# BRINGING THE PROMISE OF CELL THERAPY TO LIFE

CHIMERIC THERAPEUTICS

Corporate Update
January, 2024

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CHIMERIC THERAPEUTICS

"We can now conclude that CAR-T cells can CURE patients with leukemia"

Dr Carl June, MD
Richard W. Vague Professor in Immunotherapy
Director of the Center for Cellular Immunotherapies at the Perelman School of Medicine


# CHIMERIC THERAPEUTICS (ASX: CHM)

## CORPORATE PROFILE

### Market Information

| | |
|---|---|
| Share Price (AUD) (January 17, 2024) | $0.029 |
| 52 Week Range (AUD) | $0.025-$0.086 |
| Shares on Issue | 727 M |
| Market Cap (AUD) (January 17, 2024) | ~$21M |
| Current Approximate Cash Position (AUD) | ~$15M (Including R&D rebate, Lind Placement and Entitlement Offer Receipts as announced in January 2024) |

CHIMERIC THERAPEUTICS

# Bringing the Promise of Cell Therapy to Life

## 2 CLINICAL TRIALS WITH POSITIVE PHASE 1 RESULTS

- Positive CHM 1101 Phase 1A data in Recurrent Brain Cancer
- Positive CHM 0201 Phase 1A data in Acute Myeloid Leukemia and Advanced Colorectal Cancer
- Areas of high unmet medical need

## ADVANCING CLINICAL DEVELOPMENT

- 4 clinical trials in solid tumours and blood cancers in 2024
- Multiple clinical catalysts in the next 12-18 months

## EXPERIENCE AND EXPERTISE

- Industry leading team of experienced cell therapy experts
- Proven development and commercialization expertise

# KEY CLINICAL CATALYSTS
## ACROSS THE 3 PLATFORM TECHNOLOGIES

| | 2023 Clinical Achievements | 2024 Clinical Milestones |
|---|---|---|
| **CHM 1101 (CLTX CAR T)** | • Ph. 1A Dose Escalation Complete in GBM<br>• Ph. 1A Positive Preliminary Data in GBM<br>• Ph. 1B 1st Patient Treated in GBM | • Ph. 1B Dose Expansion Initiation in GBM<br>• Ph. 1B Preliminary Dose Expansion Data |
| **CHM 2101 (CDH17 CAR T)** | • FDA IND Clearance for Ph. 1A Basket Trial in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumors | • Ph. 1A Basket Trial Initiation<br>• Ph. 1A Preliminary Dose Escalation Data |
| **CHM 0201 (CORE NK)** | • Ph. 1B ADVENT AML Trial Initiation<br>• Ph. 1B CHM 0201 + Vactosertib 1st Patient Treated | • Ph. 1B ADVENT AML 1st Patient Treated<br>• Ph. 1B ADVENT AML Dose Confirmation Cohort Completed<br>• Phase 1B ADVENT AML Preliminary Data |

# CHIMERIC: 3 NOVEL PLATFORM TECHNOLOGIES

## CHM 1101
(CLTX CAR T)

**2020**

First in class CLTX CAR T for brain cancer and other solid tumours

Positive Phase 1A Clinical Trial in Recurrent Glioblastoma

Ongoing Phase 1B Clinical Trial in Recurrent Glioblastoma

City of Hope®

## CHM 2101
(CDH17 CAR T)

**2021**

First in class CDH17 CAR T for gastrointestinal cancers

FDA IND clearance Nov 23

Phase 1A Clinical Trial in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumours

Penn
University of Pennsylvania

## CHM 0201
(CORE NK)

**2022**

Potentially best in class NK cell platform for blood cancers and solid tumours

Positive Phase 1A Clinical Trial in Colorectal Cancer and AML

Ongoing Phase 1B Clinical Trial at MDACC in AML

Phase 1B Clinical Trial at CWRU in AML/ Colorectal Cancer

Case Western Reserve University EST. 1826

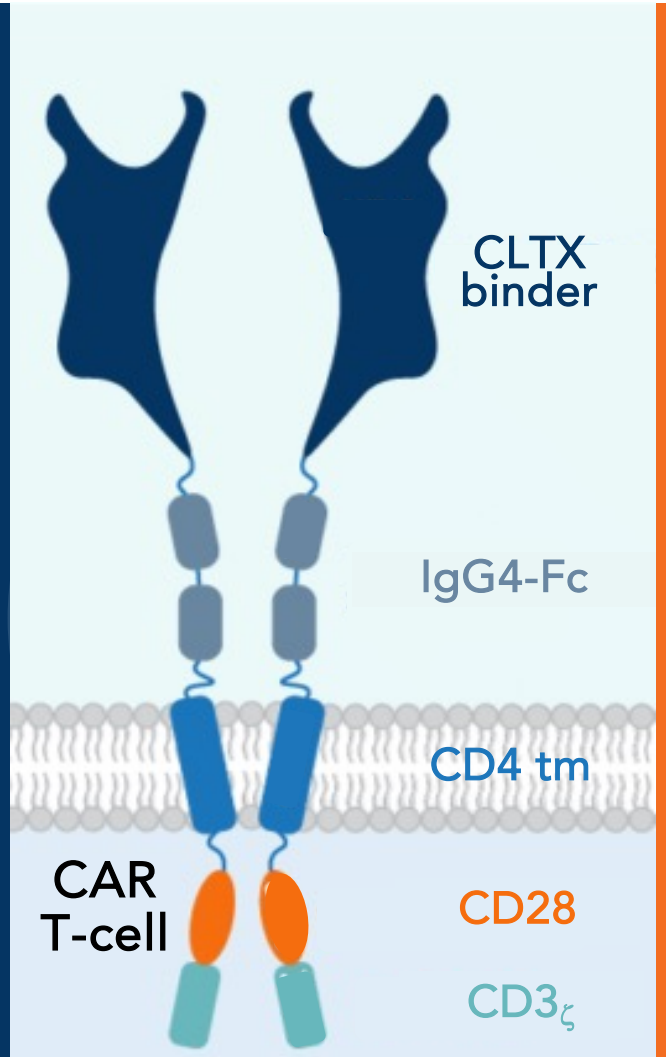
# CHM 1101 (CLTX CAR T)

## FIRST IN CLASS CAR T OPTIMIZED FOR SOLID TUMORS



### NOVEL TARGET

- ✓ First in class Chlorotoxin (CLTX) binder targets MMP2
- ✓ MMP2 is a biologically relevant target, contributing to metastasis and tumor cell survival
- ✓ High MMP2 target frequency (70%+) across a broad range of solid tumors
- ✓ Selective tumor binding and established safety from diagnostic utilization




### OPTIMIZED CONSTRUCT

- ✓ Novel, natural toxin Chlorotoxin (CLTX) binder with a compact, stable, peptide structure
- ✓ Optimized hinge and costimulatory domains selected to maximize potency and minimize exhaustion
- ✓ Construct tailored to promote immune synapse formation
- ✓ Designed to overcome solid tumor challenges with a manufacturing process that enriches for Tn/ mem cells

# POSITIVE PHASE 1A CLINICAL DATA IN RECURRENT, LATE-STAGE BRAIN CANCER



## DISEASE CONTROL RATE

**55%**

Disease Control Rate (DCR) in heavily pretreated patients

Exceeding historical disease control rates of 20-37%[1]

## SURVIVAL

**~10 months**

Median survival in patients that achieved disease control

**14+ months**

Survival in two patients that achieved disease control

~7 month survival expectation after first recurrence[2]

## SAFETY

**Generally, well tolerated**

- **No Dose Limiting Toxicities**
- **No Cytokine Release Syndrome**
- **No Tumour Lysis Syndrome**


1. *1. Temozolomide DCR: = 37% Ref: DOI:10.1200/JCO.2009.26.5520 Journal of Clinical Oncology 28, no. 12 (April 20, 2010) 2051-2057; Lomustine DCR: 20% The Lancet Oncology: Volume 20, Issue 1, 1-164, 65*
2. *2. Gallego O. Nonsurgical treatment of recurrent glioblastoma. Curr Oncol. 2015 Aug;22(4):e273-81.*

# HOW IS GLIOBLASTOMA (GBM) TREATED TODAY?

## TREATMENT BECOMES MORE CHALLENGING AS THE DISEASE PROGRESSES

Treatment in front line is the standard of care combination of surgery, radiation and temozolomide.

Patients are generally expected to progress or recur after 7-8 months[1]

PROGRESSION OR DISEASE RECURRENCE

Treatment in subsequent lines of therapy becomes progressively more difficult with reduced survival expectations.

