
me
THERAPEUTICS
Developing next generation therapeutics
targeting immune suppression
METX: CSE | FSE:Q9T

FORWARD-LOOKING STATEMENT

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Forward-looking statements are based on certain assumptions regarding the Company's intention to develop its business and its operations; the Company's ability to successfully execute its plans and intentions; the accuracy of the cost estimates relating to the execution of the Company's business plan; the competitive landscape for the drug candidates; that the results of further research and development with respect to the Company's drug candidates will support further development and investment; the intended therapeutic benefits of our drug candidates; the ability of the Company to find a suitable partner for potential clinical development; the ability of the Company to obtain future FDA, Health Canada and other similar regulatory approvals for its drug candidates, as required; process and timing for obtaining the requisite regulatory approvals for advancement and, if warranted, commercialization, of our drug candidates; the impact of competition and the competitive response to the Company's business strategy; the timing and amount of capital and other expenditures; the conditions in financial markets and the economy generally; and the Company's ability to attract and retain skilled staff. While the Company considers these assumptions to be reasonable based on information currently available, they may prove to be incorrect.

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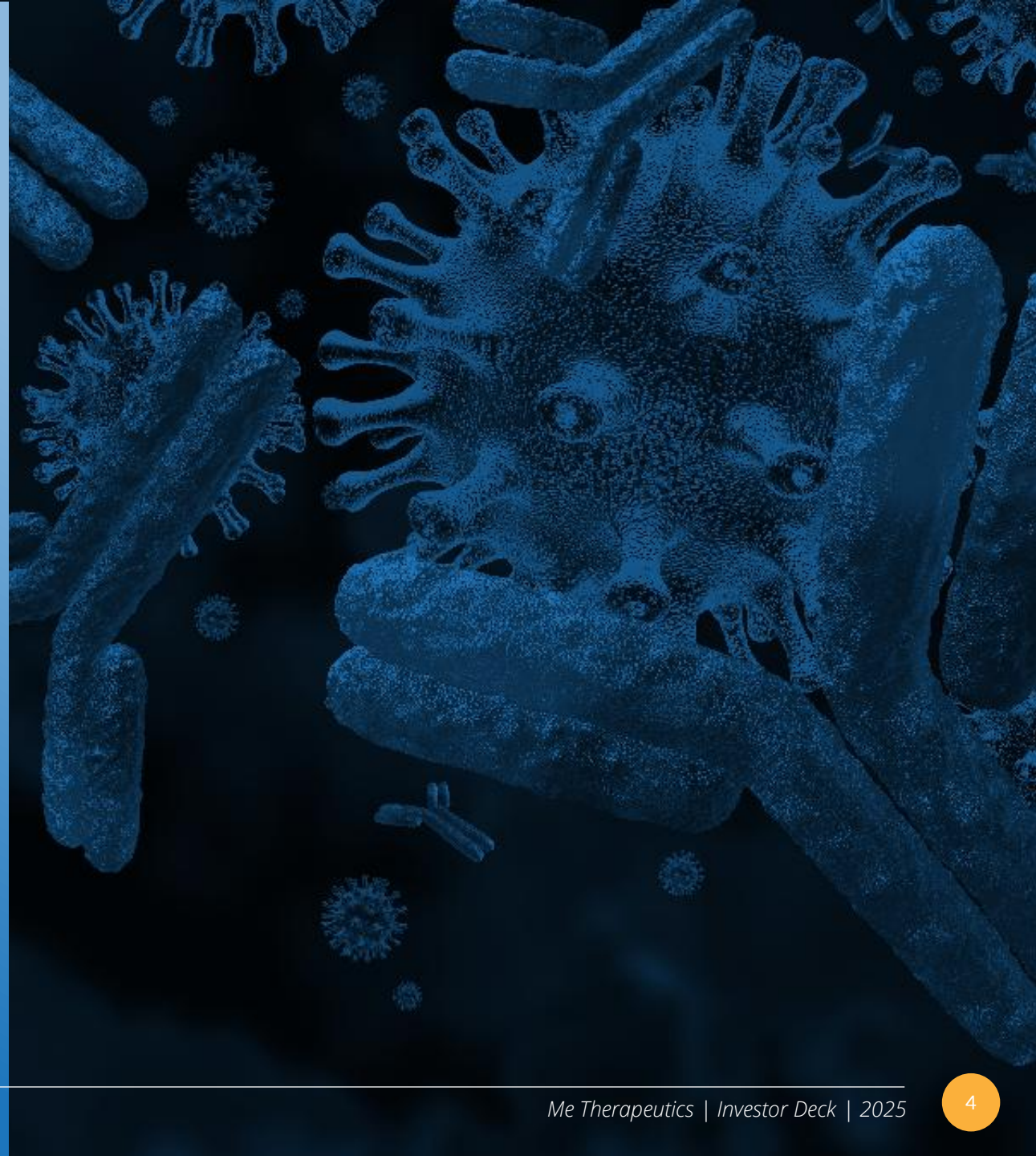
INTRODUCTION

Immuno-Oncology (IO) is a new area of clinical cancer research which has proven to be successful in treating previously untreatable cancers. IO drugs target the immune system rather than the cancer directly which allows them to be used to treat multiple cancer types with mostly manageable side effects.

ABOUT US

Myeloid Enhancement (ME) Therapeutics is a preclinical stage biotechnology company involved in the discovery and development of novel immuno-oncology therapeutics targeting immune suppression in cancer. Our focus is on overcoming the suppressive effects of an important class of immune cells called myeloid cells to enhance anti-cancer immunity.



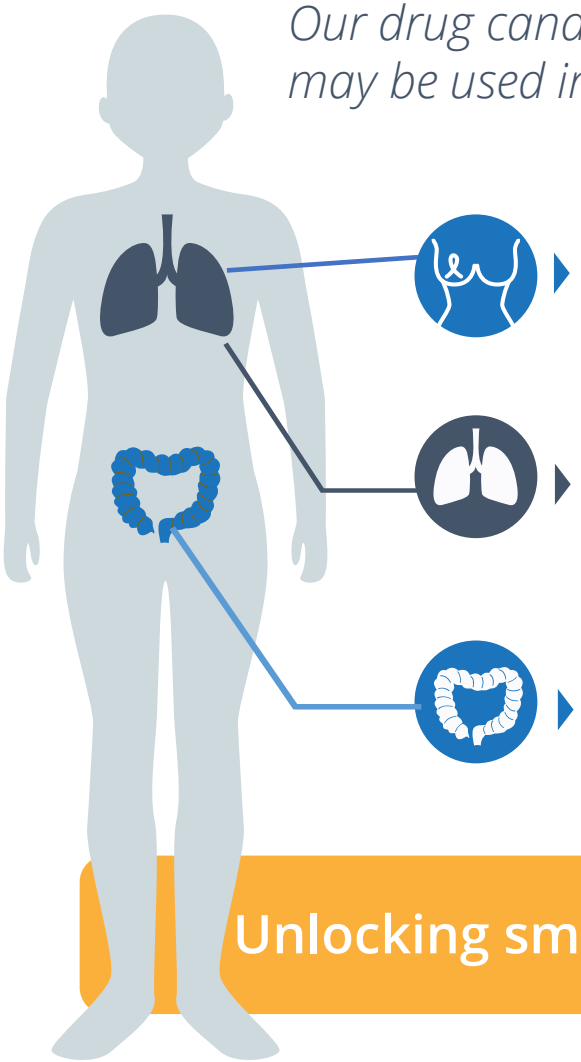
FACTS ON CANCER

2018 >	**18.1 million** *new cases of cancer* > **9.5 million** *deaths worldwide**
2023 >	**$40.74 billion** > *Global IO market***
2034 >	**$396 billion** > *expected growth of global IO market***
BY 2040 >	**29.5 million** *new cancer cases* > **16.4 million** *deaths**

