6 June 2022

# Aptevo Therapeutics

## A Leading Bispecific Antibody Company

**NASDAQ: APVO**

# Forward-Looking Statements

**Safe Harbor Statement**

This press release includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements, other than statements of historical fact, including, without limitation, Aptevo's expectations about the activity, efficacy and safety of its therapeutic candidates and potential use of any such candidates as therapeutics for treatment of disease, advancement of its clinical trials and its expectations regarding the effectiveness of its ADAPTIR and ADAPTIR-FLEX platforms, and any other statements containing the words "may," "believes," "expects," "anticipates," "hopes," "intends," "optimism," "potential," "designed," "engineered," "breakthrough," "innovative," "innovation," "promising," "plans," "forecasts," "estimates," "will" and similar expressions are intended to identify forward-looking statements. These forward-looking statements are based on Aptevo's current intentions, beliefs, and expectations regarding future events. Aptevo cannot guarantee that any forward-looking statement will be accurate. Investors should realize that if underlying assumptions prove inaccurate or unknown risks or uncertainties materialize, actual results could differ materially from Aptevo's expectations. Investors are, therefore, cautioned not to place undue reliance on any forward-looking statement.

There are several important factors that could cause Aptevo's actual results to differ materially from those indicated by such forward-looking statements, including a deterioration in Aptevo's business or prospects; adverse developments in clinical development, including unexpected safety issues observed during a clinical trial; adverse developments in the U.S. or global capital markets, credit markets or economies generally; and changes in regulatory, social, and political conditions. For instance, actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including the uncertainties inherent in the initiation, enrollment and maintenance of patients, and completion of clinical trials, availability and timing of data from ongoing clinical trials, expectations for the timing and steps required in the regulatory review process, including our ability to obtain regulatory clearance to commence clinical trials, expectations for regulatory approvals, the impact of competitive products, actions of activist stockholders, our ability to enter into agreements with strategic partners and other matters that could affect the availability or commercial potential of the Company's product candidates, business or economic disruptions due to catastrophes or other events, including natural disasters or public health crises such as the novel coronavirus (referred to as COVID-19). These risks are not exhaustive, Aptevo faces known and unknown risks. Additional risks and factors that may affect results are set forth in Aptevo's filings with the Securities and Exchange Commission, including its Annual Report on Form 10-K for the fiscal year ended December 31, 2020, and its subsequent reports on Form 10-Q and current reports on Form 8-K. The foregoing sets forth many, but not all, of the factors that could cause actual results to differ from Aptevo's expectations in any forward-looking statement. Any forward-looking statement speaks only as of the date of this press release, and, except as required by law, Aptevo does not assume any obligation to update any forward-looking statement to reflect new information, events, or circumstances.

# Aptevo at-a-Glance

- Clinical-stage immunotherapy company focused on developing novel immuno-oncology therapeutics
- Differentiated bispecific and multi-specific antibody platform technologies ADAPTIR™ and ADAPTIR-FLEX™
  - Enables generation of novel candidates designed for multiple MOAs
  - Utilizes best structure to fit desired biology, specificity and affinity
- Clinical portfolio: Lead candidate, APVO436, currently in Phase 1b clinical trials, for the treatment of acute myeloid leukemia (AML) and myelodysplastic syndrome (MDS)[1]
  - Positive results reported for the dose escalation trial (AML/MDS)
    - Results published in two peer-reviewed journals, presented at ASH
  - Activation of expansion trial reported (AML only)[2]
    - Reported complete remission in combination cohort, patient received transplant
    - Reported significant clinical response in monotherapy cohort, patient received transplant
- Broad preclinical portfolio: Multiple novel candidates in development
  - ALG.APV-527: Designed for treatment of both solid and liquid tumors expressing tumor antigen 5T4; planned IND 2H22
  - APVO603: Designed for treatment of solid tumors
  - APVO442: Designed for treatment of prostate cancer; lower affinity, monovalent anti-CD3 designed to improve biodistribution to prostate tumors



(1) Initially reported May 26, 2021
(2) Currently enrolling patients

# Experienced Leadership

## Senior Management

**Marvin White – President & CEO**
Emergent Director; Former CFO, St. Vincent's Health; Former Executive Director & CFO, Lilly USA

**Jeff Lamothe – EVP, CFO**
Former Emergent VP, Finance; Former CFO, Cangene Corporation

**Dirk Huebner, MD – Chief Medical Officer***
Former CMO of Mersana, Head of Development of Boston Biomedical, Executive Medical Director of Millennium/Takeda

**Jane Gross, Ph.D. – Chief Scientific Officer***
Former Emergent VP, Research/Non-Clinical Development; Former VP Immunology Research ZymoGenetics Inc.

