EX-99.2 8 tm2224699d1_ex99-2.htm EXHIBIT 99.2

Exhibit 99.2

Legal Disclaimer

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Important Information for Investors

This investor presentation (this "Presentation") (references to which shall be deemed to include any information which has been or may be supplied in writing or orally in connection herewith or in connection with any further enquiries) relates to a proposed business combination (the "Transaction") between Maxpro Capital Acquisition Corp. ("Maxpro") and Apollomics Inc. (together with its subsidiaries and affiliates, "Apollomics"). This Presentation does not contain all of the information that should be considered with respect to the proposed Transaction. This Presentation is for informational purposes only and is not intended to form any basis of any investment decision or any other decision in respect of the proposed Transaction. You should consult your own counsel and tax and financial advisors as to legal and related matters concerning the matters described herein.

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Transaction Highlights

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deSPAC TRANSACTION

- Apollomics Inc. (“Apollomics”) and Maxpro Capital Acquisition Corp. ("JMAC") have entered into a definitive business combination agreement
- Transaction values Apollomics at $899M
- Transaction expected to close in the first quarter of 2023
- 100% rollover from legacy Apollomics shareholders
- $105.05M in total estimated proceeds in JMAC trust (assuming no redemptions)
- $20M minimum cash condition

USE OF PROCEEDS

- Provide funding for Vebreltinib (APL-101) through ongoing registrational Phase 2 clinical trials in the US, 1 NDA filing and 2 sNDA filings
- Provide funding for APL-106 (Uproleselan) Phase 3 and NDA filing in China
- Continue pipeline development and discovery projects

NDA – New Drug Application
sNDA – Supplemental New Drug Application

Transaction Details

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SOURCES ($M)

Redemption Rate Assumption	0%	MAXIMUM
Apollomics Shareholder Equity Rollover [1]	$899.0	$899.0
JMAC Cash in Trust	105.1	20.0
Total Sources	$1,004.1	$919.0

USES ($M)

Redemption Rate Assumption	0%	MAXIMUM
Equity Issued to Apollomics Shareholders [1]	$899.0	$899.0
Cash to Company Balance Sheet	100.2	15.1
Estimated Transaction Costs [4]	4.9	4.9
Total Uses	$1,004.1	$919.0

PRO FORMA CAPITALIZATION (M Shares, %)

Redemption Rate Assumption	0%		MAXIMUM	
Apollomics Shareholder Equity Rollover [1]	89.9	87.0%	89.9	94.7%
JMAC public shareholders [2]	10.4	10.0%	2.0	2.1%
JMAC promote [3]	2.6	2.5%	2.6	2.7%
JMAC private placement	0.5	0.5%	0.5	0.5%
JMAC underwriter shares	0.0	0.0%	0.0	0.0%
Total outstanding shares with vested options	103.3	100.0%	94.9	100.0%

1. Capitalization calculated on a net-exercise basis: 89.90M shares to Apollomics shareholders and vested option holders are net of exercise proceeds for pre-closing vested options; assumes $10 price per JMAC share; excludes JMAC public and private placement warrants.
2. The illustrative maximum redemption scenario represents the approximate maximum number of JMAC public shares that may be redeemed while meeting the $20M minimum cash condition, or approximately 81% redemptions at a redemption price of $10.15 per share. Actual redemptions may vary and may be significant.
3. Sponsor promote may be reduced if Sponsor shareholdings exceed 2.75% of total outstanding shares and vested option shares at closing.
4. Excludes fees paid before the closing or from the Company's existing cash on hand.

5

Apollomics: On a mission to discover ways to treat cancer

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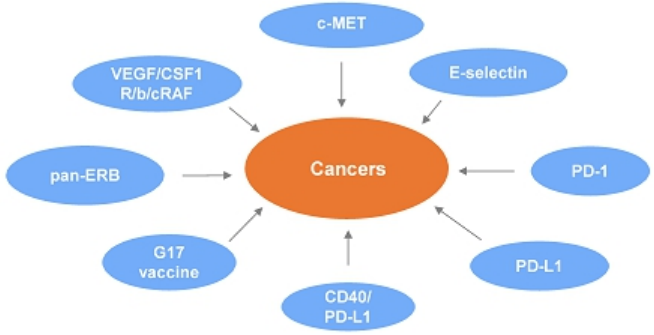
1. Innovative clinical-stage biotechnology company focused on discovering and developing oncology therapies with the potential to be combined with other treatment options to harness the immune system and target specific molecular pathways to inhibit cancer
2. Pipeline of nine drug candidates across multiple oncology programs
3. Six drug candidates are in the clinical stage
4. Focused on the development of novel therapies targeting difficult to treat cancers with high mortality rates



2016
OrbiMed ~$10M Series A

2018
Series B $99M

2020
GlycoMimetics partnership for Uproleselan
Series C ~$124M

2021
TYG partnership for Gastrin 17 ("G17") vaccine
Edison Oncology partnership for pan-ErbB inhibitor

2022
Entry into deSPAC transaction with JMAC

6

Maxpro Capital Acquisition Corp. Overview

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- Maxpro Capital Acquisition Corp. (Nasdaq: JMAC) is a publicly listed special purpose acquisition company that completed a $105.05M IPO on October 13, 2021
- JMAC is sponsored by MP One Investment LLC, established by Maxpro Capital Ventures, a healthcare private equity fund
- Maxpro has deep insight and knowledge of the healthcare sector, with extensive experience working with and advising clinical-stage biotechnology companies
- Possesses strong network of biotech professionals and industry experts
- Professional management team with M&A expertise in capital markets

