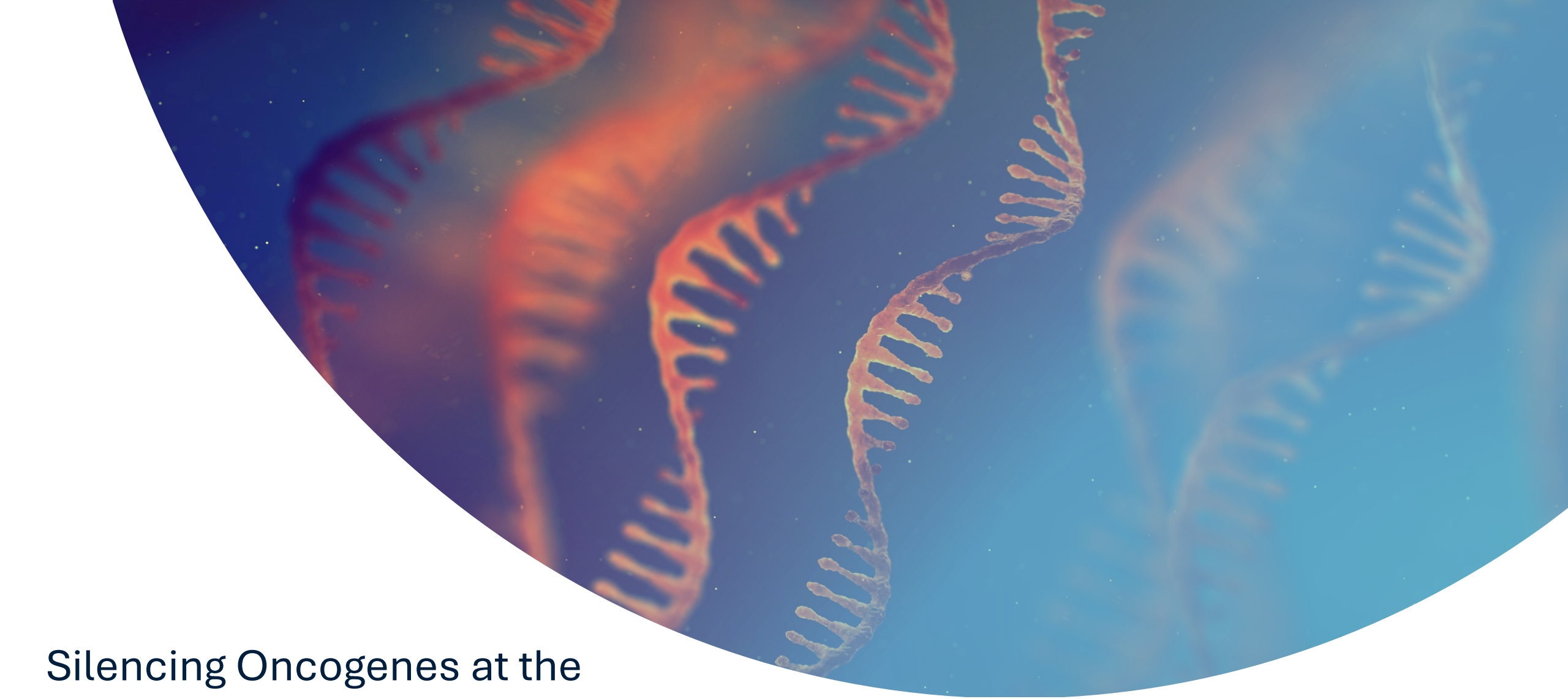


# Silencing Oncogenes at the Level of Gene Expression

**Corporate Presentation** March, 2025

Nasdaq: SLXN

Silexion Therapeutics

# Forward-Looking Statement

The statements contained in this presentation that are not purely historical are forward-looking statements. Our forward-looking statements include, but are not limited to, statements regarding our or our management team's expectations, hopes, beliefs, intentions or strategies regarding the future. In addition, any statements that refer to projections, forecasts or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking statements. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intends," "may," "might," "plan," "possible," "potential," "predict," "project," "should," "would" and similar expressions may identify forward-looking statements, but the absence of these words does not mean that a statement is not forward-looking. Forward-looking statements in this presentation may include, for example, statements about:

- the future performance of the Company, including Silexion's projected timeline for regulatory approvals of its product candidates; and
- the Company's future plans and opportunities.

The forward-looking statements contained in this presentation are based on our current expectations and beliefs concerning future developments and their potential effects on us. There can be no assurance that future developments affecting us will be those that we have anticipated. These forward-looking statements involve a number of risks, uncertainties (some of which are beyond our control) or other assumptions that may cause actual results or performance to be materially different from those expressed or implied by these forward-looking statements. These risks and uncertainties include, but are not limited to, the items in the following list:

- Silexion is a development-stage company and has a limited operating history on which to assess its business;
- Silexion has never generated any revenue from product sales and may never be profitable;
- The approach Silexion is taking to discover and develop novel RNAi therapeutics is unproven for oncology and may never lead to marketable products;
- Silexion does not have experience producing its product candidates at commercial levels, currently has no marketing and sales organization, has an uncertain market receptiveness to its product candidates, and is uncertain as to whether there will be insurance coverage and reimbursement for its potential products;
- Silexion may be unable to attract, develop and/or retain its key personnel or additional employees required for its development and future success;
- Additional factors relating to the business, operations and financial performance of Silexion.

Should one or more of these risks or uncertainties materialize, or should any of our assumptions prove incorrect, actual results may vary in material respects from those projected in these forward-looking statements. We undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required under applicable securities laws.



Silexion Therapeutics

# Company Overview

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

**KRAS-Focused RNA Interference Platform**

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 and preclinical results for optimized product**

- First generation, SiG12DLoder siRNA
  - Completed Phase 2 clinical trial, shows strong trend for 9.3 months improvement in overall survival with siG12DLoder + SoC chemo vs. SoC chemo alone
- Second generation, SIL204 siRNA
  - Improved stability, broader silencing against various KRAS mutations
  - Successful preclinical results in metastatic models with subcutaneous administration and primary tumor models with intratumor administration
  - Phase 2/3 clinical trial, planned Q1, 2026, using comprehensive integrated approach administering systemic (subcutaneous) and intratumor administration

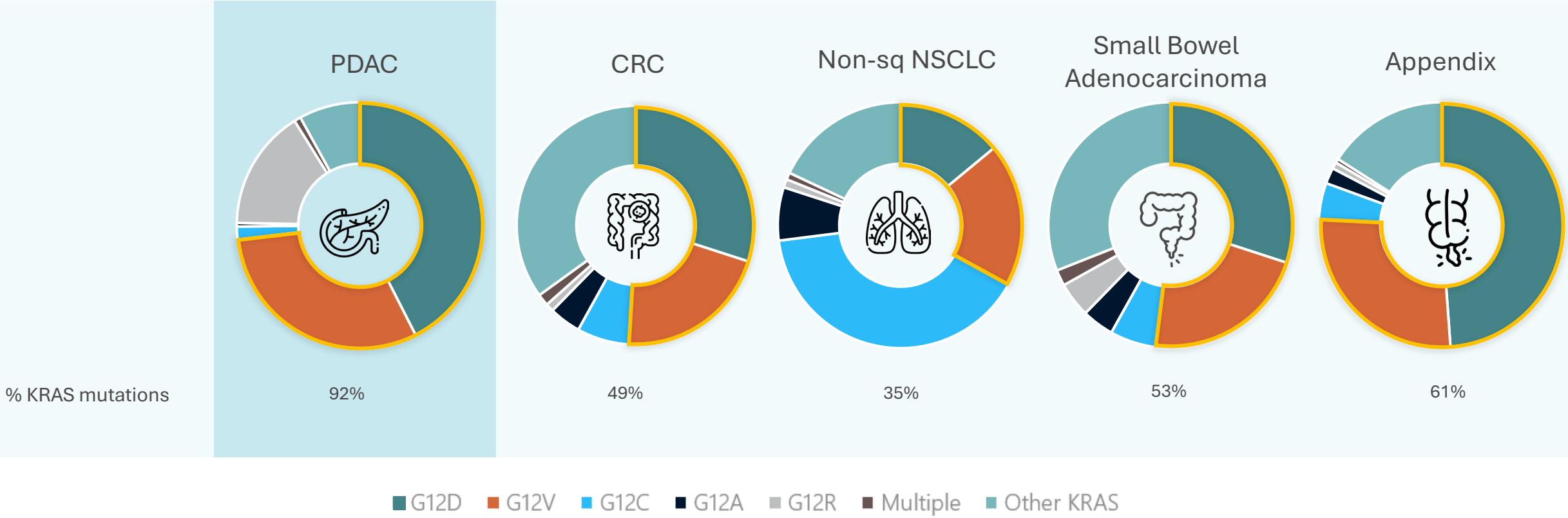
**Compelling investment proposition**

- Listed on Nasdaq on August 2024
- Late-Stage Ready Asset with Regulatory Path Forward

