CHIMERIC THERAPEUTICS

Newsletter December 2021

We're heading into 2022 as a company that has rapidly grown to be the ASX leader in cell therapy

PAGE 15

Jennifer's update

JENNIFER CHOW
CHIEF EXECUTIVE OFFICER
AND MANAGING DIRECTOR

Wow! Where do I start? This has been such an incredible past three months that it's difficult to actually know where to begin to update you on our progress.

Let me start at our beginning. As many of you know, Chimeric was created in 2020 with one asset – our CLTX CAR T cell therapy – that we licensed from The City of Hope hospital in California. The CLTX CAR T or CHM 1101 as we now refer to it, is currently in a Phase 1 clinical trial for patients with recurrent or progressive glioblastoma. Up until just recently the most common question I received in 2021 was, when would we see initial data from that trial? In mid-November the much-anticipated initial clinical data set was presented at the prestigious Society of Neuro-Oncology Annual Scientific meeting. Although this was an early data set, including only the 4 patients that were dosed at the lowest dose level, it provided us with some very exciting insights, including a 75% disease control rate with no dose limiting toxicities. We believe that this early data is incredibly encouraging, and gives us great reason for enthusiasm as we head into the higher dose levels of the trial. To take a deeper look at all of the important data that was presented on CHM 1101 at the meeting please see page 9.

In early December, just one week after we announced the initial positive data on our CHM 1101 (CLTX CAR T) asset, we followed up with an announcement that I believe is truly transformative for Chimeric. We announced that we had acquired the exclusive option to license the CORE-NK platform from Case Western Reserve University in Ohio.

The CORE-NK platform is an off-the-shelf platform that utilises natural killer cells, and has been significantly de-risked as it has already been studied in a Phase 1 clinical trial in both solid tumours and blood cancers. I see this as truly transformational for Chimeric because it's what I refer to as a "platform technology". We aren't just adding one more asset to our pipeline, we're adding a platform technology that can be leveraged to develop an unlimited number of new assets (we're going to start with 4!). For background on the CORE-NK platform, and to see how we plan to leverage it, please turn to page 4.

The positive initial clinical data and the acquisition of the CORE-NK platform are just two of the major milestones we've achieved in the past few months. I've added a "quarterly highlights" section to the newsletter to help you stay on top of all of our milestones and developments.

For anything that you would like more information on, I invite you to head over to our recently updated website. We've recently added all of the background information on our new CORE-NK platform along with videos, educational tools and an enhanced investors section to provide you with all of the resources you need. We hope you'll find it useful!

We also invite you to follow us on our social media channels to stay up-to-date on our events and announcements.

With all of the exciting activity these past few months, I am pleased to report that we remain in a healthy cash flow position, with approximately $17.4m in the bank at the end of September, and the recent CORE-NK option acquired with existing cash reserves.

Stay up-to-date

www.chimerictherapeutics.com

linkedin.com/company/chimeric-therapeutics/

twitter.com/Chimeric

As we head into the holidays, it strikes me that I have just completed my first full year at Chimeric and what an amazing year it's been!

We've grown so rapidly from a small company with one asset – to be the leading cell therapy company in Australia with 7 assets now in development!

We've advanced, and seen incredibly encouraging initial data from CHM 1101 (our CLTX CAR T), we've successfully licensed CHM 2101 (our CDH17 CAR T) from the world-renowned cell therapy centre, the University of Pennsylvania (which I am so excited to get into clinic!), and now we've added the CORE-NK platform technology into our portfolio – which I believe, will be transformative for us.

I truly thank you for your support of Chimeric, and of our team over the past year. On behalf of us all, we commit to you, that we will continue to drive our progress in 2022!

I hope that you and your loved ones have a wonderful and safe holiday. We look forward to updating you on our progress in the new year!

With warmest regards and best wishes,

JENNIFER CHOW

Highlights from the quarter

In case you missed some of the activity this past quarter, highlighted below are our ASX announcements. For more information on any of these please find the links on our website at www.chimerictherapeutics.com.

September

- Key opinion leaders join Chimeric's Cellular Immunotherapy Scientific Advisory Board
- European patent was granted covering CLTX CAR T technology
- Two CLTX CAR T abstracts were accepted for presentation at the Society for Neuro-Oncology Meeting

October

- Important first milestone was achieved on path to CDH17 CAR T clinical trial

November

- CHM 1101 (CLTX CAR T) Positive Initial Phase 1 Clinical Data Presented at the SNO meeting
- CHM 1101 (CLTX CAR T) Additional Positive Data Released Demonstrating Regional Control of Tumor Recurrence

December

- Transformation of Chimeric Portfolio with the **CORE-NK** Platform, a **C**linically validated, **O**ff-the -shelf, **R**obust, **E**nhanced, **N**atural **K**iller cell platform

Transforming Chimeric's portfolio with the CORE-NK platform

In early December we were thrilled to announce that we had acquired the exclusive option to license the CORE-NK cell platform from Case Western Reserve University (CWRU) in Ohio, USA.

CORE-NK platform broken down:

Clinically validated
Off-the-shelf
Robust
Enhanced
Natural
Killer

The CORE-NK platform will have a truly transformative impact on Chimeric propelling us forward as the ASX leader in cell therapy and establishing us as an emerging global cell therapy company.

