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This report contains certain forward-looking statements based on uncertainty, since they relate to events and depend on circumstances that will occur in future and which, by their nature, will have an impact on the results of operations and the financial condition of Targovax. Such forward-looking statements reflect the current views of Targovax and are based on the information currently available to the company. Targovax cannot give any assurance as to the correctness of such statements.

There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied in these forward-looking statements. These factors include, among other things, risks or uncertainties associated with the success of future clinical trials; risks relating to personal injury or death in connection with clinical trials or following commercialization of the company's products, and liability in connection therewith; risks relating to the company's freedom to operate (competitors patents) in respect of the products it develops; risks of non-approval of patents not yet granted and the company's ability to adequately protect its intellectual property and knowhow; risks relating to obtaining regulatory approval and other regulatory risks relating to the development and future commercialization of the company's products; risks that research and development will not yield new products that achieve commercial success; risks relating to the company's ability to successfully commercialize and gain market acceptance for Targovax' products; risks relating to the future development of the pricing environment and/or regulations for pharmaceutical products; risks relating to the company's ability to secure additional financing in the future, which may not be available on favorable terms or at all; risks relating to currency fluctuations; risks associated with technological development, growth management, general economic and business conditions; risks relating to the company's ability to retain key personnel; and risks relating to the impact of competition.



THERE IS A HIGH MEDICAL NEED FOR IMMUNE ACTIVATING AGENTS

Checkpoint inhibitors are revolutionizing cancer therapy...

...but minority of patients respond...

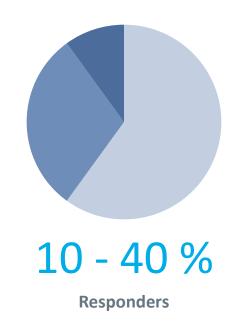
...leading to a **high need for immune activators** to boost
checkpoint response rates

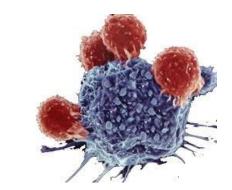
22 bn USD

Global CPI market¹

44 %

Patients eligible for CPI²:





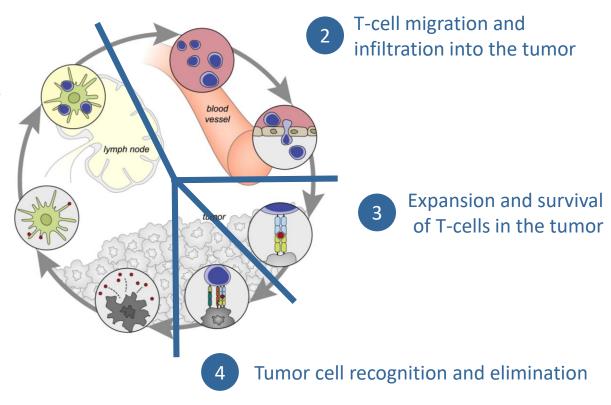


¹ Immune Checkpoint Inhibitors Markets Report, 2020 January, ResearchAndMarkets.com

² Estimation of the Percentage of US Patients With Cancer Who Are Eligible for and Respond to Checkpoint Inhibitor Immunotherapy Drugs, JAMA Netw Open. 2019 May; 2(5), Haslam A., Prasad V.

