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ASCO 2023
AFM24 STRATEGIC UPDATE

3 June 2023

Forward-Looking Statements / Cautionary Note

This presentation and the accompanying oral commentary contain "forward-looking" statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation and the accompanying oral commentary, including statements regarding our future financial condition, business strategy and plans and objectives of management for future operations, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "believe," "will," "may," "estimate," "continue," "anticipate," "intend," "should," "plan," "might," "approximately," "expect," "predict," "could," "potentially" or the negative of these terms or other similar expressions.

Forward-looking statements appear in a number of places throughout this presentation and the accompanying oral commentary and include statements regarding our intentions, beliefs, projections, outlook, analyses and current expectations concerning, among other things, the value of our ROCK® platform, the safety and efficacy of our product candidates, our ongoing and planned preclinical development and clinical trials, our collaborations and development of our products in combination with other therapies (as well as the fact that the current clinical data of AFM13 in combination with NK cell therapy is based on AFM13 precomplexed with allogeneic cord blood-derived NK cells from The University of Texas MD Anderson Cancer Center, as opposed to Artiva's AB-101), the timing of and our ability to make regulatory filings and obtain and maintain regulatory approvals for our product candidates, our intellectual property position, our collaboration activities, our ability to develop commercial functions, clinical trial data, our results of operations, cash needs, financial condition, liquidity, prospects, future transactions, growth and strategies, the industry in which we operate, the macroeconomic trends that may affect the industry or us, such as the instability in the banking sector experienced in the first quarter of 2023, impacts of the COVID-19 pandemic, political events, war, terrorism, business interruptions and other geopolitical events and uncertainties, such as the Russia-Ukraine conflict and the risks, uncertainties and other factors described under the heading "Risk Factors" in Affimed's filings with the Securities and Exchange Commission (the SEC).

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Today's Speakers

Adi Hoess, MD, PhD

Chief Executive Officer

Andreas Harstrick, MD

Chief Medical Officer

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Associate Director, Clinical Research
USC Norris Comprehensive Cancer Center

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Highlights of Strategic Update

	Findings to Date
AFM24-101 Monotherapy Dose escalation & expansion study (AFMD)	• Encouraging signals of anti-tumor activity in heavily pre-treated patients with activation of both innate and adaptive immune systems; strongest signal in EGFR mutant NSCLC • Well managed safety profile
AFM24-102 I-O combination Dose escalation & expansion study (AFMD, Roche)	• Enrollment in expansion cohorts ongoing • Initial case studies from dose escalation support hypothesis of synergy between AFM24 and CPIs
AFM24-103 Autologous NK cell combination Dose escalation & expansion study (AFMD, NKGen)	• Dose escalation ongoing • Given rapid progression of disease in solid tumor patients, an allogeneic NK cell product will be better suited for combination with AFM24

Path Forward

Program Focus: AFM24-102

- Expect data update in H2 2023 from dose escalation and expansion cohorts
- EGFR mutant NSCLC cohort to be added to AFM24-102
- Enrollment in AFM24-101 study to be concluded
- AFM24-103 study to be concluded

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Clinical Development Background

Dr. Andreas Harstrick

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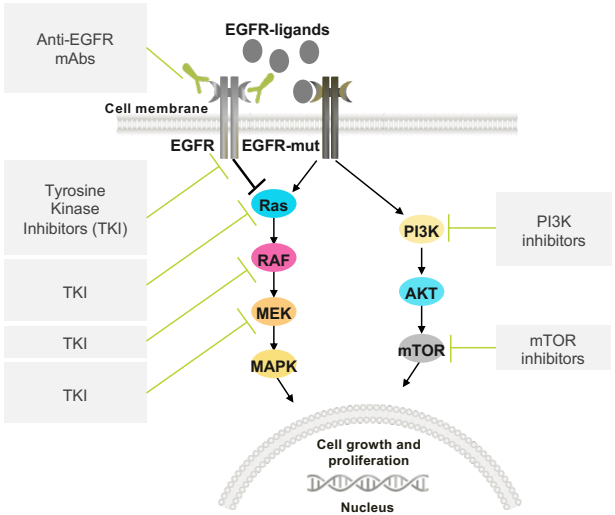
AFM24: Distinctive Approach to EGFR+ Tumors with Potential to Bring Benefit to a Broad Range of Patients

EGFR is widely expressed in solid tumors: Colorectal, lung, ovarian, gastric, breast, pancreas, etc.
Incidence of >1,000,000 patients in EU and US with CRC, lung and gastric cancers

Current therapies rely on disruption of the EGFR signaling cascade



Limitations of current EGFR-targeting therapies

- Standard therapies (TKIs or mAbs) cannot address broad patient populations due to primary mechanism - signal inhibition
- Resistance in the EGFR signaling cascade by activation of alternate pathways or downstream mutations limit use
- Dose limiting side effects lead to treatment discontinuation or non-optimal dosing
- Many indications with poor prognosis, e.g., mCRC: 14% 5-year survival rate

1. More Cancer Types – SEER Cancer Stat Facts. Accessed January 5, 2021. https://seer.cancer.gov/statfacts/more.html. 2. LuCE Report on Lung Cancer. Accessed January 5, 2021. https://www.lungcancereurope.eu/wp-content/uploads/2017/10/LuCE-Report-final.pdf. 3. International Agency for Research on Cancer. Europe. Available from: https://gco.iarc.fr/today/data/factsheets/populations/908-europe-fact-sheets.pdf. 4. ECIS – European Cancer Information System. Accessed January 5, 2021. https://ecis.jrc.ec.europa.eu/explorer.php?$0-0$1-All$2-All$4-1,2$3-0$6-0,85$5-2008,2008$7-7$CEstByCountry$X0_8-3$X0_20-No$CEstBySexByCountry$X1_8-3$X1_19-AE27$X1_-1-1$CEstByIndiByCountry$X2_8-3$X2_19-AE27$X2_20-No$CEstRelative$X3_8-3.

