

FIG. 1

transmembrane protein PVRIG [Homo sapiens]

NCBI Reference Sequence: NP_076975.

1 mrteagvpal qppepglega mghrtlvlpw vlltlcvtag tpevwvgvrm eatelssfti

61 rcgflgsgsi slvtvswggp ngaggttlav lhpergirqw apargarwet qssislileg

121 sgasspcant tfckckfasfp egswacgsl ppssdpqlsa pptpapilra dlagilgvsg

181 vllfgcvyll hllrrhkhrrp aprlqpsrts pqaprarawa psqasqaalh vpyatintsc

241 rpatldtaho hggpswwasl pthaahrpqq paawastpip argsfvsven glvaqagerp

301 phtgpgltlf pdorgprame gplgvr

(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]
MARAAALLPSRSPPTPLLWPLLLLLLLETTGAQDVRVQVLPEVRGQLGGTVELPCHLLPPVPGLYISLVTW
QRPDAPANHQNVAAFHFKMGPSFSPKPGSERLSFVSAKQSTGQDTEAELQDATLALHGLTVEDEGNYTC
EFATFPKGSVRGMTWLRVIAKPKNQAEAKVTFSDPTTVALCISKEGRPPARISWLSSLDWEAKETQVS
GTLAGTVTVTSRFTLVPSGRADGVTVTCKVEHESFEPPALIPVTLVRYPPPEVVISGYDDNWYLGRTDAT
LSCDVRSNPEPTGYDWSTTSSTGTFPTSAVAQGSQVLVIHAVDSLFTTFVCTVTNAVGMGRAEQVIFVRETP
RASPRDVGPLVWGAVGGTLLVLLLLAGGSLAFILLVRRRRKSPGGAGGGASGDGGFYDPAQVLGNGDP
VFWTPVVPGPMEPDGKDEEEEEEEKAEEKGLMLPPPPALEDDMESQLDGSLSIRRAVYV
```

(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]
MARAAALLPSRSPPTPLLWPLLLLLLLETTGAQDVRVQVLPEVRGQLGGTVELPCHLLPPVPGLYISLVTW
QRPDAPANHQNVAAFHFKMGPSFSPKPGSERLSFVSAKQSTGQDTEAELQDATLALHGLTVEDEGNYTC
EFATFPKGSVRGMTWLRVIAKPKNQAEAKVTFSDPTTVALCISKEGRPPARISWLSSLDWEAKETQVS
GTLAGTVTVTSRFTLVPSGRADGVTVTCKVEHESFEPPALIPVTLVRYPPPEVVISGYDDNWYLGRTDAT
LSCDVRSNPEPTGYDWSTTSSTGTFPTSAVAQGSQVLVIHAVDSLFTTFVCTVTNAVGMGRAEQVIFVRETP
NTAGAGATGGIIGGIIAAIIATAVAATGILICRQQRKEQTLQGAEEDEDELEGPPSYKPPTPKAKLEAQEM
PSQLFTLGASEHSPLKTPYFDAGASCTEQEMPRYHELPTLEERSGPLHPGATSLGSPIPVPPGPPAVEDV
SLDLEDEEGEEEEYYLDKINPIYDALSY
```

(SEQ ID NO: 3)

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

SEQ ID NO:

Variable heavy (vh) domain	QVQLVQSGAEVKKPGASVKVSCKASGYTFDYNINWVRQAPGQGLEWMGYIPYIGSGYAQKFOGRVTMTRDT STSTVYVMELSLRSEDTAVYYCAREDKTARNAMDYWGQGTLLVYSS	4
vHCDR1	GYTFDYN	5
vHCDR2	IPYIGGS	6
vHCDR3	AREDKTARNAMDY	7
Full length HC	QVOLVOSGAEVKKPGASVKVSCKASGYTFDYNINWVRQAPGQGLEWMGYIPYIGSGYAQKFOGRVTMTRDT STSTVYVMELSLRSEDTAVYYCAREDKTARNAMDYWGQGTLLVYSSASTKGPSVFPLAPCSRSTSESTAALGCL VKDYFEPEPVTVSWNSGALTSGVHTFPAVLQSSGLYSLSSVVTVPSSSLGTQYTCNVVDHGPSNTKVDKAVESEKYGPP CP?CPAPEFLGSPSVFLPPKPKDITLMISRTPEVTCVVVDVSDDEPEVOFNWYVDGVEVHNAKTKPREOQFNSTYRV VSVLTVLHQDWLNGKEYCKVSNKGLPSSIEKTTSKAKGPQPREQVYITLPPSQEEMTKNQVSLTCLVKGFYPSDIAV EWESNGQPENNYKTTTPYVLDSDGSFFLYSRLTYDKSRWQEGNVFSCSVMEHALHNHYTQKSLSPGK DIQMTQSPSSLSASVGDRAVITICRVSENIYSNLAWYQQKPGKAPKLLIYEATNLAEGVPSRFSGSGSGTDFTLTITISLQ PEDFATYYCQHFWGTPYTFGQGTKLEIK	8
Variable light (vl) domain	PEDFATYYCQHFWGTPYTFGQGTKLEIK	9
vLCDR1	ENIYSN	10
vLCDR2	EAT	11
vLCDR3	QHFWGTPYT	12
Full length light chain	DIQMTQSPSSLSASVGDRAVITICRVSENIYSNLAWYQQKPGKAPKLLIYEATNLAEGVPSRFSGSGSGTDFTLTITISLQ PEDFATYYCQHFWGTPYTFGQGTKLEIKRTVAAPSVFIFPPSDEQLKSGTASVVCLLNNFYPREAKVQWKVDNALQ SGNSQESVTEQDSKDSTYSLSSTLTLSKADYEKHKVYACEVTHQGLSPVTKSFNRGEC	13

FIG. 4**IgG1:**

ASTKGPSVFP	LAPSSKSTSG	GTAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSSVVT	VPSSSLGTQT	YICNVNHKPS	NTKVDKKVEP	KSCDKHTTCP	PCPAPELLGG	120
PSVFLFPKPK	KDTLMISRTPE	EVTCTVVVDVS	HEDPEVKFNW	YVDGVEVHNA	KTKPREEQYN	180
STYRVVSVLT	VLHQDWLNGK	EYKCKVSNKA	LPAPIEKTIS	KAKGQPREPQ	VYTLPPSRDE	240
LTKNQVSLTC	LVKGFYPSDI	AVEWESNGQP	ENNYKTTPPV	LSDSGSFFLY	SKLTVDKSRW	300
QQGNVFSCSV	MHEALHNHYT	QKSLSLSPGK				330

(SEQ ID NO:14)**IgG2:**

ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSSVVT	VPSSNFGTQT	YTCNVDHKPS	NTKVDKTVR	KCCVECPPCP	APPVAGPSVF	120
LFPPKPKDTL	MISRTPEVTC	VVVDVSHEDP	EVQENWYVDG	VEVHNAKTKP	REEQFNSTFR	180
VVSVLTVVHQ	DWLNGKEYKC	KVSNKGLPAP	IEKTISKTKG	QPREPQVYTL	PPSREEMTKN	240
QVSLTCLVKG	FYPSDIAVEW	ESNGQPENNY	KTTTPMLDSD	GSFFLYSKLT	VDKSRWQQGN	300
VFSCSVMHEA	LHNHYTQKSL	SLSPGK				326

(SEQ ID NO:15)**IgG3:**

ASTKGPSVFP	LAPCSRSTSG	GTAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSSVVT	VPSSSLGTQT	YTCNVNHKPS	NTKVDKRVEL	KTPLGDTTHT	CPRCPEPKSC	120
DTPPPCPRCP	EPKSCDTPPP	CPRCPEPKSC	DTPPPCPRCP	APELLGGPSV	FLFPPKPKDT	180
LMISRTPEVT	CVVVDVSHED	PEVQFKWYVD	GVEVHNAKTK	PREEQYNSTF	RVVSVLTVLH	240
QDWLNGKEYK	CKVSNKALPA	PIEKTISKTK	GQPREPQVYT	LPPSREEMTK	NQVSLTCLVK	300
GFYPSDLAVE	WESSGQPENN	YNTTPPMLDS	DGSFFLYSKL	TVDKSRWQQG	NIFSCSVMHE	360
ALHNRFTQKS	LSLSPGK					377

