
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported) **October 6, 2020**

Greenwich LifeSciences, Inc.

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction
of incorporation)

001-39555

(Commission
File Number)

20-5473709

(I. R. S. Employer
Identification No.)

**3992 Bluebonnet Dr, Building 14
Stafford, TX 77477**

(Address of principal executive offices, including ZIP code)

(832) 819-3232

(Registrant's telephone number, including area code)

Not Applicable

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, \$0.001 par value	GLSI	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

Greenwich LifeSciences, Inc. (the “Company”) intends to conduct meetings with third parties in which its corporate slide presentation will be presented. A copy of the presentation materials is attached as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

The information in this Item 7.01 and the document attached as Exhibit 99.1 are being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities and Exchange Act of 1934, as amended (the “Exchange Act”), nor otherwise subject to the liabilities of that section, nor incorporated by reference in any filing under the Securities Act of 1933 or the Exchange Act, except as shall be expressly set forth by specific reference in such a filing.

Item 8.01 Other Events.

On October 6, 2020, the Company announced the completion of the manufacturing of the GP2 active ingredient for its planned Phase III clinical trial. On October 7, 2020, the Company announced that it was selected to present at the 2020 BIO Investor Forum conference to be held virtually from October 13-15, 2020 and will be participating at the BIO-Europe partnering conference to be held virtually from October 26-29, 2020. On October 8, 2020, the Company announced that two abstracts have been accepted for presentation at the upcoming San Antonio Breast Cancer Symposium (SABCS), including two corresponding posters. Copies of the press releases are attached hereto as Exhibits 99.2, 99.3 and 99.4, respectively, and are incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	<u>Greenwich LifeSciences, Inc. Corporate Presentation</u>
99.2	<u>Press release dated October 6, 2020</u>
99.3	<u>Press release dated October 7, 2020</u>
99.4	<u>Press release dated October 8, 2020</u>

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Greenwich LifeSciences, Inc.

Date: October 9, 2020

By: /s/ Snehal Patel
Snehal Patel
Chief Executive Officer

GREENWICH LIFESCIENCES

Planned GP2 Phase III Clinical Trial

**A Breakthrough Targeted
Immunotherapy to Prevent
Breast Cancer Recurrences**

NASDAQ: **GLSI**

Snehal Patel, CEO
David McWilliams, Chairman



© 2020 GLSI

Image: T-cells targeting cancer cell



Safe Harbor Statement

This document is the property of Greenwich LifeSciences, Inc., (the "Company" or "Greenwich LifeSciences"). This document is non-directive in nature (contains no recommendations regarding financial actions related to the Company). This document is not to be copied or delivered to any other person or used for any other purpose without the prior consent of the Company.

This presentation contains "forward-looking statements" within the meaning of the "safe-harbor" provisions of the Private Securities Litigation Reform Act of 1995.

These statements are identified by the use of words "could", "believe", "anticipate", "intend", "estimate", "expect", "may", "continue", "predict", "potential" and similar expressions that are intended to identify forward-looking statements. Such statements involve known and unknown risks, uncertainties and other factors that could cause the actual results of the Company to differ materially from the results expressed or implied by such statements including, but not limited to: risks associated with the success of clinical trials, research and development programs, regulatory approval processes for clinical trials, competitive technologies and products, intellectual property rights and the need for additional financing.

Accordingly, although the Company believes that the expectations reflected in such forward-looking statements are reasonable, there can be no assurance that such expectations will prove to be correct. Except as required by law, the Company disclaims any obligations to publicly update or release any revisions to the forward-looking information contained in this presentation, whether as a result of new information, future events or otherwise, after the date of this presentation or to reflect the occurrence of unanticipated events.

The information contained herein is based on sources, which we believe to be reliable, but is not guaranteed by us as being accurate and does not purport to be a complete statement or summary of the available data. Although every effort has been made to assure the accuracy of the statements in this presentation, we make no representation or warranty as to the accuracy or completeness of the statements in this presentation. Furthermore, we make forward-looking statements in this report about the Company's plans, objectives, expectations, and intentions.

This presentation is not an offer to sell any securities of the Company and is not to be used in connection with any offer to sell or any inquiry about or evaluation of any securities of the Company. Any such sale, or opportunity, will be subject to appropriate documentation and due diligence.



Breast Cancer – *Still* a Substantial Unmet Need

- *Unmet Need is to address the 50% of recurring patients who do not respond to Herceptin or Kadcyla – an opportunity for GP2.*
- *Adjuvant Setting: Following breast cancer surgery, HER2/neu 3+ patients receive Herceptin in the first year and then hope that their breast cancer will not recur, with the odds of recurrence slowly decreasing over the first 5 years. Herceptin reduces recurrence rates from 25% to 12%.*
- *Neoadjuvant Setting: Kadcyla was just approved for use in patients with **residual disease** determined via pCR at time of surgery. Kadcyla reduces recurrence rates from 22% to 11%.*
- *Neither Perjeta or Nerlynx fully address this unmet need, even in their most efficacious subpopulations.*

GP2 Addresses Unmet Need: GP2 & GM-CSF starting in Year 2 act synergistically with Herceptin to prevent cancer recurrences, if fully immunized, reducing recurrence rates from **11%** to **0%** at median 5 years follow-up ($p = 0.0338$), with minimal to no side effects & no SAEs.

