

KAD101: First-in-Class Prolactin Receptor Antagonist for the Ovarian Cancer Gap

Starting with platinum-resistant ovarian cancer, where current options fail most patients

PHASE 1 Ready

Initial Human data established

ORPHAN DRUG

FDA designation secured



K A I D A

B i o P h a r m a

Forward Looking Statements

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Ovarian Cancer: Late Detection, Limited Options



Disease Burden

~21,010

New cases annually (US-2026)

~13,000 deaths annually

~70–80% diagnosed at late stage



Treatment Gap

>90%

Lack durable response to current therapies

<10-15% of patients will achieve remission

- Majority relapse and become platinum-resistant



Platinum-Resistant Ovarian Cancer (PROC)

~8,000–10,000

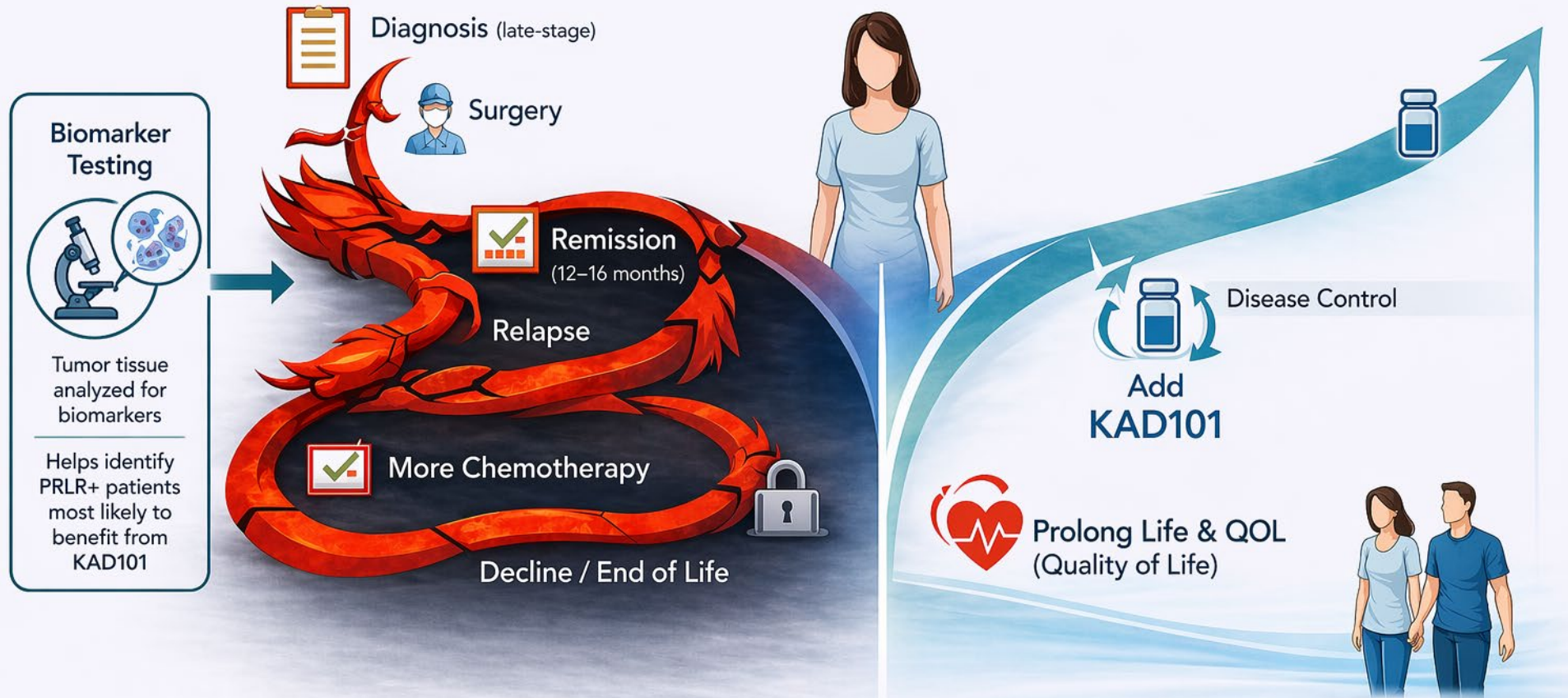
PROC patients annually (US, est.)

