CHIMERIC THERAPEUTICS

EXCLUSIVE LICENSING OF CDH17 CAR T CELL THERAPY FROM UNIVERSITY OF PENNSYLVANIA

JULY 28, 2021

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INVESTMENT HIGHLIGHTS

CDH17 CAR T CELL THERAPY

Exclusive CAR T License

Chimeric exclusive license to novel 3rd generation **CDH17 CAR T** from world leading cell therapy centre, the **University of Pennsylvania** (Penn)

Optimized Asset

Over a decade of development at the **University of Pennsylvania** to optimize the CAR T

Potent Efficacy

Compelling pre-clinical evidence demonstrating **safety and potent efficacy with no tumour relapse**

Phase 1 Trial 2022

Phase 1 clinical trial in neuroendocrine and gastrointestinal tumours planned to commence in **2022 at Penn**

Three-year commitment to fund further research and development with Dr. Hua and the University of Pennsylvania

3Yr. Research Commitment

Robust intellectual property portfolio with extensive long life patent potential

Robust IP

Attractive licensing fees funded through existing cash reserves with industry standard commercial royalties

Attractive Licensing

Cell therapy expertise within Chimeric to enable rapid development and commercialization

Chimeric Expertise

CHIMERIC THERAPEUTICS

COMMITTED TO BRINGING THE PROMISE OF CELL THERAPY TO LIFE

Traditional drug development focuses on delaying disease progression - not on a cure.

We believe that novel cellular therapies have the promise to cure cancer.

To bring that promise to life for more patients, the mission of Chimeric is to discover, develop and commercialize the most promising and innovative cell therapies.

CHIMERIC THERAPEUTICS 2021 FOCUS

ACCELERATING CLTX CAR T DEVELOPMENT

ENHANCING OUR PIPELINE

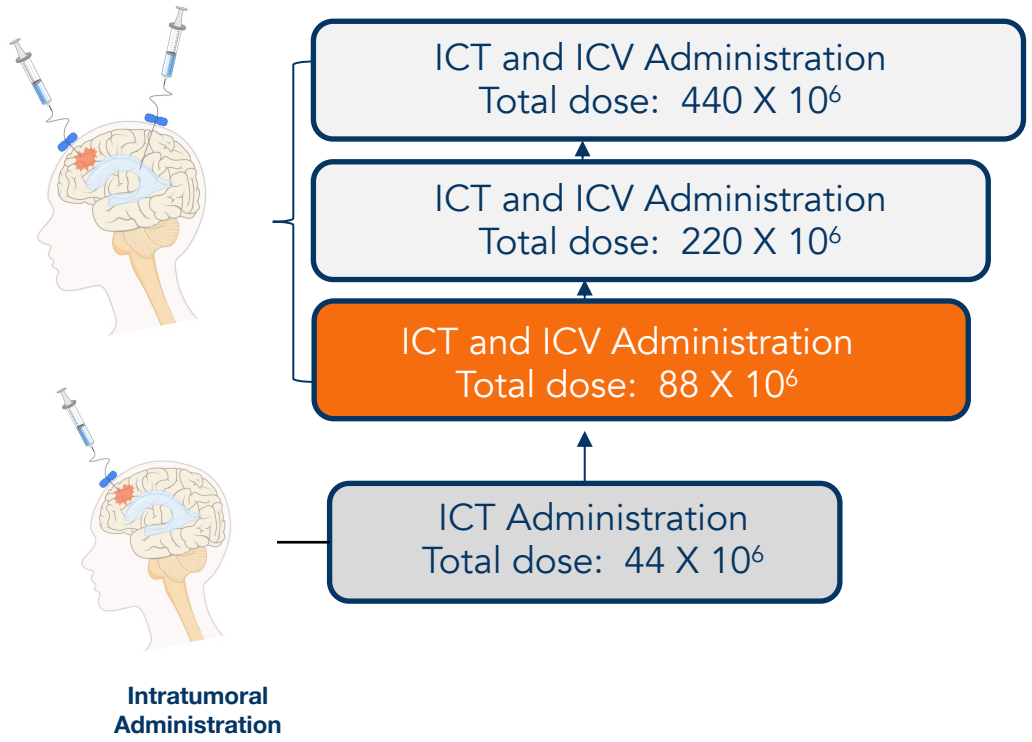
EXPANDING OUR CELL THERAPY EXPERTISE

(Data update anticipated Q4 2021)

CHM 1101: CHLOROTOXIN (CLTX) CAR T

Innovative Science Being Brought to Life

- CLTX CAR T is a novel, first in class CAR T designed to overcome the challenges of treating Glioblastoma
- Phase 1 clinical trial is currently underway
  - Data update anticipated Q4 2021
  - 1st dose cohort of patients completed with no dose limiting toxicities
  - Currently dosing patients in the 2nd dose cohort
- Preparations are underway for a phase 1 expansion and the phase 2 pivotal trial in GBM
- Current development of a phase 1 basket trial in solid tumours such as melanoma, prostate cancer and colorectal cancer



