Surmounting Barriers in Non-resectable Recurrent Glioblastoma with a Single Treatment of Bizaxofusp, an Engineered IL-4R Directed Fusion Protein

7th Annual Glioblastoma Drug Development Summit

Fahar Merchant, PhD

MEDICENNA

Disclaimer

Certain statements in this presentation may constitute “forward-looking statements” under applicable securities laws. These forward-looking statements include, but are not limited to, information about possible or assumed future results of the Medicenna Therapeutics Corp’s (the “Company” or “Medicenna”) business, clinical trials, drug development, financial condition, results of operations, liquidity, plans and objectives. Further, any statements that express or involve discussions with respect to predictions, expectations, beliefs, plans, projections, objectives, assumptions or future events or performance (often, but not always, using words or phrases such as “expect”, “seek”, “endeavor”, “anticipate”, “plan”, “estimate”, “believe”, “intend”, or stating that certain actions, events or results may, could, would, might or will occur or be taken, or achieved) are not statements of historical fact and may be “forward-looking statements”.

Forward-looking statements are based on expectations, estimates and projections at the time the statements are made that involve a number of risks and uncertainties which would cause actual results or events to differ materially from those presently anticipated. Forward-looking statements are based on expectations, estimates and projections at the time the statements are made and involve significant known and unknown risks, uncertainties and assumptions. A number of factors could cause actual results, performance or achievements to be materially different from any future results, performance or achievements that may be expressed or implied by such forward-looking statements. These include, but are not limited to, the risk factors discussed in the public filings made by Medicenna with the applicable securities commissions and regulators in Canada and the United States, including, but not limited to, the Annual Information Form dated June 25, 2025, filed in Canada on SEDAR+ at www.sedarplus.ca. Should one or more of these risks or uncertainties materialize, or should assumptions underlying the forward-looking statements prove incorrect, actual results, performance or achievements could vary materially from those expressed or implied by the forward-looking statements contained in this document. These factors should be considered carefully, and prospective investors should not place undue reliance on these forward-looking statements.

Although the forward-looking statements contained in this document are based upon what Medicenna currently believes to be reasonable assumptions, Medicenna cannot assure prospective investors that actual results, performance or achievements will be consistent with these forward-looking statements. Furthermore, unless otherwise stated, the forward-looking statements contained in this presentation are made as of the date hereof. Except as required by law, Medicenna does not have any obligation to advise any person if it becomes aware of any inaccuracy in or omission from any forward-looking statement, nor does it intend, or assume any obligation, to update or revise these forward-looking statements to reflect new events, circumstances, information or changes.

Legal Disclaimers

This presentation of Medicenna is for information only and does not, and is not intended to, constitute or form part of, and should not be construed as, an offer or invitation to buy, sell, issue or subscribe for, or the solicitation of an offer to buy, sell or issue, subscribe for or otherwise acquire any securities in any jurisdiction in which such offer, solicitation or sale would be unlawful, nor shall it or any part of it be relied upon in connection with or act as any inducement to enter into any contract or commitment or investment decision whatsoever.
Certain information contained in this presentation and statements made orally during this presentation relate to or are based on studies, publications and other data obtained from third-party sources and the Company’s own internal estimates and research. While the Company believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources.

MEDICENNA

Innovative Mechanism to Address Urgent Unmet Need in rGBM

- IL-4R-Targeted Immunotoxin: a Molecular Trojan Horse
- Phase 3-Ready Asset with Orphan & Fast Track Designations
- FDA-Endorsed Phase 3 Hybrid Trial Design

GBM Treatment Paradigm Has Not Changed in Decades and GBM Remains Uniformly Fatal

Patient Journey

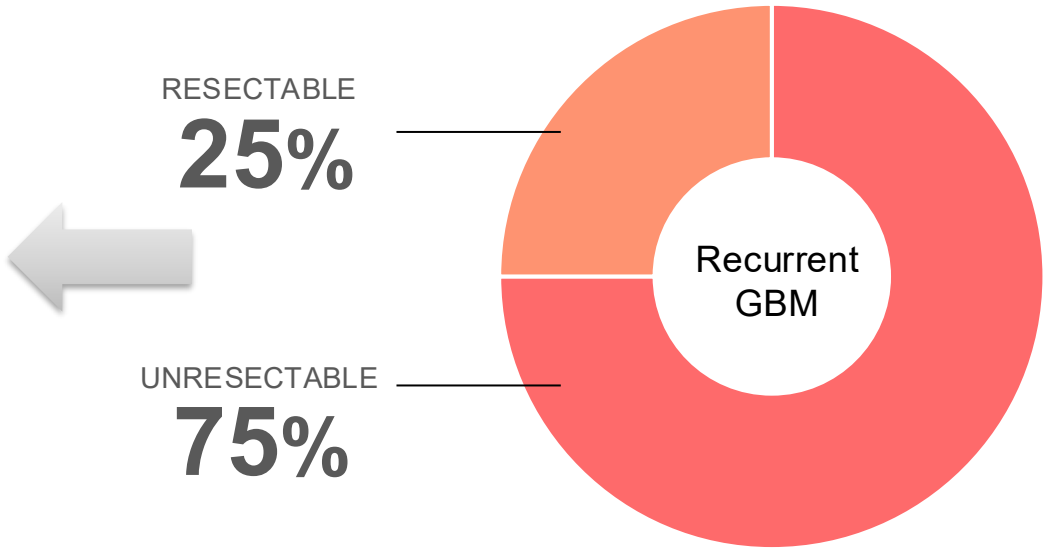
Primary Diagnosis → **Surgery** → **Radiotherapy** + **TEMODAR** → **Adjuvant TEMODAR**

85–90% of Patients

55% of GBM Patients are Temodar-resistant*

100% of Patients RELAPSE

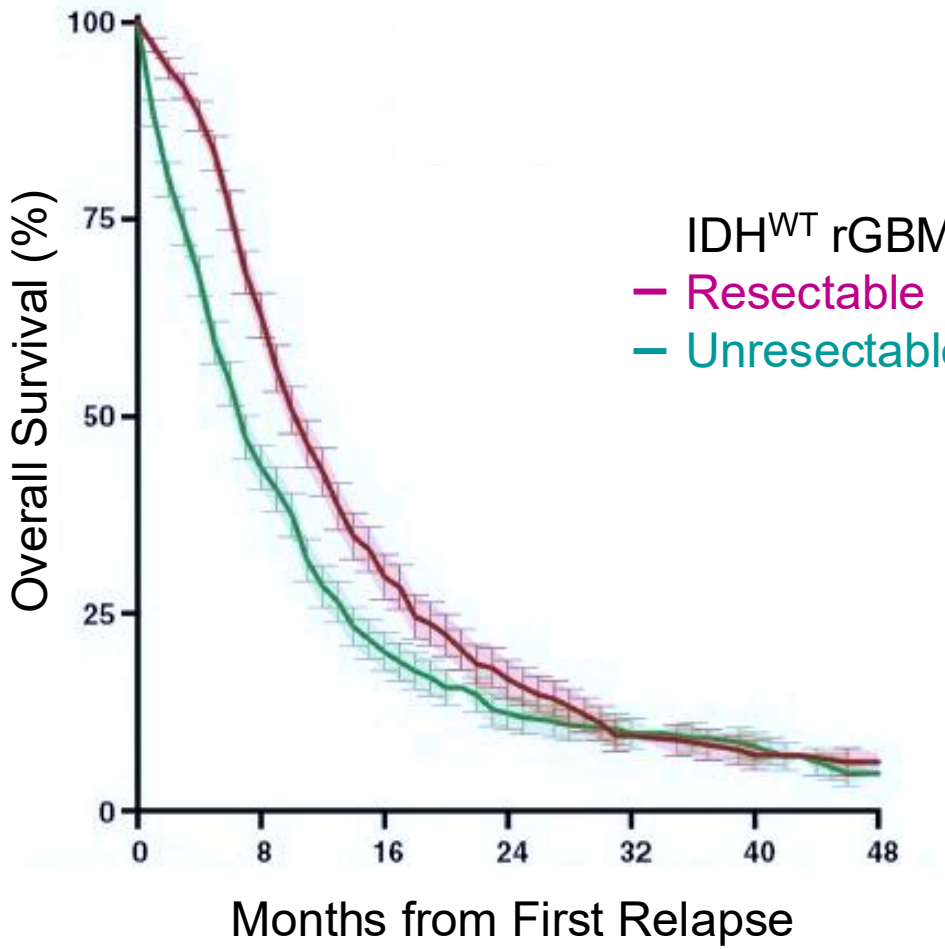
1. rGBMs are less surgically accessible
2. No defined standard of care for rGBM
3. Median overall survival (mOS) with approved therapies† is 7 months in unresectable IDH^{WT} rGBM (WHO definition)
4. 2-year survival in rGBM is 5–10%

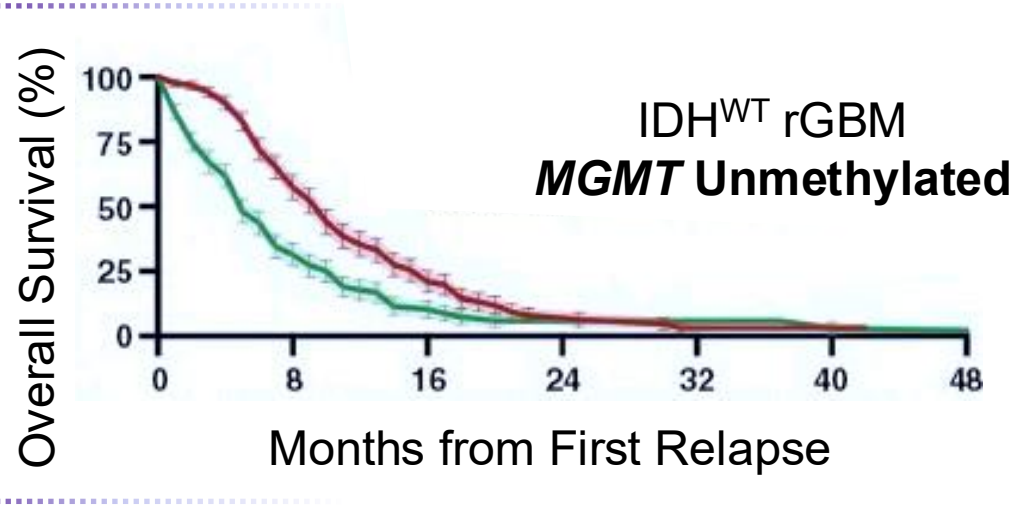


*Expression of the DNA repair protein O^6-methylguanine-DNA methyltransferase (MGMT) is a key driver of Temodar resistance
†Avastin®, Lomustine, Gliadel®, Optune®, Temodar®, Radiotherapy

Unresectable rGBM has a Dismal Prognosis

Unresectable IDH^{WT} rGBM mOS is 7 months[1]





	All IDH^{WT} rGBM (n = 681)		*MGMT* Unmethylated (n = 257)	
	Resectable (n = 310)	Unresectable (n = 371)	Resectable (n = 122)	Unresectable (n = 135)
mOS (months)	11 ± 0.7	7 ± 0.5	10 ± 0.7	5 ± 0.5
	**p = 0.001		**p = 0.001	

[1]2023, *Neuro-Oncology*, 25 (9)

