
**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

Date of Report (Date of earliest event reported): October 6, 2026

MAIA Biotechnology, Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

001-41455
(Commission
File Number)

83-1495913
(IRS Employer
Identification No.)

444 West Lake Street, Suite 1700
Chicago, IL
(Address of principal executive offices)

60606
(Zip Code)

(312) 416-8592
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing 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	MAIA	NYSE American

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

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.

1. MAIA Biotechnology, Inc. (the “Company”) has prepared a presentation (the “Presentation”) that management intends to use from time to time in presentations about the Company’s operations and performance on or after October 6, 2026, which Presentation was posted to the Company’s website on October 6, 2026. The Presentation is furnished as Exhibit 99.1 to this Current Report on Form 8-K.

2. The Company has prepared a summary (“Summary”) highlighting certain aspects of the operations and performance that management intends to use in presentations on or after October 6, 2026, which Summary was posted to the Company’s website on October 6, 2026. The Summary is furnished as Exhibit 99.2 to this Current Report on Form 8-K.

The information contained in each of the Presentation and the Summary is summary information that should be considered in the context of the Company’s filings with the Securities and Exchange Commission and other public announcements the Company may make by press release or otherwise from time to time. Each of the Presentation and the Summary speaks as of the date of this Report. While the Company may elect to update the Presentation and/or the Summary in the future to reflect events and circumstances occurring or existing after the date of this Report, the Company specifically disclaims any obligation to do so.

Each of the Presentation and the Summary contains forward-looking statements, and as a result, investors should not place undue reliance on these forward-looking statements.

The information set forth in this Report, including, without limitation, the Presentation and the Summary, is not be deemed to be “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that Section, nor shall it be incorporated by reference into a filing under the Securities Act of 1933, as amended, or the Exchange Act, regardless of any general incorporation language in such filing, except as shall be expressly set forth by specific reference in such a filing. This Report (including the exhibits hereto) will not be deemed an admission as to the materiality of any information required to be disclosed solely to satisfy the requirements of Regulation FD.

Forward-looking Statements

The Company cautions that all statements, other than statements of historical facts, contained in this Current Report on Form 8-K, or furnished herewith, are forward-looking statements. Forward-looking statements are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry’s actual results, levels or activity, performance or achievements to be materially different from those anticipated by such statements. The use of words such as “may,” “might,” “will,” “should,” “could,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “project,” “intend,” “future,” “potential,” or “continue,” and other similar expressions are intended to identify forward looking statements. However, the absence of these words does not mean that statements are not forward-looking. All forward-looking statements are based on current estimates, assumptions and expectations by our management that, although we believe to be reasonable, are inherently uncertain. Any forward-looking statement expressing an expectation or belief as to future events is expressed in good faith and believed to be reasonable at the time such forward-looking statement is made. However, these statements are not guarantees of future events and are subject to risks and uncertainties and other factors beyond our control that may cause actual results to differ materially from those expressed in any forward-looking statement, including, but not limited to: (i) the initiation, timing, cost, progress and results of our preclinical and clinical studies and our research and development programs, (ii) our ability to advance product candidates into, and successfully complete, clinical studies, (iii) the timing or likelihood of regulatory filings and approvals, (iv) our ability to develop, manufacture and commercialize our product candidates and to improve the manufacturing process, (v) the rate and degree of market acceptance of our product candidates, (vi) the size and growth potential of the markets for our product candidates and our ability to serve those markets, and (vii) our expectations regarding our ability to obtain and maintain intellectual property protection for our product candidates. Any forward-looking statement speaks only as of the date on which it was made. The Company undertakes no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Presentation
99.2	Summary
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

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.

Dated: October 6, 2026

MAIA BIOTECHNOLOGY, INC.

By: /s/ Vlad Vitoc

Name: Vlad Vitoc

Title: Chief Executive Officer



MAIA
BIOTECHNOLOGY

TELOMERE TARGETING IMMUNOTHERAPIES FOR CANCER
NYSE AMERICAN: MAIA

Fall 2026

FORWARD-LOOKING STATEMENTS

All statements in this presentation, other than those relating to historical facts, are "forward-looking statements." These forward-looking statements may include, but are not limited to, statements relating to our objectives, plans, and strategies; statements that contain projections of results of operations or of financial condition; statements relating to the industry and government policies and regulations relating to our industry; and all statements (other than statements of historical facts) that address activities, events, or developments that we intend, expect, project, believe, or anticipate will or may occur in the future. Forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties. We have based these forward-looking statements on assumptions and assessments made by our management in 2025, their experience and their perception of historical trends, current conditions, expected future developments, and other factors they believe to be appropriate. Important factors that could cause actual results, developments, and business decisions to differ materially from those anticipated in these forward-looking statements include, among other things: the overall global economic environment; general market, political, and economic conditions in the countries in which we operate; projected capital expenditures and liquidity; changes in our strategy; government regulations and approvals; the application of certain service license; and litigation and regulatory proceedings. Factors that may cause such differences also include, but are not limited to, those discussed under Risk Factors set forth in our Annual Report on Form 10-K for the year ended December 31, 2025, and other periodic reports filed by the Company from time to time with the Securities and Exchange Commission. You may get these documents for free by visiting EDGAR on the Commission's website at www.sec.gov. We caution you that forward-looking statements are not guarantees of future performance and that our actual results of operations, financial condition and liquidity, and the development of the industry in which we operate may differ materially from the forward-looking statements contained in this presentation 2025, among other factors, the factors referenced in the "Risk Factors" section of our Annual Report on Form 10-K for the year ended December 31, 2025. In addition, even if our results of operations, financial condition and liquidity, and the development of the industry in which we operate are consistent with the forward-looking statements contained in this presentation, they may not be predictive of results or developments in future periods. This presentation shall not constitute an offer to sell or the solicitation of an offer to sell or the solicitation of an offer to buy any of our 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. Any offering of securities can only be made in compliance with applicable securities laws. You should read carefully the factors described in the "Risk Factors" section of our Annual Report on Form 10-K for the year ended December 31, 2025, to better understand the risks and uncertainties inherent in our business and underlying any forward-looking statements. These statements are only current predictions and are subject to known and unknown risks, uncertainties, and other factors that may cause our or our industry's actual results, levels of activity, performance, or achievements to be materially different from those anticipated by the forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance, or achievements. Except as required by law, we are under no duty to update or revise any of the forward-looking statements, whether as a result of new information, future events or otherwise, after the date of this prospectus. These forward-looking statements speak only as of the date of this presentation, and we assume no obligation to update or revise these forward-looking statements for any reason.

