The Global Leader in relapsed/refractory AL Amyloidosis

October 2025

IMMiX BIOPHARMA

Disclaimer: Forward Looking Statements & Market Data

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AL Amyloidosis – an active, multi-billion dollar indication

Annual sales into AL Amyloidosis

$1.4-2.8 billion

DARZALEX (daratumumab) injection for intravenous infusion 100 mg/5 mL, 400 mg/20 mL

J&J

Acquisition

$500M

CAELUM BIOSCIENCES

AstraZeneca

Valuation

$426M

attralus

Janus Henderson INVESTORS

Source: Company, Pitchbook, Public information

Relapsed/refractory AL Amyloidosis - Market Size

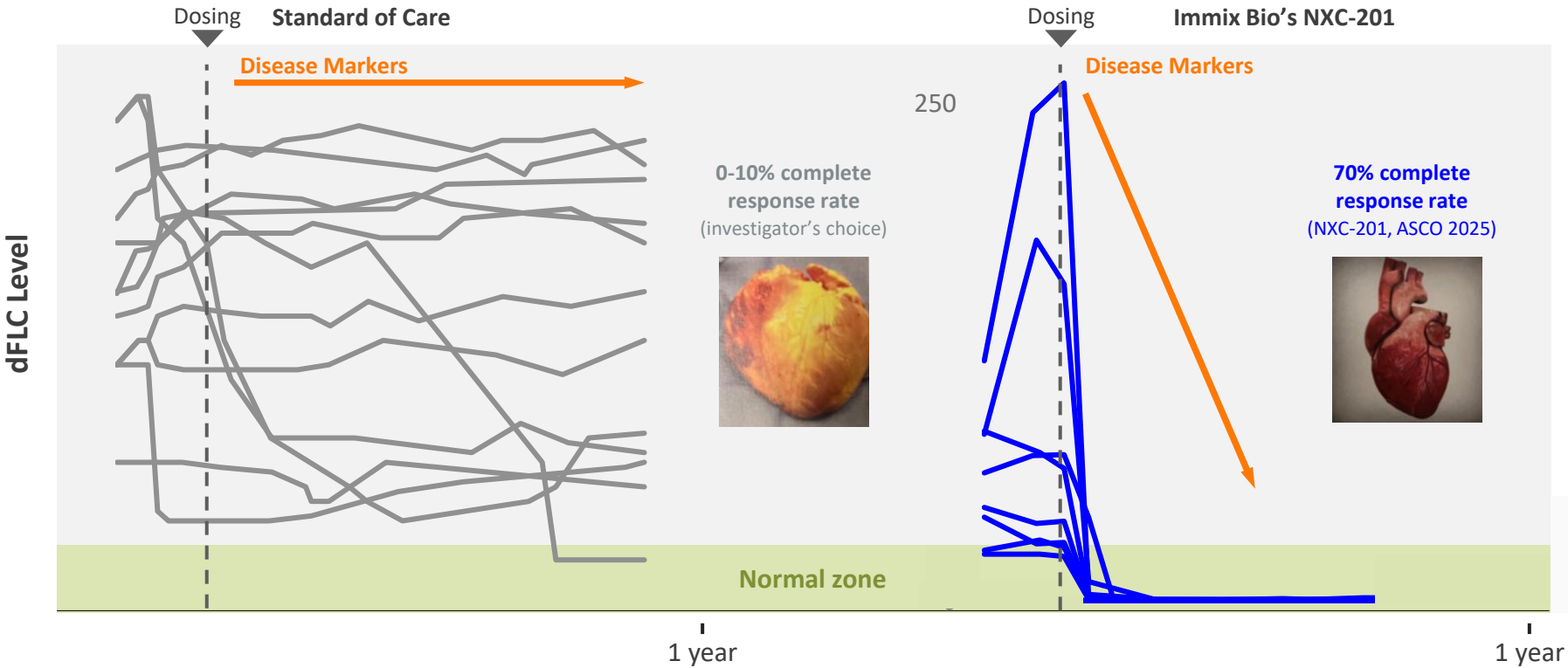
34,600 patient prevalence

Zero FDA Approved Drugs

Source: Incidence and prevalence: Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Incidence growth rate: Laires P et al, Prevalence, Incidence, and Characterization of LIGHT Chain Amyloidosis in the USA: A Real-World Analysis Utilizing Electronic Health Records (EHR). Blood 2023. Daratumumab: Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. ASCT: Bomsztyk J et al, Recent guidelines for high-dose chemotherapy and autologous stem cell transplant for systemic AL amyloidosis: a practitioner's perspective. Expert Review of Hematology 2022. Gustine J et al, Predictors of hematologic response and survival with stem cell transplantation in AL amyloidosis: A 25-year longitudinal study. AJH 2022. Mayo staging: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NXC-201 in Relapsed /Refractory AL Amyloidosis

NEXICART-2 First 10 Patient Data: NXC-201 Outperforms Standard of Care



Note: Patient values are illustrative. R/R AL investigator's choice therapies included: Dara-VCd, Dara-Vd, Dara-VRd, Dara-Dex, Dara-Cd, Dara-Pom-Dex, Bendamustine-Dex

Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024. Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

Relapsed/refractory AL Amyloidosis - Market Situation

Current Standards of care

0-10% complete response rate
(investigator's choice)

Immix Biopharma

70% complete response rate
(NXC-201, ASCO 2025)

Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NEXICART-2 Clinical Trial Status

>50% enrolled

BLA submission for approval plan 1H 2026

Commercial

18 high-prescribing Sites in existing Immix clinical trial

Commercial launch plan late 2026

World-Class Team

Team

Ilya Rachman, MD, PhD
Chief Executive Officer

Gabriel Morris
Chief Financial Officer

Denise Bruns
Senior Regulatory Advisor

David Marks, MBBS, PhD
Chief Medical Officer

TECARTUS® Kite/Gilead
KYMRIAH® Novartis

Amanda Squires
Head of Clinical Operations

Oleg Evgrafov,
Head of Quality

Mel Davis-Pickett,
Head of CMC Technical Development

Dean Leonardi,
Associate Director, Lead Biostatistician

Immix Biopharma:
THE Global Leader in Relapsed/Refractory AL Amyloidosis,
Ready for Commercial Launch

The Global Leader in relapsed/refractory AL Amyloidosis

IMMiX BIOPHARMA

Pioneering Cell Therapy in AL Amyloidosis and Other Serious Diseases

Sterically-optimized, proprietary CAR-T construct from Immix N-GENIUS platform

- Immix N-GENIUS platform produced NXC-201
- NXC-201 is our lead, sterically-optimized CAR-T with "digital filter" that reduces non-specific activation (enhancing tolerability)
- NXC-201 CAR-T construct provides barrier to entry

