model of migraine</li> <li>➢ mouse model of chemotherapy-induced peripheral neuropathy</li> </ul> </li> </ul>
Preliminary Safety	<ul style="list-style-type: none"> <li>• Up to 15-fold (intrathecal) or 4-fold (intravenous) efficacious dose*</li> <li>• Intrathecal delivery does not interfere with cancer chemo or immune therapy</li> <li>• Minimal in vitro immunogenicity</li> </ul>
Intellectual Property	<ul style="list-style-type: none"> <li>• Provisional filing 2021</li> <li>• Specific claims in prosecution</li> </ul>

\* Feasible margin based on therapeutic doses used; no microscopic findings in histopathology

# RFT1081 inhibits spontaneous activity: validation of mechanism in **human** DRG neurons\*

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\* DRGs from patient tissues obtained during spinal reconstructive surgery

# Pre-Operative Administration of RFT1081 Prevents Post-Operative Pain in Rats

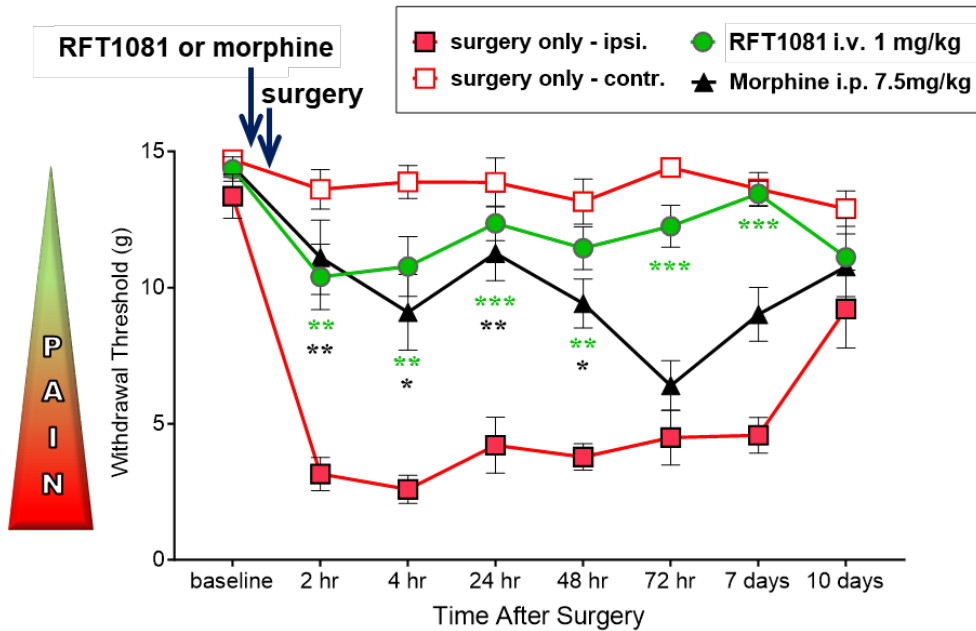


Figure:

- Male Sprague-Dawley rats (n=6 per group, 2-way ANOVA)
- A single intravenous RFT1081 or intraperitoneal morphine (comparator/positive control) injection 30 min before paw incision surgery
- Von Frey testing of tactile allodynia on ipsilateral and contralateral paws (not all contralaterals shown)

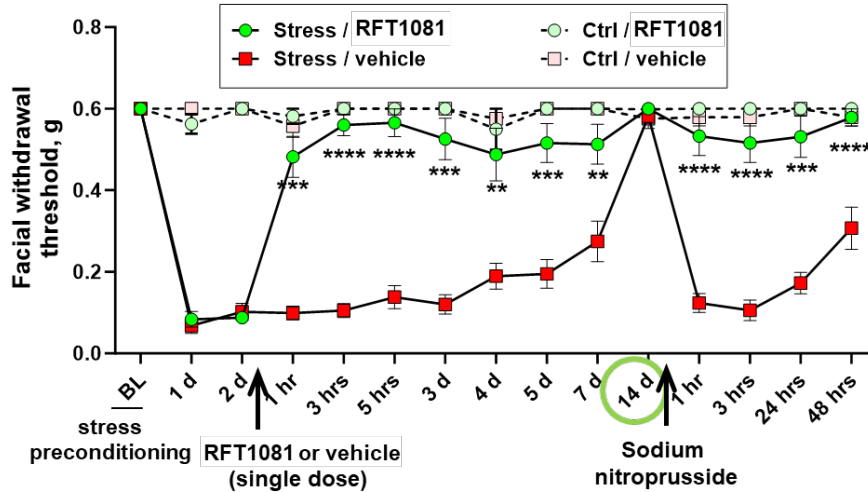
Similar results with female rats

Open filed activity assay also shows superior analgesic effect of RFT1081 over morphine at 24h post-surgery

