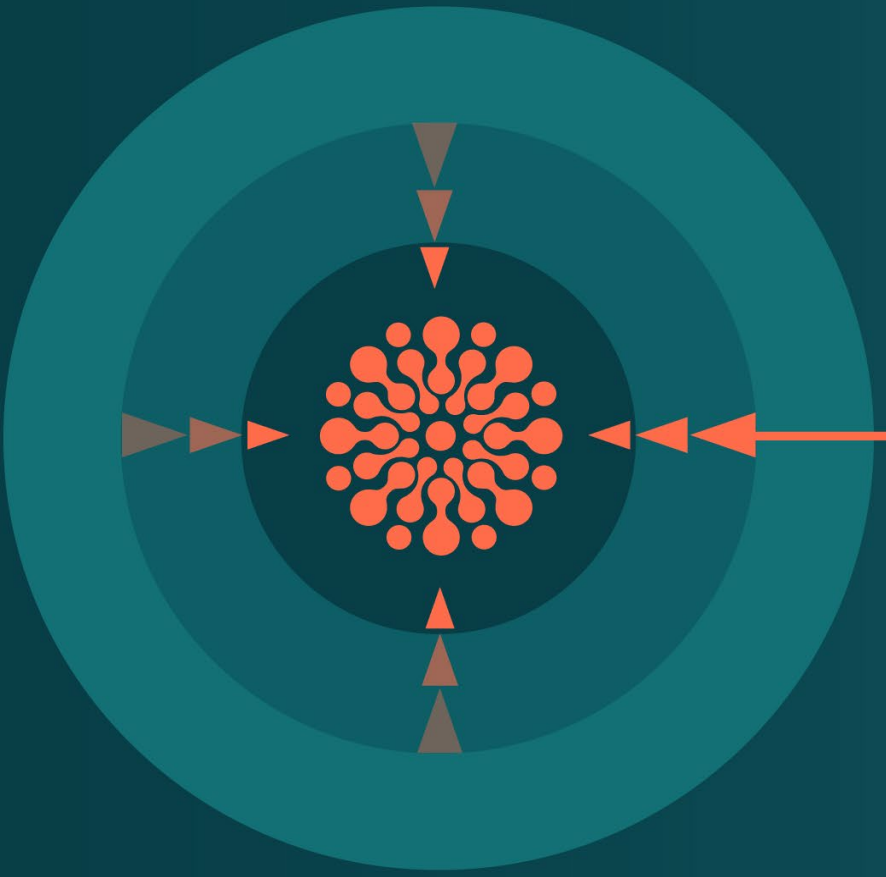

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SYNC-T® Platform
Personalized *In Situ*
Combination Immunotherapy

January 30, 2025

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This presentation concerns therapeutic product candidates that are in preclinical and clinical development which have not yet been approved for marketing by the U.S. Food and Drug Administration. They are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

Certain data in this presentation are based on cross-study comparisons and are not based on any head-to-head clinical trials. Cross-study comparisons are inherently limited and may suggest misleading similarities or differences. Actual results may differ from these comparisons. Differences exist between study or trial designs and subject characteristics, and caution should be exercised when comparing data across studies.

All patients admitted to trials have signed an informed consent in accordance with the WMA Declaration of Helsinki involving ethical principles for medical research involving human subjects.

Syncromune is Developing Novel Combination Immunotherapies

Headquarters

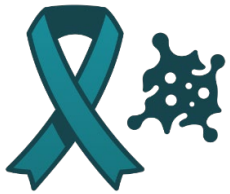
Fort Lauderdale, FL

Employees

32

Financing

Recently Completed
$100M Series A



Therapeutic Area

Metastatic Solid
Tumor Cancers

We aspire to develop a completely in situ immunotherapy platform technology optimized for solid tumor cancers that achieves high response rates with potentially curative efficacy

Syncromune® –Recent & Near-Term High-Value Milestones

Unprecedented Interim Phase 1 Data	▪ **Interim Data: 38% complete response (CR) and 85% overall response rate (ORR)** ▪ Plan to present final data at ASCO and publish in a major journal in 2025
Fast-Track Designation Granted by FDA	▪ FDA granted Fast-Track Designation for SYNC-T SV-102 for mCRPC
Phase 2a Enrollment Initiated for mCRPC	▪ **LEGION-100 Phase 2a trial for mCRPC enrollment initiated** ▪ Clinical development plan optimized for rapid enrollment
$100M Series A December 2024	▪ Funds clinical development, device development, and drug co-formulation

A Different Approach to Address Current Treatment Limitations

The Problem

Low Response Rates in Solid Tumor Cancers

Only 15-20% of patients with metastatic solid tumor cancers respond to current systemic IV immunotherapy

Current Immunotherapies Not Effective in mCRPC

mCRPC is especially treatment resistant, with **overall response rates of 3-5%** when treated with systemic IV immunotherapy

High Rate of Autoimmune Side Effects with Combos

Combination IV immunotherapy has demonstrated slightly improved outcomes, but it's potential is limited due to systemic autoimmune side effects

Our Solution

SYNC-T, a new platform that simultaneously targets multiple mechanisms of cancer immune suppression

- *In situ* vaccine creation
- Multi-target biologic drug
- Drug infusion directly into tumor
- High concentration, low dose

mCRPC = metastatic castration-resistant prostate cancer

SYNC-T® Platform Therapy Design

Provide personalized *in situ* cancer vaccine for tumor antigen recognition

Utilize multi-target approach to address multiple immune suppression mechanisms simultaneously

Focus on reversing immune suppression in the tumor microenvironment (TME) and tumor draining lymph nodes to create systemic anti-tumor immunity

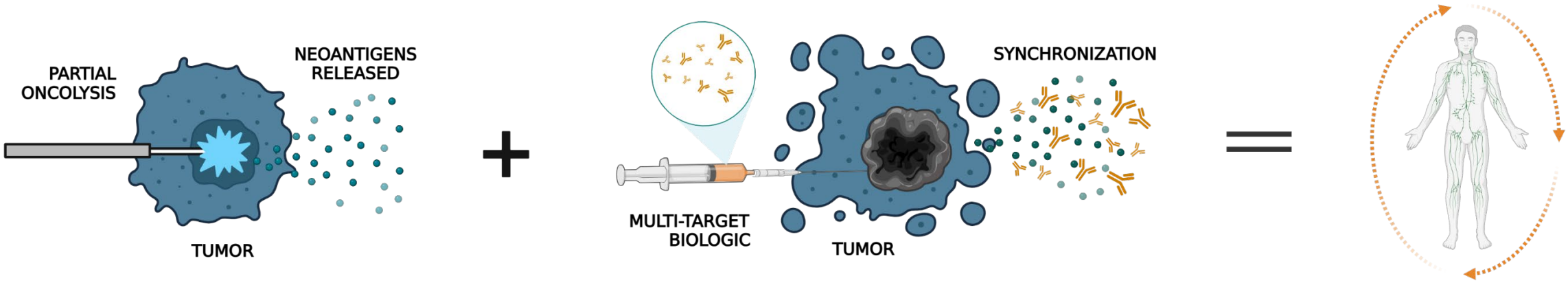
Employ locoregional targeting that allows for lower dose administration, high local concentrations, less systemic exposure, and reduced toxicity

