UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

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

July 20, 2019
Date of Report (Date of earliest event reported)

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

Delaware	**001-37939**	**45-4497941**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3200 Southwest Freeway **Suite 2240** **Houston, Texas**	**77027**
(Address of principal executive offices)	(Zip Code)

(713) 400-6400
Registrant's telephone number, including area code

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ 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:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.001 per share	MRKR	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, 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 the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

On July 22, 2019, Marker Therapeutics, Inc. (the "Company") hosted a live webcast featuring Brandon G. Smaglo, M.D., FACP, lead investigator and Assistant Professor of Oncology at the Baylor College of Medicine, Houston, Texas, and the Company's senior management to discuss interim results from an investigator-sponsored clinical trial led by Baylor College of Medicine evaluating the Company's MultiTAA therapy for the treatment of patients with pancreatic adenocarcinoma (the "Clinical Trial"). A copy of the slides presented during the webcast is furnished herewith as Exhibit 99.1 and is incorporated herein by reference.

The information in this Item 7.01 of this Current Report on 8-K (including Exhibit 99.1) is furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or subject to the liabilities of that section or Sections 11 and 12(a)(2) of the Securities Act of 1933, as amended. The information shall not be deemed incorporated by reference into any other filing with the Securities and Exchange Commission made by the Company, whether made before or after today's date, regardless of any general incorporation language in such filing, except as shall be expressly set forth by specific references in such filing.

Item 8.01. Other Events.

On July 20, 2019, the Company issued a press release announcing interim results from the Clinical Trial. A copy of the press release is attached hereto as Exhibit 99.2 and is incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Company Presentation, dated July 22, 2019.
99.2	Press release issued on July 20, 2019.

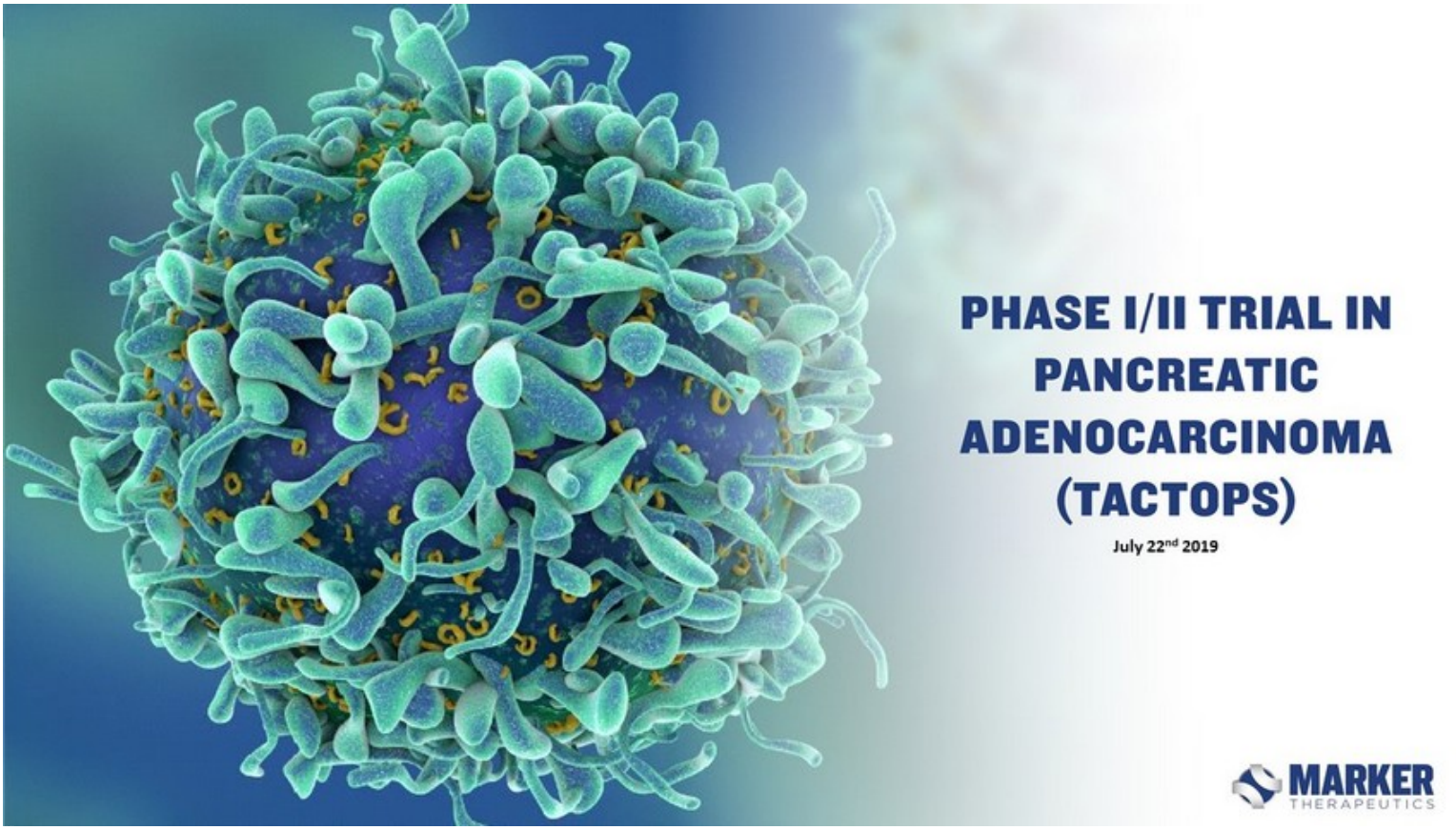
SIGNATURES

In accordance with the requirements of the Exchange Act, the registrant caused this report to be signed on its behalf by the undersigned, thereunto duly authorized on this 22nd day of July, 2019.

MARKER THERAPEUTICS, INC.
(Registrant)

By: /s/ Anthony Kim
Anthony Kim
Chief Financial Officer

Exhibit 99.1


PHASE I/II TRIAL IN
PANCREATIC
ADENOCARCINOMA
(TACTOPS)
July 22nd 2019
MARKER
THERAPEUTICS

FORWARD LOOKING STATEMENT

Certain statements contained herein are forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, and Section 27A of the Securities Act of 1933, as amended, that involve risks and uncertainties. All statements other than statements relating to historical matters including statements to the effect that we "believe", "expect", "anticipate", "plan", "target", "intend" and similar expressions, including without limitation statements relating to long-term stability, Marker Therapeutics Inc.'s ("Marker" or the "Company") plan of operations and finances, and the potential for the Company's vaccines and proposed clinical trials, should be considered forward-looking statements. Our actual results could differ materially from those discussed in the forward-looking statements as a result of a number of important factors, including factors discussed under the heading "Risk Factors" in the Company's periodic reports on Form 10-Q and 10-K. No representation or warranty (expressed or implied) is made as to, and no reliance should be placed on, the fairness, accuracy or completeness of the information contained herein. Accordingly, none of the Company, or any of its principals, partners, subsidiaries or affiliates, or any of such person's board members, officers or employees accepts any liability whatsoever arising directly or indirectly from the use of this presentation. Certain information set forth herein includes estimates, projections and targets and involves significant elements of subjective judgment and analysis, which may or may not be correct. No representations are made as to the accuracy of such estimates, projections or targets or that all assumptions relating to such estimates, projections or targets have been considered or stated or that such estimates, projections or targets will be realized. This presentation does not purport to contain all of the information that may be required to evaluate the Company and any recipient hereof should conduct its own independent analysis of the Company and the data and information contained herein. Any forward-looking statements are not guarantees of future performance and actual results may differ materially from estimates in the forward-looking statements. Unless otherwise stated, all information in this presentation is as of the date on the cover page of this presentation, and the Company undertakes no obligation to revise these forward-looking statements to reflect events or circumstances that arise after the date hereof.

