

The Problem: Despite Amazing Advances in Targeted Therapies, Cancer Deaths Remain High

	1997-1998	2013	2017	
	Anti-CD20 Anti-Her2 era	Kinase and Checkpoint and BiTEs era	CarT and ADC era	
Five Year Survival	2000	2013	2017	2021
All Cancer	64%	68%	69%	70%

**Most New Drugs
(30-68%) for Cancer
are Going After
Saturated Targets**

Saturated Target	2022 assets in clinical trials	# approved drugs
CD19	60	9
PD(L)1	56	6
Her2	39	9
BCMA	33	4
BTK	30	6
CD20	17	7

**New drugs are
also expensive,
toxic and accessible
to limited patients**

Mobilizing the Supercharged Immune Armies Within



AVM
BIOTECHNOLOGY

AVM0703 provides lowest side-effects and high overall survival in relapsed – refractory Non-Hodgkin's Lymphoma and has pan-cancer activity and autoimmune activity

**National Institute of Health 2024 Innovation Company
National Cancer Institute 2023 Showcase Company
NIH/NIDDK 2022 Showcase Company**

Mobilizing the Supercharged Immune Armies Within



AVM
BIOTECHNOLOGY

Cancer survivors face secondary malignancies, cardiotoxicity and neurotoxicity caused by the treatments that saved their lives from the first cancer

Reduction of R-CHOP cycles to 4 does not reduce secondary malignancies. Cardiotoxicity is reduced but still a risk. If R-CHOP cycles could be reduced to 3 or less, cardiotoxicity could be eliminated and other life-long risks potentially reduced.

AVM Biotechnology Pipeline

Asset	Indication	Preclinical	CUP, RTT, FDA Expanded Access INDs	IND	Phase 1	Phase 2	Partner
AVM0703	R/R Non Hodgkins Lymphoma						NCI
	Influenza or COVID ARDS						HHS/BARDA
	Wound Healing						HHS/BARDA
	2 nd Line DLBCL + R-CHOP						
	Solid Tumors						HHS/BARDA
	Type 1 Diabetes						NIDDK
AVM0704	Blood Cell Formation						CSHL/HHS/ BARDA
Allogeneic $\gamma\delta$ TCR+ invTCR+ T and NKT	Solid Tumors						

AVM0703 Mechanism of Action - Activation of Reserve Immune System

Intravenous Infusion~ 1.3 grams novel formulation dexamethasone phosphate over 1 hour

Systemic glucocorticoid activity **NEGATIVE**

(The Hormetic Principle in action)

Activity is all host-directed

BONE MARROW

via ICAM3:

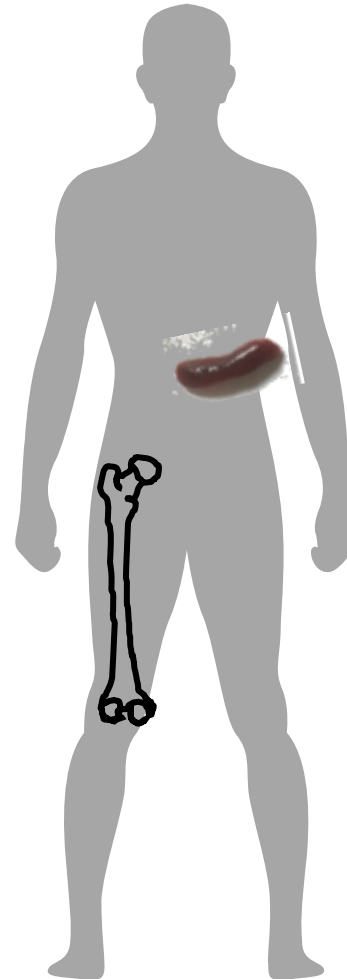
PRODUCES RESERVE IMMUNE CELLS

Via not yet identified receptor:

STIMULATES HEMATOPOIETIC STEM CELLS

STIMULATES MESENCHYMAL STEM CELLS

Can treat patients with pan-cytopenias and organ failure



SPLEEN (splenectomized patients still respond)

via ICAM3:

PRODUCES RESERVE IMMUNE CELLS

Phase 1b NHL trial

Enrolled:

ANC 0.1-0.6 19%

HgB 7-9 25%

Platelets 30-60 25%

Co-morbidities 59%

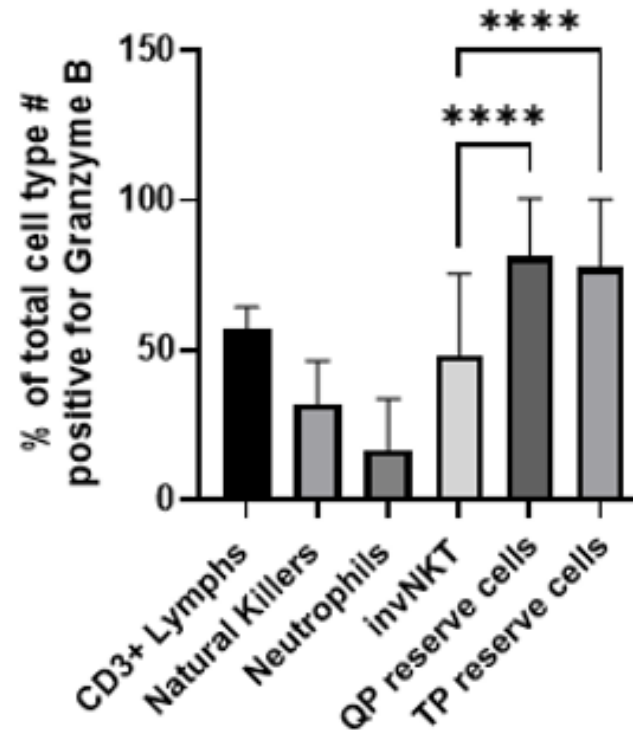
Reserve Immune Cell Characteristics

The Reserve Immune Cells are:

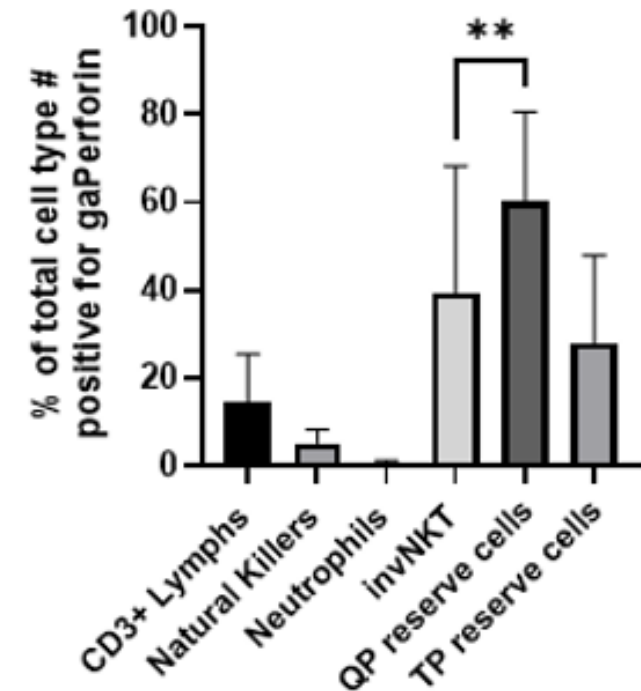
- gamma/delta TCR+ (vDelta3+)
- invariant TCR+ (DP)
- CD3high (TP) T cells
- CD3high and CD56+ (QP) NKT cells
- loaded with cytotoxic enzyme

The gamma/delta($\gamma\delta$)TCR programs them to find and kill all stressed cells - cancer, stromal cells around solid tumors, autoreactive lymphocytes and infected cells.

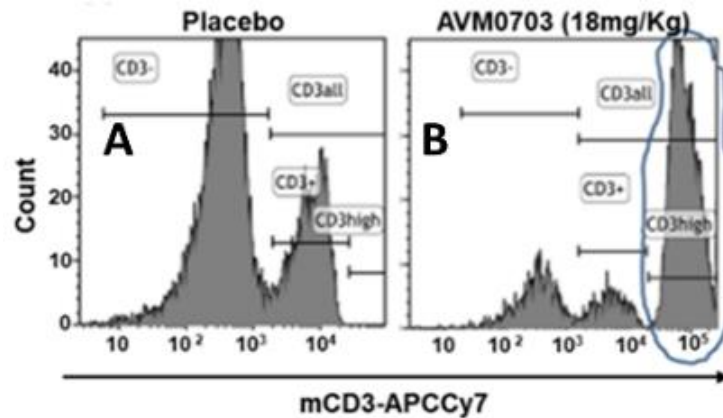
Granzyme B levels are higher in reserve immune cells



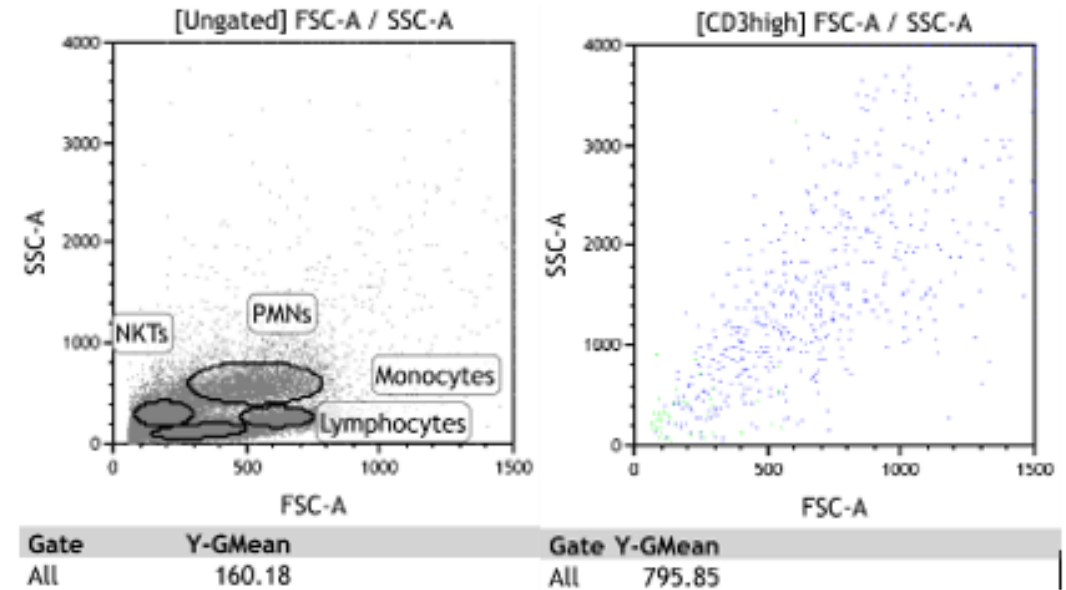
granule associated Perforin levels are higher in reserve immune cells



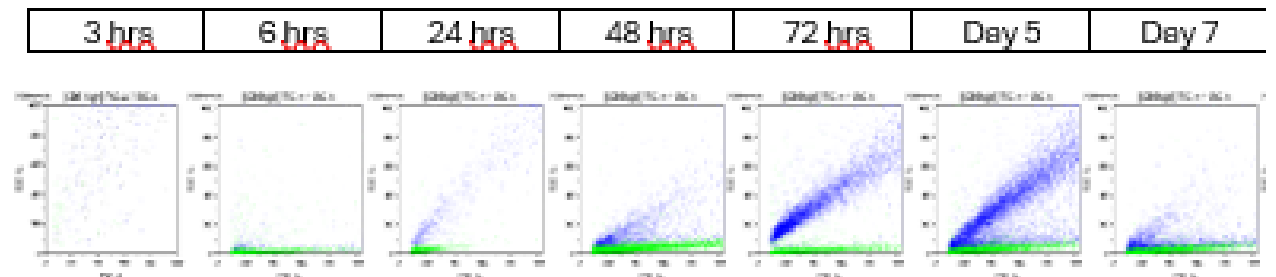
In naïve healthy mice the reserve immune cells induced by AVM0703 are CD3 very high and we can follow these cells over time to characterize them. After the cells have completed their activity and released their enzyme content they move to a SSC low state.



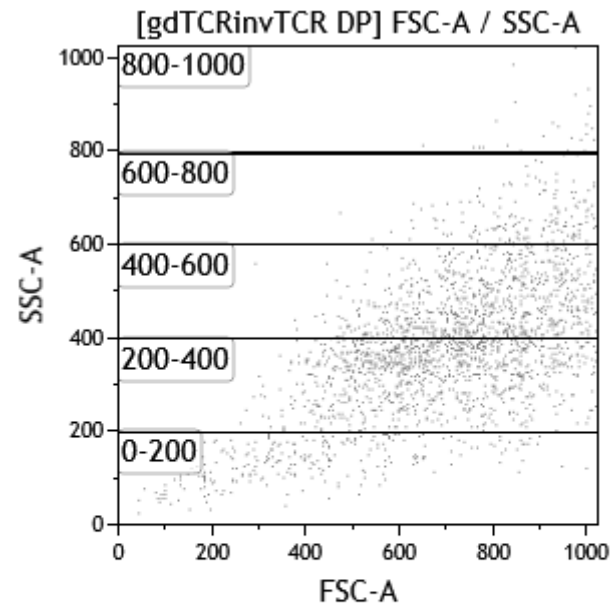
Cancer, autoimmunity and infectious disease also trigger the production of these cells in mice.