SYNC-T® Uses a Combination Approach to Overcome Treatment Resistance

Partial oncolysis of target tumor

Infusion of multi-target biologic

T cell activation



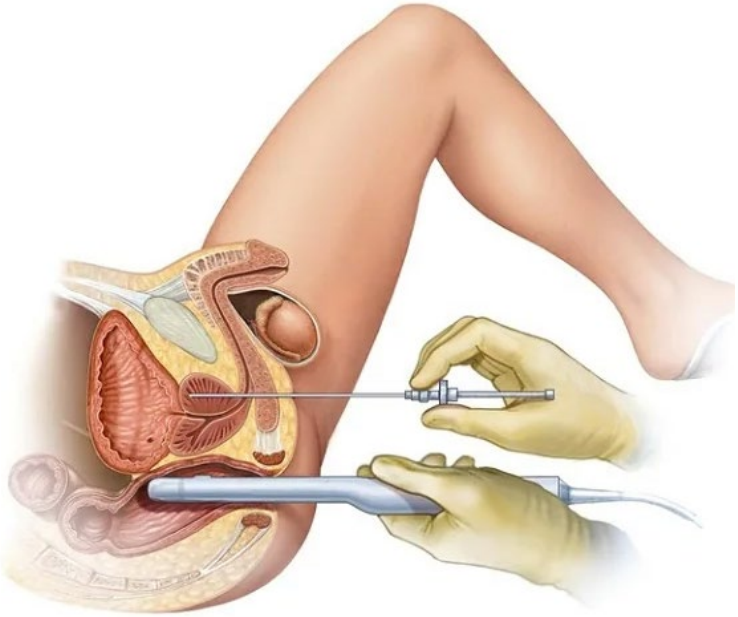
- This combination approach is designed to empower the immune system to **create systemic anti-tumor immunity**
- Initial candidate is SYNC-T SV-102 for metastatic castration-resistant prostate cancer (mCRPC)

Emerging Phase 1 data demonstrates that the SYNC-T platform can potentially improve both safety and efficacy in comparison to combination systemic immunotherapies

SYNC-T® for mCRPC

Seamless integration into Urology Practices

- We believe that SYNC –T Therapy will be welcomed by Urologists as a familiar procedure they can readily provide to their patients with mCRPC, allowing them to keep their patients rather than having to continue to refer them to an Oncologist for end-of-life palliative care.
- SYNC-T Therapy leverages clinical procedural skills that are already routine for Urologists:
    - Prostate or surrounding tissue: MR and/or TRUS guided transperineal needle placement
    - Distant soft tissue metastases : CT Guided needle placement by Interventional Radiologist



Urologists routinely perform prostate biopsies and other procedures using a transperineal approach

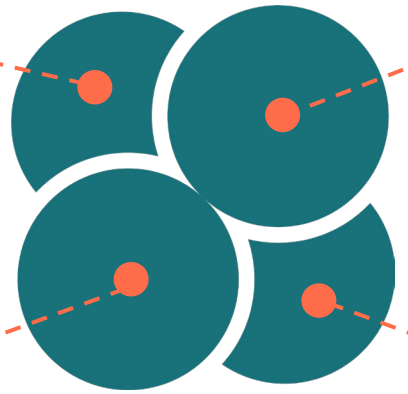
SYNC-T® SV-102: Fixed-Dose Combination of 4 APIs

Best In Class and/or First In Class Molecules

Anti-CTLA-4 mAb
enhances anti-tumor responses by blocking CTLA4 , allowing CD28 to bind CD80/CD86 to stimulate T cell priming, and also by downregulating Treg suppression

Anti-PD-1 mAb blocks PD1 allowing T cells to effectively kill target cancer cells

