NeoImmuneTech

NeoImmuneTech Company Presentation

Mar 29, 2024

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Introduction

NeoImmuneTech, T-cell based immuno-therapy global leading company


Fast Approval
Best Outcomes
New Pipeline

NeoImmuneTech: new President & CEO

Luke Yun Suk Oh

President and CEO

Highlights

- McGill University Ph.D. (Neuroimmunology)
- **14 years of experience in biotechnology companies**
  - Early development and pre-clinical projects
  - Translational science experience in small molecules and large biologic products
- **6 years of experience as a senior staff fellow at the U.S. FDA**
- **2 years of experience as Vice President of Samsung Bioepis**
- **Founder and Chairman of the Korean-American Professional Association in Life Sciences (KAPAL) (2017-2021)**
  - Over 2,000 Korean and American members
  - Leading over 20 forums, meetings, and conferences

NeoImmuneTech: new President & CEO

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NeoImmuneTech
(president and CEO, 2024-Current)

- Overall development management for research, manufacturing, clinical trials and approvals.

Samsung Bioepis
(vice president, 2021-2023)

- Leading biosimilar clinical development
- Operating 4 clinical organizations (65 people)
- Led and completed 6 clinical trials (Ph1 and Ph3)
- Led US FDA and EMA submission

U.S. Food and Drug Administration
(senior staff fellow, 2016-2021)

- Center for Drug Evaluation and Research (CDER), Office of Translational Science, Division of Clinical Pharmacology
- Key Areas – Immunology and Inflammation
- Participate in Sponsor meetings and discussions
- Participation in establishing several FDA Guidance and policies

Mallinckrodt Pharmaceuticals
(associate director, 2012-2016)

- Development of new indications for approved product (Acthar Gel)
- Performed more than 7 collaborations and projects with academia and industry

Human Genome Sciences
(senior scientist, 2008-2012)

- Leading biopharmaceutical development (translational science) - Development of new indications for Benlysta
- Early Discovery Council Member

Vertex Pharmaceuticals
(research scientist, 2002-2008)

- Leading pre-clinical development of new product development projects (Proof of Concept and Safety Pharmacology)

NeoImmuneTech, T cell-based immuno-therapy global leading company

The company

Founded in 2014
based in Rockville, Maryland

Successful IPO in 2021
(KOSDAQ: 950220)

NT-I7; Long-acting IL-7
T cell amplifier, uniquely positioned to address unmet medical needs

Global Network for Clinical Development
Combination clinical trials with Roche/Genentech, Merck and MD Anderson, Washington University and NIH

96 Employees
US: 43, KR: 52 (2024.03)

5 Orphan Drug Designations
(GBM, ICL, PML, ARS, PDAC)

800+ patients
NT-I7 injected

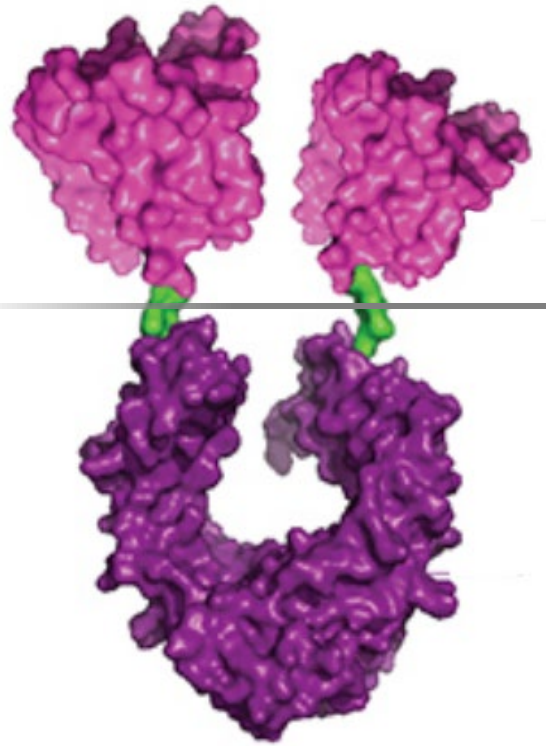
1,000 L Scale Manufacturing
Scale-up FDA confirmation

*Also known as GX-I7 or rhIL-7-hyFc; NIT owns development/commercialization rights for the Americas (N,C,S) and Europe
GBM: Glioblastoma Multiforme; ICL: Idiopathic CD4 Lymphopenia; PML: Progressive Multifocal Leukoencephalopathy; ARS: Acute Radiation Syndrome; PDAC: Pancreatic ductal adenocarcinoma

NeoImmuneTech's IL-7: NT-I7

NT-I7, a human recombinant IL-7, enhances efficacy and safety by amplifying T cells, which play a crucial role in the body's immune system

NT-I7 (Efineptakin alfa)



IgD hinge + IgD CH2 + IgG4

"IL-7 Engineering Patent Technology"

- High Stability
- High Productivity (100 x higher)

"hyFc Fusion Patent Technology"

- Increased Efficacy
- Increased Safety
- Half life increased by 7-fold

NT-I7's mode of action

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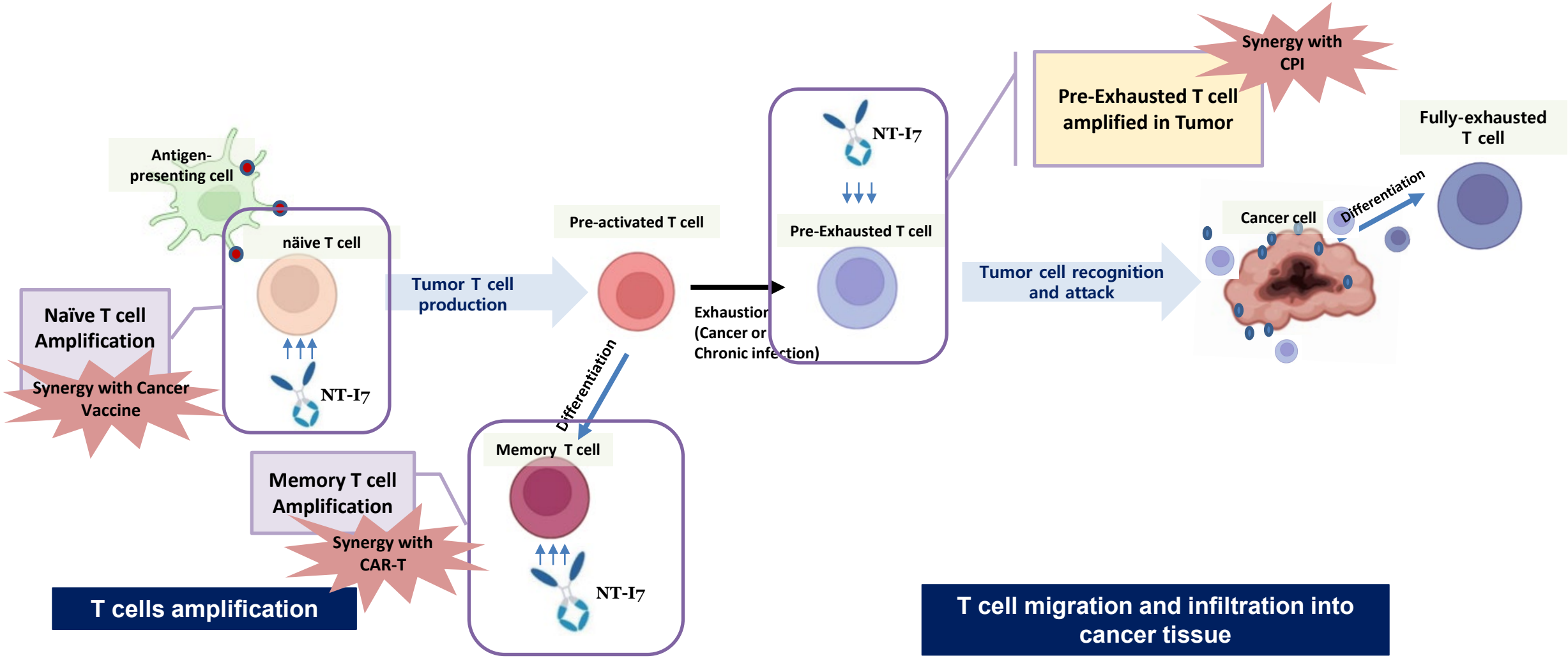
NT-I7 promotes the amplification and migration of T cells in the body and amplifies pre-exhausted T cells known to be important for the anticancer effect in tumors



Blood Advances (2022) 6(23), 6093–6107 & . Journal for ImmunoTherapy of Cancer (2024) 12(3), e008001.
*NIT는 2022 AACR, 2023 SITC, Nat Commun (2017) 8:15050, & Nat Immunol (2021) 22(2):229–39 에서 위 내용을 NT-I7으로 입증함

NT-I7 clinical program

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Program	Study	Indication	Partners	Combination	Preclinical	Phase 1	Phase 2	Phase 3	Major Institutional
NT-I7 Combination therapy									
Checkpoint Inhibitor	NIT-110	Solid Tumors[1] TNBC, NSCLC, SCLC, PC, MSS-CRC, Ovarian	MERCK	KEYTRUDA®		Phase 1b/2a	→		MD Anderson Cancer Center
	NIT-119	NSCLC 1L	Roche	TECENTRIQ®		Phase 2	→		SARAH CANNON Fighting Cancer Together
	NIT-120	Recurrent GBM	MERCK	KEYTRUDA®		Phase 2	→		MAYO CLINIC
Chemo/Radio	NIT-107	Newly diagnosed GBM[2]		CCRT[5]		Phase 1/2	→		Washington University in St. Louis School of Medicine
CAR-T	NIT-112	Large B-cell Lymphoma (LBCL)		KYMRIAH®		Phase 1b			Washington University in St. Louis School of Medicine
DNA Vaccine	NIT-124	Head & Neck squamous cell carcinoma (HNSCC/SCCHN)	Genexine	KEYTRUDA®, GX-188E		Phase 2	→		
NT-I7 Mono therapy									
NT-I7 mono	NIT-113	Progressive Multifocal Leukoencephalopathy (PML)[3]				Pilot			NIH National Institute of Neurological Disorders and Stroke
	NIT-114	Idiopathic CD4 Lymphopenia (ICL)[4]				Phase 1/2	→		NIH National Institute of Allergy and Infectious Diseases
	NIT-115	Squamous cell carcinoma of head and neck (SCCHN)				Phase 1			UCSF
	NIT-A01	Acute Radiation Syndrome (ARS)[5]			Preclinical				DUKE UNIVERSITY MEDICAL CENTER

