

Revised response to ASX Query Letter

Sydney, Australia, 25 February 2026

Chimeric Therapeutics Limited (ASX: CHM, *Chimeric* or the *Company*) has submitted to ASX the attached revised response (**Revised Response**) to the ASX Query Letter dated 23 October 2025.

The Company's initial response to the ASX Query Letter was dated 5 November 2025 and released on ASX on 6 November 2025 (**Initial Response**). This revised response is being provided at ASX's direction under Listing Rule 18.8.

The Company notes that its CHM CORE NK technology is subject to two distinct clinical trials, being ADVENT-AML (CHM CORE NK + Aza Ven) and COMBINATION (CHM CORE NK + Vactosertib).

For context, the ASX Query Letter related to disclosure of results of the ADVENT AML (NCT05834244) Phase 1B clinical trial (the 'Relevant Trial').

In addition, CHM is also undertaking the CORE-NK Combination (NCT05400122) Phase 1B clinical trial. The Company notes that, as announced on 13 November 2025, this trial has been temporarily suspended.

To assist in understanding the difference between the trials, the Company provides the attached slide with key trial details and relevant ASX announcements. The Company's first ASX announcement relating to the Relevant Trial was 19 December 2023. The Company's first ASX announcement relating to the CORE-NK Combination Phase 1B clinical trial was 24 June 2022.

The changes made to the Initial Response are:

1. The following reference has been removed:

"The information regarding the first 'complete response' was reported in a market sensitive announcement released on 7 October 2024 titled "AML patient achieves Complete Response in CHM CORE-NK Combination Phase 1b trial."

The 7 October 2024 announcement titled "AML patient achieves Complete Response in CHM CORE-NK Combination Phase 1b trial" related to the Combination trial, not the ADVENT – AML trial (or Relevant Trial as referred to).

2. The Company confirms that it became aware of the information referred to in ASX Query Letter paragraph 1.1 at 1:59 am on Saturday 27 September 2025 (AEST) when the poster was provided to the Company by the trial sponsor. The clinical data required further analysis to be undertaken by the Company and verification from the trial sponsor up to and including receipt of confirmation on at 2:00 am 2 October 2025 (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open.
3. The Company confirms that the sole CRi MRD (complete response with incomplete count recovery) (**CRi MRD**) positive in the dose escalation cohort of the Relevant Trial was not considered to be information that

a reasonable person would expect to have a material effect on the price of the Company's securities. As outlined in the Revised Response this is due to the CRi MD positive in the dose escalation cohort only pertaining to 1 out of 6 study subjects at that time.

4. The Company has provided clarification as to the circumstances in which the Company became aware of the CRi MRD positive in the dose escalation cohort of the Relevant Trial, the Company reiterates that being an Investigator sponsored trial, the Company is not the custodian of the trial database and is reliant on updates from the applicable trial sponsor.
5. The Company has provided further information regarding the disclosure of the CRi MRD positive in the dose escalation cohort of the Relevant Trial in conjunction with the Announcement and consideration of the Company's obligations under the Listing Rules.

Authorised on behalf of the Chimeric Therapeutics Board of Directors.

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25 February 2026

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Sydney NSW 2000

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Dear ASX Listings Compliance

Chimeric Therapeutics Limited ('Company' or 'CHM') – Revised Response to ASX Query Letter

We refer to the letter from ASX Compliance dated 23 October 2025 with the subject heading "Chimeric Therapeutics Limited ('CHM'): ASX Query Letter" (**ASX Query Letter**) and associated subsequent emails. The Company provides this Revised Response at ASX's direction under Listing Rule 18.8.

