R&D US SERIES

Innovation, Development & Commercialisation in Drug Discovery, Biomarkers, and Immuno-Oncology

Pre-Event Newsletter Sept 2018

SAN DIEGO CONVENTION CENTER

11 - 12 OCTOBER 2018 | SAN DIEGO, USA

OXFORD GLOBAL CONFERENCES

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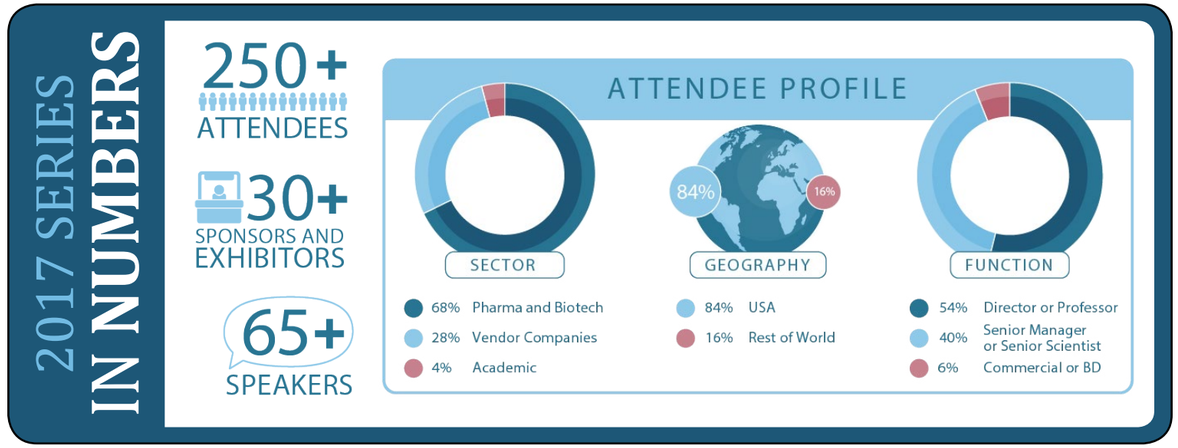


WELCOME TO OXFORD GLOBAL'S R&D US SERIES PRE-EVENT NEWSLETTER!

With Oxford Global's 2018 R&D US Series taking place in October in San Diego, I am delighted to provide some details on a few of the key features & exciting additions for this year's congress.

The 2017 congress brought together over 200 attendees in San Diego to discuss collaborative solutions, challenges and the latest developments within the Drug Discovery and Biomarkers field and was met with positive feedback on quality of talks and the attendance of key figures.

Building on the exciting talks and extensive networking opportunities from 2017, the 2018 congress will feature the addition of the Immuno-Oncology programme, offering attendees the opportunity to benefit from three co-located programmes each with an impressive line up of industry leading speakers, examining hot topics areas within Drug Discovery, Biomarkers and Immuno-Oncology.

Bringing together over 300 attendees, the co-located programmes will feature 80+ presentations on key topics including;

Drug Discovery: Discovery & development strategies across neuroscience, oncology and cardiovascular disorders, alongside in-depth discussion of the latest phenotypic and genomic approaches. The programme will also include novel approaches to discovery chemistry and drug design, from AI to DNA-Encoded Libraries.

Biomarkers & Precision Medicine: Critical technologies shaping the biomarker field, including key innovations of biomarker research in drug discovery and development, precision medicine and companion diagnostics.

Immuno-Oncology: Insights on new technologies, clinical discoveries and future targets in immuno-oncology research, the latest therapeutic strategies, from cancer vaccines to checkpoint inhibitors, with in-depth discussion of patient stratification and clinical development.

Alongside this, there will be comprehensive workshops, collaborative panel discussions and interactive roundtable discussions across each programme enabling plenty of chances to knowledge share with and learn from your fellow attendees.

After a day filled with learning, meeting new people and keeping up to date with the industry, why not join our complimentary dinner at Sally's Fish House and Bar? Relax and dine with panoramic views of San Diego Bay thrown in for good measure!

