Filed pursuant to Rule 433 of the Securities Act of 1933
Issuer Free Writing Prospectus dated July 1, 2021
Relating to the Preliminary Prospectus dated July 1, 2021
Registration Statement File No. 333-256572

context therapeutics

Advancing Medicines For Female Cancers

Context Therapeutics Inc.

## Forward Looking Statement

Except for statements of historical fact, any information contained in this presentation may be a forward-looking statement that reflects the Company's current views about future events and are subject to risks, uncertainties, assumptions and changes in circumstances that may cause events or the Company's actual activities or results to differ significantly from those expressed in any forward-looking statement. In some cases, you can identify forward-looking statements by terminology such as "may", "will", "should", "plan", "predict", "expect," "estimate," "anticipate," "intend," "goal," "strategy," "believe," "could", "would", "potential", "project", "continue" and similar expressions and variations thereof.

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The Company has filed with the SEC a registration statement (File No. 333-256572) including a preliminary prospectus for the offering to which this presentation relates, but such registration statement has not been declared effective.

Before you invest, you should read the preliminary prospectus in that registration statement, including the “Risk Factors” set forth therein, and the documents filed as exhibits to the registration statement for more complete information about the Company and the offering. You may access these documents for free by visiting EDGAR on the SEC website at www.sec.gov.

This presentation shall not constitute an offer to sell or the solicitation of an offer to buy these securities, nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

Copies of the preliminary prospectus may be obtained for free by visiting EDGAR on the SEC web site at www.sec.gov or by contacting ThinkEquity, a Division of Fordham Financial Mgmt., Inc., 17 State Street, 22nd Floor, New York, NY 10004, by telephone at (877) 436-3673 or by email at prospectus@think-equity.com.

## Offering Summary

| | |
|---|---|
| **Issuer** | Context Therapeutics Inc. |
| **Listing** | CNTX (NASDAQ Capital Markets) |
| **Proposed Aggregate Offering** | $19,500,000 |
| **Price Range** | $12.00-$14.00 per share |
| **Shares Offered** | 1,500,000 |
| **Pre-IPO Common Shares Outstanding** as converted | 6,824,569 |
| **Use of Proceeds** | Advancing clinical development of ONA-XR, our lead PR antagonist for PR+ solid tumors, preclinical advancement of Claudin 6 bispecific, R&D working capital, general corporate |
| **Sole Book-Runner** | ThinkEquity, a division of Fordham Financial Management, Inc. |



- Clinical-stage women's oncology company headquartered in Philadelphia, PA
- Lead program is in Phase 2 development for female hormone-dependent cancers
- Up to 70% of breast, ovarian, and endometrial cancers are hormone-dependent
- Management and advisors have been associated with the development of several FDA approved products (Kisqali®, Arimidex®) for female, hormone-dependent cancers

**Women's Oncology Company**

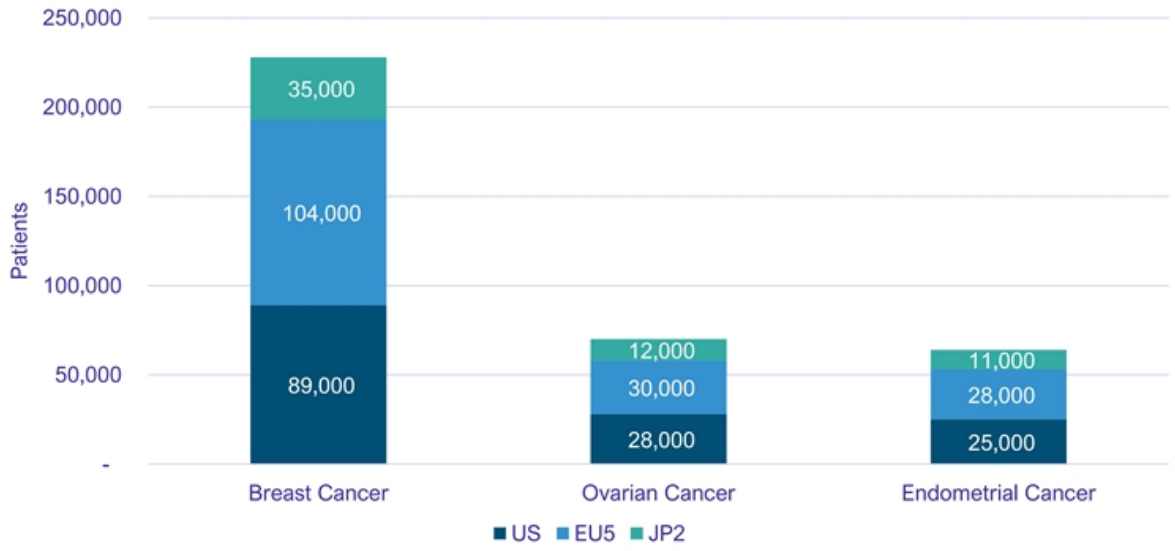
**Large Market With Significant Unmet Need**

**Lead Program in Phase 2 Development**

**Experienced Team**

## Lead Product ONA-XR Targets Female Hormone-Dependent Cancers

*Prevalence of Metastatic Female Hormone-Dependent Cancers in EU5, Japan, and US*




*Source: secondary epidemiologic estimates, 2020 estimates

## Management

**Martin Lehr**
CEO and Director

- Independent Director, Praesidia Biologics
- Director, CureDuchenne Ventures
- Senior Associate, Osage University Partners

**Tarek Sahmoud, MD, PhD**
Chief Medical Officer

- President, OncoStrategy LLC
- CMO, H3 Biomedicines
- SVP, Celgene
- SVP, Novartis Oncology

**Evan Dick, PhD**
SVP R&D

- SVP, Aclaris Therapeutics
- SVP, Ralexar Therapeutics
- SVP, Ceptaris Therapeutics
- SVP, Ception Therapeutics

