AHNS 12th International Conference on

HEAD AND NECK CANCER

AVTA-30-01 PHASE III STUDY

APG-157 in Resectable and Unresected Head and Neck Squamous Cell Carcinoma (HNSCC)

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APG-157 biology supports development in the neoadjuvant and induction settings for LA-HNSCC patients

Modulates NF-κB and STAT3 signaling
to reduce tumor-promoting inflammation

Repolarizes macrophages (M2→M1)
and enhances CD8+ T-cell and NK-cell activity

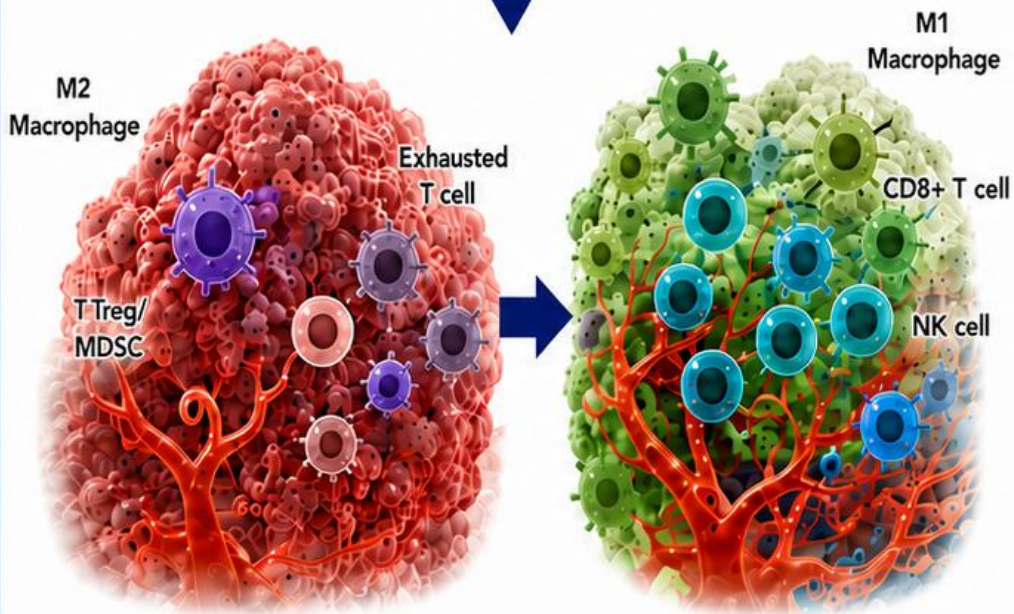
Improves immune accessibility
by reducing VEGF and HIF-1α signaling and remodeling the tumor microenvironment

Distinct mechanism from PD-1 blockade
with strong immune activation prior to definitive therapy

APG-157

Immunosuppressive TME (Baseline)

Immune-activated TME (APG-157)



Enhanced immune activation and remodeled TME prior to definitive therapy

Preliminary Clinical Evidence (Phase 2a)

- Single agent anti-tumor activity
- No Grade ≥3 TEAEs
- No immune AEs
- No delays to surgery
- Clinical to pathological downstaging
- Rapid ctDNA clearance within weeks
- Encouraging long-term EFS observed

Addressing the Unmet Need in LA-HNSCC

Patients eligible for surgery

Based on KEYNOTE-689 and real-world clinical experience, substantial unmet need remains among surgical candidates:

Don't qualify / can't receive pembrolizumab
due to contraindications, comorbidities, autoimmune disease, or other clinical factors

Need for more rapid response
In patients with large T3/T4 or rapidly progressing disease

Perioperative pembrolizumab not currently approved
Patients with PD-L1 CPS<1

Patients Receiving Definitive Chemoradiotherapy (CRT)

JAVELIN Head and Neck 100, KEYNOTE-412, TrilynX Phase III, RTOG 1016, De-ESCALaTE HPV and RTOG 0522 studies

have failed to improve outcomes in definitive CRT

to establish a new global standard in surgery-ineligible / definitive CRT–eligible LA-HNSCC

Only option is definitive CRT

Standard of care remains CRT with limited long-term disease control

There is a clear and urgent need for a safe and effective therapy that can improve long-term outcomes in both surgical and non-surgical pathways.