Silexion Therapeutics

# 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

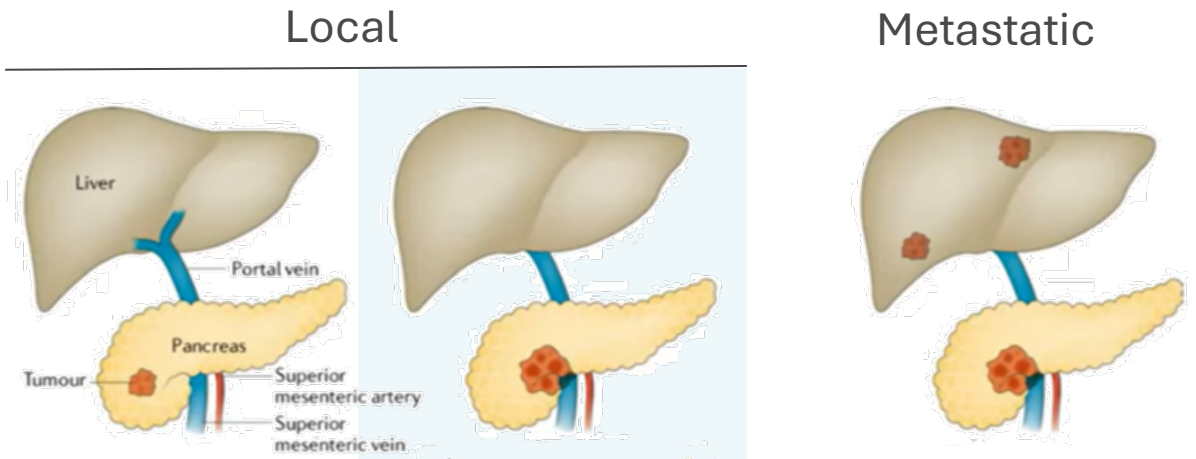
**3rd** leading cause today in the U.S.[2]

**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**

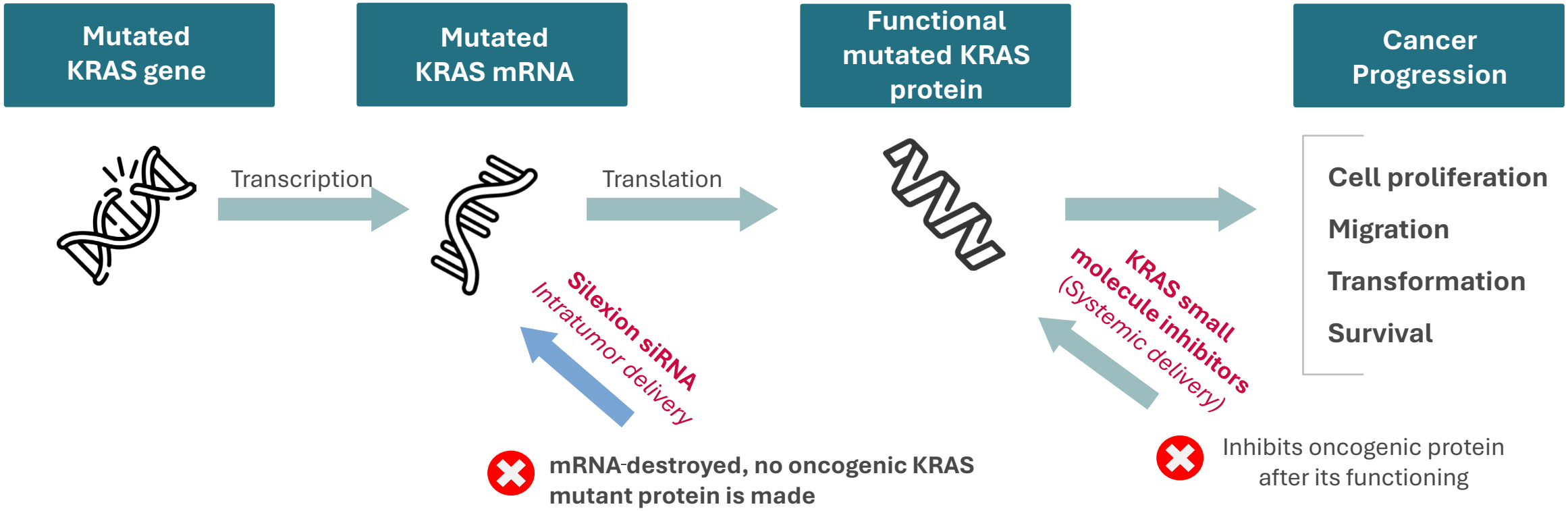
BRPC=borderline resectable pancreatic cancer; LAPC = locally advanced pancreatic cancer.

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.



Silexion Therapeutics

# Innovatively Treating the Cancer-Driving KRAS at the Source and Site of Action




**Moving closer to treating the mechanism of the cancer more efficiently and with a greater chance to overcome treatment-resistance**

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# Silexion Innovative Oncological Approach May Lead to Significant Improvement in Clinical Outcomes Over KRAS Inhibitors

**Limitation of currently approved and investigational small molecule KRAS inhibitors:**

- Treatment resistance
- Low tolerability with adverse events such as rashes and GI side effects that require special monitoring
- Limited overall response rate and progression-free survival

**Silexion's Approach**

Inhibit oncogenic KRAS synthesis before it is active

Integrated Treatment Regimen to more effectively treat both the primary tumor and micrometastases

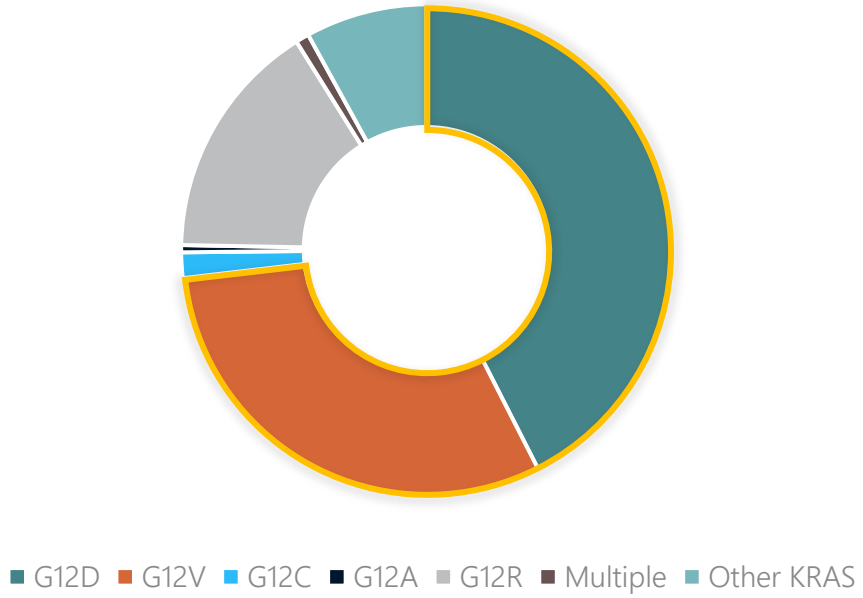
Optimized siRNA to enhanced stability and broader activity while maintaining good safety

Silexion Therapeutics

# SIL204 is the Most Advanced siRNA Formulation for LAPC With a Significant Market Opportunity

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

**SIL204 targets > 74% of KRAS mutations in PDAC[2] while currently available KRAS G12C treatment are treating ~1.5%**




**Total Addressable Market in Localized Advanced Pancreatic Cancer**


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

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.



Silexion Therapeutics

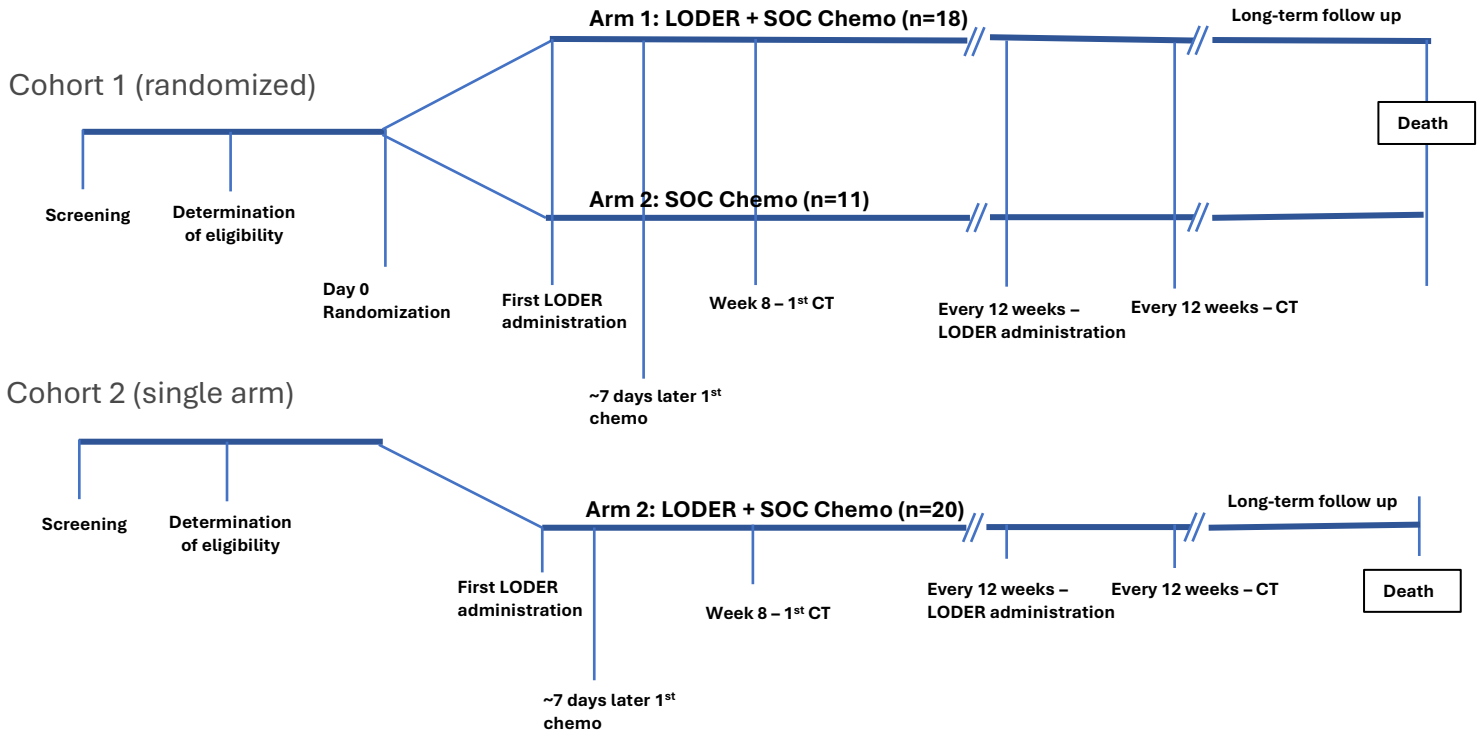
# LODER (First generation siRNA)

