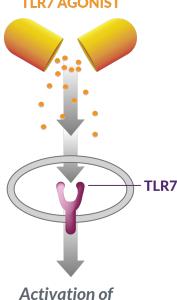


Primmune Therapeutics Summary

Primmune Therapeutics is advancing the clinical development of PRTX007 (an orally administered TLR7 agonist), and designing novel oral SARS-CoV-2 3C Protease inhibitors





Innate Immunity

Primmune Therapeutics was founded by the world leaders in TLR7 biology and medicinal chemistry

PRTX007, activates plasmacytoid dendritic cells (pDC's) to produce a robust poly-Type I and III interferon response showing antiviral activity against a wide array of RNA viruses, including SARS-CoV-2, RSV, Influenza, Dengue and Zika

PRTX007: First-in-human SAD/MAD healthy volunteer Phase I study initiated in June 2021

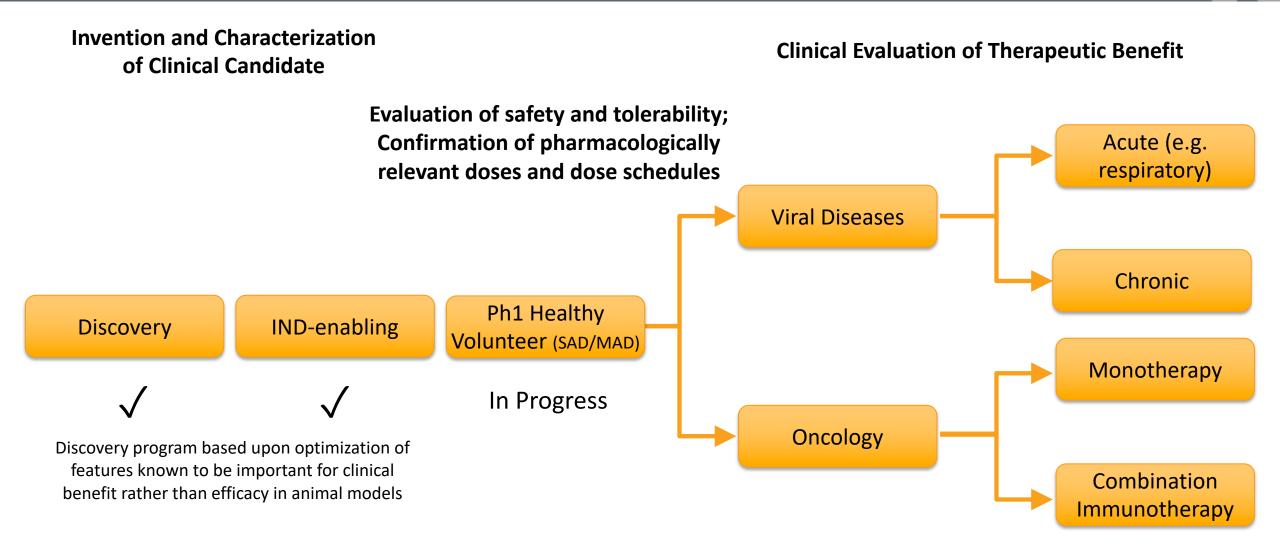
Three PRTX007 clinical studies planned for 2022

- **RSV**: Phase II human challenge study treatment and prophylaxis
- **SARS-CoV-2**: Phase Ib community study
- HPV Dysplasia: Phase II (CIN 2/3) driven by chronic HPV infection

2022 launch of PRTX007 Oncology Phase lb/II study as single agent neo-adjuvant lead into a combination with Immune Checkpoint Inhibitors (CPIs)

Primmune's unique insights into TLR7 agonist structure activity relationships (SAR) have enabled the design of unique orally active small molecules that can drive a tolerable systemic poly-interferon response without significant increases in NFkβ driven inflammation.

PRTX007 Development Strategy

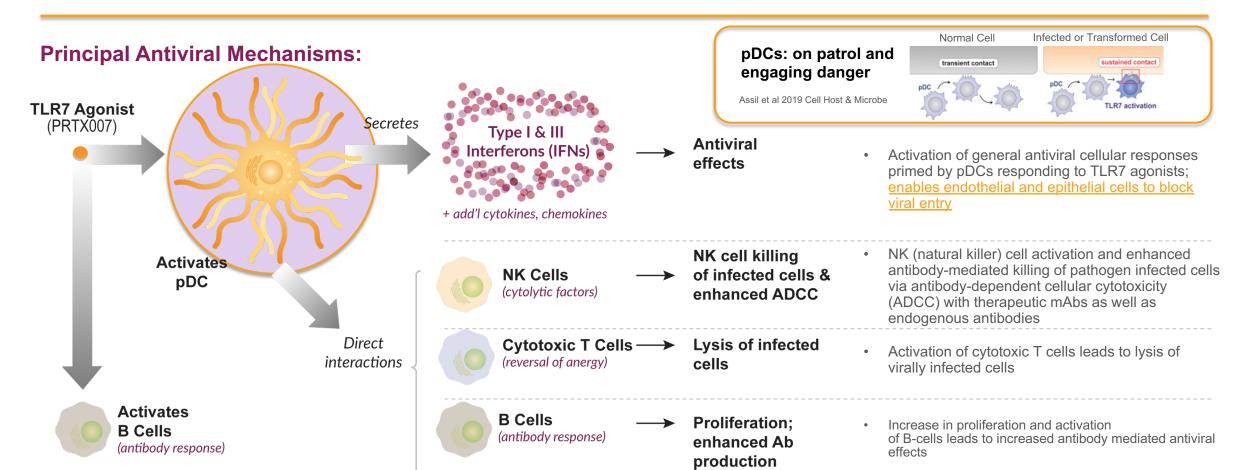




PRTX007's MOA Is Ideally Suited for Addressing SARS-CoV-2

THE PROBLEM: SARS-CoV-2 evades detection and activation of pDCs, limiting the innate immune response

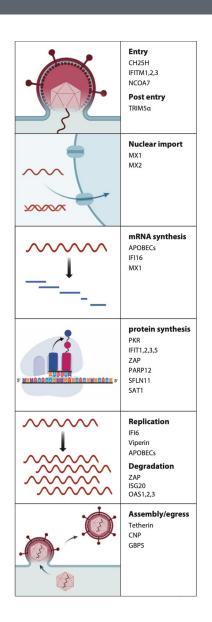
THE SOLUTION: When triggered by a TLR7 agonist, pDCs become activated and limit-viral replication and infection



