IMUGENE

Developing Cancer Immunotherapies

ASX: IMU

Developing Cancer Immunotherapies

Bell Potter Emerging Leaders Conference

September 2023

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Developing Cancer Immunotherapies

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INVESTMENT HIGHLIGHTS

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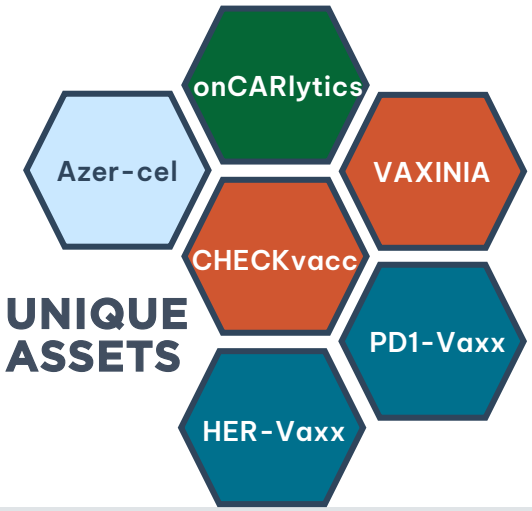
MARKET CAPITALISATION 8 September 2023 — A$417M / US$266M

CASH AS OF 30 June 2023 — A$153M (+$35M in Aug 2023) / US$100M

6 UNIQUE ASSETS



*Multiple potential platform targets: CF33-CD20, LAG3-Vaxx, CTLA4-Vaxx, TIGIT-Vaxx, PDL1-Vaxx, TIM3-Vaxx

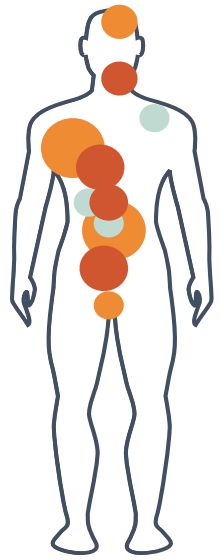
4 PLATFORM TECHNOLOGIES

- Allogeneic CAR T cell therapy
- onCARlytics
- CF33 Oncolytic Virus
- B-Cell Immunotherapies

4 SCIENTIFIC COLLABORATIONS

DISEASE AREAS

- **Blood cancers**
- Breast (TNBC)
- Lung (NSCLC)
- Gastric
- Gastroesophageal
- Colorectal (CRC)
- Melanoma
- Head and Neck
- Hepatocellular
- Pancreatic
- Glioblastoma (GBM)



CLINICAL STUDIES

- AZER-CEL Ph1b/2 registrational DLBCL (FDA IND)
- IMPRINTER: Ph1 NSCLC (FDA IND)
- CHECKvacc COH IST: Ph1 TNBC (FDA IND)
- neoHERIZON: Ph 2 Neoadjuvant Gastric Cancer
- nextHERIZON: Ph2 Metastatic Gastric Cancer (FDA IND)
- MAST: Ph1 Solid Tumors (FDA IND)
- DOMINICA: Ph1 TNBC (FDA IND)
- onCARlytics: Ph1 Solid Tumors (FDA IND)
- neoPolem IST: Ph1 CRC
- HERIZON: Ph1b/2 First line Gastric Cancer

2 SUPPLY AGREEMENTS

- Merck KGaA
- Roche

FOUR UNIQUE PLATFORMS MAXIMIZE OPPORTUNITIES IN CANCER

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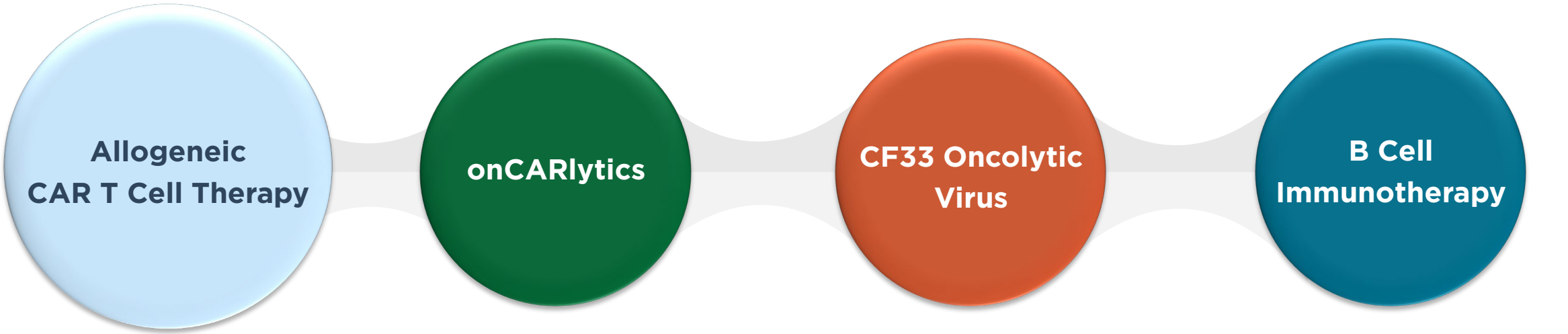
Treatments that can be combined with and enhance outcomes of existing standards of care



Azer-cel

Patents filed in major territories and expiring in 2036 to 2039

onCARlytics

Patent filed in major territories and expires in 2038

CHECKvacc **VAXINIA**

Patent filed in major territories and expires in 2037

HER-Vaxx **PD1-Vaxx**

Patent filed in major territories and expires in 2036 and 2040

CAR T THERAPY SUCCESSES IN BLOOD MALIGNANCIES

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COMPANY	FIRST FDA APPROVAL	TARGET	APPROVED CANCERS	OVERALL RESPONSE RATE
KYMRIAH® (tisagenlecleucel) Dispersion for IV infusion — NOVARTIS	2017	CD19	B-ALL, DLBCL	53-86%
YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion — Kite A GILEAD Company	2017	CD19	DLBCL, R/R FL	72-91%
TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion — Kite A GILEAD Company	2020	CD19	R/R MCL	65*-87%
Breyanzi® (lisocabtagene maraleucel) — Bristol Myers Squibb™	2021	CD19	DLBCL	73-87%
Abecma® (idecabtagene vicleucel) — Bristol Myers Squibb™	2021	BCMA	R/R MM	72%
CARVYKTI™ (ciltacabtagene autoleucel) Suspension for IV infusion — janssen Oncology, LEGEND BIOTECH	2022	BCMA	R/R MM	98%

*Overall complete remission rate

https://www.hcp.novartis.com/products/kymriah/;https://www.yescartahcp.com/;https://www.tecartushcp.com/; https://www.breyanzihcp.com/; https://www.abecmahcp.com/; DLBCL: Diffuse large B cell lymphoma; ALL: Acute lymphoblastic leukaemia; R/R: Relapsed or refractor FL: Follicular lymphoma; MCL: Mantle cell lymphoma; MM: Multiple myeloma

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PRECISION BIOSCIENCES

Allogeneic CAR T Cell Therapy

Azer-cel

EXECUTIVE SUMMARY

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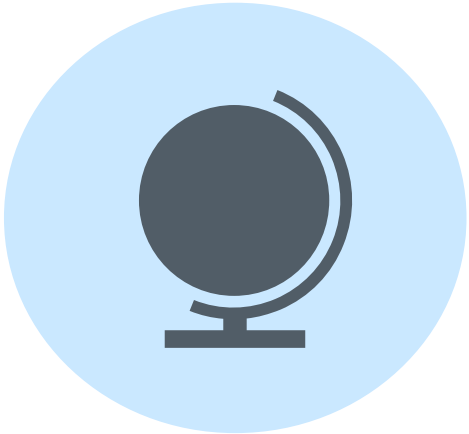
Imugene has licensed a near term potential registrational stage, off-the-shelf (allogeneic) cell therapy CAR T drug azer-cel (azercabtagene zapreleucel) which targets CD19 to attack blood cancer.

Imugene can also use this drug to combine with its existing onCAR19 to treat solid tumours.

The Transaction includes:



Exclusive world-wide license to the FIRST IN CLASS product known as azer-cel with over 84 patients treated in a Phase I trial, demonstrated safety and compelling efficacy

3 ADDITIONAL ASSET TARGETS

Encouraging FDA guidance and feedback on manufacturing for a potential FAST TO MARKET Phase 2 registration trial.

POTENTIAL FOR FIRST FDA APPROVED ALLOGENEIC CAR T

Completed drug material and manufacturing process

MANUFACTURING FACILITY

with a highly TECHNICALLY SKILLED AND SPECIALISED work force

KEY HIGHLIGHTS

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Unique opportunity to develop highly promising allogeneic (off the shelf) CD19 CAR T drug in blood cancers with improved safety & strong efficacy
Highly complementary to IMU's existing CD19 OnCARlytics program
Robust & compelling data package from large 84 patient Phase 1 trial with 41% Compete Responses in non-Hodgkin's Lymphoma, & 61% Complete Responses in CAR T relapse patients
Potential FDA accelerated approval for Phase 2 registrational trial [~18 months] **POTENTIAL FOR FIRST IN CLASS FDA APPROVED ALLOGENEIC CAR T CELL THERAPY**
Experienced CAR T management team & manufacturing expertise joining from Phase 1 trial
Drug product for registrational Phase 2 study manufactured in state of the art cell therapy facility in North Carolina
3 Additional Target Assets
Attractive financial licensing terms
Robust IP

AUTOLOGUS (AUTO) CAR T THERAPY – A LIVING DRUG; PERSONALISED

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Auto CAR T cell therapy is a type of immunotherapy that uses a patient's own genetically modified T Cells to find and kill cancer

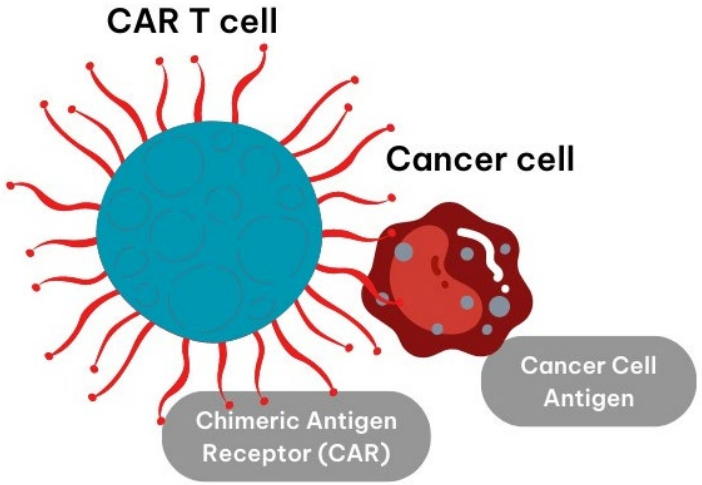
1

T Cells are taken from patients (highly dependent on patients' immune system) with blood cancers such as leukemia & lymphoma and reprogrammed to target CD19 cancer cells

2

The re-programmed CD 19 T Cells are then injected back into the cancer patient

3



When the CD19 T Cells see the cancer cells with CD19 on them, the T Cells attack and kill them

ALLOGENEIC (ALLO) CAR T THERAPY – A LIVING DRUG; OFF THE SHELF

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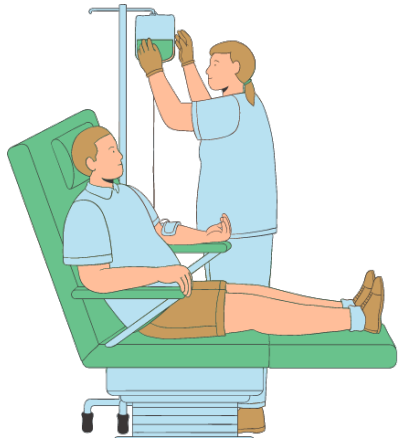
Allo CAR T cell therapy is a type of immunotherapy that uses healthy donor T Cells that are genetically modified and engineered to be used "off the shelf" for multiple patients

1

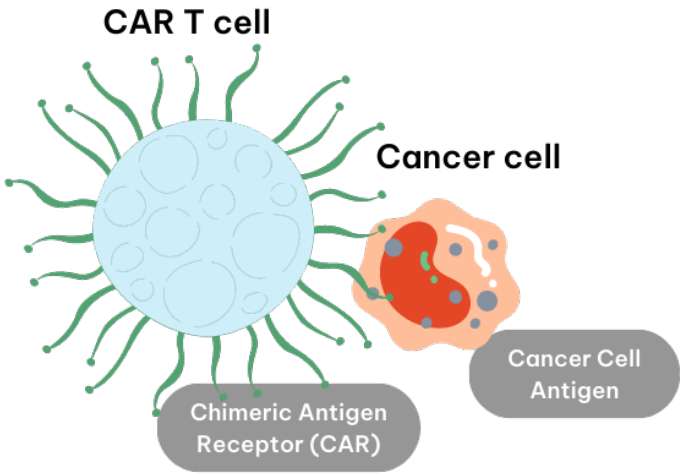


HEALTHY donors provide T Cells to make the CART product candidate. Donor T cells are processed for "universal match" and incorporated to chimeric antigen receptor designed to attack tumour cells.

