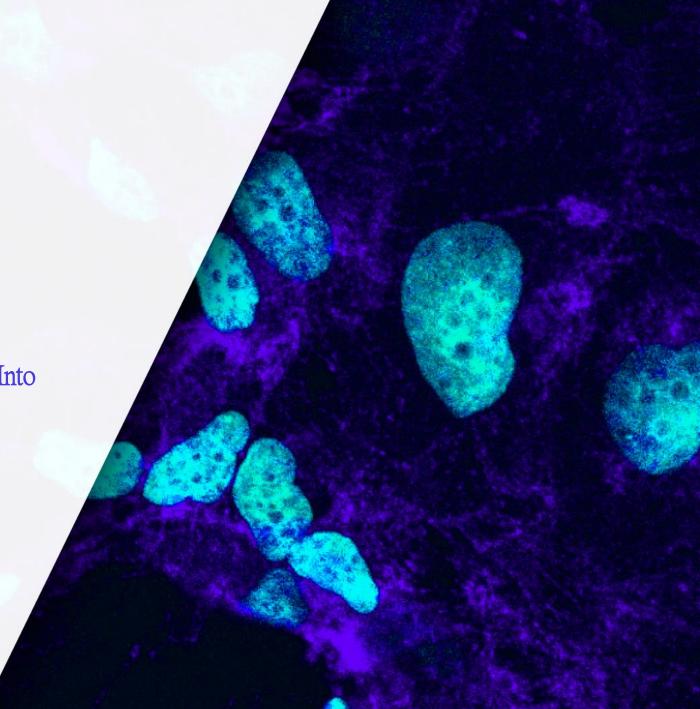




KAHR BIO

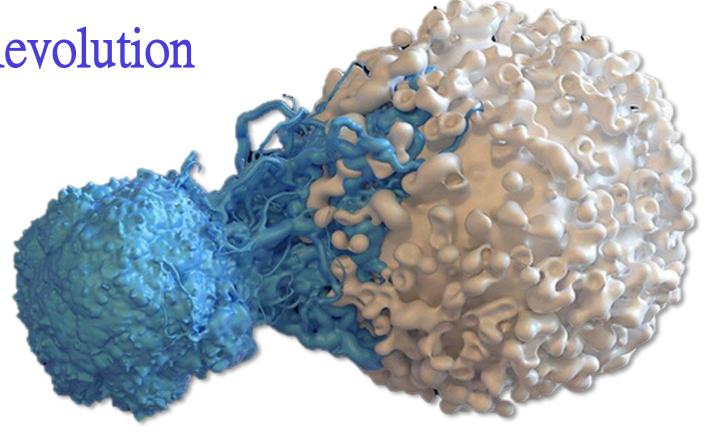
DSP107 - Turning the Promise of Immunotherapy Into a Reality for MSS CRC Patients



The Immunotherapy Revolution

2014
First FDA
approval

>20 Approved indications since



Demonstrated curative potential

50% oncology market (by 2030)



Immunotherapy Ineffective in MSS CRC

High CD47 expression inactivates innate immunity





Immune suppressive TME



Low mutational burden maintains tumor invisible



Cold immune composition -Low in T cells High in TAMs



Activated angiogenesis fuels immune tolerance









DSP107 Simultaneously Activates Innate and Adaptive Immunity

Cancer selective binding to overexpressed CD47 on tumor cells (red blood cells unaffected)

- Reactivation of innate immunity through macrophage mediated phagocytosis
- Conditional 4-1BB-mediated T cell engagement and activation

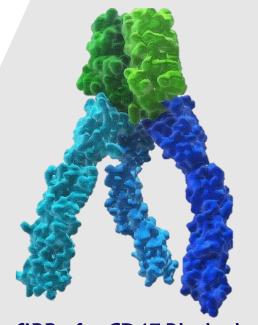
SIRPα for CD47 Blockade

CD47 overexpressed on cancer cel

CD47 overexpressed on cancer cells, delivers "don't eat me" signal inhibiting macrophage activity

