CytoMed Therapeutics Limited

NASDAQ: GDTC

Investor Presentation

May 2023

www.cytomed.sg

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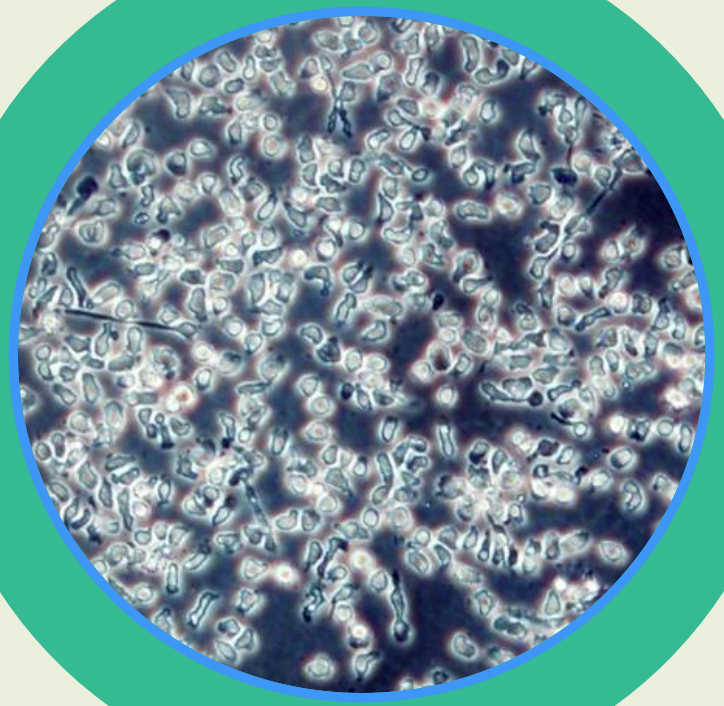
Cancer Therapies with Broad Applications



Mission: Engineering more affordable cellular cancer therapies to identify and attack a broad-spectrum of solid & blood cancers.

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CytoMed Therapeutics Limited

(NASDAQ: GDTC)

Headquartered and incorporated in Singapore, CytoMed Therapeutics was spun out from A*STAR, Singapore's Agency for Science, Technology and Research, in March of 2018.

The biopharmaceutical company is focused on harnessing its licensed proprietary technologies to create novel, cell-based immunotherapies for the treatment of human cancers.

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Experienced Leadership

Chairman and Director

Mr. Peter CHOO Chee Kong has over 20 years of experience in corporate finance, strategy, and corporate governance, is well-versed in company IPOs, and has served as director on several SGX listed companies.

Director and Chief Clinical Officer

Dr. Lucas LUK Tien Wee M.D. is the designated Principal Investigator for Phase I Clinical Trials in Malaysia, pertaining to Mesenchymal Stem Cell Therapy and CAR-T Cell therapy.

Chief Scientific and Medical Officer

Dr. ZENG Jieming M.D., Ph.D. is the scientific founder, the inventor of both CytoMed's CAR-γδ T cell and iPSC-γδ NKT cell technologies, first author of 11 original research papers and has over 20 years of bench work experience. He is dedicated to translating the proprietary technology into clinical applications and therapeutics.

Chief Operating Officer

Dr. TAN Wee Kiat, Ph.D. 10 years of cancer research and experienced with cancer immunotherapy, process mapping, iPSC and baculovirus. In a prior role he developed the company's technology into a clinically ready platform for clinical trials and continues to oversee operations in his present capacity.

Chief Financial Officer

Ms. GOH Yvonne has broad operational management experience in listed companies and experience in accounting and oversees the finance, accounting, reporting and procurement functions.

Chief Corporate Officer

Ms. TAN Yoong Ying holds a postgraduate degree in legal practice and oversees functions ranging from Compliance to public and government relations.

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Key Takeaways

1. Healthy donor-derived, allogeneic-use therapies for broad spectrum of solid and blood cancers
2. Potentially scalable, off-the-shelf products with low capital costs
3. Potentially reduced risk of secondary cancers and adverse effects
4. High barriers to entry
5. Potential for growth

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Potential to Treat Numerous Types of Cancer

NKG2D CAR recognises eight NKG2D ligands, which are expressed on a wide range of cancers.

Sample list of NKG2D ligands expressed in human cancers

Tumor type	Ligands Identified
Acute Lymphoblastic Leukemia	28-67% MICA/B 9-20% ULBP1-3
Acute myeloid leukemia	0-75% MICA/B 16-50% ULBP1 4-64% ULBP2 16-100% ULBP3
Bladder carcinoma	70% MICA
Brain cancer	90% MICA/B and ULBP1-3
Breast cancer	35-100% MICA/B, ULBP1-5
Cervical cancer	20% MICA, ULBP2
Chronic lymphatic leukemia	0-85% MICA/B 10-20% ULBP1-3
Chronic myeloid leukemia	28-80% MICA/B 12-20% ULBP1-3
Colorectal cancer	80-100% MICA/B ULBP1-5
Gastric carcinoma	40-100% MICA/B, ULBP2

Tumor type	Ligands Identified
Hepatocellular carcinoma	60-100% MICA
Lymphoma	20-44% MICA/B 12-20% ULBP1-3
Melanoma	50% MICA/B
Multiple myeloma	10-60% MICA 0-34% ULBP1-3
Neuroblastoma	86% MICA/B, ULBP1-3
Non-small-cell lung cancer	20-30% MICA/B, ULBP1-3
Ovarian carcinoma	50-97% MICA/B, ULBP1-5
Pancreatic cancer	68-89.3% MICA/B
Prostate cancer	75-95% MICA/B, sMICA/B
Renal carcinoma	>95% MICA/B
Sarcoma	100% MICA/B, ULBP1-3

