UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K/A

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): December 17, 2024

CARA THERAPEUTICS, INC. (Exact name of registrant as specified in its charter)

Delaware

001-36279

75-3175693

(state or other jurisdiction of incorporation)		(Commission File Number)	(I.R.S. Employer Identification No.)					
	0 Atlantic Street Suite 500 Stamford, CT principal executive offices)		06901 (Zip Code)					
	Re	gistrant's telephone number, including area code: (203) 406-3700						
Not applicable (Former name or former address, if changed since last report.)								
Check the appropriate box bel-	ow if the Form 8-K filing is intended to simultaneously	y satisfy the filing obligation of the registrant under any of the following	g provisions (see General Instruction A.2. below):					
Written communication	ns pursuant to Rule 425 under the Securities Act (17 Cl	FR 230.425)						
☐ Soliciting material purs	Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)							
☐ Pre-commencement co	Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))							
☐ Pre-commencement co	Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))							
		Securities registered pursuant to Section 12(b) of the Act:						
	itle of each class k, \$0.001 par value per share	Trading Symbol CARA	Name of each exchange on which registered The Nasdaq Capital Market					
Indicate by check mark wheth chapter).	er the registrant is an emerging growth company as de	efined in Rule 405 of the Securities Act of 1933 (§230.405 of this chap	oter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this					
Emerging growth company								
If an emerging growth compar the Exchange Act. □	ny, indicate by check mark if the registrant has elected	not to use the extended transition period for complying with any new	or revised financial accounting standards provided pursuant to Section 13(a) of					

Explanatory Note

This Amendment No. 1 to the Form 8-K (this "Amendment") amends the Form 8-K (the "Original Form 8-K") of Cara Therapeutics, Inc. (the "Company"), which was filed with the Securities and Exchange Commission (the "SEC") on December 18, 2024. This Amendment is being filed solely to correct formatting errors and omitted text resulting from the conversion to the Electronic Data Gathering, Analysis, and Retrieval system ("EDGAR"), of the investor presentation attached as Exhibit 99.2 to the Original Form 8-K.

Except as described above, this Amendment does not update or modify any other information presented in the Original Form 8-K and does not reflect events occurring after the Original Form 8-K's filing date of December 18, 2024

Cautionary Statement Regarding Forward-Looking Statements

Certain statements contained in this Current Report on Form 8-K regarding matters that are not historical facts are "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. Examples of these forward-looking statements include statements concerning the anticipated completion and effects of the proposed Merger and Asset Disposition and related timing, Tvardi's and the combined company's planned clinical trials and the timing for anticipated trial results, the potential of Tvardi's product candidates, the expected trading of the combined company's stock on the Nasdaq Capital Market, management of the combined company and other statements regarding management's intentions, plans, beliefs, expectations or forecasts for the future, and, therefore, you are cautioned not to place undue reliance on them.

Because such statements are subject to risks and uncertainties, actual results may differ materially from those expressed or implied by such forward-looking statements. These forward-looking statements are subject to a number of risks, including, among other things: the risk that the conditions to the closing of the Merger are not satisfied, including that the approval of the stockholders of Cara is not obtained on the timeline expected, if at all; uncertainties as to expenses associated with the Merger pending the closing of the Merger, risks related to the ability of Tvardi and Cara to correctly estimate and manage their respective operating expenses and expenses associated with the Merger pending the closing of the Merger; risks associated with the possible failure to realize certain anticipated benefits of the Merger, including with respect to future financial and operating results; the potential for the occurrence of any event, change or other circumstance or condition that could give rise to the termination of the Merger and any agreements entered into in connection therewith; the possible effect of the announcement, pendency or completion of the Merger or less of the combined company than is currently anticipated; risks related to the market price of Cara's common stock relative to the value suggested by the exchange ratio; unexpected costs, charges or expenses resulting from the Merger; the uncertainties associated with Tvardi's product candidates, as well as risks associated with the clinical development and regulatory approval of product candidates, including potential delays in the combined company's product candidates, as well as risks associated with the clinical development and regulatory approval of product candidates, including the ability of those trials to satisfy relevant governmental or regulatory requirements; the combined company's clinical trials to interied trials of the combined company's product candidates, including the ability of those trials to satisfy relevant governmental or regul

Additional Information and Where to Find It

In connection with the proposed transaction between Cara and Tvardi, Cara intends to file relevant materials with the SEC, including a registration statement on Form S-4 that will contain a proxy statement and prospectus. CARA URGES INVESTORS AND STOCKHOLDERS TO READ THESE MATERIALS CAREFULLY AND IN THEIR ENTIRETY WHEN THEY BECOME AVAILABLE BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION ABOUT CARA, TVARDI, THE PROPOSED TRANSACTION AND RELATED MATTERS. Stockholders will be able to obtain free copies of the proxy statement, prospectus and other documents filed by Cara with the SEC (when they become available) through the website maintained by the SEC at www.sec.gov. In addition, stockholders will be able to obtain free copies of the proxy statement, prospectus and other documents filed by Cara with the SEC by contacting Investor Relations by email at investor@caratherapeutics.com. Stockholders are urged to read the proxy statement, prospectus and the other relevant materials when they become available before making any voting or investment decision with respect to the proposed transaction.