## Phase 2  Clinical 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**

**ECOG Status ≤ 1**

**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<br>G12R*: Loder: 1/12, Control 5/10 | G12D/V*: Loder 7/9<br>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.

BRPC=borderline resectable pancreatic cancer; GnP=gemcitabine/nab-paclitaxel; LAPC=locally advanced pancreatic cancer; SoC=standard-of-care.
*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.



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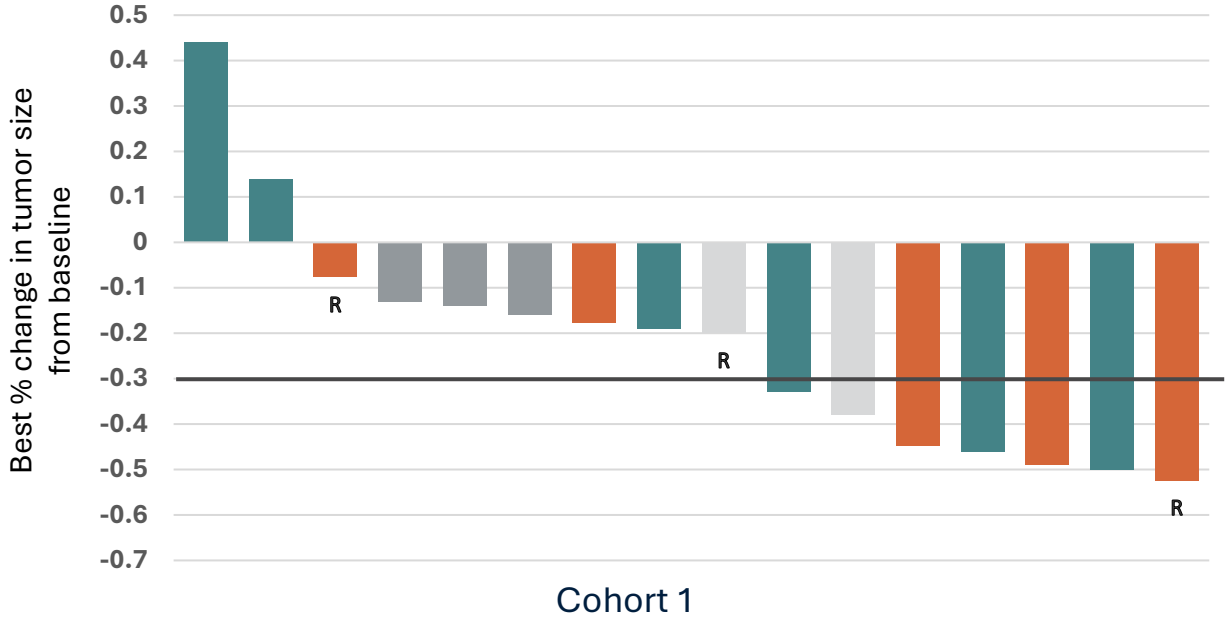
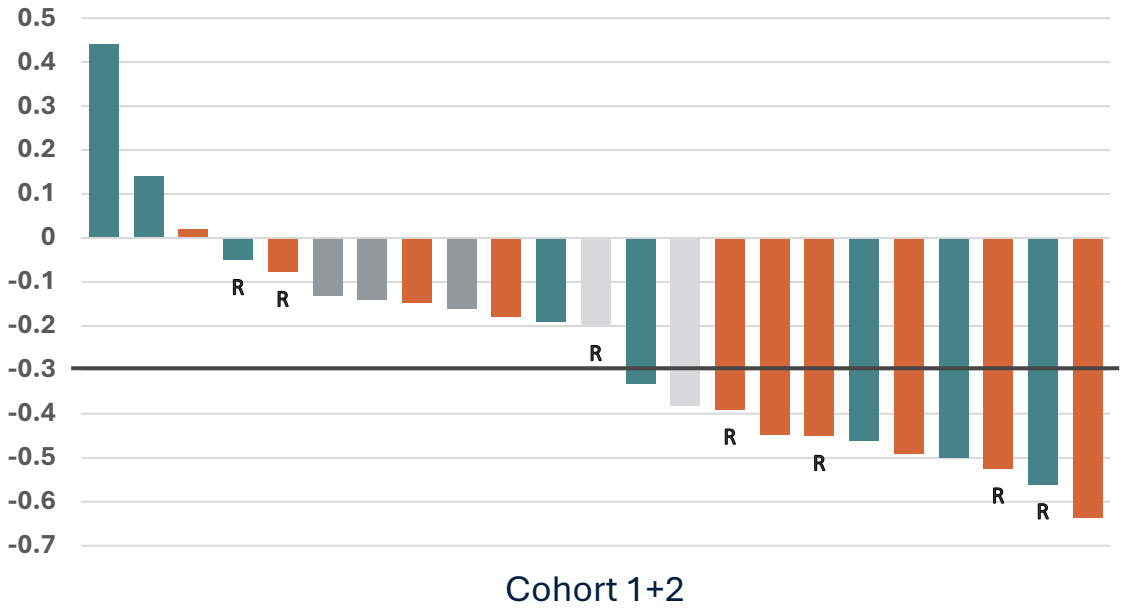
# Loder Treatment Led to Robust Objective Response Rate in Patients with LAPC Harboring G12D/V Mutations*





R = Non-resectable tumor becomes resectable

| | Cohort 1 LODER+Chemo | Cohort 1+2 LODER+Chemo | Chemo |
|---|---|---|---|
| % Response | 55 (6/11) | 56 (10/18) | 20 (1/5) |
| % Response+ becoming resectable | 64 | 67 | 40 |

LAPC=locally advanced pancreatic cancer.
*Overall response rate was confirmed by RECIST 1.1 of the target tumor, as analyzed by sites.
Bar curves below the solid black line starting at y-axis -0.3 indicates criteria for positive RECIST response.