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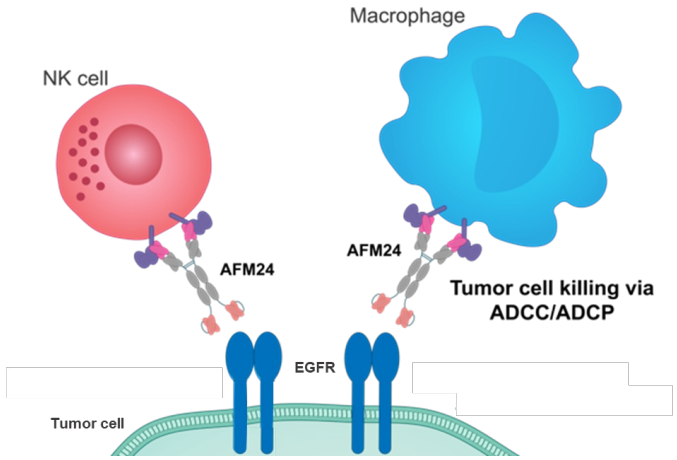
Differentiated Features of AFM24 Enable its Potential to Become Pan-EGFR Targeting Treatment Option with a Highly Desirable Safety Profile

AFM24 activates NK cells and macrophages independent of EGFR signaling and mutational status



KRAS = Kirsten rat sarcoma viral oncogene
MOA = mechanism of action
ADCC = antibody-dependent cellular cytotoxicity
ADCP = antibody-dependent cellular phagocytosis

Preclinical data presented at AACR 2020[1] & 2021[2] demonstrates key features of AFM24

- MOA leverages the power of the innate immune system and is distinctive from all current EGFR-targeting therapies
- ADCC even at low EGFR density and in the presence of IgG1
- Induces a prominent ADCP response against tumor cells with KRAS mutations and medium or high EGFR levels
- Good safety profile → combinability with multiple agents (IO and non-IO) → triple, quadruple combos
- In combination with adoptive NK cells, leads to dose-dependent tumor regression in a mouse xenograft model

1. Reusch U. et al. AFM24, a bispecific EGFR/CD16A Innate Cell Engager with the potential to overcome resistance to current targeted treatments for EGFR-positive malignancies (AACR Virtual Annual Meeting, June 2020)
2. Jens Pahl et. al. AFM24 is a novel, highly potent, tetravalent bispecific EGFR/CD16A-targeting Innate Cell Engager (ICE®) designed for the treatment of EGFR-positive malignancies (AACR Virtual Annual Meeting, April 2021)

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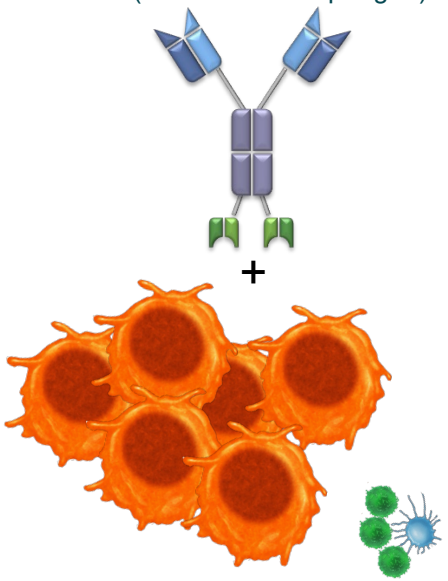
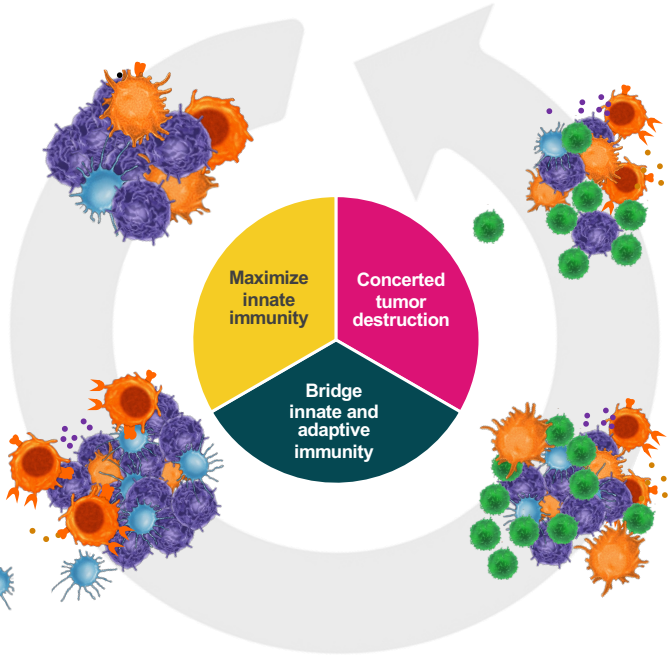
Development Approach Aims to Maximize the Output of the Cancer Immunity Cycle → Concerted Innate and Adaptive Immune Response

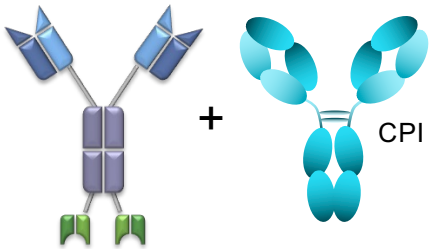
Enable ADCC and ADCP of patients' own innate immune cells (NK cells/macrophages)



Maximize number and activity of innate immune cells (NK cells + ICE®)



Optimize activation of adaptive immune cells



Optimize crosstalk of maximally activated innate immunity with adaptive immune cells

NK cells | Macrophages | Tumor cells | Dendritic cells | T cells

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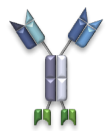
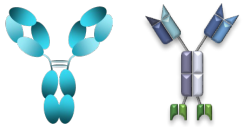
AFM24 Clinical Development Strategy Grounded in Patient Unmet Need, Understanding of the Immune System and Tumor Biology



AFM24-101
Monotherapy
Dose escalation & expansion study
(AFMD)

Exploring activity of AFM24 monotherapy in tumors with favorable immune status

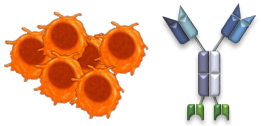
- NSCLC EGFRmut
- CRC KRASwt, MSS
- RCC



AFM24-102
I-O combination
Dose escalation & expansion study
(AFMD, Roche)

