Galera Therapeutics (GRTX)

Driving Better Outcomes for Breast Cancer Patients

January 2025

Galera® Therapeutics, Inc

Forward-Looking Statements

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Galera Therapeutics:
Developing First-in-Class Treatments for Resistant Breast Cancer

Tilarginine (pan-NOS inhibitor) has potential to be first approved therapy in metaplastic breast cancer (MpBC)

- Fully grant funded Phase 1b/2 trial ongoing in MpBC with nab-paclitaxel and alpelisib (PI3K inhibitor)
  - 4/9 responses seen in Phase 1 portion
  - Next tranche of data expected end of 2025
- Proof of concept achieved in triple negative breast cancer (TNBC) patients in combination with docetaxel
  - 46% ORR across all patients in Phase 2
  - 82% ORR in locally advanced patients

Avasopasem (superoxide dismutase mimetic) to be repositioned into HR+ HER2- breast cancer to restore sensitivity to 1st line patients

- Phase 1b/2 single arm investigator-initiated trial to begin in 1H2025

Cash balance expected to support multiple near-term data readouts

- Cash runway anticipated to fund operations into 2026

Galera Therapeutics and Nova Pharma

Dismutase Mimetics
avasopasem
rucosopasem

Public company with small molecule dismutase mimetics in early trial for hormone-resistant breast cancer

+

Pan-NOS Inhibitor
tilarginine

Private company with small molecule NOS inhibitor in early trials for advanced and metastatic breast cancer

Targeting treatment resistance pathways

Combined company positioned to accelerate development for tilarginine and avasopasem

Joining Forces to Bring Novel Treatments to Cancer Patients

Leadership Team

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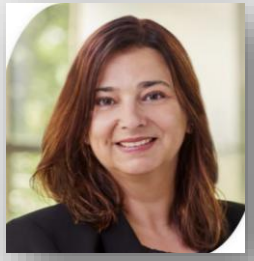
President & CEO
Galera, Oncopia, Ascenta
GSK, Bayer, NCI, Mayo Clinic

Joel Sussman, CPA
Chief Accounting Officer
Galera, Ascenta

Judy Schnyder
Clinical Operations
Galera, Aclaris



Andie Collier
Regulatory & Quality
Galera, Gilead

Judy Fox, PhD
Drug Development
Genentech
Sunesis, Chiron

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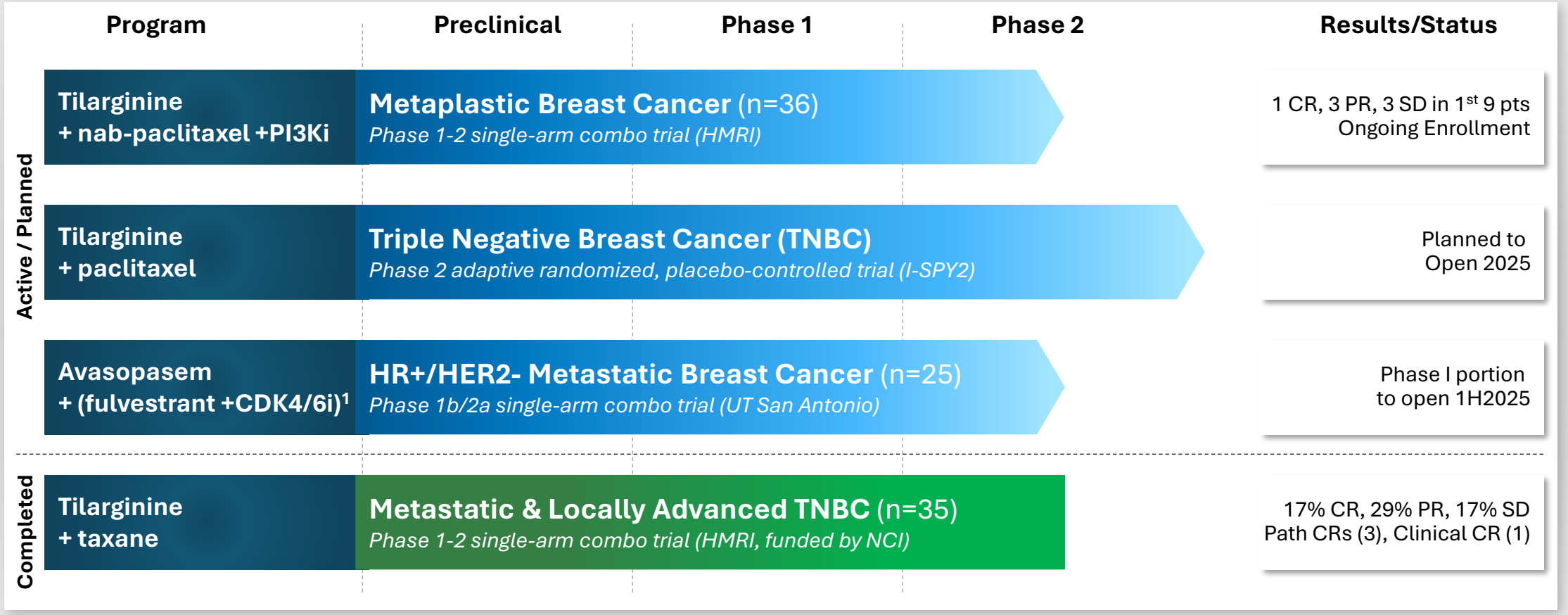
Galera's Breast Cancer Trials

Three Trials Targeting Highly-Resistant forms of Advanced or Metastatic Breast Cancer



Tilarginine is L-NMMA (NG-monomethyl-L-arginine), a nitric oxide synthase (NOS) inhibitor, administered IV over 2 hours, with Amlodipine pretreatment
TNBC = Triple-negative Breast Cancer, PI3Ki = Inhibitor of Phosphoinositide 3-kinase. Nab-paclitaxel = nanoparticle albumin-bound paclitaxel (Abraxane®)
HMRI = Houston Methodist Research Institute; NCI=National Cancer Inst.; I-SPY 2 = Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis 2

Tilarginine

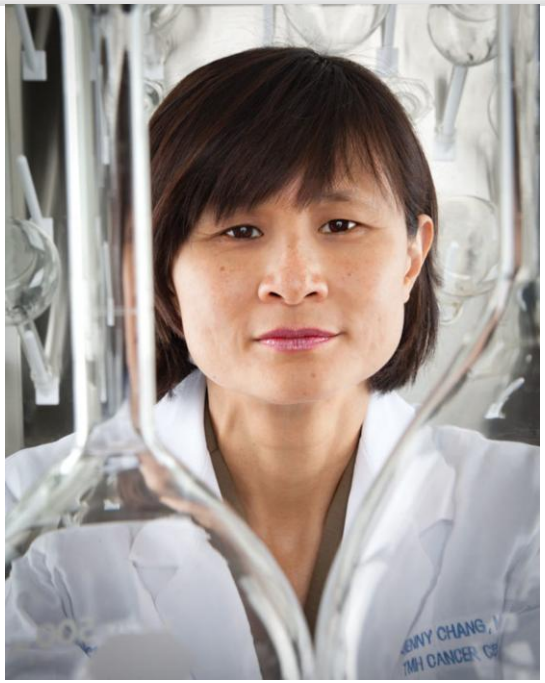
in Triple Negative Breast Cancer

Galera® Therapeutics, Inc

Promising Early Results With Tilarginine in TNBC

Long-term research with nitric oxide synthase inhibition in cancer has demonstrated potential to translate into the clinic

- A research team led by Jenny Chang, M.D., a breast medical oncologist and director of the Houston Methodist Dr. Mary and Ron Neal Cancer Center, found variants in a gene called RPL39 that work through a pathway called nitric oxide.
- Through the combination of chemotherapy and a nitric oxide synthase inhibitor, tilarginine or L-NMMA, developed at Houston Methodist, researchers were able to regress tumor growth of triple negative breast cancer and prevent the cancer from spreading.
- Historically, patients with cancers resistant to chemotherapy have about a 10-15% chance of responding when used with older drugs that target the immune system.
- The response rate using the Houston Methodist-discovered drug Tilarginine has been approximately 45% in initial trials in TNBC and Metaplastic breast cancer.

