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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 the 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 nonapproval 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 relating to the company's ability to retain key personnel; and risks relating to the impact of competition.





Introduction

- 2. Lead clinical program: ONCOS-102
- 3. Pipeline platform: Circular RNA
- 4. Outlook & strategy



THE IMMUNO-ONCOLOGY REVOLUTION

- > 500,000 patients treated per year
- > 3,000 ongoing clinical trials
- > 40% of US cancer patients eligible
- > 10 approved products





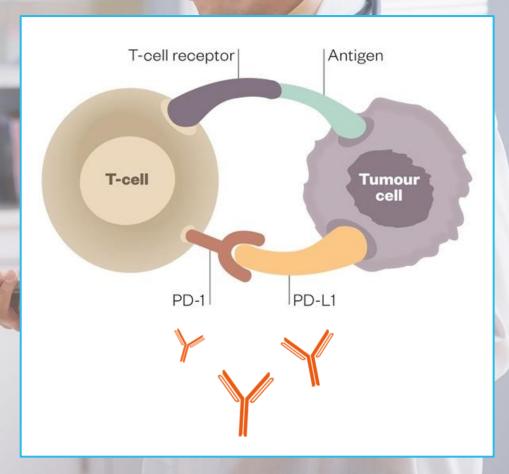
FIRST GENERATION IMMUNO-ONCOLOGY: CHECKPOINT INHIBITORS

Cornerstone of current cancer treatment

Deep and durable responses

\$30b annual sales globally

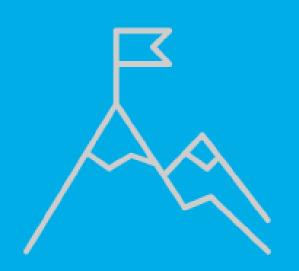
8 products approved to date, many more in development





THE CHALLENGE:

MAKE PD-1 CHECKPOINT INHIBITORS WORK FOR MORE PATIENTS



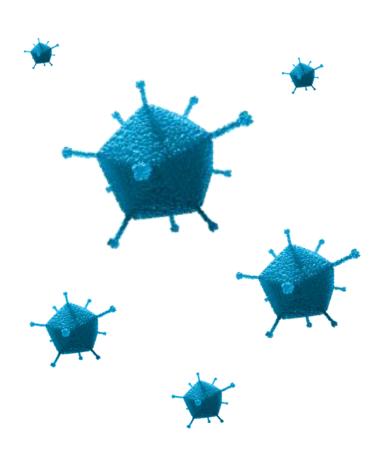
0-40% of treated patients respond

>50% of responding patients relapse

1 PD-1 checkpoint inhibitor monotherapy not sufficient



THE SOLUTION: IMMUNE ACTIVATION BY TARGOVAX'S ONCOLYTIC VIROTHERAPY ONCOS



Reverses immuno-suppressive defence mechanisms in the tumor

Primes anti-cancer T-cell responses

Delivers immune stimulatory payloads

TARGOVAX DEVELOPMENT PIPELINE

Product candidate	Preclinical		Clinical			
	Discovery	IND- enabling	Phase 1	Phase 2	Phase 3 / pivotal	2022 Milestones
ONCOS-102	PD-1 Refractory Melanoma Re-challenge combination w/anti PD-1					4Q 2022 / 1Q 2023 Initiation of multi-cohort phase 2 trial
	Mesothelioma Combination w/Standard-of-Care (SoC)					1H 2022 Full study data presented at ASCO, incl. 30 month OS rate
Mutant KRAS	Multiple Mye TG01 / QS-21					2H 2022 First patient visit (EU)
	Undisclosed i TG01 / QS-21					2H 2022 First patient visit (USA)
circular RNA						2H 2022 Pre-clinical proof-of- concept data