This presentation is being distributed for information purposes only and is not intended to, and does not, constitute an offer, invitation or solicitation for the sale or purchase

Peter Hoang

President & Chief Executive Officer

SURVIVAL RATES HAVE NOT BEEN MEANINGFULLY IMPROVED IN THE LAST 40 YEARS

Trends in 5-year relative survival rates, US, 1975-2013

%	All races		
	1975-77	1987-89	2007-13
All sites	49	55	69
Brain & other nervous system	23	29	35
Breast (female)	75	84	91
Colon & rectum	50	60	66
Colon	51	60	65
Rectum	48	58	69
Esophagus	5	9	21
Hodgkin lymphoma	72	79	88
Kidney & renal pelvis	50	57	75
Larynx	66	66	63
Leukemia	34	43	64
Liver & intrahepatic bile duct	3	5	19
Lung & bronchus	12	13	20
Melanoma of the skin	82	88	94
Myeloma	25	27	51
Non-Hodgkin lymphoma	47	51	73
Oral cavity & pharynx	53	54	68
Ovary	36	38	47
Pancreas	3	4	9
Prostate	68	83	99
Stomach	15	20	31
Testis	83	95	97
Thyroid	92	94	98
Urinary bladder	72	79	78
Uterine cervix	69	70	69
Uterine corpus	87	82	83

Source: American Cancer Society Fact & Figures 2018

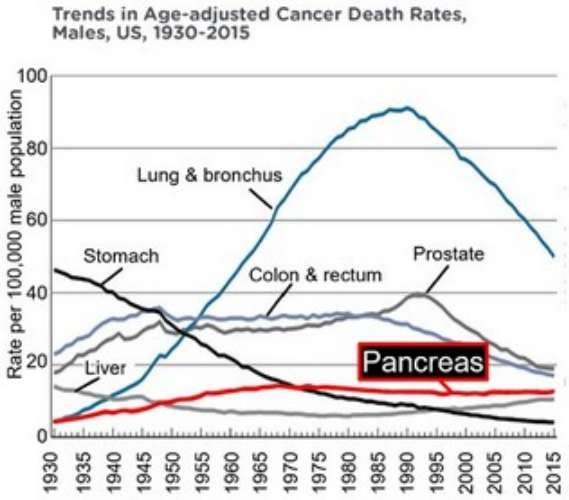
PANCREATIC CANCER REMAINS DEADLY AT EVERY STAGE...

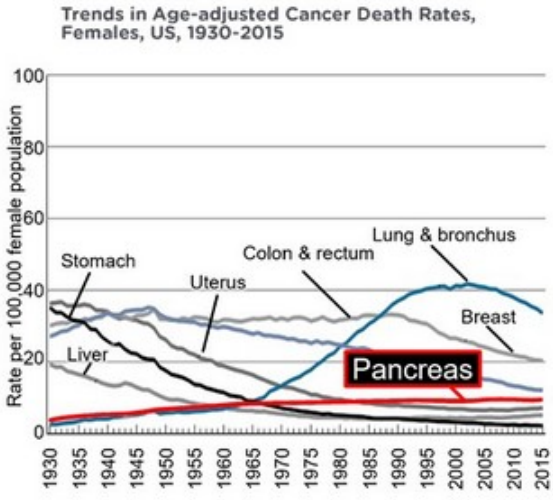
Five-year relative survival rates by stage at diagnosis, US, 2007-2013

	All stages	Local	Regional	Distant
Breast (female)	90	99	85	27
Colon & rectum	65	90	71	14
Colon	64	91	72	14
Rectum	67	88	70	15
Esophagus	19	43	23	5
Kidney	74	93	67	12
Larynx	61	77	45	34
Liver	18	31	11	3
Lung & bronchus	18	56	29	5
Melanoma of the skin	92	99	63	20
Oral cavity & pharynx	65	84	64	39
Ovary	47	93	73	29
Pancreas	8	32	12	3
Prostate	99	>99	>99	30
Stomach	31	67	31	5
Testis	95	99	96	73
Thyroid	98	>99	98	56
Urinary bladder	77	70	35	5
Uterine cervix	67	92	57	17
Uterine corpus	81	95	69	16

Source: American Cancer Society Facts & Figures 2018

...WHILE MORTALITY RATE REMAINS STAGNANT





Source: American Cancer Society Fact & Figures 2018

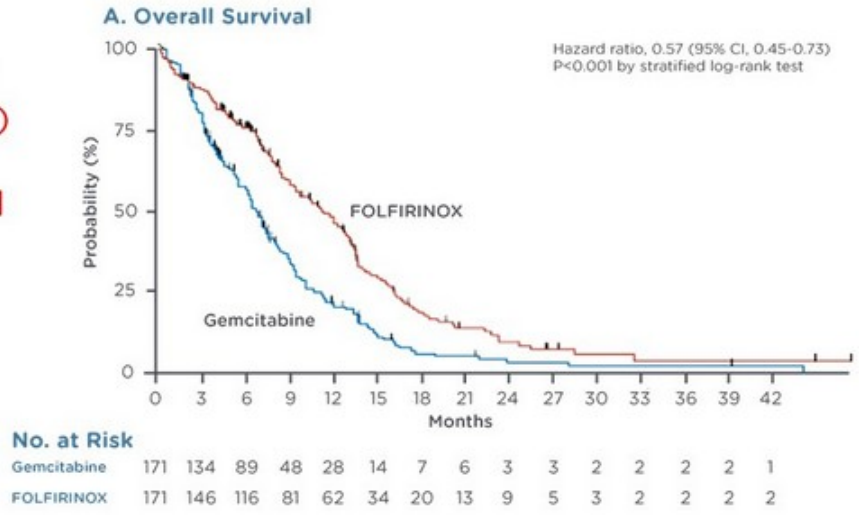
Brandon G. Smaglo M.D., FACP
Lead investigator and Assistant Professor of Oncology at Baylor College of Medicine

PANCREATIC CANCER: THERAPY REMAINS CHEMOTHERAPY

- Combination chemotherapy
  - Adjuvant: FOLFIRINOX or gemcitabine/capecitabine
  - Palliative: FOLFIRINOX or gemcitabine/nab-paclitaxel
- Side effects
  - Cumulative: fatigue, neuropathy, cytopenias
  - Repetitive: nausea, vomiting, diarrhea
  - Distressing: alopecia, cold-hypersensitivity

ACCORD-11: FOLFIRINOX GENERATES LONGEST OVERALL SURVIVAL BUT IS HIGHLY TOXIC

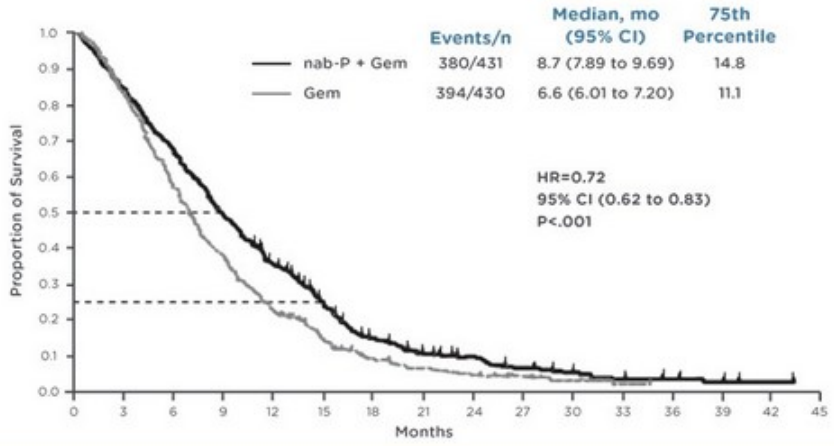
- All patients with metastatic pancreatic cancer
- FOLFIRINOX vs. gemcitabine
- FOLFIRINOX option for first line
- Median OS 11.1 months (vs. 6.8m) and ORR is 31.6% (vs. 9.4%)
- Median progression-free survival is 6.4 months



