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 and antibody drug conjugate (ADC) development program; estimates regarding the development timing for our drug candidates and ADC development program; 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 and transform the pace, risk and cost of oncology drug discovery and development 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 that use words such as "anticipate," "believe," "contemplate," "could," "estimate," "expect," "intend," "seek," "may," "might," "plan," "potential," "predict," "project," "target," "aim," "upcoming," "should," "will," "would," or the negative of these words or other 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 (i) the impact of the COVID-19 pandemic, (ii) the risk that we may not be able to successfully initiate, conduct, or conclude clinical testing for or obtain marketing approval for our product candidates; (iii) the risk that no drug product based on our proprietary RADR A.I. platform has received FDA marketing approval or otherwise been incorporated into a commercial product, and (iv) those other factors set forth in the Risk Factors section in our Annual Report on Form 10-K for the year ended December 31, 2020, filed with the Securities and Exchange Commission on March 10, 2021. You may access our Annual Report on Form 10-K for the year ended December 31, 2020 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. 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.

The Golden Age of A.I. in Medicine

10 *Mega-Trends Setting The Stage for A.I. Led Transformation in Drug Development & Medicine*

1. Large-scale, relevant and readily available data-sets
2. Methods, technologies and algorithms that are massively scalable
3. Computing, storage and transmission continue exponential advances
4. Rapid rise of global talent and collaboration networks
5. Tremendous increase in quality of biological data and methods
6. Rise of sequencing as a highly available, on-demand, low-cost service
7. Consumers willing to share personal data
8. Industries that have an increasing impetus to transform
9. New generation of investors demanding novel value creation
10. Executives and entrepreneurs rewarded for rapid change

Lantern is at the forefront of this model of A.I. driven transformation in the area of personalized oncology drug development to drive value for cancer patients and our investors

Lantern Pharma

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

Challenges in drug development ...

3.3%
Avg. success rate of oncology drugs

$2.8B
R&D investment to bring new cancer to market 2009-2018

**17,000+**
Oncology trials conducted from 2001-2015

4-12X
Success rate of oncology trials using biomarker

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

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

ROI Among The **Top 15** Pharma –
Continuous Decade of Decrease
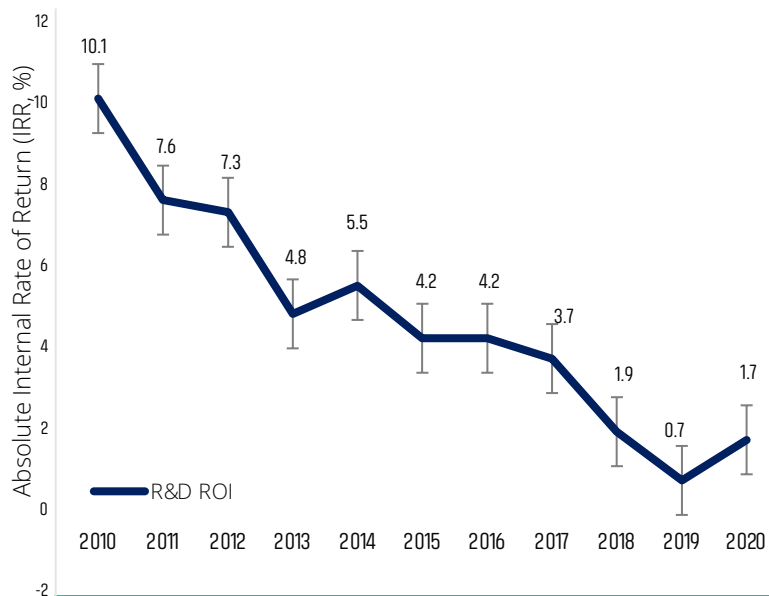
Source: Deloitte research, 2020

Two Central problems
in Oncology drug development

1. "… 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

RA DR® Precision Medicine Platform

Solves 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 leverages A.I. to reduce oncology drug development costs and improve the likelihood of success

Abandoned Drug Assets & New Drug Development

- Drugs that fell short of statistical significance *or* abandoned by pharma / biotech companies in late stage trials despite tens to hundreds of millions spent on development, PK analysis, safety and efficacy studies
- Development of new compounds in drug classes that leverage our AI platform

RADR®

- 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
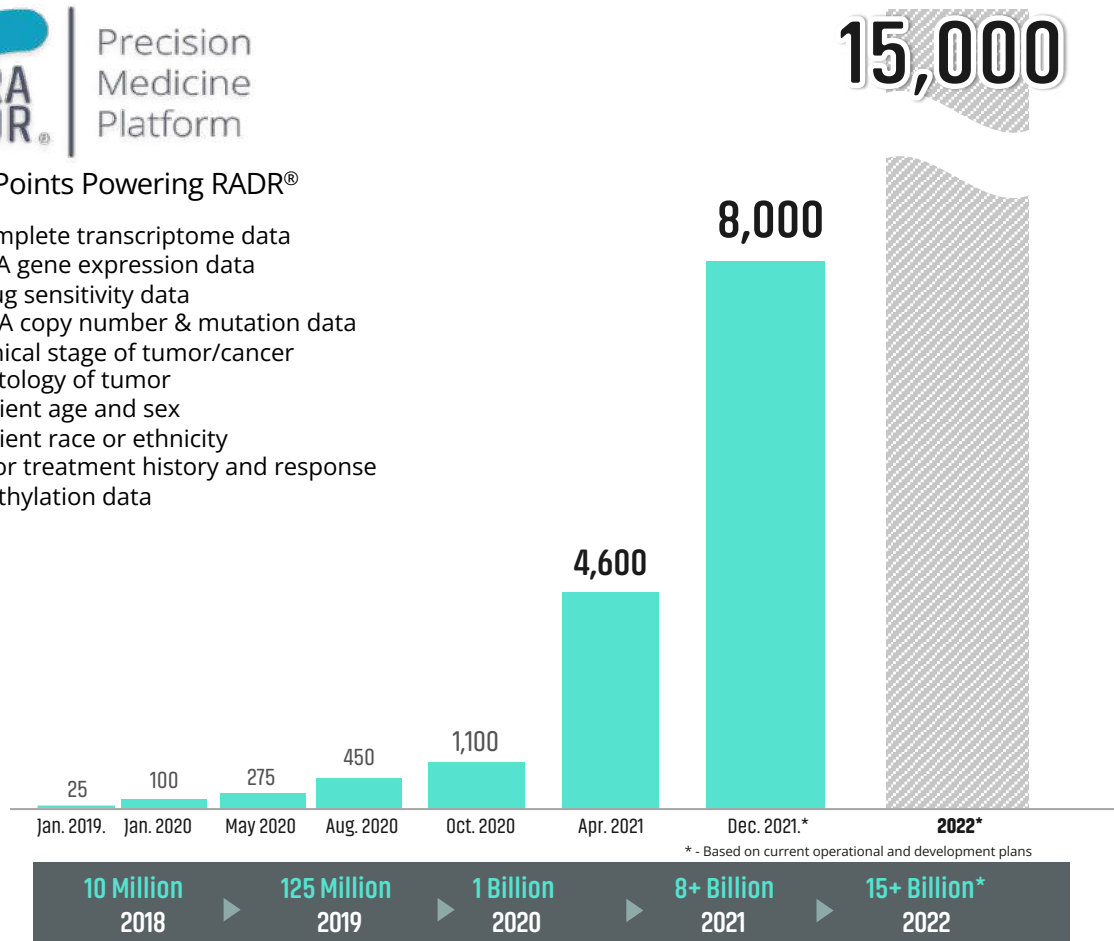
Responders   Non-Responders

