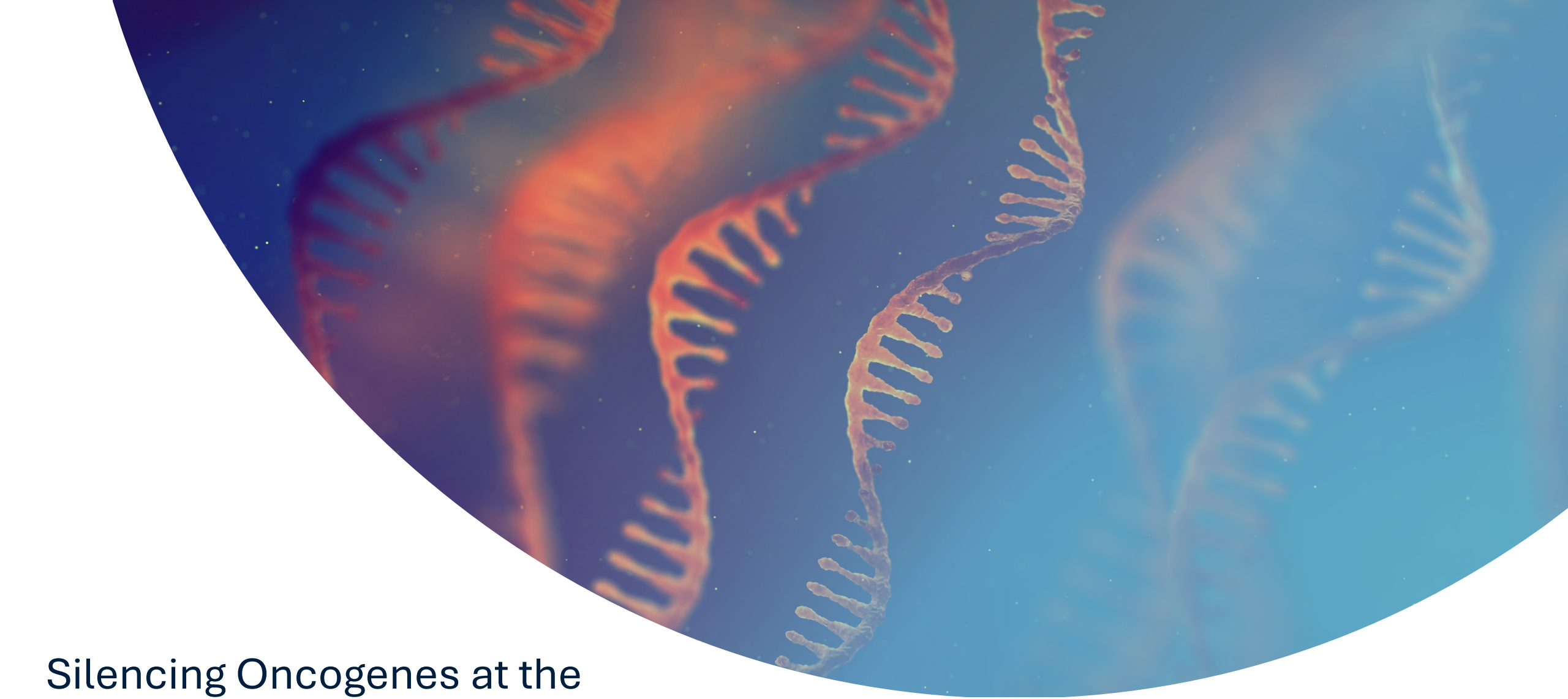

Silencing Oncogenes at the Level of Gene Expression

Corporate Presentation July 2024

Silexion Therapeutics

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Company Overview

Clinical-stage company developing proprietary treatments for KRAS-driven cancers

KRAS-Focused RNA Interference Platform with Targeted Delivery	Silexion's siRNA platform technology is designed to silence oncogenes and prevent the production of the mutated KRAS proteins that drive cancer growth
Promising Clinical Data in Locally Advanced Pancreatic Cancer	Loder siRNA with an extended-release PLGA delivery system • Completed Phase 2 trial • Results observed a 9.3-month improvement in overall survival with Loder + chemo vs. chemo alone (SOC) in patients with KRAS G12D/V mutation Lead candidate SIL-204 optimized upon Loder to enter Phase 2/3 trial
Business Combination	Merger with Moringa Acquisition Corp, a special purpose acquisition company announced and expected to be completed in August 2024 To be listed on Nasdaq ("SLXN")

Silexion Therapeutics

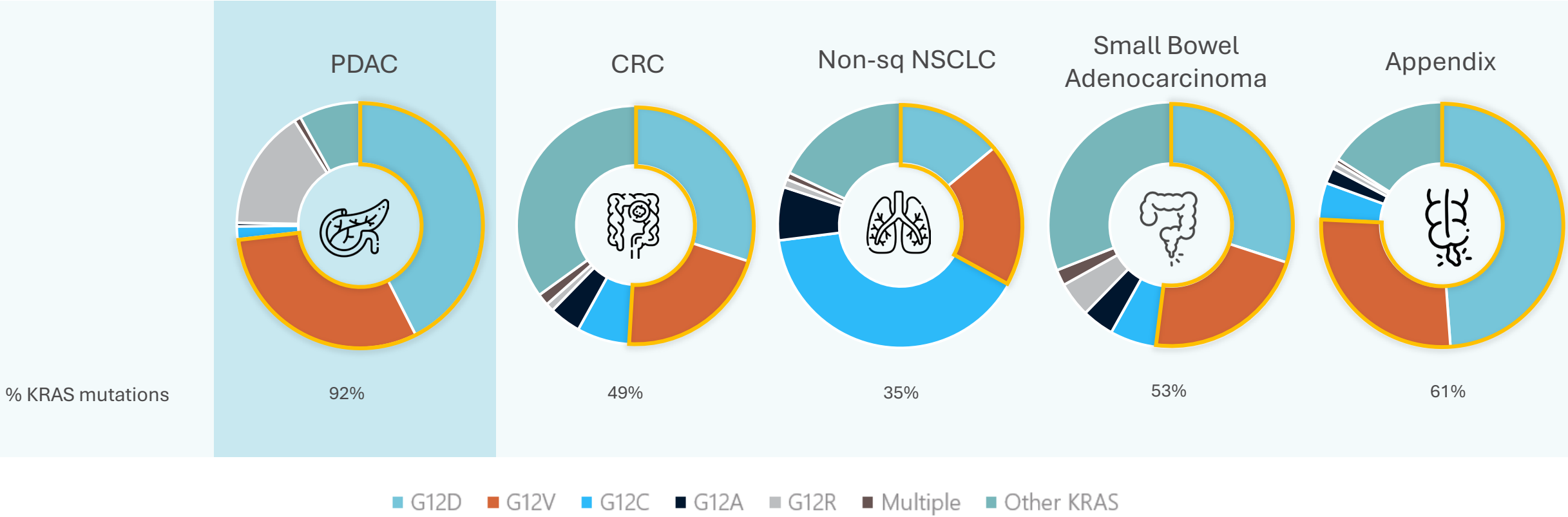
Focused Pipeline to Address KRAS-driven Solid Tumor Localized Cancers

