ACTIVATING THE PATIENT’S IMMUNE SYSTEM TO FIGHT CANCER

1Q 2021

6 May 2021
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There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied in these forward-looking statements. These factors include, among other things, risks or uncertainties associated with the success of future clinical trials; risks relating to personal injury or death in connection with clinical trials or following commercialization of the company’s products, and liability in connection therewith; risks relating to the company’s freedom to operate (competitors patents) in respect of the products it develops; risks of non-approval of patents not yet granted and the company’s ability to adequately protect its intellectual property and know-how; risks relating to obtaining regulatory approval and other regulatory risks relating to the development and future commercialization of the company’s products; risks that research and development will not yield new products that achieve commercial success; risks relating to the company’s ability to successfully commercialize and gain market acceptance for Targovax’ products; risks relating to the future development of the pricing environment and/or regulations for pharmaceutical products; risks relating to the company’s ability to secure additional financing in the future, which may not be available on favorable terms or at all; risks relating to currency fluctuations; risks associated with technological development, growth management, general economic and business conditions; risks relating to the company’s ability to retain key personnel; and risks relating to the impact of competition.
1. Introduction and highlights

2. Mesothelioma
3. Melanoma
4. Finance
5. Summary
TARGOVAX AT A GLANCE

ONCOS-102

**Lead product candidate**
- Class-leading data in monotherapy and combinations with chemo and aPD-1
- Powerful immune activation
- Ideal combination partner to aPD-1
- Path to market

**Pipeline**
- Novel virus approaches
- Novel payloads and modes of action
- Mutant RAS cancer vaccine concepts

**Vision:**
Unlock greater clinical benefits in cancer patients by deploying multifunctional platforms to target key immune regulators and oncogenic drivers
EARLY-STAGE DEVELOPMENT SUCCESSFULLY COMPLETED – ENTERING LATE-STAGE DEVELOPMENT

Early-stage development
- Clinical efficacy
- Immune activation
- Well tolerated

Late-stage development
- PD-1 refractory melanoma

Expansion opportunities
- Mesothelioma
- Colorectal cancer
- Other indications
- Other IO combinations
- Platform development
# CLINICAL AND PRECLINICAL PIPELINE

<table>
<thead>
<tr>
<th>Product candidate</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Collaborator</th>
<th>Next expected event</th>
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<tr>
<td>ONCOS-102</td>
<td>Melanoma</td>
<td></td>
<td></td>
<td>AstraZeneca</td>
<td>1H 2022 First patient</td>
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<td>Combination w/anti PD1</td>
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<td>CANCER RESEARCH INSTITUTE</td>
<td>Updates by collaborator expected 1H22</td>
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<tr>
<td></td>
<td>Colorectal cancer</td>
<td>Combination w/Imfinzi</td>
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<td>MERCK</td>
<td>1H 2021 Survival update</td>
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<td></td>
<td>Combination w/pemetrexed/cisplatin</td>
<td></td>
<td></td>
<td>leidos</td>
<td>Updates at conferences</td>
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<td>ONCOS-200 series</td>
<td>Next Gen viruses</td>
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<td>Papyrus</td>
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<td>Novel mutRAS concepts</td>
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<td>VALO THERAPEUTICS</td>
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<td></td>
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<td></td>
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<td>OBLIQUE THERAPEUTICS</td>
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</tbody>
</table>
RECENT HIGHLIGHTS

- Received **Fast-Track** designation from the US FDA for ONCOS-102 in malignant pleural mesothelioma. This opens the potential for expedited development path and review.

- Continued **survival benefit** in Targovax’s ONCOS-102 trial in mesothelioma at the 21-month follow-up.

- Entered a research collaboration with **Papyrus Therapeutics** to develop novel ONCOS viruses with receptor tyrosine kinase (RTK) inhibitor functionality.

- Obtained US **patent** for ONCOS-102 in combination with CPI.