- 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

Potential to shorten clinical development by years, save tens to hundreds of millions of dollars in cost and substantially de-risk drug development versus the traditional model

Precision Medicine Platform

Data Points Powering RADR®

- Complete transcriptome data
- RNA gene expression data
- Drug sensitivity data
- DNA copy number & mutation data
- Clinical stage of tumor/cancer
- Histology of tumor
- Patient age and sex
- Patient race or ethnicity
- Prior treatment history and response
- Methylation data

Chart values:
- Jan. 2019: 25
- Jan. 2020: 100
- May 2020: 275
- Aug. 2020: 450
- Oct. 2020: 1,100
- Apr. 2021: 4,600
- Dec. 2021.*: 8,000
- 2022*: 15,000

* - Based on current operational and development plans

| 10 Million 2018 | 125 Million 2019 | 1 Billion 2020 | 8+ Billion 2021 | 15+ Billion* 2022 |

RADR® Enables...

Scientific Value +
- ➢ **Rapid identification** of potential compounds to rescue and develop
- ➢ **Improved and more nuanced understanding** of responder groups, and non-responder groups based on biological networks
- ➢ **Feedback** for potential mechanisms to be exploited in target-based development activity

Patient Value +
- ➢ More **rapid entry** into clinical trials and patient subgroups
- ➢ **Robust companion diagnostics** that can be used to accelerate trials and commercial traction
- ➢ Potential for improved patient outcomes with drastically **reduced costs** and economic burden

What is RADR ®

Response **A**lgorithm for **D**rug Positioning & **R**escue

Precision Medicine Platform

9+ billion

A proprietary integrated data analytics, experimental biology, oncology-focused, machine-learning-based platform focused on drug development

Leverages cutting edge machine-learning approaches and techniques to generate powerful data-driven insights

Enables rapid informatics based hypothesis generation which can be validated in wet-lab

Uses biology driven machine-learning algorithms to achieve higher prediction accuracy in real world settings

A scalable, robust, expanding and replicable platform to support a range of drug development needs

How RADR® is used by Lantern & Our Collaborators

Find Mechanism of Action

Use RADR to find **potential Mechanism of Action (MoA)** of the Compound / Drug

Derive ML-based signatures

RADR can derive Machine Learning based **gene signatures** which can guide biomarker strategies & CDx (Companion Diagnostics)

Identify Drug Combinations

Use different algorithms and methods from RADR to find **potential Drug combinations**

Identify new indications

Identify and prioritize type/subtype of cancer for your compound with use of RADR

Equity-Based Collaboration with Actuate Therapeutics that Leverages RADR®
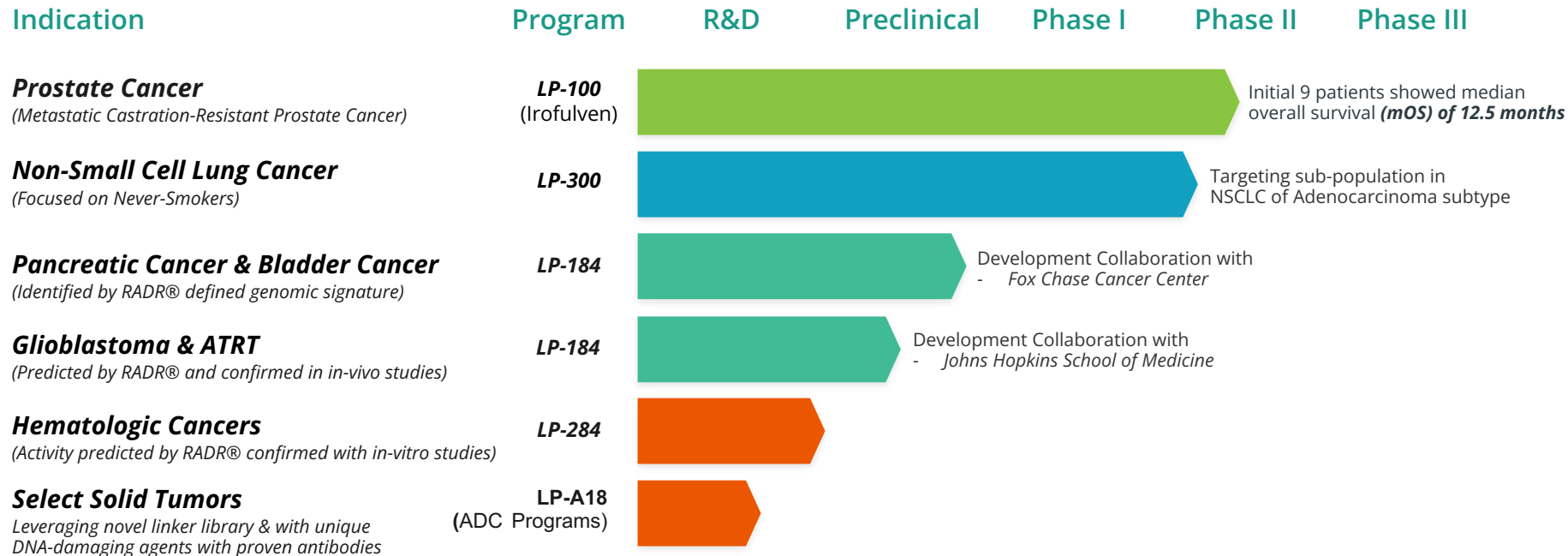
ACTUATE THERAPEUTICS

Actuate Therapeutics, Inc. is a private clinical stage biopharmaceutical company focused on the development of compounds for use in the treatment of cancer, and inflammatory diseases leading to fibrosis.

- Develop predictive model of sensitivity and a potential signature of biomarkers to identify response patients for 9-ING-41.

- 9-ING-41 is a widely researched GSK-3β inhibitor. There are multiple active oncology clinical trials in Phase I - II as monotherapy and in drug combinations.

