



OncoVerity

We Seek a World Where Cancer Never Wins

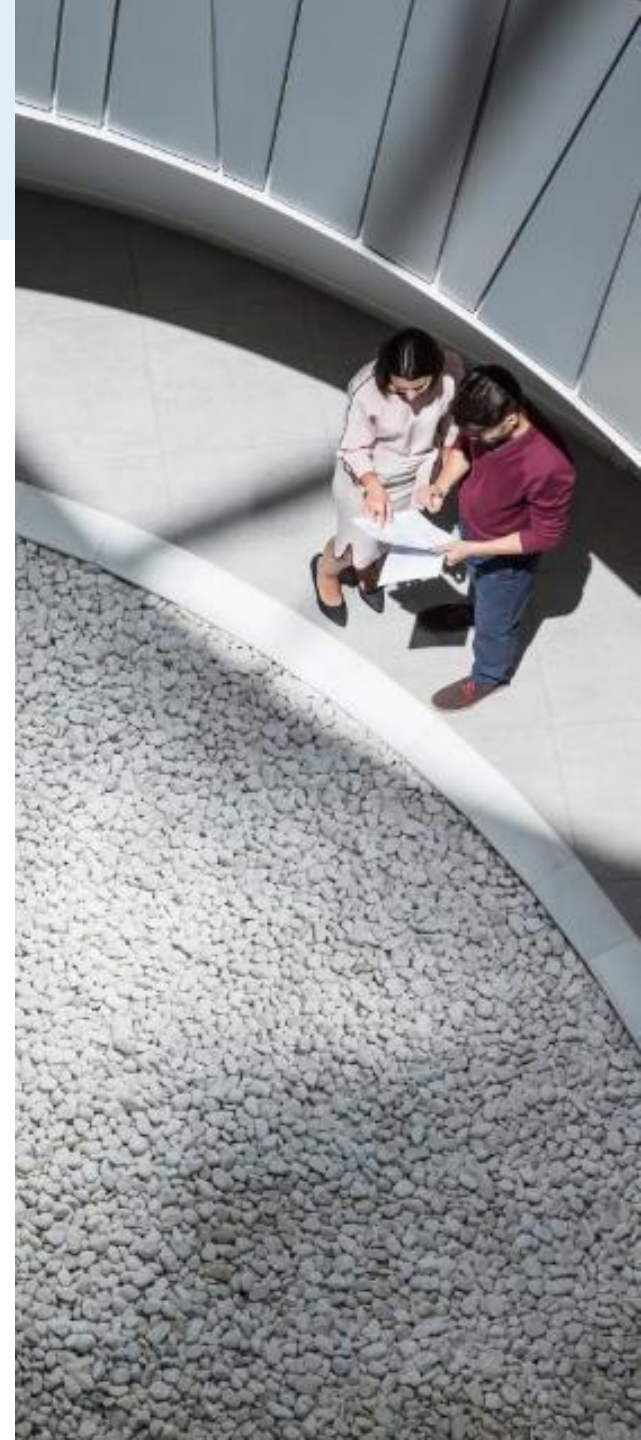
Forward looking statement

Information in this presentation and related comments of presenters contain forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995 and other federal securities laws. These statements are based on current expectations, forecasts, assumptions, and other information available to the company as of the date hereof. Forward-looking statements include, but are not limited to, implied and express statements about the company's strategy, future business plans, functionality, and capabilities; plans and timelines for clinical development of the company's therapies, including therapeutic potential and efficacy, clinical benefits, safety profiles, and plans to submit investigational new drug (IND) applications; the potential size of the commercial market for the company's treatment programs; the company's long-term financial targets, prospective financial results, return of capital plans, expectations about addressable markets and market share; and future business outlook, such as forward-looking statements about the company's expectations, beliefs, intentions, or strategies. All statements other than statements of historical facts contained in this presentation, including express or implied statements regarding our strategy, future financial conditions and operations, projected costs, plans, objectives of management and expected market growth, are forward-looking statements.

