



# TARGETING CANCER

**New Science. New Cancer Therapies. New Hope.**

Company Overview – September 2021

## FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements (including within the meaning of §21E of the U.S. Securities Exchange Act of 1934, as amended, and § 27A of the U.S. Securities Act of 1933, as amended). Forward-looking statements, which generally include statements regarding goals, plans, intentions and expectations, are based upon current beliefs and assumptions of Oncternal Therapeutics, Inc. (“Oncternal”) and are not guarantees of future performance. Statements that are not historical facts are forward-looking statements, and include statements regarding the expected timing for achieving key milestones, including initiating ROR1 CAR-T studies and completing and announcing results of clinical trials of Oncternal’s other product candidates, the anticipated market potential, duration of patent coverage, ability to obtain and maintain favorable regulatory designations, and potential accelerated approval pathways for Oncternal’s product candidates and preclinical programs, and Oncternal’s anticipated cash runway.

All forward-looking statements are subject to risks and uncertainties, including risks and uncertainties inherent in Oncternal’s business, including risks associated with the clinical development and process for obtaining regulatory approval of Oncternal’s product candidates such as potential delays in the commencement, enrollment and completion of clinical trials; the risk that results seen in a case study of one patient likely will not predict the results seen in other patients in the clinical trial; the risk that interim results of a clinical trial do not predict final results and that one or more of the clinical outcomes may materially change as patient enrollment continues, following more comprehensive reviews of the data, as follow-up on the outcome of any particular patient continues, and as more patient data become available; and other risks described in Oncternal’s filings with the U.S. Securities and Exchange Commission (“SEC”). Except as required by applicable law, Oncternal undertakes no obligation to revise or update any forward-looking statement. All forward-looking statements in this presentation are current only as of the date on which the statements were made. Additional factors that could cause actual results to differ materially from those expressed in the forward-looking statements are discussed in Oncternal’s filings with the SEC.

Cirmtuzumab, TK216 and Oncternal’s CAR-T targeting ROR-1 are investigational product candidates or preclinical programs that have not been approved by the U.S. Food and Drug Administration for any indication.

This presentation includes certain information obtained from trade and statistical services, third-party publications, and other sources. Oncternal has not independently verified such information and there can be no assurance as to its accuracy.

## **CIRMTUZUMAB: POTENTIALLY FIRST-IN-CLASS MONOCLONAL ANTIBODY TARGETING ROR1**

- Ongoing clinical studies in MCL, CLL and breast cancer, and preclinical studies in additional cancer indications
- Interim Phase 1/2 results for cirmtuzumab + ibrutinib in MCL compare favorably to historical single-agent ibrutinib data
- FDA interaction regarding potential registration trial in patients with MCL

## **ROR1 TARGETED CELL THERAPY: AGREEMENTS WITH SHANGHAI PHARMA, KAROLINSKA INSTITUTET, LENTIGEN, MILTENYI BIOTEC AND CELULARITY**

- In development to treat hematological malignancies and solid tumors

## **TK216: TARGETED ETS INHIBITOR**

- Two durable complete responses in patients with metastatic relapsed/refractory Ewing sarcoma in ongoing Phase 1/2
- Additional opportunities in ETS-driven tumor indications, particularly prostate cancer and heme malignancies

## **MULTIPLE DATA CATALYSTS EXPECTED IN NEXT 12 MONTHS**

- Clinical data updates expected in MCL, CLL, breast cancer and Ewing sarcoma
- ROR1 CAR-T cell therapy expected to reach clinic in 1H 2022

## **EXPERIENCED MANAGEMENT AND BOARD OF DIRECTORS**

# Experienced Team



**James Breitmeyer, MD, PhD**  
CEO, Founder, Director



**Richard Vincent**  
CFO



**Salim Yazji, MD**  
CMO



**Gunnar Kaufmann, PhD**  
CSO



**Raj Krishnan, PhD**  
CTO



**Chase Leavitt**  
General Counsel



**Pablo Urbaneja**  
SVP, Corporate Development



**Steve Hamburger, PhD**  
SVP, Regulatory Affairs & Quality Assurance



**David Hale**  
Co-founder  
Board Chairman



**Michael Carter, MD**  
Director



**Jinzhu Chen, PhD**  
Director



**Daniel Kisner, MD**  
Director



**Rosemary Mazanet, MD, PhD**  
Director



**Bill LaRue**  
Director



**Xin Nakanishi, PhD**  
Director



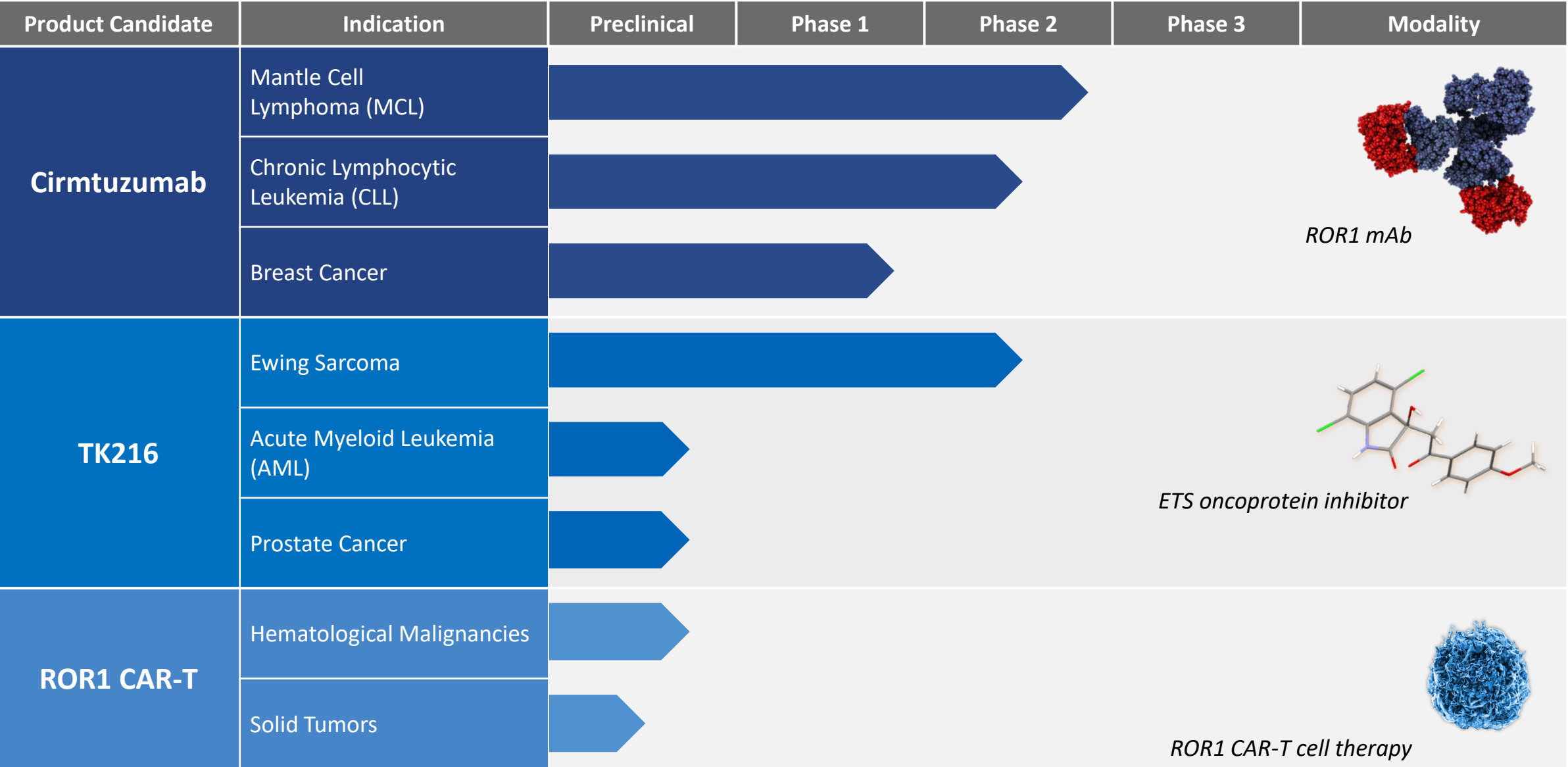
**Charles Theuer, MD, PhD**  
Director



**Robert Wills, PhD**  
Director



# Robust Pipeline – Novel Product Candidates in Multiple Indications





## **CIRMTUZUMAB: MONOCLONAL ANTIBODY TARGETING ROR1**

**ROR1 CAR-T CELL THERAPY**

**TK216: TARGETED ETS INHIBITOR**


**FINANCIAL UPDATE AND UPCOMING MILESTONES**

# ROR1 (Receptor Tyrosine Kinase-Like Orphan Receptor 1)

## Compelling Tumor-Specific Target

- Expressed on **most B-cell malignancies**, including
  - Mantle cell lymphoma (MCL), diffuse large B-cell lymphoma (DLBCL), chronic lymphocytic leukemia (CLL)
- Expressed on **many solid tumors**
  - Increased ROR1 expression associated with more aggressive tumors, shorter PFS and OS
- ROR1 activity associated with **aggressive phenotype**
  - Invasion, metastasis, stem cell-like behavior, and resistance to treatment
- Subject of **recent large pharma acquisitions**
  - ROR1-ADCs: Merck (VelosBio), Boehringer (NBE)
- Oncternal ROR1 pipeline differentiated and advancing**
  - Therapeutic antibody and cell therapy programs

### ROR1 Expressed on Multiple Solid and Liquid Tumors



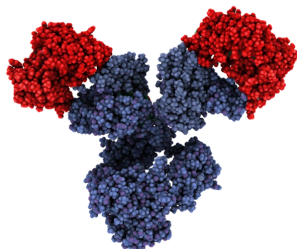
|            |     |
|------------|-----|
| MCL        | 95% |
| CLL        | 95% |
| Uterus     | 96% |
| Lymphoma   | 90% |
| Prostate   | 90% |
| Skin       | 89% |
| Pancreatic | 83% |
| Adrenal    | 83% |
| Lung       | 77% |
| Breast     | 75% |
| Testicular | 73% |
| Colon      | 57% |
| Ovarian    | 54% |

Zhang 2012 AJP

Green 2008 Trends Cell Biol. 2008; Matsuda T 2001 Mech Dev.;  
Fukuda 2008 PNAS; Hudecek 2010 Blood;  
Zhang 2012 Am J Pathology; Zhang 2014 PNAS