Exploring potential synergistic effect of co-activation of innate and adaptive immune systems

- NSCLC EGFRwt
- Gastric
- HCC, PanC



AFM24-103
NK cell combination
Dose escalation & expansion study
(AFMD, NKGen)

Exploring potential of autologous NK cells to enhance AFM24 activity in tumors with unfavorable immune status

- NSCLC EGFRwt
- CRC KRASwt / mut, MSS
- SCCHN

Objective of the initial clinical development plan:

- Identify biological activity signal in indications where NK cell activation has the highest relevance/ benefit across a broad portfolio of indications
- Select most promising activity signal and adapt development in a combination setting towards market

CRC = Colorectal Cancer
HCC = HepatoCellular Carcinoma
MSS = Microsatellite Stable

mut = mutant
KRAS = Kirsten Rat Sarcoma viral oncogene
PanC = Pancreatic Cancer
RCC = Renal Cell Carcinoma

SCCHN = Squamous Cell Carcinoma of Head and Neck

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Early Signs of Clinical Activity in Monotherapy Across All Indications

Dr. Anthony El-Khoueiry

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AFM24 Shows Clear Signs of Activity and NK Cell Activation at Doses ≥ 160 mg with Favorable and Consistent Safety Profile

Status

Cohort 1 14mg	Cohort 2 40mg	Cohort 3 80mg	Cohort 4 160mg	Cohort 5 320mg	Cohort 6 480mg	Cohort 7 720 mg
✓	✓	✓	✓	✓	✓	✓

Deciding Factors

Safety	• Safety profile favorable and consistent across dose levels
PK / Exposure	• Proportionality of dose and exposure at 320 mg - 720 mg implies saturation of TM elimination
CD16A RO	• Leveling off with 320 mg and 480 mg indicating sufficient saturation of CD16A on peripheral NK cells for effective tumor cell killing; confirmed by data from 720 mg cohort

Supporting

Cytokines	• Consistent elevation of cytokines (e.g., TNF-α, IFN-ɣ) with doses ≥ 160 mg
NK Cell Activation Marker	• Expression of NK cell activation markers with doses ≥ 160 mg

CD = cluster of differentiation
IFN = interferon
NK = natural killer
P2 = phase 2
PK = pharmacokinetic
RO = receptor occupancy
RP2D = recommended phase 2 dose
TM = target mediated
TNF = tumor necrosis factor

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AFM24 is Well Tolerated and Represents an Attractive Candidate for Combination Approaches

AFM24 safety profile in monotherapy

- No major differences in the safety profile of AFM24 across expansion cohorts (mCRC, RCC, NSCLC)
- No CRS events or severe EGFR-targeting toxicity as seen with EGFR-targeting mAbs
- One Grade 5 (pneumonitis) in patient with PD and multiple comorbidities; relation to AFM24 could not be ruled out
- Common immune related AEs observed for CPIs have not been reported for AFM24
- AFM24's good overall safety profile resulted in strong adherence to therapy

AFM24 Monotherapy was well tolerated with manageable IRRs

IRRs as most frequent AEs limited to 1st infusion and managed by SOC and infusion rate

AE = adverse events
CPI = check point inhibitor
EGFR = epidermal growth factor receptor
mAbs = monoclonal antibodies
mCRC = metastatic colorectal cancer
NSCLC = non-small cell lung cancer
PD = progressive disease
RCC = renal cell carcinoma
SOC = standard of care

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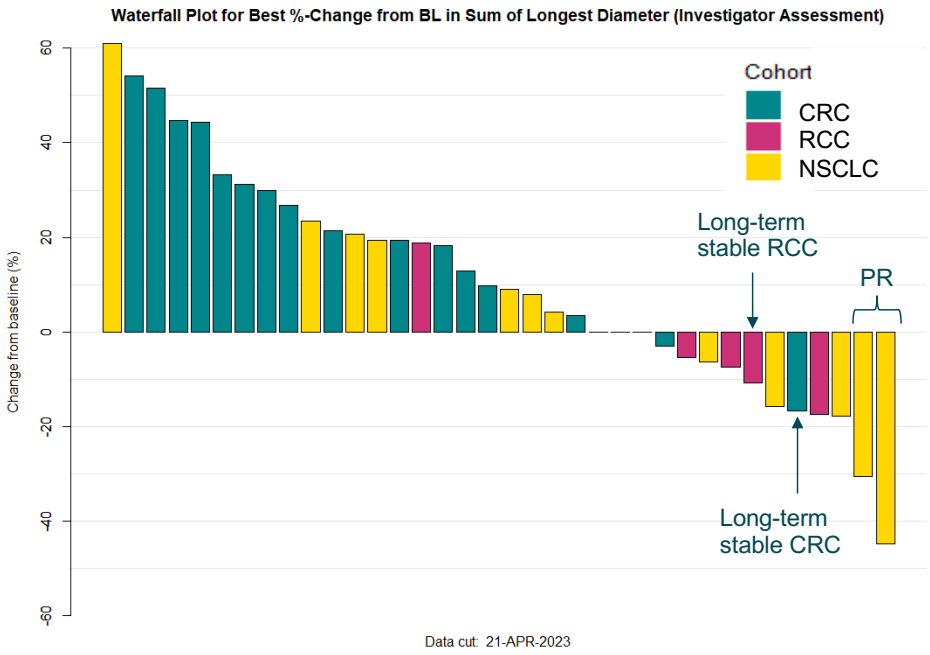
AFM24 Monotherapy Expansion Cohorts Confirm Clear Signs of Clinical Activity in Heavily Pre-Treated Patients Across All Tumor Types



AFM24 – signs of clinical activity

- **Tumor reduction observed across all 3 tumor types**
- **Tumor shrinkage observed in approximately 1/3rd of patients across all tumor types**
- **NSCLC (*EGFR*-mut) Cohort Benefits the Most of AFM24 Treatment**
  - PRs & SDs observed regardless of the number of previous lines of treatment and *EGFR* mutation present
  - Reduction of the total tumor burden with tumor shrinkage of up to 45%
- **RCC patient showed further tumor shrinkage in recent CT scan (-28% from BL, not shown in the graph)**