Read on for a range of interesting interviews and insights with some of 2018's industry-leading speakers and participating sponsors, and I look forward to welcoming you to the 2018 Congress.

- Hayley Watson, Portfolio Director

R&D US SERIES

3 EVENTS IN 1

5TH ANNUAL
DRUG DISCOVERY AND CHEMISTRY
USA CONGRESS

3RD ANNUAL
BIOMARKERS & PRECISION MEDICINE
USA CONGRESS

ADVANCES IN IMMUNO-ONCOLOGY
USA CONGRESS

WHO IS ATTENDING?

For the full attendee list please contact
marketing@oxfordglobal.co.uk

- **300+ senior level delegates** representing global pharmaceutical organisations, leading biotech companies and internationally renowned academic institutions.
- **Directors, VPs, CEOs and Heads** working in biomarkers for drug discovery, diagnostics, preclinical and clinical development, precision medicine, drug discovery, screening, discovery chemistry and immuno-oncology.

These companies and many more:

Pfizer · abbvie · Biogen · Lilly · AstraZeneca · janssen · Takeda · ucb · gsk GlaxoSmithKline · MERCK · AMGEN · BAYER

Sponsors 2018

PLATINUM

COVANCE SOLUTIONS MADE REAL®

GOLD

Avacta LIFE SCIENCES · HITALIM

SILVER

fios GENOMICS ANALYSE - INTERPRET - INTEGRATE · BD

BRONZE

MilliporeSigma · ImmunXperts

NETWORK AND PROGRAMME

Axio PARTNERS IN RESEARCH · Personalis · RANDOX BIOSCIENCES · ZeClinics Drug Discovery Through Zebrafish · domainex the faster route to drug discovery · PALL ForteBio · DefiniGEN · HOLOGIC The Science of Sure · Nanome · AYOXXA Biosystems · MYRIAD RBM · ProteoGenex THE LEADER IN TISSUE PROCUREMENT · MITRA BIOTECH · TriStar TECHNOLOGY GROUP · GENOMENON POWERING EVIDENCE-BASED GENOMICS · immunoSCAPE · DIT · Tissue Solutions Working with you. For you. · pbl ASSAY SCIENCE

A Guide to **Affimer®** Technology

Avacta

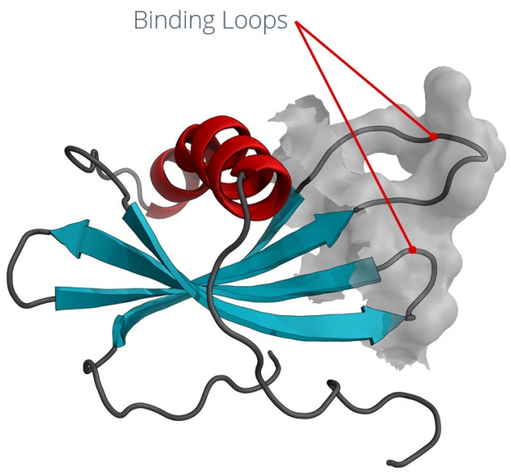
What Is An Affimer?

Affimers are commonly used as an alternative or a complement to antibodies in a variety of assays for R&D and clinical applications.

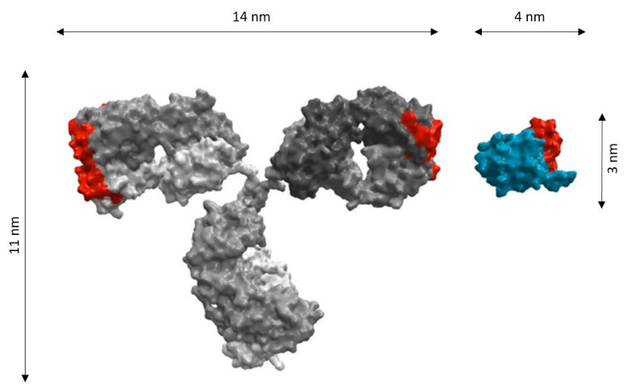
Affimers are small single domain proteins (14 kDa) with no disulphide bonds or post translational modifications.

