NXC-201 Clinical Data Update and Outlook at ASH 2024 in Relapsed/Refractory AL Amyloidosis

4:30pm ET Tue Dec 10

IMMiX BIOPHARMA

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.

Attendees

- **Ilya Rachman, MD PhD, Chief Executive Officer**
- **Gabriel Morris, Chief Financial Officer**
- Moderated by Michael Moyer, Managing Director, LifeSci Advisors

Agenda: Following formal remarks, there will be a question-and-answer session

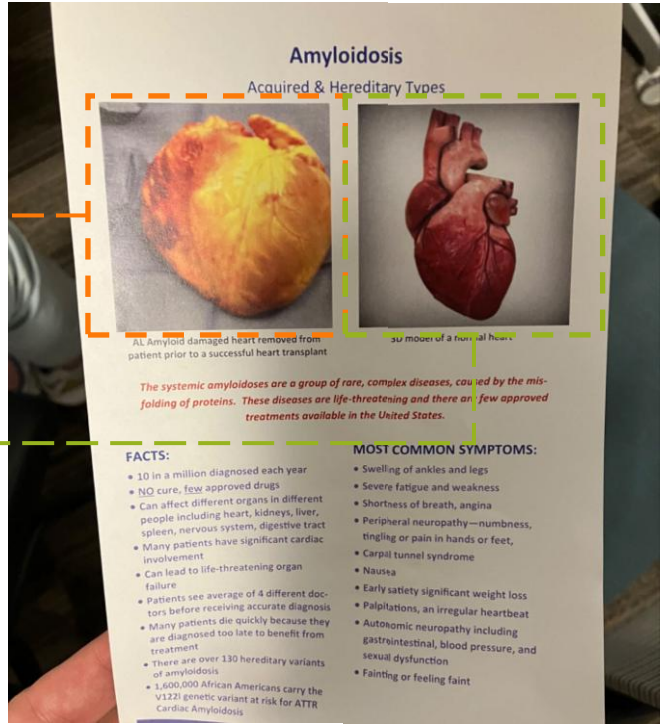
Formal remarks include: 1) review of ex-US NEXICART-1 ASH 2024 results, and 2) discussion of NEXICART-2 U.S. trial ongoing, both in relapsed/refractory AL Amyloidosis

This Is Pre-Existing Heart Failure in AL Amyloidosis

PRE-EXISTING HEART FAILURE CAUSES PHYSICALLY IRREVERSIBLE DISTORTION OF HEART STRUCTURE, SHAPE AND SIZE

Pre-existing heart failure

Preserved heart function



75% (12/16) Complete Response Rate. No ICANS Neurotoxicity (NEXICART-1)

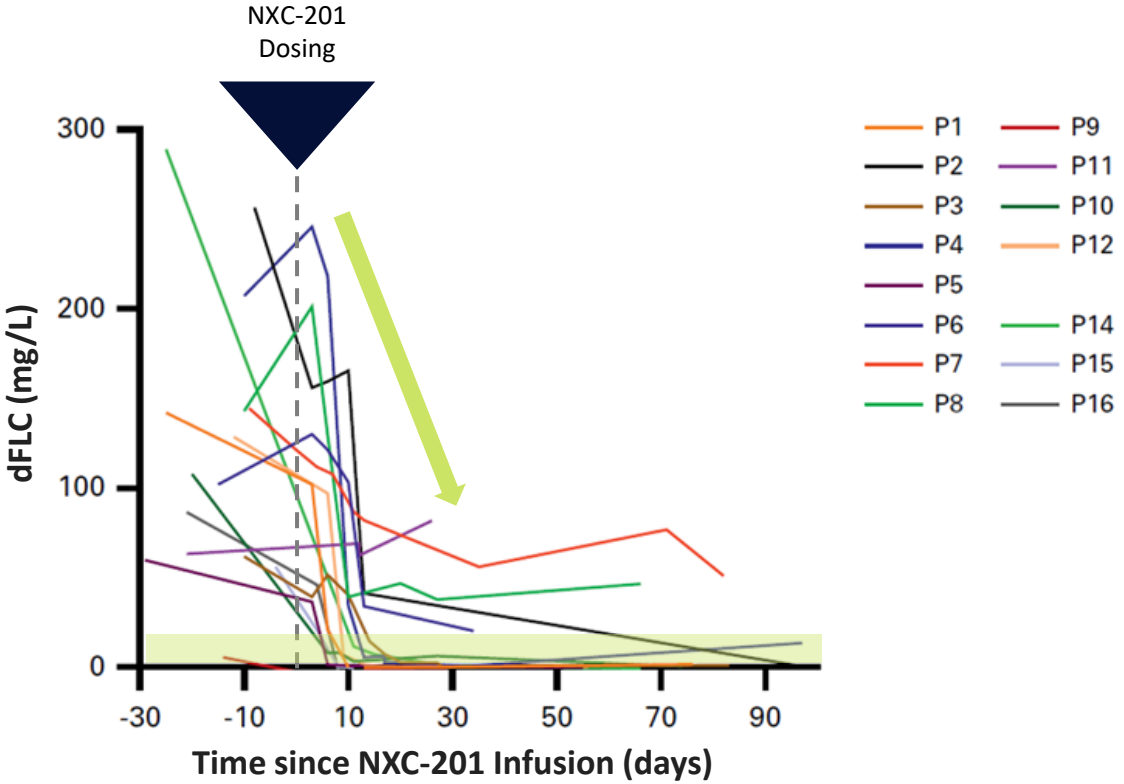
- **Patient Characteristics:**
  - 16 patients dosed (ASH 2024 update: 3 new patients and longer follow-up, median 8.4 months (range 4-31.5)
  - 81% (13/16), 69% (11/16), 38% (6/16), had pre-existing Heart, Kidney, Liver involvement, respectively, at enrollment
  - Median 4 prior lines (range 3-10) of therapy

