Patient-specific cell therapy in hemato-oncology to improve outcomes of hematopoietic stem cell transplantation

Kiadis pharma

Euronext: KDS

KIADIS TO ACQUIRE CYTOSEN THERAPEUTICS, INC.
APRIL 17, 2019

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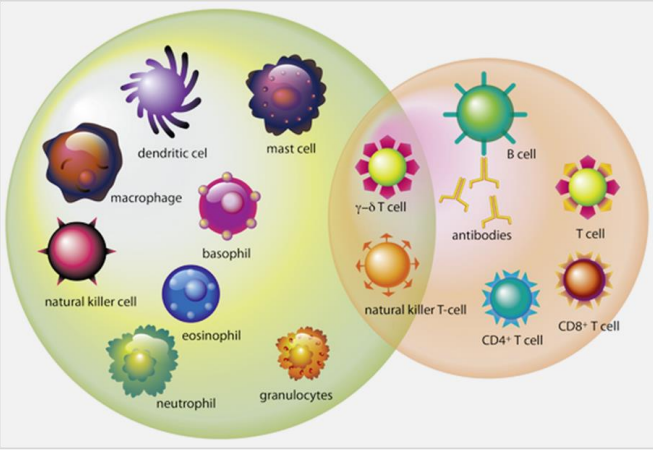
Leveraging natural strengths of the human immune system



The human immune **system** uses both the *innate* and *adaptive* arms to respond to pathogens

Cell therapy should utilize the system; not a single cell-type therapy

Dr. Carl June

CAR-T pioneer & future member of Kiadis' Scientific Advisory Board

"NK-cell therapy could significantly advance the field of immuno-oncology."

"Also, I believe the fields of NK-cells and T-cells are enormously synergistic and the combination could potentially help patients with devastating diseases."

Kiadis to acquire CytoSen in all stock transaction

Consideration	• 1.94 million shares of Kiadis stock to be paid to CytoSen shareholders
Potential milestones	• Up to an additional 5.82 million shares of Kiadis stock based on successful achievement of six clinical development and regulatory milestones, through first FDA approval
Closing conditions	• Subject to Kiadis shareholder approval and other customary closing conditions
Shareholder support	• Kiadis' two largest shareholders (funds represented by and/or affiliated with Life Sciences Partners and Draper Esprit) representing 31.5% of outstanding shares have agreed to vote in favor of the transaction
Lock-up	• The majority of Kiadis shares issued to the CytoSen shareholders at closing, including to its Executive Chairman, CEO and founders, will be subject to a lock-up for a period of two years
Anticipated closing	• Kiadis expects the transaction to close by early June

Combining T-cell and NK-cell platforms to fight cancer

Creates leader in cell-based cancer immunotherapy	• Two synergistic cellular immunotherapy platforms: NK-cells and T-cells • Optimal treatment opportunities by combining the innate and adaptive arms of the immune system
Uniquely positioned in HSCT with complementary programs	• ATIR101 under review by EMA; enrolling global Phase 3 study • CSDT002-NK to advance in US clinical development in 2020 building on successful clinical proof-of-concept studies in 25 patients at MDACC • Combination strategies of ATIR101 and CSDT002-NK with potential to revolutionize HSCT
Broadens product pipeline	• Building a diverse pipeline of innovative cell therapy cancer treatments, e.g. treatment of relapse/refractory AML
Expands Kiadis' presence in the US	• Leverage CytoSen's existing relationships with leading KOLs and transplant centers for both ATIR and CSDT002-NK • CSDT002-NK clinical trial to be conducted by the Blood and Marrow Transplant Clinical Trials Network (BMT CTN)

Strong scientific roots underlying the foundation of CytoSen

Dean Lee, M.D., Ph.D.
Co-founder of CytoSen
Director of the Cellular Therapy and Cancer Immunotherapy Program for Nationwide Children's Hospital's Division of Hematology/Oncology/BMT and Center for Childhood Cancer and Blood Diseases

Robert Igarashi, Ph.D.
Co-founder and Chief Science Officer of CytoSen
Former Assistant Professor in the Department of Chemistry at the University of Central Florida, with a joint appointment in the Burnett School of Biomedical Sciences

Stefan O. Ciurea, M.D.
Co-founder of CytoSen
Associate Professor, Department of Stem Cell Transplantation, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center

CytoSen has created a proprietary, differentiated NK-cell platform

Expansion and activation of natural donor NK-cells with patented PM21 nanoparticles with mbIL21 and 41bbl antigens

Cell dosing	Multiple high doses, up to 10^8/kg
Cell persistence	Zero telomere shortening, zero senescence
Breadth of response	High cytotoxicity in multiple cancer targets
Functionality	Enhanced expansion and activation
Cryopreservation	Industry standard cryopreservatives
Manufacturing	Scalable, closed system
Regulatory	Irradiated nanoparticles, not tumor feeder cells

CytoSen clinical trials to be performed with proprietary PM21 nanoparticle platform building on MDACC proof-of-concept

CytoSen approach validated by clinical proof-of-concept at MDACC

Expansion and activation of natural donor NK-cells with mbIL21 and 41bbl antigens

Indication	Trial size	Dose levels	Timing of dose	Follow up Period	Relapse rate[1,2,3,4]	PFS[1,2,3,4]
Adjunct to haplo HSCT with PTCy protocol	n=25	10^4 to 10^8 cells/kg	Day -2, +7, +28 from graft infusion	28 months (0.9-48)	**8%**	**66%**