FOUR CRITICAL COMPONENTS OF IMMUNE ACTIVATION DRIVE THE RESPONSE TO IMMUNOTHERAPY

Access to tumor antigens, cross-presentation by APCs and priming of T-cells

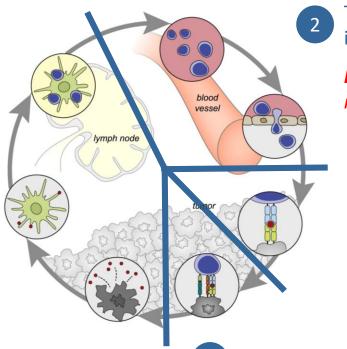




THESE COMPONENTS MALFUNCTION IN PATIENTS RESISTANT TO CHECKPOINT INHIBITION

Access to tumor antigens, cross-presentation by APCs and priming of T-cells

Problem: Low tumor immunogenicity and ineffective T-cell priming



T-cell migration and infiltration into the tumor

Problem: T-cells do not reach the tumor

Expansion and survival of T-cells in the tumor

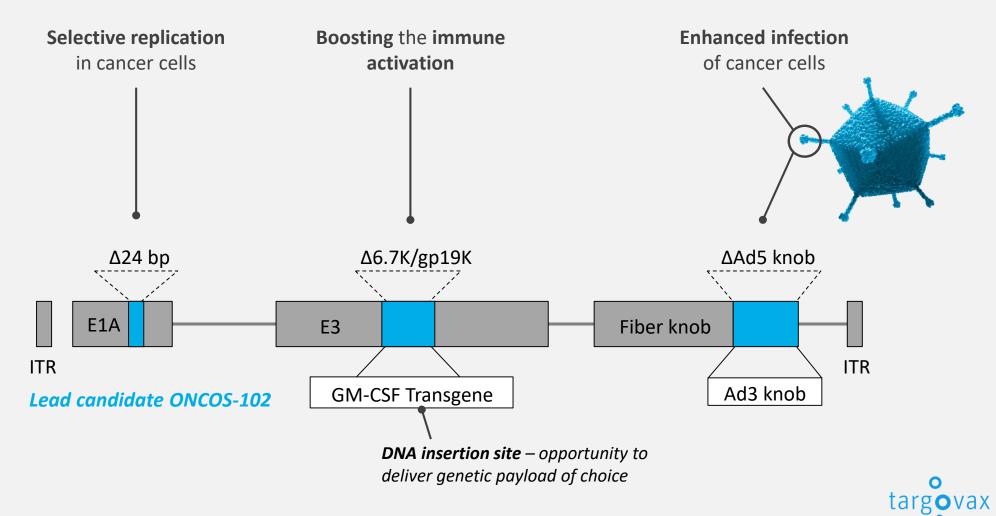
Problem: Exhaustion of T-cells in the tumor

4 Tumor cell recognition and elimination

Problem: Immunosuppression in the tumor



THE ONCOS ONCOLYTIC VIRUS HAS BEEN ENGINEERED TO PROVIDE SOLUTIONS TO THESE PROBLEMS BEHIND RESISTANCE





SOLUTION 1: ONCOS-102 DRIVES DANGER SIGNALLING AND INDUCES T-CELL PRIMING

Low tumor immunogenicity and ineffective T-cell priming

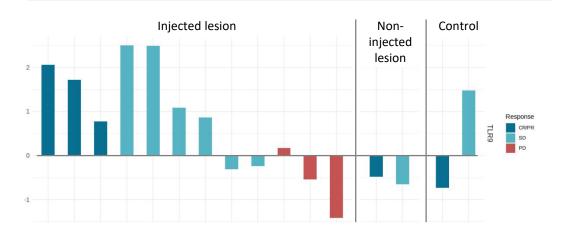
Underlying causes

- Lack of neoantigens and/or poor neoantigen fitness
- Insufficient dendritic cell activation
- Failure to activate danger signals

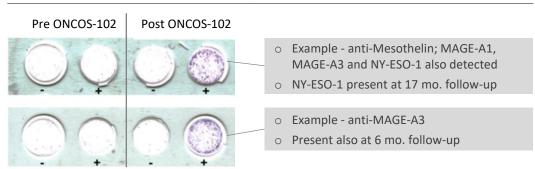
Impact of ONCOS

- Release and processing of tumor antigens through oncolysis
- Enhanced maturation of dendritic cells through GM-CSF expression
- Upregulation of TLR9 expression

