



IMUGENE

Developing Cancer Immunotherapies

ASX: IMU

Developing Cancer Immunotherapies

JP Morgan, January 2023



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INTRODUCTION TO IMUGENE

Imugene is a biotech company headquartered in Australia and publicly traded on the Australian Securities Exchange (ASX:IMU)



EXPERIENCED MANAGEMENT TEAM WITH SIGNIFICANT CLINICAL DEVELOPMENT EXPERTISE



Leslie Chong
Chief Executive
Officer & Managing Director



**Dr Giovanni
Selvaggi, MD**
Chief Medical Officer



Dr Monil Shah
Chief Business
Officer



THREE UNIQUE TECHNOLOGY PLATFORMS MAXIMIZE OPPORTUNITIES IN SOLID TUMORS

Therapeutic approaches with combination potential with existing standards of care

PLATFORM

IP

CLINICAL TRIALS



IMUGENE

Developing Cancer Immunotherapies



onCARlytics
IMUGENE



CF33 Oncolytic Virus
IMUGENE



B Cell Immunotherapy
IMUGENE

CF33-CD19 CAR T Combination Therapy

CHECKvacc

VAXINIA

HER-Vaxx

PD1-Vaxx

IP TO 2038
Filed in major territories

IP TO 2037
Filed in major territories
Granted in Japan/Mexico

IP TO 2036
Granted in
multiple
countries
(US/EU/Asia)

IP TO 2037
Filed in major
territories



TBC
Phase 1
EUREKA
THERAPEUTICS



COH TNBC IST
Phase 1

MAST
Phase 1

DOMINICA
Phase 1

HERIZON
Phase 1b/2

IMPRINTER
Phase 1

nextHERIZON
Phase 2

neoHERIZON
Phase 2

TIGIT-Vaxx, PDL1-Vaxx, LAG3-Vaxx,
TIM3-Vaxx, CTLA4-Vaxx

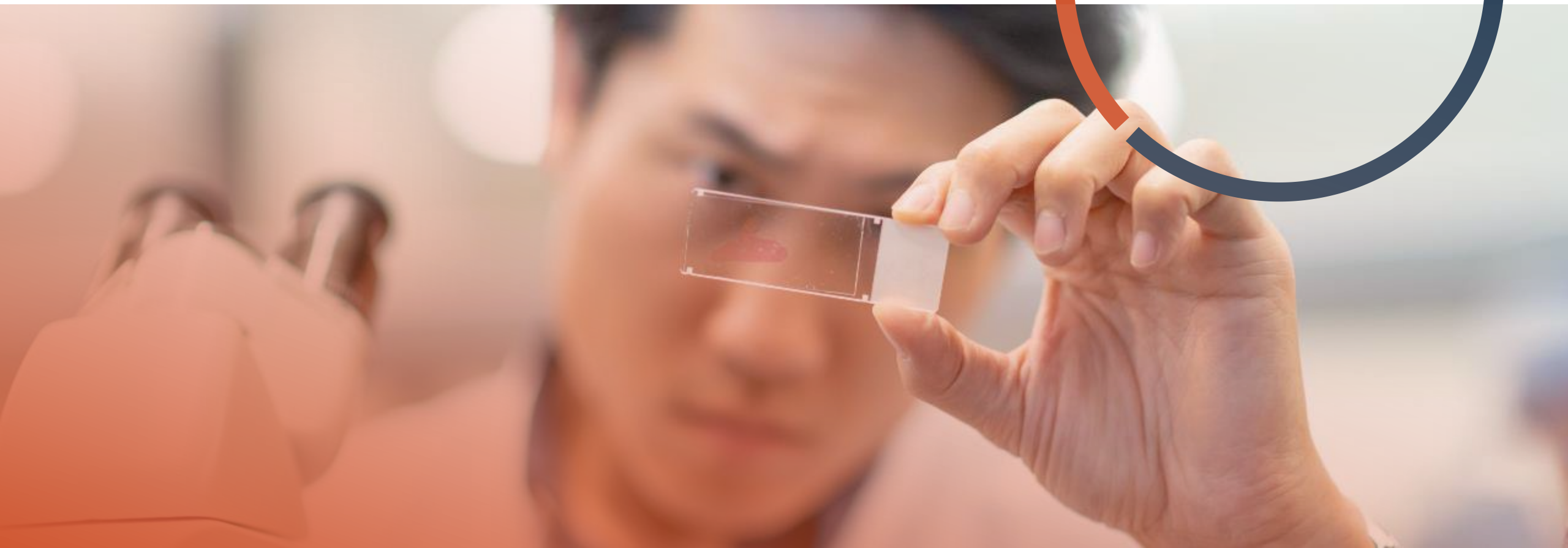
IMUGENE'S DEEP IMMUNOTHERAPY PIPELINE FOR THE TREATMENT OF SOLID TUMORS



PLATFORM	PROGRAM/ TARGET	COMBINATION APPROACH	INDICATION	IND	PRECLINICAL	IND	PHASE 1	PHASE 2	2023 EXPECTED MILESTONES
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-αPD- L1)	Checkpoint Inhibitors	Metastatic TNBC	✓	CHECKvacc IST				IT Cohort 3 Cleared Optimal Biological Dose
	CHECKvacc (CF33-αPD- L1)	Checkpoint Inhibitors	Solid Tumors		DOMINICA				FDA IND
B Cell Immunotherapy IMUGENE	HER-Vaxx (HER2)	Chemotherapy	First Line Gastric Cancer		HERIZON				Publication and Presentation (ASCO GI)
			Neoadjuvant Gastric Cancer		neoHERIZON				CTA Clearance FPI
		Checkpoint Inhibitors	Metastatic Gastric Cancer	✓	nextHERIZON				ASCO GI TiP Interim Data Readout
	PD1-Vaxx (PD1)	Chemotherapy	Metastatic NSCLC	✓	IMPRINTER				Combination FPI
		Atezolizumab	MSI High CRC		NeoPolem IST				CTA Clearance FPI

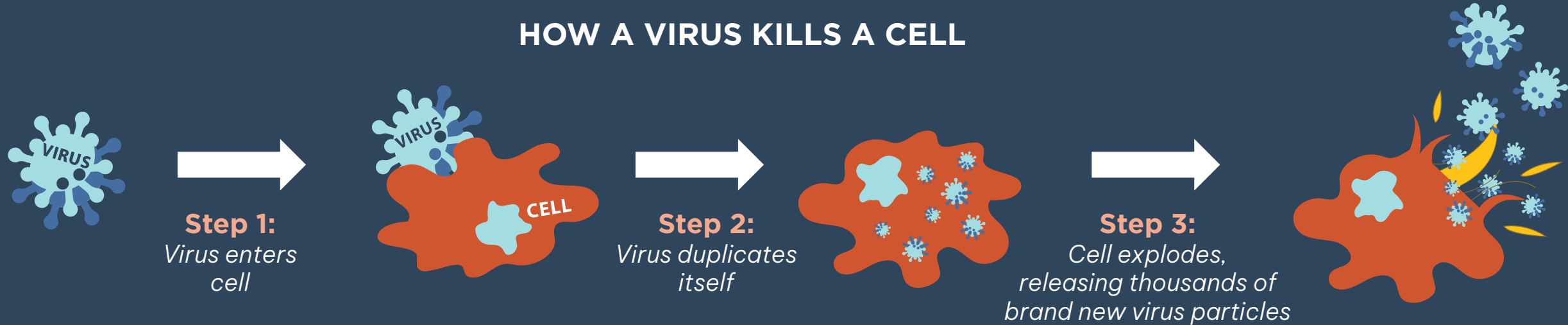


CF33 Oncolytic Virus



ONCOLYTIC VIRUSES OFFER A SELECTIVE IMMUNOGENIC APPROACH TO EFFECTIVELY KILL TUMOR CELLS

HOW A VIRUS KILLS A CELL



Engineering enhancements

- Infect and kill only cancer cells
- Carry additional payloads to augment killing (check point inhibitors, cytokines, anti-angiogenics)

Multiple ways to kill cancer cells

- Direct Lysis
- Immuno-activation
- Priming of TME to enhance checkpoint inhibitor response¹

Precedent for approval

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

MAJOR ADVANTAGES OF VAXINIA CF33



Robust Efficacy

Highly potent cancer killing
Converts 'cold' tumors to responsive 'warm' tumors
Direct intra-tumor and systemic anti-tumor activity

Well-Tolerated

Large therapeutic window
Genetically stable
Combinability with targeted therapies

