CHIMERIC THERAPEUTICS

# The ASX Leader in Cell Therapy

**Bell Potter Healthcare Conference**
**November 2021**

# DISCLAIMER

Certain statements contained in this presentation, including, without limitation, statements containing the words "believes," "plans," "expects," "anticipates," and words of similar import, constitute "forward-looking statements." Such forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the actual results, performance or achievements of Chimeric (collectively, "Chimeric" or the "Company") to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. Such factors include, among others, the following: the risk that our clinical trials will be delayed and not completed on a timely basis; the risk that the results from the clinical trials are not as favorable as we anticipate; the risk that our clinical trials will be more costly than anticipated; and the risk that applicable regulatory authorities may ask for additional data, information or studies to be completed or provided prior to their approval of our products.

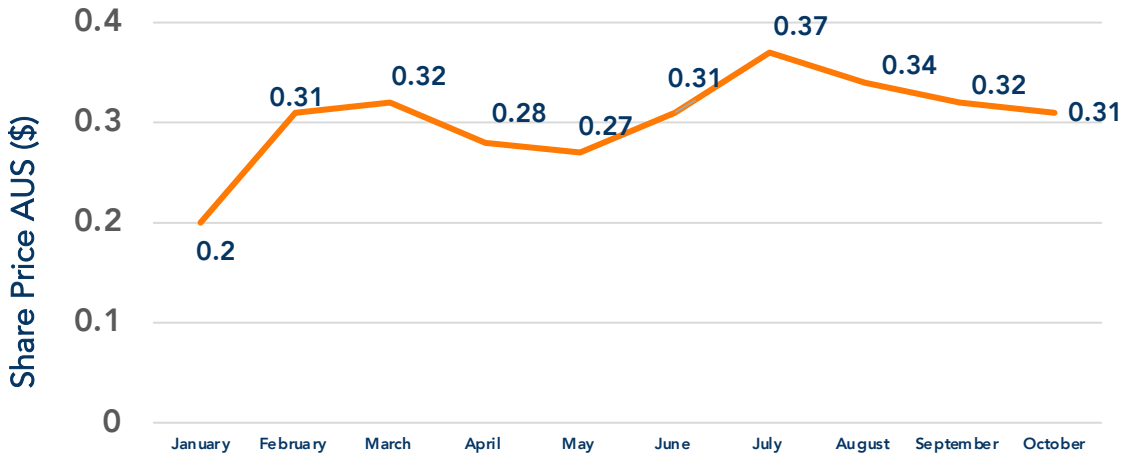
Given these uncertainties, undue reliance should not be placed on such forward-looking statements. The Company disclaims any obligation to update any such factors or to publicly announce the results of any revisions to any of the forward-looking statements contained herein to reflect future events or developments except as required by law.

This presentation may not contain all the details and information necessary for you to make a decision or evaluation. Neither this presentation nor any of its contents may be used for any other purpose without the prior written consent of the Company.

# CORPORATE SNAPSHOT

- The **ASX leader** in **cell therapy** as the only clinical stage cell therapy company
- Lead asset, **CHM 1101** (CLTX CAR T) **advancing** in a **phase 1 clinical trial**
- Acquisition of **CHM 2101** (CDH17 CAR T) now **making rapid progress to Phase 1 in 2022**
- **Further advancing pipeline** development with innovative cell therapies
- Most experienced leadership team in cell therapy development in Australia

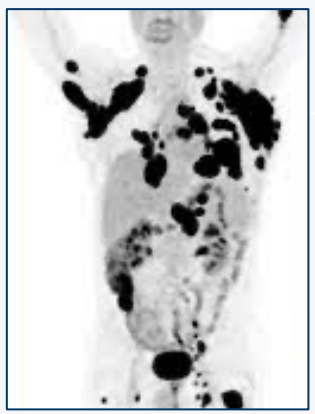
**Founded in 2020** and listed on the **ASX (CHM)** in **January 2021** with an oversubscribed raise of **$35M**

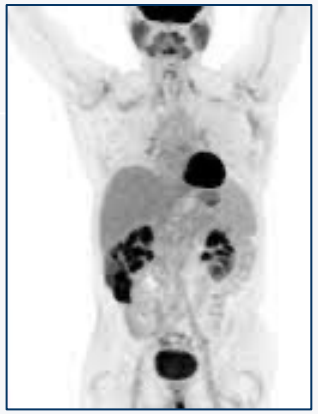



Market Cap: AUS ~$105 M
Shares on Issue: 330 M

Net Cash: AUS $18M (Sept 21)
Board / Mgmt. Ownership: 30%

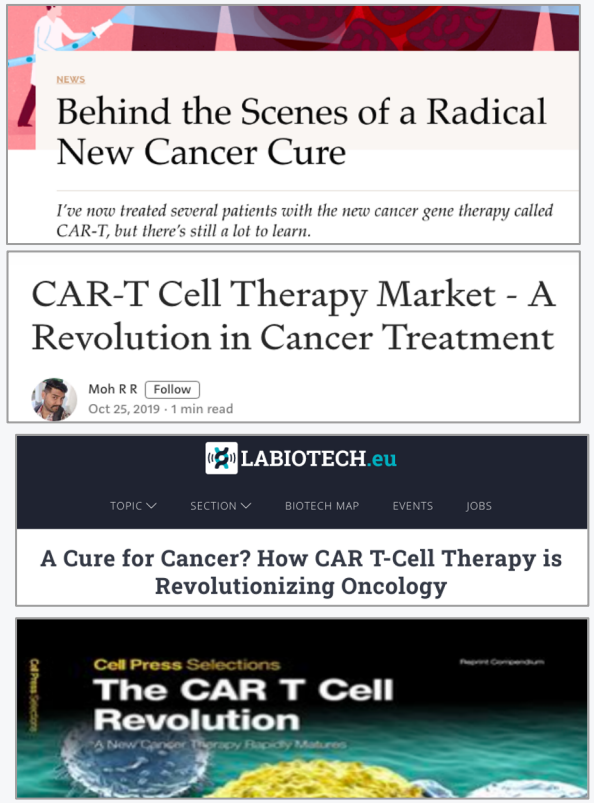
# CELL THERAPY: A REVOLUTION IN CANCER TREATMENT





*"These are patients with an abysmal prognosis, really without hope and now with CAR T therapy we're really able to give them a chance.*
***This is a revolution. It's a revolution in cancer care. This is the tip of the iceberg,"***

