

ASX:IMU

Leading Innovation in Cancer Treatment



Disclaimer



The information in this presentation does not constitute personal investment advice. The presentation is not intended to be comprehensive or provide all information required by investors to make an informed decision on any investment in Imugene Limited (Company). In preparing this presentation, the Company did not take into account the investment objectives, financial situation and particular needs of any particular investor.

Further advice should be obtained from a professional investment adviser before taking any action on any information dealt with in the presentation. Those acting upon any information without advice do so entirely at their own risk.

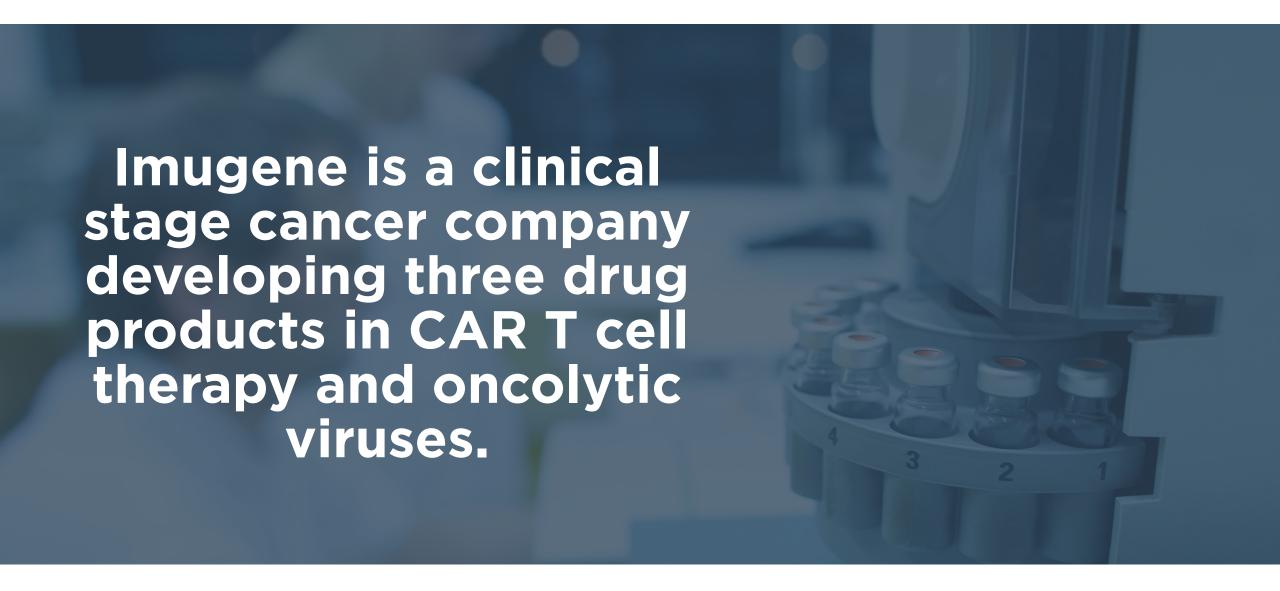
Whilst this presentation is based on information from sources which are considered reliable, no representation or warranty, express or implied, is made or given by or on behalf of the Company, any of its directors, or any other person about the accuracy, completeness or fairness of the information or opinions contained in this presentation. No responsibility or liability is accepted by any of them for that information or those opinions or for any errors, omissions, misstatements (negligent or otherwise) or for any communication written or otherwise, contained or referred to in this presentation.

Neither the Company nor any of its directors, officers, employees, advisers, associated persons or subsidiaries are liable for any direct, indirect or consequential loss or damage suffered by any person as a result of relying upon any statement in this presentation or any document supplied with this presentation, or by any future communications in connection with those documents and all of those losses and damages are expressly disclaimed.

Any opinions expressed reflect the Company's position at the date of this presentation and are subject to change

International offer restrictions – This document does not constitute an offer to sell, or a solicitation of an offer to buy, securities in the United States or any other jurisdiction in which it would be unlawful. In particular, the New Shares have not been, and will not be, registered under the US Securities Act of 1933 and may not be offered or sold in the United States except in transactions exempt from, or not subject to, the registration requirements of the US Securities Act and applicable US state securities laws. The distribution of this presentation in jurisdictions outside Australia may be restricted by law and any such restrictions should be observed.