Bizaxofusp: A Molecular Trojan Horse

Multi-action Targeted Immunotoxin

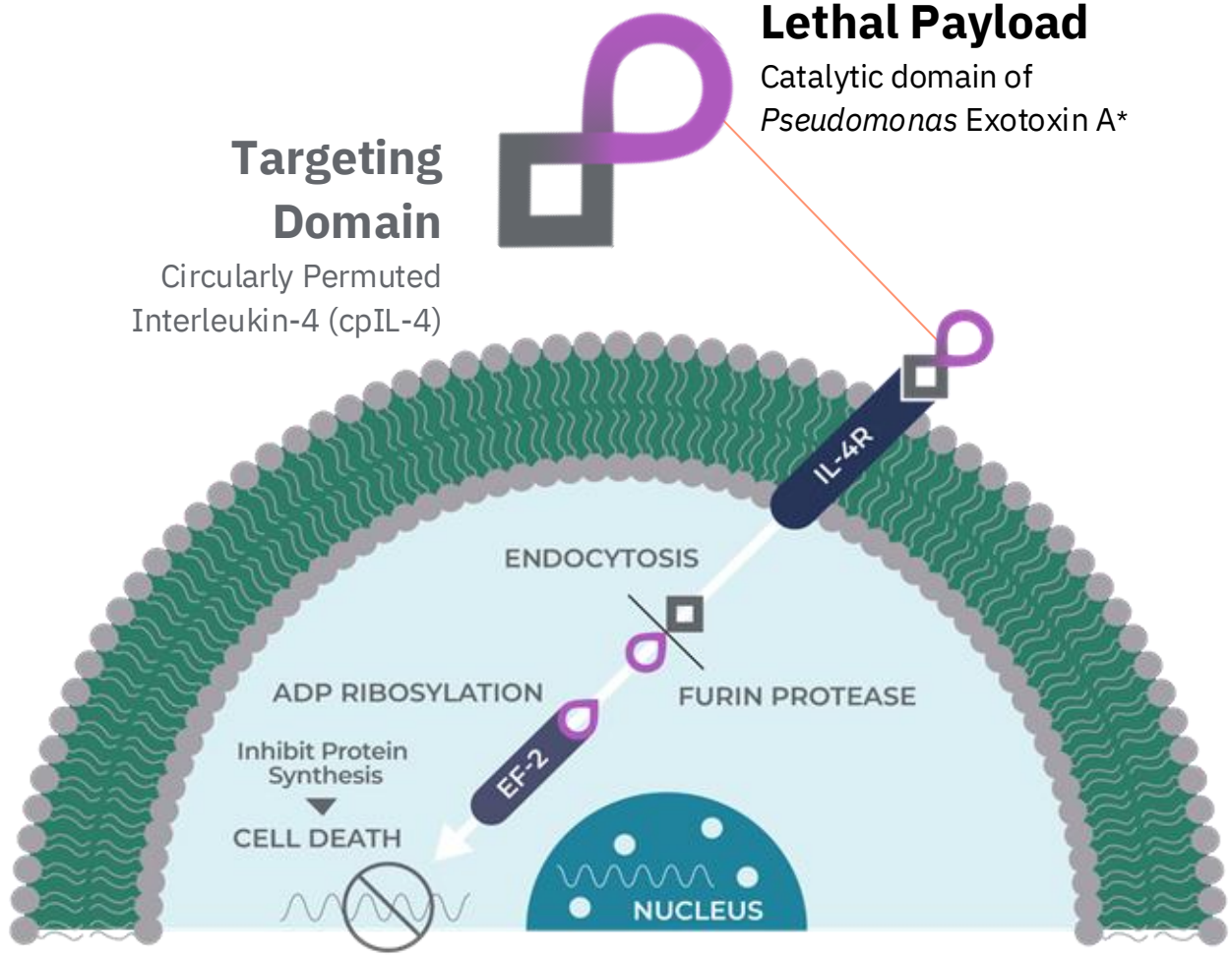
Bypasses BBB
Single intratumoral CED infusion **avoids systemic toxicity** while achieving tumor control

Targets IL-4R
Receptor is expressed in brain tumors and immunosuppressive, non-malignant TME, but not in healthy brain cells

Highly Selective
Avoids off-target toxicity

Disrupts the TME
Targets IL-4R positive MDSCs in GBM and unblinds the immunosuppressive TME

Causes Immunogenic Cell Death
Sustained anti-tumor immunity after clearance of bizaxofusp



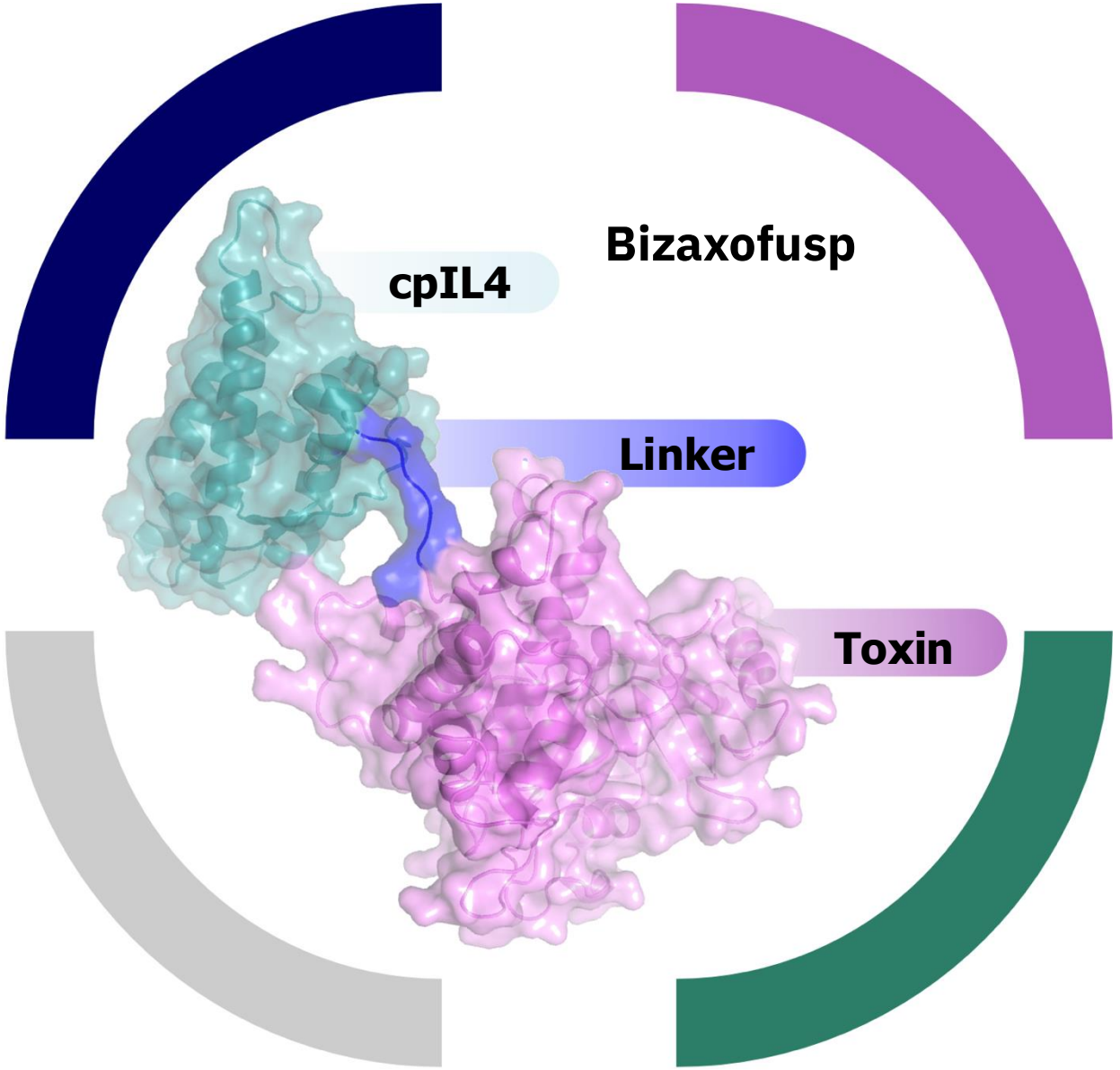
***Bizaxofusp was designed to be only active intracellularly**

Bizaxofusp: Multi-Pronged Anti-Cancer Therapy

Localized Administration

↓

Avoids Systemic Toxicities



Tumor-specific Toxicity

↓

Reducing Tumor Burden without Affecting Healthy Brain Cells

Purging IL-4R Positive MDSC, Tregs, and TAMs

↓

Reversing Immunosuppressive TME

Immunogenic Cell Death

↓

Neo-antigen Exposure & Anti-tumor Immune Response

Bizaxofusp Selectively Kills Cancer Cells

CELL LINE	DESCRIPTION	IC_{50} (ng/mL)	SOURCE
Normal Cell Lines			
NT-2	Human Neuronal cell line	>1000	Joshi et al., 2001
NHA	Normal Brain astrocyte cell line	350	Joshi et al., 2001
HUAEC	Normal Human Umbilical Artery Endothelial Cells	>1000	Husain et al., 1997
HUVEC	Normal human umbilical vein endothelial cells	>1000	Joshi et al., 2015
U937	Promonocytic cells	>1000	Puri et al., 1996
H9	T cells, resting	>1000	Puri et al., 1996
Tumor Cell Lines			
(N/A)	Primary explant patient with GBM	4.5	Joshi et al., 2001
U251	GBM	6.5	Puri et al., 1996
T98G*	GBM	1.2	Puri et al., 1996
UW-228-3	Medulloblastoma	0.9	Joshi et al., 2002
HN12	Head and Neck Cancer	0.4	Kawakami et al., 2000
H322	NSCLC	2	Kawakami et al., 2002
MCF-7	Breast Cancer	0.6	Kreitman et al., 1995
HT-29*	Colon Cancer	0.4	Kreitman et al., 1995
RC2	Renal Cell	1.7	Kreitman et al., 1995
MIA-PaCa-2*	Pancreatic cancer	0.065	Shimamura et al., 2007
Cal62	Anaplastic thyroid carcinoma	10	Joshi et al., 2015

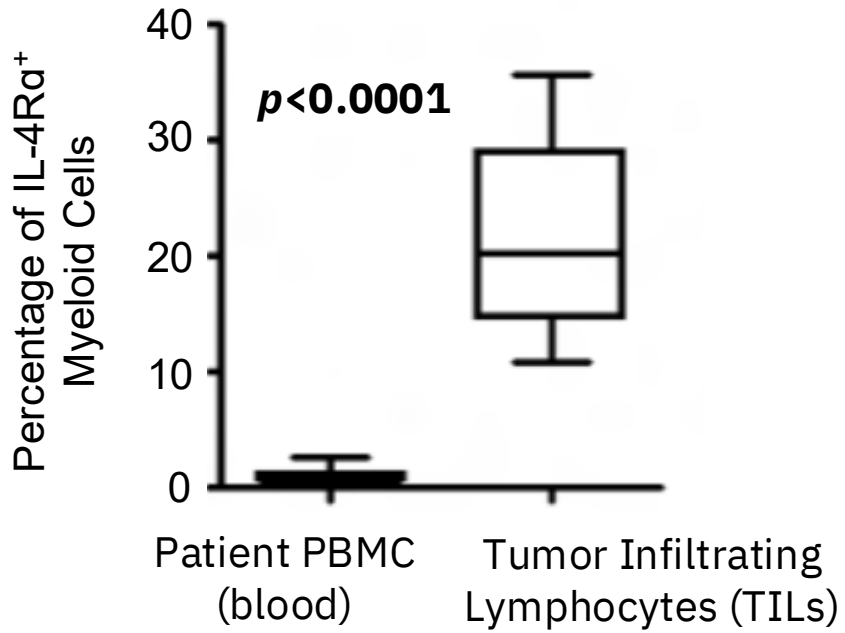
IL-4R is Selectively Overexpressed on GBM tumor cells and MDSCs within the TME, with Broad Relevance Across CNS Malignancies

IL-4R is Commonly Overexpressed in GBM & CNS Tumors

Glioblastoma **76%**	**Mixed Adult and Pediatric Gliomas** **76-83%**	**Pediatric DIPG** **71%**
Medulloblastoma **100%**	**Meningioma** **77%**	**Metastatic Brain Tumors** (renal, breast, colon) **45-82%**
	Normal Brain Tissue **0%**	

