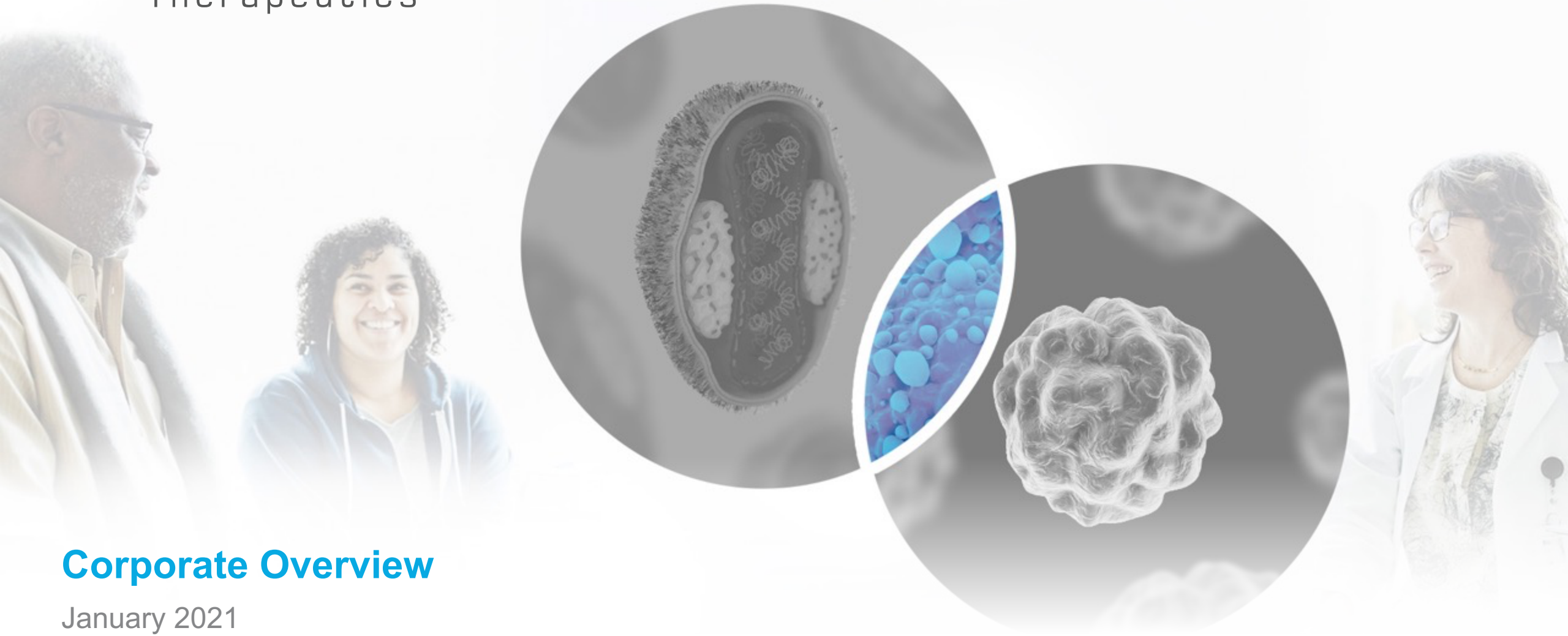
OncoMyx Therapeutics



Corporate Overview

January 2021

Contact: Michael G. Wood, Cofounder, CFO & COO, mw@oncomyx.com

BETTER TOGETHER

Combining Myxoma OVs & Existing Immunotherapies

Best-in-Class Oncolytic Virus (OV) Platform

- Multi-armed
- Systemic delivery
- Non-human virus
- Precision / targeted

ASU Arizona State University — Proprietary technology developed in McFadden's lab

Deep Therapeutic Pipeline

OM101	Solid Tumors	DC 1Q21, IND 2022
Multi-armed, checkpoint inhibitor combo; preclinical IV efficacy		
OM102, 103 . . .	Solid Tumors	DC 2021, IND 2023
Built off OM101 platform with IV dosing optimization		
OM201, 202 . . .	Solid Tumors	DC 2022, IND 2024
Multi-armed (novel armings vs. OM101) with IV dosing optimization		
OM301	Multiple Myeloma	Discovery
Undisclosed bispecific (BiKe)		
OM302	AML	Discovery
Undisclosed		

Experienced OV Team

Oncology

Ignyta, Pfizer, Novartis, Genentech, Bayer & Merck

Oncolytic Viruses

Jennerex, Turnstone, SillaJen, CG Oncology & Onyx

Clinical & Commercial

> 20 INDs
> 30 clinical trials
& multiple product launches

ignyta · MIRATI THERAPEUTICS · Pfizer · JENNEREX · SILLAJEN · MERCK

Top Team: proven biopharma leadership & OV therapeutic development expertise

Leadership

Steven Potts, PhD, MBA
Cofounder & CEO

Michael Wood, MBA
Cofounder, CFO & COO

Leslie Sharp, PhD
CSO

James Burke, MD
Medical Advisor

Ursula Fritsch, PharmD
Regulatory Advisor

Georg Roth, PhD
CMC Advisor

Matt Fust, MBA
Finance Advisor

John Wallen, JD, PhD
IP Advisor

Board of Directors

Charles Baum, MD, PhD
OncoMyx Chair, Mirati CEO

Steven Potts, PhD, MBA
Cofounder & CEO

Kanad Das, PhD
Director, BIVF

Tim Xiao, CFA, FRM
Principal, Delos Capital

Jason Rushton
Partner, Xeraya Capital

Grant McFadden, PhD
Cofounder, Research Advisor & Professor

SAB

Grant McFadden, PhD
Cofounder, Research Advisor & Director

Tobias Bald, PhD
Oncology Head at QIMR Research

Neil Gibson, PhD
CSO COI; Ex-CSO Pfizer Oncology

Ronan O'Hagan, PhD
SVP, Akrevia; Ex-Exec Dir Merck Onc.

Dominic Spinella, PhD
Ex-VP Research at Chugai

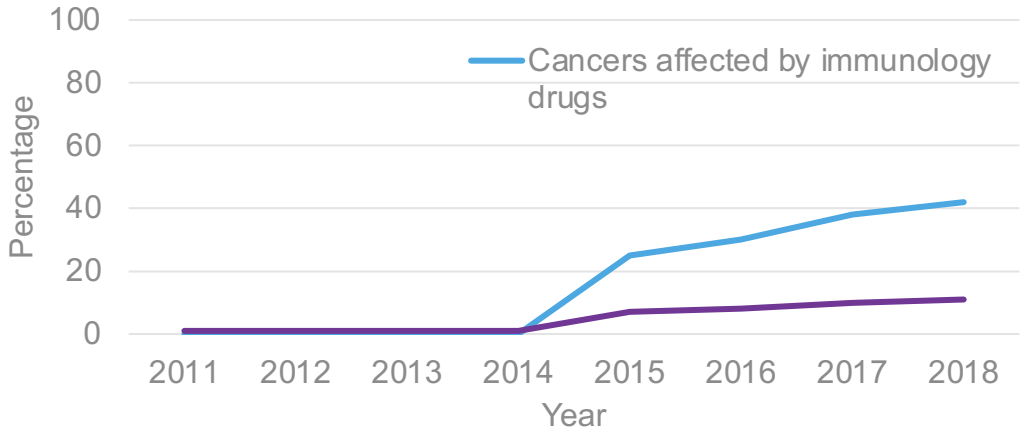
Better Together: current immunotherapies benefit only 13%[1] of cancer patients & combining with OVs has significantly increased response rates[2]

Response Rates of Current Immunotherapy

Lung 10-20%[3]

Colorectal 4%[4]

IO in CRC mostly limited to a small subset of MSI-H patients



Oncolytic Viruses + Immunotherapy

Oncolytic viruses can increase immunotherapy response rates

Tumor	Combination	Response Rate
Melanoma (2016)	T-Vec (herpes) + ipilimumab	18% → 39% Response Rate
Melanoma (2017)	T-Vec (herpes) + pembrolizumab	88% Response Rate
Sarcoma (2020)	T-Vec (herpes) + pembrolizumab	35% Response Rate
Basket Trial (2021)	T-Vec (herpes) + pembrolizumab	Ongoing Phase 3

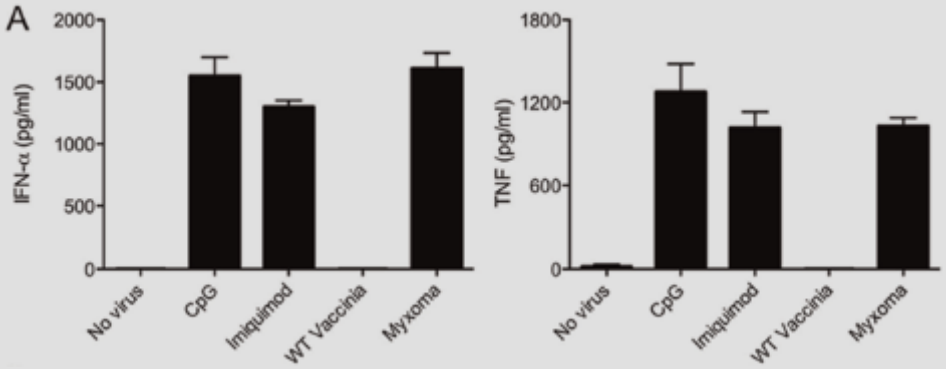
[1]Halsam & Prasad, 2019 JAMA. [2]Shi et al, 2020 Front Immunol. [3]Herbst & Doroshow, 2019 JAMA Oncology. [4]Le et al, 2017 Science

