



ACTIVATING THE PATIENT'S IMMUNE SYSTEM TO FIGHT CANCER

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targovax

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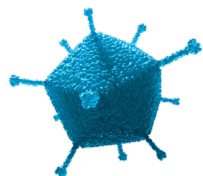
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ACTIVATING THE IMMUNE SYSTEM TO FIGHT CANCER



Growing need for immune activators

- Immune activators can enhance the efficacy of checkpoint inhibitors
- ONCOS oncolytic adenovirus platform targets hard-to-treat **solid tumors**



ONCOS-102 lead clinical asset

- One of the **furthest developed** OV's with >180 patients treated to date
- Four ongoing combination trials ensuring **rich news flow** in 2020



Encouraging clinical efficacy demonstrated

- Strong **single agent** immune activation and clinical data
- **33% ORR** in anti PD-1 refractory melanoma in combination with Keytruda

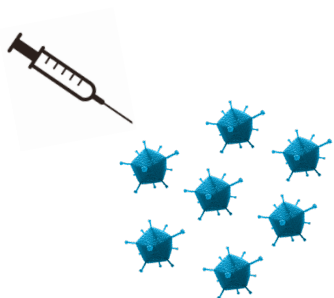


Listed on Oslo Stock Exchange

- Ticker: **TRVX**
- All assets unencumbered

ONCOS-102 MODE OF ACTION

1 Virus injection Local delivery



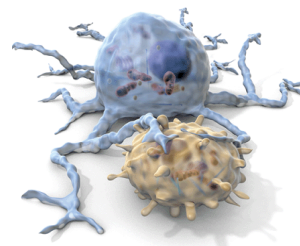
- Intra-tumoral or intra-peritoneal injection
- Tumor cell infection

2 Oncolysis Immune activation



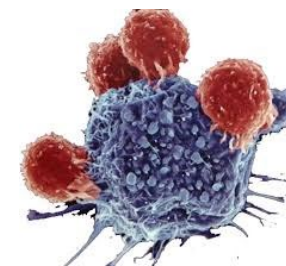
- Lysis of tumor cells
- Inflammatory response
- Tumor antigen release

3 Antigen processing T-cell activation



- Antigen processing
- T-cell activation in lymph nodes

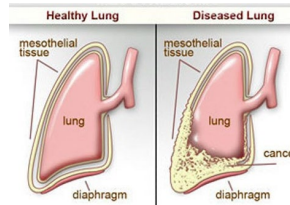
4 T-cell response Anti-tumor immunity



- T-cell tumor infiltration
- Tumor antigen recognition

ONCOS DEVELOPMENT STRATEGY

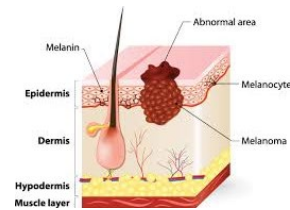
1 Establish path-to-market



Mesothelioma

- ~15.000 patients
- Potential for first line, limited competition

2 Activate refractory tumors



Anti-PD1 refractory melanoma

- Few alternatives for ~50.000 patients
- Benchmarking arena for immune activators

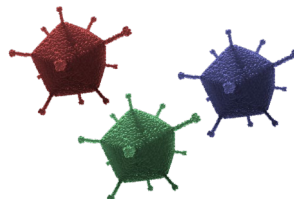
3 Expand CPI indications



Peritoneal malignancies

- Metastases from ovarian and colorectal cancers
- >100.000 patients not responding to CPIs

