

Lantern Pharma

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. These forward-looking statements include, among other things, statements relating to: future events or our future financial performance; the potential advantages of our RADR® platform in identifying drug candidates and patient populations that are likely to respond to a drug candidate; our strategic plans to advance the development of our drug candidates; estimates regarding the development timing for our drug candidates; our strategic plans to expand the number of data points that our RADR® platform can access and analyze; our research and development efforts of our internal drug discovery programs and the utilization of our RADR® platform to streamline the drug development process; our intention to leverage artificial intelligence, machine learning and genomic data to streamline the drug development process and to identify patient populations that would likely respond to a drug candidate; estimates regarding potential markets and potential market sizes; sales estimates for our drug candidates and our plans to discover and develop drug candidates and to maximize their commercial potential by advancing such drug candidates ourselves or in collaboration with others. Any statements that are not statements of historical fact (including, without limitation, statements to the effect that Lantern Pharma Inc. or our management "believes", "expects", "anticipates", "estimates", "plans", and words such as "targets," "objectives" (and similar expressions) should be considered forward-looking statements. There are a number of important factors that could cause our actual results to differ materially from those indicated by the forward-looking statements such as the impact of the COVID-19 pandemic, the results of our clinical trials, and the impact of competition. Additional factors can be found in the Risk Factors section in our preliminary prospectus, dated January 8, 2021, on file with the Securities and Exchange Commission. You may access our January 8, 2021 preliminary prospectus under the investor SEC filings tab of our website at www.lanternpharma.com or on the SEC's website at www.sec.gov. Given these risks and uncertainties, we can give no assurances that our forward-looking statements will prove to be accurate, or that any other results or events projected or contemplated by our forward-looking statements will in fact occur, and we caution investors not to place undue reliance on these statements. Furthermore, we operate in a competitive and rapidly changing environment. New risks and uncertainties emerge from time to time, and it is not possible for us to predict all risks and uncertainties that could have an impact on the forward-looking statements contained in this presentation. You should read this presentation, the preliminary prospectus we have filed with the SEC and the documents we reference in the preliminary prospectus and have filed as exhibits to the registration statement of which the preliminary prospectus is a part completely and with the understanding that our actual future results may be materially different from what we expect. All forward-looking statements in this presentation represent our judgment as of the date hereof, and, except as otherwise required by law, we disclaim any obligation to update any forward-looking statements to conform the statement to actual results or changes in our expectations.



FREE WRITING PROSPECTUS

- We have filed a registration statement (including a prospectus) with the SEC for the offering to which this communication relates. Before you invest, you should read the prospectus
 in that registration statement and other documents the issuer has filed with the SEC for more complete information about us and this offering. You may get these documents for free
 by visiting EDGAR on the SEC website, <u>www.sec.gov</u>. Alternatively, we, any underwriter or any dealer participating in the offering will arrange to send you the prospectus if you
 contact ThinkEquity, a division of Fordham Financial Management, Inc., located at 17 State Street, 22nd Floor, New York, NY 10004, by telephone at (877) 436-3673 or by email at
 prospectus@think-equity.com.
- All investors viewing these materials should first access the prospectus by clicking on the following link:

https://www.sec.gov/Archives/edgar/data/1763950/000121390021001239/ea132545-s1_lanternpharm.htm

MARKET AND INDUSTRY DATA

- This presentation and the preliminary prospectus made available to you herewith contains estimates, projections and other information concerning our industry, our business and the markets for our drug candidates, including data regarding the estimated size of such markets and the incidence of certain medical conditions. We obtained the industry, market and similar data set forth in this presentation and the preliminary prospectus from our internal estimates and research and from academic and industry research, publications, surveys and studies conducted by third parties, including governmental agencies. In some cases, we do not expressly refer to the sources from which this data is derived. Information that is based on estimates, forecasts, projections, market research or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances that are assumed in this information. While we believe our internal research is reliable, such research has not been verified by any third party.
- This presentation highlights basic information about us and the offering. Because it is a summary, it does not contain all of the information that you should consider before investing.
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Lantern leverages A.I. to rescue and develop cancer therapies and has the potential to transform the cost, risk and timeline of drug development



Failed or Abandoned Drug Assets

Drugs that have failed clinical trials or have been abandoned by pharma and biotech companies in late stage trials



- Big data (genomic, clinical, response) assembled and analyzed
- Patient subgroups identified through machine learning and artificial intelligence
- · Mechanisms of action clarified
- Potential combinations identified
- Potential for faster and more efficient path to relaunching in the clinical trial setting





Responders

Non-Responders

- Patient stratification based on A.I. enabled genomic biomarker discovery
- New patient populations for failed or abandoned drugs based on validated biomarker signatures
- · Aimed to shorten time to market
- Designed to reduce risk in development
- Potential for orphan or fast track status
- New Chemical Entities designed and filed

Current oncology drug development is costly, risky, and inefficient ... a perfect problem area for artificial intelligence & machine learning

Challenges in drug development ...