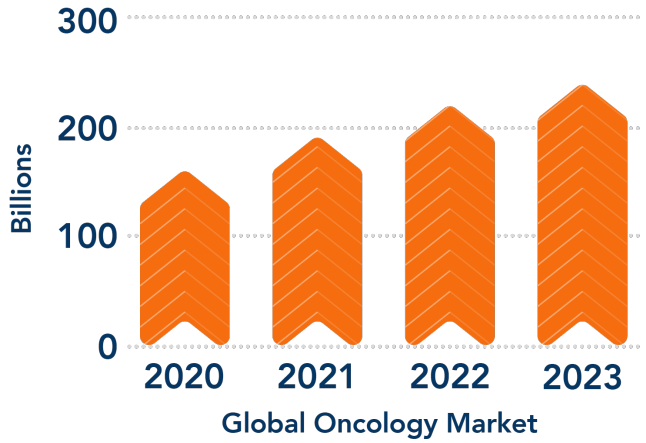
ENHANCING OUR PIPELINE TO CREATE VALUE

CHIMERIC IS FOCUSED ON ACQUIRING NEW ASSETS FOR OUR PIPELINE TO PROVIDE GREATER VALUE TO ONCOLOGY PATIENTS AND TO INCREASE OUR MARKET OPPORTUNITY

FOR PATIENTS WITH CANCER

With more than 19 million new cancer cases and almost 10 million cancer deaths globally in 2020, enhancing our pipeline with additional transformative cell therapies will enable us to bring the promise of cell therapy to life for more patients

FOR INCREASED MARKET OPPORTUNITY

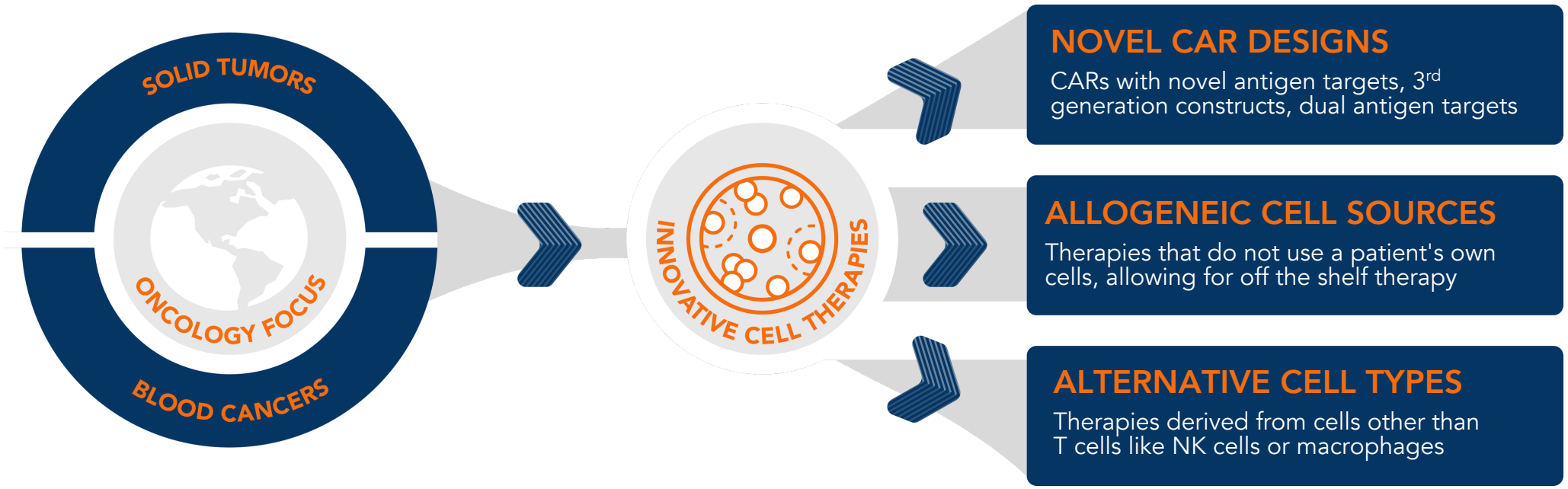


With the global oncology market poised to grow to over $240 billion by 2023, enhancing our pipeline with additional transformative cell therapies enables us to access additional market opportunity

ENHANCING OUR PIPELINE
Discovering Transformative Innovation

Chimeric is focused on identifying novel assets for patients with both solid tumors and blood cancers.

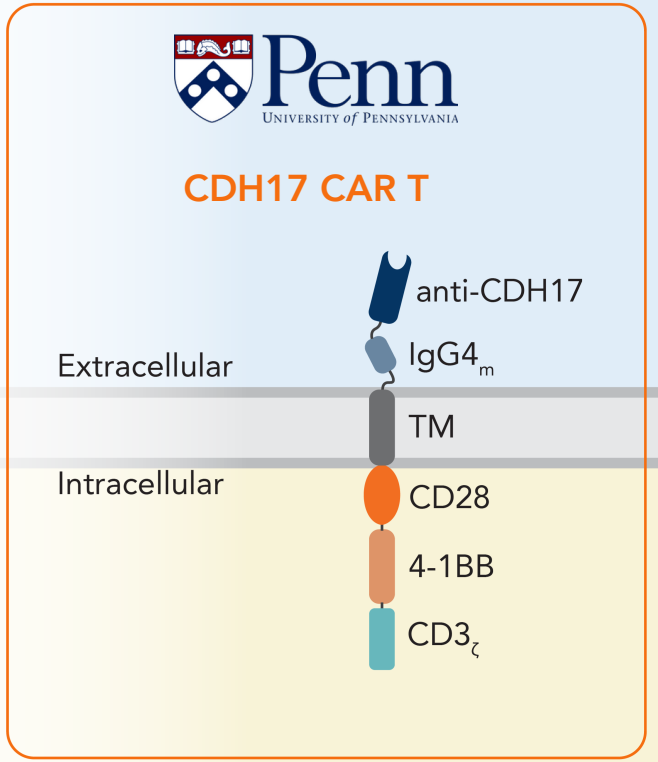
Chimeric has been exploring the most innovative science focused in three areas of cell therapy development