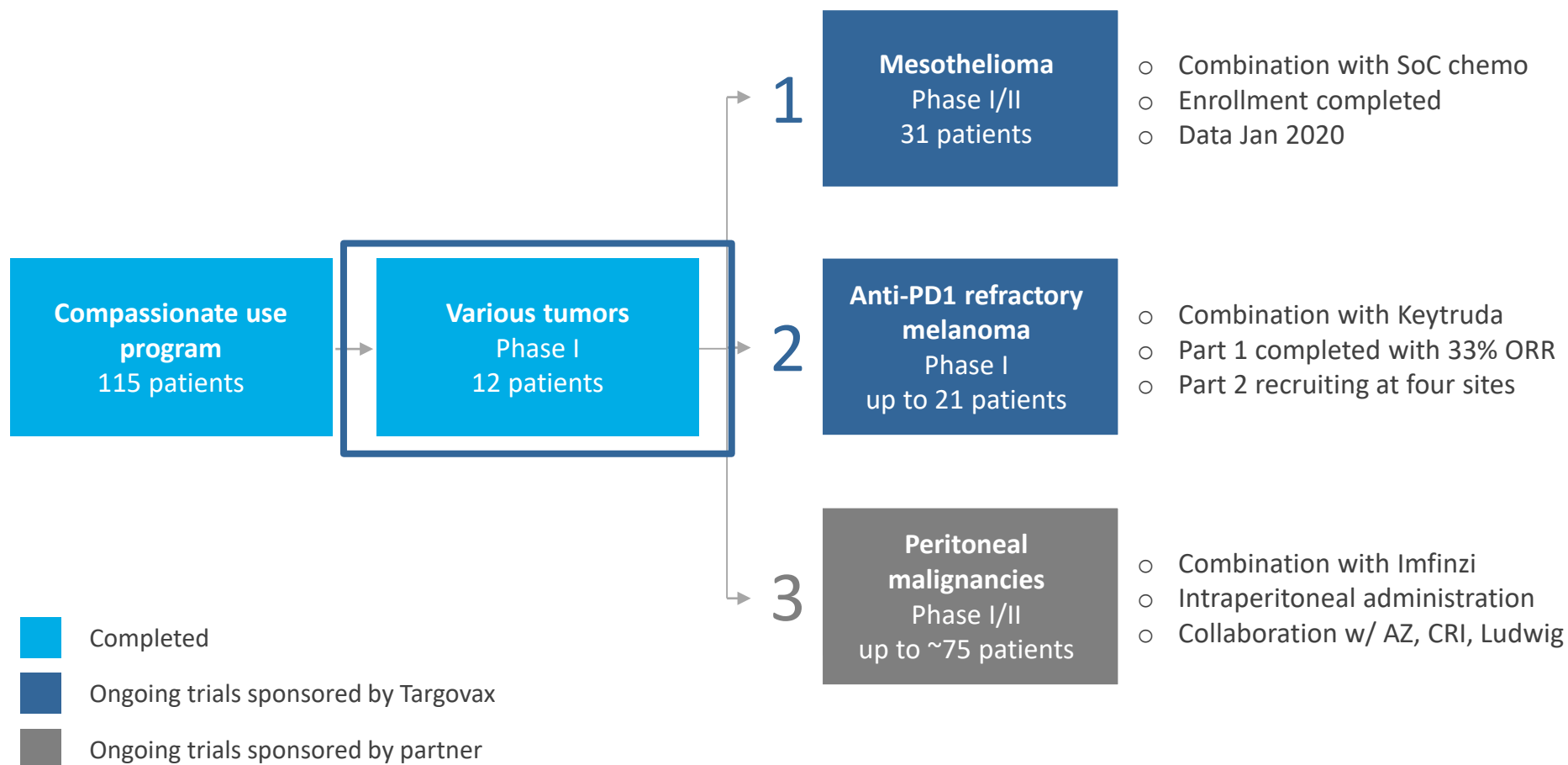
4 Expand platform



Next generation oncolytic viruses

- Double transgenes
- Novel targets and modes of action

ONCOS-102 CLINICAL DEVELOPMENT PROGRAM



ONCOS-102

PHASE I SINGLE AGENT PROOF-OF-CONCEPT

IMMUNE ACTIVATION

DEMONSTRATED

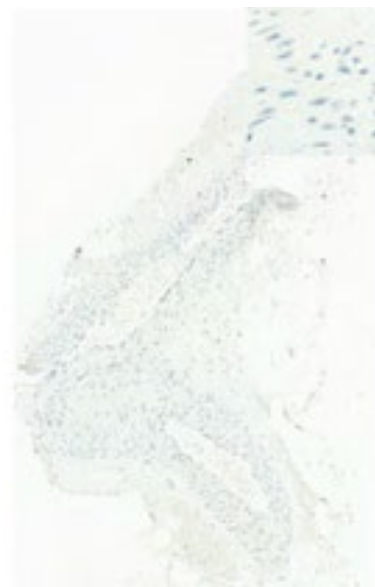
ONCOS-102 Phase I trial design:

- 12 patients, 7 different solid tumors
- All refractory to multiple lines of therapy
- Treatment: ONCOS-102 monotherapy

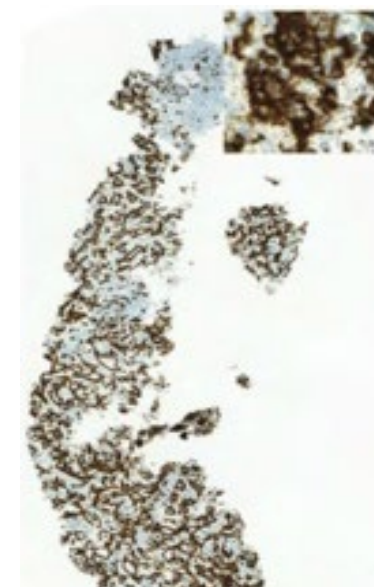
Top-line results:

- 100% innate immune activation
- 11/12 patients increase in CD8+ T-cells
- 40% DCR after 3 months
- 2 long-term survivors
- Abscopal effect and lasting systemic immune responses observed
- Induction of tumor specific T-cells