...are being met by data-driven, and A.I. approaches

3.3%(1)

Avg. success rate of oncology drugs

17,000+

Oncology trials

conducted from

2001-2015

\$2.8B⁽²⁾

R&D investment to bring new cancer drug to market 2009-2018

arket 18

Success rate of oncology trials using biomarker



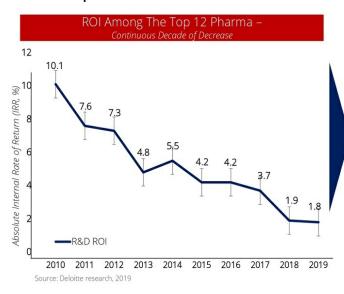
Note 1: https://globalforum.diaglobal.org/issue/may-2019/what-are-the-chances-of-getting-a-cancer-drug-approved Note 2: https://www.biopharmadive.com/news/new-drug-cost-research-development-market-jama-study/573381/ Source: Wong CH et al.. Biostatistics (2018)

Nasdag: LTRN



Lantern Pharma

There is a critical need to rescue drugs that failed *or* bring abandoned therapeutic assets to market in order to create ROI for biopharma



 "... low efficacies of cancer drugs might be attributed to the heterogeneity of the tested patient population, which essentially dilutes the strong therapeutic effect that a drug might have on a specific patient subgroup."

Thiebault Geoux, Ph.D. Chemistry - Elsevier 11/9/2015

2. "The ever-increasing catalog of genetic changes involved in cancer development is fueling a new generation of targeted drugs that are designed to address specific weaknesses in tumor cells. But these drugs will only work in a subset of patients – creating a demand for genetic stratification.

Allison Halliday, Ph.D. Cancer Research, 01/31/2020 Cancer Biomarkers: Powering Precision Medicine



- Our A.I. platform helps to solve these two central problems in oncology drug development with unprecedented speed and cost
- This allows us to increase the potential for success and improve trial design



Lantern's focus on oncology, and advancing the portfolio where we own the therapeutic rights makes us uniquely positioned and differentiated

Scalable, Unique Artificial Intelligence Platform - RADR®



- 1+ Billion datapoints covering over 140+ drug/tumor interactions
- Validated in multiple case studies with over 80%+ blinded accuracy
- Integration of real-world, patient data from thousands of patients
- · Active collaboration with NCI in oncology therapeutics
- Use of genomic, transcriptomic, clinical and drug sensitivity data
- Guides development of patient stratification and CDx strategy
- Published posters and studies at ASCO and AACR (2018, 2019, 2020)
- Helped drive first out-licensing deal for LP-100
- · Helped identify ADC program for potential development

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Rapidly Accelerating Our Portfolio Value

- Guided the genetic signature to determine patient response for LP-100 which was out-licensed within one year
- Expanded LP-100 for use in cancers that have a DNA damage repair gene mutation (ERCC 2,3)
- Uncovered potential mechanisms of action for LP-300

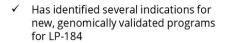
 which has shown notable and statistically significant results in prior trials, (with certain patient populations) but failed to meet broader endpoints
- Highlighted potential pathways and genes involved in both the response to LP-184 and the biological mechanisms that are involved in activity across multiple tumors
- Identified potential new candidates for rescue, repurposing and in-licensing – including ADC combinations



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Major pillars of shareholder and patient value at Lantern Pharma





- Provided insights and targets for pursuit using an ADC approach
- ✓ Scaled 4x+ since IPO, plan an increase of 3x to 5x during 2021 calendar year
- ✓ Potential to significantly reduce the complexity, cost and timeline associated with drug development



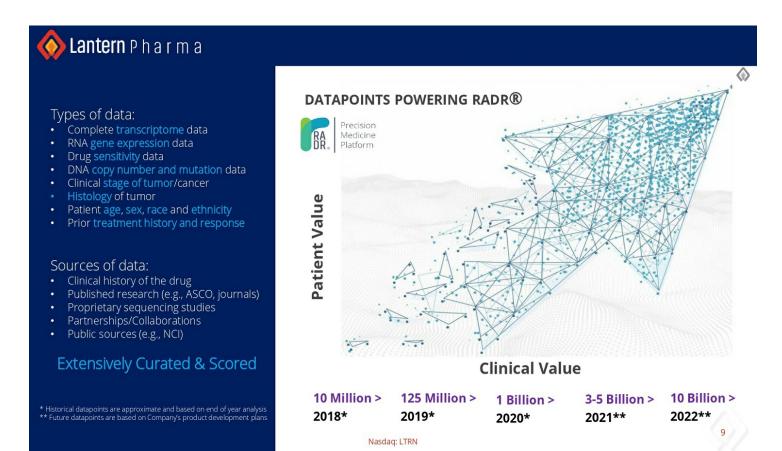
- ✓ Programs in Phase 2 in targeted cancer indications
- Unique, patented small molecules being developed with biomarker signatures
- ✓ Phase 2 in mCRPC (prostate)
- ✓ Phase 2 (mid 2021) in NSCLC (lung)
- Targeted indications in GBM,
 Pancreatic and other solid tumors



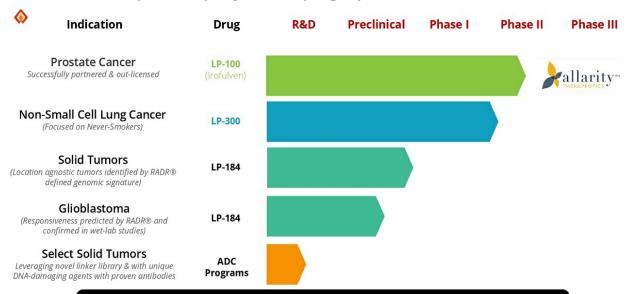
Novel Highly Potent ADC Program

- ✓ Targeting novel programs with patented compounds and unique linker technologies
- Optimized for portfolio of Lantern's DNA damaging compounds
- Leveraged RADR to identify ideal targets and cancers that can benefit from the combination
- Ability to partner early with pharma based on market and technology demand for ADC programs