New science for cancer therapy with dual mechanism of action: **Telomere Targeting and Immunogenicity**

- **Ateganosine (THIO):** lead molecule in 2 ongoing clinical trials (Phase 3 and Phase 2)
- **Second generation compounds in R&D**



□ **Phase 3 Trial (ongoing): THIO-104**

- Ateganosine + Libtayo® vs. Investigator's Choice in Non-Small Cell Lung Cancer (NSCLC) third-line
- **Large population with high unmet clinical need:** Patients resistant to immune and chemotherapy
 - ~50,000 patients per year in the US
- **Enrolment started in Dec 2025:** ongoing in 7 countries across ~40 sites; more countries planned to be added
- **Overall Survival (OS) interim analysis:** potential early full commercial approval with high probability of technical success (PTS)
- **OS final analysis:** potential full commercial approval with very high PTS
- **65 / 300 patients enrolled** (as of 9/21/2026)



□ **Phase 2 trial (ongoing): THIO-101**

- Ateganosine + Libtayo in third-line Non-Small Cell Lung Cancer (NSCLC)
- **Unprecedented efficacy to date (Parts A and B) in 3L NSCLC:**
 - ✓ 88% disease control rate (DCR): 3x higher than standard of care (SoC)
 - ✓ 38% overall response (ORR): 4-6x SoC
 - ✓ 17.8 months median overall survival (OS): 3x SoC
- **Parts C (expansion ongoing):** confirmed 88% DCR in larger population
- **Regeneron:** continued clinical supply agreement for Libtayo
- **Potential for accelerated approval**

Ateganosine (THIO) is the only direct telomere-targeting anticancer agent in clinical development



Regulatory achievements to date

- **3 U.S. FDA Orphan Drug Designations:**
 - Hepatocellular Carcinoma (HCC, 90% of primary liver cancers)
 - Small Cell Lung Cancer (SCLC, deadliest lung cancer)
 - Malignant Gliomas (brain cancer)
- **1 U.S. FDA Rare Pediatric Disease Designation (RPDD):** children's brain cancers
- **1 U.S. FDA Fast Track Designation (FTD):** third-line NSCLC patients resistant to chemotherapy and checkpoint inhibitors

Multiple Ateganosine (THIO) + checkpoint inhibitor trials planned for additional cancer indications

- **BeOne Medicines:** clinical supply agreement for tislelizumab - colorectal cancer (CRC), liver (HCC), and small cell lung cancer (SCLC)
- **Roche:** master agreement for atezolizumab - signed in 2025 for a future clinical trial

ROBUST PIPELINE

Clinical Trials with Ateganosine

Clinical Trial	Indication	Treatment	Status	Worldwide rights owned by MAIA Clinical supply agreement REGENERON Clinical supply agreement  Master agreement with 
THIO-104	NSCLC-3	Ateganosine → Libtayo®	Ongoing Phase 3	
THIO-101	NSCLC-3	Ateganosine → Libtayo®	Ongoing Phase 2	
THIO-CRC	CRC-3	Ateganosine → tislelizumab	Planned Phase 2*	
THIO-SCLC	SCLC-1	Ateganosine → tislelizumab	Planned Phase 2*	
THIO-HCC	HCC-2	Ateganosine → tislelizumab	Planned Phase 2*	
THIO-HCC	HCC-1	Ateganosine → atezolizumab	Planned Phase 2*	

*Trials in planning stage: indications and names may change.

Clinical Trials with 2nd Generation Telomere Targeting Agents

Agent	Indication	Status	Rights fully-owned by MAIA, developed in-house
MAIA-2021-020	Multiple Tumor Types	Preclinical - IND Enabling	
MAIA-2022-012	Multiple Tumor Types	Preclinical - IND Enabling	
MAIA-2021-029	Multiple Tumor Types	Preclinical - IND Enabling	



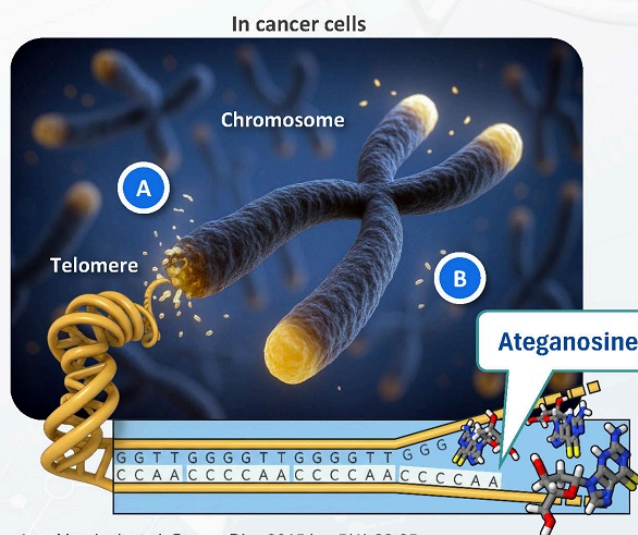
Ateganosine (THIO, 6-thio-2'-deoxyguanosine) has a novel dual mechanism of action

A Telomere-Targeting

- Ateganosine is a guanine analog incorporated into telomeres by telomerase, active in >80% of cancers.
- This disrupts telomere structure and function, triggering selective cancer cell death.¹

B Immunogenic Effect

- Ateganosine-modified telomeric DNA fragments form micronuclei that activate antitumor immunity.¹
- Activates cGAS/STING and T-cell responses, turning “cold” tumors “hot.”
- Sequential ateganosine → checkpoint inhibitor (CPI) treatment produces deep, durable tumor regression in advanced in vivo cancer models.²



1. Mender I, et al. Cancer Disc 2015 Jan;5(1):82-95.
2. Mender I, et al. Cancer Cell 2020;38:400-11.

CURATIVE PRECLINICAL STUDIES

In Non-Small Cell Lung Cancer (NSCLC) models, Ateganosine followed by CPI results in 60% complete response (CR)