2

As an "off the shelf" product, the processed batches can be frozen and shipped to multiple hospitals and clinics. Each batch product can produce multiple doses. The re-programmed CD 19 T Cells are then injected into the cancer patient

3



When the CD19 T Cells see the cancer cells with CD19 on them, the T Cells attack and kill them

THE FUTURE OF CELL THERAPY IS OFF THE SHELF

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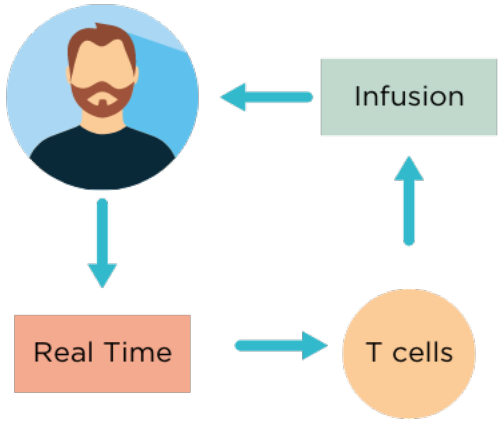
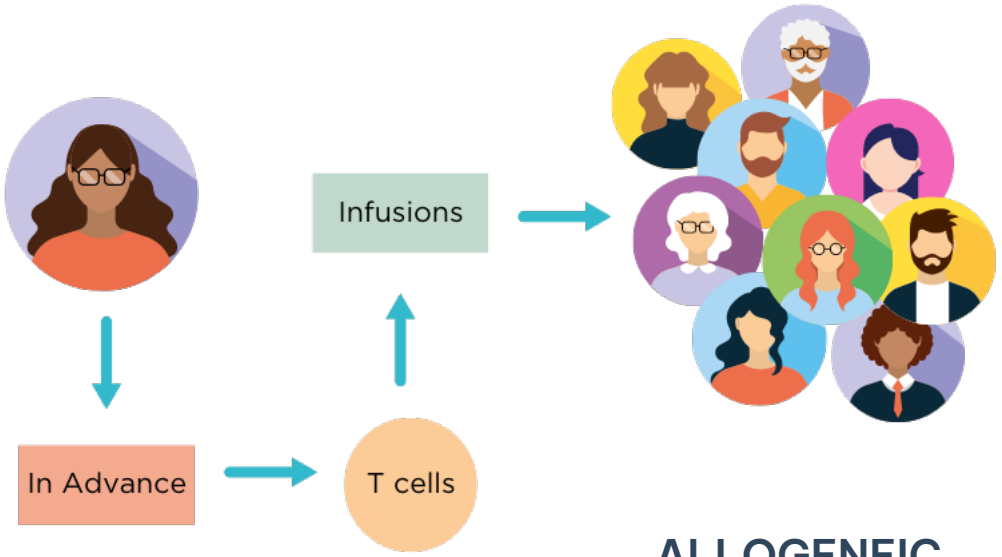
Patients shouldn't have to wait for treatment



AUTOLOGOUS

- Limited patient access
- Long and complex manufacturing process and wait time (requires leukapheresis and bridging is often required)
- High manufacturing costs
- Variable potency



ALLOGENEIC

- Broad patient access
- Available on demand and off-the-shelf immediately (no leukapheresis and no bridging required)
- More efficient and cost-effective manufacturing
- Healthy donor cells engineered for potency and persistence

WHAT IS DIFFUSE LARGE B-CELL LYMPHOMA?

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A lethal type of blood cancer

- Diffuse large B-cell lymphoma (DLBCL) is an aggressive type of non-Hodgkin lymphoma (NHL) that develops from the B-cells in the lymphatic system, which are responsible for producing antibodies typically to fight infectious disease.
- DLBCL develops when some of your B-cells become cancerous. They grow uncontrollably, are abnormal, and do not die when they should.
- DLBCL is the most common subtype of non-Hodgkin lymphoma (80.5k diagnosis per year) accounting for ~30% of all cases.
- DLBCL can occur at any age but is most common in people aged over 50 years. The average age of diagnosis is 60-65 years; however, DLBCL can also affect children.
- DLBCL is high-grade (fast-growing) and needs to be treated quickly.
- Survival rates are poor with a high unmet clinical need.

HOW IS DLBCL TREATED TODAY?

~30,000 New Cases in the U.S. Annually (2020 – SEER)

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1st line	2nd line	3rd line
• R-CHOP (Combination Chemotherapy*)	• High dose chemotherapy w/ stem cell transplant • Auto CD19 CAR T cell therapies: Yescarta (Gilead), Kymriah (Novartis), Breyanzi (BMS)	• No standard of care – for auto CAR T relapse patients
~60% of patients are cured with R-CHOP (Combination Chemotherapy*)	~6,000 patients become eligible for 2nd line; 20-25% of these patients are cured	60-65% of patients treated with auto CD19 CAR T relapse	Pool of post CAR T patients needing next line therapy expected to grow as auto CAR T therapies continue to penetrate in earlier lines of therapy

*Rituximab, Cyclophosphamide, Doxorubicin Hydrochloride (Hydroxydaunomycin), Vincristine Sulfate (Oncovin), Prednisone

TOTAL BODY OF EVIDENCE:

Azer-cel has meaningful Clinical Activity across B Cell Malignancies

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84

Patients Treated With Azer-cel

61
Non-Hodgkin lymphoma (NHL) Patients

58% ORR[1]
41% CR[2]

All Doses / All LD* Regimens

23
B-Cell lymphoblastic leukaemia (B-ALL) Patients

61% ORR
61% CR/CRi

[1]ORR: Overall Response Rate
[2]CR: Complete Response
*lymphodepletion
Note: Based on Patients Evaluable for Efficacy

AZER-CEL IS ACTIVE IN CAR T RELAPSED PATIENTS:

Demonstrated high response rates and durability

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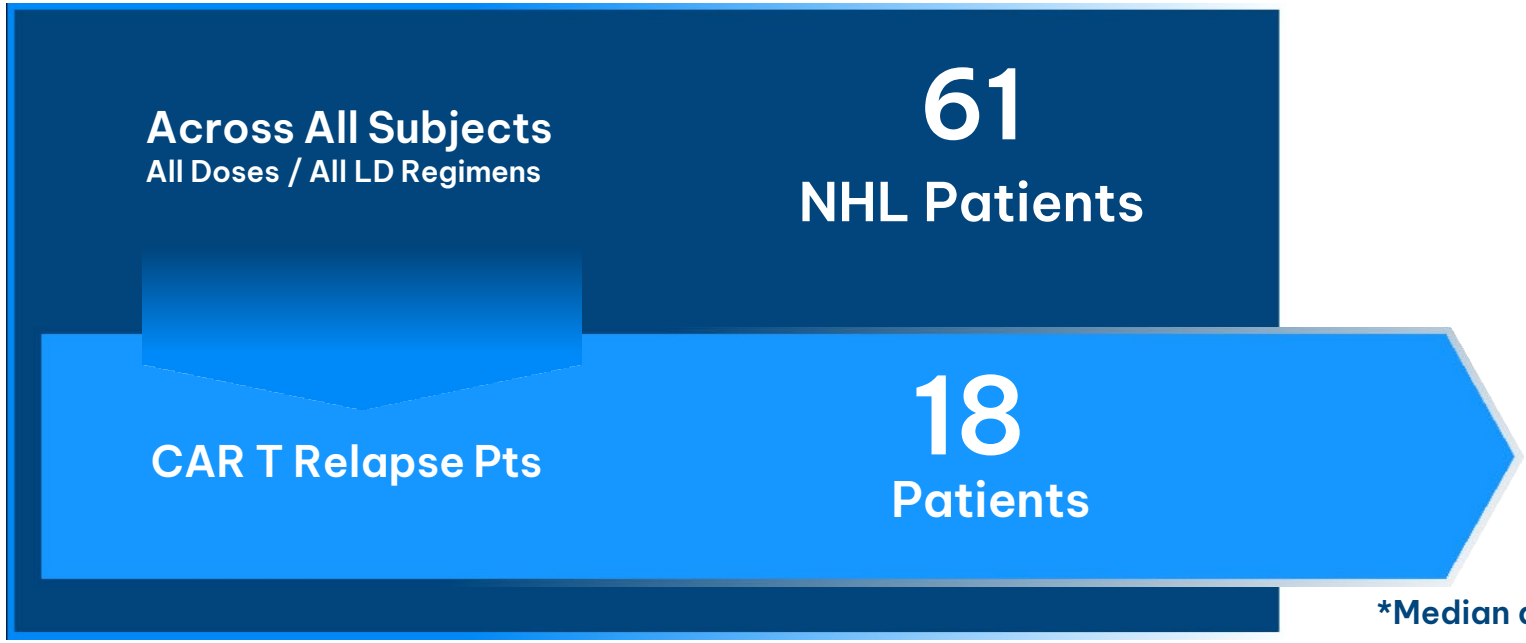

83% ORR

61% CR Rate
55% DoR ≥ 6-months[1]

***Median duration in ≥ 6-month responders is 431 days**

★ Azer-cel has the potential to provide new standard of care for this high-risk population with unmet need

Note: Based on Patients Evaluable for Efficacy
1. N=11 patients evaluable for ≥ 6 months duration on response, 6 durable responders past 6 months or longer with 431 (> 1 year) median days on response; DoR measured from D0

CD19 AUTO CAR T RELAPSE MARKET IS LARGE AND GROWING

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~85% of patients continue to have CD19+ disease [1]

In our prospective data, patients continue to have antigen positive disease

YESCARTA

Breyanzi

KYMRIAH® (tisagenlecleucel) Dispersion for IV infusion

60-65% of patients currently treated with Auto CD19 CAR T will relapse (Fail)[2]

★ By 2025, Global CAR T Relapse Patient Pool Is Expected To Grow ~4x as Auto CAR T Drugs become the SoC in 2L+

→ Estimate total Global G8 markets to be ~18k patients per year[3]

Note: Retrospective Literature states that 12-28% of patients have antigen negative relapse (CD19-)

1. Precision Internal Clinical Data
2. Estimated from ZUMA 1 and ZUMA 7 EFS rates
3. G8 includes US, Japan, Canada and EU5 assuming equal access to CAR T therapies; market research, CancerMPact

MARKET SIZE: DIFFUSE LARGE B-CELL LYMPHOMA

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- ~30,000[1] patients with DLBCL in the US with 33% likely to be relapsed/refractory setting (1st line chemo combo)
- 60%-65% will be refractory or relapsed post an autologous CD19 CART therapy (estimated 6,400 patients)
- Approved auto CAR T priced at $375,000 per one-time treatment
- Azer-cel DLBCL post-auto peak sales potential of ~$2.5B[2] US
- Other lines of therapy and Indications (i.e. acute lymphoblastic leukemia {ALL})

1. SEER 2020 Estimate
2. TAM: total addressable market is total number of treatable patients x price at 100% market share

UNMET NEED IN POST CAR-T: 60-70% OF PATIENTS PROGRESS

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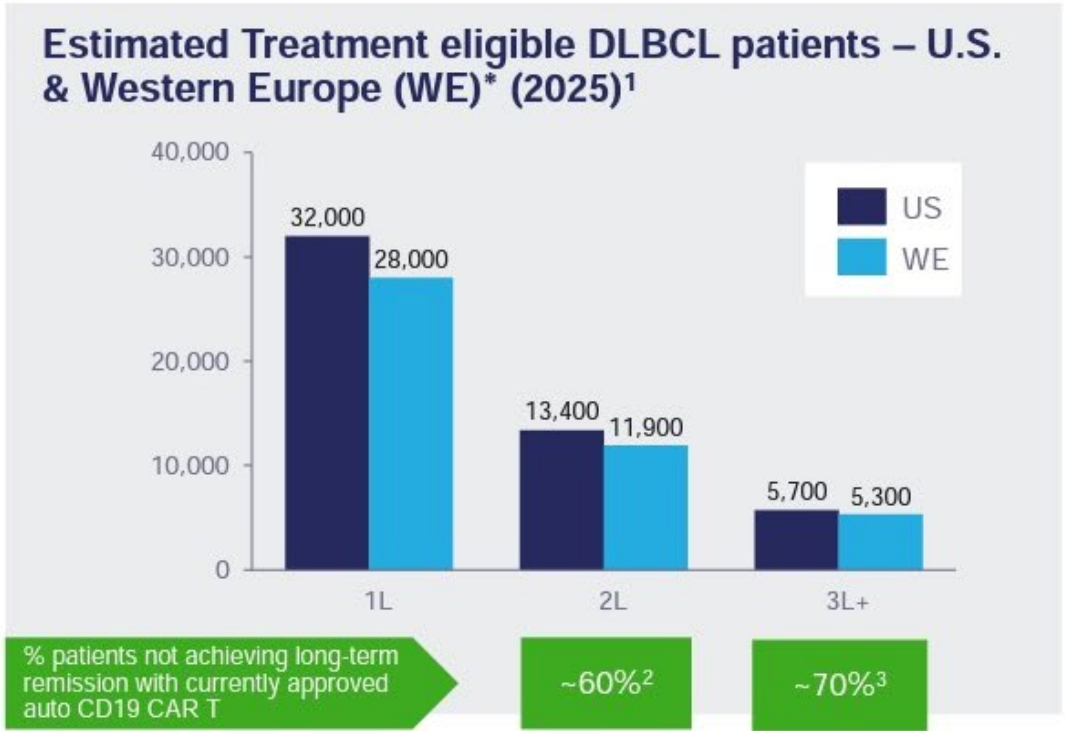
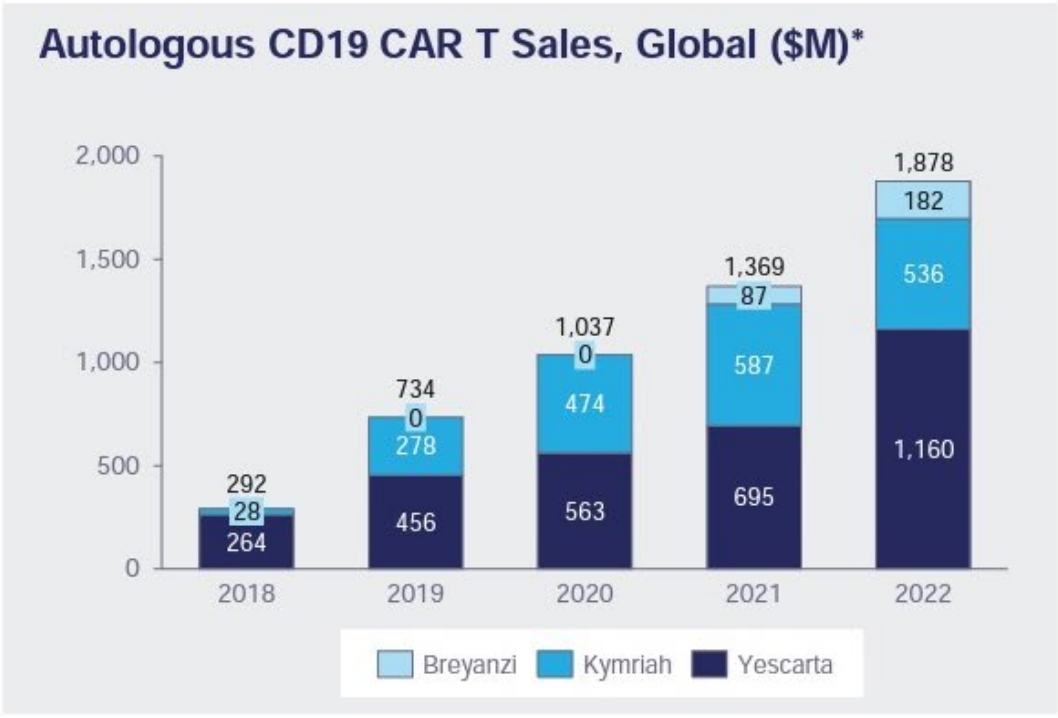
Autologous CD19 CAR T Market $2.2B Annual Projected for 2023 Growing: ~60-70% of Patients Progress