JMAC

7

Seasoned Executives at Apollomics

Guo-Liang Yu
PhD
Co-founder
Chairman and CEO

Serial Entrepreneur

- Founder of Epitomics; Executive Chairman of Crown Bioscience
- 30+ years experience
- 300+ patents; 30+ publications
- U.C. Berkeley, Harvard, Human Genome Sciences

Sanjeev Redkar
PhD, MBA
President &
Co-founder

- 28 years in oncology drug development
- 5 NDAs, 5 NCEs and 15 INDs/CTAs in previous roles
- Matrix Pharmaceuticals, SuperGen, Astex, Otsukaa

Kin-Hung Peony Yu
MD,
Chief Medical Officer

- 20+ years in global clinical development leadership: IND, Phase 1, 2, 3, and 4 studies
- Multiple successful NDAs in US, China, Japan, and MAAs in EU in prior roles - Stanford, FibroGen, Anesiva, J&J, Elan

Jane Wang
PhD
Chief Scientific
Officer

- 20 years in drug discovery
- Focus in oncology, inflammation, and CNS
- 60 patents and 29 publications in prior roles
- Pfizer, NIH, Schering Plough, Wuxi

Brianna McDonald
JD
VP & General
Counsel

- 15 years' experience
- Stanford University, BA
- Harvard Law School, JD
- Covington & Burling LLP, Google LLC, Verily Life Sciences LLC

Raymond Low
CPA,
VP Finance,
Corporate Controller

- 22 years' experience
- B Com University of South Africa, CMA England
- Rstar, Therasense, AXT, Sciclone Pharmaceuticals

