IMUGENE

Developing Cancer Immunotherapies

ASX: IMU

Developing Cancer Immunotherapies

Imugene Non-Deal Roadshow

March, 2023

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Developing Cancer Immunotherapies

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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)

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2013
Paul Hopper founded Imugene. Licensed HER-Vaxx from the Medical University of Vienna

2015
Leslie Chong from Genentech joins Imugene

2017
HER-Vaxx enters the clinic

2018
Licensed PD1-Vaxx from OSU & Mayo Clinic invented by Prof Pravin Kaumaya

2019
Licensed CF33 oncolytic virus platform from City of Hope invented by Dr Yuman Fong

2020
PD1-Vaxx enters the clinic

2021
Licensed onCARlytics from City of Hope invented by Dr Y Fong, Dr S Priceman & Dr A Park

2021
Strategic Partnership with Celularity

2021
CHECKvacc enters the clinic

2021
Strategic Partnership with Eureka

2021
HER-Vaxx Clinical Trial Supply Partnership with Merck KGaA & Pfizer

2021
PD1-Vaxx Clinical Trial Supply Partnership with Roche

2021
Entered the S&P/ASX 200 Index

2022
VAXINIA enters the clinic

2022
HER-Vaxx Phase 2 Final OS

2022
Strategic Partnership with Arovella

INVESTMENT HIGHLIGHTS

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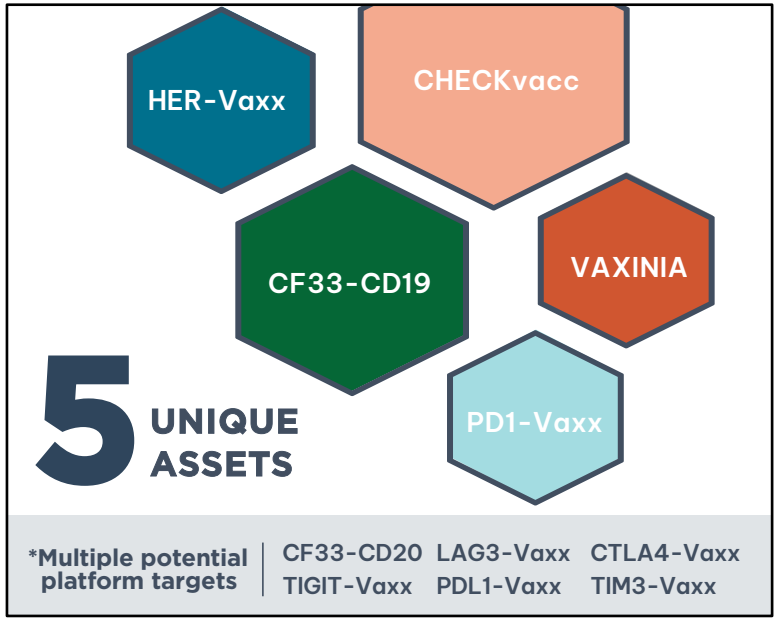
MARKET CAPITALISATION 9th March 2023 — A$835M

CASH AS OF 31st December 2022 — A$162M



5 UNIQUE ASSETS

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

CF33 Oncolytic Virus | onCARlytics | B-Cell Immunotherapies

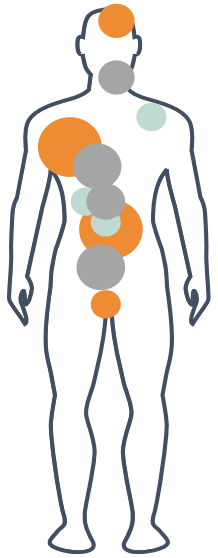
3 PLATFORM TECHNOLOGIES

Celularity | Eureka | Arovella

3 SCIENTIFIC COLLABORATIONS

DISEASE AREAS

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



9 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

THREE UNIQUE TECHNOLOGY PLATFORMS MAXIMIZE OPPORTUNITIES IN SOLID TUMORS

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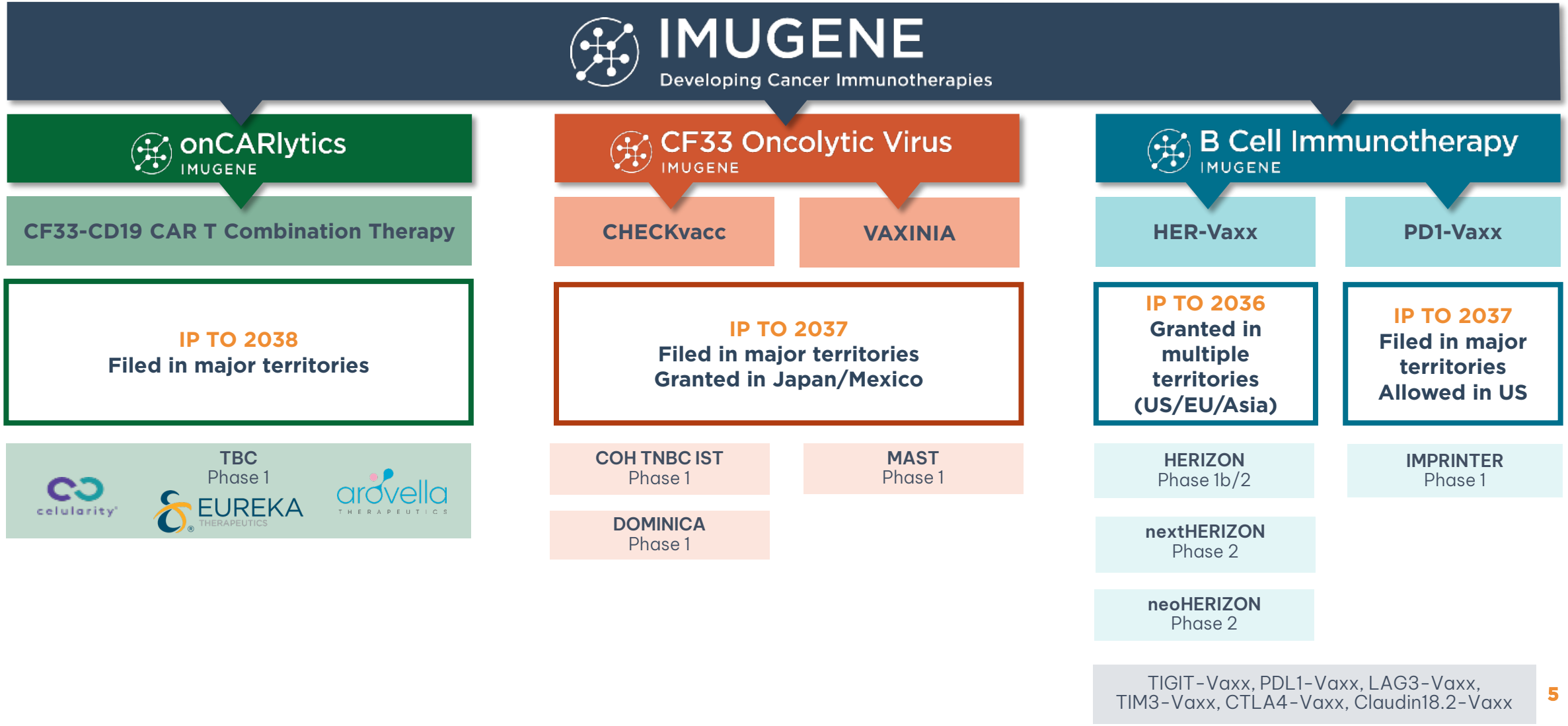
Therapeutic approaches with combination potential with existing standards of care