**cancer.gov ** Research and Markets*

THE LANDSCAPE

Our drug candidates target the immune system and not the cancer directly so they may be used in several cancer types.



BREAST CANCER

*(310,720 estimated cases in the U.S. in 2024)**

LUNG CANCER

*(234,580 estimated cases in the U.S. in 2024)**

COLORECTAL CANCER

*(152,810 estimated cases in the U.S. in 2024.)**

PRICING AND TARGET MARKET

Current Immuno-Oncology (IO) drugs (Keytruda, Opdivo) = *~$150,000 per patient irrespective of cancer type*

IO drug combinations = *~$250,000***

Unlocking small fraction of the market = significant revenue potential

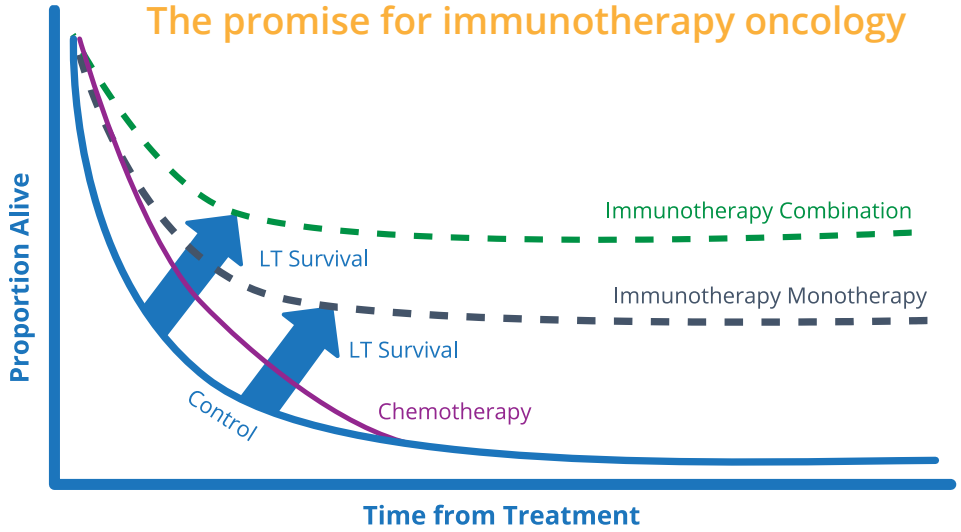
**seer.cancer.gov | ** https://www.reuters.com/article/us-usa-healthcare-cancer-costs-idUSKBN1750FU*

THE FACTS

IMPROVING CURRENT THERAPIES BY TARGETING MULTIPLE PATHWAYS

COMBINATION THERAPIES MAY FURTHER IMPROVE PATIENT OUTCOME

- *Current IO drugs (especially anti-PD1 checkpoint) have shown remarkable efficacy in some patients*
- *Targets the immune system and not cancer directly*
    - *Market leading PD-1 checkpoint inhibitor Keytruda approved in 40 indications with $29.5B in revenue in 2024*
- *Not all cancers respond to single-agent IO and many relapse*
- *Novel mechanisms may lead to efficacy in colorectal or ovarian cancers where current IO is ineffective*
- *Combine checkpoint with myeloid cell targeting therapy to increase response rate*
    - *Allow more patients to benefit from IO*
    - *Target large unmet need*
    - *Increase market share for existing therapies through more effective combinations*



For many disease states, the tail of the survival cure with immunotherapy represents a significant improvement over controls, with combination regimens providing an even greater advantage. Nevertheless, long-term survivors are still in the minority.

Credit: Michael Koloziej, MD, National Medical Director for Oncology Solutions, Aethna

ICLIO

http://obroncology.com/article/accc-iclio-navigating-the-future-of-immuno-oncology-and-whos-going-to-pay-for-it-2/3/

**Research and Markets*

EXPERTISE IN THE CANCER RESEARCH SPACE WITH A PROVEN SCIENTIFIC TRACK RECORD

OUR TEAM

SALIM DHANJI | PhD, CEO, Director & Founder

- *Former director of preclinical research at Qu Biologics*
- *Industry and academic expertise in cancer, autoimmunity and inflammation*

KARIM LALJI | Chief Business Officer

- *Experienced pharma executive (Merck, Microbion, Sepracor, Cardiome)*

KENNETH HARDER | PhD, Director

- *Associate Professor at University of British Columbia*
- *Expertise in myeloid cell biology, lipid nanoparticle delivery systems, and cancer*

JOHN PRIATEL | PhD, Director

- *Honorary Assistant Professor at University of British Columbia*
- *Expertise in lymphocyte biology, inflammation, and cancer*