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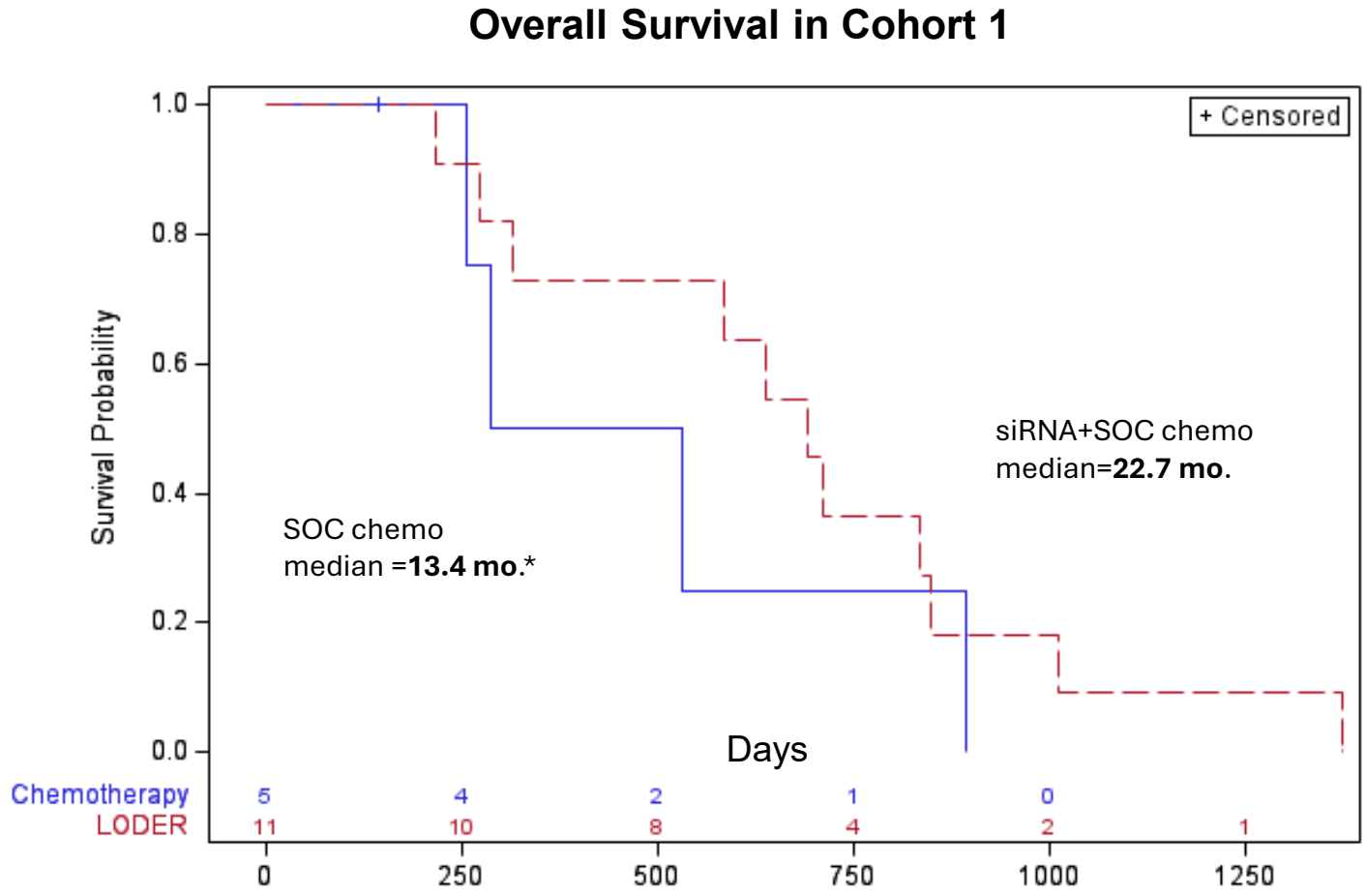
# Cohort 1 Patients Treated with Loder Had 9.3 Months Improvement in Overall Survival




**Hazard ratio (HR)=0.59**, (95% CI, 0.18, 1.96, p=0.39)

Time to death is slower, 41% reduction in the rate of mortality.

Patients living longer with Loder+SOC vs. SOC



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

# Phase 2 Safety Results

## Serious Adverse Events (SAEs) Related to Treatment in Patients with LAPC who Received LODER + Chemotherapy (treatment plus EUS-endoscopy administration procedure)

| | LODER + SOC chemo (n=38) | |
|---|---|---|
| **SAE** | All grades n (%) | Grades 3-4 n (%) |
| Gastrointestinal disorders | 3 (8%) | 2 (5%) |
| Hematemesis | 1 (3%) | 0 (0%) |
| STOMACH ACUTE PAIN | 1 (3%) | 1 (3%) |
| Gastric hemorrhage | 1 (3%) | 1 (3%) |
| General disorders and administration site conditions | 2 (5%) | 0 (0%) |
| Fever | 2 (5%) | 0 (0%) |
| Hepatobiliary disorders | 3 (8%) | 2 (5%) |
| Cholangitis | 2 (5%) | 1 (3%) |
| Obstructive Hyperbilirubinemia | 1 (3%) | 1 (3%) |
| Infections and infestations | 2 (5%) | 2 (5%) |
| Sepsis | 1 (3%) | 1 (3%) |
| Pancreas infection | 1 (3%) | 1 (3%) |
| Depression | 1 (3%) | 1 (3%) |
| Injury, poisoning and procedural complications | 1 (3%) | 1 (3%) |
| procedural hemorrhage | 1 (3%) | 1 (3%) |
| Nervous system disorders | 1 (3%) | 1 (3%) |
| Presyncope | 1 (3%) | 1 (3%) |



Silexion Therapeutics

# 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) is safe
- No Treatment Emergent Adverse Events (TEAEs) leading to study discontinuation related to LODER treatment
- No meaningful observations in any vital sign parameter nor any physical examination findings in the study
- 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

siRNA:

- Enhanced stability
- Broadening silencing activity

Optimizations allows for comprehensive approach: systemic and intratumor administrations

Successful preclinical results in metastatic models with subcutaneous administration and primary tumor models with intratumor administration

Silexion Therapeutics

# Leveraging LODER Clinical Data to Further Improve SIL204 Potential Efficacy and Safety

| | LODER | SIL-204 |
|---|---|---|
| siRNA target | KRAS G12D/V+ KRAS amplify | KRAS G12D/V+ KRAS amplify, potential pan KRAS |
| Stability in human serum (HS) and rat pharmacokinetics | HS <1 hr | HS > 48 hrs, Remains at substantial levels for >56 Days in plasma and tissues after single subcutaneous administration to rats |
| Access to tumor cell site of action | No hydrophobic lead | Added hydrophobic lead to increase siRNA access into cell |
| Route and Ease of administration | EUS-endoscopy* with larger needle; Required loading device | S.C. administration and EUS Endoscopy* with smaller and more flexible needle; No loading device needed |
| Improvement in OS with chemo vs. chemo alone | + 9.3 months<br>HR=0.59 Reduction in rate of death by 41% compared to chemotherapy alone | TBD in Phase 2/3 trial with expected improvement in OS |
| Safety | Generally well tolerated; Safety events were primarily related to procedure | Expectations for similar safety profile |

HR=Hazard Ratio.

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



Silexion Therapeutics

# SIL204 Shows Broad Inhibition Across Human KRAS Mutations at Sub-Nanomolar Concentrations

## SIL204 maintains and expands the silencing activity of the siG12DLoder

Model is a co-transfection setup where human KRAS is transfected in mouse Hepa1-6 cells with Dual-Glo reporter plasmids.

| Mutation | Negative siRNA Control | WT KRAS | KRAS G12D | KRAS G12V | KRAS G12C | KRAS G12R | KRAS Q61H* | KRAS G13D* |
|---|---|---|---|---|---|---|---|---|
| $IC_{50}$ (nM) | | 0.16 | 0.19 | 0.44 | 0.47 | 0.59 | 0.24 | 0.37 |
| MAX Inhibition (%) | 0-7 | 91 | 90 | 80 | 73 | 71 | 88 | 88 |

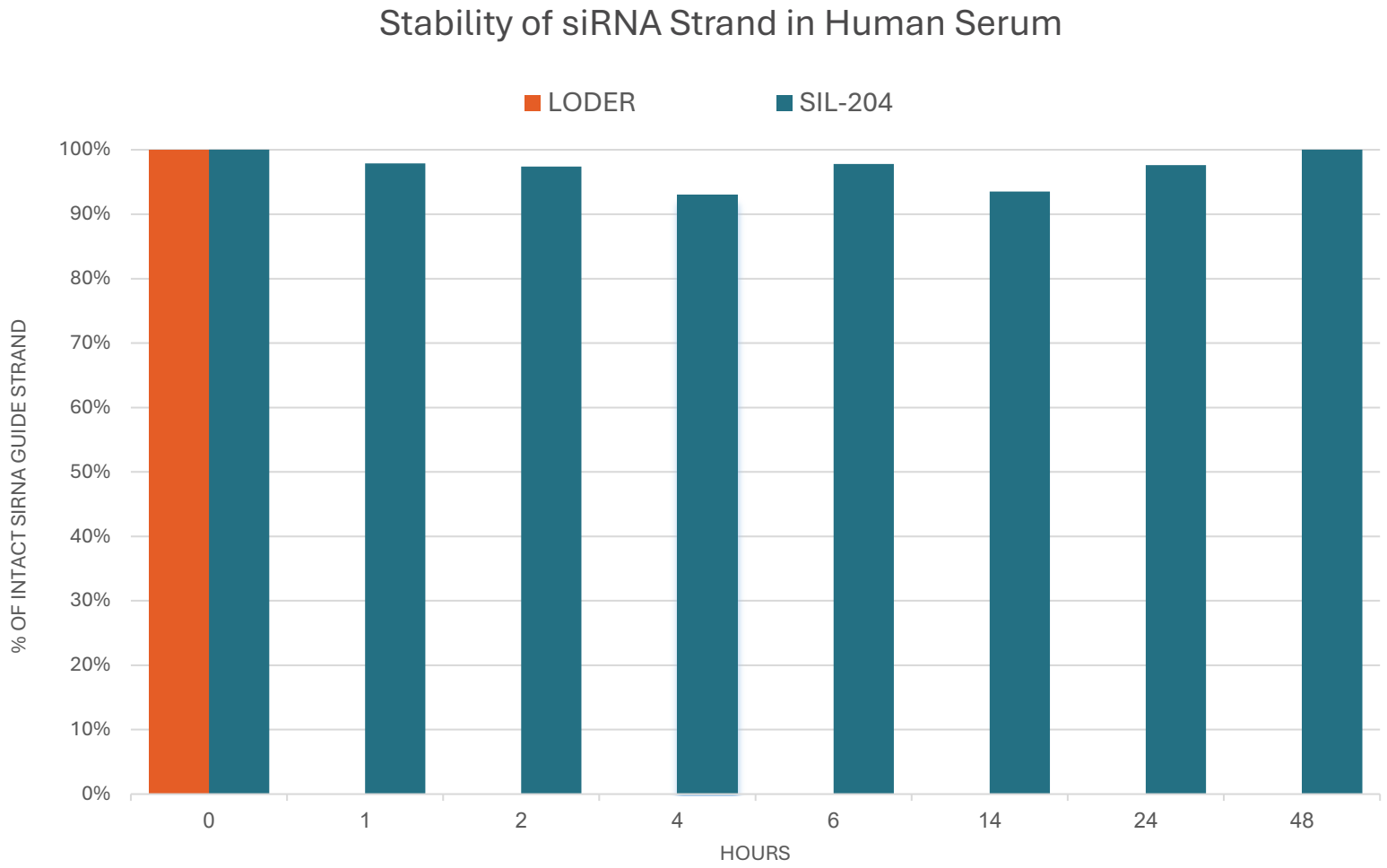
$IC_{50}$=half-maximal inhibitory concentration.
*G13D and Q61H tested in separate studies from the G12 mutations and wild type (non-mutated).
Negative siRNA control collected over various studies