8

Seasoned Executives at JMAC

Moses Chen
JMAC CEO

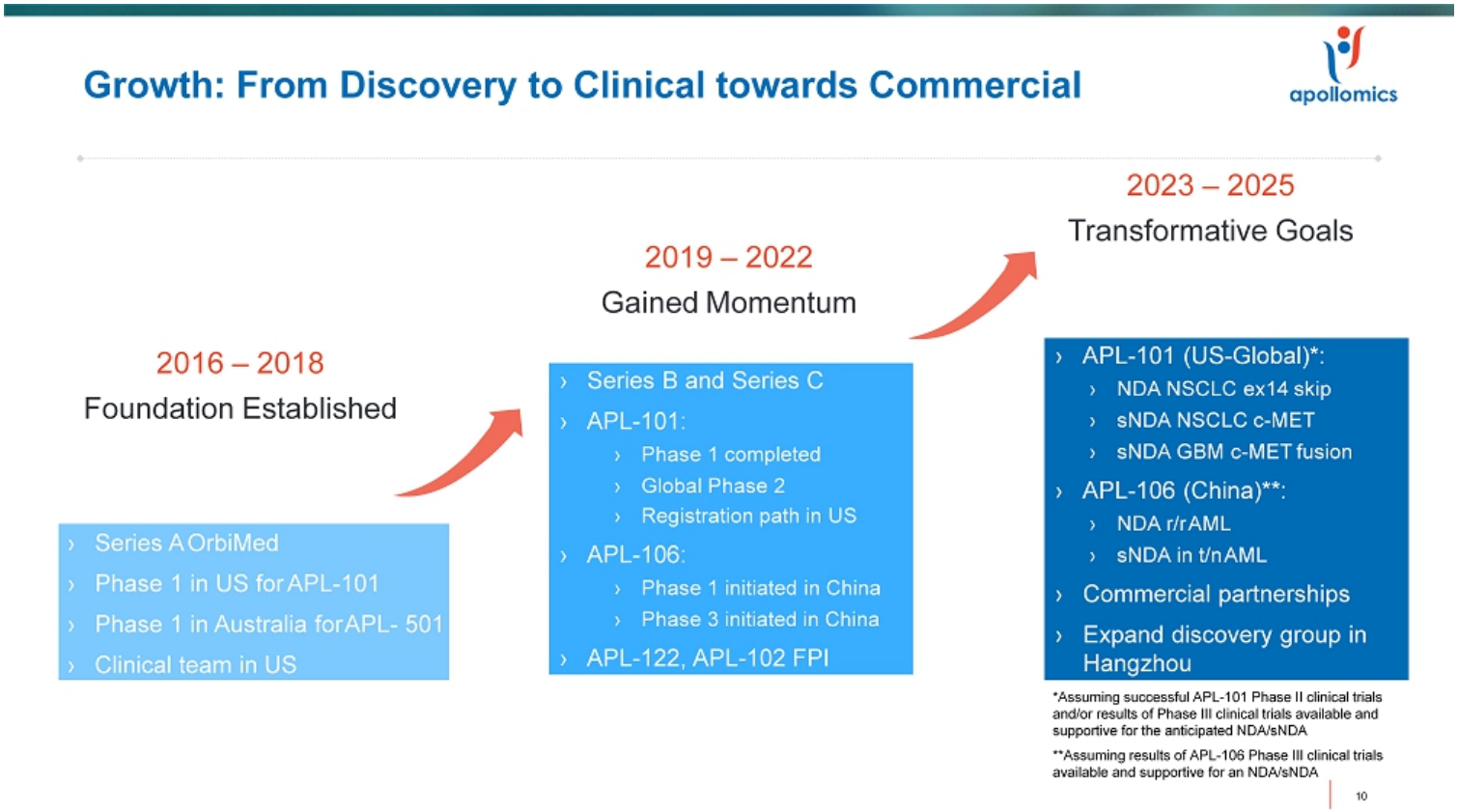
Senior Executive

- Managing Director of Maxpro Ventures Ltd. since May 2018
- 20+ years of academic and biotech experience
- Rutgers, Caltech, VivoRx, AmCyte, Celgene, Meridigen, SyneuRx

Gau, Wey – Chuan (Albert)
JMAC CFO

Senior Executive

- Consultant at KPMG in Taiwan since February 2021
- Provided audit and tax services for KPMG international and local public clients for 30 years
- Provided consultancy services for IPO, domestic and overseas fund raising, financial and tax planning


Growth: From Discovery to Clinical towards Commercial
apollomics
2016 – 2018
Foundation Established
› Series A OrbiMed
› Phase 1 in US for APL-101
› Phase 1 in Australia for APL- 501
› Clinical team in US
2019 – 2022
Gained Momentum
› Series B and Series C
› APL-101:
› Phase 1 completed
› Global Phase 2
› Registration path in US
› APL-106:
› Phase 1 initiated in China
› Phase 3 initiated in China
› APL-122, APL-102 FPI
2023 – 2025
Transformative Goals
› APL-101 (US-Global)*:
› NDA NSCLC ex14 skip
› sNDA NSCLC c-MET
› sNDA GBM c-MET fusion
› APL-106 (China)**:
› NDA r/r AML
› sNDA in t/n AML
› Commercial partnerships
› Expand discovery group in Hangzhou
*Assuming successful APL-101 Phase II clinical trials and/or results of Phase III clinical trials available and supportive for the anticipated NDA/sNDA
**Assuming results of APL-106 Phase III clinical trials available and supportive for an NDA/sNDA
10

Our Pipeline

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	Drug Candidate	Target	Category	IP Rights	Mono / Combo	Indications	Status
Tumor Inhibitors	★APL-101 Vebreltinib	c-Met	Small molecule	Global [1]	Mono	NSCLC, GBM, other solid tumors	By Pearl in China
	APL-122	ErbB1/2/4	Small molecule	Global [2]	Mono	ErbB1/2/4 positive cancers	
	APL-102	Multiple Kinases	Small molecule	Global	Mono	Solid tumors	
Anti-Cancer Enhancers	★APL-106	E-Selectin	Small molecule	China	+ Chemo	r/r AML, newly diagnosed AML	Phase 1 PK and tolerability study; By GlycoMimetics in the U.S.
	APL-108	E-Selectin	Small molecule	China	+ Chemo	MM	By GlycoMimetics in the U.S.
Immuno-oncology Drugs	APL-501	PD-1	Biologic	Global [3]	Mono	Solid tumors	By Genor in China
	APL-502	PD-L1	Biologic	Global [3]	Mono	Multiple tumor types	By CTTQ in China
	APL-810	G17-neutralization	Biologic	US, China	Mono	Gastrointestinal (GI) cancers	
	APL-801	CD40 and PD-L1	Biologic	Global	Mono	Multiple tumor types	

★ Core Programs

Apollomics Trials

Partner Trials

IP – Intellectual Property
GBM – Glioblastoma Multiforme
r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
NSCLC – Non-Small Cell Lung Cancer
MM – Multiple Myeloma

[1] excluding China, Hong Kong and Macau
[2] excluding China, Hong Kong and Taiwan
[3] excluding China

11

Vebreltinib (APL-101) c-Met TKI
~ $10B market opportunity in NSCLC With c-MET Dysregulation

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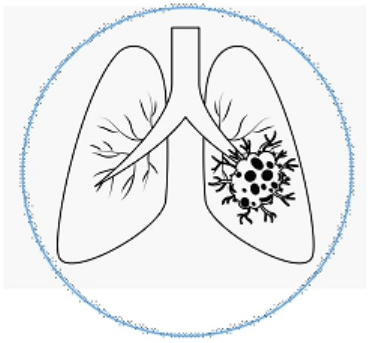
NSCLC



188,000 US incidence*
1.8 million worldwide*

$3B market opportunity**

c-Met dysregulated Non-Small Cell Lung Cancer ("NSCLC") population

- Exon-14 skip mutation (1L, 2L) — **~ 6,300 patients***
- c-Met amplifications, denovo — **~ 2,500 patients*****
- c-Met amplifications, resistance driven — **~ 3,100 patients*****

$7B market opportunity**

Epidermal Growth Factor Receptor (EGFR) mutated NSCLC population

- 1L EGFR+ in combination with osimertinib — **~ 20,700 patients***

Source:
* Biomedtracker
** Management estimates for the US market for 2022 calculated by multiplying number of patients with an estimated drug price
*** Management estimates based on prevalence from Drillon et al 2016 - Targeting MET in Lung Cancer mentions and prevalence of NSCLC from Biomedtracker