# Two Development Programs at Oncternal Target ROR1

## Cirmtuzumab ROR1 mAb



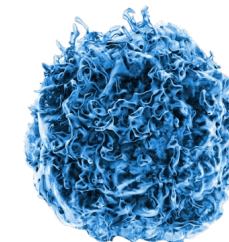
### Background

- High-affinity IgG1 humanized ROR1 mAb
- Binds to tumors but not normal adult tissues
- Patent coverage through 2033
- Supported by ~\$14M non-dilutive CIRM grant and ibrutinib product donation
- Cirmtuzumab is the mAb used in VLS-101 ADC
  - VelosBio spun out in 2018, acquired by Merck for \$2.75B

### Development status

- MCL: lead indication. P2 with ibrutinib (data: ASCO 2021)
  - Orphan Drug Designations for MCL and CLL with FDA
- CLL: P2 with ibrutinib (data: ASCO 2021); P1b with venetoclax
- HER2-negative breast cancer: P1b with paclitaxel
- Investigating additional ROR1-expressing indications

## ROR1 CAR-T & CAR-NK



### Background

- CAR utilizing cirmtuzumab scFv for targeting
- ROR1 expression on many tumor types
- Potential safety and efficacy advantages
- VLS-101 data at ASH 2020 reported no off-tumor ROR1 organ toxicities

### Development status

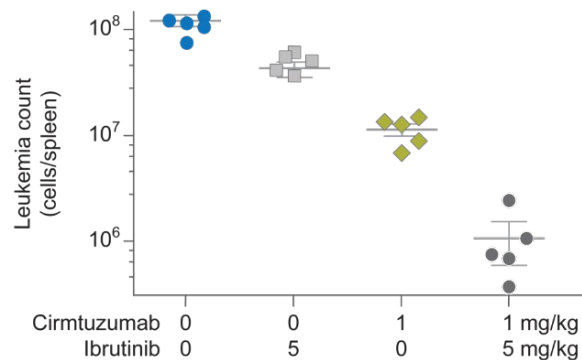
- Collaborations with Shanghai Pharma (China) and Karolinska Institutet
- Manufacturing with Lentigen and Miltenyi Biotec
- Research collaboration with Celularity, Inc.
- First-in-human dosing expected 1H 2022



# Extensive Preclinical Research Supports Evaluation As Combination Therapy, Multiple Tumor Indications and Potential Safety Advantage

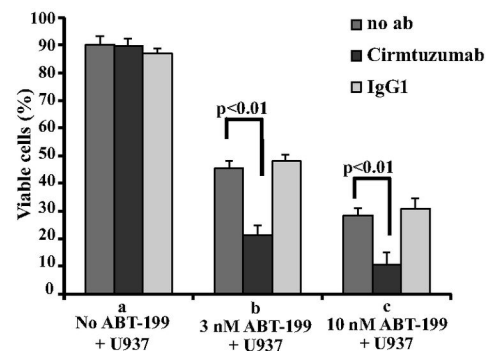
## Synergistic with Targeted Agents

- Synergistic with ibrutinib in CLL + MCL



Yu 2017 Leukemia

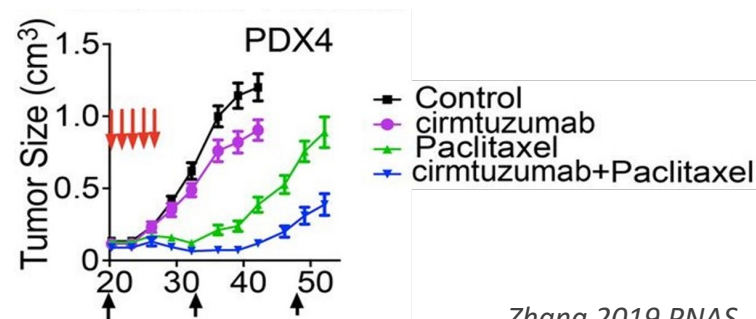
- Synergistic with venetoclax (ABT-199)



Rassenti 2017 PNAS

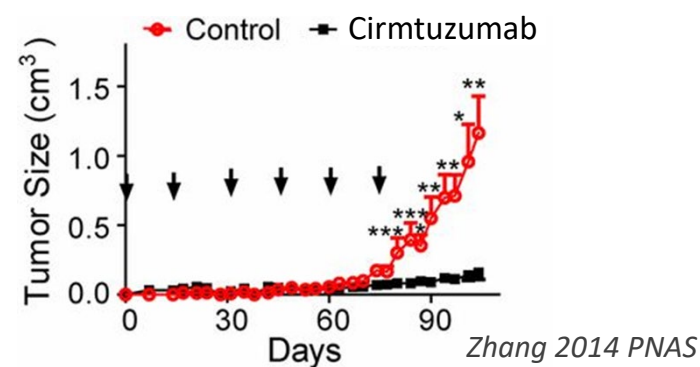
## Supporting Preclinical Data in Solid Tumors

- Cirmtuzumab and paclitaxel are at least additive against TNBC PDX growth, and eliminate tumor forming cells



Zhang 2019 PNAS

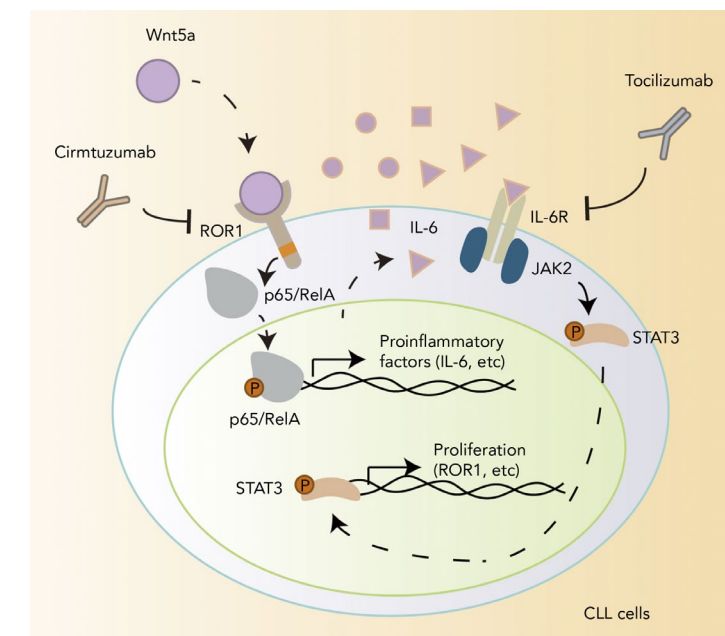
- Anti-tumor activity in PDX models of ovarian cancer



Zhang 2014 PNAS

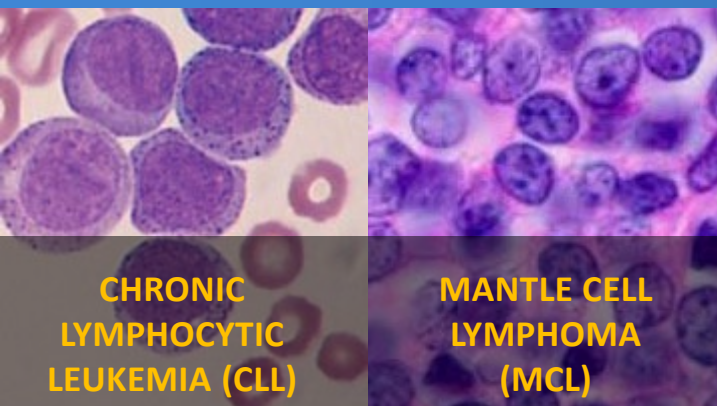
## Suppresses Inflammation in CLL

- Cirmtuzumab blocks pro-inflammatory NF-κB signaling pathway in CLL cells
- Potential explanation for safety profile observed in patients



Chen 2019 Blood

# CRILL Trial – Phase 1/2 Study of Cirmtuzumab and Ibrutinib in Patients with MCL and CLL



- ✓ Encouraging interim clinical data in MCL and CLL presented at ASCO 2021
- ✓ Opened new treatment cohort in MCL patients who are refractory to prior BTK inhibitor treatment, or who had an inadequate response to ibrutinib
- ✓ Ongoing dialogue with FDA about potential registrational study in MCL

## STUDY DESIGN

**PART 1 (in CLL & MCL)**

**DOSE-FINDING COHORT**

- Cirmtuzumab at 2, 4, 8 & 16 mg/kg and 300 & 600 mg doses evaluated
- Ibrutinib added after one month (420 mg CLL, 560 mg MCL qd po)

*Enrolled*

**PART 2 (in CLL & MCL)**

**DOSE-EXPANSION COHORT**

- Confirm Recommended Dosing Regimen (RDR) of cirmtuzumab (600 mg) + ibrutinib at approved dose (420 mg CLL, 560 mg MCL)

*MCL Phase 2 enrolling  
CLL enrolled*

**PART 3 (in CLL)**

**RANDOMIZED EFFICACY**

- Cirmtuzumab + ibrutinib vs ibrutinib
- Primary endpoint: Complete Response rate

