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LYT-200 Program

Supplemental Slides

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First-in-class Therapeutic Targeting Galectin-9 in Oncology

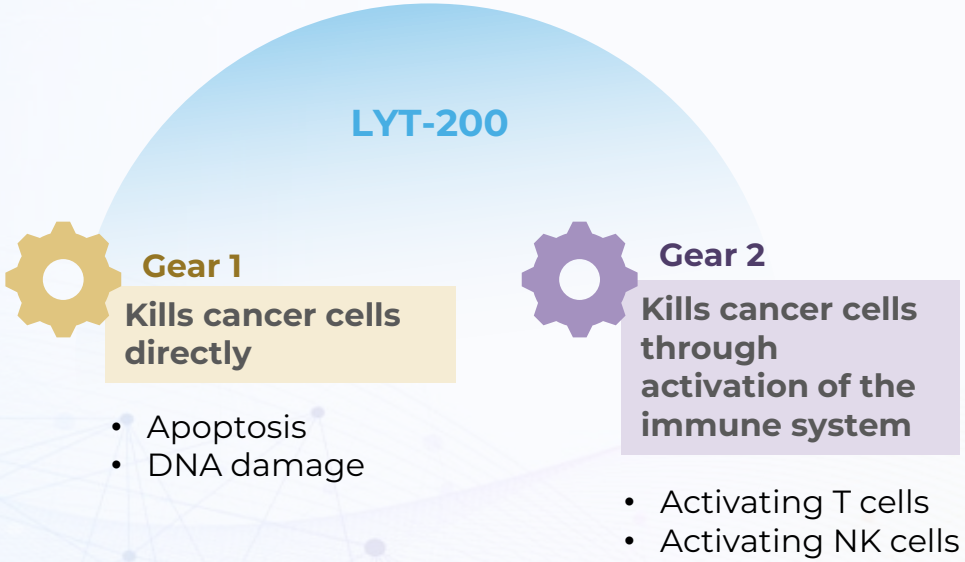
LYT-200

First-in-class	Fully human IgG4 monoclonal antibody targeting **galectin-9** (Gal-9)
Compelling MOA	Shown **direct tumor cell killing and immunomodulatory activities** to date
Biomarker Opportunity	**Multiple enrichment strategies** using gal-9 expression and oncogenic / immune activation signatures
Confirmatory Pre-Clinical Data	Validated in **multiple preclinical in vitro assays and patient cancer cell derived models**
Promising Phase 1 Clinical Data	Demonstrated **excellent safety and initial signals of clinical activity** in AML and head and neck cancers

LYT-200 Overview

Gallop Oncology: Advancing Galectin-9 Targeting mAb, LYT-200

Driving immunosuppression through multiple pathways



Challenge

- Current therapies predominantly **only** address Gear 1 **or** Gear 2

Solution

- **Novel therapeutics that address both Gear 1 and Gear 2**
- Galectin-9 represents a **novel approach to kill tumor cells** via **BOTH direct** (tumor) and **indirect** (immune) **mechanisms**

LYT-200 Clinical Data to Date in AML & High Risk MDS

HEMATOLOGIC MALIGNANCES (Phase 1b ongoing)

- Received **Orphan Drug designation** from the FDA for the treatment of AML
- Received **Fast Track designation** from the FDA for the treatment of AML
- Topline results from Phase 1b trial in AML expected in Q3 2025
- Additional efficacy and overall survival data anticipated in the first half of 2026

INITIAL DATA FROM THE PHASE 1B TRIAL (Data as of April 28, 2025)

Favorable safety profile demonstrated to date, with no dose limiting toxicities

Monotherapy arm: 30 evaluable patients dosed, 2.0 mg/kg - 16.0 mg/kg

- At 7.5mg/kg and above: **1 patient achieved CR, 3 patients achieved PRs, and >50% of patients achieved SD**
- Average treatment duration of 3.5 months

Combination arm: 29 evaluable patients dosed, 4.0 mg/kg, 7.5mg/kg, and 12.0 mg/kg, with venetoclax/HMA

- **6 patients achieved CRs, 1 patient achieved MLFS, and >50% of patients achieved SD**
- Average treatment duration of 4 months

Additional 30 patients enrolled since April 2025 and continued to see meaningful and sustained clinical benefit

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AML = Acute myeloid leukemia; MDS = Myelodysplastic syndromes; PR = Partial response; CR = Complete response; SD = Stable disease; PD = Progressive disease; MLFS = Morphological leukemia-free state; ORR = Overall response rate; ELN (European Leukemia Network) guidelines 2017: for response assessment: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291965; [1]Data as of 4/28/25.

