



Unleashing the Power of the Immune System to Fight Cancer

Investor Presentation
December 2024



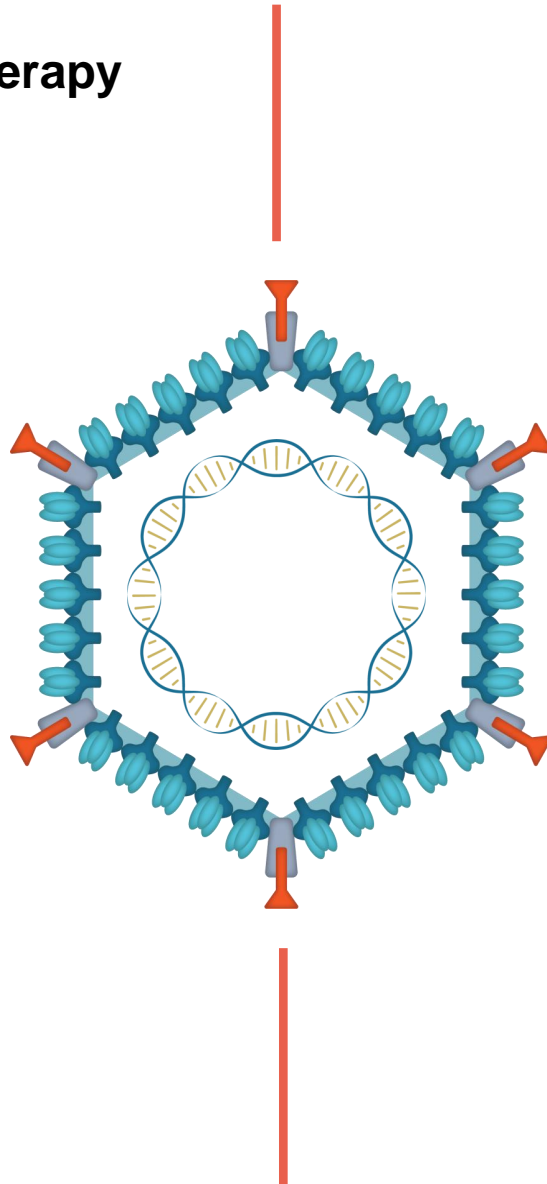
This presentation contains forward-looking statements, within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended and forward-looking information under applicable Canadian securities laws (such forward-looking statements and forward-looking information are collectively referred to herein as "forward-looking statements"). Forward-looking statements contained in this presentation include statements regarding our belief as to the potential, mechanism of action and benefits of pelareorep as a cancer therapeutic; our stated goals and objectives; our potential registration opportunities in breast and pancreatic cancer and the milestones and next steps associated therewith and the anticipated timing thereof; our anticipated cash runway; our key milestones in 2024 and beyond; our development strategy; and other statements related to anticipated developments in Oncolytics' business and technologies. In any forward-looking statement in which Oncolytics expresses an expectation or belief as to future results, such expectations or beliefs are expressed in good faith and are believed to have a reasonable basis, but there can be no assurance that the statement or expectation or belief will be achieved. Such forward-looking statements involve known and unknown risks and uncertainties, which could cause Oncolytics' actual results to differ materially from those in the forward-looking statements. Such risks and uncertainties include, among others, the availability of funds and resources to pursue research and development projects, the efficacy of pelareorep as a cancer treatment, the success and timely completion of clinical studies and trials, Oncolytics' ability to successfully commercialize pelareorep, uncertainties related to the research and development of pharmaceuticals, uncertainties related to the regulatory process and general changes to the economic environment. We may incur expenses or delays relating to such events outside of our control, including public health crises such as pandemics and epidemics, which could have a material adverse impact on our business, operating results and financial condition. Investors should consult Oncolytics' quarterly and annual filings with the Canadian and U.S. securities commissions for additional information on risks and uncertainties relating to the forward-looking statements. Investors are cautioned against placing undue reliance on forward-looking statements. The Company does not undertake to update these forward-looking statements, except as required by applicable laws.

Non-pathogenic, unmodified immunotherapy

- Targets cancer cells, but not normal cells
- Administered IV, delivers dsRNA into tumors
- Strong safety profile – has been given to >1,100 patients
- 147 patents provide extensive IP protection

Pela activates the immune system

- Induces anti-tumor innate and adaptive immune responses
- Makes tumors visible to the immune system
- Synergizes with chemotherapy and immuno-therapeutics including checkpoint inhibitors
- Clinical evidence showing changes to TME



Clear registration path in two indications

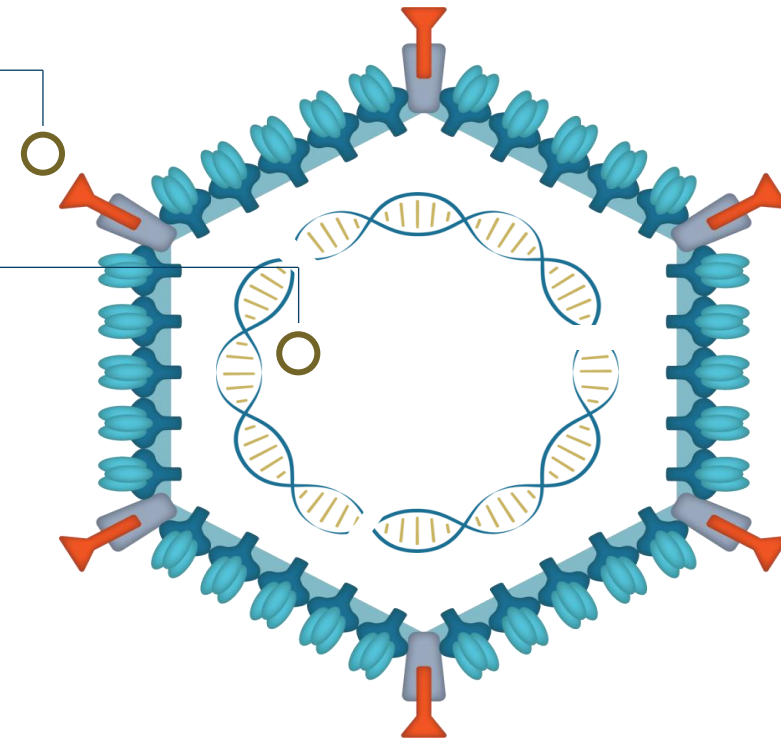
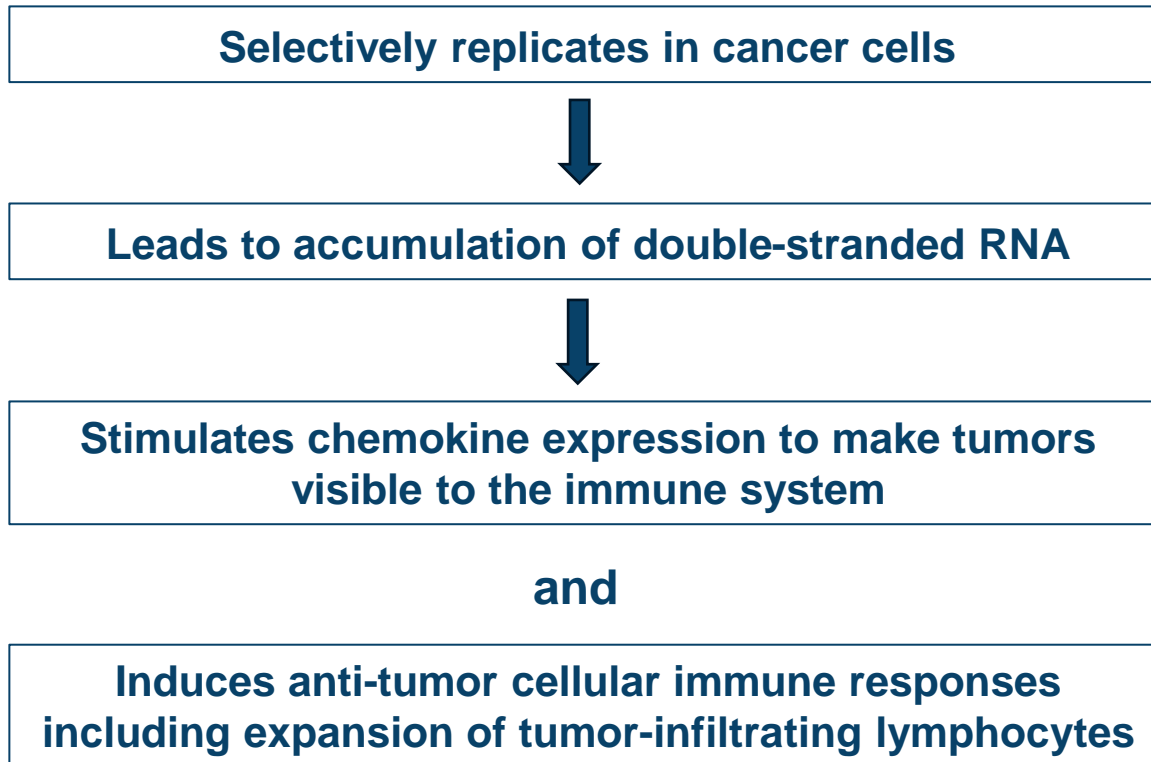
- Strong efficacy signal in breast and pancreatic cancer
- Fast Track designation for both indications
- Efficient registration path identified for both indications with potential for accelerated approval for breast cancer

Experienced team

- Extensive oncology drug development experience
- Track record of success in bringing new drugs to the market
- Decades of experience in manufacturing and product development
- Distinguished Scientific Advisory Board

Pelareorep is a First in Class Immunotherapeutic Agent

- **Non-genetically modified, non-pathogenic reovirus**
- **IV administration allows direct targeting of both primary and metastatic tumors**
- **Manufactured at commercial scale; requires no special handling**

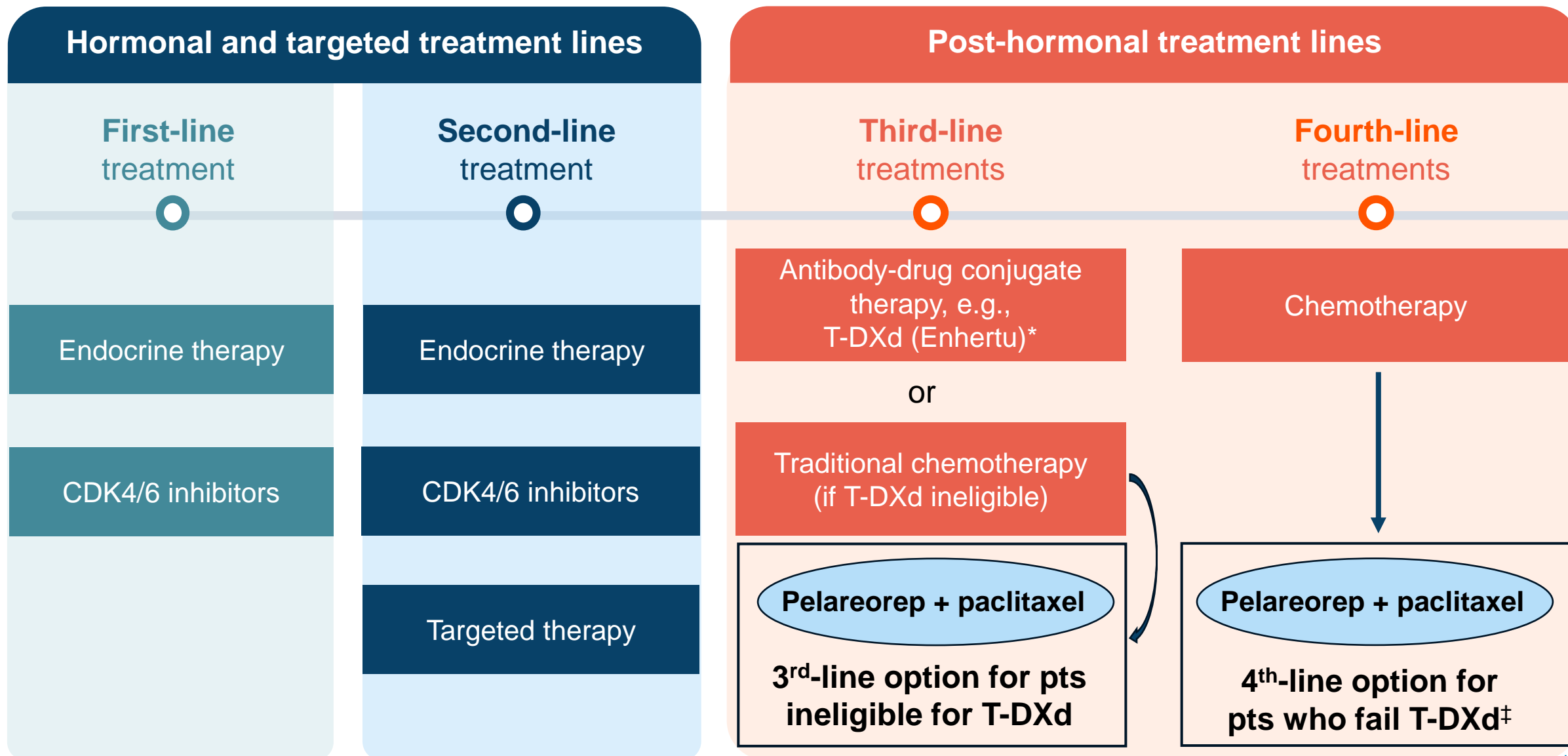




Pelareorep in HR+ / HER2- Breast Cancer



Pelareorep Offers New Options in the Evolving HR+/HER2- Advanced/Metastatic Breast Cancer Treatment Pathway



