

Filed pursuant to Rule 433 of the Securities Act of 1933
Issuer Free Writing Prospectus dated July 12, 2021
Relating to the Preliminary Prospectus dated July 1, 2021
Registration Statement File No. 333-256572



Advancing Medicines For Female Cancers

Context Therapeutics Inc.

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Except for statements of historical fact, any information contained in this presentation may be a forward-looking statement that reflects the Company's current views about future events and are subject to risks, uncertainties, assumptions and changes in circumstances that may cause events or the Company's actual activities or results to differ significantly from those expressed in any forward-looking statement. In some cases, you can identify forward-looking statements by terminology such as "may", "will", "should", "plan", "predict", "expect," "estimate," "anticipate," "intend," "goal," "strategy," "believe," "could", "would", "potential", "project", "continue" and similar expressions and variations thereof.

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This Presentation is not an offer to sell, and is not seeking an offer to buy, any securities of Context Therapeutics Inc. (the "Company", or "we," "us, or "our"). The Company's securities may only be sold pursuant to an effective registration statement filed with the Securities and Exchange Commission (the "SEC").

The Company has filed with the SEC a registration statement (File No. 333-256572) including a preliminary prospectus for the offering to which this presentation relates, but such registration statement has not been declared effective.

Before you invest, you should read the preliminary prospectus in that registration statement, including the "Risk Factors" set forth therein, and the documents filed as exhibits to the registration statement for more complete information about the Company and the offering. You may access these documents for free by visiting EDGAR on the SEC website at www.sec.gov.

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Copies of the preliminary prospectus may be obtained for free by visiting EDGAR on the SEC web site at www.sec.gov or by contacting ThinkEquity, a Division of Fordham Financial Mgmt., Inc., 17 State Street, 22nd Floor, New York, NY 10004, by telephone at (877) 436-3673 or by email at prospectus@think-equity.com.



Offering Summary

Issuer	Context Therapeutics Inc.
Listing	CNTX (NASDAQ Capital Markets)
Proposed Aggregate Offering⁽¹⁾	\$19,500,000
Price Range	\$12.00-\$14.00 per share
Shares Offered	1,500,000
Pre-IPO Common Shares Outstanding as converted⁽²⁾	5,376,7162
Use of Proceeds	Advancing clinical development of ONA-XR, our lead PR antagonist for PR+ solid tumors, preclinical advancement of Claudin 6 bispecific, R&D working capital, general corporate
Sole Book-Runner	ThinkEquity, a division of Fordham Financial Management, Inc.

(1) Anticipated gross proceeds are assuming a \$13.00 initial public offering price, which is the midpoint of the price range included on the cover page of the preliminary prospectus and the sale of 1,500,000 shares of common stock.

(2) Common stock share total is as of July 1, 2021, after giving pro forma effect to the conversion of all outstanding shares of preferred stock and the conversion of certain warrants immediately prior to the completion of the initial public offering.



- Clinical-stage women's oncology company headquartered in Philadelphia, PA
- Lead program is in Phase 2 development for female hormone-dependent cancers
- Up to 70% of breast, ovarian, and endometrial cancers are hormone-dependent
- Management and advisors have been associated with the development of several FDA approved products (Kisqali[®], Arimidex[®]) for female, hormone-dependent cancers



**Women's Oncology
Company**



**Large Market
With Significant
Unmet Need**



**Lead Program in
Phase 2
Development**

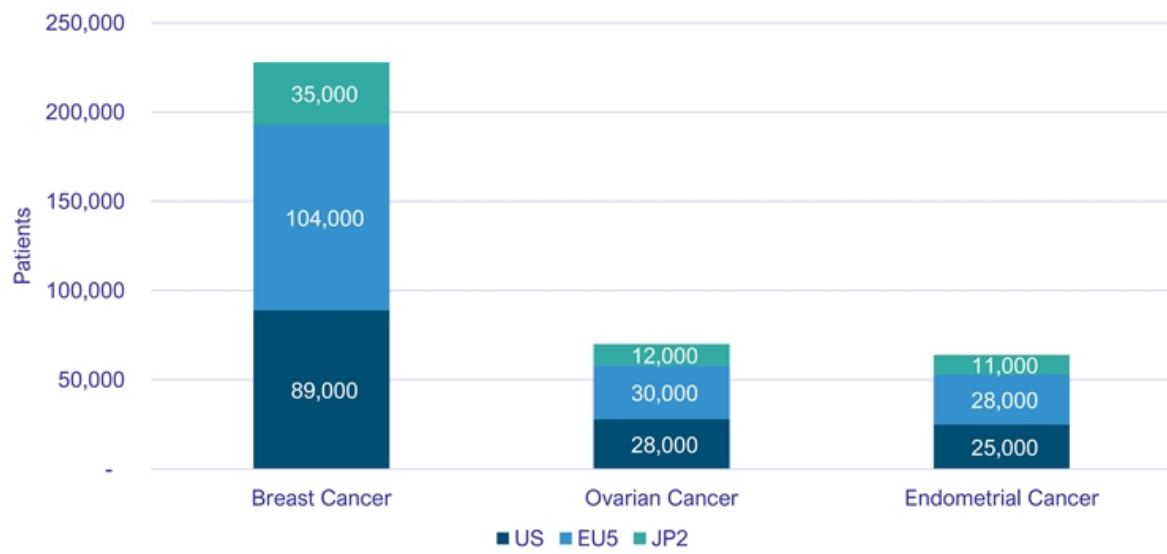


**Experienced
Team**



Lead Product ONA-XR Targets Female Hormone-Dependent Cancers

Prevalence of Metastatic Female Hormone-Dependent Cancers in EU5, Japan, and US



Management



Martin Lehr
CEO and Director

- Independent Director, Praesidia Biologics
- Director, CureDuchenne Ventures
- Senior Associate, Osage University Partners



