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UNLEASHING IMMUNITY TO FIGHT CANCER

Function first drug discovery

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AGENDA BIOINVENT R&D DAY DECEMBER 8, 2022

Moderator Lars Frick, journalist Börsveckan

2:00 PM	Welcome & introduction	Martin Welschof, CEO
2:10 PM	FcyRIIB clinical programs, BI-1206 and BI-1607	Björn Frendéus, CSO Andres McAllister, CMO
3:00 PM	Break	
3:15 PM	The oncolytic drug candidate BT-001 (anti-CTLA-4)	Björn Frendéus, CSO Andres McAllister, CMO
3:30 PM	BI-1808 (anti-TNFR2)	Björn Frendéus, CSO Andres McAllister, CMO
3:45 PM	*" Current treatment landscape and unmet medical need in T cell lymphoma"*	Dr Sean Lim
4:05 PM	Fire-side chat/ Q&A	All
4:30 PM	Networking, food & drinks	

TODAY'S PRESENTERS

Dr Sean Lim

Associate Professor and Honorary Consultant in Hematological Oncology at University Hospital Southampton

Practicing clinician specializing in lymph node cancers

Leads a scientific research group focusing on the development of new anti-cancer drugs, in particular novel therapeutic monoclonal antibodies

Andres McAllister, CMO

CMO BioInvent since 2017

Previously CSO at Debiopharm; senior roles at IDM and BioMerieux/Pierre Fabre

PhD from Pasteur Institut, Paris

MD from Universidad del Rosario, Bogotá

Björn Frendéus, CSO

CSO BioInvent since 2014

Graduated from the Swedish Foundation for Strategic Research funded Biomedicine programs within the Infection & Vaccinology program

Visiting Professor at University of Southampton

Martin Welschof, CEO

CEO BioInvent since 2018

Previously Director Technology Axaron Bioscience; CEO Affitech, CEO Opsona Therapeutics

Board member: APIM Therapeutics, Nextera AS and
Uni Targeting Research

Ph.D in recombinant antibody technology


nature reviews clinical oncology
The development of immune-checkpoint inhibitors has heralded **a new era in cancer treatment**, enabling the possibility of long-term survival in patients with metastatic disease, and providing new therapeutic indications in earlier-stage settings.
Nature Reviews Clinical Oncology volume 19, pages254–267 (2022)
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Immune checkpoint inhibitors have become the standard of care for several types of solid cancer

Half of all patients with metastatic cancer are eligible in economically developed countries

Eight approved agents are available for 17 different malignancies

5,000+ clinical trials are ongoing for PD-1/PD-L1 antibodies alone

Nature Reviews Clinical Oncology volume 19, pages 254–267 (2022)
Nature Reviews Drug Discovery 21, 482-483 (2022)

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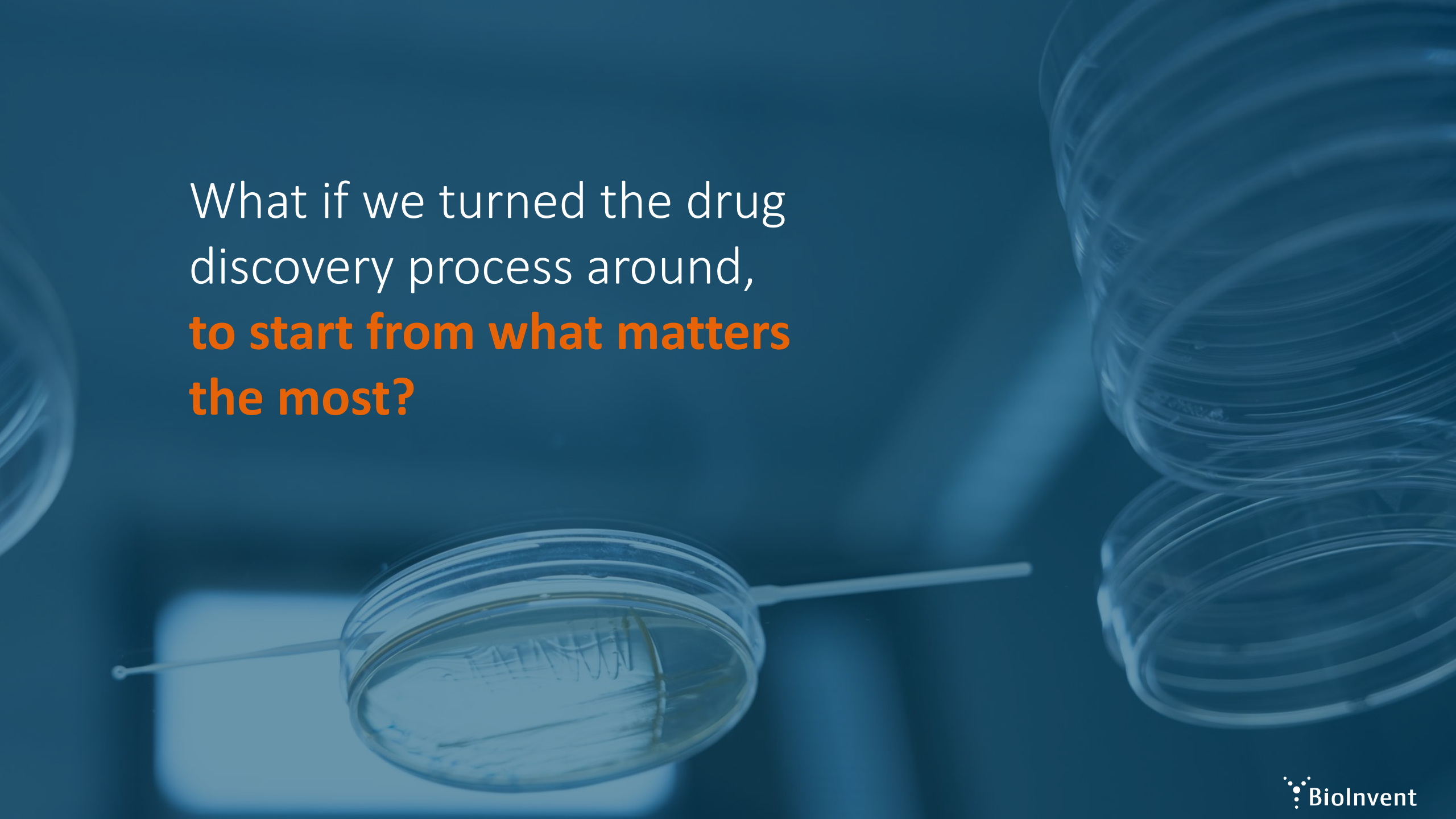
We are not there yet

The number of targets available for antibody therapy is still limited

And most of these targets have failed to deliver therapies that work in the clinic

The majority of patients do not respond at all, or their response is short-lived due to rapidly evolving resistance


What if we turned the drug discovery process around,
to start from what matters the most?
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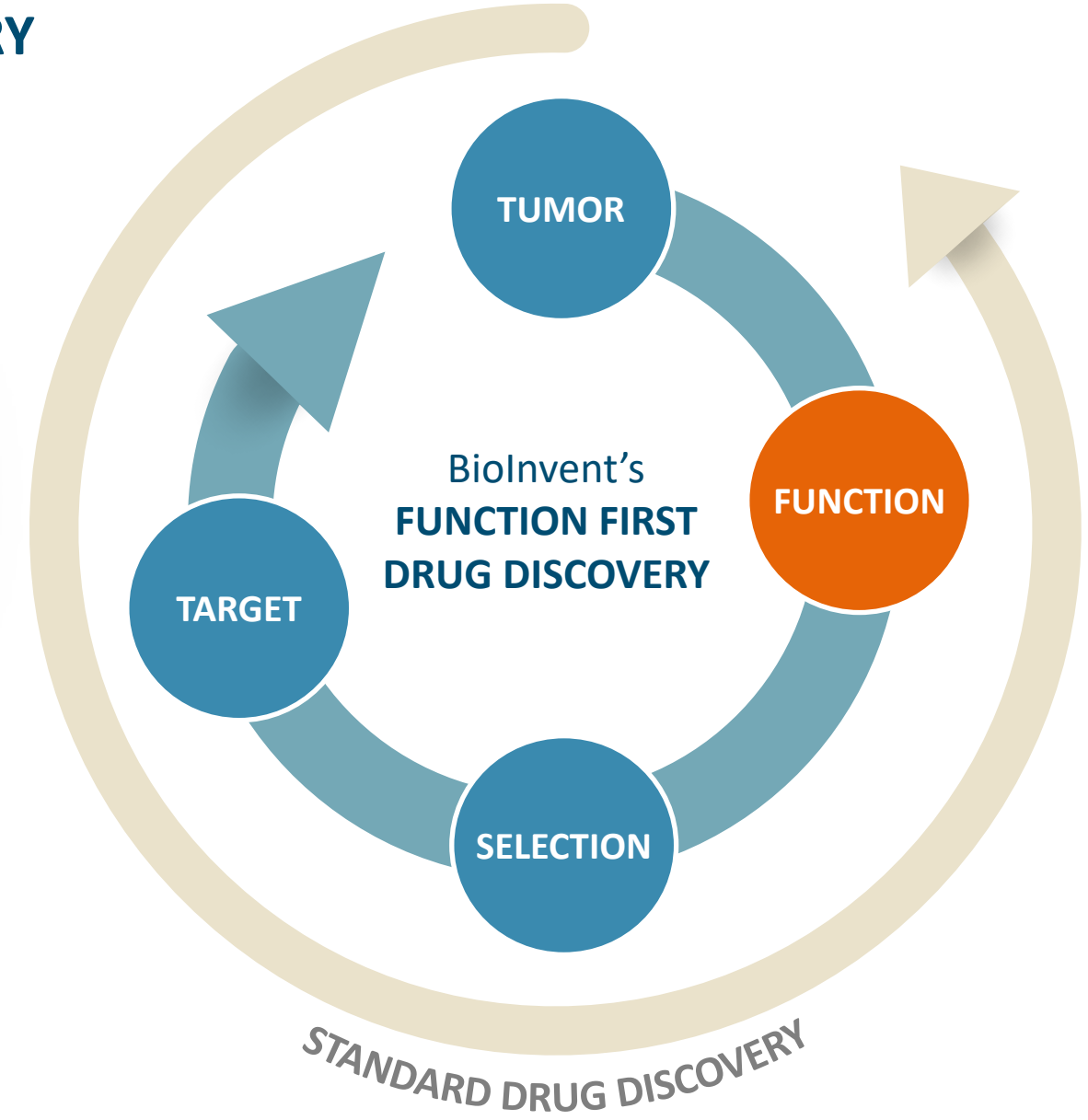
FUNCTION F.I.R.S.T™ DRUG DISCOVERY

While others often focus on the targets and test function at the end, We start from the **function**



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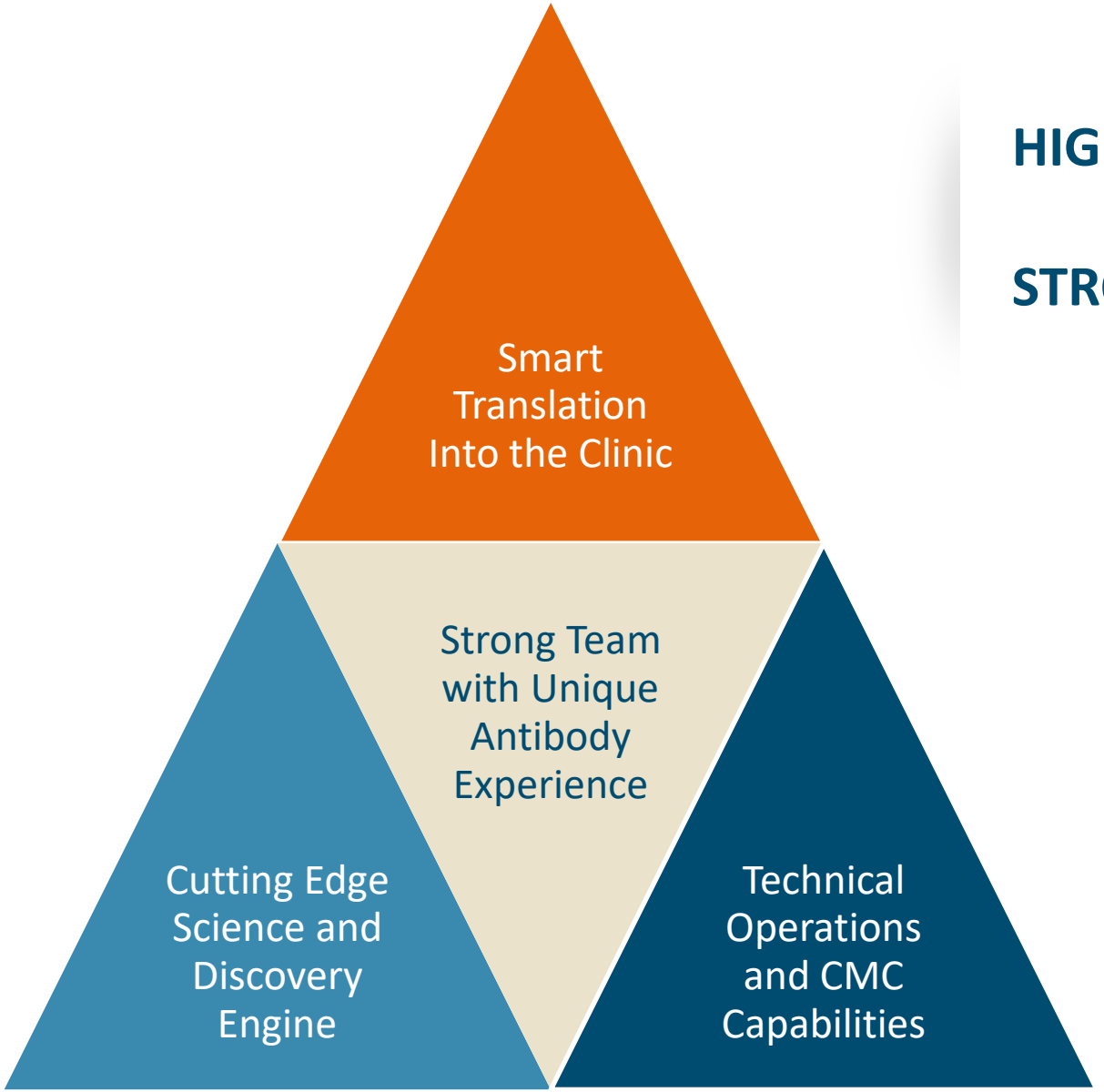

HIGHLY INTEGRATED COMPANY

STRONG COMPETITIVE ADVANTAGE

STRONG PIPELINE WITH MULTIPLE VALUE DRIVERS

* Clinical supply and collaboration agreement

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Clinical Pipeline

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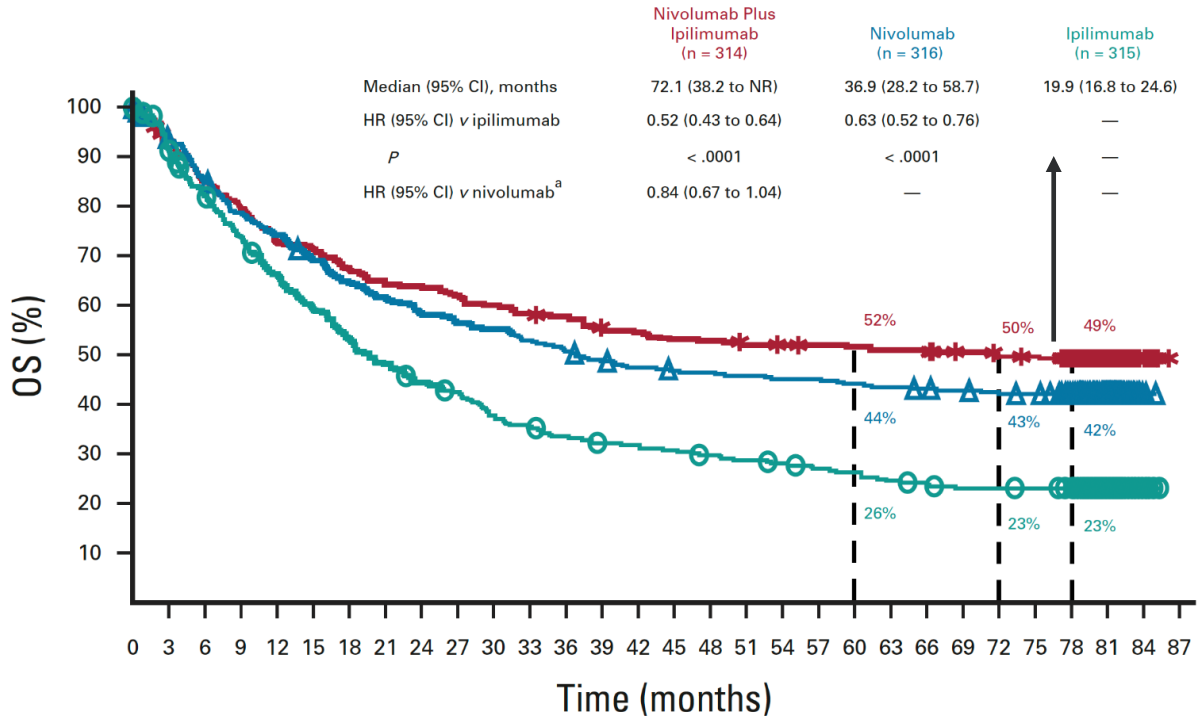
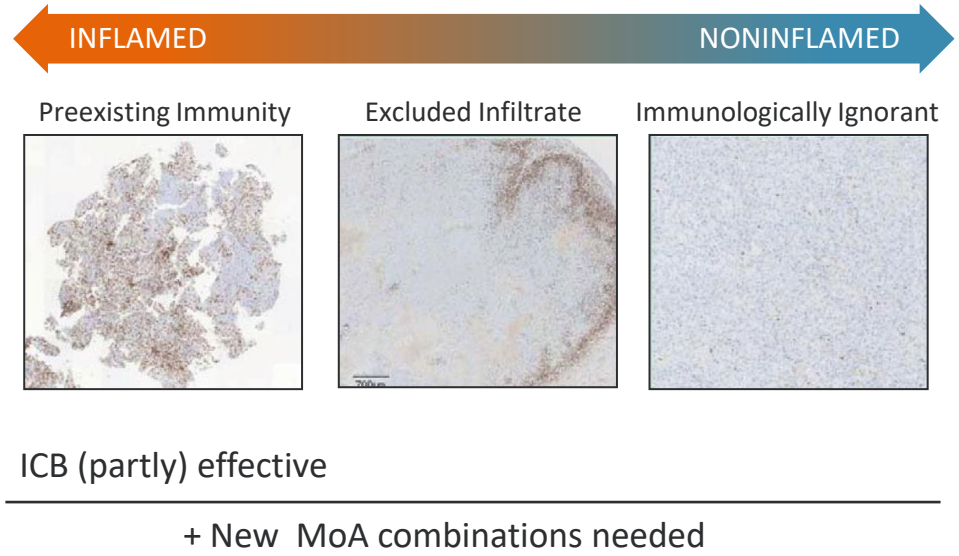
OVERCOMING THE RESISTANT TUMOR MICROENVIRONMENT