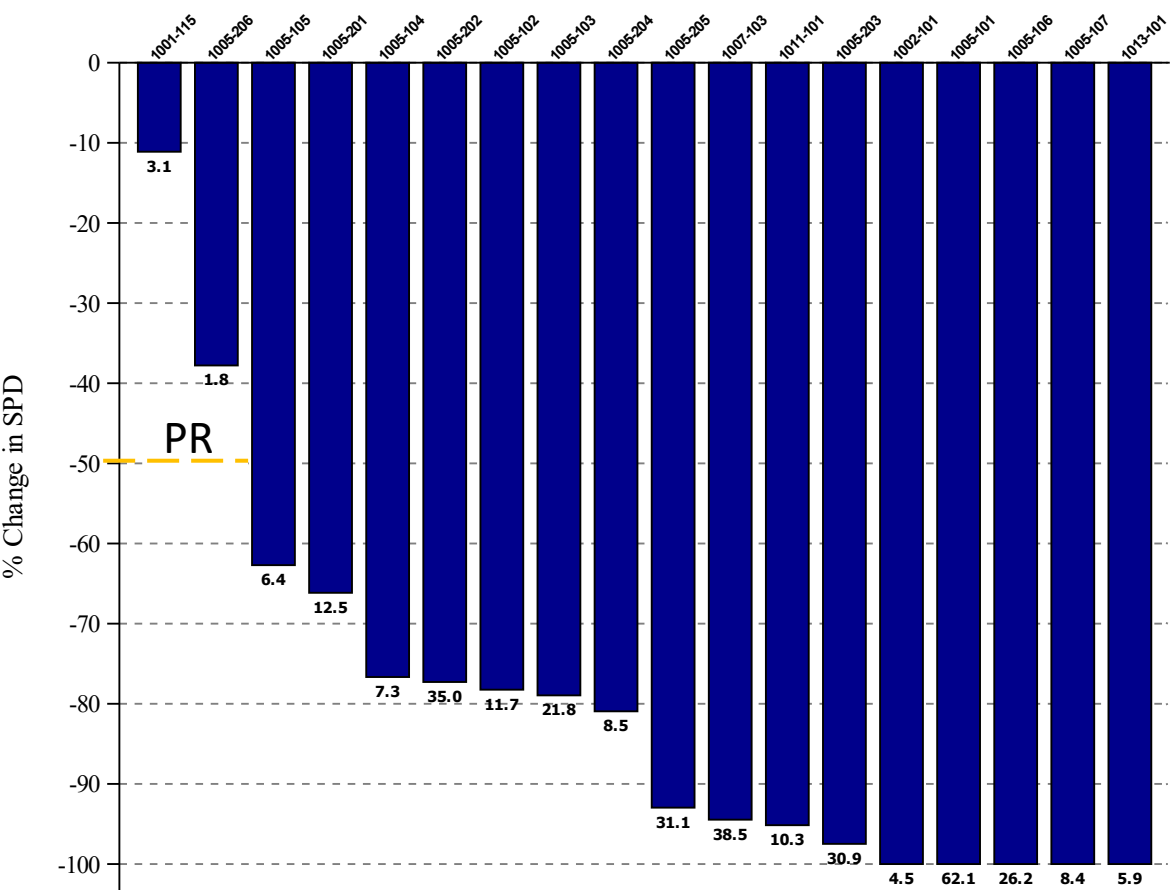
*Enrolled*

- Funded by CIRM
- Collaboration with UC San Diego and CIRM
- Ibrutinib from Pharmacyclics/AbbVie

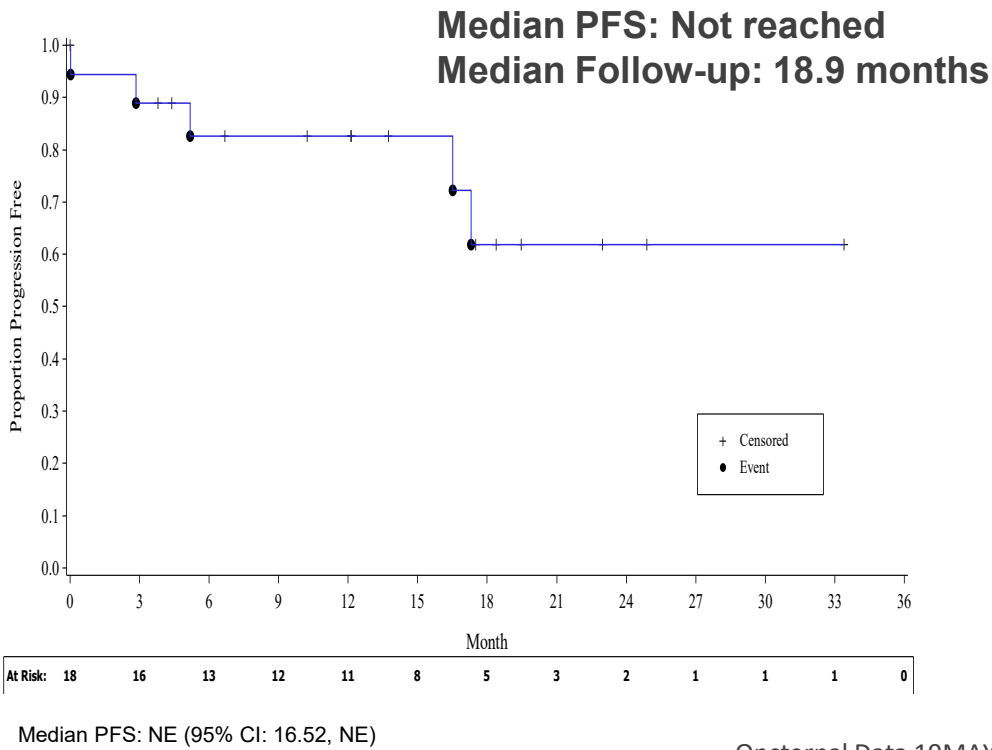
**CIRLL** = Cirmtuzumab and Ibrutinib targeting ROR1 for Leukemia and Lymphoma  
**CIRM** = California Institute for Regenerative Medicine

83% ORR and median PFS not reached in MCL

Best Tumor Reduction (SPD cm<sup>2</sup>)



Progression-Free Survival

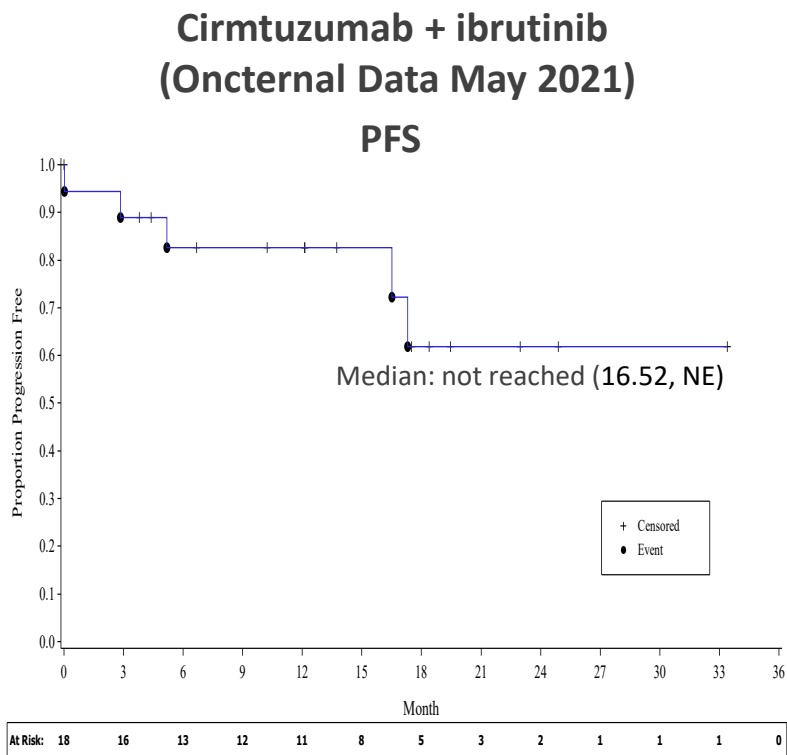


Data cut: 16APR2021; Evaluable MCL Part 1 & 2 patients (n=18); Patients were considered evaluable for response if they had 1-dose of cirmtuzumab and had 1-post baseline tumor assessment; SPD= sum of product of diameters; Number under bars represent baseline SPD; NE=not estimable

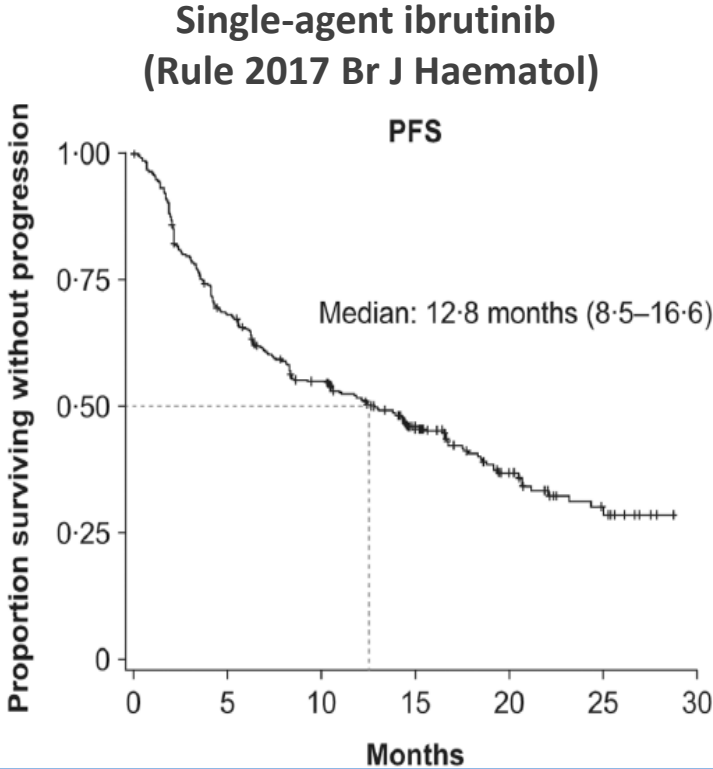
Note: Rule et al., 2017 Br J Haem: median PFS 12.8 months for ibrutinib in MCL population with similar number of prior lines of therapy (pooled analysis across three third-party clinical studies).