[1] PC ODD (US Jan 2024) [2] ODD (US Jul 2022) [3] ODD (US Jun 2020) [4] ODD (EU May 2017 US Apr 2019) [5] ODD (US Nov 2023) **Investigator-initiated trials**

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Result of Major Clinical Trials

1. Checkpoint Inhibitors
2. CAR-T
3. Chemo/Radiation Therapy
4. Cancer Vaccine

Status Update: major combination clinical trials in progress

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In clinical trials conducted, the efficacy of T cell amplification such as ALC, TIL, and CAR-T amplification was confirmed

Study	NIT-110 (KEYTRUDA®)		NIT-107 (Chemo/radio)	NIT-119 (TECENTRIQ®)	NIT-112 (CAR-T)
	Solid Tumors/PDAC	Solid Tumors/MSS-CRC	GBM	NSCLC	Large B-cell Lymphoma
Clinical stage	Ph2a		Ph1 / Ph2	Ph2	Ph1b
Target patients	238/65	238/65	77	83	57
Recruited patients	203/65	203/57	41	33	13
Interim result	✓ Extended survival period ✓ TIL increased after one dose of NT-I7 ✓ Increased TILs associated with PD-1+response ✓ Maintains efficacy even after liver biopsy ✓ Predictive biomarker confirmation	✓ Extended survival period ✓ TIL increased after one dose of NT-I7 ✓ Increased TILs associated with PD-1+response ✓ Rectum shows better response than Colon ✓ Predictive biomarker confirmation	✓ Extended survival period ✓ MGMT methylation may affect efficacy	✓ Showed better efficacy in the 1st line (NIT-119) expressing PD-L1 (when comparing all patient groups with 2nd line or higher treatment therapy for relapsed glioblastoma (NIT-110))	✓ Confirmation of the second rising curve of CAR-T expansion with NT-I7 administration ✓ If NT-I7 is administered in the CAR-T expansion stage (between 7 and 14 days after CAR-T administration), an amplification effect of CAR-T can be expected.
Future plans	After securing and analyzing test results, discuss future development directions with partners				Secure clinical trial results/ License out opportunity

1. NIT-110: NT-I7 + CPI: TIL increase and correlation between TIL and OS

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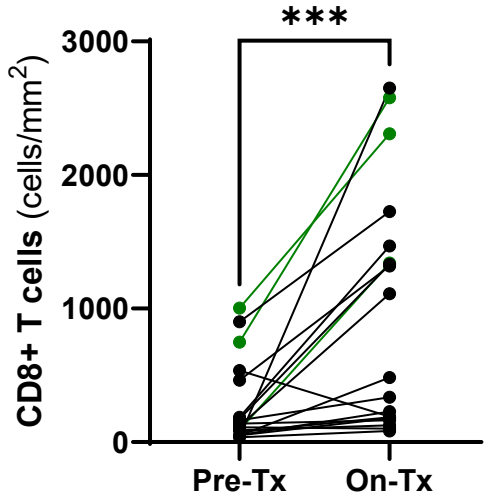
PD-1 inhibitors show low monotherapy efficacy in patients with low TIL[1] levels
An increase in TIL was confirmed in combination treatment with NT-I7 and PD-1 inhibitors

Increased levels of circulating CD8+ T_{SCM}[2] at week 3 are associated with higher CD8+ T cell infiltration into the tumor at week 5

Pembrolizumab alone has failed to show consistent TIL increase, but the addition of NT-I7 favors TIL infiltration even in immunologically cold tumors

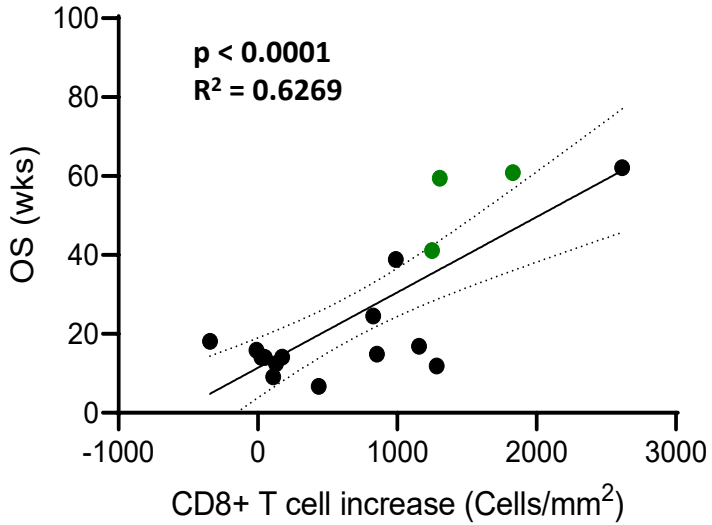
CD8+ T cell infiltration is associated with Tumor Control and OS[3]

NT-I7 shows efficacy in infiltrating T cells



NT-I7 + pembrolizumab (On-Tx, week 5)
CD8 T cell increase of **4.7X** in **11/12 samples analyzed by IHC**
CD8 T cells: **Pre-Tx = 79** cell/mm^2; On-Tx = 373 cell/mm^2

Increased CD8+ T cell infiltration is associated with higher OS



ESMO 2022, NIT-110

[1] Tumor-infiltrating lymphocyte, [2] Stem cell-like T cell, [3] Overall Survival

1. NIT-110: NT-I7 + CPI: MSS-CRC phase 1/2 interim result

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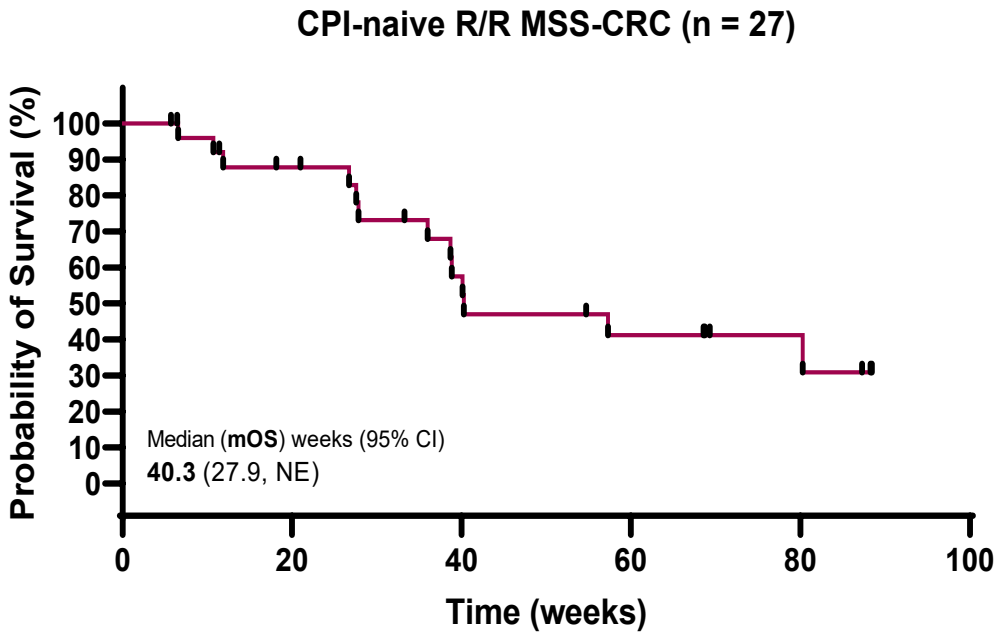
NT-I7- in combination with pembrolizumab – showed the median Overall Survival of 9.3 months in the phase 2 study

Comparing SoC and treatments added as treatment options, the combined administration of NT-I7 + Pembrolizumab showed > 31% clinical effectiveness.

OS data



Kaplan-Meier Plot of Overall Survival Efficacy Evaluable Analysis Set

Comparison

Treatment	mOS	mPFS
NT-I7 + pembrolizumab	9.3 months (40.3 wks)	18.5 months (80.3 wks)
Lonsurf (trifluridine and tipiracil)[1]	7.1 months	2.0 months
Stivarga (regorafenib)[2]	6.4 months	2.0 months
*Lonsurf + Avastin (bevacizumab)[3]	10.8 months	5.6 months
*Fruquintinib[4]	7.4 months	3.7 months

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/207981s008lbl.pdf;
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/203085s007lbl.pdf;
3. 2023 ASCO GI cancers symposium;
4. ESMO 2022 ; *Upcoming treatments expected to receive FDA label

1. NIT-110: NT-I7 + CPI: PDAC phase 1/2 interim result

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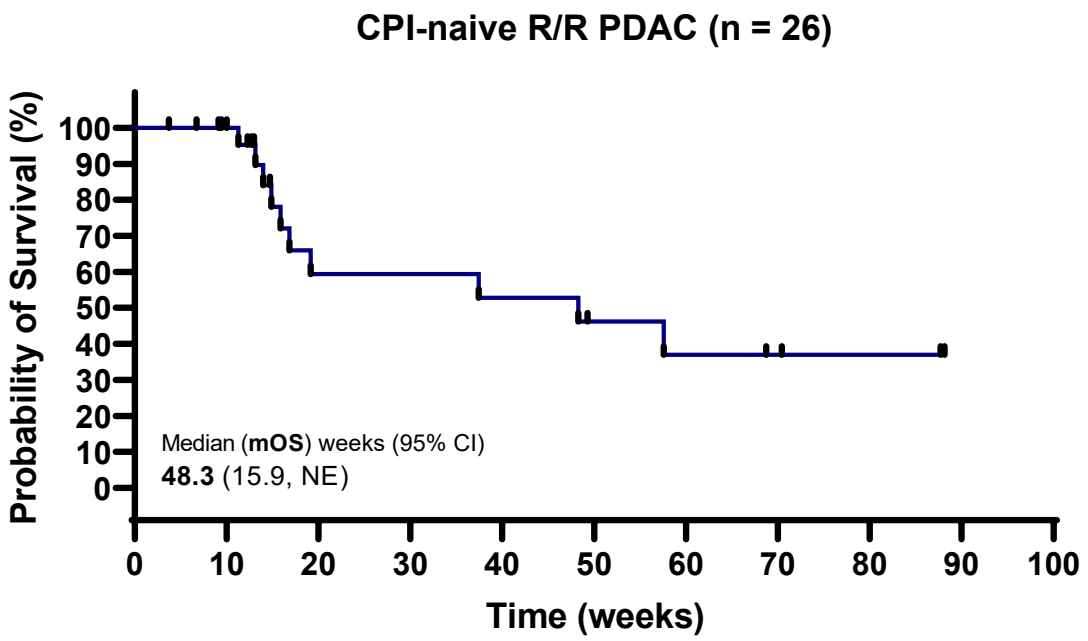
NT-I7 – in combination with pembrolizumab – showed the median Overall Survival of 11.1 months in the phase 2 study

In comparison to SOC and other commonly used off-label options, **NT-I7 combo provides >56% greater OS benefit**.