- Many cancer patients do not respond or develop resistance to immunotherapy
- New drugs and mechanisms of action that help activate robust anti-cancer immunity are needed





ICB (partly) effective

+ New MoA combinations needed

 Wolchok, J., J Clin Oncol, 2021

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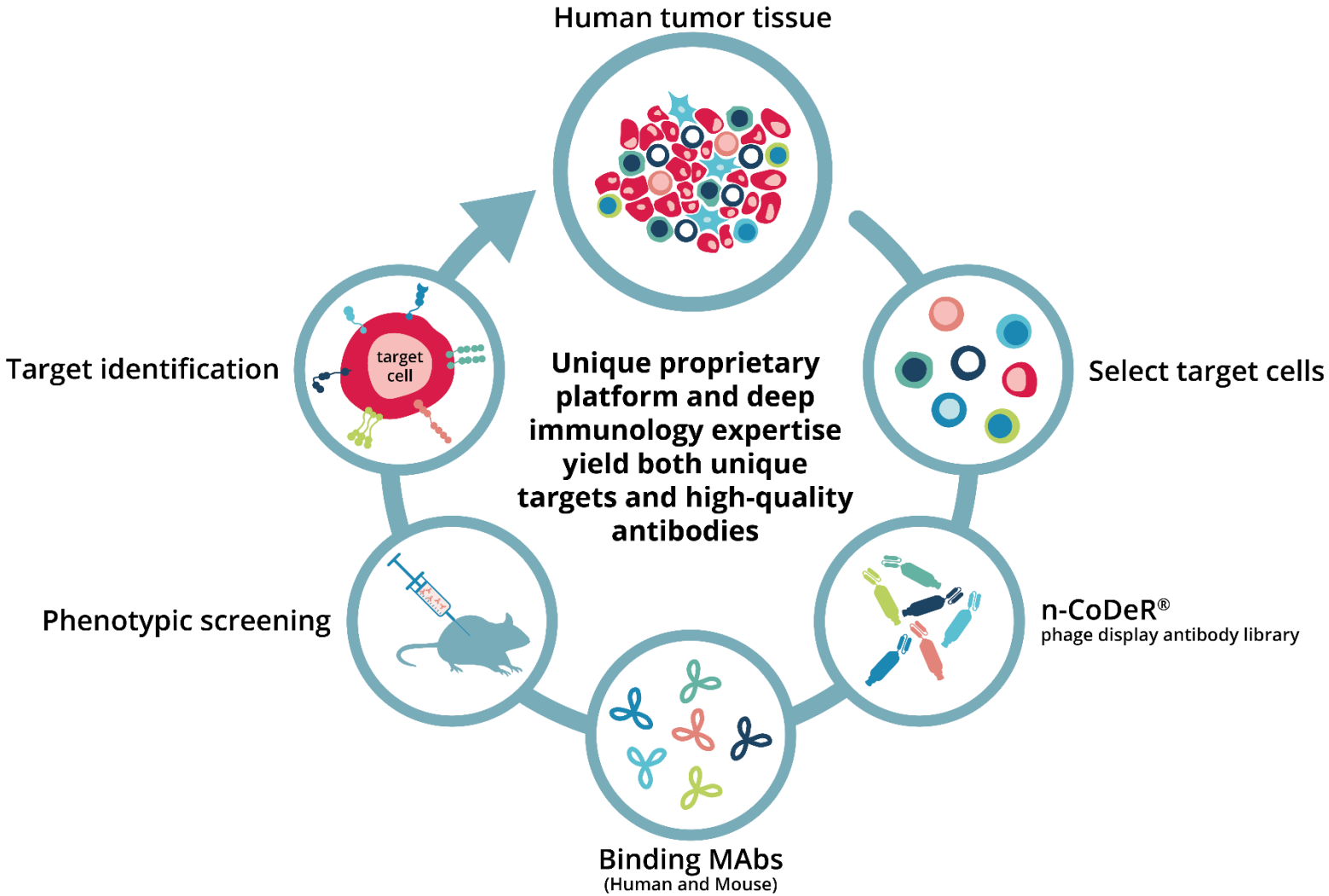
FUNCTION F.I.R.S.T™ DISCOVERY OF NEW ONCOLOGY TARGETS AND ANTIBODIES



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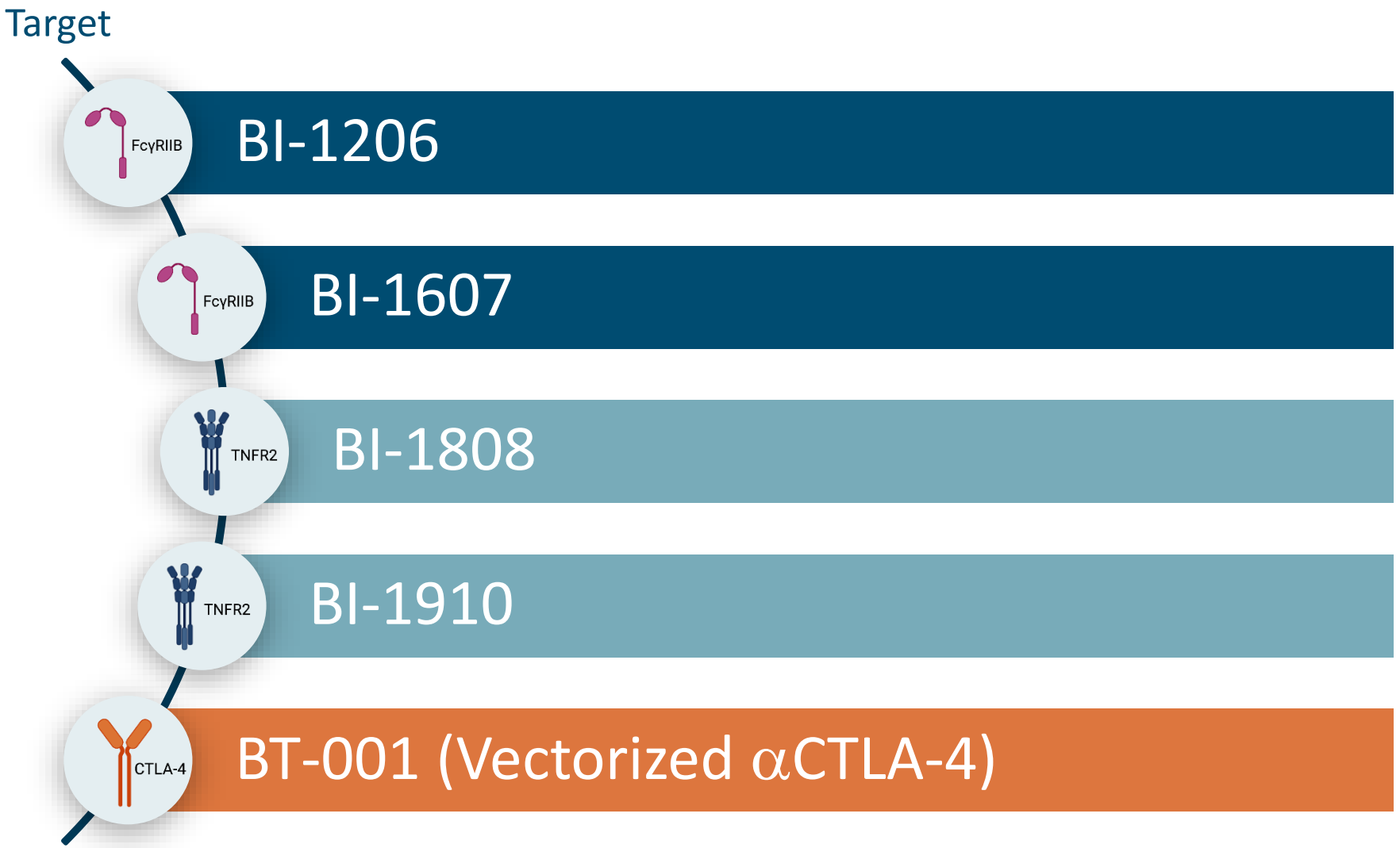
POWERFUL TARGETS AND ANTIBODY MECHANISMS-OF-ACTION



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αFcγrIIB - BI-1206 & BI-1607

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EXECUTIVE SUMMARY – anti-FcγRIIB (BI-1206 & BI-1607)

- Fcγ receptors, “the antibody checkpoints” modulate the efficacy of IgG antibodies
  - Inhibitory receptors (CTLA-4, PD-1/PD-L1)
  - Immune agonist receptors (ox40, 4-1BB, GITR, CD40)
  - Other receptors (IL-2R)
- FcγRIIB is the sole inhibitory FcγR
- FcγRIIB is strongly upregulated and promotes resistance locally in the tumor microenvironment (TME)
- **BI-1206** is a first-in-class mAb targeting FcγRIIB with Fc-*competent* human IgG1 enhances anti-CD20 and anti-PD-1 therapeutic activity by distinct mechanisms:
  - **NHL, anti-CD20** – BI-1206 blocks rituximab internalization into tumor cells enhancing anti-CD20 efficacy and overcoming anti-CD20 resistance
  - **solid cancer, anti-PD-1** - BI-1206 blocks FcγR-dependent Macrophage removal of anti-PD-1, and anti-PD-1 induced ADCP of effector T cells, for enhanced therapeutic activity
- **BI-1607** Differentiated αFcγRIIB with *Fc-impaired* human $IgG1_{N297Q}$ enhances therapeutic mAb target cell depletion
  - **αCTLA-4 (Treg), αHer2 (Breast tumor),** and beyond

BI-1206 (αFcγRIIB)

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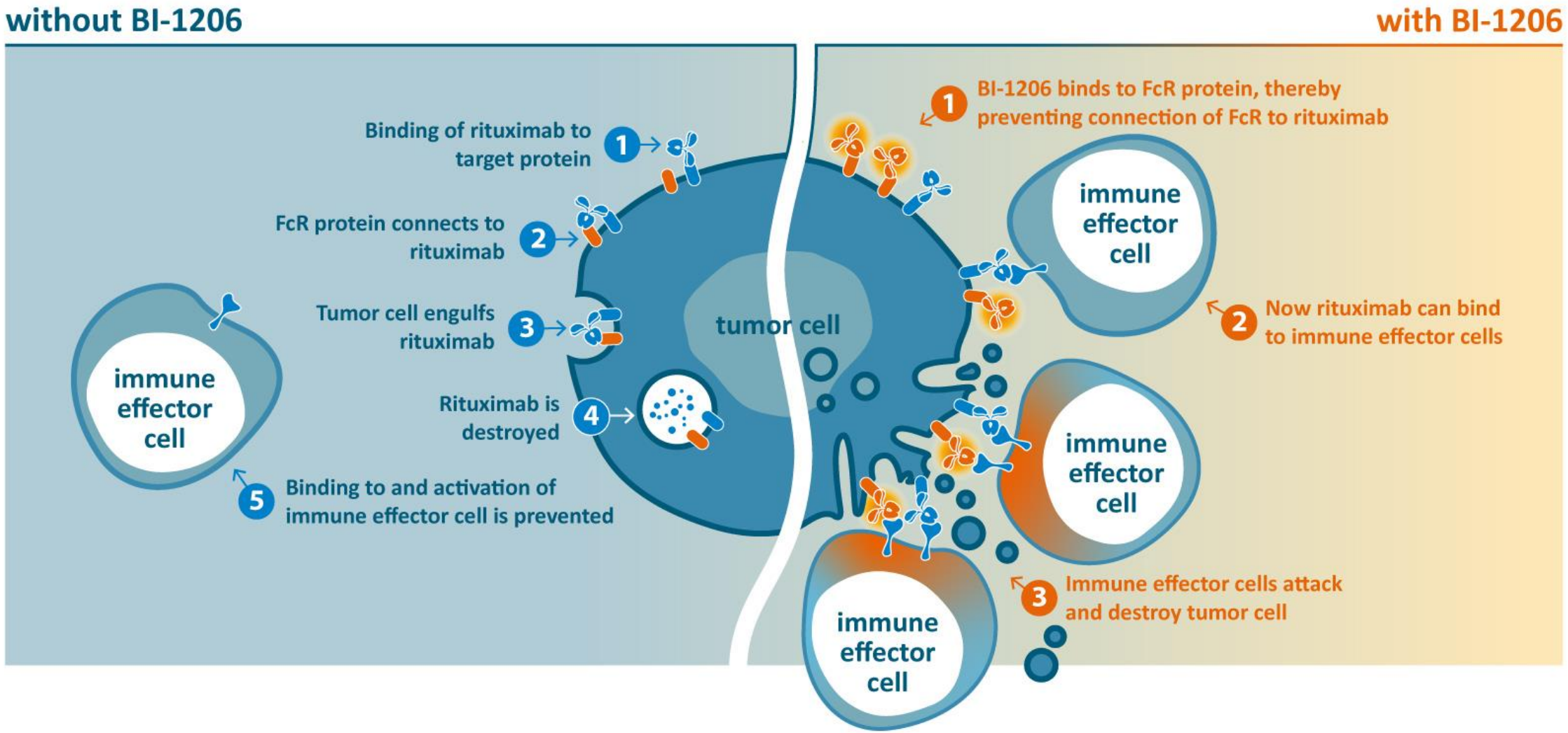
BI-1206 IN NHL – OVERCOMING RITUXIMAB RESISTANCE



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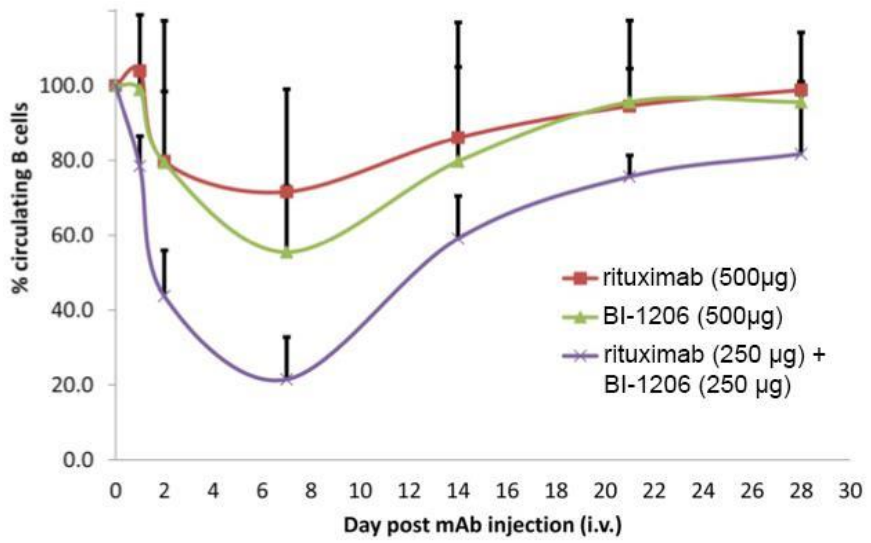
BI-1206 BOOSTS EFFICACY AND OVERCOMES RITUXIMAB RESISTANCE