Myxoma has immunostimulatory & safety advantages over vaccinia as systemic OV

- Myxoma and vaccinia are the two leading multi-armable oncolytic poxviruses
- Myxoma is not pathogenic to humans and may be able to be safely delivered systemically at higher doses & over a longer dosing period than vaccinia
- Myxoma is immunostimulatory in human dendritic cells while vaccinia is immunosuppressive in the same cells

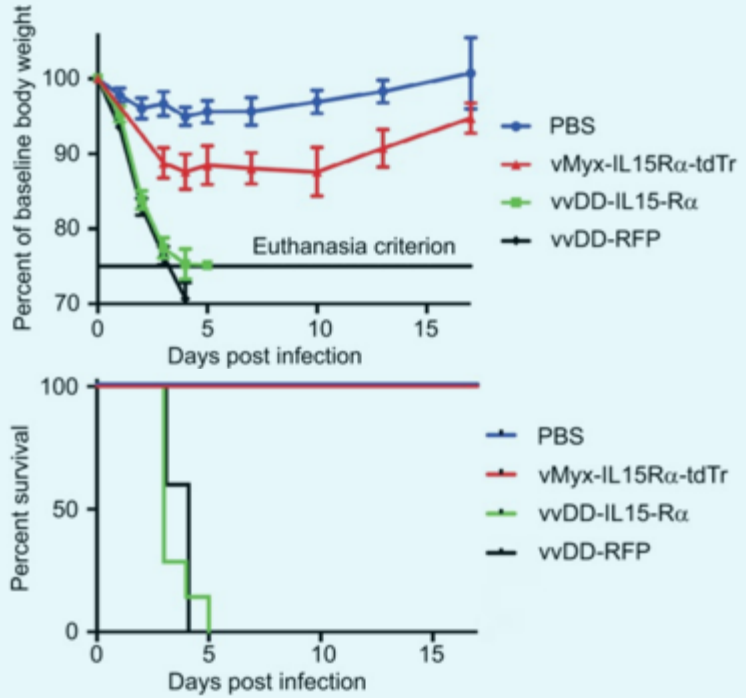
Greater immunostimulatory MOA

Cao, et al, PLoS ONE, 2012



Myxoma but not vaccinia induces IFN-a and TNF production in human dendritic cells

Lower systemic toxicity



Vaccinia and Myxoma, both armed with IL-15, will infect glioma cells in vivo. But myxoma only transiently infected ependymal cells and was safe even when injected directly into the lateral cerebral ventricles, while vaccinia lysed these cells and caused weight loss and death in mouse studies.

Tang, et al Oncolytic Virother. 2019

Best-in-Class Platform: at a time when pharma has high interest in OVs, we have the best platform

OncoMyx's MYXV Platform

Multi-armed
2-5+ genes can be engineered into MYXV to optimize IO response

Systemic delivery
Via IV or proprietary ex vivo virotherapy (EV2)

Non-human pathogen
No pre-existing immunity; longer dosing window, easier handling, and safety

Precision / targeted oncology
Unique patient-matched biomarker programs

Why is MYXV Best-in-Class?

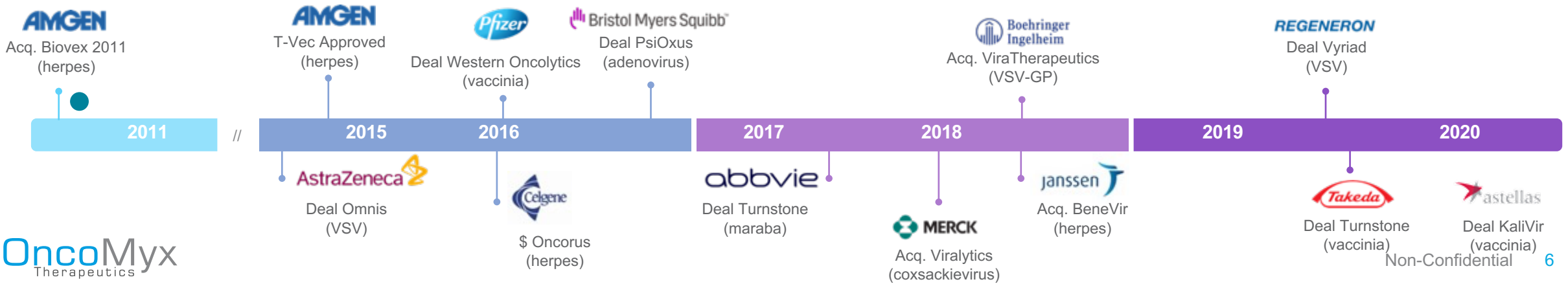
Multi-arming is the recent OV trend, & our transgene capacity & expression appear superior

IV dosing is the OV "Holy Grail", & our IV data enables us to lead with IV programs vs. IT only (Replimune, $1.8B market cap in Phase 2)

We believe a non-human pathogen maximizes the IV dosing window, & our team is uniquely qualified to develop the 1st targeted OV Txs

Platform Comparison

OncoMyx	Myxoma
Amgen	Herpes
AstraZeneca	NDV
KaliVir/WO	Vaccinia
Oncorus	Herpes
Oncorus	Synthetic
PsiOxus	Adenovirus
Replimune	Herpes
Turnstone	Maraba
Turnstone	Vaccinia
Vyriad	VSV



Targeted Oncology: the only OV company experienced in precision medicine

Targeted therapies appropriate for 0.5-2% of tumors[1]

OncoMyx MYXV therapies target & are designed to benefit large / economically viable patient populations

Targeted Approaches

ignyta	ROS1, TRK (Phase 2)	$1.7B Dec 2017 →	Roche
LOXO ONCOLOGY	RET, TRK (Phase 2)	$8.0B Jan 2019 →	Lilly
ARRAY BIOPHARMA	BRAF (Marketed)	$11.4B Jun 2019 →	Pfizer
blueprint MEDICINES	RET (Marketed)	$5.8B Market Cap	
MIRATI THERAPEUTICS	KRAS (Phase 3)	$11.1B Market Cap	

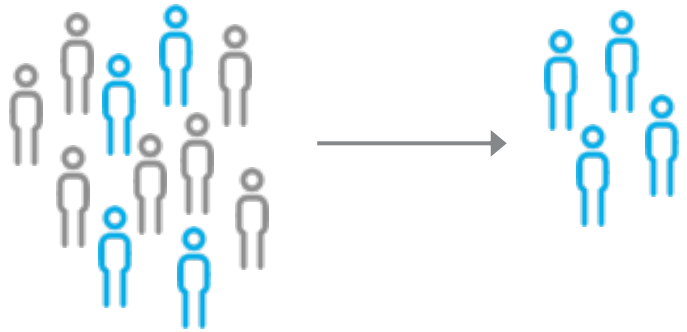
OncoMyx

MYXV Platform Tropism

Viral backbone tropism for a cancer subset

Armings

Transgenes to target certain tumor types/ mutations



Phase 1 all comers with mechanism enrichment for target population

Phase 2 in target population with higher ORR potential

OncoMyx Therapeutics

[1]Cutler, 2020. JAMA Forum

Deep Therapeutic Pipeline: precision medicine across solid & hematological cancers

OM101	Solid Tumors	DC 1Q21, IND 2022
Multi-armed, checkpoint inhibitor combo; preclinical IV efficacy		
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Undisclosed bispecific (BiKe)		
OM302	AML	Discovery
Undisclosed		