(SEQ ID NO:16)**IgG4:**

ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSSVVT	VPSSSLGTKT	YTCNVDHKPS	NTKVDKRVES	KYGPPCPCPC	APEFLGGPSV	120
FLFPPKPKDT	LMISRTPEVT	CVVVDVSEQED	PEVQFNWYVD	GVEVHNAKTK	PREEQFNSTY	180
RVVSVLTVLH	QDWLNGKEYK	CKVSNKGLPS	SIEKTISKAK	GQPREPQVYT	LPPSQEEMTK	240
NQVSLTCLVK	GFYPSDLAVE	WESNGQPENN	YKTTTPVLDS	DGSFFLYSRL	TVDKSRWQEG	300
NVFSCSVMHE	ALHNHYTQKS	LSLSLGK				327

(SEQ ID NO:17)**IgG4 from SEQ ID NO:8**

ASTKGPSVFP	LAPCSRSTSE	STAALGCLVK	DYFPEPVTVS	WNSGALTSGV	HTFPAVLQSS	60
GLYSLSSVVT	VPSSSLGTKT	YTCNVDHKPS	NTKVDKRVES	KYGPPCPCPC	APEFLGGPSV	120
FLFPPKPKDT	LMISRTPEVT	CVVVDVSEQED	PEVQFNWYVD	GVEVHNAKTK	PREEQFNSTY	180
RVVSVLTVLH	QDWLNGKEYK	CKVSNKGLPS	SIEKTISKAK	GQPREPQVYT	LPPSQEEMTK	240
NQVSLTCLVK	GFYPSDLAVE	WESNGQPENN	YKTTTPVLDS	DGSFFLYSRL	TVDKSRWQEG	300
NVFSCSVMHE	ALHNHYTQKS	LSLSLGK				327

(SEQ ID NO:50)

FIG. 5A		
From WO 2017/041004		
What	sequence	SEQ ID NO:
Heavy chain	EVQLQQSGAELVRSGASVKMSCKVNDYTFITNNMHWLRQTTPGQGLEWIGYTPGNGDTNYNQKF	18
(SEQ ID NO:5 from WO 2017/041004)	KCKATLTADTSSSTAYMQIISLTSEDPAYVFCARQGIHYIIDVWGCAGTTVTVSSG	
vhCDR1	DYTFITNNMMH	19
(SEQ ID NO:6 from WO 2017/041004)		
vhCDR2	YVPGNGDTNYNQ	20
(SEQ ID NO:7 from WO 2017/041004)		
vhCDR3	QGIHYIIDV	21
(SEQ ID NO:8 from WO 2017/041004)		
Light chain	DIEMTQSPATLSVTPGDRVSLSCRASQSIRDYLHWYQQKSHESPRLLIKYVSQSIGIPSRFSGSGSEF	22
(SEQ ID NO:3 from WO 2017/041004)	TLSSINSVEPEDVGYYVCQNGHSLPLTFGSGTKLEIKRTV	
vlCDR1	RASQSIRDYLH	23
(SEQ ID NO:9 from WO 2017/041004)		
vlCDR2	YVSQSSIS	24
(SEQ ID NO:10 from WO 2017/041004)		
vlCDR3	QNGHSLPLT	25
(SEQ ID NO:11 from WO 2017/041004)		

FIG. 5B		
From WO 2017/041004		
What	sequence	SEQ ID NO:
Heavy chain	QVQLQQSGAELAKPGASVKMSCKASGYTFTSDWMHWVKQRPGQGLEWIGYINPSTGYTEYNQKFK	26
(SEQ ID NO:32 from WO 2017/041004)	DKATLTADKSSSTAYMQLRSLTSEDSAVYYCARGSSGSWFAYWGQGTLLVTVSA	
vhCDR1	SDWMH	27
(SEQ ID NO:34 from WO 2017/041004)		
vhCDR2	YINPSTGYTEYNQKFKD	28
(SEQ ID NO:35 from WO 2017/041004)		
vhCDR3	GSSGSWFAY	29
(SEQ ID NO:36 from WO 2017/041004)		
Light chain	DIVLTQSPASLAVSLGQRATISCRASQSVSTSSYSYMHWYQQKPGQPPKLLIKYASNLESGVPARFSGS	30
(SEQ ID NO:33 from WO 2017/041004)	GSGLTDFLTNIHPVEEEDTATYYCQHSWEIPYTFGCGTKLEIK	
vlCDR1	RASQSVSTSSYSYMH	31
(SEQ ID NO:37 from WO 2017/041004)		
vlCDR2	YASNLES	32
(SEQ ID NO:38 from WO 2017/041004)		
vlCDR3	QHSWEIPYT	33
(SEQ ID NO:39 from WO 2017/041004)		

FIG. 5C		
From WO 2017/041004		
What	sequence	SEQ ID NO:
Heavy chain	QVQLQQSGAELAKPGASVKMSCKASGYTFTSDWMHWVKQRPGQGLEWIGYINPSTGYTEYNQKFK	34
(SEQ ID NO:32 from WO 2017/041004)	DKATLTADKSSSTAYMQLRSLTSEDSAVYYCARGSSGSWFAYWGQGLVTVSA	
vhCDR1	SDWMH	35
(SEQ ID NO:34 from WO 2017/041004)		
vhCDR2	YINPSTGYTEYNQKFKD	36
(SEQ ID NO:35 from WO 2017/041004)		
vhCDR3	GSSGSWFAY	37
(SEQ ID NO:36 from WO 2017/041004)		
Light chain	DVVMTQTPTLTSLVTIGQPASISCKSSQSLNSDGKTYLNWLLQRPQGSPKRLIYLVSKLDSGVDPDRFTG	38
(SEQ ID NO:40 from WO 2017/041004)	SGSGTDFTLKISRVEAEDLGYYVCWQGTHTPRTFGGCKLEIK	
vlCDR1	KSSQSLNSDGKTYLN	39
(SEQ ID NO:41 from WO 2017/041004)		
vlCDR2	LVSKLDS	40
(SEQ ID NO:42 from WO 2017/041004)		
vlCDR3	WQGTHTPRT	41
(SEQ ID NO:43 from WO 2017/041004)		

FIG. 5D		
From WO 2018/017864 (334M5 antibody)		
What	sequence	SEQ ID NO:
Heavy chain		
(SEQ ID NO:30 from WO 2018/017864)	EVQLQDSVAELVRPGISVTISCKASGYTFTNYYLGWVKQRPGHGLEWIGDIFPGGDYPNNEKEKG	42
	KATLTADTSSSTAYMQLSSLTSEDSSVFCTRGYFDVWGAGTTVTSS	
vhCDR1	TNYYWLG	43
(SEQ ID NO:31 from WO 2018/017864)		
vhCDR2	DIFPGGDYPNNEKEKG	44
(SEQ ID NO:32 from WO 2018/017864)		
vhCDR3	TRGYFDV	45
(SEQ ID NO:33 from WO 2018/017864)		
Light chain		
(SEQ ID NO:25 from WO 2018/017864)	DIQMTQSPSSLSVSAAGEKVTMSCKSSQSLNSENQKNYLAWFQQKPGQPPKMLIYGASTR	46
	ESGVPDRFTGSGGTDFTLTITSSVQAEDLAVYYCQNDHSYPFTFGSGTKLEIKR	
vlCDR1	KSSQSLNSENQKNYLA	47
(SEQ ID NO:26 from WO 2018/017864)		
vlCDR2	GASTRES	48
(SEQ ID NO:27 from WO 2018/017864)		
vlCDR3	QNDHSYP	49
(SEQ ID NO:28 from WO 2018/017864)		