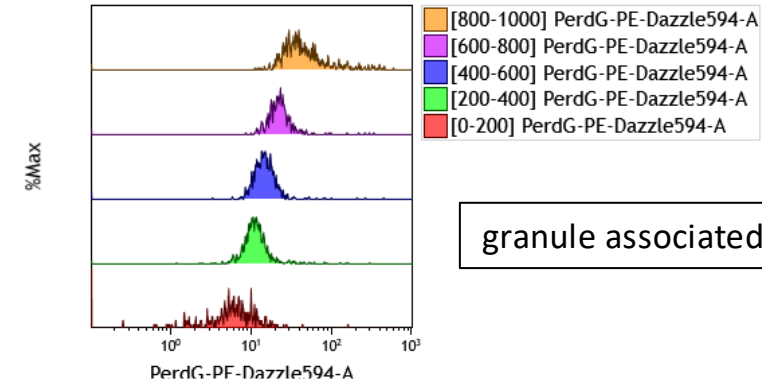
Standard flow scatter axes are 0 - 1000.
On Miltenyi flow cytometers you have to increase the x axis to >1500 and the y axis to 4000 to observe the enzyme loaded reserve immune cells (above). After the cells have released their enzyme contents they come down to a low SSC state (below)



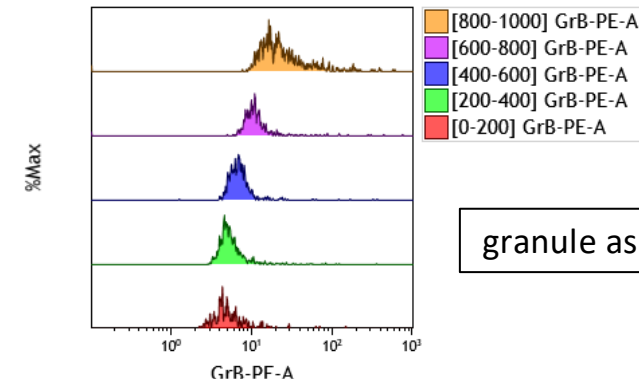
Reserve Immune Cell Characteristics: cytotoxic granzyme A, granzyme B and perforin enzyme levels are related to Y axis side scatter



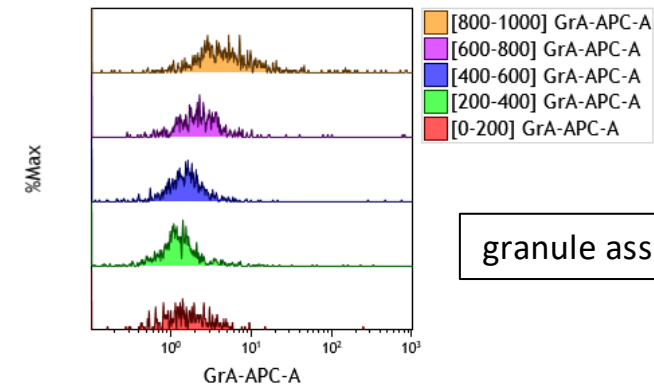
Gate	%Total	%Gated	Y-A-Mean
0-200	0.17	7.19	135.35
200-400	0.74	30.35	322.66
400-600	0.54	22.35	474.71
600-800	0.33	13.62	683.84
800-1000	0.44	18.19	973.80



granule associated Perforin

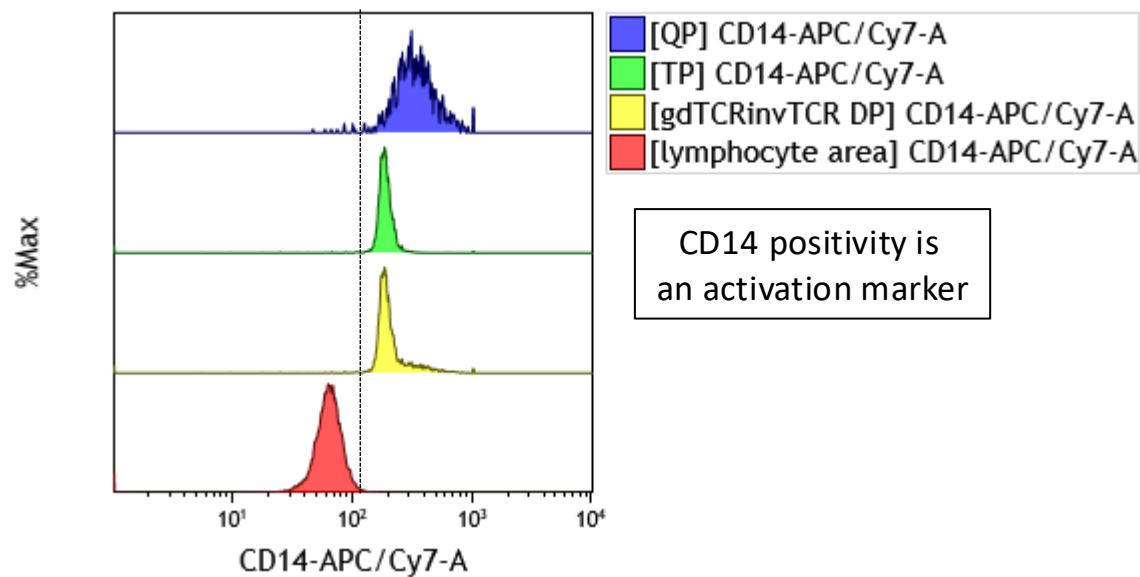
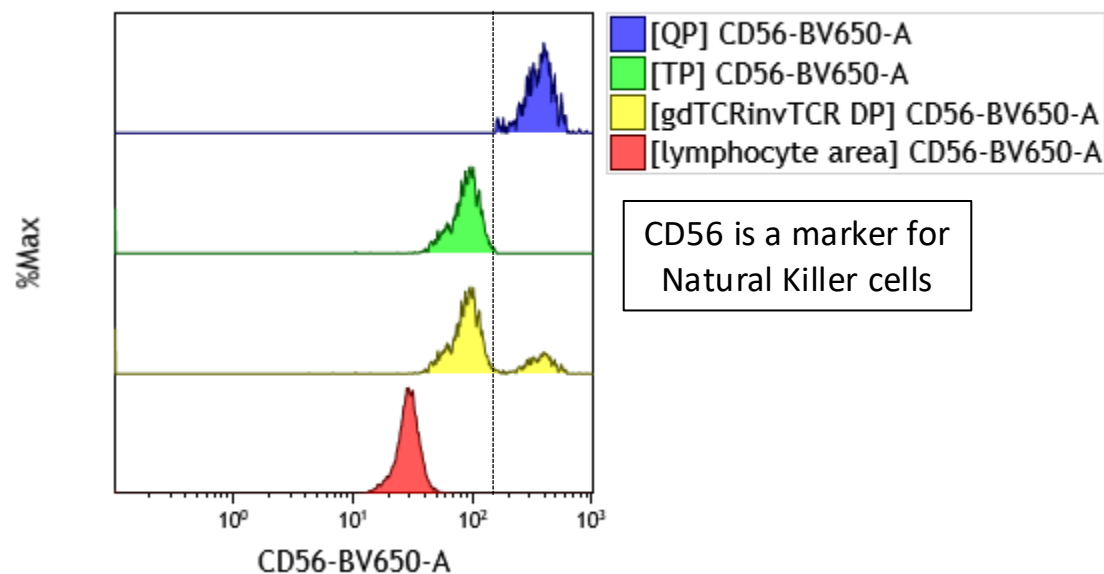
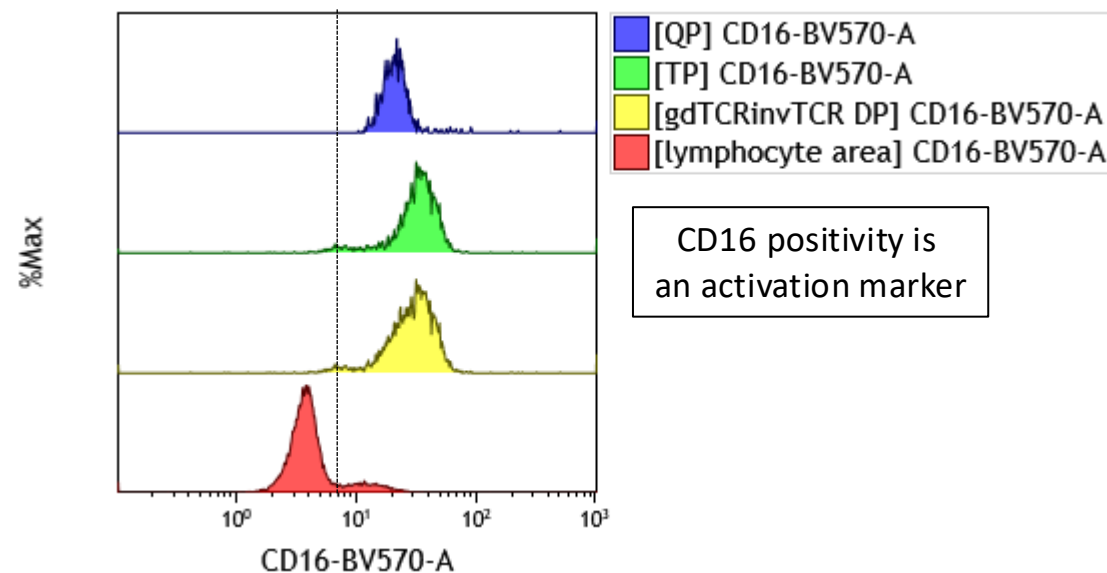
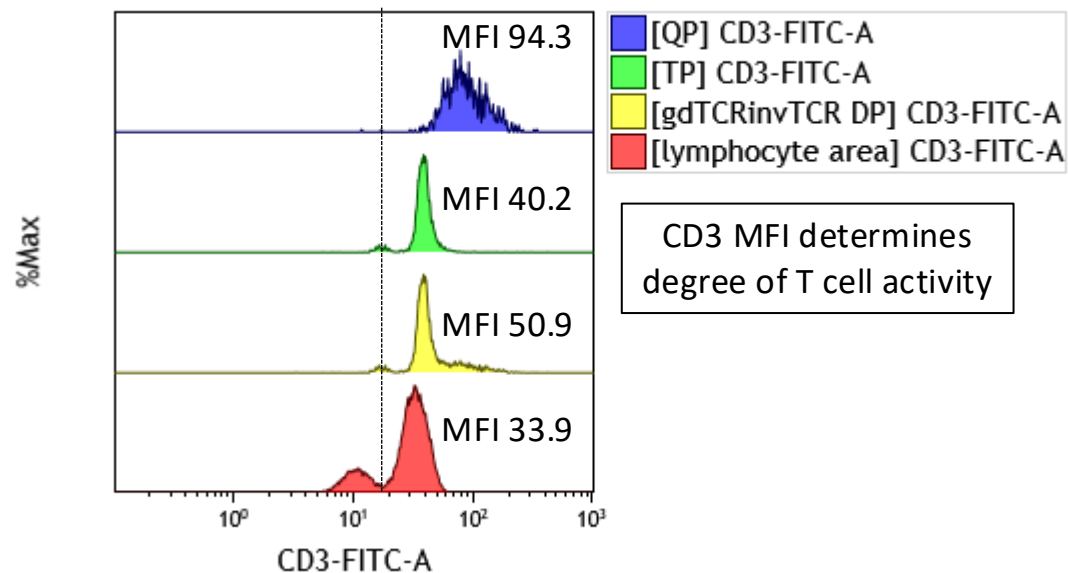


granule associated Granzyme B

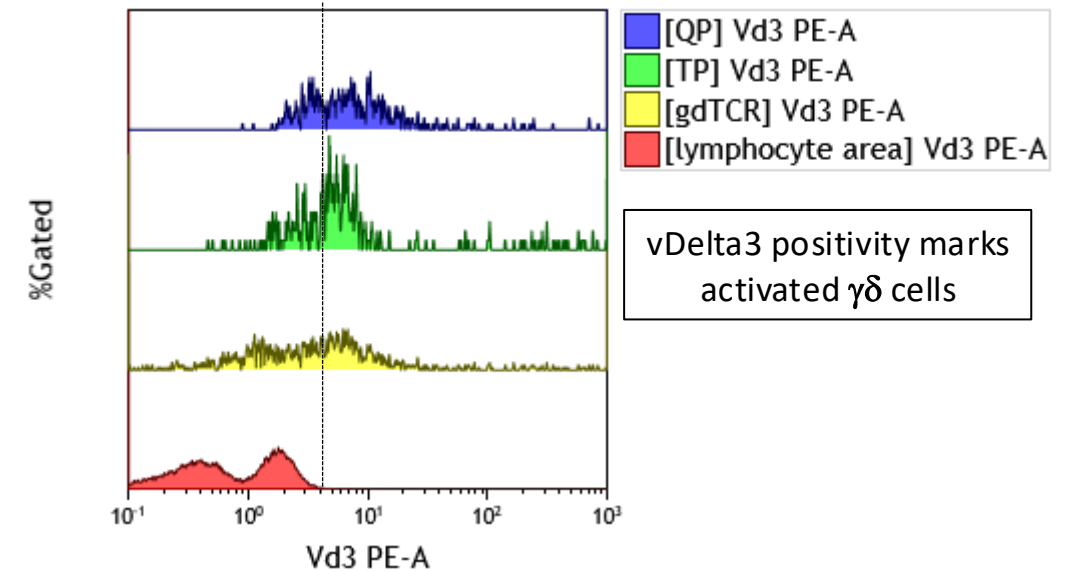
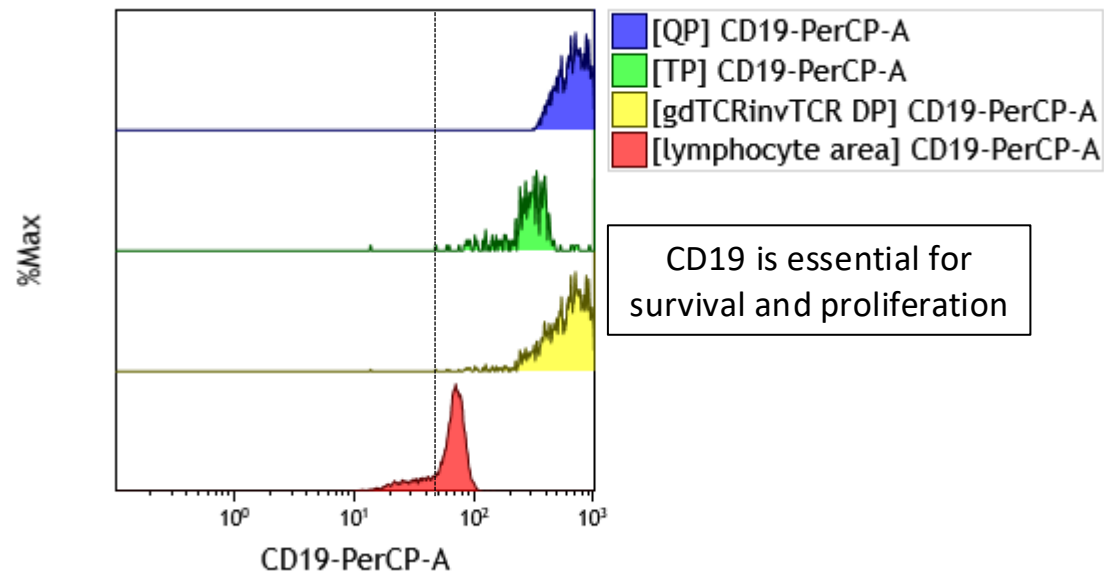
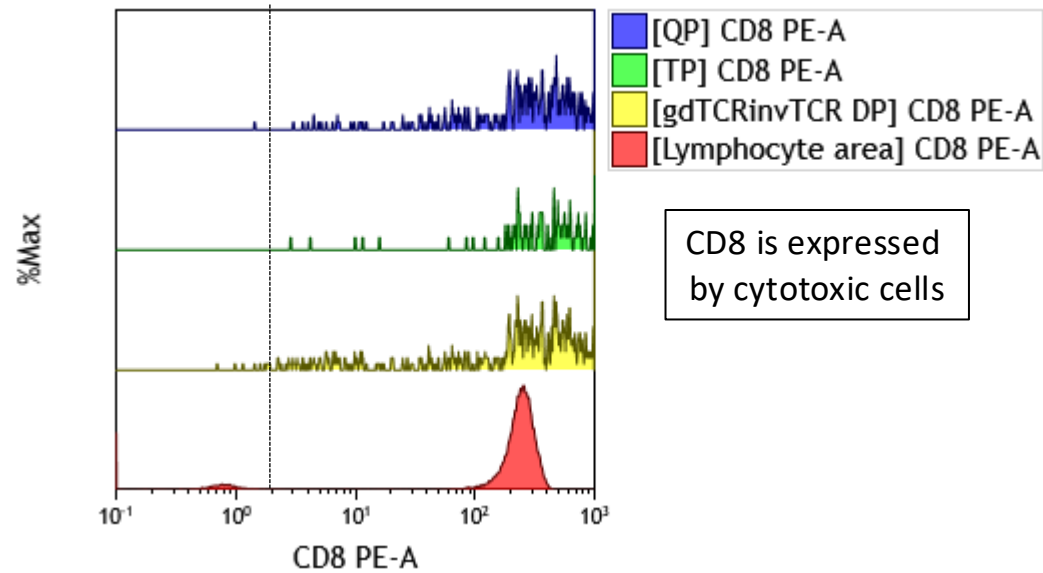