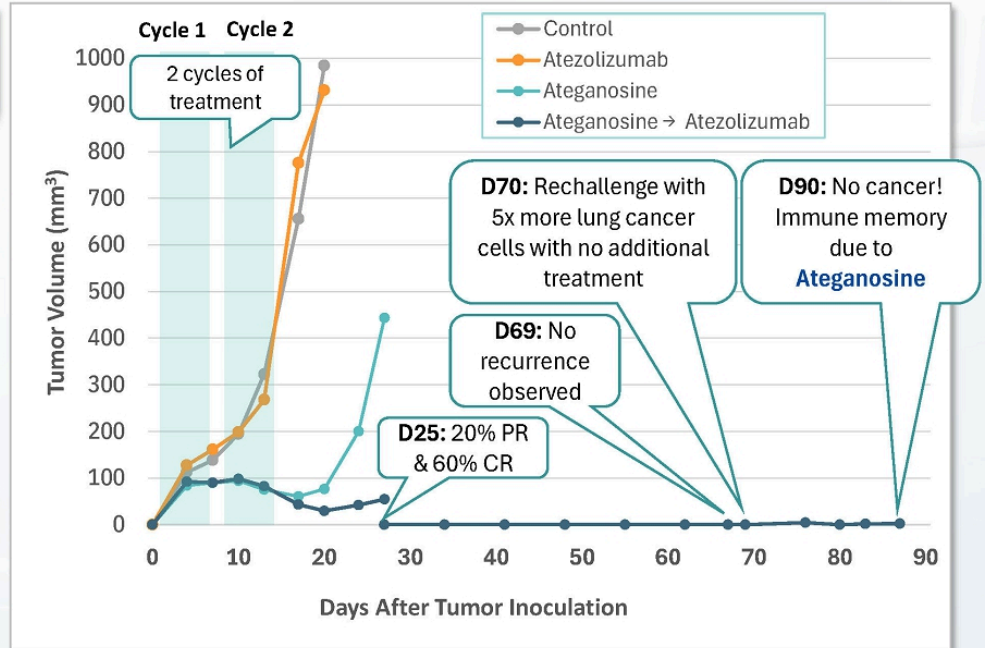
Only 2 cycles of therapy were administered on weeks 1 and 2; no further therapy throughout the study



No recurrence after long-term follow-up. 70 days in mice models are comparable to 7 years in human cells, where the curative threshold is 5 years: they were cured



No cancer take after rechallenge with 5x more lung cancer (LLC) cells with no additional therapy: anticancer immune memory has been induced



Source: Mender et al, Cancer Cell, 2020; Ateganosine (THIO) followed by Tecentriq (atezolizumab; Roche/Genentech) tested first; repeated later with Ateganosine followed by Keytruda (pembrolizumab; Merck); and Libtayo (cemiplimab; Regeneron). Data from preclinical results.

Ateganosine followed by a CPI
has the potential to change
the treatment landscape of multiple
tumor types

Great potential for expansion

- Studies with Ateganosine with multiple CPIs in other cancer models (including liver, colorectal, brain and more) have been conducted with similar or better outcomes compared to NSCLC.

Examples of commercially available CPIs


TECENTRIQ®
(atezolizumab)
Genentech
A Member of the Roche Group


KEYTRUDA®
(pembrolizumab)
MERCK


OPDIVO®
(nivolumab)
Bristol Myers Squibb


BAVENCIO®
avelumab injection 20 mg/mL
EMD SERONO


LIBTAYO®
(cemiplimab)
REGENERON


TEVIMBRA®
(tislelizumab)
BeOne


IMFINZI®
(durvalumab)
AstraZeneca

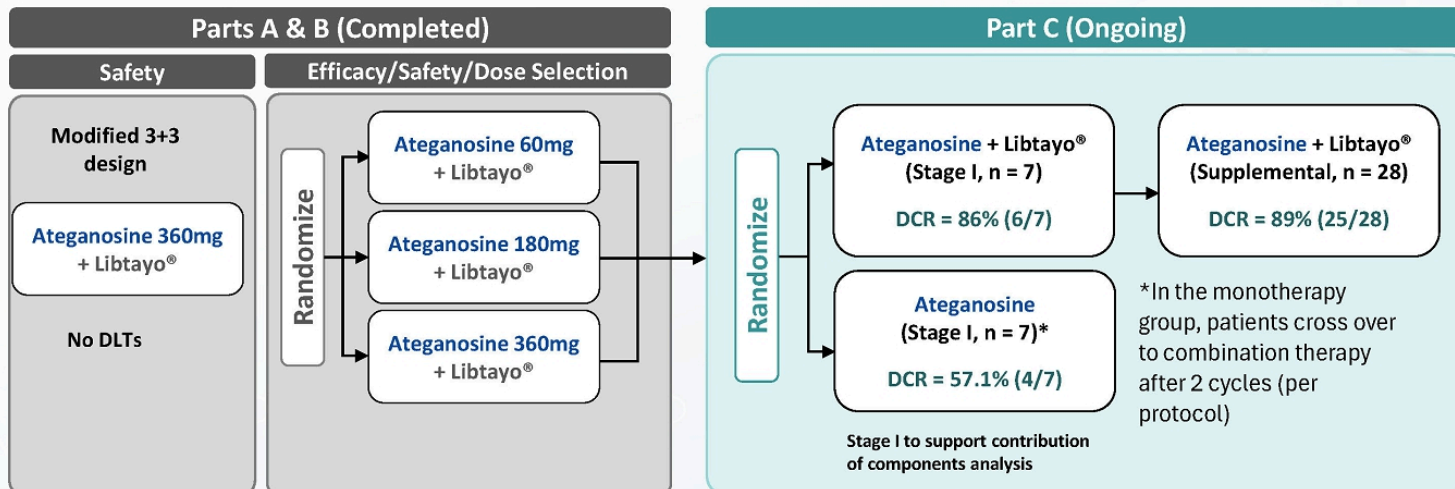

Jemperli®
(dostarlimab-gxly) injection 500 mg
GSK

NSCLC CLINICAL TRIALS



PHASE 2 TRIAL ONGOING

THIO-101: A Multicenter, Open-label, Dose-Finding Phase 2 Trial Evaluating the Safety and Efficacy of Ateganosine (THIO) Administered in Sequence with Libtayo® (cemiplimab) in NSCLC Patients Who Are Resistant to Checkpoint Inhibitors



- 79 patients (24 in 60mg dose, 41 in 180mg, 14 in 360mg)
- Best dose: 180mg - selected on Nov'23
- Median OS 3L = 17.8 months
- DCR 3L 180mg = 88%
- ORR 3L 180mg = 38%

- 41 patients (7+27 in combination therapy, 7 in monotherapy)
- DCR in chemotherapy is reported ~25-35%
- 2 patients in the crossed over group presented **partial responses** after starting combination treatment

Note: Efficacy data presented from 31-Jul-2026 datacut.