Derived from the Cystatin family protein fold.

- Two binding loops function as target interaction site
- Scaffold is designed to be biologically inert so has very low matrix effects
- Genetically controlled formatting options



What Are The Benefits Of Affimers?



Easy to orientate.

- Site-specific chemistries allow production of high-capacity surfaces for target protein capture or Affimer labelling.

Simple protein structures versus multi-domain antibody.

- Expression in simplest possible system means low production costs and robust processes.
- No dependency on post-production modifications to function so no batch-to-batch variation.

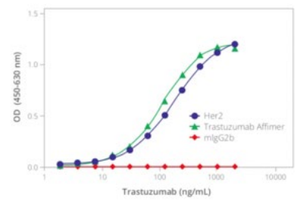
Easily engineered.

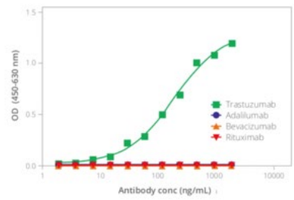
- Fusions to other functional proteins are simple to generate and manufacture.
- Generation of multimers is comparatively straightforward.

Highly stable.

- pH tolerant over a broad range (pH2-12)
- Thermally stable
- Broad tolerance to organic solvents

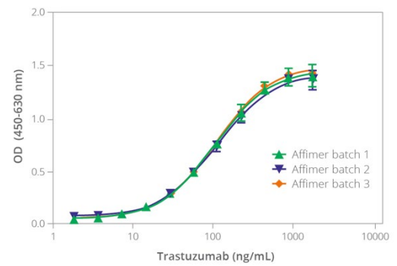
Rapid Development & Improving Assay Performance





Assay Parameters	
Functional assay range	30-1600 ng/mL
Intra-assay precision (CV)	5.2-10.7%
Inter-assay precision (CV)	8.7%
Bias	<5%

Antibody target	Limit of detection
Trastuzumab	30 ng/mL
Adalilumab	n.d.
Bevacizumab	n.d.
Rituximab	n.d.



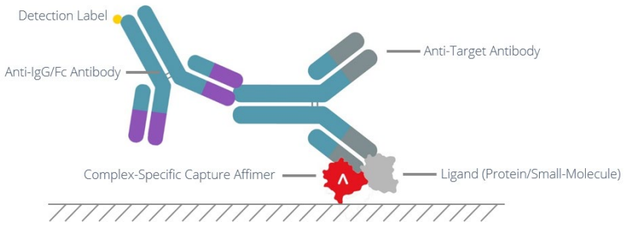
Affimer reagents can be developed in under 3 months with significant assay benefits

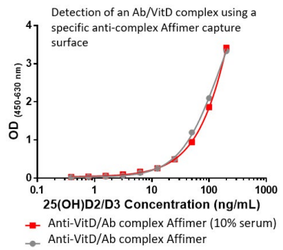
- High specificity
- Low background
- Minimal batch-to-batch variation
- Multiple formatting options allow flexible assay design
- Rapid identification to speed project timelines

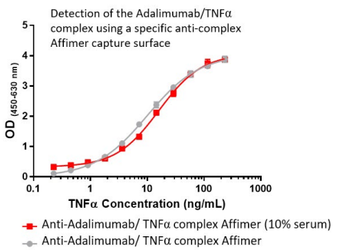
Validated according to FDA/ EMA guidelines

- Affimer binders are validated to regulatory standards over industrially/clinically relevant concentration ranges.
- Covance, a leading CRO, noted improved performance and reliability of anti-ID Affimers over current antibody-based assays (https://www.avacta.com/covance-webinar)

Recognising Complex Targets







Affimer reagents typically recognise non-contiguous tertiary structures. Using this we have generated Affimers that:

- Recognise the complex of Adalimumab bound to its TNFα target.
- Recognise the complex of an antibody to 25-Hydroxyvitamin D2/D3 bound to either D2 or D3.