granule associated Granzyme A

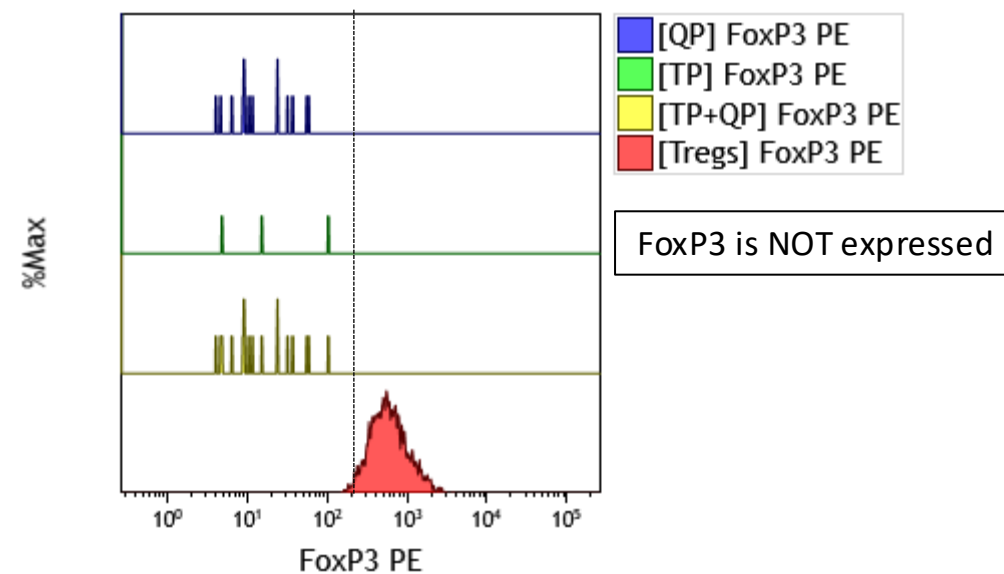
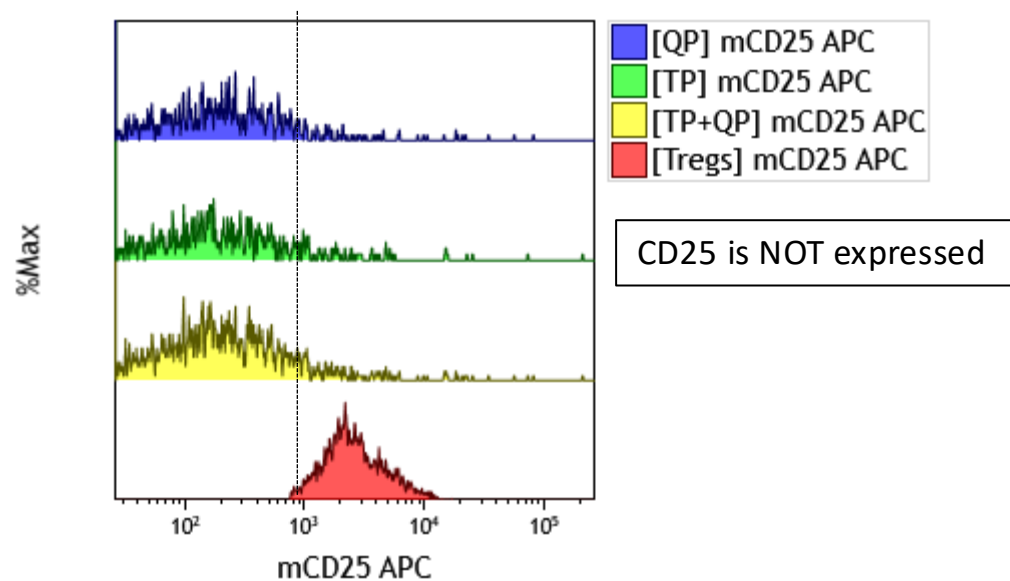
Reserve Immune Cell Characteristics: CD3high, CD16 and CD14 positive, QP also CD56+



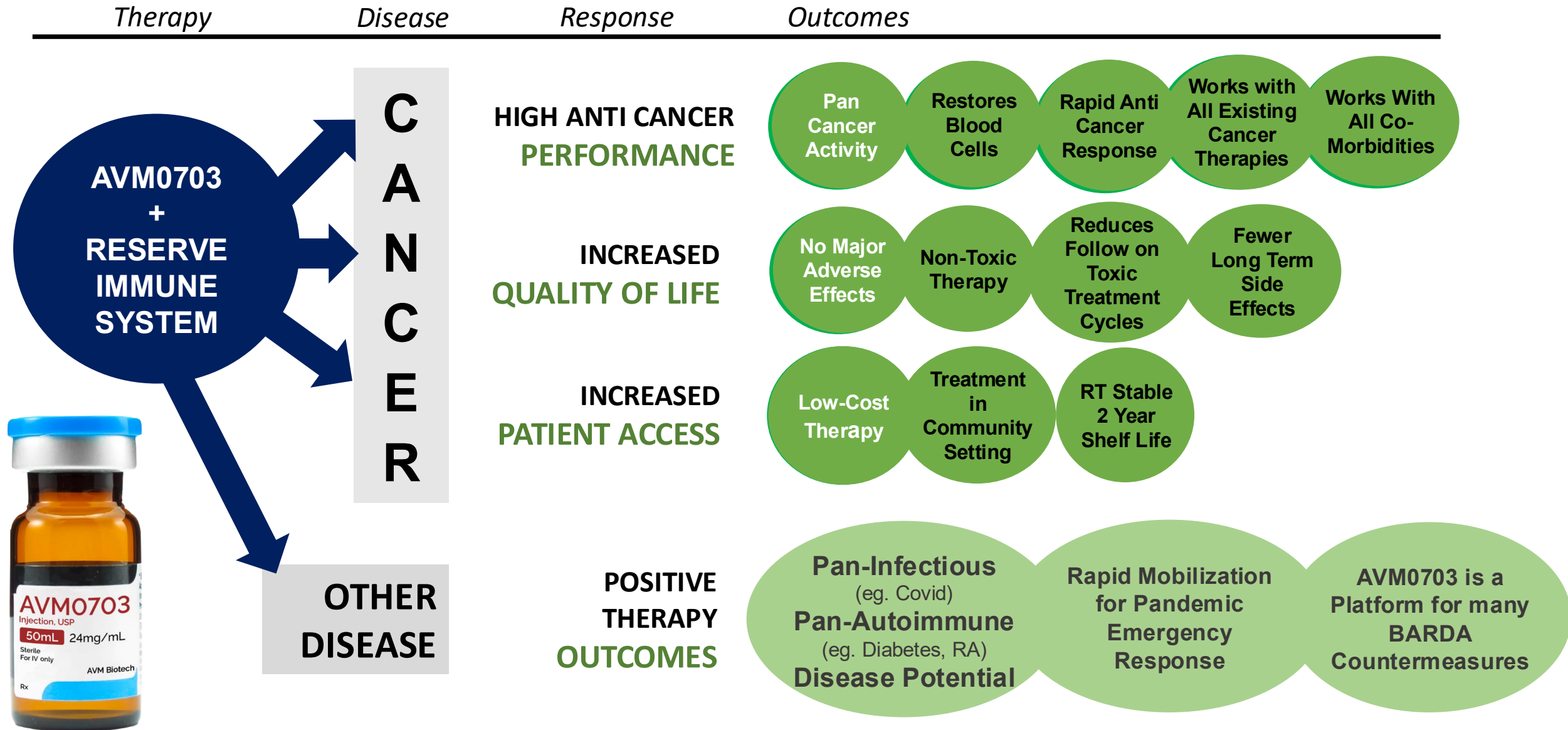
Reserve Immune Cell Characteristics: CD8, CD19 and vDelta3 positive



Reserve Immune Cell **absent** Characteristics: CD25 and FoxP3 negative

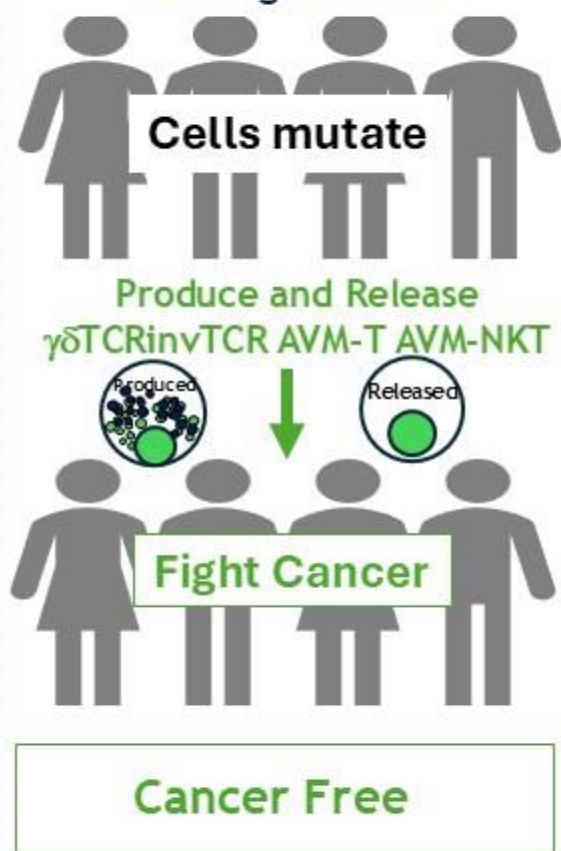


AVM0703 is a Platform itself that activates a broken “reserve immune system” to address ALL CANCERS with Applicability to a WIDE RANGE OF DISEASE



The Reserve Immune System Working

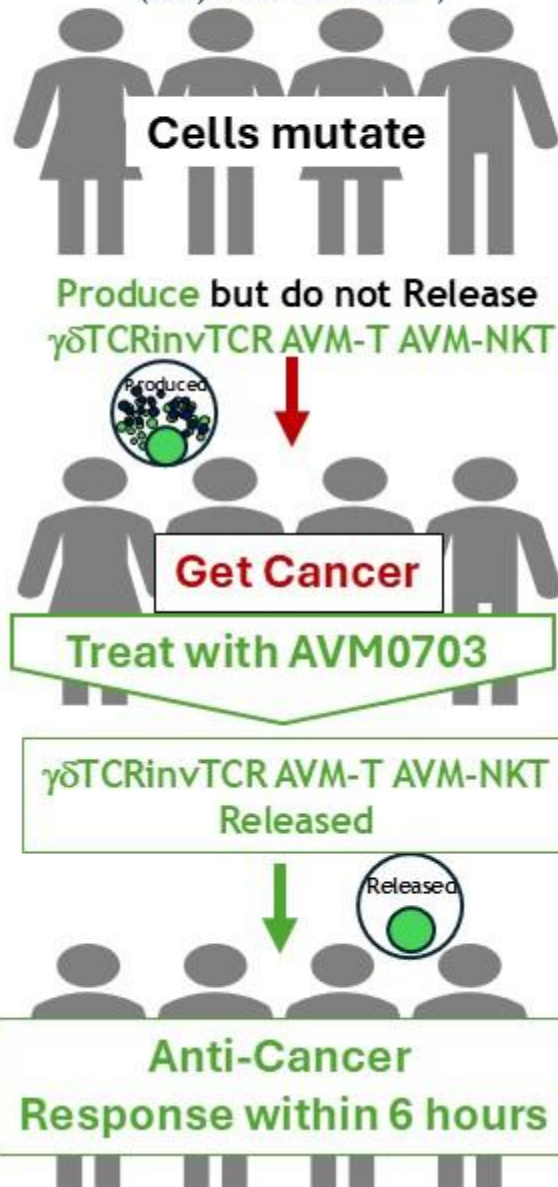
80% of population
don't get cancer



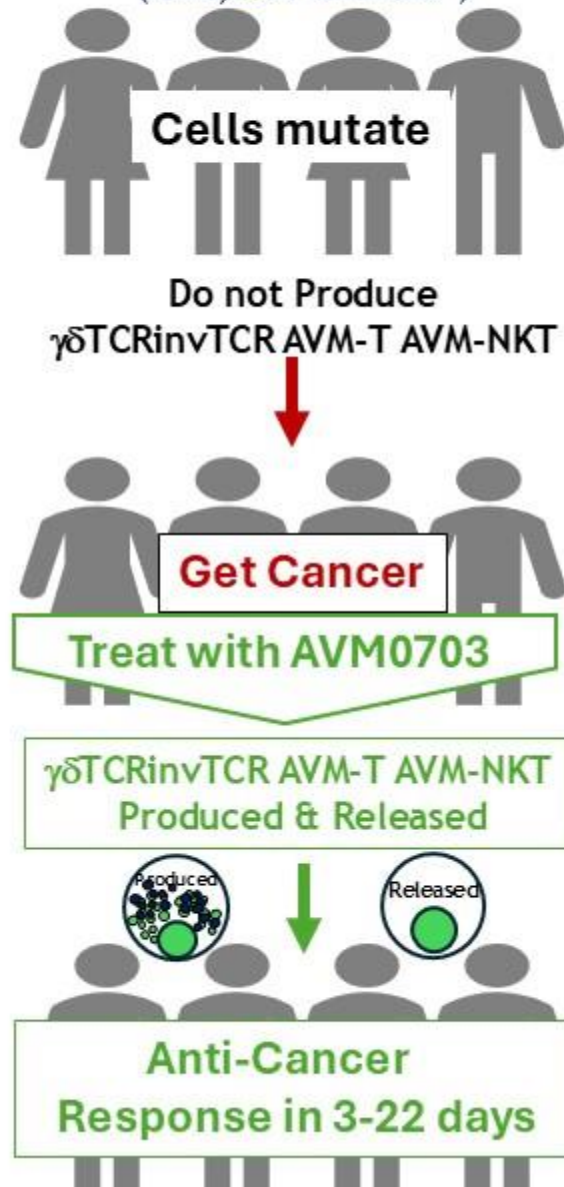
Lenalidomide and checkpoint inhibitors
require 1-3 months for response