12

Regulatory Landscape of c-MET inhibitors TKI

Approved c-MET inhibitor TKIs

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Agent*	Manufacturer(s)	MOA	Line of Therapy*	Biomarker (NGS)	U.S. FDA Approval	EU5 EMA Approval	JP MHLW Approval	CN NMPA Approval
Patients with MET mutations								
Orpathys® *(savolitinib)*	HutchMed and AstraZeneca (CN)	MET inhibitor	Relapsed / refractory or 1L, chemotherapy ineligible	NSCLC w/ MET Ex14 skipping	None	None	None	Jun-21 (conditional)
Tabrecta® *(capmatinib)*	Novartis (U.S., EU5, JP)	MET inhibitor	1L	NSCLC w/ MET Ex14 skipping	May-20 (accel) Aug-22 (full)	June-22	Jun-20	None
Tepmetko® *(tepotinib)*	Merck KGaA (U.S., JP)	MET inhibitor	Unresectable advanced / recurrent	NSCLC w/ MET Ex14 skipping	Feb-21 (accel)	Dec-21	Mar-20 (conditional)	None

Estimated US Pricing:**

Tabrecta	400mg BID	150mg, 200mg/ 56 tabs ($11K)	$22K/mo
Tepmetko	450mg QD	225mg/ 30 tabs ($11k)	$22k/mo

• mAb = monoclonal antibody; mono = monotherapy; + = combination with; accel = accelerated approval; cond = conditional approval.
*These approvals are current as of the date of publication of this report and stated line of therapy is an approximation if not explicitly stated in the regulatory label; please refer to official product labels for most current approval status and nuanced description of the approved indications by market.
** Management's estimates based on public information on Drugs.com

Vebreltinib: 3 Indications for near term NDA/sNDA submissions

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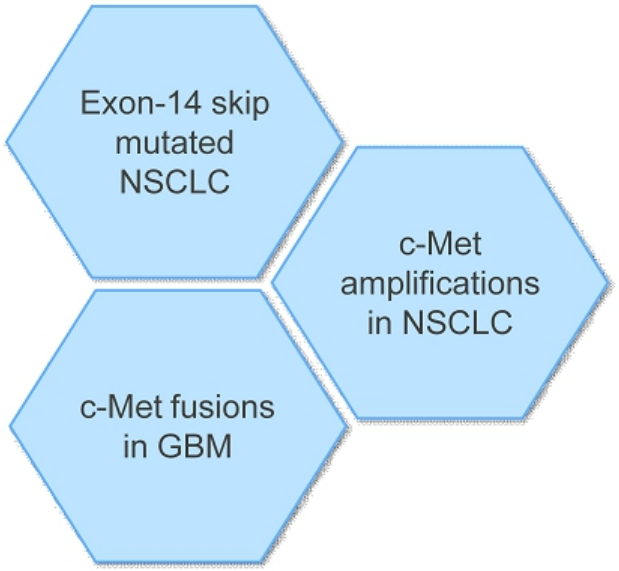

Vebreltinib

Global Multicohort Phase 2 – Non-Small Cell Lung cancer, Glioblastoma ("GBM"), various solid tumors with c-Met dysregulation

- ✓ Highly specific c-Met inhibitor
- ✓ Brain penetration
- ✓ Safety data available from over 370 patients worldwide

- ✓ Biomarkers to target c-Met patients
- ✓ Strong IP with 7 patents awarded covering the compound

- ✓ Orphan drug designation by FDA
- ✓ ~ 140 patients treated in Apollomics SPARTA trial ongoing in 13 countries and 90+ sites
- ✓ Registrational Phase 2 study in NSCLC with exon 14 skip or c-Met amplification (China)
- ✓ Phase 2/3 GBM with PTPRZ1-MET fusion (China)

- ✓ Potential combo therapy w/EGFR inhibitors, etc., with huge potential
- ✓ Potential other tumors: Gastrointestinal, renal, thyroid, etc.

NSCLC – Non-Small Cell Lung Cancer
GBM – Glioblastoma Multiforme

Activity in a Patient with Primary NSCLC Lesions and Brain Metastasis

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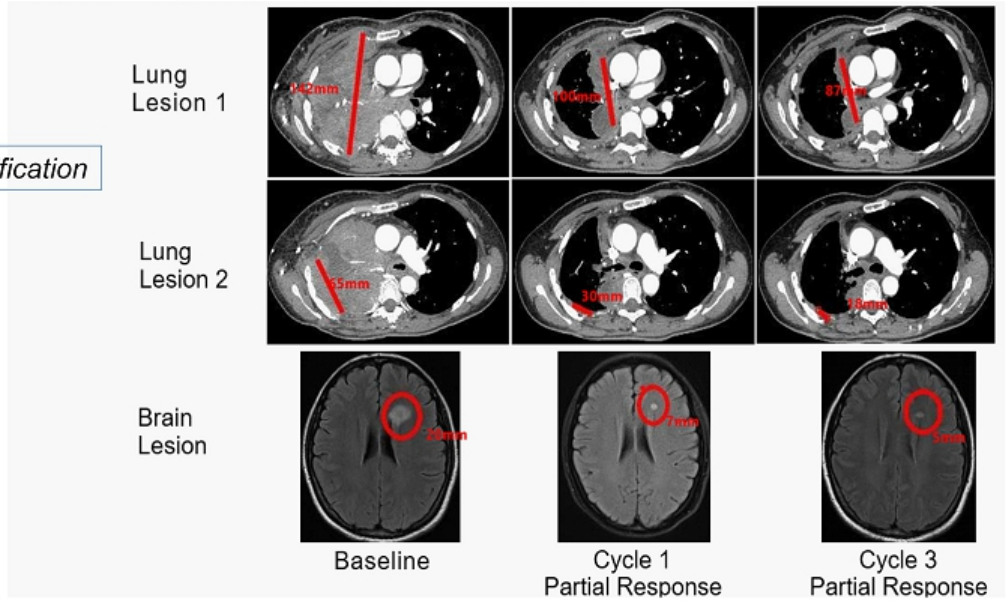
NSCLC with c-Met amplification



