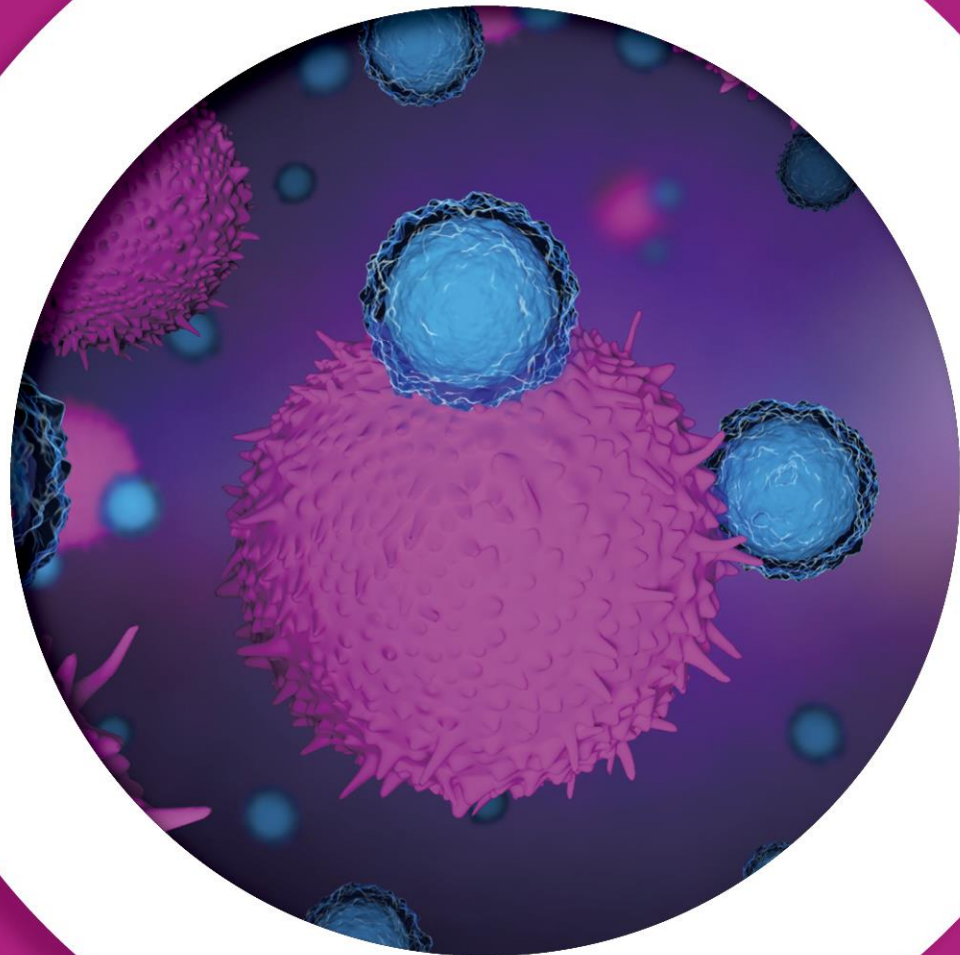


INVESTOR RELATIONS 2022

NEOIMMUNETECH

IR Presentation
Jan, 2022



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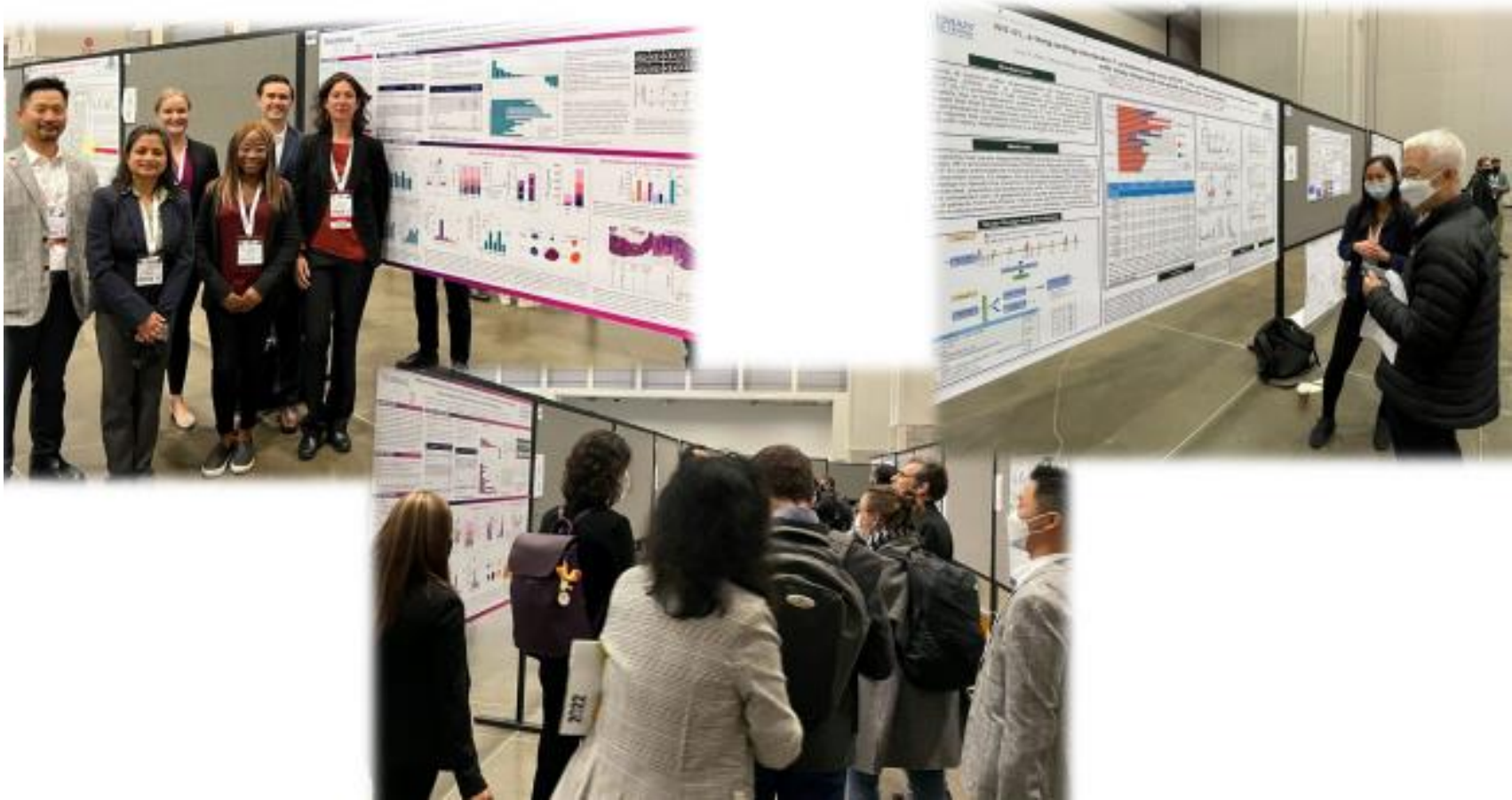
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- **Post SITC Update & JPM Conference**
- **2022 Plan**

SITC Poster Presentation

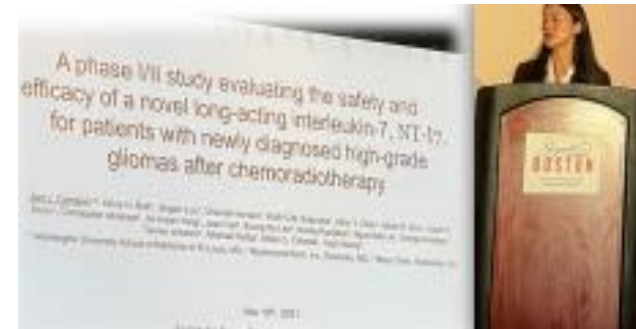
Three poster for **MSS CRC, PaC and GBM** published
At **SITC 2021, Washington DC, US**