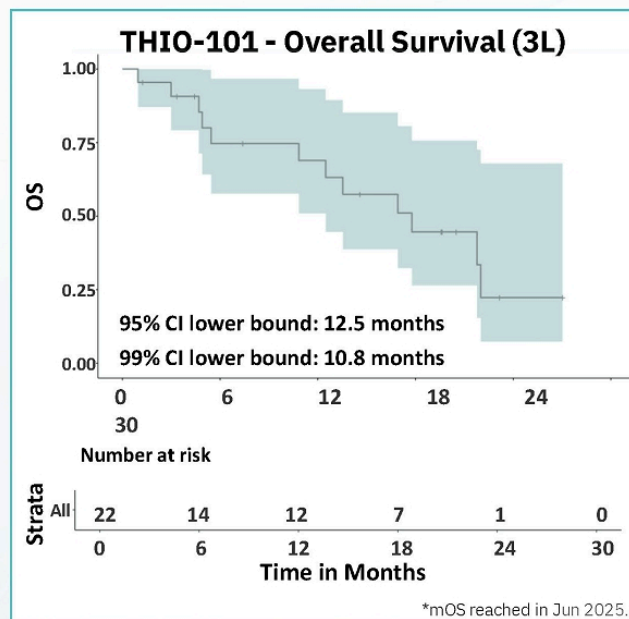
ROBUST EFFICACY TO SUPPORT PHASE 3 TRIAL

Observed outcomes from THIO-101 (Parts A and B):

	THIO-101	Chemo (RWD)
mOS	17.8 months (3L)	~5.8 months ¹
DCR	88% (3L 180mg)	~25-35% ¹⁻²
ORR	38% (3L 180mg)	~6-10% ¹

Highlights:

- Part C completed enrollment in **July 2026**
- Ongoing efficacy evaluation, 88% DCR confirmed in Part C
- As of July 2026, two patients have surpassed 35.9 months survival in 3L
- The treatment has been generally well-tolerated to date in this heavily pre-treated population



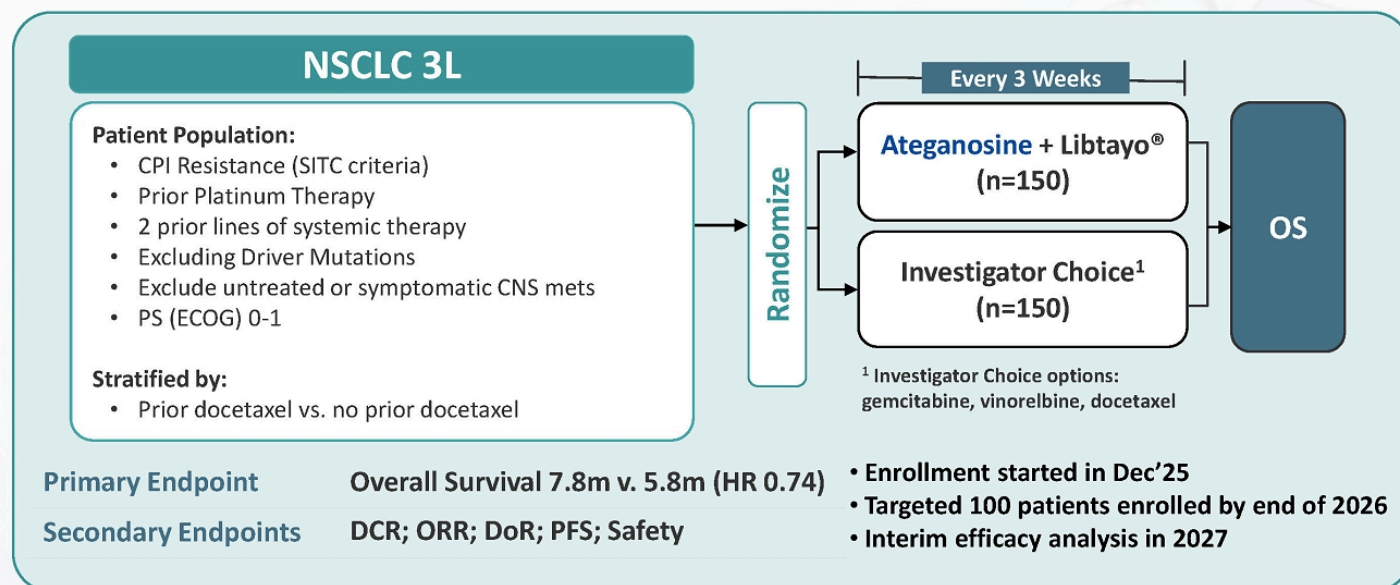
1. Girard N, et al. J Thorac Onc 2009;12:1544-1549.

2. Matsumoto H, et al. Transl Lung Cancer Res 2021;10:2278-89.

Note: (i) Clinical data presented from **17Nov2025** data cut and includes all patients who received at least one dose of ateganosine in Parts A and B of the trial (intent to treat population). Due to short duration of treatment and/or follow up, data is subject to change. (ii) Details on safety can be found on the announced ASCO 2025 poster available on [MAIA's website](#). (iii) RWD: real-world data, CI: confidence interval.

PHASE 3 TRIAL DESIGNED FOR HIGHEST POTENTIAL

THIO-104: A Multicenter, Open-label, Pivotal Phase 3 Trial Evaluating the Efficacy of Ateganosine (THIO) Administered in Sequence with Libtayo® (cemiplimab) in NSCLC Patients Who Are Resistant to Checkpoint Inhibitors and Chemotherapy



Note: DoR – duration of response; PFS – progression free survival.

THIO-104 Design

- OS is the primary endpoint
- 90% power to detect HR=0.62, median 9.4 months vs 5.8 months¹ (chemo)
- Interim analysis boundary 1-sided $p < 0.0074$ at 131 deaths
- Final analysis boundary 1-sided $p < 0.0228$ at 186 deaths

Bayesian Assurance² Calculation

All 3L patients from THIO-101

Control:

- Median OS assumption (literature):
✓ 6.1 months (95% CI: 2.8, 8.9)³

Ateganosine (THIO):

- Using 3L data from THIO-101 (n=22):
✓ 17.8 months (95% CI: 12.5, 22.5)⁴

96%

Probability to succeed at the
interim analysis (131 deaths)

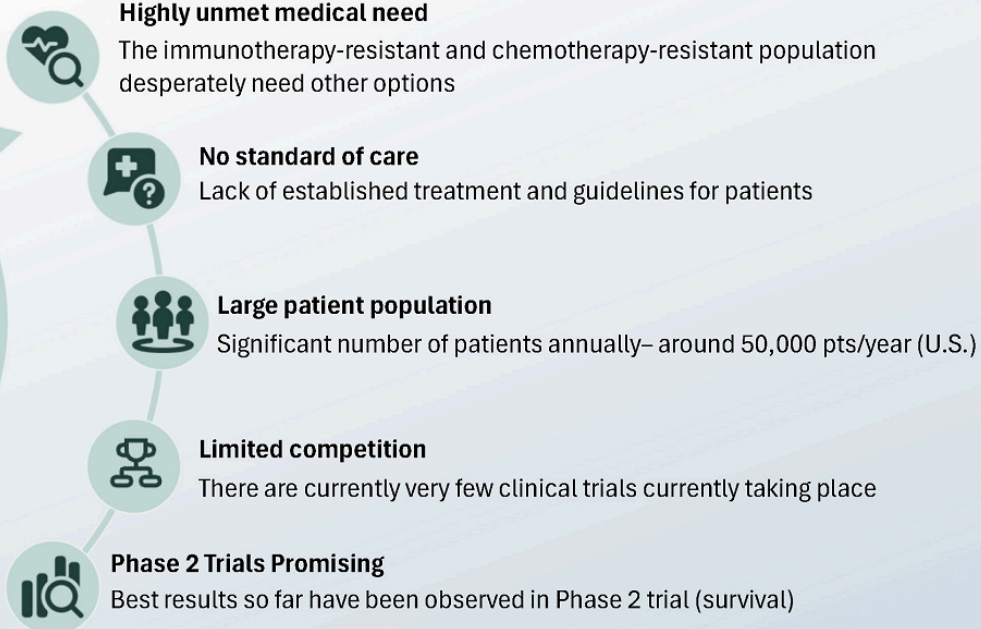
99%

Probability to succeed at the final
analysis (186 deaths)

