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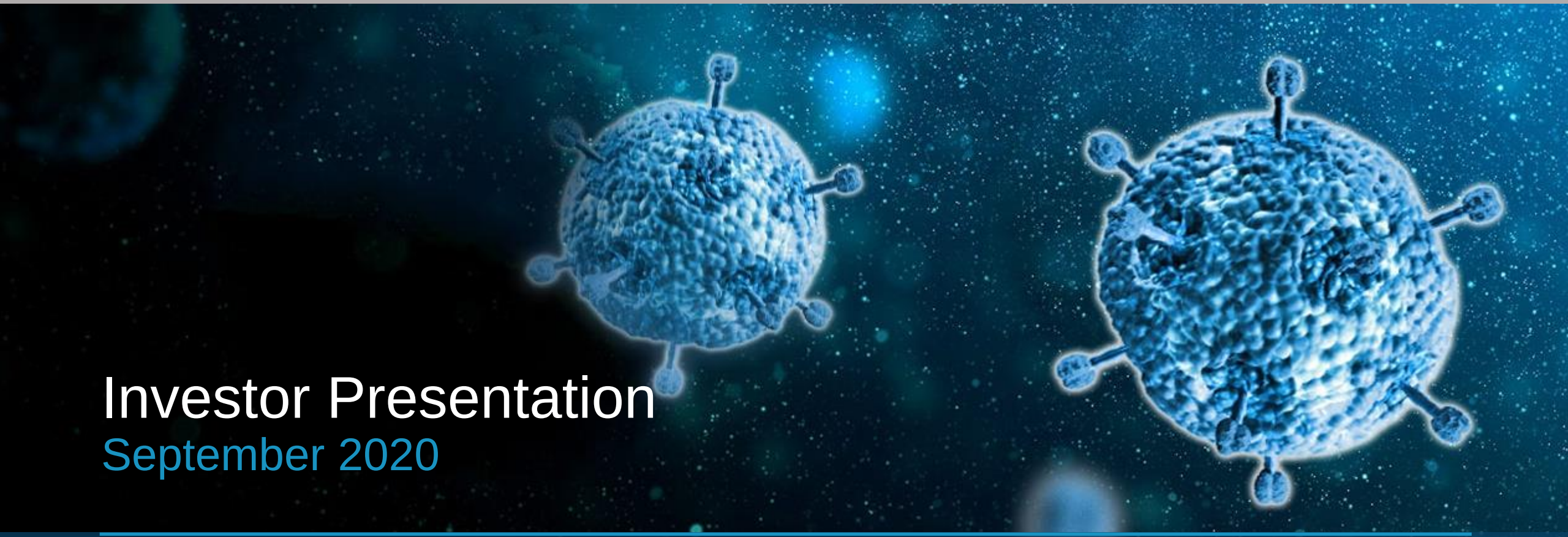

Investor Presentation

September 2020

oncolyticsbiotech.com **Nasdaq** ONCY **TSX** ONC

Forward-Looking Statements

This presentation contains certain forward-looking statements relating to the company's business prospects and the development and commercialization of pelareorep, a first-in-class systemically administered immuno-oncology agent for solid tumors and heme malignancies, including statements regarding the company's belief as to the potential and mode of action of pelareorep as a cancer therapeutic; the design, aims and anticipated benefits of the company's current or pending clinical trials involving pelareorep; pelareorep's potential synergies with ICIs and expectations regarding the growth of the ICI market. These statements are based on management's current expectations and beliefs and are subject to a number of factors which involve known and unknown risks, delays, uncertainties and other factors not under the company's control which may cause actual results, performance or achievements of the company to be materially different from the results, performance or other expectations implied by these forward-looking statements.

In any forward-looking statement in which Oncolytics Biotech® Inc. expresses an expectation or belief as to future results, such expectations or beliefs are expressed in good faith and are believed to have a reasonable basis, but there can be no assurance that the statement or expectation or belief will be achieved. These factors include results of current or pending clinical trials, risks associated with intellectual property protection, financial projections, actions by the FDA/HPB/MHRA and those other factors detailed in the company's filings with SEDAR and the Securities and Exchange Commission. Oncolytics does not undertake an obligation to update the forward-looking statements, except as required by applicable laws.

Oncolytics At-A-Glance

Clinical-stage biotechnology company developing **pelareorep**, an intravenously delivered immuno-oncolytic virus that promotes an inflamed tumor phenotype

Exchanges	Nasdaq: ONCY / TSX: ONC
Market Cap.	$67.5M
Cash & Equivalents	CDN $29.9M (USD $22.5M) *Based on FX as of August 4, 2020*
Shares Outstanding	41,656,998
Fully Diluted	46,092,630
Cash Runway	Q4 2021
HQ	San Diego, CA, US Calgary, AB, Canada

Financial data is based on market conditions as of June 30, 2020; Market cap as of September 8, 2020

Investment Highlights

Pelareorep: 1st in class intravenously delivered immuno-oncolytic virus

Ability to selectively replicate in cancerous cells and induce an immune response validated in multiple clinical studies

Demonstrated synergies with immune checkpoint inhibitors

Safe and well tolerated: tested in over 1,000 patients

Strong lead program in breast cancer with two ongoing Phase 2 studies

Supported by compelling clinical data from a randomized phase 2 study showing a near doubling of OS with pelareorep treatment

BRACELET-1 and IRENE trials evaluate pelareorep-based therapies in HR+/HER2- and TNBC breast cancer, respectively

T cell clonality identified as a biomarker of pelareorep response

Diversified pipeline with programs in GI cancers and hematologic tumors

GI cancer: Ongoing Phase 2 trial in pancreatic cancer; T cell clonality and CEACAM6 expression identified as biomarkers of pelareorep response and resistance

Multiple myeloma: Ongoing phase 1 trials evaluating pelareorep in combination with carfilzomib alone and in combination with carfilzomib + nivolumab

Synergy with ICI's: multi-billion-dollar market opportunity

ICI market is expected to exceed $25B by 2022[1]

As few as 1 in 5 patients respond to ICI therapy

Robust clinical and pre-clinical data demonstrate pelareorep's potential to increase the proportion of patients responding to ICIs

OS: Overall survival; TNBC: Triple-negative breast cancer GI: Gastrointestinal; ICI: Immune checkpoint inhibitor; 1. Source: Global Immune Checkpoint Inhibitors Market Outlook 2022

Experienced Leadership and Advisory Board

Extensive knowledge of immuno-oncology | Public company experience | Strong business development and commercialization expertise

MANAGEMENT

Matt Coffey, PhD, MBA
Co-founder, Director,
President & CEO

Thomas Heineman, MD, PhD
Global Head of Clinical Development and Operations
Denovo, Genocea, Halozyme, GSK

Kirk Look, CA
Chief Financial Officer
EY LLP

Andrew de Guttadauro
Global Head of Business Development
Amgen, Biogen, Takeda

Allison Hagerman, PEng, PMP
VP of Product Development
Visionary Biomedical

NON-EXECUTIVE DIRECTORS

Wayne Pisano, MBA
Chair of the Board, Oncolytics
Former President, Sanofi Pasteur

Leonard Kruimer, MBA
Chairman, Bioinvent & Director, Zealand Pharma
Former CFO, Crucell

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Nabisco
Hospital for Sick Children

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Former President, CEO & Director of Achillion

Bernd R. Seizinger, MD, PhD
Former President & CEO
of GPC Biotech Oncology Drug Discovery, BMS

Deborah M. Brown, BSc, MBA
Former President, EMD Serono Canada
CCTG

SCIENTIFIC ADVISORY BOARD

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Professor of Oncology, Université
Libre de Bruxelles
BCRF Scientific Advisory Board
Co-Founder of Breast international Group (BIG)

Dr. Aleix Prat, MD, PhD
Head, Medical Oncology Department,
Hospital Clinic of Barcelona
SOLTI - Breast Cancer Research Group

Dr. Padmanee Sharma, MD, PhD
Professor, Department of
Genitourinary Medical Oncology
MD Anderson Cancer Center
KITE, Amgen & BMS IO Network

