

BRINGING THE PROMISE OF CELL THERAPY TO LIFE

Corporate Update
January, 2024



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"We can now conclude
that CAR-T cells can
CURE
patients with leukemia"

Dr Carl June, MD
Richard W. Vague Professor in Immunotherapy
Director of the Center for Cellular Immunotherapies at the
Perelman School of Medicine



CHIMERIC THERAPEUTICS (ASX: CHM) CORPORATE PROFILE

Market Information

Share Price (AUD)
(January 17, 2024) **\$0.029**

52 Week Range (AUD)
**\$0.025-
\$0.086**

Shares on Issue **727 M**

Market Cap (AUD)
(January 17, 2024) **~\$21M**

Current Approximate
Cash Position (AUD) **~\$15M**
(Including R&D rebate, Lind Placement
and Entitlement Offer Receipts as
announced in January 2024)



**Bringing
the Promise
of Cell
Therapy to
Life**

2 CLINICAL TRIALS WITH POSITIVE PHASE 1 RESULTS

- Positive CHM 1101 Phase 1A data in Recurrent Brain Cancer
- Positive CHM 0201 Phase 1A data in Acute Myeloid Leukemia and Advanced Colorectal Cancer
- Areas of high unmet medical need

ADVANCING CLINICAL DEVELOPMENT

- 4 clinical trials in solid tumours and blood cancers in 2024
- Multiple clinical catalysts in the next 12-18 months

EXPERIENCE AND EXPERTISE

- Industry leading team of experienced cell therapy experts
- Proven development and commercialization expertise

KEY CLINICAL CATALYSTS

ACROSS THE 3 PLATFORM TECHNOLOGIES

	2023 Clinical Achievements	2024 Clinical Milestones
CHM 1101 (CLTX CAR T)	<ul style="list-style-type: none">Ph. 1A Dose Escalation Complete in GBMPh. 1A Positive Preliminary Data in GBMPh. 1B 1st Patient Treated in GBM	<ul style="list-style-type: none">Ph. 1B Dose Expansion Initiation in GBMPh. 1B Preliminary Dose Expansion Data
CHM 2101 (CDH17 CAR T)	<ul style="list-style-type: none">FDA IND Clearance for Ph. 1A Basket Trial in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumors	<ul style="list-style-type: none">Ph. 1A Basket Trial InitiationPh. 1A Preliminary Dose Escalation Data
CHM 0201 (CORE NK)	<ul style="list-style-type: none">Ph. 1B ADVENT AML Trial InitiationPh. 1B CHM 0201 + Vactosertib 1st Patient Treated	<ul style="list-style-type: none">Ph. 1B ADVENT AML 1st Patient TreatedPh. 1B ADVENT AML Dose Confirmation Cohort CompletedPhase 1B ADVENT AML Preliminary Data

CHIMERIC: 3 NOVEL PLATFORM TECHNOLOGIES

CHM 1101 (CLTX CAR T)

2020

First in class CLTX CAR T for brain cancer and other solid tumours

Positive Phase 1A Clinical Trial in Recurrent Glioblastoma

Ongoing Phase 1B Clinical Trial in Recurrent Glioblastoma



CHM 2101 (CDH17 CAR T)

2021

First in class CDH17 CAR T for gastrointestinal cancers

FDA IND clearance Nov 23

Phase 1A Clinical Trial in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumours



CHM 0201 (CORE NK)

2022

Potentially best in class NK cell platform for blood cancers and solid tumours

Positive Phase 1A Clinical Trial in Colorectal Cancer and AML

Ongoing Phase 1B Clinical Trial at MDACC in AML

Phase 1B Clinical Trial at CWRU in AML/ Colorectal Cancer

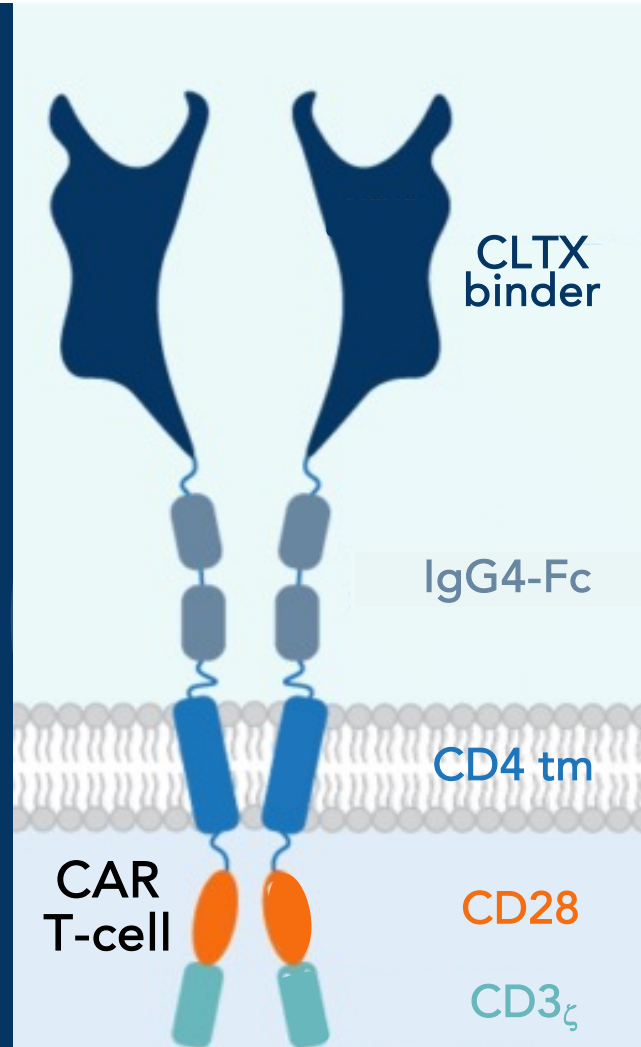


CHM 1101 (CLTX CAR T)

FIRST IN CLASS CAR T OPTIMIZED FOR SOLID TUMORS

NOVEL TARGET

- ✓ First in class Chlorotoxin (CLTX) binder targets MMP2
- ✓ MMP2 is a biologically relevant target, contributing to metastasis and tumor cell survival
- ✓ High MMP2 target frequency (70%+) across a broad range of solid tumors
- ✓ Selective tumor binding and established safety from diagnostic utilization



OPTIMIZED CONSTRUCT

- ✓ Novel, natural toxin Chlorotoxin (CLTX) binder with a compact, stable, peptide structure
- ✓ Optimized hinge and costimulatory domains selected to maximize potency and minimize exhaustion
- ✓ Construct tailored to promote immune synapse formation
- ✓ Designed to overcome solid tumor challenges with a manufacturing process that enriches for Tn/ mem cells

POSITIVE PHASE 1A CLINICAL DATA IN RECURRENT, LATE-STAGE BRAIN CANCER

DISEASE CONTROL RATE

55%

Disease Control Rate (DCR)
in heavily pretreated patients

Exceeding historical disease
control rates of 20-37%¹

SURVIVAL

~10 months

Median survival in patients
that achieved disease control

14+ months

Survival in two patients that
achieved disease control

~7 month survival expectation
after first recurrence²

SAFETY

Generally, well tolerated

- No Dose Limiting Toxicities
- No Cytokine Release Syndrome
- No Tumour Lysis Syndrome

1. Temozolomide DCR: = 37% Ref: DOI:10.1200/JCO.2009.26.5520 Journal of Clinical Oncology 28, no. 12 (April 20, 2010) 2051-2057; Lomustine DCR: 20% The Lancet Oncology: Volume 20, Issue 1, 1-164, 65
2. Gallego O. Nonsurgical treatment of recurrent glioblastoma. Curr Oncol. 2015 Aug;22(4):e273-81.

HOW IS GLIOBLASTOMA (GBM) TREATED TODAY?

TREATMENT BECOMES MORE CHALLENGING AS THE DISEASE PROGRESSES

Treatment in front line is the standard of care combination of surgery, radiation and temozolomide.

Patients are generally expected to progress or recur after 7-8 months¹

Treatment in subsequent lines of therapy becomes progressively more difficult with reduced survival expectations.