Nineteen Types/Subtypes of IFNs Secreted by pDCs Activate Over 600 Different Genes Creating an Antiviral State Effecting Immune, Endothelial and Other Target Cells

- Target cells include lung epithelium
- IFNs stimulate increased levels of 600 - 2000 mRNA transcripts in human cells
- ~ 60 well-recognized ISGs with potent, broadbased antiviral activity

 Novel set of ISGs with activity restricted to coronaviruses identified Martin-Sancho 2021



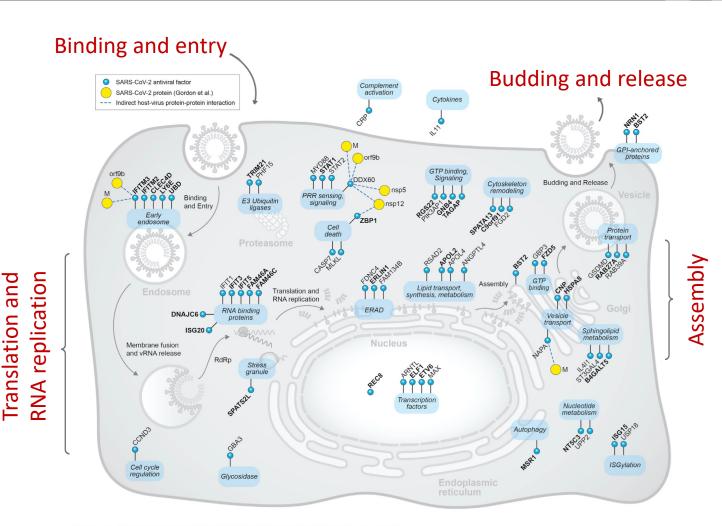
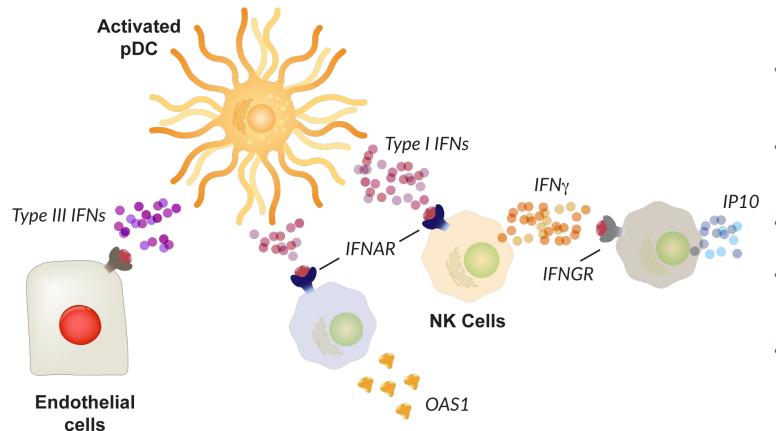


Figure 4. Integrated model of SARS-CoV-2 cellular restriction mechanisms

ISGs that inhibited SARS-CoV-2 replication were placed at specific positions along the viral infectious cycle based on experimental data generated in Figure 3 in conjunction with Gene Ontology, KEGG, and Reactome databases and the literature (see STAR Methods). Human ISGs are represented in blue circles and SARS-CoV-2 proteins in yellow circles. ISGs in bold indicate those ISGs that were validated using lentiviral transduction (Figure 1D). Dashed lines (edges) represent indirect interactions between these ISGs and the indicated viral proteins based on reported ISG interactors (Hubel et al., 2019) and SARS-CoV-2 interactors (Gordon et al., 2020).

Natural TLR7 Signaling Drives Both Tolerable Systemic Poly-IFN Production and Proper Innate and Adaptive Immune Signaling/Sequencing

TLR7 agonism drives a systemic poly-IFN release and significant in situ immunological activity at locations of infections via cell migration, paracrine signaling and endothelial cell hardening against viral entry/replication.



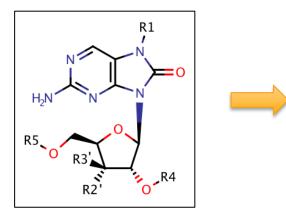
- Induction Via Paracrine Signaling and **Direct Cell-Cell Interactions**
- Overall circulating systemic IFN levels within normal limits
- ISG transcripts dramatically elevated
- Multi-factorial effects on immune cells and endothelial cells
- IFNs dramatically harden endothelial cells against viral infection and block viral production

PRTX007: Ideal Properties for Acute & Chronic Viral Disease and Oncology Settings

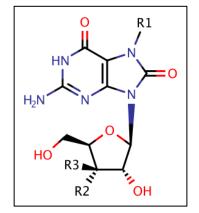
The challenge: pharmacology elicited by individual TLR7 agonists is sufficiently distinct they may appear to be acting at completely different targets

The solution: discovery and development requires deep characterization of biochemical and pharmacologic activity with closely related compounds

PRTX007 (Prodrug) Clinical Candidate



PRX034 TLR7 Agonist



(proprietary)

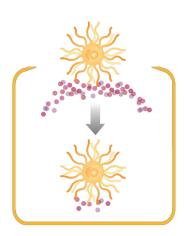
Converted by hepatic aldehyde oxidase on first pass through liver

PRTX007 meets essential properties for systemically acting, orally administered TLR7 agonists

Property	Consequence	
Small-molecule agonist interaction with TLR7 maintains normal RNA-mediated allosteric regulation of TLR7	Enables control of immune activation by applied dose	
Specificity for TLR7 and a corresponding lack of activity at TLR8	Limiting proinflammatory response enables systemic administration	
Defined target profile of cytokine and chemokine induction in human peripheral blood mononuclear cells	Enables systemic administration	
Efficient delivery to systemic circulation by prodrugs that intrinsically lack TLR7 agonist activity themselves	Avoids gut toxicity	
PK volume of distribution ~ 1 L/kg	Broad systemic distribution	
Relatively short PK t _{1/2} with substantially more long-lived pharmacodynamic response	Avoids both tachyphylaxis and toxicities	

(proprietary)

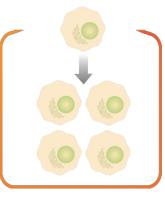
Bane of Systemic Small Molecule TLR7 Agonists (Historical)