FIRST LINE THERAPY

MPACT: GEM-ABRAXANE GENERATES SHORTER OVERALL SURVIVAL BUT IS BETTER TOLERATED

- All patients with metastatic pancreatic cancer
- Gemcitabine/nab-paclitaxel vs. gemcitabine
- Gemcitabine/nab-paclitaxel option for first line
- Median OS 8.5 months (vs. 6.7m) and ORR of 23% (vs. 7%)
- Median progression-free survival is 5.3 months

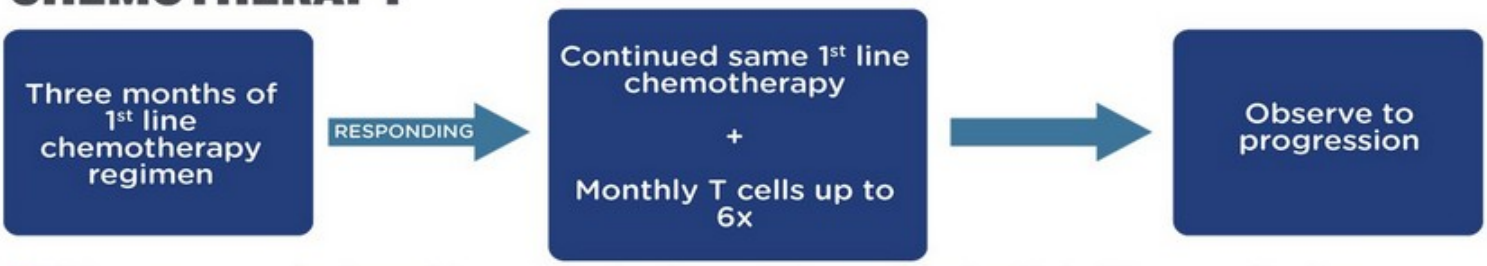


PHASE I/II PANCREATIC TRIAL (TACTOPS): 3 ARM STUDY

ARM	CANCER STATUS	ENROLLMENT CRITERIA	MULTITAA T CELLS	TREATED PATIENTS / TOTAL ENROLLMENT SLOTS
A	Advanced	Responding (SD or PR) to initial chemotherapy	Administered in conjunction with ongoing first line chemotherapy	10/15
B	Advanced	Failure of or intolerance to initial chemotherapy	Administered as second line monotherapy	6/15
C	Borderline Resectable	Effective neoadjuvant therapy	Administered in conjunction with ongoing adjuvant therapy	3/15

FIRST LINE THERAPY

ARM A: T CELLS AS FIRST LINE THERAPY + SOC CHEMOTHERAPY



- This arm was designed to evaluate the safety and potential efficacy of using MultiTAA cells as part of first-line treatment for patients with pancreatic cancer
- Eligible patients can have locally advanced unresectable or metastatic cancer
  - All evaluable patients in this arm have metastatic disease, except for patient #9 (patient #9 has locally advanced disease)
- First line chemotherapy can be FOLFIRINOX or gemcitabine/nab-paclitaxel
- Patients who respond to SOC chemotherapy generally do so in the first three months
  - MultiTAA therapy is initiated after 3 months to separate the responders likely to be driven by chemotherapy alone

FIRST LINE THERAPY

PANCREATIC PHASE I/II TRIAL (TACTOPS) ARM A HIGHLIGHTS

- 10 patients: 9 evaluable, 1 too early
- 3 confirmed objective responses (OR), out of 9 evaluable patients: 1 complete response (CR) and 2 partial responses (PR) after receiving MultiTAA cells
- 4 stable disease (SD): Notably, 2 patients within stable disease boundaries (+20%/-30%) saw reversal of tumor growth - tumors previously growing after chemotherapy alone showed shrinkage following administration of MultiTAA cells
- 1 mixed response: Some lesions increased and others decreased for a net zero change in size of tumor lesions
- Aggregate tumor volume shrinkage observed in 6 out of 8 evaluable patients with measured lesions after use of MultiTAA cells in combination with standard of care chemotherapy

ARM A: SUMMARY OF BEST OVERALL RESPONSE (RECIST)

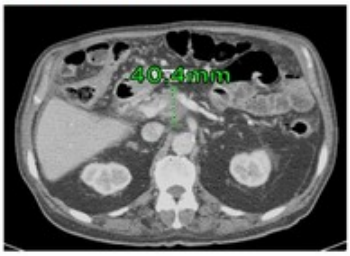
Patient	Chemotherapy Given	Best RECIST response on T cell Therapy
1*	gemcitabine/nab-paclitaxel	Partial response
2	FOLFIRINOX	Mixed response
3	FOLFIRINOX	Partial response
4	FOLFIRINOX	Stable disease
5	gemcitabine/nab-paclitaxel	Progression of disease
6	gemcitabine/nab-paclitaxel	Stable disease
7	FOLFIRINOX	Complete response
8	gemcitabine/nab-paclitaxel	Stable disease
9	FOLFIRINOX	Stable disease

Responses confirmed and completed by independent radiologist

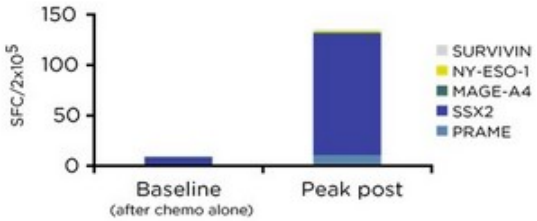
*Patient 1 was limited to 2 doses of T cells due to manufacturing limitations related to poor quality of initial blood draw

CLINICAL RESPONSE: PATIENT #1* - PARTIAL RESPONSE

Pre-Treatment



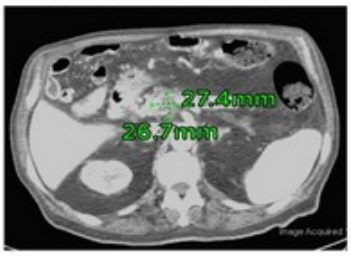
Targeted antigens



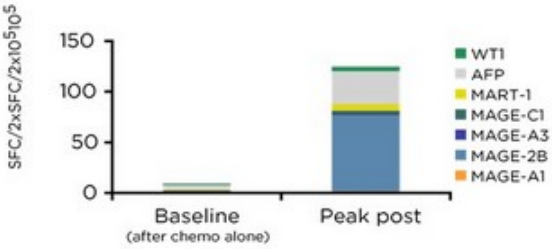
- Patient had very few T cells specific to MultiTAA targeted or non-targeted antigens at baseline
- Post infusion, MultiTAA T cell response is amplified

After T Cell Treatment (2m)

>30% reduction of index lesion



Non-targeted antigens

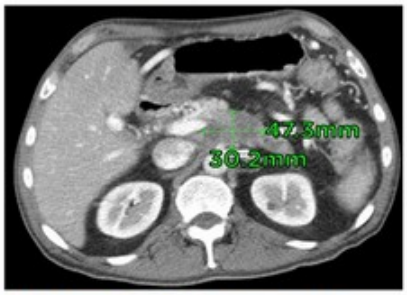


- Significiant epitope spreading occured to multiple non-targeted antigens post-infusion

*Patient 1 was limited to 2 doses of T cells due to manufacturing limitations related to poor quality of initial blood draw

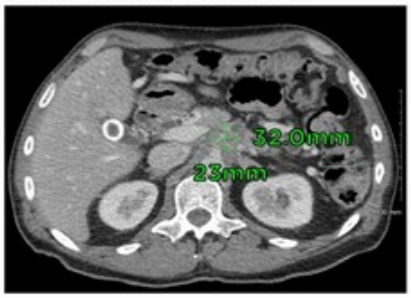
CLINICAL RESPONSE: PATIENT #3 - PARTIAL RESPONSE

Pre-Treatment

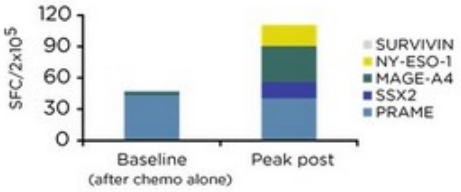


After T Cell Treatment (6m)