We provide the Company's Revised Response as follows:

1. **Does CHM consider that the following information, or any part thereof, to be information that a reasonable person would expect to have a material effect on the price or value of its securities?**
 - 1.1 **The results of the dose escalation portion of the 'ADVENT-AML' clinical trial (the 'Trial') for six study subjects disclosed in the Announcement including:**
 - 1.1.1 **That there were 'no dose-limiting toxicities, cytokine release syndrome (CRS), immune effector cell-associated neurotoxicity (ICANS), or graft versus host disease'.**
 - 1.1.2 **That 'CORE-NK cells persisted in patients [sic] blood for more than two weeks after repeat infusions'.**
 - 1.1.3 **That one patient out of six study subjects received a 'complete response'.**

CHM considers only part thereof would expect to have a material impact on price, but ONLY when read in conjunction with the subsequent additional new price sensitive information (**'New Information'**) not disclosed prior to the Announcement, namely:

- To date, fifty seven percent (57%) of the evaluable high-risk frontline subjects treated with this novel combination have demonstrated clinical responses.
- Two new Complete Responses in AML in the phase 1b portion of the trial.

The former is nuanced information requiring analysis and again in part, whereas the latter information in particular could be understood by a 'reasonable person' to potentially have a material impact in its own right.

In particular, the Company considers that the sole complete response with incomplete count recovery (**CRi MRD**) out of six study subjects was not sufficient to establish a statistically appropriate basis to draw conclusions at that time. As such, it was not information which could be understood by a 'reasonable person' to have a material effect on the price or value of the Company's securities given it only related to one in six patients achieving a CRi MRD positive response.

On the disclosure of the information on the poster, the Company considers that the inclusion of the information contained therein was suitable for the purpose of the Conference from a scientific standpoint but is not in and of itself material requiring disclosure under Listing Rule 3.1 at that time. In particular, the 'Conclusions' in the poster relate only to the safety of the Aza Ven combination and persistence of the CHM NK cells supporting the ongoing trial and dose expansion. The reference to the sole CRI MRD positive does not, and should not be taken to, talk to the anticipated 'success' of the treatment or otherwise given the limited data set at that time.

Relevantly the New Information relating to the frontline cohort was not known at the time of the Conference at which the poster presentation was made (being between 3 and 6 September 2025).

In terms of the New Information with frontline dosing the Company was notified after the Conference. The Company received an email at 1:59 am on 27 September 2025. At this time the Company commenced review of the information liaising with the responsible party, MD Anderson Cancer Centre (see below), to verify and confirm the terms of the Announcement. Only in conjunction with and substantiated by the New Information, did the Company consider that the abovementioned elements of ASX Query Letter paragraph 1.1 should form part of the disclosure. This is based on the stronger results contained in the New Information as indicated by four out of seven positive outcomes as disclosed on 2 October 2025. Specifically, two complete responses, one complete response with incomplete count recovery and one partial response.

For additional context, CHM CORE-NK is the technology used in the ADVENT-AML trial. This trial is an investigator sponsored trial lead and majority funded by MD Anderson Cancer Center using CHM technology.

ADVENT-AML is the name of the trial, listed on [www.clinicaltrials.gov](https://clinicaltrials.gov). Specifically, [https://clinicaltrials.gov/study/NCT05834244?term=AREA%5BBasicSearch%5D\(Azacitidine%20AND%20SCT\)&rank=8](https://clinicaltrials.gov/study/NCT05834244?term=AREA%5BBasicSearch%5D(Azacitidine%20AND%20SCT)&rank=8), noting the responsible party is MD Anderson Cancer Centre.

1.2 Any other clinical or translational data from the Trial included in the poster presentation made at, or otherwise disclosed during, the Conference.

None.

1.3 The results of the treatment of seven evaluable subjects in the ongoing frontline cohort of high-risk patients with newly diagnosed acute myeloid leukaemia ('AML') disclosed in the Announcement, including:

1.3.1 That 'four clinical responses have been reported which include two complete responses (CRs), one complete response with incomplete count recovery (CRi) and one partial response (PR)'

1.3.2 That there have been 'no unexpected safety findings in this group of patients and the combination of CORE-NK with azacitidine and venetoclax continues to be well-tolerated by patients.'

Yes. Also refer to response in 1.1.