SV-102

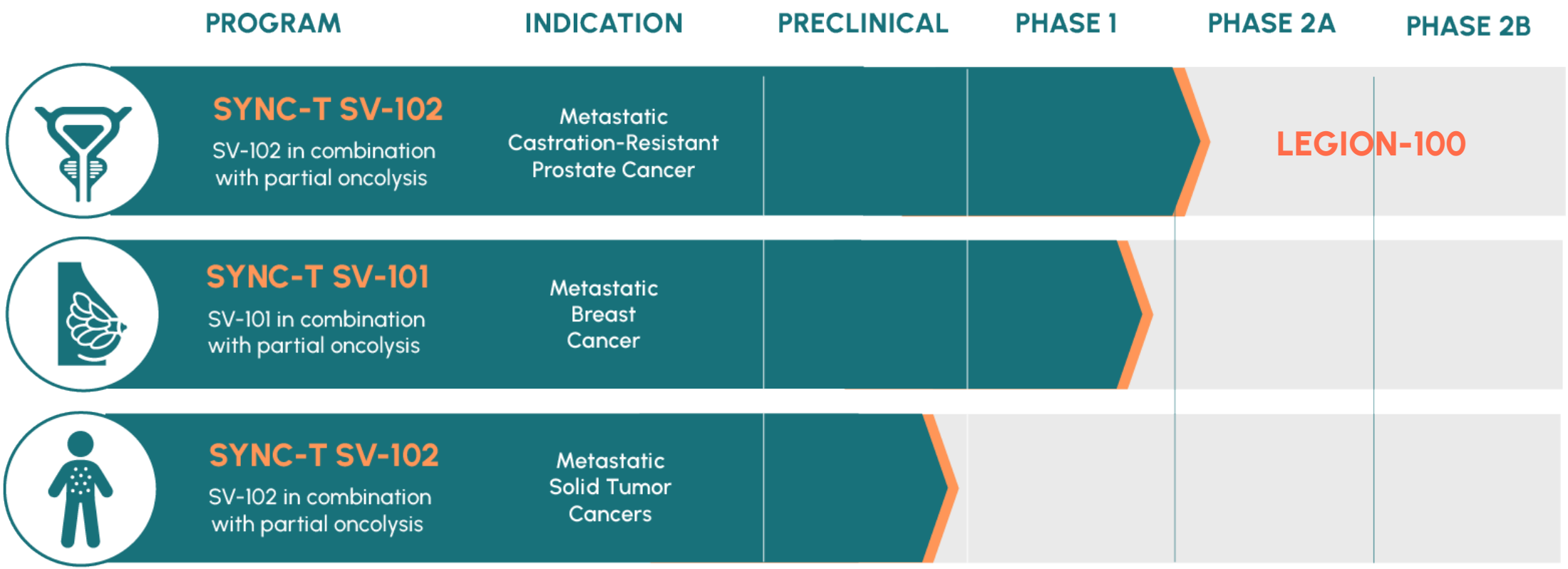


CD40 agnostic mAb
activates antigen-presenting cells (APCs)

CpG-ODN enhances Th1 mediated anti-tumor responses and stimulates plasmacytoid dendritic cells and APCs in the tumor draining lymph nodes

SYNC-T® Platform Development Pipeline

Can be tailored to treat virtually all solid tumor cancers



LEGION-100 SYNC-T SV-102 Phase 2a Trial for mCRPC commenced enrollment January 2025

SYNC-T® is a Platform That May Treat Many Solid Tumor Cancers

Potential to Build Out Pipeline for Several Multi-Billion-Dollar Markets

Initial indication:

Metastatic Castration-Resistant Prostate Cancer (mCRPC)

US Market (prevalence)

- 52,976 patients with mCRPC
- Market > $15 billion

Metastatic Breast Cancer (mBCa)

US Market (prevalence)

- 168,000 patients with mBCa
- Market > $80B

Metastatic Non-Small Cell Lung Cancer (mNSCLC)

US Market (prevalence)

- 123,515 patients with mNSCLC
- Market > $40B

Metastatic Bladder Cancer (mBC)

US Market (prevalence)

- 25,000 patients with Stage 4 mBC
- Market > $5B

Highly Experienced Team – Public Company Ready

EXECUTIVE TEAM

Charles Link, M.D.

Executive Chairman

NewLink Genetics; NIH National Cancer Institute; Stanford Medicine

Eamonn Hobbs

President & Chief Executive Officer

angiodynamics; Delcath Systems, Inc.; antares

Gerald Andriole, M.D.

Chief Medical Officer - Urology

WashU; Johns Hopkins Medicine

Susan Drexler

Chief Financial Officer

Shire; Harmony Biosciences

Agustin Gago

Chief Operating Officer

angiodynamics; Delcath Systems, Inc.

Gregory Champion, Esq.

Chief Legal Officer

Bond Schoeneck & King Attorneys

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Bio-Rad

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Advisory Board Chair

- The Joe Shapiro Professor of Medicine
  Professor, Division of Oncology & Hematology
  Non-Hodgkin Lymphoma, Hodgkin Disease, Chronic Lymphocytic Leukemia, UNMC
- Served as President of ASCO (1996-97) and President of ASBMT (2000-01)
- Authored or co-authored more than 500 articles and 100 book chapters and is the editor/co-editor of 27 books

George C. Prendergast, Ph.D.

Advisor

- President and CEO of the Lankenau Institute for Medical Research (LIMR)
- Former editor-in-chief of Cancer Research (journal of AACR)
- Has developed a new immune therapy that is in Phase II trials

Suming Wang, M.D., Ph.D.

Advisor

- Founded Shanghai Mingda Biotech, an immune therapy company in 2014
- Former CEO of Shanghai East International Medical Center
- Vice President of NewLink Genetics from 1999-2008

David Vaughan, M.D.

Advisor

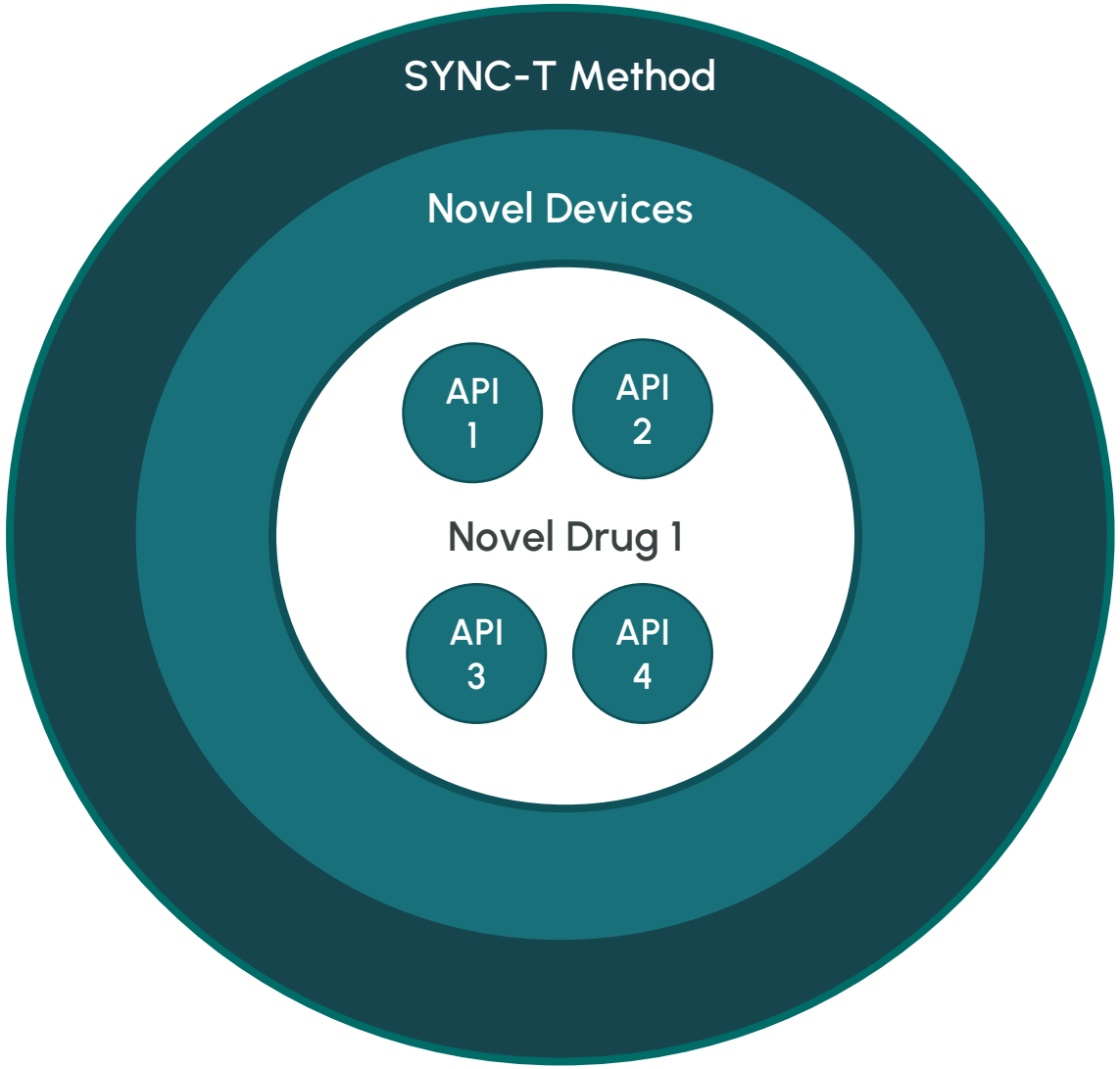
- Experience performing intratumoral immunotherapy in metastatic prostate cancer
- Former Partner of Orlando Urology Associates
- Former Chairman of Dept. of Urology at Florida Hospital & Winter Park Hospital

