



**Unlocking the power of
the immune system
to fight cancer and
autoimmune disease**

Forward-Looking Statements

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Leader in LAG-3 immunotherapy



Four clinical-stage assets and one preclinical program designed to fight cancer and autoimmune diseases.

First-in-class lead clinical candidates



Efti is a novel MHC II agonist showing strong efficacy with favourable safety profile in multiple cancers and expanding/enhancing responses to world's top selling drug. *IMP761* is a LAG-3 agonist antibody to treat autoimmune disorders.

Phase III in Lung Cancer with MSD



Phase III in collaboration with MSD evaluating *efti* + KEYTRUDA + chemo with potential to establish new standard-of-care in first line non-small cell lung cancer (blockbuster potential). Immutep retains full commercial rights to *efti* and freedom to operate. Additional programs with data readouts in 2025 & beyond.

Validation via collaborations



Multiple partnerships and collaborations with large pharma and leading institutions.

Strong IP and balance sheet



Strong IP portfolio and 12+ years of potential exclusivity for biologics. Cash & cash equivalents of ~A\$146.25 million provide runway to end of CY2026.#

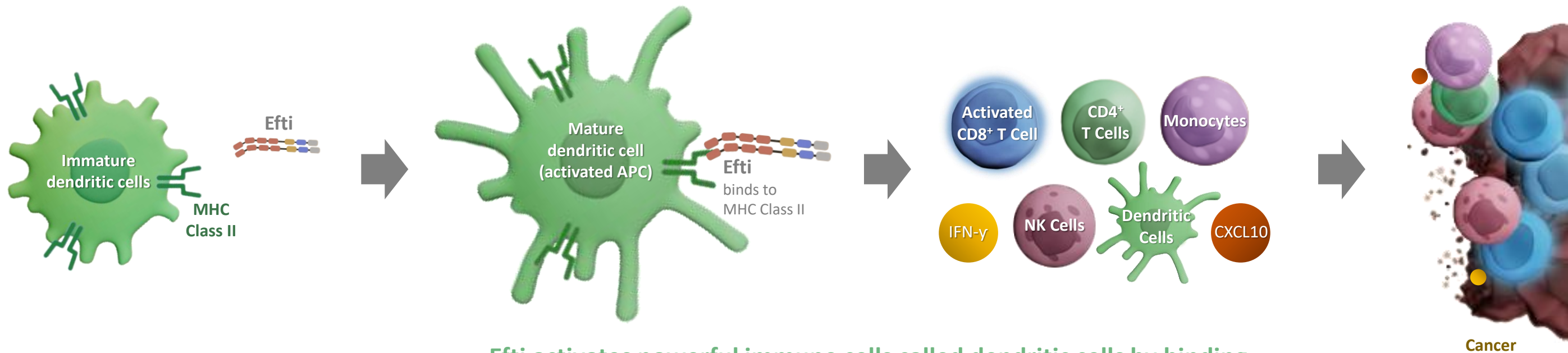
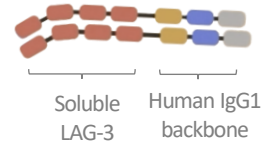
Deep Pipeline in Oncology & Autoimmune Diseases

	Program	Indication(s)	Preclinical	Phase I	Phase II	Phase III	Collaborations	Commercial Rights
ONCOLOGY	Eftilagimod Alfa Soluble LAG-3 Protein & MHC Class II agonist 	1L Non-Small Cell Lung Cancer (NSCLC)	TACTI-004 Efti + Pembrolizumab + Chemo ^a				    Merck KGaA Darmstadt, Germany  	 LAG-3 IMMUNOTHERAPY Global Rights ex-China
		1L Head & Neck Squamous Cell Carcinoma (HNSCC)	TACTI-003 Efti + Pembrolizumab ^a					
		1L NSCLC, 2L HNSCC, PD-X Refractory 2L NSCLC	TACTI-002 Efti + Pembrolizumab ^a					
		1L Non-Squamous NSCLC	INSIGHT-003 Efti + Pembrolizumab + Chemo [§]					
		Urothelial Cancer	INSIGHT-005 Efti + Avelumab ^{§, b}					
		Soft Tissue Sarcoma	EFTISARC-NEO Efti + Pembro + Radiotherapy [§]					
		HR+/HER2- Metastatic Breast Cancer & TNBC	AIPAC-003 Efti + Paclitaxel					
	Metastatic Breast Cancer & Solid Tumors	Efti + Paclitaxel and Efti + Pembrolizumab ^{##}					 Efti China Rights	
	Anti-LAG-3 Small Molecule 	Undisclosed						 LAG-3 IMMUNOTHERAPY
	LAG525 Anti-LAG-3 Antibody 	Solid Tumors, Blood Cancer, TNBC, Melanoma [#]						
AUTOIMMUNE DISEASE	IMP731* Depleting LAG-3 Antibody 	Psoriasis & Ulcerative Colitis					 LAG-3 IMMUNOTHERAPY	
	IMP761 Agonist LAG-3 Antibody 	Undisclosed						

Efti: A Soluble LAG-3 'Key' to Stimulate Immune System via MHC II

Eftilagimod alfa (efti)

A first-in-class soluble LAG-3 fusion protein with high affinity for a subset of MHC Class II molecules on antigen-presenting cells (APCs)



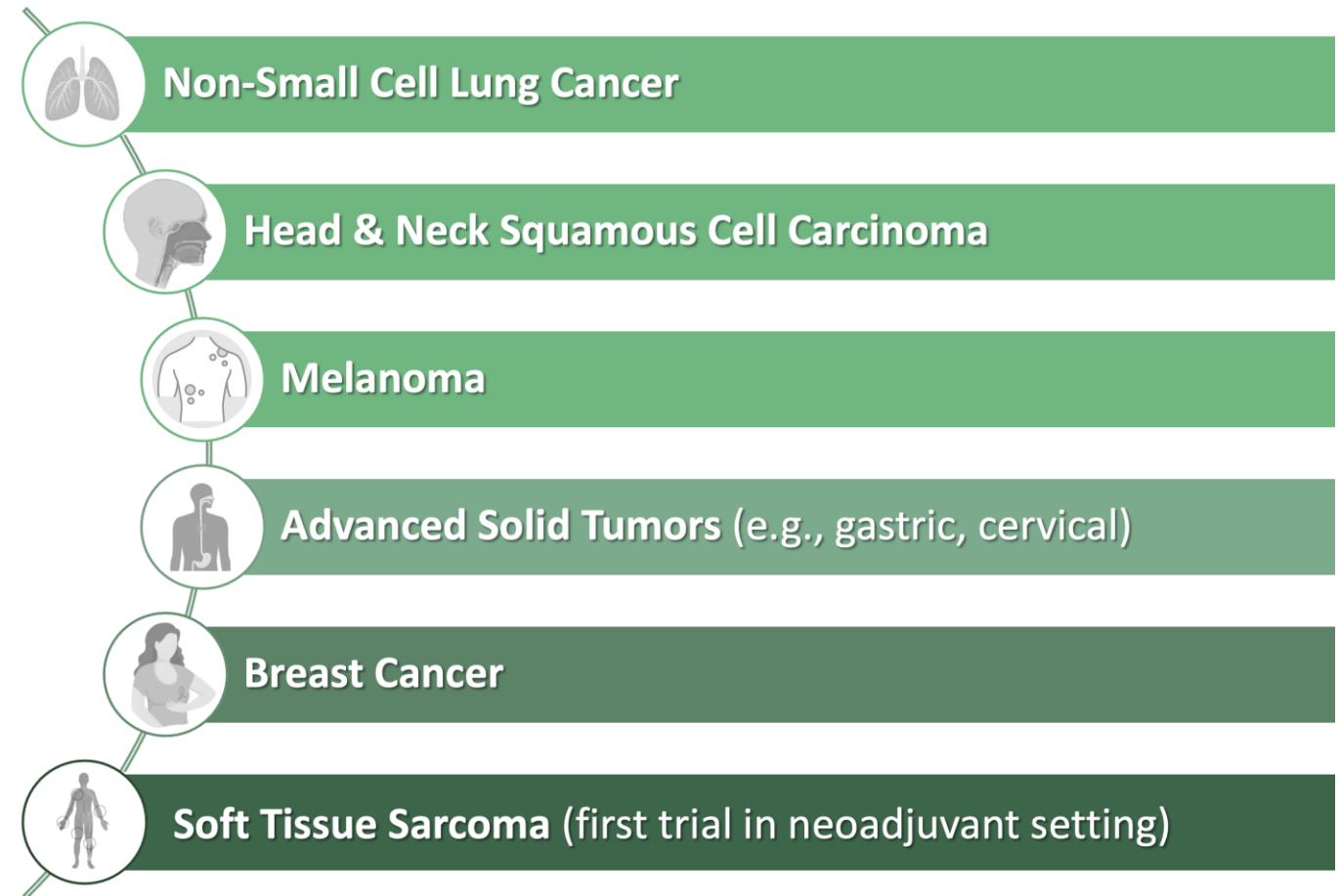
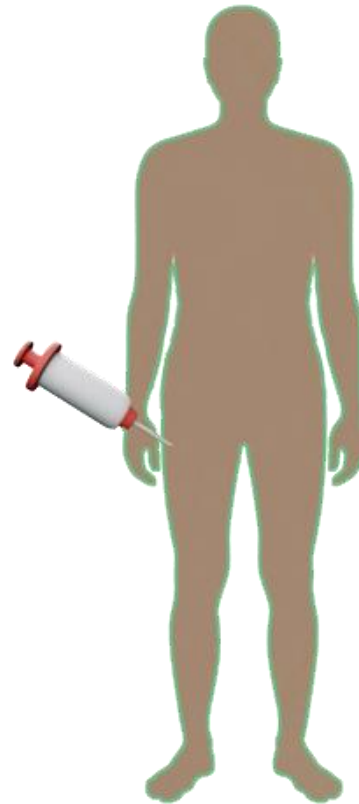
Efti activates powerful immune cells called dendritic cells by binding to MHC Class II. This activates a broad, sustained adaptive/innate immune response to fight cancer.*

Systemic Immune Effect Leading to Positive Clinical Outcomes

Encouraging data from efti in combination with IO, chemotherapy, radiotherapy across multiple indications

Efti's subcutaneous delivery:

- Generates systemic anti-cancer immune response
- Improves patient experience vs. intravenous (IV) administration
 - ✓ Less invasive
 - ✓ Easier to administer
 - ✓ More flexible
- Potentially increases patient access to treatments



■ Efti + Anti-PD-1 Therapy

■ Efti + Anti-PD-L1 Therapy

■ Efti + Chemotherapy

■ Efti + Anti-PD-1 + Radiotherapy

Efti and Anti-PD-1 Therapy: A Unique, Complementary Combination

PD-1 inhibitors have reshaped cancer treatment yet alone they're effective in just ~20% of patients and their efficacy often depends on patients' PD-L1 expression levels.

