me THERAPEUTICS

We target suppressive myeloid cells to treat cancer

FORWARD-LOOKING STATEMENT

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INTRODUCTION

Immuno oncology (IO) is a new area of cancer research which has been immensely successful in treating previously untreatable cancers. IO targets the immune system rather than the cancer directly which allows a single IO drug to be used to treat multiple cancer types with mostly manageable side effects.

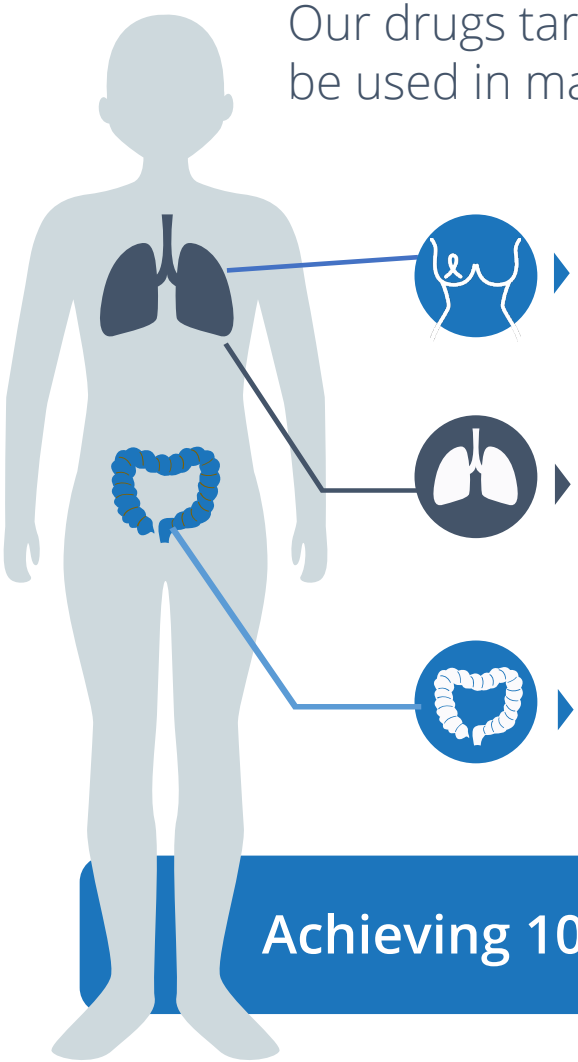
FACTS ON CANCER

2018 >	**18.1 million** new cases of cancer > **9.5 million** deaths worldwide
2021 >	**$26 billion** > Global IO market*
2030 >	**$154 billion** > expected growth of global IO market*
BY 2040 >	**29.5 million** new cancer cases > **16.4 million** deaths

* Spherical Insights (cancer.gov)

THE LANDSCAPE

Our drugs target the immune system and not the cancer directly so they can be used in many different cancer types.



BREAST CANCER

(297,790 estimated cases in the U.S. in 2023)*

LUNG CANCER

(238,340 estimated cases in the U.S. in 2023)*

COLORECTAL CANCER

(153,020 estimated cases in the U.S. in 2023.)*

PRICING AND TARGET MARKET

Current IO drugs (Keytruda, Opdivo) = $150,000 per patient irrespective of cancer type

IO drug combinations = ~$250,000**

Novel IO drug + combined with Keytruda or Opdivo = $100,000 per patient

Achieving 10% market = $1.5 billion in revenue at $100,000 per patient

*seer.cancer.gov | ** https://www.reuters.com/article/us-usa-healthcare-cancer-costs-idUSKBN1750FU

WE ARE LEADERS IN THE CANCER RESEARCH SPACE WITH A PROVEN TRACK RECORD OF SUCCESS

OUR TEAM

SALIM DHANJI | PhD, CEO and founder

- Former director of preclinical research at Qu Biologics
- Industry and academic expertise in cancer, autoimmunity and inflammation

KENNETH HARDER | PhD, CSO and founder

- Associate Professor at University of British Columbia
- Expertise in myeloid cell biology, lipid nanoparticle delivery systems, and cancer

