



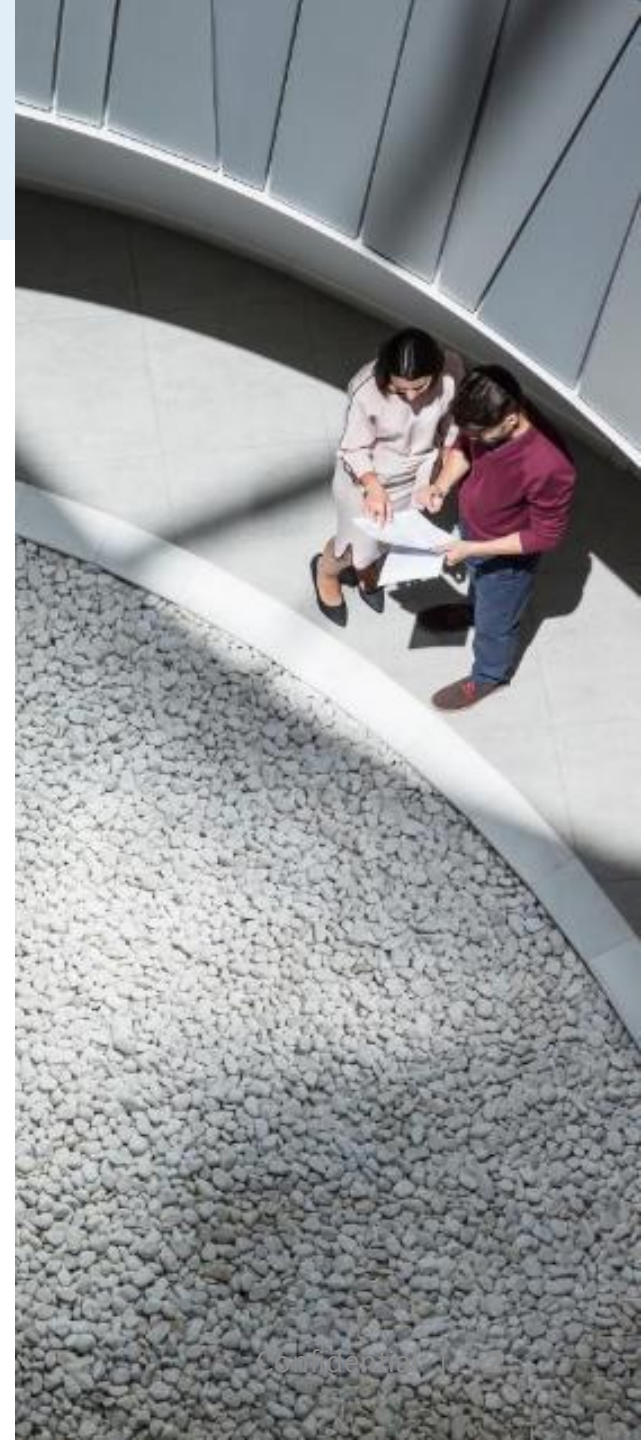
# OncoVerity

We Seek a World Where Cancer Never Wins

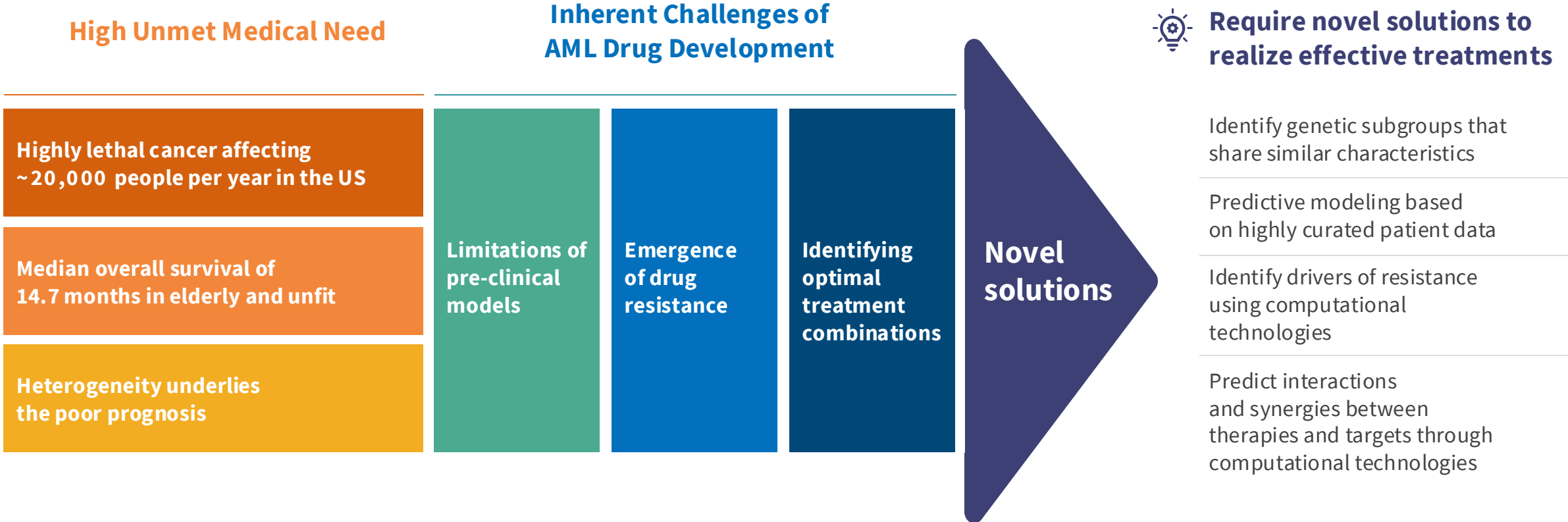
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