Program	Indication	Setting	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	Status/ Anticipated Milestone
LODER siG12D/V + KRAS amplify with extended release PLGA delivery system	Locally advanced pancreatic cancer	Combination with chemotherapy	Phase 2 Completed					Phase 2 completed: observed 9.3 months improvement with LODER over SOC in KRAS G12D/V mutation patients. Continue development of SIL-204.
Optimized siRNA formulation and extended-release delivery								
SIL-204 (Intratumor) KRAS G12D/V + KRAS amplify formulation and extended-release delivery	Locally advanced pancreatic cancer	Combination with chemotherapy						2025: initiate toxicology studies Late 2025: submission to initiate Phase 2/3

CTA=clinical trial application; SOC=standard of care.

KRAS Oncogene is a Validated Target for Numerous Cancers

Prevalence of The Most Common Types of KRAS Mutations Across Cancers



KRAS is the most common oncogenic gene driver in human cancers with gastrointestinal cancers having high percentages of KRAS G12D/V mutations

CRC=colorectal cancer; LAPC=locally advanced pancreatic cancer; NSCLC=non-small cell lung cancer.
Lee, J.K. et al. NPJ Precis Oncol. 2022;6(1):91.

Silexion Therapeutics

Pancreatic Cancer Has One of the Highest Mortality Rates of All Major Cancers

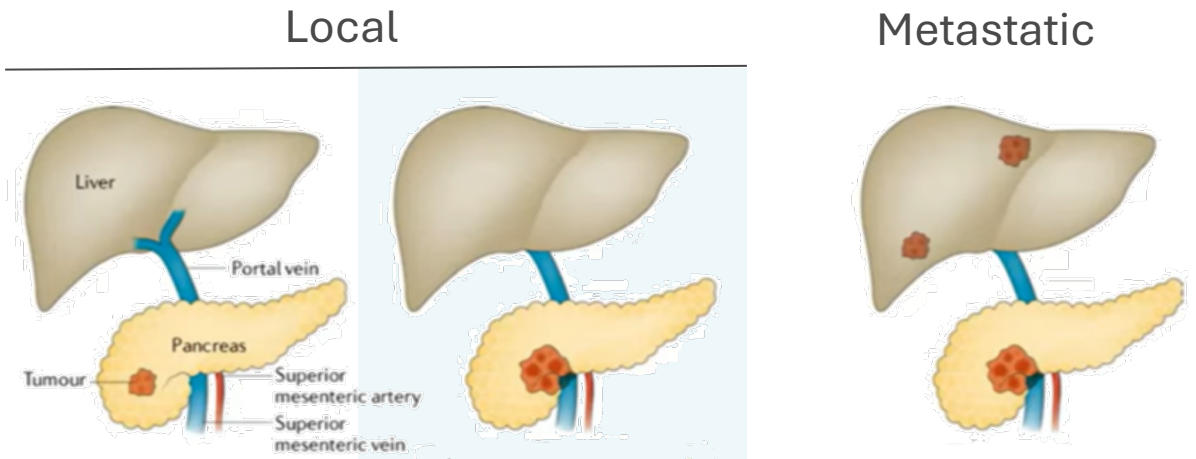
3rd leading cause today in the U.S.[2]

2nd leading cause by 2030[2]

12.8% 5-year relative survival (2014-2020) is one of the poorest in the U.S.[3]

Median overall survival for non-resectable PC populations is 14-17 months[4]

Types and Prevalence of Pancreatic Cancer[4,5]



At diagnosis:	**10-20% resectable**	**30-40% LAPC + BRPC**	**50-60% metastatic or systemic**

There are no effective treatment options for our intended indication LAPC

BRPC=borderline resectable pancreatic cancer; LAPC = locally advanced pancreatic cancer.

1. Bray F, et al. *CA Cancer J Clin*. 2024;74(3):229-263. 2. Hirshberg Foundation for Pancreatic Cancer Research. Pancreatic cancer Facts. https://pancreatic.org/pancreatic-cancer/pancreatic-cancer-facts. 3. National Cancer Institute. Cancer Stat Facts: Pancreatic Cancer. https://seer.cancer.gov/statfacts/html/pancreas.html. 4. Gemenetzis G, et al. *Ann Surg*. 2019;270(2):340-347. 5. Kleeff J, et al. *Nat Rev Dis Primers*. 2016;2:16022.

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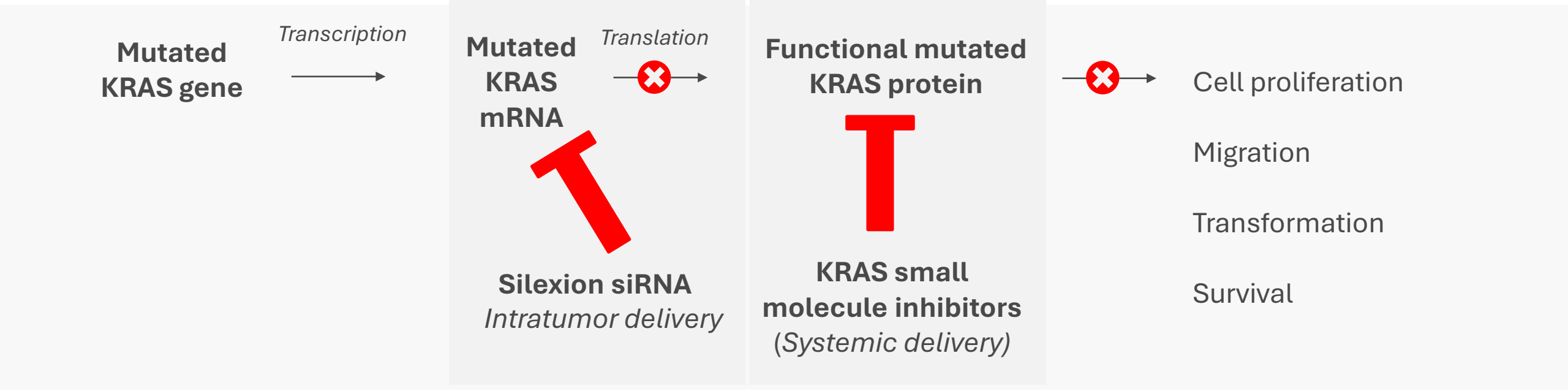
Treating KRAS the Cancer-Driver at the Source and Site of Action

