GenSpera Phase II Abstract Accepted for Presentation at the Society of Neuro-Oncology 20th Annual Scientific Meeting

SAN ANTONIO, TX -- (Marketwired) -- 07/28/15 -- GenSpera, Inc. (OTCQB: GNSZ) announced today that the Society for Neuro-Oncology and the 2015 Scientific Program Committee has accepted an abstract for presentation at the Society for Neuro-Oncology's 20th Annual Scientific Meeting. The abstract is titled: "Phase II study of mipsagargin (G-202), a PSMA-activated prodrug targeting the tumor endothelium, in adult patients with recurrent or progressive glioblastoma," and will be presented during the annual meeting in San Antonio, Texas, between November 19-22, 2015. The two-stage, single-arm, open-label study (NCT02067156) is led by David Piccioni, M.D., Ph.D. and Santosh Kesari, M.D., Ph.D. at the UC San Diego Moores Cancer Center in La Jolla, CA, and will evaluate the efficacy, safety and central nervous system (CNS) exposure in patients with recurrent or progressive glioblastoma.

About Mipsagargin

Mipsagargin is a prodrug in human clinical trials for several different tumor types. Mipsagargin consists of a thapsigargin derivative, 12ADT, coupled to a peptide that helps solubilize the prodrug and prevents its internalization into cells until the peptide is removed. The mechanism of action targets the enzyme PSMA, which is highly expressed on the surface of almost all cancer tumor vasculature, including those of glioblastoma. PSMA recognizes and removes the peptide, releasing the active ingredient 12ADT into the cell and bringing about cell death. The prodrug delivery system ensures that mipsagargin is activated only within the tumor, thus providing greater anti-tumor efficacy and minimizing side effects.

About Glioblastoma

Glioblastoma is the most common and most aggressive malignant primary brain tumor in humans. There are approximately 10,000 new cases of malignant glioblastoma diagnosed each year in the United States and, despite optimal treatment, the median survival for these patients is only 12 - 15 months. Treatment commonly consists of surgery followed by radiation and the drug temozolomide. A few drugs have been approved in patients that have recurrent tumors, but none have been shown to promote long-term tumor stabilization or survival. Glioblastomas are particularly resistant to conventional chemotherapy drugs as most cannot cross the blood-brain barrier. This disadvantage of conventional chemotherapy does not apply to mipsagargin because mipsagargin directly
attacks the PSMA-expressing cells of the tumor-associated blood vessels that comprise the blood-brain barrier.

**About GenSpera**

GenSpera, Inc., is a San Antonio-based biotech company that unlocks conventional thinking to conceive, design, and develop cancer therapies. GenSpera's technology platform combines a powerful, plant-derived cytotoxin (thapsigargin) with a patented prodrug delivery system that provides for targeted release of drug candidates within tumors. GenSpera's lead drug candidate, mipsagargin, was granted Orphan Drug designation by the U.S. Food and Drug Administration (FDA) in 2013 for evaluation in patients with hepatocellular carcinoma (liver cancer).

For additional information on GenSpera, visit [www.genspera.com](http://www.genspera.com) and connect on [Twitter](https://twitter.com), [LinkedIn](https://www.linkedin.com), [Facebook](https://www.facebook.com), [YouTube](https://www.youtube.com) and [Google+](https://plus.google.com).

**Cautionary Statement Regarding Forward Looking Information**

*This communication may contain forward-looking statements. Investors are cautioned that statements in this document regarding potential applications of GenSpera's technologies or the future prospects of the company constitute forward-looking statements that involve risks and uncertainties, including, without limitation, risks inherent in the development and commercialization of potential products, uncertainty of clinical trial results or regulatory approvals or clearances, need for future capital, dependence upon collaborators and maintenance of our intellectual property rights and the acceptance of GenSpera’s proposed therapies by the health community. Actual results may differ materially from the results anticipated in these forward-looking statements. Additional information on potential factors that could affect our results and other risks and uncertainties will be detailed from time to time in GenSpera’s periodic reports filed with the Securities and Exchange Commission.*

Media Relations:
PCG Advisory
Sean Leous
+1-646-863-8998
sleous@pcgadvisory.com

Investors Relations:
PCG Advisory
Adam Holdsworth
+1-646-862-4607
adamh@pcgadvisory.com

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