CHIMERIC EXCLUSIVE LICENSING OF CDH17 CAR T (CHM 2101)

A NOVEL 3rd GENERATION CAR T FOR SOLID TUMORS

- Exclusive Chimeric licensing of a novel 3rd generation CDH17 CAR T from world renowned cell therapy centre, the University of Pennsylvania
- Early preclinical evidence that demonstrates complete eradication of tumour cells with no relapse and no toxicity to normal tissues
- Currently completing preclinical work with a Phase 1 clinical study planned to begin in 2022 at the University of Pennsylvania
- Broad applicability of the CDH17 CAR T to address unmet medical needs in gastrointestinal (GI) cancers such as colorectal, pancreatic and gastric cancer as well as in neuroendocrine tumours
- Three-year funding commitment for further research and development



CHM 2101 (CDH17 CAR T)

FROM WORLD RENOWNED LEADERS IN CELL THERAPY DEVELOPMENT

The **University of Pennsylvania** is a globally recognized leader in cellular immunotherapy and widely known for being home to the 1st FDA approved CAR T therapy

1st Penn ranks 1st amongst global universities for cell therapy patents according to Nature

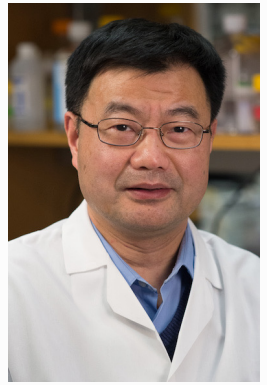
10+ Penn has launched more than 10 startups in the cell and gene therapy space

TOP 10 Penn is ranked within the top 10 cancer research centres in the world.

Dr. Xianxin Hua is a Professor of Cancer Biology at the University of Pennsylvania's Perelman School of Medicine, an investigator at the Abramson Family Cancer Research Institute and a Harrington Scholar Innovator.

- Leads the Hua laboratory at U Penn, Abramson Family Cancer Research Institute (AFCRI) focused on discovering novel therapeutic targets and generating effective antibodies and CAR Ts
- Recipient of multiple awards and grants recognizing his expertise in oncology research and development
- Widely published in top tier, peer reviewed scientific journals

Three-year commitment to fund further research and development of the CDH17 CAR T



Dr. Xianxin Hua, M.D., Ph.D.