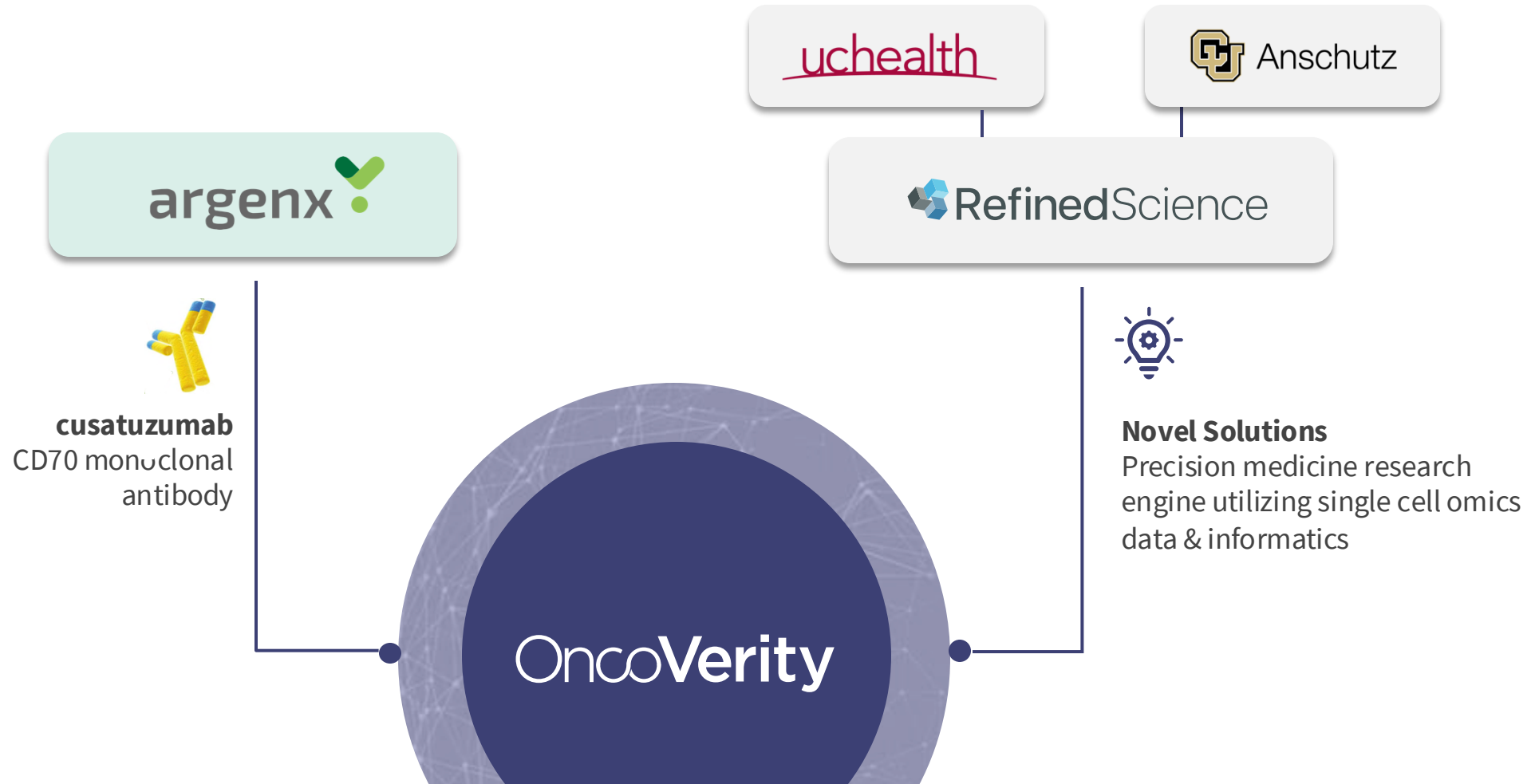
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# Acute Myeloid Leukemia (AML) requires a new, different approach for effective, sustained treatment outcomes