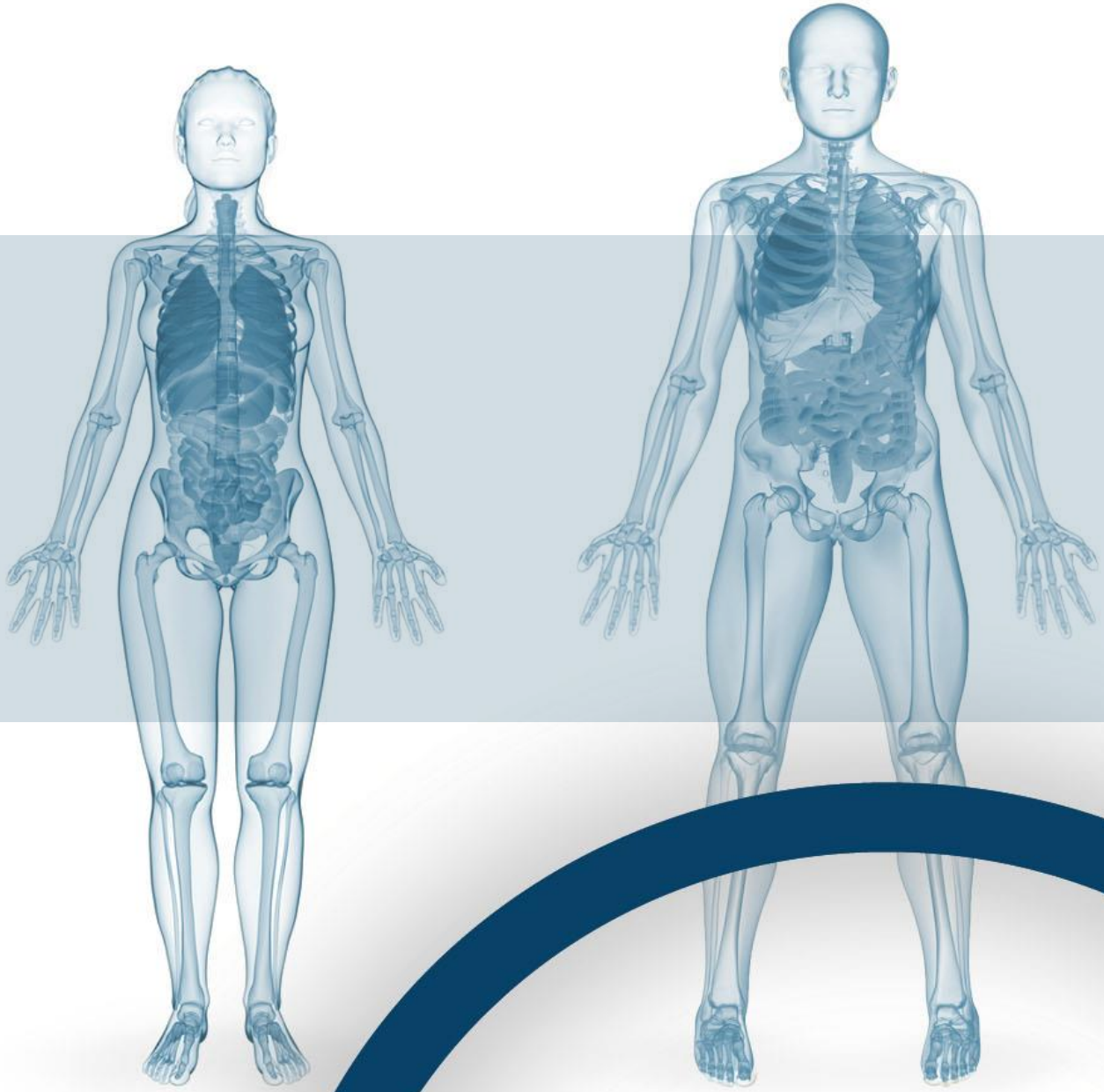
Ongoing Pelareorep Clinical Studies

Programs	Combination	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Milestone
Breast Cancer							
BRACELET-1	BAVENCIO® avelumab Injection 20 mg/mL	mBC (HR+/HER2-)					FPI Achieved Q2 2020
AWARE-1	TECENTRIQ® atezolizumab	Early stage BC		Window of opportunity study			Interim Data Achieved Q2 2020
IRENE	**Retifanlimab***	TNBC					FPI Achieved Q3 2020
Gastro-Intestinal Cancer							
NU 18I01	KEYTRUDA® (pembrolizumab) Injection 100 mg	Pancreatic Cancer					H1 2021
Multiple Myeloma							
NCI-9603	Kyprolis® (carfilzomib) for Injection	R/R Multiple Myeloma					Interim Data Achieved Q2 2020
WINSHIP 4398-18	Kyprolis® (carfilzomib) for Injection + OPDIVO® (nivolumab)	R/R Multiple Myeloma					H1 2021

TNBC: Triple-negative breast cancer; mBC: Metastatic breast cancer; BC: Breast cancer; R/R: Relapsed/refractory; *Anti-PD-1 checkpoint inhibitor in development by Incyte (also known as INCMGA00012)
FPI: First patient in

Pelareorep

An immuno-oncolytic virus addressing unmet needs across a broad range of indications



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Pelareorep can overcome the shortcomings of ICIs

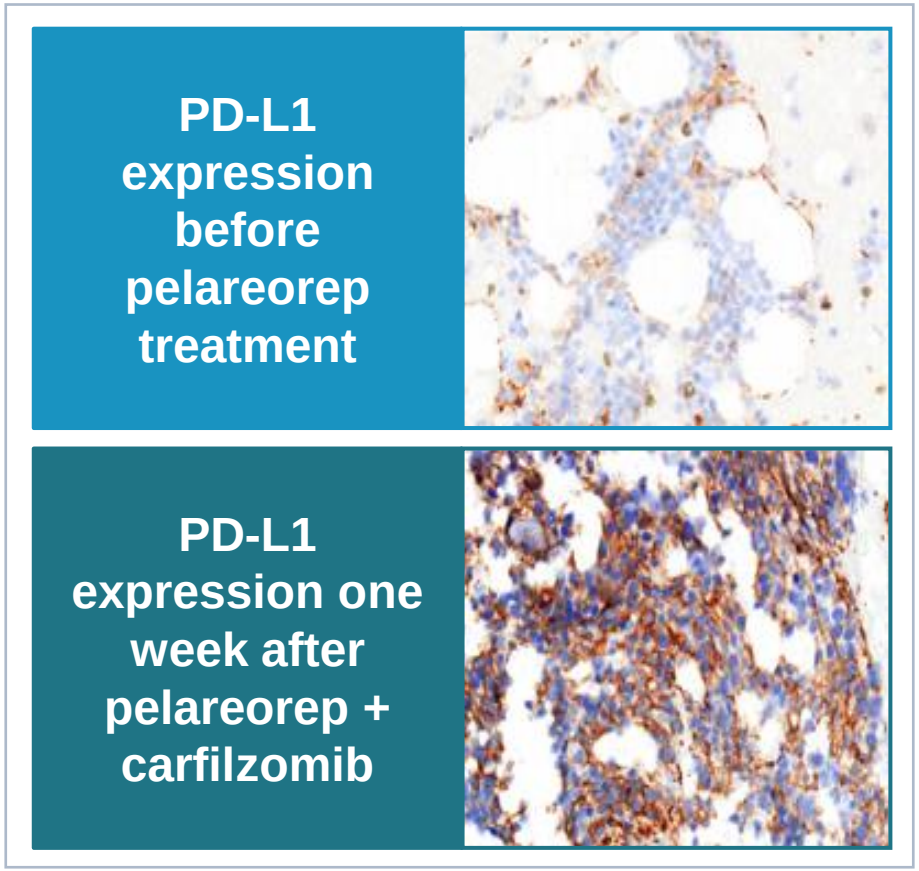
The ICI market is expected to reach $25B by 2022, yet less than 1 in 5 patients respond to these therapies

Clinical data suggest that pelareorep treatment can reverse ICI resistance mechanisms