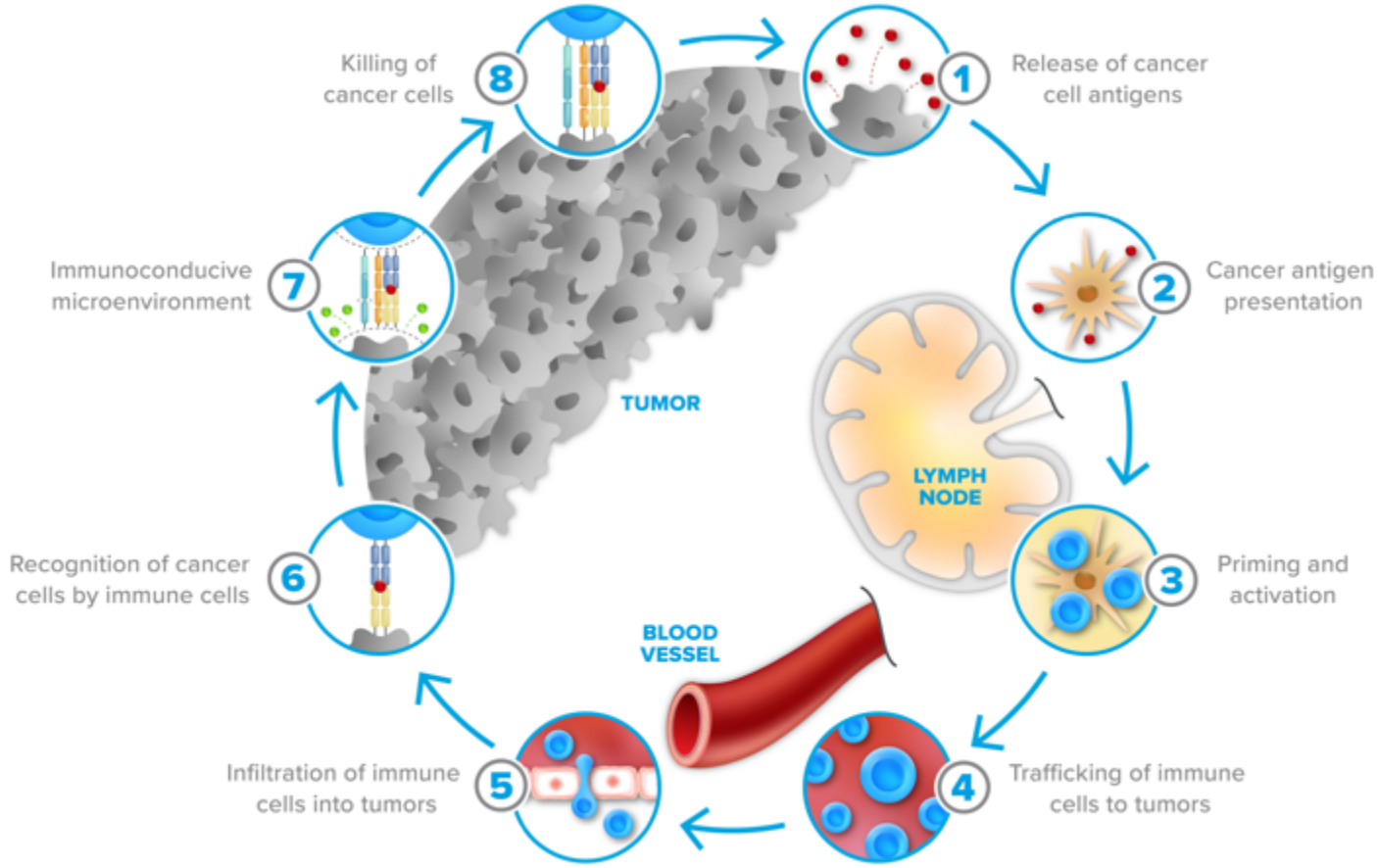
Multi-Arming: targeting multiple, complementary points of cancer immunity cycle

T and NK cells
Enhancement of recruitment and function

Microenvironment modulation
Increase inflammatory signals for recruitment, decrease immunosuppressive environment, and normalize vasculature

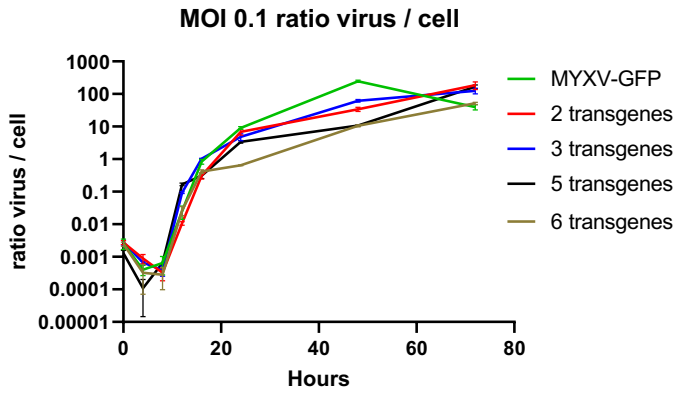
Dendritic cells
Increasing trafficking and antigen presentation

T cell activity
Enhancement through combination with approved immune checkpoint Inhibitors (PD-1/L1, CTLA-4)



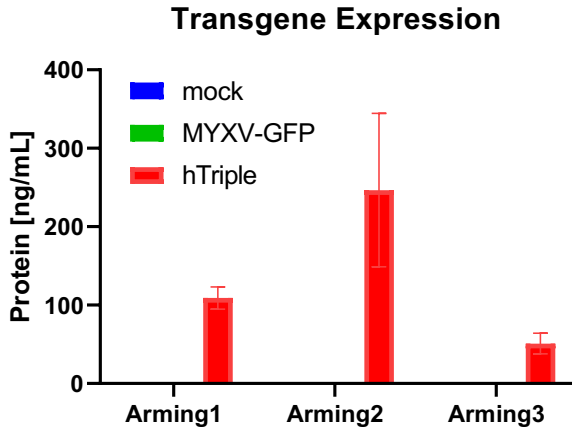
Multi-Armed Myxoma Demonstrates Robust Replication and Payload Production

Replication



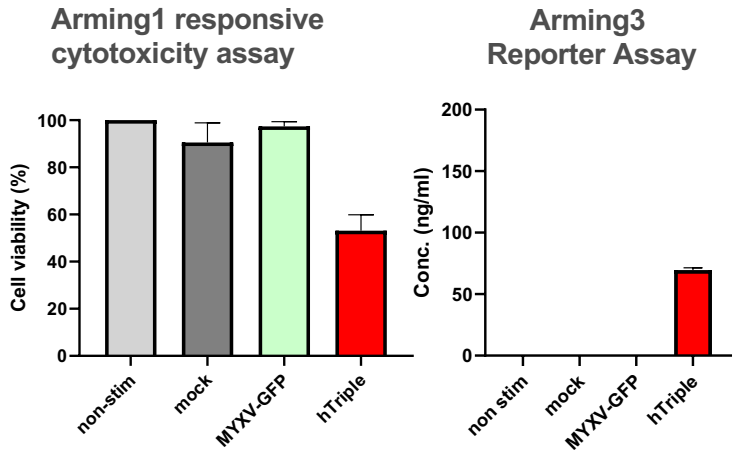
Similar replication of viral constructs containing multiple transgenes

Transgene Production



Multi-armed myxoma virus produces multiple transgenic proteins

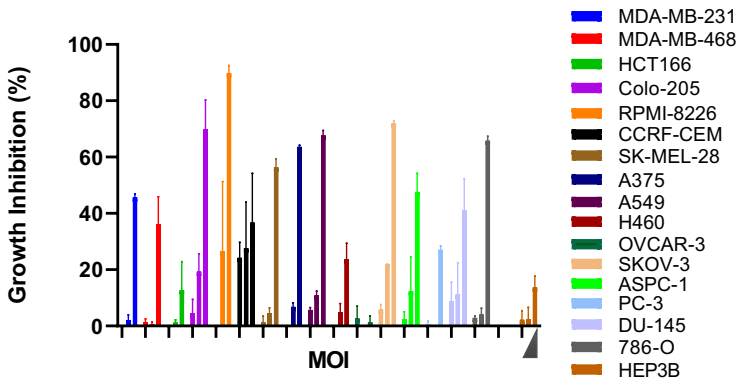
Transgene Function



Arming proteins produced by multi-armed myxoma virus are functionally active

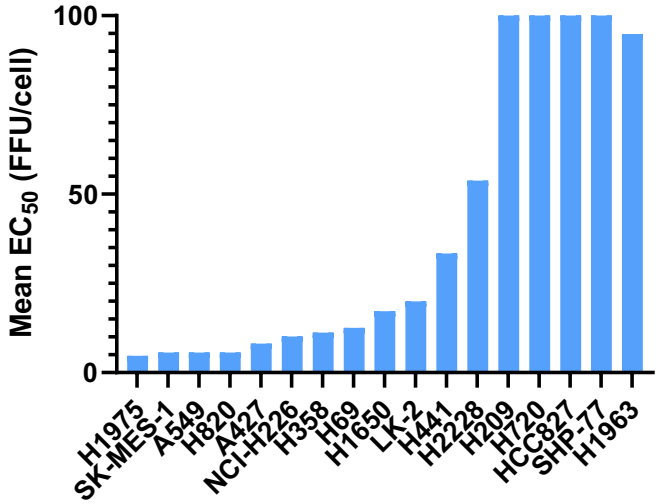
Multi-Armed Myxoma Is Cytotoxic to Multiple Human Cancer Cell Lines Across Multiple Disease Types

Multi-Tumor Panel



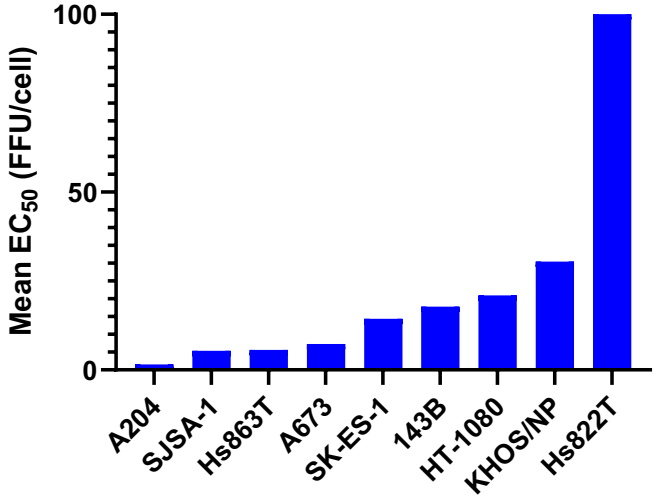
Armed myxoma virus is oncolytic across a variety of human tumor cell lines

