PRIOTHERA

A Paradigm Shifting Innovation for Hematologic Malignancies: S1PR Modulation

Journées IO Strasbourg, March 2025

PRIOTHERA

MOCRAVIMOD – A LATE-STAGE ASSET

Strategically advanced to support a near-term commercial launch

Drug Asset

- Potent, selective S1PR modulator
- Initially acquired from Kyorin, and co-developed with Novartis
- Full acquisition, 1% royalty, no contingent milestones

Clinical Development Program

- Strong efficacy in GvHD, GvL and CAR T animal models
- Safe and well tolerated in eight Phase 1, hematology and auto-immune clinical studies
- Early efficacy in a Phase 1/2 study in hematological malignancies requiring HCT

Near-term value inflection points

2027
- AML Phase 3
- readout CART LBCL Phase 1/2

2028
- AML Phase 3 readout (survival)
- Commercial manufacturing
- Commercial Launch Preparation
- Regulatory Registration Filing

2029
- AML allo-HCT Commercialization
- allo-HCT Ph3 Extensions
- CART LBCL Phase 2b

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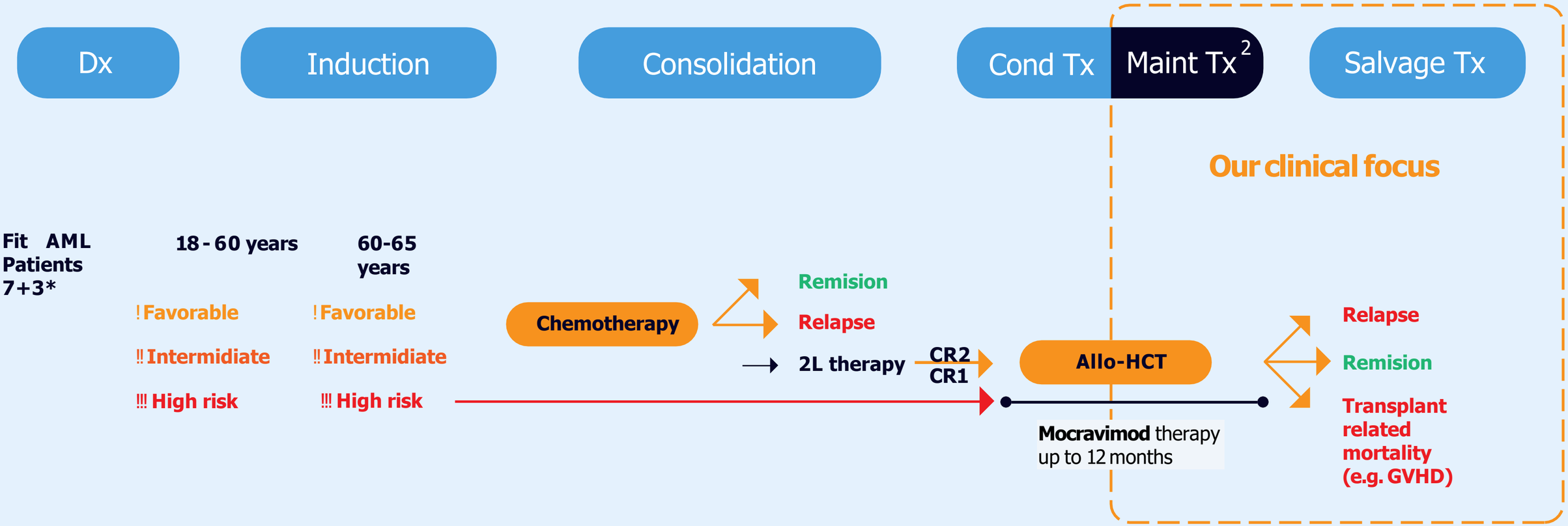
AML TREATMENT: A COMPLEX JOURNEY