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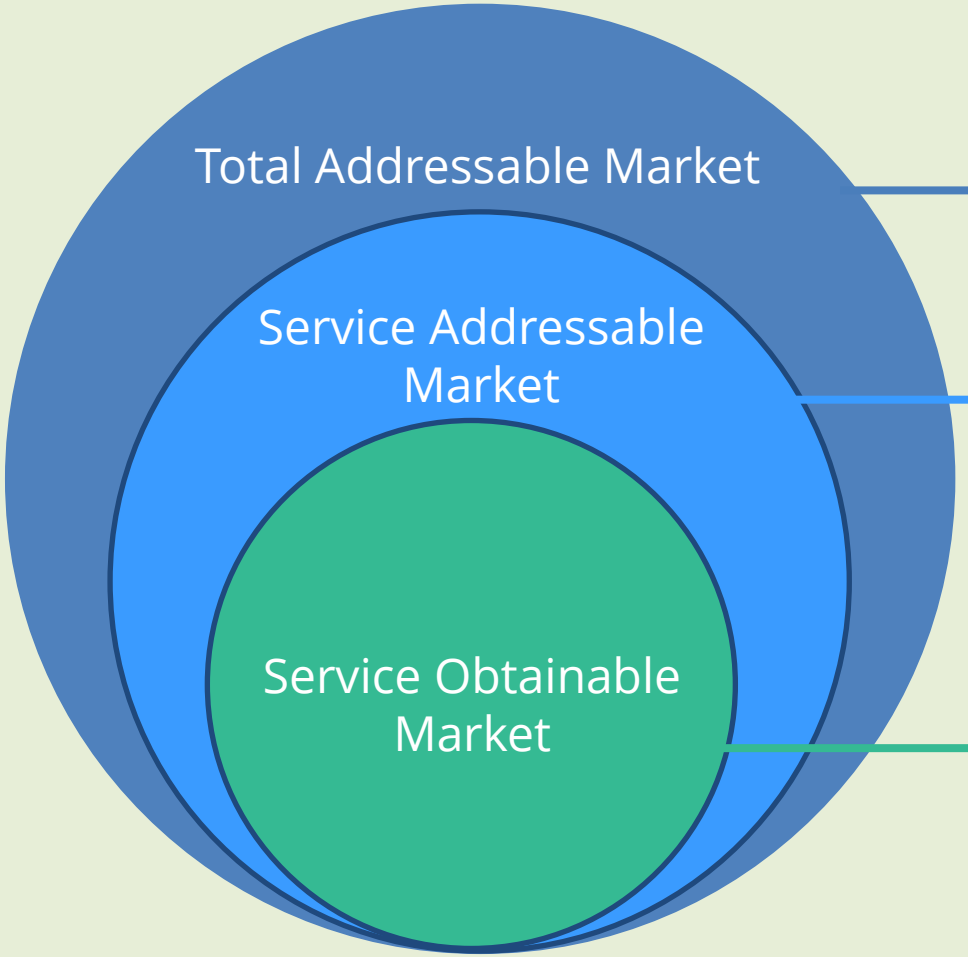
Massive Addressable Market Opportunity



Cancer patients, globally

Patients who fail at least two frontline treatments (chemo; surgery; radiation; etc.)

Southeast Asia; large and relevant initial market with future expansion opportunities

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Three Therapies Targeting Solid & Blood Cancers

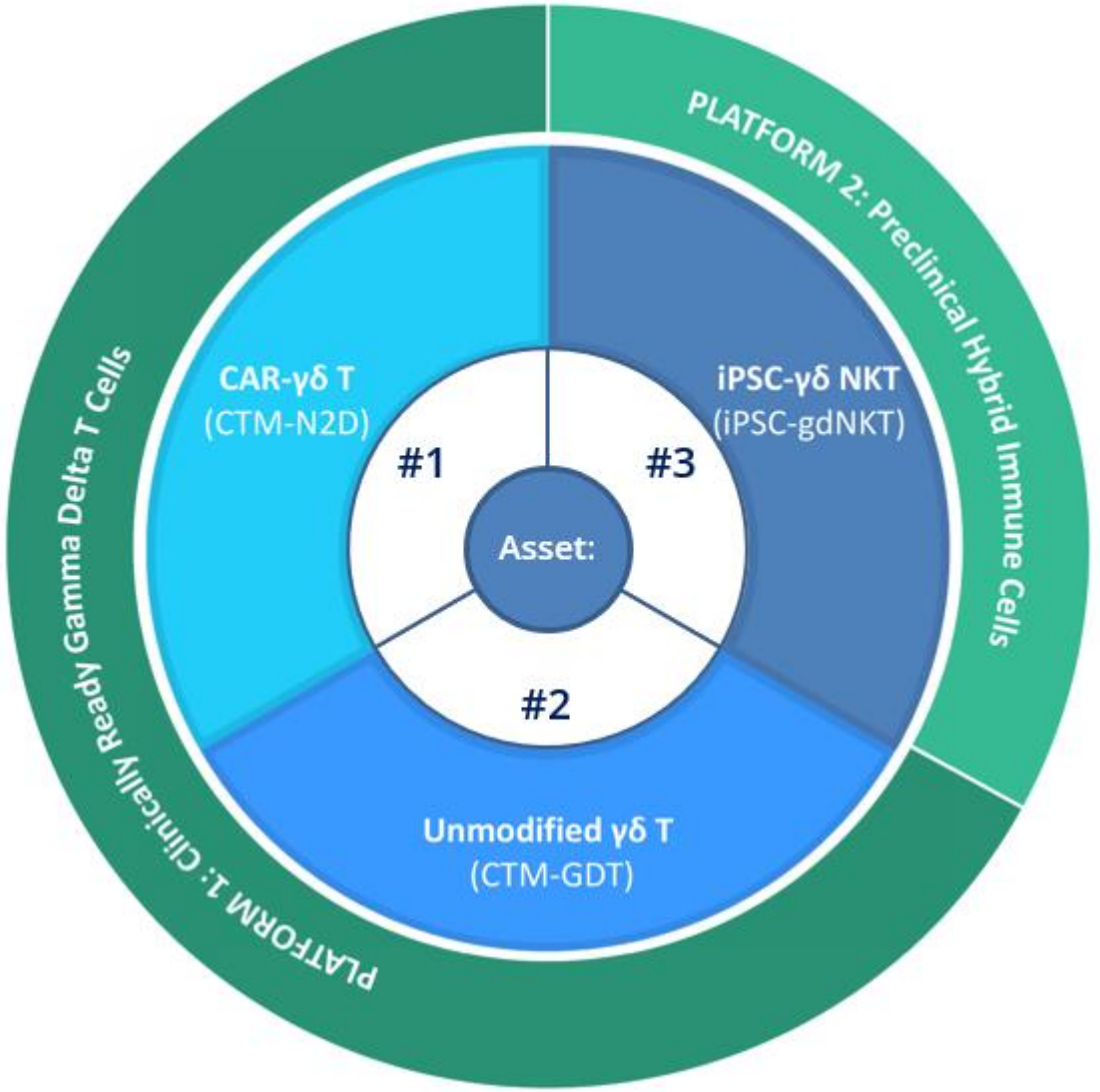
Therapeutic Cell Products

- γδ T cells (CTM-GDT)
- CAR-γδ T cells (CTM-N2D)
- iPSC-γδ NKT cells (iPSC-gdNKT)

Each cell type naturally expresses an array of built-in receptors to recognize cancers.