- Lantern will be receiving equity in Actuate as part of the collaboration.
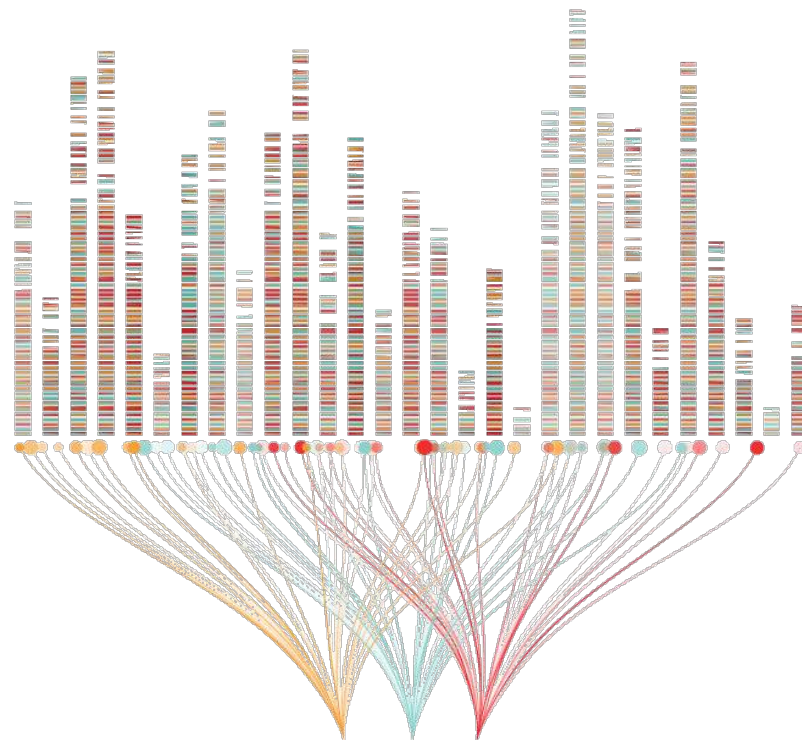
Lantern's Unique & Rapidly Developing Pipeline

Indication	Program	R&D	Preclinical	Phase I	Phase II	Phase III

Prostate Cancer
(Metastatic Castration-Resistant Prostate Cancer)

LP-100 (Irofulven)

Initial 9 patients showed median overall survival *(mOS) of 12.5 months*

Non-Small Cell Lung Cancer
(Focused on Never-Smokers)

LP-300

Targeting sub-population in NSCLC of Adenocarcinoma subtype

Pancreatic Cancer & Bladder Cancer
(Identified by RADR® defined genomic signature)

LP-184

Development Collaboration with
- *Fox Chase Cancer Center*

Glioblastoma & ATRT
(Predicted by RADR® and confirmed in in-vivo studies)

LP-184

Development Collaboration with
- *Johns Hopkins School of Medicine*

Hematologic Cancers
(Activity predicted by RADR® confirmed with in-vitro studies)

LP-284

Select Solid Tumors
Leveraging novel linker library & with unique DNA-damaging agents with proven antibodies

LP-A18
(ADC Programs)

Accelerated Development by Leveraging the RADR® A.I. platform

**Over 90+ issued patents and pending applications across 14 patent families**

Overview of Lantern's Developmental Stage Small Molecule Portfolio

LP-100, Irofulven
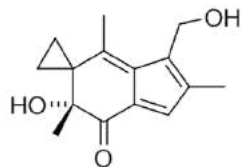
- DNA Damaging Agent

- Mediates cytotoxicity through multiple mechanisms such as DNA adduct formation, RNA polymerase stalling and redox protein modification

- Use in a precision medicine, genomic-signature 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
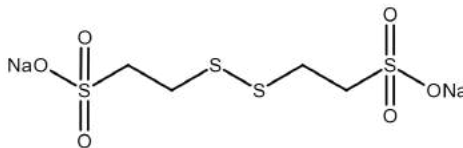
- Disulfide bond disrupting agent with cysteine modifying activity on select proteins (ALK) and modulator of protein function (EGFR, MET, ROS1)

- 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
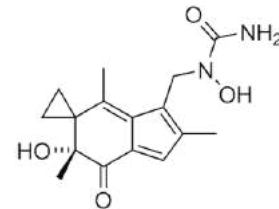
- Novel DNA Damaging Agent - member of the acylfulvene prodrug class

- Favorable *in vitro* and *in vivo* efficacy across multiple tumor types

- Broad anti-tumor agent that counteracts multi-drug resistance

- Nanomolar potency with ability to cross the blood brain barrier (BBB)

- A.I. generated, validated and published gene signature for solid tumors

- Key payload for ADC programs

Lantern Pharma

Over 500K patients annually worldwide with several billion $USD in potential future oncology therapy sales

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

Pancreatic & Bladder Cancer

1.1 million
2020 Estimated Combined Global Incidence

200,000
2020 Estimated Global cancer subpopulation 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)

2.2 million
2020 Estimated Global Incidence

254,000
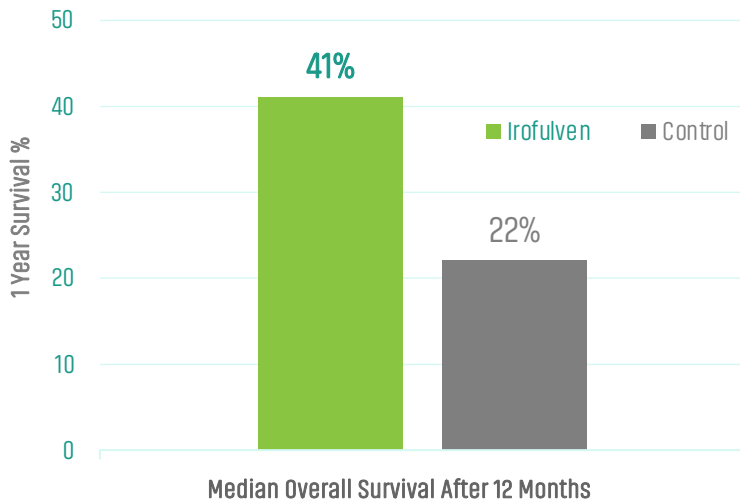2020 Estimated Global never-smoker NSCLC adenocarcinoma subpopulation

Sources: American Cancer Society, Globocan, AANS, NCI, Lantern Pharma meta-analysis

LP-100 (Irofulven): Historical* Phase II Trial Results & Current Status

Median 1 yr. survival was 86% greater in Irofulven in combination treated metastatic prostate cancer patients v. control

*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)
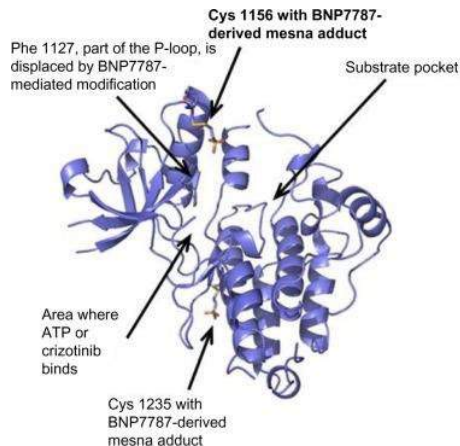
Precision Phase II Trial & Current Status

- Irofulven (LP-100) is in an *existing phase 2 clinical trial* for patients with metastatic, castration resistant prostate cancer *(mCRPC)* being conducted in Denmark

  - 9 patients [out of a targeted enrollment of 27] have been treated based on meeting criteria established by *Allarity's DRP*® (Drug Response Predictor) companion diagnostic technology.