*US annual cancer incidence from NCI SEER

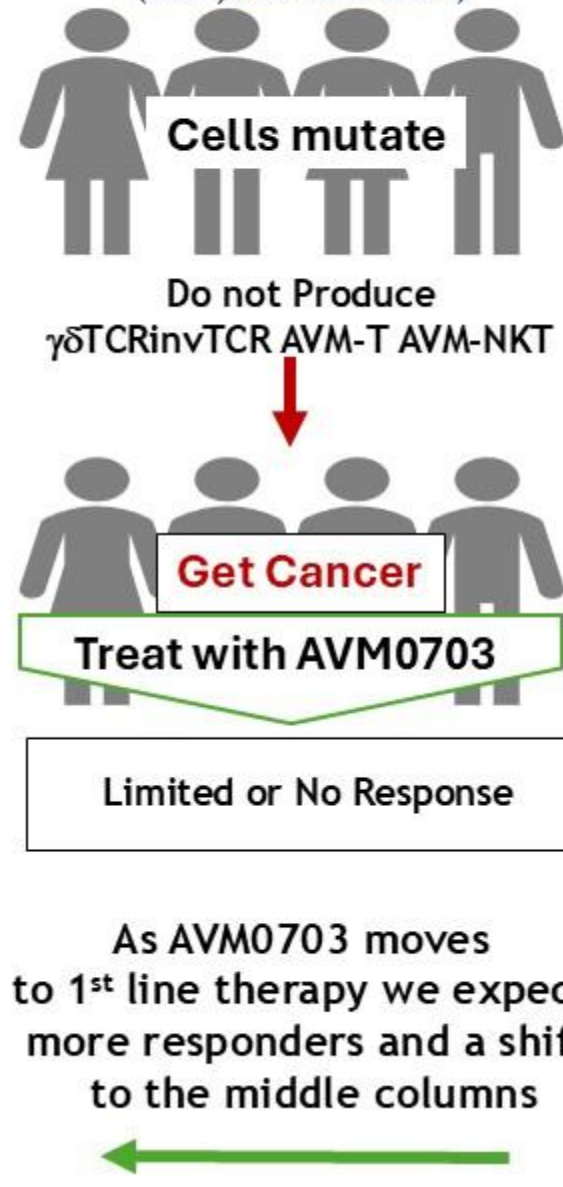
10% of Cancer
(82,500 annual*)



65% of Cancer
(536,250 annual*)



25% of Cancer
(206,250 annual*)



As AVM0703 moves
to 1st line therapy we expect
more responders and a shift
to the middle columns

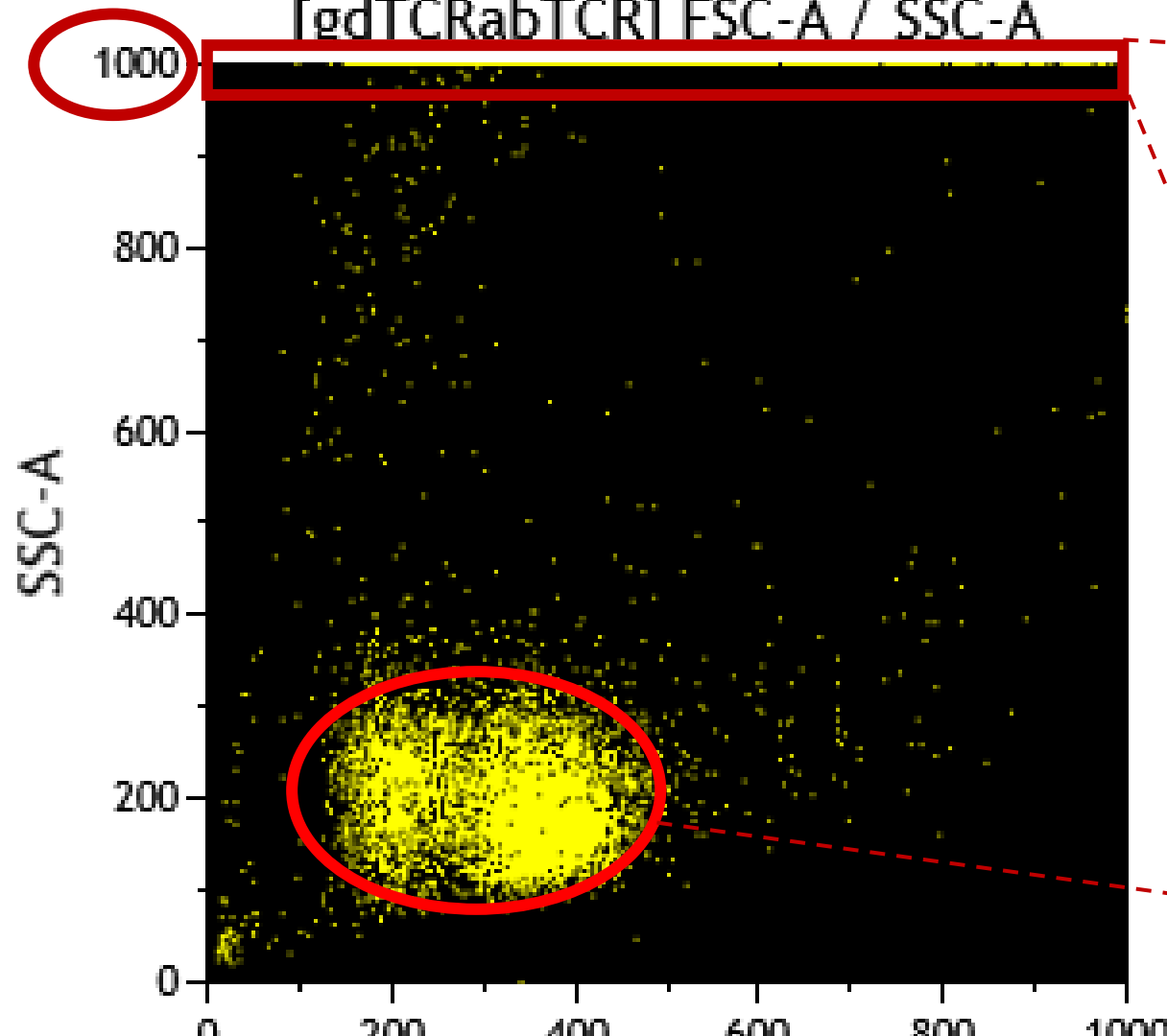


Standard Flow Cytometry Acquisition Protocols have a toggle turned on that prevents acquisition of the reserve immune cells and limits the scattergram X and Y axes to 1000 so the reserve immune cells are overlooked

Scattergram sent from Tuebingen Germany

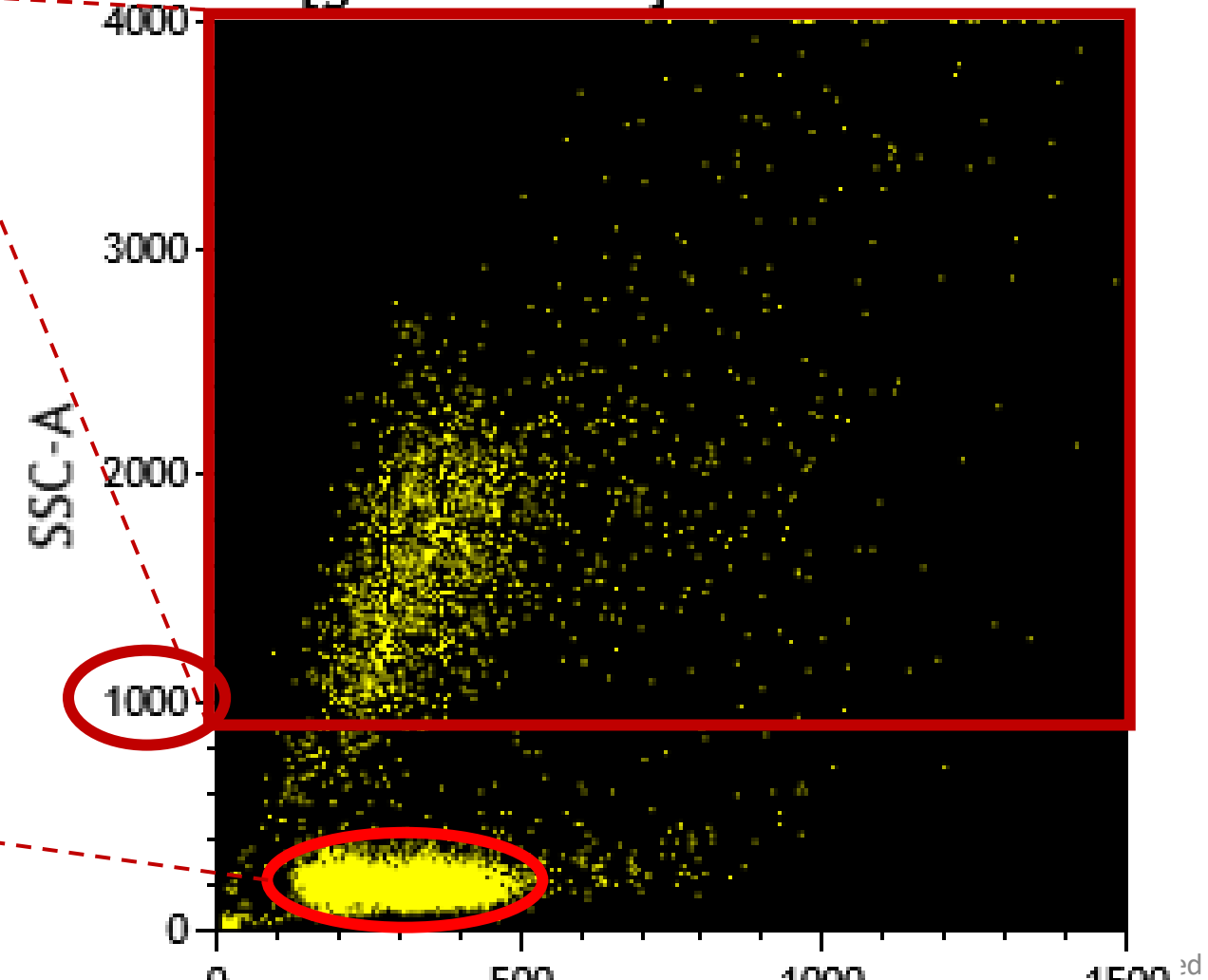
Reserve immune cells labeled yellow are at the top of the Y axis at Tuebingen and would not be analyzed

[gdTCRabTCR] FSC-A / SSC-A

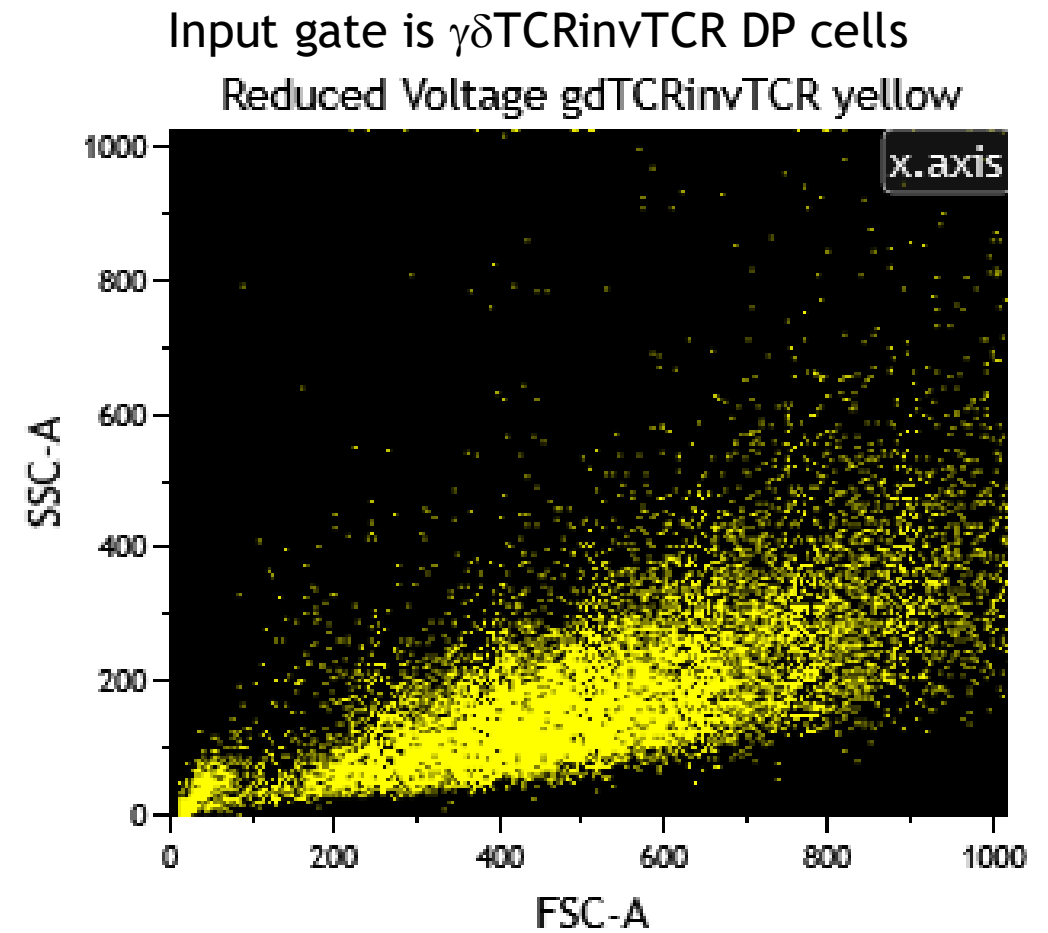
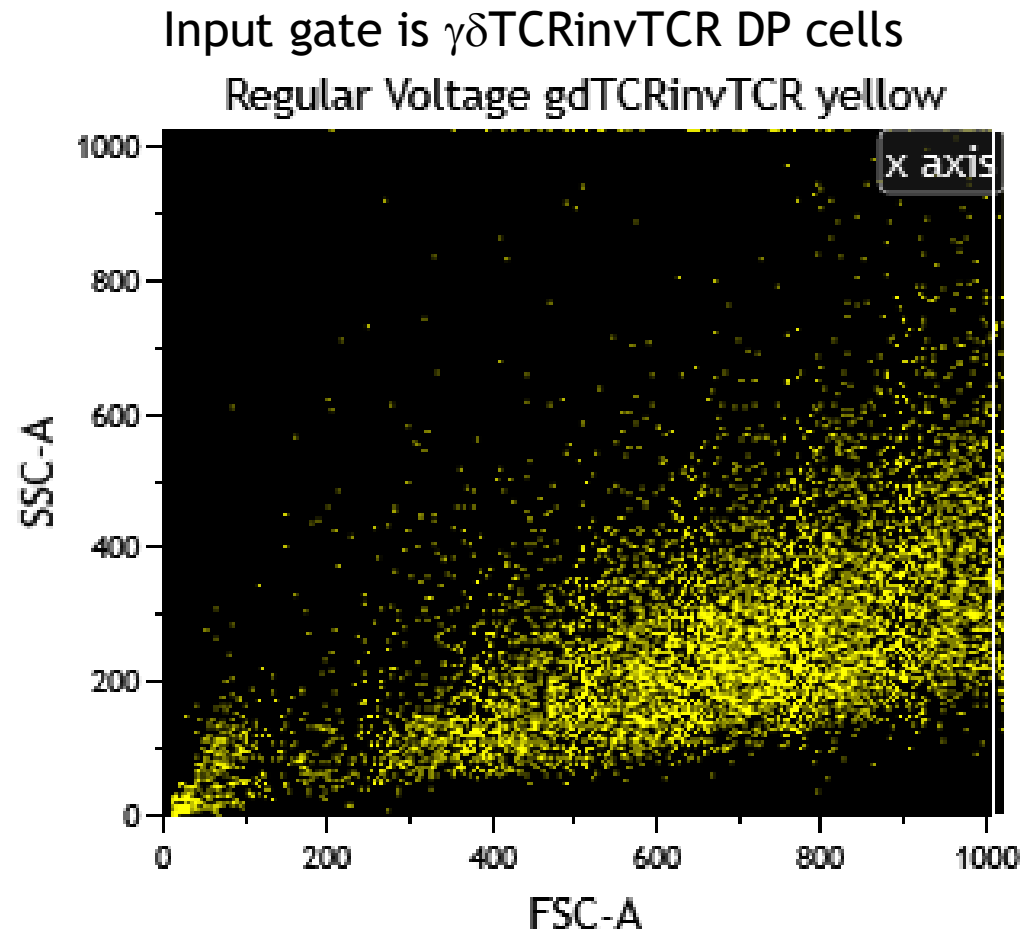


