



Quantum Immunologics, Inc. (QI) is a privately held company that is dedicated to improving the treatment outcome and quality of life for cancer patients through the research, development, and commercialization of innovative, cost-effective therapeutic and diagnostic products. QI's scientific approach links the immunogenic and invasive properties of malignant cancers with a specific protein known as oncofetal antigen immature laminin receptor protein (OFA-iLRP) that is uniquely expressed on cancer cells, but is not found on normal cells outside of early fetal development.

 QI Home Page: www.quantumimmunologics.com

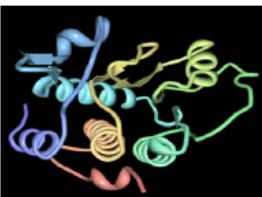
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ProActive News Room Landing Page for QI:
www.proactivenewsroom.com/quantum-immunologics

The ProActive News Room website for QI includes an updated compilation of blog commentaries, news feeds, videos, articles, presentations, and report downloads.

OFA-iLRP Animation



QI's approach to cancer immunotherapy involves sensitizing the dendritic cells (which present foreign antigens to the immune system) from a patient's blood to educate and direct the immune system to attack malignant tumor cells in a targeted effort to eradicate or stabilize the disease. This integrated approach to the treatment, diagnosis, and monitoring of cancer is being developed to create novel, individualized products and services that offer a high rate of efficacy and minimal side effects by harnessing the innate power of the immune system in a targeted manner against the disease.

Executive Summary

- QI is the exclusive licensee of various patent rights in the U.S., Europe, and other countries for the use of OFA to diagnose, monitor, and treat multiple types of cancer. The OFA-iLRP patents are the by-product of 25+ years and \$30+ million of research primarily funded by the National Institute of Health / National Cancer Institute.
- In addition, QI has filed two provisional patents pertaining to OFA peptides and related antibodies. These provisional patents entail therapeutic uses and potential diagnostic applications, further expanding QI's patent estate.
- QI originally filed with the FDA for authorization to conduct a Phase I safety trial, but the Agency recommended a combination Phase I/II trial to expedite the clinical development process. QI expects to complete enrollment of all 27 patients in the ongoing Phase I/II trial for metastatic breast cancer by the end of April 2010. Shortly thereafter, preliminary data is expected from the initial cohort of patients that will be discussed with the FDA to design a pivotal Phase IIb/III clinical trial which may begin in 2011.
- A second lab in Tampa has been added, which is expected to expedite the enrollment of patients in the ongoing Phase I/II study and will also facilitate QI's FDA-compliant manufacturing and research initiatives.
- The market niche for a therapeutic breast cancer vaccine is several billion dollars based on estimated pricing of \$60,000 per treatment regimen and an estimate by the American Cancer Society that breast cancer affects one in eight women during their lifetime.
- QI is an extraordinarily "clean" company with a single class of common stock, no preferred stock, no debt, and audited financials from inception.
- Because of their belief in QI, from inception through 2009, the Company's entire management and science team worked for either stock-based compensation only or at reduced salaries in addition to stock-based compensation.
- The cancer vaccine space has experienced a recent resurgence, illustrated by industry leader Dendreon (NASDAQ: DNDN) which is valued at approximately \$5 billion as it awaits expected FDA approval for Provenge by May 1, 2010. QI's immunotherapy approach is similar to Dendreon, although QI's targeted antigen (OFA) is found on many cancer lines while Dendreon's (PAP) is specific to prostate cancer.

Highlights from QI Shareholder Meeting February 19, 2010

Preliminary data from the initial cohort of patients enrolled in the ongoing Phase I/II trial is expected during April 2010, which will include comparing medical imaging scans before treatment with QI's OFA cancer vaccine at 90-day intervals to monitor tumor size with the goal of achieving either stable disease or improvement (i.e. tumor shrinkage). In addition, blood analyses will be conducted to assess the induction of an OFA-specific T-cell immune response.

