2021

Initiation Report

CHIMERIC THERAPEUTICS LTD

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Company Sponsored Research
Initiation of Coverage
10/25/2021

DIAMOND EQUITY RESEARCH

Chimeric Therapeutics Ltd. (ASX:CHM)

Scorpion Sting Targeting Solid Tumors as the Leading ASX Cell Therapy Company

Biotechnology

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Investment Highlights:

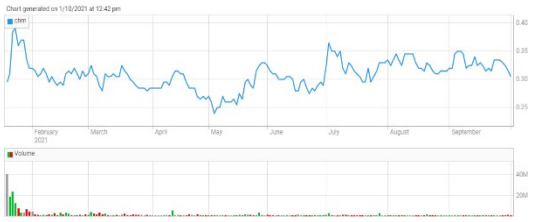
- **Entering the Attractive Unchartered Territory of Solid Tumors**
  CAR T therapies have proven to be effective in the treatment of Hematological cancers, but there has been minimal success seen in solid tumors with no approved therapies to date. Chimeric's lead indication GBM has a high mortality rate and the heterogeneous nature of tumors creates challenges in the treatment of patients. Chimeric's use of chlorotoxin as a binding agent to a wide variety of GBM cells has exhibited encouraging early-stage data in terms of efficacy and safety in preclinical trials. The CLTX CAR T therapy is currently in Phase I trials with initial safety data expected in Q4 2021.

- **GBM – An Unmet Medical Need**
  Glioblastoma remains an unmet medical need with a 5-year survival rate of around 5% and median overall survival remains at approximately 12 months. GBM is the most common and deadly malignant brain tumor, while continuing to have a poor prognosis. Surgery, radiation therapy and local or systemic chemotherapy are the standard of care. Given the challenges in current treatments, such as crossing the blood-brain barrier and several other resistance mechanisms, GBM historically returns after remission.

- **Promising Pipeline Positioning as ASX Leader in Cell Therapy**
  Chimeric has a promising pipeline targeting different solid tumors with CLTX CAR T and CDH17 CAR T. The CLTX CAR T therapy concentrates on four indications including Glioblastoma, Melanoma, Colorectal. And Prostate Cancer. The second therapy CDH17 CAR T is exploring treating Neuroendocrine, Colorectal, Pancreatic, and Gastric tumors. With multiple indications being targeted, including some of the highest incidence cancers globally, Chimeric is developing a strong diversified pipeline targeting solid tumors with CAR T therapies, with Chimeric positioning itself as the ASX leader in cell therapy.

- **Unassuming Valuation with Unique Risk Reward Scenario**
  Chimeric is targeting an untapped market with high unmet needs. We believe GBM presents a huge opportunity given the complex nature of tumors. The company's novel technology has shown potential efficacy and safety in preclinical trials, which although early stage is highly encouraging. Assuming positive data, we model the approval and commercialization in FY2026. Further, we model the company generating peak sales of AUD 3.01 billion. We note the area is highly competitive, there are over 18 CAR T clinical trials being conducted under GBM, with the majority sponsored by academia, we believe the scientific, as well as business skills of Chimeric's senior team will prove advantageous. *We are initiating coverage of Chimeric Therapeutics with our valuation model indicating a fair value of AUD 1.04 per share, contingent on successful execution by the company.*

Price-Volume History



Key Statistics

Closing Price (As of 10/22/2021)	$0.32
Valuation	$1.04
52 Week Range	$0.24-$0.44
Average Daily Volume(th)	666.6
Shares Outstanding (M)	333.4
Market Capitalization (M)	$105.04
Number of Analysts Covering	2
EnterpriseValue/Revenue	N/A

Revenue ($ in millions)

June.FY	2021A	2022E	2023E
1Q	N/A	N/A	N/A
2Q	N/A	N/A	N/A
3Q	N/A	N/A	N/A
4Q	N/A	N/A	N/A
FY	N/A	N/A	N/A

EPS ($)

June. FY	2021A	2022E	2023E
FY	(0.08)	(0.06)	(0.05)

Company Overview

Chimeric Therapeutics is an Australian clinical-stage cell therapy company established in 2020. The company researches, develops and commercializes innovative and promising cell therapies, which they believe can cure cancer and not just delay disease progression. With a number of acquisitions and financing taking place in cell therapy specifically within CAR T cell therapy, the industry is expected to grow rapidly over the next decade. The CAR-T cell therapy market is projected to reach a market value of around $6.1 billion[1] by 2030, indicating robust growth in the coming decade. Growing interest in sector is evidenced by Chimeric's funding prior to going public on the ASX exchange with an oversubscribed IPO.

Chimeric Therapeutics has built a robust pipeline targeting various indications with its two Novel CAR T therapies providing significant optionality for investors

The company's current development includes two programs, **CHM 1101 (CLTX CAR T),** which is a cell therapy that is in Phase I Clinical study in Glioblastoma and a Pre-Clinical study for Melanoma, Colorectal and Prostate; and **CHM 2101 (CDH17 CAR T)** which is in a Pre-Clinical study for Neuroendocrine tumors, Colorectal, Pancreatic, and Gastric cancers. It has a strategic partnership with OncoBay Clinical for the development program of CLTX CAR T. Chimeric Therapeutics is currently further developing its oncology pipeline by leveraging novel cell therapies that seek to provide treatments to cancer patients globally.

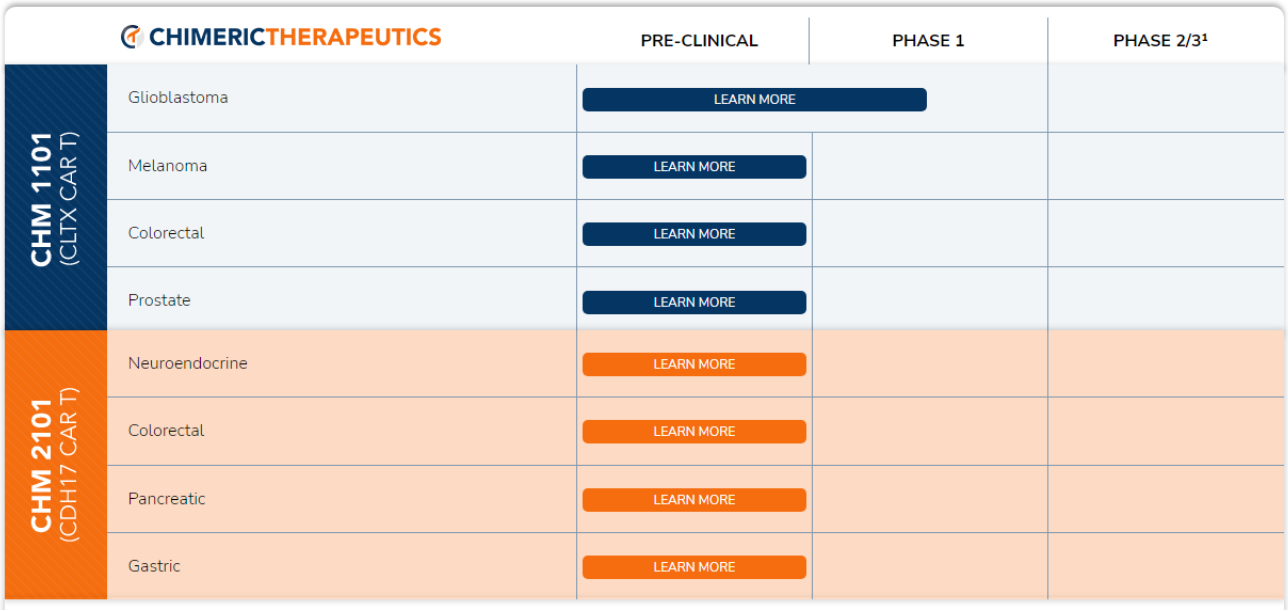
Cell Therapy is the transfer of intact, live cells into a patient to help lessen or cure a disease, and the Global Market for Cell Therapies is estimated to reach USD $8 billion by 2026[2]. Cell Therapy is one of the most active sectors in biotech today, with financings reaching $19.9B in 2020, doubling from 2019. In Oncology, cell therapy launched with the promise to be a therapeutic revolution, as it demonstrated survival not previously seen with traditional methods such as chemotherapies or immunotherapies. However, data from CAR T trials have shown that 50%[3] of the patients who would have been expected to survive only six months have shown progression free survival four years after being treated with CAR T Therapy. *This long-term survival of patients with deadly cancers represents the promise of cell therapies-curative potential.*

Approved CAR T-cell therapies have shown robust survival rates, acting as a last resort for patients with recurrent or refractory cancers. Approved therapies have shown improved survival in patients, illustrating the promise of cell therapy in treating cancer

Chimeric Therapeutics has cleared US FDA approval of the IND application for CHM 1101 (CLTX CAR T) for patients with recurrent/relapsed Glioblastoma, which is a novel CAR T cell therapy that uniquely utilizes Chlorotoxin as its tumor-targeting domain and has shown promising results in preclinical studies. Recently, the company announced the granting of EP 3,362,470 B1 by the European Patent Office, which covers certain applications of Chimeric Antigen Receptor (CAR) technology using chlorotoxin (CLTX) with patent protection for the next 15 years until 2036.

[1] "Global Car-t Therapy Market Report Opportunities and Strategies." The Business Research Company, https://www.thebusinessresearchcompany.com/report/car-t-therapy-market.
[2] TV, Stockhead, et al. "V-Con: IPOs Roaring INTO 2021." Stockhead, 4 May 2021, https://stockhead.com.au/stockhead-tv/v-con-ipos-roaring-into-2021/
[3] TV, Stockhead, et al. "V-Con: IPOs Roaring INTO 2021." Stockhead, 4 May 2021, https://stockhead.com.au/stockhead-tv/v-con-ipos-roaring-into-2021/.

Chimeric Therapeutics was listed on the Australian Stock Exchange (ASX) in January 2021, where earlier it closed an oversubscribed IPO with the stock ticker (ASX:CHM). The offer price was set at $0.20 per new share with a plan to raise $35 million in capital to fund payments under the license agreement and to conduct Phase 1 clinical trials and manufacturing. On the day of listing on the ASX exchange, CHM shares jumped to $.36 representing a listing gain of 80% to all the allotted shareholders and evidencing the immense interest in the sector.



Company Website

Management Overview

Chimeric Therapeutics is led by a team of cell therapy pioneers and experts committed to bringing the promise of cell therapy to fruition for more patients with cancer. Management's collective experience in cell therapy development and commercialization makes Chimeric uniquely positioned to translate innovative science into potentially curative therapies for patients. Further guidance comes from beyond the Management Team and Board of Directors, with the company also appointing experts with its Cellular Immunotherapy Scientific Advisory Board and Glioblastoma Expert Advisory Board.

	Jennifer Chow serves as the CEO and Managing Director of Chimeric Therapeutics. Jennifer is a cell therapy pioneer and expert with experience developing and commercializing FDA-approved CAR T cell therapies, Abecma™, Breyzani™, Yescarta™, and Tecartus™. Jennifer also has experience leading the commercial development for more than 15 pipeline cell therapies.
	Paul Hopper is the Executive Chairman and Founder of Chimeric Therapeutics. Paul is an accomplished bio entrepreneur that has been instrumental in founding several successful biotechnology companies, including Imugene, Viralytics, Prescient, and now Chimeric Therapeutics. He is one of Australia's leading Biotech entrepreneurs who was involved in selling Viralytics for $500 million to Merck & Company. Paul has tremendous experience in various fields of medical science serving senior positions at more than fourteen companies in Asia, Australia, and the United States.
	Dr. Syed Rizvi is the Chief Medical Officer of Chimeric Therapeutics. Syed has over 25 years of biotechnology and pharmaceutical industry experience leading global and US medical affairs and clinical teams. Syed is a cell therapy executive with extensive development and commercialization experience. Previously working at Legend Biotech where he was head of the CAR T program responsible for developing the Ciltacabtagene Autoleucel BCMA CAR T program. Prior to Legend, Syed was the head of global medical affairs for the CAR T and immuno-oncology programs at Celgene Corporation and the head of hematology, US medical affairs.

	Dr. Eliot Bourk is the Vice President, Corporate and Business Development at Chimeric Therapeutics. Eliot is a cell therapy expert with over five years of leadership experience developing and commercializing cell therapies from early to late stage. Eliot earlier used to work and lead commercial strategy at Kite Pharmaceuticals before joining Chimeric Therapeutics. Eliot has worked on the development and commercialization of the majority of the leading CAR T therapies including Abecma™, Breyanzi™, Yescarta™, and Tecartus™.
	Dr. Li Ren is Vice President Technical Operations at Chimeric Therapeutics. Dr. Li Ren has immense experience in the development and advancement of drug candidates involved in cell therapy from the preclinical stage through to the commercialization and marketing of the drug. She has led the development of multiple allogeneic & autologous cell therapy products, including CAR T cells, TCR cells, NK cells, and mesenchymal-like stem cells. Before joining Chimeric, she used to oversee the technology transfers at Bristol-Myers Squibb (BMS) of Juno Therapy pipeline products and provided technical support for both GMP manufacturing and quality control (QC) testing to enable clinical trials.

Exhibit 2: Management Overview. Source: Company Data

Treating Cancer with CAR-T Immunotherapy

Cancer treatments and diagnoses have evolved in the past century from different surgeries to Chemotherapy to Targeted Therapy and the recent development in Cellular Immunotherapy. Cellular Immunotherapy or Adoptive Cell therapy is a form of treatment that uses substances made by the body or in the laboratory to strengthen and improve the functionality of the immune system and destroy cancer cells. There are different types of Immunotherapies that work in different ways targeting the disease. There are some that reduce the growth of cancer cells, while others help the immune system destroy the cancer cells.

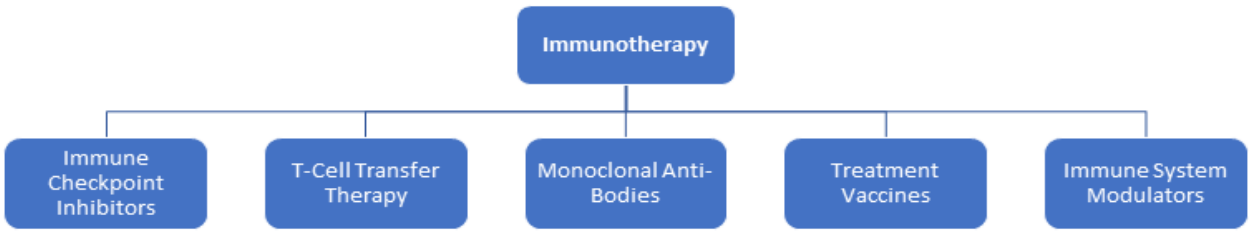


Exhibit 3: Types of Immunotherapies

Development of T-Cell Therapy

T-Cells are critical to the strength of the Immune system of an individual. T-Cells attack harmful foreign particles, rather than attacking generic antigens, T-Cells circulate until they encounter their specific antigens. In CAR-T cell therapy, the doctor removes the T-Cells from the blood and adds specific proteins to the cells that help in reprogramming the T-Cells to attack specific cancer cells.