Key Inclusion Criteria in Cohorts A and B in AVTA-30-01

COHORT A

POPULATION

- Resectable oral cavity or oropharyngeal LA–HNSCC
- Eligible for curative–intent surgery and risk–adapted adjuvant therapy
- Protocol–defined medical ineligibility for perioperative pembrolizumab

TUMOR STAGE REQUIREMENTS

- Oropharynx (p16–positive):
  Stage III (T4, N0–N3, M0)
- Oropharynx (p16–negative):
  Stage III–IVa (T3–T4a, N0–N2, M0)
- Oral cavity (any p16 status):
  Stage III–IVa (T3–T4, N0–N2, M0)

PERFORMANCE STATUS

- ECOG 0–2

COHORT B

POPULATION

- Oropharyngeal LA–HNSCC
- Definitive CRT candidates due to surgical ineligibility or organ preservation

TUMOR STAGE REQUIREMENTS

- High–risk p16–positive oropharyngeal cancer:
  Stage III (T4, N0–N3, M0) – Smoking history >10 pack–years
- p16 negative oropharyngeal cancer:
  Stage III–IVa (T3–T4a, N0–N2, M0)

PERFORMANCE STATUS

- ECOG 0–1

LA–HNSCC: locally advanced head and neck squamous cell carcinoma
SCC: squamous cell carcinoma
CRT: chemoradiotherapy
ECOG: Eastern Cooperative Oncology Group

Key Exclusion Criteria in Cohorts A and B in AVTA-30-01

COHORT A

- Eligible for perioperative PD-1 therapy but decline due to preference, access, logistics or investigator decision without documented medical justification

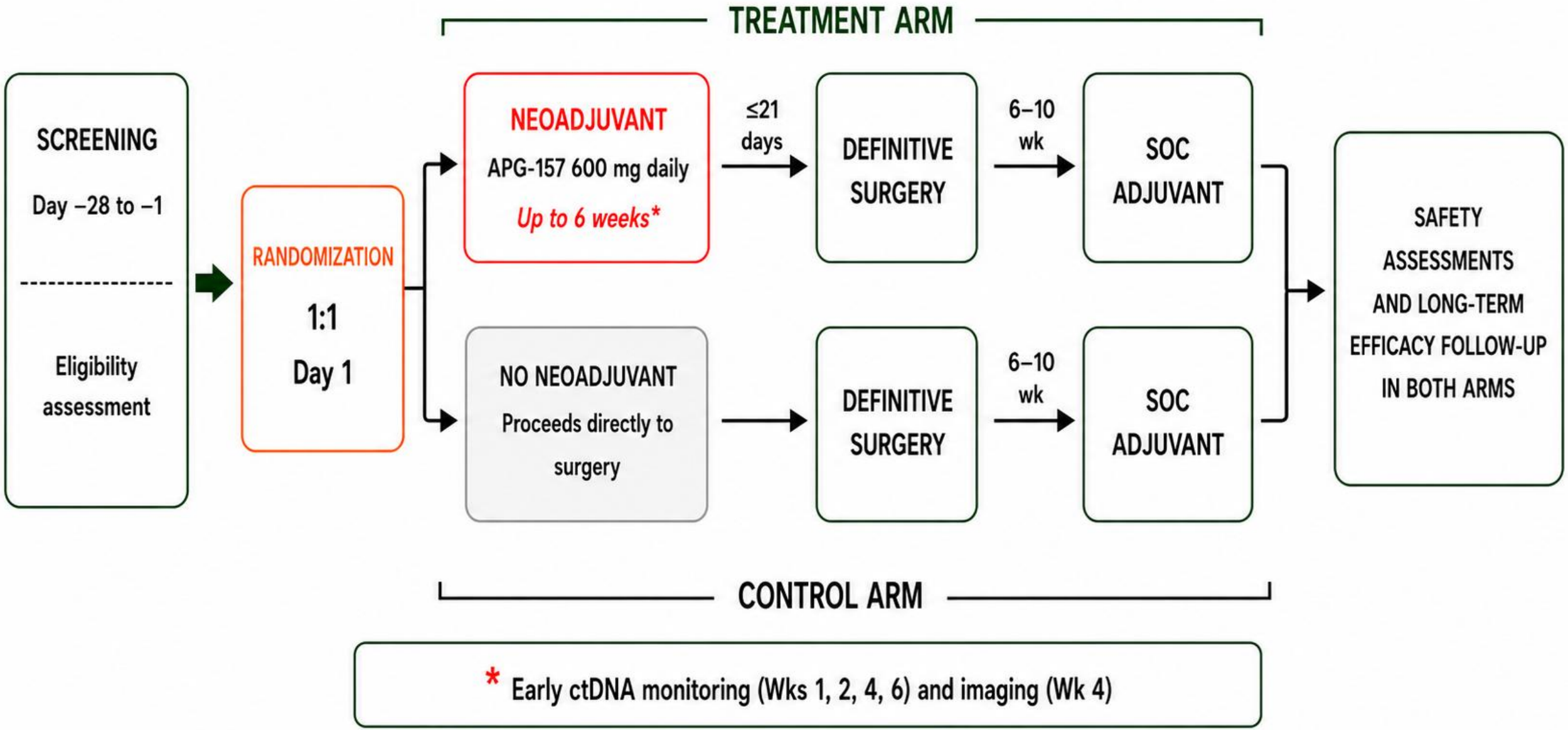
COHORT B

- Inability to tolerate protocol RT dose/fractionation
- Active autoimmune disease requiring systemic therapy within 2 years
- Ongoing systemic immunosuppression >10 mg/day prednisone equivalent (physiologic replacement allowed)

