

Clinical Stage CAR-T for AL Amyloidosis and Select Immune-Mediated Diseases

October 2024



Disclaimer: Forward Looking Statements & Market Data



This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding Immix Biopharma, Inc.'s (the "Company") strategy, future operations, future financial position, projected costs, prospects, plans, and objectives of management, are forward-looking statements. The words "anticipate," "believe," "continue," "could," "depends," "estimate," "expect," "intend," "may," "ongoing," "plan," "potential," "predict," "project," "target," "should," "will," "would," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

The Company may not actually achieve the plans, intentions, or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements. In addition, the forward-looking statements included in this presentation represent the Company's views as of the date of this presentation.

The Company anticipates that subsequent events and developments will cause its views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, it specifically disclaims any obligation to do so. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation. This presentation also includes data from other approved therapies and in trials, which are generated from separate, independent studies and do not come from head-to-head analysis. Differences exist between study or trial designs and subject characteristics, and caution should be exercised when comparing data across studies sourced from publicly available sources. This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. These and other factors could cause results to differ materially from those expressed in the estimates made by the independent parties and by us.

NXC-201: The only CAR-T in AL amyloidosis

- NXC-201 could transform the treatment of Relapsed/Refractory AL amyloidosis (US patients: ~33,000 prevalence, ~4,300 annual incidence, \$3bn market)
- Ex-US NXC-201 study: 69% (9/13) Complete response rate in relapsed/refractory AL Amyloidosis in the largest CAR-T clinical study to-date
- NEXICART-2 US potentially pivotal 40 patient clinical trial initiated mid-2024

Clinical profile ideal for select immune-mediated diseases

- Established clinical profile across large 76 patient dataset dosed with NXC-201: well-suited to treat select immune-mediated diseases
- Short duration of cytokine release syndrome
- Lack of neurotoxicity

Sterically-optimized, proprietary CAR-T construct

- N-GENIUS platform produced NXC-201, our lead, sterically-optimized CAR-T
- NXC-201 CART construct provides barrier to entry: 3 key CAR modifications drive unique clinical profile - CD3 ζ γ , CD8 hinge, COBRA binder
- NXC-201 engineered specifically to solve for CAR-T tolerability (cytokine release syndrome, neurotoxicity)

Significant Near-Term Milestones

Upcoming Milestones	Anticipated Timing
Initial NEXICART-2 clinical data presentation in AL Amyloidosis	4Q 2024
Report interim clinical data readout for NEXICART-2 trial in AL Amyloidosis	2Q/3Q 2025
Report NXC-201 interim clinical data in 2 unaddressed immune-mediated diseases	4Q 2025
Report final topline clinical data readout for NEXICART-2 trial in AL Amyloidosis	2Q/3Q 2026

Completed	
NASDAQ IPO 2021	✓
Formed Cell Therapy R&D taskforce in 2022	✓
Secured global commercial rights for NXC-201 from Hadassah/Bar-Ilan in 2022	✓
Reported NEXICART-1 AL Amyloidosis interim clinical data at:	ASGCT 2023 ✓
	ASH 2023 ✓
	ASGCT 2024 ✓
Dosed first US patient in NEXICART-2 AL Amyloidosis clinical trial	✓ Met mid-2024 guidance



Pipeline: Only CAR-T in AL Amyloidosis; Tailor-Made for select Immune-Mediated Diseases



Lead Program: NXC-201, a next-generation BCMA-targeting CAR-T for AL Amyloidosis and select immune-mediated diseases

Indication	Therapy	Pre-clinical	Phase 1	Phase 2	Upcoming Milestones
Relapsed/Refractory AL Amyloidosis	NXC-201	US FDA and EU EC Orphan Drug Designation (ODD)			<p>4Q 2024: Initial NEXICART-2 clinical data presentation in AL Amyloidosis</p> <p>2Q/3Q 2025: Report interim clinical data readout for NEXICART-2 trial in AL Amyloidosis</p> <p>2Q/3Q 2026: Report final topline clinical data readout for NEXICART-2 trial in AL Amyloidosis</p>
Undisclosed select Immune-Mediated Diseases	NXC-201	IND enabled			<p>4Q 2025: Report NXC-201 interim clinical data in 2 unaddressed immune-mediated diseases</p>

Other Emerging Pipeline

Preclinical Candidates	Not yet announced				
------------------------	-------------------	--	--	--	--

TREATMENT OF RELAPSE AND PROGRESSION AFTER INITIAL THERAPY

No consensus has been established on the criteria for commencing second-line therapy in patients with progressive disease after initial therapy.^{73,74} Patients with relapsed disease can be treated by repeating first-line therapy if the response lasted for more than a year, although such patients have a shorter time to relapse without a reduction in overall survival than patients who are treated with a different therapy for relapsed disease.

The potential options available for the treatment of relapsed systemic AL amyloidosis include proteasome inhibitors,^{75,76} anti-CD-38 monoclonal antibodies,^{77,78} immunomodulatory agents,⁷⁹ venetoclax for patients with t(11;14),⁸⁰ bendamustine,⁸¹ high-dose melphalan with autologous SCT,^{82,83} bispecific antibodies,^{84,85} and even chimeric antigen receptor T-cell therapy.⁸⁶ Although it is not possible to be prescriptive regarding the sequencing of therapies, the two guiding considerations are the depth and duration of the initial response and the choice of a class of agents not previously used. The limitations imposed by a patient's reduced level of fitness or frailty and end-organ damage must also be considered. Enrollment in clinical trials is encouraged.

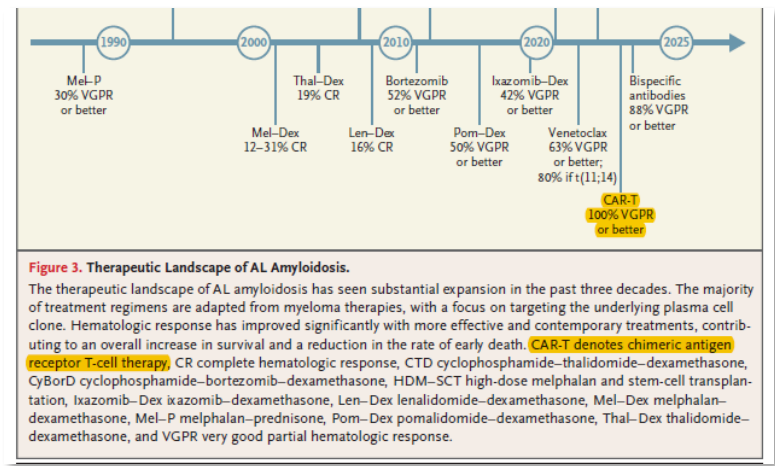
The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Systemic Light Chain Amyloidosis

Vaishali Sanchorawala, M.D.



- tory AL amyloidosis: a multinational retrospective case series. *Blood* 2024;143:734-7.
86. Kfir-Erenfeld S, Asherie N, Grisariu S, et al. Feasibility of a novel academic ECMA-CART (HBI0101) for the treatment of relapsed and refractory AL amyloidosis. *Clin Cancer Res* 2022;28:5156-66.
87. Nuvolone M, Nevone A, Merlini G. Targeting amyloid fibrils by passive immunotherapy in systemic amyloidosis.

World-Class Team



Leadership



Ilya Rachman, MD, PhD
Chief Executive Officer



Gabriel Morris, BA
Chief Financial Officer



Graham Ross, MBChB, FFPM
Chief Medical Officer



David Marks, MBBS, PhD
Chief Medical Officer,
Cell Therapy



Gerhard Bauer
Head of Cell Therapy
Manufacturing



Board of Directors



Helen Adams, CPA
Former Prometheus
Biosciences Board Member



Magda Marquet, PhD
ALMA Life Sciences



Jane Buchan, PhD
CEO, Martlet Asset
Management



Yekaterina Chudnovsky, JD
GI Research Foundation



Jason Hsu, PhD
Founder & Chairman,
Rayliant Global Advisors



Carey Ng, PhD
Mesa Verde Venture Partners



Business Advisors



Mary Sue Coleman, Ph.D
Former Johnson & Johnson
Board Member



Jeffrey H. Cooper, MBA
Former BioMarin
Chief Financial Officer



Edward J. Borkowski, CPA MBA
Former Mylan Chief Financial Officer



Henry A. McKinnell, PhD
Former Pfizer, Inc.
Chief Executive Officer



Scientific Advisory Board



Heather Landau, MD (MSK)
Director, Amyloidosis Program



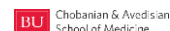
Suzanne Lentzsch, MD, PHD
(Columbia)
Director, Multiple Myeloma
and Amyloidosis



Michaela Liedtke, MD
(Stanford)
Co-Director, Stanford Amyloid
Center



Vaishali Sanchorawala, MD
(Boston University)
Director, Amyloidosis Center



Marko Radic, PhD (University of
Tennessee)
Autoimmune CAR-T Pioneer



Larry Norton, MD
SVP, Office of the President,
Memorial Sloan Kettering
Cancer Center



Sant Chawla, MD
Founder, Sarcoma
Oncology Research
Center



Razelle Kurzrock, MD
Chief, Oncology/
Hematology at UCSD
School of Medicine



Galit Lahav, PhD
Chair, Department of
Systems Biology at
Harvard Medical School



Gary Schiller, MD
UCLA Professor
of Oncology



George Sledge, MD
Professor, former Chief,
Oncology Division, Stanford
Medicine

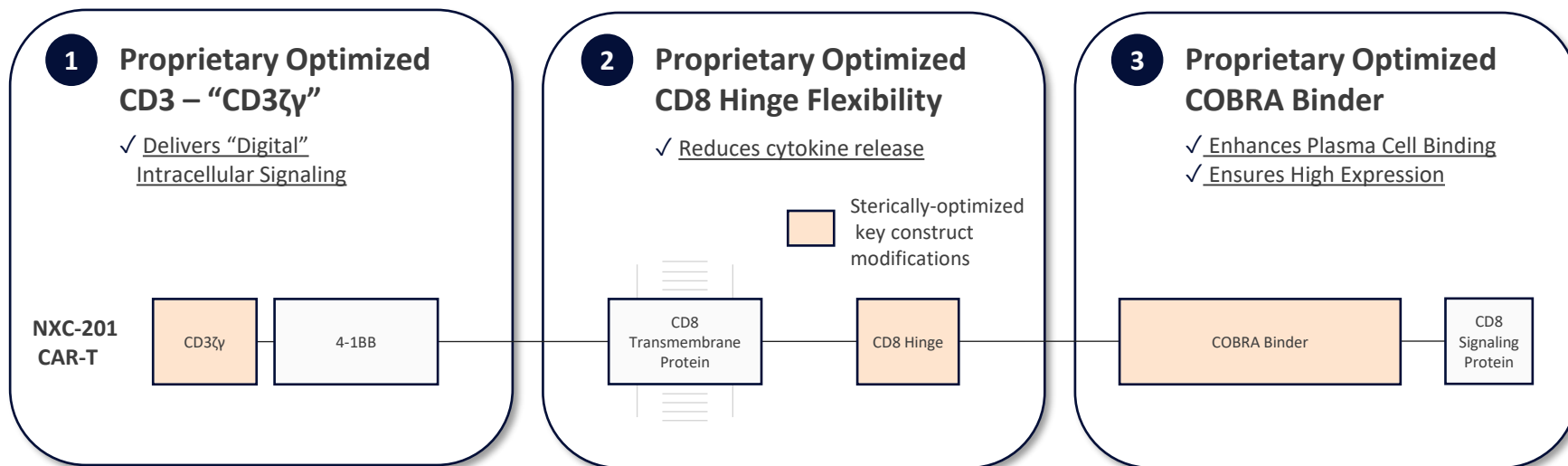


N-GENIUS Platform: Sterically-Optimized CAR-T Construct Drives Differentiated NXC-201 Clinical Profile

ALL BCMA CAR-TS ARE NOT CREATED EQUAL

N-GENIUS PLATFORM

Our CAR-T is differentiated based on 3 Key Construct Modifications



Immix’s proprietary N-GENIUS Platform can overcome the inherent limitations of conventional CAR-T methodologies that lack the sterically-optimized CD3ζγ (“Digital” Signaling), CD8 hinge flexibility, and COBRA binder, which drive NXC-201’s greatly reduced neurotoxicity, minimized CRS duration, and enhanced efficacy in heavily pretreated patients