Richard Harris, M.D.

Advisor

- Board-certified urologist with expertise in the treatment of advanced prostate cancer and health policy
- Involved in the clinical drug development and research of over 70 drug trials
- Past President of LUGPA (Large Urology Group Practice Association) Board of Directors

IP Strategy - Layers of Patent Protection



- Independent FTO analyses conducted on drugs, devices and methods
- Each novel biologic API has recently issued and/or pending Composition of Matter Patent Protection
- Each novel fixed dose combination biologic drug has pending Composition of Matter Patent Protection for novel combination of 4 Targets (MOA) with 4 Novel APIs plus Novel Coformulation chemistry.
- Pending utility patents for novel Oncolysis Device generator and consumable system.
- Pending method patents for SYNC-T procedural methods including oncolysis and intratumoral/locoregional infusion

SYNC-T® SV-102 Phase 1 Interim Data

Presented at AACR Annual Meeting, April 2024

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SYNC-T® SV-102 Phase 1 Trial for mCRPC Overview

Eligibility Criteria

- Metastatic histologically confirmed mCRPC
- Failure of previous treatment with one or more approved second-generation androgen-receptor-pathway inhibitors with or without prior chemotherapy or refused hormone therapy and chemotherapy
- Measurable disease by RECIST criteria

Trial Design

- Up to 12 cycles of SYNC-T SV-102 at 4-week intervals to achieve best response
- Oncolysis combined with SV-102 fixed dose of 15 ml volume
- Baseline imaging of bone scan and/or PET/CT, and MRI of prostate
- Response assessment every 8 weeks

Objectives

- Primary endpoints: evaluate safety and toxicity
- Secondary endpoints: ORR by RECIST 1.1, rPFS by PCWG3, OS, ORR by iRECIST

Follow Up Period

- Durability of response measured every 12 weeks after completion of therapy
- 12 month follow up period after last treatment cycle

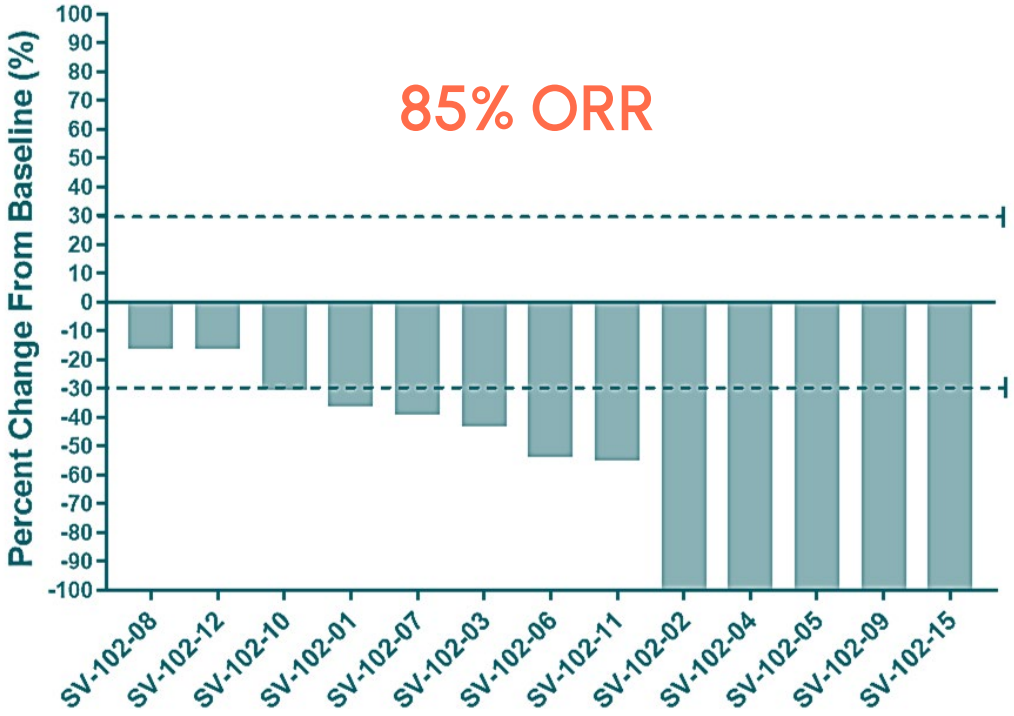
SYNC-T® SV-102 Patient Characteristics

Heavily Pre-Treated Patients With Extensive Metastatic Disease

Characteristic	Subjects n = 15
Median age (range)	**61 (49-74)**
Race, %	
White	**60**
Hispanic	**33**
Black	**7**
ECOG, %	
PS-0	**40**
PS-1	**53**
PS-2	**7**
Prior Therapy, %	
ADT and/or 2nd generation anti-androgen or subject refused	100
Chemotherapy	**23**
Radiation Therapy	**38**
Immunotherapy	**15**

Compelling Interim Phase 1 Data for mCRPC With 38% Complete Response

Presented at the 2024 American Association for Cancer Research (AACR) Annual Meeting