Silexion Therapeutics

# SIL204 is Stable In Vitro for Over 48 Hours in Human Serum

## siRNA strand placed in human serum and tested for stability




Potentially longer effectiveness of siRNA

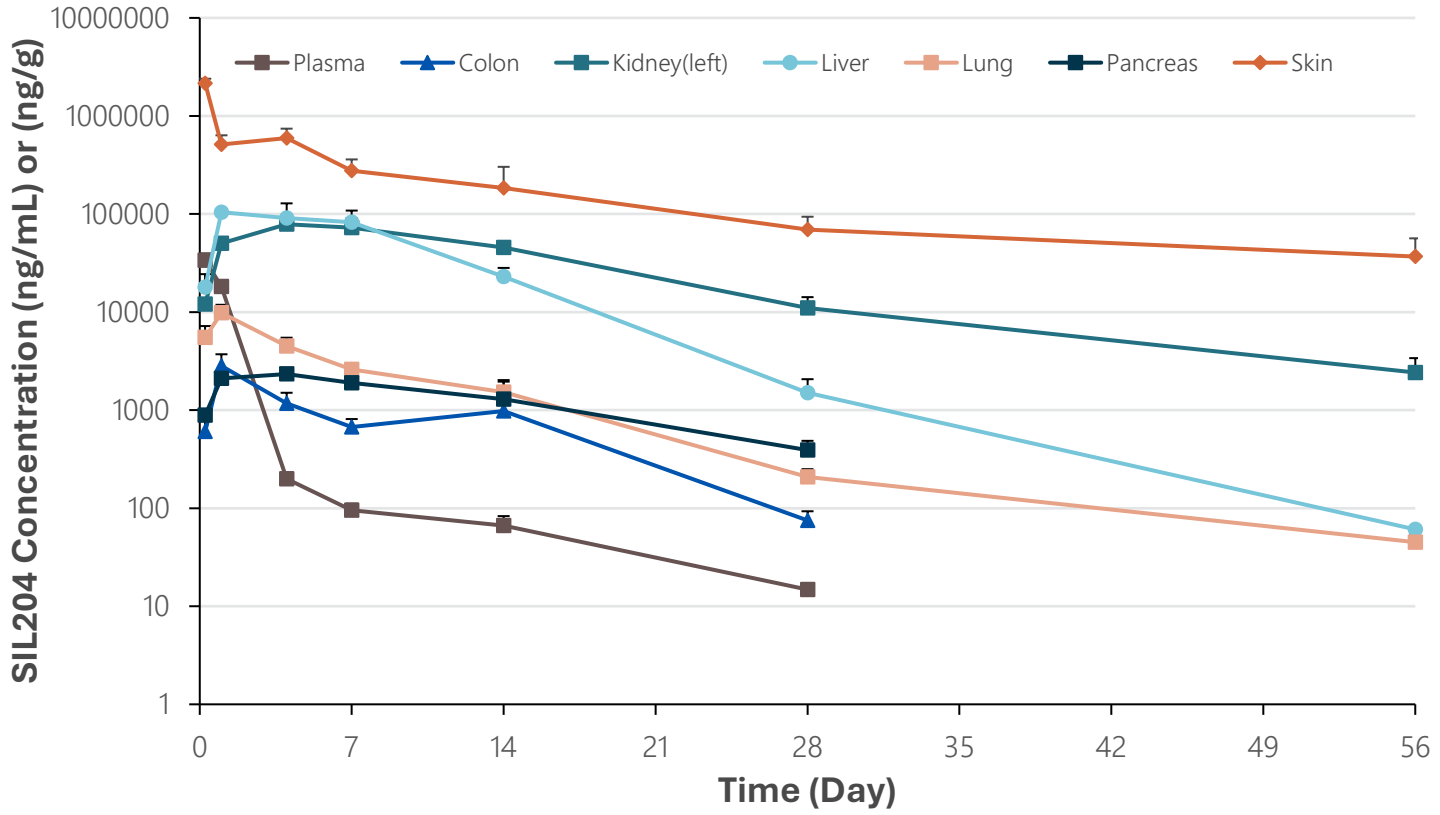
Greater ability to diffuse throughout the fibrous tumor environment

Potential in other indications

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

# SIL204 Remains at Substantial Levels for >56 Days in Plasma and Tissues

## Single subcutaneous administration SIL204 solution (10mg, not formulated) to Sprague Dawley rats



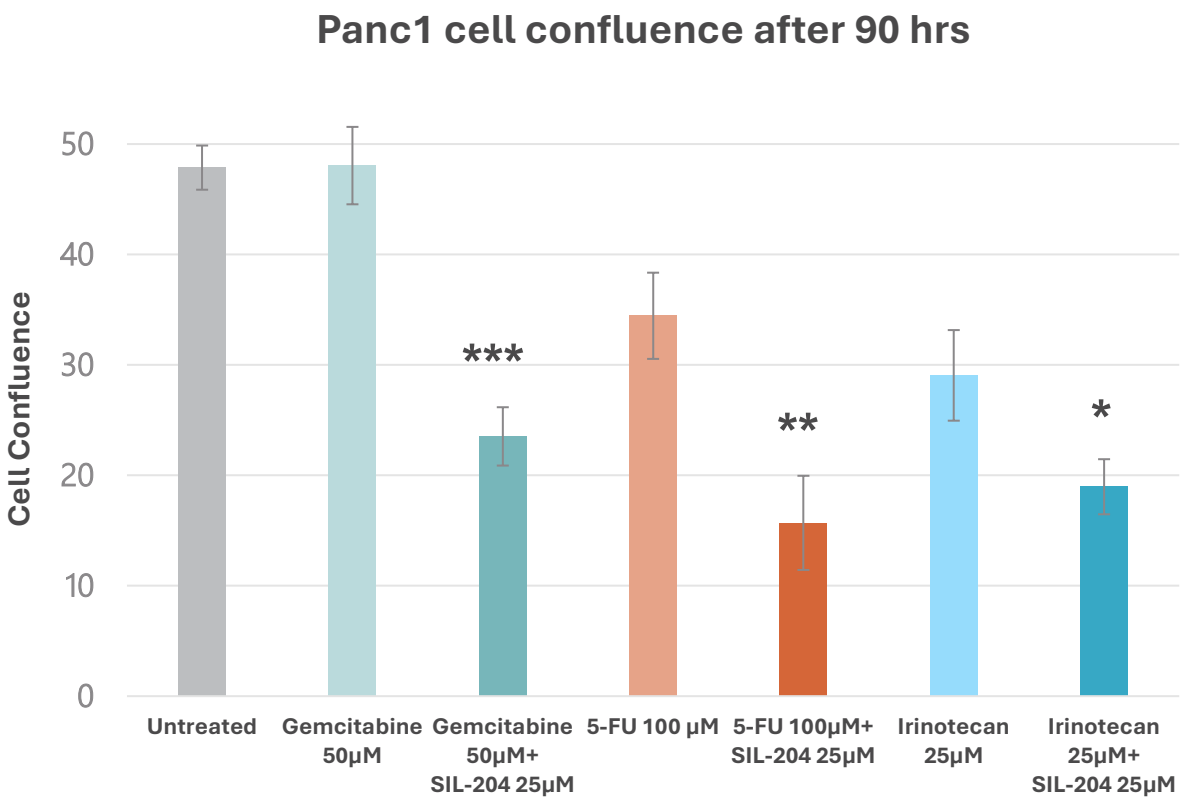

Potential for longer effectiveness of siRNA for treating micrometastases with clinical dosing on monthly basis