**SoYoung Kwon – SVP, GC, Corporate Affairs & HR**
Former SVP, GC and Corporate Secretary, AGC Biologics

**Daphne Taylor– VP, Finance**
Former Chief Financial Officer at BioLife Solutions, VP, Chief Accounting Officer & Controller at Cardiac Science Corporation

## Board of Directors

**John Niederhuber, M.D.**
Inova Translational Medicine Institute; National Cancer Institute; Johns Hopkins University

**Marvin White**
Emergent Director; Former CFO, St. Vincent's Health; Former Executive Director & CFO, Lilly USA

**Daniel Abdun-Nabi**
Former President & CEO, COO, Emergent BioSolutions, Former General Counsel, IGEN International, Inc.

**Grady Grant, III**
Former Vice President of Sales, Tissue Tech Limited; Former Reckitt Benckiser Group; Former Eli Lilly & Co.

**Zsolt Harsanyi, Ph.D.**
N-Gene Research Labs; Exponential Biotherapies; Porton Int'l

**Barbara Lopez Kunz**
DIA; Battelle; Thermo Fisher Scientific; ICI/Uniqema

**Extensive R&D, Manufacturing, Commercial and Financial Expertise and Experience**

*Drs. Huebner and Gross are consultants to the Company.

# Robust Pipeline: Potential for Multiple Shots on Goal in Hematologic Malignancies and Solid Tumors

| Product/ Candidate Target | Technology | Potential Indications | Clinical Development Stage | | | | Marketed | Milestones/Highlights |
|---|---|---|---|---|---|---|---|---|
| | | | Pre-Clinical | Phase I | Phase II | Phase III | | |
| APVO436 CD3/CD123 | Redirected T cell Cytotoxicity (RTCC) | AML/MDS | | | | | | Phase 1 dose escalation reported positive results; Part 2 dose expansion on-going |
| ALG.APV-527* 4-1BB/5T4 | T cell Co-Stimulation | Solid Tumors | | | | | | Advancing into clinical development in solid tumors expressing 5T4. IND planned: 2H22 |
| APVO603 4-1BB/OX40 | Dual T cell Co-stimulation | Solid Tumors | | | | | | Unique asset for use in solid tumors, APVO603 lead candidate identified |
| APVO442 PSMA/CD3 | Redirected T cell Cytotoxicity | Prostate Cancer | | | | | | Low affinity CD3, advancing lead candidate |



* *Partnered with Alligator Bioscience*

# APVO436 Phase 1b Expansion Trial

Overview

- Multi-center, multi-cohort trial with all cohorts enrolling simultaneously
- Cohorts include both monotherapy and combination protocols, including current, standard of care therapies
- The Company plans to use the outcomes from the Phase 1b trial to inform the APVO436 advanced clinical program

Status

- The trial is on-going
- Reported complete remission in combination cohort, patient received transplant
- Reported significant clinical response in monotherapy cohort, patient received transplant
- The expansion trial is designed to evaluate the safety and tolerability of APVO436 when it is used as an adjunct to the standard of care and as monotherapy, and to obtain a preliminary assessment of the anti- leukemia activity of APVO436 in both modalities

# Corporate Strategy

1. Advance lead candidate, APVO436, via multi-center, five cohort phase 1 expansion trial
2. Develop and advance novel differentiated immuno-oncology product candidates using the ADAPTIR and ADAPTIR-FLEX platform technologies
3. Demonstrate the promise of the pipeline by pursuing strategic collaborations and partnerships
4. Maximize non-dilutive funding opportunities to support efficient pipeline advancement

# Platform Technologies

# ADAPTIR – Modular Bispecific Platform Technology Supports Development of Novel Therapeutics

## Modular and Flexible

- Monospecific and bispecific formats
- Reproducible generation of homodimeric bispecifics with desired mechanism of action and potency

## Designed For Multiple Mechanisms of Action

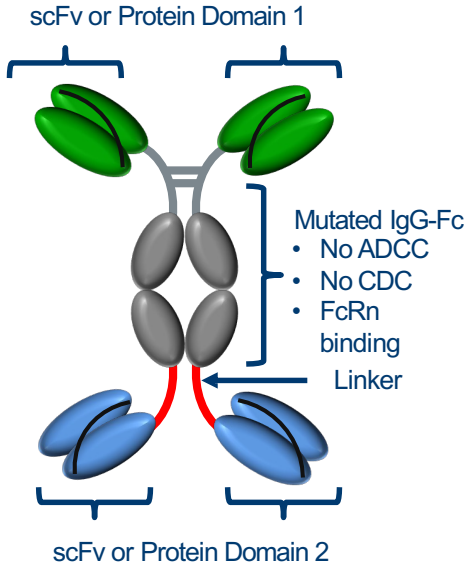
- Redirected T-Cell Cytotoxicity (RTCC)
- Stimulation of activating receptors to re-invigorate immune response
- Bispecifics can be developed to block inhibitory receptors to improve anti-tumor responses.