BL = baseline
CRC = colorectal cancer
EGFR = epidermal growth factor receptor
NSCLC = non-small cell lung cancer

PR = partial response
RCC = renal cell carcinoma

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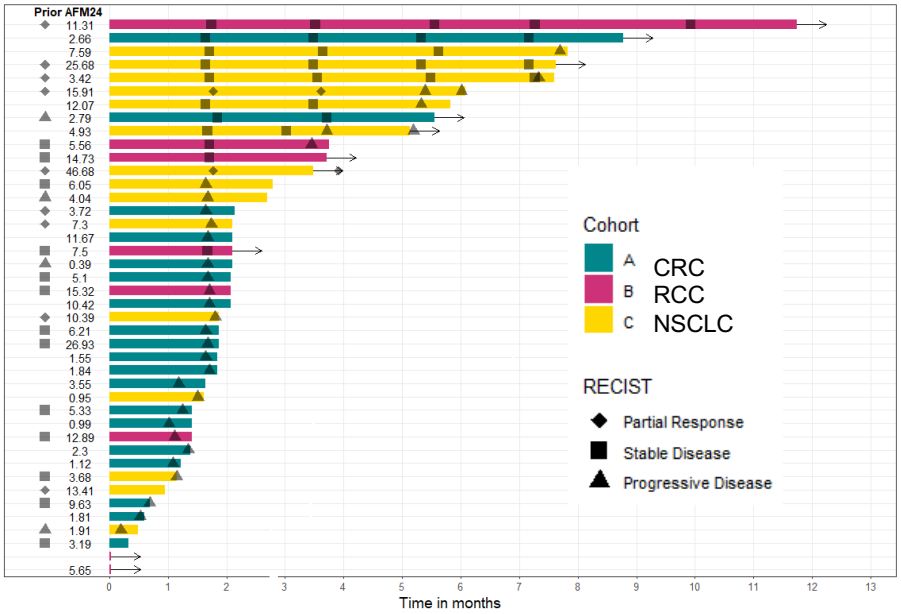
AFM24 Monotherapy Expansion Cohorts Confirm Clear Signs of Durable Tumor Control

RECIST status (investigator assessment) and treatment durations



Prior: BOR and duration of last line prior to AFM24; Data cut date: 21-Apr-2023

BOR = best objective response
CRC = colorectal cancer
NSCLC = non-small cell lung cancer
RCC = renal cell carcinoma
SD = stable disease

AFM24 – signs of clinical activity

Durable disease control observed across all three cohorts

- **NSCLC**
  - 2 PR (2 confirmed), 5 SD for at least 3.5 months
- **RCC**
  - 3 SD out of 6 evaluable patients, 1 long-term (cycle 13) stable disease
- **CRC**
  - 2 SD, 1 long-term (cycle 10) stability

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ASCO Highlights: AFM24-101 in Patients with EGFR Mutant NSCLC

Dr. Anthony El-Khoueiry

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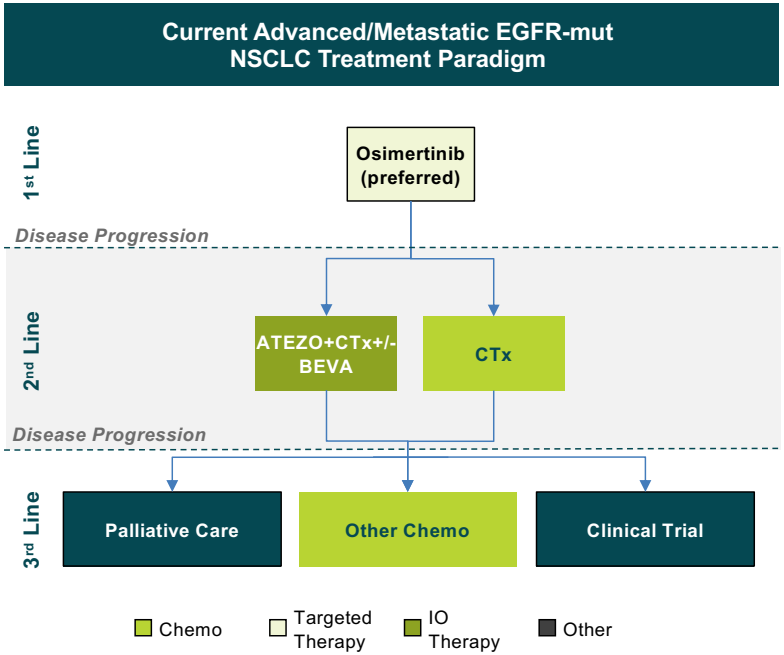
For EGFRmut NSCLC Patients, Current Treatment Options After Exhaustion Of EGFR TKIs Are Limited With No Clear SOC



Limited agreement exists on the best treatment after progression on EGFR TKIs

- Chemo has limited efficacy with patients often progressing after a few months
- Atezo+CTx+/- bevacizumab may provide some benefit to these patients; however, is not a preferred recommended therapy in NCCN guidelines and is generally not reimbursed in the EU

Once patients progress on available 2L treatments, options are severely limited with many going on palliative care or clinical trials

- Other chemo agents have shown very little efficacy and is given as salvage therapy

Primary market research and internal analysis

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AFM24-101 NSCLC: Treatment was Well Tolerated and Safe in Heavily Pre-Treated Patients

Baseline Characteristics NSCLC cohort	N=15
Age (years), median range	55 (37-82)
18-65	10 (67)
>65	5 (33)
Sex, (male, n, %)	12 (80)
Ethnicity, n (%)	
Asian	12 (80)
White	3 (20)
Tumor type, n (%)	
Adenocarcinoma	12 (80)
Squamous cell carcinoma	3 (20)
ECOG PS, n (%)	
0	4 (27)
1	11 (73)
Prior lines of therapy	
Median (range)	2 (1-12)
Prior EGFR TKIs	
1st generation (erlotinib, gefitinib)	4 (27)
2nd generation (afatinib, dacomitinib)	8 (53)
3rd generation (osimertinib, lazertinib, nazatinib)	8 (53)