OS data



Comparison

Treatment	mOS	mPFS
NT-I7 + pembrolizumab	11.1 months (48.3 wks)	4.4 months (19 wks)
Irinotecan + 5-FU + leucovorin[1)]	6.1 months	3.1 months
*Gemcitabine + Nab-paclitaxel[2)]	7.1 months	3.5 months
*mFOLFOX6[3)] (5-FU + Leucovorin + Oxaliplatin)	6.1 months	3.1 months

1) https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/207793lbl.pdf;
2) https://pubmed.ncbi.nlm.nih.gov/35094032/;
3) https://pubmed.ncbi.nlm.nih.gov/27621395/; *Off-label use in 2L PAC

Kaplan-Meier Plot of Overall Survival Efficacy Evaluable Analysis Set

2. NIT-112: NT-I7 + CAR-T: why combine with CAR-T?

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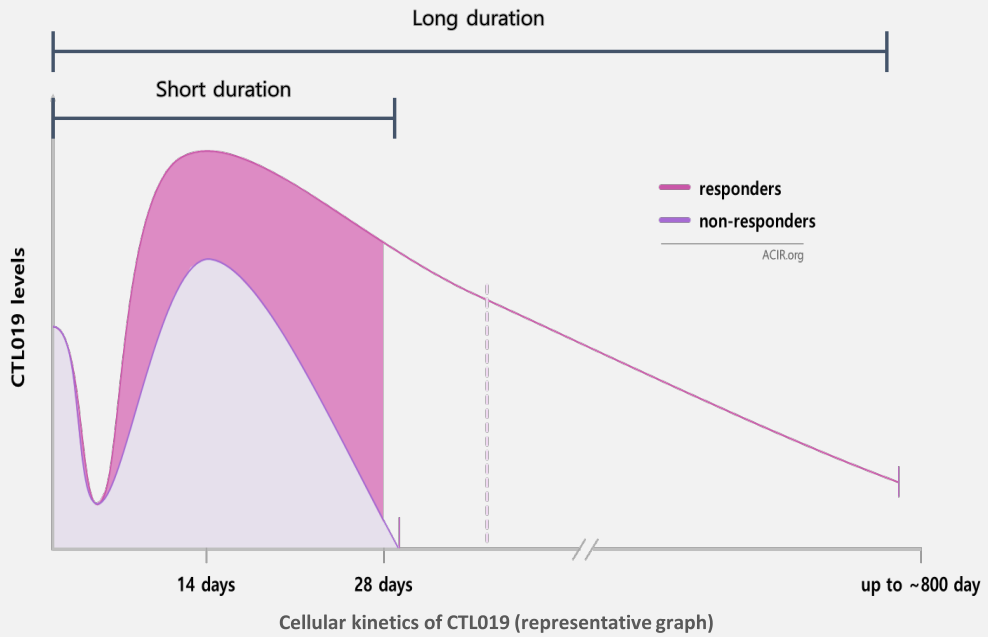
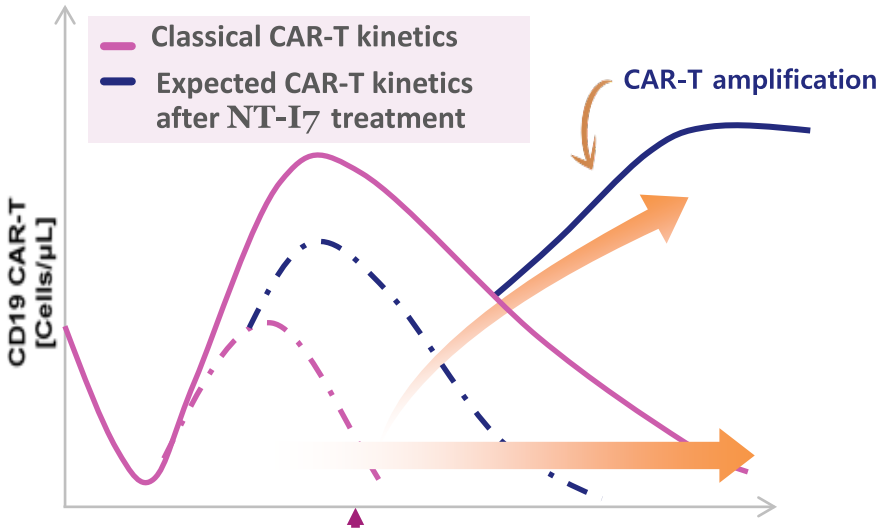
Typical CAR-T Profile



Cellular kinetics of CTL019 (representative graph)

- CAR-T is a cell therapy developed as a one-time treatment.
- Responder lasts up to about 800 days after injection, while non-responder only lasts about 28 days.
- Responders have approximately twice as many CAR-T expansions than non-responders

CAR-T Profile after NT-I7 treatment



- ALC and CAR-T level increase after NT-I7 injection
- NT-I7 re-amplifies declining CAR-T cell numbers, extending their effectiveness and offering a second chance for treatment benefit.

ASH 2022, NIT-112

2. NIT-112: NT-I7 + CAR-T: CAR-T expansion and NT-I7's safety profile

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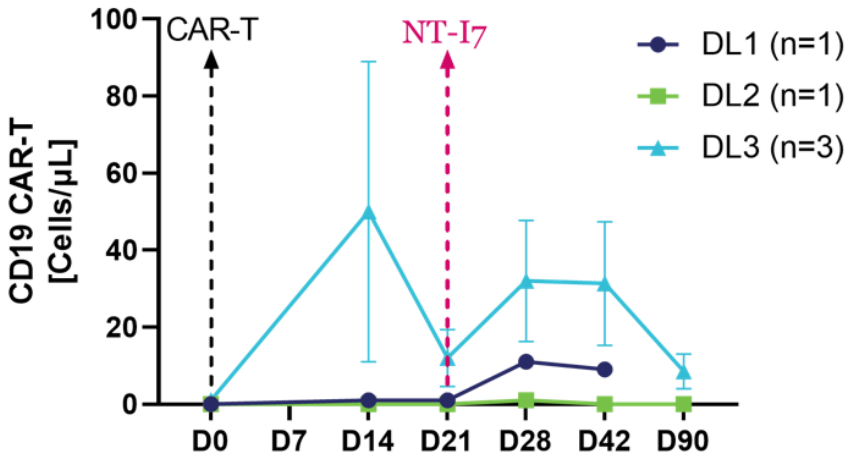
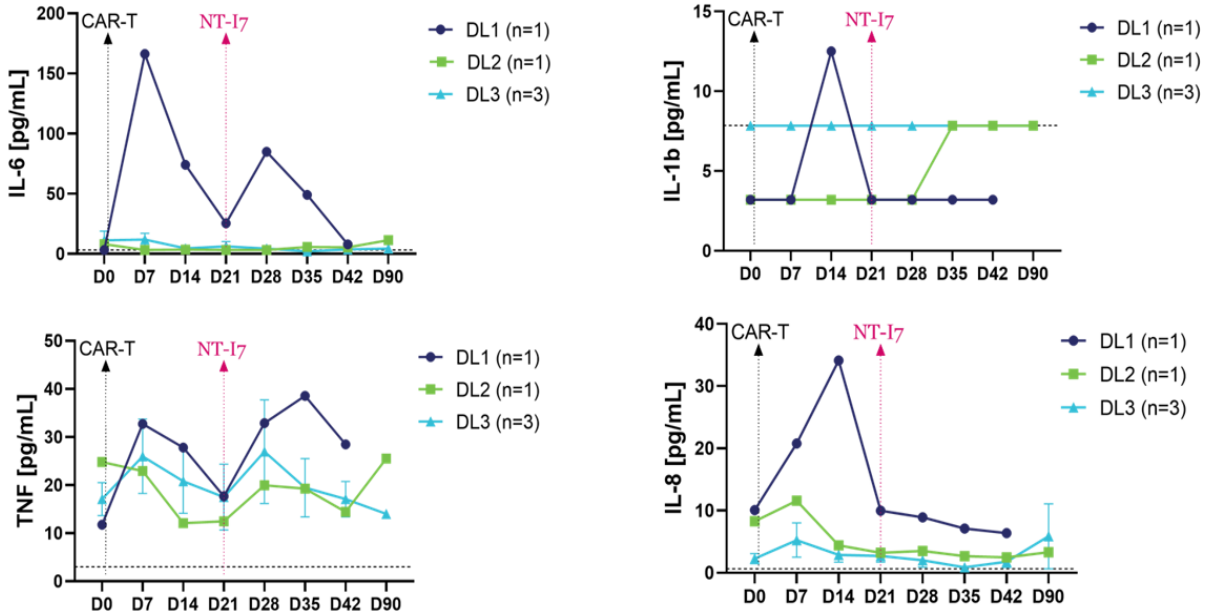
CAR-T kinetics



Safety Profile



ASH 2022, NIT-112

DL1 = 60 µg/kg, n=1; DL2 = 120 µg/kg, n=1; DL3 = 240 µg/kg, n=3. Mean ± SEM.