Starting Materials

- Donor blood cells
- iPSCs (induced pluripotent stem cells)



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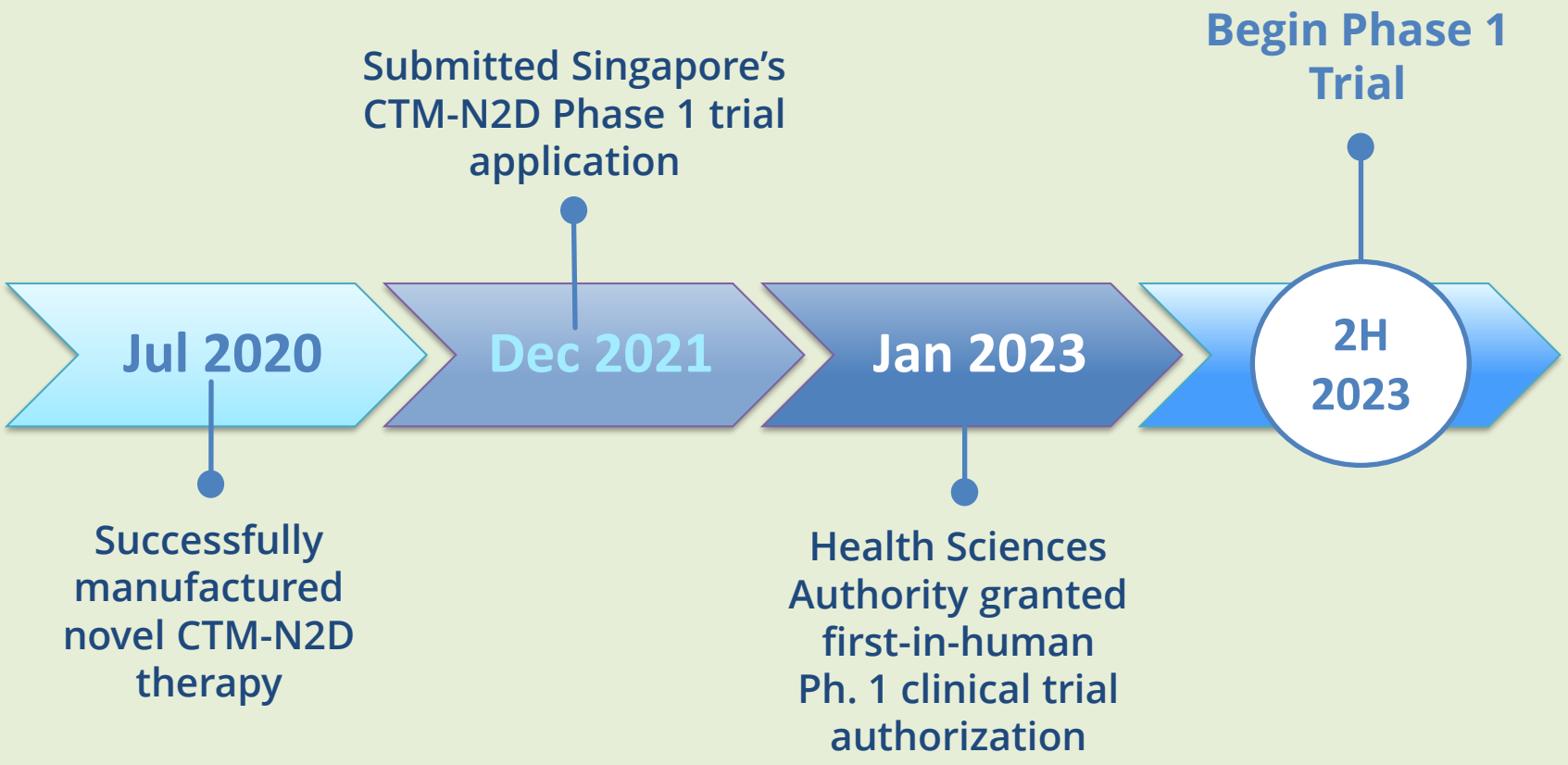
Asset #1 | CAR-γδ T Cell Therapy