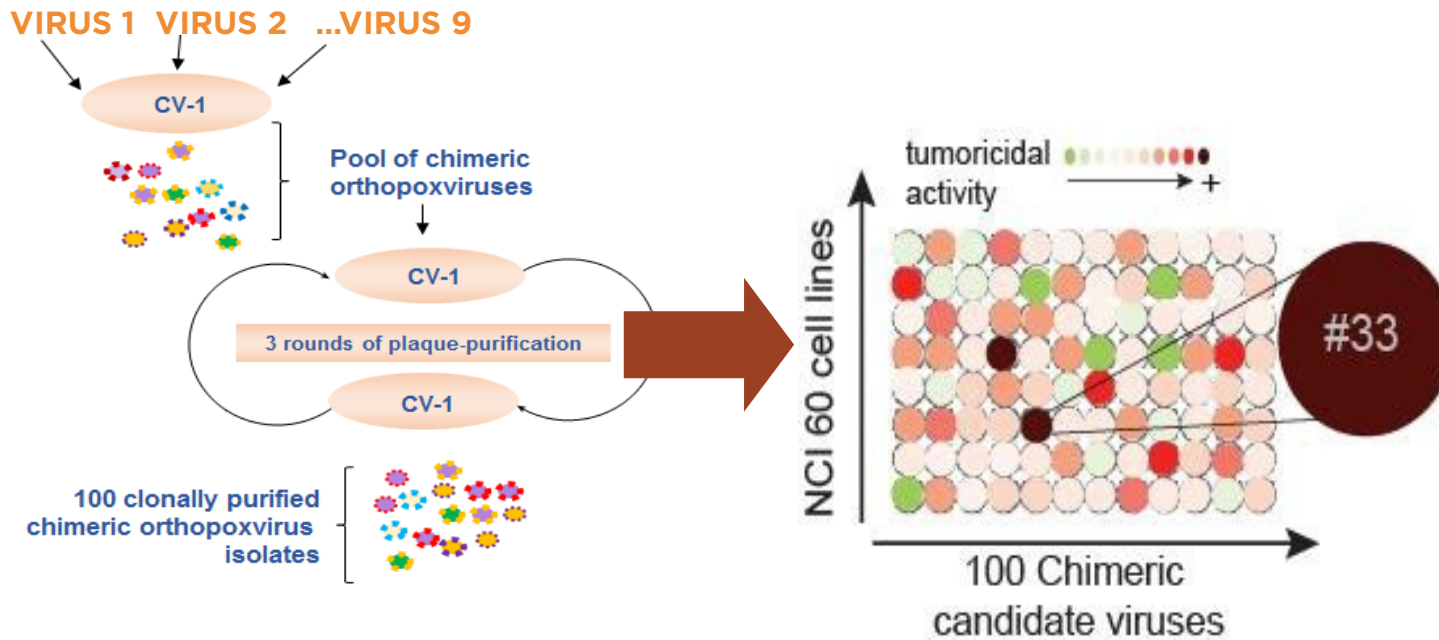
Broad Application

Tumor agnostic approach
IT, IV or IP administration with potential to multi-dose
Combination approaches

Scalability

Made in high titers
Storage stability
Clinically stable after mixing

CF33 GENERATION & EVALUATION OF NOVEL CHIMERIC POXVIRUSES



- Infection by 9 different pox vaccinia vaccine strains trading genetic material isolating over 100 different clones (new species)
- Placed in the State-of-the-art high throughput screening for efficacy against the NCI 60 cell lines.
- The 33rd virus was chosen for its eradication of all cancer cell lines in the NCI 60, CF33

STRATEGY

Engineer Novel Chimeric Viruses

High Through-put Screening for Efficacy Against NCI60

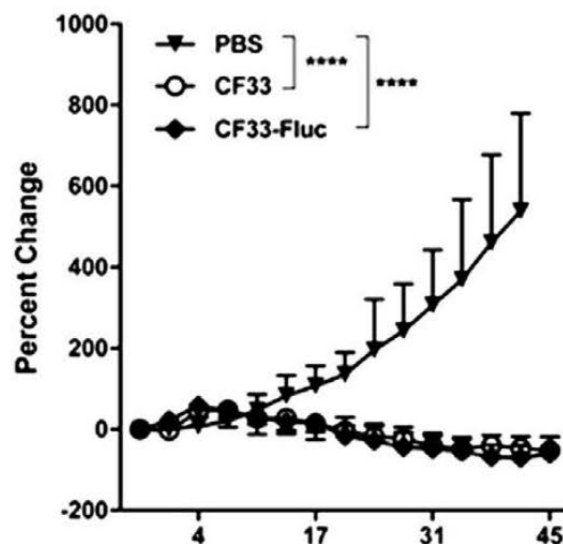
Safe in Animals

Arming with Additional Payloads

Hope Oncolytic Viruses (HOV)

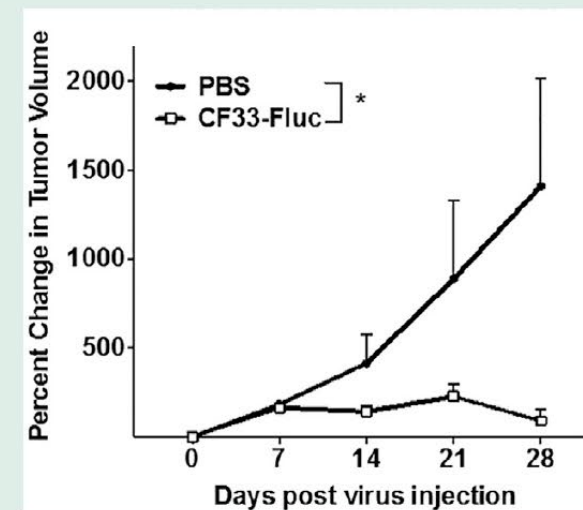
COMPELLING KILLING OF MANY TUMOR TYPES AT LOW DOSES

PANCREATIC



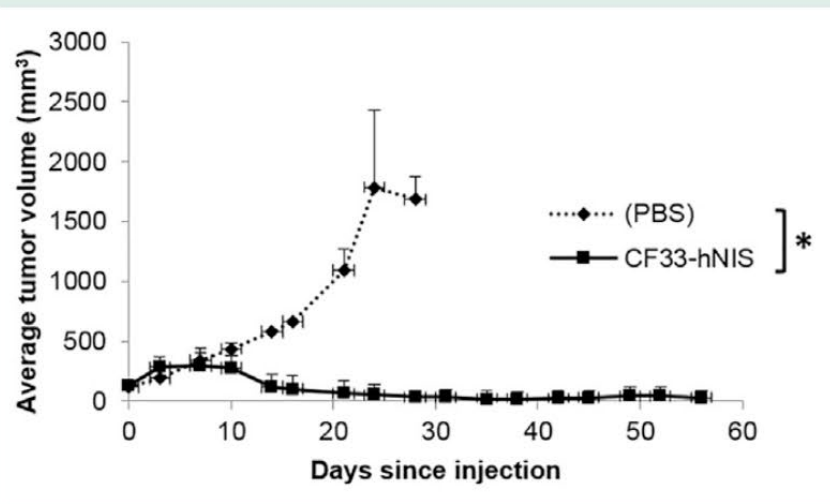
J Transl Med. 2018, 16, 110

COLORECTAL



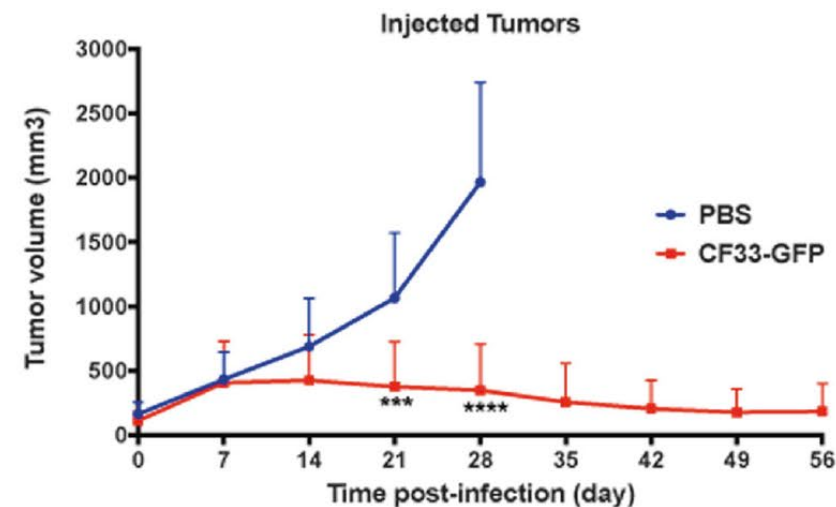
Mol Ther Oncolytics. 2018, 9, 13

COLON



Mol Ther Oncolytics. 2019, 13, 82

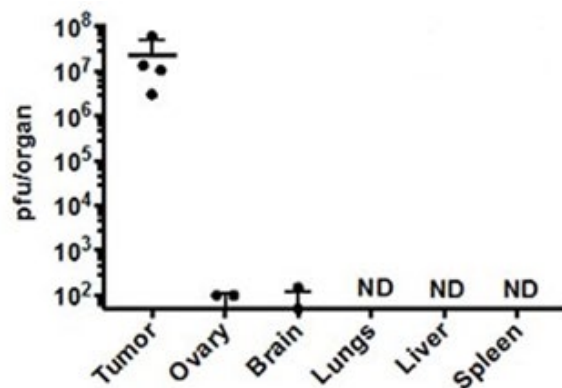
LUNG



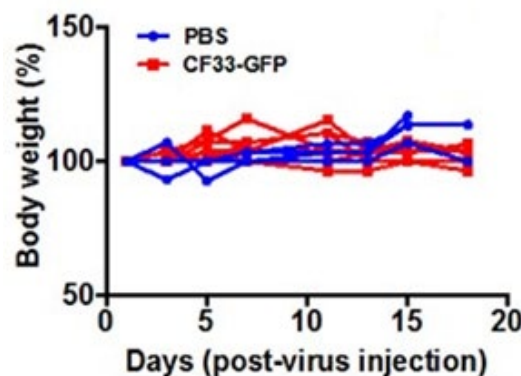
Cancer Gene Ther. 2019

SAFELY DELIVERED ROUTES: IT, IP, IV ENABLES LARGE THERAPEUTIC INDEX IN PATIENTS

Tumor restricted viral delivery



No change in body weight



No toxicity across tumor models in over 1,000 mice until over 10⁹

VIRUS	MOUSE	# OF MICE	DOSE	DELIVERY	TOXICITY
CF33-NIS	Nude	73	1e3-1e5	IT	No findings
CF33-miR	Nude	41	1e3-1e5	IT	No findings
CF33-Luc	Nude NSG	48 8	1e3-2e5 1e6	IT, IV & IP IT	No findings
CF33-GFP	Nude NSG	18 8	1e3-2e7 1e6	IT IT	No findings
CF33-hNIS- αPDL1	Nude Black/6 BALB/c	52 67 31	1e4 1e5-1e8 1e7	IT IT & IV (1e6) IT & IV	No findings
CF33-hNIS- Δ14.5	Nude Black/6 BALB/c	36 16 16	1e4 1e6 - 1e8 1e7-3e7	IT IT IT & IV (2e7)	No findings
CF33-CD19	NSG	288	1e6-1e8	IT	No findings

Majority of mice cured with a single injection of 1000 pfu via IT, IV and IP delivery