Cold tumor turned hot, CD8+ T-cell staining



Pre-treatment
Baseline



Post-treatment
Week 8

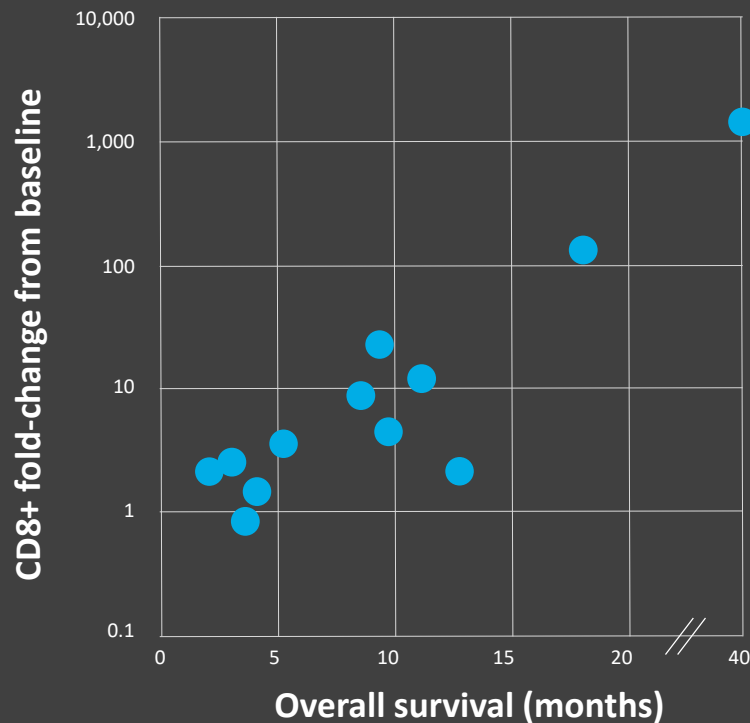
ONCOS-102

Phase I single agent proof-of-concept

CD8+ T-CELL INFILTRATION CORRELATES WITH SURVIVAL

Fold-change CD8+ T-cell count vs. survival

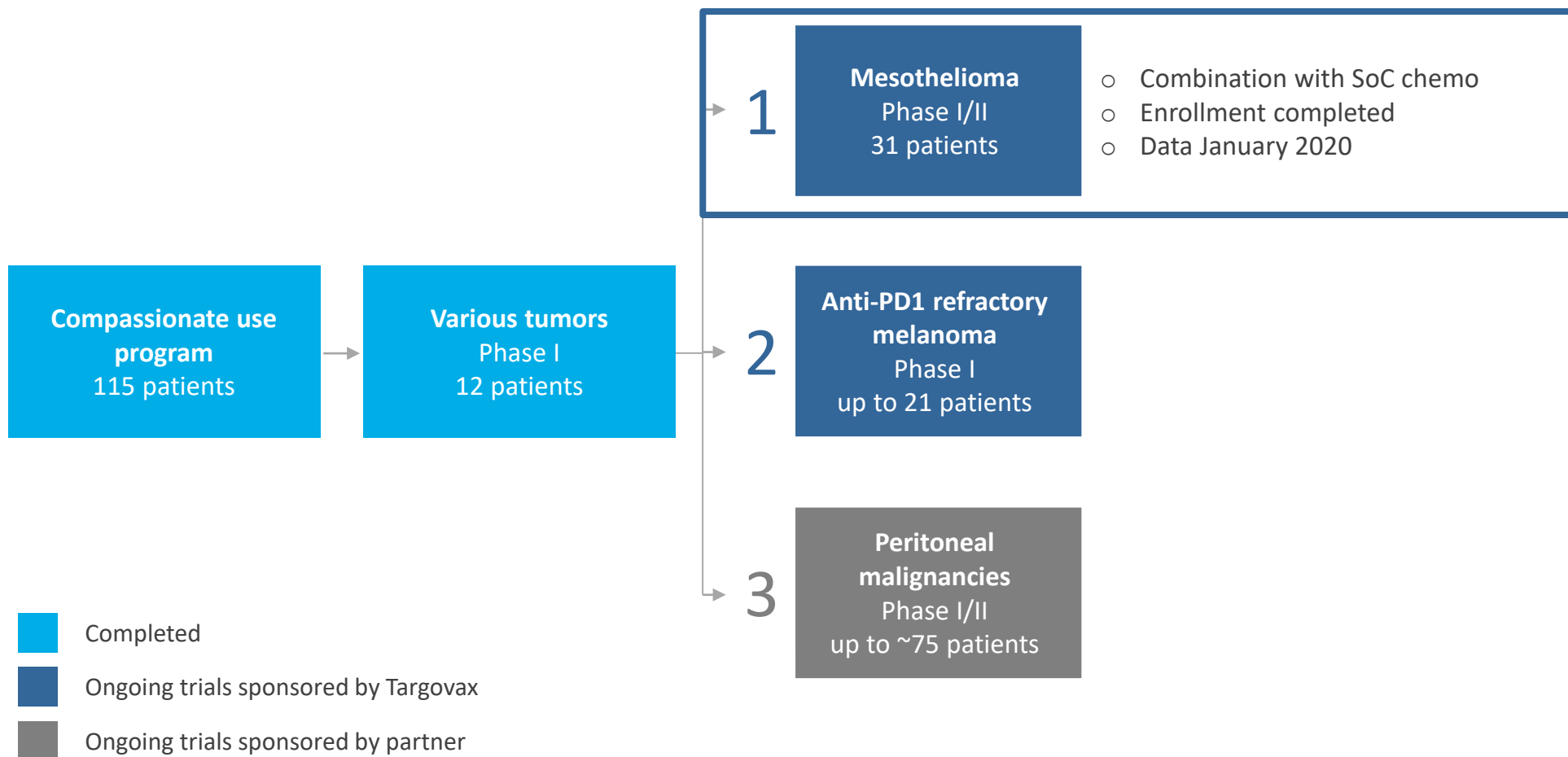
$r = 0.75$ $p = 0.005$



Case example – Ovarian cancer

- Failed on 5 types of chemotherapy
- **>1,000-fold increase** in CD8+ T-cell infiltration
- **Stable disease for 3 years**, survived for 3.5 years

ONCOS-102 CLINICAL DEVELOPMENT PROGRAM



RATIONALE FOR ONCOS-102 GO-TO-MARKET STRATEGY IN MESOTHELIOMA

Become frontline therapy

- Data so far indicate activity in mesothelioma
- Ongoing randomized trial combining with chemo
- Good safety profile

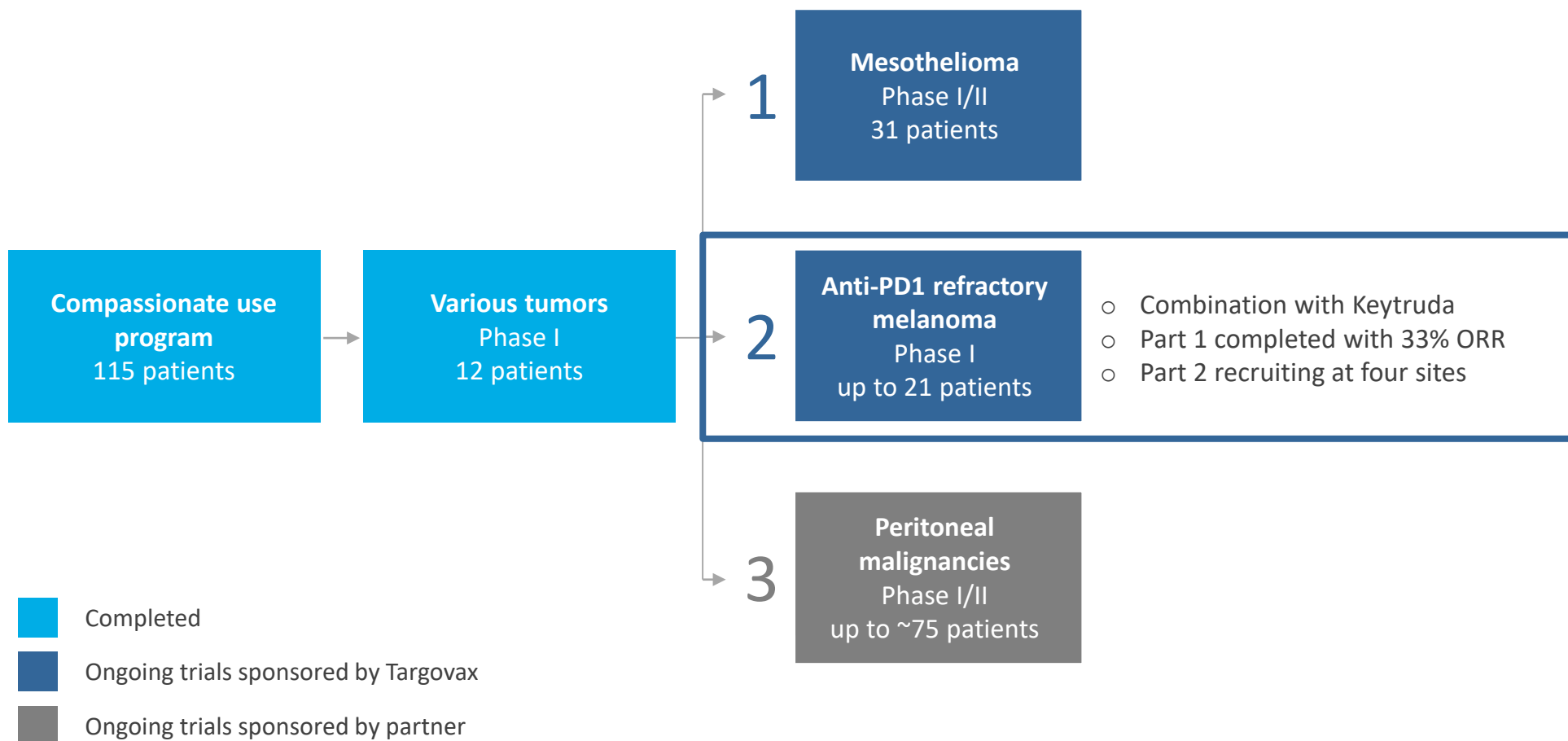
Orphan Drug Designation

- High unmet medical need; orphan drug designation
- 7-10 year market exclusivity
- Opportunity for accelerated regulatory routes to market