- ✓ **CAR-T cells are successfully expanded after NT-I7 administration**
- ✓ **Proinflammatory cytokines associated with CRS[1)] and ICANS[2)] were mostly stable or did not increase levels of concern following NT-I7 administration**

[1)] Cytokine Release Syndrome
[2)] Immune effector Cell-Associated Neurotoxicity Syndrome

3. NIT-107: GBM (Lymphopenia GBM) phase 1 interim result (chemo/radio combo)

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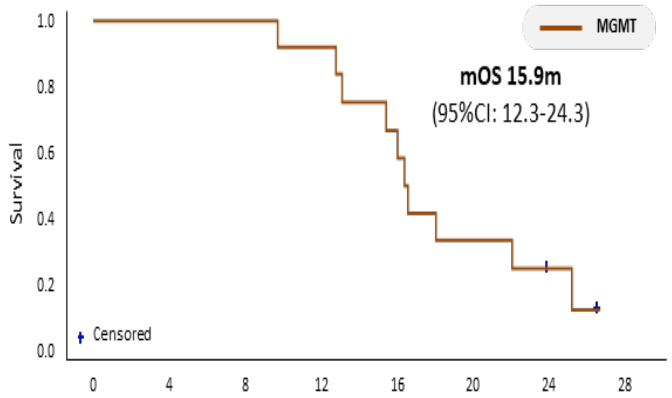
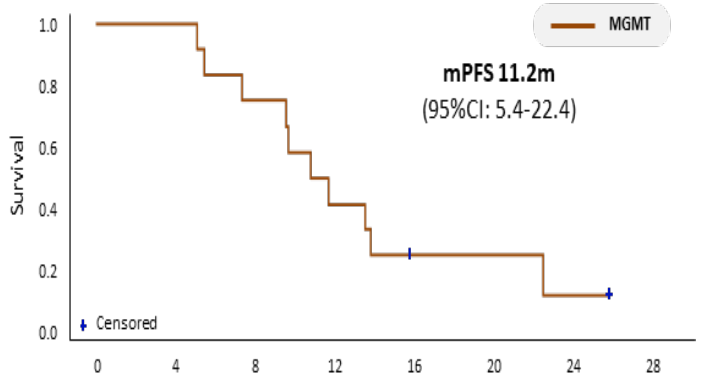
MGMT Unmethylated GBM pts





Treatment	mOS	mPFS
NT-I7 + TMZ[1] (CCRT[2])	15.9 months	11.2 months
CCRT	12.4 months	5.3 months

*All GBM patients
mOS: 19.1M (95%CI: 14.9-22.0)
mPFS: 13.7M (95%CI: 9.5-20.3)

SITC 2022, NIT-107

**NT-I7 + TMZ combination in unmethylated MGMT GBM[3] patients:
mOS 15.9 months (vs. 12.4 months with SoC), mPFS 11.2 months (vs. 5.3 months with SoC)**

[1] Temozolomide
[2] Concurrent chemoradiotherapy
[2] Methylguanine DNA Methyltransferase Glioblastoma

4. NT-I7 + Cancer Vaccine + CPI[1)]: result of triple combo phase 2 study in resectable HNSCC

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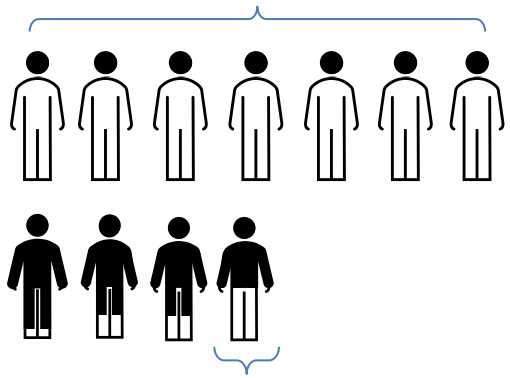
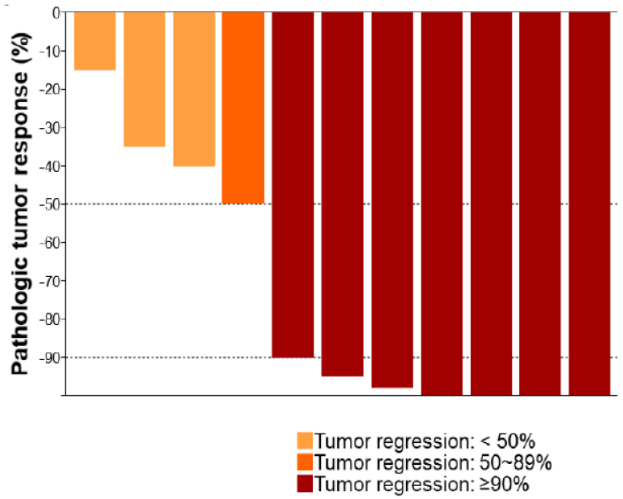
Cold Tumor with a suppressed immune response is transformed into a Hot Tumor that responds to immunotherapy, with the density of TILs increasing approximately 9-fold with the administration of NT-I7

Primary endpoint: pathological response
pCR 36.3% (4/11), mPR 63.3% (7/11)

7 patients, tumor size reduction of 90% or higher



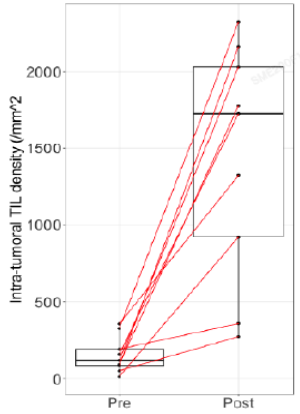
1 patient, tumor size reduction of 50% or higher



*Histologically confirmed oropharynx, oral cavity, hypopharynx and larynx; **NT-I7 also known as GX-I7; HNSCC: Head and neck squamous cell carcinoma; HPV: Human Papillomavirus;
pCR: pathologic complete response; mPR: major pathological response

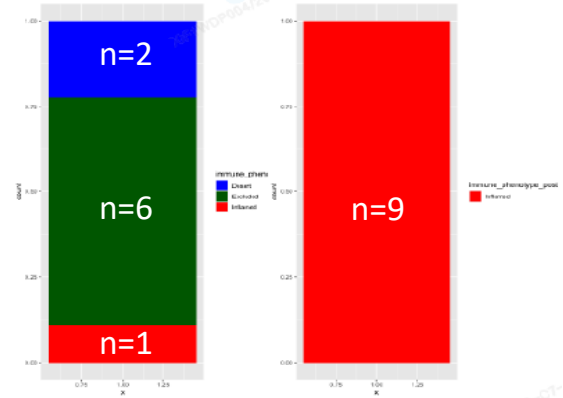
Results of quantification of intratumor TIL density and tumor area percentage expressing desert, excluded, and inflamed tumors through AI analysis of digital pathology images

Intra tumoral TIL density



Mean fold change: 9.22
Wilcoxon p = 0.0020
Paired t test p = 0.0004

TME phenotype



2 very cold tumors (**dessert**) **9 hot tumors** (**inflamed**)
6 cold tumors (**excluded**)
1 hot tumor (**inflamed**)

<Biopsy data before/after treatment for 9 out of patients>

High clinical efficacy in early observation
Confirm consistent response

Combination therapy increases the infiltration of lymphocytes into cancer tissue
Move to the site of inflammation, which is characteristic of Hot tumor

[1)] Checkpoint inhibitor, [2)] Tumor-infiltrating lymphocyte

Combination strategies in oncology

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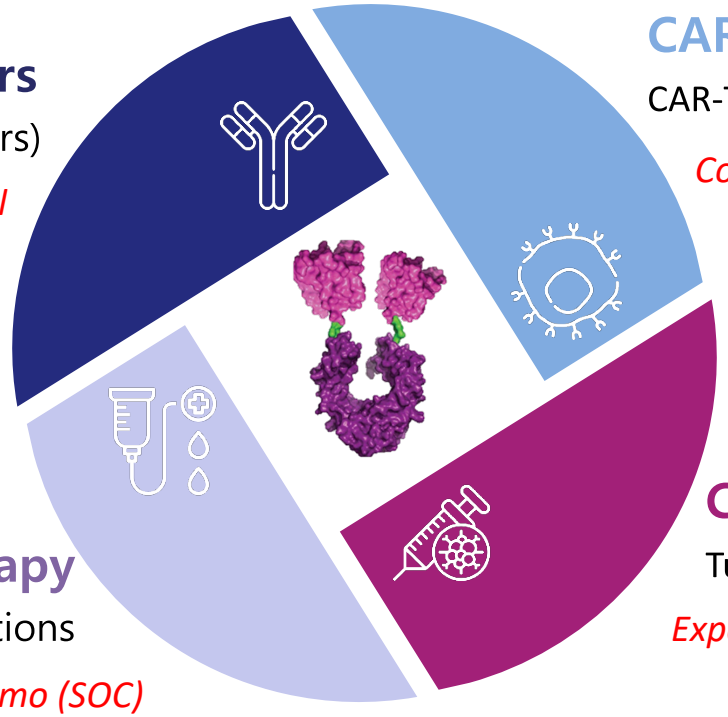
Addressing Key Efficacy Issues Through Combination Therapeutics

Checkpoint Inhibitors

Low number of T-cells in tumor(Cold tumors)

Go to randomized clinical trial



CAR-T

CAR-T expansion, leading to durable CAR-T efficacy

Complete 1b study Expand CAR-T combo trials

Chemo/radiotherapy

Chemo/radiation indications

Add NT-I7 on chemo (SOC) or chemo/radio (SOC)

Cancer Vaccine

Tumor Ag specific T cell expansion in tumor

Expand cancer vaccine combo

NT-I7 development status

- NIT has been focusing on four key areas, identifying shortcomings and opportunities for improvement in each
- So far, NIT has administered NT-I7 to about 350 patients, using accumulated data to identify the most suitable indications for its use.

