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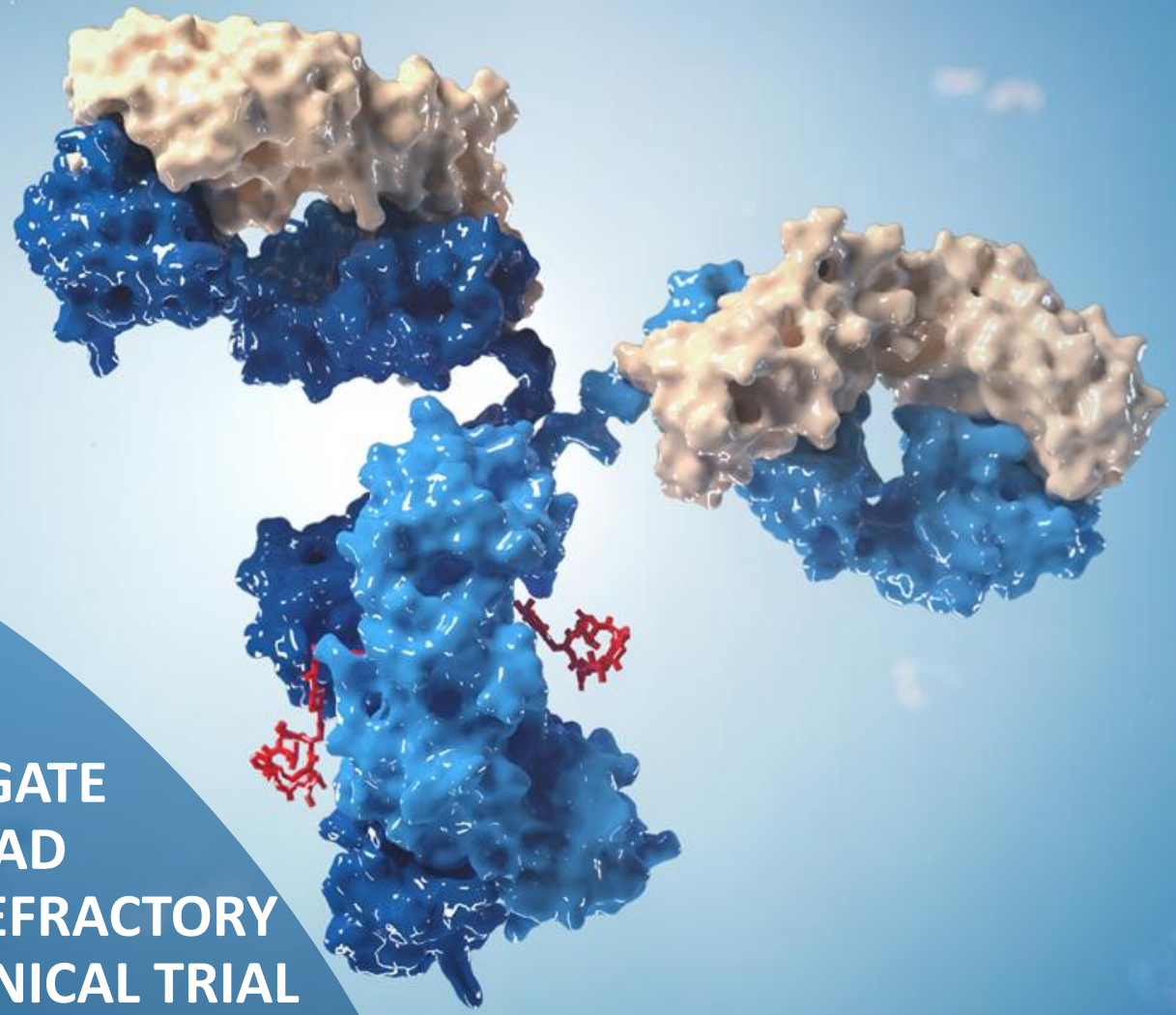

THE ANTI-BCMA ANTIBODY-DRUG CONJUGATE HDP-101 WITH A NOVEL AMANITIN PAYLOAD SHOWS PROMISING DATA IN RELAPSED/REFRACTORY MULTIPLE MYELOMA IN A PHASE 1/2A CLINICAL TRIAL AS IT ADVANCES INTO COHORT 9

Presenter: Jonathan L. Kaufman, MD

Disclosures

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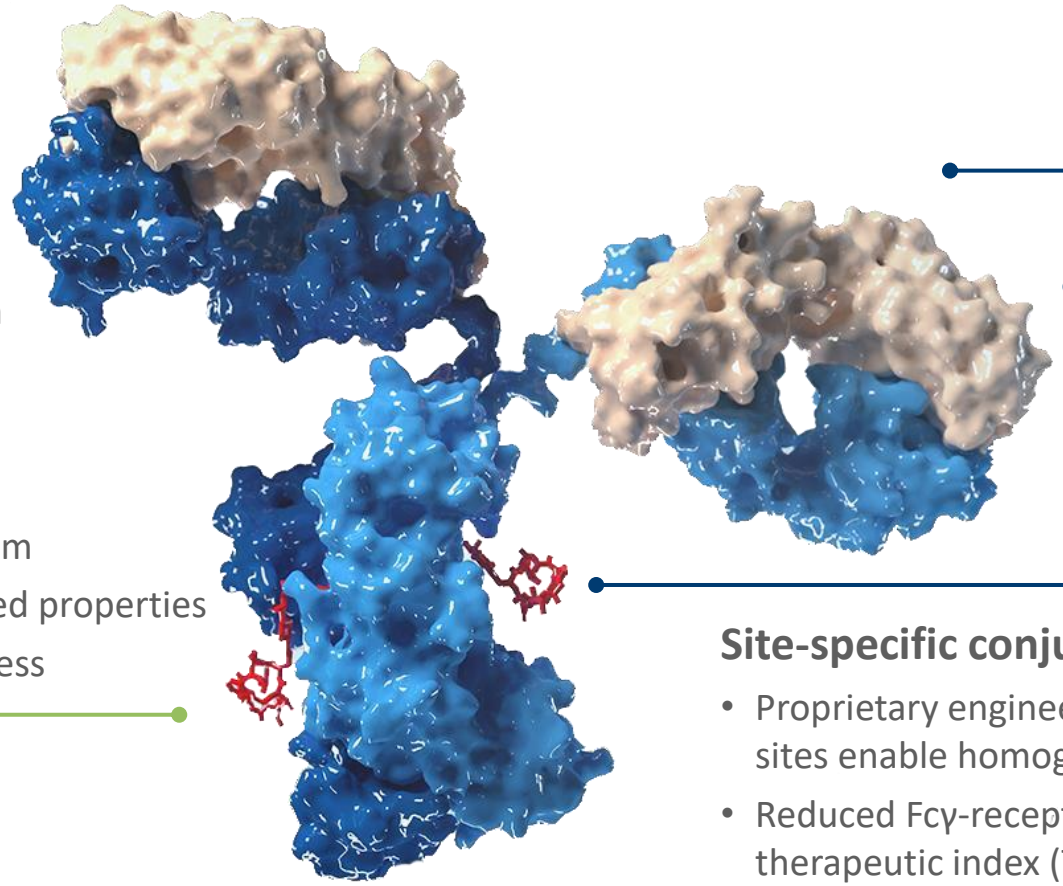
Consultant:
Sanofi; Sebia; BMS; Ascentage; Genentech