RFT1081 accelerated wound healing

# RFT1081 Reverses and Prevents Facial Allodynia in a Mouse Model of Migraine

HEADACHE



Two-hit migraine model:

- Mice subjected to physical restraint stress (2h per day for 3 days) experience facial tactile sensitivity for at least 7 days, which subsides by day 14
- Facial allodynia is re-established by injection of NO generator (sodium nitroprusside) in stressed but not control mice

RFT1081 figure:

- Female mice (n=7-8 per group, 2-way ANOVA)
- A single intravenous RFT1081 injection on day 2 after the completion of the restraint stress regimen reversed stress-induced facial allodynia and prevented SNP-induced second-hit response

Similar results with male mice

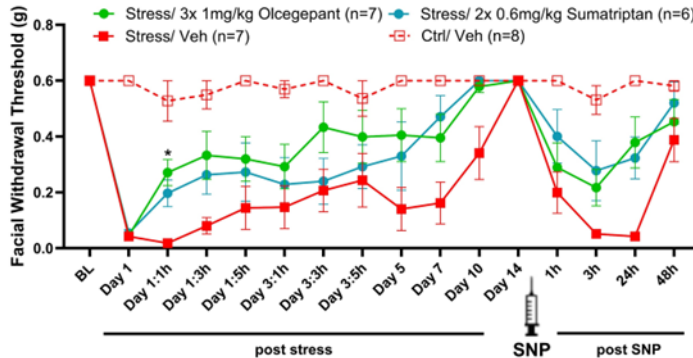
Comparator figure: Female mice (n=7-8); Olcegepant was dosed on days 1, 2 and 3, and Sumatriptan on days 1 and 3.

In a different, mast cell activation model of migraine, RFT1081 prevented photophobia in mice

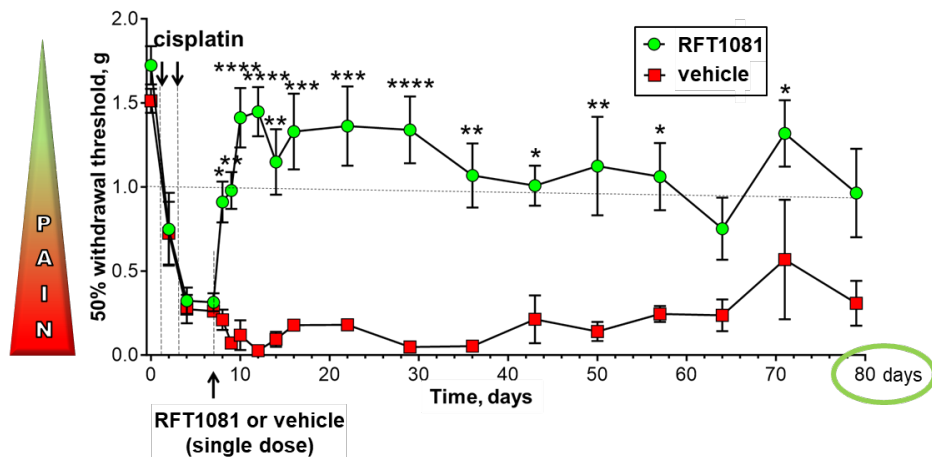
## Comparators:

*Olcegepant*,  
CGRP receptor antagonist

*Sumatriptan*,  
selective serotonin receptor agonist



# RFT1081 Produces a Long-lasting Reversal of Allodynia in a Mouse Model of Chemotherapy-induced Peripheral Neuropathy (Neuropathic Pain)



Mouse CIPN model:

- Two intraperitoneal injections of the chemotherapeutic cisplatin (days 1 and 3) induced polyneuropathy characterized by chronic hindpaw tactile allodynia.
- After allodynia was established, at day 7, a single intrathecal (similar to epidural) injection of RFT1081 reversed allodynia, with a therapeutic effect lasting over 2 months. Overall numbers of male animals per group were on days 0-22: n = 17 (RFT1081) and 12 (saline); days 29-79: n = 8 (RFT1081) and 3 (vehicle); two-way ANOVA

Dose response established

In a condition place preference assay, RFT1081 removed the preference to a gabapentin-paired compartment

Similar results with female mice

Efficacy in a paclitaxel CIPN model

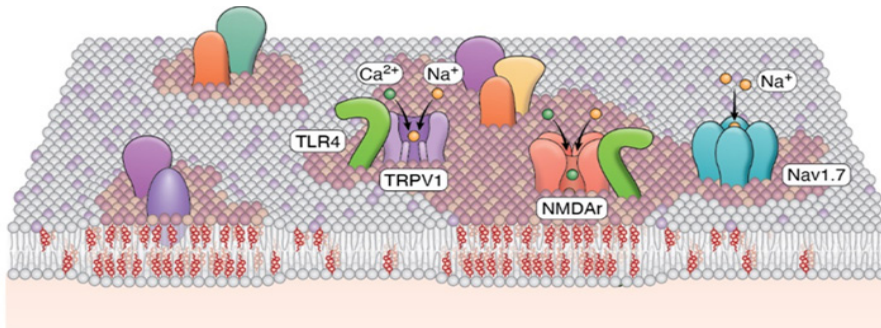
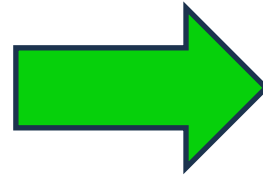
Therapeutic effect of RFT1081 in mouse models of L5 spinal nerve ligation, intraplantar formalin and intrathecal LPS, and a rat model of intrathecal LPS