01 From the inception of its development, CMC has been designed with the aim of eventual commercialization

Drug Substance PPQ (PV) establishment phase in progress

02 Confirmation of ALC amplification efficacy through anticancer drug combination clinical trial

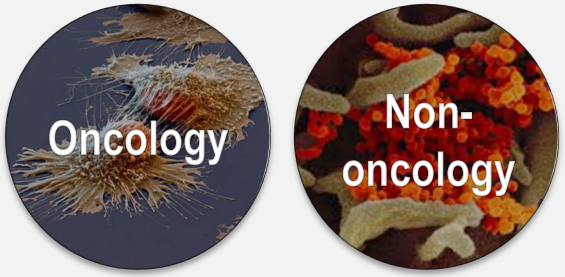
Poor efficacy of anticancer drugs in patients with low lymphocyte count

03 Acute Radiation Syndrome (ARS) rodent experiment conducted

Lymphocyte count recovery was confirmed in radioactive rodent experiments conducted in collaboration with Duke University

04 Expanding cooperation opportunities in NT-I7 development through supply investment

Mainly collaborates with technologies that require lymphocyte amplification, such as CAR-T and anti-cancer vaccines



Development efforts need to focus on indications that require efficacy in lymphocyte count recovery

Strategic Focus

1. Fast Approval
2. Best Outcomes
3. New Pipeline

Strategic focus 1: fast approval

Establishing and implementing a development strategy for the fastest FDA approval ofNT-I7

Strategic focus 1: fast approval

NT-I7 is targeted for diseases related to lymphocytes, all of which are categorized as rare diseases

Major indications for fast approval were selected among lymphocyte-related diseases

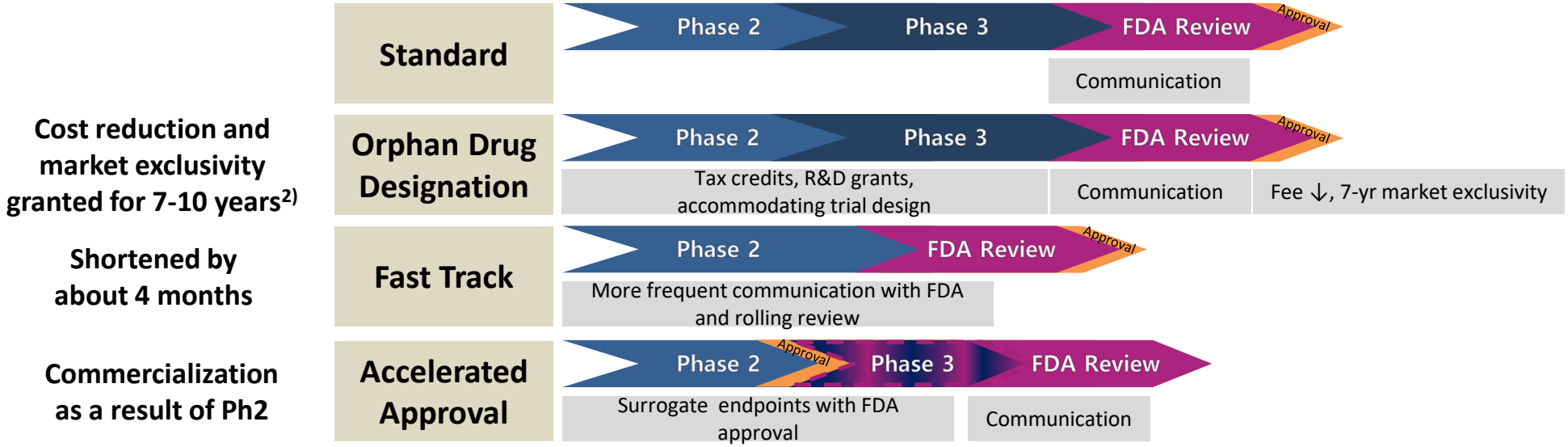
Target BLA approval with **fast-track approval strategy**[1)]

Acute Radiation Syndrome (ARS)

Acute radiation syndrome is a disease in which major cells such as neutrophils, platelets, and lymphocytes decrease due to exposure to large amounts of radiation in a short period of time, increasing the risk of death due to infection

Idiopathic CD4 Lymphocytopenia (ICL)

Idiopathic CD4 lymphocytopenia is a rare disease in which T cells, which play an important role in the body's immune system, decrease for no reason



[1)] Construction of approval track strategy such as Orphan Drug Designation, Priority review and Accelerated approval.
[2)] Once ODD is approved, the FDA grants market exclusivity for 7 years and the EMA grants market exclusivity for 10 years.

[ARS] Dual-track development strategy to accelerate development

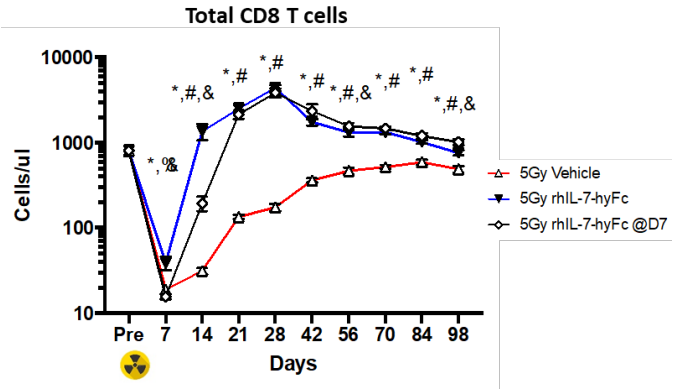
Progress Details

- Rodent experiments were conducted through a CRO designated by NIAID[2)]
  → Analysis results are undergoing QC
- Approved ARS ODD[3)] and attended BARDA[4)] Industry Day meeting and discussed strategy

Mitigation Plan

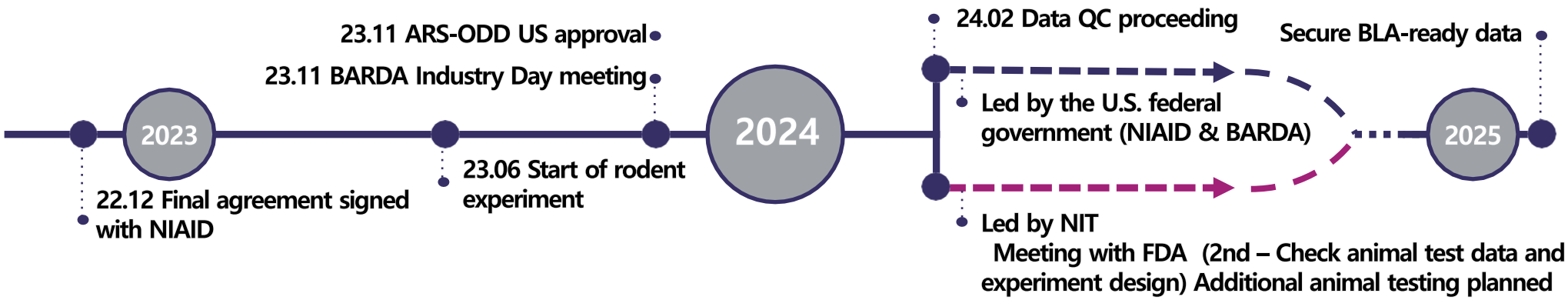
- Delayed from the schedule originally planned by the U.S. government, it is planned to proceed with a dual-track with direct operation starting from the 2nd species
  → FDA meeting scheduled at the end of April; specific plan confirmed within the 2Q
- **→ According to the current plan, we expect to complete animal test and obtain required documents for FDA BLA by 2025.**

ARS[1)] Model Results



Rapid Injury Treatment Network 2022, Radiation Research Society 2022

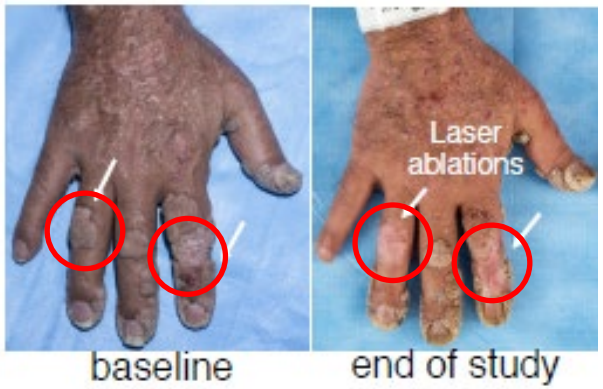
Dual-track development strategy to accelerate development



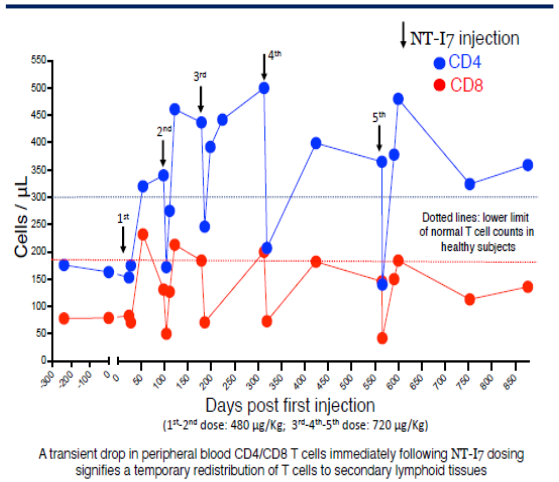
[1)] Acute Radiation Syndrome
[2)] National Institute of Allergy and Infectious Diseases
[3)] Orphan Drug Designation
[4)] Biomedical Advanced Research and Development Authority
[5)] Biologics license application

[ICL] Strategy for accelerating development

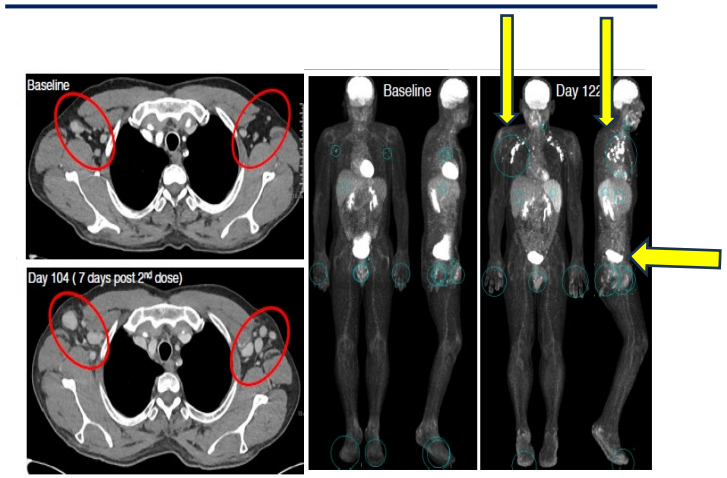
The potential of NT-I7 as the world's only treatment for Idiopathic CD4 Lymphopenia (ICL) is being validated