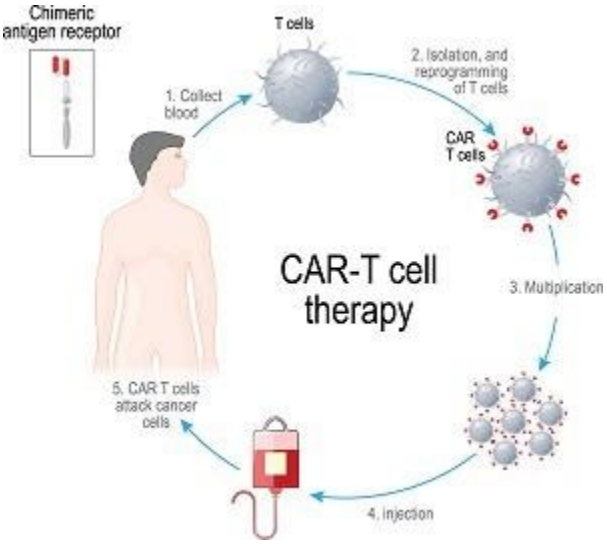


Exhibit 4: CAR-T Cell Therapy Process. Source: Genegnews

The specific T-Cell therapy Chimeric Therapeutics is developing is seeking to treat different solid tumors with the development of Chimeric Antigen receptor or CAR T-Cells therapy. Under this therapy, a specific protein known as Chimeric Antigen Receptor (CAR) is added to T-Cells which helps to achieve the desired results.

Expanding T-Cells therapies to Solid Tumors

The initial development of T-Cells had largely focused on acute lymphoblastic leukemia (ALL), which is one of the most common cancers among children. The unprecedented success of anti-CD19 CAR-T cell therapy against B cell malignancies resulted in its approval by the US Food and Drug Administration (FDA) in 2017. There are currently five US FDA-approved CAR T-Cell Therapies for different cancer treatments. CAR-T Cell therapy has encouraging results to date but comes with serious side effects, the most common which are Immune effector Cell-associated Neurotoxicity Syndrome (ICANS) and Cytokine Release Syndrome (CRS) due to these complications, these therapies are approved for only those people whose cancer has returned after the treatment of at least one therapy, depending on the indication.

There are currently no T-cell therapies approved for solid tumors. All the currently approved drugs target certain types of lymphoma, leukemia, and multiple myeloma. Scientists have estimated that most of the tumor antigens reside inside the tumor cells, which are out of the reach of CARs, which can only bind to antigens on the surface. Despite difficulties, research and clinical trials are going on to prove the efficacy, tolerability, and safety of CAR T-cell therapies for solid tumors. One such

company that is targeting various indications for solid tumors with an innovative approach is Chimeric Therapeutics.

Drug Name	Disease Used to Treat	Sales (2020)
Abecma™	Multiple myeloma	USD 24 Million*
Breyanzi™	B-cell lymphoma	USD 17 Million*
Kymriah™	Acute lymphoblastic leukemia (ALL), B-cell lymphoma	USD 474 Million
Tecartus™	Mantle cell lymphoma	USD 44 Million**
Yescarta™	B-cell lymphoma, Follicular lymphoma (FL)	USD 563 Million

Exhibit 5: Sales of Current Cancer Treatment Drugs. Source: Respective Company Data, Diamond Equity Research

*Indicates 6 months sales for 2021

**Received Approval in July 2020

CHM 1101: Chlorotoxin (CLTX) CAR T - Treating Glioblastoma with Scorpion Venom

Chimeric's lead cell therapy CHM 1101 (CLTX-CAR T) is currently in Phase 1 trials to treat solid tumors like Glioblastoma (GBM). In 2020 Chimeric licensed the exclusive global rights to CLTX-CAR T cell therapy developed at City of Hope National Medical Centre by scientists Christine Brown and Michael Barish. Under the terms of the agreement, Chimeric must make milestone payments based on the success of specific events. The company also must pay royalties based on the industry-standard single-digit royalty rates. Chimeric also agreed to issue shares to City of Hope amounting to 5% of the company's fully diluted share capital.

Milestones	Requirements	Payments
1.	Dosing of fifth patient in the first Phase I Clinical Trial anywhere in the Territory.	US $0.35m
2.	Dosing of first patient in the first Phase II Clinical Trial anywhere in the Territory	US $0.75m
3.	Dosing of first patient in the first Phase III Clinical Trial anywhere in the Territory	US $2.0m
4.	Receipt of the first Orphan Drug Designation for each Licensed Product or Licensed Service	US $1.0m
5.	Upon marketing approval in the United States	US $6.0m
6.	Upon marketing approval in Europe	US $6.0m
7.	Upon marketing approval in each of the first five jurisdictions	US $1.0m

	other than the United States and Europe for each applicable licensed product or licensed service	

Exhibit 6: Payment Milestones for CHM 1101 Trials. Source: Company Data

Sales Milestone Payments

Milestones	Requirements	Payments
1.	Upon net Sales of licensed product or licensed service first totaling US$250 million in a license year	US $18.75m
2.	Upon net sales of licensed product or licensed service first totaling US$500 million in a license year	US $35.5m

Exhibit 7: Sales Milestone Payments for CHM 1101 Trials. Source: Company Data

Novel Technology

CHM 1101 is a novel cell therapy that utilizes CAR to reprogram T-cells to specifically target GBM cells. This is done by engineering the cell to carry a special receptor, Chlorotoxin (CLTX) found in the Deathstalker Scorpion (Leiurus quinquestriatus). Conventional CAR-T therapy that targets CD19 biomarkers has shown some anti-tumor activity, but the patient response rates have remained low. This is due to the Phenotypic variation in brain cells among the subject participants, as not all of them carry the CD19 biomarker that is currently targeted by CAR-T therapies.

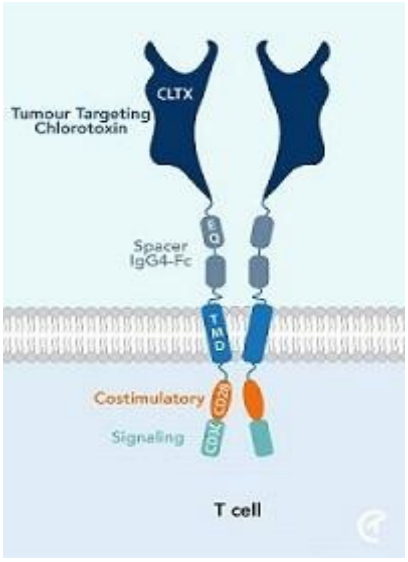


Exhibit 8: Technology used for CHM 1101. Source: Chimeric Therapeutics

Chlorotoxin, a 36 amino acid peptide, has a potential therapeutic application in treating different cancers. Initially, CLTX was used as a pharmacological tool to characterize chloride channels, which led to the discovery of CLTX possessing targeting properties to cancer cells which include glioblastoma, neuroblastoma,

small cell lung carcinoma, medulloblastoma, and melanomas. CHM 1101 uses CLTX as a targeting domain to overcome tumor heterogeneity and to achieve potentially broader and more effective GBM targeting than other immunotherapy targets like HER2, EGFR, IL13. The use of CLTX peptide as the targeting domain mediates potent anti-GBM activity and targets tumors lacking biomarkers of other GBM associated antigens. This is made possible as CLTX binds with matrix metalloproteinase-2 (MMP-2) found in different cancer cells.

Efficacy and Safety Profile

Chlorotoxin peptide has proven to be a potentially effective binding agent targeting cancerous cells, while overcoming limitations like the blood brain barrier and several other resistance mechanisms in treating GBM

The preclinical results indicated safety with no off-tumor recognition of healthy human cells while the in vitro studies exhibited strong binding of CLTX with GBM cells and other neuroectodermal tumors. The Chimeric team evaluated the anti-tumor activity in two orthopedic mouse xenograft models. All mice became tumor-free and remained so for more than 170 days, while only a subset of mice remained tumor-free over the long term. The off-target effects also remained limited in human cells indicating effective targeting, while the toxicity results were encouraging indicating high levels of CLTX-CAR-T cells toleration suggesting a low risk of systemic toxicity.

The company received IND approval from U.S. FDA in August 2021 for CHM 1101 for patients with recurrent and progressive glioblastoma and has begun its phase 1 trial at the City of Hope Medical Center. Chimeric has completed the dosing of the first patient cohort and has advanced beyond the 28-day follow-up period without experiencing any dose-limiting toxicities. The company is currently in the process of dosing its second patient cohort introducing dual routes of administration (Intracranial intratumoral (ICT) and Intracranial intraventricular (ICV) which is expected to limit the side effects and enhance efficacy given the combined distinct methods of action. Initial safety data from the Phase 1 trials are anticipated to be published in Q4 2021. Given that neurological toxicity is a frequent[4] complication of CAR T cell therapy, the initial safety data will pave the expectations for future results.

[4] Tallantyre EC; Evans NA; Parry-Jones JPMorgan MPG;Jones CH;Ingram W; "Neurological Updates: Neurological Complications of Car-t Therapy." Journal of Neurology, U.S. National Library of Medicine, https://pubmed.ncbi.nlm.nih.gov/33140239/.

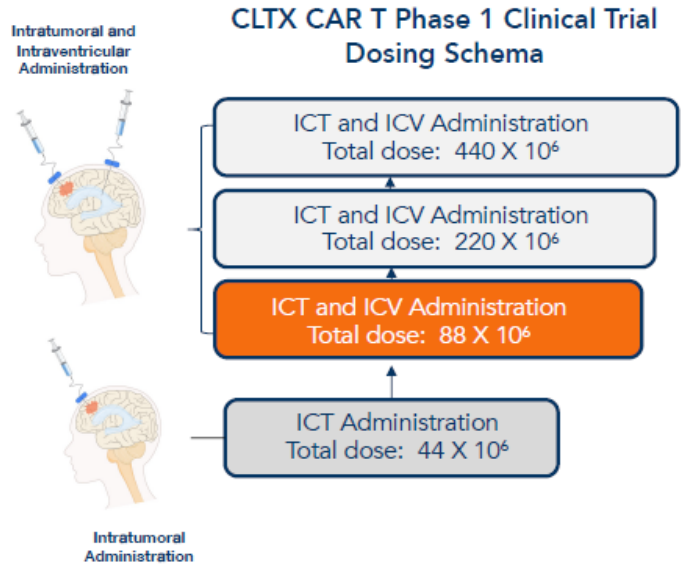


Exhibit 9: CHM 1101 Dosing Schema. Source: Investor Presentation

To optimize its research capabilities, the company has partnered with Oncobay Clinical, an Immuno-Oncology Clinical Research Organization (CRO). This partnership will help Chimeric expand its phase 1 trial from a single test trial site to multiple test trial sites, potentially expediting the phase 1 trial timeline.

Glioblastoma - Large Unmet Need

Glioblastoma multiforme (GBM) carries a poor prognosis indicating a high unmet need. Chimeric's lead indication has shown promising results in a preclinical trial and is currently in a Phase I trial for GBM

Glioblastoma is one of the most common types of brain cancer with an incidence rate of 3.19 persons per 100,000 persons in the United States. About 24,530[5] malignant tumors are expected to be reported in 2021, given that GBM accounts for 54% of all gliomas, it is reasonable to expect total GBM cases to be more than 12,000. Given the aggressive nature of the disease and poor prognosis, there has been a shift to emerging treatments like Immunotherapy.

The application of CAR T cell therapy is limited in solid tumors as in the case of GBM due to the heterogeneity of targeted expression and antigen escape. Based on the preclinical data from CLTX CAR T it is believed that with the help of chlorotoxin peptide the company will be able to overcome the above two limitations, while replicating the success of CAR T therapies previously seen in approved blood cancer CAR T therapies. Chimeric could potentially receive orphan drug designation for CLTX CAR T given the low incidence rate of GBM compared to other cancers and fewer than 200,000 cases per year, providing the benefit of accelerated approval, roughly six months with a priority review, and extended market protection.

[5] "Key Statistics for Brain and Spinal Cord Tumors." American Cancer Society, https://www.cancer.org/cancer/brain-spinal-cord-tumors-adults/about/key-statistics.html.

Opportunities for other Indications

Apart from GBM, the company is also concentrating its efforts on other indications for CLTX CAR T that include melanoma, colorectal, and prostate cancer. Even though the company's primary indication is GBM with a high unmet need, it is exploring clinical trials for other indications.

Chimeric's strategy revolves around acquiring or partnering with different institutions with a core focus on CAR T-cell therapy treating various cancers. These collaborations are done at the initial stages of drug development. This is quite evident with recent collaborations with the University of Pennsylvania for the treatment of gastrointestinal tumors and NETs. Leveraging its core competencies, Chimeric has built a promising pipeline targeting various indications providing unique optionality for investors.

CHM 2101: CDH17 CAR T - A Novel 3rd Generation CAR T for Solid Tumors

The development process of CDH17 CAR T took over a decade to optimize and address the high unmet medical needs of patients suffering from gastrointestinal tumors, especially neuroendocrine tumors. Cadherin-17 is a protein found in humans encoded with the CDH 17 gene. The protein is highly expressed in the gastrointestinal tract and pancreatic ducts and is also linked to a high incidence of tumor proliferation in the stomach, liver, intestine, and pancreas. Cadherin 17 protein is a tumor-specific antigen that is commonly found in colorectal, gastric, and pancreatic cancer.

Cancer	% of Samples with CDH-17 Positive
Esophageal	79%
Gastric	86%
Colonic Adenocarcinoma	99%
Neuroendocrine - Pancreatic	12%
Neuroendocrine - Bronchial	24%
Pancreatic adenocarcinomas	50%

Exhibit 10: CDH 17 Positive Rate. Source: CDH 17 Expression in different tumor cells

CDH 17 is an oncogenic driver of tumor formation and cancer metastasis. Overexpression of CDH 17 has been highly correlated with poor prognosis and the promotion of metastasis. With over a decade of development, CHM 2101 was established with robust target validation, CDH 17 being identified as the antigen target.

