

FIG. 1

transmembrane protein PVRIG [Homo sapiens]

NCBI Reference Sequence: NP_076975.

1 mrteaqpval qppepglea mghrtlvlpw vltlcvtag tpevwvqvm eatelssfti

61 rcgflgsgsi slvtvswggp ngaggttlav lhpergirqw aparqarwet qssislileg

121 sgasspcant tfckfasfp egswacgsl ppssdpqlsa pptpailra dlagilvsg

181 vllfgcvll hllrrhkhrr aprlqpsrts pqaprarawa psgasqaalh vpyatintsc

241 rpatldtahp hggpswwasl pthaahrpgg paawastoip argsfvsven glvaqagerp

301 phtgpgltlf pdorgprame gplevr

(SEQ ID NO: 1)

FIG. 2

Human PVLR2 alpha isoform

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>gi|5360210|ref|NP_002847.1| nectin-2 isoform alpha precursor [Homo sapiens]
MARAAALLPSRSPPTLLWPLLLLLLLETGAQDVRVQVLPEVRGQLGGTVLPCHELLPPVPGLYISLVTW
QRPDAPANHCNVAAFHFKMGPSFPSPKPGSERLSFVSAKQSTGQDTEAELQDATLALHGLTVEDEGNYTC
EFATFPKGSVRGMTWLRVIAKPKNQAEAKVTFSQDPTTVALCISKEGRPPARISWLSSLDWEAKETQVS
GTLAGTVTVTSRFTLVPSGRADGVTVTCKVEHESFEPPALIPVTLVRYPPPEVSISGYDDNWYLGRTDAT
LSCDVRSNPEPTGYDWSTTSGTFPTS AVAQGSQ LVIHAVDSL FNTTFVCTVTNAVGMGRAEQVIFVRETP
RASPRDVGPLVWGA VGGTLLV LLLLAGGSLAFILLRVRRRRKSPGGAGGGASGDGGFYDPKAQVLGN GNP
VFWTPVVP GPMEDPKDEEEEEEEKAEKGLMLPPPPALED DMESQLDGS LISRRVYV
```

(SEQ ID NO: 2)

Human PVLR2 delta isoform

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>gi|112789532|ref|NP_001036189.1| nectin-2 isoform delta precursor [Homo sapiens]
MARAAALLPSRSPPTLLWPLLLLLLLETGAQDVRVQVLPEVRGQLGGTVLPCHELLPPVPGLYISLVTW
QRPDAPANHCNVAAFHFKMGPSFPSPKPGSERLSFVSAKQSTGQDTEAELQDATLALHGLTVEDEGNYTC
EFATFPKGSVRGMTWLRVIAKPKNQAEAKVTFSQDPTTVALCISKEGRPPARISWLSSLDWEAKETQVS
GTLAGTVTVTSRFTLVPSGRADGVTVTCKVEHESFEPPALIPVTLVRYPPPEVSISGYDDNWYLGRTDAT
LSCDVRSNPEPTGYDWSTTSGTFPTS AVAQGSQ LVIHAVDSL FNTTFVCTVTNAVGMGRAEQVIFVRETP
NTAGAGATG G IIGGLIAAIIATAVAATG ILICRQQRKEQTLQGAEDEDELEGPPSYKPPTPKAKLEAQEM
PSQLFTLGASEHSP LKTPYFDAGASCTEQEMPRYHELPTLEERSG PLHFGATSLGSP IVPVPGPPAVEDV
SLDLEDEEGEEEEYLDKINPIYDALSY
```

(SEQ ID NO: 3)

FIG. 3
CHA.7.518.1.H4(S241P)
What sequence

SEQ ID NO:

Variable heavy (vh) domain	QVQLVQSGAEVKKPGASVKVSCKASGYTFTDYNINWVRQAPGQGLEWMGTYPYIGGSgyAQKFQGRVTMTRDT	4
vhCDR1	GYTFTDYN	5
vhCDR2	IYPYIGGS	6
vhCDR3	AREDKTARNAMDY	7
Full length HC	QVQLVQSGAEVKKPGASVKVSCKASGYTFTDYNINWVRQAPGQGLEWMGTYPYIGGSgyAQKFQGRVTMTRDT STSTVYVMELSSLRSEDTAVYYCAREDKTARNAMDYWGQGTLVTVSSASTKGPSVEPLAPCSRSTSESTAALGCL VKDYFPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVVTYFPSSSLGTKITYTCNVDHKPSNTKVDKRVESKYGPP CP?CPAPEELGGPSVFLPPKPKDILMISRIPEVTCVVDVSOEDPEVQFNWYVDGVEVHNAKTKPREQFENSTYRV VSVLTVLHQDWLNGKEYKCKVSNKGLPSSIEKTIKAKGQPREPQVYVTLPPSQEEMTKNQVSLTCLVKGFYPSDIAV EWESNGQPENNYKTTTPVLDSDGSFELYSRLTVDKSRWQEGNVEFSCVMHEALHNHYTQKSLSLSPGK	8
Variable light (vl) domain	DIQMTQSPSSLASVGDRTVTICRVSENIYSNLAWYQQKPKAPKLLIYEATNLAEGVPSRFSGSGGTDFTLTISSLQ PEDFATYYCQHFWGTPYTFGGQTKLEIK	9
vlCDR1	ENIYSN	10
vlCDR2	EAT	11
vlCDR3	QHFWGTPYT	12
Full length light chain	DIQMTQSPSSLASVGDRTVTICRVSENIYSNLAWYQQKPKAPKLLIYEATNLAEGVPSRFSGSGGTDFTLTISSLQ PEDFATYYCQHFWGTPYTFGGQTKLEIKRTVAAPSVFIFPPSDEQLKSGTASVVCCLNNFYPREAKVQWKVDNALQ SGNSQESVTEQDSKDSITYSLSTLTLSKADYEKHKVYACEVTHQGLSSPVTKSFNRGEC	13

FIG. 4**IgG1:**

ASTKGPSVFP	LAPSSKSTSG	GTAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSVVVT	VPSSSLGTQT	YICNVNKKPS	NTKVDKKVEP	KSCDKHTTCP	PCPAPELLGG	120
PSVFLFPPKP	KDTLMISRT	EVTCVVVDVS	HEDPEVKENW	YVDGVEVHNA	KTKPREEQYN	180
STYRVVSVLT	VLHQDWLNGK	EYKCKVSNKA	LPAPLEKTI	KAKGQPREPQ	VYTLPPSRDE	240
LTQKQVSLTC	LVKGFYPSDI	AVEWESNGQP	ENNYKTTTPV	LDSDGSFFLY	SKLTVDKSRW	300
QQGNVFSCSV	MHEALHNHYT	QKSLSLSPGK				330

(SEQ ID NO:14)

IgG2:

ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSVVVT	VPSSNFGTQT	YTCNVNKKPS	NTKVDKTVR	KCCVECPPCP	APPVAGPSVF	120
LFPPPKPKDTL	MISRTPEVTC	VVVDVSHEDP	EVQFNWYVDG	VEVHNAKTKP	REEQFNSTFR	180
VVSVLTVVHQ	DWLNGKEYKC	KVSNKGLPAP	IEKTISKTKG	QPREPQVYTL	PPSREEMTKN	240
QVSLTCLVKG	FYPSTIAVEW	ESNGQPENNY	KTPPMLDSD	GSFFLYSKLT	VDKSRWQQGN	300
VFSCSVMHEA	LHNHYTQKSL	SLSPGK				326

(SEQ ID NO:15)

IgG3:

ASTKGPSVFP	LAPCSRSTSG	GTAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSVVVT	VPSSSLGTQT	YTCNVNKKPS	NTKVDKRVEL	KTFLGDTTHT	CPRCPEPKSC	120
DTPPPCPRCP	EPKSCDTPPP	CPRCPEPKSC	DTPPPCPRCP	APELLGGPSV	FLFPPKPKDT	180
LMISRTPEVT	CVVVDVSHED	PEVQFKWYVD	GVEVHNAKTK	PREEQYNSTF	RVVSVLTVLH	240
QDWLNGKEYK	CKVSNKALPA	PIEKTISKTK	GQPREPQVYT	LPPSREEMTK	NQVSLTCLVK	300
GFYPSDIAVE	WESSGQPENN	YNTTPMLDS	DGSFFLYSKL	TVDKSRWQQG	NIFSCSVMHE	360
ALHNRFTQKS	LSLSFGK					377

(SEQ ID NO:16)

IgG4:

ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSVVVT	VPSSSLGTKT	YTCNVNKKPS	NTKVDKRVES	KYGPPCPSCP	APEFLGGPSV	120
FLFPPKPKDT	LMISRTPEVT	CVVVDVSDQED	PEVQFNWYVD	GVEVHNAKTK	PREEQFNSTY	180
RVVSVLTVLH	QDWLNGKEYK	CKVSNKGLPS	SIEKTISKAK	GQPREPQVYT	LPPSQEEMTK	240
NQVSLTCLVK	GFYPSDIAVE	WESNGQPENN	YKTPPVLD	DGSFFLYSRL	TVDKSRWQEG	300
NVFSCSVMHE	ALHNRFTQKS	LSLSLGK				327

(SEQ ID NO:17)

IgG4 from SEQ ID NO:8

ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSVVVT	VPSSSLGTKT	YTCNVNKKPS	NTKVDKRVES	KYGPPCPSCP	APEFLGGPSV	120
FLFPPKPKDT	LMISRTPEVT	CVVVDVSDQED	PEVQFNWYVD	GVEVHNAKTK	PREEQFNSTY	180
RVVSVLTVLH	QDWLNGKEYK	CKVSNKGLPS	SIEKTISKAK	GQPREPQVYT	LPPSQEEMTK	240
NQVSLTCLVK	GFYPSDIAVE	WESNGQPENN	YKTPPVLD	DGSFFLYSRL	TVDKSRWQEG	300
NVFSCSVMHE	ALHNRFTQKS	LSLSPGK				327

(SEQ ID NO:50)