RECIST 1.1 Assessment

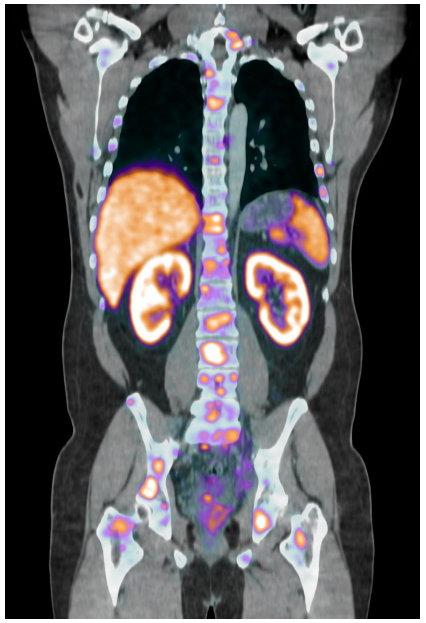
Best Response in Evaluable Subjects (n=13)

Complete Response	38%
Partial Response	46%
Stable Disease	15%
Progressive Disease	0%
Overall Response Rate	85%
Complete Resolution of Bone Metastases	54%

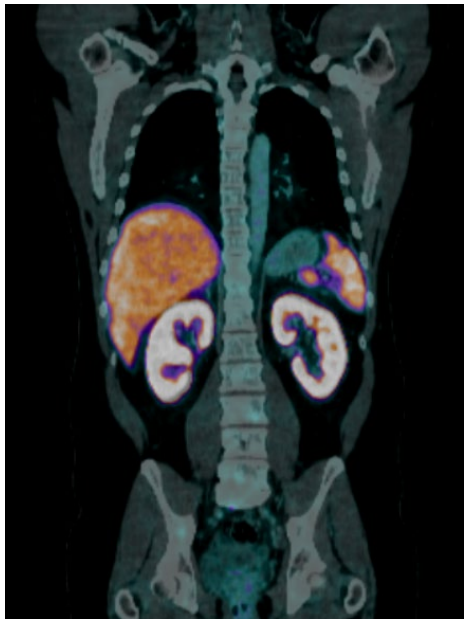
All CRs had a PSA < 2 when they achieved their response

Subject SV-102-09: Complete Response

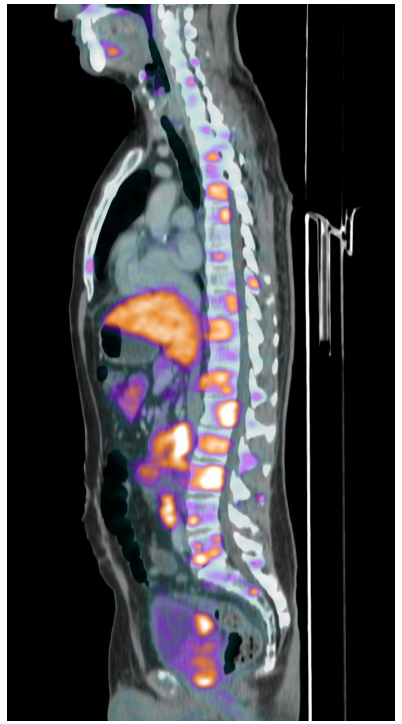
- Subject was confirmed via RECIST as a Complete Response
- Tumor was PD-1/ PD-L1 NEG and proficient MMR
- rPFS 200+ days



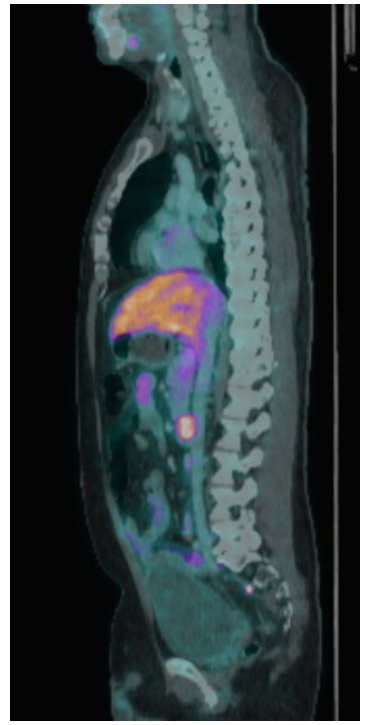
PRE-THERAPY. May 2023 coronal PSMA PET/CT shows extensive bone metastases (greater than 50)



POST-THERAPY. December 2023 coronal PSMA PET/CT shows complete resolution of all bone metastases



PRE-THERAPY. May 2023 sagittal PSMA PET/CT shows extensive bone metastases

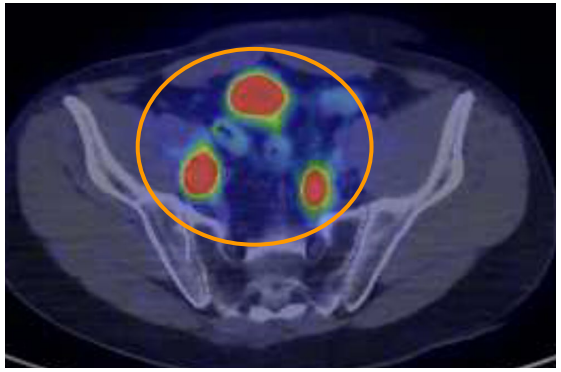


POST-THERAPY. December 2023 sagittal PSMA PET/CT shows complete resolution of all bone metastases

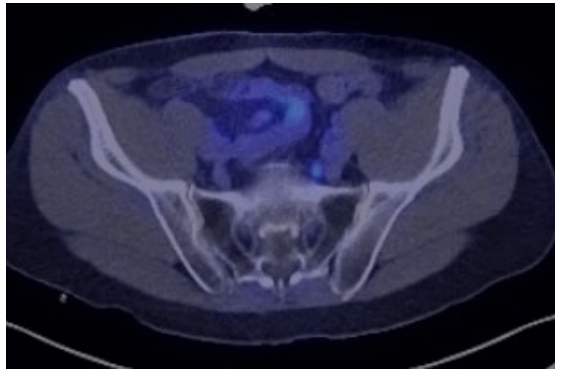
Complete resolution of > 50 bone metastases

Subject SV-102-04: Complete Response

- After Cycle 4, subject was confirmed via RECIST as a Complete Response with resolution of bone metastases, lymph node metastases and prostate
- rPFS 261+ days

