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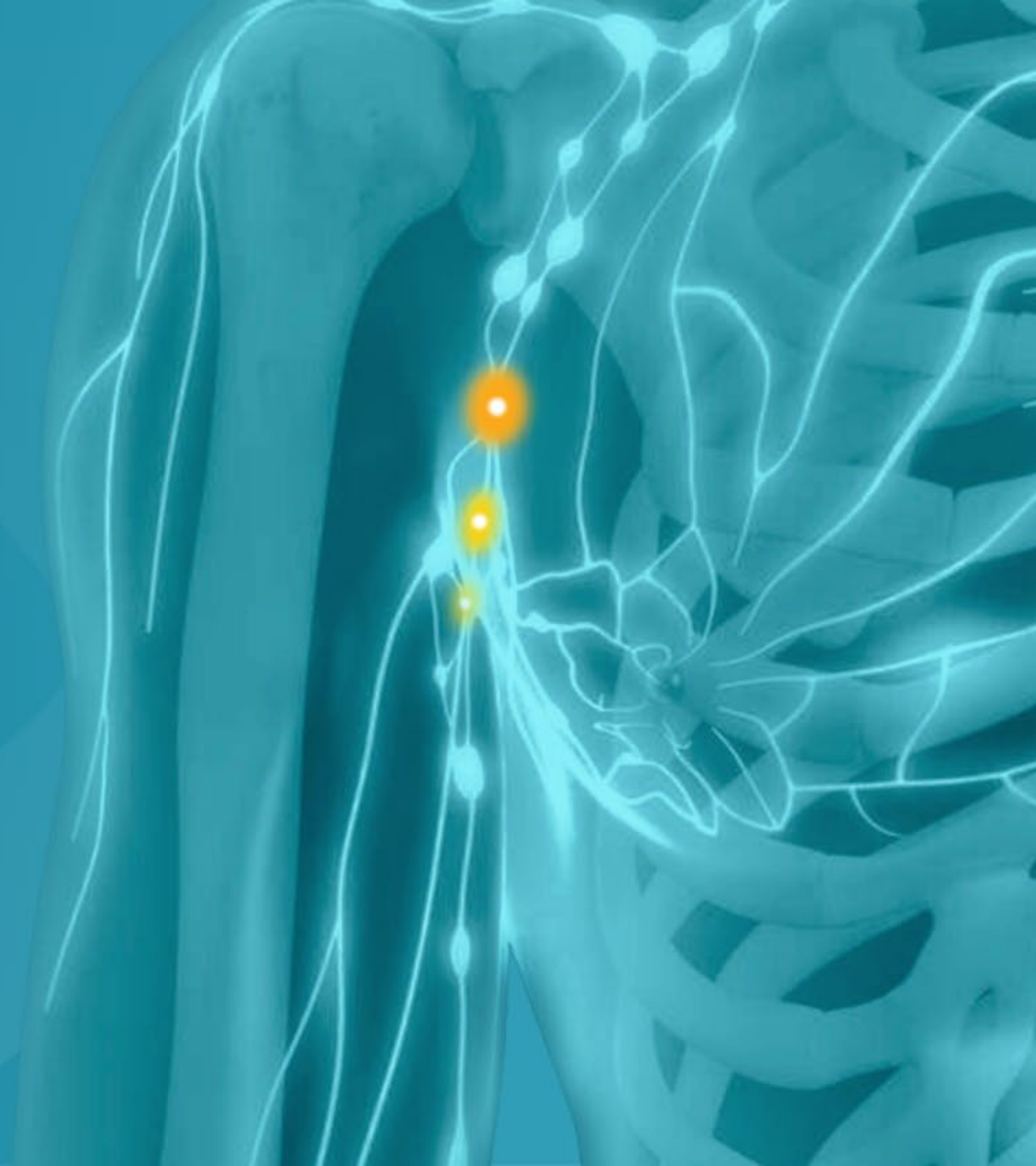
AMPLIFY-7P Phase 2 Immunogenicity Data
Nasdaq: ELTX