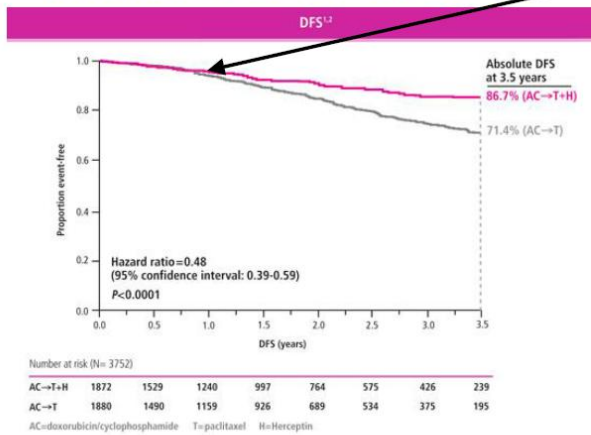
In the initial GP2 indication, approximately 17,000 new patients could be treated per year, saving up to 1,500 to 2,000 lives per year.



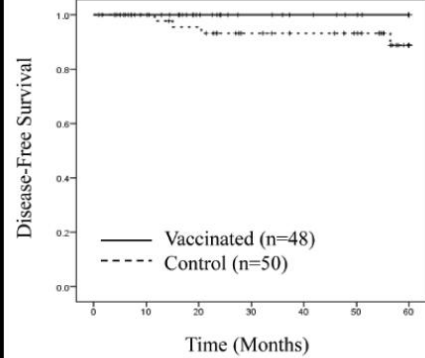
pCR = pathologic complete response, the lack of all signs of cancer in tissue samples remove during surgery or biopsy due to Neoadjuvant treatment.

Synergy with Herceptin & No Recurrences if Fully Immunized

Herceptin Approved for Adjuvant
Treatment of HER2/neu 3+ Breast Cancer



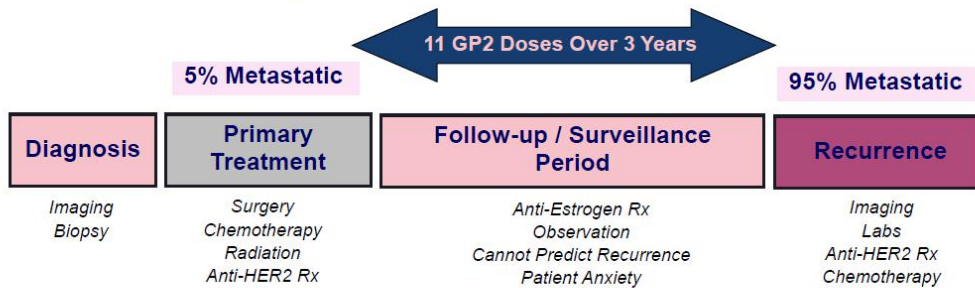
Phase IIb Results for GP2 Target
Population, if Fully Immunized
(median 34 month follow-up)



Joint Analysis Trial

*DFS – Disease Free Survival

- As only injection site reactions were observed (which speaks to the immunogenicity of GP2) and no SAEs, GP2 can be positioned as the final treatment for patients post surgery
- Patients are seeking a de-escalation and a return to normal life free of toxic treatments, especially if the chance of recurrence is reduced to substantially
- GP2 can be the treatment that will naturally overlap with or follow Herceptin, Kadcyla, or Enhertu or any of the other Herceptin derivatives being developed



Veteran Management Team / Board

- David McWilliams, MBA – Chairman, Board
 - 40 years of start-up / CEO experience
 - CEO of 2 private and 3 public biotech companies
- Snehal Patel, MS, MBA – CEO, Board
 - 30 years of biopharma / Wall Street experience
 - Large pharma operations / management experience
- Joe Daugherty, M.D. – CMO, Board
 - 35+ years of biopharma experience
 - Assisted over 20 public and private companies
- Jaye Thompson, Ph.D. – VP Clinical & Regulatory
 - 30 years of active involvement in over 200 clinical trials for drugs, biologics and devices
 - Founder of multiple CROs
- Eric Rothe – Board & Founder of GLSI
- Ken Hallock – Board & Major Investor