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
onCARIytics IMUGENE	**onCARIytics** (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 FPI

INDUSTRY LEADER & NON-EXECUTIVE DIRECTOR

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DR. Jakob Dupont

Head of Global R&D at Atara
(Nasdaq: ATRA)

ATARA BIO®

Dr. Dupont is a renowned expert in the fields of cell therapy and oncology, with long-standing and deep experience in developing therapies and programs dedicated to addressing high unmet medical needs. Dr. Dupont serves as Global Head of Research & Development (R&D) including Medical and Regulatory Affairs. Prior to joining Atara, he served as the Chief Medical Officer at Gossamer Bio, overseeing global development, regulatory, and quality activities for the company, and advancing therapeutics in the disease areas of immunology, inflammation, and oncology. Dr. Dupont is committed to bringing transformative therapies to patients.

Prior to his role at Gossamer Bio, he served as Vice President and Global Head of Breast and Gynecologic Cancer Development for Genentech/Roche, where he was responsible for the global development of Herceptin® (trastuzumab), Perjeta® (pertuzumab), Kadcyla® (ado-trastuzumab emtansine), and Tecentriq® (atezolizumab), among others. Prior to that, Dr. Dupont was Chief Medical Officer and Senior Vice President of OncoMed Pharmaceuticals, Inc., where he oversaw the successful submissions of eight investigational new drug applications (INDs) and 26 clinical trial initiations.

Genentech
Roche
OncoMed PHARMACEUTICALS
STANFORD UNIVERSITY
Memorial Sloan Kettering Cancer Center
gossamerbio

Dr. Dupont has been involved in tumor immunology research and clinical investigations for more than 25 years, ranging from cellular therapy to tumor vaccine therapy and immune checkpoints. Dr. Dupont has received numerous grants and awards, and has co-authored 47 peer-reviewed publications, has 30 patents, and has also served as a faculty member and laboratory researcher at Memorial Sloan Kettering Cancer Center (MSK) and adjunct clinical faculty in medical oncology at Stanford University.

IMMUNOTHERAPY IS A PILLAR IN CANCER CARE

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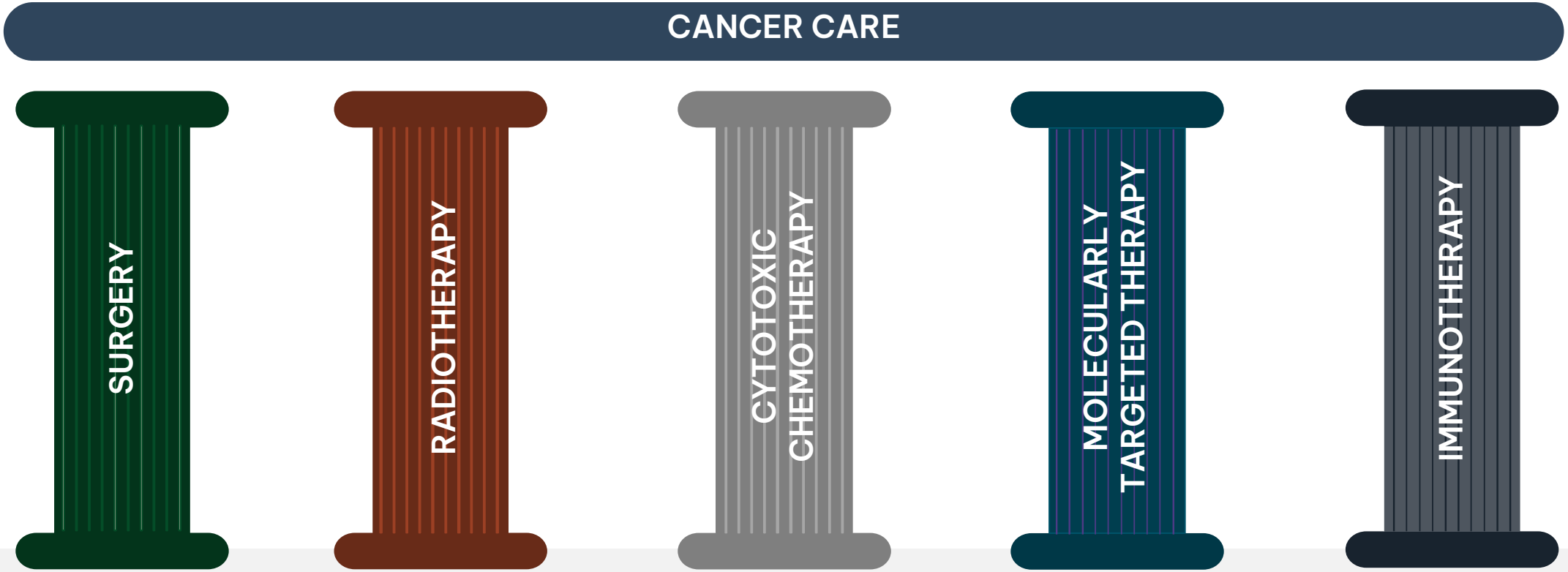
Immunotherapy stimulates a patient's own immune system to fight cancer



American Association for Cancer Research (AACR) Cancer Progress Report 2020

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

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KEYTRUDA® (pembrolizumab) Injection 100 mg

MERCK

33
Approvals

16
Types of advanced cancers

OPDIVO® (nivolumab)