In some cases, forward-looking statements use terminology such as "anticipate", "believe", "could", "expect", "may", "estimate", "intend", "ongoing", "plan", "potential", "should", "will", and "would", although not all forward-looking statements contain these identifying words.

The Company's actual results, performance, or events may differ materially from these forward-looking statements made or implied due to a number of factors, risks, and uncertainties relating to the Company's business, including but not limited to: the timing and anticipated results of our current and future clinical trials, supply chain, strategy, and future operations; the risk that the results of prior preclinical and clinical studies may not be predictive of future results in connection with current or future clinical trials; the timing and outcome of any interactions with or approvals by regulatory authorities; obtaining, maintaining, and protecting our intellectual property; our relationships with existing and future investors and collaboration partners; the impacts of current macroeconomic and geopolitical events. The Company disclaims any warranties or representations (expressed or implied) related to the accuracy of forward-looking statements and you should not place undue reliance on our forward-looking statements. The company assumes no obligation and disclaims any obligation to update any forward-looking or other information included in this presentation, whether as a result of new information, future events or otherwise. This presentation contains trademarks, trade names, and trademarks of other companies, which are the property of their respective owners. This presentation is not intended for distribution to, or use by, any person or entity in any jurisdiction or country where such distribution or use would be contrary to

local law or regulation or require any registration or licensing within such jurisdiction.



First-in-class mAb powered by cutting-edge precision medicine – broad therapeutic application across cancer and autoimmune diseases