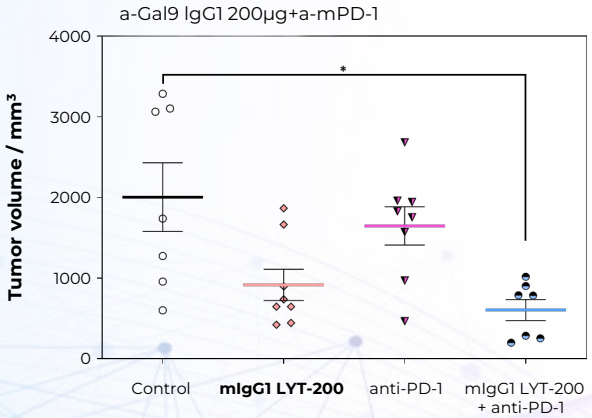
GALLOP ONCOLOGY

Clinical Data

Gallop Oncology: LYT-200

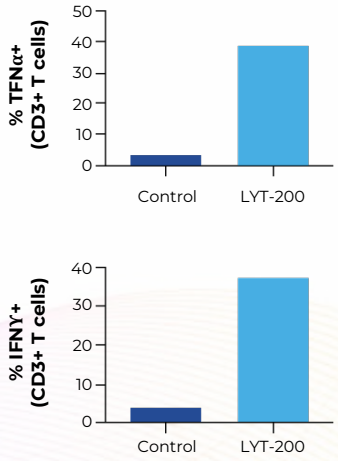
Multiple lines of preclinical data supporting therapeutic potential

SINGLE AGENT ACTIVITY IN B16F10 MELANOMA MODEL



n = 8 / arm; *p < 0.001; **p < 0.05; NS = not significant

T CELL ACTIVATION WITH LYT-200 IN PATIENT-DERIVED ORGANOID[1] MODEL



LYT-200 DRUG PROPERTIES MAKE IT AN EXCELLENT CLINICAL CLONE:

High affinity & specificity for galectin-9

Robust activity in preclinical studies:

- Single agent causes tumor reduction in pancreatic models where anti-PD-1s don't work
- ~50% tumor reduction with LYT-200 vs. ~22% tumor reduction with anti-PD-1 in melanoma model
- Increase in intra-tumoral CD8 T cells in combination with anti-PD-1
- Activation of intra-tumoral immunity in patient-derived tumor models

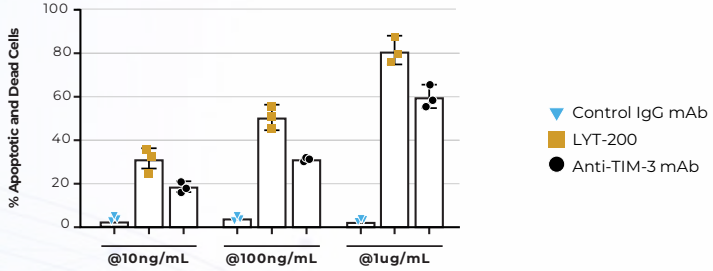
[1] For patient-derived organoids, n = 20 tumor samples; Success defined as: >20% upregulation of at least two out of three T cell activation markers; Success achieved in 60% of tumors with majority showing >2 fold activation.

LYT-200

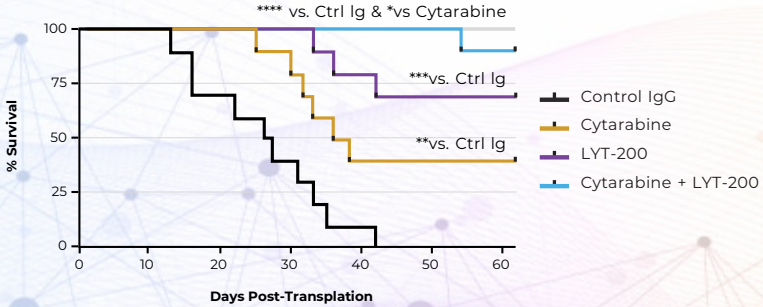
Administration induces apoptosis of leukemia cells & extends survival of leukemia cell engrafted animals