HDP-101 – BCMA-ATAC - INNOVATIVE ADC WITH AMANITIN PAYLOAD

Payload: α-Amanitin

- Identified in Amanita phalloides mushroom
- Completely novel MOA:
  - Inhibition of RNA Polymerase II
  - Kills dormant/non-dividing tumor cells
  - Circumvents resistance via new mechanism
- Synthetic amanitin derivatives with improved properties
- GMP manufacturing via fully synthetic process



HDP-101 – anti-BCMA ATAC a Third-generation ADC

Site-specific conjugation

- Proprietary engineered cysteine conjugation sites enable homogenous ADC production
- Reduced Fcγ-receptor binding for improved therapeutic index (TI)
- Drug-Antibody Ratio (DAR) = 2.0

HDP-101 PHASE I/IIa TRIAL DESIGN IN RRMM - DOSING REGIMEN OPTIMIZATION FROM COHORT 6

Phase I: Dose Escalation

Q3W intravenous dosing, BLRM Design

Objectives

Primary: DLT in cycle 1, ORR

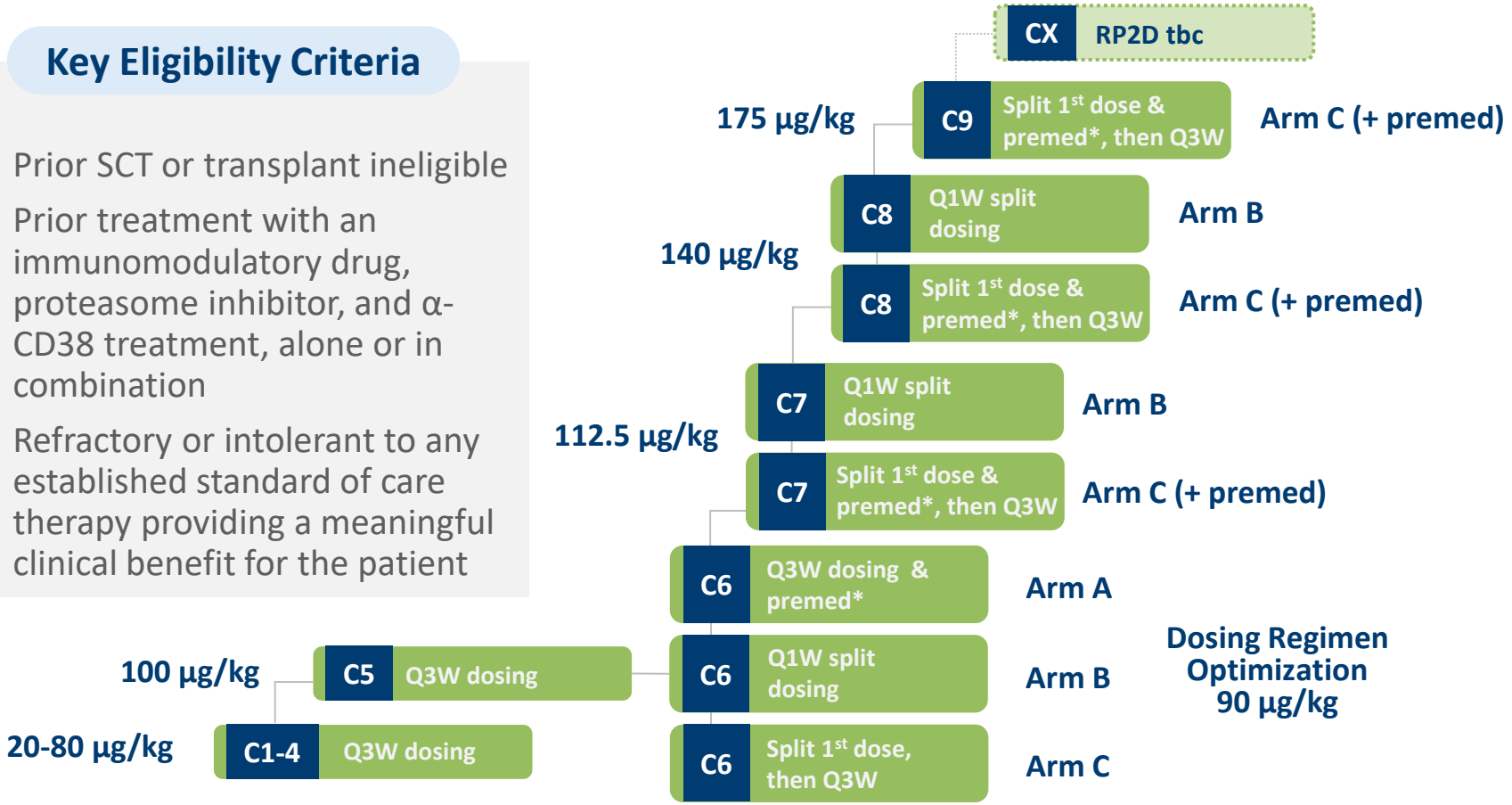
Secondary: Safety, Tolerability, PFS/OS

RP2D Identification

Phase IIa: Dose Expansion

Key Eligibility Criteria

- Prior SCT or transplant ineligible
- Prior treatment with an immunomodulatory drug, proteasome inhibitor, and α-CD38 treatment, alone or in combination
- Refractory or intolerant to any established standard of care therapy providing a meaningful clinical benefit for the patient