cusatuzumab

First in class, high-affinity anti-CD70 antibody

Ideal target in cancer and autoimmune

Broad therapeutic application



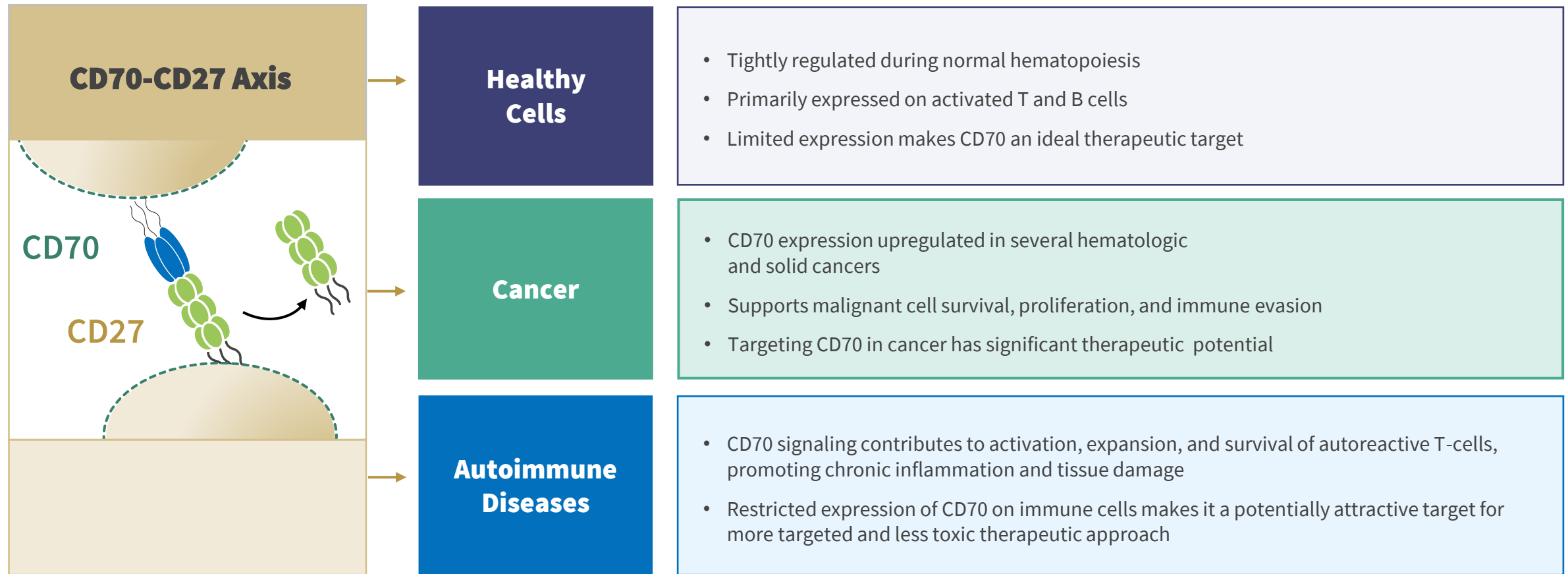
Novel precision medicine solutions

Inclusion criteria **enriched** for potential responders

Cutting-edge analytics and correlative science

Early launch of phase 3 planning or early termination if failing

CD70: an ideal target with broad application in diseases with high unmet need



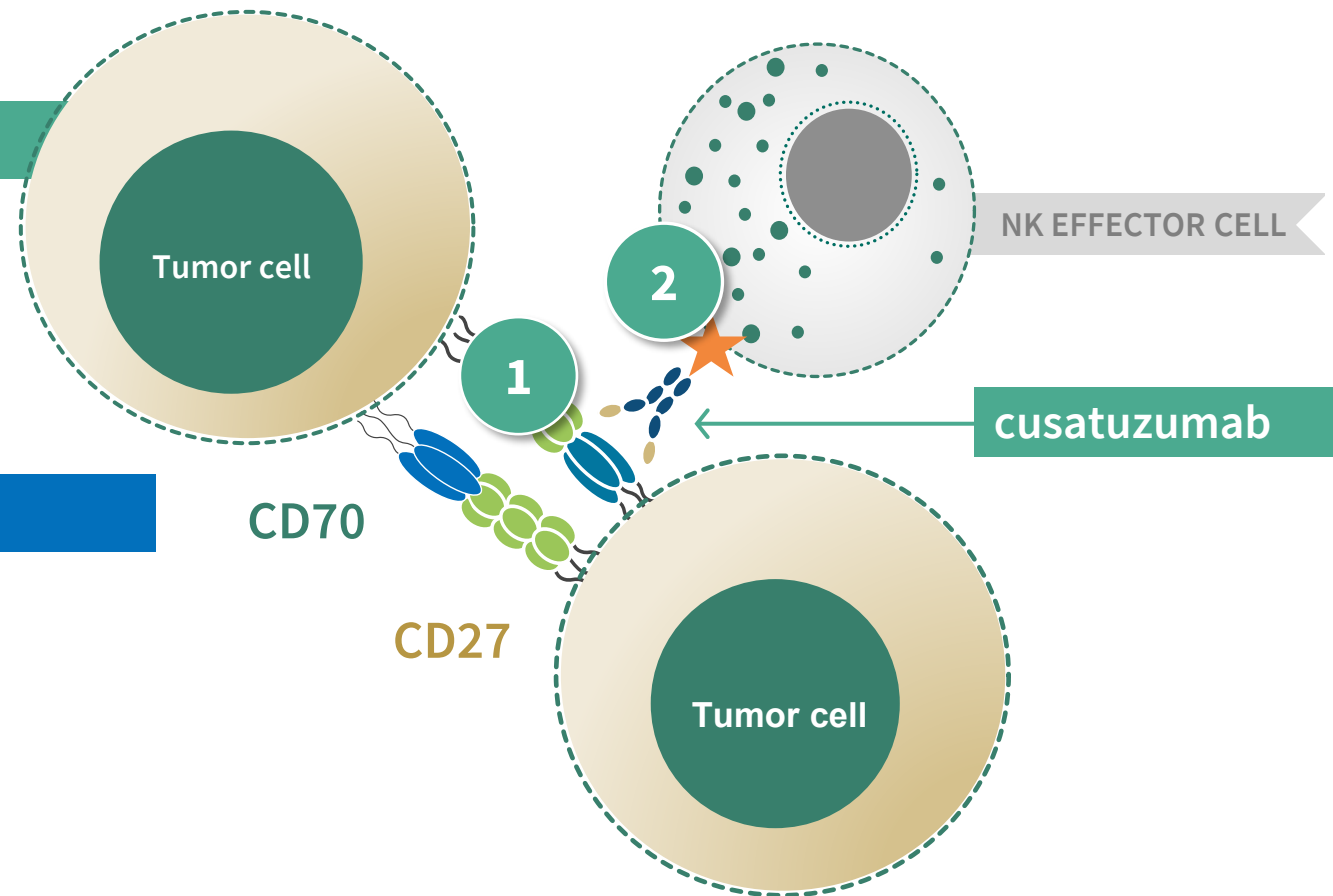
Cusatuzumab: a high-affinity, first-in-class anti-CD70 antibody engineered for CD70 blockade and enhanced ADCC