Triple Chimeric's pipeline adding 5 new cell therapy assets

Extends Chimeric's clinical development program with 5 new clinical trials by 2023

Broadens Chimeric's reach into 10+ disease areas including blood cancers and solid tumours

Ability to further leverage the platform through partnerships or licensing

The CORE-NK platform

Highlights of the CORE-NK Platform

The CORE-NK platform bolsters our portfolio with a cutting edge, off-the-shelf NK platform technology that will enable the accelerated development of multiple next generation off the shelf NK and CAR-NK products.

The CORE-NK platform was clinically validated in a Phase 1 clinical trial that was completed in June 2021 with data expected in 2022

Initial clinical trials with the new Chimeric assets are planned for 2023

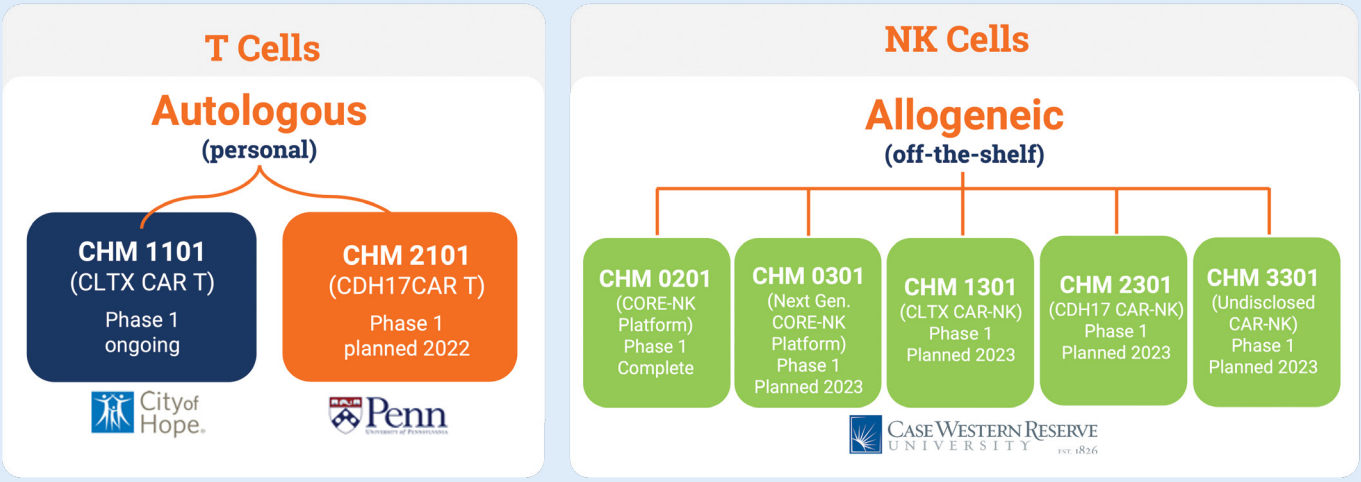
The CORE-NK platform will see four new Chimeric assets initiate development in 2022 leveraging Chimeric's existing portfolio of CARs

As a platform technology, the CORE-NK platform offers Chimeric additional opportunity for further development through partnerships and/ or internal development

How does it fit into the Chimeric portfolio?

As part of the Chimeric portfolio development strategy, we have been focused on exploring opportunities to diversify our portfolio with novel cell therapies that utilise alternative cell types like NK (natural killer) cells and alternative cell sources like off-the-shelf (allogeneic) sources.

The CORE-NK platform fits perfectly into our diversification strategy bringing us everything that we were looking for and more – it's a novel cell therapy that uses NK cells and is available as an off the shelf therapy – as a bonus it is a platform technology that can be used to develop multiple new assets and it has already been studied in a Phase 1 clinical trial.



A diversified portfolio with cutting edge innovation.

Background on the CORE-NK platform

Natural killer cells are considered superior immune cells. They have innate safety features and the natural ability to target and destroy cancer cells through both indirect and direct mechanisms (they're named for this "natural" killing ability). The challenge with natural killer cells is that they are not naturally abundant or active enough to overcome cancer.

Dr. David Wald, a leading expert in immuno-oncology at Case Western Reserve University in Ohio, USA designed and developed the CORE-NK platform to leverage the natural anti-cancer properties of natural killer cells and enhance them to be robust and active enough to overcome cancer.

The CORE-NK platform uses natural killer cells from a healthy donor, activating and expanding them to establish an enhanced, off the shelf NK cell platform that can provide an abundant supply of highly active NK cells.

Preclinical data on the CORE-NK platform were published in the prestigious family of Nature publications in 2019.

nature

Publication: 'Membrane bound IL-21 based NK cell feeder cells drive robust expansion and metabolic activation of NK cells'.

DR. DAVID WALD, MD, PHD

Associate Professor, Department of Pathology, School of Medicine
Member, Immune Oncology Program, Case Comprehensive Cancer Center,
Associate Director for Basic Research, University Hospitals, Wesley Center for Immunotherapy.

CASE WESTERN RESERVE UNIVERSITY EST. 1826

Enhancing the Natural cancer-fighting power of NK Cells

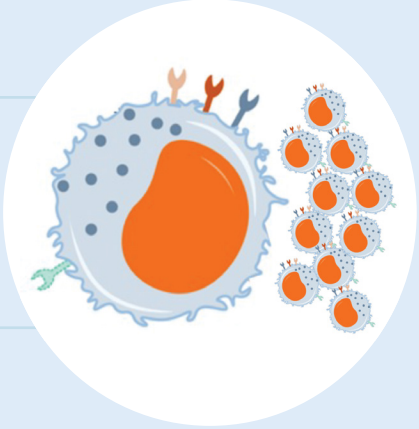
Natural Killer (NK) Cell

Natural killer cells are found in our bodies normally and are able to recognise and kill cancer cells – but are not robust and active enough to overcome cancer as it grows.