- **Maintained** TG + chemo **patent** as granted after opposition in EPO.

- Announced **Dr Sonia Quaratino** as a new member of the Board.
Mesothelioma

3. Melanoma
4. Finance
5. Summary
ONCOS-102 MESOTHELIOMA PHASE 1/2 COMBINATION WITH SoC CHEMO
ENCOURAGING CLINICAL OUTCOMES IN 1ST LINE

**Trial design**
- 1st and 2nd (or later) line
- ONCOS-102: 6 intra-tumoral injections
- SoC chemo: pemetrexed and cisplatin, 6 cycles

<table>
<thead>
<tr>
<th></th>
<th>Safety lead-in n=6</th>
<th>Experimental n=14</th>
<th>Control n=11</th>
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<tbody>
<tr>
<td>1st line</td>
<td>3</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>2nd line¹</td>
<td>3</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

**Median PFS, months**
- Oncos-102 + SoC, n=8: 9.8 months
- SoC, n=6: 7.6 months

**Alive after 21 months**
- 50%Alive after 21 months
- 17%Alive after 21 months

**Median OS, months**
- ≥ 20.5
- mOS not yet reached
- 13.5

¹ Also including later lines
SoC – Standard of Care
mOS: median Overall Survival. mPFS: median Progression Free Survival
mPFS when combining safety lead-in and randomized part in first line is 8.9 months
FIRST LINE DATA ARE MATURING AND ALREADY COMPETITIVE - MOS WILL BE 20.5 MONTHS OR MORE

1 Tsao 2019 (JCO) compared cediranib + pem/cis vs pem/cis; data from pem/cis arm presented on plot.
2 Vogelzang 2003 was the basis for FDA approval of pemetrexed.
3 Ceresoli 2006, Pemetrexed plus carboplatin.
4 Scagliotti 2019 (Lancet) compared nintedanib + pem/cis vs pem/cis; data from pem/cis arm presented on plot.
5 Zalcman 2016 (Lancet) compared bevacizumab + pem/cis vs pem/cis; data from pem/cis arm presented on plot.
6 Baas 2020 CheckMate 743. Nivolumab + ipilimumab for two years vs pem/cis (or carboplatin). Ipi/nivo was approved in first line by FDA on October 2, 2020.
7 Nowak 2020 (Lancet Oncology) Pem / cis (6 cycles) + durvalumab (12 months)
8 1L randomized patients mOS will change: Experimental group, 8 patients (4 censored). Control group, 6 patients (1 censored)

mOS: median Overall Survival. mPFS: median Progression Free Survival
FAST TRACK DESIGNATION AND EVOLVING SURVIVAL DATA PROVIDE OPPORTUNITIES

Well **tolerated** combination therapy
Clear clinical activity in **1st line** patients
Interim **survival** data promising even without CPI
FDA granted **Fast Track** designation in mesothelioma

**Next steps**
- Continue follow patients to determine mOS
- Decide development path
- Leverage collaboration partner Merck
Melanoma

4. Finance
5. Summary
ONCOS-102 TRIAL IN ANTI-PD1 REFRACTORY MELANOMA: 35% ORR AND SYSTEMIC EFFECT

**Patient population**
- Advanced, unresectable melanoma
- Disease progression despite prior treatment with anti-PD1
- Poor prognosis, with few treatment alternatives
- 20 patients, 11 stage III and 9 stage IV

**Treatment regime**
- **Part 1:** 3 ONCOS-102 injections followed by 5 months of Keytruda
- **Part 2:** 12 ONCOS-102 injections - priming and concomitant

**Clinical data**
- **35% ORR** by RECIST 1.1 and irRECIST
  - 1 Complete Response (CR) (Part 1)
  - 6 Partial Responses (PR) (2 in Part 1, 4 in Part 2)
- Multiple examples of systemic effect
- Robust systemic and local immune activation
- Well tolerated, no safety concerns