Dedicated team for NXC-201 in AL Amyloidosis and other serious diseases

- Ex-NCI/NIH scientists designed cell therapy for benign tolerability, being developed by Immix (licensed from Israel)
- Senior regulatory team with multiple BLAs at Pfizer/BMS
- Scientific advisors from Stanford, Memorial Sloan Kettering, Columbia, Tufts, UCLA
- Experienced management and Board of Directors

Sizable AL Amyloidosis market

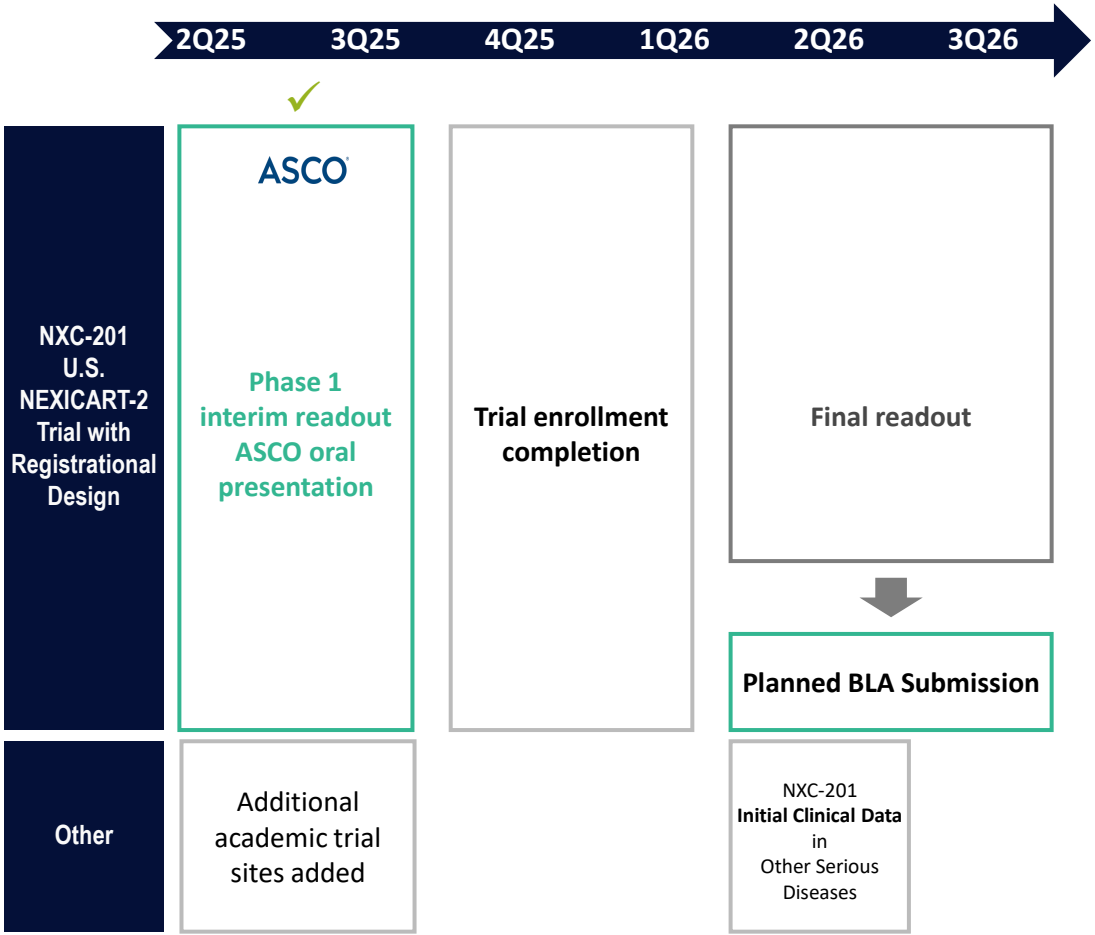
- Relapsed/refractory AL Amyloidosis target market: 34,600 U.S. patient prevalence (multi billion $ value)
- Established billing code establishes pricing floor for BCMA CAR-T at $425,000 per dose
- No drugs currently FDA approved in relapsed/refractory AL Amyloidosis

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

- We believe NXC-201 high complete response rates to-date significantly improve treatment options for relapsed/refractory AL Amyloidosis patients (compared to real-world 0-10% complete response rates in r/r AL)
- ASCO oral presentation of interim results for NEXICART-2 Phase1/2 clinical trial with registrational design

Source:. 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. M. Assayag, et al. Asherie N, et al. Development and manufacture of novel locally produced anti-BCMA CAR T cells for the treatment of relapsed/refractory multiple myeloma: results from a phase I clinical trial. Haematologica. 2023 Jul 1;108(7):1827-1839. doi: 10.3324/haematol.2022.281628. PMID: 36200421; PMCID: PMC10316256. Quock TP, et al. 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. Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

Significant Near-Term Milestones



Prior

- ✓ Secured rights to NXC-201, N-GENIUS platform
- ✓ FDA **Orphan Drug Designation (ODD)** and **Regenerative Medicine Advanced Therapy (RMAT) Designation** Granted
- ✓ **Mentioned in New England Journal of Medicine (NEJM) AL Amyloidosis Review**
- ✓ Reported ex-U.S. NEXICART-1 AL Amyloidosis data at **ASGCT 2023**, **ASH 2023**, **ASGCT 2024, ASH 2024**, **JCO published 2024**
- ✓ NEXICART-2 U.S. AL Amyloidosis clinical trial first 6 patients dosed; first patient at Memorial Sloan Kettering Cancer Center (met guidance)
- ✓ Reported first 4 patients U.S. NEXICART-2 AL Amyloidosis clinical data 4Q 2024 (met guidance)
- ✓ Reported first 10 patients U.S. NEXICART-2 AL Amyloidosis clinical data Q2 2025 at ASCO 2025

ASCO

NXC-201 Referenced in June 2024 New England Journal of Medicine Publication

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

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

Systemic Light Chain Amyloidosis

Vaishali Sanchorawala, M.D.

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.