The 2 complete responses were previously disclosed upon Company notification as announced on 15 May 2025 and the New Information relating to the frontline dosing and two new Complete Responses in AML was disclosed once the Company was made aware and have received confirmation of these results following the verification and analysis of the clinical data undertaken by the Company and MD Anderson up to and including receipt of confirmation on October, 2nd 2025 at 2:00 am (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open.

1.4 Any other information disclosed in the Announcement.

Other than as described in response to items 1.1 and 1.3 above, the Announcement did not contain any other new price sensitive information.

2. **If the answer to any part of question 1 is 'no', please advise the basis for that view and explain why the Announcement was marked by CHM as sensitive when lodged on MAP.**

Please answer separately for each of the items in question 1 above.

2.1 Not applicable.

2.2 The New Information was not included in the poster presentation and the Company was notified of the New Information post the Conference . Refer to response in 1.3 for more details. It was marked as "sensitive" having particular regard to the New Information concerning the 2 additional Complete Responses in AML.

2.3 Not applicable.

2.4 Not applicable.

3. **When did CHM first become aware of the information referred to in question 1 above?**

Please answer separately for each of the items in question 1 above.

3.1 In connection to the New Information regarding frontline dosing and the New Information concerning the 2 additional Complete Responses in AML, CHM was initially notified by MD Anderson on Saturday September 27, 2025 at 1:59 am which then required further analysis of the clinical data to be undertaken by the Company and verification from MD Anderson up to and including receipt of confirmation on October 2nd, 2025 at 2:00 am (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open. The Company wishes to emphasise that the Relevant Trial is led by the trial sponsor and the Company is not the custodian of the databases and therefore is reliant on updates from the trial sponsor.

The Company is aware of its obligations under Listing Rule 3.1, Guidance Note 8 and ASX Code of Best Practice for Reporting by Life Sciences Companies (**Code**).

The Company became aware of the information referred to in ASX Query Letter paragraph 1.1 at 1:59 am on Saturday 27 September 2025 (AEST) when the poster was provided to the Company by the trial sponsor. As noted in the Company's response to question 1, when the Company became aware of the sole CRi MRD out of six subjects it was determined that this information was not in itself material information that would impact the price of the Company's securities.

To further expand on the Company's activities between September 27 and October 2nd, we note as follows:

- Following receipt of notification from MD Anderson on September 27, the Company moved as soon as possible to confirm the information, including that 2 additional Complete Responses had occurred.
- A Complete Response is defined by the NIH National Cancer Institute as "The disappearance of all signs of cancer in response to treatment." Please note this is not included in the Glossary of Terms in the Code but is accepted and highly precise, scientific terminology which must be underpinned by applicable data and expert confirmation.
- The Company obviously needs to be extremely careful to analyse, verify and confirm relevant data and receive expert confirmation before making any statement that a Complete Response has in fact occurred.
- This is consistent with the Company's scientific, ethical and regulatory obligations, as well as the Listing Rules. The Code also emphasizes investors should not be misled about the 'commercial or regulatory significance of a trial'.
- During the period from September 27 to October 2, the Company's Chief Executive Officer, Dr Rebecca McQualter, was in close contact with the Company's Chief Medical Officer, Dr Jason B Litten, and Chief Scientific Officer, Dr Stephanie H Astrow. In particular, Dr Litten is based in the United States and holds the relevant medical licence to access the data and verify the information.
- Additionally, to be able to verify the Complete Clinical Response requires confirmation from expert parties, including the relevant hematologist and pathologist responsible for reviewing

the trial data. This includes, for example, verification that there are “no active blasts”.

- The review and analysis is not merely cursory and required significant and concerted work, applying the expertise of the applicable parties.
- Furthermore, the exercise is not merely ‘confirmatory’ as a Complete Response cannot be determined and hence announced until the process has been completed.
- The Company announced the information as soon as it was able to following receipt of final confirmation on October 2nd.
- For completeness, we note the New Information (especially the 2 additional Complete Responses) remained confidential during this period and was not subject to disclosure, either because it did not constitute “information” for the purposes of Listing Rule 3.1 at that time or because it remained exempt from disclosure under Listing Rule 3.1A, including that the information was incomplete pending the activities described above.