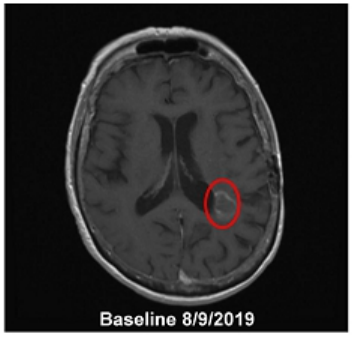
Source: Yilong Wu et al, Presentation on Phase 1 Open Investigation of the Safety and Tolerability of Bozitinib Enteric Capsules in Late-Stage NSCLC with c-Met Amplification (NCT02896231/CTONG160), at the Annual Conference of Chinese Society of Clinical Oncology in 2019

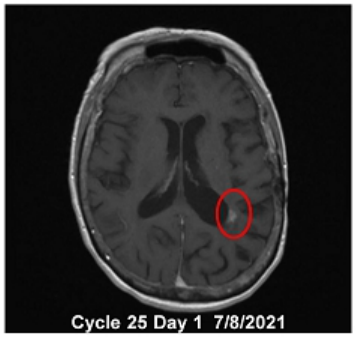
Activity in a Glioblastoma Patient with c-MET Amplification

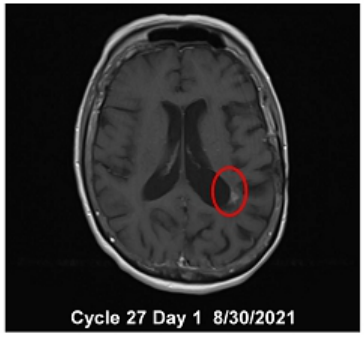
On treatment for 2+Years

- 78-yr old female, GBM since May 2015, c-Met Amplification, target lesion Lt Subependymal
- Received 3 prior lines of therapies (Temodar 2015-2017, Avastin 2017-2018, Nivolumab 2018-2019)
- C1D1: 04Sep2019; 2+ yr treatment, durable response

Visit	Product of Perpendicular Diameters
Screening	**285**
Cycle 3 Day 1	285
Cycle 5 Day 1	300
Cycle 7 Day 1	252
Cycle 9 Day 1	119
Cycle 11 Day 1	96
Cycle 13 Day 1	98
Cycle 15 Day 1	96
Cycle 17 Day 1	75
Cycle 19 Day 1	56
Cycle 21 Day 1	96
Cycle 23 Day 1	60
Cycle 25 Day 1	60
Cycle 27 Day 1	**25**







Longest Axis	**19**	**12**	**05**
Perpendicular Measurement	**15**	**05**	**05**
Product of Perpendicular Diameters	**285**	**60**	**25**

Apollomics clinical data

16

Vebreltinib – Additional Indications

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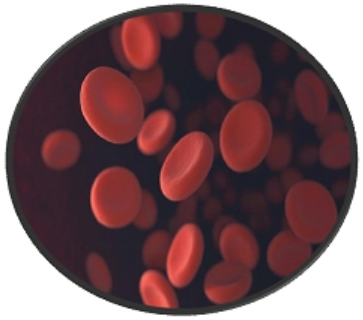
- EGFR resistance & c-Met amplification
- Other solid tumors with c-Met alterations, beyond lung & brain
  - Gastrointestinal cancers: colon, stomach, pancreatic, liver, cholangiocarcinoma
  - Renal cell cancer
  - Thyroid cancer
  - Prostate cancer
  - Breast cancer
  - Ovarian, and other female reproductive tract

Uproleselan (APL-106) seeks to address $1.4B market for AML

apollomics

AML



29,400 incidence in China*

$1.4B total AML market opportunity in China**

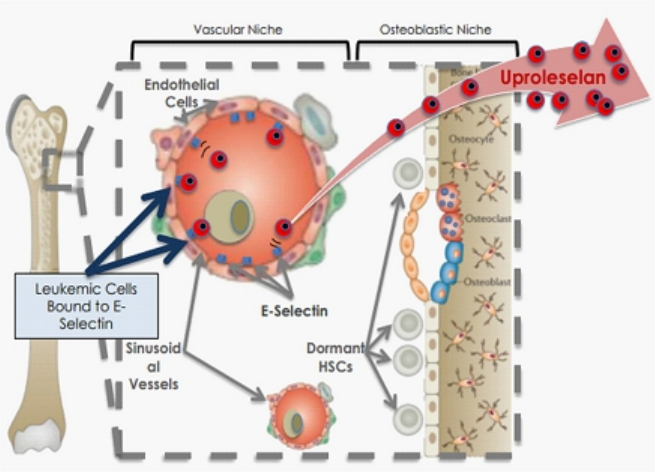
Acute Myeloid Leukemia

• 1L treatment naïve AML	**~ 16,400 patients***
• Relapsed refractory AML	**~ 12,600 patients***
• AML patients unfit for chemotherapy	**~ 8,800, patients***