KARIM NANJI | Director

- *CEO Marble Financial*

QUINN MARTIN | CPA, CFO

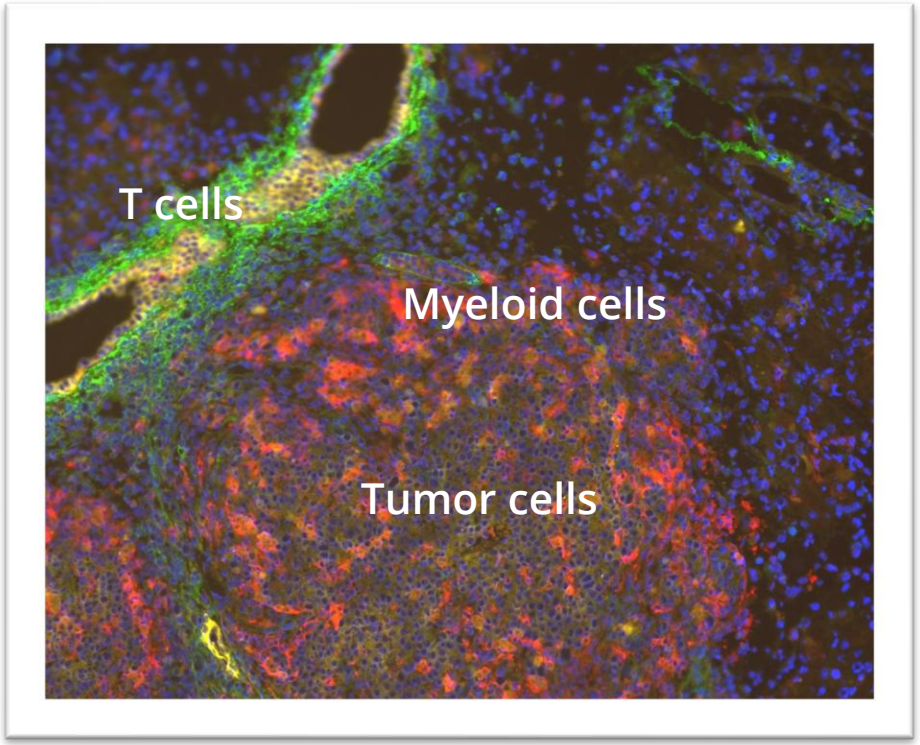
- *Principal at DBM CPA*

THE FACTS

MYELOID CELLS HINDER CANCER KILLING

MYELOID CELLS ARE A ROADBLOCK TO IMMUNE CHECKPOINTS

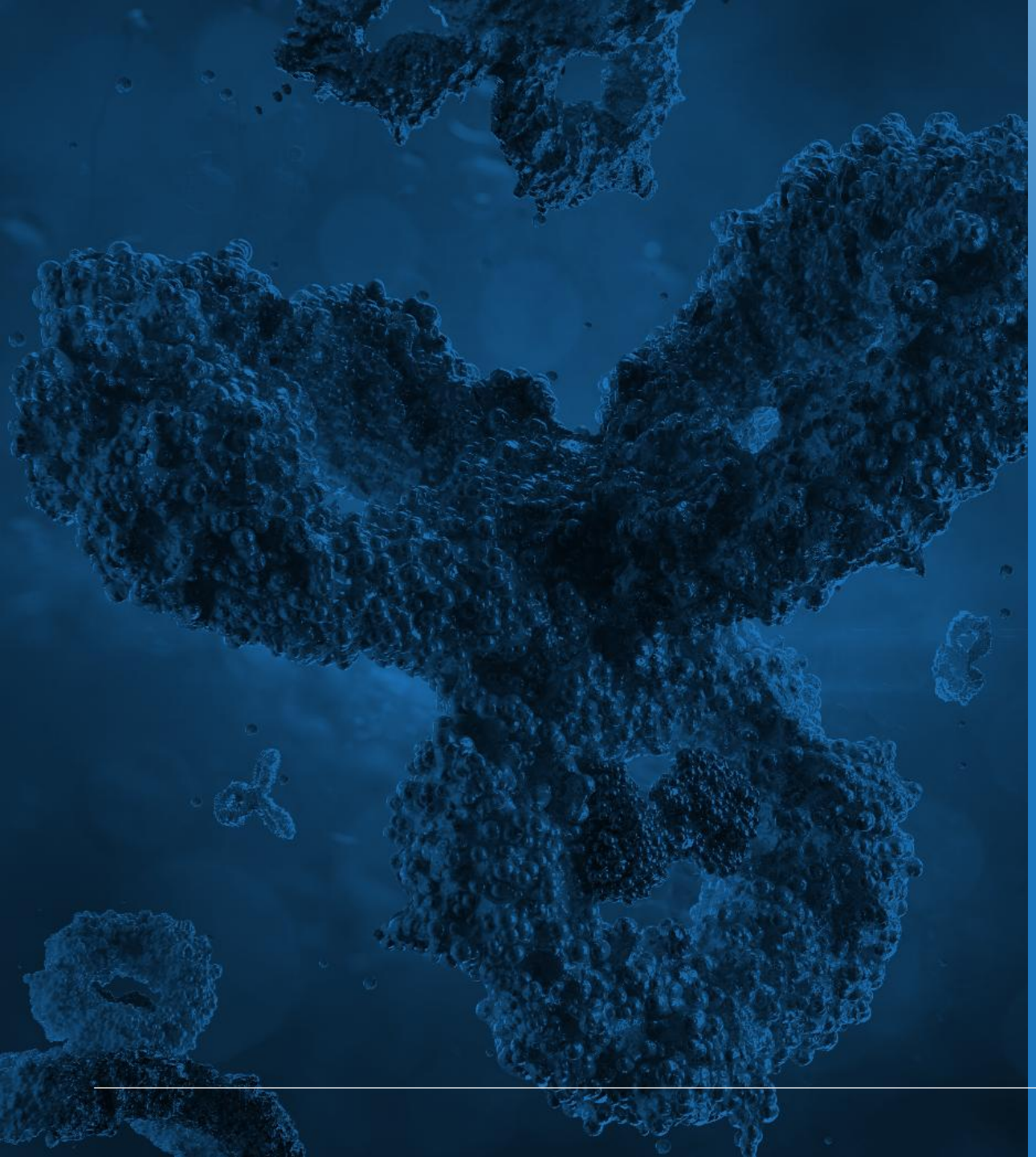
- *Most current IO drugs target cancer killing T cells*
- *Myeloid cells interfere with T cell function but can be targeted or reprogrammed to help eliminate tumor cells*
- *Myeloid targeting can be effective in currently unresponsive tumours*
- *Combining myeloid targeting with T cell targeting may be the next wave of IO*



Fluorescent microscope image of a spontaneous pancreatic tumor showing the spatial relationship between T cells (green) and myeloid cells (red) in relation to the tumor cells. (Dhanji 2008)