Bristol Myers Squibb

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/

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

CAR-T THERAPY SUCCESSES IN HEMATOLOGICAL MALIGNANCIES

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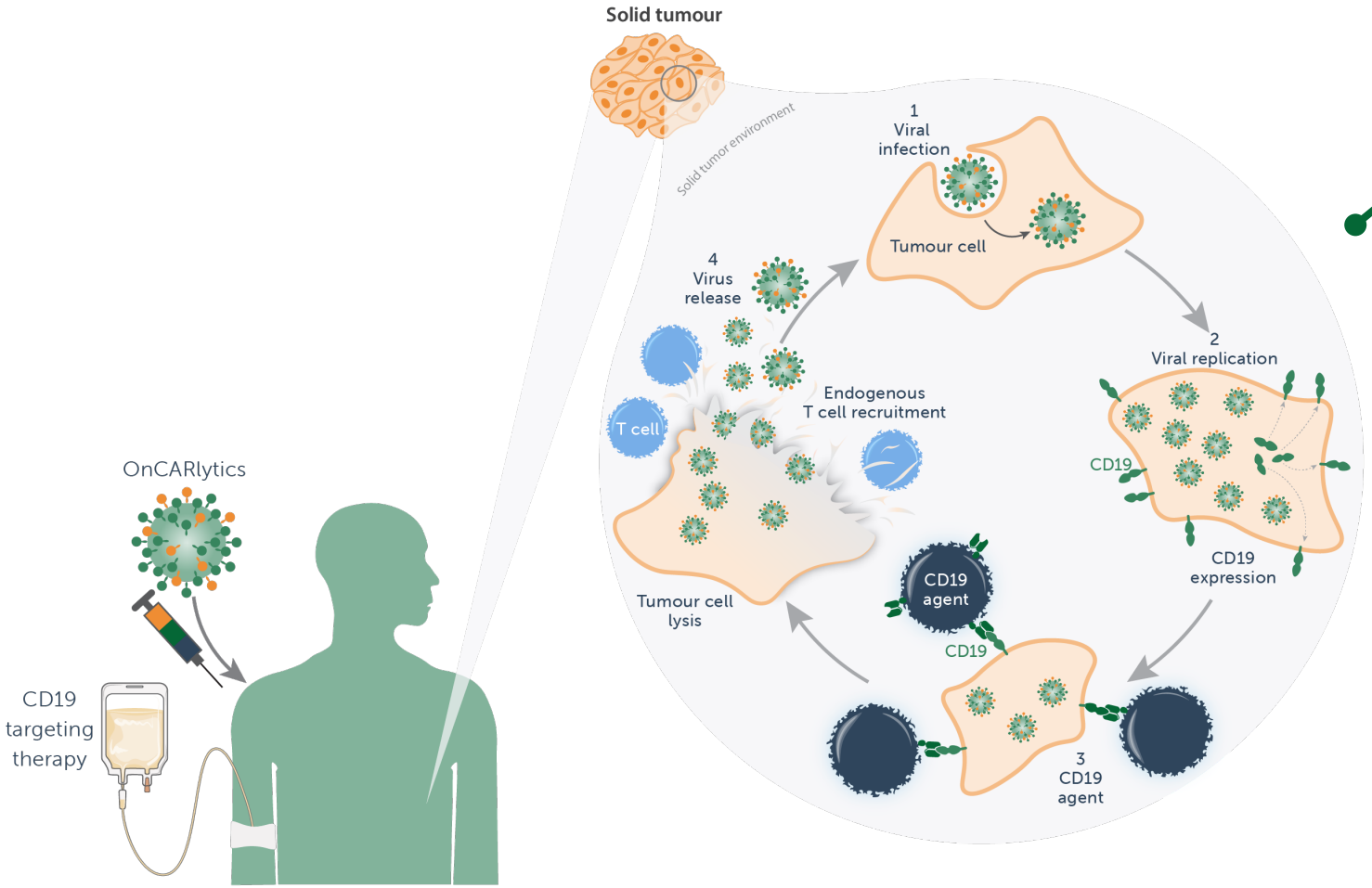
BRAND	COMPANY	FIRST FDA APPROVAL	APPROVED CANCERS	OVERALL RESPONSE RATE
KYMRIAH® (tisagenlecleucel) Dispersion for IV infusion	NOVARTIS	2017	3	53-86%
YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion	Kite A GILEAD Company	2017	3	72-91%
TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion	Kite A GILEAD Company	2020	2	65*-87%
Breyanzi™ (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION	Bristol Myers Squibb™	2021	1	73-87%
Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION	Bristol Myers Squibb™	2021	1	72%
CARVYKTI™ (ciltacabtagene autoleucel) Suspension for IV Infusion	Janssen Oncology PHARMACEUTICAL COMPANIES OF Johnson & Johnson; LEGEND BIOTECH	2022	1	98%

https://www.hcp.novartis.com/products/kymriah/;
https://www.yescartahcp.com/;https://www.tecartushcp.com/;
https://www.breyanzihcp.com/; https://www.abecmahcp.com/

*Overall complete remission rate

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.

THE INVENTOR & CITY OF HOPE

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Professor Yuman Fong

the MIRACLE of SCIENCE with SOUL
City of Hope

A pioneer both in the operating room and in the laboratory, Yuman Fong, M.D., The Sangiacomo Family Chair of The City of Hope Dept of Surgery is an internationally recognized expert in liver and pancreatic cancer. He has developed many new surgical techniques and instruments. He has also led research efforts to use genetically modified viruses and cells to destroy cancer cells.

Dr. Fong joined City of Hope after three decades at the renowned Memorial Sloan-Kettering Cancer Center

Dr. Fong is both an *author and innovator*. He has written and edited over 1000 scholarly articles as well as 22 textbooks. He is currently the Editor-in-Chief of ***Molecular Therapy Oncolytics*** (Cell Press).

Dr. Fong has had leadership roles in regulatory aspects of gene therapy, including serving as Chair or the Recombinant DNA Advisory Committee of the National Institutes of Health of the United States.

Dr. Fong has been inducted into the American Institute of Medical and Biologic Engineering and the National Academy of Medicine.

City of Hope, in Los Angeles, is *a leading research and treatment center* for cancer, diabetes and other life-threatening diseases. Founded in 1913, it is designated as a comprehensive cancer center, the highest recognition bestowed by the National Cancer Institute. City of Hope is also a founding member of the National Comprehensive Cancer Network, with research and treatment protocols that advance care throughout the US.
City of Hope has been ranked as one of the nation's "Best Hospitals" in cancer by *U.S. News & World Report* for over 10 years.
City of Hope has GMP facilities that produces clinical trials materials for many academic centers and is the alpha clinic trials site for CIRM.

