



ALX ONCOLOGY

CD47- A Clinically Validated Myeloid Checkpoint

Jaume Pons, Ph.D

Frontiers in Cancer Immunotherapy

The New York Academy of Sciences

May 13, 2021

DISCLAIMER

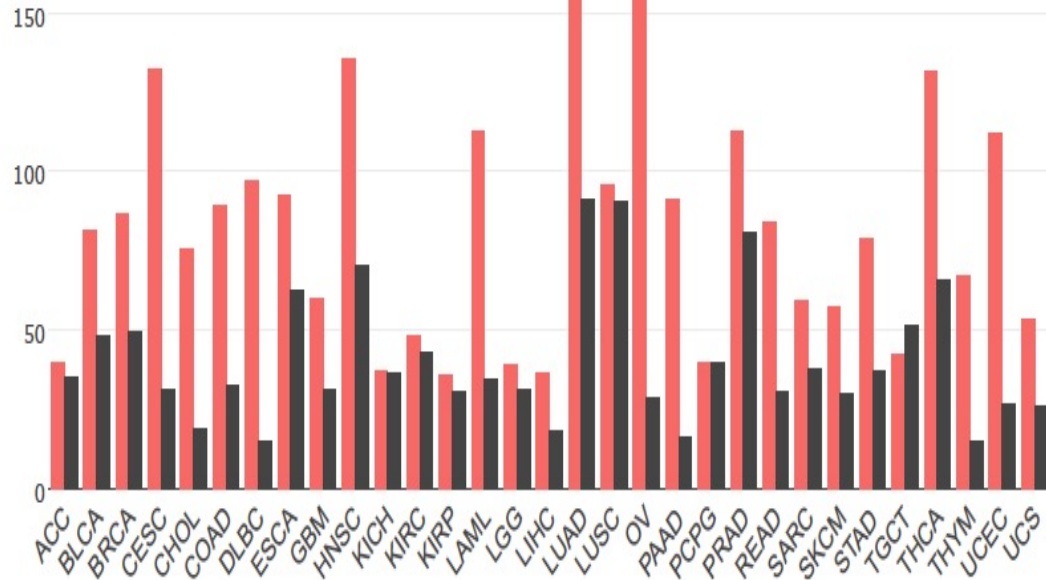
This presentation contains forward-looking statements that involve substantial risks and uncertainties. Forward-looking statements include statements regarding future results of operations and financial position, business strategy, product candidates, planned preclinical studies and clinical trials, results of clinical trials, research and development costs, regulatory approvals, timing and likelihood of success, plans and objects of management for future operations, as well as statements regarding industry trends. Such forward-looking statements are based on ALX Oncology's beliefs and assumptions and on information currently available to it on the date of this presentation. Forward-looking statements may involve known and unknown risks, uncertainties and other factors that may cause ALX Oncology's actual results, performance or achievements to be materially different from those expressed or implied by the forward-looking statements. These and other risks are described more fully in ALX Oncology's filings with the Securities and Exchange Commission ("SEC"), including ALX Oncology's Annual Report on Form 10-K and other documents ALX Oncology files with the SEC from time to time. Except to the extent required by law, ALX Oncology undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

This presentation concerns product candidates that are under clinical investigation, and which have not yet been approved for marketing by the U.S. Food and Drug Administration. These product candidates are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

This presentation also contains estimates and other statistical data made by independent parties and by ALX Oncology relating to market size and growth and other industry data. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of ALX Oncology's future performance and the future performance of the markets in which it operates are necessarily subject to a high degree of uncertainty and risk.

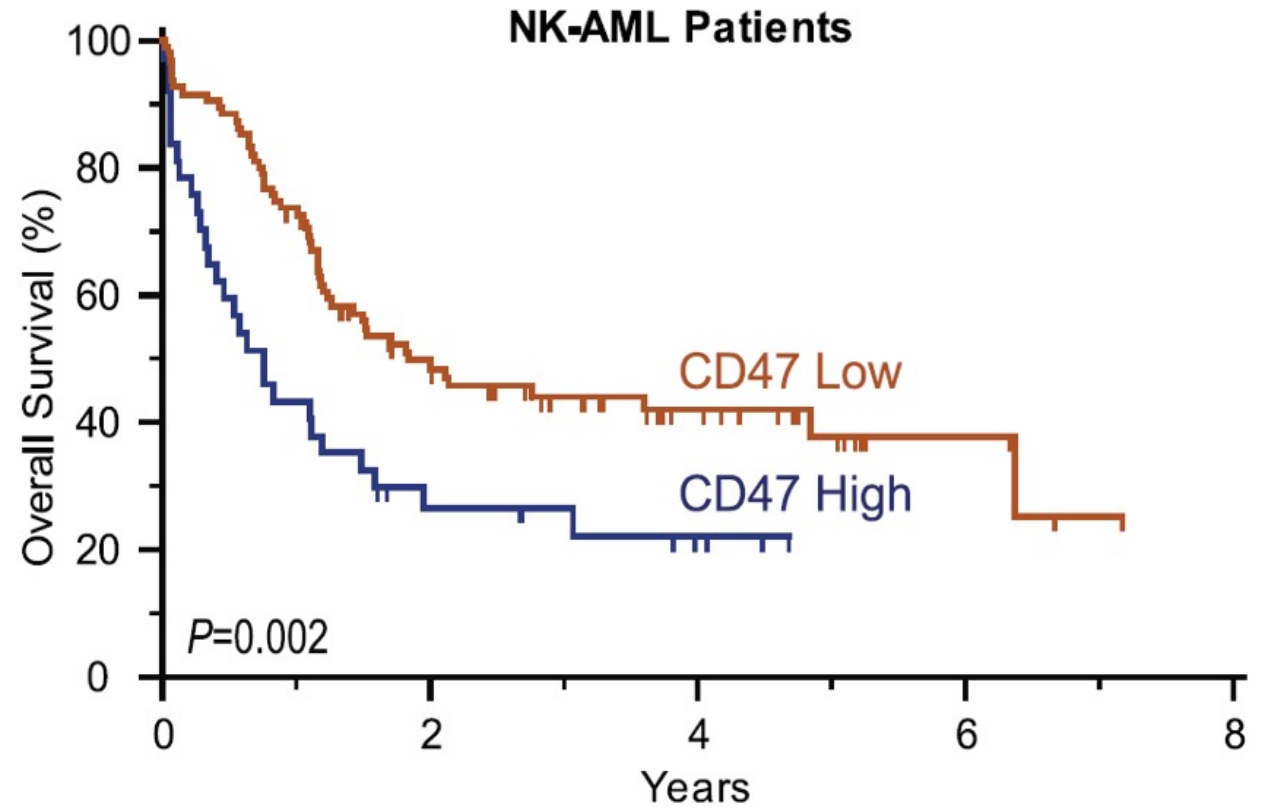
CD47: OVEREXPRESSED IN CANCER AND MARKER OF WORSE PROGNOSIS

CD47-Expression levels in cancer and normal tissue



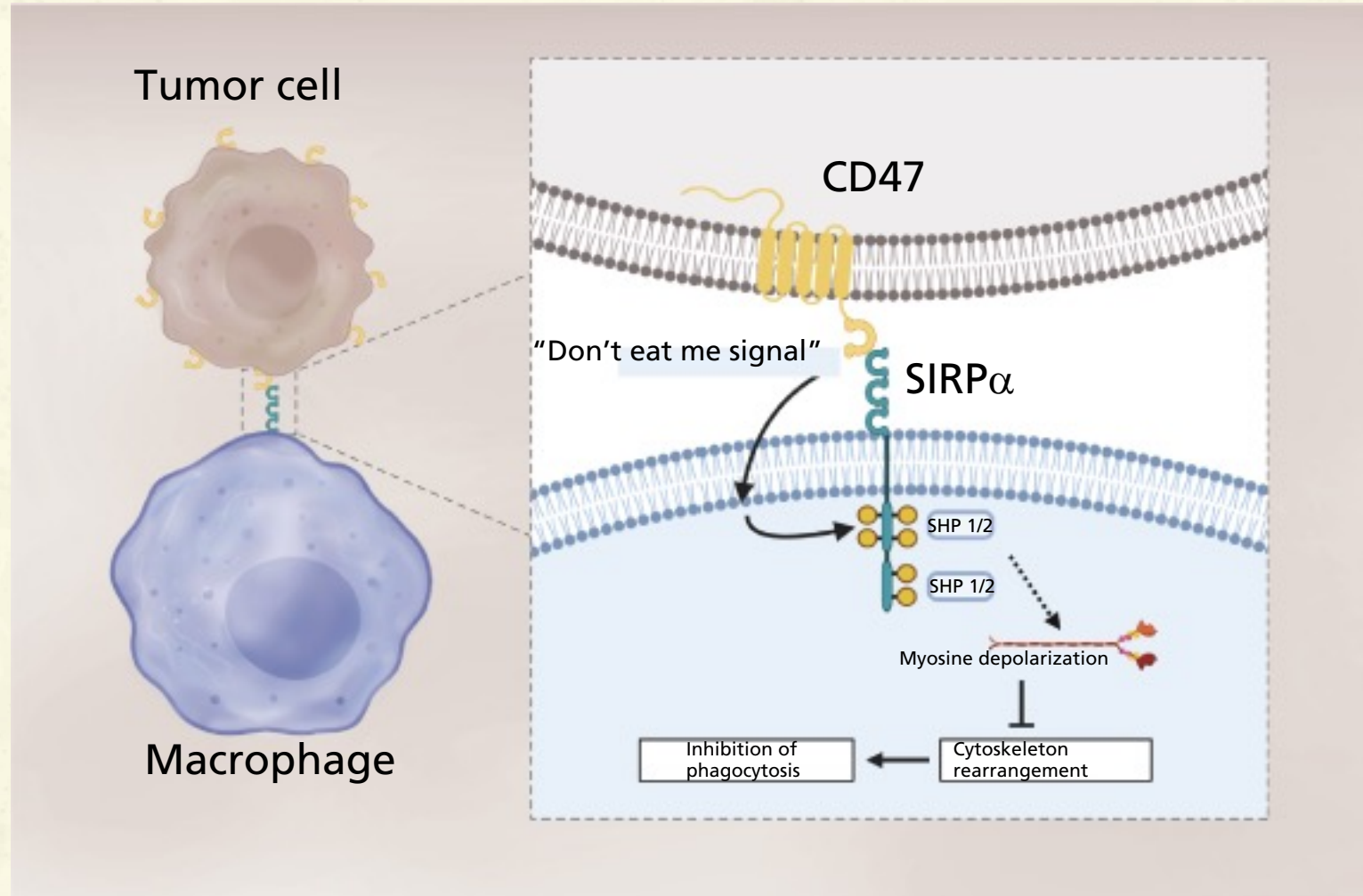
The Cancer Genome Atlas (TCGA)