- **Efficacy:**
  - 75% (12/16) Complete Response (CR) rate
  - Best responder: 31.5 months complete response ongoing as of December 9, 2024 cut-off

- **Safety:**
  - No ICANS neurotoxicity observed
  - Median CRS duration of 2 days (range 1-5) – 69% (11/16) Grade 1/2, No Grade 4/5

Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024.

NXC-201 Produces Rapid and Deep Responses <2 Weeks After Dosing



(Each line represents 1 patient clinical data readout after NXC-201)

Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024.

6 patients had pre-existing heart failure; 10 patients had preserved heart function

PRE-EXISTING HEART FAILURE CAUSES PHYSICALLY IRREVERSIBLE DISTORTION OF HEART STRUCTURE, SHAPE AND SIZE

NEXICART-1

Preserved heart function

Pre-existing heart failure

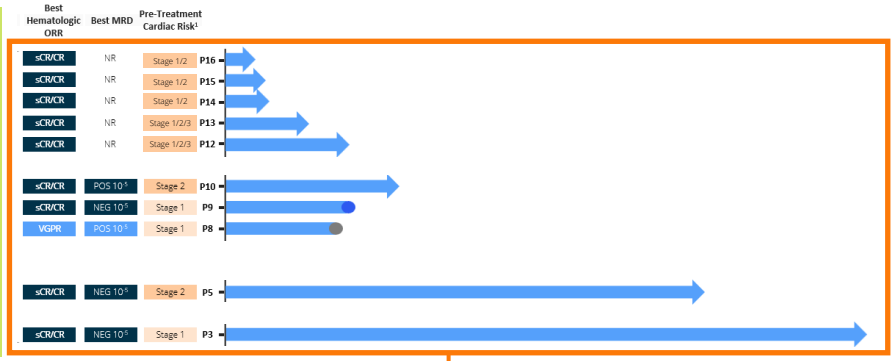
Patient #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Median (range)
Age	64	58	82	63	64	72	55	68	78	59	64	--	--	--	--	--	64 (55-82)
Gender	Male	Female	Male	Male	Male	Female	Female	Male	Male	Male	Female	--	--	--	--	--	11/16 M 5/16 F
dFLC (mg/L)	143	177	50	550	51	103	196	408	41	108	64	--	--	--	--	--	105 (50-550)
BMPCs (%)	3	15	1	15	1	1	1	10	15	1	1	--	--	--	--	--	1 (0.3-15)
FISH cytogenetics	t(11:14)	t(14:16) 1Q+	14Q-	t(11:14)	t(11:14)	t(11:14) 1Q+	14Q-	17p-	Normal	17p-	t(4:14) 1Q+	--	--	--	--	--	7/16 (44%) t(11:14)
Organ involvement	Cardiac, Renal, PNS	Cardiac, Renal, Liver	Renal, GI	Cardiac, Liver, Lung, Soft tissue, PNS	Cardiac, Soft tissue, PNS	Cardiac, Renal, Liver	Cardiac, Soft tissue	Cardiac, Renal, Soft tissue	Renal	Cardiac, Renal, PNS	Cardiac, Renal, GI, Liver, Soft tissue, PNS	--	--	--	--	--	Heart: 13/16 (81%) Kidney: 11/16 (69%) Liver: 6/16 (38%)
NYHA stage	3	4	1	3	2	4	4	2	1	2	2	--	--	--	--	--	1-2: 10/16 (38%) 3: 3/16 (19%) 4: 3/16 (19%)
ProBNP (pg/ml)	7,500	2,008	119	2,773	731	28,000	6,600	220	930	669	211	--	--	--	--	--	964 (220-28,000)
Trop T (ng/L)	60	40	8	78	18.3	110	30	12	9	8	20	--	--	--	--	--	--
Creatinine (mmol\L)	80	72	110	100	82	108	83	69	220	227	79	--	--	--	--	--	--
Albuminuria (g/24h)	0.3	0.3	2.4	0.1	0.1	1.0	0	0	0.3	1.4	0	--	--	--	--	--	--
ALKP (u/L)	45	218	84	140	84	186	166	106	160	59	160	--	--	--	--	--	--
MAYO stage	3a	3a	1	3a	2	3b	2	1	1	2	2	1 stage 1/2 1 stage 3		1	1	2	--
ECOG PS	0	2	0	0	1	2	4	0	1	1	1	--	--	--	--	--	--
Concomitant MM	Yes	No	no	No	yes	no	No	no	no	no	no	no	no	no	no	no	2/16
Compassionate use	No	no	no	yes	no	no	yes	no	no	no	no	--	--	--	--	--	2/16