Stable remission was only noted in areas treated with laser ablation after NT-I7 treatment



Confirmation of changes in CD4 and CD8 T cell distribution in ICL patients after NT-I7 administration



Increased size of the patient's lymph node tissue as evidence of ongoing T-cell amplification

(ICIS, 2023)

EMA ODD[1] approval for ICL → **NIT Polish corporation** → **Europe SME[2] designation** → **PRIME designation** → **Fast EMA Approval**

[1] Orphan Drug Designation
[2] Small and Medium Enterprise
[3] Priority medicines

Strategic focus 2: best outcomes

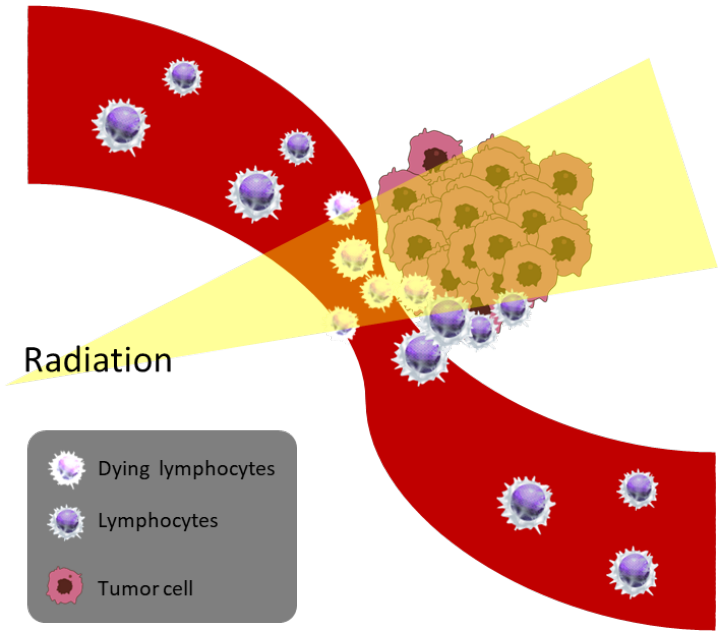
Company growth and revival through performance achievement and business strategy

Strategic focus 2: best outcomes

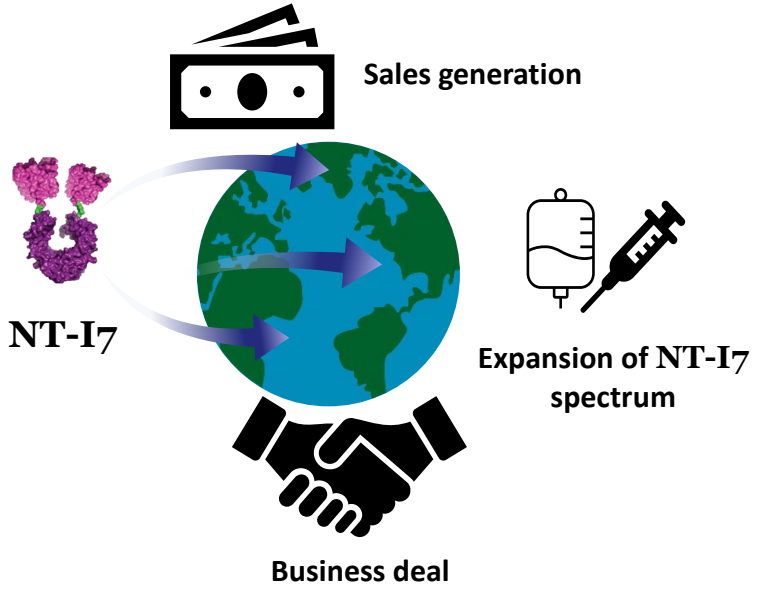
Diversifying sales opportunities by developing indications with the highest probability of success and creating business opportunities using the experience gained through various trials and the accumulated data of NT-I7

Promote company growth and revival through business planning and strategies best suited to NT-I7 development

Radiation Induced Lymphopenia (RIL)
Target association between survival rate, pathological response, and lymphopenia in cancer patients



Conversion to paid supply
Securing the best results for NT-I7 supply investment



[RIL] Lymphopenia

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What is a lymphocyte?

- Lymphocytes are one of the five cells of the white blood cell, which play a protective role in the immune system against infection

What is "Lymphopenia"?

- Lymphopenia, a symptom of an abnormally low number of lymphocytes in the blood, is caused by genetic and acquired factors.
- It commonly occurs in advanced cancer, especially as a side effect of chemotherapy/radiation therapy during cancer treatment
- **The most effective treatment for severe lymphopenia is NT-I7 administration.**

Stages of lymphopenia and infection rate at each stage

Lymphopenia Grade[1)]	ALC Level	Infection Rate[2)]
0/normal	> 1,000mm^3	n/a
1	800-999/mm^3	26% higher
2	500-799/mm^3	44% higher
3	200-499/mm^3	76% higher
4	< 200/mm^3	n/a

[1)] Lymphopenia grades according to WHO
[2)] Cells. 2021 Nov; 10(11): 3177

RIL
Radiation-Induced Lymphopenia

Severe RIL
G3-4 Radiation-induced lymphopenia

[RIL] Severe lymphopenia

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Severe RIL incidence after treatment by carcinoma type

RT site	Study First Author, Year	Incidence Rate	
		Grade 3-4	Grade 4
Brain[1)]	Benitez 2019	23%	
	Byun 2019	35%	
	Mendez 2016	21%	
	Rudra 2018	25%	
Esophagus[1)]	Deng 2019	91%	39%
	Zhang 2019		45%
	Xu 2020	89%	24%
Head and Neck	Vijay M Patil 2020[2)]	77%	13.7%
	Sweet Ping Ng 2020[3)]	83%	25%
Oropharynx[1)]	Jensen 2017		14%
Lung[1)]	Campian 2013	49%	
	Zhao 2019	55%	
	Abravan 2020	60%	
	Abravan 2020	45%	
Liver[1)]	Byun 2019	87%	
	Zhang 2019	NR	
Pancreas[1)]	Balmanoukian 2012	45%	
	Chadha 2017	27%	
	Wild 2016	40%	
Cervix[1)]	Wu 2016	53%	
	Onal 2018	61%	
Anal canal[1)]	Lee 2020	42%	8%
Bone[1)]	Park 2019	67%	

[1)] *International Journal of Radiation Oncology*Biology*Physics*, vol. 111, no. 4, 2021, pp. 936–948

[2)] Lymphopenia during chemoradiation—foe or friend. *Ecancermedicalscience, 14*

[3)] *Radiotherapy and Oncology, vol.* 145, 2020, pp. 95-100

Severe RIL (sRIL)– Cancer

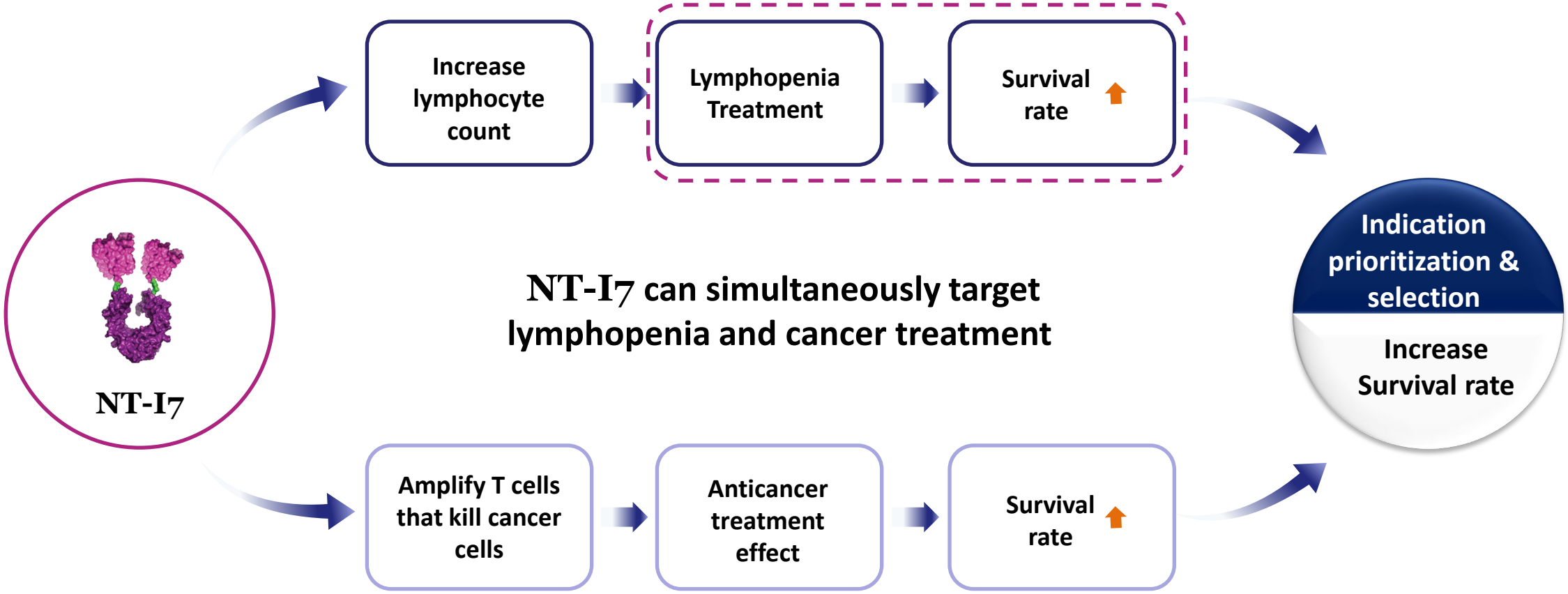
- **Severe G3-4 lymphopenia** due to radiation therapy is very high in patients with **esophageal cancer (90%), head and neck cancer (80%), and liver cancer (87%).**
- It is known that **the rate of Grade 4 severe lymphopenia in esophageal cancer patients (36%)** is higher than in other cancer types (average 15%).