## Excellent Manufacturability Characteristics

- Based on IgG1 antibody backbone
- Designed to minimize proteolytic cleavage and post-translational modifications
- Standard manufacturing process with high yields and purity

## Antibody-like Half-Life

- Enables weekly dosing in humans



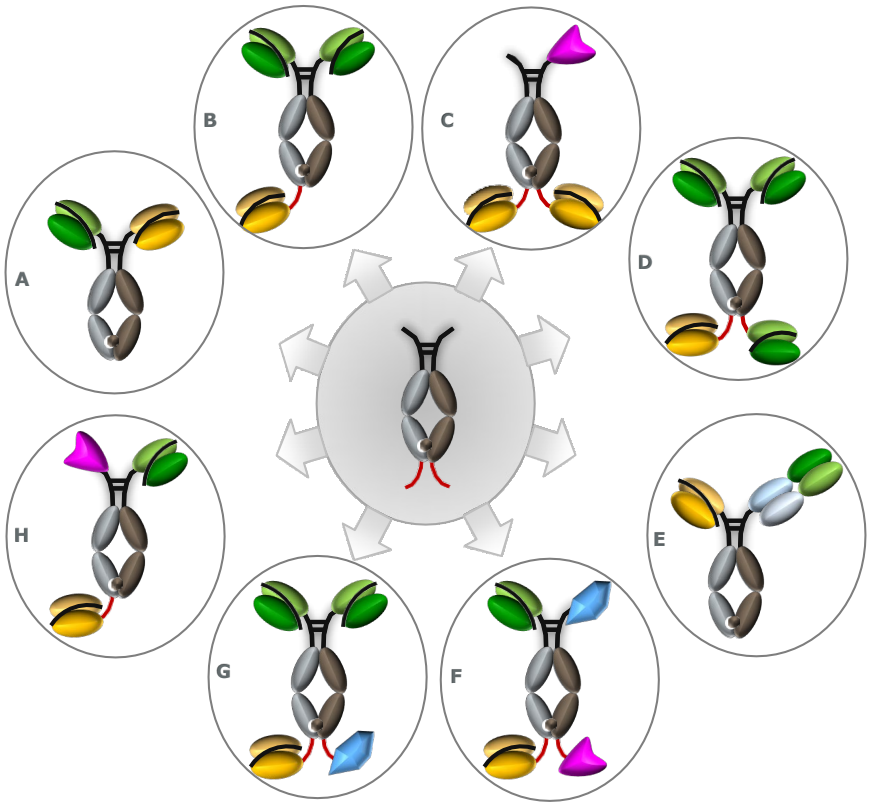

Lead candidate in clinical trials, multiple mechanisms being evaluated

# ADAPTIR-FLEX: Heterodimer Platform Technology Overview

- Heterodimer platform technology designed to produce bispecific and multi-specific antibody candidates
- Leverages IgG1 Fc with “Knob in Hole” to assemble two different protein chains
- Enables binding, activating or blocking of up to four different targets
- Ability to engineer mutations to eliminate Fc effector function
- Shares key features with ADAPTIR technology
  - IgG1 backbone and Fc mutations
  - Linkers


Multiple protein domains can be used in design of multi-specific candidates

(single chain scFv, extracellular domain ECD, cytokines)

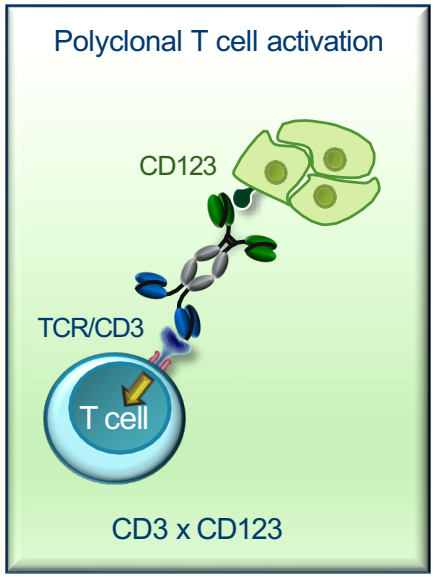



Evolutionary Platform Supports Drug Candidate Diversification

# The Pipeline in Action

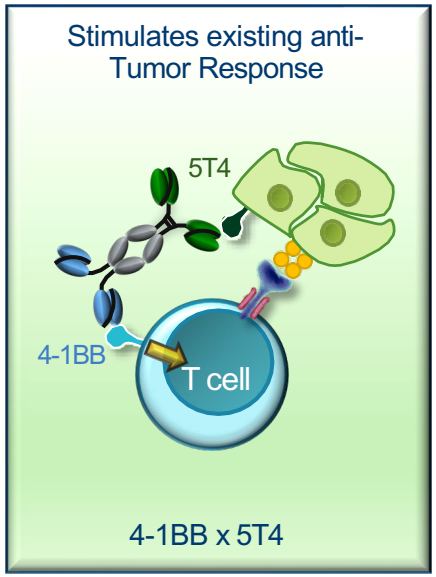
Platform technologies produce candidates with multiple mechanisms against differentiated targets with the potential to treat both blood and solid tumor cancers

