Sellas Life Sciences Group, Inc. ($SLS)

Sellas Life Sciences is a late-stage clinical biopharmaceutical company which was founded in 2012 and is focused on the development of novel immunotherapy drugs with application for a broad range of cancer indications. The company has two drug candidates in development with active clinical trials for each candidate in multiple cancer indications across hematological (i.e. blood) and solid tumor (e.g. bone, organ or muscle) malignancies. The development program for their drug 'Galinpepimut-S' has been active for several years longer than that of 'SLS009', with the former drug under study in four different types of cancer including a Phase 3 registrational trial for which the interim data analysis is anticipated to occur very soon and could lead to the company filing a Biologics Licensing Application with the U.S. Food & Drug Administration. In addition to a research project being conducted in partnership with the National Cancer Institute to investigate the drug's potential for treating pediatric cancer (n.b. NCI funding and staffing assigned to this project), SLS009 is also in clinical trials for three different cancers with the most developed of these programs recently entering into Phase 2a. With the trials for Galinpepimut-S and SLS009 in the treatment of patients suffering from Acute Myeloid Leukemia having progressed the farthest, this form of hematological cancer provides Sellas' most immediate opportunity for commercializing their drug(s).

Sellas Life Sciences' goal is to develop multiple oncology products and achieve marketing authorization in the United States and the rest of the world, excluding China. The company's commercialization strategy has yet to be defined; however, in January 2024 the CEO for Sellas disclosed that they are working with Torreya Partners, the life sciences investment banking division of Stifel Financial Corporation, in order to determine the optimal path to promote shareholder value[1]. In Sellas' case, the optimal path would likely involve either forging strategic partnership(s) for co-development of the company's drugs with established pharmaceutical competitor(s) or M&A activity. In the event that Sellas is unable to achieve either of the aforementioned outcomes, they would be required to 'go it alone' with the most likely funding source coming via the sale of additional shares/equity in the company. Now that you've been introduced to Sellas Life Sciences, let's proceed to a more detailed briefing –

Galinpepimut-S

Overview

The company's lead drug candidate is Galinpepimut-S (i.e. 'GPS'), a cancer immunotherapy which the company exclusively licensed on a worldwide basis from Memorial Sloan-Kettering Cancer Center in September 2014. GPS trains the immune system to recognize the Wilms tumor 1 protein, target cells where it appears in large amounts and to remember this protein for the purpose of enabling subsequent immune response activity. As a true "oncogene", Wilms tumor 1 (i.e. 'WT1') proteins participate in the process of cancer formation and progression. While WT1 plays a key role in the development of the kidneys in fetal life, the antigen disappears almost entirely from normal/healthy organs and tissue; therefore, stimulating an immune response to cells where WT1 is overexpressed provides patients with a means to inhibit the progression of cancer without causing harm to normal organs and tissue. To paraphrase the company's 10-K

filing, this assumption of 'very low to negligible' levels of clinical toxicity when administering GPS is not only due to the fact that WT1 is expressed at extremely low levels in a limited number of healthy organs and tissue but also owing to the distinction between the presentation of WT1 fragments in healthy tissue and cancer cells where the gene has mutated (n.b. this mutated gene expression is called an 'oncogene').

The WT1 antigen is detectable in at least 50% of tumor pathology specimens for 20 or more cancer types and has potential as a monotherapy or in combination with other immunotherapeutic agents to address a broad spectrum of hematological cancers and solid tumors alike. In 2009, the National Cancer Institute identified 75 different cancer antigens as potential targets for the development of effective cancer immunotherapies. Among the 75 different targets which were studied, the National Cancer Institute ranked the WT1 antigen as the top priority given the wide array of cancers in which it is expressed and due to the fact that it is a true 'oncogene'[2]. To clarify, as a bona fide oncogene, WT1 is a mutated gene that has the potential to cause cancer and does not contribute to normal/healthy cellular function.