CF33-hNIS: TUMOR TRACKING AND TROPISM

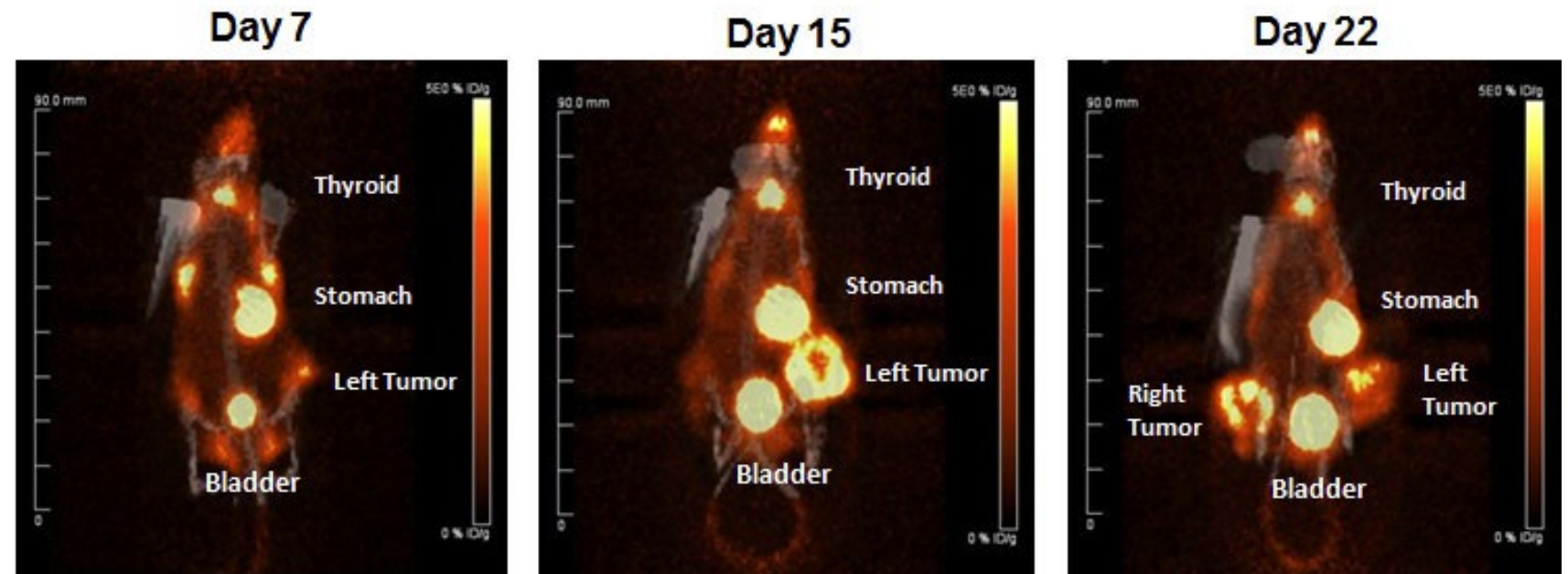
Genetic modification enables tumor tracking and tumor tropism

- 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 ^{124}I uptake in right side on day 22 following injection on left side
- Physiologic uptake in thyroid, stomach and bladder

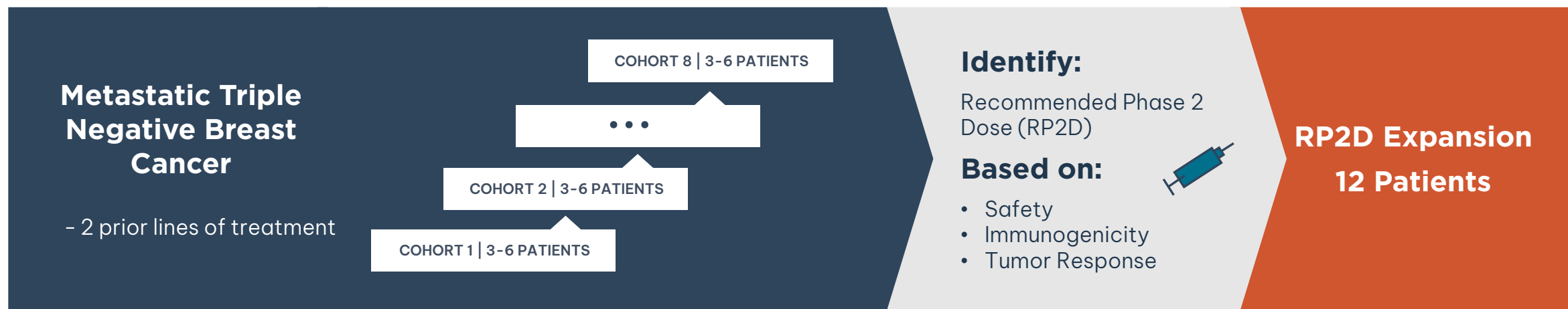
^{124}I PET Imaging of CF33-hNIS-infected HCT116 (colon cancer) from flank xenografts in nude mice over time



CHECKvacc PHASE 1 TNBC STUDY CF33+hNIS+aPD-L1 (“Armed” Virus)



Presented at SABC 2022



First Patient Enrolled October 2021

Disease of need

- 8-13 month survival for metastatic disease with few treatments

Potential target for immunotherapy

- Expresses PD1, PD-L1

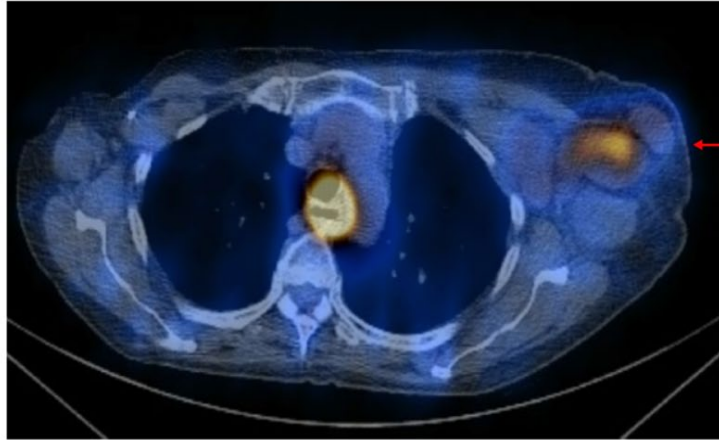
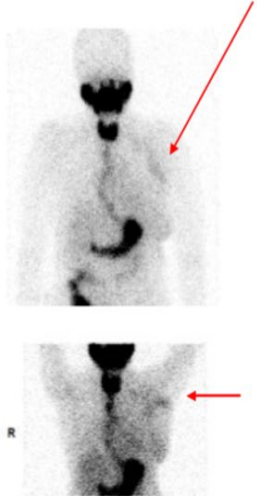
Treatment responses to Atezolizumab (JAMA Oncology, 5:74, 2019)

- 1st line: 24%; 2nd line: 6%
- Approved by FDA 8 March 2019

Potential for registration in well-designed, randomized P2 study

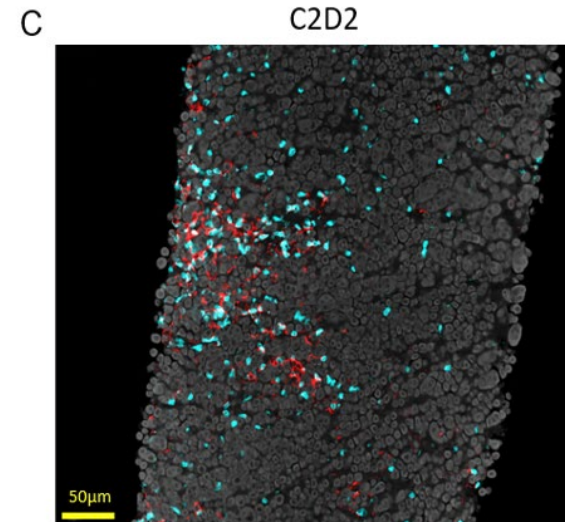
Indication	TNBC
FDA IND	CHECKvacc: CF33-hNIS-aPDL1
N	33-78
Location	Single Center: COH
Admin Route	Intratumoral (IT)

CHECKvacc (CF33-hNIS-antiPD-L1) TUMOR TRACKING

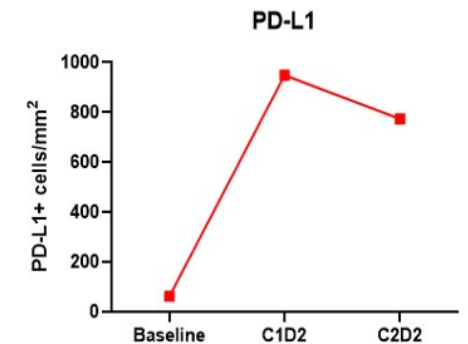


- hNIS 99m uptake in SPECT scan

SPECT imaging of patient using Technetium-99m (C1D8): Patient COH-004 received CHECKvacc at Dose Level 2 (3×10^5 PFU). Injected lesion was left axilla showed significant enhancement of injected lymph node.



- D
- Immune activation-increase in PD-L1



Multiplex immunofluorescence (mIF) of COH-004 tumor: C&D immune infiltrates shows increase density of PD-L1+ cells across patient tissue biopsies.