CF33 Oncolytic Virus
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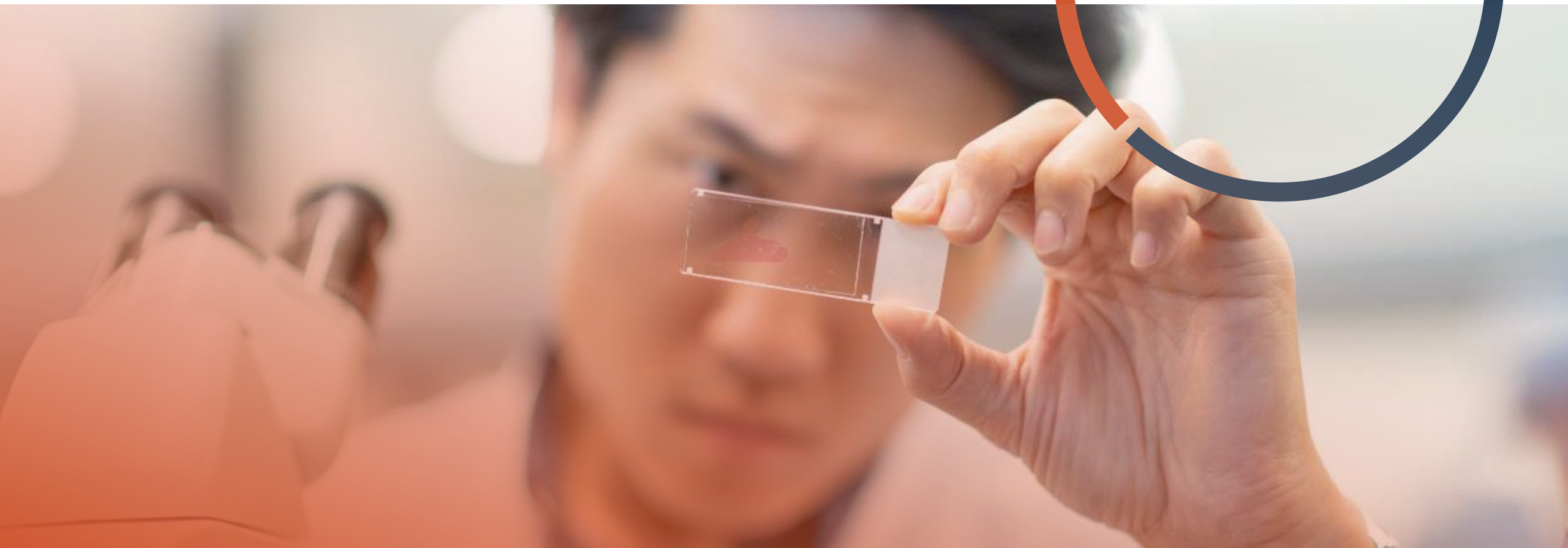
CF33 Oncolytic Virus



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

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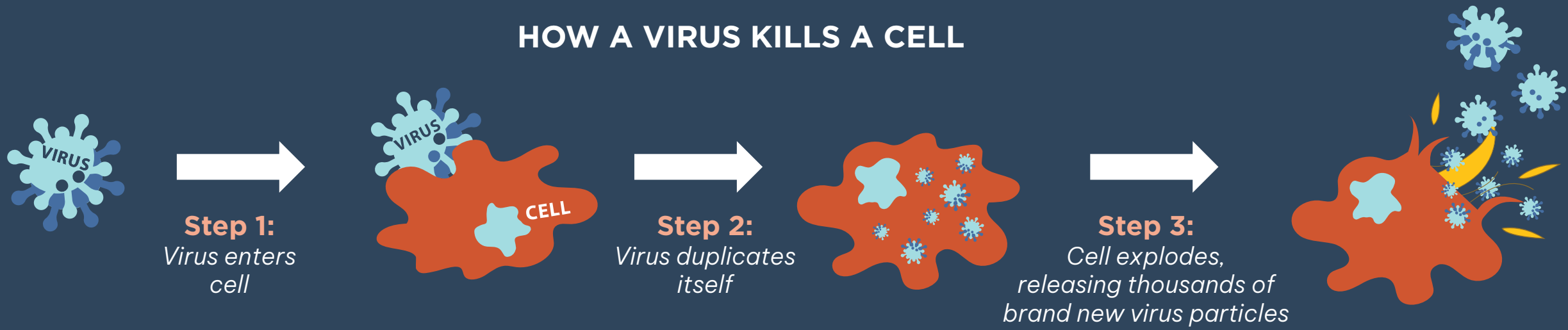
HOW A VIRUS KILLS A CELL



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 response[1]

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)

TME: tumor microenvironment

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

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

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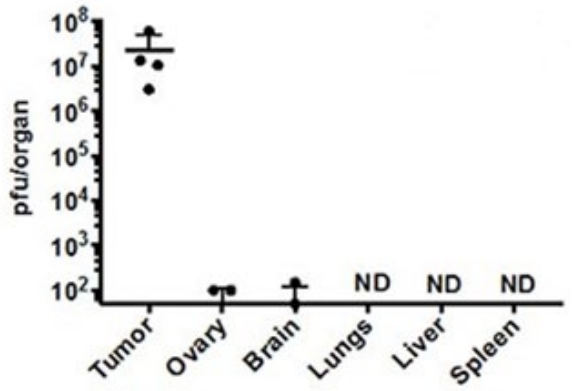
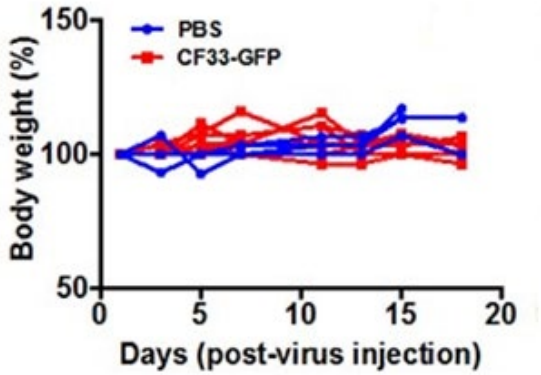
Tumor restricted viral delivery