On initiation of 2nd line therapy, expected survival is approximately 7 months[2]

DIAGNOSIS

**1st LINE THERAPY**

**STANDARD OF CARE**

**Surgery + Radiation + Temozolomide**

**2nd Line Therapy** | **3rd Line Therapy** | **4th Line Therapy** | **5th Line Therapy**

**NO STANDARD OF CARE**


**Glioblastoma Survival Expectation= ~ 15 Months**



1. Jeffree R (2020) Australian Journal of General Practice. Volume 49, Issue 4, April 2020. 2. *Gallego O. Nonsurgical treatment of recurrent glioblastoma. Curr Oncol. 2015 Aug;22(4):e273-81*

# CHM 1101 PHASE 1A PATIENT DEMOGRAPHICS
## TREATING 4TH LINE PATIENTS

**46%**

of patients received CHM 1101 as 4th line therapy

### CHM 1101 Patients

| 2nd Line Therapy | 3rd Line Therapy | 4th Line Therapy | 5th Line Therapy |
|---|---|---|---|
| 0% | 36% | 46% | 18% |

Approved therapies in recurrent Glioblastoma treated 2nd line patients

| | | |
|---|---|---|
| Age | Median<br>Range | 57 years<br>37-73 years |
| Sex | Male<br>Female | 55%<br>45% |
| Race | Caucasian<br>Black<br>Asian<br>Hispanic | 73%<br>9%<br>9%<br>9% |
| # of Prior Surgeries | 0<br>1<br>2<br>3 | 18%<br>36%<br>36%<br>9% |
| Pathology | Grade 4 Glioblastoma<br>Grade 4 Astrocytoma | 91%<br>9% |
| IDH | Wild type<br>Mutant | 91%<br>9% |

# CHM 1101 RESULTS IN CONTEXT

## 55% DISEASE CONTROL IN LATE LINE PATIENTS



| Gleostine® (lomustine) Capsules | CHIMERIC THERAPEUTICS | Temodal® temozolomide |
|---|---|---|
| **2nd Line** Treatment[1] | CHM 1101 **4th Line** Treatment | **2nd Line** Treatment[2] |
| **20%** Disease Control[1] | **55%** Disease Control | **37%** Disease Control[2] |

CHM 1101 was studied in median 4th line patients and demonstrated a Disease Control Rate (DCR) higher than NCCN approved and recommended therapies studied in 2nd line



1. The Lancet Oncology: Volume 20, Issue 1, 1-164, e1-e65
2. *Journal of Clinical Oncology 28, no. 12 (April 20, 2010) 2051-2057*

# SURVIVAL EXPECTATIONS FOR PATIENTS WITH RECURRENT GBM

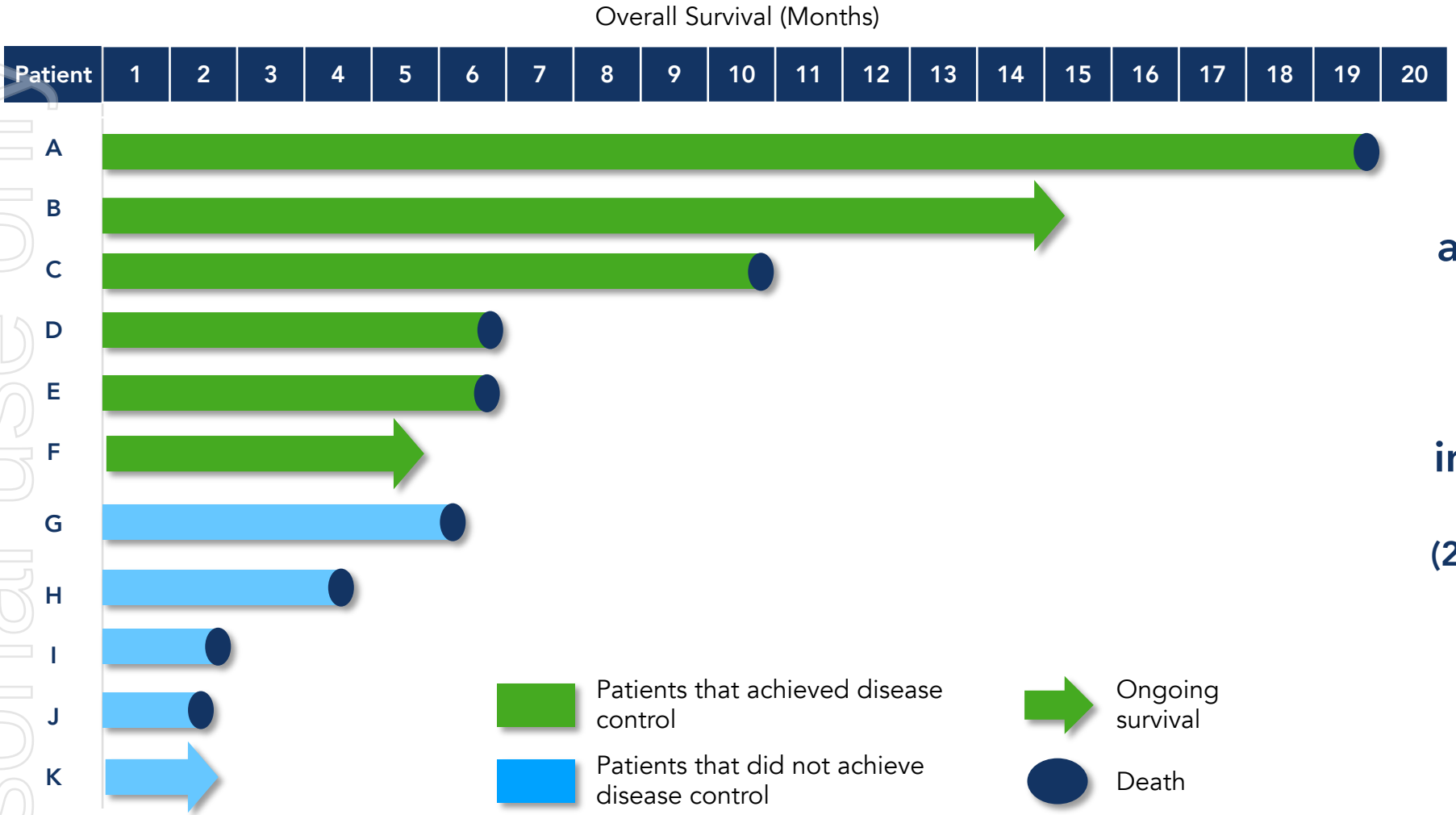
| | Therapy | Line of Therapy | Overall Survival |
|---|---|---|---|
| APPROVED THERAPIES | SURGERY | 2nd Line[1] | 5.75 months[1] |
| | TUMOUR TREATING FIELDS | 3rd Line[2] | 6.6 months[2] |
| | BEVACIZUMAB | 2nd Line[3] | 7.75 months[3] |
| | TEMOZOLOMIDE | 2nd Line[4] | 3.7 months[4] |
| INVESTIGATIONAL THERAPIES | REGORAFENIB | 2nd Line[5] | 6.5 months[5] |
| | GALUNISERTIB + LOMUSTINE | 2nd Line[6] | 6.7 months[6] |

**~7 months** survival demonstrated from first recurrence with approved and investigational therapies


1. Curr Oncol. 2015 Aug;22(4):e273-81
2. Eur J Cancer. 2012 Sep;48(14):2192-202.
3. Journal of Clinical Oncology, 2009. 27(5): p. 740-5
4. Curr Oncol. 2015 Aug;22(4):e273-81
5. *Lancet Oncol.* 2019, *20*, 110–119
6. *Neuro-Oncology*, Volume 18, Issue 8, August 2016, Pages 1146–1156