# Accelerating development with state-of-the-art capabilities



# Cusatuzumab: a first-in-class, high-affinity anti-CD70 monoclonal antibody

## → Proven Activity in AML

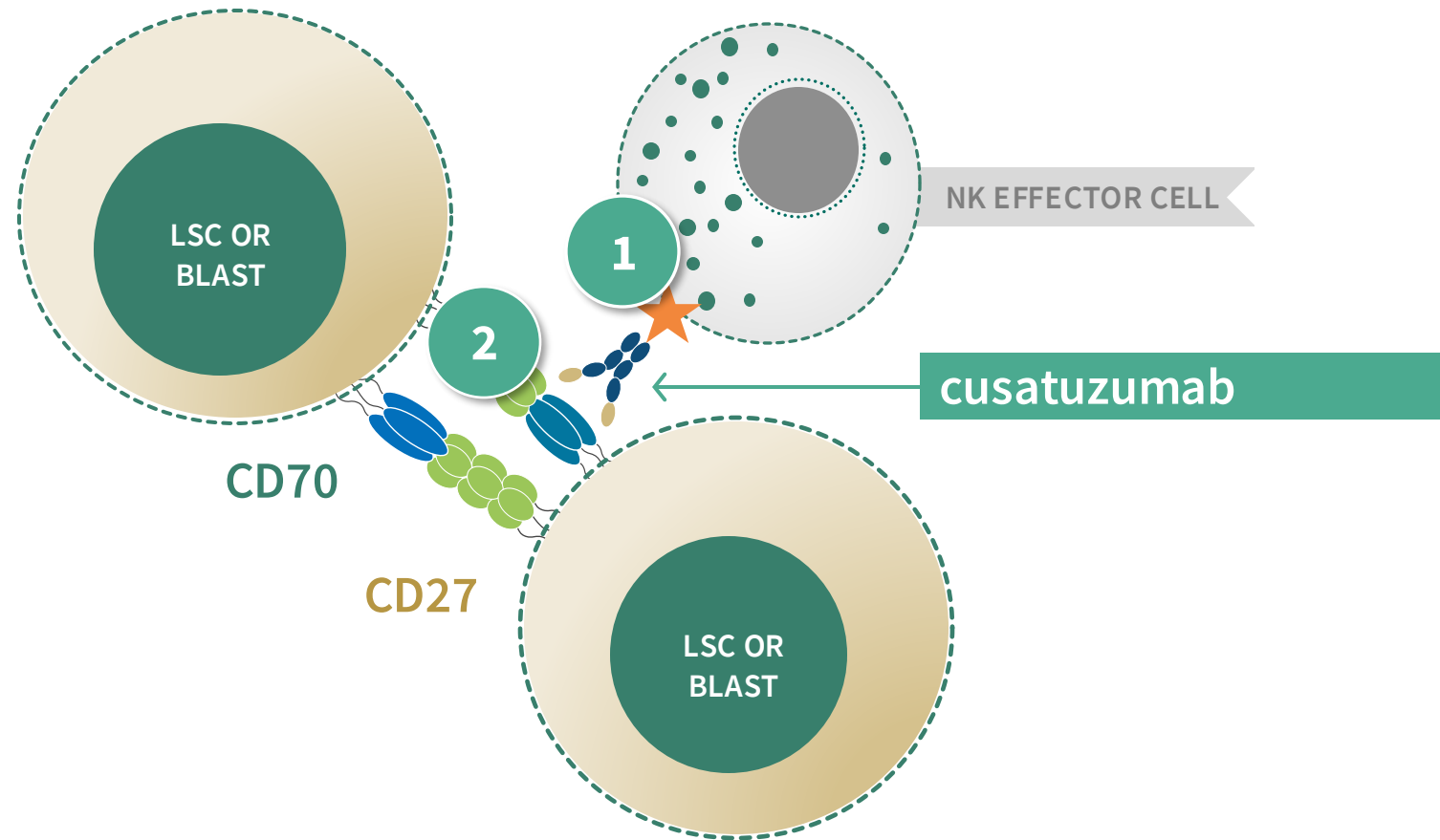
- CD70 expressed on AML blasts, selectively on LSCs, not HSC
- CD70 expression is increased after HMA and venetoclax treatment

## → Significant Safety Advantage

- Strong safety profile: wide therapeutic window as CD70 is only transiently expressed on healthy cells (T, B, DC)