Human GBMs Contain Abundant IL-4Rα⁺ MDSCs

Immune suppressive MDSC constitutes ~50% of GBM tumor mass

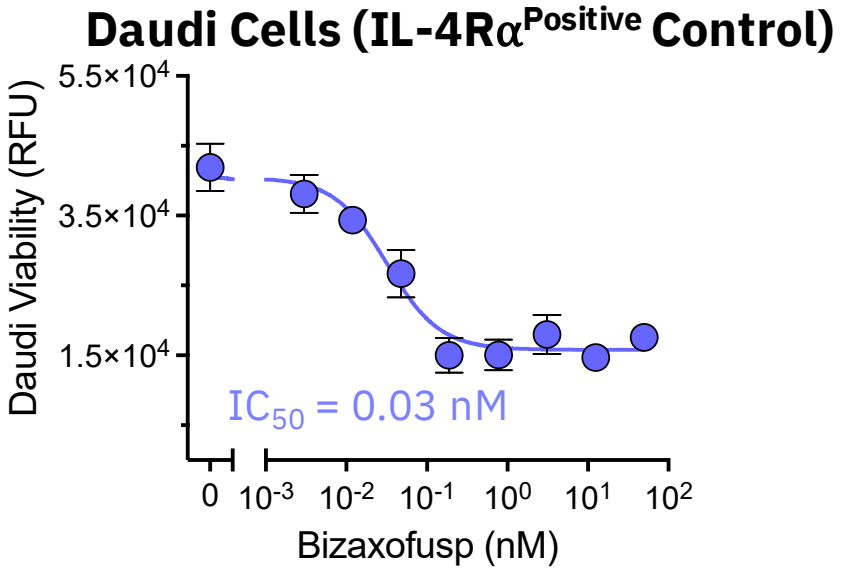


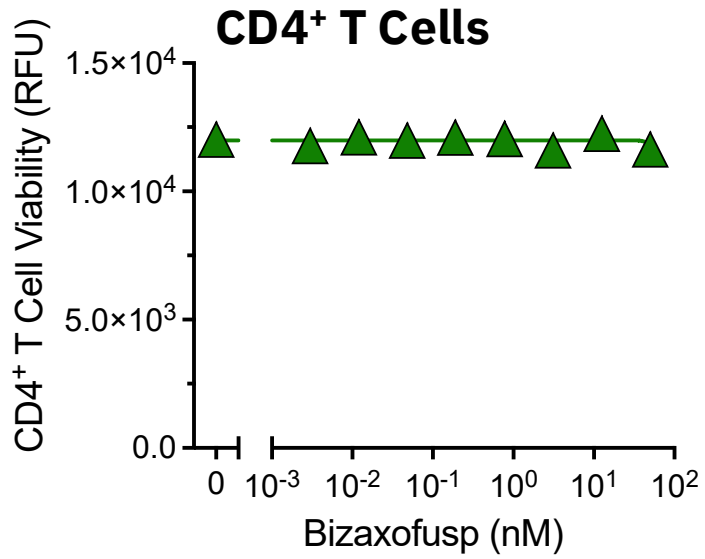
Analysis by flow cytometry based on $CD14^{+}HLA\text{-}DR^{-}$ cells

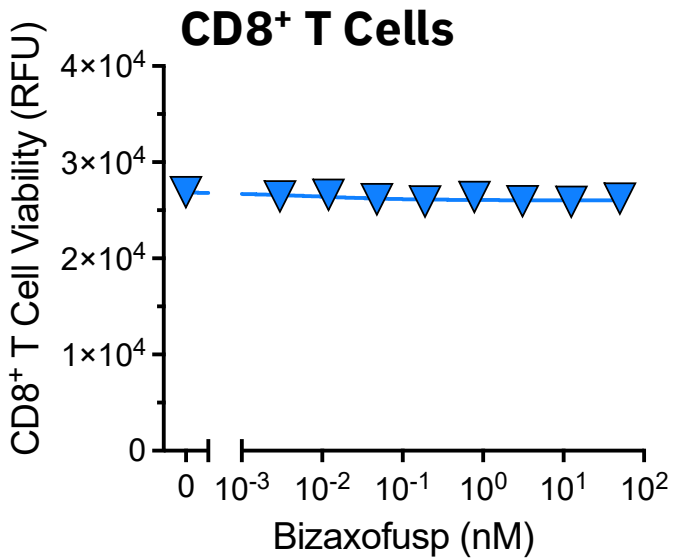
Kohanbash G et al. Cancer Res (2013)

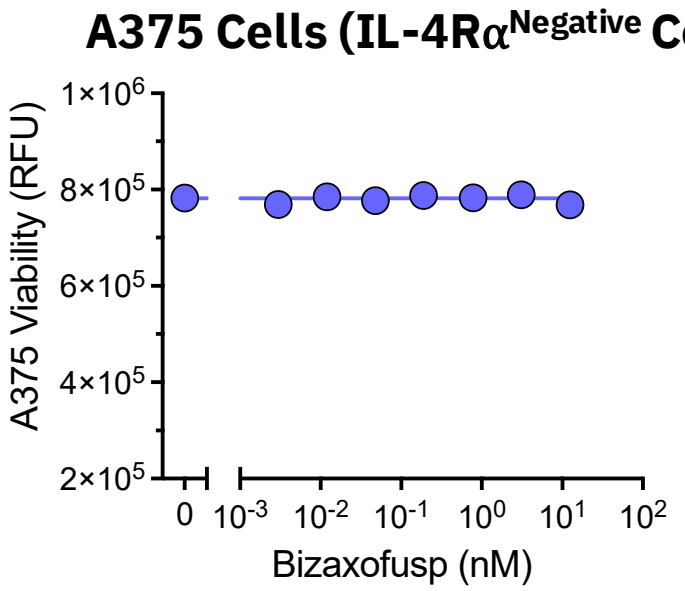
Joshi BH et al., Cancer Res (2001); Puri RK et al., Cancer Res (1996); Kawakami M et al., Cancer (2004); Berlow NE et al., PLoS One (2018); Joshi BH et al., British J of Cancer (2002); Chen L et al., Neurosci Lett. (2007); Puri S et al., Cancer (2005); Kang et al., Cancers (2019); Koller et al., Carcinogenesis (2010); Venmar et al., Mol Cellular Pathobiology (2014).

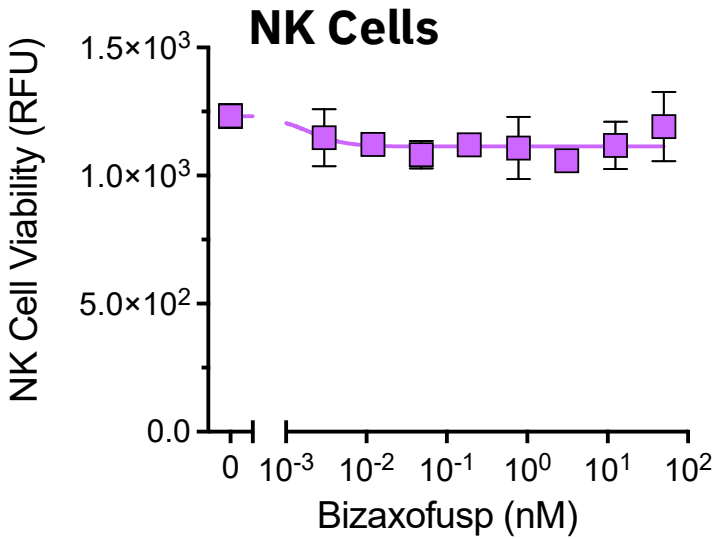
Bizaxofusp Selectively Kills Immunosuppressive Tregs

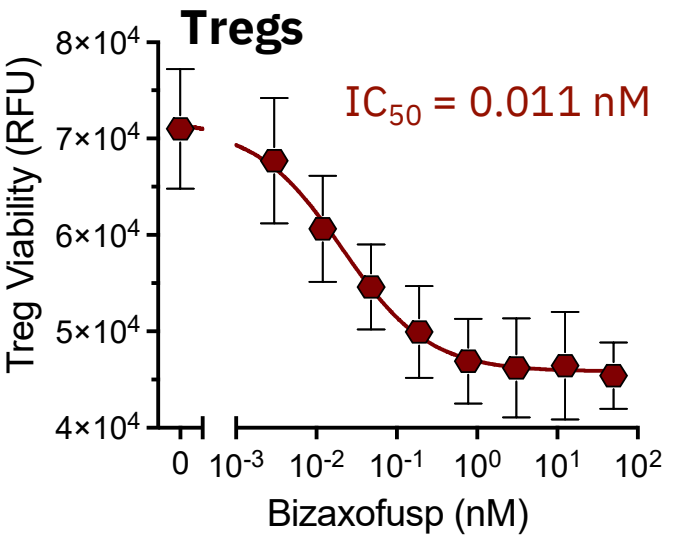




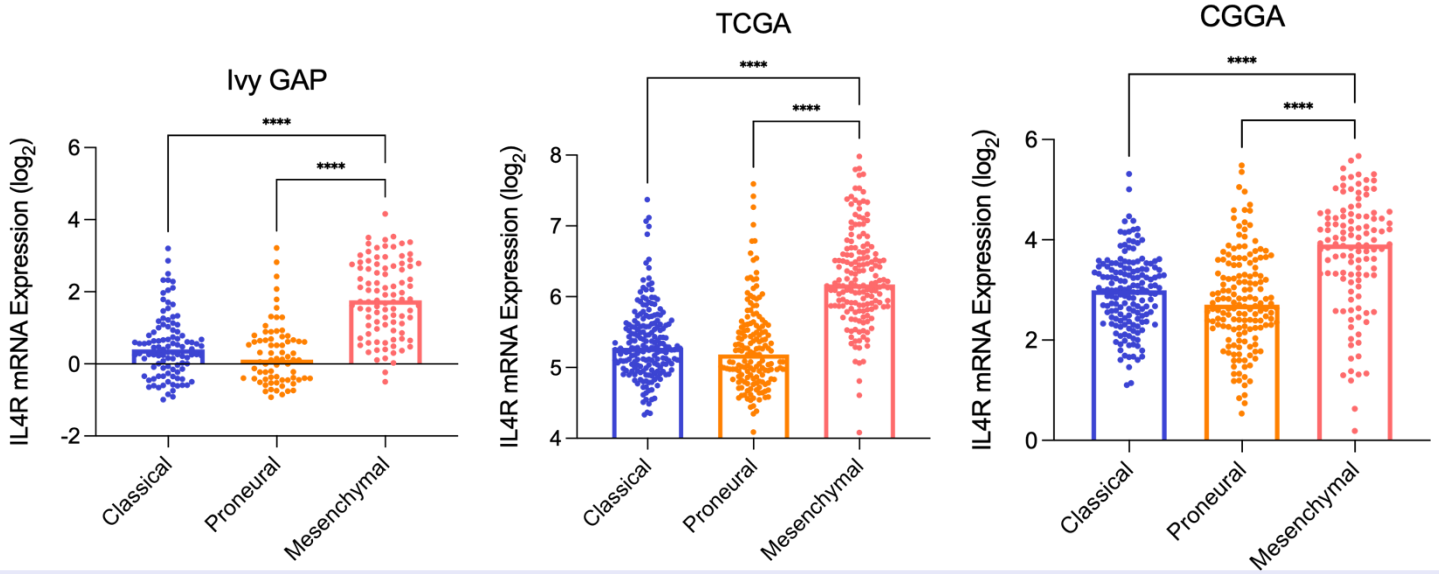








rGBM is Enriched for Mesenchymal Transcriptional Programs, which are Associated with Increased IL-4R Expression