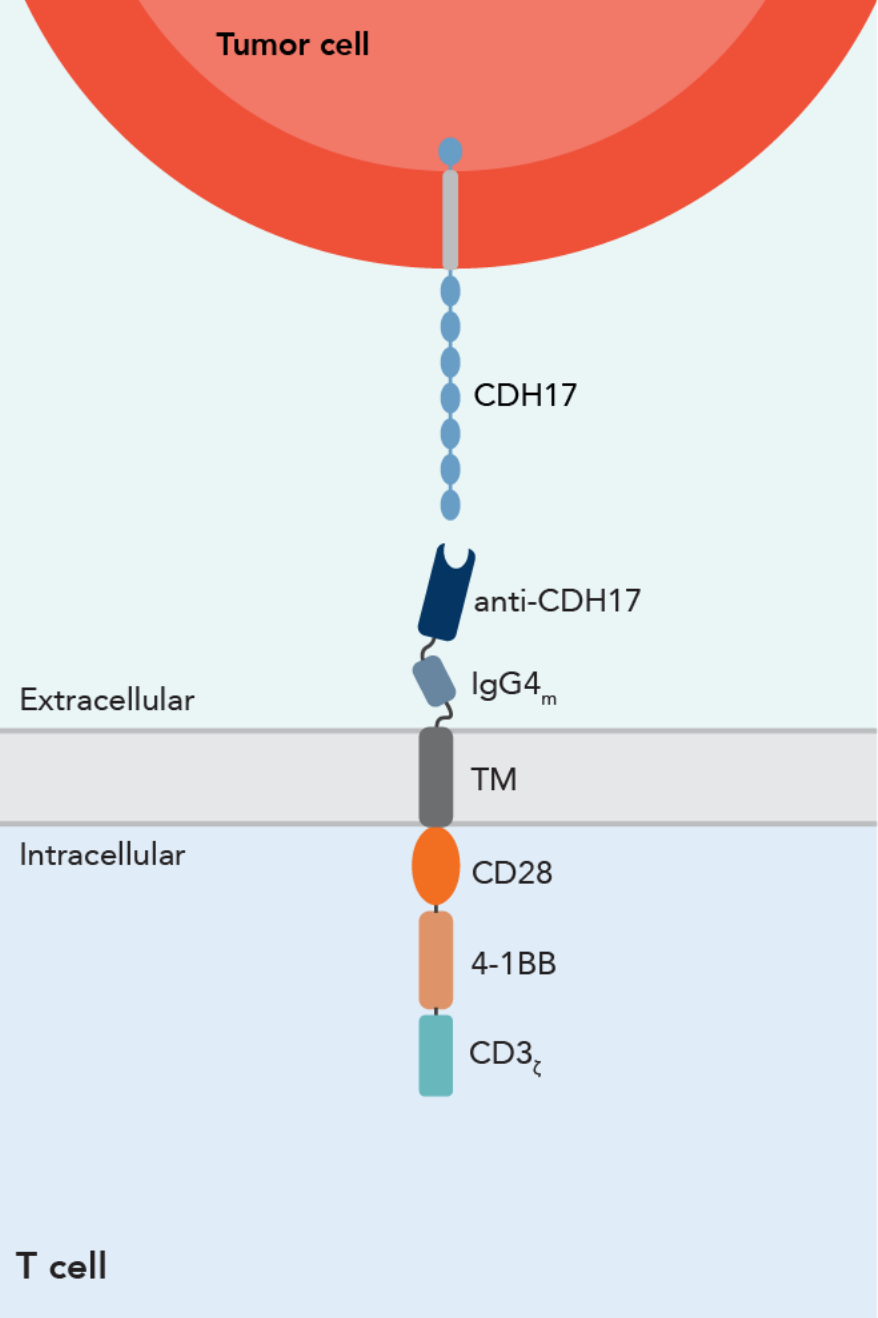
OVER A DECADE OF COMMITMENT

DEVELOPING AND OPTIMIZING THE FIRST CDH17 CAR T CELL THERAPY

1. **Anti Cancer Antibody (single domain antibody) Development:**
   Unbiased development of a potent anti cancer nanobody that optimally and specifically binds to neuroendocrine tumour cells

2. **CDH17 Identification:**
   Robust target validation to identify CDH17 as the antigen target for the anti-cancer nanobody

3. **3rd Generation CDH17 CAR T Development:**
   Creation of a 3rd generation CAR T construct with both CD28 and 41BB costimulatory domains and demonstration of its unique potency for solid tumours

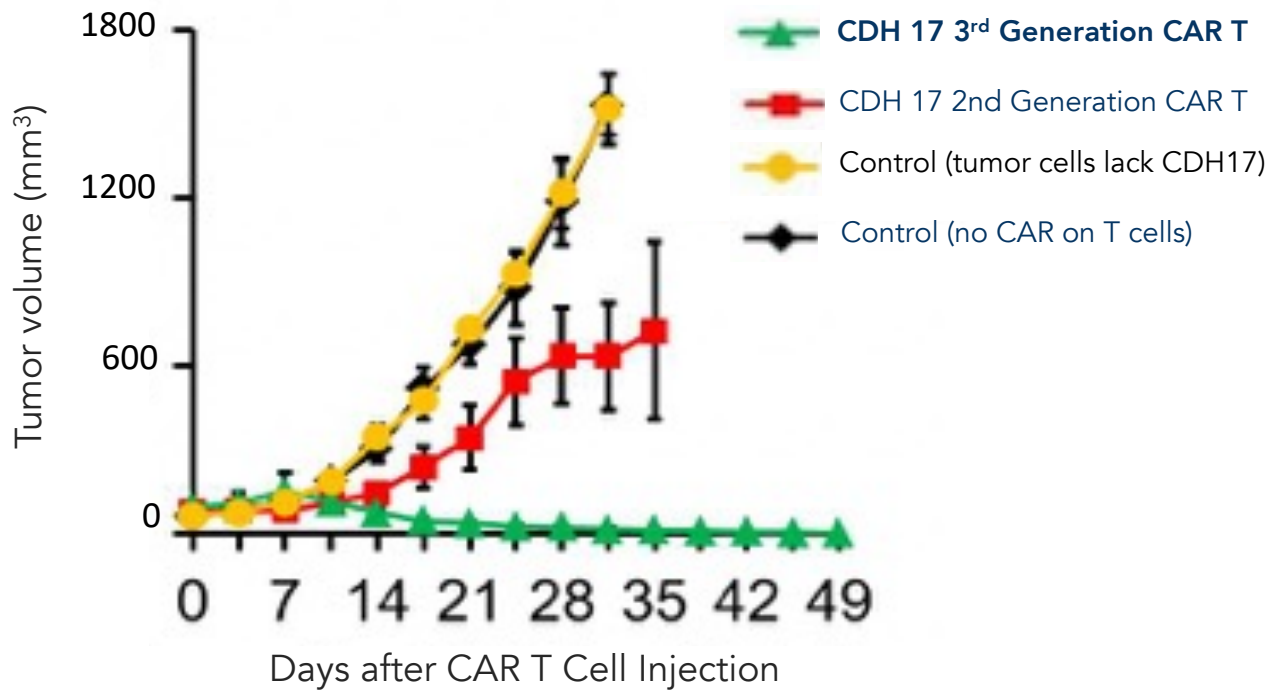


CHM 2101: 3RD GENERATION CDH17 CAR T

PROMISING PRECLINICAL EFFICACY

Preclinical studies have demonstrated promising efficacy:

- Complete eradication of tumor cells
- No relapse of tumor cells
- Preclinical potency of CDH17 3rd generation CAR T cells vs. 2nd generation CAR T cells