CORE-NK Platform Cell

CORE-NK cells are made by activating and expanding natural killer cells to make them more active and robust in large quantities.

Activation and expansion of healthy donor naked natural killer cells.



CORE-NK Phase 1 clinical trial: Complete

In May 2018 a Phase 1 clinical trial was initiated at the Case Comprehensive Cancer Center to study the CORE-NK platform.

The primary objective of the trial was to determine the maximum tolerated dose (MTD) of ex vivo expanded non-HLA matched donor NK cells (the CORE-NK platform cells). Secondary objectives included the assessment of the safety profile and the antitumour activity of the CORE-NK platform.

Patient Eligibility

The Phase 1 clinical trial was open to and included patients with both blood cancers and solid tumours:

- **Blood Cancers**

  Acute Myeloid Leukemia, Plasma Cell Myeloma, Myelodysplastic Syndromes, Acute Lymphoblastic Leukemia, Chronic Myeloid Leukemia, Chronic Lymphoma Leukemia, Myeloproliferative Syndromes, Non-Hodgkin Lymphoma, and Hodgkin Lymphoma.

- **Solid Tumours**

  Adenocarcinoma of the Rectum, Rhabdomyosarcoma, Soft Tissue Sacrcoma, Ewing's Sarcoma, and Colon Cancer.

Phase 1 Dose Escalation

The trial was designed as a dose escalation from $10x10^6$ NK cells/KG through to $50x10^6$ NK cells/KG.

3 — **50×10^6** NK Cells/KG

2 — **25×10^6** NK Cells/KG

1 — **10×10^6** NK Cells/KG

Data Anticipated 2022

The Phase 1 clinical trial of the CORE-NK platform was completed in June 2021 with 11 patients with both blood cancers and solid tumours enrolled and completion of all three dose levels of the trial with 9 patients receiving treatment.

Primary Completion June 2021
Data Currently Pending

11 Patients Enrolled
Solid Tumours and Blood Cancers

9 Patients Dosed
Completion of all 3 Dose levels

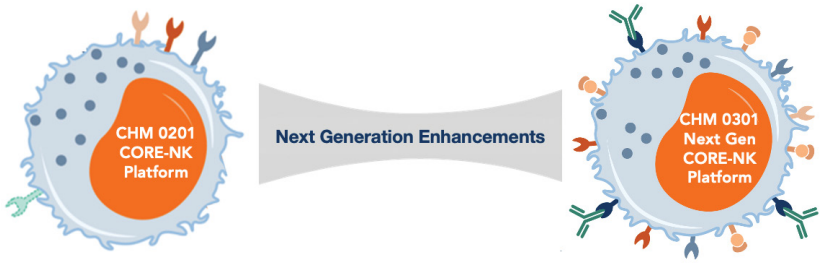
Follow up for these patients in currently ongoing with data anticipated in 2022.

What do we do with the CORE-NK platform?

We call the CORE-NK platform "transformative" for Chimeric because of the unlimited opportunities it bring us for development. Our current plans include 3 near term opportunities for development:

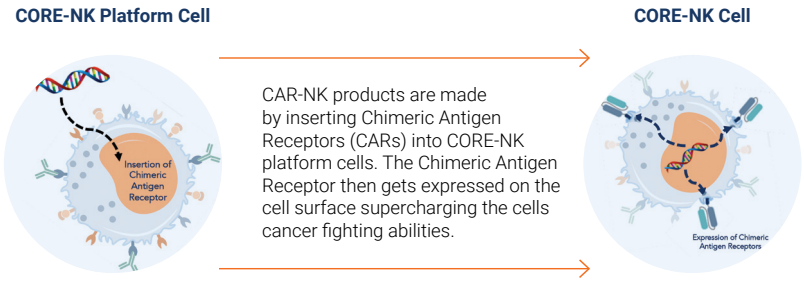
1 Next Generation CORE-NK platform

Our first step will be to further enhance the CORE-NK platform with enhanced activation and expansion features. Our plans is to then study the Next-Generation CORE-NK platform as a combination therapy in blood cancers including Acute Myeloid Leukemia (AML), Multiple Myeloma (MM) and B Cell Malignancies (like Diffuse Large B Cell Lymphoma).



2 Chimeric CAR-NK products (CHM 1301, CHM 2301, CHM 3301)

With our next generation CORE-NK as the backbone, we will then develop three initial CAR-NK products, leveraging our existing CLTX and CDH17 CARs (Chimeric Antigen Receptors) and a 3rd undisclosed target CAR.



For more information on how we build CAR-NK products please visit our website and watch "Building Chimeric CAR-NK's from the CORE-NK Platform" video.

3 Leveraging the CORE-NK platform

One of the benefits of the CORE-NK platform is that it is a "platform technology" which means that there is no limit to the number of assets that we can develop using it as the foundation. To truly leverage the full benefit of the CORE-NK platform we will be seeking out additional collaboration and/or licensing opportunities that will allow us to develop additional innovative, off the shelf, NK products.Collaborations to utilise NK cell platforms have recently been seen with significant upfront payments, milestones and royalties.

artiva MERCK

In January 2021, Merck partnered with Artiva to have them develop three CAR-NK products for solid tumours utilising the Artiva NK cell platform. The collaboration provided Artiva with $30M USD upfront and up to $1.9B in milestones and royalties for the three discovery stage assets.