Limited competition

- Few other viruses in development
- ONCOS-102 most advanced
- CPIs are potential combinations

ONCOS-102 CLINICAL DEVELOPMENT PROGRAM

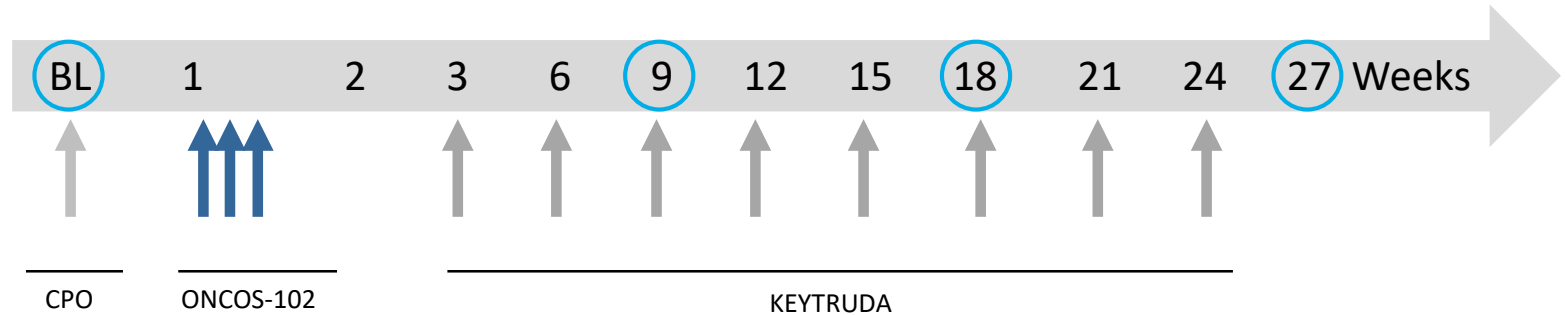


MELANOMA PHASE I TRIAL DESIGN

ONCOS-102 + KEYTRUDA COMBINATION IN ANTI-PD1 REFRACTORY MELANOMA

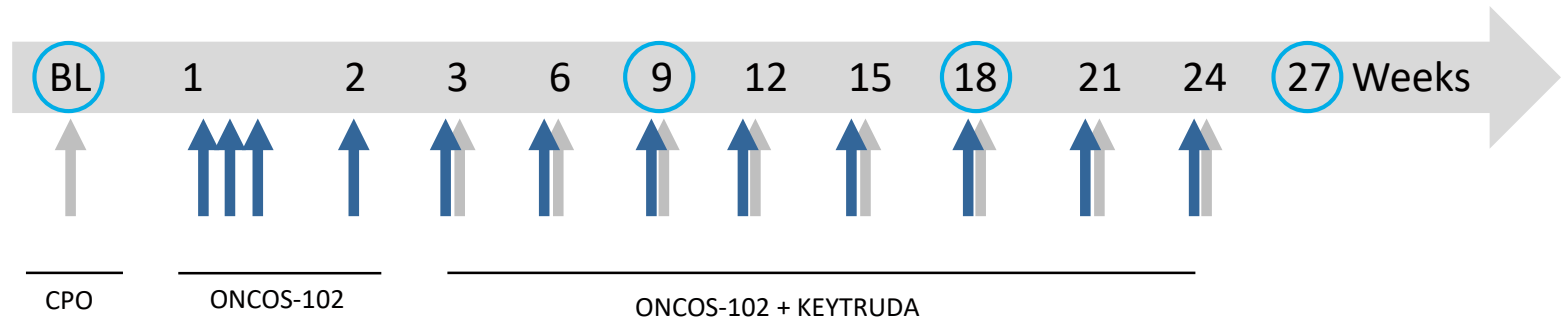
Part 1 completed:

3x ONCOS-102
injections
Sequential
treatment



Part 2 enrolling:

12x ONCOS-102
injections
Combination
treatment



○ Imaging

CPO: Cyclophosphamide

ONCOS-102 ANTI-PD1 REFRACTORY MELANOMA PART 1

33% ORR AND ROBUST IMMUNE ACTIVATION

Patient population

- Advanced, unresectable **melanoma**
- Disease **progression** following prior treatment with anti-PD1
- Poor prognosis, with **few treatment alternatives**