**Suboptimal performance in patients
with low or no PD-1 expression**

	High PD-L1 (TPS $\geq$ 50%)		Low PD-L1 (TPS 1-49%)		No PD-L1 (TPS<1%)	
	US	EU	US	EU	US	EU
KEYTRUDA Monotherapy	✓	✓	✓	✗	✗	✗
OPDIVO & YERVOY	✓	✓	✓	✗	✗	✗
LIBTAYO Monotherapy	✓	✓	✗	✗	✗	✗
TECENTRIQ Monotherapy	✓	✓	✗	✗	✗	✗

Approved PD-(L)1 inhibitors in First Line Metastatic Non-Small Cell Lung Cancer

Efti's Differentiated, Complementary Approach with KEYTRUDA®



COMPLEMENTARY IMMUNITY

Efti's direct activation of dendritic cells initiates a complementary immune response with KEYTRUDA (anti-PD-1) to fight cancer

EXPANDS/ENHANCES RESPONSES

Efti + KEYTRUDA drives high-quality responses regardless of PD-L1 levels including in patients who typically don't respond well to anti-PD-1

FAVORABLE SAFETY PROFILE

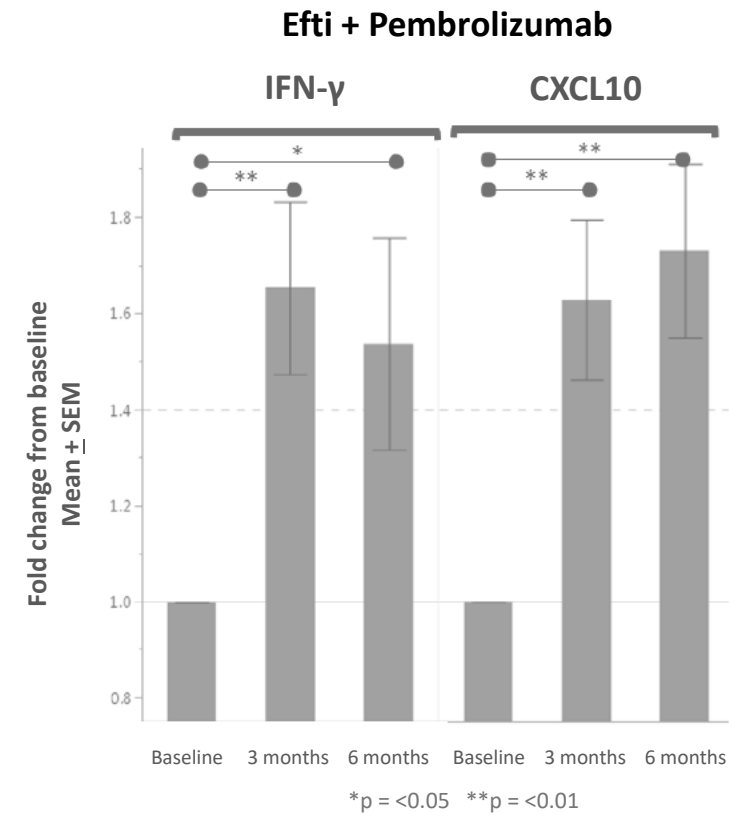
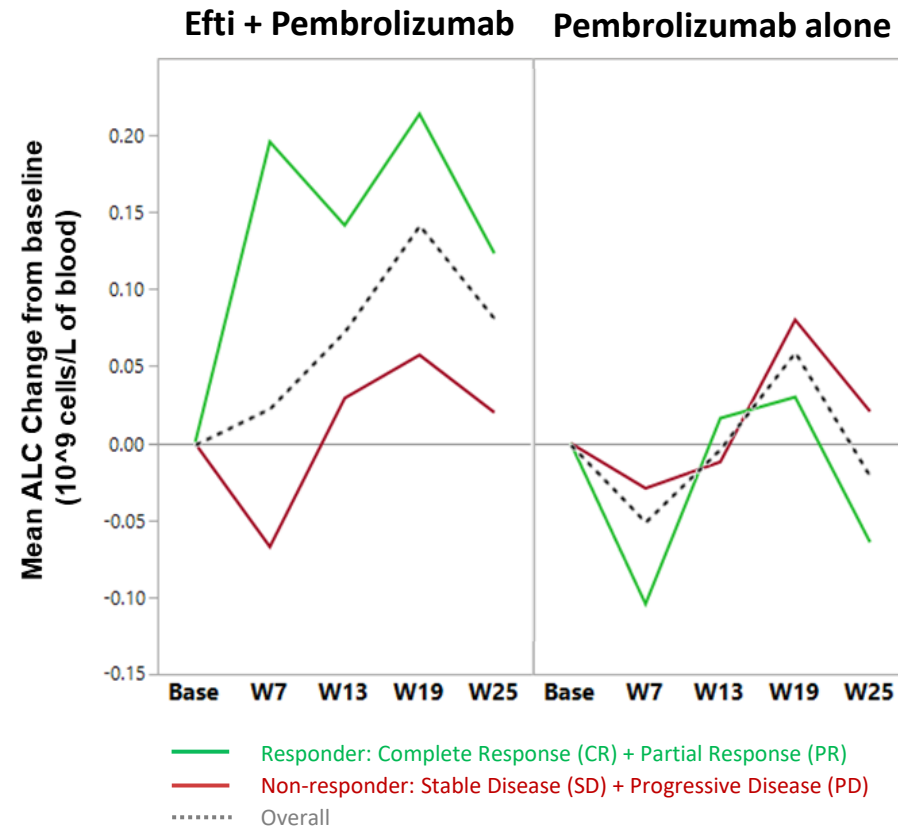
Efti + KEYTRUDA has similar toxicity profile to KEYTRUDA alone yielding sought-after alignment of stronger efficacy & favourable safety

Significant Immune Activity with Efti + KEYTRUDA

Biomarker analyses of blood from multiple trials shows efti's positive impact on immune system

Significant increase in absolute lymphocyte count (ALC) linked to improved responses & shows efti's biological activity in randomised setting¹

Significant increases in Th1 biomarkers (IFN- γ & CXCL10) and absolute lymphocyte count driven by efti led to improved clinical outcomes²



Efti's Potential to Extend Exclusivity for PD-1 Inhibitors

**~\$34 Billion of the pharma patent cliff
in 2028 stems from PD-1 inhibitors¹**

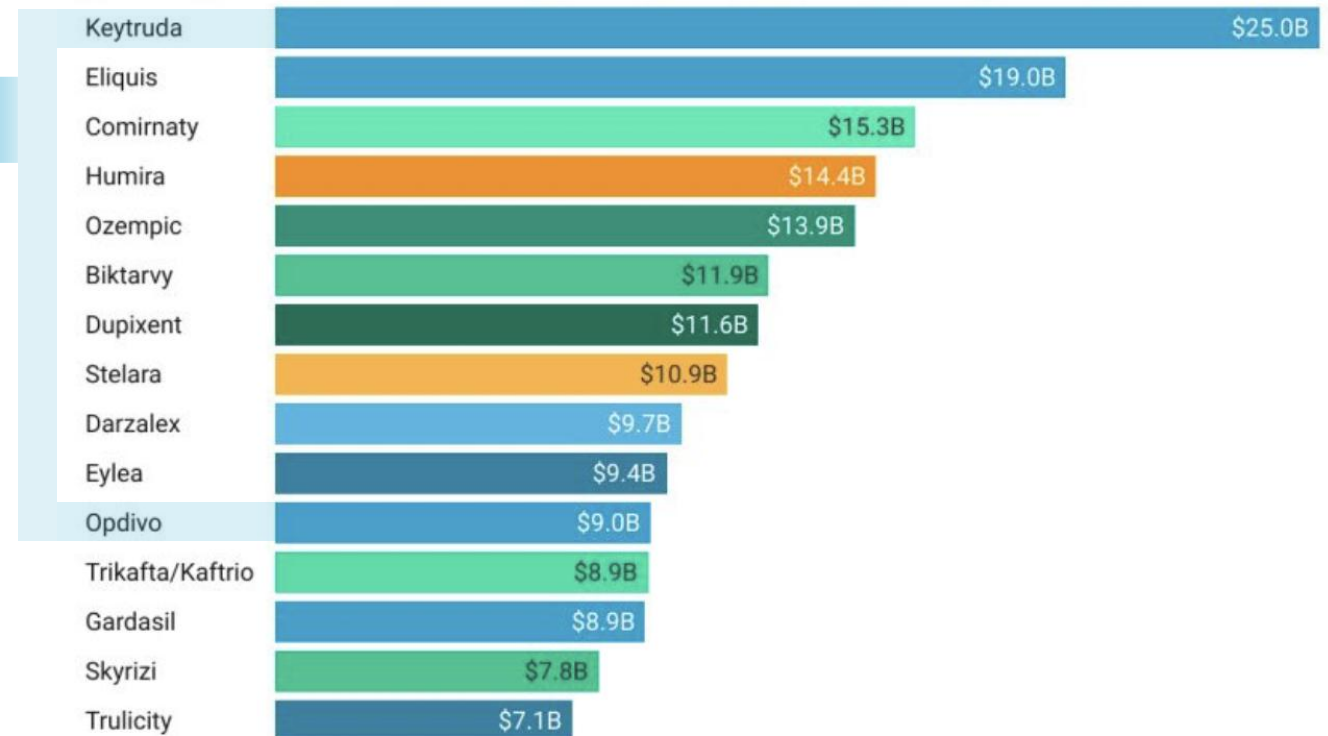


**Immunetep's comprehensive patent portfolio for efti
provides an opportunity to enhance and substantially
extend established or new PD-(L)1 franchises**