SHORELINE biosciences BeiGene

In June 2021, BeiGene partnered with Shoreline to have them develop four CAR-NK products utilising the Shoreline NK cell platform. The collaboration provided Shoreline with $45M USD upfront and additional undisclosed milestones and royalties for the four preclinical stage assets.

The CORE-NK platform: Transforming the Chimeric portfolio

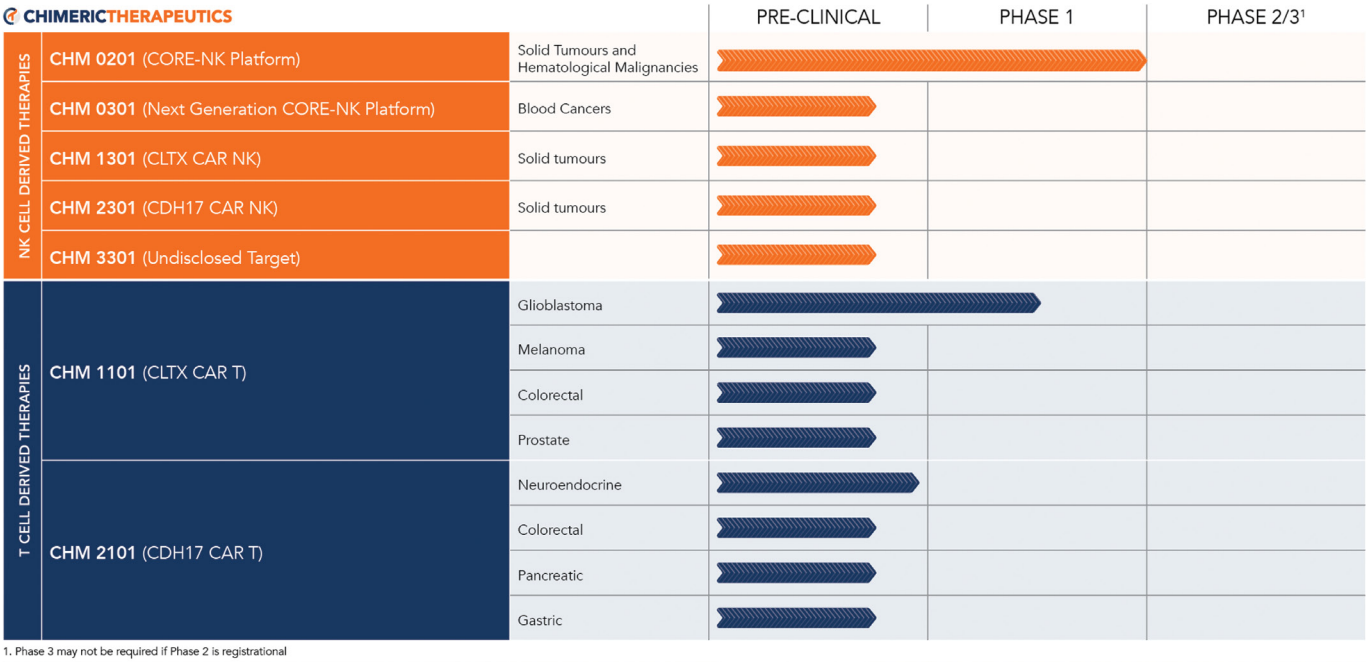
The CORE-NK platform transforms the Chimeric platform propelling us further forward as the ASX leader in cell therapy and as an emerging global cell therapy company.

With the CORE-NK platform we have 7 innovative cell therapy products, 8 clinical trials planned by 2023 and development in over 10 different types of cancer.

The CORE-NK development milestones

Our plan is to initiate four new Phase 1 clinical trials with products developed from the CORE-NK platform by 2023. We will begin rapidly with the development of the next generation CORE-NK platform, looking to initiate development of our CAR-NK products in 2022 and be prepared for IND submissions and Phase 1 clinical trials by 2023.

The most robust and advanced portfolio and pipeline in Australia



1. Phase 3 may not be required if Phase 2 is registrational

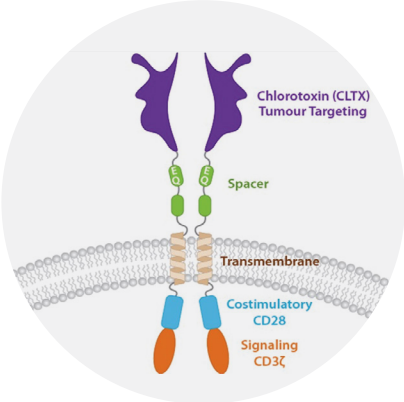
7
Unique assets

8
Clinical trials by 2023

10+
Disease area

CHM 1101 (CLTX CAR T)

CHM 1101 (CLTX CAR T) Positive Initial Data presented at the Society for Neuro-Oncology (SNO) Annual Scientific Meeting



In mid-November we were very excited to share the CHM 1101 (CLTX CAR T) data from two important abstract presentations at the Society for Neuro-Oncology (SNO) 26th annual scientific meeting held in Boston, USA.

