

sorrento

Therapeutics

NASDAQ: SRNE



Saving Life™ Medicine

January 2021

Forward-Looking Statements and Non-GAAP Financial Information

Certain statements contained in this presentation or in other documents of Sorrento Therapeutics, Inc. (the "Company" or "Sorrento") and of any of its affiliates, along with certain statements that may be made by management of the Company orally in presenting this material, are or may be considered "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. These statements can be identified by the fact that they do not relate strictly to historic or current facts. They use words such as "estimate," "expect," "intend," "believe," "plan," "anticipate," "potential," "projected" and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or condition. Sorrento cautions that these statements are based upon the current beliefs and expectations of the Company's management and are subject to significant risks and uncertainties. Statements regarding future action, future performance and/or future results including, without limitation, those relating to the timing for completion, and results of, scheduled or additional clinical trials and the FDA's or other regulatory review and/or approval and commercial launch and sales results (if any) of the Company's formulations and products and regulatory filings related to the same, and receipt by the Company of milestone and royalty payments may differ from those set forth in the forward-looking statements. Peak sales and market size estimates have been determined on the basis of market research and comparable product analysis, but no assurances can be given that such sales levels will be achieved, if at all, or that such market size estimates will prove accurate.

The Company assumes no obligation to update forward-looking statements as circumstances change. Investors are advised to consult further disclosures that the Company makes or has made on related subjects in the Company's most recent periodic reports filed with the Securities and Exchange Commission, including Sorrento's Annual Report on Form 10-K for the year ended December 31, 2019 and subsequent Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings.

In presenting this material or responding to inquiries in connection with a presentation, management may refer to results, projections or performance measures that are not prepared in accordance with U.S. Generally Accepted Accounting Principles ("GAAP") as reported in the Company's SEC filings. These results, projections or performance measures are non-GAAP measures and are not intended to replace or substitute for results measured under GAAP and are supplemental to GAAP reported results.

Because actual results are affected by these and other potential risks, contingencies and uncertainties, the Company cautions investors that actual results may differ materially from those expressed or implied in any forward-looking statement. It is not possible to predict or identify all such risks, contingencies and uncertainties. The Company identifies some of these factors in its SEC filings on Forms 10-K, 10-Q and 8-K, including Sorrento's Annual Report on Form 10-K for the year ended December 31, 2019 and subsequent Quarterly Reports on Form 10-Q filed with the Securities and Exchange Commission, including the risk factors set forth in those filings. Investors are advised to consult the Company's filings for a more complete listing of risk factors, contingencies and uncertainties affecting the Company and its business and financial performance.

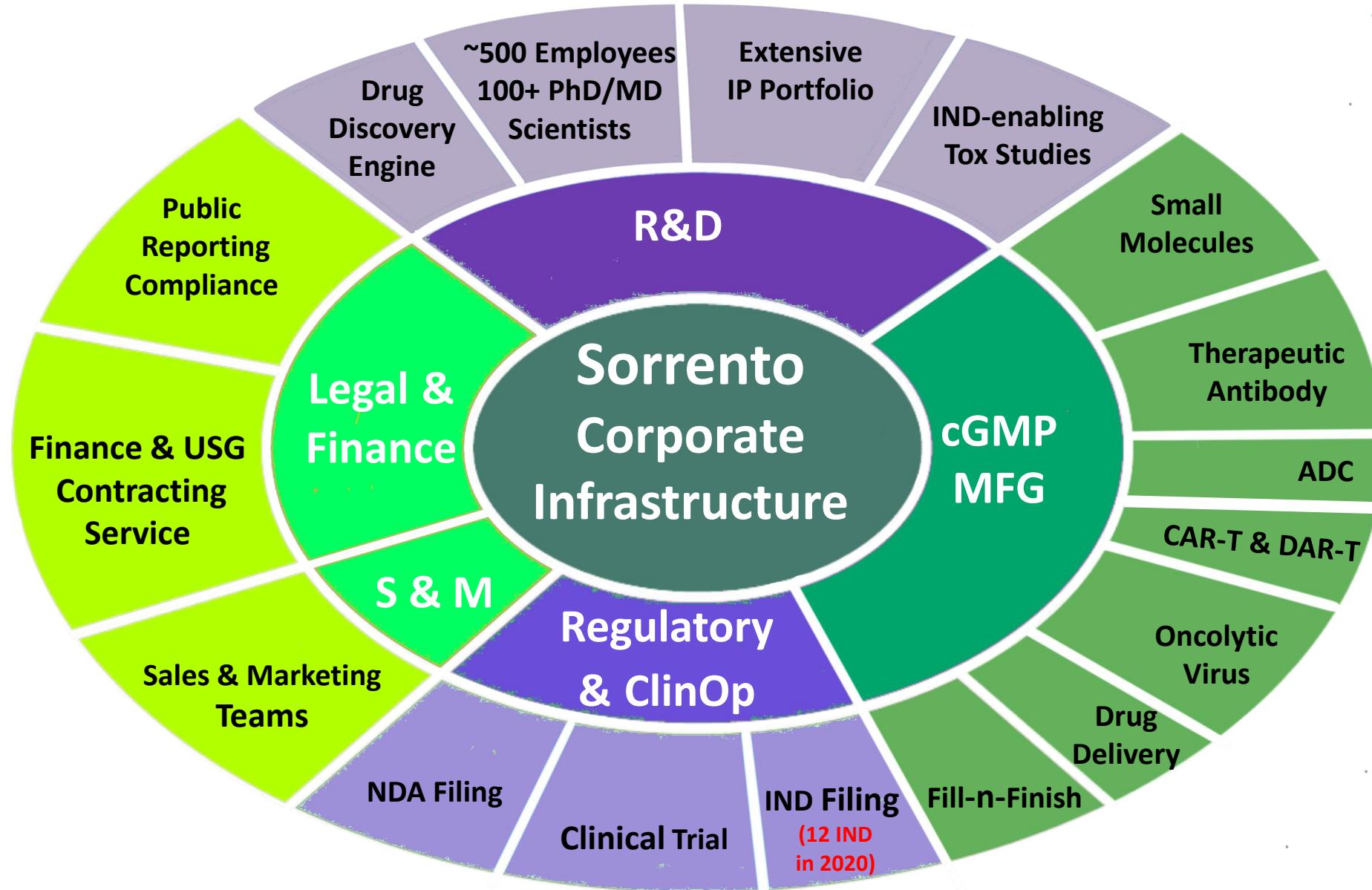
Sorrento® and the Sorrento logo are registered trademarks of Sorrento Therapeutics, Inc.

About the COMPANY



- Funded and Operational in 2009
- NASDAQ: SRNE
- HQ in San Diego, CA
 - ~500 Employees worldwide
 - ~100 Employees with PhDs & MDs
 - ~300,000 SF Research and cGMP Manufacturing Facilities
- 5 cGMP Manufacturing Sites (4 USA, 1 China)
 - mAbs, Small Molecule, ADC, Plasmid DNA, Cell Therapies, Oncolytic Viruses, and Fill & Finish*
- 1 FDA Approved Drug
 - ZTlido® (lidocaine topical system) 1.8%*
- Multiple Products in Late-Stage Clinical Development
 - for Pain Management and Cancer*