McKinsey & Company



OPEKA THERAPEUTICS



Massachusetts
Institute of
Technology



General Electric

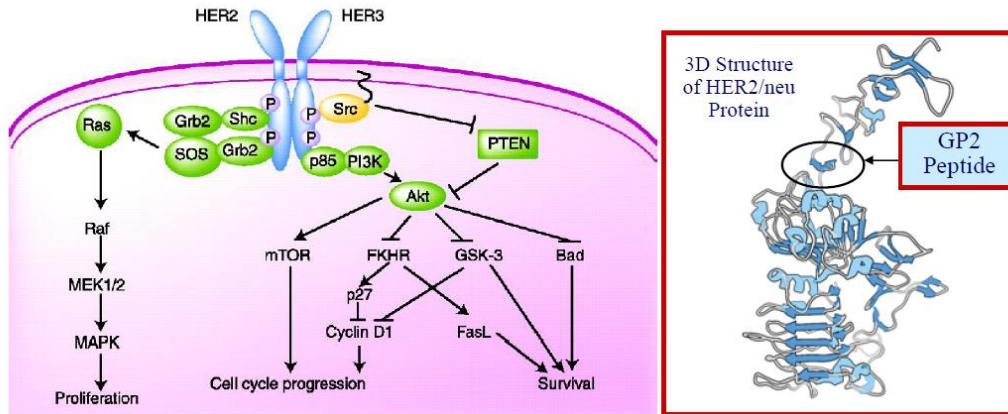


GP2 Executive Summary

- **Planned Phase III Trial:** 9 amino acid HER2/neu peptide + GM-CSF immunotherapy for breast cancer in adjuvant/neoadjuvant setting (post-surgery) in HER2/neu 3+, HLA-A2 patients in Y2 following Herceptin or Kadcyla
- **Phase IIb Trial Results:** No recurrences, if fully immunized, versus 11% placebo recurrence rate in 96 patients, with minimal to no side effects, no SAEs ($p = 0.0338$)
 - Randomized, multi-center (16 centers), placebo-controlled, closed in 2018 with median 5 years follow-up led by MD Anderson
- **Regulatory:** FDA reviewed Phase III trial protocol and CMC - final revisions to the Phase III trial protocol are under way
- **Manufacturing:** Straight forward, completing scale-up, started Phase III lot
- **Multiple Phase II Trial Opportunities to Expand Market:**
 - HER2/neu 1-2+ patients with Herceptin - increase market from 25% to 75%
 - Other HLA types – increase from 40-50% up to 80% of all patients
 - Combination with CD4/CD8 peptides and checkpoints
 - Other HER2/neu cancers
- **NASDAQ Ticker “GLSI”:** Closed IPO on September 29, 2020

HER2/neu Signaling Pathway Well Studied

- HER2/neu pathway activates cancer cell proliferation
- Overexpression of HER2/neu correlates strongly with aggressive cancers



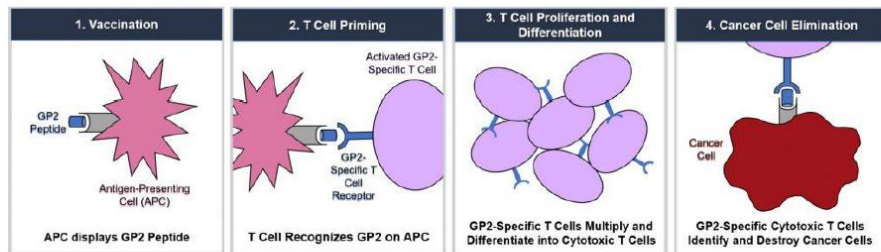
GP2 Product Description & Mechanism of Action

- 9 amino acid transmembrane peptide segment of HER2/neu protein
- Intradermal injection in combination with an FDA-approved immunoadjuvant GM-CSF, following 1st year of Herceptin treatment in Adjuvant Setting

Leukine[®]
sargramostim

Herceptin[®]
trastuzumab

- Given once per month for six months followed by 5 booster doses every 6 months = 11 doses over 3 years
- Mechanism of Action: 4 primary steps, followed by a secondary epitope spreading & broader immune response





GP2 Clinical Data:

GP2 is Immunogenic & Clinically Effective



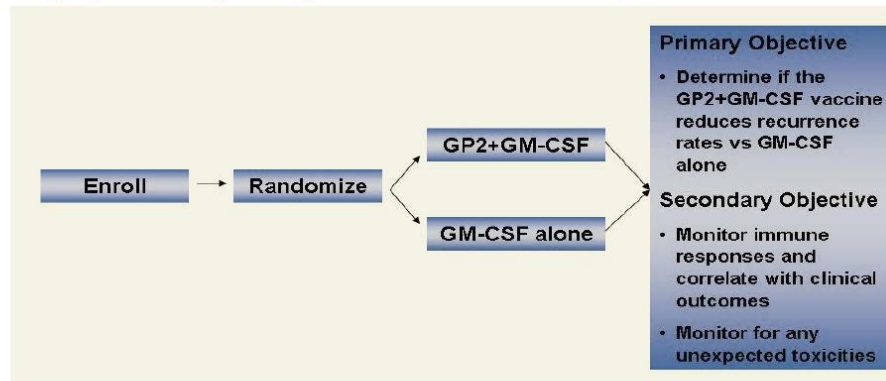
Greenwich
LifeSciences

Summary of All GP2 Trials – 3 Phase I & 1 Phase IIb (Total N=138 Patients Treated to Date with No SAEs)

Protocol No./ Protocol Title	Status
Protocol No. C.2007.098/IRBNet# 363083 <ul style="list-style-type: none"> • Prospective, Randomized, Single-Blinded, Multi-Center Phase II Trial of the HER2/<i>neu</i> Peptide GP2 + GM-CSF Vaccine versus GM-CSF Alone in HLA-A2+ Node-Positive and High-Risk Node-Negative Breast Cancer Patients to Prevent Recurrence • 89 patients treated with GP2 + GM-CSF, 91 placebo patients treated with GM-CSF 	Trial Completed
Protocol No. C.2008.146/ IRBNet# 363196 <ul style="list-style-type: none"> • Phase Ib Trial of Combination Immunotherapy with HER2/<i>neu</i> Peptide GP2 + GM-CSF Vaccine and Trastuzumab in Breast Cancer Patients • 17 patients treated with GP2 + GM-CSF + trastuzumab 	Trial Completed
Conducted at Brooke Army Medical Center and Mary Crowley Medical Research Center <ul style="list-style-type: none"> • Phase I Safety Trial of the GP2 + GM-CSF Vaccine in Combination with the Helper Peptide AE37 + GM-CSF Vaccine • 14 patients treated with GP2 + AE37 + GM-CSF 	Trial Completed
Protocol No. 04-20017 / IRBNet ID 20307 <ul style="list-style-type: none"> • Phase Ib Trial of HER2/<i>neu</i> Peptide (GP2) Vaccine in Breast Cancer Patients • 18 patients treated with GP2 + GM-CSF 	Trial Completed