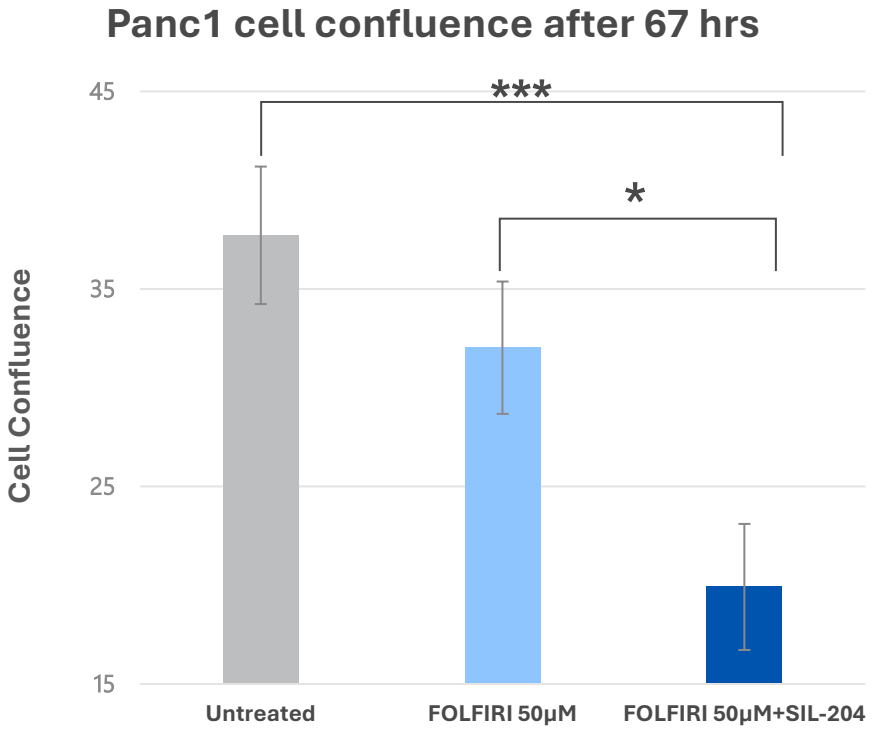


Silexion Therapeutics

# SIL204 Behaves Synergistically with Fluorouracil and Irinotecan-Containing Chemotherapy

## Basis for first line chemotherapy for pancreatic cancer. Preclinical study measurin ; confluence of the human pancreatic cell line Panc-1 containing a G12D KRAS Mutation






*p<0.05; ** p<0.005; ***p<0.0005

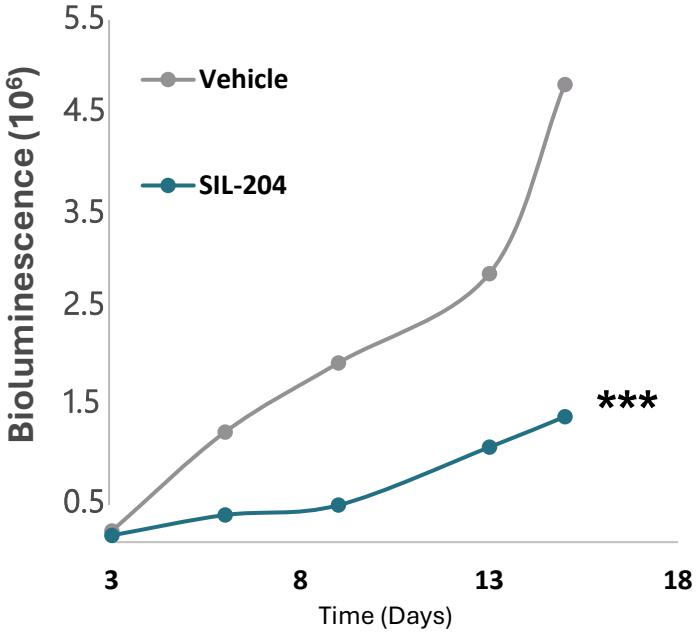
Silexion Therapeutics

# Intratumor Administered SIL204 Inhibited Human Pancreatic Cancer Xenograft Growth in Mice

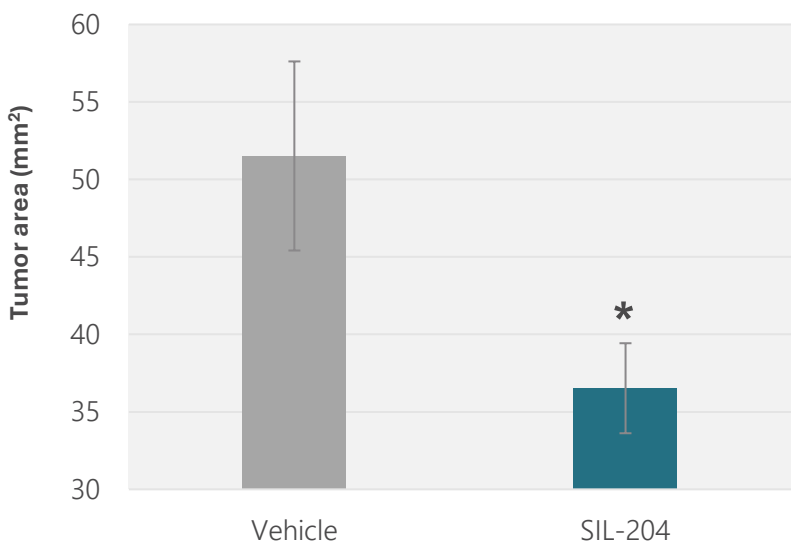
## SIL204 significantly reduced tumor volume and growth while increasing tumor necrosis (cell death)

**Day 1:** Capan-1 (KRAS G12V) luciferase cells were xenografted to mice (s.c.) concurrently with SIL204 formulated in extended-release microparticles
**Days 3-15:** mice were evaluated for bioluminescence to evaluate relative tumor cell counts
**Day 15:** tumors were removed, area determined and analyzed by histology for % necrosis from tumor center slice

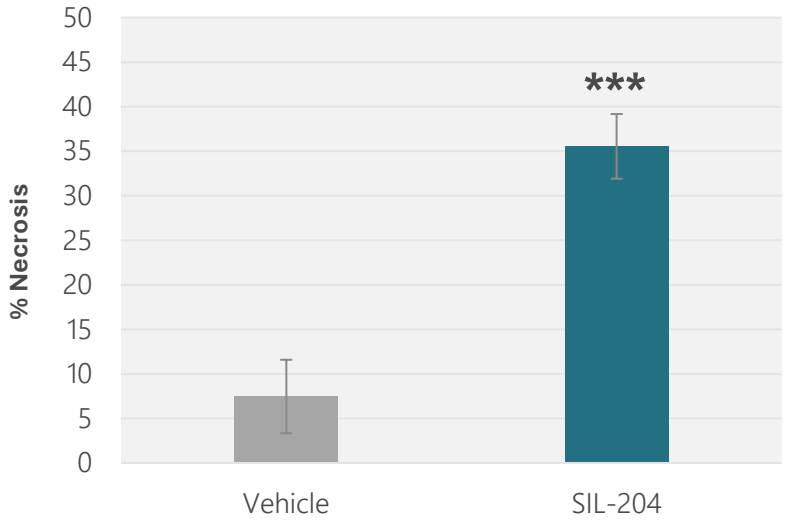
### Average Tumor Cell Number




### Average Tumor Area at Day 15




### % Area Necrosis at Day 15




*p<0.05 ; ***p<0.0005
S.C. = sub cutaneous.