3 Phases of Therapy: Induction, Consolidation and Maintenance



Patients with AML are prone to Relapse after Allo-HCT

34%

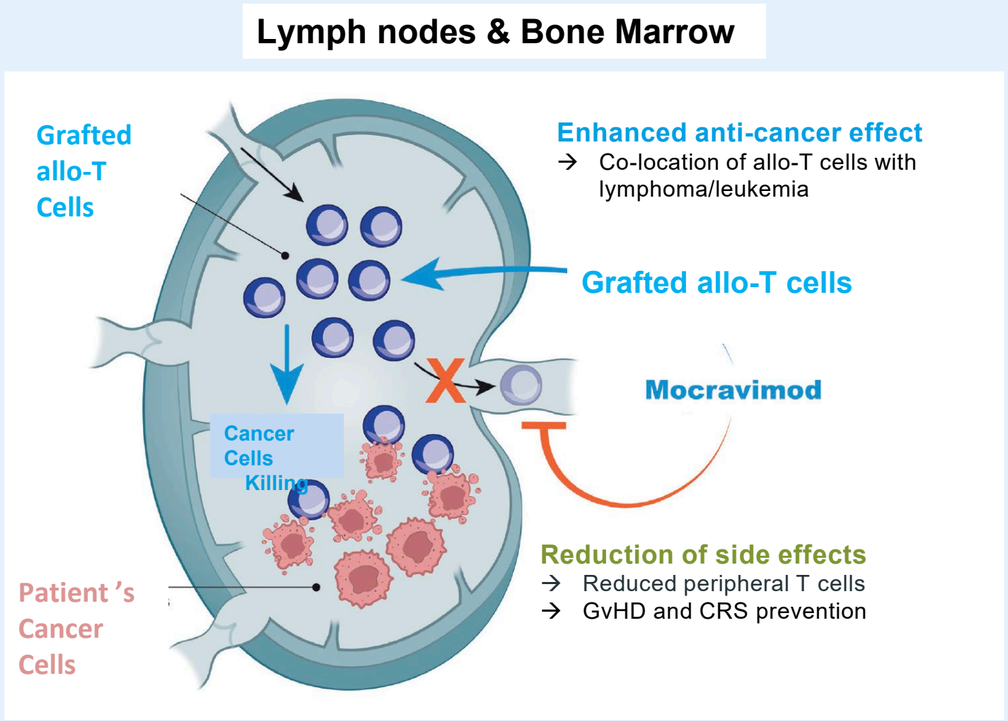
Relapse and/or death at 1 y (RFS)

34%

Death at two years after HCT treatment in AML patients (OS)

MOCRAVIMOD MECHANISM OF ACTION

Mocravimod sequesters allo-reactive donor T cells in lymph nodes and bone marrow and reduces pro-inflammatory cytokines



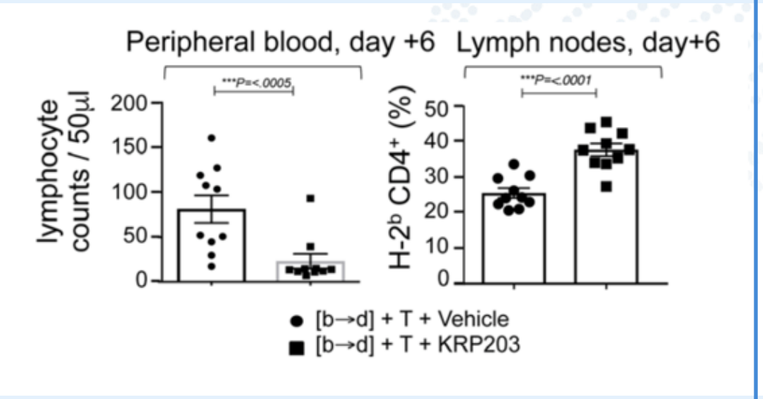
Key Points

- Leukemic cells reside in the lymphoid tissues and bone marrow and evade chemotherapy.
- The location of allo-reactive T cells post-transplant is critical for anti-cancer activity and the development of GvHD.

Mocravimod leads to a decoupling of detrimental GvHD from beneficial GvL resulting in prevention of GvHD while preserving GvL.