Survival by CD47 expression-AML

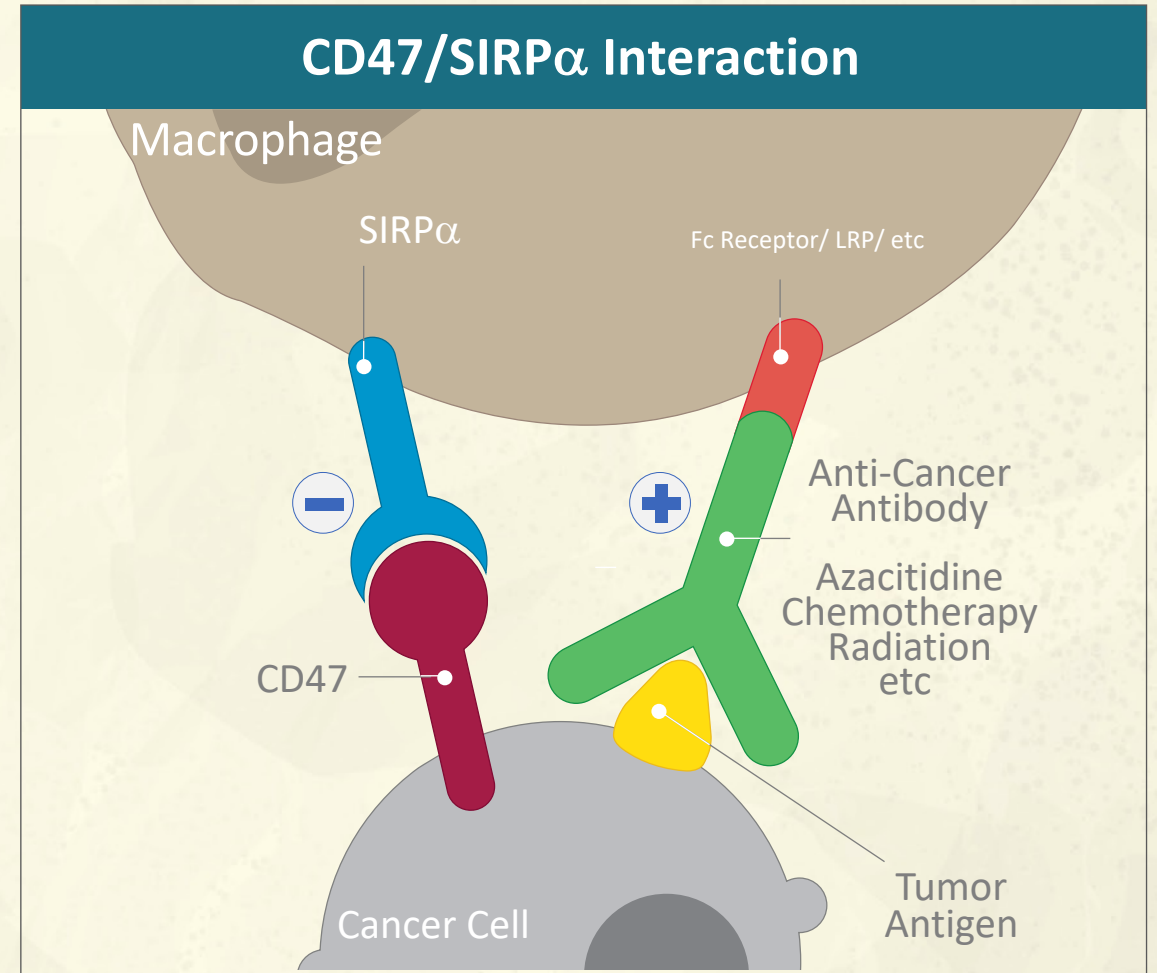
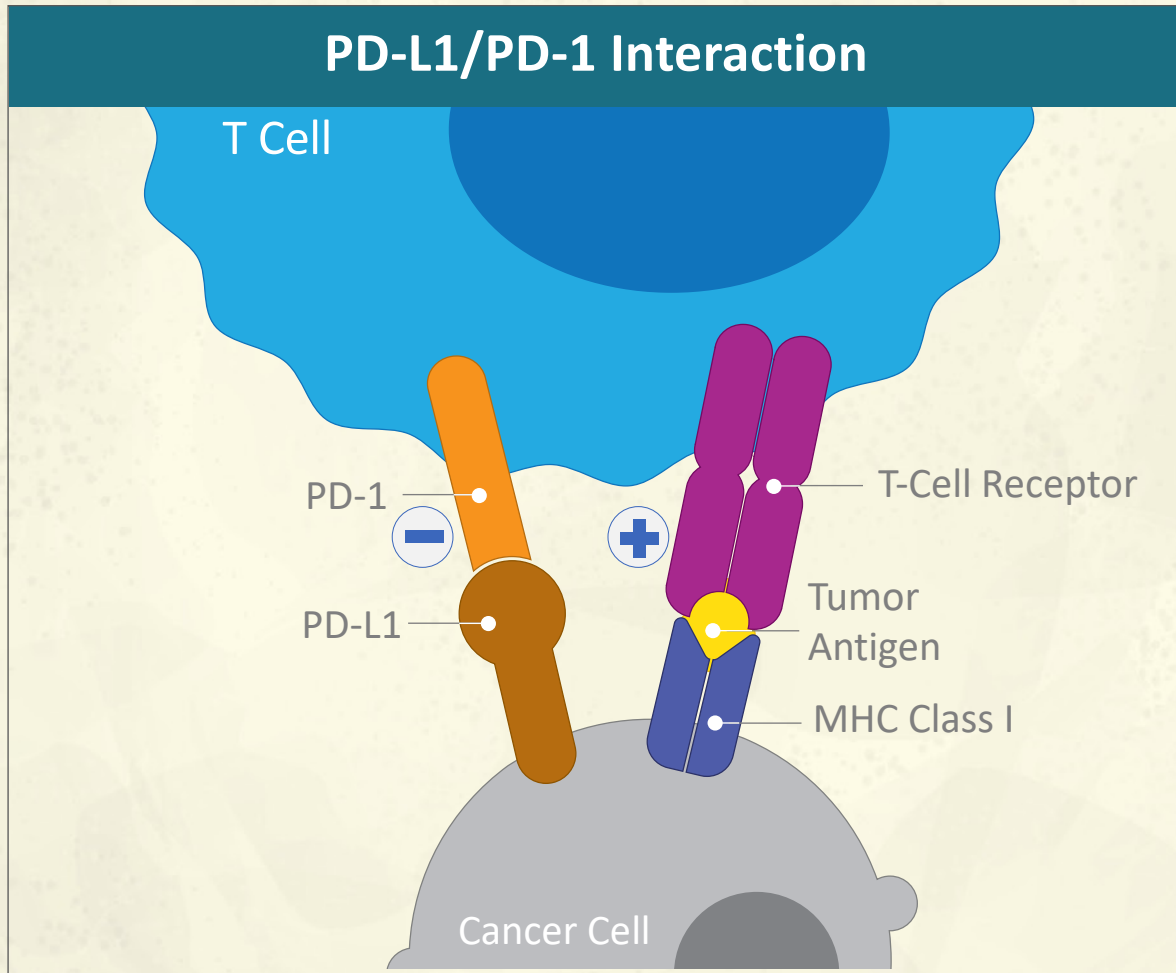


Majeti et al, Cell 2009

CD47/SIRP α IS A MYELOID CHECKPOINT – “DO NOT EAT ME SIGNAL”



CD47/SIRP α IS A MYELOID CHECKPOINT-THERAPEUTIC IMPLICATION



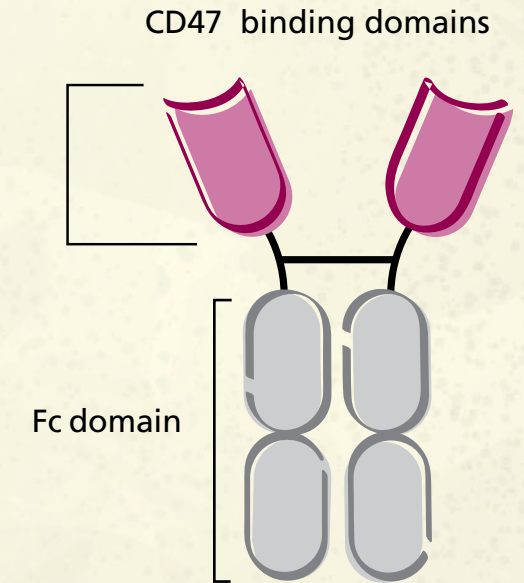
CD47/SIRP α "Don't Eat Me" signal counters the phagocytic "Eat Me" signal similar to PD-L1/PD-1 inhibiting T-cell activation triggered by TCR antigen recognition

AFFINITY TO CD47 AND FC γ RECEPTORS

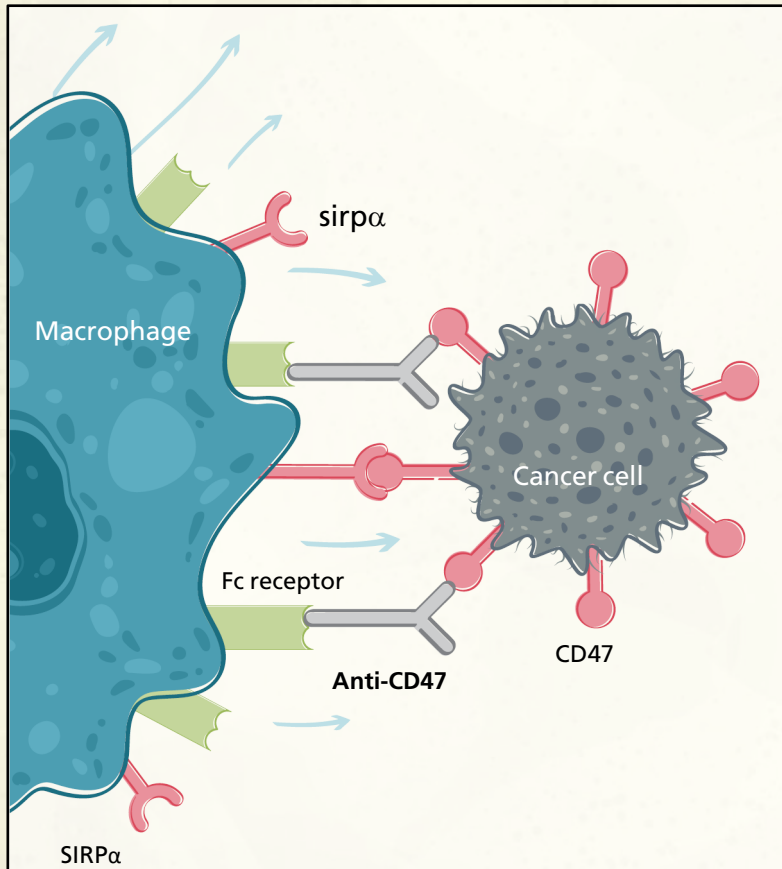
Name	Fc Domain (Human)	Human CD47 (KD nM)	Mouse CD47 (KD nM)	Effector function
ALX148	IgG1 DEAD	0.14	9	-
ALX216	IgG4 S228P	0.14	9	++
ALX377	IgG1 wt	0.14	9	+++++
5F9 (magrolimab)*	IgG4 S228P	7	NB	++
TTI-621*	IgG1 wt	500	NB	+++++
TTI-622*	IgG4 S228P	500	NB	++