Chimeric Antigen Receptor Gamma Delta T Cells



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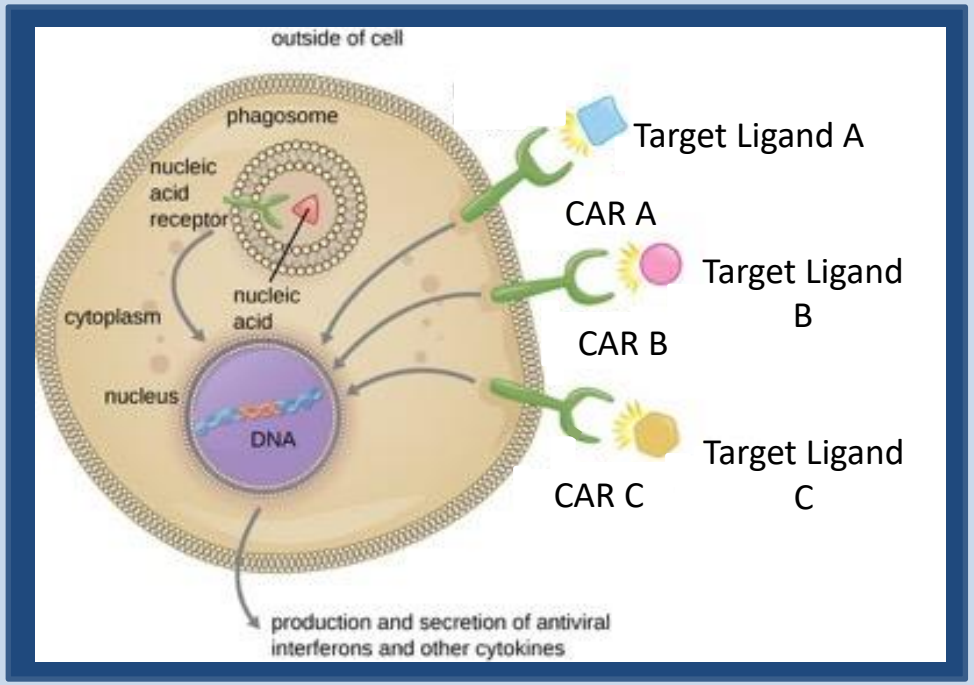
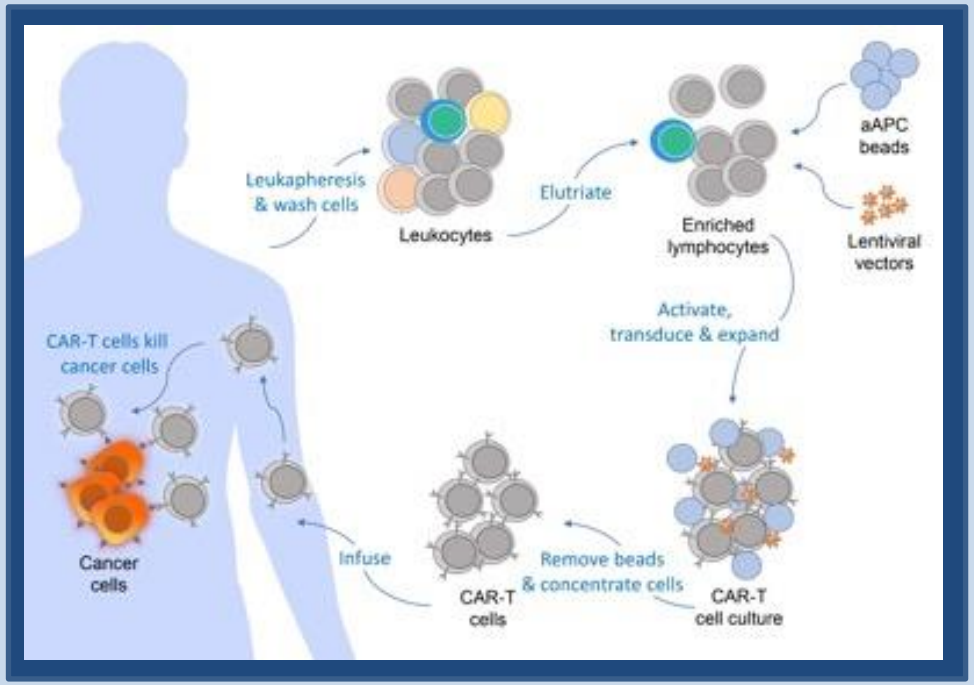
Asset #1 | Building on CAR-T Technology

Chimeric Antigen Receptors (CAR) can specifically recognize and will only bind to ligands. Upon CAR-ligand binding, signals are sent into the immune cell activating it to kill the target.

CAR Introduction



CAR-T Therapy Introduction



Conventional CAR-T technology has severely limited to target solid tumors. CytoMed's γδ T cells grafted with NKG2DL-targeting CAR are engineered for hematologic AND solid tumors.

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Asset #1 | CytoMed's Streamlined Manufacturing

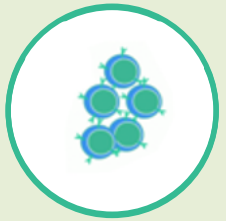
Simple blood draw

Healthy donor

- Potentially guaranteed cell numbers
- Reasonable cell quality
- Potentially no contamination of cancer cell

Mononuclear cell isolation

γδ T cell expansion



mRNA electroporation

- Potentially no risk of secondary cancers
- Potentially no risk of long-term adverse effects

CYTOMED'S CAR-grafted γδ T CELLS

Material Collection

Material Source

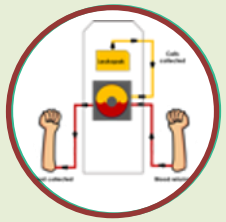
Material Characteristics

Manufacturing Stage 1

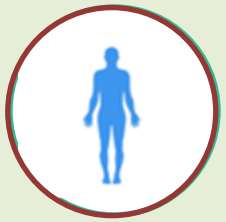
Manufacturing Stage 2

Manufacturing Stage 3

CAR Installation



Invasive leukapheresis



Cancer patient

- Limited cell numbers
- Poor cell quality
- Potential cancer cell contamination

CONVENTIONAL CAR-grafted αβ T CELLS

Washing leukocytes

Counterflow centrifugal elutriation

Using beads and lentiviral vectors on T cells

- Potential risk of secondary cancers
- Potential risk of adverse effects

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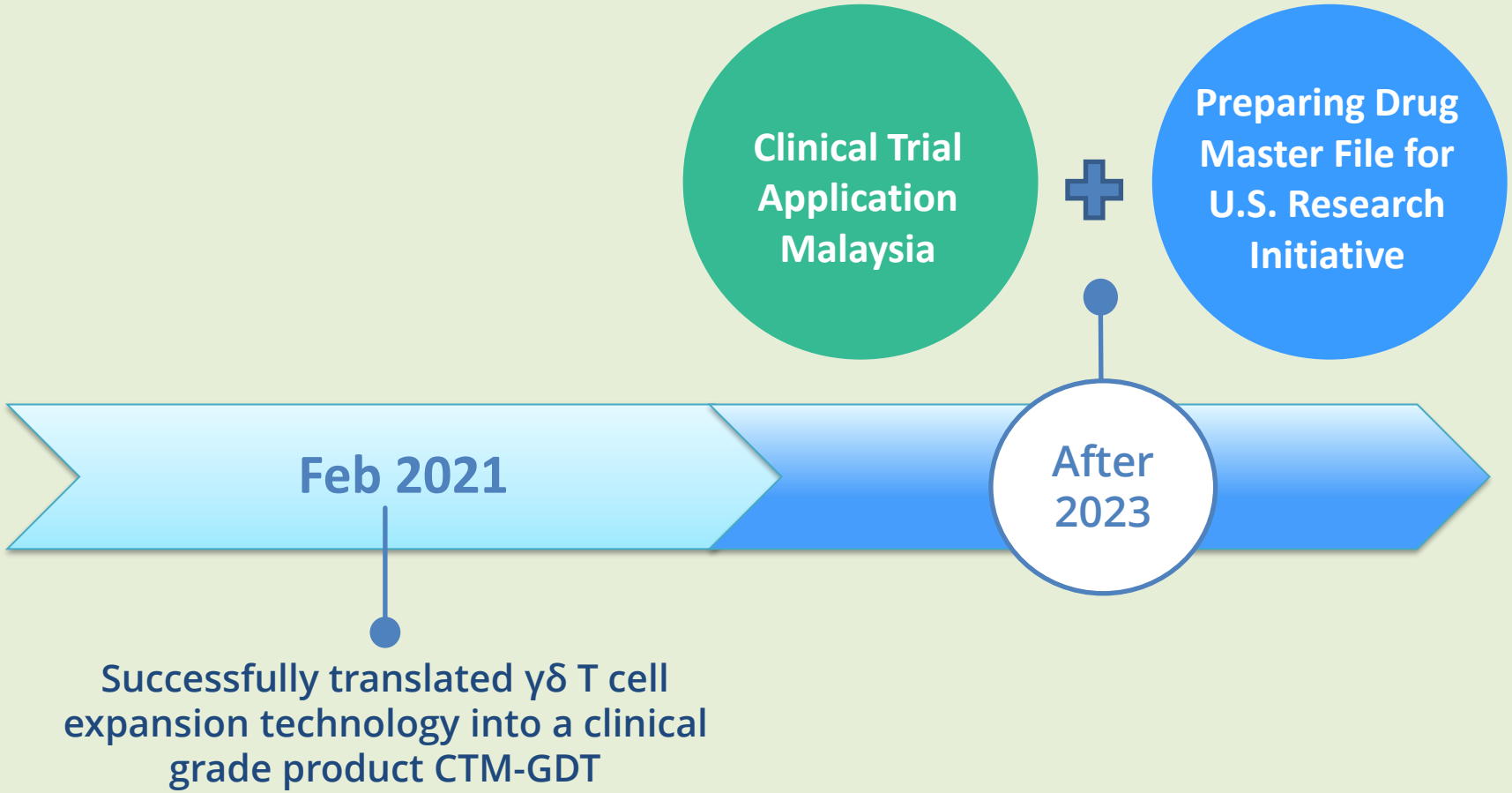
Asset #2 | Unmodified γδ T Cell Therapy

