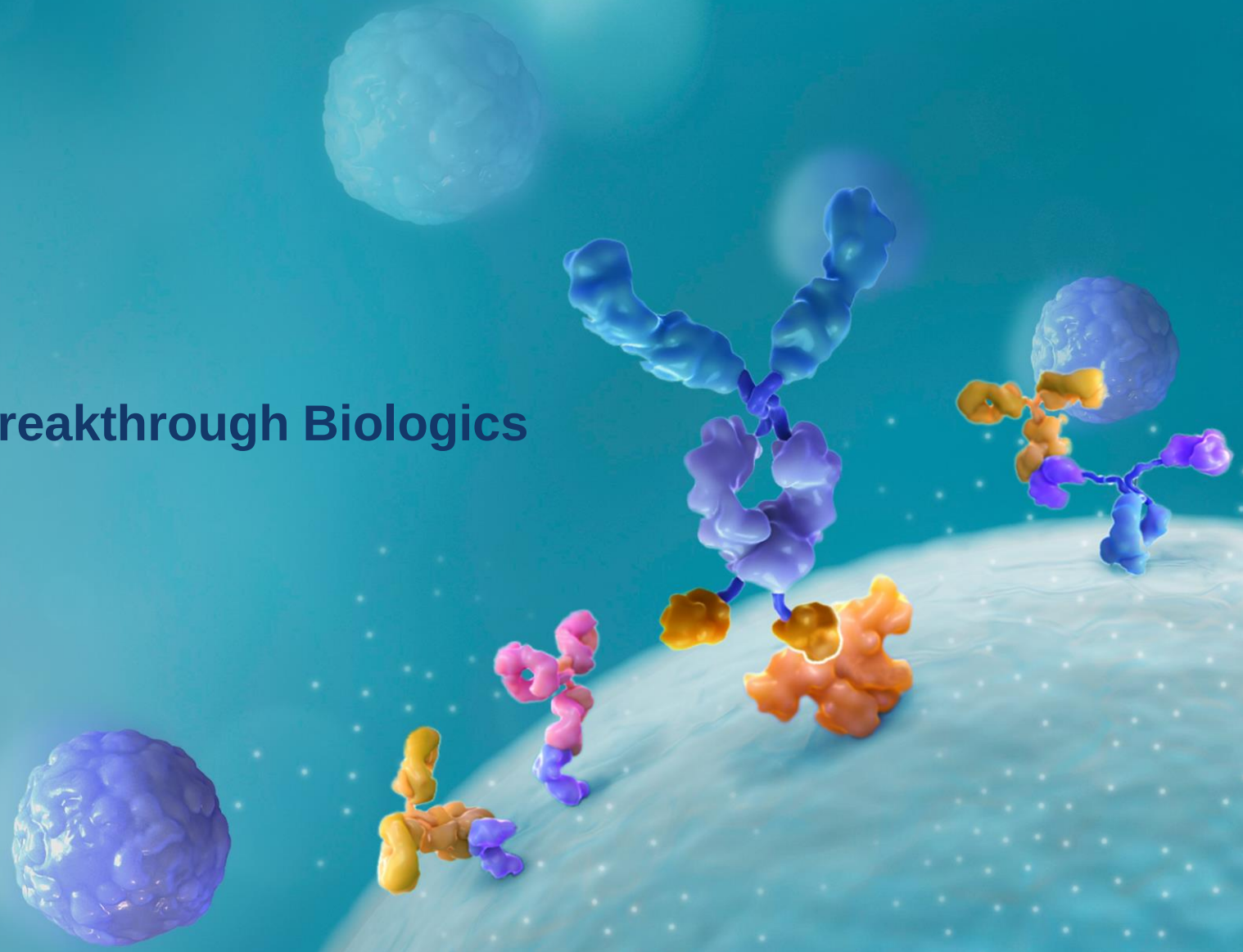
GI Innovation

Innovative Healthcare with Breakthrough Biologics

Company Introduction, September 2024



Forward Looking Statements

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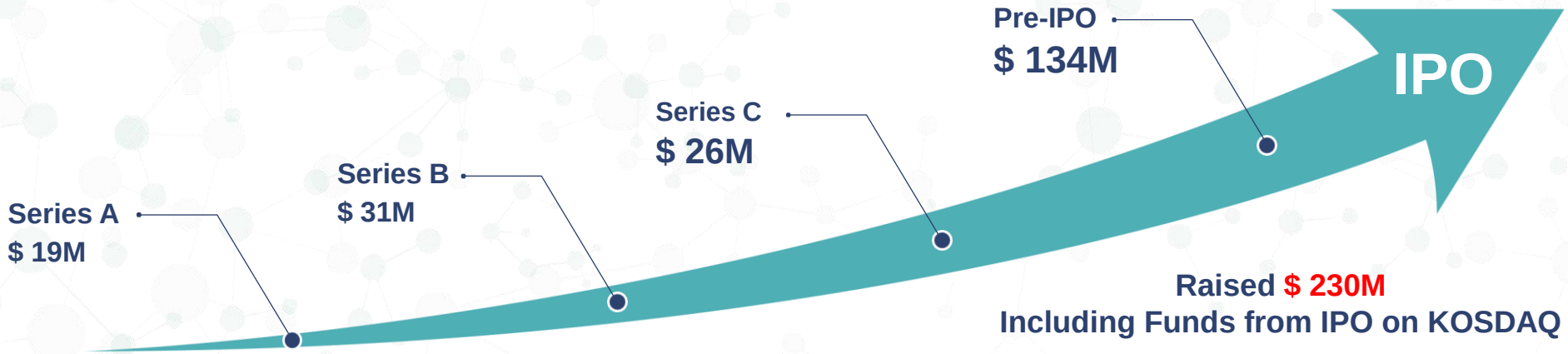
Key milestones achieved



Raised **$ 230M**
Including Funds from IPO on KOSDAQ

2017~2021

Jul 2017	Founded
May 2018	Strategic Partnership with Samsung Biologics
Nov 2019	L/O GI-101 to Simcere, China for $ 790M in Greater China Region
Jul 2020	L/O GI-301 to Yuhan, Korea for $ 1.2B Excluding Japan (Sublicensing, 50/50 Profit Sharing)
Jul 2020	Collaboration with MSD for GI101·Keytruda®
Jun 2021	GI-101 Ph I/II IND (US, KR)
Jul 2021	GI-301 Ph I IND (KR)

2022~2023

May 2022	GI-101 Ph I/II Granted $ 5.8M from Korea Drug Development Fund (KDDF)
Sep 2022	GI-108 Granted $ 1.7M from KDDF
Oct 2022	GI-101 Orphan Drug Designation for MCC (US FDA)
Feb 2023	GI-102 Ph I/II IND (US/KR)
Mar 2023	IPO on the KOSDAQ
Oct 2023	L/O GI-301 to Maruho, Japan for $221M in Japan

2024~

Jun 2024	GI-102 Orphan Drug Designation for sarcoma (US FDA)
Aug 2024	Collaboration with MSD for GI102·Keytruda®
Nov 2024	GI-102 Ph II Granted $ 5.8M from Korea Drug Development Fund (KDDF)
Nov 2024	GI-128 Granted $ 0.67M from KDDF

*Partial support from KDDF

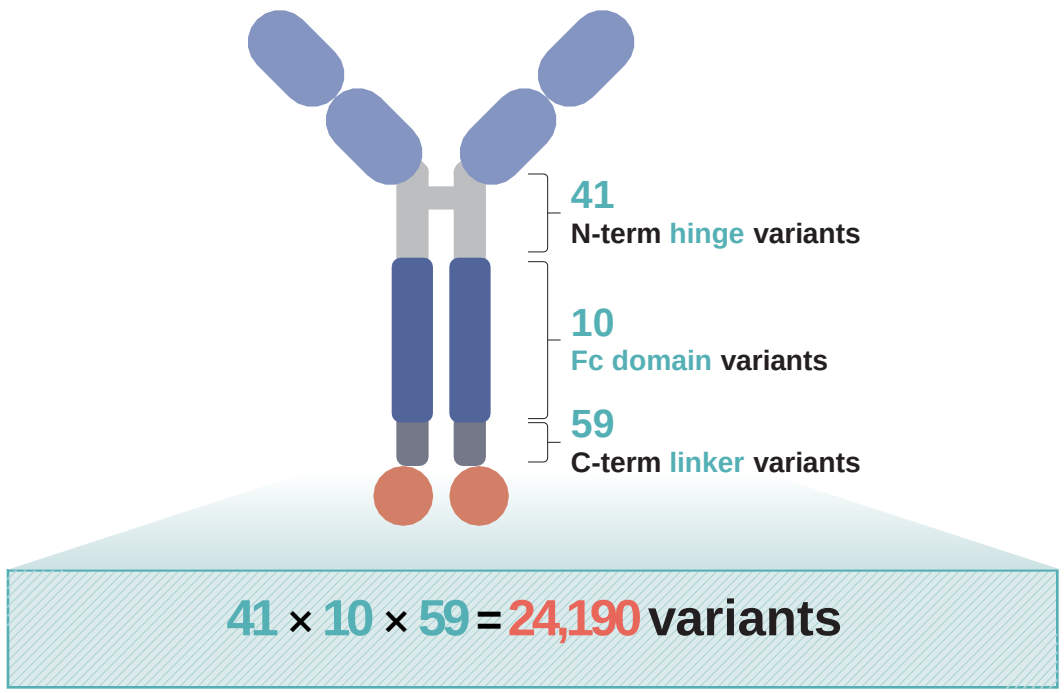
Applied KRW/USD: 1,200

Integrated GI-SMART™ platform for the accelerated screening of bispecific proteins

Expedited identification of optimal candidate molecules through high-throughput screening system

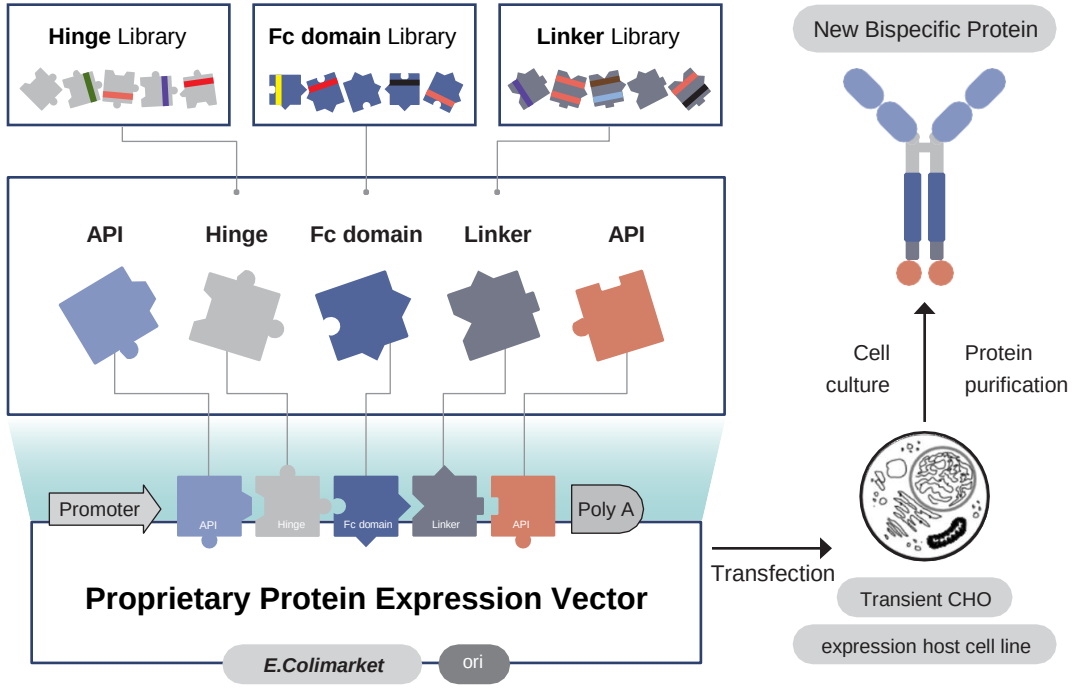
SMART-Selex™

Libraries for specific of bispecific proteins
Enable quick assembly of stable and functional proteins



SMART-cLego™

Fast cloning by Lego-like block integration into an
Expression vector to save cost and time of protein production



Pipeline

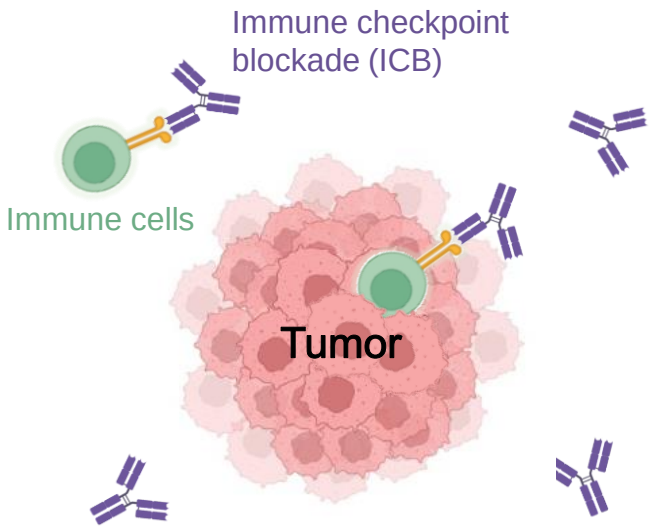
	Asset	Indication	Discovery	Preclinical	Phase I	Phase II	Phase III	Launched
Clinical	GI-101A CD80 x IL-2v2	Solid Cancer					Ph I/II Ongoing (KR & US) $ 5.8M Grant from KDDF Orphan Drug Designation (US FDA)	
Clinical	GI-301 FcεRIα-Fc	Allergy					Ph Ib Ongoing (KR)	
Clinical	GI-102 CD80 x IL-2v3	Solid Cancer					Ph I/II Ongoing (KR & US) $ 5.8M Grant from KDDF Orphan Drug Designation (US FDA)	
Preclinical	GI-108	Solid Cancer				$ 1.7M Grant from KDDF (IND submitted 2024, Q)		
Preclinical	GI-305	Allergy			Patent Registration			
Preclinical	GI-213	Metabolic Disorder						
Preclinical	GI-128	Solid Cancer			$ 0.67M Grant from KDDF			

INVESTOR RELATIONS 2024

Immunocytokine ‘GI-101A & GI-102’

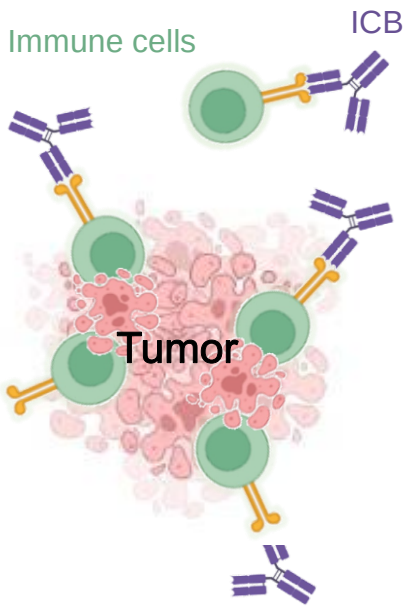
Immune cell is essential for immunotherapy

Insufficient Immune Cells Leads to Ineffective Treatment



Low Presence of Responding Target Molecules

Immunotherapy is Less Effective



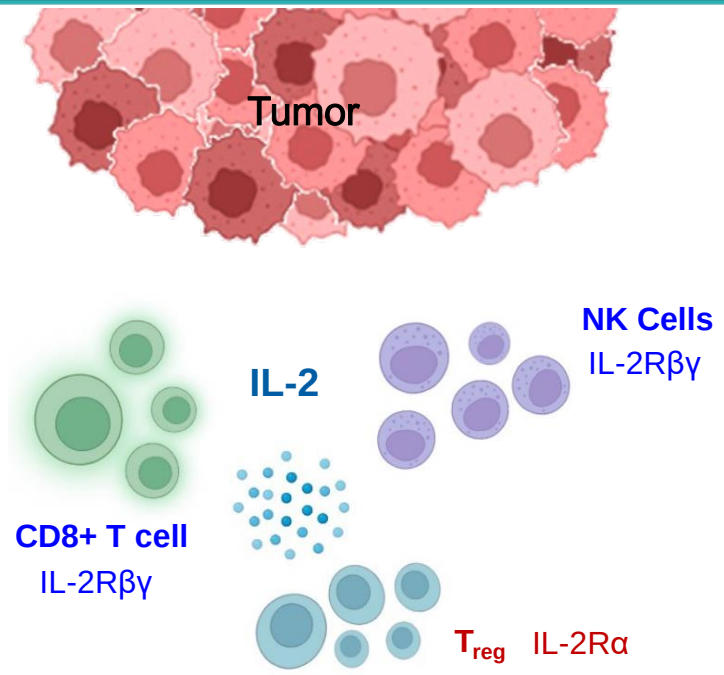
Immunotherapy is More Effective

IL-2 increases the number and activity of the immune cells

Source: Dielhl et al., Oncotarget, 2017

IL-2 is a validated target, but its clinical use is limited

Induces the expansion of CTL and NK Cells along with T_{reg} Cells



Strong Anti-Tumor Activity

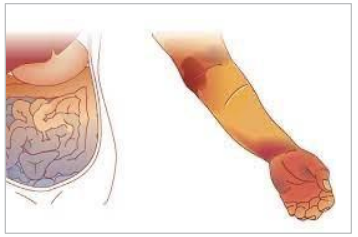
Cytotoxic T Lymphocyte and NK Cell Expansion

T_{reg} Expansion

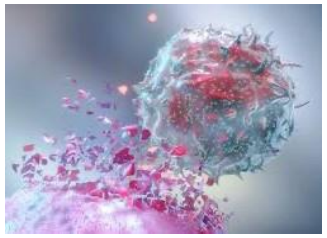
Suppression of Anti-Tumor Response

Safety issue

Risk of VLS and CRS hinders sufficient dosing of IL-2 needed for the induction optimal Anti-tumor response

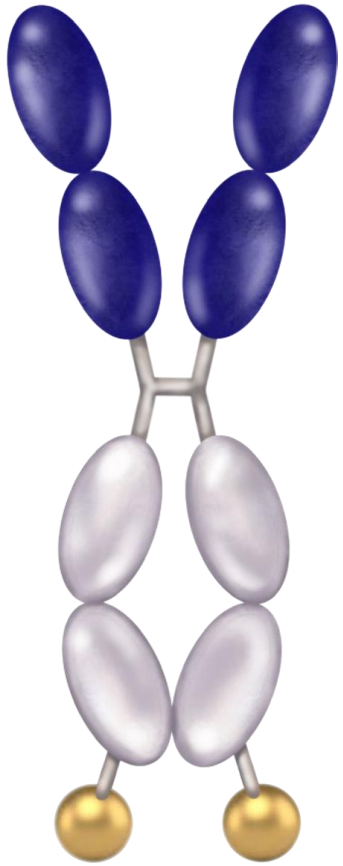


Vascular Leakage Syndrome



Cytokine Release Syndrome

CD80/IL2v is a targeted cytokine: CD80 fused to an IL-2 variant



CD80

- Immune cell/tumor targeting
- Inhibits CD80/CTLA-4 interaction, thereby inhibiting Treg function
- Retains CD80 expression on APCs

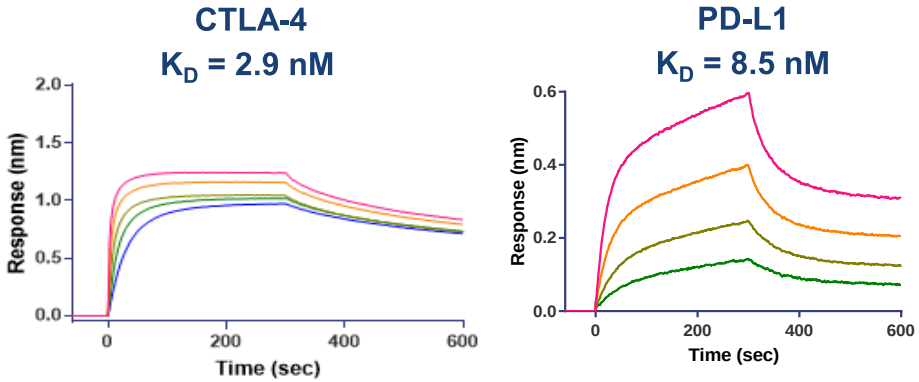
IgG4

- Low FcγR/C1q affinity
- No antibody or C-dependent cytotoxicity

IL2v

- GI-101: 2 amino acid substitution, IL-2Rα affinity reduced
- GI-102: 3 amino acid substitution, IL-2Rα affinity abolished
- Sustained binding to IL-2βγ receptors compared to wild type IL-2

Binding Affinity to CTLA-4 and PD-L1



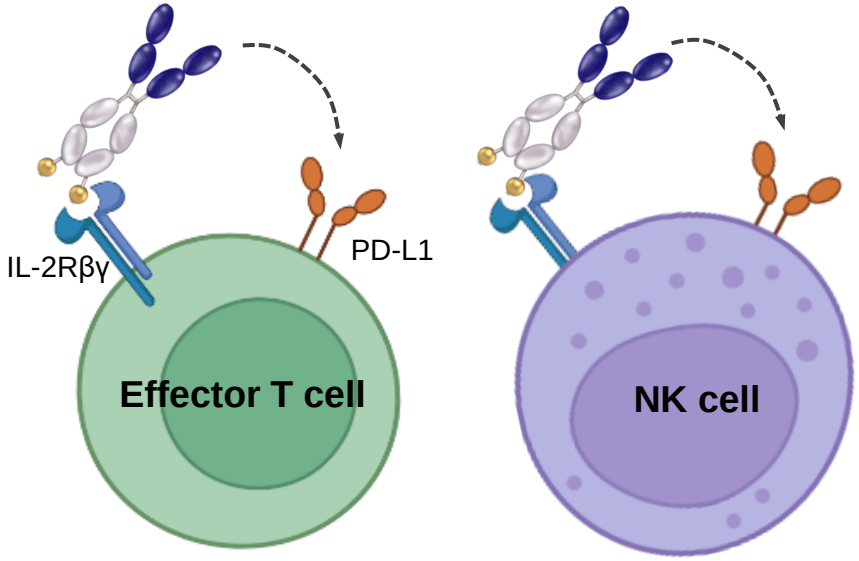
Binding Affinity to IL-2 Receptor (K_D, nM)

Receptor	Proleukin® (IL-2 wild type)	NKTR-214 (2-PEG-IL2)	GI-101 (CD80 x IL-2v2)	GI-102 (CD80 x IL-2v3)
IL-2Rα	49.6 (x42)	486.6 (x8)	1830 (x1.3)	No binding
IL-2Rβ	2080	3951.8	1360	1340
IL-2Rαβγ	0.003*	-	0.006	0.127
IL-2Rβγ	0.102*	-	0.11	0.095
IL-2Rβγ/ IL-2Rαβγ	34	-	18.3	0.75

Stauber et al., PNAS 2006;103:2788-2793, Charyah et al., PLOS ONE 2017;12:e0179431

CD80/IL2v targets CD8+T and NK cells, while blocking Tregs

Effective CD8+T and NK cell targeting via cis-binding

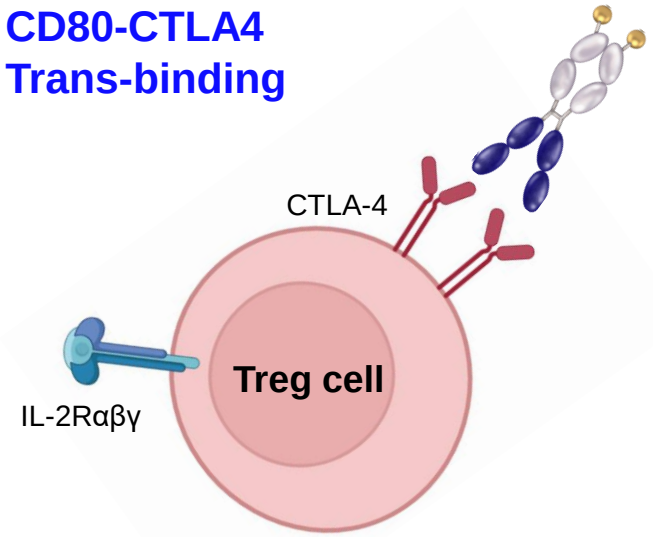


Cis-binding to IL-2Rβγ and PD-L1

1. Enables **avid and rigid binding of IL-2** on immune cells for strong proliferation and activation
2. Inhibits immune cell senescence

Directly inhibits Treg function

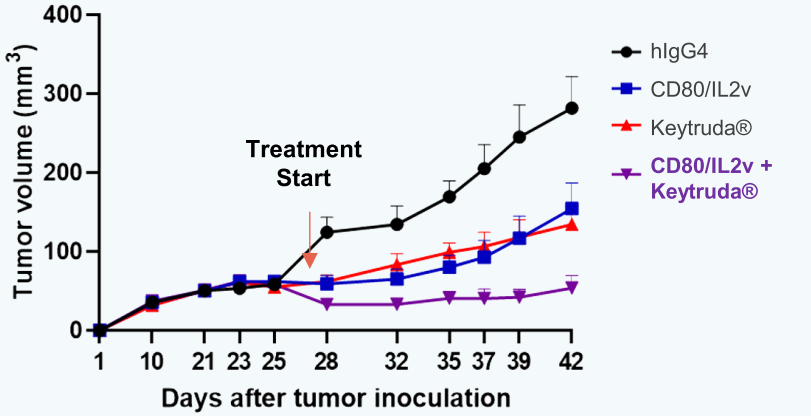
CD80-CTLA4 Trans-binding

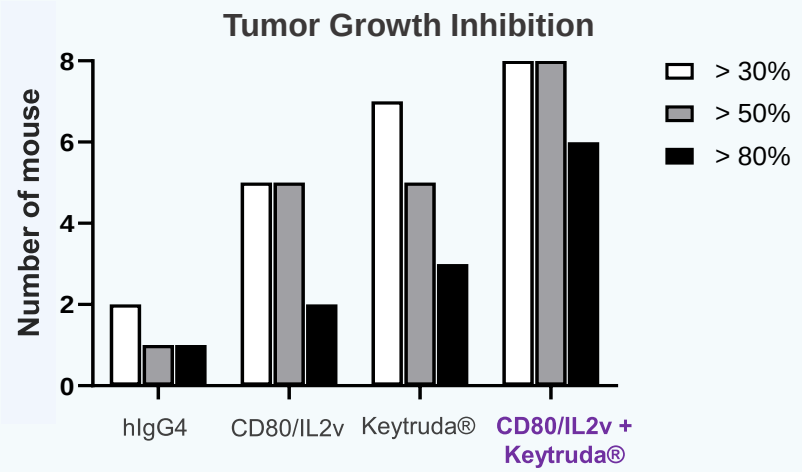


CD80/IL2v has synergistic anti-tumor efficacy in humanized mice

Tumor Volume

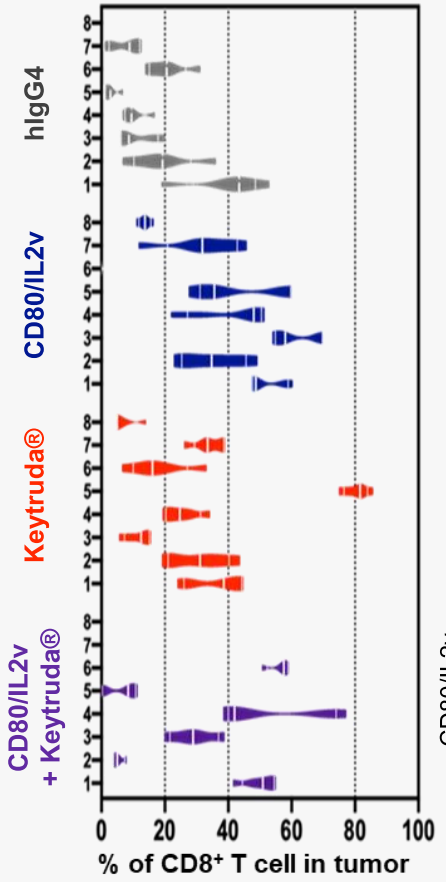
Humanized mouse model (MHC class I–null B2M NSG) implanting human PBMC transplantation, grafted with **MDA-MB-231, triple-negative breast cancer cell line**

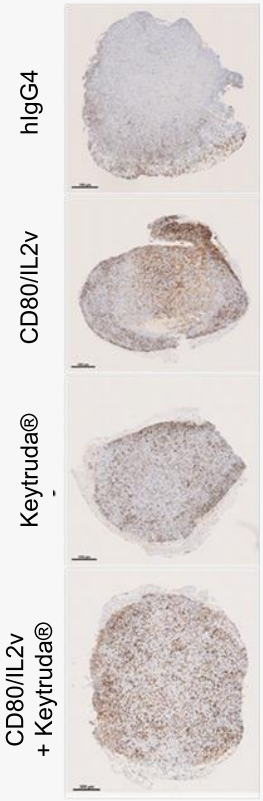




CD8+ T cells

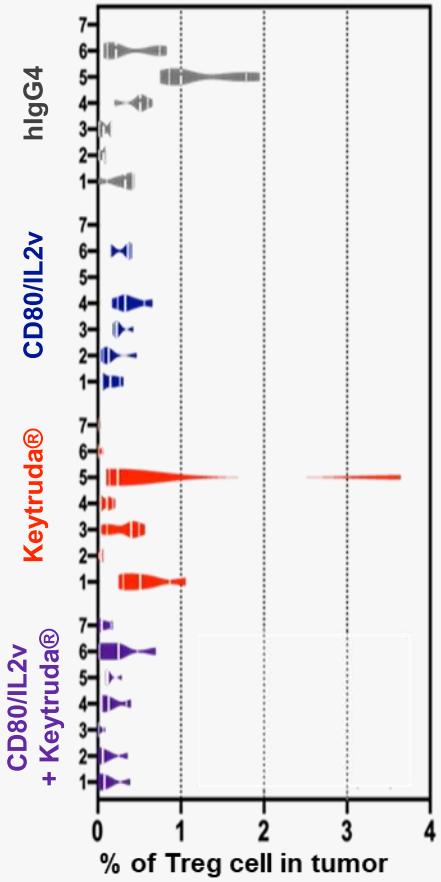
CD80/IL2v significantly **increased tumor-infiltrating lymphocytes** (CD8+ T cell)

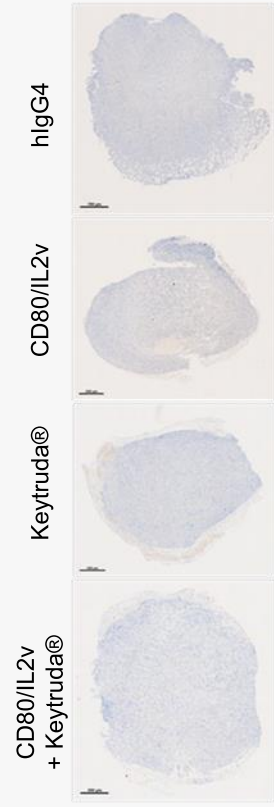




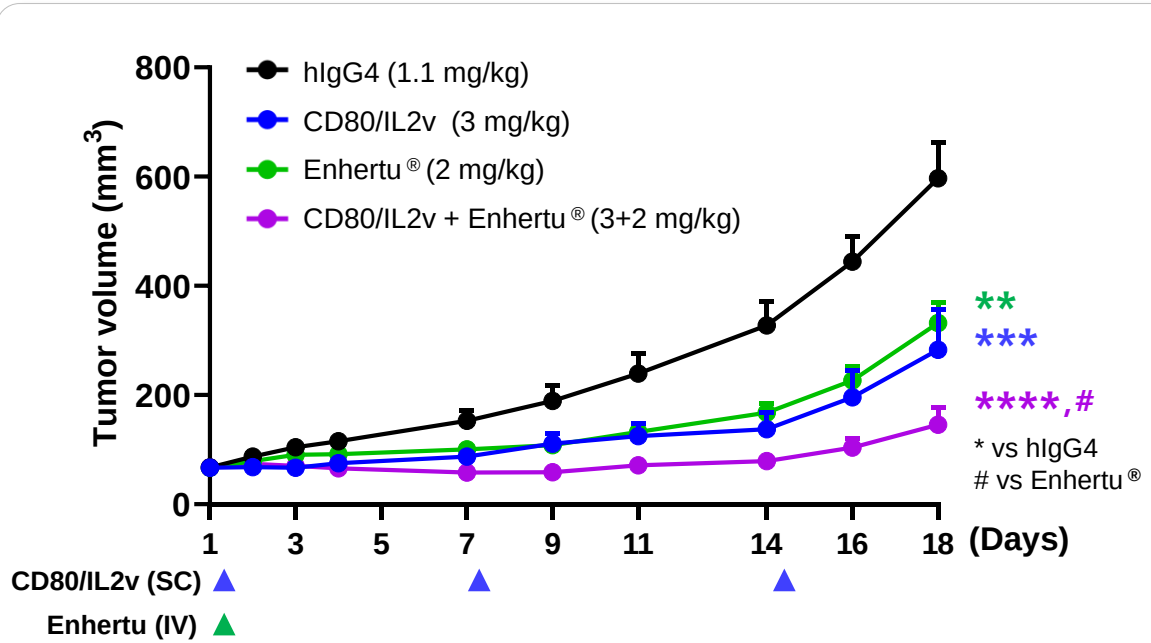
Treg cell

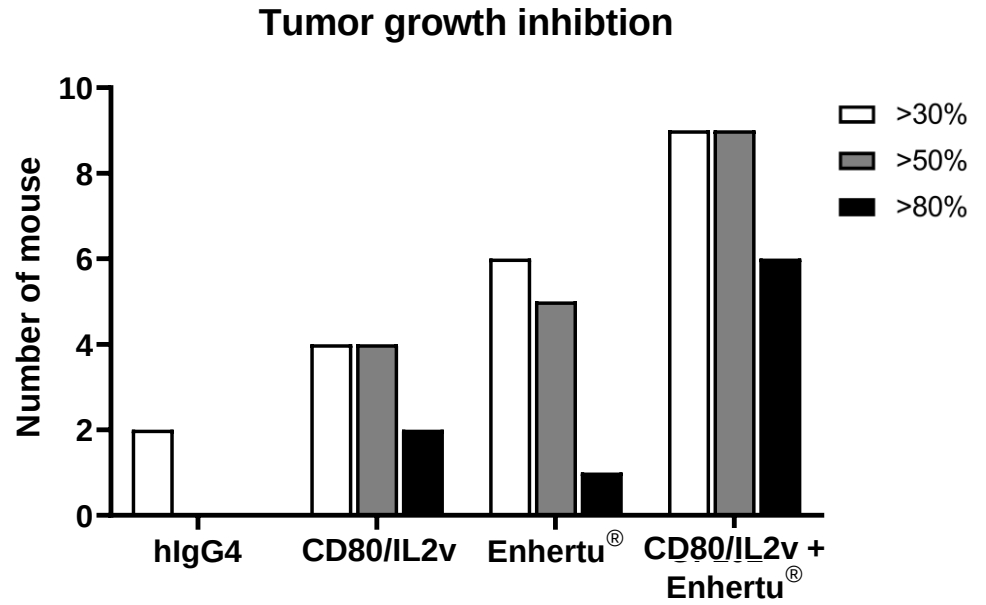
CD80/IL2v decreased the **density of immune suppressive Treg cells** within the tumor tissue

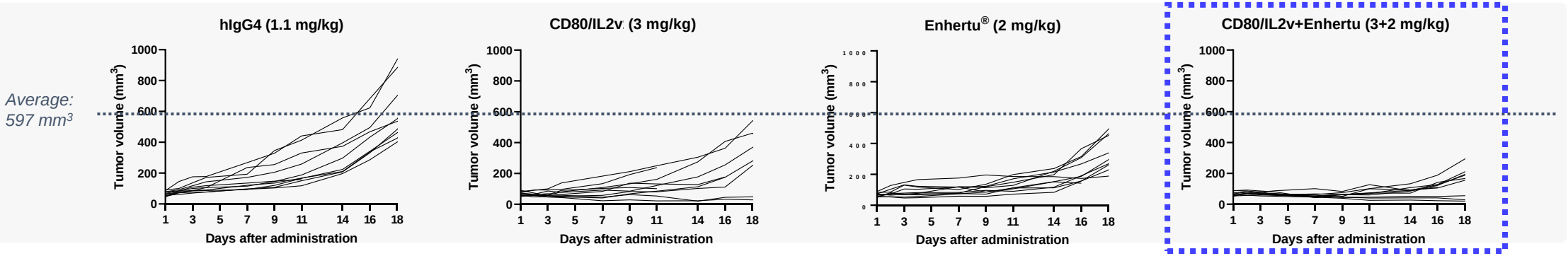




CD80/IL2v potentiates ADC efficacy in a murine breast cancer model







*One-way ANOVA, Dunnett's test, # p<0.5, ** p<0.1, **p<0.01, ***p<0.001, ****p<0.0001*

CD80/IL2v is superior to competitors: reversing Treg suppression is key

	GI-101A/GI-102 [1]	RG6279 [2]	SAR444245 [3]	IBI363 [4]	AB248 [5]
CD8+ T & NK Cell Proliferation	●	◐	◐	◐	◐
Treg Suppression	●	○	○	○	○
Localization to TME, dLN and spleen	●	●	○	●	◐
Improved PK Profile	●	●	Unknown	●	Unknown
Synergy with Other Treatment Modalities	●	○	Unknown	○	Unknown

1) GI Innovation presentation, Lee et al., ASCO 2024, 2) Bai et al., ASCO 2024, 3) Buchbinder et al., AACR 2023, 4) Bai et al., ASCO 2024,, 5) Buchbinder et al., AACR 202

INVESTOR RELATIONS 2024

GI-101A Clinical results

cPR in pancreatic adenocarcinoma with liver metastasis

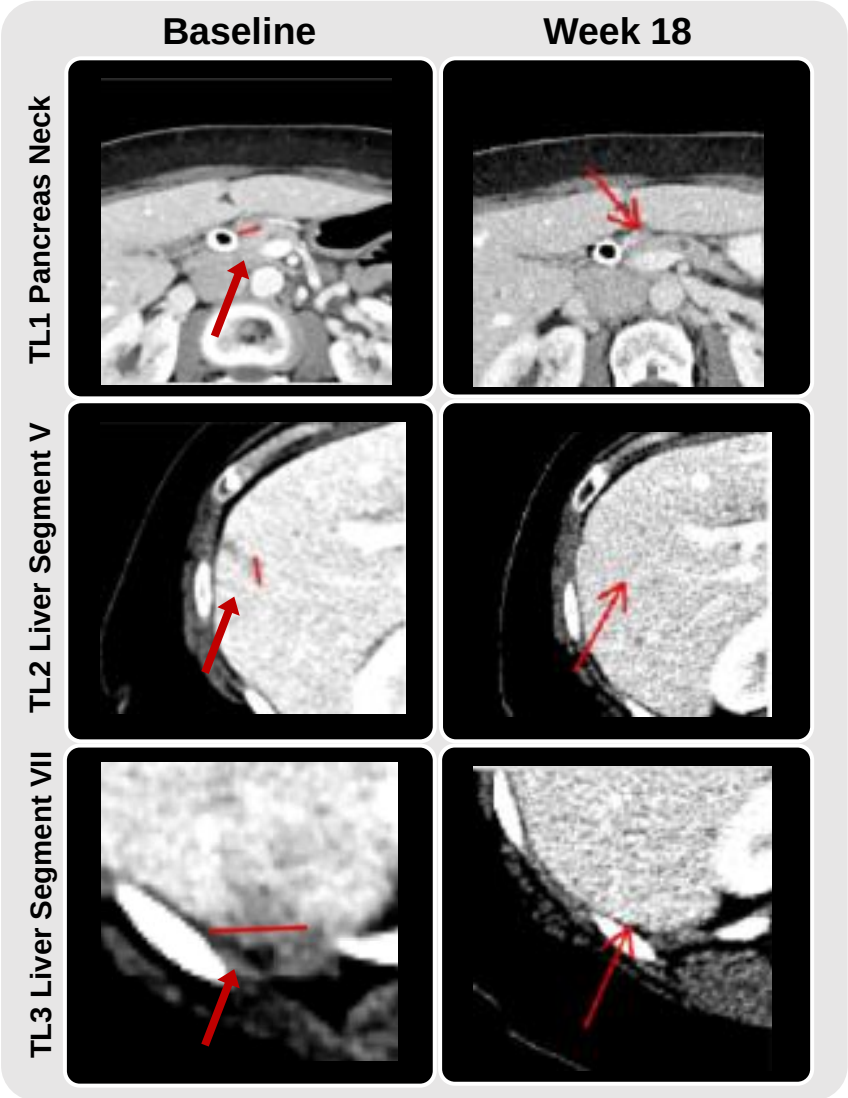
71 years old female
Pancreatic adenocarcinoma
First diagnosis: 20 Jul 2023
MSS in liquid biopsy
Target lesion: Pancreas, liver

GI-101A 0.05 mg/kg + Pembrolizumab

Treatment duration: 184 days+
Cycle 7 ongoing

Treatment history

1L	FU Oxaliplatin Irinotecan	DoT : 71 days BoR: PD
2L	Gemcitabine Abraxane	DoT : 56 days BoR: PD



Week 6:
-72.7% Reduction
Partial Response (PR)

Week 12:
-72.7% Reduction
Confirmed PR

Week 18:
-86.3% Reduction
Confirmed PR

Duration of response 86 days+

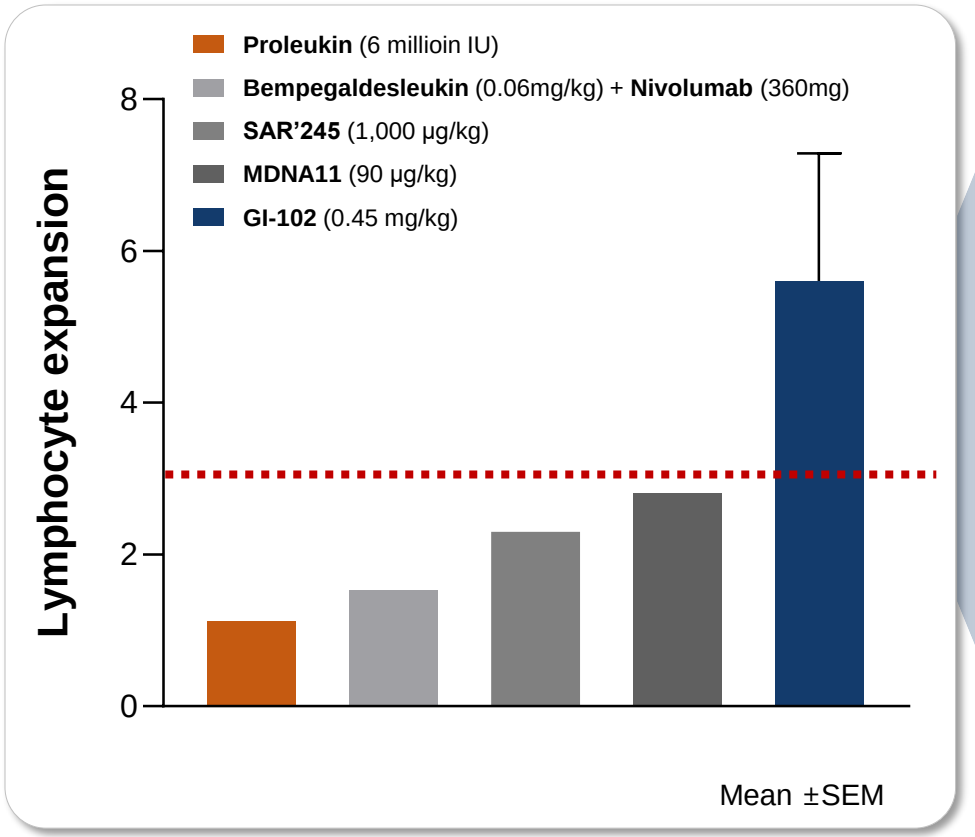
Data cut-off: 2024-11-05
(Preliminary results)

INVESTOR RELATIONS 2024

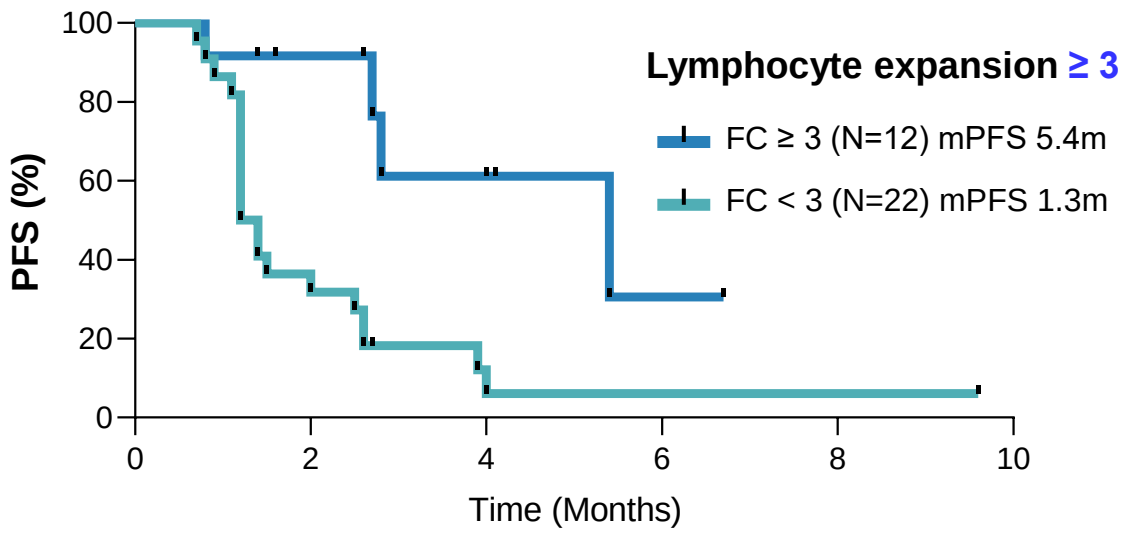
GI-102 Clinical results

GI-102 induced significant expansion of lymphocytes in human

Lymphocyte expansion after IL-2 treatment



GI-102



1) Lissoni P, Oncology, 1994; 2) Diab et al. J Clin Oncol 2023;
3) Sanofi R&D Day 2020; 4) Q3 2023 Medicenna Corporate Overview

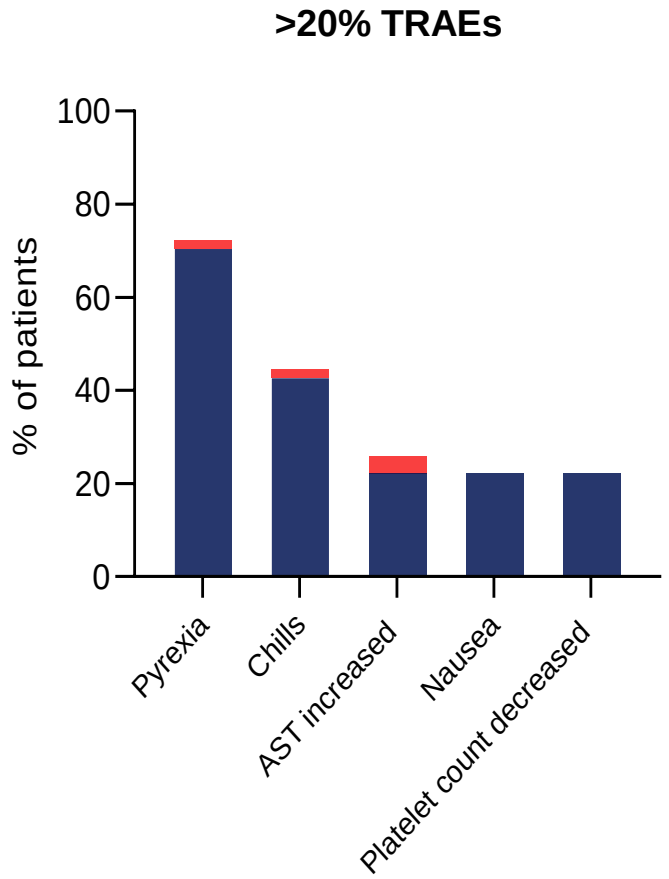
Data cut-off: 26 Jul 2024 (Preliminary results)

GI-102 has demonstrated great safety and tolerability up to 0.45 mg/kg

In dose escalation part (0.06-0.45 mg/kg), no DLTs have been observed

# of subjects (%)	GI-102 (N=35)	Proleukin® (N=270, historical data)
Patients with TEAEs		
≥ Grade 3 TEAE	22 (40.7%)	257 (**95.0%**)†
≥ Grade 4 TEAE	6 (11.1%)	94 (**35.0%**)†
AE leading to death	**0 (0%)**	**6 (2.0%)**†
Common TRAEs (>20%)	Pyrexia, chills, nausea, AST increased	Hypotension, vomiting, diarrhea, bilirubinemia, oliguria, fever/chill, thrombocytopenia, SGOT increased, creatinine increased, malaise, rash, dyspnea, confusion, anemia, nausea, leukopenia

- All Grade 4 TRAEs were transient lymphopenia, thought to be related to lymphocyte migration to lymphoid organs

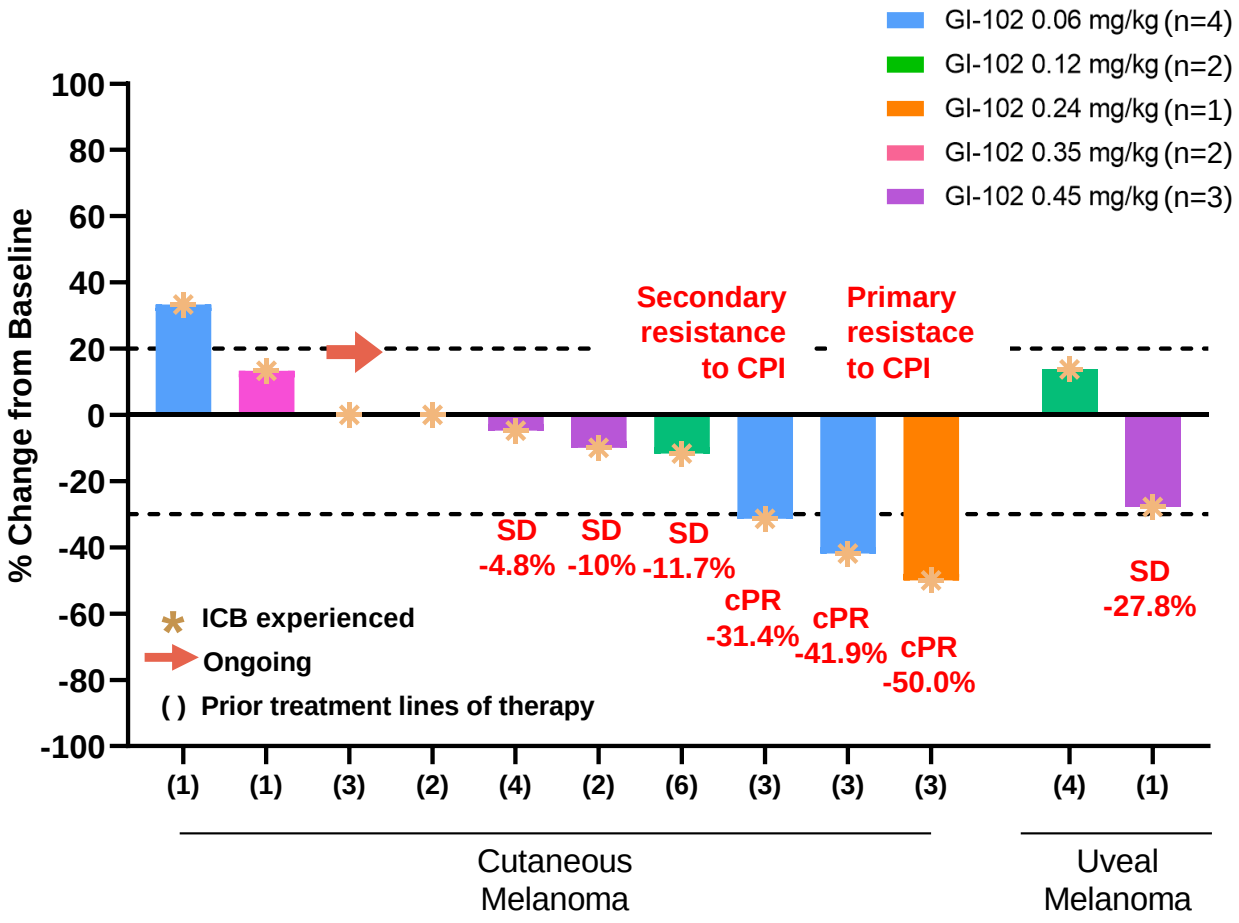


† Proleukin® Medical Reviewers Report BLA Supplement 97-0501; Not a head-to-head comparison

Data cut-off: 8 Oct 2024 (Preliminary results)

GI-102 shows strong monotherapy activity

Metastatic, heavily pretreated melanoma (N=12)



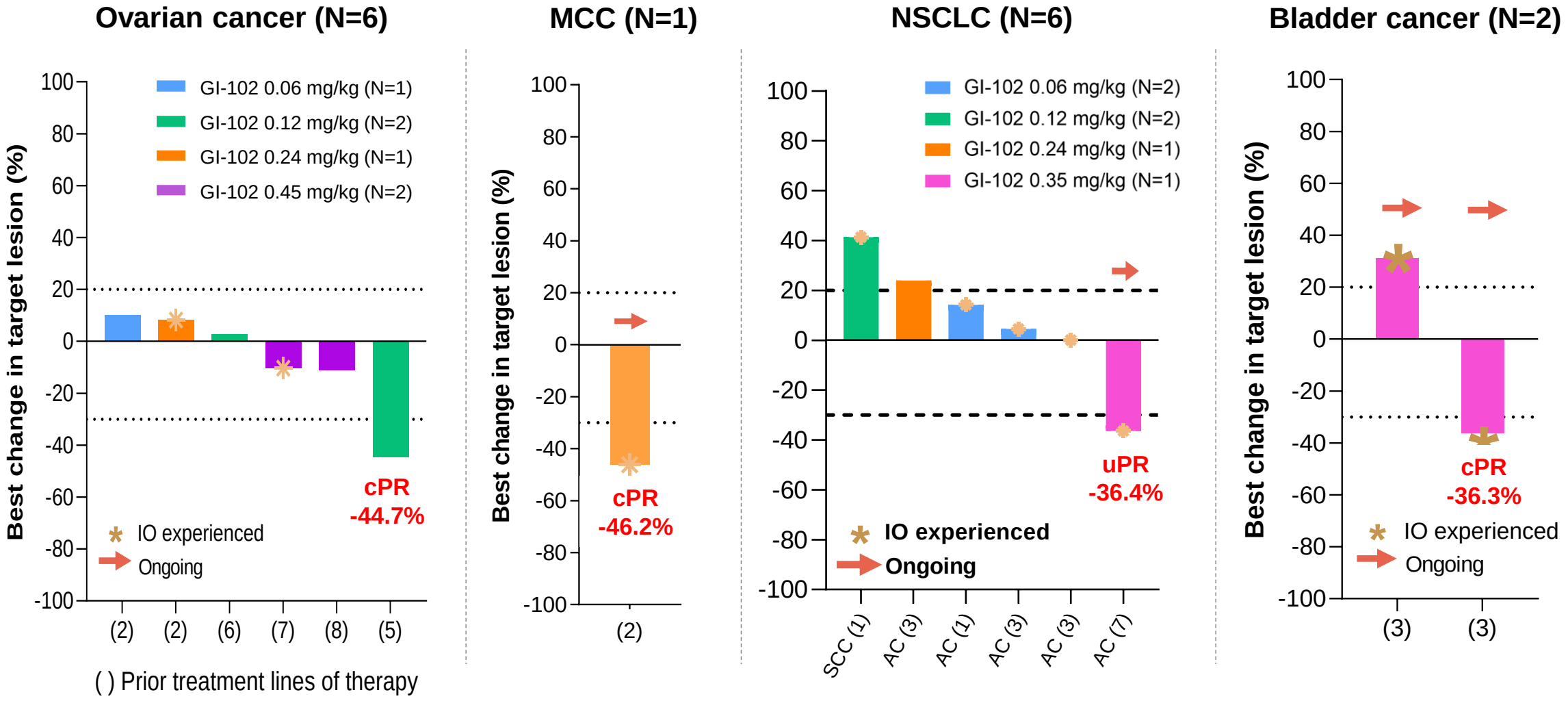
Clinical results in CPI refractory metastatic melanoma

Treatment regimen	Response rate (Responder/Total)
Pembrolizumab + lenvatinib (LEAP-004; MSD) [1]	**21.4%** (22/103)
Nivolumab + relatlimab, 1 prior CPI therapy (RELATIVITY-020; BMS) [2]	**12.0%** (42/351)
Nivolumab + relatlimab, ≥ 1 prior CPI therapy (RELATIVITY-020; BMS) [2]	**9.2%** (15/163)
Nemvaleukin (Alkermes) [3]	**9.1%** (4/44)
SAR444245 (Sanofi) [4]	**0%** (0/12)
Bempegaldesleukin (Nektar; BMS) [5]	**0%** (0/7)
GI-102 (GI Innovation)	**30% (3/10)**

1) Arence et al., J Clin Oncol 2023; 2) Ascierto et al., J Clin Oncol 2023; 3) ASCO 2022 Abstract 2500; 4) ESMO 2022 747P; 5) Bentebibel et al., Cancer Discov 2019

Data cut-off: 8 Oct 2024 (Preliminary results)

Objective responses in diverse indications



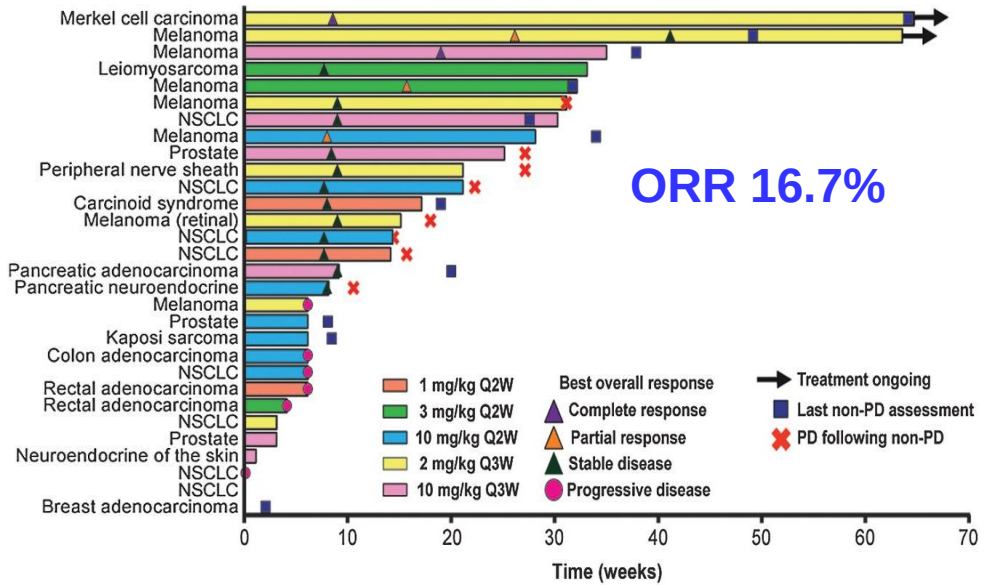
Data cut-off: 8 Oct 2024 (Preliminary results)

Historical early phase ORR results with immunotherapy agents

Pembrolizumab (Keytruda®, Merck)[1]

Immune checkpoint blockade(ICB)-naive

Phase 1, Advanced solid tumors, N=30

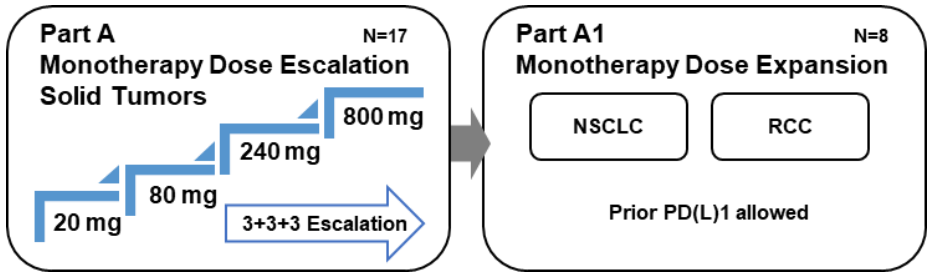


ORR 16.7%

Relatlimab (Opdualag™, BMS)[2-4]

IO-experienced

Phase1/2a, Advanced or recurrent malignancies, N=25



ORR 4%

GI-102 is showing comparable ORR with pembrolizumab in IO-experienced setting

1) Amita et al., Clin Cancer Res., 2015; 2) Hussein et al., NEJM., 2022; 3) Opdualag Assessment report, 2022; 4)Georgina et al., NEJM, 2023

INVESTOR RELATIONS 2024

GI-102 for cell therapy

IL-2 can be combined with different treatment modalities for cancer

The first tumor-derived autologous T cell immunotherapy approved by FDA

FDA grants accelerated approval to lifileucel for unresectable or metastatic melanoma

On February 16, 2024, the Food and Drug Administration granted accelerated approval to lifileucel (Amtagvi, Iovance Biotherapeutics, Inc.), a tumor-derived autologous T cell immunotherapy, for adult patients with unresectable or metastatic melanoma previously treated with a PD-1 blocking antibody, and if BRAF V600 positive, a BRAF inhibitor with or without a MEK inhibitor.

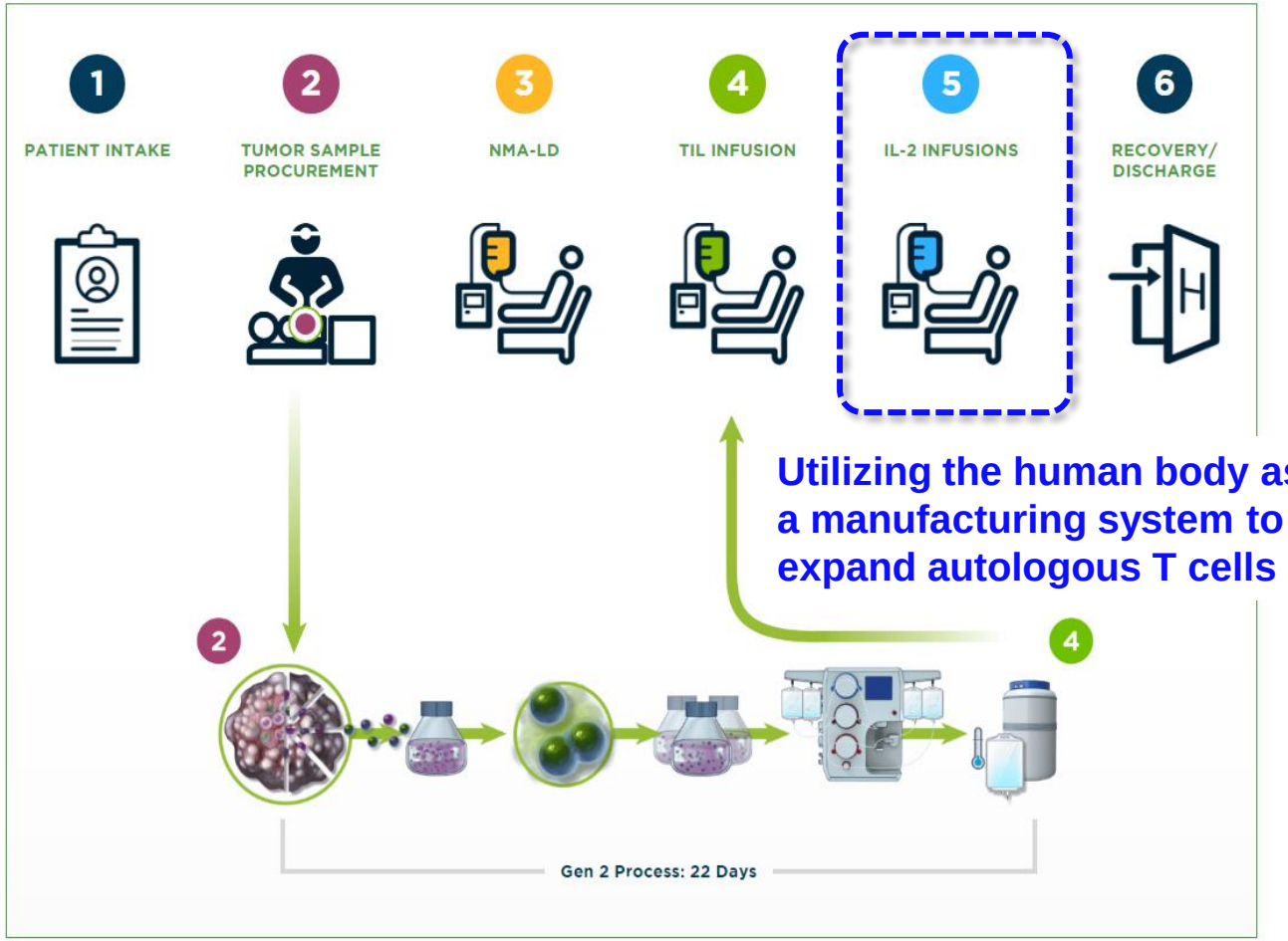
ORR 31.4%

Full prescribing information for Amtagvi will be posted here (/vaccines-blood-biologics/development-approval-process-cber/2024-biological-license-application-approvals).

Safety and efficacy were evaluated in a global, multicenter, multicohort, open-label, single-arm trial in patients with unresectable or metastatic melanoma who had previously been treated with at least one systemic therapy, including a PD-1 blocking antibody, and if BRAF V600 mutation-positive, a BRAF inhibitor with or without a MEK inhibitor. Among 89 patients who received lifileucel, two patients were excluded because the product did not meet specification and five patients were excluded due to product comparability. Lifileucel was administered following a lymphodepleting regimen consisting of cyclophosphamide 60 mg/kg daily with mesna for 2 days followed by fludarabine 25 mg/m2 daily for 5 days. Three to 24 hours after infusion, patients received IL-2 (aldesleukin) at 600,000 IU/kg every 8 to 12 hours for up to 6 doses in order to support cell expansion in vivo. The median administered lifileucel dose was 21.1× 109 viable cells. The median number of administered IL-2 (aldesleukin) doses was 6.

Omid Hamid et al. 2022 Melanoma Bridge presentation; https://www.iovance.com/manufacturing/

Streamlined 22-day GMP manufacturing process



Safety of lifileucel and Proleukin® is highly problematic

Grade 3/4 Hematologic Lab Abnormalities*

Preferred Term, n (%)	Grade 3/4
Leukopenia	156 (100.0)
Lymphopenia	156 (100.0)
Neutropenia	156 (100.0)
Thrombocytopenia	147 (94.2)
Anemia	111 (71.2)

Non-Hematologic TEAEs in ≥30% of Patients*†

Preferred Term, n (%)	Any Grade	Grade 3/4
Chills	117 (75.0)	8 (5.1)
Pyrexia	81 (51.9)	17 (10.9)
Febrile neutropenia	65 (41.7)	65 (41.7)
Hypophosphatemia	58 (37.2)	41 (26.3)
Hypotension	52 (33.3)	17 (10.9)
Fatigue	51 (32.7)	6 (3.8)
Diarrhea	48 (30.8)	2 (1.3)

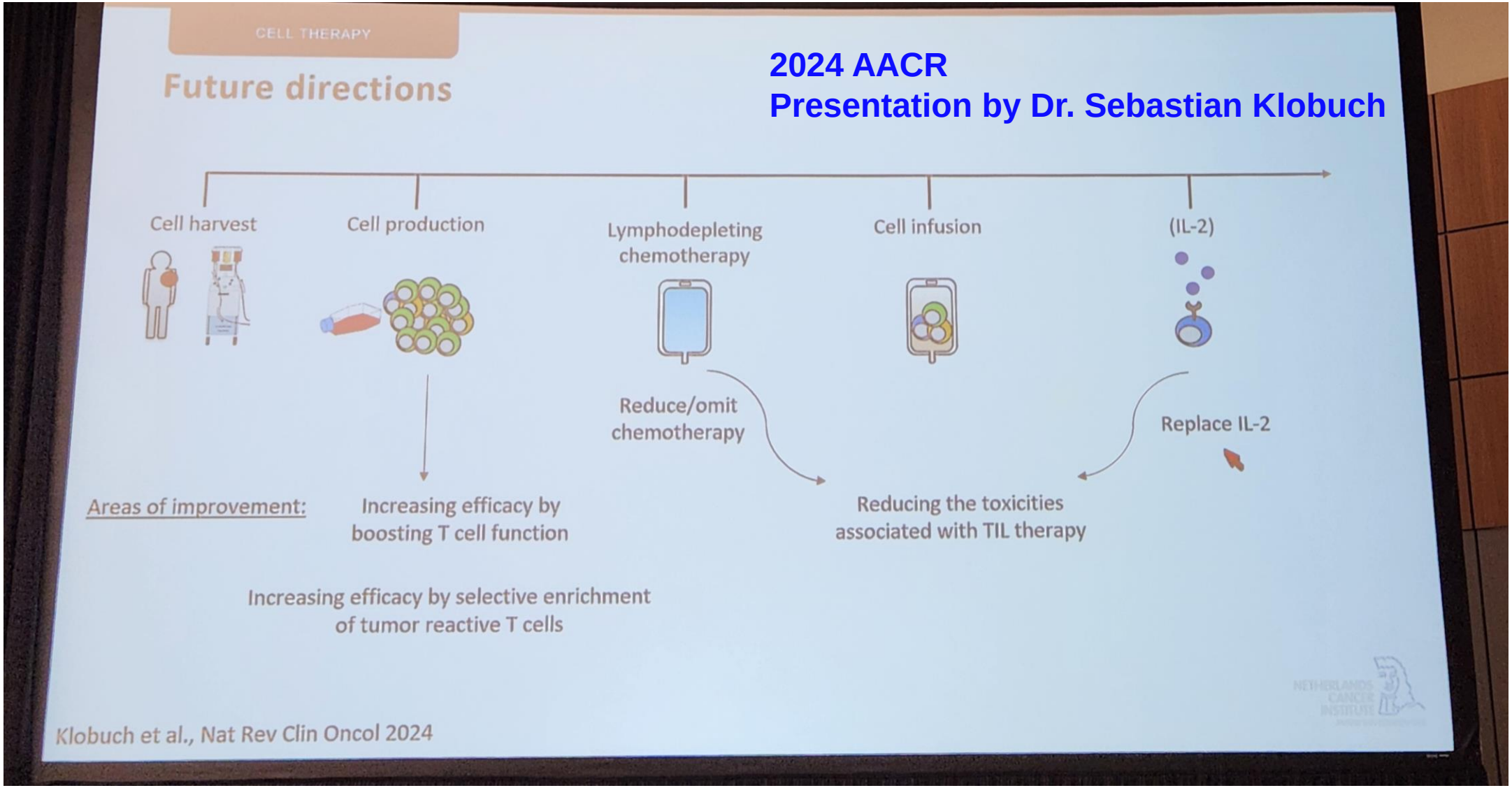
WARNING: TREATMENT-RELATED MORTALITY, PROLONGED SEVERE CYTOPENIA, SEVERE INFECTION, CARDIOPULMONARY and RENAL IMPAIRMENT

See full prescribing information for complete boxed warning.

- **Monitor patients for prolonged severe cytopenia and monitor for internal organ hemorrhage (5.1, 5.2, 5.3)**
- **Treat severe infections (5.1, 5.4)**
- **Monitor cardiopulmonary and renal functions throughout the treatment course (5.1, 5.5, 5.6, 5.7)**

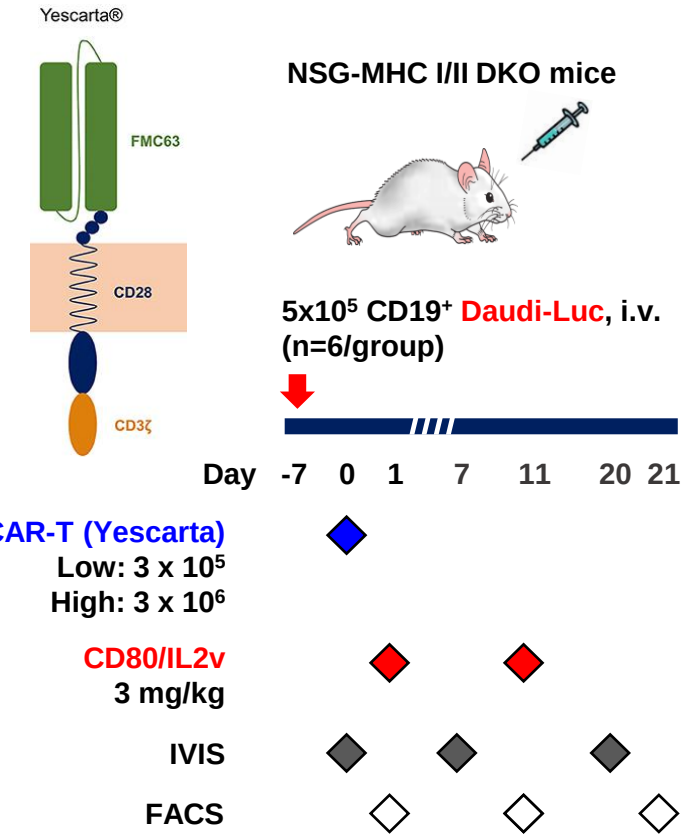
Administer in an inpatient hospital setting. An intensive care facility and specialists skilled in cardiopulmonary or intensive care medicine must be available (2.1, 6.1)

TILs and CAR-T for solid tumors require a safer IL-2 option



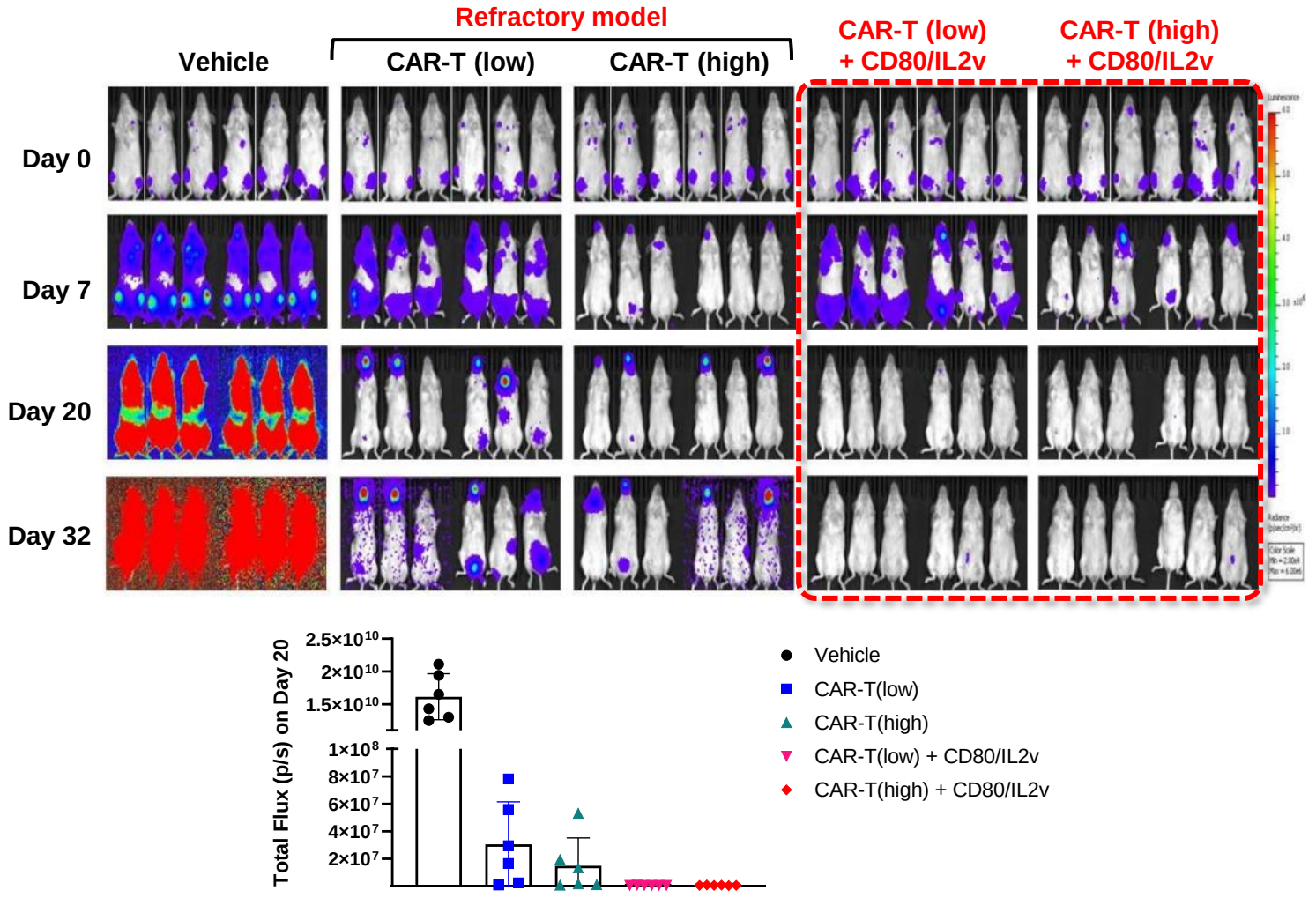
CD80/IL2v plus CAR-T therapy causes complete tumor rejection in mice

Experimental design

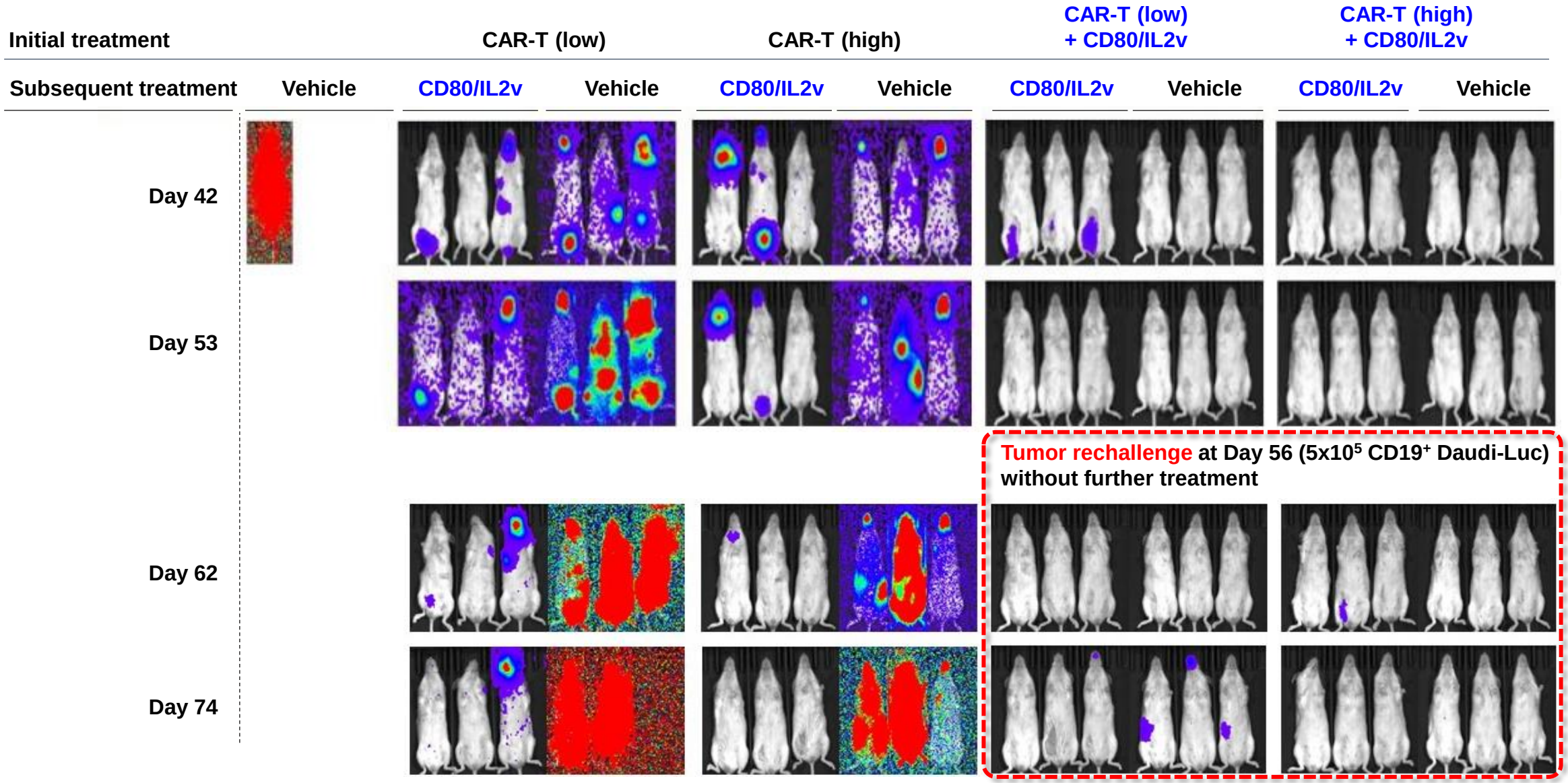


Ref: Cerrano et al., Front. Immunol., 2020

CD80/IL2v plus CAR-T shows enhanced anti-tumor activity vs CAR-T alone



CD80/IL2v suppresses tumor recurrence after CAR-T therapy



CD80/IL2v can maximize efficacy CAR-T therapy

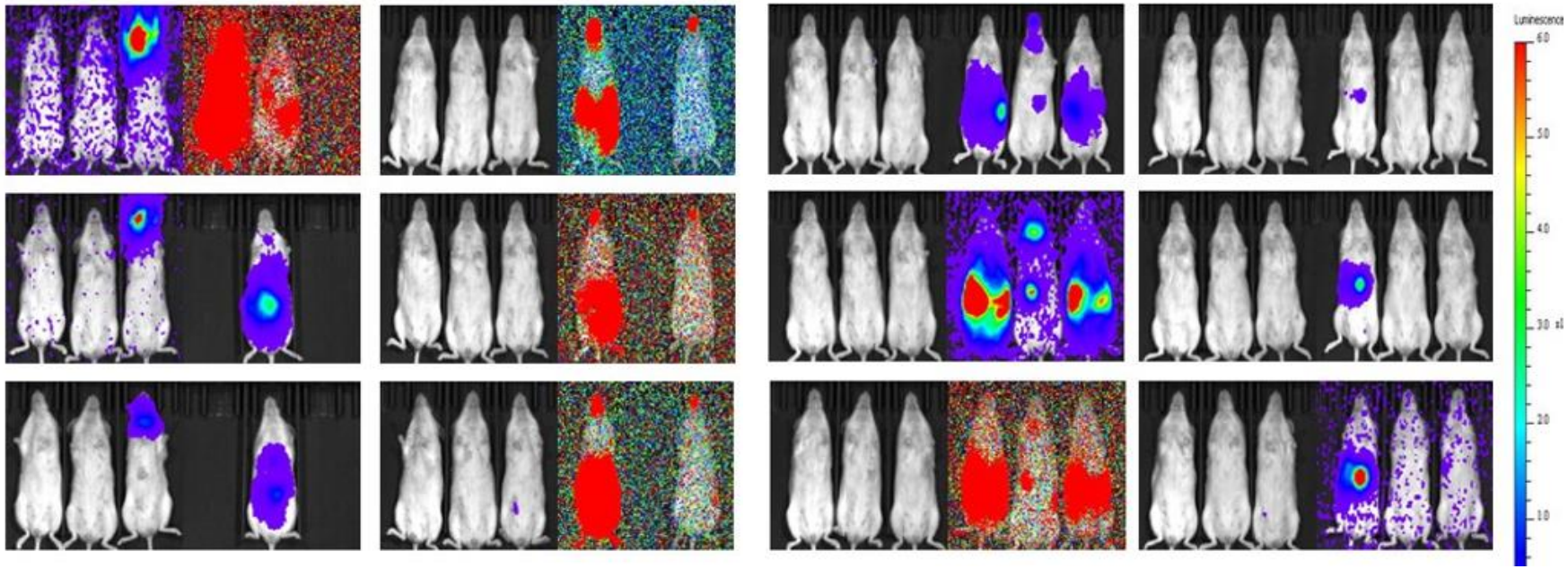
Initial treatment		CAR-T (low)		CAR-T (high)		CAR-T (low) + CD80/IL2v		CAR-T (high) + CD80/IL2v	
Subsequent treatment	**Vehicle**	**CD80/IL2v**	**Vehicle**	**CD80/IL2v**	**Vehicle**	**CD80/IL2v**	**Vehicle**	**CD80/IL2v**	**Vehicle**

Tumor rechallenge at Day 56 (5x10^5 CD19$^+$ Daudi-Luc) and no further treatment since Day 56

Day 84

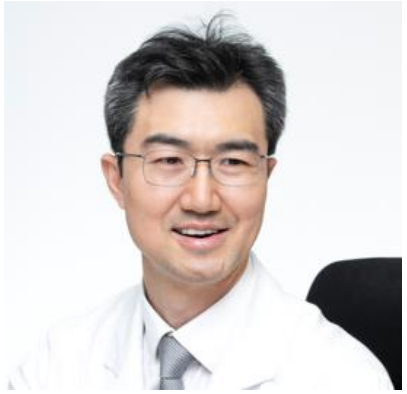
Day 94

Day 104



CD80/IL2v as a CAR-T consolidation therapy

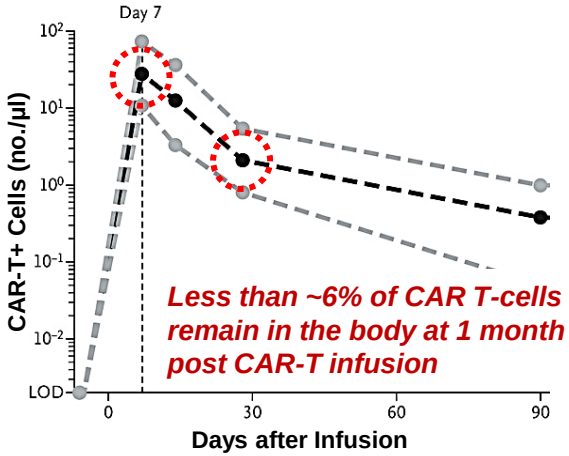
ASAN Medical Center



Dr. Dok Hyun Yoon

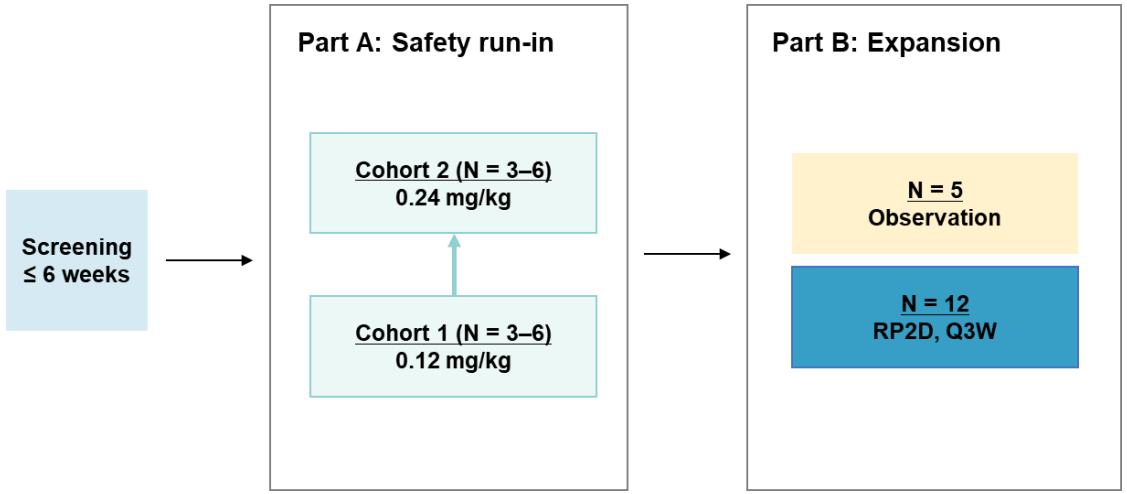
Global KOL
CAR-T Center
Director

CAR-T cell level post treatment



1. Restoration of CAR T expansion
2. To produce better quality CAR T cells to maximize its efficacy

Patients with R/R DLBCL who received CAR-T therapy (N≤29)

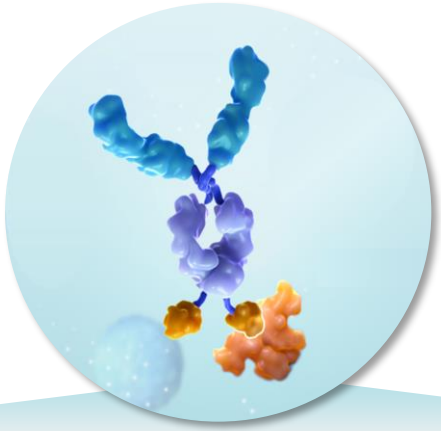


Primary objective:
CAR-T re-expansion level

Secondary objectives:
Safety
Efficacy

Neelapu et al, NEJM 2017

Key opportunities for GI-101A/GI-102



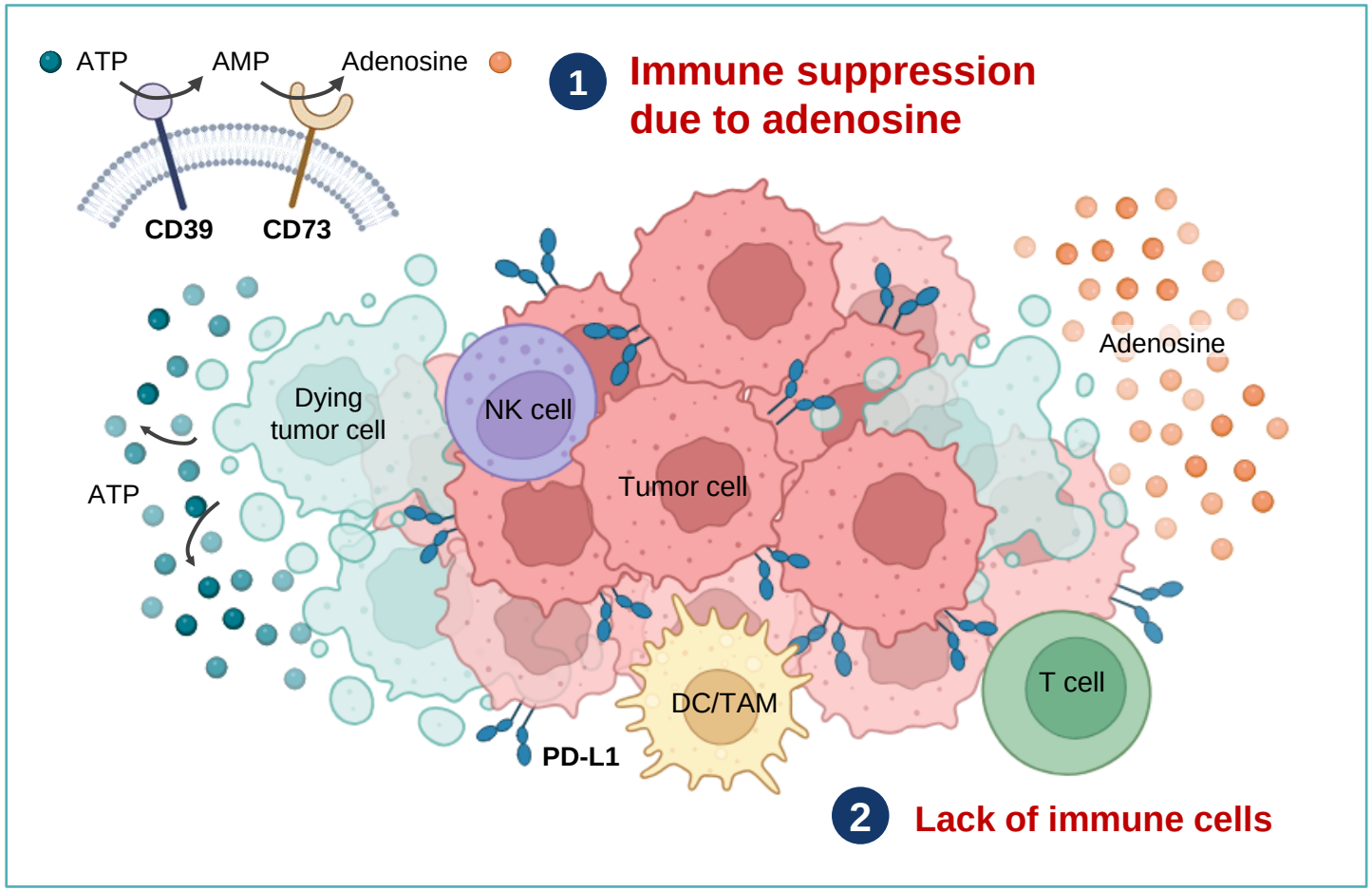
CAR-T Consolidation	Enhertu® Combination	Keytruda® Combination	Proleukin® Substitute
$19B	$14B	$16B	$200M
CAR T therapy Market size in 2030	*Enhertu® CAGR +25.7%▲ (2023-2030)*	*Keytruda® Market size in 2030*	*Proleukin® CAGR +31.9%▲ (2023-2030)*

Predictive market size data from EvaluatePharma

INVESTOR RELATIONS 2024

Novel bispecific targeting cancer metabolism, ‘GI-108’

Targeting tumor metabolism is essential to overcome immunosuppressive tumor microenvironment



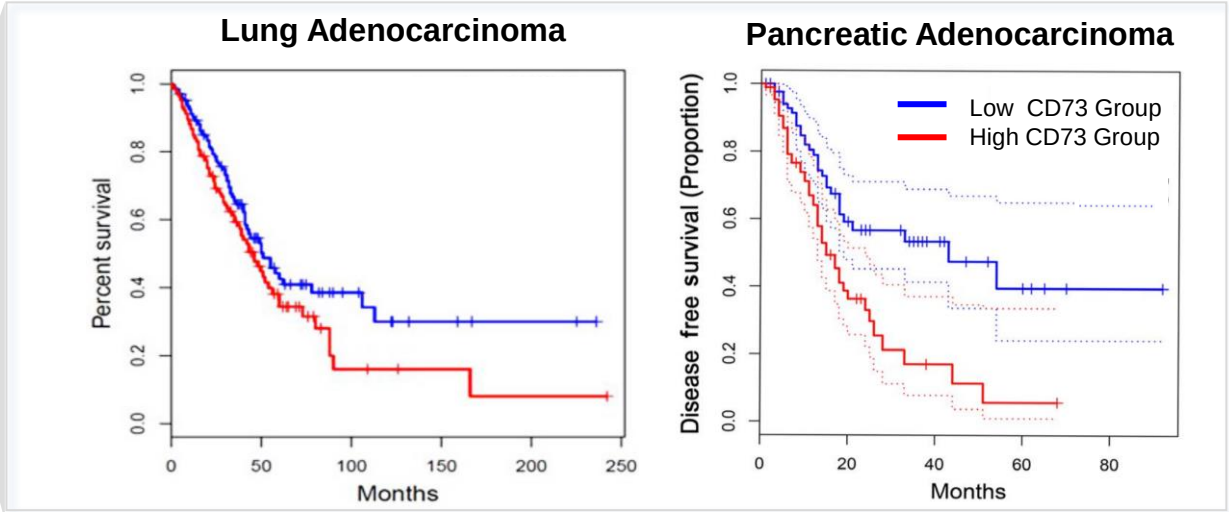
Strategies to overcome adenosine-mediated immune suppression is essential

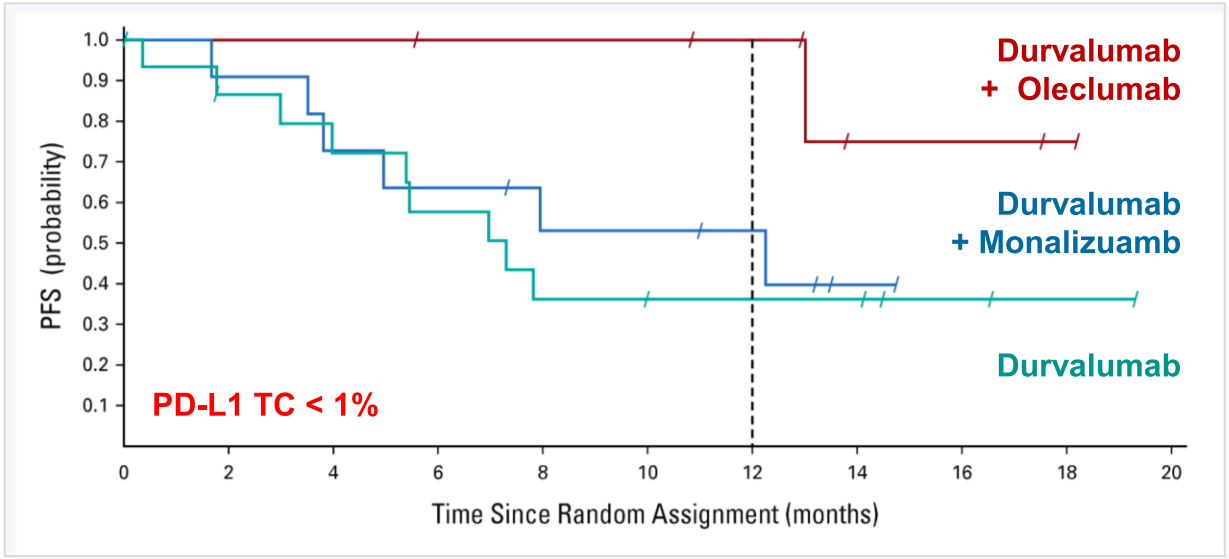
Image created based on the cited referece: Remon J et al., Ther Adv Med Oncol. 2022; Mastelic-Gavillet B et al., J Immunother Cancer. 2019; Myojin et al., JHEP Reports. 2024

CD73 is a validated target in various cancers

	Target relevance	
Tumor Type	**CD73 (NT5E)[1]**	**Prognosis**
Lung Adenocarcinoma	**++++**	
Pancreatic Adenocarcinoma	**+++**	
Thyroid Carcinoma	++++	
Sarcoma	++++	
Glioblastoma Multifome	++++	
Liver Hepatocellular Carcinoma	++++	
Colon Adenocarcinoma	++++	
Rectum Adenocarcinoma	++++	
Stomach Adenocarcinoma	+++	
Brain Lower Grade Glioma	+++	
Esophageal Carcinoma	+++	
Head and Neck Squamous Cell Carcinoma	+++	
Renal Clear Cell Carcinoma	+++	

Prognosis
Poor Good





Yang et al., Cancers 13;177:2021

Herbst et al., J Clin Oncol 2022

Our approach overcomes the limitation of anti-CD73 antibody

1 **Overcoming adenosine-induced immune suppression**

2 **Proliferation and activation of immune cells**

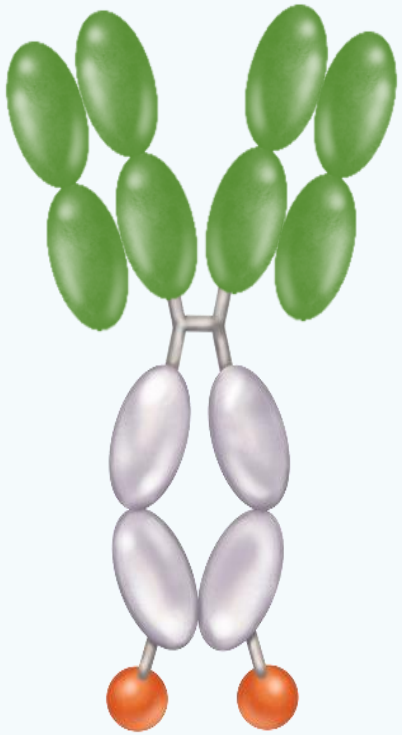
AstraZeneca	I-MAB BIOPHARMA	GILEAD
Oleclumab	**Uliledlimab**	**Quemliclustat**
Durva+Ole: 30%ORR in NSCLC	Uli+Tori: 31%ORR in NSCLC	Quem+chemo: 19.4mo mOS in PDAC

Dual-targeting via anti-CD73 & IL-2 variant

- Adenosine pathway inhibition via anti-CD73
- TIL expansion with IL-2 variant

Herbst et al., J Clin Oncol 2022; Zhou et al., ASCO 2023 Abstract; Arcus Press Release, Jan 16,2024

GI-108 has a dual-targeting action via anti-CD73 and IL-2 variant



Anti-CD73

- Targeting of CD73 overexpressing tumor cells
- Inhibits AMP breakdown to adenosine
- Designed to remediates immune system from tumor-mediated immunosuppression

IgG4

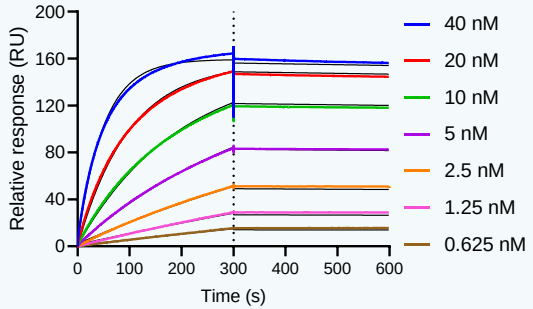
- Low FcγR / C1q Affinity
- No antibody or C-dependent cytotoxicity

IL-2v

- Substituted 3 amino acids the wildtype IL-2
- Removed the affinity to IL-2Rα chain
- Sustained binding to IL-2 βγ receptors

Binding Affinity to human CD73

	Oleclumab	GI-108
K_D (nM)	0.101	**0.089 (x1.2)**



Binding Affinity to IL-2 Receptor (KD, nM)

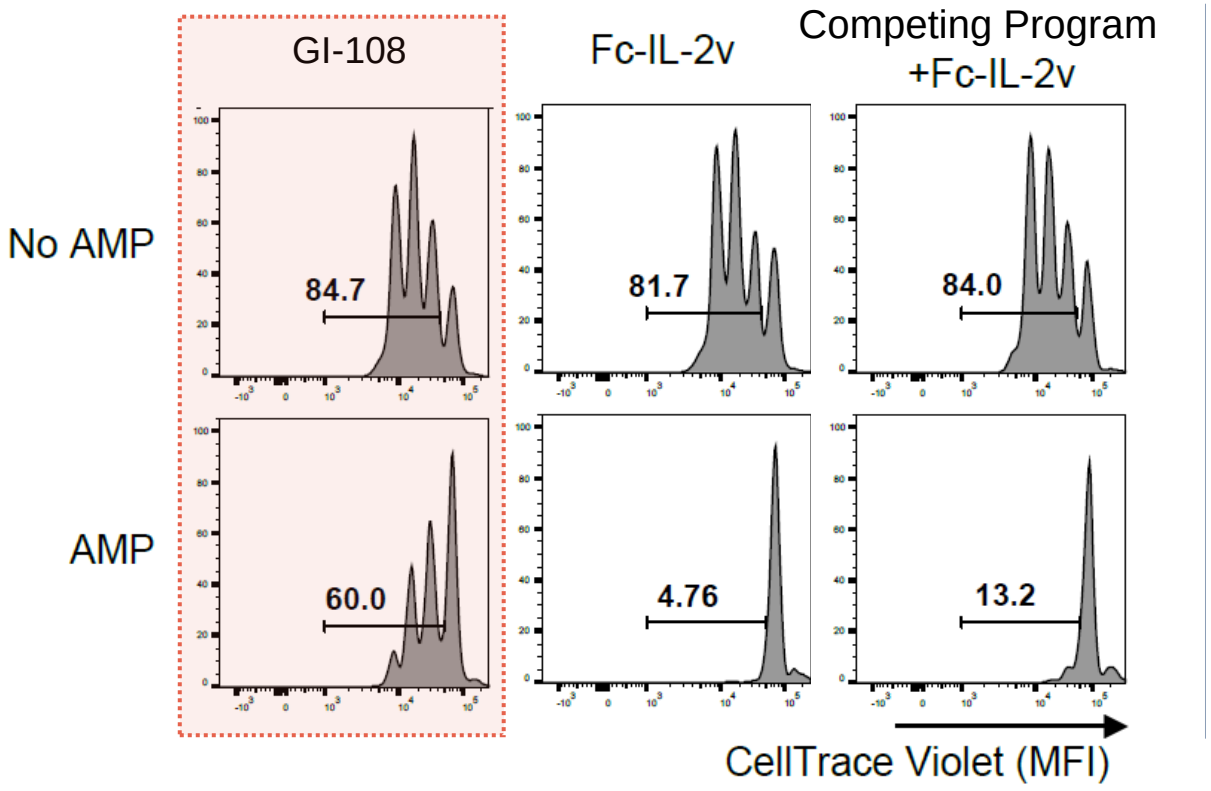
Receptor	Aldesleukin (IL-2 wild type)	NKTR-214 (2-PEG-IL2)	GI-108 (α-CD73 x IL-2v)
IL-2Rα	49.6 (x42)	486.6 (x8)	N.B.
IL-2Rβ	2080	3951.8	2290
IL-2Rβγ	N/A	N/A	0.2

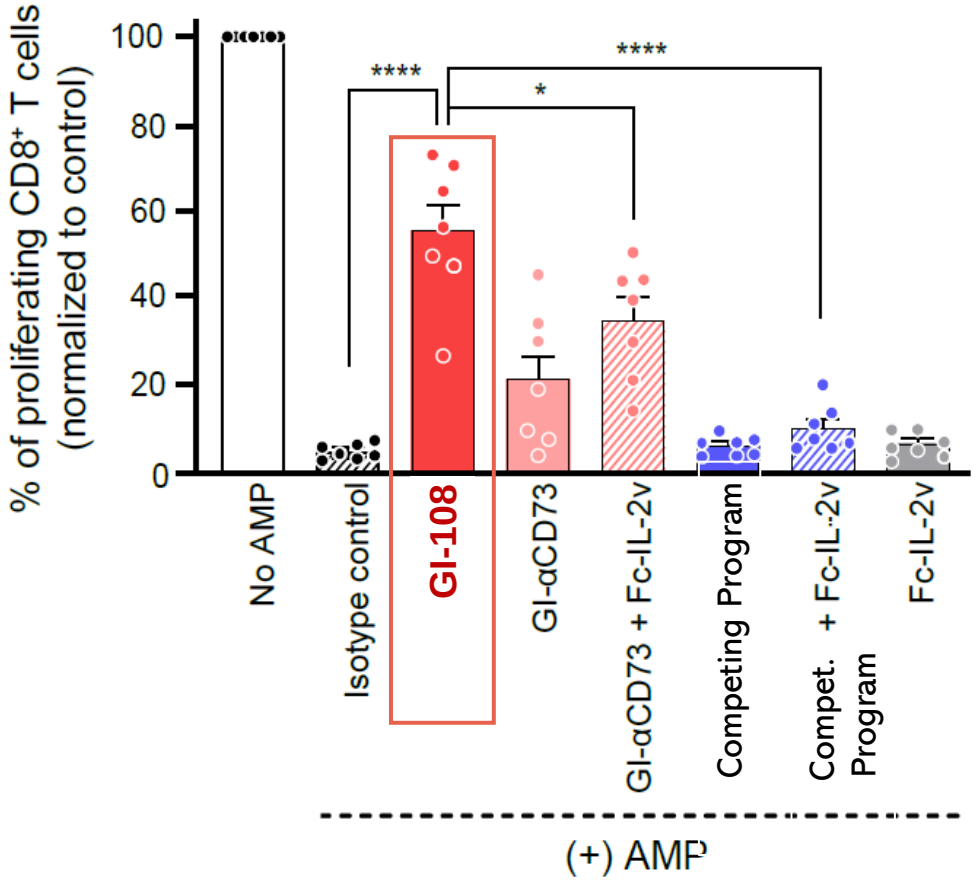
Source: Stauber et al., PNAS 2006;103:2788-2793, Charyah et al., PLOS ONE 2017;12:e0179431

This project is funded under KDDF (Korea Drug Development Fund, study# RS-2022-00166700)

GI-108 reinvigorates CD8+ T cells in AMP-rich conditions

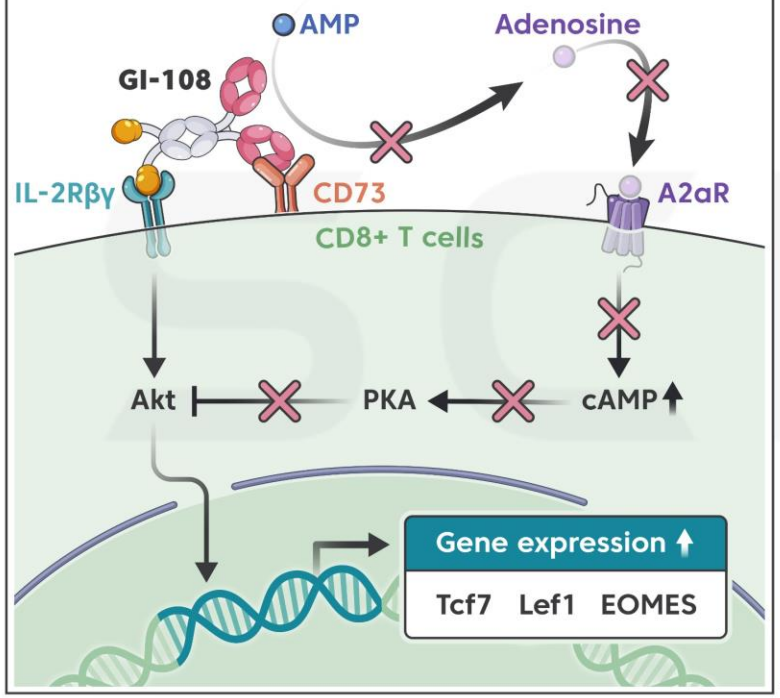
Cell proliferation



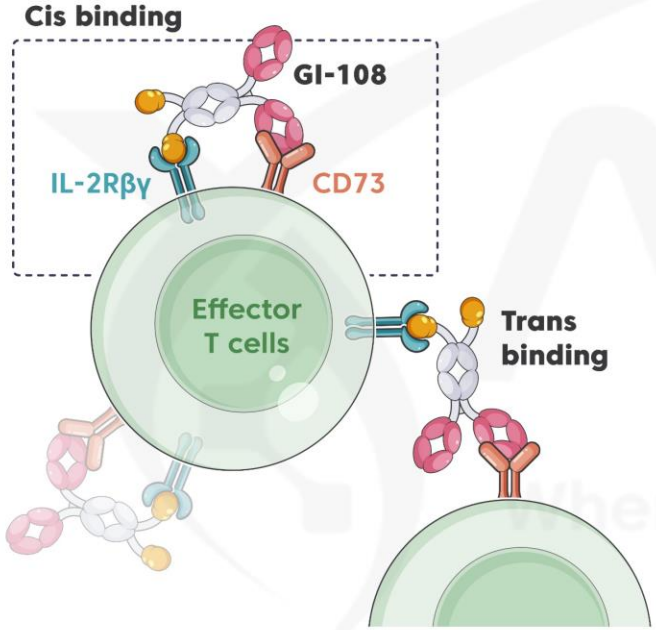


Key competitive edge of GI-108

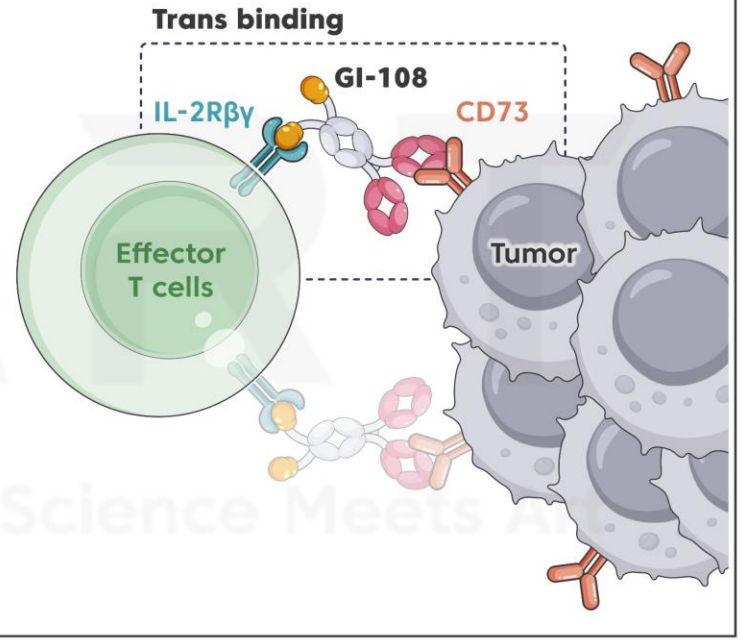
Immune Reinvigoration by CD73 Blockade



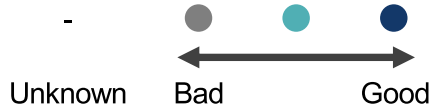
CD8+ T cell Targeting to CD73 and IL-2Rβγ by Cis binding



CD73 Tumor Cell Targeting by Trans binding



GI-108 has superior profiles compared to other anti-CD73 antibody



	Competing Program A	Competing Program B	Competing Program C	GI-108
Description	α-CD73 mAb	α-CD73 mAb	α-CD73 mAb	αCD73/IL2v3
Inhibition of adenosine pathway	V	V	V	V
Tumor targeting	V	V	V	V
Immune cell targeting	V	V	V	V
Proliferation and activation of CD8+ T cells	V	V	V	V
Hook Effect	V	V	-	V

INVESTOR RELATIONS 2024

Next Blockbuster Drug for Allergy, ‘GI-301’

Unmet needs in the allergy market

Xolair®

- **Manufacturers:** Roche/Novartis (1st Approval: Asthma in 2003)
- **Global Sales:** $ 3.8B in 2022
- **Target:** IgE

Europe Patent Expiry in 2024
US Patent Expiry in 2025

Global Market (E)
$ 40B
(2027)

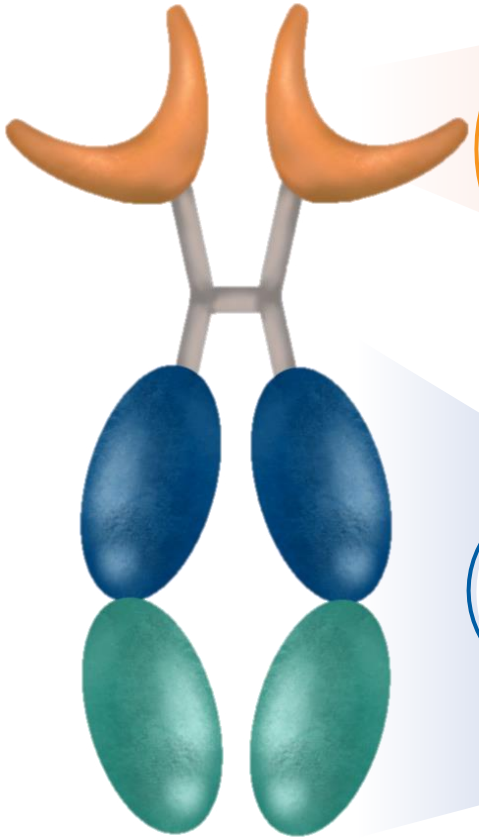
CAGR: 8.54%
(2021-2027)

Unmet Needs

- Ineffective in Patients with High IgE Level (>700 IU/mL)
- Ineffective in Patients with Auto-antibody
- Risk of Anaphylaxis
- Cannot be Used in Children Under 6

Source: GlobalData, EvaluatePharma (AD, Asthma, Nasal Polyp, Rhinitis, Urticaria, Pruritus, Eosinophilic oesophagitis and Other dermatoses; Sales and Forecasts 2021-2027)

Novel IgE trap, GI-301 blocks IgE and auto-antibody



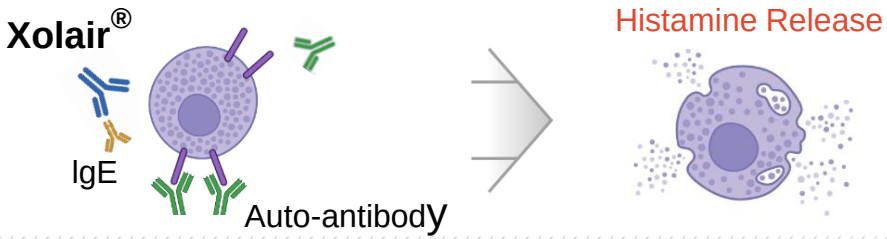
FcεR1α

- High Affinity for IgE
- Neutralization of Anti-FcεR1α Auto-antibody

Modified Fc

- No Cytotoxicity

Xolair® Mechanism of Action



Binds IgE with low affinity and unable to bind Auto-antibody

Suboptimal Suppression of Allergic Response

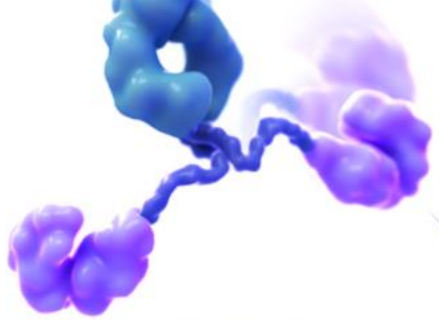
GI-301 Mechanism of Action

Binds IgE and auto-antibody with high affinity

Optimal Suppression of Allergic Response

MoA of GI-301

GI-301 in hypersensitivity reaction

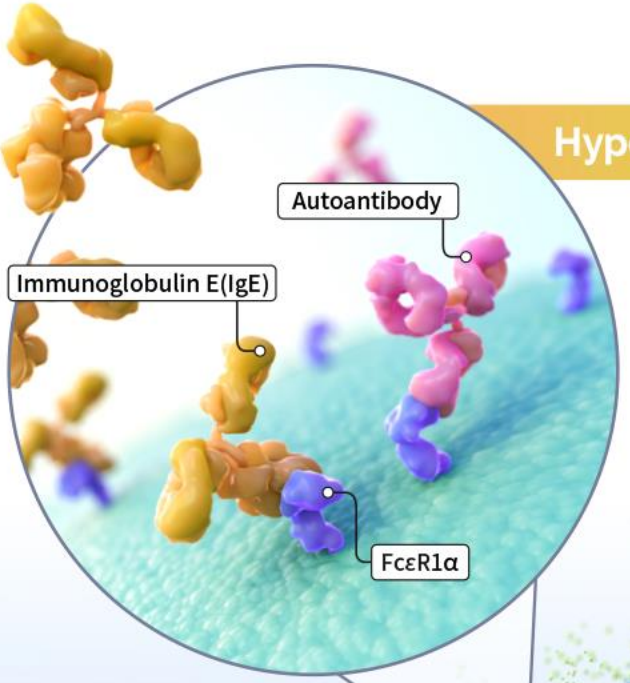


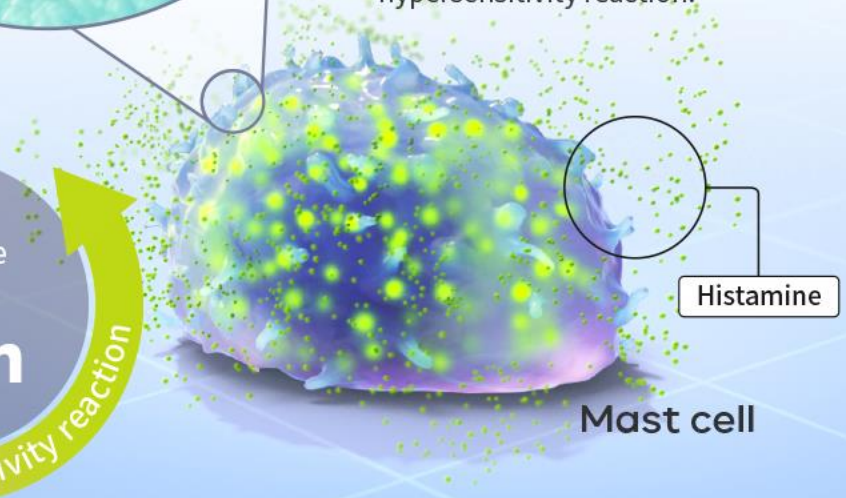
ECD of FcεR1α
- Structure adapted from FcεR1α

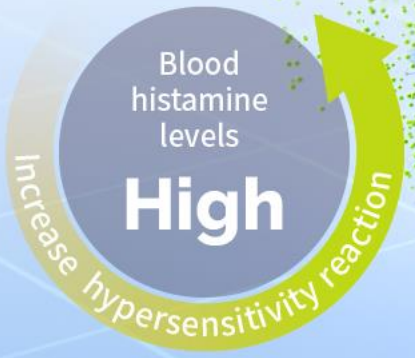
Hypersensitivity reaction

When the immune system is exposed to foreign antigens, immunoglobulin E(IgE) and autoantibody(anti-FcεR1α) are expressed. These antibodies can bind to FcεR1α of mast cells, activating the cells.

Activated mast cells release histamine, increasing blood histamine levels causing hypersensitivity reaction.



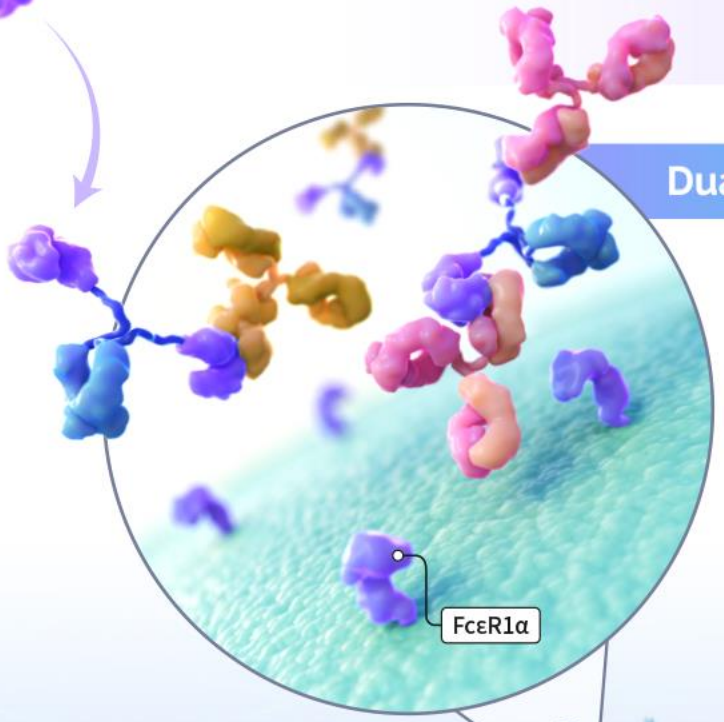


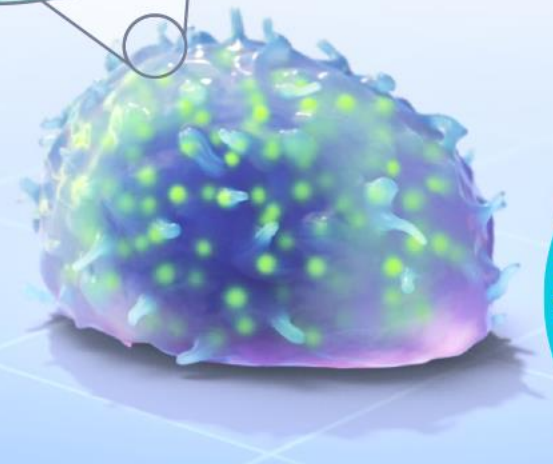


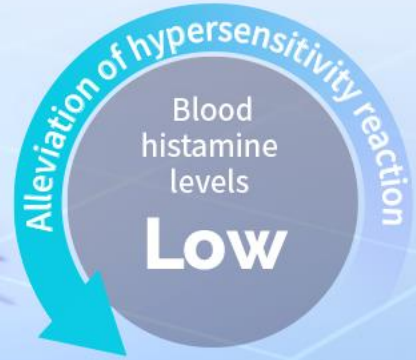
Dual action of GI-301

GI-301 has two functional groups that can each binds to immunoglobulin E(IgE) and autoantibody(anti-FcεR1α) with high affinity, inhibiting the activation of mast cells.

Mast cell deactivation decreases the histamine concentration in the blood, alleviating hypersensitivity reaction.

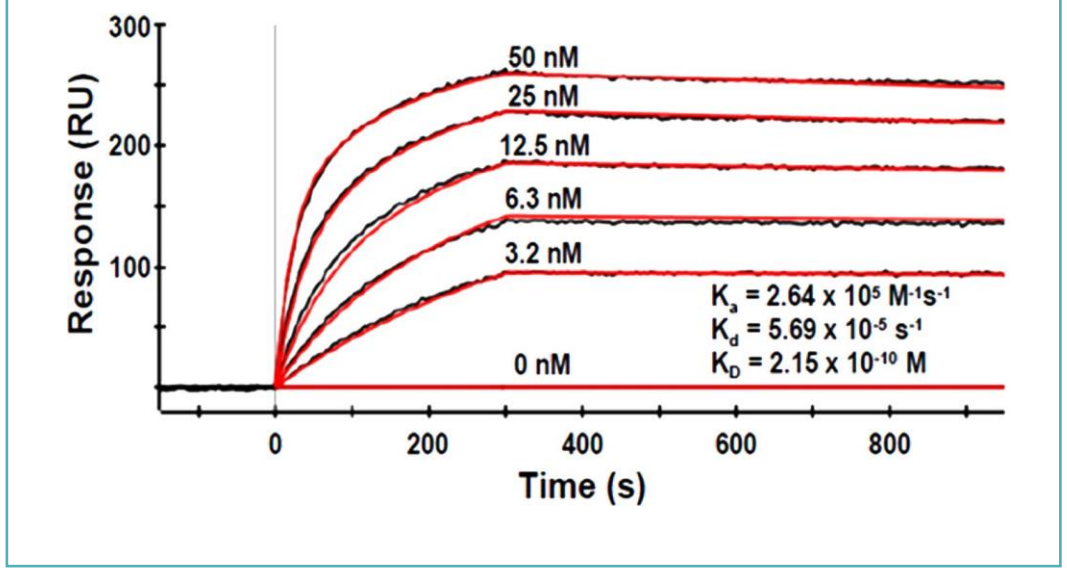




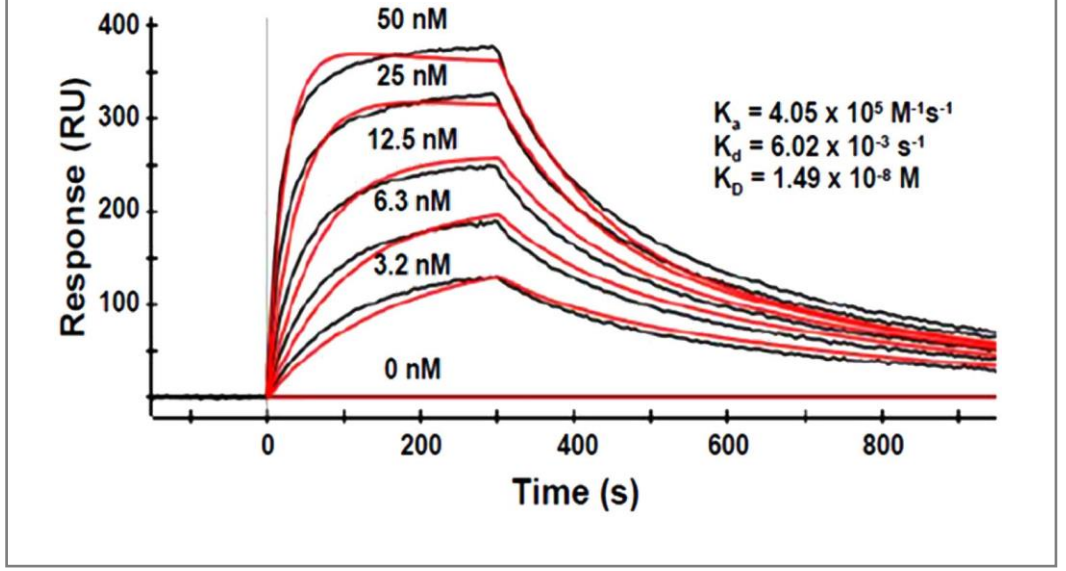


GI-301 binds IgE approximately 70 times higher than Xolair®

GI-301 (K_D = 0.2 nM)



Xolair® (K_D = 14.9 nM)



Superior to competitive products

Category	Function	GI-301 (FcεRIα-Fc)	Xolair® (anti-IgE antibody)	Ligelizumab (anti-IgE antibody)
Efficacy	IgE Affinity	●	○	●
	Auto-antibody	● Effective	○ Not Supported by MOA	○ Not Supported by MOA
Safety	Low Risk of Anaphylaxis	●	○	○

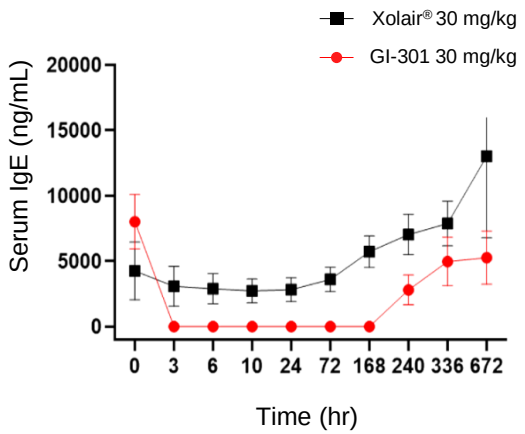
●: High ◑: Intermediate ○: Low

Source: Wang H et al. J Aller Clin Immunol(2016) 138(6):1719-1722; Kornmann O et al.. Pulm Pharmacol Ther(2014) 28:149-53; Gericke J et al., J Aller Clin Immunol(2017) 139(3):1059-1061 PEARL 1 and PEARL 2 trial results; BS Kuo et al. J Clin Invest. 2022;132(15):e157765; Gasser P et al. Nature Communications(2020) 11:165

GI-301 better controls IgE level than omalizumab across all dosing range

Greater IgE reduction, longer effectiveness than Xolair® after single dose

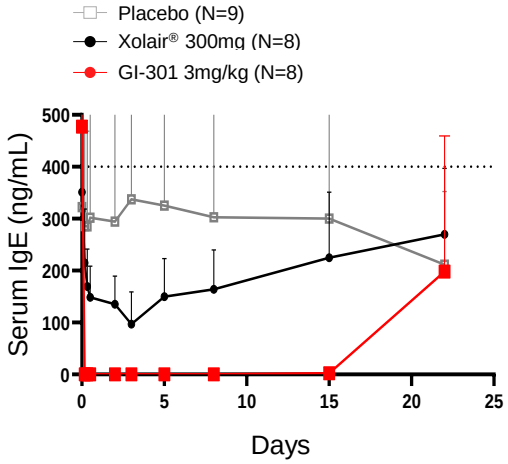
Preclinical NHP Study



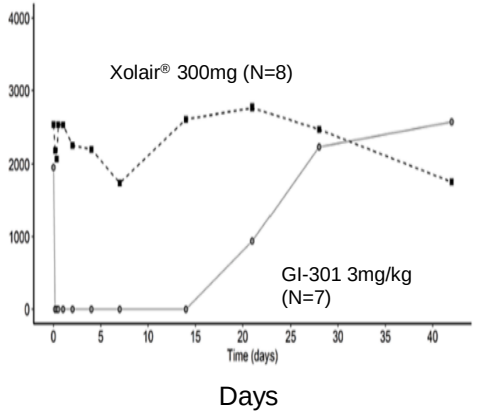
	Baseline free IgE (ng/mL)
Xolair®	4,264 ± 2,215 (1,777 ± 923 IU/mL)
GI-301	8,024 ± 2,066 (3,343 ± 861 IU/mL)

Ph Ia Clinical Data

IgE 30-700 IU/mL



IgE > 700 IU/mL[1)]



	Days maintaining IgE level < 25 ng/mL	Days maintaining IgE level < 25 ng/mL
Xolair®	0	0
GI-301	18.5	15

Prof. Marcus Maurer

- Charite hospital in Germany
- Coordinating Investigator of Xolair®, Ligelizumab

nature REVIEWS IMMUNOLOGY

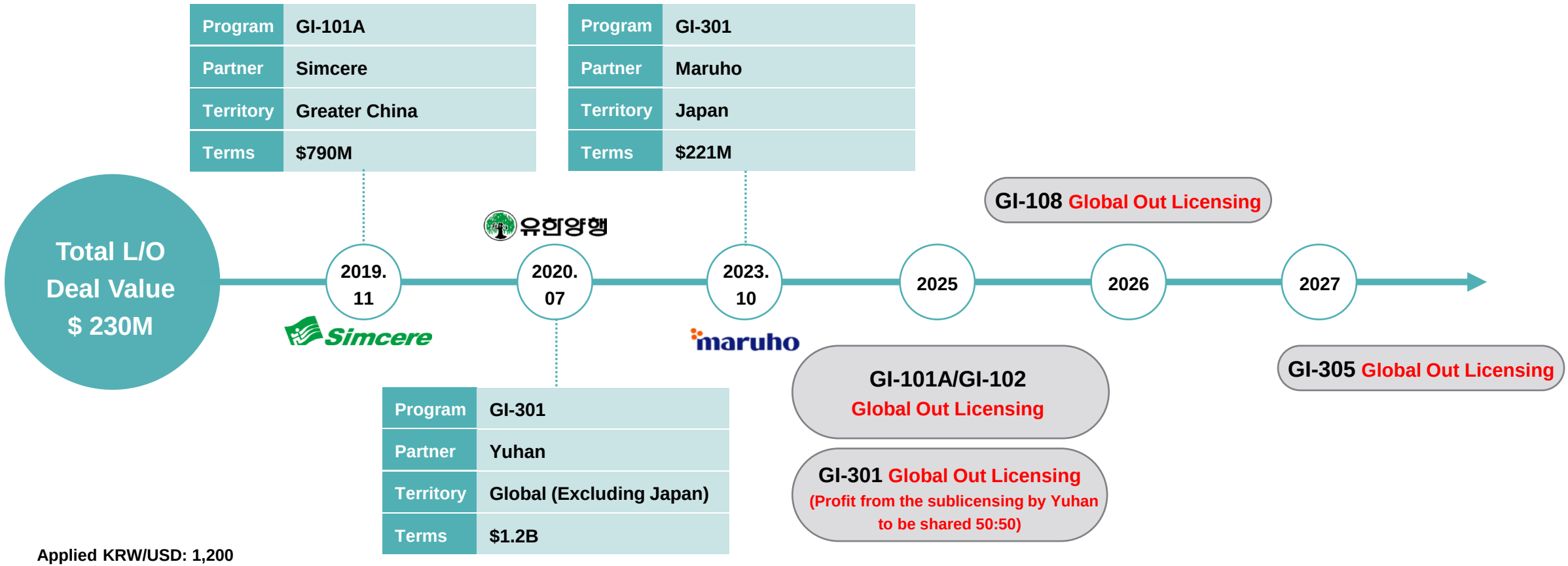
October 2021

"GI-301 exhibits higher and more durable binding to IgE than omalizumab (Xolair®)"

INVESTOR RELATIONS 2024

Marketability

4 new deals in the next 4 years and targeting product commercialization



Applied KRW/USD: 1,200

ir@gi-innovation.com