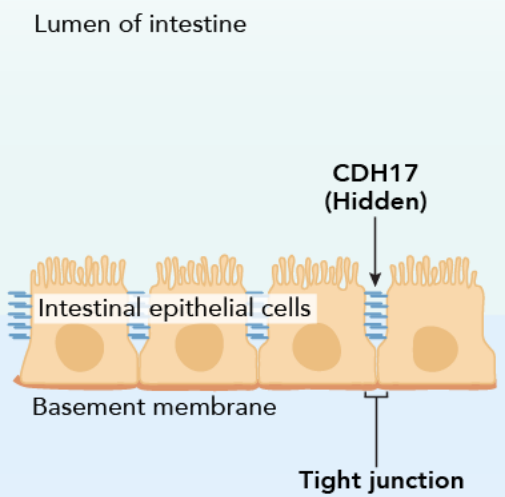


Assessment of tumor size in mice

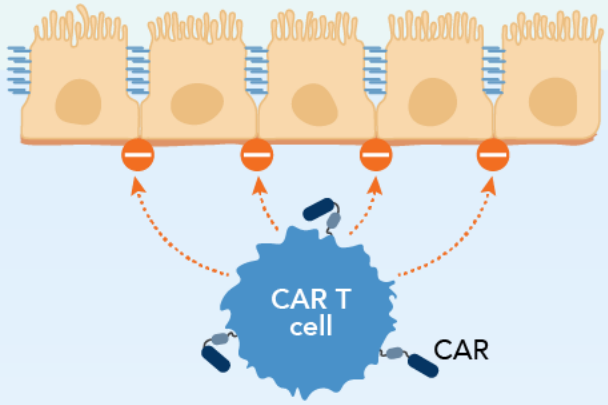
CHM 2101: 3RD GENERATION CDH17 CAR T

DEMONSTRATED PRECLINICAL SAFETY

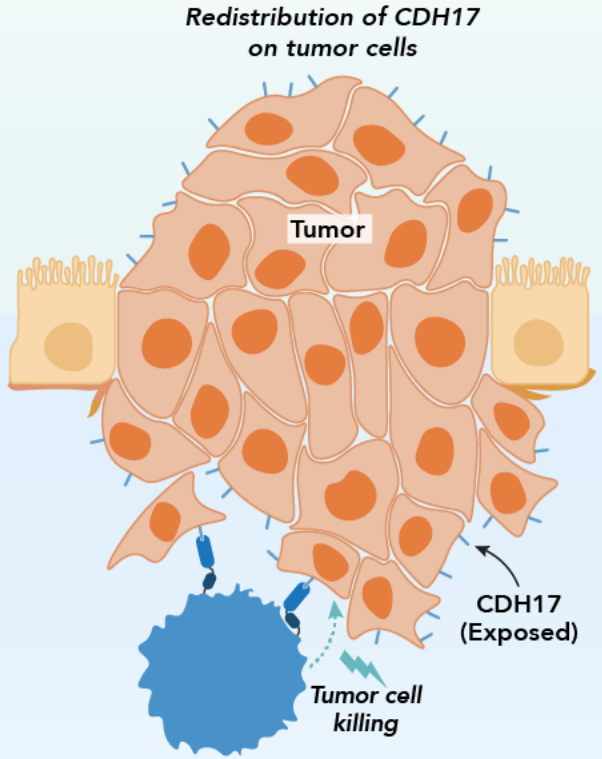
CDH17 CAR T cells potently infiltrated tumor cells but spared normal cells even when they expressed CDH17



In normal cells, CDH17 is inaccessible as it is hidden beneath tight junctions that reinforce the barriers of normal cells.



CAR T cells are not able to reach the CDH17 on normal cells due to the tight junctions.



In cancer CDH17 upregulation results in exposure of the CDH17 on the cancer cell surface allowing the CAR T to detect and bind to it.