Silexion siRNA technology prevents mutated KRAS from being produced while small molecule inhibitors target the functioning KRAS protein



Silencing oncogene at the production stage is potentially more efficient and safe approach to treat cancer and overcome treatment-resistance

Intratumor siRNA Administration is Advantageous to Systemic Delivery in Solid Tumors Especially Pancreatic

Limitations of Systemic Delivery

Solid tumors, such as LAPC, are characterized by excessive fibrous tissue and low blood supply which limit the ability of systemically-administered drug to:

1) Reach to the tumor and within the tumor microenvironment

2) Obtain a sufficient concentration in the tumor for optimum activity

Systemic exposure may lead to increased adverse events

Advantages of Intratumor Delivery

- ✓ May overcome the limitations of systemic delivery, and allow obtaining higher intratumor concentrations, and better exposure throughout the primary tumor
- ✓ Can potentially lead to lower systemic exposure due to limited escape from tumor after intratumor administration
- ✓ EUS endoscopy provides access to different tumor locations within the affected organ

EUS = endoscopic ultrasound; LAPC = locally advanced pancreatic cancer.

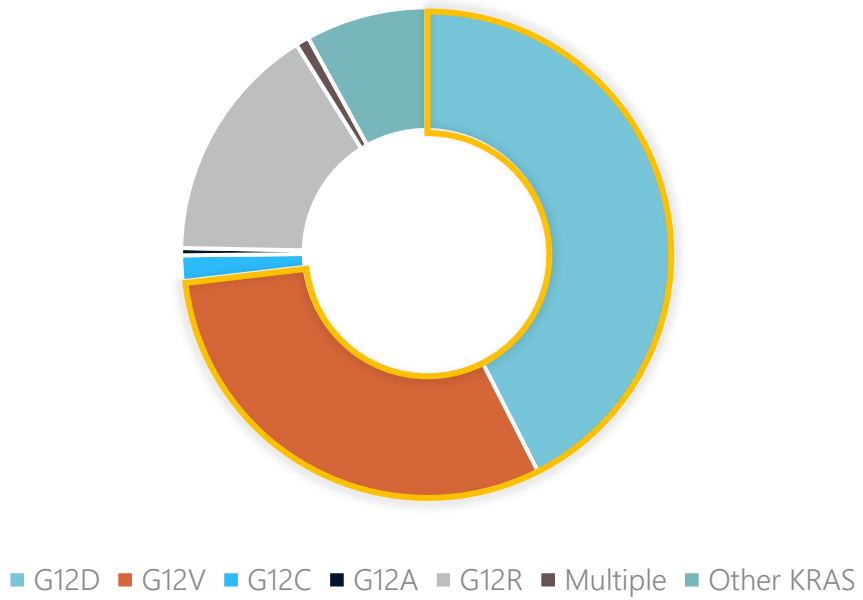
Silexion Therapeutics

Demographics

KRAS mutations are present in ~92% pancreatic cancer cases[1]

SIL-204 covers > 74% of KRAS mutations in PDAC[2]

KRAS G12C treatment are treating ~1.5%



	U.S.	E.U.
Annual PC cases	66,400[4]	146,477[3]
KRAS-G12D/V mutated LAPC incidence*	~16,000	~35,000

LAPC = localized advanced pancreatic cancer; ROW=rest of the world.*Number of KRAS G12D/V mutated LAPC were calculated based on KRAS mutations being present in 92% of pancreatic cancer patients, 70-75% with KRAS G12D and G12V mutations and 30-35% of cases being LAPC. 1. Lee, J.K. et al. NPJ Precis Oncol. 2022;6(1):91. 2. Yousef, A. et al. *NPJ Precis Oncol.* 20024;8(1):27. 3. Global Cancer Observatory. Pancreatic Cancer. 2022. https://gco.iarc.who.int/media/globocan/factsheets/cancers/13-pancreas-fact-sheet.pdf. 4. National Cancer Institute. Cancer Stat Facts: Pancreatic Cancer. 2023. https://seer.cancer.gov/statfacts/html/pancreas.html.