***CD3 T cell Engager Targeting a Tumor Antigen***



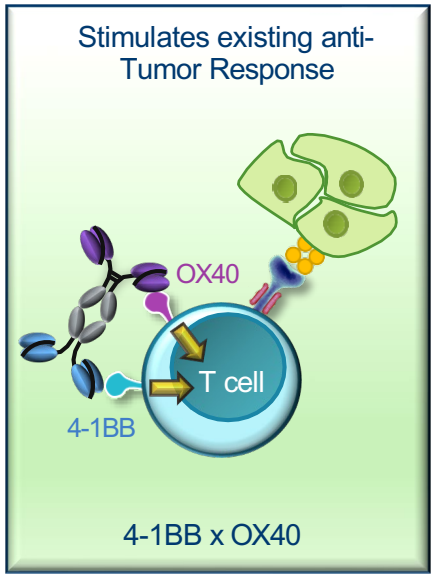

**APVO436**

***Tumor Antigen Dependent 4-1BB Co-stimulator***



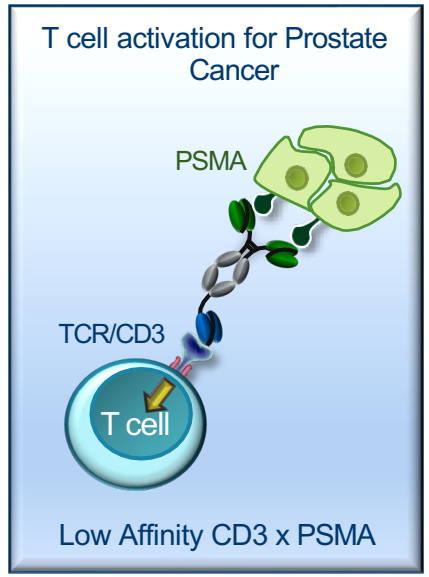

**ALG.APV-527**

***Dual TNFR Co-stimulator Targeting 4-1BB/OX40***




**APVO603**

***Low Affinity CD3 T cell Engager Targeting a Tumor Antigen***



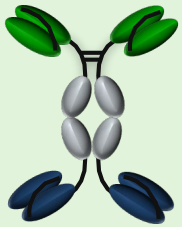

**APVO442**

**ADAPTIR**

**ADAPTIR-FLEX**

# Therapeutic Candidates

# APVO436 – Novel Immunotherapy Candidate for AML, Other Leukemias

| | |
|---|---|
| **CANDIDATE** |  αCD123 scFv<br>αCD3 scFv |
| **OPPORTUNITY** | ▪ ADAPTIR (CD123 x CD3) T cell engager<br>▪ Preclinical studies showed reduced cytokines compared to a bispecific T-cell engager from another format*+ |
| **TARGET/MOA** | ▪ CD123 - compelling target for AML due to its overexpression on leukemic stem cells and AML blasts; Designed to engage T cells via binding to CD3 to specifically kill tumor cells expressing CD123 |
| **POTENTIAL INDICATIONS** | ▪ AML, MDS, ALL, hairy cell leukemia, myelodysplastic syndrome<br>▪ Strong unmet need for safe and effective new therapies |
| **DEVELOPMENT STAGE** | ▪ Phase 1 study dose escalation in R/R AML and MDS complete<br>▪ Phase 1 study dose expansion in AML active and enrolling<br>▪ Orphan drug designation granted by FDA for AML |
| **PARTNERSHIP STATUS** | ▪ Wholly-owned by Aptevo |

*Aptevo-generated version of Macrogenics' CD123 x CD3 dual-affinity re-targeting (D.A.R.T) molecule, MGD006

+ AACR Annual Meeting, April 2018 AACR on APVO436

# The AML / MDS Market*

*Strong Unmet Need for Novel Therapies that Improve Outcomes and Survival*

- AML: 21,000 new cases/year in U.S. 10,500 deaths/year in U.S.*
  - Average age 67 years / 5-year survival 26%*
- MDS: 10,000 – 20,000 new cases/year in U.S.**
  - One in 3 patients with MDS will progress to have AML**
- The global AML market is expected to grow from $1.4B in 2019 to $5.1B in 2029 at a compound annual growth rate (CAGR) of 13.6%**
- The U.S. accounts for 65% of total market share and is expected to continue to experience strong growth at a CAGR of 11.9%, through 2029**

*American Cancer Society, Seer.cancer.gov
**Global Data 2018

# APVO436 Clinical Program Overview

| Multi-Center, Multi-Cohort Phase 1 Open-Label Clinical Trial | |
|---|---|
| **Study Design** | • Part 1/Dose escalation: Determine maximum tolerated dose and recommended dose for Part 2/Expansion (Completed)<br>• Part 2/Expansion: Assess clinical activity at recommended dose (Activated) |
| **Administration** | Part 1: Intravenous (IV) dosing weekly for 6, 28-day cycles<br>Part 2: IV administration, 4 cycles of therapy, each cycle consists of weekly infusions over a 28-day period |
| **Subjects** | Part 1/Dose escalation: 46 patients<br>Part 2/Expansion: Up to 90 patients |
| **Status** | • Aptevo reported positive data from the dose escalation trial, data published in *Cancers* and *Frontiers in Aging,* presented at ASH 2021<br>• Dose expansion trial on-going, to include up to 90 adult patients with AML<br>▪ Reported complete remission in combination cohort, patient received transplant<br>▪ Reported significant clinical response in monotherapy cohort, patient received transplant |