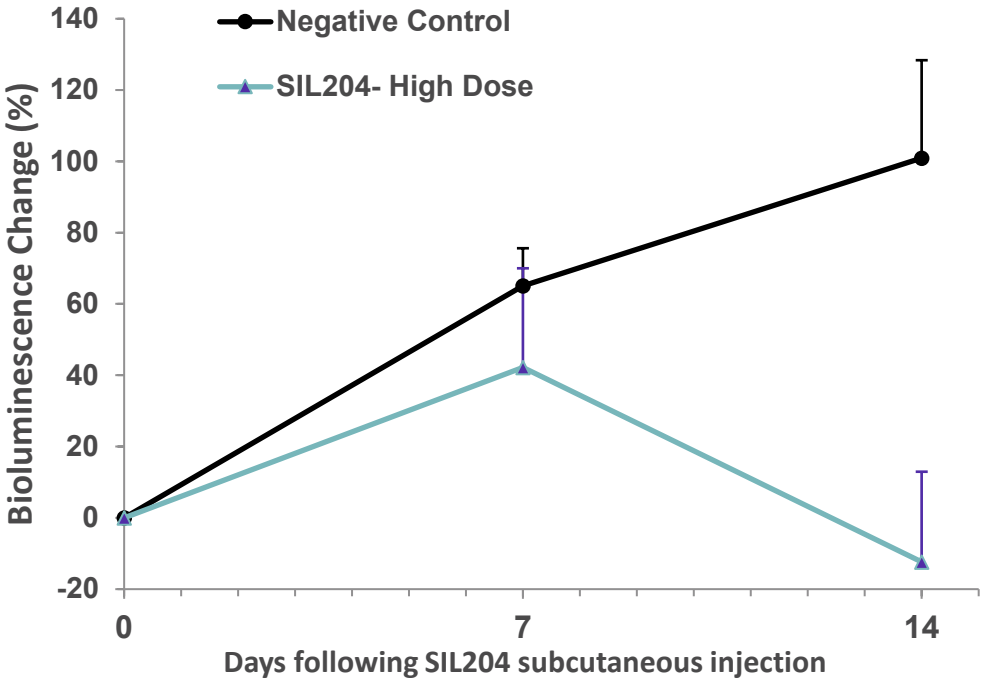
Silexion Therapeutics

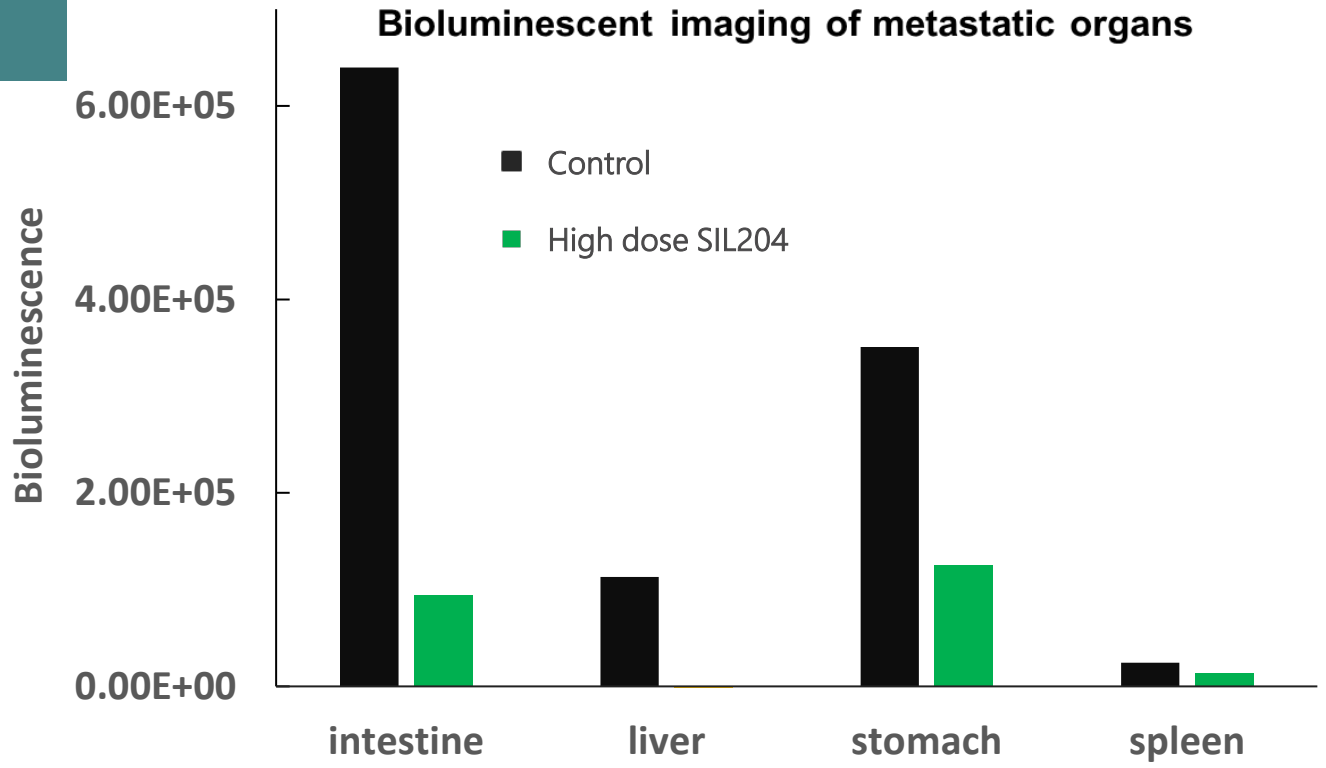
# Systemic Administration of siRNA Strongly Supported by Preclinical Data

## Subcutaneous SIL204 Proved Effective in Mouse Metastatic Pancreatic Orthotopic Models

## Animal model represents human equivalent dose of SIL-204

High dosage subcutaneous injection of SIL204 ablated xenograft tumor




* Human tumor cell line Panc-1 harboring KRAS G12D mutation

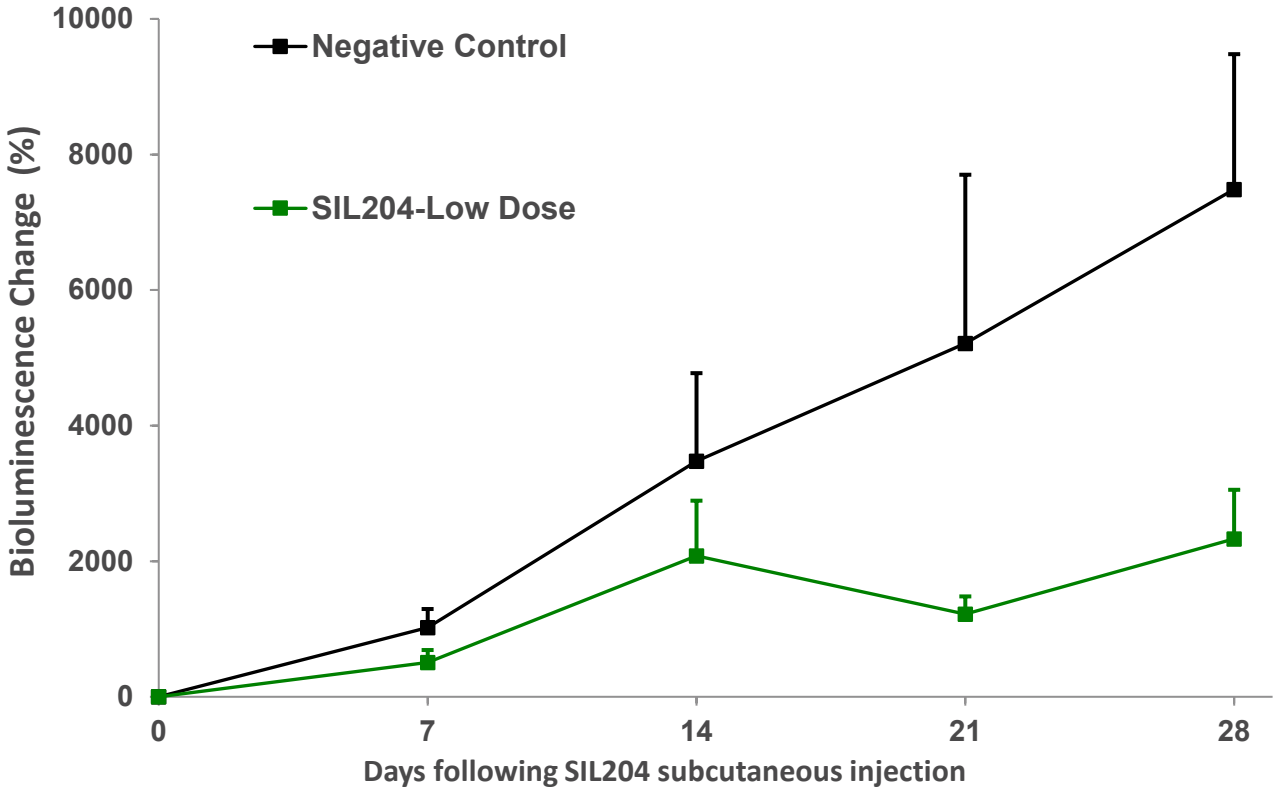


Silexion Therapeutics

# Systemic Administration of siRNA Strongly Supported by Preclinical Data

## Subcutaneous SIL204 Proved Effective in Mouse Metastatic Pancreatic Orthotopic Models

### Animal model represents the human equivalent dose of SIL-204




Low dosage subcutaneous injection of SIL-204 inhibited tumor growth



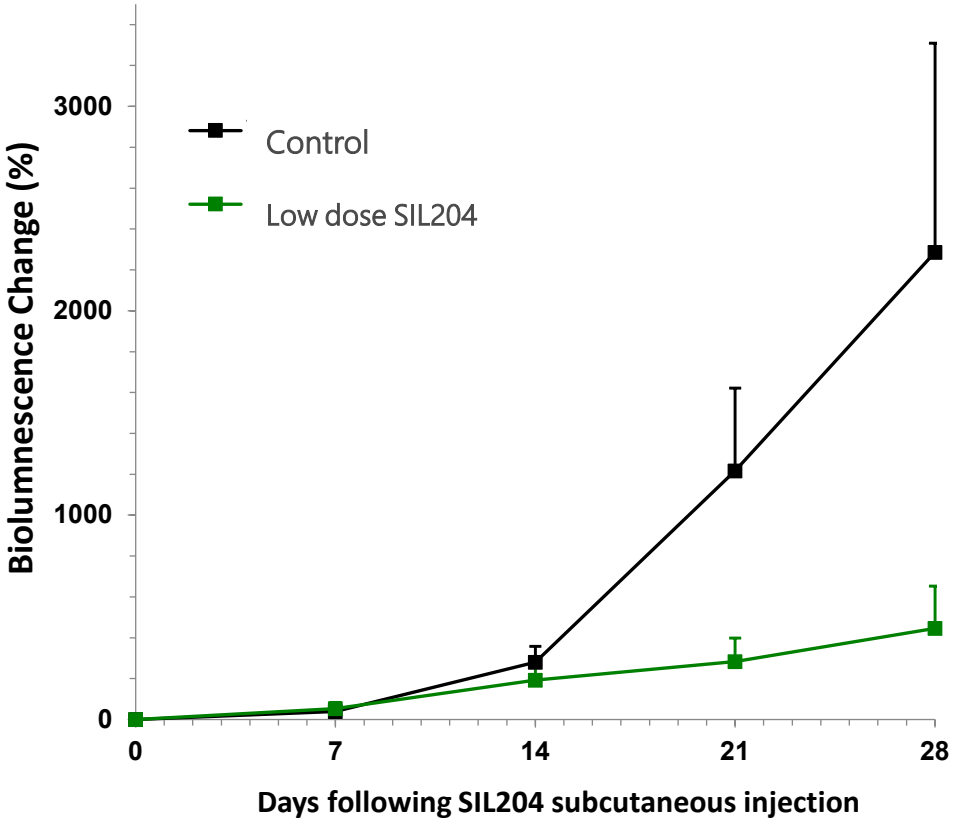
* Human tumor cell line AsPc-1 harboring KRAS G12D mutation

