Making bone marrow transplantations safer and more effective

Patient specific cell-based immunotherapy products, as adjunctive treatment to haploidentical hematopoietic stem cell transplantation (HSCT), for the treatment of blood cancers and inherited blood disorders

Company presentation

AGM 8 June 2017

Amsterdam, The Netherlands
Euronext (KDS)

Disclaimer

These slides and the accompanying oral presentation contain forward-looking statements and information. Forward-looking statements are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry's actual results, levels or activity, performance or achievements to be materially different from those anticipated by such statements. The use of words such as "may", "might", "will", "should", "could", "expect", "plan", "anticipate", "believe", "estimate", "project", "intend", "future", "potential" or "continue", and other similar expressions are intended to identify forward looking statements. For example, all statements we make regarding (i) the initiation, timing, cost, progress and results of our preclinical and clinical studies and our research and development programs, (ii) our ability to advance product candidates into, and successfully complete, clinical studies, (iii) the timing or likelihood of regulatory filings and approvals, (iv) our ability to develop, manufacture and commercialize our product candidates and to improve the manufacturing process, (v) the rate and degree of market acceptance of our product candidates, (vi) the size and growth potential of the markets for our product candidates and our ability to serve those markets, and (vii) our expectations regarding our ability to obtain and maintain intellectual property protection for our product candidates, are forward looking. All forward-looking statements are based on current estimates, assumptions and expectations by our management that, although we believe to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected. Any forward-looking statement speaks only as of the date on which it was made. We undertake no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law. This presentation is not, and nothing in it should be construed as, an offer, invitation or recommendation in respect of our securities, or an offer, invitation or recommendation to sell, or a solicitation of an offer to buy, any of our securities in any jurisdiction. Neither this presentation nor anything in it shall form the basis of any contract or commitment. This presentation is not intended to be relied upon as advice to investors or potential investors and does not take into account the investment objectives, financial situation or needs of any investor.

Kiadis: near term and large opportunity in HSCT

- IP protected patient specific cell therapy product as adjunctive to haploidentical hematopoietic stem cell transplantation (HSCT)

- Orphan Drug designations US and EU; target population 28,700 patients with blood cancers and inherited blood/immune disorders

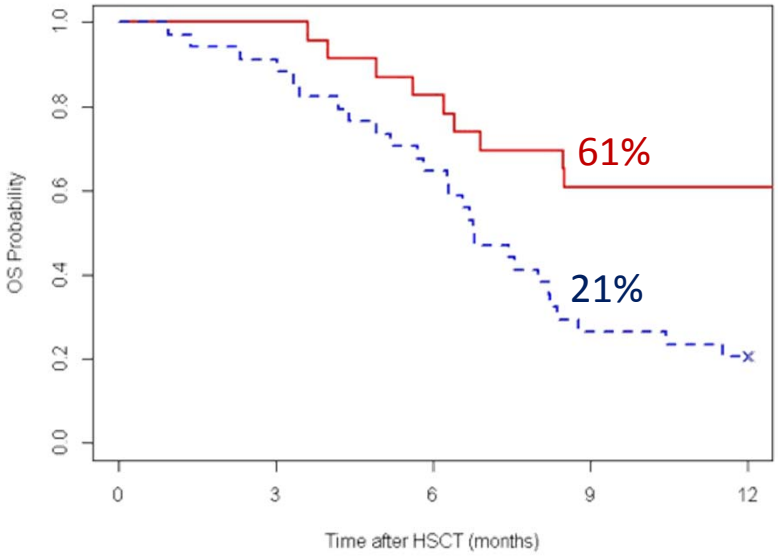
- Phase II 1 year data superior to control and improved to literature for PTCy/Baltimore and Zalmoxis (Molmed, EMA approved)

- Filed with EMA based on Phase II, potential for (conditional) approval H2 2018; Phase III against PTCy/Baltimore initiated for FDA approval

- Efficient 5 day manufacturing, without genetic engineering; easily integrated into existing transplantation center processes

ATIR101: potent mature T-cells, yet low Graft-versus-Host Disease (GVHD) (1 yr data)

Improved Overall Survival with ATIR



CD34+ with ATIR (007)

CD34+ without ATIR (006)

007: CD34+ plus single dose ATIR

- Open label single arm 2013-16
- 23 patients: AML/ALL
- 4 sites in Canada and EU

006: CD34+

- Historical observational cohort 2006-13
- 34 patients, matched indications/sites
- Based on EMA scientific advice

Low GVHD related to ATIR

- **no** acute grade III/IV
- 3 acute grade II **(13%)**
- 1 chronic **(4%)**

Superiority versus matched historical control

ATIR depletion effective: potent T-cells providing protection, yet low GVHD

ATIR101: filed EMA Marketing Authorization Application

- ATMP certificate April 2015 for quality and non-clinical data
- Pediatric Investigation Plan agreed with EMA
- Rapporteurs accepted Phase II data with historical control for filing and review*


EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

London, 17 April 2015
Doc. Ref: EMA/CAT/191345/2015
Procedure number: H0002397/008

ADVANCED THERAPY MEDICINAL PRODUCT
CERTIFICATE FOR QUALITY AND NON CLINICAL DATA

EMA MAA submitted 25 April 2017 based on Phase II
Potential for (conditional) approval in 2nd half 2018

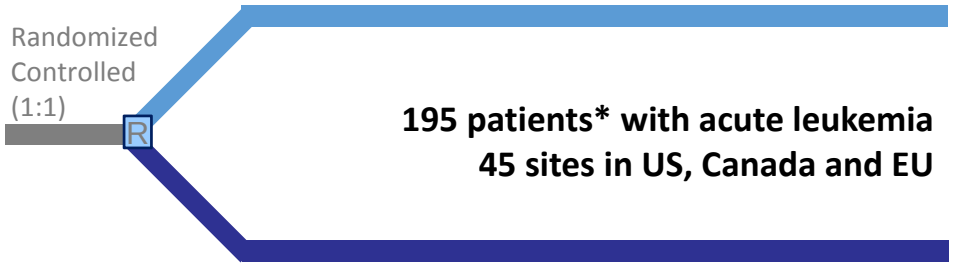
* Various hemato-oncology products EMA approved based on Phase II, e.g. Zalmoxis, Blincyto, Venclexta, Bosulif

Enable haploidentical HSCT: deplete T-cells that cause GVHD

	Strategy to GVHD	Haploidentical HSCT	Adjunctive dose (after HSCT)	GVHD treatment/ prophylaxis
ATIR (Kiadis)	***Prevention***	**T-Cell Depleted ('Safe' HSCT)**	***Subset* of T-cells: depleted of GVHD causing T-cells ('Safe' T-cells)**	**No prophylactic immunosuppressant needed**
Zalmoxis (MolMed) BPX-501 (Bellicum)	***Treatment***	T-Cell Depleted	T-cells genetically engineered with suicide switch	If GVHD occurs, eliminate T-cells by infusing suicide agent (ganciclovir, rimiducid)
PTCy ('Baltimore protocol')	***Treatment***	T-Cell Replete (includes T-cells)	None	Post-Transplant Cyclo-phosphamide (PTCy) & immunosuppressant, to control alloreactive T-cell response

ATIR101 Phase III (009) initiated: ATIR versus PTCy/Baltimore

Objectives: demonstrate superior clinical benefit and collect pharmacoeconomical data (cost, days in hospital, incidence of severe infections and quality of life)



Kiadis protocol:
CD34+ HSCT + single dose ATIR101

195 patients* with acute leukemia
45 sites in US, Canada and EU

PTCy/Baltimore protocol:
post-HSCT cyclophosphamide & immunosuppressant

Primary endpoint:
GVHD and Relapse Free Survival (GRFS**)

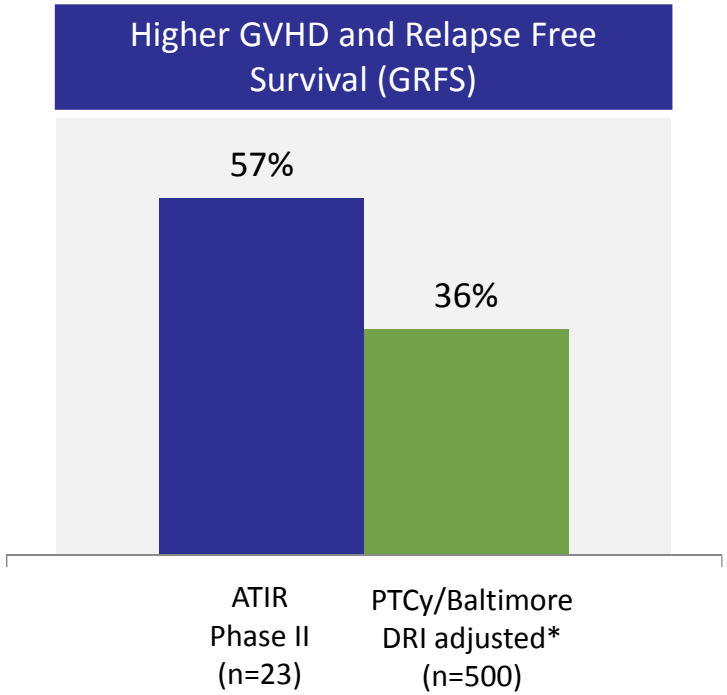
Secondary endpoints:
OS, Progression Free Survival, Relapse Related Mortality, Transplant Related Mortality

Event driven:
Primary analysis at 93 GRFS events

Aligned with FDA (End of Phase II meeting) and regulators in EU
Trial approved in several countries, lining up sites