Fc Domain	CD16a (KD nM)	CD32a (KD nM)	CD32b/c (KD nM)	CD64 (KD nM)
IgG1	370	400	2000	0.004
IgG4 S228P	3000	810	850	1
IgG1 DEAD	NB	NB	NB	NB

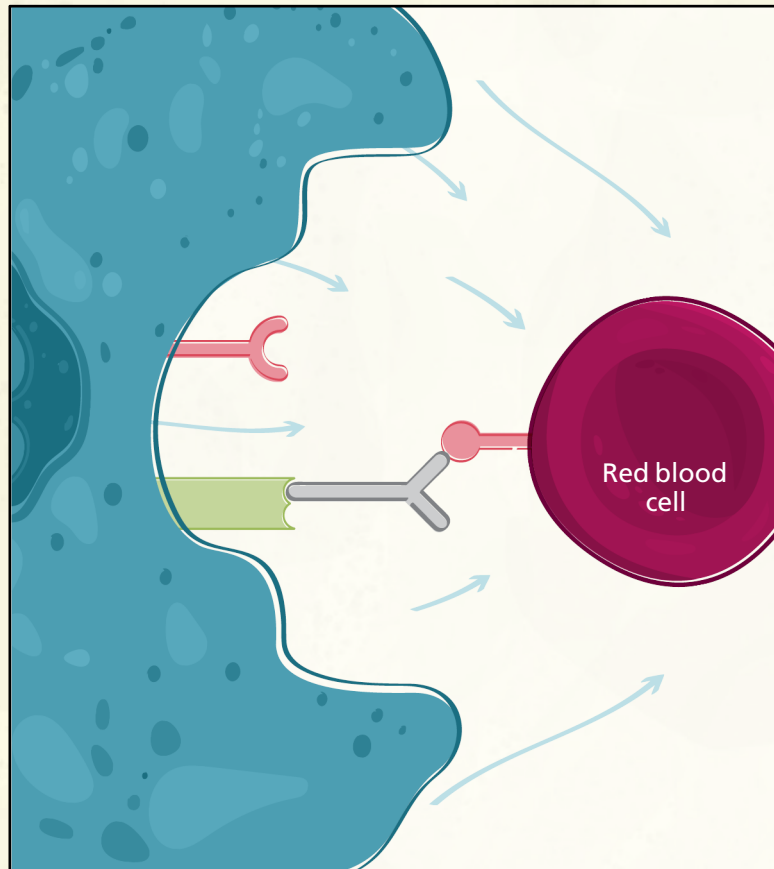
CD47 blocker components



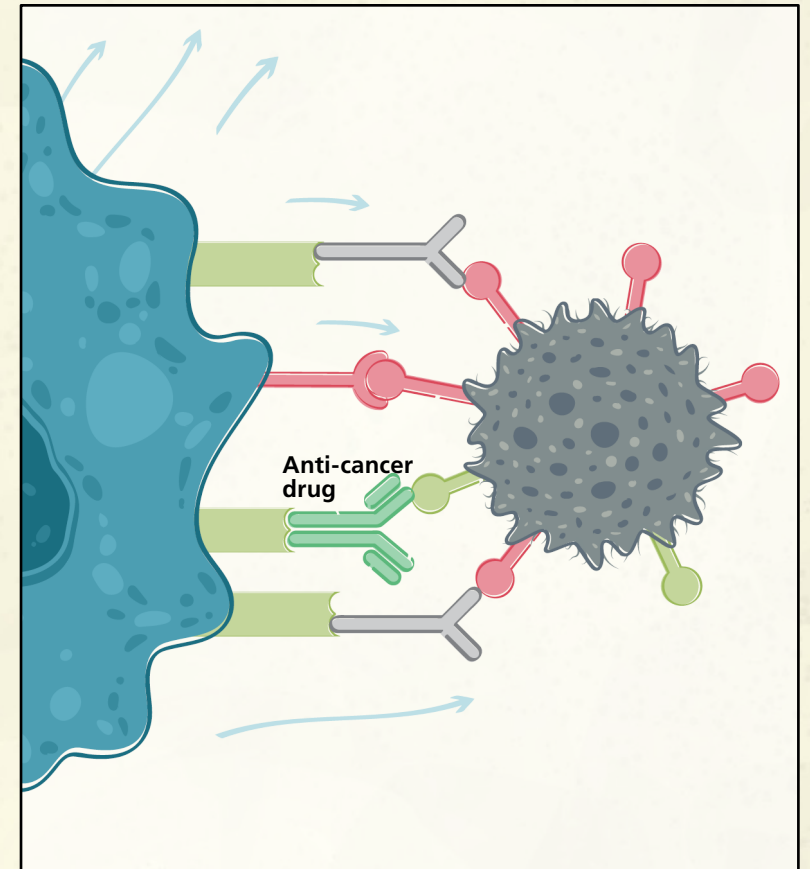
SINGLE AGENT ACTIVITY: TARGETING CD47 AS TUMOR ASSOCIATED ANTIGEN



Anti CD47 with active Fc directly targets cancer cells



But also targets normal cells

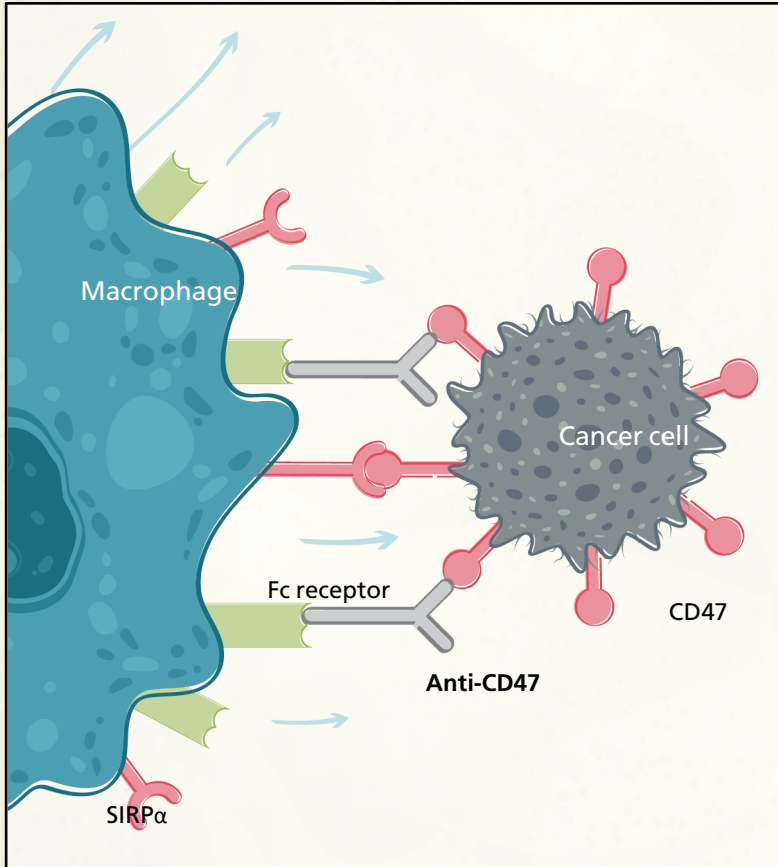


Is it possible to separate anti cancer activity from anti normal cell activity?

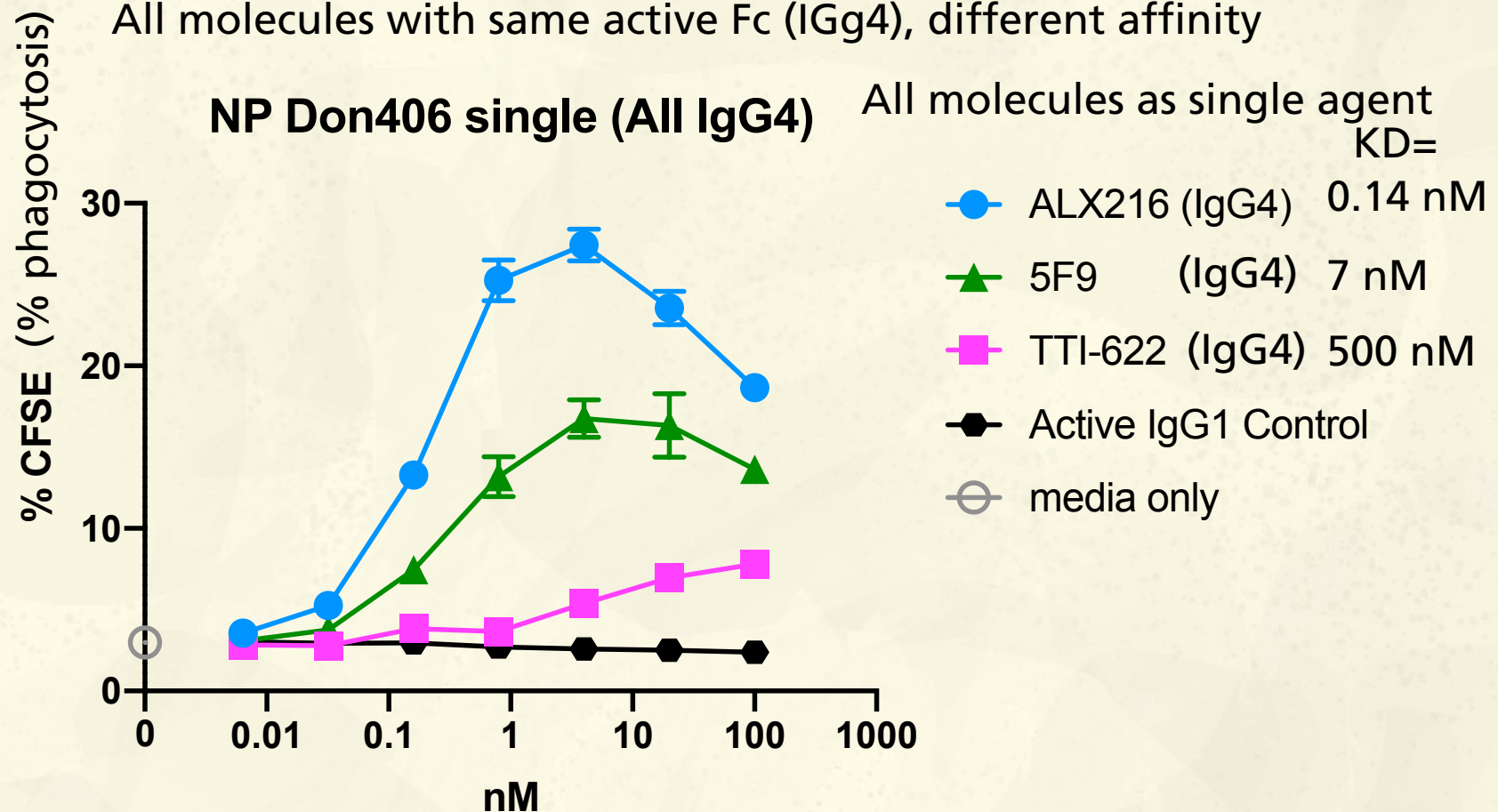
Will dose limitations prevent full blockade of CD47?