Patent Expirations for Top 15 Drugs by Sales in 2023

Expiration dates of key patents related to US market

2023 2025 2027 2028 2029 2031 2032 2033 2037 2041



Efti in First Line Non-Small Cell Lung Cancer: The Key Value Driver



NSCLC Overview

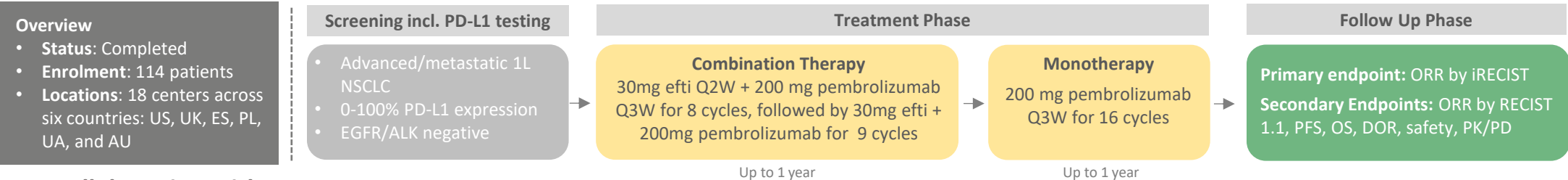
- Lung cancer is leading cause of cancer death and 80-85% of lung cancers are non-small cell lung cancer (NSCLC)^{1,2}
- ~2.0 million NSCLC diagnoses annually
- Despite advances, Overall Survival still under 2 years for most patients
- Total addressable NSCLC drug market expected to reach US\$48 billion in 2031 with >50% sales from ICIs (e.g. anti-PD-1)³

TACTI-002 / KN-798 Trial Overview and Baseline Characteristics

Part A: Large Phase II trial in advanced/metastatic first line non-small cell lung cancer (1L NSCLC)



TACTI-002 (Part A) Phase II: Overview & Trial Design



In collaboration with



Baseline patient characteristics		N=114	
Age, median (range), years		67 (44-85)	
Sex, n (%)	Female / Male	30 (26.3) / 84 (73.7)	
ECOG PS score, n (%)	0 / 1	43 (37.7) / 71 (62.3)	
Smoking status, n (%)	Current or Ex-smoker / Non-smoker	108 (94.7) / 6 (5.3)	
Histology, n (%)	Squamous / Non-squamous / Unknown	40 (35.1) / 72 (63.2) / 2 (1.8)	
Metastatic disease, n (%)	Yes / No	113 (99.1) / 1 (0.9)	
PD-L1 expression TPS, n (%)	< 1%	Central only ¹ 32 (35.6)	Central + local ² 37 (34.3)
	1-49%	38 (42.2)	42 (38.9)
	≥ 50%	20 (22.2)	29 (26.9)
Previous therapy, n (%)	Radiotherapy	38 (33.3)	
	Surgery	23 (20.2)	
	Systemic therapy for non-metastatic disease	26 (22.8)	

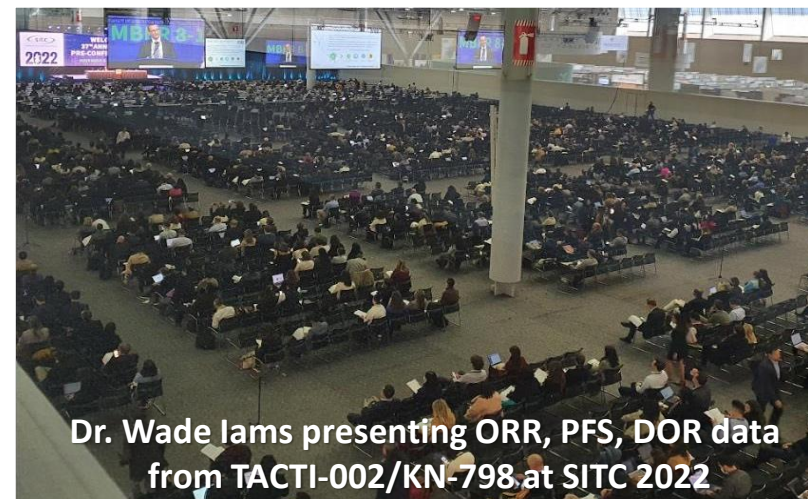
TACTI-002 enrolled 1L NSCLC patients regardless of PD-L1 expression and ~25% had high PD-L1 (TPS ≥50%), a lower proportion than typically would be expected.

Strong Efficacy across All PD-L1 Expression Levels in 1L NSCLC

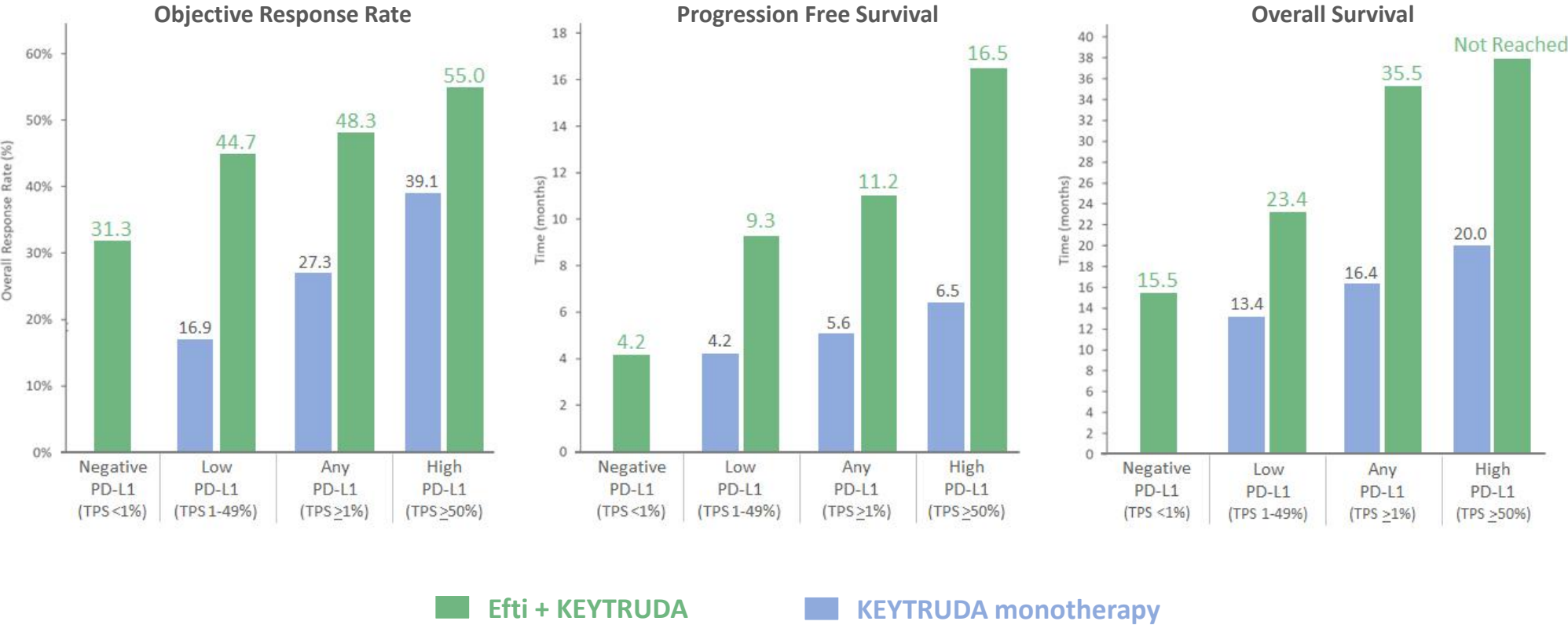
Tumor Response by PD-L1 Expression Level¹

	TPS 0-100% N=114	TPS <1% N=32	TPS 1-49% N=38	TPS ≥1% N=58	TPS ≥50% N=20
ORR^{2,3,4}	40.4%	31.3%	44.7%	48.3%	55.0%
mPFS², months	6.6	4.2	9.3	11.2	16.5
mDoR², months	21.6	20.7	NR	24.2	18.7
mOS, months	20.2	15.5	23.4	35.5	Not Reached

- Results offer compelling evidence of efti's unique stimulation of patients' immune systems and its potential to fight cancer
- Strong efficacy across all PD-L1 levels differentiates efti + anti-PD-1 (KEYTRUDA) from other chemotherapy-free combinations in 1L NSCLC
- Excellent Overall Survival, the gold standard benchmark in oncology, with exceptional durability, quality of responses, and favorable safety profile



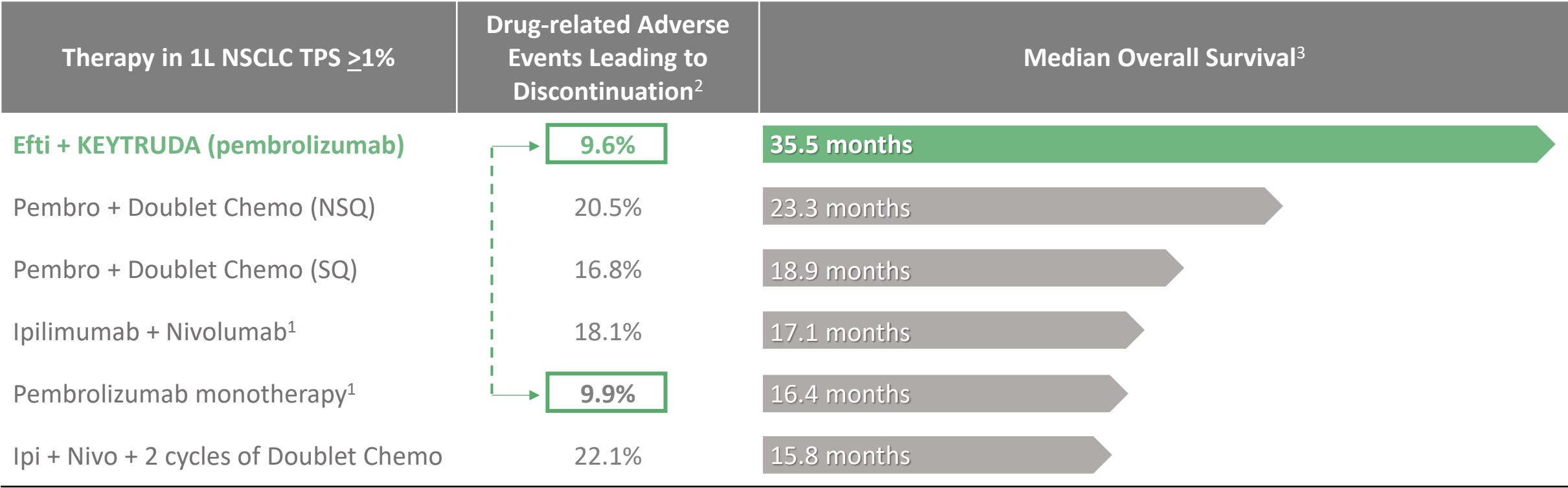
Robust response rates, durability, and progression free survival from **efti plus KEYTRUDA** across all PD-L1 expression levels translate into compelling overall survival