>40% reduction of index lesion

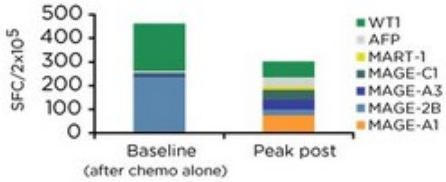


Targeted antigens



- Patient had a significant population of PRAME-specific cells at baseline, which may reflect tumor volume decrease prior to infusion of MultiTAA cells
- Significant expansion of T cells against targeted antigens occured after infusion

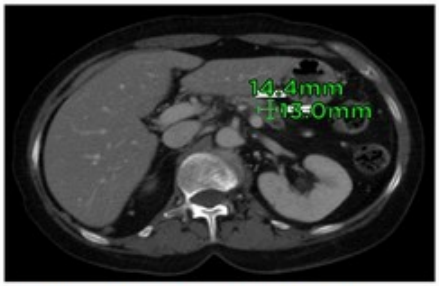
Non-targeted antigens



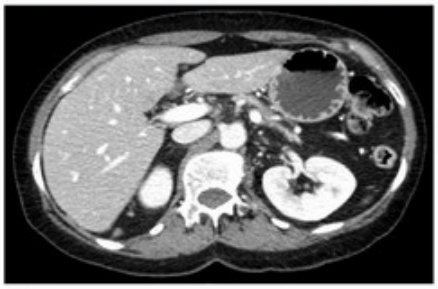
- Consistent with other high baseline patients in prior MultiTAA trials, we observed significant broadening of antigen spreading

CLINICAL RESPONSE: PATIENT #7 - COMPLETE RESPONSE

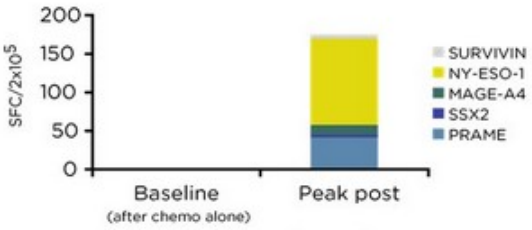
Pre-Treatment



After T Cell Treatment (6m)

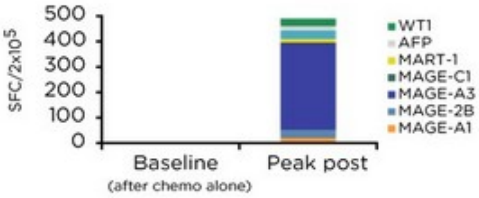


Targeted antigens



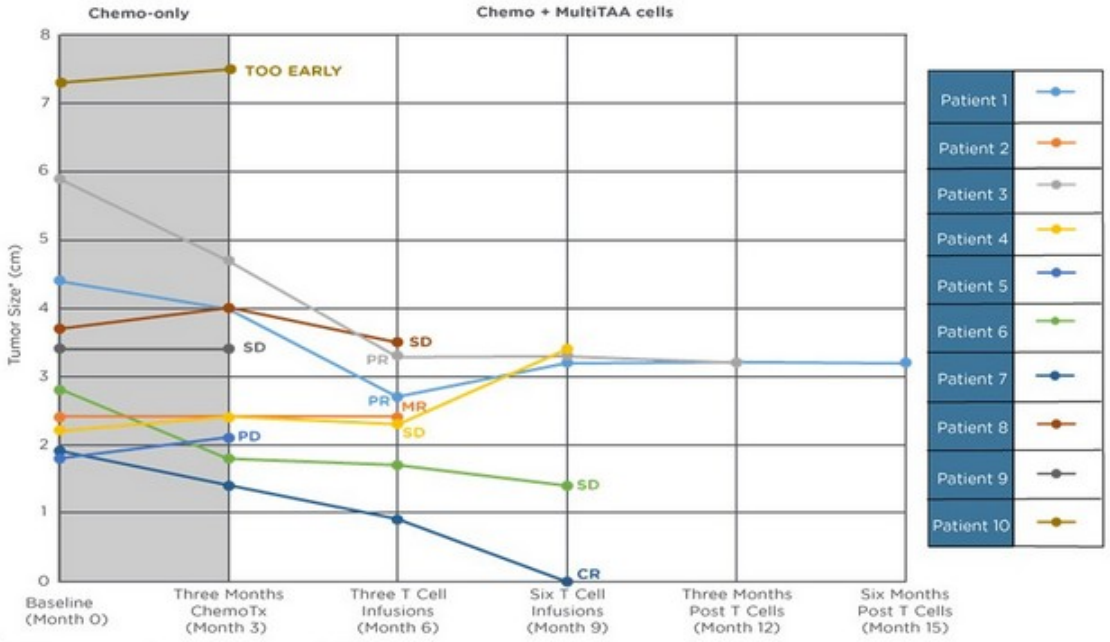
- Prior to infusion, patient had virtually no detectable T cells specific for targeted antigens
- Significant expansion of MultiTAA cells primarily directed to targeted antigens

Non-targeted antigens



- Virtually no T cells were detected specific to the queried non-targeted antigens
- Significiant epitope spreading occured to multiple non-targeted antigens post-infusion

SUMMARY OF AGGREGATE MEASURABLE TUMOR
ARM A PATIENTS



*Measurement represents sum of all lesions

Prior patient experience

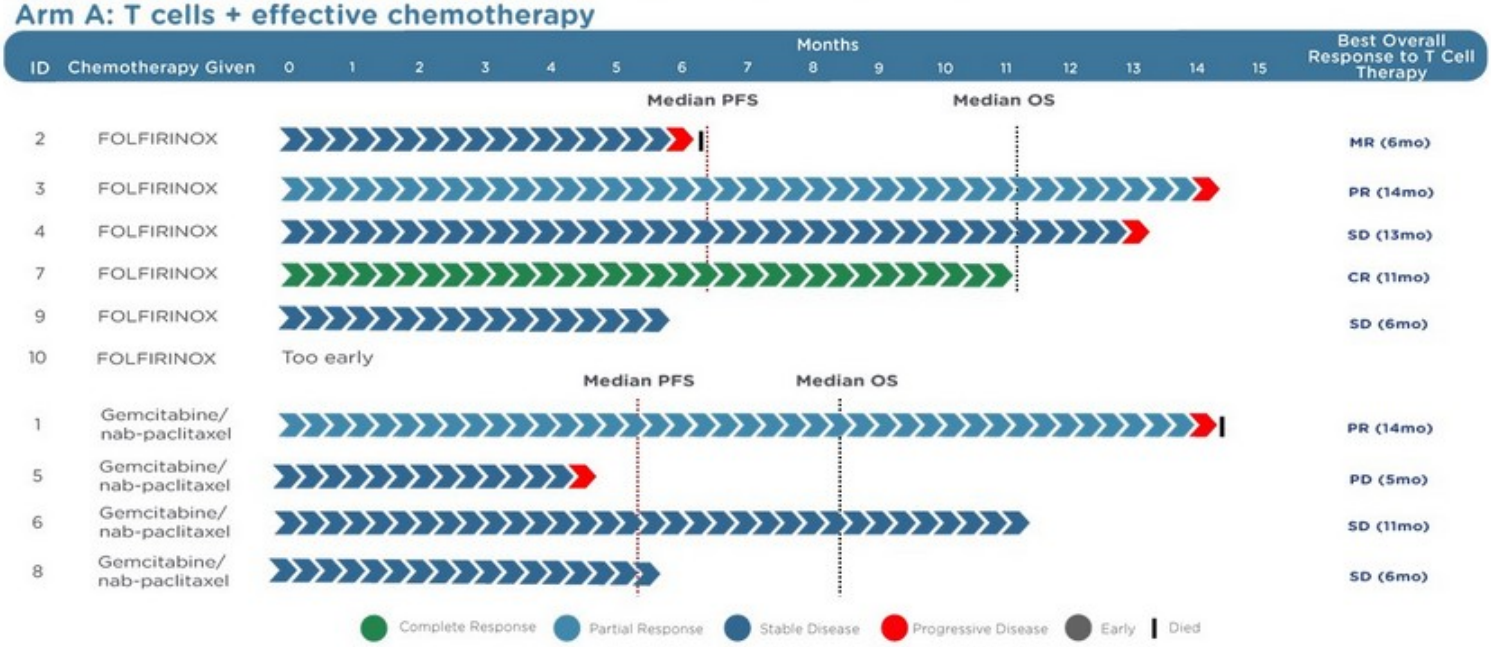
- Responses to chemotherapy typically occur in the first 3 months
- Therapeutic responses, to the extent seen, generally taper off or plateau after 3 months
- Once a tumor lesion begins to increase in size, ongoing chemotherapy is unlikely to slow or reverse progression