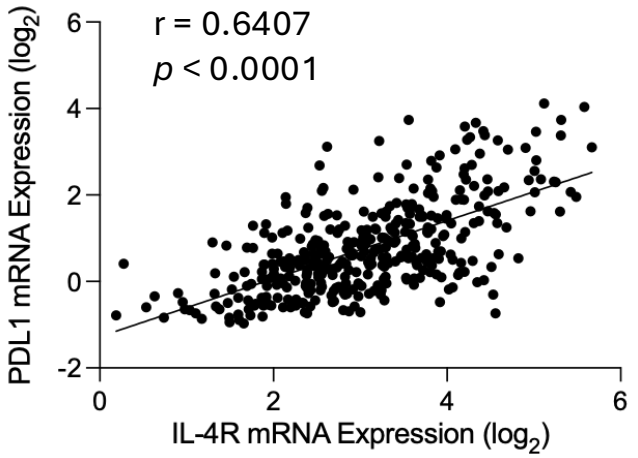
- Analyses of **matched primary-recurrent** GBM demonstrate that rGBM is characterized by a **mesenchymal** cell-state shift[1]
- Mesenchymal-enriched GBM has an **immunosuppressive, myeloid-dominated** microenvironment
- ***IL-4R* mRNA expression** is higher in mesenchymal-enriched GBM compared with other subtypes across multiple independent datasets

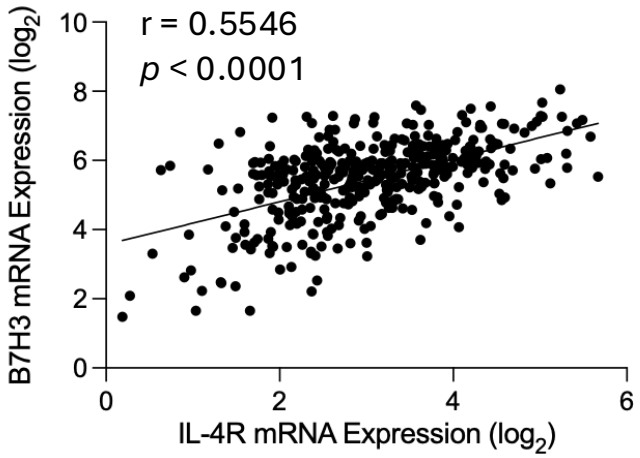
Analysis of RNA-seq data obtained from 2017, Neuro-Oncology, 19 (1)
The Cancer Genome Atlas: 2008, *Nature*, 455 (7216)
The Chinese Glioma Genome Atlas: 2021, *Genomics, Proteomics & Bioinformatics*,19 (1)
Ivy GAP: 2018, Science, 360 (6389)

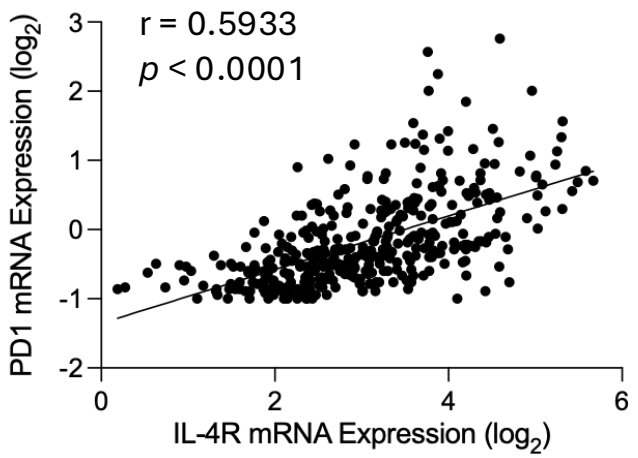
Subtype classifications are based on bulk RNA expression using TCGA GBM classifiers
**** $p < 0.0001$ One-way ANOVA and post-hoc Tukey's pairwise comparisons
** $p = 0.0059$ Welch's t-test

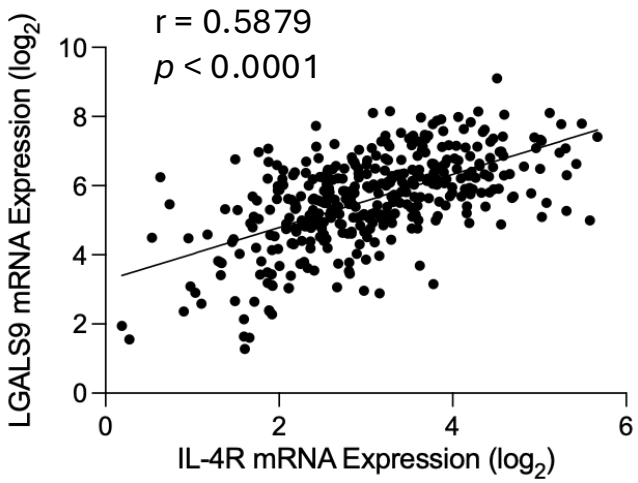
[1]2022, Nature Cancer, 3, (1534–1552)

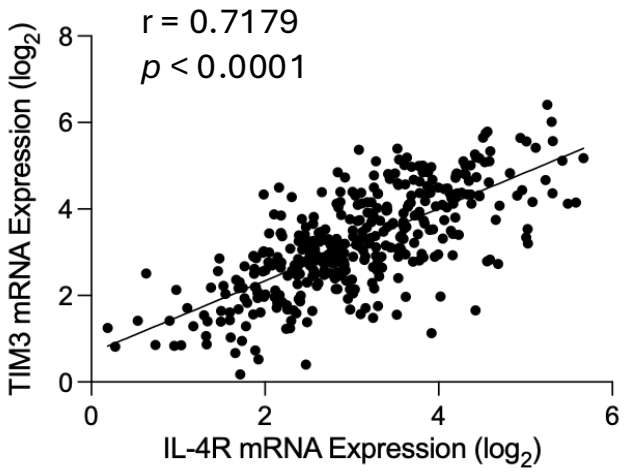
IL-4R Expression in GBM is Correlated with the Expression of Immune Checkpoint Proteins

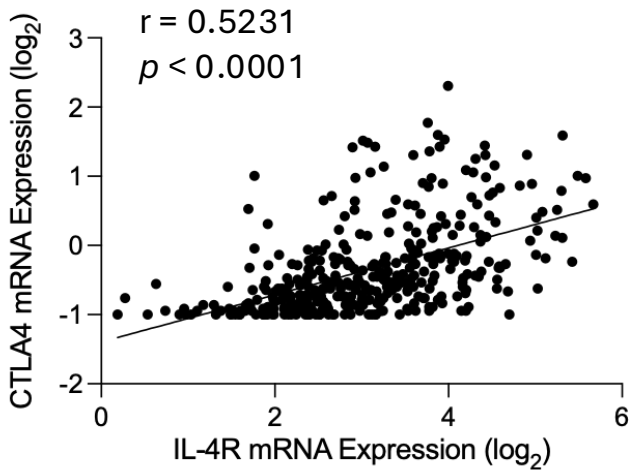








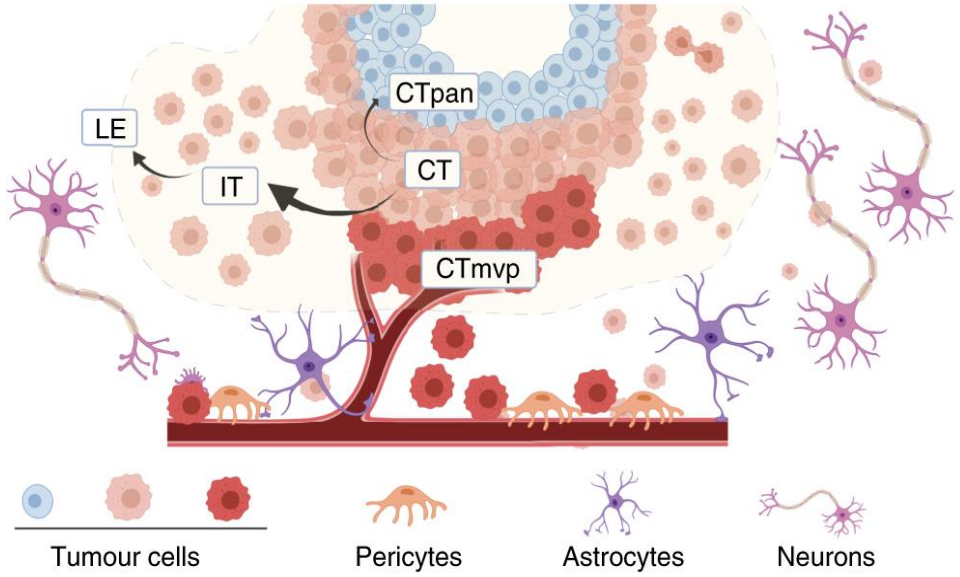


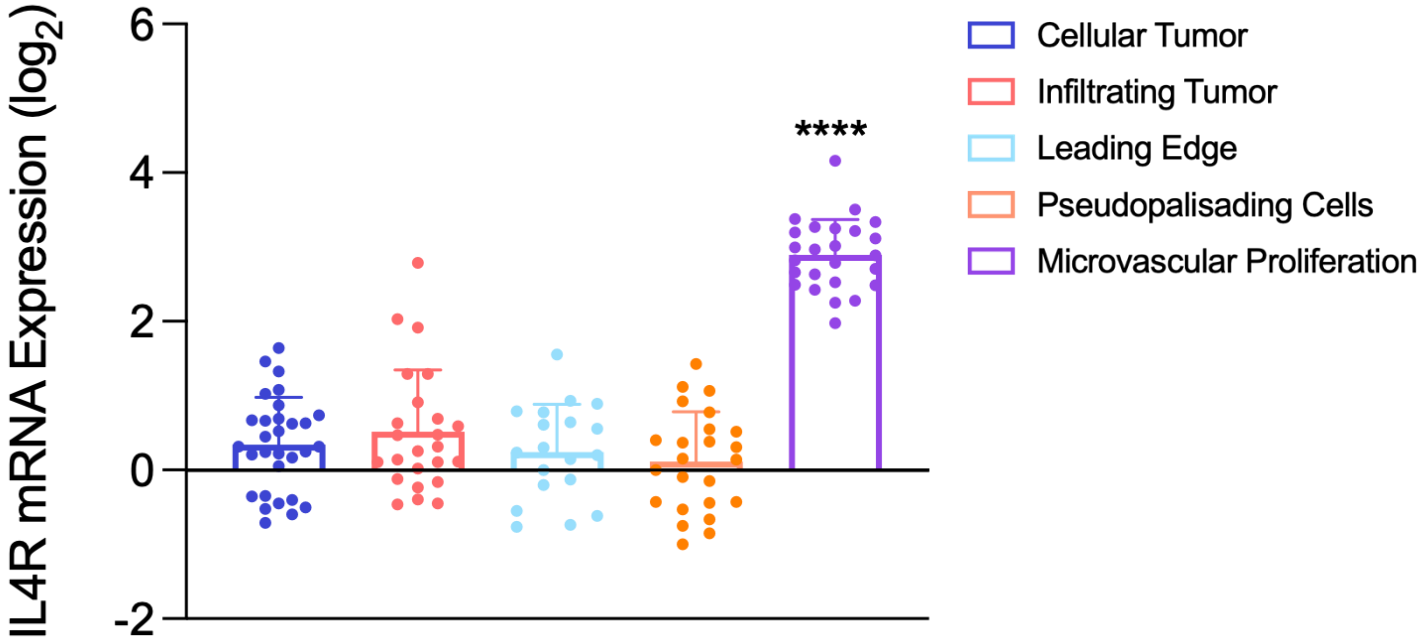


Data mined from the Chinese Glioma Genome Atlas RNA-seq; *N* = 388 Histology GBM

2021, *Genomics, Proteomics & Bioinformatics*,19 (1)

IL-4R is Highly Expressed in GBM Microvascular Proliferating Cells





- Increased IL-4R expression is found in **proliferating microvascular regions,** which support **tumor survival and growth**
- Potential to target the **vascular infrastructure with bizaxofusp**

**** $p < 0.0001$ One-way ANOVA and *post-hoc* Tukey's pairwise comparisons
2018, Science, 360 (6389), RNA-seq data analyzed from public dataset; 2021, BJC, 125, GBM graphic