# CHM 1101 PHASE 1A SURVIVAL

## ~10 MONTH SURVIVAL IN PATIENTS WHO ACHIEVED DISEASE CONTROL




**14+ months**

**In two patients who achieved disease control**

**9.9 months**

**Median overall survival in patients who achieved disease control**

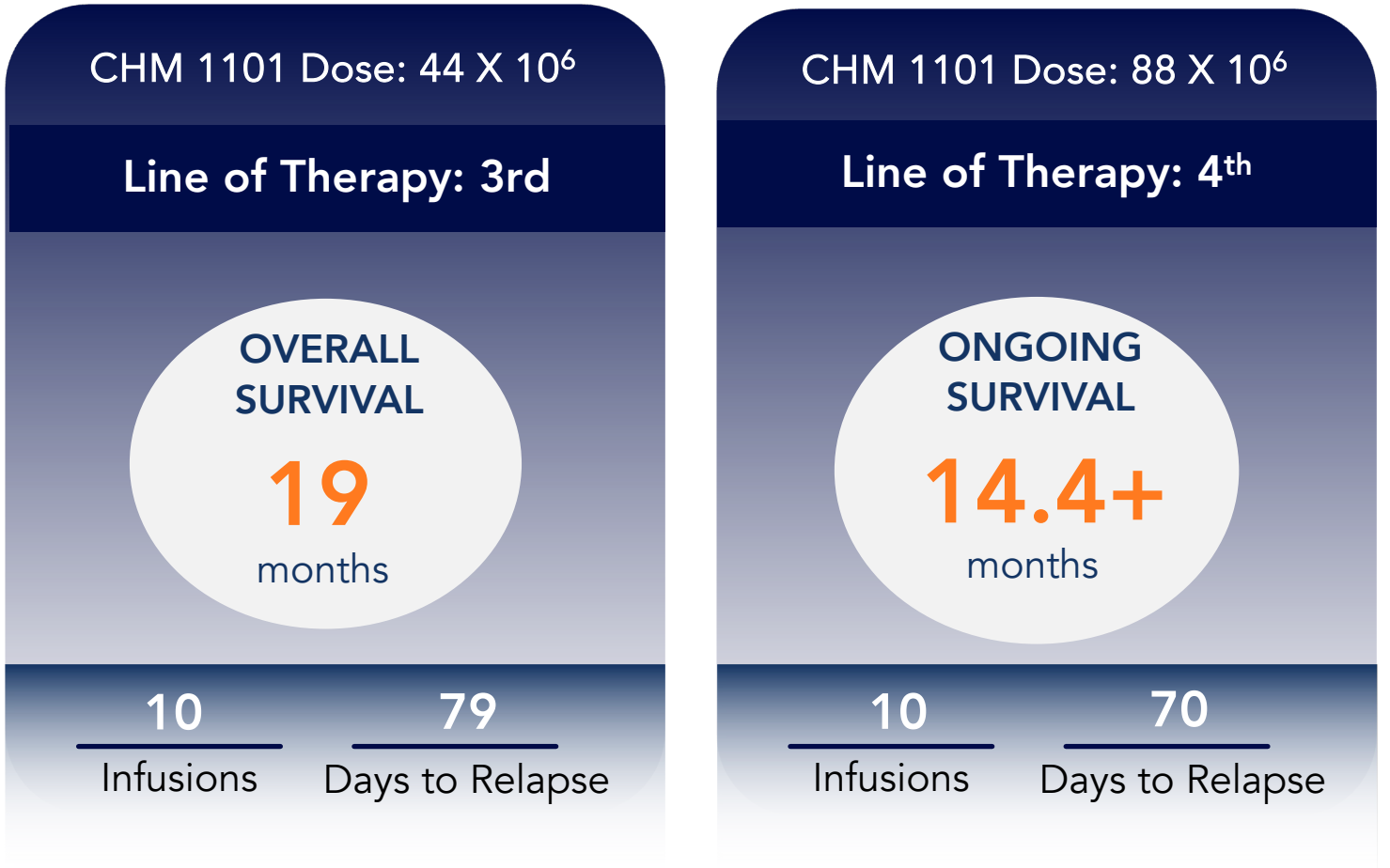
**(2 patients alive and in ongoing follow up)**

**2.6 months**

**Median survival in patients that did not respond**

# CHM 1101 PHASE 1A

## PATIENTS WITH LONG TERM (14+ MONTHS) SURVIVAL



# CHM 1101 PHASE 1A SAFETY

## A MANAGEABLE SAFETY PROFILE AT ALL DOSE LEVELS




**Grade 3 (serious) non-hematological events were not considered treatment related:**

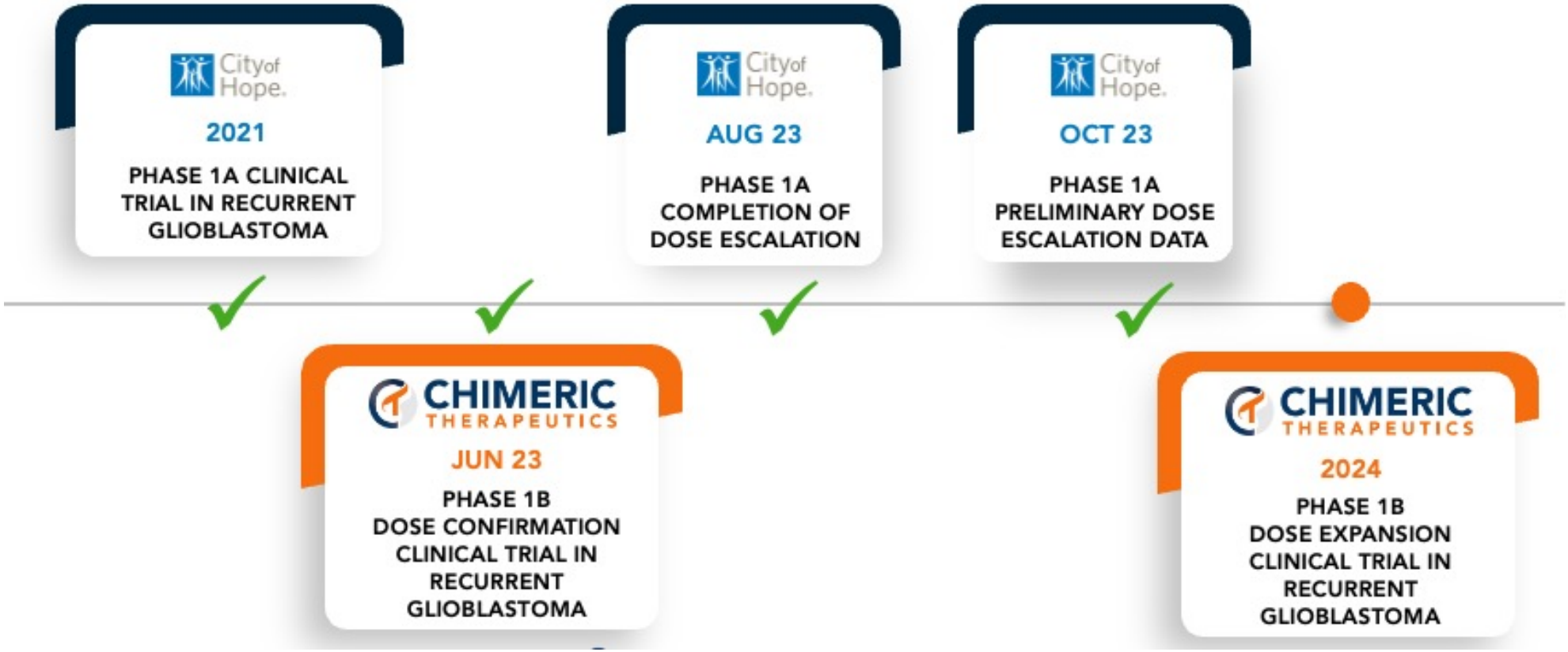
- Cerebral Edema X3*
- Adrenal Insufficiency*
- Headache*
- Confusion*
- Syncope
- Fatigue
- Ataxia

*associated with GBM disease progression

# CHM 1101 NEXT STEPS

## ADVANCING IN PHASE 1B CLINICAL DEVELOPMENT

**Based upon the safety and efficacy signal demonstrated in the Phase 1A City of Hope clinical trial, CHM 1101 will advance to Dose Expansion in the Chimeric Phase 1B Clinical Trial in 2024**



# CHM 1101 SUMMARY

## POSITIVE PHASE 1A DATA IN LATE STAGE GLIOBLASTOMA

- ✓ 4th line, difficult to treat patients
- ✓ 55% Disease Control Rate
- ✓ ~10 months survival for patients that achieved disease control
- ✓ Two patients with survival beyond 14 months
- ✓ Manageable safety profile at all dose levels

## ADVANCING TO PHASE 1B DOSE EXPANSION

- ✓ Phase 1B recruiting at Sarah Cannon Research Institute

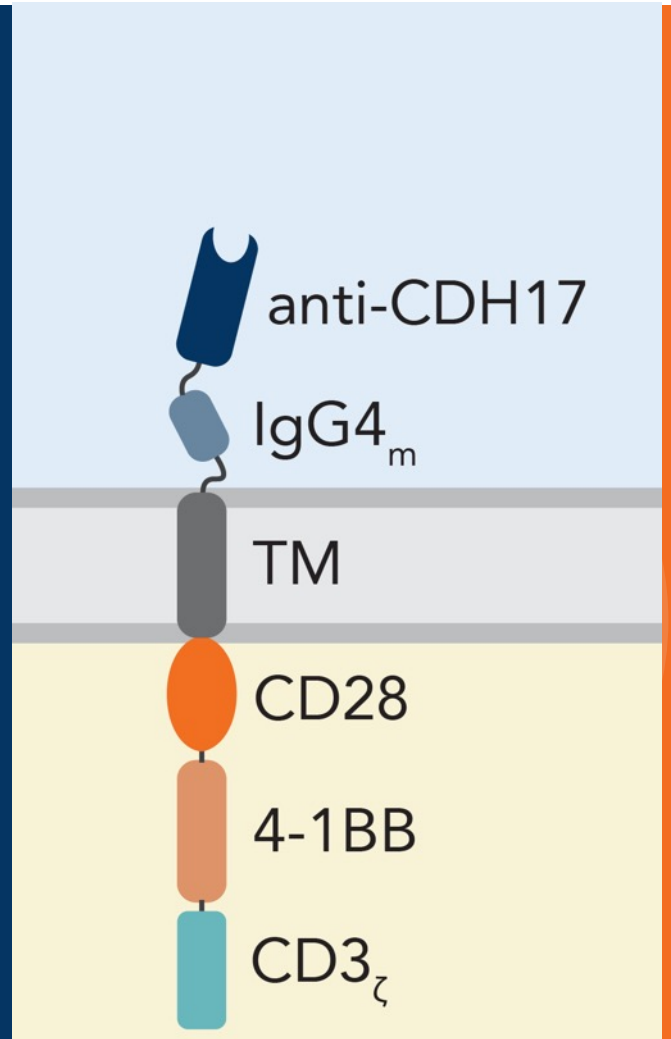
# CHM 2101 (CLTX CAR T)