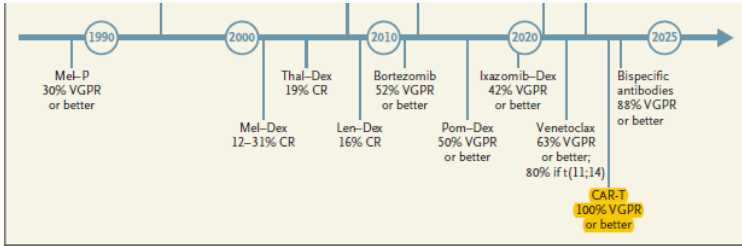


Figure 3. Therapeutic Landscape of AL Amyloidosis.

The therapeutic landscape of AL amyloidosis has seen substantial expansion in the past three decades. The majority of treatment regimens are adapted from myeloma therapies, with a focus on targeting the underlying plasma cell clone. Hematologic response has improved significantly with more effective and contemporary treatments, contributing to an overall increase in survival and a reduction in the rate of early death. CAR-T denotes chimeric antigen receptor T-cell therapy, CR complete hematologic response, CTD cyclophosphamide–thalidomide–dexamethasone, CyBorD cyclophosphamide–bortezomib–dexamethasone, HDM–SCT high-dose melphalan and stem-cell transplantation, Ixazomib–Dex ixazomib–dexamethasone, Len–Dex lenalidomide–dexamethasone, Mel–Dex melphalan–dexamethasone, Mel–P melphalan–prednisone, Pom–Dex pomalidomide–dexamethasone, Thal–Dex thalidomide–dexamethasone, and VGPR very good partial hematologic response.

tory AL amyloidosis: a multinational retrospective case series. Blood 2024;143:734-7.

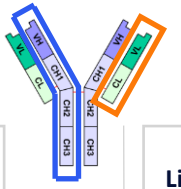
86. Kfir-Erenfeld S, Asherie N, Grisariu S, et al. Feasibility of a novel academic BCMA-CART (HBI0101) for the treatment of relapsed and refractory AL amyloidosis. Clin Cancer Res 2022;28:5156-66.

87. Nuvolone M, Nevone A, Merlini G. Targeting amyloid fibrils by passive immunotherapy in systemic amyloidosis.

Footer Sanchorawala et al. Systemic Light Chain Amyloidosis. New England Journal of Medicine. June 2024.

AL Amyloidosis: 34,600 Relapsed/Refractory U.S. Patients with No FDA Approved Drugs

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

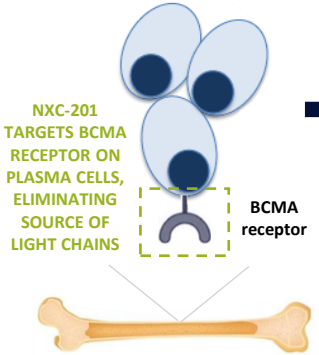


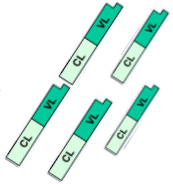
Light chains produced by dysfunctional plasma cells in bone marrow

Light chains misfold and aggregate

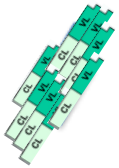
Light chains deposit in organs, damaging organs

Bone marrow plasma cells

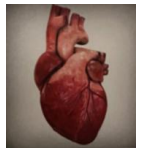




Light chains

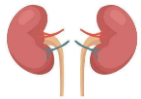


Sheet of misfolded light chains (amyloid)



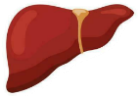
Heart

- Heart failure
- Dangerous, irregular rhythms
- Difficulty breathing
- Low blood pressure



Kidney

- Kidney failure
- Elevated protein in the urine
- Swelling of the limbs

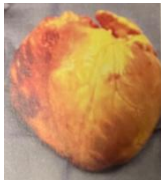


Liver

- Enlarged liver
- Abnormal enzyme levels

Pre-existing heart failure caused by AL Amyloidosis

(immediately prior to heart transplant)



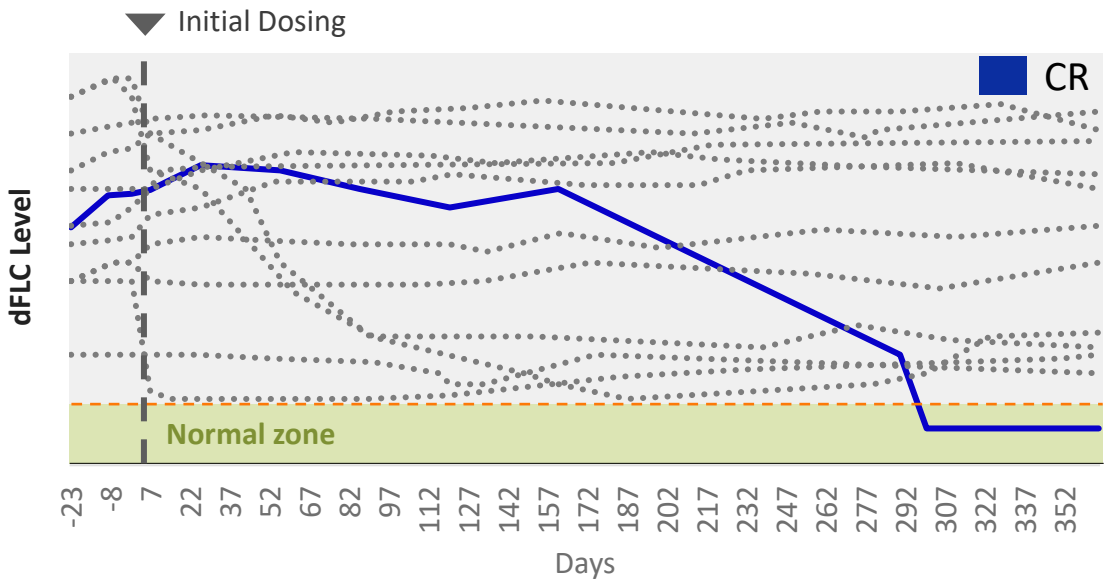
✓ Goal with NXC-201 is to treat R/R patients early enough to prevent reaching heart failure stage shown here

Bone marrow | **Circulation** | **Target tissues**

Source: Merlini, G., et al. Nat Rev Dis Primers. Oct 2018, Front. Cardiovasc. Med., Dec 2022, Hemato 2022, 3(1), 47-62; https://doi.org/10.3390/hemato3010005. 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.
Lu R, Richards TA. AL Amyloidosis: Unfolding a Complex Disease. J Adv Pract Oncol. 2019;10(8):813-825.

