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CONTAINS ANIMATION: PLEASE VIEW IN PRESENTION MODE

VER 11.0 A


NeoTX
Next Generation Immunotherapy Platform
Capable of Targeting Cold Tumors

Company Highlights:
Selective T cell Redirection Platform (STR)

Next generation technology for cold tumors	❖ **Stimulates a comprehensive immune response** ❖ Unique mode of action utilizes superantigen technology ❖ Potent activator of epitope spreading- a reboot of the immunologic system
Lead candidate: naptumomab estafenatox (NAP, ANYARA™)	❖ Acceptable Safety profile ❖ **Two patients with cold tumors had exceptional responses in early clinical trials** ❖ Phase 2 studies to begin in Q1 2021
Third-party validation	❖ AstraZeneca ❖ CureBio ❖ Dana-Farber Cancer Institute
Wide applicability	❖ Synergizes with Checkpoint inhibitors, CAR T and chemotherapy ❖ Works on cold tumors ❖ Multi-billion-dollar exit potential by 2023

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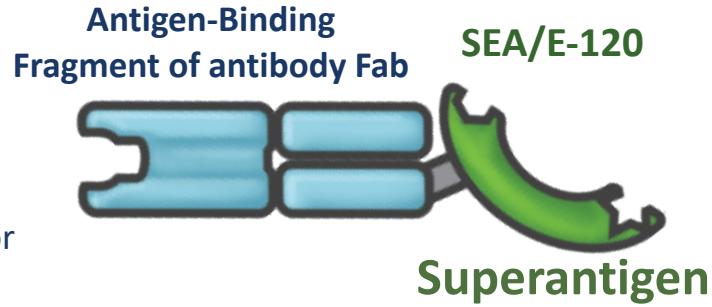
STR Platform - Superantigen Based Immune Activation

Tumor Attachment

Binds to tumor so T cells recognize and kill the tumor



3’rd generation bacterially derived genetically engineered superantigen is both safe and effective

3 Rounds Of Genetic Engineering + Clinical Trials = “Just Right”

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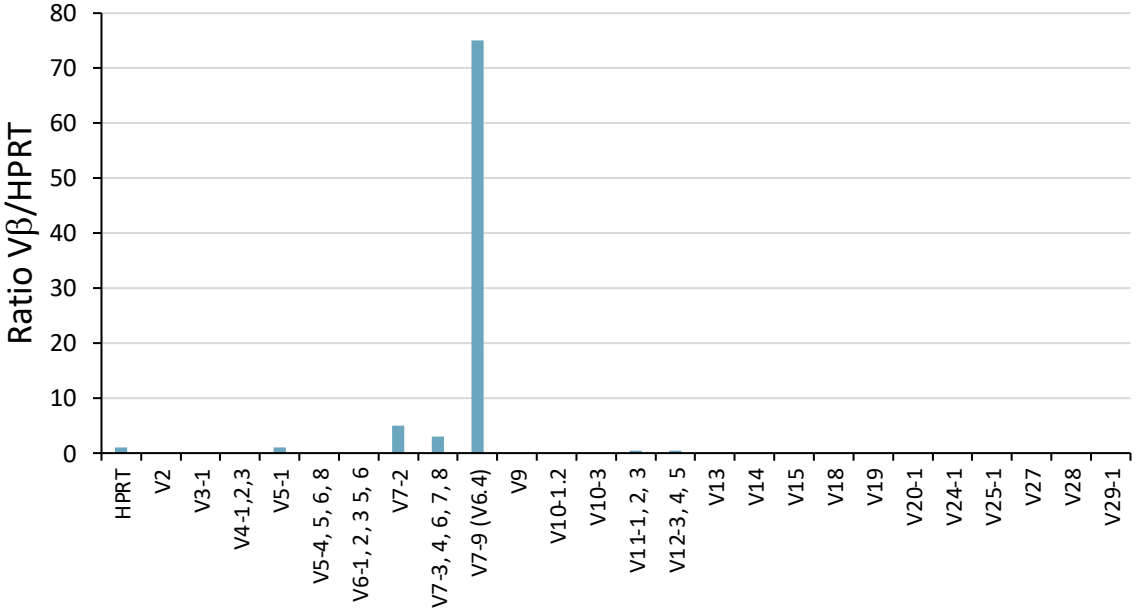
The STR Platform Selectively Activates a small Subset of T Cells



mRNA analysis (IMGT TRB-variants) of T cells from *in vitro* cultures activated with SEA/E-120*. Experimental results are provided as amounts of transcripts of Vβ chains / chain families (in cDNA copies) depicted as quantitative Vβ/HPRT ratios.