SNO and Cytokine based conference presentations

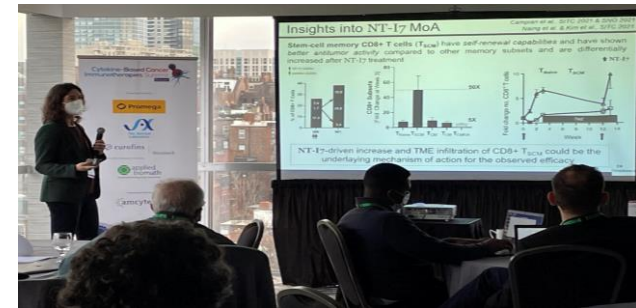
- **SNO in Boston, US**

- NT-I7 GBM oral presentation made by Dr. Campian
- NIT CSO, invited as a mentor for SNO Young Investigator's Career Development and Networking Reception



- **Cytokine-based cancer immunotherapies summit, in Boston, US**

- Invited as a session chairman and speaker



- **Meeting at JP Morgan Conference with global big pharma**

- Presented at 2022 Biotech Showcase at J.P. Morgan Healthcare Conference



Results of major clinical site visits (NIT-110)

Key feedback from PIs

“ Quite exciting to hear that there is response in PC and MSS CRC and learn about pseudo progression shown in MSS CRC. ”

 **FOX CHASE**
CANCER CENTER
Philadelphia, Pennsylvania

“ Good to hear currently updated NT-I7’s clinical data and has better understanding in which cohort I can recruit patients more. ”

 **MARY CROWLEY**
CANCER RESEARCH
HOPE LIVES HERE™
Dallas, Texas

“ Extremely interested to see NT-I7’s clinical data. DoR result is very impressive. It will be next breakthrough in IO market. ”

BARBARA ANN
KARMANOS
CANCER CENTER
Detroit, Michigan

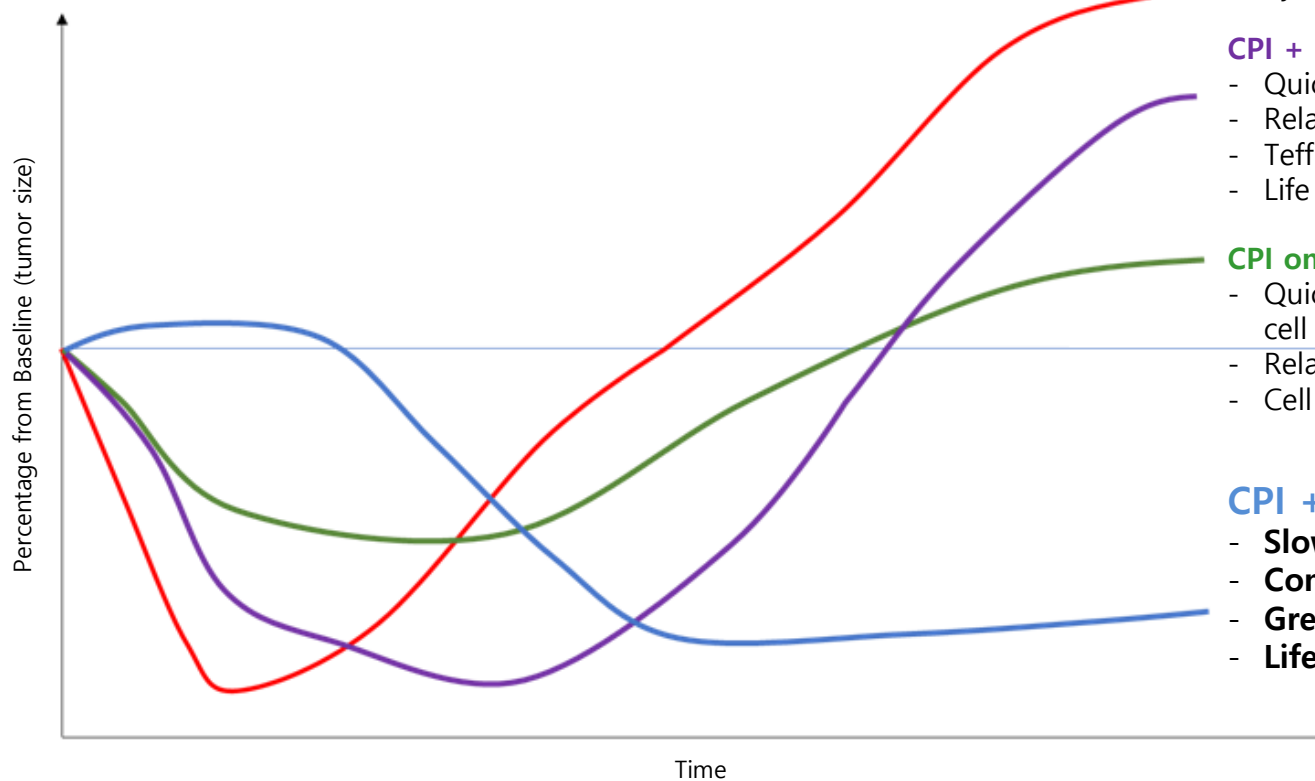
“ Glad to know about NT-I7’s clinical data in other study sites, but careful evaluation would be required for pseudo progression. ”