**Bill Rencher, PhD**
Head of CMC and Regulatory

- President, Drug Development Solutions LLC
- Senior Director, Fulcrum Pharma Dev
- Director, CONRAD Program
- Assoc. Director, Schering Plough

**Eileen Kittrick, CPA**
Controller

- Controller, Genova Group
- Sr Dir, Siegfried Group
- Auditor, Lindquist & Joyce

**Alex Levit, Esq**
Chief Legal Officer

- Deputy GC, OptiNose
- Associate GC, Teva
- Associate, Reed Smith

## Board of Directors

**Jennifer Evans Stacey, Esq**
Independent Director

- GC, Wistar Institute
- GC, Antares Pharmaceuticals
- GC, Auxilium Pharmaceuticals

**Richard Berman, JD, MBA**
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- Director, Cryoport ($CYRX), BioVie ($BIVI)
- Fmr CEO, Easylink
- SVP, Bankers Trust

**Linda West**
Independent Director

- Director, Galera Therapeutics ($GRTX)
- CFO, multiple DuPont business units
- General Auditor, DuPont

**Philip Kantoff, MD**
Independent Director

- Chief of Medicine, Memorial Sloan Kettering Cancer Center
- Chair, Clinical Research, Dana Farber Cancer Center
- Chair, SAB, Prostate Cancer Foundation

## How We Will Advance Medicines for Female Cancers

Search and Development Model Has Precedence

LOXO ONCOLOGY · SpringWorks THERAPEUTICS · MYOVANT SCIENCES · cullinan ONCOLOGY · Vincerx PHARMA · TESARO · ACLARIS THERAPEUTICS · ignyta

Our Pipeline

| Preclinical | Mid Stage | Phase 2 |
|---|---|---|
| **CLDN6xCD3 Bispecific** Research Collaboration and License Agreement with Integral Molecular | In-licensing or Acquiring Additional Drug Candidates to Build a Fully Integrated Company Focused on Female Cancers | **ONA-XR** Acquisition from Arno Therapeutics |

## Search and Development Operating Model

# Pipeline

| Cancer | Clinical Indication | Research | Phase 1 | Phase 2 | Phase 3 | Upcoming Milestones | FDA Fast Track |
|---|---|---|---|---|---|---|---|
| **ONA-XR (PR antagonist)[1]** | | | | | | | |
| Breast Cancer | 1L ER+,PR+,HER2- ctDNA$^{high}$ | | | Phase 1b/2 Trial | | • First patient Mid 2021<br>• Proof of concept data 2022 | |
| | 2L/3L ER+,PR+,HER2- Post-CDK4/6 inhibitor | | | Phase 2 Trial | | • First patient Mid 2021<br>• Proof of concept data 2022 | |
| Ovarian Cancer | Recurrent PR+ Granulosa Cell | | | Phase 2 Trial | | • Clinical update 1H 2021 | ✓ |
| Endometrial Cancer | Recurrent PR+ Endometrioid | | | Phase 2 Trial | | • First patient Q2 2021 | |
| **CLDN6xCD3 bispecific antibody** | | | | | | | |
| | Ovarian & Endometrial Cancer | | | | | • IND enabling studies 2022 | |



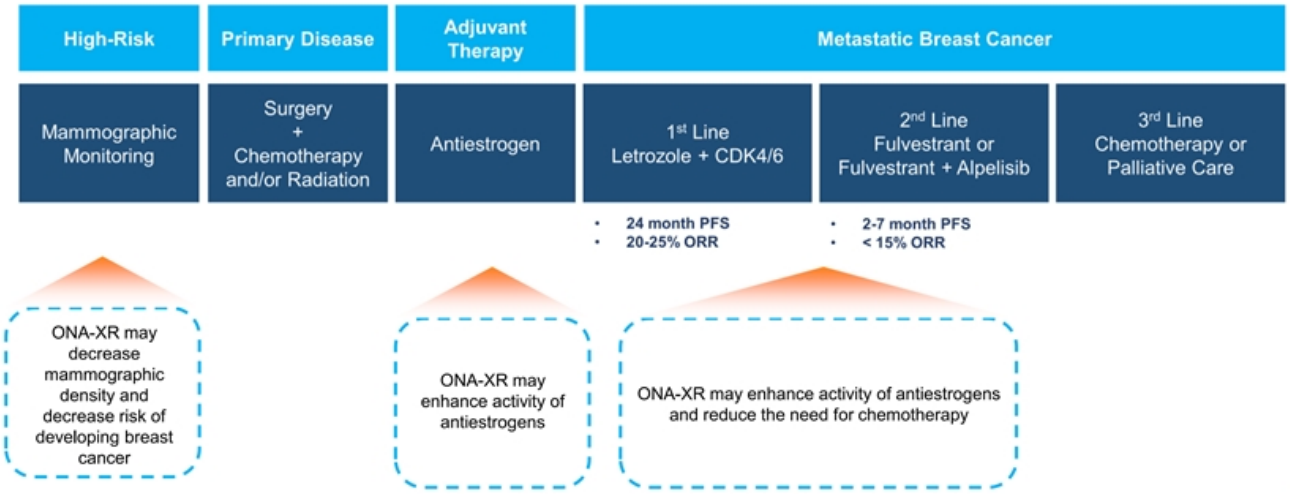
(1) Tyligand Biosciences Ltd licensed rights to ONA-XR in China, HK, Macau

# ONA-XR

## Progesterone Receptor Antagonist

# ONA-XR: Oral PR Antagonist for ER+,PR+,HER2- Breast Cancer

- Up to 70% of breast cancer patients have hormone-dependent disease referred to as ER+,PR+,HER2-
- For these patients, estrogen deprivation (via anti-estrogen) therapy is the core treatment modality
- Anti-estrogen resistance leads to poor treatment response in later treatment lines
- Unmet need for a new therapy that can overcome anti-estrogen resistance