September 2025



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Key take-home points:

Phase 1: mKRAS-specific T cell Responses above ~9x over baseline correlated with clinical activity in two previous Phase 1 trials of ELI-002[1]

Phase 2: mKRAS-specific T cell Responses to ELI-002 were Consistent with Observations in Phase 1 Trials that Correlated with Clinical Activity[1]

[1] The response threshold correlated with clinical activity has not been determined for Phase 2

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Pant, et al. **Nature Medicine.** 2024; Devoe, et al. **ASCO.** 2024; Wainberg, O'Reilly, et al. **Nature Medicine**. 2025

ELI-002 7P Generated Robust T-Cell Responses In Ongoing Phase 2

Response Consistent with Observations in Phase 1 Trials of ELI-002 that Correlated with Clinical Activity

Phase 2: mKRAS-specific T cell Responses to ELI-002 7P were Consistent with Previous Phase 1 Observations

- ELI-002 7P data based on n = 90 evaluable Patients (4.9 mg AMP-Peptides)
  - **Robust expansion of mKRAS-specific T cells (median fold change from baseline):**
    - 99% mKRAS-specific T cell Response Rate (n = 89/90); 44.3x median increase over baseline; 145.3x average increase over baseline
    - Responses above ~9x over baseline correlated with clinical activity in two previous Phase 1 trials[1]
  - **Consistent CD4 + CD8 T cell Responses:**
    - 85% CD4 + CD8 Response Rate (compared to 75.0% in Phase 1)
    - Induction of combined CD4 and CD8 responses correlated with clinical activity in previous Phase 1 trial
  - **Consistent Responses to all included mKRAS antigens:**
    - 67.4% Response Rate for all 7 mKRAS Antigens (compared to 50.0% in Phase 1)
    - >80% Response Rate for each individual mKRAS antigen
  - **Consistent Responses to Patient-specific mKRAS Tumor antigen:**
    - 87.6% Response Rate to Patient Tumor Antigen (compared to 83.3% in Phase 1)
  - **Consistent Overall Vaccine Immunogenicity:**
    - Positive T cell Responses to 85.7% of vaccine antigens (compared to 66.7% in Phase 1)

[1] The response threshold correlated with clinical activity has not been determined for Phase 2

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Pant, et al. **Nature Medicine.** 2024; Devoe, et al. **ASCO.** 2024; Wainberg, O'Reilly, et al. **Nature Medicine**. 2025

Enrollment Complete for ELI-002 7P Randomized Phase 2 PDAC

Event Driven Interim DFS Analysis Completed: Preliminary Signals of Clinical Activity, IDMC Confirmed Favorable Safety Profile to Continue Trial[1]
Final Analysis Expected Q4 2025 for 2:1 Randomized, Open Label Study

CLINICAL STUDY OVERVIEW: NCT05726864

Monotherapy (no chemo, CPI combo)