 **Washington University in St. Louis**
SCHOOL OF MEDICINE
Saint Louis, Missouri

Features of NT-I7 : Duration of response

Conceptual Image: MOA of NT-I7 by different regimen

Increased DOR
→ Contribution to increased PFS, OS



Chemo/radiation

- Very quick
- Relapsed due to death of T cells by chemo/radiation

CPI + IL-2

- Quick due to amplification of T eff
- Relapsed due to T cells deficiency
- T eff death after activation (AICD)
- Life span of T eff several days

CPI only

- Quick due to activation of existing T cell
- Relapsed due to low number of T cells
- Cell death after activation (AICD)

CPI + IL-7

- **Slow but long-term duration**
- **Controlled due to memory T cells**
- **Great expansion of Tscm**
- **Life span of Tscm: several years**

Summary of POST SITC

1 Clinical results, High amplification of Tscm

→ Very impressive

2 Clinical results in GBM, CRC, PC

→ Highly meaningful clinical data in immune cold tumors

3 Duration of response

→ Very impressive

4 Future clinical plans

- Strengthening clinical operations: sharing clinical outcomes, explaining MOA, and direct visits are specially effective
- Analysis of detailed characteristics, results, and biomarkers of patients is planned
- Also proceed as quickly on other CPI combo trials as possible: Treatment for skin cancer, gastroesophageal cancer, 1L NSCLC, etc
- Plan to pursue AA rather than phase 3 clinical trials

Summary of POST J.P. Morgan

1 Share the results of the NT-I7 recent clinical data and biomarker analysis at Biotech Showcase during J.P.Morgan Healthcare Conference

2 Virtual meeting with a number of Big Pharma

- In-depth expression of interest based on sets of data presented at SITC

3 Future business plan

- Continuing business discussions with Big Pharma, who are collaborating in combo studies with us
- Continuous meetings with many Big Pharma who have PD-(L)1 inhibitors or are interested in immuno-oncology
- AACR (April), ASCO (June), US Bio meetings will be actively utilized for BD talks

Positioning of NT-I7 (post SITC)

