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

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

PHASE 1 Ready
Initial Human data established

ORPHAN DRUG
FDA designation secured

KAIDA
BioPharma

Forward Looking Statements

These slides and the accompanying oral presentation contain forward-looking statements and information. Forward- looking statements are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry's actual results, levels or activity, performance or achievements to be materially different from those anticipated by such statements. The use of words such as "may", "might", "will", "should", "could", "expect", "plan", "anticipate", "believe", "estimate", "project", "intend", "future", "potential" or "continue", and other similar expressions are intended to identify forward looking statements. For example, all statements we make regarding (i) the initiation, timing, cost, progress and results of our preclinical and clinical studies and our research and development programs, (ii) our ability to advance product candidates into, and successfully complete, clinical studies, (iii) the timing or likelihood of regulatory filings and approvals, (iv) our ability to develop, manufacture and commercialize our product candidates and to improve the manufacturing process, (v) the rate and degree of market acceptance of our product candidates, (vi) the size and growth potential of the markets for our product candidates and our ability to serve those markets, and (vii) our expectations regarding our ability to obtain and maintain intellectual property protection for our product candidates, are forward looking. All forward-looking statements are based on current estimates, assumptions and expectations by our management that, although we believe to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected. Any forward-looking statement speaks only as of the date on which it was made. We undertake no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law. This presentation is not, and nothing in it should be construed as, an offer, invitation or recommendation in respect of our securities, or an offer, invitation or recommendation to sell, or a solicitation of an offer to buy, any of our securities in any jurisdiction. Neither this presentation nor anything in it shall form the basis of any contract or commitment. This presentation is not intended to be relied upon as advice to investors or potential investors and does not take into account the investment objectives, financial situation or needs of any investor.

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

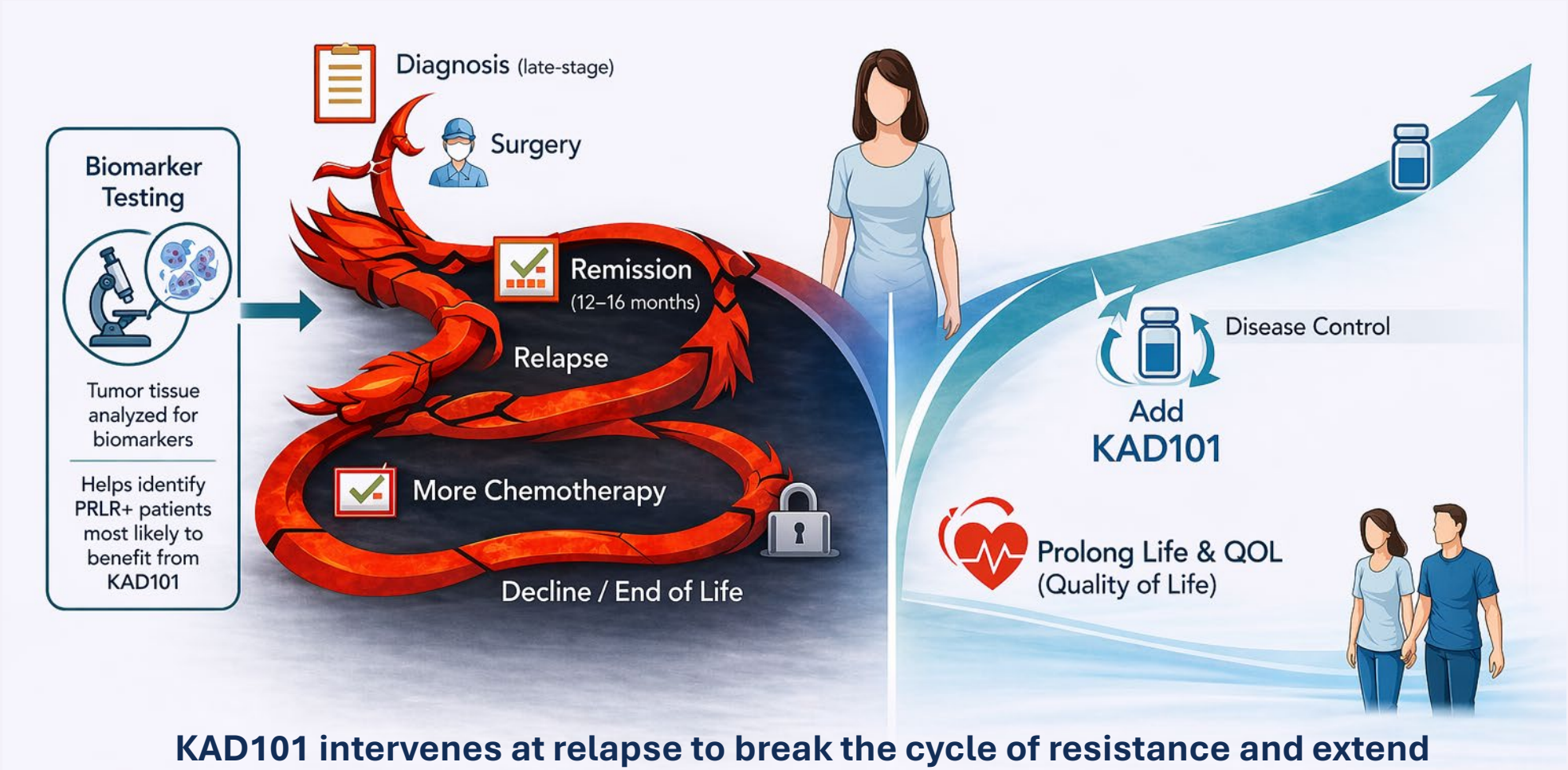
Elahere (AbbVie): First targeted therapy in FRα>75% PROC: ~25% eligible population • Projected >$1B peak revenue