ORR - Overall Response Rate
RESPONDERS TYPICALLY HAD REDUCTION IN TUMOR BURDEN ALREADY AT THE WEEK 9 MEASUREMENT

Change in tumor volume through study; normalized to baseline (BL=100)

- Complete response (CR)
- Partial response (PR)
- Stable disease (SD)
- Progressive disease (PD)

Possible pseudo-progression
## CASE EXAMPLE 1: PATIENT WITH COMPLETE RESPONSE

### Tumor response, 1 of 1 injected lesion

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Week 3</th>
<th>Week 9</th>
<th>Week 18</th>
<th>Week 27 (EoS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progression on pembrolizumab</td>
<td>3x ONCOS-102 only (no pembrolizumab)</td>
<td>3x ONCOS-102 &amp; 2x pembrolizumab</td>
<td>3x ONCOS-102 &amp; 5x pembrolizumab</td>
<td>3x ONCOS-102 &amp; 8x pembrolizumab</td>
</tr>
</tbody>
</table>

### Patient characteristics

<table>
<thead>
<tr>
<th>Tumor stage at enrolment:</th>
<th>IIIb</th>
<th>Prior therapies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T4a, N2b, M0</td>
<td></td>
<td>Surgery (x3)</td>
</tr>
<tr>
<td>RECISt 1.1:</td>
<td>CR, week 9-27</td>
<td>Ipilimumab</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dabrafenib + Trametinib</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pembrolizumab</td>
</tr>
</tbody>
</table>
CASE EXAMPLE 1: PATIENT WITH COMPLETE RESPONSE TUMOR T-CELL INFILTRATION

<table>
<thead>
<tr>
<th>T-cell infiltrate, 1 of 1 injected lesion</th>
<th>Baseline</th>
<th>Week 3</th>
<th>Week 9</th>
<th>Total level of T-cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD8+ T-cells</td>
<td><img src="image1" alt="Baseline CD8+" /></td>
<td><img src="image2" alt="Week 3 CD8+" /></td>
<td><img src="image3" alt="Week 9 CD8+" /></td>
<td><img src="image4" alt="Wk 3" /></td>
</tr>
<tr>
<td>Low CD8+ level at baseline</td>
<td>15x increase from baseline</td>
<td>CR, mainly necrotic tissue; some T-cells still present</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| CD4+ T-cells*                          | ![Baseline CD4+] | ![Week 3 CD4+] | ![Week 9 CD4+] | ![Wk 3](image5) |
| Low CD4+ level at baseline             | 12x increase from baseline | | |

Progression on pembrolizumab 3x ONCOS-102 only 3x ONCOS-102 & 2x pembrolizumab

* FOXP3+ cells (T_{reg}) only present at very low level
**CASE EXAMPLE 2: PARTIAL RESPONSE IN PATIENT REFRACTORY TO BOTH T-VEC AND ANTI-PD1**

### Tumor response, 2 of 2 injected lesions

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Week 3</th>
<th>Week 9</th>
<th>Week 18</th>
<th>Week 27 (EoS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Baseline" /></td>
<td><img src="image2" alt="Week 3" /></td>
<td><img src="image3" alt="Week 9" /></td>
<td><img src="image4" alt="Week 18" /></td>
<td><img src="image5" alt="Week 27" /></td>
</tr>
<tr>
<td>Monotherapy activity</td>
<td>Lesion 1 of 2</td>
<td>Monotherapy activity</td>
<td>Lesion 2 of 2</td>
<td>3x ONCOS-102 &amp; 8x pembrolizumab</td>
</tr>
<tr>
<td><strong>Progression on pembrolizumab</strong></td>
<td><strong>3x ONCOS-102 (no pembrolizumab)</strong></td>
<td><strong>3x ONCOS-102 &amp; 2x pembrolizumab</strong></td>
<td><strong>3x ONCOS-102 &amp; 5x pembrolizumab</strong></td>
<td><strong>3x ONCOS-102 &amp; 8x pembrolizumab</strong></td>
</tr>
</tbody>
</table>