Indication	Trial size	Dose levels	Timing of dose	Follow up Period	Complete remission (4,5,6)	Qualify for transplant (4,5,6)
Treatment of refractory AML	n=8	10^6 cells/kg	6 doses over 11 days	329 days (71-730)	**75%**	**50%**

[1] Ciurea SO, et. al. Blood 2017 (first 13 patients), (link to paper) [2] Ciurea SO EMBT Mar2018; Ciurea SO, Haplo2018, Nov2018, [3] Combined Intermediate and High Risk results, [4] NK-cells produced with IL21 feeder cells, [5] Ciurea SO, et. al. ASCO June2018; Ciurea SO Haplo2018. Nov2018, [6] Overall achieved remission: 9/13; Overall proceed to transplant: 5/13 plus one patient who declined transplant.

Multiple opportunities to revolutionize haplo HSCT

	PTCy-HSCT	TCD-HSCT plus ATIR	PTCy-HSCT plus CSDT002-NK	TCD-HSCT plus ATIR plus CSDT002-NK
	Standard of care (SoC)	Head to head with SoC	Add on to SoC	Next generation HSCT
		Phase 3/Registration	*Proof-of-concept*	*Future development*
T-cells: 'safe' T-cells	+/-	+	+/-	+
NK-cells: high dose	+/-	-	+	+
Immunosuppression: not required	-	+	-	+
	Rapidly growing, yet still high relapse, GVHD and immunosuppression	**Better GRFS, no immuno-suppression**	**Lower mortality & relapse**	**Lower mortality, relapse & GVHD, no immunosuppression**

Making haplo HSCT suitable for an even wider group of patients

Kiadis' pipeline post-transaction

	Indication / Region	Development	Phase 3	Filing	Catalysts	Commercial Rights	Status / Remarks
ATIR101	Adjunct to HSCT (EU)	*Orphan Drug Designation*			• EU Approval (2019) • EU Launch (first patient, late 2019)	Kiadis pharma	• Responding to EMA Day 180 questions end May 2019
ATIR101	Adjunct to HSCT (US)	*Orphan Drug & RMAT Designations*			• Phase 3 full enrollment and interim read out (2021)	Kiadis pharma	• RMAT 'breakthrough' designation (9/2017)
CSDT002-NK	Adjunct to HSCT				• Start clinical trial with BMT-CTN (2020)	Kiadis pharma	• Proof-of-concept at MD Anderson Cancer Center (25 patients)
CSDT002-NK	Other cancer treatments				• Start clinical trial in oncology indication (2020/21)	Kiadis pharma	• Proof-of-concept at MD Anderson Cancer Center for refractory AML (8 patients)

Kiadis news flow post-transaction

2019

- Potential EU approval of ATIR101
- Launch ATIR101 in EU (late 2019, first patient)
- Continued enrollment in global Phase 3 for ATIR101
- Establish Scientific Advisory Board

2020

- Continued enrollment in global Phase 3 for ATIR101
- Initiate clinical trial of CSDT002-NK in HSCT
- Continued launch of ATIR101 in EU
- Initiate additional trials with ATIR and/or CSDT002-NK

2021

- Complete enrollment in Phase 3 for ATIR101
- Interim data for Phase 3 for ATIR101 (upon 105 events)
- Interim data for clinical trial with CSDT002-NK
- Continued launch of ATIR101 in EU
- Initiate additional trials with ATIR and/or CSDT002-NK

When it comes to life-threatening diseases, we are one family.

Kiadis is re-imagining medicine by leveraging the natural strengths of humanity and our collective immune systems to source the best cells for life.

Our uncompromising approach to serve patients, their families and care givers aims to minimize harm and maximize help – delivering personalized treatments for every single patient to offer hope, reduce suffering and provide new life.

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Q & A

Allogeneic HSCT: 40,000 annually in US/EU, Haplo growing

MATCHED RELATED DONORS (MRD)

Not enough MRDs

MRD is genetically matched sibling

~11,500
PER YEAR

MATCHED UNRELATED DONOR (MUD)

Time to find an MUD, low completion rates

Chance of finding a genetically matched donor varies with ethnicity

~25,000
PER YEAR

HAPLOIDENTICAL HSCT

Relapse, toxicity associated with cyclophosphamide

Genetically half-matched, almost always available (e.g., parent or child)

~4,500
PER YEAR

Rapid growth in Haplo HSCTs since introduction of PTCy (chemo and immunosuppression after transplant to kill attacking T-cells in the patient). Still, up to half of patients relapse.

Differentiated opportunities to improve haplo-HSCT

Phase 3 – US / EU
Registration - EU

Apheresis of patient and donor and central production

Produce ATIR
5 days (14 days to interim release)

Conditioning of patient, apheresis of donor, graft manipulation, graft infusion

HSCT *without* T-cells
T-cell depleted (TCD)

ATIR

Infuse ATIR
+30 days after graft infusion

MDACC
proof-of-concept
(25 patients)

Apheresis of donor and central production

Produce CSDT002-NK
14 days

Conditioning of patient, apheresis of donor, graft infusion

HSCT *with* T-cells
T-cell replete

Cyclophos-phamide and immuno-suppression

Infuse chemo
3-5 days after graft infusion

CSDT002

Infuse CSDT002-NK
-2, +7 and +28 days after graft infusion