Tarek Sahnoud, MD, PhD
Chief Medical Officer

- President, OncoStrategy LLC
- CMO, H3 Biomedicines
- SVP, Celgene
- SVP, Novartis Oncology



Evan Dick, PhD
SVP R&D

- SVP, Aclaris Therapeutics
- SVP, Ralexar Therapeutics
- SVP, Ceptaris Therapeutics
- SVP, Ception Therapeutics



Jennifer Evans Stacey, Esq
Independent Director

- GC, Wistar Institute
- GC, Antares Pharmaceuticals
- GC, Auxilium Pharmaceuticals



Richard Berman, JD, MBA
Chairman and Independent Director

- Director, Cryoport (SCYRX), BioVie (SBIV)
- Fmr CEO, Easylink
- SVP, Bankers Trust



Bill Rencher, PhD
Head of CMC and Regulatory

- President, Drug Development Solutions LLC
- Senior Director, Fulcrum Pharma Dev
- Director, CONRAD Program
- Assoc. Director, Schering Plough



Eileen Kittrick, CPA
Controller

- Controller, Genova Group
- Sr Dir, Siegfried Group
- Auditor, Lindquist & Joyce



Alex Levit, Esq
Chief Legal Officer

- Deputy GC, OptiNose
- Associate GC, Teva
- Associate, Reed Smith



Linda West
Independent Director

- Director, Galera Therapeutics (SGRTX)
- CFO, multiple DuPont business units
- General Auditor, DuPont

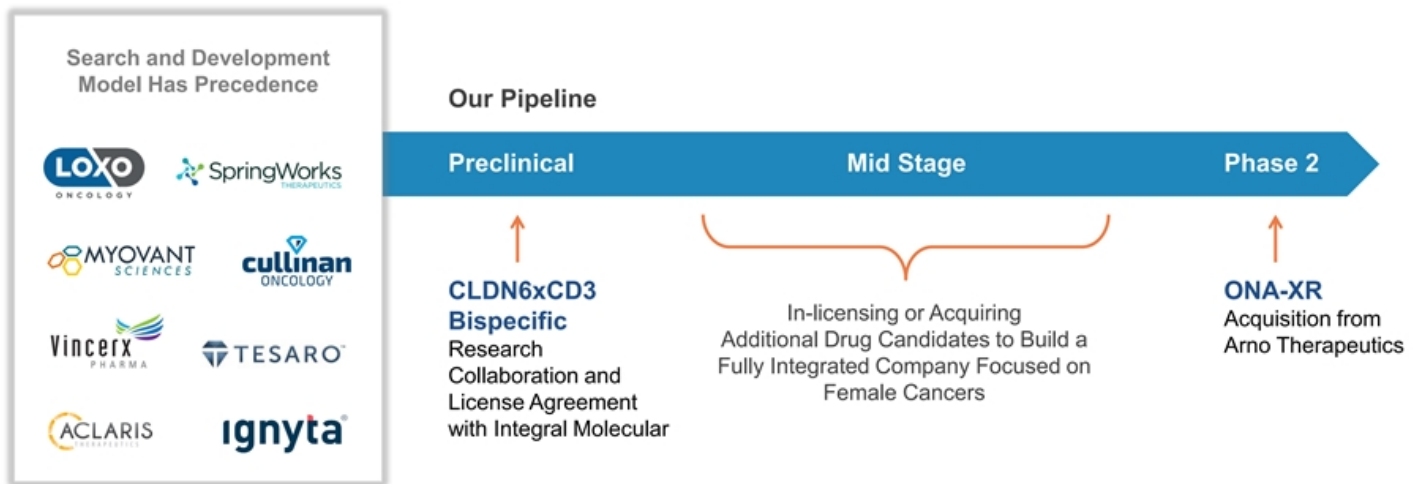


Philip Kantoff, MD
Independent Director

- Chief of Medicine, Memorial Sloan Kettering Cancer Center
- Chair, Clinical Research, Dana Farber Cancer Center
- Chair, SAB, Prostate Cancer Foundation



How We Will Advance Medicines for Female Cancers



Search and Development Operating Model



Pipeline

Cancer	Clinical Indication	Research	Phase 1	Phase 2	Phase 3	Upcoming Milestones	FDA Fast Track
ONA-XR (PR antagonist)¹							
Breast Cancer	1L ER+,PR+,HER2- ctDNA ^{high}	Phase 1b/2 Trial				<ul style="list-style-type: none"> First patient Mid 2021 Proof of concept data 2022 	
	2L/3L ER+,PR+,HER2- Post-CDK4/6 inhibitor	Phase 2 Trial				<ul style="list-style-type: none"> First patient Mid 2021 Proof of concept data 2022 	
Ovarian Cancer	Recurrent PR+ Granulosa Cell	Phase 2 Trial				<ul style="list-style-type: none"> Clinical update 1H 2021 	
Endometrial Cancer	Recurrent PR+ Endometrioid	Phase 2 Trial				<ul style="list-style-type: none"> First patient Q2 2021 	
CLDN6xCD3 bispecific antibody							
	Ovarian & Endometrial Cancer					<ul style="list-style-type: none"> IND enabling studies 2022 	



ONA-XR

Progesterone Receptor Antagonist



ONA-XR: Oral PR Antagonist for ER+,PR+,HER2- Breast Cancer

- Up to 70% of breast cancer patients have hormone-dependent disease referred to as ER+,PR+,HER2-
- For these patients, estrogen deprivation (via anti-estrogen) therapy is the core treatment modality
- Anti-estrogen resistance leads to poor treatment response in later treatment lines
- Unmet need for a new therapy that can overcome anti-estrogen resistance