On initiation of 2nd line therapy, expected survival is approximately 7 months²

DIAGNOSIS

1st LINE THERAPY

STANDARD OF CARE

Surgery + Radiation + Temozolomide

PROGRESSION
OR DISEASE
RECURRENCE

2nd Line
Therapy

3rd Line
Therapy

4th Line
Therapy

5th Line
Therapy

NO STANDARD
OF CARE



Glioblastoma Survival Expectation= ~ 15 Months

1. Jeffree R (2020) Australian Journal of General Practice. Volume 49, Issue 4, April 2020. 2. Gallego O. Nonsurgical treatment of recurrent glioblastoma. Curr Oncol. 2015 Aug;22(4):e273-81

CHM 1101 PHASE 1A PATIENT DEMOGRAPHICS

TREATING 4TH LINE PATIENTS

46%

of patients received CHM 1101 as
4th line therapy

CHM 1101 Patients

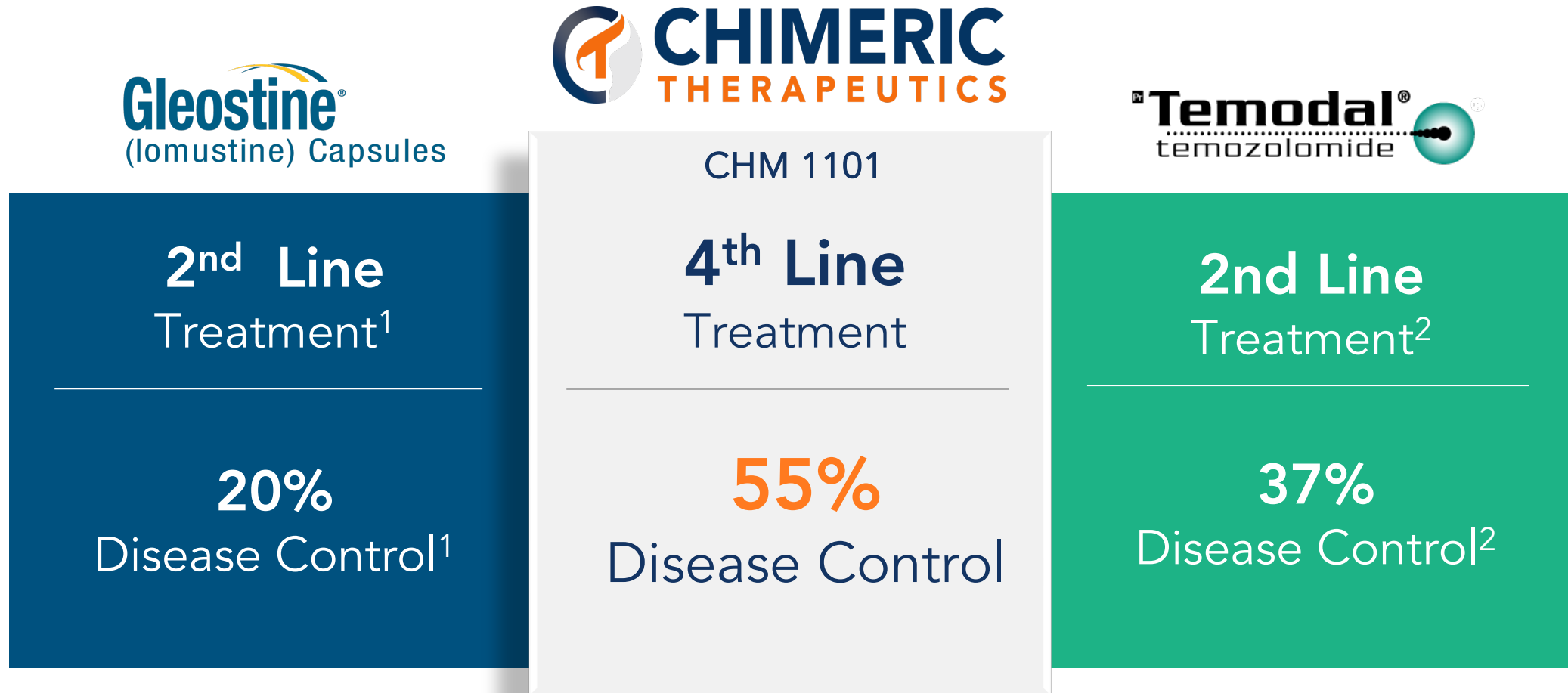
2 nd Line Therapy	3 rd Line Therapy	4 th Line Therapy	5 th Line Therapy
0%	36%	46%	18%

Approved therapies in recurrent Glioblastoma
treated 2nd line patients

Age	Median Range	57 years 37-73 years
Sex	Male Female	55% 45%
Race	Caucasian Black Asian Hispanic	73% 9% 9% 9%
# of Prior Surgeries	0 1 2 3	18% 36% 36% 9%
Pathology	Grade 4 Glioblastoma Grade 4 Astrocytoma	91% 9%
IDH	Wild type Mutant	91% 9%

CHM 1101 RESULTS IN CONTEXT

55% DISEASE CONTROL IN LATE LINE PATIENTS



CHM 1101 was studied in median 4th line patients and demonstrated a Disease Control Rate (DCR) higher than NCCN approved and recommended therapies studied in 2nd line

SURVIVAL EXPECTATIONS FOR PATIENTS WITH RECURRENT GBM

	Therapy	Line of Therapy	Overall Survival
APPROVED THERAPIES	SURGERY	2 nd Line ¹	5.75 months ¹
	TUMOUR TREATING FIELDS	3 rd Line ²	6.6 months ²
	BEVACIZUMAB	2 nd Line ³	7.75 months ³
	TEMOZOLOMIDE	2 nd Line ⁴	3.7 months ⁴
INVESTIGATIONAL THERAPIES	REGORAFENIB	2 nd Line ⁵	6.5 months ⁵
	GALUNISERTIB + LOMUSTINE	2 nd Line ⁶	6.7 months ⁶

~7 months
survival
demonstrated
from first
recurrence with
approved and
investigational
therapies