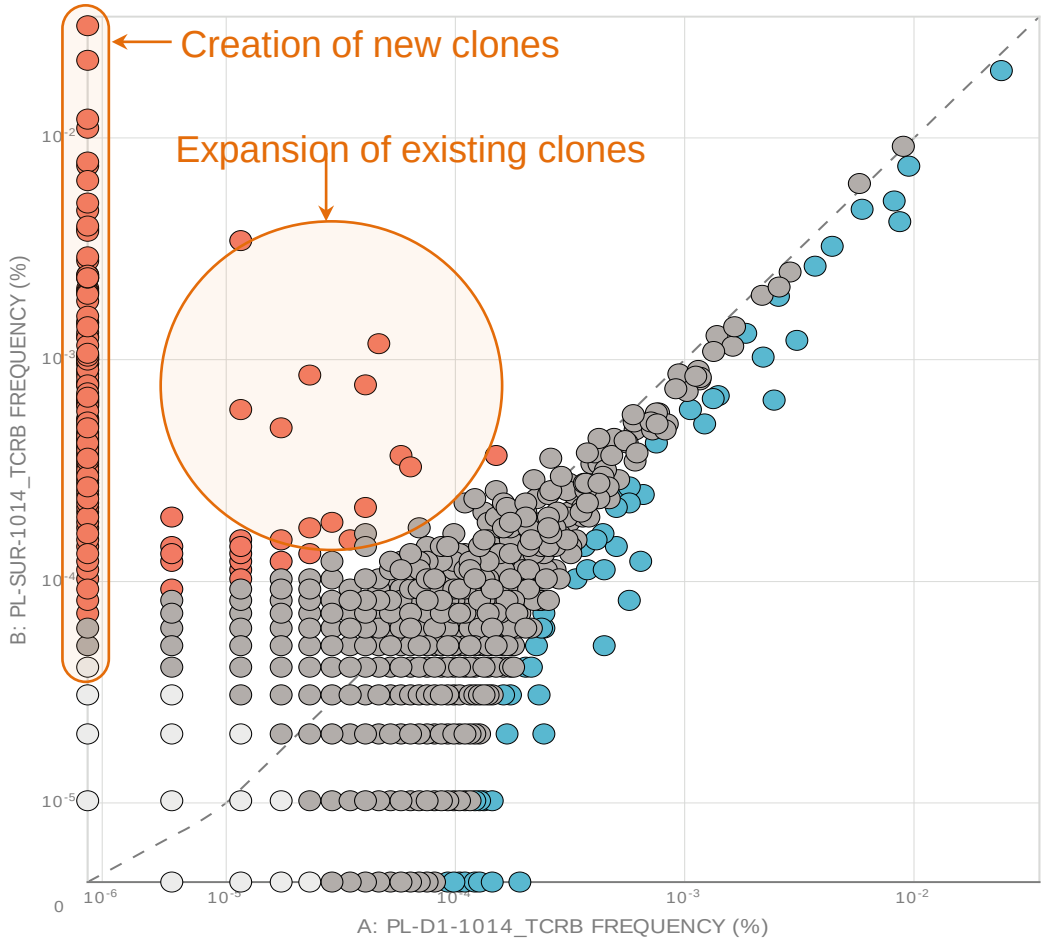
Resistance Mechanisms of Immune Checkpoint Inhibitors		Immune Activating Effects of Pelareorep
Low tumor PD-L1 expression	〉	Upregulates tumor PD-L1 expression
Lack of pre-existing T cells	〉	Generates new reactive T cell clones
Lack of T cell expansion and mobilization	〉	Induces T cell expansion and tumor infiltration

ICI: Immune checkpoint inhibitor; . Sources: Global Immune Checkpoint Inhibitors Market Outlook 2022; *JAMA Netw Open*. 2019 May; 2(5): e192535

Pelareorep has the potential to increase the proportion of patients that respond to ICIs



Brown staining indicates PD-L1 expression



Robust increase in tumor CD8+ T cells and PD-L1 expression seen with pelareorep treatment

ICI: Immune checkpoint inhibitor

Pelareorep: An IV administered immuno-oncolytic virus

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Selectively replicates in cancer cells following IV delivery

Other immuno-oncolytic viruses require intratumoral delivery

Accesses both primary and metastatic disease

As shown in multiple clinical studies

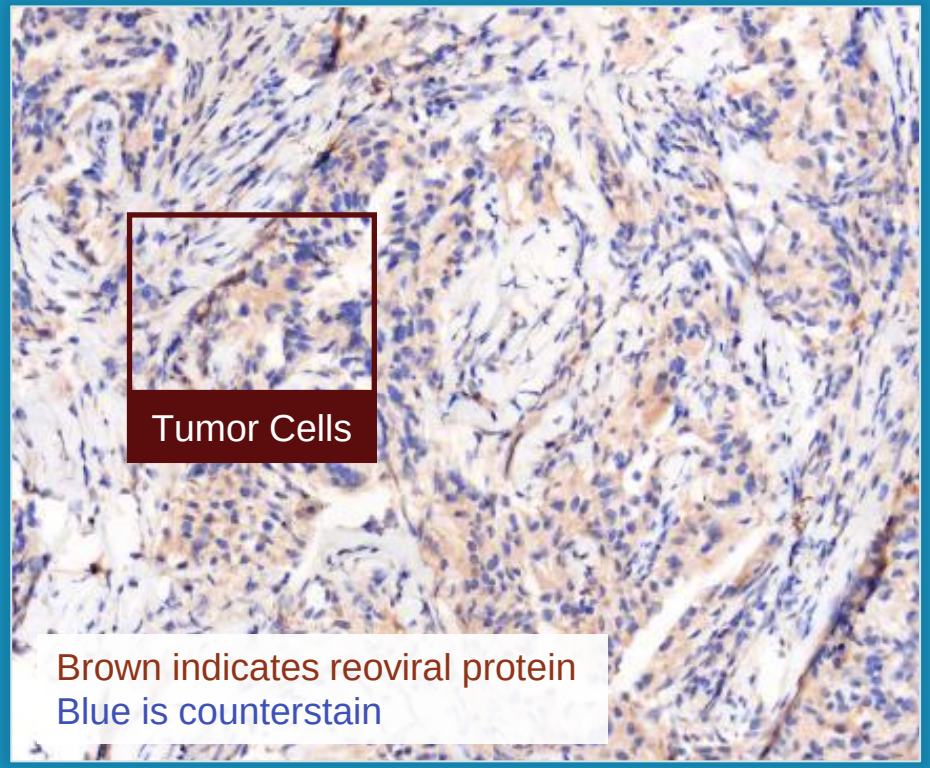
Unarmed virus with BSL 2 classification

Does not require the special handling or administration practices needed for BSL 3 viruses

Predictive and prognostic biomarkers identified

Peripheral T cell clonality (measure by TCR sequencing)
CEACAM6 (measure by immunostaining)

Selective Replication in Tumor Cells



Pelareorep offers substantial competitive advantages over other immuno-oncolytic viruses

IV: Intravenously; BSL: Biosafety level

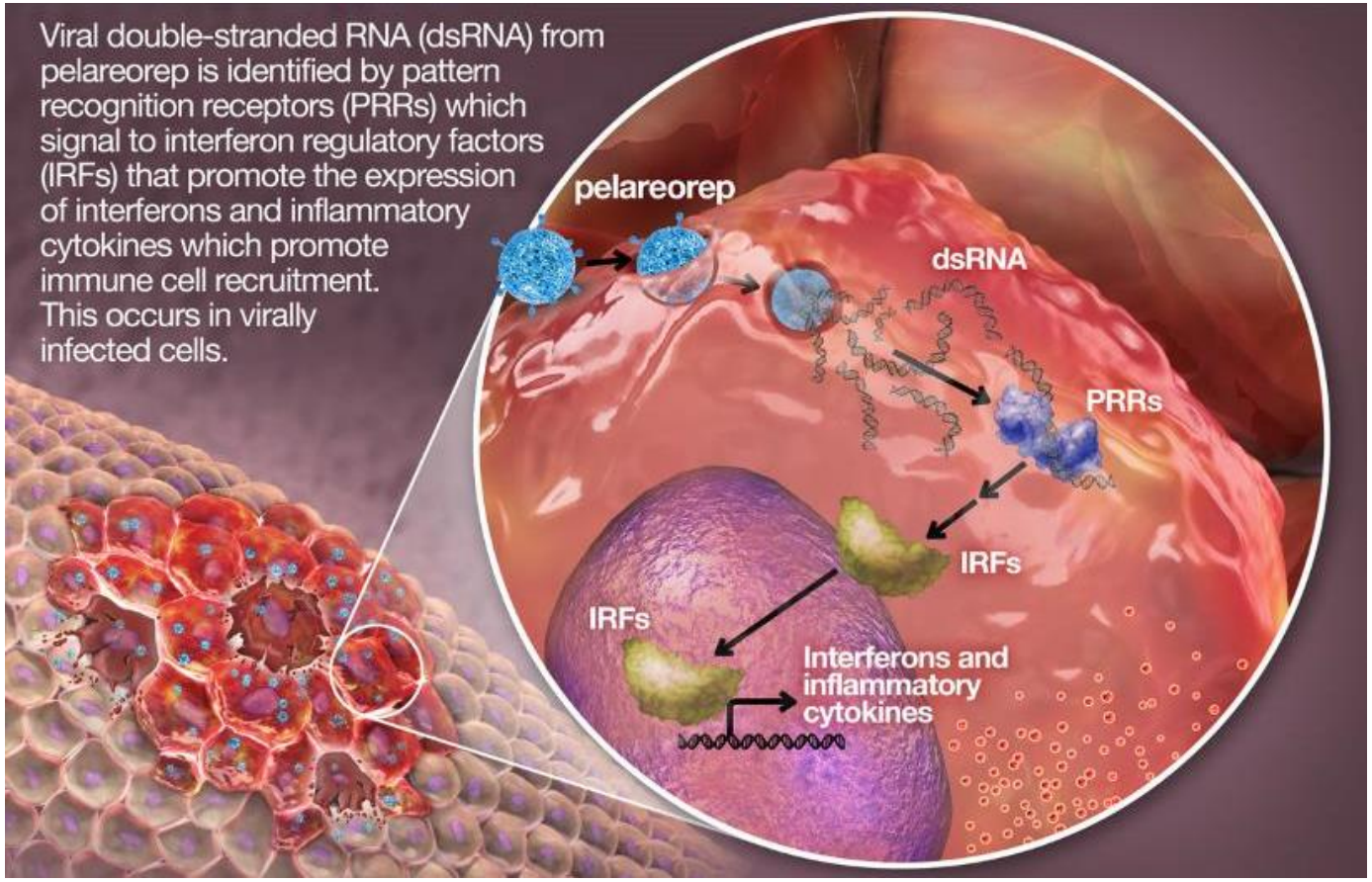
Pelareorep Mechanism of Action

Intravenous administration of pelareorep leads to

- Selective replication in cancerous cells with accumulation of dsRNA
- Promotion type 1/2 interferon signaling via pattern recognition receptors such as RIG-I and TLR3
- Activation of natural killer (NK) cells, dendritic cells, and T cells