# Vast Market Opportunity for ONA-XR in Hormone-Driven Breast Cancer

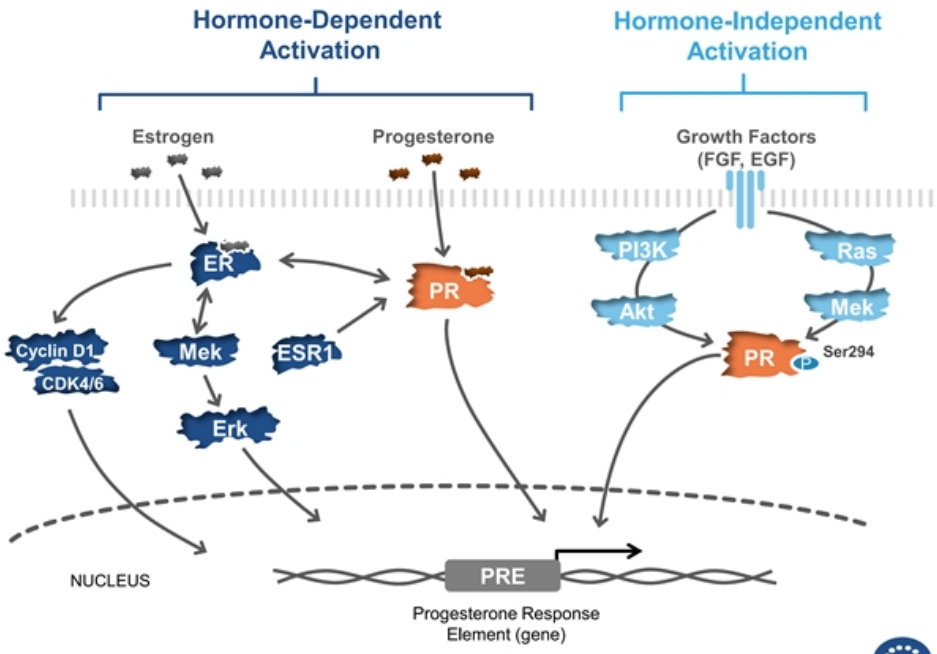



Highest projected or historical annual peak sales for currently marketed products in breast cancer; includes historical years for drug classes with generic competition; based on data from EvaluatePharma as of July 2020

# ONA-XR Works by Blocking PR Activation of Cancer Signaling Pathways

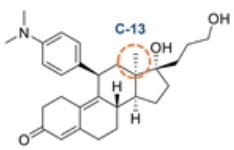
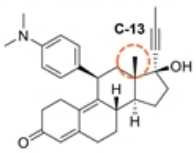
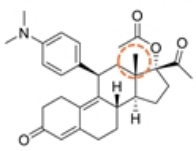
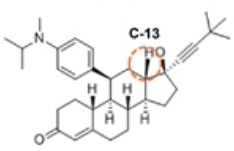
## How Onapristone Works

- Onapristone prevents progesterone receptor (PR) dimerization and nuclear translocation
- Onapristone is the only PR antagonist to block both progesterone and growth-factor mediated activation of PR



# ONA-XR is a Full PR Antagonist

Full Antagonist

| | ONA-XR | MIFEPRISTONE (Korlym™) | ULIPRISTAL ACETATE (Esmya™) | ORIC-101 (Oric Pharmaceuticals) |
|---|---|---|---|---|
| **PR Classification** | **Full Antagonist** | Partial Antagonist | Partial Antagonist | Partial Antagonist |
| **Configuration** | **3-Dimensional** | Flat | Flat | Flat |
| **Chemical Structure** |   |   |   |   |
| **Selectivity** | | | | |
| PR / AR | **32** | 4 | 5 | n.d. |
| PR / GR | **47** | 2 | 2 | 0.3 |
| **Side Effects** | **Fatigue** | abdominal pain, uterine cramping, nausea, vomiting, and diarrhea | headache, nausea, feeling tired, and abdominal pain | cortisolemia, nausea |
| **Response Rate** 1L mBCa | **56%** | 10% | n.a. | n.a. |

# Clinical Activity Supported by Prior Studies with Immediate Release (IR) Formulation

| Antiprogestin | Clinical Indication | Response | Positives | Limitations |
|---|---|---|---|---|
| **Onapristone Immediate Release (ONA-IR)[1]**<br><br>100mg QD | 1L (first line)<br>Breast Cancer<br>Locally Advanced or Metastatic | **56% ORR[2]**<br>**67% CBR**<br>**17.5-month DoR**<br>**14-month PFS** | **Monotherapy activity** | **Signs of transient liver enzyme elevations** |
| **Onapristone Immediate Release (ONA-IR)**<br><br>100mg QD | 2L (second line)<br>Breast Cancer<br>Metastatic | **10% ORR[3]**<br>**48% CBR** | **Monotherapy activity** | **Lack of selection for PR+ patients may underrepresent true clinical effect** |

(1) ONA-IR is not FDA approved and no longer in clinical development
(2) Robertson 1999
(3) Jonat 2002

## Our Strategy to Improve Clinical Outcomes from ONA-IR Studies

**Extended-Release Formulation (ONA-XR)** to improve safety

**Utilize PR Biomarker** for patient selection

**Incorporate New Diagnostic Technologies** to predict response for use in future trials

## Clinical Development Plan in Breast Cancer

| Treatment Line | Estimated Market Size (US)* | Standard of Care (SOC) | Unmet Need | Context Trial | Trial Status |
|---|---|---|---|---|---|
| **Adjuvant** (after Primary Disease) | >>250,000 | Antiestrogen | Enhance Antiestrogen potency; decrease progression to TNBC | **Window of Opportunity[1]** | **Enrollment Completed; Data Anticipated Q4 2021** |
| **First-Line Metastatic** | 75,000 | Antiestrogen + CDK4/6i | Identify and treat 20% of patients who are at high risk of early relapse | **1L ER+,PR+,HER2- (ctDNA$^{high}$)[2]** | **Study Open** |
| **Second / Third Line Metastatic** | 35,000 | Fulvestrant or Fulvestrant + PI3Ka | Weak tumor response to current SOC | **2L/3L ER+,PR+,HER2- (post-CDK4/6i)[3]** | **Study Open** |