At this point, the Initial Response dated 5 November 2025 incorrectly referred to the 7 October 2024 announcement titled “AML patient achieves Complete Response in CHM CORE-NK Combination Phase 1b trial” and the reference to this announcement has been removed from the Revised Response. The 7 October 2024 announcement related to the Combination trial, not the ADVENT – AML trial (or Relevant Trial).

The information regarding ‘no dose limiting toxicities’ was first announced on 24 October 2024.

3.2 Not applicable.

3.3 Refer to the response in 1.1 above. In addition, the information released at 9:38 am on 21 May 2025 (CHM CDH17 ADVANCES TO DOSE LEVEL 2) was received overnight on 20-21 May.

3.4 Other than as described in response to items 1.1 and 1.3 above, the Announcement did not contain any other new information.

4. **If CHM first became aware of the information referred to in question 1 before the date of the Announcement, did CHM make any announcement prior to that date which disclosed the information? If not, please explain why the information was not released to the market at an earlier time, commenting specifically on when you believe CHM was obliged to release the information under Listing Rules 3.1 and 3.1A and what steps CHM took to ensure that the information was released promptly and without delay.**

Please answer separately for each of the items in question 1 above.

4.1 No. The Company received the New Information in an email at 1:59 am on 27 September 2025. At this time the company commenced review of the information liaising with the responsible party, MD Anderson Cancer Centre (see below), to verify and confirm the terms of the Announcement. The Company has set out in response to question 3 above the steps it has taken between 27 September and 2 October 2025 to comply with its obligations under the Listing Rules once it became aware of the New Information.

In relation to the Dose Escalation Information as discussed in the Company’s response to question 1 and 3, it was determined that the Dose Escalation Information alone was not considered material and therefore did not give rise to an obligation to release information under Listing Rule 3.1.

As noted in response to question 3 above, other information from the trial had previously been released on 24 October 2024 <https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02870858-2A1557574&v=undefined> and 15 May 2025 <https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02947059-2A1596767&v=undefined>.

4.2 No. Refer attached poster. The poster does not contain the two new Complete Responses as this was not part of the dose escalation part of the study. The poster ‘Conclusions’ were consistent with market announcements to that point as announced on 24 October 2024 <https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02870858-2A1557574&v=undefined> and 15 May 2025 <https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02947059-2A1596767&v=undefined> and were not material in the manner of the New Information.

- 4.3 No. This is a different cohort that is a continuation of the trial but a different phase. The 2 complete responses were previously disclosed upon Company notification as announced on 15 May 2025 <https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02947059-2A1596767&v=undefined> and the New Information relating to the frontline dosing and two new Complete Responses in AML was disclosed once the Company was made aware and have received confirmation of these results following the verification and analysis of the clinical data undertaken by the Company and MD Anderson up to and including receipt of confirmation on October, 2nd 2025 at 2 am (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open.
- 4.4 Other than as described in response to items 1.1 and 1.3 above, the Announcement did not contain any other new price sensitive information.

5. **Noting that the Announcement indicates that information disclosed in the Announcement was presented at the Conference, please:**

- 5.1 **specify when (time and date) the poster presentation was first presented or published at the Conference;**
- 5.2 **describe the information included in the presentation; and**
- 5.3 **provide a copy of any presentation, poster or materials used at the conference.**

5.1 The poster was published (available for viewing by attendees) during the Conference between 3 and 6 September 2025.

5.2 The poster presentation is **attached**. This does not contain the two new Complete Responses as this was not part of the dose escalation part of the study. The study has now progressed to the frontline dosing regimen. Please note the poster 'Conclusions' were consistent with market announcements to that point as announced on 24 October 2024 and were not material in the manner of the New Information.