MYELOID TARGETED IO PIPELINE

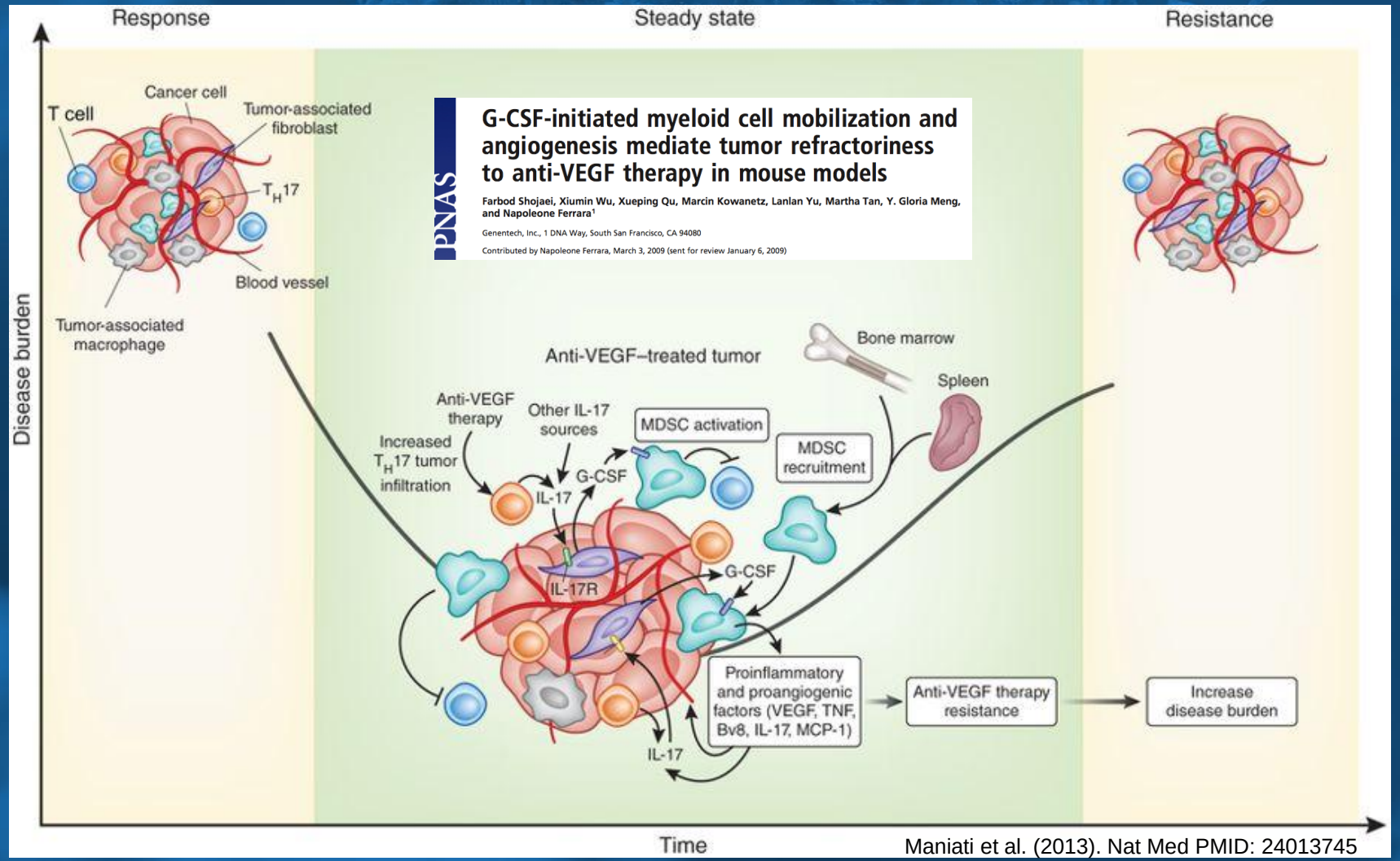
MOLECULE	DISCOVERY	PRECLINICAL	PHASE 1
H1B11-12 (G-CSF AB) Targeting mCRC and ovarian cancer			
THERAPEUTIC MRNA1 Tumor-specific immune stimulation			
THERAPEUTIC MRNA2 Tumor-specific suppression target			
CAR MACROPHAGE In vivo CAR delivery targeting fibrosis			



H1B11-12 (ANTI-G-CSF) DEVELOPMENT

- Anti-G-CSF antibody with picomolar affinity
- Preliminary safety demonstrated in non-human primate studies
- Surgical oncologists engaged and excited to initiate trial
- GMP cell line development underway
- Aiming for pre-IND meeting Q4 2025
- Exploring use to treat VEGF resistance in metastatic colorectal and ovarian cancer
- Exciting opportunity to overcome resistance to VEGF therapies based on science
- May lead to combination with PD-1/VEGF-A targeting antibodies in other indications

G-CSF BLOCKADE OVERCOMES RESISTANCE TO ANTI-VEGF



PNAS

G-CSF-initiated myeloid cell mobilization and angiogenesis mediate tumor refractoriness to anti-VEGF therapy in mouse models

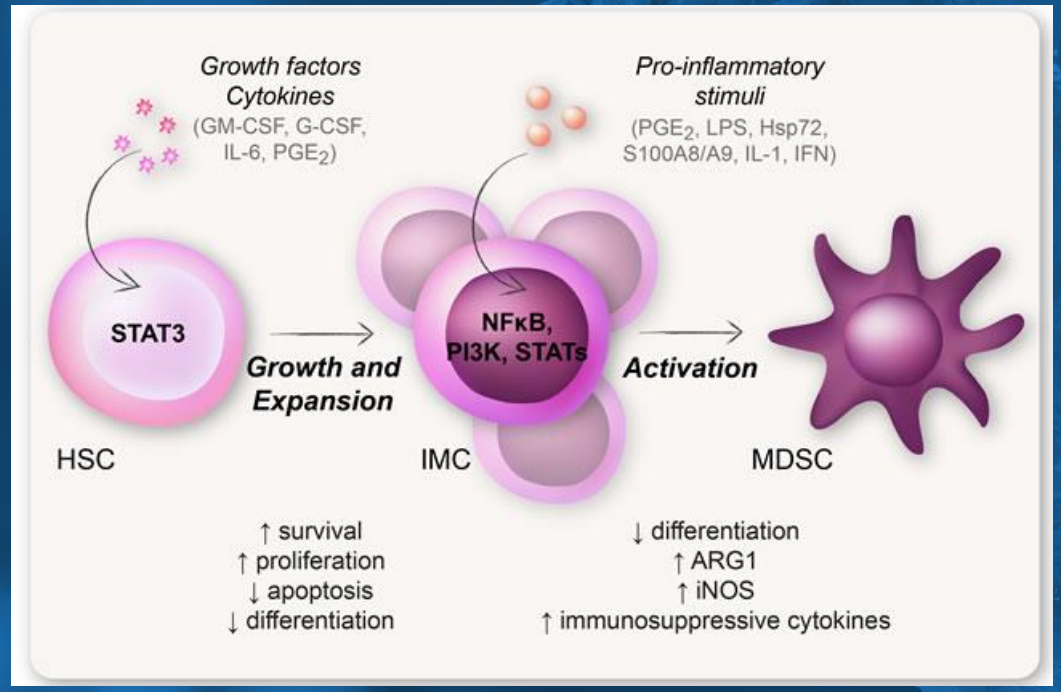
Farbod Shojaei, Xiumin Wu, Xueping Qu, Marcin Kowanetz, Lanlan Yu, Martha Tan, Y. Gloria Meng, and Napoleone Ferrara[1]