FIG. 5A	
From WO 2017/041004	
What	sequence
Heavy chain	
(SEQ ID NO:5 from WO 2017/041004)	EVQLQDSGAELVRSGASVKMSCKVNDYFTNNYMMHWLRQTGGGLEWIGYYPGNGDTNYNQKF
18	SEQ ID NO:
vhCDR1	KGKATLTADTSSSTAYMQIISLTSEDPAYVFCARQGIHYYYIDVWGACTTIVTSSG
(SEQ ID NO:6 from WO 2017/041004)	DYFTNNYMMH
19	
vhCDR2	YYPGNGDTNYNQ
(SEQ ID NO:7 from WO 2017/041004)	
20	
vhCDR3	QGIHYYYIDV
(SEQ ID NO:8 from WO 2017/041004)	
21	
Light chain	DIEMTQSPATLSVTPGDRVSLSCRASQSIIRDYLHWYQQKSHESPRLLIKYVSQSISGIPSRFSGSGSGSEF
(SEQ ID NO:3 from WO 2017/041004)	TLINSVEPEDVGVYYCQNGHSLPLTFGSGTKLEIKRTV
22	
vlCDR1	RASQSIIRDYLH
(SEQ ID NO:9 from WO 2017/041004)	
23	
vlCDR2	YVSQSIS
(SEQ ID NO:10 from WO 2017/041004)	
24	
vlCDR3	QNGHSLPLT
(SEQ ID NO:11 from WO 2017/041004)	
25	

FIG. 5B

From WO 2017/041004

What	sequence	SEQ ID NO:
Heavy chain (SEQ ID NO:32 from WO 2017/041004)	QVQLQQSGAEIAKPGASYKMSCKASGYTFTSDWMHWWKQRPQGLEWIGYINPSTGYTEYNQKFK DKATLTADKSSSTAYMQLRSLTSEDSAVYYCARGSSGSWFAYWVGQGTLLVTVSA	26
vhCDR1 (SEQ ID NO:34 from WO 2017/041004)	SDWMH	27
vhCDR2 (SEQ ID NO:35 from WO 2017/041004)	YINPSTGYTEYNQKFKD	28
vhCDR3 (SEQ ID NO:36 from WO 2017/041004)	GSSGSWFAY	29
Light chain (SEQ ID NO:33 from WO 2017/041004)	DIVLTQSPASLAIVSLGORATISCRASQSVSTSSYSYMHWYQOKPGQPPKLLIKYASNLESGVPARFSGS GSGTDFTLNIHPVEEEDTATYYCQHSWEIPYTFGGCTKLEIK	30
vlCDR1 (SEQ ID NO:37 from WO 2017/041004)	RASQSVSTSSYSYMH	31
vlCDR2 (SEQ ID NO:38 from WO 2017/041004)	YASNLES	32
vlCDR3 (SEQ ID NO:39 from WO 2017/041004)	QHSWEIPYT	33

FIG. 5C
From WO 2017/041004

What	sequence	SEQ ID NO:
Heavy chain (SEQ ID NO:32 from WO 2017/041004)	QVQLQQSGAEIAKPGASYKMSCKASGYTFTSDWMHWWKQRPQGLEWIGYINPSTGYTEYNQKFK DKATLTADKSSSTAYMQLRSLTSEDSAVYYCARGSSGSWFAYWGGTTLVTVSA	34
vhCDR1 (SEQ ID NO:34 from WO 2017/041004)	SDWMH	35
vhCDR2 (SEQ ID NO:35 from WO 2017/041004)	YINPSTGYTEYNQKFKD	36
vhCDR3 (SEQ ID NO:36 from WO 2017/041004)	GSSGSWFAY	37
Light chain (SEQ ID NO:40 from WO 2017/041004)	DVVMITQTPPLTSLVTIGQPASISCKSSQSLLNSDGKTYLNWLLQRPQGSPKRLIYLVSKLDGVPDRFTG SCSGTIDFTLKISRVEAEDLGVYYCWQGTHHPRTFCGCTKLEIK	38
vlCDR1 (SEQ ID NO:41 from WO 2017/041004)	KSSQSLLNSDGKTYLN	39
vlCDR2 (SEQ ID NO:42 from WO 2017/041004)	LVSCLDS	40
vlCDR3 (SEQ ID NO:43 from WO 2017/041004)	WQGTHHPRT	41

FIG. 5D
From WO 2018/017864 (334M5 antibody)

What	sequence	SEQ ID NO:
Heavy chain (SEQ ID NO:30 from WO 2018/017864)	EVQLQQSV AELVRPGTSVTISCKASGYTFTNYYL GWVKQRP GHGLEWIGDI FPGGDYPN YNEKFKG KATLTADTSSSTAYMQLSSLTSEDSSVYFCTRGYFDYWGAGTTVTYSS	42
vhCDR1 (SEQ ID NO:31 from WO 2018/017864)	TNYYWLG	43
vhCDR2 (SEQ ID NO:32 from WO 2018/017864)	DIFFGCDYPN YNEKFKG	44
vhCDR3 (SEQ ID NO:33 from WO 2018/017864)	TRGYFDY	45
Light chain (SEQ ID NO:25 from WO 2018/017864)	DIQMTQSPSSLSVSAAGEKVTMSCKSSQSLNSENQKNYLA WFOQKPGQPPKMLIYGASTR ESGVPRDFTCSGCTDFTLTISVQAEDLAVYYCQNDHSYPFTFGSGTKLEIKR	46
vlCDR1 (SEQ ID NO:26 from WO 2018/017864)	KSSQSLNSENQKNYLA	47
vlCDR2 (SEQ ID NO:27 from WO 2018/017864)	CASTRES	48
vlCDR3 (SEQ ID NO:28 from WO 2018/017864)	QNDHSYP	49