CDH17 AS A TUMOR TARGETING ANTIGEN

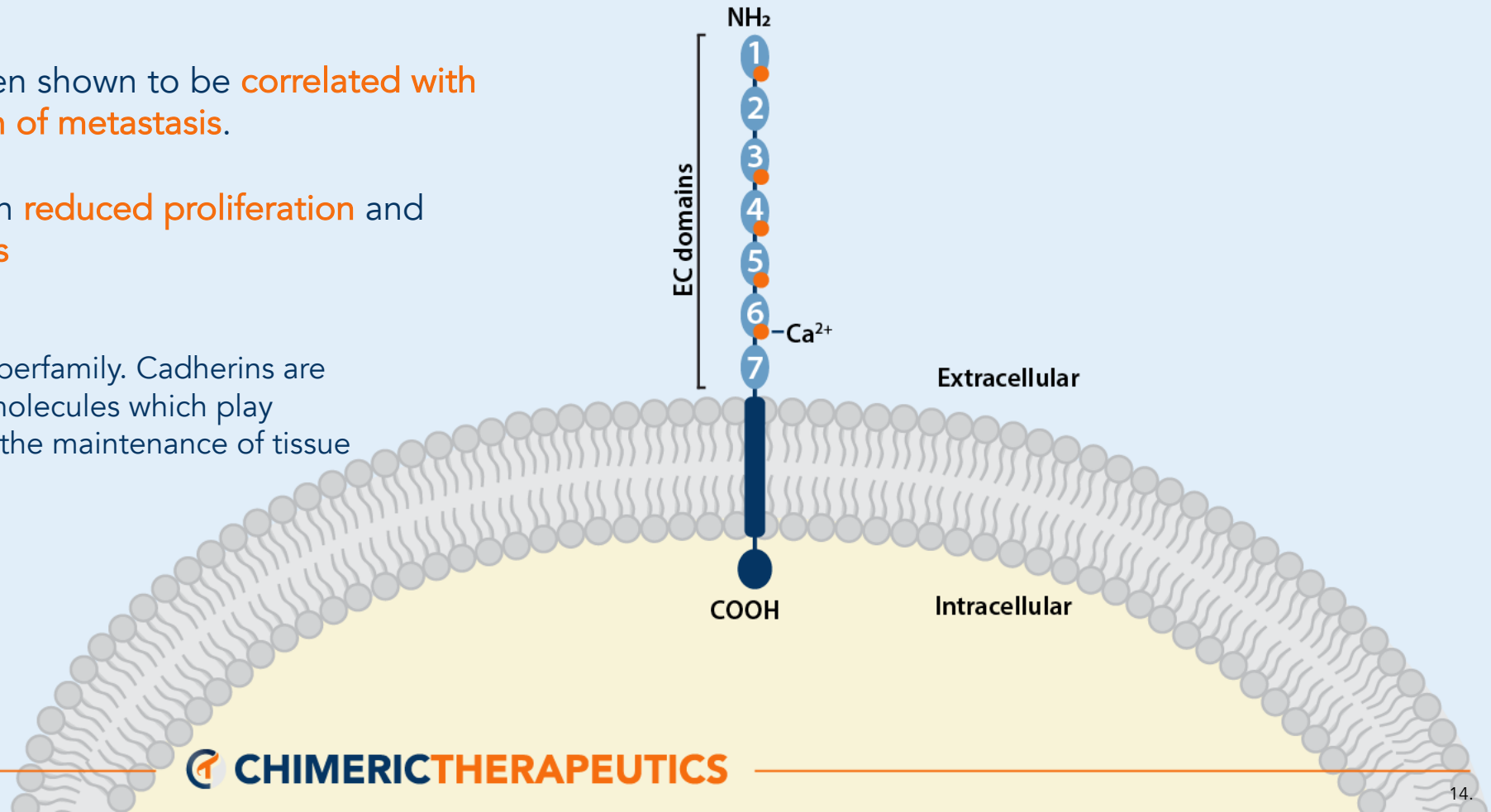
KEY TO CANCER PROLIFERATION

CDH17 (Cadherin-17) is an oncogenic driver of tumor formation and cancer metastasis, most specifically in gastrointestinal tumors.

Overexpression of CDH17 has been shown to be correlated with poor prognosis and the promotion of metastasis.

Inhibition of CDH17 has resulted in reduced proliferation and increased apoptosis of cancer cells

CDH17 is a member of the cadherin superfamily. Cadherins are calcium-dependent cell-cell adhesion molecules which play important roles in organ development, the maintenance of tissue integrity and cancer development.



Structural Features of Cadherin-17 (CDH17)

TARGETING CDH17

ADDRESSING HIGH UNMET MEDICAL NEEDS IN SOLID TUMOURS

NEUROENDOCRINE TUMORS

6.5x
Increase in incidence

15%
5-year survival for metastatic disease

$3B+ USD annual market

Limited approved therapeutics in a highly concentrated market

COLORECTAL CANCER

3rd
Most common cancer

14%
5-year survival for metastatic disease

$9B+ USD annual market

Minimal success in novel technologies with generic therapy mainstay of treatment

GASTRIC CANCER

5th
Most common cancer

6%
5-year survival for metastatic disease

$3B+ USD annual market

Ongoing need for effective therapies in relapse/ refractory disease

PANCREATIC CANCER

8th
Most common cancer

3%
5-year survival for metastatic disease

$4B+ USD annual market

Sparse therapeutic landscape with ongoing reliance on chemotherapies

WORLD CLASS EXPERTISE FOR SUCCESS IN CELL THERAPY DEVELOPMENT

Jennifer CHOW
Chief Operating Officer

Kite · Celgene · Roche

- KITE PHARMA
  Head of Global Marketing, Commercial Operations and Analytics
- CELGENE
  Global Cell Therapy Commercial Lead

Dr. Syed RIZVI
Chief Medical Officer

LEGEND BIOTECH · Celgene · NOVARTIS

- LEGEND BIOTECH
  VP, Clinical Development and Medical Affairs
- CELGENE
  Global Cell Therapy Medical Affairs Lead

Dr. Eliot BOURK
VP, Business and Corporate Development

Kite · Celgene · deallus

- KITE PHARMA
  Head of Early Commercial Development
- CELGENE
  Global Cell Therapy Commercial Strategy and Next Generation Platforms

Dr Li REN
VP, Technical Operations

Bristol-Myers Squibb · Celgene

- BMS
  Global Manufacturing, Cell Therapy Development and Operations
- CELGENE
  CAR T CMC and Technology Development