**Focus on
Phase 3
execution**

1. Girard N, et al. J Thorac Onc 2009;12:1544-1549.
2. O'Hagan A, Stevens JW, Campbell MJ. Assurance in clinical trial design. Pharmaceutical Statistics 2005; 4:187-201.
3. A.T. Freeman et al. Curr Oncol. 2020 May 1;27(2):76-82 (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7253749/>)
4. Observed median OS from THIO-101 as of 30-Jun-2025.

3L NSCLC is an excellent market entry segment:



PLANNED TRIALS IN OTHER TUMOR TYPES



COMPLETE RESPONSES OBSERVED IN CRC

Preclinical Studies in Colorectal Cancer

Ateganosine (THIO) followed by CPI
results in **100% complete response**



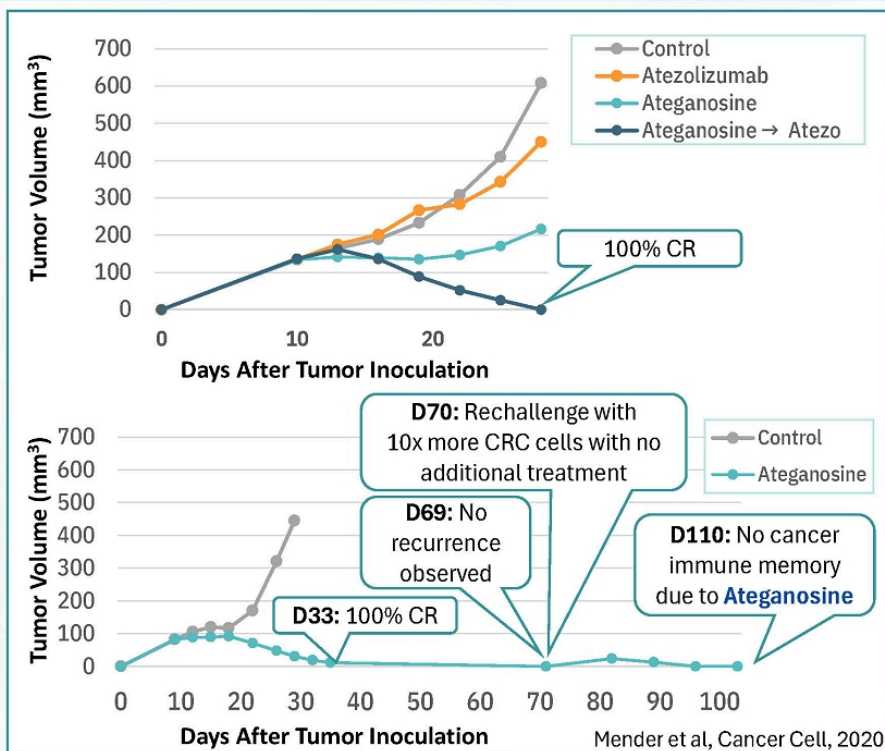
Only 2 cycles of therapy were administered on weeks 1 and 2; no further therapy throughout the study



No recurrence after long-term follow-up



Anticancer immune memory has been induced: no cancer after rechallenge with 10x more CRC cells with no additional therapy



Preclinical Studies in Hepatocellular Carcinoma



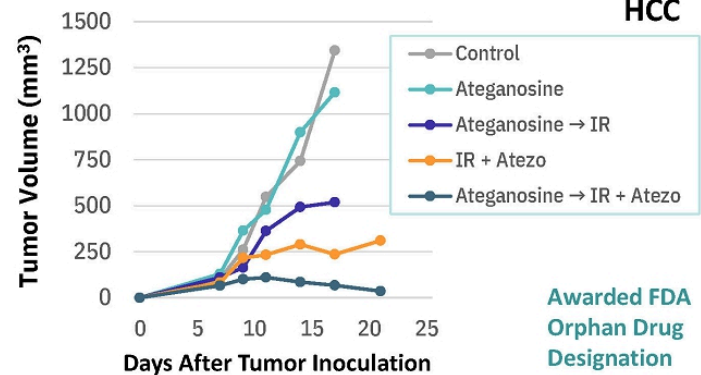
Ateganosine (THIO) achieved complete and durable responses in Hepatocellular Carcinoma (HCC), the dominant histology in primary liver cancer (90%)



Ateganosine is highly synergistic and effective in combination with anti-PD-L1 agent Atezolizumab and Ionizing Radiation (IR 10Gy) in HCC53N Hepatocellular Carcinoma

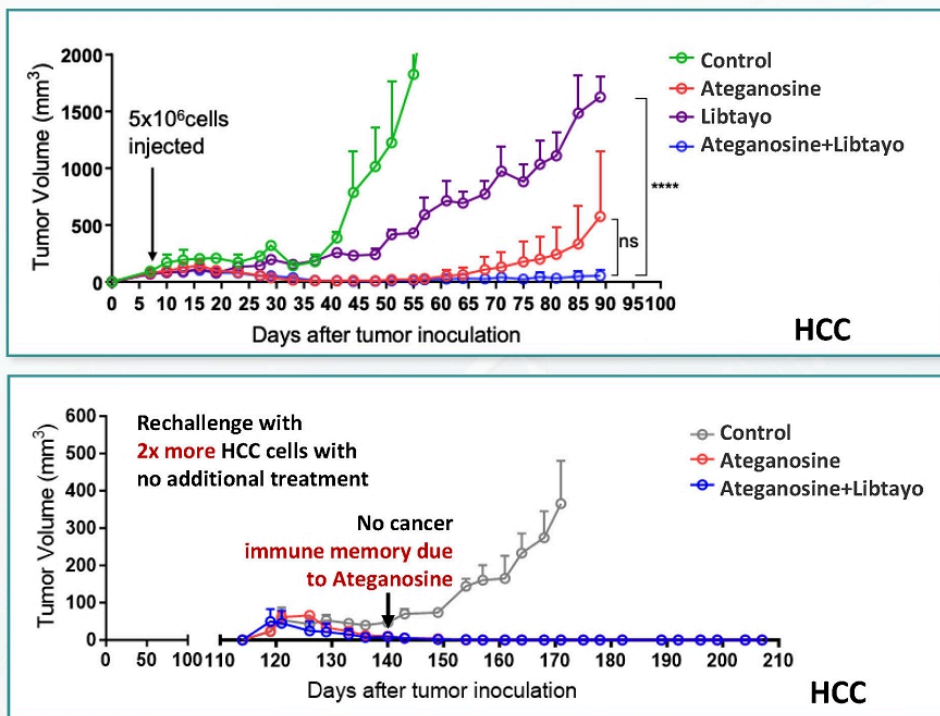


Treatment with Ateganosine in combination with IR and Atezolizumab **results in a complete regression of aggressive HCC tumors**. The combination of IR and Atezolizumab is just partially efficacious