Favorable Safety and Compelling Overall Survival



Differentiated OS from Efti + KEYTRUDA achieved with a favorable safety profile



NSQ = Non-squamous; SQ = Squamous

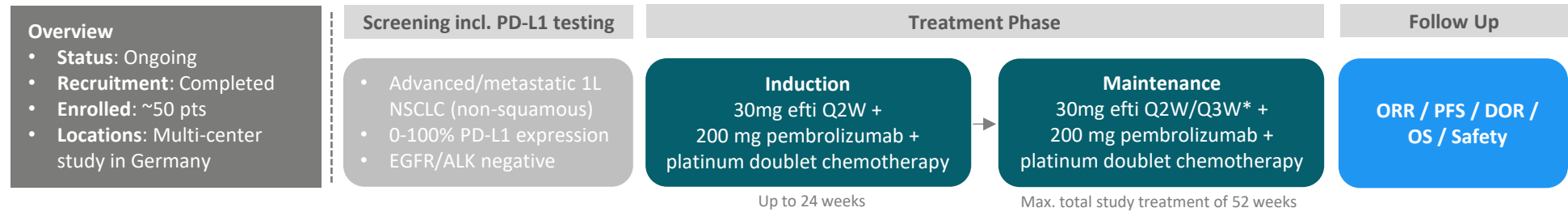
17 Comparison of data is from different clinical trials. 1. Ipilimumab + Nivolumab approved in US for 1L NSCLC PD-L1 TPS >1% but not in EU; Pembro mono not approved in Europe for TPS 1-49%. 2. Treatment related adverse events leading to discontinuation taken from publications/EPAR assessments of respective trials (KN-042, KN-024, KN-189, KN-021, KN-407, CM-227, CM-9LA). 3. Arrow lengths are proportional representations of Overall Survival data. Data for standard-of-care therapies taken from publications of respective registrational trials (e.g., KN-042, KN-189, KN-407, CM-227, CM-9LA).

INSIGHT-003: High Response Rates Across All PD-L1 Levels

Promising efficacy & safety from Efti + KEYTRUDA + doublet chemo in non-squamous 1L NSCLC

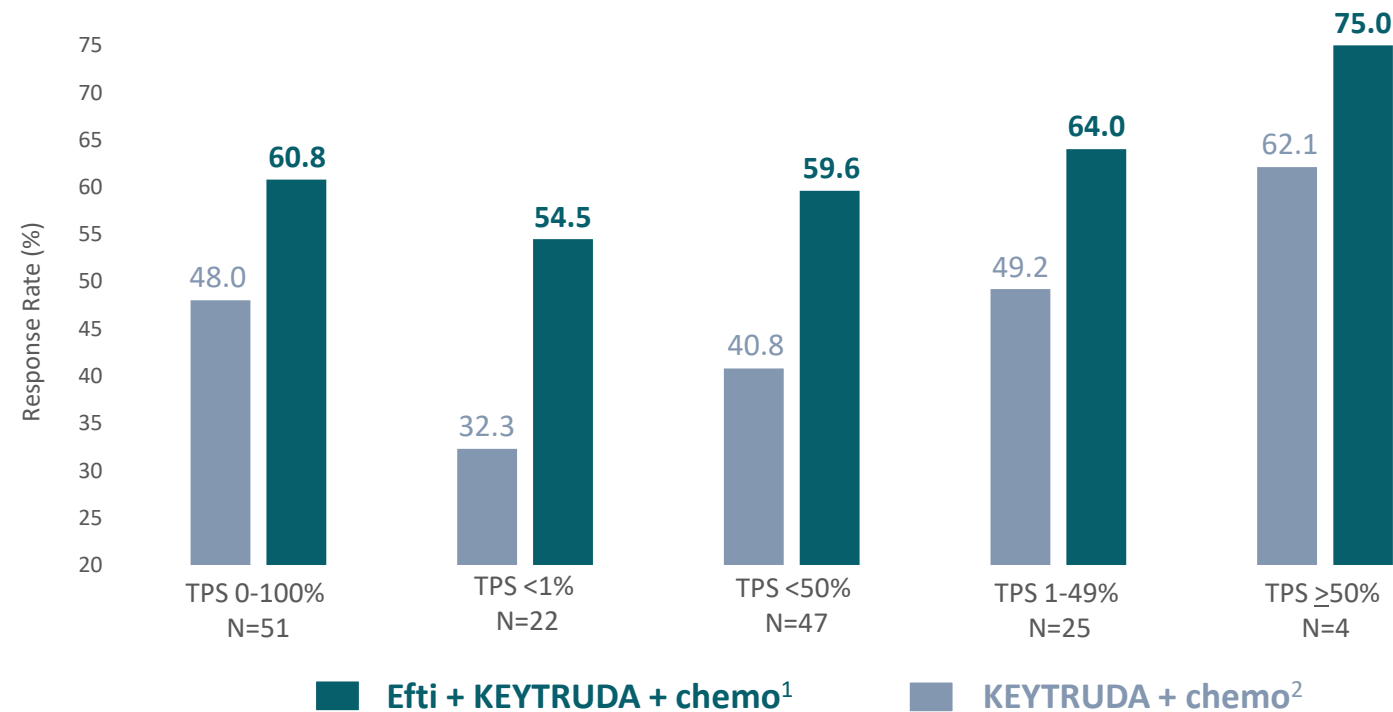


INSIGHT-003 (Stratum C) Phase I: Overview & Trial Design



INSIGHT-003 is an investigator-initiated, multi-centre Phase I trial led by Frankfurt Institute of Clinical Cancer Research (IKF)

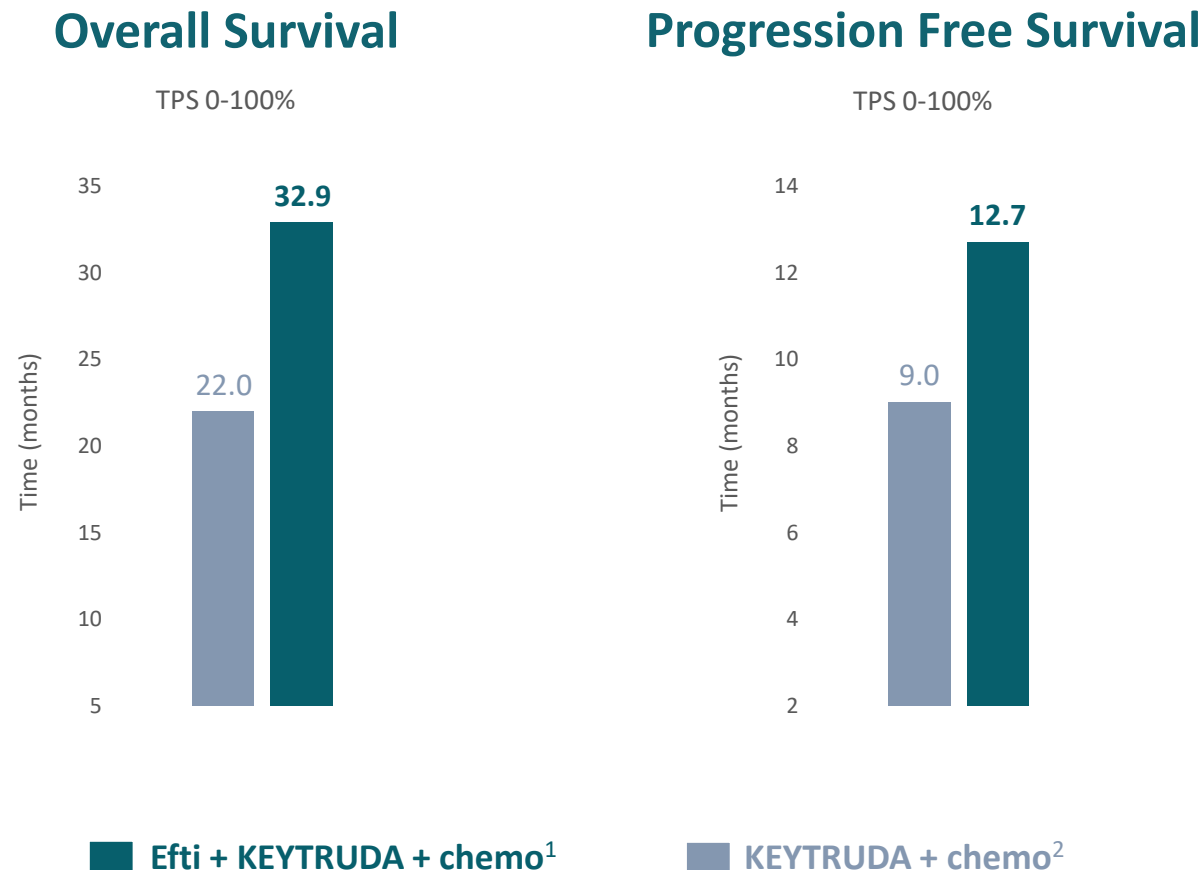
Benchmarking Objective Response Rate (ORR) to KEYTRUDA + Doublet Chemo



- Outperformance of triple combination with efti across all PD-L1 expression levels
- Very encouraging ORR in patients with PD-L1 expression below 50%, who have a high unmet need & represent over two-thirds of the 1L NSCLC patient population
- Notably, registrational trial of KEYTRUDA + chemo has ~4X as many patients with TPS ≥50% (~32% vs ~8% in INSIGHT-003), who have the highest ORR. This makes relative outperformance regardless of PD-L1 expression (TPS 0-100%) particularly strong.
- Safety continues to be favourable

INSIGHT-003: PFS & Overall Survival

Complementary effect from the combination of efti with KEYTRUDA and doublet chemo



- Mature data in patients with a minimum follow-up of 22 months (N=21) shows excellent results, well above historical controls and exceeding our expectations
- Notably, ~19% patients in INSIGHT-003 with mature survival data have high PD-L1 TPS $\geq 50\%$ (who typically respond better to anti-PD-1 therapy) vs. ~32% in registrational trial of KEYTRUDA + doublet chemo

Immutep & MSD (Merck) Phase III Trial in 1L NSCLC

TACTI-004 / KEYNOTE-PNC-91 Phase III: Overview & Trial Design



In collaboration with



Third and most important
collaboration and supply
agreement with MSD

Immutep to conduct trial and
MSD to supply KEYTRUDA
(typical ICI supply for trial this size ~US\$100mm)