AML MODEL[1]

LYT-200 cause apoptosis of AML cells and is superior to anti-TIM-3 mAb

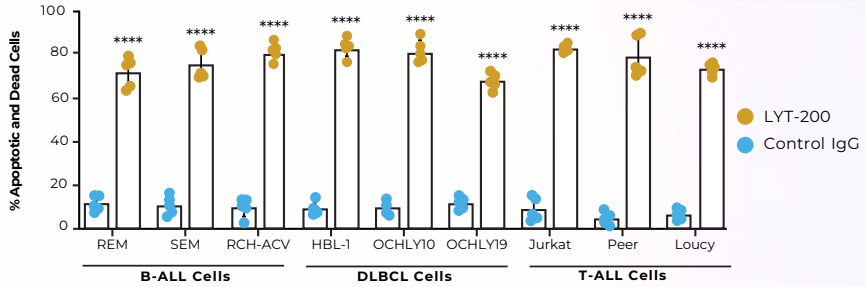


OCI-AML5 Xenograft Experiment

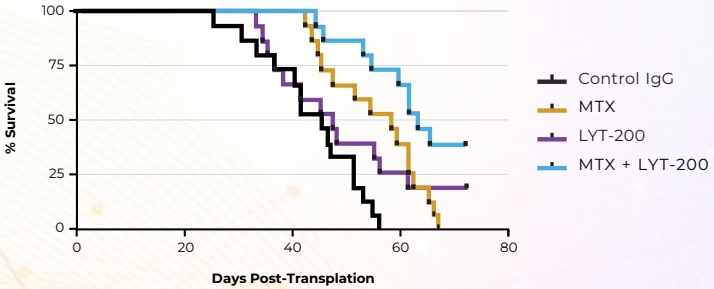


T-ALL, B-ALL & DLBCL MODEL

LYT-200 cause apoptosis of B-ALL, T-ALL and DLBCL cells



PDX Experiment for T-ALL[2]



[1] Statistical Significance (Log-rank [Mantel-Cox] test): Ctrl Ig vs. Cytarabine: **p=0.0090; Ctrl Ig vs. LYT-200: ****p<0.000; Ctrl Ig vs. Cytarabine + LYT-200: ****p<0.0001; Cytarabine vs. LYT-200 + Cytarabine: *p=0.0134; [2] Ctrl Ig vs. MTX= 0.062 (ns); Ctrl Ig vs. LYT-200= 0.021 (*); Ctrl Ig vs. LYT-200 + MTX= 0.0006 (***); MTX vs. LYT-200= 0.01 (**); MTX vs. LYT-200 + MTX= 0.0009 (***); LYT-200+LYT-200 + MTX= 0.008 (**).

Phase 1b Clinical Trial in AML/MDS Ongoing

DOSE ESCALATION TRIAL

Safety, tolerability, PK/PD, RP2D, Safety & efficacy + exploratory endpoints

PATIENT POPULATION

AML R/R to at least one line of prior therapy with or without allogeneic system cell transplant

OR

Patients with a document-ed diagnosis of R/R, high-risk MDS after at least one line of treatment

AND

For whom no standard therapy that may provide clinical benefit is available

DOSE FINDING (4+2 DESIGN)

If clinical benefit is observed & safety is maintained in any cohort, patients may be added to cohort(s) to further expand on safety/efficacy (Up to additional 6 patients)

Topline results from Phase 1b trial in AML in Q4 2025

PK= pharmacokinetic; PD = pharmacodynamics; RP2D = recommended Phase 2 dose; R/R = relapsed refractory.

Phase 1b Clinical Trial in Solid Tumors Completed

SOLID TUMOR DOSE ESCALATION & DOSE EXPANSION TRIAL

Dose Finding (CRM)
(all comers), safety, tolerability, RP2D, PK/PD, exploratory

Up to 26 patients

- Completed bi-monthly, monotherapy dose escalation portion of Phase 1b/2a trial (no dose limiting toxicities)
- Completed evaluation of weekly dosing

CLINICAL INVESTIGATORS

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