Lantern's Unique & Rapidly Developing Pipeline



Accelerated Development by Leveraging the RADR® A.I. platform 80+ issued patents and pending applications across 14 patent families

Nearly 1 M patients annually worldwide with several Billion \$USD in potential future oncology therapy sales

3 Drug Candidates in Development in Targeted Patient Segments With Clinical Need

Prostate Cancer

1.3 million

2018 Estimated Global Incidence

208,000

2018 Estimated Global metastatic hormone-resistant prostate cancer subpopulation

Ovarian, Pancreatic & Liver Cancer

1.6 million

2018 Estimated Combined Global Incidence

400,000

2018 Estimated Global cancer subpopulation nonresponsive to or relapsed after chemotherapy and with potential biomarker signature for response

Glioblastoma (GBM)

240,000+

2018 Estimate of new GBM cases globally

11,000-13,000

2019 estimated GBM Cases in the USA

Non-Small Cell Lung Cancer (NSCLC)

2 million

2018 Estimated Global Incidence

240,000+

2018 Estimated Global never-smoker NSCLC adenocarcinoma subpopulation

Sources: American Cancer Society, Global Database, AANS, NCI, Lantern Pharma meta analysis

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Overview of Lantern's Small Molecule Portfolio

LP-100, Irofulven

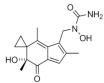


- · DNA Damaging Agent
- Mediates cytotoxicity through multiple mechanisms such as DNA adduct formation, RNA polymerase stalling and redox protein modification
- Use in a precision medicine, genomicsignature guided Phase II trial (NCT03643107) for metastatic, castration-resistant prostate cancer (mCRPC)
- Expansion into cancers with ERCC2/ERCC3 mutations (both germline and inherited)

LP-300

- Disulfide bond disrupting agent with cysteine modifying activity on select proteins (ALK) and modulator of protein function (EGFR, MET, ROS1)
- Chemosensitizer for combination therapies by inactivating proteins modulating cell redox status and drug resistance (TRX, GRX, PRX)
- Chemoprotectant activity that reduces toxicities associated with taxane/ platin-based chemotherapies

LP-184



- Novel DNA Damaging Agent member of the acylfulvene prodrug class
- Favorable in vitro and in vivo efficacy across multiple tumor types
- Broad anti-tumor agent that counteracts multi-drug resistance
- Nanomolar potency
- A.I. generated, validated and published gene signature for solid tumors
- Key payload for ADC programs

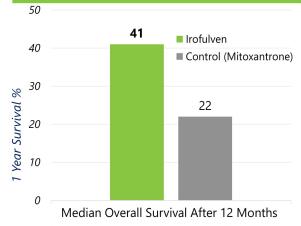




LP-100 (Irofulven): Historical* phase II trial results in prostate cancer







*Historical data from Hart et al., Randomized phase II trial of irofulven/prednisone, irofulven/capecitabine/prednisone, or mitoxantrone/prednisone in hormone refractory prostate cancer (HRPC) patients failing first-line docetaxel. European Journal of Cancer Supplements (2006)

Precision Phase II Trial

- Out-licensed to Allarity Therapeutics in 2016
- Patients screened using Irofulven-specific biomarker signature and eligible patients recruited with Hormone Refractory Prostate Cancer (HRPC)
- Allarity Therapeutics dosed first patient in HRPC in Q4 2018 in a Phase 2 trial using biomarker technology to ID and monitor patients
- Trial design estimates up to 27 patients to be enrolled
- Lantern Pharma can receive up to \$14M or a specified percentage of future earnings from the sale or out-licensing of LP-100
- First patient dosed in mHRPC (metastatic, hormone-resistant prostate cancer) in Q4 2018 in a Phase II trial using biomarker screening technology on the tumor to select patients
- US patent directed to use of drug in combination with tumor biomarker signature (filed by Allarity Therapeutics) through 2036

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I P-300

LP-300 in development for never-smokers with NSCLC adenocarcinoma based on strong historical data & biomarker studies

Mechanism of action

- · Disulfide bond disrupting agent
- · Disrupts by covalently modifying cysteine
- Inhibits and modulates activity of proteins in NSCLC pathways (ALK, EGFR, MET, ROS1)

Prior Clinical Experience

- Prior history in 5 phase 1 and 5 phase 2 and 3 clinical trials in lung and breast cancers as a combination agent
- LP-300 has been administered to over 1,000 patients and has been generally well tolerated
- Prior studies did not stratify or select patients based on biomarker or smoking status