# APVO436 in Phase 1: Dose Escalation Topline Study Results

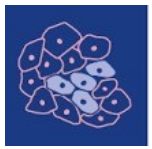
Overview

46 patients with AML or MDS

Results

- Primary endpoint achieved: Recommended Phase 2 Dose of 18 mcg identified; maximum tolerated dose not reached at a weekly dose 60 mcg
- APVO436 demonstrated manageable side effects and was well tolerated in the patient population
- Prolonged stable disease, cytolytic responses with clearance of peripheral blasts, partial remissions and complete remissions (CR) observed in AML patients.
- Marrow CRs observed in MDS patients
- Data published in *Cancers* and *Frontiers in Aging,* presented at ASH 2021

# Phase 1 Dose Escalation Study: A Deeper Dive

As Reported in the Peer Reviewed Journal  cancers

**Safety**

- APVO436 exhibited a favorable safety profile with acceptable tolerability and generally manageable drug-related adverse events
  - The most common APVO436-related AEs were infusion-related reactions (IRR) occurring in 13 (28.3%) patients and cytokine release syndrome (CRS) occurring in 10 (21.7%) patients. Incidence of severe - life-threatening CRS was 8.7%

**Clinical Activity**

- Promising clinical activity was observed in 11 of 40 patients (27.5%) evaluable for efficacy
- Eight of 34 (23.5%) evaluable relapsed AML patients showed favorable responses including prolonged stable disease (SD), >50% reduction of leukemic cell count in the bone marrow with clearance of leukemic cells from the blood, partial remissions (PR), and complete remissions (CR)
- Seven of these 8 with favorable responses had failed 2-4 prior lines of anti-AML therapy and one 76 years old patient had relapsed after achieving a remission on frontline venetoclax plus decitabine therapy
- Three of six (50%) evaluable relapsed MDS patients had a marrow CR

**Survival**

- Median survival was >300 days for the 8 relapsed AML patients with a favorable response
- By contrast, the median survival for the remaining 31 AML patients was 100 days

# APVO436 in Phase 1: Part 2/Expansion

## IND Active, Currently Recruiting Patients

Aptevo Therapeutics

Overview

5 cohorts enrolling in parallel at up to 20 trials sites in the U.S. – up to 18 patients per cohort and 90 patients, total.

**1** Relapsed/refractory AML patients: Combination therapy in relapsed patients and those with primary refractory AML that failed to respond to frontline standard induction chemotherapy. Patients will be treated with the standard chemotherapy drug cytarabine or the standard chemotherapy triple drug combination MEC (mitoxantrone, etoposide, cytarabine) plus APVO436.

**2** Poor prognostic but fit primary or secondary AML patients who are treatment-naïve, in first relapse or with primary refractory disease will receive APVO436 in combination with venetoclax and azacytidine.

**3** APVO436 will be administered as monotherapy to AML patients in CR post frontline therapy for consolidation. In addition, patients in first relapse (CR1<1 year) and patients with primary refractory disease will also be enrolled and receive treatment with APVO436.

**4** AML patients in first remission with a MRD+ status following standard of care frontline therapy will receive APVO436 in combination with oral azacytidine.

**5** AML patients in second remission with MRD+ status will receive APVO436 as a dose intensive monotherapy regimen.



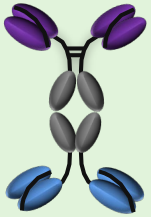
**Expansion phase trial designed to pursue multiple strategies for APVO436 as a new treatment platform for high-risk and poor prognosis forms of leukemia**

# Summary: APVO436

- A bispecific T-cell engager candidate designed to target CD123 x CD3
- Half-life of 12.5 days in rodents and 4.5 days in Non-Human Primates
- Preclinical *in vivo* proof-of-concept established in mouse xenograft models of human AML
- CHO cell clone production levels expresses at ~1.5 g/L
- Good manufacturability attributes
- Status of Phase 1b Clinical Trial
  - Dose Escalation: Favorable safety profile, evidence of clinical activity
  - Dose Expansion: Currently enrolling and treating patients