“Single amino acid substitutions at key sites can affect CAR-T function over 200-fold range”

1 Proprietary Sterically-Optimized CD3ζ + CD8 Delivers “Digital” Intracellular Signaling, Eliminates Neurotoxicity, Reduces CRS Duration

CD3ζ

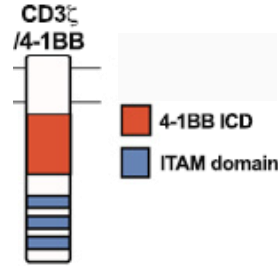
CARs rely on activation of CAR-T cells through CD3ζ derived immunoreceptor tyrosine-based activation motifs (ITAMs), typically 3 ITAM motifs per CAR

NXC-201 adds a positively charged amino acid (lysine) next to a tyrosine phosphorylation site, therefore:

- ✓ Impeding phosphorylation of ITAM1 (by affecting protein folding dynamics which block the tyrosine site), thus reducing intracellular reactivity
- ✓ Adding an additional site for ubiquitination, allowing the CAR to be marked for degradation more rapidly than a traditional CAR

The combined effect of these modifications is to drive a “digital” signaling of extracellular activity, that is on when antigen is present and off when not

Modification of ITAMs is a common theme in third-generation CAR design, with publications in Nature Medicine and by Memorial Sloan Kettering on the topic



nature Signal Transduction and Targeted Therapy

“In activated T cells, the CD3ζ chain gets ubiquitinated by CBLB at its multiple lysine residues and induces degradation of surface TCRs”

doi: 10.1038/s41392-021-00823-w

nature
medicine



Memorial Sloan Kettering
Cancer Center

“We hypothesized that the redundancy of CD28 and CD3ζ signaling in a chimeric antigen receptor (CAR) design incorporating all three CD3ζ immunoreceptor tyrosine-based activation motifs (ITAMs)^{11,13} may foster counterproductive T cell differentiation and exhaustion. Therefore, we calibrated ITAM activity by mutating tyrosine residues to impede their phosphorylation and downstream signaling”

doi: 10.1038/s41591-018-0290-5

Proprietary Sterically-Optimized CD3ζ + CD8 Delivers “Digital” Intracellular Signaling, Eliminates Neurotoxicity, Reduces CRS Duration

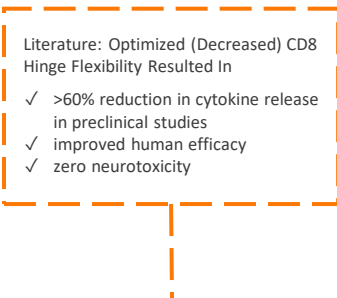
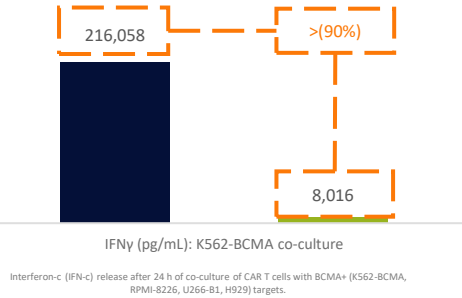


CD8 Hinge

PreClinical

NXC-201: Optimized (Decreased) CD8 Hinge Flexibility Resulted In:

- ✓ >90% reduction in cytokine release in preclinical studies
- ✓ improved human efficacy
- ✓ zero neurotoxicity



Clinical

		Abecma in MM	NXC-201 in MM
Efficacy	ORR (%)	72	95
	CR (%)	28	56
CRS	CRS, any grade (%)	85	96
	CRS, Grd3+ (%)	9	14
	Duration, CRS (days)	7	1 at 800M
Neurotoxicity	Neurotoxicity, Grd1-5 (%)	28	0

		Kymriah	CD19-BBz(86)
Efficacy	ORR (%)	52	73
	CR (%)	40	55
	CRS, any grade (%)	58	28
CRS	CRS, Grd3+ (%)	22	0
	Duration, CRS (days)	7	n/a
Neurotoxicity	Neurotoxicity, Grd1-5 (%)	21	0

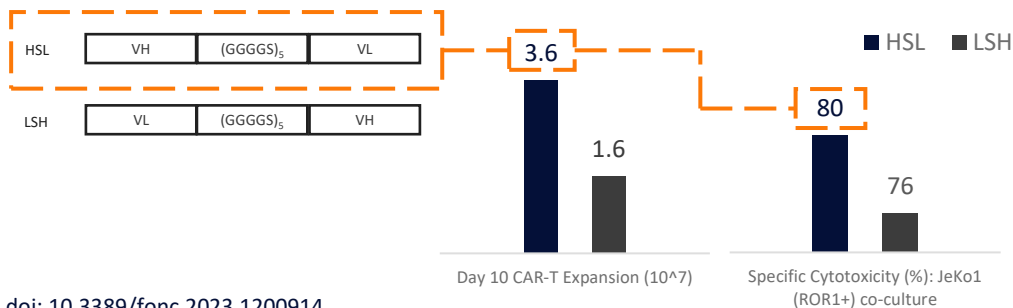
Sterically-optimized (Decreased) CD8 Hinge Flexibility Results in Zero Neurotoxicity, Improved Human Efficacy, and reduction in CRS duration

MM: multiple myeloma
 Source: E. Lebel, et al. Safety And Efficacy of a Locally Produced Novel Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HB0101) for the Treatment of Relapsed and Refractory Multiple Myeloma. 65th ASH Annual Meeting and Exposition, San Diego, CA, December 2023. Ying Z, et al. Nat Med. 2019; Schuster SJ, et al. N Engl J Med. 2019; Assayag, M., et al EBMT 2023; Abecma FDA label; Harush O, et al. Haematologica. 2022; Friedman KM, et al. Hum Gene Ther. 2018. Kymriah: Preclinical is an average of CD8+ and CD4+ T-cells, source: Milone MC, et al. Mol Ther. 2009 Aug;17(8):1453-64. doi: 10.1038/mt.2009.83. Epub 2009 Apr 21. Erratum in: Mol Ther. 2015 Jul;23(7):1278. PMID: 19384291; PMCID: PMC2805264. *1 Day CRS occurred in high dose MM cohort as of EBMT 2023. NXC-201 in multiple myeloma data from ASH 2023 95% ORR in patients without prior anti-BCMA therapy exposure

3 Sterically-Optimized COBRA Binder Ensures High Expression And Binding Affinity

COBRA Binder

COBRA Binder Leads with Heavy Chain



doi: 10.3389/fonc.2023.1200914

Biomarker Research

“Glycine (Gly) and serine (Ser) residues provide the flexibility necessary for antigen-binding sites to change conformation and maintain good stability in aqueous solutions... prevent[ing] formation of secondary structures and reduc[ing] likelihood of the linker interfering with the folding and function of the scFv”

September 19, 2022

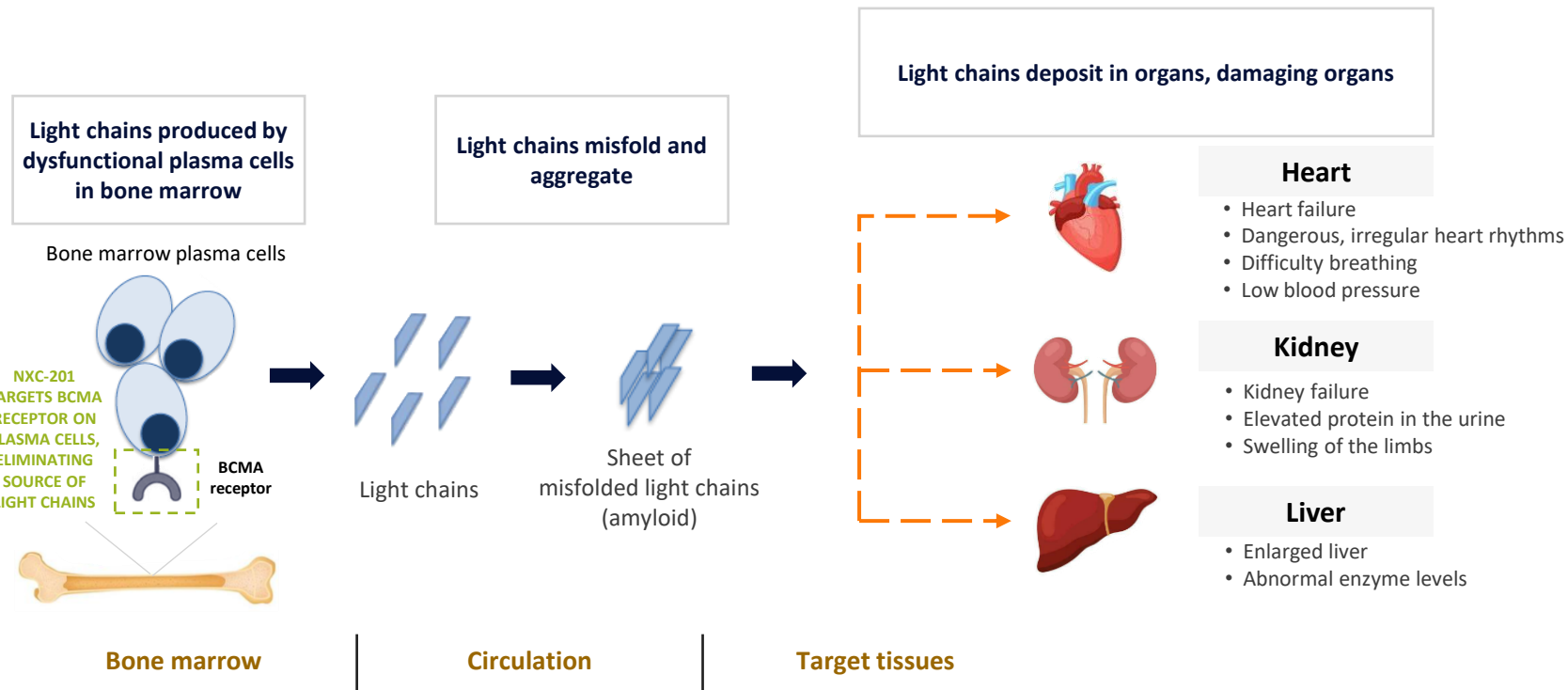
doi: 10.1186/s40364-022-00417-w

NXC-201
COBRA Binder: Heavy Chain – Proven Linker – Light Chain Configuration, enabling:

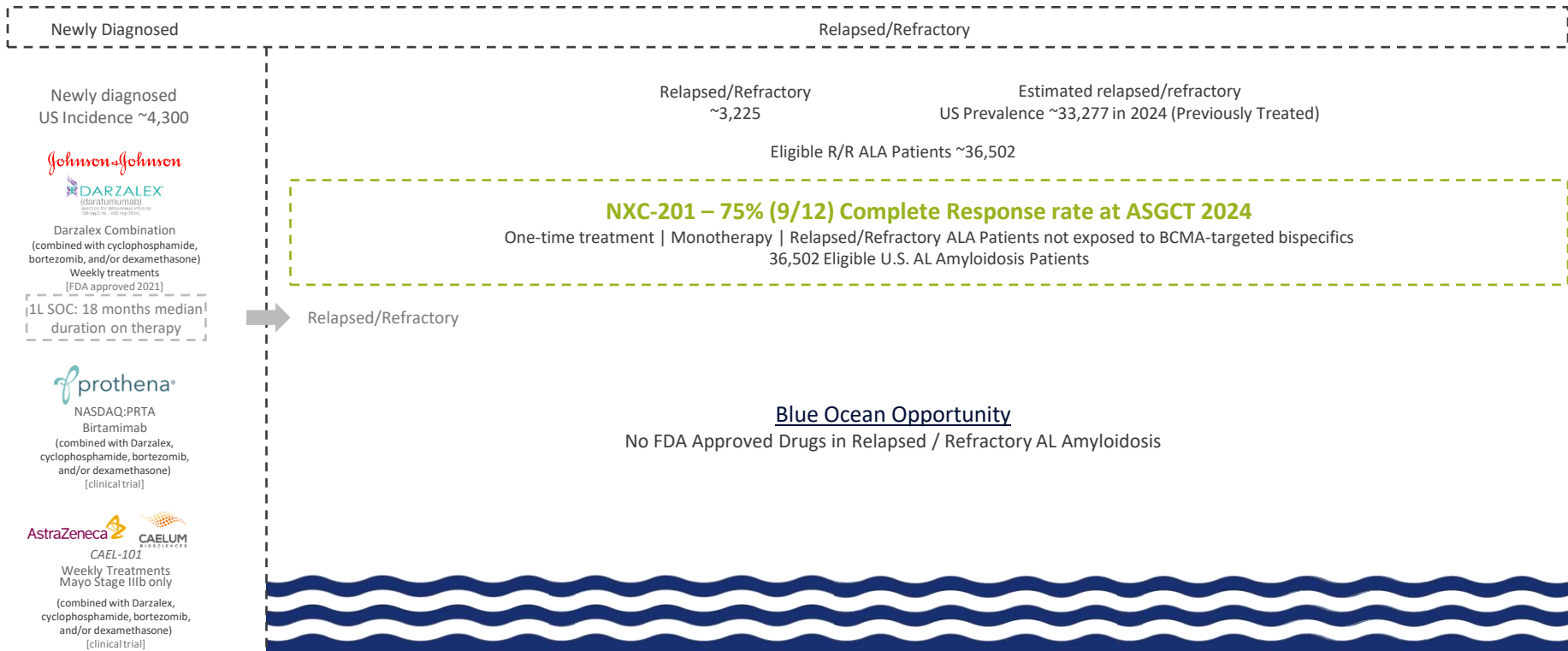
- ✓ Rapid, Sustained CAR-T Expansion
- ✓ Improved Cytotoxicity in the presence of antigen