Development of over

25 CELL THERAPIES

including

4/5 OF THE FDA-APPROVED CAR T CELL THERAPIES

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Breyanzi

Abecma

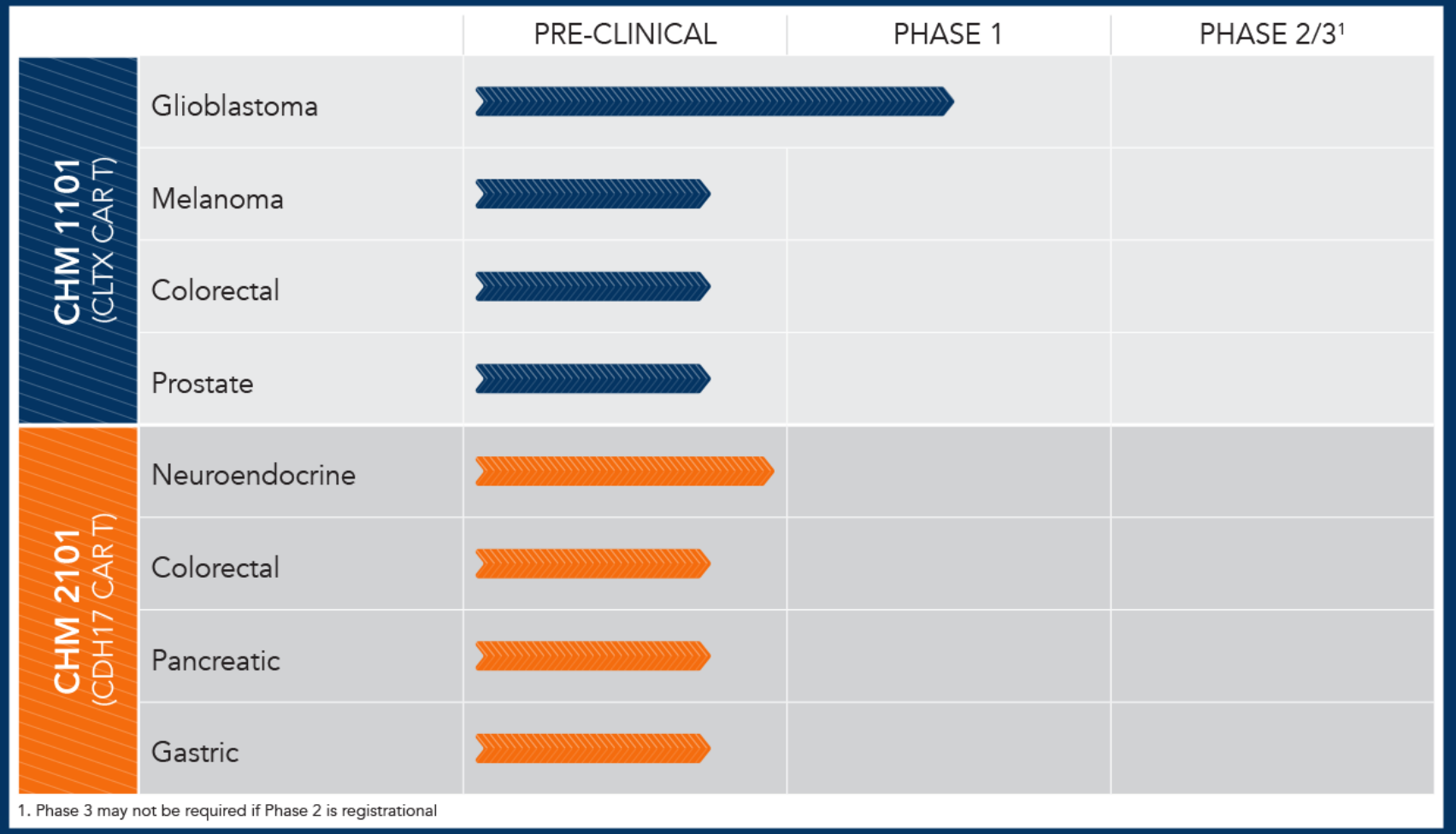
CHM 2101: CDH17 3RD GENERATION CAR T
ACCELERATED DEVELOPMENT IN MULTIPLE TUMOUR TYPES

Leveraging the cell therapy expertise of Chimeric Therapeutics will enable a rapid to market development plan

- IND filing for phase 1 clinical trial in neuroendocrine (NET) and gastrointestinal tumours (colorectal, pancreatic and gastric) in 2022
- Preclinical and phase 1 clinical trial to be completed at University of Pennsylvania

BUILDING A CELL THERAPY PIPELINE

NOVEL CAR T THERAPIES THAT BRING THE PROMISE OF CELL THERAPY TO MORE PATIENTS



1. Phase 3 may not be required if Phase 2 is registrational

BRINGING THE PROMISE OF CELL THERAPY TO LIFE

ADVANCING DEVELOPMENT OF CHM 1101 (CLTX CAR T)

- Advancing dose escalation in GBM
- Expanding in solid tumors in 2022

EXCLUSIVE LICENSING OF CHM 2101: A NOVEL 3rd GENERATION CDH17 CAR T

- Promising preclinical safety and efficacy
- Planned phase 1 in 2022

EXPANDING OUR CELL THERAPY EXPERTISE

- Further expanding our in-house expertise for success in cell therapy development and commercialization

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GETTING TO KNOW CELL THERAPY
GLOSSARY

ALLOGENEIC
An allogeneic cell therapy involves the transfer of tissue or cells from one person (donor) to another person (recipient).

ANTIBODIES
Proteins that help fight infections and toxins and are found in the blood. They are made by B lymphocytes. Each antibody binds to a specific part of a protein or antigen.

ANTIGENS
A part of a protein or other molecule that causes an immune response. Antigens are found in toxins, bacteria, molds, and viruses. They are also found on infected cells, proteins found on foreign blood cells (such as AB blood groups in transfusions), and, in some instances, proteins on the cells of transplanted organs. Antigens can induce the production of antibodies (immunoglobulins) and/or induce T lymphocytes to kill cells or suppress the immune response.

AUTOLOGOUS
Removal of tissue or cells from one person and then returning the cells back to the same person.