**Our Trials are Each Designed to Address a Specific Clinical Unmet Need**

(1) NCT04142892; (2) NCT04872608; (3) NCT04738292

*Source: secondary epidemiologic estimates, 2020 estimates

# Additional Clinical Opportunity in Gynecologic Cancers

| Cancer | Estimated Market Size (US)* | Standard of Care (SOC) | Unmet Need | Context Trial | Trial Status |
|---|---|---|---|---|---|
| **Recurrent Endometrial** | 25,000 | Lenvima + Keytruda | Limited treatment options after recurrence | **Combination with Anastrozole in PR+ patients[1]** | **Study Open** |
| **Recurrent Granulosa Cell Tumor of Ovary** | 5,000 | Physician's Choice | No FDA approved products in recurrent setting | **Combination with Anastrozole in PR+ patients[2]** | **Monotherapy Phase Complete; Combination Study Open** |

**Progesterone Receptor is an Emerging Target in Gynecologic Cancers**

(1) NCT04719273; (2) NCT03909152

*Source: secondary epidemiologic estimates, 2020 estimates

## Summary

**ONA-XR**

- ONA-XR is an oral, full progesterone receptor (PR) antagonist
- PR is a validated clinical target in breast cancer, emerging target in gynecologic cancers
- IP protection through 2034, assuming no additional patent filings

**Large Market Opportunity**

- Hormone driven cancer (breast, ovarian, endometrial) are large and growing markets
- Unmet need to address resistance to antiestrogens and new products

**Near-Term Value Creation**

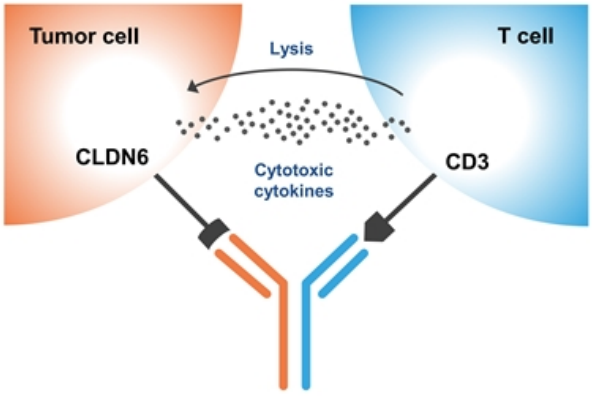
- Multiple Phase 2 studies across PR+ breast, ovarian, and endometrial cancers
- Utilization of novel diagnostic technologies provides early readout of clinical activity

# Claudin 6 Program

# CLDN6 x CD3 Bispecific Antibody

*Designed to Recruit Cytotoxic T-cells to Claudin 6-expressing Tumors*

- **Unique Drug Target**
  Claudin 6 (CLDN6) is an oncofetal membrane protein target expressed in multiple hormone-dependent cancers and absent from healthy adult tissues
- **Target Cross-Reactivity is Major Challenge**
  CLDN6 is structurally similar to CLDN9, which is required for normal hearing and maintaining the gut epithelial barrier[1,2]
- **Overcomes Cross-Reactivity Challenge**
  Several global pharmaceutical companies are developing anti-CLDN6 antibodies, but due to close structural homologies with other claudins, especially CLDN9, to our knowledge there are no highly selective inhibitors of CLDN6 in clinical development




**CLDN6 x CD3 bispecific antibody**

[1] Sineni, Hum Genet, 2019
[2] Vecchio, PNAS, 2019

## Competitive Landscape

Competition differentiated by stage, drug format, and Claudin 6 selectivity

| | Context | BioNTech | Abbvie |
|---|---|---|---|
| **Program** | Confidential | BNT211<br>BNT142 | SC-004 |
| **Antibody Format** | CLDN6xCD3<br>Bispecific | CLDN6 CAR-T,<br>CLDN6xCD3 (bi(sFc)) | CLDN6/9<br>ADC |
| **Stage** | Preclinical | Phase 1,<br>Phase 1 | Phase 2 |
| **Status** | Active | Active[i] | Deprioritized[ii] |
| **Selectivity CLDN6:9** | **>100x** | **7x** | **1x** |

The Company has performed head-to-head in vitro studies comparing CLDN6 monoclonal antibodies. These antibodies were derived from publicly available reports published independent of the Company and may differ in material ways from the actual antibody that is in development.



(i) BNT211: NCT04503278; BNT142 Ph 1 initiation 2H 2021 (ref: BioNTech Corp Presentation June 1, 2021)
(ii) Hamilton, Cancer Research, 2020

## Summary

- Precision Medicines Meets Immunotherapy
- Claudin 6 is Enriched in Multiple Cancers
- Opportunity to be 1st/2nd in Market Based on Current Competition
- Entering IND Enabling Studies in 2022

## Corporate

## Anticipated Use of Proceeds: $19,500,000[1]

| | Activity | Description | Capital Allocation[2] |
|---|---|---|---|
|  | **Clinical Development** | Complete ONA-XR Phase 2 trials | $11,000,000 |
|  | **Preclinical Development** | CLDN6xCD3 bsAb development | $3,500,000 |
|  | **General Corporate and Working Capital** | Corporate expenses | $5,000,000 |

[1] Anticipated gross proceeds are based on the midpoint of the price range included in the preliminary prospectus of $12-$14 and the 1,500,000 shares of common stock which we anticipate offering.