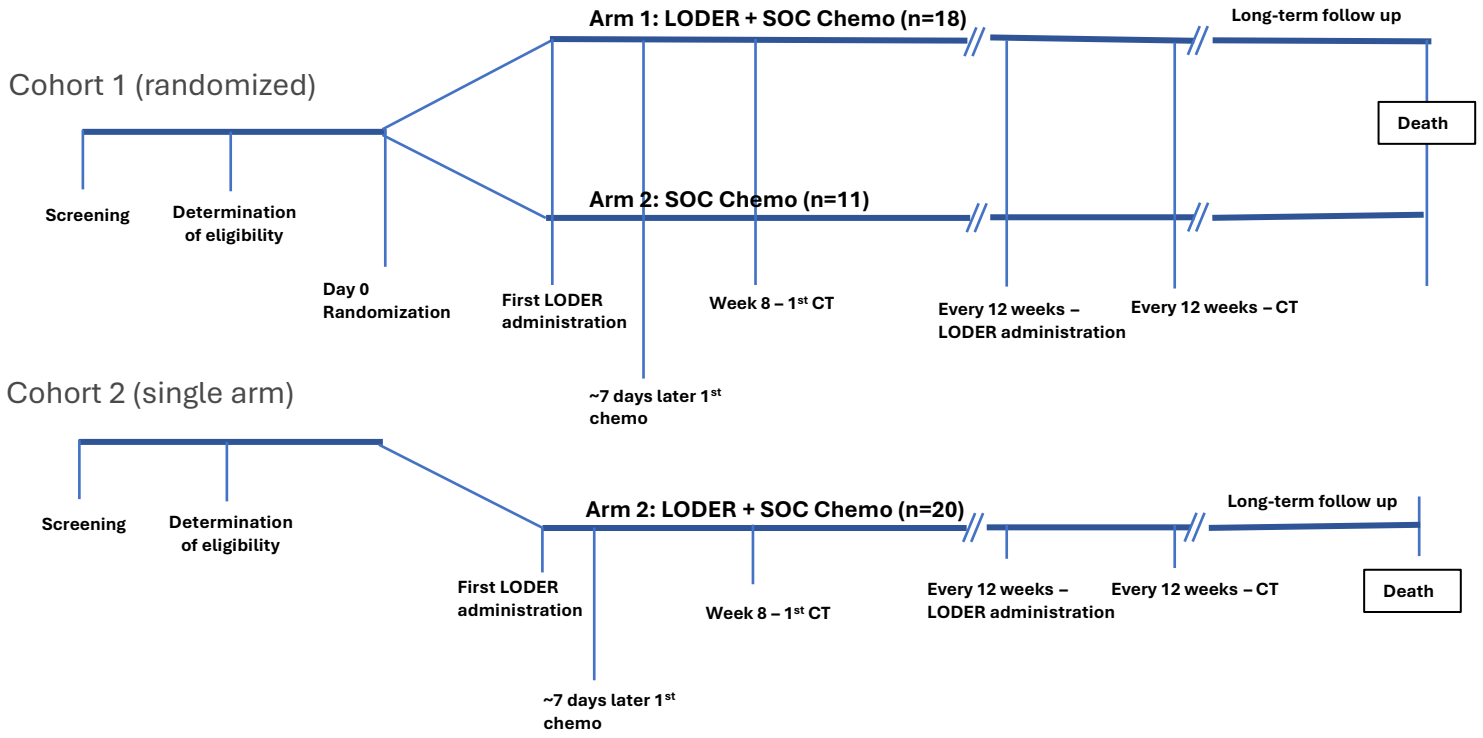
LODER

Phase 2 Trial Data

Silexion Therapeutics

Phase 2 Trial of Loder Completed in 2023 – a Proof-of-Concept

Two-part, open label, study of LODER + SoC chemotherapy vs SoC chemotherapy alone across the U.S. and Israel in patients with non-resectable pancreatic cancer



Key inclusion criteria

Non-resectable without signs of metastasis

Both cohorts all patients meeting inclusion/exclusion criteria randomized without checking for KRAS mutation status

Endpoints

Overall survival (OS)

Response rate (RR, RECIST v1.1)

Safety

Tolerability

SoC=standard of care.

Baseline Characteristics and Cohorts Information

	Cohort 1 (n=29)	Cohort 2 (n=20)
Design/Arms	Randomized, controlled (SoC)	Single arm
Population	Locally advanced PC (LAPC)	Non-resectable (BRPC+ LAPC)
Nationality	62% U.S. (4 sites) , 38% Israel (5 sites)	
Male/ Female %	42% male; 58% female	
Median age (years)	69.7	64.9
KRAS Mutations	G12D/V*: Loder 11/12, Control 5/10 G12R*: Loder: 1/12, Control 5/10	G12D/V*: Loder 7/9 G12R*: Loder: 2/9
Avg Loder cycles	2.8	2.1
Total number of Loder injections	370	
SoC chemotherapy	gemcitabine/nab-paclitaxel (GnP)	(modified) FOLFIRINOX ((m)FFX)

Due to results of a clinical trial indicating FOLFIRINOX's advantage over GnP as SoC chemotherapy, cohort 2's SoC chemotherapy was changed from GnP (used in cohort 1) to FOLFIRINOX.

*KRAS mutations were determined in 31 patients in total. In cohort 1, 12 patients in the treatment arm and 10 patients in the control arm were tested; in cohort 1, 9 patients were tested.
BRPC=borderline resectable pancreatic cancer; GnP=gemcitabine/nab-paclitaxel; LAPC=locally advanced pancreatic cancer; SoC=standard-of-care.

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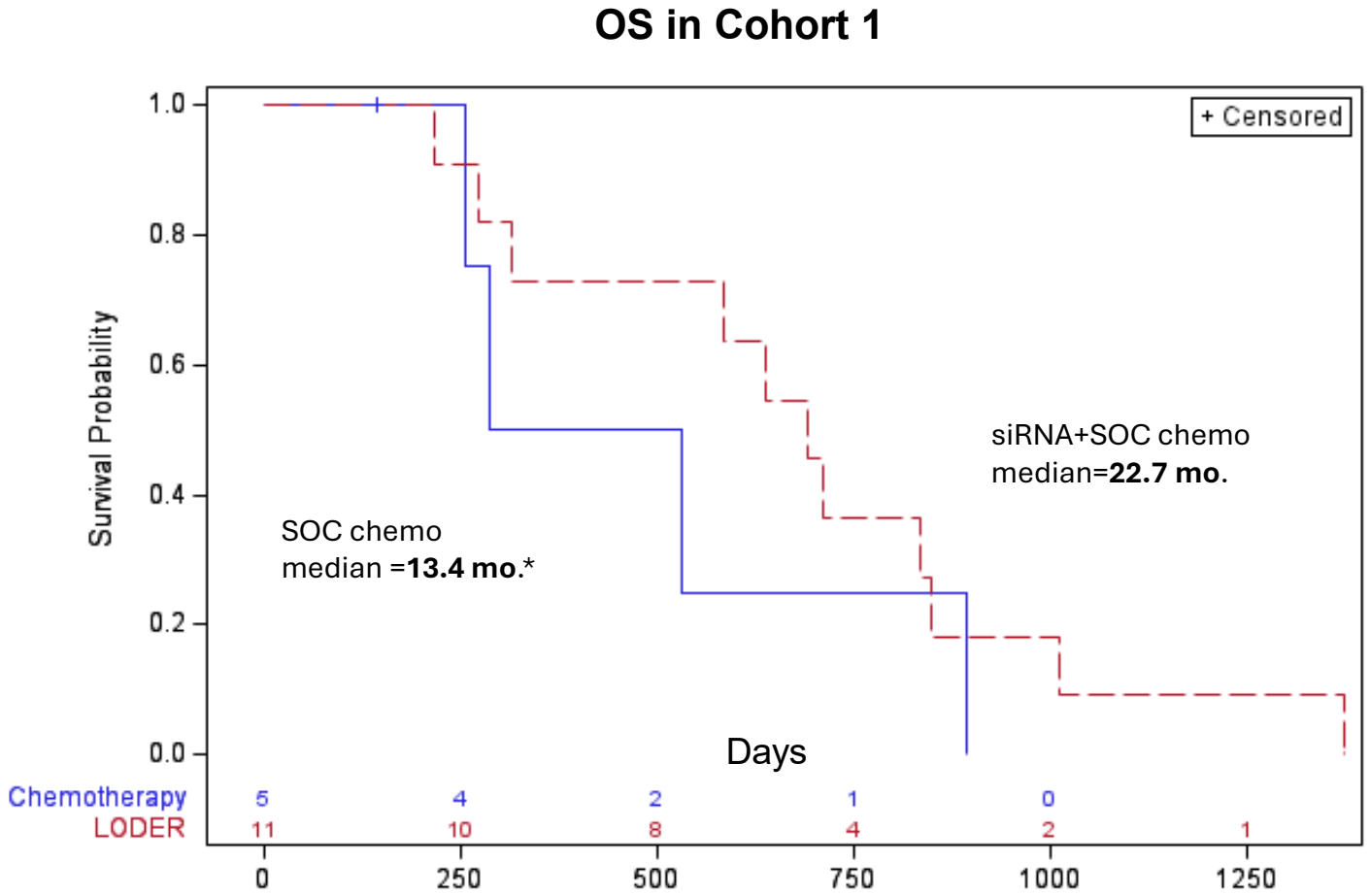
Cohort 1 Patients Treated with Loder Bearing KRAS G12D/V Mutation Had 9.3 Months Improvement in Overall Survival