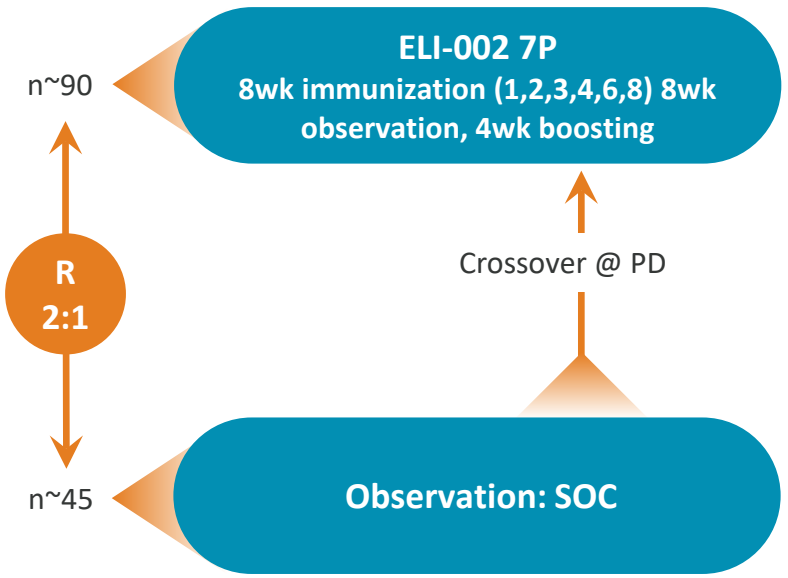
- ✓ mKRAS: Expanded Antigen Coverage

  G12D / R / V / C / A / S / G13D

Phase 2: Key Inclusion Criteria

- ✓ Includes: mKRAS G12D/R/V/C/A/S/G13D
- ✓ Up front resectable Stage I, II or III disease (PDAC)
- ✓ Complete R0/R1 resection
- ✓ Radiographic NED status within 6 months following completion of locoregional treatment
- ✓ MRD agnostic (biomarker +/- included)

Schema



N=144 pts, 24 Enrolling U.S. Sites

Endpoints

- Primary Endpoint: Disease Free Survival
- Secondary: Tumor Biomarker Response (biomarker subset)
- Secondary: Overall Survival, Safety, iRECIST Overall Response Rate

Exploratory: Immunogenicity

- Direct Ex vivo T cell Analysis
- Fold change from baseline
- CD4 + CD8 T cells
- Response to mKRAS variants

ELI-002 7P Phase 2 trial in PDAC patients: Disease-free survival final analysis expected in Q4 2025
Key Elements of Phase 3 Design aligned in FDA meeting
Randomized, blinded trial; primary endpoint will be investigator assessed DFS using modified RECIST (new lesions confirmed by biopsy/imaging)

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[1] Data cutoff: 6-June-25; NED: no evidence of disease

Key Differences between ELI-002 Phase 1 and Phase 2 Trials

	Phase 1 ELI-002 2P	Phase 1 ELI-002 7P	Phase 2 ELI-002 7P
# of patients (n)	25	14	144
Component dose optimized	Adjuvant AMP-CpG	Antigen AMP-Peptides 7P	Uses recommended Phase 2 Dose of 10.0 mg adjuvant, 4.9 mg antigens
KRAS mutations eligible	G12D, G12R	G12D, G12V, G12R, G12C, G12A, G12S, G13D	G12D, G12V, G12R, G12C, G12A, G12S, G13D
Minimal Residual Disease (MRD+)	Required	Required	Both MRD+ and MRD- are eligible
Resected oligometastatic Stage IV disease	Eligible	Not eligible	Not eligible
Tumor Stages Eligible	I, II, III and IV	I, II and III	I, II and III
Low screening lymphocyte count below normal range	Eligible	Eligible	Not eligible
Enrollment within 6 months of completing locoregional treatment	Not required	Required	Required
Upfront resectable tumors (surgeon able to operate before any chemo given)	Not required	Required	Required
Crossover	Not Applicable Single Arm	Not Applicable Single Arm	Control arm patients may elect to cross over after DFS endpoint met
Interval between ELI-002 Prime and Booster Doses	12 weeks	8 weeks	8 weeks