## → Dual Mechanism of Action

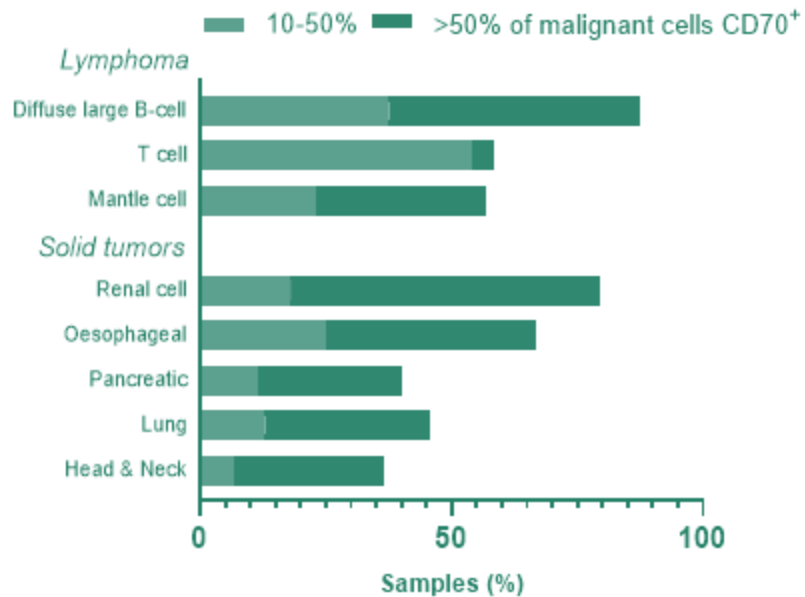
- 1 Kills blasts and LSCs selectively through NK-ADCC
- 2 Blocks CD70 proliferation and survival signal; inducing differentiation of LSC's



# Cusatuzumab's potential across multiple tumor types, strong rationale in AML

CD70 is broadly implicated in various cancers 1, 2...

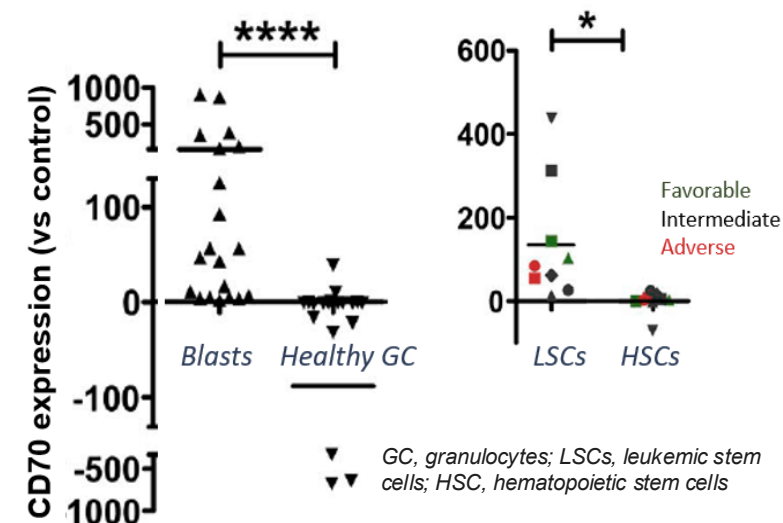
## Expression on malignant cells



- CD70: interesting target for a broad range of malignancies
- Co-expression of CD70 & CD27 in lymphoma/leukemia
- CD70 as a potential target for immunotherapy in solid tumors

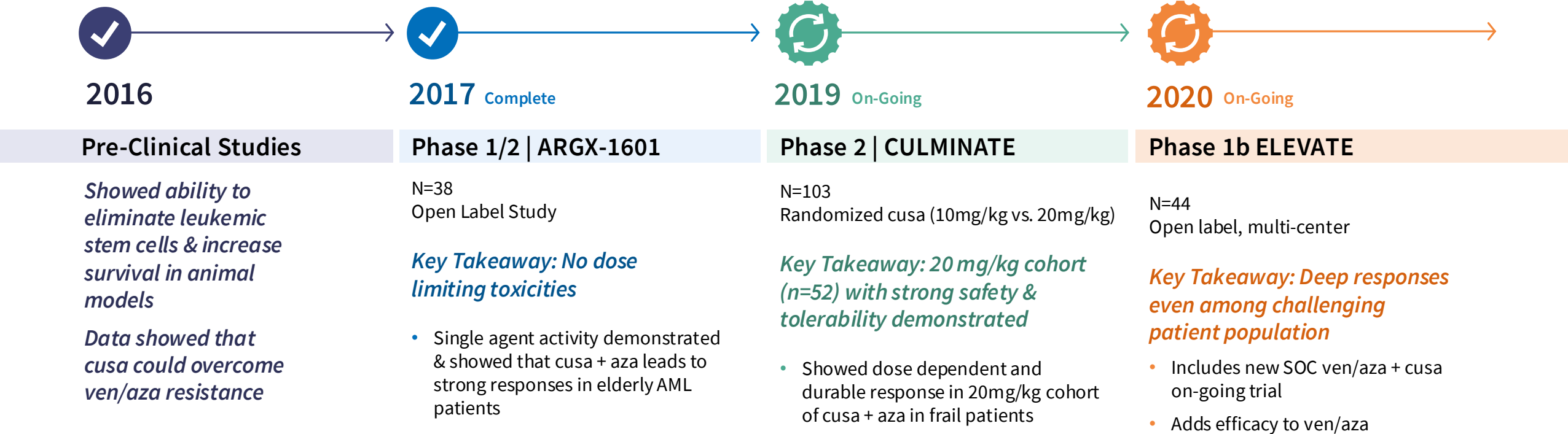
...with particularly strong biologic rationale in AML 3, 4