* These Affimers do not recognise the individual complex components, but only the complex as a whole.

This approach allows development of a range of assays that are difficult to achieve using antibody-based methods:

- Conversion of a small-molecule competition assays into sandwich assays for improved robustness, sensitivity and dynamic range.
- Reagents to allow monitoring of drug/target complexes in PK assays or RTM assays.

NEW BIOMARKER DATA REPOSITORY LEVERAGES MULTI-SOURCE DATA TO ACCELERATE DRUG DEVELOPMENT

DR. JENNIFER BURKEY

Jennifer Burkey PhD,
Scientific Director,
Critical Path Institute (C-Path)

Hear more about BmDR from Dr. Jennifer Burkey at the 2018 Biomarkers & Precision Medicine USA Congress during her October 12th presentation titled "BmDR: Biomarker Data Repository"

BmDR
CRITICAL PATH INSTITUTE

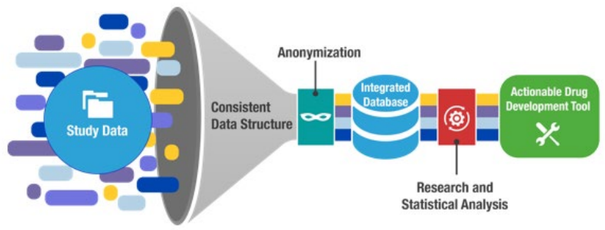
To learn more about how you, your institution and / or company can participate in BmDR, please contact

biomarker.repository@c-path.org or visit
c-path.org/programs/bmdr/

Use of biomarkers, both safety and efficacy, in nonclinical studies and clinical trials, has expanded significantly in recent years. Substantial amounts of important data have been generated by individual researchers, pharmaceutical companies, and consortia on a wide array of biomarkers and endpoints, but there has been no mechanism to expand the impact of these data by consolidating them into a usable, sharable format – until now.

The Biomarker Data Repository (BmDR), built by the Critical Path Institute's (C-Path) Data Collaboration Center (DCC), was borne from discussions involving the untapped potential of consolidating biomarker data and making it available to qualified researchers so that 1) trends, patterns, and new information can be gleaned; 2) costly and time-consuming studies are not needlessly repeated in labs around the world; 3) qualification of novel biomarkers for new contexts of use can be explored, along with fresh insights on current uses; and 4) data can be utilized to help inform determinations about the value of biomarkers in the clinical space.

In 2016, C-Path formed a task force consisting of representatives from the U.S. Food and Drug Administration (FDA) and members of the pharmaceutical industry, with the goal of creating and launching a neutral, deidentified repository of novel translational biomarker data (both animal and human) that could be contributed to and utilized in the pre-competitive space to effectively target and accelerate drug development studies or other research efforts.



C-Path launched BmDR as a pilot in 2017, focusing on acquiring and aggregating data on a group of kidney safety biomarkers* which are currently being utilized by multiple drug development sponsors and are the focus of qualification efforts of several pre-competitive consortia.

BmDR has a three-fold objective, 1) solicit data from multiple sources to be contributed to the secure, deidentified database 2) acquire, map and curate data to standards of the Clinical Data Interchange Consortium (CDISC), and, 3) develop output models to make data available to consortia, regulators, and data contributors for research and qualification purposes. As data collection expands, it is anticipated that use of BmDR by researchers will help advance the qualification of biomarkers, as well as enable the acceptance of the application of novel biomarkers by nonclinical and clinical investigators.

"New drugs – and new uses for existing drugs – save lives, reduce suffering, and improve the quality of life for millions of Americans", said Janet Woodcock, M.D., FDA Director, Center for Drug Evaluation and Research. "C-Path has a long history of data management in a controlled, de-identified manner that protects the data and contributors...I support this effort and hope our industry colleagues will contribute."

