Eleison PHARMACEUTICALS INC.

Providing New Hope for Patients with Rare Cancers

Next-Generation Chemotherapeutic Agents

Edwin Thomas

Founder & CEO

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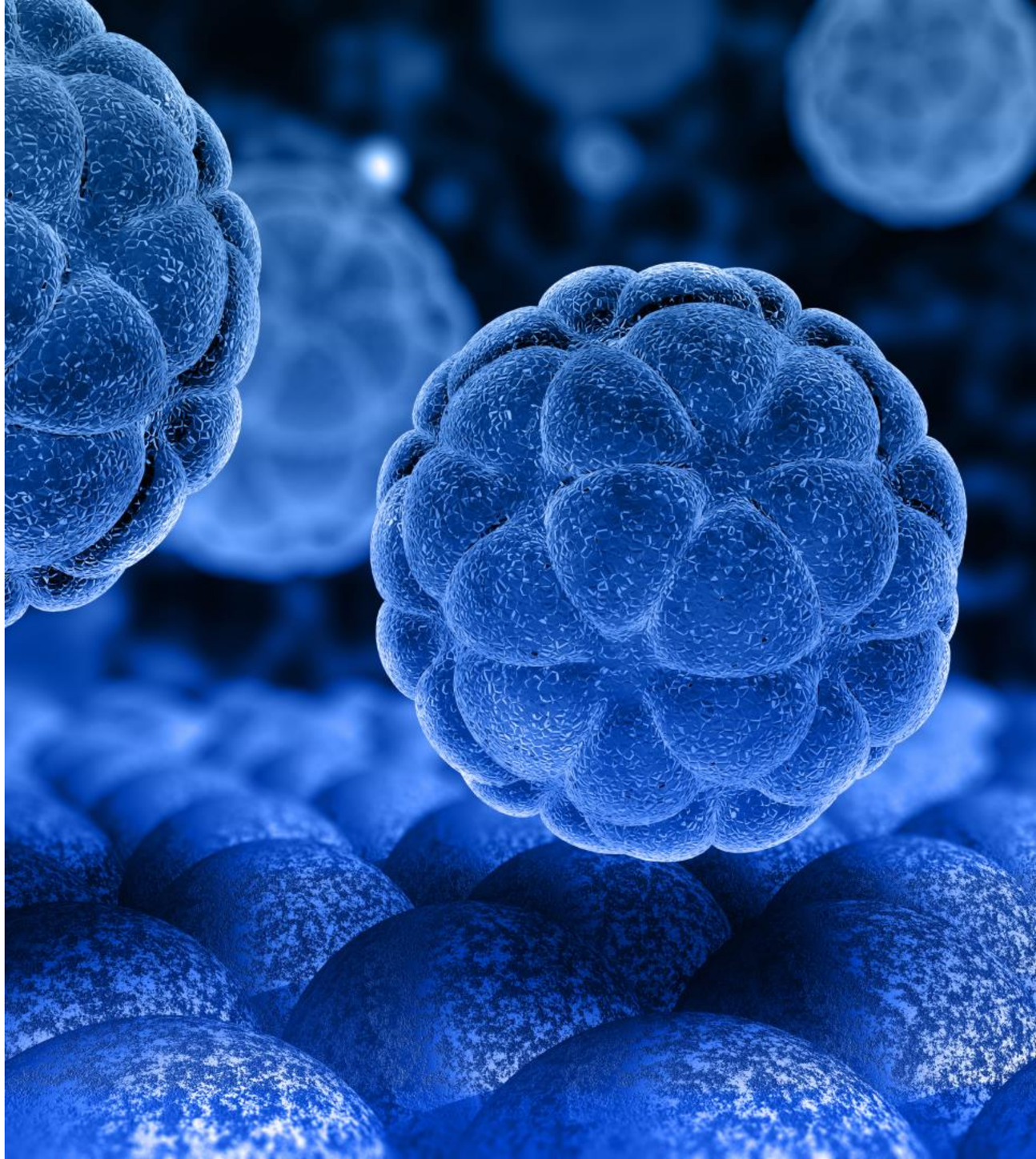
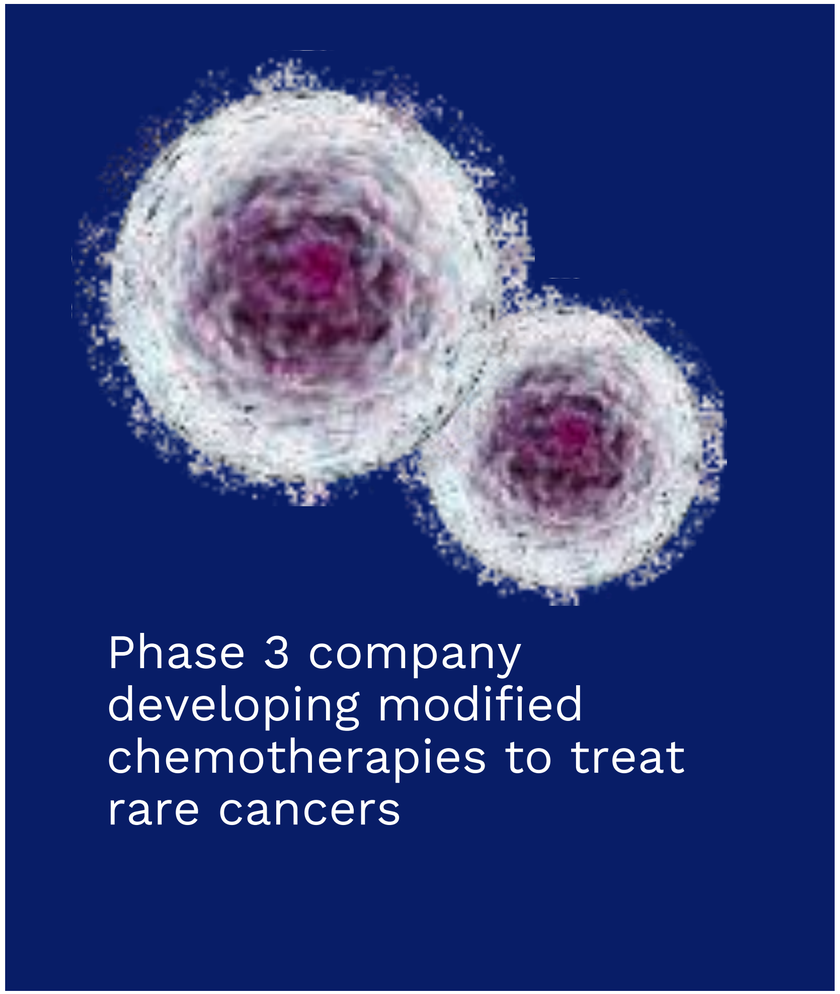