1. Curr Oncol. 2015 Aug;22(4):e273-81

2. Eur J Cancer. 2012 Sep;48(14):2192-202.

3. Journal of Clinical Oncology, 2009. 27(5): p. 740-5

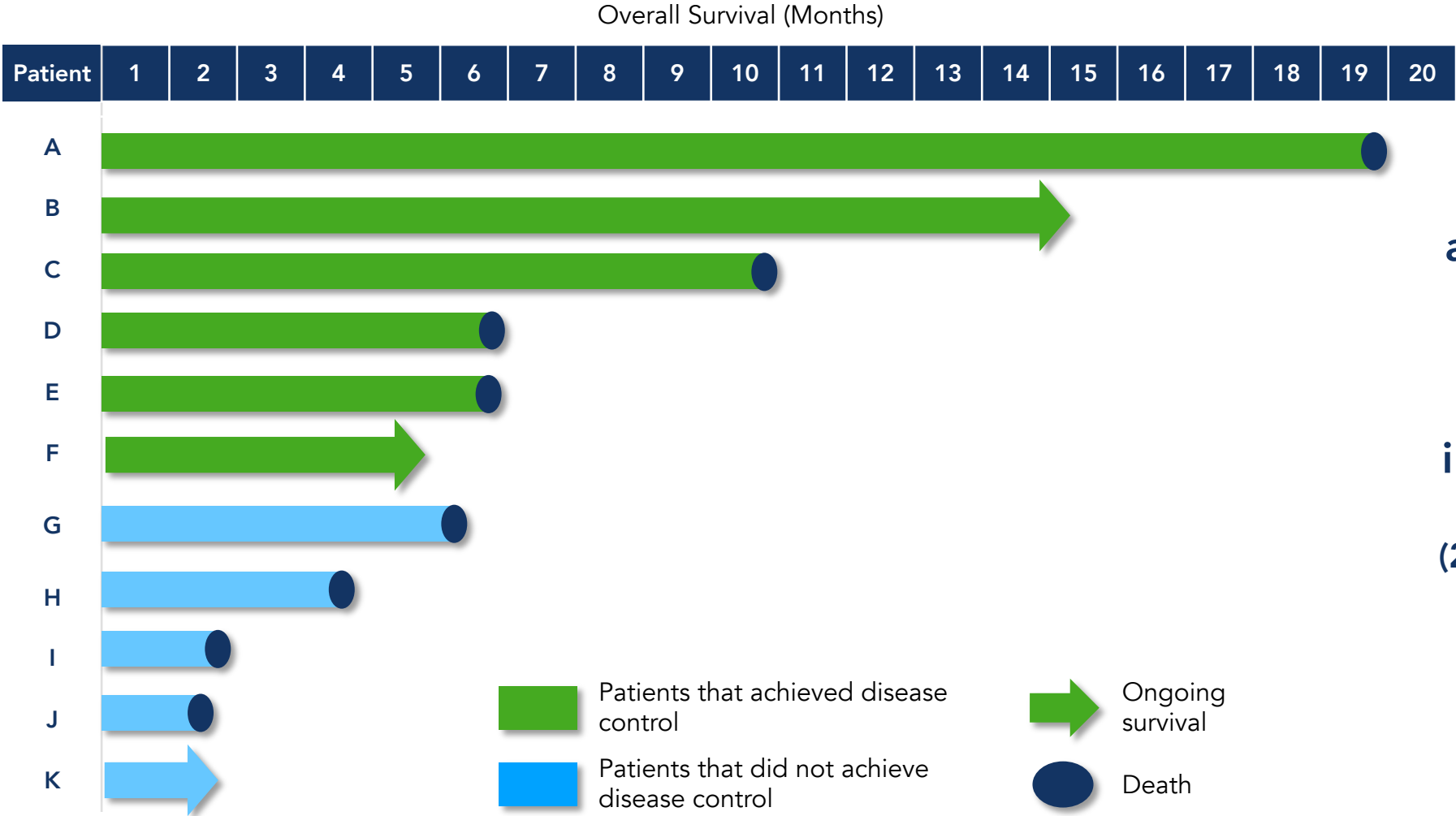
4. Curr Oncol. 2015 Aug;22(4):e273-81

5. Lancet Oncol. 2019, 20, 110-119

6. Neuro-Oncology, Volume 18, Issue 8, August 2016, Pages 1146-1156

CHM 1101 PHASE 1A SURVIVAL

~10 MONTH SURVIVAL IN PATIENTS WHO ACHIEVED DISEASE CONTROL



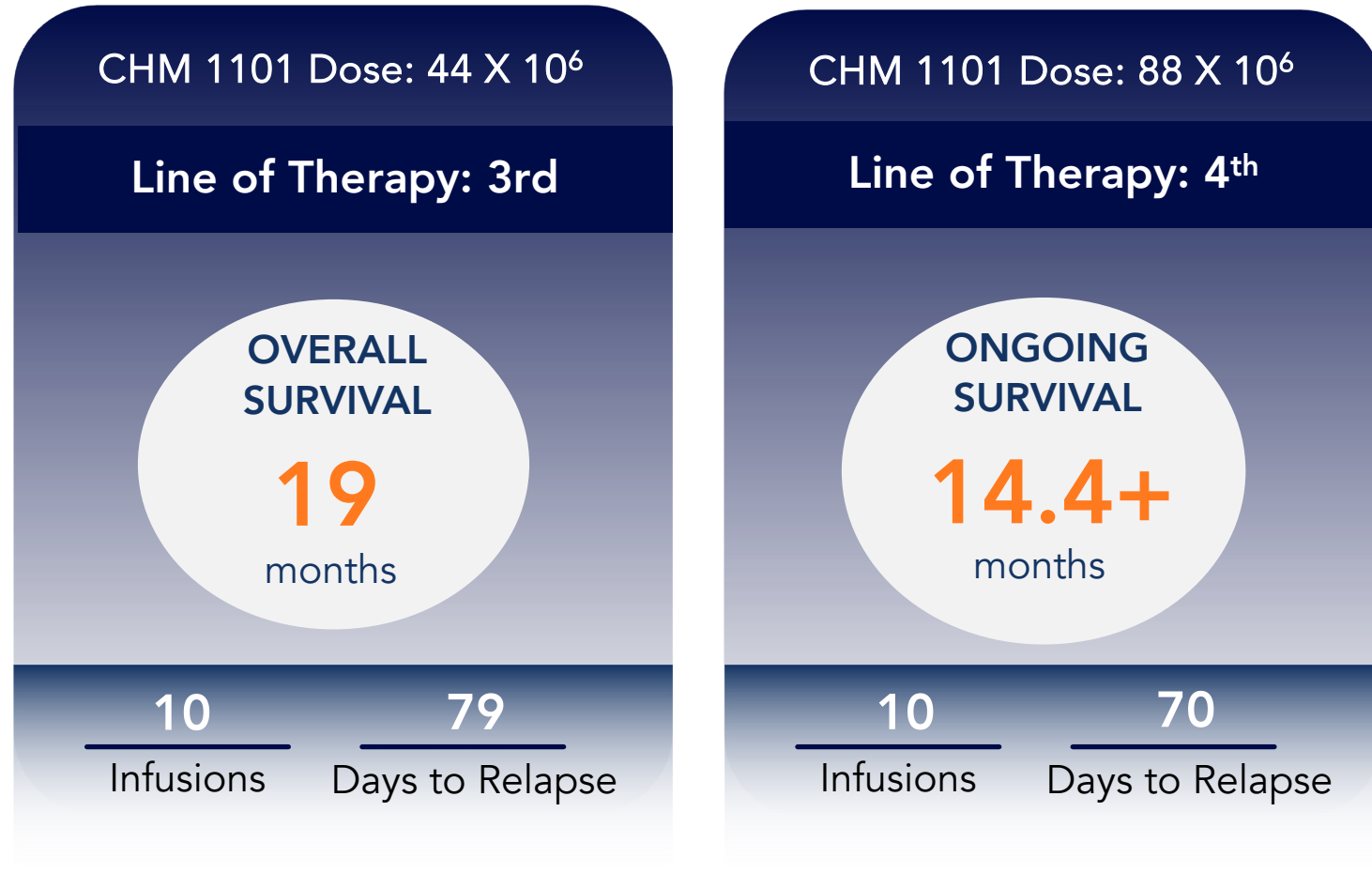
14+ months
In two patients who achieved disease control

9.9 months
Median overall survival in patients who achieved disease control
(2 patients alive and in ongoing follow up)

2.6 months
Median survival in patients that did not respond


CHM 1101 PHASE 1A

PATIENTS WITH LONG TERM (14+ MONTHS) SURVIVAL



CHM 1101 PHASE 1A SAFETY

A MANAGEABLE SAFETY PROFILE AT ALL DOSE LEVELS



No Dose
Limiting
Toxicities
(DLT's)

No Cytokine
Release
Syndrome
(CRS)

No Tumour
Lysis
Syndrome
(TLS)