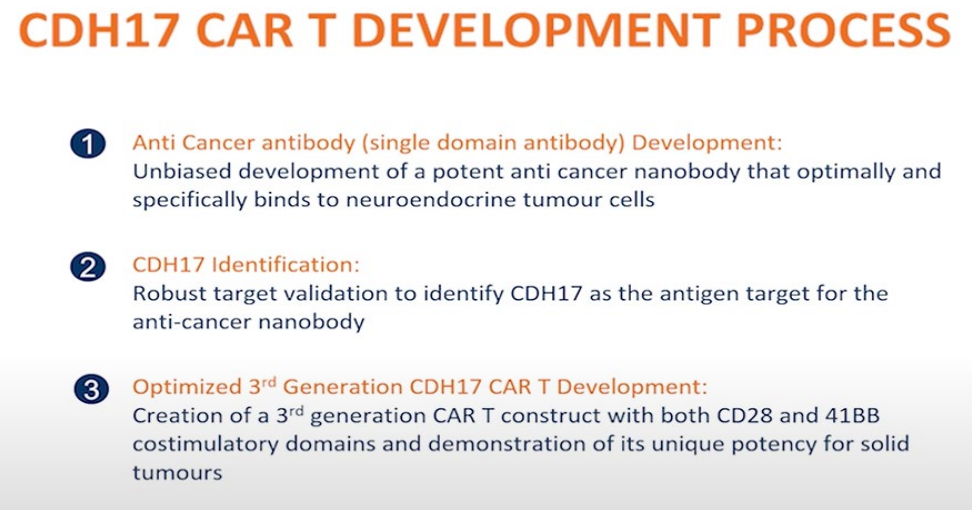


Exhibit 11: CDH 17 CAR T Development Process. Source: Science (Chimeric Therapeutics)

Chimeric's second therapy is a 3rd Generation CAR T therapy targeting neuroendocrine and gastrointestinal tumors. CDH-17 is a tumor specific antigen found as the antigen target with expressions recorded in over 50% of the samples of various neuroendocrine and gastrointestinal tumors

The two main important steps in the development process were to develop a potent anti-cancer nanobody that optimally and specifically binds to neuroendocrine tumor cells and assess the antibody targets. With the targets identified it is easier to assess the efficacy and toxicity profile, eventually leading to the discovery of the best studies for solid tumors. The Intracellular signaling domain and extracellular domain led to the discovery of dozens of variants where three intracellular domains combined with the shortest linker gave the best-in-class results in terms of efficacy in the preclinical models tested. The CDH 17 CAR T construct includes both CD28 and 4-1BB, which have shown potential to enhance CAR T cell persistence and survival.

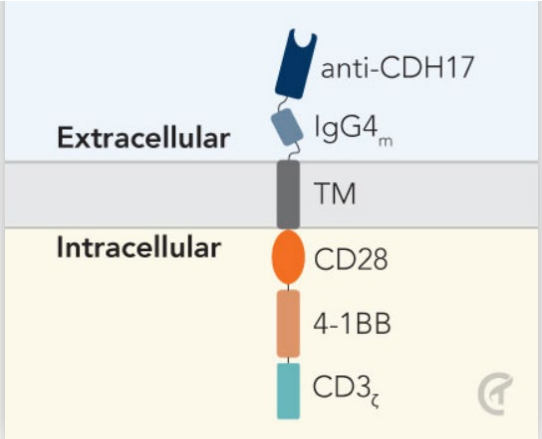


Exhibit 12: CDH 17 CAR T Mechanism of Action. Source: Science (Chimeric Therapeutics)

Licensing Arrangement

Chimeric Therapeutics has received exclusive licensing rights of a novel 3rd generation CDH17 CAR T cell therapy from the University of Pennsylvania which is a globally recognized leader in cellular immunology and widely known for being home to the 1st FDA approved CAR T therapy. Novartis's Kymriah™ was the first-

ever approved CAR T therapy in 2017 with 2020 sales amounting to $474[6] million. The therapy aims to treat patients above 25 years of age with B-cell precursor acute lymphoblastic leukemia (ALL) who have relapsed at least twice. Kymriah exhibited an overall remission rate of 83% in a trial involving 63 patients. CDH17 CAR T cell therapy is developed by leading cellular immunotherapy scientist Dr. Xianxin Hua. Dr. Hua is a professor of Cancer Biology at the University of Pennsylvania and is an acclaimed scholar with expertise in oncology research and development. Under this Licensing arrangement, the University has committed 3 years of funding for further research and development of the CDH 17 CAR T.

Preclinical Efficacy and Safety Profile

CDH17 CAR T therapy is currently in preclinical studies seeking IND clearance and initiation of phase I clinical trials in 2022. The initial efficacy and safety results from preclinical studies indicated tumor cells being completely eradicated with no toxicity

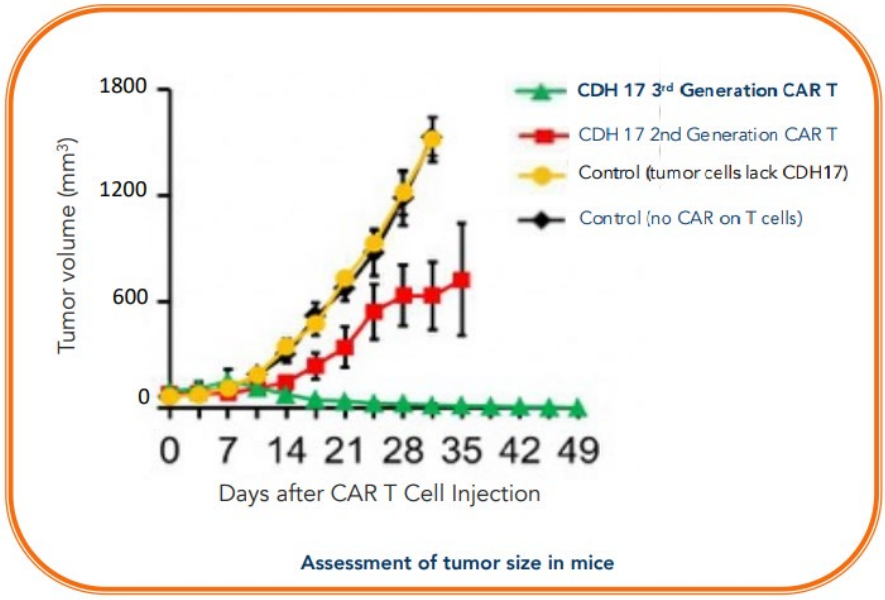


Exhibit 13: CDH 17 CAR T Preclinical Efficacy Profile. Source: Company Document

The preclinical data has shown promising efficacy and safety results showing the potency of 3rd generation CAR T cells compared to 2nd generation. The results were encouraging with tumor cells being completely eradicated and demonstrating no toxicity to normal tissues. Additionally, it was found in early-stage data that there was no reemergence of tumor cells, which could possibly lead to cancer recurrence.

[6] Novartis Annual Report 2020. https://www.novartis.com/sites/www.novartis.com/files/novartis-annual-report-2020.pdf.

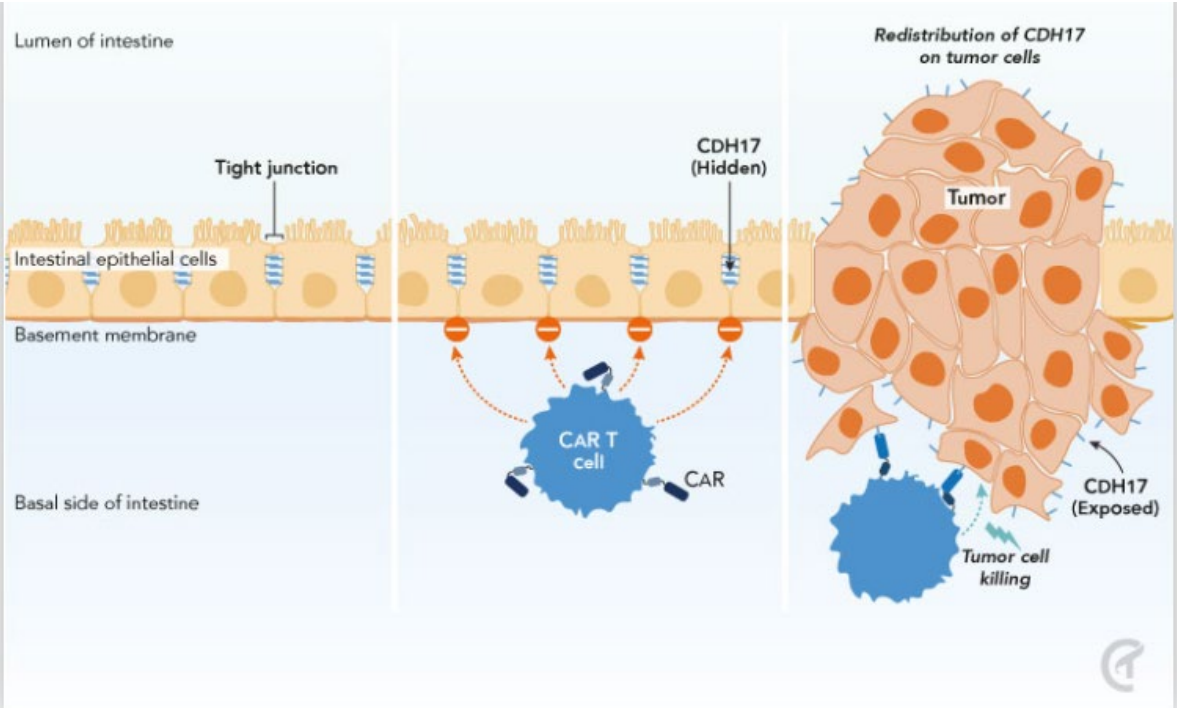


Exhibit 14: CDH 17 CAR T Preclinical Safety Profile. Source: Science (Chimeric Therapeutics)

CDH17 is inaccessible in healthy human body cells, as they are hidden underneath the tight junction which cannot be detected easily due to high barriers as CAR T cells are unable to reach CDH17 on normal cells. However, in patients with cancer, the CDH17 cell upregulation may lead to an increase in the number or activity of protein receptors or other molecules on its surface to make it more sensitive to a hormone or a drug, which will make it easier for CAR T cells to detect CDH17 on the cell surface and bind to it.

Current Timeline of the Drug

Exhibit 15: Current Timeline of the Drug. Source: Chimeric-CDH17-Intro

In 2022 company plans to commence an IND filing for phase 1 clinical trial in neuroendocrine (NET) and gastrointestinal tumors (colorectal, pancreatic, and gastric). Preclinical trials and a phase 1 study are expected to begin in 2022.

Opportunity and Market Size

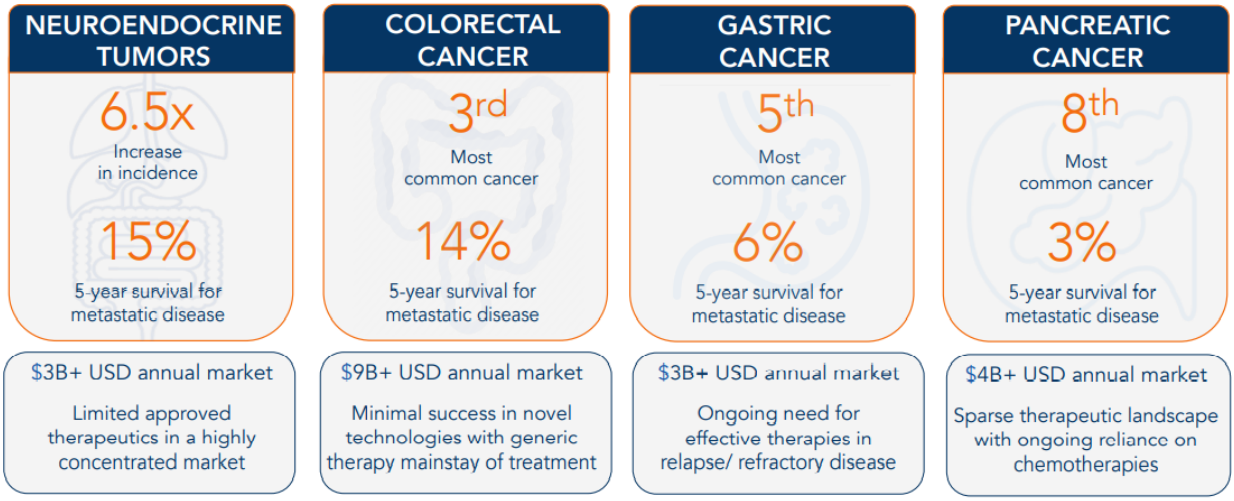


Exhibit 16: CDH 17 CAR T Opportunity and Market Size. Source: Company Document (Chimeric-CDH17 Intro)

Chimeric's indications for CHM 2101 include the treatments of neuroendocrine tumors (NETs), colorectal cancer, gastric cancer, and pancreatic cancer with a combined market opportunity of over $19 billion where currently there are limited treatment opportunities.

Global Cancer Market

There were 18.1 million cancer patients identified worldwide, with almost 9.6 million deaths as per a study conducted by WHO's International Agency for Research on Cancer (IARC), and by 2040 the annual incidence rate is expected to rise to over 29.5 million. In 2017, The Global Cancer Drugs Market was valued at the U.S.$97.4 billion and is expected to reach a market size of U.S.$176.5 billion by 2025 growing at a CAGR of 7.6% from the year 2018. The total estimated spending on cancer drugs in the U.S. in 2015 was $32 billion and the expenditure on cancer drugs has doubled since 2012 and reached almost $50 billion in 2017.