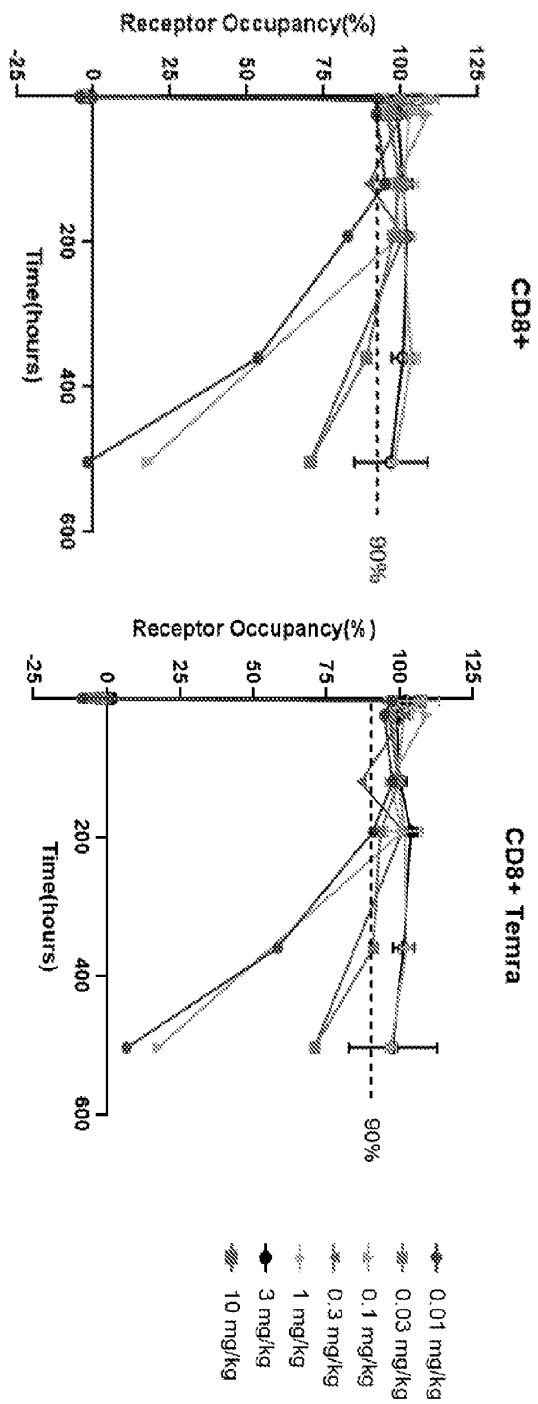


FIG. 6

FIG. 7

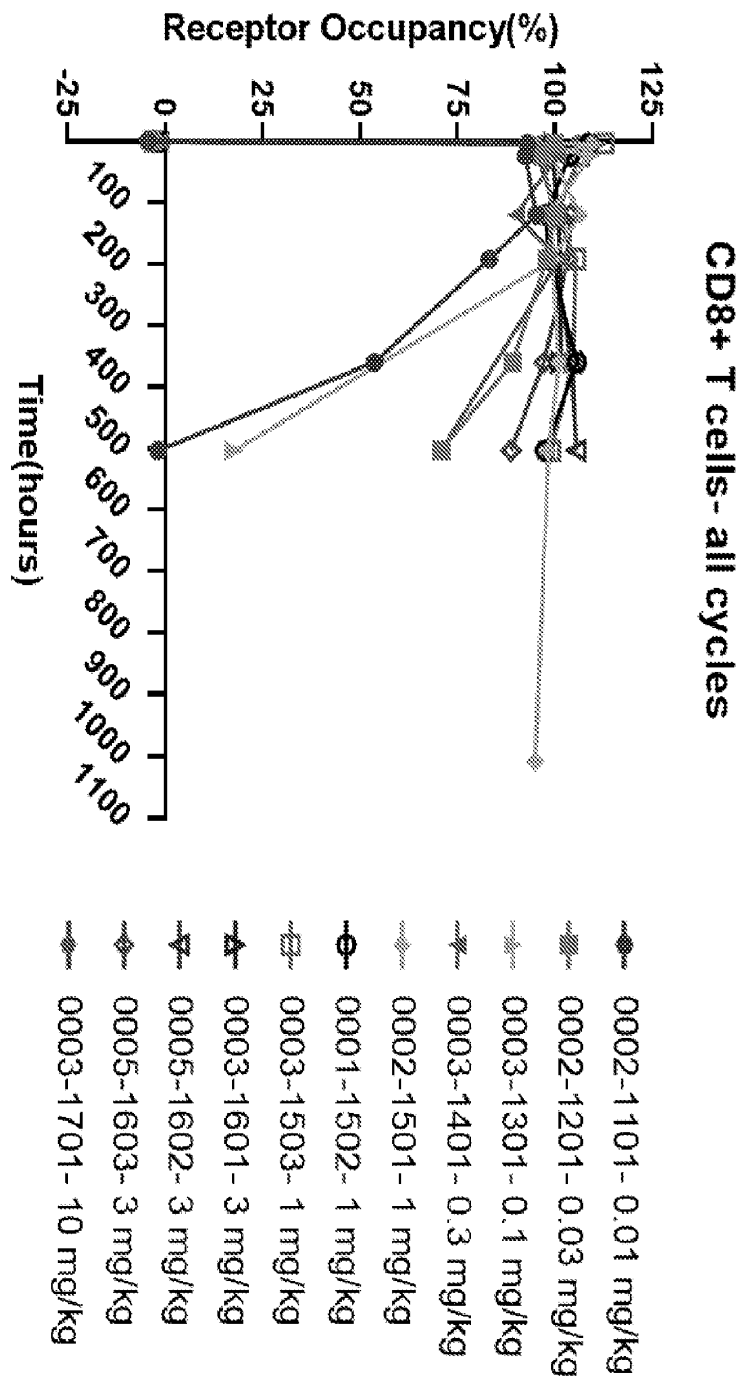


FIG. 8

PVRIG IS A Novel Checkpoint in the TIGIT/DNAM-1 AXIS

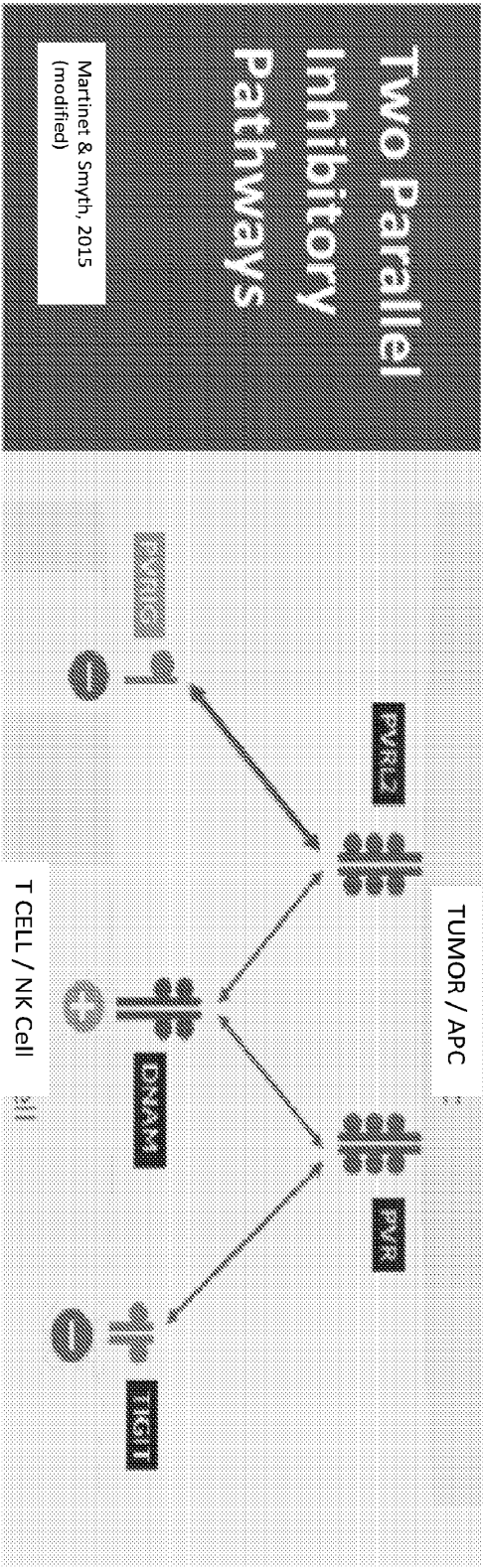


FIG. 9

PVRIG INHIBITION REDUCES TUMOR GROWTH IN MOUSE CANCER MODELS

PVRIG KNOCKOUT OR INHIBITION REDUCES TUMOR GROWTH IN COMBINATION WITH PD-L1 OR TIGIT IN MOUSE MODELS

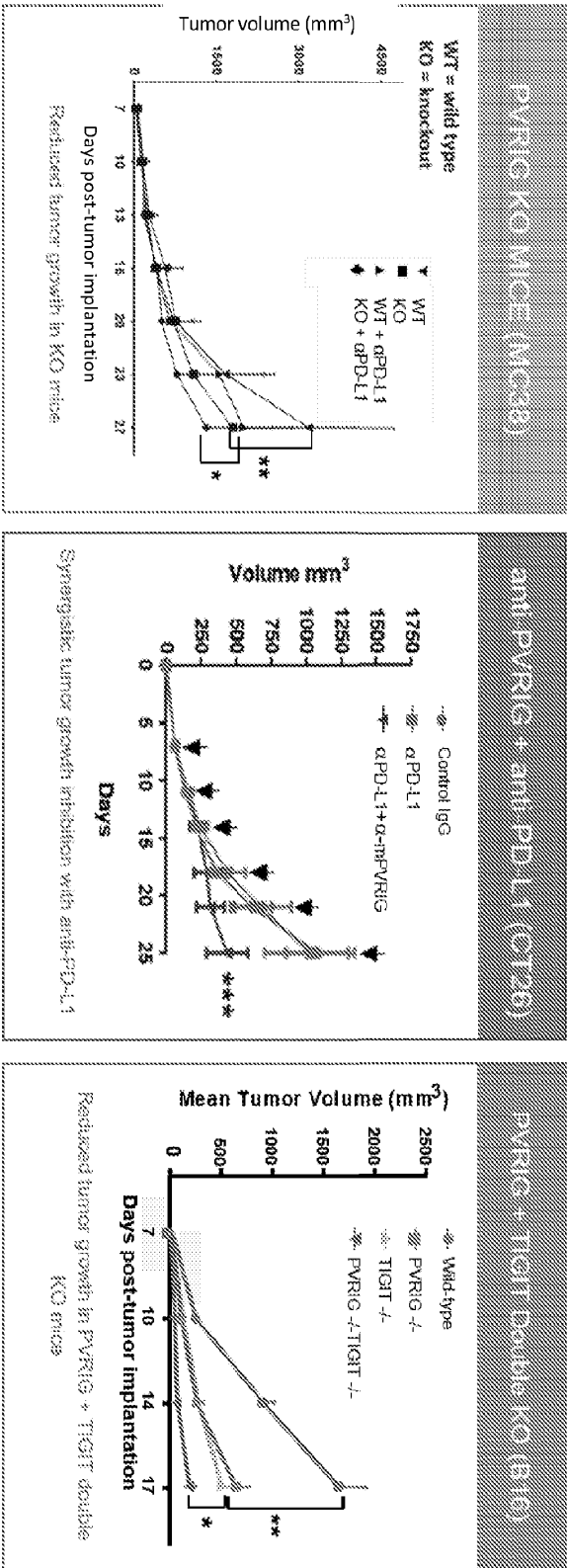


FIG. 10

PHASE 1 (Identifier: NCT03667716)

Arm A	
Monotherapy Dose Escalation	Monotherapy Cohort Expansion (20 patients; progressed on SOC)
All-comers (progressed on SOC)	NSCLC, Ovarian, Breast, Endometrial, Colorectal
Arm B	
Dual Combination Escalating doses of CHA.7.518.1.H4(S241P) with fixed dose of nivolumab (Up to 20 patients)	
All-comers (progressed on SOC)	

Study Objectives
• Safety & Tolerability • PK/PD • Clinical activity - CHA.7.518.1.H4(S241P) monotherapy and in combination
Response Assessment
CT Imaging Q6 or Q8 wks as per schedule of study drugs
Responses per Investigator assessment – RECIST v1.1

FIG. 11

PATIENT CHARACTERISTICS – BASELINE CHARACTERISTICS										
	Dose of CIAA 7 (18.1 H4(S241P) Monotherapy (mg/kg) IV Q3 weeks									
	0.01	0.03	0.1	0.3	1	3	10	Total		
Age										
≤65yrs	0	1	1	1	3	1	3			10
>65yrs	1	0	0	0	0	2	0			3
ECOG performance status										
0					1	2	3			6
1	1	1	1	1	1	1	1			5
Gender										
Female	1	1	1	0	1	2	2			6
Male				1	2	1	1			5
Stage of disease at study enrollment	IV	IV	IV	IV	IV*	IV	IV			IV
Tumor type on study enrollment										
Colorectal cancer	-	-	1	-	2	1	2			6
Non small cell lung cancer	1	-	-	-	-	-	-			1
Pancreatic cancer	-	-	-	1	-	-	-			1
Ovarian cancer	-	-	-	-	-	1	-			1
Adenocystic cancer	-	1	-	-	-	-	-			1
Cancer of unknown primary	-	-	-	-	1	-	-			1
Gallbladder cancer	-	-	-	-	-	-	1			1
Plurual mesothelioma	-	-	-	-	-	1	-			1

*Includes a pt with carcinoma of unknown primary

FIG. 12

PATIENT CHARACTERISTICS – TREATMENT DISPOSITION

	Dose of CHA 7518.1 H4(S241P) Monotherapy (mg/kg) IV Q3 weeks								Total
	0.01	0.03	0.1	0.3	1	3	10		
Number of patients enrolled and treated	1	1	1	1	3	3	3	13	
Dose limiting toxicity	0	0	0	0	0	0	0	0	
Median number of cycles of COM701	2	16*	5*	1	2	7	6	5	
Median number of prior therapies (treatment)	7 (3)	2 (2)	7 (3)	3 (1)	10 (3)	7 (5)	6 (2)	7 (3)	
Reason for study treatment discontinuation									
Adverse event	-	-	-	-	-	-	-	0	
Progressive disease as per RECIST v1.1	1	0	1	0	2	1	-	5	
Investigator discretion/clinical progression/deterioration	-	-	-	1	-	2	1	4	
Continuing on treatment	-	1	-	-	-	0	1	2	

* Pt with intrasubject dose

FIG. 13

INCIDENCE OF TREATMENT EMERGENT ADVERSE EVENTS (≥2 PATIENTS)