# R/R MCL: Compare Favorably to Historical Single-Agent Ibrutinib Data

## Cirmtuzumab + Ibrutinib Data Update at ASCO 2021



Oncternal Data 19MAY2021

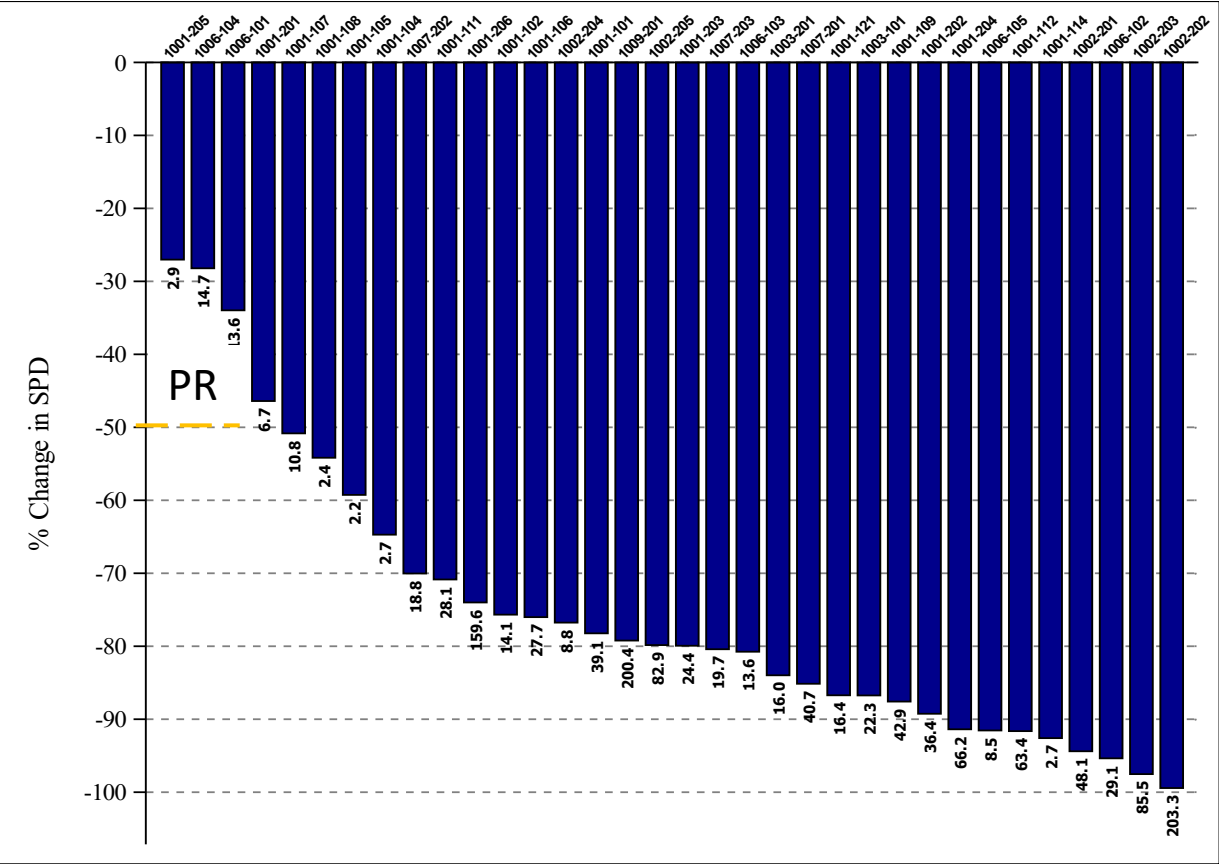


|                          |                               |  |  |
|--------------------------|-------------------------------|--|--|
| Baseline characteristics | Median lines of prior therapy | 2  | 2  |
|                          | Median follow-up              | 18.9 months                              | 24-25 months                             |
| Clinical outcomes        | Median PFS                    | Not reached. 95% CI: (16.52 months - NE) | 12.8 months. 95% CI: (8.5 – 16.6 months) |
|                          | ORR                           | 83%                                      | 66%                                      |
|                          | CR                            | 39%                                      | 20%                                      |

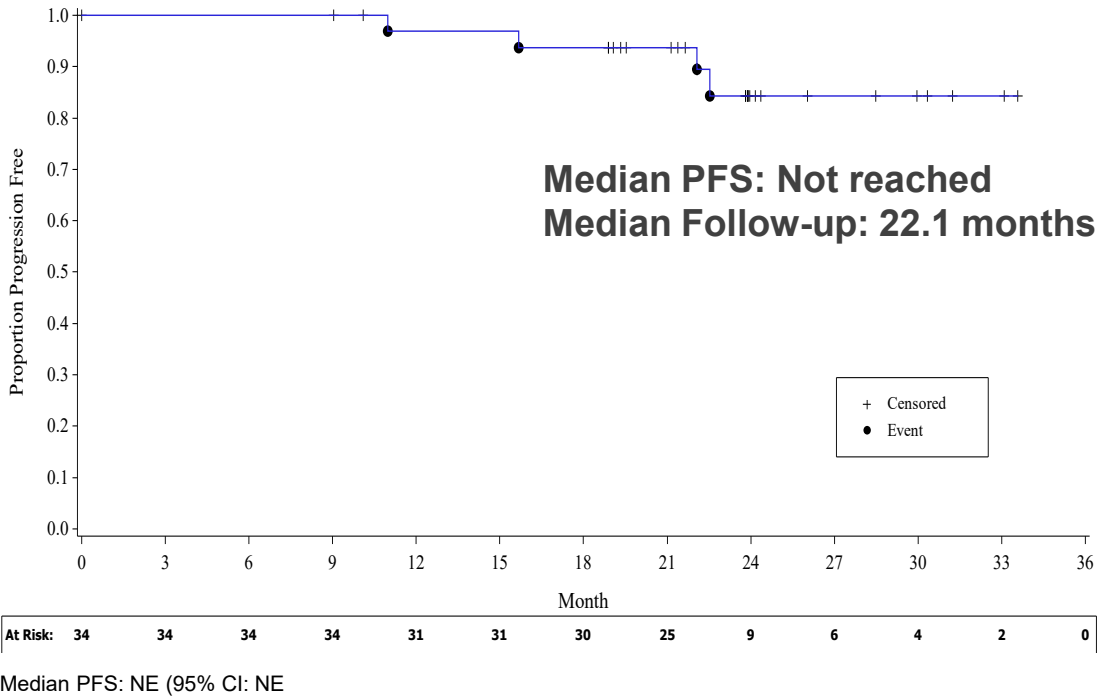
Note: Data presented are from separate studies and such data may not be directly comparable due to differences in study protocols, conditions and patient populations. Accordingly, cross-trial comparisons may not be reliable predictors of the relative efficacy or other benefits of the combination of cirmtuzumab and ibrutinib compared to single-agent ibrutinib; NE= not estimable

### 94% ORR and median PFS not reached in CLL

Best % Tumor Reduction  
CLL Parts 1 & 2



Progression-Free Survival  
CLL Parts 1 & 2



Data cut: 16APR2021; Evaluable CLL Part 1 & 2 patients (n=34); Patients were considered evaluable for response if they had 1-dose of cirmtuzumab and had 1-post baseline tumor assessment; SPD= sum of product of diameters; Number under bars represent baseline SPD; NE= not estimable  
ONCT Corporate Presentation September 2021

### MCL:

- **Clinical activity compares favorably to published single-agent ibrutinib data\***
  - ORR 83% (15/18)
  - CR rate 39% (7/18)
  - CRs durable for 8-30+ months
  - Clinical benefit 94% (17/18)
  - Median PFS and OS not reached, regardless of prior number of therapies, after a median follow-up of 18.9 months
- **Encouraging clinical activity in high-risk sub-populations**
  - Ki-67 levels  $\geq 30\%$  (n=9): 89% ORR (3 CR, 5 PR)
  - > 1 prior systemic therapy (n=9): 89% ORR (5 CR, 3 PR)
  - Prior ibrutinib (n=4): 100% ORR (2 CR, 2 PR)
  - Prior SCT or CAR-T (n=6): 100% ORR (4 CR, 2 PR)

### CLL/SLL:

- **The combination of cirtuzumab plus ibrutinib is a well-tolerated and active regimen in CLL**
  - Updated Part 1 & 2 results:
    - ORR 94% (32/34)
    - CR rate 15% (5/34); 3 with clinical CR
    - Clinical Benefit 100% (34/34)
    - One patient achieved CR durable for >17 months off all therapy
    - Median PFS and OS not reached after median follow-up of 22.1 months
  - Updated randomized cohort (Part 3) results to be presented 2H 2021

### **No additional toxicity when cirtuzumab is combined with ibrutinib**

The combination has been well tolerated, with treatment emergent adverse events and hematologic abnormalities consistent with, or slightly lower than those reported for ibrutinib alone. For example, in patients with MCL, Grade 3-4 neutrophil decrease was documented in 11.5% of patients with cirtuzumab plus ibrutinib, compared to 29% for ibrutinib alone from its registration study

There have been no dose-limiting toxicities and no serious adverse events attributed to cirtuzumab alone

\*Historical data with single-agent ibrutinib in MCL population with similar distribution of prior lines of therapy reported overall ORR 66% and CR rate 20% (Rule et al. 2017 Br J Haem); such data may not be directly comparable due to differences in study protocols, conditions and patient populations.



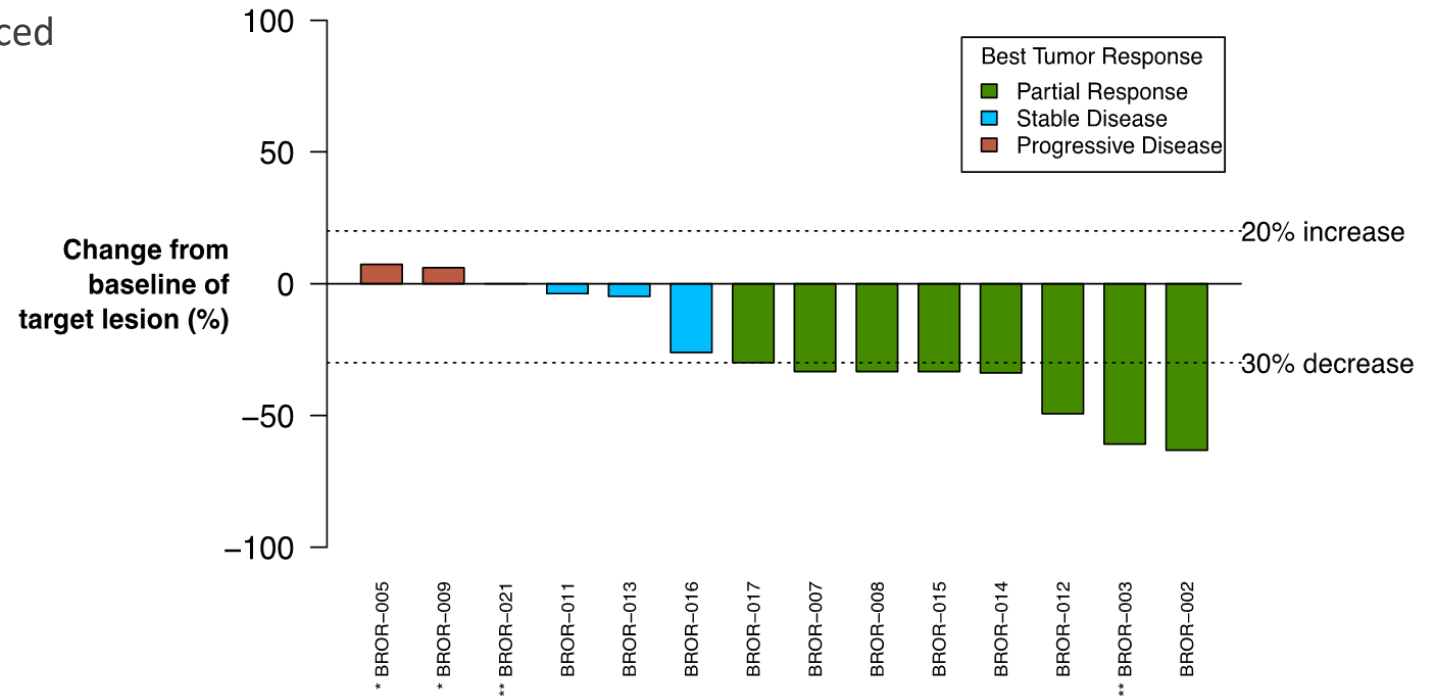
# HER2-negative Breast Cancer: Cirmtuzumab + Paclitaxel