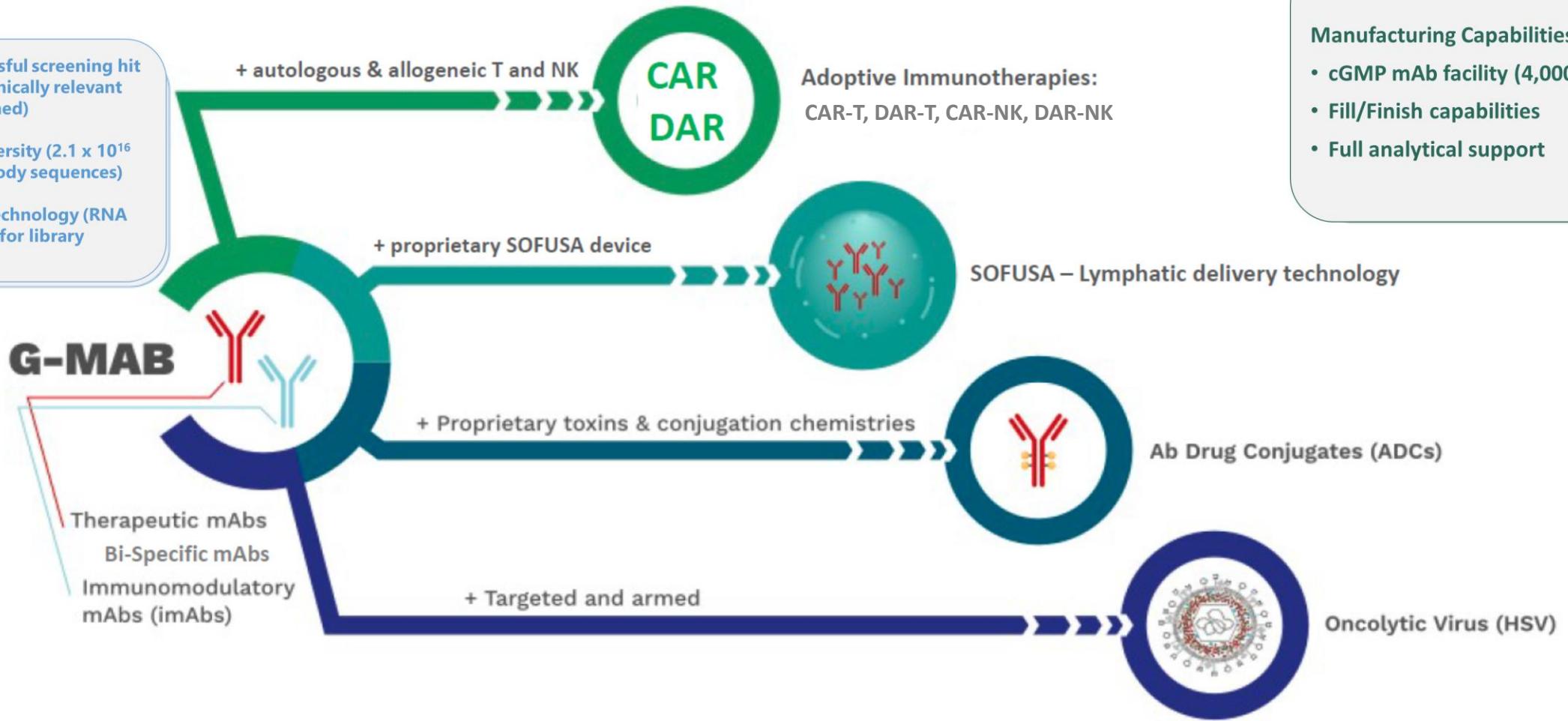
Corporate Infrastructure



Sorrento G-MAB Toolbox (proprietary)

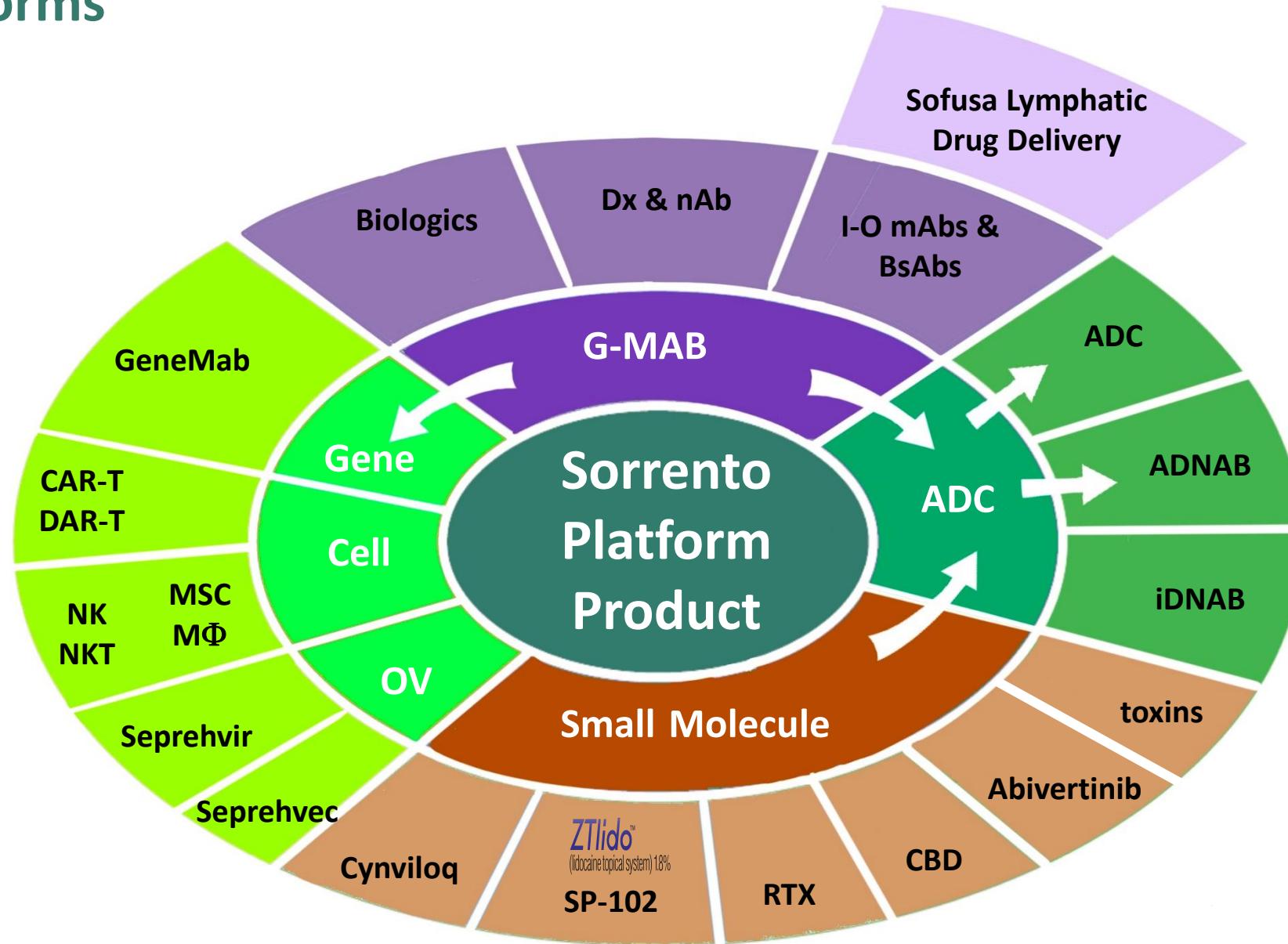
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Highly successful screening hit rate (100+ clinically relevant targets screened)
Very high diversity (2.1×10^{16} distinct antibody sequences)
Proprietary technology (RNA amplification for library generation)



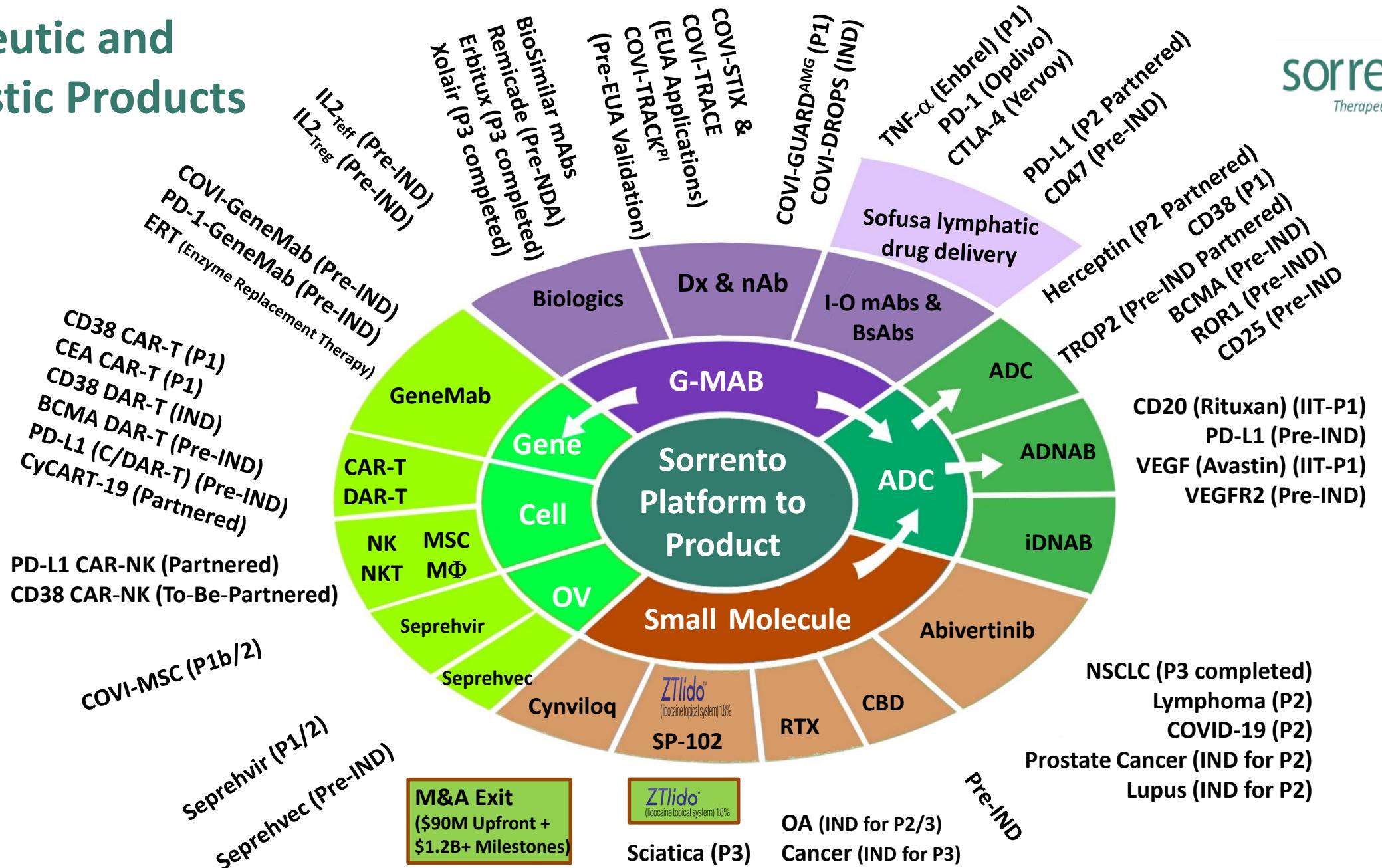
Manufacturing Capabilities:

- cGMP mAb facility (4,000 L)
- Fill/Finish capabilities
- Full analytical support

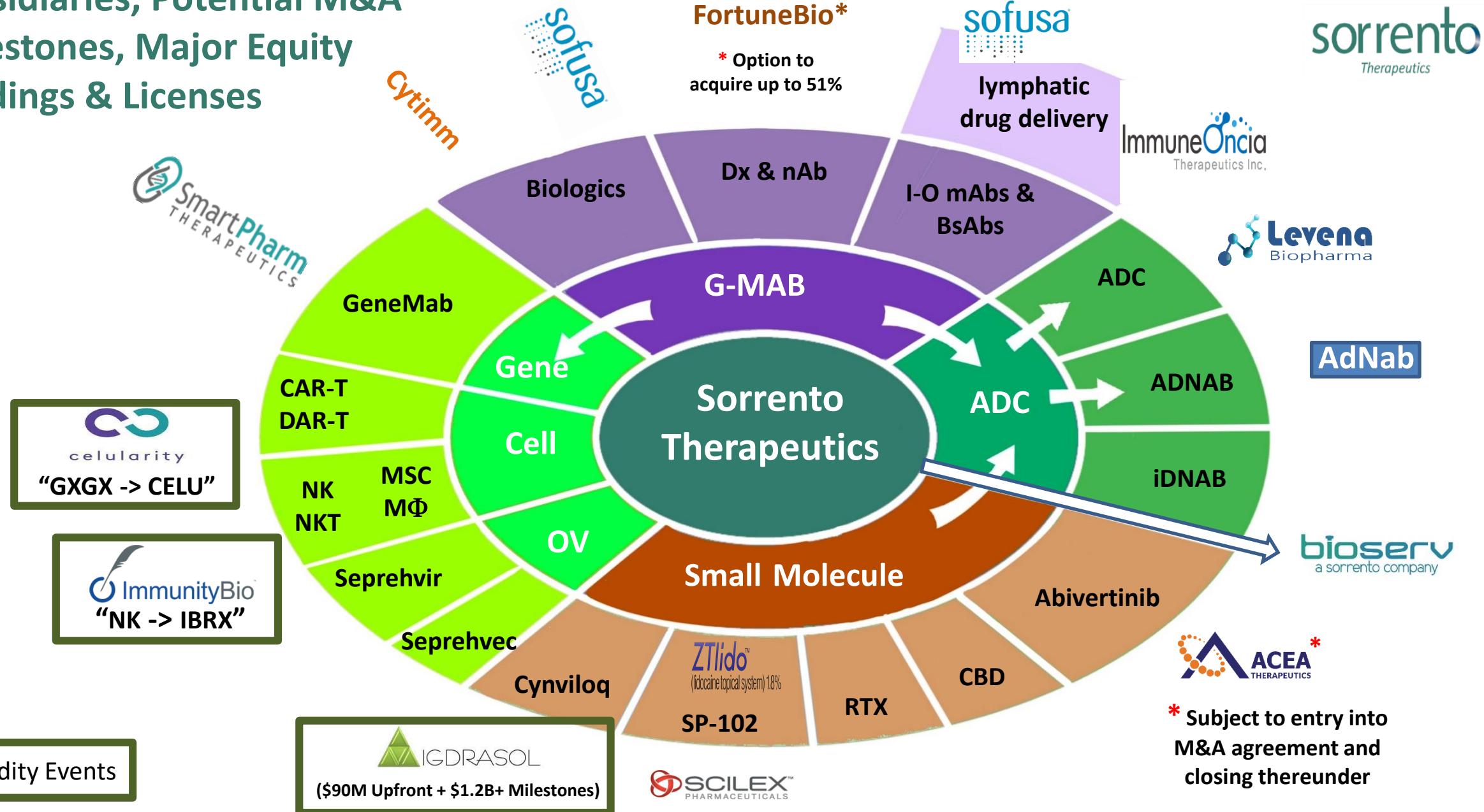


Therapeutic and Diagnostic Products

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Subsidiaries, Potential M&A Milestones, Major Equity Holdings & Licenses



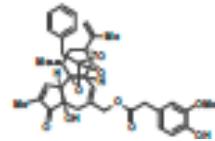
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THERAPEUTICS

Non-Opioid Pain Management

ZTlido™®
(lidocaine topical system) 1.8%

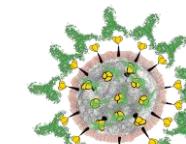
ZTlido



RTX

SP-102

COVID-19



COVI-AMG



COVI-DROPS

COVI-STIX

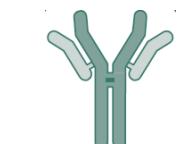
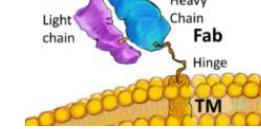


Abivertinib



COVI-MSC

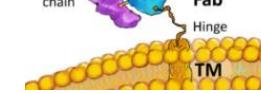
Immuno-Oncology



PD-L1 mAb



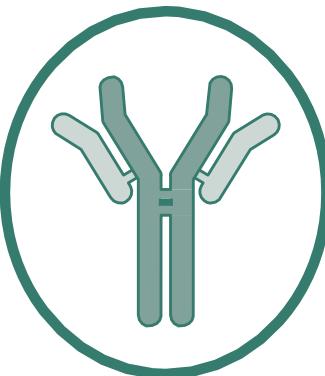
Abivertinib



DAR-T



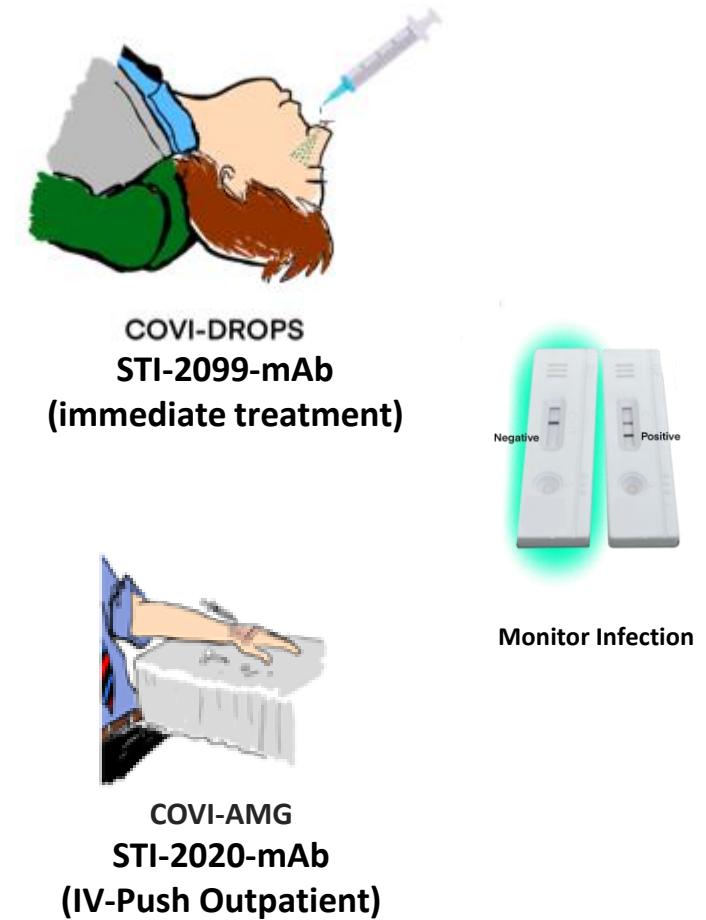
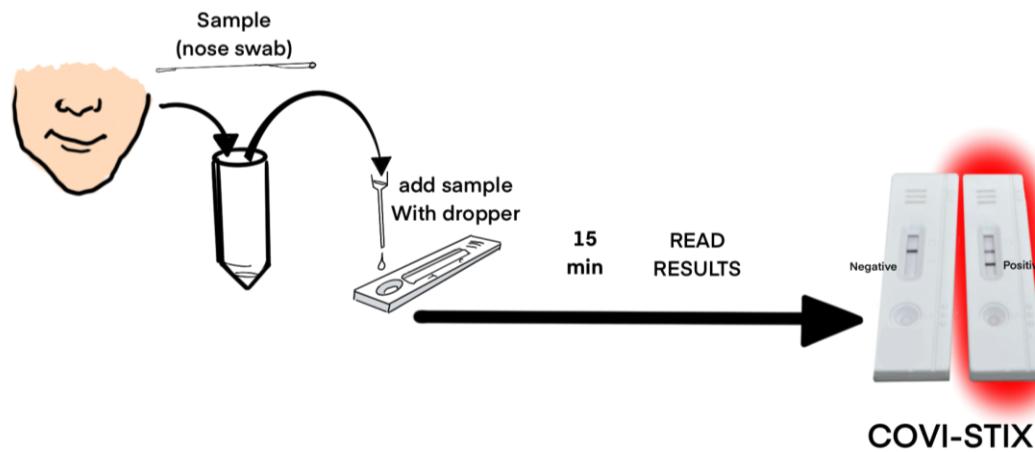
CD38 ADC



COVID-19 Programs

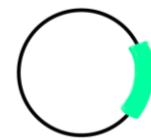
Detect Early and Treat Timely

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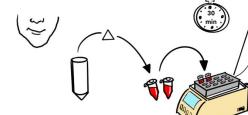


