GENOME & Co

Corporate Presentation

Investor Relations 2024

Genome & Company

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INVESTOR RELATIONS 2024

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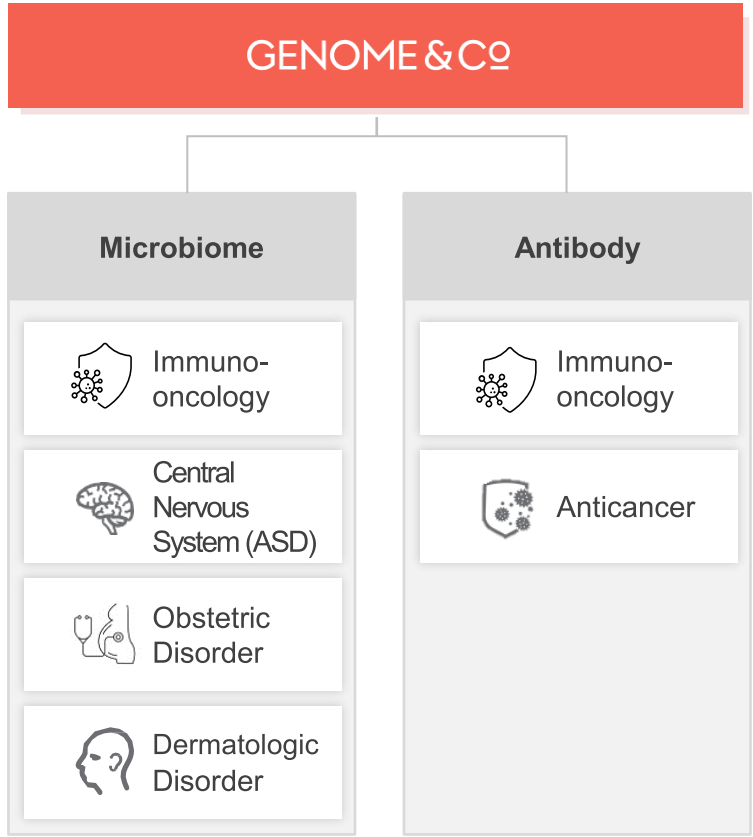
01 About Genome & Company (G&C)

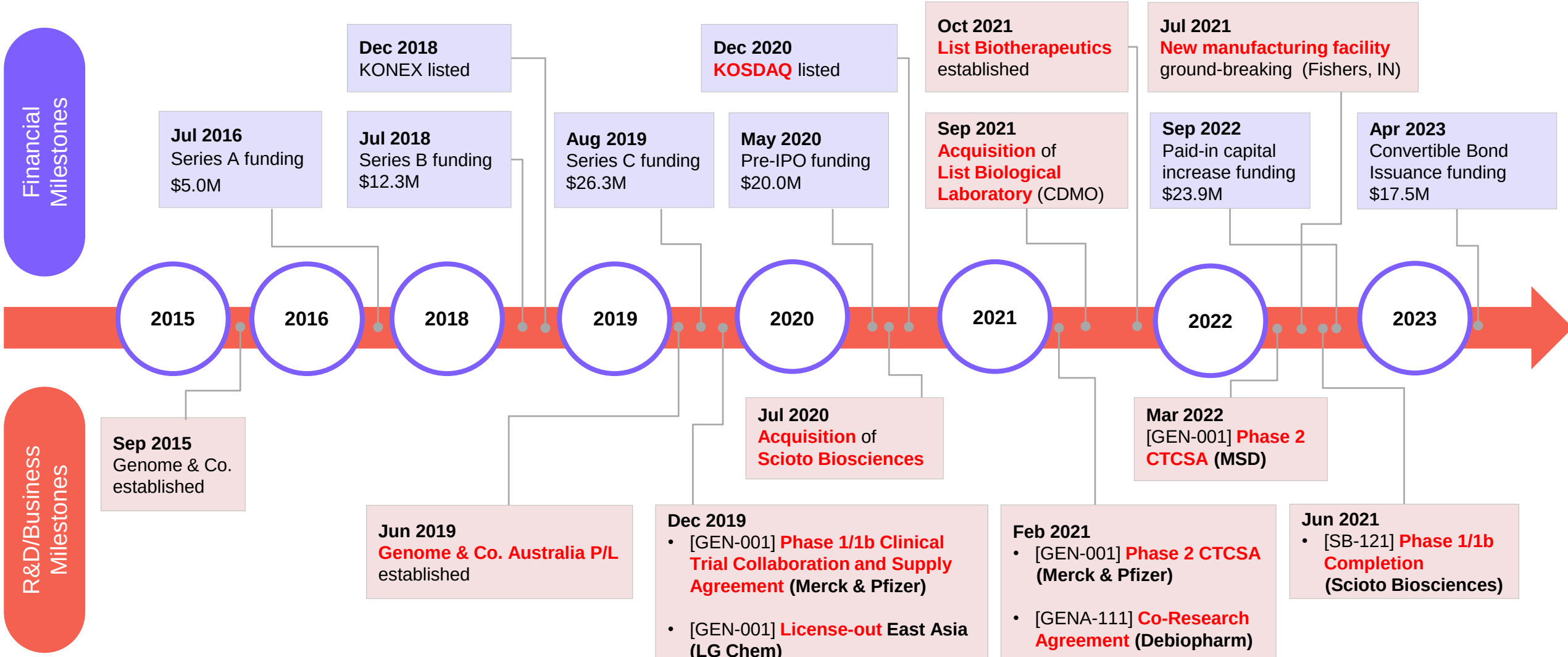
Overview

Name	Genome & Company (G&C)
Founders	Jisoo Pae (CEO) & Hansoo Park (CTO)
Established	Sep. 24, 2015
Issued Capital	KRW 8.1B (USD 6.2M, as of January 2024)
Employees	Total 94 employees (as of January 2024)
Address	7F GWANGGYO FLAX DESIAN, 50 Changnyong-daero 256beon-gil, Yeongtong-gu, Suwon-si, Gyeonggi-do, Republic of Korea
Website	genomecom.co.kr

R&D Area



02 Corporate Milestones



03 CEO Introduction

"Advanced R&D and business strategies to lead **global-level commercialization of novel therapeutics** in innovative drug development through **world-class genome research**"

Yooseok Hong

Business Division | CEO

Hankuk University of Foreign Studies

Pennsylvania University (Wharton), MBA

CAREER

2007 ~ 2013	President, Eli Lilly Korea
2014 ~ 2020	President, GSK Korea / Canada
2021 ~ 2023	CEO, D&D Pharmatech
2023. 05 ~	**CEO, Genome & Company**

Jisoo Pae

Business Division | Founder, COO

Seoul National University, MD

Duke University, MBA

CAREER

1998 ~ 2003	Seoul National University (Psychiatrist)
2005 ~ 2007	Bain & Company, Consultant
2007 ~ 2008	MSD Associate Director
2015. 09 ~	**Founder and CEO, Genome & Company**

Hansoo Park

R&D Division | Founder, CTO

Seoul National University, MD

Seoul National University, Ph.D

CAREER

2009 ~ 2013	Postdoctoral Researcher, Harvard Medical School
2013 ~ 2015	Senior Researcher, The Jackson Laboratory
2016 ~	**Assistant Professor, GIST**
2015. 09 ~	**Founder and CTO, Genome & Company**

04 Novel Immuno-oncology Drug R&D Approach

To treat the population in medical unmet needs, based on a "bed-to-bench" R&D strategy using real-world patient data to analyze patterns of clinical indications and discover therapeutic candidates

Global leader in immuno-oncology therapeutics

Microbiome Immunotherapy

Fulfilling unmet medical needs
through development of first-in-class drugs

GNOCLE™ Drug Discovery Platform

Novel Target Immunotherapy

" Bed to Bench "

Potential combination with immuno-oncology therapy

Increasing response rate
by combination with existing immuno-oncology drugs

Existing IO therapy + **Microbiome therapy** (GEN-001)

Potential novel immuno-oncology stand-alone or conjugate therapy

Novel Target
Immune Checkpoint Inhibitor
(GENA-104)

Novel Target
ICI Antibody-Drug Conjugate
(GENA-111)

05 Novel Drug R&D Pipeline

Microbiome Therapeutic

Disease	Pipeline	Indication	Discovery	Pre-clinical	Phase 1	Phase 2	Development Collaborators
Immuno-Oncology	GEN-001	Gastric cancer					MERCK
		Biliary tract cancer					MSD
CNS	SB-121	ASD etc.					Scioto Biosciences
Digestive Disorders		NEC					

Novel Target Immune Oncology

Disease	Pipeline	Indication	Discovery	Pre-clinical	Phase 1	Phase 2	Collaborators
Immuno-Oncology	GENA-104	Solid tumors					
	GENA-105	Solid tumors					
	GENA-111 (ADC)	Solid tumors					Debiopharm

Chapter 02

[GEN-001] Phase 2 clinical trial design and key data for Gastric cancer

Current Therapeutic Landscape in GC/GEJC

	HER2 negative (80%)	HER2 positive (20%)
1st line of therapy	• Chemo (Fluoropyrimidine, platinum): about **10m** of mOS • Nivolumab + Chemo – approved by FDA in 2021 – **13.8m** of mOS • Pembrolizumab+Chemo – approved by FDA in 2023 – **12.9m** of mOS	• Trastuzumab+Chemotherapy – approved by FDA in 2011 – 13.8m of mOS (vs. 11.1m of mOS in chemo arm) • Pembrolizumab+Trastuzumab+Chemotherapy – accelerated approved by FDA in 2021 – 74% ORR (vs. 52% ORR in trastuzumab+chemo arm)
2nd line of therapy	• Chemo (Taxane, Topoisomerase inhibitors): below **5m** of mOS • Ramucirumab+Chemo – approved by FDA in 2014 – **9.6m** of mOS	• Fam-trastuzumab deruxtecan-nxki – approved by FDA in 2021 – 12.5m of mOS (vs. 8.4m of mOS in chemo arm)
3rd line of therapy	• Chemo (Taxane, Topoisomerase inhibitors): below **5m** of mOS • TAS-102 (Trifluridine / Tipiracil) approved by FDA in 2019: (**5.7m** of mOS; 5% ORR) • Avelumab, JAVELIN gastric 300 in 2020, not approved: **4.6m** of mOS, 2.2% of ORR	

Abbreviation: HIRA, health insurance review and assessment service; m, months; mOS, median overall survival; ORR, objective response rate

Immunotherapy in gastric cancer, 2022 Current Oncology; NCCN Guidance 2023

Study Design Overview

Phase2, single arm, open-label, Simon's two stage optimal design

A phase II study to evaluate the safety and the efficacy of GEN-001 in combination with avelumab for patients with PD-L1 positive advanced gastric or gastroesophageal junction adenocarcinoma.

