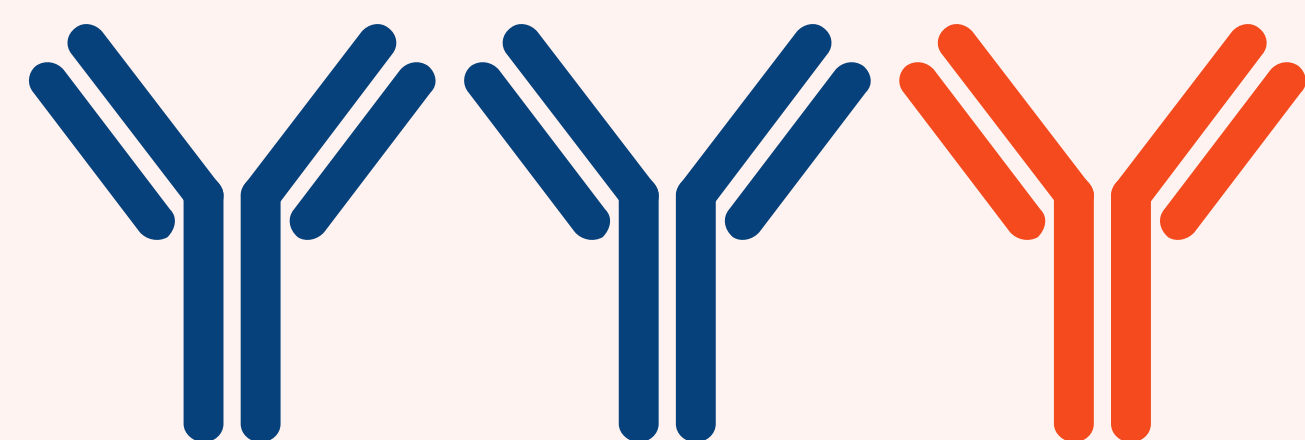


How Specific Are Antibodies, Really?

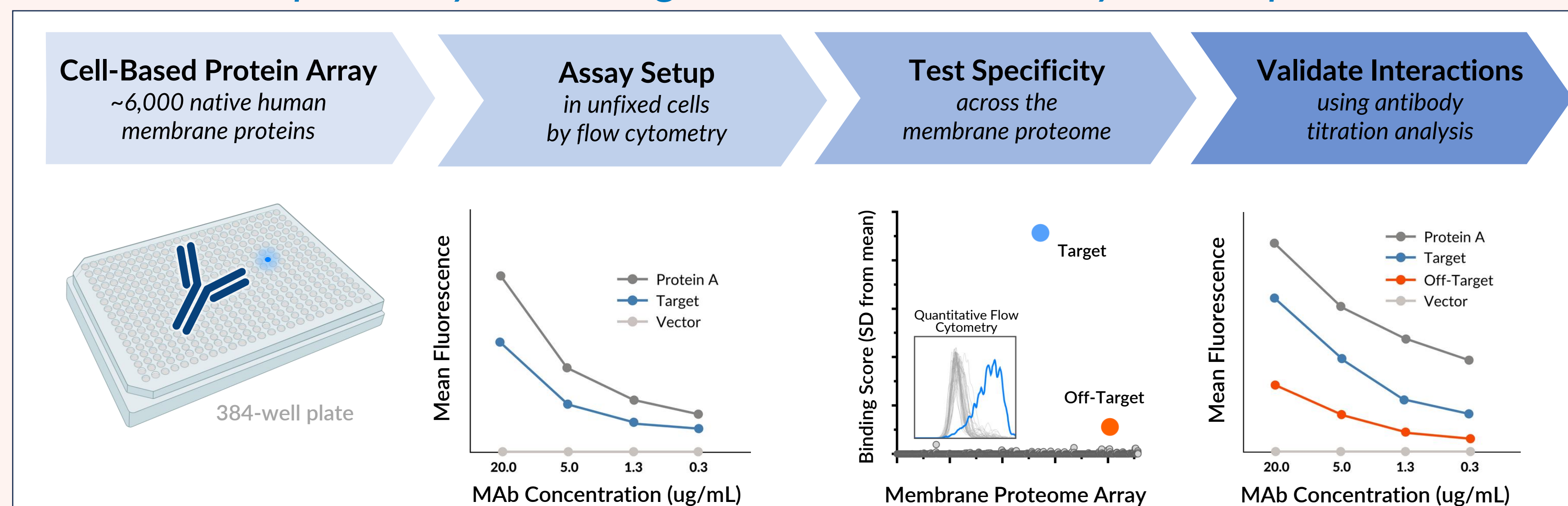


- Off-target binding can cause unintended cellular toxicity, adverse events, and clinical trial failures
- Conventional specificity tools such as tissue cross-reactivity (TCR) studies have been unreliable, leading to off-target binding going undetected