As word of BmDR spreads, there is now interest in data beyond kidney safety biomarkers to include other areas of need (i.e., safety biomarkers for organs other than kidney or efficacy biomarkers in various therapeutic areas) and these data also are now being accepted. "This approach has the potential to change the way we utilize biomarker data both now and in the future," said Dr. Jennifer Burkey. "It can be a real game changer for industry, regulators and, most importantly, patients." ■

*Albumin, Clusterin, Cystatin C, Kidney Injury Molecule-1, Osteopontin, Neutrophil gelatinase-associated lipocalin, N-acetyl-β-(D)-Glucosaminidase, and Total Protein

WEBINAR EXTRACT: Q&A SESSION WITH **RUSSELL LAMONTAGNE**

Russell LaMontagne,
President and Chief Executive Officer, Boston Immune Technologies and Therapeutics Inc

Russell LaMontagne is Co-Founder, President and CEO of Boston Immune Technologies and Therapeutics, Inc. He has been senior advisor to biotechnology and pharmaceutical companies for over 20 years. He played a predominant role in the development of several early stage companies and has advised pharmaceutical companies regarding commercialization strategies. Russell is also co-founder of Endobiome, Inc.

BITT
Boston Immune Technologies & Therapeutics

Why is TNFR2 a new target?

It's a new target in the sense that it is low expressional and a lot of people didn't look for it for a long time. Also, if you are looking at healthy cells it is something that isn't going to come up. There has been some work done in auto-immunity to look at it because we knew that it was potentially a way to grow and to proliferate Treg in auto-immunity. This is what you would want to do but we tend to think of it as new because it was ignored for so long and didn't seem to be particularly important.

I think that this would be true of a lot of Treg targets. If you were to look at an immunology textbook and it was 10 years old, the chapter on Tregs just wouldn't exist but there would maybe be a little section on what they then called T suppressor cells. If you looked at a text book from 5 years ago there would be a couple of paragraphs but now Tregs are the hot topic.

I think that those two factors have kept it under the radar for a long time.

How widely expressed is the TNFR2 oncogene?

It seems to be widely expressed. We know that in certain cancers it would be the degree of expression so it is heavily expressed in leukaemia. We know from the screening that we have done that it's highly expressed in ADDC lymphoma, we can also see this in some of our work in ovarian, breast, and colon cancers. It will be interesting as we move forward as the pace of the data is really increasing. More and more people are coming out to say that we see it in this particular cancer and hopefully the expression is high because it is potentially a very low toxic way to treat some of these cancers.

What cancers would you be interested in targeting first?

I don't want to tip our hand too much but I would say all the cancers that I've already mentioned that have a high expression. Certainly those which contain a T Cell lymphoma have an unmet need and those patients unfortunately don't have much that works, so I think that any cancer that expresses TNFR2 and the oncogene and has a lot of Tregs. Not all cancers induce a big Tregs response, but I think those cancers will be our first target.

Have you considered constructing bi-specific antibodies?

The way our patent portfolio would allow us to do that is to stop anyone else who would try to put TNFR2 into something else. If you look at the way our antibodies bind and the fact that we don't need cross licking and ADDC I don't think that a bi-specific is a good idea. I'm sure two immunologists in a room could have a much more heated argument about that but that's not an approach that we would take right now ■

Tumor necrosis factor receptor 2 (TNFR2), also known as tumor necrosis factor receptor superfamily member 1B (TNFRSF1B) and CD120b, is a membrane receptor that binds tumor necrosis factor-alpha (TNFα).

The protein encoded by this gene is a member of the tumor necrosis factor receptor superfamily, which also contains TNFRSF1A. This protein and TNF-receptor 1 form a heterocomplex that mediates the recruitment of two anti-apoptotic proteins, c-IAP1 and c-IAP2, which possess E3 ubiquitin ligase activity. The function of IAPs in TNF-receptor signalling is unknown, however, c-IAP1 is thought to potentiate TNF-induced apoptosis by the ubiquitination and degradation of TNF-receptor-associated factor 2 (TRAF2), which mediates anti-apoptotic signals. Knockout studies in mice also suggest a role of this protein in protecting neurons from apoptosis by stimulating antioxidative pathways.