Lung Cancer Lines



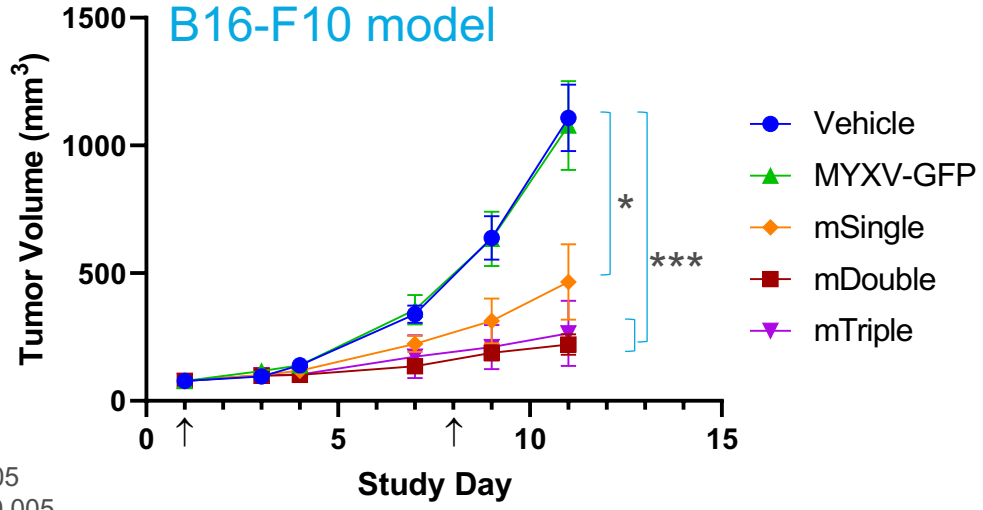
Armed myxoma virus is cytotoxic to many human lung cancer cell lines

Sarcoma Cell Lines



Armed myxoma virus is cytotoxic to many human sarcoma cell lines

Multi-armings of our program candidates demonstrate complementary efficacy



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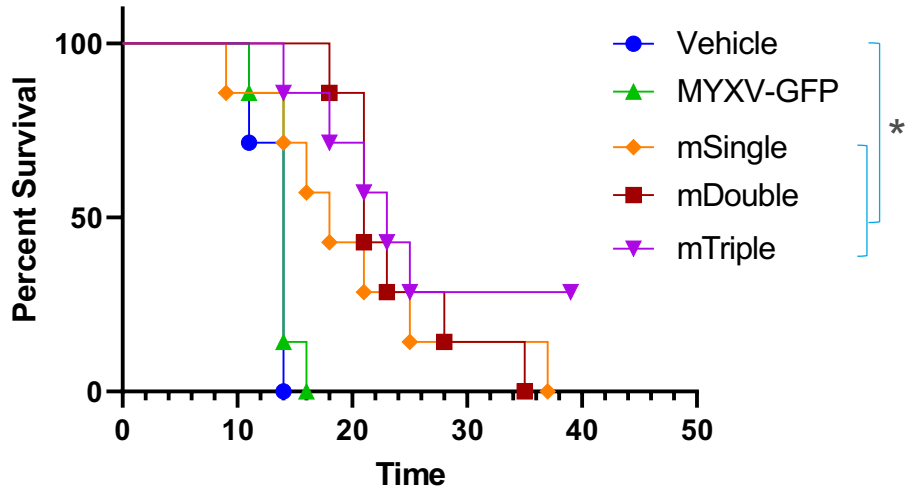
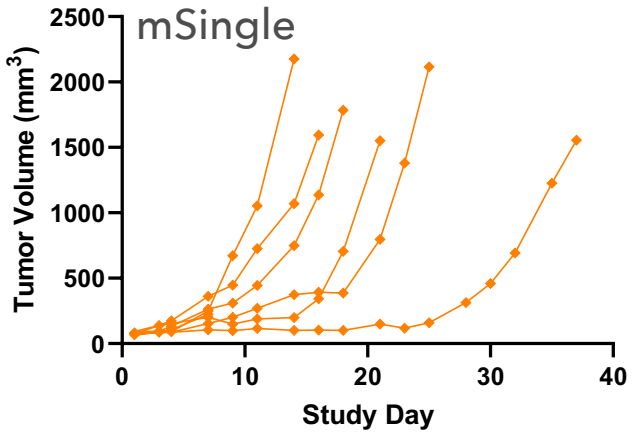
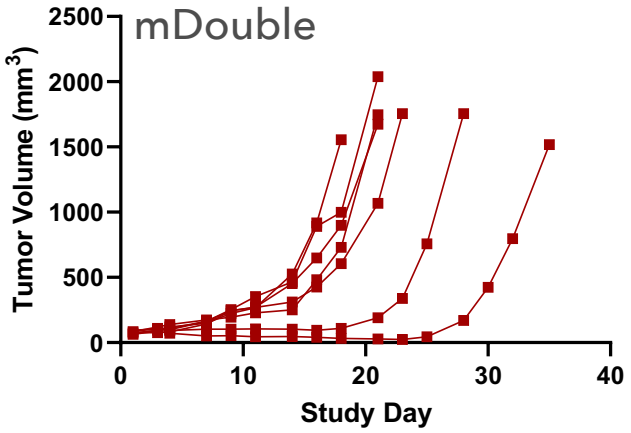
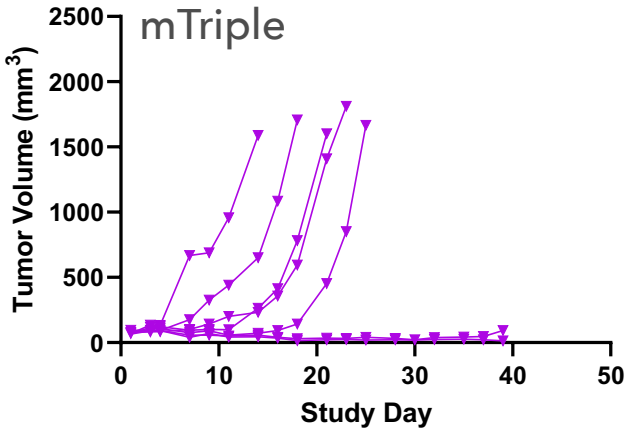


Individual Animal Data





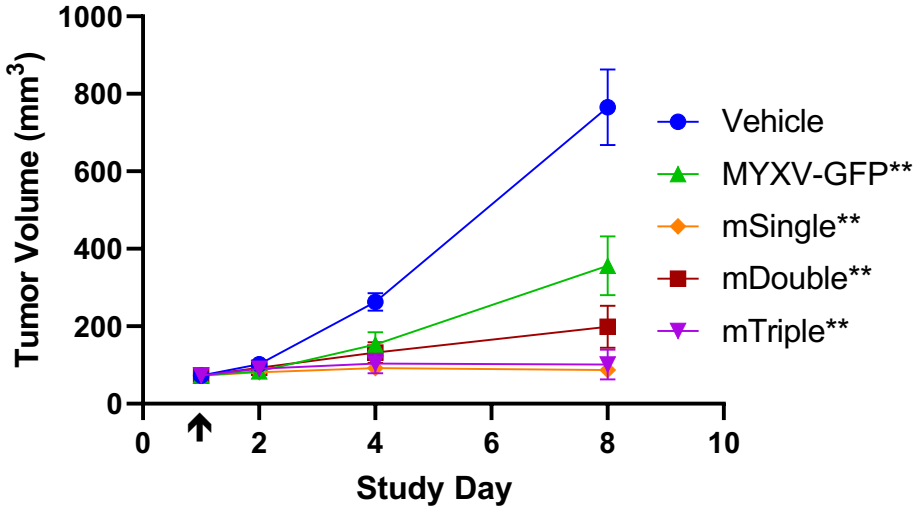


All viruses dosed at $2x10^7$ FFU/dose IT on Day 1 and Day 8

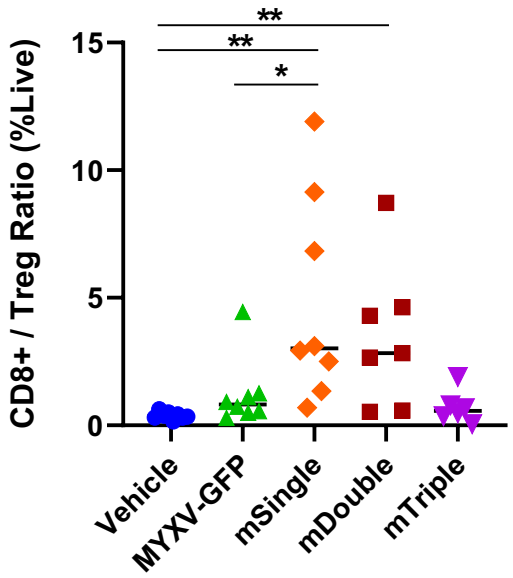
Multi-armed myxoma virus induces anti-tumor changes in tumor infiltrating lymphocyte populations