Exhibit 17: Global Oncology Market. Source: Allied Market Research

The Cost of Cancer Treatments

Drug	Active	Company	Cancer	Price(US$)
Keytruda	Pemrolizumab	Merck & Co.	Melanoma, Lung, Head & Neck	120,000
Opdivo	Nivolumab	BMS	Melanoma, Lung, Kidney & Liver	150,000
Yervoy	Ipilimumab	BMS	Metastatic Melanoma	120,000
Kymriah	Tisagenlecleucel	Novartis	ALL(Acute Lymphocytic Leukemia)	475,000
Vyxeos	Daunorubicin and Cytarabine	Jazz Pharmaceuticals	AML(Acute Myeloid Leukemia)	77,500
Venclexta®	Venetoclax	AbbVie/Roche	AML	110,000
Idhifa®	Enasidenib	Celgene	AML	110,000
Mylotarg®	Gemtuzumab	Pfizer	AML	24,600
Tibsovo®	Ivosidenib	Agios Pharmaceuticals	AML	230,000
Yescarta®	Axicabtagene Ciloleucel	Gilead	Hodgkin Lymphoma	373,000

Exhibit 18: Current Costs of Cancer Treatments. Source: Company Prospectus

The price of new cancer drugs has been increasing since the late 1990s. Most of the cancer drugs emerging between 2009-2014 were priced higher than $100,000 per patient for a single-year treatment, which increased to $135,000 by 2014, which is a massive increase in the price of similar drugs approved in the 2000s after inflation adjustments. However, in 2017 all the cancer drugs

launched had U.S. list prices above $50,000 per year and the median exceeded $150,000. Recent drugs such as Abecma and Breyanzi have shown drug producer's pricing power, pricing at $419,500[7] and $410,300[8] respectively. From the table, it can be inferred that a successful CAR T asset can command a high price. In the U.S., the current reimbursement for CAR T is favorable with an average current payment of $436,743 for non-clinical trial CAR-T cases[9].

Sales of 10 Leading Cancer Drugs (2019)

Drug	Generic Name	Company	Condition	Global Sales (US$'mil)
Keytruda®	Pembrolizumab	Merck & Co	Advanced Melanoma, NSCLC	11,084
Revlimid®	Lenalidomide	Celgene / BMS	Multiple Myeloma	9,378
Avastin®	Bevacizumab	Roche	Breast, Colorectal, Lung, Kidney, Ovarian, Brain	7,285
Opdivo®	Nivolumab	BMS / Ono Pharmaceuticals	NSCLC, Metastatic Melanoma, Renal Cell Carcinoma	7,204
Rituxan®	Rituximab	Roche / Biogen	Non-Hodgkin's Lymphoma, Chronic Lymphocytic Leukemia	6,672
Herceptin®	Trastuzumab	Roche	HER2+ breast	6,220
Ibrance®	Palbociclib	Pfizer	Breast	4,961
Imbruvica®	Ibrutinib	J&J / Pharmacyclic	Mantel Cell Lymphoma, CLL	4,674
Perjeta®	Pertuzumab	Genentech / Roche	Breast cancer	3,628
Xtandi®	Enzalutamide	Astellas Pharma / Pfizer	Prostate	3,512

Exhibit 19: Sales of top 10 Cancer Treatment Drugs. Source: Company Prospectus

The above table represents the sales of top ten leading cancer drugs in 2019, where the leading five Keytruda®, Revlimid®, Avastin®, Opdivo®, and Rituxan® contributed almost $41,623 million to the total top 20 oncology drugs sold worldwide, which make up almost $90 billion globally. Keytruda® which is a leading cancer drug is manufactured by Merck and Co. and targets the treatment of

[7] "Bluebird Bio Sets List Price for Multiple Myeloma Therapy at $419,500." Reuters, Thomson Reuters, 29 Mar. 2021, https://www.reuters.com/article/us-bluebird-bio-fda/bluebird-bio-sets-list-price-for-multiple-myeloma-therapy-at-419500-idUSKBN2BL1W3.
[8] Fidler, Ned Pagliarulo and Ben. "Bristol Myers Finally Wins FDA Approval for Cancer Cell Therapy." BioPharma Dive, 5 Feb. 2021, https://www.biopharmadive.com/news/bristol-myers-liso-cel-fda-approval-car-t/594660/.
[9] ADVI CAR T Analysis 2021.https://www.advi.com/analysis/CAR_T_DRG_018_Analysis.pdf

Advanced Melanoma; Revlimid® is manufactured by Celgene/BMS targeting Multiple Myeloma and contributes almost $9.3 billion to the total sales globally.

Glioblastoma Market

Glioblastoma (GBM) is the most prevalent and aggressive primary brain tumor. There are around 294,900 new cases diagnosed each year globally, resulting in the deaths of 241,000 patients. The 5-year survival is only 5%. The median overall survival from the first recurrence is as low as 5-8 months. There is no established standard treatment or care therapy for recurrent GBM. Chimeric Therapeutics has strategic collaborations with the Christine Brown Laboratory at the City of Hope Cancer Center and Hua Laboratory at the University of Pennsylvania, which we view as strongly positioning it.

According to **Grandview Research**[10]**,' In 2020 the Glioblastoma Market Size was valued at $2.14 billion and is projected to grow at a CAGR of 8.8% to reach $4.2 billion in 2028.** The prevalence of glioblastoma is increasing, heavy research and development investments and favorable government initiatives and regulatory scenarios will likely serve as a catalyst to fuel market growth.

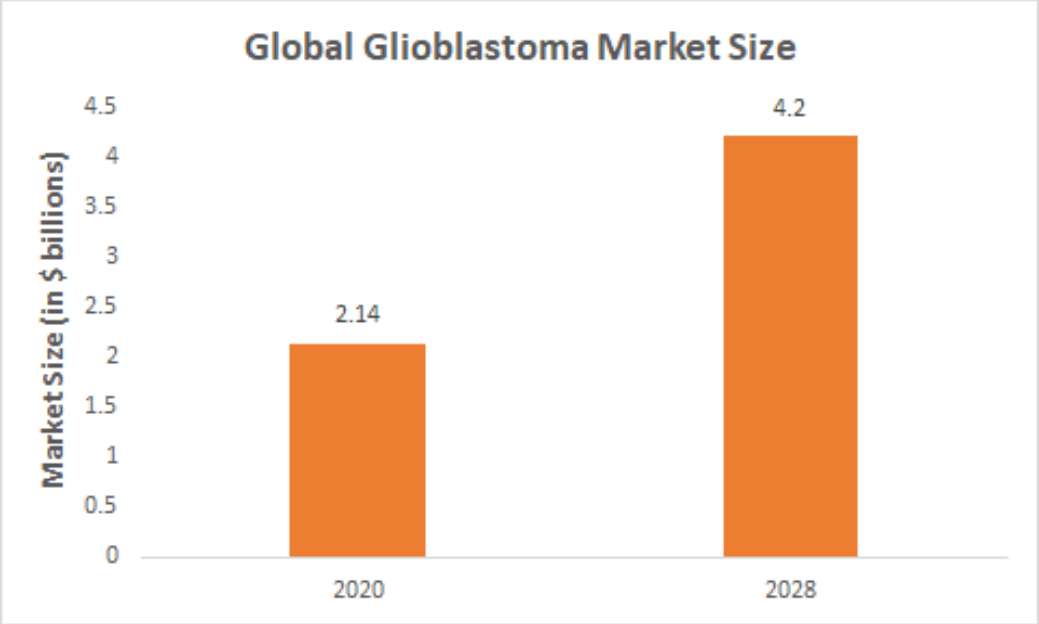


Exhibit 20: Global Glioblastoma Market Size. Source: Grandview Research

There are various treatment methods available for the treatment of Glioblastoma, some of which include surgery, radiation therapy, chemotherapy, targeted therapy, tumor treating field (TTF) therapy, and immunotherapy. The approval rate of novel therapy and combination therapies has increased over the last few years, which will drive the market in the future, and currently, radiation therapy dominates the GBM treatment market with an almost 37.6% revenue share in 2020 owing to the improved survival rates. Surgery is a widely accepted treatment for GBM, which is followed by radiation therapy and chemotherapy.

[10] "Glioblastoma Multiforme Treatment MARKET Report, 2021-2028." Glioblastoma Multiforme Treatment Market Report, 2021-2028, https://www.grandviewresearch.com/industry-analysis/glioblastoma-multiforme-treatment-gbm-market.

Colorectal Cancer Market

According to a report by **Industry arc[11], The colorectal cancer market size in 2019 was $26,269m which is projected to continue growing at a CAGR of 3.0% during the forecast period of 2020-2025 and reach $31.2 billion by 2025.** The increasing elderly population and number of clinical trials has surged in the last few years, expanding the market for new drugs and will further boost the overall market demand of colorectal cancer during the forecast period 2020-2025.

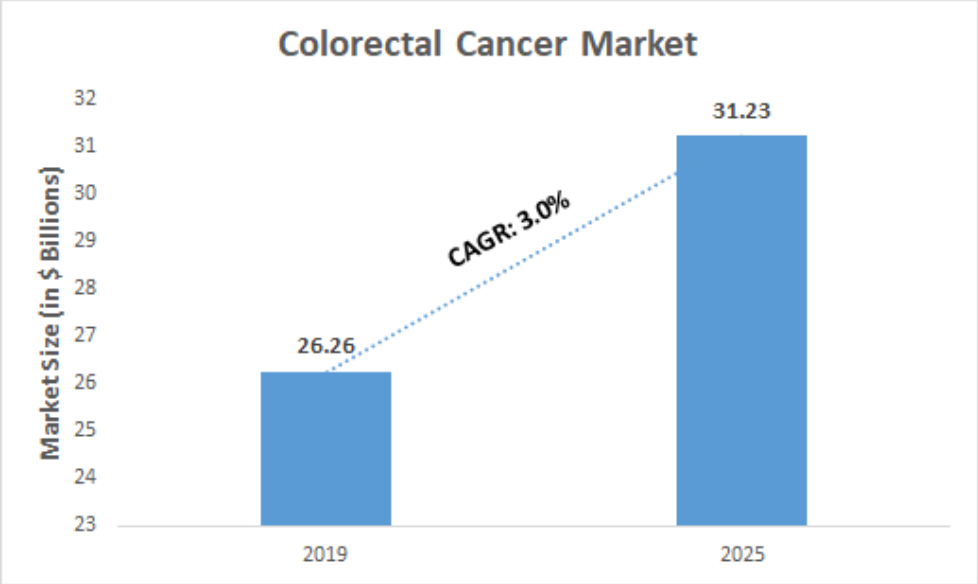


Exhibit 21: Colorectal Cancer Market Size. Source: Industryarc

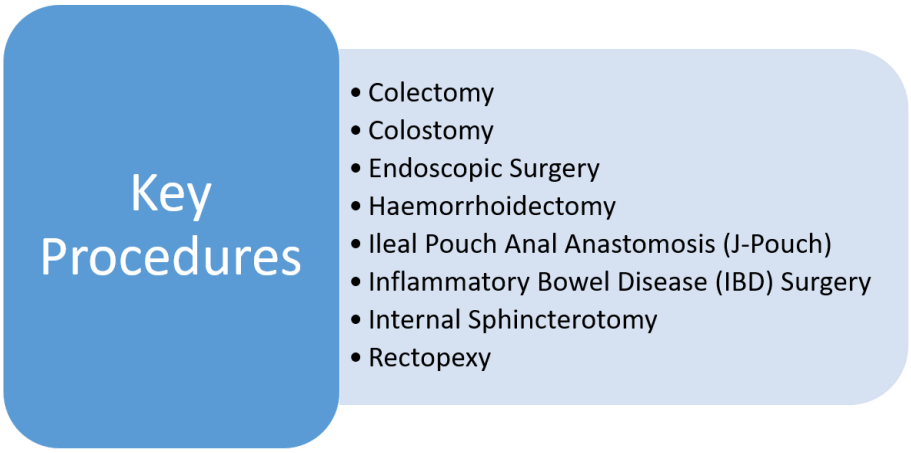


Exhibit 22: Key Colorectal Cancer Treatment Procedures

The above-mentioned figures represent the primary key procedures used for the treatment of colorectal cancer and the main types of treatment include radiation therapy, surgery, chemotherapy, immunotherapy, and targeted therapy, which depending on the stage are used one at a time or combined with different procedures.

[11] "Colorectal Cancer Market Research Report: Market Size, Industry Outlook, MARKET Forecast, DEMAND ANALYSIS, MARKET Share, Market Report 2021-2026." Industry ARC, https://www.industryarc.com/Report/15559/colorectal-cancer-market.html.

During the forecast period of 2020-2025, the colectomy treatment segment is projected to grow at a CAGR of 2.3%. As per **Health System Consortium Association**[12], the number of patients suffering from colorectal cancer is 60% to 80% in the U.S. and the number of colectomies performed in 2019 was 300,000 and is estimated to grow every year.

North America dominates the colorectal cancer market with a market share of 37%, followed by Europe. The U.S. held the major revenue share in North America and colorectal cancer is one of the most common causes of death in the U.S. Poor diets in this region are key factors that have led to the growth of the colorectal cancer market in this region. Rising government support for the development of colorectal cancer surgery procedures and drugs has boosted the growth of the market in this region.

Prostate Cancer Market

According to a report by **Allied Market Research**[13]**,' In 2018 the Global Prostate Cancer Market was valued at $6,887 million which is projected to grow at a CAGR of 4.6% and reach $9,904 million by 2026.** Prostate cancer is a type of cancer in which cells grow abnormally and enter the prostate gland. Prostate cancer comes sixth amongst mortality related to cancer and eleventh in terms of loss of life from any disease.

The increase in the elderly population, rising prevalence of prostate cancer globally, increasing health awareness, and heavy research and development for finding the cure for cancer will likely drive demand for prostate cancer treatment. Furthermore, the untapped potential offered by developing economies presents growth potential for the market during the forecast period.

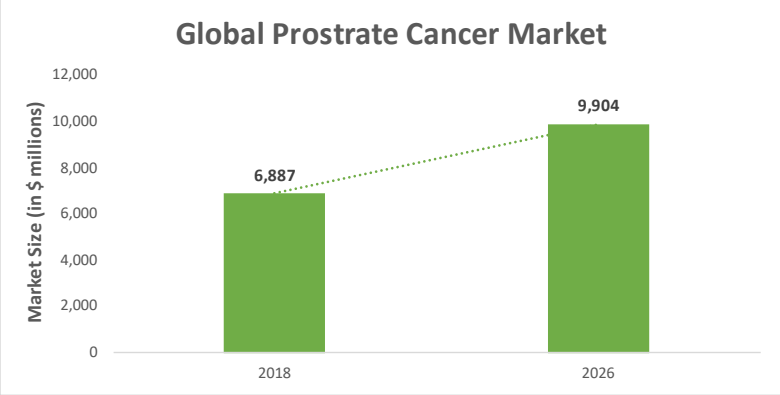


Exhibit 23: Global Prostate Cancer Market. Source: Allied Market Research

[12] "Colorectal Cancer Market Research Report: Market Size, Industry Outlook, MARKET Forecast, DEMAND ANALYSIS,MARKET Share, Market Report 2021-2026." Industry ARC, https://www.industryarc.com/Report/15559/colorectal-cancer-market.html.
[13] "Prostate Cancer Treatment Market Size, Share: Growth by 2026." Allied Market Research, https://www.alliedmarketresearch.com/prostate-cancer-medicine-market.