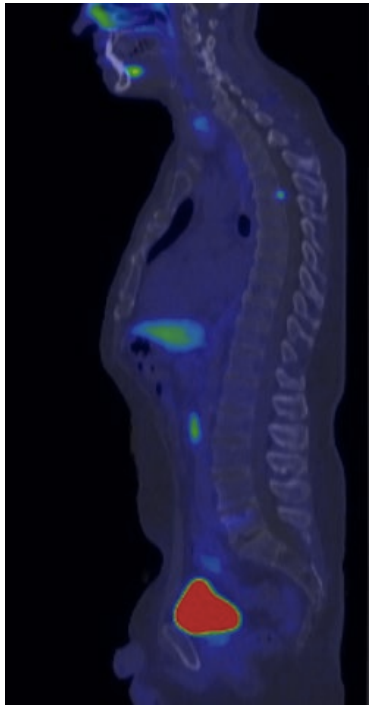


PRE-THERAPY. 3/2023 axial view shows a markedly abnormal PSMA PET/CT, high SUV in prostate, pelvic lymph nodes, and spine



POST-THERAPY. 9/2023 axial PSMA PET/CT showing minimal signal uptake in posterior aspect on T4

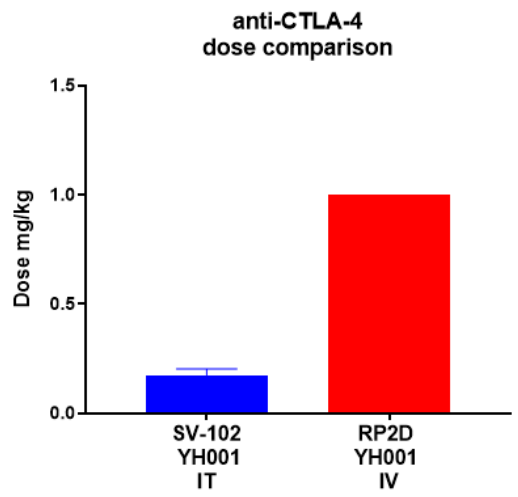
PRE-THERAPY. 3/2023 sagittal view shows a markedly abnormal PSMA PET/CT, high SUV in prostate, pelvic lymph nodes, and spine

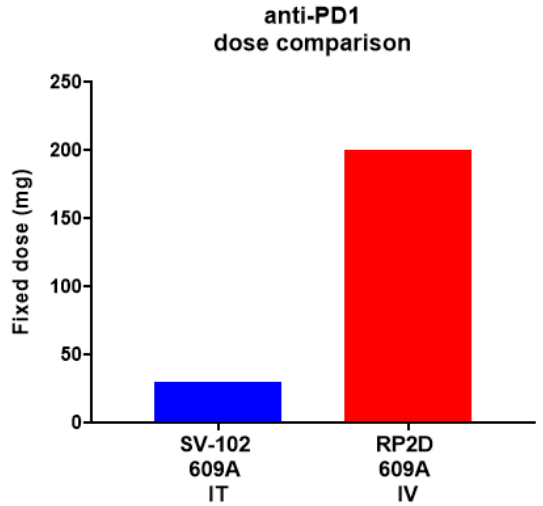


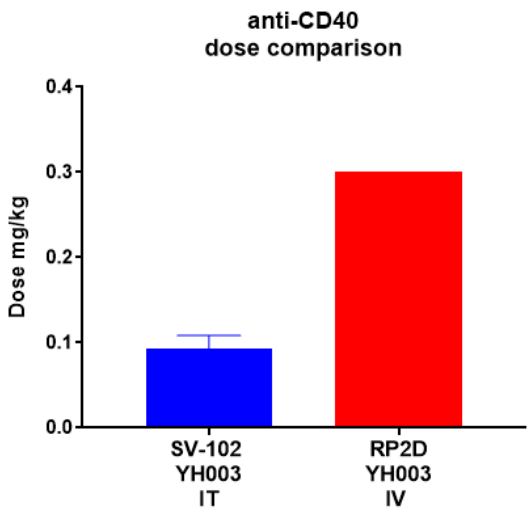
POST-THERAPY. 9/2023 sagittal PSMA PET/CT showing resolution of disease

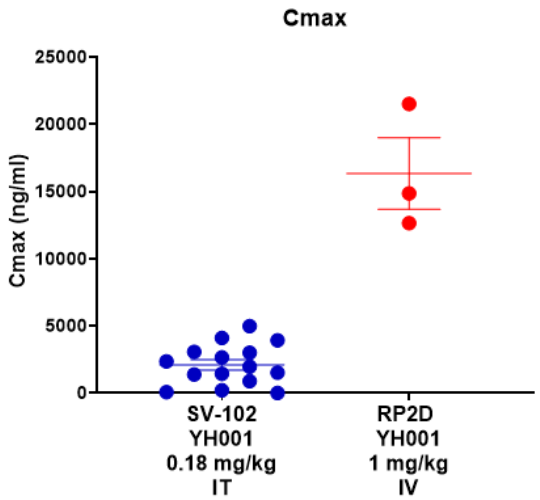
Lower Dose & Exposure of SV-102 APIs Compared to Systemic Delivery

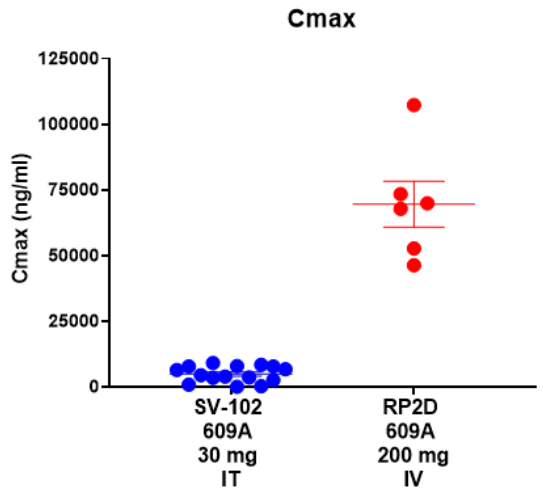
- APIs in SV-102 are dosed at much lower levels than IV RP2D
- Much lower systemic exposure is observed

