ME THERAPEUTICS

Developing next generation therapeutics targeting immune suppression in cancer

COMPANY OVERVIEW

Myeloid Enhancement (ME) Therapeutics is an early-stage Vancouver based biotechnology company involved in the discovery and development of novel Immuno-Oncology (IO) therapeutics targeting immune suppression in cancer. Our focus is on overcoming the suppressive effects of an important class of immune cells called myeloid cells to enhance anti-tumour immunity.

INVESTMENT HIGHLIGHTS

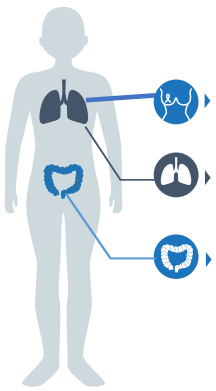
- Team with expertise in IO research with a proven scientific track record
- Large target market that is expanding rapidly
- Developing drug candidates with the potential to treat several distinct cancer types
- Antibody drug candidate in advanced preclinical testing
- 2 myeloid targeted lipid nanoparticle (LNP) based prodrug candidates under development
- Discovery program in the area of myeloid cell targeted LNP formulation and mRNA delivery (CAR-M cells, mRNA-based therapeutics)

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**
2040 >	**29.5 million** new cancer cases > **16.4 million** deaths*

THE LANDSCAPE

Our drug candidates target the immune system and not the cancer directly so they may be used in several cancer types.



Breast cancer
297,790 Est cases USA*

Lung cancer
238,340 Est cases USA*

Colorectal cancer
153,020 Est cases USA

Pricing and target market ***

Current IO drugs |
Keytruda, Opdivo
~$150,000 per patient irrespective of cancer type

IO drug combinations =
~$250,000**

Unlocking just 5% of market = significant potential revenue

KEY ANNOUCEMENTS & PUBLICATIONS

October 23, 2023 – ME Therapeutics Holdings Inc receives funding support for preclinical testing of prodrug candidates

December 11, 2023 – ME Therapeutics Inc announces listing on the Frankfurt Stock Exchange and the completion of its redesigned website

February 27, 2024 – ME Therapeutics Inc announces non-brokered private placement

March 6, 2024 – ME Therapeutics Inc announces closing of non-brokered private placement

March 26, 2024 – ME Therapeutics Inc announces upcoming participation in the 2024 Bloom Burton & Co health care conference and interview on CSE TV

KEY FINANCIALS (Mar 2024)

Share Price	$3.41
Shares outstanding	25,189,438
Shares reserved for issuance	12,058,890
Share price: Year high-low	$0.05 - $7.00
Cash – March 2024	$1.8M
Debt - March 2024	Nil
Major shareholders: Management & directors	50%

LEADERSHIP AND DIRECTORS

SALIM DHANJI
PHD – CEO and Director

QUINN MARTIN
CPA – CFO

KEN HARDER
PHD – Director

KARIM NANJI
MBA – Director

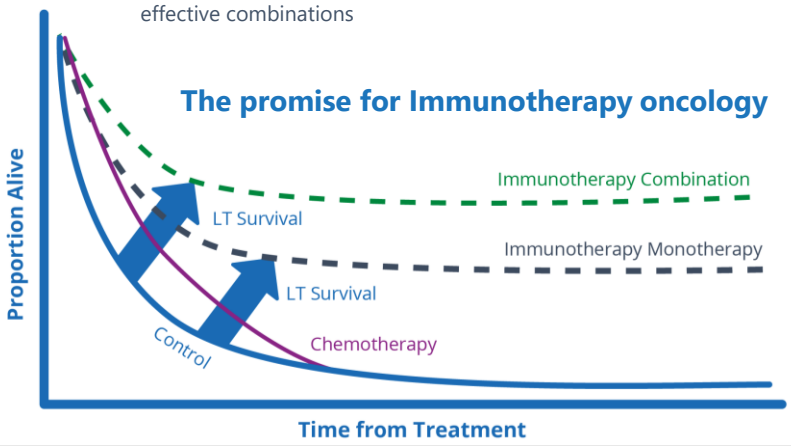
JOHN PRIATEL
PHD – Director

*seer.cancer.gov | ** https://www.reuters.com/article/us-usa-healthcare-cancer-costs-idUSKBN1750FU
***IO drug pricing is for informational purposes only and may not reflect future pricing

THE FACTS | Improving the efficacy of current IO

Combination therapies may improve patient outcome

- Current IO drugs (especially checkpoint inhibitors) have shown remarkable efficacy in some patients
- Most cancer types amenable to IO
- IO targets the immune system and not cancer directly
- Not all cancers respond to single-agent IO
- Large market (estimated $154B by 2030)*
- 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



ICLIO

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.