	<u>No. of Developers</u>	
	Multiple	Chemo/radiotherapy
	Multiple	Chemical (target therapy)
	Multiple	Anti-TIGIT, anti-LAG3
	Multiple	Anti-TGF beta
	Multiple	T cell activators (IL-2 etc)
Big Pharmas: PD-1/ PD-L1	Only one	T cell amplifier (IL-7)
•	Multiple	CAR-T, TCR-T etc
•	Multiple	NK, CAR-NK
•	Multiple	Cancer vaccine
•	Multiple	CD47
•	Multiple	Bispecific Ab
•	Multiple	ADC

Priority to partner (efficacy in cold tumors)

Development of various indications for cancer and infectious diseases



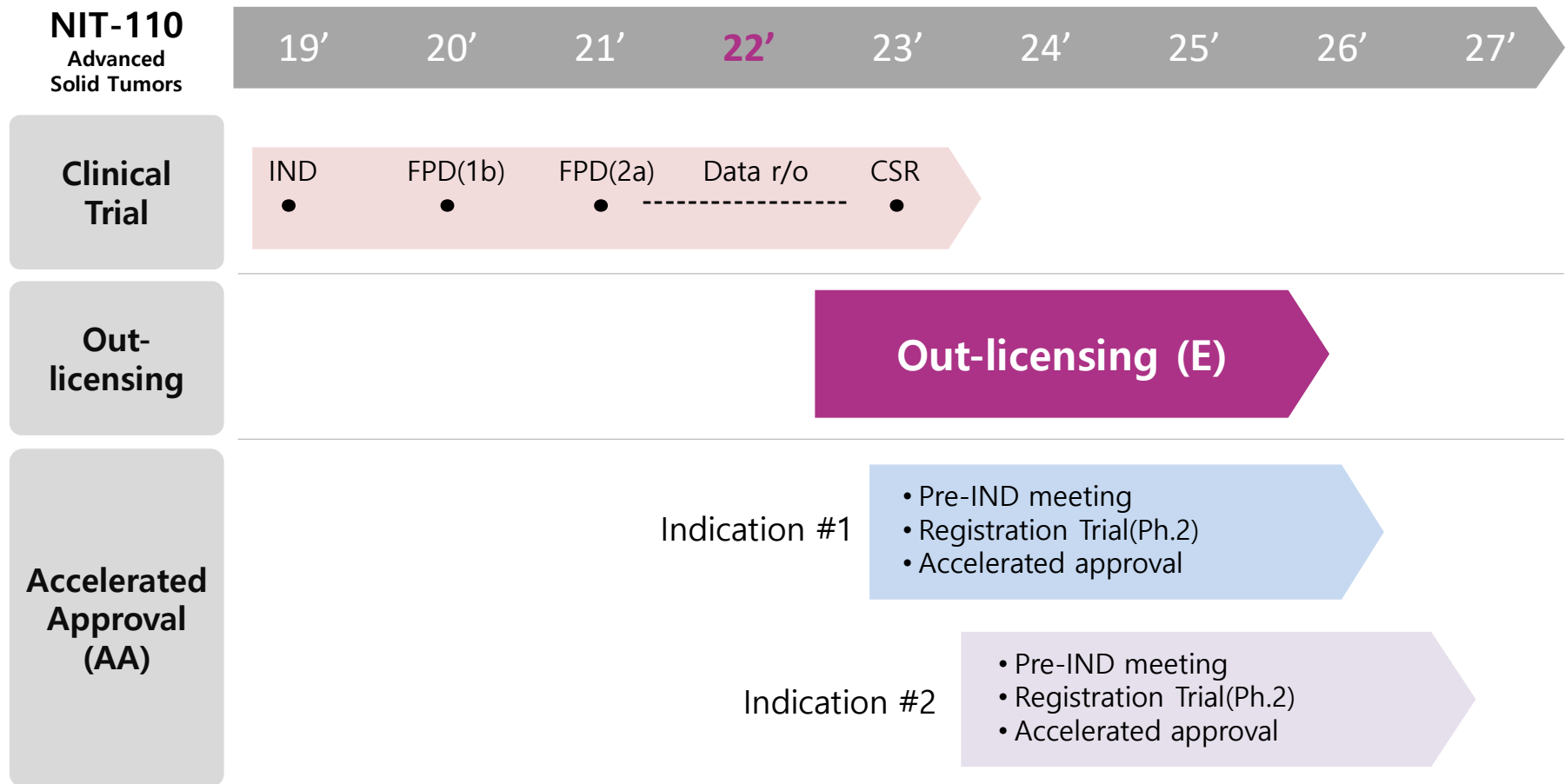
- Adjuvant monotherapy
- Combo CPI
- Combo CAR-T
- Combo CR-7