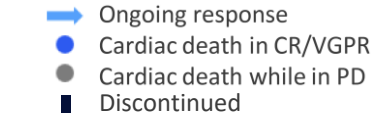
Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024.

NXC-201 Produces Durable Complete Responses in Patients with Preserved Heart Function

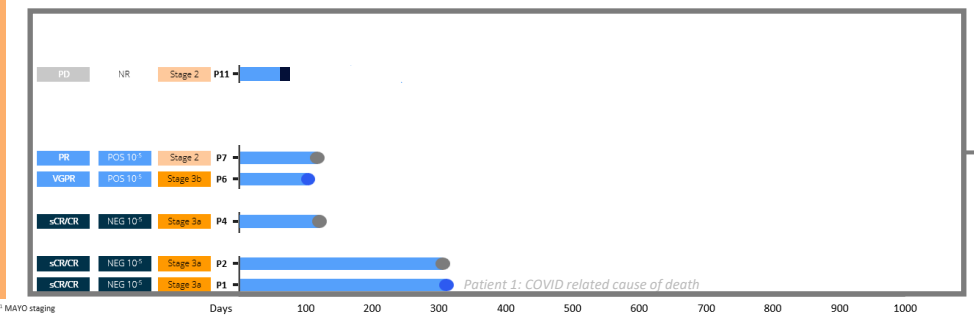
Duration of response (ASH 2024)

Preserved heart function





Pre-existing heart failure



Target For U.S. AL Amyloidosis Clinical Trial Patient Enrollment:

- 90% complete response rate
- Extended response duration

Would have been excluded from U.S. clinical trial

- 50% complete response rate
- Limited response duration due to pre-existing heart failure

sCR: strict complete response, CR: complete response

Note: E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024. Exclusion criteria: Mayo Stage 3b, NYHA 3/4, prior BCMA exposure. Patient 12 and paitnet 13 Mayo staging: one patient is stage ½, one patient is stage 3ª/3b; Patients 6 and patient 9 death due to cardiac/other.