Interim Data Presented at AACR: ORR 57%

- Fully enrolled investigator sponsored trial at UC San Diego, Barbara Parker & Rebecca Shatsky
- Patients with HER2-negative, metastatic or locally-advanced unresectable breast cancer
- Cirmtuzumab 600 mg/month + paclitaxel weekly at 80 mg/m<sup>2</sup> IV
- Median of 6 prior therapies for metastatic disease; 4 patients with triple negative breast cancer
- Adverse events (AEs) were consistent with known safety profile of paclitaxel alone
- 100% of tumors expressed ROR1 - 8/8 fresh or archival tissue
- **57% objective response rate**
  - Similar to previous interim data reported
  - 8 PRs among 14 evaluable patients
  - One PR durable for 52 weeks, ~6 months on cirmtuzumab alone
  - 4 additional patients had stable disease

Shatsky 2021 AACR  
ClinicalTrials.gov Identifier: NCT02776917

## Best Tumor Response



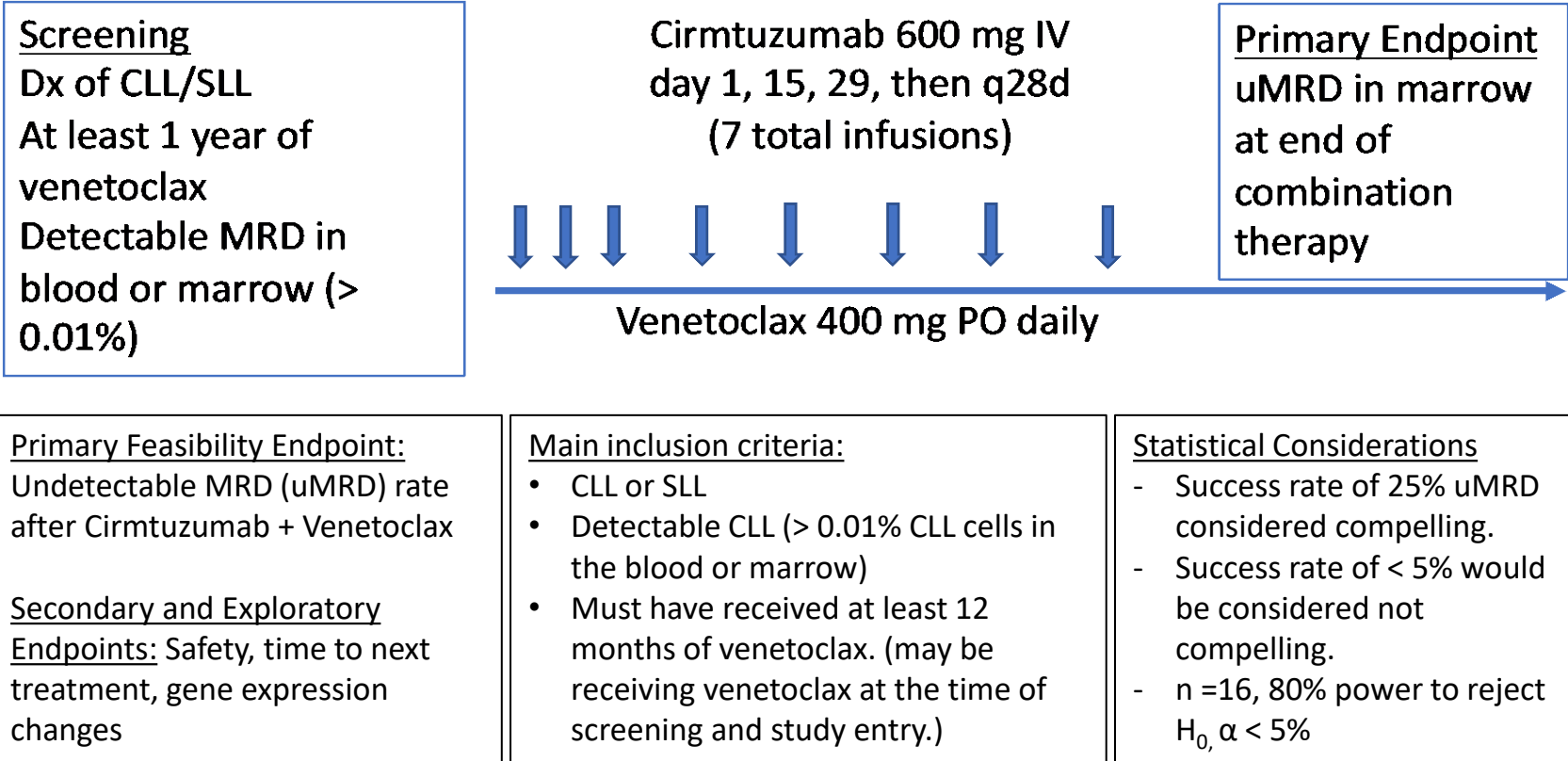
\* BROR-05 and BROR-09 had stable disease with targeted lesion response, overall response was PD due to new or worsening non-targeted lesions. \*\* BROR-03 and BROR-21 were still on treatment as of 2/26/2021. BROR-01 was not included in the graph due to progressive disease symptoms 3 weeks after treatment initiation requiring study discontinuation before first imaging assessment.

## Historical reported weekly paclitaxel ORR ~30%<sup>(1)</sup>

(1) Weekly paclitaxel ORR: 21% - Miller 2007 NEJM, 32-42% - Seidman 2008 JCO, 32% - Kim 2017 Lancet Oncol, 29% - Schmid 2019 JCO. Disclaimer: Results not based on head-to-head clinical studies. The results from historical trials not directly comparable and do not imply a clinical benefit of cirmtuzumab + paclitaxel over paclitaxel alone.

# Cirmtuzumab Consolidation for Treatment of CLL Patients with Detectable MRD on Venetoclax

- Investigator-sponsored, single-center two-stage study to determine the efficacy of cirmtuzumab in patients with measurable disease on venetoclax for at least 1 year who have detectable disease (MRD > 0.01% in the blood or marrow)
- Following 6 months of cirmtuzumab + venetoclax, patients are assessed for MRD in the blood/marrow



ClinicalTrials.gov Identifier: NCT04501939  
uMRD = Undetectable Minimal Residual Disease

**CIRMTUZUMAB: MONOCLONAL ANTIBODY TARGETING ROR1**

**ROR1 CAR-T CELL THERAPY**

**TK216: TARGETED ETS INHIBITOR**

**FINANCIAL UPDATE AND UPCOMING MILESTONES**

1

## Demonstrate safety and efficacy of ROR1 CAR-T cell therapy in humans

- Demonstrate evidence of clinical safety and activity
- Reduce technology risk: autologous, B cell malignancies susceptible to CAR-T cell therapy
- SPH collaboration for clinical trials
- If successful, rapidly initiate clinical development in U.S. or Europe



a Miltenyi Biotec Company

2

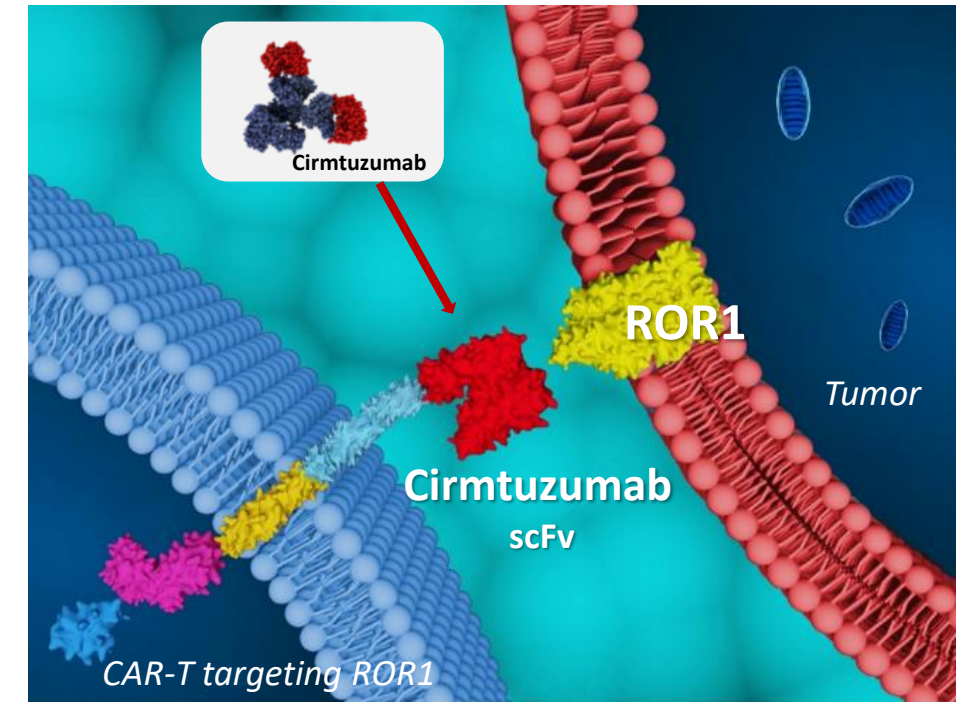
## Develop next-generation cell therapies targeting ROR1

- Introduce cutting-edge cell therapy technologies
- Partnerships with Celularity and Karolinska Institutet
- Allogeneic CAR-T and CAR-NK
- Solid tumors