Scattergram re-analyzed at AVM expanding axes

[gdTCRabTCR] FSC-A / SSC-A

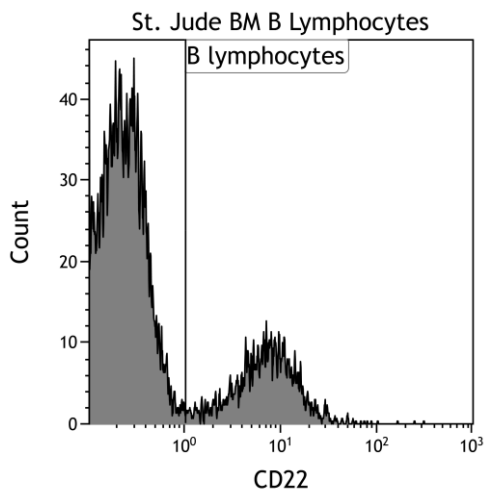
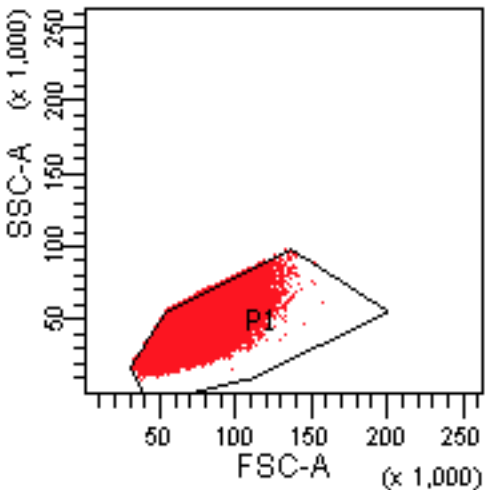


Additionally, on some flow cytometers, like the Cytex, the acquisition voltage has to be turned down to fully observe the cells.



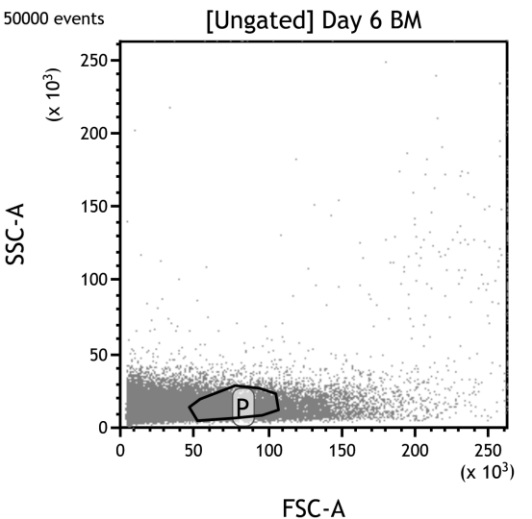
Flow cytometry of EAP HP imminently terminal B-ALL at St. Jude demonstrated that acquiring only single cell events, standard flow cytometry practice, explains why these reserve immune cells have not been previously observed or reported.

Day 6 BM run at St. Jude
only 'single cell' events acquired



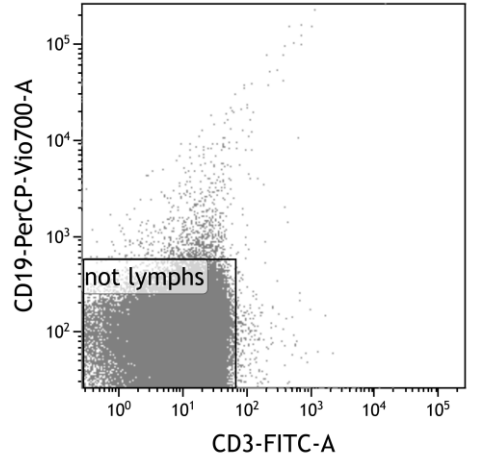
Gate	%Total
B lymphocytes	17.66

Day 6 BM run at AVM
All events acquired



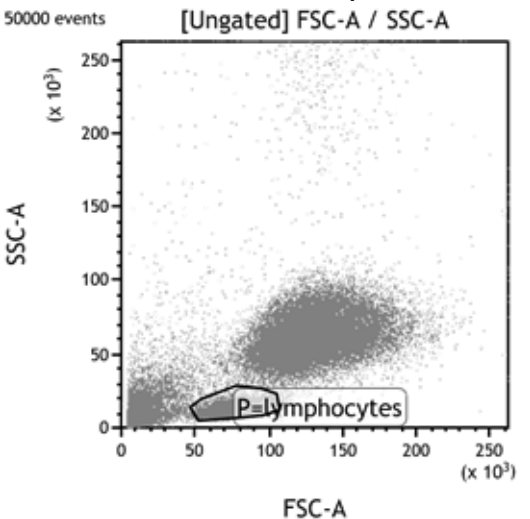
Gate	Number	%Gated
All	1,302,886	100.00
P	218,296	16.75

Lymphocytes in P



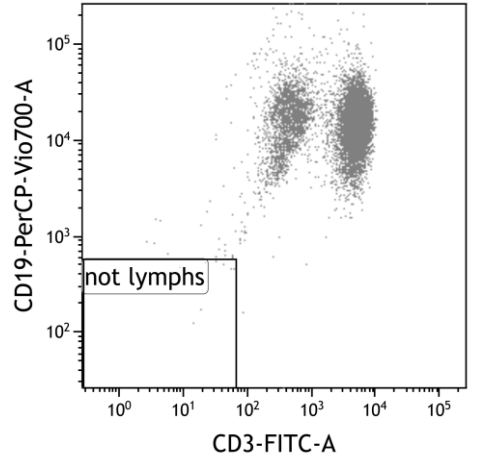
Gate	Number	%Total	%Gated
not lymphs	153,693	11.80	70.41

Healthy blood comparator
All events acquired



Gate	Number	%Gated
All	94,626	100.00
P=lymphocytes	10,767	11.38

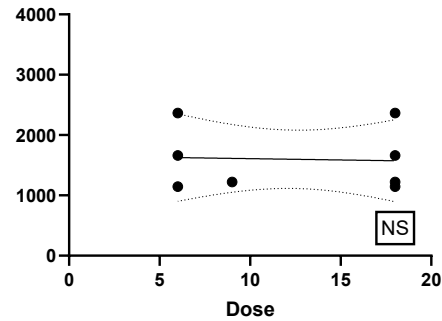
Lymphocytes in P



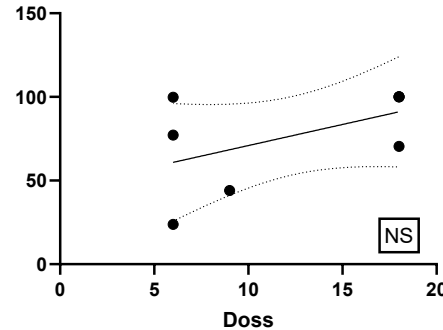
Gate	Number	%Total	%Gated
not lymphs	9	0.01	0.08

From the AVM0703 Phase 1 dose-escalation trial in R/R NHL, 8 of 17 had the reserve immune cells in their blood at baseline. The reserve immune system had been broken in the battle against NHL. AVM0703 turned the reserve system back-on. Dose-dependent effects were observed, supporting the chosen 18 mg/kg therapeutic dose.

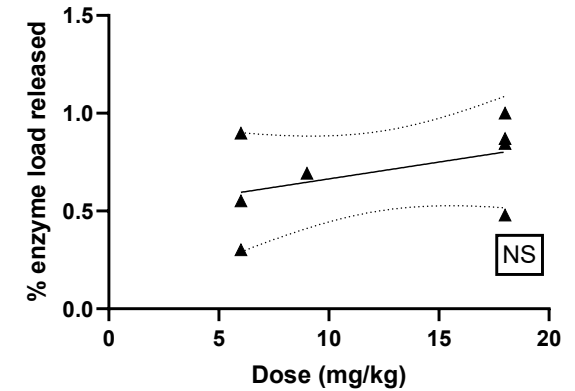
The number of $\gamma\delta$ TCRinvTCR double positive cells at baseline is not significantly different for Phase 1 dose cohorts (n=8) who have cells present in blood at baseline



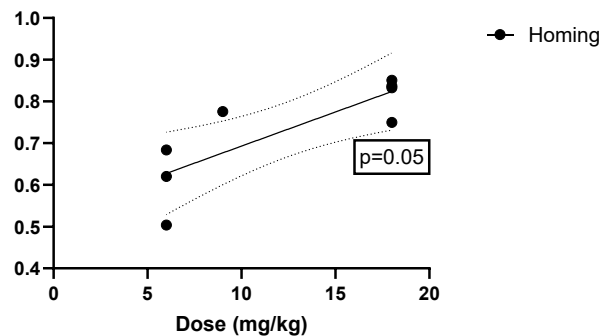
The % of $\gamma\delta$ TCRinvTCR double positive cells at baseline that are also CD3+ or CD3+CD56+ is not significantly different for Phase 1 dose cohorts (n=8) who have cells present in blood at baseline



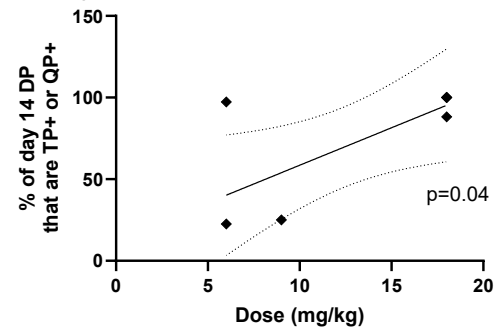
Percent of enzyme load that is released from $\gamma\delta$ TCRinvTCR double positive cells after AVM0703 is not dose-dependent in Phase 1 subjects (n=8) who have cells present in blood at baseline



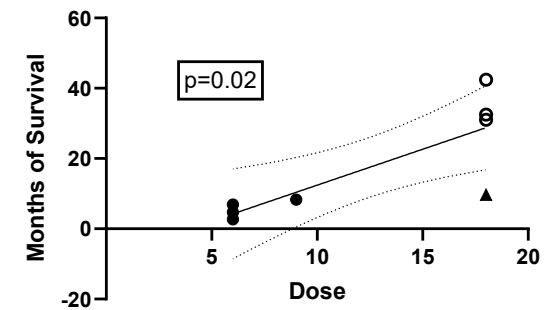
Percent of $\gamma\delta$ TCRinvTCR double positive cells that home from blood after AVM0703 is dose-dependent in Phase 1 subjects (n=8) who have cells present in blood at baseline



The percent of $\gamma\delta$ TCRinvTCR double positive cells recovered at day 14 after AVM0703 that also express CD3 or CD3 and CD56 is dose-dependent in Phase 1 subjects (n=8) who have cells present in blood at baseline



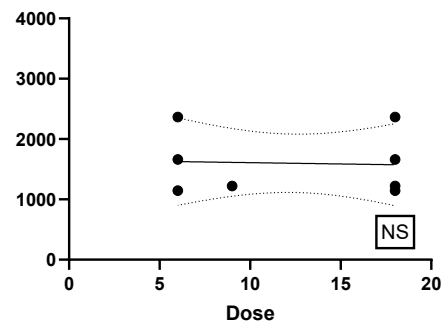
Survival (months)



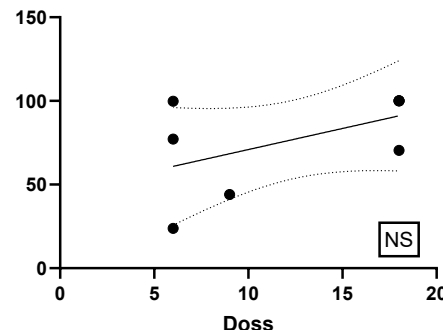
filled circles: died from PD
open circles: ongoing survival as of 14 March 2025
filled triangle: died from pre-planned consolidative transplant toxicity

From the AVM0703 Phase 1 dose-escalation trial in R/R NHL, 8 of 17 had the reserve immune cells in their blood at baseline. The reserve immune system had been broken in the battle against NHL. AVM0703 turned the reserve system back-on. Dose-dependent effects were observed, supporting the chosen 18 mg/kg therapeutic dose.

