PRESS RELEASE

Study Shows Typical Cancer Free Survival Doubled for Recurrent Brain Cancer Patients when KIYATEC's Test Informed Therapy Selection

This first release of 3D-PREDICT clinical study data, plus continued addition of GBM sites, fuels momentum of company's glioblastoma program

GREENVILLE, SC – December 17, 2020 – KIYATEC, Inc. today announced the first clinical use of its response-prediction test to improve outcomes in relapsed brain cancer patients. Test results that measure the effect of cancer drugs on a patient's live cancer cells are available in just seven days, thereby enabling oncologists to select drugs informed by patient-specific evidence of response before treatment begins.

Lindsay Lipinski, MD, Assistant Professor of Oncology and a neurosurgeon at Roswell Park Comprehensive Cancer Center (Buffalo, NY), presented her and her colleagues' findings at the 2020 Society of Neuro-Oncology meeting in November. A case series of seven patients with recurrent high-grade gliomas – six with glioblastoma multiforme (GBM) and one with anaplastic astrocytoma – was detailed.

"In this early experience, the KIYATEC assay has been a useful tool to aid in salvage treatment decision-making for recurrent high-grade gliomas at our institution," said Dr. Lipinski. "It follows with the modern paradigm shift toward individualized medicine."

Today, when these cancers return following a patient's initial treatment, oncologists do not have evidence-based guidelines to choose which drug therapy to use next. Across several drug options, the typical expectation for the time in which these recurrent patients will remain cancer free (*i.e.,* median progression free survival or PFS) is only 4 months. The use of KIYATEC's test results to inform drug selection approximately doubled the typical expectation, achieving a group median PFS of 7.9 months, a significant improvement over expected PFS in these patients.

KIYATEC's test results informed two of the seven patients' successful treatment with dabrafenib, a targeted agent. Notably, neither had a typically associated genetic mutation, demonstrating that the test can uncover effective drug options that would have normally been missed.

"Our vision is to successfully translate these study findings into the GBM population at large, including newly diagnosed patients – a population that we're also actively enrolling and testing in our study," said Dr. Matthew Gevaert, CEO of KIYATEC. "Today's positive results in relapsed patients, with a median age of 60 and some having had two or even three relapses, paves the way to do this."

This first release of data from KIYATEC's active 3D-PREDICT (ClinicalTrials.gov ID NCT03561207) clinical study coincides with the continued addition of new sites at which high-grade glioma patients can enroll. In an ongoing collaboration after success as ovarian cancer tissue sites, Inova Fairfax Hospital (Falls Church, VA) and University of Arkansas for Medical

Sciences (Little Rock, AR) were recently added as GBM study sites, bringing this trial to nine institutions across the United States.

About KIYATEC, Inc.
KIYATEC leverages its proprietary *ex vivo* 3D cell culture technology platforms to accurately model and predict response to approved and investigational cancer drugs targeting a spectrum of solid tumors. The company's Clinical Services business is currently engaged in the validation of clinical assays as well as investigator-initiated studies in ovarian cancer, breast cancer, glioblastoma and rare tumors, in its CLIA-certified laboratory. The company's Drug Development Services business works in partnership with leading biopharmaceutical companies to unlock response dynamics for their investigational drug candidates across the majority of solid tumor types.

Citation:

Lindsay Lipinski, *et al*., INNV-16. Clinical applicability of individualized drug response profiling utilizing ex-vivo tissue-derived 3D cell culture assays in high-grade glioma: a single institution case series using 3D-PREDICT results, *Neuro-Oncology*, Volume 22, Issue Supplement_2, November 2020, Pages ii119–ii120, https://doi.org/10.1093/neuonc/noaa215.499.

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