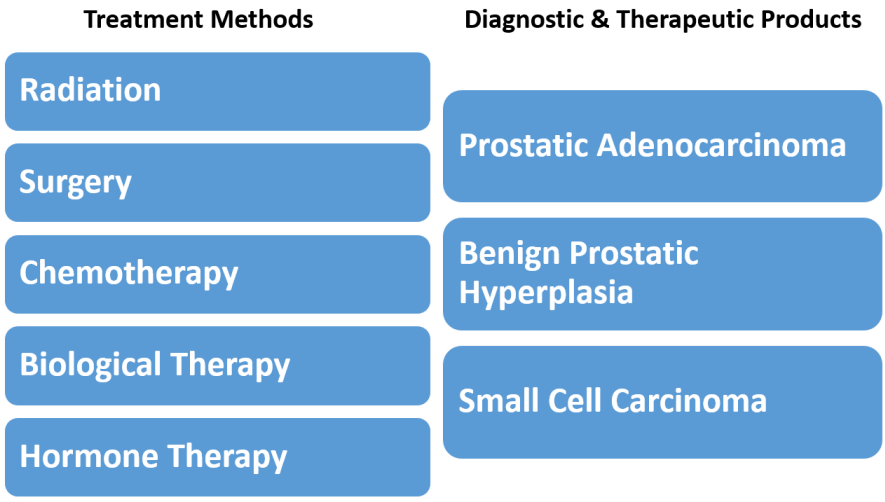


Exhibit 24: Prostate Cancer Current Treatment Methods. Source: Allied Market Research

The various treatment methods for prostate cancer include radiation, chemotherapy, surgery, biological therapy, and hormone therapy, which are widely accepted standard treatments. There are various diagnostic and therapeutic products used in the treatment and management of prostate cancer such as prostatic adenocarcinoma, benign prostatic hyperplasia, small cell carcinoma, and others. Xtandi and Zytiga are the major therapeutic drugs that are used for the treatment of prostate cancer.

Exhibit 25: Classification of Global Prostate Cancer Market. Source: Allied Market Research

The Global Prostate Cancer Market is analyzed based on the market segmentation by drug type, distribution channel, and geography. At present, the Global Prostate Treatment Market is dominated by Hormone Therapy, which is anticipated to grow during the forecast period between 2018-2026. This anticipated growth is due to key factors including the demand increasing for hormone therapy drugs, availability of generic drugs, an increasing elderly population, and the entry of new competitors.

Neuroendocrine Market

According to a report by **Data Bridge Market Research**[14]**,' The Global Neuroendocrine Tumors Market is projected to grow at a CAGR of 10.4% during the forecast period of 2021-2028 and is expected to reach $5.3 billion market value by 2028.** Neuroendocrine tumors start in healthy cells when the DNA gets damaged and the number of cells grows innumerably forming a cluster of cells. If the cancer is found to be malignant, the tumor grows and spreads across the whole body if not detected early. However, a benign tumor that grows in the body is not as respectively damaging, as it does not spread and can be treated by undergoing regular clinical surgery.

As per the data published by the **American Society of Clinical Oncology (ASCO)**[15], there are roughly around **12,000 patients** in the United States diagnosed with neuroendocrine tumors every year with active cases at approximately 175,000. North America is the largest market for NET due to the rising prevalence of Neuroendocrine Tumor, which attracts new drug research. North America also has the largest number of NET patients followed by the UK, resulting in clinical trials by various pharmaceutical companies increasing over the years. The companies are also working on technological advancements to detect NET's at an early stage, however, high capex is involved and a low cost-benefit ratio creates obstacles and restricts research.

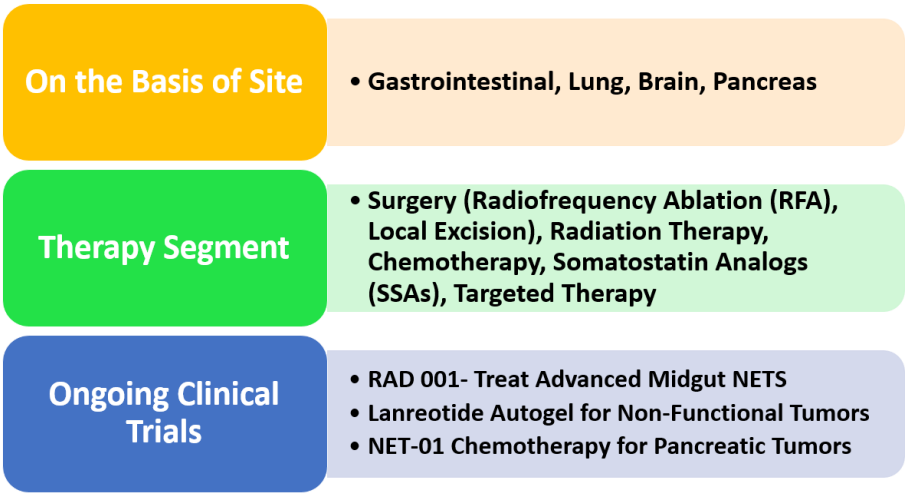


Exhibit 26: Neuroendocrine Tumor. Source: Grandview Research

Gastric Cancer has increased substantially globally, increasing 300%-500% in the 35 years prior to 2016, as per U.S. Surveillance Epidemiology and End Results (SEER). **RFA** is regarded as the only curable treatment for Pancreatic NETs and thus is expected to continue to be standard in treatment. However, the disadvantages of this treatment, reduce its potential use in treatments. Renal Tumors are generally treated using Local Excision and Chemotherapy is also used for treating Pancreatic NETs. **Targeted Therapy** is gaining traction in the last few years and the current development by pharmaceutical companies will likely continue driving demand.

[14] "Global Neuroendocrine Tumors Market – Industry Trends and Forecast to 2028." Neuroendocrine Tumors Market – Global Industry Trends and Forecast to 2028 | Data Bridge Market Research, https://www.databridgemarketresearch.com/reports/global-neuroendocrine-tumors-market.
[15] "Neuroendocrine Carcinoma Market Size & Share: Industry Report, 2025." Neuroendocrine Carcinoma Market Size & Share | Industry Report, 2025, https://www.grandviewresearch.com/industry-analysis/neuroendocrine-carcinoma-market.

The below-mentioned figures represent the major drugs that are being used for targeted therapy in the treatment of this type of cancer and some of the molecules used in the treatment of neuroendocrine tumors. Major drugs are being manufactured by Novartis, Pfizer, and Zanosar.

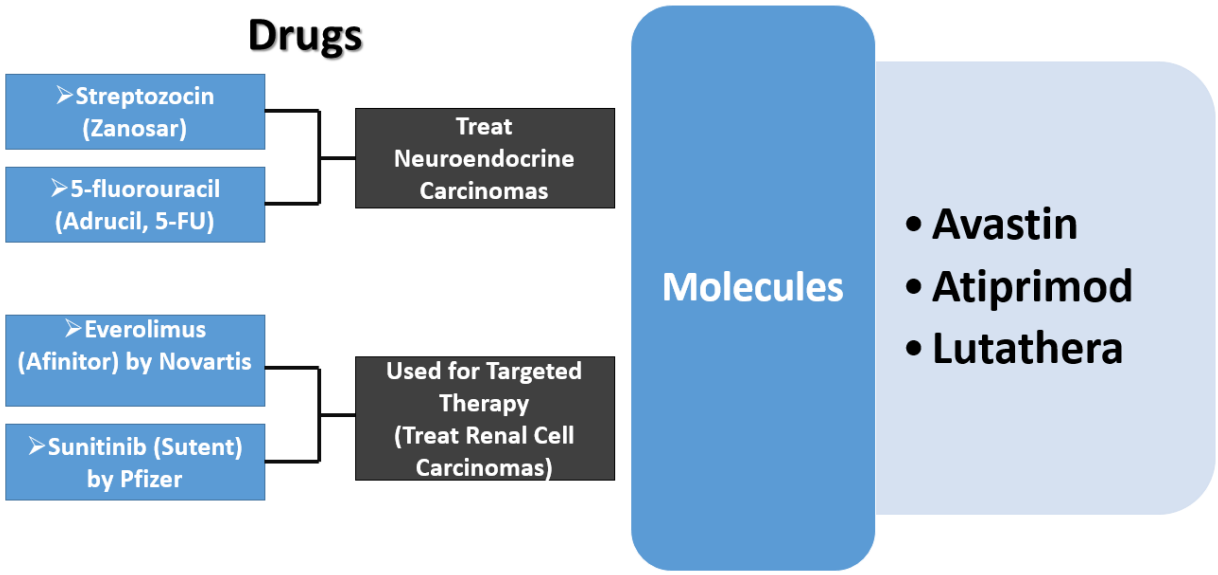


Exhibit 27: Neuroendocrine Tumor Current Treatments. Source: Grandview Research

Pancreatic Cancer Market

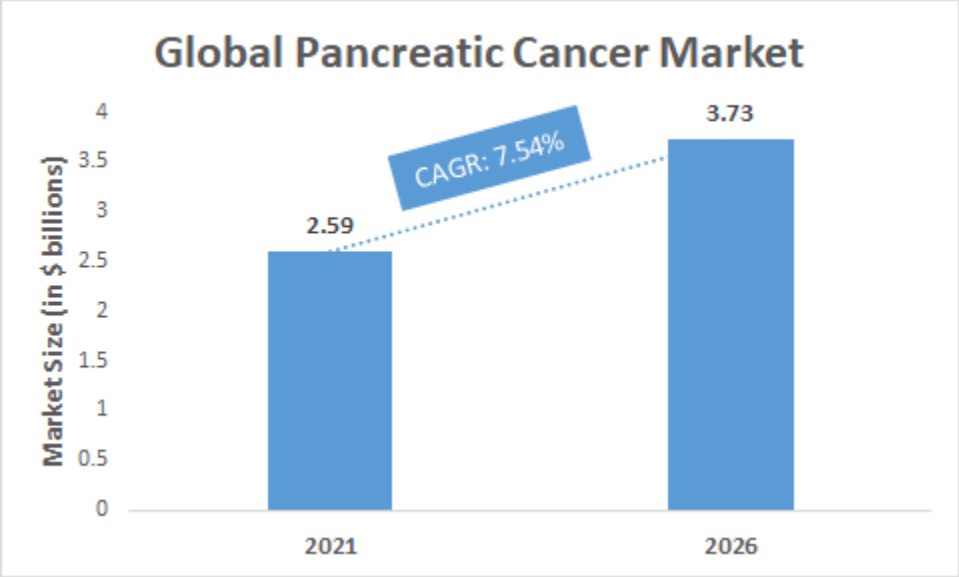


Exhibit 28: Global Pancreatic Cancer Market. Source: Market Data Forecast

According to **Market Data Forecast**[16]**,' The Global Pancreatic Cancer Therapeutics Market is valued at $2.59 billion in 2021 which is projected to grow at a CAGR of 7.54% to reach $3.73**

[16] ltd, Market Data Forecast. "Pancreatic Cancer Market Size, GROWTH: 2021 to 2026." Market Data Forecast, https://www.marketdataforecast.com/market-reports/global-pancreatic-cancer-market.

billion market value in 2026'. As per SEER estimates, pancreatic cancer accounts for around 7% of the total deaths caused by cancer in the U.S. annually.

Pancreatic cancer usually spreads fast and is usually detected later thus carrying a poor prognosis. In earlier stages there are no specific symptoms however, during the later stage's patients diagnosed with such cancer can experience non-specific symptoms like weight loss, and lack of appetite. Technologies to detect cancer at earlier stages are under constant development every day, however affordable and efficient technologies are not yet fully developed and if a patient gets diagnosed with pancreatic cancer at an advanced stage, therapy options are limited which leads to high mortality and restricts the market growth for pancreatic cancer treatment.

Gastric Cancer Market

According to a report by **Fortune Business Insights**[17]**,' The Global Gastric Cancer Treatment Market is valued at $2.61 billion in 2018 which is projected to grow at a CAGR of 15.3% during 2018-2026 and reach a market value of $8.20 billion by 2026'.**

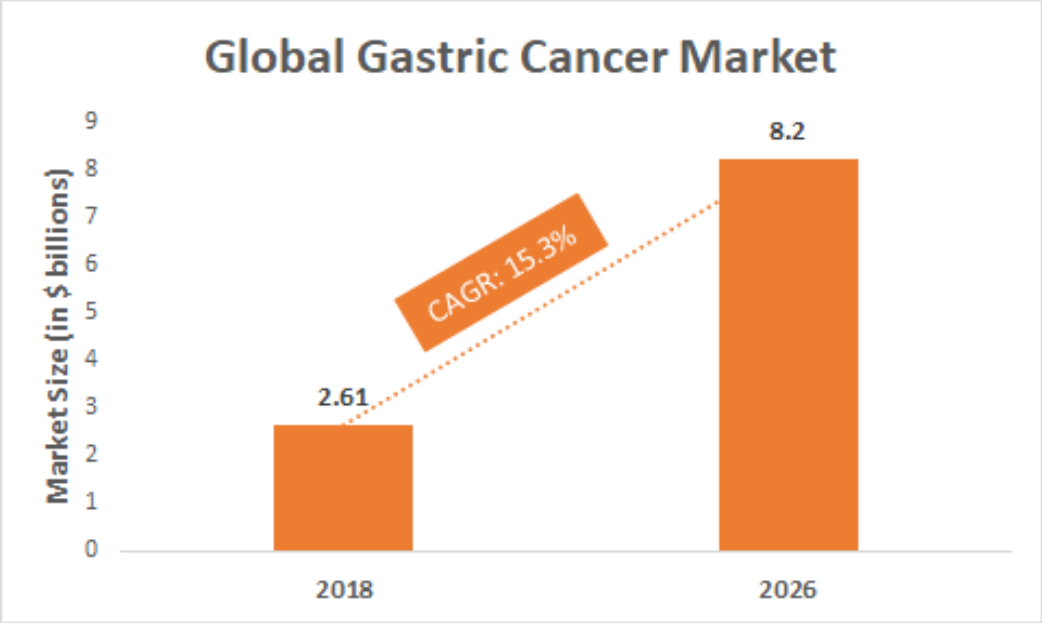


Exhibit 29: Global Gastric Cancer Market. Source: Fortune Business Insight

Gastric cancer occurs in the stomach and affects any part of it due to the abnormal growth of cells. During the early stages of gastric cancer, there are no major symptoms to be reported; however, if the patient is diagnosed at an advanced stage then symptoms can be in the form of feeling bloated after eating, heartburn, or indigestion. Smoking habits and eating highly processed or salty food leads to the severity of cancer and the treatment options include medication, surgery, radiation, and chemotherapy.