Standards of Care Produce 0-10% Complete Response Rate

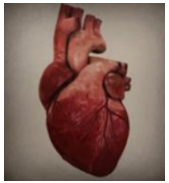
12 Patient Series Relapsed/Refractory AL Amyloidosis Receiving Second Line Therapy



This Is Heart Failure Caused by AL Amyloidosis

AL AMYLOIDOSIS CAUSES PHYSICALLY IRREVERSIBLE DISTORTION OF HEART STRUCTURE, SHAPE AND SIZE

Increased Mortality



Remission

<u>There are no drugs approved in relapsed/refractory AL amyloidosis</u>. Current investigators' choice agents produce an unsatisfactory reduction in AL amyloidosis disease markers (dFLC) with a <u>low (0-10%) complete response (CR) rate</u>

Note: Patient values are illustrative. R/R AL investigator's choice therapies included: Dara-VCd, Dara-Vd, Dara-VRd, Dara-Dex, Dara-Cd, Dara-Pom-Dex, Bendamustine-Dex

Source: Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

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

Prevalence: Relapsed/Refractory ("R/R")

Incidence: Newly Diagnosed / Front Line

Population

34,600

patients eligible for treatment with NXC-201 in the U.S.

Subtract 4% Cardiac stage 3b (not eligible for NXC-201)

Beginning prevalence 33,300 + 2,800 = ~36,100 U.S. total R/R patients

… Of which, 2,800 become R/R

Existing therapies

- ~35% of patients on Darzalex combos reach a CR — ~80% Darzalex combo eligible
- 12 - 21 months median duration on therapy
- 8% of all patients in long-term remission with ASCT (20%*40% = 8%) — ~20% ASCT eligible

~4,300 newly diagnosed

Blue Ocean Opportunity

- **0-10% complete response rate** for existing therapies in R/R AL
- No FDA Approved Drugs in Relapsed / Refractory AL Amyloidosis

Therapies

Front-line only — **Approved**

DARZALEX (daratumumab) injection for intravenous infusion 100 mg/5 mL, 400 mg/20 mL

(Darzalex combined with cyclophosphamide, bortezomib, and/or dexamethasone)

Source: Incidence and prevalence: Quock T et al, Epidemiology of AL amyloidosis: a real-world study using US claims data. Blood 2018. Incidence growth rate: Laires P et al, Prevalence, Incidence, and Characterization of LIGHT Chain Amyloidosis in the USA: A Real-World Analysis Utilizing Electronic Health Records (EHR). Blood 2023. Daratumumab: Bellofiore C, et al. A real-life study of daratumumab combinations in newly diagnosed patients with light chain (AL) amyloidosis. Hematol Oncol. 2024. Chakraborty R et al, Reduced early mortality with Daratumumab-based frontline therapy in AL amyloidosis: A retrospective cohort study. AJH 2024. Bazarbachi AH et al. Timing and outcomes of second-line therapy in the era of daratumumab-based frontline therapy in AL amyloidosis. Am J Hematol. 2024 Nov;99(11):2225-2228. doi: 10.1002/ajh.27450. Epub 2024 Aug 3. PMID: 39096115. ASCT: Bomsztyk J et al, Recent guidelines for high-dose chemotherapy and autologous stem cell transplant for systemic AL amyloidosis: a practitioner's perspective. Expert Review of Hematology 2022. Gustine J et al, Predictors of hematologic response and survival with stem cell transplantation in AL amyloidosis: A 25-year longitudinal study. AJH 2022. Mayo staging: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NEXICART-1: Single-Center Ex-US CAR-T NXC-201 Clinical Trial

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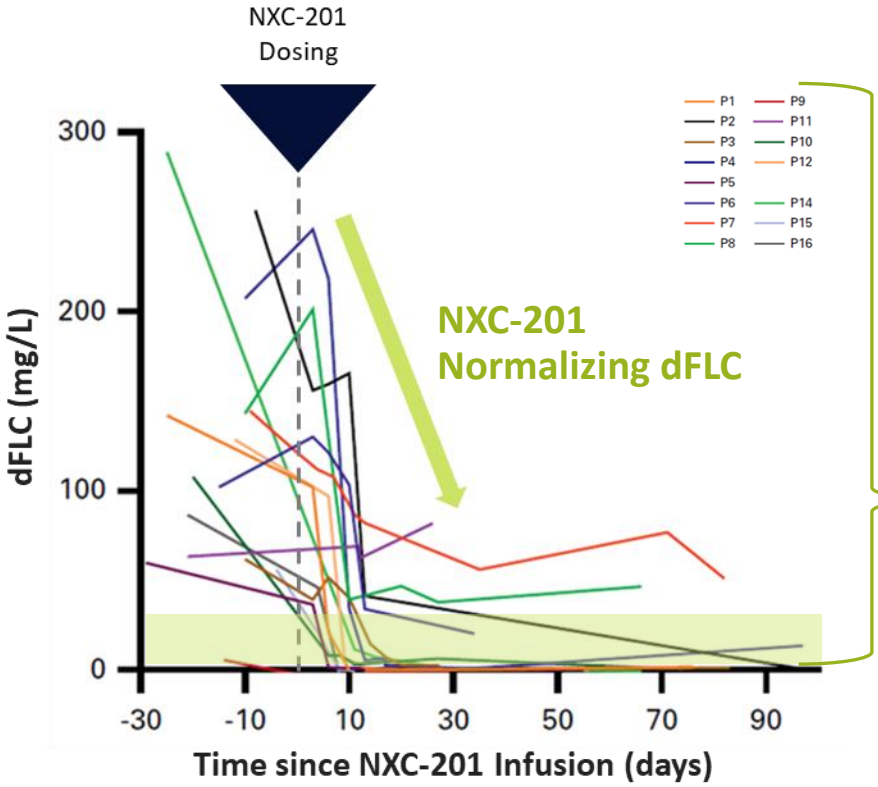
NEXICART-1 (Israel): Normalization of Diseased Free Light Chains 30 Days after Dosing

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



(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

NXC-201
75% complete response rate
(NEXICART-1)

Existing Investigator's choice
0-10% complete response rate
No FDA Drugs approved

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.
Source: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NEXICART-2: Multi-Center U.S. CAR-T NXC-201 Clinical Trial with Registrational Design

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NEXICART-2 U.S. Relapsed/Refractory AL Amyloidosis Trial (NCT06097832)

U.S. TRIAL WITH REGISTRATIONAL DESIGN ONGOING; PLANNED ENROLLMENT COMPLETION 4Q 2025 / 1Q 2026

Study design

- **Open-label, single-arm, multi-site phase 1/2 study**
- **n=40 patients**

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 1

- **Safety**
- **Efficacy: Complete hematologic response (CR) based on validated criteria**

Phase 2

- **Efficacy: CR based on validated criteria in AL amyloidosis**
- **Safety**

Note: Complete 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.)