  - *Median overall survival (OS)* for the initial group of 9 patients has been *12.5 months*, which is an improvement over other similar fourth-line treatment regimens for mCRPC

- Annually over $*200 million is spent in the US*, and nearly *$700 million globally*, for treatment for late-stage metastatic prostate cancer

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

Mechanism of action

Cys 1156 with BNP7787-derived mesna adduct

Phe 1127, part of the P-loop, is displaced by BNP7787-mediated modification

Substrate pocket

Area where ATP or crizotinib binds

Cys 1235 with BNP7787-derived mesna adduct

- 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

- Overall survival increased by 91% -101% in never-smokers in phase 2 and phase 3 trials

- 2 year survival benefit increases of 125% were observed in never smokers in a global Phase 3 trial
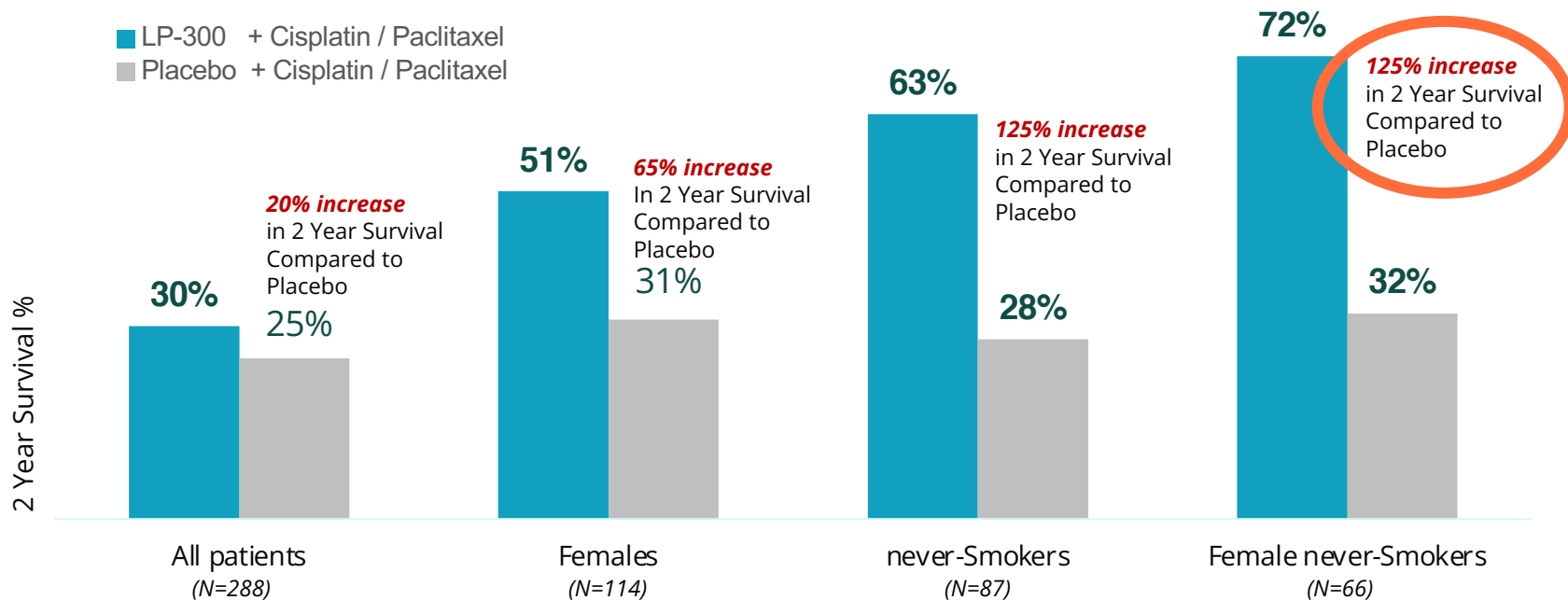
Current status

- Targeting never-smoker sub-population, as a potential targeted rare disease market

- Phase II clinical trial (N=90) for use in never-smokers with NSCLC adenocarcinoma that are chemo-naïve and relapsed from TKI therapy

- Expect to enroll 20-25 clinical sites in the U.S. starting in Q4 2021

- Leveraging AI platform of patient recruitment partner, DeepLens, to accelerate enrollment and decrease clinical trial costs

- Additionally, exploring preclinical in vivo studies to characterize efficacy as a combination with approved targeted TKI therapies

- Leveraging RADR® to develop biomarker signature that can be used to predict patients most likely to respond to combination therapy with LP-300

LP-300 Multi-modal Mechanism of Action

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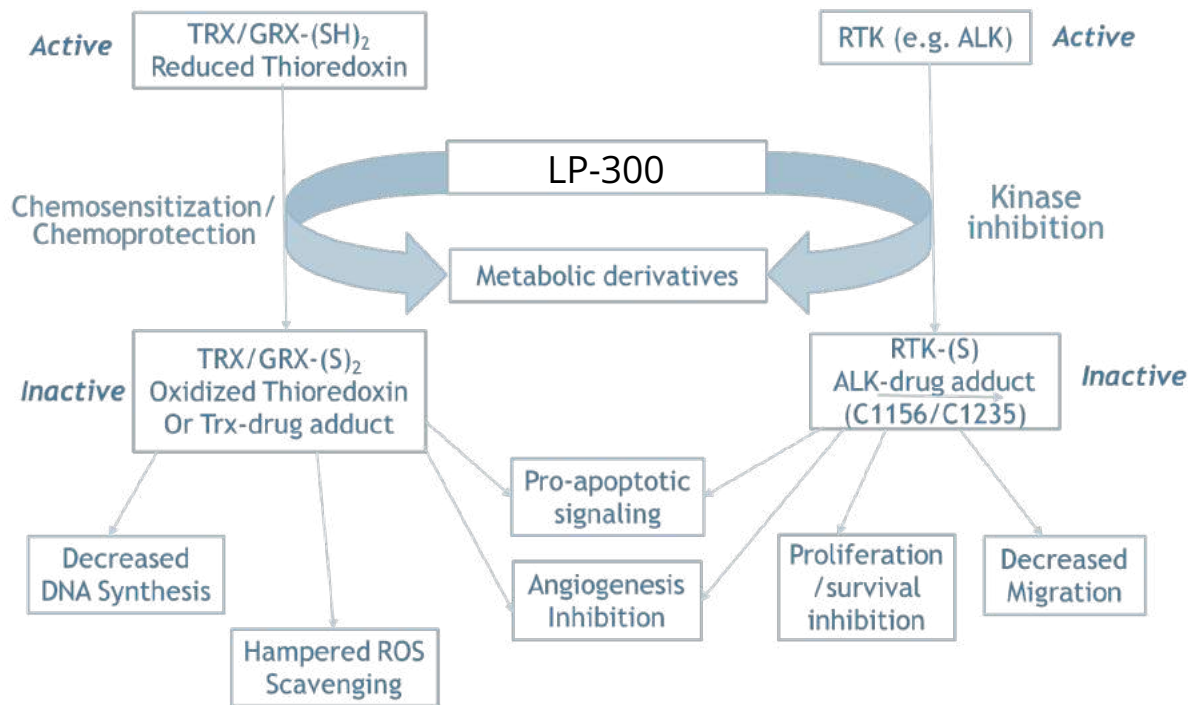
Lantern's precision oncology approach in the LP-300 Phase II trial builds on a prior Phase III trial that did not meet clinical efficacy endpoints but demonstrated survival benefit in a patient subgroup