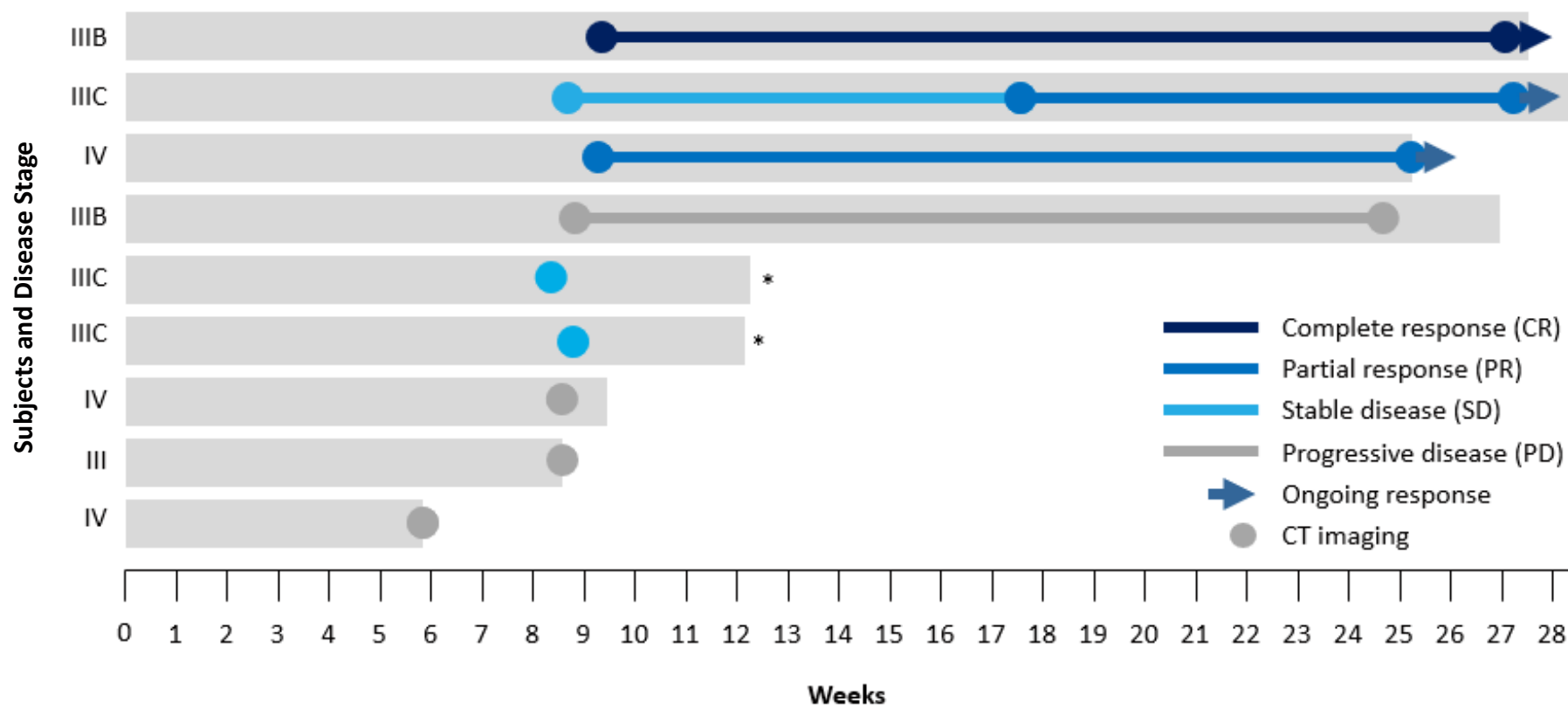
Treatment regime

- **3 ONCOS-102 injections** followed by 5 months of Keytruda

Clinical data

- Well tolerated, no major concerns
- **33% ORR** after 6 months by RECIST 1.1 and irRECIST
 - 1 Complete Response (CR)
 - 2 Partial Responses (PR)
- Robust systemic and local **immune activation**

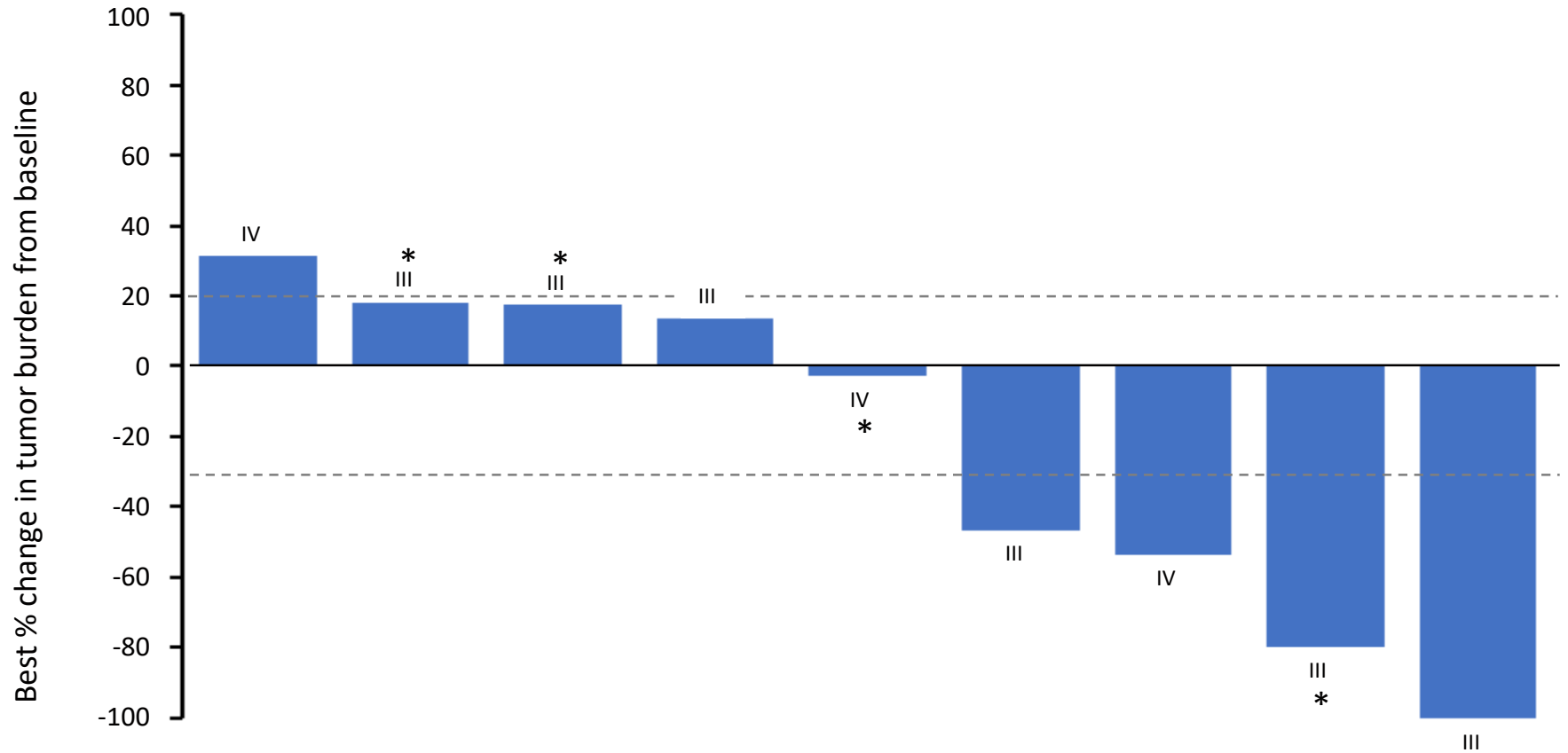
CLINICAL RESPONSE IN 3 OUT OF 9 PATIENTS (33% ORR)



* Withdrawn due to clinical PD

Length of grey bars indicate time from first ONCOS-102 injection to discontinuation/EoS