Executive Summary - *Next Generation Targeted Chemotherapy*



- Our advanced clinical-stage chemotherapeutic agents enhance tumor specificity and reduce systemic toxicity of standard-of-care parent compounds
- Our drug candidate glufosfamide is engineered to target cancer cells (pancreatic cancer), and our drug candidates ILC and DBD engineered to target cancer sites (lung and brain)
- Significantly de-risked: Our active therapeutic agents have long histories of clinical success, with modifications to improve safety, efficacy, and cancer-specific targeting
- Near-term commercialization opportunity: Phase 3 trial of glufosfamide for pancreatic cancer underway, planned NDA 2027
- Multi-billion dollar markets and orphan drug designations for all of our assets, with active pharma deals to capture global markets

Chemotherapy remains the backbone of cancer treatment, despite advances in immuno-oncology and cell therapy

Average improvement in response rate with chemo-immunotherapy versus immunotherapy alone

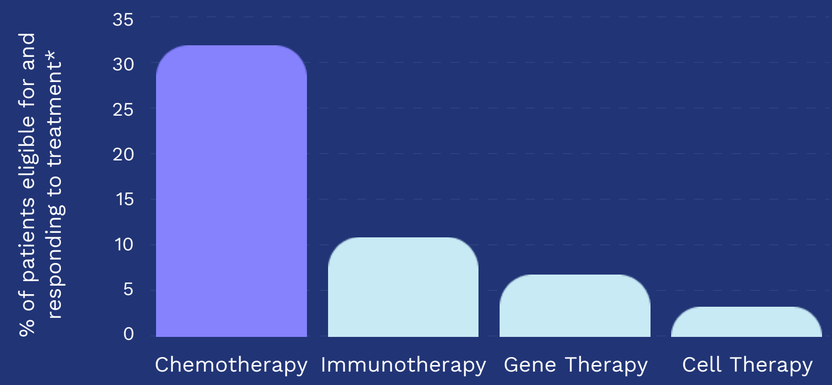
50%

79%

Of advanced-stage cancer patients are recommended chemotherapy as a first-line agent

The widespread use and proven efficacy of chemotherapy support investment in improving its safety, efficacy, and specificity

More patients are eligible for and respond to chemotherapy than other treatment modalities



*Across all solid tumor indications. “Eligible for and responding to” = % patients eligible x objective response rate.
Ref: Maldonado et al 2020, Sordo-Bahamonde et al 2023, Haslam et al 2020, Haslam et al 2021, Haslam et al 2024

PIPELINE

Phase 3 clinical trials underway or pending for multiple rare cancer indications

Program	Indication	Preclinical	Phase 1	Phase 3	Phase 3	
GLUFOSFAMIDE	Second-line pancreatic cancer			Currently Enrolling		Marketing rights out-licensed in S. Korea (Daewoong) and Israel (Rafa)
ILC (Inhaled Lipid-Complexed Cisplatin)	Small cell lung cancer			Phase 3 to Commence 2026		Marketing rights out-licensed in China (Intelgen)
ILC (Inhaled Lipid-Complexed Cisplatin)	Pediatric osteosarcoma			Phase 3 Protocol Ready		
DBD (Dibromodulcitol)	Brain cancer			Phase 3 to Commence 2026/27		

Orphan drug designations for all three drug candidates

Glufosfamide: Phase 3 ongoing for Pancreatic Cancer

Active against several tumor types, including pancreatic cancer

>67,000 new cases each year in the U.S., >510,000 worldwide

3rd leading cause of cancer death in the U.S.

>$1 billion annual revenue potential

Currently enrolling in a 480 patient phase 3 pancreatic cancer trial

Evaluated in >475 patients to date - safe and active in several indications

Phase 3 trial by prior sponsor indicated 25% improved survival benefit, and informs design of current clinical trial

Orphan Drug Designation in U.S. and Europe, and multiple issued and pending patents

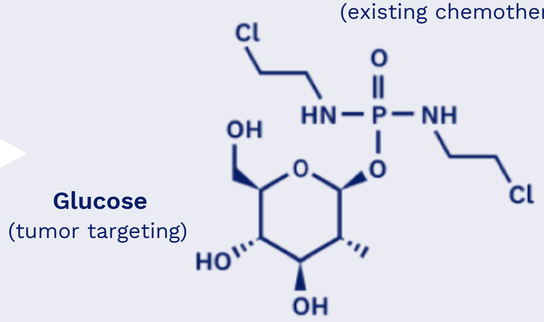
Key partnerships in S. Korea and Israel

I.V. administration, every three weeks

DE-RISKING DRUG DEVELOPMENT

Glufosfamide is created by chemically bonding glucose to ifosforamide mustard, the active moiety of a commonly prescribed chemotherapeutic (ifosfamide) for several cancers (testicular, sarcomas, NSCLC, lymphoma)

Ifosforamide Mustard
(existing chemotherapy)



Glucose
(tumor targeting)