Fred Locke, MD
Moffit Cancer Center




*"With about 6 months to live, I got a call asking if I wanted to join a CAR T clinical trial.*
***I believe that call saved my life."***

Dimas Padilla
Cancer Survivor

# CELL THERAPY INVESTMENT LANDSCAPE

Cell therapy is the most active investment sector in biotech today with ~$20B in financing in 2020

The global market for cell therapies is estimated to reach between USD $8-9 billion by 2026

In the past 18-24 months, 16 of the largest pharmaceutical companies have added cell and gene therapy products to their portfolio

## ACQUISITIONS

| | |
|---|---|
| Gilead acquisition of Kite | **$11.9B** |
| Celgene acquisition of Juno | **$9B** |
| Astellas acquisition of Xyphos | **$665M** |
| Kite acquisition of Cell Design Labs | **$567M** |

## PARTNERSHIPS

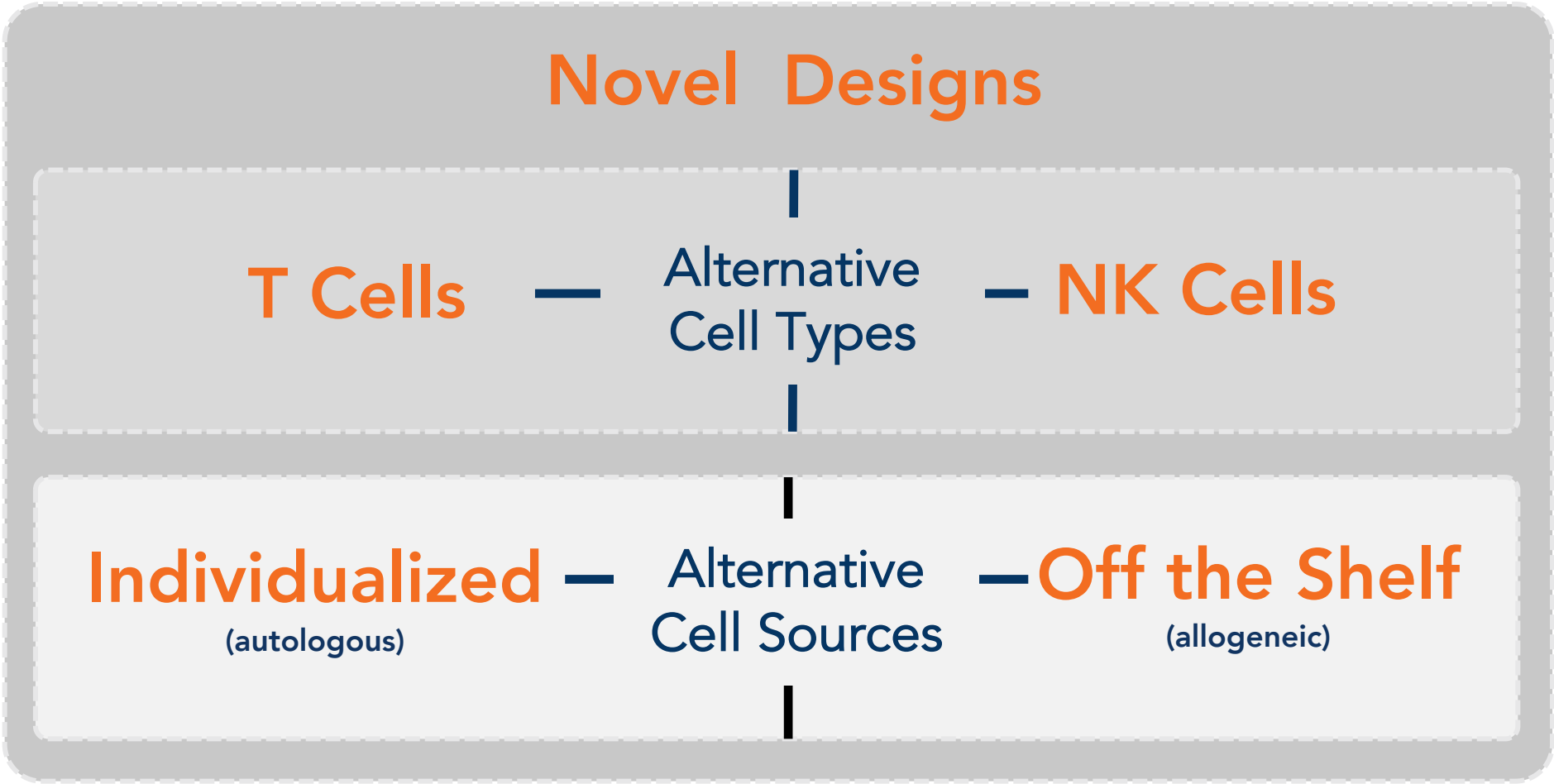
| | |
|---|---|
| Janssen & Fate | **$3B** |
| Kite & Shoreline | **$2.3B** |
| Vertex & CRISPR | **$900M** |
| Eli Lilly & Precision | **$525M** |
| Merck & Artiva | **$1.8B** |
| Roche & Adaptimmune | **$3B** |