PHASE 2 TRIAL ASSUMPTIONS (POTENTIAL REGISTRATIONAL/TO MARKET)

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- Potential registrational study (FDA approval) to start upon completion of the Phase 1B study H2 2024
- Population: auto CAR T failures in DLBCL patients
- Positive formal and informal FDA guidance on the potential registrational study
- ~35+ sites in the U.S.: Phase IB trial currently conducted at Dana Farber, Moffit, MDACC, COH, Karmanos, U Minnesota, Cornell, Columbia
- Drug material manufactured in North Carolina at our facility

Dana-Farber Cancer Institute

MOFFITT CANCER CENTER

City of Hope

MASONIC CANCER CENTER
UNIVERSITY OF MINNESOTA

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

CMC & MANUFACTURING

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FDA U.S. FOOD & DRUG ADMINISTRATION

Fully GMP compliant

- Manufacturing – 32,800 (17,300 manufacturing +15,500 expansion) sq ft facility in Durham, NC
- GMP compliant / 3rd party audits completed with no findings
- Turn-key solution ready for final registrational trial drug product supply
- Robust and validated process for 84 patients dosed to date (optimized along the way)
- Drug product for Phase 1B confirmatory trial completed
- Experts transitioning to Imugene for continuity of drug manufacturing

AZER-CEL OFFERS onCARlytics AN IN-HOUSE COMBINATION APPROACH FOR SOLID TUMOURS

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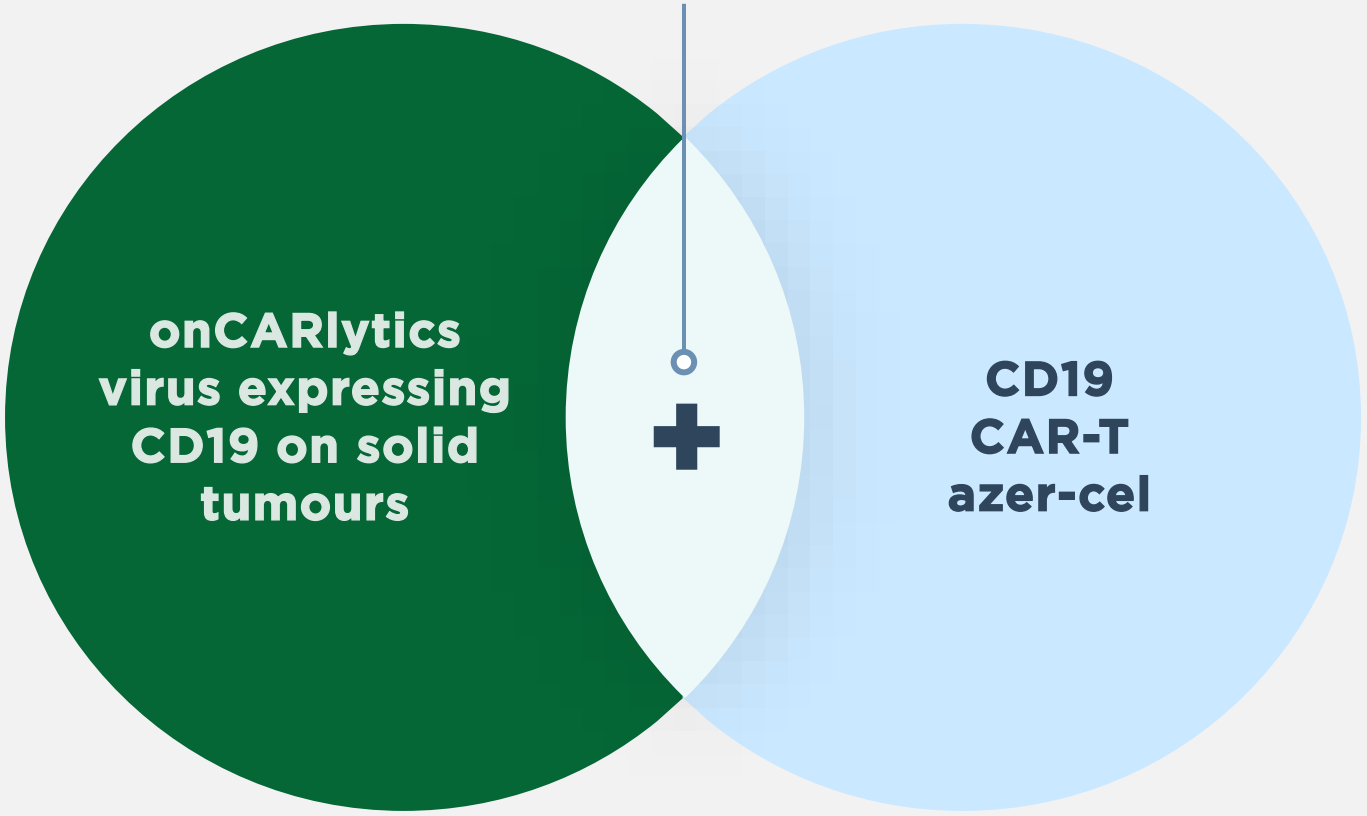
- Enables Imugene to progress its own combination solution in multiple solid tumour indications
- Strengthen current development of onCARlytics by adding an in house off the shelf CD19 CAR T
- Enables and boosts Imugene's footprint in the blood cancer and continued solid tumour oncology markets

Combination treatment for solid tumours



AZER-CEL VALUE INFLECTION POINTS EXPECTED IN THE NEXT 12-18 MONTHS

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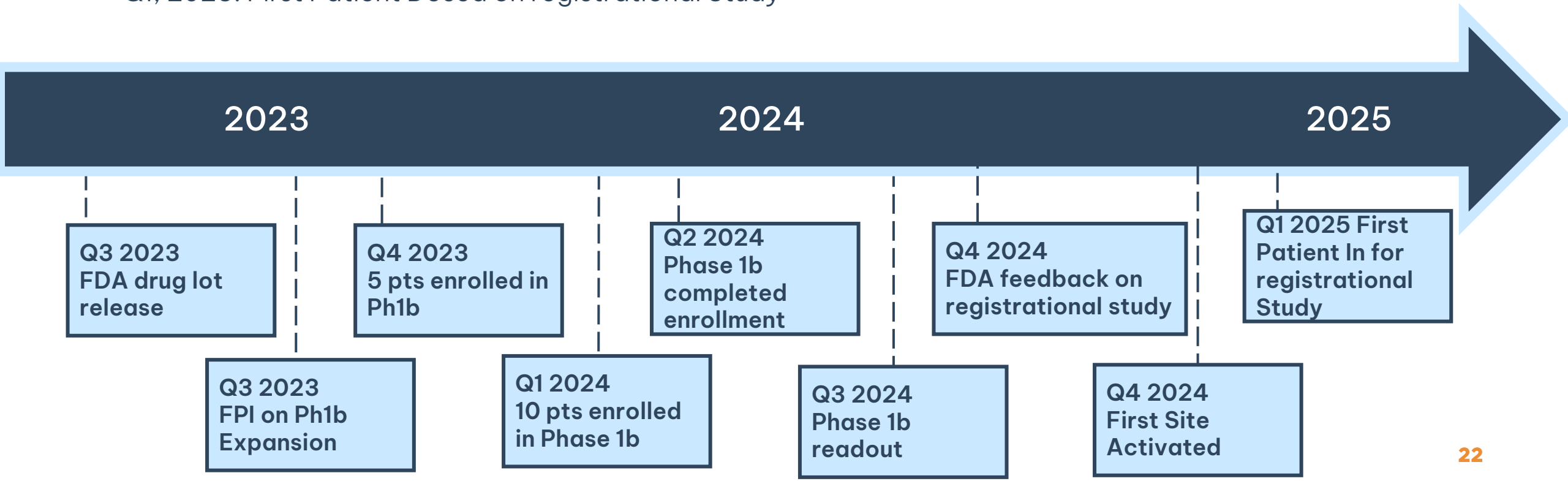
Key Events:

- Q3, 2023: FDA Process 1.2 Drug Lot Release (validating Phase 2 registrational study drug)
- Q4, 2023: First Patient in for Phase 1b Expansion
- Q4, 2023 – Q2, 2024: Patient recruitment status and completion of enrolment of Phase 1b
- Q3, 2024 – Q4, 2024: Phase 1b readout and FDA feedback on registrational study
- Q4, 2024: Status on Site approval activity
- Q1, 2025: First Patient Dosed on registrational Study



WHY IMUGENE?

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DIVERSE ASSET PORTFOLIO WITH MULTIPLE SHOTS ON GOAL ACROSS FOUR NOVEL PLATFORMS