Investment Highlights



Market Capitalisation

As of 13 November 2024

A\$342M

Cash Position As of 30 September 2024

A\$54.3M (Pro-forma)

PLATFORM TECHNOLOGIES

Allo CAR T Cell Therapy **CF33 Oncolytic Virus** onCARIytics **B** Cell Immunotherapy

LONG-LIFE **PATENT PORTFOLIO**

CLINICAL STUDIES

> 200 cancer patients dosed

azer-cel Ph1b DLBCL (FDA IND)

VAXINIA: Ph1 Solid Tumours (FDA IND)

onCARlytics: Ph1 Solid Tumours (FDA IND)

PD1-Vaxx: Ph2 neoPOLEM

DISEASE AREAS

Blood cancers

Breast (TNBC)

Lung (NSCLC)

Gastric

Gastroesophageal

Colorectal (CRC)

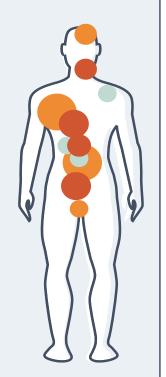
Melanoma

Head and Neck

Cholangiocarcinoma

Pancreatic

Bladder



Three Novel Cancer Technologies In Clinical Trials





CF33 Oncolytic Virus

onCARlytics IMUGENE

azer-cel CD19 CAR T

CF33 Oncolytic Virus

VAXINIA MAST Trial

onCARlytics CD19 expressing virus OASIS Trial

Phase 1b

Off-the-shelf drug, aka "Allo" geneic

Targeting blood cancers

Positive Phase 1 data in 84 patients

Currently in Phase 1b

FDA IND

Phase 1

Novel cancer killing virus

Targeting a range of late-stage solid cancers

Phase 1 trial with >40 patients enrolled

Encouraging results in bile tract cancer

FDA IND

Phase 1

Novel virus which acts as a CD19 target in solid cancers

Makes solid cancers visible to CD19 drugs

Currently in Phase 1 in combination with Blinatumomab (Approved CD19 drug in blood cancers) in solid cancers

FDA IND



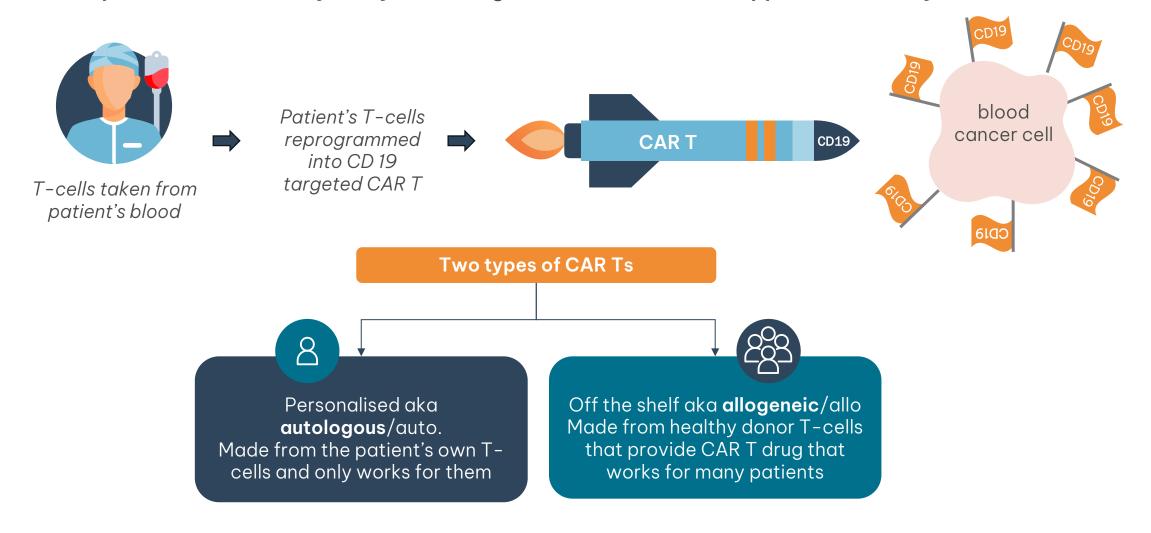
AZER-CEL CD19 CAR T FOR BLOOD CANCER



What is Autologous CAR T Therapy?



A cancer treatment in which a patient's T-cells are reprogramed in a laboratory so that they become like a guided missile to attack certain proteins (ie CD19) on the cancer cells – CAR T stands for chimeric antigen receptor T-cell. Currently many CD19 targeted auto CAR Ts are approved and only in blood cancers.