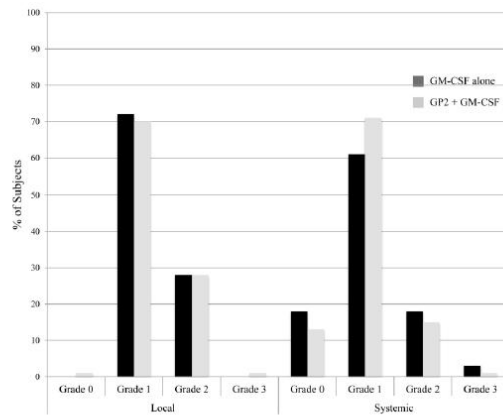
Design of Phase IIb Clinical Trial

- Prospective, randomized, single-blinded, placebo-controlled phase IIb clinical trial of GP2 + GM-CSF or GM-CSF alone in 180 intent to treat HER2/neu 1-3+, HLA-A2 patients at 16 civilian/military clinical sites, led by MD Anderson
- High-risk breast cancer patients (Node Positive, High Risk Node Negative) who were disease-free and immunocompetent after having completed standard of care therapy
- A recurrence is defined as either a pathologically confirmed recurrence or a new radiographic finding during standard of care follow-up



Phase IIb Clinical Data – No SAEs

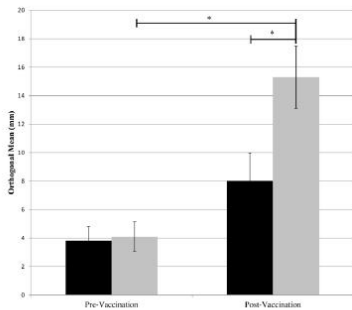
- Maximum local and systemic toxicities were primarily grade 1 and grade 2
- Toxicities ranged from redness at injection site to flu-like symptoms and can be largely attributed to GM-CSF, not GP2



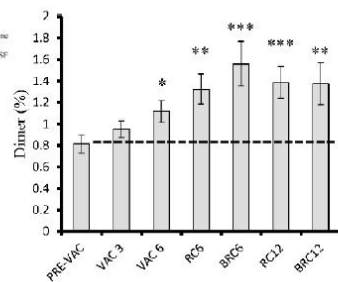
Toxicity: The maximum local and systemic toxicity experienced by patients administered the GP2+GM-CSF vaccine were comparable to those experienced by patients receiving GM-CSF alone. For patients receiving GP2 + GM-CSF, maximum local toxicities experienced during the PVS were grade 1 (70%), grade 2 (28%), or grade 3 (1%). The most common toxicities included erythema, induration and pruritis; the grade 3 toxicity was induration. Maximum systemic toxicities were grade 0 (13%), grade 1 (71%), grade 2 (15%), or grade 3 (1%). The most common systemic toxicities included fatigue, headache, and myalgias; the grade 3 toxicity was a diffuse maculopapular rash. The toxicities were comparable for patients receiving GM-CSF only, with maximum local toxicities being grade 1 (75%) or grade 2 (25%); and maximum systemic toxicities being grade 0 (21%), grade 1 (60%), grade 2 (15%), or grade 3 (3%). The grade 3 systemic toxicities in this group included diffuse urticarial reactions, syncope and extremity pain.

No SAEs. Primarily injection site reactions which are caused by GM-CSF & can be mitigated by reducing GM-CSF dose (and then GP2, if necessary)

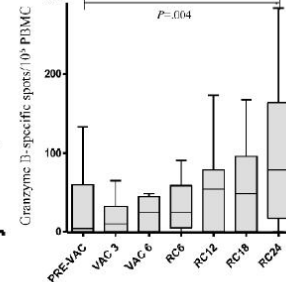
- Immune response was observed peaking after 6 months compared to baseline, measured by Delayed Type Hypersensitivity (DTH skin test using GP2) and immunological assay. DTH response rate for treated patients is very high. Orthogonal mean baseline vs 6 months: $4.1 \pm 1.1\text{mm}$ versus $15.3 \pm 2.2\text{mm}$ (\pm standard error)
- Boosters administered every 6 months to sustain immunity
- Per treatment: 96 HER2/neu 3+, HLA-A2 patients - No recurrences if fully immunized at 6 months following 1st year of Herceptin treatment => target population for Phase III trial
- Per treatment: 72 HER2/neu 1-2+, HLA-A2 patients - No reduction in recurrence rate, but Herceptin was not administered to these patients => pursue in future with Herceptin combination therapy



GP2+GM-CSF (n=77)



GP2+GM-CSF (n=21)



Immune response peaks after 6 months of 6 doses, thereafter reducing recurrence rates from **11%** to **0%** at median 5 years follow-up



GP2 Planned Phase III Trial:

***Strategy – Conservatively Reproduce
Phase IIb Trial in Larger Population***



Phase III Clinical Trial – Protocol Reviewed by FDA

Title: “Study Evaluating The Reduction Of Recurrences Using HER2/neu Peptide GP2 + GM-CSF Vaccine After Adjuvant Trastuzumab In HLA-A2-Positive, HER2-Positive (3+) Women With Operable Breast Cancer”