TLR9 signaling in tumor RNAseq -fold change D36 vs. baseline¹, mesothelioma



Tumor-specific T-cells IFNγ Elispot assay, patient case examples²



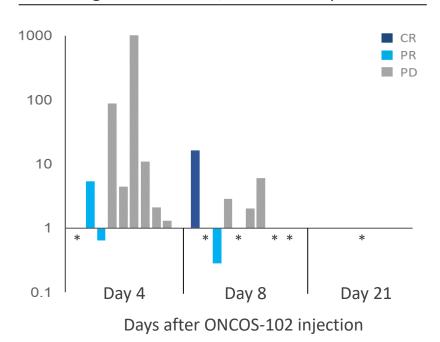




ONCOS-102 PRODUCES GM-CSF TO ENHANCE ANTI-CANCER T-CELL PRIMING AND EXPANSION

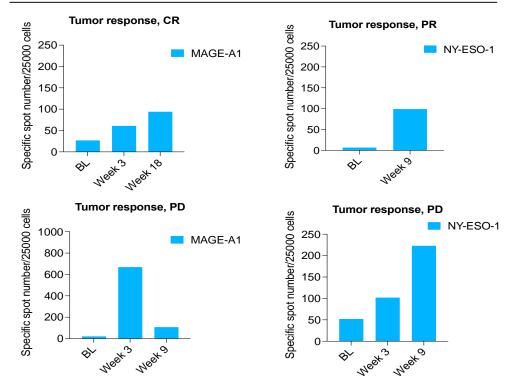
Systemic GM-CSF expression

Fold change from baseline, PD1 refractory melanoma¹



Induction of systemic tumor antigen specific T-cells

IFNγ ELISPOT assay, PD1 refractory melanoma¹







SOLUTION 2: ROBUST INCREASE IN T-CELL TUMOR INFILTRATION FOLLOWING ONCOS-102 TREATMENT

T-cells do not reach the tumor

Underlying causes

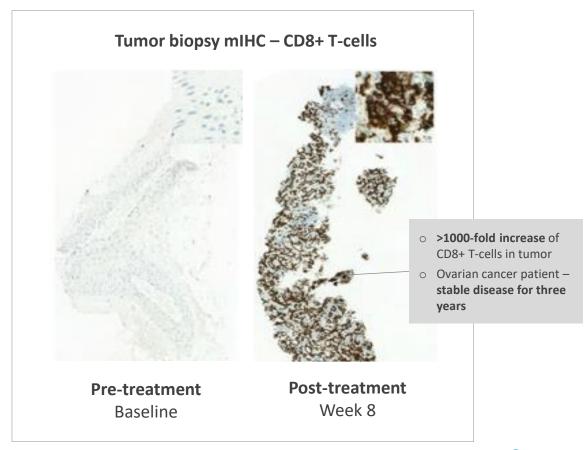
- Upregulation of WNT signaling and CCL4 suppression
- Production of CXCL12 by stromal fibroblasts
- Trapping of T-cells in stroma

Impact of ONCOS

- Upregulation of several chemokines
- T-cell infiltration in response to virus injection
- Shift in T-cell localization from stroma to epithelium

ONCOS-102 induced tumor T-cell infiltration

Ovarian cancer patient case example, monotherapy

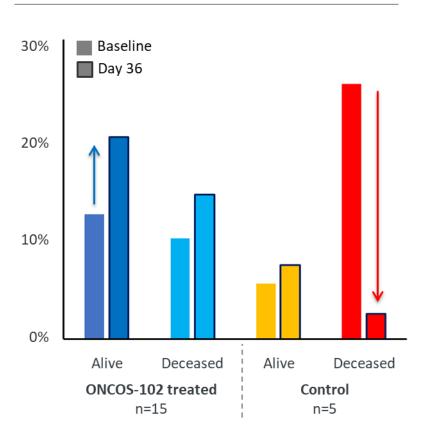




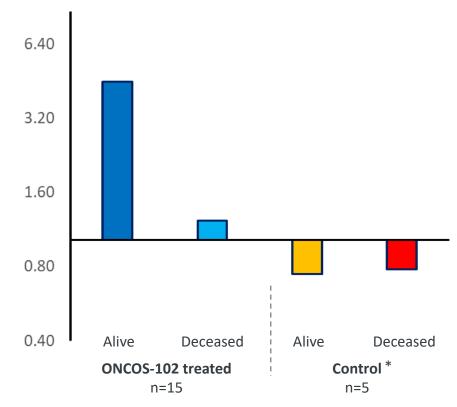


ONCOS-102 PROMOTES T-CELL INFILTRATION AND SUBSEQUENT PD-L1 UPREGULATION IN THE TUMOR

CD8+ T-cell tumor infiltration, % of cells Alive vs. deceased at 12 months, mesothelioma