This is an extract from our free webinar *'The Role For TNFR2 In The Tumor Microenvironment'* presented by Russell La Montagne. To listen to the full recording, please visit www.oxfordglobal.co.uk/rd-us-series/webinar-recordings/

DEVELOPMENT OF CLINICAL BIOMARKERS FOR DETECTING EMERGENT CTE OF AUTOIMMUNE ETIOLOGY FOLLOWING WATER HAMMER INJURY FROM REPETITIVE HEAD IMPACTS

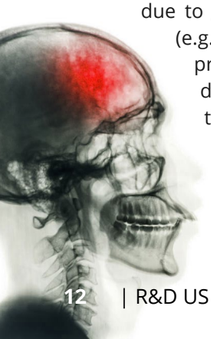
STEVEN KORNGUTH[1], NEAL RUTLEDGE[2]

[1] Research Professor Neurology, Dell Medical School and Senior Research Fellow, Department of Kinesiology and Health Education, University of Texas at Austin
[2] Adjunct Professor Department of Psychology, University of Texas at Austin, Austin Radiological Association, Austin Texas

The presentation will focus on representative biomarkers that have utility in assessing the vulnerability of the brain to develop traumatic brain injury (TBI) and subsequently chronic traumatic encephalopathy (CTE) following forceful head impacts. Included in this set of markers are macromolecules that enhance immunological and inflammatory responses in the central nervous system (CNS) and increase oxidative stress reactivity. Related biomarkers of interest are those macromolecules or metabolites that increase the permeability of the blood brain barrier (BBB). Also included are the macromolecules normally sequestered in the brain parenchyma that can enter the cerebrospinal fluid (CSF) or vascular compartment following non-penetrating head injury and that can generate antibodies directed against these molecules. Anatomical biomarkers that indicate predisposition to brain injury following forceful impacts will complement the molecular markers in enabling estimation of individual risk factors for long term brain injury from impacts.

The goal of measuring these biomarkers is to gain an assessment of the degree of brain injury that can be determined by constructing an algorithm that will describe a "Signature" predictive of vulnerability to emergent TBI and CTE. A major thesis of our understanding of susceptibility/resilience to TBI is that TBI results from an interaction between those properties of brain that cause the host to be susceptible to head impacts and the stress of forceful impacts and torque of the impact on brain structure and function. The vulnerability and resilience of a host to most diseases, whether due to head injury, viral/bacterial infection or cancer is a function of intrinsic properties of the host and the degree of insult from external factors.

The vulnerability of an individual to head trauma is primarily due to genetic factors, including molecular markers (e.g. proteins and ribonucleic acids), indicative of predisposition to injury. The external factors driving the injury include the force arising from the rapid deceleration of the head following impact and the torque of the force on the rotation of the head during deceleration. The resulting responses to high force impacts on the head include the release of macromolecular proteins and nucleic acids (microRNA, messenger RNA) from neurons and glia into the vascular and cerebrospinal fluid compartment.



Following the release of these sequestered neural proteins into the vascular bed, antibodies to the proteins are generated after a delay of one to three weeks. These antibodies can then access the brain parenchyma following subsequent forceful head impacts and cause further damage to the CNS.

Structural features of the brain that could serve as biomarkers for susceptibility include: (1) an increased permeability of the blood brain barrier (BBB), (2) a release of macrophages from the spleen into the blood and their subsequent penetration of the BBB, (3) the activation of microglia in the brain associated with a markedly increased expression of HLA markers on the neuronal population and their subsequent silencing of neuronal firing patterns. Additional features revealed on magnetic resonance imaging studies include hematin deposits at the base of the sulci and interface of gray and white matter.