AL Amyloidosis: ~33,000 relapsed/refractory U.S. Patients With No FDA approved drugs

NXC-201 TARGETS AL AMYLOIDOSIS PLASMA CELLS THAT EXPRESS BCMA ON CELL SURFACE



NXC-201 Addresses Sizable U.S. Relapsed/Refractory AL Amyloidosis Patient Population (1/2)



Note: Public information development plans as of 2023. Dara-CyBorD: Daratumumab, Bortezomib + cyclophosphamide + dexamethasone. BMD: bortezomib, melphalan, and dexamethasone. Source: Dima D, et al. Diagnostic and Treatment Strategies for AL Amyloidosis in an Era of Therapeutic Innovation. JCO Oncol Pract. 2023; Jimenez-Zepeda VH, et al. Understanding real-world treatment patterns and clinical outcomes in AL amyloidosis patients diagnosed in Canada: A population-based cohort study. EJHaem. 2022; Bou Zerdan M, et al. Systemic AL amyloidosis: current approach and future direction. Oncotarget. 2023; Kumar S, et al. Revised prognostic staging system for light chain amyloidosis incorporating cardiac biomarkers and serum free light chain measurements. J Clin Oncol. 2012; Browning S, et al. Hematologic relapse in AL amyloidosis after high-dose melphalan and stem cell transplantation. Blood. 2017; Palladini G, et al. Presentation and outcome with second-line treatment in AL amyloidosis previously sensitive to nontransplant therapies. Blood. 2018; Quock TP, Yan T, Chang E, Guthrie S, Broder MS. Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood Adv. 2018 May 22;10(10):1046-1053. doi: 10.1182/bloodadvances.2018016402. PMID: 29748420; PMCID: PMC5965052; Starron A, et al. Marked progress in AL amyloidosis survival: a 40-year longitudinal natural history study. Blood Cancer J. 2021;11(8):139; Lu R, Richards TA. AL Amyloidosis: Unfolding a Complex Disease. J Adv Pract Oncol. 2019;10(8):813-825. E2. Crusoe, E. Kastiris, V. Santhorawala, G.MOBOTAS Group. Subcutaneous Daratumumab + Bortezomib, Cyclophosphamide, and Dexamethasone (Vcd) in Patients with Newly Diagnosed Light Chain (AL) Amyloidosis: Updated Results from the Phase 3 Andromeda Study. Hematology, Transfusion and Cell Therapy. Volume 43, Supplement 1, 2021. https://doi.org/10.1016/j.htct.2021.10.364.

NXC-201 Addresses Sizable U.S. Relapsed/Refractory AL Amyloidosis Patient Population (2/2)



Prevalence

Incidence

Standard of Care

1st Line

Newly diagnosed AL Amyloidosis
US Incidence ~4,300

75% Relapsed/Refractory

Estimated Relapsed/Refractory
US Prevalence ~33,277 in 2024

+

Relapsed/Refractory ~3,225

Relapsed/
Refractory
NXC-201

US Total Relapsed/Refractory patient
population ~36,502

8% long-term
remission from SCT

16% Mayo
Stage 3b

27,741 US Relapsed/Refractory AL
Amyloidosis patients eligible for
treatment with NXC-201 in 2024

**Autologous stem cell transplant or
daratumumab + CyBORd (four drug combo)**
(± clinical development candidates Birtamimab / CAEL-101)

1st Line

1L SOC: 18 months median duration on therapy
Darzalex + CyBORd (four drug combo)
becoming Relapsed/Refractory

**No FDA approved treatments for
Relapsed/Refractory AL Amyloidosis**

Relapsed/
Refractory
NXC-201

Note: 8% long-term remission estimated based on 20% eligible for SCT x 40% achieving CR (associated with superior long survival)

Source Quock TP, Yan T, Chang E, Guthrie S, Broder MS. Epidemiology of AL amyloidosis: a real-world study using US claims data. *Blood Adv*. 2018 May 22;2(10):1046-1053. doi: 10.1182/bloodadvances.2018016402. PMID: 29748430; PMCID: PMC5965052. Staron A, et al. Marked progress in AL amyloidosis survival: a 40-year longitudinal natural history study. *Blood Cancer J*. 2021;11(8):139. Lu R, Richards TA. AL Amyloidosis: Unfolding a Complex Disease. *J Adv Pract Oncol*. 2019;10(8):813-825. Santhorawala V, Sun F, Quillen K, Sloan JM, Berk JL, Seldin DC. Long-term outcome of patients with AL amyloidosis treated with high-dose melphalan and stem cell transplantation: 20-year experience. *Blood*. 2015 Nov 12;126(20):2345-7. doi: 10.1182/blood-2015-08-662726. Epub 2015 Oct 6. PMID: 26443620. Kumar S, Dispenzieri A, Lacy MQ, Hayman SR, Buadi FK, Colby C, Laumann K, Zeldenzust SR, Leung N, Dingli D, Greipp PR, Lust JA, Russell SJ, Kyle RA, Rajkumar SV, Gertz MA. Revised prognostic staging system for light chain amyloidosis incorporating cardiac biomarkers and serum free light chain measurements. *J Clin Oncol*. 2012 Mar 20;30(9):989-99. doi: 10.1200/JCO.2011.38.5724. Epub 2012 Feb 13. PMID: 22331953; PMCID: PMC3075680. EQ Crusoe, E Kastiris, V Santhorawala, GMOBOTAS Group. Subcutaneous Daratumumab + Bortezomib, Cyclophosphamide, and Dexamethasone (Vcd) in Patients with Newly Diagnosed Light Chain (AL) Amyloidosis: Updated Results from the Phase 3 Andromeda Study. *Hematology, Transfusion and Cell Therapy*. Volume 43, Supplement 1, 2021. <https://doi.org/10.1016/j.htct.2021.10.364>.

NXC-201 May Be a Curative Treatment for AL Amyloidosis

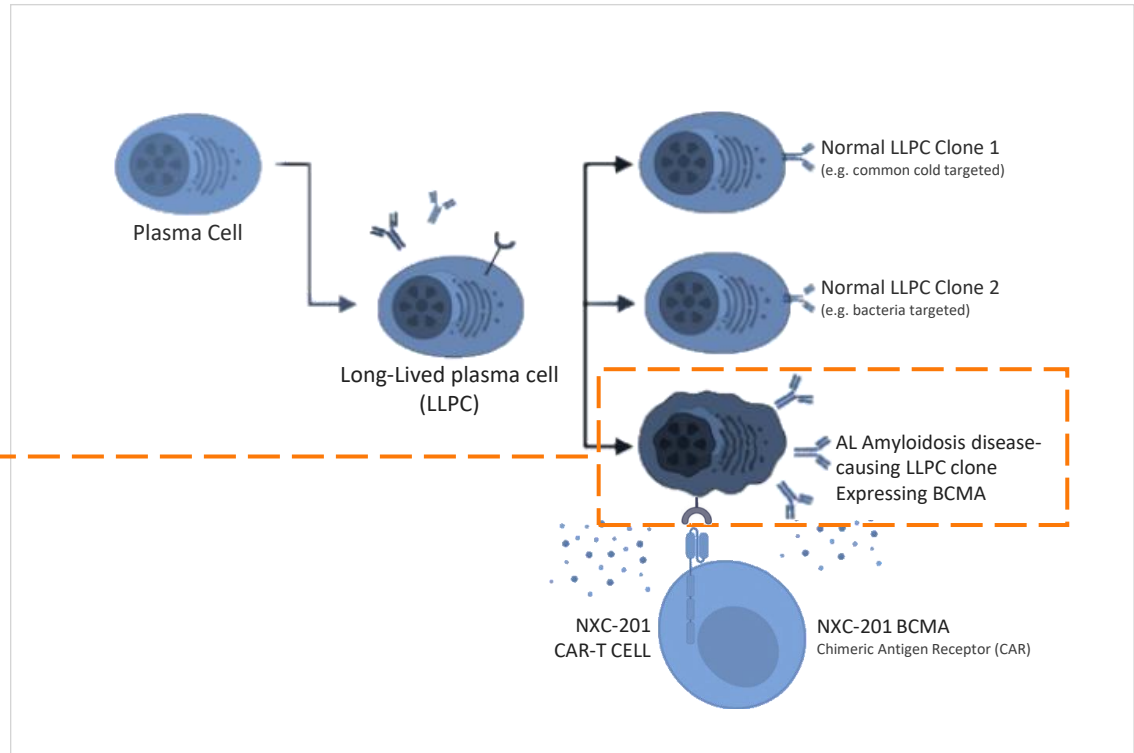
ALL BCMA CAR-TS ARE NOT CREATED EQUAL

AL amyloidosis is caused by dysfunctional plasma cells that can live for years, continuously producing toxic, misfolded amyloid light chain antibody fragments

AL Amyloidosis disease-causing plasma cells:

- Are a minority of total plasma cells
- Are 1 of thousands of antibody-specific plasma cells, each of which produces 1 antibody, specific to 1 target (e.g. common flu, cold, a type of bacteria...)
- **Are eliminated by NXC-201 treatment**

Then healthy plasma cells regenerate in the months after NXC-201 treatment, potentially preventing disease relapse



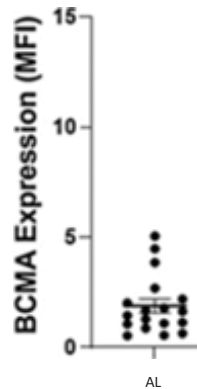
NXC-201 Designed for High Activity Against Disease-causing AL Amyloidosis Plasma Cells

ALL BCMA CAR-TS ARE NOT CREATED EQUAL

a) Uneven BCMA expression and b) frail patient condition has historically prevented conventional, approved CAR-T use in AL Amyloidosis
NXC-201 was designed and tested for human AL Amyloidosis treatment, with preclinical testing revealing that:

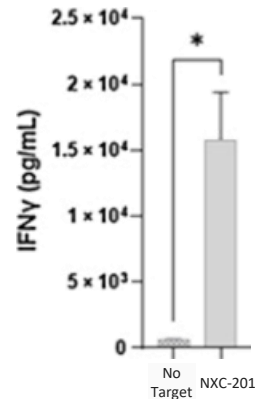
1

BCMA is expressed in 18 AL Amyloidosis patients at a low-medium level...

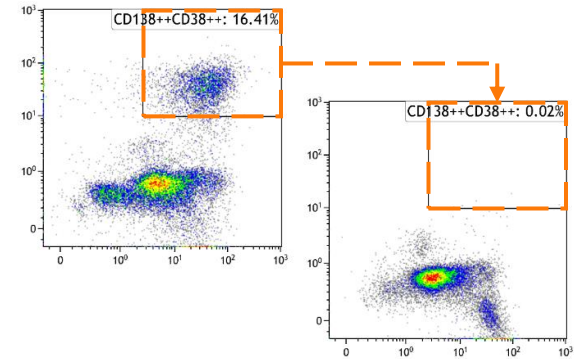


2

...NXC-201 CAR-Ts are activated in presence of the AL Amyloidosis target cells...