PD-L1 upregulation in mesothelioma tumors at day 36 Fold change, ONCOS-102 treated vs. untreated







SOLUTION 3: ONCOS-102 TREATMENT DRIVES SHIFT TOWARDS HIGHER RATIO OF CYTOTOXIC T-CELLS

Exhaustion of T-cells in the tumor

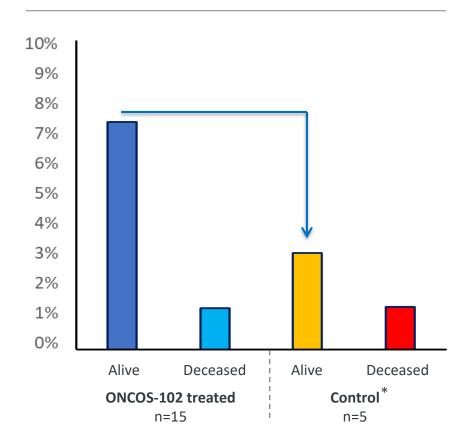
Underlying causes

- Continuous exposure of cancerspecific T-cells to tumor antigens
- Low expression of co-stimulatory molecules and pro-inflammatory cvtokines
- Co-expression of multiple coinhibitory receptors by T-cells

Impact of ONCOS

- Up-regulation of several costimulators and proinflammatory cytokines, such as IFN_V
- Increased fraction of intratumoral cytotoxic T-cells

Relative level of cytotoxic GrB+ / CD8+ T-cells at day 36 Alive vs. deceased at 12 months, mesothelioma



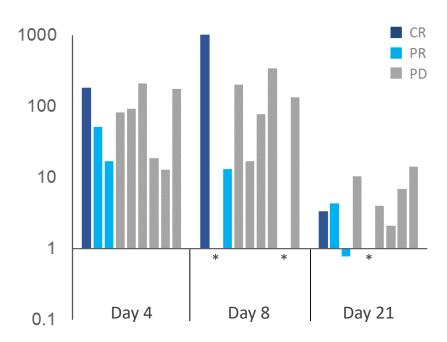




ONCOS-102 OUTPERFORMS CHEMOTHERAPY IN DRIVING LOCAL AND SYSTEMIC PRO-INFLAMMATORY SIGNALING

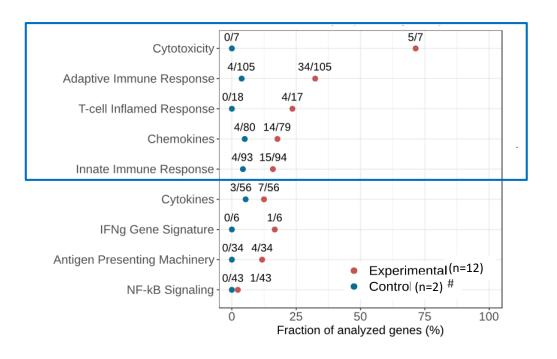
Systemic IFNy expression

Fold change from baseline, PD1 refractory melanoma



Days after ONCOS-102 injection

Modulation of tumor gene expression, Fraction of genes ONCOS-102 treated vs. untreated, mesothelioma