COVID-19 Programs

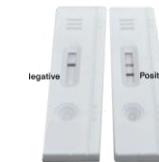
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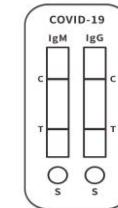
STI-8472



COVI-TRACE



COVI-STIX



COVI-TRACK^{PI}



STI-2099



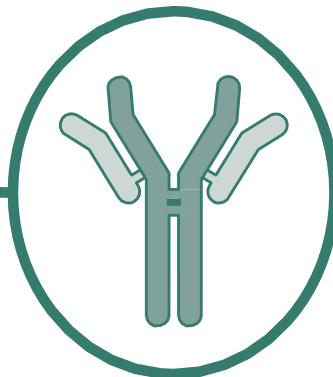
STI-2020



STI-5656



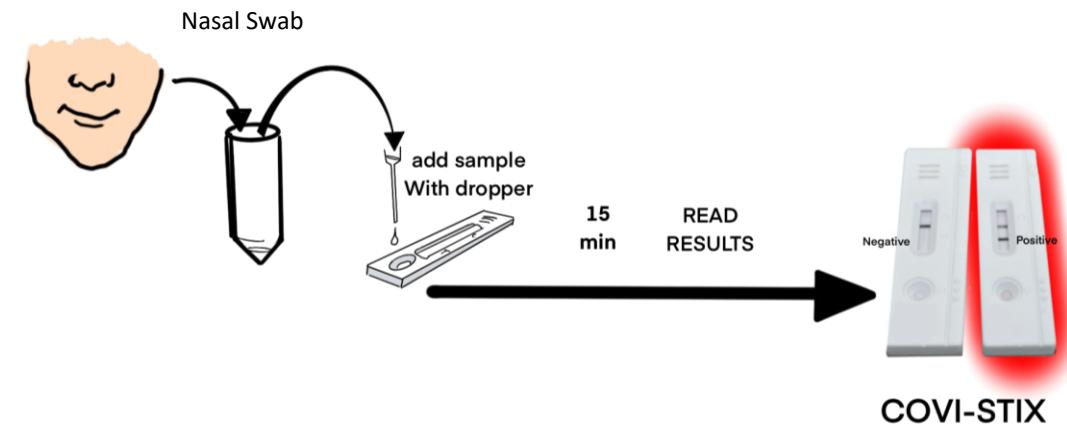
STI-8282



COVID-19 Diagnostics

COVI-STIX™ - Sensitive and Simple Virus Antigen Test

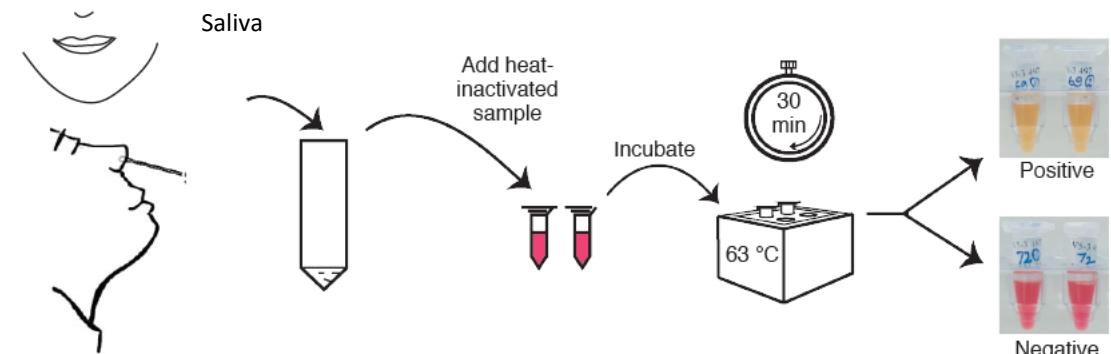
- **Simple:** Eliminates laborious extraction step and is designed for potential point-of-care (moderately trained technicians) or at-home use
- **Accurate:** Rapid and highly sensitive platinum colloid-based lateral flow immunoassay to detect SAR-CoV-2 virus antigens
(98% sensitivity, 100% specificity, Low LOD)
- **Rapid:** Expected to produce definitive results in less than 15 minutes
- **Scalable:** Designed to be ideally suited for both single user and high-traffic point-of-care testing (moderate training) or at-home use
- **Convenient:** Simple nasal swab
- **Offered at Low Cost:** Expected to be offered at low cost for mass consumption
- **Versatile:** Platform may be adapted to detect multiple pathogens simultaneously (SARS-CoV-2, FluA, FluB)
- *This product has not yet been approved*



COVI-TRACE™ Rapid Point-of-Care SARS-CoV-2 Virus RNA Test

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- COVI-TRACE: High Sensitivity and Specificity*
- Simple Process: Saliva sample without RNA extraction and no need for complex lab equipment
- Colorimetric Reading:
red = negative, yellow = positive
- In-Field and On-Site Result: ~45 min
- Cost Effective: Expected to be offered at low cost for mass consumption
- Flexible Platform Technology: can be adapted to other pathogens (virus, bacteria, parasites, fungus)
- *This product has not yet been approved*

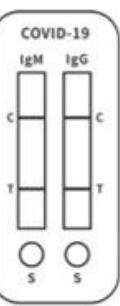
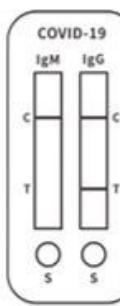
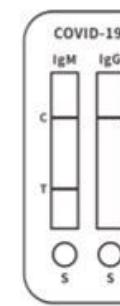
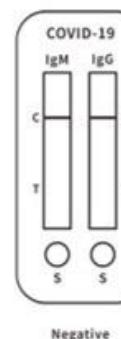
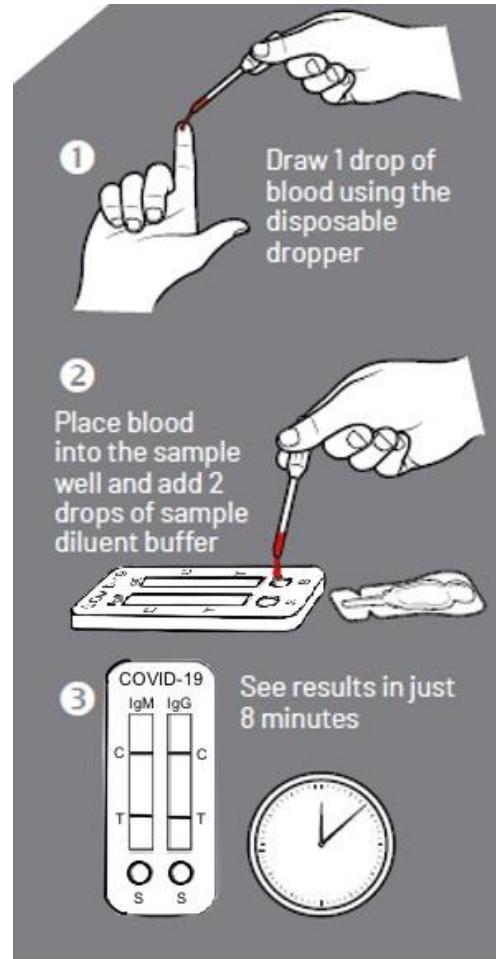


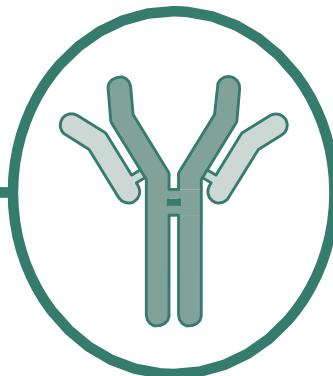
* <https://www.medrxiv.org/content/10.1101/2020.06.13.20129841v1.full.pdf>

COVI-TRACK™ Platinum

Antibody Test Indicating Recent Infection

- This rapid SARS-CoV-2 IgG/IgM antibody test kit is intended for use initially in clinical laboratories and point of care to quickly identify individuals with anti-SARS-CoV-2 antibodies present
- Enable confirmation of protection (self-immunity) with indication of recent or prior infection
- *This product has not yet been approved*