Mechanism of Action

- 1 Blocks CD70 proliferation and survival signal
- 2 Kills tumor cells through NK-ADCC

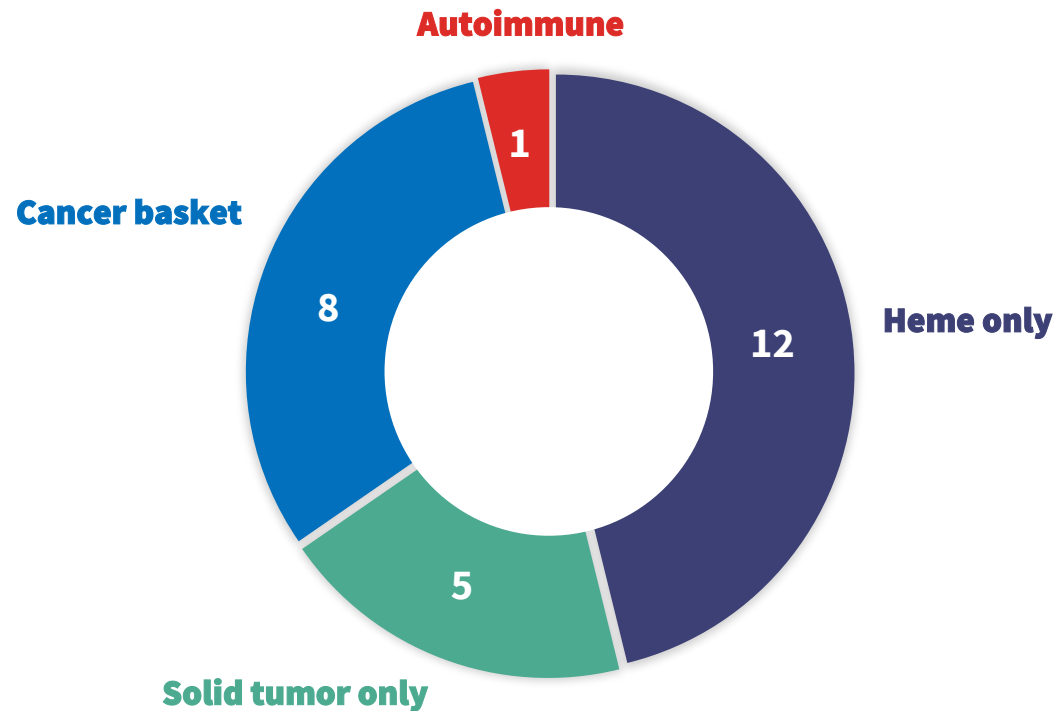
Significant Safety Advantage

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



Cusatuzumab: leading anti-CD70 therapeutic development

Competitive Landscape CD70 Development Programs (n=27)



Cusatuzumab's Unparalleled Clinical Advancement



Established safety and tolerability across >350 patients

This is orders of magnitude more clinical experience than any other anti-CD70 program



Established dose and schedule for its lead indication



Conducting randomized Phase 2 trial to inform and optimize Phase 3 pivotal study

350 cusatuzumab patients studied across several trials supporting future AML marketing approval