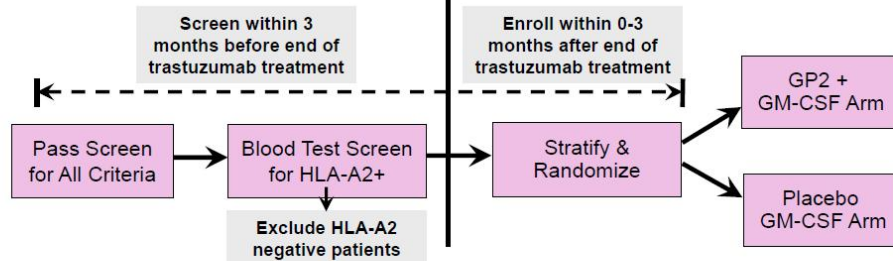
Major Screening Criteria:

- HER2/neu 3+ and HLA-A2+
- NP or high-risk NN
- Adjuvant, post surgery

End of 1st year
of trastuzumab
treatment

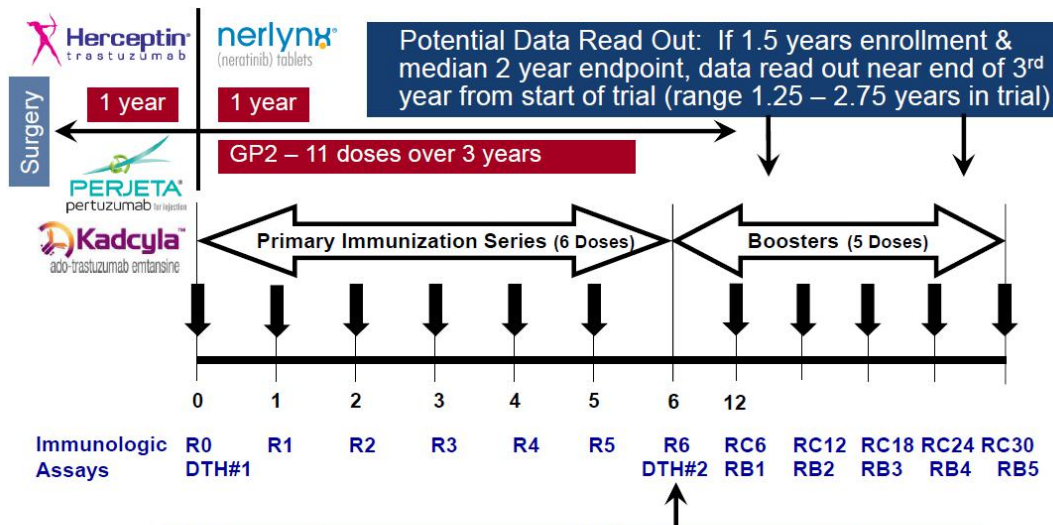
Randomization:

- NP or high-risk NN
- Prior pertuzumab (Perjeta),
Planned neratinib (Nerlynx),
trastuzumab Biosimilar
- By site if possible



- Plan to start trial in late 2020 or early 2021
- Enrollment period: 1.5 to 2 yrs
- Primary endpoint: Compare recurrence rate of GP2-treated vs. placebo at median 2, 3, 4, & 5 years follow-up using standard of care

GP2 Phase III Clinical Trial Dosing



- Measure immune response by DTH &/or immunological assays (potential biomarkers)
- Peak immune response after 6 months & completion of first 6 doses

Manufacturing / Regulatory / IP

- GP2 manufactured by straightforward amino acid chemistry
 - Manufactured by FDA-approved commercial facility with multiple back-up facilities
 - Detailed CMC plan reviewed by FDA
 - Commenced engineering scale-up run for commercial scale manufacturing
 - Phase III trial lot commenced in 2019
 - GM-CSF is commercially available, along with Saline/WFI, which will all be sold independently
- Discussing potency assay / HLA companion diagnostic
- GP2 registered as biologic with CBER – 10-12 years exclusivity in US
- GP2 issued patents provide protection through 2032 in the major markets (US, EU, Canada, Australia, & Japan), including ongoing prosecution in emerging markets

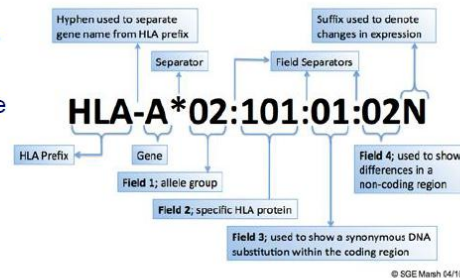
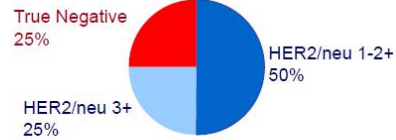


GP2 Commercial Opportunity



Potential Additional Indications of GP2 & Herceptin in Various Populations in Adjuvant Setting

- **HER2/neu 3+ protein over-expression (25%) & 1-2+ expression (50%)**
 - All breast cancer patients are tested for HER2/neu expression by immunohistochemistry (IHC) or fluorescence in situ hybridisation (FISH)
- **Node Positive (60%) & High Risk Node Negative (40%)**
 - Node positive – cancer has spread to lymph nodes
 - High risk node negative – no cancer in lymph nodes but at high risk for recurrence
 - The more lymph node involvement the more aggressive the cancer
- **Hormone Receptor Positive (60%) & Hormone Receptor Negative (40%)**
- **HLA Type: HLA-A2 (40-50%) & HLA-A3,A24 (additional 30%)**
 - Human leukocyte antigen presents peptide from inside cancer cell to killer T-cells
 - HLA also presents injected peptide to create killer T-cells following intradermal injection