## IPO's

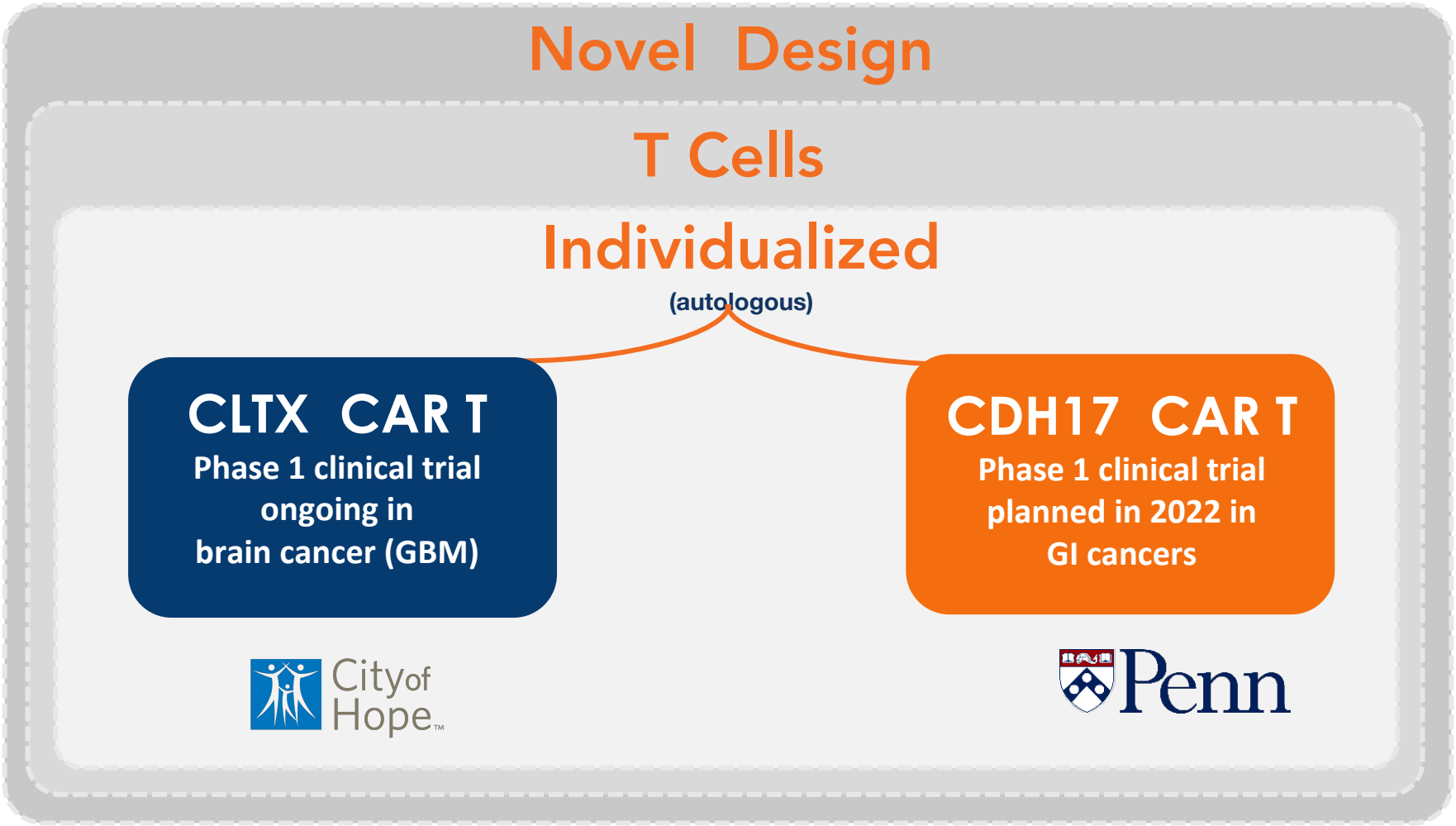
| | |
|---|---|
| Sana Biotech | **$675M** |
| Lyell | **$425M** |
| CARsgen | **$400M** |
| Instil Bio | **$368M** |
| Graphite Bio | **$273M** |
| Century Tx | **$243M** |

# CHIMERIC PIPELINE DEVELOPMENT STRATEGY

Focused on building a diversified cell therapy pipeline with cutting edge innovation