MORE THAN 40

supporting publications



Pelareorep is safe and well tolerated

- 1,100 patients treated, 900+ intravenously

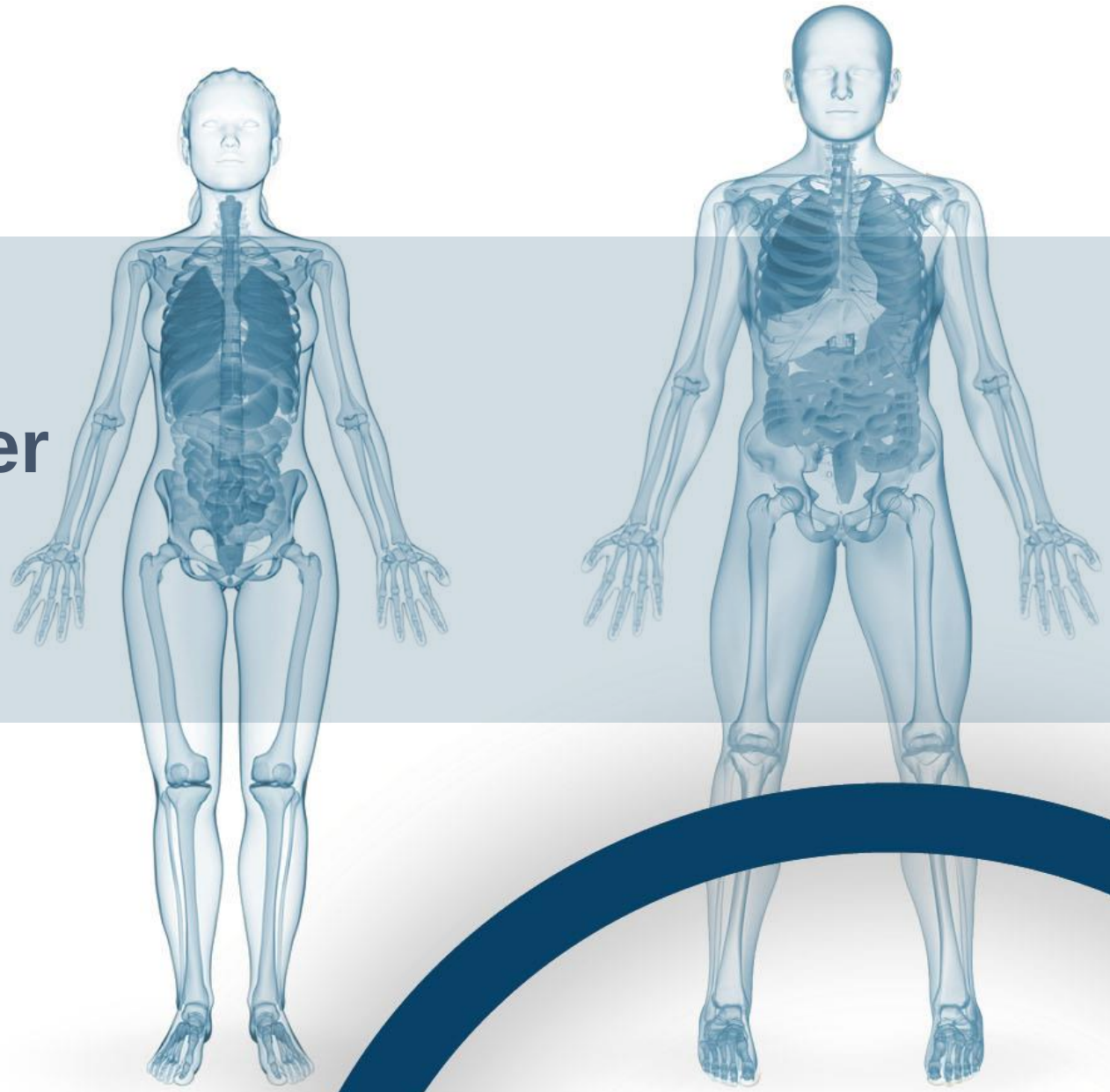
Monotherapy Toxicity Symptoms

- Toxicities have generally been mild (grade 1 or 2) and included chills, fever, headache, cough, myalgia, runny nose, sore throat, fatigue, lymphopenia or neutropenia
- Transient toxicities (grade 3 or 4) also included lymphopenia or neutropenia
- Symptoms usually last < 6 hours

No maximum tolerated dose has been reached to date

Pelareorep in Breast Cancer

Lead Indication



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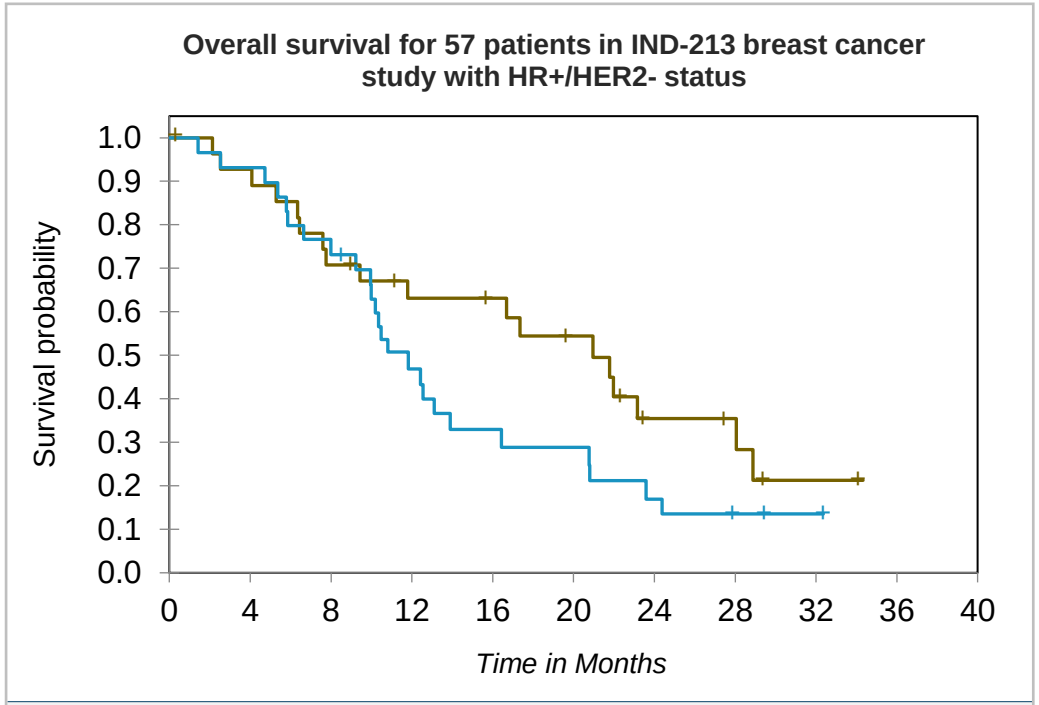
Efficacy data from prior successful randomized study support success in BRACELET-1