VAXINIA PHASE 1 MAST STUDY

(Metastatic Advanced Solid Tumors)

First Patient Enrolled May 2022, IV Cohort 1 Cleared Nov 2022

Dose Administration (Parallel Groups)

n=52-100



IT Administration

Metastatic and
Advanced Solid
Tumors

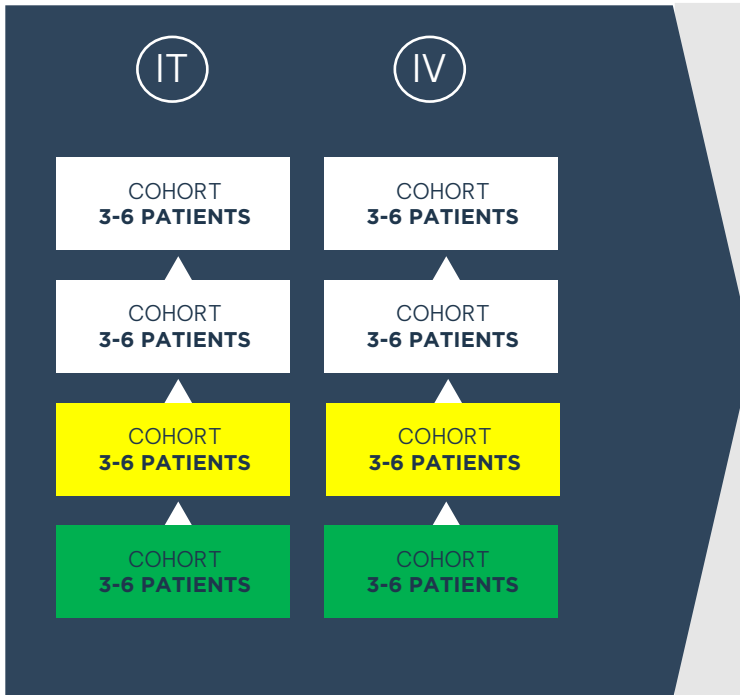


IV Administration

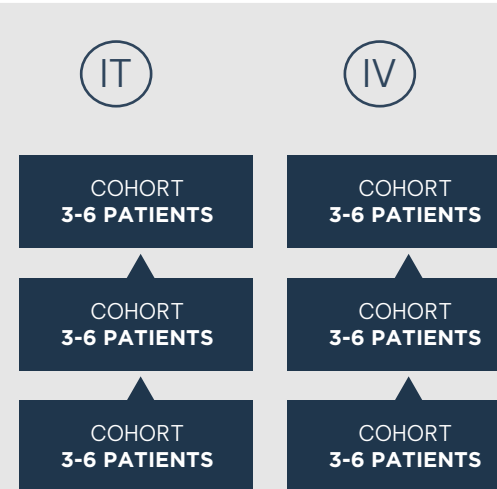
Metastatic and
Advanced Solid
Tumors

Site Location: USA,
AUS

VAXINIA Monotherapy Dose Escalation



VAXINIA + Pembrolizumab Combination Dose Escalation*



*Begins following Cohort 2
(monotherapy) clears per route of
administration

Cohort Expansion

RP2D Expansion
(N=10)

**Tumor Types of
Interest**
(cleared cohorts)

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

CF33 oncolytic virus alone and in combination with pembrolizumab



CF33-CD19



THE CELL THERAPY SOLID TUMOR CHALLENGE & IMUGENE'S SOLUTION

Cell therapy, including Chimeric Antigen Receptor (CAR) T cell therapy, has had limited activity in solid tumors, largely due to a lack of selectively and highly expressed surface antigens, such as the blood B cell antigen CD19

CD19 Targeting Cells

CD19 Targeting domain

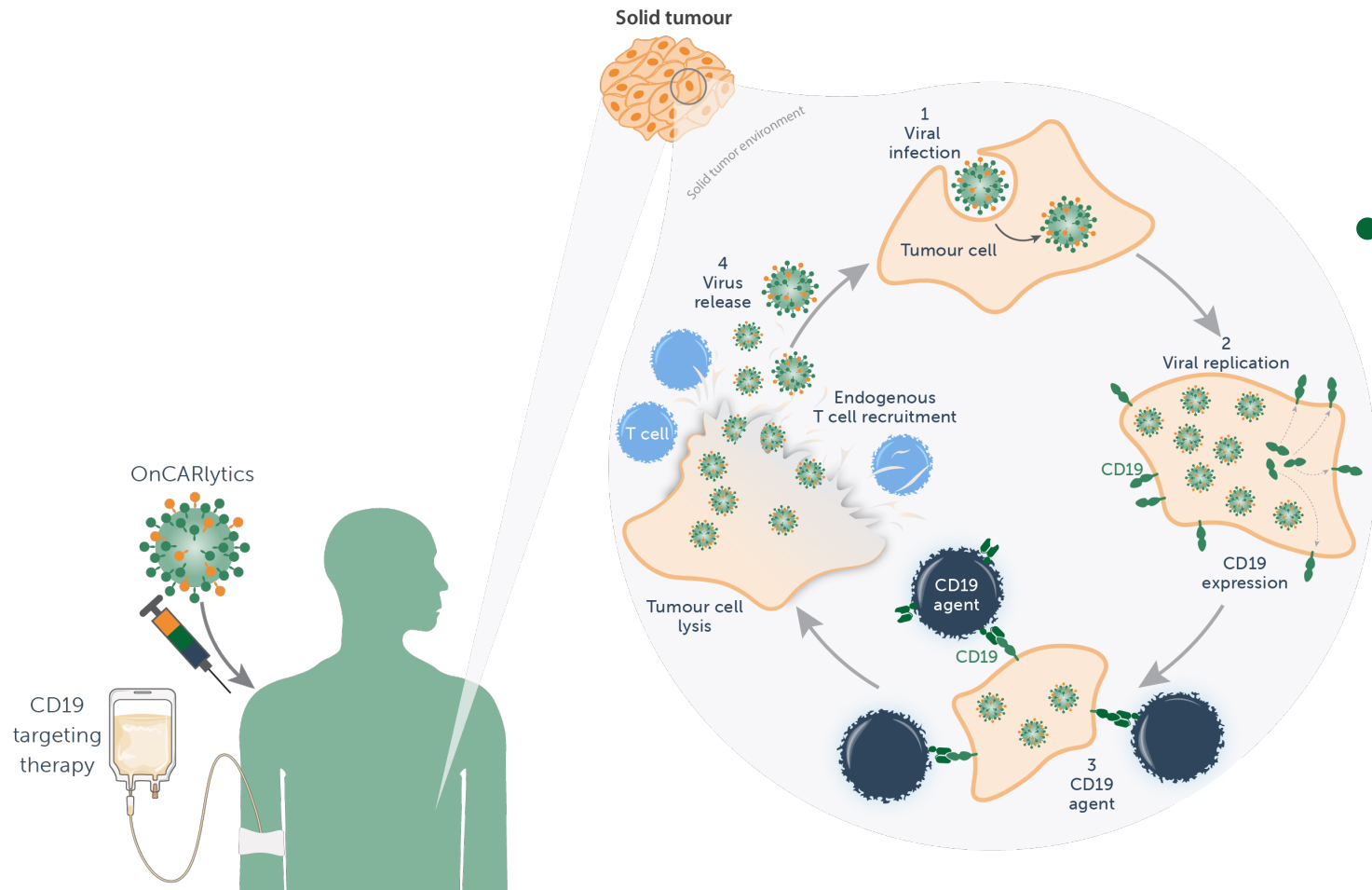
OV generated CD19

Solid Tumor

IMUGENE'S APPROACH

- Use onCARlytics (CF33-CD19) to express CD19 antigen on solid tumor cells
- Combine onCARlytics (CF33-CD19) with autologous or allogeneic CD19 CAR T cell therapies for the treatment of solid tumors

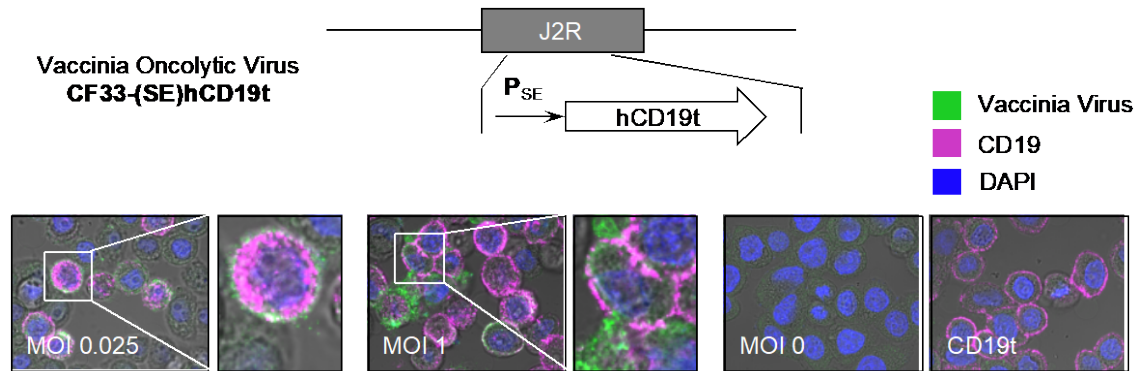
MECHANISM OF ACTION: HOW DOES IT WORK?



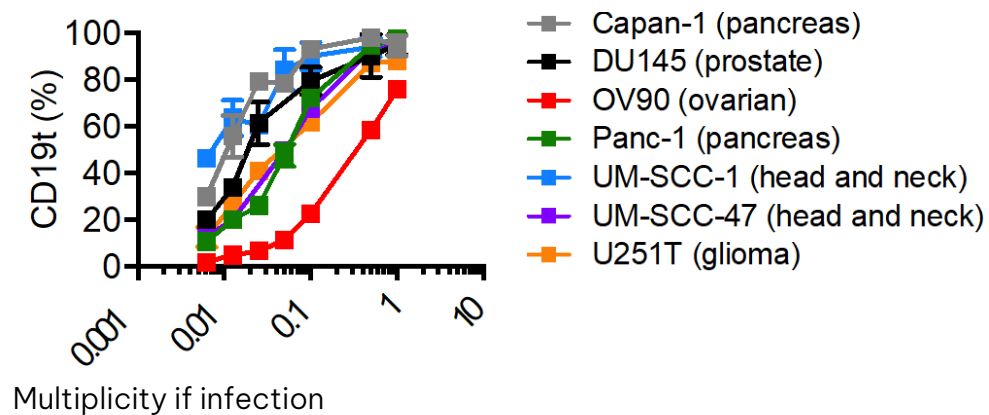
onCARlytics makes solid tumors “seen” by CD19 targeting therapies

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.