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

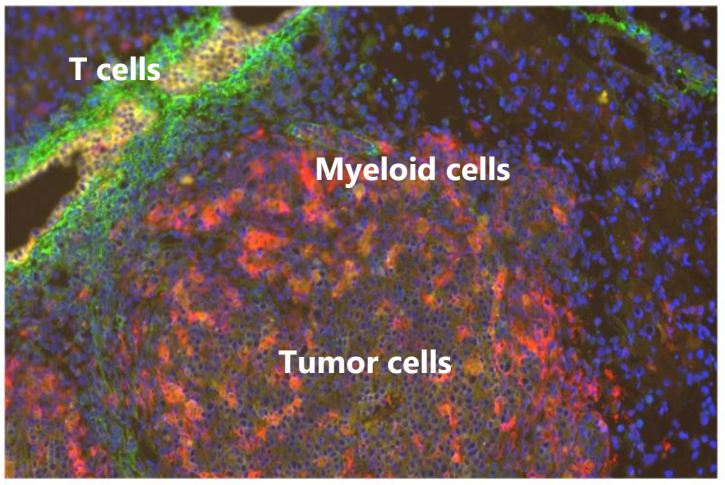
PIPELINE

MOLECULE	DISCOVERY	PRECLINICAL	PHASE 1
h1B11-12 (G-CSF Ab)			
D094 (myeloid prodrug)			
D099 (myeloid prodrug)			
Myeloid targeting LNPs			

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 may be targeted or reprogrammed to help eliminate tumor cells
- Combining myeloid targeting with T cell targeting may be 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. (Dhanji 2008)

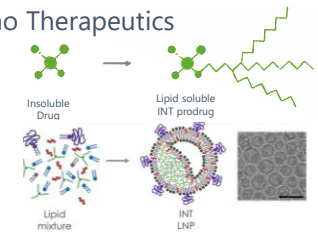
MYELOID TARGETED PRODRUG CANDIDATES

Candidates D094 and D099 are Lipid Nanoparticle (LNP) Prodrugs

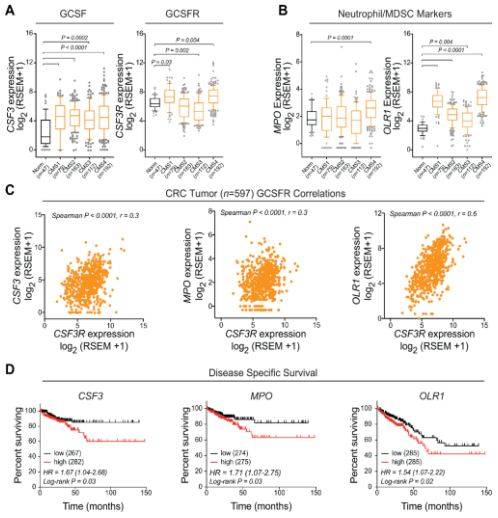
- Lead small molecule is an existing drug we discovered has activity reversing myeloid derived suppressor cell (MDSC) induced immune suppression
- Developed novel LNP prodrug formulations (D094 and D099) for delivery to myeloid cells in tumors
- Collaboration with Integrated Nano Therapeutics

Design and synthesize prodrugs that are soluble in a lipid environment

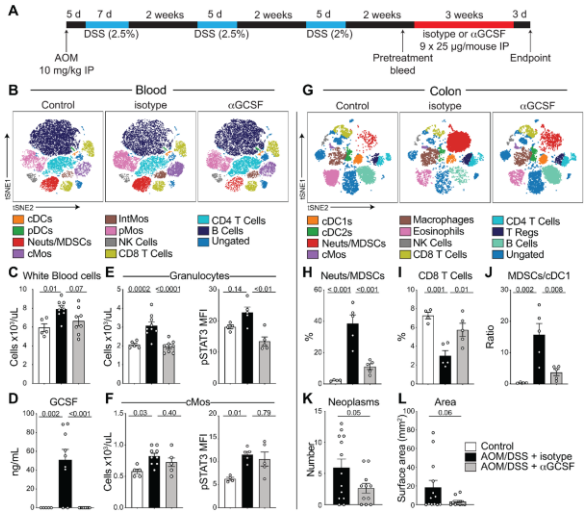
Up to 50,000 prodrug molecules can be packaged in a single lipid nanoparticle (LNP)



Tumor-derived G-CSF Alters Tumor and Systemic Immune System Cell Subset Composition and Signaling**



GCSF, GCSFR, and Neut/MDSC marker expression are associated with human colorectal cancer. Analysis of human colorectal cancer or adjacent normal tissue from TCGA data. Data were classified on the basis of consensus molecular subsets of colorectal cancer (CMS1–4). A, GCSF (CSF3) or GCSFR (CSF3R) expression. B, Expression of Neut/MDSC-associated genes, MPO or OLR1. C, GCSF (CSF3), MPO, and OLR1 positively correlate with GCSFR (CSF3R) expression in human colorectal cancer. D, Median-split high versus low gene expression of GCSF (CSF3) or Neut/MDSC-associated genes MPO or OLR1, and survival outcome in human colorectal cancer.



GCSF neutralization reduces Neut/MDSCs, increases CD8⁺ T cells, and leads to reduced tumor load. A, Diagram of AOM/DSS colon cancer model and antibody treatment regimen. 16 days after the third DSS cycle, mice received 25 μg MAB414 (anti-GCSF) or IgG1 isotype control i.p. three times a week for 3 weeks. B, CyTOF analyses of blood reveal changes in immune cell subset frequencies. C, WBC numbers at endpoint. D, Circulating GCSF at endpoint. Number and pSTAT3 MFI of Neut/MDSCs (E) and conventional Mos (F) at endpoint. G, CyTOF analyses of colonic tissue reveal changes in cell subset frequency. H, Colonic Neut/MDSCs. I, Colonic CD8⁺ T cells. J, Colonic Neut/MDSCs to CD103⁺ cDC1 ratio. Quantification of neoplasms (K) and neoplasm surface area (L) at endpoint.

*Spherical Insights

** https://aacrjournals.org/cancerrescommun/article/3/3/404/718631/Tumor-derived-GCSF-Alters-Tumor-and-Systemic