### Patient characteristics

<table>
<thead>
<tr>
<th>Tumor stage at enrolment:</th>
<th>IV</th>
<th>Prior therapies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T4a, N1b, M1</td>
<td></td>
<td>Surgery</td>
</tr>
</tbody>
</table>

**RECIST 1.1:**

<table>
<thead>
<tr>
<th></th>
<th>PR, week 9-27</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Monotherapy activity*
CASE EXAMPLE 2: PARTIAL RESPONSE PATIENT REFRACTORY TO T-VEC – T-CELL INFILTRATION

**T-cell infiltrate**, 1 of 2 injected lesions

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Week 3</th>
<th>Week 9</th>
<th>Total level of T-cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD8+ T-cells</td>
<td><img src="baseimage.png" alt="Image" /></td>
<td><img src="week3image.png" alt="Image" /></td>
<td><img src="week9image.png" alt="Image" /></td>
</tr>
<tr>
<td>Some CD8+ presence at baseline</td>
<td>3x increase from baseline</td>
<td>4.5x increase from baseline</td>
<td></td>
</tr>
<tr>
<td>CD4+ T-cells*</td>
<td><img src="baseimage.png" alt="Image" /></td>
<td><img src="week3image.png" alt="Image" /></td>
<td><img src="week9image.png" alt="Image" /></td>
</tr>
<tr>
<td>Some CD4+ presence at baseline</td>
<td>3x increase from baseline</td>
<td>4x increase from baseline</td>
<td></td>
</tr>
</tbody>
</table>

* FOXP3+ cells (T\(_{reg}\)) only present at very low level
HIGHEST INCREASE IN TUMOR T-CELL INFILTRATES OBSERVED IN MELANOMA RESPONDERS

T-cell infiltrate (TIL) for individual patients; tumor mIHC, relative level

Average T-cell level per group

1: One CR patient only
T-CELL SUB-Populations indicative of pro-inflammatory shift in melanoma responders

**T-cell sub-populations; tumor mIHC, relative level**

- **Cytotoxic T-cells**
  - CD8+ / GRB+
  - Baseline, Week 3, Week 9

- **Regulatory T-cells**
  - CD4+ / FOXP3+

**Average % of total T-cell population per group**

- **Baseline, Week 3, Week 9**

- **CR, PR, SD, PD**

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**Notes:**
- **Highest level of GRB+ cytotoxic T-cells in responders**
- **Very high proportion of GRB expressing cytotoxic T-cells, especially in PR patients**
- **T_reg proportion reduced to < 10% only in responders; Dramatic reduction observed in CR patient**

---

1: One CR patient only
# ONCOS-102 IS A WELL-VALIDATED PROGRAM IN ANTI-PD1 REFRACTORY MELANOMA

<table>
<thead>
<tr>
<th>Company</th>
<th>Asset</th>
<th>Stage of Development</th>
<th>Type of molecule</th>
<th>ORR in PD-1 Refractory Melanoma</th>
<th>Abscopal effect</th>
<th>Monotherapy data</th>
<th>Combination w/ aPD1</th>
<th>Combination with chemo</th>
<th>TLR-9 signalling</th>
<th>Inflammatory response</th>
<th>T-cell infiltration</th>
<th>PD-L1 upregulation</th>
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</thead>
<tbody>
<tr>
<td>Targovax</td>
<td>ONCOS-102</td>
<td>Phase 2</td>
<td>Ad5/3 chimeric virus w/GM-CSF</td>
<td>35%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Oncosec</td>
<td>TAVO</td>
<td>Phase 2</td>
<td>DNA plasmid expressing IL12</td>
<td>30%</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>BioNTech</td>
<td>BNT111</td>
<td>Phase 2</td>
<td>mRNA vaccine</td>
<td>35%</td>
<td>N/A*</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>✓</td>
</tr>
<tr>
<td>Replimune</td>
<td>RP1</td>
<td>Phase 2</td>
<td>Herpes virus expressing GM-CSF and GALV</td>
<td>31%</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Checkmate</td>
<td>CMP-001</td>
<td>Phase 2</td>
<td>TLR-9 agonist</td>
<td>23%</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>x</td>
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<tr>
<td>Istari</td>
<td>PVSRIPO</td>
<td>Phase 1</td>
<td>Poliovirus</td>
<td>33%</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>IOVANCE</td>
<td>Lifileucel</td>
<td>Phase 2</td>
<td>Autologous TIL therapy (w/ IL-2)</td>
<td>36%</td>
<td>N/A*</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
</tbody>
</table>