- Limited effective treatment options
- No therapies deliver durable responses

Elahere (AbbVie): First targeted therapy in FRα>75% PROC: ~25% eligible population • Projected >\$1B peak revenue

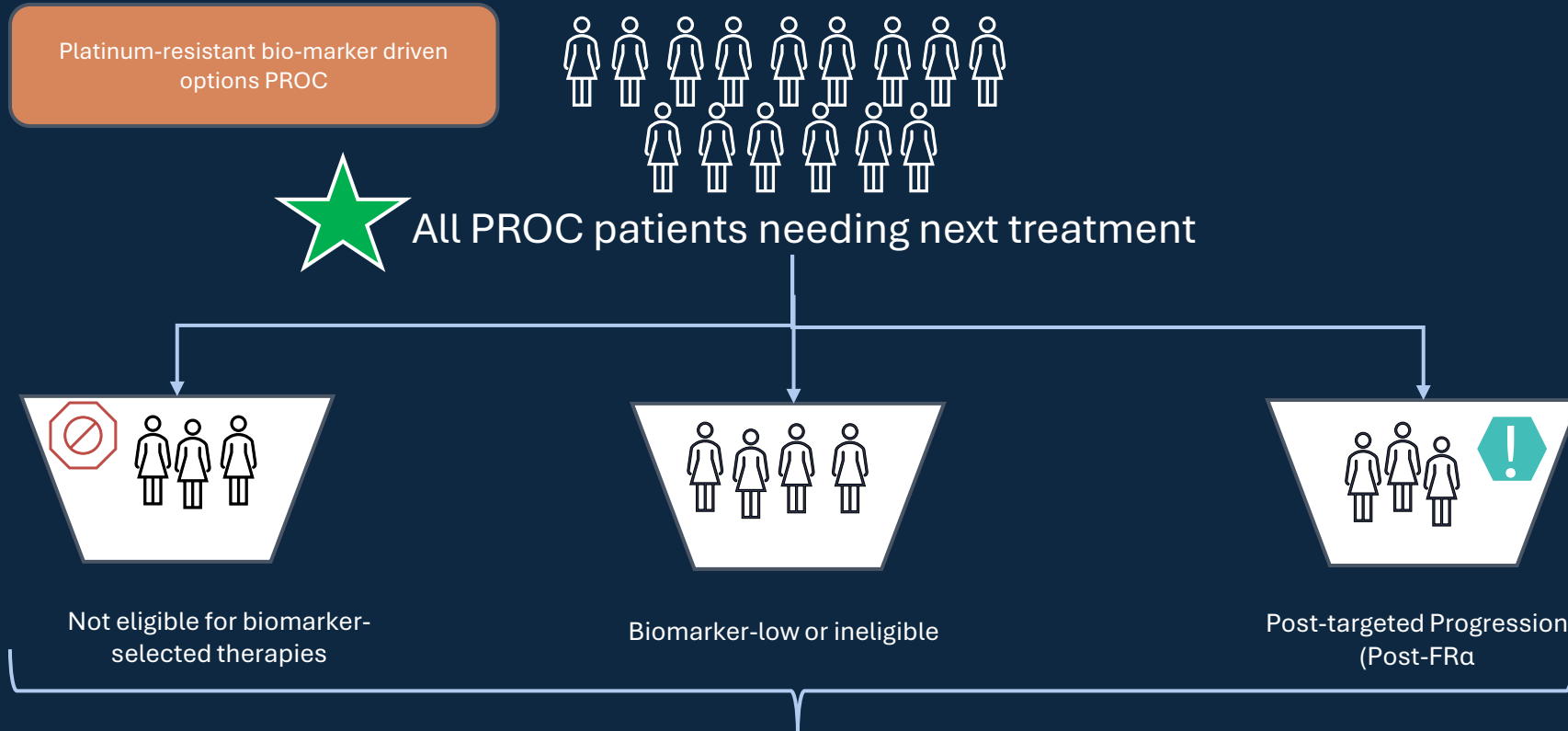
KAD101 Offers a Different Path

KAD101 aims to change PROC from repeated chemo failure to earlier, better-tolerated disease control.