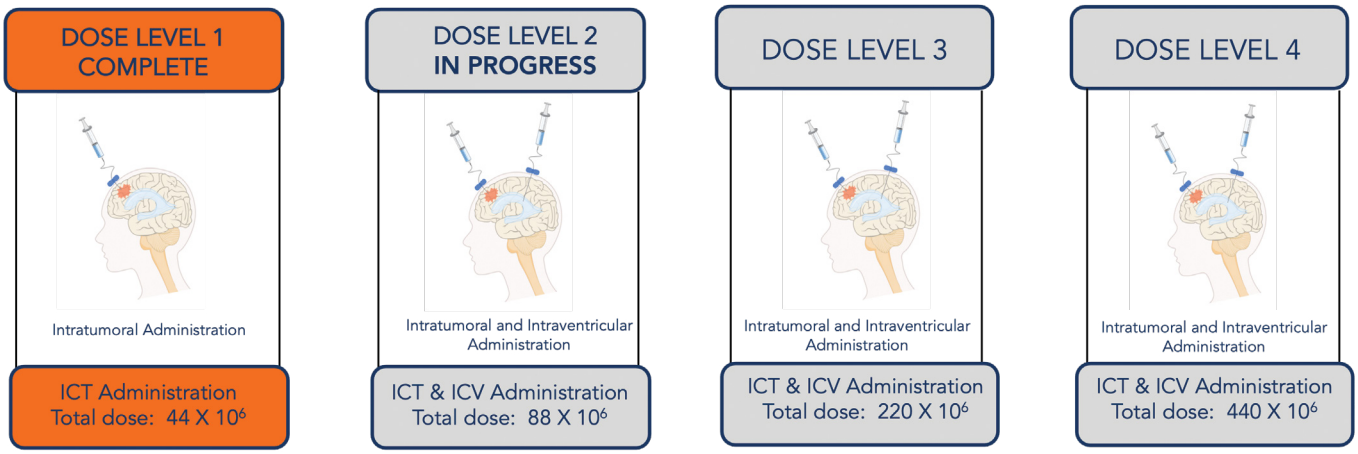
Highly encouraging initial clinical data

The first abstract presentation "Clinical evaluation of chlorotoxin-directed CAR T cells for patients with recurrent glioblastoma" provided us with a much-anticipated first look into the clinical data from the CHM 1101 (CLTX CAR T) Phase 1 clinical trial in patients with recurrent or progressive glioblastoma.

The initial CHM 1101 clinical data was highly encouraging showing early signs of potential efficacy, promising safety and positive bioactivity.

Background:

The CHM 1101 Phase 1 clinical trial is designed with four dose levels ranging from $44x10^6$ to $440x10^6$ and two routes of cell administration- intratumoral and intraventricular.



The clinical data presented was limited to the 4 patients that were treated as part of the complete 1st dose level. These patients received a low dose of CHM 1101 (CLTX CAR T) cells – only $44x10^6$ CLTX CAR T cells through just one route of intratumoral administration. Patients in dose level two through 4 will receive the cells through two routes of administration (intratumoral and intraventricular) at a dose that will steadily increase to $440x10^6$ CHM 1101 cells.

The data presented was highly encouraging demonstrating:

Efficacy

75% Disease Control Rate (DCR) with up to 8 weeks of durability.

Efficacy

Regional control of tumour recurrence where CLTX CAR T cells were infused

Safety

Generally well tolerated with **no dose limiting toxicities**

Bioactivity

Persistence of CLTX CAR T cells throughout treatment with **no signs of immunogenicity**

CHM 1101 (CLTX CAR T) (cont.)

Efficacy

75% Disease control for up to 8 weeks. A disease control rate of 75% was shown as three out of the four patients treated achieved a best response of stable disease assessed by RANO (response assessment in neuro-oncology) criteria that was durable for up to 8 weeks.

To be able to give context to this early data, we examined the data for other drugs that are being developed for glioblastoma. Shown below are the disease control rates for 3 drugs in development that have all completed their Phase 1 clinical trial. It's important to keep in mind that the disease control rates shown for these therapies are not just for the patients treated at the first dose level like the CHM 1101 (CLXT CAR T) data – it includes all Phase 1 patients – including those at higher dose levels that received optimal doses of drug.

As is shown below the disease control rate of 75% at the low dose of CHM 1101 (CLTX CAR T) is highly favorable when compared to other assets being developed in glioblastoma. Although early days, we are very encouraged by what was shown at such a low dose and are optimistic about what this may mean as we continue to higher doses of CHM 1101 in the trial.

Recent Phase 1 clinical trials in recurrent glioblastoma (GBM) have shown disease control rates ranging from 21-48% when all dose levels are complete.

Therapy	Stage of Development (# patients)	Disease Control Rate	Reference
ACT001	Phase 1 All Dose Levels Complete (n=14)	21%	Lickliter et al. 2021
BAL101553	Phase 1 All Dose Levels Complete (n=13)	38%	Lopez et al. 2019
Perifosine + Temsirolimus	Phase 1 All Dose Levels Complete (n=29)	48%	Kaley et al. 2020
CHM 1101 (CLTX CAR T)	**Phase 1 Dose Level 1 Complete (n=4)**	**75%**	**Brown et al. 2021**

Regional control of tumour recurrence

MRI scans shown at the final presentation of the data gave us great additional reason for optimism of the potential efficacy of CHM 1101.