- A subgroup of subjects with the D or V KRAS mutation, the median OS was 691 days for 11 Loder-treated subjects compared to 409 days for 5 SoC subjects
- Not powered for statistical significance
- Although the primary endpoints of all patients were not met, the results showed a trend for differences between treatment groups in patients with the KRAS G12D/V mutation, with the Loder arm suggesting an overall survival advantage of 9.3 months

* SoC (Control) OS consistent with recent trials for LAPC (Gemenetzis G, et al. Ann Surg. 2019;270(2):340-347).

Loder Was Overall Well Tolerated

- The Phase 2 PoC clinical trial investigators reported that Loder treatment was well tolerated; Safety events were primarily related to procedure
  - Intratumor administration of extended-release siRNA via endoscopy (EUS)
- No Treatment Emergent Adverse Events (TEAEs) leading to study discontinuation nor deaths related to Loder treatment reported
- No meaningful observations in any vital sign parameter nor any physical examination findings in the study reported
- Independent Drug Safety Monitoring Board (DSMB) Reviews had no safety concerns nor safety restrictions
- In a subset analysis, no measurable amount of Loder was detected (<BLQ) in any plasma samples suggesting low systemic levels

SIL-204

KRAS G12D/V and KRAS amplification siRNA formulation

Silexion Therapeutics

Leveraging Loder Clinical Data to Further Improve SIL-204 Potential Efficacy and Safety

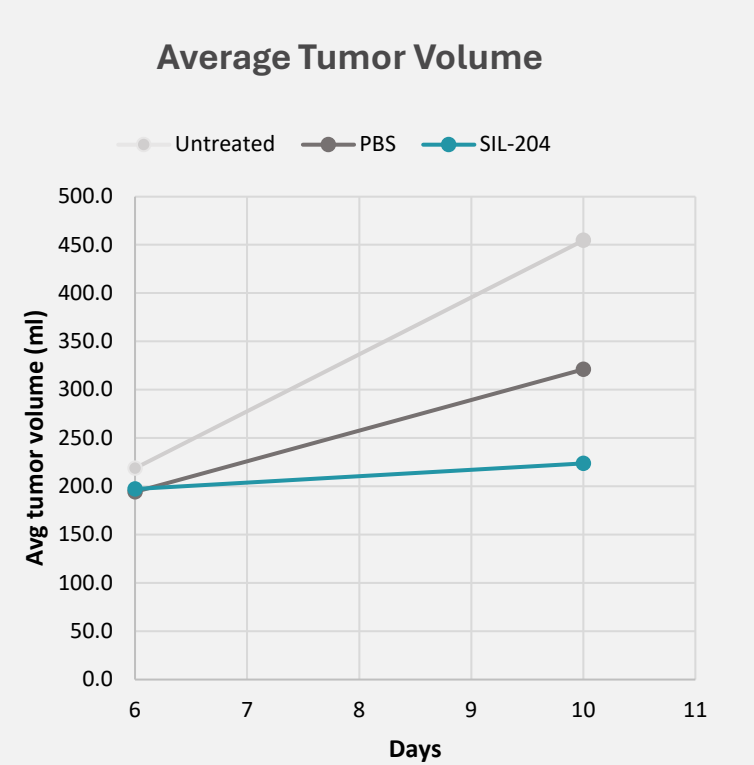
	LODER	SIL-204
siRNA target	KRAS G12D/V	KRAS G12D/V+ KRAS amplify
Access to tumor cell site of action	No hydrophobic lead	Added hydrophobic lead to increase siRNA access to- and within-the cell
Stability in human serum	<1 hr	> 48 hrs
Extended-release profile	PLGA depot rods	PLGA microparticles suspension for better continuous 3-month release
Route and Ease of administration	EUS-endoscopy* with larger needle; Required loading device	EUS Endoscopy* with smaller and more flexible needle; No loading device needed
OS with chemo vs. chemo alone	Trend for + 9.3 months	TBD in Phase 2/3 trial with the above improvement