4-1BB is a costimulatory receptor that when activated enhances T-cell activation

4-1BB Ligands





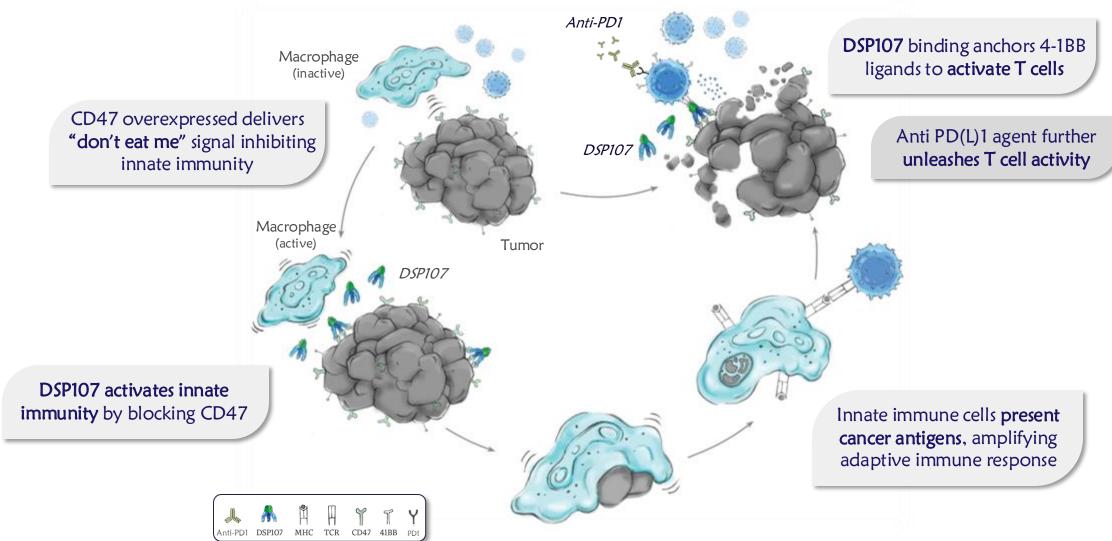








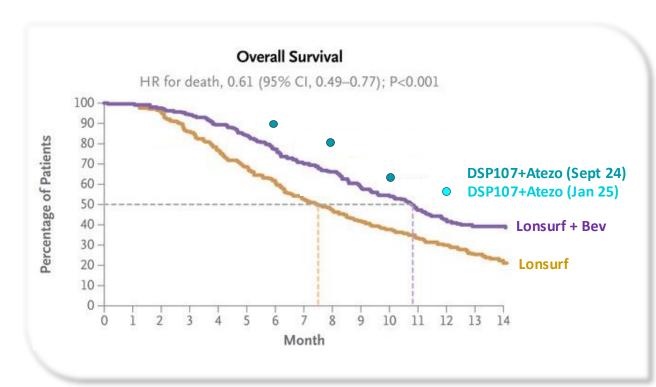
DSP107 Modulates the Immunosuppressive TME





DSP107 Promising Phase 2 Data in MSS CRC

- DSP107 monotherapy (n=17) and combination with Atezolizumab (n=21) tested in 3L MSS CRC patients¹
- Excellent and differentiated safety profile demonstrated in more than 110 solid tumor patients
- 62% disease control (including 1 CR and 1 PR) in patient population that included >70% patients with liver metastases
- Median OS not reached yet, however, DSP107 + Atezolizumab already demonstrates superior survival to the best SOC
- DSP107 + Atezolizumab demonstrate the same level of activity and survival benefit in patients with liver metastases



13-018 MSS CRC patient

KRAS mutated; with liver and lung metastases



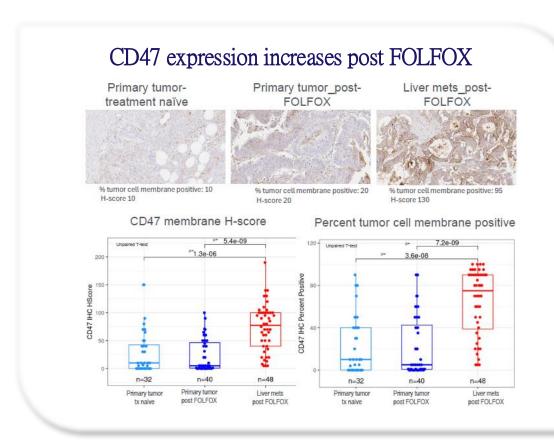


- 46 year old male patient with Adenocarcinoma of sigmoid colon
- Previous lines include: XELOX, XELOX + Bev, FOLFIRI + Bev, JAB-3312 + binemitinib, Lonsurf
- Achieved 18 months PR (-86%), survival ongoing >2 years