Bizaxofusp: Localized "One and Done" Tumor Treatment

High-flow CED Achieves Uniform Distribution to Tumoral & Peritumoral Areas

- Minimally invasive and safe procedure akin to routine brain tumor biopsy
- Thousands of procedures conducted for Deep Brain Stimulation annually
- **FDA approved** for the delivery of gene therapy (KEBILIDI™) to the brain

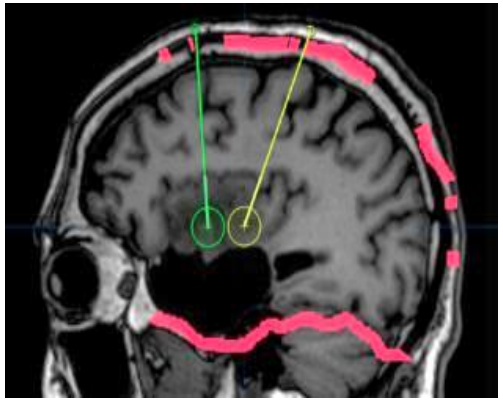
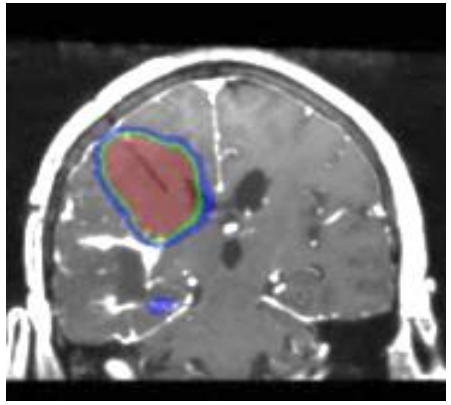
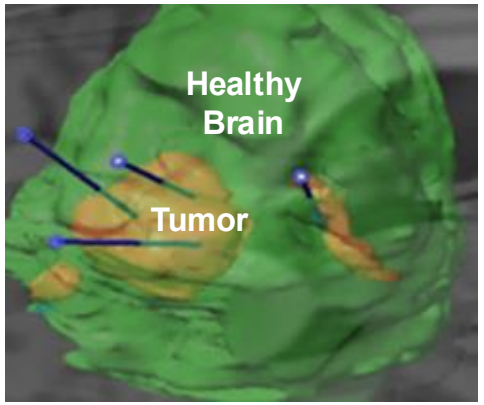


Image guided catheter placement pinpoints **ideal catheter trajectories**



Unique catheter stepped design **prevents backflow**



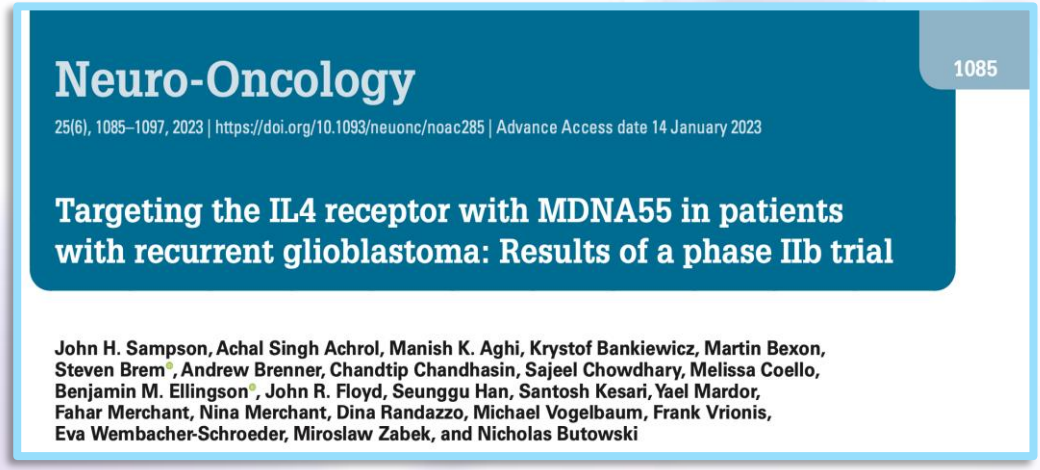
Novel delivery improves tumor coverage

"I like that this product has a local application because you get less side effects than with a systemic therapy. I also often see recurrences at the same site as the primary tumor, which tells me this is mainly a local disease and thus an efficacious local technology is preferable." ***– German Neurosurgeon***

MEDICENNA

Bizaxofusp Demonstrates Significant Survival Benefit in rGBM

- Promising Phase 2b Efficacy & Safety in Unresectable rGBM



Phase 2b Study Design

Open-label single arm study of Bizaxofusp in rGBM patients (n=47) (NCT02858895)

ELIGIBILITY

- Adults ≥ 18 yrs
- ***de novo* GBM**
- **1st or 2nd relapse**
- **No resection**
- **KPS ≥ 70**
- **IDH wild-type only**
- Failed 1L surgery, radiation, and/or chemotherapy (Stupp Protocol)
- Retrospective IL-4R analysis from initial Dx

TREATMENT

- Image-guided catheter placement
- Monitor real-time drug distribution with co-infusion of Magnevist ®
- Single infusion (median 26.5 hrs.)
- Total Dose range: 18-240µg
- Transient low-dose bevacizumab allowed for symptom control and/or steroid sparing

ENDPOINTS

1º Endpoint

- OS

2º Endpoint

- ORR
- PFS
- OS vs. IL-4R expression
- Safety

The Phase 2b trial intentionally enrolled patients with baseline characteristics associated with poorer clinical outcomes.
Increases Confidence in Phase 2b Data and Reduces Phase 3 Risk

MDNA55-05 Phase 2b Trial Patient Demographics (PPP)

Patient Demographics	ITT Population N=47	PP Population N=44 *
Age (median, range)	56 (34-78)	56 years (34 – 77)
Sex (Male)	30 / 47 (64%)	27 / 44 (61%)
KPS at Enrolment: 70, 80 90, 100	 23 /47 (49%) 24 / 47 (51%)	 22 / 44 (50%) 22 / 44 (50%)
***de novo* GBM**	47 / 47 (100%)	44 / 44 (100%)
Poor candidates for repeat surgery	47 / 47 (100%)	44 / 44 (100%)
IDH Wild-type**	38 / 47 (81%) (9 /47, unknown)	37 / 44 (84%) (7 / 44, unknown)
Unmethylated MGMT**	24 / 47 (51%) (5 / 47, unknown)	23 / 44 (52%) (4 / 47, unknown)
IL-4R over-expression**	23 / 47 (49%)	21 / 44 (48%)
Max Tumor Diameter, median (range)	29.6 mm (7.8-58.5)	29.6 mm (8 – 59)
# Prior Relapse: 1, 2	37 (79%), 10 (21%)	35 (80%) , 9 (20%)

* Reflects all patients completing the study without major protocol deviations
** Based on actual testing with available tissues.

Bizaxofusp: Favorable Safety Profile in 118 Patients

No signs of systemic toxicity at any dose in Phase 1, Phase 2, or Phase 2b trials

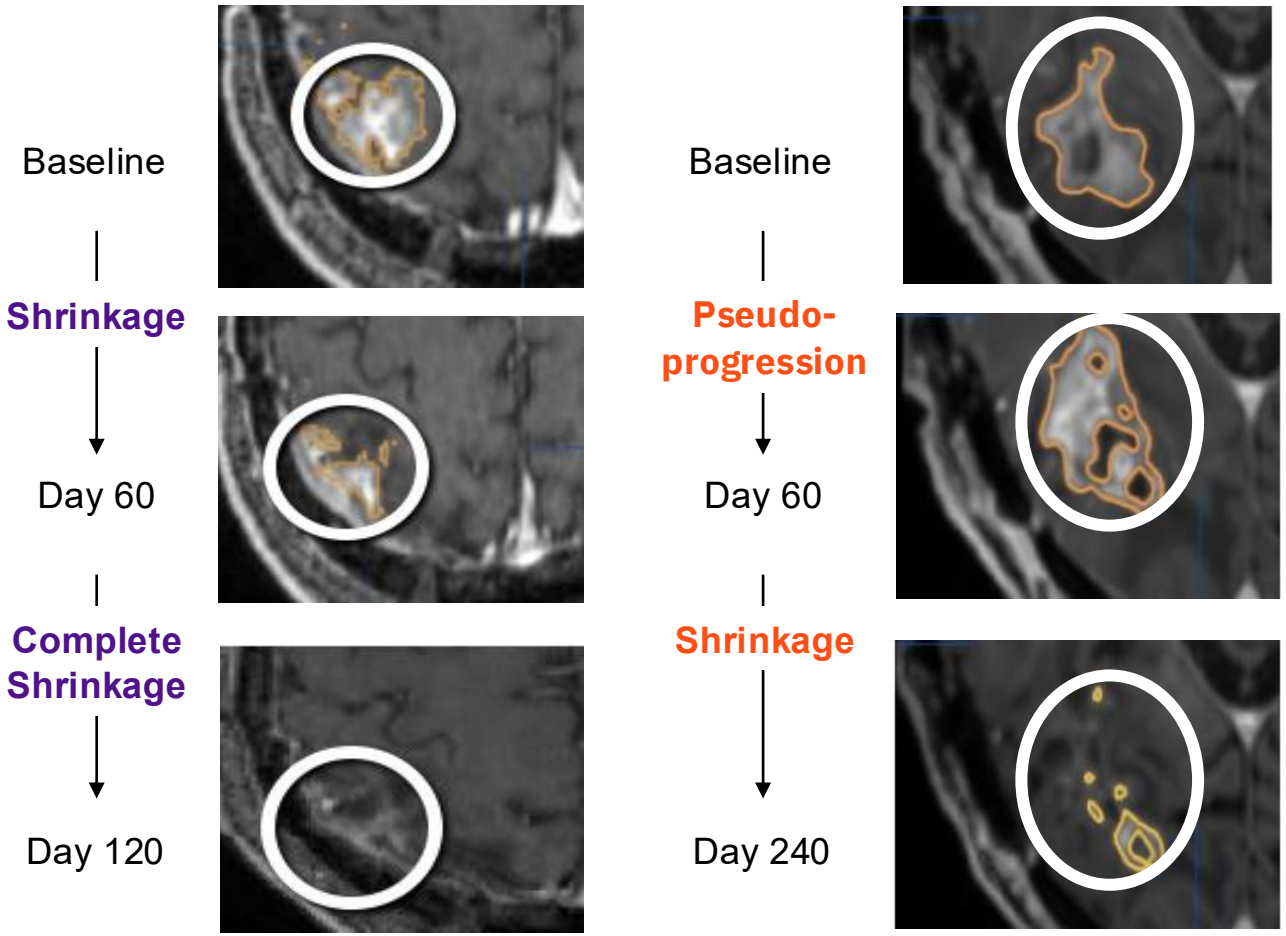
STUDY	PATIENT	DOSE (µg)
NIH-sponsored Investigator Initiated (U.S.)	Recurrent GBM (*n* = 9)	6 – 720
Multi-Center (U.S./Germany) Phase 1 "Non-resected Trial"	Recurrent HGG **No Resection** (*n* = 31; 25 rGBM+6 AA)	240 – 900
Multi-Center (U.S./Germany) Phase 2 "Resected Trial"	Recurrent GBM **+ Resection** (*n* = 32)	90 – 300
Medicenna-sponsored Multi-Center (U.S./Poland) Phase 2b	Recurrent *de novo* GBM **No Resection** (*n* = 47)	18 – 240