[17] "Stomach Cancer/Gastric Cancer Treatment Market Size, 2019-2026." Stomach Cancer Treatment Market Size | Industry Report, 2026, https://www.fortunebusinessinsights.com/stomach-gastric-cancer-treatment-market-102094.

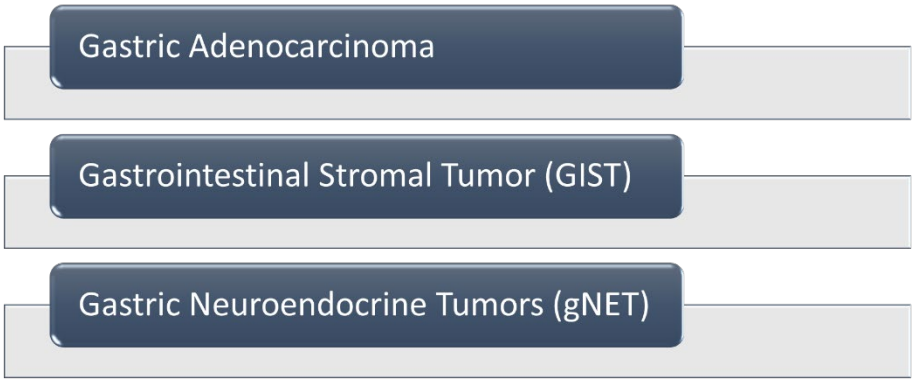


Exhibit 30: Types of Stomach Cancer

Gastric adenocarcinoma is a very commonly found type of stomach cancer that accounts for almost 90%-95% of the stomach cancer cases found whereas GIST and gNET are more rare stomach cancers. In most parts of the world, this cancer usually affects the area around the stomach, however it can also affect the gastroesophageal junction.

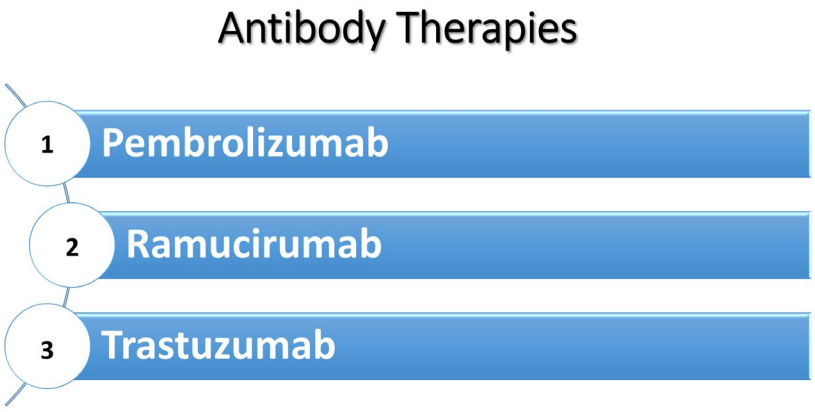


Exhibit 31: Stomach Cancer Antibody Therapies

CAR T Industry Landscape

Chimeric Antigen Receptor-T cell therapy is an immunotherapy that has revolutionized the cancer treatment market, particularly blood cancer. In 2017, the first CAR T cell therapy got approval which led to widespread research, an exponential rise in pre-clinical and clinical trials to test the efficacy and safety profile, elevated M&A activities, and robust IPOs with listings on different stock exchanges.

According to **The Business Research Company**[18]**,' The Global CAR-T Cell Therapy Market was valued at $1,037 million in 2020 which is projected to grow at a CAGR of 24.9% during the forecast period to reach a market value of $3,150 million by 2025 and is expected to stabilize with a market value of $6,100 million by 2030.**

[18] "Global Car-t Therapy Market Report Opportunities and Strategies." The Business Research Company, https://www.thebusinessresearchcompany.com/report/car-t-therapy-market.

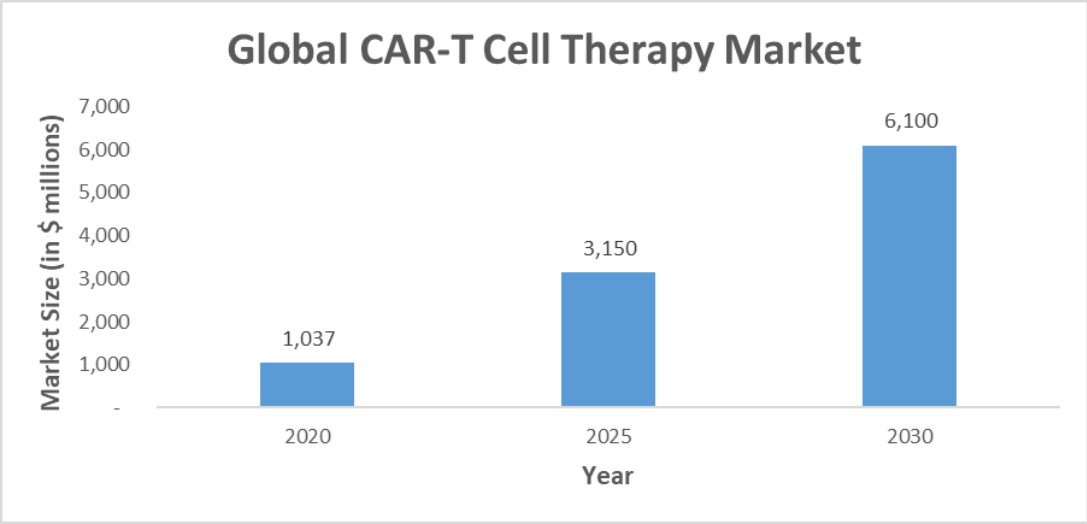


Exhibit 32: Global CAR T Cell Therapy Market. Source: The Business Research Company

The above-expected growth in the Global CAR-T Cell Therapy market is attributed to the industry players who are involved in the research and development of novel cell therapies for the treatment of cancers that affect the blood, bone marrow, and lymph nodes (which includes Leukemia, Myeloid, Myeloma, and Lymphoma). However, there are various other CAR-T therapies in the pipeline that focus on the treatment of solid tumors, including breast cancer, ovarian cancer, pancreatic cancer, kidney cancer, etc. There were 2 U.S. FDA approved CAR-T cell therapies in 2017 used to treat children with acute lymphoblastic leukemia and the other for adults suffering from advanced lymphomas. CAR-T therapy showed encouraging results and seemed promising for treating the above two diseases but faced certain challenges when targeting solid tumors. As of 2020, this market exceeded a billion dollars, which would not have been possible without the remarkable efficacy shown by **Yescarta™**, **Kymriah™**, **Tecartus™**, and **Breyanzi™** in the treatment of different types of blood cancers.

Five CAR T therapy have been approved to date targeting various malignant cancers. The Global CAR T market is expanding at a rapid pace with over 500 clinical trials in place. Given the number of trials we are optimistic CAR T therapy may one day be approved as a first line treatment.

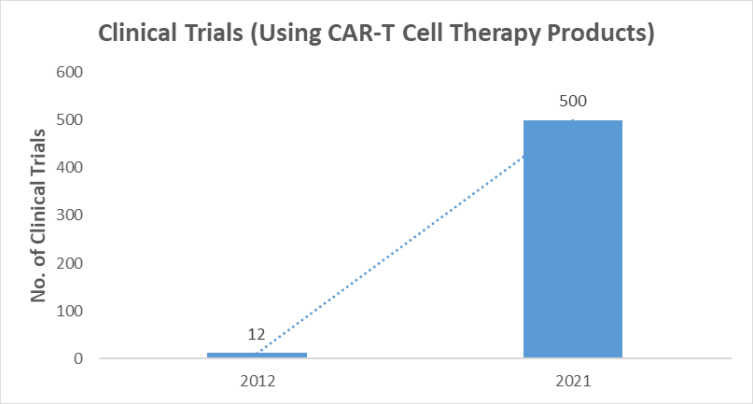


Exhibit 33: No. of CAR T Clinical Trials. Source: Research and Markets

There were only 12[19] clinical trials using CAR-T Cell Therapy products in 2012, which has risen to more than 500 today. Between 2017-2020, there were only 4 CAR-T Cell Therapy products in the market which got U.S.-FDA approval and were commercialized on a global scale, which is expected to increase in the coming few years. Kymriah™ and Yescarta™ have been available commercially since 2017 and 2018, respectively, with their treatments used in nearly half a million patients globally.

The **Autologous Treatment** approach, a novel therapeutic intervention that utilizes an individual's own cells, is utiilized by all FDA-approved CAR-T products, with nearly 75% of the ongoing clinical trials based on the same approach. This approach is expensive due to its personalized method of action, wherein the cells of the patients are cultured and expanded outside the body and reintroduced into the donor. The cost of such treatment is further escalated due to the complicated logistics and transportation requirements. However, we note the landscape is evolving with Yescarta™ and Breyanzi™ completing trials in diffuse large B-cell lymphoma (DLBCL) positioning them as an earlier option in the treatment continuum. We note although pricing is high for CAR-T treatments, it is a one-time treatment versus patients incurring large expenses annually.

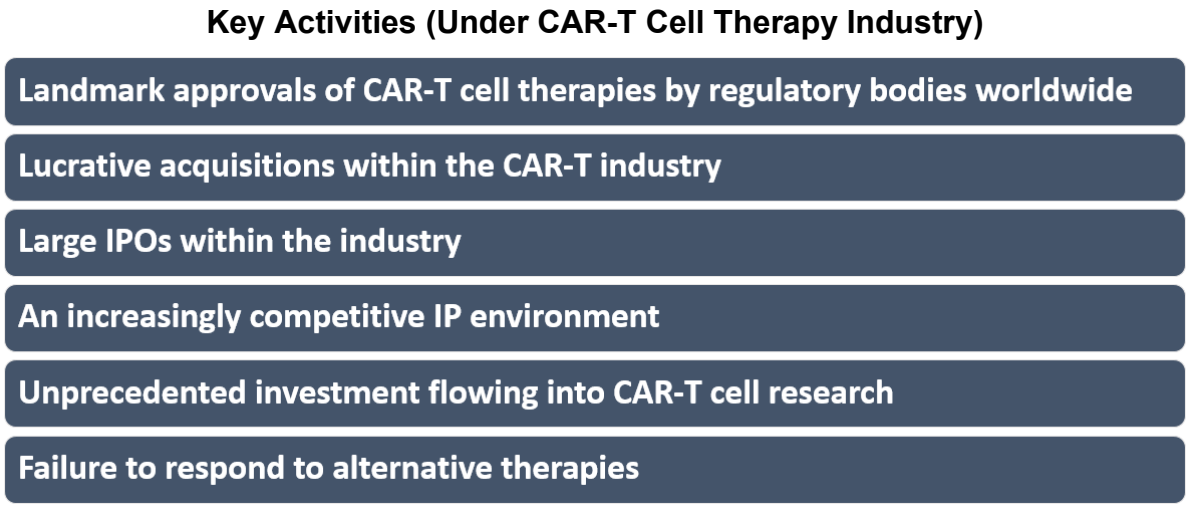


Exhibit 34: Key Activities (Under CAR-T Cell Therapy Industry).Source: Research and Markets

[19] ltd, Research and Markets. "Global CAR-T Cell THERAPY Market - Market Size, Forecasts, Trials & TRENDS, 2021." Research and Markets, https://www.researchandmarkets.com/reports/5331298/global-car-t-cell-therapy-market-market-size.

The competitive landscape of the companies in the CAR-T Cell Therapy Industry is ever-changing and the major players are competing to gain market access to highly lucrative markets in Europe and the U.S. Major pharmaceutical giants like Novartis and Gilead are trying to increase the treatment centers to gain access to more patients to test their treatment. New and safe developments in the CAR-T Cell Therapy space have led to increased regulatory approvals worldwide. M&A activity has been even more aggressive, with Celgene acquiring Juno Therapeutics for $9 billion in 2018 and Bristol-Myers Squibb (BMS) acquiring Celgene for $74 billion in 2019. Gilead's acquisition of Kite Pharma for $11.9 billion also made waves, as have other M&A transactions such as Astellas Pharma's acquisition of Xyphos Biosciences and its CAR-T technology for $665 million.[20]

Year	Company	Partnership/Acquisition	Deal Value
2018	Celgene Corporation	Juno Therapeutics	$9 billion
2018	Gilead Sciences Inc.	Sangamo Therapeutics Inc.	$3 billion
2019	Bristol-Myers Squibb	Celgene	$74 billion

Exhibit 35: Major Acquisitions/Partnerships. Source: Polaris Market Research

[20] "CAR-T Funding Brief - Financing ROUNDS, Acquisitions, and IPOs (2021)." BioInformant, https://bioinformant.com/product/car-t-funding-brief/.

Key Trends in CAR-T Cell Therapy Industry

Based on Targeted Antigen, **CD22** is expected to have the largest market share, which is estimated to reach $5 billion[21] in market size by 2026, as most companies are competing for approval with many of them having commercialized and marketed as well since 2017. During the forecast period, **BCMA** is expected to grow at a faster CAGR; however, targeted antigens used for solid tumors using CD22 are expected to exhibit strong growth as well. Many scientists, developers, pharma companies, and investors believe that the novel therapies developed in this sector will enjoy long term success if they're able to solve issues such as targeting antigens other than CD22 with higher efficacy and safety profile and treating solid tumor indications rather than liquid cancers, allowing CAR-T Cell Therapy products to be used in treating solid tumors opens a larger market.

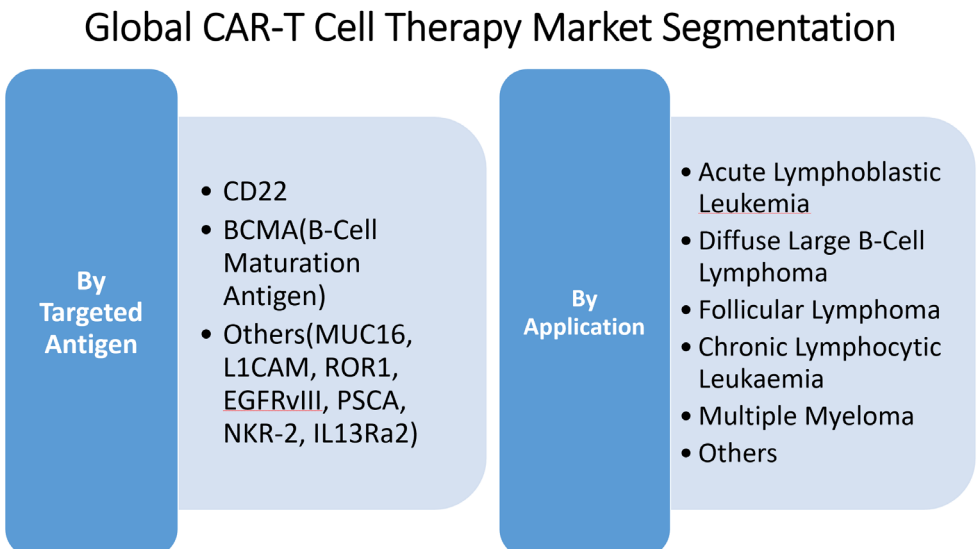


Exhibit 36: Global CAR-T Cell Therapy Market Segmentation. Source: Polaris Market Research

[21] "CAR-T Cell THERAPY Market Size & SHARE: Global Industry REPORT, 2021 - 2028." Polaris Market Research: Global Market Research Reports and Consulting, https://www.polarismarketresearch.com/industry-analysis/car-t-cell-therapy-market.