Key eligibility criteria

- Locally advanced, or metastatic gastric cancer (GC) or gastroesophageal junction cancer (GEJC)
- Previously treated with at least 2 lines of standard therapy.
- PD-L1 positive (CPS ≥1)
- ECOG PS 0 - 1

N = 42
GEN-001 9 x 10^{11} CFU QD + Avelumab 800mg IV Q2W

Stage 1: 21 patients → Stage 2: 21 patients

[P0: ORR 5%; P1: ORR 18%, Power: 85%, α (one-sided): 0.05]

Primary Endpoint

- Objective Response (OR)‡

Secondary Endpoint

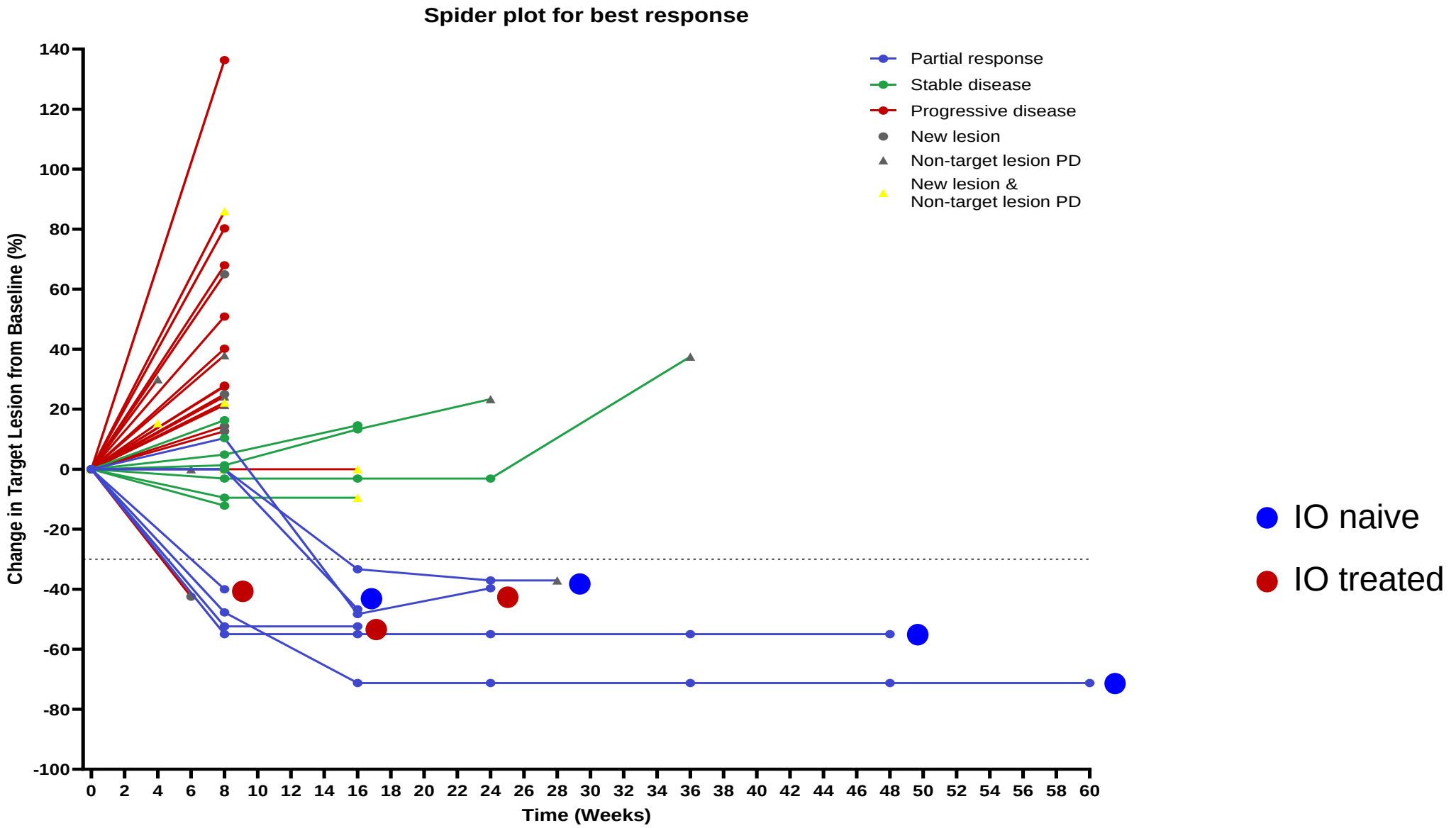
- Safety & Tolerability
- DOR ‡
- PFS ‡
- OS
- Biomarkers

Abbreviation: CFU, colony forming unit; IV, intravenous; OR, objective response; P, probability; DOR, duration of response; PFS, progression-free survival; OS, overall survival; QD, once daily; Q2W, once every 2 week; RECIST, response evaluation criteria in solid tumors; ‡ Based on investigator assessment per RECIST v1.1

Efficacy: Tumor Response (1/4)

	Overall (n=42)	IO Naive (n=34)	IO Treated (n=8)
Complete Response	0	0	0
Partial Response	7	4	3
Stable Disease	8	6	2
Progressive Disease	25	22	3
Not Evaluable	2	2	0
Objective Response	**7**	**4**	**3**
Objective Response Rate	**16.7%**	**11.8%**	**37.5%**

Efficacy: Spider Plot (2/4)

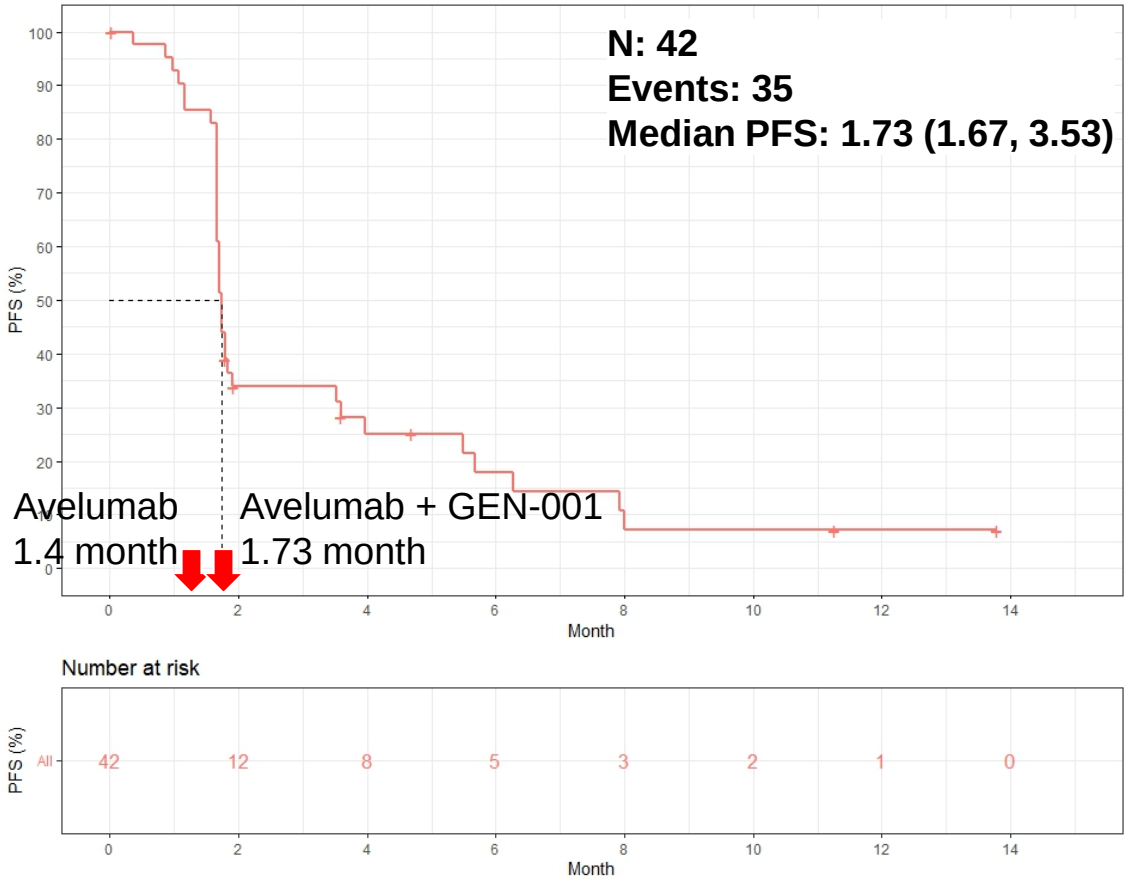


IO naive

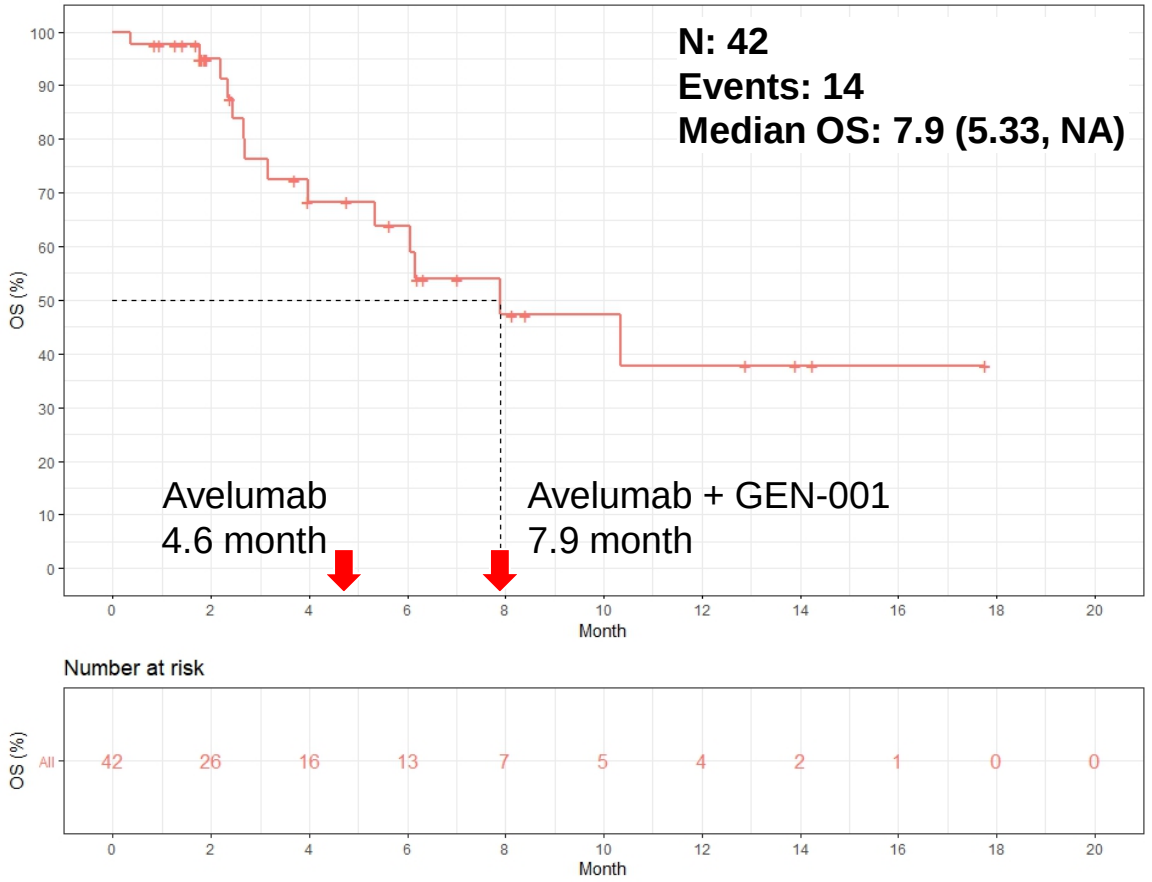
IO treated

Efficacy: Median PFS & OS in **Overall Population** (3/4)