Immutep retains all
commercial rights to efti
with freedom to operate

Upcoming Milestones

1st Patient In

← Futility Analysis →

← Interim Analysis →

Q1'25

Q2'25

Q3'25

YE'25

Q1'26

Q2'26

Q3'26

YE'26

Q1'27

Global Phase III 1L NSCLC Trials with KEYTRUDA in Treatment Arm

TACTI-004 addresses the broadest 1L NSCLC patient population eligible for anti-PD-1 therapy

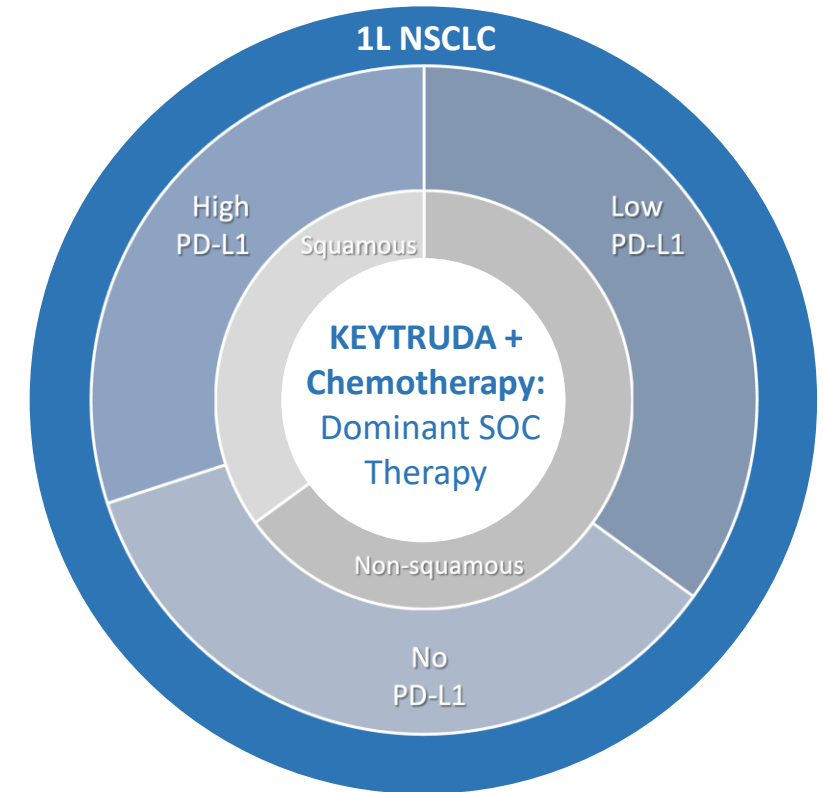


	PD-L1 TPS <1	PD-L1 TPS 1-49	PD-L1 TPS ≥50	Non-squamous	Squamous	Total Population
1L NSCLC patient population*	35%	35%	30%	70%	30%	Up to 100%
TACTI-004 (Immutep) Efti + KEYTRUDA + Chemo	✓	✓	✓	✓	✓	100%
TROPION-Lung07 (Daiichi Sankyo) DatoDXd + KEYTRUDA	✓	✓	✗	✓	✗	49%
EVOKE-03 (Gilead) Sacituzumab Govitecan + KEYTRUDA	✗	✗	✓	✓	✓	30%
TROPION-Lung08 (Daiichi Sankyo) DatoDXd + KEYTRUDA	✗	✗	✓	✓	✗	21%

Potential Blockbuster Commercial Opportunity

If TACTI-004 is successful it presents a potential multi-billion US\$ opportunity for Immutep as efti will be positioned as a safe, effective addition to KEYTRUDA & chemo, the standard-of-care therapy most often chosen by physicians in 1L NSCLC:

- KEYTRUDA has revolutionized treatment landscape and MSD (Merck) captures between 7 to 8 of every 10 patients with metastatic lung cancer*
- Estimates are ~US\$9 billion or +35% of KEYTRUDA's overall sales in 2023 from lung cancer**
- Potential peak sales for efti can be reached faster vs. typical therapeutic launch given KEYTRUDA + chemo's dominant position in 1L NSCLC market

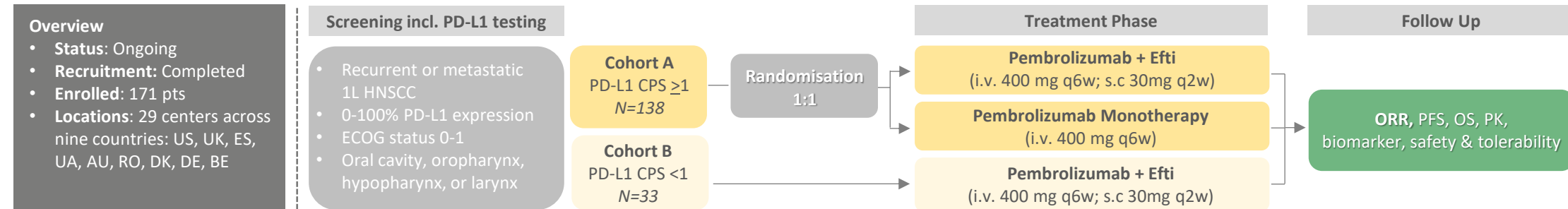


Additional Oncology Indications & Small Molecule Anti-LAG-3 Oncology Program

TACTI-003 / KN-C34 Trial Overview

Efti + anti-PD-1 therapy has FDA Fast Track designation in recurrent or metastatic 1L HNSCC

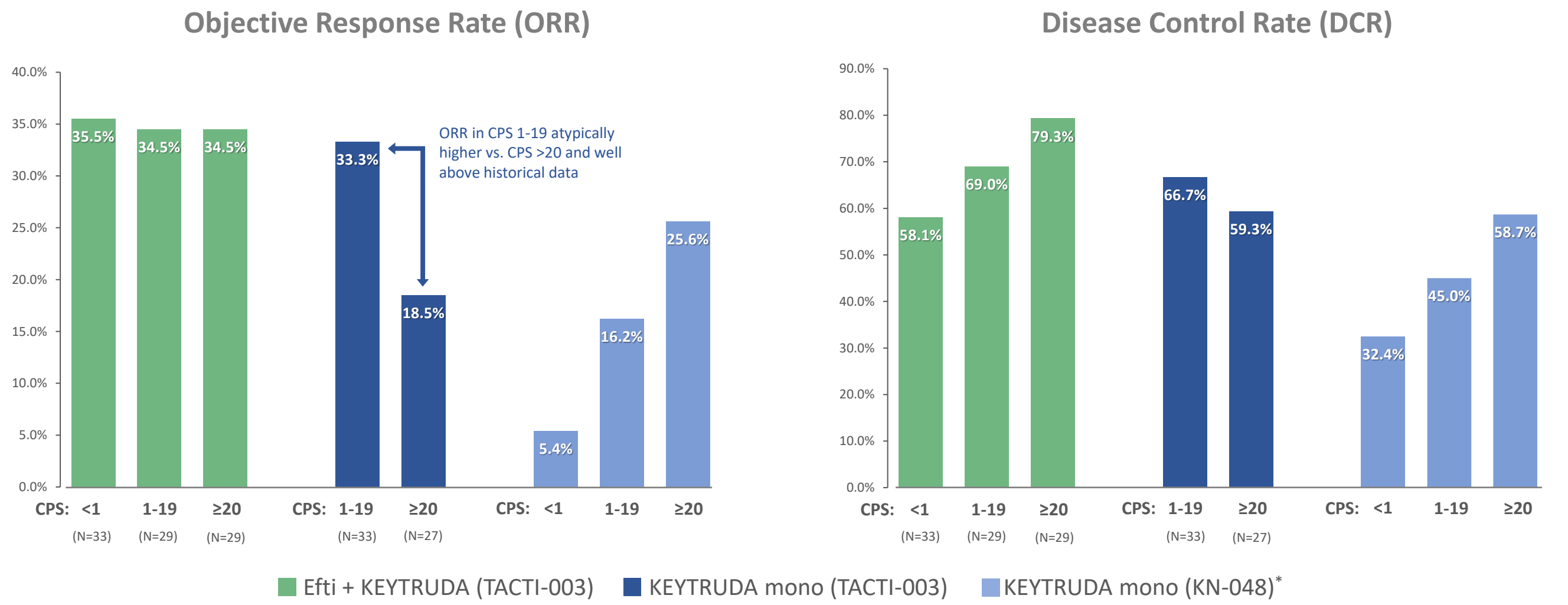
TACTI-003 / KEYNOTE-C34 Phase IIb: Overview & Trial Design