Current status





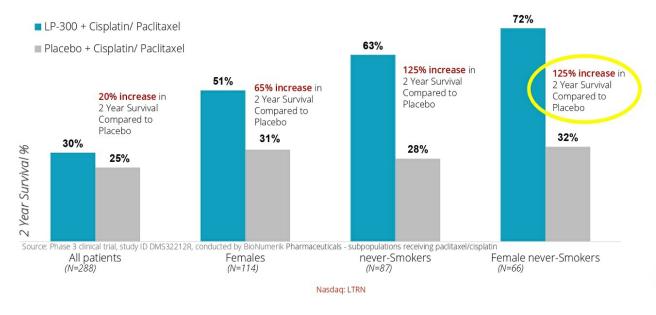
- Targeting never-smoker sub-population, as a potential target rare disease market (est. start mid-2021)
- Designing phase II clinical trial for use in nonsmokers with NSCLC adenocarcinoma
- Exploring preclinical in vivo studies to characterize efficacy as a combination with approved targeted therapies
- Leveraging RADR® to develop biomarker signature that can be used to predict patients most likely to respond to combination therapy with LP-300





Lantern's precision oncology approach in the LP-300 Phase II trial will build on a prior Phase III trial that did not meet clinical efficacy endpoints but demonstrated survival benefit in a patient subgroup





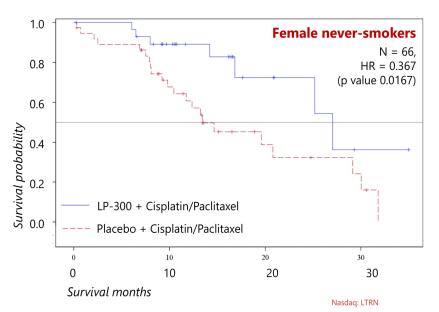
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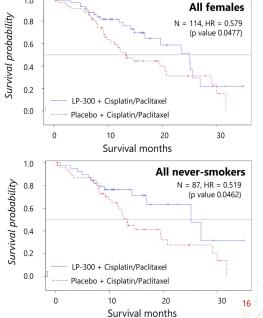
LP-300

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Female never-smokers showed the clearest statistically significant positive outcome among subgroups in the LP-300 treatment arm in advanced

adenocarcinoma patients in Phase III





Proposed design for relaunching of Phase II clinical trial for LP-300 in a targeted patient population





Trial Design

- Non-Randomized
- Masking: None (Open Label)
- Primary Purpose: Treatment
- · Study arms: Single experimental arm

Efficacy Endpoints

- Primary: Overall Survival
- Secondary: Objective Response Rate/ Clinical Benefit Rate/ Progression-Free Survival/ Quality of Life

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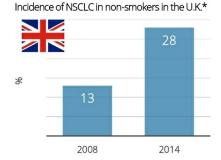
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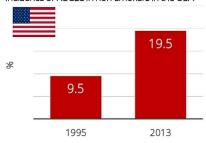
I P-300

Lung Cancer in Never-Smokers (LCINS) – a hidden but rising disease









*Proli C et al., ASCO 2015; Pelosof L et al., ASCO 2015

- 7th leading cause of death among patients with solid tumors
- More frequent in women with ~2/3 of patients with no reported smoking history
- Adenocarcinoma is the most common histology accounting for ~60% of non-smoking NSCLC patients
- 20% to 25% of global lung cancer cases and deaths occur among never-smokers
- LP-300 patent application for use in never-smoking NSCLC patients (potential protection until 2039)
- Significant mutational difference in LCINS v. Smokers esp. in EGFR, TP53, STK11 and KRAS**

**Mutation frequency data compiled by Lantern Pharma from 6 studies

LP-184 for solid tumors and certain PTGR1 expressing cancers & ADC program



Unique Features



- · Hydroxyurea Methylacylfulvene
- Nanomolar potency across multiple solid tumor (pancreas, prostate, liver) and glioblastoma cell lines
- Broad anti-tumor agent that counteracts multidrug resistance and is independent of other mutations (p53, KEAP1)
- Favorable in vitro and in vivo efficacy allowing improved therapeutic index and pharmacokinetics
- · Promising blood-brain-barrier (BBB) profile
- · Key payload for ADC Program

Current status







- 6 new patent filings: 2 new applications on synthetic manufacturing of new molecular entities
- Wet lab validated 16 gene signature leveraging NCI Cell Miner platform from our collaboration
- Validated BBB permeability in both nuerospheres and wet-lab experiments
- · Q4'20 collaboration with Georgetown in prostate cancer
- · Q4 '20 collaboration with Johns Hopkins in GBM
- Q3' 20 collaboration with Fox Chase to advance targeted use in molecularly defined types of pancreatic cancer.
- Q3 '20 established manufacturing for phase 1 clinical trials in GBM and solid tumors.

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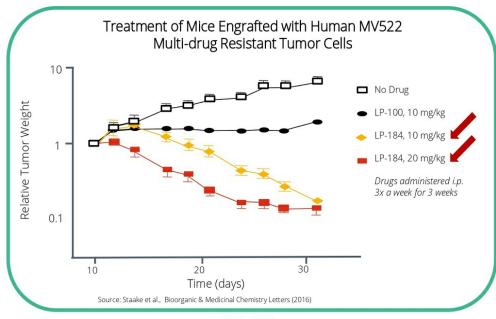


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LP-184

LP-184 treatment resulted in greater tumor regression in a mouse model with human cancer