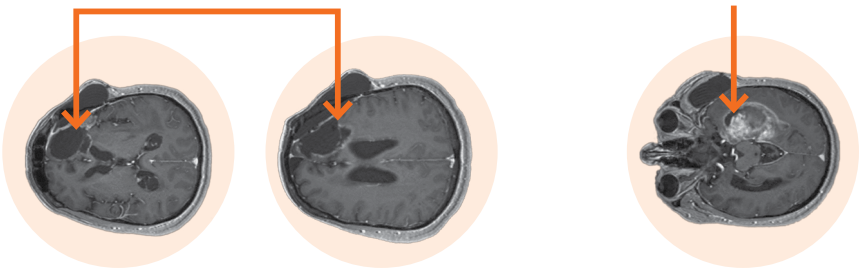
In the MRI scans of patient #487 we were able to see regional control of tumour recurrence. This means that we saw no tumour recurrence at the location in the brain where the CHM 1101 (CLTX CAR T) cells were administered while seeing rapid progression of the tumour in areas of the brain away from where the CHM 1101 (CLTX CAR T) cells were administered.

Post-CLTX CAR T

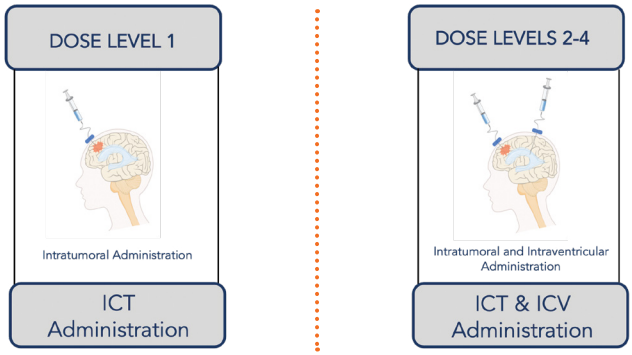
7 Infusions – Nov 4 2020

No recurrence at CLTX CAR T infusion site

Recurrence at site without CLTX CAR T infusion



This observation is highly significant as patient #487 only received the low dose of CHM 1101 (CLTX CAR T) cells through one route of intratumoral administration. Patients that are treated in dose levels 2-4 of the study will be receiving CHM 1101 (CLTX CAR T) cells through two routes of administration – intratumoral and intraventricular giving us great hope for additional tumour control.



Safety

The safety profile presented for CHM 1101 (CLTX CAR T) was very promising as the therapy was generally well tolerated with no dose limiting toxicities and no cytokine release syndrome. The only grade 3 event seen was a cerebral edema attributed only at the "possible" level to the CHM 1101 (CLTX CAR T) cells with cerebral edema recognised as a common adverse event in patients with glioblastoma regardless of treatment.

No Dose Limiting Toxicities (DLT's)
During the DLT evaluation period of approximately 28-days

Generally well tolerated by all patients
As characterised by treating clinical

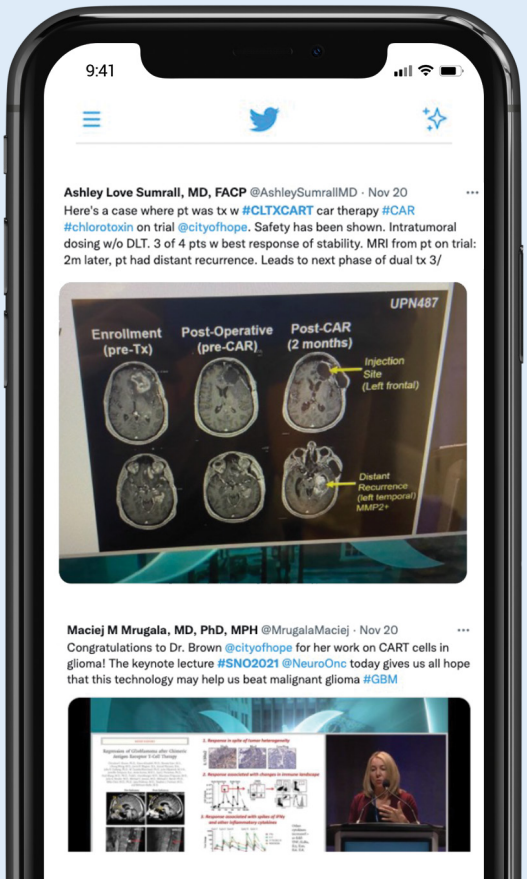
Grade 3 cerebral edema attributed only at the "possibly" level to CLTX CAR T cells
With cerebral edema recognised as a common adverse event in patients with glioblastoma regardless of treatment

Encouraging Bioactivity

The final piece of clinical data presented demonstrated persistence of the CHM 1101 (CLTX CAR T) cells in the tumour cavity throughout treatment, suggesting that the cells are not immunogenic.

This bioactivity data was important to see as the CHM 1101 (CLTX CAR T) cells need to stay alive to be able to do their job (to find and kill the cancer cells). With CAR T cell therapy "immunogenicity" can occur – which is when a patient's immune system mounts an immune response against the cells, killing them off.

In saying that there was "demonstrated persistence of CHM 1101 (CLTX CAR T) cells" we are saying that the cells were alive days after the infusion and that they have not been killed off by the immune system (they are not immunogenic) allowing them to do their job to find and kill the cancer cells.



Reactions by the scientific community to the CLTX CAR T data presented at the SNO scientific meeting

Ashley Love Sumrall, MD, FACP
Section Chief Neuro-Oncology, Levine Cancer Institute, Co-Director, Brain and Spine Tumour Clinic, Clinical Assistant Professor, University of North Carolina.