Unusual findings

- Three late objective responses (at 5 - 9 months)
- Two patients saw reversal of tumor lesion growth after administration of T cells
- Several patients experienced sustained or accelerated clinical benefit outside of the period where a response to chemotherapy would be expected (0-3 months)

PANCREATIC CLINICAL TRIAL OUTCOMES

Arm A: T cells + effective chemotherapy



Over half of the evaluable patients have met or exceeded their median survival expectation based on their respective chemotherapies; however, 7 of 9 remain patients alive

SECOND LINE THERAPY

ARM B: T CELLS AS SECOND LINE THERAPY

- Arm B explores the use of MultiTAA cells as a second line therapy for patients who fail first line chemotherapy:
  - Patients progressing after chemotherapy
  - Patients become intolerant to chemotherapy
- Patients who fail SOC are expected to progress rapidly and have an exceedingly short mOS, approximately 3 months
- MultiTAA cells are given as a monotherapy to these patients

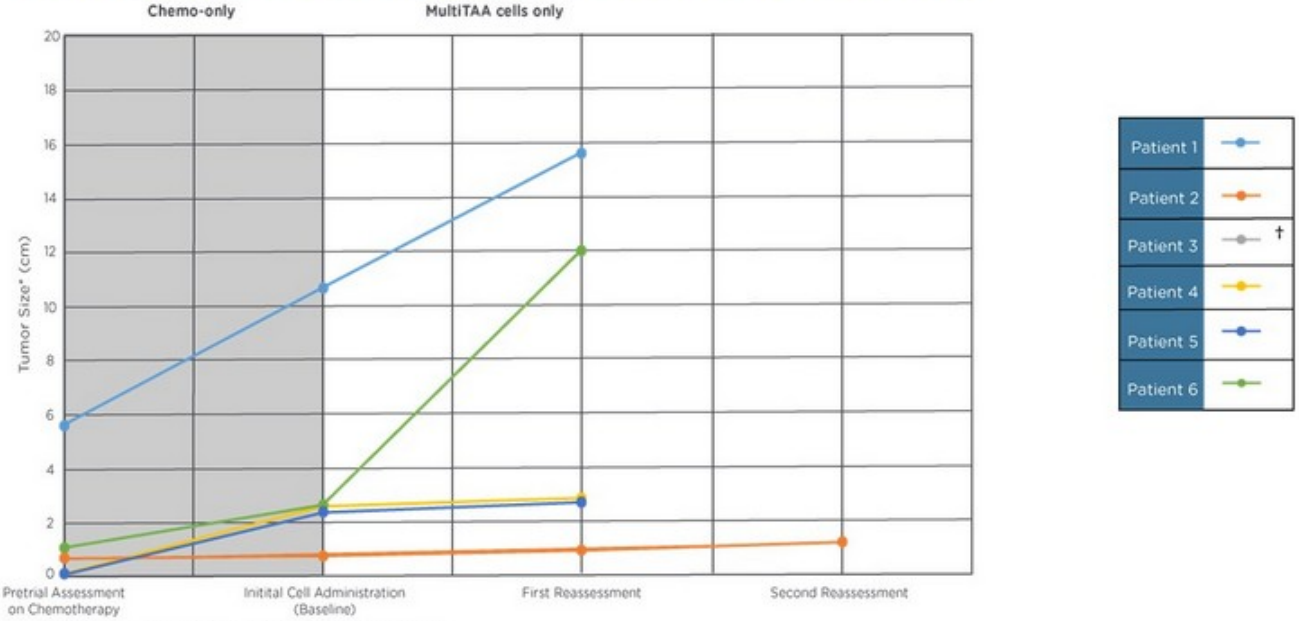
PANCREATIC PHASE I/II TRIAL (TACTOPS) ARM B HIGHLIGHTS

- 6 patients treated and evaluable
- 3 out of 6 patients achieved clinical disease stabilization, which can be considered medically significant in this setting
  - Results in this setting generally have a median overall survival of approximately 3 months
  - Notably, 2 patients who previously had progressive disease experienced clinical stabilization for 1-2 months after receiving MultiTAA cells as a monotherapy
    - Alleviation of prior symptoms and lack of toxicity (particularly compared to other therapies) delivered significant benefit for patients' quality of life factors, in addition to extending time to disease progression
  - The third stable disease patient has maintained SD for 7 months (ongoing) with MultiTAA cells alone

ARM B: SUMMARY OF BEST OVERALL RESPONSE (RECIST)

Patient	Best RECIST response on T cell therapy	Best clinical assessment
1	Progression of disease	**Clinically stable**
2	Stable disease	**Clinically well; off of any therapy**
3	(Not assessed)	Clinical decline
4	(Not assessed)	Clinical decline
5	Progression of disease	**Clinically stable**
6	Progression of disease	Clinical decline

TACTOPS
TUMOR MEASUREMENT: ARM B PATIENTS

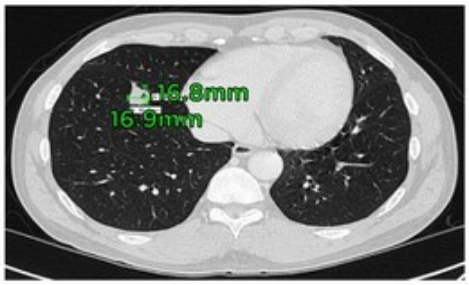


*Measurement represents sum of all lesions

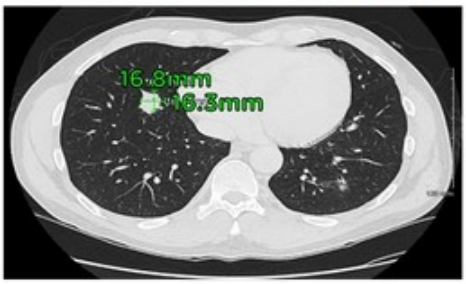
† Patient 3 progressed before tumor measurements could be taken

CLINICAL RESPONSE: PATIENT #2 - STABLE DISEASE

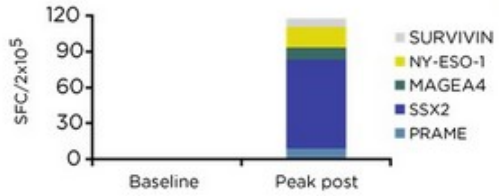
Pre-Treatment



After T Cell Treatment (6m)

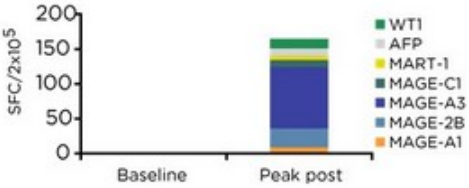


Targeted antigens



- Patient had a significant expansion of T cells specific to targeted antigens after infusion, versus very low numbers prior to MultiTAA therapy

Non-targeted antigens



- Virtually no T cells were detected specific to the queried non-targeted antigens prior to infusion
- Significant epitope spreading to multiple non-targeted antigens post infusion