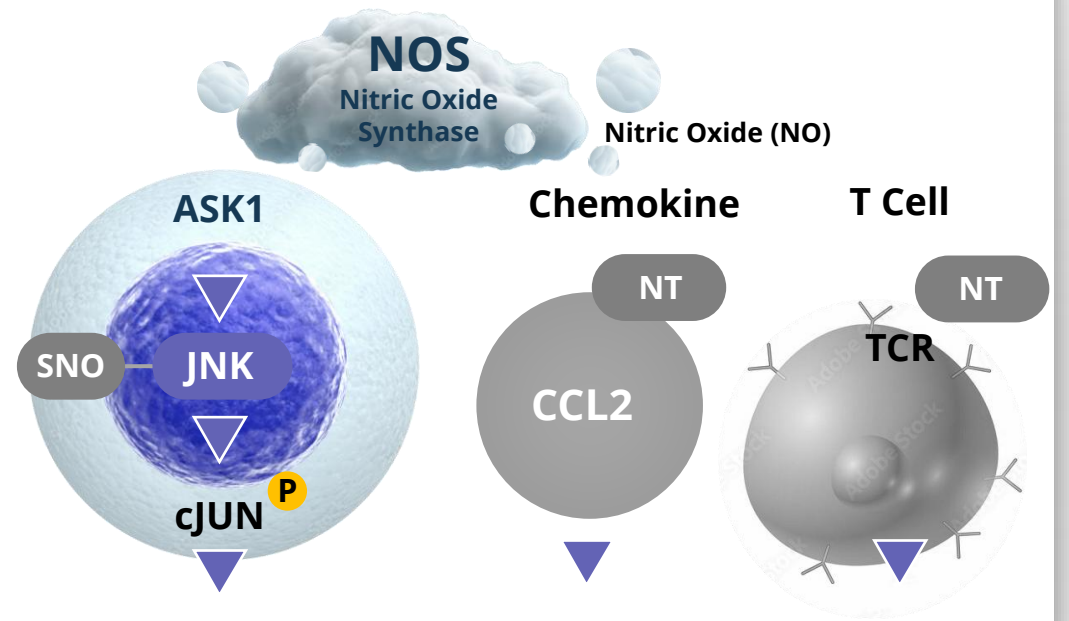


Jenny Chang, MD
Breast Oncologist
Houston Methodist

Inhibiting NOS Reverses Resistance Mechanisms

NOS drives resistance mechanisms via reversible post-translational modifications (NT & SNO)

NOS Overexpression Results in Chemo-Resistance



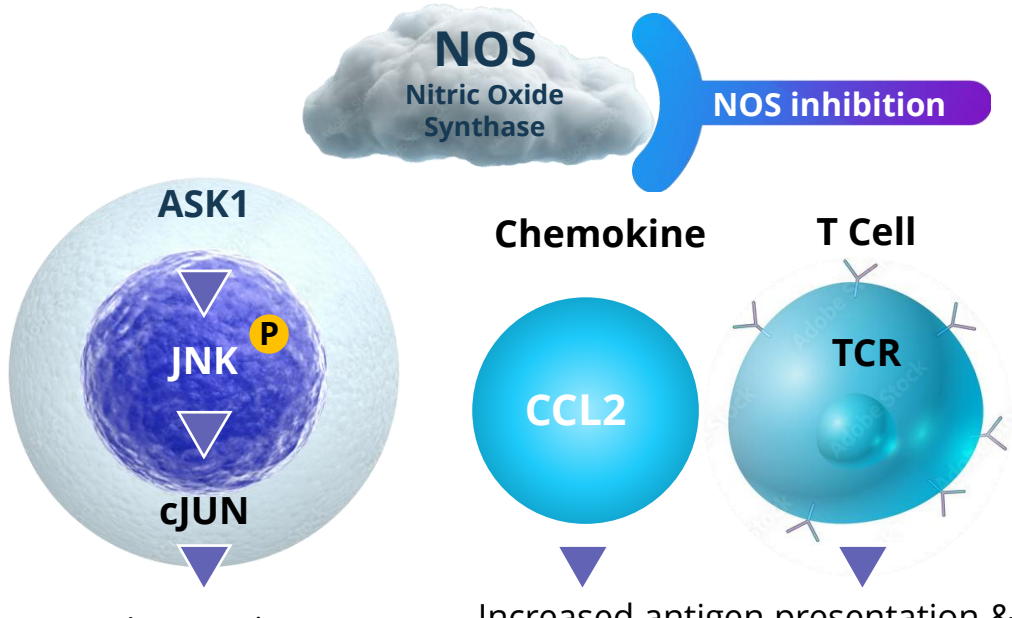
Resistance to Apoptosis

Chemoresistance

Reduced antigen presentation & lymphocyte infiltration

Immunosuppression

NOS Inhibition Sensitizes to Standard of Care



Apoptosis

Reverses Chemoresistance

Increased antigen presentation & lymphocyte infiltration

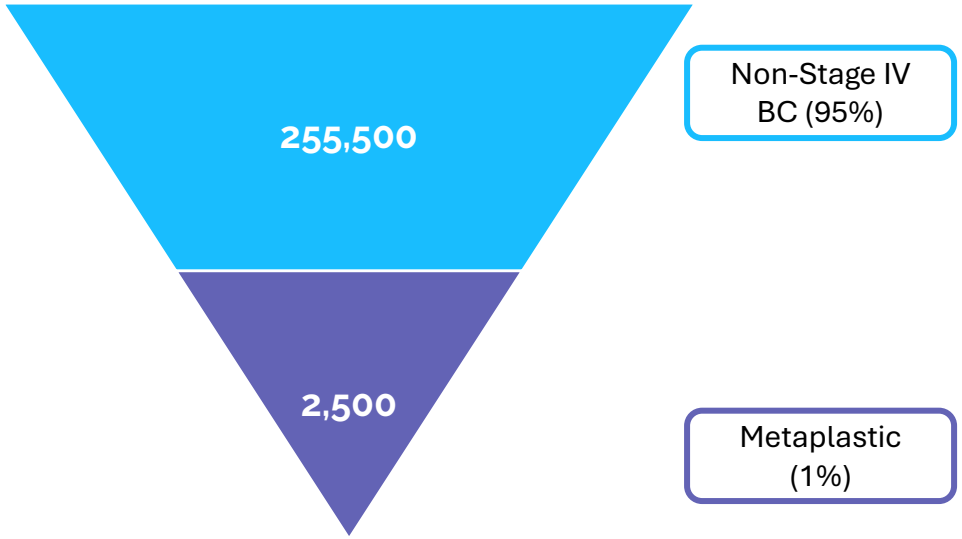
Reverses Immunosuppression

NOS, Nitric Oxide Synthase; NT, Tyrosine Nitration; SNO, S-nitrosylation; ASK1, Apoptosis Signal-Regulating Kinase 1; JNK, Jun N-terminal kinase; CCL2, C–C motif chemokine ligand 2; Adapted from Reddy et al., Targeting Nitric Oxide: Say NO to Metastasis. Clin Cancer Res; 29(10) May 15, 2023

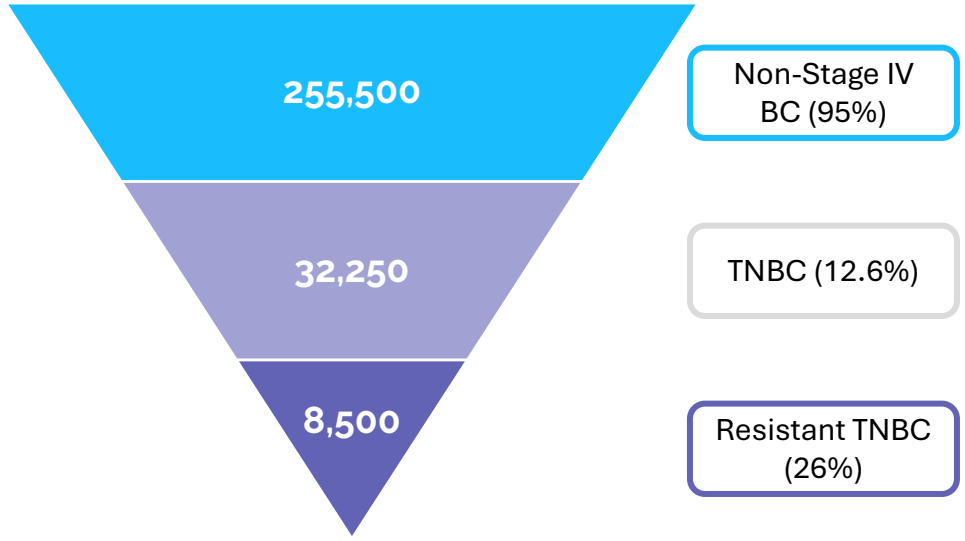
Tilarginine in Metaplastic Breast Cancer and TNBC

We believe resistant TNBC and metaplastic disease are two attractive opportunities with high unmet need

Metaplastic Breast Cancer[1]



Resistant Triple-Negative Breast Cancer[2,3]



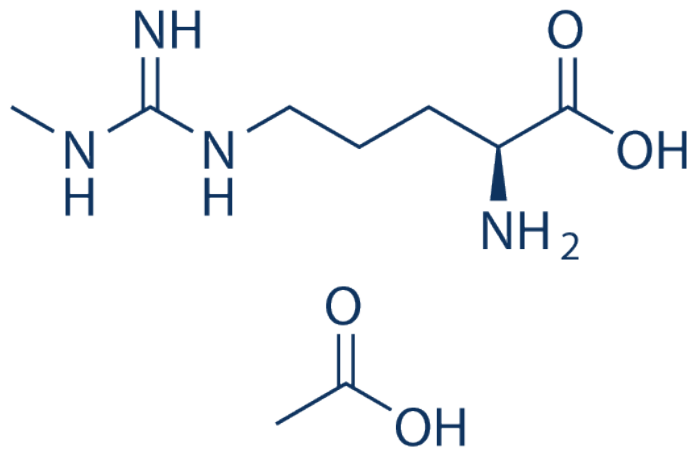
Total Estimated Patient Population: 11,000/year

[1] Reddy T et al., A comprehensive overview of metaplastic breast cancer: clinical features and molecular aberrations, Breast Cancer Research, 2020
[2] American Cancer Society Factsheet, 2019
[3] Wolf D et al., Redefining breast cancer subtypes to guide treatment prioritization and maximize response, Cancer Cell, 2022