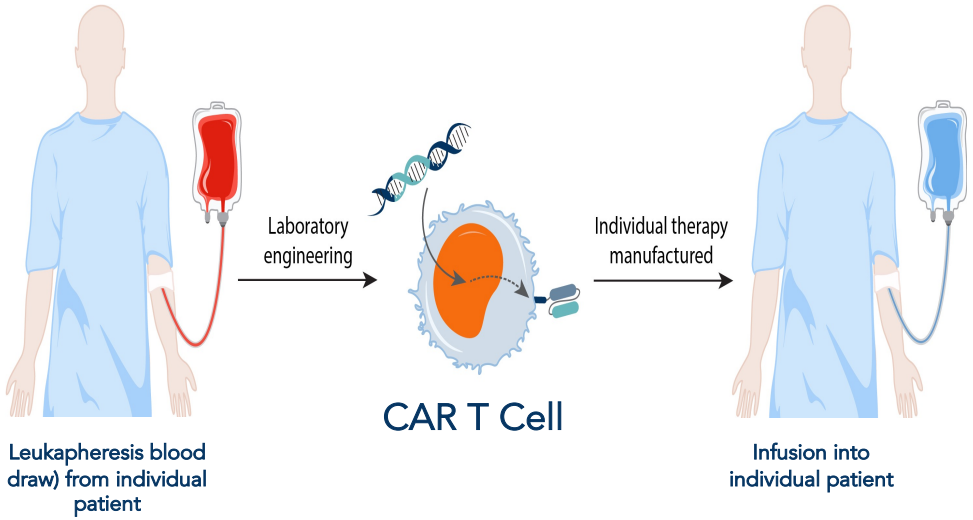
# CHIMERIC PIPELINE: 2 NOVEL CAR T CELL THERAPIES



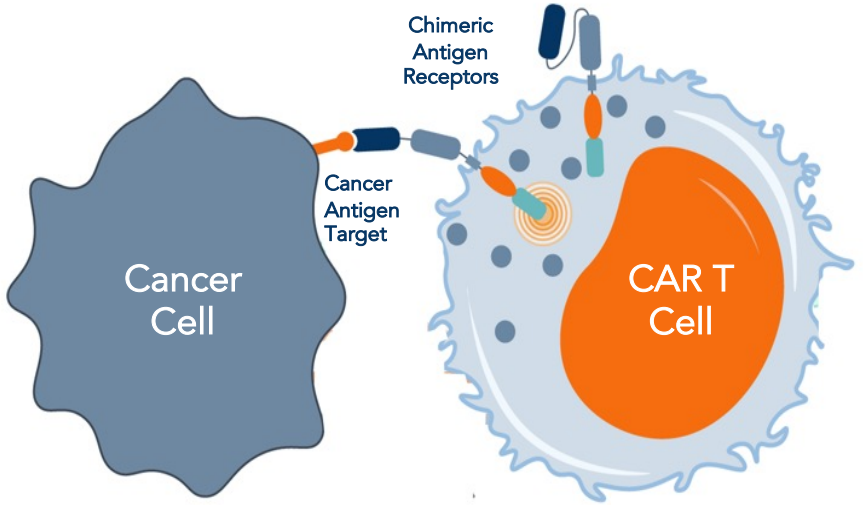
# WHAT IS CAR T CELL THERAPY?

Cell therapy is **the transfer of live cells into a patient** to treat or cure a disease.

**C**himeric **A**ntigen **R**eceptor **T** (CAR T) Cell Therapy is a type of cell therapy that modifies a patient's own immune cells (T-cells) to use directly against their cancer.

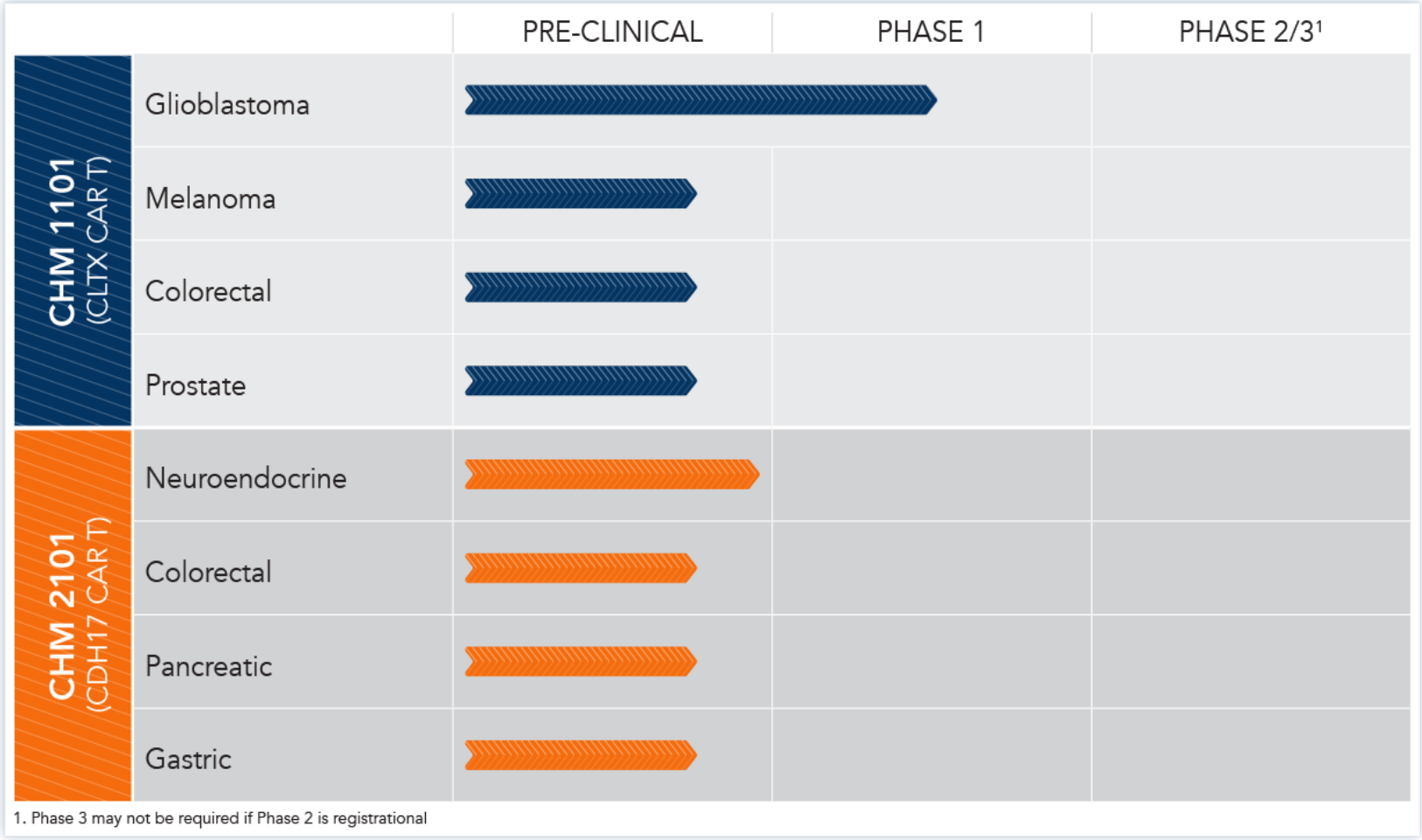



A patient's blood is taken, and their T cells are engineered to express a chimeric antigen receptor that recognizes specific structures (antigens) on the surface of cancer cells.




Once the CAR T cells have been infused into a patient, they seek out the antigen targets on cancerous cells. The CAR T cell then binds to the cancerous cell and sends a signal to kill the cancerous cell.