Loss of pDC Activiity

Inability to maintain immune pressure

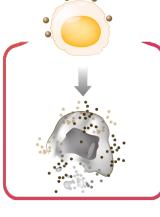
Most / All (QD dosing)



Too Much of a **Good Thing**

Excessive B cell proliferation

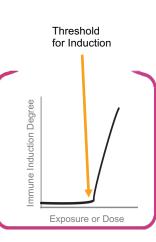
Most / All (QD dosing)



Off-target **Toxicities**

Off-target toxicities of agonist or metabolites

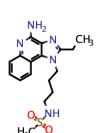
Imiquimod Resiguimod Bropirimine

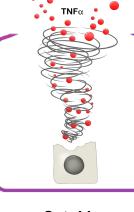


Unmanageable **Dose Response**

Narrow or no therapeutic index

3M - 852A (PF-4878691) and others





Type 1 interferons

•

Cytokine Storm

Excessive systemic inflammation

> Many (tolerability limitation)



Bad Models

Mice ≠ Men

Coordinated im-"going nuclear"

Divergent TLR7mediated pharmacology



Not Understanding Differentiation

Equating TLR7 agonists & MOA with "oral interferon"

mune response vs



Understandings Derived from Primate and Human TLR7 Agonist Pharmacology

(Anadys Pharma program lead by J. Appleman)

Essential properties for systemically acting, orally administered TLR7 agonists, particularly those used in chronic diseases

Property	Consequence	
Intrinsic potency for TLR7 activation in a defined range that maintains ability to vary degree of engagement with concentration	Enables control of immune activation by applied dose	
Specificity for TLR7 and a corresponding lack of activity at TLR8	Limiting proinflammatory response enables systemic administration	
Defined target profile of cytokine and chemokine induction in human peripheral blood mononuclear cells	Enables systemic administration	
Efficient delivery to systemic circulation by prodrugs that intrinsically lack TLR7 agonist activity themselves	Avoids gut toxicity	
PK volume of distribution ~ 1 L/kg	Broad systemic distribution	
Relatively short PK $t_{1/2}$ with substantially more long-lived pharmacodynamic response	Avoids both tachyphylaxis and toxicities	

SCOPE OF INFORMATION USED IN ANALYSES

Note: clinical data for agonist* and

prodrug(s)** either publicly available or

generated in Anadys clinical programs

TLR7 and TLR7/8 Agonists Representing Multiple Structural Classes

- 3M-852A (PF4878691)*
- Imiquimod and prodrugs*
- Resiquimod and prodrugs*
- Bropirimine and prodrugs*
- SM-360320 (CL-087, 1V136) and prodrugs
- Loxoribine and prodrugs*
- Isatoribine and prodrug*,**
- Other proprietary Anadys TLR7 agonists and corresponding prodrugs*,**

Pharmacokinetics (multiple cmpds)

- PK after IV administration
- Efficiency of systemic delivery and PK of agonists upon oral administration of prodrugs
- Distribution, route of clearance, ...

Systemic Immune Response (multiple cmpds)

- Cytokines and chemokines
- · Proinflammatory response makers
- Antiviral enzymes
- IFN-responsive genes
- B, CD8+ T, CD4+ T, NK cell status

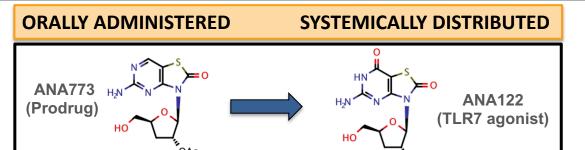
Effect of Dosing Schedules (multiple cmpds)

- QD (continuous daily dosing)
- QOD (every other day dosing)
- 3xQD, 4 day holiday (weekly cycle, "3on/4off")
- QW (weekly dosing)

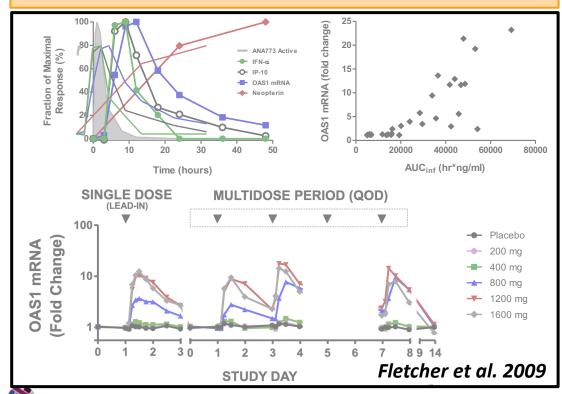
Formal safety studies with QD, QOD and "3on/4off" schedules (selected Anadys compounds)



The Viability of Primmune's TPP was Demonstrated in Clinical Studies with ANA773 by Anadys Pharmaceuticals over a Decade Ago



PK/PD IN HEALTHY VOLUNTEERS



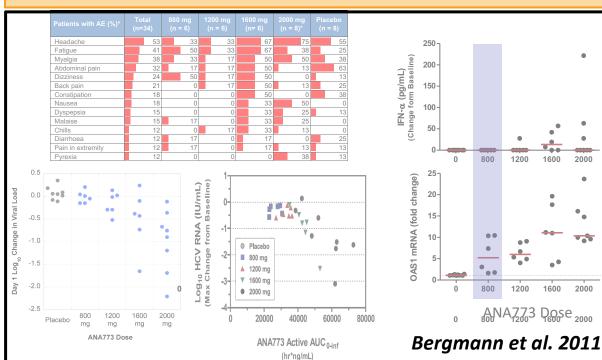
MONOTHERAPY ACTIVITY IN PHASE 1 CANCER STUDY



Uveal Melanoma (7 cycles)
Uveal Melanoma (11 cycles)
Stage IV Adenocystic Carcinoma (13 cycles)
Prostatic Adenocarcinoma (16 cycles)
Metastatic Melanoma (19 cycles)