KAIDA BioPharma

Source: American Cancer Society (2023–2024); SEER (NCI); NCCN Guidelines; Lheureux et al., Nat Rev Clin Oncol 2019; Ledermann et al., Lancet Oncology

KAD101 Offers a Different Path

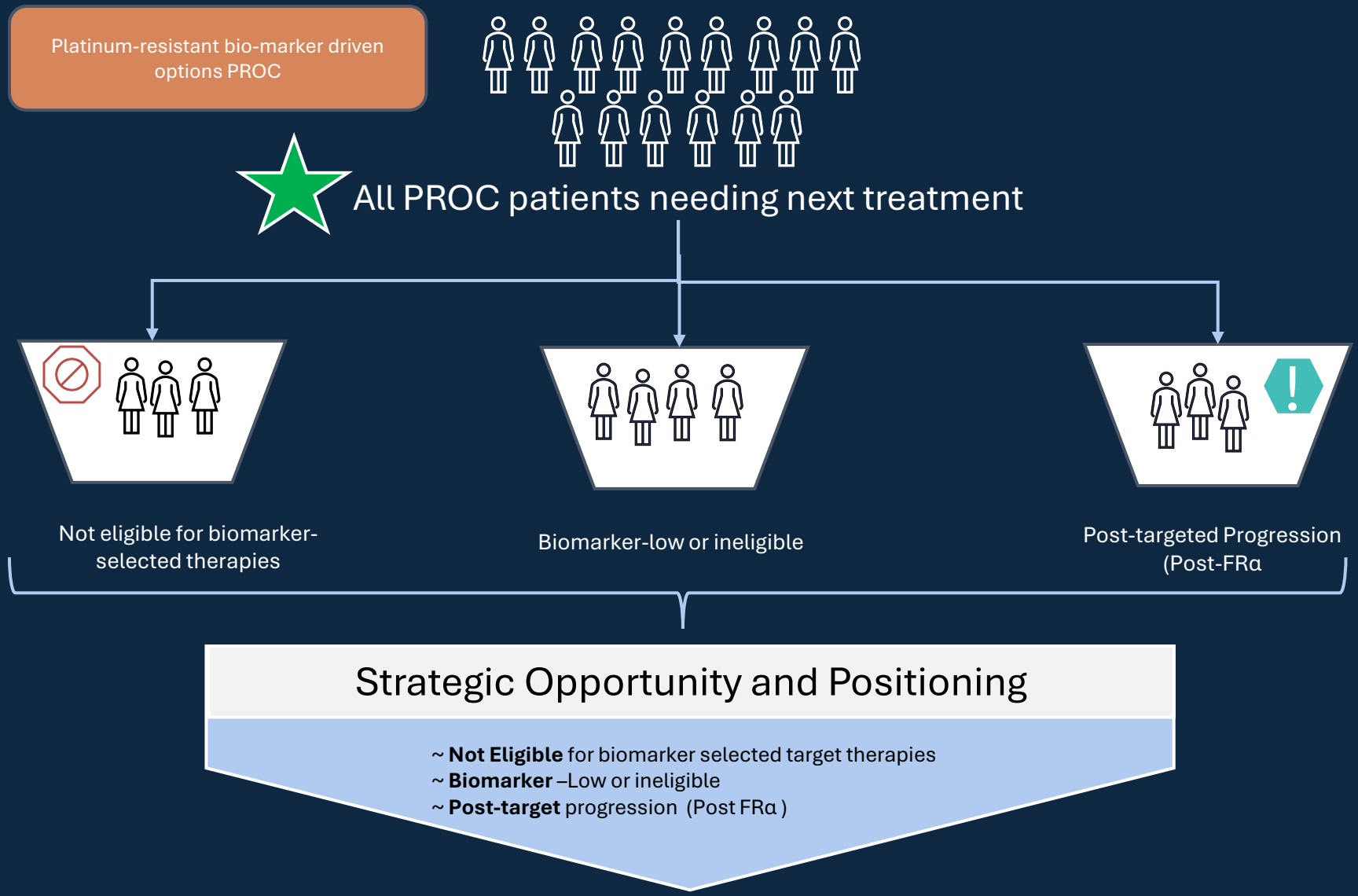
KAD101 aims to change PROC from repeated chemo failure to earlier, better-tolerated disease control.