Phase 3 Patient Population:
Nearly doubled OS in HR+/HER2-

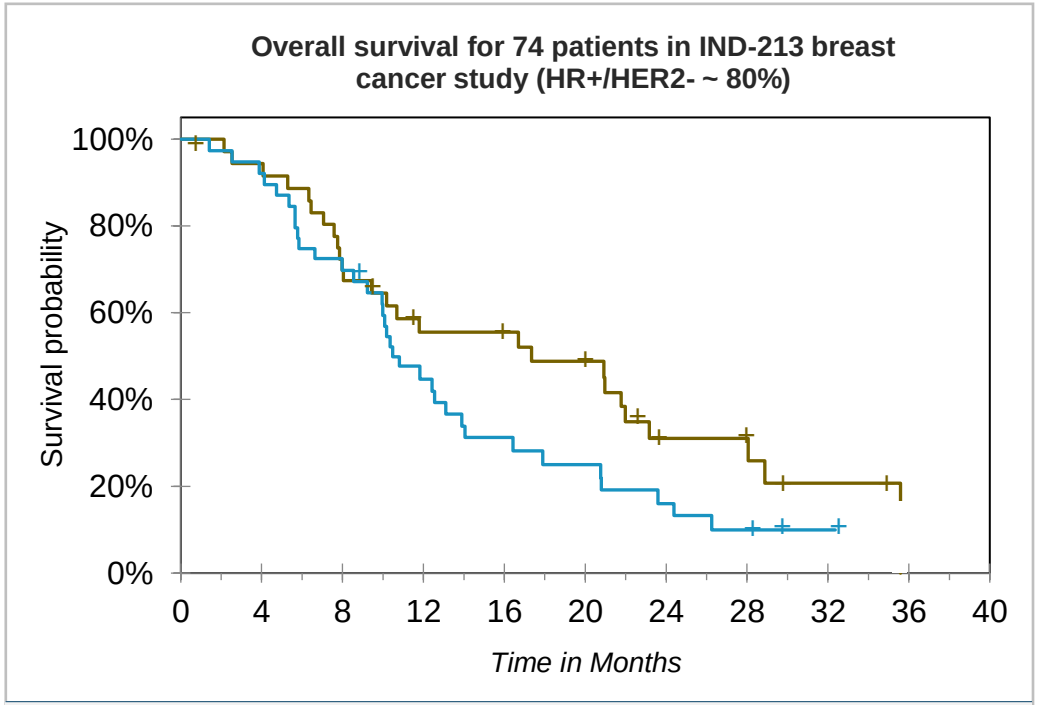


HR	= 0.60
p	= 0.1 (powered to 90%)
Median OS	= 10.8 months vs 21.0 months
Test	n= 28
Control	n= 29

Test Arm
(paclitaxel + pelareorep)

Control Arm
(paclitaxel)

Phase 2 Intent To Treat:
Statistically Significant Improvement in OS



HR	= 0.65
p	0.1 (powered to 90%)
Median OS	= 10.35 months vs. 17.35 months
Test	n=36
Control	n=38

CCTG: Canadian Cancer Trials Group

HR+ / HER2- mBC: **Primary Opportunity**

3,100,000
breast cancer prevalence, U.S. 2020

2,077,000
Patients with HR+ / HER2- Subtype

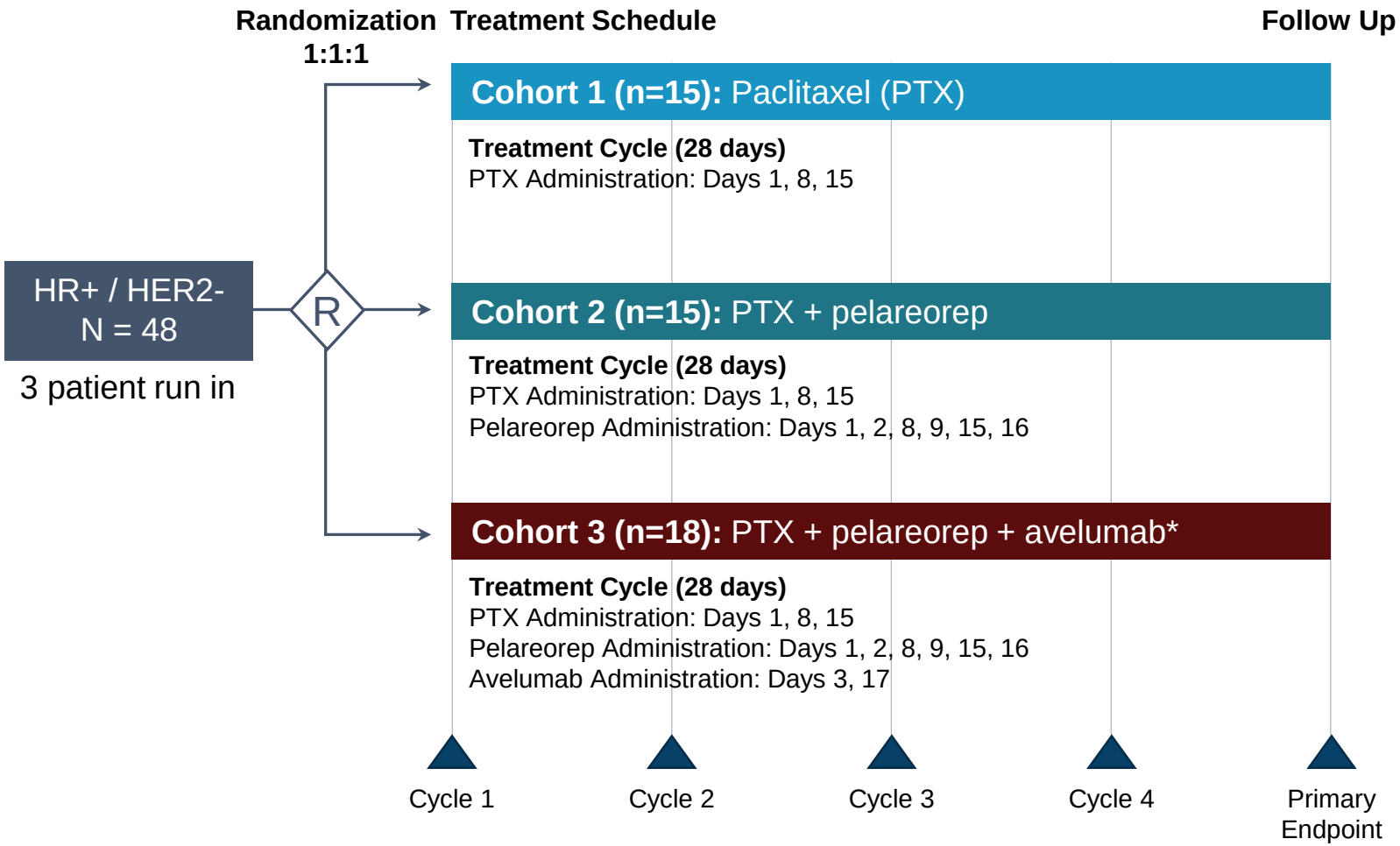
112,560
Patients with HR+ / HER2- metastatic breast cancer

Severe limitations in the SOC

Currently approved therapies are unable to produce a meaningful survival advantage

Source: Marriotto et al. Estimation of the Number of Women Living with Metastatic Breast Cancer in the United States. Cancer Epidemiol Biomarkers Prev. May 18, 2017.

BRACELET-1 phase 2 study evaluates efficacy of pelareorep-based combination therapies



Patients receive treatment for at least 4 cycles until disease progression

Primary Endpoints

- Overall response rate (ORR) at week 16

Exploratory Endpoints

- Peripheral and tumor T cell clonality
- Inflammatory markers
- Safety and tolerability assessments

Follow Up

- Continues throughout study (~8 months after primary endpoint)

Collaborators

Avelumab (Bavencio®)
*Includes 3 patient safety run in.

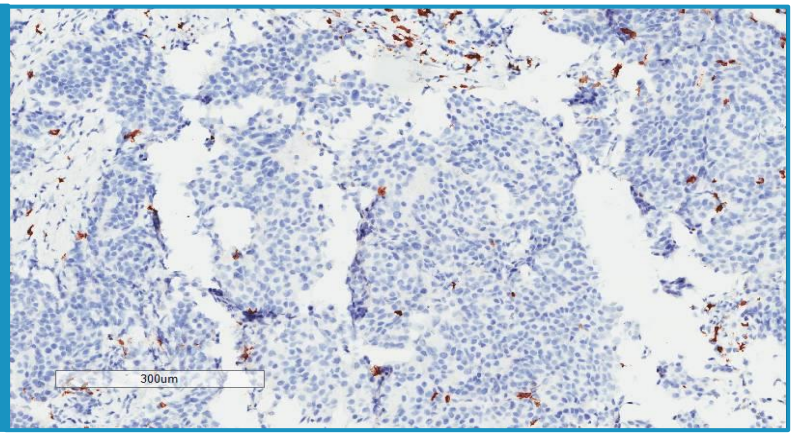
Preliminary AWARE-1 biomarker data support success in BRACELET-1

AWARE-1 Window of Opportunity Study Design

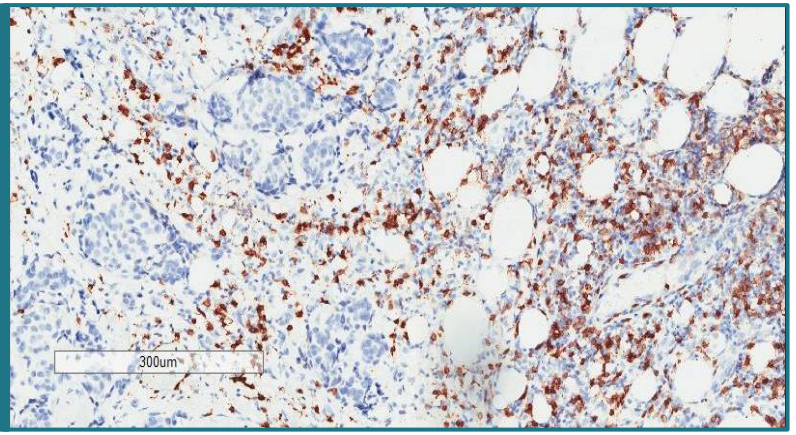
- Open label study in early stage breast cancer
- Enrolling patients in five cohorts:
  1. [a]HR+/HER2- (cohort completed)
  2. [b]HR+/HER2-
  3. [c]TNBC
  4. [d]HR+/HER2+
  5. [e]HR-/HER2+
- Combines the appropriate intervention for each patient's breast cancer sub-type, plus pelareorep, with or without atezolizumab (Tecentriq®), followed by surgery
- Paired biopsies are collected before and after treatment
- Primary endpoint:
  - Overall CelTIL (measure of tumor inflammation)
- Key secondary endpoints:
  - Safety
  - Tumor and blood-based biomarkers