# THE MOST ADVANCED CELL THERAPY PIPELINE IN AUSTRALIA




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

- Ongoing phase 1 clinical trial
- 2 additional phase 1 clinical trials planned for 2022
- Development across 7 different types of cancer

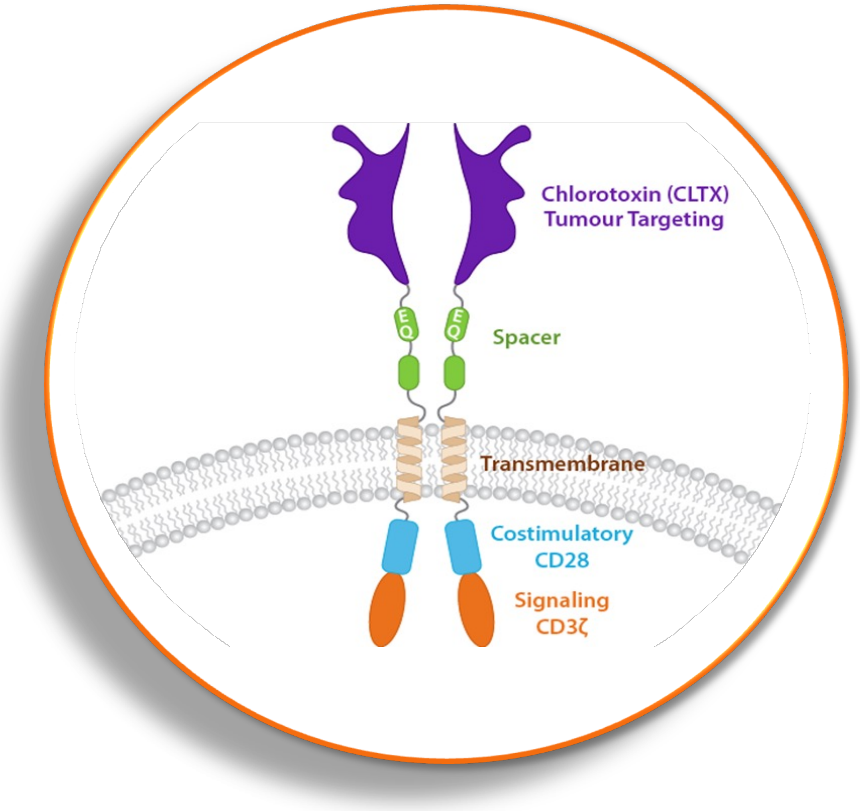
# CHLOROTOXIN (CLTX) CAR T

**CHM 1101 (CLTX CAR T)** was designed and studied preclinically in **glioblastoma**, one of the most lethal types of cancer.

Patients with glioblastoma have an **expected survival of ~12 months** and only **38% survive more than one year**.

**CHM 1101 uniquely uses Chlorotoxin**, a peptide derived from deathstalker scorpion venom to target the glioblastoma cells in patients.

In preclinical studies **CHM 1101** was shown to be able to **find, bind and kill glioblastoma cancer cells better than other immunotherapy targets.**



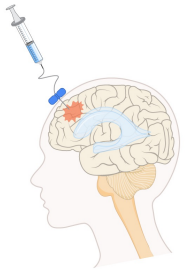
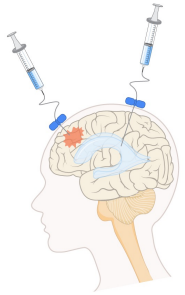
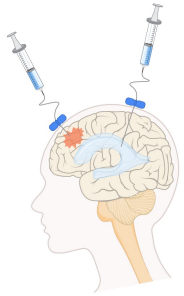
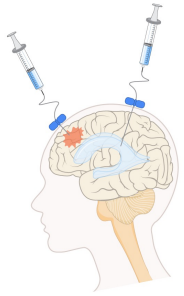

Chimeric holds a global exclusive license to CLTX CAR T.
CLTX CAR T has a long life, composition of matter intellectual property profile expiring 2036.

# CLTX CAR T Ongoing Phase 1 Clinical Trial

## Advancing Towards Higher Dose Levels

**Primary Objective:** To assess the safety of CLTX CAR T cells and to determine the maximum tolerated dose schedule and a recommended Phase 2 dosing plan

**Phase 1 Clinical Trial Design:** 4 dose levels and 2 routes of administration

| DOSE LEVEL 1<br>COMPLETE | **DOSE LEVEL 2<br>IN PROGRESS** | DOSE LEVEL 3 | DOSE LEVEL 4 |
|---|---|---|---|
|  |  |  |  |
| Intratumoral Administration | Intratumoral and Intraventricular Administration | Intratumoral and Intraventricular Administration | Intratumoral and Intraventricular Administration |
| ICT Administration<br>Total dose: 44 X $10^6$ | **ICT & ICV Administration<br>Total dose: 88 X $10^6$** | ICT & ICV Administration<br>Total dose: 220 X $10^6$ | ICT & ICV Administration<br>Total dose: 440 X $10^6$ |

Approximately 18 -36 patients with recurrent or progressive GBM over 24 months

Dose Level 1:

Completed April 2021 with no dose limiting toxicities

Dose Level 2:

1st patient dosed in May 2021

Initial data update anticipated November 2021

# CLTX CAR T Ongoing Phase 1 Clinical Trial

SNO Society for NeuroOncology

Abstract: CTIM-29

*Clinical evaluation of chlorotoxin-directed CAR T cells for patients with recurrent glioblastoma*

Abstract #: EXTH-10

*Exploration of a novel toxin-incorporating CAR T cell: how does chlorotoxin recognize glioblastoma cells?*

## What are we expecting to see?

1. Two abstract presentations (CTIM-29 & EXTH-10) providing insight into the ongoing development of CLTX CAR T
2. A focus on safety data, in keeping with the primary objective of the phase 1 clinical trial
3. Bioactivity data providing insight on cell persistence
4. A review limited to the 4 patients in the first / lowest dose level (44 X $10^6$) that received intratumoral administration only

CLTX CAR T Clinical Trial Dose Escalation

| ICT Administration Total dose: 44 X $10^6$ | ICT & ICV Administration Total dose: 88 X $10^6$ | ICT & ICV Administration Total dose: 220 X $10^6$ | ICT & ICV Administration Total dose: 440 X $10^6$ |
|---|---|---|---|

# CLTX CAR T Phase 1, Dose Level 1

## What does good look like?

Phase 1 clinical trials are focused on safety with initial dose levels designed to be sub-therapeutic.