Daniels et al. 2011

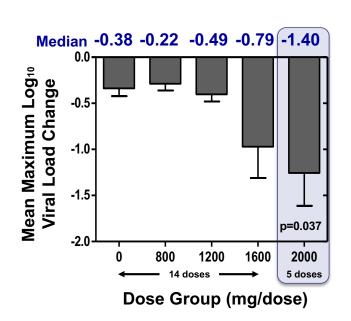
MONOTHERAPY ACTIVITY IN CHRONIC HEPATITIS C



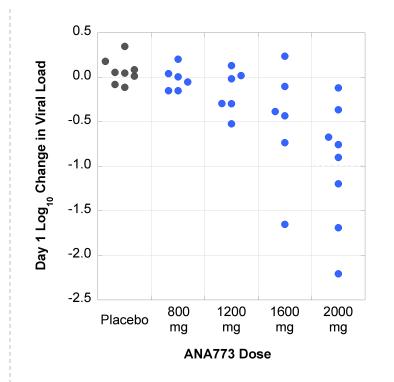
Clinical Demonstration of Single Agent TLR7 Agonist-Mediated Acute Antiviral

Response in HCV Patients

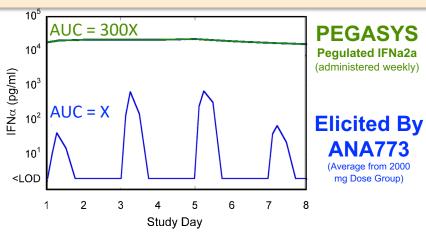
Data shown* is for ANA773, an oral inducer of endogenous interferons acting via TLR7, in clinical trials to treat chronic HCV



ANA773 demonstrated significant antiviral activity, exceeding the magnitude achievable with administered IFNs

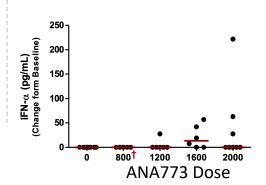


A substantial dose level-dependent decrease in viral load is observed upon administration of the first dose

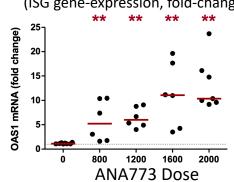


ANA773 causes IFN-responsive gene induction with very low exposure to circulating IFN as compared to exogenous IFNa2a (i.e., PEGASYS)





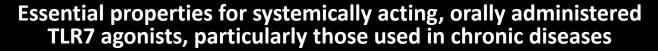
D1 Individual peak OAS1 (ISG gene-expression, fold-change)





Updated understandings incorporated into Primmune's program

(will discuss data relevant to three of the six key properties)



Property	Consequence	
Small-molecule agonist interaction with TLR7 maintains normal RNA-mediated allosteric regulation of TLR7 (revised)	Enables control of immune activation by applied dose	
Specificity for TLR7 and a corresponding lack of activity at TLR8	Limiting proinflammatory response enables systemic administration	
Defined target profile of cytokine and chemokine induction in human peripheral blood mononuclear cells (optimized)	Enables systemic administration	
Efficient delivery to systemic circulation by prodrugs that intrinsically lack TLR7 agonist activity themselves	Avoids gut toxicity	
PK volume of distribution ~ 1 L/kg	Broad systemic distribution	
Relatively short PK $t_{1/2}$ with substantially more long-lived pharmacodynamic response	Avoids both tachyphylaxis and toxicities	

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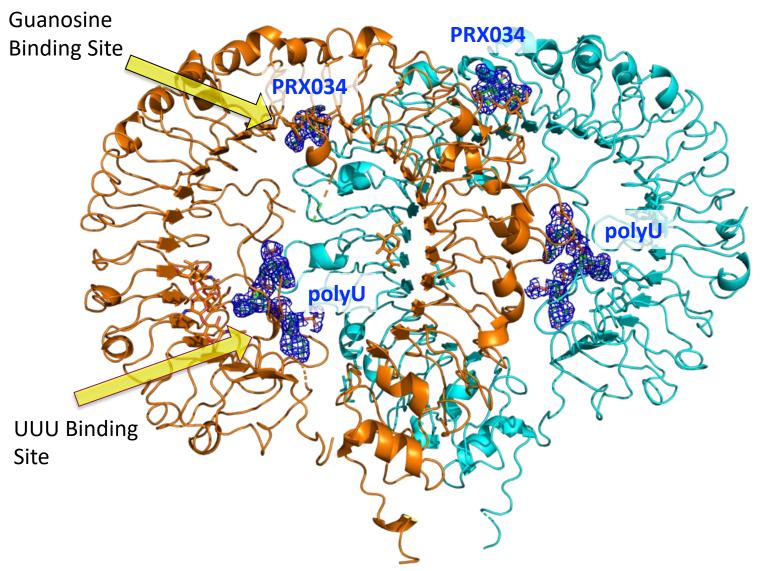


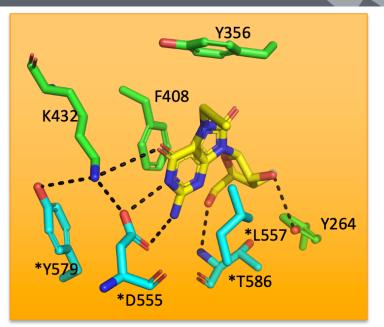
PRTX007

Experimental Data



Primmune's TLR7 Agonists Bind to Guanosine Binding Site

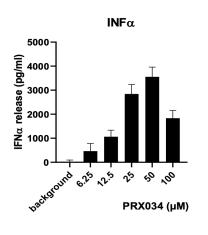


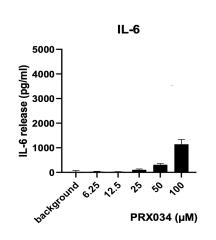


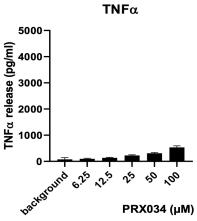


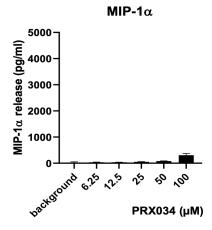
PRX034 in Human PBMCs: Preferential Induction of IFNs

IFN, Cytokine & Chemokine "Fingerprint"