Pre vs. Post Treatment CD8+ T Cell Infiltration

CD8+ T cell staining before pelareorep treatment



CD8+ T cell staining ~3 weeks after pelareorep treatment



Brown staining shows CD8+ T cells

TNBC: Triple-negative breast cancer;
a: Receive pelareorep + letrozole;
b: Receive: pelareorep + letrozole + atezolizumab
c: Receive: pelareorep + atezolizumab
d: Receive: pelareorep + trastuzumab + atezolizumab
e: Receive: pelareorep + trastuzumab + atezolizumab

HR+/HER2- program has been substantially de-risked

Signal of Efficacy in Metastatic Breast Cancer

- Statistically significant phase 2 OS data in 2nd, 3rd & 4th line patients

Positive Regulatory Feedback Received:

- Favorable FDA End-of-Phase 2 Meeting
- Favorable EMA Final Advice Letter
- Fast Track Designation
- Special Protocol Assessment Agreement

Encouraging Preliminary AWARE-1 Data:

- PD-L1 upregulation with pelareorep treatment

Moving Toward a Pivotal Study

Next Steps

Determine if positive phase 2 results can be enhanced by the addition of a checkpoint inhibitor

Confirm pelareorep's immunotherapeutic MOA

Confirm biomarker to facilitate phase 3 trial success

OS: Overall survival; FDA: Food and Drug Administration; EMA: European Medicines Agency; MOA: Mechanism of action

TNBC Market: **Additional Opportunity**

465,000
TNBC prevalence in the US

1 / 3
TNBC patients will present distant metastases

60%
Percent of TNBC patients that do not respond to Tecentriq® therapy

$1B

Value of Tecentriq® franchise in TNBC patients

Clinical data suggest pelareorep can increase the proportion of patients eligible for checkpoint inhibitor therapy

Sources:
FiercePharma, December 6, 2018
Marriotto et al. Estimation of the Number of Women Living with Metastatic Breast Cancer in the United States. Cancer Epidemiol Biomarkers Prev. May 18, 2017.
Caparica R, et al. ESMO Open 2019;4:e000504. doi:10.1136/esmoopen-2019-000504
Roche Pharma Day 2019 – corporate presentation

IRENE Study Evaluates the Efficacy of Pelareorep-anti-PD-1 Combination Therapy

Screening Period

TNBC N =25

Key Inclusion Criteria

- Metastatic TNBC
- Progressed after 1-2 prior lines of therapy
- Adequate organ function
- ECOG PS 0-2

Day -28 to Day -1

Treatment Schedule

IRENE Study (n=25): Pelareorep + Anti-PD-1

Treatment Cycle (28 days)
Pelareorep Administration: Days 1, 2, 15, 16
Anti-PD-1 Therapy Administration: Day 3

Cycle 1 | Cycle 2 | Cycle 3 | Cycle 4,Cycle 5, …

Treatment until disease progression, significant toxicity or consent withdrawn

Follow Up

Safety Follow Up
- 30 day

Long-term Follow Up
- 90 days
- 6 months
- 12 months
- 18 months
- 24 months

Primary Endpoints	Secondary Endpoints	Exploratory Endpoints
• Safety • Objective response rate	• PFS • OS • Duration of response	• Peripheral T cell clonality • Pre- vs. post-treatment change in tumor PD-L1 expression

TNBC: Triple negative breast cancer; PFS: Progression free survival; OS: Overall survival

Breast Cancer: Next Steps

BRACELET-1

- First patient dosed in Q2 2020
- Confirm efficacy and MOA of pelareorep in HR+/HER2- mBC
- Confirm T cell clonality as a biomarker of pelareorep response to facilitate the success of future pivotal studies
- Determine potential added efficacy of checkpoint inhibitor

AWARE-1

- Interim data presented in Q2 2020
- Validate pelareorep's immunotherapeutic MOA in additional patients
- Confirm T cell clonality as a biomarker of pelareorep response to facilitate the success of future pivotal studies

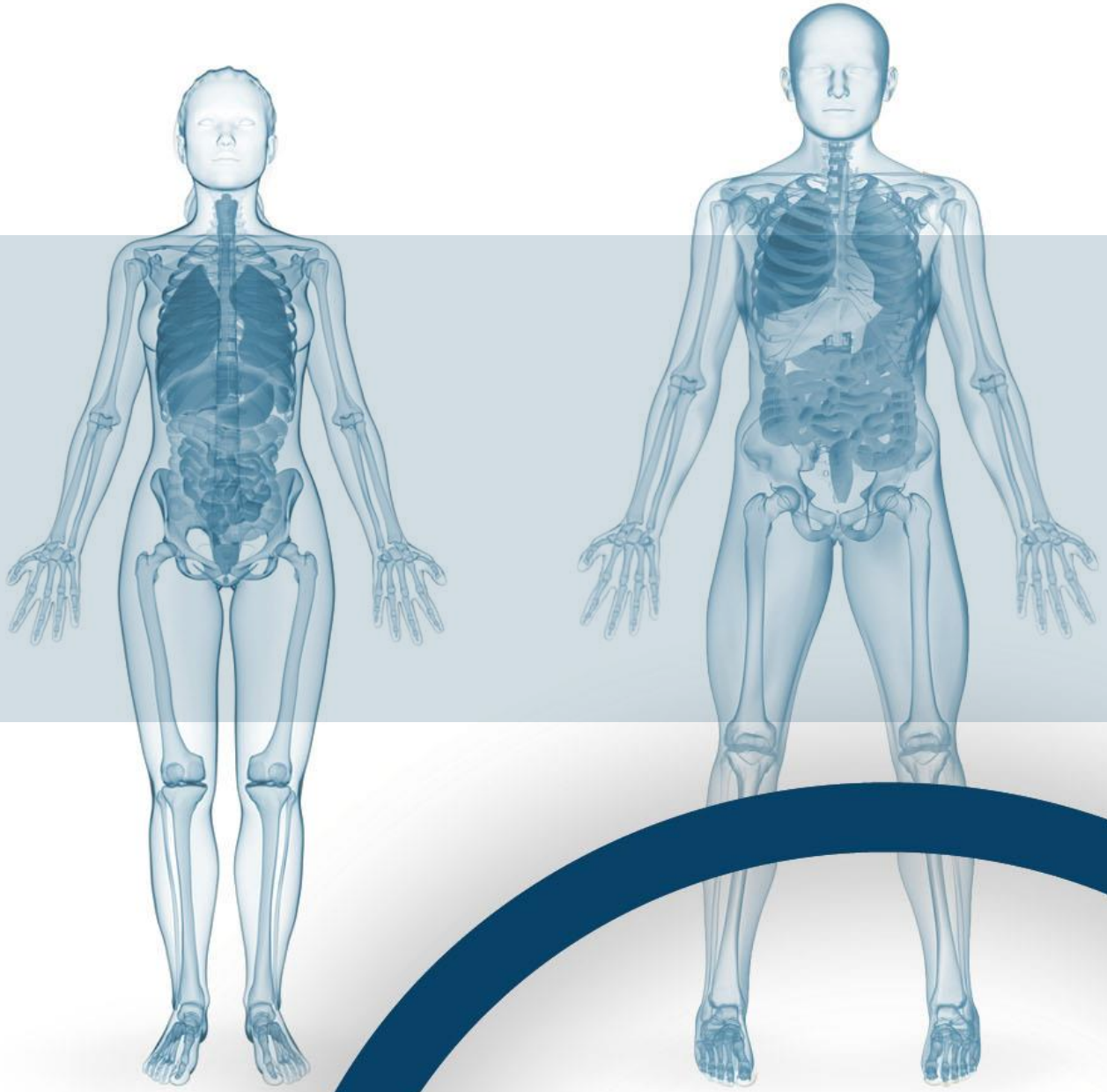
IRENE

- First patient dosed in Q3 2020
- Evaluate efficacy of pelareorep-anti-PD-1 therapy in TNBC
- Confirm T cell clonality as a biomarker of pelareorep response to facilitate the success of future pivotal studies

MOA: Mechanism of action; mBC: Metastatic breast cancer; TNBC: Triple negative breast cancer

Leveraging an Inflamed Phenotype

Gastrointestinal Cancers & Hematologic Malignancies



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Improved therapies for gastrointestinal cancers are needed

4.8M
Estimated number of new GI cancer cases worldwide in 2018

3.4M
Estimated number of GI cancer-related deaths in 2018

26%
GI cancers account for 26% of global cancer incidence

Limitations in the SOC

Current treatment options address only small subtypes of GI cancers

Though ICI is approved for certain GI cancers, less than half of patients respond to ICI monotherapy

SOC: Standard of care; GI: Gastrointestinal; ICI: Immune checkpoint inhibitor; Source: *Gastroenterology*. 2020 Apr 2; S0016-5085 (20) 30452-2.