Tilarginine: A Pan-NOS Inhibitor for Breast Cancer

Tilarginine: a well-characterized safety profile across hundreds of patients

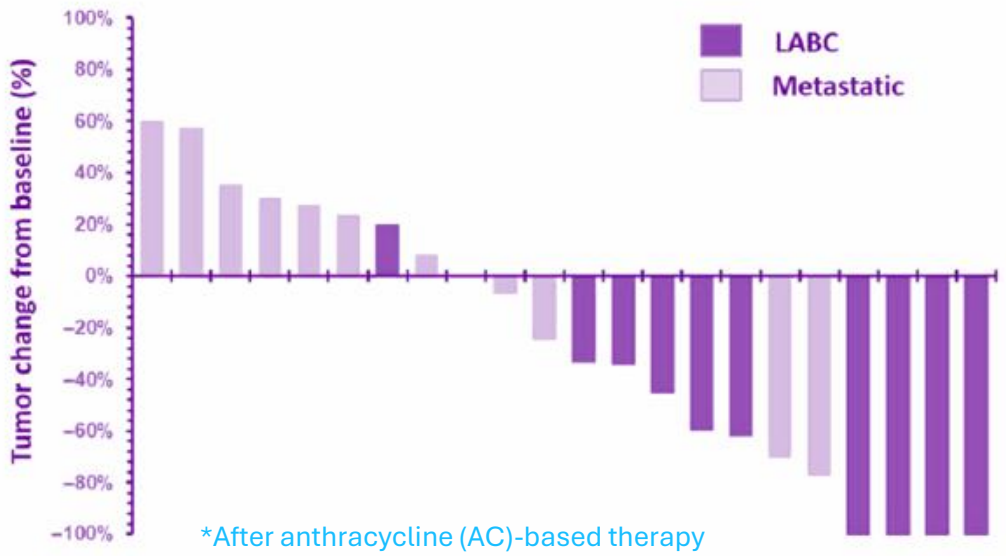
- Preclinical activity seen in TNBC-PDX models as single agent and in combination with chemo and targeted therapies
- Previous clinical trial experience in CV, sepsis and oncology settings
- Pharmacodynamic activity observed in non-oncology indications
- Intravenous administration
- Clinical activity & pharmacodynamic reduction in serum nitrites/nitrates observed in Phase 1b/2 study in TNBC (n=35)



Efficacy Signal in Locally Advanced TNBC

Findings from Phase 2 (n=24) portion of tilarginine + taxane trial

3/4 CRs Failed a Taxane Prior to Enrollment



Pathologic Complete Response in 3 pts (27%)

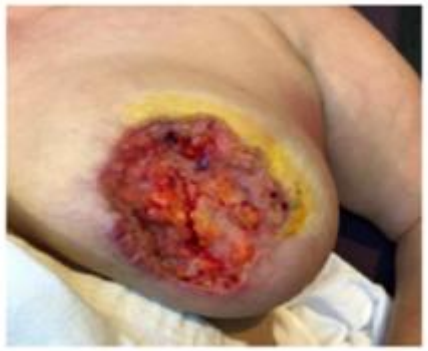
Phase 2 efficacy responses

Best response	All patients (*n* = 24)	Metastatic (*n* = 13)	Chemorefractory LABC (*n* = 11)
Overall response	11 (45.8%)	2 (15.4%)	9 (81.8%)
CR	4 (16.7%)	0 (0%)	4 (36.4%)
PR	7 (29.2%)	2 (15.4%)	5 (45.5%)
SD	4 (16.7%)	3 (23.1%)	1 (9.1%)
PD	7 (29.2%)	6 (46.2%)	1 (9.1%)
Treatment failure	2 (8.3%)	2 (15.4%)	0 (0%)

Adapted from Chung AW et al. Sci Transl Med. 2021 Dec 15;13(624):eabj5070. doi: 10.1126/scitranslmed.abj5070. Epub 2021 Dec 15. PMID: 34910551.

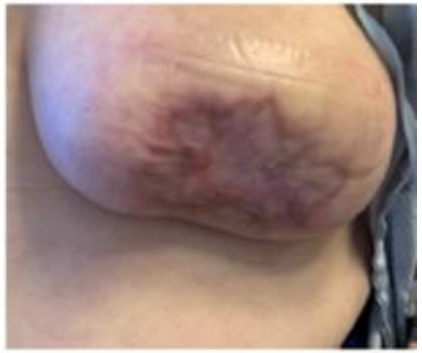
Complete Response from the TNBC Trial

46-Year-Old Woman with Stage 3 Metaplastic Breast Cancer



Baseline

- Woman with locally-advanced **metaplastic** breast cancer
- **Stage 3 at diagnosis** with disease in lymph nodes
- Patient received **4 cycles of AC (Doxorubicin + Cytoxan)** prior to receiving 6 cycles of tilarginine + docetaxel



Post-Therapy

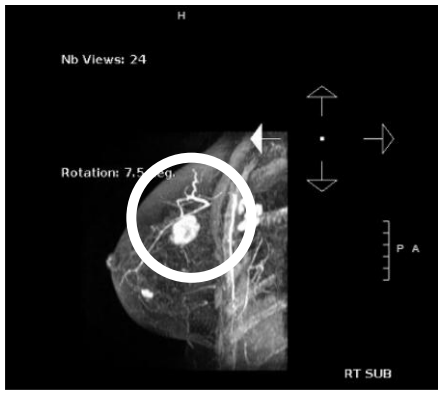
Tilarginine + Taxotere

- After **6 cycles of tilarginine + docetaxel,** patient went to surgery
- Pathology at surgery showed **patient had no residual disease in the breast** with some residual disease in the nodes
- **Patient is alive and well after 3 years**

Adapted from Chung AW et al. Sci Transl Med. 2021 Dec 15;13(624):eabj5070. doi: 10.1126/scitranslmed.abj5070. Epub 2021 Dec 15. PMID: 34910551.

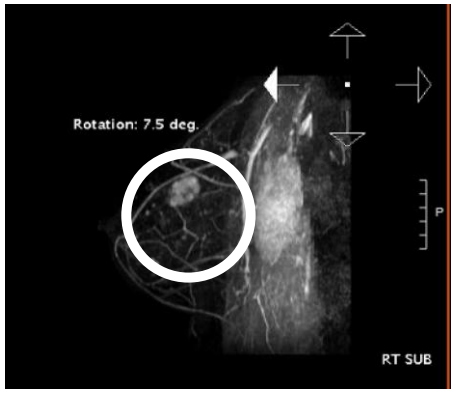
Efficacy in Patient Who Failed Standard of Care

Breast Cancer Specialist affiliated with I-SPY 2 trial tested tilarginine through single patient IND



Baseline

- 48-year-old woman with Stage 3 triple negative breast cancer
- Minimal response to Datopotamab deruxtecan or to pembrolizumab + carboplatin + paclitaxel
- Transient response to Doxorubicin + Cytoxan
  Breast mass still palpable (4x3cm); nodes still 2-3cm in size



Post-Therapy

Tilarginine + Abraxane

- Patient then received 4 cycles of tilarginine & nab-paclitaxel
- Mass and nodes were no longer palpable pre-surgery by clinical exam - Nodes were no longer enlarged on MRI; mass density much less
- Post-surgery pathology report notes a marked treatment effect (Minimal disease in breast, Isolated tumor cells in LN)

Tilarginine Phase 2 Toxicity Profile

Table 2. Phase 2 toxicities. AST, aspartate aminotransferase; ALT, alanine aminotransferase.

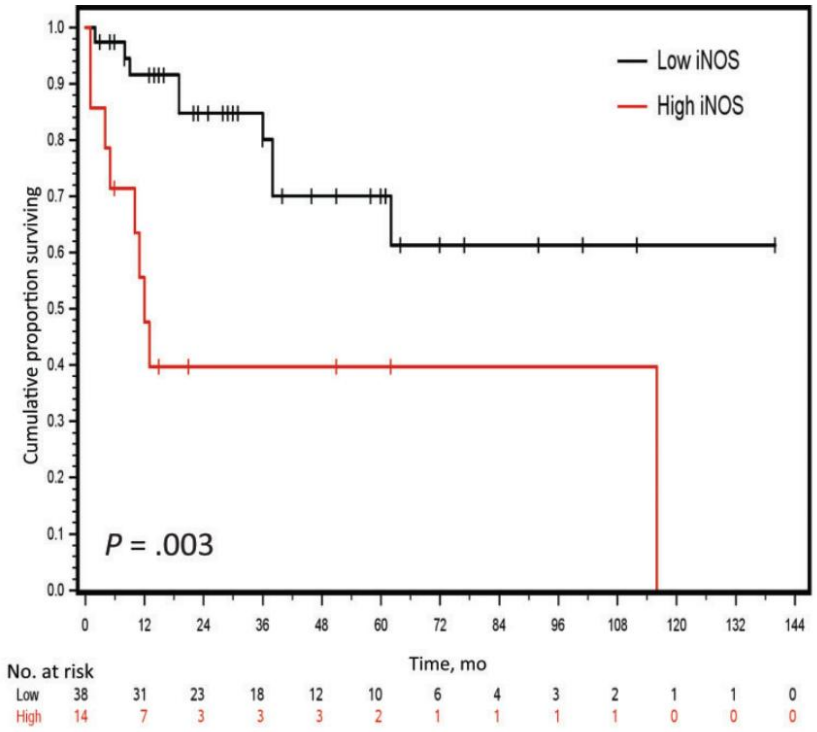
Toxicity	Grade 1 or 2	Grade ≥3	Any grade	Likely attributed to L-NMMA	Likely attributed to taxane
	79.2% (19 of 24)	20.8% (5 of 24)	83.3% (20 of 24)		
Constitutional	10 (41.7%)	1 (4.2%)	11 (45.8%)	No	Yes
Gastrointestinal	10 (41.7%)	0 (0%)	10 (41.7%)	No	Yes
Peripheral neuropathy	7 (29.2%)	1 (4.2%)	8 (33.3%)	No	Yes
Dermatological	7 (29.2%)	1 (4.2%)	8 (33.3%)	No	Yes
Musculoskeletal	5 (20.8%)	0	5 (20.8%)	No	Yes
Hematological	5 (20.8%)	0	5 (20.8%)	No	Yes
Mucositis	4 (16.7%)	0	4 (16.7%)	No	Yes
Pulmonary	4 (16.7%)	0	4 (16.7%)	Yes	No
Infectious	0	2 (8.3%)	2 (8.3%)	No	Yes
Cardiovascular	2 (8.3%)	0	2 (8.33%)	Yes	No
Renal	0	1 (4.16%)	1 (4.16%)	No	Yes
Elevation of AST/ALT	0	1 (4.16%)	1 (4.16%)	No	Yes
Dehydration	0	1 (4.16%)	1 (4.16%)	No	Yes
Electrolyte imbalance	1 (4.16%)	0	1 (4.16%)	No	Yes
Hypotension	1 (4.16%)	0	1 (4.16%)	Yes	No
Neurological	1 (4.16%)	0	1 (4.16%)	No	Yes
Sinus tachycardia	1 (4.16%)	0	1 (4.16%)	Yes	No