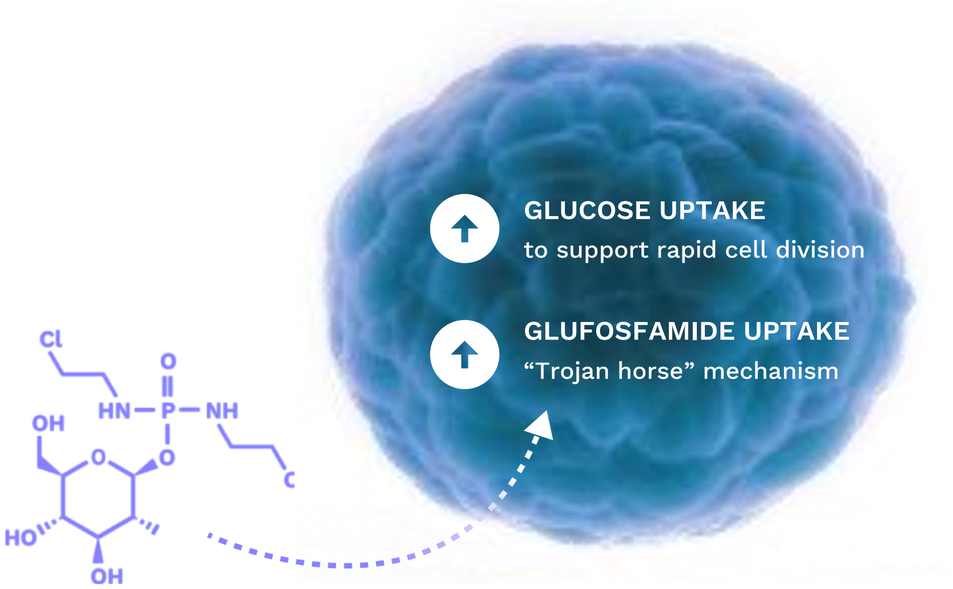
CANCER TARGETING

- Enhances tumor targeting due to tumors' rapid uptake of glucose
- Cancer cells have much higher proportion of glucose transporters (compared to normal cells) to bring glucose into the cancer cells
- Glufosfamide is concentrated in cancer cells – improving efficacy and reducing toxicity

MECHANISM OF ACTION

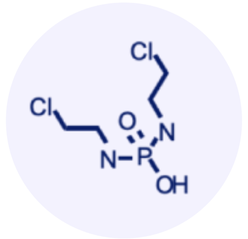
Glufosfamide shows enhanced tumor targeting and reduced toxicity compared to ifosfamide

Enhanced Tumor Uptake

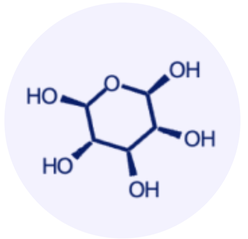


Rapidly dividing cancer cells demonstrate preferential glufosfamide uptake due to increased expression of glucose transporters

Glufosfamide Has No Toxic Metabolites

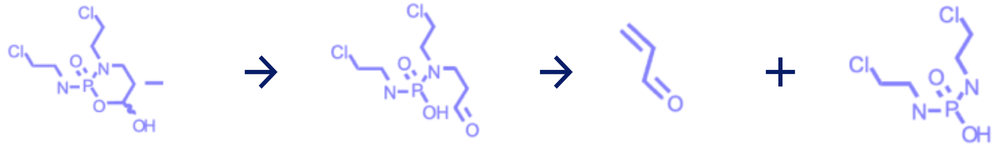


IFOSFORAMIDE MUSTARD
Active metabolite, causes DNA breakage, leading to cell death



GLUCOSE
Harmless sugar

COMPARE HIGHLY TOXIC IFOSFAMIDE METABOLITES



4-HYDROXYIFOSFAMIDE
Neurotoxic

ALDOIFOSFAMIDE
Neurotoxic

ACROLEIN
Urotoxic

IFOSFORAMIDE MUSTARD

DATA

Clinical trials to date demonstrate good tolerability and response rate

Phase 3 Trial by previous sponsor was underpowered and did not exclude insulin-taking patients, but showed promising results

PRIOR CLINICAL STUDIES

Well tolerated in >475 cancer patients

PHASE 1

Four Phase 1 studies:

- 104 patients
- Solid tumors
- Clinical response rate of 43%, range of 31%-61% (stable disease or betterAClinical response rate of 44%, range of 27%-69% (stable disease or better)
- 1 Complete Response (CR) in patient with histologically confirmed pancreatic cancer, > 10-year survival

PHASE 2

Nine Phase 2 studies:

- 232 patients
- Two studies each for pancreatic and lung cancer, and single studies in colon cancer, breast cancer, brain cancer, ovarian cancer, and soft tissue sarcoma
- Clinical response rate of 43%, range of 31%-61% (stable disease or better)
- Highest response rate of 61% was in pancreatic cancer

PHASE 3

One Phase 3 Study:

- 303 patient randomized controlled study
- Good clinical benefit - 25% improvement in median survival; 33% clinical response rate (stable disease or better)
- P-value of 0.187, did not achieve sufficient statistical significance for regulatory approval – this trial conducted by the prior sponsor had several limitations, including lack of statistical power and did not exclude patients taking insulin

SAFETY

Glufosfamide has an attractive safety profile

Safety Data from Prior Sponsor Phase 3 Trial

Reported Grade 3/4/5 Adverse Events[1]

Preferred Term	Glufosfamide (N=141)	BSC[4] (N=145)
Overall	*63 (45%)*	*44 (30%)*
Abdominal pain[2]	11 (8%)	13 (9%)
Asthenia	10 (7%)	9 (6%)
Vomiting	7 (5%)	2 (1%)
Nausea	6 (4%)	2 (1%)
Deep vein thrombosis	5 (4%)	1 (1%)
Renal failure[3]	5 (4%)	0 (0%)
Anorexia	3 (2%)	2 (1%)
Fatigue	3 (2%)	2 (1%)
Back pain	2 (1%)	6 (4%)
General health deterioration	0 (0%)	4 (3%)
Ischaemic stroke	0 (0%)	3 (2%)

[1] AEs occurring in at least 3 patients in one arm

[2] Includes preferred terms of abdominal pain and abdominal pain upper

[3] Includes preferred terms of "renal failure" and "renal failure acute"