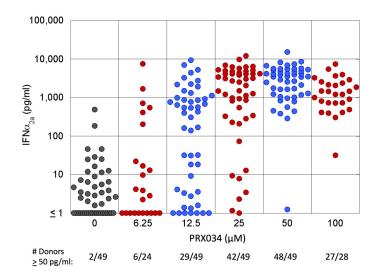


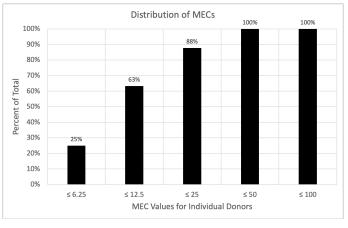






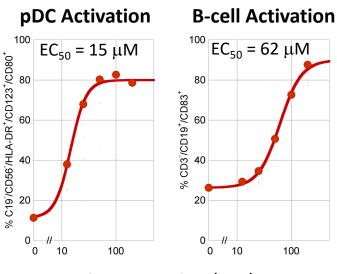
Individual Donor Response





MEC = lowest concentration of agonist which increases IFN by 50 pg/ml

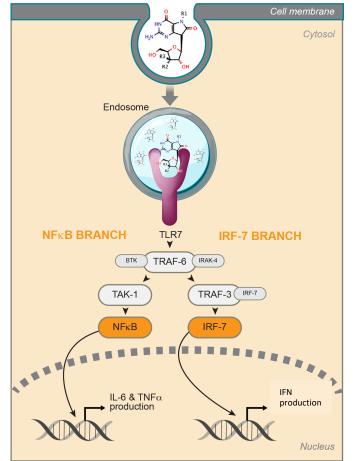
Cellular Activation by FACS Analysis

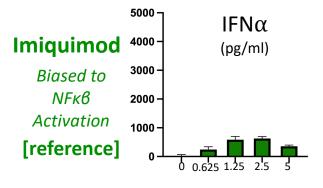


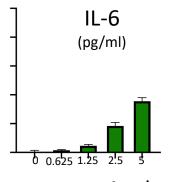
Concentration (µM)

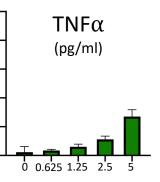
Differentially Tuned TLR7 Agonists (hPBMC Assay)

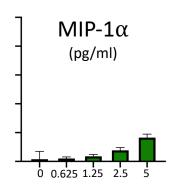








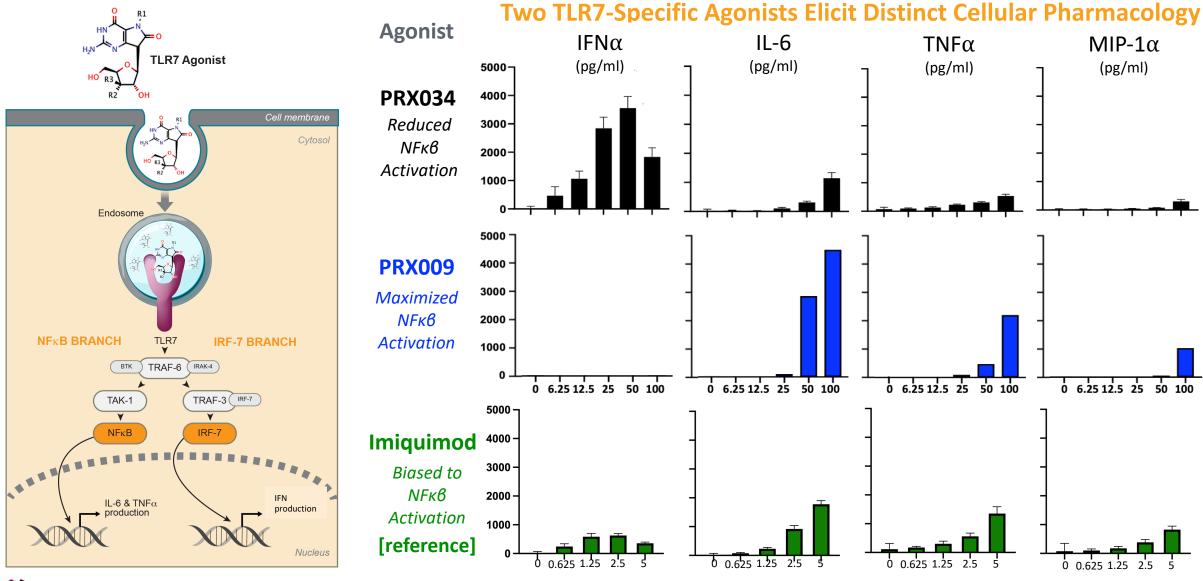






Analyte (μM)

Differentially Tuned TLR7 Agonists (hPBMC Assay)





Analyte (µM)

MIP- 1α

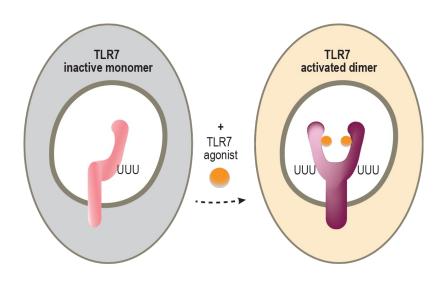
(pg/ml)

17

Additional Tuneable Properties Impacting Therapeutic Utility

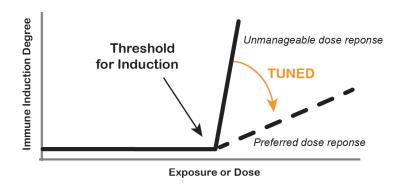
Tunable Property

Induction of TLR7 dimerization by TLR7 agonist as measured by biophysical techniques requires presence of polyU

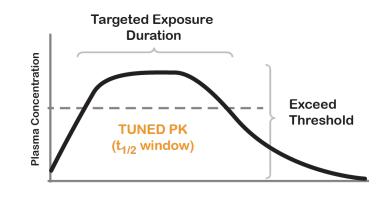


Treatment Benefit

Preferred dose response profile; degree of immune induction is responsive to dose



Controlled "time over threshold" window for plasma level of TLR7 agonist



Ability to dose frequently (e.g. QOD) and indefinitely while achieving well-tolerated, therapeutically relevant degree of immune induction



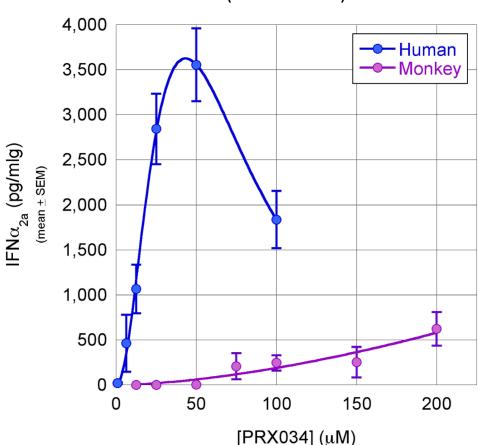
ASIDE: PRX034 13-fold More Potent in Human than Monkey PBMCs