Source: *IQVIA Market Research;
**management estimates for China Market arrived at using patient numbers and average price estimated by IQVIA

Uproleselan (APL-106) First-In-Class E-Selectin Antagonist

Enhances efficacy of chemotherapy & reduces mucositis (from chemotherapy)



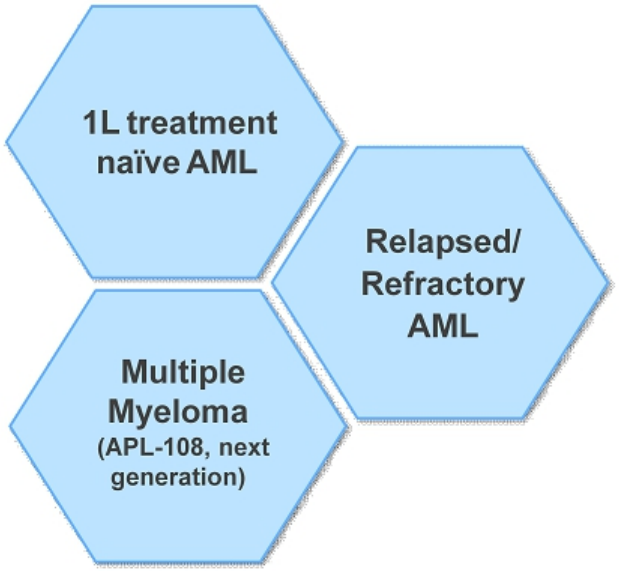
Source: GlycoMimetics

- Prevents trafficking of tumor cells to the bone marrow
- Disrupts cell adhesion-mediated drug resistance (CAMDR) within bone marrow microenvironment
- Inhibits activation of cancer survival pathways (e.g. NF-kB)
- Protects normal HSCs through quiescence enhancement and ability for self-renewal
- Reduces chemotherapy-associated toxicity (e.g. severe mucositis)
- 2nd generation GMI-1678 (APL 108) has equivalent activity to APL-106 in preclinical studies, but at an approximately 1,000-fold lower dose

19

APL-106 Phase 3 Clinical trials in AML with near term readouts

E-Selectin Inhibitor: first-in-class



Uproleselan (APL-106)

AML- Phase 3 in China

- ✓ FDA & NMPA Breakthrough Therapy Designations
- ✓ FDA Fast Track Designation

- ✓ AML: Significant clinical unmet needs – high relapse rate, low survival rate
  - Phase 1 /2
    - Efficacy: Impressive CR/CRi, MRD negativity, and overall survival in r/r & L1 AML
    - Safety: Well-tolerated; potential to ameliorate oral mucositis when combo w/ chemo
  - r/r AML Phase 3 China Bridging, N=140 subjects
  - r/r AML Phase 3 US/Global enrollment completed 2021, N~ 380 subjects
  - 1L AML Phase 2/3 US: N up to 670 subjects

- ✓ APL-108 (higher potency, subcutaneous) for Multiple Myeloma and other solid tumors

- ✓ Strong IP protection for the compound and use in treating cancer and metastasis

AML – Acute Myeloid Leukemia
SubQ – subcutaneous
IP – Intellectual Property

Uproleselan (APL-106) Efficacy and Safety Data from US Phase 2 Trial

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Enhanced Efficacy

	Relapsed / Refractory AML N=47	Newly Diagnosed AML N=25
Response Data: CR/CRi	41%	72%
Response Data: MRD Negative Rates	69%	56%
Survival Outcomes	Median Overall Survival (OS): **8.8** Months	Median Event Free Survival (EFS): **9.2** Months Median Overall Survival (OS): **12.6** Months

Improved Tolerability to Chemotherapy – oral mucositis

DeAngelo et al Blood Feb 2022

r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
MRD – Minimal Residual Disease
CR – Complete Remission
CRi – Complete Remission with incomplete count recovery

Uproleselan (APL-106) Global Clinical Programs in Acute Myeloid Leukemia

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GlycoMimetics Global Studies