[2] Our expected use of gross proceeds represents our intentions based upon our current plans and business conditions. However, we cannot predict with certainty all of the particular uses for the net proceeds or the amounts that we will actually spend on the uses set forth above.

## Comparables

### Female Cancers

| | |
|---|---|
| OLEMA ONCOLOGY | **$1,223M** *IPO 2020* |
| CASCADIAN THERAPEUTICS | **$614M** *Acquired* |
| ORIC Pharmaceuticals | **$649M** *IPO 2020* |
| zentalis | **$2,197M** *IPO 2020* |

### Search and Development

| | |
|---|---|
| MYOVANT SCIENCES | **$2,083M** *Public* |
| Vincerx PHARMA | **$227M** *IPO 2020* |
| CLOVIS ONCOLOGY | **$606M** *Public* |
| cullinan ONCOLOGY | **$1,121M** *IPO 2021* |

The above listed valuations are based on the closing price of the applicable Company's common stock on Bloomberg as of June 30, 2021. These valuations are not indicative of the anticipated value of our Company as of the date of the initial public offering or at any point in the future and are not meant to imply that we have similar or equivalent operations to any of the above listed companies. Further, the above valuations are subject to change based on business and market conditions.

# Cap Table

| Capitalization (06/25/2021) | |
|---|---|
| **Common Stock** | **5,558,476** |
| **Options** | **1,266,093** |
| **Fully Diluted Common** | **6,824,569** |

# Valuation

Valuation drivers are blended values from the following:

**ONA-XR**
Multiple Phase 2 trial readouts

**Claudin 6**
Precision medicine meets immunotherapy

**Search and Development**
Opportunistic pipeline expansion

**Experienced Team**
Multiple FDA approvals in female cancers

## Partnerships

integral molecular

**Worldwide Exclusive License to CDLN6 Antibody in Bispecific Format**

- Integral Molecular to design and optimize CLDN6 x CD3 bispecific antibody
- Context to fund all development and commercial activities
- Integral received upfront payment and is eligible to receive future milestones and royalties

Tyligand 泰励生物科技

**CMC Partnership and Out-licensing of Rights to ONA-XR in Greater China**

- Tyligand to design and optimize a novel onapristone manufacturing process
- Tyligand receives license to ONA-XR in Greater China

**Value-Creating Partnerships**

**Expands Pipeline** | **Capital Efficient** | **Mutually Beneficial Economics**

## Investment Highlights

| | |
|---|---|
| Large Unmet Need | Female Cancers |
| High Value Targets | Progesterone Receptor and Claudin 6 |
| Lead Product Candidate | ONA-XR Being Evaluated in Multiple Phase 2 Trials |
| Strong Team | Deep Domain Experience, Track Record of Success |
| Near-Term Milestones | Multiple Data Readouts in 2022 |

context therapeutics

Advancing Medicines for Female Cancers

# Appendix

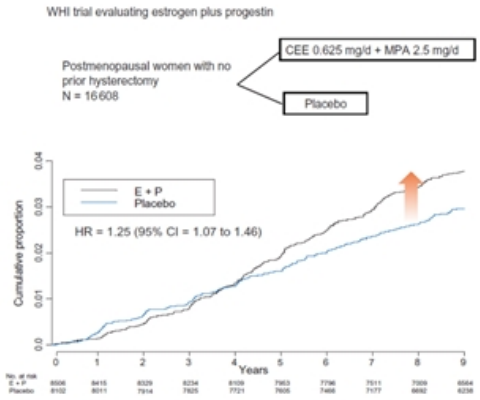
# Abbreviations

| | |
|---|---|
| **AR** | Androgen Receptor |
| **ctDNA** | Circulating tumor DNA |
| **ER** | Estrogen receptor |
| ***ESR1*** | Estrogen receptor 1 gene |
| **Ful** | Fulvestrant |
| **GR** | Glucocorticoid Receptor |
| **MAPK** | Mitogen activated protein kinase |
| **mBCa** | Metastatic breast cancer |
| **ONA-IR** | Onapristone immediate release |
| **ONA-XR** | Onapristone extended release |
| **ORR** | Overall response rate |
| **PFS** | Progression free survival |
| **PR** | Progesterone receptor |
| **PR+** | Progesterone receptor positive |
| **SERD** | Selective estrogen receptor degrader |
| **SoC** | Standard of Care |
| **WT** | Wild type |

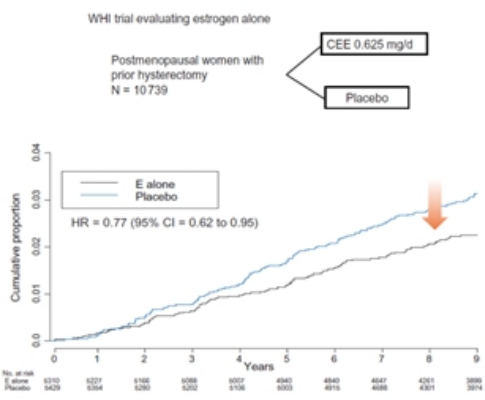
# **Epidemiologic Evidence:** Progesterone Increases Breast Cancer Risk

Progesterone promotes oncogenic progression and maintenance of stem cells, creating a reservoir of pre-malignant cells to seed metastasis. Initial evidence for this tumorigenic role is derived from longitudinal studies of the use of hormone replacement therapy in menopausal women. These studies determined that estrogen was correlated with a 23% decrease in cancer risk, whereas progesterone was correlated with a 25% increase in cancer risk (Horwitz 2008, Anderson 2012). **The conclusion of this finding is that blocking progesterone function via anti-progestin therapy may be beneficial in cancer patients.**

