Enterome raises $19 million to fund clinical development of its OncoMimics™ immunotherapy to treat Follicular Lymphoma

- Proceeds to fund Phase 1/2 trial of EO2463 OncoMimics™, as a monotherapy or in combination, to treat multiple forms of indolent non-Hodgkin lymphoma (iNHL)
- $9 million from new investor The Institute for Follicular Lymphoma Innovation (IFLI)
- $10 million from existing specialist investors, including The Leukemia & Lymphoma Society Therapy Acceleration Program® (LLS TAP)

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Enterome SA, **a clinical-stage company developing first-in-class OncoMimics™ immunotherapies to treat cancer,** has raised $19 million in a new private financing to advance its lead clinical program EO2463 OncoMimics™ immunotherapy to treat indolent non-Hodgkin lymphoma (iNHL). The new funds will be used to expand and finalize the ongoing Phase 1/2 SIDNEY clinical trial of EO2463 and prepare the candidate for a registrational trial.

New U.S. investor The Institute for Follicular Lymphoma Innovation (IFLI), a global non-profit foundation dedicated to advancing research and treatment for follicular lymphoma, invested $9 million in the round, of which $5 million will be allocated to Enterome upon closing and an additional $4 million in conditional tranched funding.

Existing shareholders invested an additional $10 million including: SymBiosis, a U.S. venture capital firm; Seventure Partners, based in France; Lundbeckfonden BioCapital from Denmark; Primo Capital, an Italian venture capital and private equity firm; and The U.S. Leukemia & Lymphoma Society Therapy Acceleration Program® (LLS TAP).

“Attracting highly specialized blood cancer investor IFLI to this financing demonstrates the conviction of our new and existing investors in the potential of OncoMimics™ for blood and solid tumor cancers,” **said Pierre Bélichard, Enterome’s Chief Executive Officer**. “We currently are generating exciting clinical proof of concept data for EO2463 monotherapy in several iNHL patient populations included in the Phase 1/2 SIDNEY clinical trial. Most importantly, EO2463 has shown robust clinical efficacy and exceptional safety and tolerability – which is especially impressive for such a potent immunotherapy. This offers a

new hope for these patients and a rare opportunity to create an entirely new market segment for an impactful therapeutic. This financing will enable us to continue the SIDNEY trial of EO2463 and prepare to launch a first pivotal Phase 3 trial of this candidate for the 'watch-and-wait' iNHL population."

The company presented interim SIDNEY dataat the American Society of Hematology (ASH) conference in December 2024, **showing highly encouraging responses** in the Cohort 2 of "watch and wait" iNHL patients in the ongoing SIDNEY study. This population, as the name suggests, is generally not eligible to receive other treatments due to the unacceptable risk-benefit ratio (in this iNHL sub-population) of the most commonly used blood cancer therapies.

The company also recently disclosed having held positive meetings with both FDA (Type C meeting) and EMA (Scientific Advice), outlining a clear regulatory path registration for marketing authorizations in "watch-and-wait" iNHL.

"This investment aligns with IFLI's mission to accelerate the development of innovative therapies and precision biomarkers for follicular lymphoma," **said Michel Azoulay, MD, Chief Medical Officer at IFLI.** "EO2463 represents a novel class of synthetic, off-the-shelf Immunotherapeutics with a unique mechanism of action that selectively targets malignant B cells. We are particularly interested in supporting Enterome's efforts to demonstrate EO2463's clinical efficacy across multiple lines of therapy, including in relapsed and refractory settings."

Enterome recently **announced that it will present new data** showing EO2463 also has a meaningful impact when tested in combination with standard of care in relapsed and refractory iNHL patients at the International Conference on Malignant Lymphoma (ICML) in Lugano on June 21. Previous findings presented at ASCO in 2024 in the relapsed and refractory patient population further suggested the potential to identify individuals most likely to benefit from EO2463 treatment, supported by biomarker analyses.

Lore Gruenbaum, Chief Scientific Officer at LLS, said, "It is important for us to continue to support Enterome, a company working to develop novel therapeutics based on our shared commitment to create better therapies for blood cancers. LLS has invested over $1.8 billion in groundbreaking research since our inception in 1949. Our active partnership with Enterome, through our Therapy Acceleration Program, will continue to advance the clinical development of the OncoMimics™ family of novel immunotherapeutics for the benefit of blood cancer patients. We are particularly excited to help advance EO2463 which has

shown promising signs of efficacy as monotherapy with excellent safety and tolerability in 'watch-and-wait' iNHL patients, who currently have no approved treatment options."

EO2463 is an innovative, off-the-shelf immunotherapy candidate that combines four synthetic OncoMimics™ peptides. These non-self, microbial-derived peptides correspond to CD8 HLA-A2 epitopes that mimic the B lymphocyte-specific lineage markers CD20, CD22, CD37, and CD268 (BAFF receptor). EO2463 also includes the helper peptide (CD4+ epitope) universal cancer peptide 2 (UCP2). The unique ability of EO2463 immunotherapy to selectively target multiple B cell markers enables the destruction of malignant B lymphocytes. By ensuring broad target coverage across malignant B cells, this novel approach aims to simultaneously improve safety and maximize efficacy, reducing the tumor cells' capacity to develop immune-resistance mechanisms such as antigen escape.

SIDNEY is an ongoing 12-month open label Phase 1/2 study that aims to assess safety, tolerability, immunogenicity, and preliminary efficacy of EO2463 monotherapy and combination therapy in up to about 55 patients with follicular lymphoma and marginal zone lymphoma including divided into three cohorts: newly diagnosed patients eligible to watch-and-wait (monotherapy); newly diagnosed patients in need of therapy / first line (combo with rituximab); patients with relapsed/refractory disease (combo with R2). In addition to safety, survival, response rates and other measures of efficacy are being collected.

OncoMimics™ were inspired by the microbial origin of certain autoimmune diseases. The Company uses AI and machine learning to identify microbial proteins that closely mimic the structure, effect or actions of specific cancer antigens (as well as hormones or cytokines). Memory T cells against microbial antigen are created during early development, sometimes leading to autoimmune disorders. In the case of OncoMimics™, however, this means that the immune system can mount a rapid, robust and durable immune response that is highly targeted and specific for the OncoMimics™ and the cancer antigens they closely resemble.

This is possible because, unlike cancer antigens, OncoMimics™ bypass the biological process, known as thymic deletion, that prevents the immune system from mounting an attack against the "self" proteins (e.g. antigen) on tumor and blood cancer cells. Once activated, the immune system attacks with high specificity and potency the cancer antigens targeted by the OncoMimics™, killing the cancer cells that carry them. OncoMimics™ are synthetic peptides that are easy to manufacture, store, distribute and administer as an off-the-shelf subcutaneous injection. In clinical testing to date they have been shown to be extremely well tolerated, especially compared to other potent immunotherapies.

Enterome SA (www.enterome.com) is a privately held clinical-stage biopharmaceutical company developing OncoMimics™, a new proprietary immunotherapeutic modality inspired by the microbial origin of certain autoimmune diseases, to treat cancer. The Company's wholly-owned OncoMimics™ pipeline includes three distinct clinical-stage drug candidates: EO2463 to treat indolent non-Hodgkin lymphomas; EO4010 to treat third-line colorectal cancer; and EO2401 to treat glioblastoma and adrenal tumors. Each of these candidates has shown positive early clinical efficacy and exceptional safety and tolerability.

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