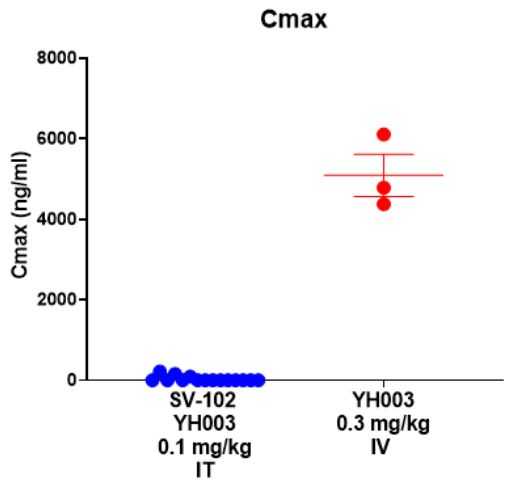




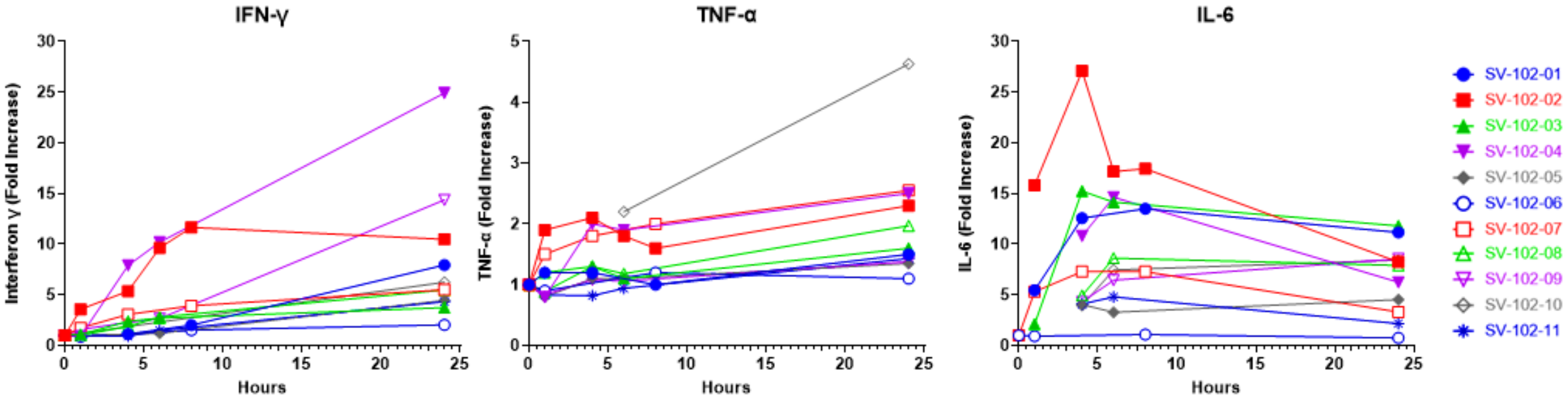








Anti-Tumor Cytokines Are Rapidly Induced by SYNC-T Therapy*



- Pro-inflammatory cytokines increase during the first 24 hours after SYNC-T Therapy
- IFNγ, TNFα and IL-6 all show significant increases from pre-treatment

* Data from first 11 subjects

Favorable Safety Profile With No Grade 3 or 4 Immune-Related AEs

	All TEAEs		Grade 1+2 TEAEs		Grade >=3 TEAEs	
Term	(N=15) n (%)	Events	(N=15) n (%)	Events	(N=15) n (%)	Events
Any Treatment Emergent Adverse Events (TEAEs)	13 (86.7)	31	12 (80.0)	29	2 (13.3)	2
Fever	3 (20.0)	4	3 (20.0)	4	0	0
Hematuria	3 (20.0)	3	3 (20.0)	3	0	0
Diaphoresis	2 (13.3)	2	2 (13.3)	2	0	0
Urinary Retention	2 (13.3)	2	1 (6.7)	1	1 (6.7)	1
Vomiting	2 (13.3)	2	2 (13.3)	2	0	0
Diarrhea	1 (6.7)	1	1 (6.7)	1	0	0
Acute Urinary Retention	1 (6.7)	2	1 (6.7)	2	0	0
Anemia	1 (6.7)	1	1 (6.7)	1	0	0
Chest Pain	1 (6.7)	1	1 (6.7)	1	0	0
Diarrhea	1 (6.7)	1	1 (6.7)	1	0	0

	All TEAEs		Grade 1+2 TEAEs		Grade >=3 TEAEs	
Term	(N=15) n (%)	Events	(N=15) n (%)	Events	(N=15) n (%)	Events
Fatigue	1 (6.7)	1	1 (6.7)	1	0	0
Hepatic Enzymes Increased	1 (6.7)	1	1 (6.7)	1	0	0
Myalgias	1 (6.7)	2	1 (6.7)	2	0	0
Polydipsia	1 (6.7)	1	1 (6.7)	1	0	0
Rash Cutaneous	1 (6.7)	1	1 (6.7)	1	0	0
Rectal Discomfort	1 (6.7)	1	1 (6.7)	1	0	0
Right Shoulder Fracture	1 (6.7)	1	1 (6.7)	1	0	0
Skin Squamous Cell Carcinoma	1 (6.7)	1	1 (6.7)	1	0	0
Spinal Cord Compression	1 (6.7)	1	0	0	1 (6.7)	1
Urethral Discomfort	1 (6.7)	1	1 (6.7)	1	0	0
Urinary Tract Infection	1 (6.7)	1	1 (6.7)	1	0	0

Majority of TEAEs were transient, flu-like symptoms that resolved quickly and were easily managed

Compelling Response Rates & Tolerability vs. Previous mCRPC Immunotherapy Trials

Previous mCRPC immunotherapy trials have demonstrated low response rates, and combination systemic immunotherapies had significant rates of toxicity and discontinuation of therapy due to adverse events

Trial	# Subjects	CR	ORR	≥ Grade 3 AEs	Discontinue d/t AE
SYNC-T SV-102 **Intratumoral anti-PD-1 + anti-CTLA-4 + CD40 +CpG**	**N = 13**	**38%**	**85%**	**7%**	**0%**
STARVE-PC Systemic anti-PD-1 + anti-CTLA-4	N = 30	6 – 7%	0 – 25%	46 – 53%	20 – 40%
CHECKMATE 650 Systemic anti-PD-1 + anti-CTLA-4	N = 90	6 – 7%	10 – 25%	42 – 53%	33 – 36%
KEYNOTE 199 Systemic anti-PD-1	N = 258	1%	3 – 5%	15%	5%
IMPACT Immunotherapy Provenge®	N = 512	0%	0.3%	7%	0.9%