GHA7518.1.H4(S241P) monotherapy (N=13)				
Treatment-emergent adverse events (TEAE, PT), n (%)	Grade 1-2	Grade 3	Grade 4	Grade 5
Fatigue	6 (46)	-	-	-
Nausea	4 (31)	-	-	-
Vomiting	3 (23)	1 (8)	-	-
Disease progression/malignant neoplasm progression	3 (23)	-	-	3 (23)
Anxiety	3 (23)	-	-	-
Abdominal distension	2 (15)	-	-	-
Abdominal pain	2 (15)	1 (8)	-	-
Constipation	2 (15)	-	-	-
Cough	2 (15)	-	-	-
Dyspnea	2 (15)	1 (8)	-	-
Pyrexia	2 (15)	-	-	-
Hypotension	2 (15)	-	-	-
Stomatitis, mucosal inflammation	2 (15)	-	-	-
Rash	2 (15)	-	-	-

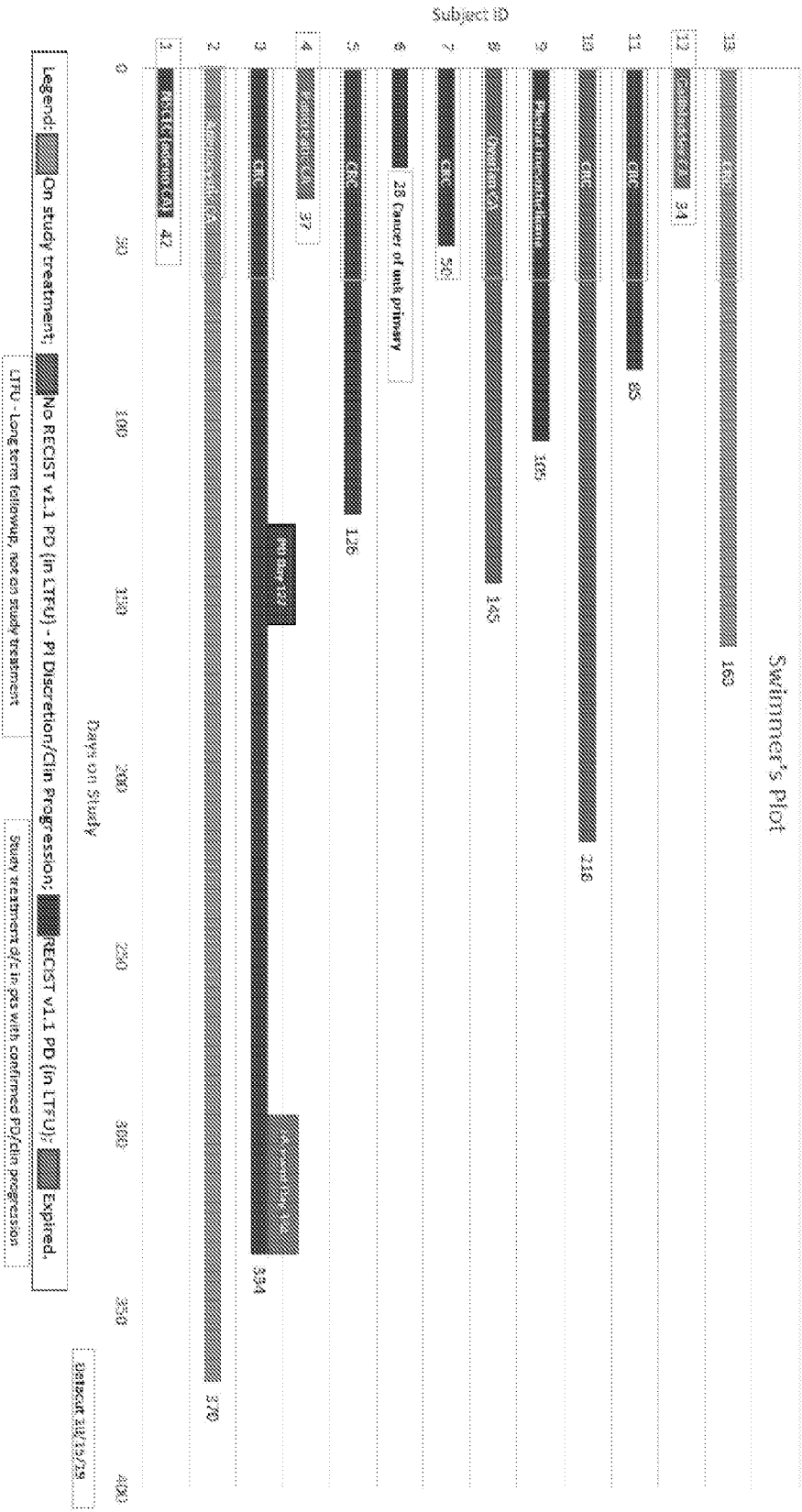
FIG. 14

INCIDENCE OF TREATMENT EMERGENT SERIOUS ADVERSE EVENTS

CHA7518.1.H4S241P monotherapy (N=13)		Grade	Relationship to CHA7518.1.H4S241P	Relationship to Disease
Any Grade N (%)				
Patients with any serious adverse event (by PT)	5 (38)	-	Not related (3/5 pts)	Related in 4/5 pts
Malignant Neoplasm Progression, disease progression	3 (23)	5	Not related	Related
Vomiting	1 (8)	3	Not related	Related
Abdominal Pain	1 (8)	3	Not related	Related
Pyrexia	1 (8)	1	Possibly related	Not related
Atrial fibrillation	1 (8)	3	Unlikely related	Related
Blood bilirubin increased	1 (8)	3	Not related	Related

Causality assessment per investigator

FIG. 15



DBZ/ 39693409.1

FIG. 16

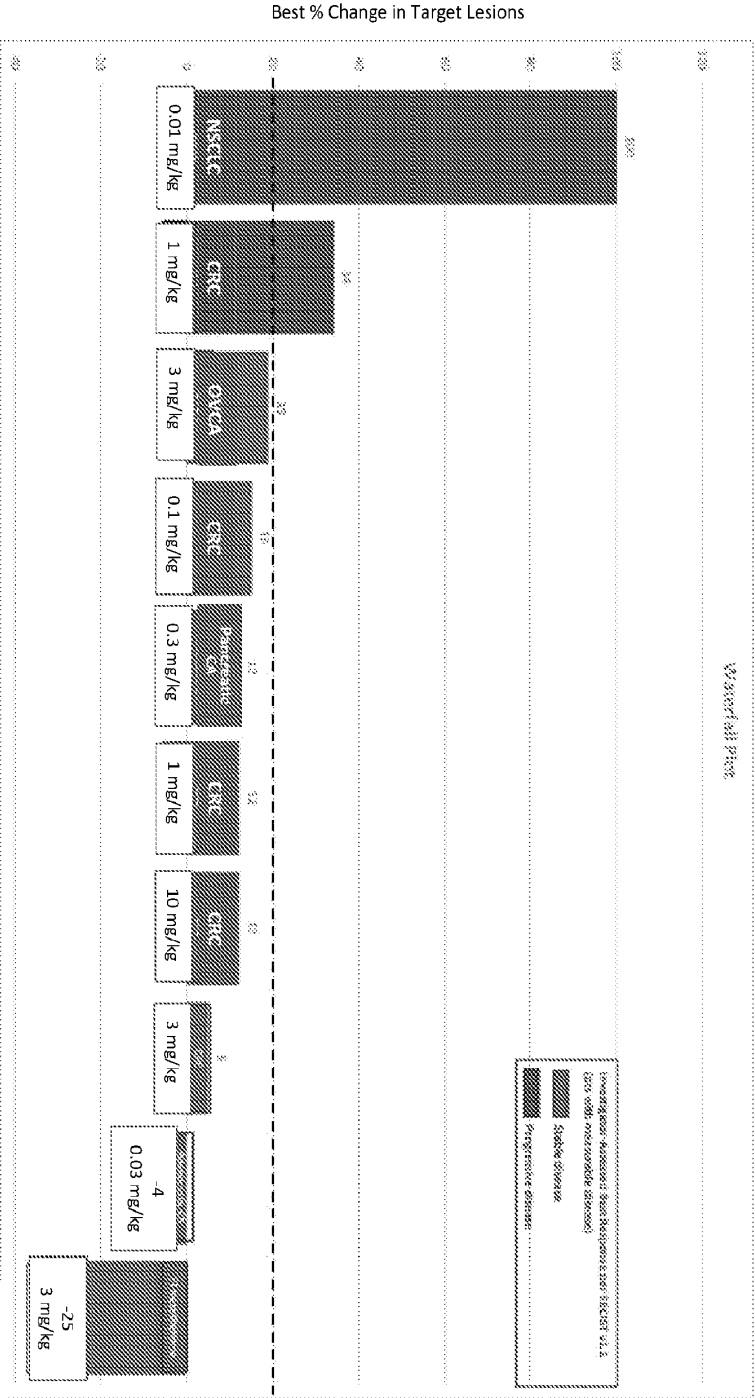


FIG. 17

PATIENTS WITH STABLE DISEASE - DOSE-RESPONSE RELATIONSHIP

SUBJECT ID	COM/PD1 dose	Best on-study treatment response	Confirmed stable disease (Y/N)	Tumor type	Days on study treatment prior to PD or death
2	0.03 mg/kg	Stable disease	Y	Adenocystic cancer	N/A (ongoing on study treatment)
3	0.1 mg/kg	Stable disease	Y	CRC**	PD-day 127, (Death on day 334)
4	0.3 mg/kg	Stable disease	N	Pancreatic cancer**	37 (death)
5	1 mg/kg	Stable disease	Y	CRC*	126 (in LTFU)
8	3 mg/kg	Stable disease	N	Ovarian cancer (prior exposure to pembrolizumab)	145 (in LTFU)
9	3 mg/kg	Stable disease	N	Pleural mesothelioma (prior exposure to durvalumab)	105 (in LTFU)
10	3mg/kg	Stable disease	Y	CRC* (MSS, peritumoral dukes)	218 (in LTFU)
11	10 mg/kg	Stable disease	N	CRC**	85 (in LTFU)
13	10 mg/kg	Stable disease	Y	CRC**	N/A (ongoing on study treatment)