## FIRST IN CLASS CAR T DESIGNED FOR GI CANCERS



### NOVEL TARGET

- ✓ First in class anti- Cadherin-17 (CDH17) binder
- ✓ CDH17 is a biologically relevant target, contributing to metastasis and tumor cell survival
- ✓ High CDH17 expression rate in GI cancers; ≥ 95% in lead indications, ≥ 50-65% in other tumors
- ✓ Masked from CAR T recognition on normal cells, CDH17 expression pattern allows selective targeting of tumors by CHM 2101



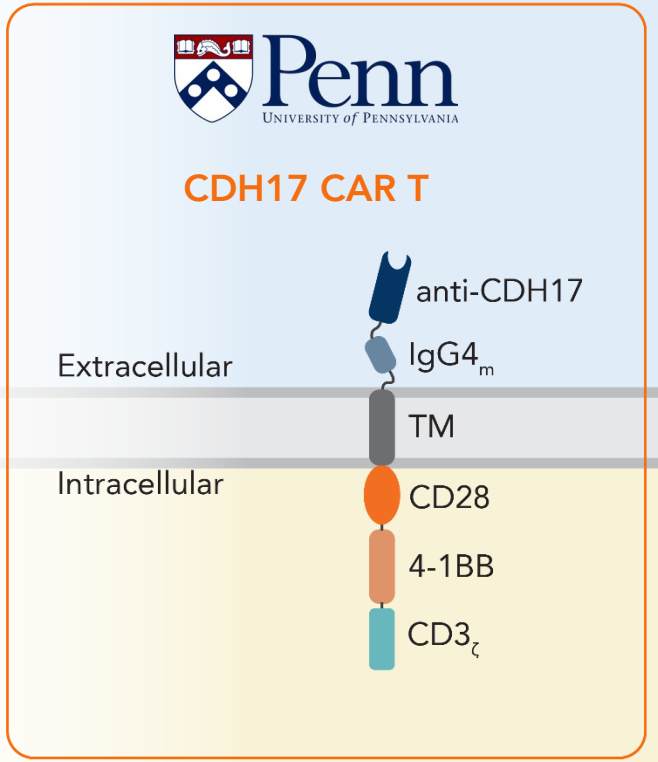

### OPTIMIZED CONSTRUCT

- ✓ Single domain VHH antibody binder with high affinity for human CDH17
- ✓ Highly compact, stable VHH antibodies less prone to aggregation than scFvs enabling complete tumor eradication while sparing normal tissues
- ✓ Superior 3rd Generation CAR designed for solid tumors with dual CD28 and 4-1BB costimulatory domains
- ✓ Hinge domain empirically selected for maximum potency and length adjusted to tighten immune synapse for target engagement

# CHM 2101: FDA IND CLEARANCE

## A FIRST-IN-CLASS 3RD GENERATION CAR T FOR GASTROINTESTINAL TUMOURS

- FDA clearance for Chimeric IND for a Phase 1/ 2 clinical program in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumours
- First-in-class CAR T cell therapy licenses from world renowned cell therapy center, the University of Pennsylvania after a decade of optimization
- Broad applicability of the CDH17 CAR T to address unmet medical needs in gastrointestinal (GI) cancers
- Clinical trial to be initiated in 2024 at leading US institutions