KAD101 intervenes at relapse to break the cycle of resistance and extend survival with improved tolerability

Early and Large Strategic Opportunity: PROC



Strategic Opportunity and Positioning

- ~ **Not Eligible** for biomarker selected target therapies
- ~ **Biomarker** -Low or ineligible
- ~ **Post-target** progression (Post FRa)

KAD101 Targets 3 Key Drivers of Tumor Persistence

ACTIVATES AUTOPHAGY

Induces cancer cell death

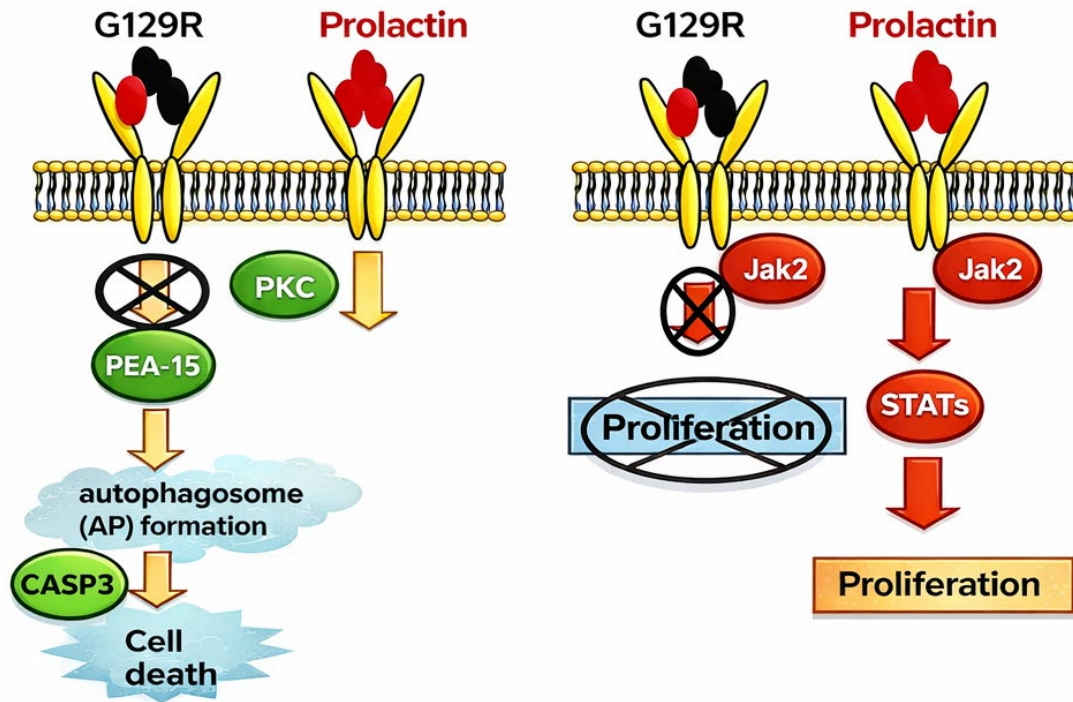
CELL PROLIFERATION HALTED

Blocks Jak2 pathway crucial for cancer cell growth

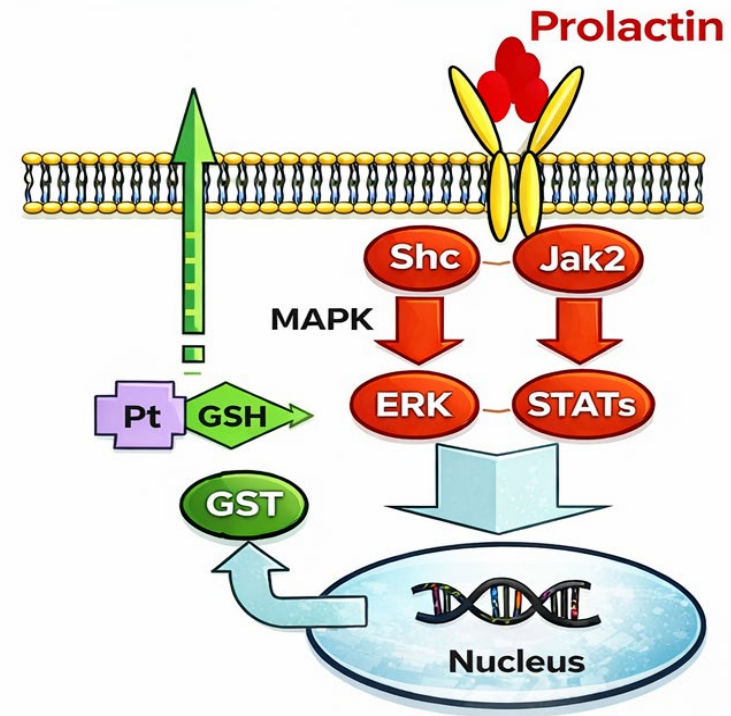