MSS: microsatellite stable status; KRAS mutation status

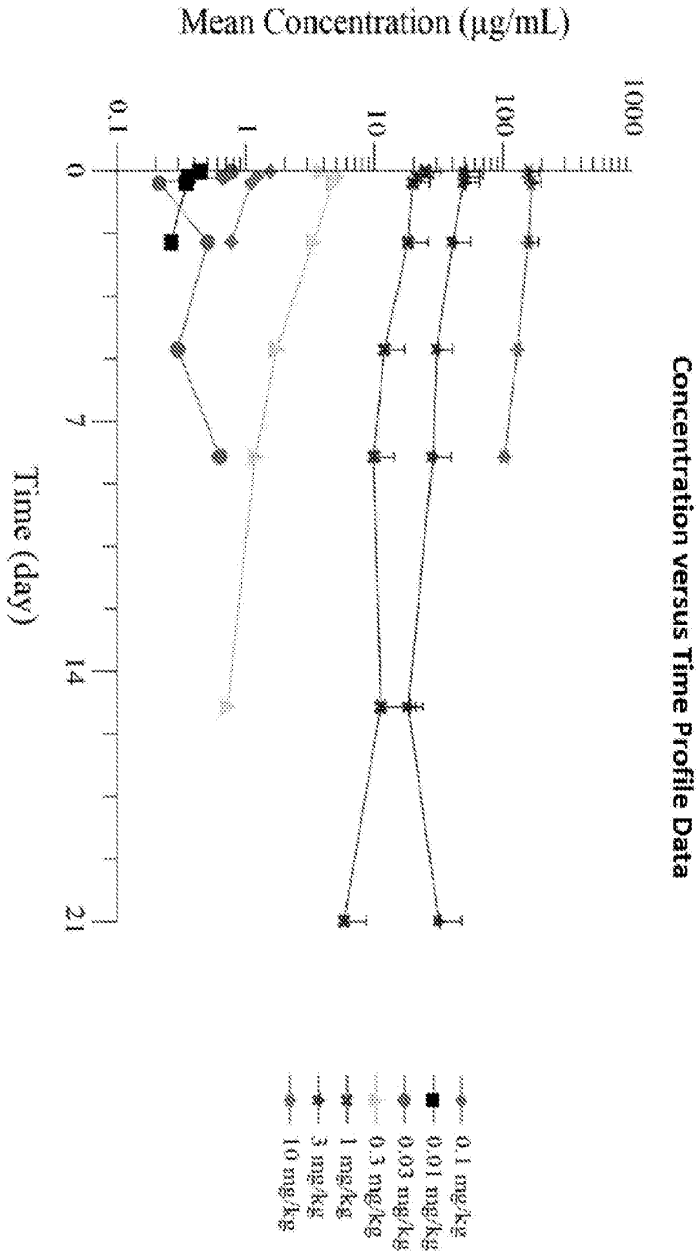
FIG. 18

**BEST ON TREATMENT TIMEPOINT RESPONSE IN PATIENTS WITH PRIOR
TREATMENT REFRACTORY DISEASE**

Subject ID	Tumor type	Best response to last prior therapy before study enrollment	Best timepoint response on chemo/STO/immunotherapy study treatment	Confirmed SD (Y/N)
1	NSCLC	PD	PD	N
3	CRC	PD	SD	Y
4	Pancreatic CA	PD	SD	N
6	Carcinoma of unknown primary	PD	PD	N
8	OVCA	PD	SD	N
11	CRC	PD	SD	N
12	Gallbladder CA	PD	Did not reach 1 st imaging timepoint assessment	N
13	CRC	PD	SD	Y

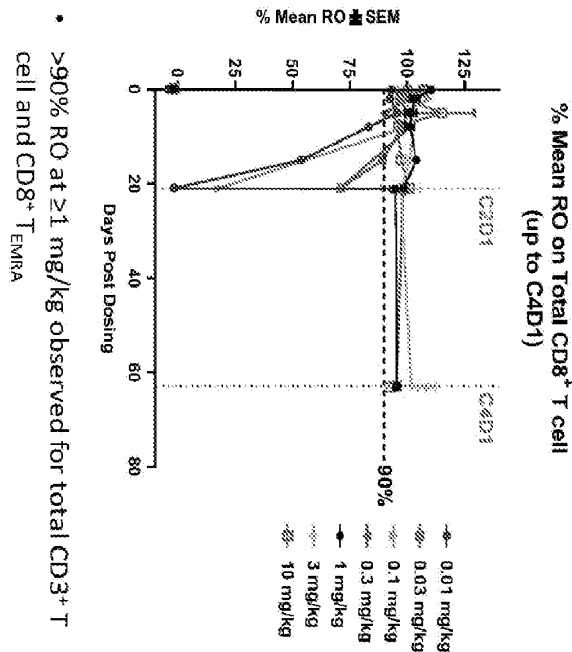
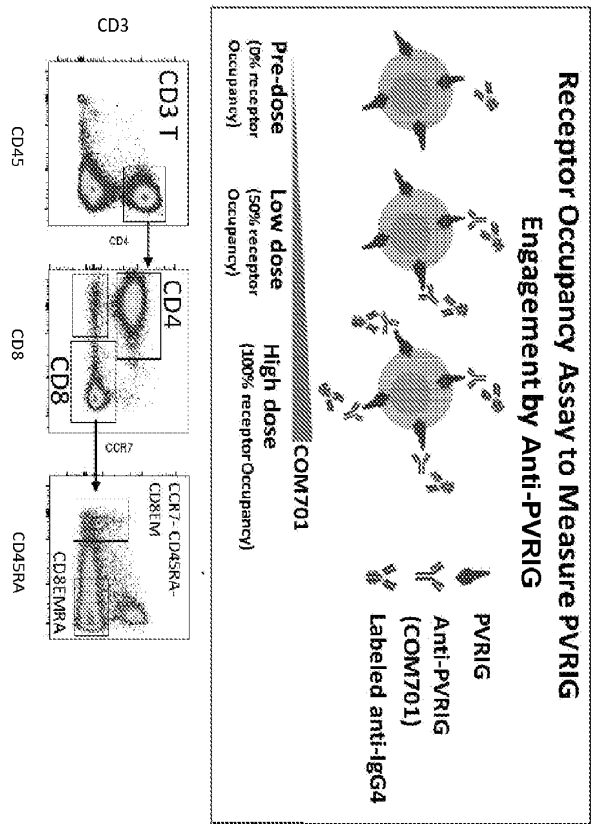
Best timepoint response of SD in 5/8 pts who had best response of PD to prior treatment (prior treatment refractory disease)

FIG. 19



Cycle 2 Pre-dose value was set equal to Cycle 1 Day 21 value.

FIG. 20



• >90% RO at ≥ 1 mg/kg observed for total CD3⁺ T cell and CD8⁺ T_{EMRA}

FIG. 21

PATIENT BASELINE CHARACTERISTICS

Parameter	Arm A (CHA-7.518.1.H4(S241P) monotherapy) N=16	Arm B (CHA-7.518.1.H4(S241P) + nivolumab) N=12
Sex, F (n)	9	9
Age ≤ 65 yrs (n)	13	7
Median prior therapies (range)	6 (2, 15)	4 (2, 12)
ECOG (0, 1) 0	8	3
Cancer type at study entry (n)	CRC (6), PDAC (2), ovarian/PPSC (2), NSCLC (1), adenoid cystic carcinoma (1), melanoma (1), mesothelioma (1), CUP (1), gallbladder carcinoma (1)	Endometrial (3), CRC (2), NSCLC (2), neuroendocrine, lung (1), anal SCC (1), RCC (1), mesothelioma (1), cervical (1)

DLT evaluable set

CRC – colorectal cancer; NSCLC - non-small cell lung cancer; PPSC - primary peritoneal serous carcinoma; PDAC - pancreatic ductal adenocarcinoma; CUP - carcinoma of unknown primary; SCC - squamous cell carcinoma; RCC – renal cell carcinoma

FIG. 22

PATIENT DISPOSITION SUMMARY

Parameter	Arm A (CHA.7.518.1.14(S241P) monotherapy) N=16	Arm B (CHA.7.518.1.14(S241P) + nivolumab) N=12
Number of DLTs	0	0
Number of patients continuing on study treatment	2	6
Number of patients treated at IV Q4 wks schedule (dose)	3 (20 mg/kg)	3 (10 mg/kg + nivolumab 480 mg)
Number of patients continuing	2	2
Reasons for study treatment discontinuation (n)		
• PD per RECIST v1.1	10	5
• Physician decision	2	0
• Clinical	2	1
DLT evaluable set progression/deterioration		