SOLUTION 4: ONCOS-102 INDUCES POLARIZATION TOWARDS INFLAMMATORY M1 MACROPHAGES

Immunosuppression in the tumor

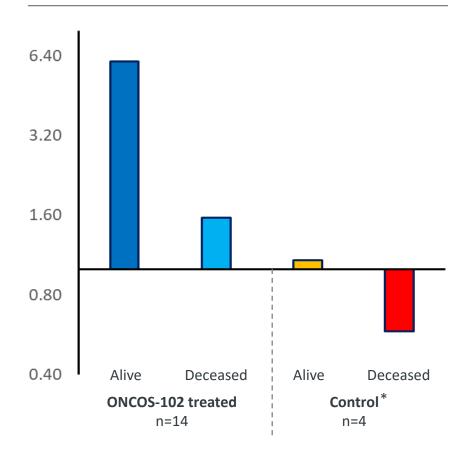
Underlying causes

- Increased level of inhibitory myeloid cells, such as M2 macrophages and MDSCs
- Induction of inhibitory regulatory T-cells
- Various metabolic cues triggers as high local tumor adenosine generation to suppress T cells

Impact of ONCOS

- Induction of pro-inflammatory cytokine signaling, e.g. IL6
- Shift towards inflammatory immune cell population
- Polarization of M2 to M1 macrophage phenotype

M1 vs. M2 macrophage ratio in tumors at day 36 Alive vs. deceased at 12 months, mesothelioma

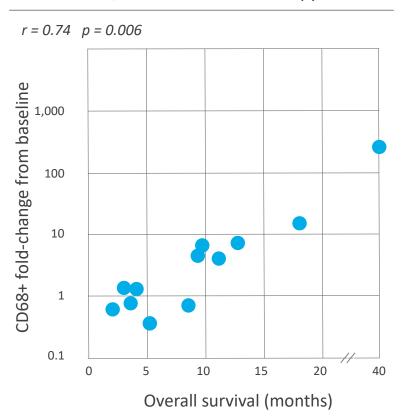






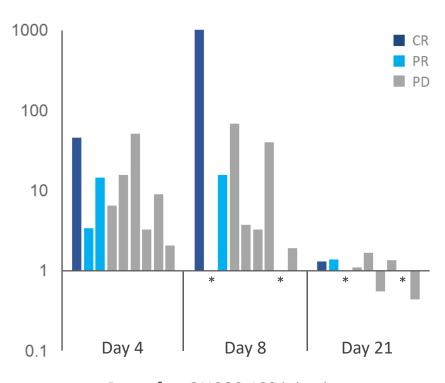
ONCOS-102 PROMOTES PRO-INFLAMMATORY MODULATION OF THE IMMUNE CELL INFILTRATE

Fold-change CD68+ macrophages vs. survival Intra-tumoral, ONCOS-102 monotherapy



Systemic IL6 expression

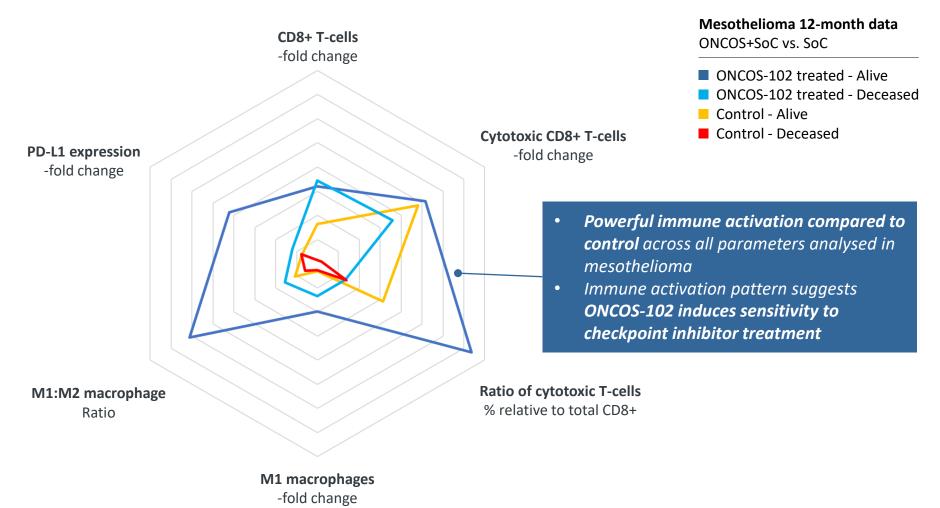
Fold change from baseline, PD1 refractory melanoma