Sustained Anti-Tumor Response

- When combined with immunotherapy checkpoint inhibitor Libtayo®, **duration of response was further potentiated**
- Upon rechallenge with two times more cancer cells and no additional treatment, **tumor growth was completely prevented**
- Administration of ateganosine (THIO) alone and in combination with Libtayo® **generated anti-cancer immune memory**



Preclinical Studies in Small Cell Lung Cancer



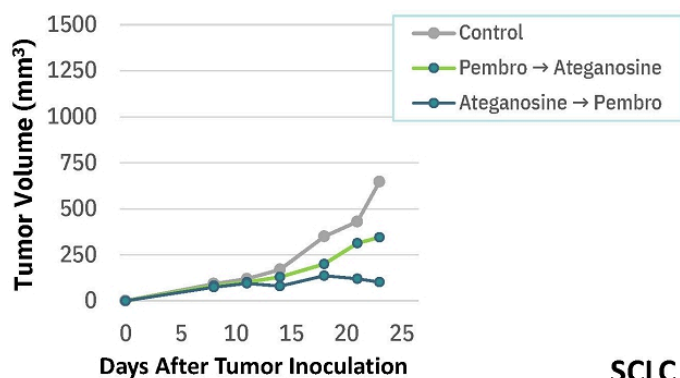
Ateganosine (THIO) is synergistic with anti-PD-1 agent Pembrolizumab in Small Cell Lung Carcinoma (SCLC) in vivo in humanized murine cancer model (H2081)



Treatment with Ateganosine followed by Pembrolizumab **results in highly potent anticancer effect**, as compared to Pembrolizumab alone



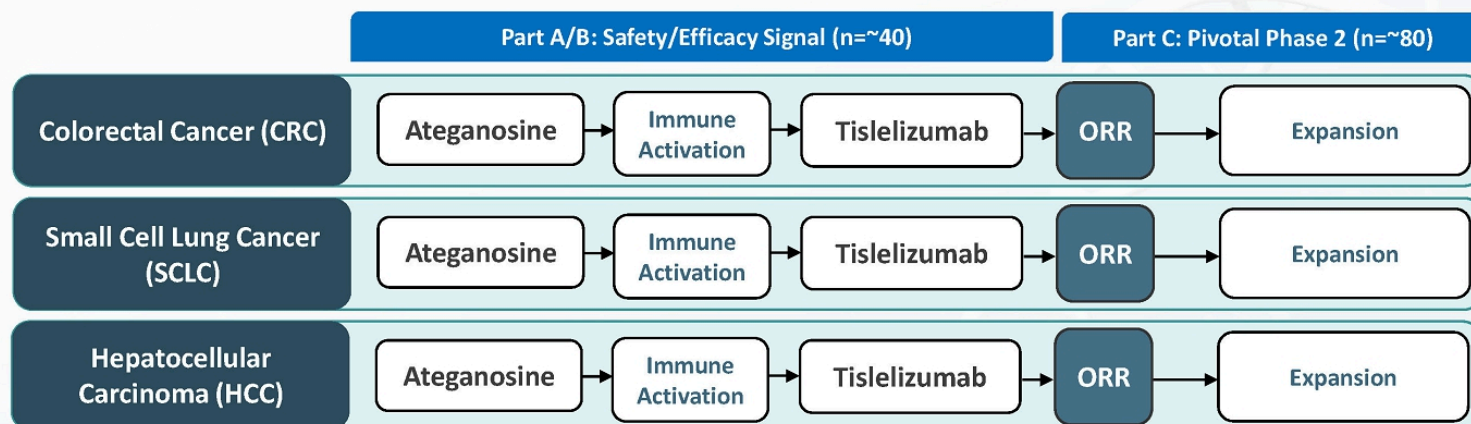
Ateganosine converts immunologically “cold non-responsive” SCLC tumor into “hot and responsive” to Pembrolizumab



SCLC

MULTIPLE TRIALS PLANNED IN OTHER CANCERS

Multicenter, Open-label, Phase 2 Trials Evaluating the Safety and Efficacy of Ateganosine (THIO) Administered in Sequence with Tislelizumab in CRC, SCLC and HCC



Treatment with Ateganosine (THIO) + tislelizumab



Note: Clinical trials currently in planning stage. Names of trials, indications and number of patients are subject to review and may be updated before trial initiation. Trials in solid tumors, such as Breast, Prostate, Gastric, Pancreatic and Ovarian may be pursued via investigator sponsored trials.

INVESTMENT OPPORTUNITY



EXPERIENCED MANAGEMENT TEAM



**Vlad Vitoc, MD,
MBA**
Founder and CEO

- **25+ years in Oncology Pharma/ Biotech: Commercial, Medical**
- 12 compounds launched across 20+ tumor types
- Leadership roles at
 - Bayer (Nexavar),
 - Astellas (Tarceva, Xtandi),
 - Cephalon (Treanda),
 - Novartis (Zometa), Incyte (Jakafi)



**Sergei Gryaznov,
PhD**
Chief Scientific Officer

- **26+ years as Scientist**
- Expert Drug Discovery and Development, Oncology with 120+ publications
- Head of the J&J Oligonucleotide Center of Excellence Worldwide
- Expert of telomeres and telomerase in cancer, co-inventor of ateganosine (THIO)



**Jeffrey Himmelreich,
MBA**
Head of Finance

- **20+ years of financial expertise**
- CFO for privately held and publicly traded companies in the healthcare and manufacturing industries
- Active CPA licensed in the state of Pennsylvania and is a Chartered Global Management Accountant

Decades of Experience working
with Pharmaceutical Leaders



Goal: New Chemical Entity (NCE) Marketing Exclusivity

Ateganosine (THIO) has never been previously approved by the FDA for commercialization

Robust and Growing Patent Portfolio for THIO

10

issued patents Europe
Validated in 19 countries

36

Pending Patent
Applications

Robust exclusivity

- **US:** Upon FDA approval
 - **5 years** NCE (with additional 2 years based on Hatch Waxman for potential generic challenge),
 - **2 years** Rare Pediatric Disease designation
 - **7 years** Orphan Drug Designation (ODD); MAIA has obtained ODD for HCC, SCLC, Malignant Gliomas (including GBM).
- **EU, Japan, other markets: 10 years**

Current patents/provisional applications broadly cover the following key areas:

- Telomere targeting compounds (2034+)
- Ateganosine's immunogenic treatment strategy: sequential combination with CPIs (2041)

Next generation – Composition of matter patents

- MAIA-001, Multiple Tumor Types, exclusivity to 2043
- MAIA-002, Multiple Tumor Types, exclusivity to 2044
- MAIA-003, Multiple Tumor Types, exclusivity to 2044

NSCLC is only the beginning.