As recognized in recent draft FDA guidance for therapeutic cancer vaccine studies, immune responses may occur in patients without initial improvement or stabilization of the tumor due to the longer term mode of action for cancer immunotherapy as compared to standard treatments such as chemo / radiation therapy which have rapid cytotoxic (cell death) effects on all rapidly growing cells that also results in a harsher side effect profile for such treatments. Contingent on the initial results, QI expects to begin discussions with the FDA to expedite the start of a much larger pivotal (i.e. a study designed to obtain FDA approval) Phase 2b/3 clinical trial.

Because of the unmet medical need for late-stage breast cancer patients, a relatively low threshold (i.e. must prove safety along with either an OFA-specific immune response +/- initial disease stabilization or improvement as reflected in medical imaging scans) is expected to achieve FDA authorization to conduct a pivotal study to assess the ability of QI's OFA based cancer vaccine to improve survival in patients with metastatic breast cancer. QI is also working on R&D initiatives to improve and refine the OFA technology by isolating OFA peptides and highly-reactive antibodies that elicit a targeted immune response against cancer cells.

The ongoing Phase I/II study will include patient follow-up for a minimum period of two years and this will provide a steady flow of survival data while the projected Phase 2b/3 trial proceeds and progresses. The R&D initiatives and provisional patents filed by QI will provide patent protection through 2029 for any products that are commercialized from this next-generation OFA-based technology.

QI's goal is to complete the enrollment of all 27 patients by the end of April 2010, with a second lab added in Tampa, FL. Preliminary data is expected shortly thereafter from the initial cohort of patients that are already enrolled in the study and receiving treatments. The study is open to women who have been diagnosed with Stage IV / Metastatic Breast Cancer and the treatment is free to participants.

<clinicalstudies@quantumimmunologics.com> <Local: 251.442.9452> <Toll-Free: 1.800.863.8809>

QI's Phase I / II OFA Clinical Trial

<http://www.clinicaltrials.gov/ct2/show/NCT00879489>

The FDA-authorized Phase I/II clinical trial for QI is described in full detail at the link above with the official title posted as, "Phase I/II Vaccine Study With Autologous Dendritic Cells Loaded With Oncofetal Antigen–iLRP (immature laminin receptor protein) in Patients With Metastatic Breast Cancer." The University of South Alabama serves as a collaborator while the trial is sponsored by QI with a ClinicalTrials.gov identifier of NCT00879489. The Phase I/II clinical trial is structured as an open label, single-arm, interventional treatment study designed to assess both efficacy and safety in a single, combined trial.

Design	Multi center, open label, non-randomized
Target Population	Metastatic Stage IV Breast Cancer Patients, who have undergone and failed radiation and/or chemotherapy
Number of Patients	27 Total > Phase I - 3 patients (safety) > Phase II - 24 patients (safety and efficacy)
Treatment	3 OFA loaded activated dendritic cell injections, with monthly intervals between each injection
Primary Objectives	> Determine safety and toxicity > Determine immunological response and induction of OFA specific T-lymphocytes

Combining Phase I/II into a single study saves about six months and \$1 million from the clinical development process and reflects optimism toward the prospects for the Company's experimental cancer immunotherapeutic. The study will be accomplished by collecting dendritic cells (APCs) from the each patient's blood using a machine to which the patient is connected through two small cannula placed into arm. The APCs will be manipulated in the lab with human recombinant oncofetal antigen (OFA/iLRP) and then injected under the skin of patients.

There will be a series of three monthly skin injections administered at four-week intervals. The Company hopes to induce a safe, targeted anti-cancer response by this method and the outcome measures for the study will include toxicity / safety, immunological monitoring, and measuring size of tumor and accompanying growth / regression through CT scan imaging data, and overall quality of life assessments for the patients.

The study utilizes an antigen that is found only on cancer cells and is not detected on normal tissue. The molecule is known as oncofetal antigen or OFA because it is only found on cancer cells and early-stage fetal cells/embryos in the womb. Because OFA is unique to cancer, the Company believes OFA could be used to train the patients' own immune system to mount a targeted attack of cancer cells which express this antigen.

Furthermore, there is evidence that OFA-iLRP plays a vital role in tumor invasiveness and metastasis, which would involve patients with late-stage disease. Based on historical data and medical / scientific journal publications, QI estimates that over 85% of patients with Stage IV metastatic breast cancer (which is the subject population of the ongoing Phase I/II trial) express OFA as compared to approximately 44% of breast cancer patients as a whole. Based on previous study results and the fact that OFA is not expressed on healthy tissues, QI anticipates that safety will not be an issue in the current clinical trial.