FIG. 23

DOSE ESCALATION SCHEMA

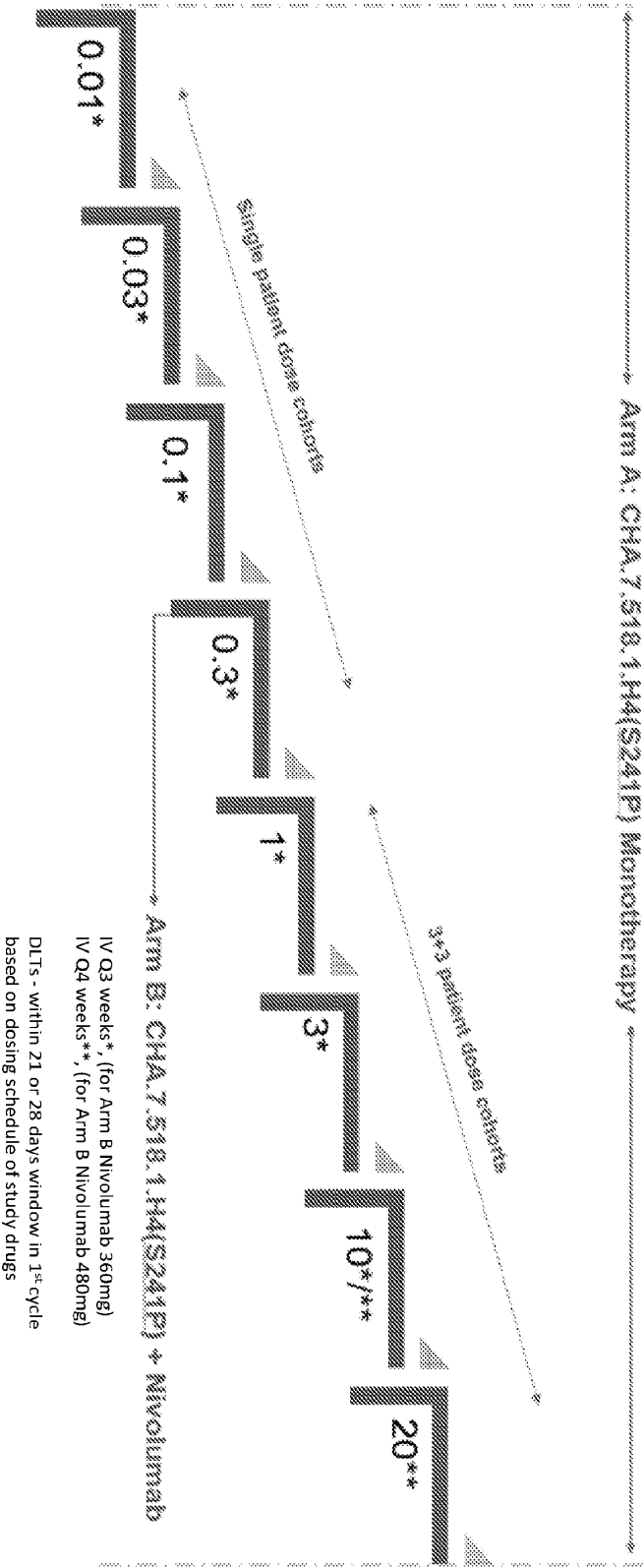


FIG. 24

SUMMARY OF ADVERSE EVENTS – SAFETY ANALYSIS SET

Parameter	Arm A	Arm B
Dose escalation (All patients)	N= 16 n (%)	N=13 n (%)
Any TEAE (n, %)	17 (95)	13 (100)
≤G2	10 (56)	7 (54)
G3	6 (33)	5 (38)
G4	-	-
Grade 5	1* (6)	1** (8)
AE leading to study treatment discontinuation	5 (28)	-
Any SAE (n, %)	7 (39)	5 (39)
≤G2	1 (6)	1 (8)
G3	5 (27)	3 (23)
G4	-	-
Grade 5	1* (6)	1** (8)
SAE leading to study treatment discontinuation	5 (28)	-

Safety analysis set – all subjects who received ≥ 1 dose of any of the study drugs

AEs/SAEs leading to study treatment discontinuation were deemed related to disease per investigator assessment.

*Cardiac arrest
**Progressive disease

FIG. 25
SUMMARY OF SERIOUS ADVERSE EVENTS LEADING TO STUDY TREATMENT DISCONTINUATION

Subject ID (Arm)	Tumor type	Adverse event	Relatedness (per investigator assessment)
801 (A)	Pancreatic cancer	Cardiac arrest (G5)	Related to disease
4 (A)	Pancreatic cancer	Vomiting (G3)	Related to disease
13 (A)	CRC	Pulmonary embolism, worsening ascites (both G3)	Related to disease
10 (A)	CRC	Worsening Atrial fibrillation (G3)	Related to disease
12 (A)	Gallbladder CA	Progressive disease, Urinary retention (G1), Blood bilirubin increased (G2), Diarrhea (G3)	Related to disease

Safety analysis set – all subjects who received ≥1 dose of any of the study drugs

INCIDENCE OF TREATMENT EMERGENT ADVERSE EVENTS
(TEAE) IN 23 PATIENTS - MONOTHERAPY

FIG. 26

Preferred Term	Grade 1/2 n (%)	Grade 3/4/5* n (%)	All Grades n (%)
Any TEAE	10 (56)	7 (39)	17 (95)
Fatigue	7 (39)	-	7 (39)
Nausea	5 (28)	-	5 (28)
Anxiety	4 (22)	-	4 (22)
Diarrhea	3 (17)	1 (5)	4 (22)
Dyspnea	3 (17)	1 (5)	4 (22)
Vomiting	3 (17)	1 (5)	4 (22)
Abdominal Pain	2 (11)	1 (5)	3 (16)
Pyrexia	3 (17)	-	3 (17)

Safety analysis set – all subjects who received ≥1 of any of the study drugs

No Grade 4 events*. 1G 5 SAE (cardiac arrest) was reported in Any TEAE.
Cardiac arrest unrelated to study drug, related to disease progression per investigator assessment.

FIG. 27

INCIDENCE OF TEAES IN 23 PATIENTS – COMBINATION THERAPY

Preferred Term	Grade 1/2 n (%)	Grade 3/4/5* n (%)	All Grades n (%)
Any TEAE	7 (54)	6 (46)	13 (100)
Fatigue	5 (39)	-	5 (39)
Anemia	3 (23)	1 (7)	4 (31)
Constipation	3 (23)	-	3 (23)
Nausea	2 (15)	1 (8)	3 (23)
Oedema peripheral	3 (23)	-	3 (23)

Safety analysis set – all subjects who received ≥1 of any of the study drugs

No Grade 4 events*. 1G 5 SAE (cardiac arrest) was reported in Any TEAE.
Cardiac arrest unrelated to study drug, related to disease progression per investigator assessment.

FIG. 28

INCIDENCE OF SERIOUS TEAEs IN ALL PATIENTS - MONOTHERAPY (N = 18)

Preferred Term	Grade 1/2 n (%)	Grade 3/4/5 ⁺ n (%)	All Grades n (%)
Any serious TEAE	1 (6)	6 (33)	7 (39)
Ascites [*]	-	1 (11)	1 (11)
Abdominal pain [*]	-	1 (6)	1 (6)
Atrial fibrillation [*]	-	1 (6)	1 (6)
Blood bilirubin increased [*]	1 (6)	-	1 (6)
Cardiac arrest [*]	-	1 (6)	1 (6)
Pulmonary embolism ⁺⁺	-	1 (6)	1 (6)
Pyrexia [*]	1 (6)	-	1 (6)
Sepsis [*]	-	1 (6)	1 (6)
Vomiting [*]	-	1 (6)	1 (6)

Safety analysis set – all subjects who received ≥1 of any of the study drugs

^{*}Deemed related to disease per investigator assessment

⁺⁺Deemed possible related to CHA, 7.518, 1.H4(S2A1P) per investigator assessment

⁺ CSE event of cardiac arrest – deemed related to disease per investigator assessment. No CSE events

FIG. 29
INCIDENCE OF SERIOUS TEAES IN ALL PATIENTS - COMBINATION
(N = 13)

Preferred Term	Grade 1/2 n (%)	Grade 3/4/5* n (%)	All Grades n (%)
Any serious TEAE	1 (8)	4 (31)	5 (39)
Pulmonary embolism*	-	2	2 (15)
Hypokalaemia*	-	1 (8)	1 (8)
Malignant neoplasm progression*	-	1 (8)	1 (8)
Pyrexia*	1 (8)	-	1 (8)

Safety analysis set – all subjects who received ≥1 of any of the study drugs

* Deemed related to disease per investigator assessment

No Serious TEAEs deemed related to CHA.7.518.1.H4(S241P) per investigator assessment

FIG. 30

CHA.7.518.1.H4(S241P) PK PROFILE FOLLOWING IV INFUSION AT CYCLE 1 DAY 1 - ARMS A and B

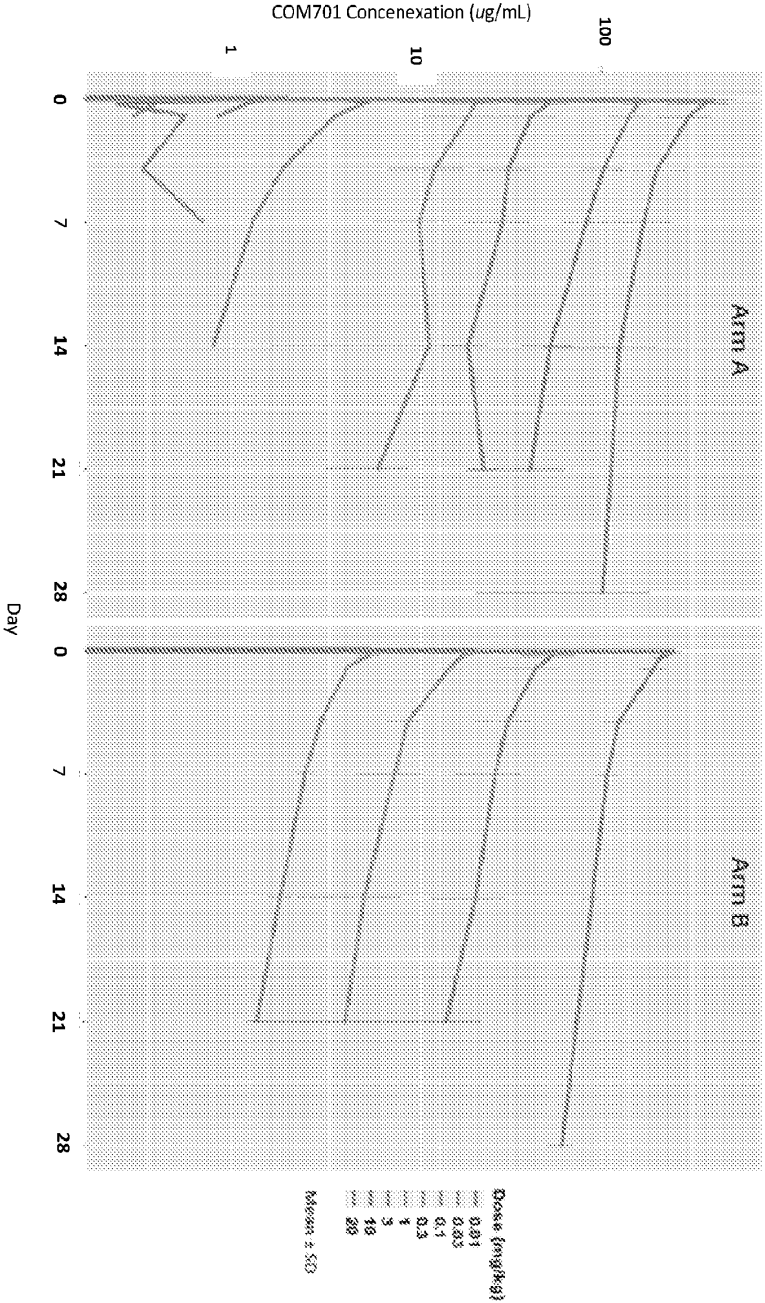


FIG. 31

SUMMARY OF INVESTIGATOR-ASSESSED RESPONSE (per RECIST v1.1 DLT-EVALUABLE POPULATION)