[RIL] Lymphopenia-related cancer indications

Lymphopenia is a condition in which the number of lymphocytes in the blood is abnormally low and occurs due to genetic and acquired factors.

Severe lymphopenia, especially due to radiation therapy, appears very high in certain cancer patients.

Lymphopenia affects the outcome of radiation anti-tumor treatment, and in particular, **the association between severe lymphopenia and significantly worse prognosis in terms of pathological response, OS[1], and PFS[2] has been demonstrated.**



[1] Overall survival
[2] Progression Free Survival

[RIL] Severe lymphopenia and survival rate in patients with esophageal cancer

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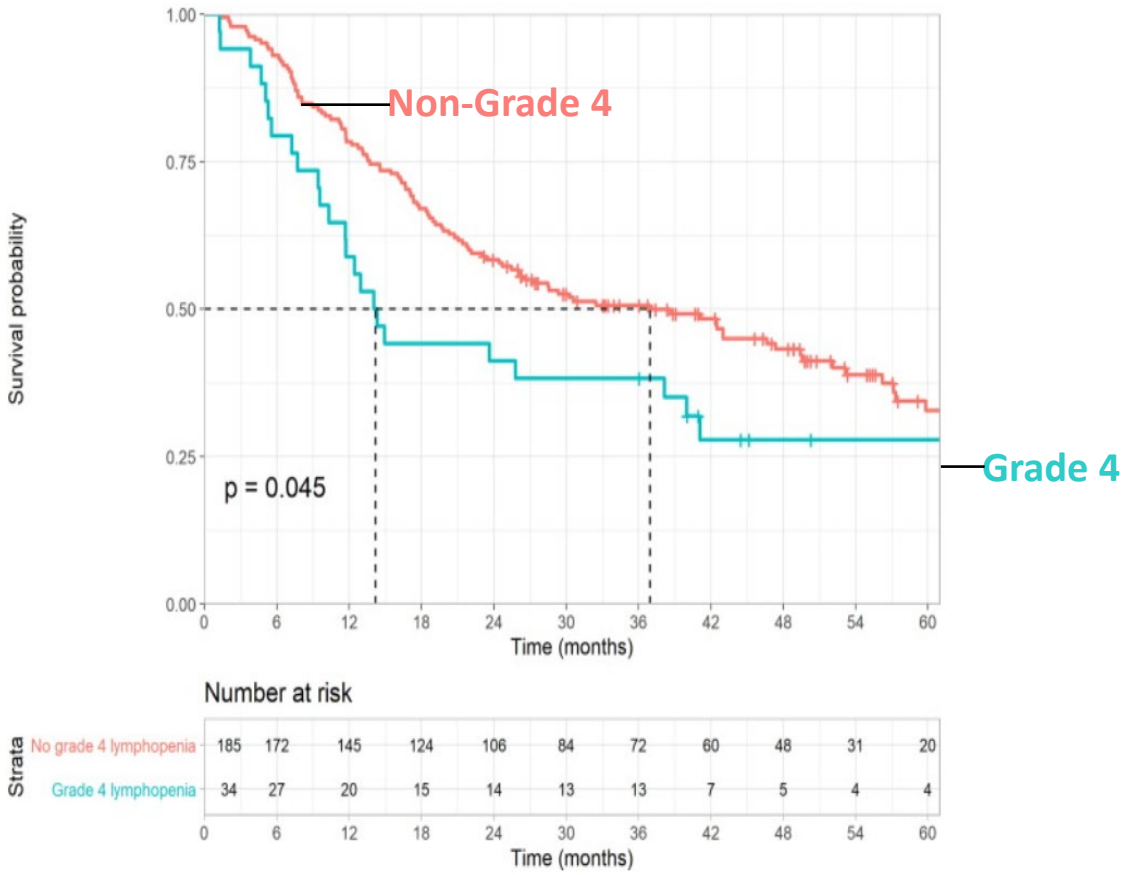
The goal is to improve survival rate by targeting patients with severe lymphopenia



Patients with esophageal squamous cell carcinoma (ESCC) who underwent definitive concurrent chemoradiotherapy (dCCRT)

Result:
Patients who fall into the G4 group have a lower survival rate.

mOS of G4 patient and Non-G4 patient

12.7 months **Vs** 42.5 months (p = 0.045)

Clinical trials most compatible with NT-I7:

- ✓ NT-I7 already has more than 800 people clinical data showing ALC increases
- ✓ NT-I7 is capable to treat lymphopenia caused by chemo/radiation therapy
- ✓ We are preparing a preliminary meeting with the FDA to discuss specific clinical plans
- ✓ The goal is to quickly obtain the best results through efficient clinical operations

Radiation Oncology, 18(1). https://doi.org/10.1186/s13014-023-02354-w

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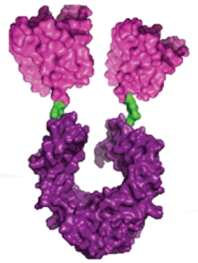
Expectations for platform technology in the field of immuno-oncology Combination tests with various modalities



- **CAR-T** → Completed supply contracts with 3 companies
- **Cancer Vaccine** → Completed supply contract with a company; Currently discussing supply contracts with 2 companies
- **Radiotherapy** → Currently discussing supply contracts with 2 companies
- **Non-cancer (New indication)** → Completed MOU with a company (Companion diagnosis)
- **Others** → Completed supply contract with a company; Currently discussing supply contracts with other companies

2024 Goals

- ✓ Target to conclude two or more paid supply contracts in 2024 (enter clinical trials)
- ✓ Preclinical trials in progress by 4 companies & securing data
- ✓ Currently actively discussing with 6 companies
- ✓ Additional discussion at the 2024 US BIO Conference

Strategic Focus 3: new pipeline

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Establishment of new pipelines next to NT-I7

NIT's next-generation drug development platform technology

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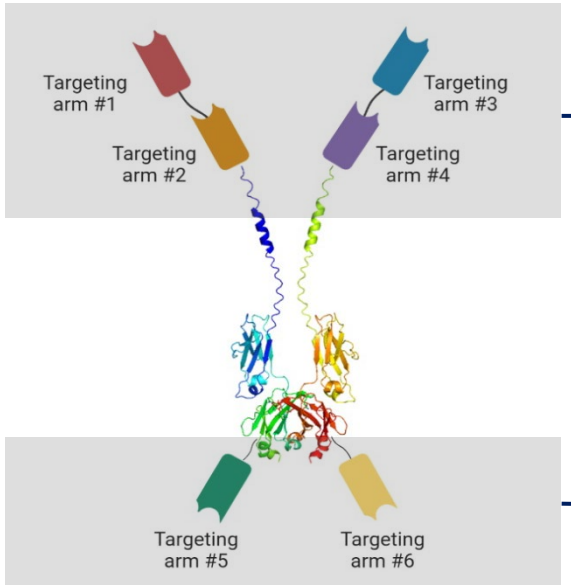
The heterodimer hybrid Fc platform (HDHF) enhances the structural stability and immune response promotion ability of various types of multi-specific antibodies, including dual-specific antibodies

Antibody Platform Technology



Free placement of various antigen target sequences

Efficient and stable antibody development possible
The rapid development of new immune-anticancer drugs possible

Immune response promotion ability and protein function enhancement platform technology
Deliver new design and engineering strategies

Expansion of new pipeline centered on T cell

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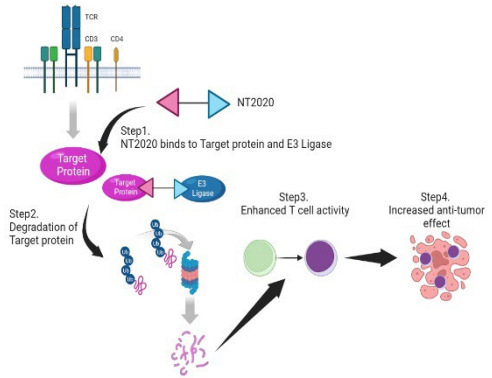
Based on world-class Fc engineering technology and T cell-based research experience, we are developing a new product that can succeed the T cell amplifier, NT-I7

NT2020

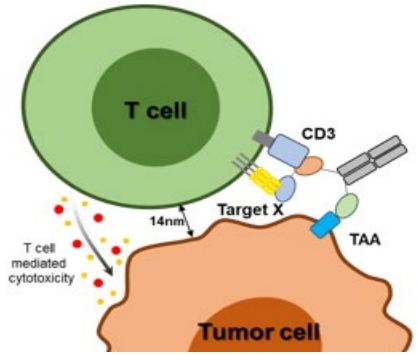
T cell Activator (PROTAC)



- The T cell activator utilizes a targeting ligand compound based on the structure of CRBN (Cereblon), which can target E3 ligase through PROTAC1 technology, to activate the anti-tumor effect of T cells by removing specific target proteins

NT3020

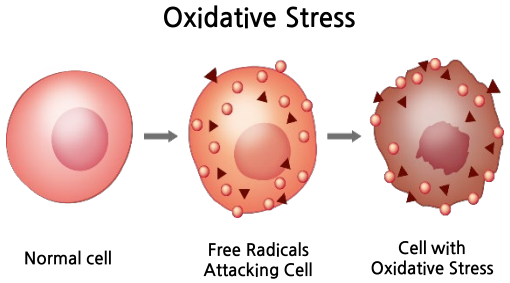
T cell Engager (CD3xTAA)



- As an antibody-based biological agent using NEOBASE, it employs a T cell attachment antibody to facilitate the interaction between immune cells (T-cells) and tumor cells
- The agent is built upon multiple antibodies, comprising a region that activates T cells and another region that specifically recognizes antigens expressed in cancer cells