Tilarginine is L-NMMA (NG-monomethyl-L-arginine) is a nitric oxide synthase (NOS) inhibitor, administered IV over 2 hours, with amlodipine pretreatment
Amlodipine and aspirin were used as supportive care.
Adapted from Chung AW et al. Sci Transl Med. 2021 Dec 15;13(624):eabj5070. doi: 10.1126/scitranslmed.abj5070. Epub 2021 Dec 15. PMID: 34910551.

Metaplastic Breast Cancer is First Approval Opportunity

A highly treatment-resistant subset of TNBC with no FDA approved therapies

12 Month Median OS in iNOS high patients[1]



Rare Subset with High Unmet Need

Incidence 1% of all breast cancer[2]

- First classified in 2000 by WHO
- No currently agreed treatment guidelines

Carcinomatous & sarcomatous features

- Similar to basal-like triple-negative breast cancer (TNBCs)
- Closely related to the claudin-low BC (loss of cell-cell adhesion genes)
- Enriched for stem cell-like and EMT characteristics
  - EMT = epithelial-to-mesenchymal transition

Highly chemo-refractory (10-15% ORR), poor survival[2]

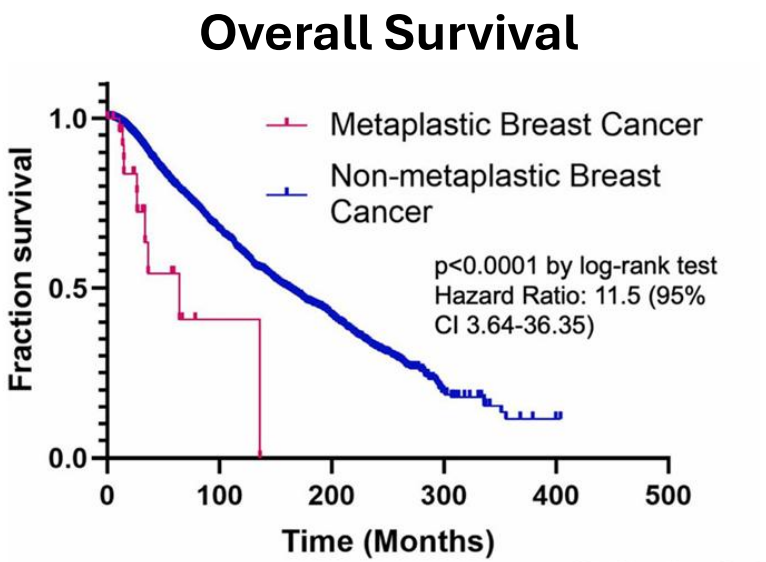
- 3-year overall survival for LN+ Patients is 40% (v. 70% for basal-TNBC)

[1]Role of RPL39 in Metaplastic Breast Cancer. Dave B et al. (j. Chang) JNCI J Natl Cancer Inst (2017) 109(6): djw292
[2]A comprehensive overview of metaplastic breast cancer: Features and treatments. Yan Q et al., Cancer Sci, 2024
[3]Classification of Metaplastic Carcinomas of the Breast. Tavassoli FA. Pathology Annual, Volume 27, Part 2, pages 89–119. 1992

Ongoing Fully Funded NIH Trial in Metaplastic Breast Cancer

4/9 patients in Phase 1 portion responded (PR + CR). 7/9 had clinical benefit (PR + CR + SD).

iNOS overexpressed in Metaplastic Breast Cancer[1]



	Median Survival (months)
Metaplastic Breast Cancer (n=33)	64.4
Non-Metaplastic Breast Cancer (n=7515)	159.2

*After anthracycline (AC)-based therapy

Clinical Trial in Metaplastic Breast Cancer

Patient Population (n=~35 pts)
1st and 2nd line locally advanced or metastatic metaplastic breast cancer patients

Design & Drug Regimen
Open label single arm Phase 1/2 study
Tilarginine + nab-paclitaxel + alpelisib

Trial Logistics
3 Sites: (Houston Methodist, MD Anderson, NCI Clinical)

Desired Outcomes
ORR (primary), PFS (primary), OS (secondary),

[1]Data derived from cBioPortal database of 7548 patients across 12 breast cancer studies Figure 3 in Reddy TP, Rosato RR, Li X, Moulder S, Piwnica-Worms H, Chang JC. A comprehensive overview of metaplastic breast cancer: clinical features and molecular aberrations. Breast Cancer Res. 2020 Nov 4;22(1):121. doi: 10.1186/s13058-020-01353-z.

Potential Registrational Pathway in Metaplastic Breast Cancer

Based on previous rare cancer approvals, one additional randomized trial may be sufficient

nab-paclitaxel + alpelisib + tilarginine

- Participants in this study will receive nab-paclitaxel, alpelisib and tilarginine, administered q3w cycles until disease progression, toxicity or until the participant withdraws from the study.
- Alterations in the Pl3K/Akt pathway have been linked with chemoresistance, especially in MpBC.
- As a result, this study includes alpelisib, a PI3K inhibitor, in the treatment regime.
- This study is targeting 36 participants at Houston Methodist, MD Anderson and the NIH
- This study is ongoing with 14 patients to date

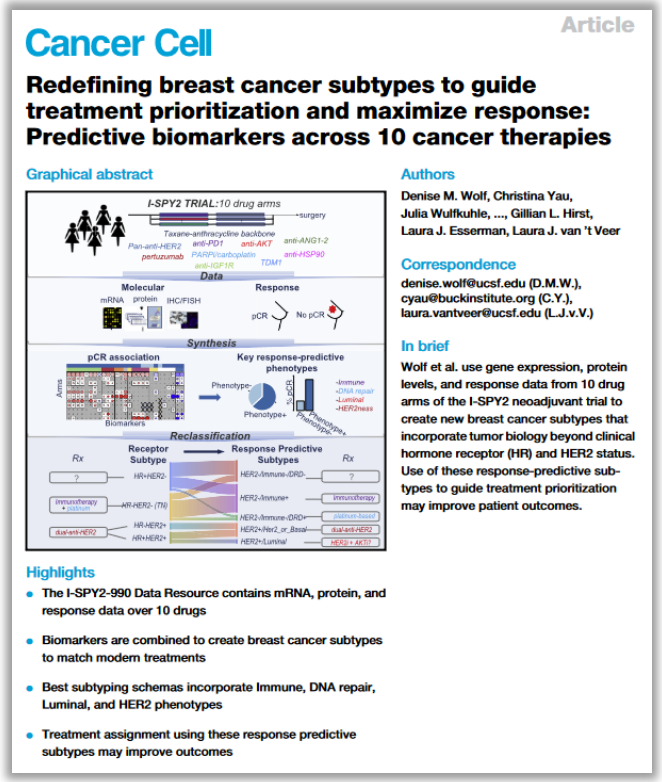
nab-paclitaxel +/- tilarginine

- Targeting 40 - 60 subjects, first-line or second-line
- Purpose of study is to explore activity of tilarginine with chemo versus chemo alone
- Global study with multiple centers excluding those in ongoing PI3K study
- Treatment to be continued until disease progression, unacceptable toxic effects, withdrawal from the trial, or death, whichever occurs first.
- Primary endpoint will be ORR and PFS.
- Secondary endpoints include OS

alpelisib (Piqray®, Novartis): FDA Approved May 2019 for use in combination with fulvestrant for HR+/HER-/PIK3CA-mutated, breast cancer following progression on endocrine-based regimen
nab-paclitaxel (Abraxane®, BMS) albumin nanoparticles: FDA approved in Jan 2005

Indication Expansion Opportunity in Neoadjuvant TNBC

26% of TNBC patients do not have adequate treatment options in the neoadjuvant setting



Cancer Cell

Article

Redefining breast cancer subtypes to guide treatment prioritization and maximize response: Predictive biomarkers across 10 cancer therapies

Graphical abstract

Authors

Denise M. Wolf, Christina Yau, Julia Wulfkuhle, ..., Gillian L. Hirst, Laura J. Esserman, Laura J. van 't Veer