AMONG CD47 BLOCKERS WITH ACTIVE FC- AFFINITY CORRELATES WITH ACTIVITY

Phagocytosis assay



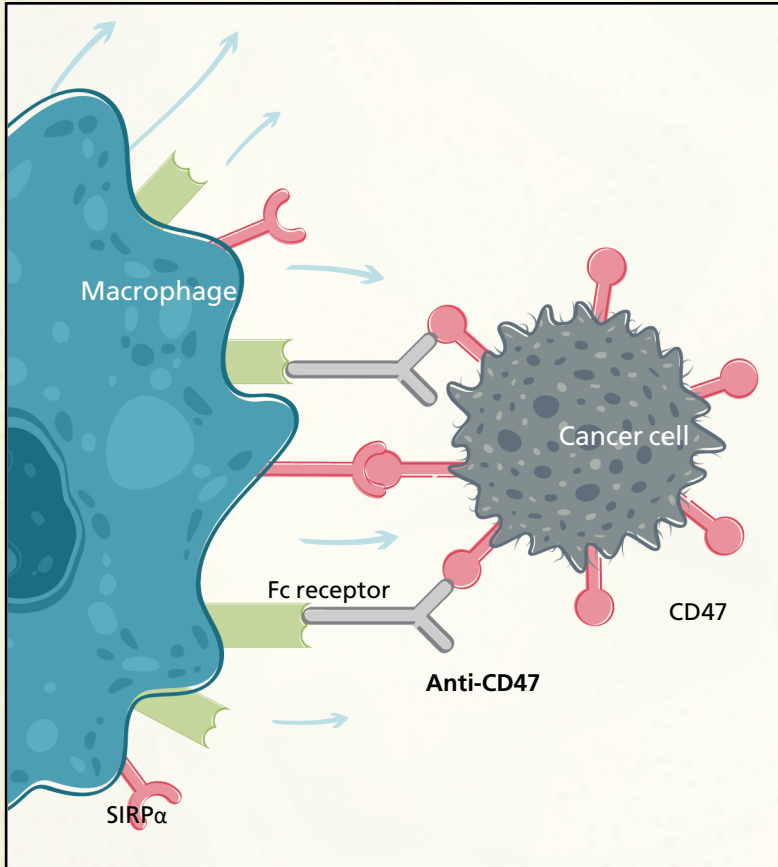
Anti CD47 with active Fc directly targets cancer cells



DLD1 cells co-cultured with human monocyte derived macrophages

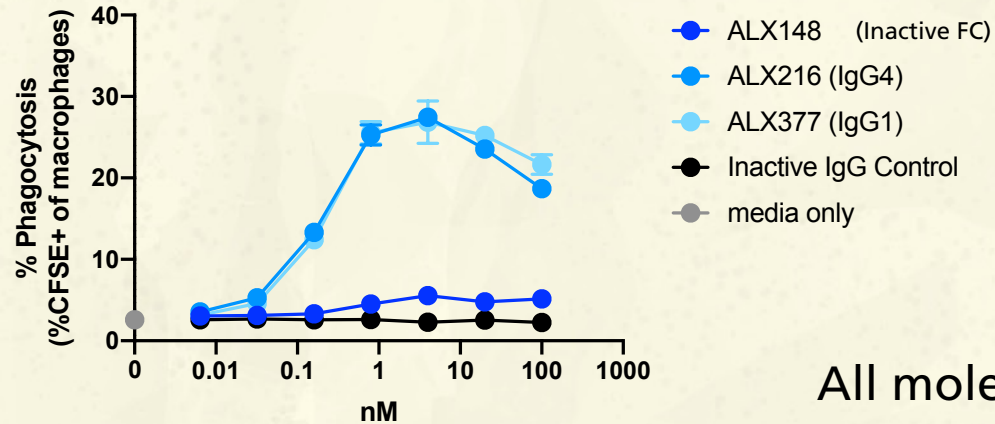
SINGLE AGENT: EFFECTOR FUNCTION AND AFFINITY CORRELATE WITH ACTIVITY

Molecules with same HIGH affinity CD47 binding domain (0.14 nM),
Different effector function (Fc)



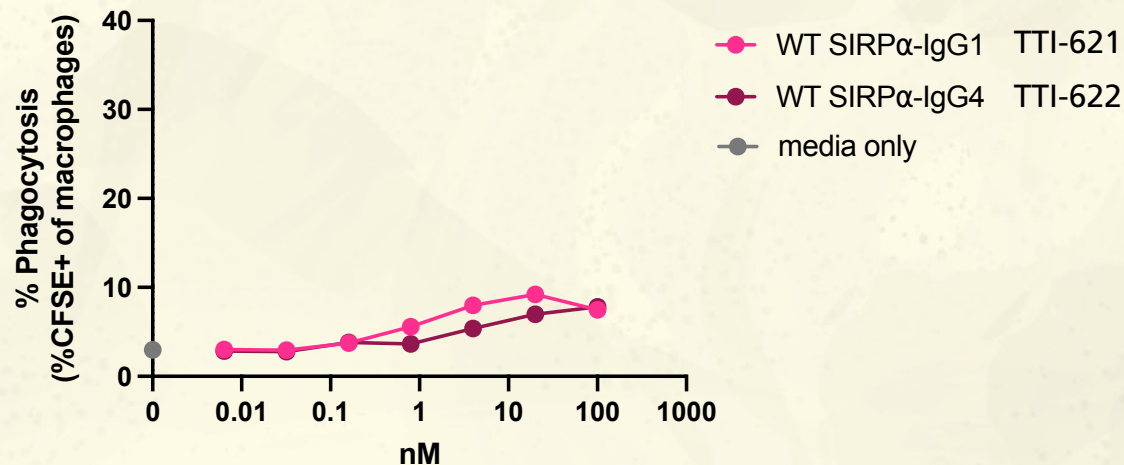
Anti CD47 with active Fc
directly targets cancer cells

NP Don406 single

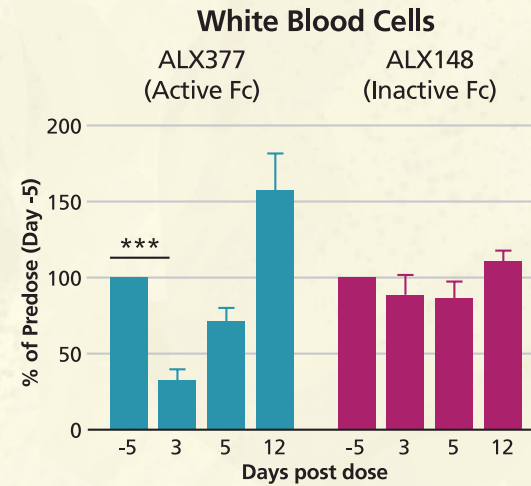
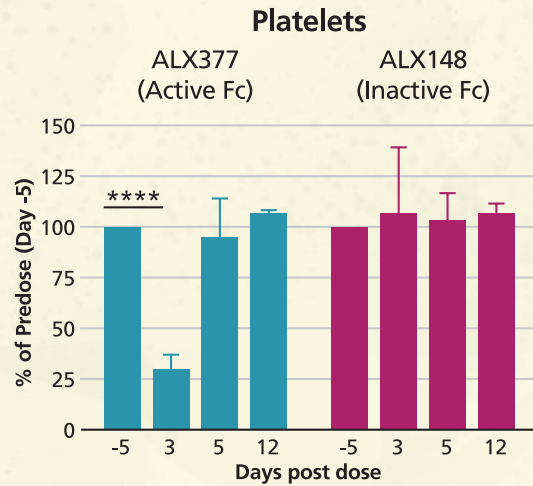
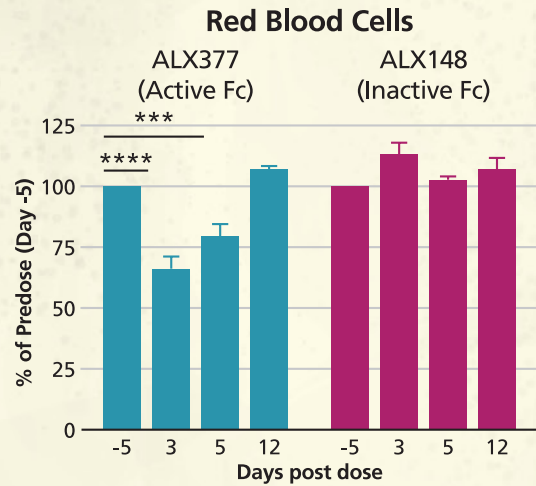


All molecules as single agent

Molecules with same LOW affinity CD47 binding domain (500 nM),
NP Don406 single Different effector function (Fc)