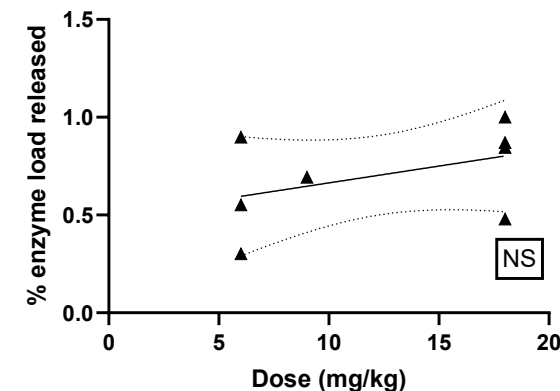
The number of $\gamma\delta$ TCRinvTCR double positive cells at baseline is not significantly different for Phase 1 dose cohorts (n=8) who have cells present in blood at baseline



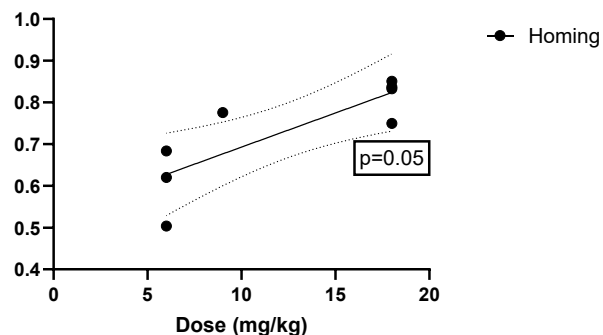
The % of $\gamma\delta$ TCRinvTCR double positive cells at baseline that are also CD3+ or CD3+CD56+ is not significantly different for Phase 1 dose cohorts (n=8) who have cells present in blood at baseline



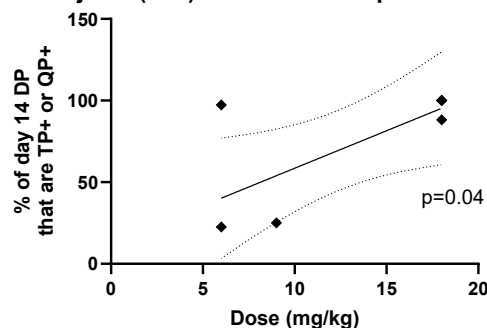
Percent of enzyme load that is released from $\gamma\delta$ TCRinvTCR double positive cells after AVM0703 is not dose-dependent in Phase 1 subjects (n=8) who have cells present in blood at baseline



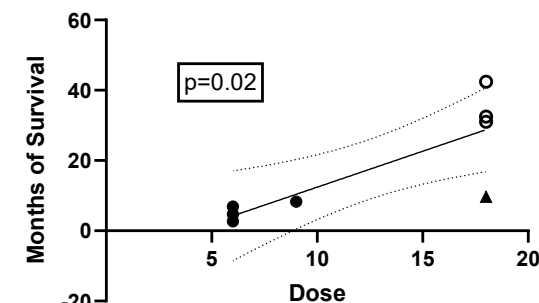
Percent of $\gamma\delta$ TCRinvTCR double positive cells that home from blood after AVM0703 is dose-dependent in Phase 1 subjects (n=8) who have cells present in blood at baseline



The percent of $\gamma\delta$ TCRinvTCR double positive cells recovered at day 14 after AVM0703 that also express CD3 or CD3 and CD56 is dose-dependent in Phase 1 subjects (n=8) who have cells present in blood at baseline



Survival (months)



filled circles: died from PD
open circles: ongoing survival as of 14 March 2025
filled triangle: died from pre-planned consolidative transplant toxicity

The Reserve Immune System Working

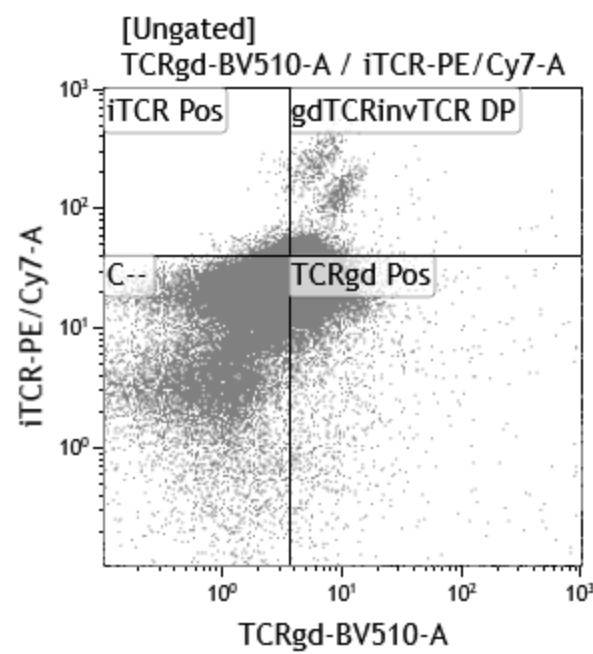
80% of population
don't get cancer



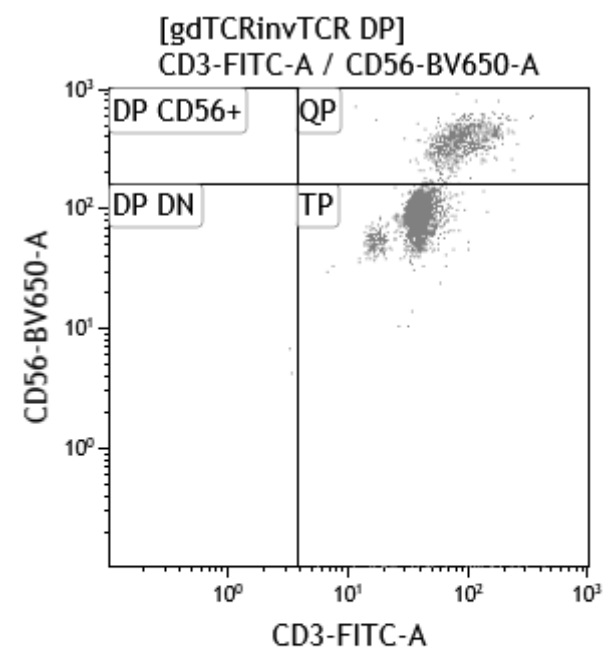
Produce and Release
 $\gamma\delta$ TCRinvTCR AVM-T AVM-NKT



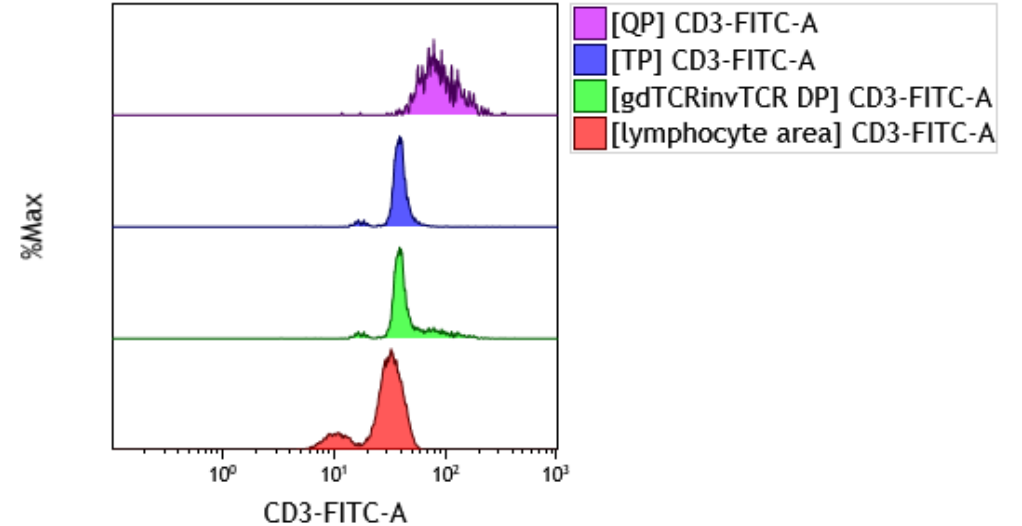
Cancer Free

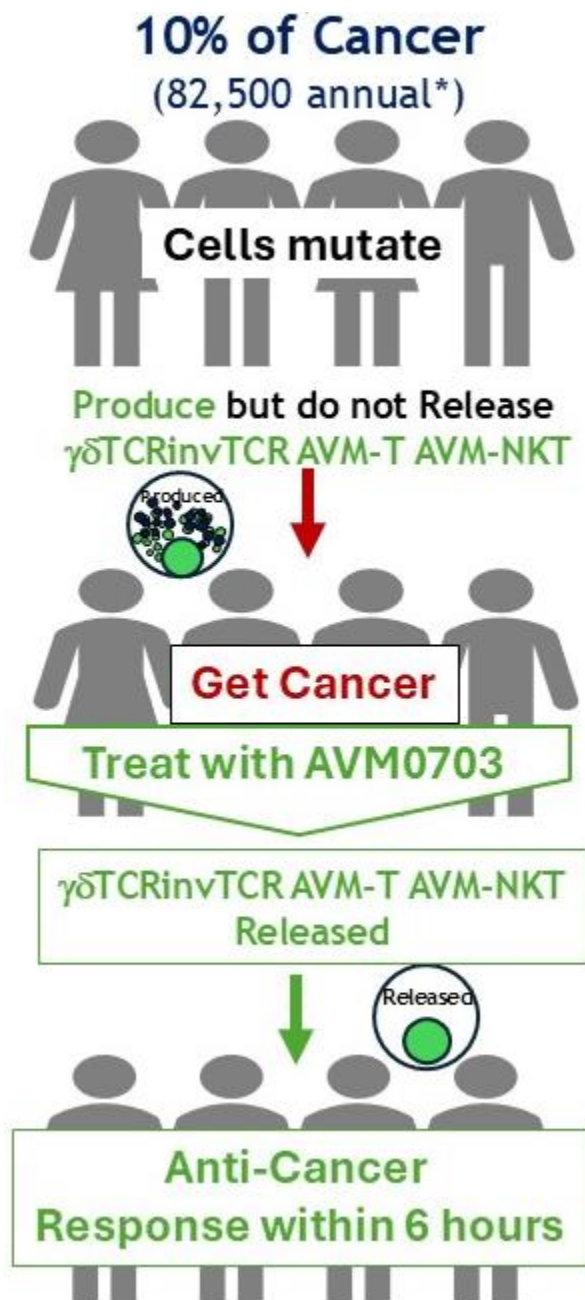


Gate	Number	%Gated
All	117,371	100.00
gdTCRinvTCR DP	4,102	3.49
iTCR Pos	1,214	1.03
TCRgd Pos	39,352	33.53

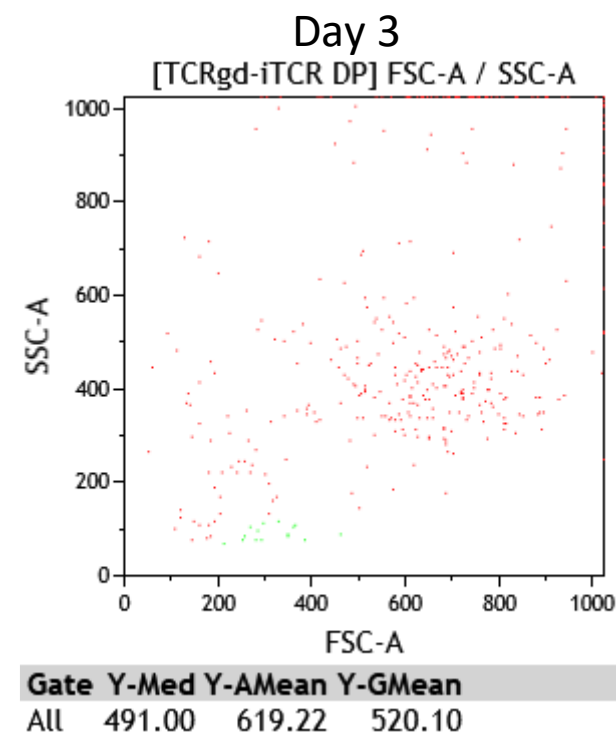
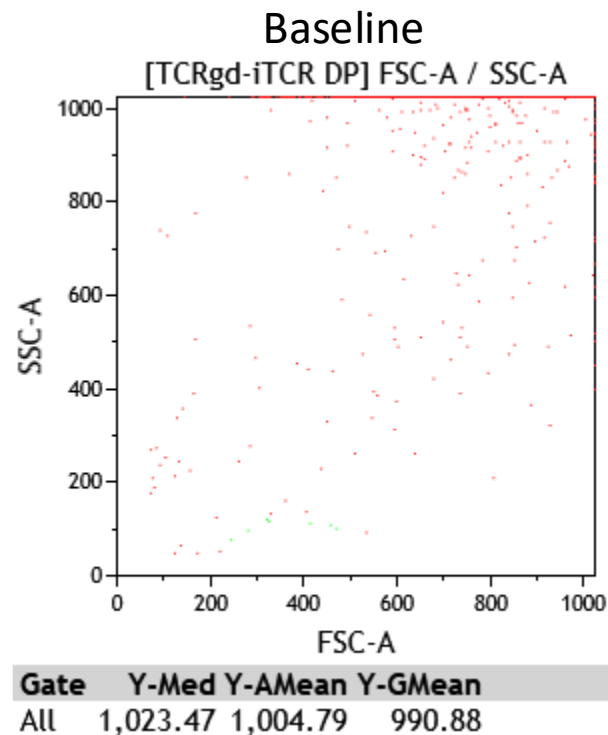


Gate	Number	%Gated
All	4,102	100.00
DP CD56+	0	0.00
DP DN	2	0.05
QP	792	19.31
TP	3,308	80.64





		DP	DP	TP	QP	DP CD56	DP DN
103-009	pre	4156	1.38	3.2	96.8	0	0.1
PD	1hr	1807	0.71	7.3	92.7	0	0
	3 days	696	0.23	58.9	38.7	0	2.44
DLBCL nor	14 days	1633	1.87	17.5	82.5	0	0
HOMING		0.16747					



65% of Cancer
(536,250 annual*)