EXPERIENCED MANAGEMENT TEAM

ONGOING CLINICAL TRIALS IN DIVERSE SOLID TUMOURS AND BLOOD CANCERS WITH MULTIPLE VALUE INFLECTION POINTS

ROBUST CASH RUNWAY WITH FUNDING THROUGH KEY MILESTONES

MULTIPLE VALUE REALISATION PATHWAYS

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COMPANY ACQUISITION

PARTNER WITH BIG PHARMA

LICENSE TECHNOLOGIES SEPARATELY

DEVELOP / COMMERCIALISE INDEPENDENTLY

FINANCIAL SUMMARY

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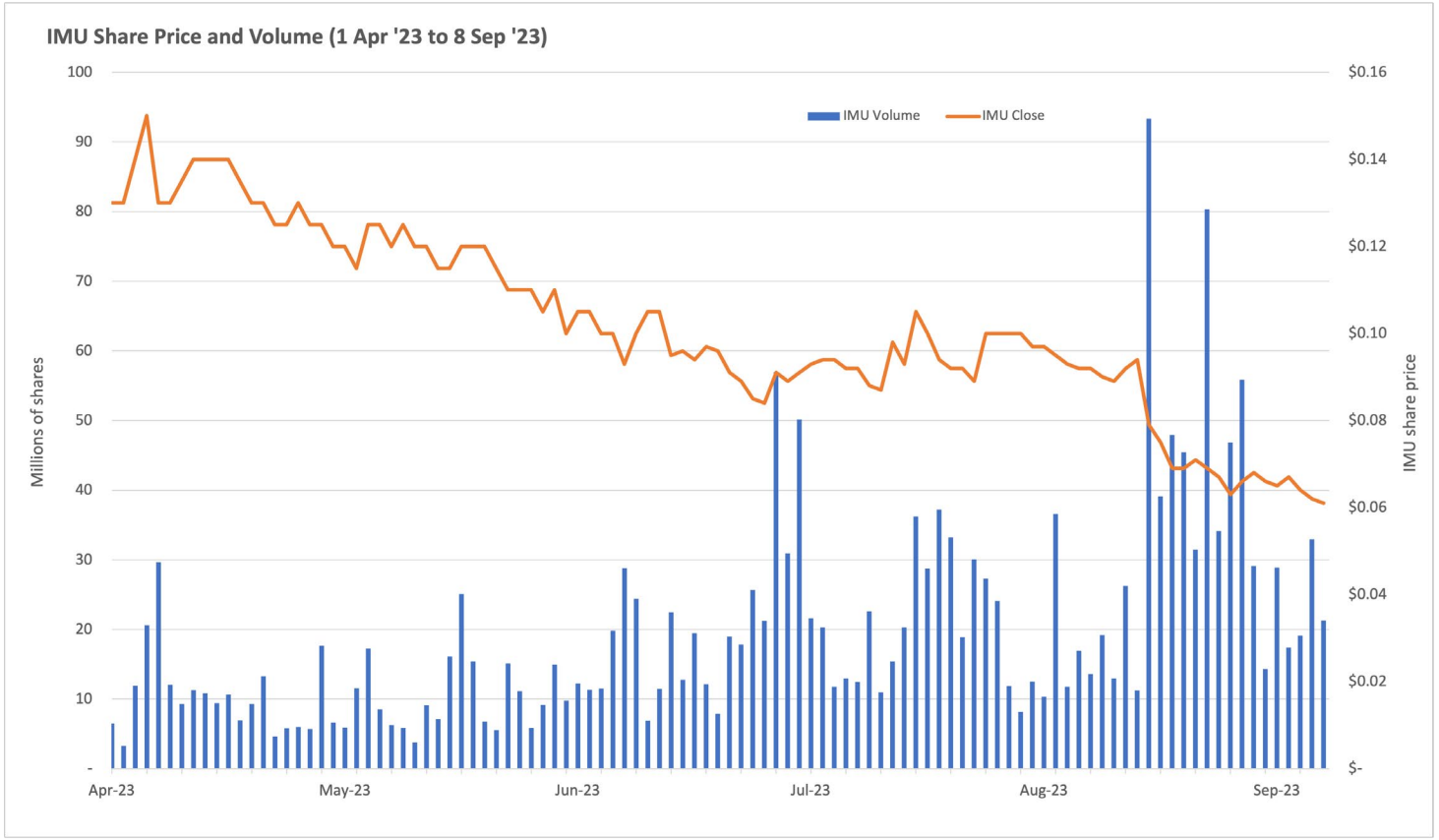
PUBLIC MARKET OVERVIEW (September 8, 2023)

Share Price	A$0.061
52 week range	A$0.059 - A$0.235
Market Capitalisation[1]	A$417M
Cash equivalents (30 June '23)	A$153M
Enterprise Value	A$264M

TOP 5 SHAREHOLDERS (August 2, 2023)

Paul Hopper	4.94%
The Vanguard Group Inc.	4.79%
Mann Family	4.42%
Black Rock Inc.	2.42%
State Street Corporation	2.34%

SHARE PRICE PERFORMANCE



Note:
1. Market capitalisation calculations based on ordinary shares (6.834 bn) only and excludes the dilutive impact of options outstanding (0.478 bn)

Contact

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www.imugene.com

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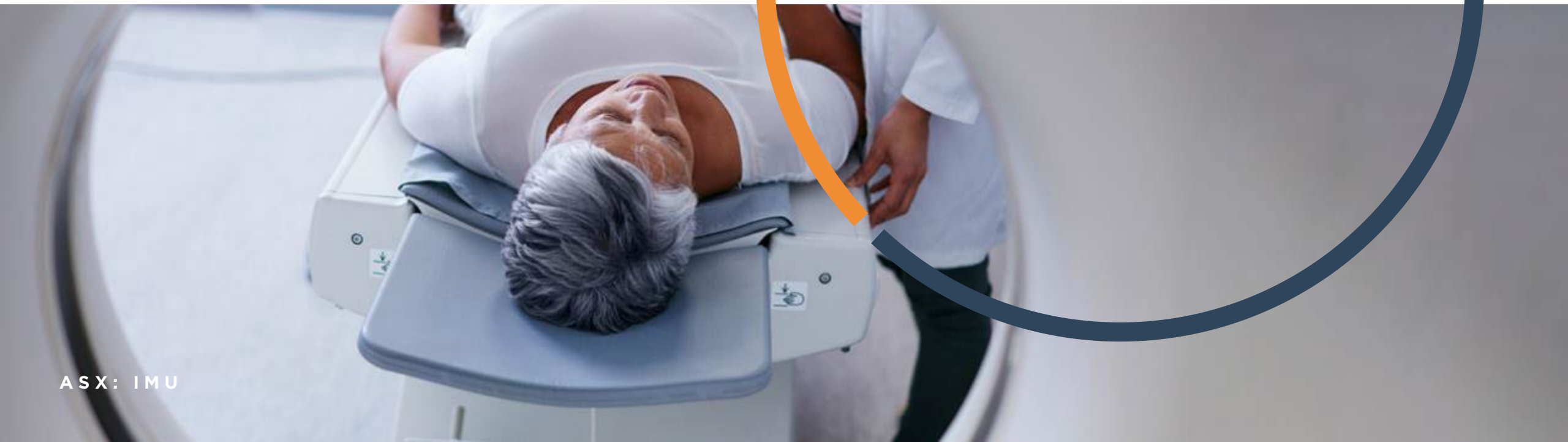

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APPENDICIES

IMMUNOTHERAPY UNLEASHES THE IMMUNE SYSTEM TO FIGHT CANCER

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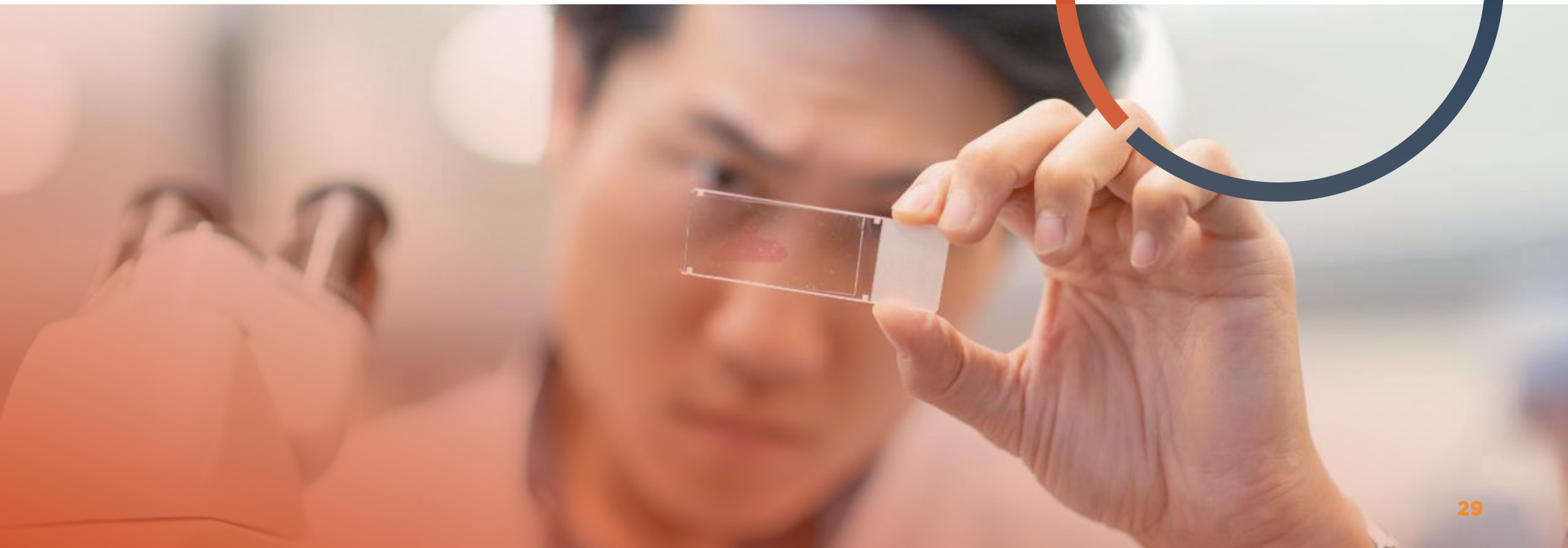
Cellular Therapy	Transfer of human cells to find and fight cancer (CAR-T) or replace diseased cells
Immunomodulators	Medications that regulate and boost part of the immune system (ex, immune checkpoint inhibitors)
Oncolytic Viruses	Modified viruses that infect and kill cancer cells but do not harm healthy cells
Monoclonal Antibodies	Synthetic proteins that bind a specific part of a cancer cell to block or target for destruction by immune cells
Cancer Vaccines	Medicines that train the immune system to recognize and destroy cancer cells

https://www.cancer.gov/about-cancer/treatment/types/immunotherapy; https://www.uchicagomedicine.org/cancer/types-treatments/immunotherapy

CF33 ONCOLYTIC VIRUS



T-VEC (ONCOVEC^{GM-CSF}) OPTIM TRIAL PHASE III : T-VEC INTRATUMOURAL VERSUS SQ GM-CSF

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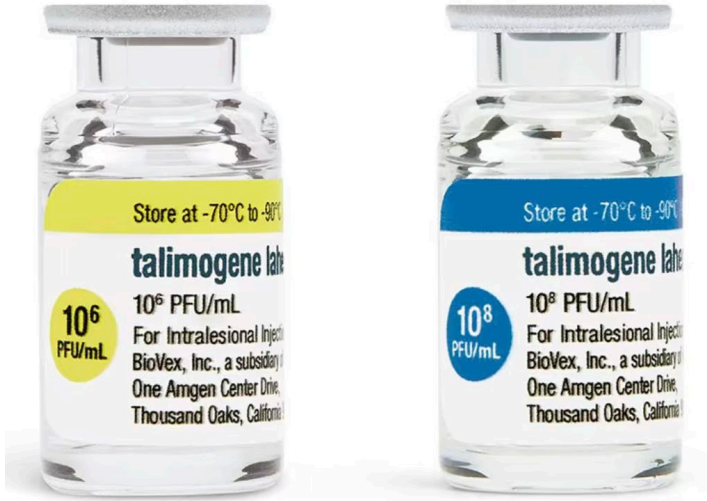
T-Vec was the first FDA approved OV therapy

- Herpes simplex virus encoding hGM-CSF
- N=430
- Stage IIIB, IIIC, IV melanoma

	T-Vec	GM-CSF
Objective Response Rate (ORR)	26%	6%
• Complete Response (CR)	11%	<1%
• Partial Response (PR)	15%	5%
Median Overall Survival (OS) months	23.3	18.9



Andtbacka et al.; J Clin Oncol. 2015;33:2780-2788.

GENERATION & EVALUATION OF NOVEL CHIMERIC POXVIRUSES

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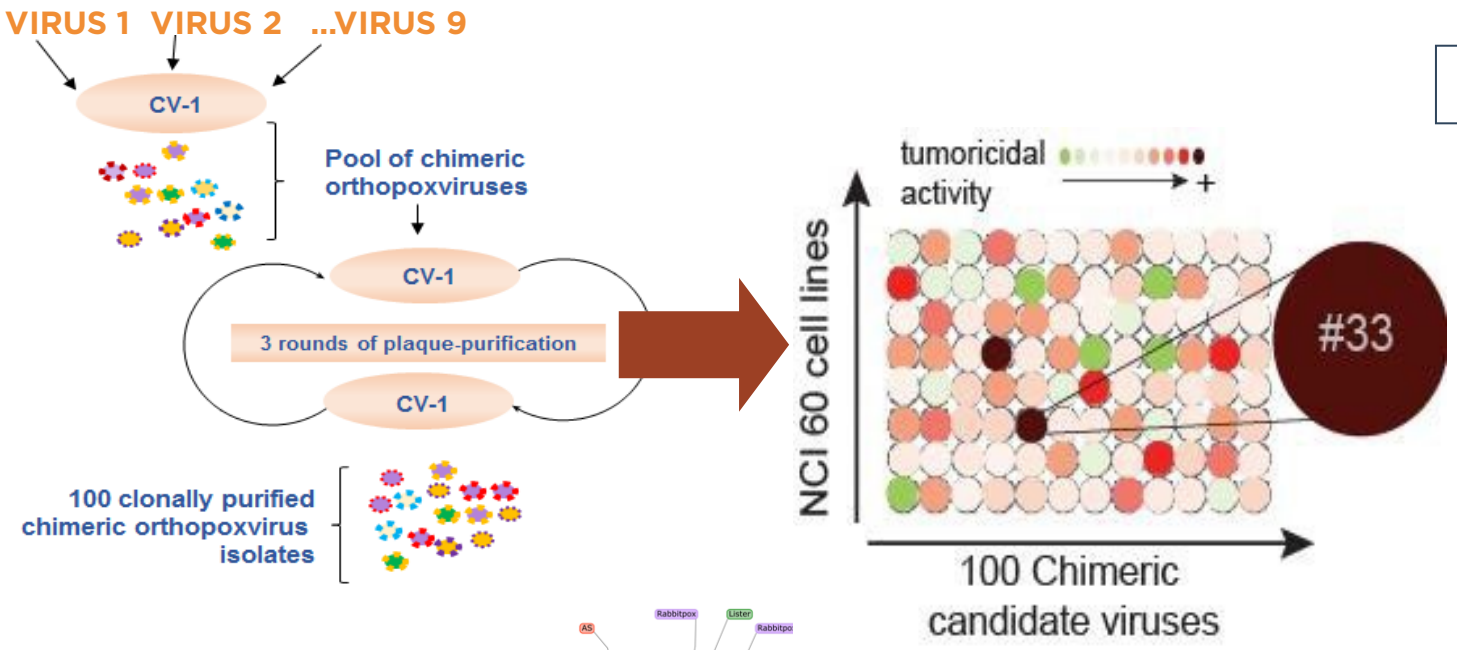