CHEMORESISTANCE ADDRESSED

Downregulates GST, may restore chemo sensitivity

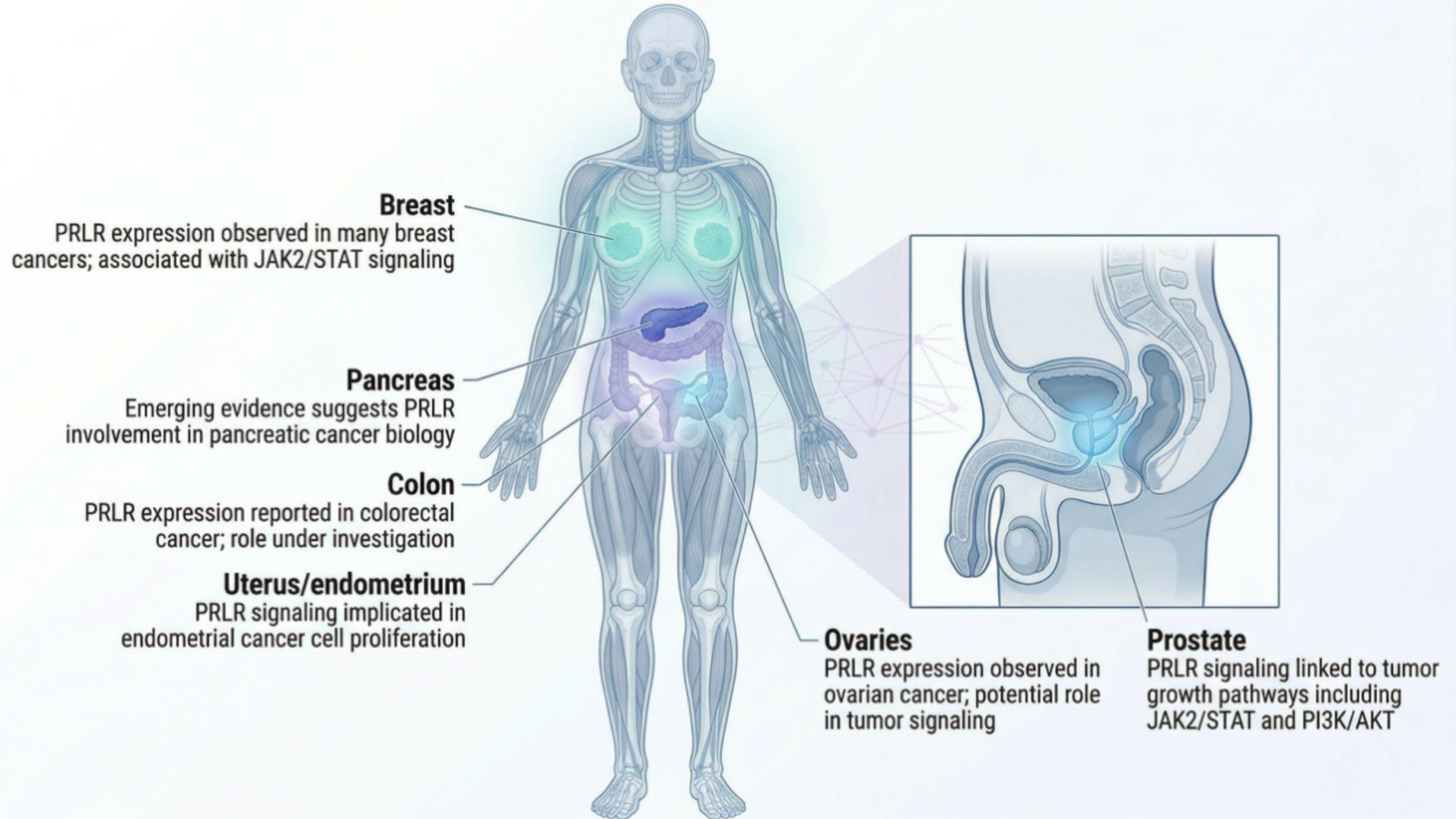
Autophagy: Programmed Cell Death



Downregulates GST: Chemoresistance



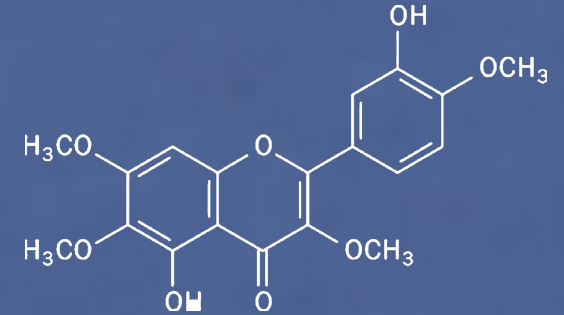
Key Cancers Where Prolactin Plays a Role



Lead Program Initially Targeting PROC Ovarian Cancer

Novel Biologic that Blocks the Prolactin Receptor to Prevent Cancer Cell Growth Signals and Incite Autophagy

- Novel formulation of de-risked asset, KAD101, which has seen promising initial human clinical data
- New Patents filed to secure our future
- Opportunity as maintenance therapy



Prolactin

Higher Expression Correlates with Reduced Survival Contributing to Tumor Growth and the Development of Malignancies

Targeting Prolactin

Potential to disrupt tumor growth and reverse the process through autophagy
KAD 101 prevents prolactin receptor dimerization

Impact on Cell Signaling

Involved in pathways like JAK/STAT5 and PI3K/Akt, essential for cell proliferation

Chemotherapy Resistance

The down-regulation of GST is directly linked to chemotherapy resistance, making patients receptive again, a major treatment hurdle