High-Risk	Primary Disease	Adjuvant Therapy	Metastatic Breast Cancer		
Mammographic Monitoring	Surgery + Chemotherapy and/or Radiation	Antiestrogen	1 st Line Letrozole + CDK4/6	2 nd Line Fulvestrant or Fulvestrant + Alpelisib	3 rd Line Chemotherapy or Palliative Care

- 24 month PFS
- 20-25% ORR

- 2-7 month PFS
- < 15% ORR

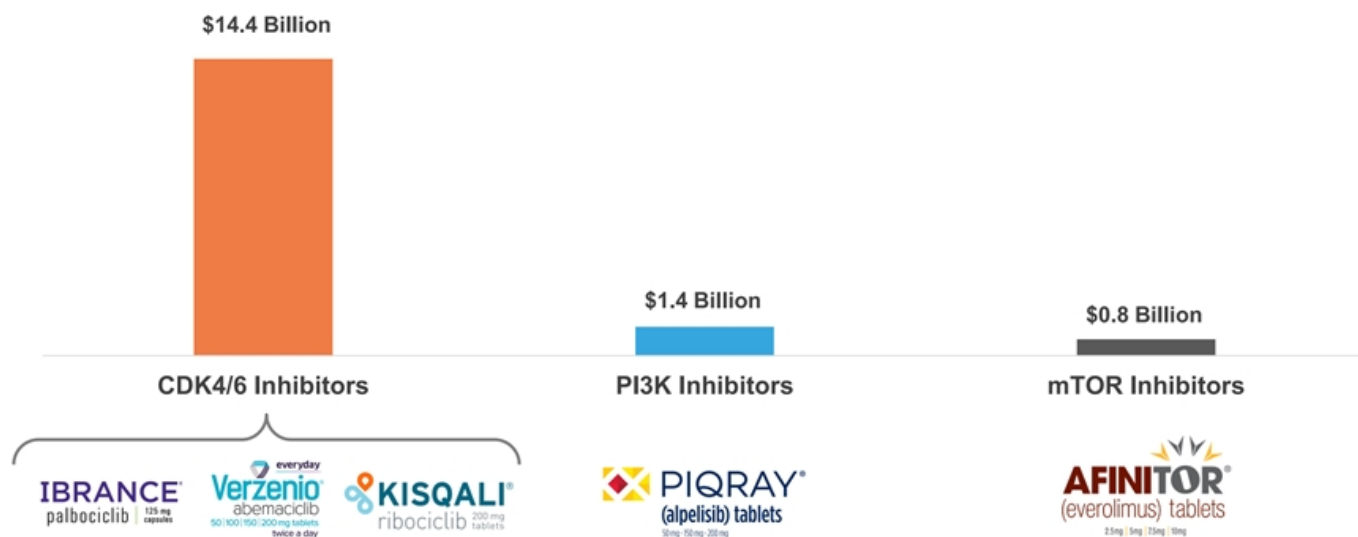
ONA-XR may decrease mammographic density and decrease risk of developing breast cancer

ONA-XR may enhance activity of antiestrogens

ONA-XR may enhance activity of antiestrogens and reduce the need for chemotherapy



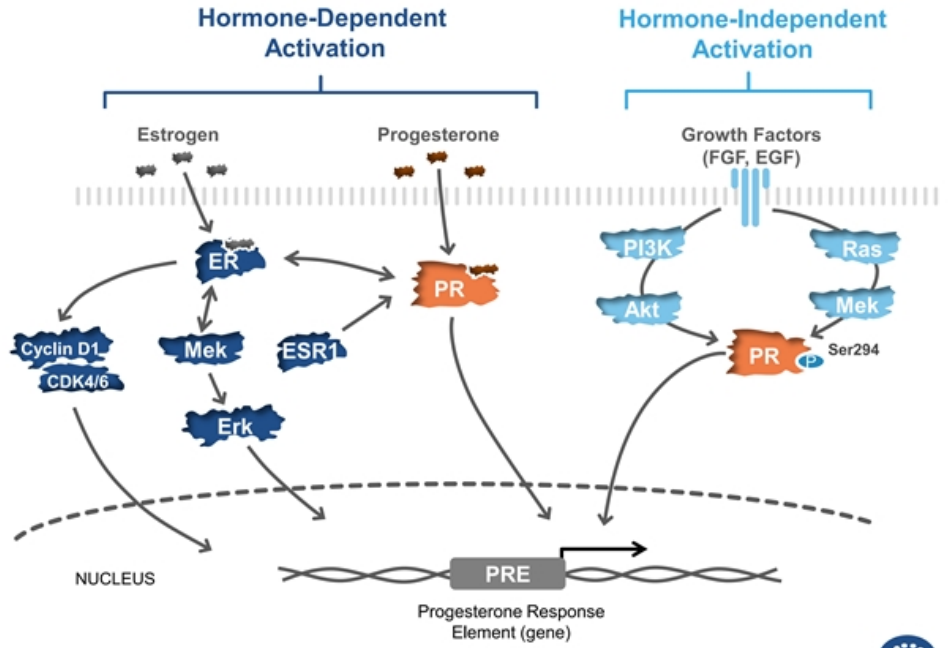
Vast Market Opportunity for ONA-XR in Hormone-Driven Breast Cancer