No change in body weight



No toxicity across tumor models in over 1,000 mice until over 10^9

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

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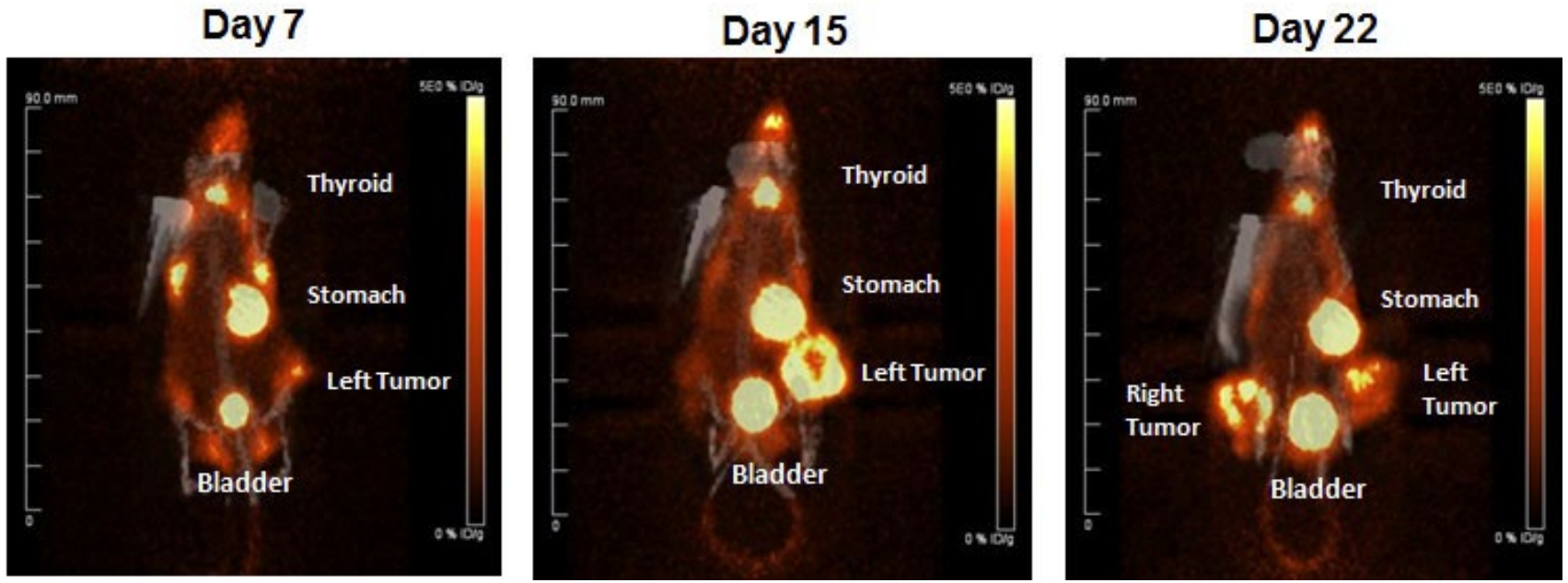
Genetic modification enables tumor tracking and tumor tropism

- 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

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

SAN ANTONIO BREAST CANCER SYMPOSIUM

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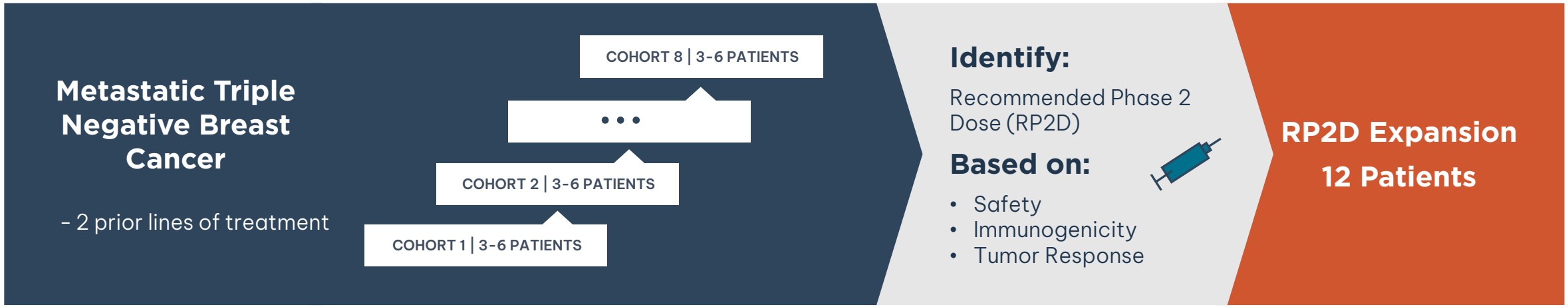
Presented at SABC 2022



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)
hNIS TUMOR TRACKING

SAN ANTONIO BREAST CANCER SYMPOSIUM

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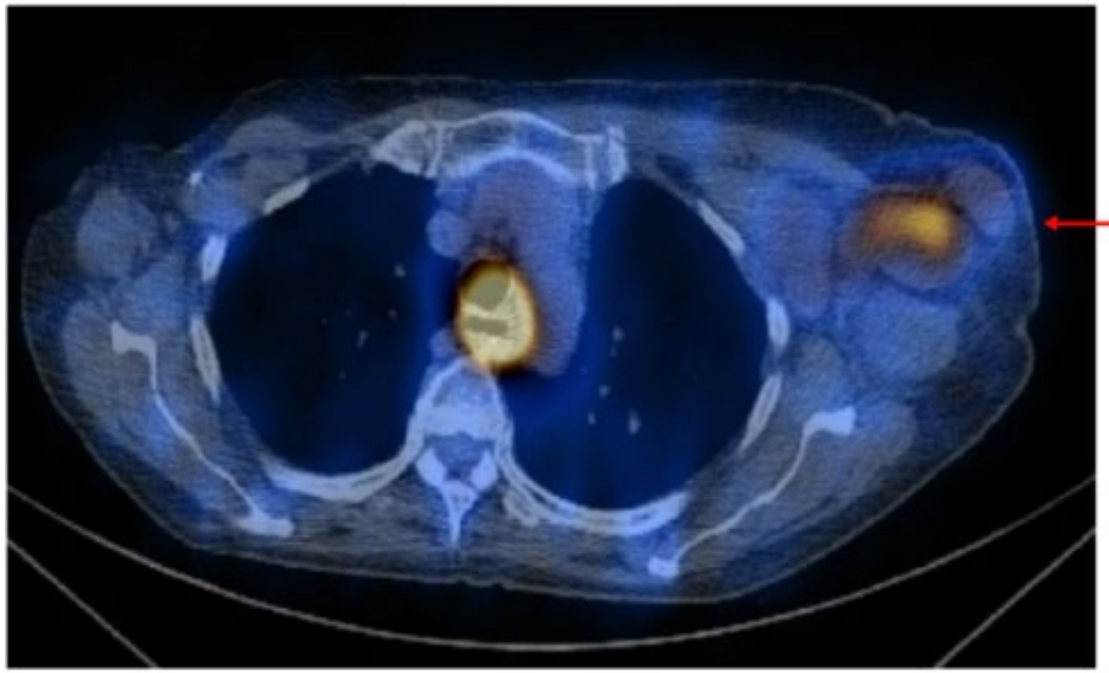

hNIS 99m uptake in SPECT scan

SPECT imaging of patient using Technetium-99m (C1D8): Patient COH-004 received CHECKvacc at Dose Level 2 ($3x10^5$ PFU). Injected lesion was left axilla showed significant enhancement of injected lymph node.