As initial dose levels are designed to be sub-therapeutic efficacy is not expected to be seen.

A minimal disease control rate (DCR) in the initial dose levels would be considered a positive signal.

Based on current phase 1 clinical trial analogs, once all 4 dose levels of the trial are completed a disease control rate (DCR) of 50%+ would be considered favorable.

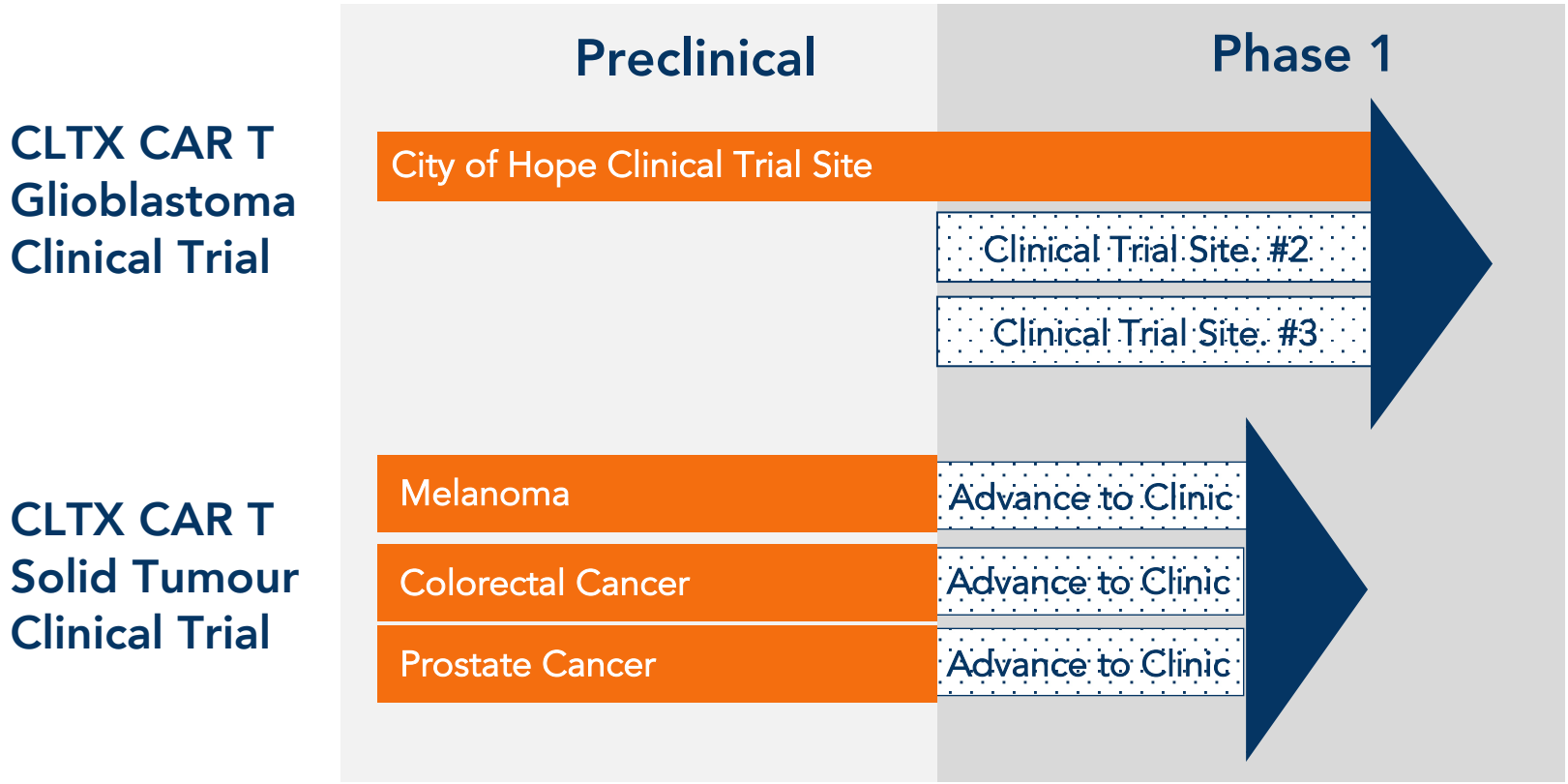
Recent Phase 1 Dose Escalation Results in Recurrent GBM

| Therapy | Stage of Development (# patients) | Disease control rate | Reference |
|---|---|---|---|
| ACT001 | Phase 1 (n=14) | 21% | Lickliter et al. 2021 |
| BAL101553 | Phase 1/2a (n=13) | 38% | Lopez et al. 2019 |
| Perifosine + Temsirolimus | Phase 1 (n=29) | 48% | Kaley et al. 2020 |

Efficacy is measured by assessing the "Disease Control Rate" (DCR) as it reports the percentage of patients whose disease shrinks or remains stable over a certain time period.