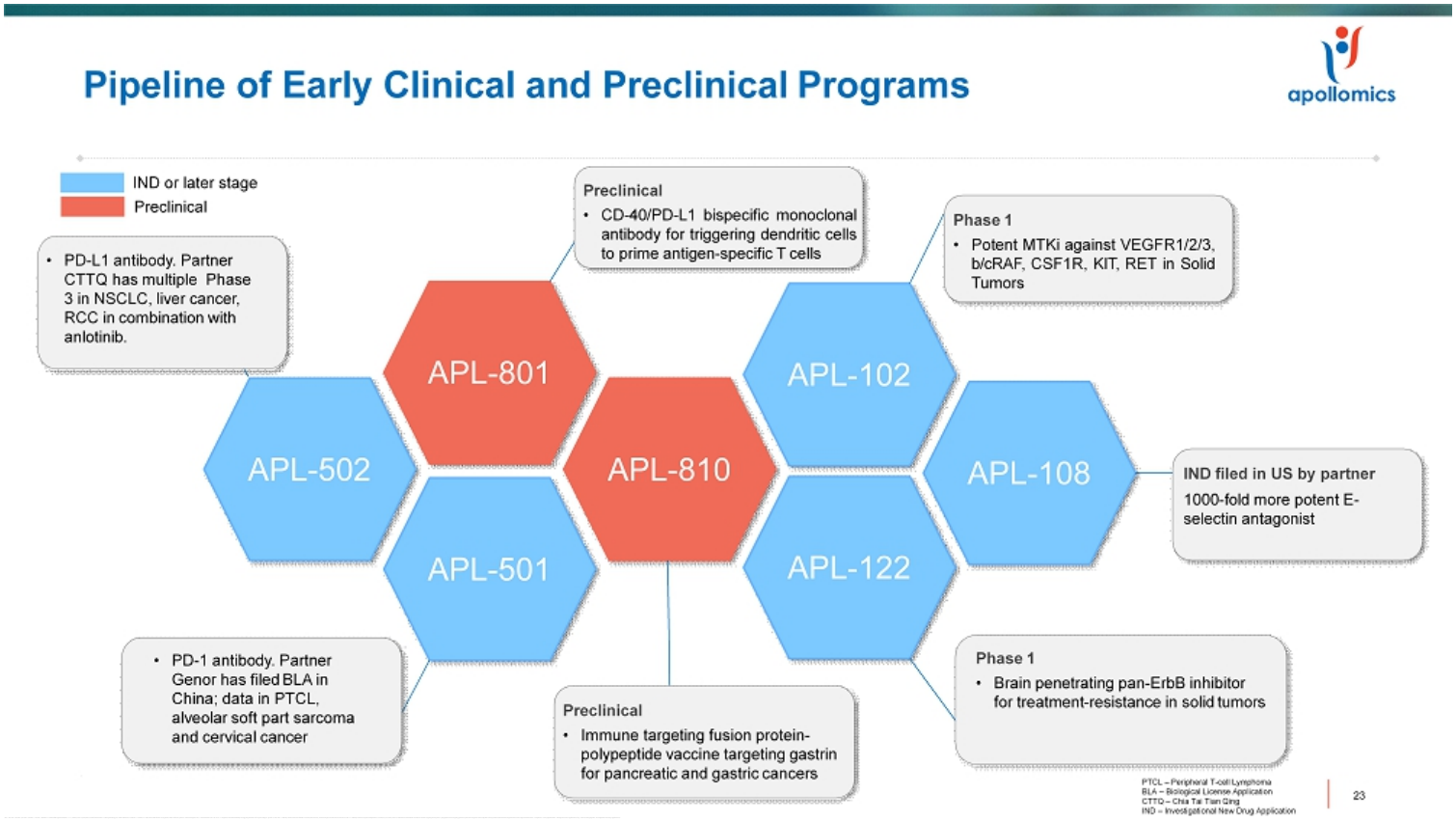
- GMI-Sponsored Global Phase 3 trial in r/r AML; FULLY ENROLLED
- NCI-Sponsored Trial in Newly Diagnosed AML "Fit" for Chemo; Target interim analysis 2022
- UC Davis IST - Newly Diagnosed AML "Unfit" for Chemo; combo with venetoclax + azacytidine; N=25 subjects

Apollomics China Studies

- Phase 1 PK Study (N=12 subjects; ongoing)
- Phase 3 Bridging Study in r/r AML (ongoing)

r/r AML – Relapsed or Refractory Acute Myeloid Leukemia
IST – Investigators Sponsored Trial
PK - Pharmacokinetic

22


Pipeline of Early Clinical and Preclinical Programs
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IND or later stage
Preclinical
PD-L1 antibody. Partner CTTQ has multiple Phase 3 in NSCLC, liver cancer, RCC in combination with anlotinib.
Preclinical
CD-40/PD-L1 bispecific monoclonal antibody for triggering dendritic cells to prime antigen-specific T cells
Phase 1
Potent MTKi against VEGFR1/2/3, b/cRAF, CSF1R, KIT, RET in Solid Tumors
APL-801
APL-102
APL-502
APL-810
APL-108
IND filed in US by partner
1000-fold more potent E-selectin antagonist
APL-501
APL-122
PD-1 antibody. Partner Genor has filed BLA in China; data in PTCL, alveolar soft part sarcoma and cervical cancer
Preclinical
Immune targeting fusion protein-polypeptide vaccine targeting gastrin for pancreatic and gastric cancers
Phase 1
Brain penetrating pan-ErbB inhibitor for treatment-resistance in solid tumors
PTCL – Peripheral T-cell Lymphoma
BLA – Biological License Application
CTTQ – Chia Tai Tian Qing
IND – Investigational New Drug Application
23

APL-122: Potent panERB Inhibitor Overcomes Treatment-Resistance In Solid Tumors & Crosses BBB to Address Brain Metastases