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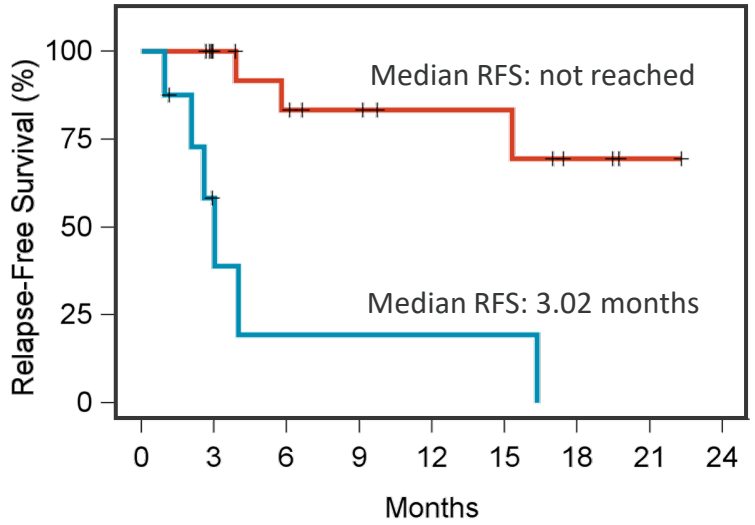
Pant, et al. **Nature Medicine.** 2024; Devoe, et al. **ASCO.** 2024; Wainberg, O'Reilly, et al. **Nature Medicine**. 2025

ELI-002 T Cell Responses in Phase 1 Correlated with Clinical Activity

mKRAS-specific T Cell Responses Above 9.17x Threshold Associated with Improved RFS in MRD+

	ELI-002 2P (Nature Medicine) Phase 1 (n=25)
Patients	MRD+ only
mKRAS T Cell Response	
T cell Response Rate (%, n)	84% (21/25)
Median Fold Change[1] (range)	16.4x (2.1x to 423x)
Threshold Above Which Clinical Activity was Correlated (% of Patients Above Threshold)	**9.17x (68%) 12.75x (56%)**
CD4 + CD8 T cell Response[2]	70.6%
Response to 7 mKRAS Antigens[1]	57.1%
Response to Patient Tumor Antigen[1]	81.0%
Overall Antigen Response Rate	74.0%



Median Relapse-Free Survival

≥ 9.17x Threshold T Cell	Not Reached
< 9.17x Threshold T Cell	3.02 months
HR (95% CI)	0.12 (0.022 - 0.615)
P-value	0.0002

[1] Responses shown are best overall responses vs baseline for assessable patients at any timepoint during the assessment period, measured among T cell Responders; ND = Not Determined; TBD = To be Determined; MRD = Minimal Residual Disease
[2] Measured among evaluable patients with samples assessable by Ex Vivo Intracellular Cytokine Staining assay
ELI-002 2P: Data cutoff 24-Sept-24; ELI-002 7P Phase 1: Data cutoff 24-Sept-24

88% reduction in Risk of Progression or Death due to any cause in above 9.17x threshold T cell Responders to ELI-002

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Pant, et al. **Nature Medicine.** 2024; Devoe, et al. **ASCO.** 2024; Wainberg, O'Reilly, et al. **Nature Medicine**. 2025

Final Analysis of ELI-002 2P Phase 1: mKRAS T cell Response Correlated To Clinical Activity

ELI-002 2P | Phase 1A

Risk of Relapse and Death Reduced in 68% of Patients with T cell Responses Above 9.17x Threshold

		Pant et al. Nature Medicine. 2024	Wainberg, et al. Nature Medicine. 2025	Historic MRD+ PDAC
Data Cut-off		6 Sept 2023	24 Sept 2024	
Median Follow-up		8.5 months	19.7 months	**Historic MRD+ PDAC**
Median RFS (n=25)		16.33 months	16.33 months	5.0 – 6.4 months
Median OS (n=25)		16.33 months	28.94 months	17 months
mKRAS T Cell Response Threshold		12.75x (median)	9.17x (ROC-defined)	
Patients ≥ mKRAS T Cell Response Threshold		13 / 25	17 / 25	
mKRAS T Cell Response Correlation to:	**Tumor Biomarker Response**	P = 0.0014	P = 0.0024	
	RFS	**HR 0.14, P = 0.0167**	**HR 0.12, P = 0.0002**	
	OS	**NR**	**HR 0.23, P = 0.0099**	