[4] BSC = best supportive care

Safety Comparison Glufosfamide vs. Ifosfamide

	Glufosfamide[1]	Ifosfamide[2]
"Black Box" warning	No	Yes
Requires co-administration of MESNA	No	Yes
Adverse Event: hematuria (all grades)	1%	44%
Adverse Event: nausea (all grades)	29%	58%
Adverse Event: alopecia (all grades)	8%	90%
Adverse Event: Leukopenia (grades 3/4/5)	3%	44%
Adverse Event: Thrombocytopenia (grades 3/4/5)	1%	5%

1. Adverse events from prior sponsor phase III study.
2. Adverse events from Baxter monograph (without MESNA).

EFFICACY DATA

Key findings from Prior Sponsor Phase 3 Clinical Trial

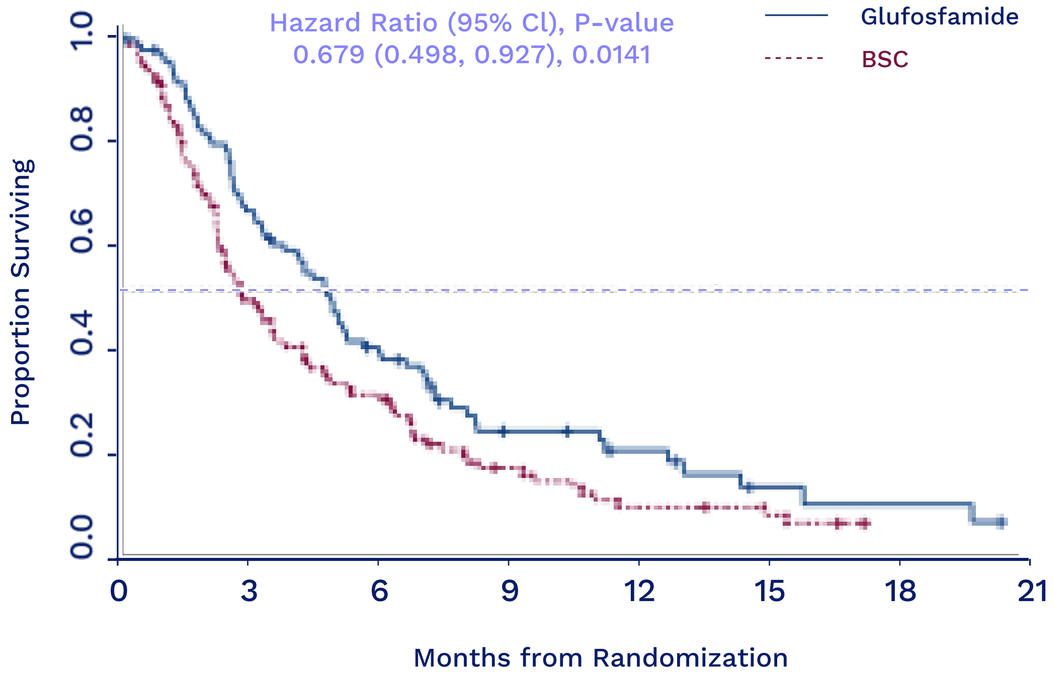
KEY CONCERNS AND OPPORTUNITIES LEARNED FROM PRIOR SPONSOR PHASE 3 TRIAL

- Underpowered – only 300 patients
  - Registrational trials of all approved principal pancreatic cancer drugs enrolled >300 patients
- Patients taking insulin adversely affected results
  - Insulin treated patients in glufosfamide arm had much lower median survival compared to the control arm
  - Threshold study would have achieved statistical significance if insulin patients had been excluded from study population

RATIONALE FOR EXLCUSION OF INSULIN-TAKING PATIENTS

- Insulin-taking Type II patients are typically highly “insulin resistant” diabetics, with impaired glucose metabolism.
- The presence of elevated insulin levels dramatically alters the biodistribution and uptake of glucose, increasing glucose transport into muscle and adipose tissue but not organ tissue (e.g., the pancreas).
- Patients undergoing sensitive FDG-PET to detect pancreatic cancer tumors must refrain from insulin use prior to scanning. Insulin alters the biodistribution and uptake of radiolabeled ^{18}F-fluorodeoxy***glucose*** (FDG) resulting in reduced or absent tumor detection.

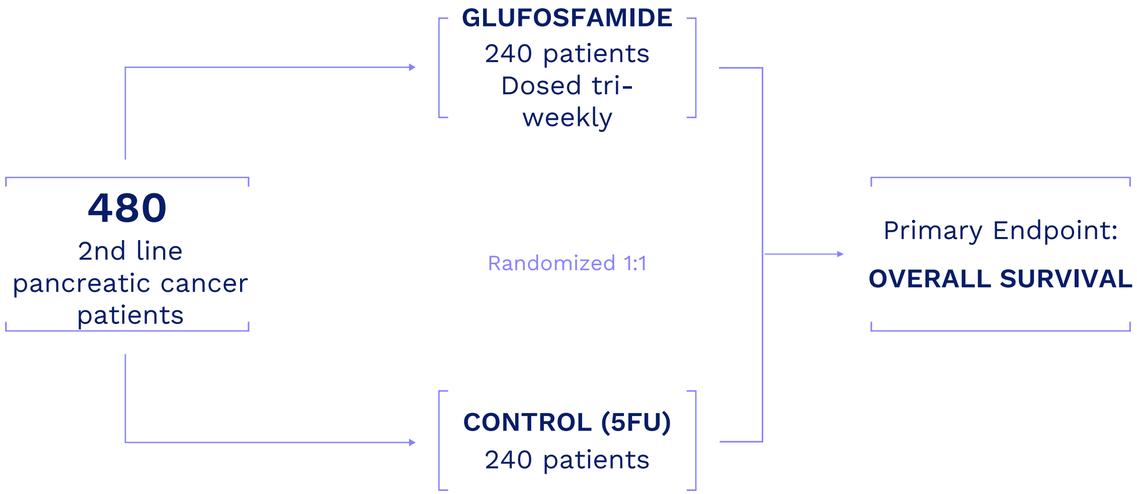
OVERALL SURVIVAL KAPLAN-MEIER CURVE
(retrospective analysis of clinical data from prior sponsor phase 3 trial, applying inclusion/exclusion criteria from current Eleison phase 3 study protocol)



ONGOING TRIAL

Planned Completion of Eleison Ongoing Phase 3 Clinical Trial by 2027

70 patients enrolled to date in U.S.