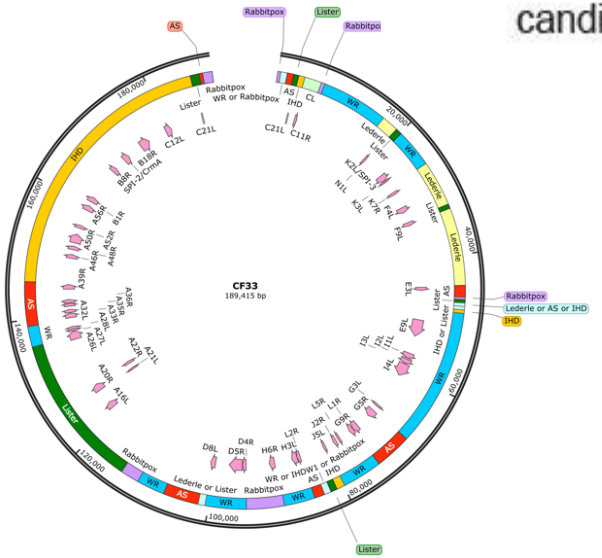

STRATEGY

Engineer Novel Chimeric Viruses

High Through-put Screening for Efficacy Against NCI60

Safe in Animals

Goal: safe, highly potent virus for killing of any cancer

Hope Oncolytic Viruses (HOV)

CF33-hNIS: TUMOR TRACKING AND TROPISM

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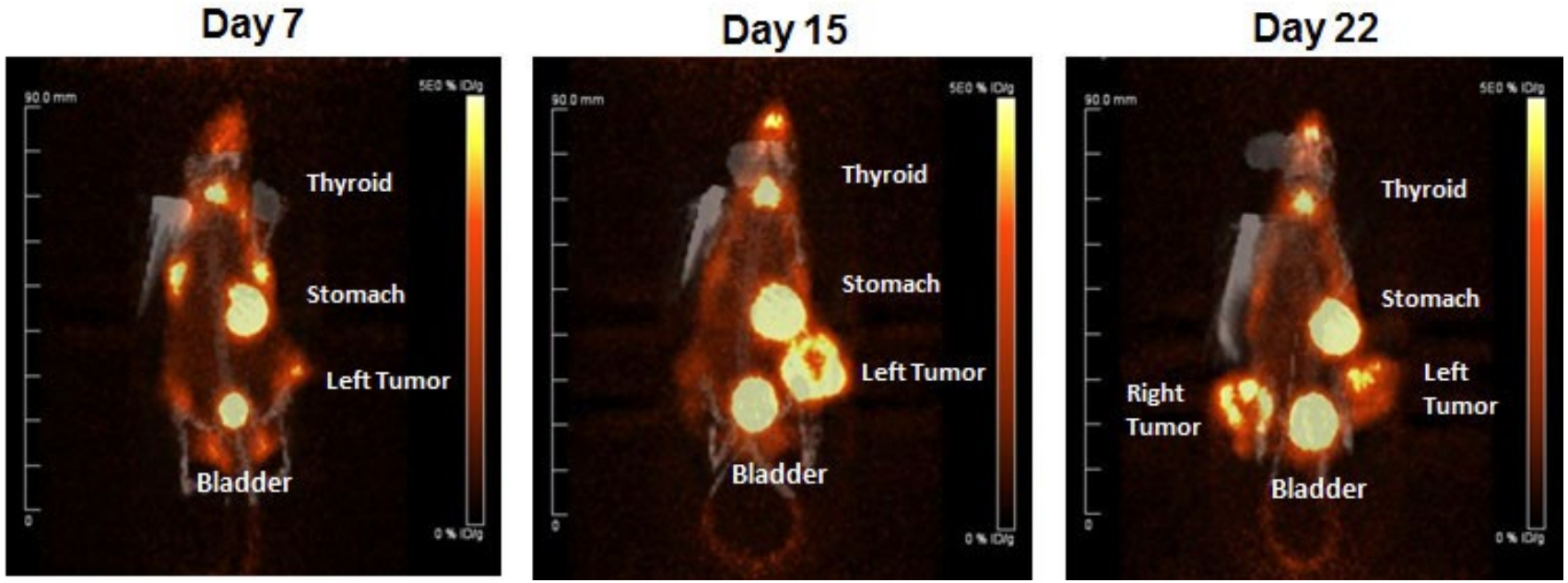
Genetic modification enables tumor tracking and tumor tropism

- hNIS (human sodium iodide symporter) protein is expressed on the tumor cell surface
- hNIS transgene inserted within J2R locus (Tk) to transport radioactive iodine for imaging

Tracked virus supports tumor specificity and systemic delivery

- Cross infection of tumors supported by 124I uptake in right side on day 22 following injection on left side
- Physiologic uptake in thyroid, stomach and bladder

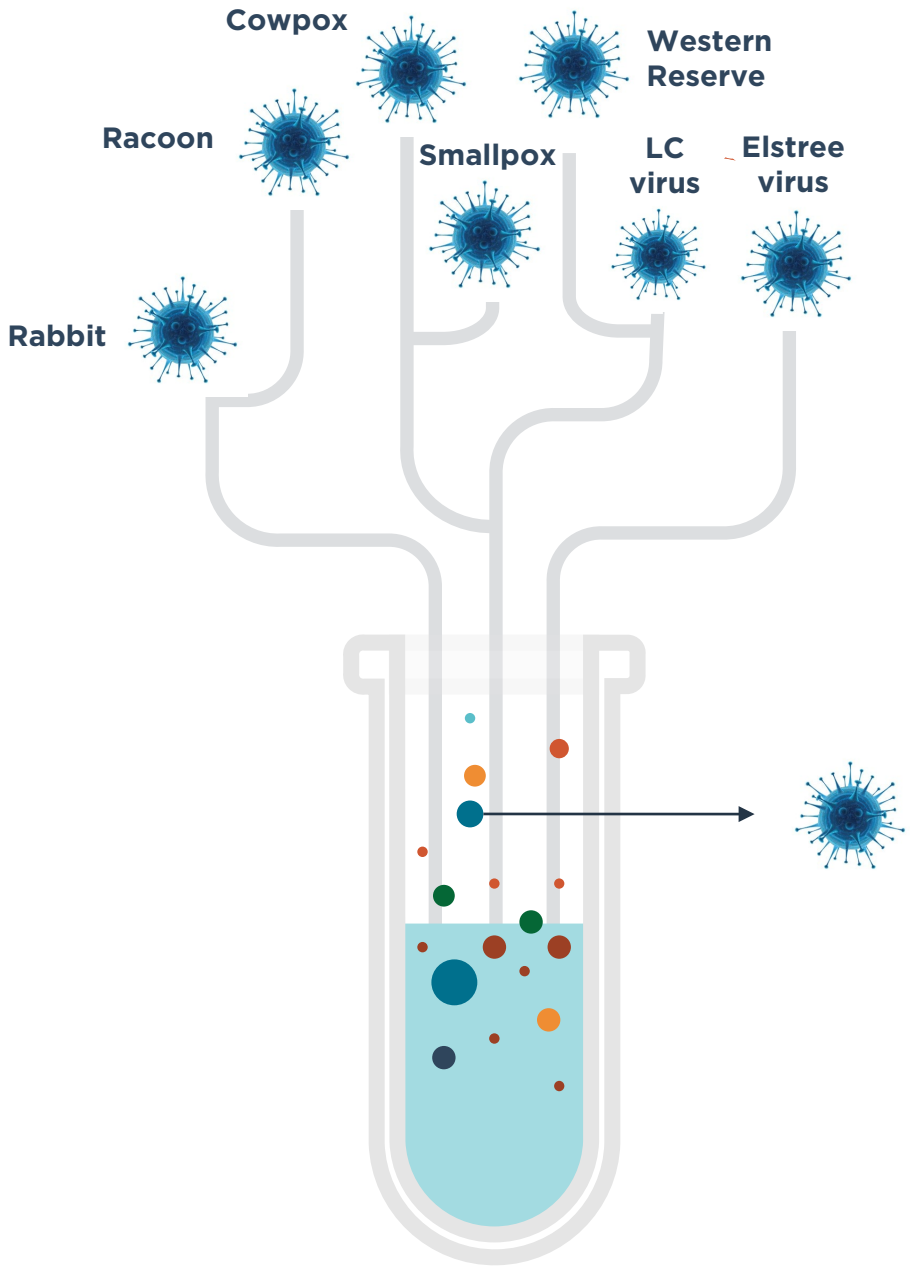
^{124}I PET Imaging of CF33-hNIS-infected HCT116 (colon cancer) from flank xenografts in nude mice over time



Ref: Mol Ther Oncolytics, 2019, **13**, 82

WHAT IS THE CF33 VIRUS & WHERE DID IT COME FROM?

Engineered next-generation virus



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CF33

Invented by Professor Yuman Fong

City of Hope™

IMU-CF33 WAS TESTED AGAINST 60 NATIONAL INSTITUTE OF HEALTH CANCER CELL LINES

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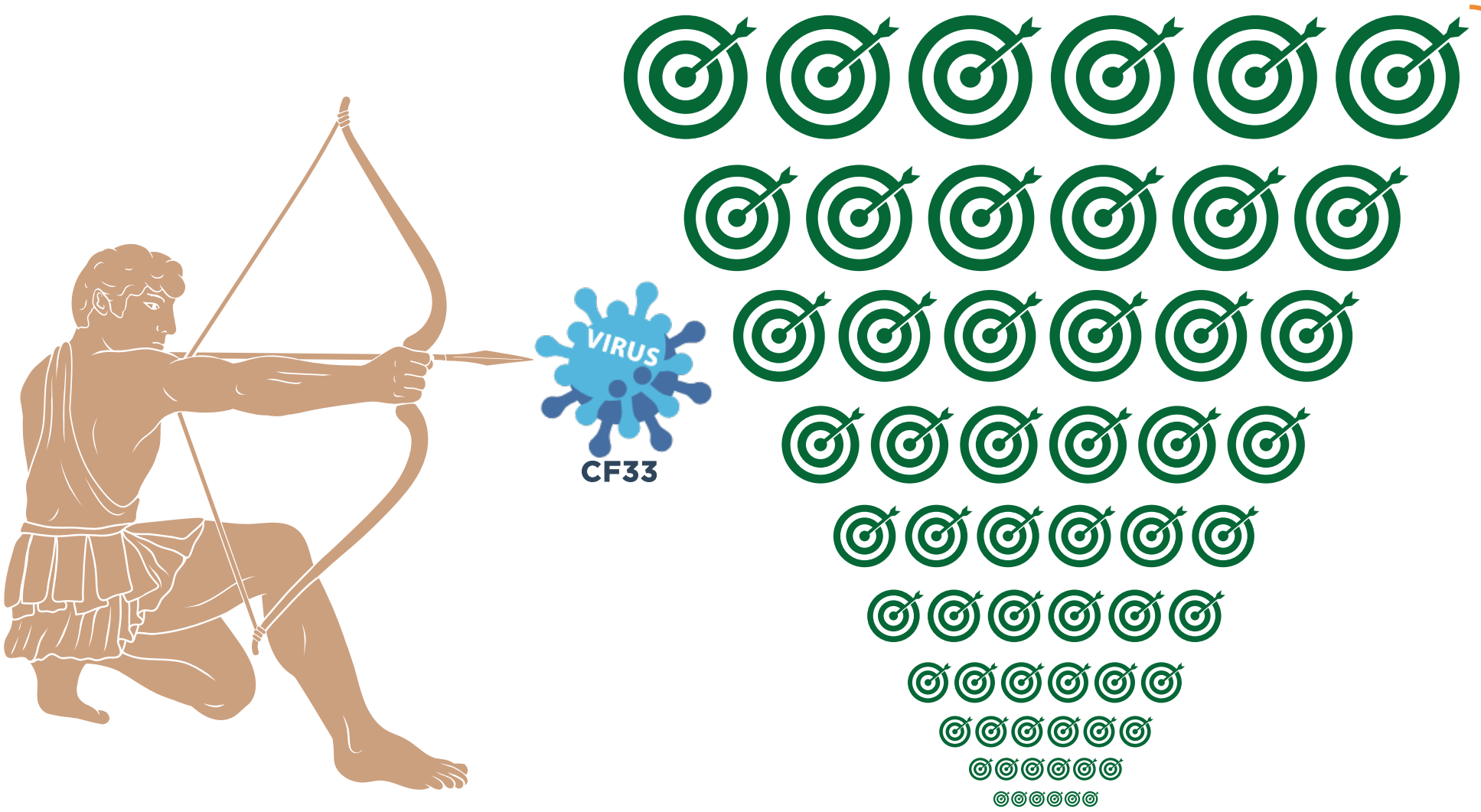