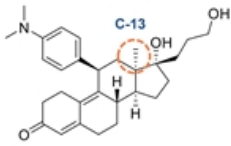
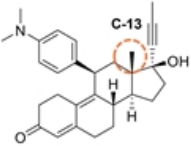
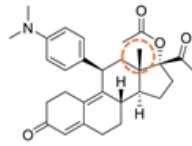
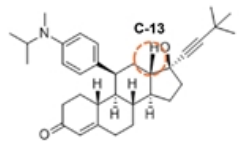
ONA-XR Works by Blocking PR Activation of Cancer Signaling Pathways

How Onapristone Works

- Onapristone prevents progesterone receptor (PR) dimerization and nuclear translocation
- Onapristone is the only PR antagonist to block both progesterone and growth-factor mediated activation of PR





ONA-XR is a Full PR Antagonist

	Full Antagonist	MIFEPRISTONE (Korlym™)	ULIPRISTAL ACETATE (Esmya™)	ORIC-101 (Oric Pharmaceuticals)
PR Classification	Full Antagonist	Partial Antagonist	Partial Antagonist	Partial Antagonist
Configuration	3-Dimensional	Flat	Flat	Flat
Chemical Structure				
Selectivity PR / AR PR / GR	32 47	4 2	5 2	n.d. 0.3
Side Effects	Fatigue	abdominal pain, uterine cramping, nausea, vomiting, and diarrhea	headache, nausea, feeling tired, and abdominal pain	cortisolemia, nausea
Response Rate 1L mBCa	56%	10%	n.a.	n.a.



Clinical Activity Supported by Prior Studies with Immediate Release (IR) Formulation

Antiprogesterin	Clinical Indication	Response	Positives	Limitations
Onapristone Immediate Release (ONA-IR)¹ 100mg QD	1L (first line) Breast Cancer Locally Advanced or Metastatic	56% ORR ² 67% CBR 17.5-month DoR 14-month PFS	 Monotherapy activity	Signs of transient liver enzyme elevations
Onapristone Immediate Release (ONA-IR) 100mg QD	2L (second line) Breast Cancer Metastatic	10% ORR ³ 48% CBR	 Monotherapy activity	Lack of selection for PR+ patients may underrepresent true clinical effect

(1) ONA-IR is not FDA approved and no longer in clinical development
 (2) Robertson 1999
 (3) Jonat 2002



Our Strategy to Improve Clinical Outcomes from ONA-IR Studies



Extended-Release Formulation (ONA-XR)
to improve safety



Utilize PR Biomarker
for patient selection



Incorporate New Diagnostic Technologies
to predict response for use
in future trials



Clinical Development Plan in Breast Cancer

Treatment Line	Estimated Market Size (US)*	Standard of Care (SOC)	Unmet Need	Context Trial	Trial Status
Adjuvant (after Primary Disease)	>>250,000	Antiestrogen	Enhance Antiestrogen potency; decrease progression to TNBC	Window of Opportunity ¹	Enrollment Completed; Data Anticipated Q4 2021
First-Line Metastatic	75,000	Antiestrogen + CDK4/6i	Identify and treat 20% of patients who are at high risk of early relapse	1L ER+,PR+,HER2-(ctDNA ^{high}) ²	Study Open
Second / Third Line Metastatic	35,000	Fulvestrant or Fulvestrant + PI3Ka	Weak tumor response to current SOC	2L/3L ER+,PR+,HER2-(post-CDK4/6i) ³	Study Open

Our Trials are Each Designed to Address a Specific Clinical Unmet Need



Additional Clinical Opportunity in Gynecologic Cancers

Cancer	Estimated Market Size (US)*	Standard of Care (SOC)	Unmet Need	Context Trial	Trial Status
Recurrent Endometrial	25,000	Lenvima + Keytruda	Limited treatment options after recurrence	Combination with Anastrozole in PR+ patients ¹	Study Open
Recurrent Granulosa Cell Tumor of Ovary	5,000	Physician's Choice	No FDA approved products in recurrent setting	Combination with Anastrozole in PR+ patients ²	Monotherapy Phase Complete; Combination Study Open

Progesterone Receptor is an Emerging Target in Gynecologic Cancers



Summary

ONA-XR



- ONA-XR is an oral, full progesterone receptor (PR) antagonist
- PR is a validated clinical target in breast cancer, emerging target in gynecologic cancers
- IP protection through 2034, assuming no additional patent filings

Large Market Opportunity



- Hormone driven cancer (breast, ovarian, endometrial) are large and growing markets
- Unmet need to address resistance to antiestrogens and new products

Near-Term Value Creation



- Multiple Phase 2 studies across PR+ breast, ovarian, and endometrial cancers
- Utilization of novel diagnostic technologies provides early readout of clinical activity



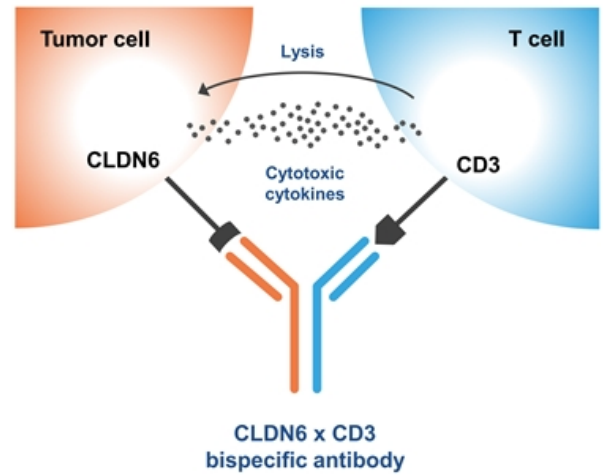
Claudin 6 Program



CLDN6 x CD3 Bispecific Antibody

Designed to Recruit Cytotoxic T-cells to Claudin 6-expressing Tumors

- Unique Drug Target**
 Claudin 6 (CLDN6) is an oncofetal membrane protein target expressed in multiple hormone-dependent cancers and absent from healthy adult tissues
- Target Cross-Reactivity is Major Challenge**
 CLDN6 is structurally similar to CLDN9, which is required for normal hearing and maintaining the gut epithelial barrier^{1,2}
- Overcomes Cross-Reactivity Challenge**
 Several global pharmaceutical companies are developing anti-CLDN6 antibodies, but due to close structural homologies with other claudins, especially CLDN9, to our knowledge there are no highly selective inhibitors of CLDN6 in clinical development