In recognition of the promising potential for the WT1-targeted GPS, the U.S. Food & Drug Administration (i.e. 'FDA') has granted GPS Orphan Drug Product designations for Acute Myeloid Leukemia, Malignant Pleural Mesothelioma and Multiple Myeloma. The Orphan Drug Product designation provides Sellas with an incentive to try and commercialize in the aforementioned diseases, as the approval of a Biologics Licensing Application (i.e. 'BLA') by the FDA would confer a seven-year period for market exclusivity in the United States of America for the approved treatment setting. To clarify, if GPS were to succeed in its Phase 3 trial for patients battling Acute Myeloid Leukemia and receive BLA approval from the FDA, the Orphan Drug Product designation ensures that the FDA will not grant any competing WT1-targeted drug an approval for use in AML until the seven-year monopoly for GPS has expired. Similarly, the European Medicines Agency has granted GPS 'Orphan Medicinal Product' designations for Acute Myeloid Leukemia, Malignant Pleural Mesothelioma and Multiple Myeloma. These Orphan Medicinal Product designations would provide GPS with a ten-year period for market exclusivity in the European Union for the approved treatment setting. Furthermore, the FDA has also granted GPS Fast Track designation for AML, Malignant Pleural Mesothelioma and Multiple Myeloma which means that any BLA submitted for the use of GPS in these diseases would be prioritized by the FDA for an expedited review within sixty days.

Clinical Trials

Active

Ph. 3 – GPS for Acute Myeloid Leukemia CR2 ('REGAL' trial) – *NCT04229979*
Expanded Access Program – GPS for Acute Myeloid Leukemia or MDS – *NCT05593185*

Completed

Ph. 1 – GPS combined with Opdivo™ for Malignant Pleural Mesothelioma – *NCT04040231*
Ph. 2 – GPS for Malignant Pleural Mesothelioma – *NCT # n/a*

Ph. 1 – GPS combined with Opdivo™ for Ovarian – *NCT# n/a*
Ph. 1/2 – GPS combined with Keytruda™ for Ovarian – *NCT03761914*

Ph. 2 – GPS for Multiple Myeloma – *NCT01827137*

Ph. 2 – GPS for Acute Myeloid Leukemia CR1 – *NCT01266083*
Ph. 2 – GPS for Acute Myeloid Leukemia CR2 ('Moffitt' trial) – *NCT# n/a*

Phase 3 'REGAL' Trial

The most immediate value-driver for Sellas is the active Phase 3 'REGAL' trial comparing GPS as a monotherapy against the best available therapies for treating AML patients in their second complete remission (i.e. 'CR2'). The REGAL trial began in February 2021 with a goal of demonstrating a substantial improvement to the longevity of AML patients in the CR2 setting over what may otherwise be achieved with the best available therapies currently in use. AML patients in CR2 are considered to be among the most infirm cases, as a CR2 patient has endured an intense series of treatments that leaves them with a very fragile/compromised immune system. To illustrate, when an individual is diagnosed with AML they will first go through a 'frontline' treatment utilizing chemotherapy in an effort to achieve induction. If induction can be achieved, the patient's cancer will then go into remission and the patient will be classified as having reached a first complete remission (i.e. 'CR1'). While in CR1, the patient will receive maintenance therapy in an effort to keep the cancer at bay. Unfortunately, there will inevitably be a resurgence of the cancer and once again the patient will receive chemotherapy in the hopes of achieving induction yet again. While many CR1 patients will sadly never achieve a second induction, those patients who do will be classified as having achieved CR2 status, where GPS is being trialed as a maintenance therapy for improving patients' quality of life. Sellas' attempt to demonstrate an advantage for GPS in treating a particularly dire patient cohort is strategic. The company has stated that proof of efficacy in this most difficult patient population ensures that GPS will be able to confer similar, if not greater, benefits to AML patients in earlier treatment settings where patients' immune systems will be healthier and thus more responsive to GPS immunotherapy. That's to say, it's quite probable that success in the AML CR2 setting will open up the door for expanded use of GPS in additional AML treatment settings.

This history of GPS trials in AML inspires optimism. Previously completed Phase 1 & 2 trials of GPS as a monotherapy in treating AML patients in first complete remission (i.e. 'CR1'), along with a Phase 1/2 trial of GPS as a monotherapy for AML patients in CR2, repeatedly demonstrated a categorical improvement to patients' Overall Survival (i.e. longevity). Most recently, the Phase 1/2 trial of GPS monotherapy for treating AML patients in CR2 compared to the best available therapies (i.e. 'BAT') conducted at the Moffitt Cancer Center yielded profound results[3]. Final data from the Phase 1/2 "Moffitt" trial of GPS in AML CR2 showed a median Overall Survival of 21.0 months for patients receiving GPS therapy compared to 5.4 months in the patients receiving the BAT (n.b. p-value <0.02)[3]. It should also be noted that GPS was well-tolerated in this trial, with no patients suffering from serious side effects or toxicity concerns. Incredibly, two of the patients receiving GPS in the Moffitt trial achieved a miraculous outcome whereby the duration of their CR2 exceeded the duration of their CR1. Biostatisticians advising SELLAS have stated that AML patients who are fortunate