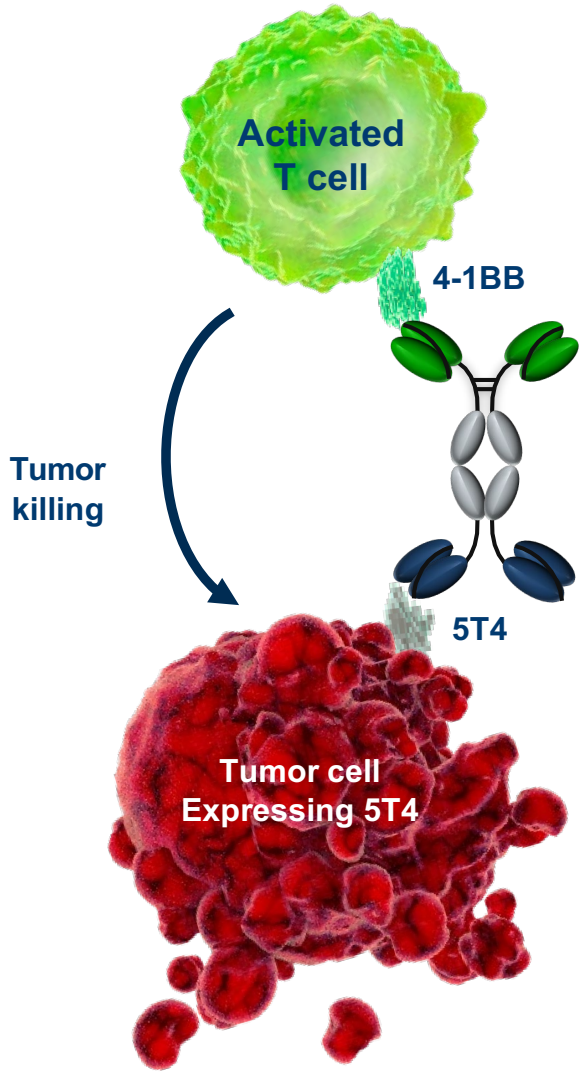
# Pipeline Candidates

# ALG.APV-527 – Broad Potential Therapeutic Opportunity in Solid Tumors

| | |
|---|---|
| **CANDIDATE** |  **α4-1BB scFv** **α5T4 scFv** |
| **OPPORTUNITY** | • Designed to engage T cells through co-stimulatory receptor 4-1BB |
| **TARGET/MOA** | • Targets 4-1BB (co-stimulatory receptor) and 5T4 (tumor antigen)<br>• Designed to reactivate antigen-primed T cells to specifically kill tumor cells; designed to promote CD8 T cell survival and effector function |
| **POTENTIAL INDICATIONS** | • Multiple solid tumor indications: breast, cervical, non-small-cell-lung, prostate, renal, gastric, colorectal and bladder cancers, with potential in liquid tumors |
| **DEVELOPMENT STAGE** | • Advancing into clinical development in solid tumors expressing 5T4 |
| **PARTNERSHIP STATUS** | • Joint 50/50 ownership and co-development agreement with Alligator Bioscience |

# ALG.APV-527 Targeted Immunotherapeutic Bispecific Antibody Candidate Targeting 4-1BB x 5T4

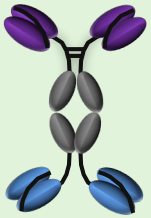
- Designed to simultaneously target
  - 4-1BB is a costimulatory receptor, member of TNFR super family
  - 5T4 is an oncofetal tumor antigen
- Promising approach for targeted immunotherapy designed to:
  - Target T cells previously activated by tumor antigen
  - Exert tumor-localized T cell activation upon 5T4 binding
  - Not stimulate all (resting or naive) T cells
- Potential Advantages:
  - Improved efficacy and safety (targeted therapy)
  - Opportunity to treat multiple solid tumors expressing 5T4 antigen (e.g., NSCLC, renal, pancreas, prostate, breast, ovarian, cervical)