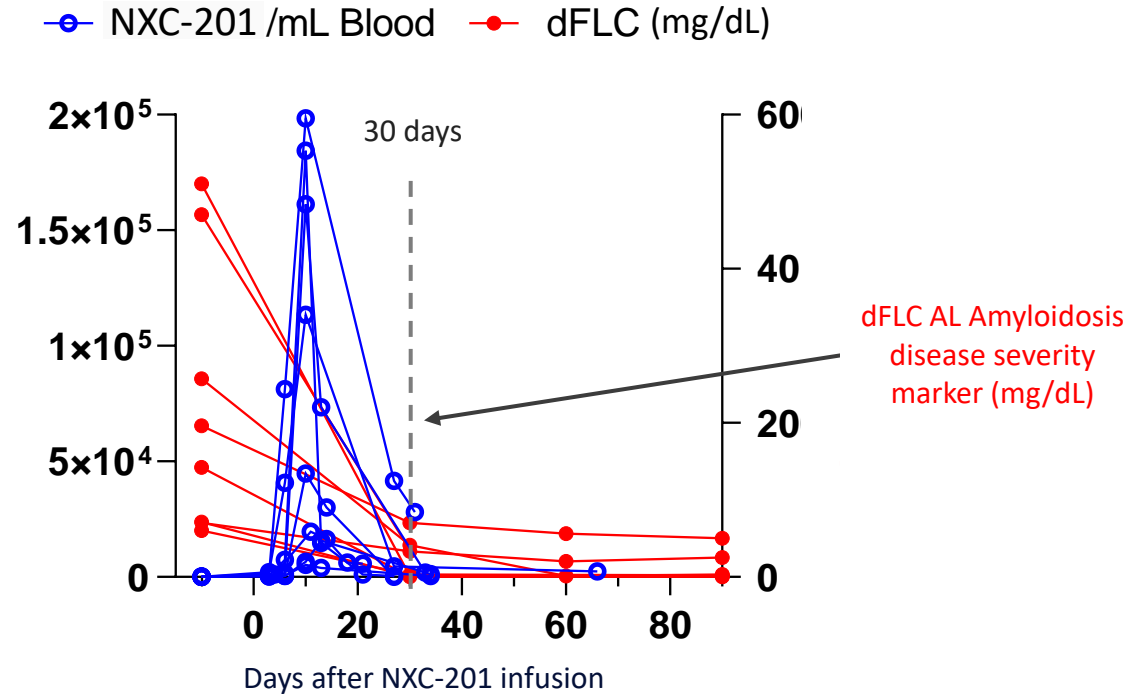
...completely eliminating AL Amyloidosis aberrant plasma cells from patient bone marrow.



NXC-201's uniquely favorable tolerability profile (no neurotoxicity + "Single-day CRS") combined with proven preclinical and clinical efficacy make NXC-201 uniquely suited to treat AL Amyloidosis.

Primary Efficacy Endpoint for NEXICART-2: Normalization of Diseased Free Light Chains 30 Days after Dosing

NXC-201 RAPIDLY ELIMINATES DISEASED AL AMYLOIDOSIS PLASMA CELLS AND EXITS WITHIN ~30 DAYS



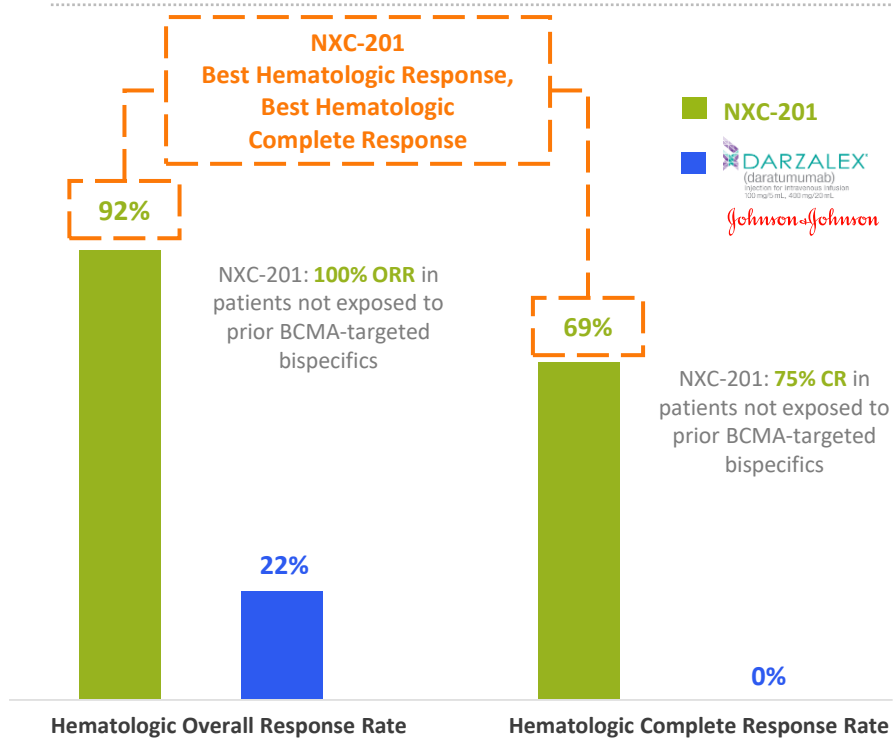
NEXICART-1 Clinical Trial Data. Each line represents 1 patient clinical data readout after NXC-201
*dFLC (=involved free light chain - uninvolved free light chain), an AL amyloidosis disease severity marker

NXC-201: High Complete Response Rate in R/R AL amyloidosis (\$3bn market) at ASGCT 2024

APPROVAL OF DARZALEX CyBorD IN FRONT-LINE AL AMYLOIDOSIS BASED ON COMPLETE RESPONSE RATE



Relapsed/Refractory AL Amyloidosis



NXC-201 – NEXICART-1 Clinical Data

Only CAR-T in AL Amyloidosis

100% Overall Response Rate and 75% Complete Response Rate in Relapsed/Refractory AL amyloidosis for patients without prior BCMA-targeted bispecifics exposure (median 4 lines of prior therapy prior to NXC-201 – all including Darzalex)

Zero Neurotoxicity of any grade in AL Amyloidosis

Source: Assayag, et al. Academic BCMA-CART cells (HB0101), a promising approach for the treatment of LC Amyloidosis. 27th Annual Meeting of The American Society of Gene and Cell Therapy (ASGCT). Late Breaking Oral Presentation. Baltimore, MD. May, 2024. E. Lebel, et al. Feasibility of a Novel Academic Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HB0101) for the Treatment of Relapsed and Refractory AL Amyloidosis. 65th ASH Annual Meeting and Exposition, San Diego, CA. October 2023. source: Edwards CV, et al. Blood. 2021. Darzalex source: Theodorakakou, et al. 2022 - Outcomes of Patients with AL Amyloidosis after Failure of Daratumumab-Based Therapy - Blood (2022) 140 (Supplement 1): 4275-4276 <https://doi.org/10.1182/blood-2022-165403> . Point-of-care CART manufacture and delivery: Expanding access to CART therapy via local institutions, Hadassah Medical Center experience. Poster Presentation, European Society for Blood and Marrow Transplantation 49th Annual Meeting. 2023 Apr 23-26. Asherie N, et al. Oral Presentation. ASGCT. 2023. The Amyloidosis market was \$3.6 billion in 2017, expected to reach \$6 billion in 2025, according to Grand View Research. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies. - Figures reflect cross-trial comparison and not results from a head-to-head study. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies. Lebel, E., et al. Feasibility of a Novel Academic Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HB0101) for the Treatment of Relapsed and Refractory AL Amyloidosis. American Society of Hematology 65th Annual Meeting. 2023.

Ongoing potentially pivotal NEXICART-2 Trial Targeting Relapsed/ Refractory AL Amyloidosis Patients Most Likely to Benefit

NXC-201 clinical data indicate that R/R Amyloidosis patients with better pre-existing cardiac status and no prior BCMA-targeted bispecifics exposure are more likely to benefit from treatment

Relapsed/Refractory AL Amyloidosis NXC-201 trial	Allows pre-existing severe cardiac patient enrollment?	Allows patients with prior BCMA-targeted therapy exposure?	Allows patients with concomitant Multiple Myeloma?
NEXICART-1: ongoing Israel trial	X Yes	X Yes	X Yes
NEXICART-2: ongoing US trial	✓ No	✓ No	✓ No

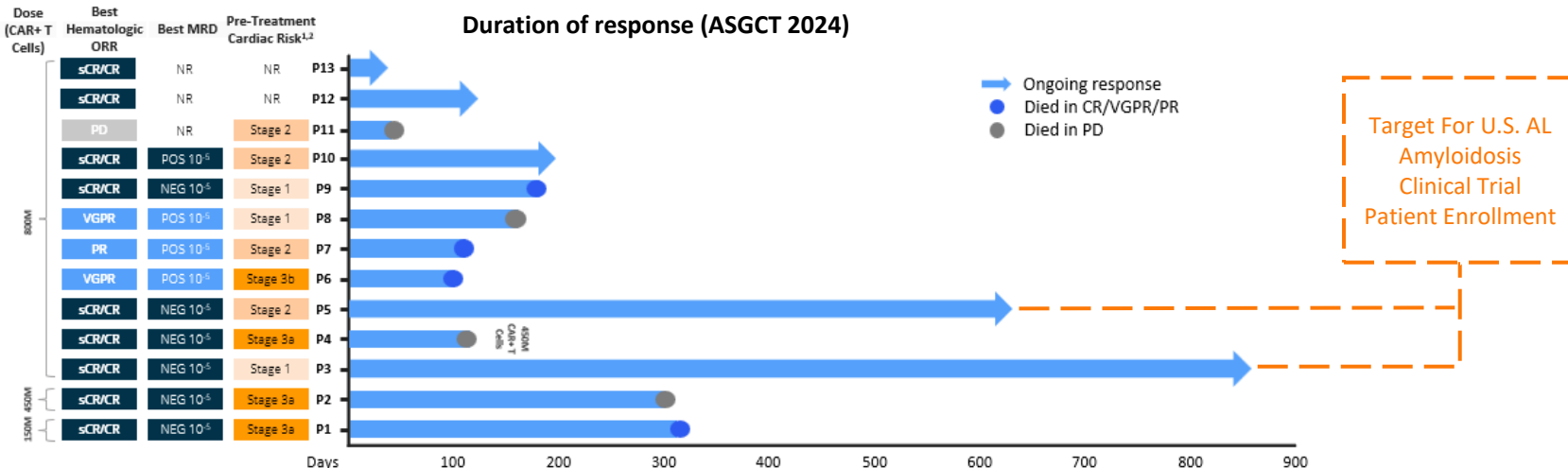
40 patient, single-arm, open-label US trial → submit data to FDA

NEXICART-1: Durable Responses in NXC-201 AL Amyloidosis Clinical Trial

ONGOING U.S. TRIAL TARGETING R/R AL AMYLOIDOSIS PATIENTS MOST LIKELY TO BENEFIT FROM DURABLE RESPONSES



- Complete hematologic response (CR) of 69% (9/13), and CR 75% (9/12) in patients without prior exposure to BCMA-targeted bispecific, a precedent approval endpoint based on the only commercial treatment for AL amyloidosis
- Ongoing NEXICART-2 US trial targeting patients reflective of durable responders



¹All but one (patient 9) had multi-organ involvement

² MAYO staging

sCR: strict complete response, CR: complete response

Darzalex FDA label. Assayag, et al. Academic BCMA-CART cells (HB0101), a promising approach for the treatment of LC Amyloidosis. 27th Annual Meeting of The American Society of Gene and Cell Therapy (ASGCT). Late Breaking Oral Presentation. Baltimore, MD. May, 2024. E. Lebel, M.E. Gatt et al. Feasibility of a Novel Academic Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HB0101) for the Treatment of Relapsed and Refractory AL Amyloidosis, 65th ASH Annual Meeting and Exposition, San Diego, CA. October 2023..