BI-1206 Blocks Rituximab Internalization And Improves Its Anti-tumor Activity

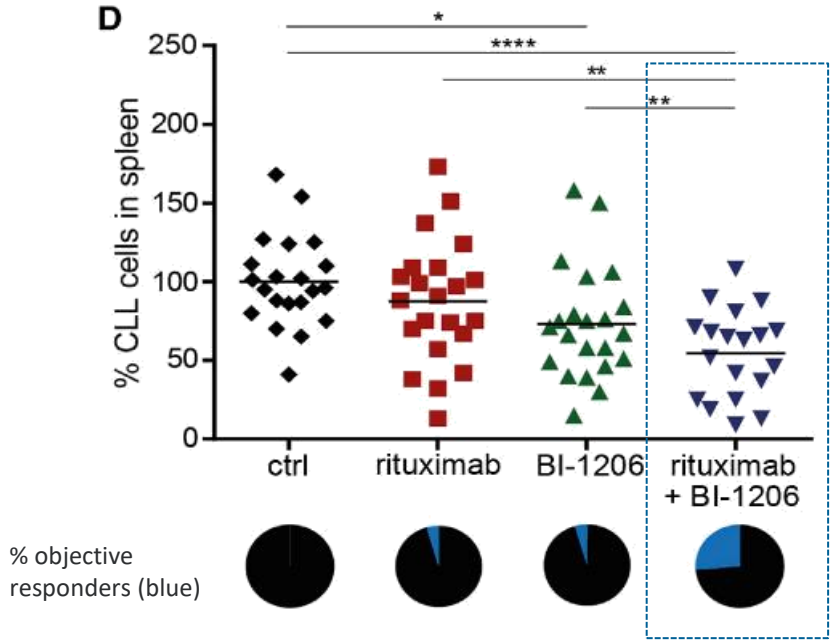
B cell depletion in vivo



Human CD20 FcγRIIB double transgenic mice

BOOSTING RITUXIMAB'S EFFECT

OVERCOMING RESISTANCE



Humanized model of relapsed / refractory CLL

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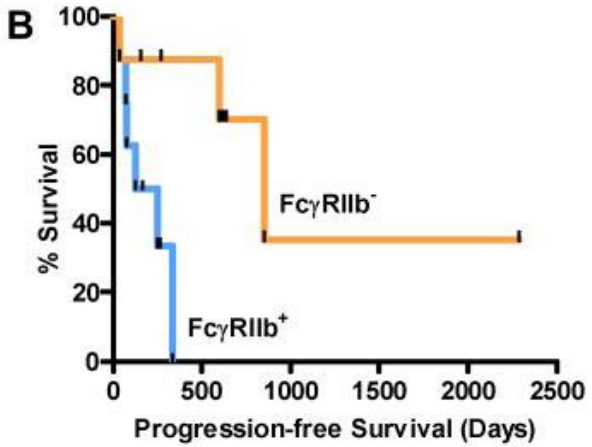
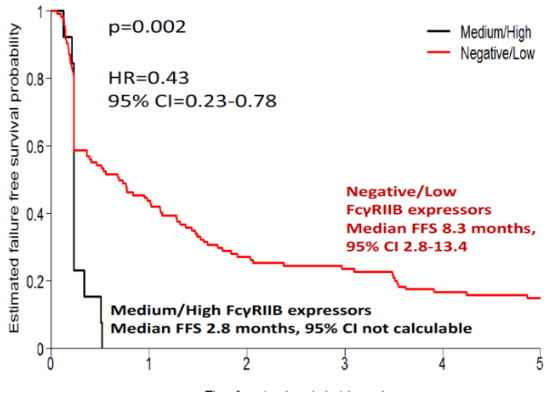
HIGH EXPRESSION OF FcγRIIB CORRELATES WITH POOR PROGNOSIS

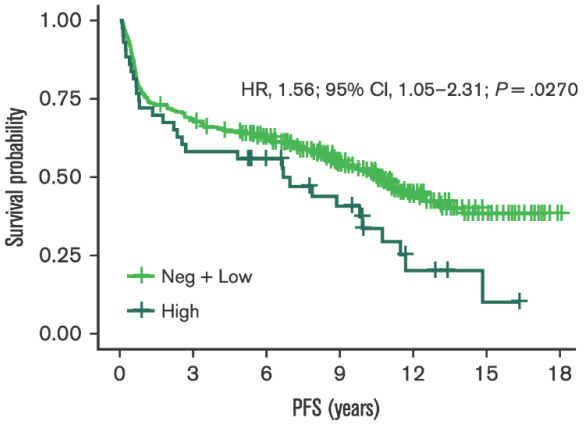
Mantle cell lymphoma



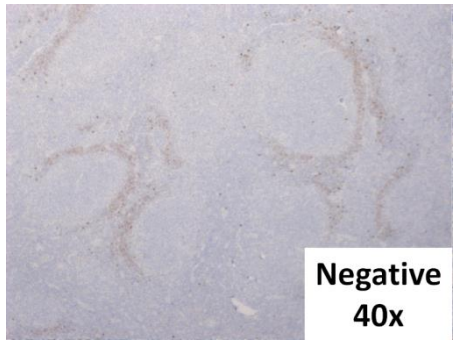
Follicular lymphoma



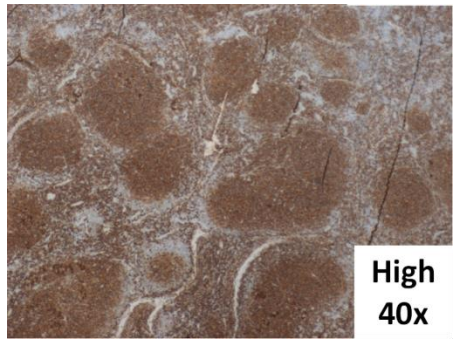
Diffuse Large B cell Lymphoma



FcγRIIb⁻



FcγRIIb⁺



Lim, Blood, 2011
Lee, Br J Hematol, 2014

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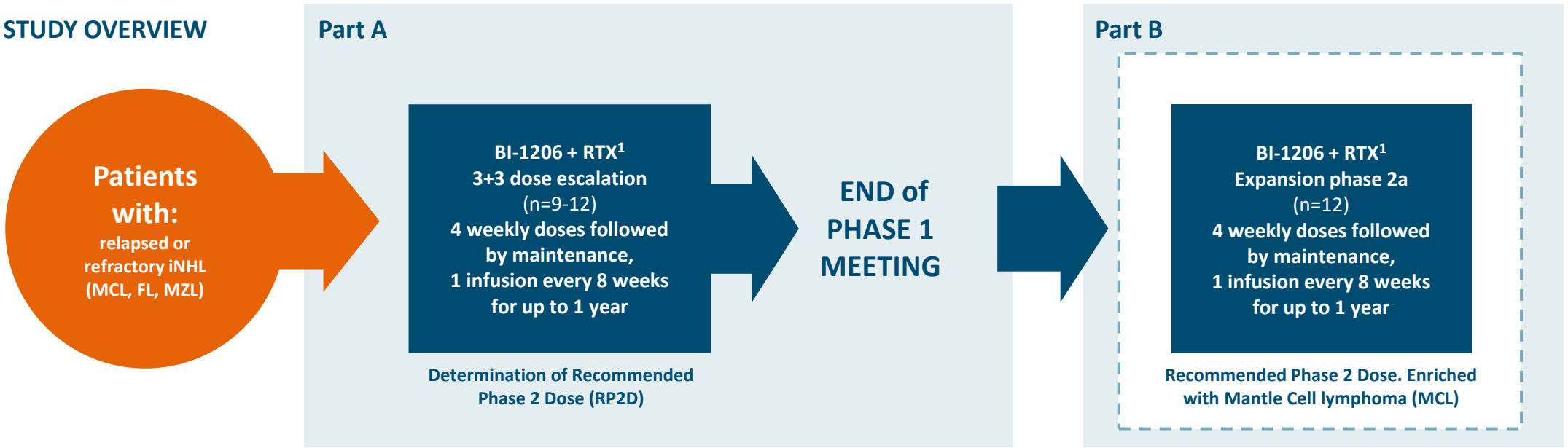
BI-1206 IN COMBINATION WITH RITUXIMAB: OPEN LABEL PHASE 1/2a STUDY

Ongoing phase

STUDY OVERVIEW



STUDY OBJECTIVES

- Explore safety & tolerability of the combination
- Select recommended phase 2 dose (RP2D)
- Determine pharmacokinetic and pharmacodynamic profile
- Observe early signs of efficacy
- Biomarker exploration (B cell depletion, depletion of circulating tumoral cells, analysis of biomarkers predictive of response)

INCLUSION CRITERIA

- Patients must have relapsed disease or disease that is refractory to conventional treatment or for which no standard therapy exists (R/R)
- Investigator judges available standard therapy as not being appropriate for the subject
- Occurrence of progressive disease after completion of a regimen of rituximab-containing therapy

Note(1): RTX = rituximab (375 mg/m^2)

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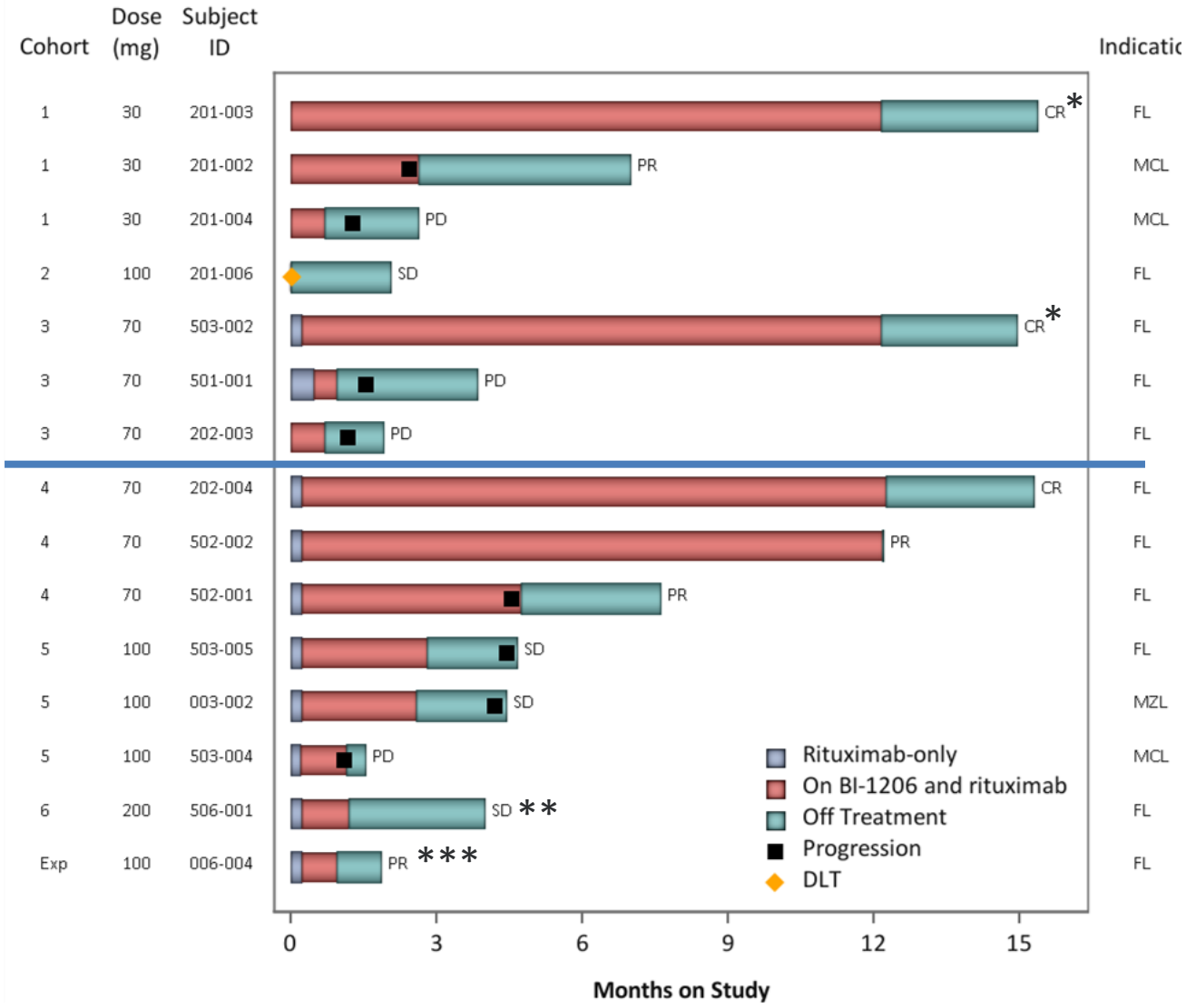
BioInvent International AB / Protocol: 17-BI-1206-02
Data cut-off 28 NOV 2022

Figure 1 - Swimmer Plot by Duration of Treatment and Best Overall Response
Response-Evaluable Population



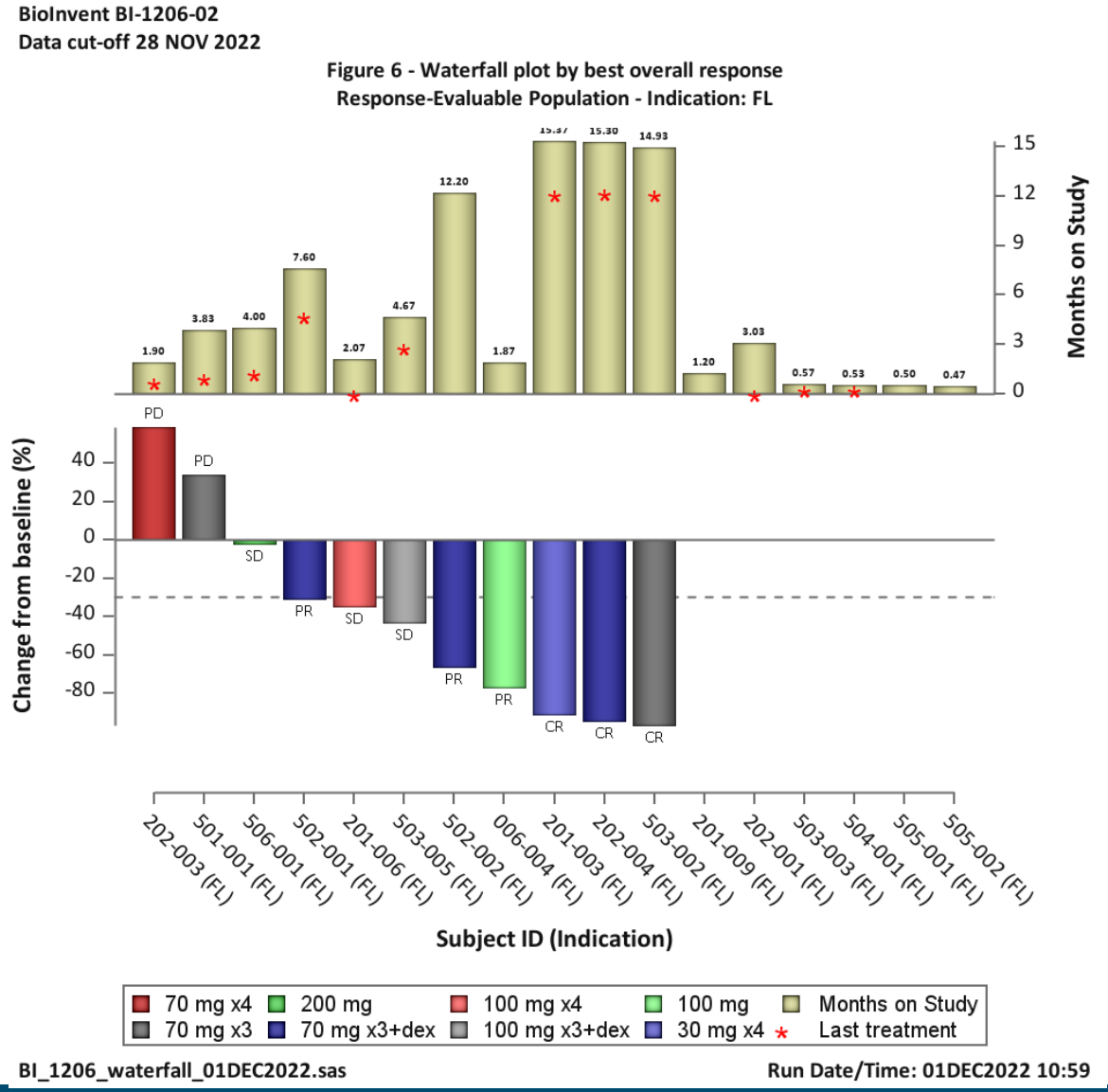
Implementation of Protocol amendment New steroid regimen

*** These patients are still on CR after > 2 and 3 years after the EoT. The third patient was lost to follow up, hence we do not have the information**