**Grade 3 (serious)
non-hematological
events were not
considered treatment
related:**

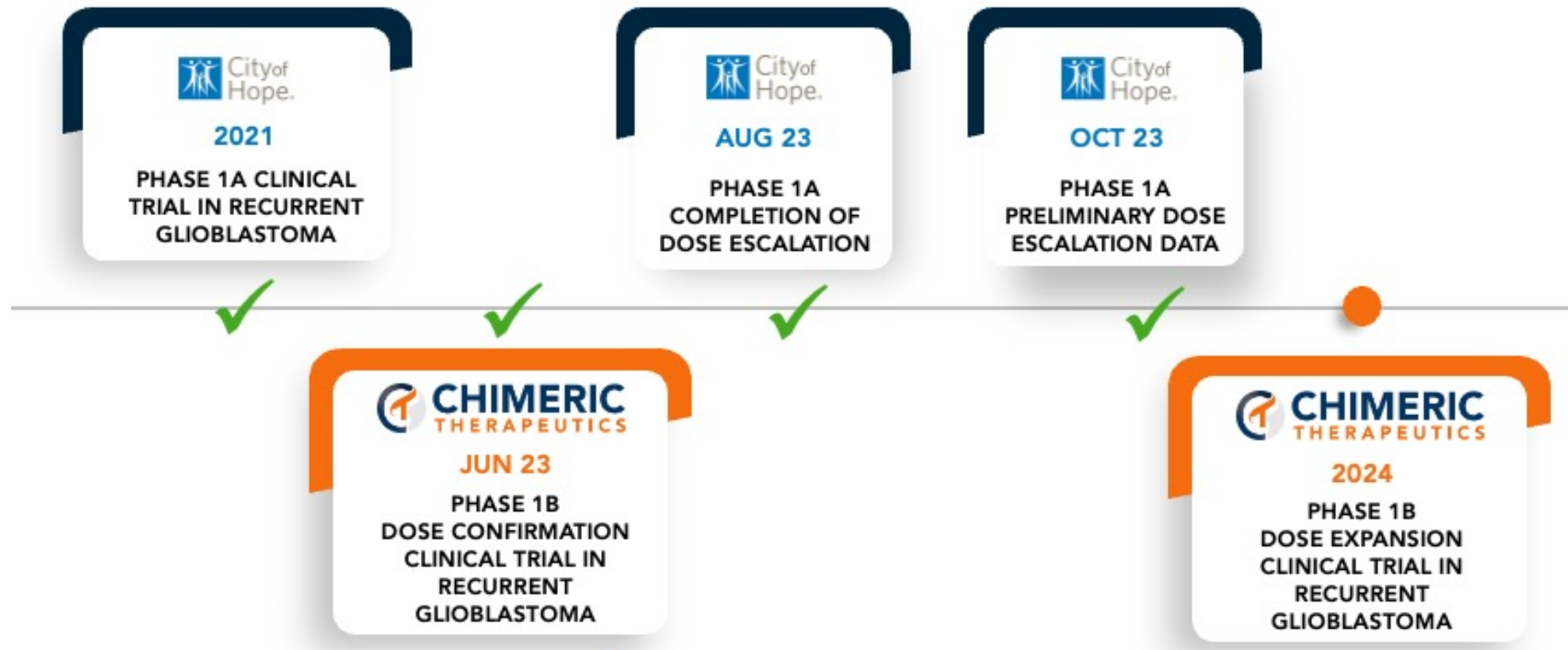
- Cerebral Edema X3*
- Adrenal Insufficiency*
- Headache*
- Confusion*
- Syncope
- Fatigue
- Ataxia

*associated with GBM
disease progression

CHM 1101 NEXT STEPS

ADVANCING IN PHASE 1B CLINICAL DEVELOPMENT

Based upon the safety and efficacy signal demonstrated in the Phase 1A City of Hope clinical trial, CHM 1101 will advance to Dose Expansion in the Chimeric Phase 1B Clinical Trial in 2024



CHM 1101 SUMMARY

POSITIVE PHASE 1A DATA IN LATE STAGE GLIOBLASTOMA

- ✓ 4th line, difficult to treat patients
- ✓ 55% Disease Control Rate
- ✓ ~10 months survival for patients that achieved disease control
- ✓ Two patients with survival beyond 14 months
- ✓ Manageable safety profile at all dose levels

ADVANCING TO PHASE 1B DOSE EXPANSION

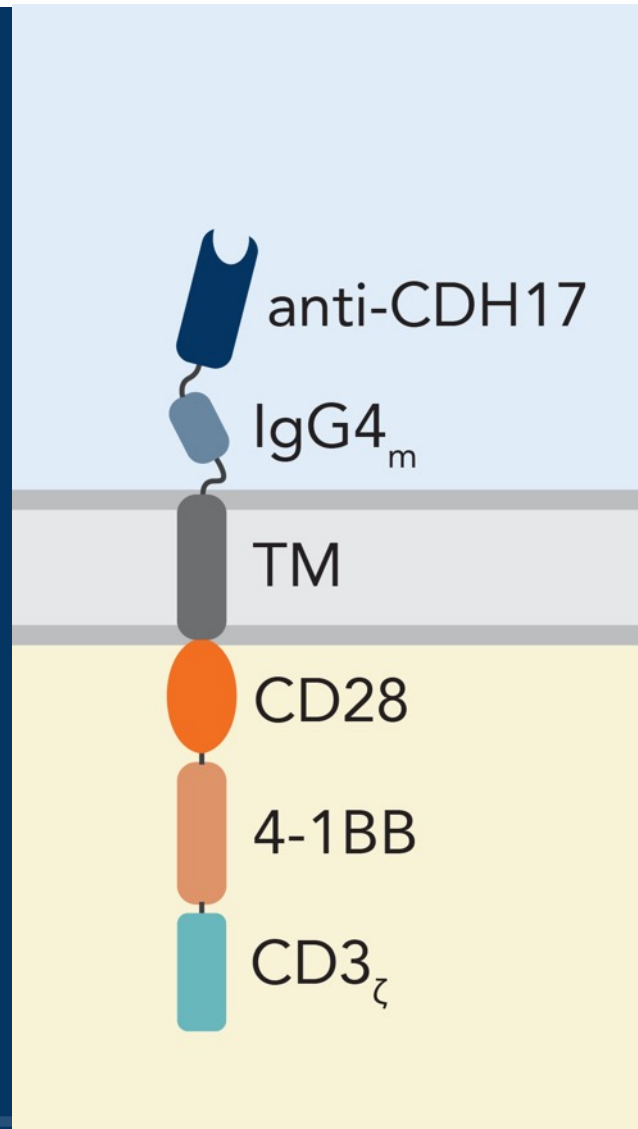
- ✓ Phase 1B recruiting at Sarah Cannon Research Institute

CHM 2101 (CLTX CAR T)

FIRST IN CLASS CAR T DESIGNED FOR GI CANCERS

NOVEL TARGET

- ✓ First in class anti- Cadherin-17 (CDH17) binder
- ✓ CDH17 is a biologically relevant target, contributing to metastasis and tumor cell survival
- ✓ High CDH17 expression rate in GI cancers; $\geq 95\%$ in lead indications, $\geq 50-65\%$ in other tumors
- ✓ Masked from CAR T recognition on normal cells, CDH17 expression pattern allows selective targeting of tumors by CHM 2101



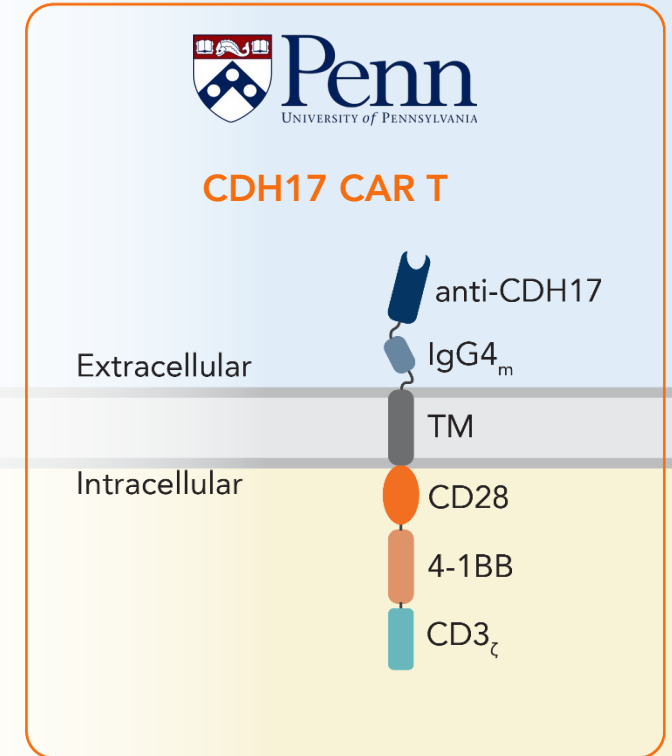
OPTIMIZED CONSTRUCT

- ✓ Single domain VHH antibody binder with high affinity for human CDH17
- ✓ Highly compact, stable VHH antibodies less prone to aggregation than scFvs enabling complete tumor eradication while sparing normal tissues
- ✓ Superior 3rd Generation CAR designed for solid tumors with dual CD28 and 4-1BB costimulatory domains
- ✓ Hinge domain empirically selected for maximum potency and length adjusted to tighten immune synapse for target engagement

CHM 2101: FDA IND CLEARANCE

A FIRST-IN-CLASS 3RD GENERATION CAR T FOR GASTROINTESTINAL TUMOURS

- FDA clearance for Chimeric IND for a Phase 1/ 2 clinical program in Colorectal Cancer, Gastric Cancer and Neuroendocrine Tumours
- First-in-class CAR T cell therapy licenses from world renowned cell therapy center, the University of Pennsylvania after a decade of optimization
- Broad applicability of the CDH17 CAR T to address unmet medical needs in gastrointestinal (GI) cancers
- Clinical trial to be initiated in 2024 at leading US institutions