75% Complete Response Rate is the FDA Regulatory Endpoint

NEXICART-1

Preserved heart function

Pre-existing heart failure

Patient #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
CART cells infused ($\times 10^6$)	150	450	800	450	800	800	800	800	800	800	800	800	800	800	800	800
Best hematologic response	CR	CR	CR	CR	CR	VGPR	PR	VGPR	CR	CR	PD	CR	CR	CR	CR	CR
Follow-up (months)	10.3	10.2	31.5, ongoing	4.0	24.0, ongoing	3.3	3.8	5.5	6.0	8.7, ongoing	1.3	6.2, ongoing	4.2, ongoing	2.2, ongoing	2.0, ongoing	1.5, ongoing

Complete response (CR) is FDA Regulatory Endpoint

- **75% (12/16) Complete Response (CR) rate** (9 out of 16 were MRD- 10^{-5})
- Best responder: 31.5 months complete response ongoing as of December 9, 2024 cut-off
- Historical complete response rates for investigators choice is ~3-20%

Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024. Follow-up duration, estimated internally based on ASH 2024 published swimmer plot. Premkumar VJ, et al. Venetoclax induces deep hematologic remissions in t(11;14) relapsed/refractory AL amyloidosis. Blood Cancer J. 2021 Jan 11;11(1):10. doi: 10.1038/s41408-020-00397-w. PMID: 33431806; PMCID: PMC7801694.Theodorakakou F, et al. Outcomes of patients with light chain (AL) amyloidosis after failure of daratumumab-based therapy. Br J Haematol. 2023 Nov;203(3):411-415. doi: 10.1111/bjh.19042. Epub 2023 Aug 14. PMID: 37580907.

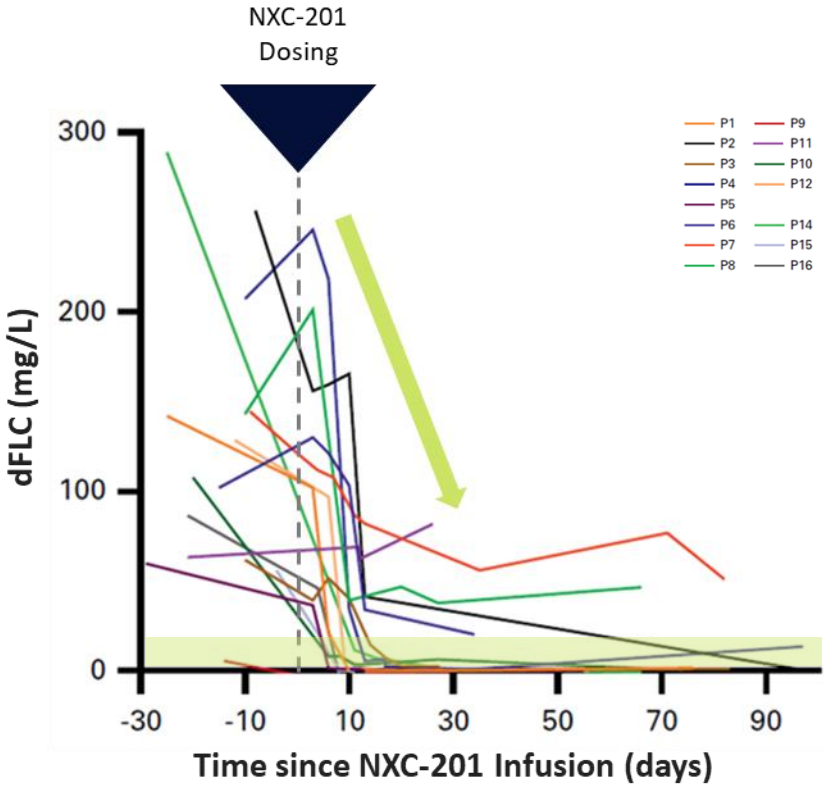
Favorable Tolerability: No Neurotoxicity of Any Grade. Short Duration CRS

	Total
ICANS and other neurotoxicity, n/N (%)	**0/16 (0)**
Treatment-related mortality, n/N (%)	0/16 (0)
CRS, n/N (%)	
No CRS	2/16 (12)
Grade 1	3/16 (19)
Grade 2	8/16 (50)
Grade 3	3/16 (19)
Grade 4/5	0/16 (0)
Time to onset of CRS, days, median (range)	1 (1-3)
Duration of CRS, days, median (range)	2 (1-5)
Tocilizumab use, n/N with CRS (%)	12/14 (86), median of one dose (range, 1-3)
Corticosteroid use, n/N with CRS (%)	3/14 (21)
Vasopressor use, n/N with CRS (%)	2/14 (14)
High-flow oxygen use, n/N with CRS (%)	2/14 (14)

	Total	Grade 3-4
Hematological toxicity, n/N		
Anemia	12/16	5/16
Thrombocytopenia	9/16	0/16
Neutropenia	12/16	10/16
Lymphopenia	16/16	16/16
Organ function toxicity, n/N		
Congestive heart failure exacerbation	3/16	3/16
Acute kidney injury	4/16	0/16
Hepatic injury	6/16	4/16
Infections, n/N		
Febrile neutropenia	5/16	5/16
Early infections (until day +28)	9/16	6/16
Late infections (after day +28)	7/16	5/16

Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024.