# Unparalleled efficacy of RFT1081 in treatment of pain

**RFT1081 targets multiple pain phenotypes in which TLR4-rafts play pivotal role:**

- long lasting, disease modifying therapeutic effect
- well tolerated

**RFT1081 targeting TLR4-rafts**



## Preclinical Behavioral Summary

### Postoperative Pain

- **RFT1081: Acute analgesia and prevention of persistent pain**
- Opiates and NSAIDs beset with limiting side effects and addiction

### Chronic Pain

- **RFT1081: Inhibits polyneuropathy (CIPN) and development of chronic pain**
- Opiates, NSAIDs, gabapentinoids ineffective; adverse effects; abuse

### Migraine

- **RFT1081: Efficacy in distinct pre-clinical models (potential to differentiate from other modalities)**
- CGRP/Triptan therapeutics 50% effective

# Tolerability of RFT1081 in rats and immunogenicity testing

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- **Escalating dose range finding study of intrathecal RFT1081 in Sprague Dawley rats:**
  - There were no early deaths during the study, and no clinical observations were made
  - No changes were noted at gross necropsy
  - MTD was the highest dose administered
- **Ongoing 14-day toxicity and toxicokinetic study in Sprague Dawley rats**
- **Ongoing second species selection study in dogs and non-human primates**
- ***In vitro* immunogenicity assessment of RFT1081:**
  - In PBMC from 50 human donors incubated with RFT1081, T cell activation markers and proliferation were minimal and comparable with approved non-immunogenic biologics
- **Mouse drug-drug interaction study: Intrathecal RFT1081 did not affect anti-tumor therapy:**
  - Cisplatin (chemotherapy) in treatment of A549 lung carcinoma
  - Anti-PD1 antibody (immunotherapy) in treatment of C56 colon cancer

## **NOVEL THERAPEUTIC PLATFORM TARGETING TLR4-LIPID RAFTS FOR TREATMENT OF ACUTE AND CHRONIC PAIN**

- **Novel therapeutic platform:**
  - ✓ Lead identified is efficacious in multiple pain indications
  - ✓ MoA poised to be disruptive for current pain therapy
- **Favorable pre-clinical profile:**
  - ✓ Long-lasting therapeutic efficacy suggests **disease modifying MoA**
  - ✓ Well-tolerated in mice and rats
- **Developing IP portfolio** to support lead candidate
- **Funding history:**
  - ✓ NIH SBIR/STTR grants to validate lead assets for clinical development
  - ✓ No equity investment or current debt

***Seeking strategic investors and  
Pharma development/commercialization partners***

## FOUNDERS



**Co-founder/CSO**  
**Yury Miller, MD, PhD**

- Professor at UC San Diego
- Lipid and cholesterol metabolism, oxidized lipids
- Discovered role of AIBP in regulation of inflammatory signaling



**Co-founder/BoD**  
**Tony Yaksh, PhD**

- Professor at UC San Diego
- Pioneer in spinal mechanisms of pain and analgesia
- Significant experience in preclinical studies including performance of pivotal small and large animal trials

## SENIOR MANAGEMENT



**COO**  
**Graham Beaton, PhD**

- Experienced entrepreneur
- Expert in drug discovery and translational R&D
- Program leadership



**Head of Drug Development**  
**Yakov Kogan, PhD, MBA**

- Led 11 drug development programs (from R&D to BLA)
- BD & corporate management
- Former CEO of Cleveland BioLabs (NASDAQ: CBLI) and CEO/COO/EVP/SVP in several private drug dev. companies

## ACADEMIC/CLINICAL COLLABORATORS

**Patrick Dougherty, PhD**  
*MD Anderson Cancer Center*  
Mechanisms of acute and chronic pain, including neuropathic pain related to cancer and CIPN

**Gregory Dussor, PhD**  
*University of Texas Dallas*  
Mechanisms and therapeutic targets for migraine headache

**Mark Wallace, MD**  
*UC San Diego*  
Pain management/  
co-director of Altman Clinical and Translational Research Institute

**Gregory Botta, MD, PhD**  
*UC San Diego*  
Physician-scientist,  
specializing in Gastrointestinal Tumor Medical Oncology

**Andrei Osterman, PhD**  
*Sanford Burnham Prebys Inst.*  
Protein engineering,  
manufacturing process development and scale-up,  
analytical methods

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