Lead clinical program: ONCOS-102



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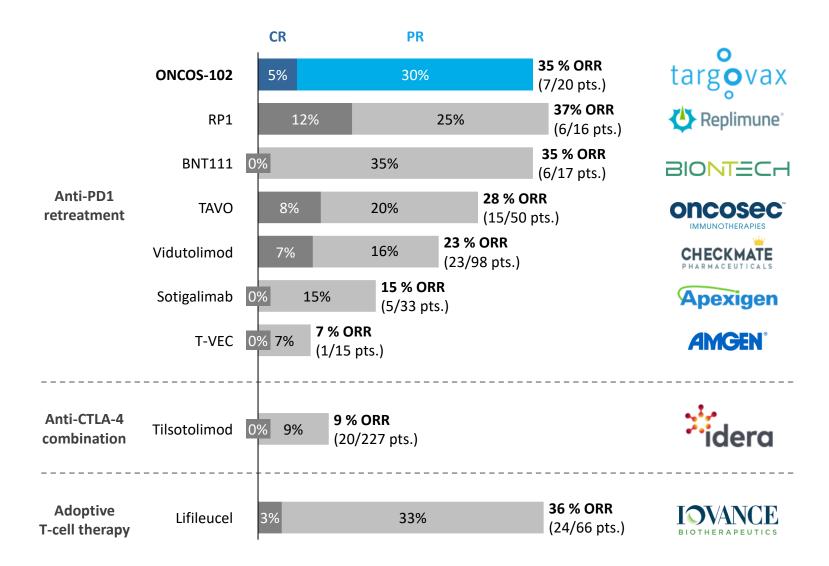
PD-1 RESISTANCE MARKET OPPORTUNITY

GROWING UNMET NEED WITH INCREASED ANTI-PD-1 USE

Incidence	Total ~50,000 patients per year diagnosed with unresectable advanced malignant melanoma globally
PD-1 resistance	~50% of cases become PD-1 resistant Total ~25,000 patients per year
Addressable	Estimated 10,000 – 20,000 patients per year addressable with intra-tumoral therapies



ONCOS-102 ACHIEVED A HIGHLY COMPETITIVE ORR OF 35% IN A PD-1 REFRACTORY MELANOMA PHASE 1

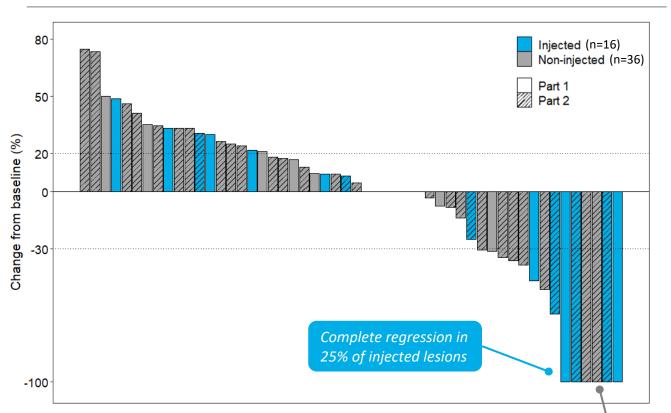


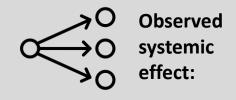


LOCALLY DELIVERED ONCOS-102 GENERATES ROBUST SYSTEMIC ACTIVITY

Response in individual tumors

% change from baseline; injected and non-injected target lesions





- 12 of 36 (33%)
 non-injected target
 lesions reduced in size
- 8 of 15 (53%) patients had reduction in noninjected target lesions
- 6 of 15 patients (40%)
 with abscopal objective
 response (PR) according
 to RECIST 1.1 30% tumor
 shrinkage criteria

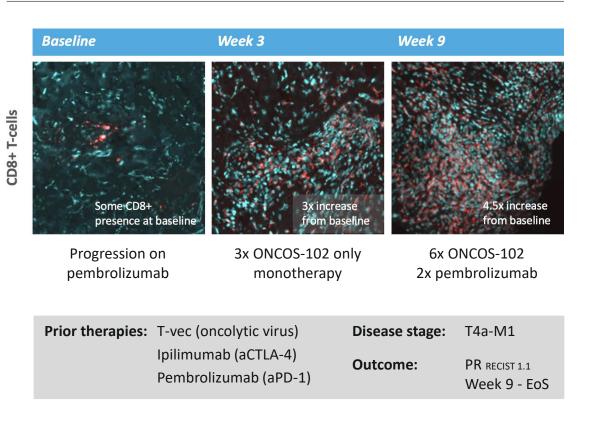
Complete regression in two non-injected lesions



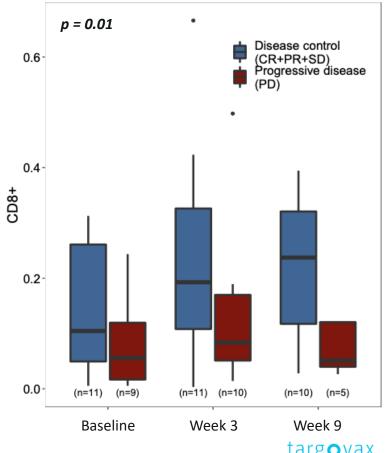
ONCOS-102 DRIVES STRONG AND CONSISTENT T-CELL INFILTRATION IN RESPONDING PATIENTS