Median PFS

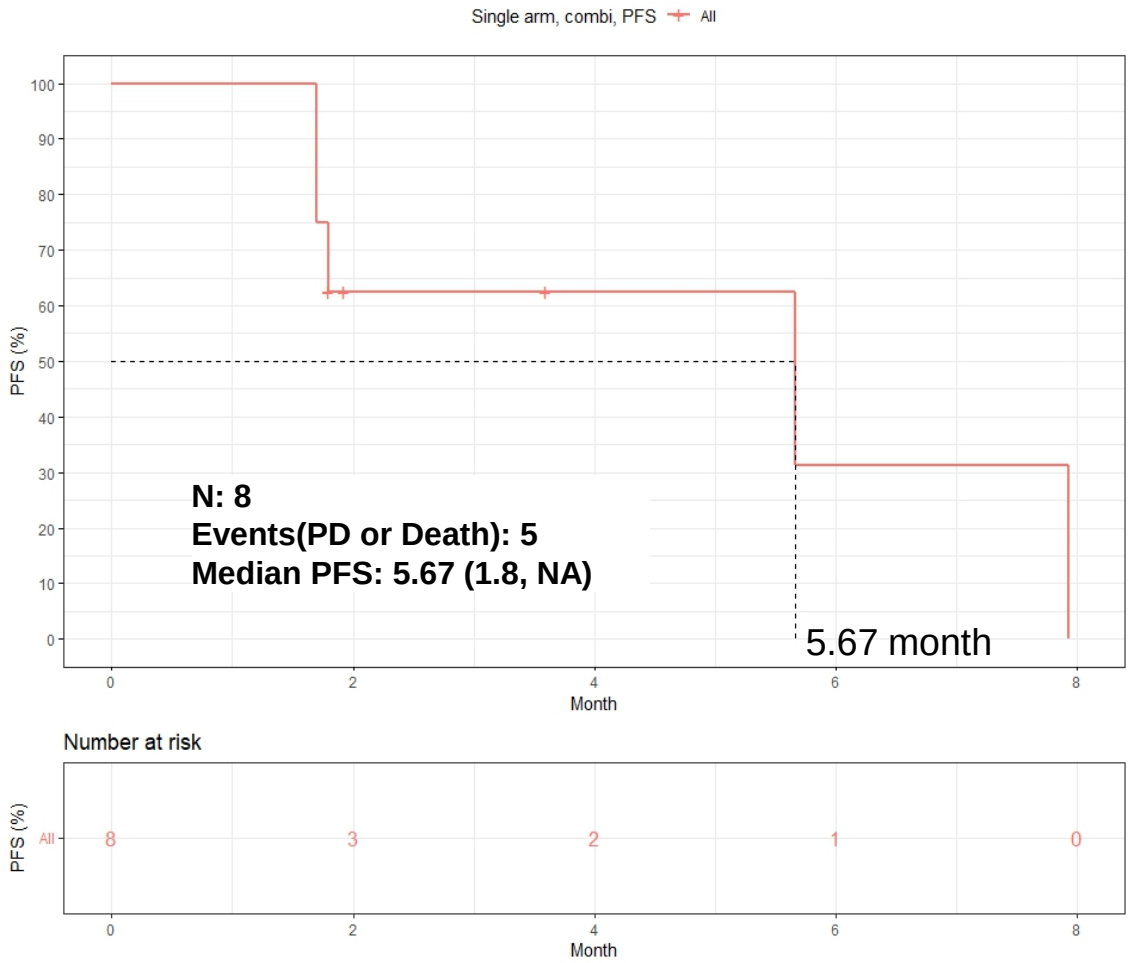


Median OS

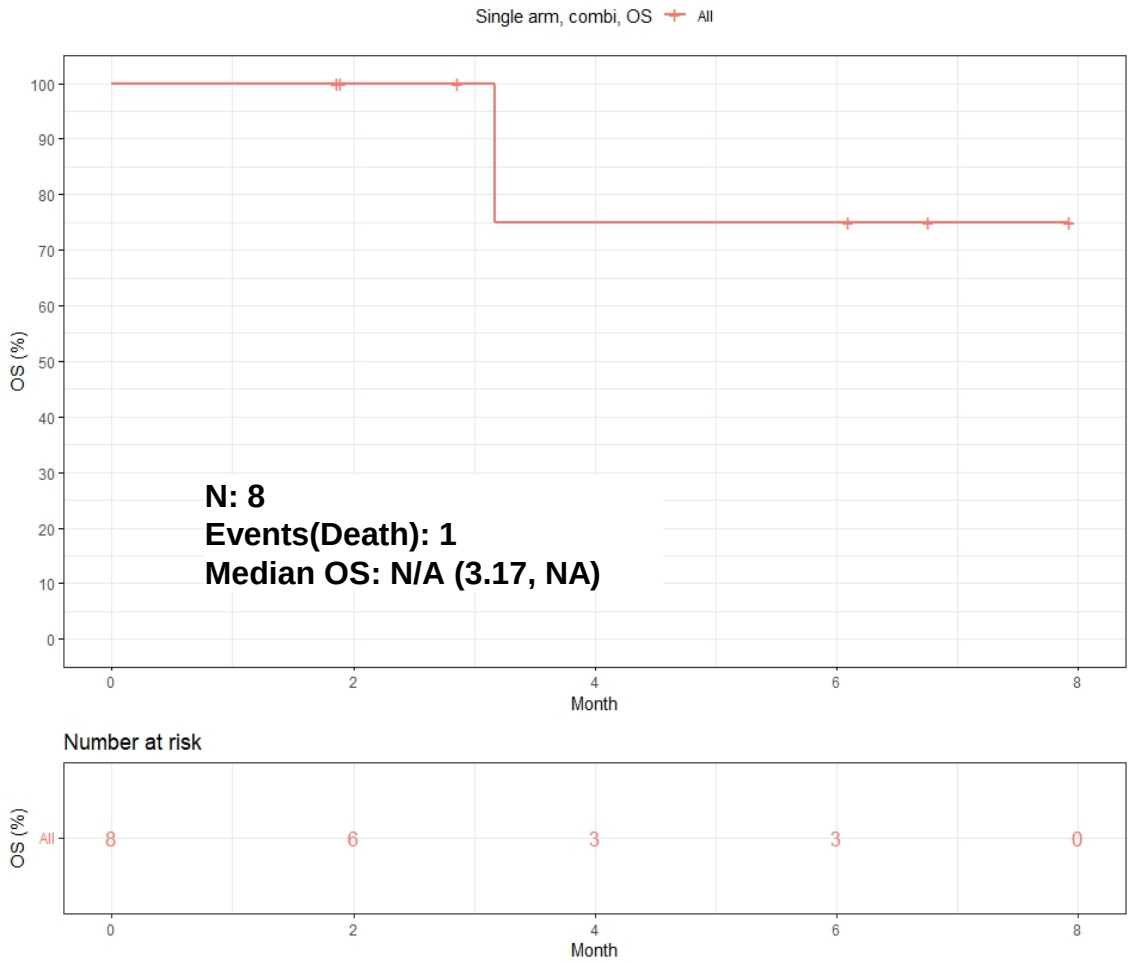


Efficacy: Median PFS & OS in **IO-treated Population** (4/4)

Median PFS



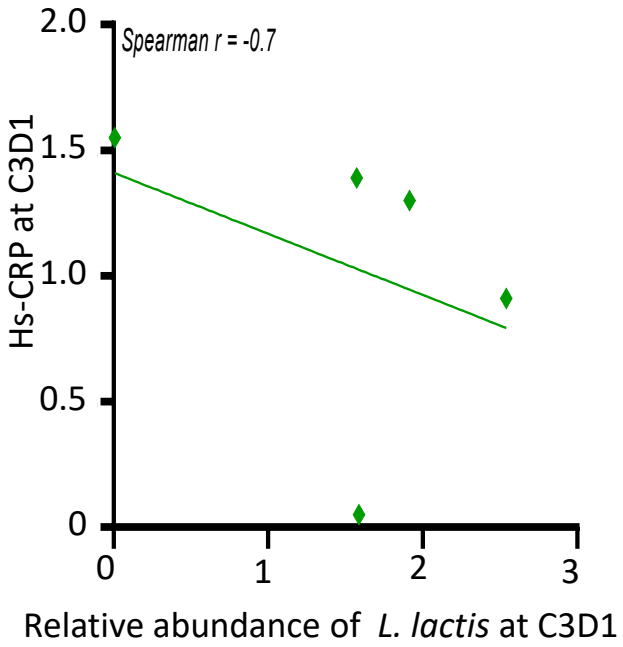
Median OS



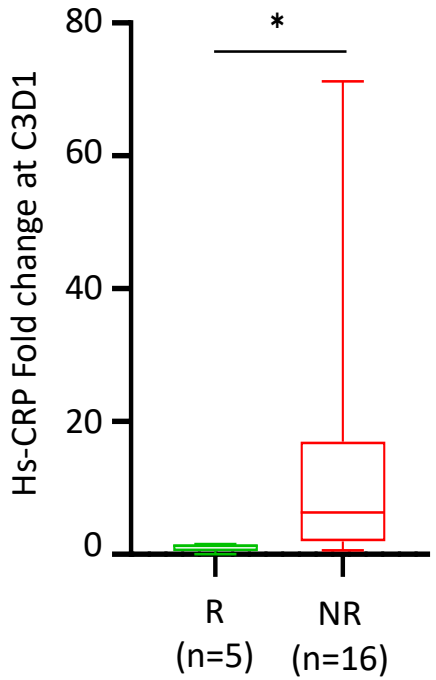
Safety: Treatment Related Adverse Events (TRAE)

Events	Patient #	Related Drug	Grade	Any grade 14 (33.3 %)	Grade ≥3 3 (7.2 %)	Grade 4/5
Diarrhea	20104-002	GEN001, Avelumab	Mild (Grade 1)	2 (4.76 %)	0	N/A
	20105-002	Avelumab	Mild (Grade 1)			
Anaemia	20105-001	Avelumab	Severe (Grade 3)	1 (2.38 %)	1 (2.5 %)	
Anorexia	20104-006	GEN001, Avelumab	Mild (Grade 1)	1 (2.38 %)	0	
Chills	20101-006	Avelumab	Mild (Grade 1)	3 (7.14 %)	0	
	20101-008	Avelumab	Mild (Grade 1)			
	20101-014	Avelumab	Mild (Grade 1)			
Fatigue	20104-004	Avelumab	Severe (Grade 3)	2 (4.76 %)	1 (2.5 %)	
	20105-002	Avelumab	Moderate (Grade 2)			
Fever	20101-014	Avelumab	Mild (Grade 1)	1 (2.38 %)	0	
Pruritis	20101-015	Avelumab	Mild (Grade 1)	4 (9.52 %)	0	
	20101-006	Avelumab	Mild (Grade 1)			
	20101-002	Avelumab	Mild (Grade 1)			
	20101-009	Avelumab	Mild (Grade 1)			
Infusion-related reaction	20104-006	Avelumab	Moderate (Grade 2)	1 (2.38 %)	0	
Myalgia	20101-008	Avelumab	Mild (Grade 1)	1 (2.38 %)	0	
Pneumonitis	20104-004	Avelumab	Severe (Grade 3)	1 (2.38 %)	1 (2.5 %)	
Skin Rash	20102-015	Avelumab	Mild (Grade 1)	2 (4.76 %)	0	
	20103-002	Avelumab	Mild (Grade 1)			
Elevated ALT	20105-002	Avelumab	Mild (Grade 1)	1 (2.38 %)	0	
Elevated AST	20105-002	Avelumab	Mild (Grade 1)	1 (2.38 %)	0	
Hypothyroidism	20102-014	Avelumab	Moderate (Grade 2)	1 (2.38 %)	0	

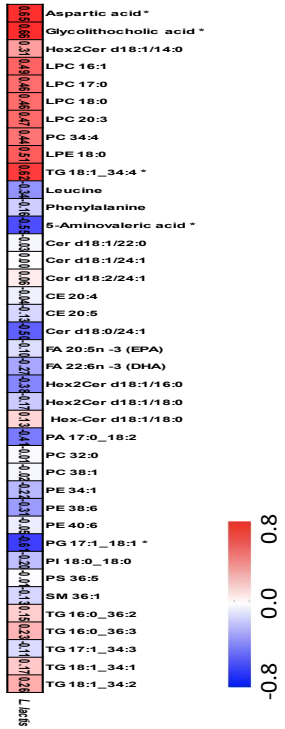
Responsiveness-related (Biomarker) data



Negative correlation between hs-CRP fold change and relative abundance of Lactococcus lactis at C3D1