Key Growth Drivers of CAR-T Cell Therapy Industry

Rising Prevalence of Blood Cancer	As per WHO, Cancer is the second most common cause of death around the world with a high mortality rate, and there were 1,762,450[22] new cases and 606,880 cancer deaths in 2019 according to the American Cancer Society. Leukemia, Lymphoma, and Myeloma are expected to account for approximately 9.9% contribution of the estimated 1,806,590 new cancer cases diagnosed in the U.S in 2020.
Increasing Regulatory Approvals	In 2017, there were only 2 U.S.-FDA-approved CAR-T Cell Therapy treatments, which were registered by Novartis (Kymriah™) and Gilead/Kite Pharma (Yescarta™). In July 2020, Kite Pharma (Tecartus™) received its approval for CAR-T therapeutic treatment for refractory mantle cell lymphoma, which marked the 3rd U.S.-FDA-approved treatment. In 2021, Bristol Myers Squibb received approval for Abecma™ for Multiple Myeloma and Breyanzi™ for diffuse large B-cell lymphoma. These approvals have expanded the scope of other types of cell and gene therapies.
Collaboration of Biotech and Pharma Companies	Increased collaboration between Biotech and Pharmaceutical companies in the form of mergers and acquisitions, joint partnerships, strategic relations is cultivating synergies and fostering the growth of the global CAR-T therapy market.

[22] "Global Car-t Therapy Market Report Opportunities and Strategies." The Business Research Company, https://www.thebusinessresearchcompany.com/report/car-t-therapy-market.

Porter's Five Forces Model Analysis CAR-T Cell Therapy Sector

The five forces model developed by Michael E Porter in 1979 is used to determine an industry's competitiveness. The framework uses five forces, with each force analyzing important stakeholders. Analyzing Porter's five forces help us understand the structure of the sector in which it operates and its profitability over the medium/long term. We have analyzed the CAR-T Cell Therapy sector using porter's five forces model below:

Force	Ideal Effect	Effect on CAR-T Cell Therapy Industry	Remarks
Threat of New Competitors	Low	High	The threat of new competitors is high as earlier there were only 5 FDA approved CAR-T Cell Therapy treatments, however at present the number of clinical trials and companies entering into this industry with their novel cell therapy treatments has increased and is expected to grow further in the future as well.
Power of Suppliers	Low	Medium	The bargaining power of suppliers is medium, as the players in this market are slowly entering and are working in a niche segment hence, they enjoy some bargaining power. However, as the cost of such treatment is expensive, it is regarded as the option for last resort and is suggested to the patients who are in the final stage or advanced stages of cancer.
Power of Customers	Low	Low	The bargaining power of customers/patients, in this case, is low as the treatment cost is highly expensive due to the lack of cost-effective therapies for cancer. Due to the autologous treatment approach adopted by most of the companies, this increases the cost of treatment.
Threat of Substitutes	Low	Low	Natural killer cells therapy could be an economical alternative to the costly CAR-T Cell Therapy with the same level of efficacy and safety profile however, in comparison to conventional therapies CAR-T Cell treatment is regarded as superior therefore threat of substitutes is low.
Industry Rivalry	Low	High	Biotech and Pharma companies are entering this market by way of synergies, M&A, and by leveraging their expertise in R&D which will increase the industry rivalry going forward.

Competitive Profile

The global competitive landscape for CAR-T cell therapy has changed and is quite dynamic with a futuristic approach as this novel cell therapy has emerged as one of the most promising treatment alternatives for curing cancer. At the time of listing of Chimeric Therapeutics (CHM) on the Australian Stock Exchange (ASX), there were only 3 FDA-approved CAR-T drugs that were used for the treatment of Blood Cancer, which has increased to 5 approved therapies today, but the same therapies have not yet been approved for the treatment of Solid Tumors. As the ASX leader in cell therapy, Chimeric Therapeutics to our knowledge is the only listed company on the ASX Exchange conducting human trials with CAR-T cell therapy.

Company	Indication	Technology Stage	Drug Name
Gilead/Kite	Glioblastoma	Phase I/II	Anti-EGFRvIII CAR
Aurora Biopharma	Glioblastoma	Phase I/II	AU101, AU105
Novartis	Glioblastoma	Phase I	LXF821
Mustang Bio	Glioma	Phase I	MB-101(IL13Rα2-specific CAR), MB-103 (HER2 CAR)
In8Bio	Glioblastoma and Leukemia	Phase I	INB-200, INB-400
Autolus Therapeutics	Neuroblastoma/ Glioma	Pre-Clinical	AUTO6/AUTO6NG

Exhibit 37: Competitive Profile. Source: Company Prospectus

Globally, there are over 50[23] pre-clinical and clinical trials that are ongoing in CAR-T cell therapy with Glioblastoma or Glioma indications. The above table highlights the advanced stages of trials undertaken by major pharmaceutical companies. **Yescarta™** was one of the earliest approved CAR-T Cell Therapy drugs manufactured by Gilead for the treatment of B-cells Lymphoma. **KITE-718** and **KITE-439** are in the current oncology pipeline of Gilead, which is in Phase 1 clinical trials for the treatment of solid tumors.

AU105 and **AU101** are potential product candidates under Aurora Biopharma's pipeline which will be used in the treatment of newly diagnosed GBM and recurrent GBM respectively. AU105 is a "living-drug" CAR T agent that has shown safety and efficacy in pre-clinical and various human clinical trials. A phase 1 clinical trial was completed in 16 glioblastoma patients, AU105 met its endpoints of safety, tumor-killing efficacy, and showed promising signals of double the median historic overall survival. Aurora is planning a randomized multi-site Phase II trial of AU105 in early diagnosed glioblastoma and a phase I/II trial in recurrent glioblastoma with intracranial injection.

[23] Prospectus - Chimeric Therapeutics. https://www.chimerictherapeutics.com/wp-content/uploads/2020/11/CHM_Prospectus.pdf.

Title	Phase	Sponsor/Collaborators
Pilot Study of Autologous Anti-EGFRvIII CAR T Cells in Recurrent Glioblastoma Multiforme	Phase I	• Beijing Sanbo Brain Hospital, • Marino Biotechnology Co., Ltd.
Pilot Study of B7-H3 CAR-T in Treating Patients with Recurrent and Refractory Glioblastoma	Phase I	• Second Affiliated Hospital, School of Medicine, Zhejiang University • BoYuan RunSheng Pharma (Hangzhou) Co., Ltd.
B7-H3 CAR-T for Recurrent or Refractory Glioblastoma	Phase I/II	• Second Affiliated Hospital, School of Medicine, Zhejiang University • Ningbo Yinzhou People's Hospital • Huizhou Municipal Central Hospital • BoYuan RunSheng Pharma (Hangzhou) Co., Ltd.
IL13Ralpha2-Targeted Chimeric Antigen Receptor (CAR) T Cells with or Without Nivolumab and Ipilimumab in Treating Patients with Recurrent or Refractory Glioblastoma	Phase I	• City of Hope Medical Center • National Cancer Institute (NCI)
Chimeric Antigen Receptor (CAR) T Cells with a Chlorotoxin Tumor-Targeting Domain for the Treatment of MPP2+ Recurrent or Progressive Glioblastoma	Phase I	• City of Hope Medical Center • National Cancer Institute (NCI)
Brain Tumor-Specific Immune Cells (IL13R alpha 2- CAR T Cells) for the Treatment of Leptomeningeal Glioblastoma, Ependymoma, or Medulloblastoma	Phase I	• City of Hope Medical Center • National Cancer Institute (NCI)
Pilot Study of Autologous Chimeric Switch Receptor Modified T Cells in Recurrent Glioblastoma Multiforme	Phase I	• Beijing Sanbo Brain Hospital, • Marino Biotechnology Co., Ltd.
CD147-CART Cells in Patients with Recurrent Malignant Glioma.	Early Phase I	• Xijing Hospital
CART-EGFRvIII + Pembrolizumab in GBM	Phase I	• University of Pennsylvania
CMV-specific Cytotoxic T Lymphocytes Expressing CAR Targeting HER2 in Patients With GBM	Phase I	• Baylor College of Medicine • The Methodist Hospital Research Institute • Center for Cell and Gene Therapy, Baylor College of Medicine
NKG2D-based CAR T-cells Immunotherapy for Patient With r/r NKG2DL+ Solid Tumors	Phase I	• Jiujiang University Affiliated Hospital • KAEDI
CAR T Cell Receptor Immunotherapy Targeting EGFRvIII for Patients with Malignant Gliomas Expressing EGFRvIII	Phase I/II	• National Cancer Institute (NCI) • National Institutes of Health Clinical Center (CC)

Combination of Immunization and Radiotherapy for Malignant Gliomas (InSituVac1)	Phase I	• Beijing Tiantan Hospital • Duke University
Immunogene-modified T (IgT) Cells Against Glioblastoma Multiforme	Phase I	• Shenzhen GenoImmune Medical Institute
Long-term Follow-up of Subjects Treated with CARv3-TEAM-E T Cells	N.A.	• Massachusetts General Hospital
Genetically Modified T-cells in Treating Patients with Recurrent or Refractory Malignant Glioma	Phase I	• City of Hope Medical Center • National Cancer Institute (NCI) • Food and Drug Administration (FDA)
Memory-Enriched T Cells in Treating Patients with Recurrent or Refractory Grade III-IV Glioma	Phase I	• City of Hope Medical Center • National Cancer Institute (NCI)

Exhibit 38: Ongoing clinical trials of GBM. Source: https://clinicaltrials.gov/

There are only 5 companies that have sponsored trials, with the rest conducted by academic institutions. The primary and key collaborators for the sponsored trials are the City of Hope Medical Center and the National Cancer Institute (NCI). Chimeric Therapeutics has entered into a license agreement with the City of Hope for the CLTX-CAR T technology. The City of Hope is a world-renowned independent research and treatment center for cancer, diabetes, and other life-threatening diseases based in Los Angeles, California. Chimeric has also entered into a long-term sponsored research agreement with City of Hope, which provides Chimeric with access to the laboratory, facilities, and scientific team of the technology founders, professors Brown and Barish, to further develop Chimeric's CAR-T technology.

Valuation Outlook

CLTX CAR T for GBM - Generating Value for Shareholders

Chimeric's lead drug indication is currently in a phase I trial with promising efficacy and safety results exhibited in preclinical trials. We expect initial data from the Phase 1 trial to be published by Q4 2021, providing additional detail on the therapy's toxicity in humans. The use of Chlorotoxin peptide as a binding agent to target molecules found on cancer cells has shown promising results differentiating Chimeric's therapy from others currently under development. GBM is highly lethal with unmet medical needs creating a multi-billion-dollar opportunity for Chimeric. In our model we project, assuming positive data, approval and commercialization in 2026 with peak sales of approximately AUD 3 billion.

CDH17 CAR T – Upside Optionality

The recent collaboration by Chimeric for the treatment of neuroendocrine tumors has provided compelling early-stage evidence of preclinical safety and efficacy with no tumor relapse. Chimeric, in collaboration with the University of Pennsylvania , is expected to start a Phase 1 trial in 2022. Given the CDH17 CAR T therapy is not yet in the clinical trials, we have refrained from including this in our valuation estimates. Adding this could considerably affect the valuation outlook and thus we think that it creates an immense upside optionality in terms of the risk-reward scenario.

Promising Pipeline

Aside from GBM and NETs, the company has developed a promising pipeline of indications currently under preclinical trials including CLTX CAR T therapy for melanoma, colorectal, and prostate and CDH17 CAR T for gastrointestinal cancers (gastric, pancreatic, colorectal). We expect these indications if advanced in the future, would lead to immense value creation for shareholders.

Chimeric Therapeutic is targeting the treatment of solid tumors with a novel CAR T therapy. Given the high unmet need within solid tumors specifically GBM, this represents a multi-billion-dollar market opportunity

Valuation

We have valued the company based on its lead asset CLTX CAR T targeting Glioblastoma achieving commercialization. We expect the company to initially concentrate on two major geographies, the US and Europe, with combined annual cases of approximately 42,000 per year with 65% of patients being eligible for CAR T-cell therapy. Given the unmet needs in the treatment of Glioblastoma, CLTX CAR T has the potential to be the first-line treatment and not just in patients with recurrence.

Approved CAR T is the last resort for patients who have relapsed or are refractory with no other options. CAR T therapies have shown remission rates of up to 93%[24] in severe forms of blood cancer. Based on the effectiveness and need of CAR T therapies, especially for solid tumors, we have assumed a peak market share of 20% for the U.S. and 17.5% for the EU based on the number of eligible patients. Based on the price of comparable approved CAR T therapies, we have assumed a market price for a treatment course at USD 410,000. We model peak sales of AUD 3 billion in 2036, after which we model that the entry of competition will drive down the price and growth.

We arrive at a valuation of AUD **1.04** using a weighted valuation of DCF and Guideline Public Company Method, contingent on successful execution by the company.

[24] Fernández, Clara Rodríguez. “A Cure for Cancer? How Car T-Cell Therapy Is Revolutionizing Oncology.” Labiotech.eu, 4 Mar. 2021, https://www.labiotech.eu/in-depth/car-t-therapy-cancer-review/.