	Arm A (N = 16) n (%)	Arm B (N = 12) n (%)
ORR (CR+PR)	1 (6)	1 (8)
Disease control rate (CR+PR+SD)	11 (69)	9 (75)
Durable SD (SD ≥ 6 months)	2 (13)	4 (33)
Best response		
CR	0	0
PR	1 (6)	1 (8)
SD	10 (63)	8 (67)
PD	4 (25)	2 (17)
NA	1 (6)	1 (8.3)

FIG. 32A

SWIMMER PLOT -- ARM A

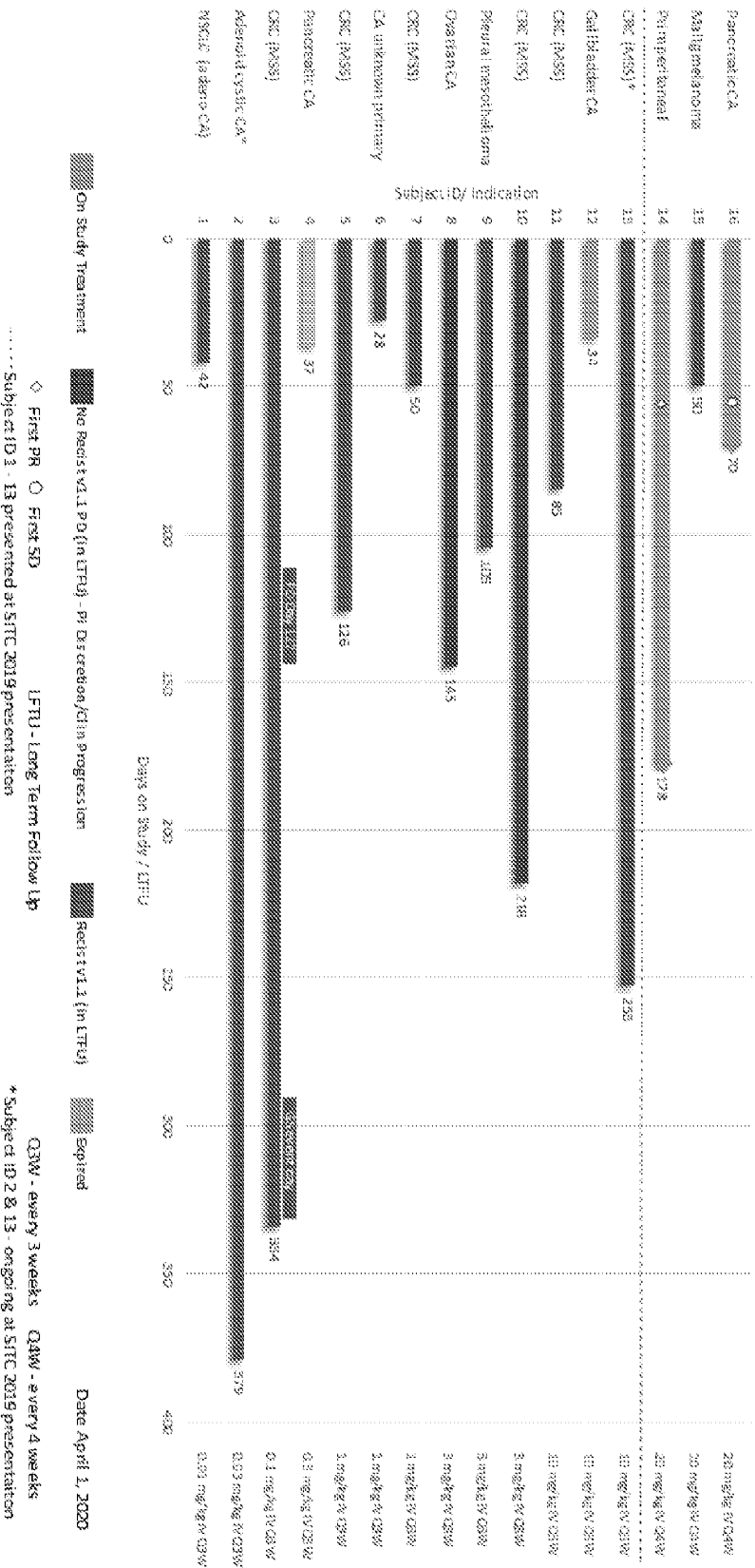
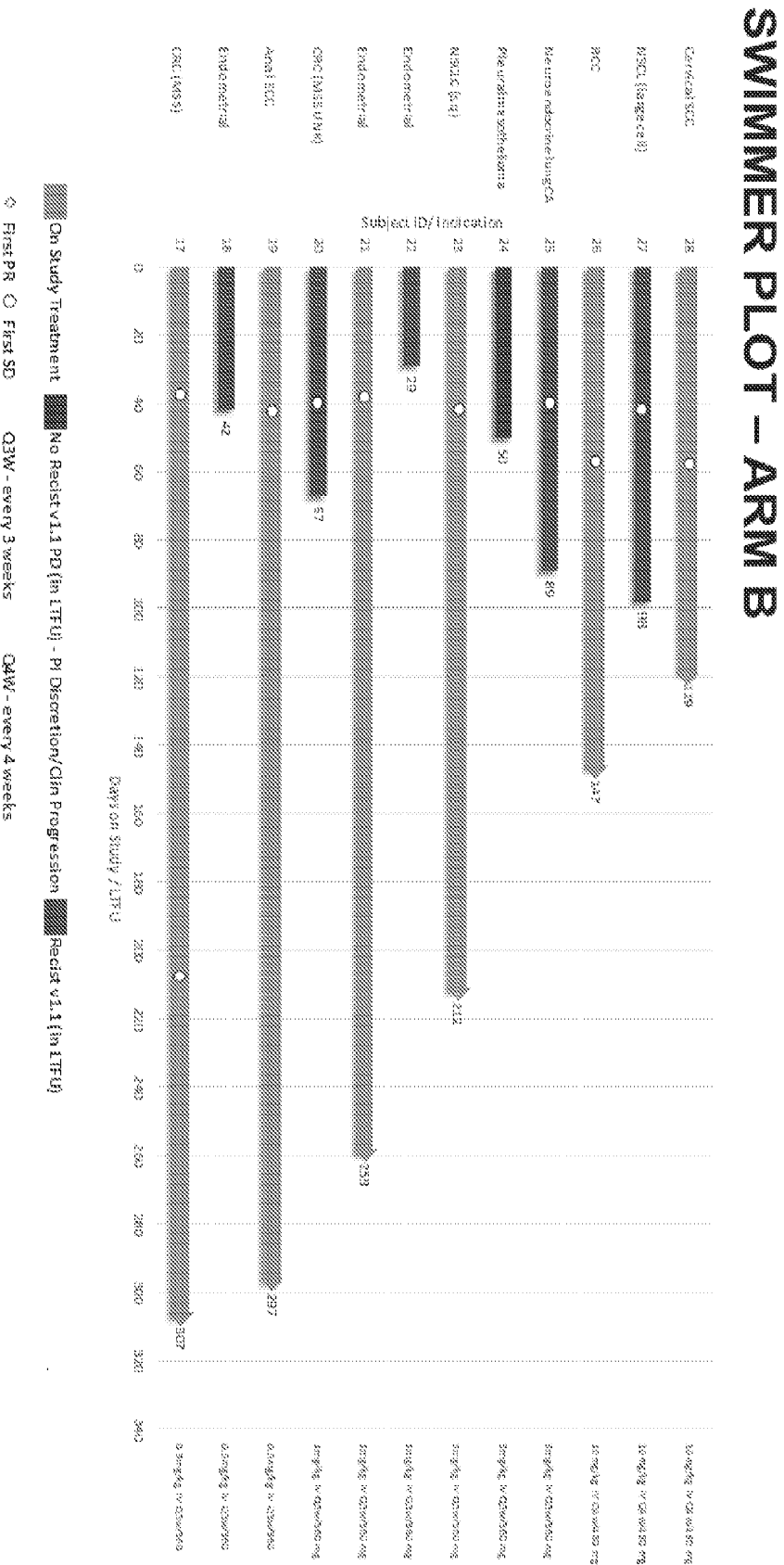