Days after ONCOS-102 injection

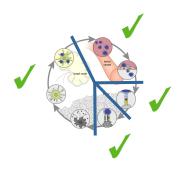


THIS BROAD AND POWERFUL IMMUNE ACTIVATION IS LINKED TO CLINICAL BENEFIT FOR THE PATIENT

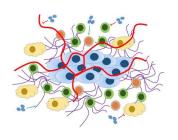




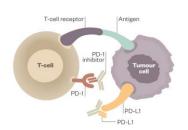
ONCOS-102 IMMUNE ACTIVATION - CONCLUSIONS



ONCOS-102 activates the immune system and counteracts multiple mechanisms of immuno-suppression operating at different steps of the cancer immunity cycle



Multifaceted modulation of the tumor micro-environment induced by ONCOS-102 is linked to clinical benefit in patients with different tumor types



ONCOS-102 induced immune activation provides **broad** and powerful priming to sensitize patients to respond to subsequent treatment with **checkpoint inhibitors**

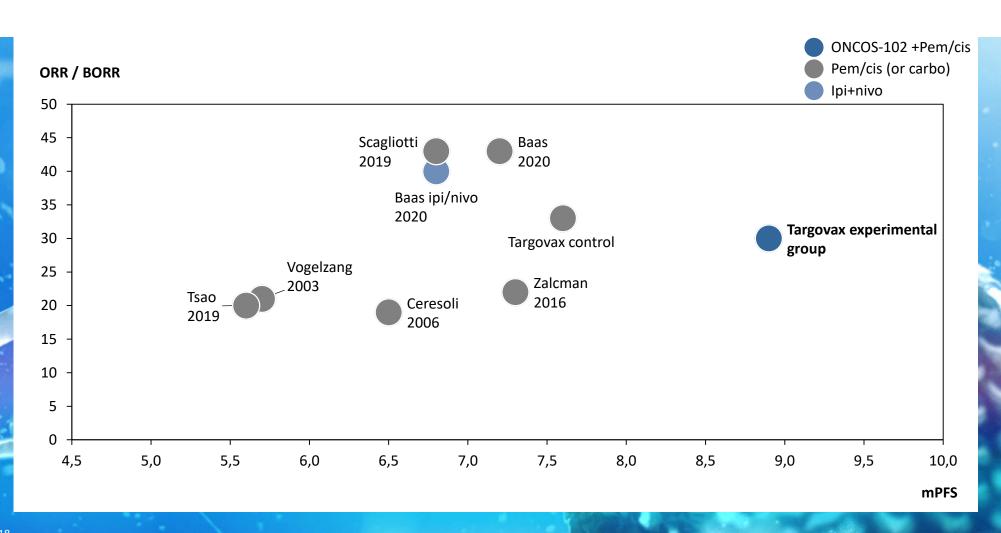


DEVELOPMENT PROGRAM FOCUSED ON STRATEGIC COLLABORATIONS AND COMBINATIONS

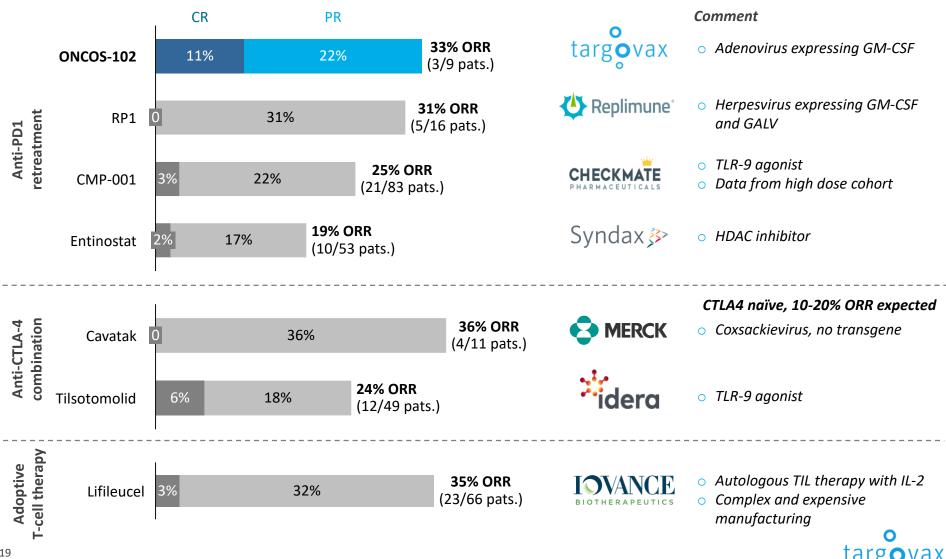
Product candidate	Preclinical	Phase I	Phase II	Collaborator	Next expected event
ONCOS-102	Mesothelioma Combination w/ pemetrexed/cisplatin			MERCK	2H20 Survival data 2021 New trial with Keytruda
	Melanoma Combination w/Keytruda				2H 2020 Part 2 clinical and immune activation data
	Ovarian and colorectal Combination w/Imfinzi			AstraZeneca CANCER RESEARCH INSTITUTE	Update by collaborator
	Prostate Combination w/DCvac			Sotio	Update by collaborator
ONCOS-200 series	Next Gen viruses			leidos	Updates at conferences