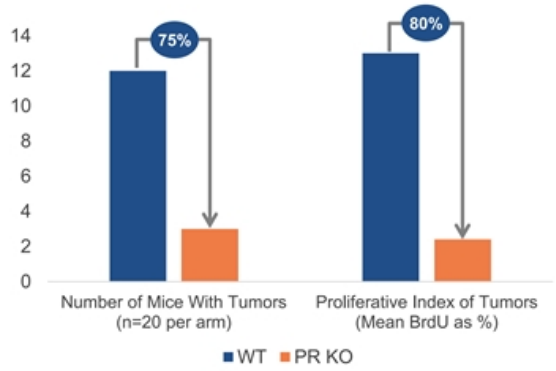
*Estrogen + Progestin HRT*
**25% increase** cancer risk



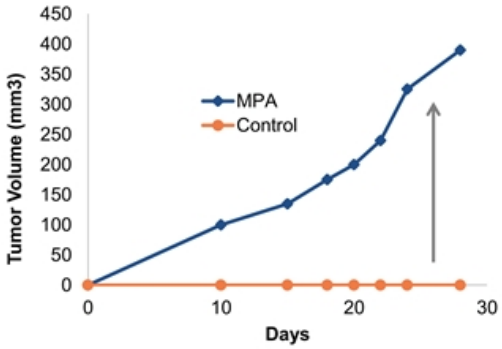

*Estrogen HRT*
**23% decrease** cancer risk



# **Target Validation:** In Vivo Models




**Progesterone Receptor Knockout (PR KO) Inhibits Tumors**
Carcinogen treated, 7,12 dimethylbenz(*a*)anthracene (DMBA), pituitary-isografted mice, there was a marked reduction in mammary tumor incidence at week 44 in PRKO mice as compared with isogenic wild types (WT).
*(Adapted from Lydon)*




**Progesterone Stimulates Tumors**
Progestin-induced mammary carcinomas were subcutaneously transplanted into the flank of female BALB/c mice treated or non-treated with synthetic progesterone - medroxyprogesterone acetate (MPA).
*(Adapted from Lanari)*

## Progesterone Receptor Regulates Tumor Growth

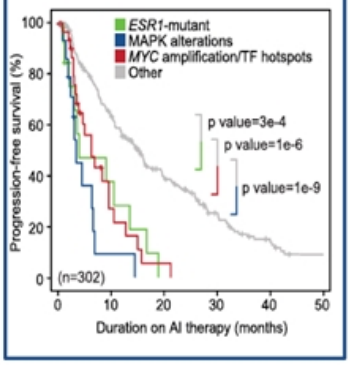


Lydon, Cancer Research, 1999
Lanari, Endocrine-Related Cancer, 2009

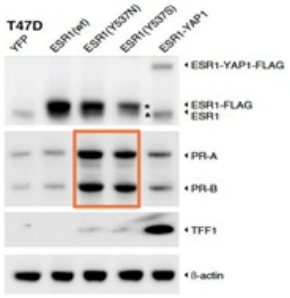
# ONA-XR Active in Hard-to-Treat *ESR1* Mutations

- 20-35% of ER+,PR+,HER2- metastatic breast tumors are *ESR1* mutated (hyperactive estrogen receptor) [1,2]
- Estrogen receptor mutations are associated with resistance to anti-estrogen + CDK4/6i therapy[1,2]
- ESR1 mutations stimulate PR expression and induce PR activity[3]

## Mechanisms of Resistance

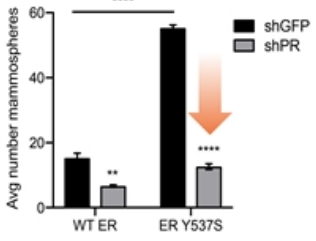



## *ESR1* Mutations Stimulate PR



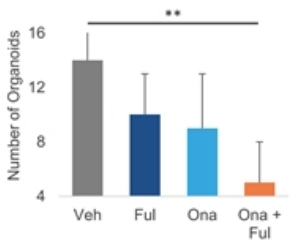

T47D cells stably transduced with ESR WT and point mutants and were grown in CSS medium for 8 days, followed by western blot

## *ESR1* Mutants Require PR for Growth




MCF7 WT and MCF7 ESR1:Y537S$^{hom}$ were stimulated with estradiol and treated with vehicle (shGFP) or treatment (shPR) for 5 days

## Synergy in *ESR1* Mutant Model




Patient-derived ER+,PR+ / ESR1mutant organoids (WHIM20), stimulated with estradiol (E2) and treated with onapristone (100nM), fulvestrant (100nm), or both for 5 days

[1] ESR1 Mut: Bartels, Mod Path, 2018; Lopez-Knowles, BJC, 2018
[2] MAPK: Razavi, Cancer Cell, 2018; de Leeuw, Clin Cancer Res, 2018
[3] PR Activity: Lopez-Knowles, BJC, 2018; Li, Cell Reports, 2013