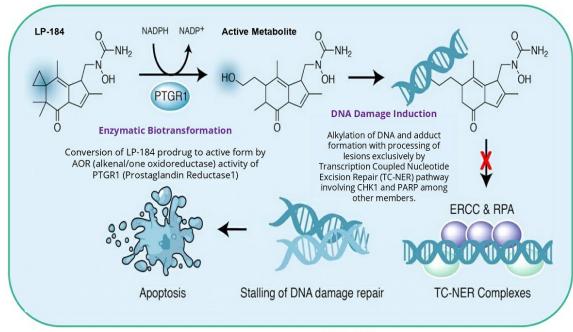




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Proposed LP-184 mechanism of action based on acylfulvene drugs





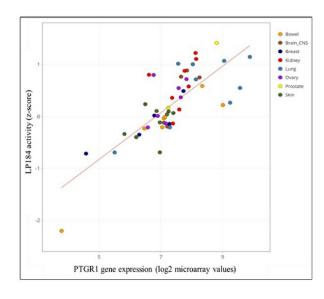
- Potential synergistic drug combinations due to involvement w/ DNA repair pathway and supported by gene correlation studies
- Approved drugs in certain drug classes have been identified to be synergistic with LP-184 when used in combination for cancer treatment

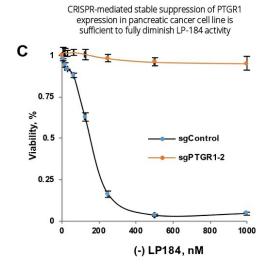
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LP-184: High Positive Pan Tumor Correlation with PTGR1 Expression







LP-184 shows a 10x – 3,800x increase in *in vitro* potency over approved chemotherapeutics in various solid tumors





Cell Line ID_Cancer Type

LP-184 IC50 data from Lantern generated data, Cisplatin and Pemetrexed IC50s from GDSC database

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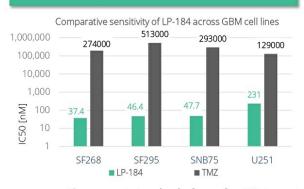
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I P-184

LP-184 shows significant promise in improving patient outcomes in Glioblastoma (GBM) – a rare cancer with median survival of < 1 year



500x – 13,000x increase in *in-vitro* potency over TMZ, (the current standard in GBM)



LP-184 has a favorable CNS drug profile – blood brain barrier (BBB) permeability

Molecule	BBB permeability probability score	Developmental stage
LP-184	0.9694	Preclinical
TMZ	0.9879	Approved
Carmustine	0.9533	Approved
Cilengitide	0.9362	Phase II

Using admetSAR2, a tool for evaluating chemical ADMET (absorption, distribution, metabolism, excretion - toxicity) properties

The current standard of care for GBM consists of de-bulking surgery followed by combined treatments with fractionated ionizing radiation (IR) and the DNA alkylating agent temozolomide (TMZ) which less than 50% of patients respond to*

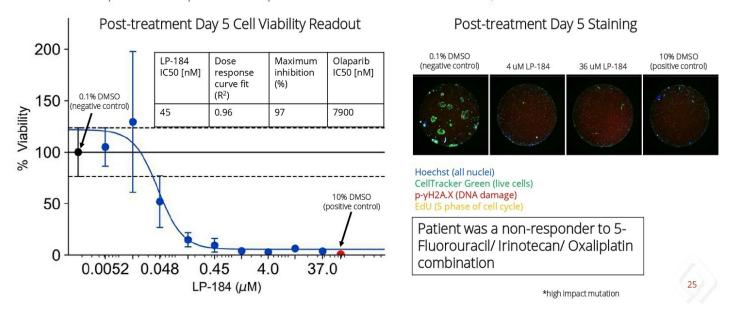
Source: Genes & Disease, Volume 3, Issue 3, Sep. 2016 0 pp. 198-210





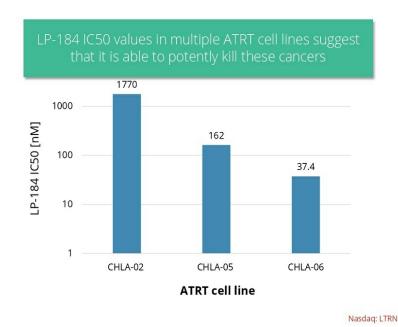
LP-184 is highly effective in *ex vivo* PDX models of DNA Damage Repair Deficient (HRD+) solid tumors

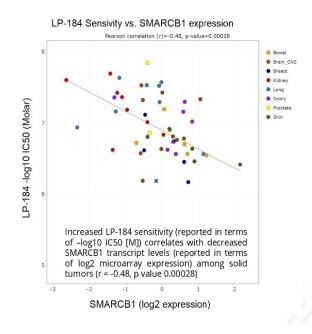
LP-184 response in a representative pancreatic cancer model with PARP1, ATR* and BRIP1 mutations



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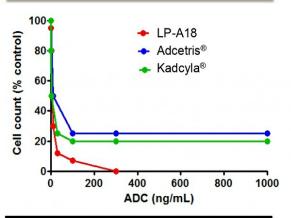
LP-184 shows *in vitro* potency in ATRT - an ultra-rare CNS cancer mostly occurring in children driven by SMARCB1 expression as predicted by RADR





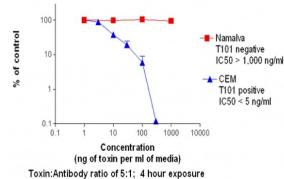
Initial data from ADC Program

LP-A18* v. other ADCs based on data submitted to FDA



LP-A18 has an LD50 of 7 nM versus IC50 2-7 nM for Adcetris® or Kadcyla®

Converted an antibody with no intrinsic biological activity to an ADC!