(doses required in monkeys therefore much greater than in humans)

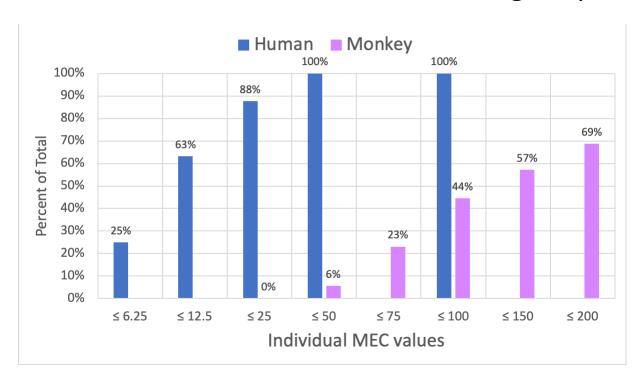


IFN α_{2a} in PBMC Assays

(mean ± SEM)



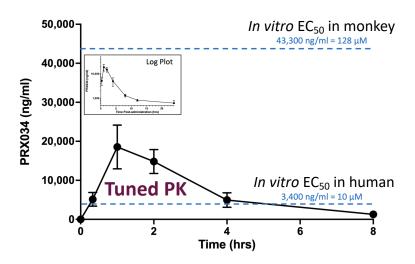
Minimal PRX034 Concentration Eliciting Response





Profile Maintained in Cynomolgus Monkey Studies

First Dose PK (125 mg/kg)



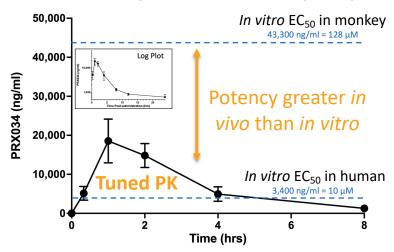
Note: The TLR7 agonist PRX034 is efficiently delivered into systemic circulation by oral administration of PRTX007



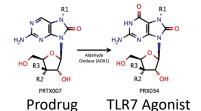
Profile Maintained in Cynomolgus Monkey Studies

First Dose PK (125 mg/kg)

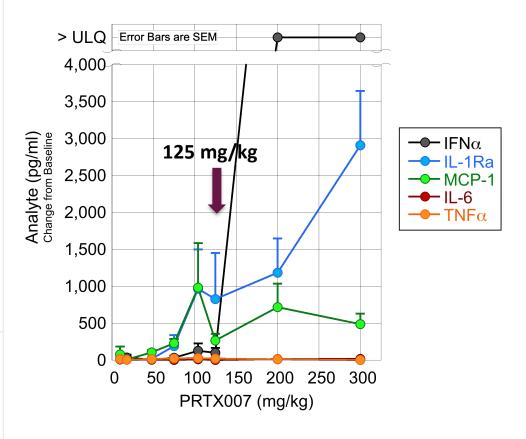
In vitro assays underestimate in vivo potency



Note: The TLR7 agonist PRX034 is efficiently delivered into systemic circulation by oral administration of PRTX007



First-Dose Response

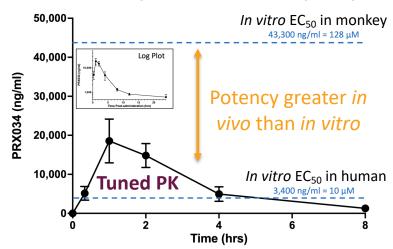




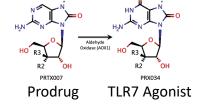
Profile Maintained in Cynomolgus Monkey Studies

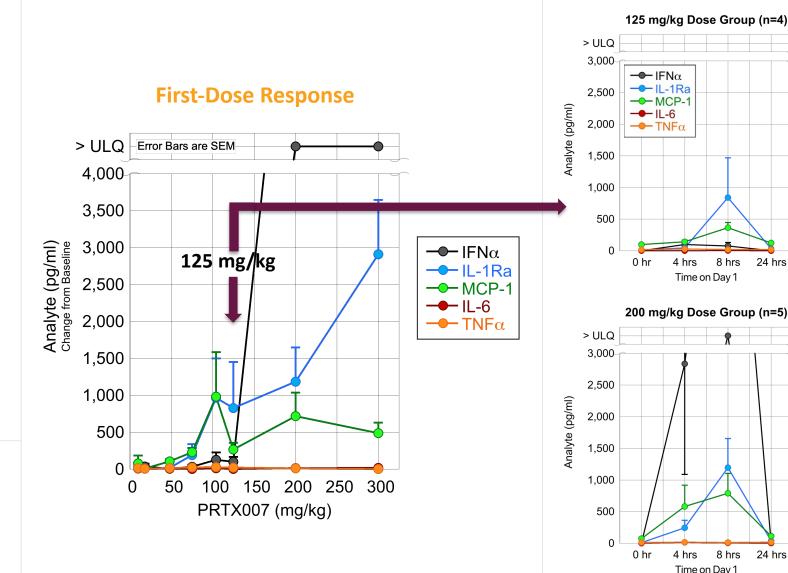
First Dose PK (125 mg/kg)

In vitro assays underestimate in vivo potency



Note: The TLR7 agonist PRX034 is efficiently delivered into systemic circulation by oral administration of PRTX007







Primmune Therapeutics

24 hrs

8 hrs

4 hrs

4 hrs

Time on Day 1

8 hrs

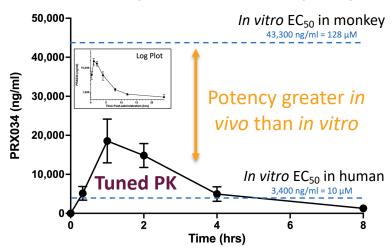
Time on Day 1

24 hrs

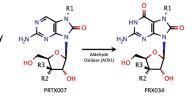
Interferon Stimulated Genes ...