WHAT'S DIFFERENT FROM TRIAL BY PREVIOUS SPONSOR?

- Greater number of patients = increased statistical power
- Eleison's trial excludes insulin-taking patients, as insulin interferes with glufosfamide uptake by cancer cells

- Primary endpoint: overall survival (440 events)
- Secondary endpoints: PFS, etc.
- Interim analysis for futility and efficacy at 240 events
- Enrollment completion 2026/27, data readout in 2027
- SPA agreement with FDA – reduces regulatory risk
- Key opinion leader - Dr. Howard Hochster (Rutgers Cancer Institute of NJ)
- Principal investigator - Dr. Richard Kim (Moffitt Cancer Center)
- Currently enrolling
  - Active in U.S.- 70 patients enrolled thus far
  - Sites in Asia and Europe planned to open 2H2025/1H-2026
- NDA filing planned for 2027 (Awarded FDA "Fast Track" status)

ILC: Phase 3-Ready for Small Cell Lung Cancer & Pediatric Osteosarcoma

Problem: IV cisplatin is a very effective cancer cyto-therapeutic, but has poor distribution to the lungs

Solution: ILC is sustained release cisplatin in a nanoscale lipid-based complex, engineered for administration via inhalation

Maximizes drug to tumor exposure

Chemotherapy targeted to the lung

Lipid construct of cisplatin in ~0.4 µm particles deliver sustained drug release in the lung

Cisplatin concentrations in lung at least 10x higher and systemic toxicities much lower than intravenous cisplatin dosing of cisplatin.

Dosed every two weeks

New Phase 3 study for SCLC planned to begin 2026

Evaluated in 5 prior phase 1 and phase two studies in lung cancer and osteosarcoma metastatic to the lung

Clinical benefit of stable disease or better in 25%-71% of patients in prior studies

>33,000 new SCLC cases each year in the U.S., >300,000 WW

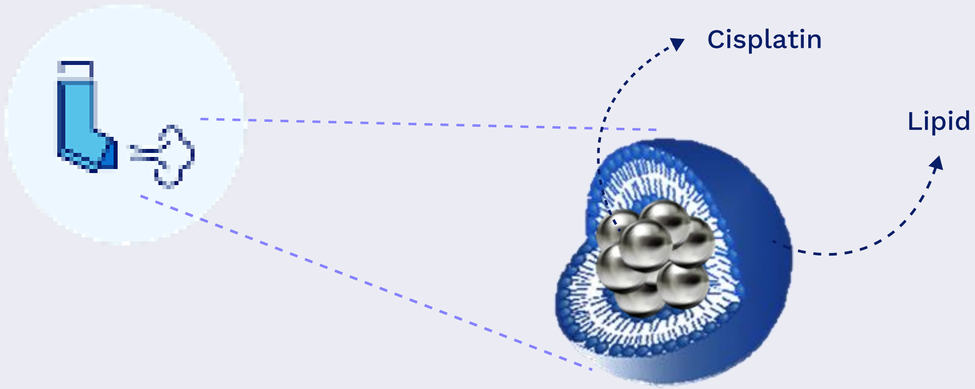
Multi-$billion dollar annual revenue potential

Orphan Drug Designation in USA and Europe, plus strong patent protection, including composition of matter

Development/marketing partnership in China (Intelgen)

DE-RISKING DRUG DEVELOPMENT

ILC is created by bonding lipid layers to cisplatin, a widely used chemotherapeutic for multiple cancer types, including lung cancer



MECHANISM OF ACTION

Lipid-complexed construction enables inhalation route of exposure, targeting lung, limiting systemic toxicity

STANDARD CISPLATIN

Non-targeted (intravenous)

- Standard chemotherapy taken up by all parts of the body, but not equally
- Cisplatin goes to lung, but less than other body tissues
- Cisplatin goes to body tissues with no cancer - unnecessary toxicity

ILC

Inhaled Lipid-complexed Cisplatin

Targeted (inhaled)

- ILC goes only to lungs
- Sustained release – maximizes “AUC” (maximizes drug to tumor exposure)
- Cisplatin concentration in lungs higher than intravanous administration
- No systemic toxicity to non-lung tissues

DATA

ILC has been successful in Phase 1 and Phase 2 trials for lung cancer and pediatric osteosarcoma

Five Previous Studies Indicating an ILC Clinical Benefit* of 25% - 68% despite all patients having been refractory to or experiencing recurrence after prior IV cisplatin treatment (that is, clinical benefit was experienced in cisplatin resistant patients).

Completed

Eleison

68% experienced prevention/delay of cancer recurrence beyond

expected recurrence based on historical data

Phase 2 Lung mets. in osteosarcoma (compl. 2017)

Prior Sponsor

58% clinical benefit

Progression-free survival >1 year for 3 of 19 patients, complete response for 1 patient

Phase 2 Lung mets. in relapsed/ progressive osteosarcoma

25% clinical benefit

Phase 2 Bronchoalveolar C.