## Expressed on 96-100% of AML blasts, selectively on LSCs, not HSCs



- Cusatuzumab targets across all AML risk categories 3, 4
- Higher CD70 expression in monocytic blasts makes it a target for difficult to treat monocytic AML cells - thought to be responsible for early relapse after SoC treatment. (figure in slide 45)
- Besides scientific rationale, safety profile allows combination with other key assets in AML / MDS paradigm

# Several cusatuzumab trials support future AML marketing approval

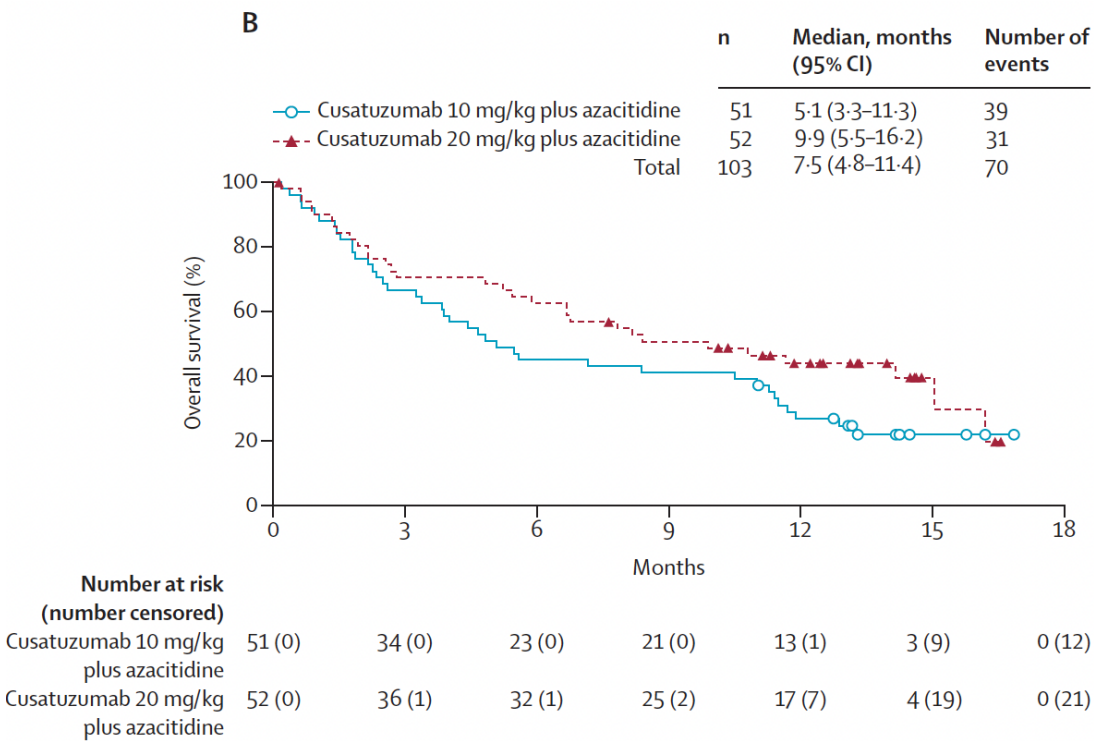


Note: Standard of Care (SOC) in unfit AML evolved from azacitidine to ven/aza

# CULMINATE dose-optimization study demonstrated clinical activity and tolerability

Totality of clinical evidence supports 20 mg/kg as optimal cusa dose

CULMINATE Randomized Phase 2 (ITT)		
	cusa 10 mg/kg+Aza N=51	cusa 20 mg/kg+Aza N=52
ORR (CR + CRh + CRi), n (%)	15 (29)	21 (40)
CR, n (%)	6 (12)	14 (27)
Median DoR, months (95% CI)	5.6 (0.7, NE)	13.6 (6.3, NE)
Median OS, months (95% CI)	5.1 (3.3, 11.3)	9.9 (5.5, 16.2)
Red blood cell/platelet transfusion independence, %	29/39	42/52