LP-300

■ LP-300 + Cisplatin / Paclitaxel
■ Placebo + Cisplatin / Paclitaxel

2 Year Survival %

All patients *(N=288)*
- 30%
- 25%
- *20% increase* in 2 Year Survival Compared to Placebo

Females *(N=114)*
- 51%
- 31%
- *65% increase* In 2 Year Survival Compared to Placebo

never-Smokers *(N=87)*
- 63%
- 28%
- *125% increase* in 2 Year Survival Compared to Placebo

Female never-Smokers *(N=66)*
- 72%
- 32%
- *125% increase* in 2 Year Survival Compared to Placebo

Source: Phase 3 clinical trial, study ID DMS32212R, conducted by BioNumerik Pharmaceuticals - subpopulations receiving paclitaxel/cisplatin

NASDAQ:LTRN

16

LP-184 for multiple solid tumors and certain PTGR1 expressing cancers - Key payload template for ADC program

Unique Features
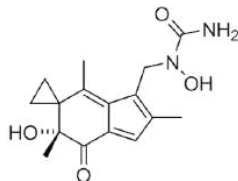
- Hydroxyurea Methylacylfulvene

- Nanomolar potency across multiple solid tumors (pancreas, prostate, liver) and CNS cancers

- Broad anti-tumor agent that counteracts multi-drug resistance and is independent of other mutations (p53, KEAP1)

- Favorable *in vitro* and *in vivo* efficacy supporting RADR-driven hypothesis

- Promising blood-brain-barrier (BBB) profile that can be leveraged in other CNS cancers including brain metastases

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

- Published results at AACR virtual pancreatic forum 2021

- Validated BBB permeability in both nuerospheres and animals

- Collaboration with Georgetown in prostate cancer

- Q3 '21 expanded collaborations with Johns Hopkins and Fox Chase Cancer Center

- Advanced GMP manufacturing for phase 1 clinical trials in GBM and solid tumors

Positive Preclinical Data in Glioblastoma (GBM)

- Completed a **successful preclinical study** demonstrating the ability of LP-184 to inhibit tumor growth and improve survival in animal studies of glioblastoma (GBM)

- LP-184 treatment drove tumor regression by greater than 106%

- LP-184 reduced subcutaneous xenograft tumor volume in mice by greater than 85% within the treatment group

- LP-184 resulted in a statistically significant **(p < 0.0001)** extension of median overall survival compared to the control group

- Based on the underline encouraging results of the study, Lantern extended and expanded its collaborative agreement with Kennedy Krieger Institute and Johns Hopkins

In August 2021, the U.S. FDA granted LP-184 Orphan Drug Designation (ODD) for the treatment of GBM and other malignant gliomas

![Lantern Pharma logo] LP-184 shows complete tumor regression in mice implanted with Glioblastoma in multiple models
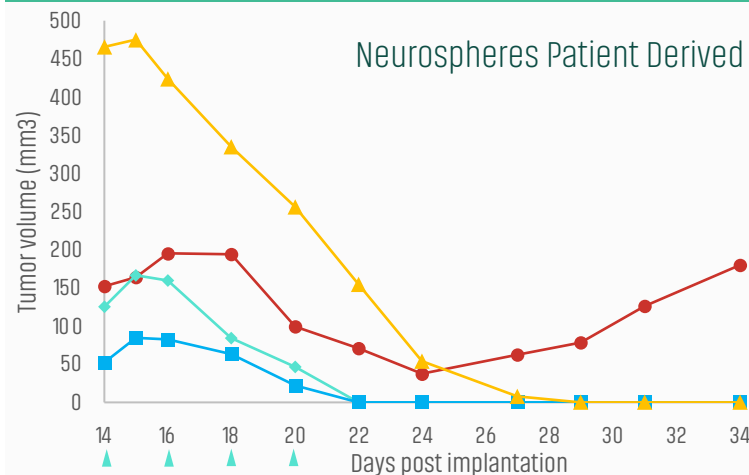
LP-184

U87-MG GBM Model

Orthotopic Subcutaneous Xenograft
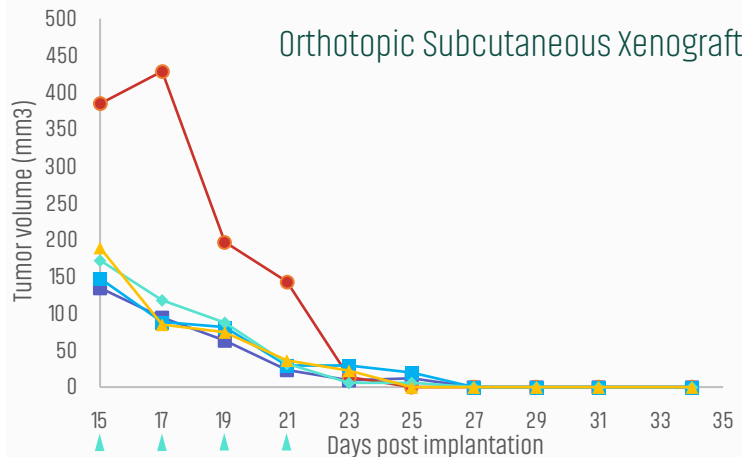
- Complete Regression!
- No measurable tumors 12 days post final dosing (33 days after implantation)
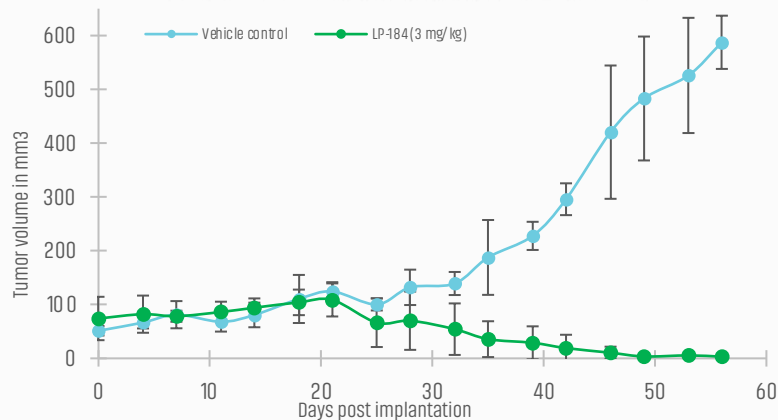
M1123 GBM Model