ECOG = Eastern Cooperative Oncology Group
EGFR = epidermal growth factor receptor
mAbs = monoclonal antibodies
mCRC = mutant colorectal cancer
NSCLC = non-small cell lung cancer
PD = progressive disease
PS = performance score
RCC = renal cell carcinoma
TKI = tyrosine kinase inhibitor
TRAEs = treatment related adverse events

- **At the planned interim analysis, 15 patients with NSCLC had been treated**
  - Patients received a median 11 (range 1–34) doses of AFM24 over a median duration of 11 (range 1–34) weeks
  - Patients a median 2 lines of prior therapy (range 1 – 12)
- **AFM24 exhibited a well-managed safety profile, with the majority of treatment-related adverse events (TRAEs) presenting as mild to moderate**
  - The most frequently reported TRAE was infusion-related reactions (IRRs)
  - IRRs were mainly confined to the initial infusion (Cycle 1, Day 1) of AFM24 and all later resolved
- **Seven TRAEs of ≥Grade 3 were observed in four patients**
  - Grade ≥3 TRAEs included decreased neutrophil count, lymphopenia and an IRR
  - One Grade 5 TRAE (pneumonitis) was observed in one patient with disease progression and multiple co-morbidities; relation to AFM24 could not be ruled out

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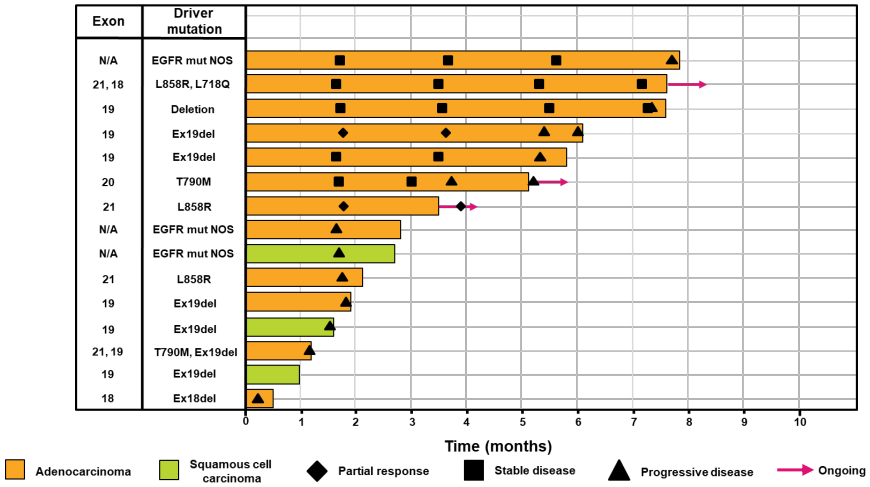
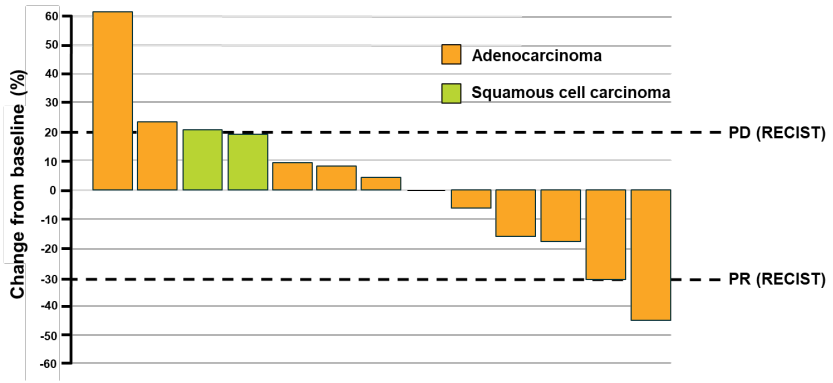
AFM24-101 NSCLC Efficacy Results: In patients with EGFR-mut NSCLC, AFM24 Treatment Resulted in a DCR of 47% (95% CI: 21.3%, 73.4%) and Reduction in Tumor Burden Was Observed in 38% of Patients

RECIST Status and Treatment Durations by CT per Investigator Assessment



BOR in 15 evaluable patients is presented as of April 2023. There were 14 patients that had at least one post-baseline CT scan available for Investigator assessment. One patient had a confirmed PR for >3 months and another has had an ongoing PR for >2 months; five patients exhibited SD for ≥3.5 months, with one patient exhibiting ongoing SD for >8 months.

Waterfall Plot for Best Percentage Change from Baseline in Sum of Long Diameter (by CT per Investigator Assessment)



Each bar represents one patient. Tumor diameter was measured at baseline and at subsequent tumor assessments by CT scan, and greatest change in diameter presented as percentage change from baseline. Five out of 13 patients exhibited tumor shrinkage as a result of AFM24 therapy.

BOR = best objective response
CT = computerized tomography
DCR = disease control rate
EGFR = epidermal growth factor receptor
NSCLC = non-small cell lung cancer
PD = progressive disease
PR = partial response
PS = performance score
SD = stable disease

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Case Study: A Patient Exhibiting a PR Experienced a 44.7% Overall Shrinkage of Their Target Lesions With AFM24

Patient Background & Treatment History

49-year-old Asian male
Diagnosed April 2020

Advanced, metastatic NSCLC adenocarcinoma
- Stage IV with two target lesions: Lymph node axillary left (LNAL) and lymph node paratracheal left (LNPL)
- EGFR mutations: Ex19del

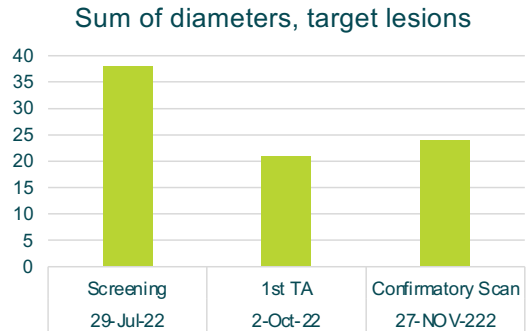
Apr 2020–Dec 2020
Afatinib
BOR = PR
Discontinued due to PD