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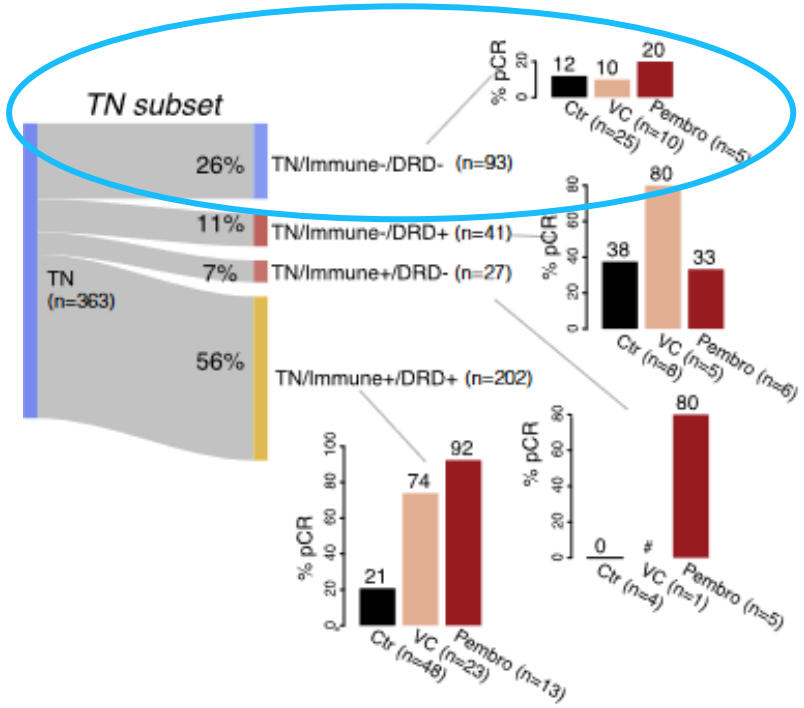
In brief

Wolf et al. use gene expression, protein levels, and response data from 10 drug arms of the I-SPY2 neoadjuvant trial to create new breast cancer subtypes that incorporate tumor biology beyond clinical hormone receptor (HR) and HER2 status. Use of these response-predictive subtypes to guide treatment prioritization may improve patient outcomes.

Highlights

- The I-SPY2-990 Data Resource contains mRNA, protein, and response data over 10 drugs
- Biomarkers are combined to create breast cancer subtypes to match modern treatments
- Best subtyping schemas incorporate Immune, DNA repair, Luminal, and HER2 phenotypes
- Treatment assignment using these response predictive subtypes may improve outcomes



TN/Immune-/DRD- subtpe has very poor % pCR rate

I-SPY2 can identify TN/Immune-/DRD- individuals using RNA-Seq

Pathologic complete response (pCR) is FDA approved endpoint in local breast cancer

I-SPY KOLs believe **NOS inhibition** benefits some **Immune-/DRD- patients** via **reversing immune exclusion**

Ctr: paclitaxel; VC: veliparib-carboplatin-paclitaxel; Pembro: pembrolizumab

Adapted from Wolf D et al., Redefining breast cancer subtypes to guide treatment prioritization and maximize response, Cancer Cell, 2022

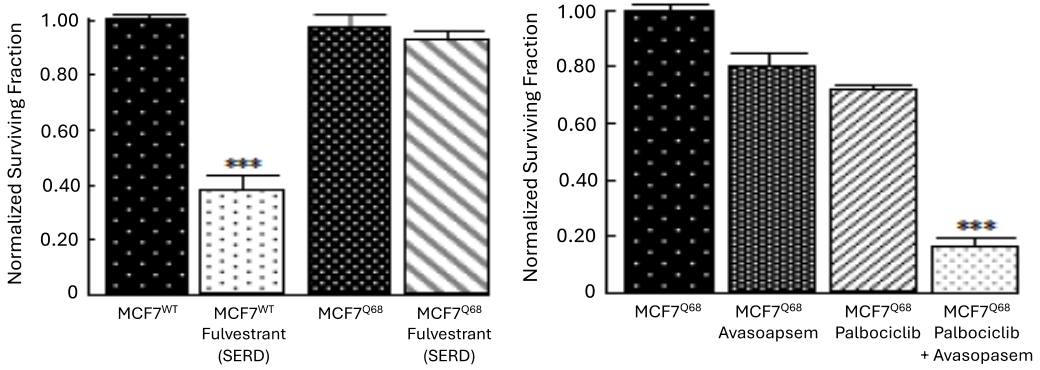
Avasopasem

in HR+ HER2- Breast Cancer

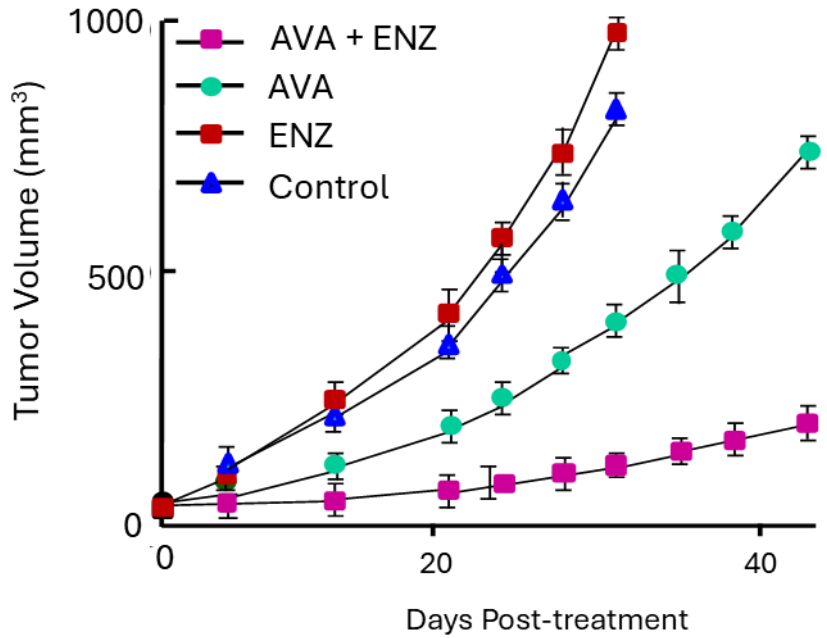
Galera® Therapeutics, Inc

Avasopasem Restored Sensitivity to SoC in HR+ Cancers

Avasopasem is active preclinically in both HR+ breast cancer and prostate cancer cell lines with AcK68 alteration



Avasopasem is **cytotoxic** to **AcK68 HR+ breast tumors** and **synergizes** with **CDK4/6 inhibition**



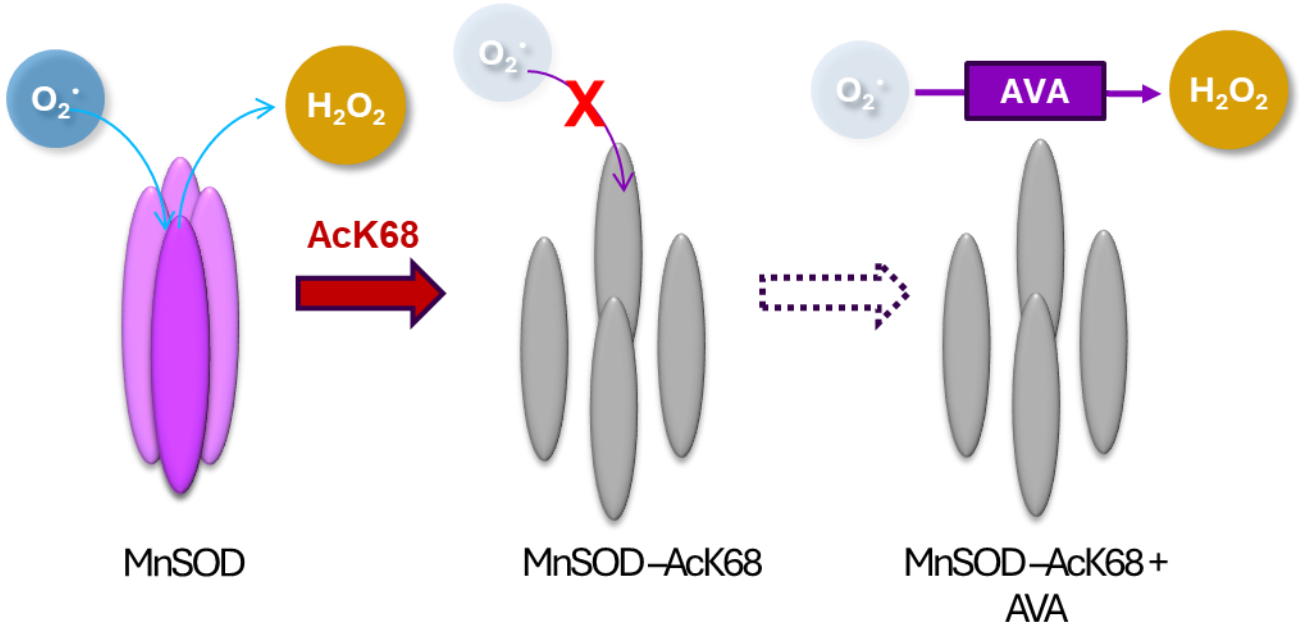
Avasopasem is **cytotoxic** to **AcK68 prostate tumors** and **restores antiandrogen sensitivity**