Neurospheres Patient Derived

- Complete regression during dosing!
- 3 out of 4 mice showed no tumor growth after final dosing

Positive Preclinical Data in Pancreatic Cancer

LP-184 in vivo response in a Capan-1 pancreatic cancer xenograft mouse model

Tumor growth inhibition of *109%* was observed with LP-184 treatment relative to control with dosing occurring weekly over an 8 week period
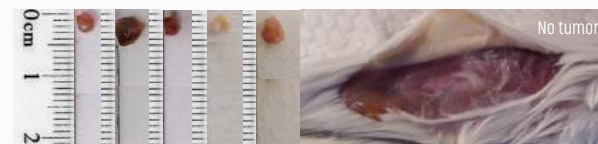
LP-184 demonstrated significant tumor shrinkage (146x) in in-vivo mice PDX models

Tumors From Vehicle Control Mice at the End of Study Period
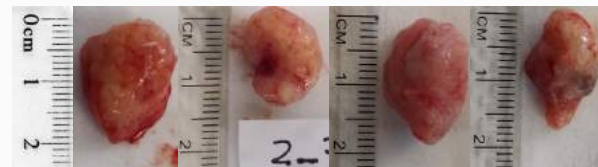
Average tumor volume = 587 mm^3

Tumors from LP-184 (3mg/kg) Treated Mice at the End of Study Period

No tumor

Average tumor volume = 4 mm^3

Preclinical data demonstrated that LP-184 demonstrated significant & rapid pancreatic tumor shrinkage, by *over 90%,* in *in-vivo* mouse models in 8 weeks.
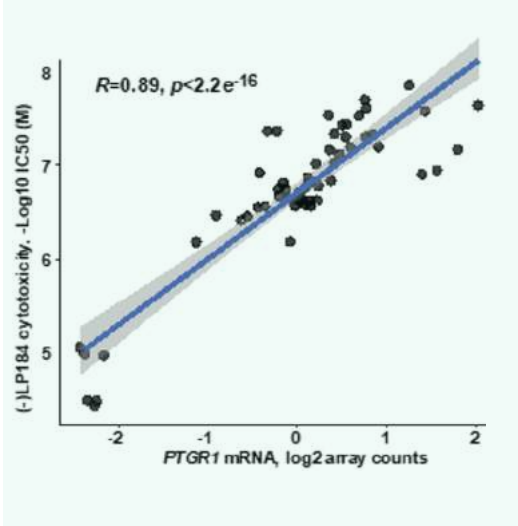
In August 2021, the U.S. FDA granted LP-184 Orphan Drug Designation (ODD) for the treatment of Pancreatic Cancer

# As predicted by RADR ®, LP-184 cytotoxic activity is driven by PTGR1

RADR Insight *(in-silico)*

$R=0.89$, $p<2.2e^{-16}$

y-axis: (-)LP184 cytotoxicity, -Log10 IC50 (M)
x-axis: *PTGR1* mRNA, log2 array counts

In-vitro Gene Editing Studies *(CRISPR)*

Legend: Panc03.27 sgControl — Panc03.27 sg PTGR1 — Capan-1 sgControl — Capan-1 sg PTGR1

y-axis: Pancreatic cancer cell line viability
x-axis: LP-184 test concentration [nM]

LP-184 activity **positively correlates** with PTGR1 transcript levels in the NCI60 cancer cell line panel
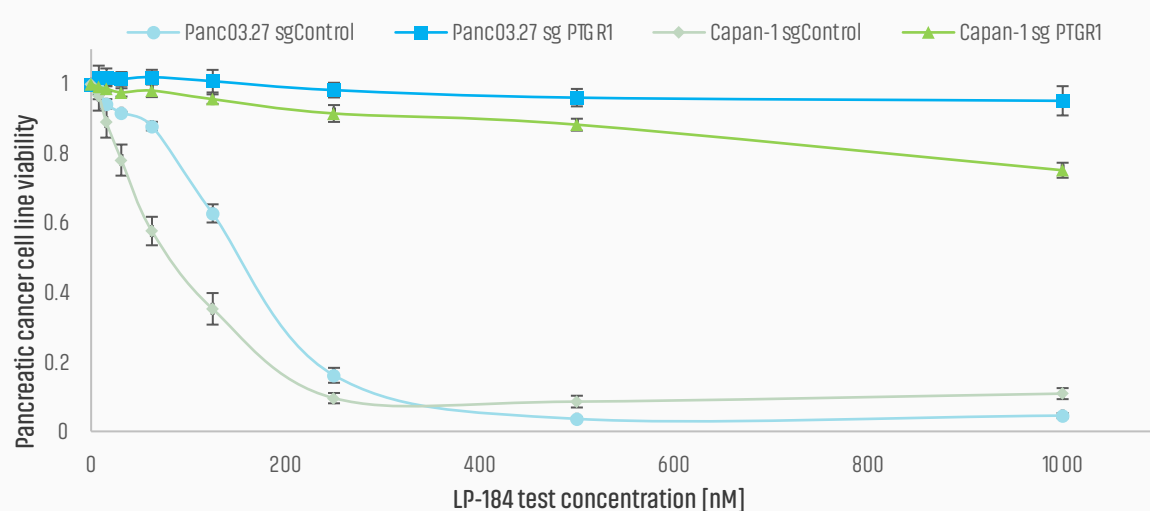
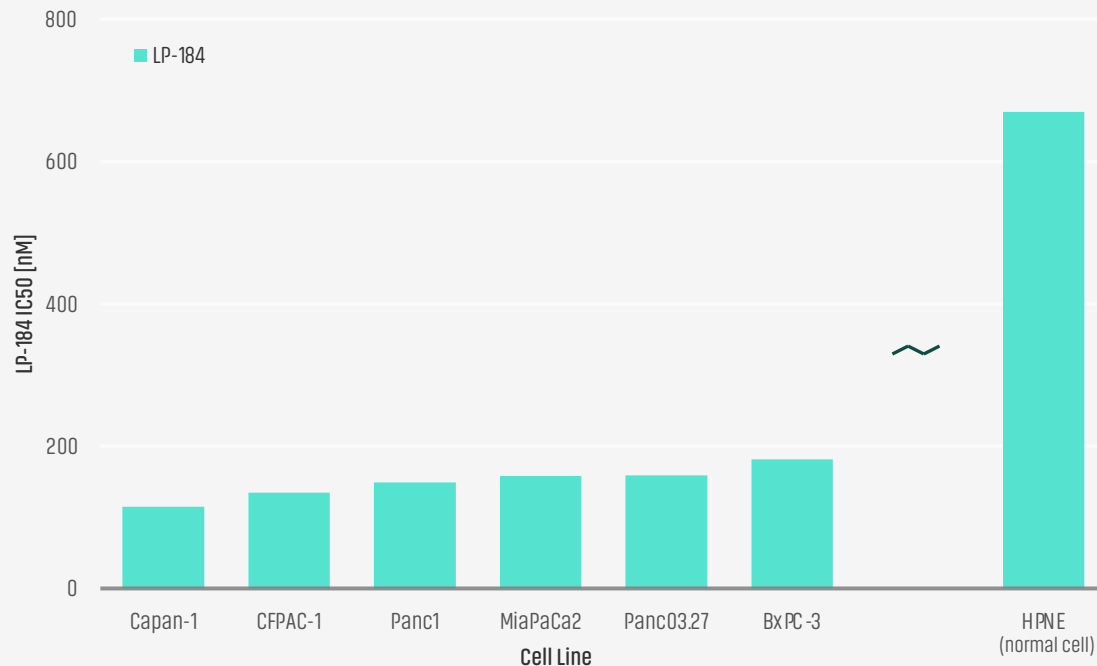CRISPR-mediated depletion of PTGR1 expression in a pancreatic cancer cell line (Panc03.27) is sufficient to **fully diminish LP-184 activity**. This confirms the strict dependency of LP-184 cytotoxicity on PTGR1 expression