NEXICART-2 (U.S.): Patient enrollment focused on patients with preserved heart function at enrollment

Preserved heart function

	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	Median (range)
Age	56	67	82	64	62	72	77	66	63	80	67 (56-82)
Gender	Female	Female	Male	Female	Female	Male	Male	Male	Male	Male	-
Prior lines of therapy	4*	6**	2	4	4*	3	12*	4*	4*	3*	4 (2-12)
dFLC (mg/L)	65	24	-	86	42	26	47	121	84	-	56 (24-121)
M-spike (g/dL) ¥	-	-	0.79	-	-	-	-	-	-	0.65	-
Organ involvement	Heart	Heart/GI/ nerve	Kidney	Heart/GI	Kidney	Heart	Nerve	Heart	Heart	Kidney/ Heart	-
NYHA stage	I	II	I	I	I	I	I	II	I	II	-
NT-ProBNP (ng/L)	146	560	1,297	218	805	989	143	909	289	290	425 (143-1,297)
hs-Troponin-I (ng/L)	7	6	42	7	9	31	14†	47	6	52	9 (6-52)
Mayo Stage At Diagnosis	II	II	II	IIIa	I	IIIa	I	II	IIIb	IIIa	
At Enrollment	I	II	-	I	-	IIIa	-	IIIa	I	II	-
Creatinine (mg/dL)	0.7	1.1	2.2	1.8	2.7	0.8	1.3	0.8	0.9	0.9	1.0 (0.7-2.7)
Albuminuria (mg/24 hrs)	143	0	3,032	10	10,274	0	135	360	13	2,153	143 (0-10,274)

* Prior autologous stem cell transplantation (ASCT)
** Two prior ASCT
¥ M-spike value if used as measurable disease

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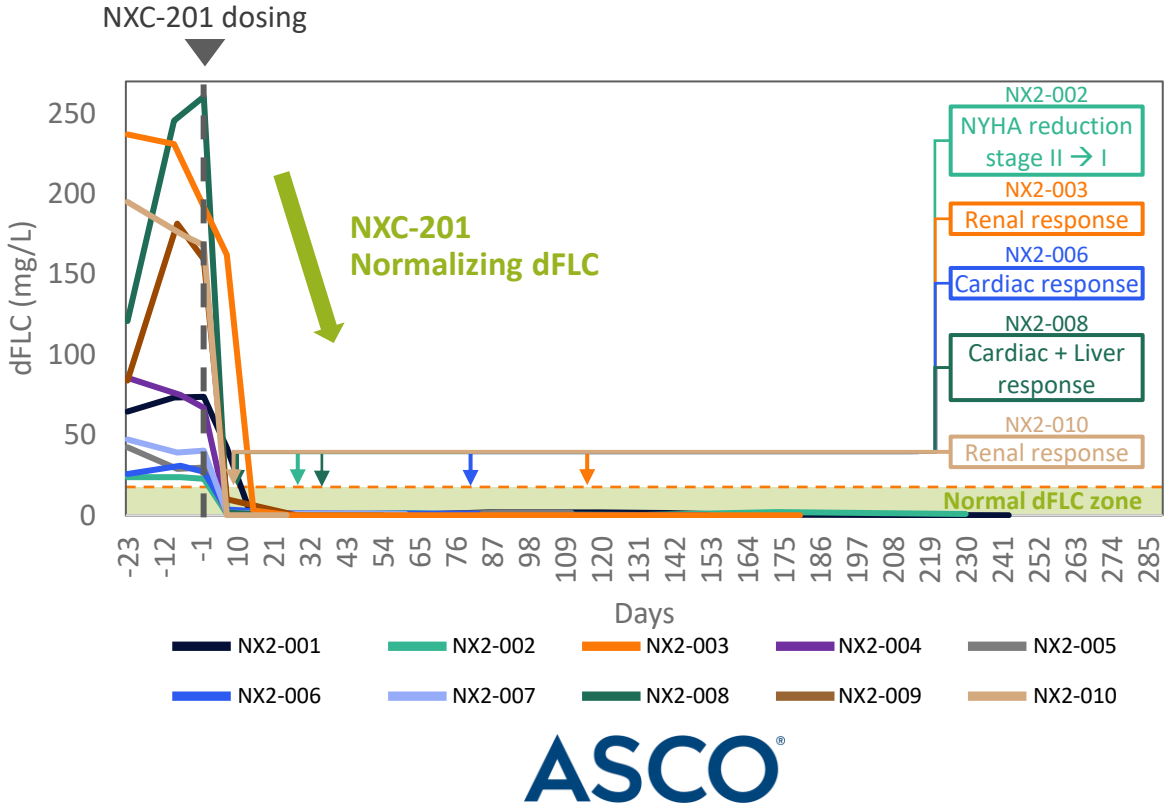
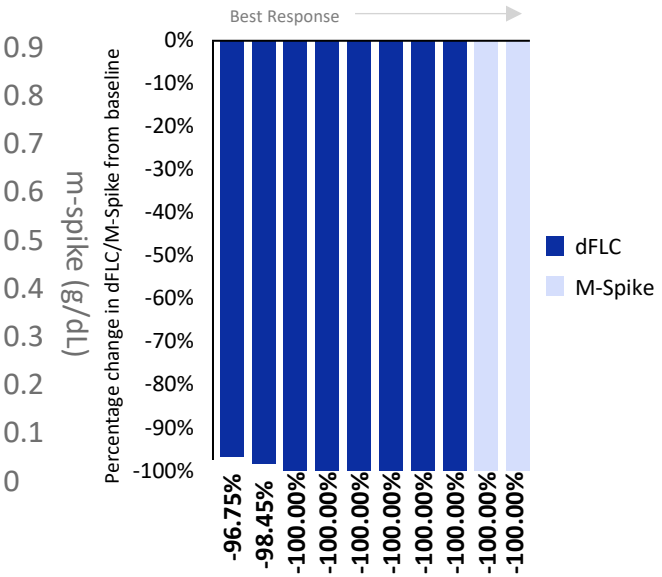
NEXICART-2 (U.S. 2025): Rapid Normalization of Diseased Light Chains (FDA Endpoint) within First ~Month; Consistent with Ex-US Dataset





Subject #	NX2-006	NX2-007	NX2-001	NX2-002	NX2-004	NX2-005	NX2-008	NX2-009	NX2-003	NX2-010
Time to response (days)	7	7	14	7	7	7	7	7	15	7
Disease Marker status as of data cutoff	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
Follow-up (days)	114	86	289	261	177	127	79	71	205	29