Phase 2b study was the most recently completed study

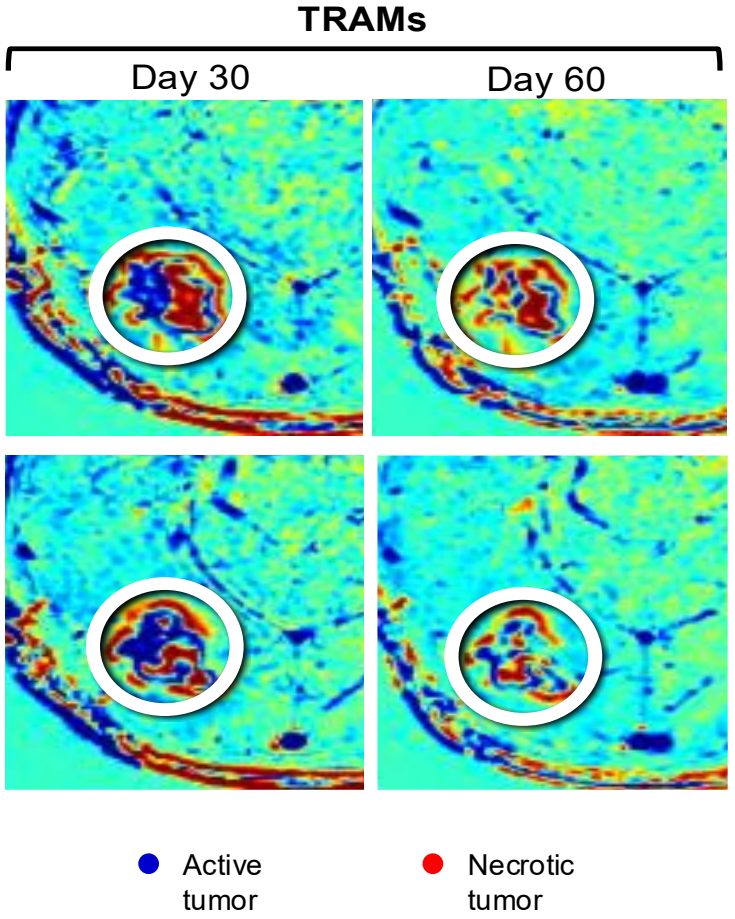
Consolidated Safety Profile

- No systemic toxicity at any dose
- No clinically significant laboratory abnormalities
- Most adverse events were due to local effects and similar to those typically seen in this patient population
- Manageable inflammation and edema associated with tumor necrosis
- 2 grade 5 events unrelated to study drug
- MTD established at >240 µg

Tumor Shrinkage Following Single Treatment with Bizaxofusp



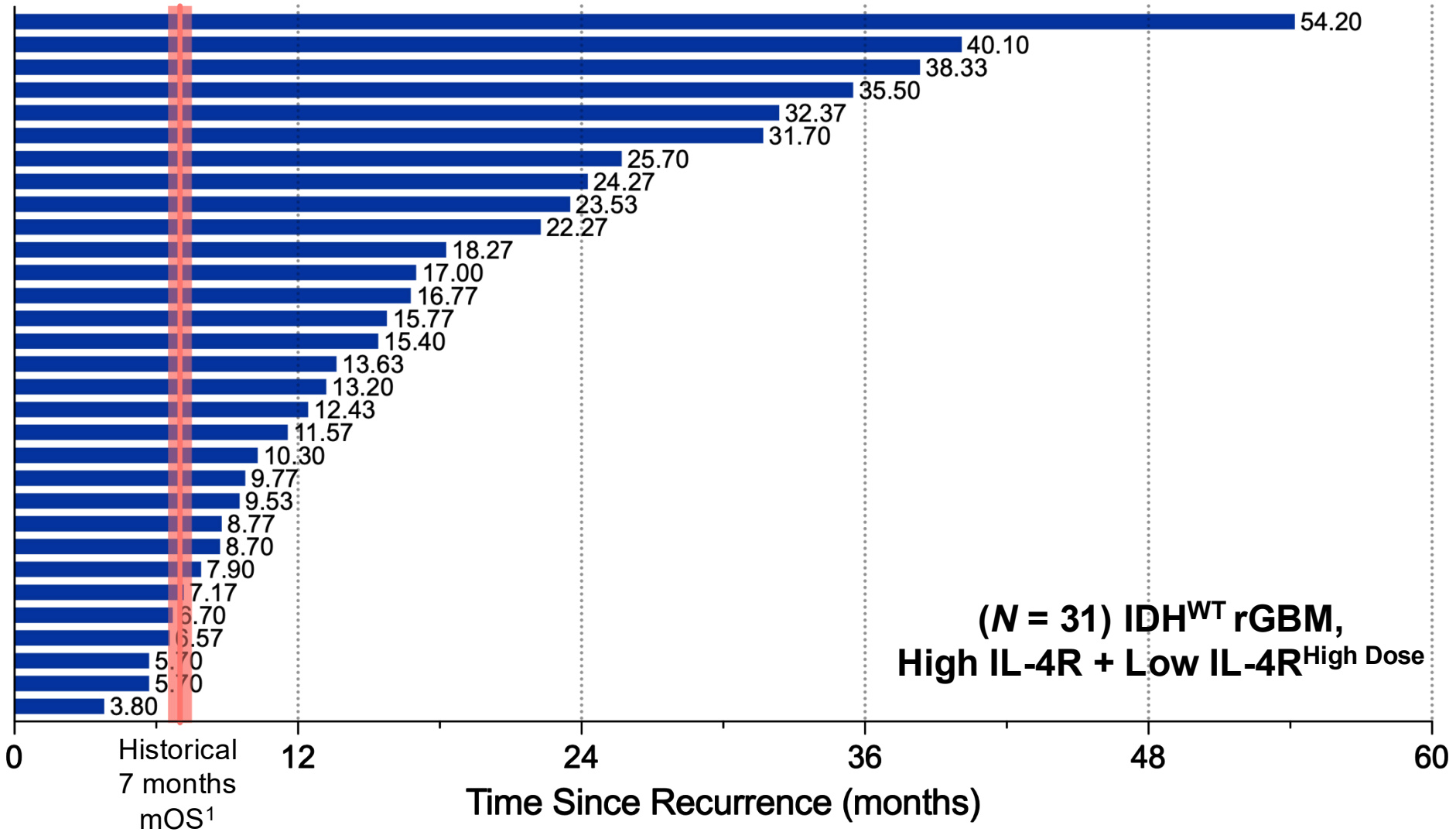
Increasing Tumor Necrosis Detection by MRI TRAMs



TRAMs: Treatment Response Assessment Maps

2023, Neuro-Oncology, 25 (6), 1085–1097

High Dose Bizaxofusp Improves Overall Survival vs. Historical Benchmark in Unresectable IDH^{WT} rGBM

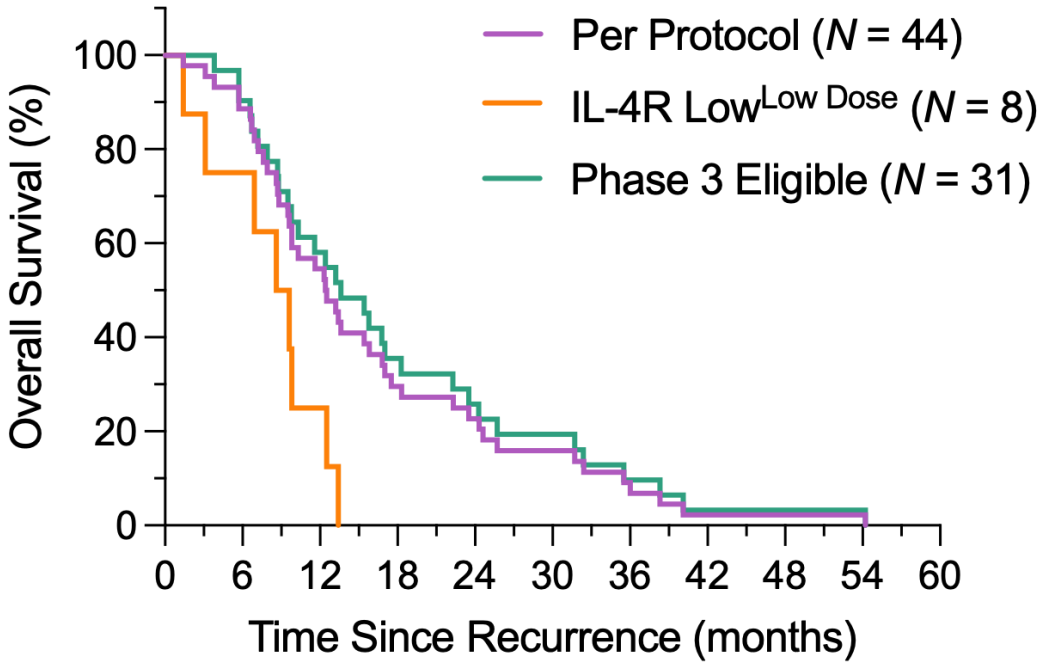


[1]2023, Neuro-Oncology, 25 (6), 1085–1097

Long Term Survival Following Single Dose of Bizaxofusp

OS results exceeded pre-specified primary endpoint of 8.0 months (No-Go) vs 11 months (Go)

High dose bizaxofusp meaningfully improves OS and represents the planned phase 3 dose



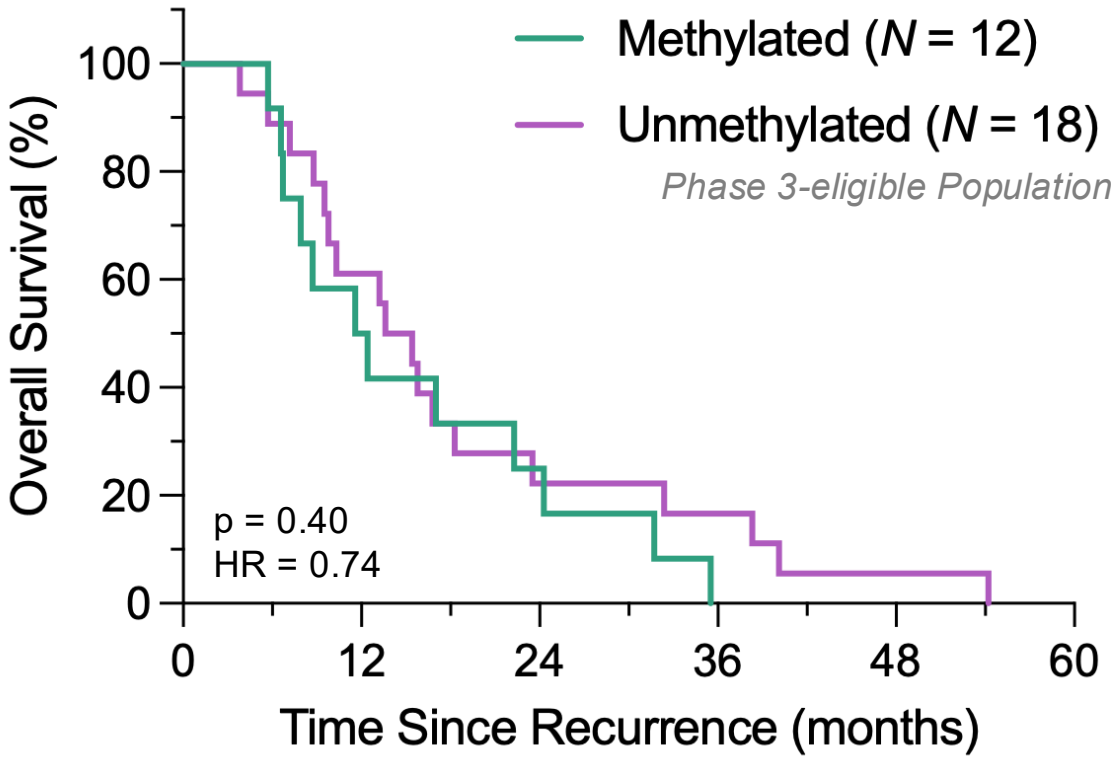
	Per Protocol Population (*N* = 44)	IL-4R Low Low Dose (*N* = 8)	Planned Phase 3 (*N* = 31)
mOS (months)	**12.5**	**9.1**	**13.6**
OS-12 (%)	54.5	25.0	58.1
OS-24 (%)	22.7	0	25.8

p = 0.017 (Log-rank)

IL-4R High: H-score > 60
High Dose Bizaxofusp: ≥ 180 µg
Planned Phase 3: IDH^{WT} unresectable rGBM; High IL-4R + Low $IL4R^{High\ Dose}$

2023, Neuro-Oncology, 25 (6), 1085–1097

Bizaxofusp is Effective Irrespective of MGMT Methylation Status



"MGMT status is a real limitation for patients using Temodar, but it is still used as first- and second-line treatment. Bizaxofusp gives another option for unmethylated patients."