97%
kill rate across different types of cancer cells

ONCOLYTIC VIRUSES CAN INFECT AND SELECTIVELY KILL TUMOR CELLS

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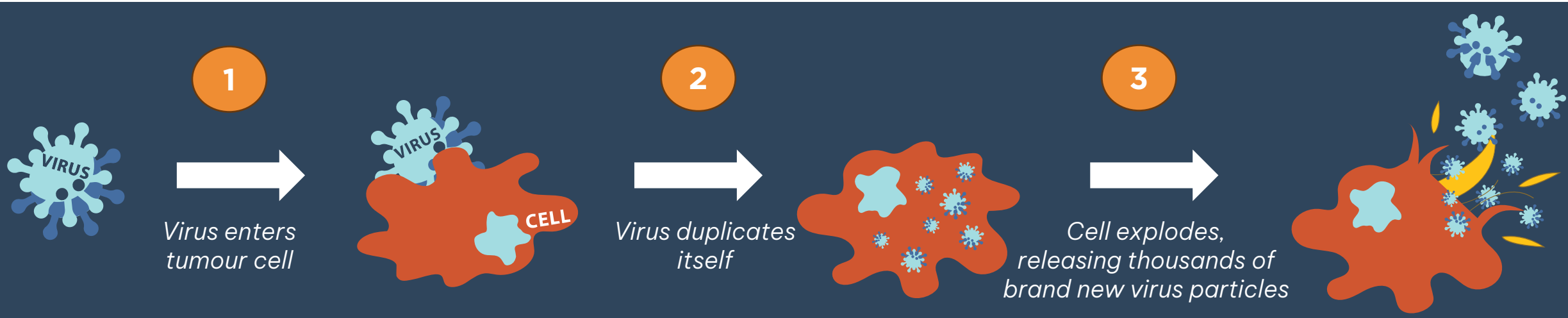

Engineering enhancements

- Infect and kill only cancer cells
- Carry payloads to increase killing

Multiple ways to kill cancer cells

- Direct killing
- Activation of immune cells to kill cancer cells
- Priming the tumour environment to enhance immune response[1]

Precedent for approval

- Tvec approved in the United States for skin cancer (2015)
- Oncorine approved in China for head and neck cancer (2005)
- Delytact approved in Japan for brain cancer (2021)

TME: tumour microenvironment
1: *Ribas et al., Cell 170:1109, 2017*

CHECKvacc PHASE 1 TNBC IST
City Of Hope – DR RAND

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Metastatic Triple Negative Breast Cancer

-2 prior lines of treatment

COHORT 6 | 3-6 PATIENTS

COHORT 5 | 3-6 PATIENTS

COHORT 4 | 3-6 PATIENTS
$1x10^7$

COHORTS 1 ,2 &3 | 3-6 PATIENTS
(each) $1x10^5$, $3x10^5$, $1x10^6$

Identify:

Optimal Biological Dose (OBD)

Based on:

- Safety
- Immunogenicity
- Tumour Response

OBD Expansion

12 Patients

MAST: VAXINIA PHASE 1 METASTATIC ADVANCED SOLID TUMOURS STUDY

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Dose Administration (Parallel Groups)

n=52-100 patients

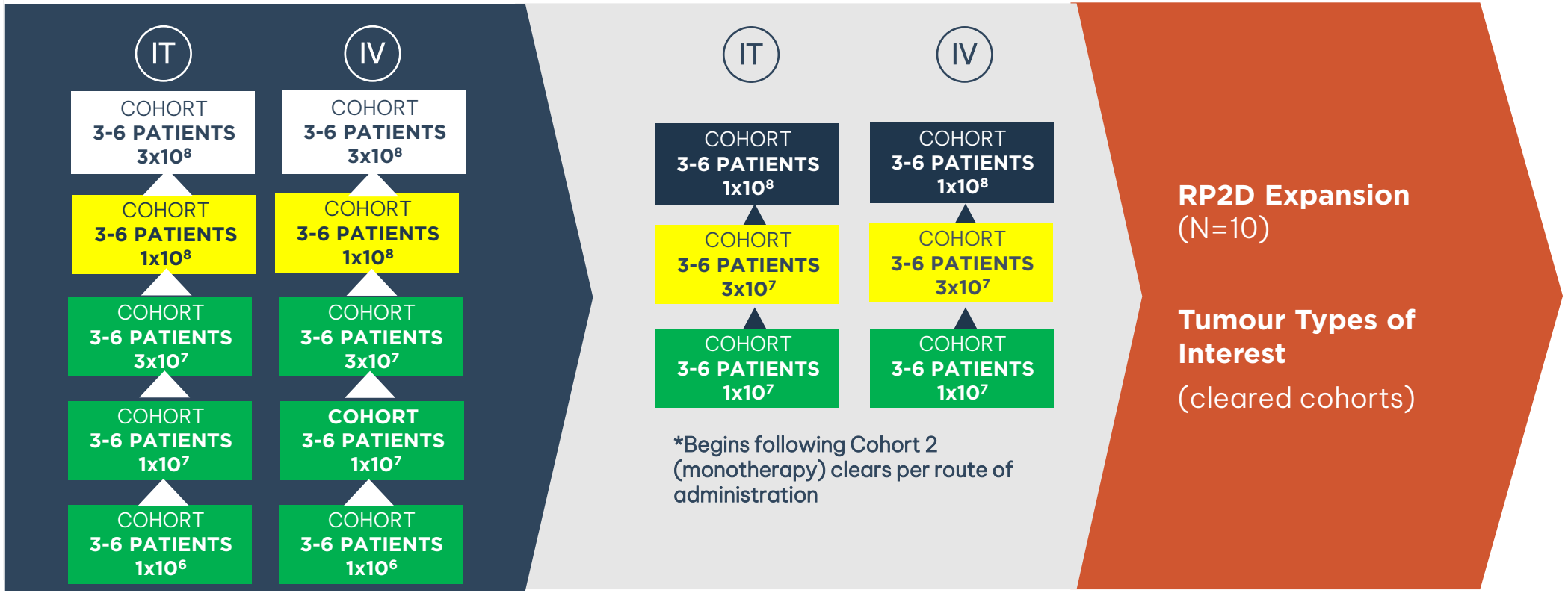
IT

IT Administration
Metastatic and Advanced Solid Tumours

IV

IV Administration
Metastatic and Advanced Solid Tumours

Site Location: USA, AUS



First Patient Enrolled May 2022

Identify: Recommended Phase 2 Dose (RP2D) – Monotherapy and Combination
Based on: Safety, Immunogenicity, Tumour Response

MAST: VAXINIA PHASE 1 METASTATIC ADVANCED SOLID TUMOURS STUDY

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FDA U.S. FOOD & DRUG ADMINISTRATION

Dose Administration (Parallel Groups)

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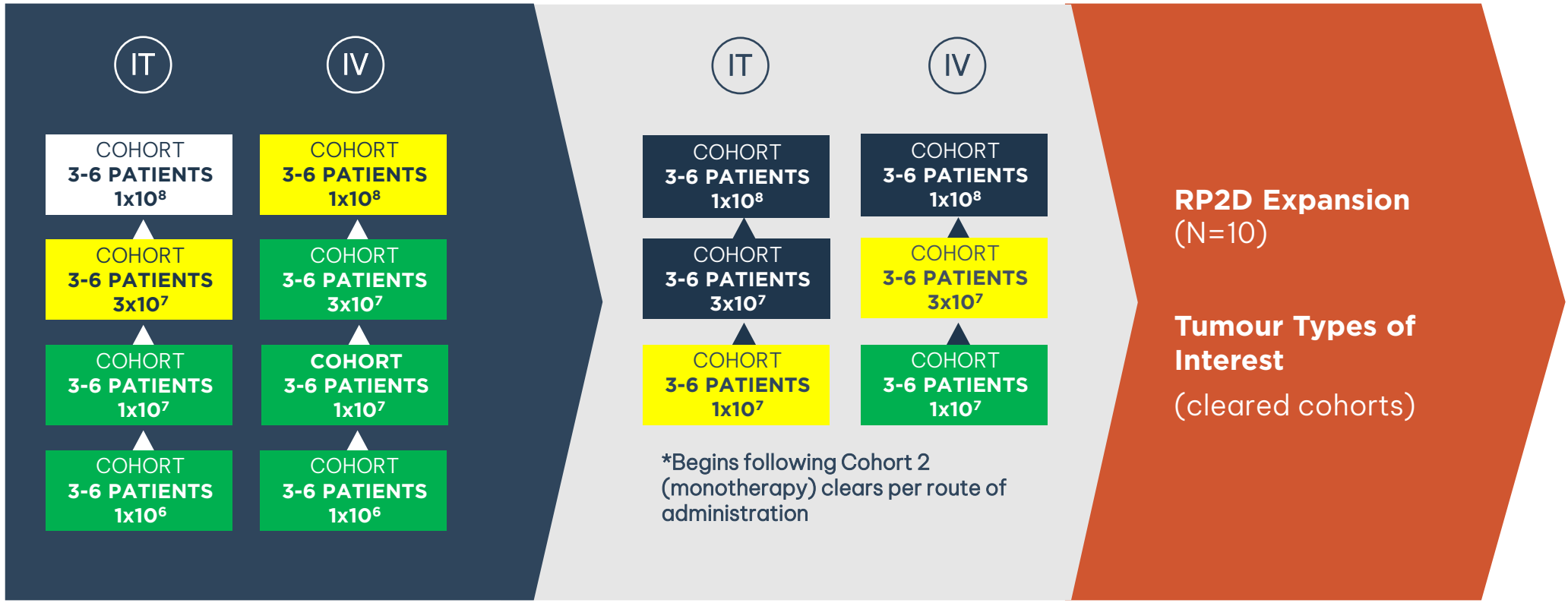

First Patient Enrolled May 2022

Identify: Recommended Phase 2 Dose (RP2D) – Monotherapy and Combination
Based on: Safety, Immunogenicity, Tumour Response

onCARlytics
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onCAR19 FOR SOLID TUMOURS

onCARLYTICS MAKE SOLID TUMOURS "SEEN" BY CD19 TARGETING THERAPIES

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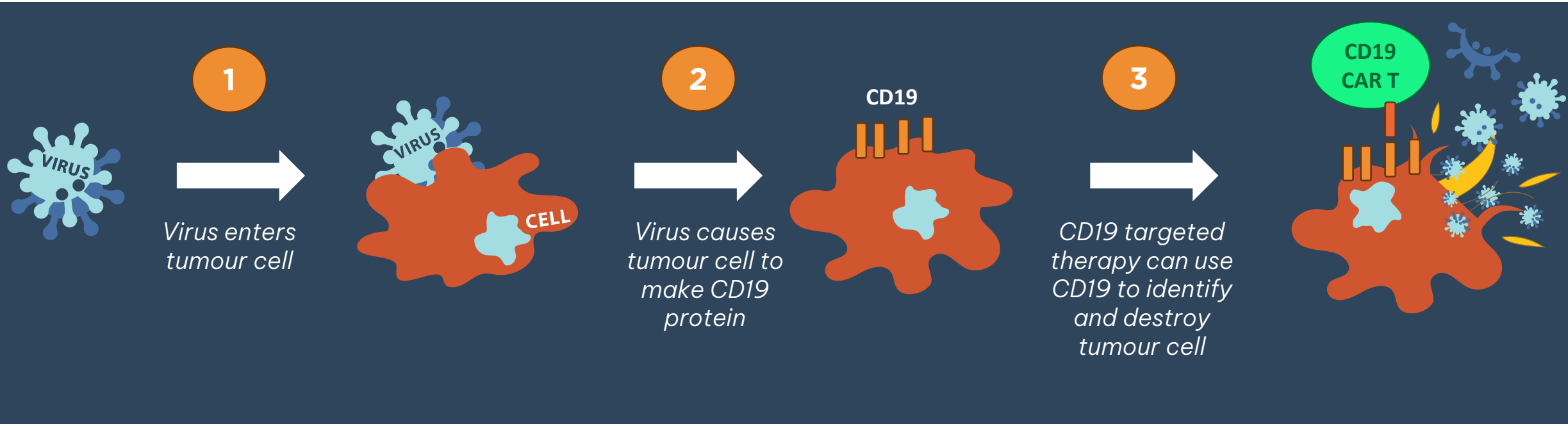
Solid tumour cells don't have a common, abundant protein, e.g. CD19 on their surface that can be used to target them for destruction

CD19 is commonly expressed in blood cancers and is used with targeted therapies like CAR Ts to identify and kill tumour cells



HOW DOES THE CD19 ONCOLYTIC VIRUS WORK?