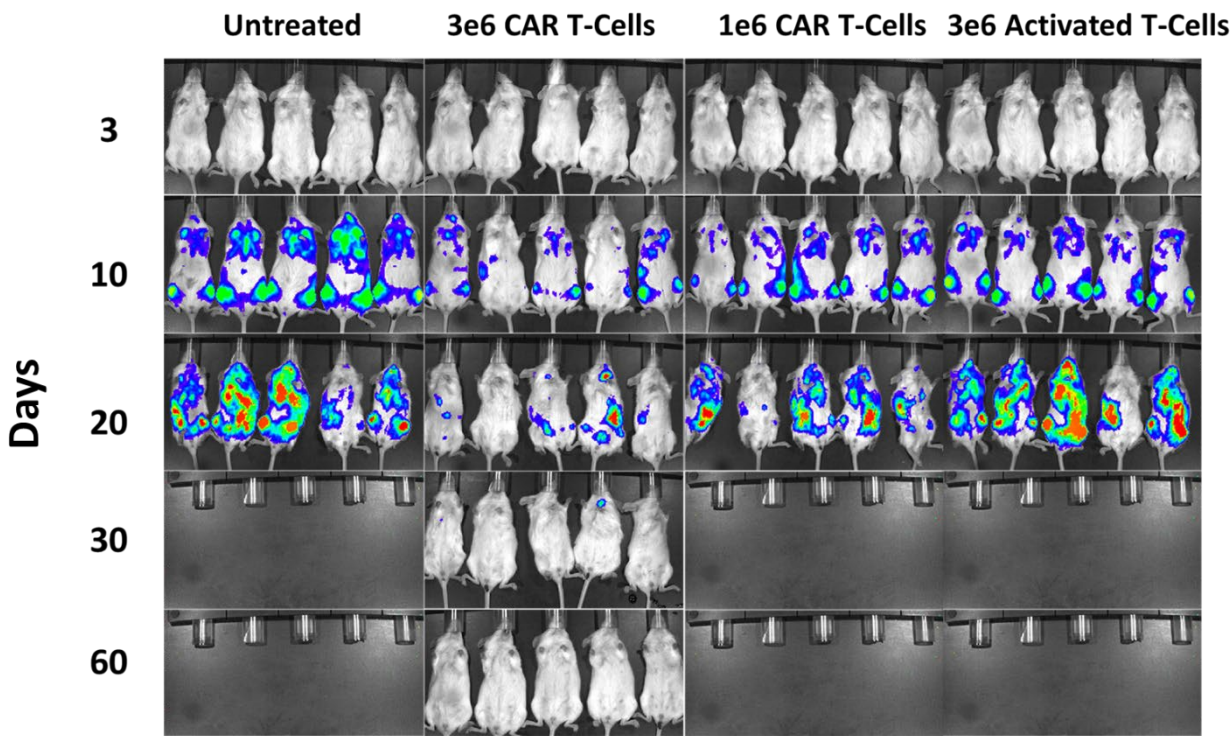
# ROR1 Cell Therapy Program Overview

- Oncternal internal CAR-T cell program progressing well
- Advanced IND-enabling activities ongoing with lead candidate
- Successful recruitment of the internal team and external scientific advisors
- Utilizing scFv derived from clinical-stage cirmtuzumab as targeting CAR component
- Preclinical data in hematologic and solid tumor models
- Agreement with **Lentigen** for GMP lentivirus manufacturing
- Agreement with **Miltenyi Biotec** for GMP cell processing development
- **Shanghai Pharma** partnership for clinical trials in greater China
- **Karolinska Institutet** R&D collaboration for ROR1-targeting CAR-T and CAR-NK cell therapies
- Research collaboration with **Celularity, Inc.** (NASDAQ: CELU) on allogeneic ROR1-targeting cell therapies

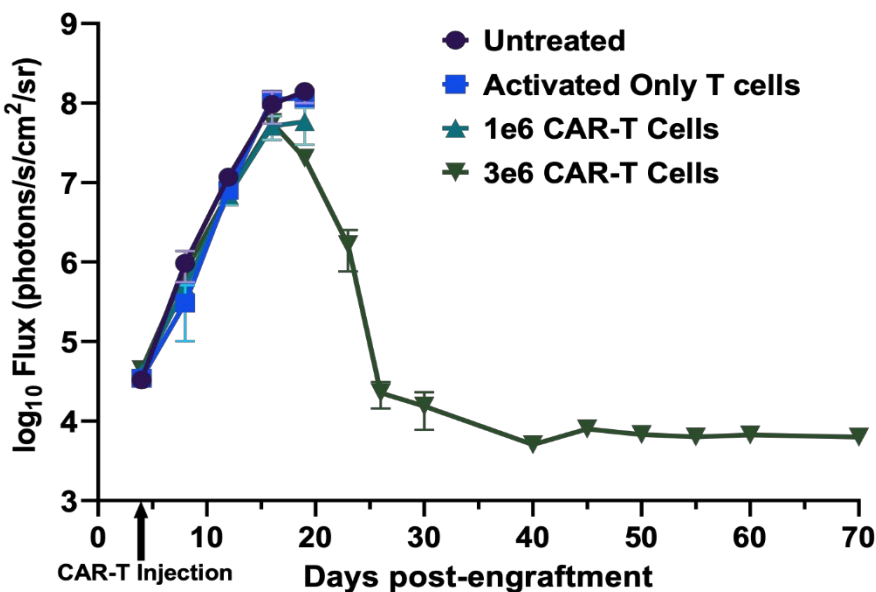




# ROR1 CAR-T Cells Showed Potent Anti-Tumor Activity In CLL Preclinical Model



**Bioluminescence imaging of mice inoculated with MEC1-ROR1 cells and with ROR1 CAR T-cells.** Animals treated with CAR-T cells had reduced disease burden compared to controls.



**Bioluminescence imaging of MEC1-ROR1 cells following treatment with ROR1 CAR-T cells.** Mice treated with 3e6 CAR-T reduced the leukemic burden to background levels by day 30 and controlled disease for remainder of study. Animals in the control groups (untreated, ATC or lower 1e6 dose) had to be sacrificed on day 20.



# Collaboration with Celularity will Explore Synergies between ROR1 Targeting and Novel Placental-Derived Allogeneic Cell Therapy Platform



*First-in-class, clinically proven,  
ROR1-targeting monoclonal  
antibody and CAR construct*



*Off-the-shelf placental-derived  
allogeneic CAR-NK and CAR-T  
cell therapy platform*

- 
- Research collaboration to develop and evaluate stem cell-derived cellular therapies targeting ROR1
  - Will explore use of Oncternal's ROR1-targeting mAb and chimeric antigen receptor (CAR) constructs in combination with Celularity's natural killer (NK) and T cell therapies
  - Will leverage advantages of placental-derived cellular therapies and specificity of ROR1 targeting to address significant unmet need in a wide range of cancers

**CIRMTUZUMAB: MONOCLONAL ANTIBODY TARGETING ROR1**

**ROR1 CAR-T CELL THERAPY**

**TK216: TARGETED ETS INHIBITOR**

**FINANCIAL UPDATE AND UPCOMING MILESTONES**

## OPPORTUNITY

- Fast-to-market strategy in Ewing sarcoma (>95% ETS+)
  - Rare Pediatric Disease Designation, Orphan Drug Designation and Fast Track Status granted by FDA; Potentially Pediatric Voucher eligible
- Significant market potential in other cancers with ETS alterations
- COM patent coverage through 2037

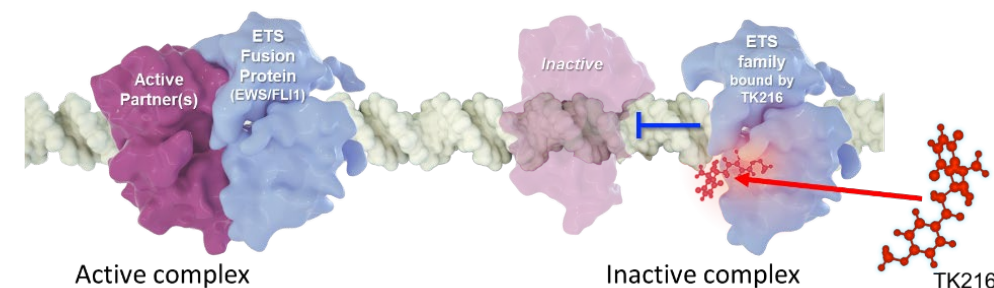
## MECHANISM OF ACTION

- Novel small molecule inhibitor of ETS family oncoproteins
  - Designed to prevent/disrupt formation of transcriptionally-active protein complex
- ETS transcription factors regulate many target genes implicated in cancer development and progression

## DEVELOPMENT STATUS

- Encouraging interim clinical data for TK216 in patients with relapsed or refractory Ewing sarcoma presented in an oral session at ASCO 2021
- Additional Phase 2 expansion cohort targeting up to 21 Ewing sarcoma patients to evaluate clinical responses to single agent TK216 with intensified dosing

ETS = E26 Transformation-Specific oncogene family



*Erkizan NatureMed 2009*

- Nearly all Ewing sarcoma driven by translocations of ETS family oncogenes (EWS-FLI1 85-90%, EWS-ERG ~10%)
  - ETS transcription factors regulate many genes implicated in cancer development and progression
- Orphan disease, second most common pediatric bone tumor
  - U.S. incidence ~430 p.a.<sup>(1)</sup>
  - U.S. prevalence ~4,000<sup>(1)</sup>
- Median age at diagnosis 15 years
- No standard second-line treatment and poor prognosis
  - Metastatic EWS: 5-year OS ~30%
  - Recurrent EWS: 5-year OS ~10-15%