# Onapristone Clinical Experience

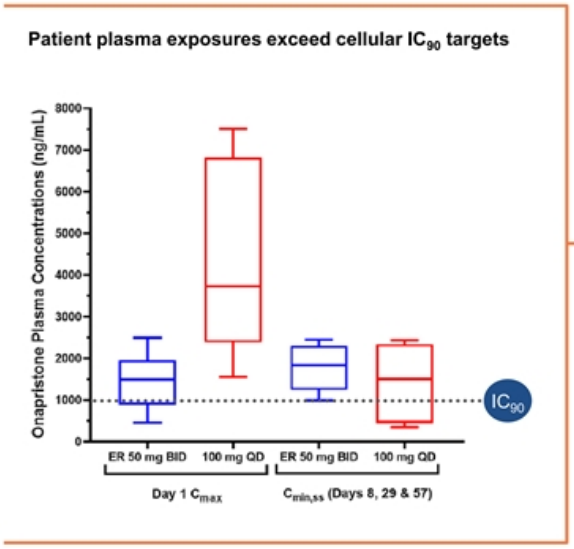
| Antiprogestin | Stage | Patients (n) | Clinical Indication | Prior Treatments Median (Range) | Biomarker | Data | Reference |
|---|---|---|---|---|---|---|---|
| **Onapristone IR (100mg QD)** | Phase 2 | 19 | Breast Cancer<br>Locally Advanced or Metastatic | Hormone naïve | | **56% ORR, 17.5-month DoR**<br>**67% CBR**<br>**14.0 month PFS** | Robertson 1999 |
| **Onapristone IR (100mg QD)** | Phase 2 | 101 | Breast Cancer<br>Metastatic | 1 (1-2) | | **10% ORR**<br>**48% CBR**<br>**4.0 month PFS** | Jonat 2002 |
| **Onapristone XR (50mg BID)** | Phase 2 | 14 | Granulosa Cell Tumor of Ovary<br>Metastatic | 4 (2-17) | PR+ | ***57% DCR**<br>***21% 6-month PFS** | Ongoing |
| **Onapristone IR (10 - 50mg BID) ±Abiraterone** | Phase 1b/2 | 36 | Castrate Resistant Prostate Cancer<br>Active progression on Abiraterone | 2 (1-4) | PR+ | **ONA-XR (10-50 mg)**<br>**2.8 month PFS**<br>**ONA-XR (50 mg) + Abiraterone**<br>**4.4 month PFS** | Jayaram 2017 |
| **Onapristone XR (10 - 50mg BID)** | Phase 1 | 20 | Breast Cancer<br>Metastatic | 9 (2-14) | PR+ | **25% DCR**<br>**15% 6-month PFS** | Cottu 2018 |
| **Onapristone XR (10 - 50mg BID)** | Phase 1 | 13 | Ovarian Cancer<br>Metastatic | 4 (2-10) | PR+ | **8% ORR**<br>**31% 6-month PFS** | Cottu 2018 |



* = immature data
IR = immediate release; XR = extended release

# **Safety:** ONA-XR Has Improved Tolerability Over ONA-IR

## ONA-XR Has Lower Cmax and Equivalent Cmin Compared to ONA-IR[1]




## ONA-XR Significantly Reduced Rate of Liver Enzyme Elevations[1]

| Study | Robertson 1999 | | Jayaram 2017, Cottu 2018 |
|---|---|---|---|
| **Drug** | Onapristone IR | | ONA-XR |
| **Dose** | 100 mg QD | | 10-50 mg BID |
| **Patients (n)** | 19 | | 88 |
| **Liver Related TEAE (all grades); n (%)** | | | |
| ALT increased | 12 (63.2) | ↓ | 9 (10.2) |
| Blood ALP increased | 7 (36.8) | ↓ | 6 (6.8) |
| Blood bilirubin increased | 4 (21.1) | ↓ | 3 (3.4) |
| GGT increased | 10 (52.6) | ↓ | 14 (15.9) |
| ALT> 3X and bilirubin >2X with ALP >2X | 0 (0.0) | ↔ | 0 (0.0) |