High-sensitivity C-reactive protein (hs-CRP) fold changes at Cycle 3 Day1 (C3D1) depending on responsiveness



Correlation map between the relative contents and relative abundance of Lactococcus lactis in responder. Each square implies Pearson's correlation coefficient between metabolites and relative abundance of L. lactis. The red color indicates a positive (0 < r < 0.8) correlation and the blue color indicates a negative (-0.8 < r < 0) correlation. Asterisks indicate P values < 0.05

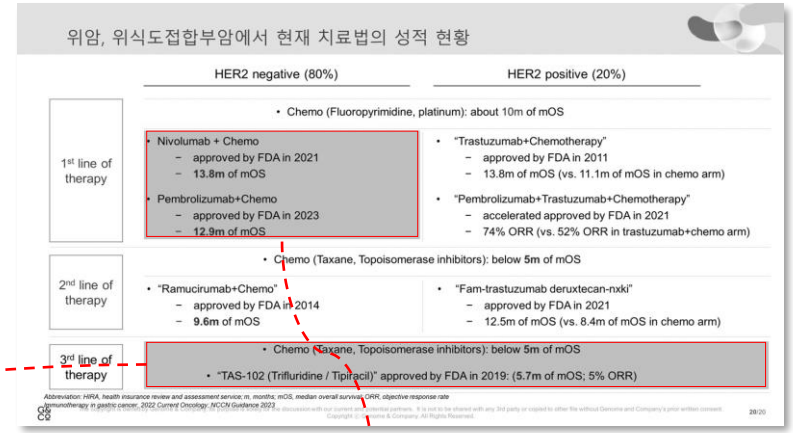
R	NR	Metabolites
1.26	0.91	Aspartic acid
1.78	0.74	Glycolithocholic acid
1.23	0.92	Hex2Cer d18:1/14:0
1.80	0.73	LPC 16:1
1.73	0.76	LPC 17:0
1.55	0.82	LPC 18:0
1.51	0.83	LPC 20:3
1.38	0.87	PC 34:4
1.29	0.90	LPE 18:0
1.26	0.91	TG 18:1_34:4
0.81	1.06	Leucine
0.84	1.05	Phenylalanine
0.62	1.13	5-Aminovaleric acid
0.82	1.06	Cer d18:1/22:0
0.84	1.05	Cer d18:1/24:1
0.64	1.12	Cer d18:2/24:1
0.78	1.07	CE 20:4
0.56	1.15	CE 20:5
0.48	1.17	Cer d18:0/24:1
0.74	1.09	FA 20:5n-3 (EPA)
0.61	1.13	FA 22:6n-3 (DHA)
0.77	1.08	Hex2Cer d18:1/16:0
0.71	1.10	Hex2Cer d18:1/18:0
0.66	1.11	Hex-Cer d18:1/18:0
0.56	1.15	PA 17:0_18:2
0.84	1.05	PC 32:0
0.44	1.19	PC 38:1
0.74	1.09	PE 34:1
0.71	1.10	PE 38:6
0.71	1.10	PE 40:6
0.42	1.19	PG 17:1_18:1
0.75	1.08	PI 18:0_18:0
0.40	1.20	PS 36:5
0.80	1.07	SM 36:1
0.67	1.11	TG 16:0_36:2
0.71	1.10	TG 16:0_36:3
0.57	1.14	TG 17:1_34:3
0.67	1.11	TG 18:1_34:1
0.76	1.08	TG 18:1_34:2

1.7
1.0
0.3

Representative heatmaps for the relative contents of selected discriminant metabolites (VIP > 1.0, P < 0.1) based on PLS-DA model between non-response (NR) and response (R) subjects. The colored squares (blue to red) indicate fold changes normalized by the average of each metabolite

[GEN-001] Implications from phase 2 clinical trials for gastric cancer

Current Status of Gastric Cancer Treatment	**JAVELIN Gastric 300** Avelumab in Third-Line Gastric Cancer • 3rd line of therapy • mOS 4.6 month • ORR 2.2% (4.4% PD-1 enriched)
Unmet Medical Need	1 Avelumab in Third-Line Gastric Cancer − ORR 2.2% − mOS 4.6 month 2 High unmet medical need due to low outcome (mOS) − TAS-102 mOS 5.7 month 3 ICI(Immune checkpoint inhibitor)s such as Nivolumab and Pembrolizumab are approved as first-line treatments
Key Data	• The combination of Avelumab and GEN001 showed a significantly higher ORR − ORR 16.7% − mOS 7.9 month • The combination of Avelumab and GEN001 significantly increased median survival time − mOS 7.9 month • High ORR observed in 8 patients who had previously received immunotherapy − ORR 37.5%



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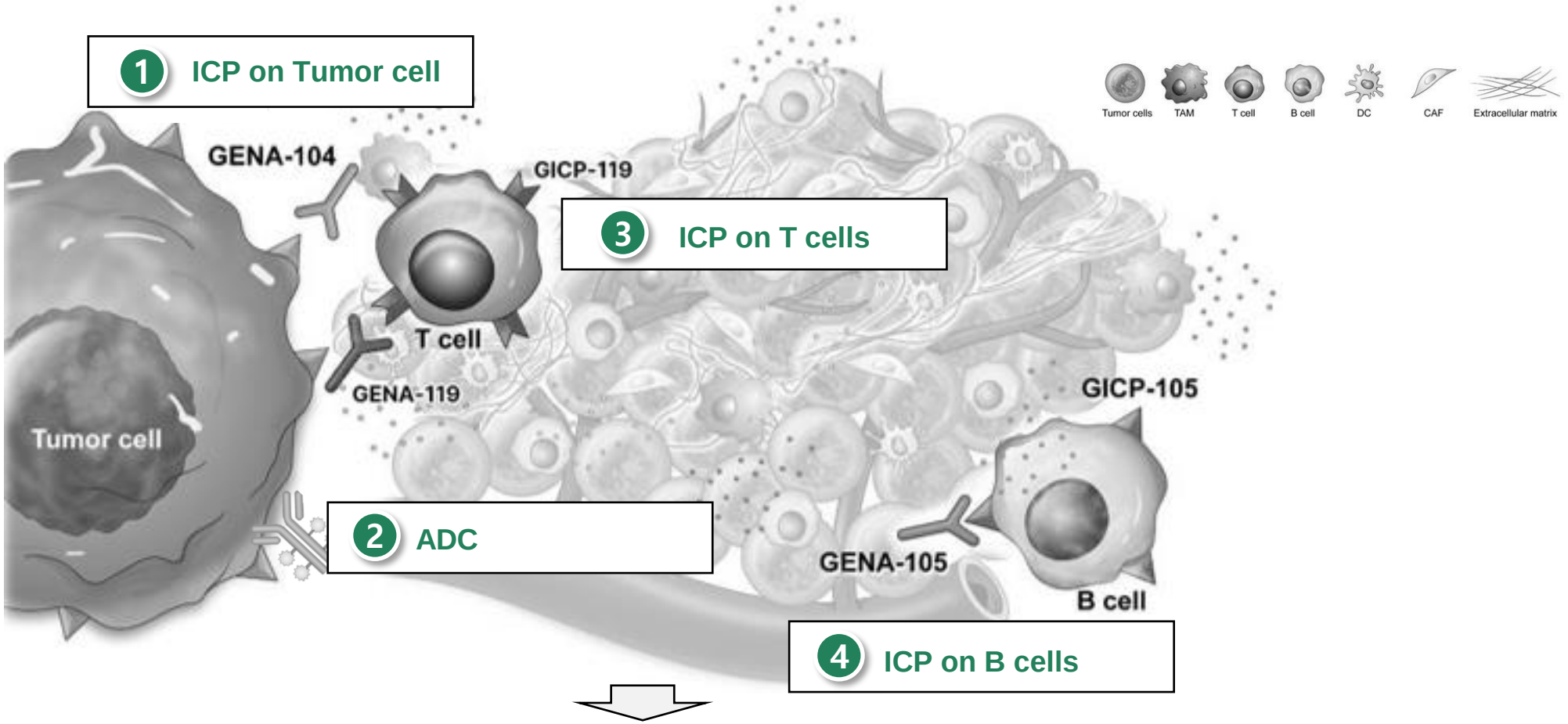
Chapter **03**

Strategies of Novel Target Immunotherapy

Novel Target Immuno-oncology Pipelines

Novel Targets Nominated with Various MoA



Development of novel target cancer therapeutics with various mechanisms : ①ICP on Tumor cell, ②ADC, ③ICP on T cells, ④ICP on B cells

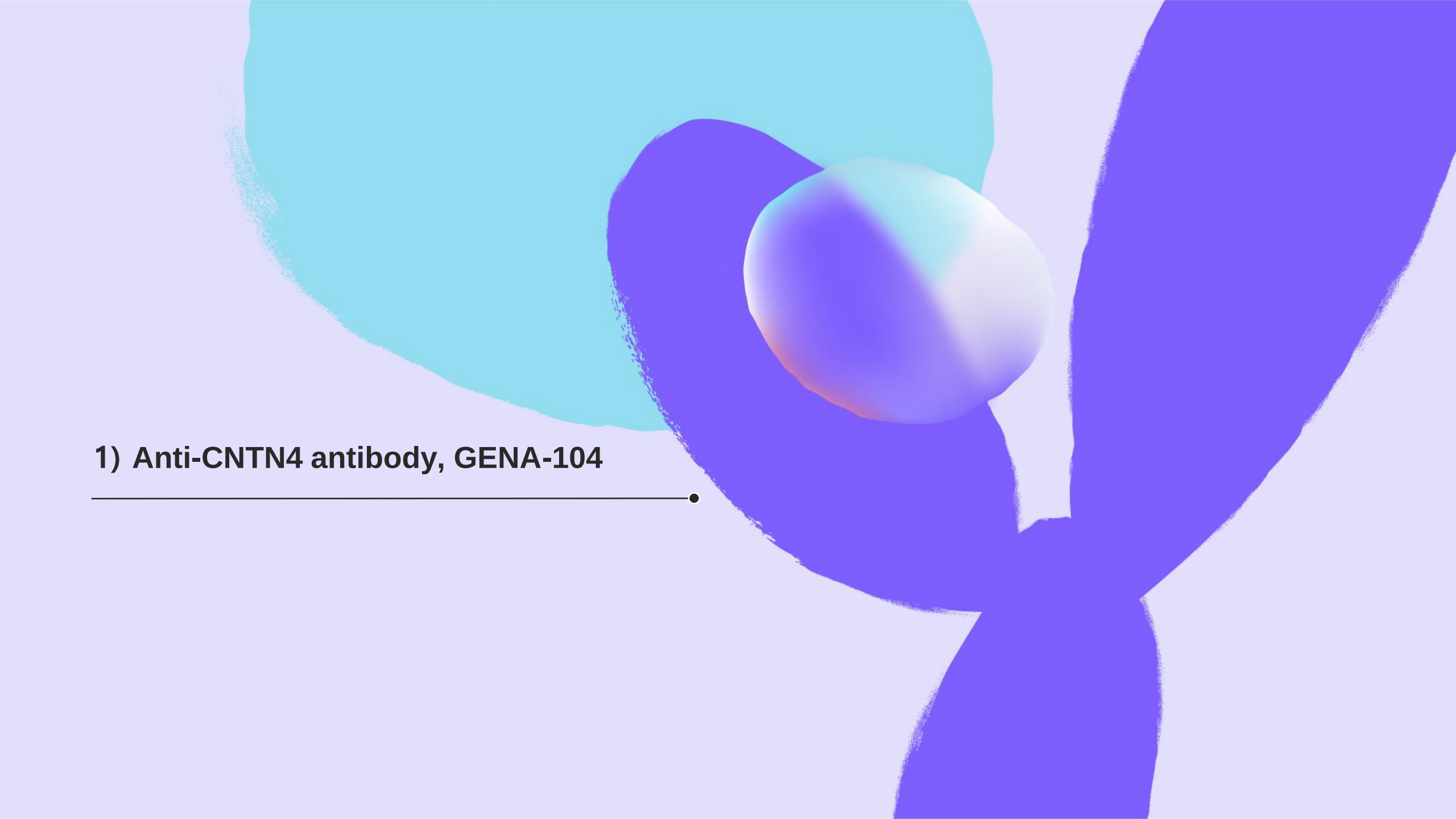
ICP, immune checkpoint; ADC, antibody-drug conjugate