CHECKvacc (CF33-hNIS-antiPD-L1)
INFECTION LEADS to ANTI-CANCER IMMUNOLOGIC CHANGES

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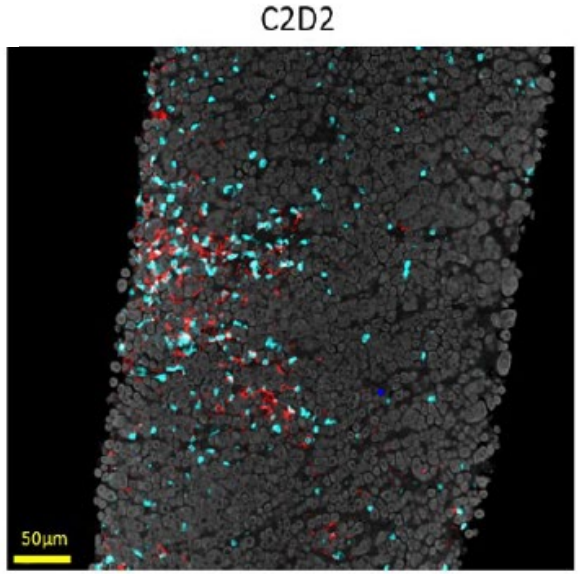
SAN ANTONIO BREAST CANCER SYMPOSIUM

A



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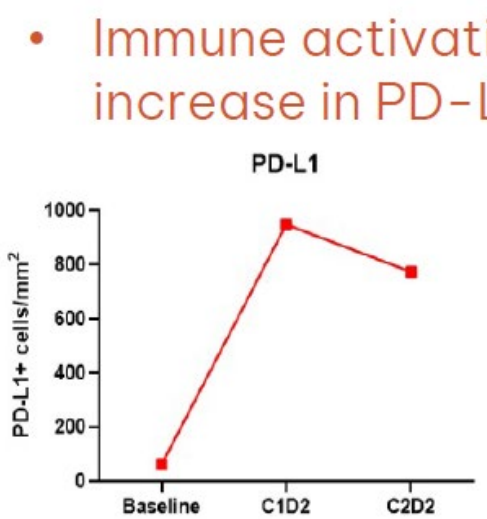

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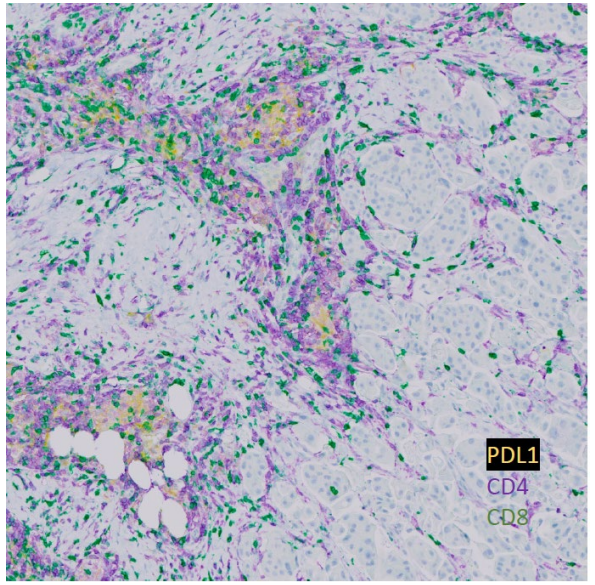

Multiplex immunofluorescence (mIF) of COH – 004 tumor: C&D immune infiltrates shows increase density of PD – L1+ cells across patient tissue biopsies

Multi-color immunohistochemistry demonstrating not only expression of PD-L1, but also infiltration of CD8 lymphocytes

VAXINIA PHASE 1 MAST STUDY
(Metastatic Advanced Solid Tumors)

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First Patient Enrolled for IT and IV combination in March 2023

Dose Administration (Parallel Groups)