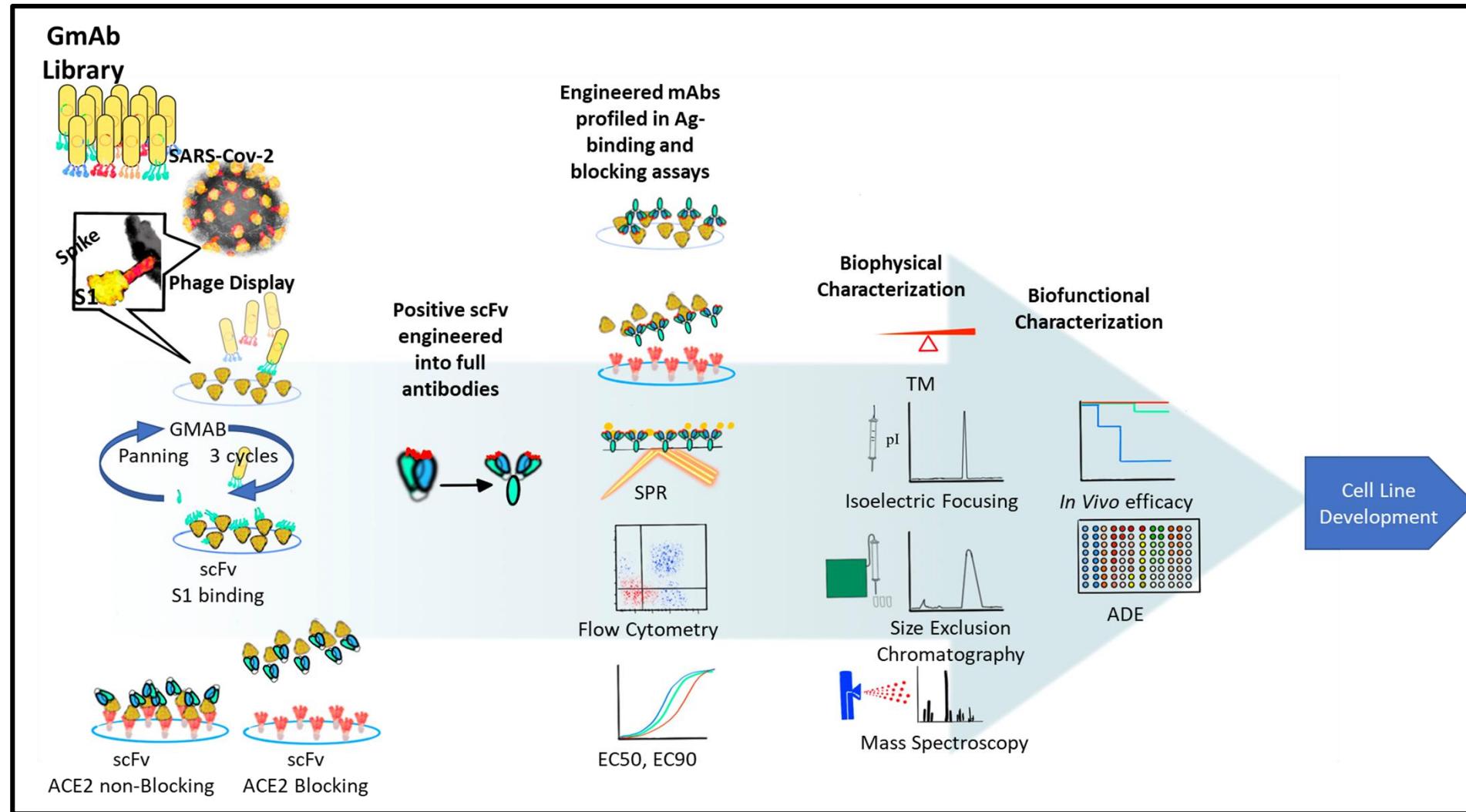




COVID-19 Therapeutics

G-MAB Library for Discovery of Neutralizing Antibodies Against COVID-19

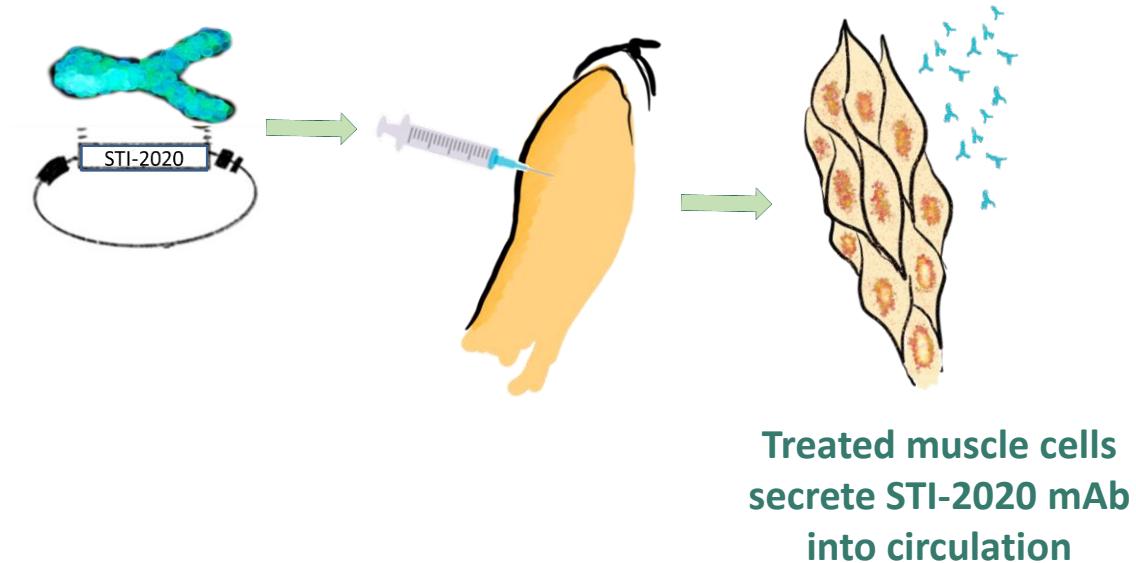
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COVI-GeneMAb™ (STI-8472) (STI-2020-encoded by DNA Plasmid)

- DARPA and JPEO awarded contract with funding of up to \$34 million for the project “**Gene Mabs: A Scalable, Economic, Gene-Encoded Protective Antibody Platform Against Coronavirus**” (HR0011-21-9-0015) to support the development of an STI-2020-encoded Gene MAb™ through Phase 2 clinical studies.
- STI-2020-encoded COVI-GeneMAb is in development for intramuscular administration to protect against the SARS-CoV-2 virus and its variant strains
- Broad deployment of the Gene MAb could provide an effective method of protecting populations where vaccines do not work as well, including the elderly and the immune compromised
- Gene MAb approach permits rapid translation of fully characterized potent neutralizing antibodies into clinical use, which Sorrento believes will be important for responding to potential mutations of SARS-CoV-2 that may emerge

Treatment by Intramuscular Injection of STI-2020-mAb-encoding DNA Plasmid



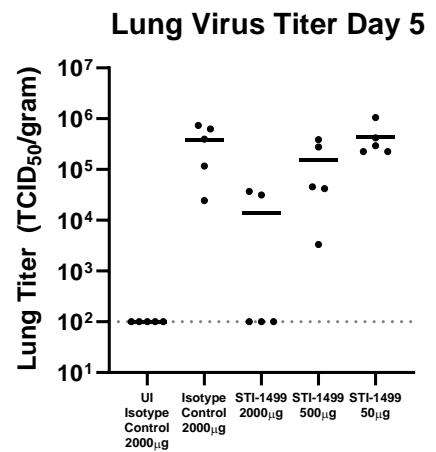
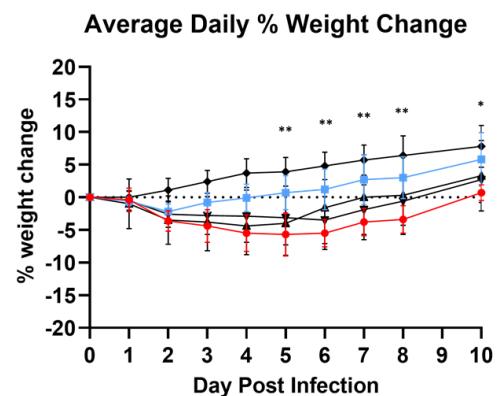
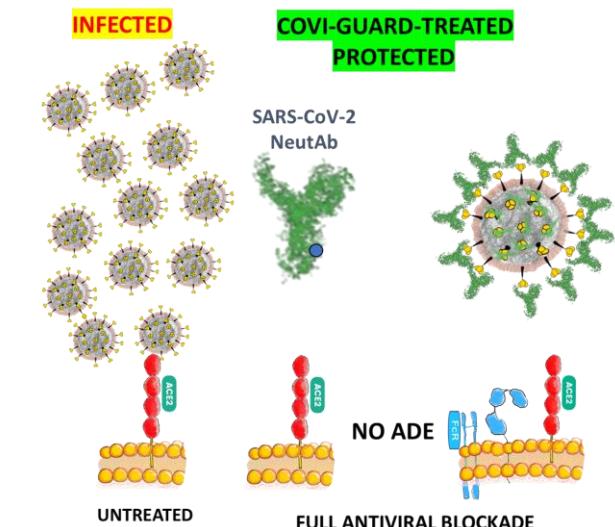
COVI-GUARD™ (STI-1499)*

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- A potent Anti-SARS-CoV-2 antibody, COVI-GUARD demonstrated complete neutralization of infection in African green monkey kidney epithelial cells (VERO/E6 cells) *in vitro* at low concentrations. COVI-GUARD was similarly potent in preclinical studies for neutralization of early pandemic isolates as well as those that have emerged at later stages of the pandemic (D614G-bearing)
- COVI-GUARD protects SARS-CoV-2-infected hamsters from COVID-19-like disease when administered IV immediately following infection
- Sorrento has manufactured and released cGMP STI-1499 to supply ongoing clinical trials. Drug substance production has been scaled to 2000L bioreactors at Sorrento
- STI-1499 Phase 1 clinical studies have been performed in healthy individuals
- COVI-GUARD Fc region is engineered to eliminate interactions with host Fc receptors, thereby decreasing risk of Antibody Dependent Enhancement (ADE) of SARS-CoV-2 infection