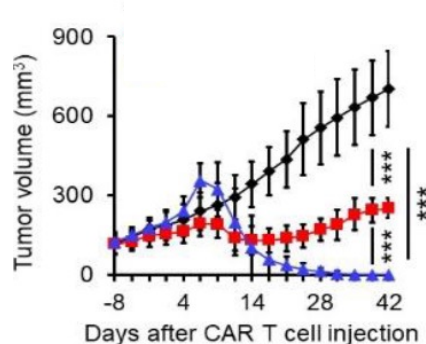


CHM 2101 (CDH17 CAR T)

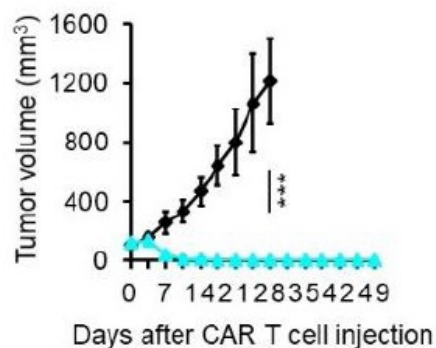
POTENT IN VIVO EFFICACY

CHM 1101 induced complete eradication of tumours with no relapse in seven mouse xenograft tumour models

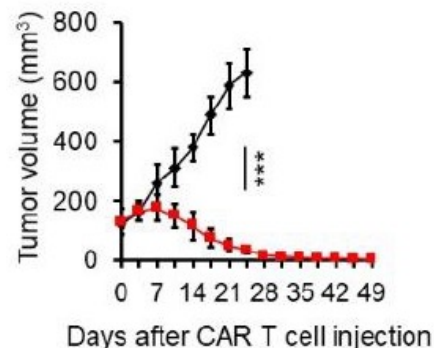
Neuroendocrine
Tumours



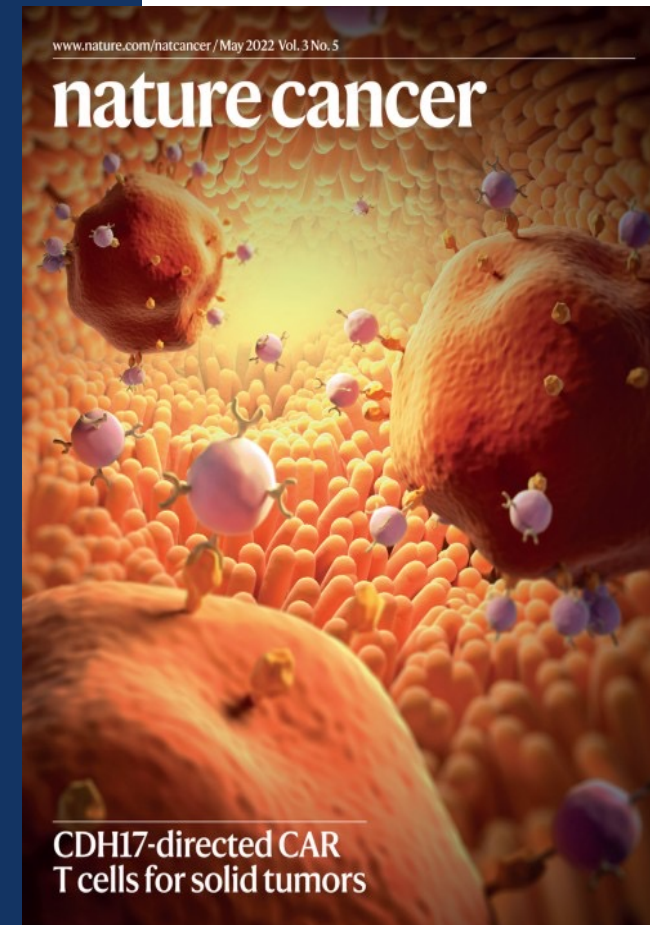
Gastric
Cancer



Pancreatic
Cancer



Source: Feng et al., Nature Cancer, 2022

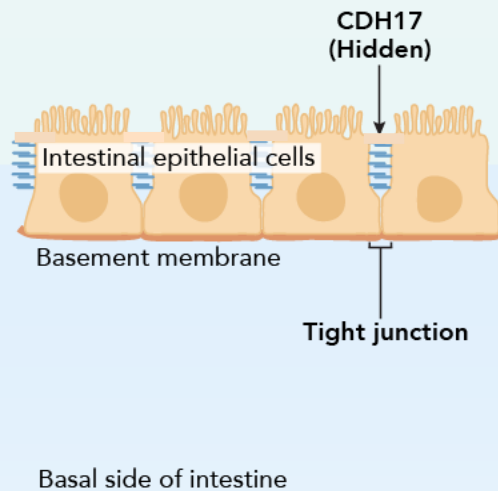


CHM 2101 (CDH17 CAR T)

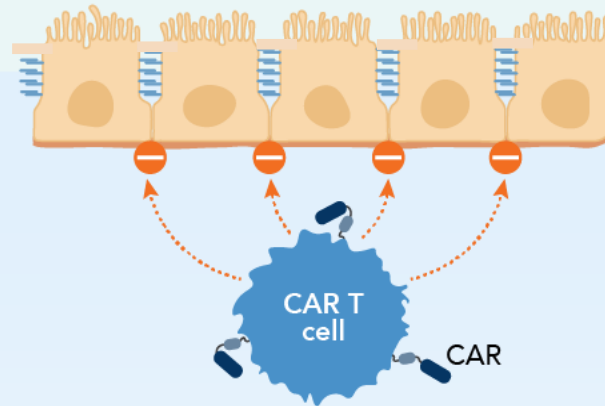
CAR T CELLS UNABLE TO ACCESS NORMAL CELLS DUE TO TIGHT JUNCTIONS

Normal Cells

In normal cells, CDH17 is hidden beneath tight junctions that reinforce the barriers of normal cells.

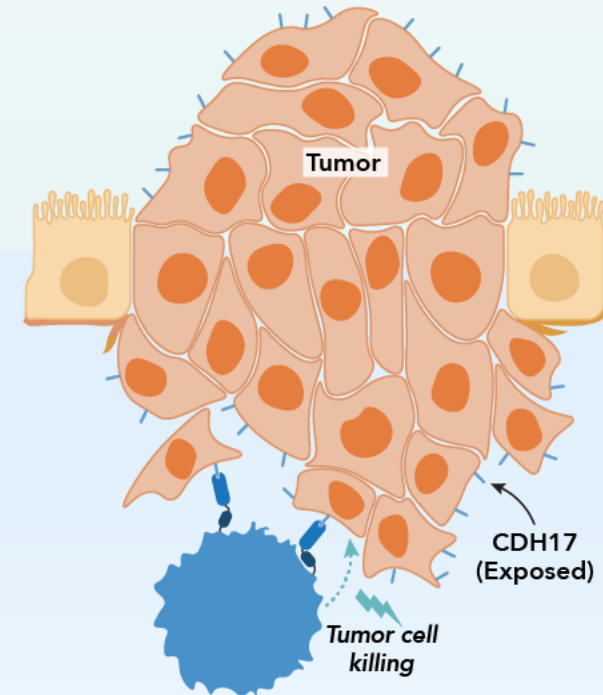


The tight junctions between epithelial cells are thought to prevent CAR T cells from accessing CDH17 on normal intestinal epithelial cells..



Cancer Cells

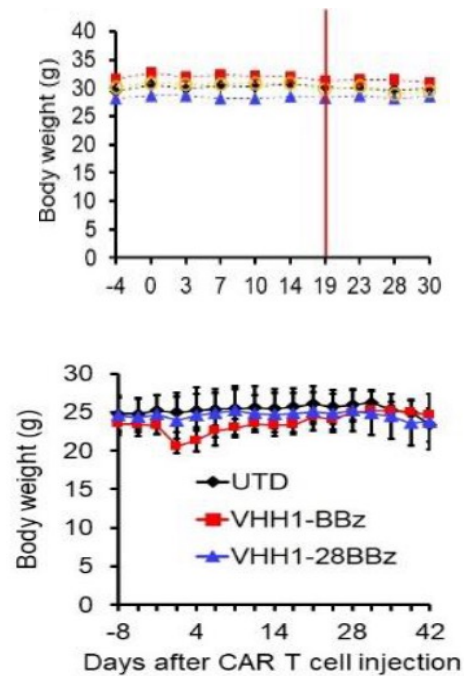
In cancer, loss of cell polarity causes CDH17 to be exposed on the tumor cell surface, enabling CAR T cells to engage and kill tumor cells.