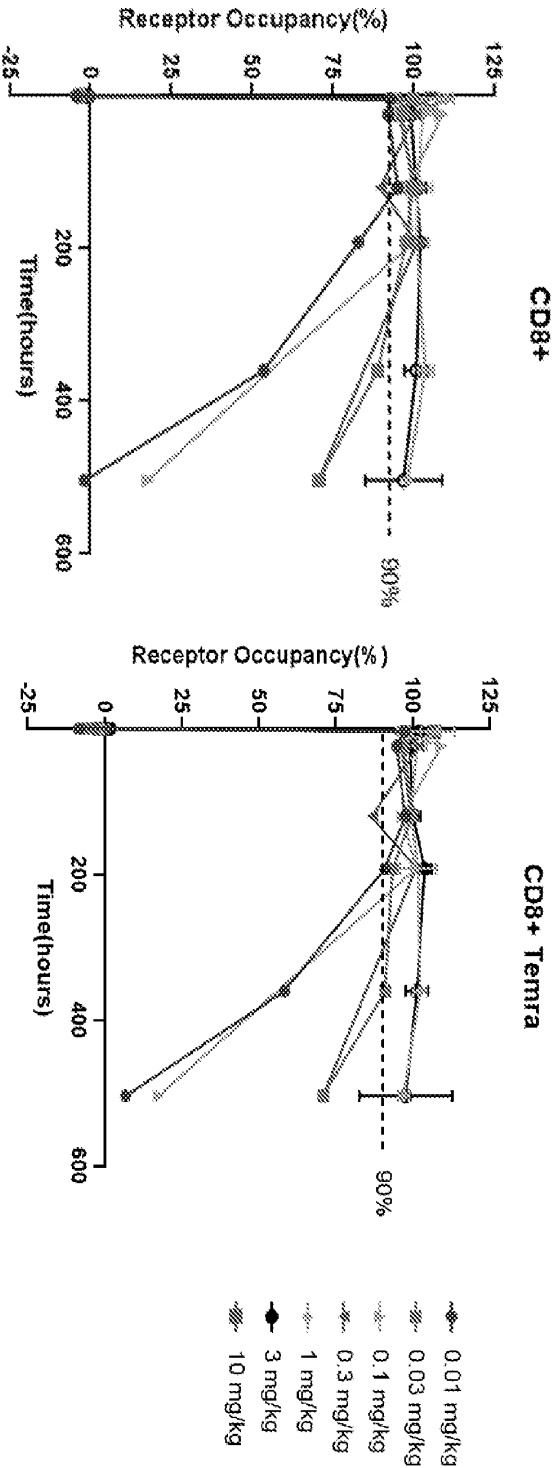


FIG. 6

FIG. 7

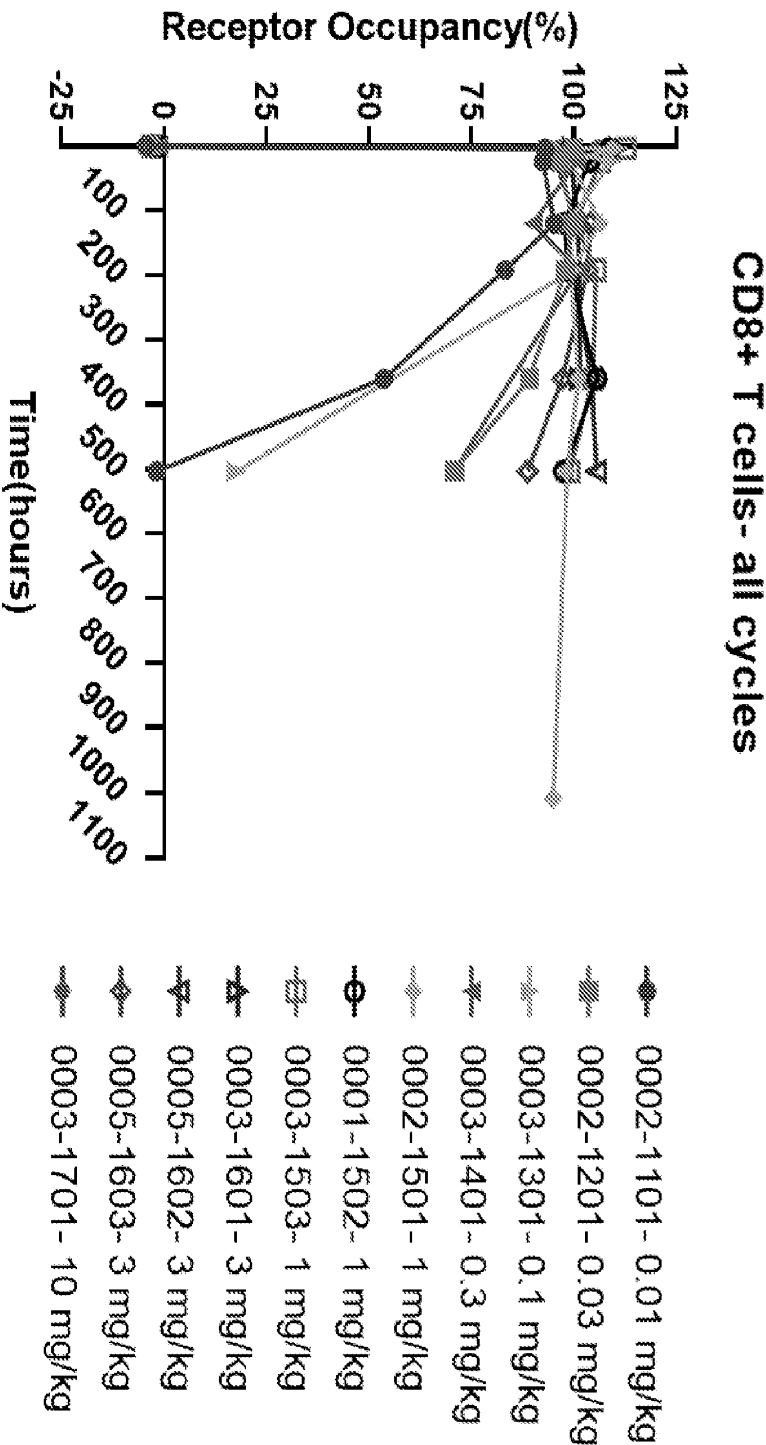


FIG. 8

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

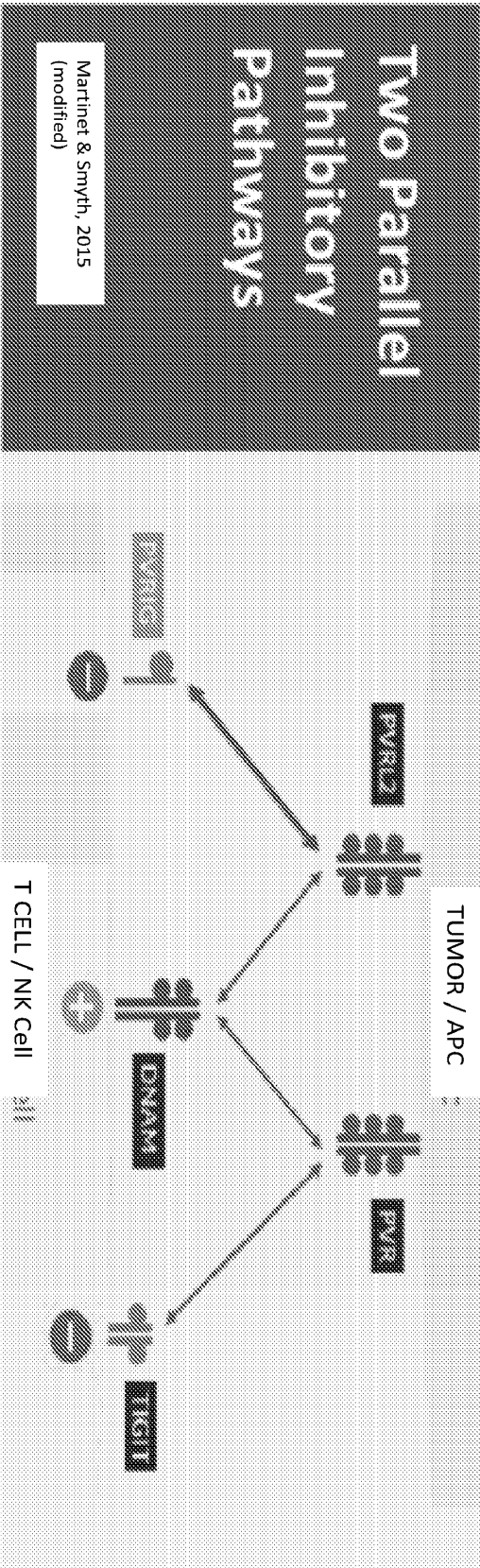


FIG. 9

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

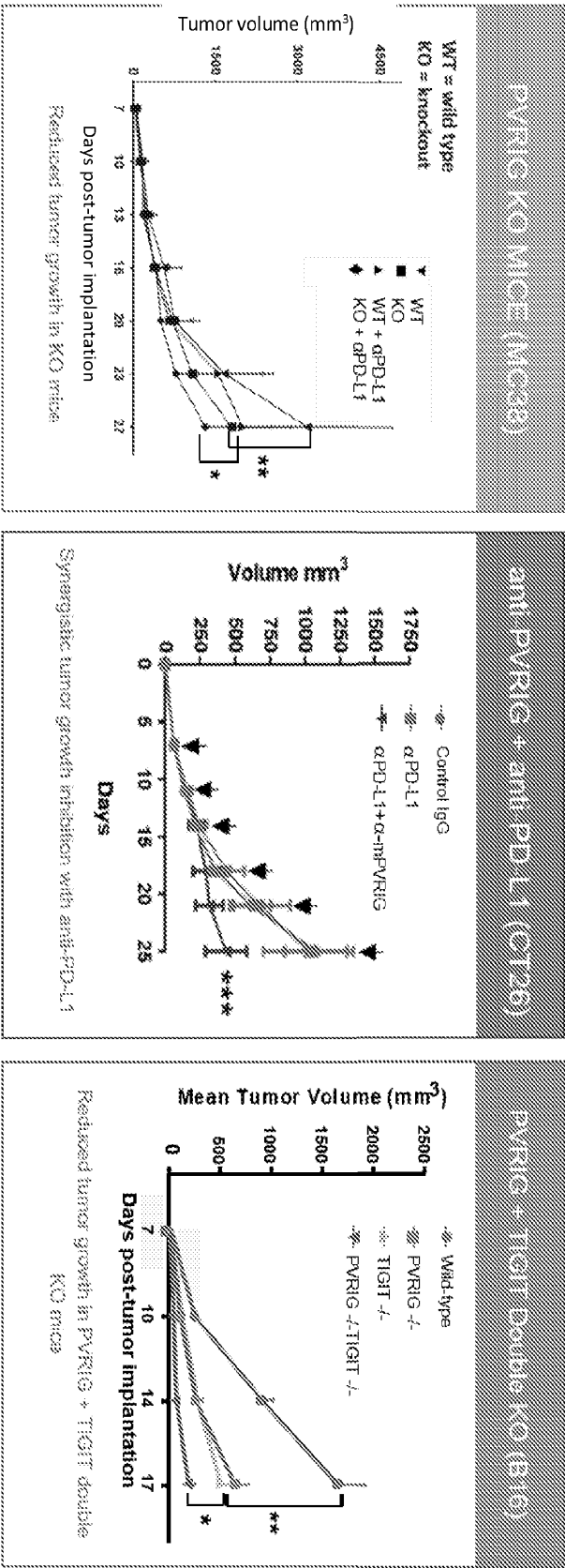


FIG. 10

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 CHA 7.5/18.1/44/62/41/21 Monotherapy (mg/kg) IV Q3 weeks											Total
	0.01	0.03	0.1	0.3	1	3	10				
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		2	8	
1	1	1	1		1		1		1	5	
Gender											
Female	1	1	1		1	2	2		2	8	
Male					0	1	1		1	5	
Stage of disease on 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	
Pleural mesothelioma	-	-	-	-	-	1	-		-	1	

*Includes a pt with carcinoma of unknown primary

FIG. 12

PATIENT CHARACTERISTICS – TREATMENT DISPOSITION

	Dose of CHA.7.518.1.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 COM70A	2	16*	5*	1	2	7	6				5
Median number of prior therapies (regimen)	7 (5)	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)

Treatment-emergent adverse events (TEAE, PT), n (%)	CHA 7518-1-H4(S241P) monotherapy (N=13)			
	Grade 1-2	Grade 3	Grade 4	Grade 5
Fatigue	5 (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)	-	-	-
Gastritis, mucosal inflammation	2 (15)	-	-	-
Rash	2 (15)	-	-	-

FIG. 14

INCIDENCE OF TREATMENT EMERGENT SERIOUS ADVERSE EVENTS

	CHA7.518.1.H419241P monotherapy (N=13)	Grade	Relationship to CHA7.518.1.H419241P	Relationship to Disease
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