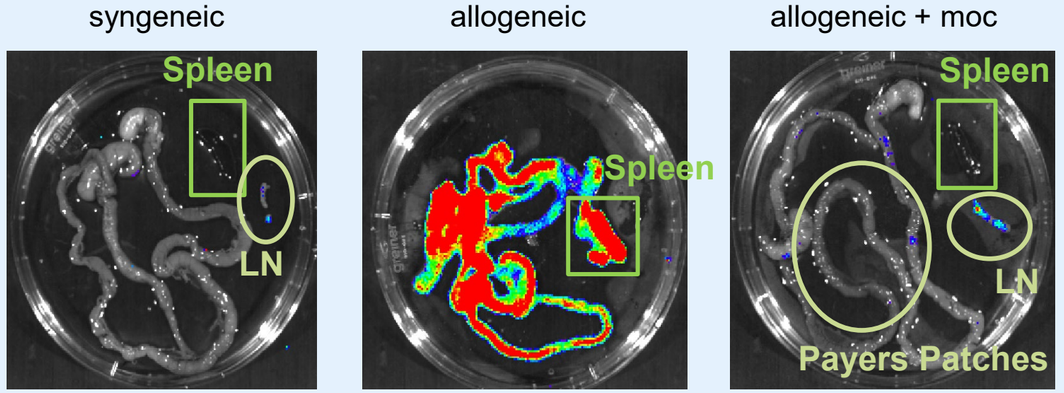
Mocravimod sequesters T cells in LN & prevents peripheral tissue infiltration (aGvHD)

Increased T cell numbers in LN in mice



Vollmer et al., HemaSphere (2021) 5:8(e613)

Limited T cell infiltration in gut in the presence of MOC



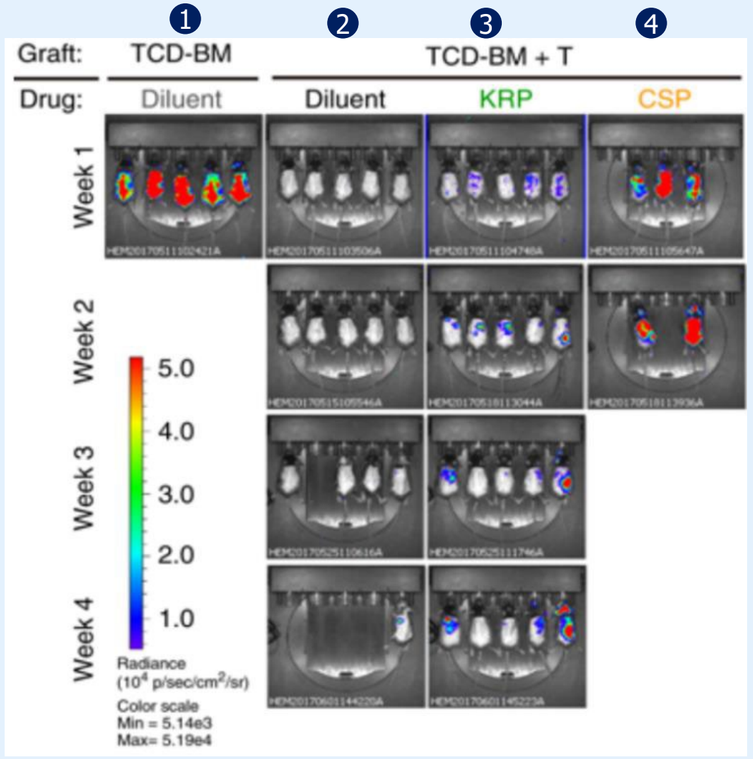
B6 -> BDF1 with luciferase+ allo T cells

Peripheral depletion of allo-T cells by mocravimod is accompanied by an increase of allo-T cells in lymph nodes

Efficient sequestration of allo T cells in LN and prevention of gut infiltration with mocravimod treatment

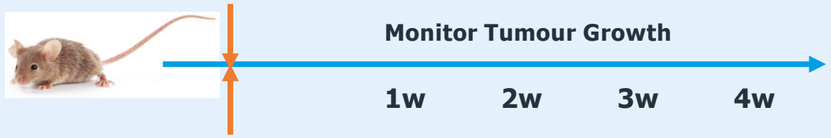
NON-CLINICAL PROOF OF CONCEPT

Mocravimod augments GvL resulting in improved tumor control, survival and reduced relapse (leukemia death)



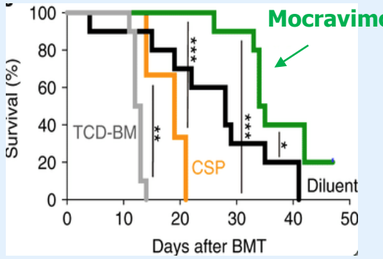
KRP = Mocravimod, CSP = Cyclosporin A, TCD-BM = T cell depleted Bone Marrow