RFS: Relapse-free survival; OS: Overall survival; ROC: Receiver-operating curve; NR: Not reported

Botta, Jurdi, et al. **Oncologist**. 2024;
Groot, Eshleman, et al. **Clin Cancer Research**. 2019;
Pant, O'Reilly, et al. **Nature Medicine.** 2024;
Wainberg, O'Reilly, et al. **Nature Medicine**. 2025

ELI-002 7P Generated Robust T-Cell Responses In Phase 2

Immune Response Consistent with Observations in Phase 1 Trials of ELI-002 that Correlated with Clinical Activity

	ELI-002 2P (Nature Medicine) Phase 1 (n=25)	ELI-002 7P (4.9 mg) Phase 1 (n=7)	ELI-002 7P All (1.4 mg & 4.9 mg) Phase 1 (n=12)	ELI-002 7P (4.9 mg) Phase 2 (n=90)
Patients	MRD+ only	MRD+ only	MRD+ only	**MRD+ & MRD-**
mKRAS T Cell Response				
T cell Response Rate (%, n)	84% (21/25)	100% (7/7)	100% (12/12)	**99% (89/90)**
Average Fold Change[1]	58.6x	113.8	71.1x	**145.3x**
Median Fold Change[1] (range)	16.4x (2.1x to 423x)	113.3x (9.5x to 351x)	18.5x (4.2x to 351x)	**44.3x (2.13x to 1310x)**
Threshold Above Which Clinical Activity was Correlated (% of Patients Above Threshold)	**9.17x (68% above 9.17x) 12.75x (52% above 12.75x)**	**ND**	**9.5x (75% above 9.5x)**	**TBD (80% above 9.5x)**
CD4 + CD8 T cell Response[2]	70.6%	85.7%	75.0%	**85.0%**
Response to 7 mKRAS Antigens[1]	57.1%	71.4%	50.0%	**67.4%**
Response to Patient Tumor Antigen[1]	81.0%	100%	83.3%	**87.6%**
Overall Antigen Response Rate (%, n)[3]	74.0% (37/50)	79.6% (39/49)	66.7% (56/84)	**85.7% (540/630)**

[1] Responses shown are best overall responses vs baseline for assessable patients at any timepoint during the assessment period, measured among T cell Responders; ND = Not Determined; TBD = To be Determined; MRD = Minimal Residual Disease
[2] Measured among evaluable patients with samples assessable by Ex Vivo Intracellular Cytokine Staining assay; [3] Overall Antigen Response Rate calculated as the percentage of positive mKRAS-specific T cell responses among all evaluated patients against all vaccine antigens
The Company remains blinded to the trial efficacy outcomes and the correlation of T cell responses to antitumor response; ELI-002 2P: Data cutoff 24-Sept-24; ELI-002 7P Phase 1: Data cutoff 24-Sept-24; ELI-002 7P Phase 2: 22-Aug-25

ELI-002 7P demonstrated robust T-cell activation in patients in Phase 2 AMPLIFY Trial

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Pant, et al. **Nature Medicine.** 2024; Devoe, et al. **ASCO.** 2024; Wainberg, O'Reilly, et al. **Nature Medicine**. 2025; McNeil, et al. **JITC**. 2024

Executive Summary: Key Takeaways from Phase 2 Immunogenicity Data

Phase 2 ELI-002 7P-Induced mKRAS T cell Responses were Consistent with Prior Phase 1 Observations

- T cell Responses from Phase 2 were consistent across numerous metrics of magnitude and functional quality with responses observed in previous Phase 1 studies of ELI-002 2P and ELI-002 7P where T cell Response was correlated to clinical activity

  - **Robust expansion of mKRAS-specific T cells**
  - **Consistent CD4 + CD8 T cell responses**
  - **Consistent responses to all included mKRAS antigens**
  - **Consistent responses to patient-specific mKRAS tumor antigen**
  - **Consistent overall vaccine immunogenicity**

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