Participants in the Solicitation

Cara and Tvardi, and each of their respective directors and executive officers and certain of their other members of management and employees, may be deemed to be participants in the solicitation of proxies in connection with the proposed transaction. Information about Cara's directors and executive officers, consisting of Helen M. Boudreau, Jeffrey L. Ives, Ph.D., Christopher Posner, Susan Shiff, Ph.D., Martin Vogelbaum, Lisa von Moltke, M.D., Ryan Maynard and Scott Terrillion, including a description of their interests in Cara, by security holdings or otherwise, can be found under the captions, "Security Ownership of Certain Beneficial Owners and Management," "Executive Compensation" and "Director Compensation" contained in the definitive proxy statement on Schedule 14A for Cara's 2024 annual meeting of stockholders, filed with the SEC on April 22, 2024 (the "2024 Cara Proxy Statement"). To the extent that Cara's directors and executive officers and their respective affiliates have acquired or disposed of security holdings since the applicable "as of" date disclosed in the 2024 Cara Proxy Statement, such transactions have been or will be reflected on Statements of Change in Beneficial Ownership on Form 4 filed with the SEC. Additional information regarding the persons who may be deemed participants in the proxy solicitation, including the information about the directors and executive officers of Tvardi, and a description of their direct and indirect interests, by security holdings or otherwise, will also be included in a registration statement filed on Form S-4 that will contain a proxy statement (and prospectus and other relevant materials) to be filed with the SEC when they become available. Investors should read the registration statement, proxy statement/prospectus and the other relevant materials when they become available before making any voting or investment decision with respect to the proposed transaction. These documents can be obtained free of charge from the sources indicated above.

Non-Solicitation

This Current Report on Form 8-K shall not constitute an offer to sell or the solicitation of an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such jurisdiction. No public offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit

No.	Description
2.1*	Agreement and Plan of Merger and Reorganization, dated December 17, 2024, by and among Cara Therapeutics, Inc., CT Convergence Merger Sub, Inc. and Tvardi Therapeutics, Inc. (incorporated by reference
	to Exhibit 2.1 to the Original Form 8-K)
<u>10.1</u>	Form of Cara Therapeutics, Inc. Stockholder Support Agreement, dated December 17, 2024 (incorporated by reference to Exhibit 10.1 to the Original Form 8-K).
<u>10.2</u>	Form of Tvardi Therapeutics, Inc. Stockholder Support Agreement, dated December 17, 2024 (incorporated by reference to Exhibit 10.2 to the Original Form 8-K)
<u>10.3</u>	Form of Lock-Up Agreement, dated December 17, 2024 (incorporated by reference to Exhibit 10.3 to the Original Form 8-K)
10.4*	Asset Purchase Agreement, dated December 17, 2024, by and among Cara Therapeutics, Inc. Cara Royalty Sub, LLC and Vifor Fresenius Medical Care Renal Pharma, Ltd. (incorporated by reference to Exhibit
	10.4 to the Original Form 8-K)
<u>99.1</u>	Joint Press Release of Cara Therapeutics, Inc. and Tvardi Therapeutics, Inc. issued on December 18, 2024 (incorporated by reference to Exhibit 99.1 to the Original Form 8-K)
<u>99.2</u>	Investor Presentation
104	Cover Page Interactive Data File (embedded within the Inline VDPL decument)

^{*} Exhibits and/or schedules have been omitted pursuant to Item 601(a)(5) or 601(b)(2) of Regulation S-K, as applicable. The registrant hereby undertakes to furnish supplementally copies of any of the omitted exhibits and schedules upon request by the SEC; provided, however, that the registrant may request confidential treatment pursuant to Rule 24b-2 under the Exchange Act for any exhibits or schedules so furnished.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CARA THERAPEUTICS, INC.