PANCREATIC CLINICAL TRIAL OUTCOMES

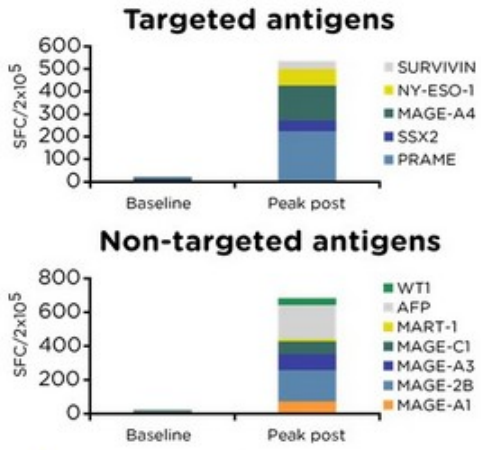
Arm B: T cells as second line therapy

Complete Response Partial Response Stable Disease Progressive Disease Early Died

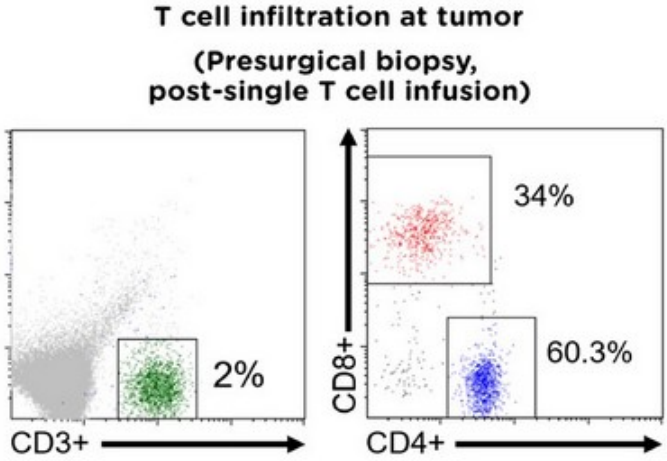
ARM C: SURGICAL ADJUVANT THERAPY

- Patients with surgically resectable disease are eligible for Arm C
  - One dose of MultiTAA cells prior to surgery
  - Resected tumor is analyzed for T cells
- Arm C is intended to primarily assess T cell infiltration and expansion
- Patients receive up to 5 additional doses of MultiTAA cells after surgery

CLINICAL RESPONSE: T CELL INFILTRATION, EXPANSION AND EPITOPE SPREADING



- Low baseline T cell count prior to infusion
- Post infusion, MultiTAA T cell response is amplified for targeted antigens, particularly for PRAME, MAGE-A4 and NY-ESO-1
- Significant epitope spreading to multiple non-target antigens