enough to achieve CR2 will typically remain in remission for about half the length of time that they experienced during their preceding CR1. It is quite a statistical outlier/anomaly to observe an AML patient remaining in CR2 for longer than the duration of their CR1 and, as the company stated when sharing the Moffitt trial results, it strongly suggests a potential benefit based on immune response mechanisms.

Sellas and its shareholders remain blinded to the REGAL trial's data but a significant disclosure made by the company in a November 2022 update offered encouragement that GPS was likely replicating the impressive results observed in its previous trials for AML. In a presentation which included Dr. Yair Levy, Director of Hematologic Malignancies Research at the Baylor University Medical Center and member of the REGAL trial's Steering Committee, SELLAS stated that the 'pooled' median Overall Survival data observed through the end of September 2022 was nearly double the value that was originally anticipated when the trial was designed with input from leading AML experts, including Dr. Levy himself. That's to say, at ~20 months into the REGAL trial, the median Overall Survival (i.e. 'mOS') among the entire trial population — inclusive of the GPS and BAT patient cohorts — was "approximately two-fold" the ~7.7 months of pooled mOS that was expected. As you can imagine, this left the door open for some confusion and the point of including Dr. Levy on the call, in addition to the subsequent Key Opinion Leader call with Dr. Omer Jamy hosted in January 2023, was to contextualize the meaning of this data and signal the inference that this surprise in the data was very likely to be a result of GPS efficacy. Dr. Levy and Dr. Jamy both emphasized that the historical mOS data for AML CR2 patients who are ineligible for an allogenic stem cell transplant and receiving the BAT options doesn't exceed 8 months (n.b. REGAL criteria calls for patients in CR2 that are ineligible for allogenic SCT). Simply put, these medical doctors who are considered to be leading experts in AML do not believe that it would be statistically feasible for this surprise in the pooled mOS data to be driven by the BAT patient cohort. Therefore, the surprising data was likely to be a result of GPS exceeding the trial's original estimate (i.e. 10.0 months mOS for GPS) and replicating the dramatic improvement to patients' longevity witnessed in the previous Phase 1/2 Moffitt trial for patients in CR2 (n.b. 21.0 months mOS for GPS on p-value <0.02)[3].

Concurrent to their announcement of this surprise in the pooled patient data for REGAL, SELLAS announced revisions to the statistical analysis plan for the study which were made in consultation with the study's Independent Data Monitoring Committee, AML key opinion leaders, the company's biostatistics experts and ultimately approved by the FDA. Changes to the trial design included[4]:

- *Statistical significance would be achieved with a pooled mOS of ~10.3 months, corresponding to an estimated 12.6 months mOS for GPS and 8.0 months for BAT.*
- *The number of events (i.e. deaths) for the interim analysis reduced from 80 to 60*
- *The number of events (i.e. deaths) for the final analysis reduced from 105 to 80*
- *Total enrollment in the study increased from 116 patients to a range of 125 - 140*

In March 2024, Sellas stated that REGAL had reached full enrollment and that the Steering Committee for REGAL, which is composed of AML specialists who have their own patients participating, believed that the