B16-F10 model

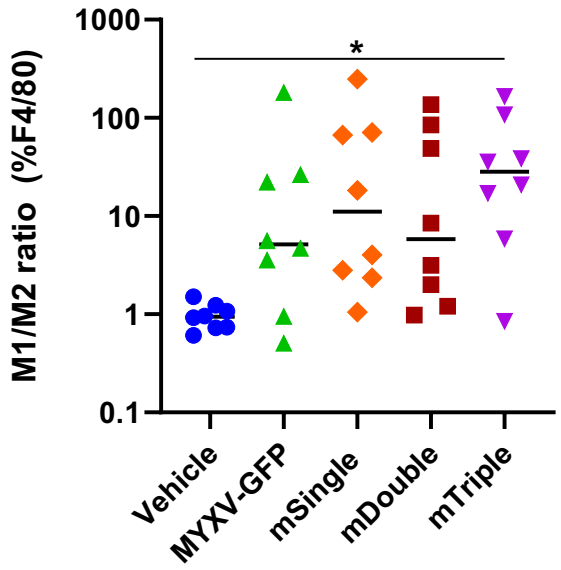
Efficacy



CD8/Treg



M1/M2 Macrophage



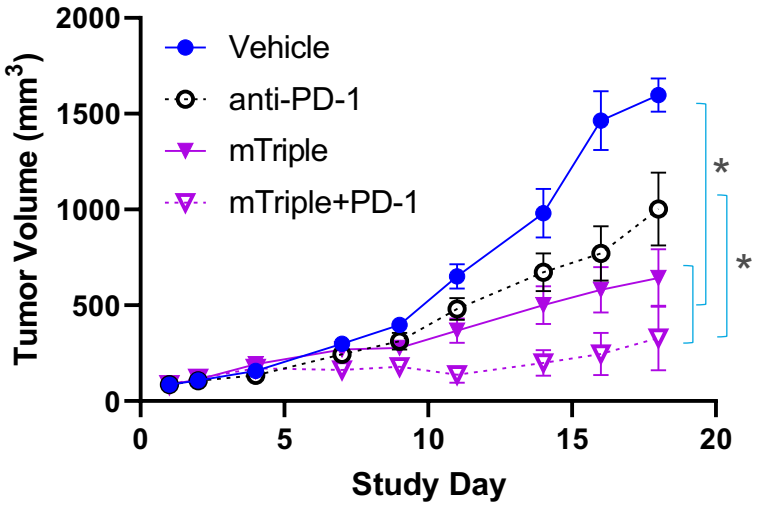
*p<0.05
**p<0.01

All viruses dosed at 2x10^7 FFU/dose IT on Day 1

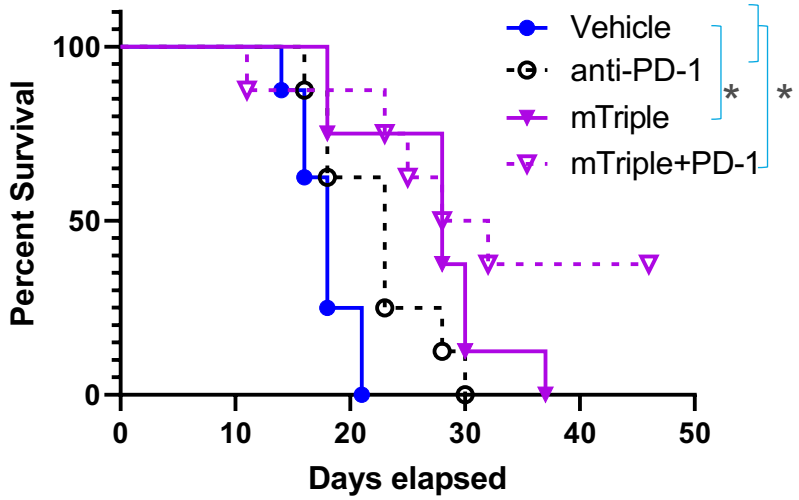
Triple-armed candidate tumor growth inhibition & survival w/ and w/o checkpoint inhibitors

MC38 model

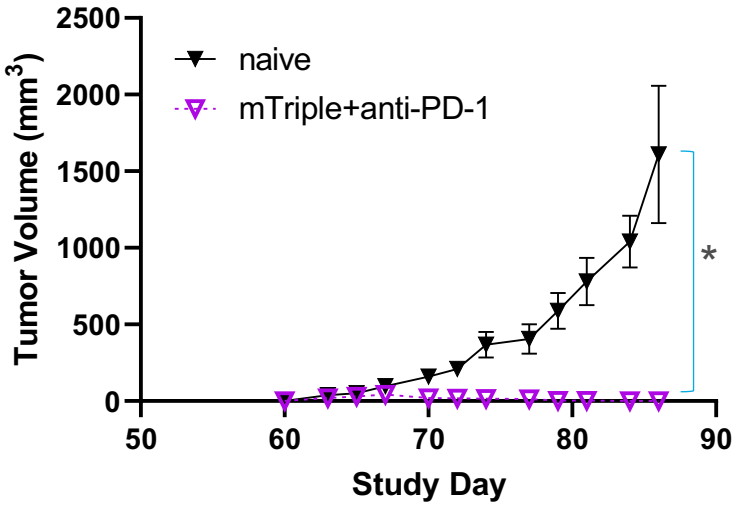
Efficacy



Survival



Rechallenge

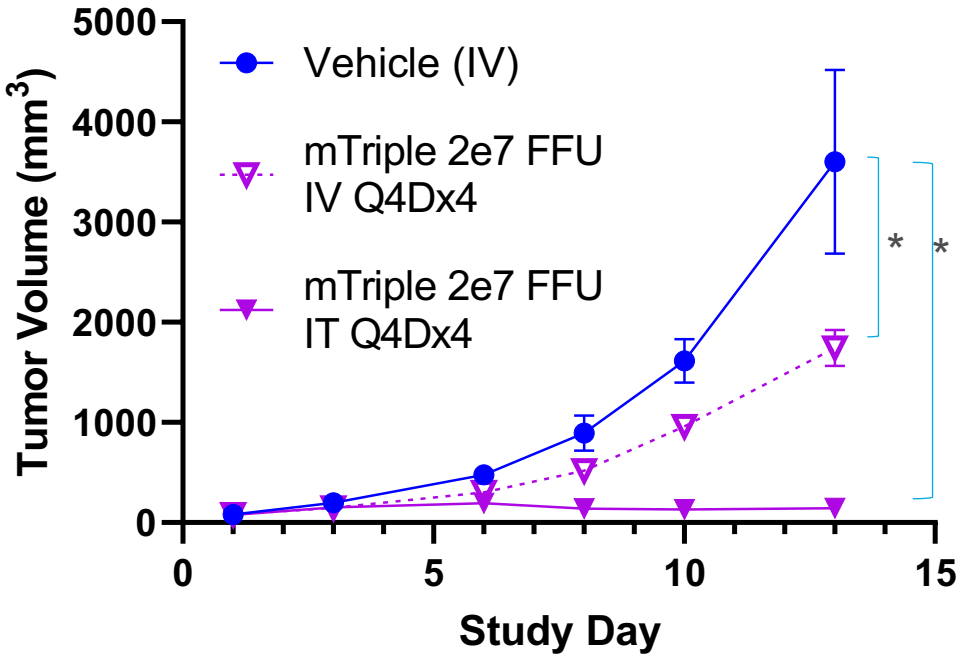


*p<0.05

All viruses dosed at 2x10^7 FFU/dose IT Q4Dx4, αPD-1 dosed at 10 mg/kg IP Q4Dx4

Multi-armed virus is efficacious following IV dosing in subcutaneous syngeneic tumor models