What is Imugene's azer-cel Allogeneic CAR T? Allo CAR T Cell Therapy

Azer-cel is an

'off-the-shelf' CD19

CAR T drug,
aka allogeneic, which is made
from healthy donor T-cells
that provide CAR T drug that
works for many patients

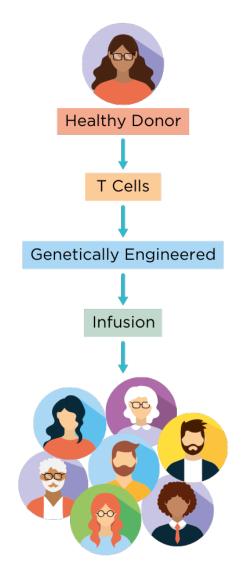
Azer-cel is currently enrolling patients with a rare form of blood cancer known as diffuse large B cell lymphoma (DLBCL) for patients who have failed approved treatments

Approximately **30,000** cases (US) per year of DLBCL blood cancer¹

CAR T drugs have **revolutionised treatments** for blood cancer

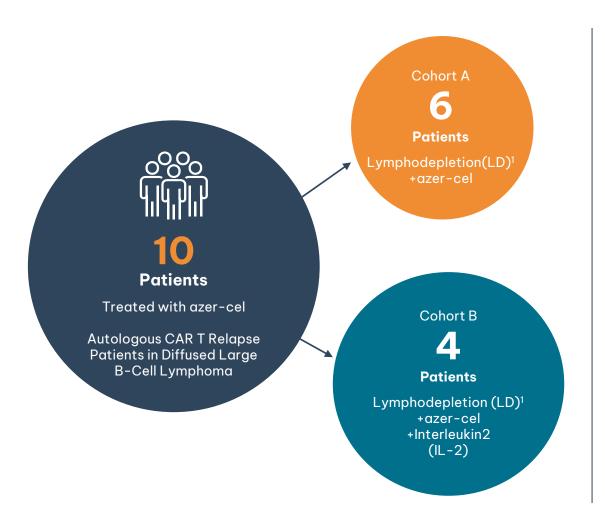
The technology was acquired in September 2023 A Phase 1 clinical trial in 84 patients was completed across twelve leading cancer centres in the US The large Phase
1 trial
demonstrated
safety and
encouraging
signs of
efficacy

Currently in a
Phase 1b trial
in leading US
and
Australian
centres



67% Complete Response Rates Observed in Phase 1b Cohort B





| | Evaluable patients: Cohort A+B (N=9) | Evaluable patients: Cohort A (N=6) | Evaluable patients: Cohort B (N=3) |
|--|--|--|--|
| Overall Response Rate % | 4 (44%) | 2 (33%) | 2 (67%) |
| Complete Response % | 3 (33%) | 1 (17%) | 2 (67%) |
| Best Durability (Time of response) | | <60 days | >120 days on going |

Cohort B Results

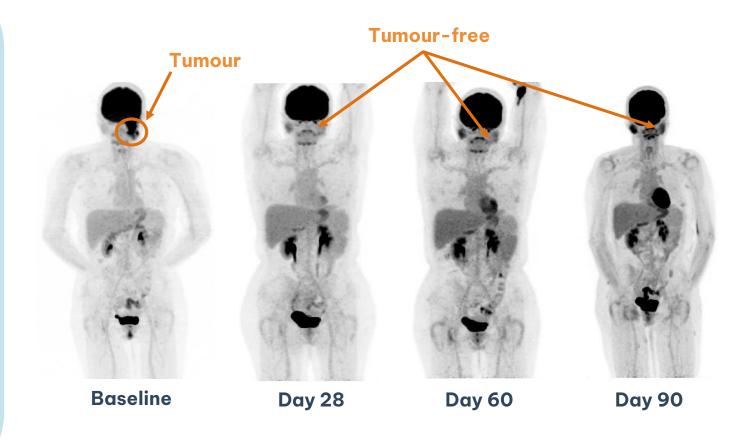
- The first 2 patients treated achieved a complete response (CR), 1
 patient had stable disease (SD), 1 patient yet to be evaluated
- Responses were seen in patients who failed multiple prior treatments, including autologous CAR T therapies
- Phase 1b trial continues to enrol patients into Cohort B across leading cancer centres in the U.S. and Australia including, Columbia University, University of Minnesota, Emory and Moffitt Cancer Centres and Royal Price Alfred Hospital