Concentration is ng of toxin attached to antibody per mL of cell culture media

One can treat even MDR refractory leukemias (whether T-cell, B-cell, myeloid or myeloma leukemias)

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RADR® - A robust and scalable platform for accelerating the development of targeted cancer therapy, precision trials and Companion Dx

Real World Applications

- Robust precision medicine/drug development
- Uncovering potential drug combinations
- · Predicting synergy with Immuno-oncology agents
- · Drug repositioning, revitalization & rescue
- Companion Dx development

Model Data Sets

- > 1 Billion transcriptomic and drug sensitivity data points
- >144 drug-tumor interactions
- > 55,400 + real world patient data
- · Using automation and AI to grow data-sets

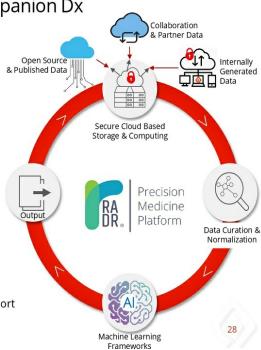
Data Sources

- Public Sources such as Gene Expression Omnibus (GEO), Cancer Cell Line Encyclopedia (CCLE), Genomics of Drug Sensitivity in Cancer (GDSC),
- Industry Data
- Proprietary Data

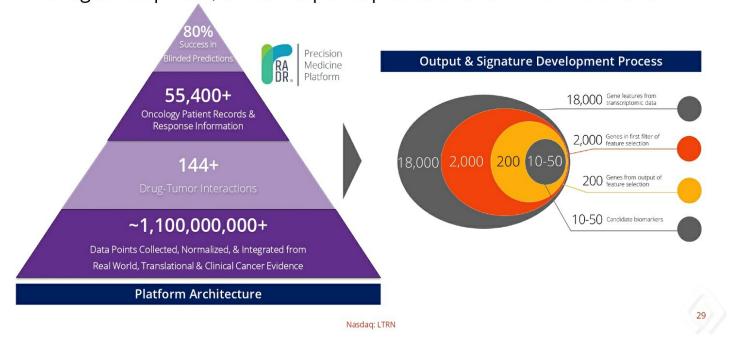
Al Methods Being Deployed

- Analytics: Integrated systems biology, statistical and descriptive analysis
- Machine Learning: Supervised ML (Neural Network & Support Vector), variations in established ML algorithms: XGBoost

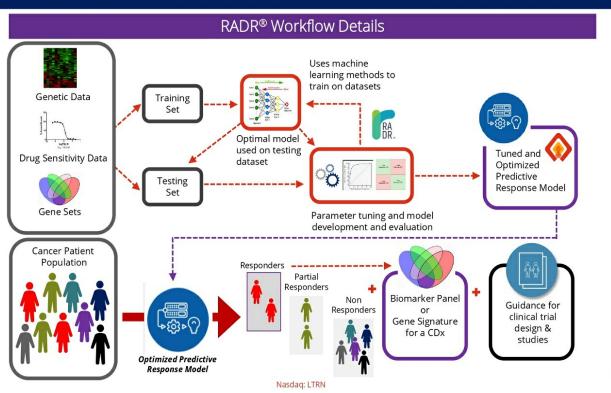
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RADR® identifies genetic markers and signatures for precision oncology drug development, clinical response prediction and CDx enablement



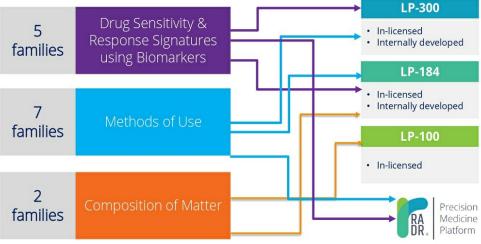
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Our Intellectual Property Portfolio – Extensive and continually growing position of over 80 issued patents & patent applications across 14 patent families







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Studies & Collaborations With Top Tier Academic & Research Partners











Heavy investment & investor interest in A.I. driven drug development

Company	Investment	Valuation*	Pipeline Status
Lantern Pharma.	Jun. 2020 IPO (NASDAQ: LTRN)	\$115+ Million \$26 M. raised at IPO	 Oncology Focus in 4 programs Ph. 2 – Prostate, Ph. 2 - NSCLC Pre-Clin. – Solid Tumors & GBM
Bioccel	Mar. 2018 IPO (NASDAQ: BTAI)	\$1,300+ Million \$65 M. raised at IPO 3 subsequent rounds	Ph. 3 – NeuroPh. 2 – Immuno Oncology
SCHRÖDINGER.	Feb. 2020 IPO (NASDAQ: SDGR)	\$6,100+ Million \$232 M. raised at IPO	5 compounds in early discoveryAll oncology, targeted small molecule
RECURSION	\$239+ M. total Latest 09/2020 Series D	\$1,000+ Million (estimate based on last round)	Various therapeutic areas3 Ph 3, 1 Ph 2, 17 in PC/discovery
Atomwise Better medicines faster.	\$123+ M. total Latest 08/2020 Series B	\$500+ Million (estimate based on last round)	Partners w/ academic, pharma and agrochemical firms.No captive pipeline
BenevolentAl	\$290+ M. total Latest 09/2019 private raise	~\$1,100 Million (pre-money based on last round)	Partners w/ academic and pharmaTech and service provider
*Source: Crunchhase Pitchhook and Bloomherg			(