Competitive Landscape

Competition differentiated by stage, drug format, and Claudin 6 selectivity

	Context	BioNTech	Abbvie
Program	Confidential	BNT211 BNT142	SC-004
Antibody Format	CLDN6xCD3 Bispecific	CLDN6 CAR-T, CLDN6xCD3 (bi(sFc))	CLDN6/9 ADC
Stage	Preclinical	Phase 1, Phase 1	Phase 2
Status	Active	Active ⁱ	Deprioritized ⁱⁱ
Selectivity CLDN6:9	>100x	7x	1x

The Company has performed head-to-head in vitro studies comparing CLDN6 monoclonal antibodies. These antibodies were derived from publicly available reports published independent of the Company and may differ in material ways from the actual antibody that is in development.



Summary



Precision Medicines Meets Immunotherapy



Claudin 6 is Enriched in Multiple Cancers



Opportunity to be 1st/2nd in Market Based on Current Competition






Entering IND Enabling Studies in 2022



Corporate



Anticipated Use of Proceeds: ~\$15.9 million¹

	Activity	Description	Capital Allocation ²
	Clinical Development	ONA-XR development, including our three ongoing Phase 2 trials, our ongoing Phase 1b/2 trial and our two ongoing Phase 0 trials	~\$7.4 million
	Preclinical Development	CLDN6xCD3 bsAb development	~\$3.5 million
	General Corporate and Working Capital	Corporate expenses	~\$5.0 million

¹ Anticipated net proceeds are assuming a \$13.00 initial public offering price, which is the midpoint of the price range included on the cover page of the preliminary prospectus and the sale of 1,500,000 shares of common stock, after deducting underwriting discounts and commissions and estimated offering expenses payable by us.

² Our expected use of proceeds represents our intentions based upon our current plans and business conditions. However, we cannot predict with certainty all of the particular uses for the net proceeds or the amounts that we will actually spend on the uses set forth above.



Cap Table

Capitalization Common Stock⁽¹⁾	5,376,716

Options⁽²⁾	436,437

Fully Diluted Common	5,813,153

Valuation

Valuation drivers are blended values from the following:

ONA-XR

Multiple Phase 2 trial readouts

Claudin 6

Precision medicine meets immunotherapy

Search and Development

Opportunistic pipeline expansion

Experienced Team

Multiple FDA approvals in female cancers

(1) Common stock share total is as of July 1, 2021, after giving pro forma effect to the conversion of all outstanding shares of preferred stock and the conversion of certain warrants immediately prior to the completion of the initial public offering.

(2) Shares of common stock subject to options is as of July 1, 2021. The weighted average exercise price of such options is \$2.69 per share.



Partnerships



Worldwide Exclusive License to CDLN6 Antibody in Bispecific Format

- Integral Molecular to design and optimize CLDN6 x CD3 bispecific antibody
- Context to fund all development and commercial activities
- Integral received upfront payment and is eligible to receive future milestones and royalties



CMC Partnership and Out-licensing of Rights to ONA-XR in Greater China

- Tyligand to design and optimize a novel onapristone manufacturing process
- Tyligand receives license to ONA-XR in Greater China

Value-Creating Partnerships






Expands Pipeline

Capital Efficient

Mutually Beneficial Economics



Investment Highlights

Large Unmet Need		Female Cancers
High Value Targets		Progesterone Receptor and Claudin 6
Lead Product Candidate		ONA-XR Being Evaluated in Multiple Phase 2 Trials
Strong Team		Deep Domain Experience, Track Record of Success
Near-Term Milestones		Multiple Data Readouts in 2022





Advancing Medicines
for Female Cancers

Appendix



Abbreviations

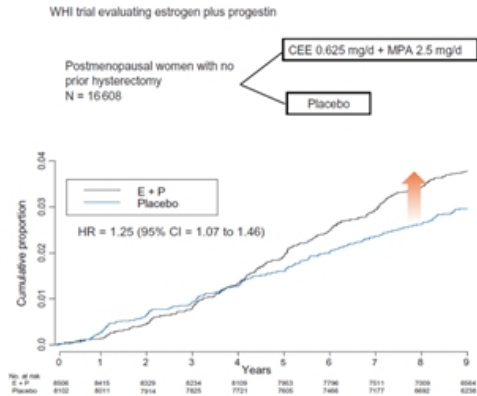
AR	Androgen Receptor
ctDNA	Circulating tumor DNA
ER	Estrogen receptor
ESR1	Estrogen receptor 1 gene
Ful	Fulvestrant
GR	Glucocorticoid Receptor
MAPK	Mitogen activated protein kinase
mBCa	Metastatic breast cancer
ONA-IR	Onapristone immediate release
ONA-XR	Onapristone extended release
ORR	Overall response rate
PFS	Progression free survival
PR	Progesterone receptor
PR+	Progesterone receptor positive
SERD	Selective estrogen receptor degrader
SoC	Standard of Care
WT	Wild type