67% clinical benefit

Two Phase 1 NSCLC Studies

“Clinical benefit” = complete response, partial response, or stable disease

SAFETY ILC is well tolerated, with little or no systemic toxicity

Safety Data from Eleison Phase 2 Trial

Treatment Related Grade 3 or 4 Adverse Events

Preferred Term	ILC (N=28)	Notes
Overall	*5 (18%)*	
Vomiting	1 (4%)	Resolved, patient resumed treatment
Reduction in FEV1	3 (11%)	Withdrew from study after receiving 9-13 cycles
Wheezing	1 (4%)	Resolved, patient resumed treatment

Most Common Treatment Related Grade 1 or 2 Adverse Events

Preferred Term	ILC (N=28)	Preferred Term	ILC (N=28)
Nausea	*12 (43%)*	Dyspnea	*7 (25%)*
Vomiting	8 (29%)	Hoarseness	7 (25%)
Wheezing	9 (32%)	Fever	4 (14%)
Sore throat	6 (21%)	Pain (non-cardiac)	5 (18%)

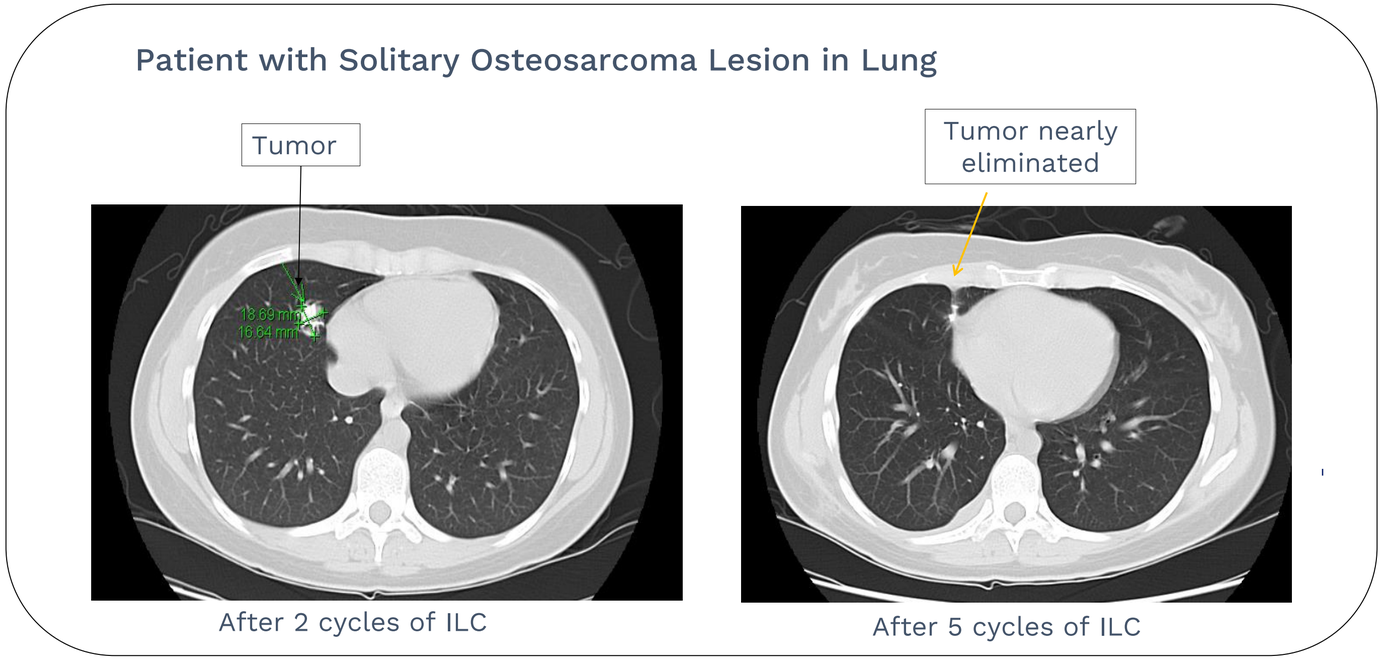
Safety Conclusions

- Safe and well tolerated – children dosed up to 26 cycles every two weeks
- PK data indicates either low or undetectable levels of cisplatin
- Little or no systemic toxicities
- Preponderance of treatment related adverse events are local toxicities
- Nearly all local toxicities are temporary and reversible
- Most serious adverse event is reduction in pulmonary function, e.g., reduction in FEV1

EFFICACY DATA

Key findings from Prior Clinical Trial Studies

- ILC has efficacy even in patients resistant to cisplatin (patients refractory or with recurrence after first-line IV cisplatin treatment)
- ILC less effective as monotherapy against bulky disease in lungs
  - Small tumors reduced or eliminated; best response against large tumors was necrosis of tumor surfaces
- **Highest and best use for ILC is to complement IV cisplatin treatment – in combination with IV cisplatin, or as maintenance therapy after first-line IV cisplatin**



UPCOMING TRIAL

Ready to initiate phase 3 trial for SCLC, to commence 2025

Planned

Eleison + Partner

260 patient trial via Asian partner (minimal Eleison capital involved)

After trial: File NDA and pursue additional indications, including NSCLC

Phase 3 SCLC (planned 2026)

Primary endpoint: Delay/prevention of pulmonary recurrences

Pivotal study design in final stages; seeking foundation support and development partner

Phase 3 Lung mets. in osteosarcoma (planned 2027)

Pivotal Phase 3 SCLC Study

- Maintenance therapy study – patients to receive ILC after completion of first-line IV cisplatin treatment
- ILC administered every two weeks for up to 26 weeks
- Primary endpoint is PFS (progression free survival); overall survival secondary endpoint
- 260 patient enrollment target, sites in U.S. and China
- Conducted under Eleison’s U.S. IND, in collaboration with Asian partner – Asian partner to pay for 75% of costs
- Enrollment completion expected 2028, data read-out in 2029

DBD: Phase 3-Ready for Primary & Secondary Brain Cancer

Oral chemotherapy which crosses the blood-brain barrier

Ideal for targeting cancers of the brain

An alkylating agent with multiple mechanisms of action - DNA crosslinking and inhibition of DNA synthesis

New Phase 3 study for brain cancer planned to begin 2026/27

Originally in development by the National Institutes of Cancer (NCI), and evaluated in multiple phase 1 and phase 2 clinical trials

Evidence of efficacy in several cancer types, including brain cancer

>24,000 new brain cancer patients each year in the U.S., >320,000 worldwide

Multi-$billion dollar annual revenue potential

Orphan Drug Designation, recent patents issued and pending in USA and worldwide

DE-RISKING DRUG DEVELOPMENT

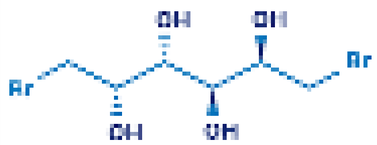
DBD is a legacy program originally developed by NCI. In a class (alkylating agents) with known efficacy against multiple cancer types.