FC ACTIVITY CORRELATES WITH CYTOPENIA IN MICE



CD-1 mice received 30 mg/kg IV single dose

****p<0.0001, ***p<0.001

Inactive Fc is the core determinant of safety profile

Mouse cross-reactivity allows for safety and efficacy testing in mouse models

TTI-621 (IgG1) VS TTI-622 (IgG4) SINGLE AGENT AND SIDE EFFECTS CORRELATE WITH EFFECTOR FUNCTION

TTI-621 (IgG1) 0.05-0.5 mg/kg 0.5-2mg/kg

Related Adverse Events n (%)	Parts 1-3 n=218		Part 4 n=24	
	Grade 1-2	3-4	1-2	3-4
IRR	87 (40)	6 (3)	9 (38)	3 (13)
Thrombocytopenia	17 (8)	48 (22)	2 (8)	6 (25)
Chills	48 (22)		2 (8)	
Fatigue	34 (16)	2 (1)	2 (8)	
Anemia	10 (5)	20 (9)		
Pyrexia	26 (12)		1 (4)	
Nausea	23 (11)		2 (8)	
Diarrhea	19 (9)	1 (0.5)	2 (8)	
Neutropenia	4 (2)	15 (7)	3 (13)	
Headache	16 (7)		3 (13)	
Vomiting	14 (6)	1 (0.5)	1 (4)	
Hypotension	10 (5)	2 (0.9)		

TTI-622 (IgG4) 0.8-18mg/kg

Adverse Events n (%)	Total n=43		All AEs		Related AEs	
	All	Related	Gr 1-2	Gr 3-4	Gr 1-2	Gr 3-4
Thrombocytopenia	13 (30)	9 (21)	8 (19)	5 (12)	7 (16)	2 (5)
Constipation	8 (19)	1 (2)	8 (19)		1 (2)	
Nausea	8 (19)	3 (7)	8 (19)		3 (7)	
Pyrexia	7 (16)	2 (5)	6 (14)	1 (2)	2 (5)	
Fatigue	6 (14)	4 (9)	6 (14)		4 (9)	
Neutropenia	6 (14)	5 (12)	1 (2)	5 (12)	1 (2)	4 (9)
Diarrhea	5 (12)	1 (2)	4 (9)	1 (2)	1 (2)	
Abdominal pain	4 (9)	2 (5)	4 (9)		2 (5)	
Anemia	4 (9)	4 (9)	3 (7)	1 (2)	3 (7)	1 (2)
Hypotension	4 (9)		4 (9)	1 (2)		
Insomnia	4 (9)	1 (2)	4 (9)		1 (2)	
Pain	4 (9)		3 (7)	1 (2)		

Indication	Response evaluable n	CR	PR	OR
CTCL	62	2 (3%)	10 (16%)	12 (19%)
PTCL	22	2 (9%)	2 (9%)	4 (18%)
DLBCL	7	1 (14%)	1 (14%)	2 (29%)

Indication	Response evaluable N	CR	PR	OR
DLBCL	11	1 (9%)	2 (18%)	3 (27%)
PTCL	6	0 (0%)	2 (33%)	2 (33%)
CTCL	4	1 (25%)	2 (50%)	3 (75%)
FL	3	0 (0%)	1 (33%)	1 (33%)
HL	3	0 (0%)	0 (0%)	0 (0%)
TOTAL	27	2 (7%)	7 (26%)	9 (33%)

MAGROLIMAB (7 nM AFFINITY-IgG4) FIH PH1 SINGLE AGENT DATA

Medium effector function IgG4 has very modest single agent and still significant side effects

Safety

TABLE 3. Adverse Event Summary for Patients Treated With Maintenance Doses of 20 mg/kg or Higher
Patients Treated, No. (%)

Adverse Event*	Part B, Biopsy Cohort, and Part C Prime + 20 mg/kg Maintenance Dose (n = 29)			Part C: Prime + 30 mg/kg Load and Maintenance Dose (n = 9)			Part C: Prime + 45 mg/kg Load and Maintenance Dose (n = 6)		
	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4	All Grades	Grade 3	Grade 4
Anemia	19 (66)	5 (17)	0	3 (33)	0	0	3 (50)	1 (17)	0
Hemagglutination	12 (41)	1 (3)	0	2 (22)	0	0	2 (33)	0	0
Hyperbilirubinemia	11 (38)	3 (10)	0	0	0	0	1 (17)	0	0
Thrombocytopenia	5 (17)	0	0	0	0	0	0	0	0
Lymphocyte count decreased	4 (14)	4 (14)	0	3 (33)	2 (22)	1 (11)	1 (17)	1 (17)	0
Arthralgia/myalgia	5 (17)	0	0	2 (22)	0	0	1 (17)	0	0
Headache	11 (38)	0	0	6 (67)	1 (11)	0	4 (67)	0	0
Nausea	3 (10)	0	0	2 (22)	0	0	3 (50)	0	0
Fatigue	18 (62)	0	0	6 (67)	0	0	4 (67)	0	0
Fever	14 (48)	0	0	4 (44)	0	0	2 (33)	0	0
Chills	12 (41)	0	0	5 (56)	0	0	3 (50)	0	0
Infusion-related reaction	7 (24)	2 (7)	0	2 (22)	1 (11)	0	2 (33)	1 (17)	0

*Adverse events occurred in > 15% of patients across all three cohorts listed (n = 44) and selected adverse events of interest.

Efficacy (20 mg/kg):

2PR in ovarian or fallopian tube carcinomas

1 Mixed response in DLBCL

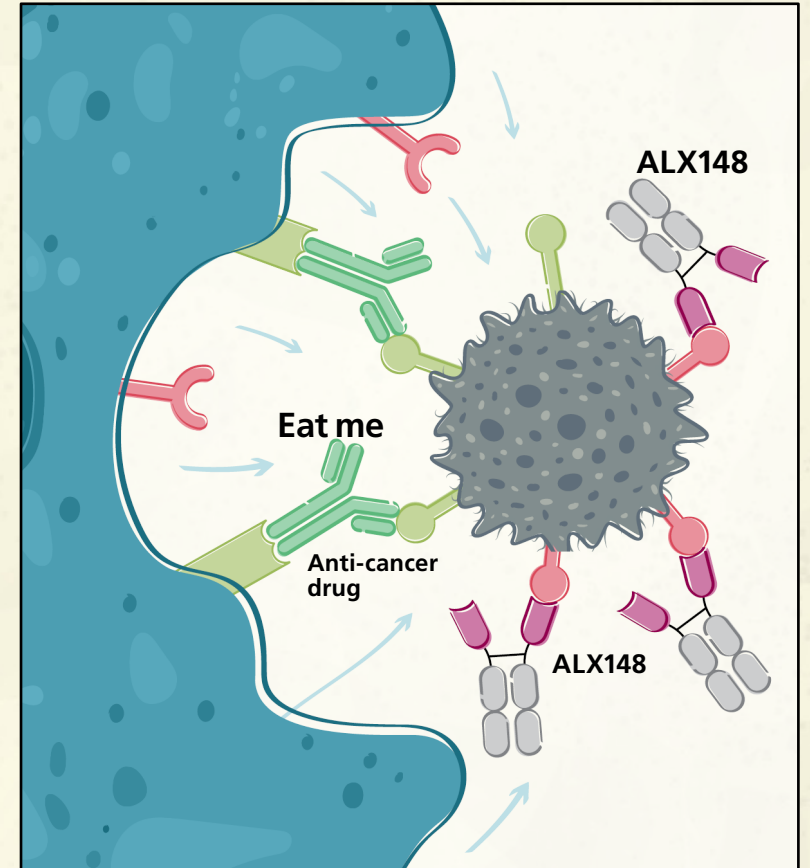
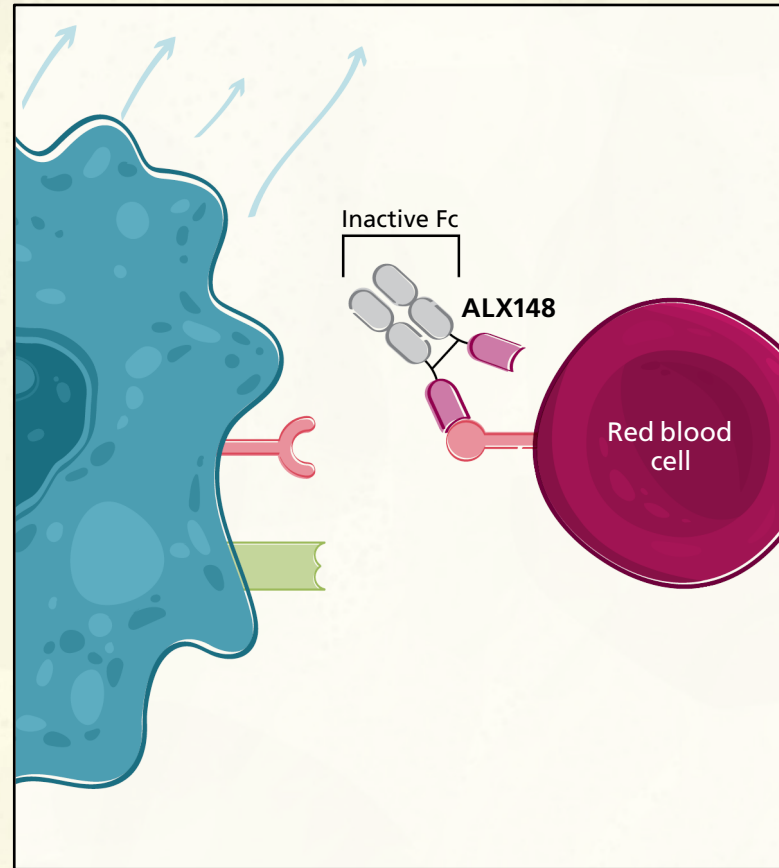
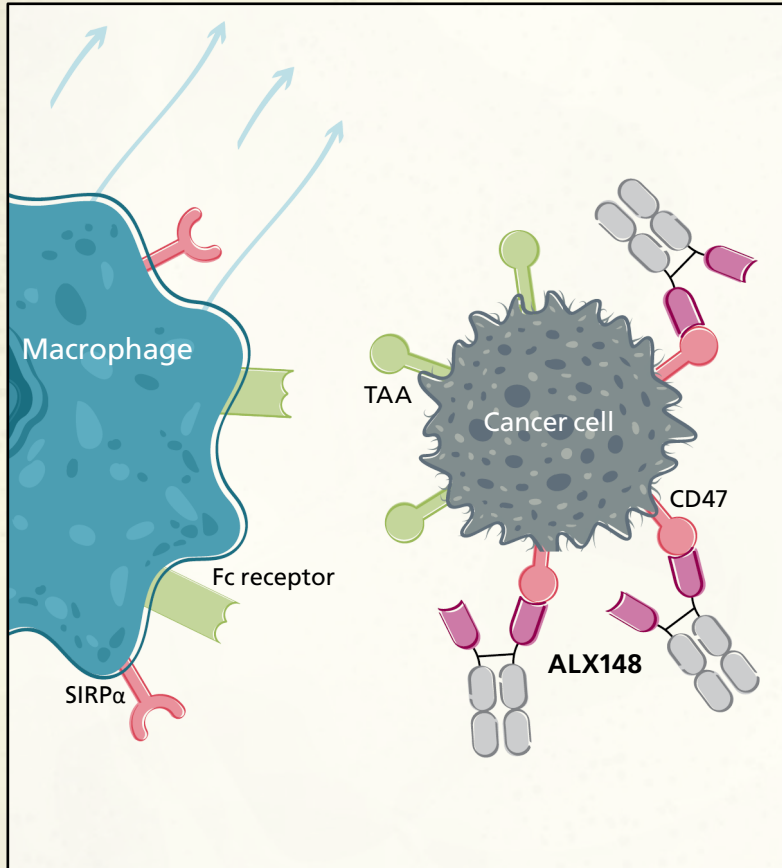
Sikic et al, JCO 2018