SYNC-T SV-102 has demonstrated the potential to effectively combine multiple immunotherapies while avoiding major systemic autoimmune side effects

LEGION-100 Phase 2a for mCRPC

Multi-Center 2-Part Dose Escalation and Dose Optimization Trial

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LEGION-100 Phase 2a Trial for mCRPC – Now Enrolling

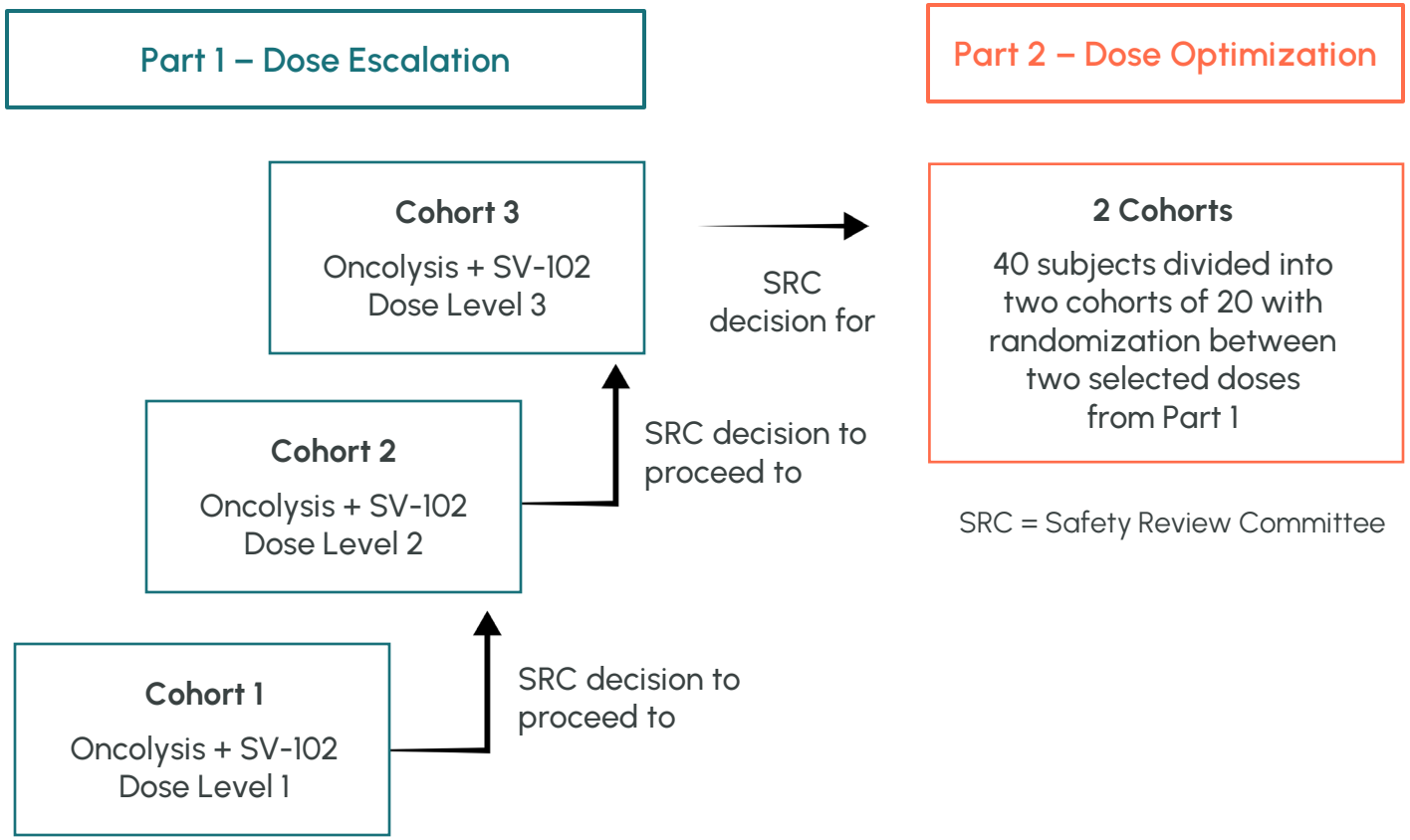
High-Level Study Design

Part 1: Up to 18 subjects (depending on DLTs) enrolled across 3 cohorts

Traditional 3 + 3 dose escalation rule

Part 2: 40 subjects randomized 1:1 with 2 doses from dose escalation

Study Schematic

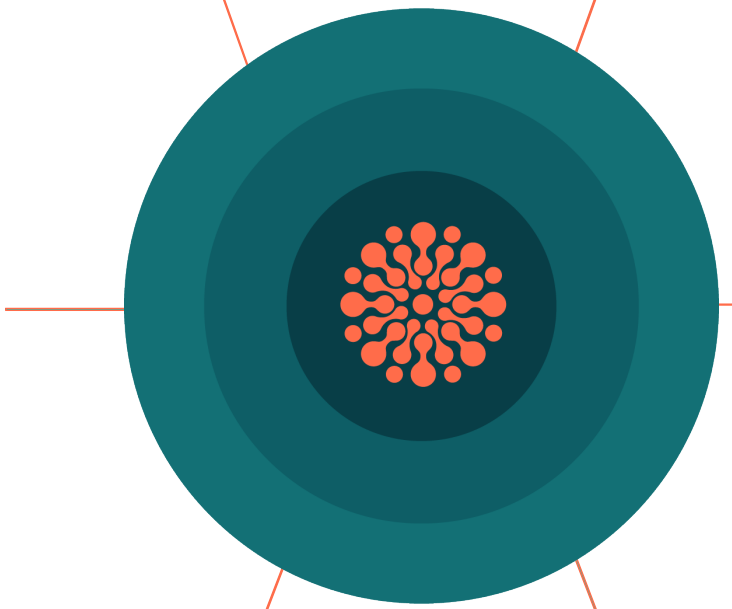


SRC = Safety Review Committee

Investment Drivers

85% ORR and multiple CR's in mCRPC from interim Phase 1 Data

Fast Track Designation granted by FDA for SYNC-T SV-102 for mCRPC



Strong IP position with 58+ patents pending or granted for drugs, devices, and method

LEGION 100 Phase 2a multi-center trial for SYNC-T SV-102 for mCRPC enrolling patients

Public company ready in 2025 with potential near-term liquidity

2 drug candidates for multiple indications with potential to expand our platform pipeline

Thank You

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