Unmodified Gamma Delta T Cells



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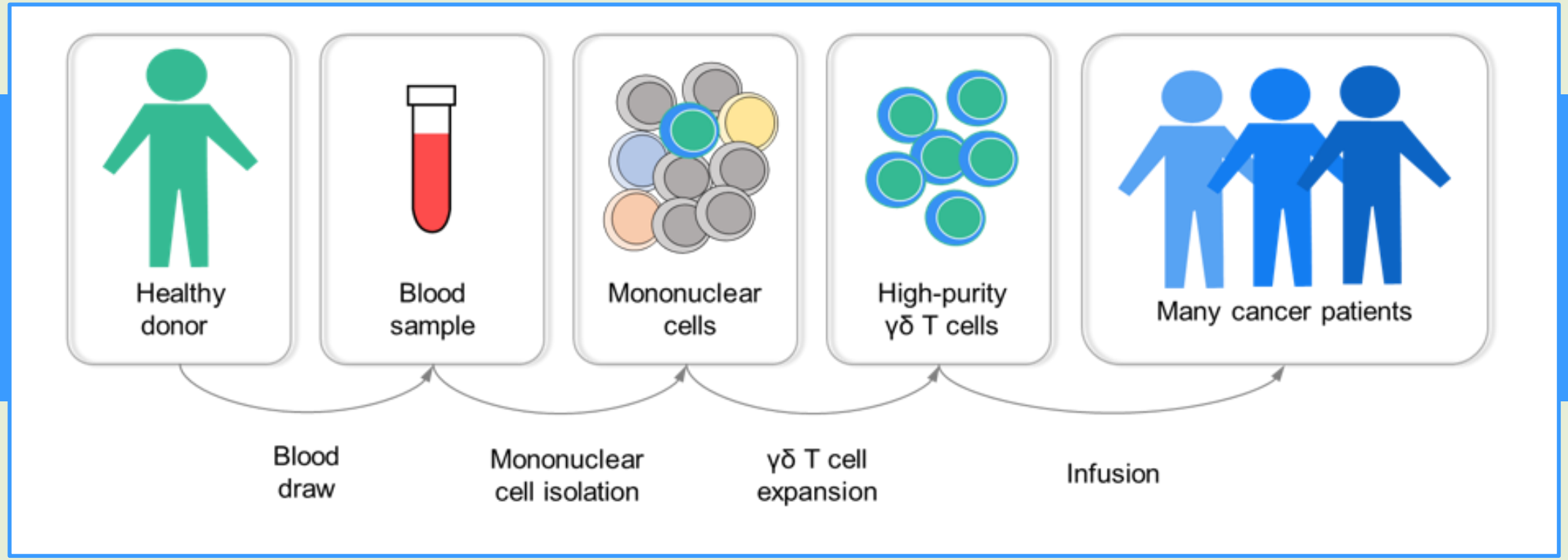
Asset #2 | Unmodified γδ T Manufacturing

CTM-GDT consists of expanded allogeneic gamma delta T cells and exploits the inherent potential of these cells to recognize and treat a broad range of cancers.