In collaboration with

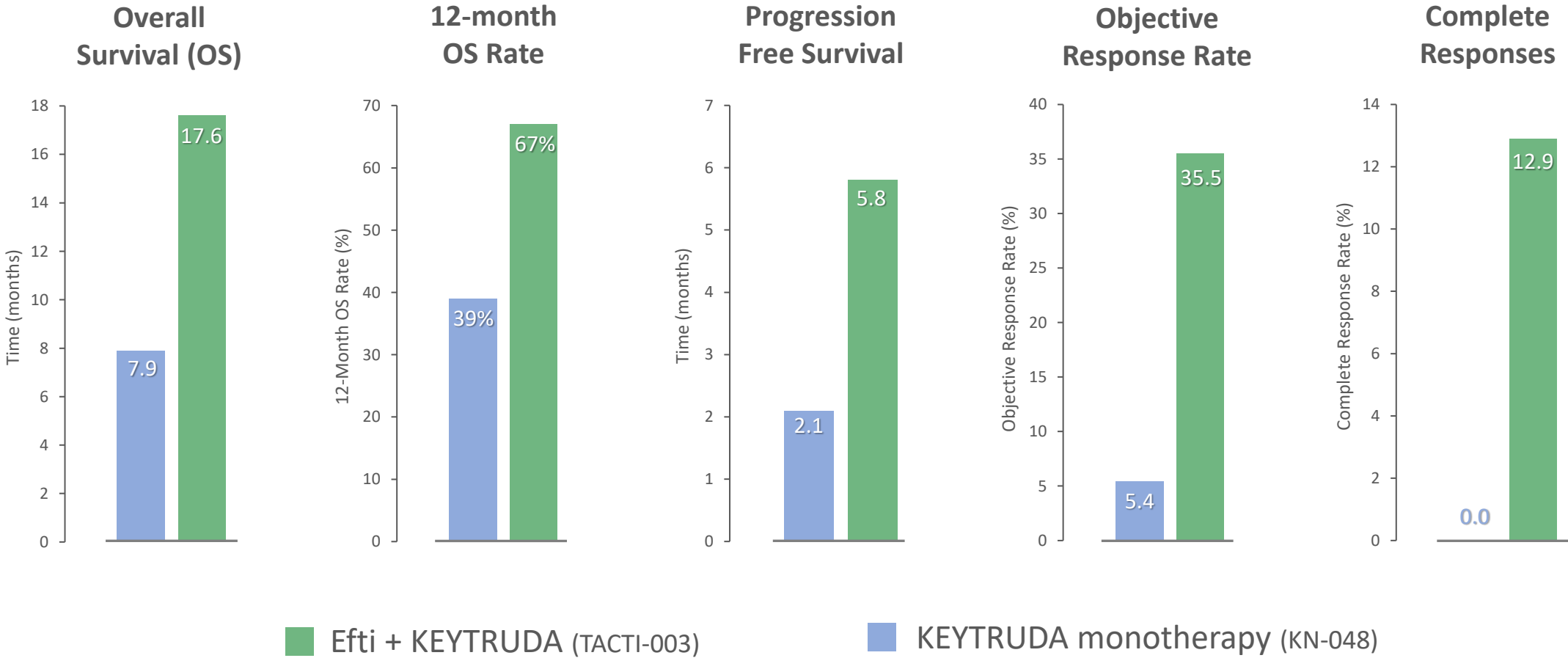


- Randomised, multicenter Phase IIb trial evaluating efti in combination with pembrolizumab (KEYTRUDA®) in first line recurrent or metastatic head and neck squamous cell carcinoma (1L R/M HNSCC):
 - Cohort A (N=138) - Patients with any PD-L1 expression (CPS ≥ 1) randomised 1:1 evaluating efti + KEYTRUDA® vs. KEYTRUDA monotherapy
 - Cohort B (N=33) - Patients with no PD-L1 expression (CPS < 1), which could not be randomised as KEYTRUDA monotherapy not approved in CPS < 1
- Primary endpoint is Objective Response Rate (ORR) among evaluable patients (≥ 1 post baseline CT), according to RECIST1.1
- Secondary endpoints include Overall Survival and Progression-Free Survival, ORR (iRECIST), and Disease Control Rate



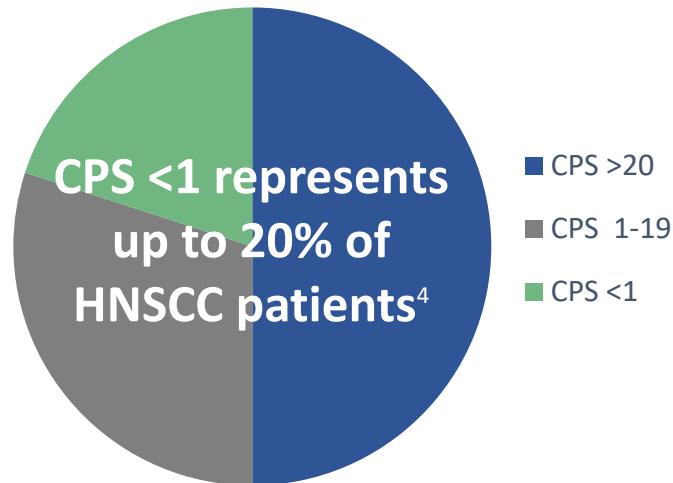
Exceptional Chemo-Free Results in 1L HNSCC with CPS <1

Benchmarking to KEYTRUDA monotherapy in patients with PD-L1 expression below 1 (CPS <1)



Limited Competition in CPS <1: A Valuable Market

Head & Neck Cancer
\$2.8 billion market¹



>890,000 HNSCC diagnoses per annum worldwide with ~100,000 patients who develop metastatic disease.^{1,2,3}

No chemo-free therapies for 1L HNSCC patients with PD-L1 CPS <1

Standard-of-Care (SOC) Therapies include Chemo

Pembrolizumab + doublet chemo
US only

Cetuximab + doublet chemo
US & EU

Ongoing Clinical Trials without Chemo

Efti + Pembrolizumab

Efti + KEYTRUDA shows superior OS, PFS, and durability with less toxicity as compared to SOC therapies & generates high response rates.

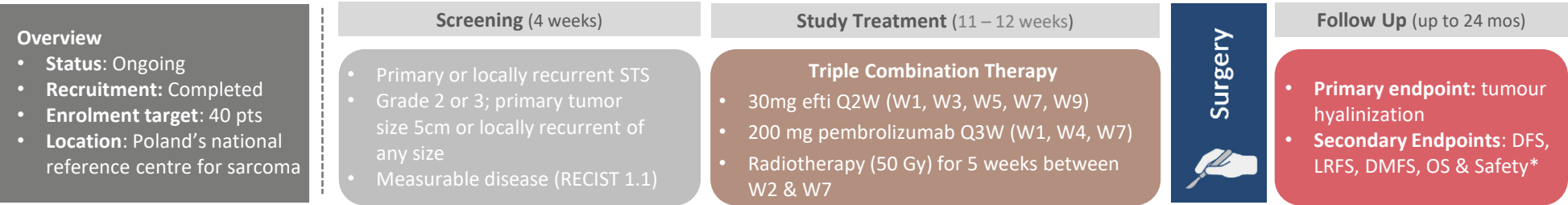
Next Steps

- Discuss the path forward in 1L HNSCC CPS <1 with regulatory agencies
- Discuss results with key stakeholders (investigators etc.)

Soft Tissue Sarcoma (STS): Orphan Disease with High Unmet Need

Investigator-initiated Phase II studying novel triple combination of Efti + Radiotherapy + KEYTRUDA

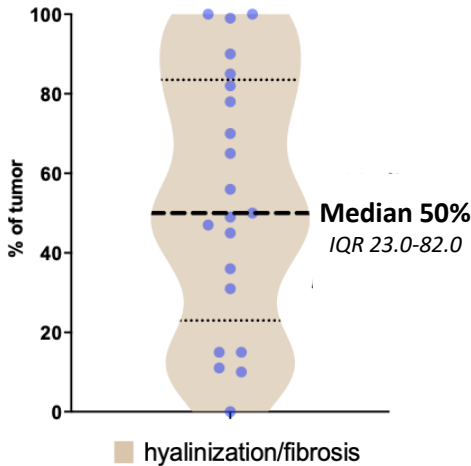
EFTISARC-NEO Phase II: Overview & Trial Design



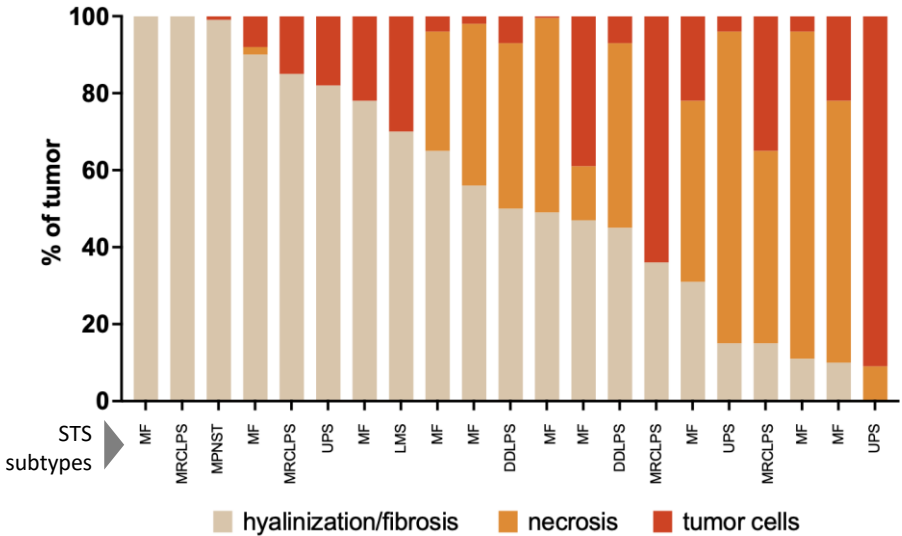
EFTISARC-NEO is an investigator-initiated Phase II trial conducted at Poland's national reference centre for sarcoma, the Maria Skłodowska-Curie National Research Institute of Oncology (MCSNRIO)

Strong efficacy reported at Connective Tissue Oncology Society (CTOS) 2024 in patients (N=21) assessed for the primary endpoint of tumour hyalinization/fibrosis.

Median of 50% tumour hyalinization/fibrosis vs. 15% from RT alone²



71.4% patients achieved pathologic response (tumour hyalinization/fibrosis ≥35%) across five STS subtypes



EFTISARC-NEO Milestones in 2025

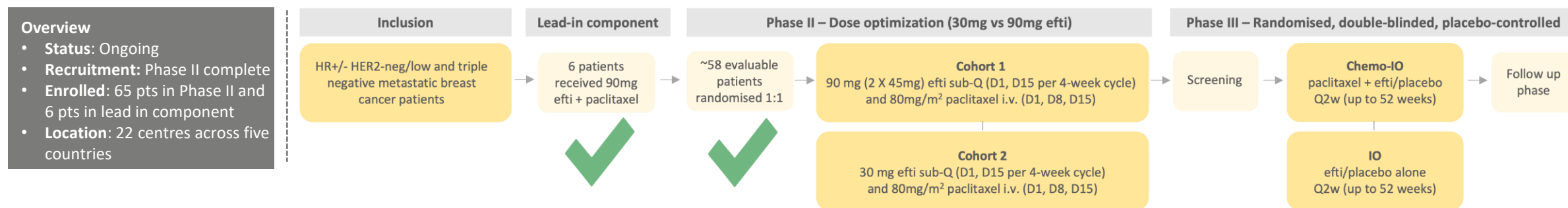
- **January 2025** - Completed targeted patient enrolment (N=40)
- **May 2025** - Novel combination with efti significantly exceeded study's prespecified median of 35% tumour hyalinization/fibrosis vs. 15% for historical data from radiotherapy alone in patients with resectable soft tissue sarcoma (STS)*
- **2H'2025** - Detailed results from investigator-initiated Phase II trial are planned for presentation at a future medical meeting*

“It is very encouraging to see the chemotherapy-free combination with efti far exceed the ambitious target we initially set for the trial's primary endpoint in resectable STS. These results support our belief that efti...helps transform the immunosuppressed tumour microenvironment of soft tissue sarcomas leading to strong anti-cancer efficacy. There remains a very high unmet need in this aggressive orphan cancer indication, and we look forward to presenting detailed results at a medical meeting later this year.”