B16-F10



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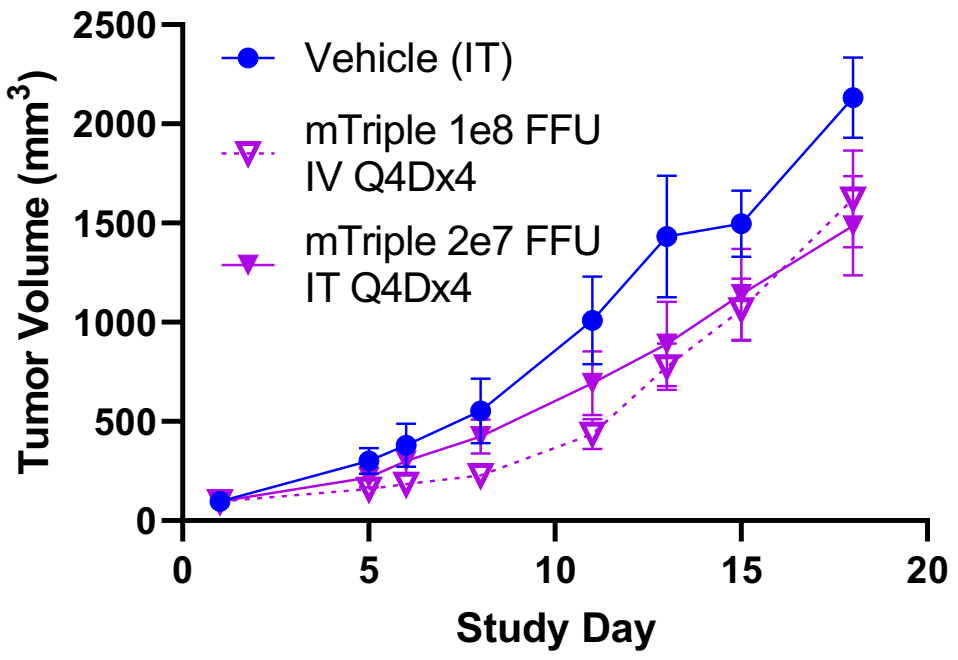
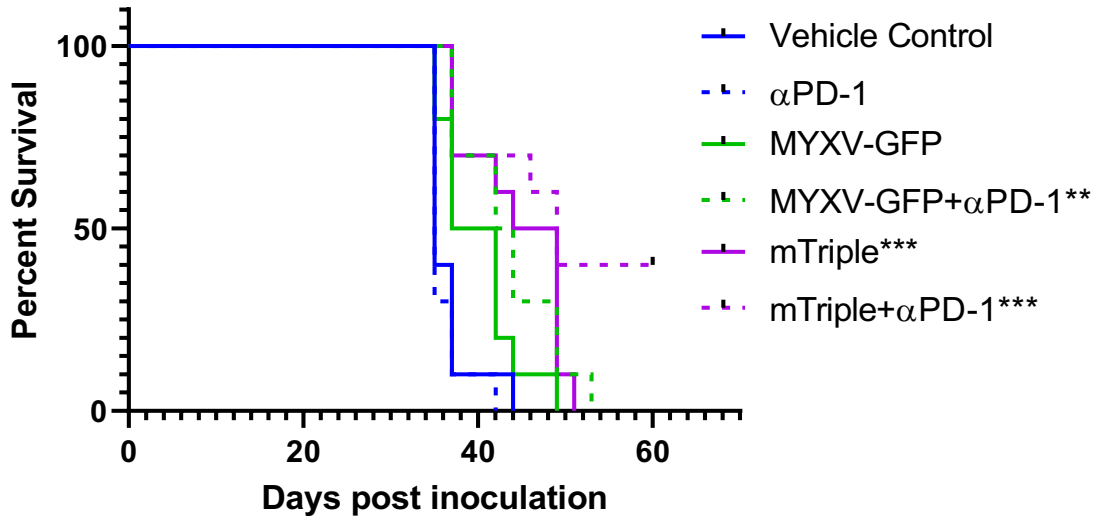
CT26



Triple-armed candidate demonstrates IV efficacy in disseminated models w/ immune checkpoint inhibitors (ICI)

K7M2-Luc with IV Delivery



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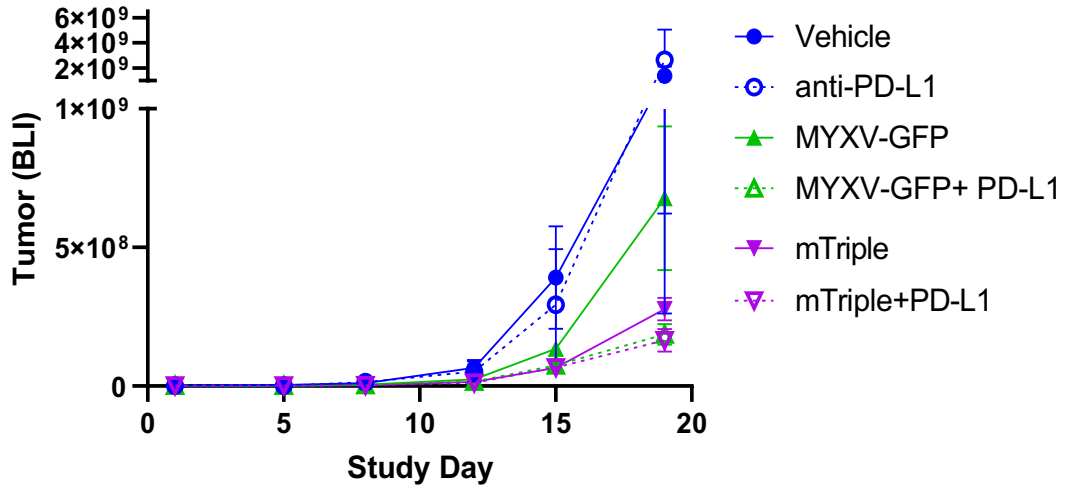
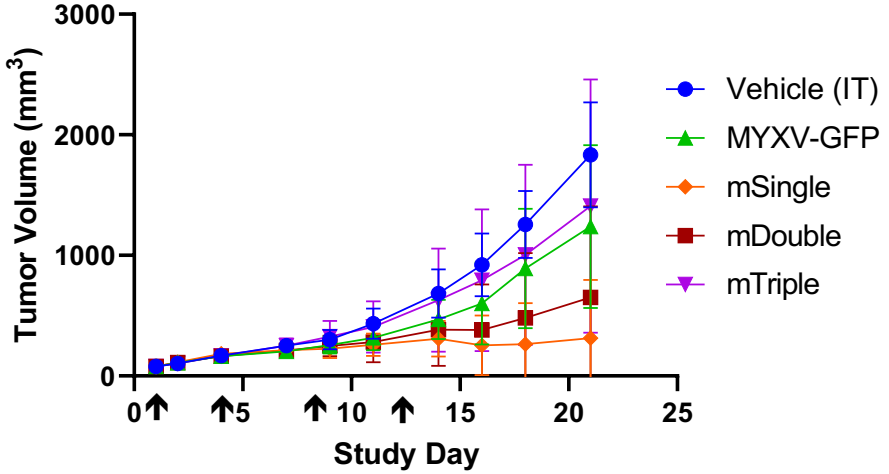
B16-F10-Luc with IV Delivery

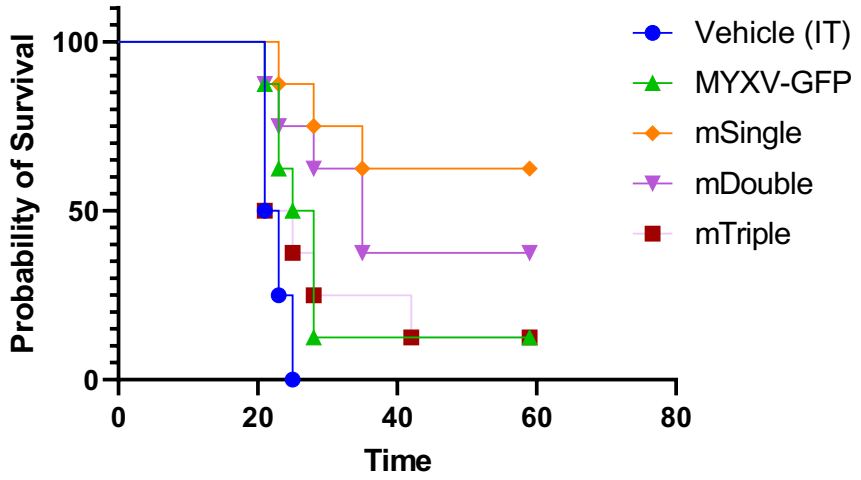


All viruses dosed at $2x10^7$ FFU/dose IV Q4Dx4, αPD-1/αPD-L1 dosed at 10 mg/kg IP Q4Dx4

Myxoma retains efficacy after four dose regimens and neutralizing anti-myxoma antibody generation isn't increased by multi-arming