MAIA is developing therapies for the top tumor types markets globally.



NSCLC (#1 worldwide)

Mortality: 1.7M

Sales: \$34B



CRC (#2 worldwide)

Mortality: 1.0M

Sales: \$20B



HCC

Mortality: 0.8M

Sales: \$3.8B



SCLC

Mortality: 0.3M

Sales: \$2.8B

- **NSCLC market is expanding to \$70B.** Ateganosine holds substantial commercial opportunity in a projected \$70 billion global NSCLC treatment market by 2030.
- Treatment with ateganosine is expected to be priced comparably with CPIs if approved². **As a combination therapy (ateganosine + CPI), it does not compete with CPI market but builds on it.**
- CPIs for NSCLC treatment **represent a broad part of \$50B CPIs market.**
 - 5 CPIs approved for NSCLC in the U.S.
 - CPIs > 30% of total NSCLC drug sales
 - NSCLC > 40% of total CPI sales
- **Keytruda®, #1 in CPI sales, is expected to hit \$35B in 2027**, with biosimilars expected by 2028. NSCLC represents ~30% of Keytruda's total sales.

1. Research and Markets, Non-Small Cell Lung Cancer (NSCLC) Global Market Trends and Regional Growth Insights 2026-2030, March 2026

2. Libtayo 350mg/7ml is priced at \$11,439 as of 8/2026 (Source: www.drugs.com/price-guide/libtayo)

THANK YOU



Investor Relations Contact
+1 (872) 270-3518
ir@maiabiotech.com

MAIA Biotechnology, Inc.
444 West Lake Street, Suite 1700
Chicago, IL 60606

APPENDIX



MAIA
BIOTECHNOLOGY
NYSE American: MAIA

- At the time of cutoff June 30, 2025, 79 subjects with advanced NSCLC received at least one dose of the study drug
- All subjects had previously failed at least 1 prior line of ICI +/- chemotherapy in the advanced setting and had documented disease progression at study entry
- 34% of patients had 2 or more prior treatments lines at study entry

Characteristic	60 mg (n=24)	180 mg (n=41)	360 mg (n=14)	Total (N=79)
Median age (range), years	67 (52–85)	68 (45–81)	68 (50–75)	67 (45–85)
Sex, n (%)				
Female	10 (42)	11 (27)	7 (50)	28 (35)
Male	14 (58)	30 (73)	7 (50)	51 (65)
Number of prior lines, n (%)				
1	17 (71)	30 (73)	5 (36)	52 (66)
2	6 (25)	10 (24)	6 (43)	22 (28)
3	1 (4)	0 (0)	2 (14)	3 (4)
4	0 (0)	1 (2)	1 (7)	2 (3)
ECOG PS, n (%)				
0	6 (25)	8 (20)	7 (50)	21 (27)
1	18 (75)	33 (80)	7 (50)	58 (73)
Histology, n (%)				
Non-squamous cell carcinoma	15 (63)	25 (61)	8 (57)	48 (60)
Squamous cell carcinoma	9 (37)	16 (39)	6 (43)	31 (40)
Brain metastases, n (%)	1 (4)	1 (2)	2 (14)	4 (5)
Liver metastases, n(%)	4 (17)	5 (12)	3 (21)	12 (15)

- Overall, as of the cut-off date 15Jan2025, THIO + cemiplimab been generally well tolerated in a heavily pre-treated population, with most events being Grade 1–2 in severity.
- Most Treatment Emergent Adverse Events (TEAEs) were laboratory value elevations, except nausea (12.7% overall and 2.4% at the 180 mg dose) and decreased appetite (3.8% overall and 2.4% at the 180 mg dose).
- No dose limiting toxicities (DLTs) have been reported in the Part A safety lead in.
- A related Grade ≥ 3 ALT increase was reported in 9 patients (11.4%), including 2 patients receiving 360 mg, 4 at 180 mg, and 3 at 60 mg. No clinical symptoms were associated with the elevated laboratory values, and all returned to baseline or normal without sequelae.
- All other related Grade ≥ 3 events occurred in <5% of patients.
- Following an event of Grade 4 LFT elevation in a patient receiving 360 mg in Part B, enrollment into the 360 mg arm was paused.
- Enrollment was completed in Part B at the selected dose of 180 mg/cycle in February 2024.
- With currently available chemotherapy in this patient population, Grade 5 events are expected in 5% of cases, Grade 4 events in 23.8% and Grade 3 in 42.4%.^{1,2}

1. <https://www.cymaza.com/hcp/nsclc-treatment/revel-trial-safety>
2. <https://clinicaltrials.gov/study/NCT01168973?tab=results>

Fall 2026



Telomere Targeting Immunotherapies for Cancer

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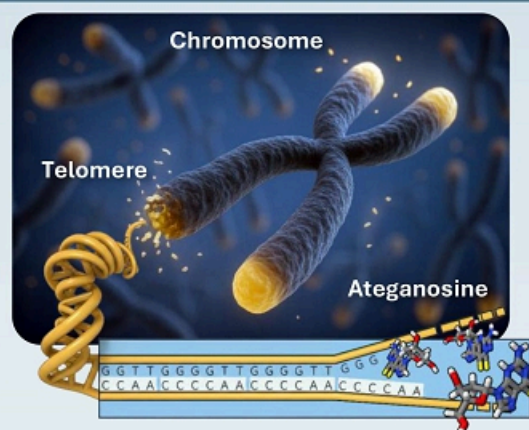
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MAIA Biotechnology (NYSE American: MAIA) is an immuno-oncology company focused on the development and commercialization of first-in-class drugs intended to meaningfully improve and extend the lives of people with hard-to-treat cancers. MAIA's new science for cancer therapy utilizes a novel dual mechanism of action: telomere targeting and immunogenicity. **Ateganosine**, MAIA's lead molecule is a first-in-class anticancer agent currently being studied in two late-stage clinical trials for the treatment of non-small cell lung cancer (NSCLC).