* NCT04879043; BLRM = Bayesian logistic regression model; DLT = dose-limiting toxicity; ORR = Objective response rate; PFS = progression free survival; OS = overall survival

HPD-101 PHASE I/IIa PATIENT CHARACTERISTICS

Demographics	Total (N=42)
Age (years)	
Median	69.5
Min, Max	43-90
Gender	
Female	13
Male	29

Prior Therapy	Total (N=42)
Number of prior treatments	
Median	6
Range	2-15
Number of patients exposed to BCMA-targeting therapies	
Total anti-BCMA exposed	13
Number of BCMA-ADC/TCE/CAR-T Treatments*	
Anti-BCMA-ADC exposed	5
BCMA TCE/bi-spec/CAR-T exposed	10

BCMA: B-cell maturation antigen; ADC: Antibody-drug-conjugate; TCE: Bi-specific antibody with T-cell engager; CAR-T: Chimeric antigen receptor T-cells;
* Each patient may have received more than one treatment modality.

FAVORABLE SAFETY OF HDP-101

MOST COMMON TREATMENT-EMERGENT AEs UP TO COHORT 8

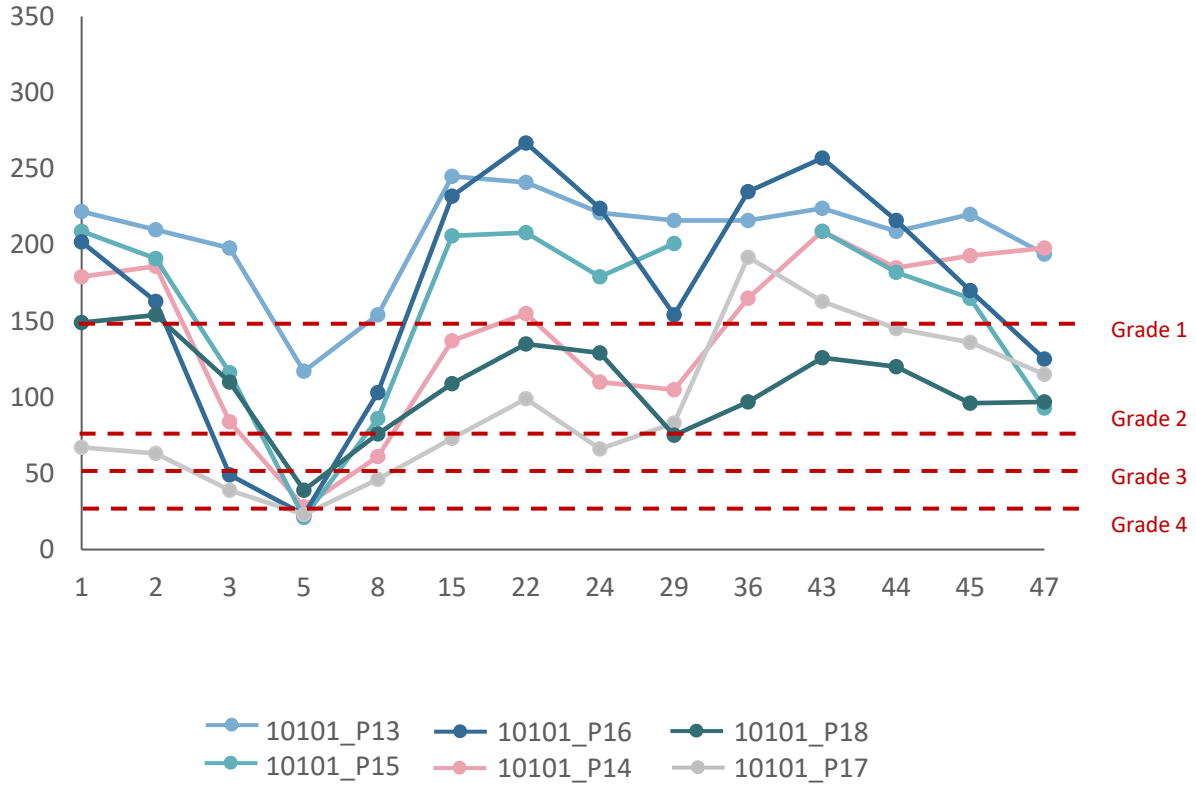
Preferred Term (N=42)	Any CTCAE grade (%)	Grade 3-4 (%)
Thrombocytopenia	14 (33,3%)	9 (21,4%)
Anaemia	9 (21,4%)	4 (9,5%)
Arthralgia	9 (21,4%)	0 (0%)
Fatigue	7 (16,7%)	0 (0%)
Aspartate aminotransferase increased	6 (14,3%)	1 (2,4%)
CRP increased	6 (14,3%)	0 (0%)
Neutropenia	5 (11,9%)	2 (4,8%)
Nausea	5 (11,9%)	0 (0%)
Leukopenia	4 (9,5%)	1 (2,4%)
Alanine aminotransferase increased	4 (9,5%)	1 (2,4%)
Hypercalcaemia	4 (9,5%)	1 (2,4%)
Diarrhoea	4 (9,5%)	0 (0%)
Cough	4 (9,5%)	0 (0%)
Acute kidney injury	3 (7,1%)	1 (2,4%)
Dyspnea	3 (7,1%)	1 (2,4%)
Hyperuricaemia	3 (7,1%)	0 (0%)
Abdominal pain	3 (7,1%)	0 (0%)
Constipation	3 (7,1%)	0 (0%)

Dose optimization strategies adopted in Cohort 6 had a positive effect on the transient asymptomatic thrombocytopenia observed in Cohort 5 after initial dose