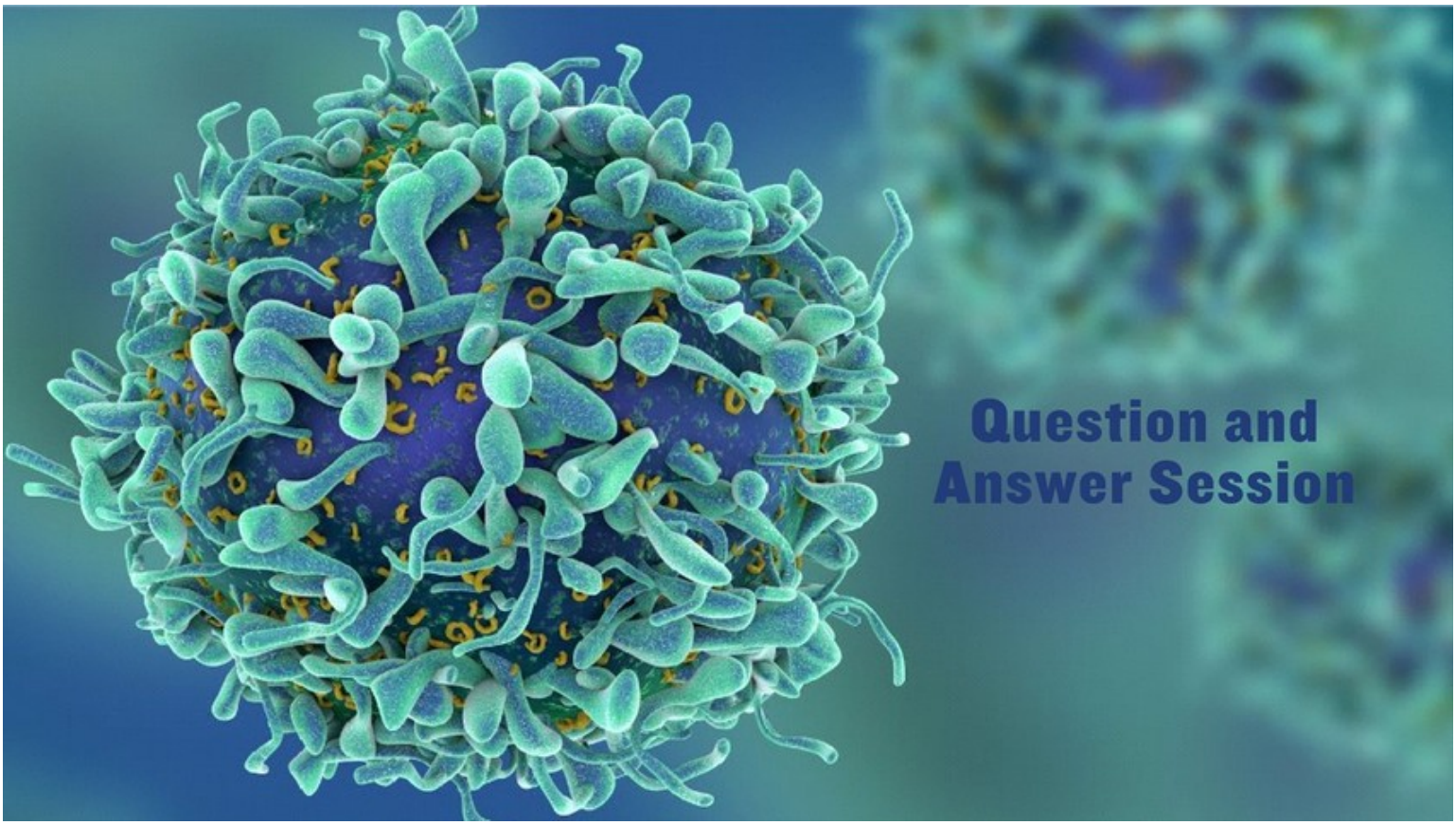


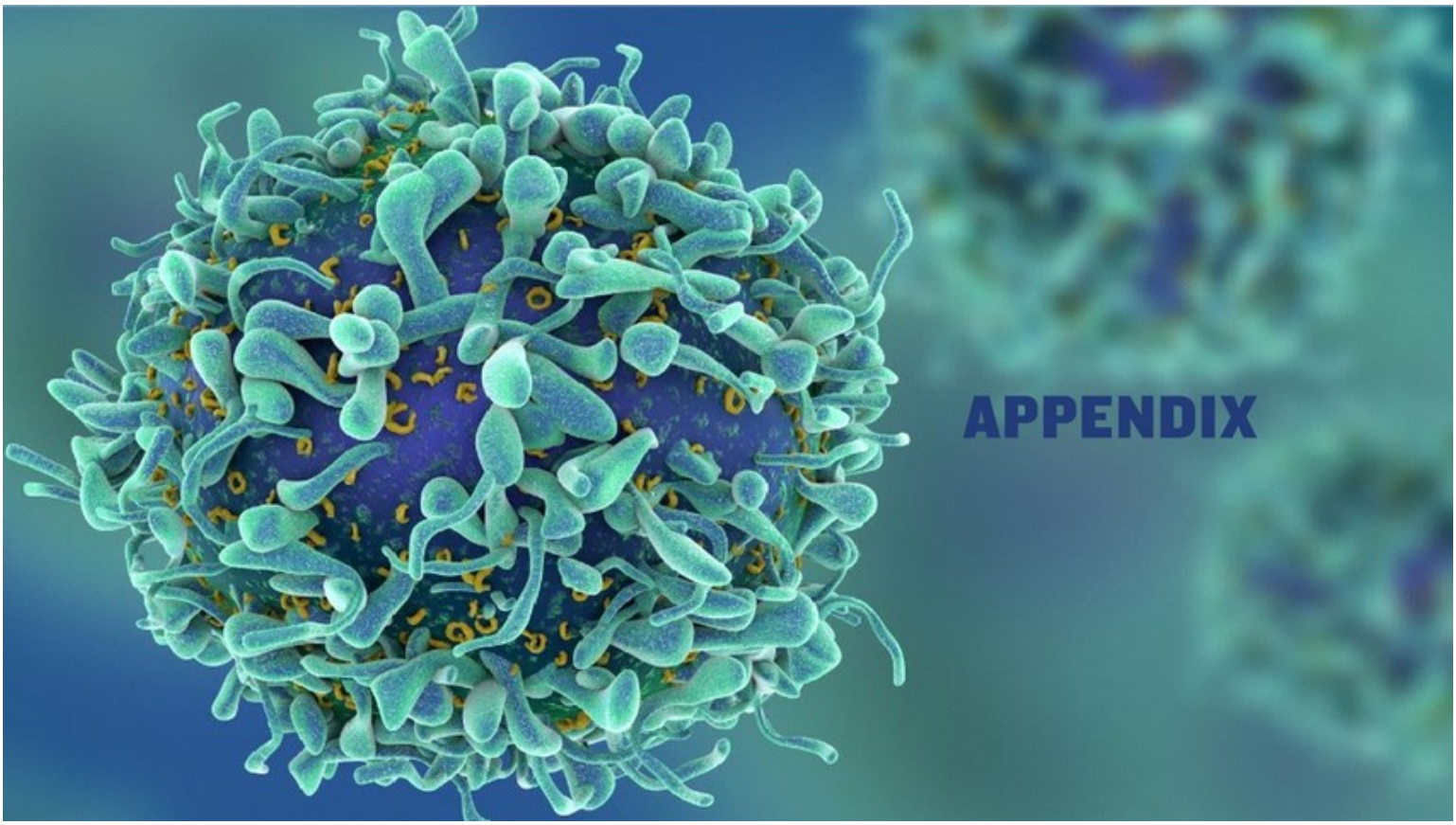
- Post single T cell infusion, patient was found to have moderate T cell infiltration (both CD4 & CD8)

PANCREATIC CLINICAL TRIAL OUTCOMES

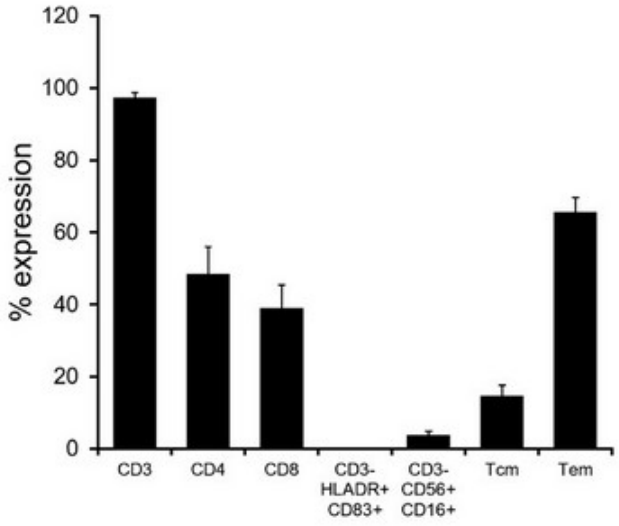
Arm C: Surgical adjuvant therapy

Stable Disease Progressive Disease

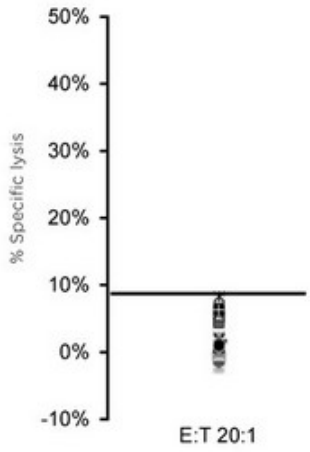

Question and
Answer Session


APPENDIX

PROFILE OF MULTITAA-T CELLS



Phenotype



Safety

MULTITAA T CELL SPECIFICITY

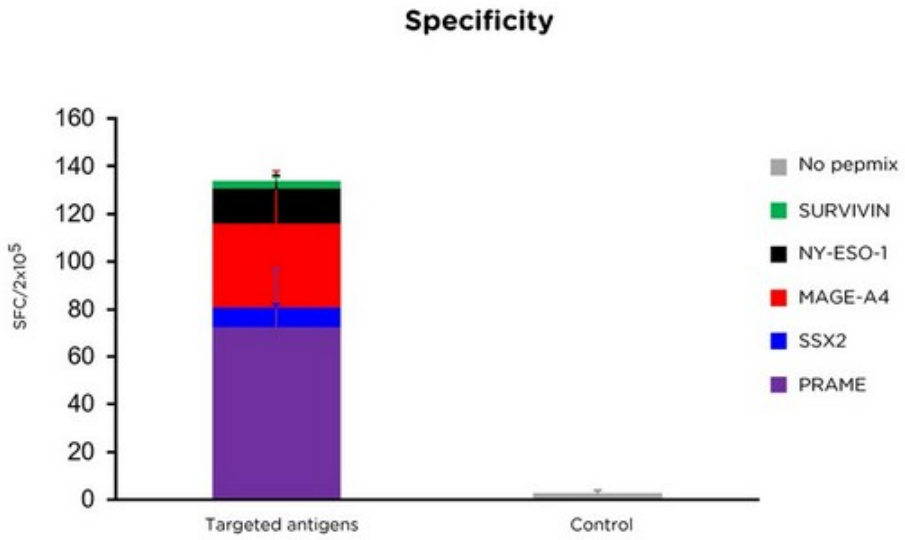


Exhibit 99.2

Marker Therapeutics Reports Interim Results of its MultiTAA T Cell Therapy in Patients with Pancreatic Adenocarcinoma at AACR

Results show potential of MultiTAA therapy in combination with chemotherapy as a first-line treatment for patients with pancreatic cancer; potential second-line treatment for chemo-refractory patients

T cell infiltration and expansion observed, supporting MultiTAA's potential as a durable treatment in this patient population

Company to host conference call and webcast on Monday, July 22

San Francisco, CA—July 20, 2019—Marker Therapeutics, Inc. (Nasdaq:MRKR), a clinical-stage immuno-oncology company specializing in the development of next-generation T cell-based immunotherapies for the treatment of hematological malignancies and solid tumor indications, today announced interim data from an ongoing investigator-sponsored clinical trial led by Baylor College of Medicine, evaluating the Company's MultiTAA T cell therapy in patients with pancreatic adenocarcinoma. The data were reviewed today in an oral presentation during a plenary session, as well as a poster presentation, at the American Association for Cancer Research's (AACR) Immune Cell Therapies for Cancer: Successes and Challenges of CAR T Cells and Other Forms of Adoptive Therapy conference held in San Francisco, California from July 19-22, 2019.

"Pancreatic cancer continues to be one of the most challenging solid tumor malignancies to treat and survival rates have not seen a meaningful improvement in more than 40 years," said Brandon G. Smaglo, M.D., FACP, lead investigator and Assistant Professor of Oncology at Baylor College of Medicine. "We are encouraged by these interim data which suggest that MultiTAA therapy may contribute to more durable responses without added toxicity when used in combination with standard-of-care chemotherapy, or as a second-line therapy for patients who are chemo-refractory. Additionally, despite the particularly dense desmoplastic stroma surrounding pancreatic tumors—which has been long considered a major obstacle for T cell effectiveness—our study of patients with borderline surgically resectable disease suggests that MultiTAA cells are capable of meaningfully infiltrating the tumor."