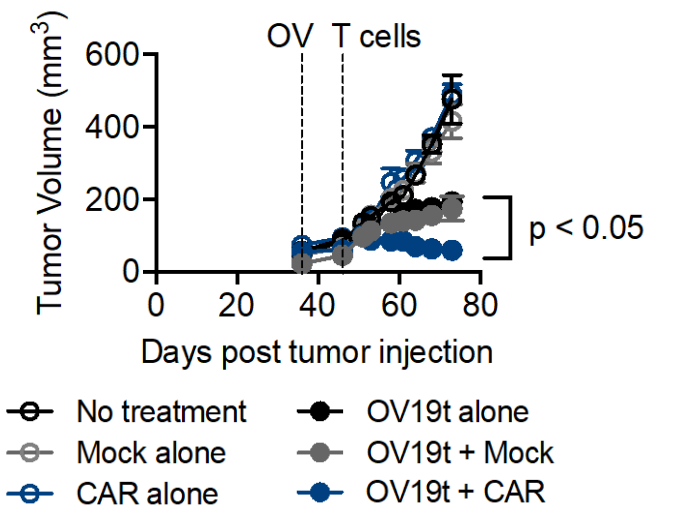
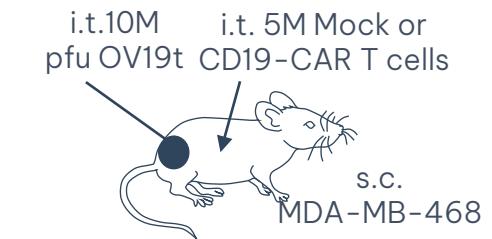
onCARLYTICS DELIVERS TARGETS TO “TARGETLESS” SOLID TUMORS



onCARlytics (CF33-CD19) infects a wide array of solid Tumor cell lines, with dose-dependent CD19 cell surface expression



Combination of onCARlytics (CF33-CD19) and CD19-CAR T cells promotes tumor regression in xenograft model of TNBC

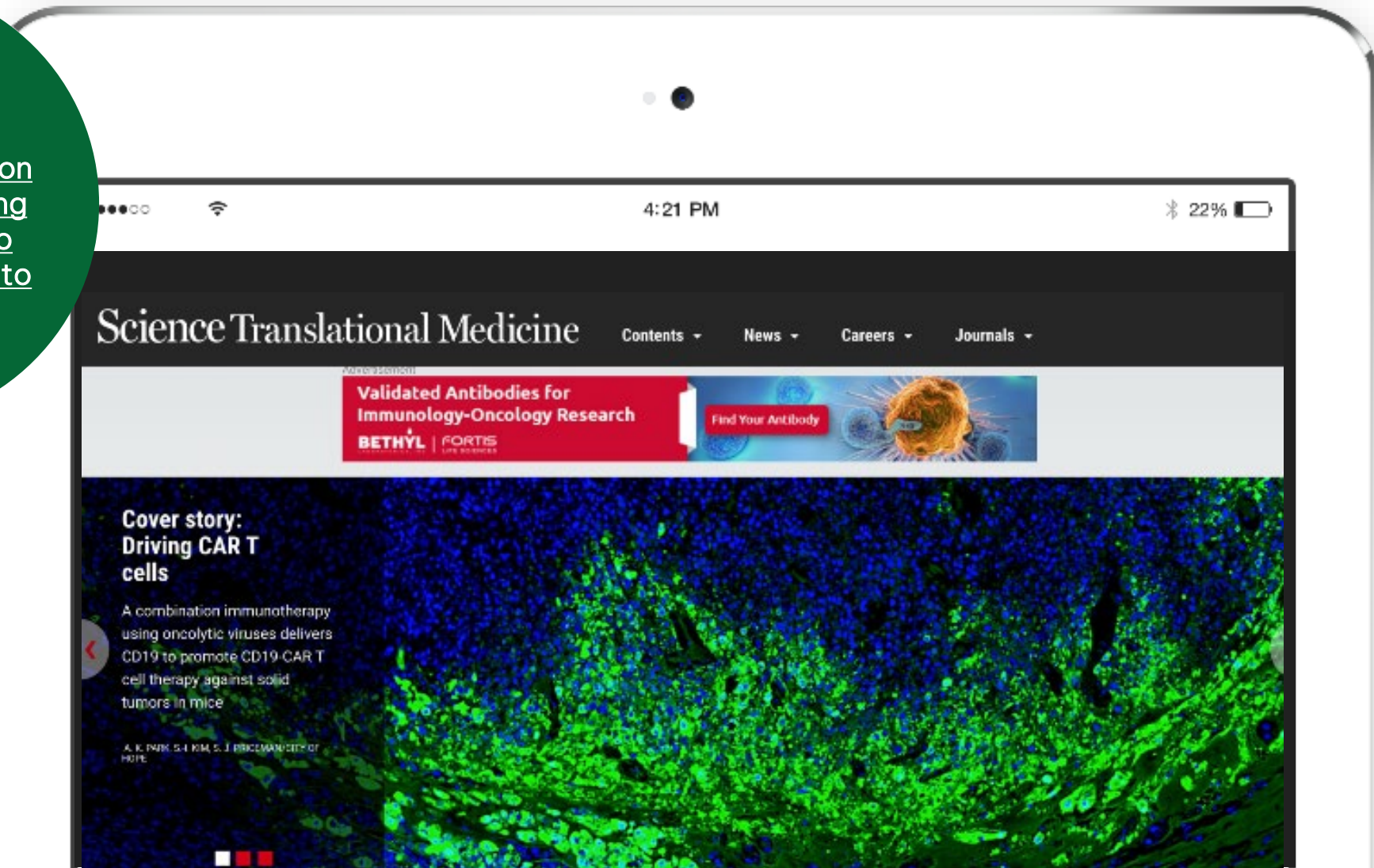


PUBLISHED FRONT COVER OF SCIENCE TRANSLATIONAL MEDICINE JOURNAL IN 2020



Effective combination
immunotherapy using
oncolytic viruses to
deliver CAR targets to
solid tumors

Park AK, Fong Y, Kim SI,
Yang J, Murad JP, Lu J,
Jeang B, Chang WC, Chen
NG, Thomas SH, Forman
SJ, Priceman SJ. Sci Transl
Med. 2020 Sep 2;12(559):
eaaz1863. doi:
10.1126/scitranslmed.aaz1
863.PMID: 32878978



onCARLYTICS COMBINATION WITH CD19 TARGETING THERAPIES



Collaboration with Celularity, Eureka and Arovella for combination with onCARlytics

AUG 2021
Strategic Partnership with Celularity



Allogeneic CyCART19® T cells

NOV 2021
Strategic Partnership with Eureka



Autologous ARTEMIS® T cells

SEP 2022
Strategic Partnership with Arovella



Allogeneic invariant natural killer (iNKT) cells

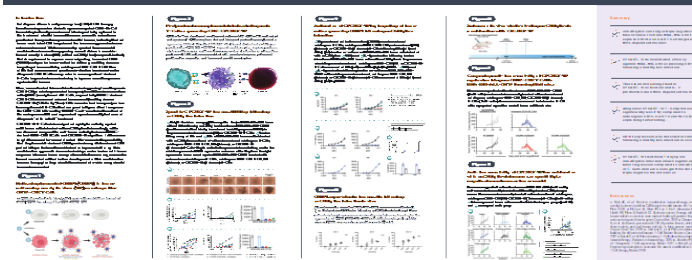


3 POSTERS PRESENTED AT SITC 2022

CyCART19® 

CD3-CD19 CAR T-CELLS IN COMBINATION WITH OFF-THE-SHELF ALLOGENEIC CYCART19 T-CELLS TARGETING DE NOVO CD19 EXPRESSING TUMORS

Anthony A. Park, Leah M. Weng, Cole Cook, Shengping Wang, Kelly Rasmussen, Wood Smith, Lillian M. Chang, Robert P. Withers, Robert H. Hsu, Susan Hsu, and Brad A. Johnson



Artemis® 

CD3-CD19 CAR T-CELLS IN COMBINATION WITH EUREKA'S NOVEL CD19 CAR T-CELLS TARGETING DE NOVO CD19 EXPRESSING TUMORS

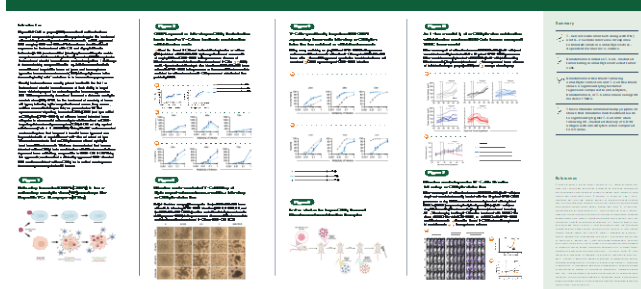
Anthony A. Park, Leah M. Weng, Cole Cook, Shengping Wang, Kelly Rasmussen, Wood Smith, Lillian M. Chang, Robert P. Withers, Robert H. Hsu, Susan Hsu, and Brad A. Johnson



BLINCYTO® (blinatumomab) for injection 35 mcg single-dose vial 

COMBINATION WITH OTHER THERAPY EUREKA'S NOVEL CD19 CAR T-CELLS (ON CARLYTICS) TO RESPECT CD19 SPECIFIC T-CELL ENGAGEMENT TO TARGET SOLID TUMORS

Anthony A. Park, Leah M. Weng, Cole Cook, Wood Smith, Lillian M. Chang, Robert P. Withers, Robert H. Hsu, Susan Hsu, and Brad A. Johnson