Pabst et al, Lancet Heme 2023

# ELEVATE combined cusatumab with the standard of care

Response rates suggest an additive effect of cusa to standard of care

ELEVATE Phase 1b ven/aza/cusa in newly diagnosed elderly unfit		
	All Patients N=44	Response Evaluable N=42*
ORR (CR + CRh + CRi), n (%)	34 (77.3)	34 (81.0)
Best response, n (%)	-	
CR	21 (47.7)	21 (50)
CRi	13 (29.5)	13 (31)
CRh	9 (20.5)	9 (21.4)
MRD negativity after initial response	18 (52.9)	18 (52.9)
Red blood cell/platelet transfusion independence, %	66/80	69/84

\* Two patients did not have post-baseline disease evaluation due to death

## Key Notes/Insights

- **ORR of 81%, CR of 50% and MRD negativity of 53% compares favorably to historical controls**
  - **VIALE-A: CR 37%, CR/CRi 66%, 23% MRD negativity**
- **No obvious significant toxicities noted due to the addition of cusatuzumab**
  - **Mild IRRs (1 Grade 4)**

# Cusatuzumab's tolerability established in >300 patients

>300  
patients  
6  
studies

Well tolerated with no MTD identified across 6 studies involving 316 patients<sup>1-7</sup>



Combined with ven/aza had a safety profile consistent with that previously reported for ven/aza, with the exception of infusion-related reactions (IRRs)<sup>1</sup>

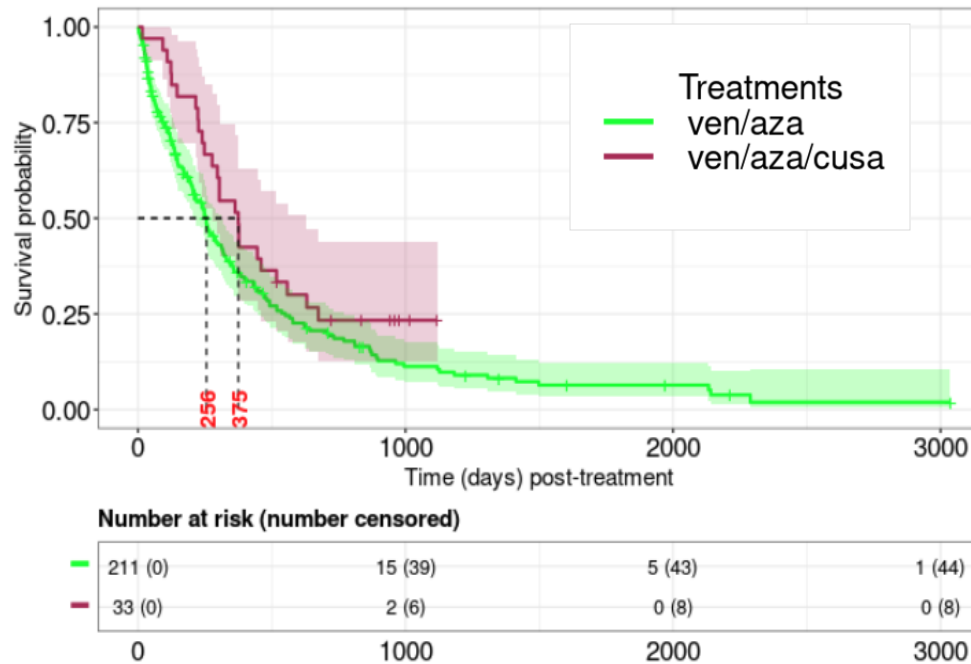


IRRs are typically low grade and manageable, and can be reduced with premedication<sup>1-3,a</sup>

# Compelling comparative supports cusatuzumab in triplet combination

## More favorable outcomes in AML patients treated with cusa/ven/aza in ELEVATE (n=33) vs retrospective single center control cohort treated with ven/aza (n=211)

### Kaplan-Meier analysis of overall survival (OS)



Patients receiving ven/aza were ~1.3x more likely to die than those receiving cusa/ven/aza (aHR: 0.78; 95% CI: 0.41-0.88)



Longer OS benefit with triplet over time (log-rank [proportional]) based p-value: 0.0859