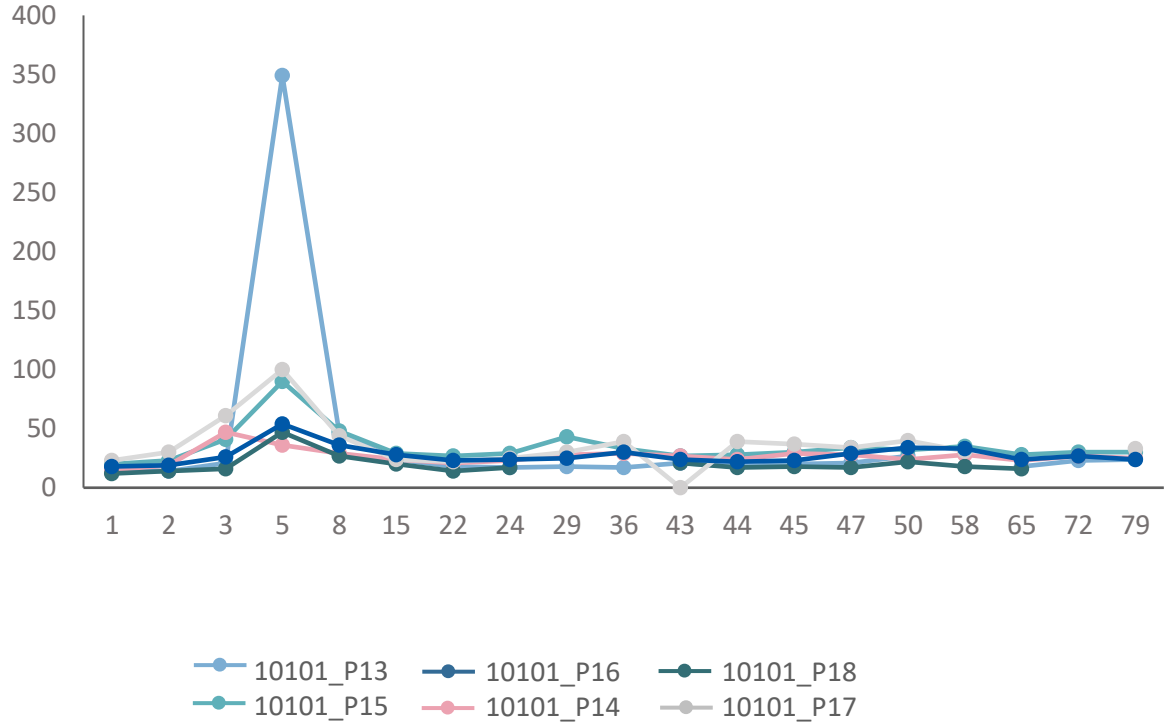
No Signs of Ocular or Renal Toxicities, Infusion Reactions, Myelosuppression or Severe Liver Damage

100 MCG/KG DOSING WAS ASSOCIATED WITH TRANSIENT THROMBOCYTOPENIA AND LFT ELEVATION

Cohort 5 - PLATELETS
(100 µg/kg)



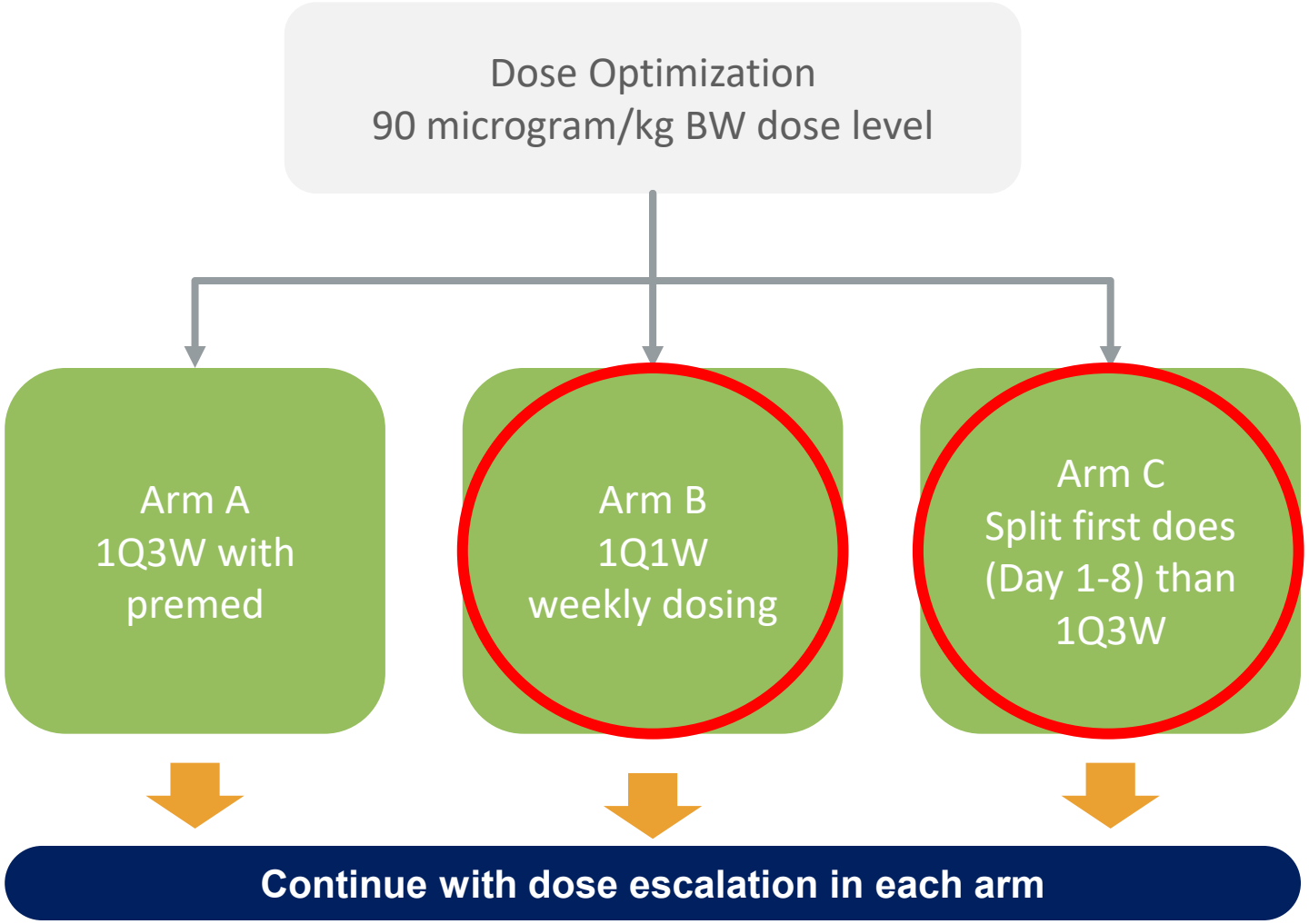
Cohort 5 - AST
(100 µg/kg)