*Source: Crunchbase, Pitchbook and Bloomberg * Valuations of public companies as of January 7, 2021

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Value Building Milestones & Inflection Points



Foundational Year Advance Platform Trial Launches Progress ADC Compounds

2021

- ✓ LP-300 Phase 2 Clinical Trial Launch
- Advancement of CNS Programs w/ LP-184 (GBM & ATRT)
- Data from key collaborations Fox Chase, Georgetown and Johns Hopkins
- Finalize IND-Enabling studies for LP-184 in select genomically defined tumors
- Launch initial ADC indications in pre-clinical
- RADR platform expected to reach over 3Bn datapoints



Multiple Streams of Value Creation Launch Multiple Precision Trials Leverage Platform for Pharma Partners Secure Additional Compounds Readout for multiple trials

- ✓ LP-300 Phase 2 Interim Readout
- Launch clinical trials for GBM and other LP-184 Indications
- ✓ Finalize IND-Enabling studies for ADC & Launch Phase 1
- Develop or In-license additional programs in targeted indications
- ✓ Explore pharma and biotech partnerships/arrangements
- ✓ RADR platform expected to reach over 10Bn datapoints

Cap Table

LANTERN PHARMA INC. (LTRN)	
Common Shares Outstanding	6,217,577
Warrants (WAEP \$3.13)	262,014
Underwriter Warrants (Exercise Price at \$18.75)	70,000
Options (Employees, Management and Directors)	820,608
Fully Diluted Shares Outstanding	7,370,199



Cap Table as of September 30, 2020

- Management and Directors own ~51% of fully diluted shares outstanding.
- Committed to creating enduring growth and value for LTRN shareholders.

Nasdag: LTRN





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Highly experienced in innovation for pharma, drug development & oncology

Management Team

Panna Sharma President & CEO

- Former President & CEO at Cancer Genetics (Nasdaq: CGIX)
- · Led IPO, Private investment round and multiple global acquisitions
- Led CGIX to five years on Deloitte Fast 500
- Founder & CEO TSG Partners (Life Sciences Investment Bank & Strategy Consulting)
- · Chief Strategy Officer, iXL (Nasdaq: IIXL)
- · Analyst & Consultant, BankofAmerica, Putnam Investments, Interactive Solutions

Kishor Bhatia, Ph.D., FRC Path Chief Scientific Officer

A highly skilled scientist, inventor, manager, and administrator with over thirty years of experience building research programs and teams to create innovative treatments for cancer. Dr. Bhatia has expertise in DNA repair mechanisms, including contributions to understanding UV damage repair, the cloning of the PARP gene and its expression and the contribution of p53 gene in resistance to therapy.

Former:

- Director AIDS Malignancy Program. Office of HIV and AIDS Malignancy, National Cancer Institute
- Director, Cancer Children's Cancer Research Center, KFSHR&C, Riyadh
- Director, International Network for Cancer Treatment and Research, Brussels
- · 1st to clone PARP gene involved in DNA damage
- · Over 250 publications with global collaborators & researchers

David Margrave, J.D. Chief Financial Officer

- 20+ years of oncology focused management experience.
- Former President and as Chief Administrative Officer, BioNumerik Pharmaceuticals
- Expertise in biotech deal structuring, and corporate management
- Chairman of the Texas Healthcare and Bioscience Institute
- Chairman of the State of Texas Product Development & Small Business Incubator Board
- · Univ. of Texas and Stanford graduate

Kerry Barnhart, Ph.D., V.P. of Clinical Development

Accomplished drug development professional and executive specializing in designing and directing oncology clinical programs from novel and breakthrough discoveries

Former:

- SVP of Development CerRx
- President & CEO Transmed Oncology
- · President & CEO Bradmer Pharma
- · CSO, Aptamera
- B.S., M.S. University of Arizona
- Ph.D. & Post Doctoral Studies Cornell University Graduate School of Medicine, Memorial Sloan Kettering, Salk Institute & U.C. San Diego



Investment Highlights - Lantern Pharma has a unique, growing and validated foundation for the future of cancer therapy and patient care



Active drug rescue process and in the clinic with 2 compounds and accelerating additional compounds and combinations to clinical trials...potentially saving tens of millions and years of development



Growing A.I. based platform with clear roadmap to 6+ Bn. datapoints focused exquisitely on cancer therapeutic development and companion Dx in a high growth, high demand \$4 Bn market



Focused on cancer drug market segments with clear clinical need, understood mechanisms, targeted patient populations that exceed 1 Million, and multi-billion USD in annual sales potential



A novel ADC platform with the potential to develop and out-license or partner ADC assets in early phases



Multiple compounds in place with the potential for Orphan Disease Designation and LP-184 to be submitted for ODD in pancreatic and GBM which can help accelerate development



Proven and growing library of A.I. & machine-learning methodologies published at ASCO, AACR and used to generate novel IP & patents and accelerate discovery by potentially years



Experienced and innovative management team w/ 60+ years experience in cancer and a passion to change the cost and outcome for cancer patients by using A.I. and genomics – paradigm changing technologies



Industry leading collaborations with National Cancer Institute, Georgetown, Johns Hopkins & Fox Chase Cancer Center