****4 patients were dosed at 200 mg split dose**

***** Patient 006-004 is entering Maintenance treatment**

BI-1206-02 TIME ON STUDY & TUMOR CHANGE (%) IN FOLLICULAR LYMPHOMA SUBSET



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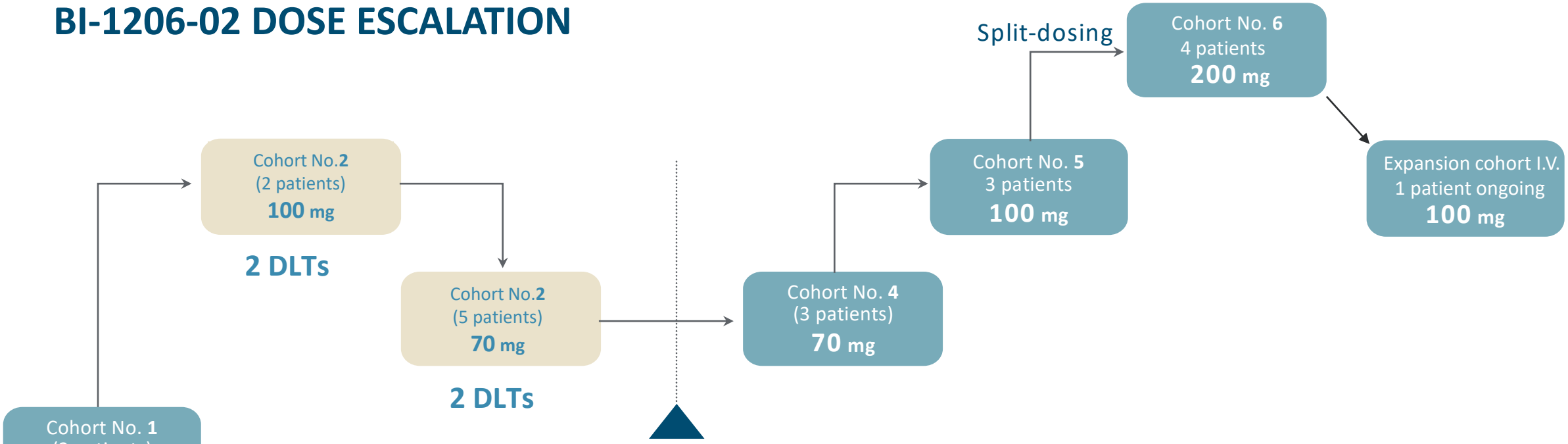
BI-1206-02 DOSE ESCALATION



Implementation of new steroid regimen allowed pursual of dose escalation

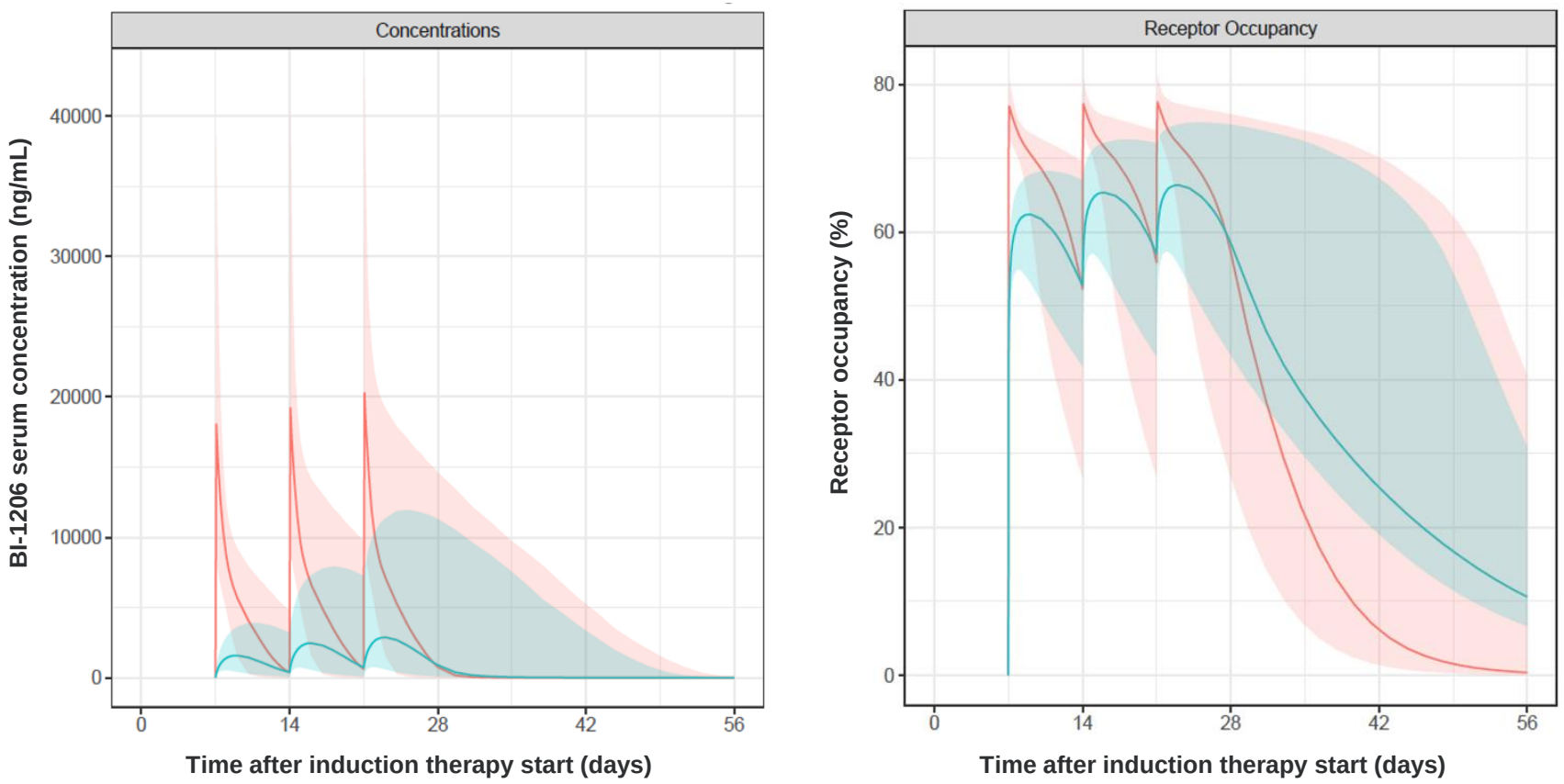
IRRs have been milder and less frequent after implementation of this regimen

The 4 DLTs were associated with infusion-related reactions (IRRs):

- **Only lab values, no clinical signs or symptoms**
- **All patients recovered rapidly, and lab values returned to normal within days**

 CR: complete response; **PR**: partial response; **DLT**: dose limiting toxicity

RECEPTOR OCCUPANCY OF SC STARTING DOSE COMPARED TO AN IV DOSE



 IV: intravenous SC: subcutaneous

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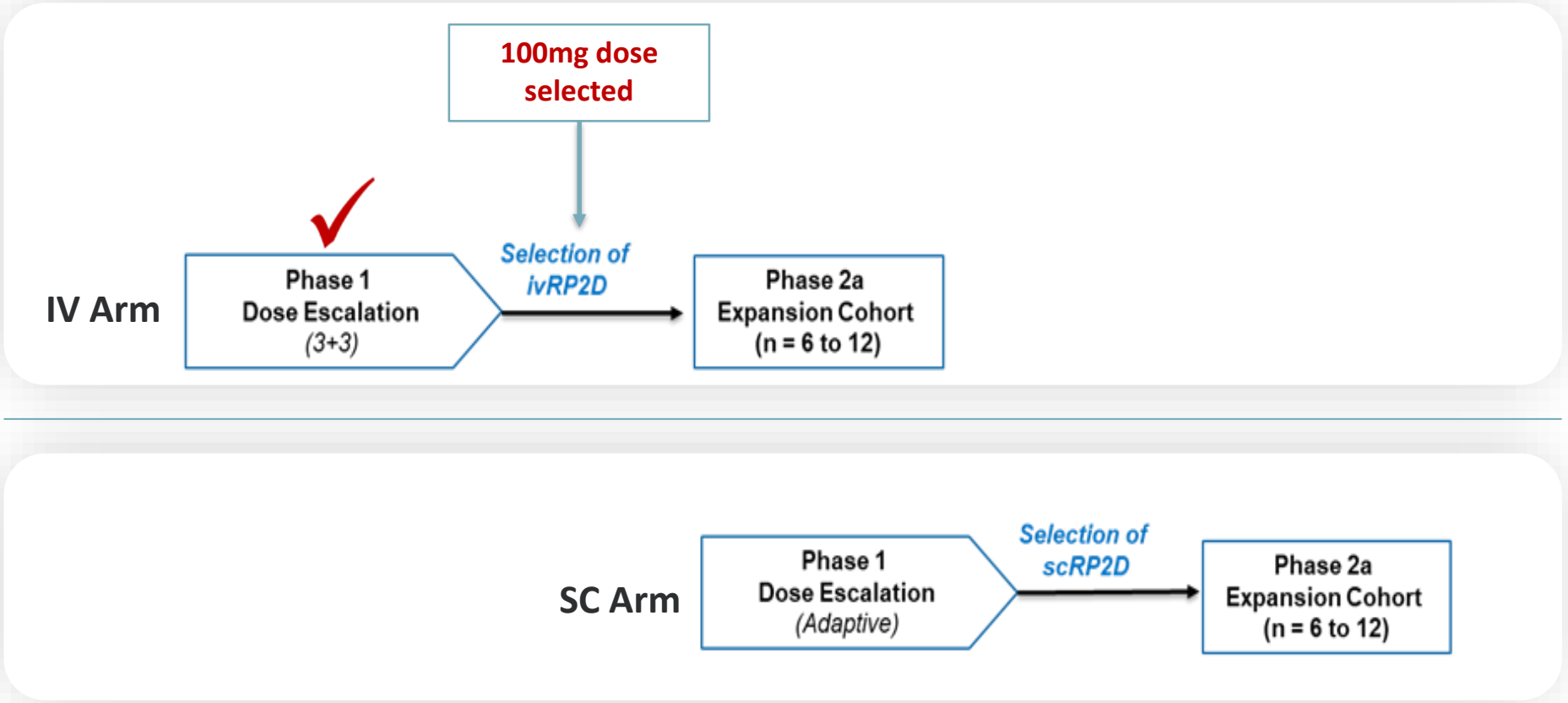
BI-1206-02 TRIAL: IV & SC OVERALL DESIGN



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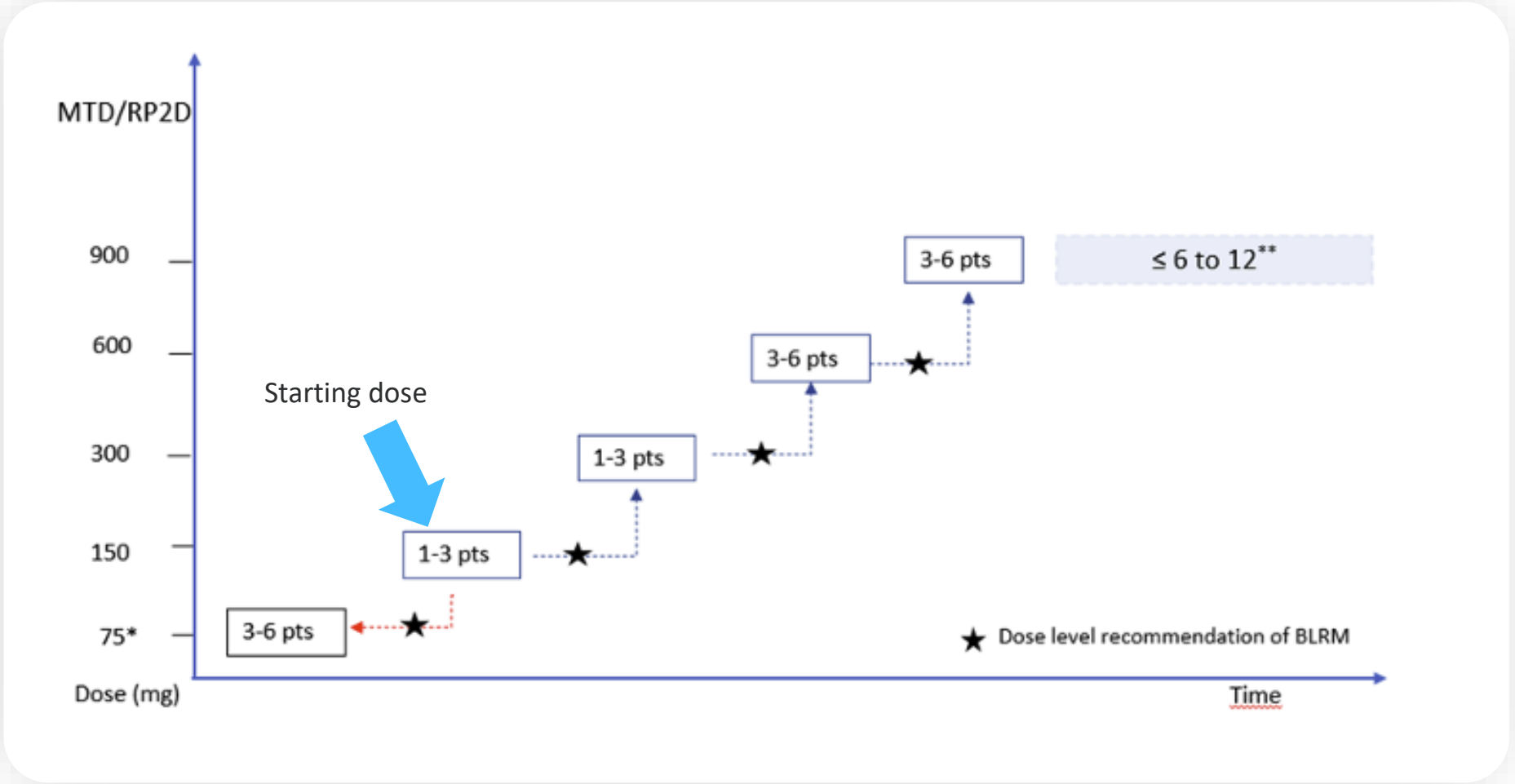
BI-1206-02 TRIAL: SC DOSE ESCALATION ADAPTIVE DESIGN BLRM



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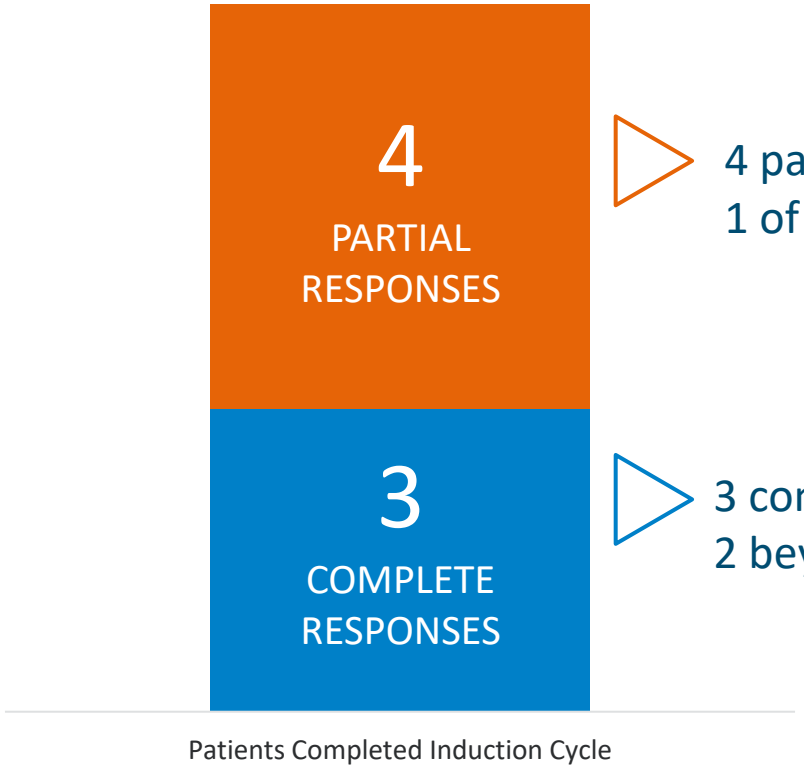
BI-1206-02 TRIAL: IMPRESSIVE EARLY EFFICACY DATA

Responses From Seven Patients Completing Induction Cycle



4 partial responses,
1 of them ongoing

3 complete responses,
2 beyond 2 years after end of treatment

SC formulation approved by all regulatory authorities in EU and US

- Adaptive design, with 1 patient cohort dose-escalation design
- FPI any day

Aside the initial IRRs, no overlapping or enhanced toxicity of rituximab and no long-term safety concerns observed