PET Scans Of Complete Response Patient



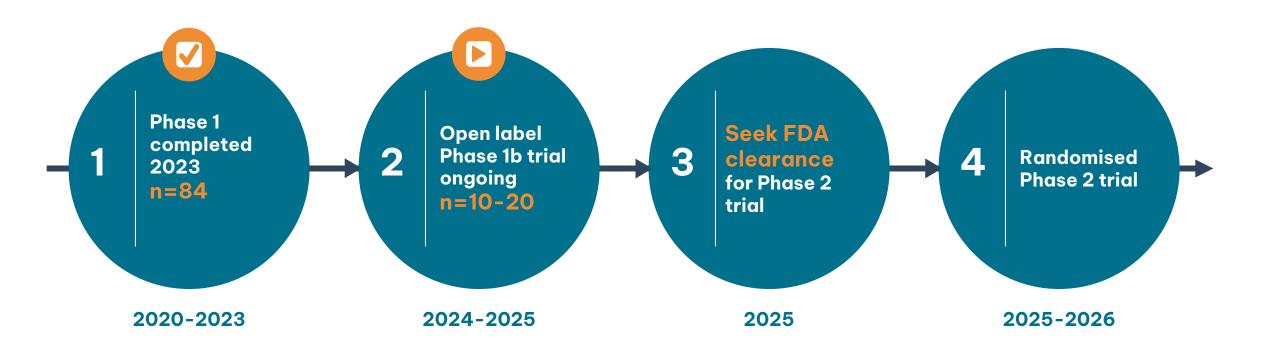
Patient Treatment Summary

- 47 yo female, first diagnosed with High-grade Bcell lymphoma (HGBCL), stage IV in Jul 2022.
 Treated at Emory University.
- Prior to azer-cel, patient failed 4 prior lines of therapy; R-CHOP; R-DHAP, Yescarta, and Prednisone
- Pathologist report revealed neoplastic cells were positive (90%) for CD19 by flow
- Azer-cel treatment regimen
 - Augmented Cy conditioning regimen (750 mg/m2/d (3d) Cyclophosphamide i.v. + 30 mg/m2/d (3d) fludarabine iv) + low dose
 SC IL-2
- Notable Safety Events-No CRS/ICANS
- Response CR @ D28, D60 & **D90**



Azer-cel Clinical Development Strategy





Milestones:

- Preliminary early DLBCL Phase 1b data update
- Diffused Large B-Cell Lymphoma (DLBCL) Phase 1b interim data update
- Target regulatory meeting with FDA
- FPI in Phase 2 trial





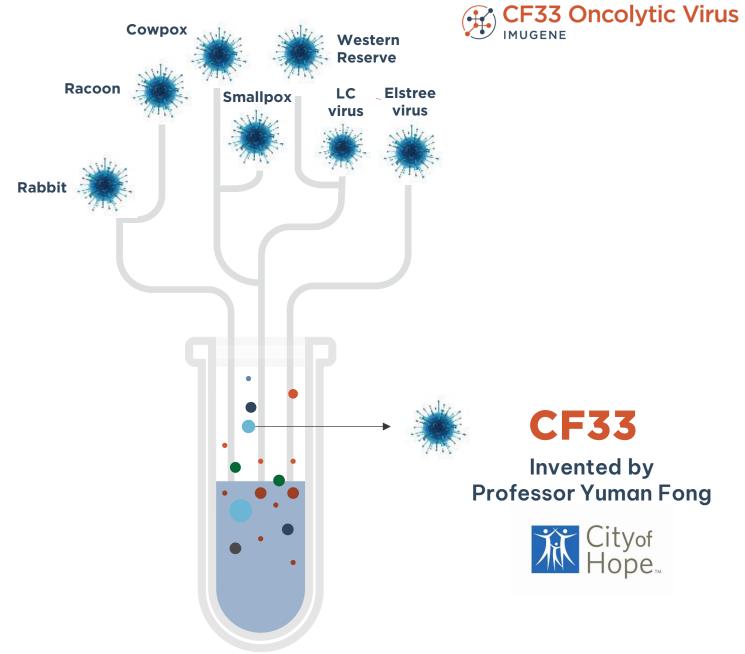


WHAT IS THE CF33 VIRUS & WHERE DID IT COME FROM?