LP-184 shows nanomolar in vitro potency in pancreatic cancer cell lines

Drug / Compounds	Range of IC50 [nM] across 6 cancer cell lines	Median IC50 [nM]
LP-184	100 - 200	154
Gemcitabine	30 - 1,000	149
Irinotecan	3,000 - 70,000	12,052
5-Fluorouracil	30,000 - 300,000	72,747

LP-184 IC50 in the **normal(non-cancerous) pancreatic epithelial cell HPNE line**: 670 nM

What are Antibody-drug Conjugates (ADC)
- an area of increasing future focus of Lantern Pharma

Antibody-Drug Conjugates (ADCs)	novel class of highly potent biological drugs conjugate a cytotoxic drug with a monoclonal antibody (mAb) through an applicable linker

High specificity

- ADCs take advantage of the high potency of cytotoxic payloads and the superior specificity of antibodies. The drug antibody conjugate thus maximizes efficacy and minimizes systemic toxicity

"ADC's ability to harness mAb specificity and target the delivery of a cytotoxic agent to the tumor may significantly enhance both mAb and drug activities."

Stephen C et al.
Current Opinion in Chemical Biology- Elsevier
06/2010

Growing

- 2 of the 4 largest oncology licensing deals in 2020 were for **ADC assets**

"With so many ADCs in clinical development and the unprecedented approvals of the past year, it's clear that ADCs will continue to be a critical part of the therapeutic armamentarium against cancer"

Dr. Amita Patnaik
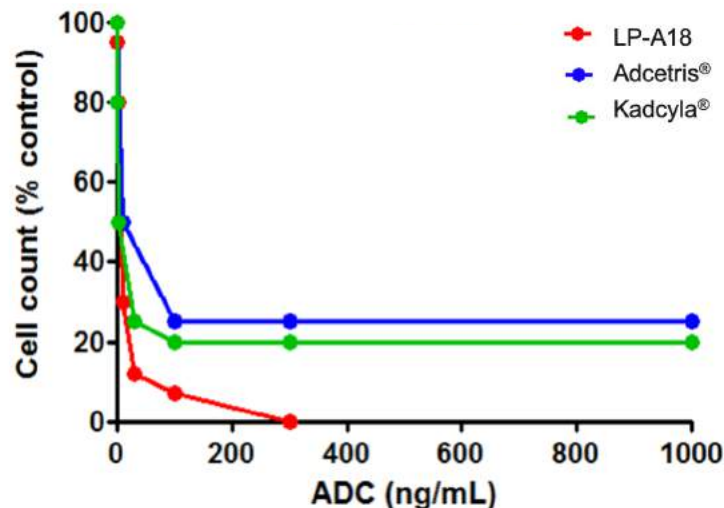FRCPC, of START Center for Cancer Care

Commercially available antibodies

Linker

Lantern small molecule drugs
LP-184, LP-284
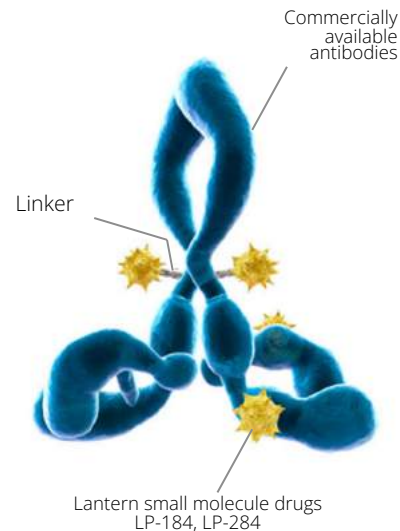
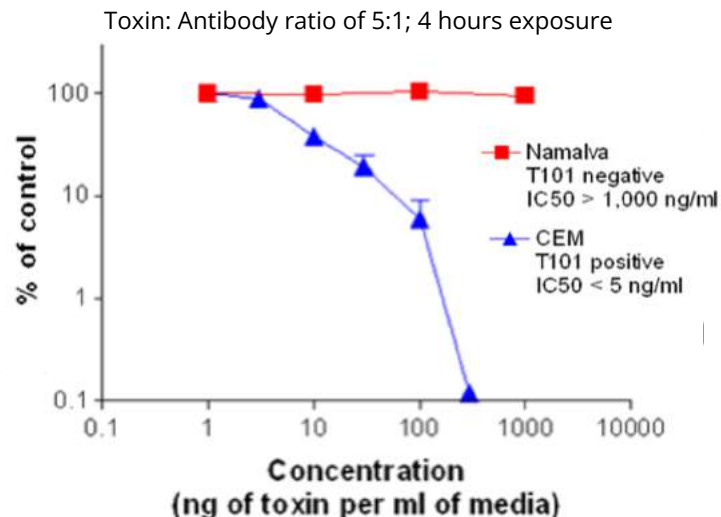# Initial Data Supporting Lantern's ADC Program