Goal: to determine the true prevalence of polyspecificity in antibody-based drugs

Membrane Proteome Array™ (MPA)

Better Specificity Screening Can De-risk Antibody Development

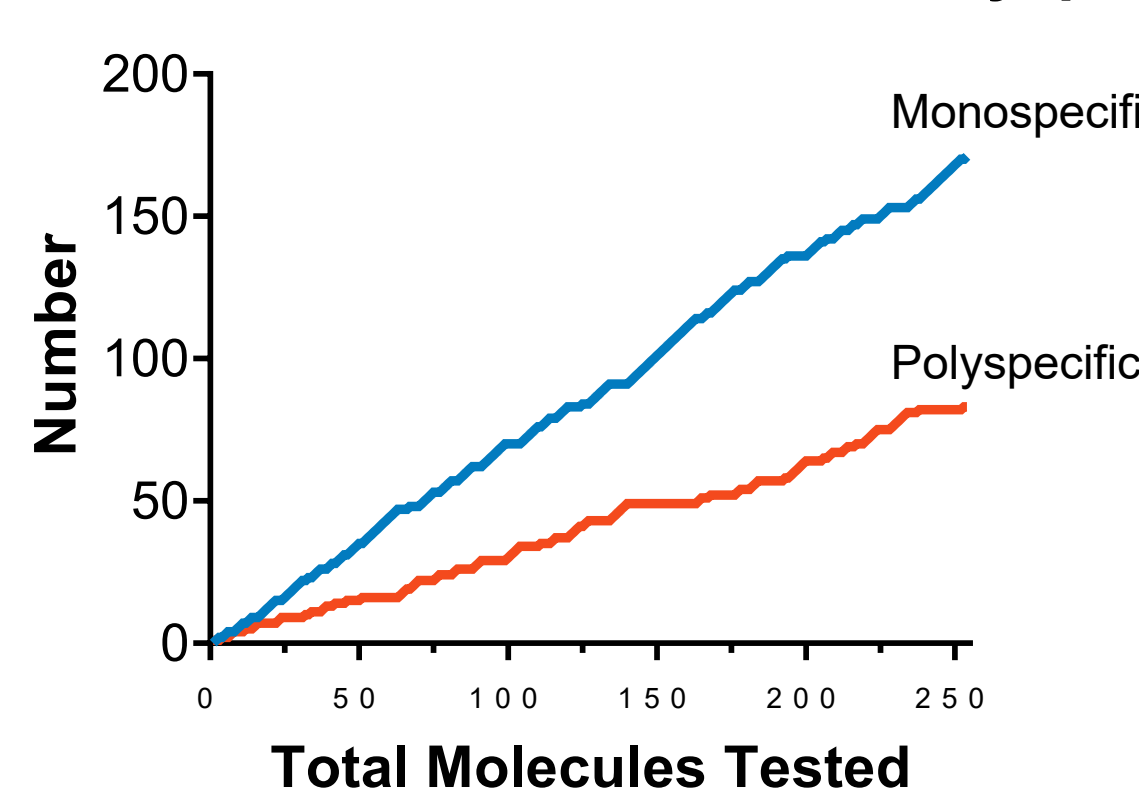


- Compatible with all biotherapeutic modalities
- Proteins screened under unfixed conditions to maintain native conformations
- MPA screening enables confident lead selection and better specificity data for IND
- Optional additional 1,200 native secreted proteins screened by ELISA