* Systemically administered agents

**ONCOS-102 is validated in multiple clinical settings with a broad immune modulation data package**
ONCOS-102 MELANOMA IMMUNE ACTIVATION

CONCLUSIONS

ONCOS-102 activates the immune system and counteracts multiple mechanisms of immuno-suppression

Multifaceted modulation of the tumor micro-environment induced by ONCOS-102, with a robust shift towards favorable T-cell sub-populations

ONCOS-102 induced immune activation provides broad and powerful priming to sensitize patients to respond to subsequent treatment with checkpoint inhibitors
TOP INTERNATIONAL KOLs CONSULTED FOR ADVICE ON NEXT STEPS

KOLs consulted Q1 2021

Jedd Wolchok
  MSK, New York, USA
Mario Sznol
  Yale, New Haven, USA
Georgina Long
  Melanoma Institute Australia, Sydney
Douglas Johnson
  Vanderbilt, Nashville, USA
Luis de la Cruz
  Hospital Virgen Macarena, Seville, Spain
Friedegund Meier
  Technical University, Dresden, Germany
Jeff Evans
  University of Glasgow, UK

KOL feedback and recommendations for next steps

- **ORR of >30% viewed as positive**, uniform recommendation to **continue development**
- **Systemic effect better than would be expected**, considered very important
- **ONCOS-102 + aPD1 combination** has a shot at **accelerated approval** if the response rate holds up in a single arm phase 2
- Suggestion that Targovax should also consider **ONCOS-102 + aPD1/aCTLA4** double combination
- All KOLs indicated **interest to participate in the next study**
- **Douglas Johnson** confirmed PI of phase 2 trial
TARGOVAX IS PLANNING FOR A STUDY TARGETING ACCELERATED APPROVAL IN PD1 REFRACTORY MELANOMA

Rationale
• Highly competitive clinical data
• No standard of care (yet)
• Fast route to market
• KOL endorsement

Study design – current thinking
• ONCOS-102 + aPD1
• Single arm, ca. 100 patients
• aPD1 (+/- aCTLA4) refractory
• Primary endpoint: ORR
• Additional focus: systemic effect and durability
• Dosing: “Part 2” regimen

Next steps
• Test concrete study design and enrolment criteria with KOLs
• Consult with FDA to agree accelerated approval path
• Select anti-PD1 collaboration partner
• First patient planned 1H 2022
3. Summary
# FIRST QUARTER OPEX IN LINE WITH PREVIOUS QUARTERS