By: /s/ Ryan Maynard
Ryan Maynard
Chief Financial Officer

Dated: December 20, 2024





Proposed
Merger
Overview
December 18, 2024

Disclaimer and Forward-Looking Statements

This presentation and any accompanying oral commentary have been prepared by Tvardi Therapeutics, Inc. ("Tvardi") and Cara Therapeutics, Inc. ("Cara") for informational purposes only and to as such parties in making their own evaluation with respect to the potential combination (the "Proposed Merger") of a wholly-owned subsidiary of Cara with and into Tvardi and related transactions and for any other purpose. All statements contained in this presentation and the accompanying oral commentary, other than statements of historical facts, are forward-looking statements, including: statements about the combined company's expectations regarding the potential benefits, activity, effectiveness, and safety of its product candidates; the combined company's expectations with regat to the design and results of its research and development programs, preclinical studies, and clinical trials, including the timing and availability of data from such studies and trials; the combined company's preclinical, clinical, and regulatory development plans for its product candidates, including the timing or likelihood of regulatory filings and approvals for the combined company's product candidates; the combined company's expectations with regard to its ability to license, acquire, discover, and develop additional products candidates and advance such product candidates into, and successfully complete, preclinical studies and clinical trials; the potential market size and size of the potential patient populations for the combined company's product candidates and any future product candidates; the combined company's product candidates and any future product candidates; the combined company's business strategy; the combined company's future results of operations a financial position; the combined company's expectations with respect to future performance and anticipated financial impacts of the Proposed Merger; the satisfaction of closing conditions to the Proposed Merger and the timing of the completion of the Proposed Merger; including obta

Tvardi and Cara may not actually achieve the plans, intentions, or expectations disclosed in their forward-looking statements, and you should not place undue reliance on such forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements Tvardi and Cara make. The forward-looking statements in this presentation represent Tvardi's and Cara's views as of the date of this presentation. Tvardi and Cara anticipate that subsequent events and developments will cause their views to change. However, while Tvardi and Cara may elect to update these forward-looking statements at some point in the future, they have no current intention of doing so except to the extent required by applicable law. Except as required by law, neither Tvardi and Cara nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements in this presenta and the accompanying oral commentary. You should, therefore, not rely on these forward-looking statements as representing Tvardi's or Cara's views as of any date subsequent to the date of this presentation.

This presentation also contains estimates and other statistical data made by independent parties and by Tvardi and Cara relating to market size and growth and other data about the combined company's industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimate of the combined company's future performance and the future performance of the markets in which it will operate are necessarily subject to a high degree of uncertainty and risk.

This presentation contains trademarks, service marks, trade names and copyrights of Tvardi, Cara and other companies which are the property of their respective owners.

This presentation shall not constitute an offer to sell or the solicitation of an offer to buy these securities, nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.









Chris PosnerCEO, Cara Therapeutics

Merger of Tvardi and Cara Therapeutics

Tvardi, a clinical-stage biopharmaceutical company focused on the development of novel, oral, small molecule therapies targeting STAT3 to treat fibrosis-driven diseases with significant unmet need, intends to merge with Cara Therapeutics, Inc. (Nasdaq: CARA) Cara exploration of strategic alternatives initiated in July 2024 evaluating several potential merger candidates Supported by the Board of Directors of both companies and is subject to stockholder approval and other Overview customary closing conditions Combined company will focus on advancing the development of Tvardi programs Upon close, combined company is expected to be renamed "Tvardi Therapeutics, Inc." trading as Nasdaq: TVRD Merger expected to close in 1H:2025 · Pro forma company ownership: 83.0% Tvardi and 17.0% Cara, before giving effect to Tvardi financing **Transaction** · Combined company will be well capitalized including \$28 million from concurrent financing, combined with Summary Cara's anticipated cash at the closing of the merger Merger and combined financings would fund the company into the 2H:2026, well past multiple Phase 2 readouts in IPF and HCC (expected 2H:2025) and prepare programs for Phase 3 development Management & Tvardi management will operate pro forma company **Board** Combined Board of Directors to contain to contain six representatives from Tvardi and one from Cara







Imran Alibhai, PhD CEO, Tvardi Therapeutics

Targeting STAT3: Central Mediator of Fibrosis-Driven Diseases



Deep expertise in STAT3 biology

· Unlocking highly-validated, yet historically "undruggable" target within fibrosis-driven diseases



Potential to serve as a disease-modifying therapy in IPF1

- IPF models demonstrated reversal of fibrosis and restoration of lung function
- Phase 2 blinded data suggests encouraging trends in lung function



Well-positioned to differentiate therapeutic impact in HCC²

· Early signs of response in both mono- and combination therapy from completed and ongoing clinical trials



Multiple near-term data catalysts expected

- IPF Phase 2 unblinded data in H2:2025
- HCC Phase 1b/2 topline data in H2:2025
- TTI-109 IND³ submission planned for H1:2025

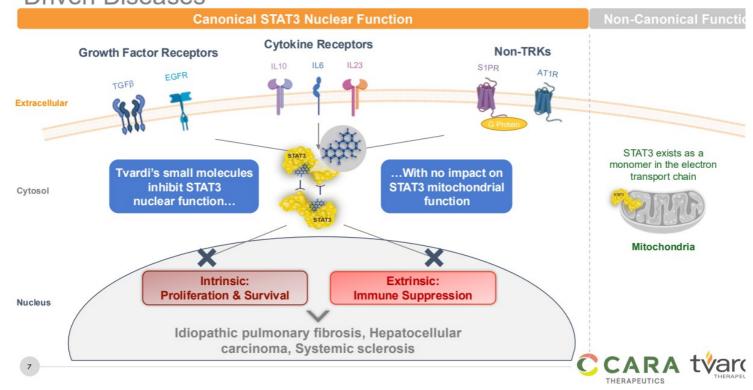


1. Idiopathic pulmonary fibrosis. 2. Hepatocellular carcinoma. 3. Investigational new drug.

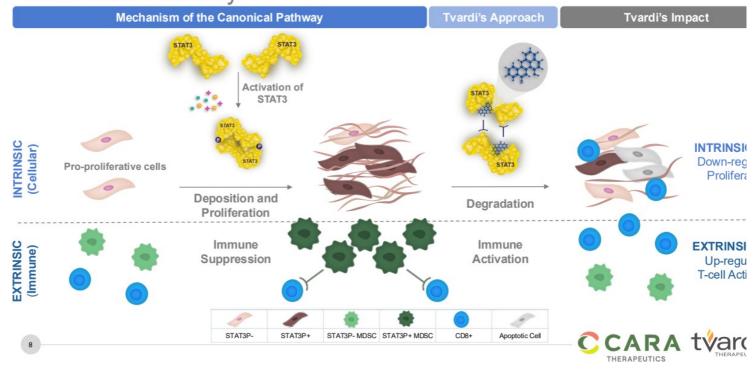




STAT3's Canonical Function Plays a Central Role in Fibrosis-Driven Diseases



The Dual Mechanism of Action of STAT3's Function in the Canonical Pathway



Seasoned Leadership: Deep R&D and Operational Expertise & Strong Existing Support

Management Team



Imran Alibhai, PhD CEO & Director DNAtrix SOLOMON

ALEXANDRIA Venture Investments MPM



Dan Conn, JD, MBA CFO SOLOMON Morgan Stanley



John Kauh, MD CMO HUTCHMED Lilly EMORY

Scientific Advisory Board



Ron DePinho, MD Founder & Advisor

Keith Flaherty, MD Advisor (Oncology)























Board of Directors

Sujal Shah Chairman





Michael Wyzga Director





Shaheen Wirk, MD Director





Wallace Hall Director





Existing Investors

9



Lisa Lancaster, MD Advisor (IPF)

Jeff Swigris, DO Advisor (IPF)























Our Pipeline

Program	Indication	Discovery & Preclinical	Phase 1	Phase 2	Phase 3	Anticipated Milestone
TTI-101	revert Idiopathic Pulmonary Fibrosis	Phase 2				H2:2025 Phase 2 data
TTI-101	revert Hepatocellular Carcinoma	Phase 1b/2				H2:2025 Phase 1b/2 topline data
TTI-109	Fibrosis-driven Disease ¹					H1:2025 IND submission









TTI-101 in IPF

IPF Unmet Need Represents a Large Commercial Opportunity



- IPF is a rare, chronic, interstitial lung disease characterized by inflammation, progressive fibrosis, and lung dama
- · Patients with IPF have a poor prognosis, poor quality of life, and are at a higher risk of early mortality



Prevalence ~150K in US1

Incidence ~50K in US¹ Survival Median <5 years² from time of diagnosis











High unmet need remains, even with two FDA approved drugs, Ofev® (nintedanib) and Esbriet® (pirfenidone)

Peak Sales³

- Neither reverse / halt clinical decline: both only slow the progression of disease
- Only ~25%⁴ of US IPF patients initiate standard of care
 - Estimated >40% of patients discontinue therapy⁴

We believe there is a significant commercial opportunity for a differentiated IPF treatment

1. Raghu, G., Weycker, D., Edelsberg, J., Bradford, W. Z., & Oster, G. Incidence and prevalence of idio pathic pulmon ary fibrosis.

American journal of respiratory and critical care medicine, 174(7), 810–816 (2008). https://doi.org/10.1168/rccm.200602-163.0C

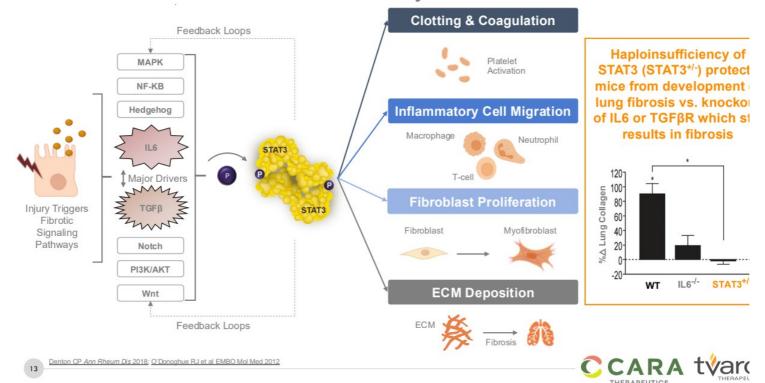
2. Du, K., Zhu, Y., Mao, R. et al. Medium-long term prognosis prediction for idiopathic pulmonary fibrosis patients based on more predictive analysis of fibrotic lung volume. Respir Res 23, 372 (2022). https://doi.org/10.1188/s12931-022-02276-3

3. Based on \$3.88 in sales of Ofev and \$1.18 in sales of Eabriet from Boehrin Medical Control Patients and State (1922). A propriet of the program of the predictive from Interval Patients and Patients

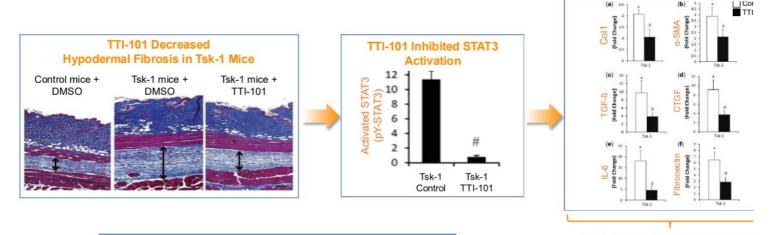
2 4. Dempsey, T. M., Payne, S., Sangaraligham, L., Yao, X., Shah, N. D., & Huger, A. H. (2021). Adoption of the Antifibrotic Medications Pifenidone and Nintedanib for Patients with Jdopa the Pulmorary Fibrosis. Arnals of the American Thoracc Society, 18(7), 1121–1128. https://doi.org/10.1513/AnnahATS.202007-9010C



STAT3 Activation is a Central Catalyst in the Fibrotic Cascade



TTI-101 Inhibited Activation of STAT3 and Key Pro-fibrotic Mediators in Sclerosis



Results from this GEM model with TTI-101 also replicated in a chemically induced skin fibrosis model

These mechanisms are individual targeted in clinical trials; TTI-101 observed to down-regulat all factors simultaneously via STAT inhibition

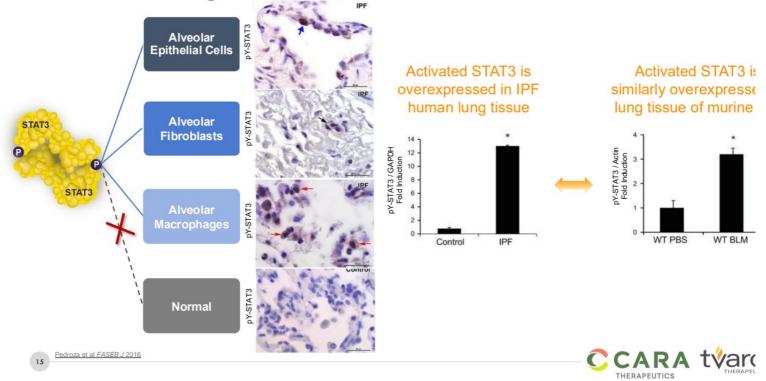
TTI-101 Inhibited Profibrotic Mediator



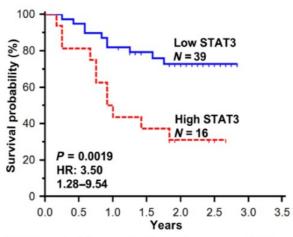
Pedroza et al Rheum 2017; Tight skin (Tsk-1) mice spontaneously develop fibrosis as a result of a duplication in the fibrillin-1 gene



STAT3 is Activated in Major Compartments of IPF-Affected Mouse and Human Lung Tissue



STAT3 Correlates with High Mortality in IPF Patients

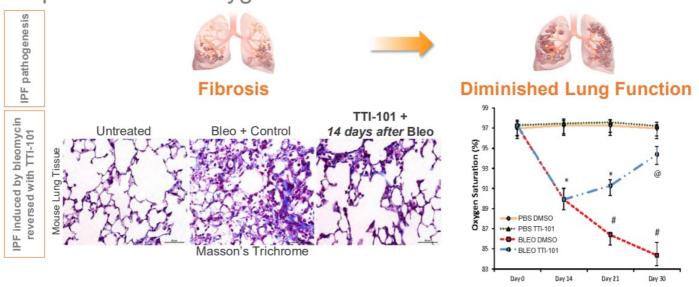


IPF Transplant-free survival over the course of 3.5 years post-diagnosis in a cohort of patients (n=55) based on STAT3 expression. Activated STAT3 (pSTAT3) induces the expression of STAT3 transcript.

Celada et al Sci Transl Med 2018



Reduction of Lung Fibrosis and Statistically Significant Improvement of Oxygen Saturation Observed with TTI-101



^{*}TTI-101 dosed therapeutically 14 days after bleomycin (Bleo) induction of fibrosis; whereas, most experimental therapeutics are dosed prophylactically to demonstrate an effect of fibrosis





Mechanistic Data Revealed TTI-101 Down-regulated Deposition (Injury) and Up-regulated Degradation (Repair) **IPF** Injury Repair IPF+ ↑ Deposition ↓ Degradation **↓ Deposition** ↑ Degradation Clotting & coagulation ↓ T-cell responses ✓ Attenuation of clotting & ✓ Induce T-cell maturatio ↑ Immunomodulation coagulation and activation

✓ Reverse fibroblast activation

✓ Reverse ECM deposition

✓ Induce cytotoxic effect

of NK- and T-cells

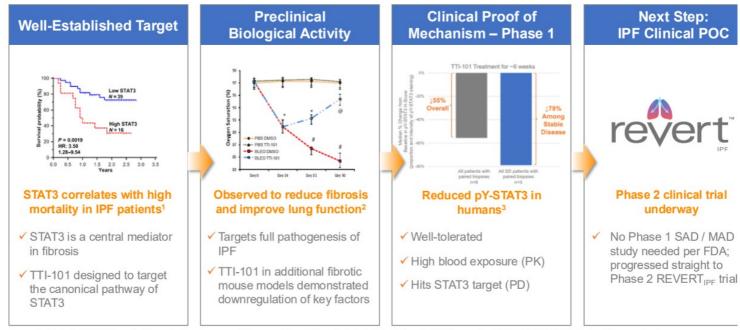
CARA tvarc

THERAPEUTICS

↑ Fibroblast proliferation

↑ ECM deposition

TTI-101 is Designed to Address the Unmet Need in IPF



1. Celada et al 2018. IPF Transplant-free survival over the course of 3.5 years post-diagnosis in a cohort of patients (n=55) based on STAT3 expression. Activated STAT3 (pY-STAT3) induces the expression of STAT3 transcript. 2. Pedroza et al FASFR. J 2016. 3. Tsimberidou 2024 accepted in Clin Cancer Research. 8/10 patients had elevated pY-STAT3 at baseline; elevated pY-STAT3 defined as H-score >30 on a 0-300 scale.



THERAPEUTICS

REVERT_{IPF}: Double Blind Randomized Phase 2 Study of TTI-101





- Oral dosing (BID)
- 12-week double blind, randomized, placebo-controlled study
- · Alone or in combination with nintedanib
- · Enrollment of mild and moderate IPF subjects
- 1º & 2º Objectives: Safety & PK
- Exploratory Objectives:
 - Phase 3 endpoints: △FVC, △DLCO, HRCT, 6MWT
 - Biomarkers

Early blinded clinical data has demonstrated encouraging trends





Key Takeaways: TTI-101 in IPF

STAT3: Well-Established Biology

Compelling and validated target → central mediator in fibrosis

Differentiated Approach

Driving inhibition of STAT3 activation to address both IPF disease pathologies (downregulating deposition and upregulating degradation)

Clinical PoC Underway

REVERT_{IPF} Phase 2 trial ongoing with clinically relevant endpoints and collection of STAT3-mediated biomarkers

Near-Term Clinical Milestones

Results from ongoing Phase 2 REVERT_{IPF} t expected in H2:2025



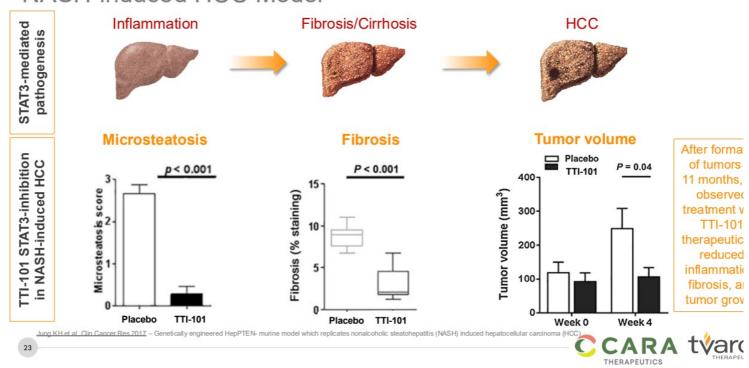






TTI-101 in HCC

TTI-101 Reversed Multiple Pathogenic Steps of Liver Cancer in a NASH-induced HCC Model



Phase 1 Clinical Trial: TTI-101 Monotherapy Led to Durable Partial Responses in Fibrotic Tumors

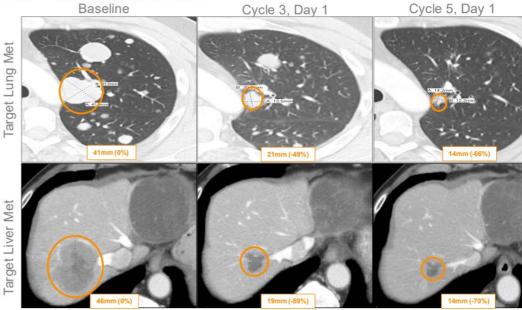
Baseline Cycle 3, Day 1 Cycle 5,

Partial Responder A: HCC

- Failed sorafenib, pembro, nivo, nivo+bev
- Best Response: 42%
 Reduction in Sum of Targets Overall
- Sustained PR for 10 months

Partial Responder B: HCC

- · Failed lenvatinib, nivo
- Best Response: 66%
 Reduction in Sum of Targets Overall
- · Sustained PR for 14 months





Tsimberidou et al 2023

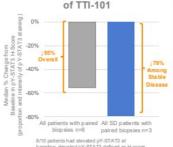


Phase 1: TTI-101 Monotherapy Clinical Trial Summary

PK / PD

- Exposures in humans above the level required for efficacy in preclinical oncology and fibrosis models
- Linear PK from DL1-3
- C_{min} above the IC_{90} for STAT3 induced growth
- · Exposure plateaued at DL3, resulting in a RP2D of 12.8mg/kg/day
- · 100% of patients with elevated pY-STAT3 levels at baseline demonstrated decrease within ~6 weeks of TTI-101 therapy
- 55% decrease in pY-STAT3 overall; 79% in SD

Paired Biopsies after ~6 weeks of TTI-101



Tolerability

- Well-tolerated BID oral dosing
- No DLTs

TRAEs Occurring in >10% of Patients

Formulation	F1 N=15		F2 N=47		F3 N=7**	
Grade, n (%)	G1/2	G3	G1/2	G3	G1/2	G3
Diarrhoea	3 (20)	3 (20)	16 (34)	6 (13)	2 (29)	0 (0)
Nausea	4 (26)	0 (0)	6 (13)	1 (2)	0 (0)	1 (14)
Fatigue Flevated	6 (40)	0 (0)	4 (8)	0 (0)	0 (0)	0 (0)
ALT/AST***	1 (7)	1 (7)	1 (2)	4 (8)	1 (14)	1 (14)
Dose reduction	ose reduction 3 (20)		2 (4)		0 (0)	
Dose discont. 0 (0)		(0)	2 (4)		0 (0)	

"Most severe AE counted per subject by grade (G1/2=grade 1 or 2, G3=grade 3) "15 subjects started on F2 and transitioned to F3 ""Elevated alanine aminotransferase/aspartate aminotransferase (ALT/AST) is the sum of elevated ALT and AST events

Biological Activity

- Enhanced biological activity in fibrotic cancers with ORR that exceeds current standard of care in HCC
- · Current expected ORR in 2L HCC is <5%

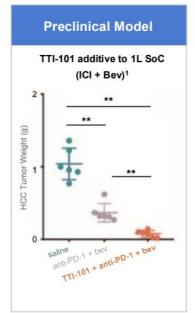
Best Overall Response Among HCC Patients, N=17

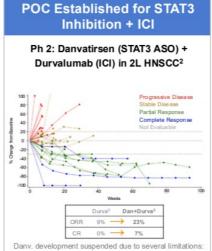


<u>Tsimberidou et al 2023</u>; SD: Stable Disease; TREAE: Treatment related adverse events; F1-3: Formulation 1-3



Strong Rationale for Combo Therapy with STAT3 TTI-101





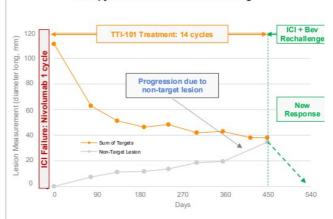
Observed AEs: Thrombocytopenia and transaminitis

· Onerous dosing: IV 3x week 1 then Q weekly

 Poor PD: Inhibition of STAT3 occurred only in stroma/TME, not in tumor



Sum of Tumor Responses After ICI Failure, On TTI-101
Therapy and After ICI+Bev Rechallenge⁴