Conditioning TCD-BM
+/- T cells + Tumor Cells (luciferase)

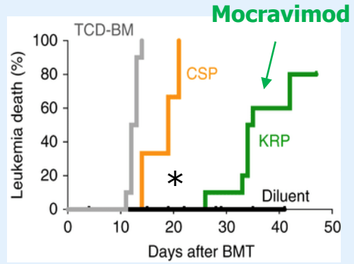


PBS (Diluent) / KRP203 / Cyclosporin (CSP)

Survival



Leukemia death



- **No treatment (Diluent) leads to death due to GvHD**
- **Only CSP leads to death due to tumor**

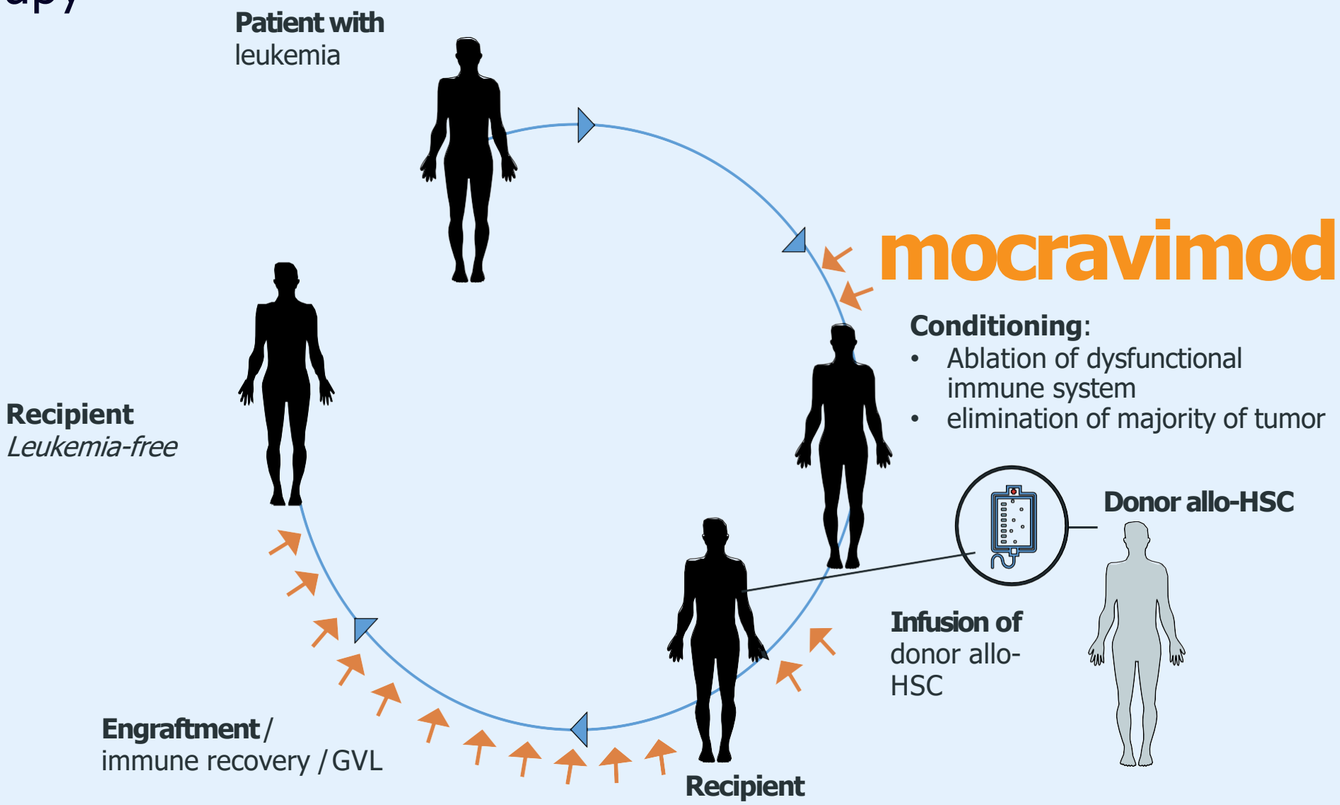
Yokoyama et al, 2020

1. **No T cells:** Strong tumor growth (no GvL)
2. **Add T cells:** Tumor controlled by GvL (but severe GvHD)
3. **Add T cells and KRP203:** Tumor well-controlled (GvL) and no GvHD
4. **Add T cells and strong immunosuppression (CSP):** Tumour not controlled