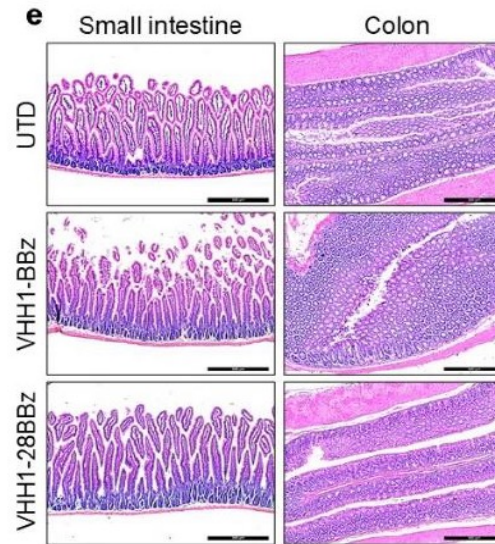
CHM 2101: SAFETY IN PRECLINICAL MODELS

DESPITE BROAD EXPRESSION OF CDH17 ON NORMAL INTESTINE, MICE TREATED WITH CHM 2101 DEMONSTRATED NO TREATMENT RELATED TOXICITY

No body weight loss

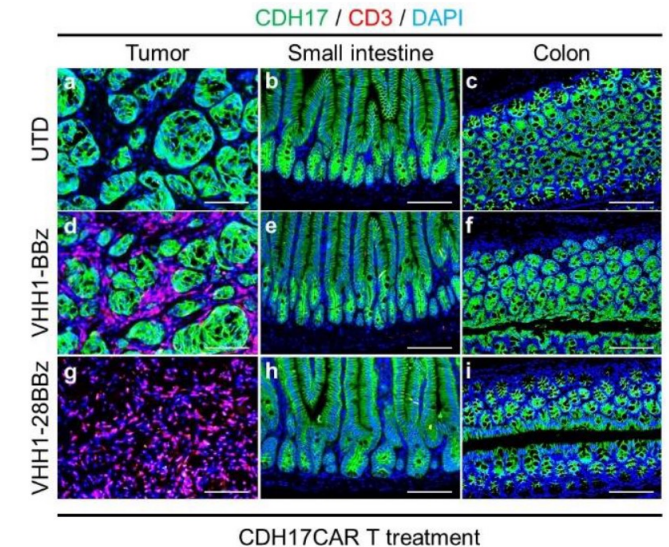


No damage to normal tissue



No tissue damage was also observed for stomach, pancreas, heart, liver, and kidney.

No infiltration of normal intestine by CHM 2101 cells



CHM 2101 (CDH17 CAR T)

PHASE 1A CLINICAL TRIAL IN RELAPSE / REFRACTORY GI CANCERS

Accelerated development through a Phase 1A basket trial design with patient eligibility in 3 tumour types

Colorectal
Cancer

Neuroendocrine
Tumours

Gastric
Cancer

450 X 10^6

150 X 10^6

50 X 10^6

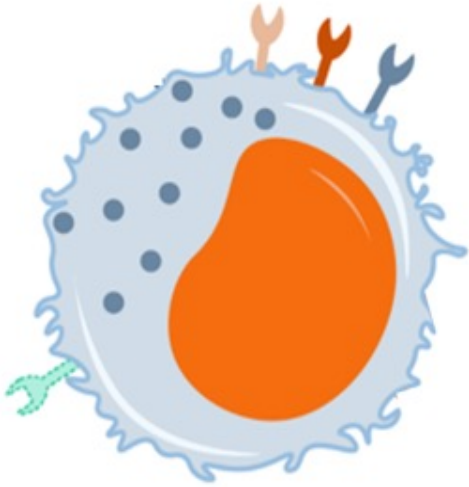
DOSE ESCALATION

Upon signal confirmation, dose confirmation and expansion in tumour specific cohorts

Tumour Specific
Dose
Confirmation

Tumour Specific
Dose Expansion

CHM 0201



**BEST-IN-CLASS
NK CELL
FOUNDATION**

A **platform technology** that can be leveraged to develop multiple new therapies

Broad applicability across **10+ disease areas** including blood cancers and solid tumours

Encouraging Phase 1A Clinical Trial Results across multiple key endpoints in Acute Myeloid Leukemia and Colorectal Cancer

CHM 0201: COMPLETED PHASE 1A

ENCOURAGING CLINICAL OUTCOMES

WITH A 24+ MONTH ONGOING COMPLETE RESPONSE

✓	✓	✓	✓	✓
SAFETY	PERSISTENCE	EXPANSION	SOLID TUMOUR EFFICACY	BLOOD CANCER EFFICACY
ESTABLISHED SAFETY <i>and</i> NO GVHD WITH UNIVERSAL DONOR CELLS	28 DAY PERSISTENCE OF CELLS	LARGE SCALE MANUFACTURING SUCCESS FROM A SINGLE DONOR	33% DISEASE CONTROL RATE IN SOLID TUMOURS	100% DISEASE CONTROL RATE IN BLOOD CANCERS

PATIENT #8
24+ MONTH ONGOING
COMPLETE RESPONSE IN AML
with therapy related High-Risk MDS



CHM 0201 for BLOOD CANCERS AND SOLID TUMOURS

ADVANCING NOVEL PHASE 1B CLINICAL COMBINATIONS

CHM 0201 + VACTO Phase 1B

ENROLLMENT CURRENTLY
PAUSED DUE TO STAFF
RESOURCING

Acute Myeloid Leukemia and
Colorectal Cancer

First Study to Investigate NK
Cells + Vactosertib



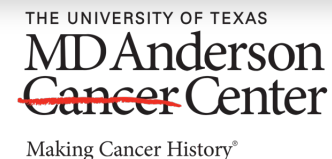
CHM 0201 + AZA/VEN Phase 1B

ONGOING ENROLLMENT

FDA IND Clearance

Acute Myeloid
Leukemia

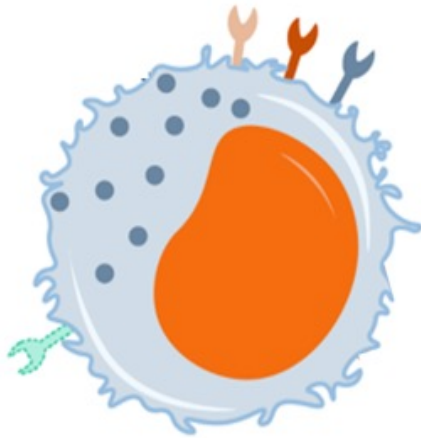
First NK Combination Study in
Front Line AML



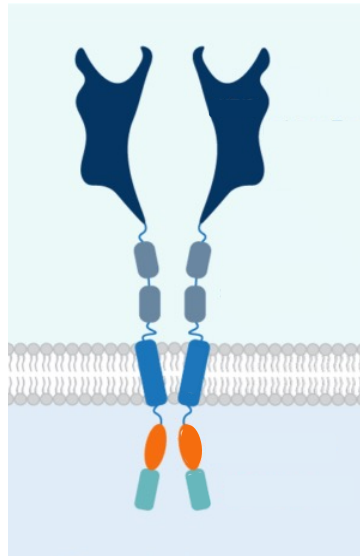
CHM 1301: CLTX CAR NK DEVELOPMENT

LEVERAGING PORTFOLIO SYNERGIES TO BUILD UPON A A BEST-IN-CLASS NK CELL FOUNDATION

CHM 0201
(CORE NK)



CHM 1101
(CLTX CAR T)