Dec 2020–Jan 2021
Cisplatin + pemetrexed
BOR = PD

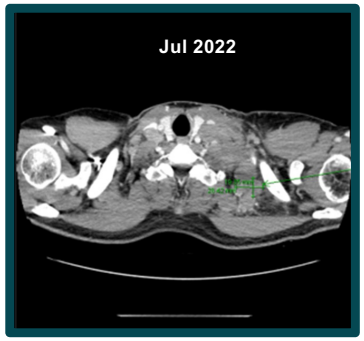
Feb 2021
Whole brain radiation

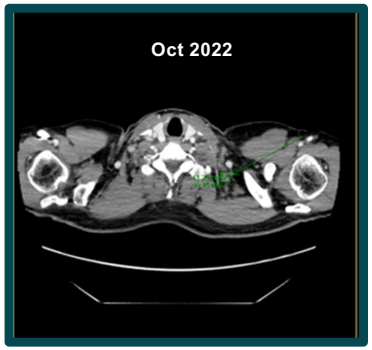
Jan 2021–May 2022
Atezolizumab
BOR = PR

Treatment with 480 mg AFM24 Initiated August 2022



Tumor Response by Investigator Assessment per RECIST v1.1





CT scan images of the LNAL lesion of a patient exhibiting a confirmed PR on 480 mg AFM24. The green line depicts the diameter of the lesion, with length indicated in mm.

BOR = best objective response
CT = computerized tomography
NSCLC = non-small cell lung cancer
PD = progressive disease
PR = partial response
SD = stable disease

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Case Study: A NSCLC Patient Presenting 8-month SD with Initial Tumor Shrinkage

Patient Background & Treatment History

55 YO Asian Male diagnosed Jan 2020

Stage IV NSCLC ADK,
- EGFR exon19 mutant
- TLs in both adrenal glands
- NTLs: LNs (Left cervical chain), left lung, adrenal gland, bone

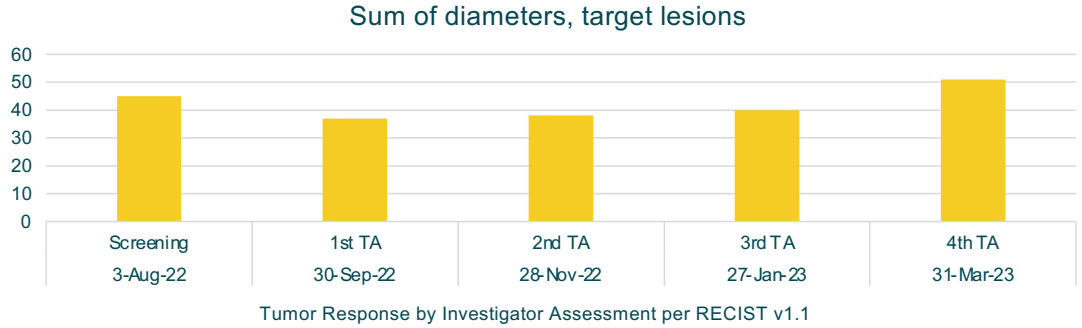
Feb 2020-Jun 2021
Osimertinib
BOR: PR, discontinued due to PD

Jun 2021-Sep 2021
Atezo-Beva-TXL-CBP
BOR: PR
discontinued due to Tox

Mar 2022
RT LUL

Sep 2021-May 2022
Atezo-Beva
discontinued due to PD

Treatment with AFM24 started on 10-AUG-2022



BOR = best objective response
CT = computerized tomography
NSCLC = non-small cell lung cancer
PD = progressive disease
PR = partial response
SD = stable disease
TXL = paclitaxel

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AFM24-101 NSCLC EFGRmut: Conclusions

- AFM24 showed meaningful clinical activity in heavily pretreated patients with EGFRmut NSCLC (ORR 13%, DCR 47%) with significant tumor reductions, including 2 PRs and 5 patients exhibiting stable disease
- Although the formal continuation criteria for the cohort were not met, these data provide proof of concept that targeting NK cells can induce remission in solid tumors
- A well-managed safety profile was observed; the majority of patients exhibited mild-to-moderate AFM24 TRAEs
- While these clinical results are promising, antitumor activity may be further enhanced in combination with other therapies; as such, the study results substantiate further exploration of AFM24 combinations in patients with NSCLC and other EGFR+ solid tumors

DCR = disease control rate
EGFR = epidermal growth factor
NK = natural killer
NSCLC = non-small cell lung cancer

ORR = objective response rate
PR = partial response
TRAE = treatment related adverse event

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Clinical Perspectives in Combination with CPI

Dr. Andreas Harstrick

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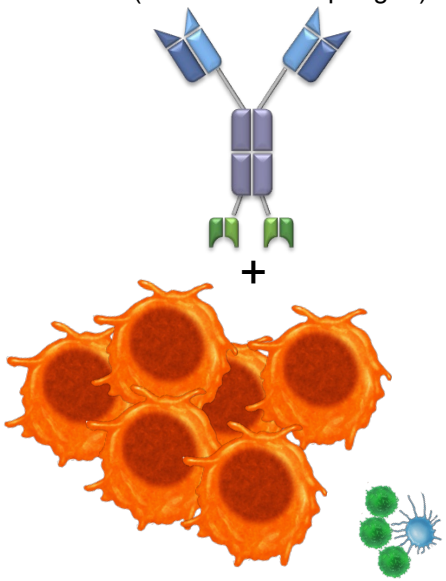
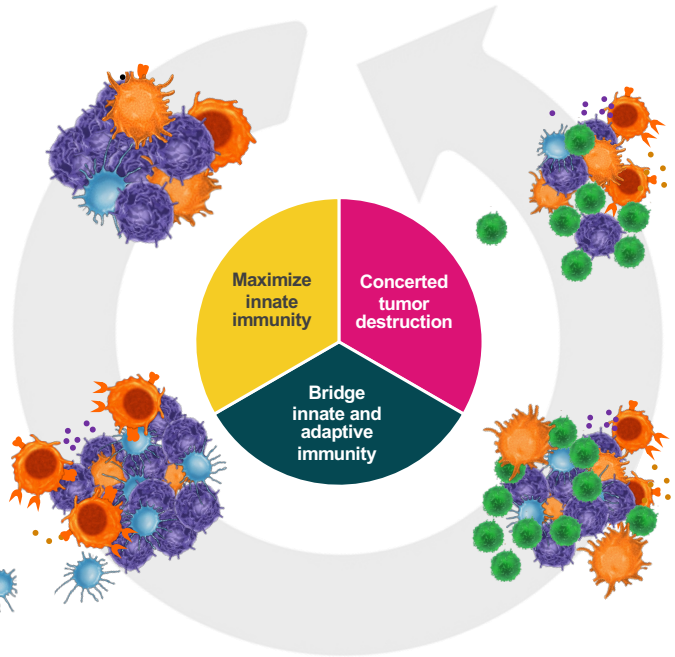
Our Development Approach Aims to Maximize the Output of the Cancer Immunity Cycle → Concerted Innate and Adaptive Immune Response