5.3 See previous.

6. **Does CHM consider that the presentation of the information referred to in items 1.1 and 1.2 of question 1 above at the Conference, prior to the Announcement being released on MAP, was compliant with its obligations under Listing Rules 3.1 and 15.7? If so, please advise the basis for that view.**

Yes. The Company was not aware of the New Information at the time of the poster presentation at the Conference and accordingly the Company has complied with Listing Rule 15.7. The New Information, received after the poster presentation at the Conference, was announced in accordance with Listing Rule 3.1.

The Company considers that its treatment of the abovementioned information referred to in paragraph 1.1 of the ASX Query Letter is compliant with the Listing Rules as it is not information that a reasonable person would expect to have a material effect on the price or value of the Company's securities.

As was noted in our earlier response to question 1, the Company distinguished the publication of the information referred to in paragraph 1.1 of the ASX Query Letter in the poster for scientific purposes to its obligation to disclose this information under Listing Rule 3.1.

7. **Does CHM consider that the Announcement:**

- 7.1 **contains sufficient detail for investors or their professional advisers to understand the ramifications of the matters disclosed in it and to assess their impact on the price or value of CHM's securities; and**
- 7.2 **is accurate, complete and not misleading?**

If so, please advise the basis for that view.

Yes, this view is based upon the information received from MD Anderson Cancer Center, the Company's scientific assessment of the information, and industry standards.

CHM is committed to compliance with ASX Listing Rule 3.1 and as per Guidance Note 8 and ASX Code of Best Practice for Reporting by Life Sciences Companies (Code).

Consistent with Guidance Note 8, the Code recognises the inherent technical nature of "information" received during clinical trial processes and the importance of reviewing and distilling material information in a manner which is clear, concise and effective, and further is not misleading or deceptive. The Company acknowledges that interim and/or non-material trial announcements can have a "ramping" effect and endeavours to take a balanced approach, consulting with ASX as necessary.

8. **What arrangements does CHM have in place to ensure compliance with Listing Rules 3.1 and 15.7?**

The Company's Communication and Disclosure Policy available at <https://www.chimerictherapeutics.com/investor> clearly states that "The Company will not disclose price-sensitive information in any forum (including at a general meeting of shareholders) unless it has been previously disclosed to the ASX."

In compliance with Listing Rules 3.1 and 15.7, the Company has not released information that is for release to the market to any person until it has given the information to ASX and has received an acknowledgement that ASX has released the information to the market.

9. **Please confirm that CHM is in compliance with the Listing Rules and, in particular, Listing Rules 3.1 and 15.7.**

Confirmed.

10. **Please confirm that CHM's responses to the questions above have been authorised and approved in accordance with its published continuous disclosure policy or otherwise by its board or an officer of CHM with delegated authority from the board to respond to ASX on disclosure matters.**

This response been authorised and approved in accordance with its published continuous disclosure policy.

If you should have any queries in relation to the above responses, please do not hesitate to contact me.

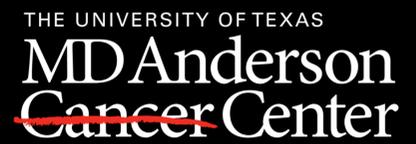
Yours sincerely

Dr Rebecca McQualter
Chief Executive Officer

Phase I Trial of Azacitidine, Venetoclax and Allogeneic NK Cells in Acute Myeloid Leukemia (ADVENT-AML): Results From Dose Escalation Phase