Cells mutate

Do not Produce
 $\gamma\delta$ TCRinvTCR AVM-T AVM-NKT



Get Cancer

Treat with AVM0703

$\gamma\delta$ TCRinvTCR AVM-T AVM-NKT
Produced & Released



**Anti-Cancer
Response in 3-22 days**

18 mg/kg

103-010

pre

541

1.87

67.3

32.7

0

0.6

metCR

1hr

515

3.44

71.7

28.4

0

0

3 days

133

0.5

81.2

18.8

0

0

DLBCL w CNS

14 days

5547

5.23

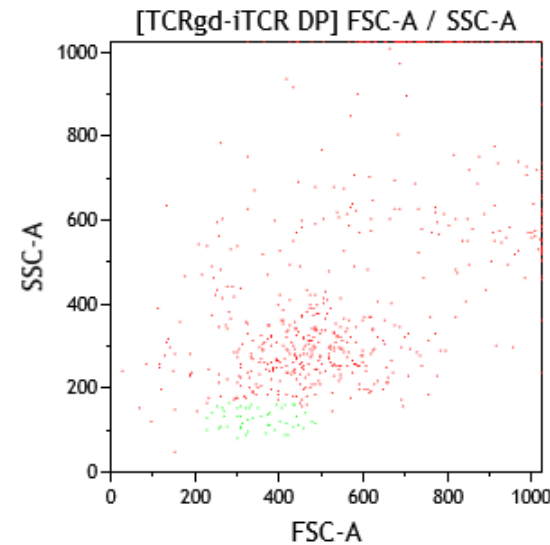
79.4

20.6

0

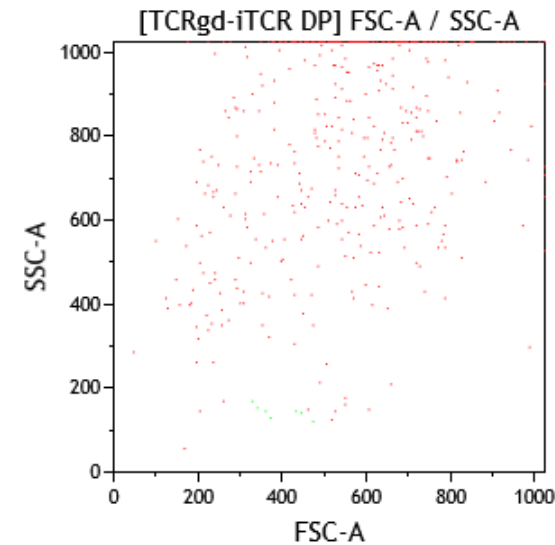
0.04

Baseline



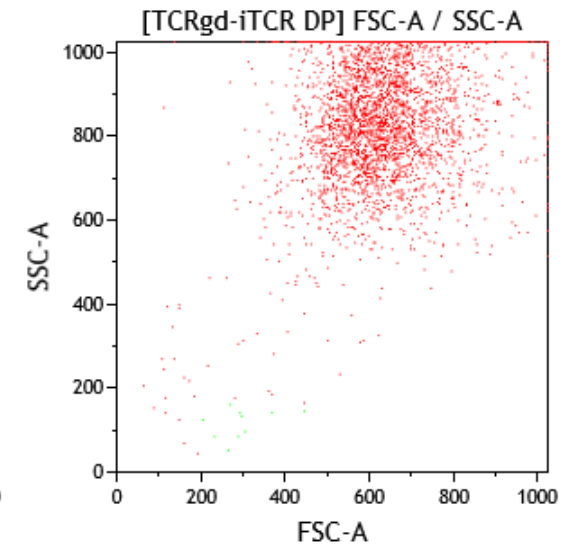
Gate	Y-Med	Y-A	Mean	Y-G	Mean
All	338.00	464.17	379.75		

1 hour



Gate	Y-Med	Y-A	Mean	Y-G	Mean
All	904.50	807.87	748.78		

Day 14



Gate	Y-Med	Y-A	Mean	Y-G	Mean
All	894.29	874.29	855.21		

Proof of Concept-Preclinical models: AVM0703 mono/combination therapy demonstrated stem cell activation and anti-tumor activity

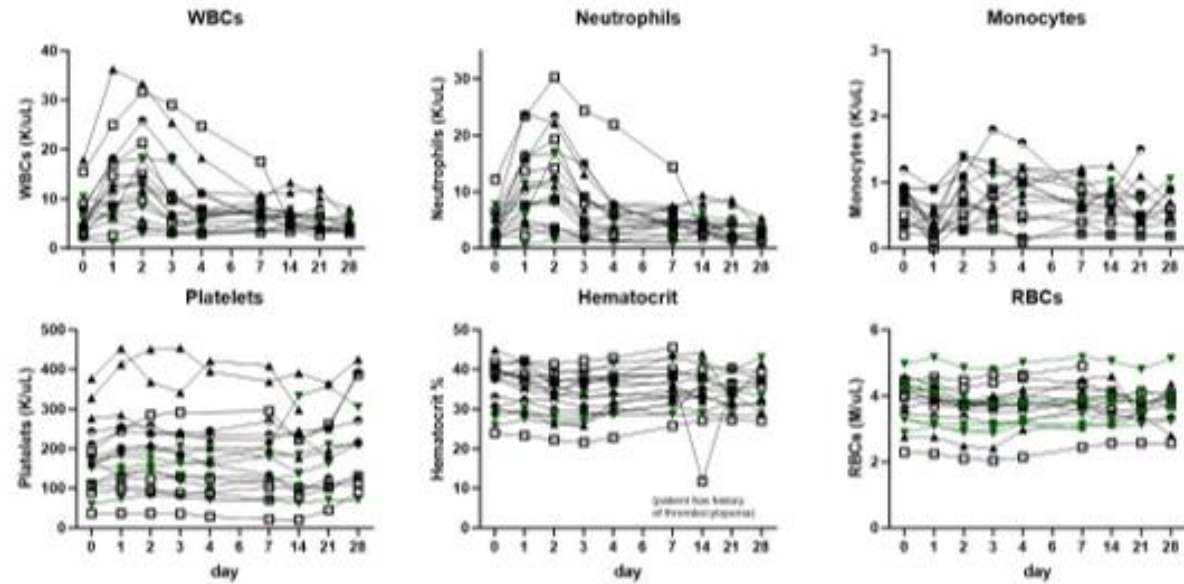
SPECIES	MODEL	THERAPY	OUTCOME
Mouse (C57Bl/6)	Hematopoietic Stem cell (HSC) stimulation	monotherapy	AVM0703 mobilized HSC to blood
		+ G-CSF	AVM0703 enhanced G-CSF activity
Horse	Surgical Osteoarthritis	monotherapy	AVM0703 increased mesenchymal stem cell (MSC) activity in blood and bone marrow
Rat	Oral versus IV bioavailability	monotherapy	Equivalent bioavailability
Mouse (Balb/c)	A20 collagen-encased immune resistant lymphoma	monotherapy	$\gamma\delta$ TCR+invTCR+ were induced by the A20 implant and metastasis; immediately home to flank tumor after AVM0703 and 92% eradication in 3 hours
		+ CyFlu	Reduced the required dose of cyclophosphamide/fludarabine (CyFlu) required for complete remission by 50%
		+ R-CHOP	Induced long term CR after 1 cycle. Rechallenge of mice 5 months later showed memory against A20 cells.
Mouse (Balb/c)	B16F10 Melanoma model	monotherapy	Delayed day 10 melanoma flank injected tumor growth compared to placebo
		+pmel transgenic spleen CarT transfer	Prevented pmel CarT from being sequestered in the spleen, and reduced day 10 melanoma flank injected tumor growth from 1500 to about 200
Mouse (Balb/c)	MOPC315 Multiple Myeloma	monotherapy	Reduced live MOPC315 in flank and spleen, but not blood or bone marrow
		+ spleen cells from AVM0703 treated mice	Reduced live MOPC315 in flank, blood and spleen, but not bone marrow, greater than monotherapy alone
Mouse (NCRnu)	Xenograft human CCRF-CEM T-ALL cells	monotherapy	Delayed flank tumor growth and rechallenge with additional CCRF-CEM cells at 188 and 197 days later demonstrated memory against CCRF-CEM
Mouse (NOD/ShiLtJ)	PANC-02 pancreatic cancer model	monotherapy	60% of tumors eliminated in 14-21 days.

AVM0703 - Neutrophil increases, CBCs and Clinical Chemistries Ph 1 NHL

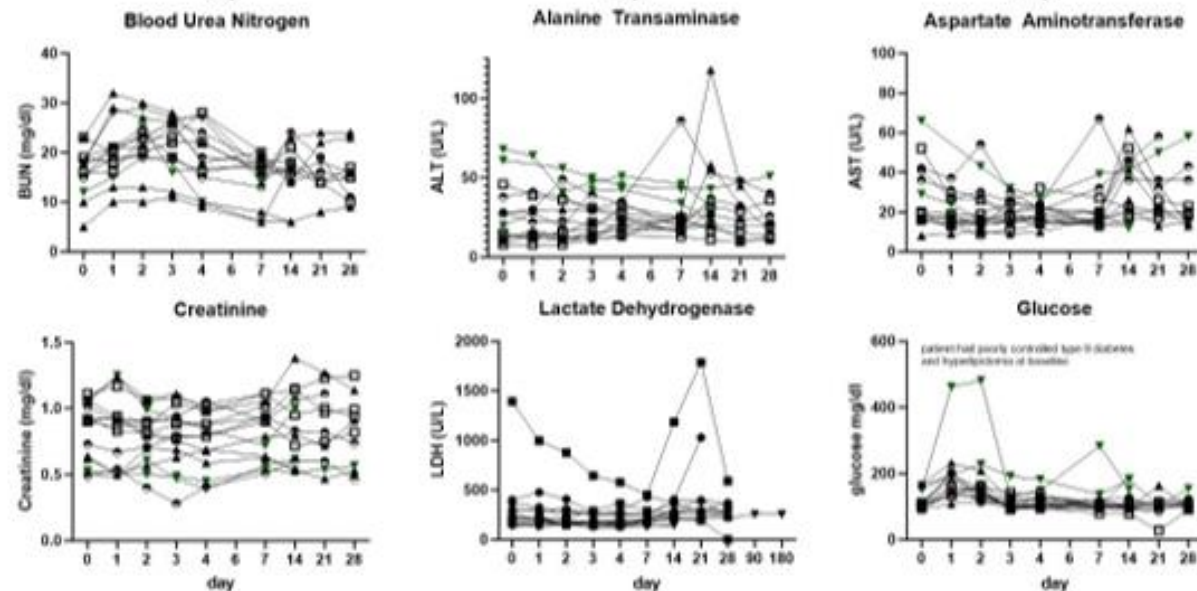
Figure 2:

Top Panel

- 6 mg/kg AVM0703
- 9 mg/kg
- 12 mg/kg
- 18 mg/kg



Bottom Panel



AVM0703 Enables Treatment of Heavily Comorbid and Cytopenic Patients

Patients traditionally excluded from standard cancer trials

Cohort Overview

- 27 patients across non-Hodgkin's Lymphoma subtypes including B-ALL+/- CNS, PTCL, MCL, DLBCL +/- CNS, T-ALL, AITCL, tzFL, ALCL.
- 80% had ≥ 2 serious comorbidities (e.g., diabetes, CKD, cytopenias, DVT, cardiac disease)
- 72% would have been specifically excluded from standard-of-care trials (epcoritamab, glofitamab)

Outcome Metric	Result
Complete Remission (CR)	41% (11 / 27)
Partial Response (PR)	22% (6 / 27)
Stable Disease	11% (3 / 27)
No Response / PD	26% (7 / 27)
Median Time to Improvement in Cytopenias	3-7 days

Key Observations

- **No new safety signals** in patients with diabetes, CKD, or cytopenias
- **Rapid hematologic recovery:** ANC, anemia, thrombocytopenia improved within 3-7 days
- **High tolerability:** Up to 19 cycles infused without additive toxicity
- **Enables CAR-T preparation:** Resensitized previously refractory patients

AVM0703 Enables Treatment of Heavily Comorbid and Cytopenic Patients

Patients traditionally excluded from standard cancer trials

Comorbidity Response

Comorbidity Type	# Patients	Improved / Resolved	Unchanged	Worsened
Cytopenias (neutro/anemia/thrombo)	13	9	3	1
Diabetes (Type II or hyperglycemia)	7	3	3	1
CKD (Grade 2 and Grade 4)	2	2	0	0
Cardiovascular / Hypertension	13	6	7	0
Infection	4	unknown	unknown	0

AVM0703 Drug-Related Side-Effects have been Limited to Mostly Grade 1 (82%)

	Phase 1 Dose Escalation AVM0703 all dose levels (6-21 mg/kg n=17)	Phase 2 Dose Expansion AVM0703 18 mg/kg (n=16)	Brentuximab/Lenalidomide comparison Ward 2022 Blood v139
Drug-Related Adverse Events (AEs)	Limited to Grades 1-3 in 11 of 17 patients	Limited to Grades 1-3 in 13 of 16 patients	94% had at least one grade 3 and/or 4 AE
	~1 week insomnia (grades 1-2)	increased blood glucose (grades 1-3)*	low neutrophils requiring G-CSF
	increased blood glucose (grades 1-3)	itching during infusion (grade 1)	rash
	itching during infusion (grade 1)	~1 week insomnia (grades 1-2)	diarrhea
			sepsis
	All were temporary and readily managed	All were temporary and readily managed	73% required dose-reduction
no grade 4 or 5 drug-related side-effects not your typical cancer drug side-effects * Prophylactic metformin now prevents increased blood glucose			

Increased grade indicates increased severity ; grade 1 lowest severity, grade 5 highest severity (fatal)

Proof of Concept: AVM0703 added to R-CHOP for front-line DLBCL could reduce total R-CHOP cycles and eliminate long-term toxicities

Data in Table from A20 immune-resistant, aggressive, desmoplastic tumor bearing mice 33% went into long-term CR after 1 cycle of AVM0703+R-CHOP

	Outcomes			
Treatment Groups	CR after Cycle 1	Durable 50 week CR	Rechallenge Response at week 50	Death to Progressive Disease
RCHOP (n=23)	22%	0%	0%	55%
AVM+RCHOP (n=23)	39%	33%	100%	27%

DLBCL patients who are in minimal residual disease negative complete remission by end of cycle 2 have best long-term outcomes (Safar 2012, Mikhaeel 2021, and De Oliveira 2016). Additionally, cardiac toxicities and secondary malignancies do not arise until after 4 cycles of R-CHOP (Liesse 2018, Poeschel 2019, and Kim 2013).

AVM0703 should become first-line treatment in combination with standard of care

AVM0703 resensitized patients to previously failed therapies

MOGAMULIZUMAB (anti-CCR4), CarT, Nivolumab (checkpoint inhibitor) plus Ibrutinib (BTK inhibitor), Low dose etoposide, Azacitidine Venetoclax, CHOP/CVAD, methotrexate

Preclinically AVM0703 is additive/synergistic with R-CHOP, CyFlu, CarT



Metastatic esophageal adenocarcinoma patient in remission/stable disease since first infusion, out to 17 infusions in Nov 2023 - died 06 Jan 2024.

Comparison between AVM0703 and recent clinical publications investigating new entity-targeted combination trials

(AVM0703 informal data cut-off 14 Mar 2025).