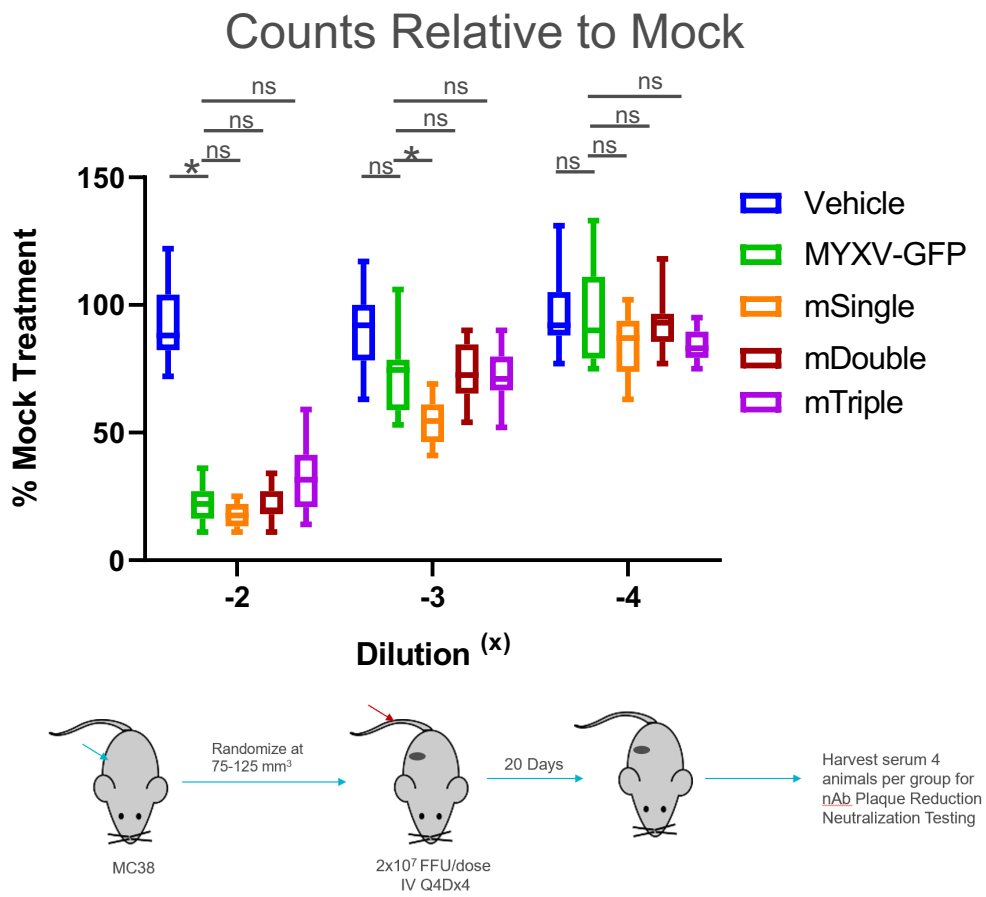
Efficacy maintained after four doses





EMT-6 model dosed IT 2e7FFU/dose Q4Dx4

ADA not affected by multi-arming



Focused Execution: Series A accomplishments & ongoing / planned activities

Series A Accomplishments

- Growth & oncolytic equivalence of multi-armed viruses
- Expression in dose/time responsive manner & biological function of multiple transgenes
- Preliminary oncolytic screening across multiple indications
- In vivo IV efficacy of multi-armed viruses as single agent & in combination with ICIs in multiple models
- Process/analytical development in-process, viable yields achieved, GMP slot reserved, preparing to upscale
- Established & engaged with SAB

Ongoing & Planned Activities

- Selection of first development candidate (DC, 1Q 2021)
- Optimization of dose, schedule, PK, and biofunctional assays
- In vitro screening for clinical indication & patient selection biomarkers
- Demonstration of in vivo modulation of mechanism of action biomarkers
- DC plaque purification, master virus seed, engineering run & GMP manufacturing
- Pre-IND meeting (mid-2021)
- File first IND (Q4 2022)

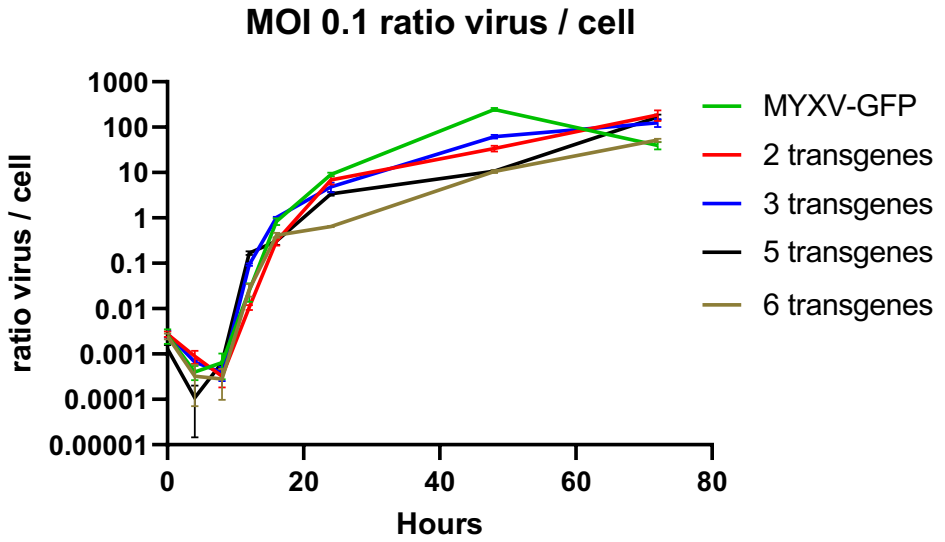
CMC & GMP manufacturing programs on track

CMC Accomplishments

- Locked in CMO manufacturer that can scale through commercial phases. Strong experience in virus and vaccine manufacturing.
- Working with serum-free cell line that has been used in commercial vaccines.
- Utilizing scalable manufacturing process and have generated adequate yields for up-scaling.
- Reproduced growth curves at CMO with commercial cell line with penta-armed virus.
- Plaque picking two DC viruses and one backup virus.
- Analytic measurement approaches transferred to CMO for major transgenes.

Ongoing & Planned Work

- DC plaque purification, master virus seed, engineering run & GMP manufacturing



Myxoma is a robust agent for scalable multi-arming. We have demonstrated equivalent growth curves for 6 transgenes in-house at OncoMyx, and regularly use a 5 transgene model virus for external CMO activities

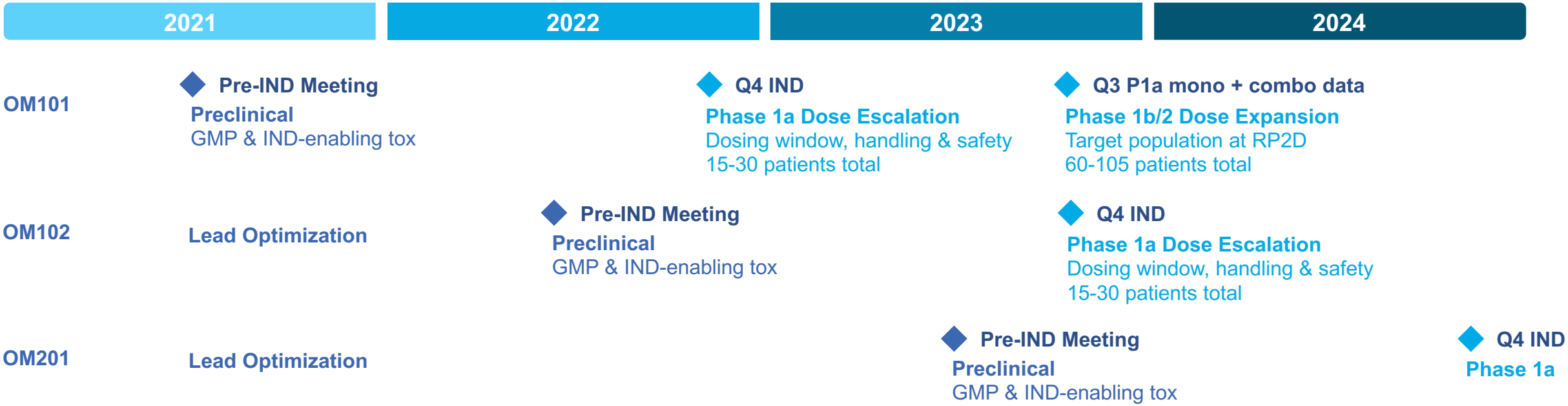
Lead program clinical opportunities

Four Potential Areas of Clinical Opportunity

IO Sensitive Indications	Post IO Indications / Secondary Resistant	IO Resistant Tumors	Niche Indications
Increase response in responders	*Re-sensitize tumors to IO*	*Make cold tumors sensitive to IO*	*Rapid path to approval*

	2021	2022	2023	2024
OM101	◆ **Pre-IND Meeting** **Preclinical** GMP & IND-enabling tox		◆ **Q4 IND** **Phase 1a Dose Escalation** Dosing window, handling & safety 15-30 patients total	◆ **Q3 P1a mono + combo data** **Phase 1b/2 Dose Expansion** Target population at RP2D 60-105 patients total

Seeking $50M+ Series B/crossover in Q2 2021 to IPO in Q4 & transition to clinical



MYXV Platform Discovery Engine For Additional Pipeline Programs

Use of $50M Series B proceeds (through end of 2023):

- $25M to advance OM101 into Phase 1/2
- $10M to advance OM102 to 1st patient dosed
- $10M to advance additional programs & fund discovery engine
- $5M for G&A

Positions/resources the company for IPO in Q4 2021 with deep therapeutic pipeline, partnering optionality & news flow