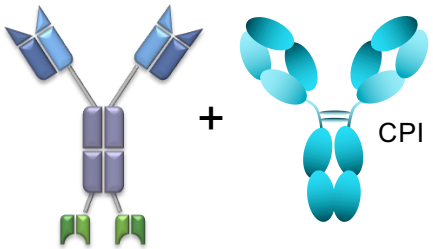
Enable ADCC and ADCP of patients' own innate immune cells (NK cells/macrophages)



Maximize number and activity of innate immune cells (NK cells + ICE®)



Optimize activation of adaptive immune cells



Optimize crosstalk of maximally activated innate immunity with adaptive immune cells

NK cells | Macrophages | Tumor cells | Dendritic cells | T cells

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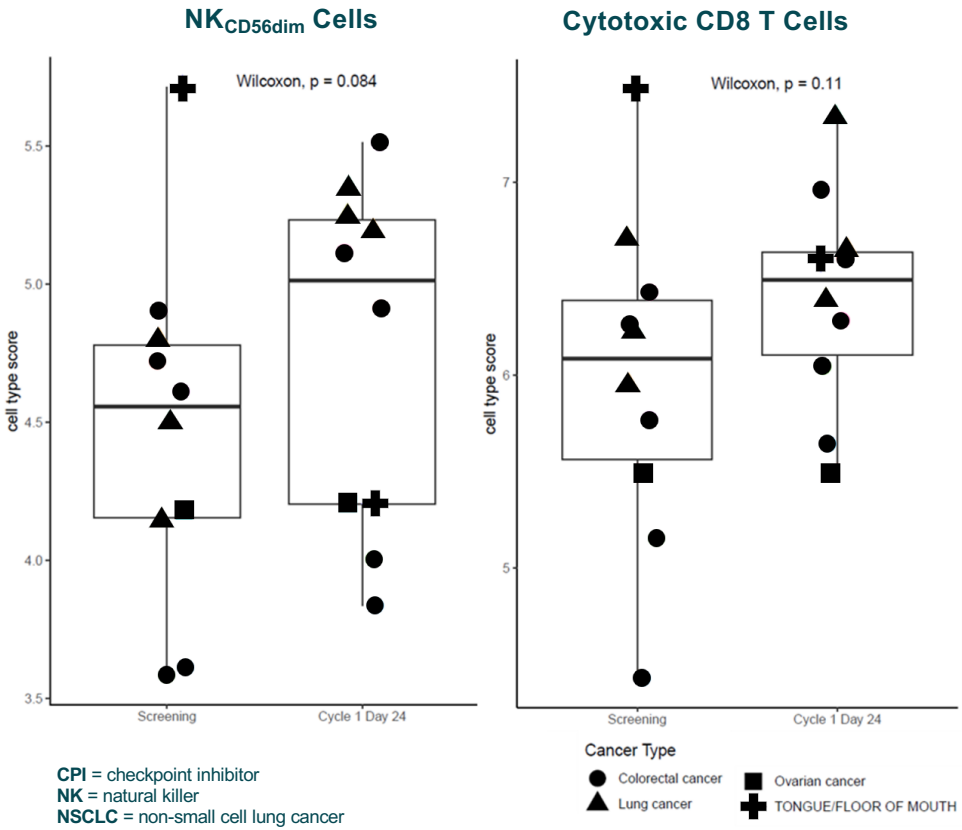
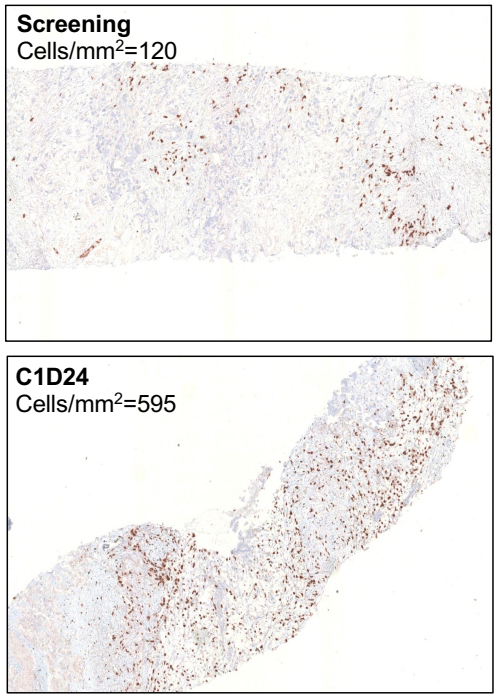
Rationale for Combo of ICE® with CPIs shown by AFM24 Monotherapy → AFM24 Induced Tumor Infiltration of NK Cells and T Cells

Intratumoral Infiltrates



Representative CD3 stain (patient, NSCLC, 480 mg AFM24)



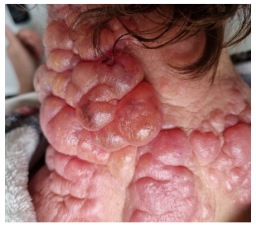
CPI = checkpoint inhibitor
NK = natural killer
NSCLC = non-small cell lung cancer

Response of a CPI-Refractory Patient Demonstrates the Ability to Re-challenge and Synergize with CPI

Case study: Gastric Cancer w/ Partial Response and ~ minus 70% tumor shrinkage in target lesions