interim data analysis was "imminent"[5]. Given that the interim analysis is tethered to the 60th patient in the trial passing away, the timing for the interim data analysis has never been assigned a specific date. Although, with the company forecasting in the 10-K that the interim data analysis would likely occur near the end of Q1 '24 or in early Q2 '24, it can be ascertained that the passing of the 60th patient in REGAL and unblinding of the data by REGAL's Independent Data Monitoring Committee (i.e. 'IDMC') should occur very soon. This expectation is also corroborated by an atypical decision made by the IDMC at its most recent meeting in April. Typically, the IDMC will convene a few times per year in accordance with a schedule that was prescribed at the commencement of REGAL in February '21. However, at its April meeting, the IDMC chose to add a new/previously unscheduled meeting in June to review REGAL patient data as of the end of May '24, well in advance of what was to be its next meeting scheduled in September 2024[6]. While the trial's final data analysis (i.e. trial completion) is forecasted to occur at the end of '24, the Independent Data Monitoring Committee for REGAL possesses the capability to independently liaise with the FDA to recommend an early halt to the trial if they believe that the interim data provides overwhelming proof of efficacy/clinical benefit for patients. Therefore, while the current expectation calls for REGAL to conclude at the time of the final data analysis near the end of 2024, the potential for the interim data analysis to result in a quicker conclusion to the trial remains salient. If the trial data manages to reach or exceed its goal (n.b. pooled mOS of ~10.3 months), it can be reasonably assumed that Sellas will proceed to file for a BLA to commercialize GPS in AML.

Finally, in April 2022, several physicians petitioned SELLAS to approve an Expanded Access Program (i.e. 'EAP') whereby GPS could be prescribed to their AML patients who do not meet the eligibility criteria for the REGAL trial. SELLAS obliged this request and activated an EAP on the NIH's Clinical Trials portal in October 2022[7]. The EAP is intriguing because it indicates that physicians see a clear application for the drug and would like to adopt it for use in their treatment plans right away. It also bodes well for GPS chances at reaching commercialization, as an active EAP significantly enhances the likelihood for a Phase 3 drug to receive FDA approval. According to a study reviewing FDA regulatory decisions data from 2010 – 2016, 84% of drugs with an expanded access program received approval compared to a 76% rate of approval for drugs that did not[8].

SLS009

Overview

Sellas' second drug, SLS009, is being developed in collaboration with the Chinese biopharmaceutical company, GenFleet Therapeutics, the creator of a small molecule cyclin-dependent kinase 9 (i.e. 'CDK9') inhibitor called 'GFH009'. In March 2022, Sellas secured an exclusive licensing agreement with GenFleet for the commercialization rights to any/all therapeutic uses outside of China[9]. This agreement includes a co-development arrangement where the data from clinical trials run by GenFleet will be shared with Sellas and vice versa, so that the collaborators can utilize any trial data generated by their partner to apply for a BLA in the studied disease indication. To be clear, GenFleet is conducting several trials with GFH009 that can provide scientific evidence for SLS009 to be approved by American and European regulators. SLS009 is simply the

moniker applied to the drug by Sellas in order to distinguish between the development program as licensee and that of the licensor (n.b. GFH009).

CDK9 activity correlates negatively with OS in several hematological cancers and nearly a dozen solid cancers; therefore, cancer researchers believe that drugs which can inhibit CDK9 activity could prove to be highly effective as cancer therapies. Unfortunately, CDK9 drug development programs from across the competitive landscape have thus far proven to be rather disappointing with significant toxicity concerns/serious side effects hindering their viability. However, this is where SLS009 hopes to distinguish itself from competing CDK9 inhibitors as the clinical data generated thus far indicates that the drug has the potential to be more effective and considerably less harmful than other CDK9 inhibitors in development. The FDA has granted SLS009 Orphan Drug Product designations for Acute Myeloid Leukemia and Peripheral T-cell Lymphoma along with Fast Track designations for R/R AML and R/R Peripheral T-cell Lymphoma. Also, in December '22 the National Cancer Institute selected SLS009 for study as a part of its pediatric cancers 'PIVOT' program. This project is funded with research grants from NCI and could lead to an expansion of SLS009's clinical trial program in pediatric tumors[10].

Clinical Trials

Active

Preclinical – SLS009 National Inst. of Health PIVOT Program (Pediatric Tumors) – *NCT# n/a*
Ph. 1/2 – GFH009 for Relapsed/Refractory Peripheral T-cell Lymphoma – *NCT# n/a*
Ph. 1/2 – GFH009 combined with Brukinsa™ for Diffuse Large B Cell Lymphoma – *NCT# n/a*
Ph. 2a – SLS009 combined with Venetoclax & Azacytidine for Relapsed/Refractory Acute Myeloid Leukemia – *NCT04588922*

Completed

Ph. 1 – SLS009 for Relapsed and/or Refractory Hematological Malignancies – *NCT04588922*