- ARS
- ICL/PML
- Sepsis
- Combo Vaccine

2022 : Roadmap for business and novel drug development

Starting with the fastest clinical data, we plan to proceed with L/O negotiations and establish a roadmap for A.A. at the same time



Upcoming major events for 2022

	1H 22	2H 22
Trial Starts, etc.	<ul style="list-style-type: none"> ✓ NIT-109: Gastric/GEJ/EA CPI Combo <i>Ph2 part</i> ✓ NIT-106: Skin Cancer CPI Combo <i>Ph2 part</i> ✓ NIT-120: Recurrent Glioblastoma CPI Combo for neoadjuvant therapy 	<ul style="list-style-type: none"> ✓ NIT-114: ICL ✓ NIT-105: Elderly with Bladder, Breast, and Colorectal Cancer Survivors <i>Ph1b part</i>
Data Read-Outs	<p>ASCO</p> <ul style="list-style-type: none"> ✓ NIT-106: Skin Cancer CPI Combo <i>DE Phase</i> ✓ NIT-110: Basket Study CPI Combo <i>Interim Analysis: Cohort 2(NSCLC), Cohort 5(PaC) - TBD</i> ✓ NIT-112: CAR-T Combo <i>Preliminary Safety</i> 	<p>ESMO SITC</p> <ul style="list-style-type: none"> ✓ NIT-107: GBM Chemo Combo <i>Interim Analysis</i> ✓ NIT-109: Gastric/GEJ/EA CPI Combo <i>DE Phase</i> ✓ NIT-110: Basket Study CPI combo <i>Final Analysis</i> ✓ NIT-119: 1L NSCLC CPI Combo <i>Interim Analysis</i>

- All plans are subject to change due to the conditions of the clinical institution and etc

Appendix 1. 3 Key Factors in novel drug development

1. Right drug?

2. Right dose/regimen?

3. Right patients?

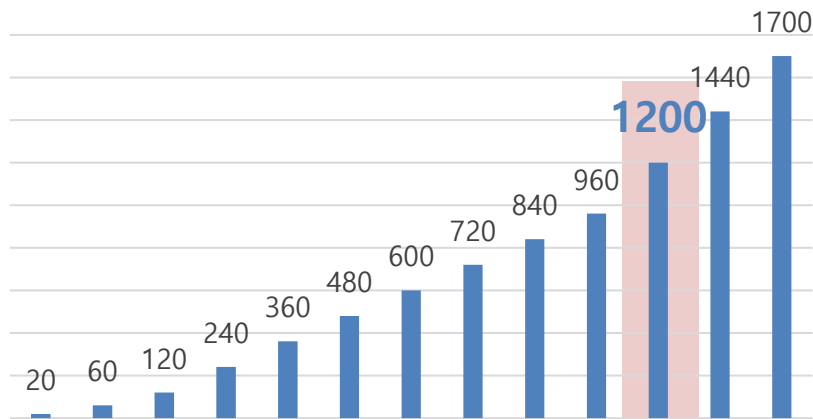
2. Right dose/regimen

- 1) Injection: IntraVenous(IV), SubCutaneous(SC), IntraMuscular(IM)
- 2) Regimen: 3, 4, 6, 8, 9, 12wk evaluation
- 3) Dose: Select RP2D (recommended Ph2 dose) through dose escalation evaluation up to 100-fold

