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12 March 2026

Open Letter to the Application Review Subcommittee
Re: CLIN2-19191 – TriLeukeVax (TLV)

Dear Members of the Application Review Subcommittee:1

My name is Jack Morris, and I appreciate the opportunity to advocate for funding of Dr. Gaensler's AML vaccine project which has been her major focus since I first met her in 2023. I am a 70-year-old acute myeloid leukemia (AML) patient currently in remission. Nothing in my life prepared me for the abrupt and disorienting shift that came with my diagnosis, nor for the long and unpredictable path that followed.

Throughout my AML journey, Dr. Gaensler has been my physician. I was diagnosed with treatment-related AML in May 2023. Without medical intervention, my survivability was likely limited to months. My health would continue to decline, and I would succumb to the disease before the end of the year. Treatment would eliminate the leukemia cells and promote normal cell growth. Survivability with treatment would likely be years as opposed to months. We started treatment immediately, and I responded well to initial therapy. For a time, it appeared that I was on a stable course. That changed suddenly in early 2024 during my final weeks of chemotherapy when a rapidly developing and life-threatening lung infection was detected. Major surgery was required. The physical and emotional toll of that period was immense, and it marked one of the more difficult stretches of my initial treatment. While the surgery and medications enabled me to recover from the infection, I relapsed in December 2024 and ultimately required a stem-cell transplant in May 2025. Because no suitable donor existed in the national or international registries, my 22-year-old daughter became my donor — a gift that saved my life.

Undergoing a stem-cell transplant was one of the most demanding experiences of my life. The process requires a level of physical resilience and emotional endurance that is difficult to describe. The conditioning chemotherapy and radiation treatments, the access port placement, the isolation, the constant monitoring, and the ever-present risk and occurrence of complications create a sense of heightened vulnerability that stays with you long after the transplant itself. What is typically noted as a 7–10 day engraftment period stretched to 28 days for me; an agonizing extension filled with uncertainty, complications, and the daily fear that my new cells might never take hold. Recovery is not a straight line; it is a slow, uncertain climb marked by setbacks, fatigue, and the daily work of rebuilding a body that has been punished and pushed to its limits. Even with

the extraordinary support of my medical team and family, the transplant tested every part of who I am.

Before AML, my world was defined by work that demanded precision, judgment, and technical understanding. I spent more than 35 years in technical and managerial roles in the energy industry, after beginning my career as a test and project engineer in the automotive sector. I served on technical committees and boards and reviewed hundreds of research proposals for potential funding; an experience that taught me how to evaluate early-stage innovation and recognize when a new idea has the potential to change outcomes for people and our environment.

Living through AML has given me a different type of awareness — one rooted in vulnerability, uncertainty, and the slow, fragile process of recovery. I have seen firsthand how limited our options are, especially for older adults or those who are too medically fragile to undergo transplant. Many patients achieve remission only to face relapse with no effective therapies available to prevent it. That reality is devastating.

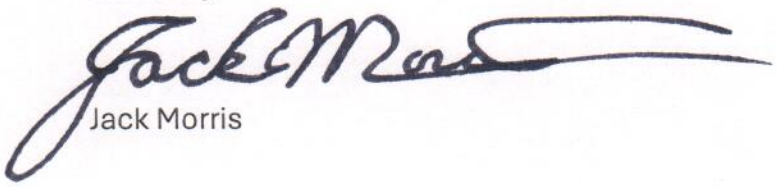
This is why I believe so strongly in the importance of developing new approaches like TriLeukeVax. As noted in the Grant Proposal, current immunotherapies often target a single protein on tumor cells, and if the tumor cell stops making that protein, the therapy is no longer effective. A personalized vaccine derived from a patient's own leukemia cells offers a fundamentally different strategy — one that could generate broad, diverse immune responses and potentially reduce relapse in a way current therapies cannot.

I am realistic about my own future, as I clearly have more yesterdays than tomorrows. But I feel a deep responsibility to advocate for the patients who will come after me — people who will sit in infusion chairs, wait for biopsy results, and hope for options that are less punishing and more effective than what we have today.

My personal experience with AML, combined with decades of evaluating complex technologies, leads me to believe that this line of research is not only scientifically sound but urgently needed. If we can offer patients a therapy that is personalized, potentially better tolerated, and designed to reduce relapse, we can change the trajectory of this disease.

Thank you for your consideration of this important work.

Sincerely,



Jack Morris