BEST PERCENTAGE CHANGE IN TARGET LESIONS



* Progressive Disease due to non target progression

Letters and numbers indicating disease stage

Preliminary data

CASE EXAMPLE: PATIENT WITH COMPLETE RESPONSE

Patient characteristics

Tumor stage at enrollment:	IIIb T4a, N2b, M0	Prior therapies:	Surgery (x3) Ipilimumab Dabrafenib + Trametinib Keytruda
RECIST 1.1:	CR, week 9-27		

Tumor response, 1 of 1 injected lesion

Baseline

Week 3

Week 9

Week 18

Week 27 (EoS)



Progression on Keytruda



3x ONCOS-102 only



3x ONCOS-102 &
2x Keytruda



3x ONCOS-102 & 5x
Keytruda



3x ONCOS-102 & 8x
Keytruda

CASE EXAMPLE: PATIENT WITH PARTIAL RESPONSE

Patient characteristics

Tumor stage at enrollment: IV
T4a, N1b, M1

RECIST 1.1: PR, week 9-27

Prior therapies: Surgery
Talimogene-laherparepvec (T-vec)
Ipilimumab
Keytruda

Tumor response, 2 of 2 injected lesions

Baseline

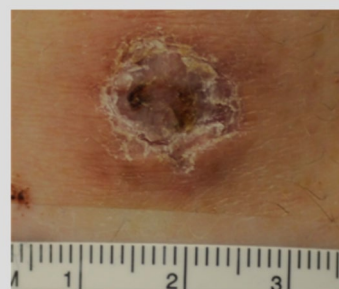
Week 3

Week 9

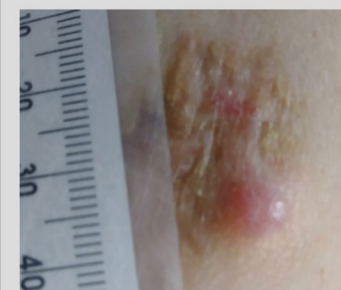
Week 18

Week 27 (EoS)

Lesion 1 of 2



Lesion 2 of 2



Progression on
Keytruda

3x ONCOS-102
only

3x ONCOS-102 &
2x Keytruda

3x ONCOS-102 &
5x Keytruda

3x ONCOS-102 &
8x Keytruda

ROBUST LOCAL AND SYSTEMIC IMMUNE ACTIVATION

Inflammatory response and innate immune activation

- Pro-inflammatory cytokine increase: IL-6 (8/8 pts), TNFa (7/8 pts)
- Increase in systemic IFN γ expression (8/8 pts)
- Fever/chills (7/9 pts)

Adaptive immune activation

T-cell tumor infiltration

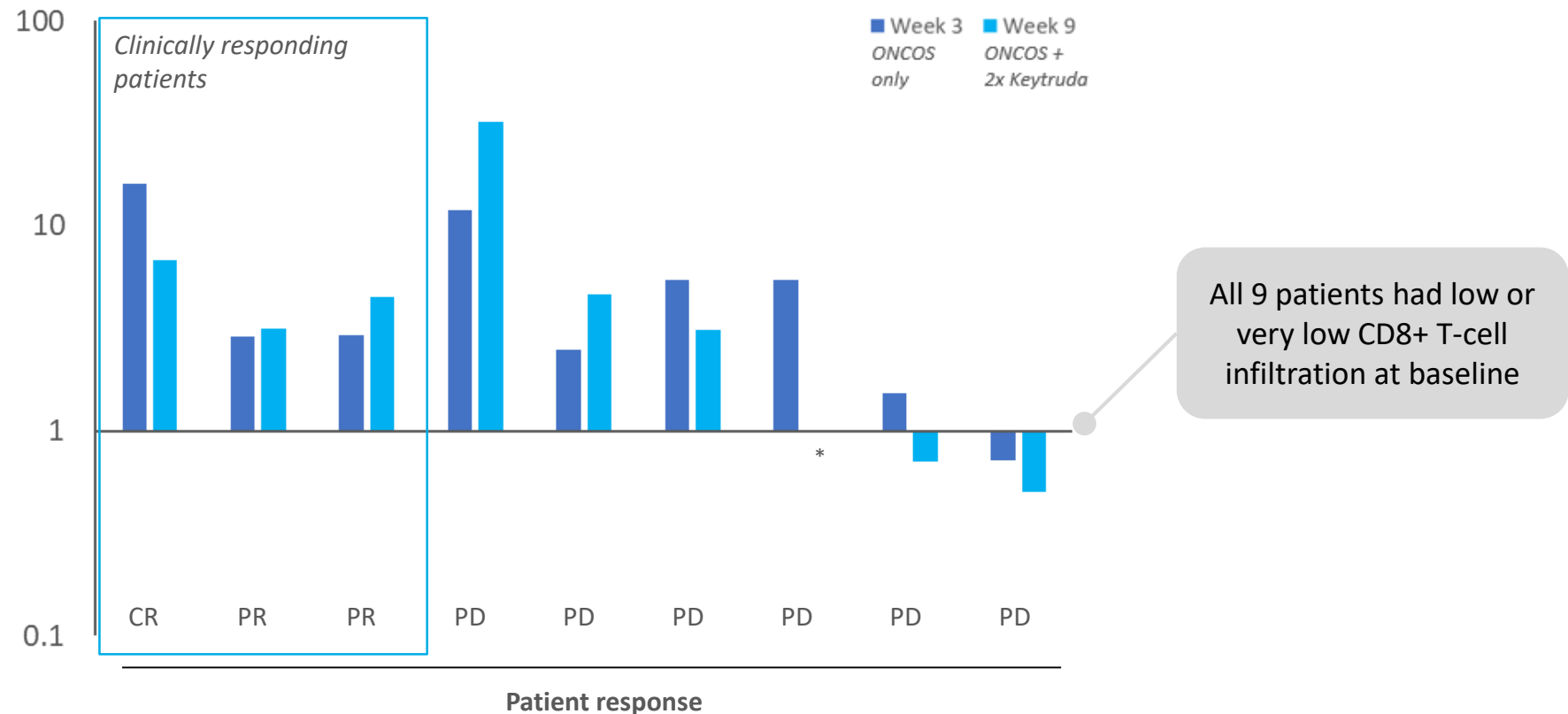
- Increase in CD8+ T-cell infiltration (8/9 pts)
- Increase in activated¹ CD8+ T-cells (9/9 pts)
- PD1+/CD8+ T-cells in treated lesions (6/7 pts)
- T-cells in non-treated lesions (2/3 pts) on Week 3