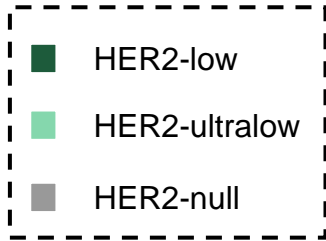
* Anticipated based on Destiny-Breast06 results (ASCO 2024)

‡ Due to progression on or inability to tolerate T-DXd

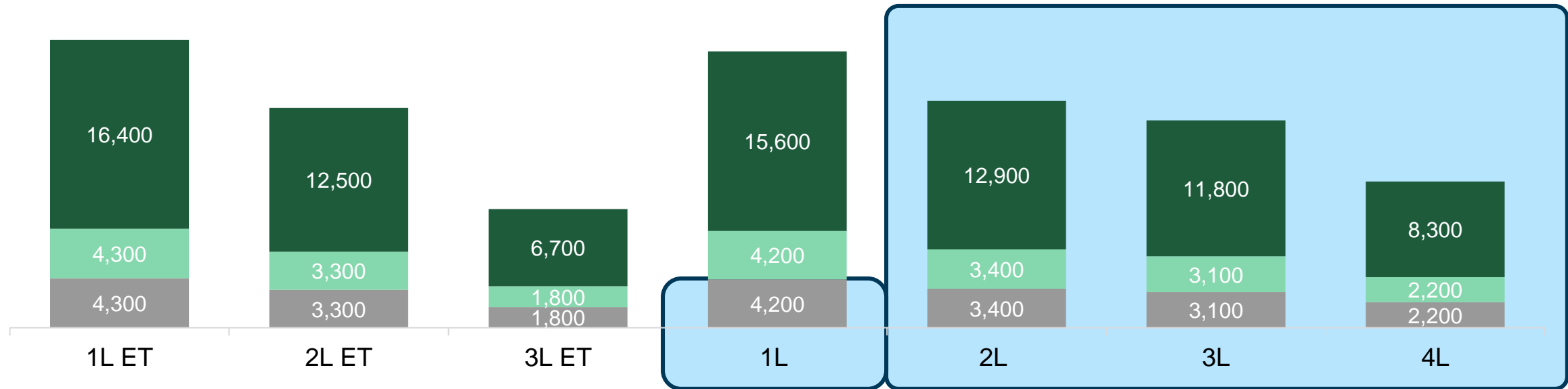
The HR+/HER2- mBC Segment Post Enhertu Represents ~55,000 Addressable Patients

Projected 2027 HR+ mBC Treated Prevalence Across Lines of Therapy in U.S.

(# of patients in 1,000s, Not Mutually Exclusive)



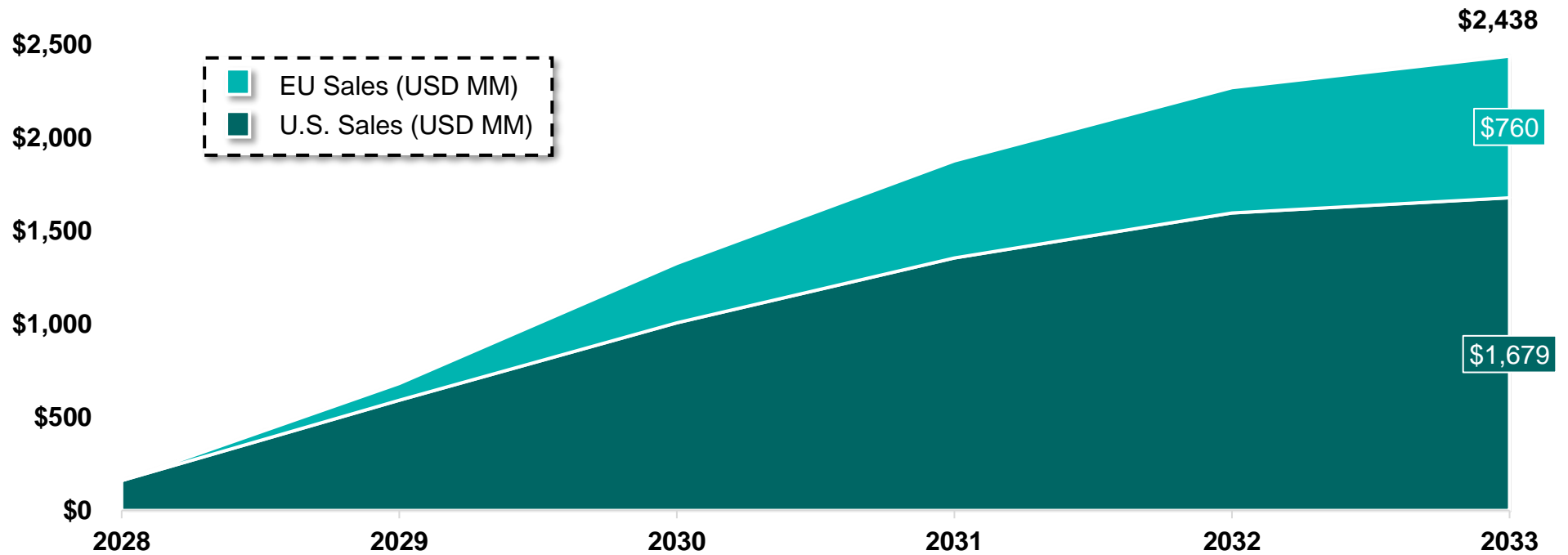
Addressable Patients: ~55,000 prevalent HR+ HER2- mBC who have progressed on ET and are ineligible for, not responsive to, or progressed on Enhertu (if eligible, i.e., HER2 ultralow or low)



Addressable Patients Methodology in Appendix. Sources: Gampenrieder, Simon Peter et al. "Landscape of HER2-low metastatic breast cancer (MBC): results from the Austrian AGMT_MBC-Registry." Breast cancer research : BCR vol. 23,1 112. 14 Dec. 2021. doi:10.1186/s13058-021-01492-x; Schettini, Francesco et al. "Clinical, pathological, and PAM50 gene expression features of HER2-low breast cancer." NPJ breast cancer vol. 7,1 1. 4 Jan. 2021. doi:10.1038/s41523-020-00208-2 Mehta, Sandhya et al. "Prevalent of 'HER2 ultra-low' among patients with advanced breast cancer with historical IHC0 status." Journal of Clinical Oncology vol. 42, 16. 29 May 2024. doi.org/10.1200/JCO.2024.42.16_suppl.e1315; Tarantino, Paolo et al. "HER2-Low Breast Cancer: Pathological and Clinical Landscape." Journal of clinical oncology : official journal of the American Society of Clinical Oncology vol. 38,17 (2020): 1951-1962. doi:10.1200/JCO.19.02488; DESTINY-BREAST04; DESTINY-BREAST06

Pelareorep Potential Peak Sales: \$2.4 Billion

Projected U.S. & EU sales of Pelareorep in HR+ mBC
(Sales in USD MM)



Treated patients

Total U.S. Pela Patients	966	3,414	5,577	7,200	8,132	8,197
Total EU5 Pela Patients	-	995	3,517	5,745	7,416	8,376
Total US and EU5 Pela Patients	966	4,409	9,094	12,945	15,548	16,572

Phase 1 study of pelareorep in advanced breast cancer

Phase 1

Pelareorep has single agent activity in HR+/HER2- breast cancer



Phase 2 study in metastatic breast cancer (mBC): Paclitaxel vs. pelareorep + paclitaxel

IND-213

Pelareorep + paclitaxel provided survival benefit of >10 months in heavily pretreated patients



Phase 2 study in HR+/HER2- mBC: Paclitaxel vs. pelareorep/paclitaxel vs. paclitaxel/pelareorep/avelumab

BRACELET-1

Pelareorep + paclitaxel provided 5.7-month progression-free survival benefit and approximately 14-month survival benefit following CDK4/6 therapy compared to paclitaxel monotherapy

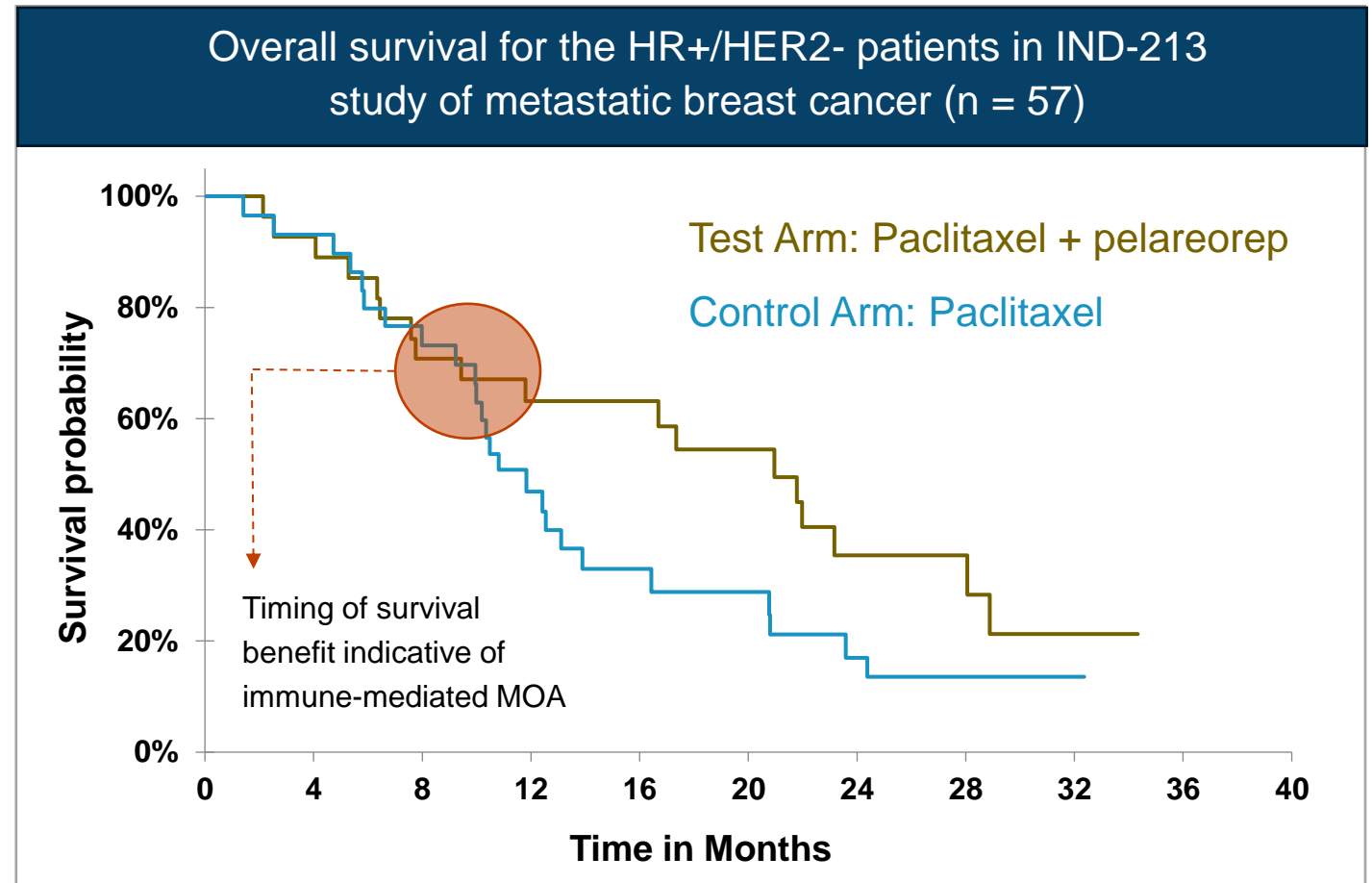
Pelareorep Treatment Led to a Statistically Significant Improvement in mOS in Phase 2 Breast Cancer Trial IND-213