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
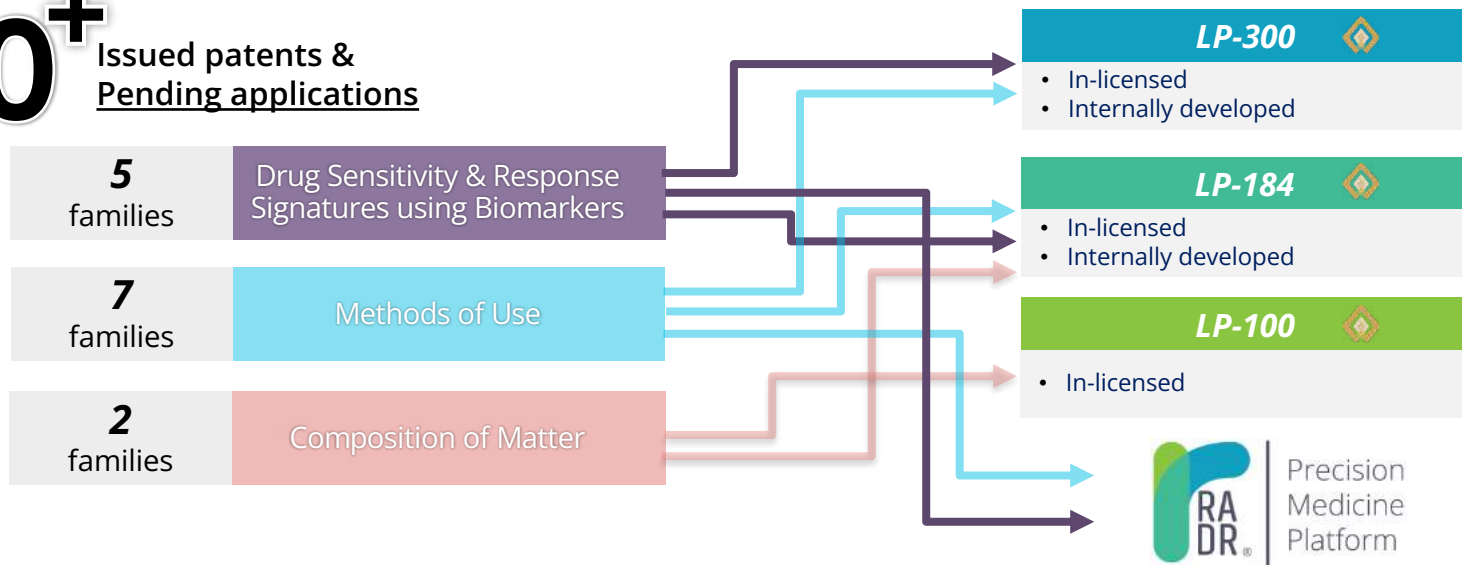### no intrinsic biological activity to an **ADC**

Toxin: Antibody ratio of 5:1; 4 hours exposure

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

Intellectual Property Portfolio

PATENT

90⁺ Issued patents & <u>Pending applications</u>

5 families	Drug Sensitivity & Response Signatures using Biomarkers	
7 families	Methods of Use	
2 families	Composition of Matter	

LP-300
- In-licensed
- Internally developed

LP-184
- In-licensed
- Internally developed

LP-100
- In-licensed

RADR Precision Medicine Platform

Extensive and continually growing position of **over 90 issued patents & patent applications** across 14 patent families
Filed an additional **12 patent applications** during 2021

Lantern Pharma

Studies & collaborations with top tier academic & research partners drives scientific validation, data access and patient insights

Recent Milestones

✓ Announced positive preclinical data in Glioblastoma (GBM) with LP-184

✓ Announced positive preclinical data in pancreatic cancer with LP-184

✓ FDA granted LP-184 Orphan Drug Designation in Pancreatic Cancer and GBM

✓ Initiated development of LP-184 in DNA damage repair deficient tumors, including bladder where nearly 40% of cancers have DNA repair gene mutations

✓ Progressed on validating indications of specific bloods cancers including lymphomas and rare blood cancers that are highly sensitive to LP-284

✓ Announced initial cohort of data from 9 patients in 27 patient mCRPC trial showing noted improvement in mOS at 12.5+ months with LP-100

✓ Progressed on site selection and final manufacturing of drug substance for LP-300 Phase 2 trial

✓ Filed 12 new patent applications, including 2 for the RADR A.I. Platform

✓ Expanded clinical trial management & operations team

✓ Furthered development of RADR data-lake with focus on blood cancers and DNA damage repair gene mutated cancers

Upcoming Milestones

Foundational Year
Advance Platform
Prepare Trial Launches
Prioritize Additional Compounds

2021

- Planned launch of Ph. 2 clinical trial for LP-300 in NSCLC (never-smokers that are chemo naïve and failed TKI therapy) – two arm 90+ person trial

- Update on LP-100 Ph. 2 EU trial in mCRPC

- Grow RADR® A.I. platform to 8+ billion datapoints

- Identify antibody target and tumor for ADC program

- Results from preclinical work w/ LP-184 in pancreatic, prostate, GBM, ATRT and other tumors

- Launch initial ADC indications in pre-clinical

- Showcase RADR® A.I. platform and drug portfolio during "Lantern Investor Day"

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

2022

- Launch Ph. 1 ADC program in solid tumors

- Launch Ph. 1 clinical trial for LP-184 in solid tumors

- Launch Ph. 1/2 clinical trial for LP-184 in GBM

- Progress LP-184 in ATRT towards Ph. 1/2 clinical trial

- Explore potential combinations for LP-184 & LP-300 with other existing approved drugs (inc. I-O agents)

- Strategically grow RADR® A.I. platform to 15 billion datapoints

- Licensing and partnership opportunities

Financial Highlights and Cap Table

- Approx. $**80M of cash, cash equivalents and marketable securities** as of June 30, 2021
- Management and Directors own over 30% of fully diluted shares outstanding
- Committed to creating enduring growth and value for LTRN shareholders

LANTERN PHARMA INC. (LTRN)	
Exchange	Nasdaq
Stock Price (10/13/21)	$11.02
Common Shares Outstanding (7/22/21)	11.2M
Market Cap (10/13/21)	$123.24M
Warrants (WAEP $6.75)	302K
Options (Employees, Management and Directors)	824K
Fully Diluted Shares Outstanding	12.3M

Board Members

Donald "Jeff" Keyser, JD, MPH, Phd
Abbott · Reckitt Benckiser · ZS Pharma · AstraZeneca · Adams Respiratory Therapeutics

Vijay Chandru, PhD
ABLE Association of Biotechnology Led Enterprises · OPFORD Open Platform for Orphan Diseases · strand Precision Medicine Solutions · World Economic Forum

Franklyn Prendergast, MD, PhD
Mayo Clinic · Mayo Clinic Alix School of Medicine · Lilly · University of Oxford

Leslie W. Kreis, Jr.
Bios Partners · Cowtown Angels · hbk

David Silberstein, PhD
AstraZeneca · Biomimetix · Harvard Medical School

Panna Sharma
CEO and President of Lantern Pharma

Investment Highlights

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 8+ 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
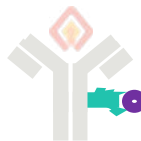
A novel ADC platform with the potential to develop and out-license or partner ADC assets in early phases

Multiple compounds in place with the potential for Orphan Disease Designation for LP-184 in multiple targeted indications (pancreatic and GBM granted) 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/ 70+ 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

Lantern Pharma

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