Rapid Responses to NXC-201 in Relapsed/Refractory AL Amyloidosis Patients were Observed



(Each line represents 1 patient clinical data readout after NXC-201)

The NEW ENGLAND JOURNAL of MEDICINE

"An early and deep hematologic response has been found to lead to significantly prolonged survival"

– *Vaishali Sanchorawala, M.D.*
Professor, Hematology and Oncology
Director, Amyloidosis Center at Boston University School of Medicine
Director, Stem Cell Transplantation at Boston Medical center

doi: 10.1056/NEJMra2304088

Note: Data cut-off as of December 9, 2024. E Lebel et al. Efficacy and Safety of Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) for the Treatment of Relapsed and Refractory AL Amyloidosis. Presentation. ASH 2024.

NEXICART-2: Ongoing US Study

IMMIX BIOPHARMA

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	• AL Amyloidosis patients exposed to at least 1 line of therapy including a CD38 monoclonal antibody
Exclusion	• Prior anti-BCMA directed therapy • Cardiac: Mayo stage 3b, NYHA stage III/IV • Concomitant Multiple Myeloma

Outcome measures

- Phase 1b:
  - Safety
  - Efficacy: Hematologic response according to consensus recommendations in AL amyloidosis
- Phase 2:
  - Efficacy: Hematologic response according to consensus recommendations in AL amyloidosis
  - Safety

Status

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

*Dosing informed by NEXICART-1 Israel trial in which Complete Responses in light chain Amyloidosis were observed at all dose levels: 150M, 450M

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	✗ Yes	✗ Yes	✗ Yes
NEXICART-2: ongoing US trial	✓ No	✓ No	✓ No

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

Note: Hematologic response according to consensus recommendations in AL amyloidosis (Palladini, et al. 2012. "Consensus guidelines for the conduct and reporting of clinical trials in systemic light-chain amyloidosis." Leukemia 26(11): 2317-2325.)

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?	x **Randomization vs. SoC**	✓ **No SoC to randomize against**
	Lines of therapy prior to receiving study drug	x **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)

Note: Source for daratumumab information is ANDROMEDA (NCT03201965). NXC-201 information on this slide is illustrative only and represents current plan.

Q&A

Moderator: Michael Moyer, Managing Director

LifeSci Advisors

IMMIX BIOPHARMA

NXC-201 Clinical Data Update and Outlook at ASH 2024 in Relapsed/Refractory AL Amyloidosis

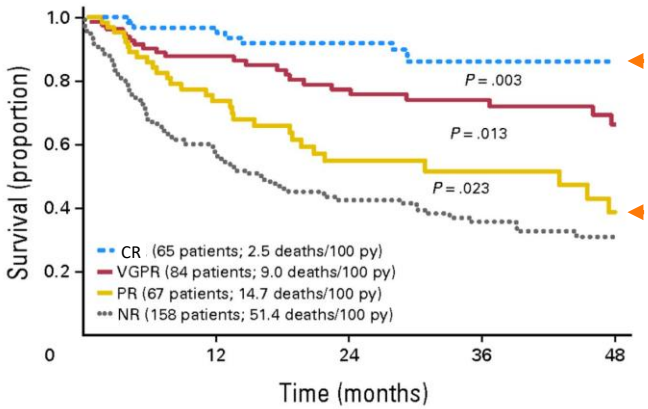
4:30pm ET Tue Dec 10

IMMiX BIOPHARMA

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

Source: Adapted from Palladini G, Dispenzieri A, Gertz MA, Kumar S, Wechalekar A, Hawkins PN, Schönland S, Hegenbart U, Comenzo R, Kastritis E, Dimopoulos MA, Jaccard A, Klersy C, Merlini G. New criteria for response to treatment in immunoglobulin light chain amyloidosis based on free light chain measurement and cardiac biomarkers: impact on survival outcomes. J Clin Oncol. 2012 Dec 20;30(36):4541-9. doi: 10.1200/JCO.2011.37.7614. Epub 2012 Oct 22. PMID: 23091105.