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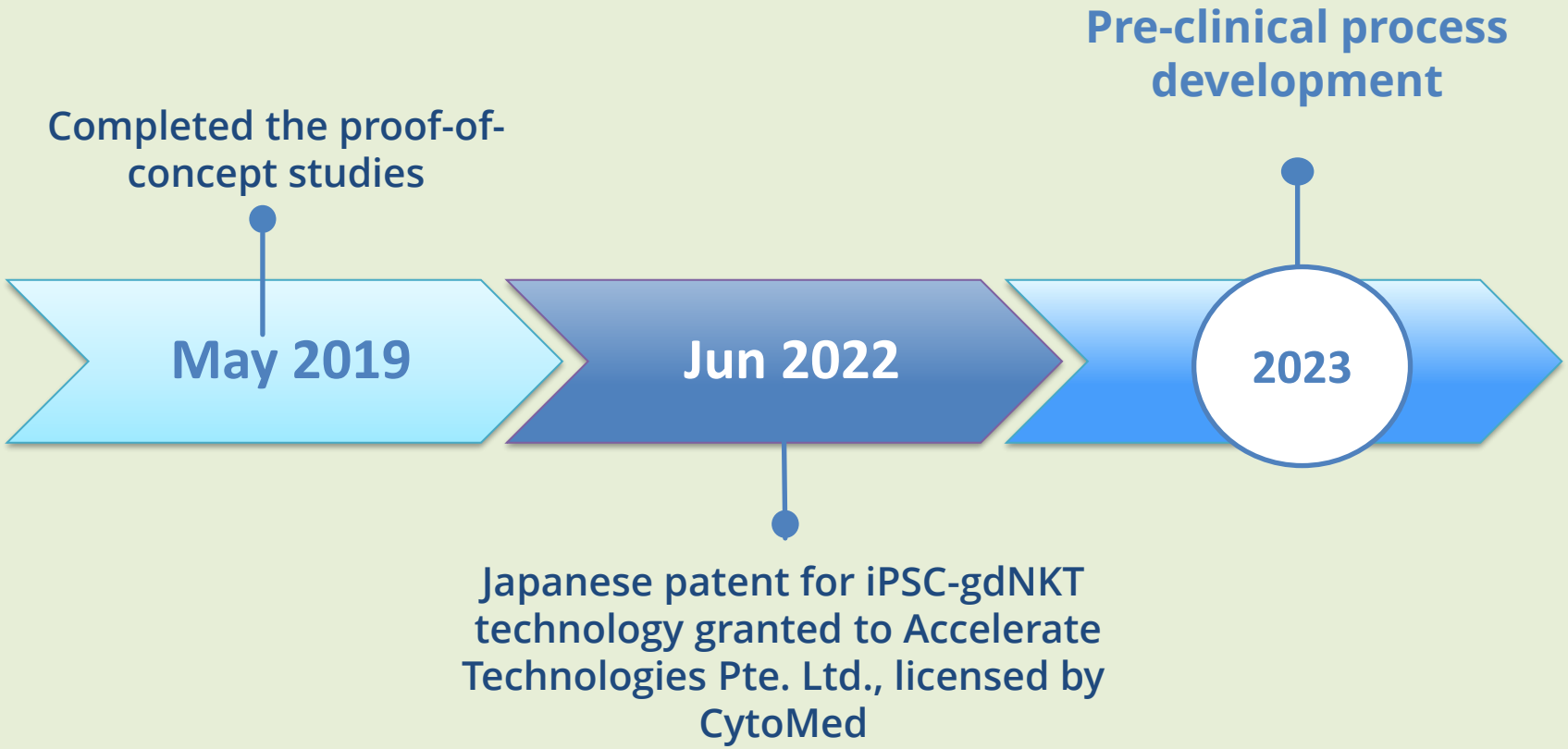
Asset #3 | iPSC-γδ NKT Cell Therapy

Novel Gamma Delta Natural Killer T Cells Generated from Induced Pluripotent Stem Cells



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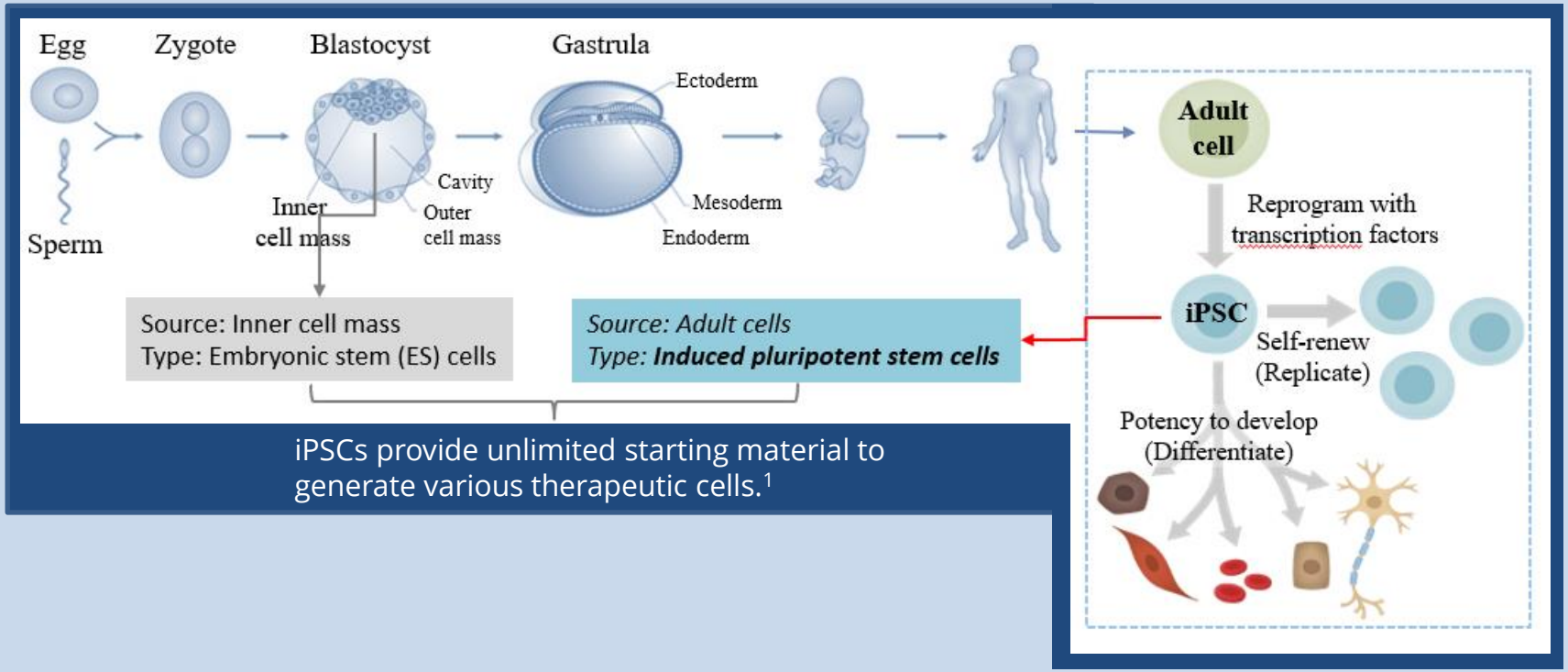
Asset #3 | What is iPSC?

To move away from blood donor dependency, we believe iPSC is significantly more efficient as a starting material to produce immune cells.