- 1 in 8 U.S. women (12.4%) will develop invasive breast cancer over her lifetime, with 266k new breast cancer patients per year in 2018
- GP2's target market is 6-30% of available breast cancer market or up to 2.4x that of Herceptin in adjuvant setting
- GP2 could be a long term treatment that treats survivors (3.1m as of 2018)
- Herceptin/Perjeta/Nerlynx/Kadcyla pricing from \$75k - \$125k per patient per year
- 11 doses over 3 years in initial indication

	Herceptin	GP2
US Market Potential (Size = 3.1m current breast cancer survivors and 266k new patients per year)		
HER2/neu Expressors (1-3+)	25% (3+)	25-75% (1-3+)
HLA Type	100%	50-80% (2/3/24/26)
Node Positive (NP) or High Risk Node Negative (HRNN)	50%	50%
Target Market Potential	12.5%	6.25 - 30%
Theoretical New Patients per Year	33,250	16,750 – 79,800
Adjuvant Patients Treated per Year (est. from sales)	27,000 – 40,000	
Estimated Adjuvant Setting US Revenue (\$ billions)		
Estimated Price (first year)	\$74,500	TBD (6 primary + 1 booster)
Estimated Price (booster)	Not Approved	TBD (4 boosters over 2 years)
Estimated 2017 Global Revenue (\$ billions)		
	\$7	
Adjuvant Setting	\$2-3	
Metastatic Breast Cancer	\$4-5	

Multi \$ Billion
Revenue
Potential





- Genentech's Herceptin (trastuzumab) in Y1 post-surgery
 - Reduces recurrence rates from **25%** to **12%** by Y4 post-surgery
 - Node Positive and High Risk Node Negative
 - **Side Effects:** Cardiotoxic, 1 year treatment only



Herceptin
ADC 4:1

Approved on Y3
Post-Surgery Data



- Genentech's Perjeta (pertuzumab) in Y1 with Herceptin
 - Reduces recurrence rates in Node Positive from **13%** to **10%** & in Hormone Receptor Negative from **11%** to **9%** by Y4 post-surgery
 - **Side Effects:** Adverse reactions (>30%) - diarrhea, nausea, alopecia, fatigue, peripheral neuropathy and vomiting.

- Puma's Nerlynx (neratinib) in Y2 post-Herceptin
 - Reduces recurrence rates overall from **12%** to **10%** & in Hormone Receptor Positive from **13%** to **9%** by Y6 post-surgery
 - **Side Effects:** 95% all-grade diarrhea & 40% grade 3/4 (reduced 20% with loperamide prophylaxis), nausea (43%), fatigue (27%), vomiting (26%), & abdominal pain (24%).

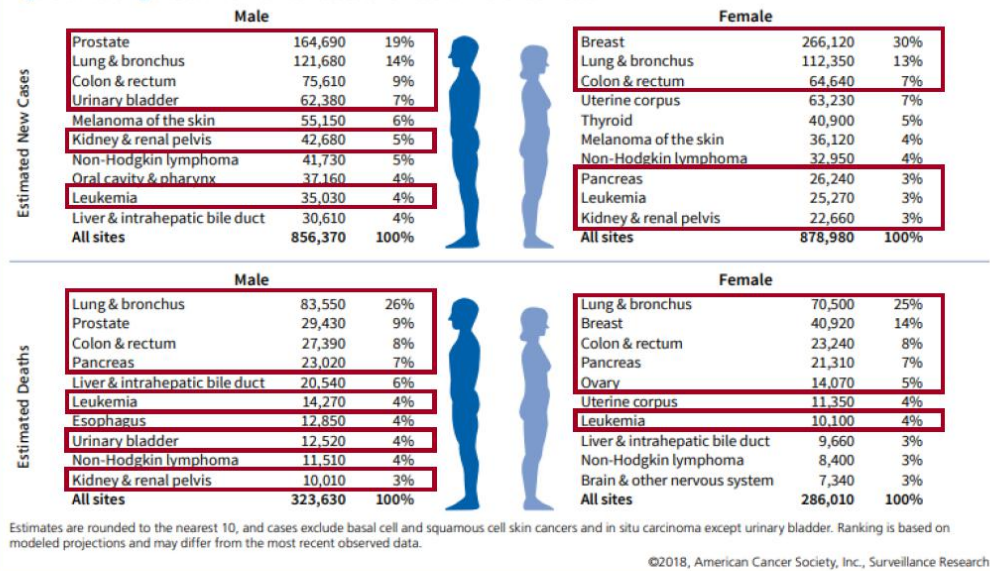


Herceptin
ADC 8:1

Substantial Unmet Need: GP2 & GM-CSF starting in Y2 act synergistically with Herceptin to prevent cancer recurrences, if fully immunized, reducing recurrence rates from **11% to 0% at median 5 years follow-up, minimal to no side effects, & no SAEs**

Potential Commercial Opportunities / Additional Indications for GP2 : HER2/neu Expressed in Multiple Cancers

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2018 Estimates



Denotes cancers where HER2/neu over expression has been reported

GP2 Conclusions: A Breakthrough Targeted Immunotherapy for Prevention of HER2/neu Cancer