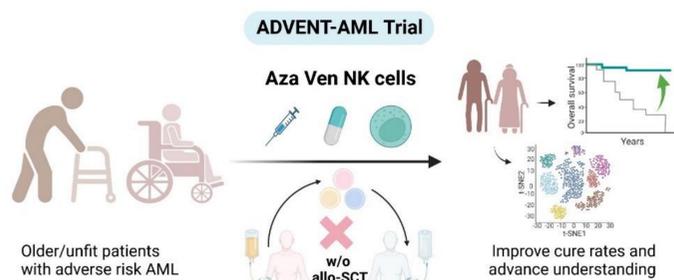
Abhishek Maiti¹, Jeremy Ramdial¹, Courtney DiNardo¹, Kelly Chien¹, Nitin Jain¹, Muharrem Muftuoglu¹, Dzifa Duose¹, Cara Haymaker¹, James Ignatz-Hoover², Michael Andreeff¹, Miranda Lim¹, Allison Pike¹, Lianchun Xiao¹, Xuelin Huang¹, Keyur Patel¹, Jason Litten³, Stephanie Astrow³, Farhad Ravandi¹, Hagop Kantarjian¹, Benjamin Tomlinson², Naval Daver¹, David Wald²

1. University of Texas MD Anderson Cancer Center, Houston, TX, USA
2. Case Western Reserve University, Cleveland, OH, USA
3. Chimeric Therapeutics Ltd, Carlton, South Victoria, Australia



Background

- Older/unfit pts with AML have limited treatment options and are usually ineligible for allo-SCT.
- We hypothesized that adding allogeneic NK cells to current standard of azacitidine-venetoclax (Aza-Ven) may work synergistically and improve long-term outcomes.
- We designed a phase I trial to evaluate the combination of allogeneic NK cells with Aza-Ven (NCT05834244).
- The dose escalation phase enrolled pts with R/R AML.



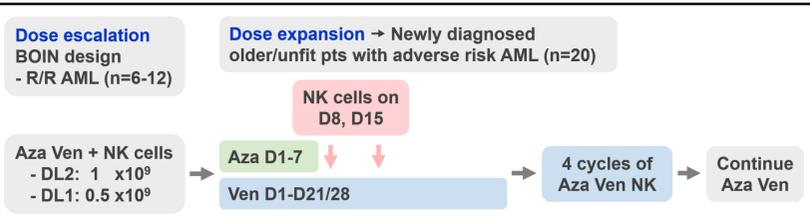
Objectives

- Primary objective:** to determine the safety of this combination.
- Secondary objectives:** measures of efficacy ORR, CRc, OS, RFS
- Exploratory objectives:** persistence of NK cells, cytokine profiling and evaluation of immune microenvironment

Methods

Aza-Ven was administered as standard per USPI

Ex vivo expanded allogeneic NK cells CHM-201 were administered on days 8 and 15 of the first 4 cycles at flat doses of 0.5×10^9 (DL1) and 1×10^9 (DL2) per dose.



Results

6 pts with R/R AML were enrolled across two dose levels. Baseline characteristics are shown in Table 1

Table 1. Baseline Characteristics	N=6
Age, yrs	64 (35-77)
ECOG PS 0-1	6 (100)
Bone marrow blasts, %	50 (20-59)
Cytogenomics	
Complex karyotype	4 (67)
MECOMr	1 (17)
Diploid	1 (17)
TP53	5 (83)
Prior lines of therapies	
Intensive chemotherapy	6 (100)
Venetoclax	5 (83)
Hypomethylating agents	6 (100)
Stem cell transplantation	1 (17)
CAR-T	1 (17)

Safety: There were no DLTs, CRS/ICANS, or acute GVHD.

Most common treatment emergent adverse event of any grade were infusion reactions (8), pneumonia (5), and febrile neutropenia (4).

Table 2. Treatment-emergent adverse events (n)	Grade				
	1	2	3	4	5
Lung infection		1	3		1
Nervous system disorders ¹					1
Febrile neutropenia			4		
Platelet count decreased	1	1	1		
Colitis		1	1		
Anemia			1		
Skin infection				1	
Skin and subcutaneous tissue disorders ²	1	3			
Epistaxis	1	1			
Fall			1		
Gastric hemorrhage			1		
Infusion related reaction		8			
Nausea		5			
Constipation		4			
Diarrhea		4			
Abdominal distension		2			
Abdominal pain		2			
Dyspnea		2			
Edema limbs		2			
Fever		2			
Headache		2			
Postnasal drip		2			