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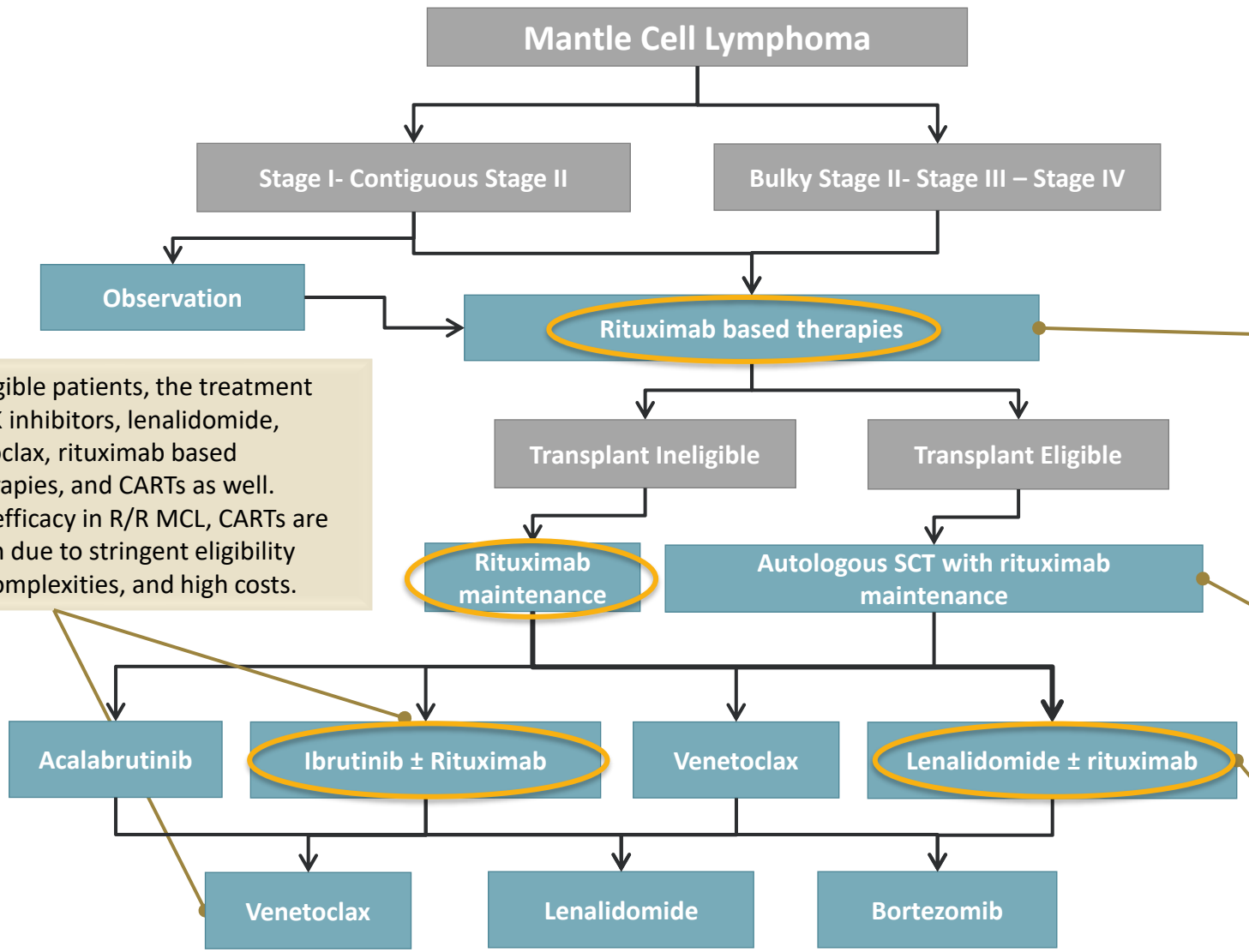
How is BI-1206 Positioned in the Competitive Landscape?

Bispecific Mabs (CD3 retargeting)	First approval in FL of monetuzumab (CD20/CD3); class has some safety and tolerability issues
Fc-engineered anti-CD20 MAbs	Approved drugs (Gazyva) have low market uptake and do not seem to be displacing rituximab as global treatment of choice. Combination potential with BI-1206.
Anti-CD47	Efficacy not yet clearly established. Class has potential safety issues associated with target expression on RBC
Antibody-Drug Conjugates	Toxicity of the linked chemotherapeutic agent is an issue
CAR-T Treatments	Cost of treatment, toxicities, and supply chain are major issues that are likely to relegate these treatments to a small number of patients

- Many drugs in development but few distinct MoA
- Rituximab will remain the backbone
- New treatments have cost or safety challenges
- Enhancing/recovering rituximab's efficacy will further consolidate rituximab's position
- BI-1206 can be used in several lines of Tx

RITUXIMAB BASED REGIMENS - MCL



Diagnosis

Treatment

- For transplant ineligible patients, the treatment options include BTK inhibitors, lenalidomide, bortezomib, venetoclax, rituximab based chemoimmunotherapies, and CARTs as well.
- Despite promising efficacy in R/R MCL, CARTs are not used robustly in due to stringent eligibility criteria, logistical complexities, and high costs.

- Rituximab based chemoimmunotherapies like BR, R-CHOP, R^2-CHOP, R-hyper-CVAD are preferred in the frontline setting.
- Frontline response rates are high (ORR: ~85-90%), with mPFS of 2-3 years..
- R^2 is sometimes used as well, with a long-term study demonstrating that the doublet continues to show clinically relevant, durable responses, with a manageable safety in frontline MCL.

- Transplant is typically reserved for patients with good PS (Younger patients, who respond well (CR) to the frontline treatments.

- R^2 is not the preferred $2^{nd}/3^{rd}$ line regimen, but the doublet has demonstrated significantly better efficacy vs. lenalidomide monotherapy in multiple trials.

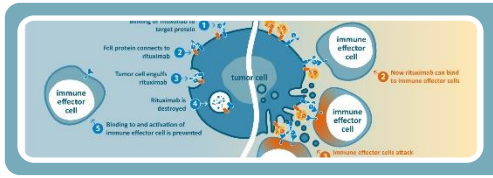
Rituximab Will Remain a Mainstay of Therapy for Many Years

- Decline of Roche's sales of Rituxan $7 billion masks a **significant expected growth** of the overall rituximab market, driven by:
  - Availability of biosimilar rituximab (8 approved in EU/US, 70% market share in Europe by treatment days)
  - **More patients** have access to rituximab as biosimilars drive down price
  - **Increase in prevalence of NHL**
  - Significant rituximab **growth** expected in **Asia**
- Predicted **expansion of rituximab market** in terms of treatment days
- Many NHL recommended treatment regimens include rituximab

Rituximab market dynamics are **favorable** for the market potential of BI-1206:

- Expanded use of biosimilars
- Triplet combinations will be more affordable
- Biosimilar already included in our clinical studies

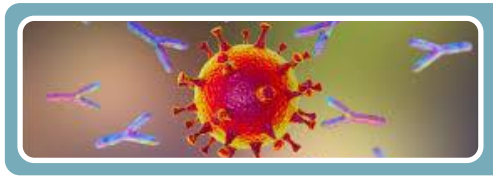
BI-1206 in Non-Hodgkin's Lymphoma: Unique Value Proposition



Compelling scientific rationale in anti-CD20 refractory B-cell lymphoma

First-in-class in hematology with no direct competitors

High unmet need for safer -chemo-free- options in 2nd and 3rd lines



Can be combined with anti-CD20s, including non-oncology indications

Long-lasting complete responses after treatment is discontinued

 | Note (1): Cello Health BioConsulting, 2019

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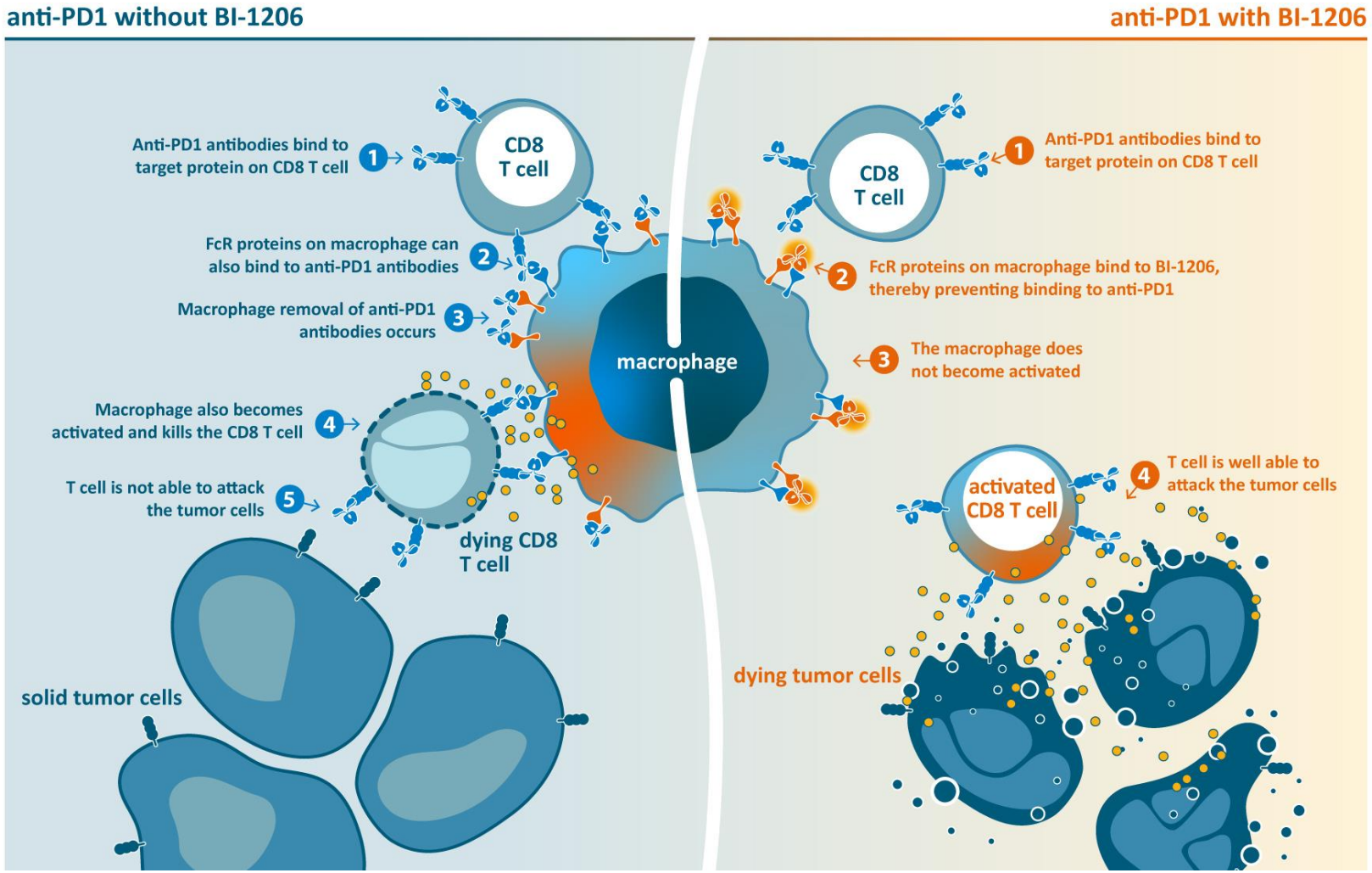
BI-1206 IN SOLID CANCER – ENHANCING ANTI-PD-1 ACTIVITY



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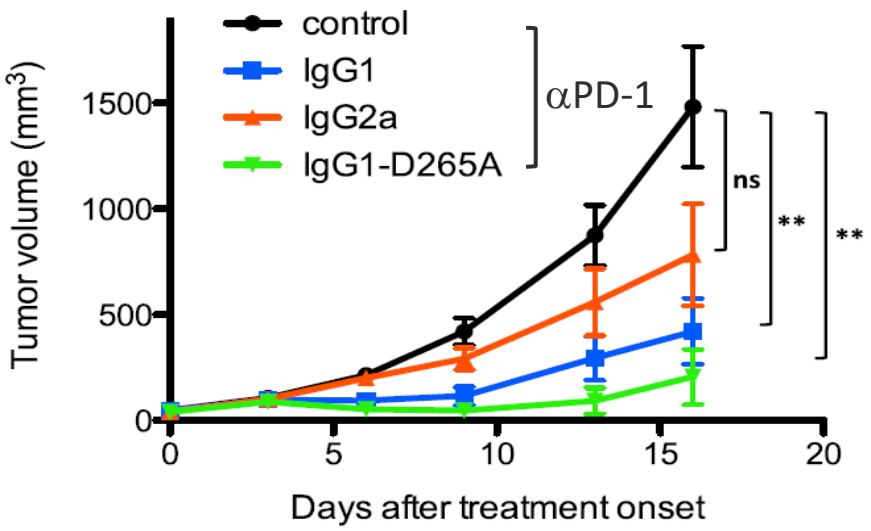
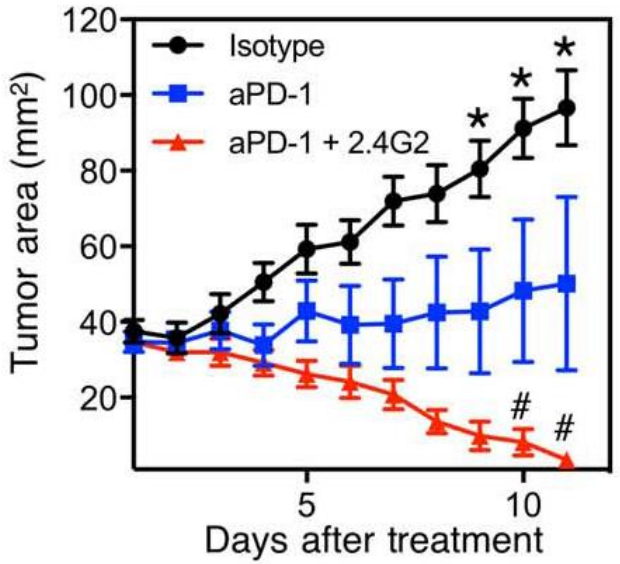
BI-1206 UNLEASHES FULL THERAPEUTIC POTENTIAL OF ANTI-PD-1 ANTIBODIES

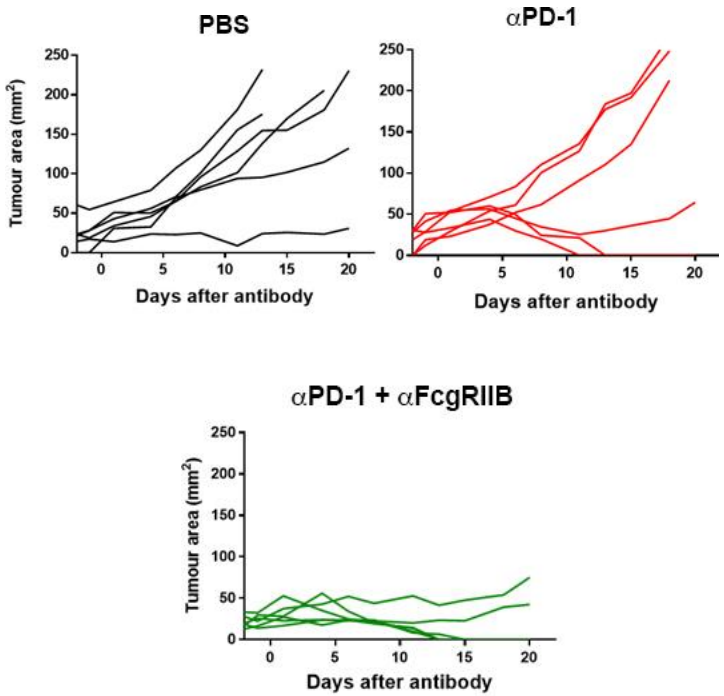
αPD-1 Fc-dependence



FcγR-block



αFcγRIIB



Dahan et al Cancer Cell 2015; Arlauckas Sci Transl Med 2017; Mårtensson unpublished