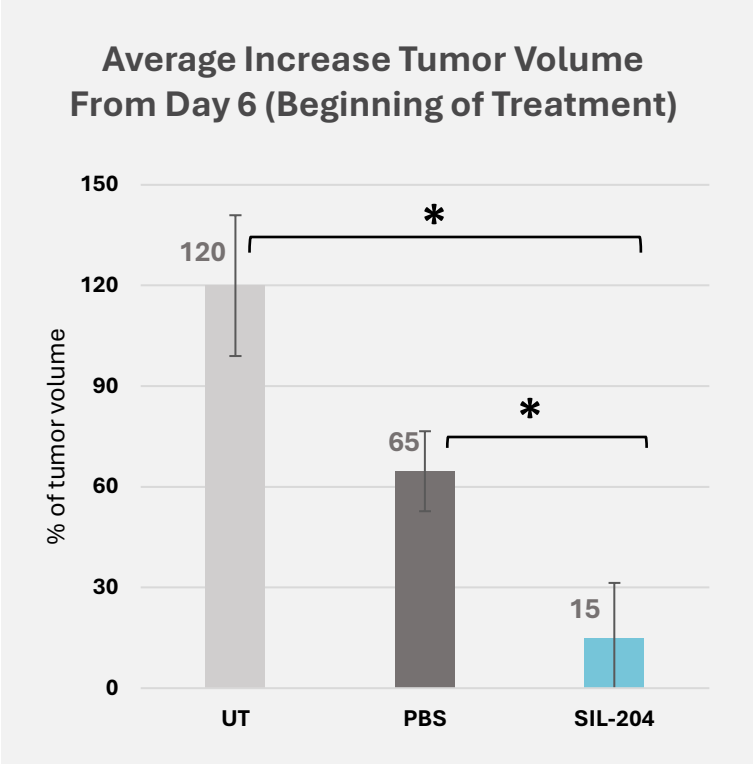
*EUS endoscopy is a standard procedure used to obtain ultrasound guided biopsies once every 3 months.

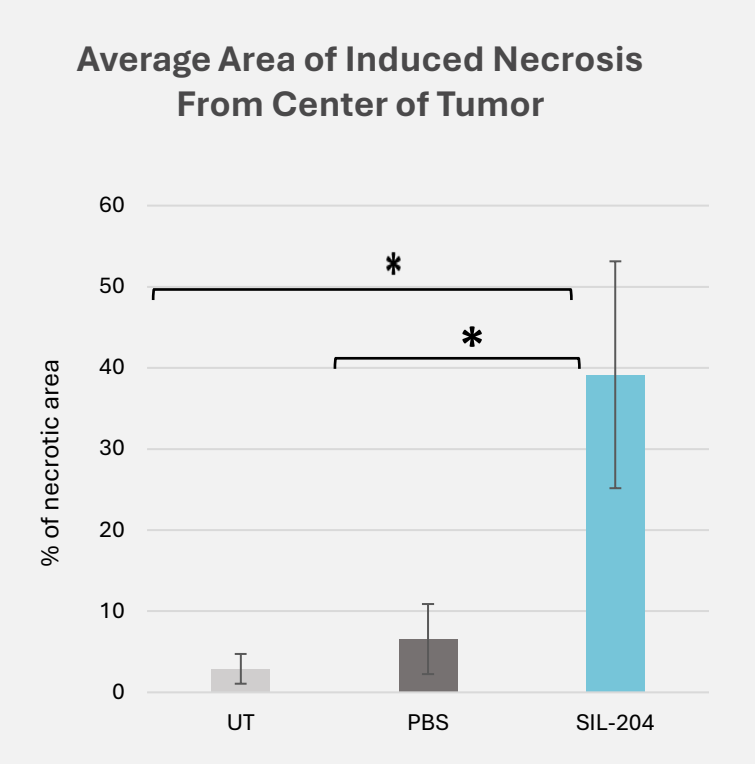
SIL-204 Inhibited Human Pancreatic Cancer Xenograft Growth in Mice

SIL-204 significantly reduced tumor volume and weight and increased tumor necrosis

Day 1: Capan-1 (G12V) cells were xenografted to mice (s.c.)
Day 6-9: when tumors were of sufficient size, SIL-204 or PBS were injected daily to tumor
Day 10: tumors were dissected and weighed