- ✓ High probability of technical success for interim and full analysis in Pivotal Phase 3 clinical trial.
- ✓ Substantial commercial opportunity in a projected \$40B global immunotherapy market by 2030.¹

Multiple Catalysts and Value Drivers

- ❑ **Ateganosine, a Potential Breakthrough Therapy:**
 - 1st & only telomere-targeting anticancer agent in clinical development
 - Phase 3 and Phase 2 trials ongoing
 - 3L NSCLC efficacy data 3x standard of care
 - U.S. FDA Fast Track Designation for 3L NSCLC
- ❑ **Two Late-Stage Clinical Trials Ongoing:**
 - **Pivotal Phase 3 THIO-104 Trial:** Ateganosine + checkpoint inhibitor (CPI) Libtayo® vs. Investigator's Choice in 3L NSCLC
 - ✓ **Large population, high unmet clinical need:** Patients resistant to prior immune and chemotherapy treatment (~50,000 US patients per year)
 - ✓ **Potential early full commercial approval** based on Overall Survival (OS) interim analysis
 - ✓ **Potential full commercial approval** based on OS final analysis
 - ✓ 65 / 300 patients enrolled (as of 9/21/2026)
 - **Phase 2 THIO-101 Expansion Trial:** Ateganosine + Libtayo in 3L NSCLC
 - ✓ **Potential for accelerated approval**
 - ✓ **Unprecedented efficacy to date (Parts A and B) in 3L NSCLC:**
 - 88% disease control rate (3x higher than Standard of Care)
 - 17.8 months median overall survival (3x SoC)
 - 38% overall response (4-6x SoC)
 - ✓ **Parts C (expansion ongoing):** confirmed 88% DCR in larger population
 - ✓ **Regeneron:** ongoing clinical supply agreement for Libtayo
- ❑ **Strong and Growing IP Portfolio**
 - **FDA New Chemical Entity (NCE):** 5-year marketing exclusivity for ateganosine, if approved.
 - **Five patent families:** 3 issued US patents, 9 issued foreign patents, 4 US and 11 foreign pending patent applications
 - **Current patents/provisional applications provide broad coverage:**
 - ✓ Telomere targeting compounds (2034+)
 - ✓ Immunogenic treatment strategy: ateganosine + CPI (2041)



Dual mechanism of action

Telomere-Targeting

- Ateganosine is guanine-analog small molecule that is incorporated into telomeres by the enzyme telomerase (present in over 80% of human cancers)
- Telomeric structure and function are compromised, leading to selective cancer cell death

Immunogenic Effect

- Micronuclei are produced containing Ateganosine-modified telomeric DNA fragments that reach immune cells, activates both innate (cGAS/STING) and adaptive (T-cell) immune responses, further promoting cancer cell death
- The sequential treatment of ateganosine followed by immune checkpoint inhibitors (CPI) resulted in profound and persistent tumor regression in advanced, in vivo, cancer models

NYSE American: MAIA

Share Price ¹	\$1.18	Float ¹	56.3M
Market Cap ¹	\$72.4M	Insider Holdings ¹	21.4%
Shares Outstanding ¹	61.7M	Cash ²	\$27.6M

¹ September 30, 2026

² June 30, 2026

¹ Research and Markets, March 2026. ² THIO-101 Part C 3L study: 19 of 21 patients in efficacy evaluable population who had at least one tumor scan after starting treatment. ³ THIO-101 Parts A and B

Robust Pipeline

Clinical Trials with Ateganosine

Worldwide rights owned by MAIA

Clinical Trial	Indication	Treatment	Status	
THIO-104	NSCLC-3	Ateganosine → Libtayo®	Ongoing Phase 3	
THIO-101	NSCLC-3	Ateganosine → Libtayo®	Ongoing Phase 2	Clinical supply agreement REGENERON
THIO-CRC	CRC-3	Ateganosine → tislelizumab	Planned Phase 2*	
THIO-SCLC	SCLC-1	Ateganosine → tislelizumab	Planned Phase 2*	Clinical supply agreement BeOne
THIO-HCC	HCC-2	Ateganosine → tislelizumab	Planned Phase 2*	
THIO-HCC	HCC-1	Ateganosine → atezolizumab	Planned Phase 2*	Master agreement with Roche

*Trials in planning stage: indications and names may change.

Clinical Trials with Second Generation Telomere Targeting Agents

Rights fully-owned by MAIA, developed in-house

Agent	Indication	Status
MAIA-2021-020	Multiple Tumor Types	Preclinical - IND Enabling
MAIA-2022-012	Multiple Tumor Types	Preclinical - IND Enabling
MAIA-2021-029	Multiple Tumor Types	Preclinical - IND Enabling

□ Clinical Opportunities in Multiple Indications

- Ateganosine + CPI trials planned for additional cancer indications
 - ✓ **BeOne Medicines:** clinical supply agreement for tislelizumab - colorectal cancer (CRC), liver (HCC), and small cell lung cancer (SCLC)
 - ✓ **Roche:** master agreement for atezolizumab for a future clinical trial

□ Valuable Regulatory Designations

- 3 U.S. FDA Orphan Drug Designations:** HCC, SCLC, brain (malignant gliomas)
- 1 U.S. FDA Rare Pediatric Disease Designation:** children's brain cancers
- 1 U.S. FDA Fast Track Designation (FTD):** third-line NSCLC patients resistant to chemotherapy and checkpoint inhibitors

□ 2nd Generation Telomere Targeting Agents

- 84 new molecules engineered;** same mechanism of action as ateganosine
- Following ateganosine to commercial stage within 4-5 years

□ Well-Capitalized for Continuing Development, Strong Signals of Confidence

- \$33M raised in most recent underwritten public offering (March 2026):**
 - ✓ Full funding secured for pivotal Phase 3 trial through completion
 - ✓ Participation by Board members in nearly all transactions since inception
 - ✓ Directors and officers hold a 20.5% stake in MAIA (July 2026)

Cancer Fast Facts

- Diagnosis:** ~40% of people alive today will have cancer during their lifetime
- Mortality:** ~30% will die from cancer
- NSCLC:** #1 tumor type: Mortality 1.7M / Sales \$34B (2023)
- Colorectal cancer (CRC):** #2 cancer type: Mortality 1M / Sales \$20B (2023)

Treatment: Ateganosine + CPI

(3-week cycles)

Day 1

Ateganosine 60mg

Day 2

Ateganosine 60mg

Day 3

Ateganosine 60mg

Day 4

Immune Activation

Day 5

CPI



Vlad Vitoc, MD, MBA

Founder, Chairman, and Chief Executive Officer

- 25+ years in Pharma/Biotech: Commercial, Medical,
- 12 compounds launched across 20+ tumor types
- Leadership roles at Bayer (Nexavar), Astellas (Tarceva, Xtandi), Cephalon (Treanda), Novartis (Zometa), and Incyte (Jakafi)



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