CD8+ T-cell tumor infiltration

Tumor biopsy IHC, patient case example



CD8+ T-cell infiltration increased over time in patients with clinical benefit (CR+PR+SD)

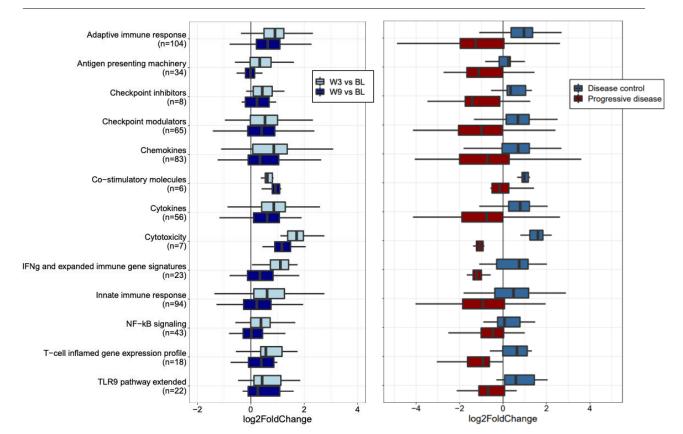


GENE EXPRESSION CONFIRMS CELLULAR ANALYSES, REVEALING BROAD PRO-INFLAMMATORY TUMOR RE-PROGRAMING

Activation of immune related gene signatures

Week 3 & 9 vs. Baseline

DCR vs. progression



All patients: Broad activation of immune gene signatures relative to BL

Responders vs. non-responders: Immune gene activation only persists in responders at week 9

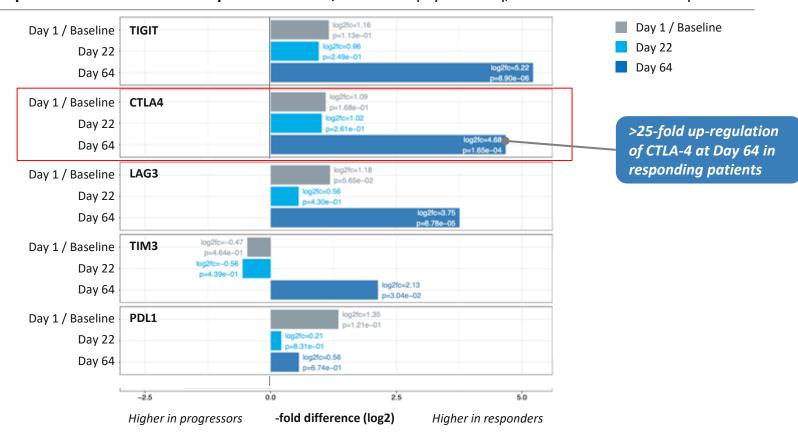
RNAseq gene expression insights:

- Pro-inflammatory "hot" tumor remodeling by multiple pathways
- "Hot" tumor remodeling persists long-term over multiple local injections
- Immune gene activation
 strongest and most persistent
 in responders
- Strong activation of cytotoxicity and increased expression of chemokines and cytokines



CTLA-4 IS STRONGLY UPREGULATED IN RESPONSE TO ONCOS-102 IN MELANOMA

Expression of immune checkpoint inhibtors, tumor biopsy RNAseq, difference in PR vs. PD patients





STRONG RATIONALE FOR COMBINING ONCOS-102 ALSO WITH A CTLA-4 CHECKPOINT INHIBITOR



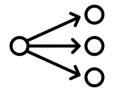
Reverse immuno-suppression

CTLA-4 blockade depletes inhibitory regulatory T-cells both within the tumor and systemically



Enhance antitumor T-cell priming

CTLA-4 blockade enhances the priming of tumor-specific cytotoxic T-cells



Boost systemic activity

Enhanced tumor-specific T-cell priming leads to better systemic effect



NEXT STEP ONCOS-102: MULTI-COHORT PHASE 2 TRIAL WITH 2ND GEN CTLA-4 CHECKPOINT INHIBITOR COMBINATION

Part 1 – higher dose exploration run-in

ONCOS-102 monotherapy high dose¹

Randomize

ONCOS-102 +

2 balstilimab

low² → high dose

- Confirm safety
- Select dose for expansion

Part 2 – multi-cohort extension

ONCOS-102 +

balstilimab

high dose³

○ Expand to n=37

- ONCOS-102 + botensilimab
- Safety run-in n=6
- Expand first to n=18, then n=37
- ONCOS-102 +
 balstilimab +
 botensilimab
- Safety run-in n=6
- Expand first to n=18, then n=37