*- Dr. Katarzyna Kozak & Dr. Paweł Sobczuk, Department of Soft Tissue/Bone Sarcoma and Melanoma at MSCNRIO**

AIPAC-003 Phase II/III Trial in Metastatic Breast Cancer

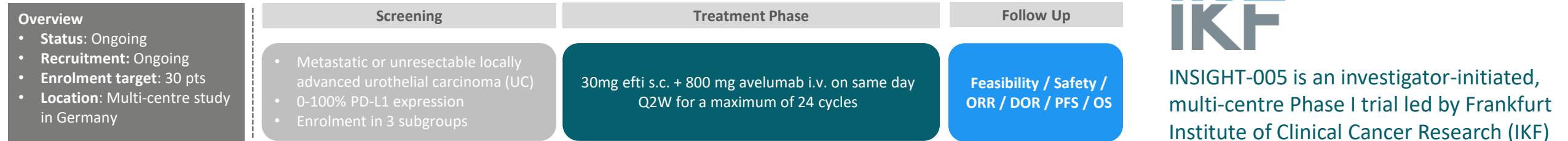
AIPAC-003: Overview and Trial Design



- HR+/- HER2-negative/low and triple negative metastatic breast cancer (MBC) patients represent ~78% breast cancer cases¹
- Patients receive efti + paclitaxel on same day; IO-chemo treatment can continue until disease progression
- Trial design incorporates feedback from FDA & EMA and provides risk-balanced approach
- Randomised Phase II dose optimization to find optimal biological efti dosing (e.g. 30mg or 90mg)
- 30mg dosing has been selected as optimal biological dose

Efti + Anti-PD-L1 (Avelumab) in Metastatic Urothelial Cancer

INSIGHT-005 (Stratum E) Phase I: Overview & Trial Design



In collaboration with

Merck KGaA
Darmstadt, Germany

- INSIGHT-005 evaluating safety & efficacy of efti and avelumab (BAVENCIO®), which has previously shown promising efficacy in solid tumours in Phase I trial
- Jointly funded by Immutep & Merck KGaA, Darmstadt, Germany
- Targeting area of high unmet need: patients not eligible for platinum-based chemotherapy or who are progressing during/after platinum-based chemotherapy
- Announced first patient enrolled and safely dosed in Jan 2024

Novel Small Molecule Anti-LAG-3 Preclinical Program in Oncology

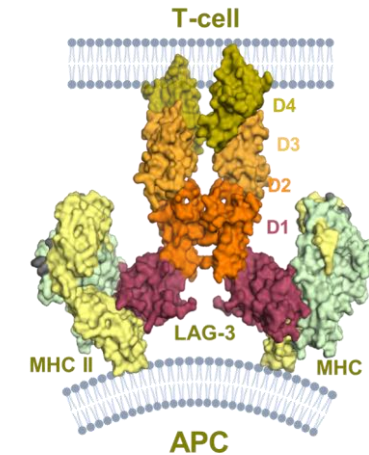


Immutep aims to develop an orally-available small molecule anti-LAG-3 treatment at a lower cost compared with anti-LAG-3 antibodies commercially available (Opdualag: ~\$974 million in TTM sales**) or under clinical development

“Small molecules represent the next generation of anti-LAG-3 therapies and hold tremendous promise, as they can be given to cancer patients as a convenient oral pill.”

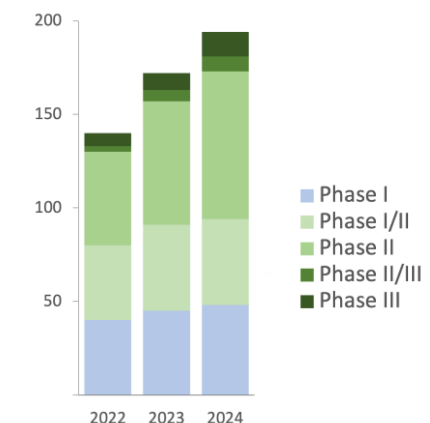
Professor Andrew Godkin, Theme Lead in Immunology in the College of Biomedical Life Sciences, Cardiff University

Crystal Structure of the Human LAG-3–HLA-DR1–Peptide Complex



Findings from Monash University and Immutep published in *Science Immunology* resolve how human LAG-3 binds to its main ligand providing a better foundation for development of blocking LAG-3 therapeutics, including Immutep's anti-LAG-3 small molecule program

Anti-LAG-3 Antibody Clinical Trials*



IMP761: First-in-class LAG-3 Agonist Antibody for Autoimmune Diseases

Targeting Autoimmune Diseases with a LAG-3 Checkpoint Agonist

New paradigm to treat the cause -- as opposed to the symptoms -- of autoimmune disorders



*“These findings further support the potential clinical benefits of a **LAG-3 agonist** in the treatment of human autoimmunity”¹*

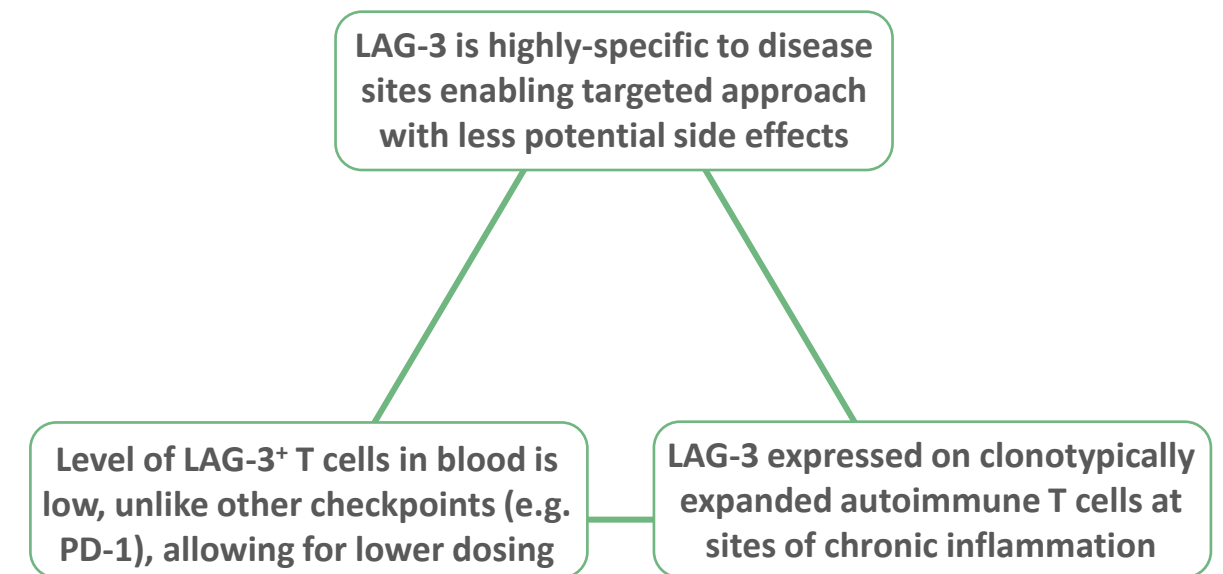


*“**LAG-3 agonism** could be a potential target for future treatment in rheumatoid arthritis”²*



*“The manipulation of the **LAG-3 pathway** can serve as a promising therapeutic strategy”³*

Unique advantages of LAG-3 make it an ideal target for an agonist antibody to treat autoimmune diseases



LAG-3: An Important Immune Checkpoint in Autoimmunity

Learnings from immune checkpoint inhibitors (ICI) in oncology

ICI therapies (e.g. anti-PD-[L]1, anti-CTLA-4, anti-LAG-3)
are effective in many oncology indications



Main side effects of ICIs are emergence of autoimmune
disorders (e.g. immune-mediated pneumonitis, colitis,
hepatitis, thyroiditis, etc.) due to overactivation of
the immune system



Immune checkpoints are controlling autoimmunity

Addition of relatlimab (anti-LAG-3) mostly *doubled frequency*
of immune mediated AEs vs. nivolumab (anti-PD-1)¹

RELATIVITY-047 Phase III trial in Melanoma

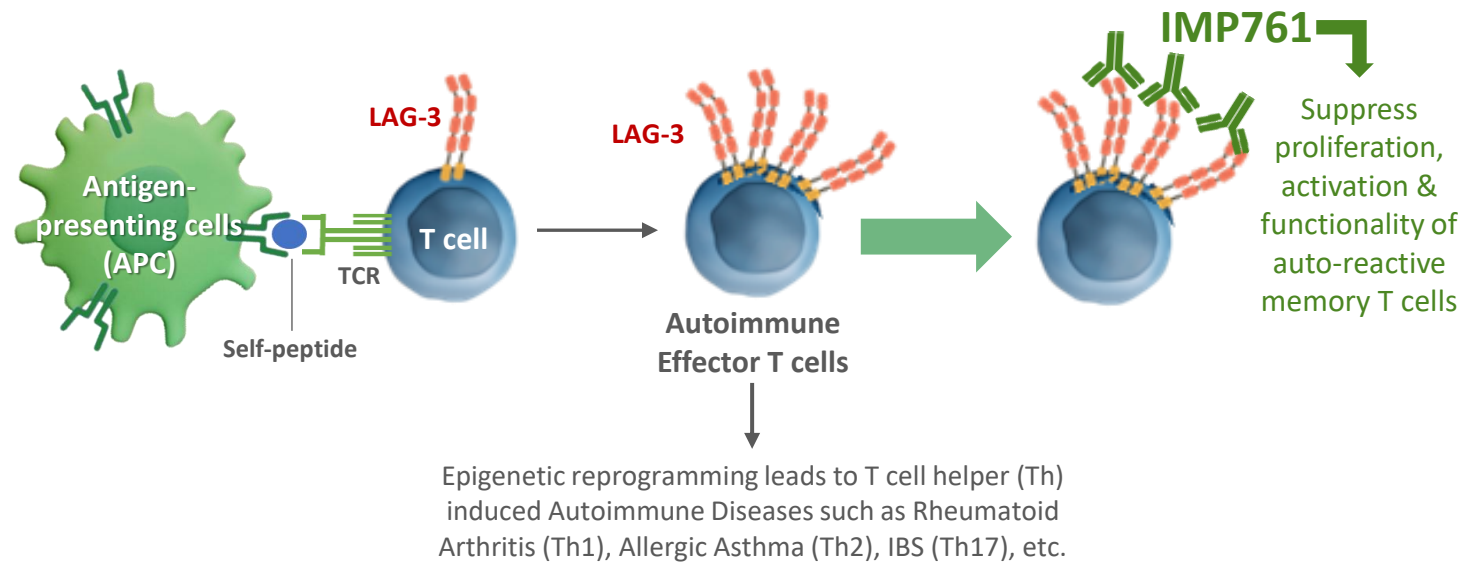
Adverse Events (AE) %	Relatlimab + Nivolumab (N = 355)	Nivolumab alone (N = 359)
Hypothyroidism or thyroiditis	18.0	13.9
Arthralgia	14.4	7.2
Diarrhea or colitis	6.8	3.1
Hepatitis	5.6	2.5
Adrenal insufficiency	4.2	0.8
Pneumonitis	3.7	1.7
Hypophysitis	2.5	0.8
Myocarditis	1.7	0.6