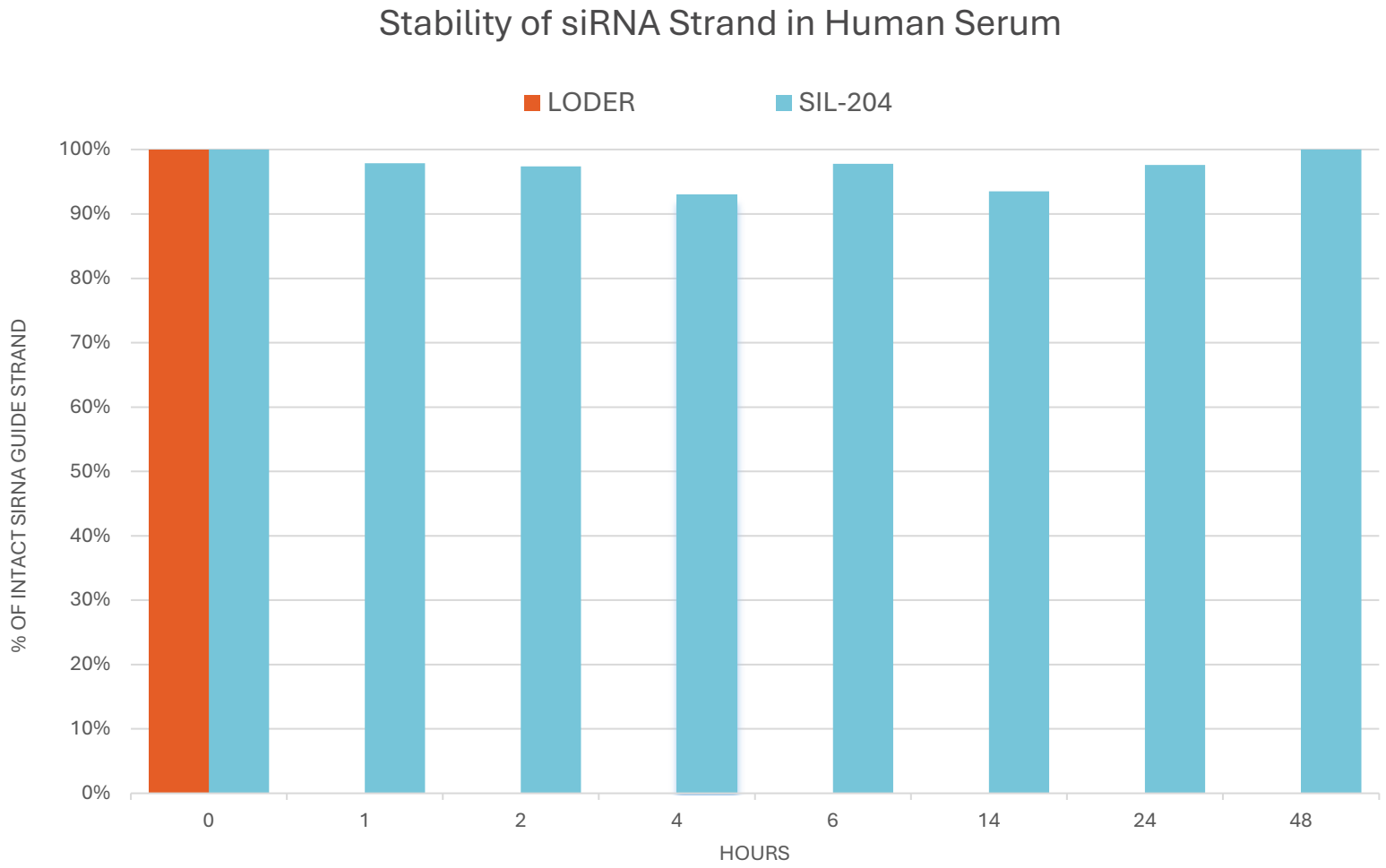




- p<0.05
- PBS = Control tumors inoculated with PBS buffer; S.C. = sub cutaneous; UT = untreated control.

SIL-204 is Stable In Vitro for Over 48 Hours in Human Serum

siRNA strand placed in human serum and tested for stability



Potential longer effectiveness of siRNA

Greater ability to diffuse throughout the fibrous tumor environment

Potential in other indications

Previous studies have shown siG12D (Loder) half-life to be 5 min in human serum.

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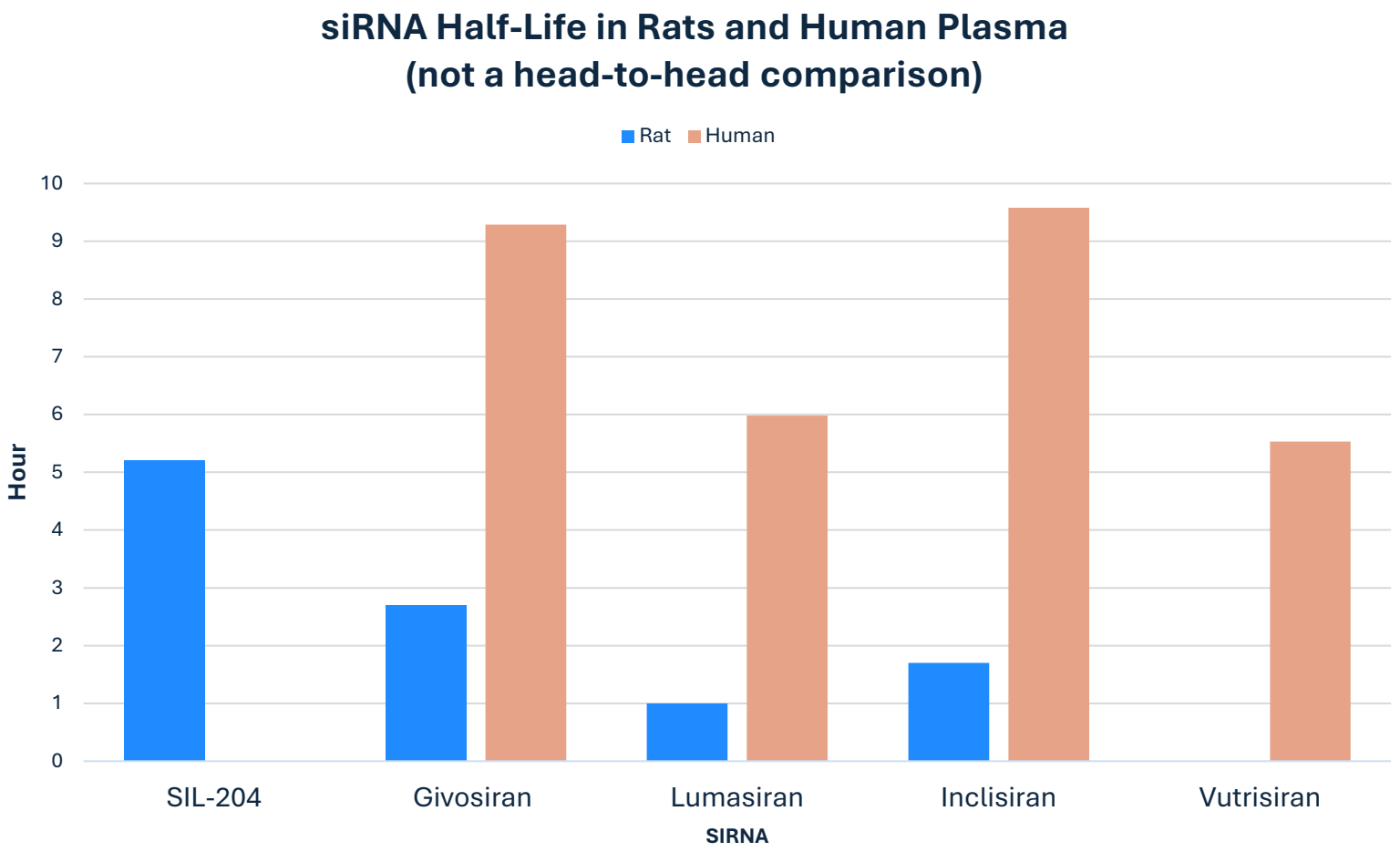
SIL-204 is Stable In Vivo in Rats for Five Hours



siRNA half-life in humans is 4-6x higher than in rats[1-8] potentially suggesting SIL-204 may be the most stable siRNA

1. Givlaari (givorisan). EMA. 2. Alnylam. Givosiran NDA MULTI-D‚SCIPLINE REVIEW. 3. Lumasiran. Review (fda.gov). 4. Lumasiran. Leqvio, INN-inclisiran (europa.eu) . 5. Inclisiran. Leqvio, INN-inclisiran (europa.eu). 6. Inclisiran EMA Assessment Report. 7. Vutrisiran. FDA Review Summary. 8. EMA/FDA Approved siRNA Drugs: ADME Study Overview and Data Interpretation.