<table>
<thead>
<tr>
<th>NOK m</th>
<th>1Q20</th>
<th>2Q20</th>
<th>3Q20</th>
<th>4Q20</th>
<th>1Q21</th>
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<tbody>
<tr>
<td><strong>Total revenue</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>External R&amp;D expenses</strong></td>
<td>-13</td>
<td>-14</td>
<td>-9</td>
<td>-8</td>
<td>-9</td>
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<tr>
<td><strong>Payroll and related expenses</strong></td>
<td>-11</td>
<td>-11</td>
<td>-9</td>
<td>-12</td>
<td>-11</td>
</tr>
<tr>
<td><strong>Other operating expenses</strong></td>
<td>-5</td>
<td>-5</td>
<td>-4</td>
<td>-3</td>
<td>-2</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>-30</td>
<td>-30</td>
<td>-22</td>
<td>-23</td>
<td>-23</td>
</tr>
<tr>
<td><strong>Operating loss</strong></td>
<td>-29</td>
<td>-30</td>
<td>-22</td>
<td>-23</td>
<td>-23</td>
</tr>
<tr>
<td><strong>Net financial items</strong></td>
<td>3</td>
<td>-4</td>
<td>-1</td>
<td>-3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Loss before income tax</strong></td>
<td>-26</td>
<td>-33</td>
<td>-23</td>
<td>-26</td>
<td>-22</td>
</tr>
<tr>
<td><strong>Net change in cash</strong></td>
<td>65</td>
<td>-34</td>
<td>-24</td>
<td>45</td>
<td>-27</td>
</tr>
<tr>
<td><strong>Net cash EOP</strong></td>
<td>135</td>
<td>101</td>
<td>78</td>
<td>122</td>
<td>95</td>
</tr>
</tbody>
</table>

1 Including patent cost
2 Including depreciation
KEY FIGURES

The company

Cash at end of 1Q
95 / 11
NOK million USD million

Net cash flow - total 1Q
-27 / -3.2
NOK million USD million

Market cap
700 / 84
NOK million USD million

Analyst coverage
DNB, Carnegie, H.C. Wainwright

Share liquidity

150% of shares traded last 12 month

Share turnover per month\(^1\)
Million shares

Daily value traded
Average last 12 months
3.4 / 0.4
NOK million USD million

1 Includes new shares from private placements
TG + CHEMO PATENT MAINTAINED AS GRANTED AFTER OPPOSITION IN EUROPEAN PATENT OFFICE

Background

- An undisclosed party opposed to the granted patent EP 3140320, claiming:
  - Lack of novelty (not new)
  - Lack of inventive step (obviousness)
  - The patent does not disclose the invention in a sufficiently clear and complete manner
  - The patent extends beyond the content of the application/earlier applications
- The Opponent requested the patent to be revoked in full

Outcome

- Oral proceedings with Opposition Division was held on April 29
- All objections from the opponent were rejected by the Opposition Board
- The patent is maintained as granted
Summary
IN SUMMARY

- Lead product ONCOS-102 directed to the $25 billion market for checkpoint inhibitors
- Entering late-stage development in refractory melanoma with class-leading data
- Powerful and comprehensive immune activation supporting IO-combinations
- Pipeline with multiple additional value-creating opportunities
- Strong patent position & robust leadership team
### Upcoming conferences / events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 May 2021</td>
<td>Radium podcast <em>(Norwegian)</em></td>
</tr>
<tr>
<td>25 May 2021</td>
<td>ABGSC Life Science Summit – investor presentation</td>
</tr>
<tr>
<td>25 May 2021</td>
<td>Oncolytic Viruses Symposium – scientific presentation</td>
</tr>
</tbody>
</table>

### Upcoming data milestones

<table>
<thead>
<tr>
<th>Period</th>
<th>Event</th>
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</thead>
</table>
| 1H 2021| ONCOS-102 Phase 1/2 trial in unresectable malignant pleural mesothelioma  
  *Survival data* |
| 1H 2022| ONCOS-102 Phase 2 trial in colorectal cancer with peritoneal carcinomatosis  
  *Clinical and immune data (pending collaboration partner)* |

### Financial Calendar 2021

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>18 Aug 2021</td>
<td>Second Quarter presentation</td>
</tr>
<tr>
<td>4 Nov 2021</td>
<td>Third Quarter presentation</td>
</tr>
<tr>
<td>17 Feb 2022</td>
<td>Fourth Quarter presentation</td>
</tr>
</tbody>
</table>