Although OFA has been found in large concentrations on all cancer types, it was found to be especially abundant in breast cancers. A study published in a medical journal (*Blood*. 2003;102:4416-4423) stated that it has been documented in previous rodent and human studies that OFA-iLRP is an immunogenic protein that can specifically activate both T and B lymphocytes, making it an ideal antigen for immunotherapeutic strategies directed against all types of human cancer.

The Phase I/II clinical trial is designed to examine the inherent immune response in breast cancer patients directed towards OFA-iLRP and whether this immune response could be amplified and modified through actively vaccinating autologous (patient-derived) OFA/iLRP-pulsed dendritic cells which are re-injected into cancer patients. OFA-iLRP is the chosen target for this immunotherapy product candidate because it has been found to be expressed in all human cancers examined so far, including myeloid + lymphoid leukemias, lymphomas, renal cell (kidney) carcinomas, prostate cancer, breast cancer, lung cancer, melanoma, squamous cell carcinoma, and ovarian cancer. In fact, OFA has been detected in over 500 different cancer types.

	Chemotherapy	Herceptin	QI ImmunoTx
Number of Treatments	4 – 20+	IV - Year long, every week or every 3 weeks	3 injections, monthly intervals
Total Cost	\$10,000 - \$200,000	\$70,000 - \$100,000	\$60,000
Patient Side Effects	Can Be Multiple and Severe	Some, and likely to be Moderate	Minimal, and likely to be Mild

The mechanism of action for this OFA-targeting active cancer immunotherapy product candidate involves generating a targeted and personalized immune T cell response that will fight the patient's cancer. The OFA/iLRP-loaded mature, moDCs (monocyte-derived dendritic cells) do not have a direct cytotoxic effect as with traditional treatments such as radiation

therapy or chemo. Rather, the anti-cancer effect is generated by the presentation of OFA-iLRP to activate each patient's T cells for a targeted immune response to OFA-iLRP, which is specific to the patient's cancer cells which express this marker.

This mode of action is distinct from chemotherapy, which kills not only tumor cells, but also affects normal cells such as those which divide rapidly (e.g. hair, GI tract, etc.). This approach is also different from immune-therapies that generically stimulate the immune system (e.g. cytokines such as Interleukin-2 or IL-2) or specifically target the tumor via an anti-tumor antibody (Herceptin-trastuzumab).

Because the product requires the development of an immune response after administration, there is some delay in the potential effect of the product. Thus, each patient's immune response and clinical effect may take several weeks to develop and is typically characterized by transient, flu-like symptoms rather than the harsh side effects associated with radiation and/or chemotherapy.

In addition, because of the excellent safety profile observed to date for the OFA-iLRP cancer vaccine, the potential to combine this therapy with other conventional treatments is possible to achieve synergistic results and improved patient survival outcomes.

Unmet Medical Need / Market Opportunity

The market niche for a successful therapeutic breast cancer vaccine product is estimated at several billion dollars. This estimated is based on projected pricing of \$60,000 per treatment (consisting of three injections at monthly intervals), American Cancer Society statistics for the disease, and various hypothetical market penetration rates as outlined in the tables below.

<ul style="list-style-type: none"> The market niche for Stage IV breast cancer only is Huge The estimated number of deaths of American patients with breast cancer in 2009 is 40,610 (Source: American Cancer Society) 				
Penetration Rate	10%	20%	30%	40%
Number of Patients (US Only)	4,061	8,122	12,183	16,244
Annual QI Rev at \$60,000/Patient	\$243,660,000	\$487,320,000	\$730,980,000	\$974,640,000
Number of estimated deaths from breast cancer in 2007 worldwide is 464,854 (Source: American Cancer Society)				