Engineered nextgeneration virus

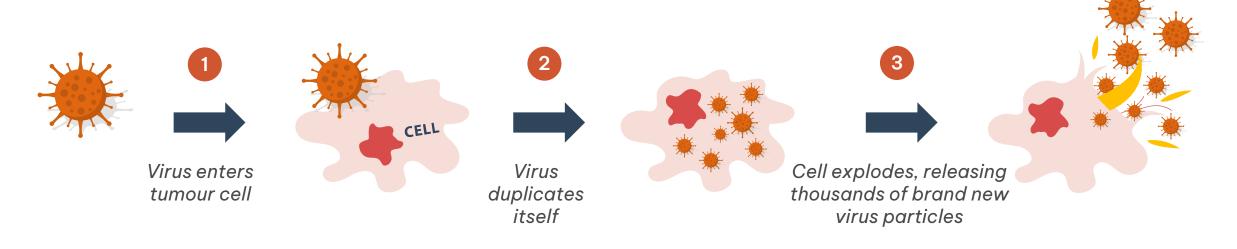
A synthetic virus – it does not exist in nature

CF33 is an anticancer virus which only attacks cancer cells



CF33 VAXINIA Can Infect and Kill Cancer Cells





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 response¹

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*

Phase 1 MAST Trial - Encouraging Early Signals





Patients¹

• >40 patients have been dosed and evaluated (at least their first scan at day 42)















FAST TRACK Designation

Orphan Drug Designation

Disease Control So Far

- Nearly half of the evaluable patients (48%) have remained on treatment for >3 months
- 3 patients have remained on treatment for >200 days



\$

Responses

- Patient with bile tract cancer who had a complete response (CR); ongoing remission for >2 years
- 2 patients with melanoma had partial responses (PRs); 17 patients achieved stable disease (SD)



Bile Tract Trial

- Bile tract cancer expansion trial opened based on positive response
- First cohort cleared, establishing safety

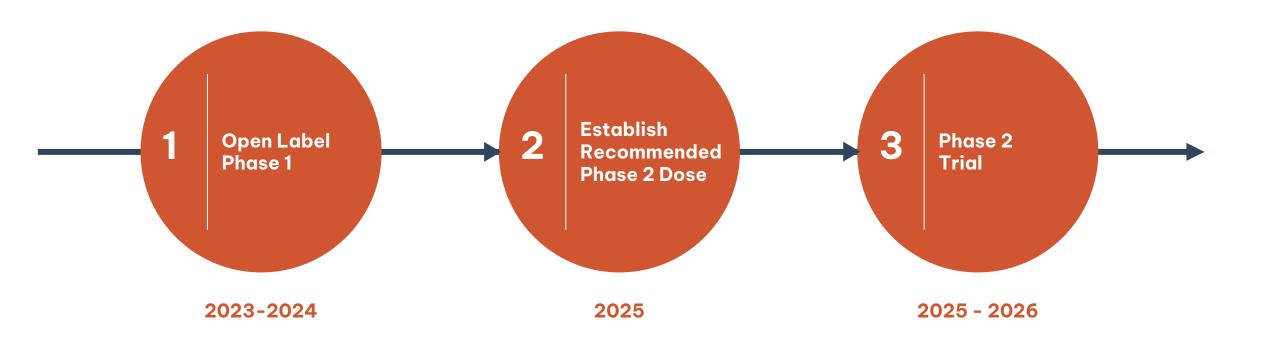


Fast Track and Orphan Drug Designation

- US FDA Fast Track Designation for bile tract cancer, which allows for faster review
- US FDA Orphan Drug Designation for bile tract cancer, which allows for further efficiencies

MAST CF33 Clinical Development Strategy





Milestones:

- Intratumoural (IT) Second Indication Trial open
- Preliminary early Bile Tract expansion trial update
- Optimal Biological Dose Established for IT and/or Intravenous (IV) monotherapy
- Phase 2 Study Open
- Phase 2 First Patient In (FPI)



ONCARLYTICS CD19 VIRUS FOR SOLID CANCERS



What is Imugene's onCARIytics CD19 expressing virus?