SUMMARY 1- CD47 BLOCKERS WITH ACTIVE FC AS SINGLE AGENT

- **Higher affinity allows for effective blockade of the CD47-Sirpa interaction, and enhancement of Fc mediated phagocytosis**
- **Stronger Fc effector function correlates with higher phagocytosis of cancer and normal cells**
- **Single agent activity with active Fc is modest**
- **It is hard to separate efficacy from side effects using CD47 as tumor associated antigen**

COMBO THERAPY: CD47 BLOCKERS AS MYELOID CHECKPOINT MODULATOR

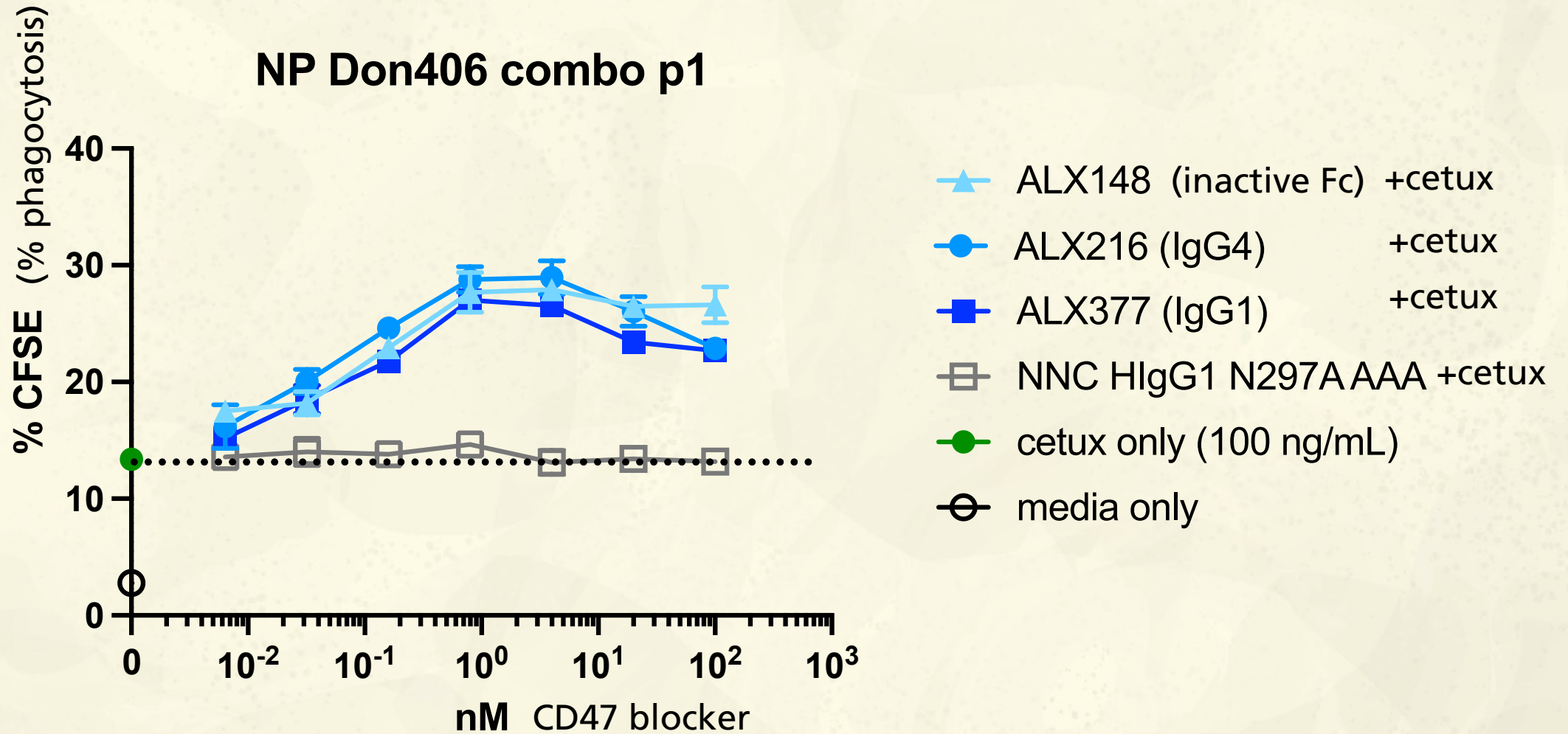
It spares normal cells



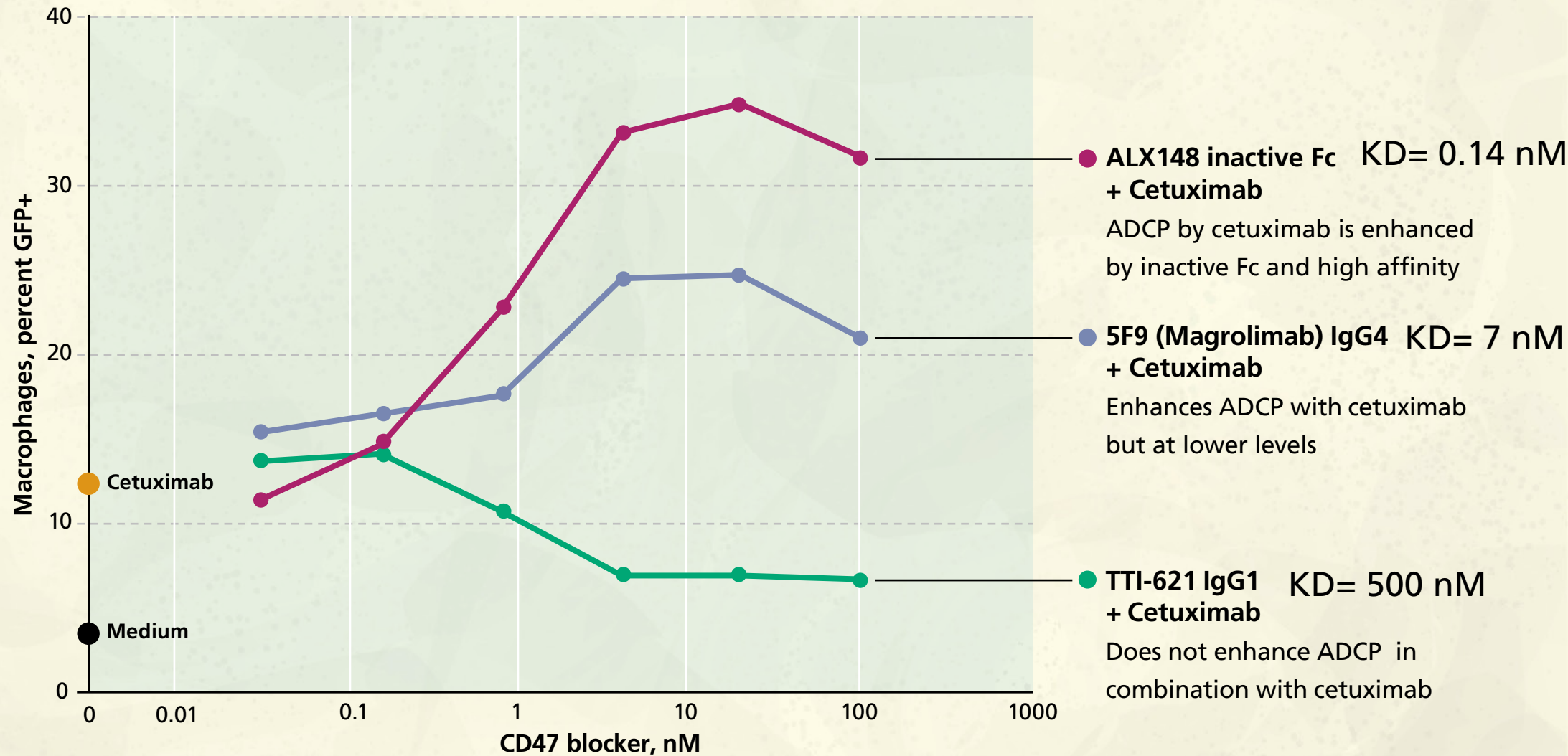
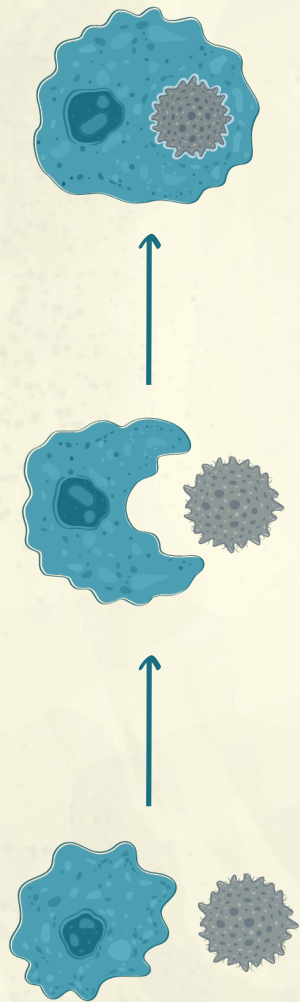
Anti CD47 with inactive Fc binds and block CD47-SIRP α interaction

Can we get maximum activity with inactive Fc in the combination setting?