*<https://biorxiv.org/cgi/content/short/2020.09.27.316174v1>

Hospitalized Patients (moderate symptoms) COVI-GUARD IV

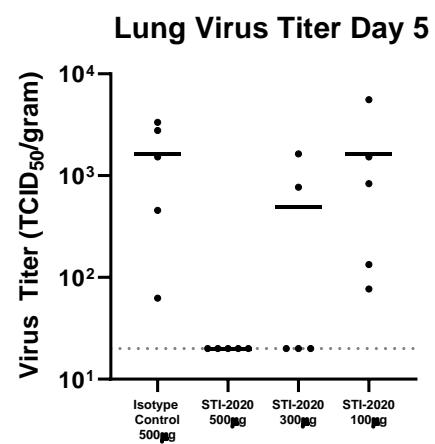
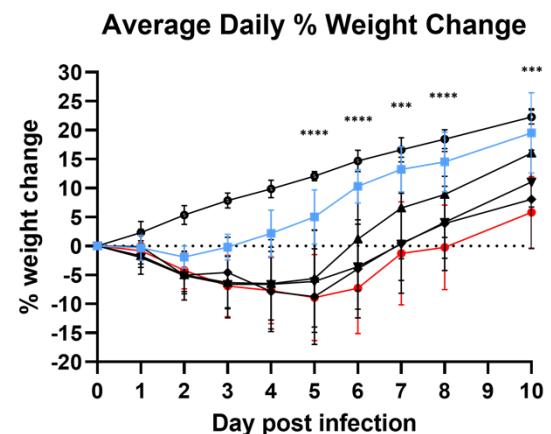
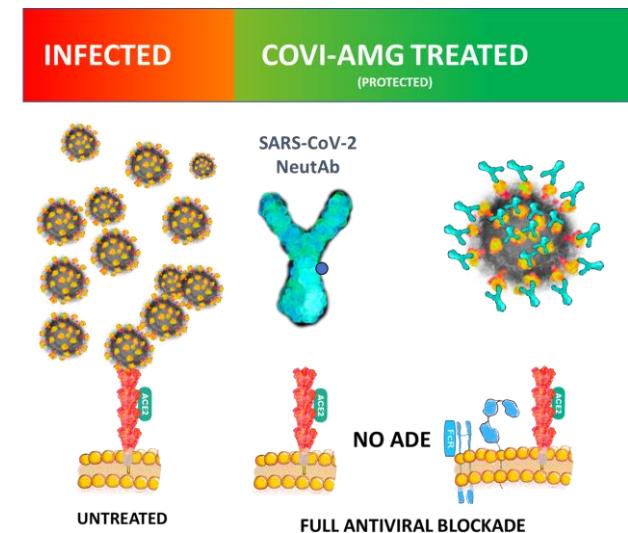


COVI-AMG™ (STI-2020)*

- COVI-AMG engineered for ultra-high potency, with an expected effective dose in humans suitable for IV push administration in an outpatient setting
- COVI-AMG administered IV immediately following infection or 12 hours post-infection protects SARS-CoV-2-infected hamsters from COVID-19-like disease
- In preclinical studies, COVI-AMG retains the same characteristics as COVI-GUARD for emerging variants and mitigation of ADE
- COVI-AMG Phase 1 clinical trial to treat i) healthy normal individuals to evaluate safety and pharmacokinetics; ii) COVID-19 patients with mild symptoms; and iii) hospitalized patients
- The high potency of the COVI-AMG may translate to more doses per bioreactor manufacturing run, lower cost per dose, and allow for rapid deployment and availability to patients. Sorrento has initiated cGMP manufacturing to produce 100,000 doses, expected to be available early next year, in anticipation of a potential EUA

* <https://biorxiv.org/cgi/content/short/2020.09.27.316174v1>

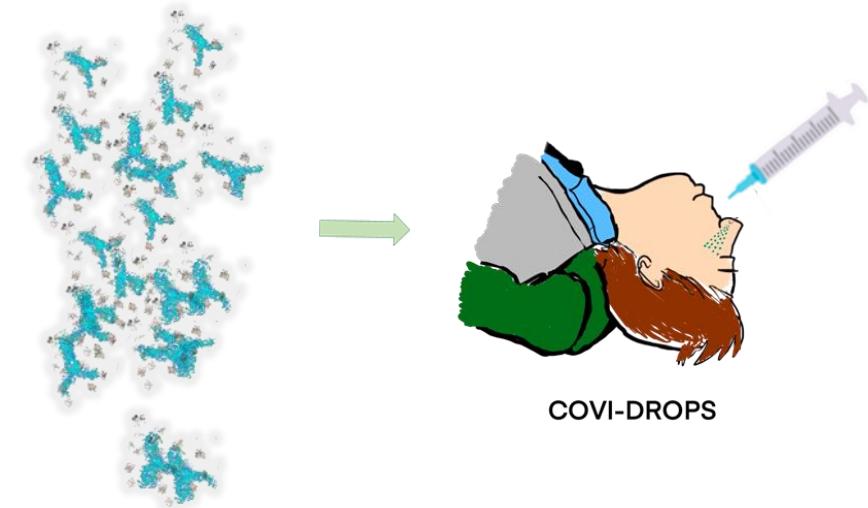
Outpatient (early symptoms) COVI-AMG IV-Push



COVI-DROPS™ (STI-2099)*

- COVI-DROPS is an intranasal formulation of the highly potent SARS-CoV-2 neutralizing antibody STI-2020
- A single intranasal administration of COVI-DROPS prevented disease-associated weight loss in treated hamsters. The impact of the treatment was observed within 24 hours of STI-2099 treatment, demonstrating unique disease treatment properties as compared to intravenously administered antibodies
- COVI-DROPS IND filed for a phase 1 safety and pharmacokinetic study in i) healthy volunteers and ii) outpatients with mild COVID-19 disease with or without a simultaneous intravenous injection of COVI-AMG™
- Remarkably, animals treated with intranasal COVI-DROPS showed evidence of prevention of disease progression with limited weight loss and reduced duration of disease symptoms as compared to animals treated with intravenous COVI-AMG
- The intranasal route is expected to be enabled by the high potency of the antibody and is quite promising against this highly contagious respiratory pathogen
- STI-2099 has the potential to be broadly deployable for early treatment in an outpatient setting and administered immediately upon detection

Immediate treatment upon detection of virus infection



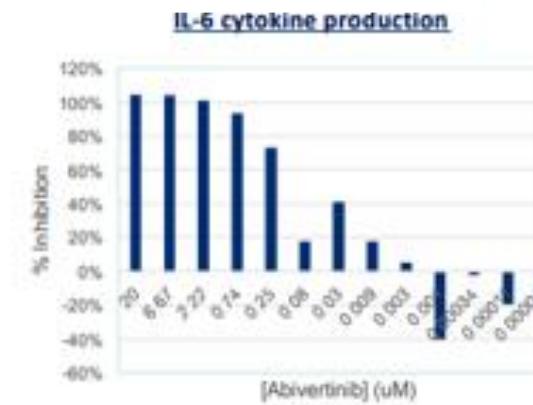
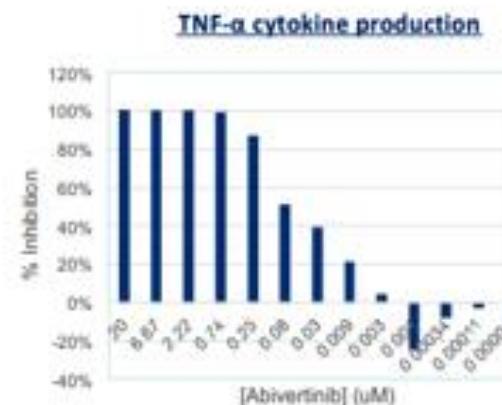
STI-2020 formulated
For intranasal delivery

*<https://www.biorxiv.org/content/10.1101/2020.10.28.359836v1>

Abivertinib (STI-5656): Severe COVID-19-Related Pulmonary Symptoms



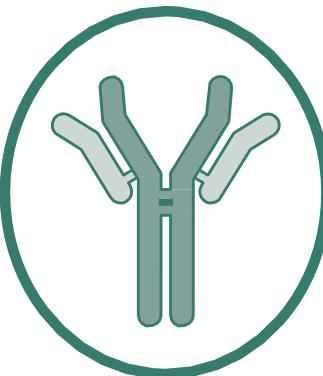
- STI-5656 is in Phase 2 clinical studies as a treatment of severe COVID-19 symptoms (ARDS).
- STI-5656 has been shown to be safe and well tolerated at doses up to 600 mg daily in the treatment of non-small cell lung cancer and B cell lymphomas.
- STI-5656 has shown potent (nanomolar) immunomodulatory activities by inhibiting key pro-inflammatory cytokine production, including IL-1beta, IL-6 and TNF-alpha which are present in high levels during “cytokine storm”. The broad-spectrum reduction of cytokines at nanomolar levels may allow Abivertinib to show success where others have failed
- STI-5656 is an oral treatment (100 mg daily) and is currently enrolling hospitalized patients in the US and Brazil with acute respiratory distress syndrome (ARDS) due to COVID-19 infections



COVI-MSC™ (STI-8282) for Patients with Acute Lung Damage



- COVI-MSC (STI-8282): Allogeneic culture-expanded adipose-derived Mesenchymal stem cells for the rescue of patients with lung damage and acute respiratory distress syndrome (ARDS) due to COVID-19
- Preclinical studies have demonstrated that COVI-MSCs may produce a reduction in lung inflammation, fibrosis and edema
- The current Phase 1b/2 study anticipates 3 x COVI-MSC IV infusions in subjects with severe COVID-19-related acute respiratory distress and ARDS with the hope that treatment will reduce the inflammation and formation of pulmonary alveolar fibrosis and improve pulmonary edema and overall lung function
- The study is active at one site and enrolling patients



Non-opioid Pain Programs

Lead Marketed Product: ZTlido® 1.8%

FDA approved for relief of pain associated with PHN

ZTlido™

(lidocaine topical system) 1.8%

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- ZTlido sales exhibited continuous growth of 49% in 2020



Properties	ZTlido® 1.8%	Lidoderm® 5%
Bioavailability	~45%	~3+2%
Weight	2 g	14 g
Thickness	0.8 mm	1.7 mm
Lidocaine content	36 mg	700 mg
Adhesive	Non-aqueous	Water-based

ZTlido (lidocaine topical system) 1.8% Topical System. For topical use only. Lidocaine 1.8% (USP). Non-aqueous lidocaine topical system. For the relief of pain associated with postherpetic neuralgia (PHN). ZTlido is a registered trademark of SCILEX. © 2021 Sorrento Therapeutics, Inc. All rights reserved. ZTlido is a registered trademark of SCILEX. © 2021 Sorrento Therapeutics, Inc. All rights reserved.