2016

Pre-Clinical Studies

Key Takeaway:
Showed ability to eliminate leukemic stem cells & increase survival in animal models
Data showed that cusa could overcome ven/aza resistance



2017 *Complete*

Phase 1/2 | ARGX-1601

N=38
Open Label Study
Key Takeaway:
No dose limiting toxicities

- Single agent activity demonstrated & showed that cusa + aza leads to strong responses in elderly AML patients



2019 *On-Going*

Phase 2 | CULMINATE

N=103
Randomized cusa (10mg/kg vs. 20mg/kg)
Key Takeaway:
20 mg/kg cohort (n=52) with strong safety & tolerability demonstrated

- Showed dose dependent and durable response in 20mg/kg cohort of cusa + aza in frail patients



2020 *On-Going*

Phase 1b ELEVATE

N=44
Open label, multi-center
Key Takeaway:
Deep responses even among challenging patient population

- Includes new SOC ven/aza + cusa on-going trial
- Adds efficacy to ven/aza

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



Well tolerated with **no MTD identified** across 6 studies involving 350 patients



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



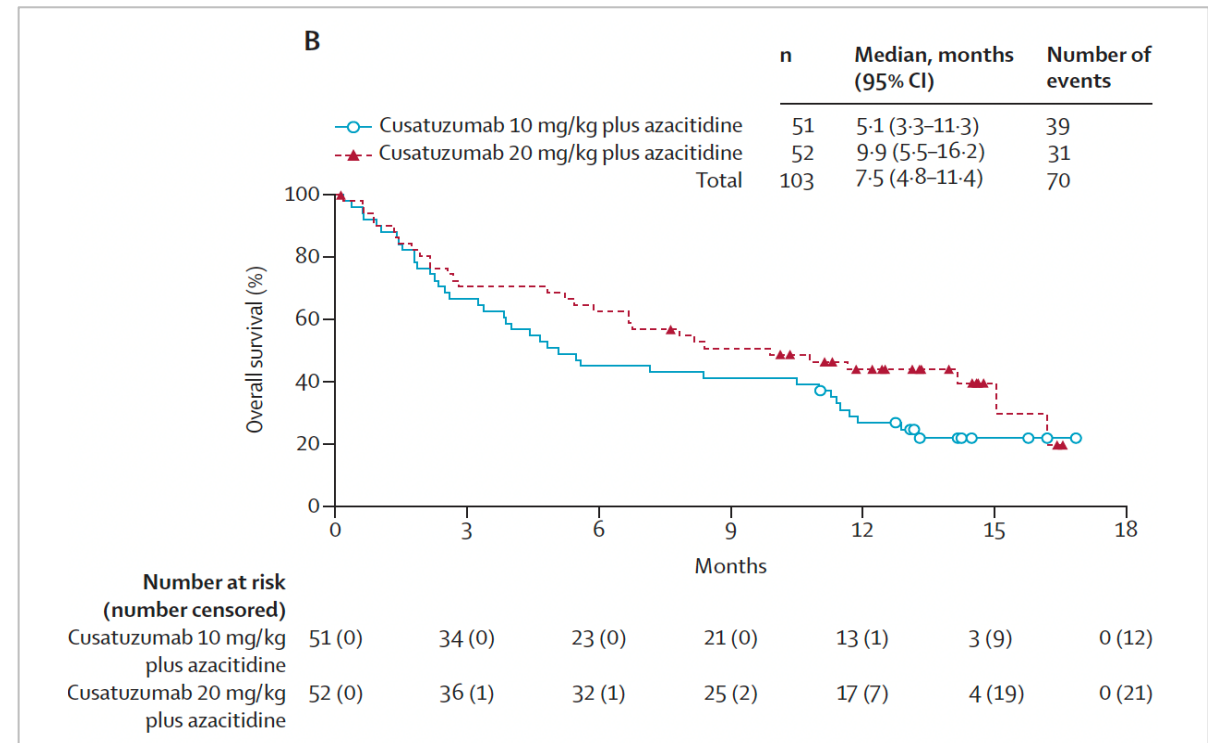
IRRs are typically **low grade and manageable**, and can be reduced with premedication^a