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

KAIDA BioPharma

Early and Large Strategic Opportunity: PROC



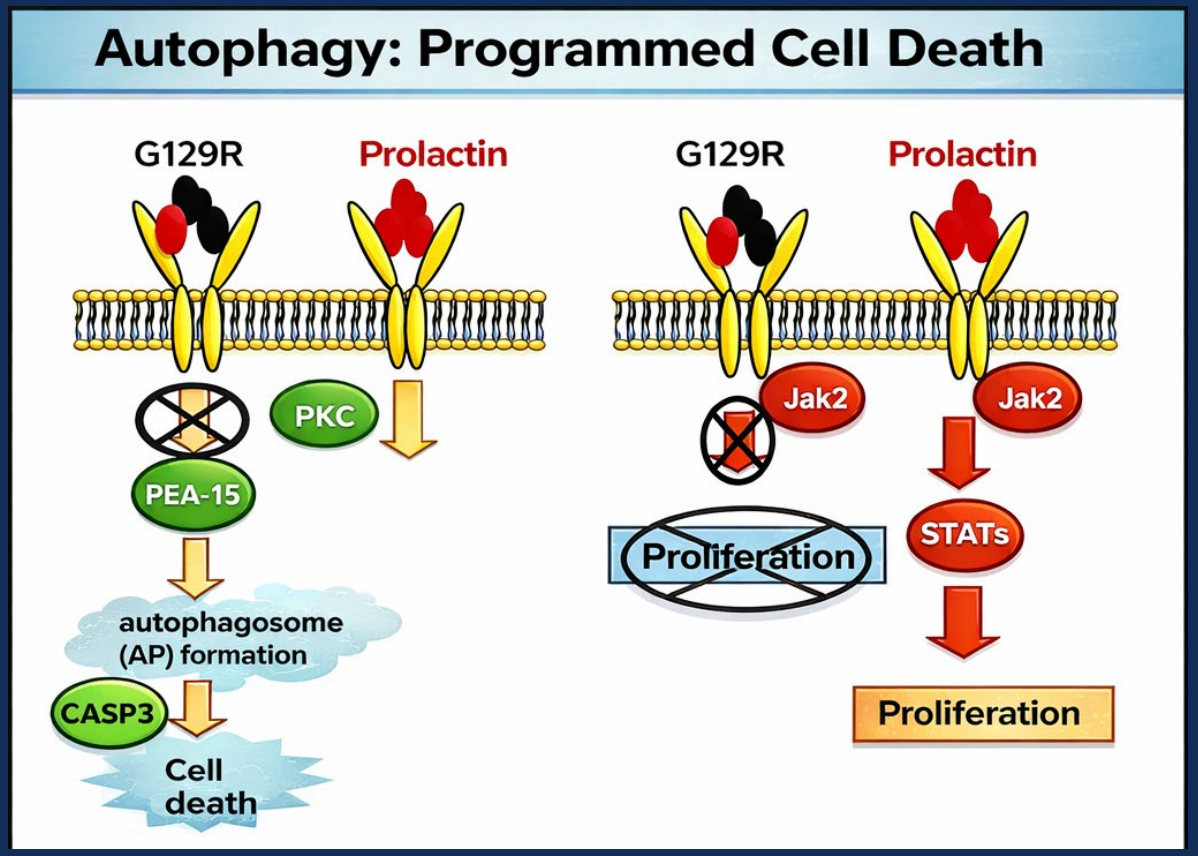
KAIDA BioPharma

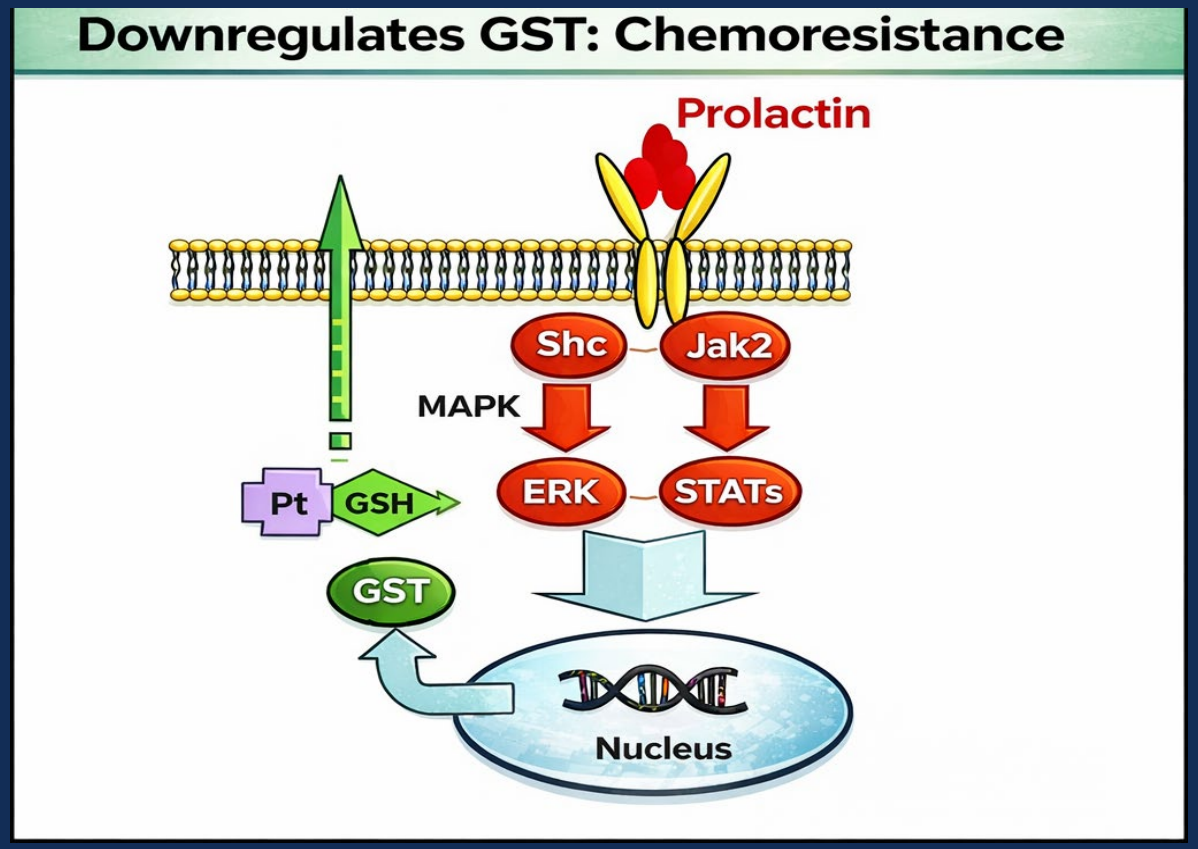
KAD101 Targets 3 Key Drivers of Tumor Persistence