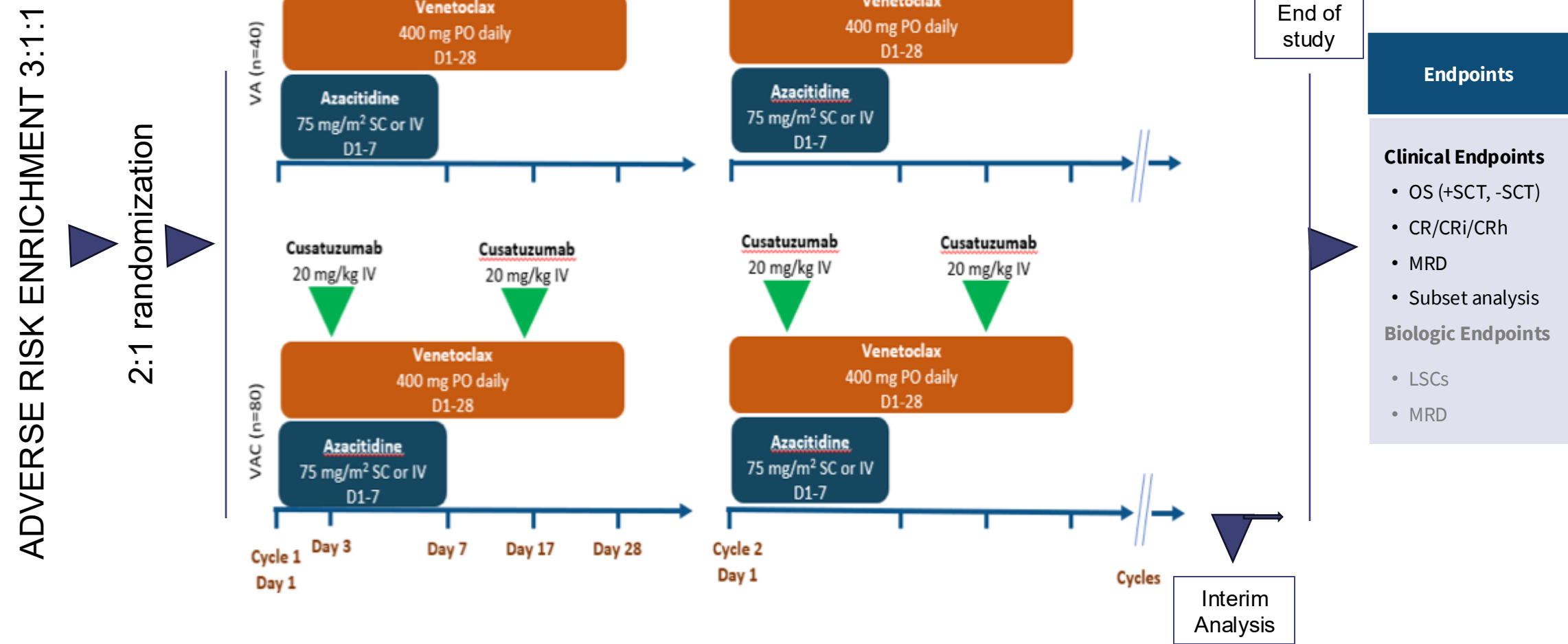


Diverging survival noted with a stable plateau for triplet starting at ~700 days post-treatment