# CLTX CAR T Clinical Development Program

FDA clearance for Chimeric CLTX IND in August 2021
enables accelerated and expanded clinical development in 2022



# CLTX CAR T
## EXPANDING CLINICAL DEVELOPMENT

- Phase 1 GBM trial - initial dose level data presentation at SNO
- CLTX vector release for Phase 1 GBM clinical expansion
- Dose level 2 continued recruitment

- Phase 1 GBM trial - dose level 3 recruitment
- Phase 1 GBM trial – new clinical trial sites
- Phase 1 basket trial manufacturing partnership

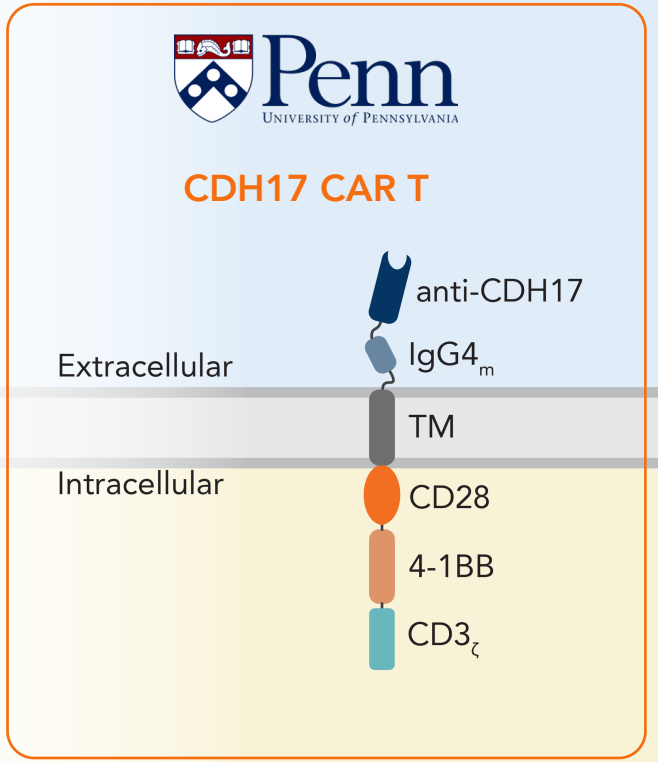
- Phase 1 GBM trial – dose level 4 recruitment
- Preclinical data for other solid tumours (melanoma, colorectal, prostate)
- Phase 1 basket trial IND and manufacturing readiness

# CDH17 CAR T
## PROMISE FOR GASTROINTESTINAL CANCERS

**Exclusive Chimeric licensing from the University of Pennsylvania**
- Competitive licensing process for the novel 3rd generation CDH17 CAR T from world renowned cell therapy centre

**Dramatic Preclinical Efficacy**
- Preclinical evidence in neuroendocrine tumours demonstrated safety with complete tumour eradication with no relapse

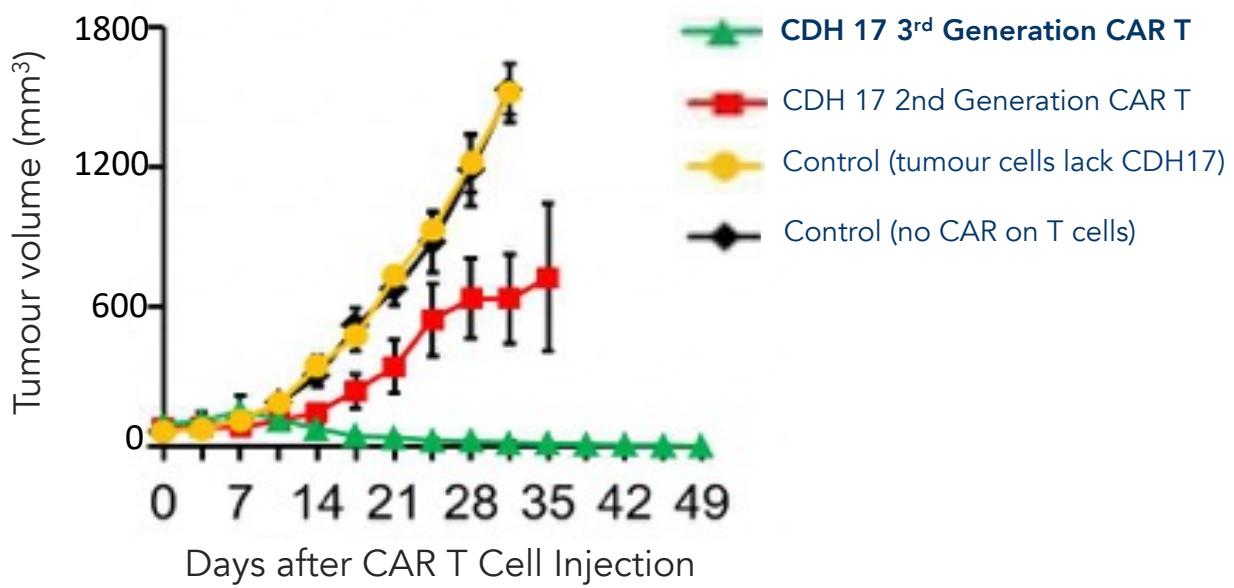
**Phase 1 Clinical Trial Planned for 2022**
- Phase 1 basket trial planned in gastrointestinal (GI) cancers; colorectal, pancreatic and gastric cancer and neuroendocrine tumours