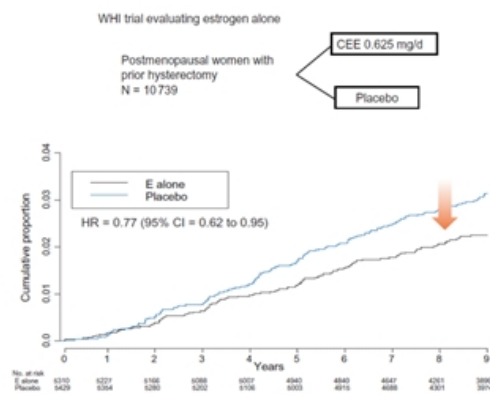
Epidemiologic Evidence: Progesterone Increases Breast Cancer Risk

Progesterone promotes oncogenic progression and maintenance of stem cells, creating a reservoir of pre-malignant cells to seed metastasis. Initial evidence for this tumorigenic role is derived from longitudinal studies of the use of hormone replacement therapy in menopausal women. These studies determined that estrogen was correlated with a 23% decrease in cancer risk, whereas progesterone was correlated with a 25% increase in cancer risk (Horwitz 2008, Anderson 2012). **The conclusion of this finding is that blocking progesterone function via anti-progestin therapy may be beneficial in cancer patients.**

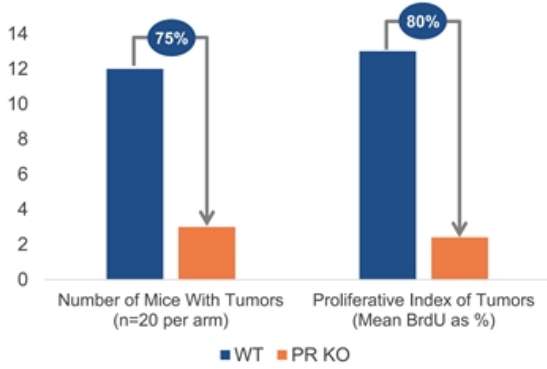
Estrogen + Progestin HRT 25% increase cancer risk



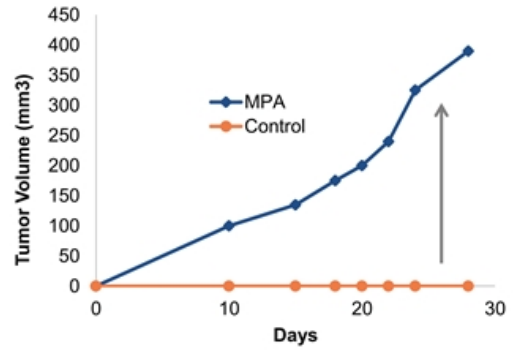
Estrogen HRT 23% decrease cancer risk



Target Validation: In Vivo Models



Progesterone Receptor Knockout (PR KO) Inhibits Tumors
 Carcinogen treated, 7,12 dimethylbenz(a)anthracene (DMBA), pituitary-isografted mice, there was a marked reduction in mammary tumor incidence at week 44 in PRKO mice as compared with isogenic wild types (WT).
 (Adapted from Lydon)



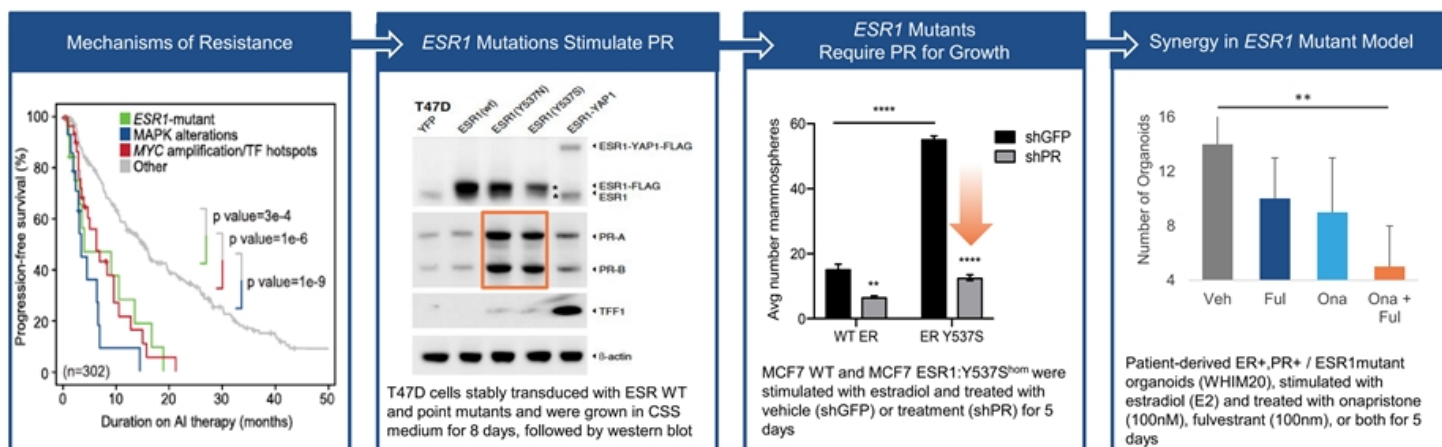
Progesterone Stimulates Tumors
 Progestin-induced mammary carcinomas were subcutaneously transplanted into the flank of female BALB/c mice treated or non-treated with synthetic progesterone - medroxyprogesterone acetate (MPA).
 (Adapted from Lanari)

Progesterone Receptor Regulates Tumor Growth



ONA-XR Active in Hard-to-Treat *ESR1* Mutations

- 20-35% of ER+,PR+,HER2- metastatic breast tumors are *ESR1* mutated (hyperactive estrogen receptor)^{1,2}
- Estrogen receptor mutations are associated with resistance to anti-estrogen + CDK4/6i therapy^{1,2}
- *ESR1* mutations stimulate PR expression and induce PR activity³