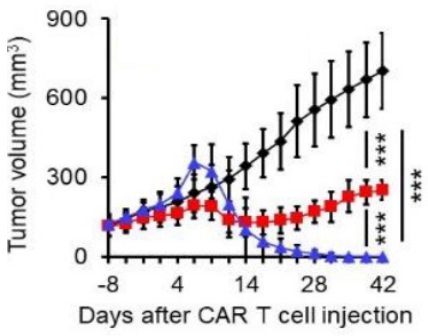


# CHM 2101 (CDH17 CAR T)

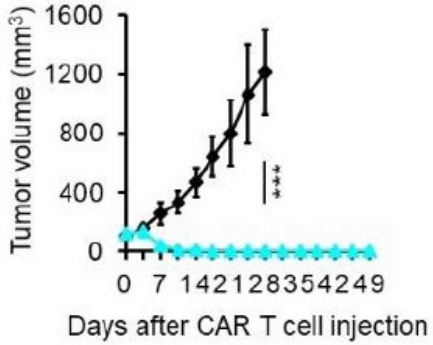
## POTENT IN VIVO EFFICACY

**CHM 1101 induced complete eradication of tumours with no relapse in seven mouse xenograft tumour models**

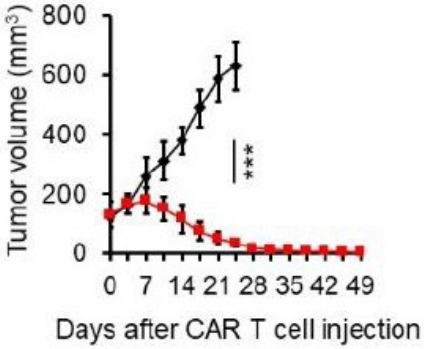
### Neuroendocrine Tumours



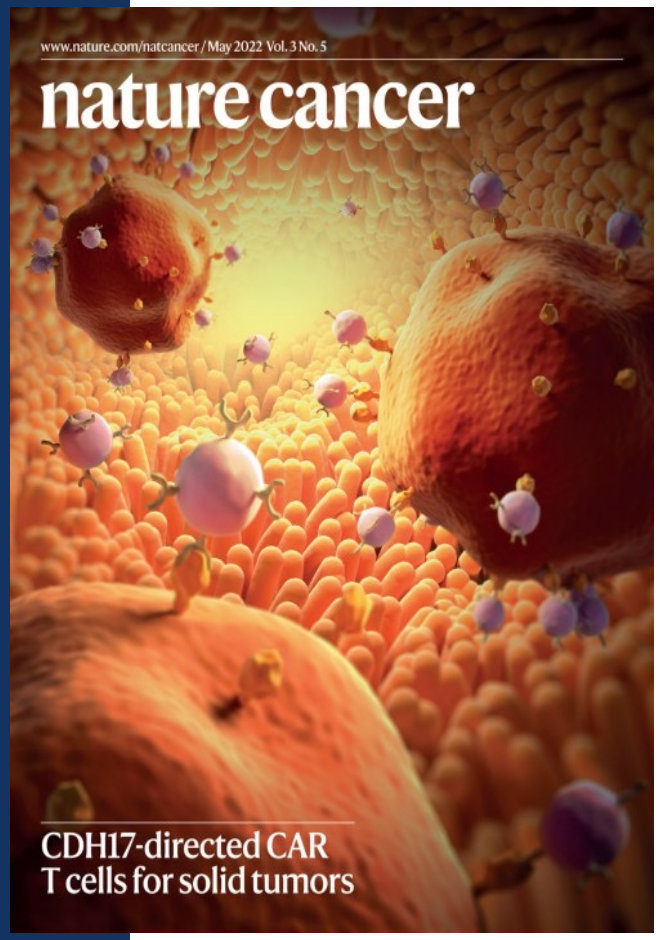

### Gastric Cancer




### Pancreatic Cancer




Source: Feng et al., Nature Cancer, 2022



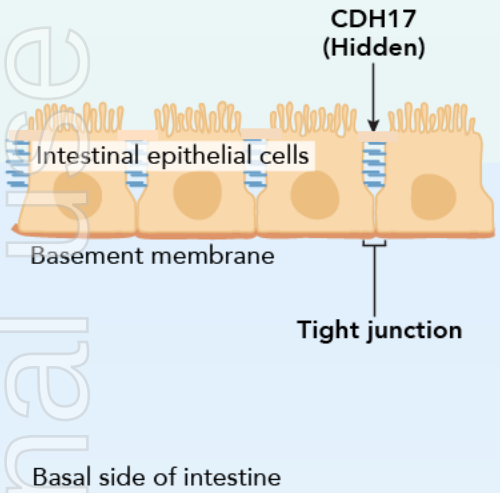

Penn
University of Pennsylvania

# CHM 2101 (CDH17 CAR T)

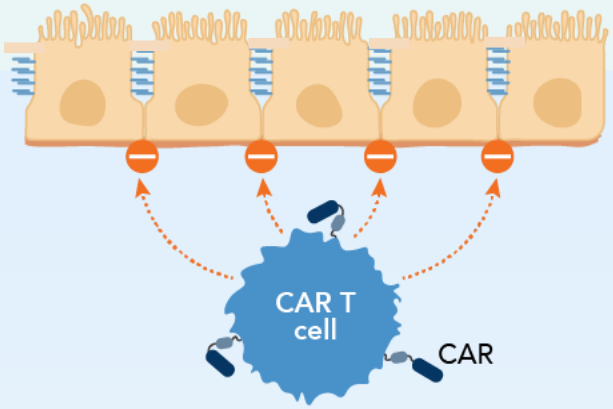
## CAR T CELLS UNABLE TO ACCESS NORMAL CELLS DUE TO TIGHT JUNCTIONS

### Normal Cells

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

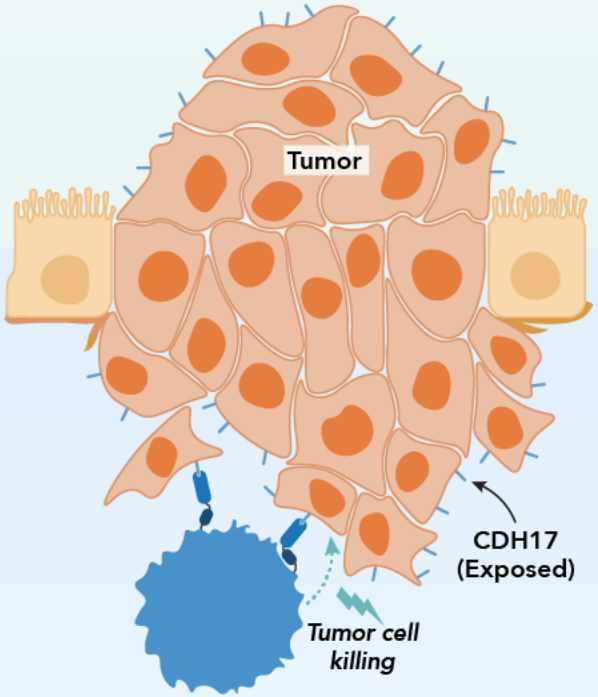



The tight junctions between epithelial cells are thought to **prevent CAR T cells from accessing CDH17 on normal intestinal epithelial cells..**




### Cancer Cells

In cancer, loss of cell polarity causes CDH17 to be exposed on the tumor cell surface, enabling **CAR T cells to engage and kill tumor cells.**

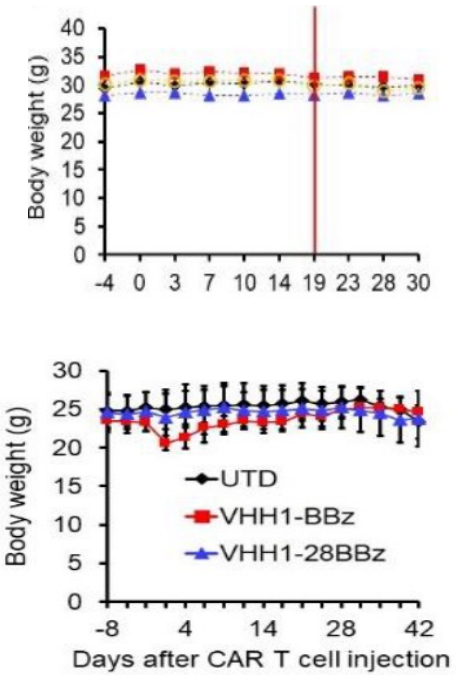


# CHM 2101: SAFETY IN PRECLINICAL MODELS

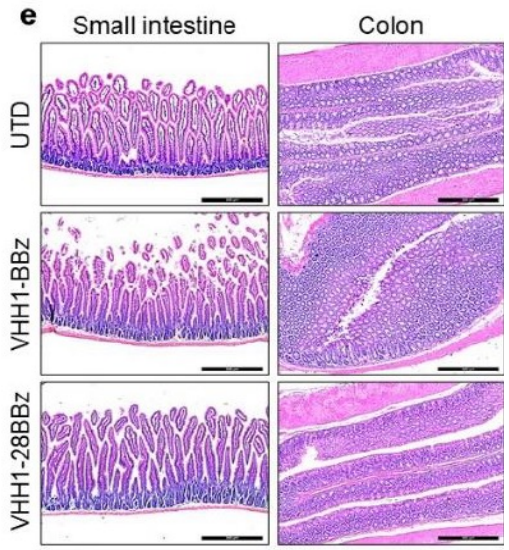
## DESPITE BROAD EXPRESSION OF CDH17 ON NORMAL INTESTINE, MICE TREATED WITH CHM 2101 DEMONSTARTED NO TREATMENT RELATED TOXICITY



### No body weight loss

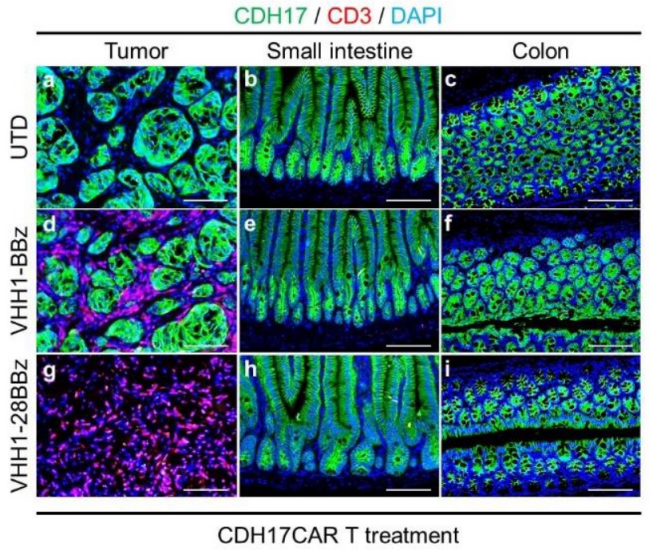



### No damage to normal tissue




No tissue damage was also observed for stomach, pancreas, heart, liver, and kidney.

### No infiltration of normal intestine by CHM 2101 cells






Source: Feng et al., Nature Cancer, 2022

# CHM 2101 (CDH17 CAR T)

## PHASE 1A CLINICAL TRIAL IN RELAPSE / REFRACTORY GI CANCERS

Accelerated development through a Phase 1A basket trial design with patient eligibility in 3 tumour types

- Colorectal Cancer
- Neuroendocrine Tumours
- Gastric Cancer

- 450 x $10^6$
- 150 x $10^6$
- 50 x $10^6$

DOSE ESCALATION

Upon signal confirmation, dose confirmation and expansion in tumour specific cohorts

Tumour Specific Dose Confirmation → Tumour Specific Dose Expansion

# CHM 0201



## BEST-IN-CLASS NK CELL FOUNDATION



A **platform technology** that can be leveraged to develop multiple new therapies

Broad applicability across **10+ disease areas** including blood cancers and solid tumours

**Encouraging Phase 1A Clinical Trial Results** across multiple key endpoints in Acute Myeloid Leukemia and Colorectal Cancer

# CHM 0201: COMPLETED PHASE 1A

## ENCOURAGING CLINICAL OUTCOMES WITH A 24+ MONTH ONGOING COMPLETE RESPONSE

| ✓ SAFETY | ✓ PERSISTENCE | ✓ EXPANSION | ✓ SOLID TUMOUR EFFICACY | ✓ BLOOD CANCER EFFICACY |
|---|---|---|---|---|
| ESTABLISHED SAFETY *and* NO GVHD WITH UNIVERSAL DONOR CELLS | 28 DAY PERSISTENCE OF CELLS | LARGE SCALE MANUFACT-URING SUCCESS FROM A SINGLE DONOR | **33%** DISEASE CONTROL RATE IN SOLID TUMOURS | **100%** DISEASE CONTROL RATE IN BLOOD CANCERS |

**PATIENT #8**
**24+ MONTH ONGOING COMPLETE RESPONSE IN AML**
with therapy related High-Risk MDS

- **CHM 0201 INFUSION**
- **DAY 28: STABLE DISEASE**
- **DAY 100: COMPLETE RESPONSE**
- **24+ MONTH ONGOING COMPLETE RESPONSE**



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# CHM 0201 for BLOOD CANCERS AND SOLID TUMOURS