<ul style="list-style-type: none"> The market niche for ALL stages of breast cancer is Beyond Huge The estimated number of new breast cancer cases in America in 2009 is 194,280 (Source: American Cancer Society) 				
Penetration Rate	10%	20%	30%	40%
Number of Patients (US Only)	19,428	38,856	58,284	77,712
Annual QI Rev at \$60,000/Patient	\$1,165,680,000	\$2,331,360,000	\$3,497,040,000	\$4,662,720,000
Number of estimated new breast cancer cases worldwide in 2007 is 1,301,867 (Source: American Cancer Society)				

FDA Draft Guidance for Cancer Vaccines

In September 2009, the FDA issued draft guidance that outlined considerations for companies conducting clinical studies of therapeutic cancer vaccines / immunotherapy product candidates. Cancer vaccines are recognized as foreign antigens by the body upon administration and induce an active immune response that is mediated by cytotoxic T cells through the adaptive immune system's antigen presenting cells (APCs) known as dendritic cells (DCs).

In addition, clinical trials of cancer vaccines typically involve multiple vaccinations over the course of a given study and the longer timeline for the generation of an effective immune response against the targeted cancer cells must be considered when designing a study protocol in terms of duration and primary outcomes. The entire PDF report issued by the FDA is available at the ProActive News Room landing page for QI and includes several relevant considerations for the Company's OFA-iLRP cancer vaccine product candidate.

The FDA draft guidance includes considerations for studying cancer vaccines in patients that are newly-diagnosed or with early-stage disease in order to select individuals with a more robust immune system response since they are not afflicted with later-stage, widespread disease and have not endured extensive treatment with radiation and / or chemotherapy.

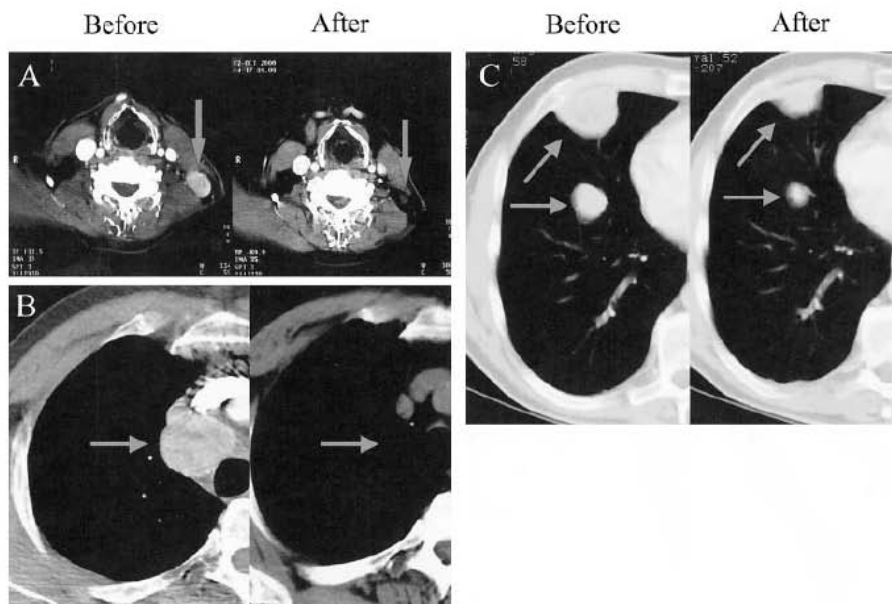
Comparable OFA Study in Europe

However, a clinical trial conducted in Europe that included patients with metastatic renal cell carcinoma (RCC, Stage IV, late-stage kidney cancer) demonstrated encouraging results for QI's OFA-iLRP based DC cancer vaccine and is summarized in a journal publication at the Company's News Room page: Immunotherapy of Metastatic Renal Cell Carcinoma with Tumor Lysate-pulsed Autologous Dendritic Cells (*Clinical Cancer Research* Vol. 8, 3369–3376, November 2002).

There is a poor prognosis for patients with this type of late-stage kidney cancer that has already spread to other parts of the body such as the lungs, including an average survival time of about one year and a 10% survival rate two years after diagnosis. However, in this study, five of six patients tested demonstrated enhanced immune responses against OFA antigen and the strongest responses were detected in the two patients who achieved either a complete or partial response.