Phase 2 All Subtypes (n = 74)

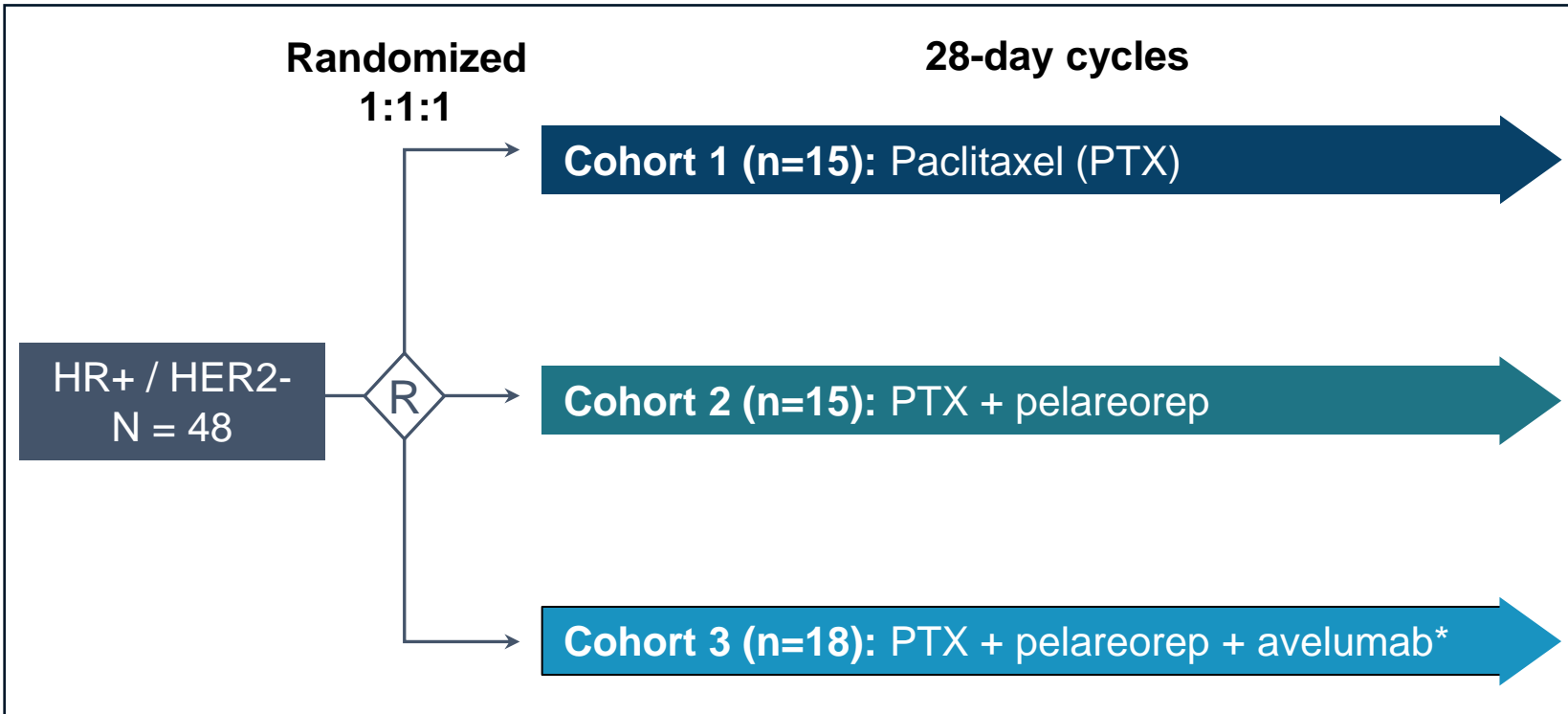
HR	0.65
p	0.1 (powered to 90%)
mOS	17.4 months vs. 10.4 months
Test	n = 36
Control	n = 38

HR+/HER2- Patients (n = 57)

HR	0.60
p	0.1 (powered to 90%)
mOS	21.0 months vs. 10.8 months
Test	n = 28
Control	n = 29



Near doubling of mOS in HR+/HER2- patients with pelareorep treatment



Key Eligibility Criteria

- No prior chemo for metastatic disease
- Progressed on at least 1 hormone-based therapy with a CDK 4/6 inhibitor

Primary Endpoint

- Overall response rate (ORR) at week 16

Other Endpoints

- Progression-free survival
- Overall survival
- Peripheral and tumor T cell clonality
- Safety and tolerability assessments

Study Objectives

- To assess the clinical benefit of pelareorep combination therapy in patients who had received CDK4/6 therapy
- To assess whether avelumab added any additional benefit

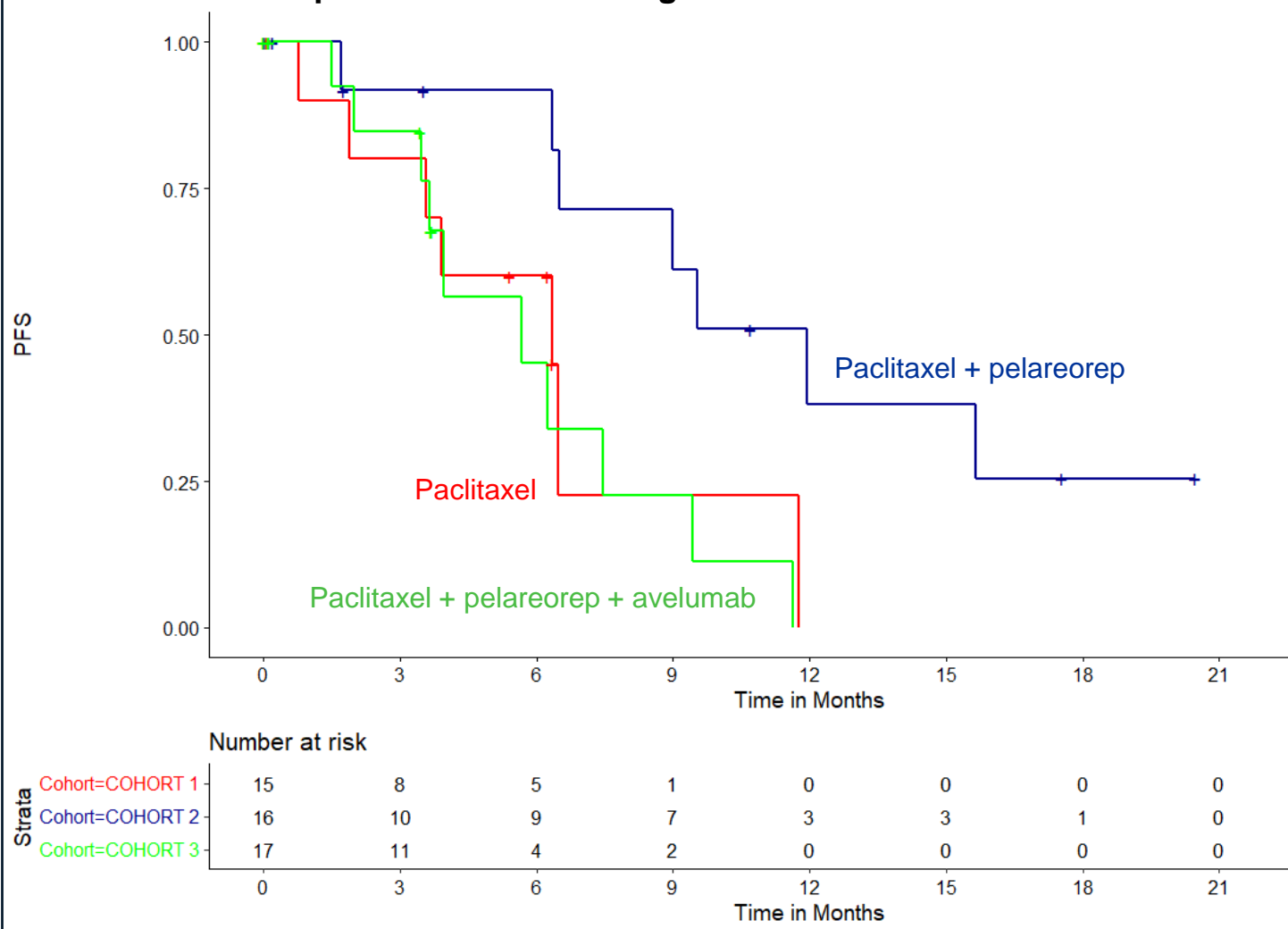
Collaborators



Avelumab (Bavencio®)
*Includes 3 patient safety run-in

BRACELET-1 Study Showed Robust Improvement in Progression-free Survival (PFS) for the Pelareorep + Paclitaxel Arm

Kaplan-Meier Plot of Progression-Free Survival*

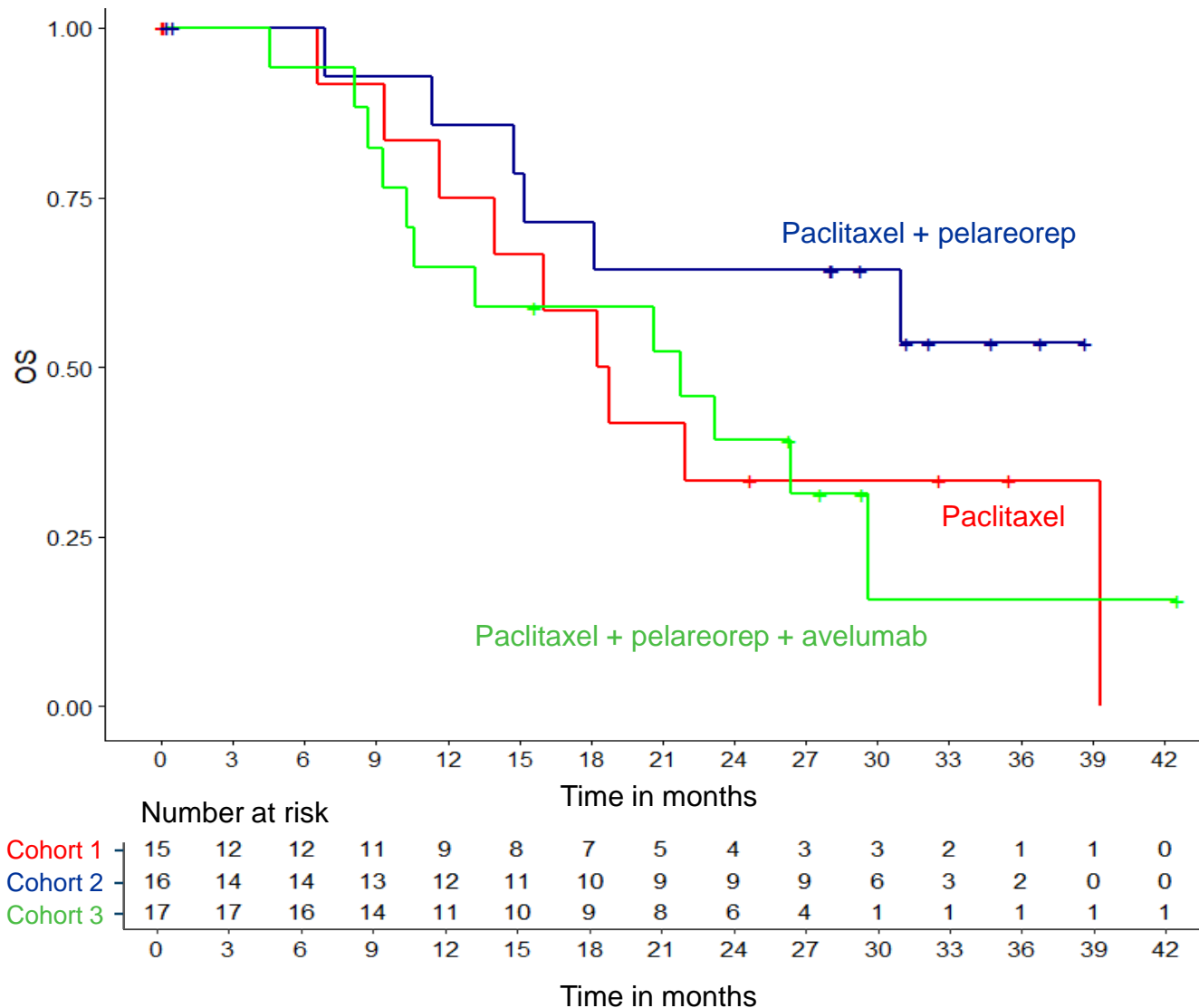


	Paclitaxel (PTX)	PTX + pelareorep	PTX + pelareorep + avelumab
Median PFS (months)	6.4	12.1	6.4
Hazard ratio vs. PTX	-	0.39	1.43

*Progression-free survival is defined as the time from randomization to the first documented disease progression per RECIST v1.1 or death from any cause, whichever occurs first.