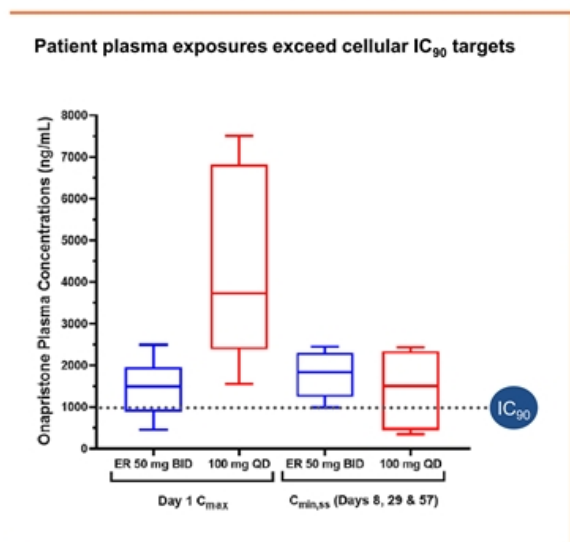
Onapristone Clinical Experience

Antiprogestin	Stage	Patients (n)	Clinical Indication	Prior Treatments Median (Range)	Biomarker	Data	Reference
Onapristone IR (100mg QD)	Phase 2	19	Breast Cancer Locally Advanced or Metastatic	Hormone naïve		56% ORR, 17.5-month DoR 67% CBR 14.0 month PFS	Robertson 1999
Onapristone IR (100mg QD)	Phase 2	101	Breast Cancer Metastatic	1 (1-2)		10% ORR 48% CBR 4.0 month PFS	Jonat 2002
Onapristone XR (50mg BID)	Phase 2	14	Granulosa Cell Tumor of Ovary Metastatic	4 (2-17)	PR+	*57% DCR *21% 6-month PFS	Ongoing
Onapristone IR (10 - 50mg BID) ±Abiraterone	Phase 1b/2	36	Castrate Resistant Prostate Cancer Active progression on Abiraterone	2 (1-4)	PR+	ONA-XR (10-50 mg) 2.8 month PFS ONA-XR (50 mg) + Abiraterone 4.4 month PFS	Jayaram 2017
Onapristone XR (10 - 50mg BID)	Phase 1	20	Breast Cancer Metastatic	9 (2-14)	PR+	25% DCR 15% 6-month PFS	Cottu 2018
Onapristone XR (10 - 50mg BID)	Phase 1	13	Ovarian Cancer Metastatic	4 (2-10)	PR+	8% ORR 31% 6-month PFS	Cottu 2018



Safety: ONA-XR Has Improved Tolerability Over ONA-IR

ONA-XR Has Lower C_{max} and Equivalent C_{min} Compared to ONA-IR⁽¹⁾



ONA-XR Significantly Reduced Rate of Liver Enzyme Elevations⁽¹⁾

Study	Robertson 1999	Jayaram 2017, Cottu 2018
Drug	Onapristone IR	ONA-XR
Dose	100 mg QD	10-50 mg BID
Patients (n)	19	88
Liver Related TEAE (all grades); n (%)		
ALT increased	12 (63.2)	↓ 9 (10.2)
Blood ALP increased	7 (36.8)	↓ 6 (6.8)
Blood bilirubin increased	4 (21.1)	↓ 3 (3.4)
GGT increased	10 (52.6)	↓ 14 (15.9)
ALT > 3X and bilirubin > 2X with ALP > 2X	0 (0.0)	↔ 0 (0.0)



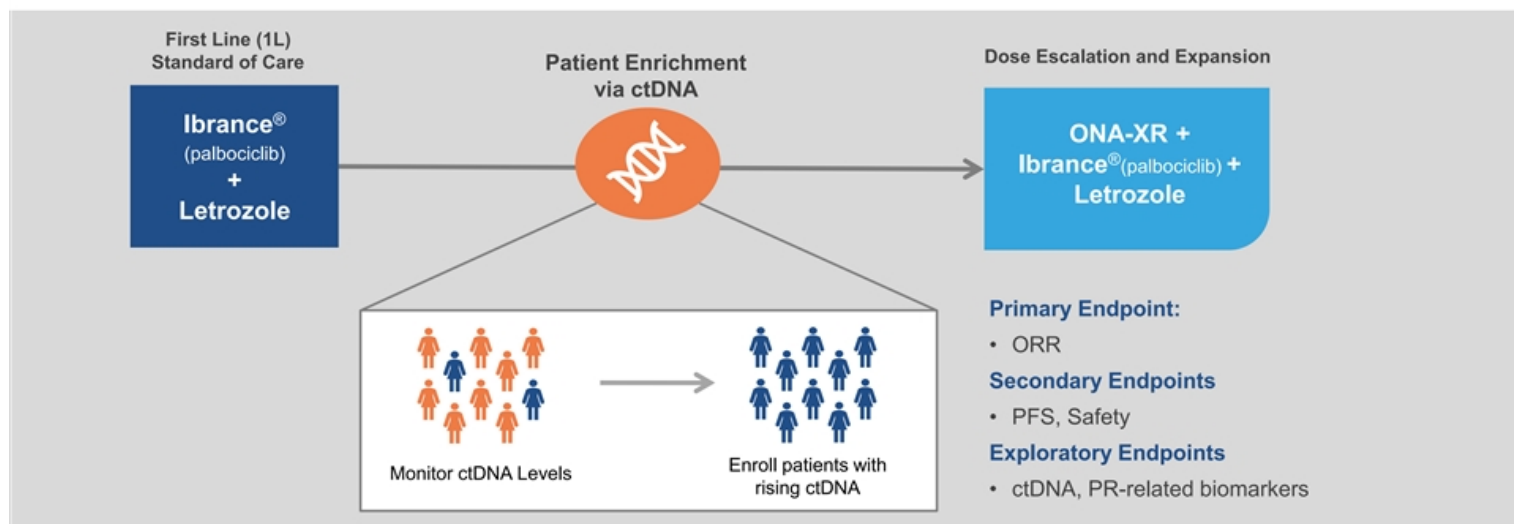
ONA-XR: Summary of Cumulative Serious Adverse Events*