Trial Overview
Title: Targeting pancreatic cancer using non-engineered, multi-antigen specific T cells (TACTOPS)

The trial plans to enroll a total of 45 patients with advanced or borderline resectable pancreatic adenocarcinoma in a three-arm trial. Arm A is for patients with unresectable/metastatic disease who are responding to standard first-line chemotherapy. Arm B is for patients with progressive disease or therapy intolerance. Arm C is an exploratory arm for patients with surgically resectable disease. To date, a total of 19 patients have been administered infusions of MultiTAA T cell therapy (ten patients in Arm A, six patients in Arm B and three patients in Arm C).

Interim Results

Arm A: This arm was designed to evaluate the safety and potential efficacy of using MultiTAA cells as part of first-line treatment for patients with pancreatic cancer. These patients in the chemo-responsive arm have completed or will complete at least three months of standard-of-care chemotherapy (gemcitabine/nab-paclitaxel or FOLFIRINOX) – the period during which a response to chemotherapy would typically occur – before receiving up to six administrations of MultiTAA T cells in conjunction with chemotherapy.

- Out of the 9 evaluable patients (one patient was too early to be evaluated):
  - 3 patients experienced objective responses after administration of MultiTAA cells
    - 1 patient experienced a complete response
    - 2 patients experienced partial responses
  - 4 patients experienced stable disease; 2 patients within stable disease boundaries (+20%/-30%) saw reversal of tumor growth – tumors previously growing after chemotherapy alone showed shrinkage after administration of MultiTAA cells
  - 1 patient experienced a mixed response (some lesions increased in size and others decreased for a net zero change in size of tumor lesions)
  - 1 patient experienced disease progression
- Overall tumor volume shrinkage was observed in six out of the eight patients with a measurable tumor after administration of MultiTAA cells. One evaluable patient did not have tumor measurements for analysis.
- Of the 9 evaluable patients, over half have survived to or beyond the historical median overall survival associated with their respective chemotherapy regimens, and 7 of the 9 patients remain alive.
- In patients responding to therapy, significant expansion of the infused MultiTAA cells was observed, along with broad-based epitope spreading, with significant expansion of endogenous T cells specific for other tumor specific antigens.

Arm B: This arm was designed to evaluate the use of MultiTAA cells as a second-line therapy for patients who have failed first-line chemotherapy. The patients in this chemo-refractory arm are either ineligible for chemotherapy or have progressed on chemotherapy and have received or are receiving up to six doses of MultiTAA T cells as a monotherapy.

- Of the 6 patients treated and evaluable:
  - 3 patients experienced stable disease or clinical disease stabilization
    - 2 patients who previously had progressive disease experienced clinical disease stabilization for up to two months
    - 1 has maintained stable disease for 7 months (ongoing)
  - 3 experienced clinical decline
- Among the patients who saw clinical disease stabilization, significant expansion of the infused MultiTAA cells was observed, along with broad-based epitope spreading, with significant expansion of endogenous T cells specific for other tumor specific antigens.

Arm C: This arm was designed to assess T cell infiltration and expansion. These patients with borderline surgically resectable disease received or will receive a dose of T cells following chemotherapy, radiotherapy or combination prior to surgical resection and up to five additional doses of T cells after surgery.

- In these patients, MultiTAA T cells were measurable in meaningful numbers as detected by correlative analysis of resected tumor, and significant expansion of the infused MultiTAA cells was observed, along with broad-based epitope spreading, with significant expansion of endogenous T cells specific for other tumor specific antigens.

Overall, investigators observed a clinical benefit correlated with the detection of tumor-reactive T cells in patient peripheral blood (Arms A, B and C) and within tumor biopsy samples (Arm C) post-infusion. T cells exhibited activity against both targeted antigens as well as non-targeted TAAs including WT-1, AFP, MART-1 and numerous antigens of the MAGE family, indicating induction of antigen/epitope spreading.

No infusion-related systemic- or neurotoxicity was observed, and patients continue to be evaluated and enrolled in the trial.

Peter L. Hoang, President & CEO of Marker Therapeutics commented: “We are encouraged by the early clinical results we have seen in this clinical trial for patients who otherwise have few therapeutic options and a dire prognostic outcome, and we are optimistic about the prospect of potentially validating the use of MultiTAA therapy in the context of first-line and second-line care for patients with pancreatic adenocarcinoma. Moreover, we are very pleased with the data we see of MultiTAA T cell infiltration and subsequent epitope spreading observed in this trial, suggesting that MultiTAA therapy may initiate and contribute to a potent and durable treatment effect. We plan to continue following these patients and enroll new patients to further evaluate durability.”

Conference Call and Webcast
For those unable to attend the presentations at AACR, Marker will host a conference call and webcast on Monday, July 22nd at 5:30am PDT/8:30am EDT featuring Dr. Brandon Smaglo, as well as Marker senior management. A live webcast of the investor presentation will be available in the investors section of the Company’s website at https://www.markertherapeutics.com/ and will be available for replay following the event.

About MultiTAA
Marker’s Multi-Antigen Targeted (MultiTAA) platform is a novel, non-genetically modified cell therapy approach that selectively expands tumor-specific T cells from a patient’s blood capable of recognizing a broad range of tumor antigens. In early clinical trials, the multi-antigen approach has been well tolerated and shown to enhance tumor destroying capability and is one of the first therapies to consistently demonstrate epitope spreading – inducing the patient’s own T cells to expand, potentially contributing to a lasting anti-tumor effect. Unlike other cell therapies which require pre-conditioning regimens and hospitalization, MultiTAA is designed to be administered in an outpatient setting.

About Marker Therapeutics, Inc.
Marker Therapeutics, Inc. is a clinical-stage immuno-oncology company specializing in the development of next-generation T cell-based immunotherapies for the treatment of hematological malignancies and solid tumor indications. Marker’s cell therapy technology is based on the selective expansion of non-engineered, tumor-specific T cells that recognize tumor associated antigens (i.e. tumor targets) and kill tumor cells expressing those targets. This population of T cells is designed to attack multiple tumor targets following infusion into patients and to activate the patient’s immune system to produce broad spectrum anti-tumor activity. Because Marker does not genetically engineer its T cells therapies, we believe that our product candidates will be easier and less expensive to manufacture, with reduced toxicities, compared to current engineered CAR-T and TCR-based approaches, and may provide patients with meaningful clinical benefit. As a result, Marker believes its portfolio of T cell therapies has a compelling product profile, as compared to current gene-modified CAR-T and TCR-based therapies.

Marker is also advancing a number of innovative peptide- and gene-based immuno-therapeutics for the treatment of metastatic solid tumors, including the Folate Receptor Alpha program (TPIV200) for breast and ovarian cancers and the HER2/neu program (TPIV100/110) for breast cancer, currently in Phase 2 clinical trials.

To receive future press releases via email, please visit: https://markertherapeutics.com/email-alerts/

Forward-Looking Statement Disclaimer
This release contains forward-looking statements for purposes of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Statements in this news release concerning the Company's expectations, plans, business outlook or future performance, and any other statements concerning assumptions made or expectations as to any future events, conditions, performance or other matters, are "forward-looking statements." Forward-looking statements include statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things: the final trial results for MultiTAA T cell therapy in patients with pancreatic adenocarcinoma; our research and development activities relating to our non-engineered multi-tumor antigen specific T cell therapies; our TPIV200 and TPIV100/110 programs; the effectiveness of these programs or the possible range of application and potential curative effects and safety in the treatment of diseases; and, the timing and success of our clinical trials, as well as clinical trials conducted by our collaborators. Forward-looking statements are by their nature subject to risks, uncertainties and other factors which could cause actual results to differ materially from those stated in such statements. Such risks, uncertainties and factors include, but are not limited to the risks set forth in the Company's most recent Form 10-K, 10-Q and other SEC filings which are available through EDGAR at www.sec.gov. The Company assumes no obligation to update our forward-looking statements whether as a result of new information, future events or otherwise, after the date of this press release.

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