HR+, Hormone Receptor positive; AcK68 = acetylation of lysine 68 on MnSOD enzyme; Q68 = model for AcK68 mutation; SoC = standard of care; ENZ = enzalutamide
Adapted from Zhu Y et al., Lysine 68 acetylation directs MnSOD as a tetrameric detoxification complex versus a monomeric tumor promoter, Nature Communications, (2019)10:2399

Planned Grant Funded Ph1b/2 Trial in HR+ HER2- Breast Cancer

Opportunity to evaluate ability of dismutase mimetic to reverse resistance to fulvestrant and CDK4/6 inhibitors

Avasopasem **replaces** deactivated AcK68-modified endogenous superoxide dismutase, **resolving superoxide accumulation** and **resistance to SoC**



Patient Population

- 25 Patients with metastatic ER+/HER2- breast cancer patients
- Progressed on CDK4/6 & fulvestrant

Design & Drug Regimen

- Open label single arm Phase 1b/2
- Avasopasem + CDK4/6 inhibitor + fulvestrant

Adapted from Zhu Y et al., Lysine 68 acetylation directs MnSOD as a tetrameric detoxification complex versus a monomeric tumor promoter, Nature Communications, (2019)10:2399

Executive Summary and Key Milestones

Tilarginine potential to be first approved therapy in metaplastic breast cancer (MpBC)

- Fully grant funded Phase 1b/2 trial ongoing in MpBC with nab-paclitaxel and alpelisib (PI3K inhibitor)
  - 4/9 responses seen in Phase 1 portion
  - **Next tranche of data expected end of 2025**
- Proof of concept achieved in TNBC patients in combination with docetaxel
  - 46% ORR across all patients in Phase 2
  - 82% ORR in locally advanced patients

Avasopasem to be repositioned into HR+ HER2- breast cancer to restore sensitivity to 1st line patients

- **Phase 1b/2 single arm investigator-initiated trial to begin in 1H2025**

Cash balance supports multiple near-term data readouts

- Cash runway anticipated to fund operations into 2026

Galera Therapeutics Capitalization and Cash Position

As of December 30, 2024		Number of shares
Common Stock	• Common shares outstanding	75.5M
Assuming Conversion of Preferred Stock and Warrants	• Preferred stock and prefunded warrants[1]	142.4M
Adjusted Share Count	• Adjusted common shares outstanding[1]	217.8M

Cash balance post-financing supports multiple near-term data readouts

- Cash runway expected into 2026

[1]Assuming pre-funded warrant conversion and Series B preferred conversion

Financial & Investor Information

OTC: GRTX

In December 2024, Galera entered into a private placement financing

- Net proceeds of $3M combined with Galera's net cash of $5.7M is expected to provide cash runway into 2026
- On an as-converted basis after accounting for the acquisition of Nova Pharmaceuticals, Inc. and the financing, the total shares of Galera common stock outstanding would be 217.8M

The following data is as of September 30, 2024

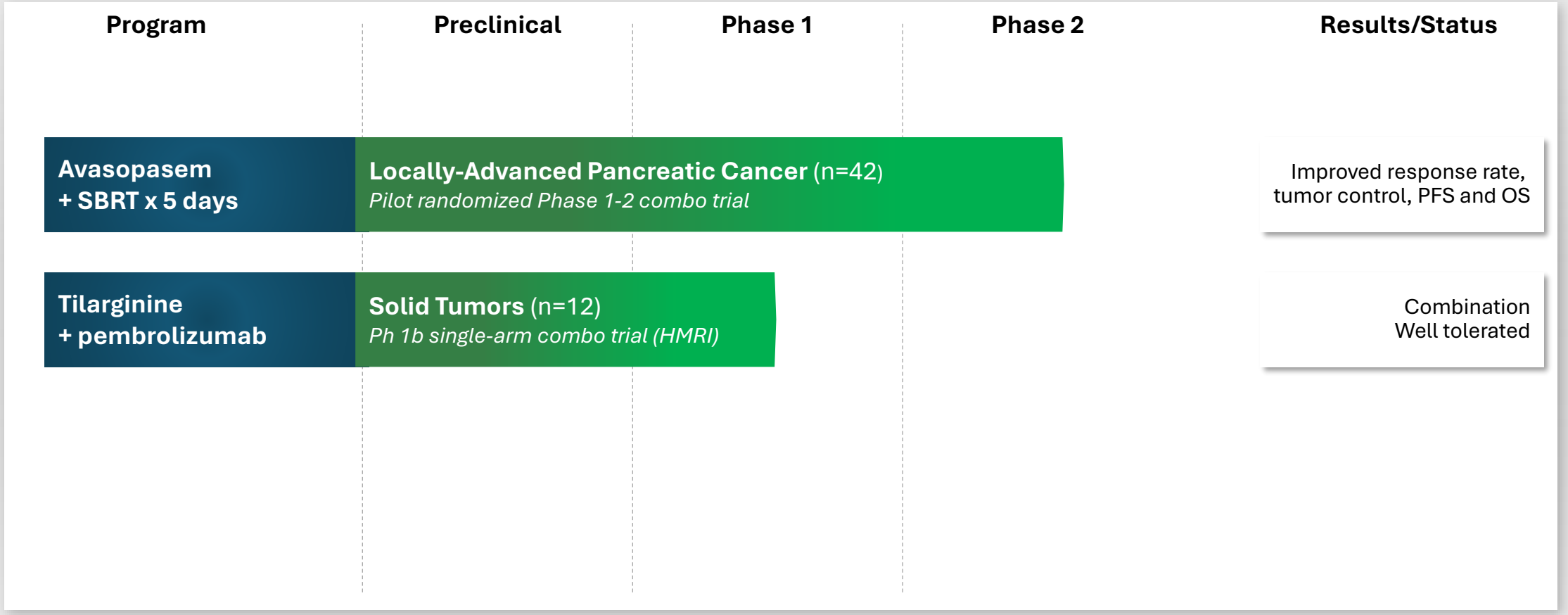
- Cash and cash equivalents - $8.455M
- Outstanding shares of common stock – 54.4M

Appendix

Galera® Therapeutics, Inc

Other Completed Trials

Two Completed Trials

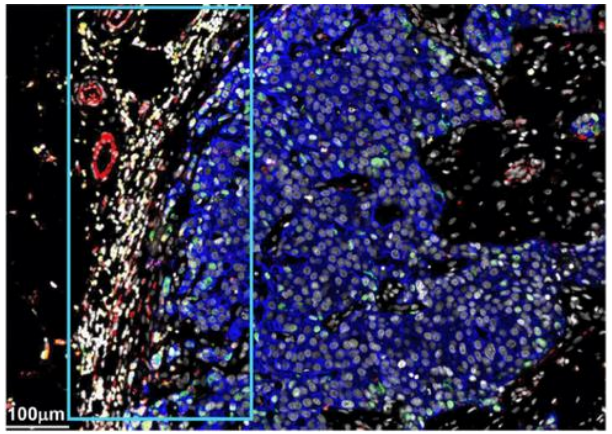


Tilarginine is L-NMMA (NG-monomethyl-L-arginine), a nitric oxide synthase (NOS) inhibitor, administered IV over 2 hours, with Amlodipine pretreatment
SBRT is Stereotactic Body Radiotherapy, where high doses are administered over a 1-2 week period
HMRI = Houston Methodist Research Institute

NOS Inhibition Reverses Immune Exclusion of T Cells

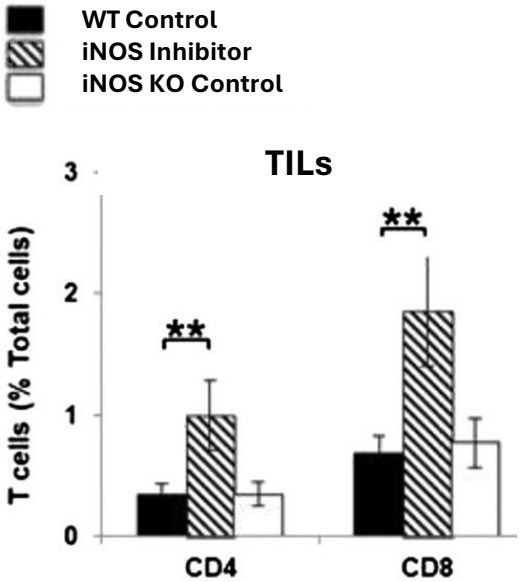
Excess nitric oxide creates an immunosuppressive tumor microenvironment

Elevated iNOS On Tumor Edge Prevents CD8⁺ Penetration[1]



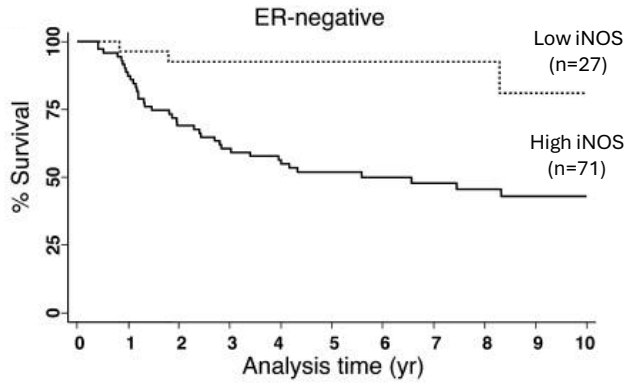
CD8⁺ Cells **(pink)** are excluded from penetrating into the tumor bed by high iNOS expression on tumor edge **(red)**

NOS Inhibition Increases T Cell Infiltration[2]



iNOS inhibition **increases CD4 & CD8⁺ infiltration** in syngeneic tumor model

High iNOS is Associated with Poor Survival in ER- Patients[3]



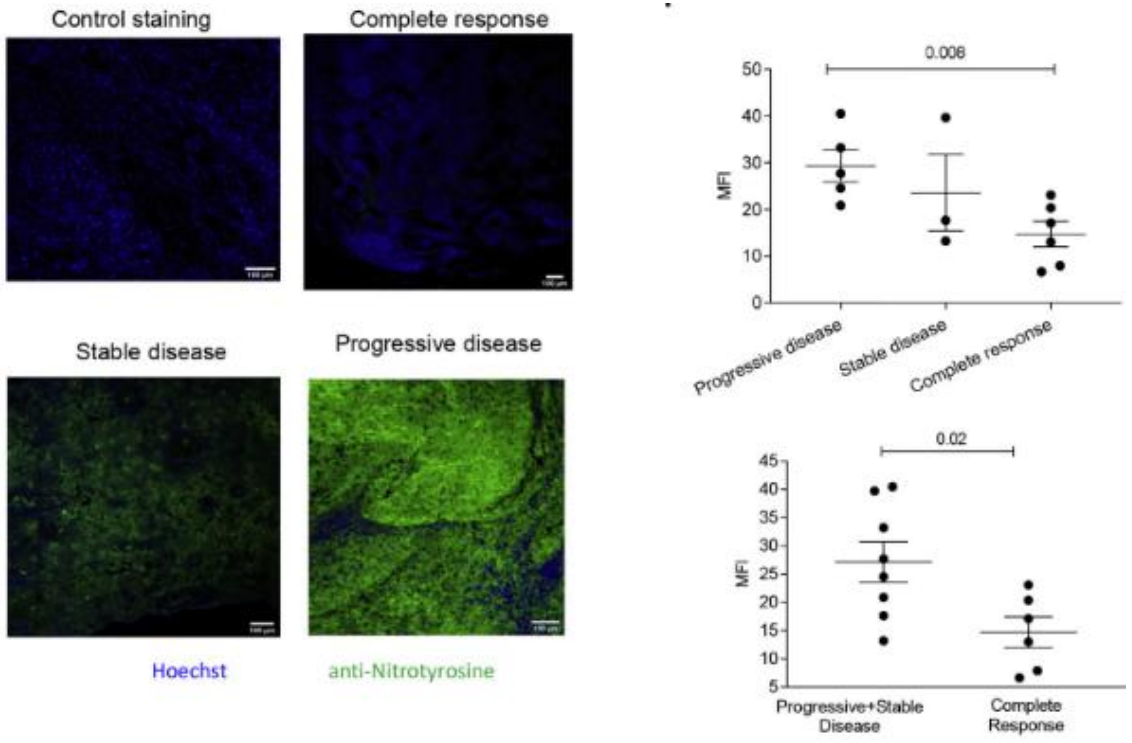
Patients with **high iNOS** expression experience **worse clinical outcomes**

1) Ridnour et al., Cancer Research Communications, 2024; 2) Jayaraman et al., J. Immunology, 2012; 3) Glynn et al., J. Clin., Invest., 2010

Combining Tilarginine with Immune Checkpoint Blocker

Opportunity to evaluate NOS inhibition in combination with pembrolizumab

Nitrotyrosine (a marker of nitric oxide) **correlates with worse outcomes** in patients treated with pembrolizumab[1]



Patient Population[2]

- 12 Patients with refractory solid tumors who are naïve to anti-PD1 therapy
- Metastatic ER+/HER2- breast cancer patients who have progressed on CDK4/6 & fulvestrant

Design & Drug Regimen[2]

- Single center (Houston Methodist)
- Open label single arm Phase 1b/2a of Tilarginine and pembrolizumab

[1]Tcyganov et al., Cancer Cell, 2022; 2) NCT03236935

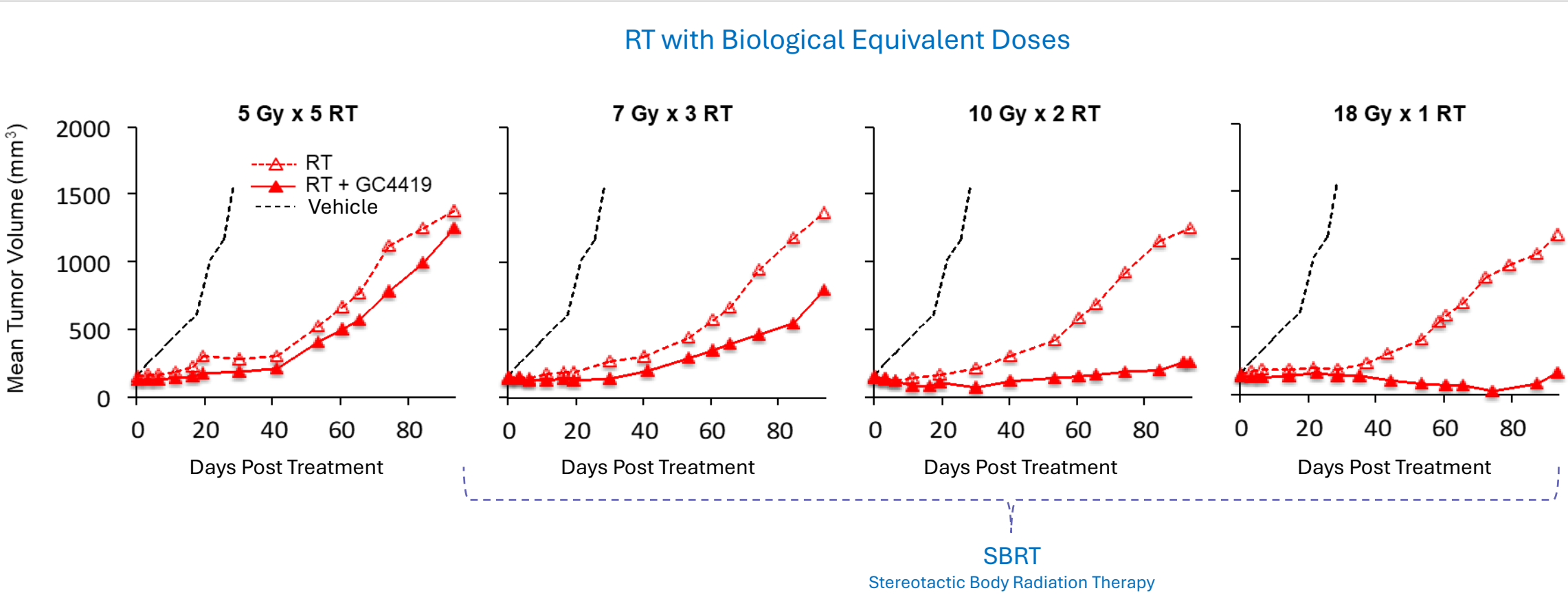
Avasopasem

in Locally Advanced Pancreatic Cancer

Galera® Therapeutics, Inc

Synergy with High-Dose RT (SBRT)

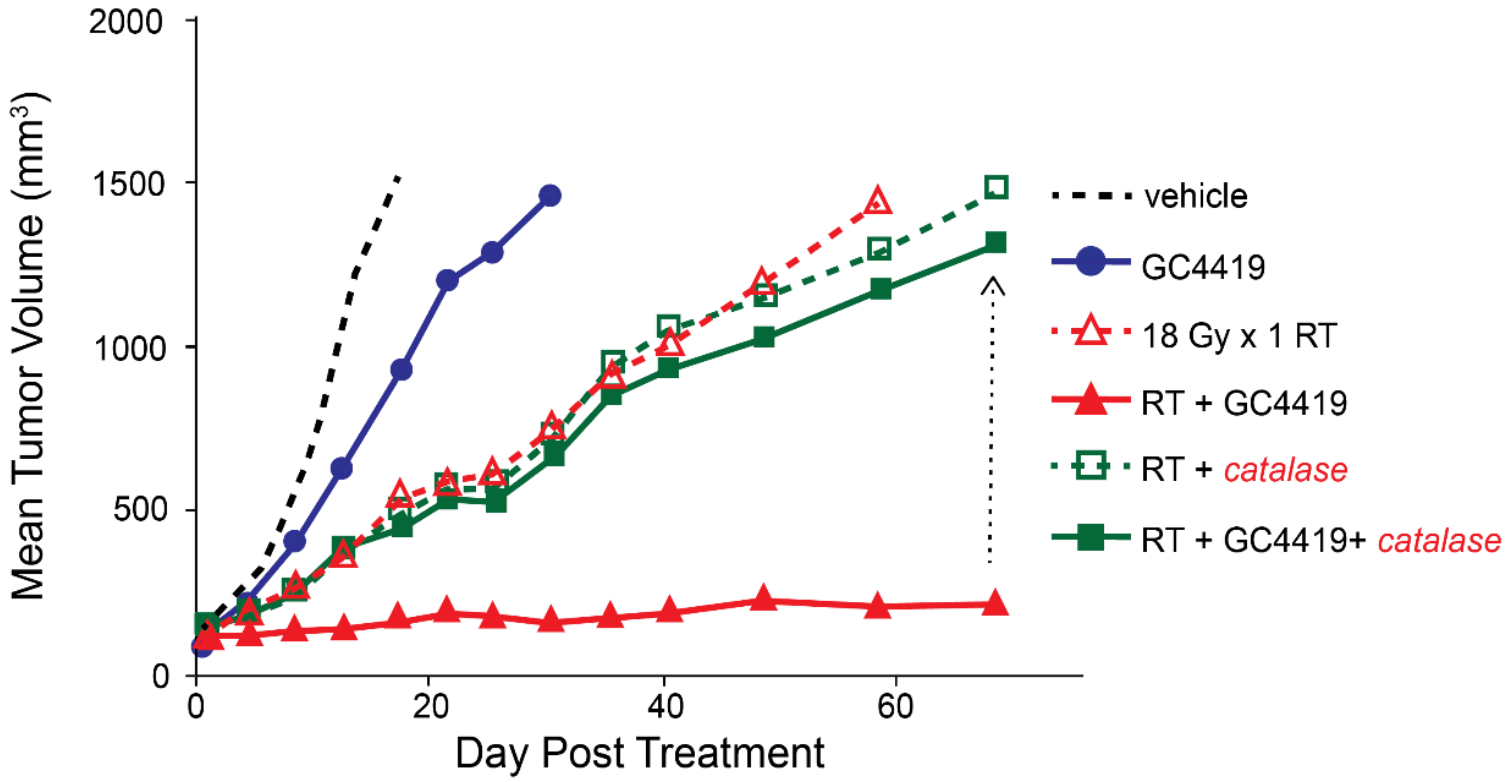
High-fraction focal irradiation of human tumor xenografts (H1299 NSCLC) in mice



Preclinical results; Sishc, et al., Science Translational Medicine 12 May 2021:Vol. 13, Issue 593

H_2O_2 build-up in Cancer Cell → Synergy with SBRT

Synergy eliminated with doxycycline-induced catalase in genetically modified H1299^{CAT} cells

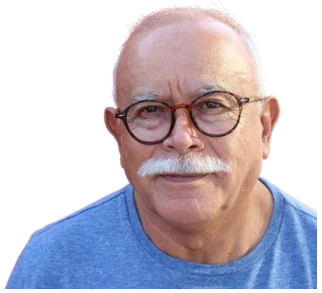


Preclinical results; Sishc, et al., Science Translational Medicine 12 May 2021:Vol. 13, Issue 593

Proof of Concept Trial in Pancreatic Cancer

Completed 42-Patient Double-blind, Placebo-controlled, Randomized Trial

Population



- Patients with Locally-advanced Pancreatic Cancer (LAPC)
- Screened after 4-6 months of chemotherapy

Treatment

R

- SBRT + GC4419 90mg x 5 doses
- SBRT+ Placebo x 5 doses

- 60-minute IV infusion before SBRT
- 4 Centers: MDA, Moffitt, Duke, UTSW

Endpoints

- Primary: Safety and feasibility of dismutase mimetic with SBRT
- Secondary: Survival (OS, PFS), Tumor Control (LRC, DMC), Response Rate

Final Safety Analysis - Regimen Generally Well Tolerated

12-Month Safety Follow-up (% of Patients)

Baseline Patient Characteristics

Baseline Characteristics	Placebo (n=18)	GC4419 (n=24)
Median age in years	68	72
Male / Female	39% / 61%	67% / 33%
Borderline resectable / Unresectable	11% / 89%	29% / 71%
ECOG Performance status 0/1	50% / 50%	50% / 46%
Prior chemo, duration median (range)	22 weeks (12.0–36.3)	18 weeks (9.1–67.1)
CA19-9 at randomization, median (range)	71 (0.5–5505)	31 (0.3–719)
Smokers/Nonsmokers	17% / 83%	8% / 92%

Similar SBRT Toxicity Across Arms

AEs Considered related by Investigator to SBRT		SBRT + PBO	SBRT + AVA
≤90 days after SBRT	Any AE	67%	46%
	GI AE	44%	42%
	Severe AE	0%	0%
>90 days after SBRT	Any AE	22%	25%
	GI AE	17%	21%
	Severe AE	11%	8%

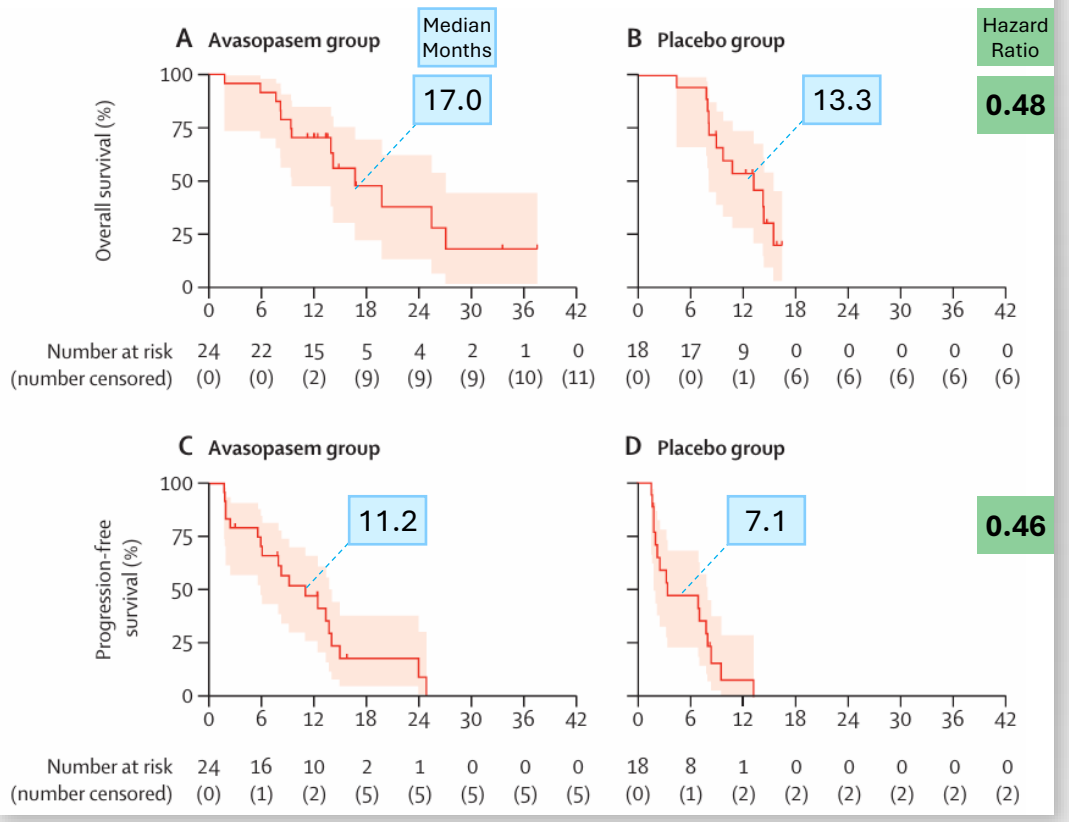
- *No bleeding ulcers by 12-week endoscopy*

AE = Adverse Event, GI AE = Gastrointestinal AE

Efficacy Signal in Locally Advanced Pancreatic Cancer (N=42)

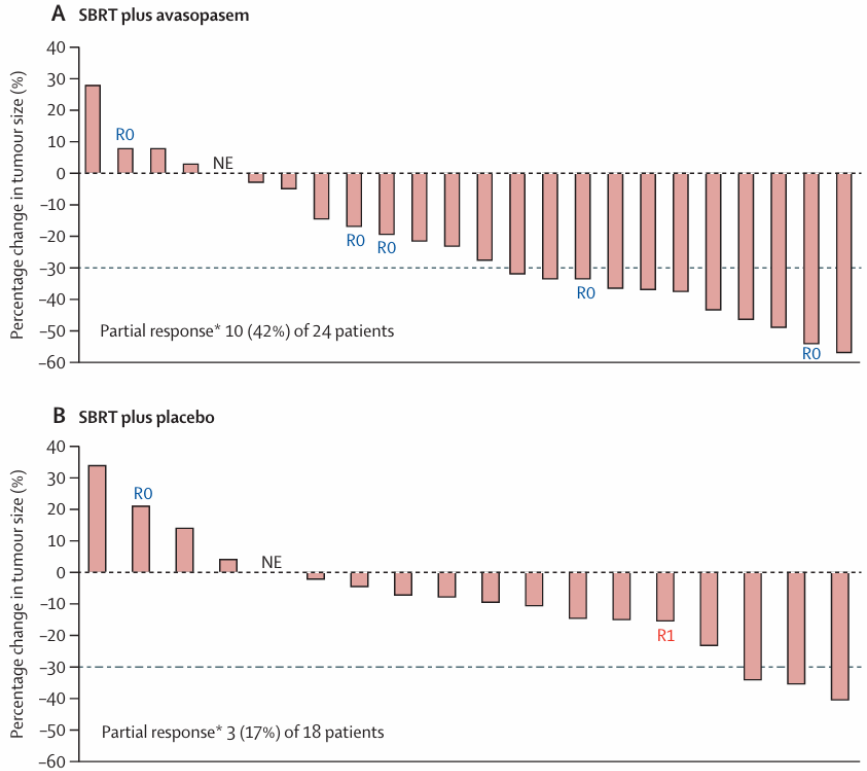
Regimen consisted of radiotherapy (SBRT) + avasopasem vs radiotherapy + placebo

Overall and Progression-Free Survival[1]



[1]Adapted from Figure 2 in Taniguchi CM et al, Lancet Oncol 2023; 24: 1387–98

Best in-field tumor response from baseline[2]



[2]Adapted from Figure 3 in Taniguchi CM et al, Lancet Oncol 2023; 24: 1387–98