System Organ Class Preferred Term	Overall (N=128) n (%)	10mg BID (N=16) n (%)	20mg BID (N=18) n (%)	30mg BID (N=15) n (%)	40mg BID (N=14) n (%)	50mg BID (N=47) n (%)*	100mg QD (N=6) n (%)
Any Serious TEAE	34 (27)	7 (44)	7 (39)	6 (40)	3 (21)	9 (19)	1 (17)
Ascites	2 (2)	0	0	0	1 (7)	1 (2)	0
Vomiting	2 (2)	0	1 (6)	1 (7)	0	0	0
Chest pain	2 (2)	0	1 (6)	0	1 (7)	0	0
Pneumonia	2 (2)	0	0	2 (13)	0	0	0
Femur fracture	2 (2)	0	0	1 (7)	0	1 (2)	0
Anemia	1 (1)	0	0	0	0	0	1 (17)
Atrial fibrillation	1 (1)	0	0	0	0	1 (2)	0
Syncope	1 (1)	0	0	0	0	1 (2)	0
Retinal artery occlusion	1 (1)	0	1 (6)	0	0	0	0
Abdominal pain upper	1 (1)	1 (6)	0	0	0	0	0
Upper gastrointestinal hemorrhage	1 (1)	0	0	1 (7)	0	0	0
Volvulus	1 (1)	0	0	0	0	1 (2)	0
Death	1 (1)	0	0	0	0	1 (2)	0
Pyrexia	1 (1)	0	1 (6)	0	0	0	0
Portal vein thrombosis	1 (1)	1 (6)	0	0	0	0	0
Abdominal wall abscess	1 (1)	1 (6)	0	0	0	0	0
Post procedural cellulitis	1 (1)	0	0	0	1 (7)	0	0
Pyelonephritis	1 (1)	0	0	0	0	0	1 (17)
Sepsis	1 (1)	0	0	0	0	1 (2)	0
Aspartate aminotransferase increased	1 (1)	1 (6)	0	0	0	0	0
Hypercalcaemia	1 (1)	0	0	0	1 (7)	0	0
Hyperkalaemia	1 (1)	0	0	0	1 (7)	0	0
Hyponatraemia	1 (1)	0	0	0	1 (7)	0	0
Hydronephrosis	1 (1)	0	0	0	0	0	1 (17)
Urinary retention	1 (1)	0	0	1 (7)	0	0	0



First Line Metastatic Breast Cancer¹

Phase 1b/2 Adaptive Trial utilizing ctDNA for Selection of Patients Who Are at High Risk of Early Relapse

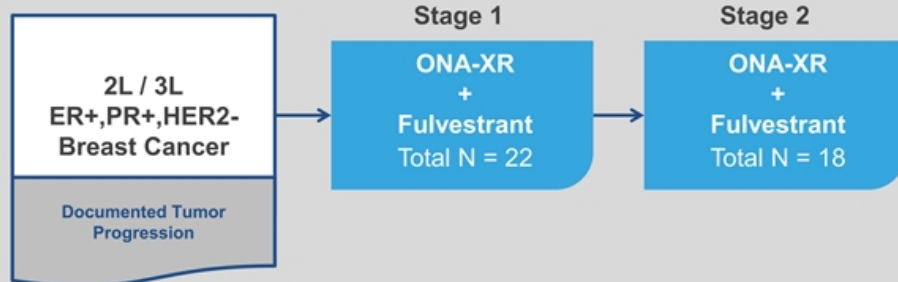


Potential Whitespace Opportunity Within 1L HR+,HER2- mBCa



Second / Third Line Metastatic Breast Cancer¹

Phase 2 Trial Evaluating Complete Hormone Blockade in Women Who Progressed on Prior Therapy in the Metastatic Setting



Endpoints:

- Primary: ORR
- Secondary: ctDNA, PFS, safety



Subgroup Analysis

- *ESR1* and *PIK3CA* mutations
- PR-related biomarkers

Intended to Establish Combination Synergy After Failure of CDK4/6 and/or PI3K α Inhibitors



Pharmacodynamic Studies

Study	Target Deliverables
 <p>¹Radiolabeled Progesterone (¹⁸F-FFNP PET) Uptake in Tumors</p>	<ul style="list-style-type: none"> • Target engagement • Confirmation of recommended phase 2 dose (RP2D) • Drug distribution
 <p>²Window of Opportunity in primary breast cancer</p>	<ul style="list-style-type: none"> • On-target drug effects

Studies Seek to Confirm Target Engagement and On-target Drug Effects



Onapristone Intellectual Property

- Will be considered a New Chemical Entity (NCE)
- Eligible for regulatory exclusivity in all territories worldwide, outside of China*
- ANDA challenge would have to provide bioequivalence to ONA-XR
- Issued patents in the US and Japan around extended-release formulation with expiration date in 2034 + PTE
- Polymorph patent applications offer potential protection through 2034 + PTE

Patent Family 1

- Issued in US, Japan, Canada
- Pending prosecution in other major territories
- Covering methods and compositions of ONA-XR

Patent Family 2

- Issued in US
- Pending prosecution in other major territories
- Covering onapristone polymorphs