Phase 2a 'SLS009 combination for R/R AML' Trial

The active Phase 2a trial for patients with relapsed or refractory (i.e. 'R/R') Acute Myeloid Leukemia is likely the most important SLS009 study being conducted at this time[11]. Refractory patients are in a dire situation as the 'frontline' treatment regimen that normally helps patients' immune systems to reach induction – whereby the cancer is beaten back and considered to be in complete remission – has failed to achieve the desired outcome. R/R AML patients are left with few treatment options and the prognosis is considered to be quite bleak. This trial began in June 2023 and, unlike the REGAL trial for GPS, Sellas has the capability to publish data from this trial as it progresses. In March and again in May of 2024, Sellas published encouraging preliminary data which showed that SLS009 was well-tolerated across all dosing cohorts of the Ph.2a trial with a toxicity profile that was consistent with Venetoclax+Azacytidine standalone treatment (n.b. Ven+Aza studied in combination with SLS009 for this study, considered to be BAT in R/R AML). All four

patients at the optimal dose level exhibiting the ASXL1 gene mutation, a relatively common occurrence in AML which leads to poor outcomes with BAT, achieved a complete remission[5, 12]. While this is a small sample size of data and will require further study for confirmation of efficacy in this setting, it should be remembered that R/R AML patients have failed to achieve a complete remission with the BAT in use and this indicates SLS009 potential as a transformative therapy in R/R AML. Sellas has applied for a patent around the ASXL1 mutation and SLS009 while honing the trial's focus around expanding the enrollment of patients exhibiting ASXL1 at the optimal SLS009 dose level. Finally, while there is still much research to be done, the ASXL1 mutation is frequently expressed across a variety of hematological and solid cancers, with >130,000 cancer patients expressing the ASXL1 gene mutation in the United States, alone[12].

Commercial Opportunity in AML

The immediate commercial opportunity for Sellas centers around the treatment of Acute Myeloid Leukemia, as the most advanced trials for each drug program happen to involve AML patients. Globally, ~77,000 individuals are diagnosed with AML each year and ~97% of AML patients express the WT1 antigen[13]. GPS could eventually be expanded in use to the frontline setting for treating newly diagnosed AML patients, as the mechanism of action does not conflict with the efficacy of other therapies (i.e. compliments other treatments) or present toxicity concerns. However, GPS would initially be utilized for patients in their first or second complete remission from AML, where the drug has been thoroughly studied and compiled data regarding efficacy. ~50-55% of AML patients reach CR1 while ~12-15% of patients reach CR2[13]. In a September 2022 presentation regarding Sellas' commercialization strategy for GPS in AML, GPS was noted to be the only WT1-targeted drug in a Phase 3 trial for AML at that time[14]. Therefore, success in REGAL would lead to a first-mover advantage for GPS as a WT1 AML therapy benefiting from the realization of 7-year/10-year monopolies which were bestowed when the FDA and EMA granted GPS 'Orphan Product' designations in AML. This presentation also estimated the annual AML CR2 population addressable by GPS to be ~8,700 patients and, while no indication as to pricing for GPS was given, it was noted that the most analogous BAT therapies currently utilized in the AML CR2 setting ranged in price from $171,000 - $541,000[14]. As for SLS009, the drug's most advanced area of study is for R/R AML patients, which represents ~30-35% of AML patients. Also, given that the recently published Ph2a SLS009 trial data yielded findings that the drug might offer particular benefits/synergies with R/R AML patients expressing the ASXL1 gene, it should be noted that each year there are >20,000 AML patients in the U.S. who are expressing this genetic mutation[12].

Financials *(as of 3/31/24)*

Like many clinical-stage biopharmaceutical companies, funding remains a perennial issue for Sellas. Typically, a company in this setting is left with two options for funding operational needs: raising capital via the issuance of additional shares in equity (n.b. dilutive to existing shareholders) or through the creation of strategic partnerships with other companies for the co-commercialization/licensing of the company's drug(s). Sellas secured a partnership with the Chinese pharmaceutical firm, 3D Medicines Inc., in December 2020 for