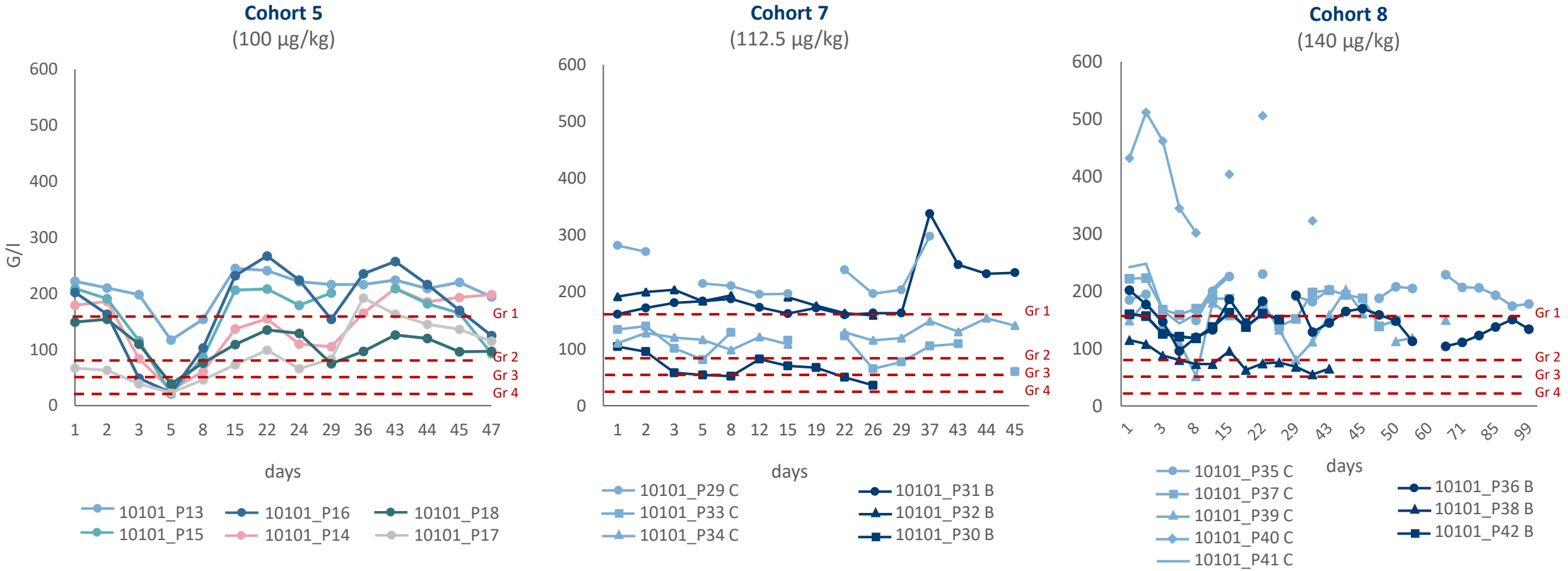
Dosing strategy was changed (see next slide) to overcome cycle 1 related transient effects

DOSE OPTIMIZATION STRATEGIES FROM COHORT 6

- Post-Cohort 5 Safety review: SRC recommended study continuation with mitigation strategies for transient thrombocytopenia
- Mitigation: corticosteroid/antihistamine premed, weekly dosing, split first-cycle dose, adjusted escalation and additional safety measures
- Cohorts 7-8: Arms B and C continued (Arm C with optional premed)
- One arm may be selected as the optimal Phase 2 dose for further development