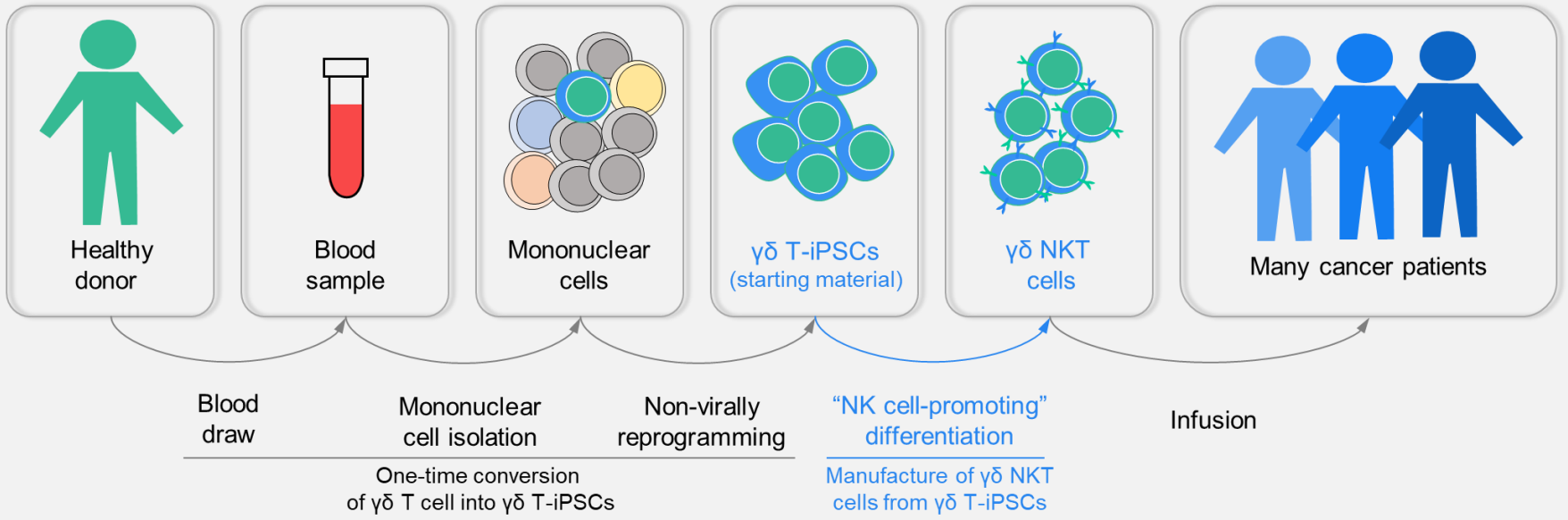
iPSC engineered in the lab is similar to embryonic stem cells



1. Science, 282:1145, 1998; 131:861, 2007

Asset #3 | iPSC-γδ NKT Manufacturing

Integrating cancer recognition capabilities of both gamma delta T cells and natural killer cells into γδ NKT cells to potentially generate one potent therapeutic product.



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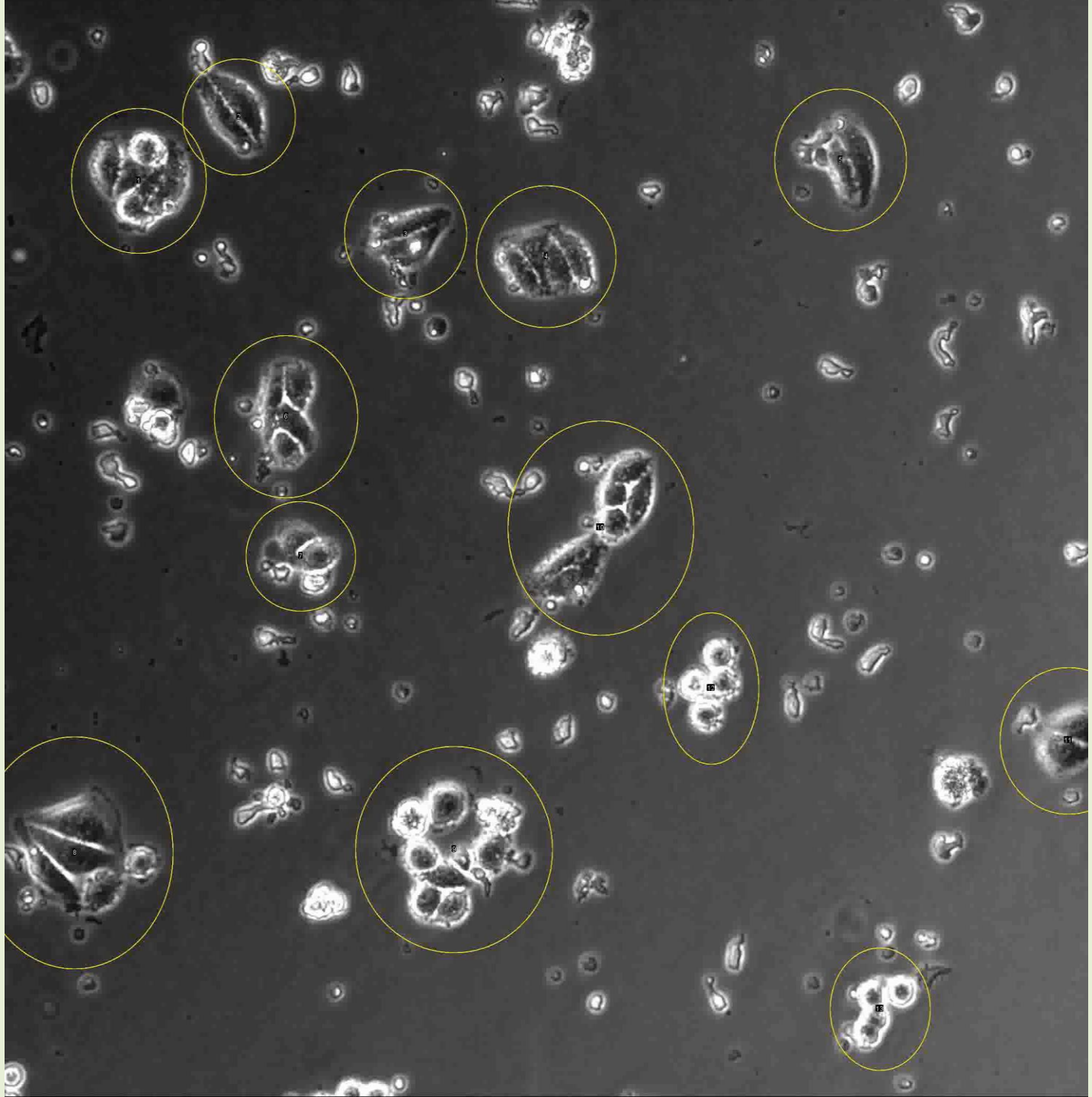
Asset #3

Seek, see and destroy – γδ NKT cells in action!



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Patent-Pending Intellectual Property

Two key patent-pending IPs (exclusively licensed from A*STAR), supporting three allogeneic + “off-the-shelf” + broad spectrum cancer target platforms. Both include manufacturing process, treatment and composition of matter claims.