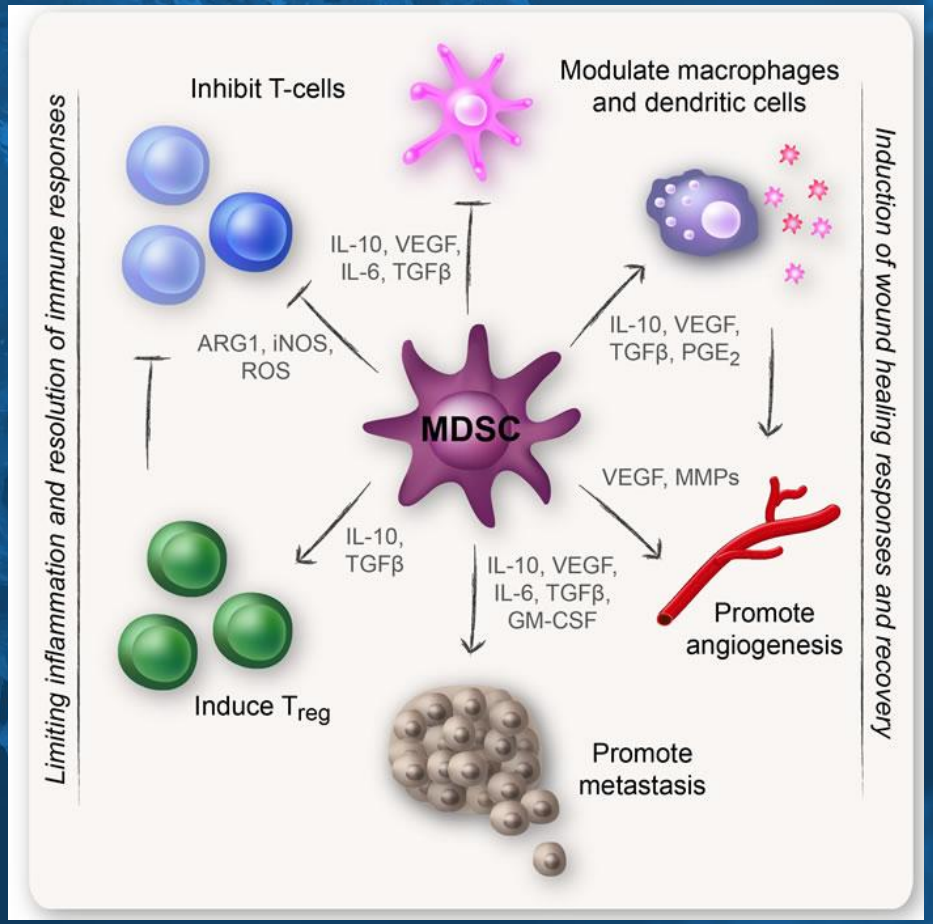
Genentech, Inc., 1 DNA Way, South San Francisco, CA 94080

Contributed by Napoleone Ferrara, March 3, 2009 (sent for review January 6, 2009)

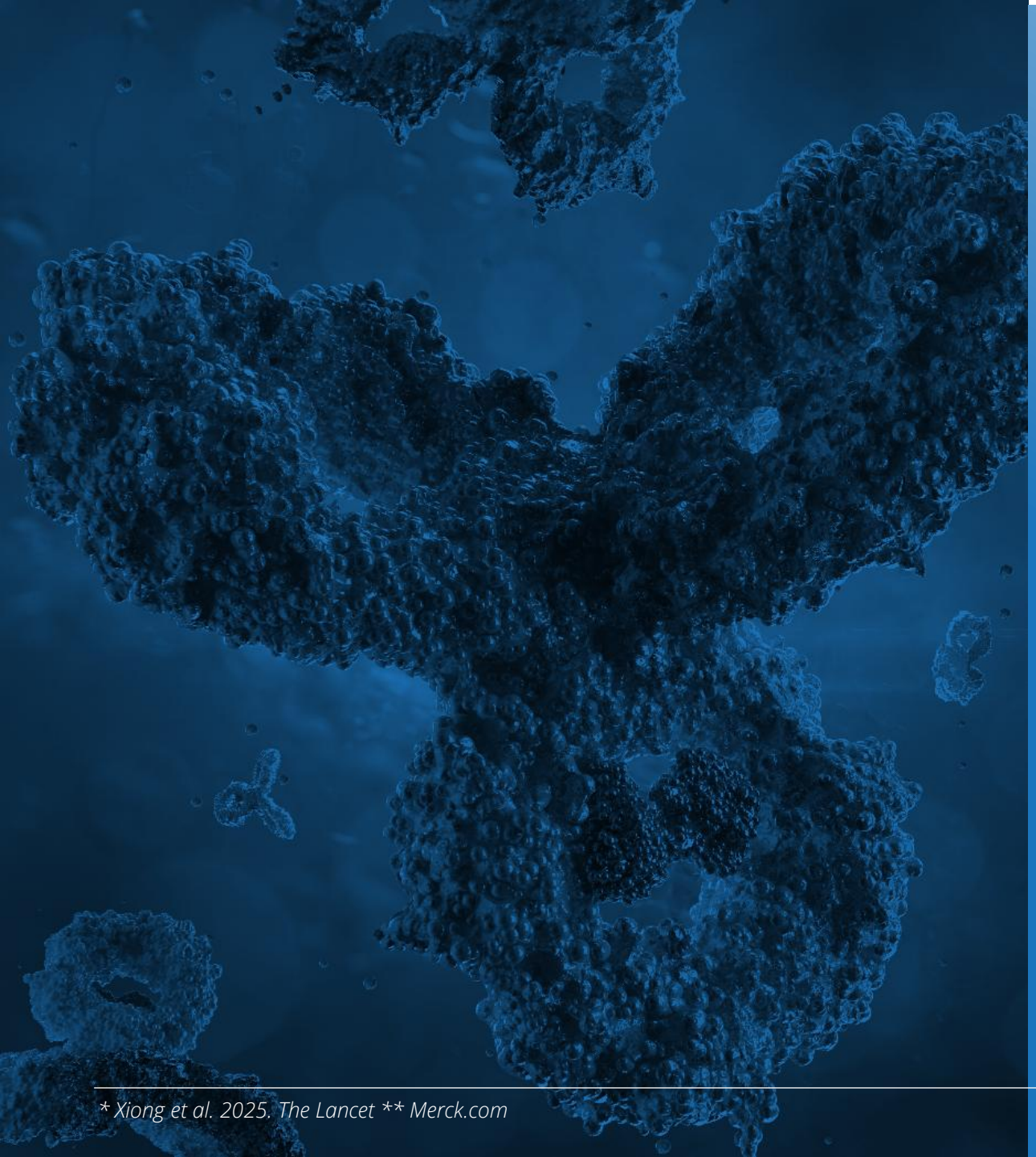
Maniati et al. (2013). Nat Med PMID: 24013745

G-CSF INDUCES MDSC EXPANSION AND IMMUNE SUPPRESSION





Targeting G-CSF has the potential to overcome several mechanisms of immune suppression



ANTI-G-CSF MAY ENHANCE ANTI-VEGF RESPONSES

- Lead indications are metastatic colorectal (mCRC) and ovarian cancer → currently not treatable with IO
- Clinical success of Summit Therapeutics PD-1/VEGF bi-specific (Ivonescimab) is creating a new category in IO
  - Ivonescimab improved survival vs Keytruda* ($29.5B** in sales in 2024) in clinical trial
- Merck licensed PD-1/VEGF bispecific from LaNova Medicines for $588M upfront**
- G-CSF blockade has potential to overcome known VEGF resistance mechanisms
  - Potential combination with future PD-1/VEGF therapies
- Resistance to anti-VEGF therapy (standard of care) is common in mCRC or ovarian cancer