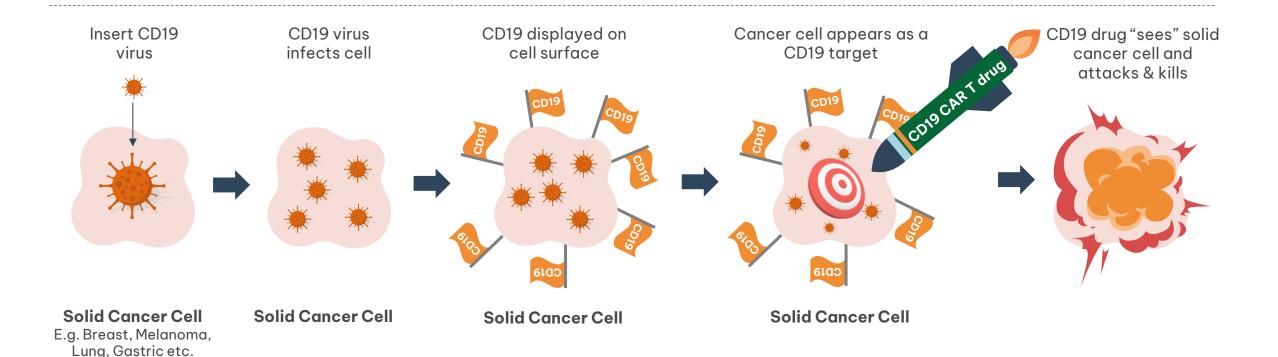


Imugene's novel on CARlytics CD19 virus, makes a solid cancer "resemble" a CD19 blood cancer cell, and lures FDA approved anti-CD19 CAR T drugs, to attack them

Solid cancers do not have the CD19 molecule on their cell surface

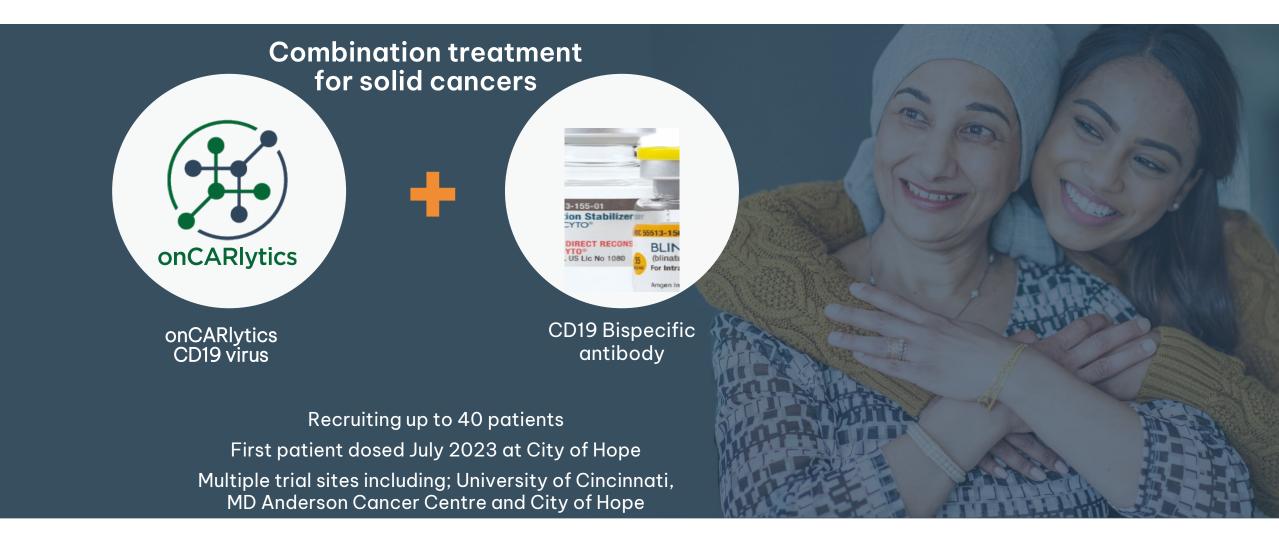
IMU's CD19 virus causes solid cancers to display (create a target) the CD19 molecule on their cell surface

This makes them a killing target for anti-CD19 CAR T blood cancer drugs



Imugene has Initiated The OASIS Phase 1 Open Label Trial with CD19 Virus and Blinatumomab

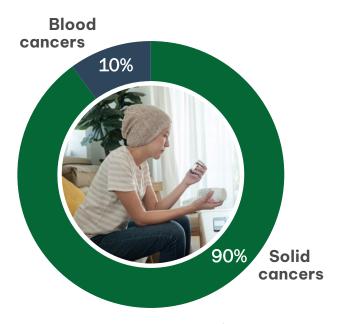




Variety of Approved Therapies Available for Combination with OnCARlytics



OnCARlytics can become the preferred partner for CD19 therapies in solid tumours (~90% of cancer market)