ACTIVATES AUTOPHAGY
Induces cancer cell death

CELL PROLIFERATION HALTED
Blocks Jak2 pathway crucial for cancer cell growth

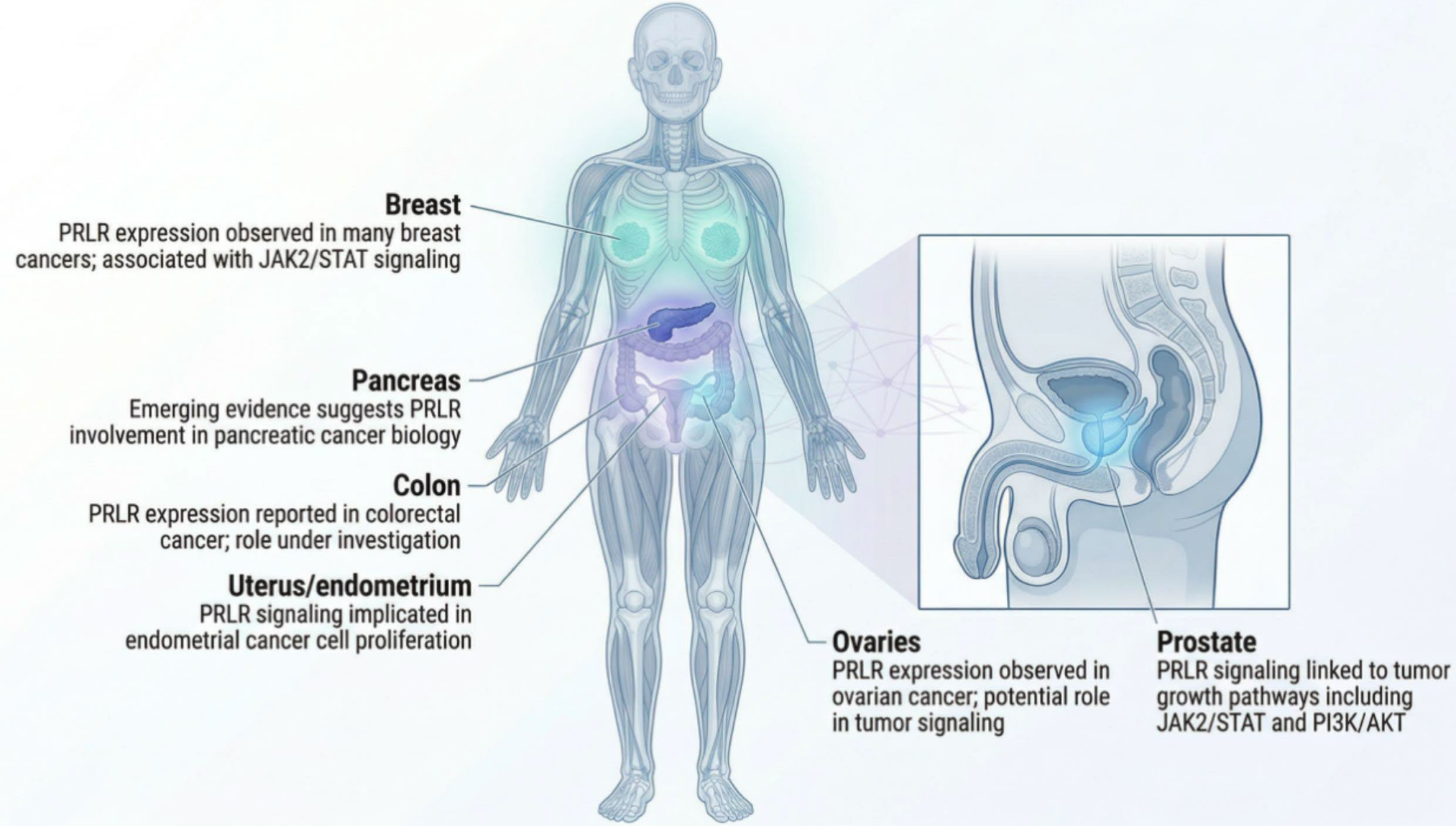
CHEMORESISTANCE ADDRESSED
Downregulates GST, may restore chemo sensitivity