Tumor specific activation

- Systemic increase in tumor specific T-cells (4/9 pts, NY-ESO-1 and/or MAGE-A1)
- Increase in PD-L1 expression in tumor (6/9 pts)
- Melanoma specific cancer markers strongly reduced in 2 of 3 responders

INCREASE IN CD8+ T-CELL INFILTRATION APPEARS TO BE NECESSARY, BUT NOT SUFFICIENT, FOR RESPONSE

CD8+ T-cell infiltration into injected lesions, -fold change from baseline



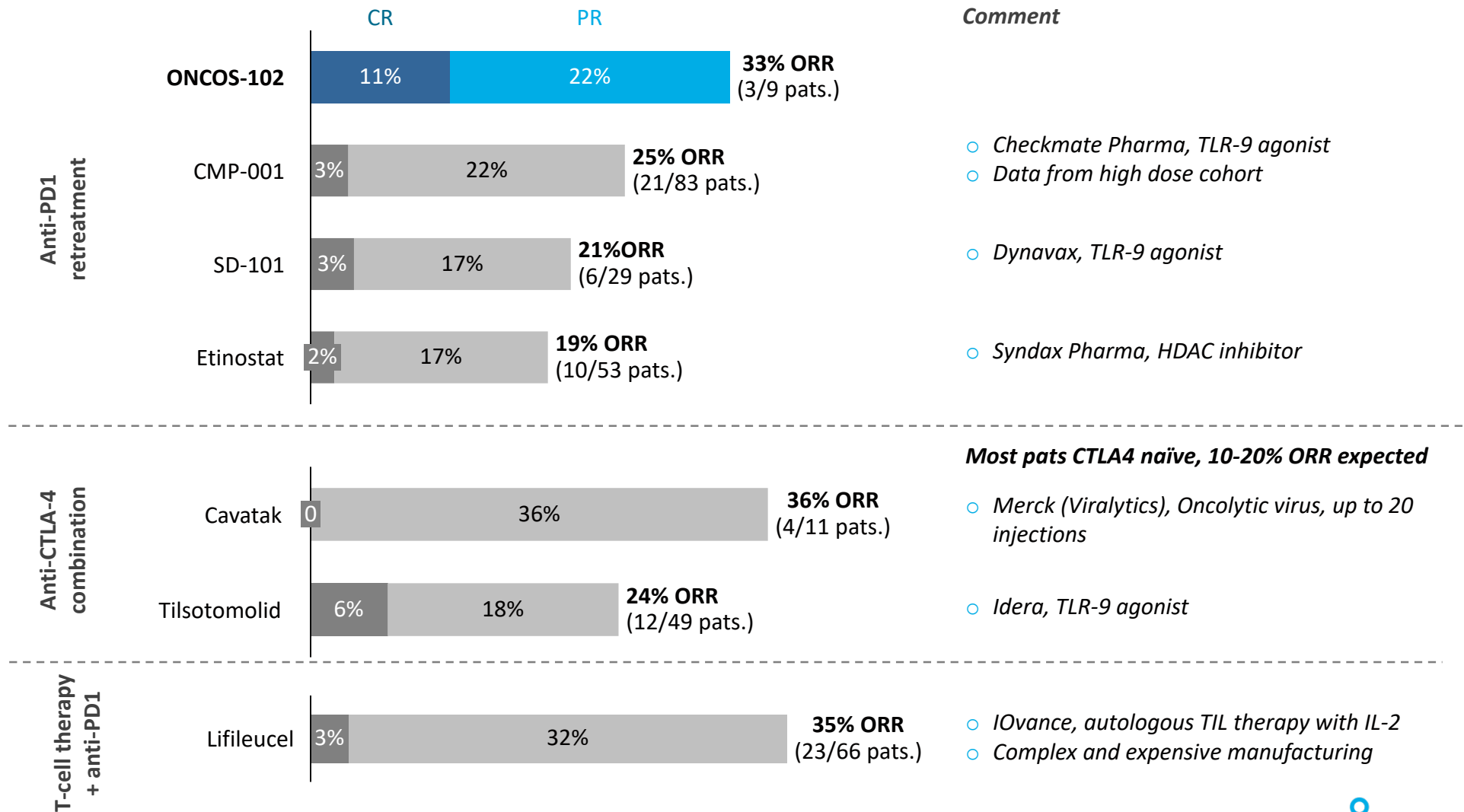
Do not post, unpublished company data

- Week 9 analysis not available

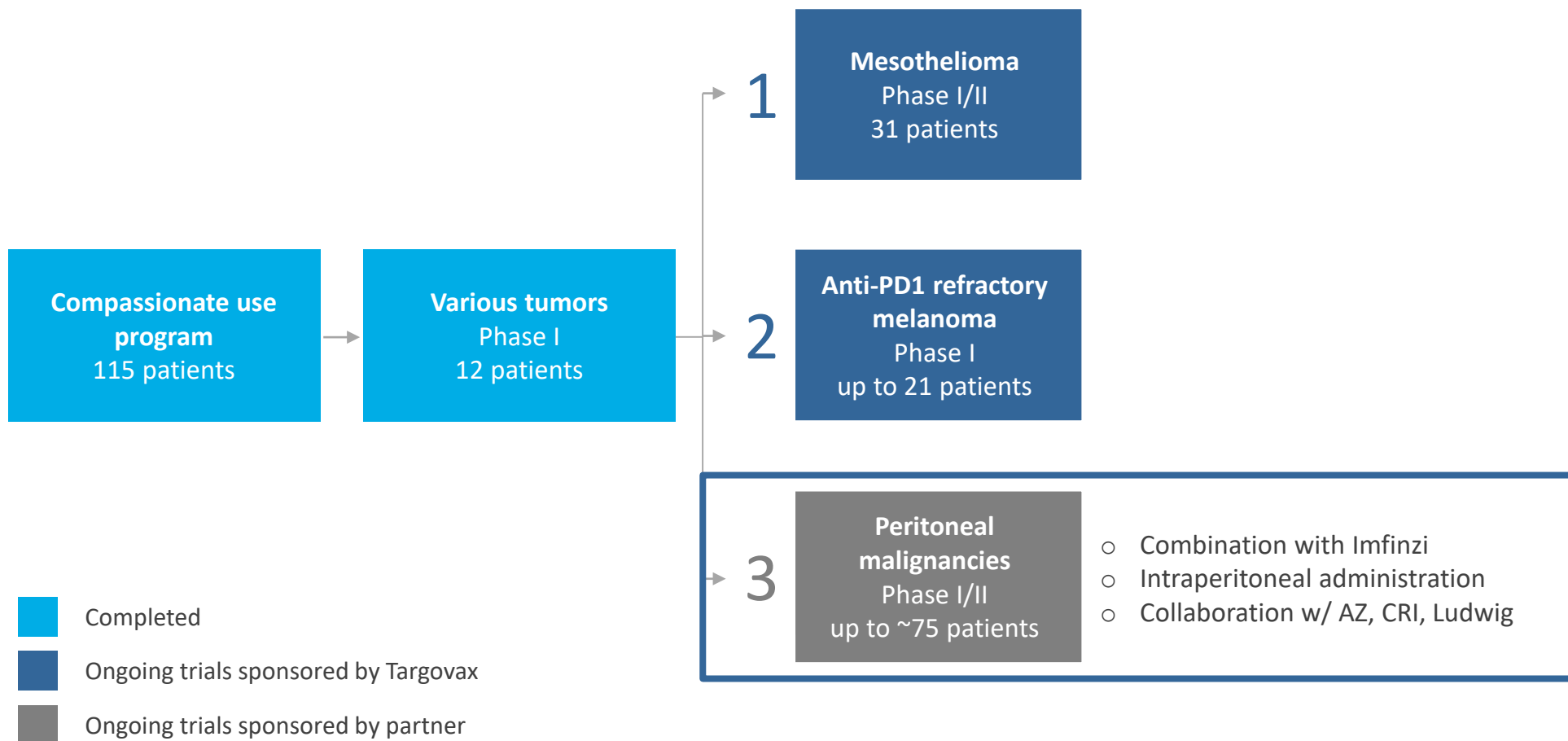
PD: Progressive disease PR= Partial response CR= Complete response