Novel Target Therapeutic Pipelines

First-in-class novel target oncology assets based on GNOCLETM platform

Pipeline	Novel Target	MoA	Modality	Developmental Status
				Hit / Lead / Nonclinical candidate / IND enabling
GENA-104	CNTN4	ICP on Tumor	Humanized mAb	IND approved Q1, 2024
GENA-111	CD239	Target on Tumor	ADC	Research Collaboration Debiopharm
GENA-119	APP	ICP on T cells	Humanized mAb	
GENA-105	TLT2	ICP on B cells	Human mAb	
GENC-116	N/D	Target on Tumor	Small molecule	
ADC programs	N/D	Target on Tumor	ADC	

MoA, mode of action; ICP, immune checkpoint; N/D, not disclosed; mAb, monoclonal antibody; ADC, antibody-drug conjugate



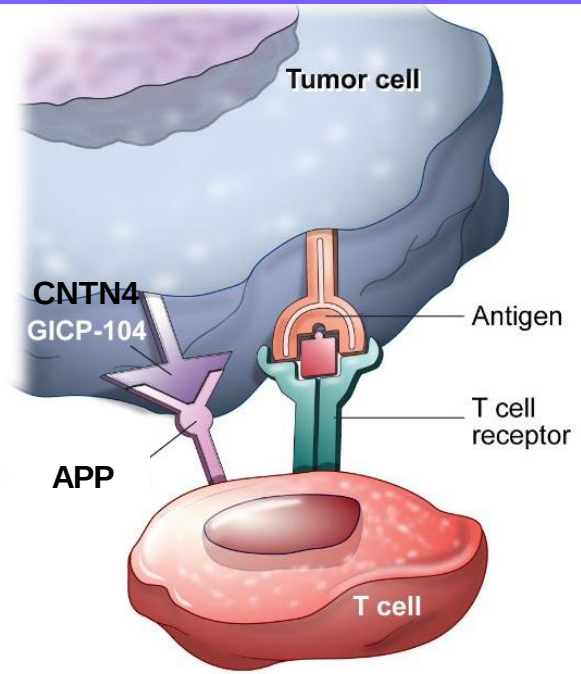
1) Anti-CNTN4 antibody, GENA-104

What is CNTN4

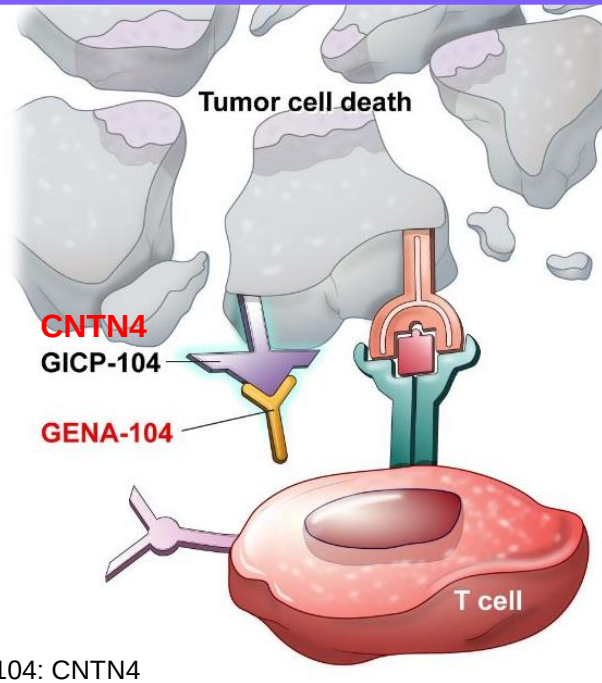
Contactin 4 (CNTN4, alias BIG-2) is a glycosylphosphatidylinositol (GPI) - anchored neuronal membrane protein playing a pivotal role in maintaining the mechanical integrity and signaling properties of the synapse.

We've identified the function of CNTN4 for cross-talking with immune cells. CNTN4 regulates T cell activity negatively through binding with APP on T cell. GENA-104, an anti-CNTN4 antibody, induces tumor cell death by activating T cells.

CNTN4 – Suppression of T cell activity



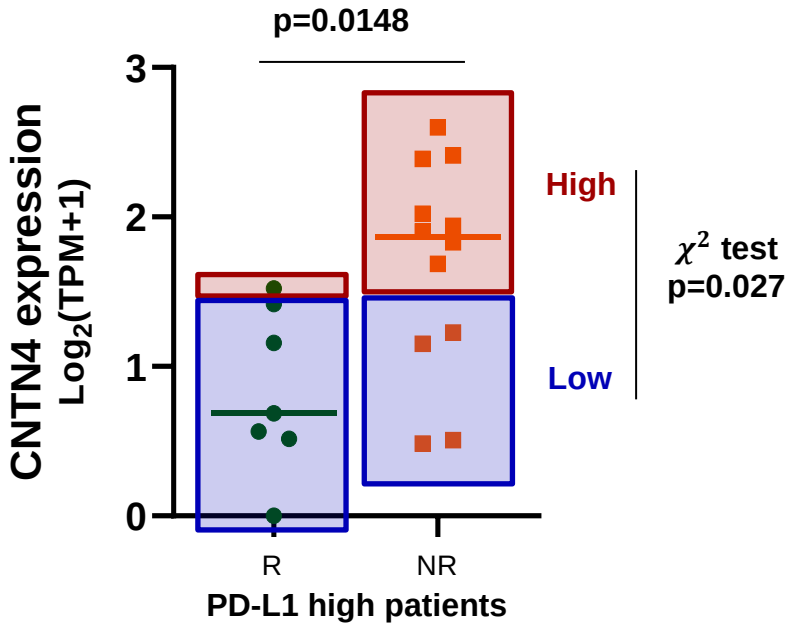
GENA-104 – Novel ICPi



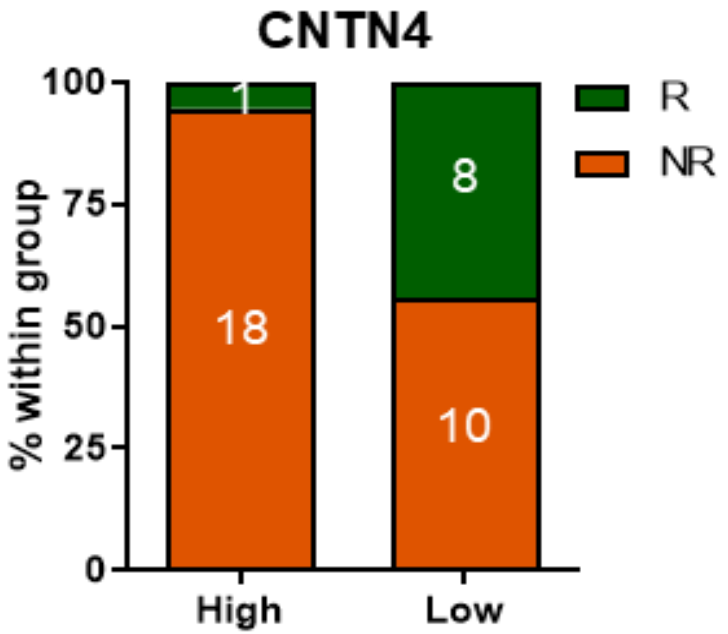
GICP-104: CNTN4

Unmet Needs in Immuno-Oncology

CNTN4 levels between responders and non-responders



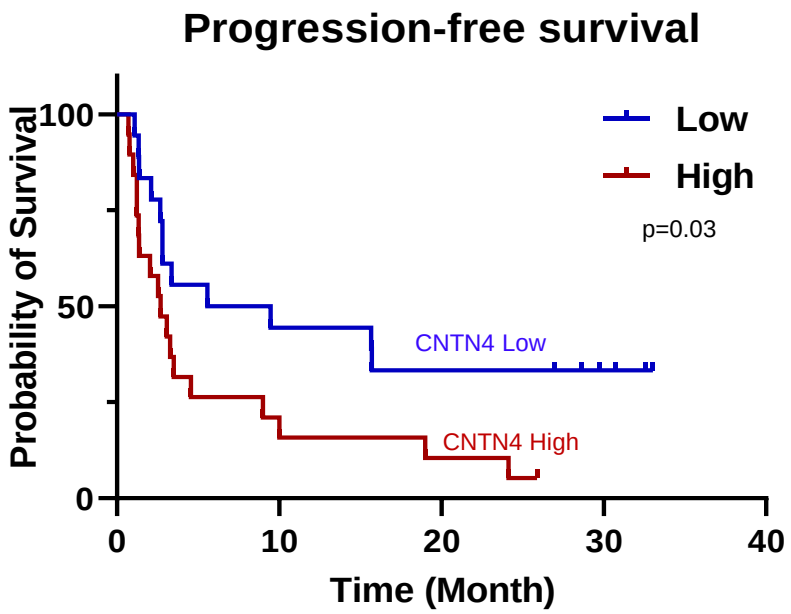
Proportions of responders and non-responders within CNTN4–low and –high groups

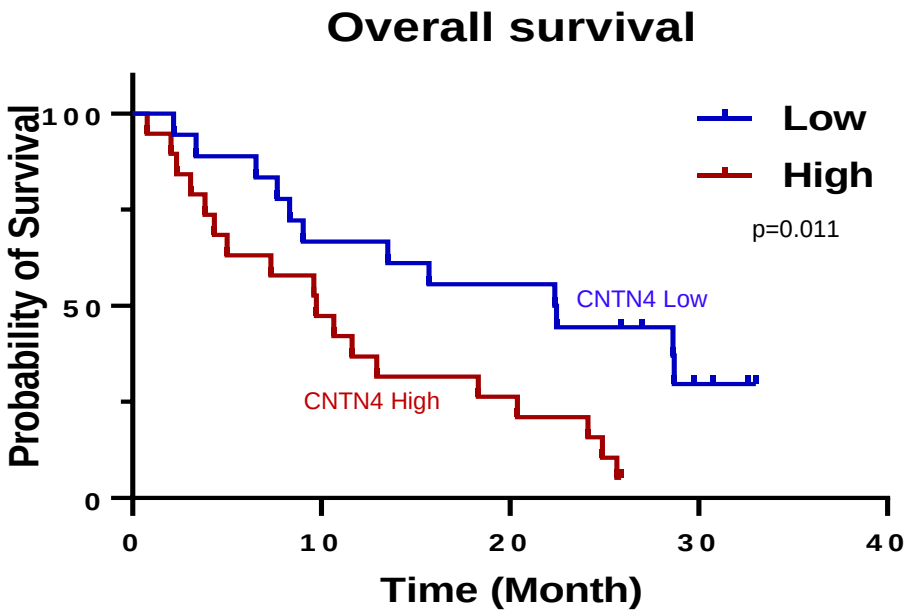


Comparing CNTN4 levels between responders and non-responders, the CNTN4 level was significantly higher in non-responders. Moreover, 94.7% (18/19) of the CNTN4 high group were non-responders.