KAIDA BioPharma

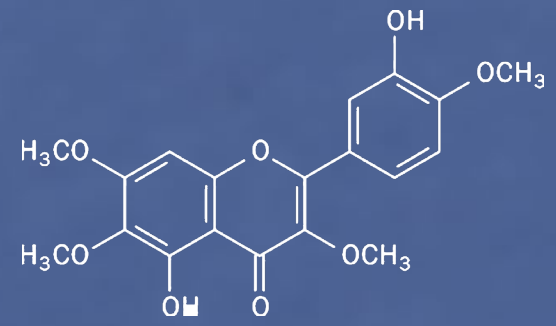
Key Cancers Where Prolactin Plays a Role



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

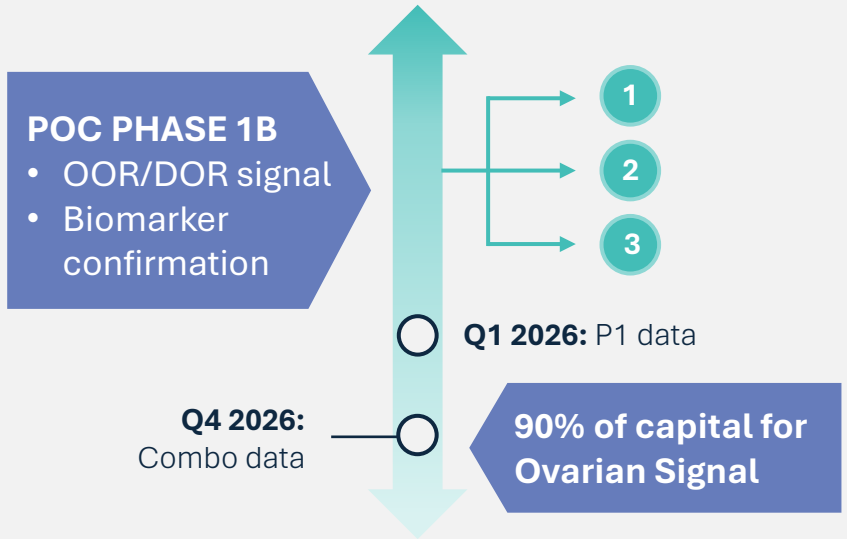
The down-regulation of GST is directly linked to chemotherapy resistance, making patients receptive again, a major treatment hurdle

KAIDA BioPharma

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

NEAR-TERM FOCUS

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



Preclinical for Breast Cancer already established

PLATFORM UPSIDE

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



TRIGGER: P1B PROOF-OF-CONCEPT IN OVARIAN

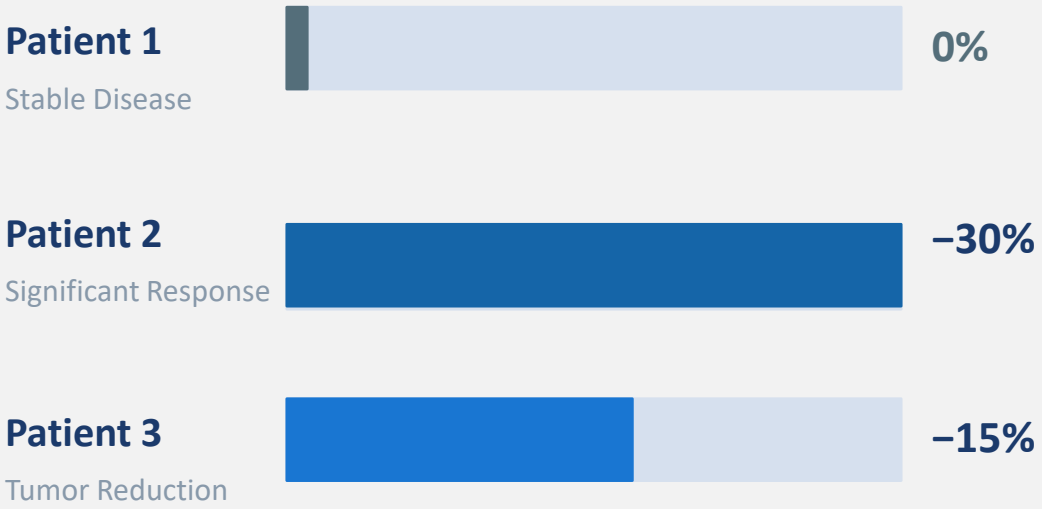
- Platform expansion is contingent, no concurrent
- De-risking: Efficacy in hardest to treat patients proves PRLR+ thesis
- Valuation Multiplier: Disciplined path to TAM