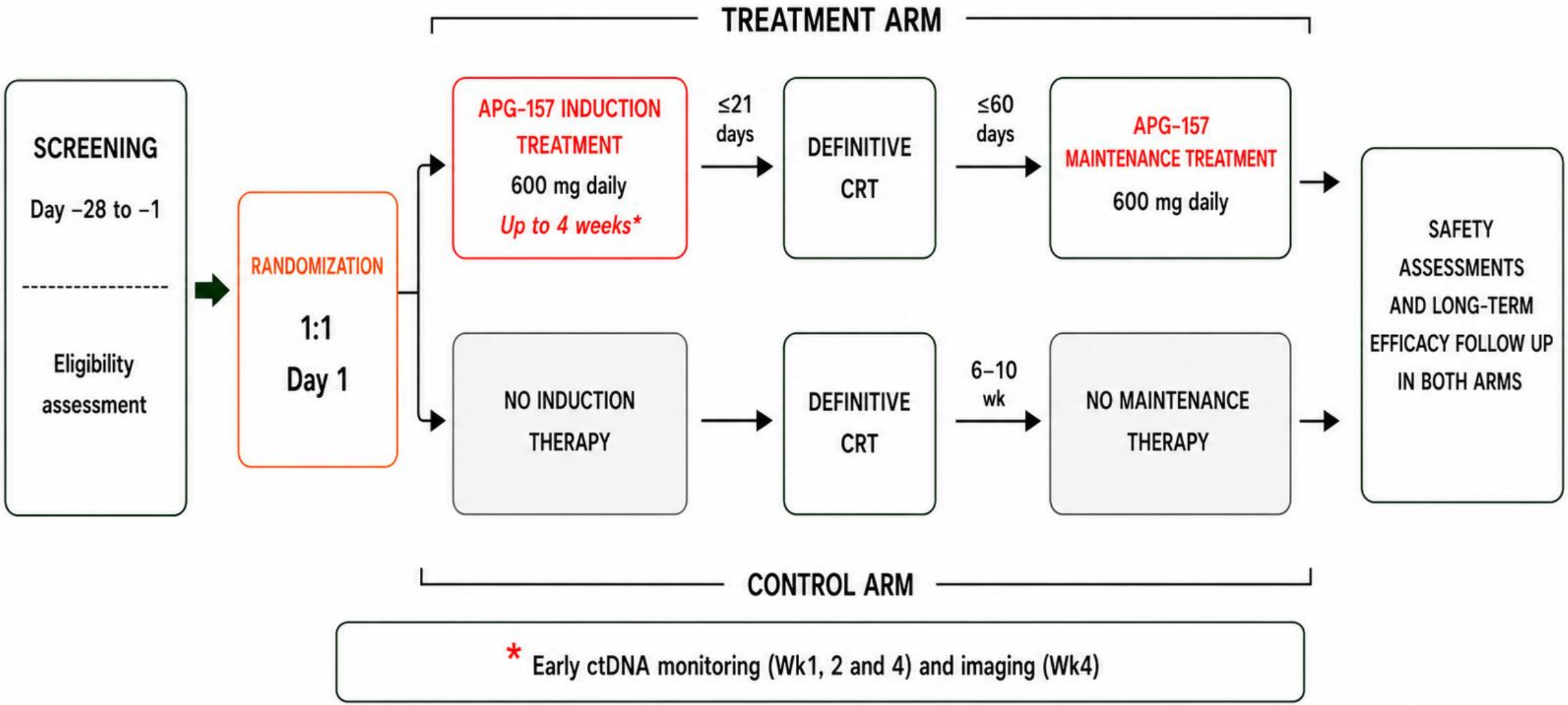
COMMON EXCLUSION CRITERIA FOR COHORTS A AND B

- Distant metastatic disease (M1), stage I–II at diagnosis, Stage IVB/IVC (including T4b) or N3 nodal disease (p16-negative oropharynx only)
- Prior therapy for current HNSCC

Cohort A Study Design: Surgically Eligible Patients with LA-HNSCC



Cohort B Study Design: Surgically Ineligible Patients with LA-HNSCC



Cohort A and B Endpoints in AVTA 30-01

ENDPOINT(S)	COHORT A (Neoadjuvant + Surgery)	COHORT B (Induction + Maintenance)
PRIMARY	Event-Free Survival (EFS)	Event-Free Survival (EFS)
KEY SECONDARY	• Overall Survival (OS) • Safety & Tolerability	• Overall Survival (OS) • Safety & Tolerability
SECONDARY	• ctDNA Activity • Pathological Response • Radiographic Response • Quality of Life • Pharmacokinetics	• ctDNA Activity • Radiographic Response • Locoregional Control (LRC) • Distant metastasis free survival (DMFS) • Quality of Life • Pharmacokinetics