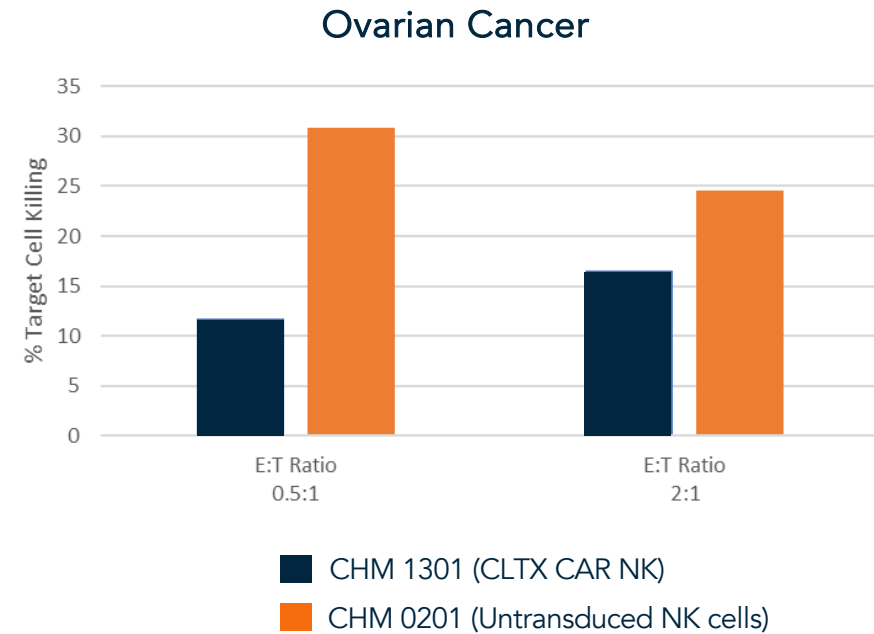
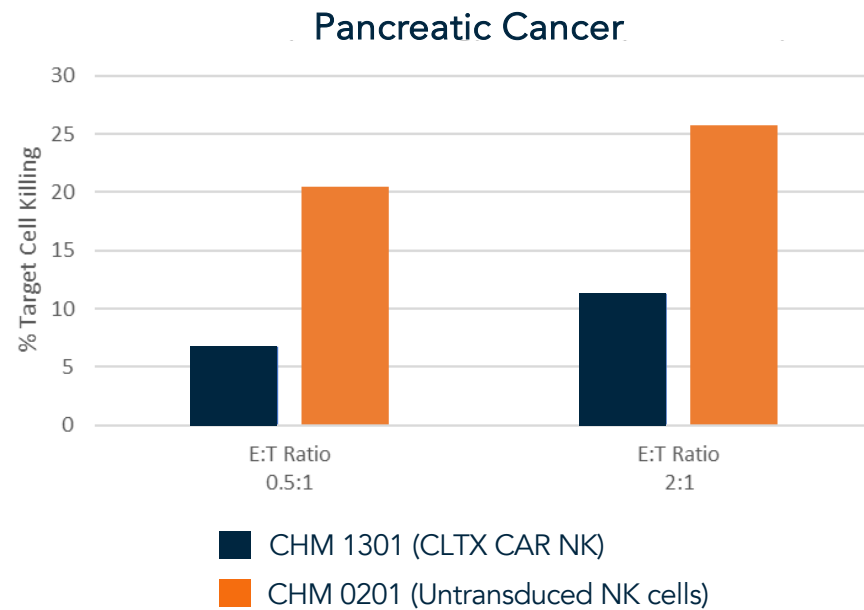
CHM 1301
(CLTX CAR NK)



CHM 1301: CLTX CAR NK

UP TO 300% ENHANCED CELL KILLING IN TWO NEW TUMOUR TYPES

CHM 1301 demonstrated ~2-3x increased potency against Ovarian and Pancreatic cancer cells when compared to CHM 0201





VALUE PROPOSITION FOR INVESTORS

1.

ADVANCED, UNDERVALUED PORTFOLIO

Chimeric's pipeline and portfolio are highly undervalued in relation to other cell therapy companies

2.

ADVANCING DEVELOPMENT TO VALUE REALIZATION

Chimeric's assets are entering Phase 1B, where big pharma M&A is now focused

3.

NAVIGATING THE CHALLENGES

Chimeric is responding to today's biotech environment with program prioritization, cash preservation and business development

1. ADVANCED, UNDERVALUED PORTFOLIO

Chimeric has an industry leading cell therapy portfolio with novel technology platforms in clinical stage development

CHM Asset	Tumour Type	Discovery/ Preclinical	Phase 1	Phase 2/ 3
CHM 1101 (CLTX CAR T)	Recurrent/ Progressive Glioblastoma	COH Phase 1A		
	Recurrent/ Progressive Glioblastoma	CHM Phase 1B		
	MMP2 Expressing Solid Tumours			
CHM 0201 (CORE NK)	Acute Myeloid Leukemia/ Colorectal Cancer	CWRU Ph. 1A IIT: COMPLETE		
	Hematological Malignancies / Solid Tumours	CWRU Ph. 1B + Vactosertib		
	Acute Myeloid Leukemia	MDACC Ph. 1B ADVENT AML		
0301	Hematological Malignancies			
1301	MMP2 Expressing Solid Tumours			
2301	CDH17 Expressing Solid Tumours			
CHM 2101 (CHM 2101)	Neuroendocrine Tumours	Ph. 1A Basket Trial		
	Gastric Cancer	Ph. 1A Basket Trial		
	Colorectal Cancer	Ph. 1A Basket Trial		

MDACC: MD Anderson Cancer Centre/ COH: City of Hope / CWRU: Case Western Reserve University

3

Novel technology platforms





2

Assets with positive clinical data

4

Ongoing clinical trials

CHIMERIC: INNOVATION UNDERVALUED IN TODAYS MARKET

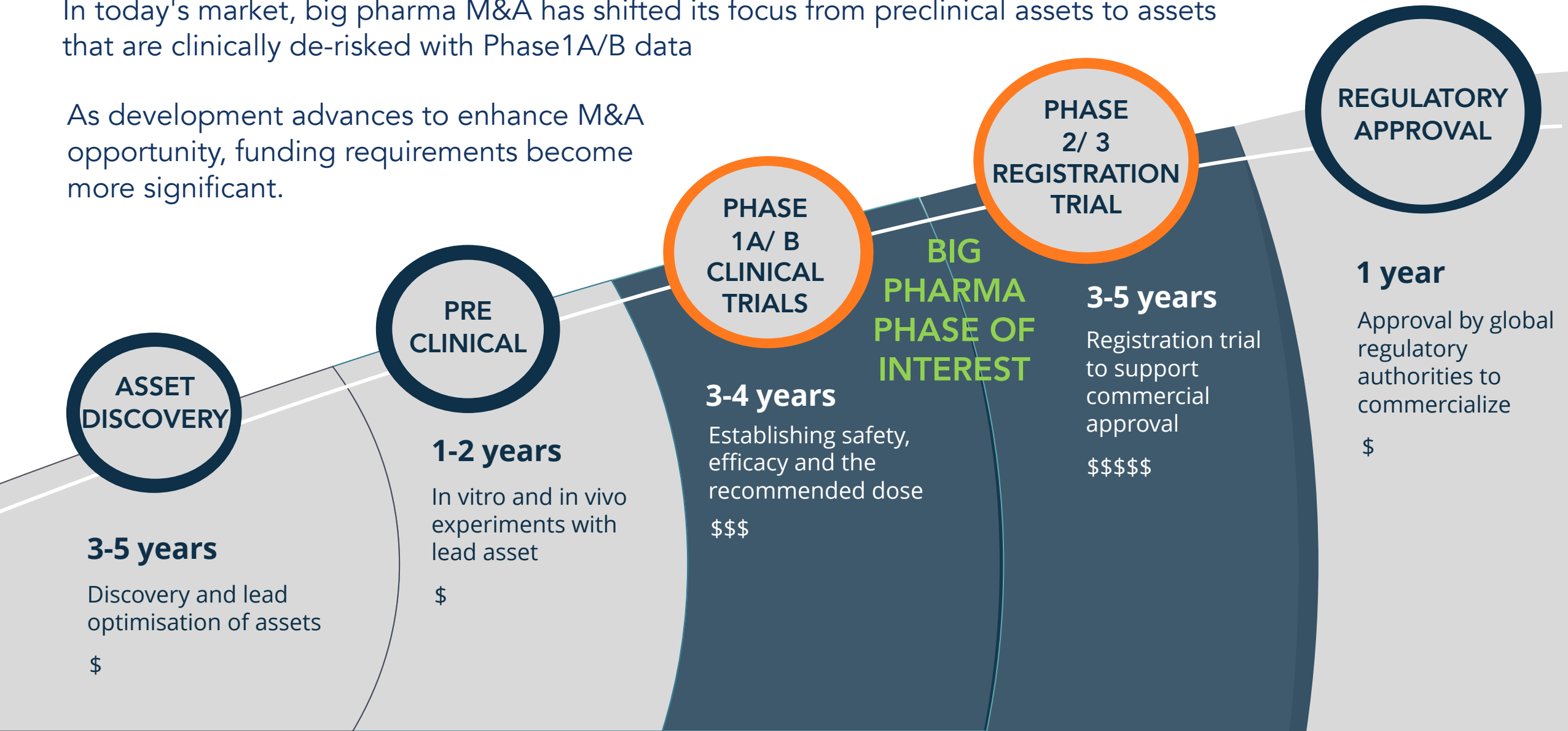
	 CHIMERIC THERAPEUTICS	 arovella THERAPEUTICS	 Prescient Therapeutics <small>Cell Therapy Pipeline Only</small>	 carina biotech
Assets with Positive Clinical Data	2	No Clinical Data	No Clinical Data	No Clinical Data
Enrolling Clinical Trials	4	No Clinical Trials	No Clinical Trials	1
Patients Treated	25+	No Patients Treated	No Patients Treated	1
FDA IND's	6	No FDA IND's	No FDA IND's	1
Share Price/ Market Cap.	0.033 / \$24M <small>As of Jan. 8/ 2024</small>	0.125 / \$114M <small>As of Jan. 8/ 2024</small>	0.061/ \$49M <small>As of Jan. 8/ 2024</small>	Private / \$41M Valuation