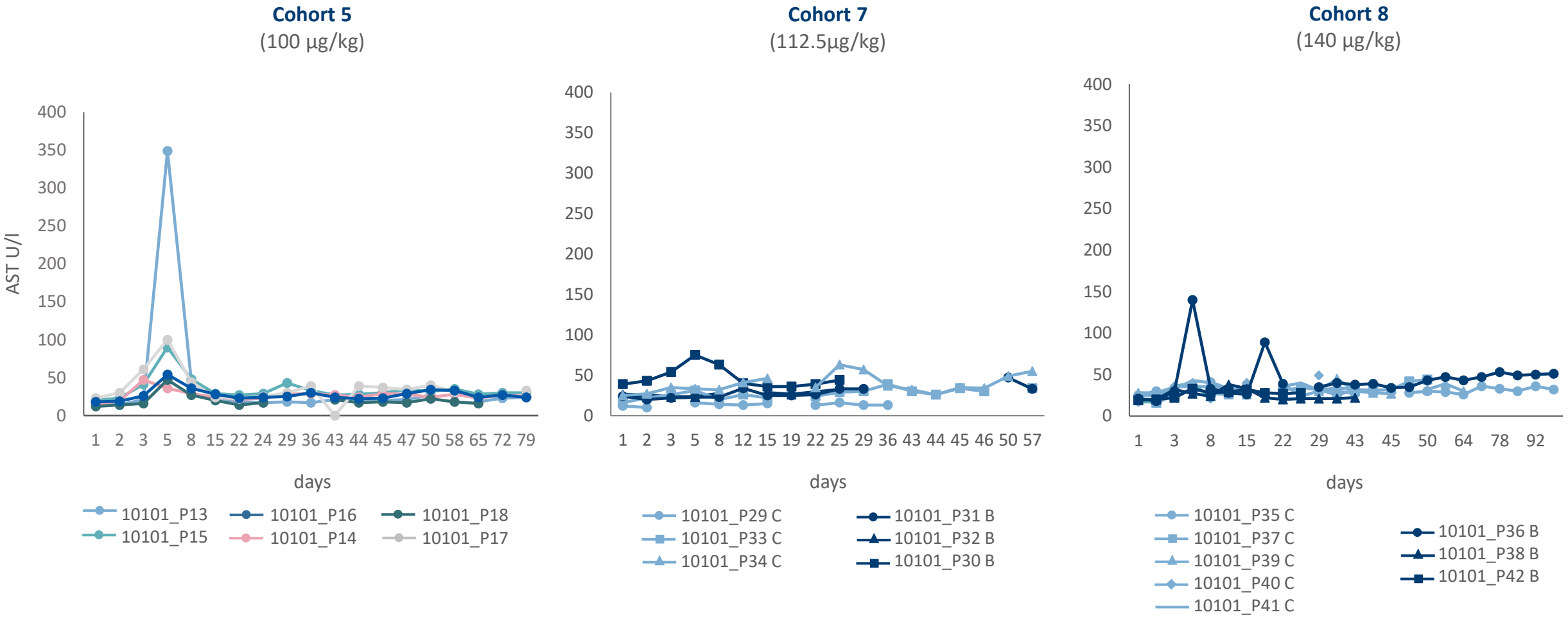


NEW TREATMENT STRATEGIES HAD A POSITIVE EFFECT ON THROMBOCYTOPENIA

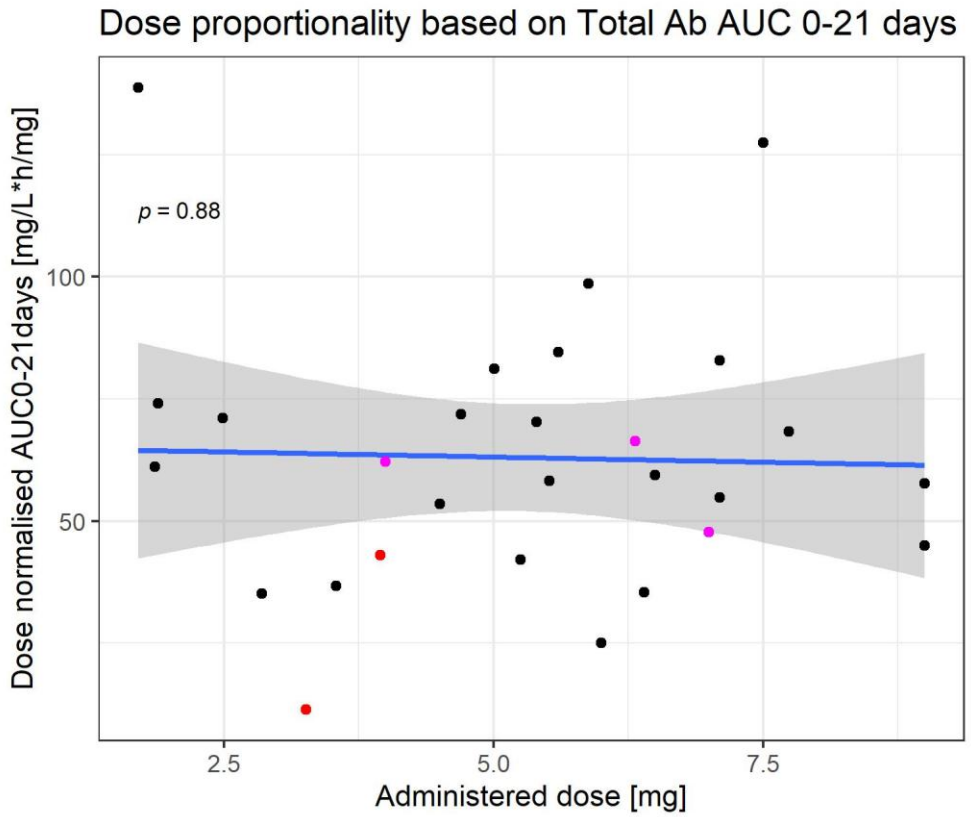


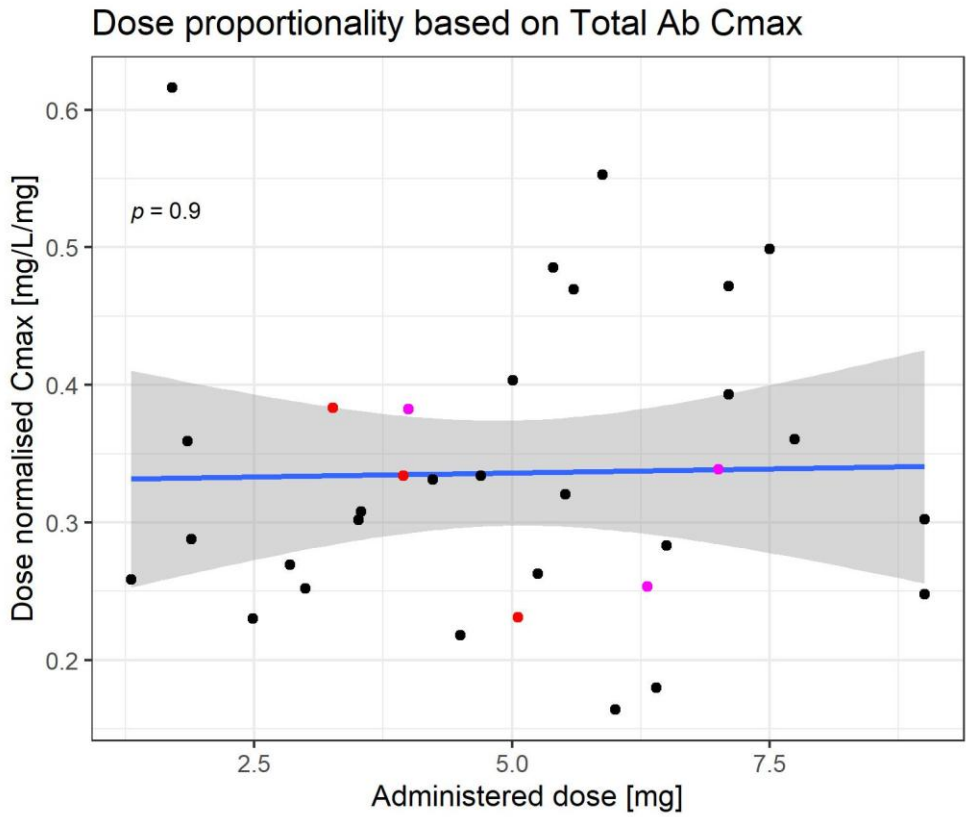
Dose Optimization from Cohort 6 to overcome transient thrombocytopenia after Cycle 1 and continue dose escalation