*SEA/E-120= superantigen part of STR molecules

Hedlund G et al., PLoS One. 2013; 8(10): e79082

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STR Can Restore all Aspects of a Dysfunctional Immune Response

COLD TUMOR	Bispecific Engagers	CAR T	Checkpoint Inhibitors	STR
Lack of antigens	✓	✓		✓
APC Deficit				✓
Absence of T cell activation	✓	✓		✓
Impaired Trafficking				✓
Impaired Infiltration				✓
Suppressive TME	✓		✓	✓
Epitope Spreading			✓	✓

✓ = restores functionality

STR Enables CAR T To Be Effective In Solid Tumors

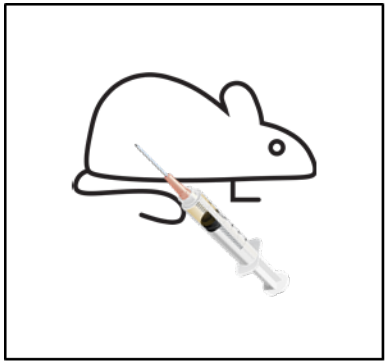
Chemotherapy

CAR T

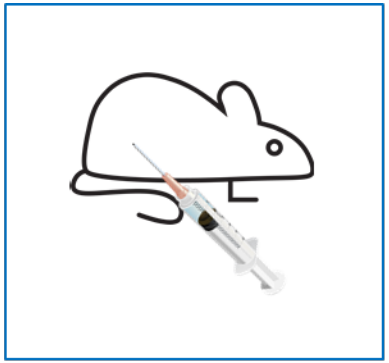
Checkpoint

Experimental Design

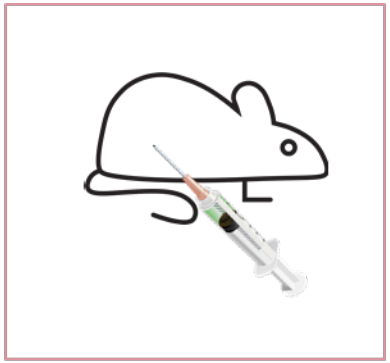
Which Therapy Works Best?



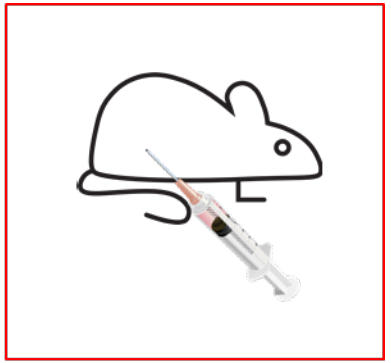
No therapy (Control)



CAR T



Superantigen



Superantigen + CAR T

Von Scheidt et al; PNAS; December 2019

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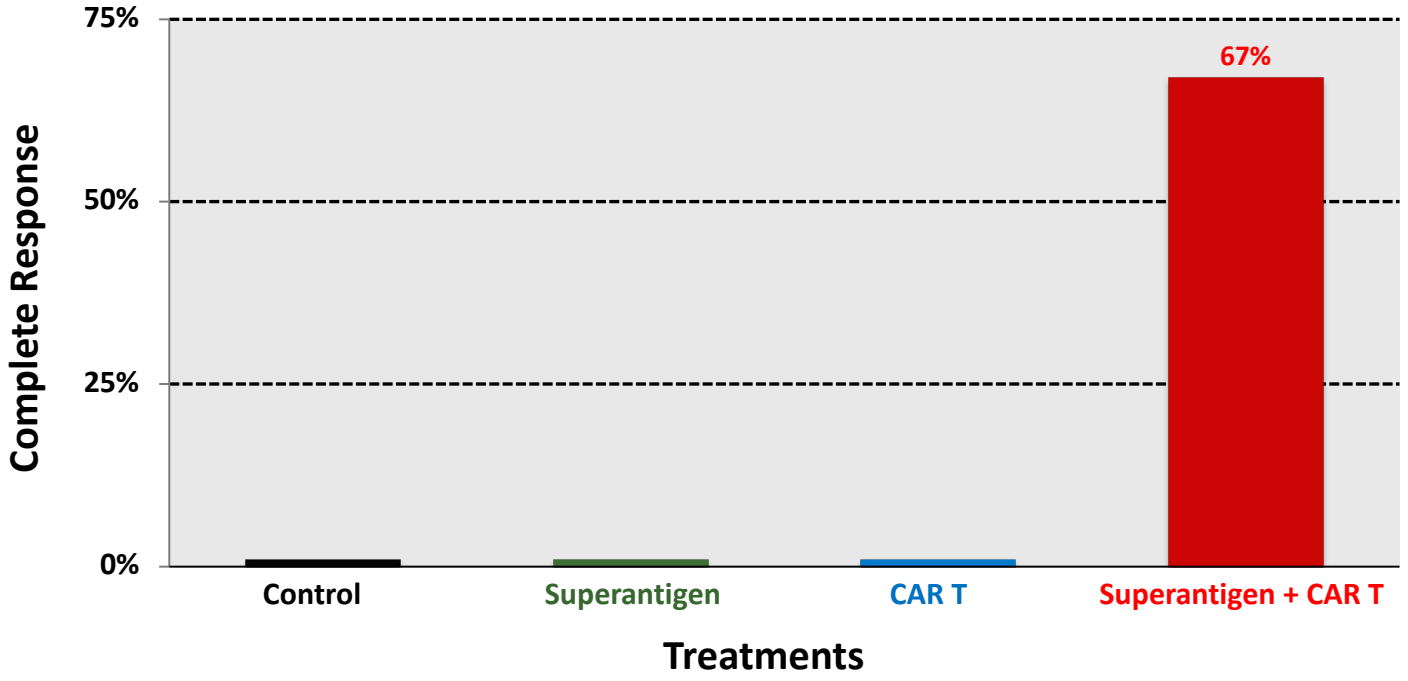
Superantigen Enables CAR T to be Effective in Solid Tumors