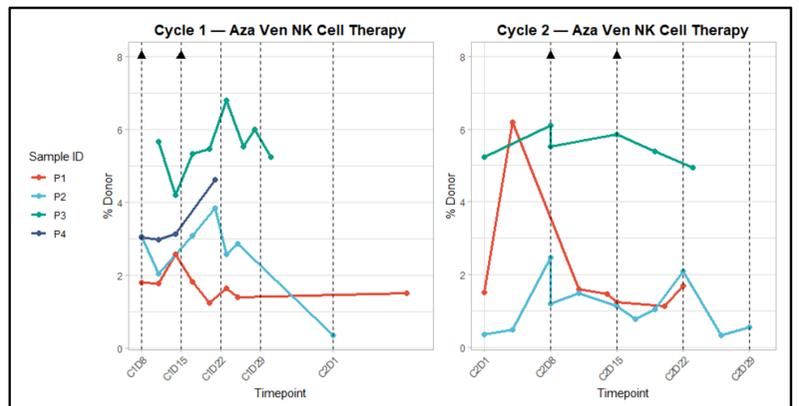
Treatment-emergent adverse events (n)	Grade				
	1	2	3	4	5
Anxiety	1				
Cough	1				
Dizziness	1				
Dysphagia	1				
Dysuria	1				
QTc prolonged	1				
Gastrointestinal disorders	1				
Hemorrhoids	1				
Infections and infestations	1				
Insomnia	1				
Mucositis oral	1				
Pain	1				
Paresthesia	1				
Pruritus	1				
Rhinorrhea	1				
Sinus bradycardia	1				
Urinary frequency	1				
Vomiting	1				
Weight loss	1				

¹ Nervous system disorders included finding of finding intracranial leukemic choromas or hemorrhagic metastases. ² The skin and subcutaneous tissue disorders included wound at biopsy site (1), right forearm cellulitis (1), Generalized erythematous rash (1), Subcutaneous skin nodules (forearms, abdomen) (1), all unrelated to study regimen.

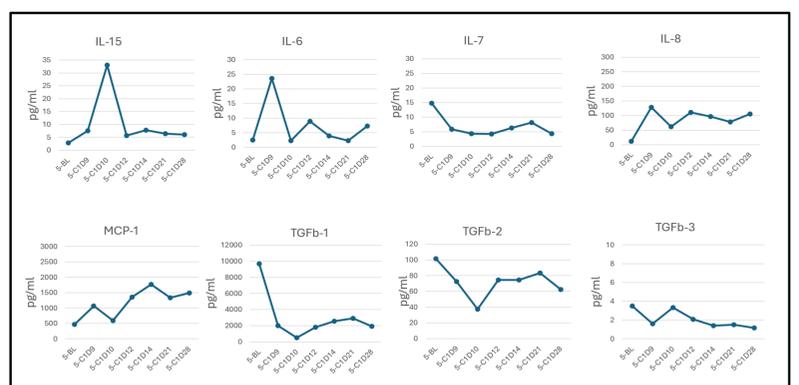
Results

Response: One out of 6 pts achieved CRi MRD positive.

Persistence: An NGS-based chimerism assay (sensitivity 0.1%) showed that infused NK cells could be measured for more than 2 weeks after repeat infusions (n=4).