BRACELET-1 Study Showed Meaningful Improvement in Overall Survival (OS) for the Pelareorep + Paclitaxel Arm

Kaplan-Meier Plot of Overall Survival



	Paclitaxel (PTX) Cohort 1	PTX + pela Cohort 2	PTX + pela + avelumab Cohort 3
Median OS (months)	18.2	Not reached <i>Estimate: 32.1*</i>	21.7
Hazard ratio vs. PTX alone	-	0.48	1.08

*This estimate assumes patients survived only until the next per protocol follow-up in 4 months. Had the patients survived only one day past their final follow-up visits, the estimated median OS would be 28.7 months.

BRACELET-1: Data Show Benefits in Pelareorep + Paclitaxel Arm

Response Measures ¹	PTX Monotherapy (n=15)	PTX + Pelareorep (n=16)	PTX + Pelareorep + Avelumab (n=17)
Confirmed ORR	13.3%	37.5%	17.6%
Median PFS (months)	6.4	12.1	6.4
Median OS (months)	18.2	Not Reached	21.7
		<i>Estimate: 32.1*</i>	
Hazard Ratio for OS	-	0.48	1.08
24-Month OS Rate (%)	33%	64%	39%

¹ Tumor responses based on RECIST version 1.1
 ORR: Overall response rate; PTX: paclitaxel
 PFS: progression-free survival; OS: overall survival

*This estimate assumes patients survived only until the next per protocol follow-up in 4 months. Had the patients survived only one day past their final follow-up visits, the estimated median OS would be 28.7 months.

Pelareorep's Favorable Overall Safety Highlighted by BRACELET-1 Safety Summary

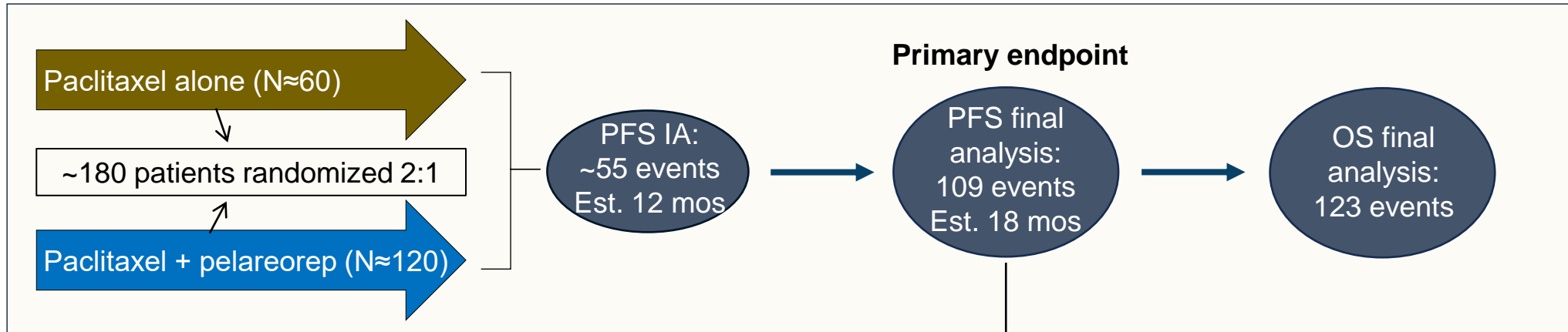
Fifteen Most Common Adverse Events^{1,2} as Attributed to Study Drug(s)

Grade	Paclitaxel (PTX) (n=12)		PTX + Pelareorep (n=16)		PTX + Pelareorep + Avelumab (n=17)	
	Any	≥ 3	Any	≥ 3	Any	≥ 3
Alopecia	6 (50%)	-	9 (56%)	-	8 (47%)	-
Anemia	7 (58%)	-	5 (31%)	-	10 (59%)	1 (6%)
Anorexia	4 (33%)	-	5 (31%)	-	5 (29%)	-
Chills	-	-	7 (44%)	-	5 (29%)	-
Diarrhea	1 (8%)	-	6 (38%)	1 (6%)	8 (47%)	2 (12%)
Fatigue	5 (42%)	-	12 (75%)	2 (12%)	8 (47%)	1 (6%)
Infusion related reaction	1 (8%)	-	3 (19%)	-	9 (53%)	1 (6%)
Leucopenia	2 (17%)	-	3 (19%)	1 (6%)	11 (65%)	5 (29%)
LFT ³ Abnormality	3 (25%)	-	6 (38%)	2 (12%)	9 (53%)	2 (12%)
Lymphopenia	3 (25%)	-	3 (19%)	1 (6%)	4 (24%)	2 (12%)
Nausea	4 (33%)	-	7 (44%)	-	8 (47%)	-
Neuropathy	3 (25%)	-	8 (50%)	1 (6%)	10 (59%)	1 (6%)
Neutropenia	3 (25%)	1 (8%)	5 (31%)	3 (19%)	10 (59%)	6 (35%)
Proteinuria	2 (17%)	-	6 (38%)	-	4 (24%)	1 (6%)
Pyrexia	-	-	8 (50%)	-	11 (65%)	-



Licensure Pathway Plan & FDA Type C Meeting Feedback





Path to success:

≥4.3-month PFS benefit
(HR≤0.65, p-value<0.05)

PHASE 3 LEVEL SUCCESS
Submit BLA for Accelerated Approval

- **4.3-month PFS benefit target achievable based on BRACELET-1 results (5.7-month PFS benefit)**
- Licensure path based on the approach used by Ibrance (PALOMA-2) and Enhertu (DESTINY-01)



Summary of key outcomes

- FDA agreed that the proposed study population is appropriate (i.e., patients who failed hormonal therapy and received either 0 or 1 line of ADC therapy)
- FDA agreed that PFS is acceptable primary endpoint. They noted that OS should also be formally tested.
- FDA provided guidance on what constitutes a clinically meaningful benefit

General comments:

- The tone of the discussion was very collegial with a thoughtful dialogue between Oncolytics and the FDA medical reviewers



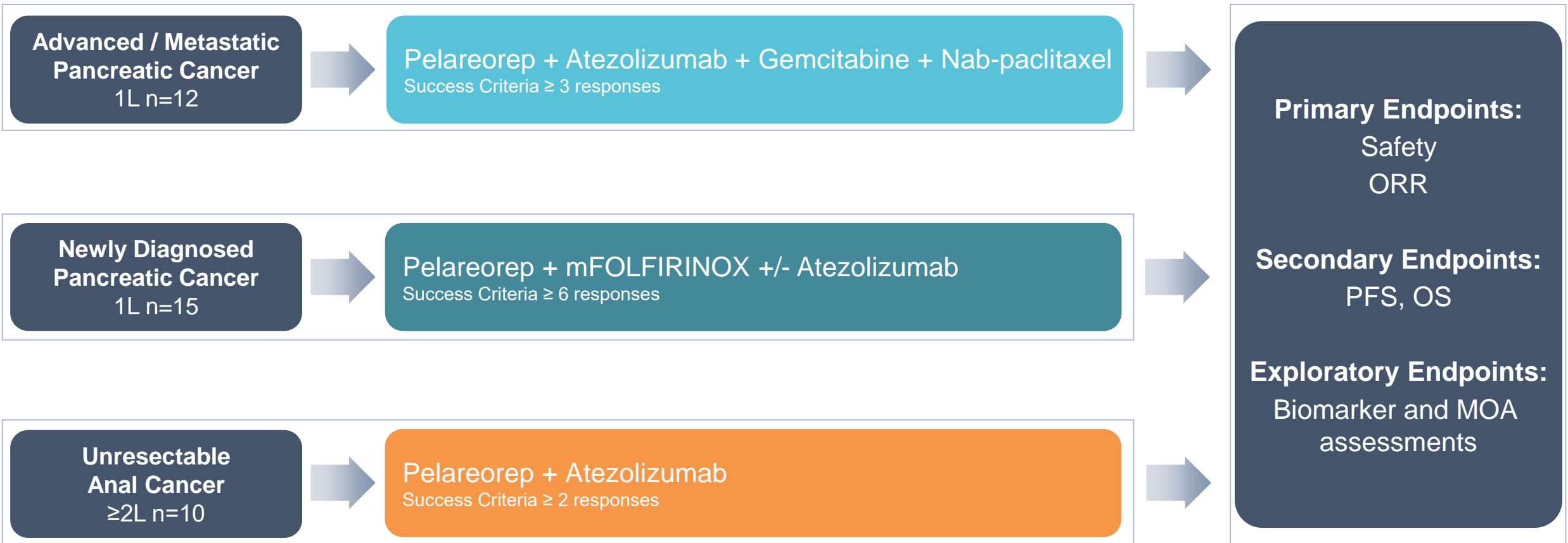
Pelareorep in Gastrointestinal Cancer





AIO-Studien-gGmbH

Phase 1/2 multiple indication biomarker, safety & efficacy study



Efficacy Signals Shown in Two Gastrointestinal Cancers

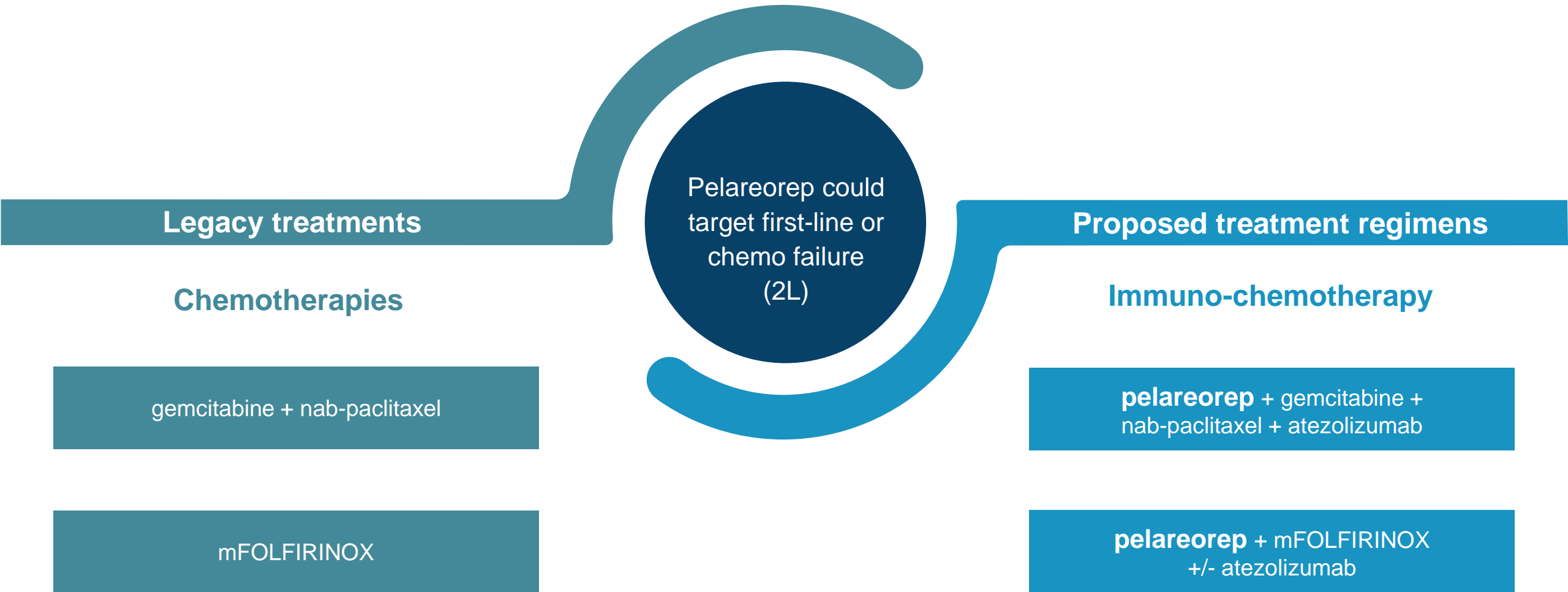
	First-line Advanced / Metastatic Pancreatic Cancer	Second-line or Later Anal Cancer
Status	Phase 1/2 updated data reported October 2023	Phase 1/2 initial data reported November 2023
Key Data	62% Objective response rate 7.2 months Median PFS 10.6 months Median OS 46% 12-month survival rate	37.5% Objective response rate Including a complete response
Next Steps	Advancing to a licensure-enabling study	Expansion of enrollment to confirm efficacy signal

Pancreatic cancer program has U.S. FDA Fast Track Designation

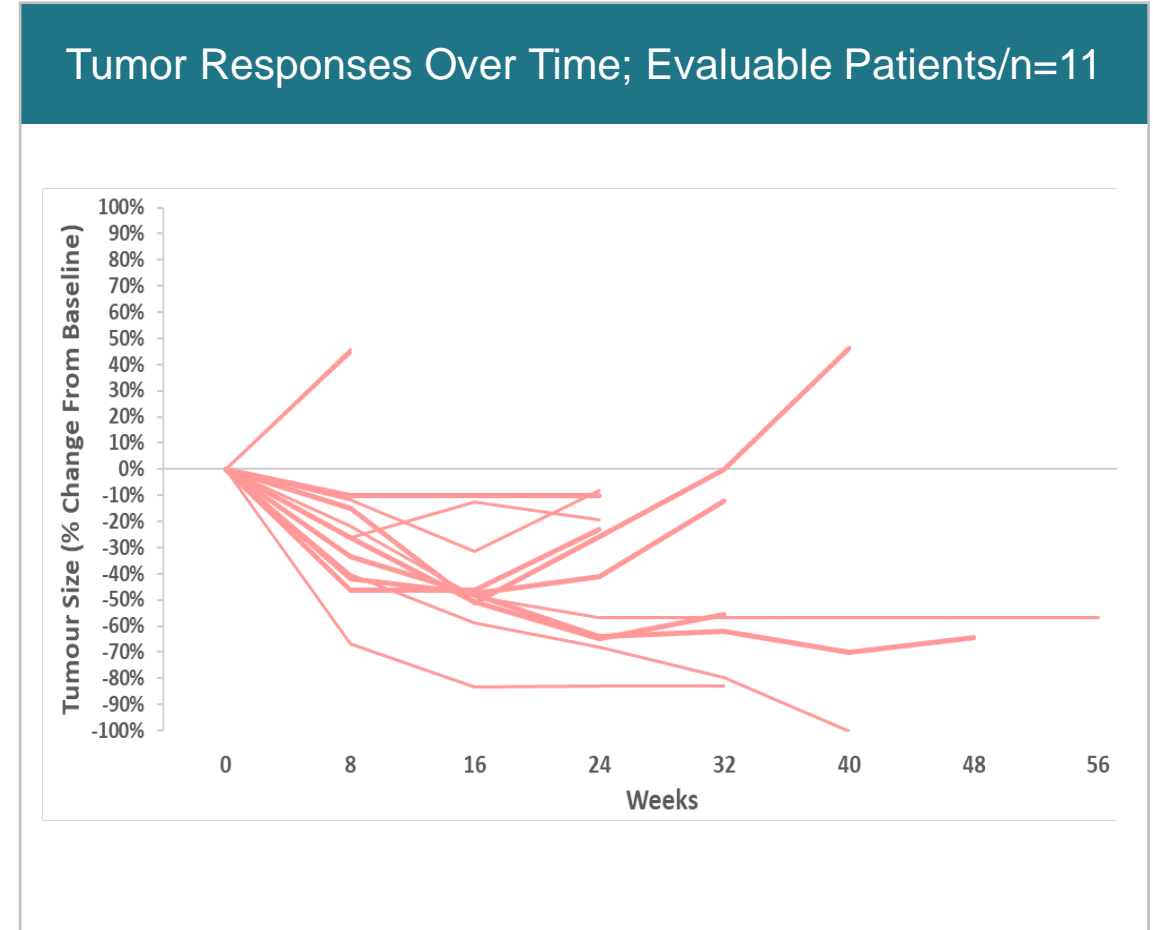
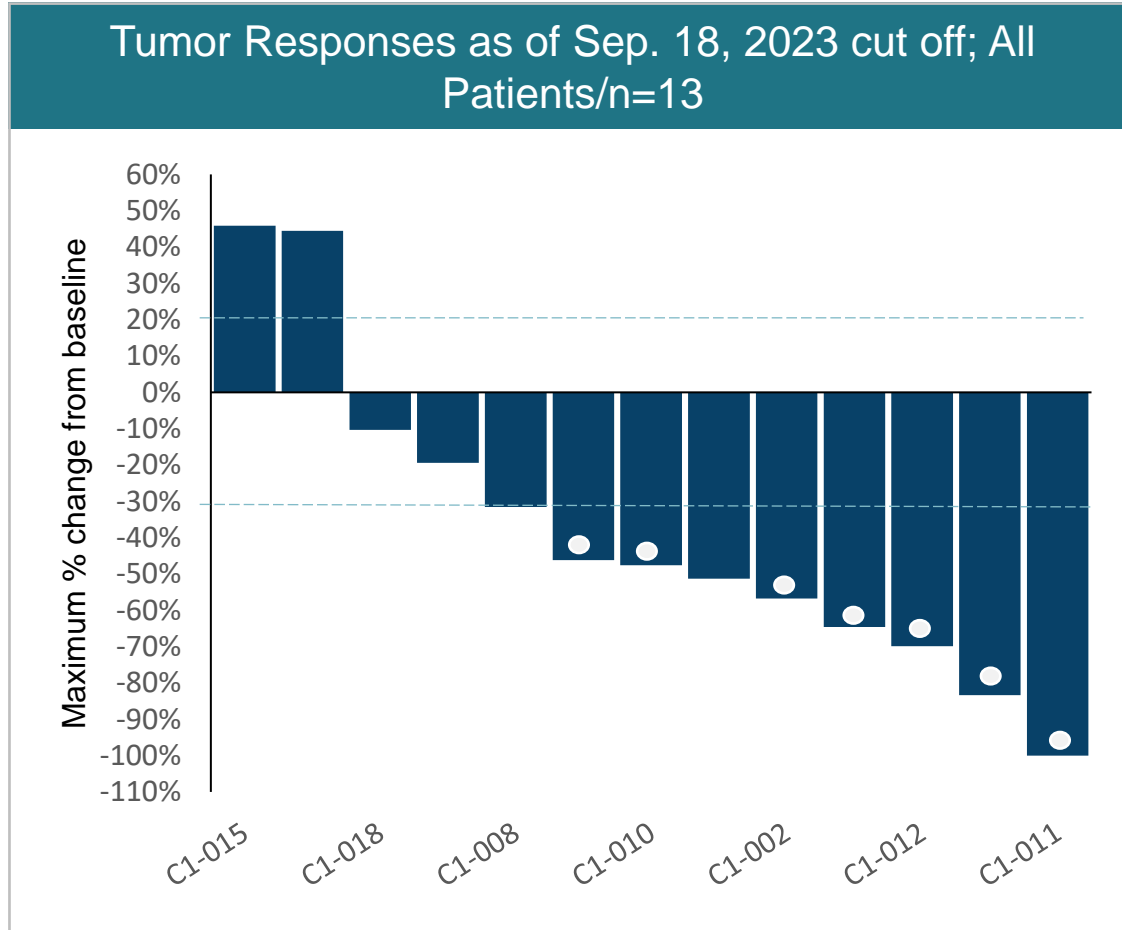


Pelareorep in Metastatic Pancreatic Cancer





PDAC GOBLET Results Showing 62% ORR, Nearly Triple The Rate Seen in Prior Studies



Dotted lines represent cut-offs for PD (+20%) and PR (-30%)

Patients with a white dot have confirmed responses (2 or more consecutive scans with PR or CR)

Next Steps: Finalize GCAR PDAC Registrational Trial Protocol and Initiate Study

Patient Population:

- Patients receiving 1L treatment for PDAC
- Prior Treatments: None
- Adaptive trial design to be based on positive GOBLET cohort 1 results

Treatment Regimen:

- Randomized trial of pelareorep + atezolizumab + gemcitabine + nab-paclitaxel vs. gemcitabine + nab-paclitaxel

Registrational Endpoints:

- **Primary Endpoint:** Overall Survival
- **Secondary Endpoints:** Progression-Free Survival, Overall Response Rate, and Translational Data



Trial plan to include study size, timing for the first interim analysis, and definition of clinical and translational endpoints

Strategic rationale: to investigate the use of pelareorep with another commonly used treatment regimen

Patient Population:

- Newly diagnosed metastatic PDAC patients (as defined by RECIST 1.1)
- To be supported by PanCAN Therapeutic Accelerator Grant

Treatment Regimen:

- Phase 1/2 randomized trial of pelareorep + mFOLFIRINOX vs. mFOLFIRINOX + pelareorep + atezolizumab (n=15/arm in Stage 1)

Endpoints: Based on Simon two-stage screened selection design:

- **Stage 1:** success criteria of ≥ 6 responses in the first 30 subjects
- **Stage 2:** success of ≥ 13 responses (41%):
- Study to include Translational Data

**Safety run-in
enrollment completed,
safety run-in data
expected H1 2025**

Pancreatic Cancer Opportunity Driven by Promising GOBLET Phase 1/2 Data & Supported by FDA Fast Track Designation

GOBLET Study Shows Increased ORR

- » An ORR of 62% was observed, more than double the response rates recorded in historical control trials¹⁻⁴

Studies Show Survival Benefit

- » Prior studies also showed clinically meaningful improvements in survival

Favorable Overall Safety

- » GOBLET data indicate the treatment has been well tolerated with no safety concerns

Consistent Translational Data

- » Translational data from GOBLET show that patients with increases in blood TILs showed a decrease in tumor volumes

Registrational Trial Plan and Beyond

- » Registration-enabled study protocol being finalized after pelareorep selected for inclusion by GCAR
- » \$5M PanCAN grant to explore pelareorep/mFOLFIRINOX regimen, H1 2025 safety run-in data



**Pelareorep in
≥ Second-Line
Unresectable Anal Cancer**



Positive GOBLET Anal Cancer Data Meets Success Criteria, Expanding Enrollment, Highlights Synergy with CPI

Presented November 9, 2023 at the 2nd International Multidisciplinary Anal Cancer Conference (IMACC)

Patient Population:

- Patients with 2L, unresectable squamous cell carcinoma of the anal canal (SCCA)
- Prior treatments included chemotherapy and radiation therapy

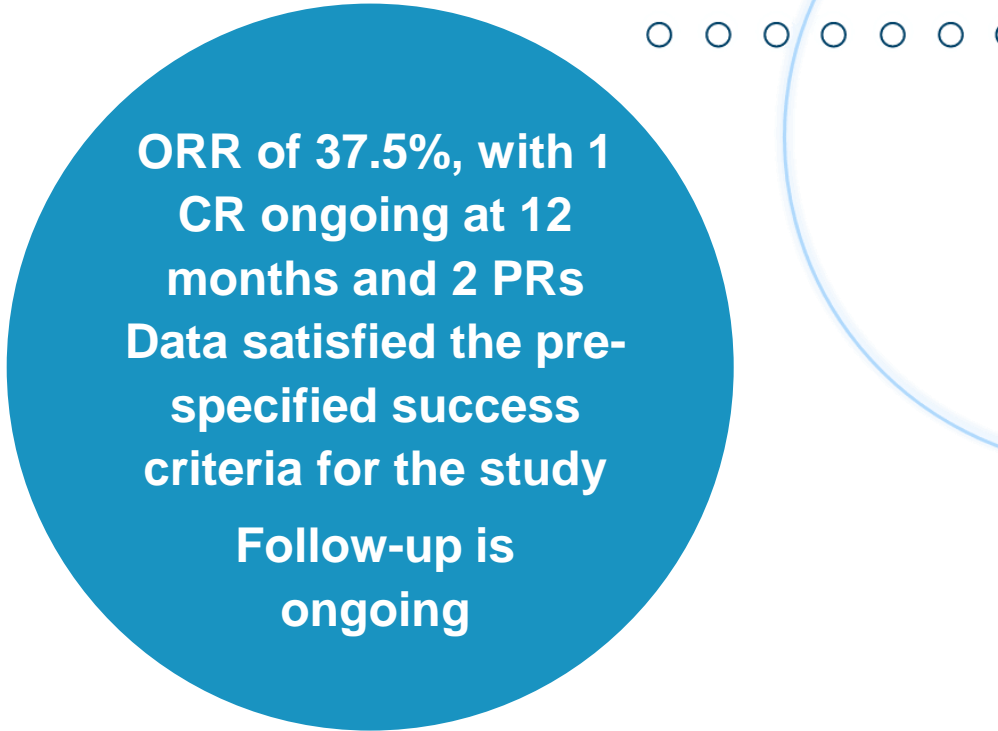
Study Design & Treatment Regimen:

- Open-label, single arm, Simon Two-stage study of pelareorep + atezolizumab (n=10)

Enrollment Expanded:

- Stage 1 success criteria met; Stage 2 enrollment (18 patients) ongoing

Combined results could lead to a single-arm registration study

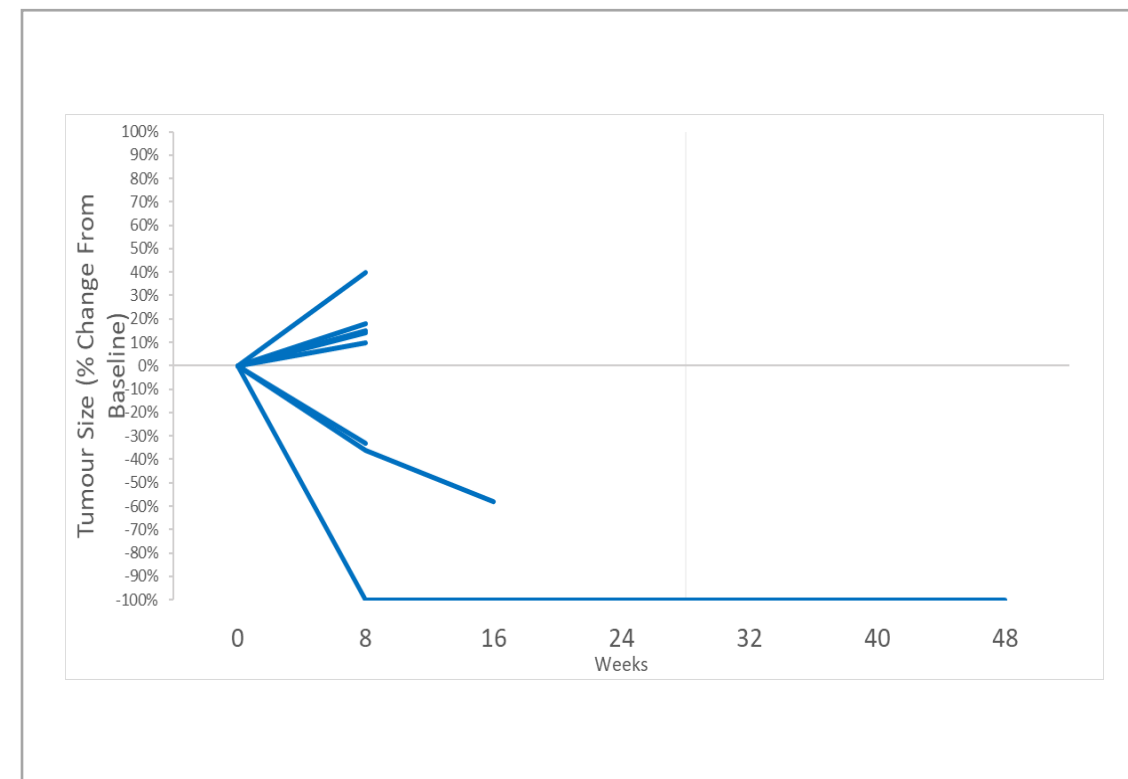
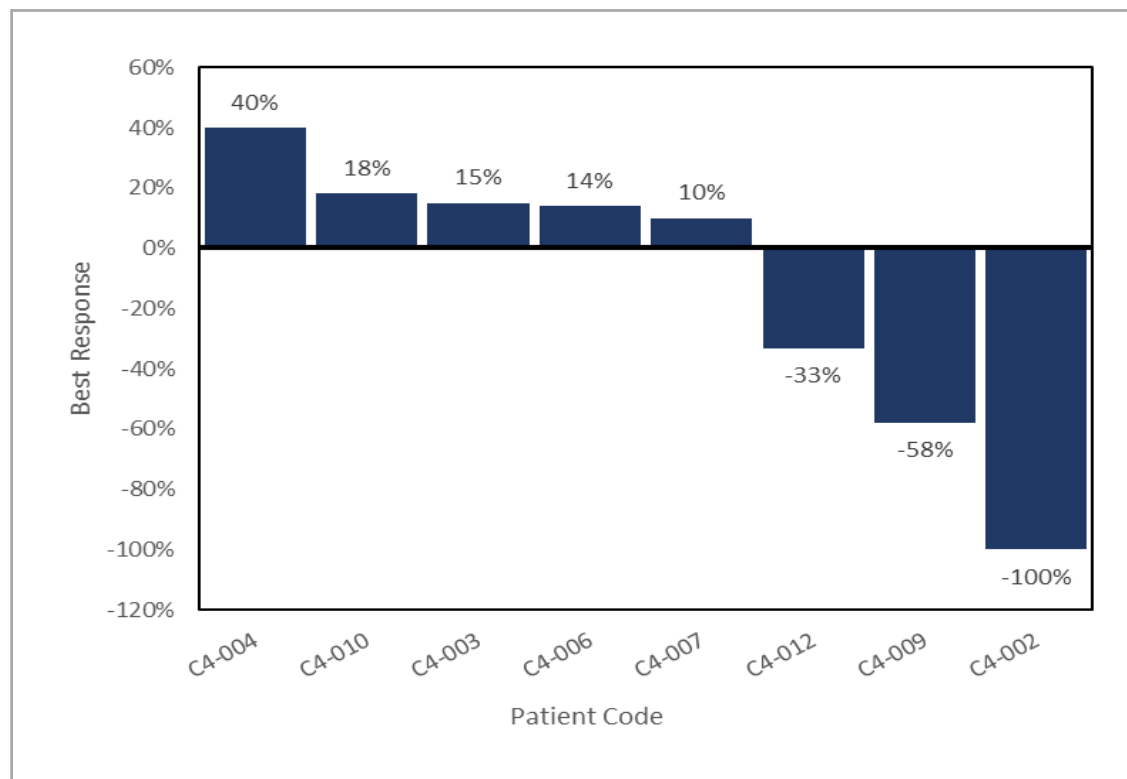


**ORR of 37.5%, with 1
CR ongoing at 12
months and 2 PRs
Data satisfied the pre-
specified success
criteria for the study
Follow-up is
ongoing**

Pelareorep-Atezolizumab Combination in Anal Cancer, ORR Exceeds Historical Efficacy Rates of Like Studies

ORR of 37.5% meets the pre-specified efficacy success criteria. Of 8 evaluable patients:

- 1 CR (ongoing at 12 months)
- 2 PR (one at week 8 and one ongoing at week 16)
- ~11% Average ORR reported in historical control trials of checkpoint inhibitor therapies¹⁻³





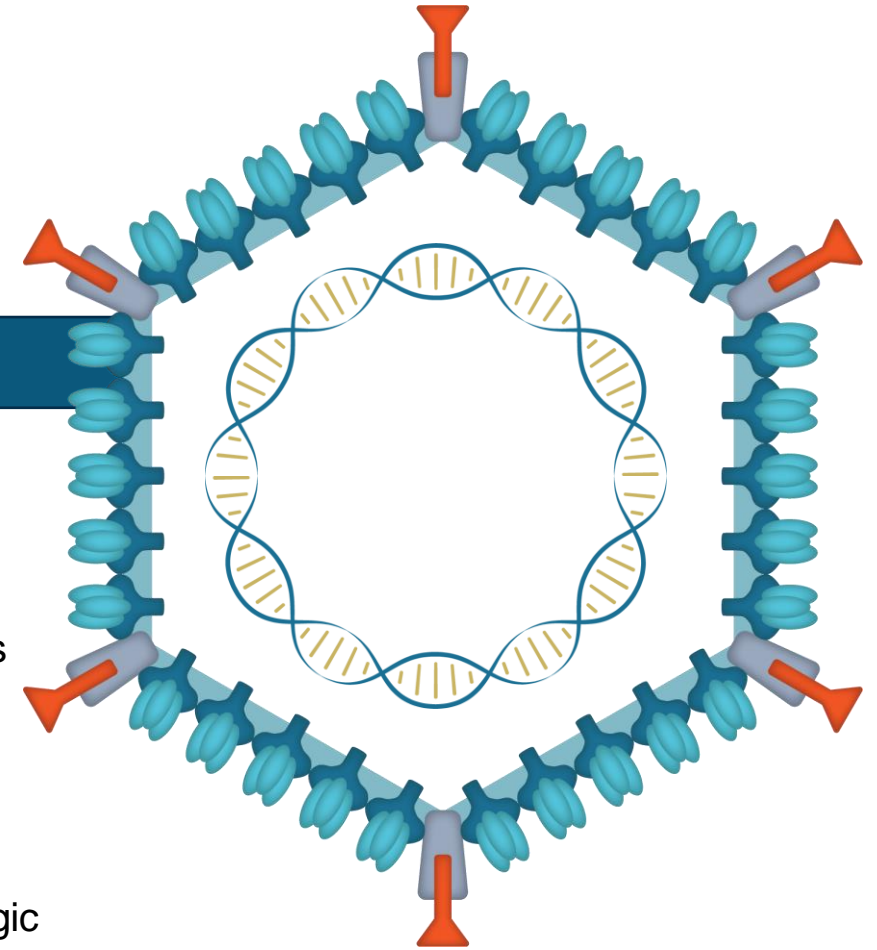
**Intellectual Property,
Management Team,
Financials, Pipeline,
Additional Information**



148 patents issued worldwide, including **13 US** and **7 Canadian**
14 pending applications worldwide

Pelareorep issued patent claims cover:

- Compositions of matter comprising pelareorep
- Patent rights extend to at least the end of 2031
- Pharmaceutical use of pelareorep to treat neoplasia and cellular proliferative diseases
- Combination therapy with radiation, chemotherapy and/or immunosuppressants
- Methods for manufacturing pelareorep and screening for susceptibility to pelareorep
- Upon approval, eligible for minimum 12 years of U.S. market exclusivity for new biologic



Innovative Leadership Team with Strong Immuno-oncology, Business Development, Clinical Trial and Finance Expertise



Matt Coffey, Ph.D., MBA
President and CEO



Kirk Look, CA, MSJ
Chief Financial Officer



Thomas Heineman, M.D., Ph.D.
Chief Medical Officer



Allison Hagerman, PEng, PMP, MBT
VP, Product Development



Christophe Degois
VP, Business Development



Amy Levin, RN, BSN
VP, Clinical Operations

Financial Overview






Ticker	ONCY: NASDAQ ONC: TSX
Avg. Daily Volume (1 mo*)	740,798
Shares Outstanding	77,074,089
Market cap¹	~\$86 M
Cash²	\$19.6 M
HQ	San Diego, CA / Calgary, AB, Canada