onCARlytics MAKES SOLID TUMOURS "SEEN" BY CD19 TARGETING THERAPIES

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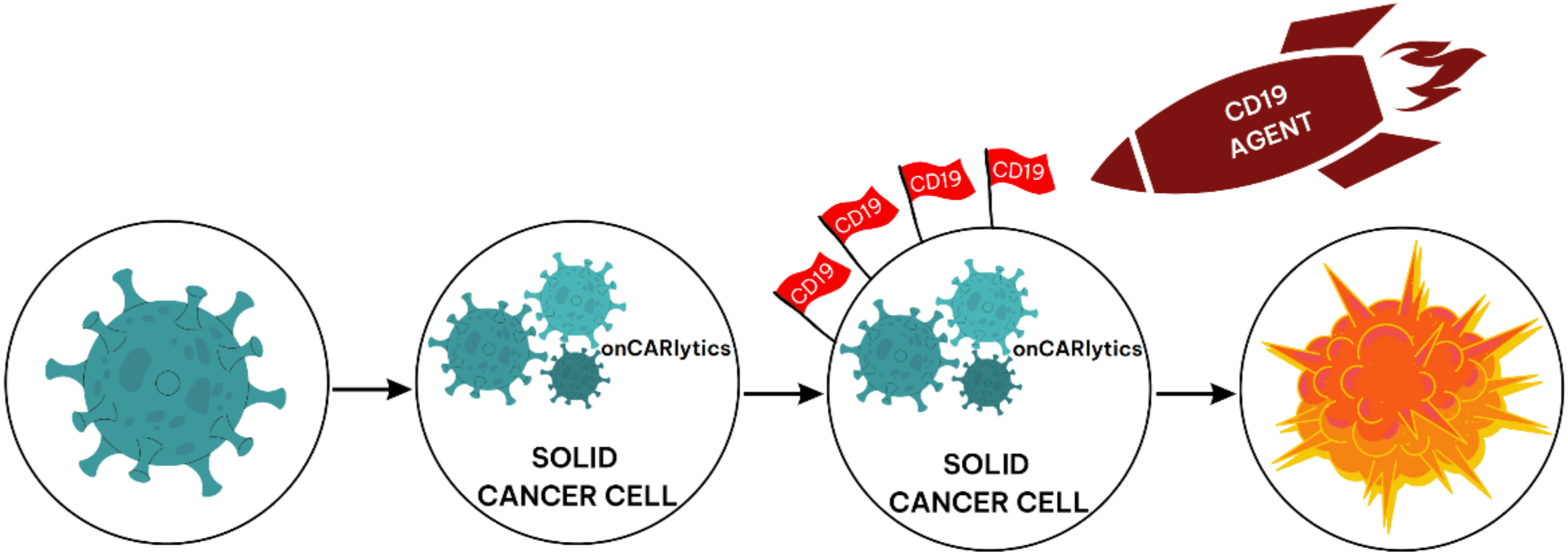


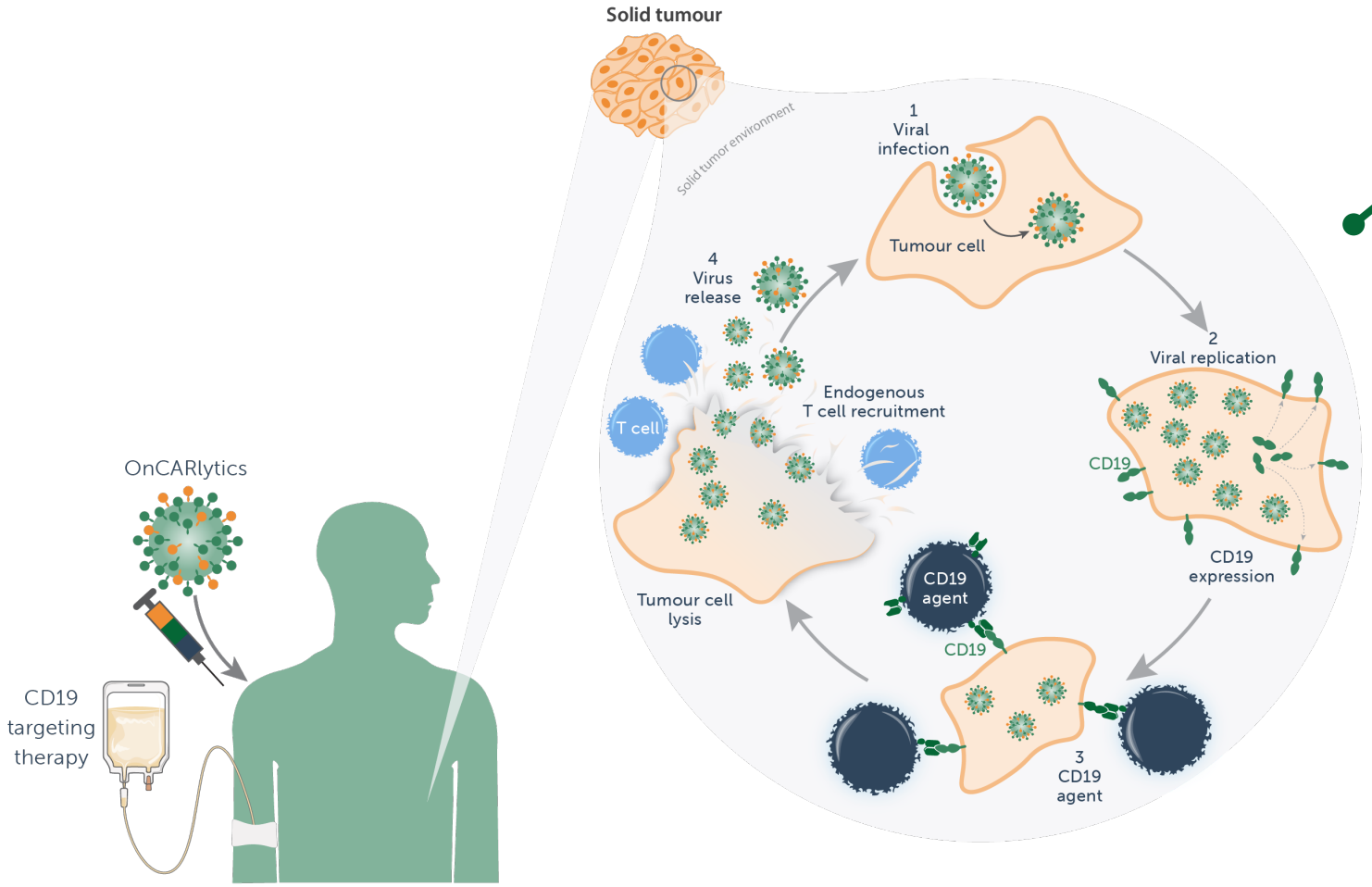
1.
OnCARlytics infects tumor cells

2.
Virus replication and production of CF33-CD19 on the cell surface enabling CD19 cell targeting

3.
Tumor cell lysis leads to viral particle release and the combination promotes endogenous immune cell recruitment to tumors

4.
Released viral particles reinitiate virus infection of surrounding tumor cells

MECHANISM OF ACTION: HOW DOES IT WORK?



onCARlytics makes solid tumors "seen" by CD19 targeting therapies

1. OnCARlytics infects Tumor cells
2. Virus replication and production of CF33-CD19 on the cell surface enabling CD19 cell targeting
3. Tumor cell lysis leads to viral particle release and the combination promotes endogenous immune cell recruitment to Tumors
4. Released viral particles re-initiate virus infection of surrounding Tumor cells.

onCAR19 (CF33-CD19) PHASE 1 OASIS STUDY
(Metastatic Advanced Solid Tumours)

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Dose Administration (Parallel Groups)

n=~52

IT

IT Administration
Metastatic and Advanced Solid Tumours

IV

IV Administration
Metastatic and Advanced Solid tumours

Site Location: USA

First Patient Enrolled 2H 2023

Identify: Recommended Phase 2 Dose (RP2D) – Monotherapy and Combination
Based on: Safety, Immunogenicity, Tumour Response

B Cell Immunotherapy
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DISRUPTIVE B-CELL IMMUNOTHERAPIES

FIRST IMMUNE CHECKPOINT INHIBITORS WERE APPROVED IN 2014 FOR THE TREATMENT OF MELANOMA

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KEYTRUDA® (pembrolizumab) Injection 100 mg

MERCK

2022 sales→ $23 Billion

33

Approvals

16

Types of advanced cancers

OPDIVO® (nivolumab)

Bristol Myers Squibb

2022 sales→ $12 Billion

21

Approvals

11

Types of advanced cancers

While highly successful in some patients, not all respond to immune checkpoint therapy

https://www.opdivohcp.com/; https://www.keytrudahcp.com/

A BETTER WAY TO MAKE ANTIBODIES TO TREAT CANCER?

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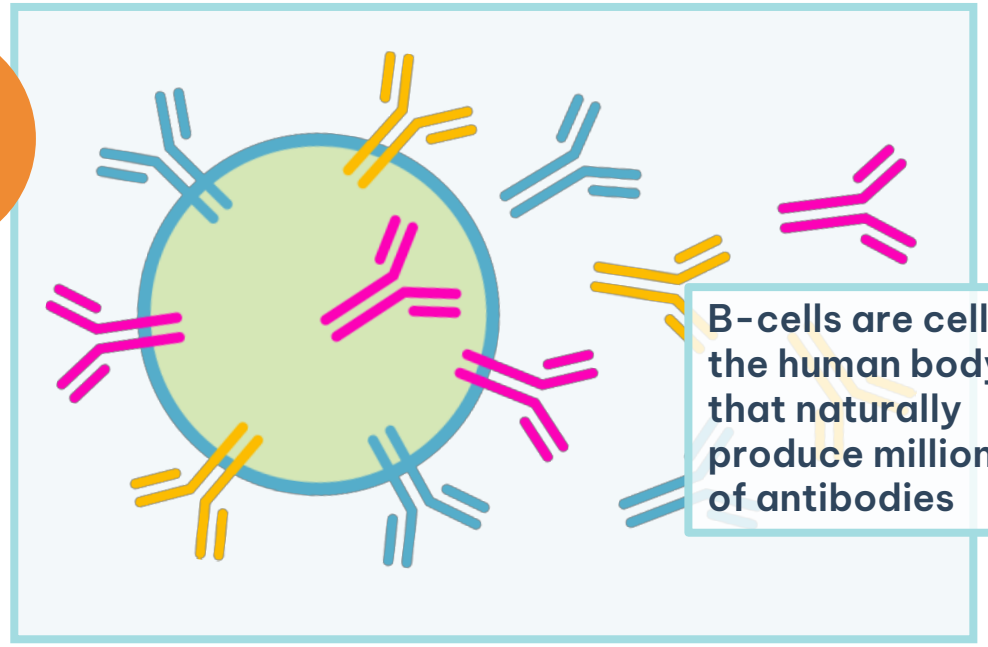
In a facility:

For example, Merck's PD-1 inhibitor Keytruda ($23Bil sales p.a or Roche's HER-2 inhibitor Herceptin ($2.5Bil sales p.a)

VS

Using B-cells in your body:



B-cells are cells in the human body that naturally produce millions of antibodies

Teaching B-cells to make antibodies using peptide antigens

WHY ACTIVE IMMUNISATION AGAINST CANCER?

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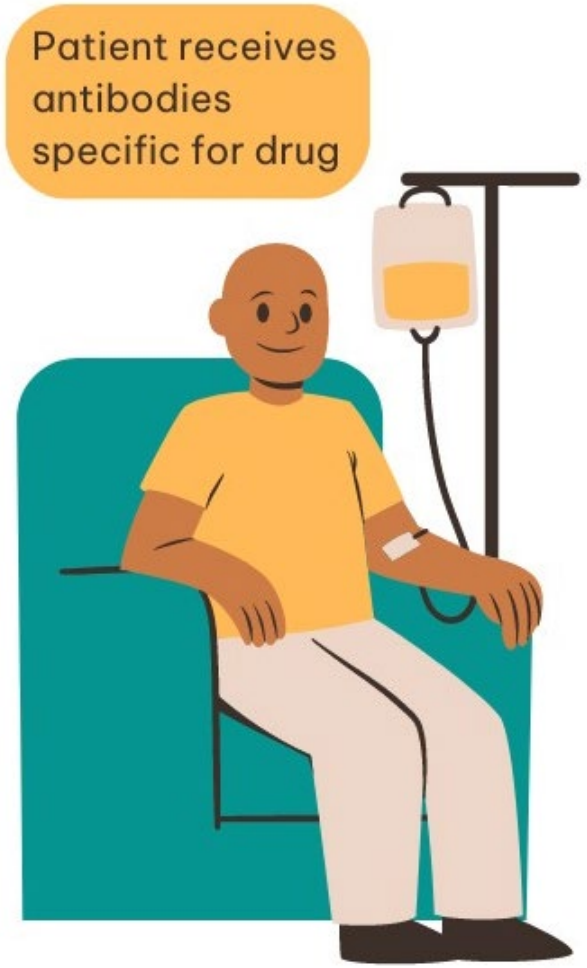
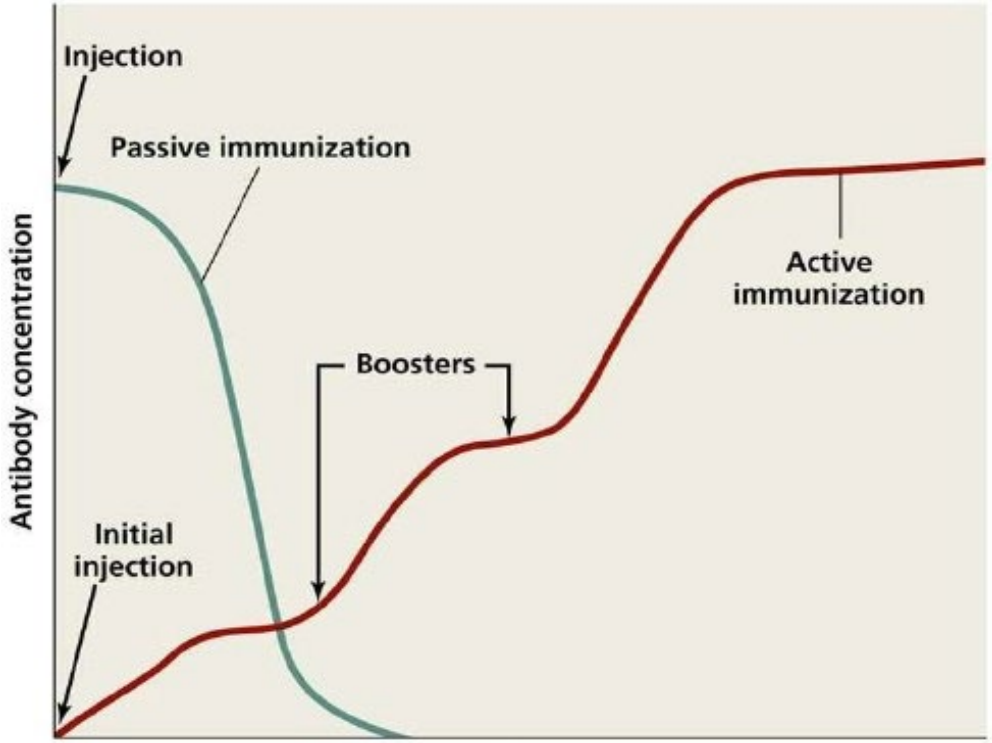
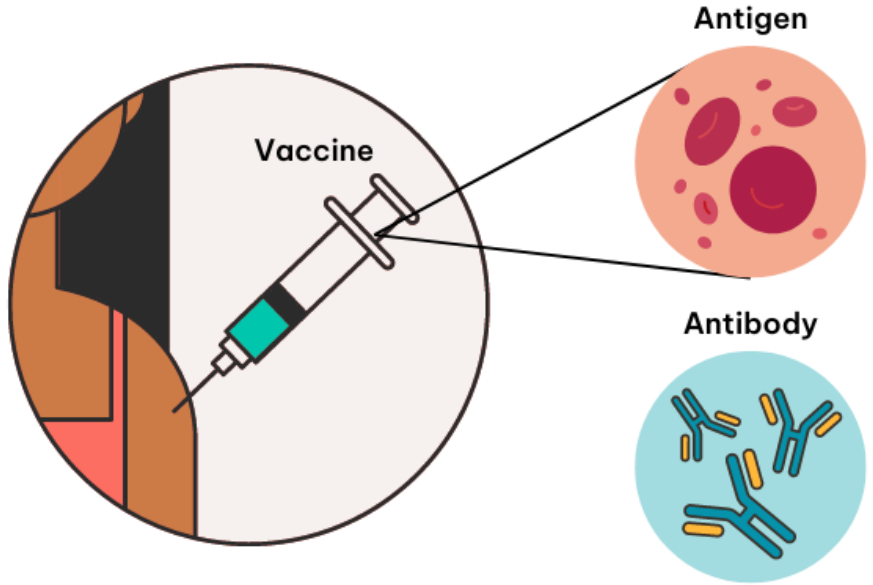