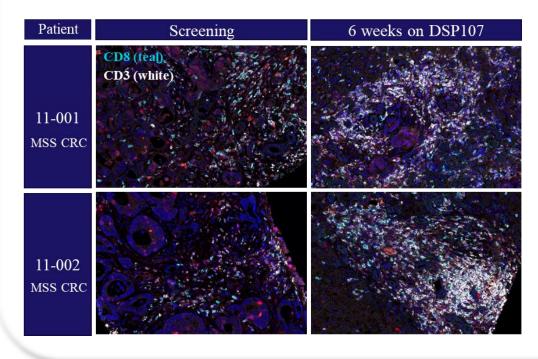


Mechanism for DSP107 TME Modulation in MSS CRC

- CD47 protein is elevated in CRC liver metastases post FOLFOX and correlates with proportion of phagocytic macrophages¹
- CD47 overexpression enables DSP107 binding, anchoring 4-1BB ligands to the tumor surface, thereby providing a co-stimulation activation signal to T-cells in the TME²



DSP107 effect on TME immune cell composition





Expanding Our Ambition - The Synergistic Trio

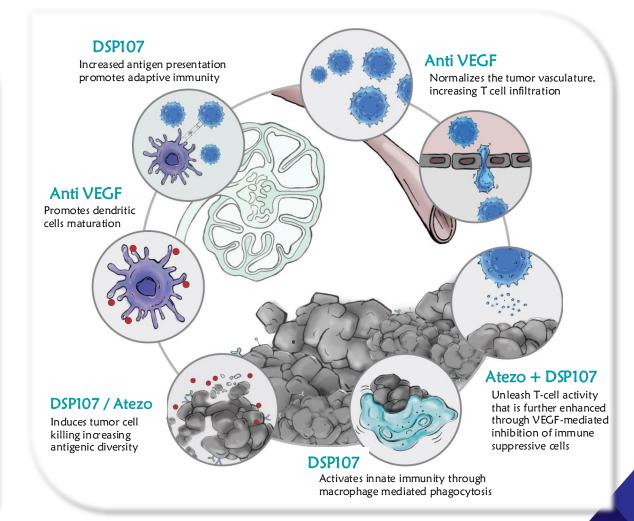
Addition of VEGF inhibitor could further modulate the TME to be more favorable for DSP107 + Atezolizumab therapy

Mechanism of Action Rationale

- CD47-high tumors have activated angiogenesis and higher expression of PD-1 and PD-L1 ¹
- VEGF-A has a fundamental role in driving T cell exhaustion in the TME in MSS CRC²



- **Anti-VEGF** will increase T cell infiltration reshaping the TME to be more immunogenic
- DSP107 will activate macrophages and prime T cells
- Atezolizumab will unleash T cell cytotoxicity
- Tumor killing will increase antigen presentation, amplifying the immune response





Vision For the Future - Redefining MSS CRC Treatment

Turning the promise of immunotherapy into a reality for MSS CRC patients

- DSP107 combined with Atezolizumab and an anti-VEGF may further extend survival and achieve curative outcomes
- KAHR plans to test the addition of Bevacizumab to DSP107 + Atezolizumab in a randomized, controlled phase II study
- Our Mission Transforming metastatic MSS CRC into a curable cancer

107 003 Phase II - Randomized Controlled Efficacy Trial Indication: Treatment arms: Objectives: Efficacy 3L MSS CRC (n~100) DSP107 Atezo Bev Primary: median OS • With prior fluoropyrimidine-, oxaliplatin-, and Secondary: 12 months OS rate, PFS, irinotecan-based chemotherapy; VEGF inhibitor; 2. Bev ORR, DCR Lonsurf EGFR inhibitor if RAS wild type Patients with or without Liver metastases



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l Bristol Myers Squibb of B





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Tomer Cohen, MBA

Chief Financial Officer







Adam Foley-Comer, MD

Chief Medical Officer











Ayelet Chajut, PhD
Chief Technology Officer











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Yaron Pereg

KAHR CEO since 2017; 15+ years as a leader in biotech