Pancreatic Cancer Phase 2 Study Design

Screening Period

Key Inclusion Criteria

- Histologically confirmed advanced pancreatic adenocarcinoma
- Documented objective radiographic progression
- Failed or did not tolerate first-line therapy

Treatment Schedule

Combination Study (n ≤ 30): Pelareorep + Pembrolizumab

Treatment Cycle (21 days)
Cycle 1:
Pembrolizumab IV over 30 minutes on day 1
Pelareorep IV over 60 minutes on days 1, 2, 3, and 8

Cycles 2, 3, 4, …:
Pembrolizumab IV over 30 minutes on day 1
Pelareorep IV over 60 minutes on days 1 and 8

Cycle 1 | Cycle 2 | Cycle 3 | Cycle 4,Cycle 5, …

Cycles repeat every 21 days for up to 24 months

Primary Endpoints

- ORR by iRECIST

Secondary Endpoints

- Confirmation of blood draw biomarkers
- PFS
- mOS

Previous Pancreatic Study

REO 024: Combination with Keytruda® (plus PI's choice of chemotherapy)
- Two patients with SD: 126 and 277 day
- One patient with PR lasting 504 days (35 cycles)
- On treatment biopsy: infection in cancer cells and immune infiltrates

Biomarker correlates with PFS at baseline *(HR=0.05, p=0.01)*
Biomarker correlates with OS at baseline *(HR=0.12, p=0.01)*
Biomarker correlates with OS after one cycle *(HR=0.08, p=0.01)*

Collaborators

Northwestern Medicine®

MERCK

IV: Intravenously; ORR: Overall response rate; PFS: Progression free survival; mOS: Median overall survival

Clinical data highlight the potential of pelareorep-checkpoint inhibitor combination therapy in GI cancer

Clinical data from colorectal and pancreatic cancer studies suggest pelareorep has significant potential to synergistically increase the effectiveness of immune checkpoint inhibitors in GI cancers

- Rapid maturation of dendric cells after pelareorep treatment
- Increase in activation of CD8+ cells after pelareorep treatment
- Upregulation of PD-L1 in tumor cells following pelareorep treatment

Predictive and prognostic biomarker candidates have been identified in a pancreatic cancer study

- T cell clonality - candidate biomarker of response
- CEACAM6 - candidate biomarker of resistance

Improved treatments for hematologic malignancies such as multiple myeloma are needed

2nd

Multiple myeloma is the 2nd most common hematologic malignancy

354,000

Estimated number of MM cases in the 8 major markets* in 2017

40%

Of cases in the 8 major markets were in the U.S. in 2017

Limitations in the SOC

Current treatment options in the relapsed or progressive disease setting are limited

Refractory patients often exhaust all available treatment options

MM: Multiple myeloma; SOC: Standard of care; Source: https://www.pharmaceutical-technology.com/comment/multiple-myeloma-incidence/ *U.S. France, U.K., Germany, Italy, Spain, Japan, Urban China

Clinical data show pelareorep's potential in liquid tumors

Clinical data demonstrate pelareorep's potential to synergistically combine with proteasome and/or immune checkpoint inhibitors in the treatment of hematologic malignancies

Proof-of-Concept Clinical Data

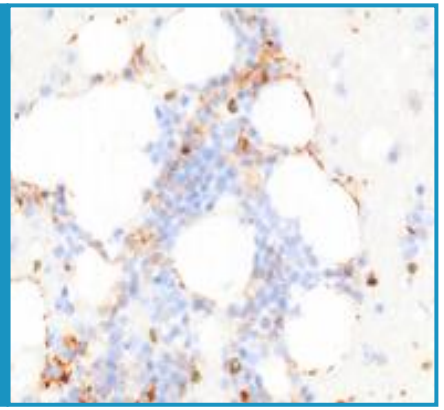
Pelareorep targets and selectively replicates in MM tumor cells

Achieved a 50% ORR and 83% CBR in patients who have failed carfilzomib

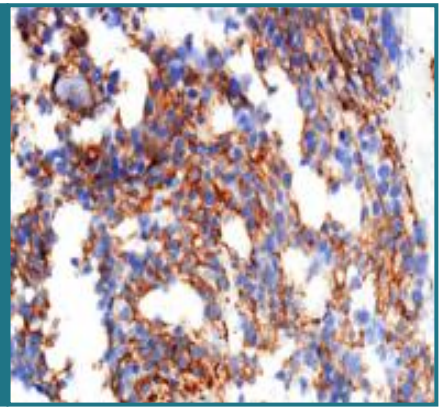
Observed T cell activation and the first report of cytokine storm associated with tumor response in MM

Saw PD-L1 upregulation with pelareorep treatment

PD-L1 expression before pelareorep treatment



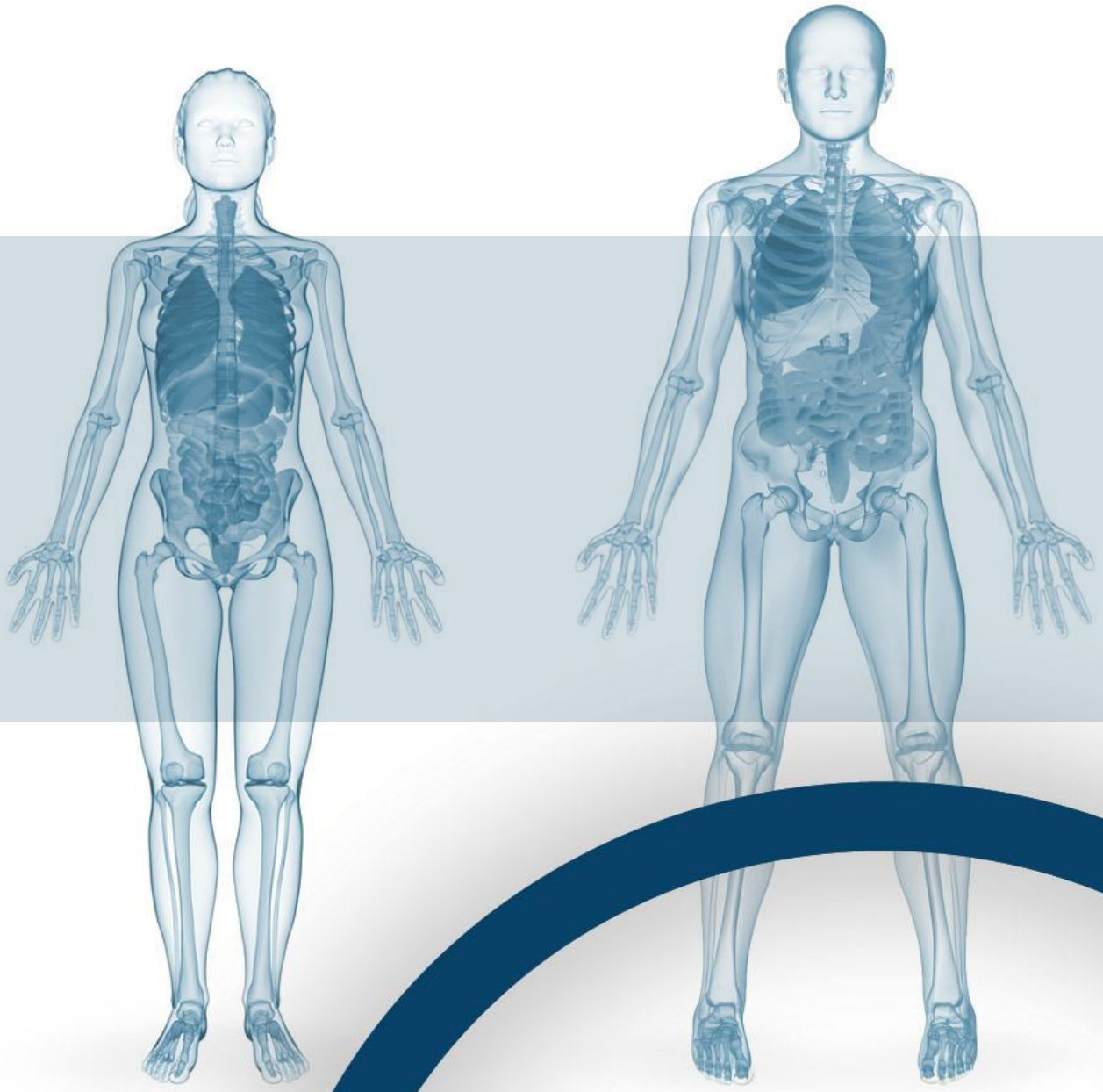
PD-L1 expression one week after pelareorep + carfilzomib