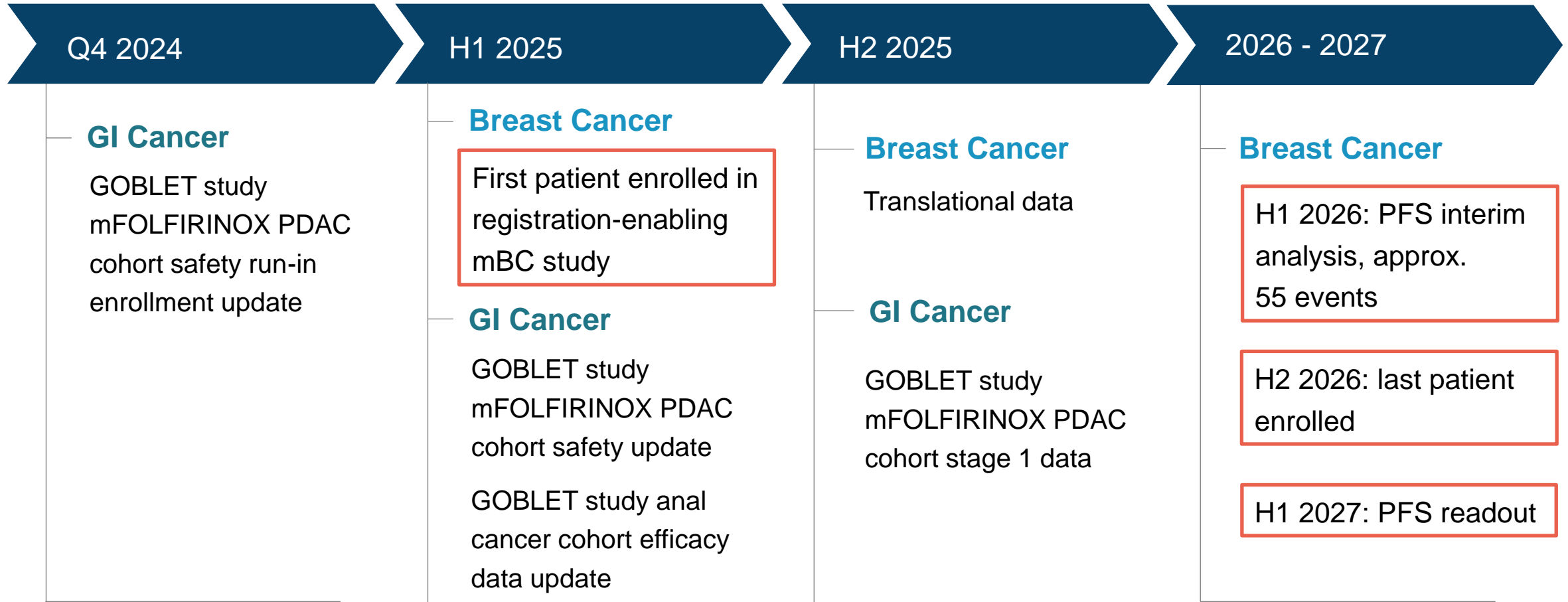
Research Coverage

Patrick Trucchio	H.C. Wainwright & Co.
John Newman	Canaccord Genuity
Jason McCarthy	Maxim Group
Douglas Miehm	RBC Capital Markets
Louise Chen	Cantor Fitzgerald
Douglas Loe	Leede Jones Gable
Soumit Roy	JonesTrading
Michael Freeman	Raymond James

*Trading days from Oct. 4, 2024 – Nov. 12, 2024; 1. Market Cap as of Nov. 12, 2024;
2. Cash as of September 30, 2024

Pelareorep Has Expansive Potential, Starting with Breast and Gastrointestinal Cancers

Program	Collaborator	Combination	Phase 1	Phase 2	Registration-Enabling Study	Milestone
BREAST CANCER						
Planned Study	TBD	pela + PTX	Preparing protocol for FDA submission			Registrational Study Plan H1 2024
GASTROINTESTINAL CANCERS						
Planned Adaptive Study 1L Adv/Metastatic PDAC	 	pela + gem + nab-PTX + atezo	Preparing arm-specific protocol			Study initiation 2025
GOBLET cohort 5 Newly Diagnosed PDAC	 	pela + mFOL +/- atezo				Safety run-in data expected H1 2025
GOBLET cohort 4 ≥2L Unresectable Anal Cancer		pela + atezo				Updated efficacy data expected H1 2025



Orange box denotes a milestone for the mBC registration-enabling study mBC: metastatic breast cancer; PDAC: pancreatic ductal adenocarcinoma; PFS: progression-free survival

Avelumab is the only licensed anti-PD-L1 Ab with a native Fc region that retains FcγR binding

Hypothesis:

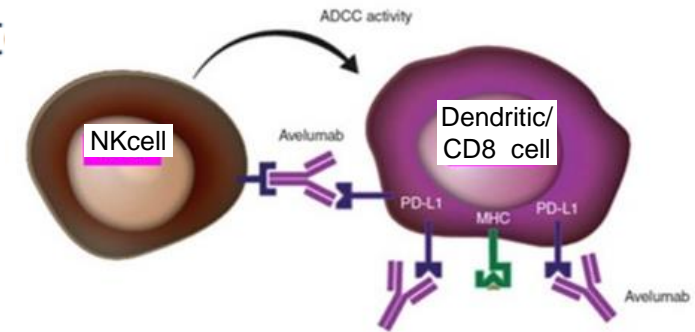
Binding of avelumab to Fc receptors impairs the expansion of T cell clones thereby diminishing the generation of potentially beneficial pelareorep-induced immune responses

Possible mechanisms are shown

Evaluation of immune cell subsets of cancer patients treated with Avelumab, a fully human IgG1 anti-PD-L1 MAb capable of mediating ADC of human tumor cells

Lauren Lepone¹, Renee Donahue^{1*}, Italia Grenga¹, Caroline Jochems², Kwong-Yok Tsang¹, Simon Metenou¹, Jacob Richards¹, Christopher R Heery¹, Ravi Madan³, James L Gulley⁴, Jeffrey Schlom¹

Avelumab binding to the FcγR on NK cells may induce ADCC-mediated killing of T cells

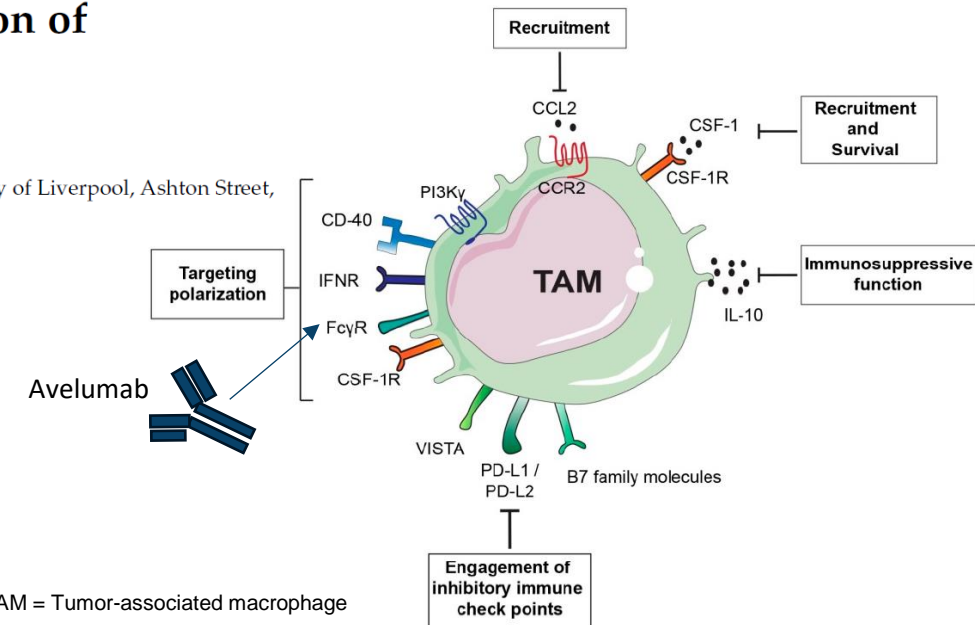


Macrophage-Mediated Subversion of Anti-Tumour Immunity

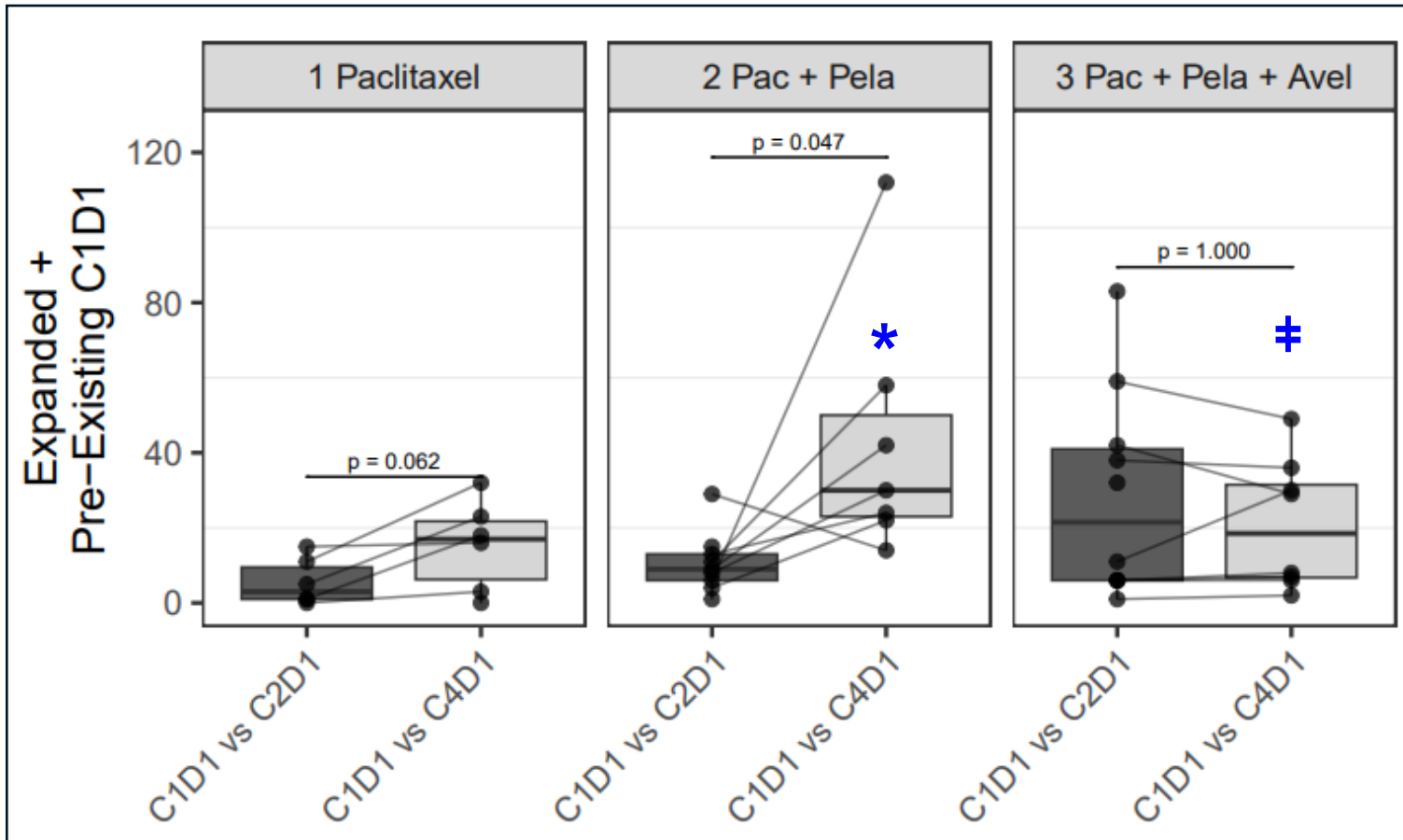
Valeria Quaranta and Michael C. Schmid *

Department of Molecular and Clinical Cancer Medicine, University of Liverpool, Ashton Street, Liverpool L69 3GE, UK

Binding of avelumab to the FcγR on TAMs may drive them to an immunosuppressive M2 phenotype



T Cell Expansion in BRACELET Patients Blocked by Avelumab



Pelareorep + paclitaxel:

Statistically significant expansion of T cell clones at Cycle 4 Day 1 (*)

Pelareorep + paclitaxel + avelumab :

No T cell expansion at Cycle 4 Day 1 (#)

Pac = paclitaxel; Pela = pelareorep; Avel = avelumab

C = cycle; D = day

- **Pelareorep is efficacious in heavily pre-treated breast cancer patients**
- **T-DXd failure results from reduced HER2 expression or deruxtecan resistance – neither should affect pelareorep’s efficacy¹**
- **T-DXd has no known immunosuppressive effects that would impair pelareorep’s MOA**
 - T-DXd does not directly target immune cells, which are key to pelareorep’s activity²
 - T-DXd is associated with leukopenia or neutropenia; however, these are transient and are not expected to affect pelareorep’s efficacy based on prior studies
- **T-DXd may stimulate anti-cancer immunity and enhance the effects of immune therapies**
 - Deruxtecan stimulates innate and adaptive immune responses through DNA damage-mediated effects¹
 - T-DXd enhances tumor-infiltrating CD8+ T cells and MHC class I expression on tumor cells in mice¹
 - T-DXd induces CXCL9/10/11 on HER2-positive gastric cells resulting in enhanced anti-tumor immunity²

BRACELET-1 Study Groups are Well-balanced for Key Attributes

	PTX Monotherapy N=15	PTX + Pelareorep N=16	PTX + Pelareorep + Avelumab N=17
Age	60 (46-74)	52.5 (38-71)	59 (37-70)
Performance status (ECOG score)			
0	10 (67%)	11 (69%)	10 (59%)
1	5 (33%)	5 (31%)	7 (41%)
White race	12 (80%)	12 (75%)	13 (76%)
Stage at diagnosis			
I-III	8 (53%)	4 (25%)	7 (42%)
IV	7 (47%)	12 (75%)	10 (59%)
Visceral disease	12 (80%)	13 (81%)	15 (88%)
Prior lines of therapy			
Neo/adjuvant taxane ¹	6 (40%)	4 (25%)	5 (29%)
Targeted therapy (alpelisib or everolimus)	2 (20%)	1 (12%)	3 (18%)
Subsequent therapy²	Chemotherapy: 10 Radiation only: 1 No treatment: 1 ADC: 4	Chemotherapy: 10 Radiation only: 1 No treatment: 2 ADC: 2	Chemotherapy: 15 Radiation only: 0 No treatment: 2 ADC: 1

¹ Patients receiving taxanes in the neoadjuvant or adjuvant setting must have had a disease-free interval of at least 12 months prior to enrollment.