the development and commercialization of GPS in China (n.b. mainland territory) and this agreement calls for the payment of up to $202 million in royalties to Sellas following the achievement of various development and/or regulatory milestones by 3D Medicines (i.e. '3D') as well as a commercialization royalties representing approximately ten percent of any sales of GPS by 3D Medicines in mainland China. As of the EoQ1 '24, Sellas has received $10.5 million in milestone payments from 3D but this source of cashflow is currently in limbo as Sellas announced in December '23 that they initiated a binding arbitration process against 3D in the Hong Kong International Arbitration Centre, which adheres to the State of New York's statues around corporate law. After Sellas granted 3D's request in Q4 '22 to accelerate their development program around GPS and join the REGAL Ph.3 trial of GPS in AML by enrolling patients in mainland China, 3D instead proceeded to enroll candidates in Taiwan and withheld a $13 million milestone payment from Sellas. The Hong Kong International Arbitration Centre is expected to provide resolution sometime this year yet, at least for now, the 3D Medicines partnership cannot be counted on as a source of funding (n.b. the patients 3D enrolled in Taiwan are not included in the REGAL trial and this dispute does not impede REGAL's progress).

Furthermore, while Sellas has completed GPS trials in collaboration with Merck and Bristol Myers Squibb – utilizing GPS in combination with each company's current flagship drug (i.e. Keytruda™ and Opdivo™, respectively) – they have yet to secure a strategic partnership with either company. As for SLS009, the active Phase 2a trial in combination with venetoclax, which is patented by Abbvie and sold globally as Venclexta™, could provide a pathway to partnership in the event of proof of clinical efficacy. It should also be reiterated that the company is currently engaged with the life sciences investment banking firm Torreya Partners on exploring options for promoting shareholder value, so this is an area of weakness that the company is hoping to improve upon and change could come relatively soon. However, at least for the moment, the company is likely to source funds for continuing operations via equity issuances. In closing, a summary of the most recent capital details for the company:

- EoQ1 '24 Cash: ~$18.42 million; EoQ1 '24 Current Liabilities ~$14.44 million
- Q1 '24 Operating Cashflow ~$(10.76) million; FY23 OCF ~$(31.41) million
- Raised ~$8.2 million (net) & ~$18.5 million (net) on and 1/8/24 & 3/19/24, respectively.
- Share Count as of 5/13/24: 57,754,928 shares (basic).
- Warrants outstanding as of 3/31/24 include:
    - ~26,657,000 exercisable @ $0.75
    - ~13,029,000 exercisable @ $1.41
    - ~25,000 exercisable @ $3.30
    - ~309,000 exercisable @ $3.93
    - ~766,000 exercisable @ $5.40
    - ~2,000 exercisable @ $7.50

SWOT Analysis

STRENGTHS	WEAKNESSES
• Efficacy Signals from Clinical Data Accrued in GPS • GPS ≥3yr. Ahead of Competing WT1 Clinical Programs in AML • SLS009 Pioneering in CDK9 Design	• Pre-Revenue w/ negative Operating CF (i.e. "burning cash") • Dilutive Financing Strategy • 1 Partnership w/ Sellas as Licensor; in Arbitration for Non-Payment
OPPORTUNITIES	**THREATS**
• 7-10yr. Treatment Monopolies for GPS in AML, MPM & MM • SLS009 as a breakthrough therapy in a challenged CDK9 molecules landscape • Additional Commercial Partnerships	• Failure of Clinical Trial Program(s) • Emergence of Superior Competing Drug(s) • Deterioration of Shareholder Value via Equity Dilution • Risk of Illiquidity and/or Insolvency

Glossary

3D – 3D Medicines Inc.
AML – Acute Myeloid Leukemia
BAT – Best Available Therapies (i.e. prevailing treatments)
BLA – Biologics Licensing Application
CDK9 – Cyclin-dependent kinase 9 inhibitor (i.e. the drug's mechanism of action)
CR1 – First Complete Remission (n.b. in AML)
CR2 – Second Complete Remission (n.b. in AML)
EAP – Expanded Access Program
EMA – European Medicines Agency
FDA – Food & Drug Administration
GFH009 – GenFleet Therapeutics Name for the 'SLS009' Drug
GPS – Galinpepimut-S
MM – Multiple Myeloma
mOS – Median Value for Overall Survival (i.e. Patient Longevity)
MPM – Malignant Pleural Mesothelioma
OS – Overall Survival (i.e. Patient Longevity)
R/R – Relapsed and/or Refractory patient
SCT – Stem-Cell Transplant (i.e. A Therapy for AML Patients)
WT1 – Wilms Tumor 1 antigen

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