▪ Combo with PD-1 inhibitor

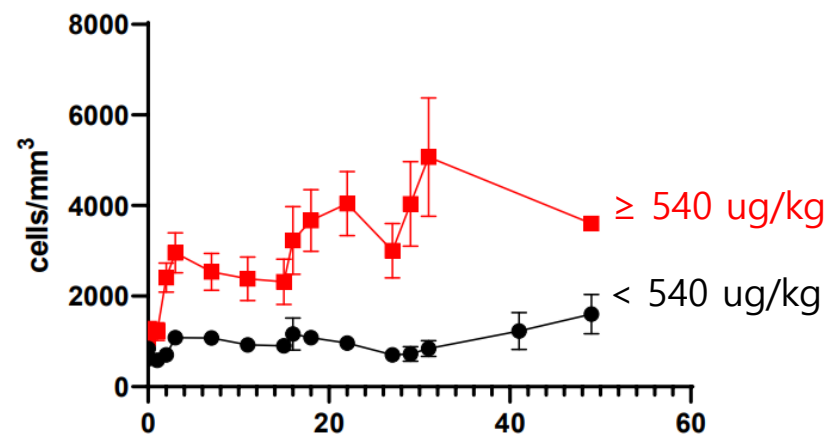
IntraMuscular(IM), 6wk duration, 1,200ug/kg

Dose Escalation (ug/kg)



▪ Absolute Lymphocyte Count

(SITC 2021, NIT-107)



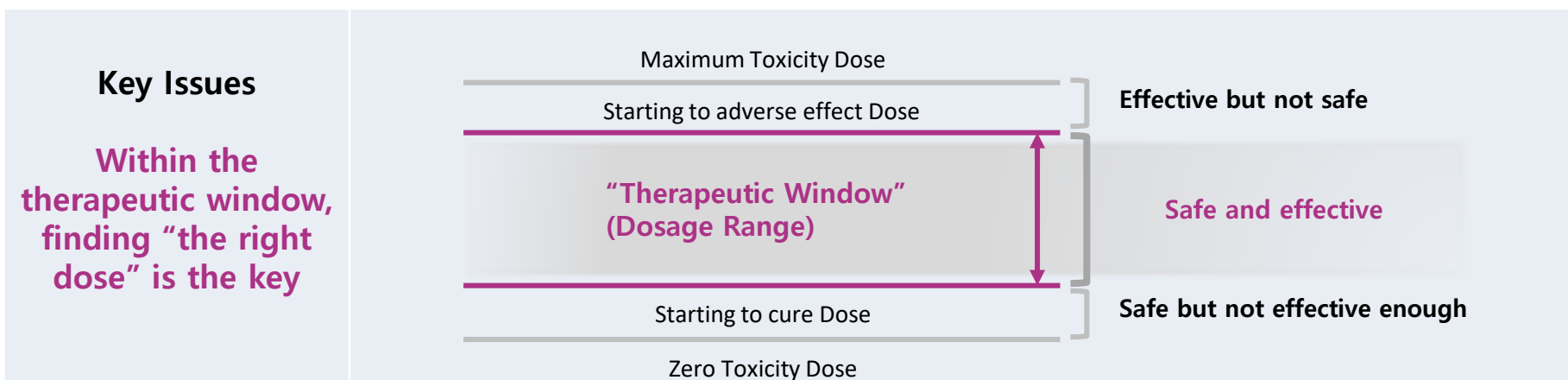
Appendix 2. Dose finding

In the process of novel drug development, it is very important to find the **optimal dose/regime** that **reduces risk and maximizes efficacy** within the therapeutic window that reflects the characteristics of the new drug

NT-I7 (IL-7)	
Substance Type	Bio drug
Classification of roles of immunology drugs	T cell amplifier

Third-party cases of side effects

No serious adverse events reported among known T cell amplification studies such as RevImmune, Genexine, and I-Mab



THANK YOU !

NEOIMMUNETECH

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