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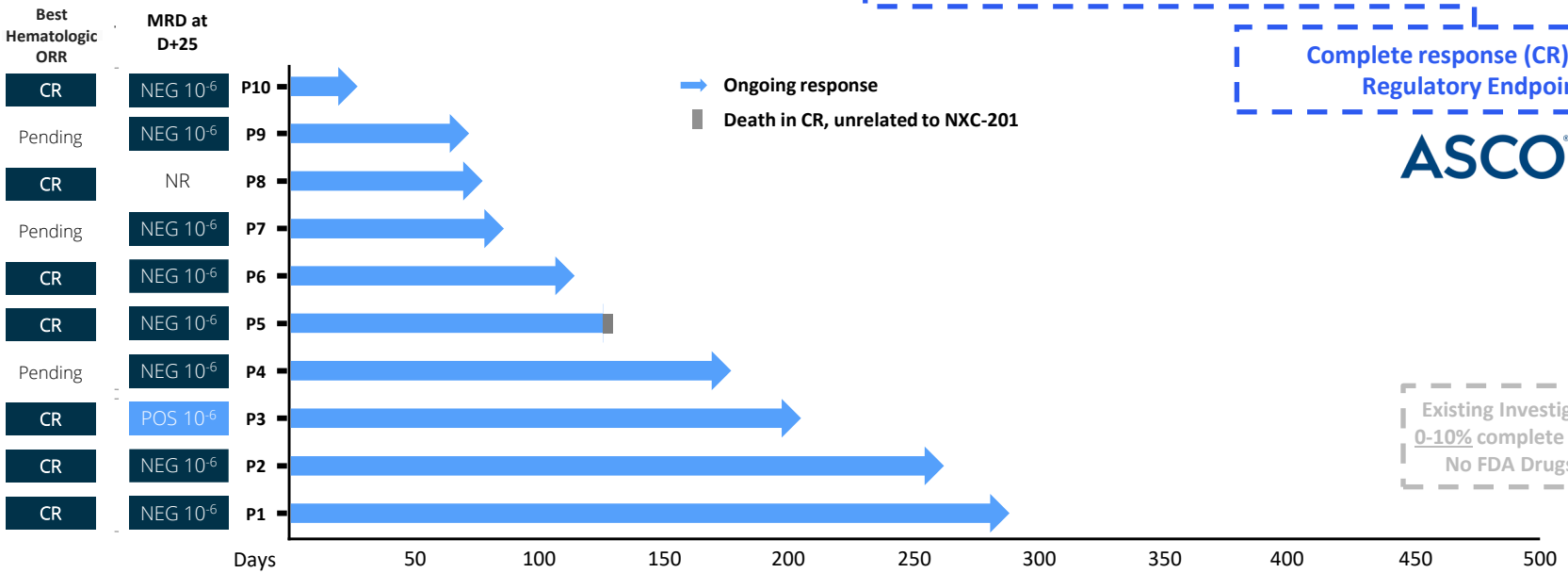
Note: Data cut-off as of April 11, 2025. Both graphs show trend of relapsed/refractory AL Amyloidosis pathologic disease markers after NXC-201 dosing. dFLC: difference in free light chain (disease marker). Renal response based on AL Amyloidosis consensus criteria for renal response (Palladini G et al 2014 doi: 10.1182/blood-2014-04-570010). 2 out of 2 cardiac organ responses evaluable – NX2-006, NX2-008 responded. 2 out of 3 renal responses evaluable – NX2-003, NX2-010. 1 out of 1 liver response evaluable – NX2-008. Most recent available dFLC reading for patient NX2-001 as of day 243. For patient NX2-002, as of day 230. AL Amyloidosis disease markers on line graph: All patient data is dFLC (left-hand side vertical axis), except for patients NX2-003 and NX2-010, which are m-spike (right-hand side vertical axis)

NEXICART-2 (U.S.) Clinical Activity: 70% Complete Responses (CR) in 7/10 Patients; Remaining Three MRD- negative 10^{-6}, predicting future CR

	Subject #	NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010
	NXC-201 Dose (million CAR+T cells)	150	150	150	450	450	450	450	450	450	450
AL Amyloidosis Disease Markers	Status as of data cutoff	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
	Time to normalization (days)	14	7	15	7	7	7	7	7	7	7
	Hematologic response	**CR**	**CR**	**CR**	Pending (already MRD(-)10^{-6})	**CR**	**CR**	Pending (already MRD(-)10^{-6})	**CR**	Pending (already MRD(-)10^{-6})	**CR**
	Downstream Organ Response- Renal 2/3, Cardiac 2/2, Liver 1/1: ("-" indicates not eligible for organ response evaluation)	-	-	✓ Renal	-	-	✓ Cardiac	-	✓ Cardiac ✓ Liver	-	✓ Renal



Complete response (CR) is FDA Regulatory Endpoint

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Existing Investigator's choice
0-10% complete response rate
No FDA Drugs approved

Note: Data cut-off as of April 11, 2025. Complete 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.)
Source: Zanwar S, et al. Treatment patterns for AL amyloidosis after frontline daratumumab, bortezomib, cyclophosphamide, and dexamethasone treatment failures. Leukemia 2024.

NEXICART-2 (U.S.) Safety: Consistent or Improved Compared to Ex-US Dataset

- No ICANS neurotoxicity of any kind
- Grade 2 CRS in one patient, Grade 1 CRS in seven patients, median 1-day duration