NEXICART-1: NXC-201 N-GENIUS Platform “Single-Day CRS” Drives AL Amyloidosis Leadership



ALL BCMA CAR-TS ARE NOT CREATED EQUAL

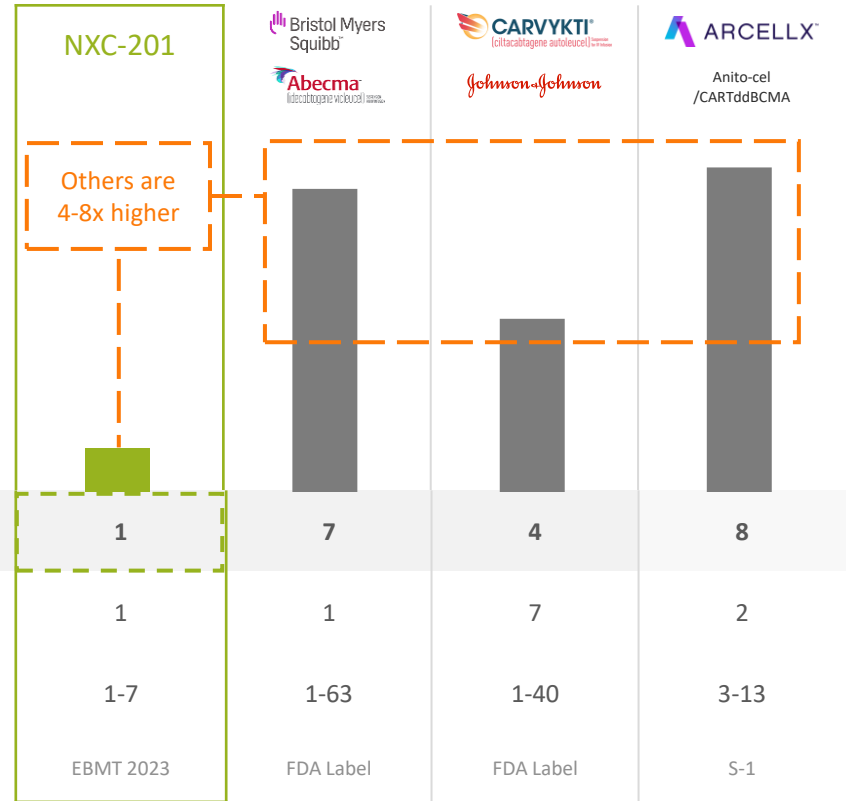
NXC-201’s short CRS duration makes it **uniquely suitable to treat ALA patients** (in whom the #1 source of mortality is heart failure)

Cardiovascular stress is the key determinant for ability to treat relapsed/refractory ALA patients

- Long CRS duration causes extended cardiovascular stress
- Other CARTs have 4-8x longer CRS duration

“The biggest challenge ... has been applicability of these therapies in amyloidosis **when the patients are particularly frail and have organ dysfunction** ... where the key lies in the safety rather the efficacy in a low-volume disease setting is going to be key ... ”

– *Dr. Susan Bal, MD*
Assistant Professor, Hematology
University of Alabama at Birmingham



Data in Multiple Myeloma

Source: M. Assayag, et al. Point-of-care CART manufacture and delivery for the treatment of multiple myeloma and AL amyloidosis: the experience of Hadassah Medical Center. European Society for Blood and Marrow Transplantation 49th Annual Meeting. Poster Presentation. April 2023. Nov 2023 KOL discussion <https://lifescievents.com/event/immixbio/NXC-201> (formerly HB10101) American Society of Hematology Presentation, Abecma FDA approval label, Carvykti FDA approval label, Arcellx S-1.

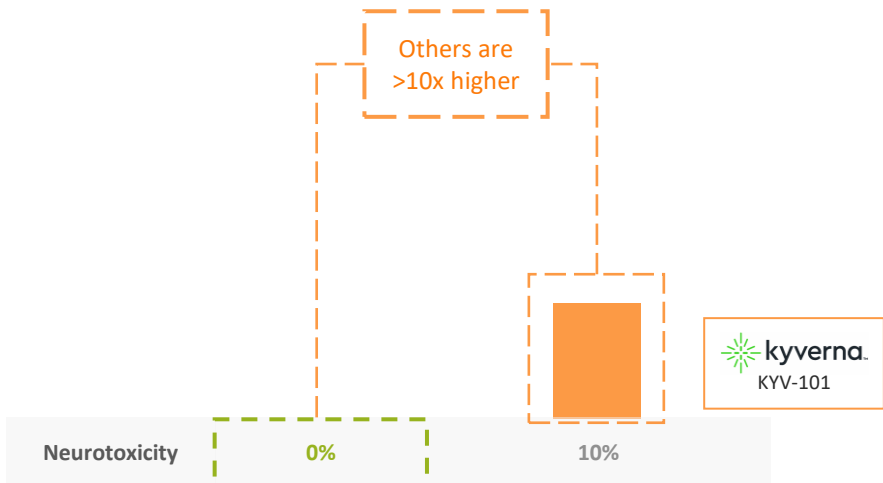
NEXICART-1: Overcoming Neurotoxicity

ALL BCMA CAR-TS ARE NOT CREATED EQUAL

LOW VOLUME DISEASE

NXC-201
AL Amyloidosis

Others
Low volume autoimmune diseases



Patients

13

30

Source

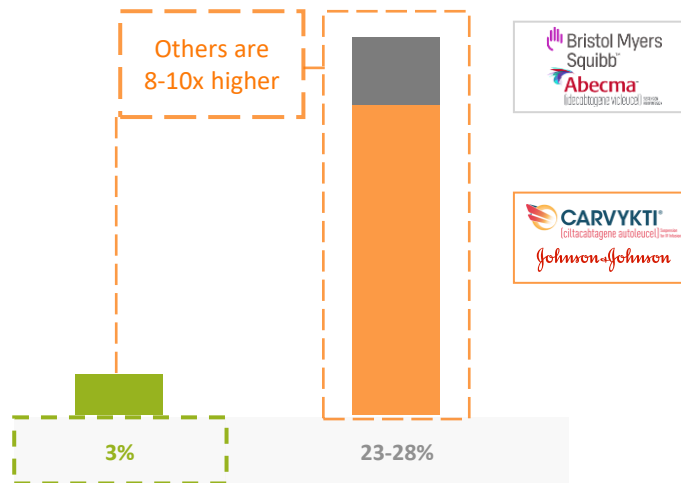
ASGCT 2024

EULAR 2024

HIGH VOLUME DISEASE

NXC-201
Multiple Myeloma

Abecma/Carvykti
Multiple Myeloma



Patients

63

31-127

Source

ASH 2023

Abecma label, Carvykti label, Arcellx S-1

Source: Carvykti and Abecma FDA labels, Arcellx S-1. Assayag, et al. Academic BCMA-CART cells (HBI0101), a promising approach for the treatment of LC Amyloidosis. 27th Annual Meeting of The American Society of Gene and Cell Therapy (ASGCT). Late Breaking Oral Presentation. Baltimore, MD, May, 2024 Assayag, N., et al. European Society for Blood and Marrow Transplantation 49th Annual Meeting. Lebel E, et al. Efficacy and Safety of a Locally Produced Novel Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HBI0101) for the Treatment of Relapsed and Refractory Multiple Myeloma. International Myeloma Society 20th Annual Meeting. 2023. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies. Figures reflect cross-trial comparison and not results from a head-to-head study. Kyverna corporate presentation June 14, 2024. Accessed through <https://www.sec.gov/ix?doc=/Archives/edgar/data/0001994702/000095017024073312/kyv-20240614.htm>. Low volume diseases refers to ANCA vasculitis, autoimmune encephalitis, anti-synthetase syndrome, CIDP, DGLA encephalitis, IgG4-related disease, Lambert-Eaton myasthenic syndrome, lupus nephritis, myasthenia gravis, multiple sclerosis, rheumatoid arthritis, systemic sclerosis, Stiff Person syndrome

NEXICART-2 US Relapsed/Refractory AL Amyloidosis Trial (NCT06097832)

NEXICART-2 NXC-201 US TRIAL INITIATED IN MID-2024



Study design

- Open-label, single-arm Phase 1b/2 study
- n=40 patients (majority of which expected to be enrolled in Phase 2 portion)

Key criteria

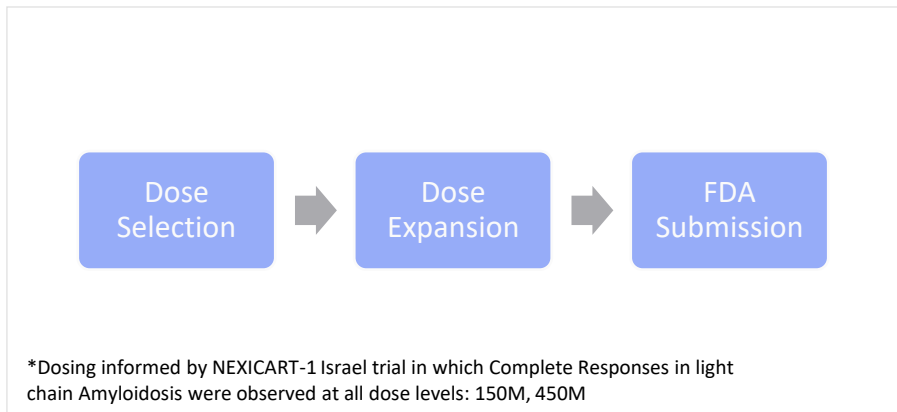
Inclusion	<ul style="list-style-type: none"> • AL Amyloidosis patients exposed to at least 1 line of therapy including a CD38 monoclonal antibody
Exclusion	<ul style="list-style-type: none"> • Prior anti-BCMA directed therapy • Cardiac: Mayo stage 3b, NYHA stage III/IV • Concomitant Multiple Myeloma

Outcome measures

- | | |
|--|---|
| <ul style="list-style-type: none"> • Phase 1b: <ul style="list-style-type: none"> • Safety • Efficacy: Hematologic response according to consensus recommendations in AL amyloidosis | <ul style="list-style-type: none"> • Phase 2: <ul style="list-style-type: none"> • Efficacy: Hematologic response according to consensus recommendations in AL amyloidosis • Safety |
|--|---|

Status

- Lead site Memorial Sloan Kettering and other US sites started mid-2024



Relapsed/Refractory AL Amyloidosis NXC-201 trial	Allows pre-existing severe cardiac patient enrollment?	Allows patients with prior BCMA-targeted therapy exposure?	Allows patients with concomitant Multiple Myeloma?
NEXICART-1: ongoing Israel trial	X Yes	X Yes	X Yes
NEXICART-2: ongoing US trial	✓ No	✓ No	✓ No

Could enrich ongoing NEXICART-2 US trial for patients more likely to benefit from therapy

Single-arm potentially pivotal NEXICART-2 trial designed considering NEXCIART-1 and precedents in AL

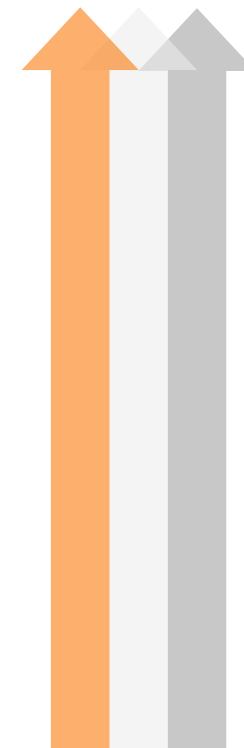
		2021 daratumumab (DARZALEX) FDA Approval	NXC-201 NEXICART-2
Patient Characteristics	Line of Therapy	Newly Diagnosed	Relapsed/Refractory
	Standard of Care (SoC) at time of trial	3-drug combination: Cyclophosphamide, bortezomib, dexamethasone	✓ None (no FDA approvals)
	Randomization vs. Standard of Care?	✗ Randomization vs. SoC	✓ No SoC to randomize against
	Lines of therapy prior to receiving study drug	✗ None	✓ At least 1 line of therapy including a CD38 monoclonal antibody
Study Design	Statistical Power	Based on the assumption that the percentage of patients with a hematologic complete response would be 15 percentage points higher in the daratumumab group than in the control group; approximately 360 patients were required to provide 85% power to detect this difference (two-sided alpha level of 0.05).	Based on NEXICART-1 complete response (CR) rates, with a sample size of 40 patients , there is a >99% probability that the lower limit of 95% CI for the NXC-201 CR rate is statistically significantly higher compared to historical controls based on the Clopper-Pearson exact method.
	Primary Endpoint	✓ Hematologic complete response rate for both studies	