COMBO ACTIVITY IS INDEPENDENT OF CD47 BLOCKER EFFECTOR FUNCTION



COMBO ACTIVITY CORRELATES WITH CD47 BLOCKER AFFINITY



ALX148: A PURE CD47 BLOCKER WITHOUT EFFECTOR FUNCTION

High affinity CD47 binding domain of SIRP α



Potently blocks CD47 signal on cancer cells

Inactive Fc domain eliminates binding activity



No dose dependent cytopenia

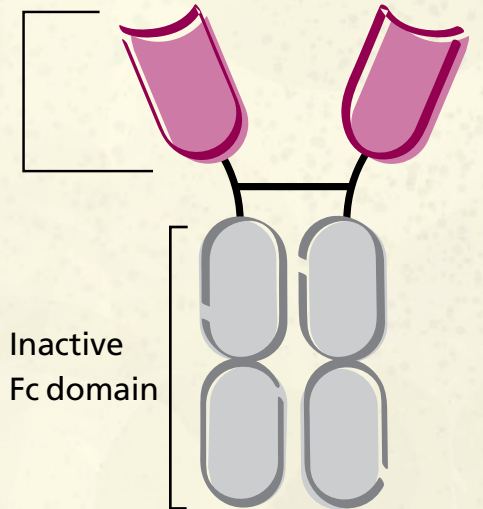
Presence of Fc domain ensures slow clearance and long half-life



Less frequent dosing

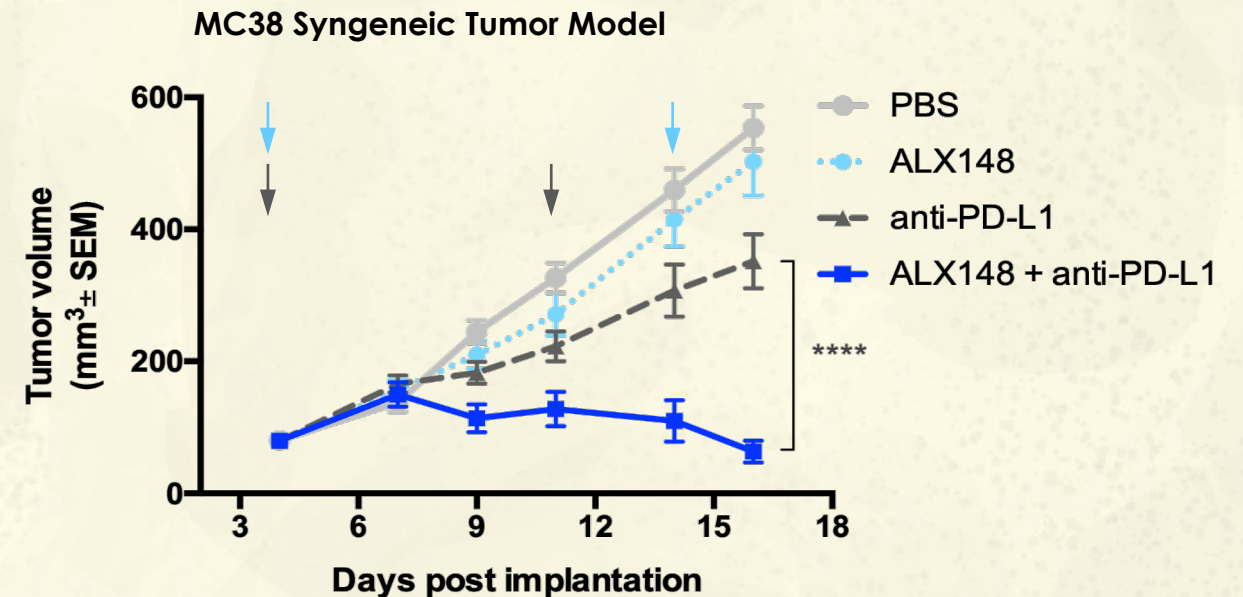
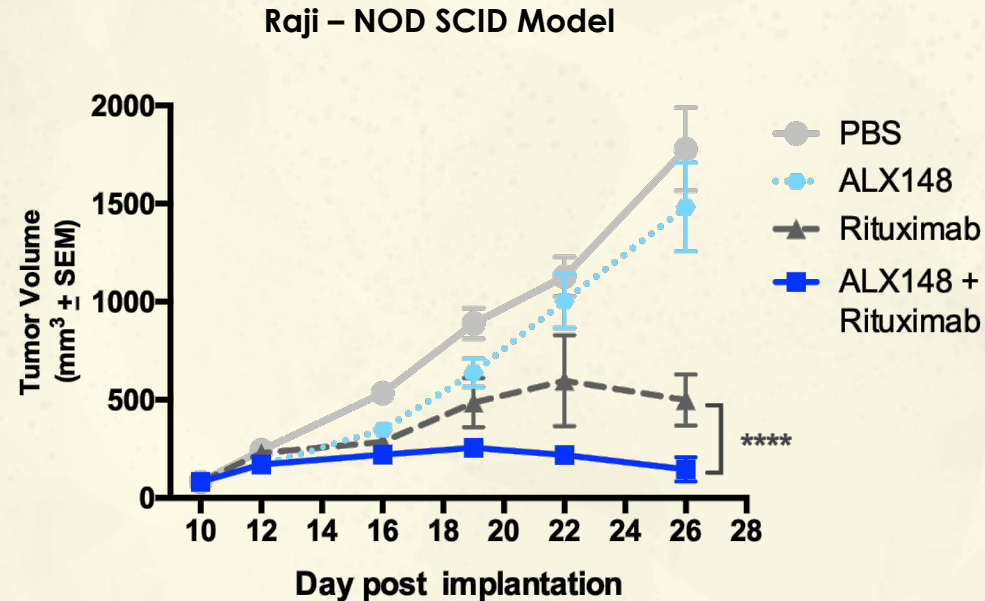
Designed for safety and efficacy

High affinity CD47 binding domains of SIRP α





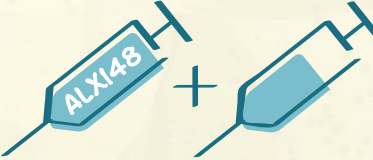
- ~Half the molecular weight of an antibody
- Increases solid tumor penetration
- Cross-reactive to human, monkey, mouse
- Standard antibody manufacturing process

COMBINATION EFFICACY WITH TAA (RITUXIMAB) ANTIBODIES AND CHECKPOINT INHIBITOR (ATEZOLIZUMAB)



Mouse cross-reactivity allows for better clinical translation of preclinical models: presence of CD47 sink and mouse models with intact immune system

ALX148 DEMONSTRATES FAVORABLE TOLERABILITY PROFILE

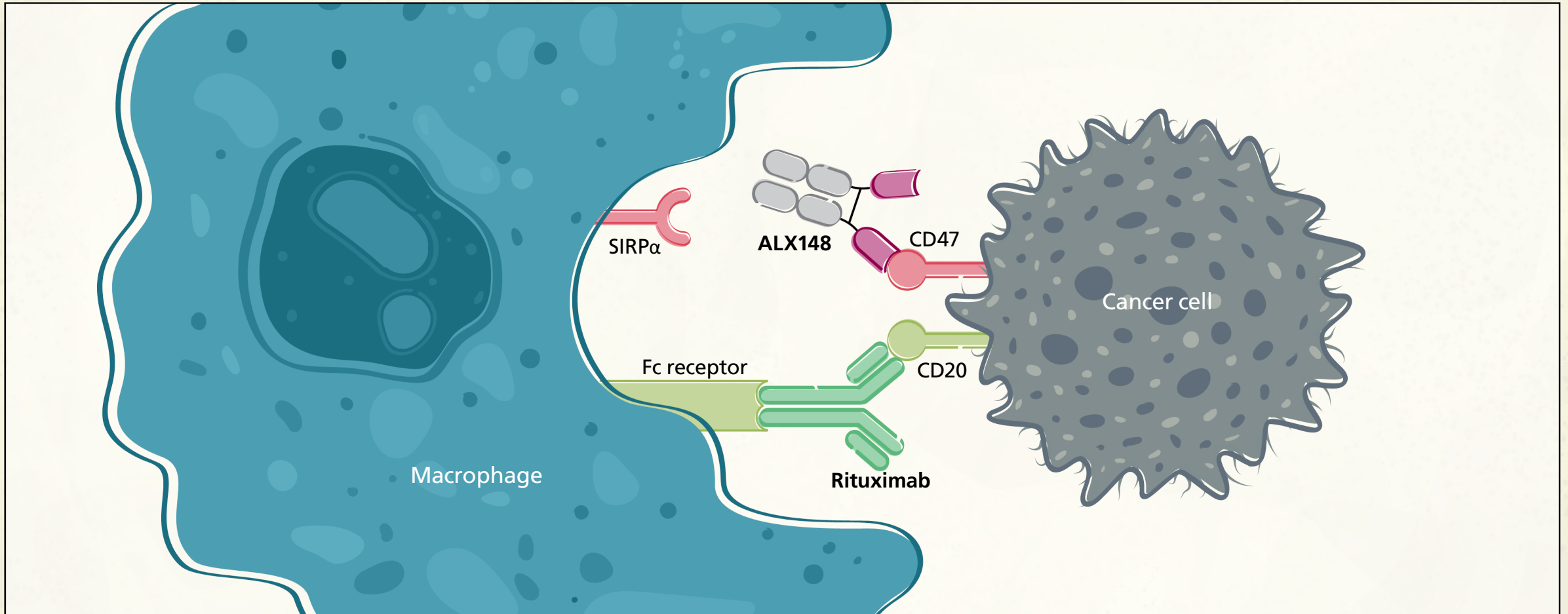
	 Preclinical	 Single agent	 Combinations
Highest administered dose	100 mg/kg¹ with no observable adverse events	30 mg/kg Q2W² No evidence of dose-dependent cytopenias	15 mg/kg QW currently dosed 60 mg/kg Q4W planned

¹100 mg/kg of ALX148 \cong 200 mg/kg of a typical antibody

²Single agent safety, ALX presentation, ASCO 2018 poster

ALX148
has not yet reached
a maximum
tolerated dose

NHL TRIAL: ALX148 + RITUXIMAB MECHANISM OF ACTION



ALX148 increases antibody dependent cellular phagocytosis in combination with Rituximab