NT4010

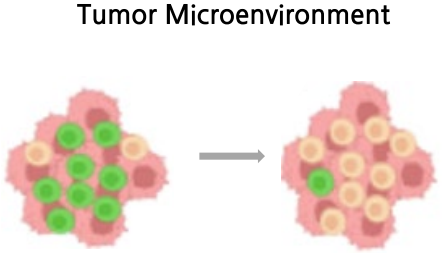
Advanced CAR-T



- The solid tumor microenvironment is characterized by high oxidative stress, which weakens CAR-T function. Our advanced CAR-T technology addresses this challenge by incorporating factors that counteract reactive oxygen species stress.
- Currently, we have developed a CAR-T with target protein knockdown and are conducting secondary anticancer efficacy evaluations in animal models

NT5010

TME Modifier (eTreg Depletor)



- Enhancement of anticancer response by selectively removing effector Treg cells that cause immune function decline in tumors
- Development of Treg depletory antibodies targeting two tumor-specific markers to reduce Tregs in tumors

[1] Proteolysis-targeting chimeric molecule

R&D new pipeline

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Project Code	Pipeline	Indication	Discovery: Target selection	Active material	Lead material	Candidate material
NT2020	T cell Activator (PROTAC)	Undisclosed				
NT3020	T cell Engager (CD3xTAA)	Solid Tumor				
NT4010	Advanced CAR-T	Solid Tumor				
NT5010	TME Modifier (eTreg Depletor)	Solid Tumor				

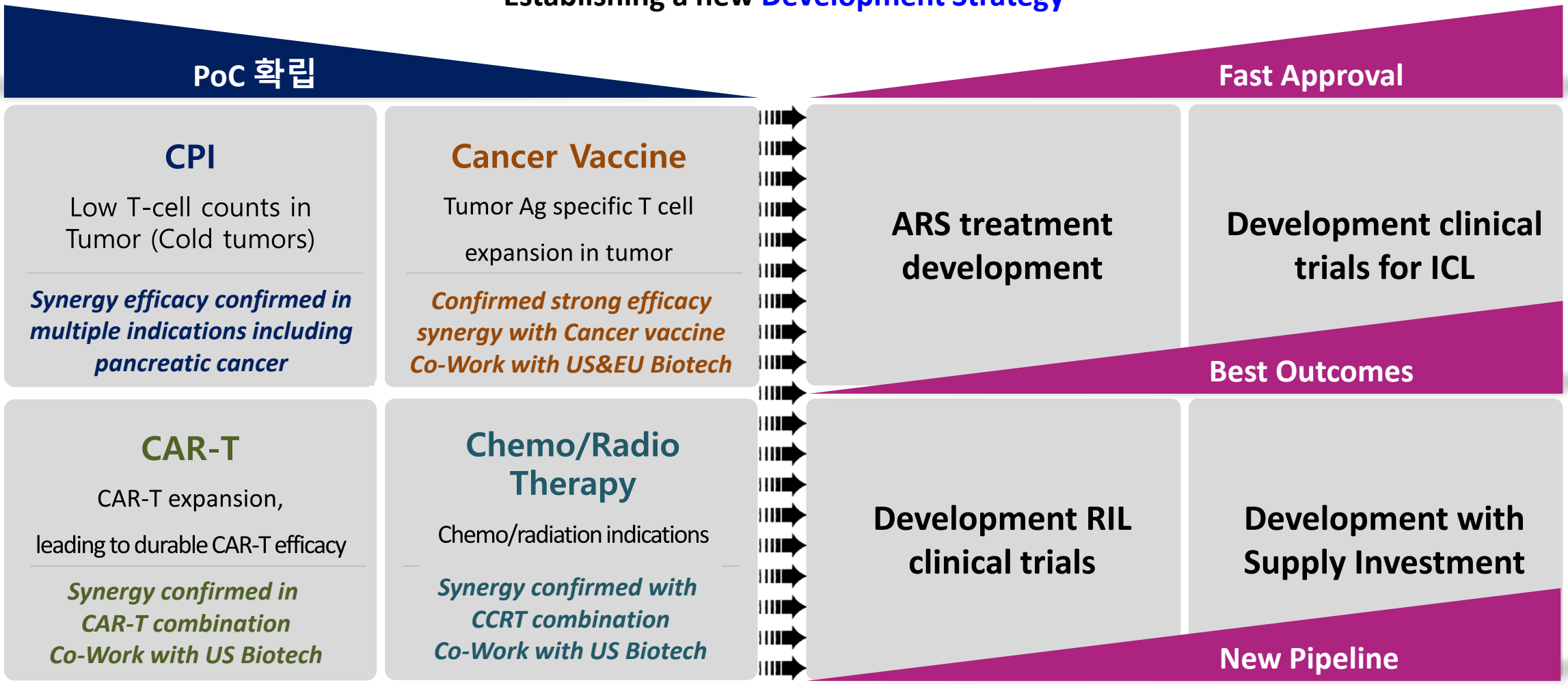
When technology marketing is possible

Key Message

Future direction

NeoImmuneTech

Synergy in treatment efficacy confirmed through 14 clinical programs
Redefine **Business Priorities**
Establishing a new **Development Strategy**



Focus on fast approval

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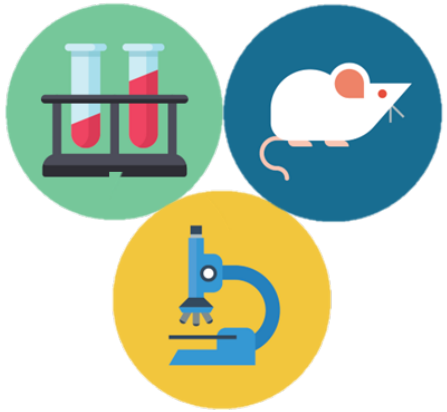
Focus more on three strategies to ensure NT-I7 gets approval as quickly as possible

Improved clinical trial speed and management

Strengthening non-clinical data (supporting data for clinicals)



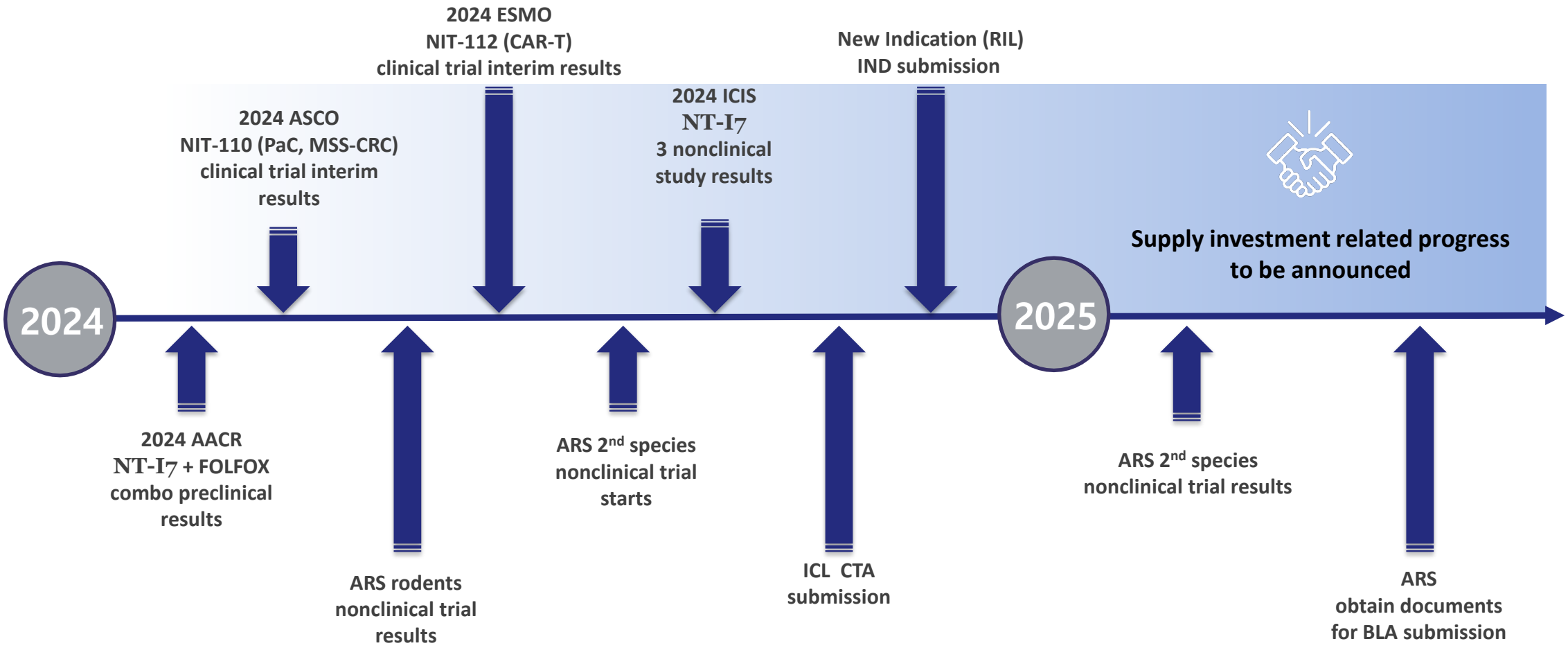
Active communication with FDA

Refining and Focusing Strategy for Fast Approval

Expected catalysts

Clinical results and ARS animal test results to be announced

Following the FDA meeting, development will be actively pursued with defined direction



- There is a possibility of change as the schedule is based on best estimates.
- It only means the expected order in which various events will occur, and the location of the arrow does not indicate the detailed timing.

Our next chapter

NeoImmuneTech

A pioneering pharmaceutical company dedicated to enhancing the quality of patients' lives through innovative drug development

- Drive value creation for patients and stakeholders through the development of innovative, life-transforming drugs
- Evolve into a goal-oriented organization focused on swift approval processes and impactful outcomes
- Enhance financial sustainability by optimizing costs and making strategic investments
- Cultivate an organizational culture centered on genuine passion and collaborative teamwork

- Reorganize priorities for fast approval
- Strategic operation of clinical program

- Expand business opportunities for potential profits

- Discovering new pipelines for the future of NIT

NEOIMMUNETECH

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