– US Neurosurgeon

MGMT Status	mOS (months)	OS-12 (%)	OS-24 (%)
Methylated	12.0	50	25
Unmethylated	**14.5**	**61**	**22**

***MGMT* unmethylated, unresectable IDH^{WT} rGBM has a historical mOS of 5 months[1]**

MEDICENNA

[1]2023, *Neuro-Oncology*, 25 (9)

Contextualizing OS Benefit: Retrospective Matched ECA Study

For Comparison of Survival Against MDNA55-05 Phase 2b Study

POPULATION

- Patient registries at:
  - University of California, San Francisco (UCSF)
  - St. Michael's Hospital (Toronto, Canada)
- Study conducted under IRB-approved protocols
- **Investigators (Medidata, AcornAI) and Medicenna blinded to survival outcome**
- Subjects in the ECA and Phase 2b study were treated during the same time period.

ELIGIBILITY

- Adults ≥ 18 yrs
- ***de novo* GBM at initial diagnosis**
- **1st or 2nd relapse (rGBM)**
- **No resection**
- **KPS ≥ 70**
- **IDH wild-type only**

10 ECA BALANCING CRITERIA

- Age
- Sex
- KPS
- MGMT methylation status
- Time from initial diagnosis to relapse
- Number of prior relapses
- Extent of resection at initial diagnosis
- Tumor size/location at relapse
- Steroid use prior to treatment

ECA PROPENSITY SCORE BALANCING

STEP 1
Data preparation: feasibility and quality, mapping, standardization, covariates

STEP 2
Estimate propensity scores: statistical models

STEP 3
Propensity score balancing algorithm - weighting

STEP 4
Evaluation of balance in baseline characteristics

Propensity score methodology was used to balance bizaxofusp and control groups on key prognostic factors; **performed prior to unblinding survival data**

Contextualizing OS Benefit: Retrospective Matched ECA Study

For Comparison of Survival Against MDNA55-05 Phase 2b Study

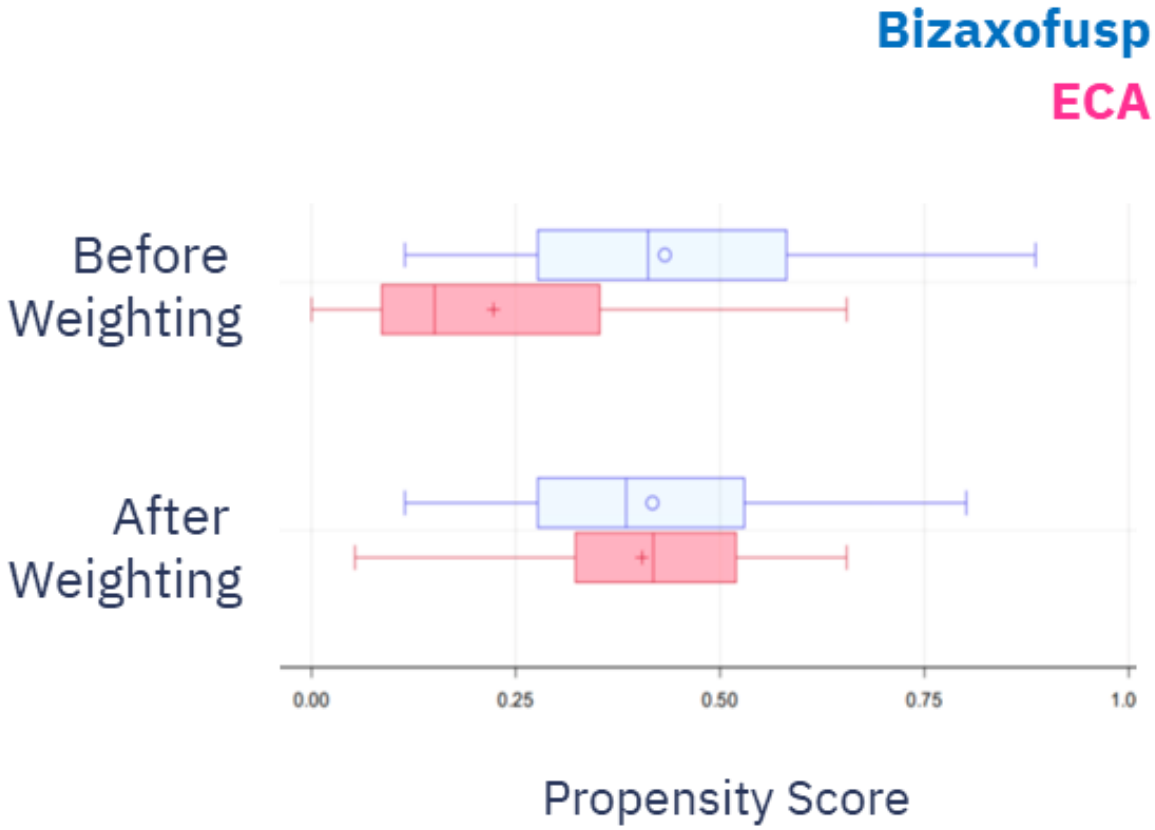
ECA PROPENSITY SCORE BALANCING

STEP 1
Data preparation: feasibility and quality, mapping, standardization, covariates

STEP 2
Estimate propensity scores: statistical models

STEP 3
Propensity score balancing algorithm - weighting

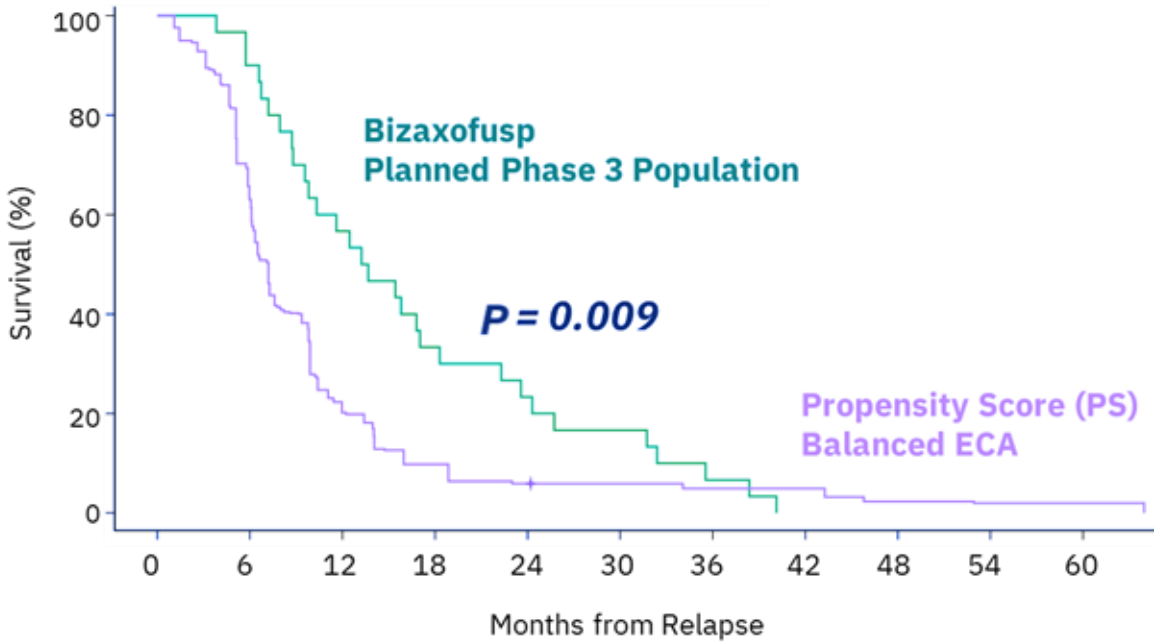
STEP 4
Evaluation of balance in baseline characteristics



Propensity score methodology was used to balance bizaxofusp and control groups on key prognostic factors; **performed prior to unblinding survival data**

Median Overall Survival (OS) Doubled with Single Treatment

OS increased by 180% at 12 months and 290% at 24 months when compared with ECA



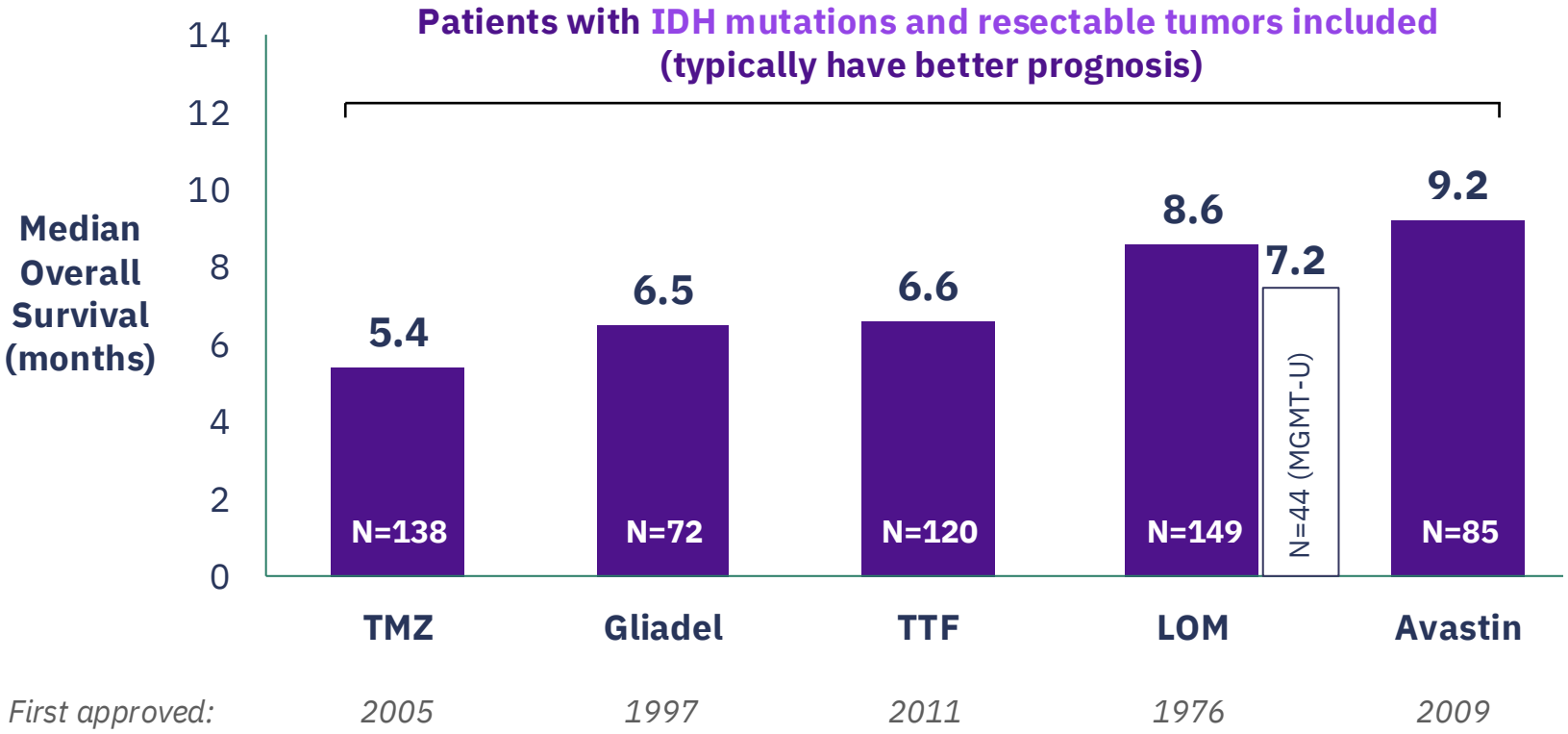
	PS-balanced ECA (*n* = 29.5)	Bizaxofusp (*n* = 30)
OS-12	20.2%	56.7%
OS-18	9.8%	33.3%
OS-24	5.9%	23.3%
OS-30	5.9%	16.7%
mOS (months)	7.2	13.5
p*-value	**0.009**	
HR* (95 % CI)	**0.536 (0.344, 0.834)**	

*Log-rank test

Patients enrolled in the ECA met the same eligibility criteria as the Phase 2b study and were subsequently matched using propensity score balancing.