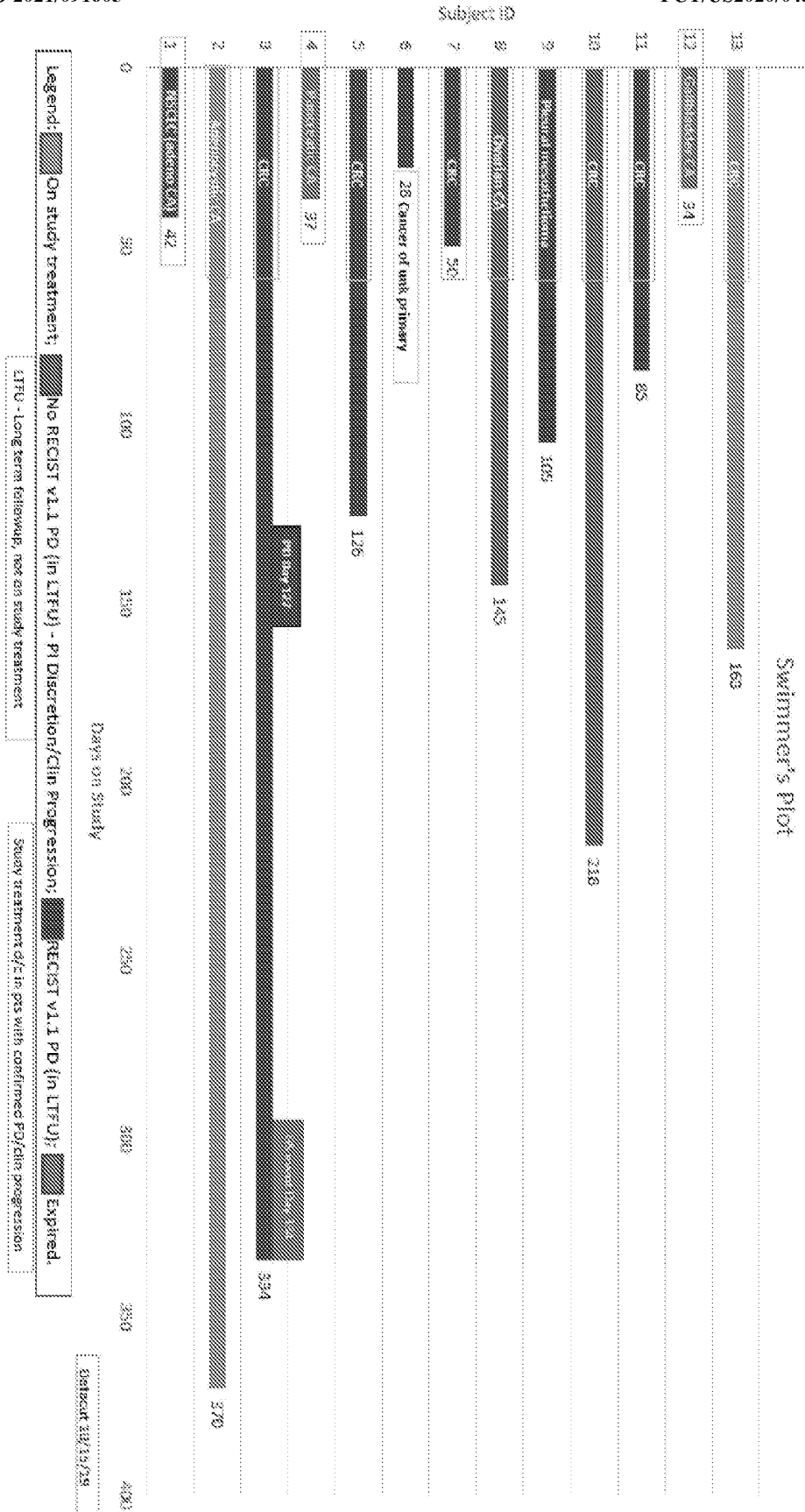


FIG. 16

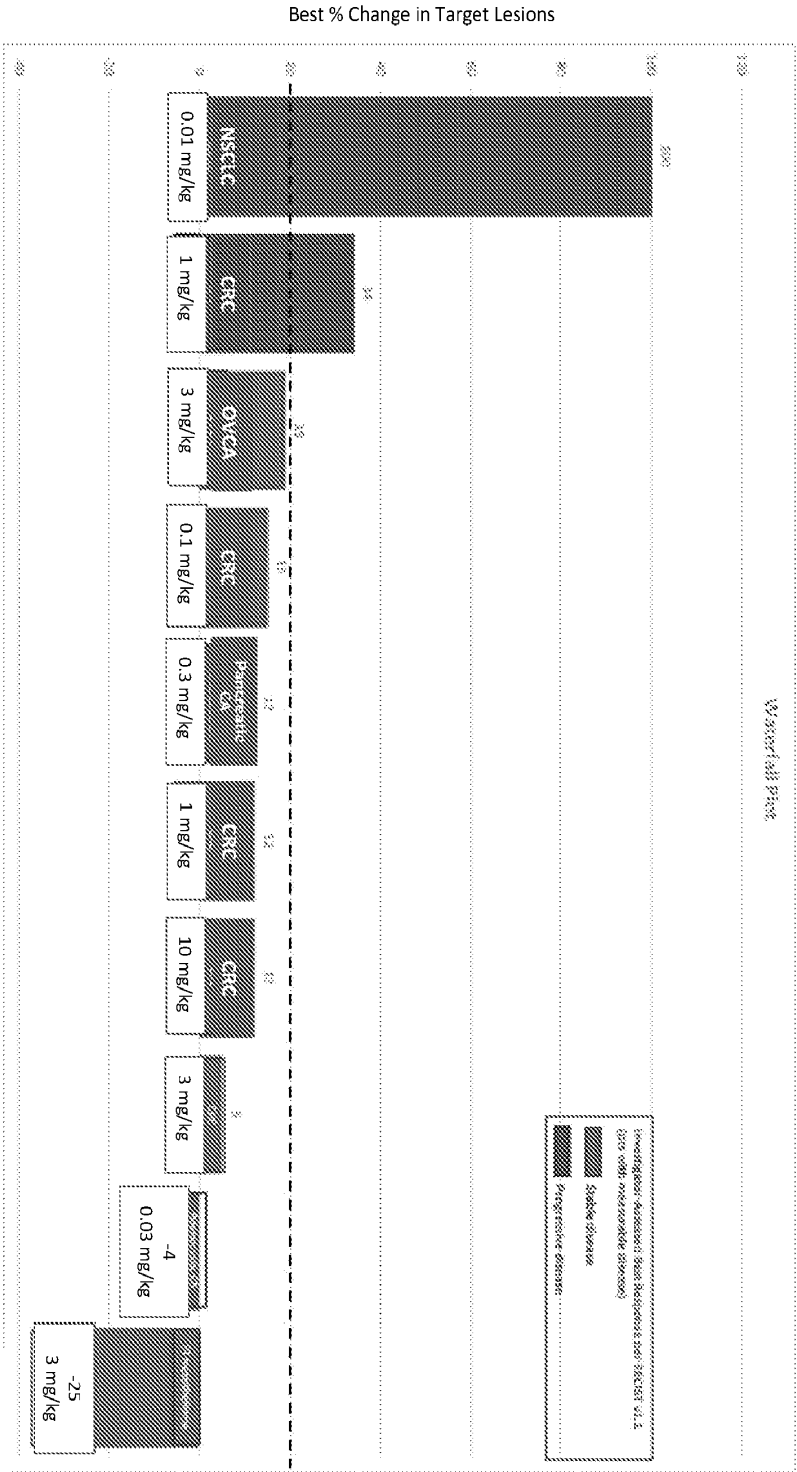


FIG. 17

PATIENTS WITH STABLE DISEASE - DOSE-RESPONSE RELATIONSHIP

SUBJECT ID	COA701 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* (MS 5 post-treatment date)	216 (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)

* M/S-S: microsatellite stable status; KRAS mutation status†

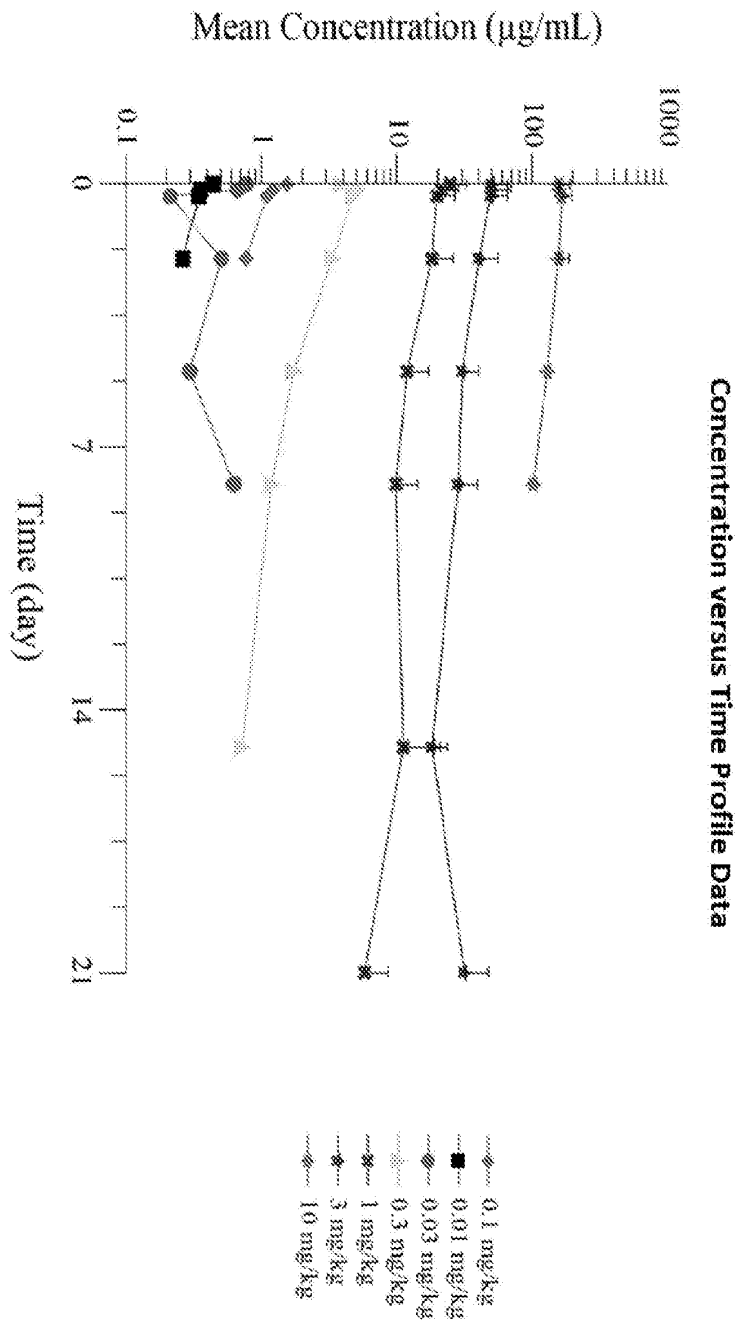
FIG. 18

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 CHA/516.1(H45241P) 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

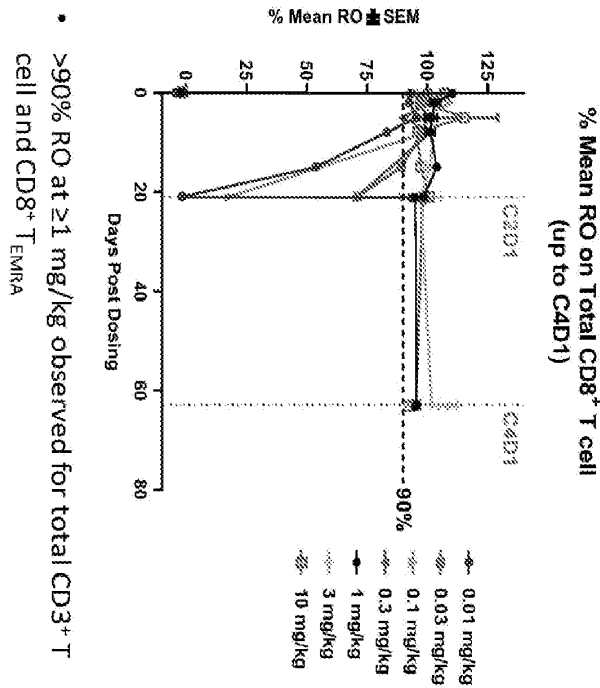
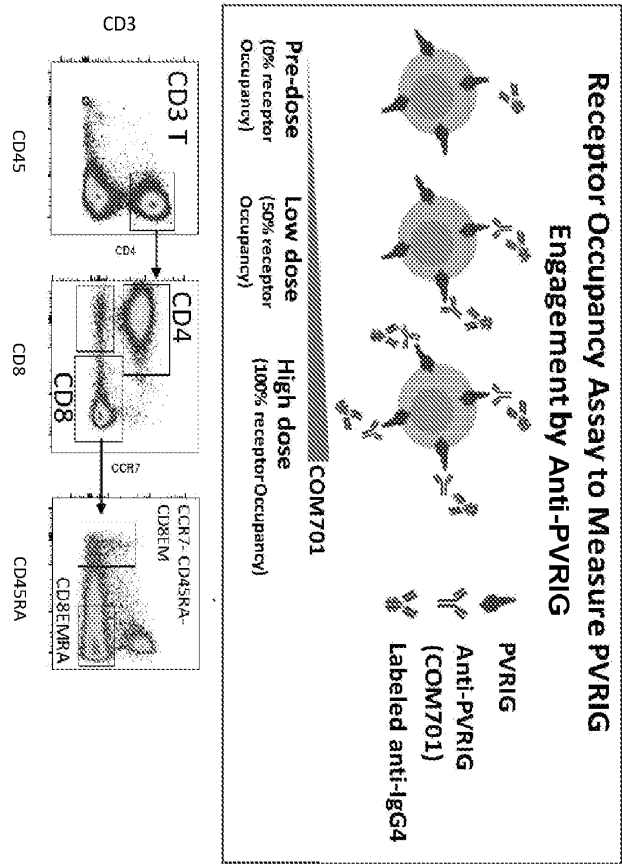


FIG. 21

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 $\leq$ 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.7.51g.1.H4(S241P) monotherapy) N=16	Arm B (CHA.7.51g.1.H4(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 - Physician decision - Clinical progression/deterioration	10 2 2	5 0 1
DLT evaluable set		

FIG. 23

DOSE ESCALATION SCHEMA

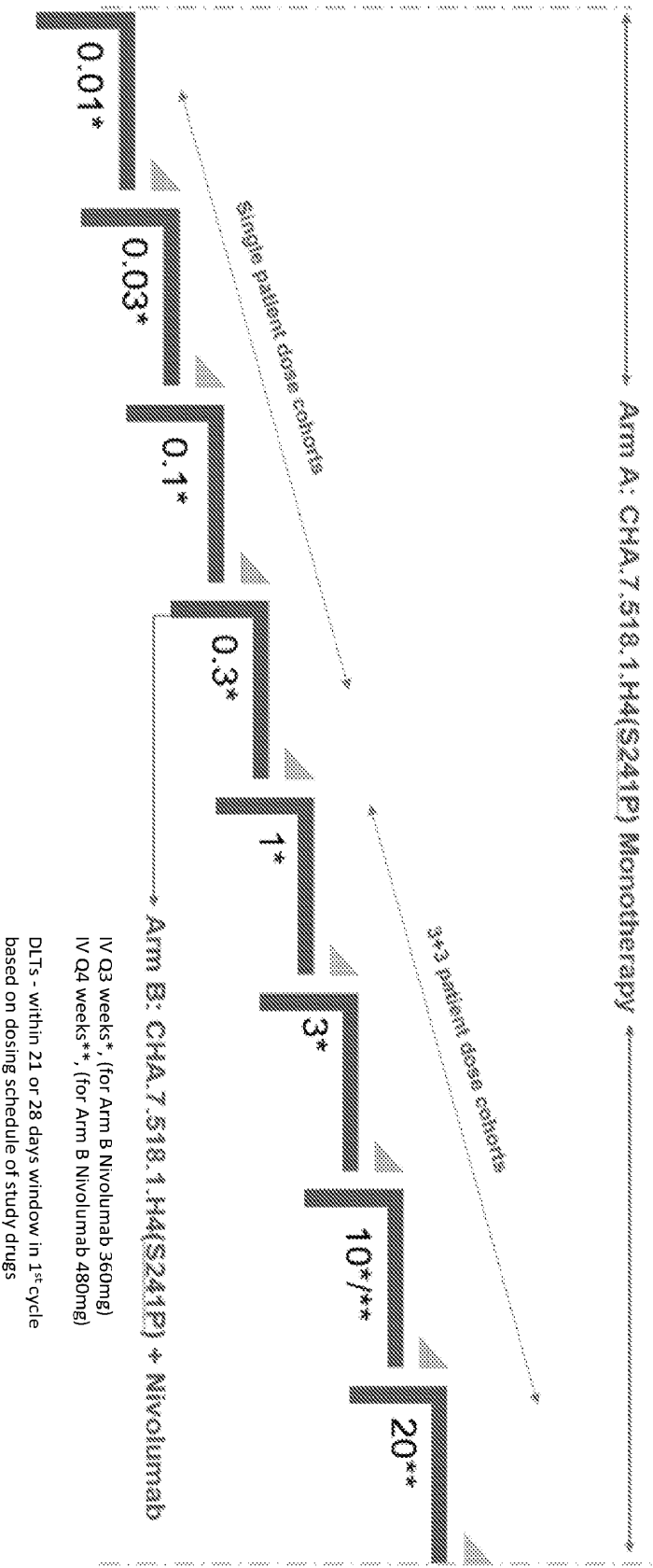


FIG. 24

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)
SG2	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)
SG2	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

FIG. 26

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

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 (64)	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(S241P) per investigator assessment

* 1 (56) event of cardiac arrest – deemed related to disease per investigator assessment; No CoS 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

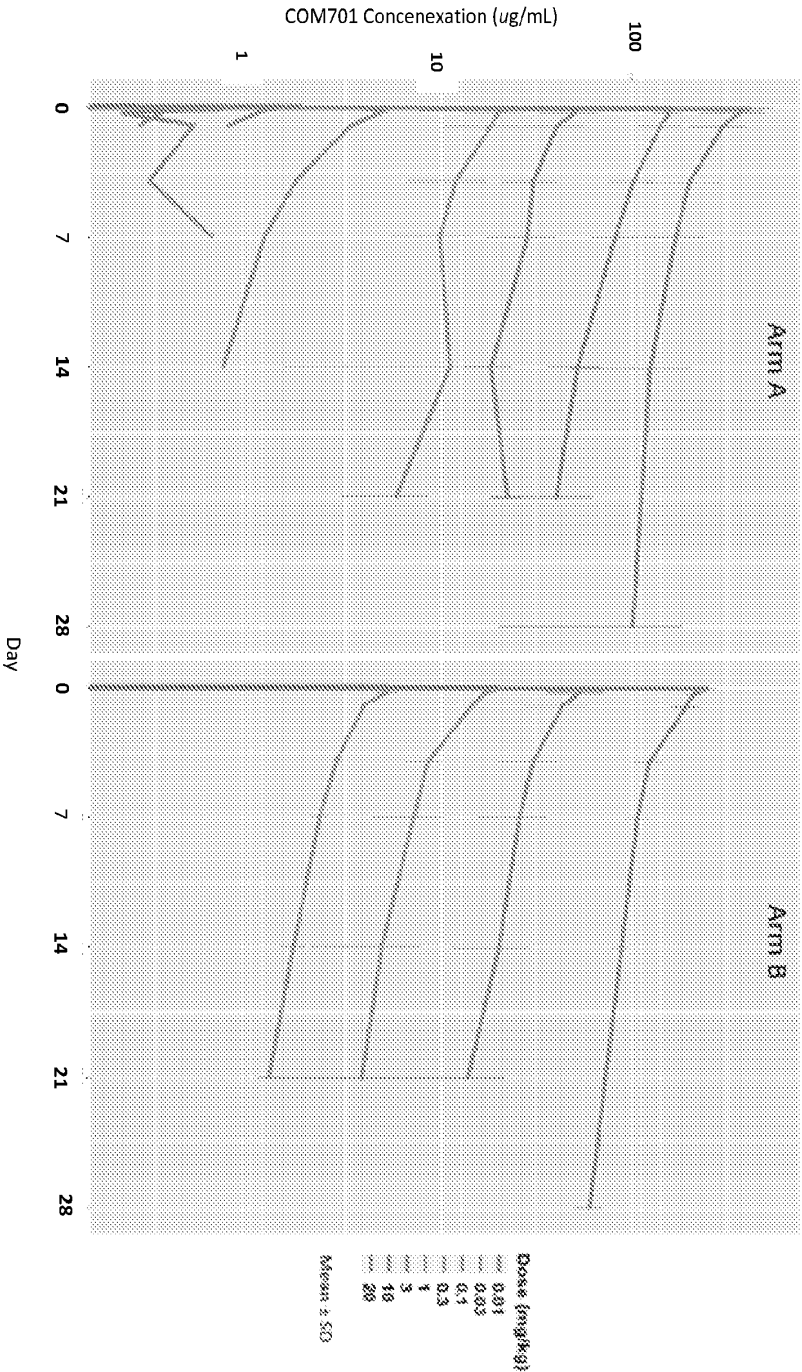
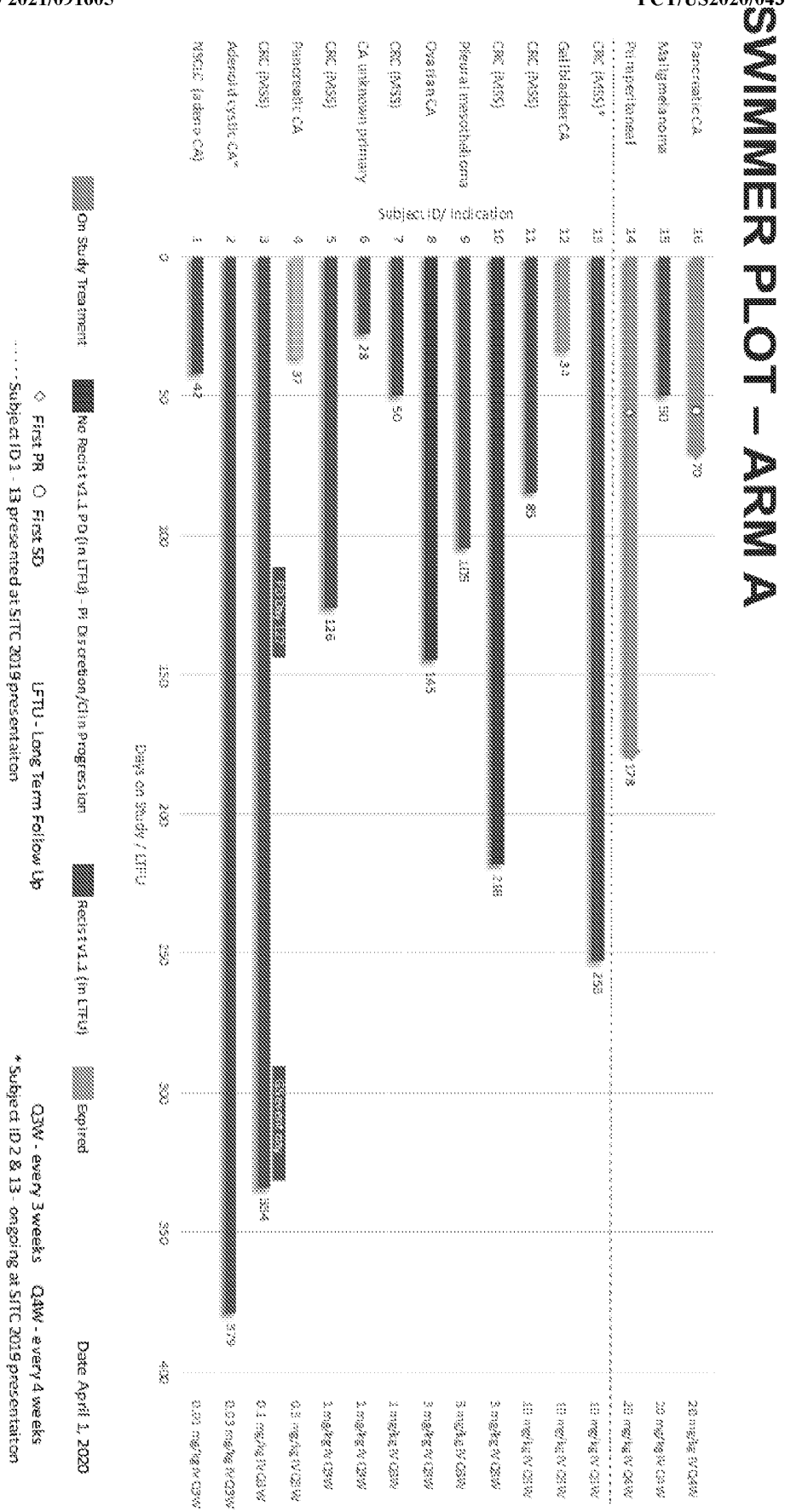