Novel mutRAS concepts				VALO THERAPEUTICS	
				OBLIQUE THERAPEUTICS	targ o vax

CLINICAL BENEFIT DEMONSTRATED IN MESOTHELIOMA

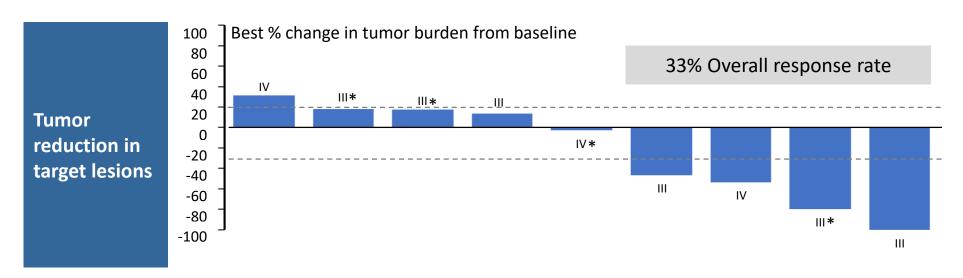
ONCOS-102 COMBINED WITH CHEMO VS CHEMO ALONE IN FIRST LINE



ONCOS-102 HAS PRODUCED EFFICACY DATA COMPETITIVE TO LEADING DRUG CANDIDATES IN PD1 REFRACTORY MELANOMA



ONCOS-102 + KEYTRUDA IN ANTI-PD1 REFRACTORY MELANOMA PROMISING OUTCOME IN FIRST NINE PATIENTS



Case
example:
Early and
durable
complete
respons (CR)

Stage IIIb, Prior therapies

- Surgery x 3
- Yervoy
- Dabrafenib + Trametinib
- Keytruda



Baseline: Progression on Keytruda



Week 3: 3x ONCOS-102 only



Week 9: 3x ONCOS-102 & 2x Keytruda



^{*} Non-target progression / new lesion (PD) Letters and numbers indicating disease stage Preliminary data

ACTIVATING THE PATIENT'S IMMUNE SYSTEM

TO FIGHT CANCER

BEST-IN-CLASS IMMUNE ACTIVATION

ONCOS-102 has clinically demonstrated the broadest and most powerful immune activation of any oncolytic virus, both as monotherapy and in combinations

ENCOURAGING CLINICAL EFFICACY

This powerful immune activation translates into clinical benefit for patients, in combination with both checkpoint inhibitors and chemotherapy

NEWS FLOW

Rich news flow 2020-21 from ongoing clinical program

Next step in mesothelioma in collaboration with Merck

Pipeline of first-in-class mutant RAS IO concepts and next generation oncolytic viruses