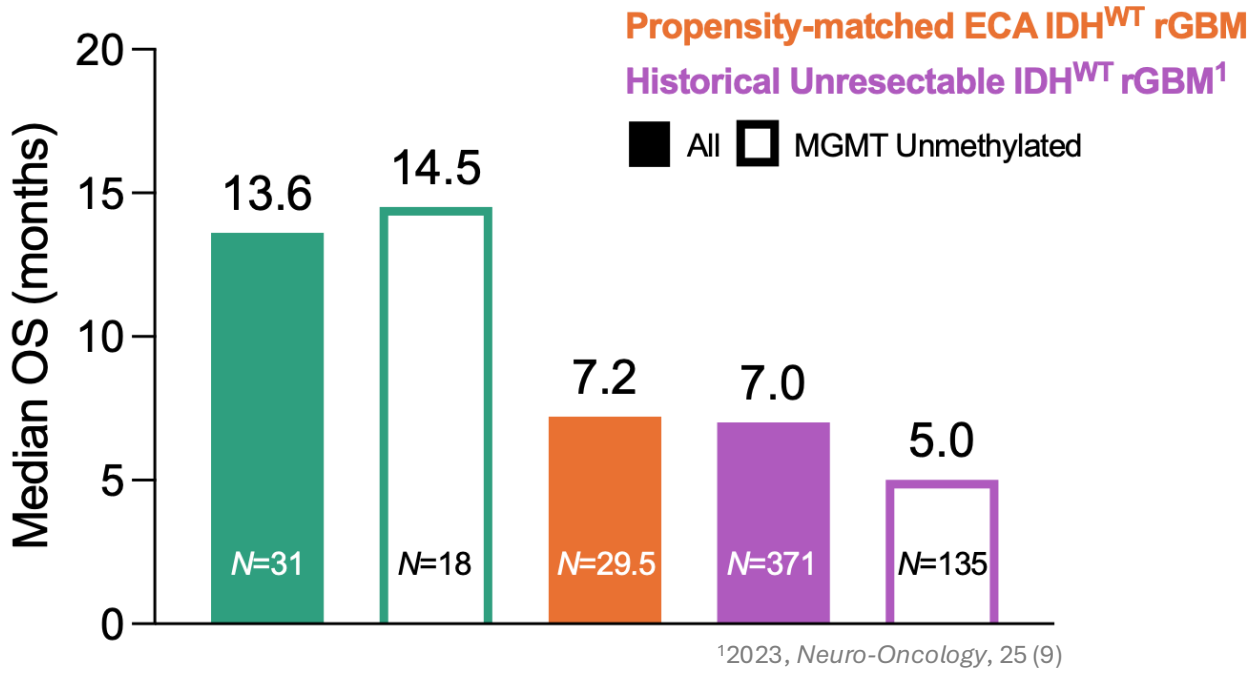
Bizaxofusp Demonstrates a Substantial Improvement in Overall Survival in Unresectable rGBM

"MGMT status is a real limitation for patients using temodar, but it is still used as first- and second-line treatment. Bizaxofusp gives another option for unmethylated patients."
– US Neurosurgeon



TMZ, Temozolomide | TTF, Tumor Treating Fields | LOM, Lomustine

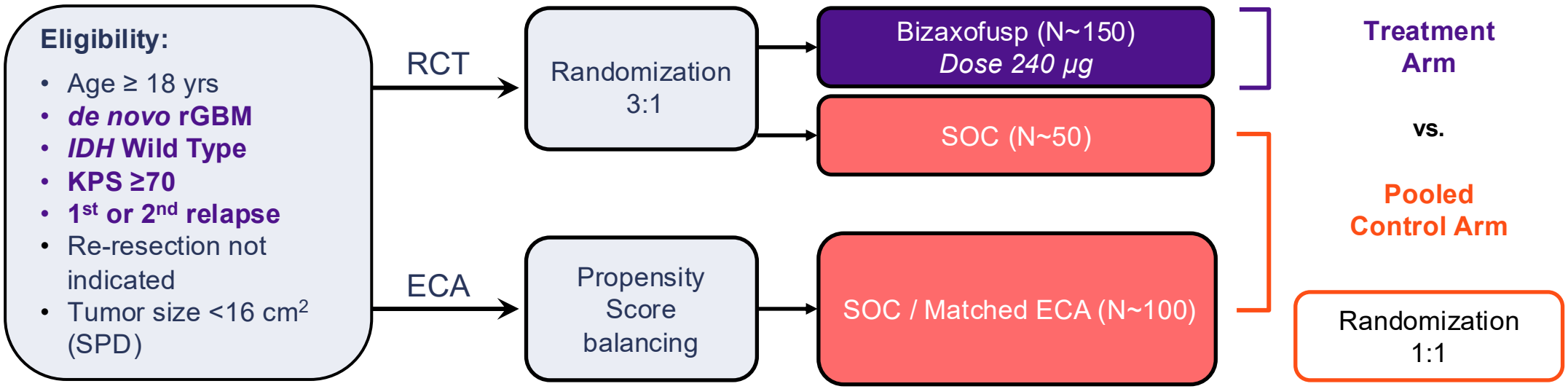
Bizaxofusp Demonstrates a Substantial Improvement in Overall Survival in Unresectable rGBM



[1]2023, *Neuro-Oncology*, 25 (9)

Bizaxofusp's improvement in survival (mOS 13.6 months vs. ~7.0 months) is supported by both ECA and a retrospective analysis of 681 patients with unresectable IDH^{WT} rGBM.

Pivotal Hybrid Trial Design Supported by FDA

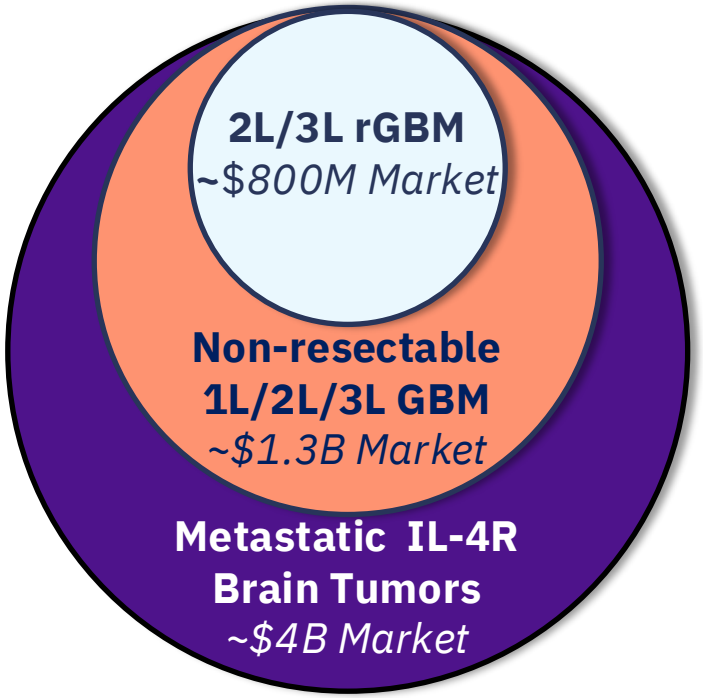


SOC therapies allowed:
- Bevacizumab (Avastin®)
- Lomustine (CCNU, CeeNU®, Gleostine™)
- Temozolomide (Temodar®)
- Tumor Treating Fields (Optune®)
- Radiation Therapy

Primary Endpoint:
- **OS**

Assumptions:
- **Effect size = 4.6 months in mOS (vs. 6.4 months achieved in Phase 2b)**
- 90% power
- HR of Bizaxofusp vs. pooled control = 0.65
- 2-sided alpha = 0.05

Bizaxofusp has Potential Beyond rGBM



"There's a group of first line patients that are not candidates for surgery. This product would be very impactful for them."

– UK Neuro-Oncologist

Near-term

2L/3L rGBM

Total market
~19,000 annually (US/EU)

Medium-term

Non-resectable newly diagnosed GBM

Total market
~22,000 annually (US/EU)

Longer-term

Metastatic IL-4R Brain Tumors

Renal | Breast | Colon

Total market:
~76,000 annually (US/EU)

Beyond GBM

IL-4R Overexpressing
Metastatic Brain Tumors

Renal Cancer
~6,000

Breast Cancer
~47,000

Colon Cancer
~23,000

IL-4R Positive Cancers Amenable to Local/Regional Administration

60% Ovarian
~21,500

73% Bladder
~85,000

96% Mesothelioma
~3,000

One Target: Infinite Hope

1
TARGET

13.5
Months of Median Overall Survival in IL-4R High + IL-4R Low$^{\text{High Dose}}$ Subjects

~100%
Improvement in Median Survival compared to Standard of Care

4,000
Brain Tumor Patients that can be treated with 1 Gram of Bizaxofusp

19,000
Number of Patients Annually Diagnosed with rGBM in US and EU4+UK

250,000
Global Annual Incidence of Primary and Metastatic Brain Cancers

20
Number of Cancers Known to Over-Express the IL-4R

1 Million
Global Annual Incidence of IL-4R Positive Cancers

∞
HOPE

Acknowledgements

John Sampson, MD, PhD
Dina Randazzo, DO
Annick Desjardins, MD
Duke University School of Medicine

Nicholas Butowski, MD
Krystof Bankiewicz, MD, PhD,
Manish K. Aghi, MD, PhD
Joanna Phillips, MD, PhD
John Bringas
University of California San Francisco

Achal Achrol, MD
Santosh Kesari, MD, PhD
Pacific Neuroscience Institute and John Wayne Cancer Institute

Michael Vogelbaum, MD, PhD
Cleveland Clinic

Steven Brem, MD
Hospital of the University of Pennsylvania

Seunggu Han, MD
Oregon Health & Science University

Andrew Brenner, MD, PhD
John R. Floyd, MD
Cancer Therapy and Research Center at University of Texas at San Antonio

Frank Vrionis, MD, PhD
Sajeel Chowdhary, MD
Boca Raton Regional Hospital

Miroslaw Zabek, MD
Mazovian Brodnowski Hospital

David Reardon, MD
Dana-Farber Cancer Institute

Ben Ellingson, PhD
University of California Los Angeles

Puneet Plaha, MD
University of Oxford

Eva Wembacher-Schroder, PhD
BrainLab, Munich, Germany

Ruthie Davi, PhD
Antara Majumdar, PhD
Acorn AI, a Medidata company

Amy McKee, MD
Martin Roessner, MS
Parexel

Sunit Das, MD, PhD
Sorcha Kellett
Labeeba Nusrat
St. Michael's Hospital, Toronto

Yael Mardor, PhD
Sheba Medical Center

Fahar Merchant, PhD
Martin Bexon, MBBS
Nina Merchant, MSc
Melissa Coello, BSc
Medicenna Therapeutics Inc.

.....And most of all, to the patients & their families

This study is partly supported by a grant from Cancer Prevention and Research Institute of Texas (CPRIT)

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS