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## Company Overview

CEL-SCI is a Phase III development immunotherapy company with platform technologies that can potentially treat a variety of cancers and viral diseases. We believe that one must activate the immune system BEFORE radiation and chemotherapy, and even before surgery, to achieve the best results. CEL-SCI is conducting a Phase III trial of Multikine (Leukocyte Interleukin Inj.), its lead investigational new drug product, for the treatment of head and neck cancer, which accounts for about 6% of cancers globally and a \$6 billion market. Over 330 patients are already enrolled in this study. CEL-SCI is also testing Multikine with the U.S. Navy in HIV infected patients with HPV related diseases. The Company believes these indications are near term commercialization opportunities that address a \$700 million market for what has become a new epidemic in the HIV+ population. The National Institute of Allergy and Infectious Disease (NIAID) is collaborating with CEL-SCI on its investigational LEAPS technology to develop a treatment for pandemic influenza. CEL-SCI has development partnerships with Teva Pharmaceuticals (NYSE:TEVA), Orient EuroPharma of Taiwan, and Ergomed. The Company operates its own 75,000 sq. ft. manufacturing facility and produces Multikine for its clinical trials. When fully built out, this facility will have the capacity to supply about \$3 billion worth of Multikine annually. In October 2013, the Company filed an arbitration claim against its prior Phase III CRO for over \$50 million. A trial date of May 4, 2015 has been set.

### EQUITY OVERVIEW

NYSE MKT: CVM

Stock Price (January 8, 2015): \$0.71

52 Week Range: \$0.54 - \$1.90

Avg. Volume (90 day): 0.4 million shares daily

Shares Outstanding: 93 million

Market Cap: about \$65 million

Cash: Sept. 2014: \$9 million and \$7 million raised in October 2014

### UPCOMING MILESTONES

- ❖ Rapid increase in number of patients enrolled in Phase III clinical trial for head and neck cancer
- ❖ Trial for \$50 m arbitration against prior CRO
- ❖ Addition of more clinical sites for head and neck cancer trial, mostly in U.S. and Europe
- ❖ Full enrollment of 880 patients for head and neck cancer trial expected by end of 2015
- ❖ Completion of study funded and conducted by the U.S. Navy for peri-anal warts in HIV/HPV co-infected men and women in 2015
- ❖ Potential expansion of existing strategic partnerships and potential new partnerships

#### Disclaimer:

Except for historical information contained herein, the statements in this fact sheet are "forward looking" within the meaning of the Private Securities Litigation Act of 1995. A fuller discussion of CEL-SCI Corporation's risks and uncertainties are described in the Company's filings with the Securities and Exchange Commission, which should be reviewed in conjunction with this overview.

Multikine is the trademark that CEL-SCI has registered for this investigational therapy, and this proprietary name is subject to FDA review in connection with our future anticipated regulatory submission for approval. Multikine has not been licensed or approved for sale, barter or exchange by the FDA or any other regulatory agency. Similarly, its safety or efficacy has not been established for any use. Moreover, no definitive conclusions can be drawn from the early-phase, clinical-trials data involving the investigational therapy Multikine (Leukocyte Interleukin, Injection). Further research is required, and early-phase clinical trial results must be confirmed in the well-controlled, Phase III clinical trial of this investigational therapy that is currently in progress.

## Investment Highlights

### **Multikine Uses Immune System to Find and Target Cancer Tumors**

Tumors are generally invisible to the immune system. Multikine aims to make them visible, allowing the still intact immune system of untreated cancer patients to attack their own cancer. In the ongoing Phase III clinical trial Multikine is given as a first line of treatment before surgery, radiation and/or chemotherapy because that is when the immune system is strongest. The goal is to help the intact immune system kill the micro metastases that usually cause recurrence of the cancer.

### **Phase III Trial with FDA Orphan Drug Status for \$6 Billion Market**

Multikine has received Orphan Drug designation from the FDA for use as a neoadjuvant (before any other) treatment for head and neck cancer. A Phase III clinical trial is now in progress in 17 countries on 3 continents. About 6% of all cancers are head and neck cancers and about 600,000 new cases are diagnosed annually worldwide. In a Phase II clinical trial 12% of patients treated with Multikine had no remaining cancer cells on microscopic examination of the excised tumors (Timar et al., JCO 2005) and substantial improvement in survival was observed.

### **Treatment for New Epidemic in HIV Patients**

Human Papillomavirus (HPV) is the most common sexually transmitted virus. It can lead to cancer of the cervix, anus, head and neck and other regions. HPV has become an epidemic in the HIV infected population who, although they are living longer due to better anti-HIV treatments, still have weakened immune systems. We are developing Multikine to fight HPV in HIV-infected patients. Multikine treatment has been shown to lead to both elimination of HPV and reduction/elimination of lesions in HIV/HPV co-infected women with cervical dysplasia. Through a CRADA, the U.S. Navy is funding and conducting a study to treat peri-anal warts in HIV/HPV co-infected men and women. The peri-anal wart study may be the fastest way to obtain results for submission of a marketing application.

### **IP and Manufacturing Ready for \$3 Billion in Production**

CEL-SCI has composition of matter patent protection until 2024 in the U.S., Europe, China and Japan, with additional patents pending worldwide. The Company has its own full scale \$25 million manufacturing facility near Baltimore, which has passed inspection twice by a European Union Qualified Person.

### **Pandemic flu collaboration with NIAID (US government)**

Protection against drug resistant pandemic flu strains was published in 2013.