* Designed and powered for 20% difference in GRFS
** Survival without chronic GVHD requiring immunosuppression, acute grade III/IV GVHD and relapse

ATIR101: improved GRFS versus literature for PTCy (1 yr)



Composite endpoint: survival, quality of life, future prognosis

Defined as survival without:

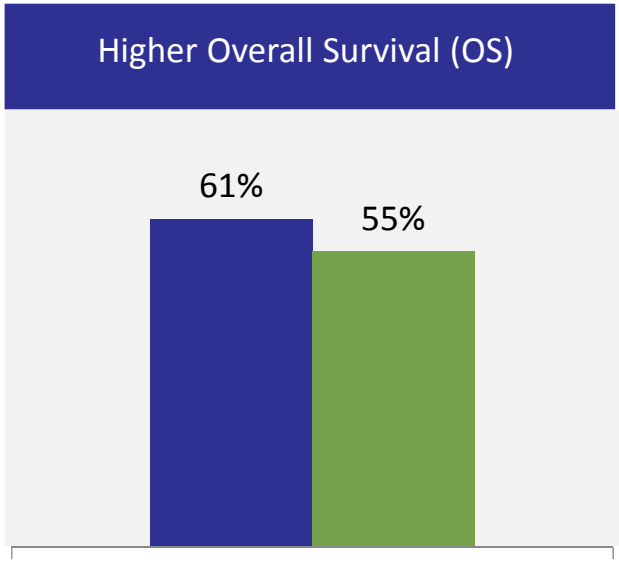
- Chronic GVHD requiring immunosuppression
- Acute grade III/IV GVHD
- Relapse

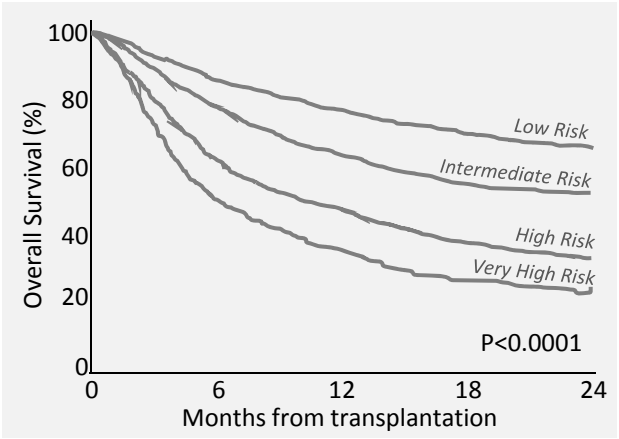
PTCy: results from Johns Hopkins (Baltimore) and Northside (Atlanta)

Note: NOT based on randomized controlled trials, different patients/sites/treatments

*Solh 2016 (Atlanta; DRI normalized GRFS 30%; n=128); McCurdy 2017 (Johns Hopkins; DRI normalized GRFS 38%; n=372); DRI GRFS hazard in publications

ATIR101: improved OS vs literature for average HSCT (1 yr)





Armand 2014: 9849 HSCT patients (CIBMTR 2008-2010):

- MRD, non-MRD, MUD, mismatched
- PB, BM, cord
- Leukemia, lymphoma, MM, etc
- Myeloablative, RIC

Note: NOT based on randomized controlled trials, different patients/sites/treatments

Conclusion in Armand: Disease Risk Index (DRI) is strongest prognostic factor

Kiadis key potential milestones

2017	Submission to EMA of ATIR101 for marketing authorization approval (**done**) Updates on enrollment and on opening new clinical sites
2018	Potential for (conditional) marketing authorization approval ATIR101 in EU Initiate ATIR101 as adjunctive to PTCy and/or other T-cell depleted transplantation Updates on enrollment and on opening new clinical sites
2019	Commercial launch ATIR101 in EU (Interim) data on the various clinical trials

Making bone marrow transplantations safer and more effective

Patient specific cell-based immunotherapy products, as adjunctive treatment to haploidentical hematopoietic stem cell transplantation (HSCT), for the treatment of blood cancers and inherited blood disorders

Financial Highlights 2016

AGM 8 June 2017

Amsterdam, The Netherlands
Euronext (KDS)

Financial highlights 2016

- Issuance of shares: The Leukemia & Lymphoma Society made an equity investment in Kiadis for an amount EUR 1.6 million.
- Equity position of EUR 9.4 million, compared to EUR 25.7 million at the end of 2015.
- Operating loss came to EUR 11.4 million, compared to a loss of EUR 16.0 million in 2015.
- Expansion of workforce.
- Net loss for the year came to EUR 14.8 million, compared to EUR 16.5 million in 2015.
- Net cash used in operating activities and investing activities came to a total of EUR 14.6 million, compared to EUR 8.2 million in 2015.
- The Company's cash position came to a level of EUR 14.6 million at year-end 2016.