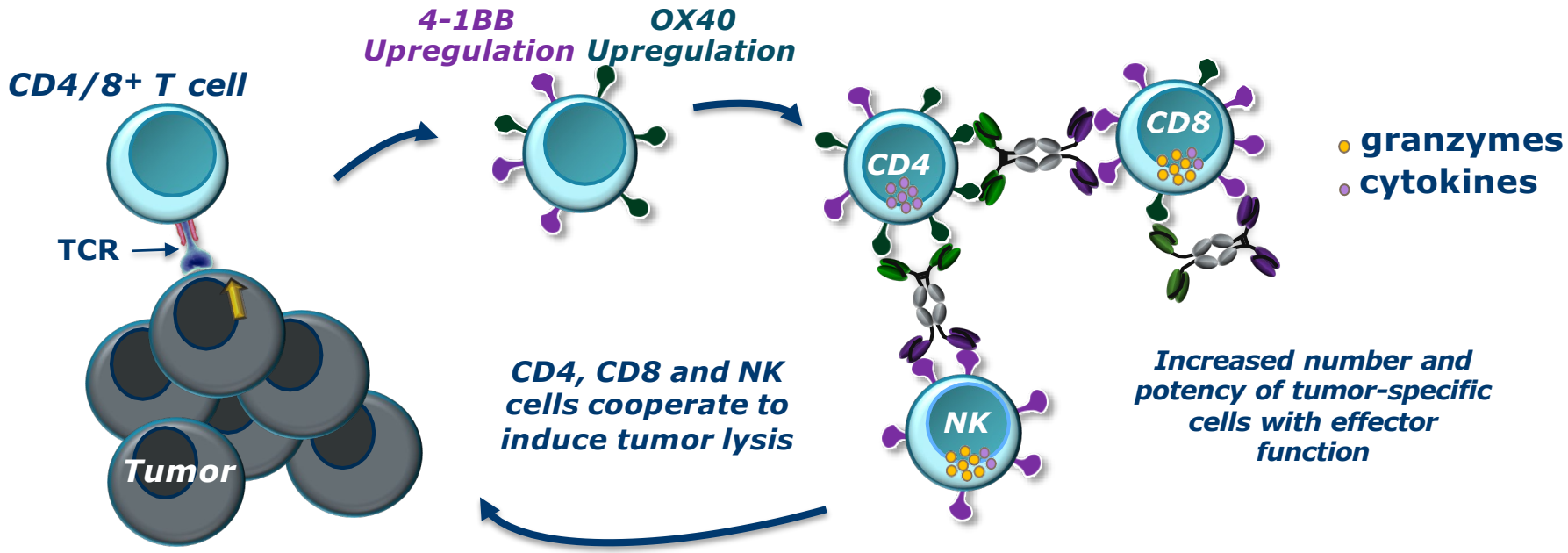
# Summary: ALG.APV-527

- Designed for 5T4-dependent tumor-directed T-cell activation to overcome dose-limiting toxicities seen with 4-1BB mAbs
- Optimized in the ADAPTIR format for activity, solubility, stability and manufacturability properties
- 5T4-dependent T cell and NK-cell proliferation and activation, 5T4-driven tumor localization, and anti-tumor efficacy observed in preclinical studies
- Advancing into clinical development with Alligator Bioscience in solid tumors expressing 5T4

# APVO603: Dual Agonistic Bispecific Antibody Candidate

| | |
|---|---|
| **CANDIDATE** |  **α4-1BB scFv** **αOX40 scFv** |
| **OPPORTUNITY** | • Designed to simultaneously target 4-1BB and OX40 both members of the TNF-receptor family |
| **TARGET/MOA** | • Targets two costimulatory receptors 4-1BB and OX40<br>• Designed to provide synergistic co-stimulation of T cells to potentially amplify the cytotoxic function of activated T cells and NK cells; potential to promote more robust anti-tumor responses |
| **POTENTIAL INDICATIONS** | • Solid tumor indications; based on previous anti-tumor T cell response |
| **DEVELOPMENT STAGE** | • Preclinical<br>• IND-enabling initiated<br>• Lead candidate identified; CMC activities in progress |
| **PARTNERSHIP STATUS** | • Wholly-owned by Aptevo |

# Designed to Activate Multiple Immune Pathways to Increase Anti-Tumor Response and Reduce Toxicity*




## Potential Key Advantages:

- Enhancement of pre-existing anti-tumor responses
- Enhancement of all effector lymphocyte populations: CD4, CD8 and NK cells
- Potential to reduce toxicities observed for competitor 4-1BB monospecific antibodies; APVO603 is designed to limit non-specific activation of lymphocytes

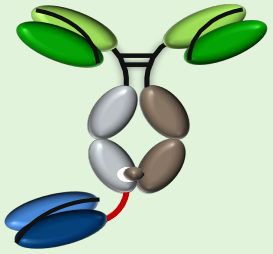


*Based on data from *in vitro and in vivo* preclinical studies

# Summary: APVO603

- APVO603 is a novel ADAPTIR bispecific with a unique mechanism of action that may boost natural anti-tumor responses by activating two different co-stimulatory receptors
- Application in multiple solid tumor indications to reinvigorate immune responses and enhance tumor rejection
- Preclinical studies POC achieved: Demonstrated synergistic activation of CD4 and CD8+ T cell and NK cell activation in addition to enhanced tumor cell lysis
- Lead candidate identified; CMC activities initiated
- IND-enabling studies underway

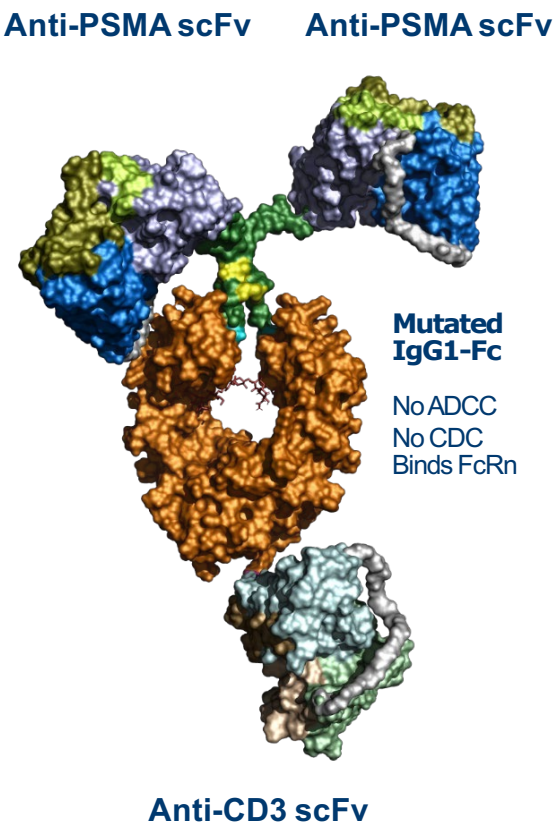
# APVO442 A Novel Immunotherapy Designed for Prostate Cancer