Global blood cancer CAR T market ~USD \$3B in 2023; projected to be ~USD \$23B by 2033, growing at a compound annual growth rate of 23.35%¹

The global solid tumor cancer treatment market size estimated at USD 185.97 billion in 2022 and is projected to grow around USD 532.42 billion by 2032

onCARlytics could open up 90% of the market in solid tumours

| Combination Opportunities | | | | | | |
|--|--------------------------------------|-----------------------|--|--------------------|--|--|
| Company | | First FDA Approval | Target | Approved Cancers | | |
| KYMRIAH* (tisagenlecleucel) Per ry Infrasion | U NOVARTIS | 2017 | CD19 Auto CAR T | B-ALL, DLBCL | | |
| > YESCARTA® (axicabtagene ciloleucel) furration | Kite A GILEAD Company | 2017 | CD19 Auto CAR T | DLBCL, R/F FL | | |
| TECARTUS® (brexucabtagene autoleuce) (instruction | Kite A GILEAD Company | 2020 | CD19 Auto CAR T | R/R MCL | | |
| Breyanzi (isocablagene maraleusel servena. | ر ^{ال} Bristol Myers Squibb | 2021 | CD19 Auto CAR T | DLBCL | | |
| MONJUVI (1) tafasitamab-cxix 200mg for rejection, for intravenous use | morphosys | 2020 | CD19 Monoclonal Antibodies (MAbs) | DLBCL | | |
| uplizna inebilizumab-cdon | HORIZON | 2020 | CD19 MAbs | NMOSD | | |
| BLINCYTO (blinatumomab) of properties of the state of th | AMGEN | 2014 | CD19-CD3 Bispecific MAbs | ALL | | |
| Zynlonta (*) loncostucinub lesine-lpyl teriopotius, fer inneressau un stemp | HETRAPEUTICS | 2021 | CD19 Antibody- drug conjugate (ADC) | B-Cell Lymphoma | | |

CD19 Virus Clinical Development Strategy





Milestones

- FPI IT Combo Cohort 1
- Early IT and/or IV Combo data
- Optimal Biological Dose (OBD) Established
- Phase 2 FPI
- OnCARlytics + azer-cel FDA IND and FPI in solid tumours

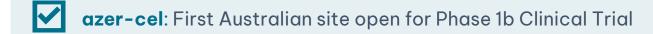
Future combination phase 1 trial with azer-cel and CD19 virus

- Preclinically, Azer-cel in combination with onCARlytics demonstrated sustained, robust activity against multiple tumour types
- Showed 100% killing of Triple Negative Breast Cancer and Gastric Cancer at 72 hours

2024 Highlights







VAXINIA: Positive trial update; 1 CR (in remission for over 2 years), 2 PRs, All treatments determined to be safe and tolerable

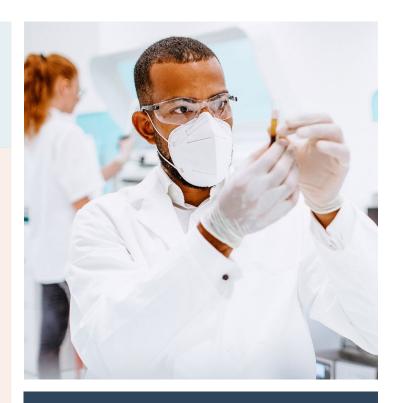
VAXINIA: Orphan Drug Designation for treatment of Bile Tract Cancer, giving 7 years of market exclusivity

VAXINIA: Bile Tract cancer trial open and first cohort cleared

VAXINIA: Oncolytic Virotherapy CF33 patent granted in China and CF33 patent extension to 2040 in US

onCARlytics: OASIS IV and IT Monotherapy cohort cleared

onCARlytics: OASIS Combination arm open, FPI in IV and IT Combo



Key

DLBCL: Diffuse Large B-Cell Lymphoma

(Blood Cancer)