Brown staining indicates PD-L1 expression

MM: Multiple myeloma; ORR: Overall response rate; CBR: Clinical benefit rate

Corporate



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Business development strategy anchored by partnerships with large pharmaceutical companies

Objective: Joint Development and Commercialization Partnership

- Support of breast cancer registration study as well as other potential registration opportunities
- Financial and clinical support for other company-sponsored and/or investigator-sponsored studies
- Expansion of indications
- Improved ability to meet timelines while lowering development and manufacturing costs
- Maintain rights in North America in part or in whole
- Out-license ROW rights

Co-Development Study

- Co-development agreement with **Pfizer/EMD Serono** to evaluate Bavencio® in 2L mBC

Oncolytics or Investigator Sponsored Trials (IST's)

- 4 ongoing combination studies with **Merck, Roche & Bristol-Myers Squibb**

Monetize Certain Geographies

Successful partnership with Adlai Nortye

- China, Hong Kong, Macau, Singapore, South Korea and Taiwan
- Upfront and milestone payments of up to $86.6M
  - $21M in milestone payments largely under Oncolytics' control, with double-digit royalties
  - $65M tied to potential development expansion

ROW: Rest of world

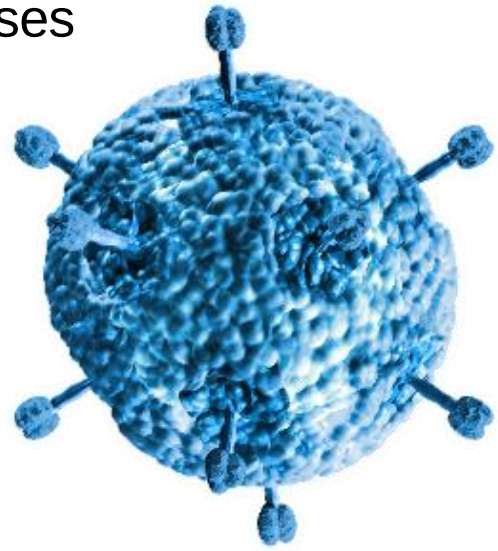
Strong Intellectual Property Portfolio

396 patents issued worldwide, including **49** US and **19** Canadian

Over **13** pending applications worldwide

Reovirus issued patent claims cover:

- Compositions of matter comprising reovirus
  - Through 2028 and extendable to 2033
- Pharmaceutical use of reoviruses to treat neoplasia and cellular proliferative diseases
- Combination therapy with radiation, chemotherapy and/or immune-suppressants
- Methods for manufacturing reovirus and screening for susceptibility to reovirus
- Pharmaceutical use of reoviruses in transplantation procedures



Eligible for 12 years of U.S. market exclusivity upon approval

As of July 17, 2020

Catalysts & Milestones

Catalysts & Milestones	Combination With	Timing
AWARE-1 breast cancer study: interim biomarker data (ESMO)	Roche / Tecentriq®	**Achieved**
Phase 1 NCI-9603 multiple myeloma study: interim data (ASCO)	Kyprolis®	**Achieved**
Phase 2 NU 18I01 second line pancreatic cancer study: interim data (ASCO)	Merck / Keytruda®	**Achieved**
Initiate phase 2 BRACELET-1 study in HR+ / HER2- mBC	Pfizer & Merck KGaA / Bavencio®	**Achieved**
Initiate phase 2 IRENE study in TNBC	Incyte / Retifanlimab	**Achieved**
Phase 2 NU 18I01 second line pancreatic cancer study: final data*	Merck / Keytruda®	H1 2021

Anticipated Catalysts & Milestones		Combination With
Phase 2 BRACELET-1 metastatic breast cancer study: interim safety update		Pfizer & Merck KGaA / Bavencio®
AWARE-1 breast cancer study: final biomarker data		Roche / Tecentriq®
Complete enrollment in BRACELET-1 metastatic breast cancer study		Pfizer & Merck KGaA / Bavencio®
Phase 2 BRACELET-1 metastatic breast cancer study: final data		Pfizer & Merck KGaA / Bavencio®
Phase 1 WINSHIP 4398-18 multiple myeloma study: interim data		Bristol-Myers Squibb / Opdivo®

mBC: Metastatic breast cancer; TNBC: Triple negative breast cancer; **Guidance provided by principal investigator*

Investment Highlights

Pelareorep: 1st in class intravenously delivered immuno-oncolytic virus

Ability to selectively replicate in cancerous cells and induce an immune response validated in multiple clinical studies

Demonstrated synergies with immune checkpoint inhibitors

Safe and well tolerated: tested in over 1,000 patients

Strong lead program in breast cancer with two ongoing Phase 2 studies

Supported by compelling clinical data from a randomized phase 2 study showing a near doubling of OS with pelareorep treatment

BRACELET-1 and IRENE trials evaluate pelareorep-based therapies in HR+/HER2- and TNBC breast cancer, respectively

T cell clonality identified as a biomarker of pelareorep response

Diversified pipeline with programs in GI cancers and hematologic tumors

GI cancer: Ongoing Phase 2 trial in pancreatic cancer; T cell clonality and CEACAM6 expression identified as biomarkers of pelareorep response and resistance

Multiple myeloma: Ongoing phase 1 trials evaluating pelareorep in combination with carfilzomib alone and in combination with carfilzomib + nivolumab

Synergy with ICI's: multi-billion-dollar market opportunity

ICI market is expected to exceed $25B by 2022[1]

As few as 1 in 5 patients respond to ICI therapy

Robust clinical and pre-clinical data demonstrate pelareorep's potential to increase the proportion of patients responding to ICIs

OS: Overall survival; TNBC: Triple-negative breast cancer GI: Gastrointestinal; ICI: Immune checkpoint inhibitor; 1. Source: Global Immune Checkpoint Inhibitors Market Outlook 2022

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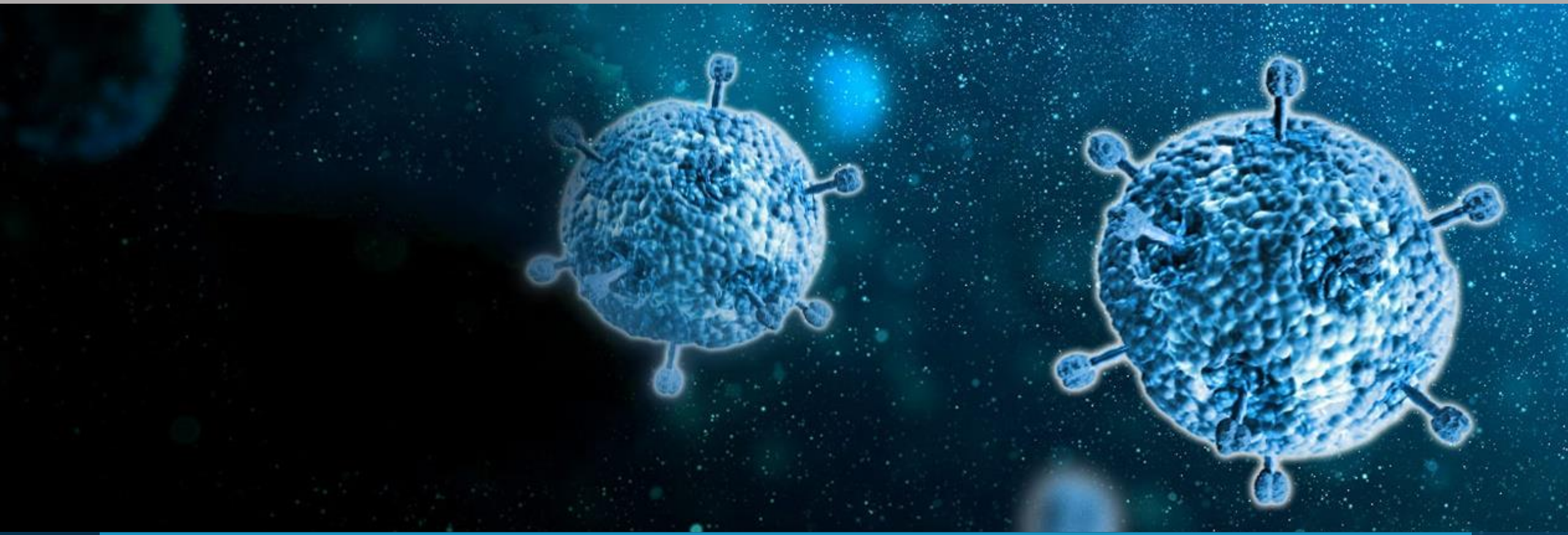

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