At the time of the original journal article submission, the mean follow-up was 32 months and eight patients were still alive – despite a dire prognosis of 10% survival after 24 months with conventional therapies for metastatic RCC. In addition, a 2005 journal article update (available at the News Room site as OFA-iLRP Cancer Vaccine Update) reported the results outlined below among 27 evaluable patients from the European kidney cancer study.

Fig. 1 Tumor regression after moDC vaccination. Computed tomography scans of patients no. 33 (A), no. 11 (B), and no. 3 (C) before and after moDC vaccination shows regression of lymph node and lung metastases, respectively.



Below is a summary of results from the comparable OFA study that was conducted in Europe.

- two patients achieved a complete response with no evidence of disease
- one patient had an objective partial response
- seven patients had stable disease
- 17 had progressive disease

Science and Research Team

Kent J. Johnson, MD, Executive VP of Scientific Affairs

Dr. Johnson is a full tenured professor at the University of Michigan's Department of Pathology. His research interests include pathology, immunopathology, renal pathology, oxygen radicals, and the pathogenesis of inflammation, particularly the acute inflammatory response and the role of matrix metalloproteinase in cancer. Dr Johnson's research has led to numerous National Institute of Health (NIH) sponsored studies. In addition, Dr. Johnson has over 190 completed publications in peer reviewed scientific journals. Dr. Johnson has also consulted to major pharmaceutical and bio tech companies, including Pfizer and Genentech.

Dr. Johnson currently is an active physician at the University of Michigan Medical Center, and is board certified in anatomic and immunopathology. He earned his undergraduate degree at The University of North Dakota in 1968 and his M.D. from The University of Connecticut in 1976. Dr. Johnson is a bronze star recipient for military service in Viet Nam, and has been honored with the Teaching Excellence Award at the University of Michigan Medical School on three occasions.

Eric W. Olle, PhD., Director of Research

Dr. Olle has an extensive background in molecular biology, zoology, pathology and genetics. Dr. Olle was one of two Pfizer Research Fellows when he worked with antibody microarrays and worked as a liaison between The University of Michigan and Pfizer, Inc. to translate basic academic research to clinical and industrial applications. Dr. Olle has also been a research investigator at the University of Michigan. Dr. Olle has authored and co-authored numerous publications and corporate reports on related antibody topics. He received a B.S. in Biology from Western Illinois University (Magna Cum Laude) and his Doctorate in Zoology from Michigan State University, with emphasis in Molecular Biology and Genetics.

Officers and Executive Management Team**Charles (Chuck) Broes, Chief Executive Officer; Chairman of the Board**

Mr. Broes has over thirty-nine years of business experience as well as four years of service with the United States Air Force. His past positions have included Chairman of the Board, Chief Executive Officer, Chief Operating Officer, and Chief Information Officer with a particular focus in the healthcare industry. His experiences have ranged from privately held startup companies to large public corporations, including Chairman of the Board and Chief Executive Officer of EliteCorp, Inc. Mr. Broes has been directly involved in mergers and acquisitions, re-engineering and facilitating turnarounds, and strategic alliances. Mr. Broes currently serves on the boards of American Medical Specialties, Inc., Vital Business Services, Inc. and Elitecorp, Inc. He has been a member of the Ethics Committee of the Moffett Cancer Center in Tampa, Florida for 10 years.

Josh Coughlin, President

Mr. Coughlin has been involved with private equity/venture capital financed health care service companies for the past fifteen years. From 1999 through March 2005, he was the President and Chief Financial Officer of CaraVita Senior Care Management Services, Inc., where he was involved with, among other things, negotiating and executing venture capital financing rounds, and point person for the sale of substantially all the assets to a publicly traded company. From April 2005 through the time of its acquisition by a publicly traded company in January 2008, Mr. Coughlin was the Chief Executive Officer and an owner of BBLRG, LLC, in Roswell, Georgia. From January 2008 through the present, Mr. Coughlin is an owner of CaraVita Home Health and Peachtree Medical Consultants, and has also been providing consulting services to privately held companies. Mr. Coughlin received his BA (Phi Beta Kappa) from Indiana University in Bloomington, Indiana in 1985, and his Masters in Business Administration from the University of Chicago in Chicago, Illinois in 1990.