## ADVANCING NOVEL PHASE 1B CLINICAL COMBINATIONS



### CHM 0201 + VACTO Phase 1B

**ENROLLMENT CURRENTLY PAUSED DUE TO STAFF RESOURCING**

Acute Myeloid Leukemia and Colorectal Cancer

First Study to Investigate NK Cells + Vactosertib

Case Western Reserve University EST. 1826

### CHM 0201 + AZA/VEN Phase 1B

**ONGOING ENROLLMENT**

FDA IND Clearance

Acute Myeloid Leukemia

First NK Combination Study in Front Line AML

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

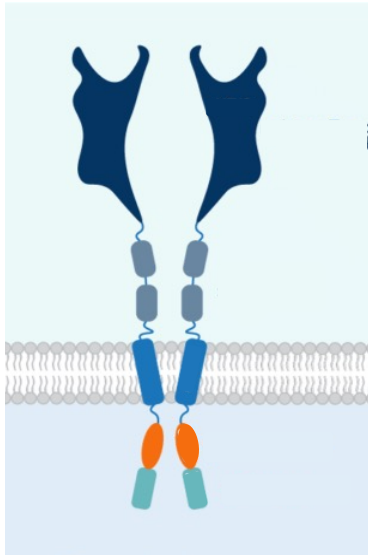
# CHM 1301: CLTX CAR NK DEVELOPMENT

## LEVERAGING PORTFOLIO SYNERGIES TO BUILD UPON A  A BEST-IN-CLASS NK CELL FOUNDATION

**CHM 0201**
(CORE NK)

+

**CHM 1101**
(CLTX CAR T)



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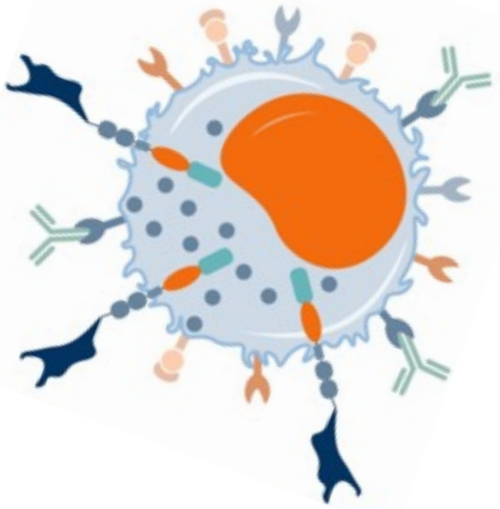
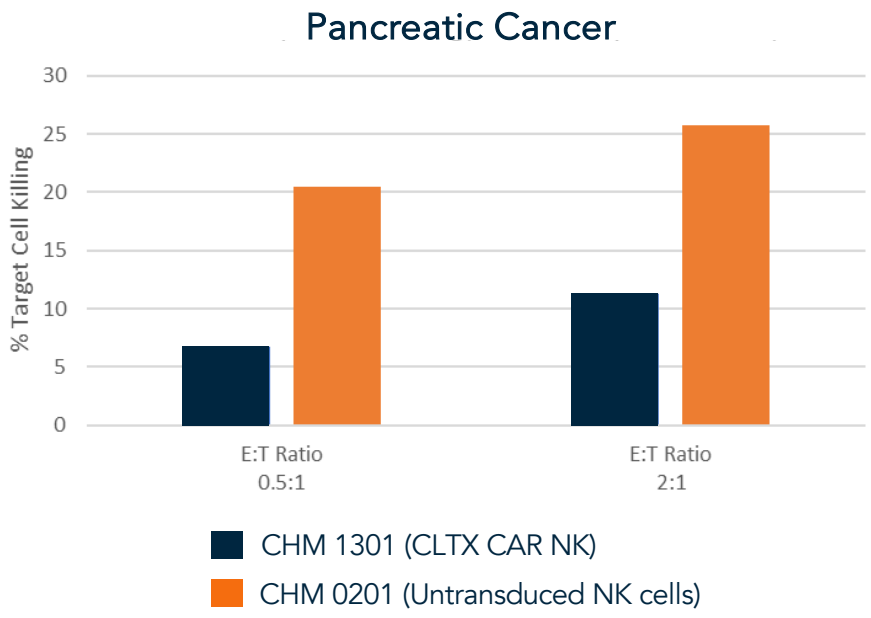
**CHM 1301**
(CLTX CAR NK)

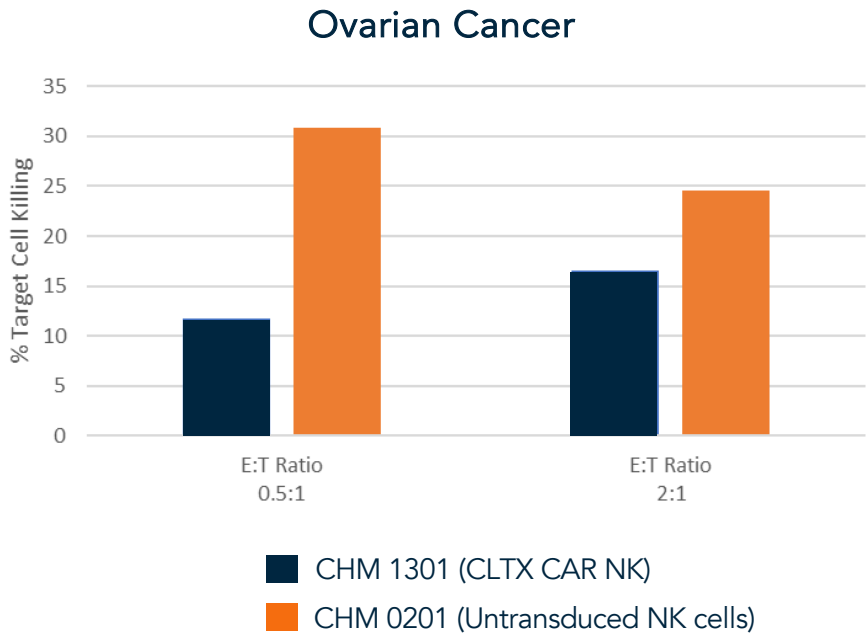


# CHM 1301: CLTX CAR NK

## UP TO 300% ENHANCED CELL KILLING IN TWO NEW TUMOUR TYPES

CHM 1301 demonstrated ~2-3x increased potency against Ovarian and Pancreatic cancer cells when compared to CHM 0201



# CHIMERICTHERAPEUTICS

# VALUE PROPOSITION FOR INVESTORS



## 1.

### ADVANCED, UNDERVALUED PORTFOLIO

Chimeric's pipeline and portfolio are highly undervalued in relation to other cell therapy companies

## 2.

### ADVANCING DEVELOPMENT TO VALUE REALIZATION

Chimeric's assets are entering Phase 1B, where big pharma M&A is now focused

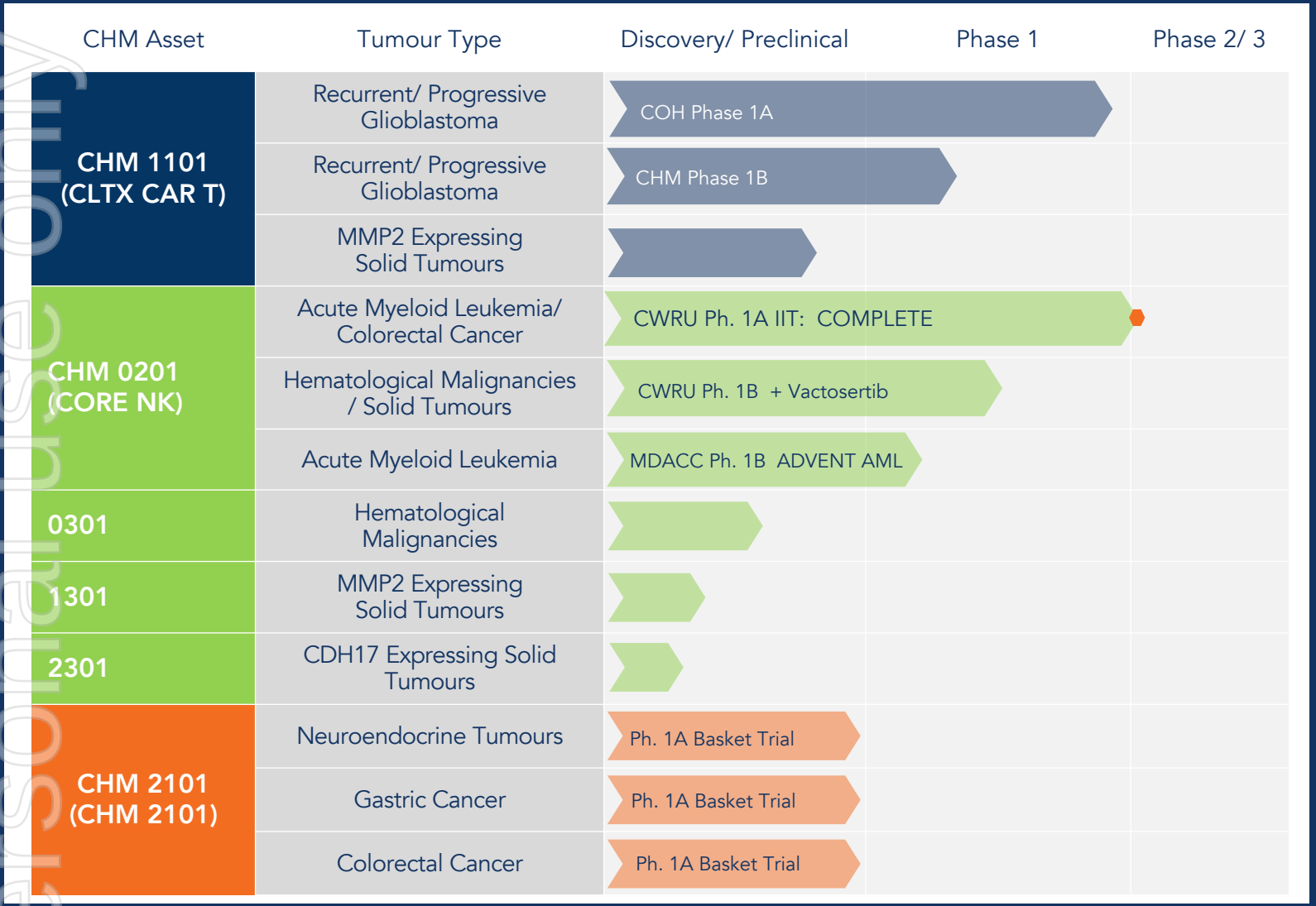
## 3.