n=52-100

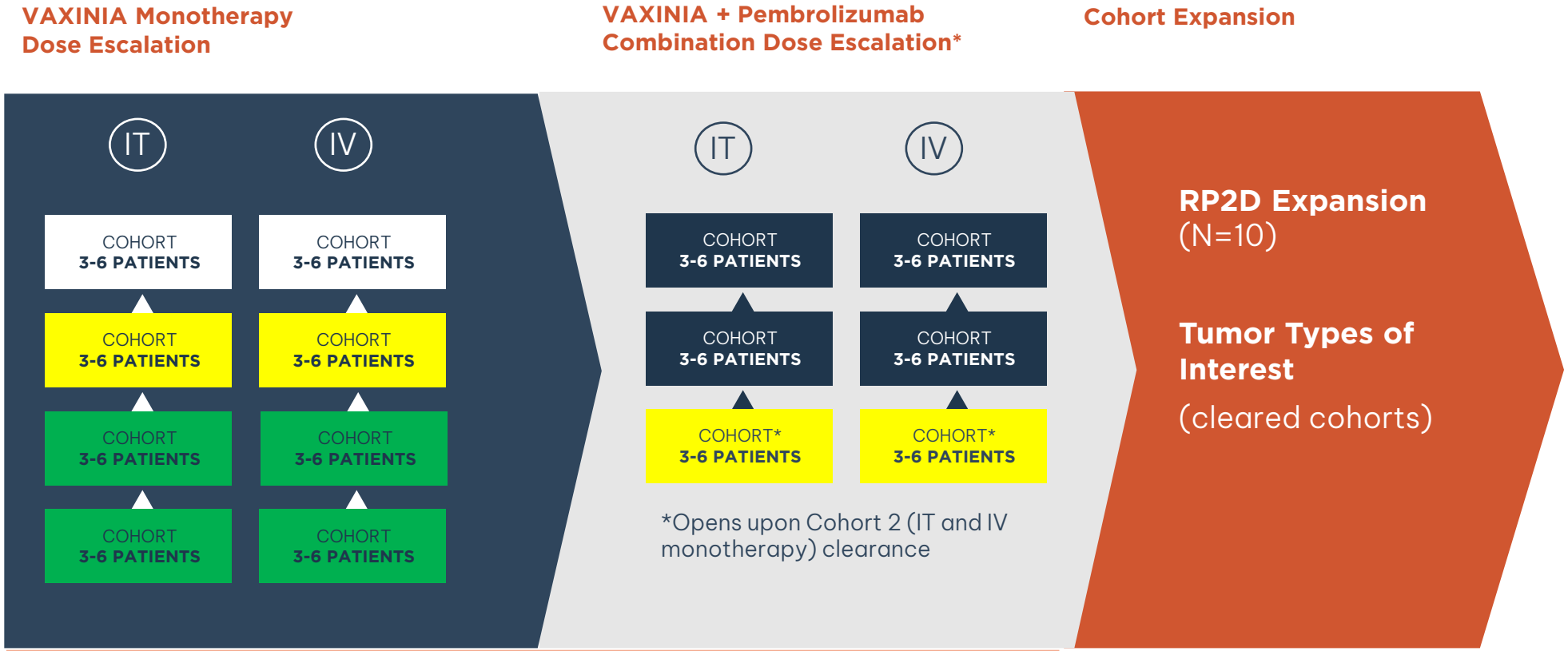
IT

IT Administration
Metastatic and Advanced Solid Tumors

IV

IV Administration
Metastatic and Advanced Solid Tumors

Site Location: USA, AUS



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

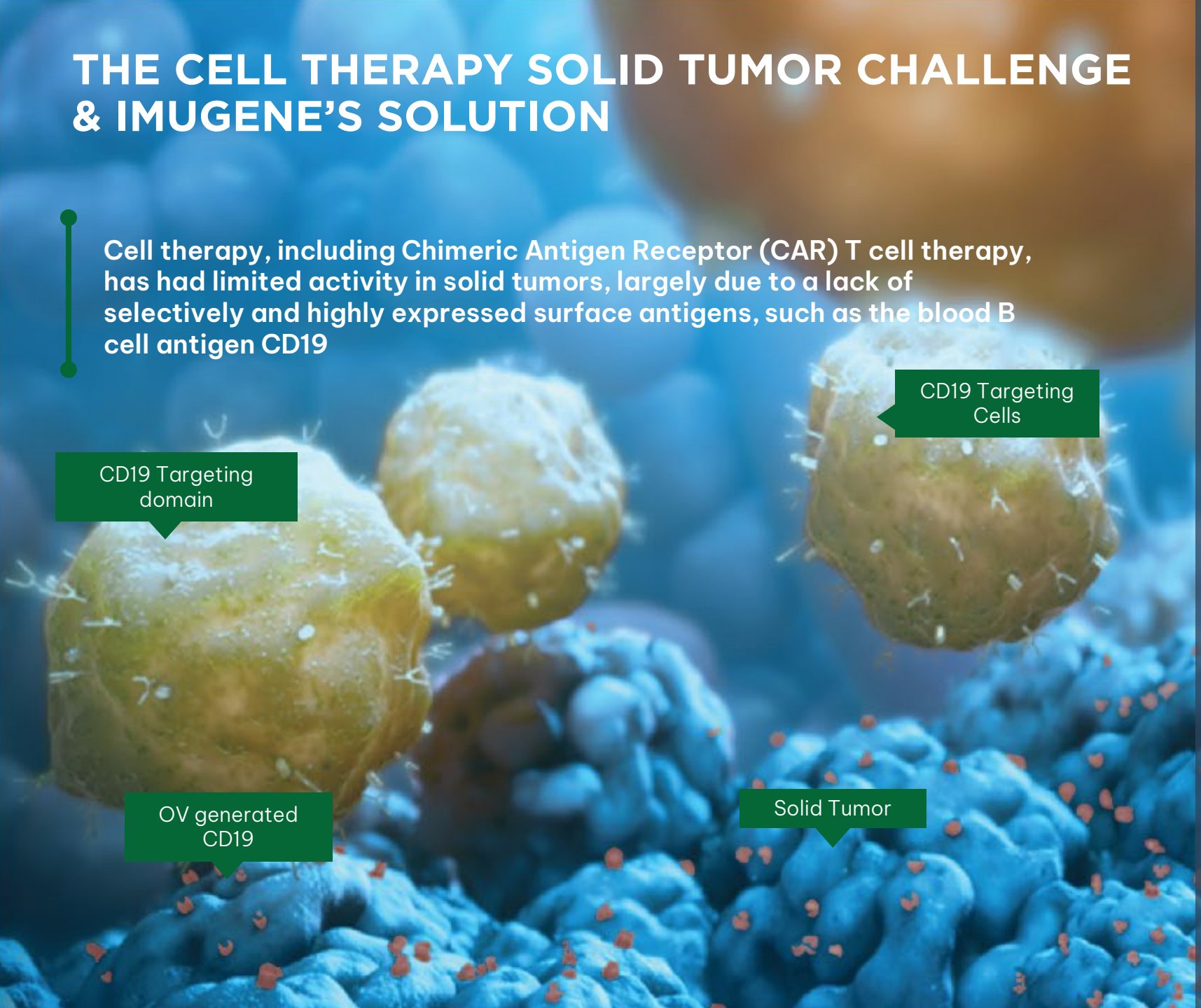
CF33 oncolytic virus alone and in combination with pembrolizumab

onCARlytics
IMUGENE

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



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

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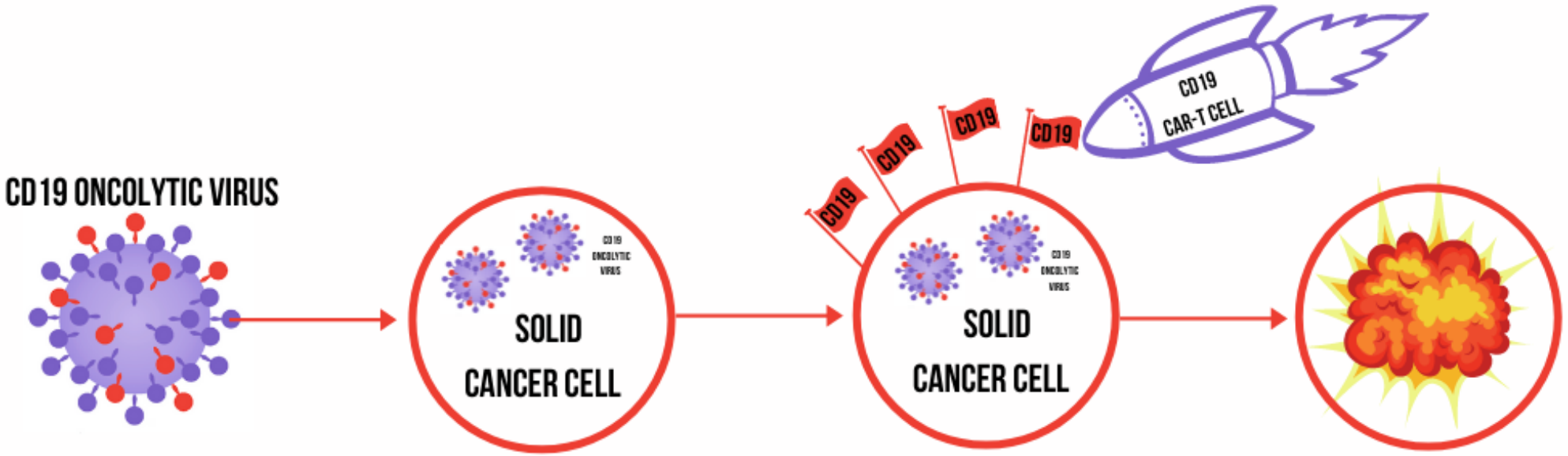
HOW DOES THE CD 19 ONCOLYTIC VIRUS WORK?