Subject		NX2-001	NX2-002	NX2-003	NX2-004	NX2-005	NX2-006	NX2-007	NX2-008	NX2-009	NX2-010	Median (Range)
Dose	CART Cell Dose (x10^6)	150	150	150	450	450	450	450	450	450	450	-
	Neurotoxicity	None	None	None	None	None	None	None	None	None	None	-
	CRS	None	None	Grade 2	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	Grade 1	1 (1-2)
	CRS Onset (days)	None	None	3	3	1	1	1	1	1	3	1 (1-3)
	CRS Duration (days)	None	None	1	1	1	1	1	4	1	2	1 (1-4)
Other	Neutropenia	Grade 3	Grade 3	Grade 3	Grade 4	Grade 4	Grade 2	Grade 4	Grade 4	Grade 4	Grade 2	4 (2-4)
	Febrile Neutropenia	None	None	None	None	None	None	None	Grade 3	None	None	-
	Anemia	Grade 1	Grade 2	Grade 3	Grade 1	Grade 3	Grade 1	Grade 1	Grade 2	Grade 1	Grade 1	1 (1-3)
	Thrombocytopenia	Grade 1	Grade 1	Grade 1	Grade 1	Grade 3	Grade 2	None	Grade 4	Grade 3	Grade 1	1 (1-4)
	Acute kidney injury	None	None	None	None	Grade 4 acute on chronic kidney Injury (pre-existing stage 4 chronic kidney disease at enrollment)	None	None	None	None	None	-
	LFT Abnormalities	Grade 2	None	None	None	None	None	None	Grade 1	None	None	-
	≥ Grade 3 Infections	None	Grade 3	Grade 3	None	Grade 5*	None	None	None	None	None	-
	Fatigue	None	Grade 2	Grade 2	Grade 2	None	Grade 1	None	None	None	None	2 (1-2)
	Cardiac Event	None	None	None	Grade 2**	None	None	None	None	None	Grade 2**	-

*Acute on chronic kidney injury in patient with stage 4 CKD at enrollment

**Two patients with pre-existing atrial fibrillation experienced transient arrythmias responsive to beta-blockers

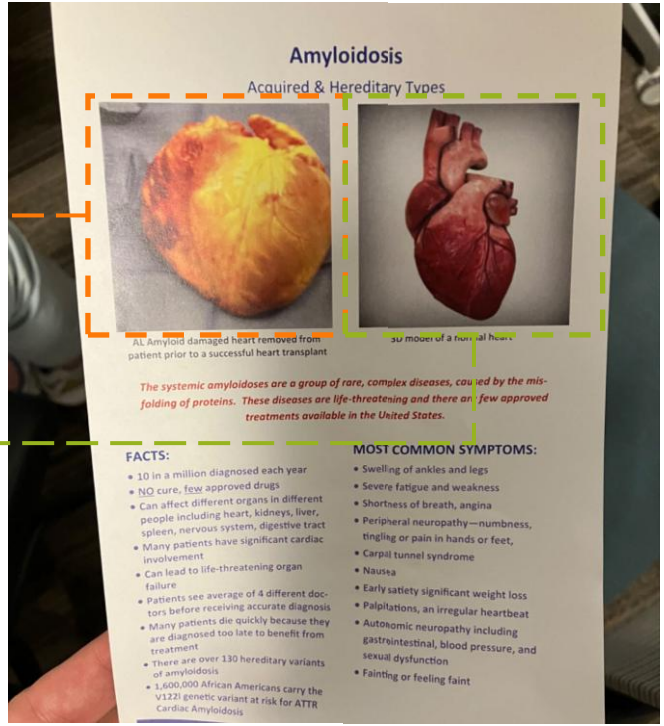
Note: Data cut-off as of April 11, 2025. CRS and ICANS reported according to ASTCT Consensus Grading (Lee et al. 2019)

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

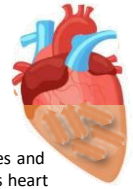
Preserved heart function



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 randozised phase 1/2a 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

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
• No clinical trials with clinical data available in relapsed/refractory AL amyloidosis	✓ **75% CR 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	✓ **0 deaths from drug-related infection in relapsed/refractory AL amyloidosis**
• Retrospective study with 17 R/R multiple myeloma + AL Amyloidosis patients: ✗ 41% CR ✗ 35% severe infections including death ✗ Grade 3 ICANS neurotoxicity reported	✓ **0% neurotoxicity (0/16) in relapsed/refractory AL amyloidosis patients**
• Repeat/ongoing dosing with need for healthcare provider to administer	• **One-time dosing with durable responses**

Advantages of NXC-201 CAR-T in AL Amyloidosis

Source: Feasibility of a Novel Academic Anti-BCMA Chimeric Antigen Receptor T-Cell (CART) (HBI0101) 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. One NXC-201 relapsed/refractory AL amyloidosis patient died of COVID-19

Pipeline: Only CAR-T in AL Amyloidosis; Expanding To Other Serious Diseases

Lead Program: NXC-201, a next-generation BCMA-targeting CAR-T for AL Amyloidosis and Other Serious Diseases

Indication	Therapy	Pre-clinical	Phase 1	Phase 2	Upcoming Milestones
Relapsed/Refractory AL Amyloidosis	NXC-201	US FDA Regenerative Medicine Advanced Therapy (RMAT) and Orphan Drug Designation (ODD); EU EC ODD			✓ **2Q 2025:** Report interim clinical data readout for NEXICART-2 trial in relapsed/refractory AL Amyloidosis **4Q 2025 / 1Q 2026:** Planned NEXICART-2 enrollment completion **2Q/3Q 2026:** Report final topline clinical data readout for NEXICART-2 trial in AL Amyloidosis
Undisclosed select Other Serious Diseases	NXC-201	IND enabled			**2Q 2026:** Report NXC-201 interim clinical data in unaddressed immune-mediated diseases