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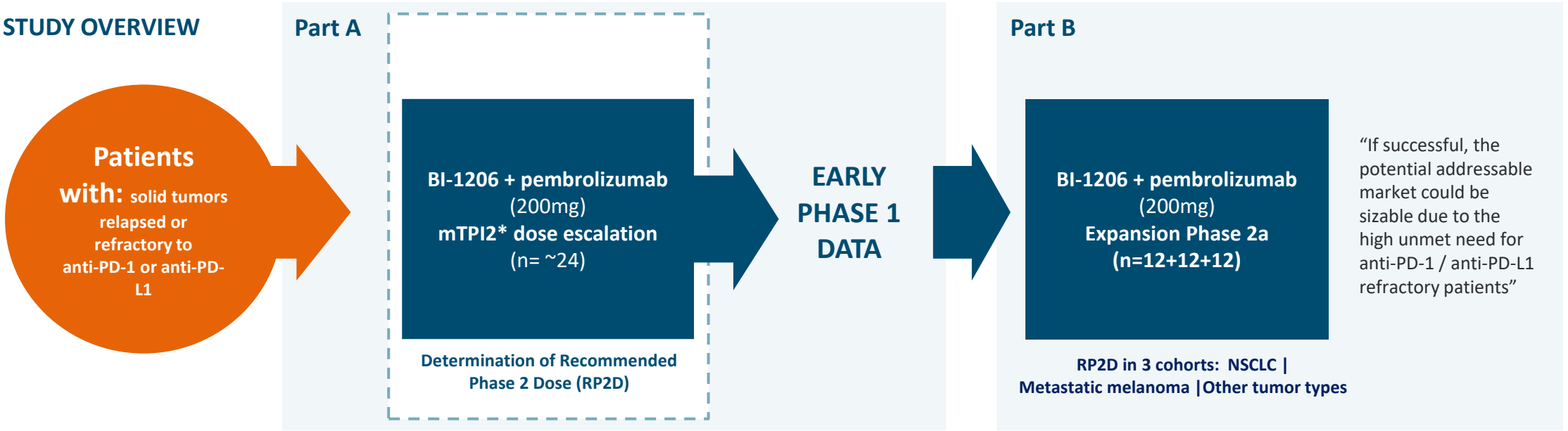
BI-1206 IN COMBINATION WITH PEMBROLIZUMAB (SOLID TUMORS): PHASE 1/2a STUDY WITH MERCK - KEYNOTE-A04

MSD

Ongoing phase

STUDY OVERVIEW



STUDY OBJECTIVES

- Confirm strong rationale for combination, as FcγRs have been shown to modulate the activity of immune checkpoint inhibitors
- Explore overexpression of FcγRIIb that may determine resistance to anti-PD-1 therapy in metastatic melanoma, NSCLC and others
- Explore safety & tolerability and illustrate pharmacokinetic and pharmacodynamic profile of combination
- Determine recommended Phase 2 dose (RP2D)
- Observe early signs of efficacy
- Biomarker exploration (B cell depletion, analysis of biomarkers predictive of response)

* modified Toxicity Probability Interval 2

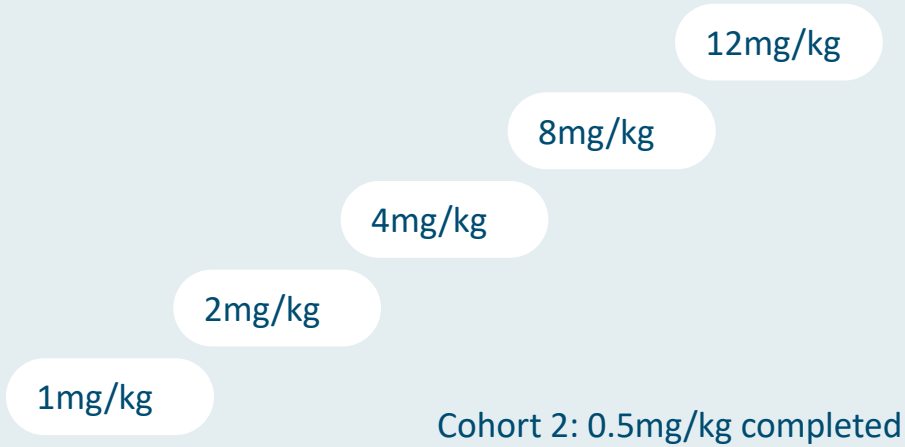
KEYNOTE-A04: BI-1206 AND PEMBROLIZUMAB

Study: Phase 1/2a Clinical Trial of BI-1206, a Monoclonal Antibody to CD32b (FcγRIIB), in Combination with Pembrolizumab in Subjects with Advanced Solid Tumors Previously Treated with Anti-PD-1 or Anti PD-L1 Antibodies

Design:

Phase 1: **Dose Escalation**

BI-1206 in combination with pembrolizumab 200mg dose-escalation BI-1206 dose levels



Cohort 2: 0.5mg/kg completed
Cohort 3: 1 mg/kg, completed
Cohort 4: 2 mg/kg, completed

MTD/RP2D

Phase 2a: **Expansion**

3 cohorts, 12 subjects/cohort. 36 subjects total;

BI-1206 in combination with pembrolizumab 200mg

- **Cohort 1: N**on-Small Cell Lung Cancer
- **Cohort 2:** Metastatic melanoma
- **Cohort 3:** Other tumor types

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KEYNOTE-A04: BI-1206 AND PEMBROLIZUMAB

Efficacy:

- 1 PR still ongoing (uveal melanoma) > 70 weeks; >50% reduction in lesions
- One pseudo-progression: sarcoma patient; enrolled June 2021, PD in Jan 2022 but with clear clinical improvement
  - Disappearance of metastasis and radiological improvement. No other treatment has been administered
- “Compassionate patient protocol” started treatment on Feb 2022. Disease still under control

Safety:

No safety concerns identified

Next steps:

Implementation of SC administration

BI-1607 (αFcγRIIB)

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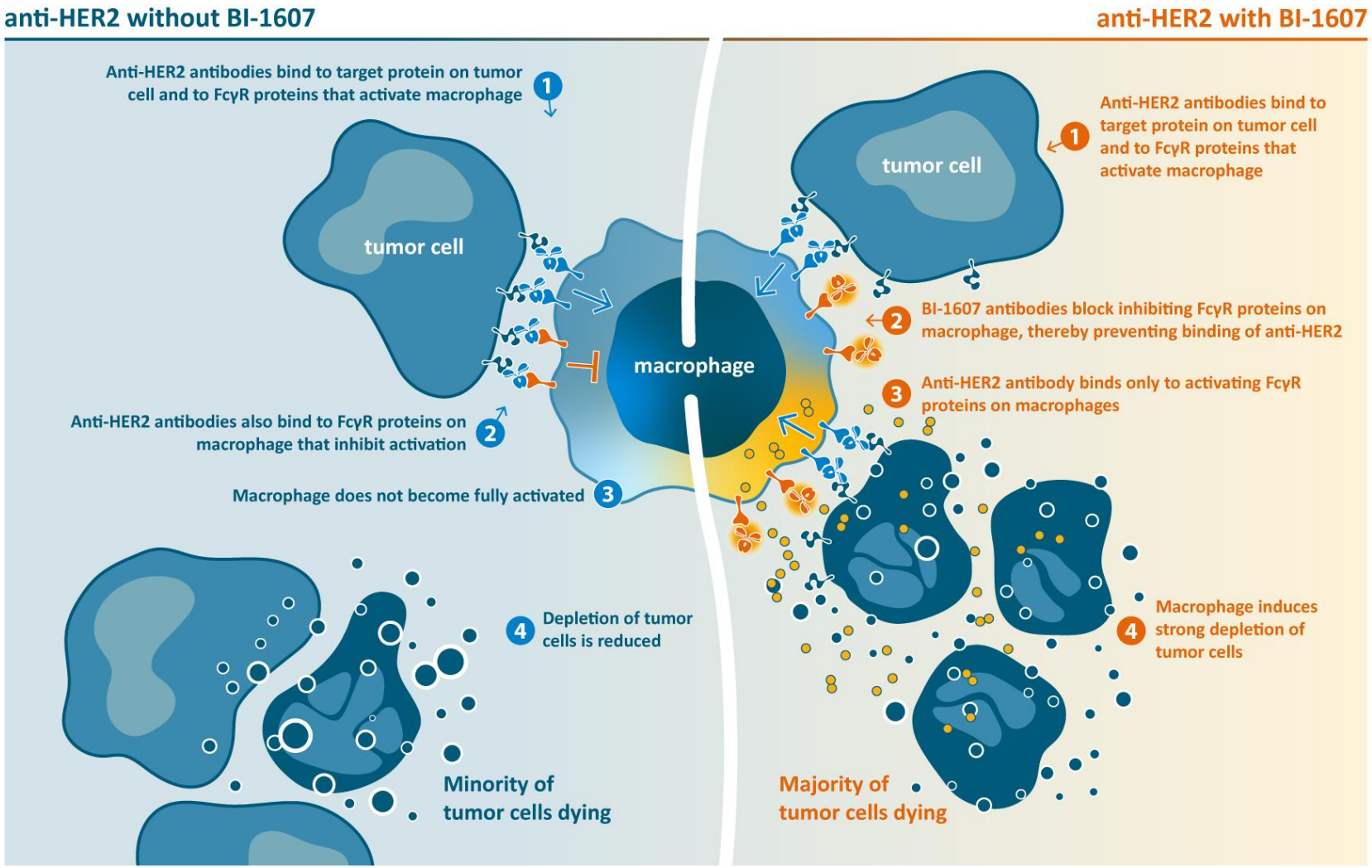
BI-1607 – A NOVEL FcγRIIB-BLOCKING ANTIBODY TO ENHANCE FcγR-DEPENDENT ANTITUMOR IMMUNITY



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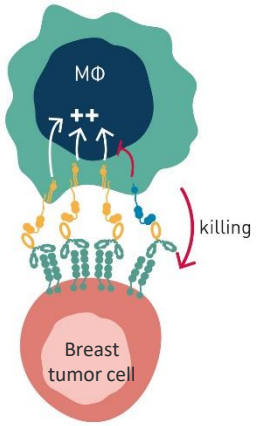
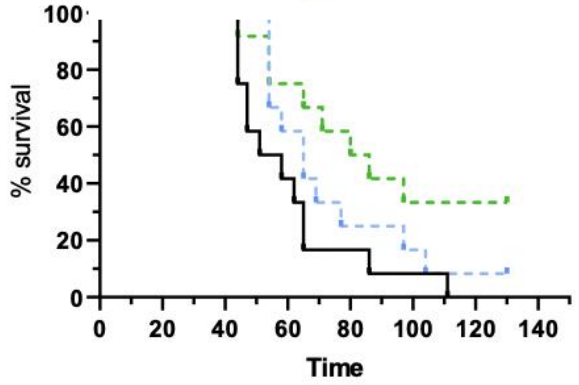
BI-1607 ENHANCES ON αHER2, αCTLA-4, AND BEYOND

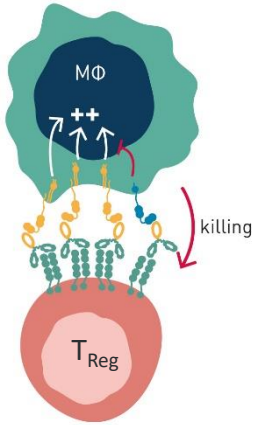
αHER2

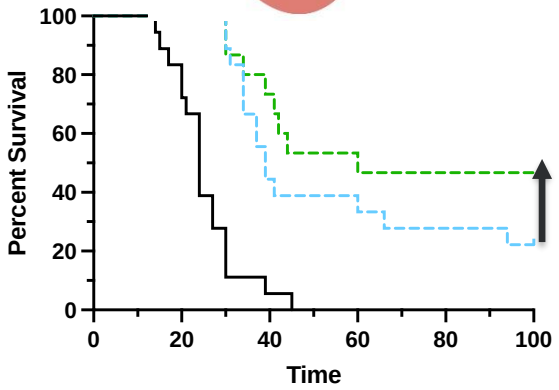




ctrl IgG
αHer2
αHer2 + αFcγRIIB

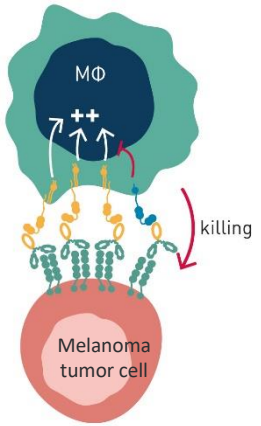
αCTLA-4

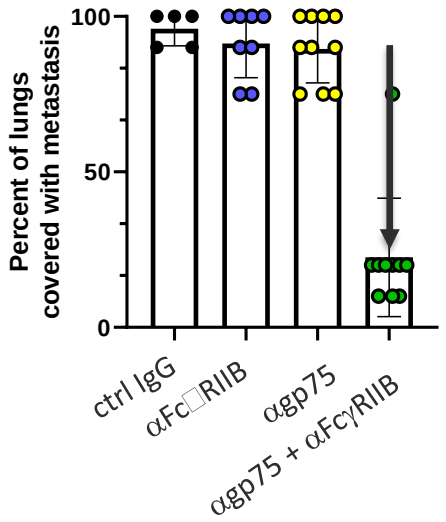




ctrl IgG
αCTLA-4
αCTLA-4 + αFcγRIIB

αgp75 (tumor antigen)





Mårtensson, L. and Oldham, R., AACR 2021 & 2022

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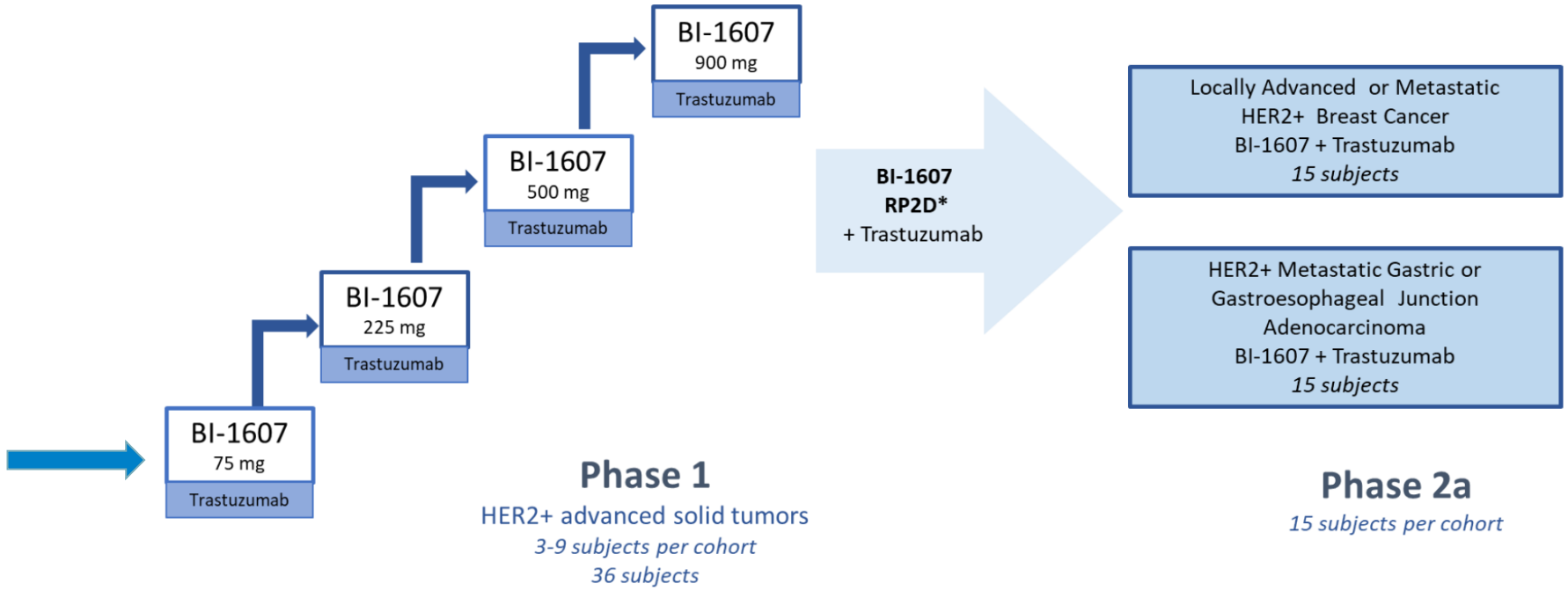
BI-1607 CONTRAST TRIAL - MODIFIED ANTI-FcγRIIB

Study: Phase 1/2a Open-label Clinical Trial of BI-1607, an Fc-Engineered Monoclonal Antibody to CD32b (FcγRIIB), in Combination with Trastuzumab in Subjects with HER2-positive Advanced Solid Tumors – CONTRAST

Design:



Countries:

- Currently enrolling patients in Europe
- Recent FDA IND approval

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CONTRAST TRIAL: BI-1607 AND TRASTUZUMAB

1st in class anti-FcγRIIB mAb

Enhances efficacy of several other marketed antibodies (trastuzumab, ipilimumab)

May allow dose-reduction of anti-CTLA4

FIM study in combination with trastuzumab currently in dose-escalation

Our previous knowledge of the target allowed starting at an adequate dose

No safety or tolerability concerns and no IRRs to date

BT-001

(Vectorized T_{reg}-depleting αCTLA-4)