### NAVIGATING THE CHALLENGES

Chimeric is responding to todays biotech environment with program prioritization, cash preservation and business development

# 1. ADVANCED, UNDERVALUED PORTFOLIO

## Chimeric has an industry leading cell therapy portfolio with novel technology platforms in clinical stage development




**3**

**Novel technology platforms**

**2**

**Assets with positive clinical data**

**4**

**Ongoing clinical trials**

MDACC: MD Anderson Cancer Centre/ COH: City of Hope / CWRU: Case Western Reserve University

# CHIMERIC: INNOVATION UNDERVALUED IN TODAYS MARKET

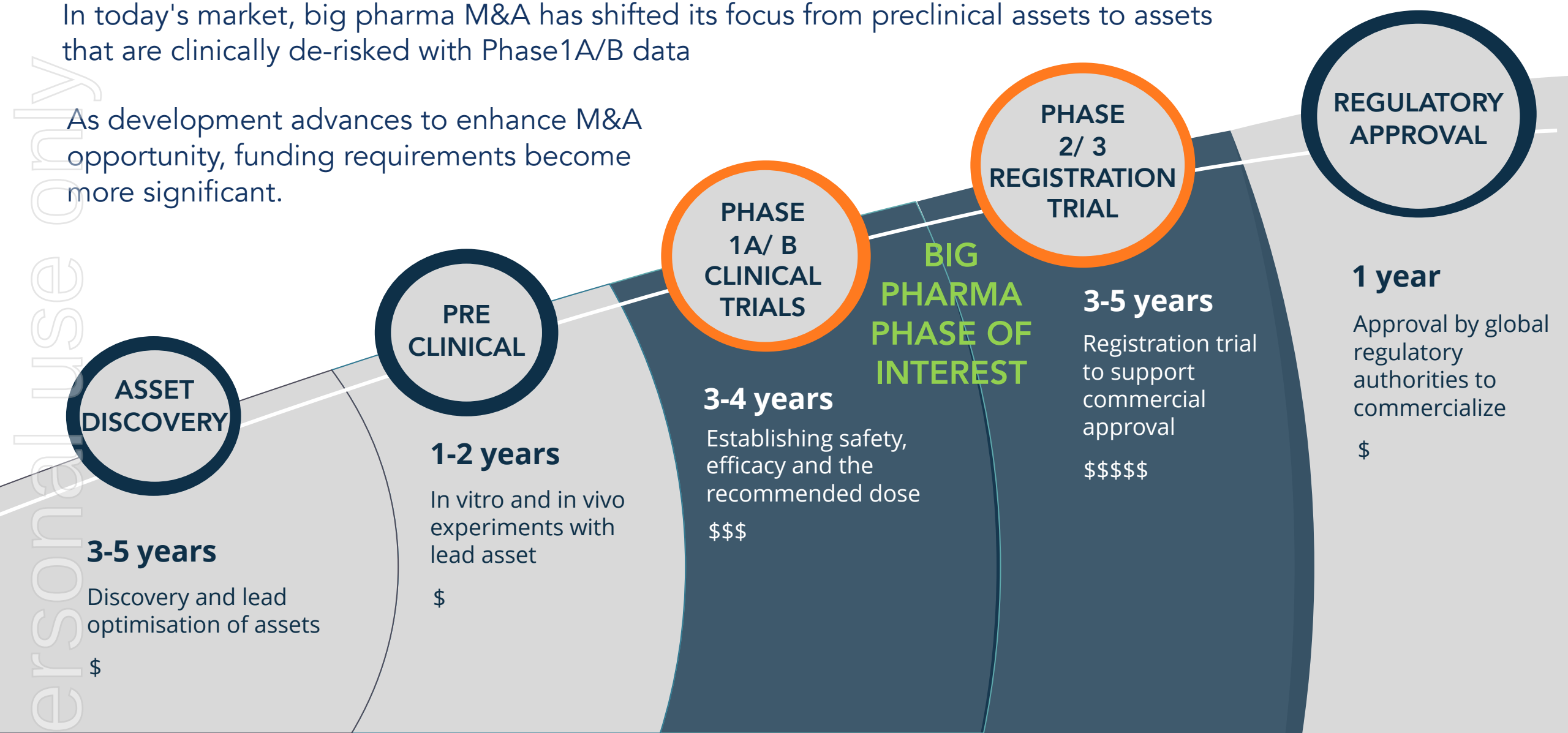
| | CHIMERIC THERAPEUTICS | arovella THERAPEUTICS | Prescient Therapeutics<br>Cell Therapy Pipeline Only | carina biotech |
|---|---|---|---|---|
| Assets with Positive Clinical Data | 2 | No Clinical Data | No Clinical Data | No Clinical Data |
| Enrolling Clinical Trials | 4 | No Clinical Trials | No Clinical Trials | 1 |
| Patients Treated | 25+ | No Patients Treated | No Patients Treated | 1 |
| FDA IND's | 6 | No FDA IND's | No FDA IND's | 1 |
| Share Price/ Market Cap. | 0.033 / $24M<br>As of Jan. 8/ 2024 | 0.125 / $114M<br>As of Jan. 8/ 2024 | 0.061/ $49M<br>As of Jan. 8/ 2024 | Private / $41M Valuation |

# VALUE REALIZATION OPPORTUNITY FOCUSES ON PHASE 1B/ 2

## CHIMERIC IS ADVANCING DEVELOPMENT TO BIG PHARMA'S FOCUS

In today's market, big pharma M&A has shifted its focus from preclinical assets to assets that are clinically de-risked with Phase1A/B data

As development advances to enhance M&A opportunity, funding requirements become more significant.



# 2. VALUE REALIZATION OPPORTUNITY FOCUSES ON PHASE 1B/ 2

## RECENT M&A HIGHLIGHTS BIG PHARMA'S FOCUS ON CLINICALLY DE-RISKED ASSETS

| Date | Acquirer / Investor | Licensee | Phase of Development | Total Deal Value |
|---|---|---|---|---|
| August 2023 | astellas | POSEIDA THERAPEUTICS | 1B | $50M USD (equity investment) |
| July 2023 | Pfizer | CARIBOU BIOSCIENCES | 1B | $25M (equity investment) |
| May 2023 | janssen PHARMACEUTICAL COMPANIES OF Johnson & Johnson | CBMG Cellular Biomedicine Group | 1B / 2 | $245M USD+ |
| October 2022 | GILEAD | ARCELLX | 2 | $225 USD |

# 3. NAVIGATING THE CHALLENGES

To enable clinical advancement, Chimeric has responded to the challenges of todays market with program prioritization and cash preservation while creating value through business development