** Xiong et al. 2025. The Lancet ** Merck.com*

THERAPEUTIC MRNA

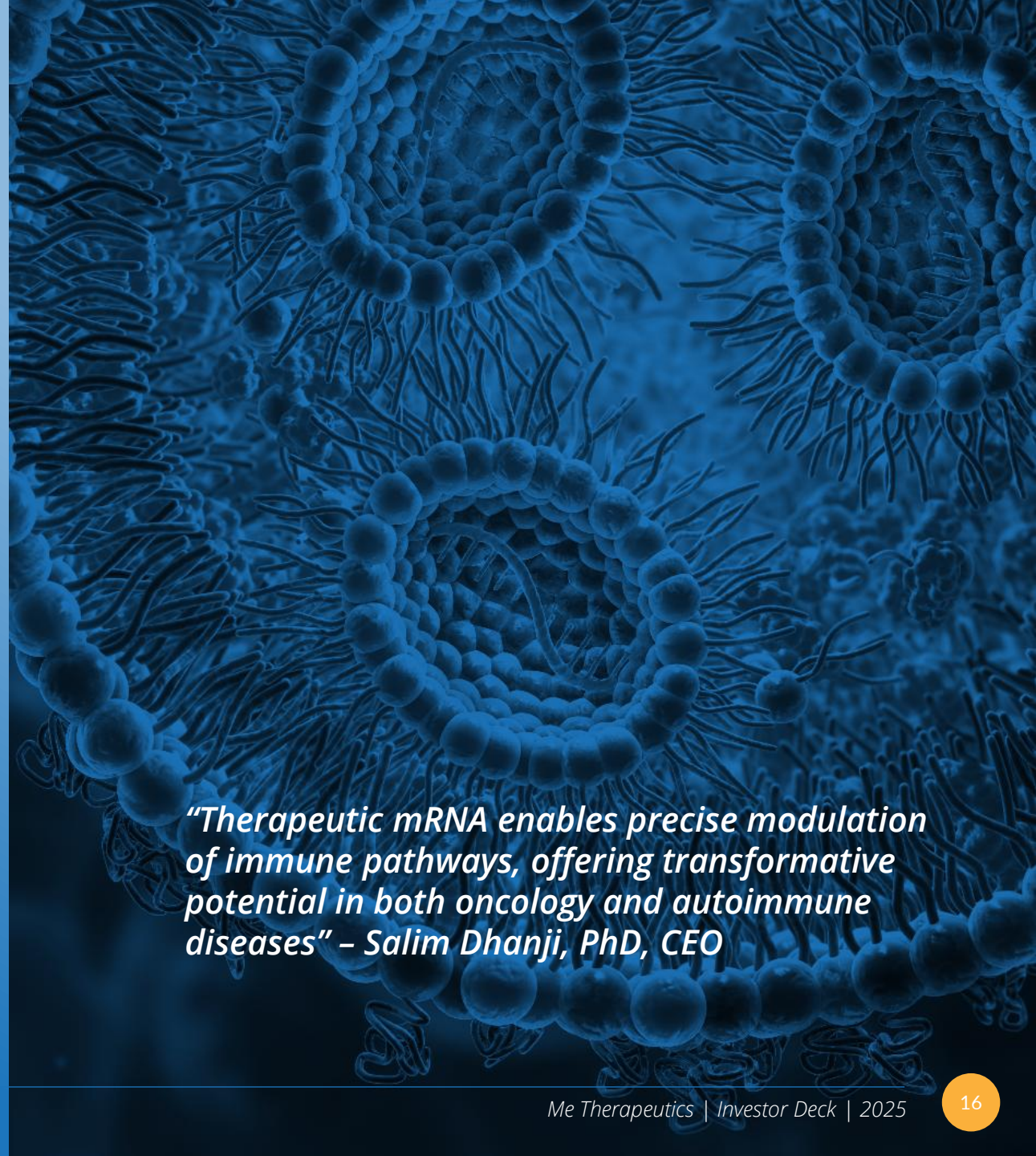
Designed to modify cancer or autoimmune responses

Advantages:

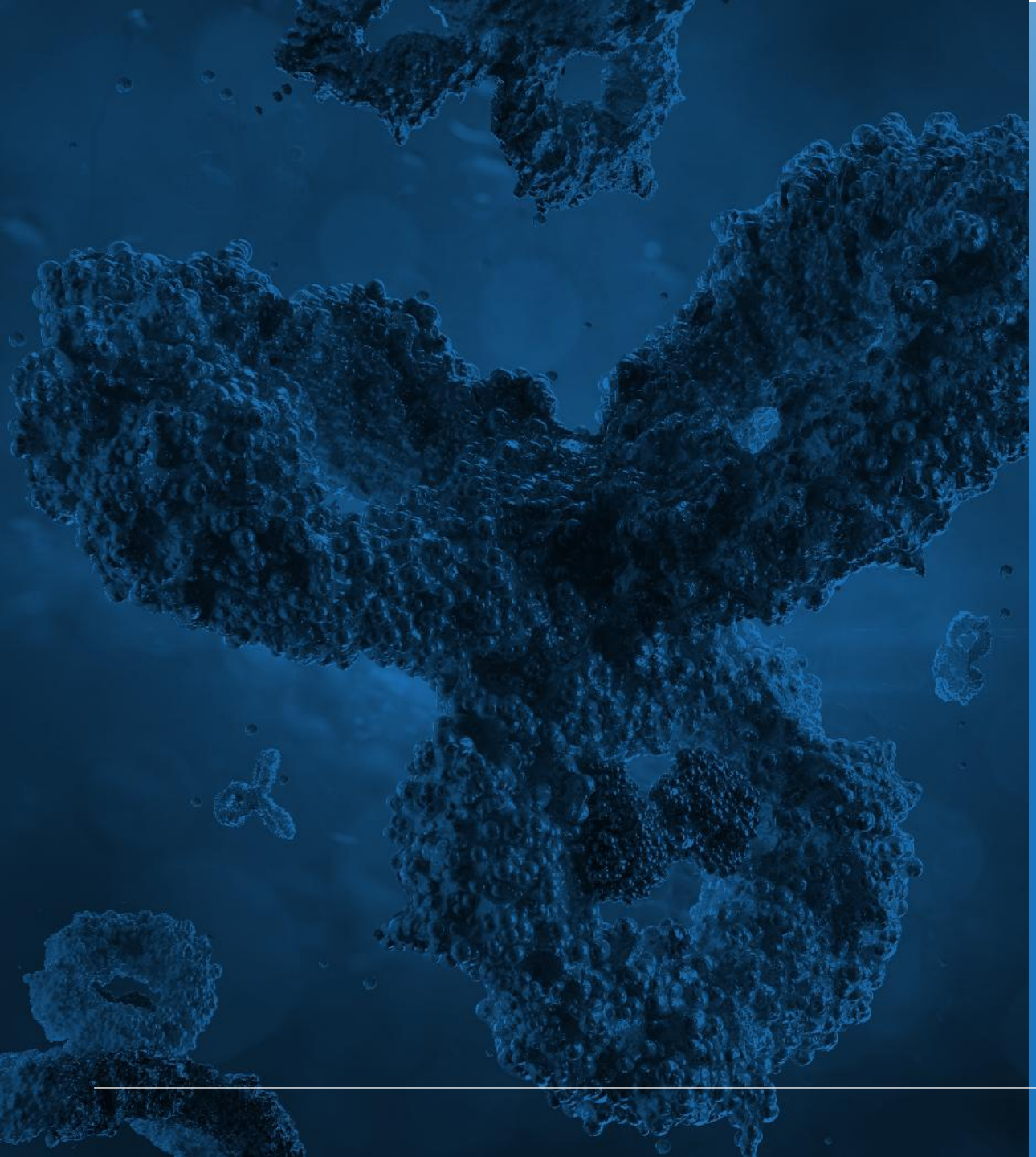
- *Targeted Therapy –reprogram immune cells*
- *Versatility- broad applicability in cancer and autoimmunity*
- *Safety – minimal risk of genetic mutations*
- *Speed of Development – ability to design and synthesize in days for quick testing*
- *Low cost*
- *Accelerated clinical pathway – safety already proven*