- **Phase IIb trial:** No breast cancer recurrences post-surgery, if fully immunized, ($p = 0.0338$), with minimal to no side effects, at median 5 years follow-up, randomized, placebo-controlled, multi-center (16 sites, 96 patients), study led by MD Anderson
- Conservative design of Phase III trial to reproduce Phase IIb results
- **Planned Phase III Trial:** Breast cancer post-surgery adjuvant/neoadjuvant setting, HER2/neu 3+, HLA-A2 patients starting in Y2 following Herceptin or Kadcyla
- FDA-reviewed Phase III trial protocol & CMC, Initiated scale-up manufacturing for Phase III trial, & Finalizing CRO selection/budget
- **Multiple Phase II trial opportunities to expand breast cancer market:**
 - HER2/neu 1-2+ patients with Herceptin - increase market from 25% to 75%
 - Other HLA types – increase from 40-50% up to 80% of all patients
 - Combination with CD4/CD8 peptides and checkpoints
 - Other HER2/neu cancers
- **NASDAQ Ticker “GLSI”:** Closed IPO on September 29, 2020



Greenwich
LifeSciences
NASDAQ: GLSI

For Additional Information, Please Contact:

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CEO

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Website: greenwichlifesciences.com

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Greenwich LifeSciences, Inc. Announces Completion of Manufacturing of Drug for its Planned Phase III Clinical Trial

STAFFORD, TX / [Business Wire] / October 6, 2020 / Greenwich LifeSciences, Inc. (Nasdaq: GLSI) (the “Company”), a clinical-stage biopharmaceutical company focused on the development of GP2, an immunotherapy to prevent breast cancer recurrences in patients who have previously undergone surgery, today announced the completion of the manufacturing of the GP2 active ingredient for its planned Phase III clinical trial. After having met all drug specifications and release criteria in compliance with current Good Manufacturing Practice (cGMP), the GP2 active ingredient has been released for formulation and filling into vials, which is the last step before storage and distribution of GP2 to clinical sites.

Snehal Patel, CEO of Greenwich LifeSciences commented, “We are pleased to have completed this major manufacturing milestone. Last week we completed our IPO, in which members of senior management and directors invested funds aggregating in approximately 15% of the IPO gross proceeds. Our success in scaling up GP2 to large scale cGMP manufacturing and our recent fundraising moves us closer to commencing the upcoming Phase III clinical trial.”

The Company’s commercial manufacturing partner, Polypeptide Laboratories, located in San Diego, California and a specialist in the manufacture of clinical and commercial grade peptides, initiated this clinical lot in 2019, which is at a commercial scale that can produce 50,000 doses and treat up to 4,500 patients. In addition, analytical methods were validated and a stability program has been initiated per cGMP requirements.

About Breast Cancer and HER2/*neu* Positivity

One in eight U.S. women will develop invasive breast cancer over her lifetime, with approximately 266,000 new breast cancer patients and 3.1 million breast cancer survivors in 2018. HER2/*neu* (human epidermal growth factor receptor 2) protein is a cell surface receptor protein that is expressed in a variety of common cancers, including in 75% of breast cancers at low (1+), intermediate (2+), and high (3+ or over-expressor) levels.

About Greenwich LifeSciences, Inc.

Greenwich LifeSciences is a clinical-stage biopharmaceutical company focused on the development of GP2, an immunotherapy to prevent breast cancer recurrences in patients who have previously undergone surgery. GP2 is a 9 amino acid transmembrane peptide of the HER2/*neu* protein. In a randomized, single-blinded, placebo-controlled, multi-center (16 sites led by MD Anderson Cancer Center) Phase IIb clinical trial, no recurrences were observed in the HER2/*neu* 3+ adjuvant setting after median 5 years of follow-up, if the patient received the 6 primary intradermal injections over the first 6 months ($p = 0.0338$). Of the 138 patients that have been treated with GP2 to date over 4 clinical trials, GP2 treatment was well tolerated and no serious adverse events were observed related to GP2 immunotherapy. Greenwich LifeSciences is planning to commence a Phase III clinical trial using a similar treatment regime as the Phase IIb clinical trial. For more information on Greenwich LifeSciences, please visit the company’s website: www.greenwichlifesciences.com

Forward-Looking Statement Disclaimer

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Greenwich LifeSciences, Inc. to Participate at Upcoming Investor and Partnering Conferences

STAFFORD, TX / [Business Wire] / October 7, 2020 / Greenwich LifeSciences, Inc. (Nasdaq: GLSI) (the “Company”), a clinical-stage biopharmaceutical company focused on the development of GP2, an immunotherapy to prevent breast cancer recurrences in patients who have previously undergone surgery, today announced that it was selected to present at the 2020 BIO Investor Forum conference to be held virtually from October 13-15, 2020 and will be participating at the BIO-Europe partnering conference to be held virtually from October 26-29, 2020.

At the BIO Investor Forum, Snehal Patel, CEO of Greenwich LifeSciences will present and will be available to participate in one-on-one meetings with qualified members of the investor community who are registered to attend the conference. The presentation will highlight the Company’s GP2 program and its plans to commence a Phase III clinical trial, will include a pre-recorded audio track available to conference attendees on demand, and will be simultaneously made available on the investor section of the Company’s website at: <https://investor.greenwichlifesciences.com/>

At the BIO-Europe partnering conference, the Company will seek to meet with international pharmaceutical companies seeking to license marketing rights for promising therapeutics for their respective regions. The Company previously initiated a global and regional out-licensing process with industry leading advisor, Torrey Partners, which is expected to continue as the upcoming GP2 Phase III trial commences.