LAG-3 is an important checkpoint in autoimmunity

IMP761: First-in-Class LAG-3 Agonist is a Potential Game-Changer

Many autoimmune diseases can potentially be targeted including several large disorders

IMP761 increases “brake” function of the LAG-3 immune checkpoint and its natural down-regulation of auto-reactive memory T cells, which represent the root cause of many diseases

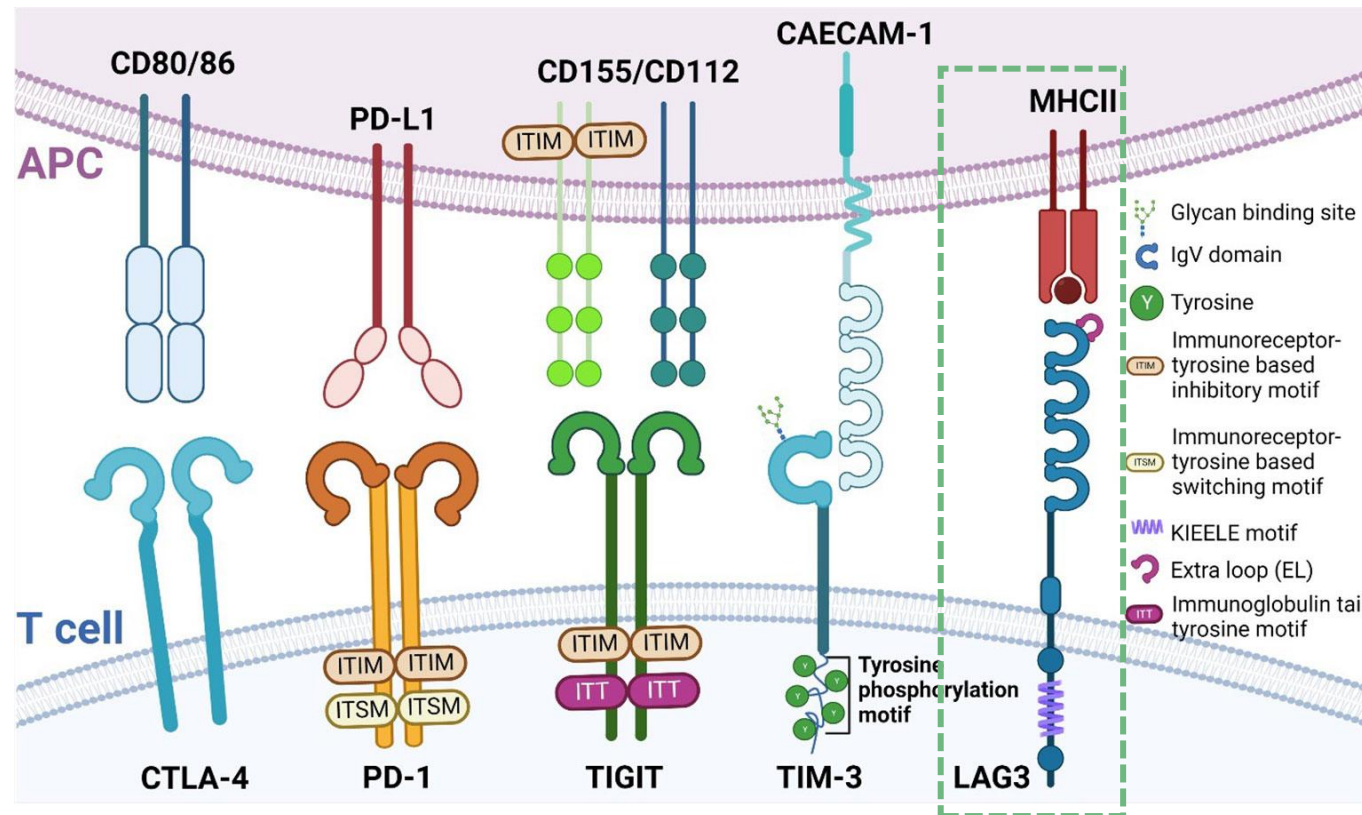


IMP761 as a LAG-3 agonist can target numerous autoimmune diseases including:

- Rheumatoid arthritis: market size est. \$29.6 billion*
- Type 1 diabetes: market size est. \$9.9 billion*
- Multiple sclerosis: market size est. \$32.9 billion*

IMP761: Strong Inhibition of TCR Signalling & T cell Activation

Unique LAG-3 Signalling Pathway



- Unlike 100+ inhibitory receptors (including PD-1, TIGIT, BTLA), LAG-3 has no tyrosine-based ITIM motif¹ in its cytoplasmic domain
- The inhibitory motifs unique to LAG-3² explain in part **clear & rapid inhibition of T cell receptor (TCR) signalling** induced by IMP761 in preclinical studies
- IMP761 also **strongly blocks T cell activation** via the TCR in preclinical studies

Clinical Development of IMP761

Leading world-class research institute appointed to conduct first-in-human study

Overview / Key Milestones:

- Placebo-controlled, double-blind Phase I (N = 49)
- Centre for Human Drug Research (CHDR) has been selected to conduct
- First participant enrolled in August 2024
- Favourable initial safety data reported in December 2024
- Additional data expected in 2025



- World-class research institute in Leiden, the Netherlands
- CHDR offers a unique KLH challenge model allowing for evaluation of IMP761’s pharmacological activity at early stages of development

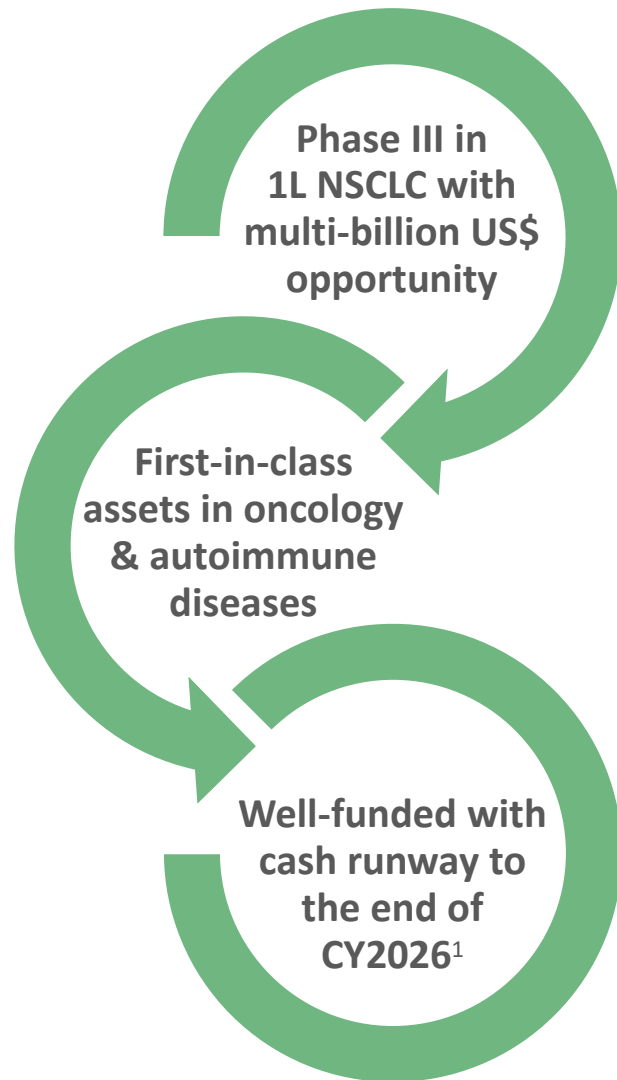
Single Ascending Dose (SAD): Healthy volunteers

Part A: Healthy N=5 Cohort 1-SAD-A : 3 Subjects 0.0075 mg/kg + 2 placebo	COMPLETED	FIH Microdosing	Single IV
Part B: Healthy N=30 Cohort 2-SAD-B : 4 Subjects 0.03 mg/kg + 1 placebo Cohort 3-SAD-B : 4 Subjects 0.1 mg/kg + 1 placebo Cohort 4-SAD-B : 8 Subjects 0.3 mg/kg + 2 placebo Cohort 5-SAD-B : 8 Subjects 0.9 mg/kg + 2 placebo	ONGOING	3x KLH immunization, DTH	PK/PD Single IV

Multiple Ascending Dose (MAD): Healthy volunteers

Part C: Healthy N=14. 3 dosing (3 months) Cohort 6-MAD-C : 5 Subjects 0.3 mg/kg + 2 placebo Cohort 7-MAD-C : 5 Subjects 0.9 mg/kg + 2 placebo	PK	Multiple (Q4W) IV
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Upcoming Milestones in 2025

- Non-Small Cell Lung Cancer:
 - TACTI-004 potential futility analysis by year end CY2025 or early 2026*
 - Update from investigator-initiated INSIGHT-003 planned for medical meeting in 2H'CY2025
- Head and Neck Squamous Cell Carcinoma – Updates from TACTI-003 trial including from requested meeting with FDA to discuss results in 1L HNSCC patients with CPS <1
- Soft Tissue Sarcoma – Detailed results from investigator-initiated EFTISARC-NEO Phase II are planned for medical meeting in 2H'CY2025
- Metastatic Breast Cancer – Update from AIPAC-003 trial
- Metastatic Urothelial Carcinoma – Update from investigator-initiated INSIGHT-005 trial
- Autoimmune Diseases – Update from IMP761 first-in-human Phase I trial
- Additional Updates – From ongoing clinical trials, partnered programs, and potential expansion of clinical trial pipeline



Thank You