

Disease control and tumour shrinkage observed in CHM CDH17 Phase 1/2 Clinical Trial

- **CHM CDH17 at a higher dose level continues to demonstrate patient safety**
- **Patients treated at Dose Level 2 are experiencing disease control with evidence of anti-tumour activity with tumour shrinkage by 12-37%**
- **One patient treated at CHM CDH17 Dose level 1 remains in stable disease more than 10 months after receiving one single dose**

Sydney, Australia, 29 September 2025: Chimeric Therapeutics (ASX:CHM, “Chimeric” or the “Company”), an Australian leader in cell therapy, is pleased to announce it has achieved further disease control and tumour shrinkage in its CHM CDH17 Phase 1/2 clinical trial, as the Safety Monitoring Committee (SMC) for the trial declares Dose Level 2 is safe for additional exploration.

The encouraging early results from the ongoing clinical trial of CHM CDH17 mark a significant step forward in unlocking the potential of the Company’s CAR-T platform.

Four study subjects have been treated at Dose Level 2, with two subjects having undergone tumour assessments, showing “mixed responses” with their total burden of disease decreasing by 12% in colorectal cancer (CRC) and between 6-16% in neuroendocrine tumour (NET), resulting in a RECIST assessment of Stable Disease for both patients. A “mixed response” is described when some tumours get smaller but others do not. Of all tumours imaged, one tumour has decreased in size by 37%. Chimeric will continue to follow these responses and await the results of two additional patients at Dose Level 2. There continues to be no evidence of off-target effects or gastrointestinal toxicity.

RECIST 1.1 is measured by changes in tumour size seen on scans. A Complete Response (CR) means all visible tumours have disappeared. A Partial Response (PR) means the total tumour size has shrunk by at least 30%. Stable Disease (SD) means the cancer has shrunk up to 30%. Progressive Disease (PD) indicates tumour growth of 20% or more, or the appearance of new tumours.¹

In addition to the positive results emerging from Dose Level 2, one CRC patient from the Dose Level 1 cohort continues to demonstrate stable disease, per RECIST, more than 10 months after receiving a single dose of CHM CDH17. Like the two patients described above, this patient has demonstrated a mixed response, with the size of one of the patient’s tumours decreasing by 18% and the response continuing to deepen over time.

“After almost a decade of preclinical and clinical work, I am thrilled to see CHM CDH17 demonstrating real anti-tumour activity and durability that can really be meaningful for patients,” said Professor Jennifer Eads, Professor of Clinical Medicine (Hematology-Oncology) at University of Pennsylvania and Lead Investigator for the CHM CDH17 trial.

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“We’re very encouraged to see these positive early results of disease control, and we look forward to receiving results from the additional patients in the near term as we continue to progress CHM CDH17,” said Chimeric Therapeutics CEO Dr Rebecca McQualter.

The Phase 1/2 trial (NCT06055439) is a two-stage study designed to determine a recommended Phase 2 dose of CHM CDH17 and evaluate its safety and objective response rate in patients with advanced colorectal cancer, gastric cancer, and gastrointestinal NETs. CHM CDH17 is a 3rd generation, novel CAR-T cell therapy that targets CDH17, a cancer biomarker associated with poor prognosis and metastases in the most common gastrointestinal tumours. The Phase 1 portion of this study is expected to enrol up to 15 patients and lead to dose selection and expansion with indication-specific Phase 2 cohorts.

¹ <https://dctd.cancer.gov/research/ctep-trials/for-sites/recist-guidelines-v11.pdf>

ABOUT CHIMERIC THERAPEUTICS

Chimeric Therapeutics, a clinical stage cell therapy company and an Australian leader in cell therapy, is focused on bringing the promise of cell therapy to life for more patients with cancer.

To bring that promise to life for more patients, Chimeric’s world class team of cell therapy pioneers is focused on the discovery, development, and commercialization of the most innovative and promising cell therapies.

Chimeric currently has a diversified portfolio that includes first in class autologous CAR T cell therapies and best in class allogeneic NK cell therapies. Chimeric assets are being developed across multiple different disease areas in oncology with 4 clinical stage programs.

CHM CDH17 is a first-in-class, 3rd generation CDH17 CAR T invented at the world-renowned cell therapy centre, the University of Pennsylvania (Penn) in the laboratory of Dr. Xianxin Hua, professor in the Department of Cancer Biology in the Abramson Family Cancer Research Institute at Penn. Preclinical evidence for CDH17 CAR T was published by Dr. Hua and his colleagues in March 2022 in Nature Cancer demonstrating complete eradication of tumours in 7 types of cancer in mice. CHM CDH17 is currently being studied in a phase 1/2 clinical trial in gastrointestinal and neuroendocrine tumours that was initiated in 2024.

CHM CORE-NK is a potentially best-in-class, clinically validated NK cell platform. Data from the complete phase 1A clinical trial was published in March 2022, demonstrating safety and efficacy in blood cancers and solid tumours. Based on the promising activity signal demonstrated in that trial, two additional Phase 1B clinical trials investigating CORE-NK in combination regimens have been initiated. From the CORE-NK platform, Chimeric has initiated development of new next generation NK and CAR NK assets.

CHM CLTX is a novel and promising CAR T therapy developed for the treatment of patients with solid tumours. CLTX CAR T is currently being studied in a phase 1B clinical trial in recurrent / progressive glioblastoma. Positive preliminary data from the investigator-initiated phase 1A trial in glioblastoma was announced in October 2023.

Authorised on behalf of the Chimeric Therapeutics board of directors by Executive Chairman Paul Hopper

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