First Dose PK (125 mg/kg)

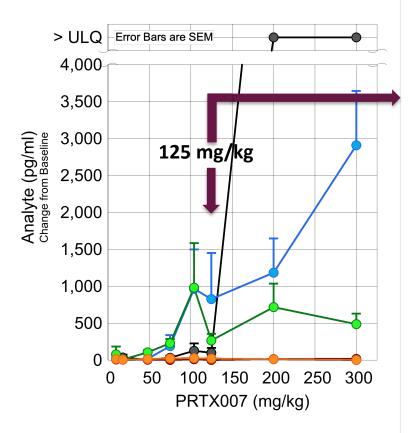
In vitro assays underestimate in vivo potency



Note: The TLR7 agonist PRX034 is efficiently delivered into systemic circulation by oral administration of PRTX007

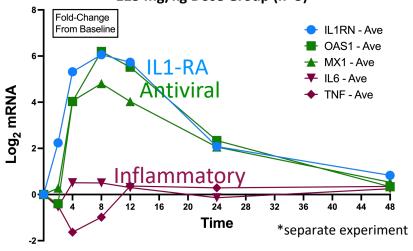


First-Dose Response



Substantial Induction IFNα-Regulated Genes

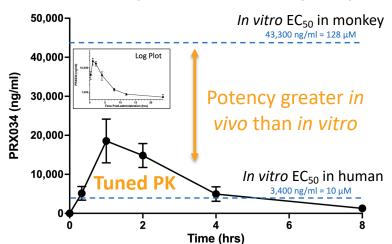
Extended Duration PD Response
125 mg/kg Dose Group (n=5)*



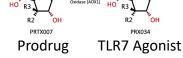
Interferon Stimulated Genes Engaged With Minimal / No Circulating INFa

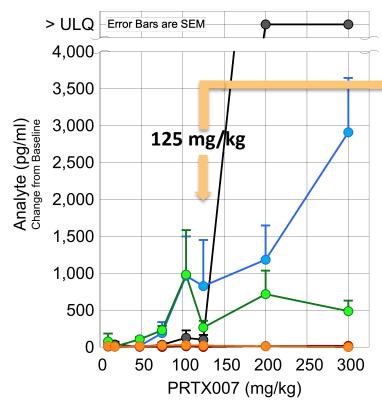
First Dose PK (125 mg/kg)

In vitro assays underestimate in vivo potency

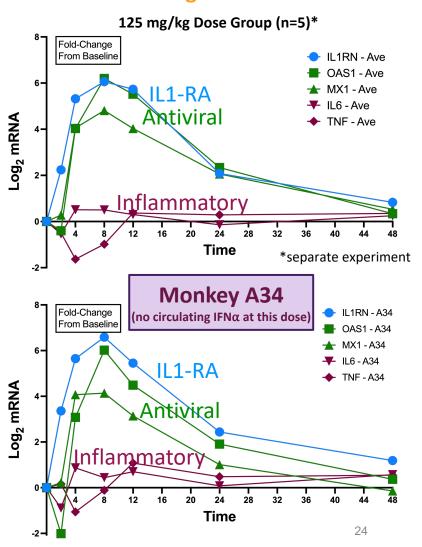


Note: The TLR7 agonist PRX034 is efficiently delivered into systemic circulation by oral administration of PRTX007





Substantial Induction IFNα-Regulated Genes





PRTX007 In Vitro Viral Challenge Studies: Broad-Spectrum Antiviral Activity Demonstrated Against SARS-CoV-2 and Other RNA Viruses

IFN α_{2a} and total INFa content

Dilution series for cellular antiviral assay

measured Incubation of hPBMCs Isolation Human **hPBMC**

with TLR7 agonist of CM Blood isolation Collection

Immune Evasion in Serious Disease



SARS-CoV-2 USA WA1/202

Coronavirus 229E

Influenza H1N

Inhibition of viral replication by PRTX007 Conditioned

Media (CM) is substantially greater than an equivalent

amount of IFN α 2a added directly to the assay (EC₅₀ ratio>1)



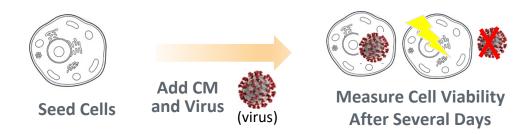




Rhinovirus-1 **HCV 1b** (Replicon **Dengue Serotype** Zika PRVABC5

	(pg/ml)		,	
	CM IFNα2a	Exogenous IFNα2a	Exog. IFNα2a/ CM	
WA1/2020	44	5,000	113	
irus 229E*	< 3	< 3,000	-	
enza H1N1	19	54	2.9	
RSV A2**	21	1950	16	
novirus-15	12.9	1,000	77	
(Replicon)	< 0.03	< 0.3	-	
Serotype 2	< 3	< 300	-	
PRVABC59	0.5	5	10	

 EC_{50} as IFN α 2a in Assay



- Evaluates solely the impact of secreted factors, notably IFNs from pDCs
- Does not include the antiviral benefits of cell-cell interactions in controlling virus-associated cellular pathology and transmission

Primmune's Systemically Administered TLR7 Agonist Is Active In A Difficult To Treat Mouse Model of RSV Lung Infection

tion initiated 1 hr post

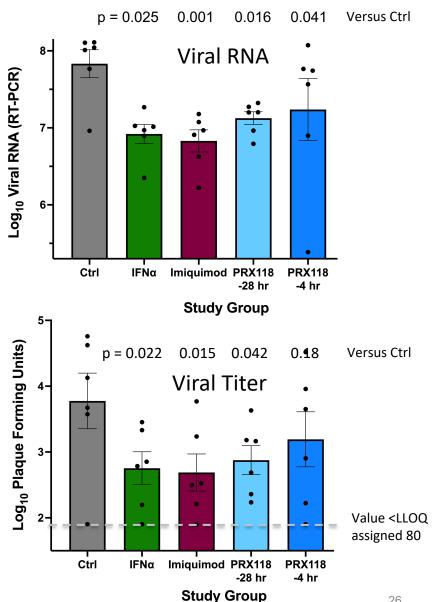
infection (Groups 4, 5)

Primmune's systemic TLR7 agonist:

- Was administered by IV bolus as PRX118, a very soluble form of the clinical candidate
- Achieved viral load reduction comparable to that observed with intranasal IFNα and imiguimod (virus measured in the lung by RT-PCR [Viral RNA] and infectivity of cultured cells [Viral Titer])
- No evidence of toxicity or adverse effects of treatment with this systemic TLR7 agonist
- Results of this study support clinical investigation of PRTX007 in RSV-infected patients

Treatment Groups Animals Balb/c mice (n=6/group) Control PRX118 28 hrs prior to infection (Q12h) Infection IV PRX118 4 hrs prior to infection (Q12h) Intranasal infection with RSV-A2 **Intranasal interferon (Q24h)** across both nares, ~6x10⁶ pfu/ml Intranasal imiquimod (Q24h) euthanasia infection and dissection Study Day 3 4 days > Start treatment groups 1, 2 * intranasal drug adminstra-