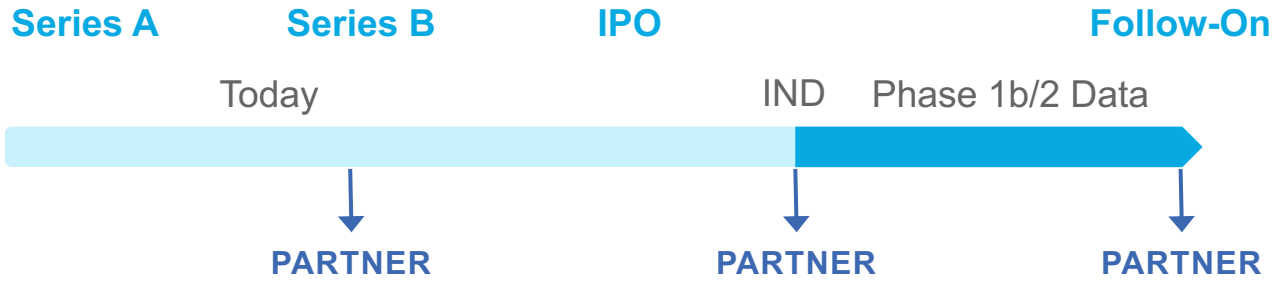
OncoMyx Therapeutics

Cancer Pharma Pipeline Gap: all cancer pharmas may soon seek a multi-armed, systemic & targeted OV platform to improve existing immunotherapies

Cancer Pharma	OV Platform	Challenges Ahead
No Known Existing OV Platform (N=8+)		
Bayer, BeiGene, Gilead, GSK, Lilly, Novartis, Roche, Sanofi		
OV Platform CANNOT Multi-Arm, NOT Systemic, NOR Targeted (N=5)		
abbvie	VSV / maraba (via Turnstone's partnership)	Unable to Multi-arm, not immuno-stimulatory & unstable
AstraZeneca	VSV (via Omnis partnership)	
Boehringer Ingelheim	VSV (via ViraTx acquisition)	
MERCK	Coxsackievirus (via Viralytics acquisition)	Unable to Multi-arm
REGENERON	VSV (via Vyriad partnership)	Unable to Multi-arm
OV Platform Able to Multi-Arm, but NOT Systemic, NOR Targeted (N=7)		
AMGEN	Herpes (via BioVex acquisition)	Somewhat capable platform not optimally armed and developed, resulting in lackluster Imlygic revenue; unable to IV deliver; requires cold storage
astellas	Vaccinia (Via Tottori University partnership)	Capable; vaccinia is immunosuppressive and NOT dosed IV
Bristol-Myers Squibb	Adeno (via PsiOxus partnership)	Limited multi-arming capacity & human pathogen is somewhat unstable
Celgene	Herpes (via Oncorus partnership)	Similar to above/ Amgen
janssen	Herpes (via BeneVir acquisition)	Similar to above/ Amgen
Pfizer	Vaccinia (Via Western Oncolytics partnership)	Capable; vaccinia is immunosuppressive and NOT dosed IV
Takeda	Vaccinia (Via Turnstone partnership)	Capable; vaccinia is immunosuppressive and NOT dosed IV

ALL 20+ cancer pharmas are prospects for an OncoMyx strategic transaction

Value Creation & Generating Optionality: we aim to build the company for the long-term & evaluate options along the way



Select Leading Cancer Pharmas

abbvie · astellas · AstraZeneca · Bayer · BeiGene · Boehringer Ingelheim · GILEAD · GlaxoSmithKline · Lilly · MERCK · NOVARTIS · Roche · REGENERON · SANOFI

Recent Transactions for Oncolytic Viruses

Partnerships

turnstone. A Steelcase Brand	KALIVIR IMMUNOTHERAPEUTICS
(Preclinical)	(Preclinical)
Takeda	astellas
$120M upfront ($1B total) 2019	**$56M upfront** ($634M total) 2020

Acquisitions

BioVex	VIRALYTICS	BeneVir	ViraTherapeutics
(Phase 3) acquired by	(Phase 2) acquired by	(Preclinical) acquired by	(Preclinical) acquired by
AMGEN	MERCK	janssen	Boehringer Ingelheim
$425M upfront ($1B total) 2011	**$394M upfront** ($394M total) 2018	**$140M upfront** ($1B total) 2018	**n/a upfront** ($244M total) 2018

IPOs

Oncorus
$750M Market Cap
(Dosed 1st Patient)
IT ONLY Lead Program

Replimune
$1.8B Market Cap
(Phase 1/2)
IT ONLY Pipeline

BETTER TOGETHER

Combining Myxoma OVs & Existing Immunotherapies

Best-in-Class Oncolytic Virus (OV) Platform

- Multi-armed
- Systemic delivery
- Non-human virus
- Precision / targeted

ASU Arizona State University — Proprietary technology developed in McFadden's lab

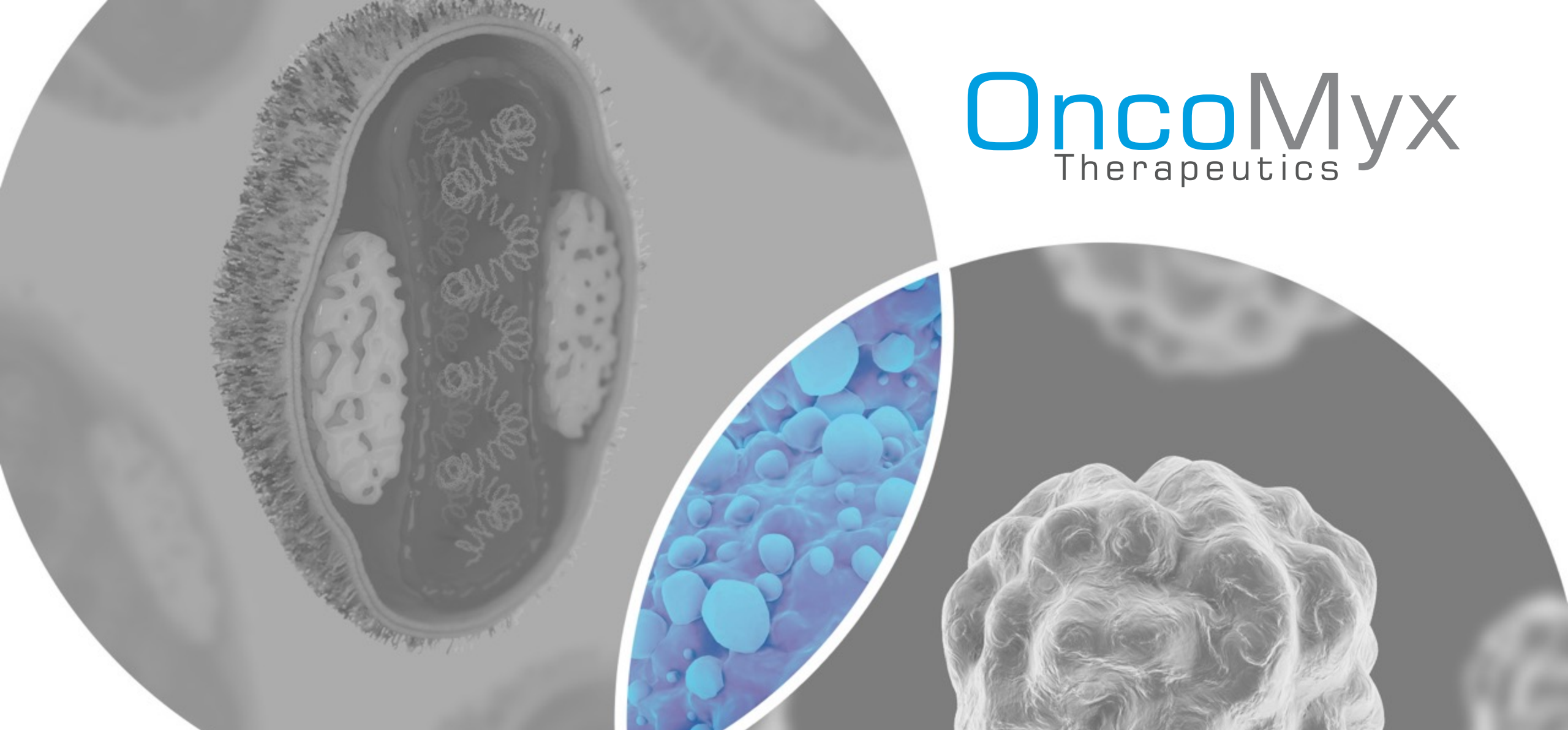
Deep Therapeutic Pipeline

OM101	Solid Tumors	DC 1Q21, IND 2022
Multi-armed, checkpoint inhibitor combo; preclinical IV efficacy		
OM102, 103 . . .	Solid Tumors	DC 2021, IND 2023
Built off OM101 platform with IV dosing optimization		
OM201, 202 . . .	Solid Tumors	DC 2022, IND 2024
Multi-armed (novel armings vs. OM101) with IV dosing optimization		
OM301	Multiple Myeloma	Discovery
Undisclosed bispecific (BiKe)		
OM302	AML	Discovery
Undisclosed		

Next Steps

Seeking $50M+ series B/crossover in Q2 2021 to:

- Advance our deep therapeutic pipeline
- IPO in Q4 2021
- Transition OncoMyx into a clinical-stage organization & build the leading IV-delivered oncolytic immunotherapy biotech



OncoMyx Therapeutics

Thank You