Key Applications:

- *Cancer treatment*
  - *modulating tumor microenvironment*
  - *Chimeric Antigen Receptor (CAR) delivery*
- *Autoimmune diseases*
  - *Reduce inflammation*



"Therapeutic mRNA enables precise modulation of immune pathways, offering transformative potential in both oncology and autoimmune diseases" – Salim Dhanji, PhD, CEO



MODIFIED MRNA PROGRAM

Development of mRNAs encoding immunomodulatory proteins, CARs, and nanobodies

Proprietary mRNA sequence design to control protein expression in vivo

- *Tissue-specific expression of chimeric mRNAs*
- *Reduce systemic toxicity of key immunological targets*

Potential use of a single therapeutic mRNA for both cancer and inflammatory indications

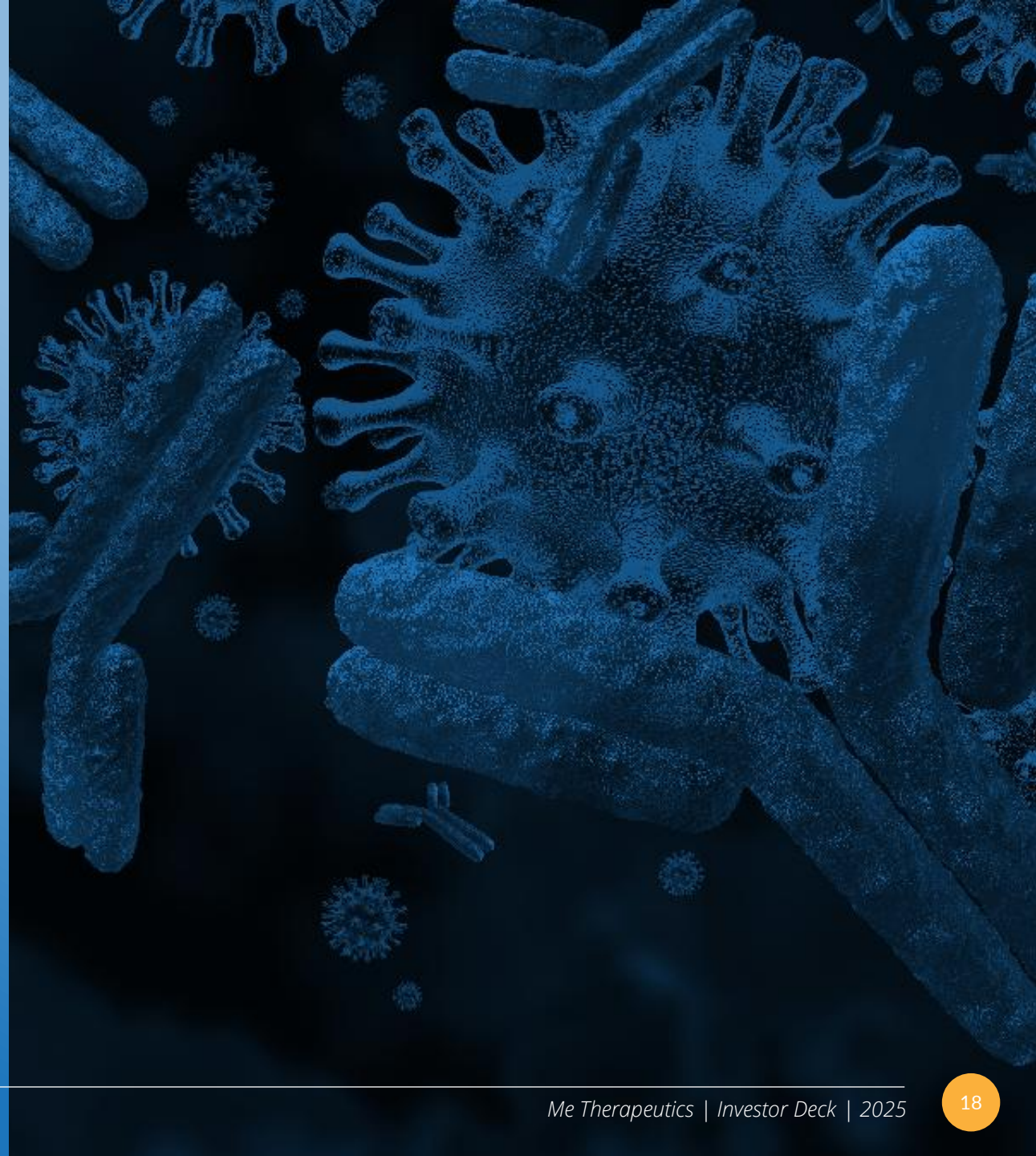
Potential platform technology for design of multiple therapies → Building a high value drug pipeline at minimal cost

MRNA DELIVERY

Partnered with NanoVation Therapeutics (NTx)

- *Long circulating Lipid Nanoparticle (LNP) addresses a key challenge in mRNA delivery*
  - *Reduces liver uptake*
  - *Increases immune cell targeting in tumors*
  - *Novo Nordisk recently chose NTx as a partner for its metabolic disease program*