JOHN PRIATEL | PhD, director and founder

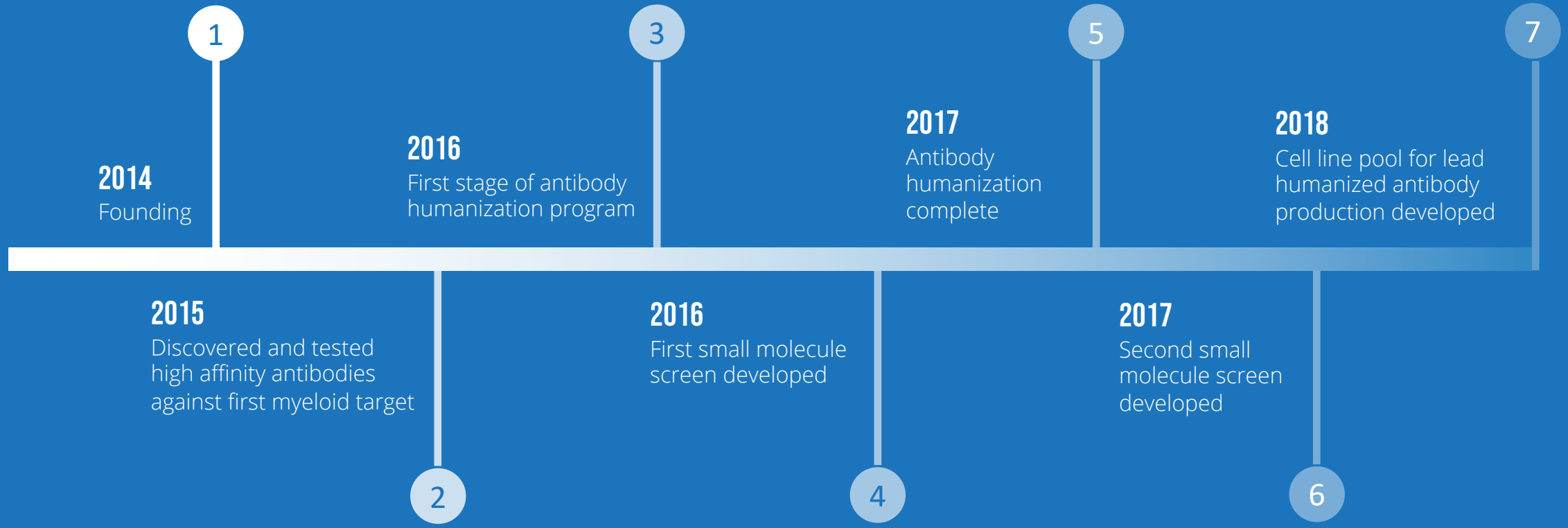
- Honorary Assistant Professor at University of British Columbia
- Expertise in lymphocyte biology, inflammation, and cancer

WALTER OGIER | Board Advisor

- Former CEO, President and founder of Acetylon Therapeutics (sold to Celgene)
- Over 30 years industry experience