The presentation will consider how the acquisition of imaging, biomarker, physiological measures in a longitudinal study of individuals exposed to repeated forceful head impacts can facilitate an understanding of the mechanisms leading to the diagnosis of traumatic brain injury and ultimately of chronic traumatic encephalopathy. Such an understanding will improve early diagnosis, appropriate management and treatment of the athlete or warrior prior to and following traumatic injuries. Proposed pharmacological treatments that may mitigate the development of CTE include therapies that (1) reduce the release of macrophages from the spleen, (2) stabilize the BBB, (3) diminish the activation of inflammatory responses in the brain parenchyma and (4) inhibit the activation of HLA markers on neuronal populations. A final section will discuss the strategy for developing a "Signature" of host susceptibility to TBI and subsequent CTE." ■

Steve Korngguth will be expanding on this topic on Day One of the 3rd Annual Biomarkers & Precision Medicine USA Congress, as part of our R&D US Series on 11th October 2018

Q&A SESSION WITH **CHRIS PHELPS**

Chris Phelps,
Biology Group Leader,
GlaxoSmithKline

Chris has been working in the field of DNA encoded libraries for 9 years, with a focus on the improving the technology's ability to deliver hits for lead generation and target validation campaigns. He currently leads the biology group in GSK Platform and Technology Sciences in Cambridge, MA responsible for the screening (affinity selection and sequencing) of the DEL collection. His background is in structural biology and biophysics by way of Harvard (Department of Molecular and Cellular Biology) and US San Diego (Department of Chemistry and Biochemistry).

The Drug Discovery market has seen rapid growth in the last decade. What do you believe is the main reason for this?

New technologies are increasing both the number of potential targets (by enabling better understanding of the connection between genetics, biology, and pathology) and the modalities by which those targets activity can be modulated.

Your work focuses on identifying new therapeutic targets through DNA Encoded screening. What are main priorities at the moment?

Our work has two main focuses, both supporting the GSK portfolio across therapy areas. 1) We apply DEL screening as part of our integrated screening strategy (including virtual screening, HTS, FBDD) to identify high quality starting points for drug discovery campaigns. 2) Assess the tractability and identify tool compounds to help validate and prioritize potential opportunities. As part of Platform and Technology Science we work with business partners across the therapy areas in GSK, with most of our current efforts focused on immune/inflammation and oncology. We are also currently involved in external collaborations with two other Cambridge, MA based companies: with WarpDriveBio we have synthesized a DEL based around WDB's small molecule assisted receptor targeting technology for WDB and GSK targets, and with Kymera Therapeutics to leverage our experience with DEL help uncover new E3 ligases and advance a limited number of protein degradation targets of mutual interest.

DNA-encoded library technology is widely used in the pharmaceutical industry. What are the bottlenecks you face on a daily basis and how do you overcome them?

DEL screens in terms of affinity selections and sequencing are a relative fast and inexpensive process, which has helped drive the adoption of the technology. The ongoing drive for faster and cheaper sequencing driven by genomics is what has been and continues to be a huge enabler of DEL screening technology. Two "limiting reagents" for DEL screening are access to high quality protein reagents for affinity selections and the need to follow up screening hits by resynthesizing them off DNA.

To address protein quality we work closely with GSK's protein expression/purification and biophysics groups to design and characterize protein constructs for screening. We routinely QC our protein reagents by dynamic light scattering, size exclusion chromatography, and affinity selection - mass spectrometry (AS-MS) to help us select the best conditions (protein construct, affinity matrix, buffer, etc.) for our affinity selections. DEL screens frequently identify more hits than can be followed up by traditional med chem synthesis.

As sequencing capacity rises and costs decrease it allows us to screen additional selection conditions for each target to help annotate and prioritize hits for follow up chemistry. Integration across disciplines is also important for successful DEL screens and follow up. Our experienced post-selection chemists work closely with the selection biologists and scientific computing experts to analyse selection results and select hits for follow up. Additionally, we have developed a high throughput chemistry platform that enables us to follow up hundreds of primary hits from a target screen using previously developed library synthesis chemistry and AS-MS to identify the products of the chemistry that engage the target. Confirmed binders with good molecular properties are then progressed to traditional follow up chemistry ■

Chris Phelps will be expanding on this topic at our 5th Annual Drug Discovery and Chemistry USA Congress, with his presentation '*The value of normalization and impact of library size on identifying hits from DNA Encoded Library screens*'