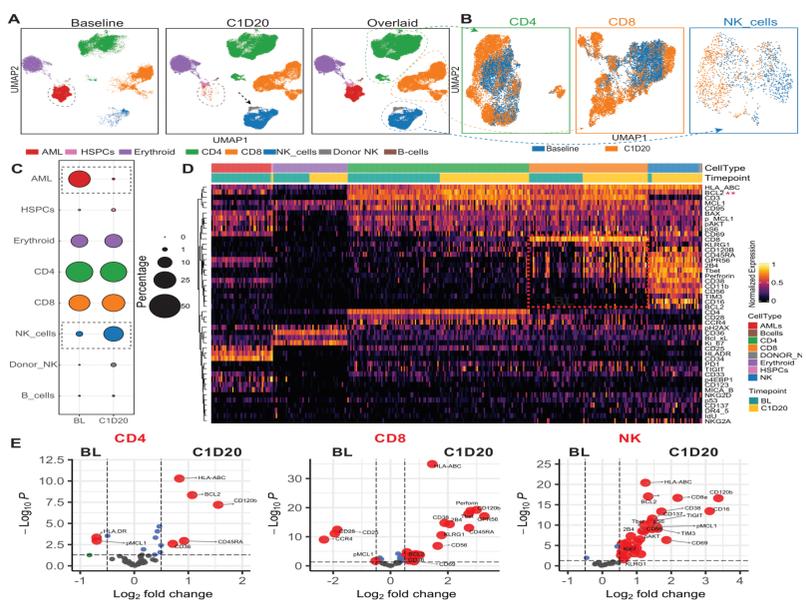


Cytokine profile: Serum cytokine assessment suggested increase in homeostatic cytokines, IL-6, -15, around day 9-10 and concurrent drop in TGFb-1 (n=2).



CyTOF single cell proteomics in the responding pt showed homing of infused NK cells to the BM on day 20, reduction in AML, and phenotypic changes in CD4/8 T cells.

- Expanded NK cells: elevated T-bet and perforin, markers of cytotoxic fitness
- AML cells: ↑ MICA/B, which could sensitize to NK cell killing
- ↑ HLA-ABC, BCL2 expression multiple immune subsets.



Conclusions

- Ex-vivo expanded allogeneic NK cells CHM-201 could be safely combined with Aza Ven in pts with R/R AML
- CHM-201 NK cells had significant persistence delivered without lymphodepletion and migration into BM.
- Dose expansion phase is currently enrolling older/unfit pts with newly diagnosed AML.

Funding

GFCR, MDACC PRIME Award, Chimeric Therapeutics, NCI CCSG

References

1. Bargano et al. Genes Imm 2015
2. Wu et al. Int Immunopharmacol 2022
3. Gang et al. Blood Cancer J 2014
4. Goodyear et al. Blood 2010
5. Brahm et al. Hum Immunol 2001
6. Screpanti et al. J Immunol 2001
7. Pan et al. Cell 2022
8. Lasater et al. Blood 2018
9. Lee et al. Blood 2021
10. Kohlapp et al. Cancer Discov 2021

CHM CORE NK

ADVENT – AML

CHM CORE NK + Aza Ven
Investigator Sponsored Trial*
MD Anderson Cancer Centre

NCT05834244

Active Recruiting

COMBINATION

CHM CORE NK + Vactosertib
Investigator Sponsored Trial*
Case Western University

NCT05400122

Suspended

ASX Announcements

19-Dec-23	ADVENT-AML clinical trial GMP manufacturing complete
15-Jan-24	ADVENT-AML Phase 1B clinical trial open to enrolment
8-Feb-24	1st patient treated in ADVENT-AML Phase 1B trial
5-Jun-24	Phase 1B ADVENT-AML trial advances at MDA
24-Oct-24	Dose finding complete in ADVENT-AML trial
16-Dec-24	[ADVENT-AML] Phase 1B advances to newly diagnosed AML
15-May-25	ADVENT-AML Phase 1B clinical trial update
2-Oct-25	Additional complete responses in CHM CORE-NK Phase 1b trial

ASX Announcements

24-Jun-22	First Phase 1B Trial of NK Cells with IL-2 & Vactosertib
19-Jan-23	1st Patient Dosed in CHM 0201 Vactosertib Trial
16-May-24	CHM CORE-NK Vactosertib Phase 1b Study Re-opens Enrolment
7-Oct-24	AML Patient Achieves Complete Response in CHM CORE-NK Trial-Combination
13-Nov-25	CHM CORE-NK Combination Phase 1b Trial Update (inc. suspension)