Monoclonal Antibody Infusion
Antibody levels start out high after initial injection but drop shortly after





B Cell Cancer Vaccines
Antibody levels are low after initial vaccine injection But increase after boosters which can drive cells to make antibodies long-term

HERIZON HER-Vaxx PHASE 2:
HER-2 ANTIBODY DEVELOPMENT PER PARTICIPANT

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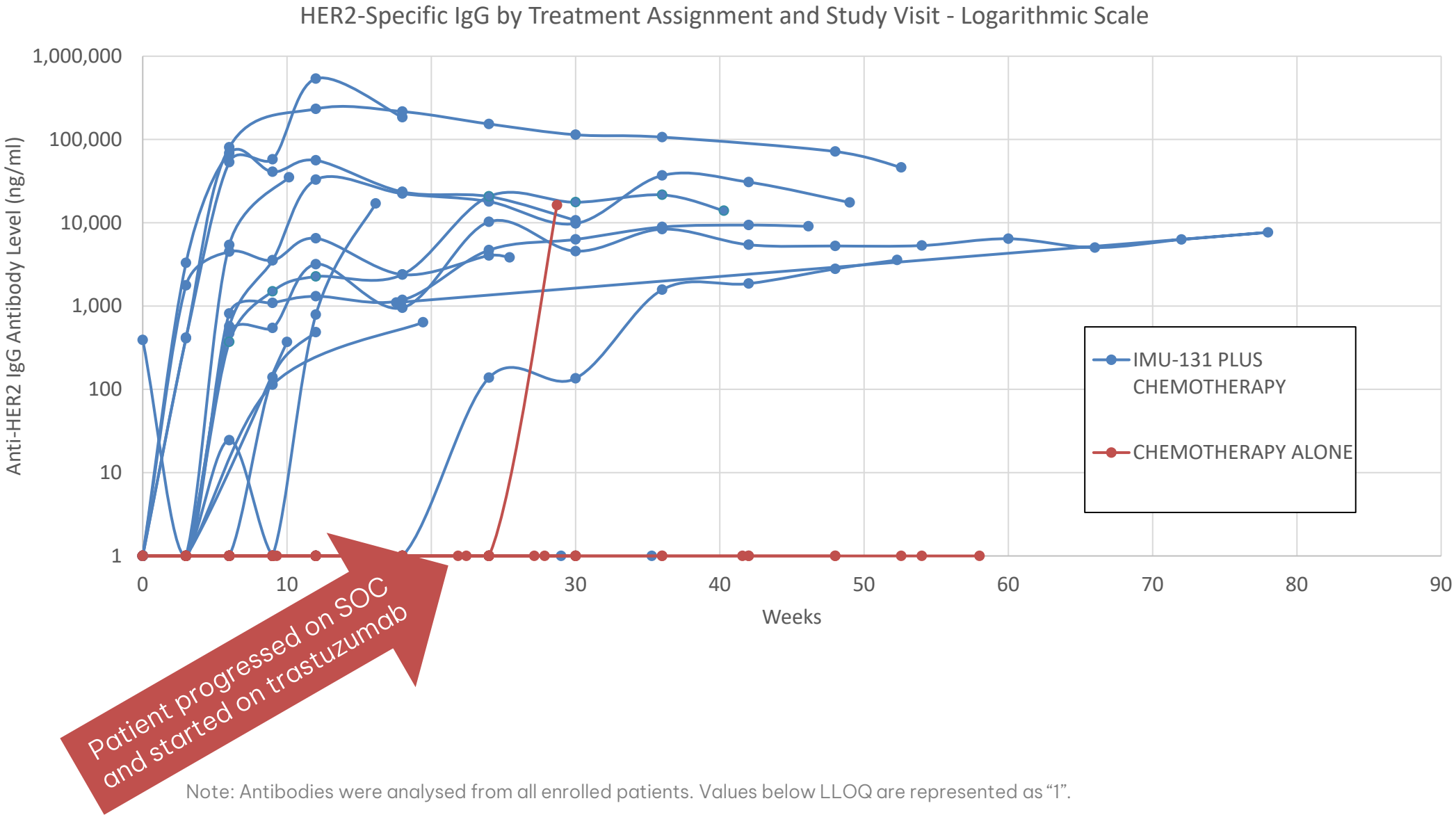

Note: Antibodies were analysed from all enrolled patients. Values below LLOQ are represented as "1".

HER-VAXX SIGNIFICANTLY PROLONGS OVERALL SURVIVAL IN 1L PATIENTS WITH HER-2+ GASTRIC CANCER

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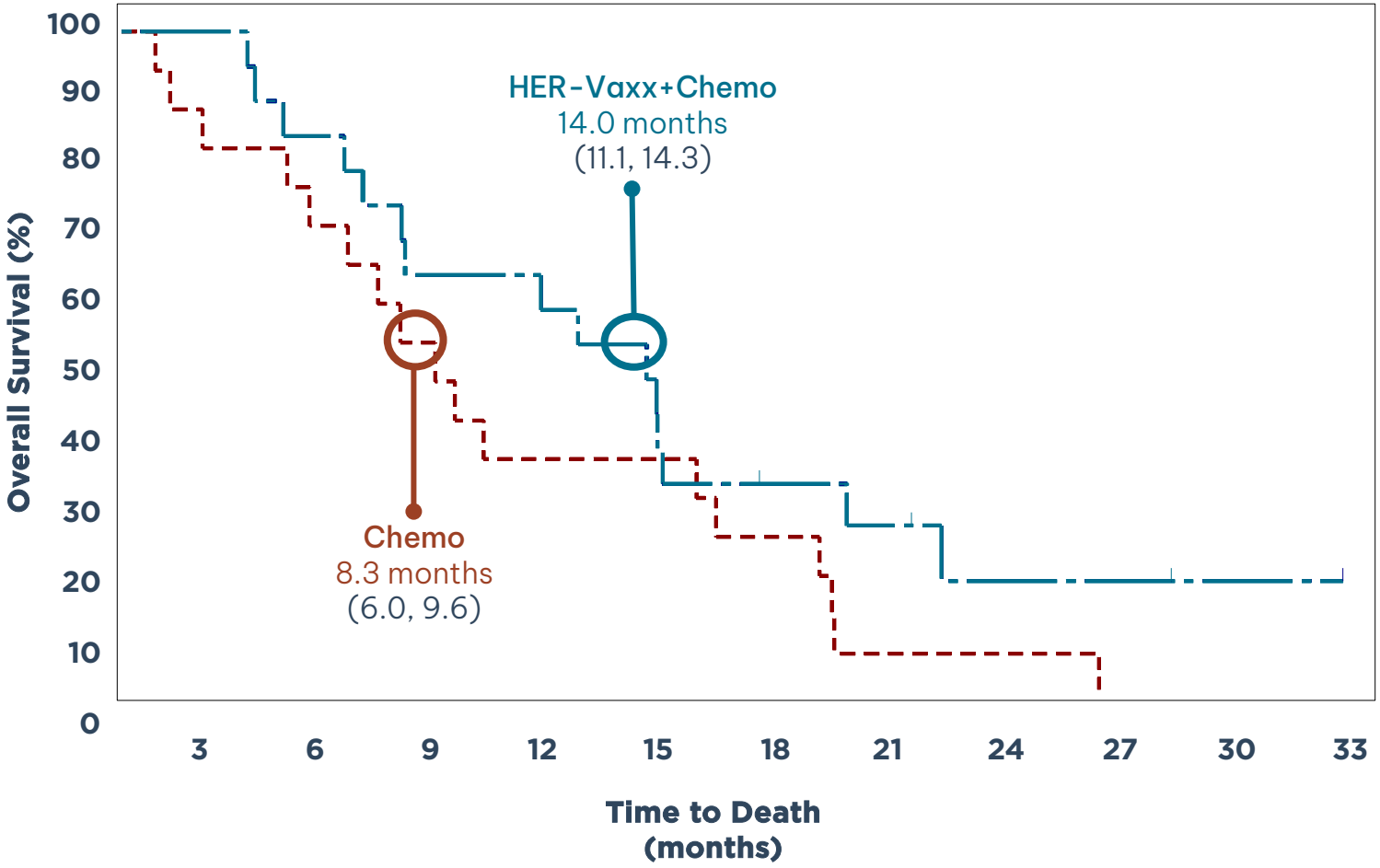

	HER-Vaxx + Chemotherapy	Chemotherapy
Sample Size	19	17
Events	15	17
Median OS (2-sided 80% CI)	14.0 months (11.1, 14.3)	8.3 months (6.0, 9.6)
Median Duration of Response	30 weeks	19 weeks
HR	0.558	
2-sided 80%CI	(0.362, 0.927)	
Log-rank Test (1-sided p-value) *	0.054 *	

*Significant, 1-sided p < 0.10

PD1-Vaxx PHASE 1 IMPRINTER STUDY: LUNG CANCER

PD1-Vaxx + checkpoint inhibitor atezolizumab and PD1-Vaxx + atezolizumab + chemotherapy

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✓

Monotherapy dose identified

PD1-Vaxx

Test combinations at multiple doses

PD1-Vaxx + atezolizumab

PD1-Vaxx + atezolizumab + chemotherapy

IMUGENE'S DEEP IMMUNOTHERAPY PIPELINE FOR THE TREATMENT OF SOLID TUMORS

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PLATFORM	PROGRAM/ TARGET	COMBINATION APPROACH	INDICATION	IND	PRECLINICAL	IND	PHASE 1	PHASE 2	2023 EXPECTED MILESTONES
Allo CAR T Cell Therapy IMUGENE	azer-cel		DLBCL	✓	PHASE 1				FPI
onCARlytics IMUGENE	**onCARlytics** (CF33-CD19)	CD19 targeted therapies	Metastatic Solid Tumors		PHASE 1				FDA IND FPI
CF33 Oncolytic Virus IMUGENE	**VAXINIA** (CF33)	Pembrolizumab	Metastatic Solid Tumors	✓	MAST				IV Cohort 2 Cleared Optimal Biological Dose Combination FPI IT and IV Combination OBD IV
	CHECKvacc (CF33-aPD-L1)	Checkpoint Inhibitors	Metastatic TNBC	✓	CHECKvacc IST				IT Cohort 3 Cleared Optimal Biological Dose
	CHECKvacc (CF33-aPD-L1)	Checkpoint Inhibitors	Solid Tumors		DOMINICA				FDA IND
B Cell Immunotherapy IMUGENE	**HER-Vaxx** (HER2)	Chemotherapy Checkpoint Inhibitors	First Line Gastric Cancer		HERIZON				Publication and Presentation (ASCO GI)
			Neoadjuvant Gastric Cancer		neoHERIZON				CTA Clearance FPI
			Metastatic Gastric Cancer	✓	nextHERIZON				ASCO GI TiP Interim Data Readout
	PD1-Vaxx (PD1)	Chemotherapy Atezolizumab	Metastatic NSCLC	✓	IMPRINTER				Combination FPI
			MSI High CRC		NeoPolem IST				CTA Clearance

VALUE INFLECTION POINTS EXPECTED IN THE NEXT 12 MONTHS

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