OXFORD GLOBAL CONFERENCES

FORTHCOMING EVENTS

OXFORD GLOBAL CONFERENCES

Biologics Series

UK

12th Annual Proteins & Antibodies Congress
24 - 25 April 2019 | London, UK

6th Annual Peptides Congress
24 - 25 April 2019 | London, UK

6th Annual Biosimilars & Biobetters Congress
24 - 25 April 2019 | London, UK

Co-located Events

Biomanufacturing Congress
September 2019 | London, UK

Biomarkers Series

UK

14th Annual Biomarkers Congress
21 - 22 February 2019 | Manchester, UK

US

3rd Annual Biomarkers & Precision Medicine USA Congress
11 - 12 October 2018 | San Diego, USA

Cell Series

UK

7th Annual Cell Culture & Bioprocessing Congress
25 - 26 October 2018 | London, UK

5th Annual Stem Cell & Regenerative Medicine Congress
25 - 26 October 2018 | London, UK

4th Annual Cell & Gene Therapy Congress
25 - 26 October 2018 | London, UK

Co-located Events

Biobanking Congress
25 - 26 October 2018 | London, UK

US

Cell Culture & Bioprocessing Congress USA
13 - 14 May 2019 | Boston, USA

Co-located Events

Cell & Gene Therapy Congress USA
13 - 14 May 2019 | Boston, USA

Immuno-Oncology Series

UK

4th Annual Advances in Immuno-Oncology Congress
20 - 21 May 2019 | London, UK

US

Advances in Immuno-Oncology USA Congress
11 - 12 October 2018 | San Diego, USA

PharmaTec Series

UK

16th Annual Pharmaceutical IT Congress
20 - 21 September 2018 | London, UK

2nd Annual Artificial Intelligence in Drug Development Congress
20 - 21 September 2018 | London, UK

Digital Health and Digital Technologies Congress
20 - 21 September 2018 | London, UK

Co-located Events

EU

Cyber & Information Security Congress
April 2019 | Munich, Germany

Formulation & Delivery Series

UK

5th Annual Formulation & Drug Delivery Congress
1 - 2 May 2019 | London, UK

4th Annual Inhalation & Respiratory Drug Delivery Congress
1 - 2 May 2019 | London, UK

Co-located Events

US

2nd Annual Formulation & Drug Delivery USA Congress
18 - 19 March 2019 | San Diego, USA

2nd Annual Inhalation & Respiratory Drug Delivery USA Congress
18 - 19 March 2019 | San Diego, USA

Co-located Events

R&D Series

EU

20th Annual Drug Discovery Summit
June 2019 | Berlin, Germany

7th Annual Discovery Chemistry & Drug Design Congress
June 2019 | Berlin, Germany

Neuroscience Drug Development Congress
June 2019 | Berlin, Germany

Co-located Events

Bispecific Drug Development Congress
June 2019 | Berlin, Germany

US

5th Annual Drug Discovery USA Congress
11 - 12 October 2018 | San Diego, USA

SynGen Series

UK

10th Annual Next Generation Sequencing & Clinical Diagnostics Congress
08 - 09 November 2018 | London, UK

6th Annual Single Cell Analysis Congress
08 - 09 November 2018 | London, UK

4th Annual Genome Editing Congress
08 - 09 November 2018 | London, UK

Synthetic Biology Congress
08 - 09 November 2018 | London, UK

Co-located Events

US

4th Annual Next Generation Sequencing & Clinical Diagnostics USA Congress
23 - 24 October 2018 | Boston, USA

4th Annual Single Cell Analysis USA Congress
23 - 24 October 2018 | Boston, USA

Co-located Events

3rd Annual Genome Editing USA Congress
May 2019 | Boston, USA

2nd Annual Synthetic Biology USA Congress
May 2019 | Boston, USA

Co-located Events

EU

Industrial Synthetic Biology Congress
08 - 09 October 2018 | Munich, Germany

Register your interest, e-mail us:
info@oxfordglobal.co.uk