Mocravimod reduces tumor burden, improves relapse (leukemia-free survival) and improves overall survival, **all hallmarks of improved GvL**

MOCRAVIMOD CLINICAL USE

Mocravimod can eliminate residual leukemic cells or lymphomas that escape conditioning or chemotherapy



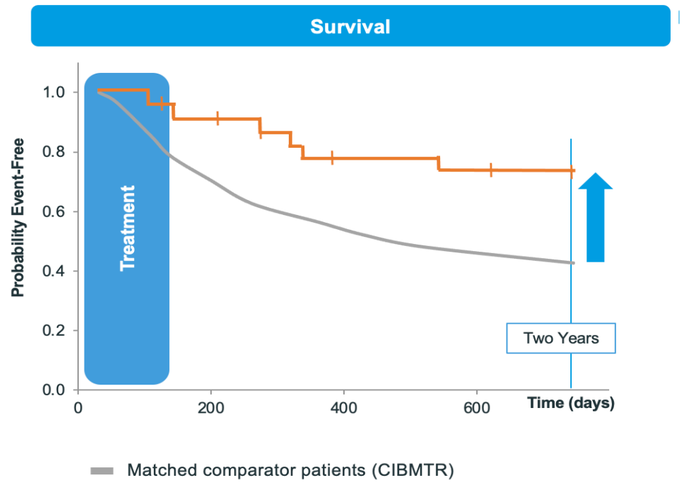
Daily oral dosing for 12 months

HIGH BENEFIT POST ALLO-HCT FOR BLOOD CANCER PATIENTS

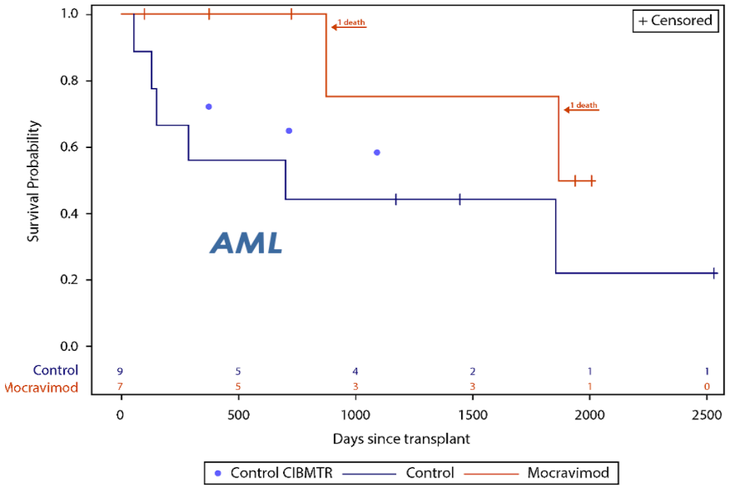
What makes Priothera different?

- Excellent clinical outcome from Novartis study: 40% improved survival
- MoA has broad effect preventing relapses and death & is applicable to all hematologic malignancies post allo-HCT & CAR-T therapies
- No significant competition with other compound classes
- No competition within S1PR compound class