THERAPEUTICS

1. Adapted from Zhao, Y et. al. Hepatology 2021; 2. Cohen et al 2018; 3. Siu et al 2019.; ICI: Immune Checkpoint Inhibition; Bev: Bevacizumab. Certain data on this slide are based on cross study comparisons and are not based on any head to head clinical trials. Cross study comparisons are inherently limited and may suggest misleading similarities and differences. The values shown in the cross study comparisons are directional and may not be directly comparable. 4. Tsimberidou et al 2024 accepted in Clin Cancer Research





TTI-101 is Designed to Provide a Distinct and Synergistic Mechanism for Unmet Need in HCC

HCC Disease Overview

- HCC is 3rd leading cause of cancer deaths in the world¹
- Annually in the US, >42,000 new cases of HCC and ~32,000 deaths recorded²
- Incidence has more than tripled since 1980³

Overview of Current Treatment Landscape + Role of TTI-101



1. World Health Organization (WHO); 2. WHO US Statistics; 3. American Cancer Society, 4. Represents range of ORRs from previous studies (MORPHEUS, Tempest, IMBrave150). 5. Listed 2nd line ORR expected to be <5% as 2nd line therapies inhibit VEGF/angiogenesis as common mechanism with bevacizumab and pembrolizumab (anti-PD-1) has common mechanism with atezolizumab (anti-PDL-1).

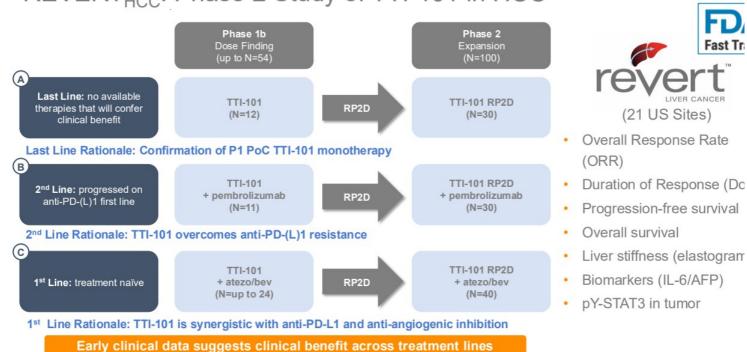
CARA tvarc

THERAPEUTICS



REVERT_{HCC}: Phase 2 Study of TTI-101 in HCC

28 NCT05440708





Key Takeaways: TTI-101 in HCC

STAT3: Well-Established Biology

STAT3 long recognized as prime target in oncology; >95% of patients with HCC have activated STAT3 in their tumors

Differentiated Approach

Inhibition of STAT3
activation to have dual
therapeutic effect on cancer
cells – overcoming
tumorigenesis and immune
suppression

Clinical PoC Underway

REVERT_{HCC} trial Phase 2 assessing activity in both monotherapy and combination therapy in areas of unmet need

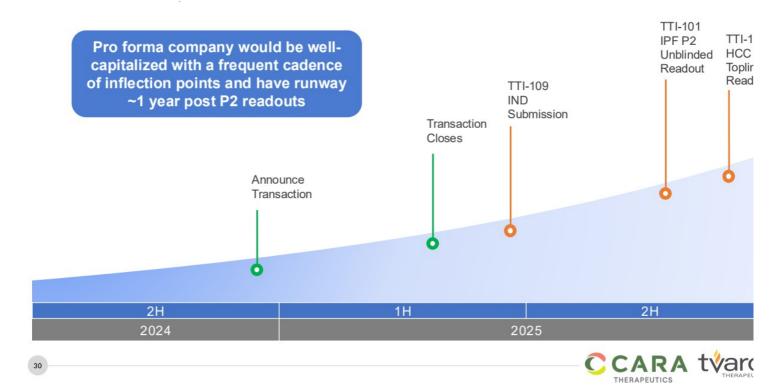
Near-Term Clinica Milestones

Topline results from ongoing Phase 2 REVERT_{HCC} trial expe in H2:2025





Near-Term Anticipated Value-Creating Milestones



Targeting STAT3: Central Mediator of Fibrosis-Driven Diseases



Deep expertise in STAT3 biology

· Unlocking highly-validated, yet historically "undruggable" target within fibrosis-driven diseases



Potential to serve as a disease-modifying therapy in IPF1

- IPF models demonstrated reversal of fibrosis and restoration of lung function
- Phase 2 Clinical PoC ongoing



Well-positioned to differentiate therapeutic impact in HCC²

· Evaluating both mono- and combination therapy from an ongoing clinical trial



Multiple near-term data catalysts expected

- IPF Phase 2 unblinded data in H2:2025
- HCC Phase 1b/2 topline data in H2:2025
- TTI-109 IND³ submission planned for H1:2025



1. Idiopathic pulmonary fibrosis. 2. Hepatocellular carcinoma. 3. Investigational new drug.