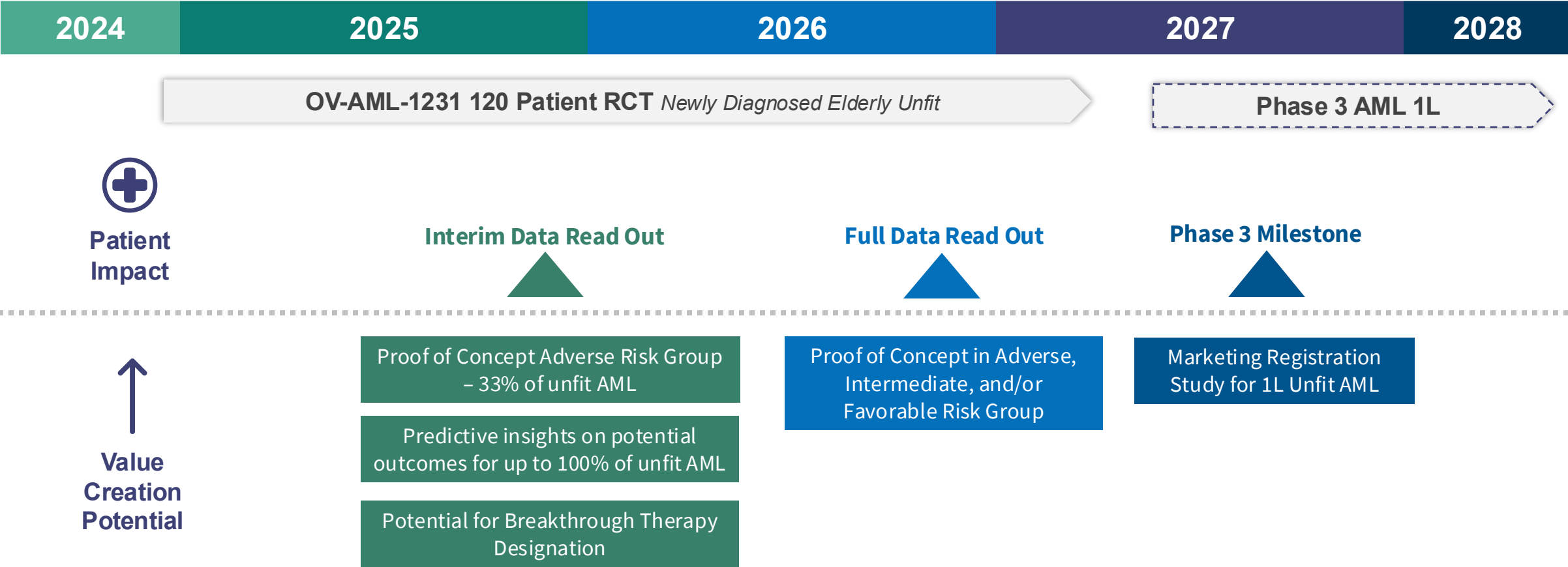
No substantial differences in toxicity

# OV-AML-1231: Randomized Ph2 study of ven/aza vs ven/aza+cusatuzumab in newly diagnosed AML patients unfit for intensive chemotherapy



# Key data catalysts: OV-AML-1231 interim results expected in 2025

Hypothesis: Increase AML patient survival with cusa



# Pipeline Expansion: Additional indications beyond AML

cusatuzumab opportunity				
	Indication (new pts 2023 US)	CD70 literature	Preclinical or in-vivo CD70	cusatuzumab clinical data
AML	AML (20k)			
Heme Malignancies	TCL (inc CTCL) (8k)			
	ALL (7k)			
	CLL (19k)			
	CML (9k)			
	DLBCL (17K)			
	MCL (2K)			
	MM (36K)			
	Waldenstrom Macroglobulinemia (1.5k)			
	LR-MDS			
Solid tumor	Lung (235.8k)			*
	Head and neck cancer (60k)			*
	Ovarian cancer (21.4k)			*
	Pancreatic (60.4k)			*
	Renal cancer (76k)			*

## Pipeline Expansion

- NK Cell augmentation
- Cusa ADC

# Robust intellectual property portfolio

## **Composition of Matter Patents:**

Several issued patents in the US, Europe, and other major markets directed to the lead anti-CD70 antibody with a term extending to 2032

## **Method of Use Patents:**

Several issued patents in the US, Europe, and other major markets directed to the treatment of myeloid malignancies, such as acute myeloid leukemia (AML) and myelodysplastic syndrome (MDS), using the lead anti-CD70 antibody with a term extending to 2032

Pending applications in the US, Europe, and other major markets directed to combination therapies that include the lead anti-CD70 antibody in combination with a second therapy, such as a BCL-2 inhibitor or a hypomethylating agent, or in combination with an antibody directed to a leukemic stem cell target (e.g., TIM-3), with terms extending from 2038 to 2041

## **Methods for Targeting Therapy to a Responsive Subject**

Pending applications in the US and other major markets directed to methods for identifying a subject responsive to anti-CD-70 antibody treatment and methods for treating such a subject, with terms extending from 2040 to 2043

**Will pursue patent term extensions of up to 5 years, where possible in various countries, based on delays in obtaining regulatory approval**

# Experienced Team: Industry, clinical and research experience



## Max Colao, MBA

Chief Executive Officer &  
Board Chairman

- Over 30 years biotech experience
- Focus in rare disease therapies
- Small and large biotech experience



## Clay Smith, MD

Chief Scientific Officer

- Over 40 years experience treating cancer patients
- Over 30 years experience in oncology research, clinical care and clinical trials
- Pioneered clinical and single cell multiomics infrastructure

### OUR TEAM HAS OVER A CENTURY WORTH OF COMBINED EXPERIENCE IN ONCOLOGY AND BIOPHARMA



# Summary: cusatuzumab is the frontrunner in anti-CD70 development



OncoVerity: leveraging precision medicine capabilities to advance cancer treatment



Cusatuzumab: first in class, high-affinity anti-CD70 antibody  
multiple modes of action including NK ADCC



Leading the advancement of anti-CD70 therapies  
Most advanced program, extensive clinical data in AML, studied in more than 300 patients



OV-AML-1231: Randomized Ph2 study in first line unfit AML  
Interim results expected later this year



Significant potential for anti-CD70 targeting across multiple cancer indications



Actively seeking strategic partnerships to expand cusatuzumab's reach and impact