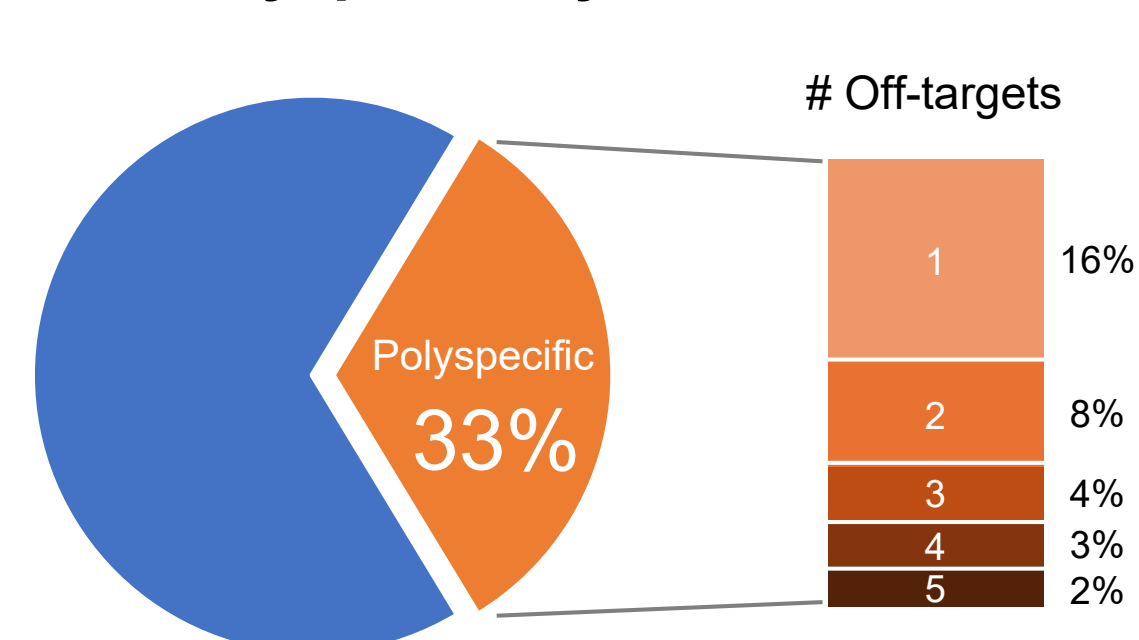
Up to One-Third of Antibody Drugs are Nonspecific

1. Systematic analysis of preclinical lead candidate antibodies

33% of Molecules Tested are Polyspecific



Polyspecificity Profile



Norden et al., 2024, mAbs

- Retrospective analysis of 254 lead candidate antibodies found 83 polyspecific MAbs (32.7%) with validated off-target binding
- About half of the polyspecific antibodies had a single off-target
- Off-target binding was usually against completely unpredictable membrane proteins with no significant sequence homology (common non-CDR-mediated interactions such as binding to Fc receptors or lectins were not counted)

2. Off-target binding contributes to drug attrition

Clinical MAbs Screened on the Membrane Proteome Array				
	All	Approved	Phase 2/3	Withdrawn
# MAbs	83	40	25	18
Off-target	15	6	5	4
Rate	18%	15%	20%	22%

- Biosimilars of clinical or FDA-approved MAbs were produced and tested on the MPA
- The MPA identified polyspecificity among MAbs at all stages of clinical development
- These findings challenge the assumption that antibodies are inherently specific and underscore the critical need for improved testing