FIG. 32B



SWIMMER PLOT

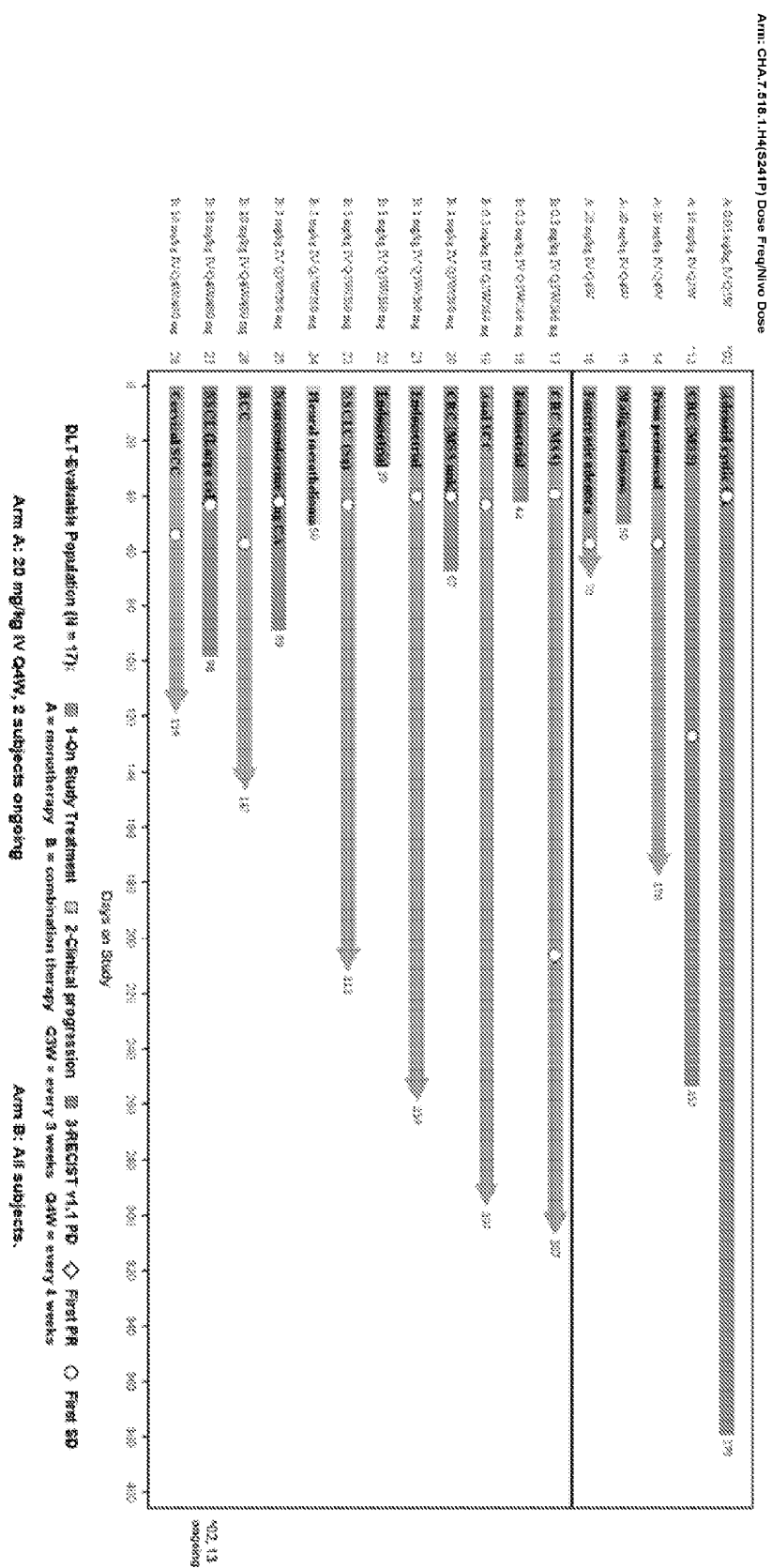


FIG. 33

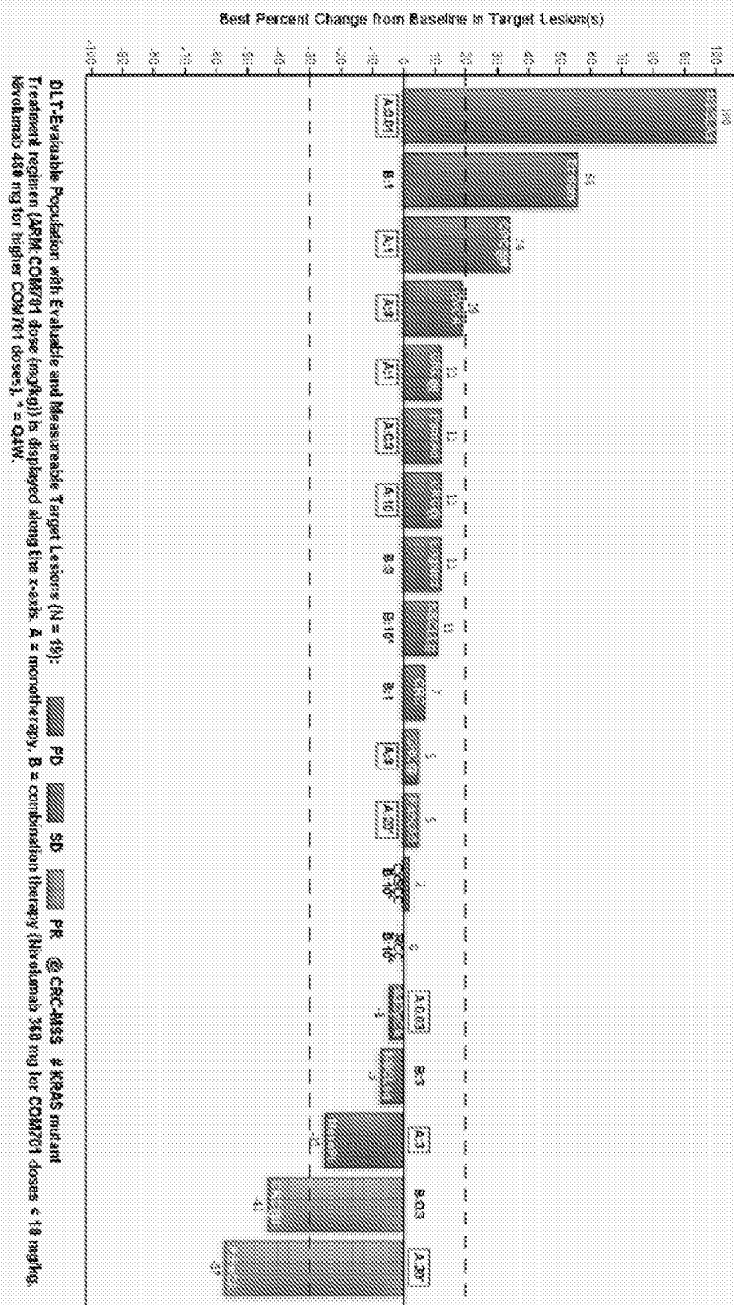


FIG. 34

**CHA.7.518.1.H4(S241P) + NIVOLUMAB – CONFIRMED PR IN A PATIENT WITH MSS
COLORECTAL CANCER (ONGOING STUDY TREATMENT 44 WKS)**

66 year old male with metastatic CRC (MS Stable), with KRAS mutation
s/p 4 prior lines of chemotherapy; Best response of PD to anticancer therapy prior to study
enrollment

Study Treatment: CHA.7.518.1.H4(S241P) 0.3 mg/kg + nivolumab 360 mg; both IV Q3 wks

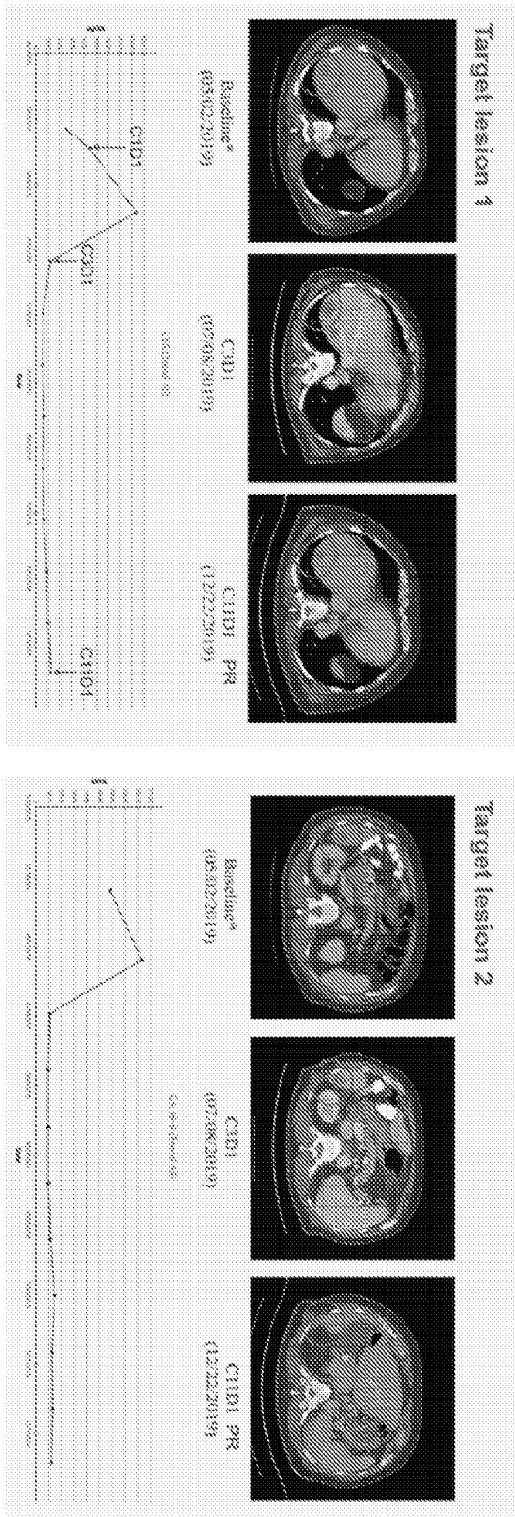


FIG. 35

CHA.7.518.1.H4(S241P) MONOTHERAPY – CONFIRMED PR IN A PATIENT WITH MSS PLATINUM RESISTANT PRIMARY PERITONEAL CANCER ONGOING STUDY TREATMENT 25 WKS

63 year old female with microsatellite stable platinum resistant primary peritoneal cancer. PDL1 negative, MRE11 mutation. s/p 3 prior lines of chemotherapy

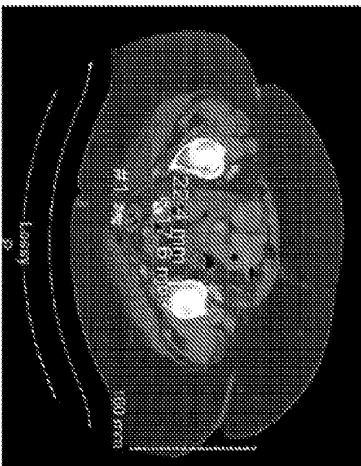
Study Treatment: CHA.7.518.1.H4(S241P) 20 mg/kg IV Q 4 wks



Baseline: 9/11/19



C2D28: 12/2/19 (PR)



C6D28: 3/23/20 (PR)