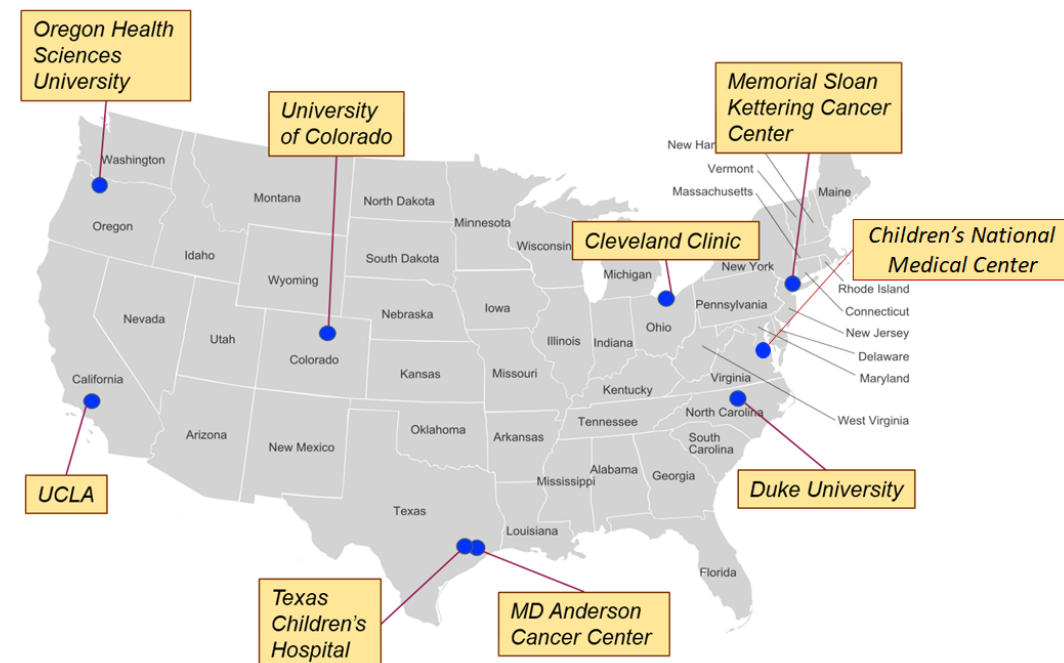


ETS = E26 Transformation-Specific oncogene family

*(1) Incidence 1.3 per million, prevalence 12 per million – SEER data “ICD-0-3/WHO 2008 Ewing Tumor”, accessed January 3, 2020; NCI Ewing Sarcoma Treatment (PDQ), accessed September 11, 2019; Company analysis*

# Phase 1/2 Study of TK216 in Patients with Relapsed/Refractory Ewing Sarcoma: Early Evidence of Clinical Activity, Enrolling Expansion Cohort

- 3+3 dose and schedule escalation cohorts completed
  - Total 68 patients with relapsed/refractory Ewing sarcoma treated with TK216
  - Median number of prior therapies: 3 (range: 1, 9)
- Safety: generally well-tolerated, with dose limiting toxicity of manageable myelosuppression and no obvious off-target toxicity
- PK: drug plasma levels at RP2D exceeded those associated with anti-cancer activity in preclinical models
- Activity: 45% disease control rate among 31 evaluable patients treated with TK216 200mg/m<sup>2</sup>/day plus vincristine (RP2D)
  - 2 durable complete responses (one surgical CR): no evidence of disease at 24+ months and 14+ months on study
- Additional phase 2 expansion cohort targeting up to 21 evaluable Ewing sarcoma patients to evaluate clinical responses to single agent TK216 with intensified dosing

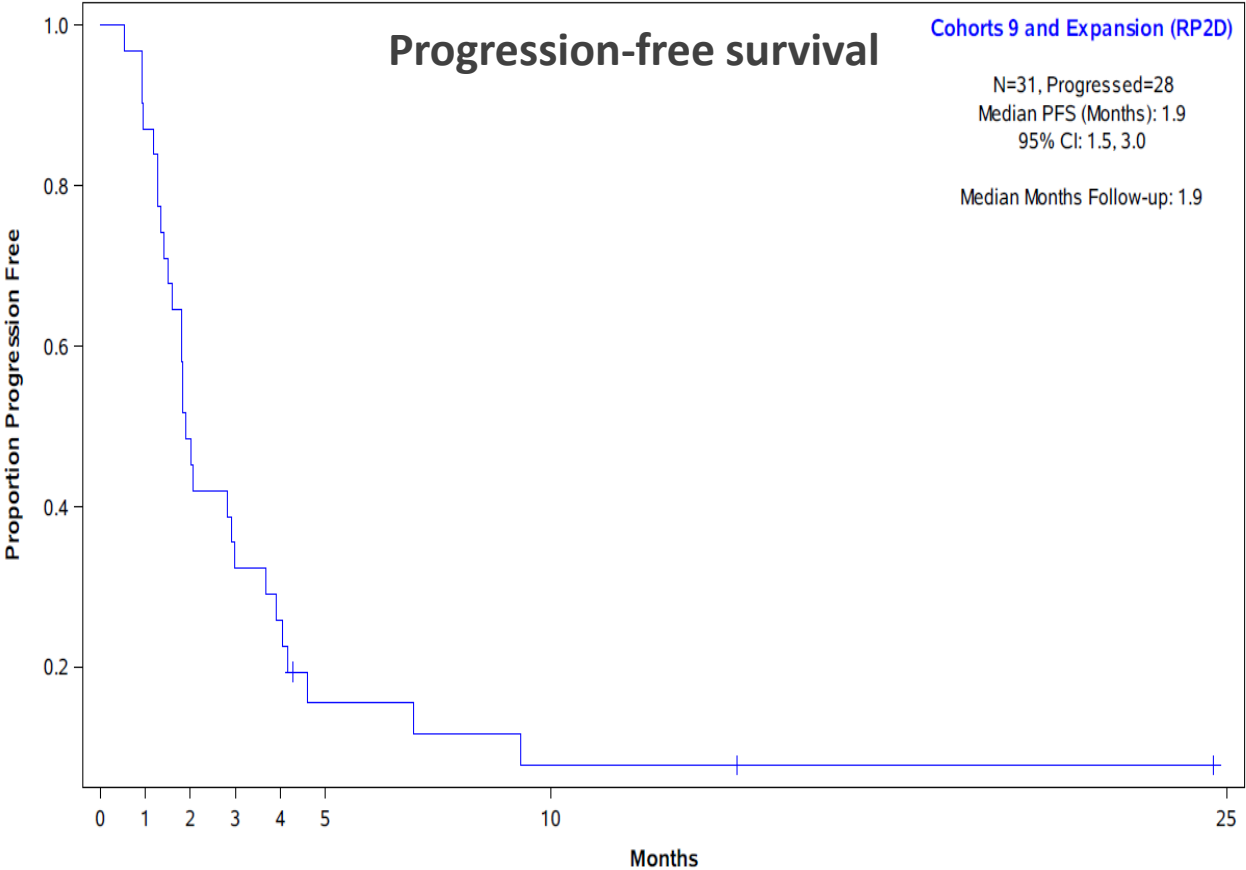


## Notable responses and disease control observed at the RP2D

Overall Best Clinical Response

|                                       | All Patients<br>evaluable=54 | Cohort 9 & Expansion<br>(RP2D)<br>evaluable=31 |
|---------------------------------------|------------------------------|--|
| Overall Response Rate<br>(ORR), n (%) | 3 (5.6)                      | 3 (9.7)  |
| CR*, n (%)                            | 2 (3.7)                      | 2 (6.5)  |
| PR**, n (%)                           | 1 (1.9)                      | 1 (3.2)  |
| SD, n (%)                             | 13 (24.1)                    | 11 (35.5)                                      |
| PD, n (%)                             | 38 (70.4)                    | 17 (54.8)                                      |
| Disease Control Rate<br>(DCR), n (%)  | 16 (29.6)                    | 14 (45.2)                                      |
| Median Duration of SD<br>(95% CI)     | 1.8 (1.4, 3.7)               | 1.9 (1.4, 3.7)                                 |

Data cut: 16APR2021; Patients were considered evaluable for response if they completed 1-cycle of treatment and had 1-post baseline tumor assessment; CR- complete response, PR- partial response, SD- stable disease, PD- progressive disease; ORR- number and percent of patients that achieved CR or PR; DCR- number of patients that achieved CR, PR or SD; \* Two confirmed CRs with no PD at data cut; \*\* Unconfirmed PR observed in target lesion at Cycle 4 then PD observed at Cycle 6 in non-target lesions



Data cut: 16APR2021; PFS is defined as time from enrollment to objective tumor progression via RECIST 1.1, or death from any cause, which ever occurs first; Evaluable patients were used for PFS analyses



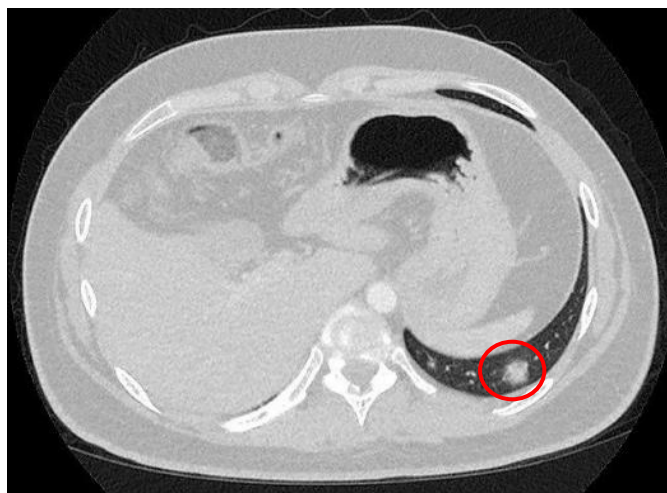
# Case Study: First Sustained Complete Response with TK216 in Patient with Metastatic Relapsed/Refractory Ewing Sarcoma

## Patient background

- 19-year-old male. Initially diagnosed with metastatic Ewing sarcoma involving the clavicle and lungs
- Prior treatment included VDC/IE, surgery, radiation, irinotecan/temozolomide, bevacizumab, pazopanib
- Progressing with enlarging lung metastases when enrolled in TK216 clinical trial
- Enrolled in Phase 1 study of TK216 at MSKCC in 2019

## Treatment and outcome

- Received TK216 in final dose-finding cohort (200 mg/m<sup>2</sup>/day)
- **Resolution of target lesions after two cycles of single-agent TK216**
  - Treatment well tolerated, with minimal myelosuppression
  - Vincristine added starting in third cycle
- Residual non-target 7 mm lung lesion excised after 6 cycles of therapy, leading to **surgical complete remission**
- Treatment ongoing, **no evidence of disease at >24 months on study**