> Start treatment groups 3, 4, 5*





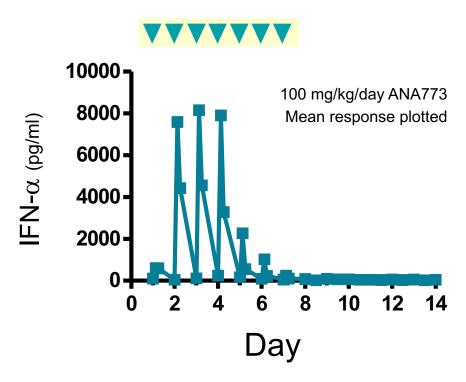
In Conclusion

- Primmune has discovered a series of proprietary TLR7 agonists and prodrugs that incorporate molecular features enabling tuning of pharmacology to optimize clinical utility
- PRTX007 is the first of these molecules selected for clinical investigation
- This prodrug and its corresponding agonist, PRX034, have features that make it ideal for treatment of early-stage SARS-CoV-2 infection and other viral infections
 - Minimal proinflammatory potential
 - Systemic distribution and activation of target cells
 - Frequent (e.g. QOD) dosing to maintain immune pressure while avoiding counter-regulation
 - Some of these features make PRTX007 highly appropriate for chronic use in treating viral infections and cancer, including in combination with immune checkpoint inhibitors
- Clinical evaluation of PRTX007 on a QOD dosing schedule in healthy volunteers is in progress
 - Findings to date as expected based upon preclinical experimental results



Backup

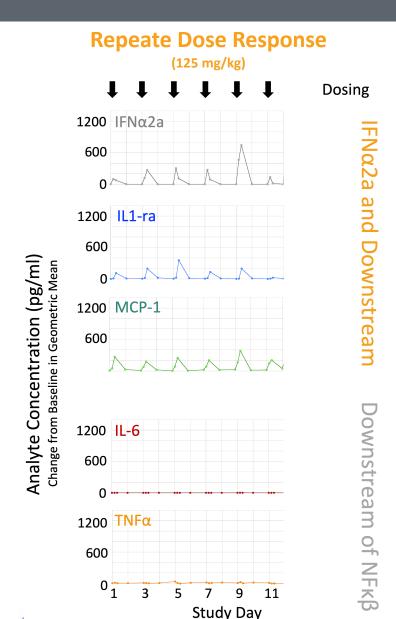
QD Dosing of ANA in Primates: Induction and Tolerance in Cytokine Response



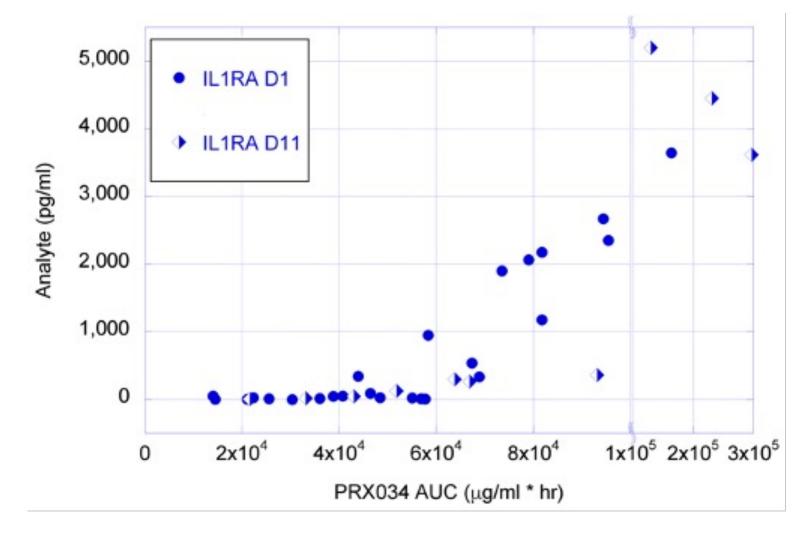
Tan et al. AACR 2008 Abstract 2079

- This pattern of response is observed:
 - when measuring levels of a variety of cytokines and chemokines
 - with TLR7 agonists of entirely different structural classes
 - independently of route of administration
 - even at low doses of agonist where extent of maximal stimulation is relatively small (i.e. independent of magnitude of cytokine response)
- This pattern is not attributable to changes in exposure to agonist over time
- Immune cell proliferation does not display this tolerance

Profile Maintained in Repeat-Dose Cynomolgus Monkey Study



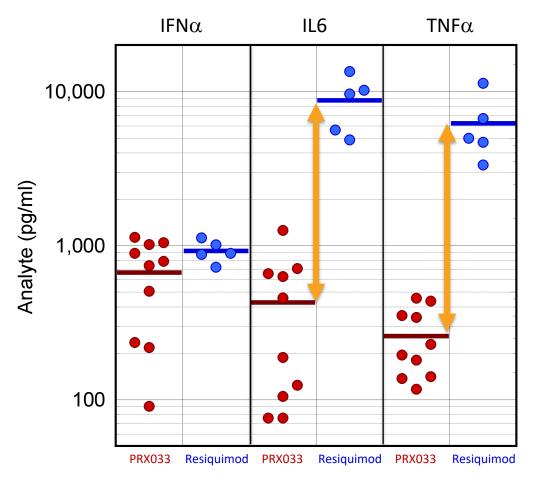
D1/D11 PK/PD Maintained



Treatment with resiquimod (R848) is fundamentally more inflammatory in mice than IFN-tuned Primmune TLR7 agonists (PRX033 as exemplar)

- Study outline
 - A single dose of either PRX033 (40 mg/kg) or resiquimod (0.6 mg/kg) was administered to C57BL/6 mice by tail vein injection
 - PK and PD samples were taken at various time points
 - Concentrations of selected analytes at 1 hr post-administration (analyte peak) are shown at right
- Both drugs induce significant IFNα production
- Resiquimod, which is presumed to act exclusively through TLR7 in mice, also induces substantial IL6 and TNF α
- These results demonstrate that Primmune's TLR7 agonists elicit distinct pharmacologic profiles

TLR7 Expression in Mice Includes Macrophages & Other Producers of Pro-inflammatory Factors



PRX033: 40 mg/kg Resiquimod: 0.6 mg/kg