SUPERIOR ADHESION THAT STAYS PUT

Problem

A photograph showing a white, rectangular lidocaine patch (Lidoderm) applied to a person's upper arm. The patch has some faint printed text and numbers on it.

Solution

A photograph showing a white, rectangular ZTlido patch applied to a person's upper arm. The ZTlido logo is clearly visible on the patch.

ZTlido demonstrated superior adhesion to Lidoderm® (lidocaine patch 5%) in a head-to-head study¹

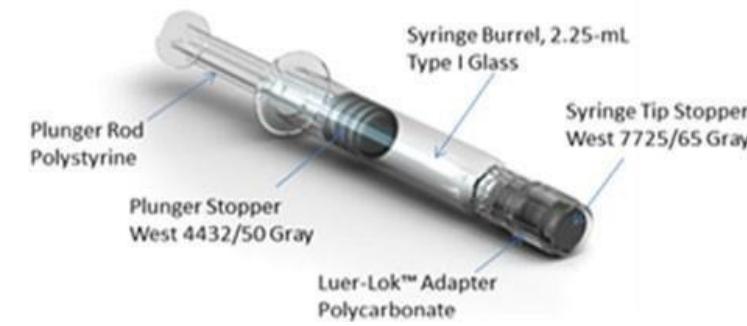
- Superiority demonstrated throughout 12 hours of application^{1,2}
- First and only lidocaine patch approved to be used during moderate exercise¹
- Bioequivalent to Lidoderm® 5% with less medication¹

SP-102: Pivotal Phase 3 trial - Over 90% Enrolled

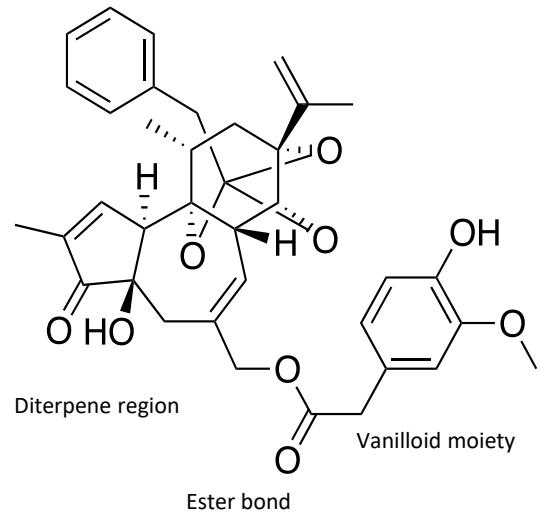
If Approved Could be the First Steroid Formulation with an FDA-Approved Label to Treat Lumbar Radicular/Sciatica Pain

SP-102 Product Features

- Potent non-particulate steroid (injectable dexamethasone sodium phosphate gel)
- Pre-filled syringe for epidural use
- Viscous gel formulation for extended local release and substantial pain relief
- Well-tolerated. Key viscous excipient, long history of use including safety
- Fast acting onset of effect
- No preservatives, no surfactants, no particulates. Non-opioid and non-addictive
- Fast Track Status Received from FDA



Resiniferatoxin (RTX)



Resiniferatoxin is a potent agonist of the transient receptor potential cation channel sub-family V member 1 (TRPV1) predominantly found in a subpopulation of small C and A delta sensory neurons most often involved in nociception (the transmission of physiological pain), but also identified in cardio-renal and pulmonary modulatory functions.

The agonist action of RTX produces a selective and prolonged opening of the TRPV1 receptor, causing a sustained calcium influx in the cells. This significant cation inward current results in the cytotoxic ablation of the TRPV1-positive fibers or neuronal soma.

CLINICAL STUDIES STATUS (2020 COMPLETED ENROLLMENT)



INTRACTABLE CANCER PAIN

A Multicenter, Open-Label, Phase 1b Study to Assess the Safety and Define the Maximally Tolerated Dose of Epidural Resiniferatoxin Injection for the Treatment of Intractable Pain Associated With Cancer.

[www.clinicaltrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT00804154)
(NCT00804154)

Sorrento study (17 enrolled)

INTRACTABLE CANCER PAIN

Phase 1b study of the intrathecal administration of Resiniferatoxin for treating severe refractory pain associated with advanced cancer.

[www.clinicaltrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT03226574)
(NCT03226574)

NIH study (16 enrolled)

OA KNEE PAIN

Phase 1b double-blinded, placebo-controlled study to assess the safety and preliminary efficacy of intra-articular administration of Resiniferatoxin or saline control (as placebo group) for the treatment of moderate to severe pain due to osteoarthritis of the knee.

[www.clinicaltrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT03542838)
(NCT03542838)

Sorrento study (94 enrolled)

Study Results – Epidural Admin (Cancer Pain) – Study Closed.

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INTRACTABLE CANCER PAIN

A Multicenter, Open-Label, Phase 1b Study to Assess the Safety and Define the Maximally Tolerated Dose of Epidural Resiniferatoxin Injection for the Treatment of Intractable Pain Associated With Cancer

www.clinicaltrials.gov
(NCT03226574)

Sorrento study (17 enrolled at dose levels 0.4, 1, 2, 4, 8, and 15 mcg presented)

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Sorrento Therapeutics, Inc.
4953 Directors Place
San Diego, CA 92121

A Multicenter, Open-Label, Phase 1b Study to Assess the Safety and Define the Maximally Tolerated Dose of Epidural Resiniferatoxin (RTX) Injection for Treatment of Intractable Pain Associated with Cancer
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Sponsored by Sorrento Therapeutics, Inc.

Introduction

- From Euphorbia (cactus-like) plants
- Ultrapotent agonist of TRPV1 receptor¹
- RTX vs. capsaicin
 - RTX ~18 Billion Scoville units
 - Capsaicin ~16 Million Scoville Units
- Highly specific: affects only TRPV1 expressing nerves (A_δ and C fibers)
- RTX activates TRPV1 receptor inducing influx of calcium, leading to lysis of pain-sensor neurons
- Cancer-related pain, reported by more than 70% of patients, is one of the most common and troublesome symptoms affecting patients with cancer. Despite the availability of effective treatments, cancer-related pain may be inadequately controlled in up to 50% of patients.²

Methods

- Phase 1b, open-label, single-dose RTX, 3 + 3 dose escalation design
- Subjects with intractable chronic pain (NPRS worst pain ≥ 6) due to advanced cancer
- Dose levels: 0.4, 1, 2, 4, 8, 15 mcg in 3 mL saline
- First 2 dose levels may advance after first subject dosed if no DLTs
- Administered epidurally as interlaminar injection at midline L2-L3, L3-L4, L4-L5, L5-S1, or via caudal catheter L5 to S4 under anesthesia

Demographics & Baseline Characteristics

Demographics, Baseline Characteristics	RTX N=14	Cancer Diagnosis N=14
Female, Male: n (%)	9 (64.3%) 5 (35.7%)	Breast 2 (14.3%) Lung 2 (14.3%) Multiple Myeloma 2 (14.3%) Rectal 2 (14.3%) Renal cell 2 (14.3%) Gastrointestinal Stromal Tumor 1 (7.1%) Endometrial 1 (7.1%) Large-B-cell Lymphoma 1 (7.1%) Myxoid Liposarcoma 1 (7.1%)
Age, Median (min, max)	58.5 (40, 82)	
Baseline Worst NPRS, Mean (SD)	7.8 (1.3)	
Baseline Average NPRS, Mean (SD)	6.9 (1.7)	
Baseline Worst NPRS < 6: n (%)	1 (7.1%)	
Baseline Worst NPRS ≥ 6, < 8: n (%)	4 (28.6%)	
Baseline Worst NPRS ≥ 8: n (%)	9 (64.3%)	

1. Moran MM, Szabad A. Targeting nociceptive transient receptor potential channels to treat chronic pain: current state of the field. *Br J Anaesth*. 2018;119(6):873-883.
2. Freudenthal RG, Wenzel SM, Ahrend RH. Cancer pain: a review of epidemiology, clinical quality and value impact. *Pain Oncol*. 2017; V11, 839-841.

Results

Safety

- No DLTs were reported.
- Serious AEs were attributed to progression of underlying cancer.
- Most common treatment related AE was transient procedural pain which sometimes was described as burning sensation in lower extremities which diminished over several hours and disappeared afterwards.