NHL TOLERABILITY

Selected hematologic, treatment related adverse events	CD47 KD: 0.14 nM Inactive Fc		1 nM Active Fc (IgG4)		7 nM Active Fc (IgG4)	
	ALX148 + Rituxan (N=33) ¹		CC-90002 + Rituxan (n=26) ²		5F9 (magrolimab) + Rituxan (n=115) ³	
	Total % (n)	≥Grade 3	Total % (n)	≥Grade 3	Total %	≥Grade 3
Neutropenia	6% (2)	6% (2)	50% (13)	39% (10)	~13%	~7%
Thrombocytopenia/ Decreased Platelets	-	-	35% (9)	23% (6)	~20%	~13%
Anemia	6% (2)	3% (1)	12% (3)	4% (1)	~30%	~15%

¹ASH 2020 Abstract 3016

²ASH 2019 Abstract 4089

³EHA 2019 Abstract S867

terminated

CD47 blockers :
Inactive Fc
tolerability profile
compares favorably
to active Fc

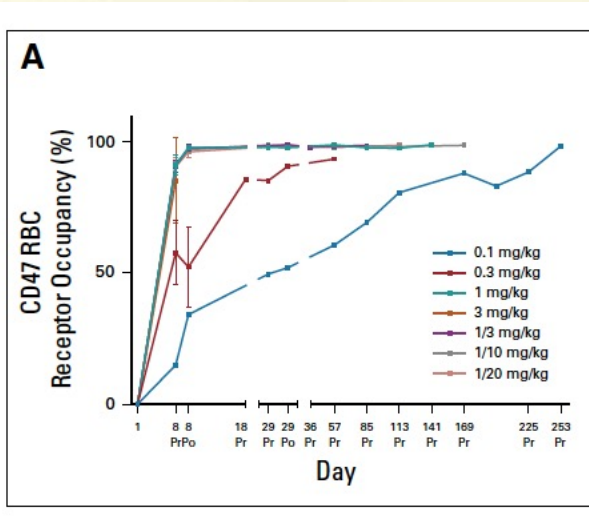
MAGROLIMAB + RITUX NHL RESPONSE RATES AND DOSING

DLBCL w/ Rituxan	Ph1	Ph2
N	21	38
Dosing (mg/kg)	up to 30 Weekly	30 and 45 Every Other Week
ORR	48%	29%
CR	33%	5%
PR	14%	24%

ORR = overall response rate.
 CR = complete response rate.
 PR = partial response rate.

EHA 2019 Abstract S867

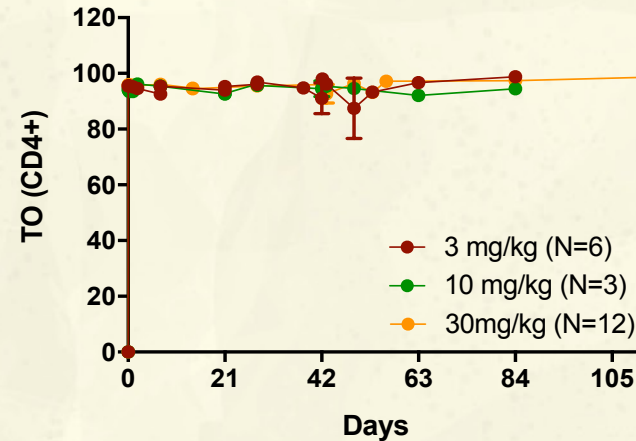
Reduced dosing led to reduced overall response rate in NHL



Magrolimab at 30 mg/kg QW and 30 mg/kg Q2W have near complete receptor occupancy in blood

ALX148 + RITUXIMAB NHL PROOF-OF-PRINCIPLE TRIAL

Population	10 mg/kg QW		15 mg/kg QW	
	N	ORR	N	ORR
All	22	40.9%	10	70.0%
Aggressive	15	33.3%	6	50.0%
Indolent	7	57.1%	4	100.0%



- **ALX148 Near complete CD47 target occupancy (TO) by ALX148 is maintained at ≥ 3 mg/kg QW across dosing interval**

ALX148 demonstrated higher response rate at higher dosing

Data Cutoff: October 1, 2020; ASH 2020 Abstract 3016

N = Response Evaluable Patients

Indolent = Follicular Lymphoma and Marginal Zone Lymphoma.

Aggressive = Diffuse Large B-cell Lymphoma and Mantle Cell Lymphoma.

ORR = Objective Response Rate.

ALX148 HAS INITIAL CLINICAL ACTIVITY ACROSS TUMOR TYPES IN MULTIPLE TRIALS

Population	≥2L HER2+ GC		≥2L HER2+ GC	1L HNSCC		≥2L HNSCC (CPI-Naïve)		≥2L NHL (15mg/kg)
Combination	ALX148 + Herceptin + Cyramza + paclitaxel		ALX148 + Herceptin	ALX148 + Keytruda + 5FU + platinum		ALX148 + Keytruda		ALX148 + Rituximab
N-evaluable	14		19	4		10		10
ORR	ALX148 64%	Benchmark 28%	21%	ALX148 75%	Benchmark 36%	ALX148 40%	Benchmark 15%	70%
mPFS (months)	NC	4.4	2.2	NC	4.9	4.6	2.1	NC
mOS (months)	NC	9.6	8.1	NC	13.0	22.1	8.4	NC
Benchmark regimen	Cyramza + paclitaxel			Keytruda + 5FU + platinum		Single agent Keytruda		

Data as of October 1, 2020. NC = unable to be calculated, ORR = Objective Response Rate, mPFS = median progression free survival, mOS = median overall survival. CPI = checkpoint inhibitor. 2L GC benchmark, Wilke, Lancet Oncology, 2014; 2L HNSCC benchmark, Cohen, Lancet, 2018; 1L HNSCC benchmark, Burtness, Lancet, 2019.

SUMMARY 2- CD47 BLOCKERS IN COMBINATION

- **Higher affinity allows for effective blockade of the CD47-Sirp α interaction, and enhancement of Fc mediated phagocytosis (in this case of the combination antibody)**
- **Stronger Fc effector function (in the CD47 blocker) DOES NOT correlate with higher phagocytosis or clinical activity in combination studies**
- **CD47 blockers with INACTIVE Fc show COMBINATION anti cancer activity with good safety profile. It allows for higher dosing and maximal activity in the combination setting**

ALX148 CLINICAL DEVELOPMENT

Indication		Combination Agent	Preclinical	IND stage	Phase 1	Phase 2	Phase 3	Fast Track	Collaboration Partner	
ALX148 Combination Studies	SOLID TUMORS	HNSCC Head And Neck Squamous Cell Carcinoma	Keytruda	[Progress bar from Preclinical to Phase 1]						MERCK
			Keytruda + 5FU + Platinum	[Progress bar from Preclinical to Phase 1]						MERCK
			GC Gastric/Gastroesophageal Junction Cancer	Herceptin + Cyramza + paclitaxel	[Progress bar from Preclinical to Phase 1]					
		Breast Cancer	Zanidatamab	[Progress bar from Preclinical to Phase 1]						zymeworks
	HEMATOLOGY	MDS Myelodysplastic Syndromes	Azacitidine	[Progress bar from Preclinical to Phase 1]						
	AML Acute Myeloid Leukemia	Azacitidine + Venclexta	[Progress bar from Preclinical to Phase 1]							

ADDITIONAL ANTI-CD47 PROGRAMS WITH CLINICAL DATA ANNOUNCED

Company (drug)	Gilead (magrolimab)	Trillium (TTI-621)	Trillium (TTI-622)	I-Mab (TJC4)	Innovent (IBI188)
Fc	IgG4	IgG1	IgG4	IgG4	IgG4
Summary of published activity	Responses in NHL w/ rituximab, AML and MDS w/ azacitidine. Minimal activity in CRC w/ cetuximab (ORR 2/74) and ovarian w/ avelumab (ORR 0/24).	Responses in CTCL, PTCL, and DLBCL as single agent.	Responses in DLBCL, PTCL, CTCL, and FL as single agent.	1 PR in R/R MM patient from 16 evaluable patients in single agent FIH (SITC 2020).	0 objective responses from 15 evaluable patients in single agent FIH (SITC 2020).
Summary of solid tumor trials announced [^]	Ph1b 2L+ solid tumor basket trial w/ pembro and RP2 HNSCC trial w/ pembro and chemo.	Ph1 leiomyosarcoma w/ doxorubicin (IND submitted).	Ph1 MM w/ carfilzomib + dexamethasone. Ph1 AML w/ aza +/- ven.	Ph1 NSCLC, urothelial, and ovarian w/ pembro (China only).	Ph1 advanced solid tumors.
Summary of heme trials announced [^]	Ph3 in MDS and AML w/ various aza +/- ven combos. Ph1b/2 in DLBCL w/ rituximab.	Ph2 PTCL single agent (trial design stage).	Ph1 ovarian w/ chemotherapy (trial design stage).	Ph 1 NHL w/ rituximab (China only). Ph1b/2 AML and MDS w/ azacitidine.	Ph1b/2 AML w/ aza (China only). Ph1 MDS w/ aza (China Only). Ph1 in lymphomas w/ rituximab.

[^]Does not include ISTs.

Additional clinical-stage programs:

IgG4 mAbs: AkesoBio (AK117)*, ImmuneOncia (IMC-002), Zai Labs (ZL-1201)

IgG2 mAbs: Arch (AO-176)*

Bispecific programs (anti-CD47 x...): Kahr (DSP107; x41BBL), Shattuck (SL-172154; xCD40L), Innovent (IBI322; xPDL1), TG Therapeutics (TG-1801; xCD19), Waterstone (HX009; xPDL1)*

Anti-SIRP α programs: Boehringer / OSE (BI 765063 / OSE-172)*, BMS (CC-95251)

*ASCO 2021 clinical data expected



Companies with preclinical programs: Abpro (ABP-160), Aduro (ADU-1805), Alector (AL008), Apexigen (APX701), Aurigen (AUR-104, 105), Beijing Hanmi (BH-29xx), Biocad, BioThera (BAT6004), Compass (CTX-5861), Exelixis/Invenra, Genmab/BliNK, Henlius (HLX24), Hummingbird (HMB-004A), ImmuneOnco (IMM01, 0306, 2902, 0207, 2505, 2601), Kezar (KZR-261), Lightchain (NI-2401, 2601, 2801, 1801), LynkCell (LYN301), Morphix (MBT-001), Roche, Scenic Bio, Vivoryon (PQ1565)

ACKNOWLEDGEMENTS

- **Stanford University scientists**
- **Current and past ALX Oncology members**
- **Competitors**
- **Clinicians that believe in ALX148 potential**
- **Patients and their families that trust us**