FIG. 31

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

FIG. 32C

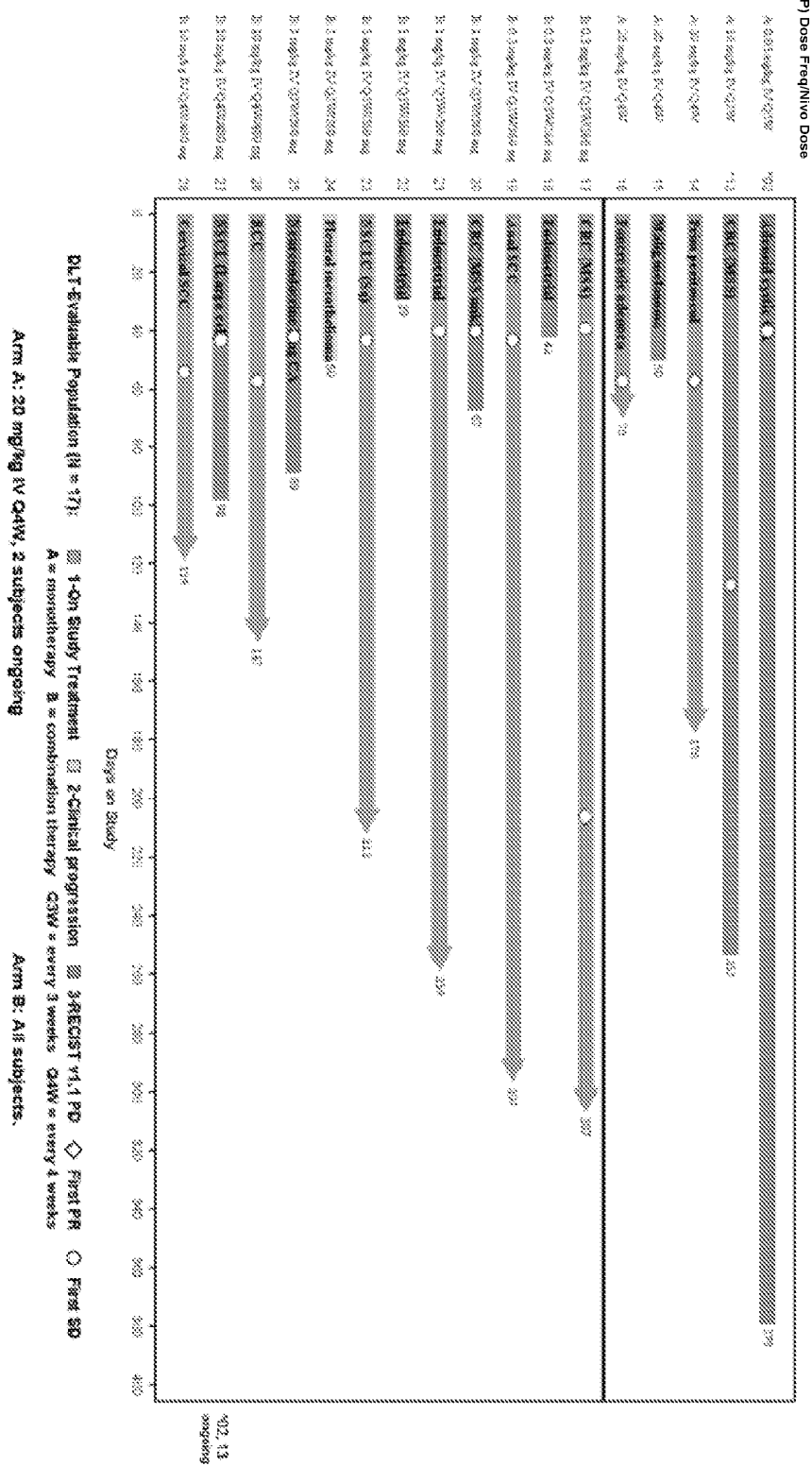


FIG. 33

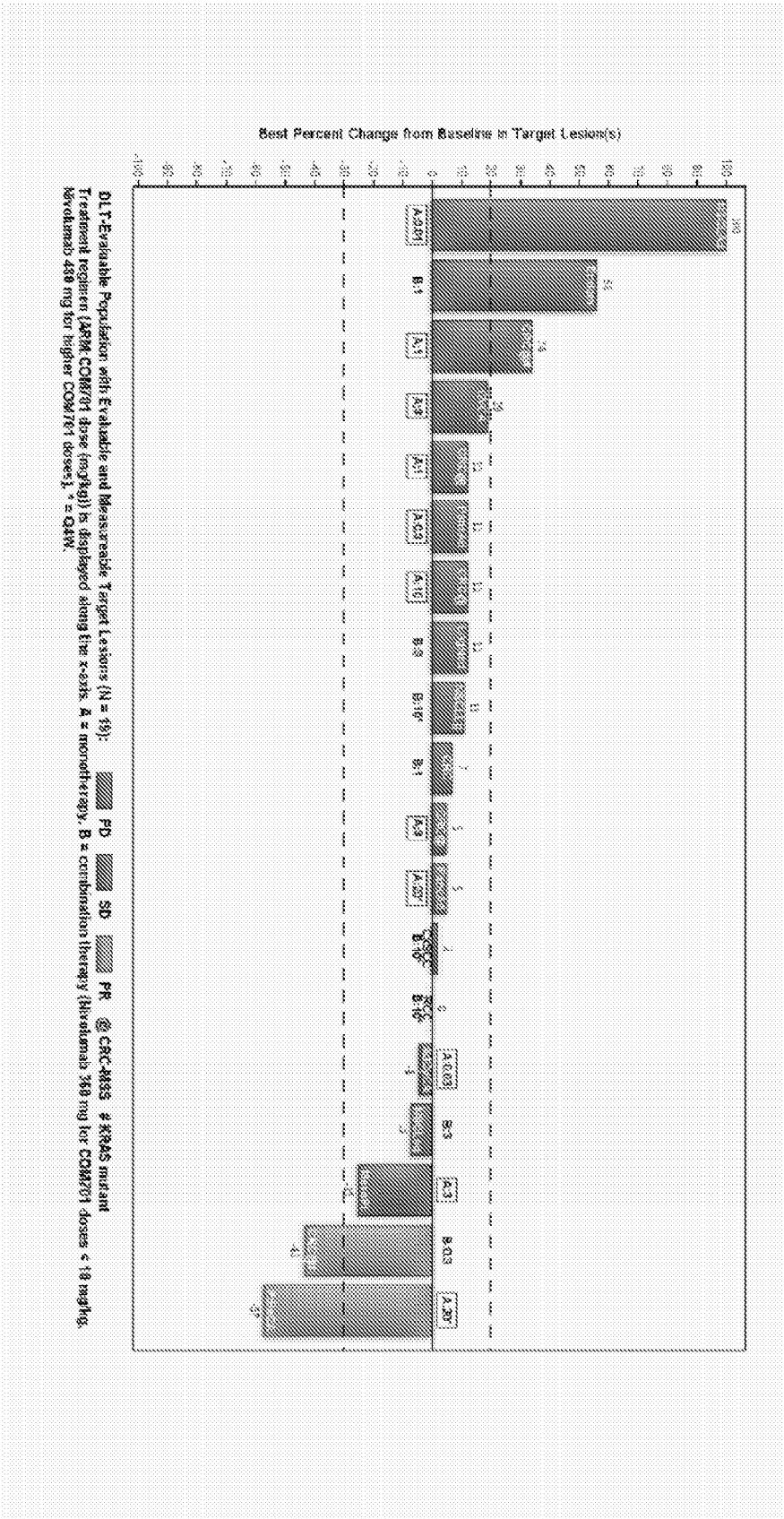


FIG. 34

**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

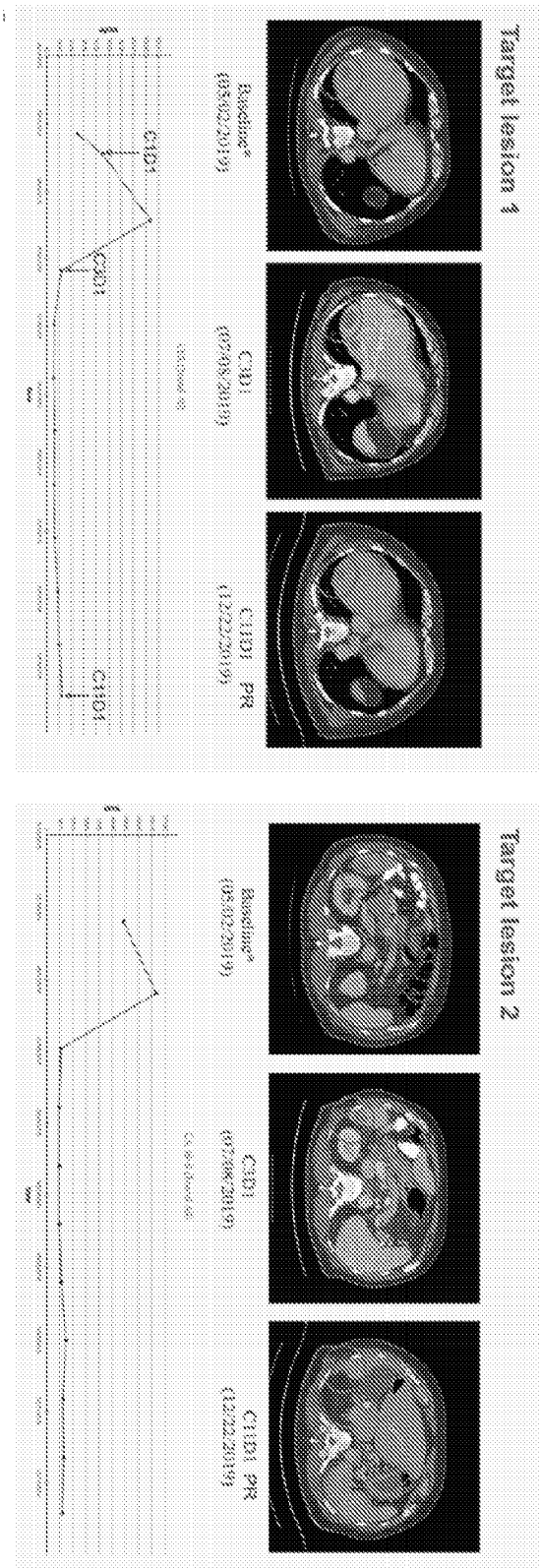
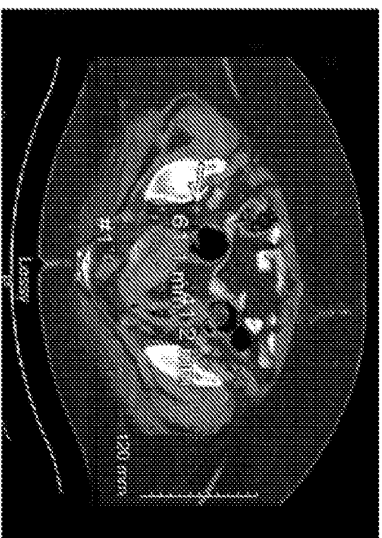


FIG. 35

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

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

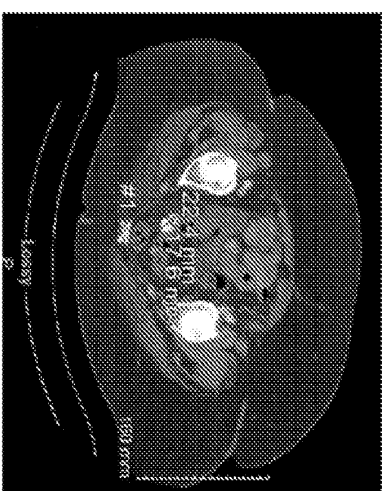
Study Treatment: CHA.7.518.1.H4(S241P) 20 mg/kg IV Q 4 wks



Baseline: 9/11/19



C2D28: 12/2/19 (PR)



C6D28: 3/23/20 (PR)