- Large safety database
- Efficacy demonstrated in both solid and liquid tumors
- Oral drug (much easier administration than intravenous therapies)
- Active in both newly diagnosed brain cancer patients and patients resistant to standard chemotherapy

MECHANISM OF ACTION

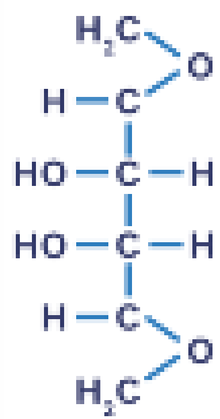
DBD is an alkylating agent & radiosensitizer

DBD



Activation

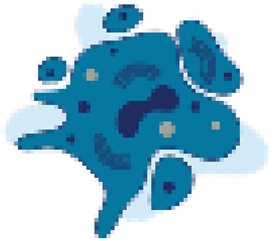
DAG



cancer cell death through multiple mechanisms

Induces inter-strand and intra-strand cross-links at guanine-N7

Double-stranded DNA breaks



Cell death (direct) & enhanced radiosensitivity

- Multiple studies suggest lack of cross-resistance even after use of other alkylators— including activity against TMZ-resistant glioblastoma
- Alkylating agent in different class than temozolomide (TMZ) which is standard of care in glioblastoma (GBM) following surgery and radiation

DATA/SAFETY/EFFICACY

Data

NIH 25+ studies with 2400+ patients

- Breast, Brain, Head & Neck, Lung, Gynecologic, Urologic, GI, Hematologic, and Soft Tissue cancers
- Effective at a range of doses
- Can be combined with radiotherapy, cisplatin, and some other chemotherapies

EU Activity
30+ studies with 3000+ patients

- Similar findings to above

Safety

- Good tolerability, with some dose-related and reversible hematologic and GI toxicity (anorexia, nausea, vomiting)
- Thrombocytopenia major toxicity
  - Potential for myelodysplasia in patients with survival over 2 years
- Pharmacology and toxicology studies available as well as many of the clinical studies
- In cerebrospinal fluid (CSF), maximum DBD levels achieved 5 hrs after oral administration, with a half-life of about 24 hrs, markedly longer than plasma half-life (2-2.5 hrs)

Efficacy

- Evidence of efficacy in several cancer types, including breast cancer and brain cancer
- 5 single-agent brain tumor studies
  - 34% response rate in a 92 patient astrocytoma study
- 5 multi-agent brain tumor studies
  - Improved PFS and OS vs. control
- 40% response rate (CR and PR) in combination study of DBD and doxorubicin in 50 patients with progressive metastatic breast cancer after prior alkylator treatment

CLINICAL DEVELOPMENT PLAN

Phase 3 Clinical Trial for Brain Cancer Planned for 2026

NEXT STEPS

- Development to proceed under existing IND (#35246) for original DBD polymorph
- Initial non-clinical studies of new DBD polymorph completed
- 2025/26: Additional non-clinical bridging studies required to demonstrate safety equivalence of new polymorph to original polymorph
- 2026: Additional clinical bridging study required to demonstrate PK equivalence of new polymorph to original polymorph
- 2026/27: Upon completion of bridging studies, commence pivotal Phase 3 registrational study
- 2029/30: Possible NDA

POTENTIAL INDICATIONS

- Pediatric brain cancer
- First line therapy: Alternative to TMZ (temozolomide) in glioblastoma patients with unmethylated MGMT following resection and during/after radiation (orphan status)
- Second line therapy in glioblastoma: For patients not responsive or no longer responsive to TMZ (orphan status)
- In advanced squamous cell cervical cancer after radiation in combination with another agent such as 5-FU (orphan status)
- In metastatic breast cancer, in combination with doxorubicin as 2nd line therapy
- In brain metastases (all comers), DBD in combination with radiation followed by DBD therapy (control arms with and without DBD)

Intellectual Property

Orphan Designations

Product	Disease	Jurisdiction
Glufosfamide	Pancreatic Cancer	USA
Glufosfamide	Pancreatic Cancer	EU
ILC	Osteosarcoma	USA
ILC	Osteosarcoma	EU
ILC	Ovarian Cancer	USA
DBD	Brain Cancer	USA
DBD	Cervical Cancer	USA

Planned Orphan Designation Applications

- ILC – small cell lung caner in the USA and EU
- DBD – brain cancer in the USA and EU
- Glufosfamide, ILC, and DBD – in Japan and China for pancreatic cancer, osteosarcoma, and brain cancer, when eligible to file applications

Patent Portfolio

Glufosfamide

- 2nd line pancreatic cancer, gemcitabine combination – US (expires 2027}
- Method & use, combination with glucose lowering agents – US (expires 2030)
- Combination with renal protection - USA/PCT (pending)
- Combination with other agents, 1st line pancreatic cancer - USA/PCT (pending)
- Method of administration - USA/PCT (pending)

ILC

- Composition of Matter - US, EU, and Hong Kong (expire 2025-2028)
- Method and use patent for intraperitoneal delivery - US & Japan (expire 2030)
- Method and use patent, prevention of recurrence
  - US, EU, Canada, Hong Kong - expire 2033
  - China, Japan pending
- Combination with systemic chemotherapy: USA/PCT – pending
- Combination with IO therapy: USA/PCT – pending
- Method and use, SCLC, NSCLC: USA/PCT - pending

DBD

- Polymorphs of DBD – US (expires 2035}; - EU (pending)
- Polymorphs of DBD – US (expires 2035)
- Combination regiments – USA and worldwide national stage (pending)

Partnering

Partnering Strategy

Eleison is seeking strategic relationships for the development or co-development of each of its glufosfamide, ILC, and DBD programs; and/or for commercialization (marketing rights) of each program.