1: High dose: 1x10¹² viral particles (VP)

10 patients per cohort to start

Extend selected dose to n=18

2: Low dose 3x10¹¹ VP

3: High dose expected selection for Part 2

Collaboration partner:

agenus

Balstilimab: anti-PD-1

Botensilimab: Fc-enhanced

anti-CTLA-4

BOTENSILIMAB IS A NOVEL CTLA-4 CHECKPOINT INHIBITOR OFFERING SEVERAL ADVANTAGES OVER 1ST GEN aCTLA-4



Improved safety

- Designed for reduced activation of the complement cascade, lowering immune-mediated adverse events
- Emerging differentiated safety profile vs. ipilimumab
 with low rates of tox discontinuation (mono & combo)



Stronger immune activation

- Improved stimulation of antigen presenting cells (APCs and DCs) boosts immune activation
- Engineered for enhanced binding to broader set of activating Fcy-receptor variants than ipilimumab



Better efficacy

- Strong responses observed in several tumor types
- Monotherapy responses shown in prior PD-1 +/-CTLA-4 (incl. ipi/nivo) failures in melanoma
- Unprecedented 24% ORR in MS-stable metastatic
 colorectal cancer in combination with anti-PD1



THE PHASE 2 TRIAL IS DESIGNED TO ENABLE FUTURE OUT-LICENSING AND ADDRESS REGULATORY REQUIREMENTS

- Opportunity to achieve **best-in-class data**
- ✓ **Differentiated combinations** vs. competitors, with strong scientific and strategic rationale
- Design and size to enable licensing decisions for big pharma partners
- ✓ Confirm ONCOS-102 high dose and address FDA requirements for contribution of components
- Support future expansion of combinations into earlier lines of melanoma