Single-arm, open-label FDA approval precedents include: Abecma/BMS (single arm study 100 patients in efficacy results population, FDA approved 2021); Carvykti/J&J (single arm study 97 patients in efficacy results population, FDA approved 2022); Elrexfio/Pfizer (single arm study 97 patients in efficacy results population, FDA approved 2023)

Advantages of CAR-T NXC-201 in Relapsed/Refractory AL Amyloidosis

		NXC-201	Antibody-drug conjugates	Bispecifics
1	One-time treatment	✓	✗	✗
2	High Complete Response Rates	✓	✗	✗
3	Low rates of severe infection	✓	✓	✗
4	No ICANS/Neurotoxicity	✓	✓	✗

NXC-201 uniquely suited for Relapsed/Refractory AL Amyloidosis



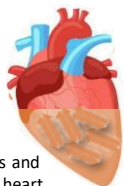
Note: High complete response rates defined as >50%, Low rates of severe infection refers to <30%

Source: Feasibility of a Novel Academic Anti-BCMA Chimeric Antigen Receptor T-Cell (CAR-T) (HB0101) for the Treatment of Relapsed and Refractory AL Amyloidosis, 65th ASH Annual Meeting and Exposition, San Diego, CA, October 2023. R. Chakraborty, et al. Safety and efficacy of teclistamab in systemic immunoglobulin light chain amyloidosis. Blood Cancer Journal. October 2023. N. Forgeard, et al. Teclistamab in relapsed or refractory AL amyloidosis, a multinational retrospective case series. Blood. February 2024. Chakraborty R, Bhutani D, Maurer MS, Mohan M, Lentzsch S, D'Souza A. Safety and efficacy of teclistamab in systemic immunoglobulin light chain amyloidosis. Blood Cancer J. 2023 Nov 27;13(1):172. doi: 10.1038/s41408-023-00950-3. PMID: 38012151; PMCID: PMC10682473. One NXC-201 relapsed/refractory AL amyloidosis patient died of COVID-19. Kastritis, et al. Efficacy And Safety Of Belantamab Mafodotin Monotherapy In Patients With Relapsed Or Refractory Light-chain Amyloidosis: A Phase 2 Study By The European Myeloma Network. Abstract. EHA 2024.

CAR-T NXC-201 Targets Plasma Cells (antibody factories of the body)

ANTIBODY FACTORY PLASMA CELLS PRODUCE ANTIBODIES THAT DRIVE IMMUNE-MEDIATED DISEASES

AL Amyloidosis



Infiltrates and damages heart

AL amyloid antibody deposits

Light chain antibody fragments

Neurology



- Myasthenia Gravis
- NMO Spectrum Disorder

Hematology



- Thrombotic thrombocytopenic purpura
- Immune Thrombocytopenia

Rheumatology



- Systemic Lupus Erythematosus
- Rheumatoid Arthritis

Vascular



- ANCA vasculitis

Disease-causing antibodies

ANTIBODY FACTORY PLASMA CELL
(NXC-201 therapeutic target)



Note: select indications noted above are for illustrative purposes only.

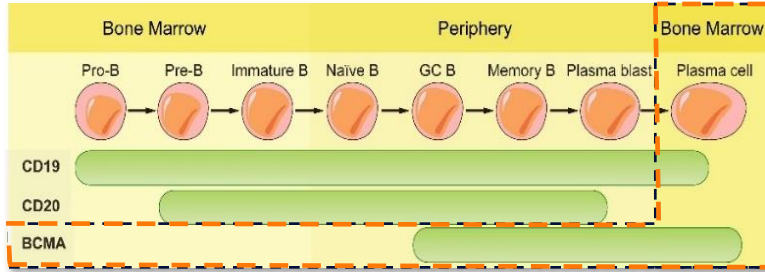
*Illustrative list of immune-mediated diseases where B cells may play a role in initiating or maintaining disease, and where NXC-201 may provide a potential treatment

Source: MedicTests. Lee, J. et al. Antigen-specific B cell depletion for precision therapy of mucosal pemphigus vulgaris. J. Clin. Invest. 2020. Mackensen, A. et al. Anti-CD19 CAR T cell therapy for refractory systemic lupus erythematosus. Nat. Med. 2022. Qin C, et al. Anti-BCMA CAR T-cell therapy CT103A in relapsed or refractory AQP4-IgG seropositive neuromyelitis optica spectrum disorders: phase 1 trial interim results. Signal Transduct Target Ther. 2023. Granit V, et al. Safety and clinical activity of autologous RNA chimeric antigen receptor T-cell therapy in myasthenia gravis (MG-001): a prospective, multicentre, open-label, non randomized phase 1b/2a study. Lancet Neurol. 2023. McGlothlin J, et al. Bortezomib and daratumumab in refractory autoimmune hemolytic anemia. Am J Hematol. 2023. Yu TS, et al. Abnormalities of bone marrow B cells and plasma cells in primary immune thrombocytopenia. Blood Adv. 2021. Zhang Z, Xu Q, Huang L. B cell depletion therapies in autoimmune diseases: Monoclonal antibodies or chimeric antigen receptor-based therapy? Front Immunol. 2023. Pioli PD. Plasma Cells, the Next Generation: Beyond Antibody Secretion. Front Immunol. 2019

NXC-201 BCMA CAR-T targeting is uniquely suited to address Immune-Mediated Diseases

NXC-201 BCMA CAR-T TARGETS LONG-LIVED PLASMA CELLS, WHICH ARE OFF-TARGET FOR CD19 THERAPEUTICS

NXC-201



~80% of all auto-antibodies in immune-mediated disease are produced by long-lived plasma cells...

BCMA is expressed on long lived plasma cells

NXC-201 BCMA CART targets long lived plasma cells (LLPC), targeting the source of disease-causing antibodies

- CD19 therapies target earlier lineage B-Cells, allowing LLPCs to persist

Immix Biopharma unaddressed IMD indication selection criteria

High unmet medical need



Limited therapies in development

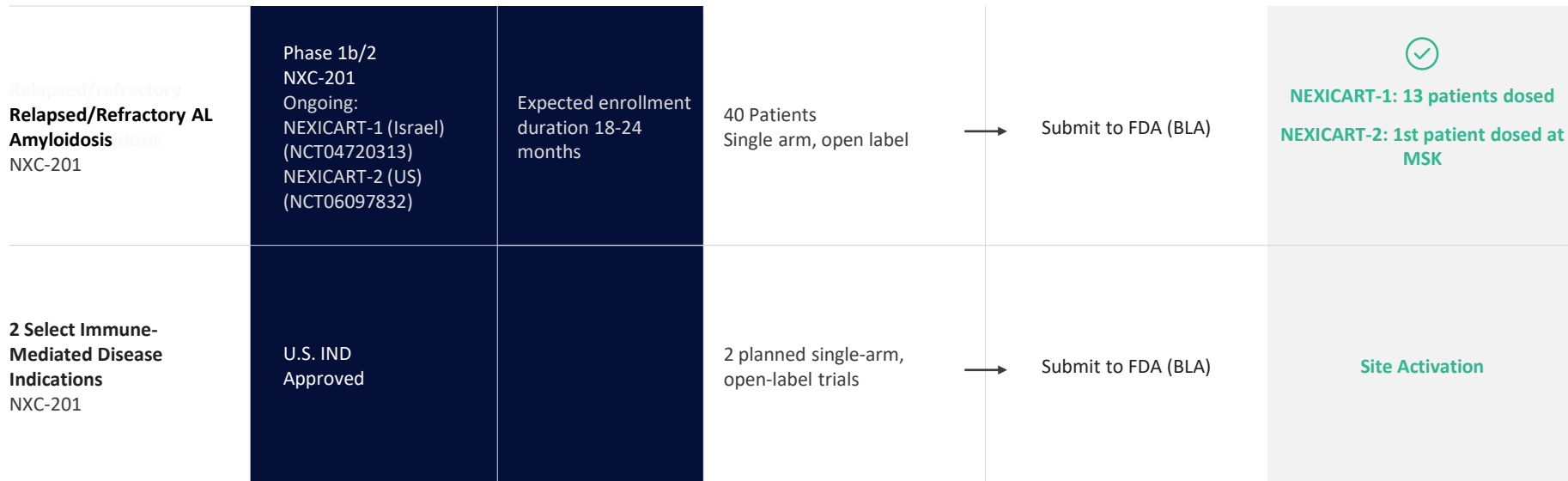


Biological basis for plasma cell-mediated therapy



NXC-201 Clinical Development Plan Through FDA BLA Submissions

RELAPSED/REFRACTORY AL AMYLOIDOSIS CLINICAL TRIAL TO ENROLL 40 PATIENTS PRIOR TO FDA BLA SUBMISSION



Note: 63 Relapsed/Refractory multiple myeloma patients have been dosed with NXC-201 in the ex-US NEXICART-1 clinical trial. Immix Biopharma is not actively pursuing US commercial approval in Relapsed/Refractory multiple myeloma at this time.

FDA approval precedents include: Abecma/BMS (single arm study 100 patients in efficacy results population, FDA approved 2021); Carvykti/J&J (single arm study 97 patients in efficacy results population, FDA approved 2022); Elrexfio/Pfizer (single arm study 97 patients in efficacy results population, FDA approved 2023)

Appendix

October 2024



Principal Investigator for NEXICART-2: Heather Landau, MD

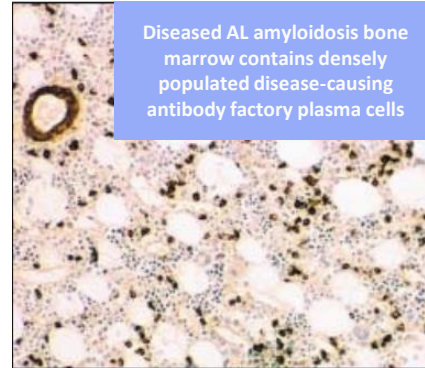


- **Director of the Amyloidosis Program and a Bone Marrow Transplant Specialist & Cellular Therapist at Memorial Sloan-Kettering Cancer Center in New York.**
- Authored more than 100 peer-reviewed publications.
- Dr. Landau received her medical degree from SUNY Upstate Medical University, completed her Internal Medicine residency at University of Colorado and her Hematology & Oncology fellowship at Memorial Sloan Kettering Cancer Center.

AL Amyloidosis pathologic light chains emerge from deep in the bone marrow where they are produced by pathologic antibody factory plasma cells

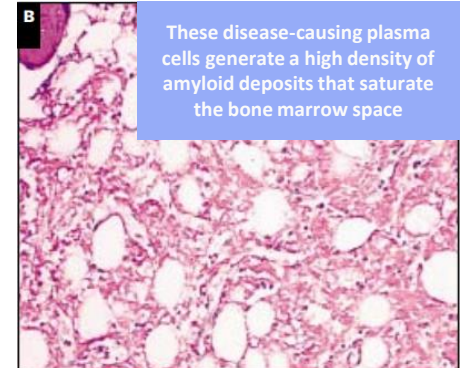
Traditional antibody-based therapies primarily address passively accessible target cells

NXC-201 is the only AL amyloidosis therapy in clinical development that actively penetrates deep into the bone marrow



Diseased AL amyloidosis bone marrow contains densely populated disease-causing antibody factory plasma cells

Immunoperoxidase with hematoxylin counterstain, ×100



These disease-causing plasma cells generate a high density of amyloid deposits that saturate the bone marrow space

Periodic acid–Schiff, ×100

Antibody-based therapeutics have difficulty penetrating deep into organs where disease causing plasma cells reside

Inserm

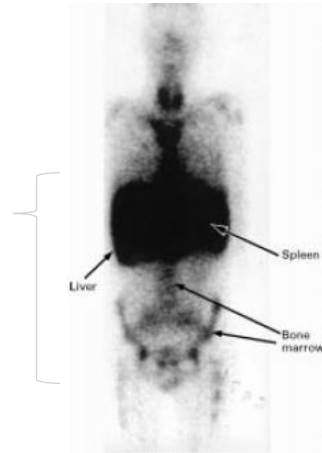
“Plasma cells (PC) were detected in the [organs] of patients ... up to 6 months after rituximab treatment, and the PC population displayed a long-lived program”

doi:10.1172/JCI65689

Amyloid deposits in AL Amyloidosis are cleared naturally following treatment

BEFORE TREATMENT

Pre-treatment imaging shows dense amyloid deposits in liver, bone marrow, and other organs in AL patient