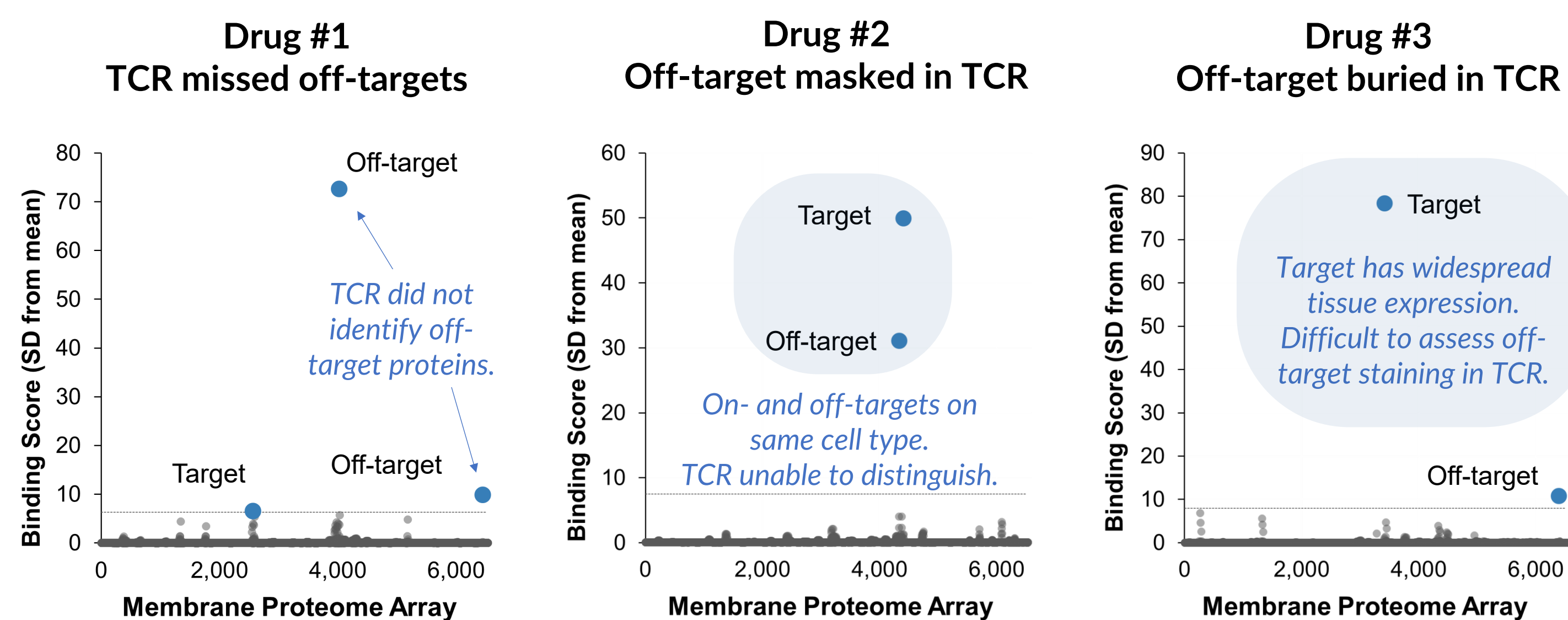
Off-target binding is likely a major cause of drug attrition



Norden et al., 2024

Advantages of the Membrane Proteome Array Over TCR

1. MPA superior over tissue cross-reactivity (TCR) in identifying off-targets



- Biosimilars of FDA-approved MAbs were tested for off-target binding on the MPA, and results were compared to TCR summary data obtained from BLA applications
- MPA identified several off-targets that were missed in immunohistochemistry based TCR studies

Norden et al., 2024, mAbs

2. Comparison of tissue cross-reactivity (TCR) studies vs MPA

TCR	MPA
Identifies target tissue, not protein	Precisely identifies off-target proteins
Fixed/frozen tissues can alter epitopes	Native conformation in unfixed cells
Qualitative assessment (IHC), low sensitivity prone to false positives & negatives	Quantitative analysis, high sensitivity, low false positives & negatives
Incompatible with newer biotherapeutics including CAR-T	Compatible with all biotherapeutics including MAbs, scFv, VHH, ADC, CAR-T
14 weeks, \$\$\$\$	4 weeks, \$

Recent FDA guidance recommends the use of advanced, human-relevant, in vitro assays to assess antibody specificity and drug safety

MPA in Final Review as an FDA-Qualified Drug Development Tool

- FDA guidance recommends the use of advanced, human-relevant, in vitro assays to assess antibody specificity and drug safety
- MPA's ongoing process enhancements incorporate direct feedback from the FDA through its **ISTAND** program



Norden et al., 2024

Why Choose the MPA

- TRUSTED** - Successfully screened 2,000+ MAbs using ISO 9001 certified quality processes; trusted by hundreds of customers
- BIOLOGICALLY RELEVANT** - The only screening platform that assesses its entire library under native conditions
- ACCEPTED** - Data accepted by FDA, EMA, NMPA; 100+ IND submissions filed with MPA data
- QUANTITATIVE** - Flow cytometry provides sensitive and quantitative measurements