Maciej Mrugala, MD, PhD
Director Neuro-Oncology Program, Mayo Clinic Arizona, Chair, Neuro-Oncology Section, American Academy of Neurology, Professor of Medicine.

Important basic research insights

The second abstract presentation at the SNO meeting, "Exploration of a novel toxin-incorporating CAR T cell: how does chlorotoxin recognise glioblastoma cells?" expanded on our translational understanding of Chlorotoxin (CLTX) activity.

The data presented provided 3 important pieces of scientific insight:

1. Confirmation of the correlation between MMP-2 expression and CLTX binding.

2. Demonstration that MMP-2 expression levels increase with tumour grade (image 1) and that CLTX CART T cells preferentially kill tumour target cells with higher MMP-2 expression (image 2), suggesting that CLTX CAR T may be effective even against the most aggressive cancers.

Image 1

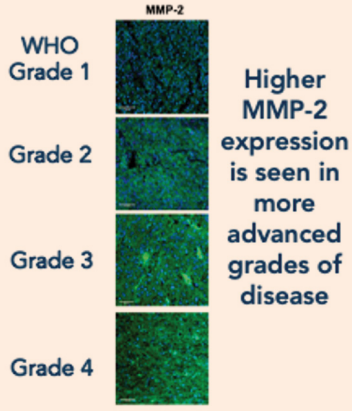
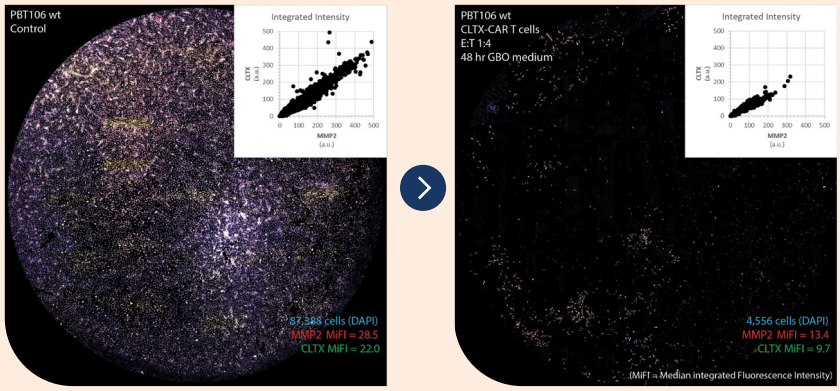


Image 2

CLTX CAR T kills cells with higher MMP-2 expression preferentially



3. Presentation of staining of a melanoma cell line confirming strong MMP-2 expression and providing early support for expanding the clinical development program for CLTX CAR T into melanoma.

Initial CLTX CAR T positive clinical data

Early signs of Potential Efficacy

- 75% Disease Control Rate
- Up to 8 weeks of durability
- Regional tumour control where CLTX CAR T was administered

Promising Safety Profile

- No dose limiting toxicities
- Generally, well tolerated
- No cytokine release syndrome

Encouraging Bioactivity

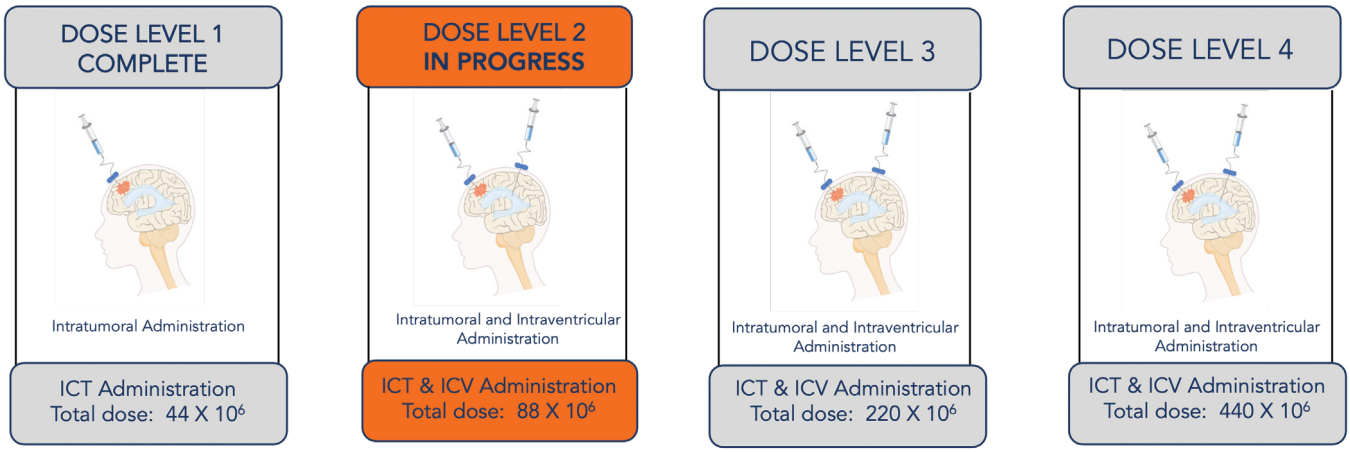
- Persistence of CLTX CAR T cells
- CLTX CAR T show no signs of immunogenicity

Positive Basic Research Insights

- Confirmation that MMP-2 is central to CLTX CAR T cell recognition and killing
- Early evidence to support expansion to melanoma
- Evidence to support aggressive disease treatment

What's next for CHM 1101 (CLTX CAR T)?