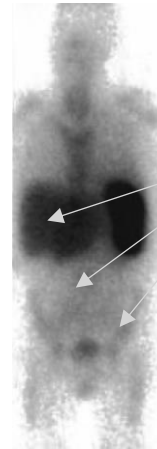


Cytotoxic treatments
(vincristine,
adriamycin, and
dexamethasone)



6-MONTHS AFTER TREATMENT

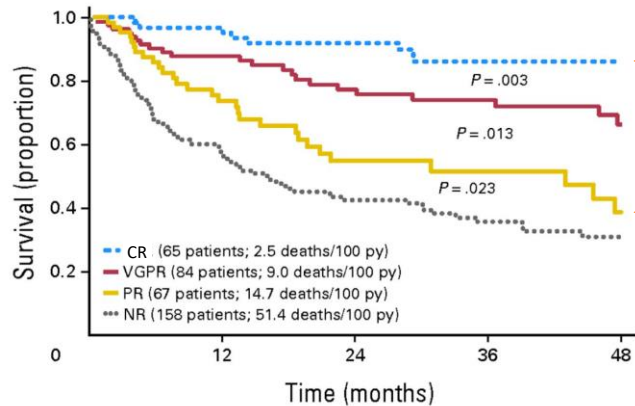
Post-treatment imaging shows clearance of amyloid in organs throughout the body



Complete Hematologic Response is correlated with longer survival

COMPLETE HEMATOLOGIC RESPONSE WAS PRIMARY ENDPOINT IN 2021 DARATUMUMAB APPROVAL STUDY AND ONGOING NEXICART-2 TRIAL

Complete Hematologic Response (CR) associated with improved survival in AL



2x survival at 48 months for CR vs PR

- Complete Hematologic response patients have 85% survival at 48 months
- Partial hematologic response patients have 40% survival at 48 months

In AL Amyloidosis, NXC-201 Overcomes Limitations of Other Modalities in Performance and Tolerability

Challenges of bispecifics/ T-cell engagers	NXC-201 overcomes these challenges
<ul style="list-style-type: none"> No clinical trials with clinical data available in relapsed/refractory AL amyloidosis Early data from select centers indicates bispecific responses and tolerability are inferior to CAR-T (NXC-201) in relapsed/refractory AL amyloidosis Retrospective study with 17 R/R multiple myeloma + AL Amyloidosis patients: <ul style="list-style-type: none"> ✗ 41% CR ✗ 35% severe infections including death ✗ Grade 3 ICANS neurotoxicity reported Repeat/ongoing dosing with need for healthcare provider to administer 	<ul style="list-style-type: none"> ✓ 75% CR in relapsed/refractory AL amyloidosis in patients with no prior BCMA-targeted bispecifics exposure ✓ 0 deaths from infection in relapsed/refractory AL amyloidosis ✓ 0% neurotoxicity (0/13) in relapsed/refractory AL amyloidosis patients • One-time dosing with durable responses • Ongoing NEXCART-1 relapsed/refractory AL amyloidosis clinical trial with clinical data presented at ASGCT 2024

Advantages of NXC-201 CAR-T in AL Amyloidosis

N-GENIUS Sterically-Optimized CARTs Drive Immix's Immune-Mediated Disease Leadership



N-GENIUS Platform

Through partnership Hadassah Medical Organization, Jerusalem and Bar-Ilan University, Immix is a pioneer in sterically-optimized CAR-T construct development, driving our next-generation industry-leading CAR-Ts in select immune-mediated diseases.

N-GENIUS developed sterically-optimized CAR-Ts allow for a differentiated safety and efficacy profile through modification of key regions of the CAR-T construct, driving a “digital” intracellular signal and overcoming limitations of current clinical stage and commercial CAR-Ts.

Portfolio of US patents, pending applications, and exclusive patent licenses, which cover our core technology platforms and product



N-GENIUS Platform has produced sterically-optimized BCMA CAR-T NXC-201 with COBRA binder and EXPAND technology

ALL BCMA CAR-TS ARE NOT CREATED EQUAL



N-GENIUS PLATFORM

3 Key Elements



Purpose-Built Cell Therapy Evidence Capture Engine + Relational Database

Relating ImmixBio internal data to external to accelerate therapy design, manufacture, and preclinical



Proprietary EXPAND technology

Applied to multiple cell therapy indications, already utilized to create NXC-201, to potentially increase efficacy and tolerability

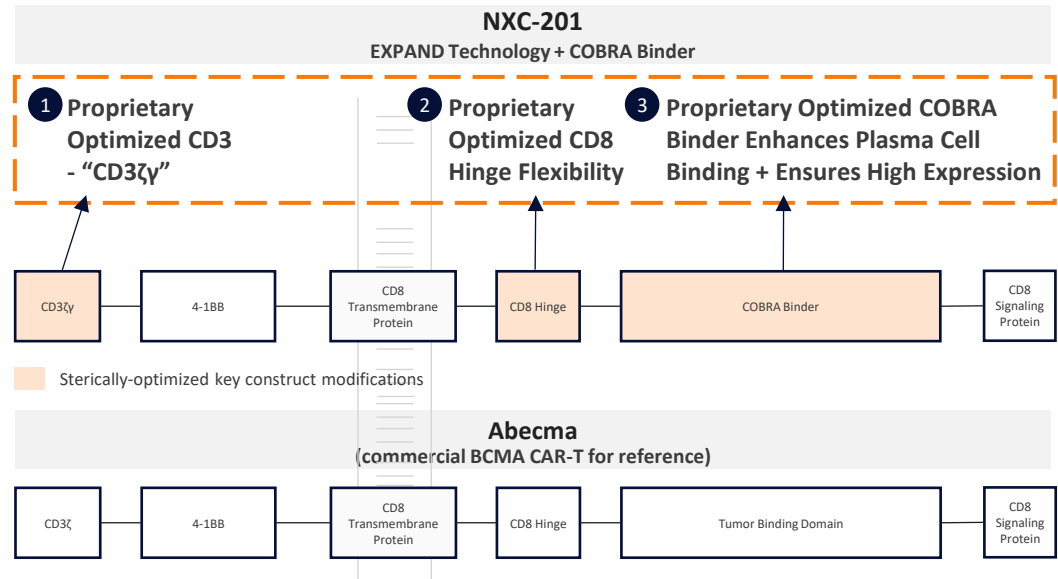


Atomized, Novel Binding Scaffold Generation Engine

Allows us to make the correct binding for every molecule

Source: Aherie, N., et al Haematologica. 2022

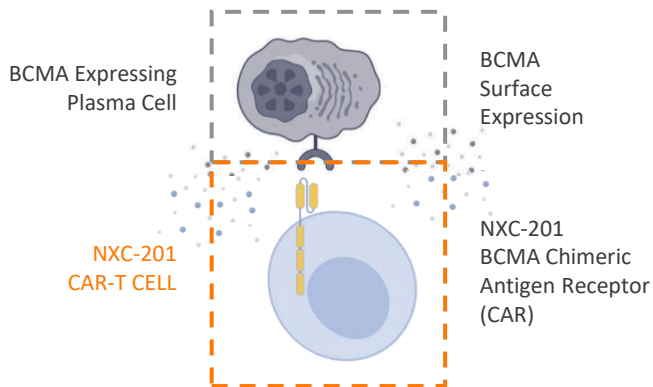
Produced NXC-201



NXC-201 MoA: Sterically-Optimized BCMA-targeted CAR-T

NXC-201: STERICALLY-OPTIMIZED BCMA CAR-T GENERATED BY THE N-GENIUS PLATFORM

NXC-201



NXC-201 is a next-generation chimeric antigen receptor (CAR) T-cell (CAR-T) produced by our N-GENIUS platform targeting B-cell maturation antigen (BCMA)

- High Overall Response Rates in AL Amyloidosis and Multiple Myeloma
- First Outpatient CAR-T: Short CRS duration (median 1 days) starting on day 1

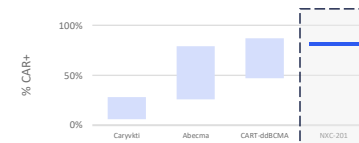
Source: Development and manufacturing of novel locally produced anti-BCMA CART cells for the treatment of relapsed/refractory multiple myeloma: phase I clinical results. Haematologica. 2022 Oct 6. doi: 10.3324/haematol.2022.281628. Epub ahead of print. PMID: 36200421.

NXC-201 — Key Characteristics



High Transduction Efficiency (Ensuring efficient manufacturing)

*Carvykti data presented at ASH 2019; Abecma data presented at ASH 2017. CART-ddBCMA source Arcelx. Analysis based on cross-trial comparisons of publicly available data reported in ASH 2017 and 2019 and not a head-to-head clinical trial



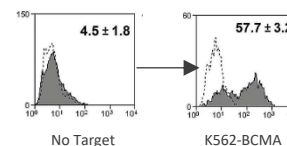
Low Tonic Signaling (Lower off-target toxicity may lead to lower toxicity)

NXC-201 was co-cultured with the indicated target T cells and TNF α (B) and IL-2 (C) concentrations secreted in the culture supernatant were determined by ELISA.



Anti-Exhaustion Capability (Increased Persistence may lead to efficacy over an extended period of time)

NXC-201 was co-cultured overnight then analyzed by flow cytometry for the expression of 4-1BB

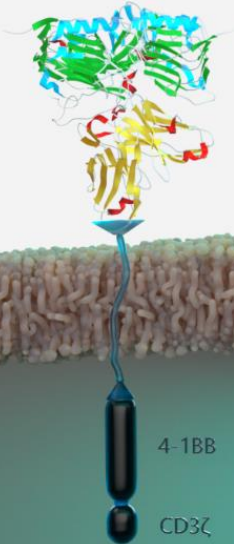


Proprietary EXPAND Technology and COBRA Binding Domain Are Differentiated Innovations

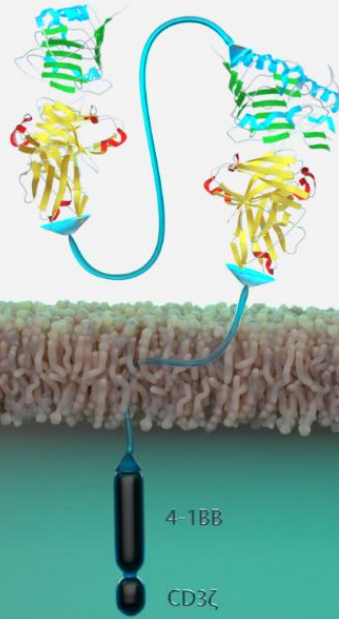
N-GENIUS TECHNOLOGY PLATFORM: STERICALLY-OPTIMIZED BCMA CAR-T NXC-201



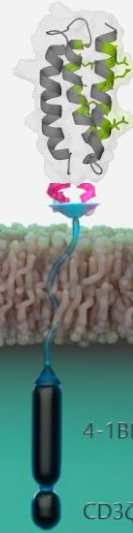
Abecma



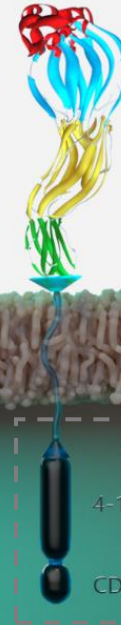
Carvykti



CART-ddBCMA



NXC-201 with COBRA Binding Domain




N-GENIUS
EXPAND Technology

Note: Graphic representation. COBRA = Codon Optimized Binder for Receptor Antigens – Proprietary Binding Domain

NXC-201 Best-in-Class AL Amyloidosis Clinical Results

Relapsed/Refractory Light chain (AL) Amyloidosis

			 	
	NXC-201 Monotherapy	Darzalex Combination (with cyclophosphamide, bortezomib, and/or dexamethasone)	CAEL-101	Birtamimab Combined with SOC CyBorD
Dosing frequency	1X	Weekly	Weekly	Weekly
Patient #: n=	12	9	10 (renal), 24 (cardiac)	14 (cardiac), 15 (renal)
Hematologic Overall Response Rate	100%	22%	-	-
Hematologic Complete Response Rate	75%	0%	-	-
Hematologic CR + VGPR	92%	22%	-	-
Cardiac response – (NT-proBNP median reduction)	61%		39%	35%
Renal response (%)	67%		20%	60%
Median prior lines of therapy	4	1	2	2
% pretreated with CD38-targeted treatment (Darzalex/other)	100%	100%	?	0%