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 cusatuzamab with the standard of care

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

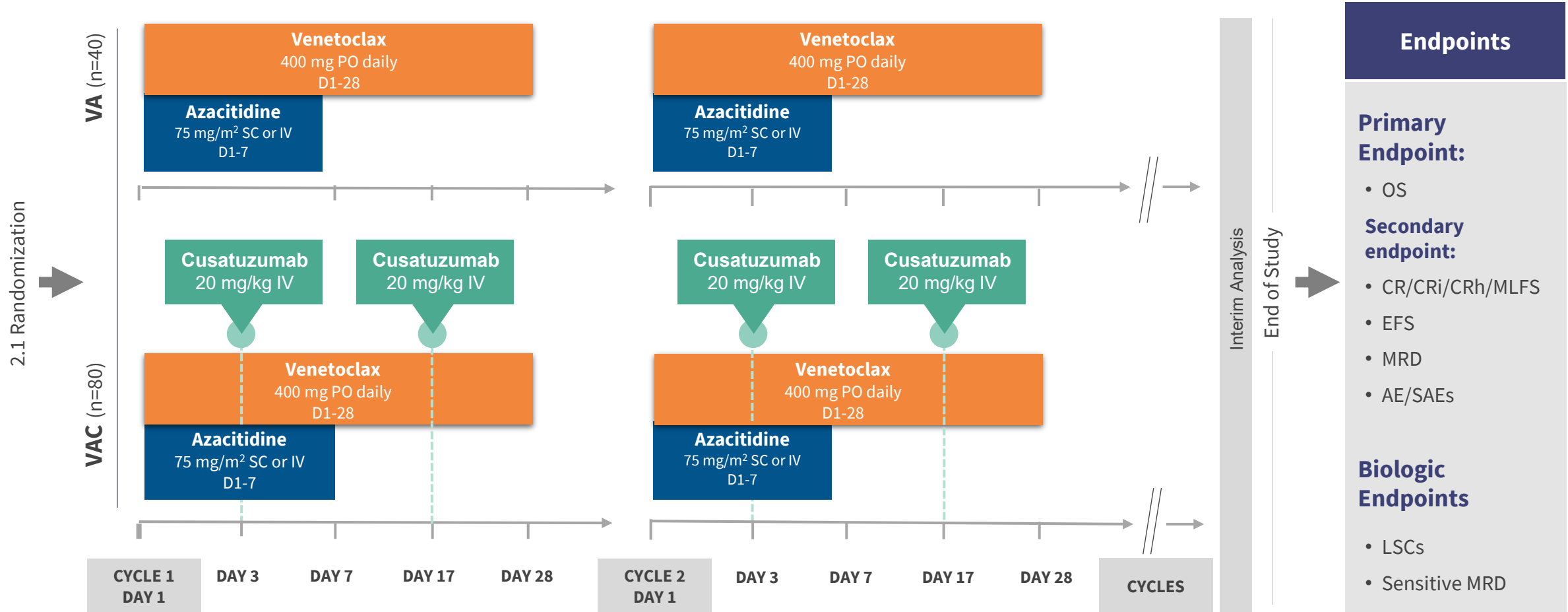
ELEVATE Phase 1b ven/aza/cusa in newly diagnosed elderly unfit		
	All Patients N=44	Response Evaluable N=42*
ORR (CR + CRh + CRi), n (%)	34 (77.3)	34 (81.0)
Best response, n (%)	-	
• CR	21 (47.7)	21 (50)
• CRi	13 (29.5)	13 (31)
• CRh	9 (20.5)	9 (21.4)
• MRD negativity after initial response	18 (52.9)	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 Message | Insights