HER-Vaxx



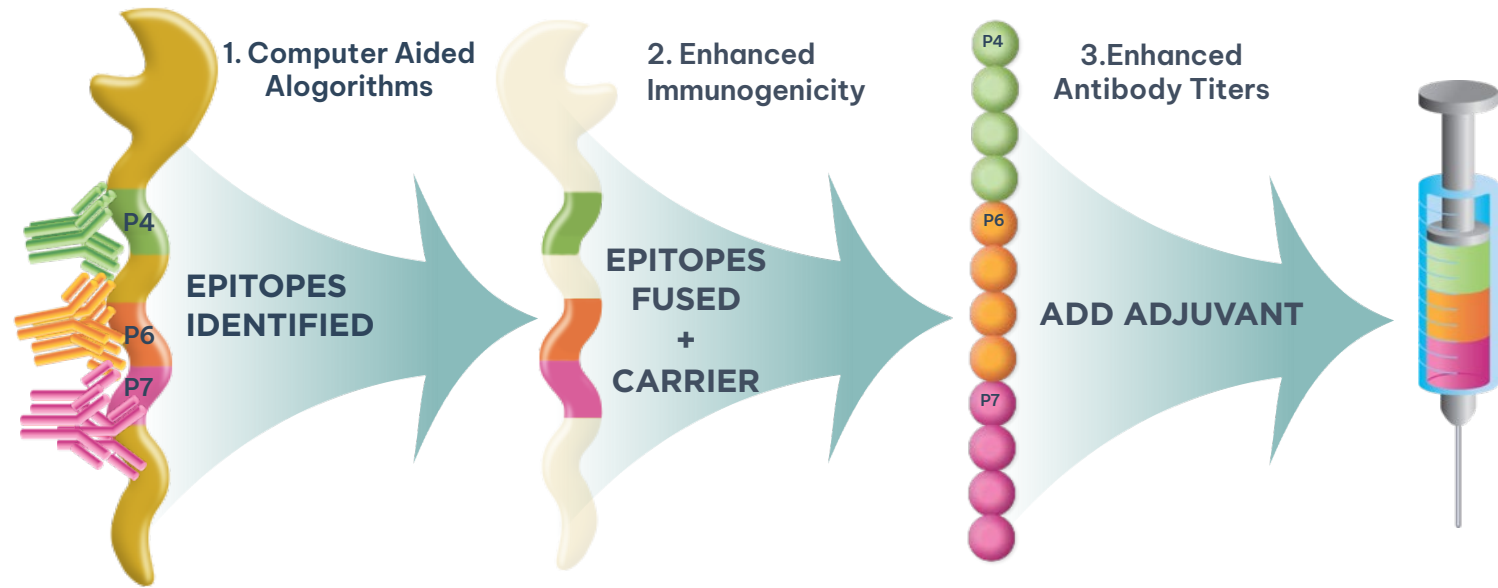
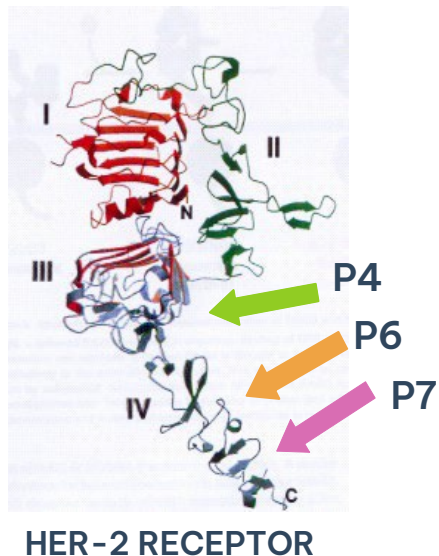
B CELL BASED ANTIBODIES HAVE DISTINCT COMPETITIVE ADVANTAGES TO EXISTING TREATMENTS

B cell vaccines offer a unique opportunity to intervene at multiple points in the immune system and create immune memory which enhances durability of response.

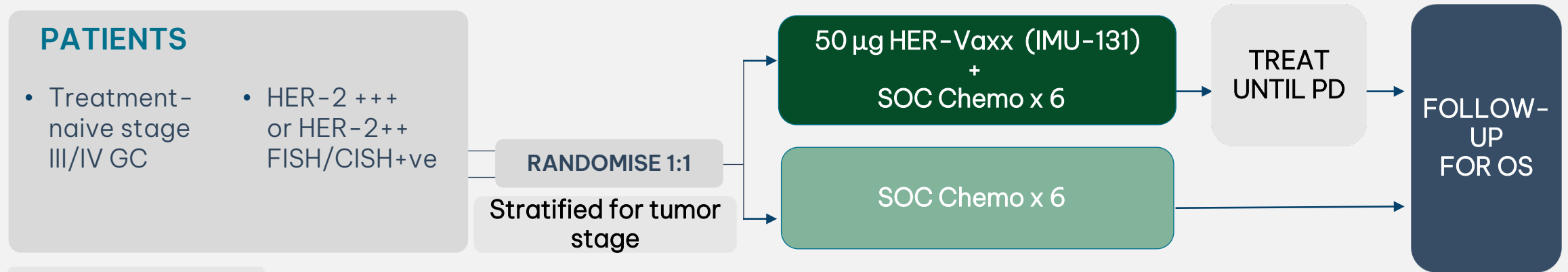
	NATURAL B CELL DERIVED ANTIBODIES 	MONOCLONAL ANTIBODIES 
Safety	Stimulates the immune system to produce Abs, which may be potentially safer	Synthetic Ab, with side effects (including ventricular dysfunction, CHF, anaphylaxis, infusion reactions, immune mediation)
Efficacy	Polyclonal Ab response reduces risk of resistance and potentially increases efficacy	Monoclonal Ab – may develop anti-drug antibodies
Durability	Antibodies continuously produced with lasting immune response to potentially inhibit tumor recurrence	Half life necessitates recurrent dosing
Usability	After priming, low numbers of vaccinations required per year	Requires regular infusion
Cost	Low cost of production enables greater pricing flexibility facilitating combination	Expensive course of treatment >US\$100K per year

HER-Vaxx: B-CELL IMMUNOTHERAPY VACCINE AGAINST HER-2

- B-cell cancer vaccine designed to stimulate a patient's own immune system to repeatedly target the HER-2+ cancer with HER-2 directed antibodies
- Stimulates a patient's B cells to produce polyclonal antibodies that target cells with overexpressing HER-2 receptors on their surface
- HER-Vaxx consists (1) of three fused B-cell epitope peptides (P4, P6, P7) from the HER-2 receptor conjugated to (2) a carrier protein CRM197 plus (3) an adjuvant Montanide ISA51. Injected as a water-in-oil emulsion.



HERIZON PHASE 1B/2 OPEN LABEL, MULTICENTER STUDY



NCT02795988

First patient dosed in March 2019

HER-Vaxx	C1D1, C3D1 then Q9 weeks till PD
Chemotherapy	6 cycles Q3 weeks (Cisplatin + 5FU or Capecitabine; Oxaliplatin + Capecitabine)

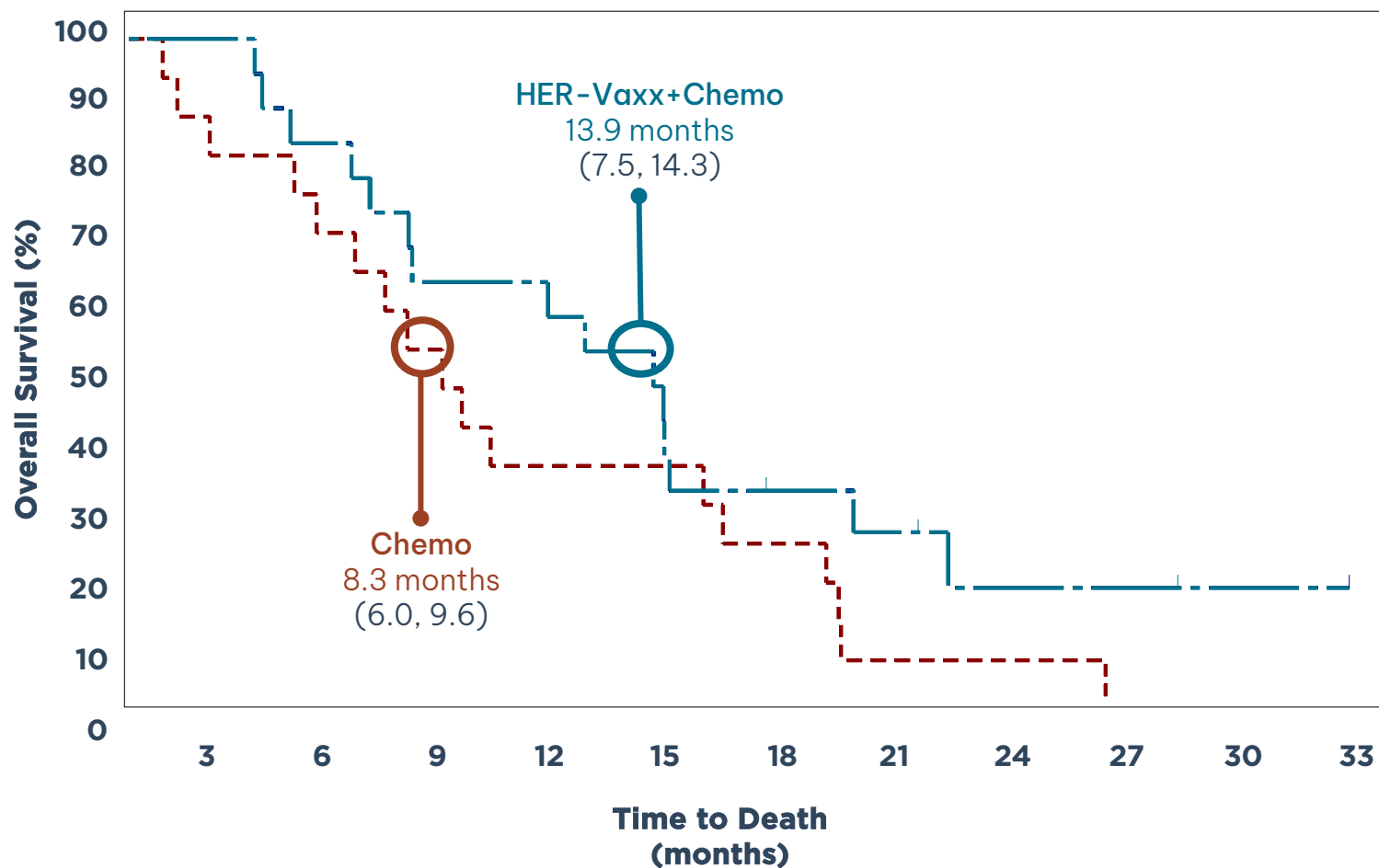
PRIMARY ENDPOINT OS
(pre-spec 1-sided alpha 0.10, power 90% with critical HR 0.6 and 24 events)