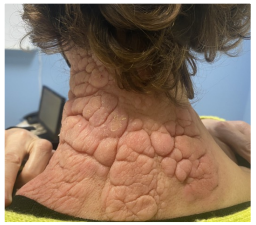
A Partial Response was observed in a gastric cancer patient who had previously progressed on 4 lines of therapy, including anti-PD-1 / chemotherapy combo

Late February 2022



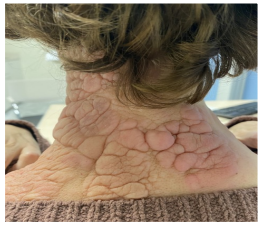
Baseline

14th March 2022



2x doses AFM24 1x dose atezolizumab

21st March 2022



3x doses AFM24 1x dose atezolizumab

Cycle 1

The patient's skin metastases did not respond to any prior treatment

Last Update: CT scan 13OCT2022, 70.2% change in target lesions, no change in NTLs, but the patient had new skin lesions; therefore, the patient progressed with a PFS of 8 months and subsequently passed away.

50-year-old female w. gastric adenocarcinoma

- Diffuse type, signet ring histology
- Microsatellite stable (MSS), HER2-negative,
- PD-L1 not evaluated
- TP53 (V172F) mutation
- Stage IV (cutaneous, subcutaneous, bone and peritoneal metastases)
- EGFR+ H-score:190
- Diagnosed October 2020

- CT scan (13th September 2022): -69.01% change in target lesions → PR

Treatment history

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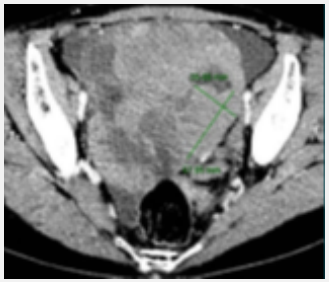
Informed consent was obtained from patients for the publication of these images

Pancreatic Cancer Patient Was Stabilized by AFM24+Atezo

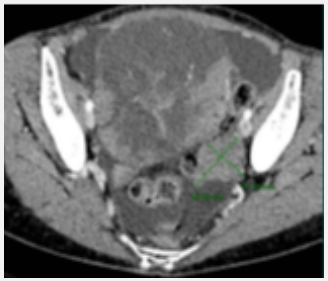
Case study: Pancreatic Cancer w/ SD

A patient with pancreatic adenocarcinoma exhibited stable disease after two cycles of AFM24 and Atezolizumab

- Diagnosed in June 2020
- Progressive after 3 lines of chemotherapy



18th March 2022



26th May 2022

Stable Disease of 6+ months w/ initial reduction in tumor mass

65-year-old female with pancreatic adenocarcinoma

- Microsatellite stable (MSS)
- Loco-regional recurrence
- Pelvic mass and ascites
- EGFR+ (H-score: 130)
- The patient remained on SD until the end of Cycle 6 (6 months on treatment with AFM24 + Atezolizumab)

Treatment history

Informed consent was obtained from patients for the publication of these images

* Treatment at initial diagnosis: surgery. The patient did not receive adjuvant chemotherapy due to fatty liver disease. She received capecitabine as a maintenance therapy from Dec 2020 to Feb 2021. SITC 2022

FOLFOX = leucovorin-fluorouracil-oxaliplatin
FOLFIRI = leucovorin-fluorouracil-irinotecan
SD = stable disease

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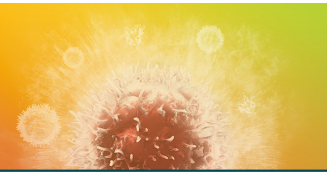
There Is An Opportunity and Strong Rationale For AFM24+CPI To Address An Unmet Need In 2L+ EGFRmut NSCLC Patients



AFM24 monotherapy shows promising clinical activity

- 5 of 13 evaluable EGFRmut patients had tumor shrinkage in AFM24-101, with 2 confirmed responders
- 4 patients with disease control were on therapy for 6 months or longer
- 3 patients were still on therapy at data cutoff (April 6, 2023)

Significant unmet need in 2L+ EGFRmut NSCLC

- Once EGFR TKIs are exhausted, options are limited to CPI+chemo, chemo alone, and clinical trials
- Available combination regimens have not demonstrated a favorable risk/benefit profile and are viewed as not tolerable for many patients
- If chemo combinations start being used in earlier lines, physicians may seek a chemo free option in 2L+

Reason to believe AFM24+CPI can work in EGFRmut patients

- Clinical activity with ICE® molecules and CPIs has been seen in multiple studies
  - ➢ AFM13 combined with pembro in r/r HL showed 88% ORR and 46% CR
- Safety data for AFM24 from both monotherapy and combination studies looks favorable

There is potential for AFM24+CPI to be the first chemo-free regimen to demonstrate a clear clinical benefit with a favorable safety profile for EGFRmut NSCLC patients after TKI exhaustion

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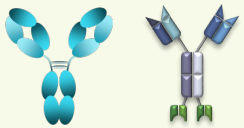
A Cohort for EGFRmut NSCLC Patients Will be Added to the AFM24-102 Trial Based on Results from AFM24-101



AFM24-102
I-O combination
Dose escalation & expansion study
(AFMD, Roche)

Exploring potential synergistic effect of co-activation of innate and adaptive immune systems

- NSCLC EGFRmut
- NSCLC EGFRwt
- Gastric
- HCC, PanC*

Incorporate NSCLC EGFRmut *cohort into AFM24-102 I-O combination study*

* HCC, PanC cohort currently on enrolment pause to analyze first results

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Path Forward for AFM24

Building from the AFM24 monotherapy experience…

- Encouraging signals of anti-tumor activity with activation of both innate and adaptive immune system
- Well managed safety profile

Near-term focus on AFM24-102

- EGFRmut NSCLC expansion cohort to be added to study, leveraging signal from monotherapy study
- Experience from AFM13 and initial case studies from AFM24-102 dose escalation support hypothesis of synergy between AFM24 and CPIs
- Enrollment in expansion cohorts ongoing
- Data update expected in H2 2023 from dose escalation and expansion cohorts

AFM24 + CPI holds the promise to address significant unmet needs in advanced patients with EGFR expressing solid tumors

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