| | |
|---|---|
| **CANDIDATE** |  **Anti-PSMA scFv**<br>**Mutated IgG1-Fc** No ADCC No CDC Binds FcRn<br>**Anti-CD3 scFv** |
| **OPPORTUNITY** | • αPSMA x αCD3 (low affinity) T cell Engager |
| **TARGET/MOA** | • Engages T cells via CD3 epsilon to lyse tumor cells expressing PSMA<br>• Low-affinity CD3 reduces binding to circulating T cells<br>• Designed to enable better biodistribution to solid tumors<br>• Low levels of cytokines demonstrated in preclinical studies |
| **POTENTIAL INDICATIONS** | • Metastatic castration-resistant prostate cancer and other PSMA(+) tumors |
| **DEVELOPMENT STAGE** | • Lead candidate selected<br>• Pre-clinical studies ongoing |
| **PARTNERSHIP STATUS** | • Wholly-owned by Aptevo |

# Low Affinity Anti-CD3: Designed to Improve Solid Tumor Biodistribution

**APVO442 uses ADAPTIR-FLEX technology to achieve a "2+1" bispecific**

- Bivalent, high affinity binding to PSMA
- Monovalent, low-affinity variant of anti-CD3 domain used in APVO436
  - Retains low cytokine release of previous anti-CD3 ADAPTIR candidates
  - Retains stability/manufacturability of previous candidates
- Optimized affinities designed to maximize distribution to prostate tumors
  - Minimize binding to circulating T cells
- Fc mutations to minimize Fc receptor and complement binding and activity
- Modular technology applicable to build CD3-engagers against other solid tumors



# Summary: APVO442

- APVO442 based on ADAPTIR-FLEX Platform Technology
  - Designed to minimize binding to circulating T cells, and maximize distribution to PSMA+ solid tumors
  - Good manufacturability attributes

- Preclinical data demonstrating potent T cell engager targeting PSMA and CD3
  - Potent T cell mediated killing of PSMA+ tumors *in vitro* and in a mouse model of disease
    - No killing without target present
  - Reduced cytokines observed in preclinical studies compared to competitor molecule

- Antibody-like half-life in rodents (~9 days)

- Preclinical *in vivo* proof-of-concept established in C4-2B xenograft tumor models

# The Company

# Ruxience® Royalty Stream

- Effective 03/30/21: Sold RUXIENCE® Royalty Stream (Pfizer rituximab biosimilar) to an entity managed by HealthCare Royalty Management, LLC ("HCR") for $35 million up front, plus additional milestones of up to $32.5 million

- Upon achievement of HCR aggregate royalty payments totaling 190% of the upfront amount plus milestones paid, Aptevo is also entitled to 50% of any royalty payments made by Pfizer thereafter. Milestones may be earned based on net sale performance of RUXIENCE as follows:

| Year | Total Maximum Milestones earnable per year (millions) |
|---|---|
| 2021* | $10 |
| 2022** | $12.5 |
| 2023** | $10 |

* 2021 milestone earned. Payment received in 1Q22

** Based on reported sales in 4Q21, the Company is optimistic that the thresholds for milestones in 2022 and 2023 will be met

# Milestones: 2022-2023

## Development/Clinical

- Complete APVO436 Phase 1b dose expansion trial (in process)
- Submit an IND for ALG.APV-527 in collaboration with Alligator Bioscience (Planned: 2H22)
  - Evaluate potential in solid tumors expressing 5T4
- APVO603; continue IND-enabling studies
- Advance preclinical development of APVO442
- Explore potential for additional candidate(s) using ADAPTIR and/or ADAPTIR-FLEX platform technologies

## Operational/Financial

- Collect quarterly IXINITY® royalties
- Collect potential HCR milestone payments, based on RUXIENCE net sales
- Continue current and initiate future partnering discussions around product candidates as well as ADAPTIR and ADAPTIR-FLEX platform technologies

# Why Aptevo

1 **Expertise**
Established leadership position designing protein-based therapeutic candidates for cancer

2 **Technology**
Proprietary, versatile, differentiated ADAPTIR and ADAPTIR-FLEX platform technologies that enable generation of new pipeline candidates

3 **Achievement**
Advancing pipeline of clinical and preclinical bispecific candidates, APVO436 leading the way

4 **Opportunity**
Deep portfolio offers multiple opportunities for collaborations and partnerships

5 **Value**
Cash runway through 1Q23
Completion of APVO436 expansion trial enrollment and initiation of ALG.APV-527 clinical program expected inside cash window

*Focused, innovative and driven in the fight against cancer*

# Aptevo Therapeutics

**Aptevo Therapeutics**
**2401 4th Avenue, Suite 1050**
**Seattle, WA 98121**
**Tel: 206-838-0500**
**Fax: 206-838-0503**
**Email: ir@apvo.com or Millerm@apvo.com**

**NASDAQ: APVO**