The data presented at the recent SNO meeting provided us with great reason for optimism as we advance to more active dose levels and dual routes of administration in the Phase 1 clinical trial for CHM 1101 (CLTX CAR T).



Currently the trial is recruiting and treating patients in the 2nd dose level with the expectation that recruitment for patients in the 3rd dose level will take place in the first half of 2022. To support recruitment for the trial new clinical trial sites will be added to the study in the first half of 2022.

Additionally, with the recent preclinical evidence in melanoma, we will continue to advance our plans to open a 2nd Phase 1 clinical trial with CHM 1101 (CLTX CAR T) in other solid tumours with a plan to initiate the trial in 2022.

Asked questions

Q. Are you able to tell us anything more on how dose level two is progressing in the trial?

A. Dose level two continues to move forward. We anticipate that by early next year we will be dosing patients in dose level three. We will provide an update as dose level two is complete and all patients advance past the 28 day follow up period for dose limiting toxicities.

Q. When will additional clinical sites open up for recruitment in the Phase 1 trial?

A. At this time, we anticipate that will happen in the first half of 2022. Timing may be a little difficult to predict as we work through contracts with institutions.

Q. How many patients need to be enrolled in the trial overall for the data harvested to be deemed statistically significant?

A. This is a single arm Phase 1 trial which means that there is no comparator that has been defined as a control to assess for statistical significance in efficacy outcomes. What will be important as we move forward is for us to assess our secondary trial objectives of estimated PFS6 (progression free survival at 6 months) and overall survival.

Meet our new team member Elizabeth Traupman

ELIZABETH TRAUPMAN, SENIOR DIRECTOR PROJECT LEADERSHIP

We are incredibly excited to welcome Elizabeth Traupman to the Chimeric team as the Senior Director Project Leadership.

Elizabeth's depth of experience and expertise in cell therapy development continues to build upon one of the critical success factors of Chimeric – our highly experienced and expert team in cell therapy development. Elizabeth is joining us from BMS, where she was a key member of the team that brought Abecma, the first CAR T for Multiple Myeloma to market. Elizabeth was responsible for overseeing the planning and high quality execution of the strategic vision for Abecma as well as the alignment of the integrated development plan.

At Chimeric, Elizabeth will play a critical project leadership role ensuring the ongoing alignment and execution of our short- and long-term development plans.

We asked Elizabeth a few questions to let you get to know her better...

Q. What was the last movie you watched?

A. I'm currently working my way through The Beatles 'Get Back' documentary. It's a fascinating window into their 1969 world creating the 'Let It Be' film.

Q. Where is your favourite vacation spot?

A. I love visiting new places to experience the people, culture, food and natural beauty. Portugal is top of the list for the next vacation.

Q. If you could play an instrument, what would it be?

A. Drums, but suspect my family, and probably neighbours, would ask me to move.

Q. What is your favourite food?

A. Warm hearty soups or curry during the winter months.

Q. When you were a kid, what did you want to be when you grew up?

A. A marine biologist in the summer and ski racer in the winter. I have always loved science and the outdoors, interests I have carried with me as an adult. I am passionate about making a difference for patients, and feel very fortunate that I have the opportunity to do something that inspires me.

Heading into 2022 as the ASX leader in cell therapy

We're heading into 2022 as a company that has rapidly grown to be the ASX leader in cell therapy and an emerging global cell therapy company.

	1 JANUARY 2021	1 JANUARY 2022
Pipeline	**1 Asset**	**7 Assets**
Types of Therapies	• Novel therapy • Autologous • T Cell derived	• Novel therapy • Autologous • T Cell Derived • Allogeneic • NK Cell derived
Clinical trials	• 1 in 2021	• 3 in 2022 • 8 programs by 2023
Disease areas	• Glioblastoma	• Glioblastoma • Melanoma • Colorectal Cancer • Prostate Cancer • Gastric Cancer • Pancreatic Cancer • Neuroendocrine Tumours • Acute Myeloid Leukemia • Multiple Myeloma • B Cell Malignancies

In 2022 we plan to further advance our leadership in Australia and around the world. Some of our key activities for 2022:

1H 2022

- CHM 1101 Phase 1 GBM trial – dose level 2 completion
- CHM 1101 Phase 1 GBM trial – dose level 3 recruitment
- CHM 1101 Phase 1 GBM trial – new clinical sites
- CHM 2101 viral vector manufacturing
- CHM manufacturing partnership

2H 2022

- CHM 1101 Phase 1 Basket trial initiated in melanoma
- CHM 1101 Phase 1 GBM trial – dose level 4 recruitment
- CHM 2101 Phase 1 basket trial initiated
- CHM 0301 next generation development

PAUL HOPPER
CHAIRMAN AND FOUNDER

A final word from our Chairman and Founder

It has been almost a year since our listing and what an exciting year it has been. With 7 assets now in development in over 10 different types of cancer we have come a long way since our IPO in January 2021 when we had just one asset being studied in one type of cancer.

I am very proud that we have been able to clearly establish our leadership in cell therapy development in Australia by building out an incredible portfolio and thank you all for your support to do so.

I believe we have the right assets as well as the right team in place to expand that leadership even further in 2022 and truly gain recognition as an emerging global cell therapy company.

We have funds in the bank sufficient to cover our current and near term future activities and look forward to the market further recognising the portfolio and development of Chimeric.

I wish everyone a wonderful and safe holiday with their loved ones and look forward to an exciting 2022.

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