Therapy	Indication	Status	Discount Rate	Peak Sales (in AUD)	Approval Year
CLTX CAR T	GBM	Phase 1	21.80%	$3.01B	2026

Calculated Equity Value	
Enterprise Value	385,729,886
- Debt	-
+ Cash	22,410,199
Net Debt	22,410,199
Equity Value	408,140,085

Approaches	Value (AUD)	Weight	Wtd. Value (AUD)
DCF	408,140,085	80%	326,512,068
GPCM	101,961,057	20%	20,392,211
GTM	-	0%	-
Wtd Avg. Equity Value (AUD)			**346,904,280**
No of Shares			**333,443,488**
Intrinsic Value Per Share			**1.04**

Exhibit 39: Chimeric Therapeutics Valuation Snapshot. Source: Diamond Equity Research

Financials

Chimeric reported a cash balance of AUD 22.4 million as of 30th June 2021. We expect the company's cash burn rate for FY 2022 and FY 2023 to be AUD 20.0 million and AUD 14.8 million (inclusive of license agreement payments). Given the current cash position and expected burn rate for the next two years, the current cash balance can potentially support the company's operations for the next 4-6 quarters, but capital raises before are always possible. We have assumed a cash raise of AUD 88.5 million prior to the drug getting commercialized in our model. The cash raise assumed does not incorporate expenses relating to the licensing payments to be made in lieu of CDH 17 CAR T given the financial terms of licensing are undisclosed. Any future development with CDH 17 CAR T will affect the company's source and use of funds.

CHIMERIC THERAPEUTICS
Income Statement
(in AUD except per share amounts or otherwise stated)

Income Statement	FY2020 A	FY2021 A	FY2022 E	FY2023 E	FY2024 E	FY2025 E	FY2026 E	FY2027 E
Net sales	-	-	-	-	-	-	336,765,039.61	444,305,686.75
Cost of sales	-	-	-	-	-	-	(50,514,755.94)	(66,645,853.01)
Gross profit	-	-	-	-	-	-	**286,250,283.66**	**377,659,833.73**
Operating expenses								
General and Administrative Expenses	(63,260.00)	(8,963,348.00)	(5,342,479.00)	(5,609,602.95)	(5,890,083.10)	(6,007,884.76)	(134,706,015.84)	(177,722,274.70)
Marketing Expense	(748.00)	-	-	-	-	-	(33,676,503.96)	(44,430,568.67)
Research and Development	-	(3,778,382.00)	(8,690,278.60)	(9,124,792.53)	(10,037,271.78)	(11,040,998.96)	(10,488,949.01)	(11,537,843.91)
Share Based Payments	-	(2,102,327.00)	-	-	-	-	-	-
EBITDA	**(64,008.00)**	**(14,844,057.00)**	**(14,032,757.60)**	**(14,734,395.48)**	**(15,927,354.88)**	**(17,048,883.72)**	**107,378,814.85**	**143,969,146.45**
Depreciation and amortization expenses	-	(2,633.00)	(919,344.55)	(919,994.55)	(920,644.55)	(921,294.55)	(921,944.55)	(3,221,551.48)
Other income/ (expense)								
License Agreement Payments	-	-	(5,879,628.00)	(208,333.00)	(2,986,110.00)	(1,597,221.00)	(26,977,950.19)	(39,579,169.60)
Other non operating expenses	-	-	-	-	-	-	-	-
EBIT	**(64,008.00)**	**(14,846,690.00)**	**(20,831,730.15)**	**(15,862,723.03)**	**(19,834,109.43)**	**(19,567,399.27)**	**79,478,920.11**	**101,168,425.37**
Interest Income	-	2,646.00	4,482.04	480.53	5,520.47	1,709.83	7,691.73	32,508.95
Interest Expense	-	(5,877.00)	-	-	-	-	-	-
Profit before exceptional items, extraordinary items and tax	**(64,008.00)**	**(14,849,921.00)**	**(20,827,248.11)**	**(15,862,242.50)**	**(19,828,588.96)**	**(19,565,689.44)**	**79,486,611.84**	**101,200,934.32**
Exchange loss (net)	-	(263,790.00)	-	-	-	-	-	-
Provision for costs associated with closure of operations and impairment of intangible	-	-	-	-	-	-	-	-
Employee seperation cost	-	-	-	-	-	-	-	-
Profit before tax from continuing operations	**(64,008.00)**	**(15,113,711.00)**	**(20,827,248.11)**	**(15,862,242.50)**	**(19,828,588.96)**	**(19,565,689.44)**	**79,486,611.84**	**101,200,934.32**
Income tax (expense) benefit	-	-	-	-	-	-	(20,666,519.08)	(26,312,242.92)
Net earnings including noncontrolling interests	**(64,008.00)**	**(15,113,711.00)**	**(20,827,248.11)**	**(15,862,242.50)**	**(19,828,588.96)**	**(19,565,689.44)**	**58,820,092.76**	**74,888,691.39**
Share of profit / (loss) of associates (net)	-	-	-	-	-	-	-	-
Minority interest	-	-	-	-	-	-	-	-
Net earnings attributable to Chimeric Therapeutics	**(64,008.00)**	**(15,113,711.00)**	**(20,827,248.11)**	**(15,862,242.50)**	**(19,828,588.96)**	**(19,565,689.44)**	**58,820,092.76**	**74,888,691.39**
Adjusted Net Income	**(64,008.00)**	**(14,849,921.00)**	**(20,827,248.11)**	**(15,862,242.50)**	**(19,828,588.96)**	**(19,565,689.44)**	**58,820,092.76**	**74,888,691.39**

Risk Factors

1) **Dependence upon License Agreements**
   Chimeric has entered into a license agreement with City of Hope for its CLTX CAR-T technology, thus its business is in part dictated and dependent on the terms and conditions agreed upon by both parties. Any non-compliance with the terms of this agreement can have an adverse impact on Chimeric's business.

2) **Pipeline Product in Development and not approved for commercial sale**
   Chimeric Therapeutics' oncology pipeline is still in its early phases of trials and further even if trials are successful there is no guarantee that the following commercialization will be successful.

3) **Arrangement with Third-Party Collaborators**
   The company may collaborate with other pharmaceutical and life sciences companies to complete its development and commercialization of products. Currently, it has a license agreement with City of Hope and similarly, Chimeric has also been granted worldwide exclusive rights to the novel 3rd generation CDH17 CAR-T Cell Therapy from the University of Pennsylvania, which has committed funding for the next 3 years.

4) **Competition from Ongoing Trials**
   The number of clinical trials has increased over the years with currently 5 FDA-approved CAR-T cell therapies for treating acute lymphoblastic leukemia, B-cell lymphoma, follicular lymphoma, mantle cell lymphoma, multiple myeloma, and 18 ongoing clinical trials that can put Chimeric in direct competition with the companies who have substantially greater resources than the company and may alter Chimeric's contemplated pricing and margins if its drugs are approved.

5) **Ability to raise capital**
   The company will likely be required to raise additional equity or debt capital in the future. There is no assurance a raise will be successful when required and/or at attractive terms.

These risk factors are not comprehensive. For a full list of risk factors, please read Chimeric Therapeutics' latest prospectus and/or annual filings

Revenue Assumptions

Particulars	FY2026 E	FY2027 E	FY2028 E	FY2030 E	FY2036 E	FY2037 E
CHM 1101: CLTX CAR T						
US Population	340.2	342.1	344.0	347.7	359.4	361.4
Age 65 years and Older (% Population)	18.4%	18.7%	19.0%	19.6%	21.4%	21.7%
Younger than 65 years (% Population)	81.6%	81.3%	81.0%	80.4%	78.6%	78.3%
Incidence rate (per 100,000) - Elder Population	13.16	13.16	13.16	13.16	13.16	13.16
Incidence rate (per 100,000) - Younger Population	1.76	1.76	1.76	1.76	1.76	1.76
GBM Cases / Year	13108	13297	13488	13875	15076	15283
No of Patients Eligible	65.0%	65.0%	65.0%	65.0%	65.0%	65.0%
Market Penetration	3.5%	4.5%	6.5%	10.5%	20.0%	20.0%
Price per treatment course (in USD)	410000	410000	410000	410000	410000	360000
Revenue (in USD)	**122.3**	**159.5**	**233.6**	**388.2**	**803.6**	**715.2**
Europe Population	751.7	752.5	753.3	754.8	732.4	728.7
Incidence rate (per 100,000)	4.00	4.00	4.00	4.00	4.00	4.00
GBM Cases / Year	30069.9	30100.0	30130.1	30190.4	29295.9	29149.4
No of Patients Eligible	65%	65%	65%	65%	65%	65%
Market Penetration	1.5%	2.0%	4.0%	8.0%	17.5%	17.5%
Price per treatment course (in USD)	410000	410000	410000	410000	410000	360000
Revenue (in USD)	**120.2**	**160.4**	**321.2**	**643.7**	**1366.3**	**1193.7**
Total Revenue (in USD millions)	**242**	**320**	**555**	**1032**	**2170**	**1909**
AUD/USD	0.72	0.72	0.72	0.72	0.72	0.72
Total Revenue (in AUD millions)	**336.8**	**444.3**	**770.6**	**1433.2**	**3013.7**	**2651.3**

COGS Assumptions

We have estimated the initial cost to be 15%[25] of the list price i.e., US $410,000. This is likely to gradually decrease to 10% over the course of a decade from the commercialization of drugs. This assumption is in line with the Biopharmaceutical industry standards.

Year	FY2026E	FY2031 E	FY2032 E	FY2033 E	FY2034 E	FY2035 E	FY2036 E	FY2037 E
Cost of sales as % of revenue	15.0%	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%

[25] "(PDF) The Long Road to Affordability: A Cost of Goods Analysis for an Autologous Car-T Process." ResearchGate, https://www.researchgate.net/publication/330623902_The_long_road_to_affordability_a_cost_of_goods_analysis_for_an_autologous_CAR-T_process.

License Agreement Payments

The period for the license is modeled to start 2026 during which the company will be paying City of Hope (COH) royalty payments (assumed at 3% of Sales) as well as annual license fees. The exchange rate used for the conversion of these payments is assumed at 0.72 AUD/USD.

General & Administrative Expense

Chimeric's SG&A is assumed at 40% of sales[26] during the initial years of commercialization; this is expected to decrease over time.

Income Statement Assumptions	FY2026 E	FY2031E	FY2032 E	FY2033 E	FY2034 E	FY2035 E	FY2036 E	FY2037 E
G&A Expenses	40.0%	32.0%	32.0%	32.0%	32.0%	32.0%	25.0%	25.0%

Research & Development Expense

We expect the company to spend approximately AUD 17.5 million over the next two years to successfully complete the dosing of the second cohort of Phase I trial while moving to Phase 2 trials. As the number of trial participants increases, research & development expenses are modeled to increase.

Capital Structure

Chimeric Therapeutics currently has no debt and the future financing needs have been assumed to be financed by equity with an equity raise of AUD 84 million. We have assumed the company will not utilize debt in our model.

WACC Assumptions

Risk-free rate: We have assumed the 10-year Australian government bond yield as a risk-free rate which is currently 1.4%.

Market Risk Premium: The Market risk premium is assumed at 4.7% incorporating the country risk premium, default spreads, and overall market returns

Beta: Due to the recent listing and unavailability of a 5-year beta, a comparable small capitalization company – Mustang Bio Inc.'s Beta -- has been delevered and then relevered to reflect Chimeric's capital structure. The Beta value comes out to be 1.67.

Other Risk Premium: Chimeric is an early-stage immunotherapy company with a short history of operations. To incorporate the risk inherent in the business and current size of the company, we have assumed a small business Rp of 650 bps and business specific Rp of 600 bps to be conservative.

[26] From the Analyst's Couch the 'Big Pharma' Dilemma: Develop ... https://www.researchgate.net/profile/Prasad-Naik-2/publication/26307917_The_%27big_pharma%27_dilemma_Develop_new_drugs_or_promote_existing_ones/links/597b8776aca272d568b5436d/The-big-pharma-dilemma-Develop-new-drugs-or-promote-existing-ones.pdf.

Company	Ticker	Last Price (Absolute)	CRNCY	Primary Exchange	Market Cap	TTM P/Book (x)	TTM P/R&D (x)
AdAlta Ltd	1AD	0.10	AUD	ASX	24.03 Million	3.76	3.85
Prescient Therapeutics	PTX	0.29	AUD	ASX	186.92 Million	9.10	75.06
Adaptimmune Therapeutics, Inc	ADAP	5.76	USD	NASDAQ	899.07 Million	3.23	-
Allogene Therapeutics, Inc	ALLO	25.66	USD	NASDAQ	3648.43 Million	3.56	29.90
Atara Biotherapeutics, Inc	ATRA	17.00	USD	NASDAQ	1440.88 Million	4.35	6.67
Autolus Therapeutics Plc	AUTL	6.29	USD	NASDAQ	457.55 Million	1.61	-
Bellicum Pharmaceuticals, Inc	BLCM	3.02	USD	NASDAQ	25.36 Million	-	-
Bluebird bio, Inc	BLUE	18.44	USD	NASDAQ	1246.15 Million	1.27	-
Cellectis SA	CLLS	11.58	EUR	EPA	526.49 Millions	2.24	4.98
Celyad SA	CYAD	3.70	EUR	EBR	58.44 Million	2.75	2.87
Fate Therapeutics, Inc	FATE	64.85	USD	NASDAQ	6172.72 Million	8.13	-
Mustang Bio, Inc	MBIO	2.71	USD	NASDAQ	246.94 Million	1.82	4.92
Precision Bio Sciences, Inc	DTIL	12.63	USD	NASDAQ	752.47 Million	7.45	7.00
Ziopharm Oncology Inc	ZIOP	2.03	USD	NASDAQ	435.42 Million	4.93	-
BioAtla, Inc.	BCAB	30.51	USD	NASDAQ	1031.46 Million	5.79	-
Nkarta, Inc.	NKTX	30.15	USD	NASDAQ	992.13 Million	.3.43	19.61
Beam Therapeutics Inc.	BEAM	94.67	USD	NASDAQ	6159.23 Million	10.90	20.67
CARsgen Therapeutics Holdings Ltd		47.50	HKD	SEHK	23175.81 Million	6.62	69.72
Average						**4.56**	**13.63**
Multiplier (AUD)						**25,130,688.00**	**3,778,382.00**
Value (AUD)						**114,581,154.52**	**51,480,664.66**
Weighting						80%	20%
Chimeric's Equity Value (AUD)						**132,849,455.35**	

Aside from DCF, our Valuation estimates we have incorporated Guideline Public Company Method (GPCM) in our final valuation assigning a 20% percentage weightage to the method. Using P/B and P/R&D as two comparable ratios amongst the global CAR T and Biotechnology companies, we have calculated equity value derived from the comparable multiples and Chimeric's book value and R&D expense. P/B has been given a weightage of 80% while calculating GPCM value while P/R&D has been assigned 20%.

Disclosures

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