NOVARTIS

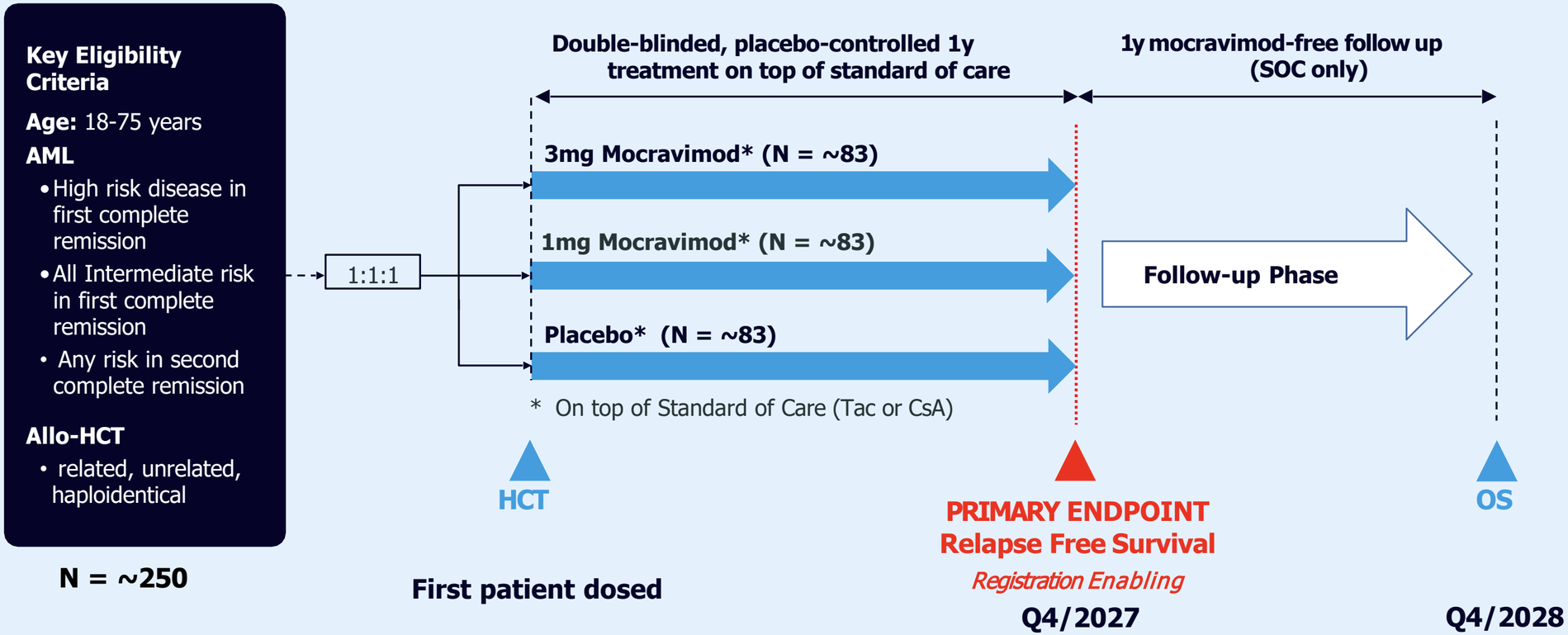


NOVARTIS



CLINICAL STUDY: PIVOTAL PHASE 3

Validated End-Points: Relapse Free Survival (RFS) at 1y and Overall Survival (OS) at 2y



Study designed with feedback from regulators to support approval in USA, EU and Japan

De Lima et al., Blood, Suppl., 2022 (On-line Abstract ASH 2022)

BLINDED DATA ANALYSIS MO-TRANS

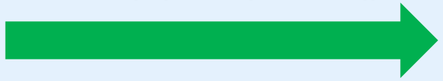
Efficacy in line with expectations

Relapse Free Survival at 1y (patients who survived who did not relapse and did not die for any cause): 19% absolute improvement is a high impact

* Without relapse or death

Patient#	Standard of Care RFS	19% improvement
	66%	85%
65 patients	42.9 patients *	55.2 patients *

Blinded Ph3
1/3 SOC 2/3 Treated
(1mg 90%/3mg 100% efficacy)



* Without relapse or death

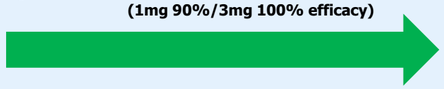
Blinded Ph3 "expected"	ACTUAL
75.8%	75.4%
49.3 patients *	49 patients *

28% reduction of RFS events compared to SOC

Severe aGvHD (gr3-4) at 6 months
Secondary endpoint : 30% relative improvement is a high impact

Patient#	Standard of Care aGvHD	30% improvement
	10%	6.3%
98 patients	9.8 events	6.86 events

Blinded Ph3
1/3 SOC 2/3 Treated
(1mg 90%/3mg 100% efficacy)