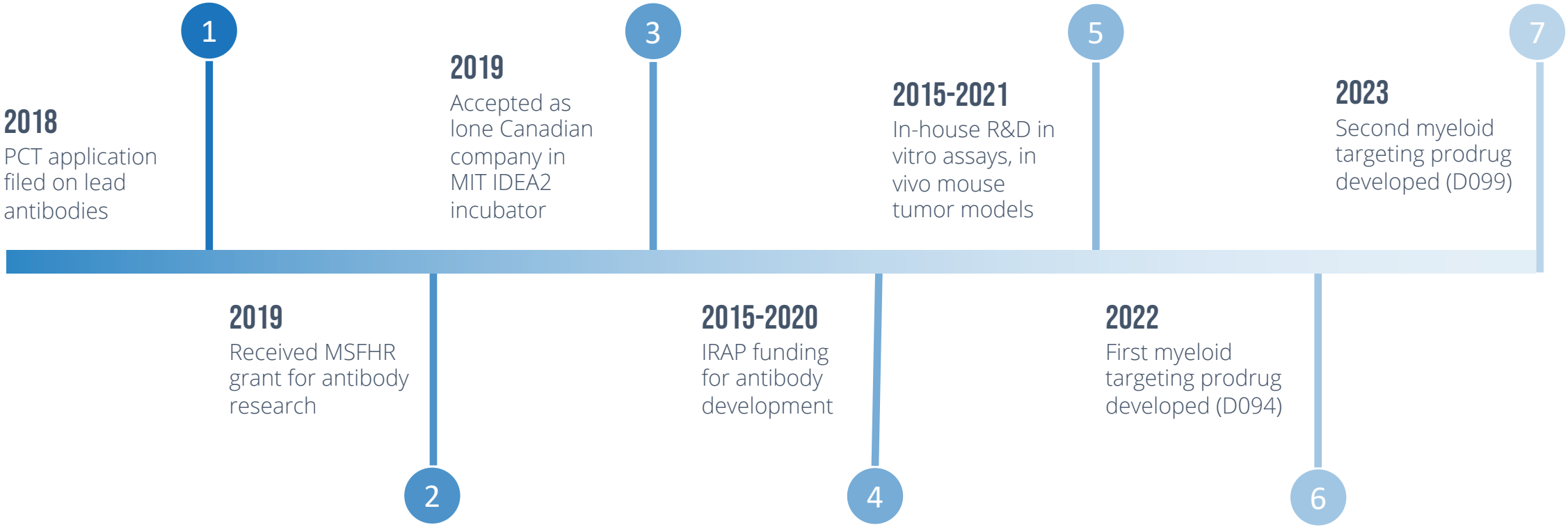
COMPANY MILESTONES

WHERE WE STARTED



COMPANY MILESTONES

WHERE WE'RE HEADED



HIGHLIGHTS

STRATEGY

Validate drug targets in widely accepted animal models

SAFETY

Safety and efficacy data on lead antibody drug

TARGET

Strong animal data for potential buyout

PROOF

Proof of concept data on new small molecule drug formulations

TECHNOLOGY

We have the potential to use new technology to develop next generation drugs against our targets.

OUR LEAD DRUG

Anibody-based therapy

OUR PROGRAM

Targeting key pathways in myeloid cell biology

OUR DISCOVERY STAGE DRUGS

Small molecules into targeted lipid nanoparticle prodrugs

OUR ADVANTAGE

Anti-G-CSF antibody (h1B11-12) advantages:

- Late preclinical stage
- Target = G-CSF:
    - High G-CSF → immune suppression, decreased survival, increased metastases, increased resistance to target therapy

Myeloid targeting prodrugs (D094 and D099):

- Preclinical stage
- Block T cell suppression by myeloid cells
- Targeted delivery

Myeloid Targeted LNP program

- discovery stage

OUR INTELLECTUAL PROPERTY

PCT filed February 2018 on composition and use of lead anti-G-CSF antibodies (PCT/CA2018/050143)

- Chinese patent granted in 2023

Patents on prodrugs will be filed once testing is complete

- Initial search suggests freedom to operate based on proposed drug structures
- Will file composition and use patents

OUR PROJECT OBJECTIVES

DERISKING G-CSF ANTIBODY PROGRAM

- Non-GMP drug manufacture (2 months)
- Preliminary safety study in non-human primate model (4-10 months)
- Efficacy study in accepted mouse cancer model (2-8 months)
    - Test alone and in combination with anti-PD-1 checkpoint

PRODRUG TARGETING SUPPRESSIVE MYELOID CELLS

- Formulation of 2 prodrugs with partner (complete)
- Efficacy studies in accepted mouse cancer models (4-10 months)
    - Test alone and in combination with anti-PD-1 checkpoint

THE COMPETITION

We have a clear advantage. ME differs from our peers as we have differentiated drug targets backed by strong science