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

KAIDA BioPharma

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	BROADER PATIENT REACH	ORPHAN DESIGNATION
Novel mechanism, no direct competition	**~75-80% eligible** vs. **~25-30%** for FRα-targeted therapies	7-yr exclusivity, tax credits, accelerated FDA review

KAIDA BioPharma

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 (≥50% tumor cells, ≥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)

KAIDA BioPharma

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

KAIDA MANAGEMENT TEAM

200+ years combined life sciences and commercialization experience



CANCER INSIGHT
LumaBridge
AVANCE CLINICAL

DR. GEORGE PEOPLES

CMO

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



Pfizer
endo
Zynerba PHARMACEUTICALS

PAM SWIGGARD

Head of Regulatory Affairs

Accomplished pharmaceutical executive in global regulatory affairs and quality assurance



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.



Spark THERAPEUTICS
MERCK
NIMBL

DR. ERIC HACHERL

Head of CMC

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



Thomas Jefferson University
MEDICAL COLLEGE OF WISCONSIN

DR. JOHN LANGENHEIM

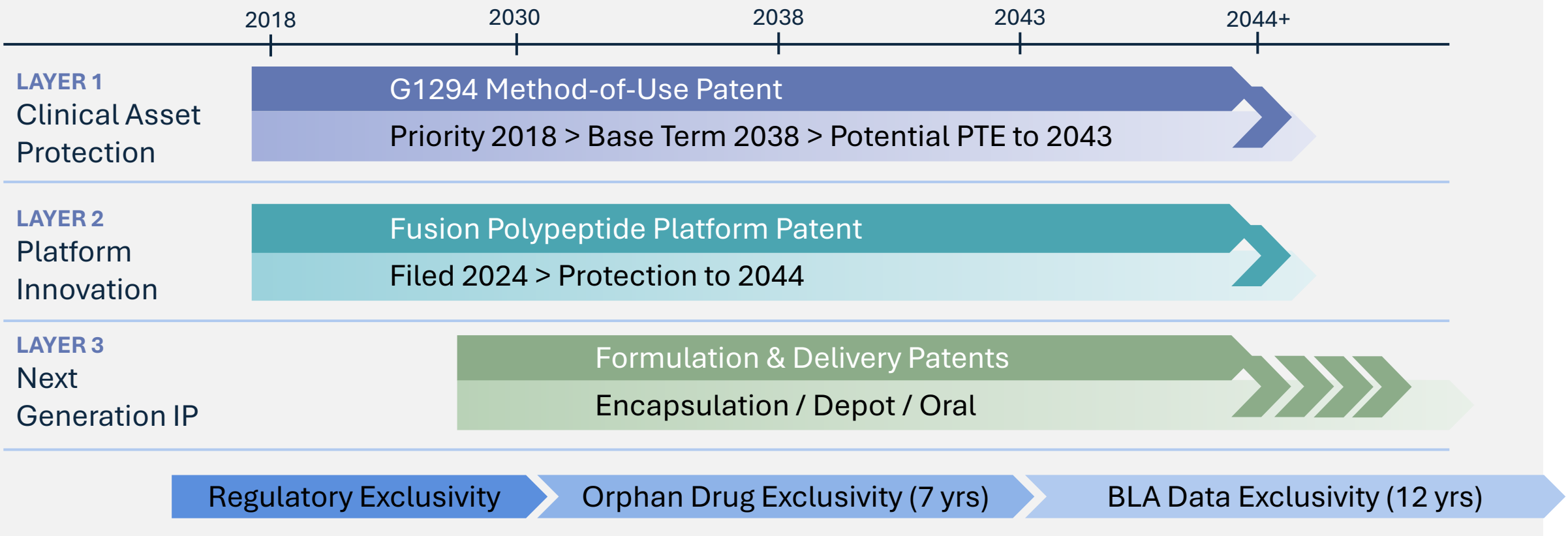
CSO, Co-Founder

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

Proven leadership with drug development and business experience

KAIDA BioPharma

LAYERED INTELLECTUAL PROPERTY AND REGULATORY PROTECTION



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

KAIDA BioPharma

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

KAIDA BioPharma

Thank you!

KAIDA
BioPharma

kaida-biopharma.com
info@kaida-biopharma.com