Kim, S. T. et al. Comprehensive molecular characterization of clinical responses to PD-1 inhibition in metastatic gastric cancer. Nature Medicine 2018 24:9 24, 1449–1458 (2018).

Unmet Needs in Immuno-Oncology



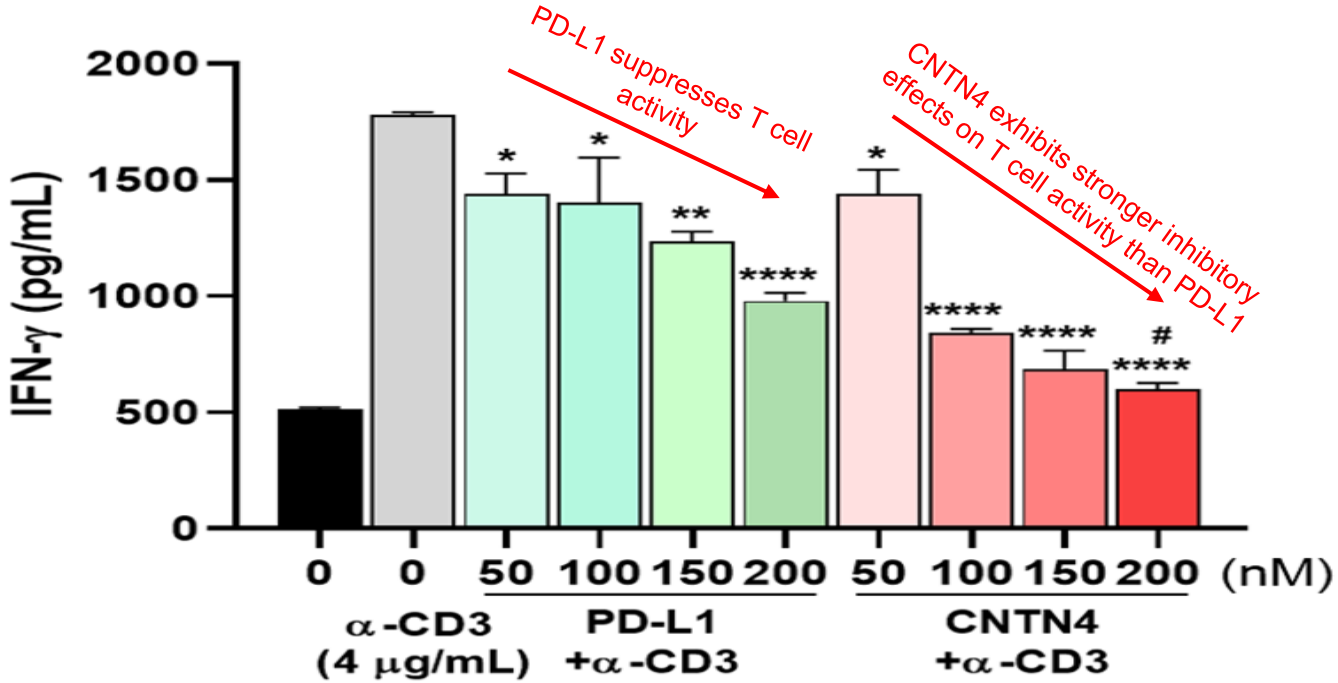


A significant negative correlation was shown between CNTN4 and immune-related cytotoxic markers in the PD-L1 high group. Poor prognosis (PFS, OS) was shown in the CNTN4 high group

[Gastric cancer] Survival probability between CNTN4–low and –high groups (according to median value) and p-value was calculated by log-rank t-test

CNTN4 vs. PD-L1

Suppression of T Cell Activity by CNTN4 or PD-L1

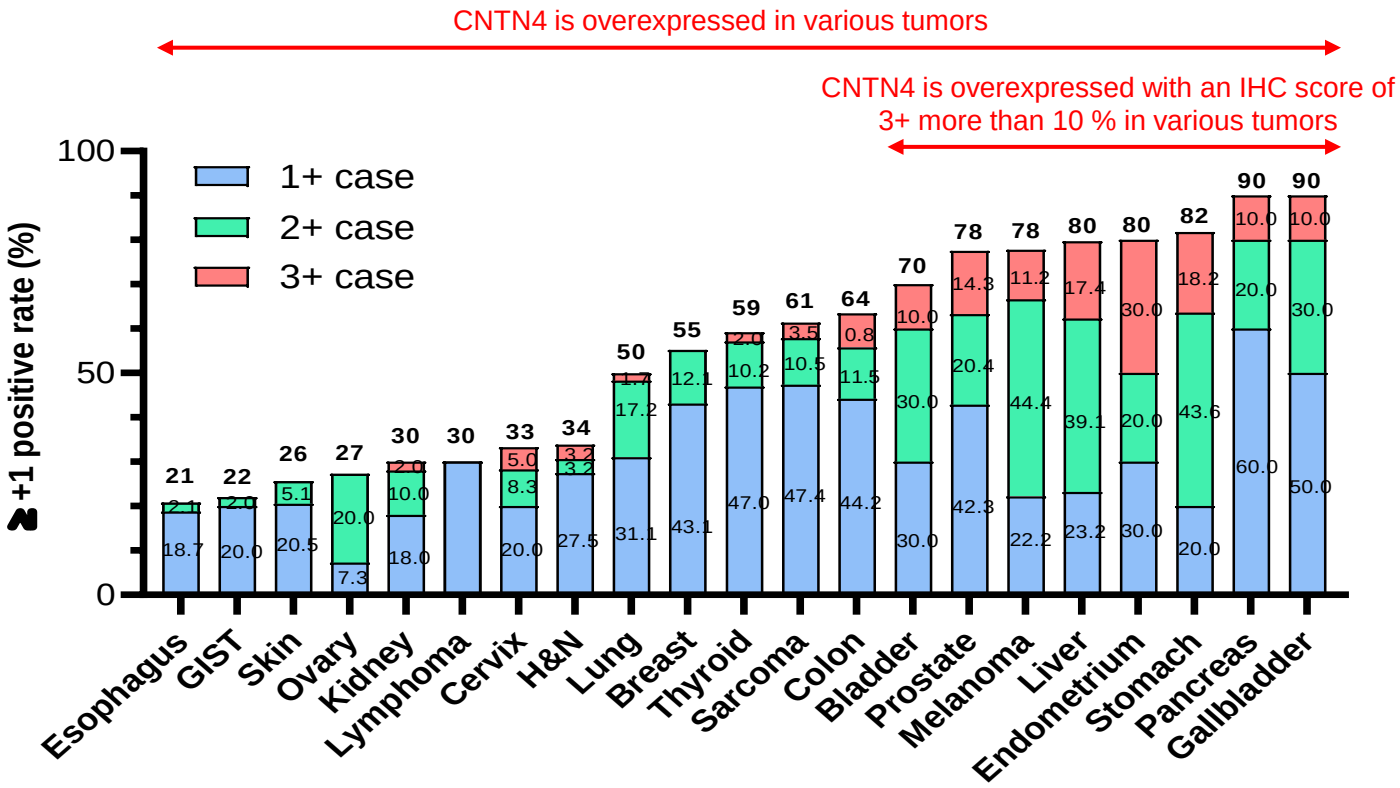


CNTN4 regulates T cell activities negatively

Compared to -CD3 only *, p < 0.05; **, p < 0.001, ***, p < 0.005; ****, p < 0.0001; Compared to the same concentration of PD-L1 #, p < 0.05; ##, p < 0.001; KO: knockout, 기능을 차단

CNTN4 Expression in Patients Derived Tumors

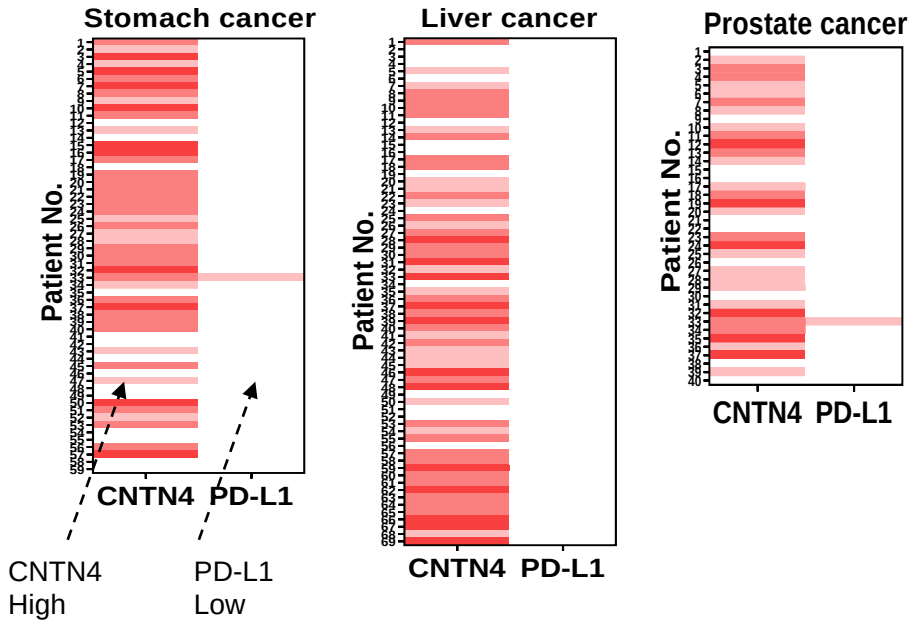
CNTN4 Positive Rate in Human Tumors by IHC Analysis



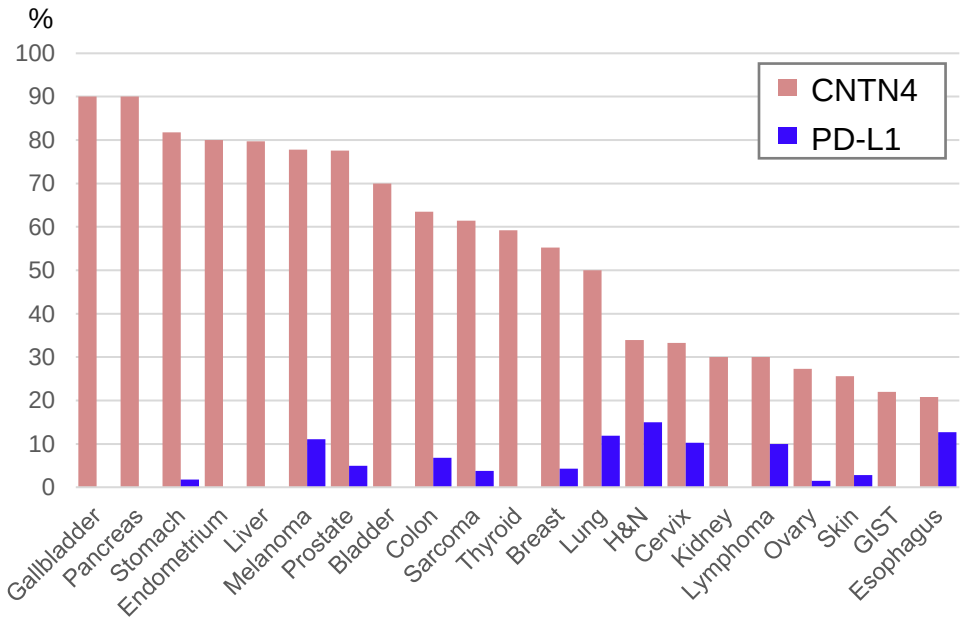
*Sample size for each human cancer type – Esophagus 48; GIST 50; Skin 39; Ovary 55; Kidney 50; Lymphoma 10, Cervix 60; H&N 62; Lung 58; Breast 58; Thyroid 49; Sarcoma 57; Colon 52; Bladder 10; Prostate 49; Melanoma 9; Liver 69; Endometrium 10; Stomach 55; Pancreas 10; Gallbladder 10