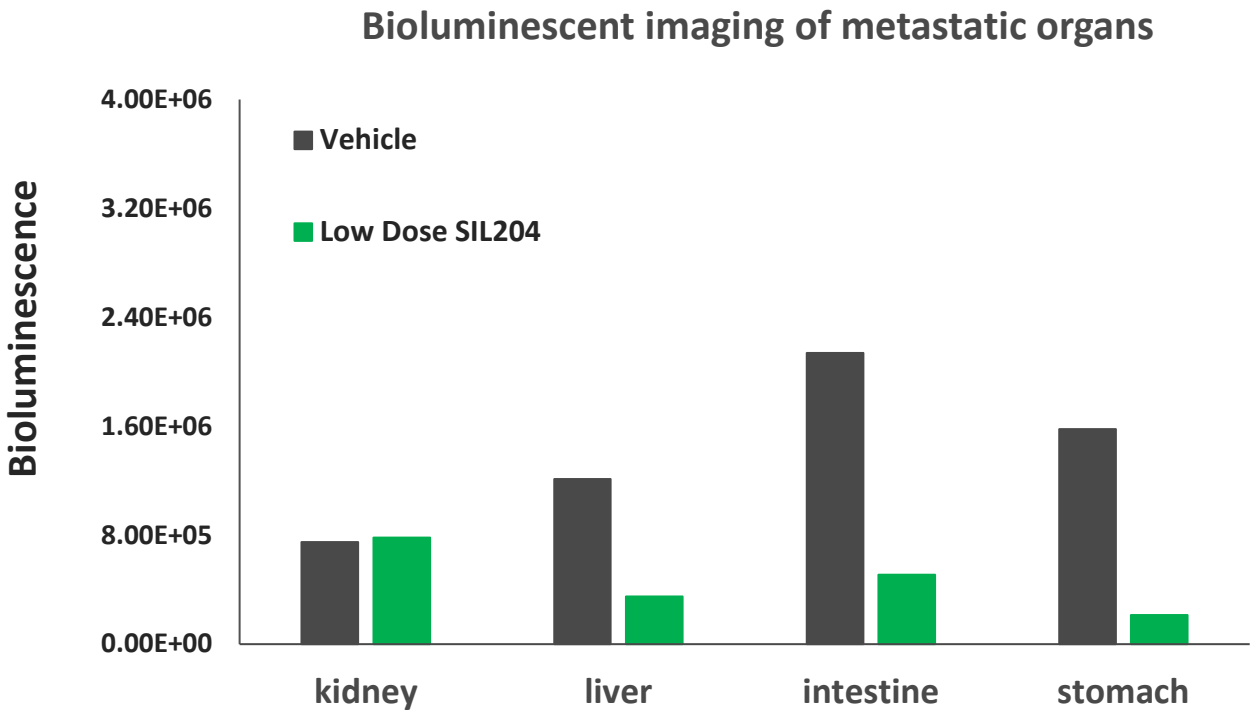
Silexion Therapeutics

# Systemic Administration of siRNA Strongly Supported by Preclinical Data

## Subcutaneous SIL204 Proved Effective in Mouse Metastatic Pancreatic Orthotopic Models

## Animal model represents human equivalent dose of SIL-204




 * Human tumor cell line BxPC-3

# SIL204 Development Strategy in LAPC

| 2023 | 2024 | H1 2025 | H2 2025 | H1 2026 | H2 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), intratumor administration | Meeting with German authorities for regulatory buy-in/scientific advice (BfArM) on integrated regimen, and plans to proceed to Phase 2/3 trial | Meeting with Israel Health authorities planned to discuss program | Submit CTA in E.U. for Phase 2/3 | • Leverage safety clinical data from first trial segment Phase 2/3<br>• Pre-IND meeting FDA<br>• Submit IND to FDA<br>• Expand Phase 2/3 to USA\additional EU, etc |
| | Optimization of siRNA on various fronts; selection of SIL-204 | • Initiate toxicology studies SIL-204<br>• GMP production API (SIL-204) | GMP production injectable formulation | Initiate Phase 2/3, LAPC Germany/Israel | |

✓ Indicates completed activity. Unmarked activities to be performed.



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**<br>siG12D + KRAS amplify with extended release PLGA delivery system | Locally advanced pancreatic cancer | Adjunct to chemotherapy | Phase 2 Completed | | | | | Phase 2 completed: observed 9.3 months improvement with LODER over SOC. Continue development of SIL204. |
| **Current Focus: Second generation SIL204** | | | | | | | | |
| **SIL204 (Integrated treatment regimen)**<br>KRAS G12D/V + KRAS amplify | Locally advanced pancreatic cancer | Adjunct to chemotherapy | | | | | | Q1 2026: CTA submission in E.U. for Phase 2/3<br>1H 2026: Initiate Phase 2/3 |
| | Colorectal cancer | Adjunct to chemotherapy | | | | | | H2 2025: Initiate preclinical |
| **SIL204 adjunct to CPIs** | KRAS-driven cancers | Adjunct to CPI+ chemotherapy | | | | | | H2 2025: Initiate preclinical |



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

# Strong Intellectual Property Protection

| Submissions | Term |
|---|---|
| Patents supporting siG12DLoder | 10 patents issued world-wide, 6 patients pending. Protection until 2030 plus extension |
| Patents supporting SIL204<br>• Inhibition of KRAS expression and methods of use thereof include composition of matter, positive patent office review | PCT (PCT/ IL2023/051276). Expected protection 2043 plus estimated extension up to 2048) |
| • Compositions for inhibition of KRAS expression and treatment regiments therewith | Provisional (anticipated up to at least 2046 plus extension) |
| • siRNA against KRAS G12x for regional perineural invasion or pain associated with a solid tumor | Pending US/EU, expected term till 2040 plus extension |

Exclusivity can be extended under country-specific regulatory-based extension rules.

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# World-Renowned Expert Scientific Advisory Board

**Eileen M. O'Reilly, MD**
*Memorial Sloan Kettering, NY, NY*
Winthrop Rockefeller Endowed Chair of Medical Oncology; Co-Director, Medical Initiatives, David M. Rubenstein Center for Pancreatic Cancer Research; Section Head, Hepatopancreatobi

**Milind Javle, MD**
*The University of Texas & MD Anderson Cancer Center, Houston, TX*
Professor, Department of Gastrointestinal (GI) Medical Oncology, Division of Cancer Medicine

**Philip A. Philip, MD**
*Henry Ford Health, Detroit, MI*
Director, Gastrointestinal Oncology; Co-Director, Pancreatic Cancer Center; Medical Director, Research and Clinical Care Integration, Henry Ford Cancer Institute

**Talia Golan, MD**
*Sheba Tel Hashomer Hospital,, Israel*
Head, Sheba Pancreatic Cancer Center - SPCC

**Hana Algul, MD**
*Technical University of Munich, Germany*
chair for tumor metabolism; Director of the Comprehensive Cancer Center Munich, Germany at the Klinikum rechts der Isar, and Mildred-Scheel-professor and

**Thomas Seufferlein, MD**
*University Hospital Ulm, German*
Director of Internal Medicine University Hospital Ulm, President German Cancer Society

**Matthew Katz, MD**
*The University of Texas & MD Anderson Cancer Center, Houston, TX*
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**

> 30 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

# Investment Highlights

**Advanced RNA therapeutic candidate in oncology**

- Clinical-stage company with proprietary oncogene silencing siRNA platform
- Phase 2 clinical trial with first generation Loder in LAPC showed strong trend for 9.3 months improvement in survival
- Second generation SIL204 with enhanced siRNA stability, broader activity, successful preclinical models
- Integrated Treatment Regimen to more effectively treat both primary tumor and secondary micrometastases
- proof-of concept to target metastasis with subcutaneous administration
- Comprehensive integrated treatment regimen planned for pivotal trials

**Late-Stage Ready Asset with Regulatory Path Forward**

- Guidance received from German Federal Institute for Drugs and Medical Devices (BfArM) on Phase 2/3 trial
- Submit CTA in E.U. in 1H 2026 and initiate Phase 2/3 trial of SIL204 in 1H 2026
- Extension Phase 2/3 trial to U.S. H2, 2026

**Strong Partnerships with Solid IP Portfolio**

- Established partnerships for GMP production of siRNA and formulations
- PCT submitted with favorable international review for claims for siRNA composition of matter and use, IP exclusivity through December 2043 plus extension (potential term to 2048)

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

Silexion Therapeutics

# Thank You

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Silexion Therapeutics

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