About BIO Investor Forum

The 19th annual BIO Investor Forum is an international biotech investor conference focused on early and established private companies as well as emerging public companies. The event features plenary sessions, business roundtables and therapeutic workshops, company presentations, and scheduled one-to-one meetings. For more information, please visit the conference website at: <https://www.bio.org/events/bio-investor-forum-digital/why-attend>

About BIO-Europe

The 26th annual BIO-Europe global life sciences partnering conference includes access to company pitches, program sessions, and sponsor and showcase company content. The event is expected to bring together over 4,000 executives from more than 2,000 life sciences companies spanning an estimated 60+ countries. Program content includes business development, therapeutic areas, startup innovations, digital health, and scheduled one-to-one meetings. For more information, please visit the conference website at: <https://informaconnect.com/bioeurope/>

About Breast Cancer and HER2/*neu* Positivity

One in eight U.S. women will develop invasive breast cancer over her lifetime, with approximately 266,000 new breast cancer patients and 3.1 million breast cancer survivors in 2018. HER2/*neu* (human epidermal growth factor receptor 2) protein is a cell surface receptor protein that is expressed in a variety of common cancers, including in 75% of breast cancers at low (1+), intermediate (2+), and high (3+ or over-expressor) levels.

About Greenwich LifeSciences, Inc.

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Greenwich LifeSciences, Inc. Announces Acceptance of Two Abstracts at Upcoming Major Breast Cancer Conference

STAFFORD, TX / [Business Wire] / October 8, 2020 / Greenwich LifeSciences, Inc. (Nasdaq: GLSI) (the “Company”), a clinical-stage biopharmaceutical company focused on the development of GP2, an immunotherapy to prevent breast cancer recurrences in patients who have previously undergone surgery, today announced that two abstracts have been accepted for presentation at the upcoming San Antonio Breast Cancer Symposium (SABCS), including two corresponding posters. SABCS 2020 will be held in a virtual format from December 8-11, 2020. SABCS anticipates publishing the abstracts in late November 2020 and the posters on December 9, 2020.

Snehal Patel, CEO of Greenwich LifeSciences, commented, “While we previously reported that in the GP2 Phase IIb clinical trial that no recurrences were observed in the HER2/*neu* 3+ adjuvant setting after 5 years of follow-up if the patient received their primary GP2 treatments, we are pleased to be able to present the final 5 year analysis, including Kaplan-Meier disease free survival curves and patient demographics.”

Dr. F. Joseph Daugherty, CMO of Greenwich LifeSciences, commented, “We look forward to sharing this data with breast cancer key opinion leaders as we recruit clinicians and clinical sites for participation in our planned Phase III clinical trial. This data will further advance the development of GP2 and support our common goal to provide patients and clinicians with a safe and effective treatment option to prevent recurrences following surgery, and thereby prevent metastatic breast cancer.”

The first abstract and poster will present the final 5 year follow-up efficacy and demographic data across all patient populations from the completed prospective, randomized, placebo-controlled, single-blinded, multicenter, Phase IIb clinical study evaluating the reduction of recurrences. The presentation will include disease free survival curves for both HER2/*neu* 3+ and HER2/*neu* 1-2+ patient populations, including the demographics for stage of cancer, hormone receptor status, node status, and prior treatment with chemotherapy, radiation, endocrine therapy or trastuzumab.

The second abstract and poster will present the design of the planned Phase III clinical trial. The trial is designed as a single registration trial which will include an interim analysis seeking conditional marketing approval from the FDA upon the interim analysis data read out followed by submission of a Biologics Licensing Application (BLA).

The 2 abstracts and posters are entitled:

Program Number: PS10-23 - Five year median follow-up data from a prospective, randomized, placebo-controlled, single-blinded, multicenter, Phase IIb study evaluating the reduction of recurrences using HER2/neu peptide GP2 + GM-CSF vs. GM-CSF alone after adjuvant trastuzumab in HER2 positive women with operable breast cancer

Program Number: OT-13-03 - A prospective, randomized, multicenter, double-blinded, placebo-controlled Phase III trial of the HER2/neu peptide GP2 + GM-CSF versus bacteriostatic saline/WFI placebo as adjuvant therapy after any trastuzumab-based therapy in HER2-positive women with operable breast cancer

About SABCS

The 43rd annual SABCS has grown to be the industry's premier breast cancer conference for basic, translational, and clinical cancer research professionals. It is well-known for presenting the latest breast cancer data from all over the world. More than 7,500 health care professionals from more than 90 countries attend annually. Baylor College of Medicine became a joint sponsor of SABCS in 2005. The Cancer Therapy & Research Center at UT Health Science Center San Antonio and American Association for Cancer Research began collaborations with SABCS in 2007. For more information, please visit the conference website at: <https://www.sabcs.org/>

About Breast Cancer and HER2/neu Positivity

One in eight U.S. women will develop invasive breast cancer over her lifetime, with approximately 266,000 new breast cancer patients and 3.1 million breast cancer survivors in 2018. HER2/neu (human epidermal growth factor receptor 2) protein is a cell surface receptor protein that is expressed in a variety of common cancers, including in 75% of breast cancers at low (1+), intermediate (2+), and high (3+ or over-expressor) levels.

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