BUYERS

Buyout or partnerships

SMALL PUBLIC BIOTECHNOLOGY

- Carisma Therapeutics
- CERo Therapeutics

CSL

Main competition for our G-CSF targeting drug

LARGE PHARMA

- Merck
- Bristol
- Meyers Squibb
- Roche

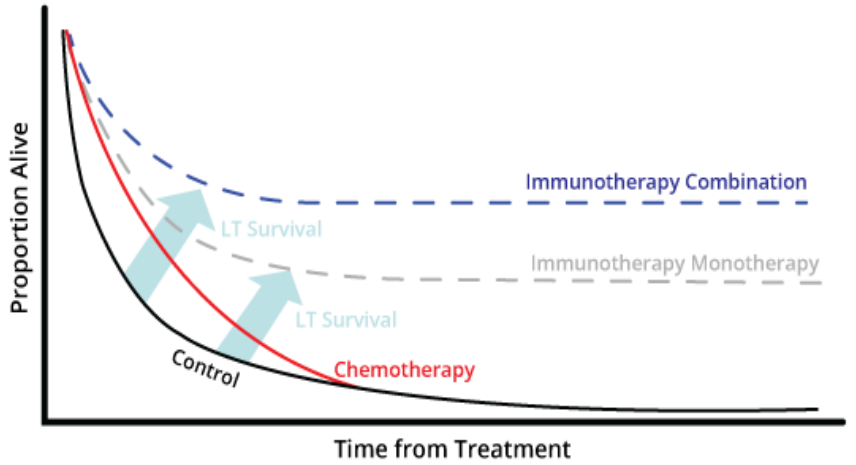
THE FACTS

IMPROVING THE EFFICANCY OF CURRENT IO

COMBINATION THERAPIES CAN IMPROVE PATIENT OUTCOME

- Current IO drugs (especially checkpoint inhibitors) have shown remarkable efficacy in some patients
- Most cancer types amenable to IO
- I0 targets the immune system and not cancer directly
- Not all cancers respond to single-agent IO
- Large market (estimated $130B by 2025)
- Combine checkpoint with myeloid cell targeting therapy to increase response rate
  - Allow more patients to benefit from IO
  - Target large unmet need
  - Increase market share for existing therapies through more effective combinations

Figure 2. The promise for immunotherapy in oncology



For many disease states, the tail of the survival cure with immunotherapy represents a significant improvement over controls, with combination regimens providing an even greater advantage. Nevertheless, long-term survivors are still in the minority. Given the high cost of these agents, discovery of biomarkers is essential to mitigate the amount of resources wasted on ineffective therapy.

ICLIO

Credit: Michael Kolodziej, MD, National Medical Director for Oncology Solutions, Aetna

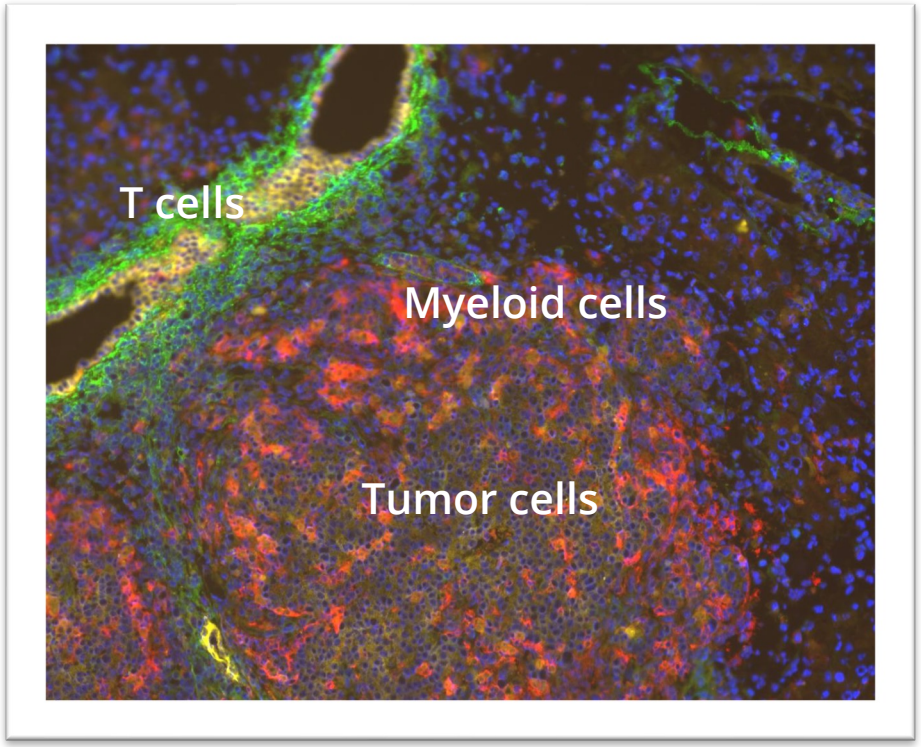
http://obroncology.com/article/accc-iclio-navigating-the-future-of-immuno-oncology-and-whos-going-to-pay-for-it-2/3/

THE FACTS

MYELOID CELLS HINDER CANCER KILLING

MYELOID CELLS ARE A ROADBLOCK TO IMMUNE CHECKPOINTS

- Checkpoint inhibitors focus on activating cancer killing T cells (Keytruda, Opdivo, Yervoy)
- Myeloid cells interfere with T cell function but can be targeted or reprogrammed to help eliminate tumor cells
- Combining myeloid targeting with T cell targeting is the next wave of IO



Fluorescent microscope image of a spontaneous pancreatic tumor showing the spatial relationship between T cells (green) and myeloid cells (red) in relation to the tumor cells.