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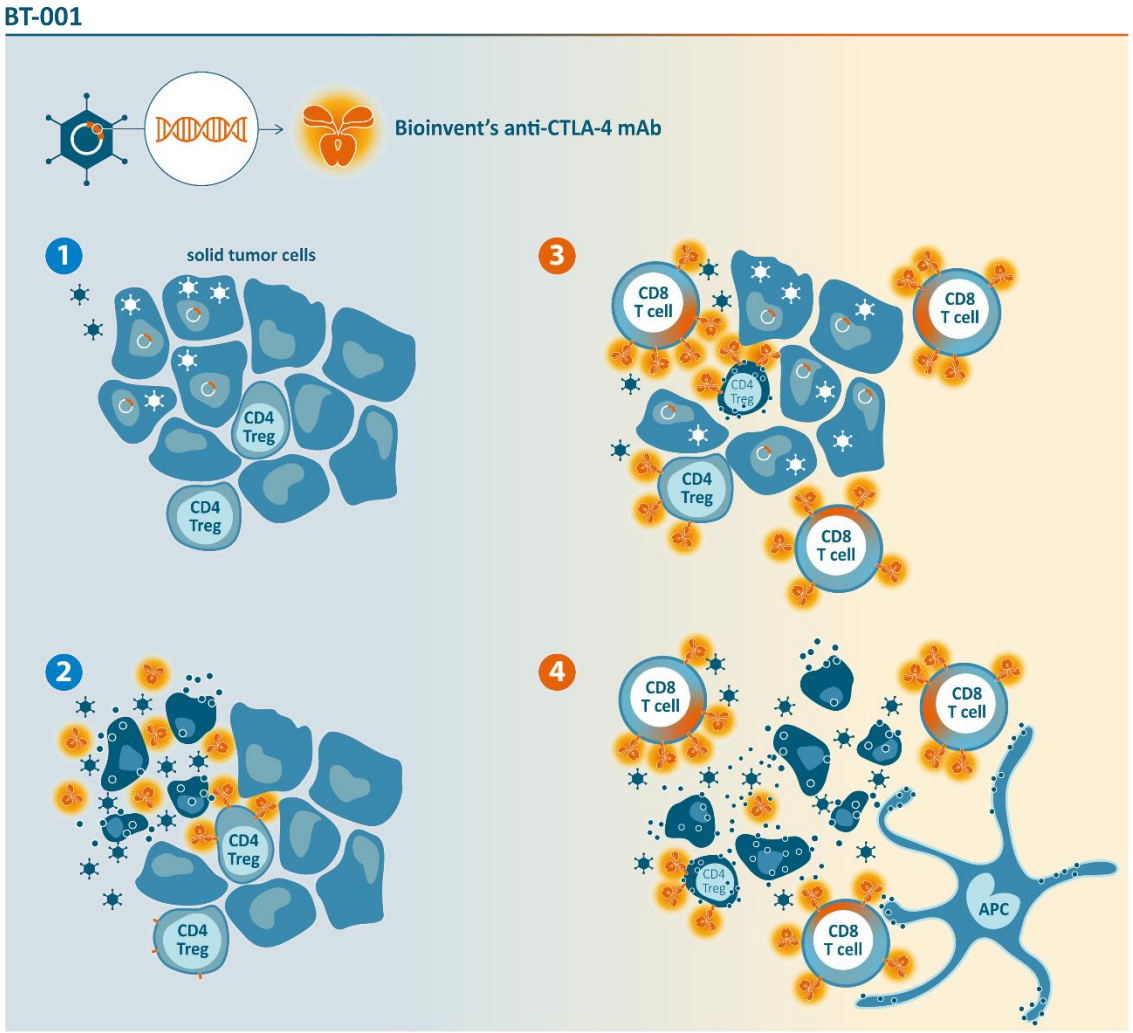
BT-001 - VECTORIZED TREG-DEPLETING αCTLA-4 FOR CANCER IMMUNOTHERAPY



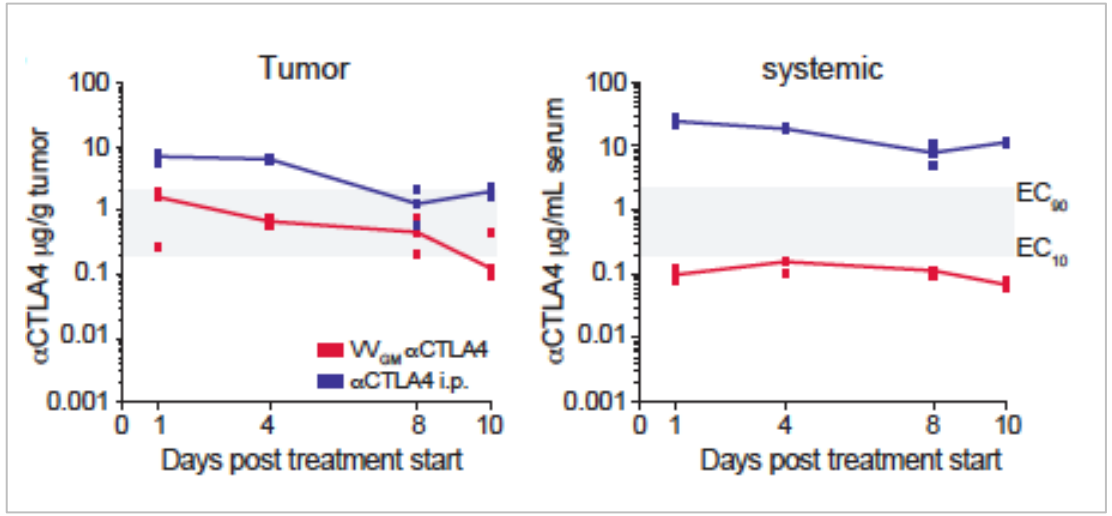
1. Intratumoral injection of oncolytic virus encoding aCTLA-4 mAb
2. Infection, replication, aCTLA-4 mAb production and lysis of tumor cells
3. Antibody binding and saturation of tumor-associated CTLA-4 receptors receptors
    1. Treg-depletion
    2. Tumor antigen cross-presentation
    3. Priming of systemic CD8 T cell antitumor immunity
4. Rejection of injected and non-injected (disseminated) tumors

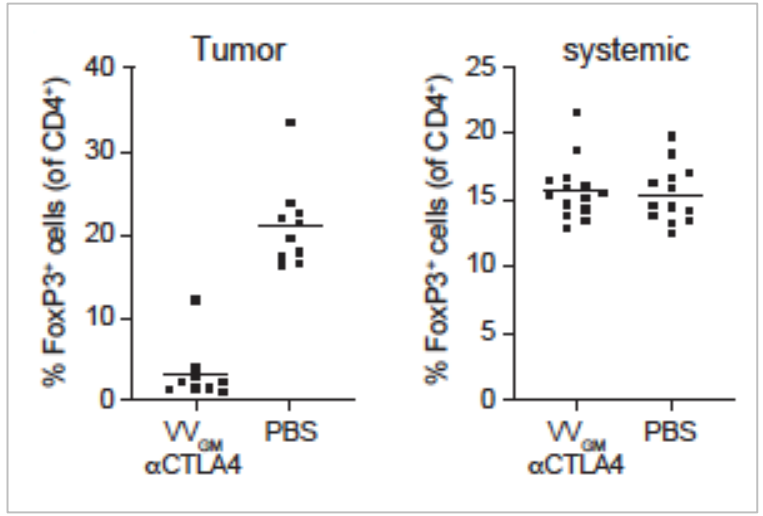
Full therapeutic targeting of (only) tumor-associated CTLA-4 →

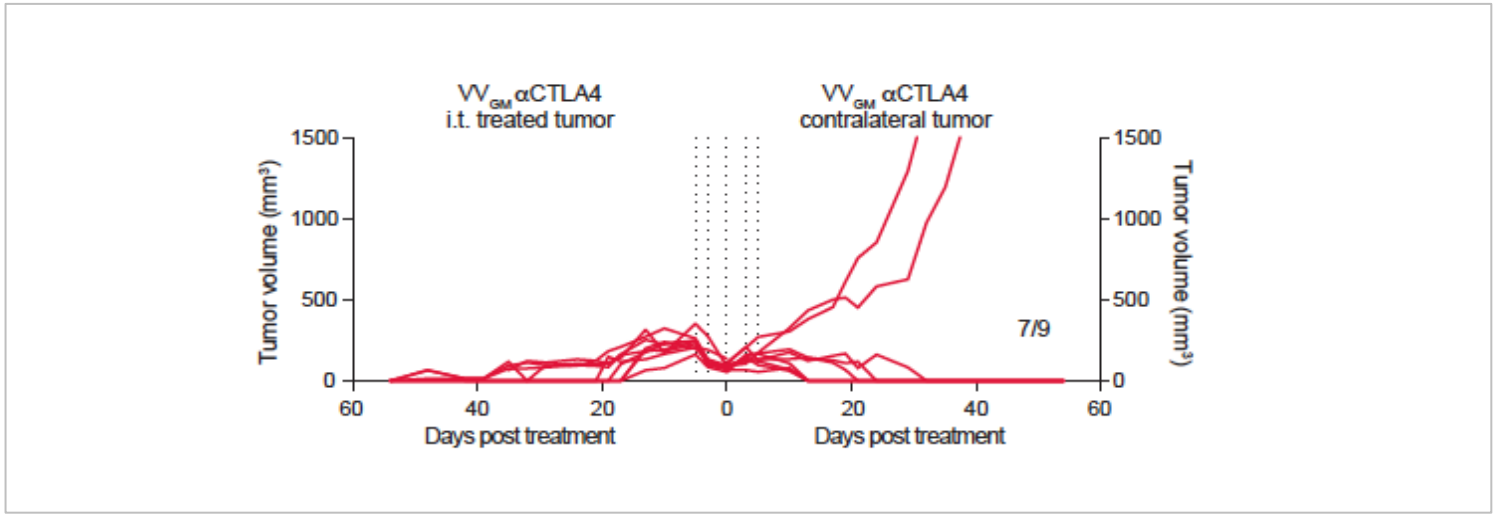
- Improved tolerability
- Enhanced efficacy
- Powerful combination therapy with systemic aPD-1

Semmrich and Marchand, JITC, 2022
BioInvent

BT-001: TUMOR-RESTRICTED mAb EXPOSURE AND T_{REG}-DEPLETION







 Semmrich, J Immunother Cancer, 2022

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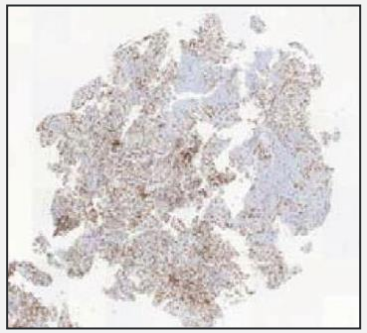
BT-001: HAS BROAD ANTI-TUMOR ACTIVITY

INFLAMED — NONINFLAMED

Preexisting Immunity

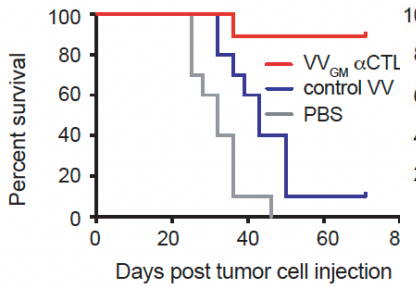


Excluded Infiltrate

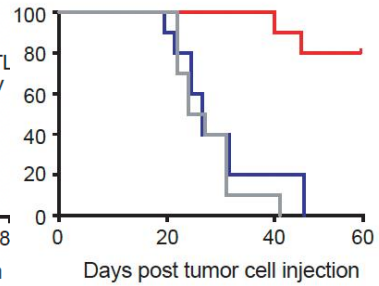
Immunologically Ignorant

"hot"

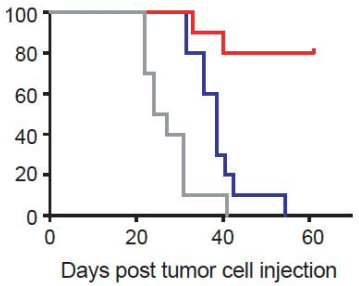
CT26 αPD-1$^{S/R}$ αCTLA-4^{S}



EMT6 αPD-1$^{S/R}$ αCTLA-4^{S}

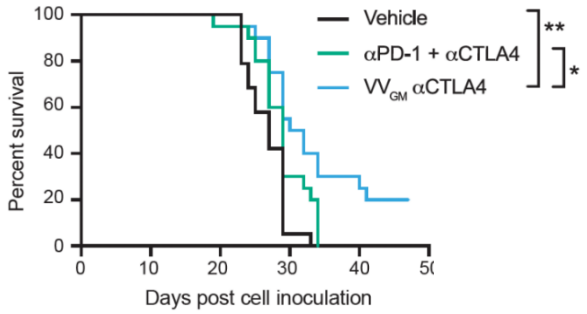


MC38 αPD-1^{S} αCTLA-4^{S}

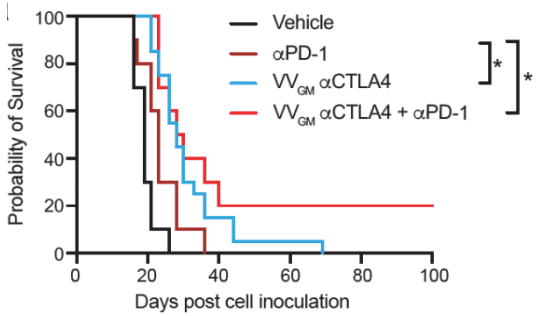


"cold"

LL αPD-1^{R} αCTLA-4^{R}



B16 αPD-1^{R} αCTLA-4^{R}

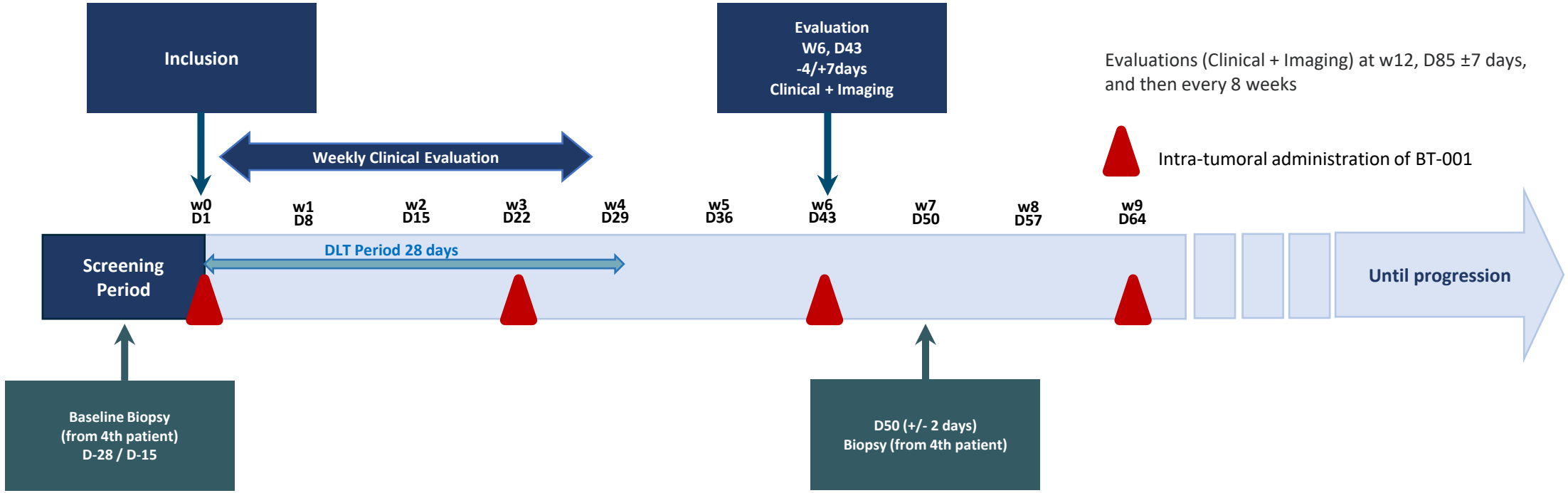


 Adapted from Semmrich, J Immunother Cancer, 2022

BT-001.01 TRIAL: VECTORIZED-ANTI-CTLA4

Study: A Phase 1/2a study of intra-tumoral BT-001 (TG6030) administered alone and in combination with pembrolizumab in patients with cutaneous or subcutaneous lesions or easily injectable lymph nodes of metastatic/advanced solid tumors.