Baseline

2 cycles single-agent TK216

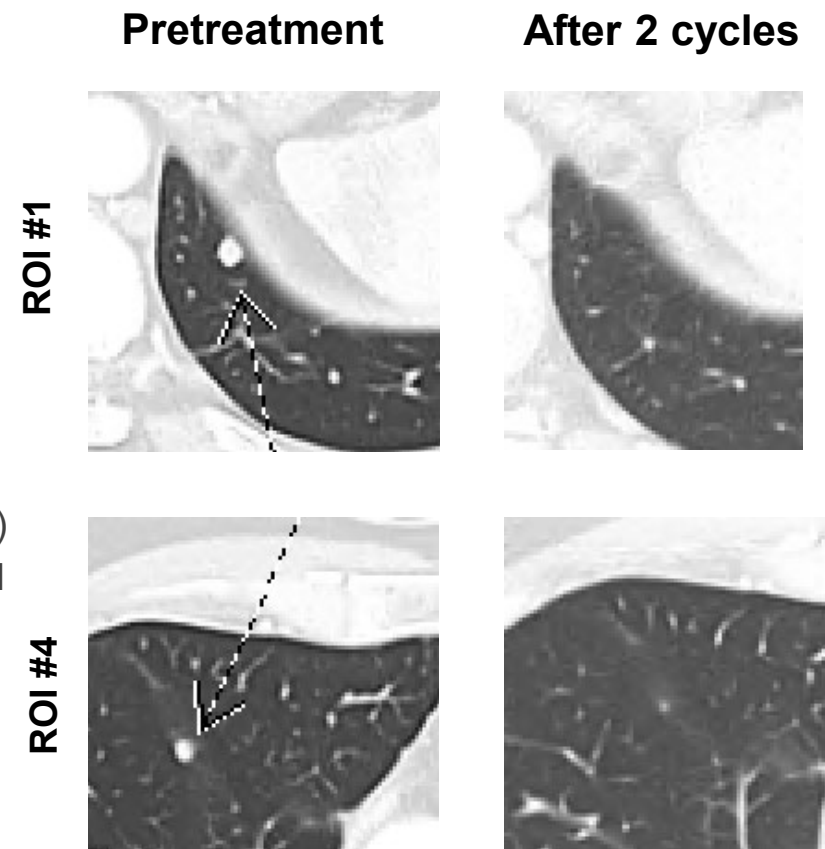


All target lesions resolved



# Case Study: Second Complete Response with TK216 in Patient with Metastatic Relapsed/Refractory Ewing Sarcoma

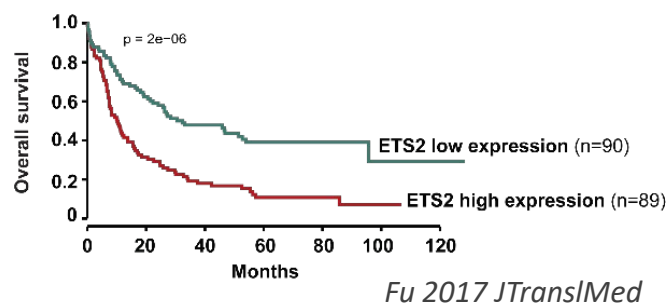
- **Patient:** 51-year-old with Ewing sarcoma diagnosed June 2018
  - 10-cm tumor near the right kidney and multiple lung metastases
- **Extensive prior treatment:**
  - Chemotherapy: VDC/IE, high-dose ifosfamide
  - Surgery: right nephrectomy and vascular reconstruction
- **Recurrence prior to enrollment:** Multiple new and enlarging lung lesions
- **TK216:** Enrolled at MD Anderson Cancer Center in January 2020
  - Treated at RP2D (TK216 200 mg/m<sup>2</sup>/day for 14 days + vincristine 0.75 mg/m<sup>2</sup> day 1)
  - Myelosuppression in Cycle 1, did not recur in Cycle 2 with growth factor support and no TK216 dose reduction
- **Clinical response:**
  - **Deep partial response after 2 cycles**, with 90% reduction of target lesions
  - **Complete response after 6 cycles of therapy**
- **Treatment ongoing, with no evidence of disease at >14 months on study**



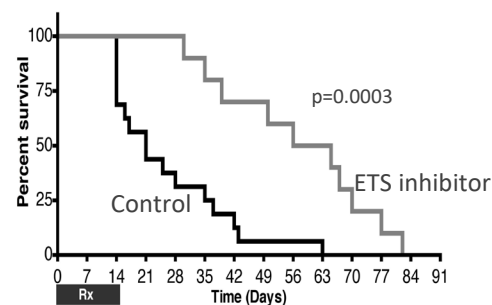
Pre-treatment: each lesion 10 mm  
After 2 cycles: one lesion 0 mm, one lesion 2 mm

## Acute Myeloid Leukemia (AML)

- ETS family proteins overexpressed in ~30% AML cases
- ETS2 overexpression associated w/ shorter OS

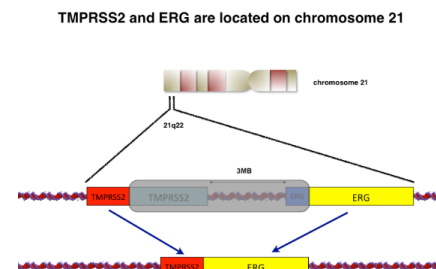


- Sensitivity of AML cell lines to TK216 was proportional to level of ETS overexpression
- ETS inhibition using TK216 precursor prolonged survival in EWS-FLI1 transgenic

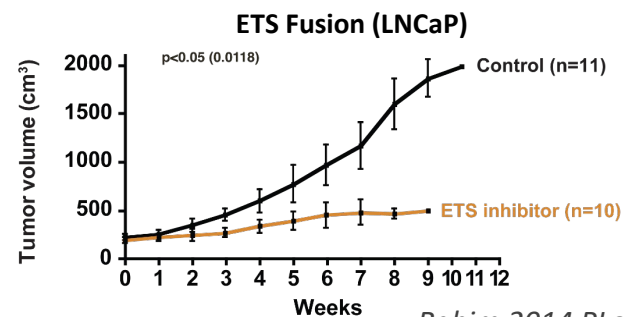


## Prostate Cancer

- 55% of men with advanced prostate cancer carry ETS family gene fusion TMPRSS2-ERG associated with androgen resistance and poor clinical outcomes

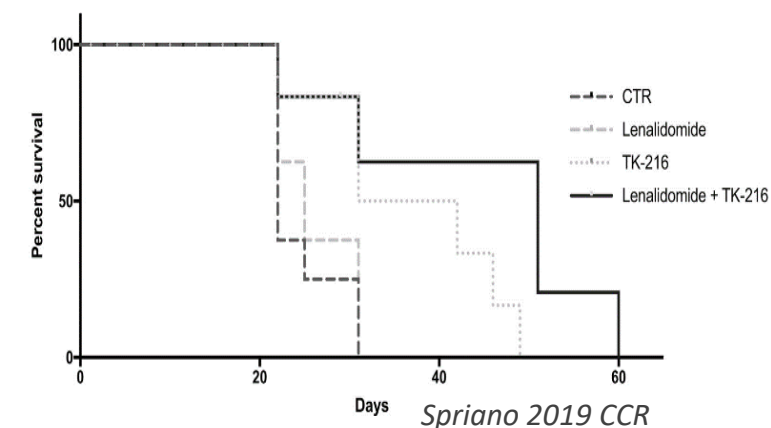


- ETS inhibition using TK216 precursor demonstrated anti-tumor activity in human prostate cancer xenograft model



## Diffuse Large B Cell Lymphoma (DLBCL)

- ETS proteins overexpressed in DLBCL
- ETS family member genes are essential for activated B-cell-like (ABC) DLBCL and germinal center B-cell type (GCB) DLBCL
- Synergy with lenalidomide and venetoclax shown in preclinical models
- Single agent TK216 and combo therapy demonstrated potent anti-tumor activity in DLBCL xenograft model



**CIRMTUZUMAB: MONOCLONAL ANTIBODY TARGETING ROR1**

**ROR1 CAR-T CELL THERAPY**

**TK216: TARGETED ETS INHIBITOR**

**FINANCIAL UPDATE AND UPCOMING MILESTONES**

| Description  |  | Ticker: ONCT (Nasdaq)     |
|--|--|---------------------------|
| Cash & Cash Investments @ June 30, 2021                        |  | \$104M                    |
| Cash Runway into 2023  |  |                           |
| Debt   |  | \$0M                      |
| <b>Capitalization:</b>   |  |                           |
| Common Shares Outstanding                                      |  | 49.4M                     |
| Options / Warrants in the Money @ June 30, 2021 <sup>(1)</sup> |  | 3.4M                      |
| Fully Diluted  |  | 52.8M                     |
| <b>Non-Dilutive Support</b>                                    |  |                           |
| • CIRM Grant for CIRLL Study                                   |  | ~\$14M                    |
| • Ibrutinib CTM for CIRLL Study                                |  | Expanded Supply Agreement |

(1) Excludes out-of-the-money stock options and warrants totaling ~6.0M

- **Cirmtuzumab**
  - MCL clinical data update for ongoing Phase 1/2 4Q 2021
  - CLL clinical data update for ongoing Phase 1/2 4Q 2021
  - HER2-negative breast cancer clinical data update for ongoing Phase 1b (IST) Fully Enrolled
  - Preclinical data in additional ROR1-expressing tumors 4Q 2021
- **ROR1 CAR-T cell therapy** first-in-human dosing 1H 2022
- **TK216**
  - Ewing sarcoma Phase 1/2 expansion cohort data update 4Q 2021
  - Preclinical data in additional ETS-driven tumors 4Q 2021



## **CIRMTUZUMAB: POTENTIALLY FIRST-IN-CLASS MONOCLONAL ANTIBODY TARGETING ROR1**

- Ongoing clinical studies in MCL, CLL and breast cancer, and preclinical studies in additional cancer indications
- Interim Phase 1/2 results for cirmtuzumab + ibrutinib in MCL compare favorably to historical single-agent ibrutinib data
- FDA interaction regarding potential registration trial in patients with MCL

## **ROR1 TARGETED CELL THERAPY: AGREEMENTS WITH SHANGHAI PHARMA, KAROLINSKA INSTITUTET, LENTIGEN, MILTENYI BIOTEC AND CELULARITY**

- In development to treat hematological malignancies and solid tumors

## **TK216: TARGETED ETS INHIBITOR**

- Two durable complete responses in patients with metastatic relapsed/refractory Ewing sarcoma in ongoing Phase 1/2
- Additional opportunities in ETS-driven tumor indications, particularly prostate cancer and heme malignancies

## **MULTIPLE DATA CATALYSTS EXPECTED IN NEXT 12 MONTHS**

- Clinical data updates expected in MCL, CLL, breast cancer and Ewing sarcoma
- ROR1 CAR-T cell therapy expected to reach clinic in 1H 2022

## **EXPERIENCED MANAGEMENT AND BOARD OF DIRECTORS**