CELL THERAPY
Cell therapy is the transfer of intact, live cells into a patient to help lessen or cure a disease. The cells may originate from the patient (autologous cells) or a donor (allogeneic cells).

CAR T CELL T THERAPY
Chimeric Antigen Receptor T Cell Therapy is a way of modifying the patient's own immune cells (T-cells) to express a receptor on their surface that recognizes structures (antigens) on the surface of malignant cells. Once the receptor binds to a tumor antigen, the T-cell is stimulated to attack the malignant cells.

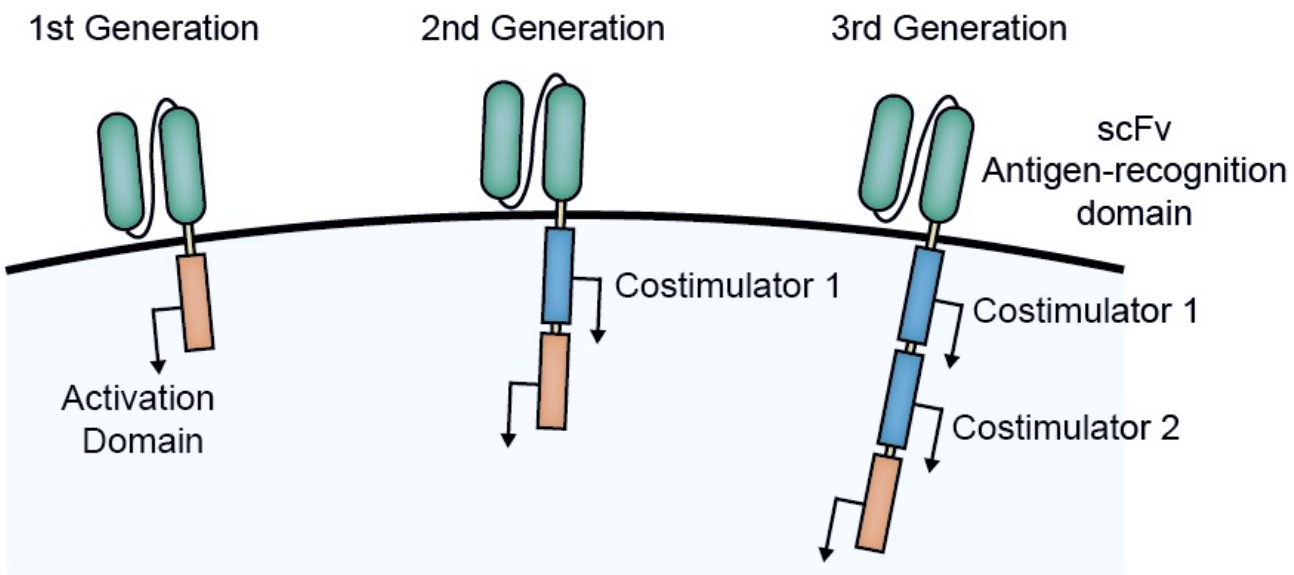
NETS
Neuroendocrine Tumours or NETs are tumours that can develop in many different organs of the body and affect the cells that release hormones into the bloodstream.

PRECLINICAL STUDIES
Refers to the testing of experimental drugs or therapies in the test tube or in animals. The testing occurs before trials in humans may be carried out.

GETTING TO KNOW CELL THERAPY
CAR T GENERATIONS

First-generation CARs consist of the CD3ζ alone and were not able to prime resting T cells and direct lasting T-cell responses, due to their limited signaling capability

Second generation CARs include a costimulatory signaling domain (CD28 or 4-1BB) while **third generation** CARs combine two costimulatory domains (e.g., CD28 and 4-1BB)



2nd and 3rd generation CARs have demonstrated improved activation, enhanced survival and effective expansion of the modified T cells

HOW DOES CAR T CELL THERAPY WORK?

CAR T cell therapy reprograms a person's own cells to find and attack their cancer.

1 Leukapheresis:

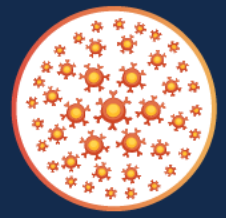
Blood is drawn from a patient and transported to a manufacturing facility.

2 Reprogramming:

The T cells in the blood are isolated and engineered to express a CAR (Chimeric Antigen Receptor) that is specifically designed to recognize the patient's cancer.

3 Expansion:

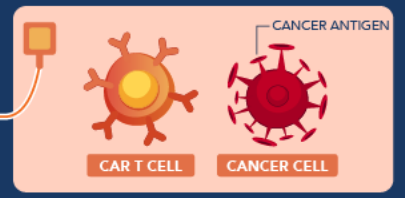
The CAR T cells are grown in the lab until there are millions of cells.



the CAR T cells are sent back to the patient

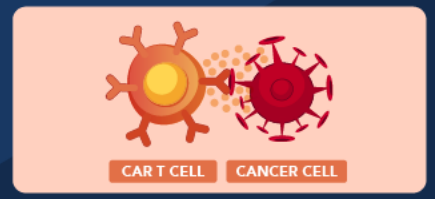
4 Infusion:

The CAR T cells are then infused into the patient.



5 Finding the Cancer Cells:

The infused CAR T cells seek out and attach themselves to the cancer cells.



6 Cancer Cell Death:

Once the CAR T cells have found the cancer cells and attached themselves, they send a message to destroy or kill the cancer cells.

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