AVM0703 Benefits

- ✓ Comparable OS
- ✓ 0% Severe AEs
- ✓ Broad Inclusion
- ✓ <50% the cost
- ✓ Enables fewer SoC cycles

with R-CHOP, etoposide, CyFlu, mini-hyper CVAD, pola/mosu, BTKi/PD-1i

Therapy	Indication	Median Prior Lines	Approval Status	KM 24 mo OS* (95% CI)	Grade 3+ drug-related AEs# (% of pts)	Grade 4+ drug-related AEs# (% of pts)	CNS included Y/N	Inclusion Criteria	Annual Costs
The 6 rows below are for heavily pretreated relapsed/refractory DLBCL/NHL									
AVM0703 RP2D N=16 (N=14 + PI choice)	R/R NHL all aggressive subtypes 3	3 (2-8)	Phase 2	40%	25%	0	Y	Enrolled: ANC 0.1-0.6 19% Hgb 7-9 25% Platelets 30-60 25%	~50% total costs vs competitors when added to first line
AVM0703 increases access and provides the same survival with lower toxicity									
Brentuximab + Lenalidomide+ Rituximab ¹	R/R DLBCL N=112	3 (2-8)	Phase 3 interim analysis	31%	88%	9% grade 5 (death)	Y but none enrolled	ANC > 1 Hgb > 8 Platelets > 50	>\$268,000
Polatuzumab + Bendamustine + Rituximab (package insert) ² (Sehn 2022)	R/R DLBCL N=80	2 (1-7)	Accelerated approval	35-38%	87%	24% grade 4 4-7% grade 5 (death)	N	ANC > 1 Hgb > 9 Platelets > 75	~\$210,000
Epcoritamab ³	R/R DLBCL/LBCL N=157	3 (2-11)	Accelerated approval	45%	27%	Included 3.8% fatalities#	N	ANC > 1 Hgb > 9 Platelets > 75	~\$269,000
Glofitamab (+ obinutuzumab) ⁴	R/R DLBCL/LBCL N=154	3 (2-7)	Accelerated approval	40%	42%	Grade 4 # 0 grade 5	N	ANC > 1.5 Hgb > 10 Platelets > 75	~\$161,000
Car-T ⁵⁻⁹	R/R DLBCL (3L) N=275	3 (2-11)	RWE	37-55% ^{5,6}	44- 85% ^{5,7}	4-5% NRM mortality ^{5,8}	Y	11% had platelets <75,000	Medicare Costs \$276,137 - \$1,066,524 ⁹
Addition of AVM0703 to front line standard of care predicts reduced total cycles (target 3 instead of 6) to obtain cure									
Pola-R-CHP ¹⁰ 6 cycles	Int or high risk DLBCL	0 (first line)	Approved	89%	61%	3.6% grade 5 (death)	Y	NA	\$250,000 total costs of treatment ¹¹
R-CHOP ¹⁰ 6 cycles	Int or high risk DLBCL	0 (first line)	Approved	89%	60%	3.2% grade 5 (death)	Y	NA	\$215,000 total costs of treatment ¹¹
AVM0703+R-CHOP target 3 cycles	Int or high risk DLBCL	0 (first line)	in planning	89%	R/R data predicts ~30%	0 predicted grade 5	Y	NA	Predicted ~\$115,000 total costs of treatment

¹Kim 2024 and Bartlett 2024; ² Sehn 2022; ³ Thieblemont, 2023; ⁴ Dickinson, 2022; ⁵ Nastoupil 2020; ⁶ Ray 2024; ⁷ Penack 2023; ⁸ Lemoine 2023; ⁹ Wu 2024; ¹⁰ Tilly 2023; ¹¹ Matasar 2023
mo – month; OS – overall survival; NE – not evaluable; NA – not applicable; NR – not reached; RWE – real world evidence; NRM – non-relapse mortality (ie infection)

*side effects of addition of PI choice reported to be much lower than would be expected after having even one AVM0703 infusion

AEs published as Grade 3+ or Grade 3/4 and Grade 4 not possible to separate out

Clinicaltrials.gov NCT05974410 basket trial for terminal no-option solid tumors and blood cancers

(34 FDA-approved INDs and 154 total infusions. 62% disease control rate. Highest # cycles 19)

Imminently terminal <72 hours life expectancy; CR-complete response; VGPR-very good partial response, PR-partial response; SD-stable disease

- IND152423 Prostate Cancer (*monotherapy*) CR >5 years ongoing
- IND161969 Anaplastic T-cell Non-Hodgkin's Lymphoma (*monotherapy*) CR ongoing 3.5 years
- IND164317 B-ALL (*followed by 1 cycle mini-hyper CVAD*) CR lost to fu after 15 months but no obituary 09/29/2025
- IND160999 **Head and Neck Squamous Cell Carcinoma HNSCC** (*with Keytruda*) VGPR died from choking 5 months later, very happy
- IND164330 Hodgkin's Lymphoma (*monotherapy*) PR lost to follow up after 12 months but no obituary 09/29/2025
- IND165057 Mixed Phenotype Acute Myeloid Leukemia (*monotherapy*) PR 18 months survived 30 mos *traveled/cared for grandchildren*
- IND175191 Desmoplastic Small Cell Round Tumor Sarcoma (*with liposomal doxorubicin*) PR ongoing 11 months
- IND162948 Malignant Myxoid Spindle Cell Neoplasm (*monotherapy*) PR survived almost 3 years
- IND166564 Glioblastoma (*monotherapy*) PR survived 11 months
- IND175160 Desmoplastic Small Cell Round Tumor Sarcoma (*with topotecan/cyclophosphamide*) SD 11 months *traveled again*
- IND175454 Desmoplastic Small Cell Round Tumor Sarcoma (*with Temozolomide/Irinotecan*) SD ongoing 10 months
- IND158744 Metastatic rectal (*with GIFFIRB*) SD ongoing 6 months *reports GIFFIRB side-effects reduced since adding AVM0703*
- IND151955 imminently terminal Glioblastoma (*monotherapy, single sub-therapeutic dose only*) clinical response *walked and talked again*
- IND161629 imminently terminal DLBCL with CNS involvement (*monotherapy single dose*) SD survived 2.5 months
- IND166515 imminently terminal B-ALL (*single dose then etoposide*) blood CR/BM SD then died from direct CarT toxicity
- IND174402 Metastatic Breast Cancer (*monotherapy*) clinical response/SD for 3 months died from liver failure
- IND158744 Metastatic Breast Cancer (*monotherapy*) clinical response/SD survived 12 months *went back to teaching piano*
- IND169244 Metastatic Pancreatic Adenocarcinoma (*monotherapy*) SD for 5 months *played golf again*
- IND174429 imminently terminal Hemangiopericytoma (*monotherapy*) clinical response/SD for 5 months *traveled again*
- IND174405 Ovarian Cancer (*monotherapy*) clinical response/SD for 3 months
- IND170530 PTCL-NOS (*monotherapy single dose only*) clinical response palpably smaller lymph nodes, died from existing kidney failure

BOLD font means previously untreated: the HNSCC was 84 yr old inoperable, chemo-ineligible patient. Imminently terminal Hemangiopericytoma was already on hospice

No Option Compassionate Use and Right To Try Patients

(26 patients and 74 total infusions. 58% disease control rate. Highest # cycles 17)

Imminently terminal <72 hours life expectancy; CR-complete response; VGPR-very good partial response; PR-partial response; SD-stable disease

Flesh eating bacterial leg wound resolved (*plus PRP 48 hours later*) CR ongoing for 5+ years

Follicular Lymphoma (*monotherapy*) CR ongoing for 10 months

Head and Neck Squamous Cell Carcinoma (*monotherapy single dose*) clinical CR ongoing for 6+ months

CNS B-ALL (*monotherapy*) clinical CR after second infusion on 09/09/2025 can walk and think again

CNS B-ALL (*monotherapy single dose*) CR 12 months then died from PD with no additional treatment given

CNS B-ALL (*monotherapy single dose*) clinical CR with complete vision restoration, died from 25th birthday party 1 week later

Severe arthritis 43 years and ALS 5 years (*monotherapy*) RA in clinical CR after 2nd infusion 09/16/2025 and ALS is responding clinically

Necrotic leg ulcers venous insufficiency (*single dose then PRP 48 hrs later then NanoSALV gel 3 wks later*) completely healed by 09/29/2025

Rheumatoid arthritis and shingles (*monotherapy single dose*) complete clinical remission ongoing two weeks now

B-ALL (*monotherapy single dose*) VGPR and went onto special CarT, died from liver failure

Metastatic Esophageal Adenocarcinoma (*monotherapy*) PR for 10 months survived 14 months could eat solid food again

Imminently terminal solid organ transplant GvHD (*monotherapy, single dose*) pulmonary GvHD stopped

Imminently terminal solid organ transplant GvHD (*monotherapy, single dose*) GI GvHD stopped

Ovarian Cancer (*monotherapy*) clinical response and SD, died from liver failure 3 months later

Imminently terminal metastatic colorectal (*monotherapy*) grotesque bilateral leg swelling reversed for 2 months died from liver failure

Imminently terminal Desmoplastic Small Cell Round Tumor Sarcoma (*monotherapy*) VGPR for 10 months survived 25 months (CT scans below)

BOLD underlined font means previously untreated:

all refused or were ineligible for any chemotherapy/treatment
and the Imminently terminal metastatic colorectal was already on hospice

Desmoplastic Small Round Cell Tumor Sarcoma patient treated with AVM0703 monotherapy

June 2022 baseline



Sep 2022 10 days after 2nd AVM0703 infusion



Nov 2022



A few back-up slides with patient stories follow and detailed intellectual property with links to granted patents

Non-healing MRSA leg wound treated with 3 infusions and platelet-rich plasma 48 hours after

65 yo male diagnosed first with MRSA and Necrotizing fasciitis January 8, 2020. Treated with debridement and numerous antibiotics for chronic infection. Persistent drainage and swelling continued. Wound care treatment twice a week with numerous growth factors, dressings and debridements. Average wound progress was less than 7% per week. Amputation was discussed.

Pre-treatment photo of delayed healing wound with drainage and chronic osteomyelitis 05-08-20



Photo taken 5/26/20 - 10 days post treatment. Patient states this is the best his ankle has looked. Virtually no drainage and decrease in swelling. Noticeable decrease in wound size in tough to treat corners. The average healing was graded at 30% in just one week.



Retreated with 18mg/kg on 6/20/20 and repeat platelet rich plasma on 6/22/20.



Carcinoma Example Infused with AVM0703 under FDA Expanded Access

No-option 84-year-old male with **Head and Neck Squamous Cell Carcinoma (HNSCC)**. Patient was inoperable, chemo-ineligible, no standard of care cancer option. Patient could not see out of left eye or hear out of left ear. Cancerous tumor growing out of left eye.

TREATMENT:

Patient received 2 cycles of AVM0703 at 18 mg/kg followed by a single pembrolizumab (Keytruda)¹ infusion

RESULTS:

- Fast acting cancer destruction
- Very Good Partial Response
- Sight and hearing both completely restored
- Combination therapy with Keytruda made more effective than by using Keytruda on its own*

¹**About Pembrolizumab (KEYTRUDA®):** A medicine that may treat certain cancers by working with your immune system. KEYTRUDA can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work amongst other side effects.



*HNSCC patients have never been reported to have even partial response to Pembrolizumab (KEYTRUDA®), before at least 3 cycles of infusions. (Bauml J, et . al. 14, May 10, 2017, J Clin Oncol, Vol. 35, pp. 1542-1549).

Non-healing necrotic leg wounds due to vascular insufficiency treated with a single AVM0703 infusion and platelet-rich plasma 48 hours after

Pre infusion



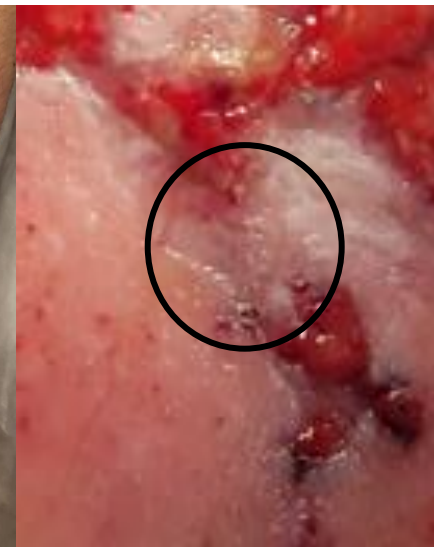
blow up



5 days after

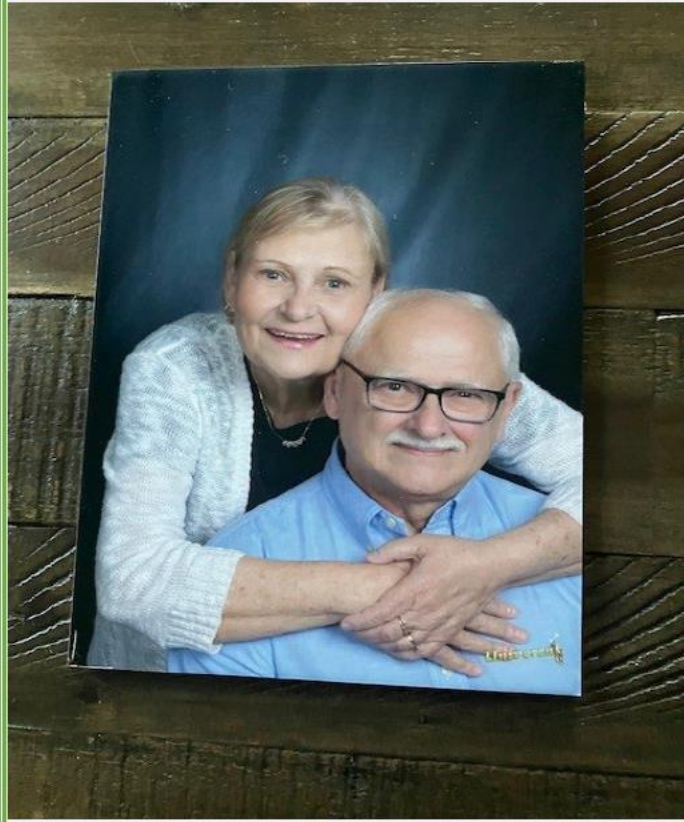


Blown up section has some completely healed skin



AVM0703 patient who got respiratory infection recovered

Patient Story



On August 11, 2022, Patti Doran was told she had 2-3 months to live. Today, thanks to her enrollment in a compassionate-use research trial with AVM Biotechnology, Patti said “I am living life and I am happy.”

Patti was diagnosed in February 2022 with mixed-phenotype acute leukemia, meaning she had malignant cells that were behaving like Acute Lymphocytic Leukemia (ALL) and Acute Myeloid Leukemia (AML). Given the mixed-phenotype diagnosis, it is difficult to treat her condition. Chemotherapy that works well for AML may not work well for ALL and vice-versa. Patti underwent four different lines of chemotherapy, with the hope of remission leading to a stem-cell transplant at the University of Minnesota (U of M).

mixed Gram positive and negative pneumonia, 12/04/2024-12/15/2024 ICU and progressive care
Acyclovir, cefepime and voriconazole from 12/06/2024 on and AVM0703 12/15/2024 and discharged

17 Jan 2024 email from nurse

additional. PD was in the office yesterday, and she looked radiant. If you did not know she was seriously ill, you would not know. She has recovered well from the pneumonia and she was in very good spirits. She is so grateful!!