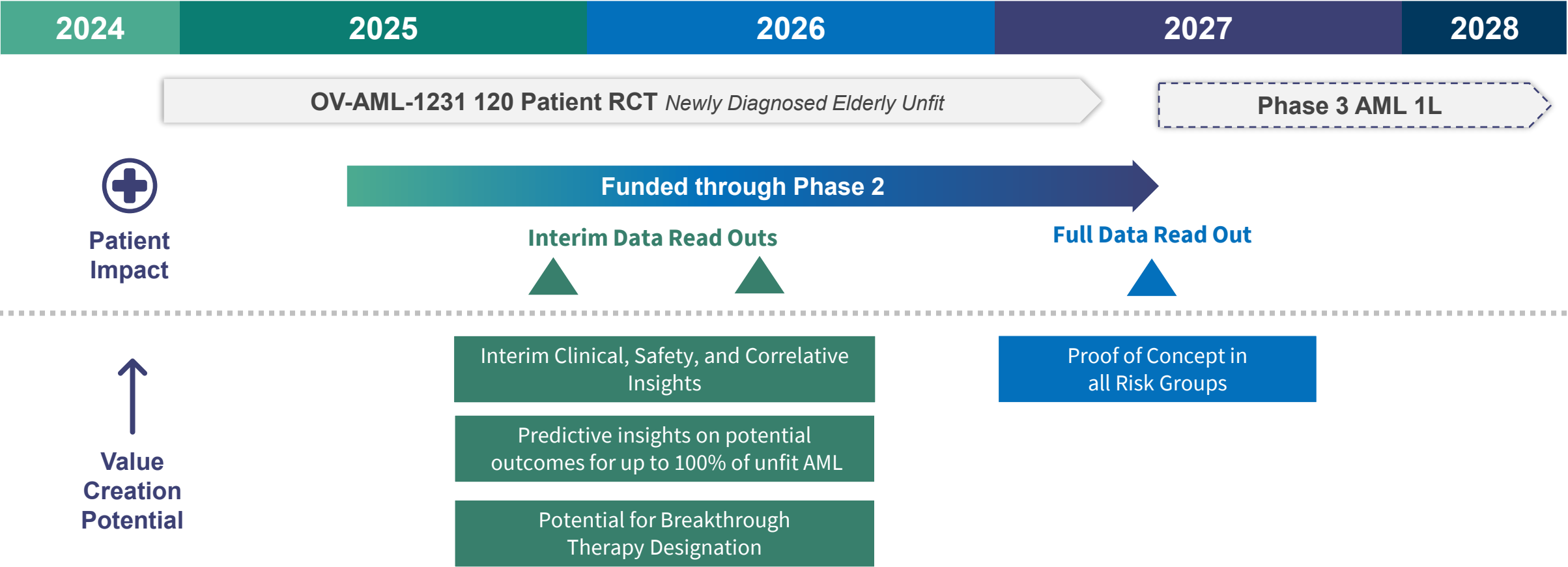
- ORR of 81%, CR of 50% and MRD negativity of 53% compares favorably to historical controls
- No obvious significant toxicities noted due to the addition of cusatuzumab
 - Mild IRRs (1 Grade 4)

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



Interim results in October: A key inflection point

Hypothesis: Increase AML patient survival with cusatuzumab



Potential additional indications beyond AML for CD70 expressing cancers

cusatuzumab beyond AML		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 HR-MDS			
Solid tumor	Lung (235.8k)			*
	Head and neck cancer (60k)			*
	Ovarian cancer (21.4k)			*
	Pancreatic (60.4k)			*
	Renal cancer (76k)			*

Other exploratory areas

NK cell augmentation

Cusa-ADC

Prioritized for pipeline expansion

* Part of phase 1 dose escalation trial for CD70 allcomers Source: SEER, cancer.org, Mourad 2017. Flieswasser T J Exp Clin Cancer Res 2022. Jacobs J 2015

Back Up

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 & 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



**Michael
Boyiadzis, MD, MHSc**

Chief Medical Officer

- Over 25 years translational and clinical research experience in heme-oncology
- Former Professor of Medicine at the University of Pittsburgh
- Former Director of the Acute Leukemia Program and Clinical and Translational Research Center at UPMC Hillman Cancer Center

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