37

Nasdaq: LTRN





Appendix Items

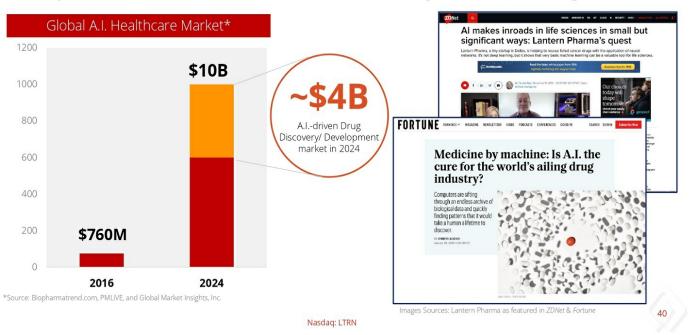
- · Global A.I. Healthcare and Drug Discovery Market
- Mega Trends Shaping the Future of Cancer Therapy
- Source of Irofulven, LP-100
- Board of Directors Biographical sketches
- Select recent publications and posters

Nasdaq: LTRN



🚺 **Lantern** P h a r m a

Drug discovery and development driven by A.I. is a rapidly growing market in response to fundamental shifts in the industry and a re-tooling of R&D



Solving unmet needs and creating opportunities in personalizing cancer therapy by capitalizing on emerging technologies and industry trends

Mega Trends Shaping Drug Development

- 1. Increased access to validated genomic & biomarker data
- Increased sharing and collaboration globally among research groups, industry consortiums and companies
- Rapidly decreasing cost (and increasing quality) of sequencing and biomarker data and other healthmonitoring data
- Rapid evolution & implementation of A.I. and machine learning technologies
- Availability of well tolerated and clinically active but failed or abandoned compounds
- Economic pressure to reposition & rescue drug investments
- 7. Rising need to develop and manage combination and drug-resistance addressing therapies
- 8. Increasing use of precision medicine and genomics to identify, treat and manage patients



Nasdaq: LTRN



Lantern Pharma

Irofulven, LP-100, is derived from the Jack O'Lantern mushroom

LP-100, Irofulven

- · DNA Damaging Agent
- Derived from highly toxic substance found in Jack o'Lantern mushroom – Illudin S
- Company name "Lantern" is also derived from this origin of the compound
- LP-100 is a highly potent semi-synthetic derivative of the active toxic compound found in this fungi



Board of Directors

Jeff Donald Keyser, Ph.D., J.D., MPA

- Board Chairman
 Founder of Renibus Therapeutics and ZSPharma

Franklyn Prendergast, M.D., Ph.D.

Emeritus

- Board of Governors and Board of Trustees, Mayo Clinic
- Professor and Director Mayo Clinic Comprehensive Cancer Center
 Emeritus Member of Eli-Lily Board of Directors
 Board of Directors, Lantern Pharma, Cancer Genetics, and TGEN

- · Distinguished Alumnus Mayo Clinic

Vijay Chandru, Ph.D.

- Co-Founder, Chairman Scientific Advisory Board, Strand Life Sciences
- Fellow Indian Academies of Sciences and Engineering
 Technology Pioneer, World Economic Forum
 Co-Founder, Yantri Labs and other Al Compnies

- · Research Professor: IISc, Purdue, MIT, UPenn, Stanford

David Silberstein, Ph.D., MPH

- · Director, Astra Zeneca
- · Sr. Director, MedImmune
- Asst. Professor of Medicine, Harvard Medical School
- Currently Principal Investigator of an NCI funded clinical trial in patients with multiple brain metastases

Leslie (Les) W. Kreis

- Managing Partner & Co-Founder, BIOS Partners
 Principal & Founder, Steelhead Capital Management
- Co-Founder, Cowtown Angels
- · Vice President, HRK Investments

Panna Sharma

· President & CEO, Lantern Pharma

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https://cancerres.aacrjournals.org/content/79/13_Supplement/4789

CANCER RESEARCH https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15_suppl.e21660 Abstract 4789: Predicting sensitivity to Lantern Pharma's pipeline drug candidate LP-184 using the Response Algorithm for Drug Positioning and Rescue

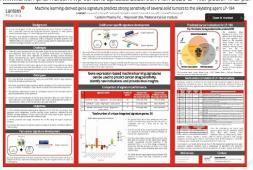
Enter words / phrases / DOI / ISBN / authors / keywords / etc st Articles Issues Special Content Authors Subscrib **OPTIONS & TOOLS** LP-300 as a potential first-in-class combination agent with tyrosine kinase inhibitors (TKIs) in non-smoker lung adenocarcinoma. Add To Favorites Check for updates f 💆 🖾 🛨 COMPANION ARTICLES ARTICLE CITATION Background: Lung cancer in non-smekers (LCINS) is the seventh leading cause of death among solid hamors. LCINS is more frequent in women, and the histological incidence of adenocarcinamas in lights among non-smokers. The mutation pattern by smeking status in non-small cell lang cancer (RSCL) a distinct will genomic alterations in FGFR, MET and RDS being more frequent in non-smokers. Non-smoking status is the strongest being more frequent in non-smokers. Non-smoking status is the strongest WE RECOMMEND





https://www.lanternpharma.com/wp-content/uploads/2020/06/AACR-2020-LP-Reprocell-poster-final-pdf.pdf

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