Patent-pending IP#1:
CAR-γδ T Cell

Patent-pending IP#2:
iPSC-derived γδ NKT Cell

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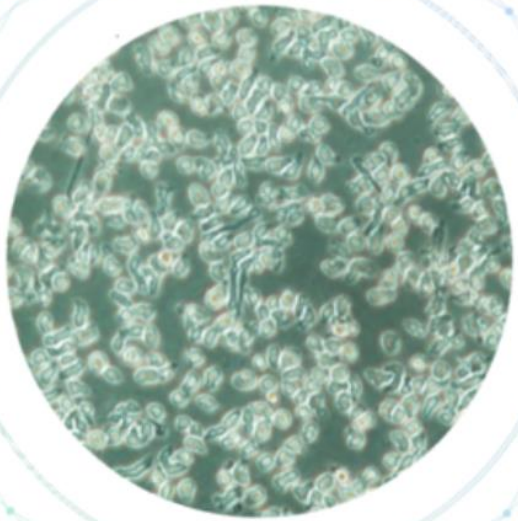
Path to Commercialization

We believe this offering will facilitate our efforts to demonstrate safety before raising additional capital.

CAR-γδ T Cell Therapy

IPO Proceeds

1. Phase 1 trial in Singapore; ~12 patients; up to two years
2. Mid-phase 1, seek approval for more compassionate cases
3. Begin Phase 2 trial; up to three years; focus on efficacy



4. Focus on conditional marketing after Phase 2
5. Phase 3 trial
6. Monetization (manufacturing; licensing)

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Regulatory Progress

CTA application was acknowledged and approved by the Health Sciences Authority, Singapore in January for Phase I ANGELICA clinical trial (NCT05302037) to be conducted with the National University Hospital Singapore

CTM-N2D Therapy Approvals

- ✓ Health Sciences Authority (HSA)
- ✓ National University Hospital (NUH) Singapore
- ✓ Domain Specific Review Board (DSRB, which is the ethics committee)

Manufacturing Standards

- ✓ International PIC/S standard
- ✓ Audited by NPRA, Malaysia
- ✓ Three processing rooms, adequately equipped and staffed to operate all three processing rooms
- ✓ Approved to manufacture CAR-γδ T cells for a phase I trial in Singapore

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Financial Highlights

Year Ended December 31, 2020 and 2021 Financial Highlights

Income Statement	2020	2021	Change
	US$	US$	%
Revenue	-	-	-
Other Operating Income[1]	91,675	111,206	21.3%
Loss for the year	(1,392,236)	(1,475,871) [2]	6.0%
Loss per share attributable to equity holders of the Company	(0.24)	(0.21)	(11.5%)

Net Tangible Assets US$1.84M

Current Ratio 1.12

Cash & Cash Equivalent US$1.81M

Six Months Ended June 30, 2021 and 2022 Financial Highlights

Income Statement	2021	2022	Change
	US$	US$	%
Revenue	-	-	-
Other Operating Income[1]	35,535	107,581	202.7%
Loss for the year	(737,537)	(715,954) [3]	(2.9%)
Loss per share attributable to equity holders of the Company	(0.11)	(0.09)	(15.0%)

Net Tangible Assets US$1.10M

Current Ratio 0.72

Cash & Cash Equivalents US$1.07M

1. Includes, *inter alia*, government grants received in view of the COVID-19 pandemic, research income and interest income from fixed deposits placed with financial institutions.
2. Includes the impairment of investment in associate, FV changes on convertible loans and IPO expenses aggregating US$374K.
3. Includes the FV changes on convertible loans and IPO expenses aggregating US$ 144K.

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Use of Proceeds

Approximately:

- **21.5%** advancing clinical development of CTM-N2D through Phase I and up to the stage of commencing Phase II clinical trial
- **21.5%** technological developments of iPSC-gdNKT
- **10.7%** advancing clinical development of CTM-GDT for Phase I clinical trial in Malaysia
- **37.9%** funding other R&D activities, manufacturing expansion, working capital and general corporate purposes

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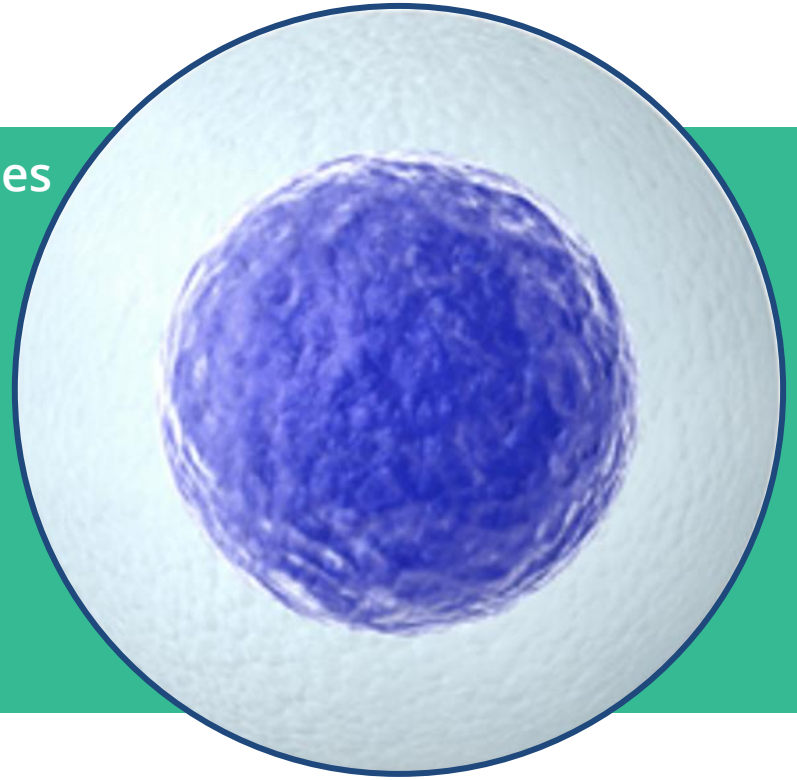
Investment Summary

- Three allogeneic, broad-spectrum cancer targeting cell-based therapies
- Applications for both solid and blood cancers
- Potentially scalable, off-the-shelf products
- Clear strategy for commercialization, to target conditional marketing products post Phase II clinical trial
- High barriers to entry
- Potential for growth
- Potential to address US/EU markets via partnerships



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