Design:



Countries and number of sites:

2 countries (France, Belgium); a total number of 5 sites

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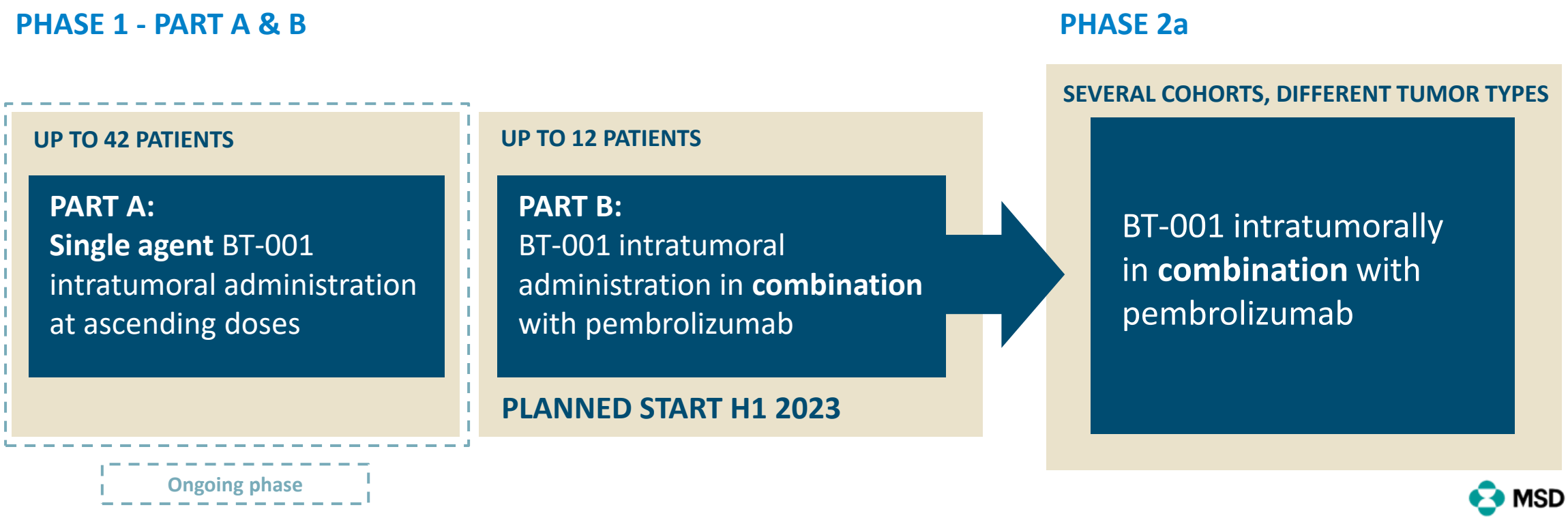
ONGOING PHASE 1/2a OPEN-LABEL, MULTICENTER, DOSE-ESCALATION STUDY



BT-001.01 TRIAL: VECTORIZED-ANTI-CTLA4

Third cohort of phase 1A (single agent, highest dose), 10^8 pfu currently ongoing

Expression of the mAb in the tumor has been detected

Viral replication in the tumor

No systemic exposure to anti-CTLA4

Key upcoming milestones: End single agent cohort and FPI in combination cohort H1 2023

No safety or tolerability concerns

BI-1808 (αTNFR2)

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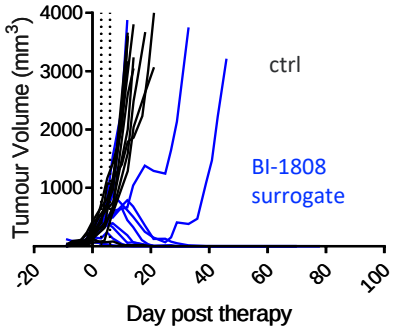
BI-1808: LIGAND-BLOCKING FcγR-ENGAGING ANTI-TNFR2

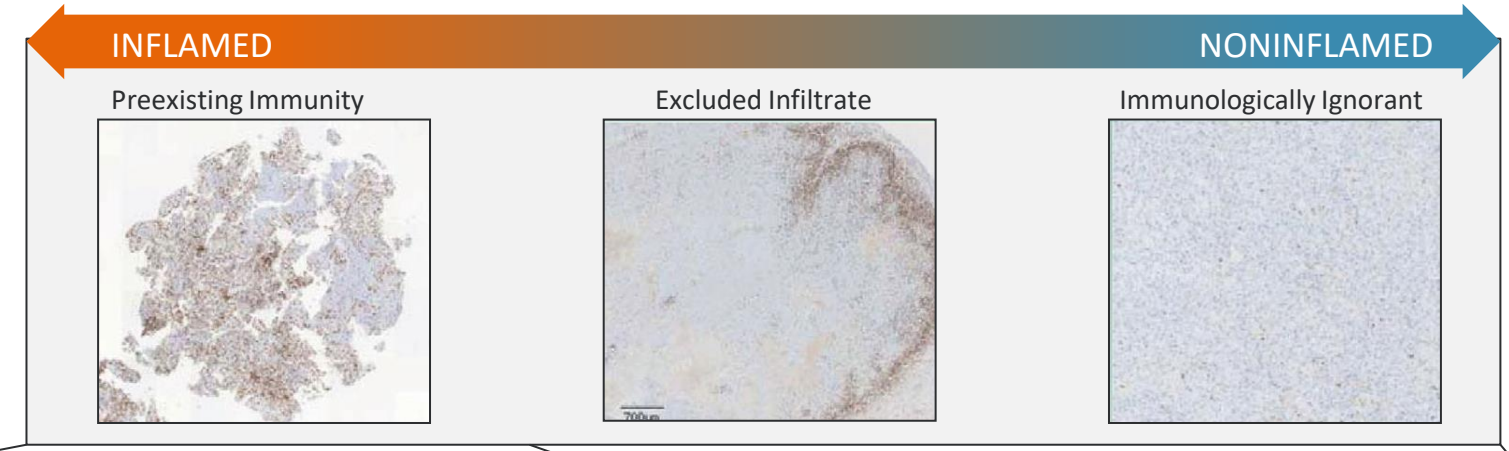
- 1st in class anti-TNFR2 mAb (BI-1808)
- Compelling efficacy as single agent and in combination, across inflamed and “cold” tumor microenvironments
- Differentiated mechanism-of-actions compared to other mAbs to TNFRs
  - Regresses pre-existing large tumors and synergizes with PD-1 blockade
  - Depletes/reduces TNFR2^{High} intratumoral Treg
  - Expands intratumoral CD8+ effector T cells
  - Reprograms tumor-associated myeloid cells
- MoA-matched surrogate enables hypothesis-driven biomarker identification

- Phase 1/2 study in solid cancer with BI-1808 as a single agent and in combination (anti-PD-1) is ongoing

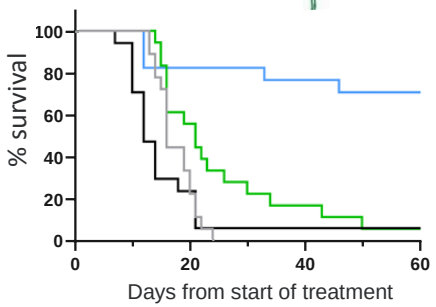
αTNFR2 HAS BROAD ANTITUMOR ACTIVITY AND SYNERGIZES WITH αPD-1

Representative tumor growth experiment, CT26

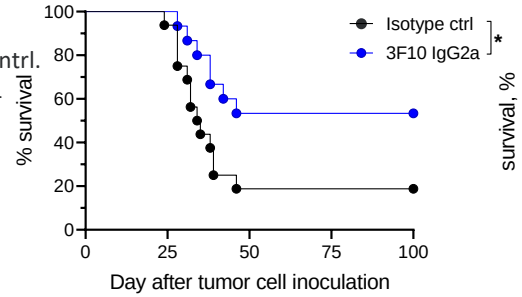




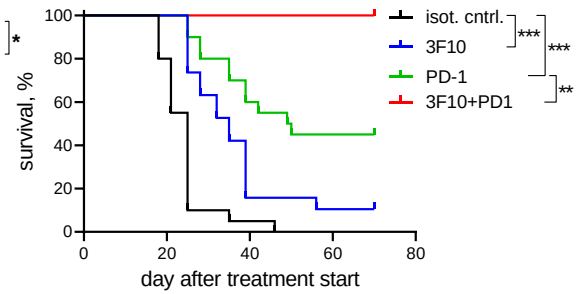
CT26 αPD-1$^{S/R}$ αCTLA-4^{S}



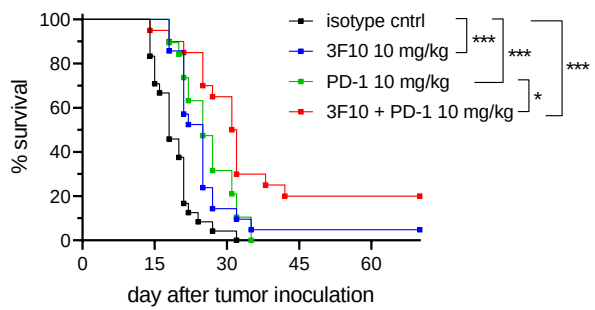
EMT6 αPD-1$^{S/R}$ αCTLA-4^{S}



MC38 αPD-1^{S} αCTLA-4^{S}



B16 αPD-1^{R} αCTLA-4^{R}



CT26: Tumor 220mm^3= ca 8x8 mm at therapy start, 3 exps combined
EMT6: Tumor 15 mm^3= ca 3x3 mm at therapy start, 2 exps combined
MC38: Tumor 100 mm^3= ca 6x6 mm at therapy start, 2 exps combined
B16: Tumor 15 mm^3= ca 3x3 mm at therapy start, 3 exps combined

 Adapted from Mårtensson, L., AACR 2020 & 2022

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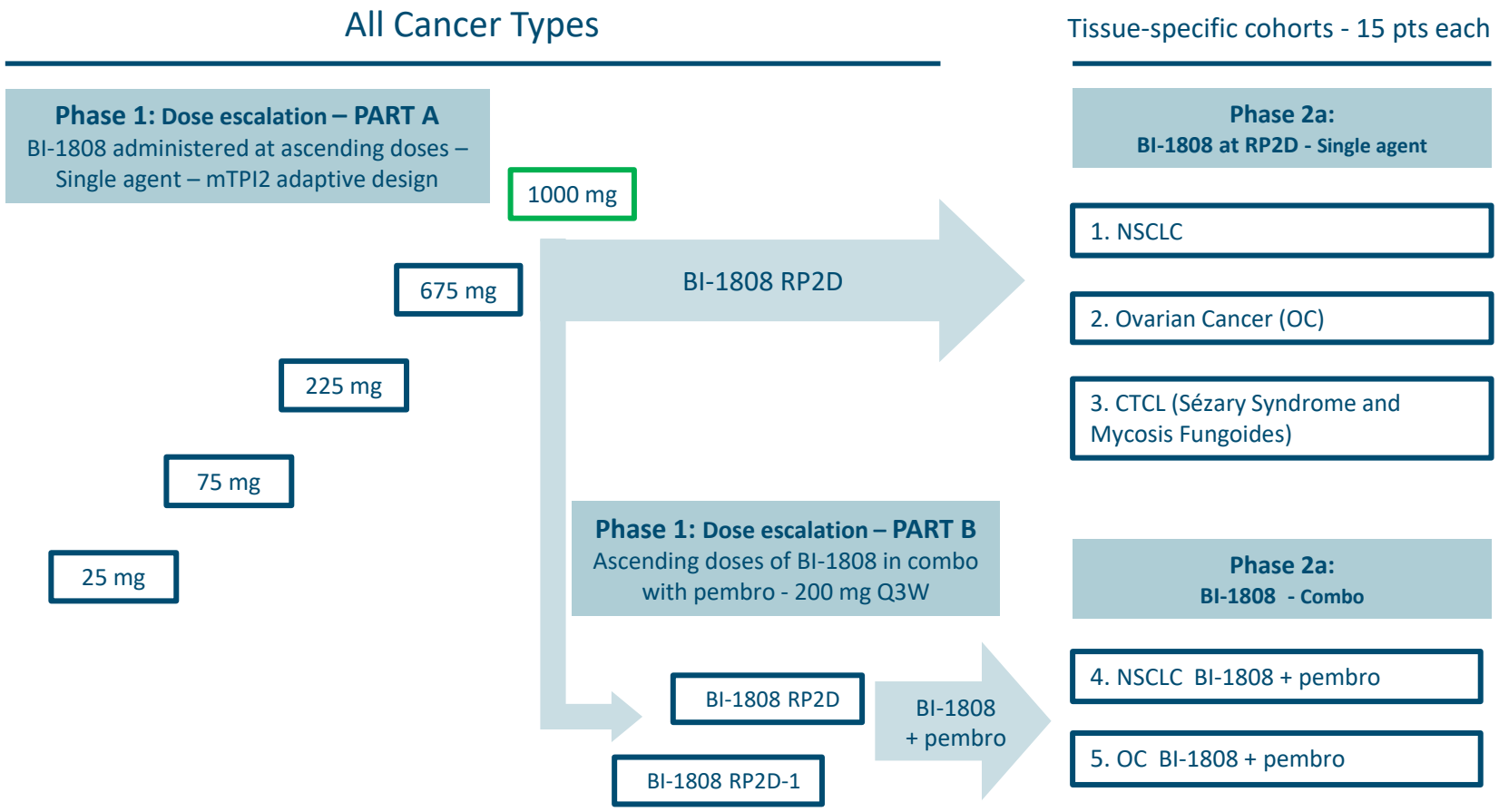
KEYNOTE-D20: BI-1808 +/- PEMBROLIZUMAB

Study: Phase 1/2a Open-Label, Dose-Escalation, Multicenter, First-in-Human, Consecutive-Cohort, Clinical Trial of BI-1808, a Monoclonal Antibody to Tumor Necrosis Factor Receptor 2 (TNFR2), as a Single Agent and in Combination with Pembrolizumab in Subjects with Advanced Malignancies.

Design:



Countries:

- Europe and the US

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KEYNOTE-D20: BI-1808 +/- PEMBROLIZUMAB

Currently enrolling. Approved in all countries: Europe, UK, and the USA

Phase 1 Part A:

- **Cohort No. 5** New dose cohort **ongoing** (1000mg)

Phase 1 Part B combination open (225 mg BI-1808/200mg pembrolizumab):

- Cohort filled and patients are in observation period
- First CTCL patient treated

Phase 2 Part A planned to start H2 2023

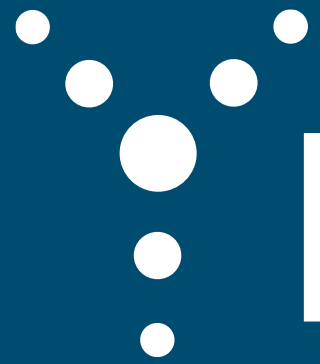
Responses observed:

- 3 SDs that have subsequently progressed;
- 1 Interesting SD -NSCLC patient with 20% tumor reduction
- No safety and tolerability concerns

Post-IND Competitive Landscape for TNFR2: BioInvent Leading

Drug Name	Company Name	Stage	Description
LBL-019	Nanjing Leads Biolabs	Phase I/II (China)	Agonist
SIM-0235	Simcere	Phase I (China / US)	humanized IgG1 antibody Blocker/Depleter
HFB-200301	HiFiBiO	Phase I (US)	humanized murine (IgG1?) Agonist
APX-601	Apexigen	IND-enabling	Humanized rabbit IgG1 Blocker/Depleter
BITR-2101	BITT / BeiGene	IND-enabling	humanized IgG2 (variant) Antagonist

- Competitors are developing agonists **or** antagonists (but no other company has both)
- BioInvent leads the way on TNFR2 biology
- Competition early stage but increasing



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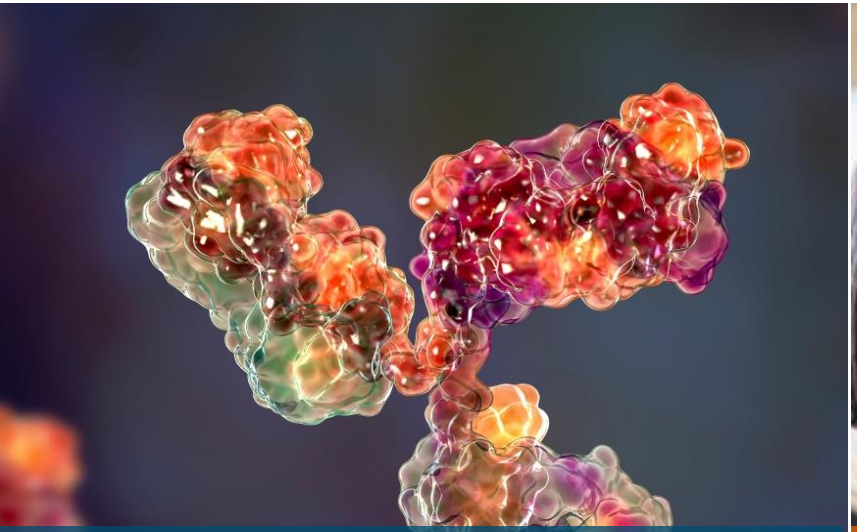
THANK YOU!

EXPECTED KEY CATALYSTS 2023

BI-1206 + ritux	**Preliminary results Phase 1 s.c**	**H1 2023**
BI-1206 + pembro	**Start of Phase 1 s.c.**	**H1 2023**
BI-1808 single agent	**Preliminary results Phase 1**	**H1 2023**
BT-001	**Start combination study with Keytruda**	**H1 2023**
BI-1808 + pembro	**Preliminary results Phase 1**	**H2 2023**
BI-1607 + trastuzumab	**Preliminary results Phase 1**	**H2 2023**
BI-1910	**Start Phase 1/2a**	**H2 2023**

Our Success Factors

BioInvent has one of the most exciting and unique cancer immunotherapy pipelines of any European biotech company



TECHNOLOGY

Our proprietary high-quality antibody library and animal models deliver candidates ready for clinical development

EXPERTISE

Everything we do is based on our extensive knowledge of immunology, cancer biology, and antibody biology.

INTEGRATION

We can go fast to development because we can take care of all the steps from early discovery to manufacturing.

BioInvent