Blinded Ph3 "expected"	ACTUAL
7.8%	5.2%
7.61 events	7 events

30% reduction severe aGvHD compared to SOC

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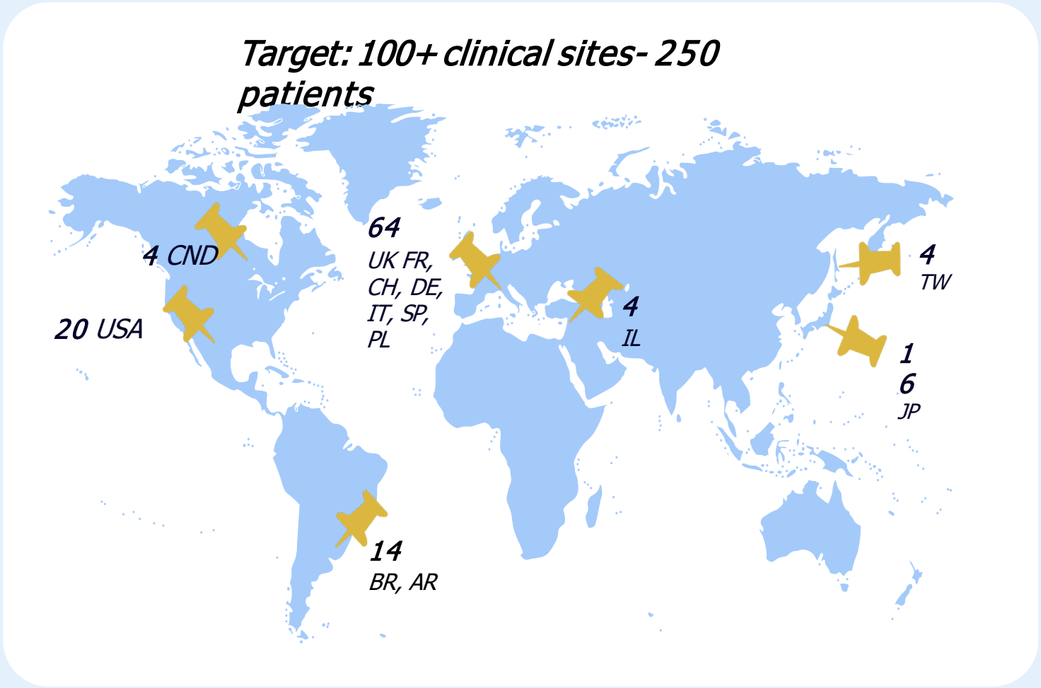
GLOBAL PRESENCE OF CLINICAL OPERATIONS

MO-Trans Phase 3 clinical sites in all major regions



Protocol optimized with feedback from FDA and EMA

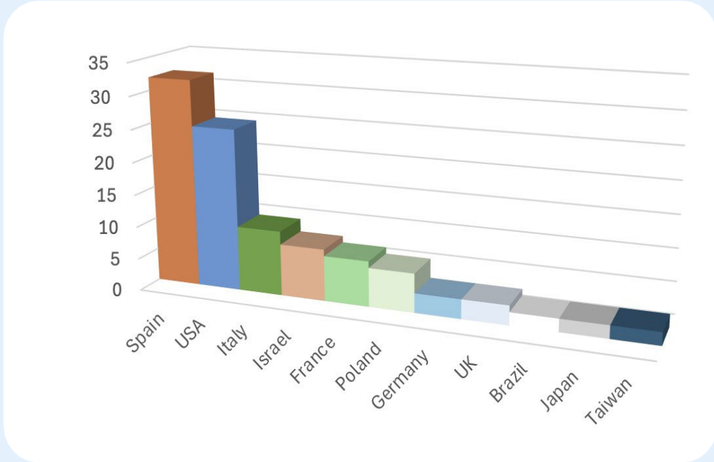
Engagement with leading Hematology/Oncology Experts & renowned Medical Centers

USA: *Moffitt Cancer Center, Ohio State University, Dana Farber| Harvard*

Europe: *King's College Hospital, Hospital Saint Louis, Universidad de Salamanca*

10-20 pts per month enrollment

On track for ~250 patients
On track for top-line results by Q4 2026 (RFS)



Q&A

Thank you for your attention