Birtamimab Source from JCO (Birtamimab development paused + restarted). CAEL-101 source: Edwards CV, et al. Phase 1a/b study of monoclonal antibody CAEL-101 (11-1F4) in patients with AL amyloidosis. Blood. 2021 Dec 23;138(25):2632-2641. doi: 10.1182/blood.2020090939. PMID: 34521113; PMCID: PMC8703360. Darzalex source from Blood. Point-of-care CART manufacture and delivery: Poster. Poster Presentation, ESBMT 2023. Poster ASGCT 2023. Figures reflect cross-trial comparison and not results from a head-to-head study. Differences exist between trial designs and subject characteristics, and caution should be exercised when comparing data across studies. Poster: IMS 2023. Poster: ASH 2023. Darzalex and Investigator's Choice : Theodorakakou, et al, Blood 2022. Astra Zeneca: Blood 2021. 12 NXC-201 patients at ASGCT 2024 with no prior exposure to BCMA targeted bispecifics

Differentiated NXC-201 safety profile validated in historical Multiple Myeloma data

NXC-201 tolerability data in Relapsed/Refractory Multiple Myeloma

Cytokine release syndrome

	Cohort 1 (N=6)	Cohort 2 (N=7)	Cohort 3 (N=50)	Overall (n=63)
Dose	150M	450M	800M	
CRS (n [%])				
Yes	5 (83%)	6 (86%)	48 (96%)	59 (94%)
No	1 (17%)	1 (14%)	2 (4%)	4 (6%)
CRS Start Day				
Median	6	0	0	
Min, Max	0, 21	0, 1	0, 4	
CRS Duration				
Median	3	2	1	
Min, Max	0, 5	1, 3	1, 7	
CRS Grade (n [%])				
No CRS	1 (17%)	1 (14%)	2 (4%)	4 (6%)
1	4 (67%)	2 (29%)	17 (34%)	23 (37%)
2	1 (17%)	4 (57%)	24 (48%)	29 (46%)
3	0 (0%)	0 (0%)	7 (14%)	7 (11%)
4	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Tocilizumab (n [%])				
Yes	2 (33%)	4 (57%)	40 (80%)	46 (73%)
No	4 (67%)	3 (43%)	10 (20%)	17 (27%)
Steroids (n [%])				
Yes	0 (0%)	0 (0%)	8 (16%)	8 (13%)
No	6 (100%)	7 (100%)	42 (84%)	55 (87%)
Vasopressors (n [%])				
Yes	0 (0%)	0 (0%)	7 (14%)	7 (11%)
No	6 (100%)	7 (100%)	43 (86%)	56 (89%)

ICANS neurotoxicity

	Cohort 1 (N=6)	Cohort 2 (N=7)	Cohort 3 (N=50)	Overall (n=63)
Dose	150M	450M	800M	
ICANS (n [%])				
Yes	0 (0%)	0 (0%)	2 (4%)	2 (3%)
No	6 (100%)	7 (100%)	48 (96%)	61 (97%)
ICANS Grade (n [%])				
1-2	0 (0%)	0 (0%)	2 (4%)	2 (3%)
3-4	0 (0%)	0 (0%)	0 (0%)	0 (0%)

NXC-201 at 150M and 450M CAR+T cell dose
(US AL Amyloidosis trial dosing):

- 0% Grade 3+ CRS
- 0% ICANS of any grade

Relapsed/Refractory Multiple Myeloma: Key Inclusion Criteria

	NXC-201 (NEXICART-1 NCT04720313)	Abecma (pivotal NCT03361748)	Carvykti (pivotal NCT03548207)	CART-ddBCMA (pivotal NCT05396885)
Prior lines of therapy	≥3 different prior lines of therapy including proteasome inhibitor, immunomodulatory therapy and ≥1 antibody therapy, refractory/ responsive to the last line of therapy	≥3 different prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 antibody, refractory to the last treatment regimen	≥3 different prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 antibody, refractory to the last treatment regimen, refractory or non-responsive to their most recent line of therapy	≥3 different prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 antibody, refractory to the last treatment regimen
Toxicity recovery	Recovery to ≤ Grade 2 or baseline of any non-hematologic toxicities due to prior treatments, excluding alopecia and Grade 3 neuropathy	Recovery to Grade 1 or baseline of any non-hematologic toxicities due to prior treatments	-	Resolution of adverse events (AEs) from any prior systemic anticancer therapy, radiotherapy, or surgery to Grade 1 or baseline
ECOG	0-2	0-1	0-1	0-1
Measurable disease	<ul style="list-style-type: none"> Serum M-protein greater or equal to 0.5 g/dL Urine M-protein greater or equal to 200 mg/24 h Serum free light chain (FLC) assay: involved FLC level greater or equal to 5 mg/dL (50 mg/L) provided serum FLC ratio is abnormal 	<ul style="list-style-type: none"> Serum M-protein greater or equal to 1.0 g/dL Urine M-protein greater or equal to 200 mg/24 h Serum free light chain (FLC) assay: involved FLC level greater or equal to 10 mg/dL (100 mg/L) provided serum FLC ratio is abnormal 	<ul style="list-style-type: none"> Serum monoclonal paraprotein (M-protein) level more than or equal to (≥) 1.0 gram per deciliter(g/dL) Urine M-protein level ≥200 milligram per 24 hours (mg/24hr) Light chain multiple myeloma without measurable disease in the serum or the urine: Serum immunoglobulin free light chain 10 mg/dL and abnormal serum immunoglobulin kappa lambda free light chain ratio 	<ul style="list-style-type: none"> Serum M-protein ≥1.0 g/dL Urine M-protein ≥200 mg/24 hours Involved serum free light chain ≥10 mg/dL with abnormal κ/λ ratio (i.e., >4:1 or <1:2)

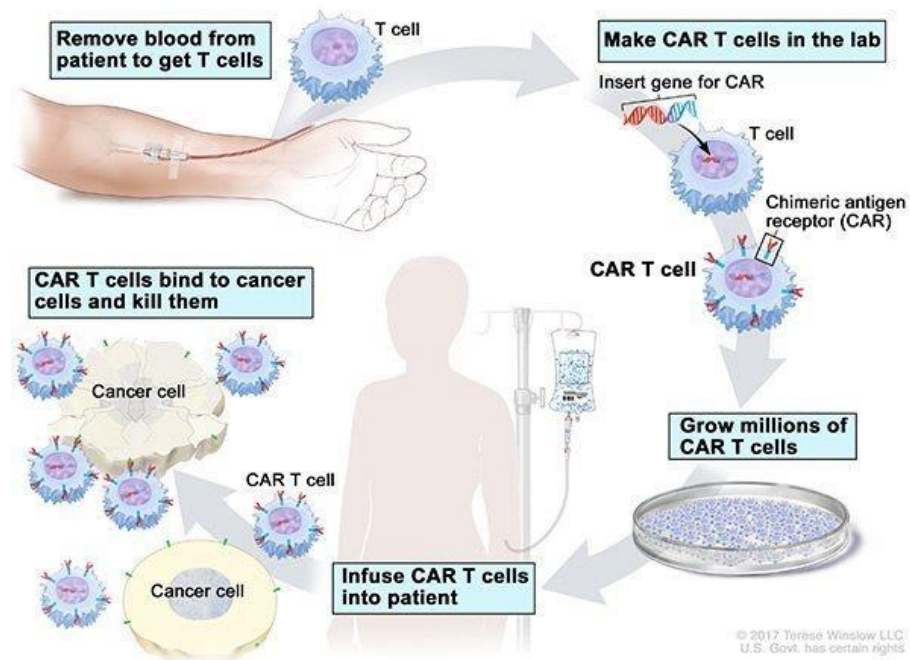
Relapsed/Refractory Multiple Myeloma: Key Exclusion Criteria

	NXC-201 (NEXICART-1 NCT04720313)	Abecma (pivotal NCT03361748)	Carvykti (pivotal NCT03548207)	CART-ddBCMA (pivotal NCT05396885)
Prior BCMA therapy	No exclusion	BCMA targeted therapy	Have received any therapy that is targeted to B-cell maturation antigen (BCMA)	Prior B-cell maturation antigen (BCMA) directed therapy
Prior cell therapy	Investigational cellular therapies within 8 weeks prior to the start of lymphodepletion	Investigational cellular therapy for cancer	Have received prior treatment with chimeric antigen receptor T (CAR-T) therapy directed at any target	Prior treatment with any gene therapy or gene-modified cellular immune-therapy

What is autologous chimeric antigen receptor (CAR)-T cell therapy?

NXC-201 IS A NEXT-GENERATION BCMA TARGETED AUTOLOGOUS CAR-T CELL THERAPY

CAR T-cell Therapy



Patient Specific

Personalized treatment using patient's own T cells

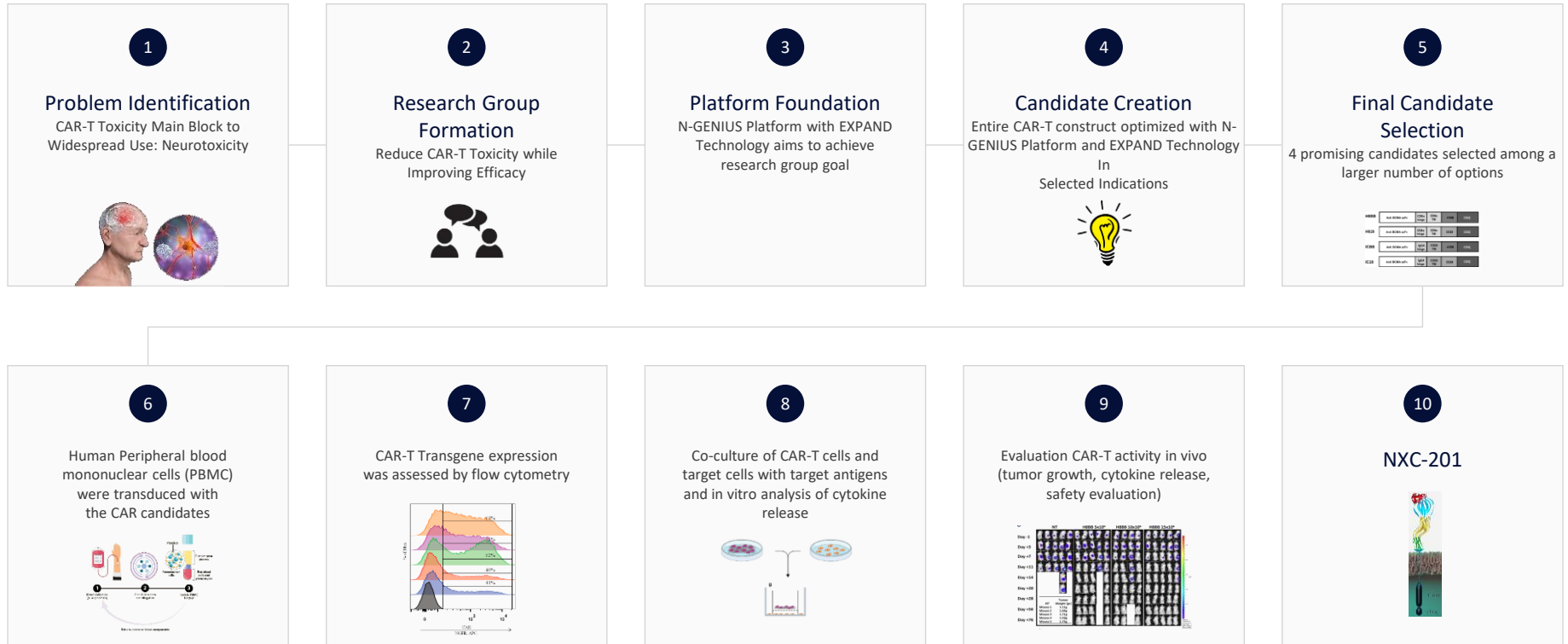
Genetic Modification

Genetically engineered CARs (chimeric antigen receptors) on T cell surface

Targeted Therapy

Target cells that express antigens recognized by CARs

N-GENIUS Platform Process



Source: Harush O, et al. Haematologica. 2022;

Clinical Stage CAR-T for AL Amyloidosis and Select Immune-Mediated Diseases

October 2024