² Subsequent therapy is defined as any breast cancer treatment received after discontinuation of study treatment, e.g., due to radiologic or clinical disease progression or to an adverse event.

Benefit of Pelareorep-based Therapy Compare Favorably to T-DXd

Endpoint	Destiny-Breast04 Chemotherapy vs. T-DXd 1-line prior chemotherapy		Destiny-Breast06 Chemotherapy vs. T-DXd No prior chemotherapy		BRACELET-1 Pac vs. Pac + Pela No prior chemotherapy	
	TPC	T-DXd	TPC	T-DXd	Paclitaxel	Pac-Pela
Confirmed ORR	16.3%	52.6%	32.2%	56.5%	13.3%	37.5%
PFS (HR [95% CI])	5.4 mo	10.1 mo +4.7 mo	8.1 mo	13.2 mo +5.1 mo	6.4 mo	12.1 mo +5.7 mo
	(0.51 [0.40, 0.64])		(0.62 [0.51, 0.74])		(0.39 [0.12, 1.24])	
OS (HR [95% CI])	17.5 mo	23.9 mo +6.4 mo	NR	NR	18.2 mo	32.1 mo* + 13.9 mo
	(0.64)		NA		(0.48 [0.17, 1.35])	

T-DXd: Trastuzumab deruxtecan

TPC: Capecitabine, nab-paclitaxel, paclitaxel

Pac: Paclitaxel

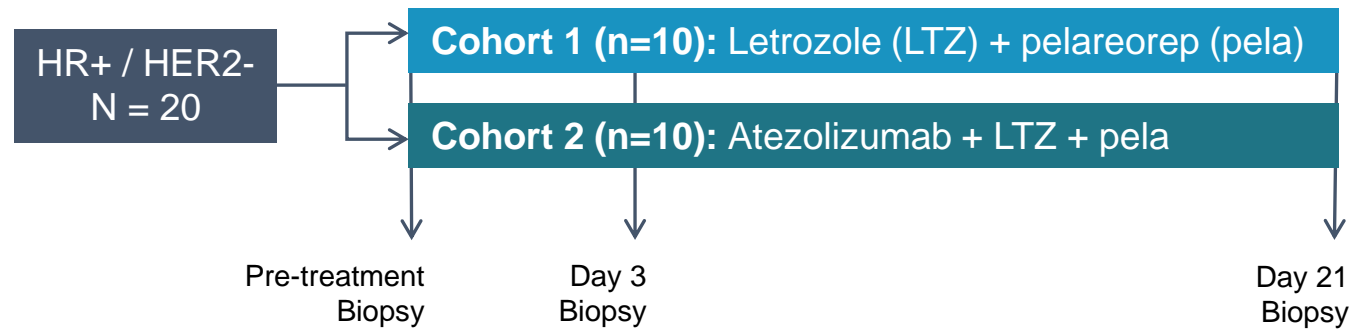
Pela: Pelareorep

NA/NR: Not available/Not reached

*This estimate assumes patients survived only until the next per protocol follow-up in 4 months. Had the patients survived only one day past their final follow-up visits, the estimated median OS would be 28.7 months.

Clinical Data Confirm Pelareorep's Immunotherapeutic Mechanism of Action in HR+ / HER2- Breast Cancer

AWARE-1 Window-of-opportunity Study Design



Objective

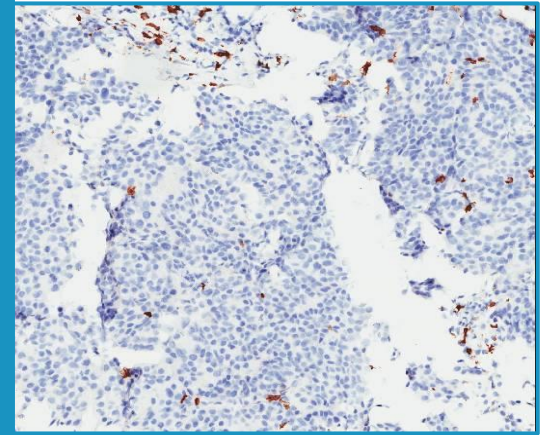
Confirm pelareorep's MOA and evaluate its potential to synergize with ICIs via biomarker measurements such as CeTIL score, T cell infiltration and PD-L1 expression

Key Takeaways

- Pelareorep remodels TMEs by enabling the influx of CD8+ and memory T cells into the tumor and training them to fight cancer
- Changes in the peripheral blood T cell population may be a predictive biomarker of pelareorep therapy

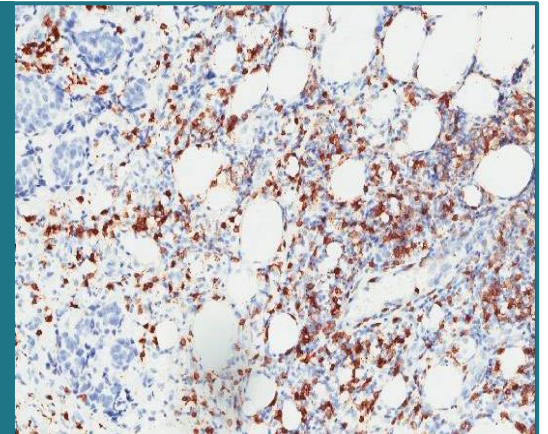
Pre vs. Post Treatment CD8+ T Cell Infiltration

Before
treatment: CD8+
T cell staining



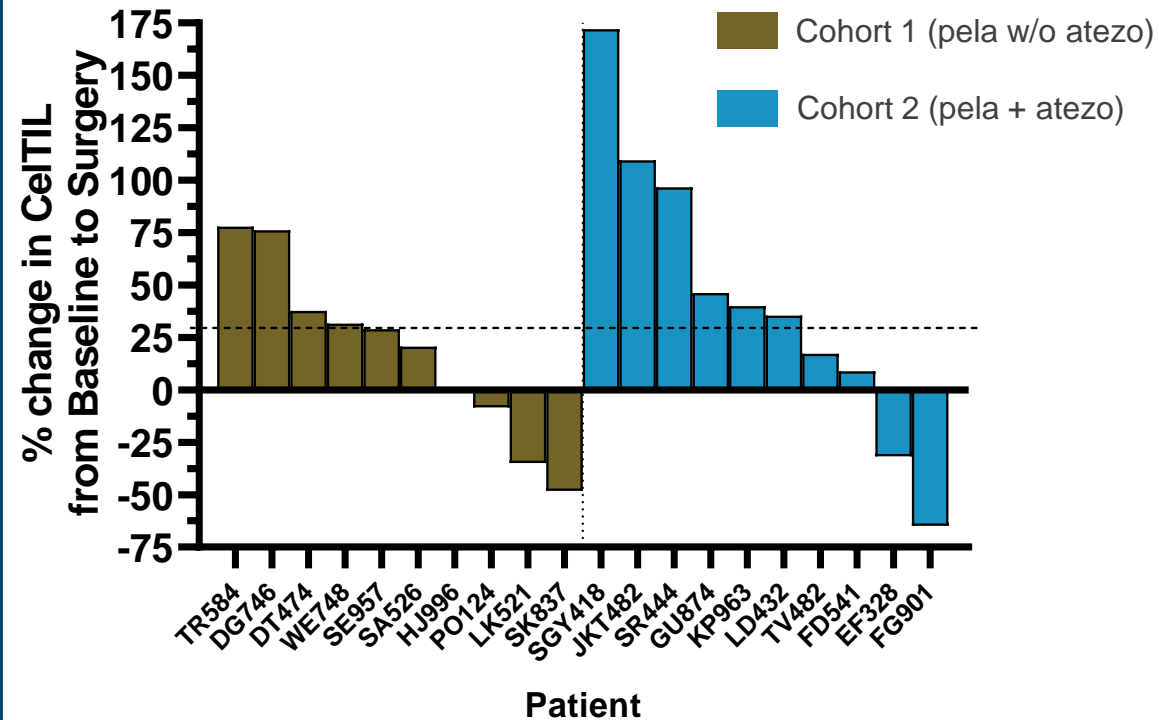
~3 weeks post-treatment

After treatment:
CD8+ T cell
staining



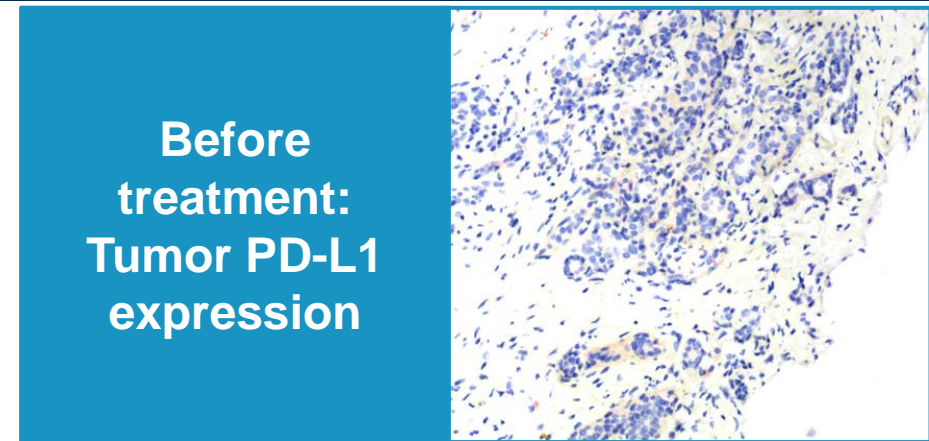
Brown staining shows CD8+ T cells

CelTIL (Primary Endpoint): A composite measure of tumor cellularity and immune cell infiltration

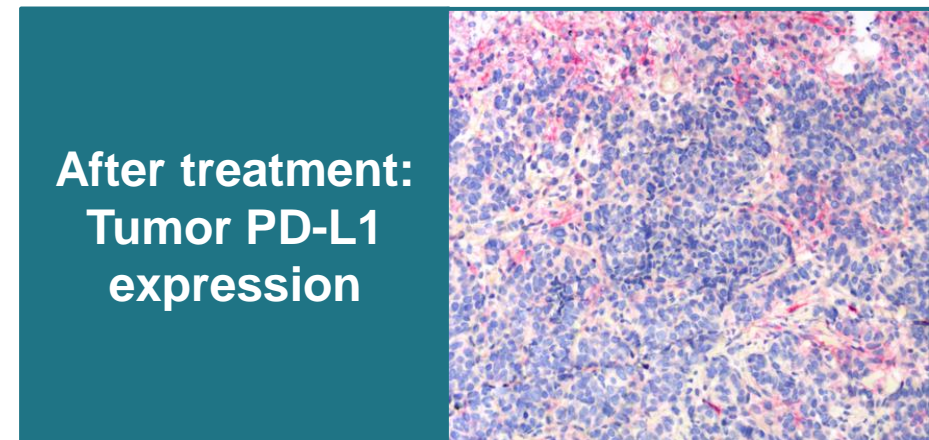


- Increases in CelTIL are associated with better treatment outcomes¹
- Cohort 1: 40% of patients showed CelTIL increase $\geq 30\%$
- Cohort 2: 60% of patients showed CelTIL increase $\geq 30\%$
- Cohort 2 met the trial's prespecified criteria for success**

Pre vs. Post Treatment Tumor PD-L1 Expression



3 days post-treatment



Red staining indicates PD-L1 expression