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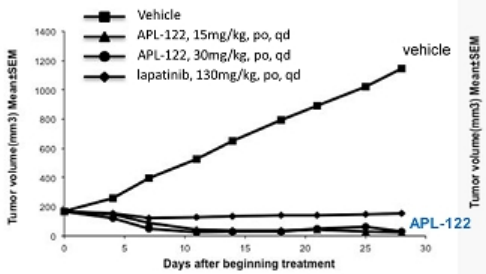
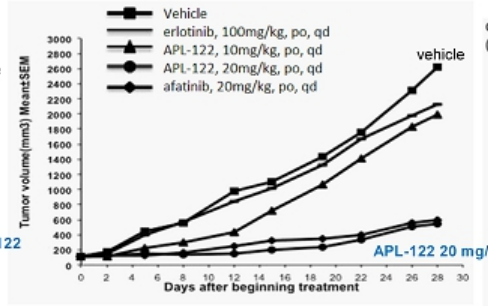
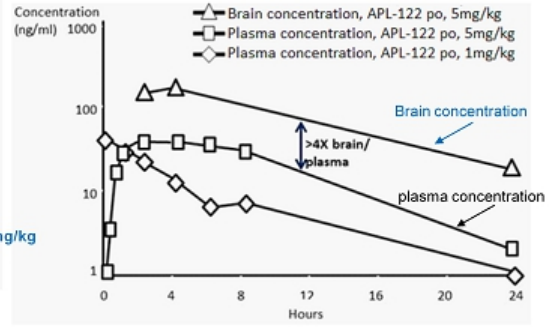
APL-122 Effective In Treatment-resistant gastric cancer (HER2+) N87 xenograft



APL-122 Effective In Treatment-resistant NSCLC (T790M+) H1975 xenograft



APL-122 enters brain and is retained in CNS at higher than plasma levels



- ErbB/HER crosstalk correlated with anti-ErbB therapy resistance
- APL-122- Inhibition of multiple ErbB family members to overcome resistance
- APL-122 & c-Met inhibitor combo may further limit drug resistance because HER2 amp+ and MET amp+ are mechanisms of acquired resistance

- 50% of HER2+ breast cancer and more than 33% of EGFR+ NSCLC develop CNS progression

Frentzas et al. Society of NeuroOncology Annual Meeting 2021

NSCLC – Non-Small Cell Lung Cancer

24

APL-102: Potent Multitargeted kinase inhibitor against VEGFR1/2/3, b/cRAF, CSF1R, KIT, RET in Solid Tumors

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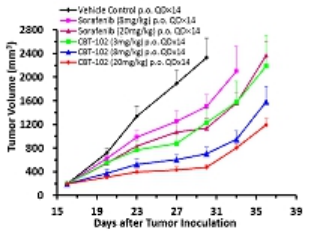
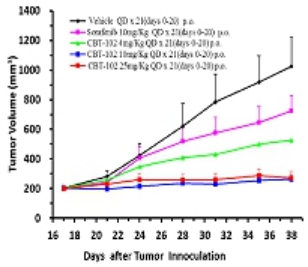
- Unique kinase profile with inhibition of several other key **immuno-oncogenic drivers**
- Tumor regression in 52 PDX models, including gastric, colorectal, esophageal, and lung cancer
- HCC PDX model: APL-102 achieved larger reduction in tumor volume
- Phase 1 study – ongoing

Superior Efficacy to Sorafenib in Liver Cancer

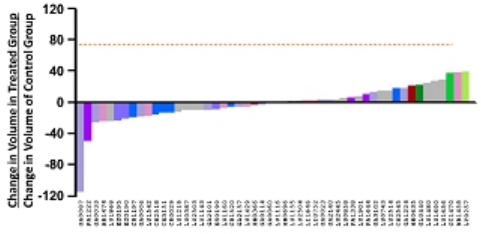
HCC model PLC-PRF-5



HCC PDX model LIMsh050



Tumor Regressions In 52 PDX Models



Kanekal et al. American Association of Cancer Research Annual Meeting 2018

HCC – Hepatocellular carcinoma

Near-term Catalysts

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2023

Anticipated closing of deSPAC transaction

APL-101
- Potential for US NDA submission for Exon 14 NSCLC
- Data readout of c-Met Amp+ NSCLC
- Data readout of Phase 2/3 GBM with MET fusion

APL-106
- Complete Phase 1
- Global AML Phase 3 readout

APL-108
- File IND and begin phase 1 study in China

2024

APL-101
- Launch commercially in US
- File first sNDA

APL-106
- China Phase 3 readout
- Submit NDA in China for treatment of r/r AML

APL-801 and APL-810
- File INDs

APL-102 and APL-122
- Phase 1 readout
- Phase 2 advancement

2025

APL-101
- Second sNDA submission
- Expand commercial in US

APL-106
- Commercial launch for r/r/ AML
- sNDA submission in treatment naïve AML

APL-102 and APL-122
- Phase 2 readouts

APL-801 and APL-810
- Complete Phase 1 and readout

NDA – New Drug Application
sNDA – Supplemental New Drug Application
IND – Investigational New Drug Application
rr AML – Relapsed or Refractory Acute Myeloid Leukemia


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