CNTN4 vs. PD-L1

Heat Map of CNTN4 and PD-L1 Expression Scores (0 ~ +3) through IHC Analysis for Each Cancer Patient



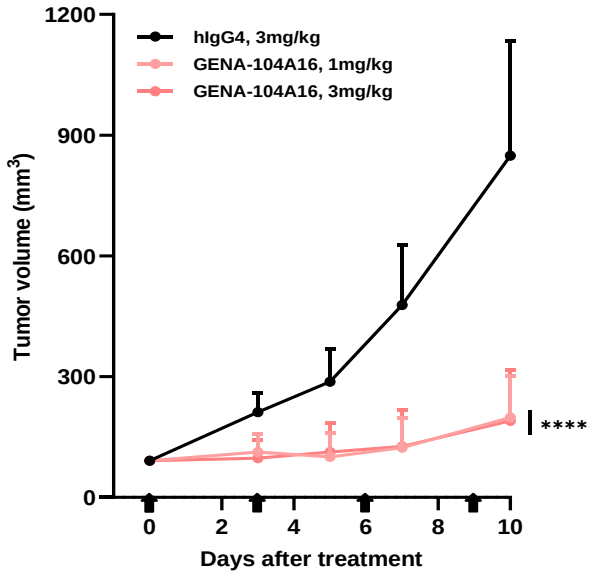
CNTN4 and PD-L1 expression in cancer patients (%)



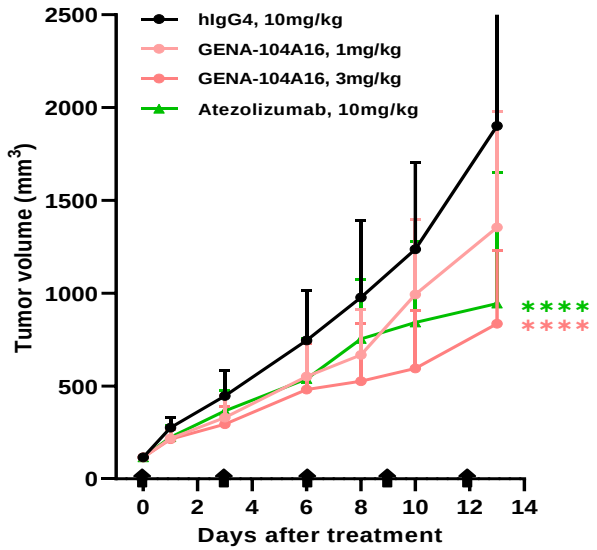
The expression of CNTN4 and PD-L1 shows the inverse trend in tumors

In Vivo Efficacy of GENA-104A16

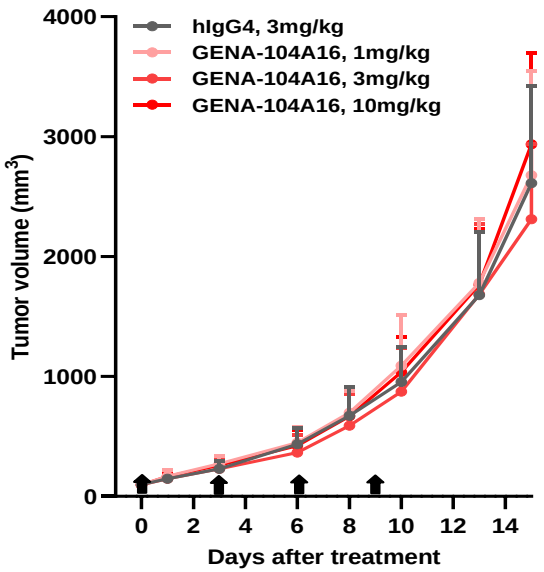
Tumor growth in CT26/Cntn4 model



Tumor growth in CT26 model



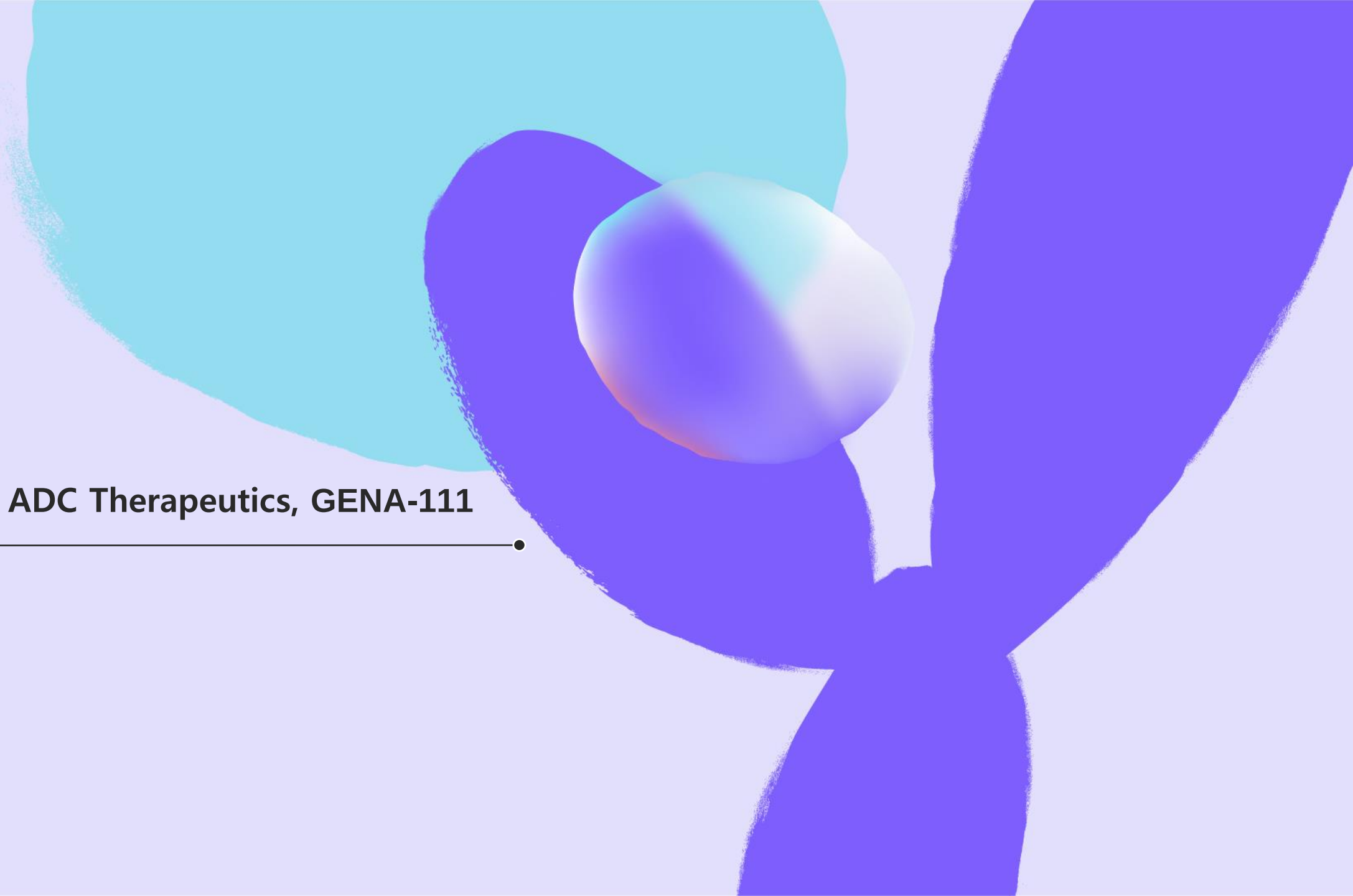
Tumor growth in MC38 model



The data are displayed as means ± SD;
*P < 0.05, ***P < 0.001, ****P < 0.0001 *vs.* control group (hIgG4) by multiple comparison using two-way ANOVA.

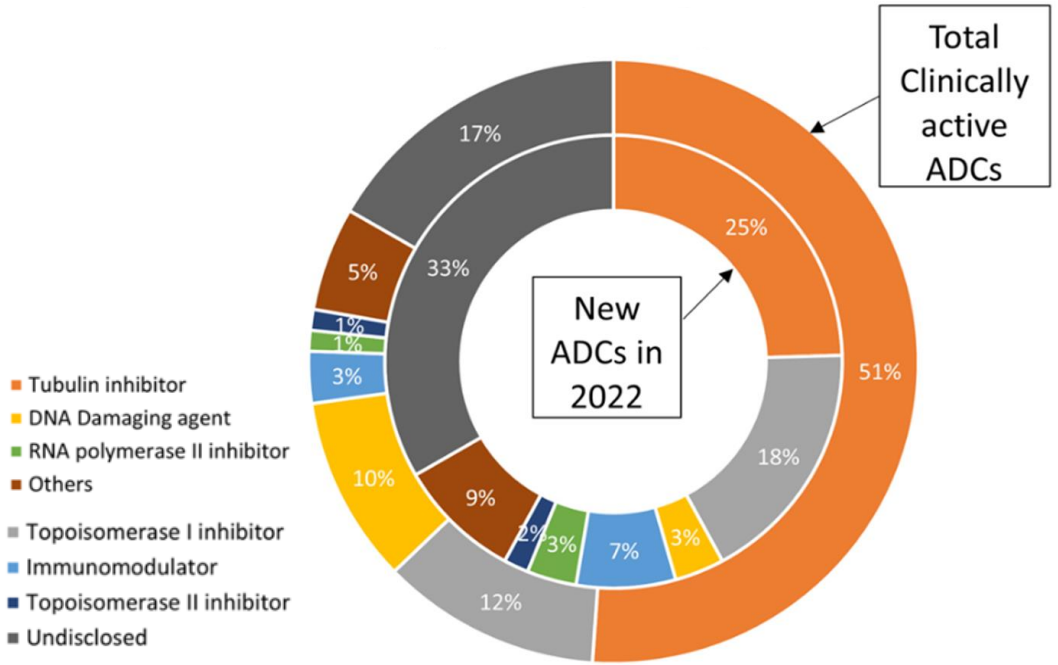
The expression level of CNTN4 in mouse cancer cells is lower than in human cancer cells.
GENA-104A16 showed promising in vivo efficacy in the model with a better expression of CNTN4.