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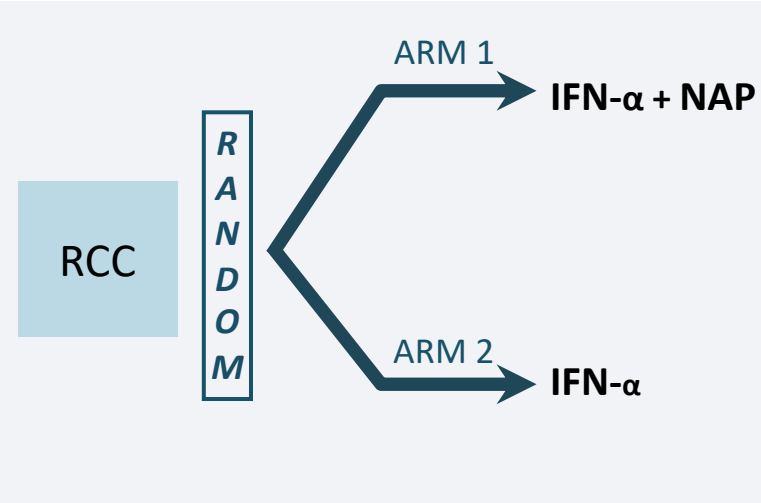
Clinical Data
Naptumomab Estafenatox (NAP, ANYARA™)

Interferon-α Should Not Be Combined with NAP

Design



Results:

Efficacy……Not Significant

Safety……..Well established (no cytokine storms)

Hawkins et al., Clin Cancer Res. 2016; 22(13):3172-81

Interferon-α neutralizes NAP activity:

↑ ADAs

↑ PD-1/PD-L1

- Level of ADAs in cycle 2 with interferon were 330-fold higher then that seen with Taxotere.
- "IFN-a induces the expression of PD-1 on tumor-infiltrating T cells and PD-L1 on tumors " Terawaki wt al., J Immunol. 2011 186(5):2772-9
- **Few patients had PK in cycle 2**

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NeoTX Phase 1b Trial of a Combination of NAP and Durvalumab - Current Status

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Phase 1b trial of NAP in combination with Durvalumab

- Dose escalation with Durva
  - NAP doses of 2ug-20 ug with fixed dose of durvalumab
  - To establish MTD
  - To assess evidence of preliminary anticancer activity
- ADA Amendment
  - Current ongoing safety and efficacy assessment of protocol amendment designed to reduce ADAs