# CDH17 CAR T: WHERE OUR CONFIDENCE COMES FROM

## Preclinical studies have demonstrated promising efficacy:

- Complete eradication of tumour cells
- No relapse of tumour cells




**Assessment of tumour size in mice**

# CDH17 CAR T

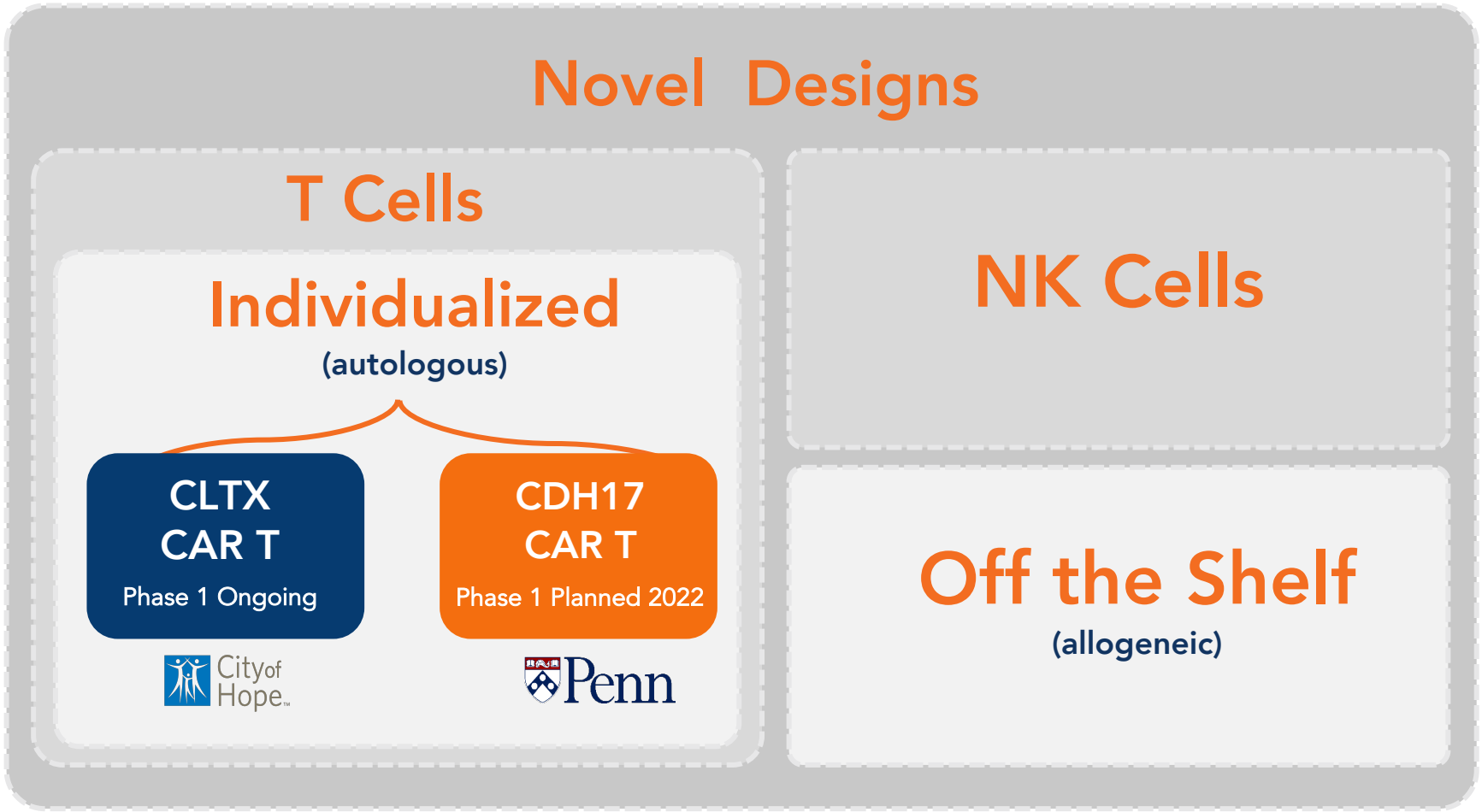
## ACCELERATING DEVELOPMENT TOWARDS THE CLINIC

- ✓ **Completed critical first milestone** on path to clinical manufacturing readiness in 2022
- ✓ Hua laboratory at Penn **advancing preclinical validation**

- CDH17 viral vector manufacturing
- CDH17 preclinical data in neuroendocrine (NET) and gastrointestinal tumours (colorectal, pancreatic and gastric)

- CDH17 clinical manufacturing readiness
- CHM IND filing for phase 1 clinical trial
- Phase 1 clinical trial initiation at University of Pennsylvania with expansion to additional clinical sites

# ONGOING PIPELINE DEVELOPMENT



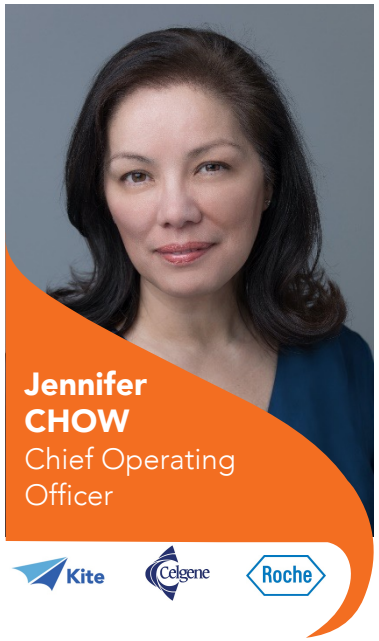

Further pipeline development is a key focus for 2021-2022

Global stakeholder relationships with Chimeric management team enable ongoing opportunities

Experienced cell therapy team enables expert due diligence & competitive licensing advantage

# THE MOST EXPERIENCED CELL THERAPY TEAM IN AUSTRALIA

## GLOBAL EXPERTS IN CELL THERAPY DEVELOPMENT & COMMERCIALIZATION



**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**

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

Breyanzi

Abecma

CHIMERIC THERAPEUTICS

# THE ASX LEADER IN CELL THERAPY

## PIPELINE

Developing a next generation pipeline with promising science for blood cancers and solid tumours

## PROGRAMS

Advancing the strategic development of our assets in clinical trials

## PEOPLE

Leveraging our expertise to accelerate our pipeline and programs towards commercialization

# INVESTMENT HIGHLIGHTS

## ASX leader in cell therapy with the most advanced pipeline

- ✓ Two novel cell therapy assets from world renowned institutions, University of Pennsylvania and City of Hope
- ✓ CLTX CAR T current phase 1 clinical trial advancing in glioblastoma with 2nd clinical trial planned for 2022
- ✓ CDH17 CAR T broad phase 1 clinical program planned for 2022 in 4 gastrointestinal cancers
- ✓ Attractive near term opportunities for strategic pipeline development
- ✓ Industry leading management team with extensive experience and expertise in cell therapy

CHIMERIC THERAPEUTICS

## CONTACT INFORMATION

**Jennifer Chow**
Chief Executive Officer
and Managing Director
Cell: +1 908-723-8387
jchow@chimerictherapeutics.com

**Paul Hopper**
Executive Chairman
Cell: +61 406 671 515
paulhopper@lifescienceportfolio.com