2) Novel ADC Therapeutics, GENA-111

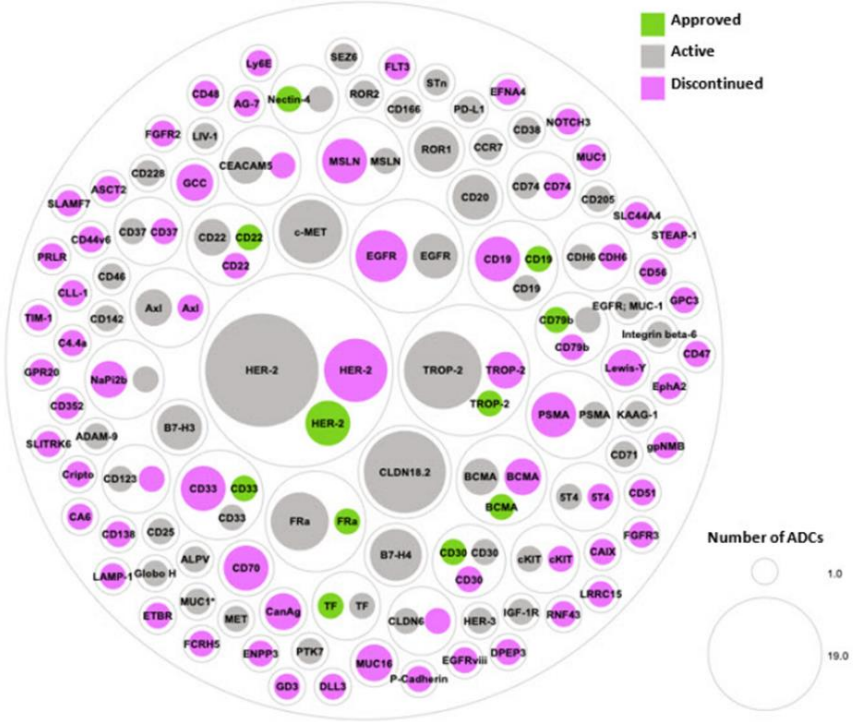


Clinical Landscape of ADCs in 2023

Proportion of ADCs by MOAs



ADC programs organized by targe

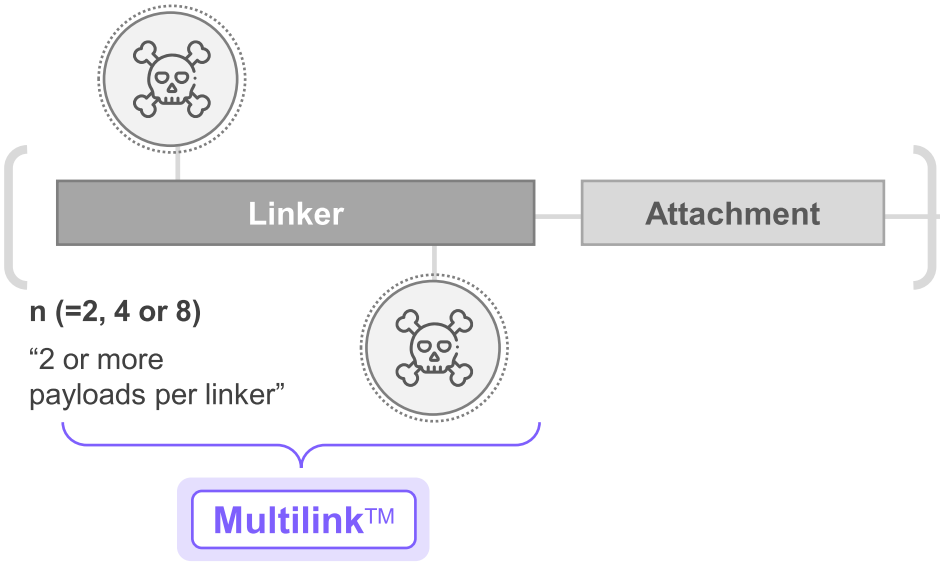


Diverse Technologies, Narrow Target

R&D Expansion: Novel ADC Therapeutics

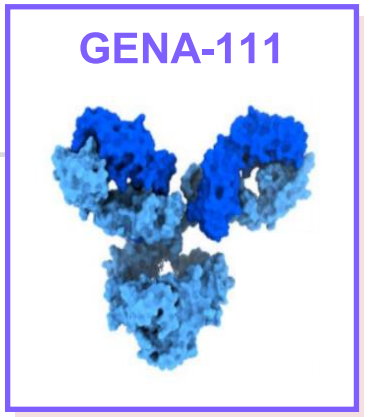
Debiopharm
WE DEVELOP FOR PATIENTS

- Multilink – Payload



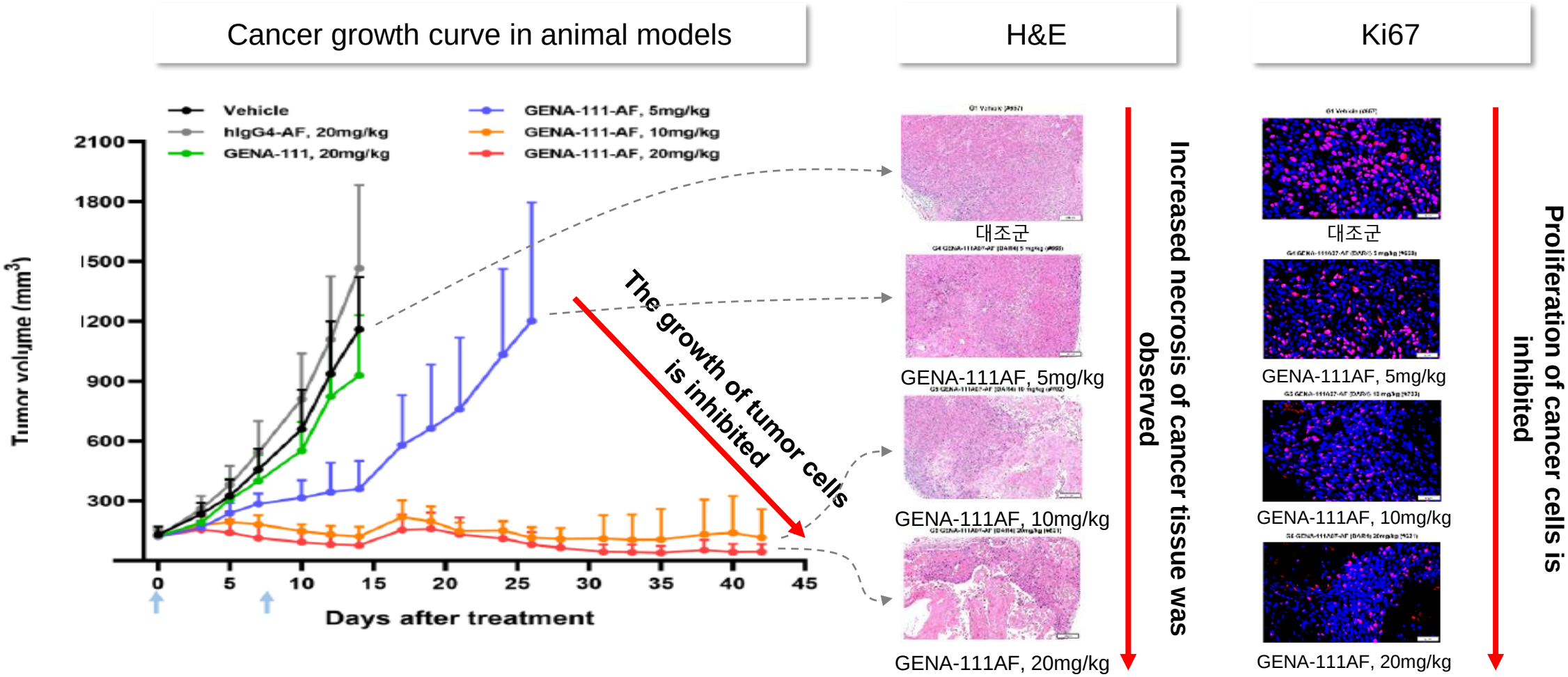
GENOME & Co

- Novel target (CD239)
- Anti-CD239



G&C and Debiopharm are under research collaboration to develop novel ADC therapeutics incorporating G&C's novel target antibodies and Debiopharm's Multilink™ technology platform

GENA-111-AF significantly inhibits tumor growth in A431 xenograft model



R&D Strategy in ADC

Novel target *vs.* Novel technology

Novel Target Companies

- Lead in cancer treatment with large unmet medical needs through a First-In-Class strategy
- Secure PoC of Noble Target ADC using proven Linker-Payload technology
  → Possible to discuss commercialization with partners at an early stage
- Utilizes acquired Noble Target mAb and ADC research and development experience
  → Overcoming Biology Risk

"First-in-class Strategy"

Novel Technology Companies

- Relatively low biology risk due to Best-In-Class strategy for proven targets
- With a growing number of ADCs targeting a limited pool of targets, securing differentiated competitiveness becomes more challenging. This raises concerns about market entry and commercial success for developers who fail to differentiate their products

"Best-in-class Strategy"

Genome & Co Business Strategies

1. Pursuing new targets / first-in-class through bed-to-bench method
2. Pursuing early Licensing Out before entering clinical trials
3. Securing a proven track record for new target anticancer drug development capabilities

GENOME & Co

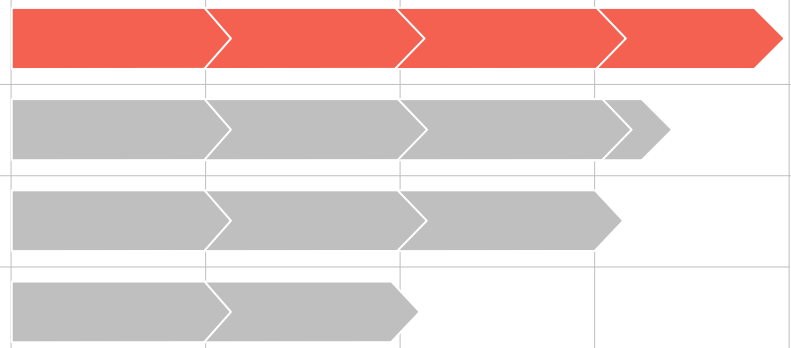
Chapter **04**

Genome & Co Pipeline and Strategy

Novel Drug R&D Pipeline & Milestone

Microbiome Therapeutic

Disease	Pipeline	Indication	Discovery	Pre-clinical	Phase 1	Phase 2	Collaborators
Immuno-Oncology	GEN-001	Gastric cancer					MERCK
		Biliary tract cancer					MSD
CNS	SB-121	ASD etc.					Scioto Biosciences
Digestive Disorders		NEC					

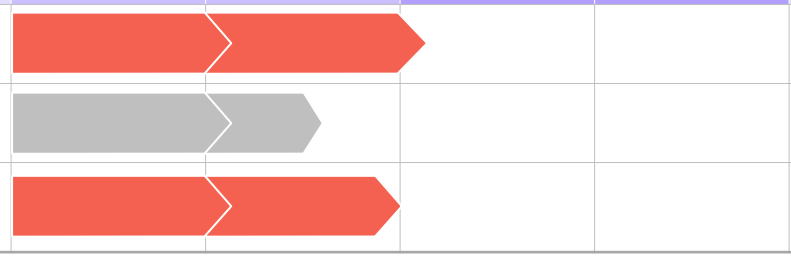


GEN-001, Gastric cancer phase 2
- ASCO GI 2024

GEN-001, BTC phase 2 On-going

Novel Target Immune Oncology

Disease	Pipeline	Indication	Discovery	Pre-clinical	Phase 1	Phase 2	Collaborators
Immuno-Oncology	GENA-104	Solid tumors					
	GENA-105	Solid tumors					
	GENA-111 (ADC)	Solid tumors					Debiopharm



GENA-104
- IND approved Q1, 2024

GENA-111
- Derivation of final candidate material

Genome & Co Strategies

Determinants of Biotech's Long-Term Growth

1 **Business Strategies**

2 **R&D Strategies**

1

Business Strategies: "Cash flow"

- Repetitive partnership based on pipeline
- Developing Microbiome-Based High-Value B-to-C Business
- Establishing a Stable Cash Flow Stream via CDMO

2

R&D Strategies: "Pipeline의 quality and quantity"

- GENOCLE™ platform
- Novel Target Immune Oncology
- Microbiome Immune Oncology & Strategic TA expansion

GENOME & Co

Thank you

Genome & Company

(IR Team contact: gnc-ir@genomecom.co.kr)