The PROC Beach head: Entry to \$141B+ Platform

NEAR-TERM FOCUS

I. Secure the Ovarian Wedge: Validate KAD101 for the gap

POC PHASE 1B

- OOR/DOR signal
- Biomarker confirmation

Q4 2026:
Combo data

Q1 2026: P1 data

90% of capital for
Ovarian Signal

- 1
- 2
- 3

Preclinical for Breast Cancer already established

PLATFORM UPSIDE

II. Unlock the Platform: Path to \$144B+

BREAST
CANCER
\$20B

ENDOMETRIAL
CANCER
\$41B
Market
Opp

PROSTATE
CANCER
\$83B
Market
Opp

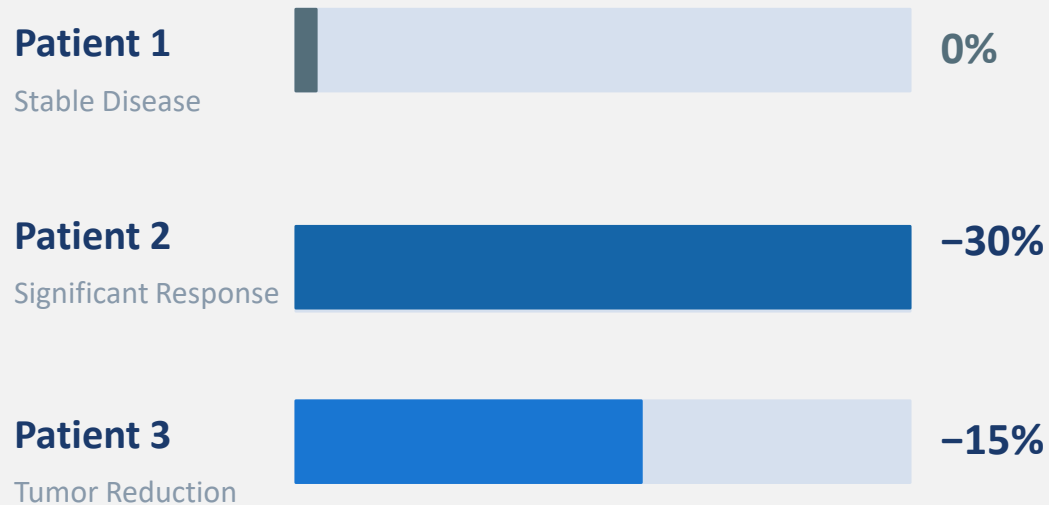
TRIGGER: P1B PROOF-OF-CONCEPT IN OVARIAN

- Platform expansion is contingent, no concurrent
- De-risking: Efficacy in hardest to treat patients proves PRLR+ thesis
- Valuation Multiplier: Disciplined path to TAM

Prioritizing the Ovarian Gap to secure clinical validation,
providing the “Right to Win” across broader PRLR-driven indications

KAD 101: Shows early signal with Platinum Resistant Ovarian Cancer (PROC) patients.

Patient-Level Response (Phase 1, n=3)



Key Findings

3/3 patients achieved disease control (1 stable disease, 2 tumor reductions)

- Tumor reduction observed in 2 patients at sub-therapeutic doses
- No dose-limiting toxicities observed
- Supports PRLP antagonism as a clinically relevant mechanism in PROC

ONLY PRLR ANTAGONIST

Novel mechanism,
no direct competition

BROADER PATIENT REACH

~75-80% eligible vs. ~25-30% for
FR α -targeted therapies

ORPHAN DESIGNATION

7-yr exclusivity, tax credits,
accelerated FDA review

Note: G129R (PRL antagonist) was administered to three enrolled patients in Phase 1 clinical trial. Oncolix, Inc. (sponsor) evaluated the initial (lowest) dose as part of a three-dose escalation study.

PHASE 1 STUDY DESIGN

POPULATION

Platinum-resistant epithelial ovarian cancer (2-3L+)
PRLR biomarker-enriched ($\geq 50\%$ tumor cells, $\geq 2+$ intensity)

DESIGN

Open-label, dose-escalation study (3+3 design) BOIN design
~30 patients across 3 dose cohorts
Daily SC administration

PRIMARY ENDPOINTS

Safety and tolerability
Recommended Phase 2 Dose (RP2D)

KEY EFFICACY ENDPOINTS

Objective Response Rate (ORR)
Disease Control Rate (DCR)
Tumor pharmacodynamics (pSTAT5 suppression/ PRLR expression)

Go/No-Go: RP2D established + acceptable safety + preliminary efficacy

KAIDA MANAGEMENT TEAM

200+ years combined life sciences and commercialization experience



DR. STELLA VNOOK
Chair, Co-Founder, CEO

Major biopharma executive and transformational leader with extensive pharma and health economics background, PharmD and MBA



DR. GEORGE PEOPLES
CMO

Distinguished surgical oncologist, MD, FACS, with extensive translational oncology experience driving clinical strategy, IND planning, and early-stage oncology execution



DR. BILL GANNON
Vice President, Clinical Operations

Clinical development and regulatory strategy advisor with experience supporting IND planning, site selection, and CDO engagement for emerging biotech programs.