# CHIMERIC LEADERSHIP TEAM

## GLOBAL EXPERTS IN CELL THERAPY DEVELOPMENT & COMMERCIALIZATION

**EXPERIENCE**

60+ Years of Cell Therapy Experience

**EXPERTISE**

25+ Development Programs

**PROVEN**

4/5 Of the FDA Approved CAR T Cell Therapies

**Jennifer CHOW**
Chief Executive Officer

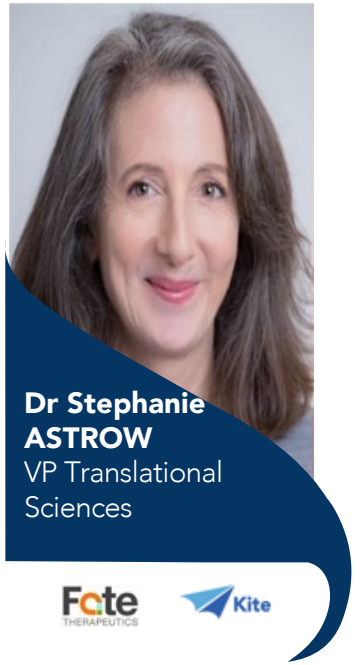
Kite · Celgene · Roche

**Dr Eliot BOURK**
Chief Business Officer

Kite · Celgene · deallus

**Dr Jason LITTEN**
Chief Medical Officer

artiva · JUNO THERAPEUTICS



**Dr Stephanie ASTROW**
VP Translational Sciences

Fate THERAPEUTICS · Kite

**Kelly THORNBURG**
Head Technical Operations

Kite · XBiotech · AMGEN

# CELLULAR IMMUNOTHERAPY SCIENTIFIC ADVISORY BOARD

## WORLD RENOWNED SCIENTISTS AND CLINICIANS


Chair of the Cellular Therapeutics Cross Disciplinary Group, Mayo Clinic

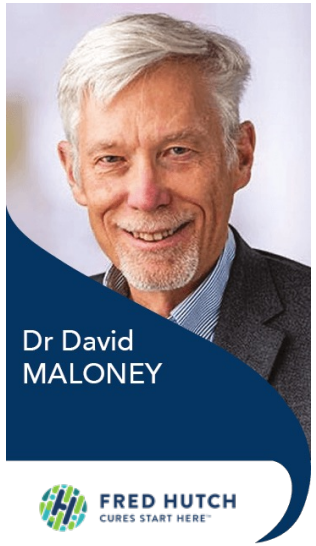
Dr Lin is a pioneer in cellular immunotherapy having participated in many of the first in human CAR T cell therapy trials and multiple Ph. 2 cellular immunotherapy clinical trials.


Director, the David and Etta Jones Center for Cellular Therapy, University of Chicago

Dr Bishop is a widely recognized as an expert in hematopoietic stem cell transplant and cellular therapy research and patient care, with a focus on leukemias and lymphomas.


Director of Translational Research, Immune Effector Cell Therapies
Dana-Farber Cancer Institute

Dr Smith specializes in Cellular immunotherapy and hematological malignancies with a focus in multiple myeloma.




Medical Director, Cellular Immunotherapy and the Bezos Family Immunotherapy Clinic
Fred Hutchinson Cancer Center

Dr Maloney has been a clinical investigator in over 15 cellular therapy clinical trials ranging from phase 1, first in human trials to commercially approved CAR T cell therapies.



# CHIMERIC THERAPEUTICS

- **POSITIVE CLINICAL DATA in GBM and AML**
  Two assets with positive Phase 1A clinical data
- **ADVANCING CLINICAL DEVELOPMENT**
  Four clinical trials in solid tumours and blood cancers in 2024
- **NEAR TERM MILESTONES**
  Multiple clinical catalysts in next 12-18 months
- **IMPACTFUL BUSINESS DEVELOPMENT**
  Collaborative clinical trials with limited CHM funding with success in securing non-dilutive funding
- **INDUSTRY LEADING TEAM**
  Experienced team with significant cell therapy development and commercialization expertise

# CONTACT INFORMATION

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CHIMERIC THERAPEUTICS

# APPENDIX.

# GLIOBLASTOMA (GBM)

## MOST COMMON AND DEADLY OF ALL PRIMARY BRAIN TUMOURS

### WHAT IS GLIOBLASTOMA (GBM)?

Glioblastomas (also called GBM) are cancerous grade 4 brain tumours

Glioblastomas are fast growing and the most common malignant primary brain tumour

### WHO GETS GBM?

~1000 new cases of GBM are diagnosed in AUS each year[1].

Average age at diagnosis is 62 years

Diagnosis is more common in males than females

### WHAT ARE THE RISK FACTORS FOR GBM?

The exact cause of GBM is unknown

The majority of patients have no family history or identifiable risk factors

### WHAT IS THE PROGNOSIS FOR GBM?

Without Treatment:
~3 months survival[2].

With Treatment:
Less than 15 months[3].

5-year Survival :
4.6% in Australia[4].




1. Jeffree R (2020) Australian Journal of General Practice. Volume 49, Issue 4, April 2020 "Current Management of Cerebral Gliomas"
2. Schapira AH (2007). *Neurology and clinical neuroscience*. Philadelphia: Mosby Elsevier. p. 1336. ISBN 978-0323070539.
3. Grochans, S.; Cybulska, A.M.; Simi ´nska, D.; Korbecki, J.; Kojder, K.; Chlubek, D.; Baranowska-Bosiacka, I. Epidemiology of Glioblastoma Multiforme–Literature Review. Cancers 2022, 14, 2412. https:// doi.org/10.3390/cancers14102412

# CDH17: AN IDEAL TUMOR TARGETING ANTIGEN

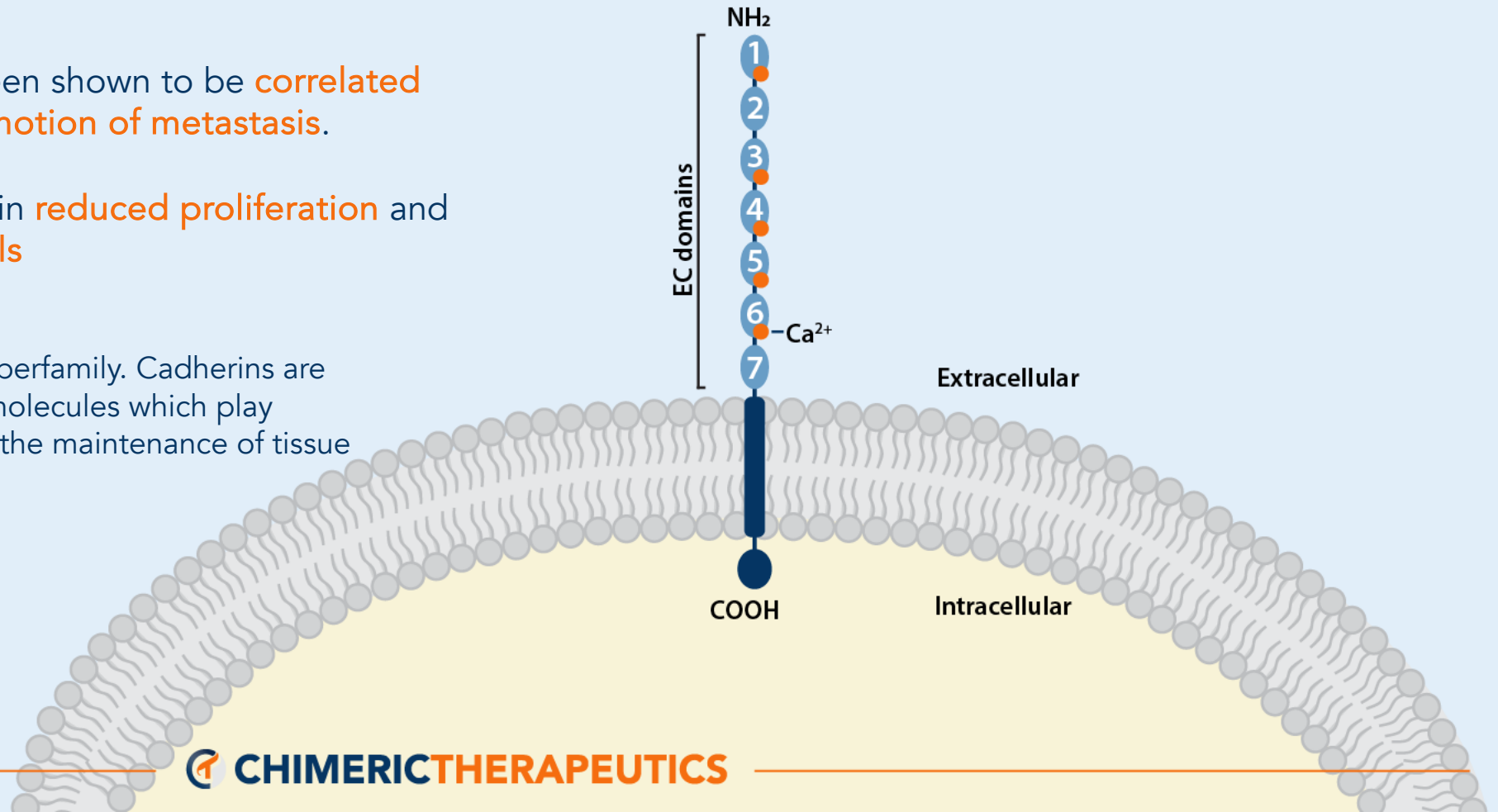
## KEY TO CANCER PROLIFERATION

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)