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SIL-204 Development Strategy in LAPC

2023	H1 2024	H1 2025	H2 2025	H1 2026
✓ Clinical proof of concept for Loder in LAPC in an approvable endpoint for FDA	✓ Received guidance on trial design from the German Federal Institute for Drugs and Medical Devices (BfArM)	✓ Optimization of siRNA on various fronts; selection of SIL-204 with new extended-release formulation Initiate toxicology studies SIL-204	Initiate GMP production final formulation SIL-204 Submit CTA in E.U. for Phase 2/3	Initiate Phase 2/3 of SIL-204 in patients with locally advance pancreatic cancer in E.U.

✓ Indicates completed activity. Unmarked activities to be performed.

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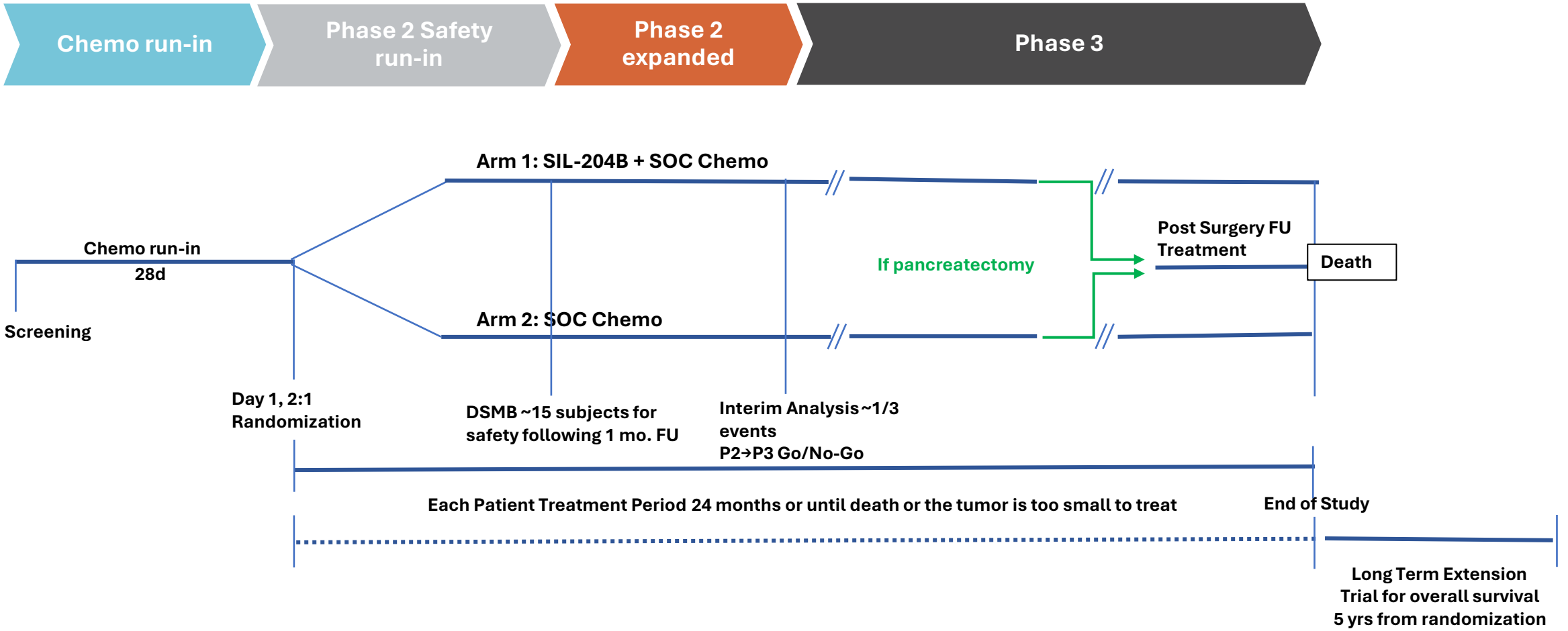
Phase 2/3 Trial of SIL-204 in LAPC: Proposed Study Design

Received positive guidance from German regulatory agency on suggested trial design.



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Department Chair, Department of Surgical Oncology, Division of Surgery and Professor.

Andrew M. Lowy, MD
UC San Diego, San Diego, CA
Chief, Division of Surgical Oncology; Professor of Surgery

Mark A. Schattner, MD
Memorial Sloan Kettering, NY, NY
Chief, Gastroenterology, Hepatology and Nutrition Service

Silexion Therapeutics

Highly Experienced Leadership Team

Ilan Hadar, MBA Chairman and Chief Executive Officer

> 25 years of multinational managerial and corporate experience with pharmaceutical and high-tech companies

Mitchell Shirvan, PhD, MBA Chief Scientific and Development Officer

> 25 years of experience in R&D, innovation and discovery in biotech companies

Mirit Horenshtein Hadar, CPA Chief Financial Officer

> 15 years of corporate finance experience in senior financial positions of public companies and privately held companies, in the pharmaceutical and high-tech industries

Ilan Levin, Director

Former Chairman & Chief Executive Officer of Moringa Acquisition Corp with 25 years of experience as an executive and venture capital/private equity investor in high-tech, Israel-related ventures

Investment Highlights

Advanced RNA therapeutic candidate in oncology

- Clinical-stage company with proprietary oncogene siRNA platform
- Intratumor siRNA delivery for pancreatic cancer allow for better drug exposure compared with systemic KRAS inhibitors
- Phase 2 clinical trial with Loder in LAPC showed 9.3 months improvement in the FDA approvable endpoint of overall survival
- Lead Candidate SIL-204 with enhanced siRNA stability, and a better extended-release profile

Late-Stage Ready Asset with Potential Regulatory Path Forward

- Guidance received from German Federal Institute for Drugs and Medical Devices (BfArM) on Phase 2/3 trial
- Plans to submit CTA in E.U. late 2025 and initiate Phase 2/3 trial of SIL-204 in 2026

Strong Partnerships with Solid IP Portfolio

- Established partnerships for GMP production of siRNA and delivery system
- Strong IP portfolio for siRNA and microparticles with exclusivity through December 2043 with extension

CTA=clinical trial application; IND=investigational new drug.

Silexion Therapeutics