PAM SWIGGARD
Head of Regulatory Affairs

Accomplished pharmaceutical executive in global regulatory affairs and quality assurance



MARK BOOTH
Chief Commercial Officer

Senior commercial executive with 25 years of oncology and rare disease experience guiding market strategy and development priorities with multiple oncology drug launches



DR. ERIC HACHERL
Head of CMC

Senior Pharmaceutical operations leader with years of experience in biologic manufacturing, CGMP compliance, and process development.



DR. JOHN LANGENHEIM
CSO, Co-Founder

PRLR antagonist subject matter expert, assistant professor of cancer biology for Sidney Kimmel Medical College at Thomas Jefferson University

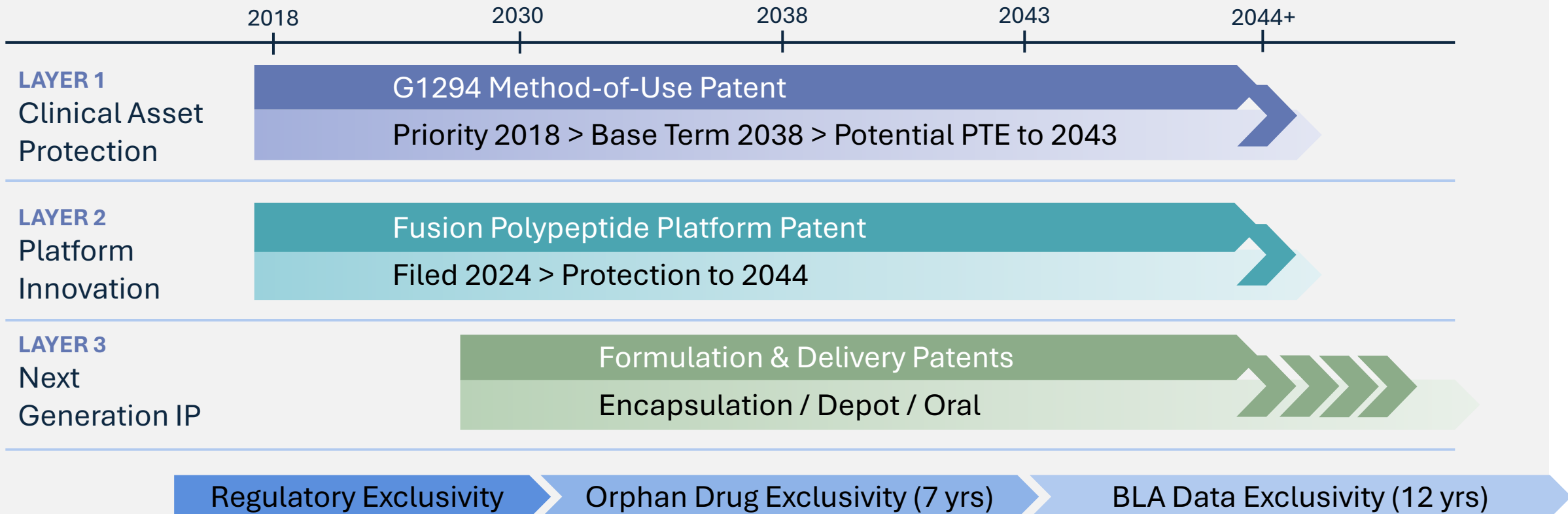


ROBBIN MILLER
Director Operations & Program Management

operational leader specializing in program execution, strategic coordination.



LAYERED INTELLECTUAL PROPERTY AND REGULATORY PROTECTION



Layered patent protection strategy extending exclusivity into the mid-2040s

KAD is Built to Scale Beyond a Single Tumor



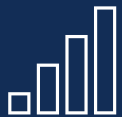
KAD101 targets prolactin receptor signaling, a pathway active across multiple hormone-driven tumors



We are starting in platinum-resistant ovarian cancer to generate a fast clinical signal



That signal enables expansion into breast and prostate cancer without changing the underlying mechanism



Creating a clear path a focused phase 1 to a multi-indication platform with multi-billion revenue potential



Scalable Oncology platform, not a single asset

Thank you!



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