Other Emerging Pipeline

Preclinical Candidates	Not yet announced				

NXC-201 Tolerability Drives AL Amyloidosis Leadership

ALL BCMA CAR-TS ARE NOT CREATED EQUAL

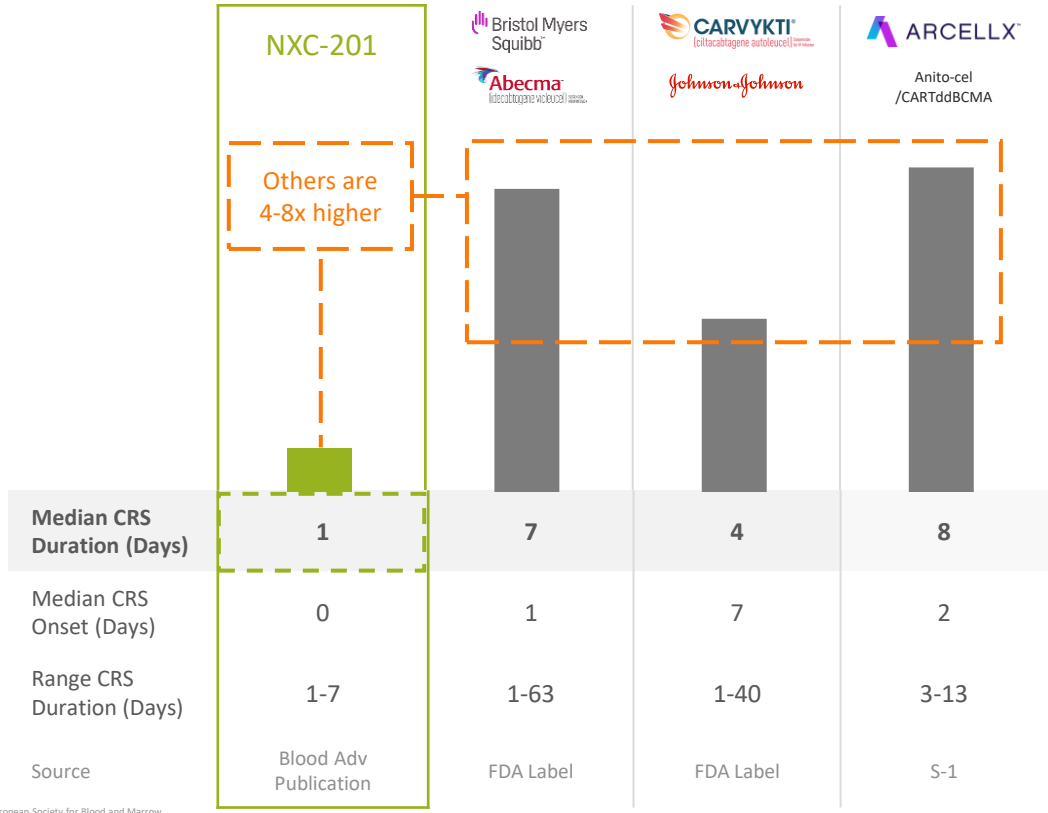
NXC-201's short CRS duration makes it **uniquely suitable to treat ALA patients** (in whom the #1 source of mortality is heart failure)

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

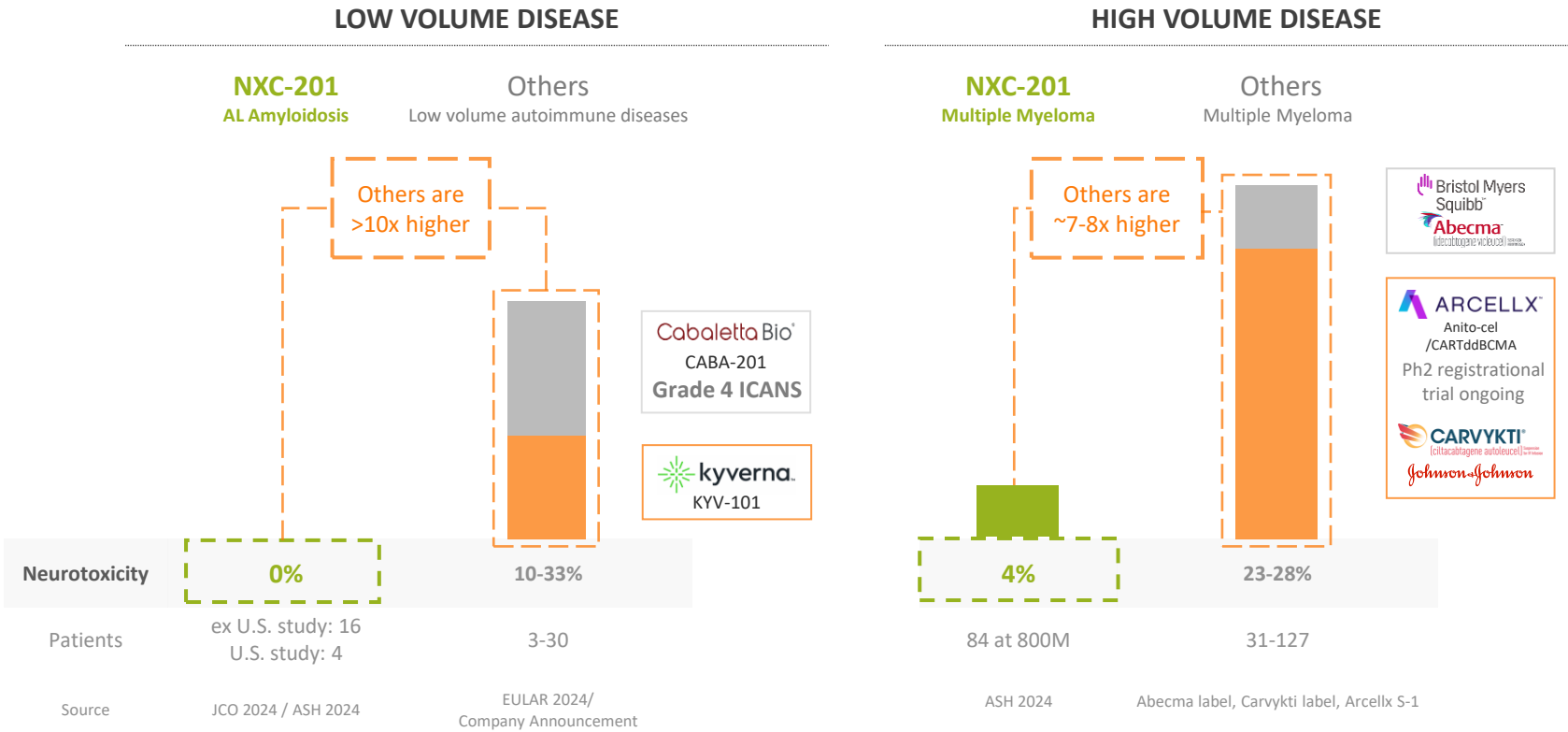


Data in Multiple Myeloma

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 HBI0101) American Society of Hematology Presentation, Abecma FDA approval label, Carvykti FDA approval label, Arcellx S-1. NXC-201 data from NEXICART-1 clinical study.

NXC-201 Advantage: Overcoming Neurotoxicity

ALL BCMA CAR-TS ARE NOT CREATED EQUAL



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/kytx-20240614.htm. Low volume diseases refers to ANCA vasculitis, autoimmune encephalitis, anti-synthetase syndrome, CIDP, DAGLA encephalitis, IgG4 related disease, Lambert-Eaton myasthenic syndrome, lupus nephritis, myasthenia gravis, multiple sclerosis, rheumatoid arthritis, systemic sclerosis, Stiff Person syndrome Cabaletta 2Q 2024 earnings press release: https://www.cabalettabio.com/investors/news-events/press-releases/detail/114/cabaletta-bio-reports-second-quarter-2024-financial-results. High volume disease NXC-201 CRS data from ASH 2024 Abstract which included 84 MM patients. NXC-201 data from NEXICART-1 clinical study.

The Global Leader in relapsed/refractory AL Amyloidosis

IMMiX BIOPHARMA