RESOURCES REQUIRED (12MONTHS)

OBTAIN A LISTING OF COMMON SHARES ON THE CSE - $80,000

G-CSF PROGRAM

- G-CSF antibody candidate non-GMP manufacturing - $10,000
- Efficacy study at CRO - $50,000
- NHP PK Study #1 - $88,500
- NHP PK Study #2 - $53,500
- Costs of patent maintenance - $30,000

MYELOID PRODRUG PROGRAM

- In vitro testing at BC Cancer - $13,000
- Provisional patent filing - $5,000
- Efficacy testing with CRO (i.e. Crown Bioscience) - $100,000

NOVEL LIPID NANOPARTICLE FORMULATIONS

- For the Preferential Targeting of Suppressive Myeloid Cells
- LNP Screening at UBC - $20,000

G&A EXPENSES

- $77,000

TOTAL: $607,000

THE MAJOR PLAYERS

Myeloid targeted drugs have great potential to improve the efficacy of checkpoint inhibitors with multi-billion dollar opportunity.

KEYTRUDA®

Name: Keytruda (anti-PD-1)
Sales: $20.9 billion in 2022

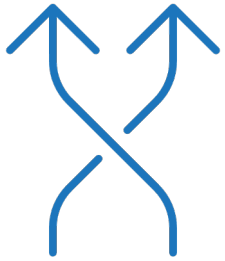
OPDIVO

Name: Opdivo
Sales: $8.25 billion in 2022

FACT: Every large pharmaceutical company has a drug that targets the same pathway Keytruda and Opdivo, but they only work in a subset of patients (15-30% most solid tumors and 45-60% in melanoma and genetically unstable tumors).

MAJOR PLAYERS IO + TBD

Recent focus in combination therapies has shifted to myeloid cells to boost the efficacy of checkpoint inhibitors like Keytruda and Opdivo.



Definition: Combined drugs

Targeting multiple pathways to improve effectiveness

Case in Point: Opdivo

~$150,000 per patient (regular)

~$250,000 per patient (combination)

FACT: Combined drugs allow use of high value drugs in larger patient population due to enhanced efficacy

PIPELINE

MOLECULE	DISCOVERY	PRECLINICAL	PHASE 1
H1B11-12 (G-CSF AB)			
D094 (MYELOID PRODRUG)			
D099 (MYELOID PRODRUG)			
MYELOID TARGETING LNPS			

COMPARABLE PUBLIC COMPANY VALUATIONS

carisma THERAPEUTICS

CARISMA THERAPEUTICS

~$300 million market cap

CERO THERAPEUTICS

CERO THERAPEUTICS

~$140 million market cap

FortySeven

FORTYSEVEN INC.

Bought by Gilead in 2020 for $4.9 billion

FLEXUS BIOSCIENCES

FLEXUS BIOSCIENCES

Bought by Bristol-Myers Squibb for $1.2 billion in 2015

SUMMARY & EXIT STRATEGY

2023

Safety and efficacy data on lead antibody drug

2023

Proof of concept data on new small molecule drug formulations

STRATEGY

Use strong scientific expertise to advance our novel IO drugs

PARTNERS

large pharma for human trials

EXIT

Pharma partnership or buyout

ME FINANCIALS

ME Therapeutics Inc. Statements of Loss and Deficit (Unaudited – see Notice to Reader) Year ended August 31	2020	2019
Revenue		
IRAP funding	**$ 34,120**	$ 167,540
SR&ED funding	**18,912**	81,551
	53,032	249,091
Expenses		
Salaries and wages	**51,644**	219,215
Research and development	**13,282**	98,856
Professional fees	**4,671**	6,557
Office and miscellaneous	**4,117**	4029
Amortization	**1,749**	119
Meals and entertainment	**392**	1705
Interest and bank charges	**188**	111
Rent	**-**	6,000
Insurance	**-**	1,103
	76,043	337,695
Net loss	**$ (23,011)**	$ (88,604)
Deficit, beginning of year	**$ (307,791)**	$ (219,187)
Net loss	**(23,011)**	(88,604)
Deficit, end of year	**$ (330,802)**	$ (307,791)

SALIM DHANJI

PhD CEO and founder

Address
177 Robson St.
Vancouver, BC, Canada
V6B0N3

Contact Info
Email: salim@metherapeutics.com

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Thank You