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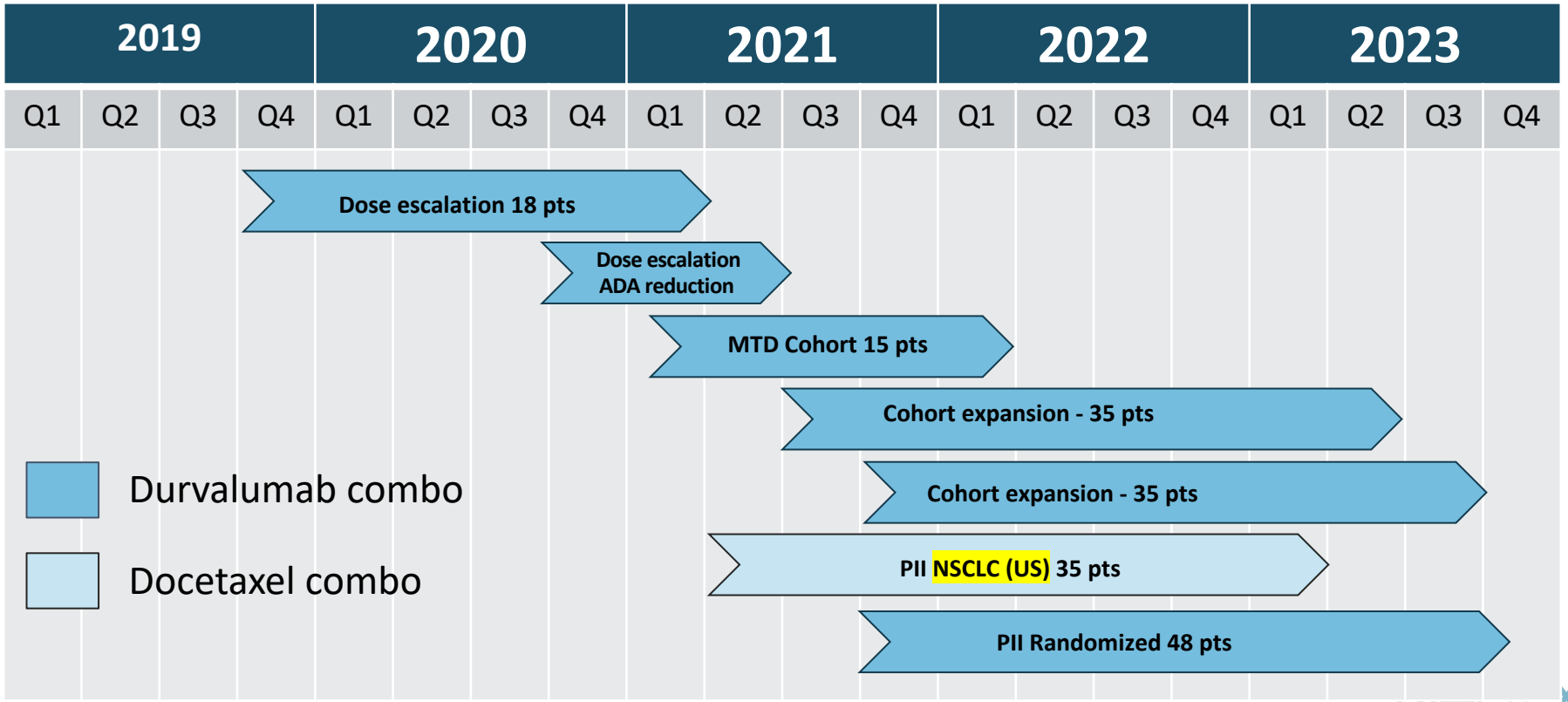
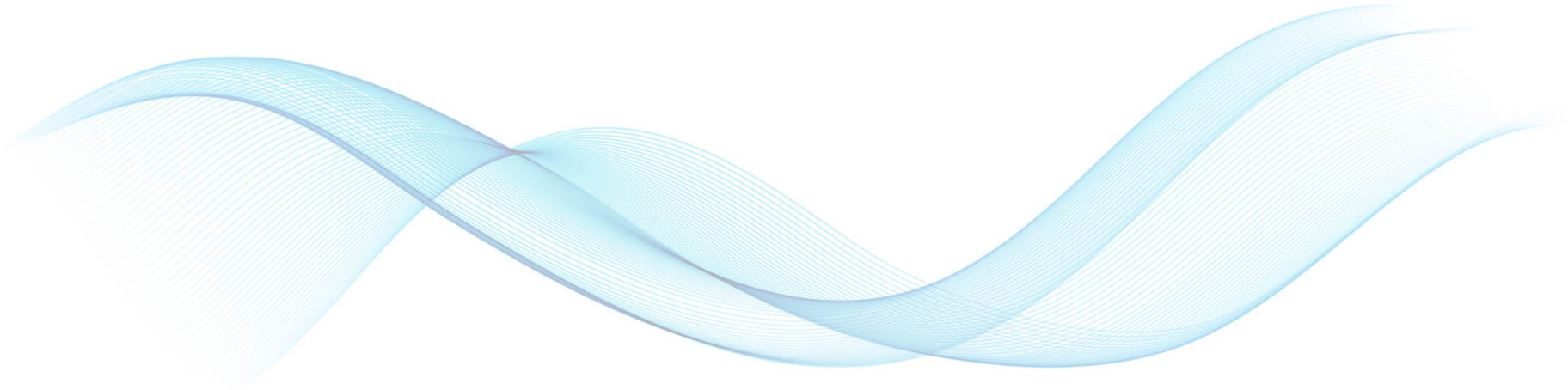
NAP Clinical Plan





Thank you

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