Layered patent protection based on mRNA sequences and mRNA/LNP combinations



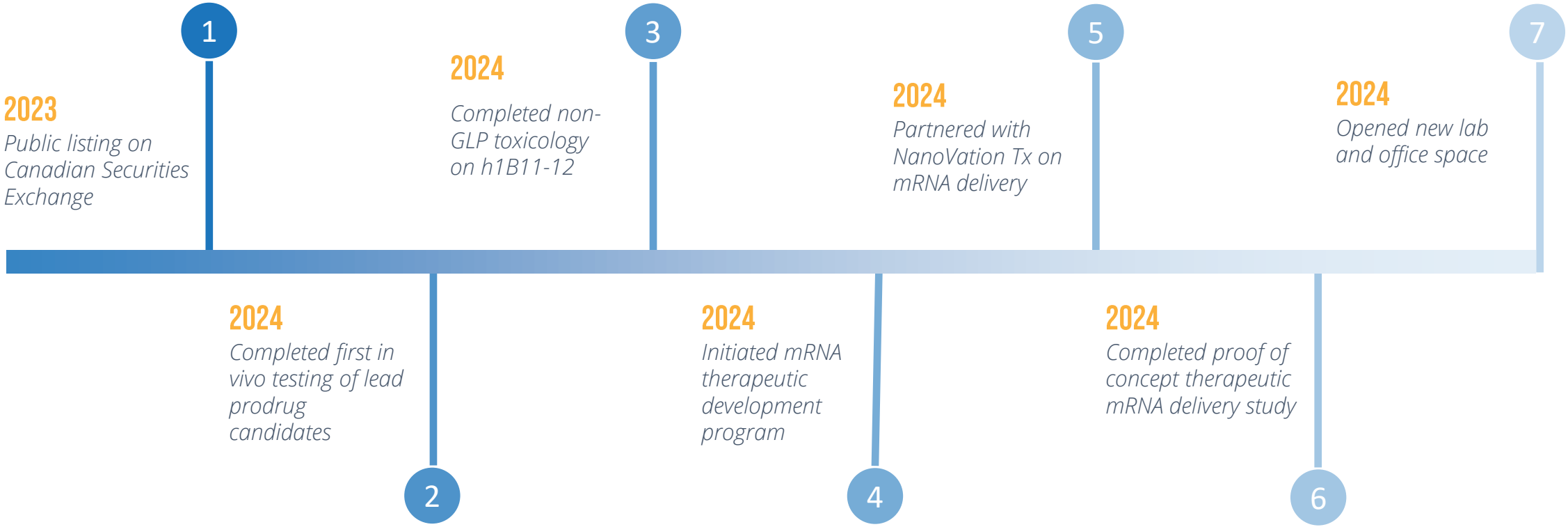
IN-LICENSING AND I&I PROGRAMS

- *Currently exploring in-license of clinical stage asset with upcoming clinical data readout*
  - *Potential to fill a large unmet clinical need in blood cancers*
  - *Current phase fully funded*
  - *Unique opportunity to gain access to clinical data before decision on potential registration trial*

- *Strong partnerships provide low-cost access to potential early-stage assets in IO and I&I using cutting edge technology*

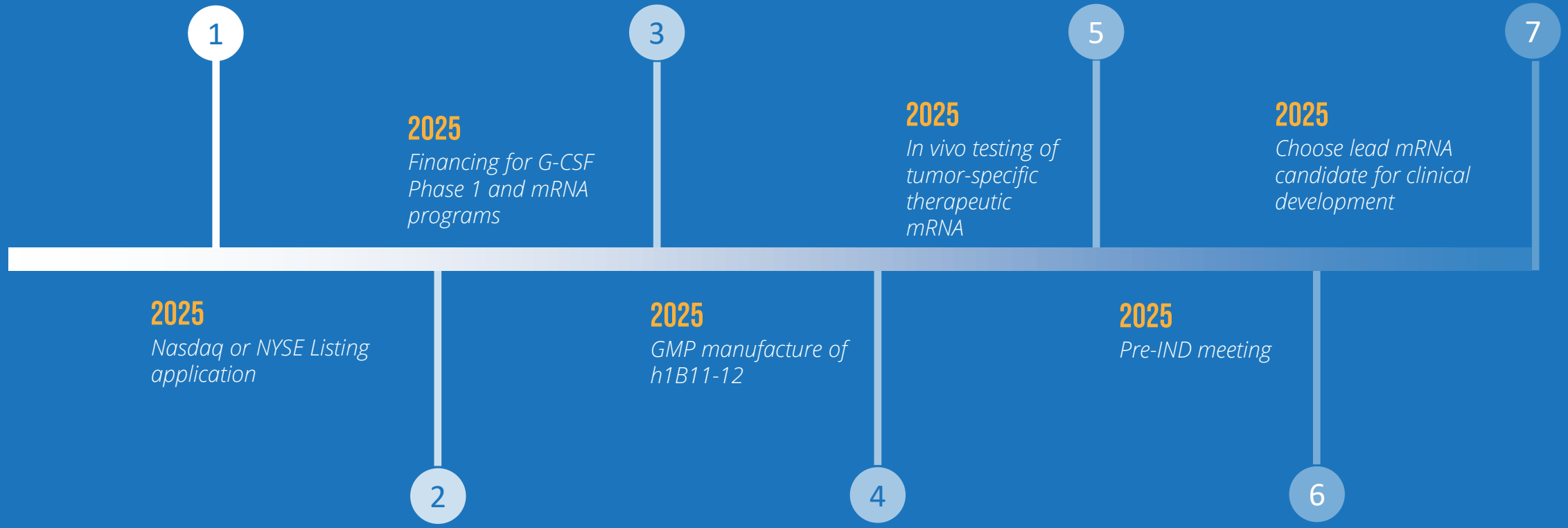
COMPANY MILESTONES

WHERE WE STARTED



COMPANY MILESTONES

WHERE WE'RE HEADED



TECHNOLOGY

Using cutting-edge technology to develop next generation drug candidates against key immunological targets.

LEAD CLINICAL CANDIDATE

Potential de-risked antibody-based therapy for metastatic colorectal and ovarian cancer

OUR PROGRAM

Targeting key pathways in myeloid cell biology to shift the tumor microenvironment

THERAPEUTIC MRNA PLATFORM

Tissue-specific expression of mRNA to improve immunity

OUR PROJECT OBJECTIVES

G-CSF ANTIBODY CANDIDATE PROGRAM

- *GMP cell line development and optimization of production underway (Q3 2025 completion)*
- *GMP production run*
- *IND-enabling studies in mCRC and ovarian cancer*
- *IND enabling GLP toxicology*
- *Phase I/II clinical trial*

THERAPEUTIC MRNA DISCOVERY AND DEVELOPMENT PROGRAM

- *Continue optimizing tissue-specific mRNA sequences*
- *Proof of concept efficacy studies in mouse models of cancer and inflammation*
- *Platform technology for developing multiple targets and potential partnership*
- *Continue work with NanoVation Therapeutics on formulation development*

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Thank You