NEW TREATMENT OPTIMIZATION STRATEGIES MITIGATED THE IMPACT ON LIVER FUNCTION



ALL ANALYTES APPEAR DOSE-LINEAR WITH RESPECT TO $AUC_{0\text{-}21\ DAY}$ AND C_{MAX}





Cohort 1-6

Cohort 7

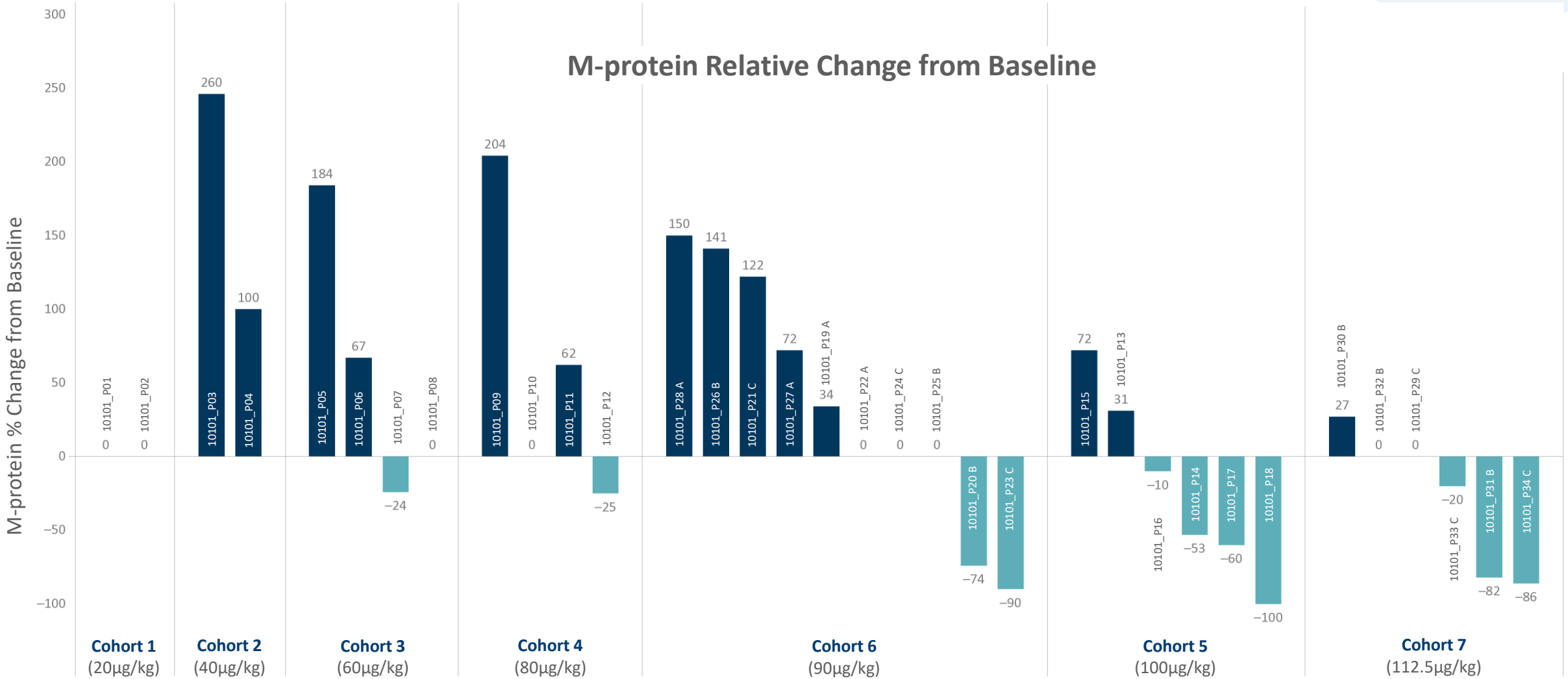
Cohort 8

→ Cohort 7 and 8 $AUC_{0\text{-}21days}$ and Cmax show no markable differences compared with Cohorts 1-6

→ $AUC_{0\text{-}21days}$ and Cmax exhibit dose linearity for total Ab

→ *Not shown:* $AUC_{0\text{-}21days}$ and Cmax also exhibit dose linearity for free Ab, total ADC, and free ADC