VALUE REALIZATION OPPORTUNITY FOCUSES ON PHASE 1B/ 2

CHIMERIC IS ADVANCING DEVELOPMENT TO BIG PHARMA'S FOCUS









In today's market, big pharma M&A has shifted its focus from preclinical assets to assets that are clinically de-risked with Phase 1A/B data

As development advances to enhance M&A opportunity, funding requirements become more significant.



2. VALUE REALIZATION OPPORTUNITY FOCUSES ON PHASE 1B/ 2

RECENT M&A HIGHLIGHTS BIG PHARMA'S FOCUS ON CLINICALLY DE-RISKED ASSETS

Date	Acquirer / Investor	Licensee	Phase of Development	Total Deal Value
August 2023	 astellas	 POSEIDA THERAPEUTICS	1B	\$50M USD (equity investment)
July 2023	 Pfizer	 CARIBOU BIOSCIENCES	1B	\$25M (equity investment)
May 2023	 janssen <small>PHARMACEUTICAL COMPANIES OF JOHNSON & JOHNSON</small>	 CBMG Cellular Biomedicine Group	1B / 2	\$245M USD+
October 2022	 GILEAD	 ARCELLX	2	\$225 USD

3. NAVIGATING THE CHALLENGES

To enable clinical advancement, Chimeric has responded to the challenges of today's market with program prioritization and cash preservation while creating value through business development



CHIMERIC LEADERSHIP TEAM

GLOBAL EXPERTS IN CELL THERAPY DEVELOPMENT & COMMERCIALIZATION

EXPERIENCE

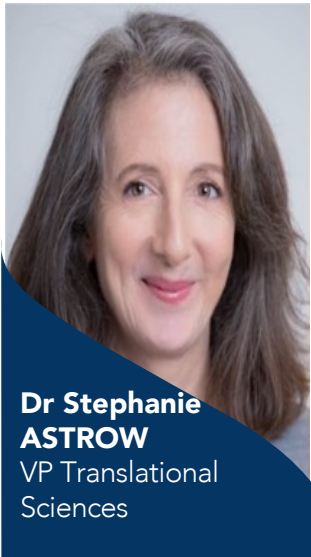
60+ Years of Cell
Therapy Experience

EXPERTISE

25+ Development
Programs

PROVEN

4/5 Of the
FDA Approved
CAR T Cell Therapies



CELLULAR IMMUNOTHERAPY SCIENTIFIC ADVISORY BOARD

WORLD RENOWNED SCIENTISTS AND CLINICIANS



Chair of the Cellular Therapeutics Cross Disciplinary Group, Mayo Clinic

Dr Lin is a pioneer in cellular immunotherapy having participated in many of the first in human CAR T cell therapy trials and multiple Ph. 2 cellular immunotherapy clinical trials.



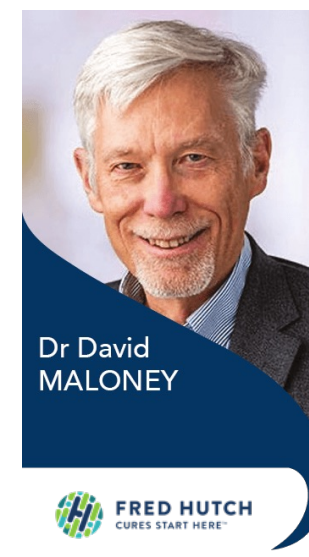
Director, the David and Etta Jones Center for Cellular Therapy, University of Chicago

Dr Bishop is a widely recognized as an expert in hematopoietic stem cell transplant and cellular therapy research and patient care, with a focus on leukemias and lymphomas.



Director of Translational Research, Immune Effector Cell Therapies Dana-Farber Cancer Institute

Dr Smith specializes in Cellular immunotherapy and hematological malignancies with a focus in multiple myeloma.



Medical Director, Cellular Immunotherapy and the Bezos Family Immunotherapy Clinic Fred Hutchinson Cancer Center

Dr Maloney has been a clinical investigator in over 15 cellular therapy clinical trials ranging from phase 1, first in human trials to commercially approved CAR T cell therapies.



- ▶ **POSITIVE CLINICAL DATA in GBM and AML**
Two assets with positive Phase 1A clinical data
- ▶ **ADVANCING CLINICAL DEVELOPMENT**
Four clinical trials in solid tumours and blood cancers in 2024
- ▶ **NEAR TERM MILESTONES**
Multiple clinical catalysts in next 12-18 months
- ▶ **IMPACTFUL BUSINESS DEVELOPMENT**
Collaborative clinical trials with limited CHM funding with success in securing non-dilutive funding
- ▶ **INDUSTRY LEADING TEAM**
Experienced team with significant cell therapy development and commercialization expertise

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APPENDIX.

GLIOBLASTOMA (GBM)

MOST COMMON AND DEADLY OF ALL PRIMARY BRAIN TUMOURS

WHAT IS GLIOBLASTOMA (GBM)?

Glioblastomas (also called GBM) are cancerous grade 4 brain tumours

Glioblastomas are fast growing and the most common malignant primary brain tumour

WHO GETS GBM?

~1000 new cases of GBM are diagnosed in AUS each year¹.

Average age at diagnosis is 62 years

Diagnosis is more common in males than females

WHAT ARE THE RISK FACTORS FOR GBM?

The exact cause of GBM is unknown

The majority of patients have no family history or identifiable risk factors

WHAT IS THE PROGNOSIS FOR GBM?

Without Treatment:
~3 months survival².

With Treatment:
Less than 15 months³.

5-year Survival :
4.6% in Australia⁴.

1. Jeffree R (2020) Australian Journal of General Practice. Volume 49, Issue 4, April 2020 "Current Management of Cerebral Gliomas"

2. Schapira AH (2007). *Neurology and clinical neuroscience*. Philadelphia: Mosby Elsevier. p. 1336. ISBN 978-0323070539.

3. Grochans, S.; Cybulska, A.M.; Simińska, D.; Korbecki, J.; Kojder, K.; Chlubek, D.; Baranowska-Bosiacka, I. Epidemiology of Glioblastoma Multiforme—Literature Review. *Cancers* 2022, 14, 2412. <https://doi.org/10.3390/cancers14102412>

CDH17: AN IDEAL TUMOR TARGETING ANTIGEN

KEY TO CANCER PROLIFERATION

CDH17 (Cadherin-17) is an **oncogenic driver** of tumor formation and cancer metastasis, most specifically in gastrointestinal tumors.

Overexpression of CDH17 has been shown to be **correlated with poor prognosis** and the **promotion of metastasis**.

Inhibition of CDH17 has resulted in **reduced proliferation** and increased **apoptosis of cancer cells**

CDH17 is a member of the cadherin superfamily. Cadherins are calcium-dependent cell-cell adhesion molecules which play important roles in organ development, the maintenance of tissue integrity and cancer development.