Pipeline platform: Circular RNA

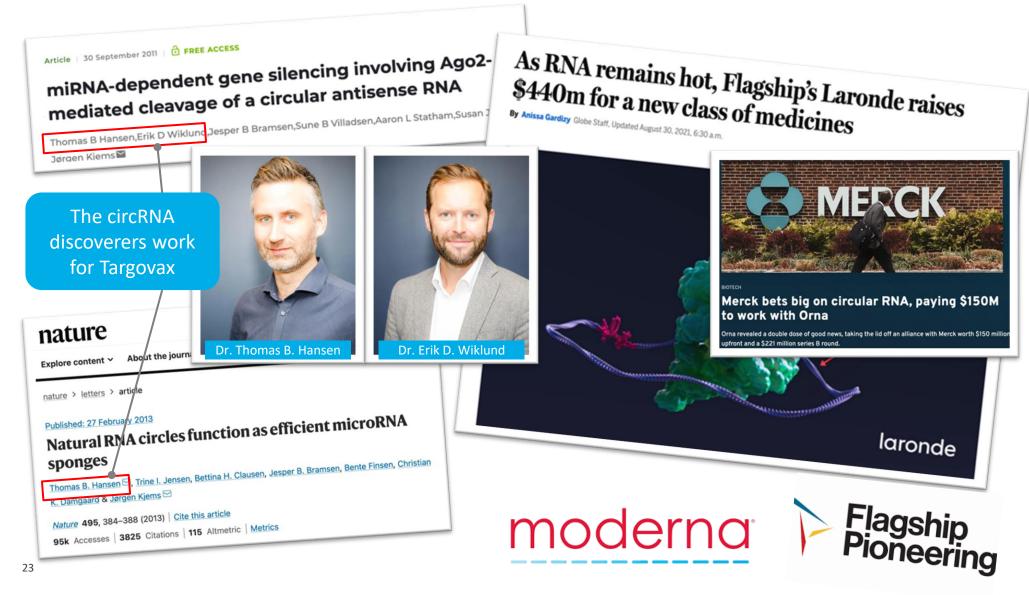


TARGOVAX DEVELOPMENT PIPELINE

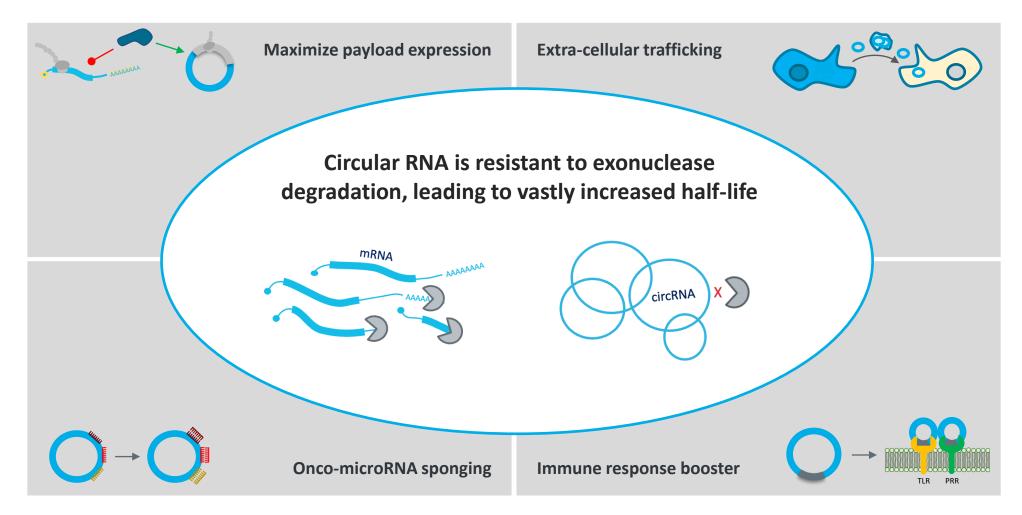
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EMERGING CIRCULAR RNA TECHNOLOGY OPENS NOVEL OPPORTUNITIES FOR CANCER IMMUNOTHERAPY

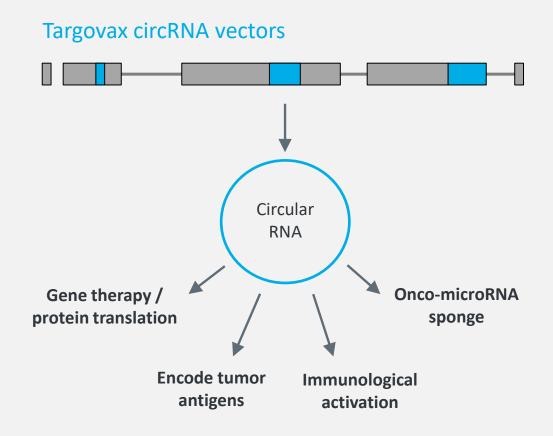


CIRCRNA PROVIDES A TOOLBOX TO TAKE CANCER IMMUNOTHERAPY TO THE NEXT LEVEL





TARGOVAX HAS A CLINICALLY VALIDATED, VERSATILE VECTOR SYSTEM THAT WILL BE DEPLOYED FOR CIRCRNA DELIVERY



Objectives for circRNA program:

- Validate advantages of circRNA approach
- Optimize expression constructs
- Select and optimize payloads
- Generate proof-of-concept data
- Build strong IP portfolio
- Establish external collaborations

Highly verstaile delivery system – Broad functionality



TARGOVAX HAS A UNIQUE EDGE IN THE EMERGING CIRCRNA SPACE



World-leading circRNA experts in-house with deep technical experience

 Head of program is circRNA discoverer Dr. Thomas Hansen, the pionéer of early circRNA research with over 10 years experience in the field



Clinically validated vector system for intra-tumoral RNA delivery

 Synthetic circRNA faces the same delivery issues as mRNA, relying on LNP systems with limited ability for tumor targeting



GMP vector manufacturing process scale-up already ongoing

 Validated technology for synthetic circRNA GMP manufacturing at scale does not yet exist and faces unresolved challenges



No known competitors active in circRNA therapeutics for solid tumors

Building on deep translational data from prior ONCOS-102 trials

Outlook & Strategy



OUTLOOK: MULTIPLE PATHS TO VALUE CREATION

Pillar

Value creation strategy



Out-license ONCOS-102 with results from phase 2 melanoma trial

- Aim to "knock-it-out-of-the-park" with novel triple combination
- Study designed and sized to be attractive for big pharma partners



Create broad optionality and multiple shots on goal in KRAS cancers

- Two academically sponsored TG01 trials set to open during 2H 2022
- Collaborative networks being established in several cancers and combinations



Pursue early pre-clinical circRNA partnering

- Capitalize on current circRNA momentum
- Strategy to enable broad circRNA platform and future pipeline engine





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