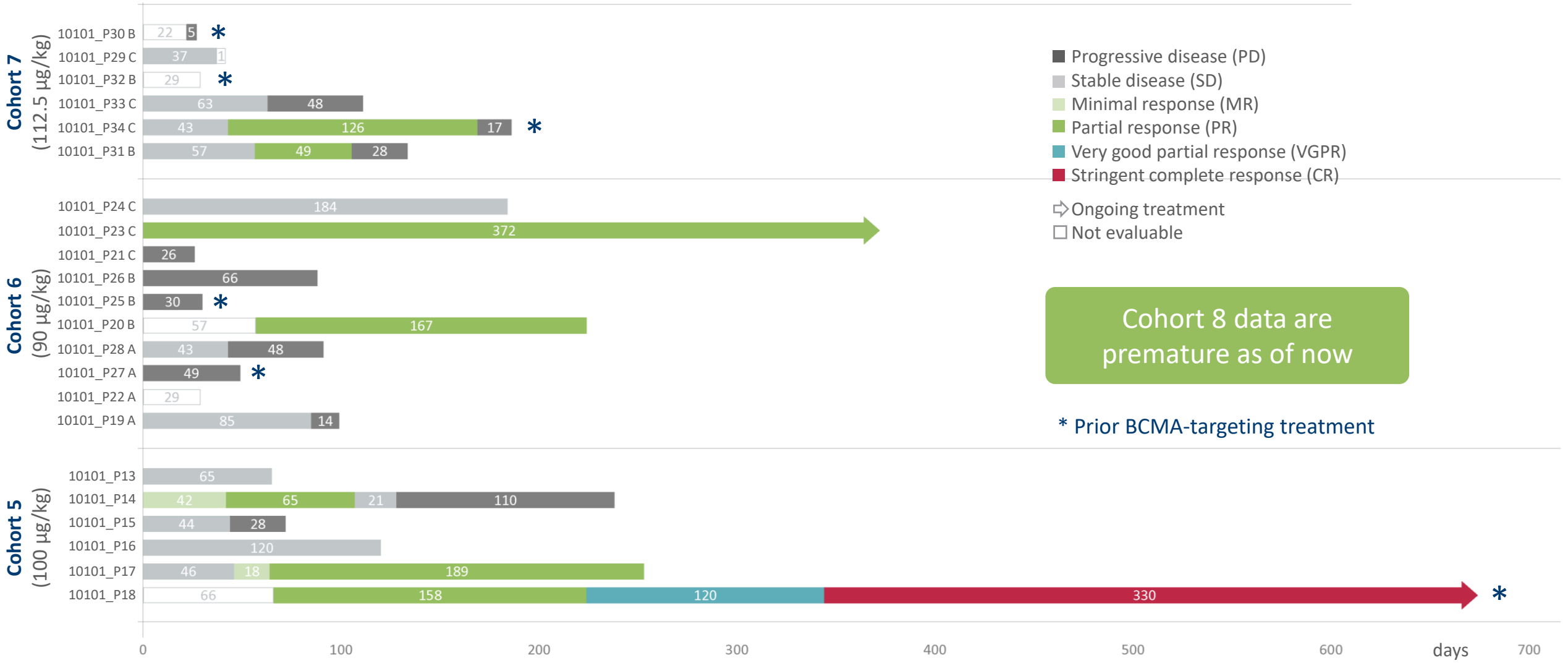
DOSE-DEPENDENT EFFICACY OF HDP-101 TREATMENT



Note: Patients displayed with '0%' were not evaluable or not measurable for M-protein but had evidence of progressive disease and discontinued the study for progressive disease

Readout: 02 September 2025

HDP-101 – PHASE I PRELIMINARY EFFICACY DATA (COHORT 5-7)

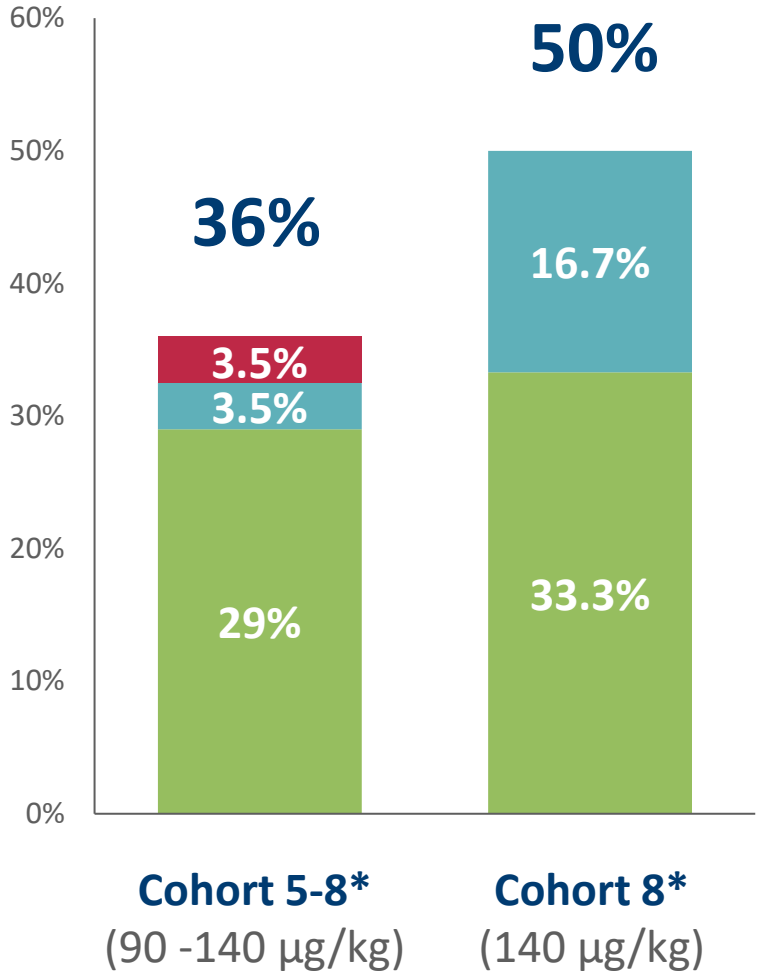


Cohort 8 data are premature as of now

* Prior BCMA-targeting treatment

Readout: 02 September 2025

OBJECTIVE RESPONSE RATES (ORR)



PRELIMINARY EFFICACY

- Multiple responses were seen (from 90 µg/kg) across different dosing arms
- In Cohort 6 (90 µg/kg), 2 of 10 patients showed PR (1 patient is still ongoing with PR after 18 treatment cycles)
- In Cohort 5 (100 µg/kg), 2 patients had partial responses (PR) and 1 a stringent complete response (sCR lasting 22 months to date) out of 6 patients
- In Cohort 7 (112.5 µg/kg), 2 patients out of 6 had PR
- In Cohort 8 (140 µg/kg) preliminary data shows 2 patients with PR and 1 patient with VGPR from 6 evaluable patients

Partial response (PR)
Very good partial response (VGPR)
Stringent complete response (sCR)

* Response data from Cohort 8 remain immature. Current follow-up is too limited to draw definitive conclusions on efficacy in Cohort 8 and additional data collection is ongoing.

HDP-101-01 – SUMMARY AND CONCLUSIONS
FAVORABLE SAFETY AND EFFICACY IN PHASE I/IIa CLINICAL TRIAL

FAVORABLE SAFETY

- Overall **mild AEs**: **no signs of ocular or renal tox, myelosuppression or liver damage**. Transient thrombocytopenia in cycle 1 with 1q3w dosing only
- The implementation of new treatment optimization from Cohort 6 **mitigated thrombocytopenia**
- **No cumulative toxicity** in long-term treated patients (20+ months)
- No lung toxicity

PK PROFILE

PK data of Cohort 8 reveals comparable PK to previous cohorts as all analytes appear dose-linear with respect to AUC0-21d and Cmax and PK Simulations reveal no substantial deterioration of LFTs for treatment with next dose level at 175 µg/kg

PRELIMINARY EFFICACY

- Multiple responses were seen (from 90 µg/kg) across different dosing arms, confirming that changes in the dose distribution **maintained the anti-tumor effect** while improving drug tolerability
- We observed **36% ORR in Cohort 5 to 8** with 10 responders out of 28 patients (8 PR, 1 VGPR and 1 sCR)
- At the current **highest dose of 140 µg/kg**, we observed **50% ORR**, with 3 responders out of 6 patients (2 PR and 1 VGPR)

Based on the favorable safety profile, clinical trial continues with further dose escalation in Cohort 9.
Delivery of RP2D is expected in 2026

ACKNOWLEDGEMENTS

We sincerely thank:

- **Patients and their families**
- **Investigators, study coordinators, research nurses and site staff**
- **Collaborating institutions and partners**