[1] Lewis, Drug Safety, July 2020

# ONA-XR: Summary of Cumulative Serious Adverse Events*

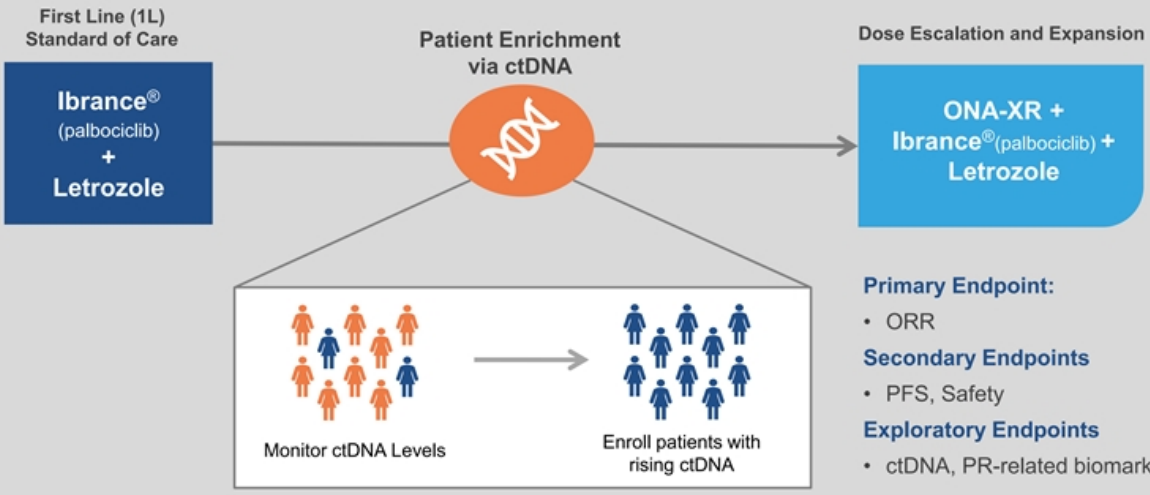
| System Organ Class Preferred Term | Overall (N=128) n (%) | 10mg BID (N=16) n (%) | 20mg BID (N=18) n (%) | 30mg BID (N=15) n (%) | 40mg BID (N=14) n (%) | 50mg BID (N=47) n (%)* | 100mg QD (N=6) n (%) |
|---|---|---|---|---|---|---|---|
| **Any Serious TEAE** | **34 (27)** | **7 (44)** | **7 (39)** | **6 (40)** | **3 (21)** | **9 (19)** | **1 (17)** |
| Ascites | 2 (2) | 0 | 0 | 0 | 1 (7) | 1 (2) | 0 |
| Vomiting | 2 (2) | 0 | 1 (6) | 1 (7) | 0 | 0 | 0 |
| Chest pain | 2 (2) | 0 | 1 (6) | 0 | 1 (7) | 0 | 0 |
| Pneumonia | 2 (2) | 0 | 0 | 2 (13) | 0 | 0 | 0 |
| Femur fracture | 2 (2) | 0 | 0 | 1 (7) | 0 | 1 (2) | 0 |
| Anemia | 1 (1) | 0 | 0 | 0 | 0 | 0 | 1 (17) |
| Atrial fibrillation | 1 (1) | 0 | 0 | 0 | 0 | 1 (2) | 0 |
| Syncope | 1 (1) | 0 | 0 | 0 | 0 | 1 (2) | 0 |
| Retinal artery occlusion | 1 (1) | 0 | 1 (6) | 0 | 0 | 0 | 0 |
| Abdominal pain upper | 1 (1) | 1 (6) | 0 | 0 | 0 | 0 | 0 |
| Upper gastrointestinal hemorrhage | 1 (1) | 0 | 0 | 1 (7) | 0 | 0 | 0 |
| Volvulus | 1 (1) | 0 | 0 | 0 | 0 | 1 (2) | 0 |
| Death | 1 (1) | 0 | 0 | 0 | 0 | 1 (2) | 0 |
| Pyrexia | 1 (1) | 0 | 1 (6) | 0 | 0 | 0 | 0 |
| Portal vein thrombosis | 1 (1) | 1 (6) | 0 | 0 | 0 | 0 | 0 |
| Abdominal wall abscess | 1 (1) | 1 (6) | 0 | 0 | 0 | 0 | 0 |
| Post procedural cellulitis | 1 (1) | 0 | 0 | 0 | 1 (7) | 0 | 0 |
| Pyelonephritis | 1 (1) | 0 | 0 | 0 | 0 | 0 | 1 (17) |
| Sepsis | 1 (1) | 0 | 0 | 0 | 0 | 1 (2) | 0 |
| Aspartate aminotransferase increased | 1 (1) | 1 (6) | 0 | 0 | 0 | 0 | 0 |
| Hypercalcaemia | 1 (1) | 0 | 0 | 0 | 1 (7) | 0 | 0 |
| Hyperkalaemia | 1 (1) | 0 | 0 | 0 | 1 (7) | 0 | 0 |
| Hyponatraemia | 1 (1) | 0 | 0 | 0 | 1 (7) | 0 | 0 |
| Hydronephrosis | 1 (1) | 0 | 0 | 0 | 0 | 0 | **1 (17)** |
| Urinary retention | **1 (1)** | **0** | **0** | **1 (7)** | **0** | **0** | **0** |



* As of Dec 31, 2020

# First Line Metastatic Breast Cancer[1]

Phase 1b/2 Adaptive Trial utilizing ctDNA for Selection of Patients Who Are at High Risk of Early Relapse




**Primary Endpoint:**

- ORR

**Secondary Endpoints**

- PFS, Safety

**Exploratory Endpoints**

- ctDNA, PR-related biomarkers

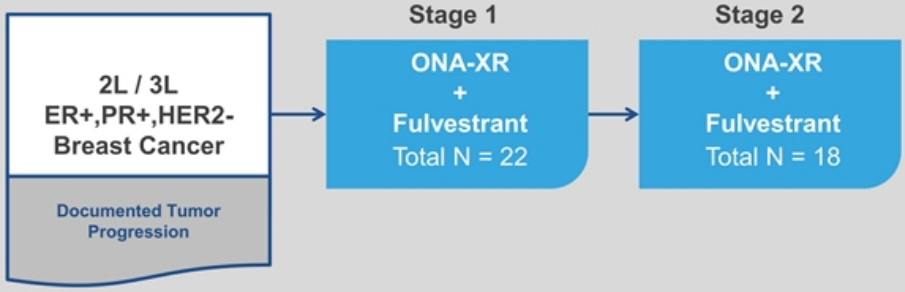
**Potential Whitespace Opportunity Within 1L HR+,HER2- mBCa**



[1] NCT04872608

## Second / Third Line Metastatic Breast Cancer[1]

Phase 2 Trial Evaluating Complete Hormone Blockade in Women Who Progressed on Prior Therapy in the Metastatic Setting




**Endpoints:**

- Primary: ORR
- Secondary: ctDNA, PFS, safety

**Subgroup Analysis**

- *ESR1* and *PIK3CA* mutations
- PR-related biomarkers

**Intended to Establish Combination Synergy After Failure of CDK4/6 and/or PI3Kα Inhibitors**



[1] NCT04738292

## Pharmacodynamic Studies

| Study | Target Deliverables |
|---|---|
| [1]Radiolabeled Progesterone ([18]F-FFNP PET) Uptake in Tumors | • Target engagement<br>• Confirmation of recommended phase 2 dose (RP2D)<br>• Drug distribution |
| [2] Window of Opportunity in primary breast cancer | • On-target drug effects |

**Studies Seek to Confirm Target Engagement and On-target Drug Effects**



[1] NCT04738292; [2] NCT04142892

## Onapristone Intellectual Property

- Will be considered a New Chemical Entity (NCE)
- Eligible for regulatory exclusivity in all territories worldwide, outside of China*
- ANDA challenge would have to provide bioequivalence to ONA-XR
- Issued patents in the US and Japan around extended-release formulation with expiration date in 2034 + PTE
- Polymorph patent applications offer potential protection through 2034 + PTE

### Patent Family 1

- Issued in US, Japan, Canada
- Pending prosecution in other major territories
- Covering methods and compositions of ONA-XR

### Patent Family 2

- Issued in US
- Pending prosecution in other major territories
- Covering onapristone polymorphs



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