Barry Rooth, JD, Executive VP; President of QI Ventures, Inc.

Mr. Rooth is a founding partner in the law firm of Theodoros & Rooth, P.C. in Northwest Indiana, and concentrates his practice in the field of health care litigation. He has been named a "Super Lawyer" for the past four years by *Super Lawyer* and is listed in the *Best Lawyers in America* journal. Mr. Rooth received his Bachelors Degree from Indiana University in 1979 and his J.D. from the Valparaiso School of Law in 1982, and is a member of the Indiana and Illinois bars.

Taina Broes, Senior VP; Director of Operations

Ms. Broes has been in the healthcare management field for over 25 years. She has been an officer of several private and public companies and served on various boards, including Wellmark International and Optimark Corporation, both medical services companies. She has an extensive background in operations and customer support as well as start-up capitalization. Ms. Broes graduated Magna Cum Laude from Baylor University in 1975 with a BS in nursing. She worked in various clinical areas prior to concentrating on the business aspect of healthcare.

Don Wright, MBA, CMA, Senior VP; Director of Finance

Mr. Wright has over twenty years of finance and management experience as a senior executive in the information technology, software, telecommunications, and the ophthalmic lens manufacturing and distribution industries. He has been Chief Financial Officer of a number of companies at various stages, including start-up, emerging and middle-market operations. Mr. Wright was formerly a partner with Tatum, LLC, a financial executive services company in Atlanta, GA from 2001 through 2009. Mr. Wright holds both a BS degree in Mechanical Engineering from the U.S. Military Academy at West Point, NY and an MBA in Finance and Accounting from the University of Texas at Austin. He is a Certified Management Accountant (CMA), Certified Financial Manager (CFM) and holds a Certified Turnaround Professional (CTP) designation.

Tim Schwiers, VP; Director of Auburn Collaboration

Mr. Schwiers, a graduate of the University of South Florida, has extensive experience in business planning and program management. He led the successful deployment and cultivation of new product initiatives in emerging technologies, in both domestic and foreign markets. In his most recent endeavor as President of Inteligy, Mr. Schwiers developed a business plan in which he leveraged an exclusive go-to-market strategy, shifting the business from a regional to a national model. In doing so, he reduced Inteligy's cost-to-serve by over twenty percent. Mr. Schwiers' past experiences also include a \$40 million initiative as Deployment Manager for the operational launch of New Century GlobalNet, a U.S. technology company with operations in Japan.

Auburn Veterinary School Collaboration

On 11/25/09, QI announced <<http://www.genengnews.com/news/bnitem.aspx?name=69487405>> that it entered into a collaboration agreement with Auburn University to bring its novel cancer immunotherapy to the veterinary market. The parties have agreed to form a new, independently-funded and jointly-owned company to accomplish its goal. Along with providing corporate and administrative management of the new company, QI will license its proprietary OFA-based treatment to serve as the collaboration's underlying technology.

The partnership will draw upon Auburn University's College of Veterinary Medicine companion animal oncology expertise, along with its substantial animal clinical trial experience. According to QI's CEO, Chuck Broes, "This collaboration provides a 'best of both worlds' approach. We have a tremendous respect for Auburn's renowned veterinary institution and believe that this collaboration provides a natural synergy, allowing both parties to maximize one another's core competencies. We also believe that this initiative will allow QI to capitalize upon the significant veterinary market, thereby enhancing shareholder value".

QI anticipates that the new company will begin operations in late 2010. Favorable growth trends for the pet and animal care industry are outlined below.

- 1.) total pet industry spending in the U.S. is estimated at \$45.4 billion in 2009, which includes \$12.2 billion in vet care spending;
- 2.) according to the 2009-2010 National Pet Owners Survey, 62% of U.S. households own a pet, which equates to 71.4 million homes;
- 3.) the worldwide market for animal healthcare, excluding bulk feed and nutrition products, is expected to reach just under \$20 billion in 2008, experiencing growth of 26% from 2003.

The pact with a leading veterinary university further validates QI's leadership role as an innovator of cancer therapeutics / diagnostics based on the OFA antigen as a universal bio-marker of the disease in both humans and animals.