Partnerships may be regional or global.

Existing Strategic Relationships

	Daewoong Pharma. Co. LTd.	Intelgen (HK) Limited Foshan Intelgen Pharma. Ltd.	Rafa Laboratories Ltd.
ASSET	Glufosfamide	ILC	Glufosfamide
DEAL TYPE	Out-licensing	Development Partnered Out-licensing	Out-licensing
ELEISON RECEIVES	Royalties and other payments	$4.5M payments received to date. Intelgen funds Phase 3	Royalties and other payments
PARTNER RECEIVES	Marketing rights in South Korea	Marketing rights in China	Marketing rights in Israel

Business Model - Acquisition and clinical development with minimal in-house R&D

IDENTIFY

Novel oncology drug candidates

ACQUIRE

Promising Phase 2 assets targeting rare cancers

DEVELOP

Proceed through Phase 3 clinical trials

PARTNER/OUT-LICENSE

To mitigate risk and reduce capital needs

REINVEST

Expand portfolio through strategic use of cash inflow

Milestones - Building on business & clinical successes to bring our 3 core chemotherapy assets to market

Supporting Phase 3 trials through partnerships/out-licensing

TEAM

Edwin Thomas, MBA

Chief Executive Officer, Founder, Director
30+ years life sciences leadership experience

Patrick Maguire, MD, PhD, MBA, FACS

Chief Medical Officer
25+ years senior biotech experience following PhD + surgical career

Matthew Cromie, MS

VP, Clinical Research
25+ years clinical operations experience

Michael Lusty, PhD

VP, Chemistry & Manufacturing 30+ years biotech experience, senior-level exec & consultant

SCIENTIFIC ADVISORS & BOARD MEMBERS

Howard Hochster, MD

Scientific Advisory Board, Chairman

Distinguished Professor of Medicine, Associate Director for Clinical Research and Director, GI Oncology, Rutgers Cancer Institute of NJ

Joel Morganroth, MD

Director

Founder, former CEO of eResearch Technology Inc.; former Clinical Prof. of Medicine, U. Penn.; Fellow of American Coll. of Cardiology and the American Coll. of Physicians

Michael Otto, PhD

Director

Former CSO at Pharmasset (acq. Gilead $11 billion, 2012); 30+ years experience incl. DuPont Merck, Rhone-Poulenc Rorer; PhD, The Medical College of Wisconsin

Frank Seidman

Director

President and Founder of Capital Solutions, Inc., a real estate development and private equity firm with >$1 billion in investments since 2001

Bryan Wood

Director

Founder of Alta Berkeley (London, Geneva), a Europe-based venture capital firm; director at 50+ portfolio cos.; 7 NASDAQ IPOs, 4 European IPOs

Business Model - Acquisition and clinical development with minimal in-house R&D

IDENTIFY

Novel oncology drug candidates

ACQUIRE

Promising Phase 2 assets targeting rare cancers

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To mitigate risk and reduce capital needs

REINVEST

Expand portfolio through strategic use of cash inflow

Summary Considerations

GLUFOSFAMIDE (PANCREATIC CANCER)

- Targets cancer cells due to glucose conjugation, improving efficacy and safety
- Reduced risk – analog of widely used chemotherapeutic ifosfamide
- Prior clinical trials reveal activity against several cancer types, including pancreatic cancer
- Pivotal phase 3 trial currently underway for second-line pancreatic cancer, 2027 NDA planned
- >510,000 new pancreatic cases annually worldwide (>67,000 U.S.), >1$ billion annual revenue potential
- Orphan designation in U.S. and Europe, multiple patents issued and pending
- Marketing rights out-licensed in S. Korea (Daewoong) and Israel (Rafa)

ILC (Small Cell Lung Cancer) (Pediatric Osteosarcoma)

- Lipid-complexed nano particle, engineered to target the lung via inhalation
- Reduced risk – analog of cisplatin
- Prior clinical trials indicate activity against cancers in the lung, with little or no systemic toxicity
- Pivotal phase 3 trial, maintenance therapy after first-line treatment of SCLC, planned to begin 2026
- >300,000 new SCLC cases annually worldwide (>33,000 U.S.), Multi-$billion annual revenue potential
- Orphan designation in U.S. and Europe, multiple patents issued and pending
- Development partner (Intelgen – China marketing rights) paying for 75% of phase 3 costs

DBD (Brain Cancer)

- Oral administered alkylating agent which crosses the blood-brain barrier
- Originally in development by the National Institutes of Cancer (NCI), and evaluated in multiple phase 1 and phase 2 clinical trials
- Prior clinical research indicates broad activity against several cancer types, including brain cancers and cancers metastatic to the brain
- Pivotal phase 3 trial planned to begin 2026/27
- >320,000 new brain cancer cases annually worldwide (>24,000 U.S.), Multi-$billion annual revenue potential
- Orphan designation in U.S., multiple patents issued and pending

Eleison PHARMACEUTICALS INC.

THE OPPORTUNITY

New Hope for Patients with Rare Cancers

Seeking funding and partners to support Phase 3 Clinical Trials for glufosfamide, ILC, and DBD

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GLUFOSFAMIDE (PANCREATIC CANCER)

Phase 3 Interim analysis 2026, study completion and NDA 2027

ILC (SCLC)

Initiate Phase 3 in 2026, study completion 2029

ILC (PEDIATRIC OSTEOSARCOMA)

Initiate Phase 3 in 2027

DBD (BRAIN CANCER)

Complete non-clinical activity 2026, Initiate Phase 3 in 2026/27

PARTNERSHIPS/OUT-LICENSING

Continue to build strategic relationships to fund clinical trials and ultimately out-license or market key assets

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