PRIOTHERA

## REVOLUTIONIZING THE STANDARD OF CARE IN CELLULAR THERAPIES IN HEMATOLOGY

*"We aim to radically transform the maintenance treatment of hematologic malignancies and to add years of quality to patients' lives"*

### PRIOTHERA MISSION

Priothera is a late-stage biopharma company pioneering the development of mocravimod, a potential new standard of care in hematologic cancers, in association with cellular therapies such as hematopoietic cell transplantation. Mocravimod is being developed as an adjunctive and maintenance therapy for hematological malignancies, focusing initially on acute myeloid leukemia (AML), in combination with allogeneic hematopoietic cell transplantation (allo-HCT).

### OUR LEAD CANDIDATE MOCRAVIMOD

Mocravimod (KRP203) is a synthetic S1P receptor modulator being developed for the adjunctive treatment of AML to enhance the curative potential of allo-HCT. Mocravimod's dual mechanism of action improves the graft-versus-leukemia (GvL) effect, critical for eliminating cancer cells, while reducing the risk of graft-versus-host disease (GvHD), a major complication following allo-HCT. This novel treatment approach – mocravimod being the only S1P receptor modulator being developed to treat blood cancers – tackles a high unmet medical need and aims to prolong life while also improving patients' quality of life.

Mocravimod has been assessed in Phase 1 and Phase 2 trials for safety and tolerability, as well as for efficacy in several autoimmune indications. Promising data from a Phase 1b/2a clinical study in patients with hematological malignancies led Priothera to further develop mocravimod for the treatment of blood cancers.

### MOTRANS Phase 3 Clinical Program

Priothera is investigating the efficacy and safety of mocravimod as an adjunctive and maintenance treatment in patients with AML undergoing allo-HCT in a pivotal Phase 3 study (MO-TRANS study).

- **366 patients**
- **Maintenance therapy** post stem cell transplant in AML


### CONTACT

**Priothera Ltd**
**Corporate Headquarters**
**Dublin, Ireland**

**info@priothera.com**
**www.priothera.com**
**LinkedIn**

**Priothera SAS**
**R&D Operations**
**Saint-Louis, France**

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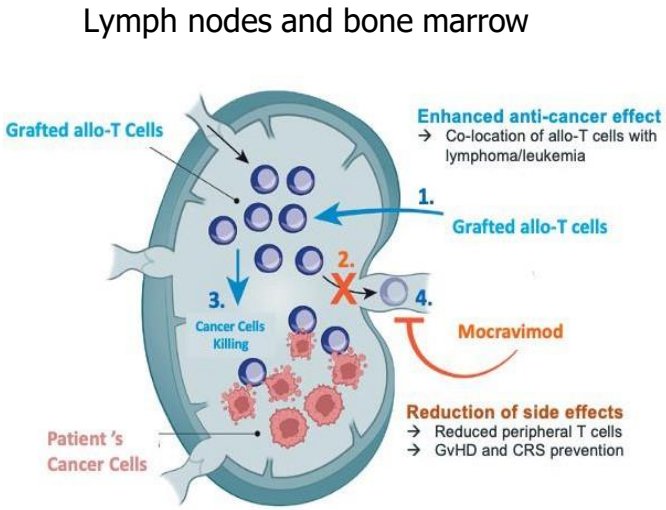
## MODE OF ACTION
## MOCRAVIMOD RETAINS LYMPHOCYTES IN LYMPHOID ORGANS




**Step 1**: Transfused donor lymphocytes migrate through the lymphoid organs

**Step 2:** Mocravimod prevents lymphocytes from leaving lymphoid organs/bone marrow

**Step3**: Co-location of allo-T cells and leukemia cells/lymphomas improves graft-vs-leukemia/lymphoma and prevents disease relapse.

**Step 4:** Fewer allo-T cells migrate into the periphery results in reduction of aGvHD and CRS.

Mocravimod (oral administration) blocks lymphocyte egress from lymphoid organs and bone marrow. This results in co-localization of effector lymphocytes with leukemia cells, augmenting the GvL effect, and the simultaneous reduction of circulating lymphocytes that can mediate GvHD.

## ABOUT AML

AML is an aggressive form of blood cancer where the bone marrow generates abnormal myeloblasts (a type of white blood cell). It is the most common form of leukemia and progresses quickly if left untreated, leading to death within a few months after diagnosis.

The only treatments shown to improve disease-free survival in patients with the most severe prognosis include chemotherapy followed by allo-HCT, the only potentially curative therapy.

A high unmet need remains to improve treatment outcomes through the prevention of relapses and transplant-related toxicities such as GvHD.

Despite progress in reducing transplant-related mortality, no major clinical improvements in post-transplant relapse incidences and overall survival have been achieved over the last four decades.

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### AML - KEY NUMBERS

- AML accounts for 30% of leukemias in the U.S. and Europe.
- Estimated 20,000 new cases annually in the U.S., 16,500 cases in the top 5 European countries, and 6,500 in Japan
- 50,000 deaths per year in these three regions globally. 34% of adult patients relapse quickly or die within one year of a transplant.
- The 3-year survival rate is 25%, depending on the patient and treatment type.
- The 5-year survival rate is 50%.

Priothera at a glance

Founded in 2020, the company is backed by international investors as Fountain Healthcare Partners, abrdn, EarlyBird Venture Capital, as well as non-dilutive loans from the European Investment Bank and Bpifrance (Grand Est).

To date Priothera has raised about $62M and is looking to secure $60M in Series B financing.

### LEADERSHIP TEAM

A highly experienced team of drug development specialists with deep expertise in hematology, oncology, immunology and cell-based therapies

- **Florent Gros, CEO & Co-Founder.** Entrepreneur and investor with expertise in venture, IP, and transactions, with a focus on biopharma. He has led investments at Novartis Venture Fund and founded Handl Therapeutics
- **Stephan Oehen, PhD, COO & Co-Founder.** Immunologist with 20+ years of biotech and pharma experience, specializing in autoimmunity, transplantation, and inflammation, with previous leadership roles in program and drug development at Cytos and Novartis
- **Philippe Lievre, MBA, CBO & Co-Founder.** A pharmacist with extensive global experience in pharmaceutical affairs, licensing, and alliance management, held previous leadership roles at Warner-Lambert, Rhone-Poulenc, Tanabe Pharma, and Novartis
- **Brice Suire, CFO & Co-Founder.** 25+ years of financial expertise in life sciences, including leadership roles at Novartis and several biotech companies including GenSight and Vivet Therapeutics
- **Jens Hasskarl, MD, PhD, CMO**. A board-certified hematologist and oncologist and seasoned physician-scientist specializing in hematology and oncology drug development. He has overseen pivotal programs for CAR T-cell therapies such as Breyanzi®, Abecma®, and Kymriah®, and held leadership roles at Celgene, Novartis and other biotech firms.

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