Pending FDA Decision for Dendreon

Dendreon (NASDAQ: DNDN) follows a similar approach to QI, except that Dendreon is initially focused on the treatment of prostate cancer as it prepares to become a commercial-stage company with the possible early to mid 2010 launch of Provenge (sipuleucel-T). Provenge is derived from a patient's own immune system (dendritic cells, hence the name Dendreon) and is poised (upon FDA approval) to become the first of a new class of therapeutics termed active cellular immunotherapy (ACI) which are also known as therapeutic cancer vaccines.

In November 2009, Dendreon announced that it completed the submission of an amended Biologics License Application (BLA) for Provenge, seeking FDA approval for men with metastatic castrate-resistant prostate cancer (CRPC). On 11/20/09, the FDA accepted Dendreon's amended BLA as a complete response and set a PDUFA action date of 5/1/10 for an expected FDA decision for Provenge.

The amended BLA includes data from the IMPACT trial, which was conducted under a Special Protocol Assessment (SPA) with the FDA. The IMPACT study met its pre-specified primary endpoint demonstrating a statistically significant improvement in overall survival in men with metastatic CRPC. Provenge is currently available through several ongoing clinical trials, including OpenACT (an open label trial enrolling men with metastatic CRPC), ProACT, and NeoACT.

In early March 2010, Dendreon announced updated pivotal IMPACT study results that demonstrated Provenge increased three-year survival by 40% compared to placebo. In addition, the FDA recently confirmed that it will not conduct an advisory panel meeting prior to the BLA decision for Provenge. Dendreon expects to have manufacturing capacity to generate possible sales of \$60-125 million during 2H10 until full capacity is achieved in late 2011.

The link below from Dendreon's website contains a video animation for an overview of active cellular immunotherapy as a novel approach in the fight against cancer. QI has also produced a video detailing its OFA-based approach to cancer immunotherapy that is available at the Company's corporate website and ProActive News Room page.

While there are many similarities, the key differentiating and patent-protected factor is the OFA antigen target that represents a universal cancer antigen with the potential for broad applications compared to the approach by Dendreon that targets an antigen (PAP) specific to prostate cancer. In addition, the market for breast cancer alone is approximately 2X larger than prostate cancer.

http://www.dendreon.com/therapeutic_approaches/active_cellular_immunotherapy/

Big Pharma Starting to Take an Interest in Cancer Immunotherapy

In early March, Novartis (NYSE: NVS) entered an option / milestone agreement with Transgene (Paris: TNG.PA) in which NVS paid \$10 million in up-front payments and will potentially pay up to \$950 million in additional payments, which is contingent upon future development and regulatory milestones. The option agreement covers Transgene's experimental cancer immunotherapy (TG4010) for non-small cell lung cancer, which is expected to complete Phase 2b testing in early 2012.

References and Resources

- 1.) American Pet Products Association – Industry Statistics / Trends:
http://www.americanpetproducts.org/press_industrytrends.asp
- 2.) Auburn University – College of Veterinary Medicine:
<http://www.vetmed.auburn.edu/>
- 3.) ClinicalTrials.gov entry (Identifier: NCT00879489) for ongoing Phase I/II OFA cancer immunotherapy trial:
<http://clinicaltrials.gov/ct2/show/NCT00879489>
- 4.) Dendreon: (i) Active Cellular Immunotherapy Overview and Video and (ii) Development Pipeline:
http://www.dendreon.com/therapeutic_approaches/active_cellular_immunotherapy/
<http://www.dendreon.com/pipeline/>
- 5.) Links to medical / scientific journal publications, articles, and abstracts at QI's website:
<http://www.quantumimmunologics.com/publications.html>
<http://www.quantumimmunologics.com/>
- 6.) National Cancer Institute (NCI) / National Institutes of Health (NIH) Home Page and Statistics for Breast Cancer:
<http://www.cancer.gov/cancertopics/types/breast>
- 7.) ProActive News Room Landing Page for QI:
<http://www.proactivenewsroom.com/quantum-immunologics/>
- 8.) University of South Alabama – College of Medicine:
<http://www.southalabama.edu/com/>

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