SECONDARY ENDPOINTS PFS, Safety, Immune Response

NO. OF PATIENTS 36

SITE LOCATION Eastern Europe, India

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



	HER-Vaxx + Chemotherapy	Chemotherapy
Sample Size	19	17
Events	15	17
Median OS (2-sided 80% CI)	13.9 months (7.5, 14.3)	8.3 months (6.0, 9.6)
Median Duration of Response	30 weeks	19 weeks
HR	0.580	
2-sided 80%CI	(0.362, 0.927)	
Log-rank Test (1-sided p- value) *	0.066 *	

*Significant, 1-sided p < 0.10

HER-Vaxx PHASE 2:

HERIZON SAFETY

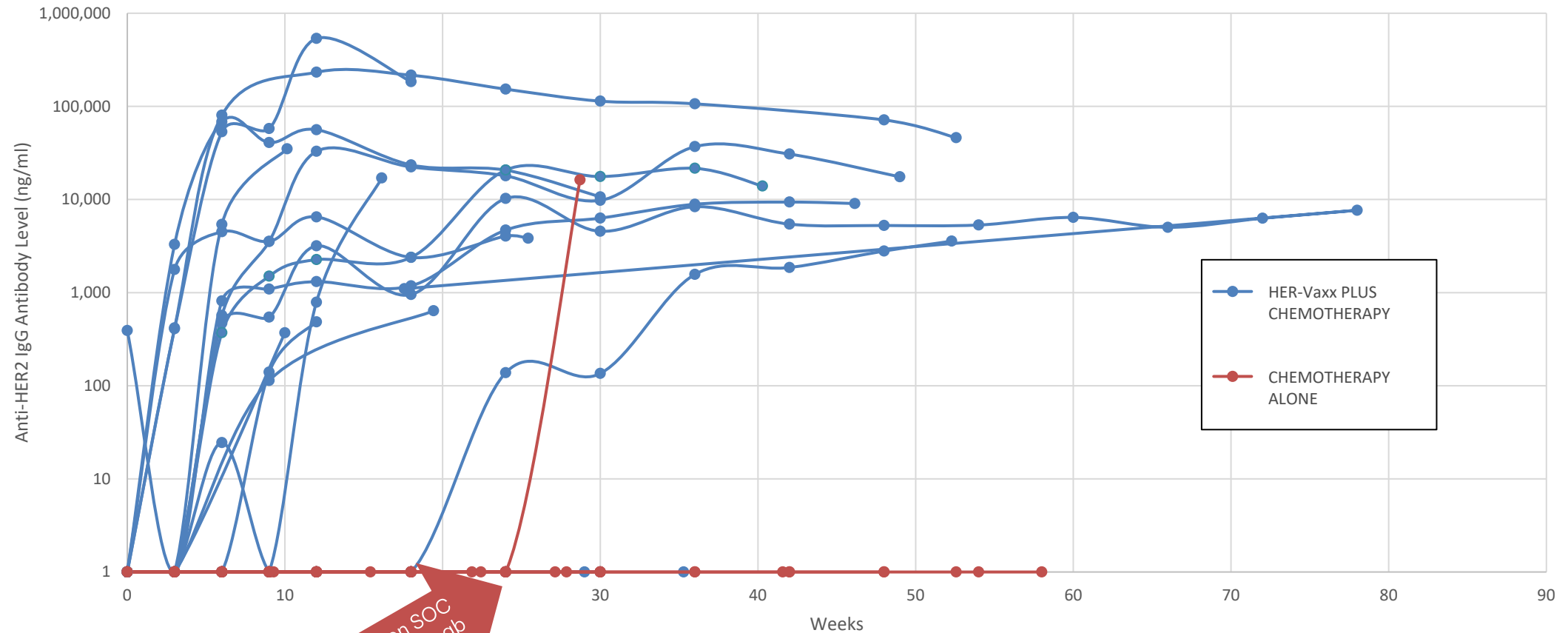
TREATMENT EMERGENT ADVERSE EVENTS

	HER-Vaxx + CHEMOTHERAPY (N =1 9)	CHEMOTHERAPY ONLY (N =1 7)
	n (%)	n (%)
Patients with at least one TEAE	18 (94.7%)	16 (94.1%)
Grade 1 / 2	10 (52.6%)	9 (52.9%)
Grade $\geq$ 3	8 (42.1%)	7 (41.2%)
Serious AE*	2 (10.5%)	5 (29.4%)
Fatal AE	1 (5.3%)	1 (5.9%)

*SAEs are also included in the ≥ 3 AE. N = number of patients in the treatment arm at final analysis. n = number of patients who experienced the event.

HER-Vaxx PHASE 2: HERIZON HER-2 ANTIBODY LEVELS PER PATIENT

HER2-Specific IgG by Treatment Assignment and Study Visit - Logarithmic Scale



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

HER-Vaxx PHASE 2: nextHERIZON IN METASTATIC GASTRIC CANCER AFTER PROGRESSION ON TRASTUZUMAB

ASCO® Gastrointestinal
Cancers Symposium



TRIAL



PATIENTS



STUDY



ENDPOINTS

- Phase 2
- Open label
- USA, Australia, Asia
- Treat until progression/toxicity

- > 1L
- Advanced or metastatic Gastric Cancer
- HER-2/neu overexpressing
- Progressed on prior trastuzumab

- Non-Randomised
- HER-Vaxx in combination with paclitaxel + ramucirumab
OR
HER-Vaxx in combination with pembrolizumab

Primary

- Objective Response Rate
- Safety

Secondary

- Overall Survival
- Progression-free survival
- Duration of Response

First Patient Enrolled Sept 2022

mGC/GEJ cancer
HER-2/neu overexpressing
Progressed on or after trastuzumab &
previously received PD-1/PD-L1 treatment

Arm 1: HER-Vaxx + SOC Chemotherapy

mGC/GEJ cancer
HER-2/neu overexpressing
Progressed on or after trastuzumab

Arm 2: HER-Vaxx + pembrolizumab

PRIMARY ENDPOINTS:
ORR
Safety

SECONDARY ENDPOINTS:
OS
PFS
DoR

EXPLORATORY ENDPOINT:
Biomarker/Immune Response

HER-Vaxx PHASE 2: neoHERIZON IN RESECTABLE GASTRIC CANCER



TRIAL

- Phase 2
- Open label
- Randomised
- Germany



PATIENTS

- Neoadjuvant Gastric Cancer
- HER-2+++ / HER-2++ FISH/CISH +ve



STUDY

- Arm 1 – FLOT + HER-Vaxx
- Arm 2 – FLOT + Avelumab + HER-Vaxx



ENDPOINTS

Primary

- Pathological Complete Response

Secondary

- Safety
- Immune Response
- Duration of Response/Overall Survival



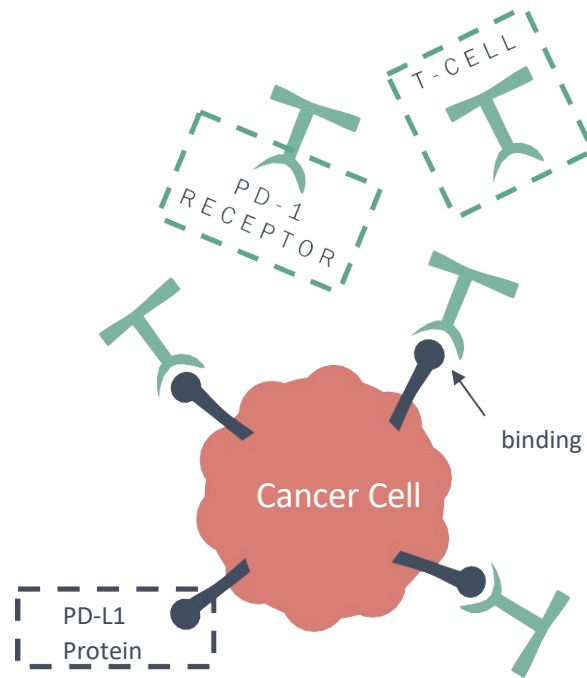


PD1-Vaxx



PD1-VAXX STOPS CANCER CELLS FROM USING PD1 TO STAY UNDETECTED BY THE IMMUNE SYSTEM

PD-L1 binding to PD-1 prevents T cell recognition and killing of cancer cells

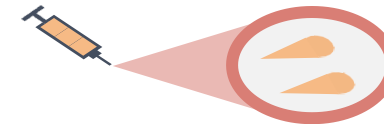


Cancer cells express PD-L1 which binds to the PD-1 receptor on T cells

PD1-Vaxx stops cancer cells from staying undetected by T cells

PD1 - VAXX
B cell vaccine

ANTI PD-1 pAb



1

Induces the body to produce polyclonal antibodies (pAb)

2

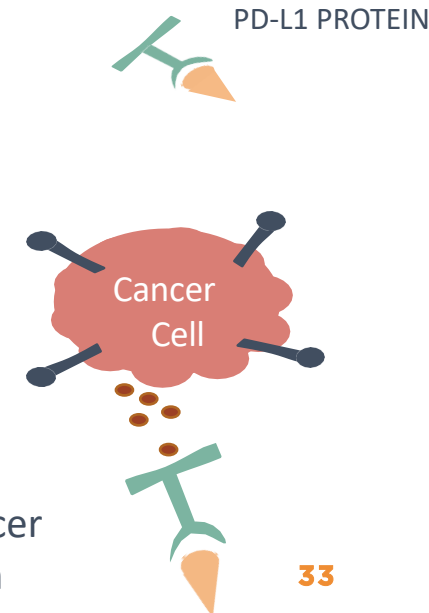
Anti-PD1 pAb binds PD1 on the T cell

3

Anti-PD1 pAb blocks PD-L1 interaction on cancer cell

4

T cells recognize cancer cells and mount an immune response



IMPRINTER:

PD1-Vaxx NSCLC PHASE 1 STUDY DESIGN

Phase 1: PD1-Vaxx Monotherapy Dose Escalation & Expansion

2L+ NSCLC Progressed on/after ICI

Cohort 1
10 µg
PD1-Vaxx
n = 3-6

Cohort 2
50 µg
PD1-Vaxx
n = 3-6

Cohort 3
100 µg
PD1-Vaxx
n = 3-6

**MONOTHERAPY
OBD**

Expansion
mOBD
PD1-Vaxx
n = 10

Phase 1b: PD1-Vaxx NSCLC Combination Dose Escalation & Expansion

ARM 1: TPS/TC ≥ 50% or IC ≥ 10%

Cohort 1
10 µg
PD1-Vaxx +
atezolizumab
n = 3-6

Cohort 2
50 µg
PD1-Vaxx +
atezolizumab
n = 3-6

Cohort 3
100 µg
PD1-Vaxx +
atezolizumab
n = 3-6

**COMBINATION
OBD***

ARM 1: Progressed on/after ICI TPS/TC ≥ 50% or IC ≥ 10%

cOBD PD1-Vaxx + atezolizumab
n = 10

ARM 2: Naïve to ICI TPS/TC ≥ 50% or IC ≥ 10%

cOBD PD1-Vaxx + atezolizumab
n = 10

ARM 3: Naïve to ICI Any PD-L1 Level

cOBD PD1-Vaxx + atezolizumab +
chemotherapy
n = 10

ARM 2: Any PD-L1 Level

Cohort 1
10 µg
PD1-Vaxx +
atezolizumab +
chemotherapy
n = 3-6

Cohort 2
50 µg
PD1-Vaxx +
atezolizumab +
chemotherapy
n = 3-6

Cohort 3
100 µg
PD1-Vaxx +
atezolizumab +
chemotherapy
n = 3-6

mOBD = monotherapy optimal
biological dose
cOBD = combination optimal
biological dose
*cOBD will be determined per arm

VALUE INFLECTION POINTS EXPECTED IN THE NEXT 12 MONTHS

✓	TECHNOLOGY	MILESTONE
	VAXINIA	MAST: Combination OBD IV
	onCARlytics	FPI
	HER-Vaxx	neoHERIZON: FPI
	HER-Vaxx	nextHERIZON: Interim Data Readout
	VAXINIA	MAST: Optimal Biological Dose (Monotherapy IV and/or IT)
	HER-Vaxx	neoHERIZON: CTA Clearance
	CHECKvacc	Dominica: FDA IND
	CHECKvacc	COH IST: Optimal Biological Dose
	PD1-Vaxx	IMPRINTER: Combination FPI
	onCARlytics	FDA IND
	CHECKvacc	COH IST: IT Cohort 3 Cleared
	VAXINIA	MAST: Combination FPI IT and/or IV
	VAXINIA	MAST: IV Cohort 2 Cleared
	HER-Vaxx	HERIZON: Publication and Presentation (ASCO GI)
	HER-Vaxx	nextHERIZON: Trial in Progress Poster (ASCO GI)
✓	VAXINIA	MAST: IV Cohort 1 Cleared
✓	onCARlytics	Strategic Partnership with Arovella on CAR19-iNKT
✓	VAXINIA	MAST: IV Arm - 1 st Patient Dosed
✓	HER-Vaxx	nextHERIZON: Phase 2 - 1 st Patient Dosed
✓	HER-Vaxx	HERIZON: Phase 2 Final OS readout

NEXT 1 -12 MONTHS

FINANCIAL SUMMARY

PUBLIC MARKET OVERVIEW (January 4, 2023)

Share Price	A\$0.155
52 week range	\$0.13 - \$0.43
Market Capitalisation ¹	A\$995M
Cash equivalents (30 September '22)	A\$164M
Enterprise Value	A\$831M

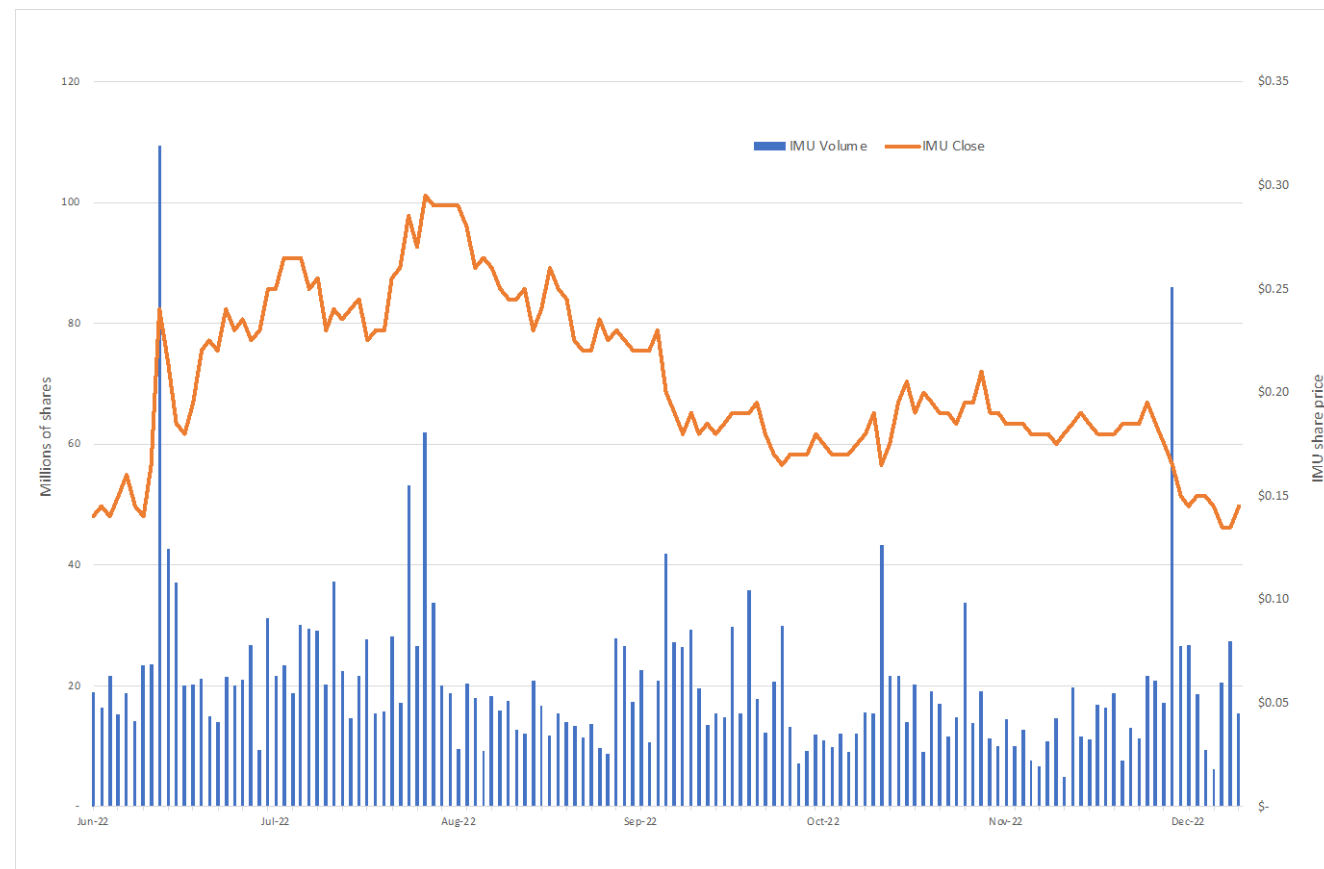
TOP 5 SHAREHOLDERS (as at January 4, 2023)

JP Morgan Nominees Australia Pty Limited	9.24%
HSBC Custody Nominees (Australia) Limited	5.69%
Paul Hopper	4.94%
Mann Family	4.60%
Citicorp Nominees Pty Limited	4.58%

Note:

1. Market capitalisation calculations based on ordinary shares (6.422 bn) only and excludes the dilutive impact of options outstanding (0.477 bn)

SHARE PRICE PERFORMANCE



INVESTMENT HIGHLIGHTS

MARKET CAPITALISATION 4th Jan 2023

A\$995M



CASH AS OF 30th Sep 2022

A\$164M



5 UNIQUE
ASSETS

HER-Vaxx

CHECKvacc

CF33-CD19

VAXINIA

PD1-Vaxx

*Multiple potential
platform targets

CF33-CD20 LAG3-Vaxx CTLA4-Vaxx
TIGIT-Vaxx PDL1-Vaxx TIM3-Vaxx

CF33
Oncolytic Virus

onCARlytics

B-Cell
Immunotherapies

3 PLATFORM
TECHNOLOGIES



3 SCIENTIFIC
COLLABORATIONS

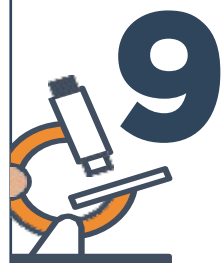
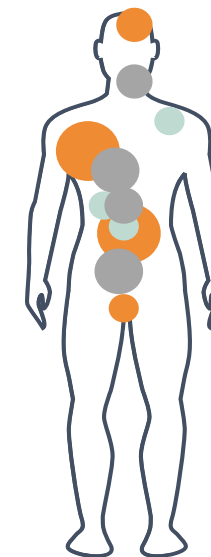
Celularity

Eureka

Arovella

DISEASE AREAS

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



CLINICAL STUDIES

HERIZON: Ph1b/2 First line Gastric Cancer
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

2 SUPPLY
AGREEMENTS



Merck
KGaA/Pfizer

Roche

Contact

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Developing Cancer Immunotherapies