CR: Complete Response

PR: Partial Response

FPI: First Patient In

Combo: Combination Therapy

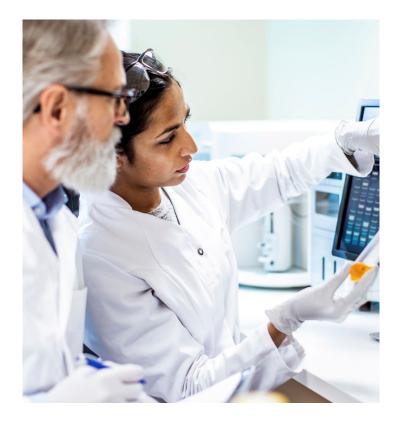
Mono: Monotherapy

IT: Intratumoural, IV: Intravenous

Expected Upcoming Key Catalysts H2 2024/2025



- azer-cel: DLBCL Phase 1b interim data update
- azer-cel: Target regulatory meeting with FDA
- azer-cel: FPI in Phase 2 study
- azer-cel: Expansion into additional blood cancers (Phase 1b Expansion Cohort)
- onCARlytics: IT and/or IV combination status
- onCARlytics: Data update and trial expansion
- onCARlytics: Optimal Biological Dose (OBD) Established
- onCARlytics: Phase 2 Start-up
- onCARIytics + azer-cel FDA IND and FPI in solid tumours
- VAXINIA: Second indication trial open
- VAXINIA: Optimal Biological Dose Established for IT and/or IV monotherapy
- VAXINIA: Phase 2 Study Open
- VAXINIA: Phase 2 FPI
- VAXINIA: IP & IA Phase 1 FPIs



Key

FPI: First Patient In

Combo: Combination Therapy

Mono: Monotherapy

DLBCL: Diffuse Large B-Cell Lymphoma

(Blood Cancer)

IT: Intratumoural, IV: Intravenous

Investment Highlights





Robust platform technologies supporting 4 clinical trials with >200 patients treated to date in US and Australia, all under FDA INDs



Experienced Leadership Team has brought > 17 FDA Approved Drugs to Market





Leslie Chong
Chief Executive Officer
& Managing Director











Dr. Paul Woodard, MDChief Medical Officer









Dr. Bradley Glover, PhD MBA Chief Operating Officer













Ms. Ursula McCurry Chief Clinical Operations Officer











Dr. John Byon, MD, PhD Senior VP of Clinical Development









Dr. Monil Shah Head of Business Development (consultant)







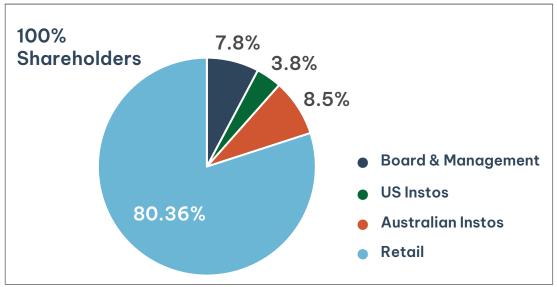




Corporate Snapshot



| Stock Code | ASX: IMU |
|--|-----------------------|
| 12 Month Trading Range | 4.3-15 cents |
| Market Capitalisation (13 November 2024) | \$342 million |
| Shares on Issue | 7.4 B |
| Average Monthly Trading Volume | 400 million shares |
| Cash at Bank (30 September 2024) | A\$54.3 million |
| No of Shareholders | 29,543 |
| Board & Management Ownership | 7.8% |



| Top 15 Shareholders | | |
|---|-------------|-------|
| Paul Hopper | 409,071,906 | 5.50% |
| The Vanguard Group Inc | 341,025,483 | 4.59% |
| Mann Family | 263,730,758 | 3.55% |
| Private Clients of AustralianSuper | 128,689,952 | 1.73% |
| Dr Nicholas Smith | 118,000,000 | 1.59% |
| Ms Leslie Chong | 85,710,416 | 1.15% |
| Precision BioSciences | 73,638,262 | 0.99% |
| Macquarie Securities | 50,778,057 | 0.68% |
| Thorney Investments | 50,328,041 | 0.68% |
| 5 Financial | 49,812,888 | 0.67% |
| MLC Limited | 39,105,533 | 0.53% |
| Private Clients of Netwealth Investments | 38,200,635 | 0.51% |
| Private Clients of UBS Financial Services | 37,922,410 | 0.51% |
| Private Clients of HOSTPLUS Choiceplus | 37,381,150 | 0.50% |
| BlackRock Investment Mgt | 35,397,315 | 0.48% |

ASX: IMU

<u>shareholderenquiries@imugene.com</u> imugene.com