ONCOS-102 + KEYTRUDA DATA IN CONTEXT

ANTI-PD1 REFRACTORY MELANOMA BENCHMARK DATA



ONCOS-102 CLINICAL DEVELOPMENT PROGRAM

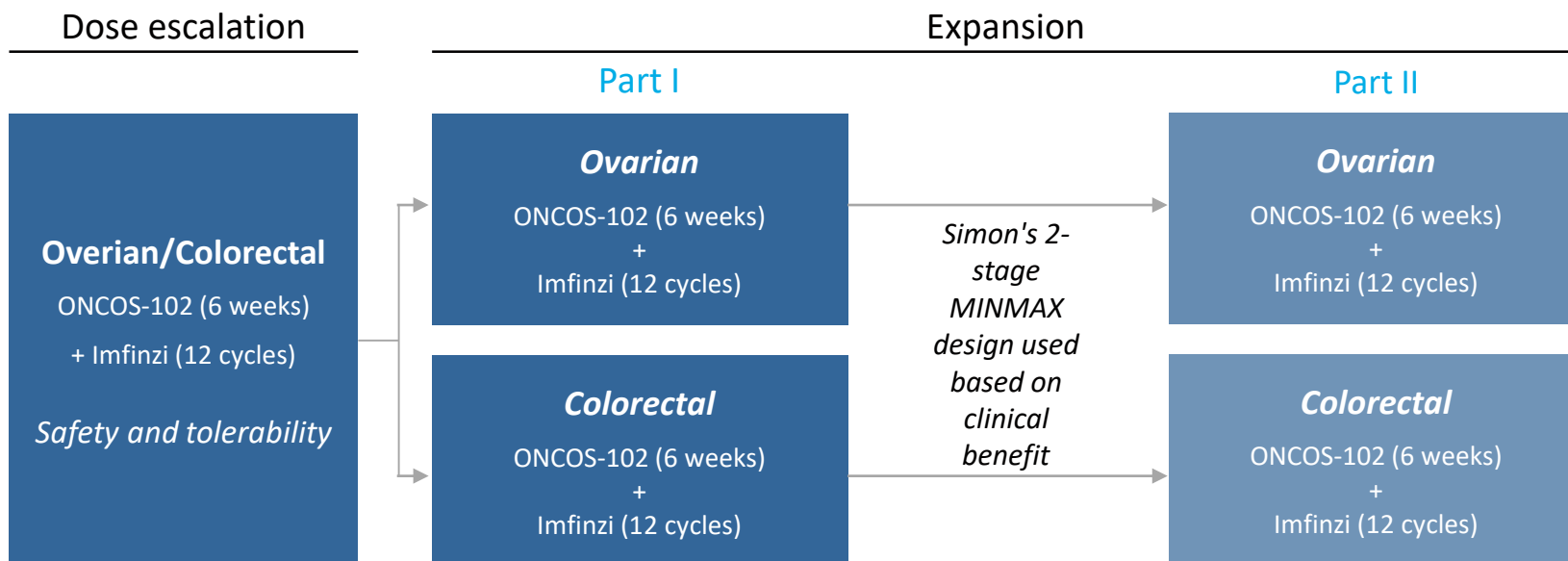


ONCOS-102 IN PERITONEAL MALIGNANCIES

PHASE I/II TRIAL IN COMBINATION WITH IMFINZI

Collaboration with US-based Cancer Research Institute,
Ludwig Cancer Research (trial sponsor) and AstraZeneca

Patient population: peritoneal disease who have failed prior standard chemotherapy and have histologically confirmed platinum-resistant or refractory epithelial ovarian cancer or colorectal cancer



PIPELINE WITH RICH NEAR-TERM NEWS FLOW

Product candidate	Preclinical	Phase I	Phase II	Phase III	Next expected event
ONCOS-102	Mesothelioma Combination w/ pemetrexed/cisplatin				January 2020 Clinical and immune activation data
	Melanoma Combination w/Keytruda				1H 2020 Clinical and immune activation data
	Peritoneal malignancies Collaborators: Ludwig, CRI & AZ Combination w/Imfinzi				<i>Update by collaborator</i>
	Prostate Collaborator: Sotio Combination w/DCvac				<i>Update by collaborator</i>
Next-gen ONCOS	3 new viruses Double transgene				1H 2020 Pre-clinical data



ACTIVATING THE IMMUNE SYSTEM TO FIGHT CANCER

CLINICALLY PROVEN

One of the furthest developed
oncolytic viruses

Strong single agent data

Activation of anti-PD1
refractory tumors

INNOVATIVE PIPELINE

Next generation
virus platform in
pre-clinical testing

RICH NEWS FLOW

Clinical and immune activation
from mesothelioma and
melanoma trials in 1H 2020