TEAE	Severity	SAE	RTX Treated (N=14)
Procedural pain	Moderate	No	7 (50.0%)
Back Pain	Moderate	No	1 (7.1%)
Burning sensation	Mild	No	1 (7.1%)
Bradycardia	Mild	No	1 (7.1%)
Hypertension	Mild	No	1 (7.1%)
Increased blood pressure	Moderate	No	1 (7.1%)
Nausea	Mild	No	1 (7.1%)

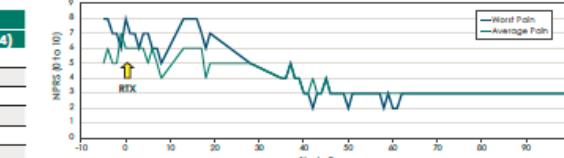
Treatment-Emergent Adverse Events Related to RTX

Mac PK

Efficacy (cont)

- 62 yo man with rectal cancer with severe rectum and tailbone pain; received 15 mcg RTX; noted significant improvement in pain, physical strength, mood, and appetite with NPRS pain scores reduced from 7 to 8/10 to 3/10.

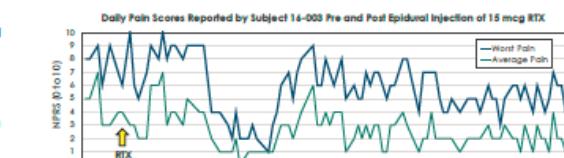
Daily Pain Scores Reported by Subject 12-011 Pre and Post Epidural Injection of 15 mcg RTX



Efficacy (cont)

- 57 yo man with multiple myeloma and severe low back pain, received 15 mcg RTX; reported only mild pain in this target area post RTX injection

Daily Pain Scores Reported by Subject 14-003 Pre and Post Epidural Injection of 15 mcg RTX



Conclusion

- Resiniferatoxin (RTX) was tolerable at all doses tested (with concomitant analgesics administered).
- PK data showed undetectable drug in plasma in 13/14 subjects
- A dose-dependent decrease in pain scores was detected.
- RTX has the potential to alleviate severe pain associated with cancer.

Study Results – Intra articular admin (OA Knee Pain). Study Closed.

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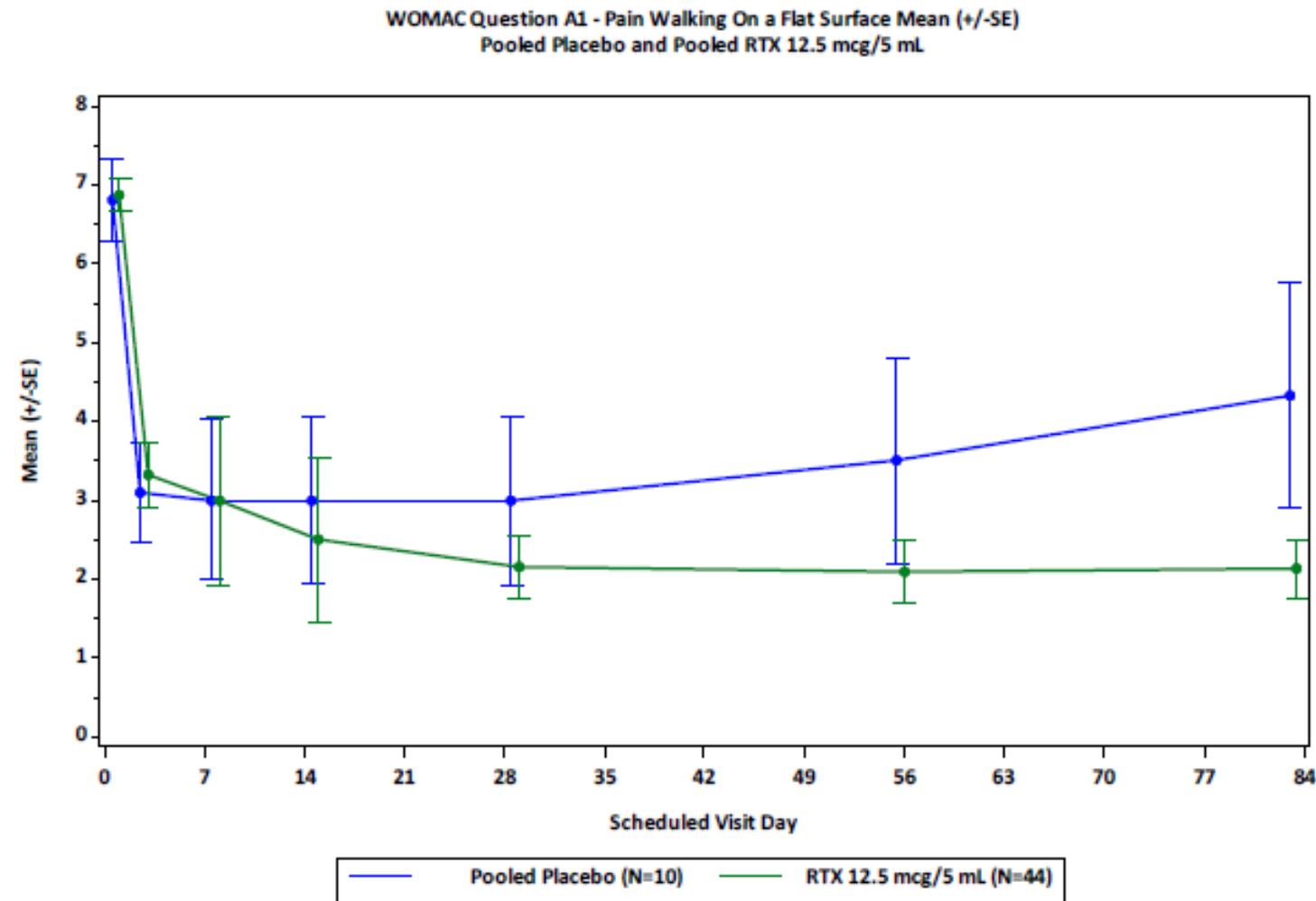
OA KNEE PAIN

Phase 1b double-blinded, placebo-controlled study to assess the safety and preliminary efficacy of intra-articular administration of Resiniferatoxin or saline control (as placebo group) for the treatment of moderate to severe pain due to osteoarthritis of the knee

www.clinicaltrials.gov

(NCT03542838)

Sorrento study (94 enrolled)



Persistence of Effect past Day 84 (OA Knee Pain)



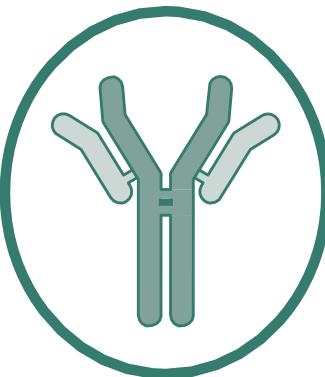
Subjects with Data Post-Day 84
Number (%) of Subjects with at Least 50% Response at Day 84
Pooled RTX 12.5 ug/5 cc

Parameter	At Least 50% Response			
	Day 84	Day 168	Day 252	Day 364
WOMAC Question A1 - Pain Walking On a Flat Surface	18/25 (72.0%)	17/18 (94.4%)	10/13 (76.9%)	7/9 (77.8%)
WOMAC Pain Subscale	19/25 (76.0%)	17/19 (89.5%)	11/14 (78.6%)	7/10 (70.0%)
WOMAC Function Subscale	17/25 (68.0%)	16/17 (94.1%)	11/12 (91.7%)	8/9 (88.9%)
WOMAC Stiffness Subscale	18/25 (72.0%)	14/18 (77.8%)	10/13 (76.9%)	8/9 (88.9%)
WOMAC A (Pain) plus WOMAC C (Function)	17/25 (68.0%)	16/17 (94.1%)	11/12 (91.7%)	8/9 (88.9%)
Walking Pain Scores (NPRS)	17/25 (68.0%)	16/17 (94.1%)	10/12 (83.3%)	6/6 (100.0%)

Note: Percentages at Days 168, 252 and 364 were based on those Subjects who responded at Day 84 and had data at the specified day.

Source: Data Extract 06Jul2020; SAS (v9.4); Executed on July 7, 2020

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Immuno-Oncology Programs

Core Oncology Pipeline Continues to Progress



Portfolio	Key Programs	Indication	Preclinical	Phase I	Phase II	Phase III/Pivotal
Immunotherapy	CD38 CAR-T	Multiple Myeloma				
	CD38 DAR-T	Multiple Myeloma				
	CD38 ADC	Amyloidosis				
	Seprehvir™	Solid Tumors				
	ABIVERTINIB	NSCLC				

ABIVERTINIB (STI-5656): NSCLC and B Cell Lymphomas



- Abivertinib maleate (STI-5656) is a potent, small molecule third-generation tyrosine kinase inhibitor (TKI) of mutant epidermal growth factor receptor (EGFR) and Bruton tyrosine kinase (BTK) receptor
- Abivertinib inhibits the gatekeeper mutation of EGFR; T790M, as well as the common activating mutations (L858R, 19del), and has minimal inhibitory activity against the wild type (WT) receptor, contributing to its observed safety profile
- Abivertinib has shown benefit in the treatment of non-small cell lung cancer (NSCLC) and in various B cell lymphomas (BCLs) at doses up to 600 mg daily. One phase 3 study in NSCLC has been completed and is pending final review. A phase 1/2 study in patients with mantle cell lymphoma has been completed as well. Both studies showed promising overall response rates

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