1. CD19 ONCOLYTIC VIRUS INFECTS SOLID CANCER

2. CD19 ONCOLYTIC VIRUS CAUSES THE SOLID CANCER TO GROW "CD 19 FLAGS"

3. CD19 CAR-T CELL RECOGNISE THE CD19 FLAGS AND ATTACKS THE CANCER CELL

4. CANCER CELL DIES

onCARLYTICS DELIVERS TARGETS TO "TARGETLESS" SOLID TUMORS

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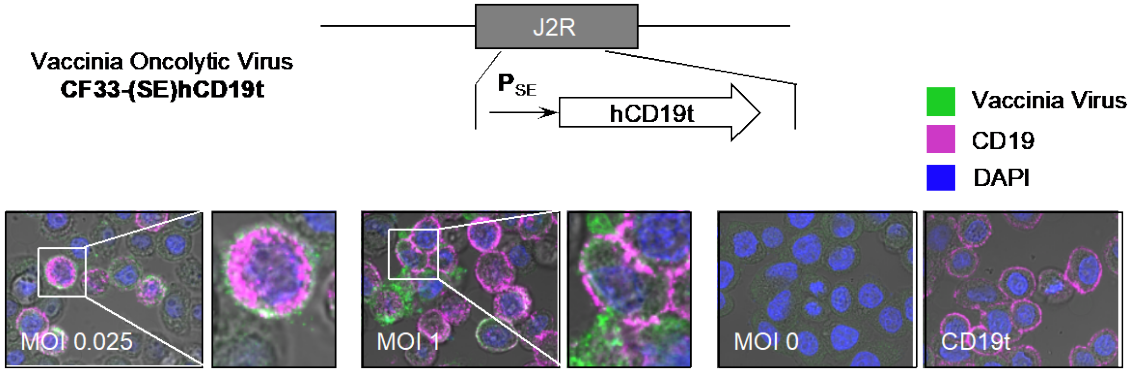
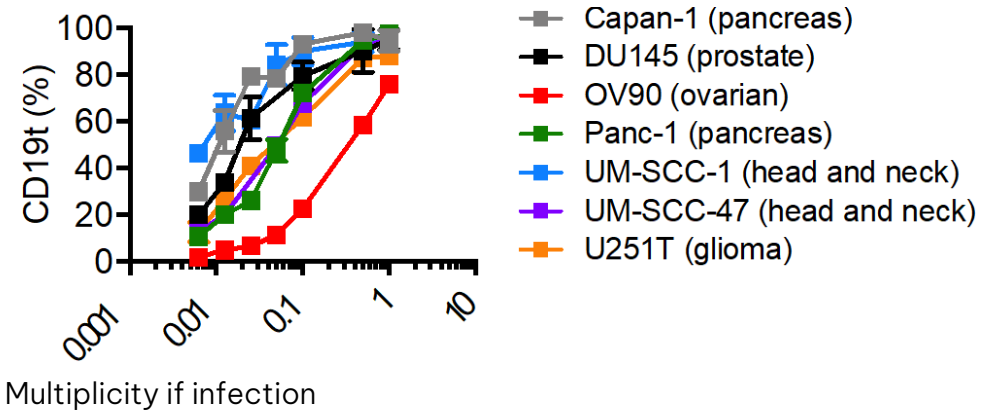
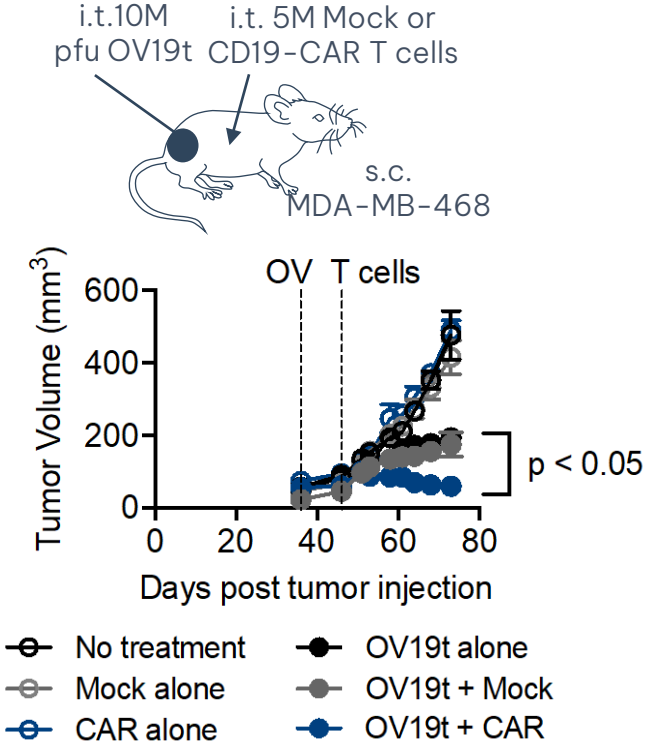


onCARlytics (CF33-CD19) infects a wide array of solid Tumor cell lines, with dose-dependent CD19 cell surface expression



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



Park et al. *Science Translational Medicine* 2020

onCARLYTICS COMBINATION WITH CD19 TARGETING THERAPIES

IMUGENE
Developing Cancer Immunotherapies

Collaboration with Celularity, Eureka and Arovella for combination with onCARlytics

AUG 2021
Strategic Partnership with Celularity

celularity

Allogeneic CyCART19® T cells

NOV 2021
Strategic Partnership with Eureka

EUREKA THERAPEUTICS

Autologous ARTEMIS® **T cells**

SEP 2022
Strategic Partnership with Arovella

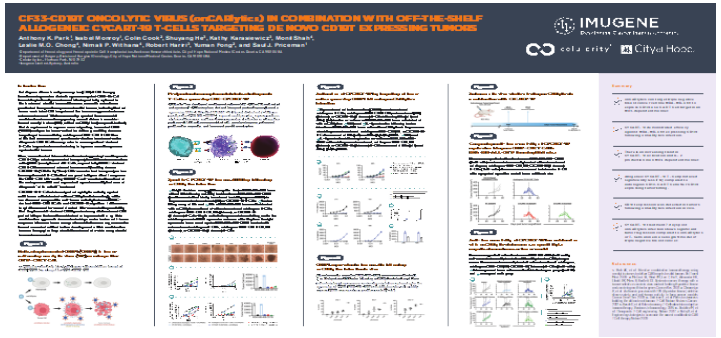
arovella THERAPEUTICS

Allogeneic invariant natural killer (iNKT) cells

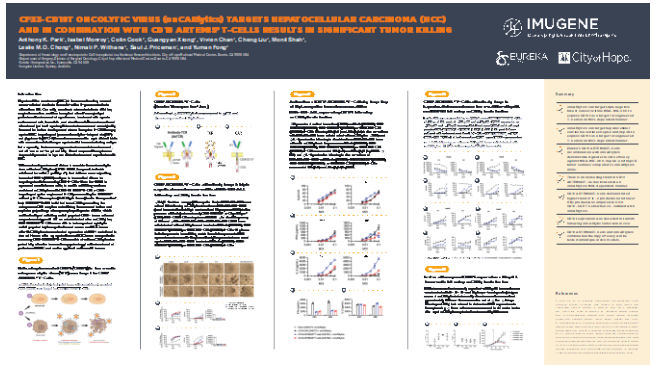
sitc
Society for Immunotherapy of Cancer

3 POSTERS PRESENTED AT SITC 2022

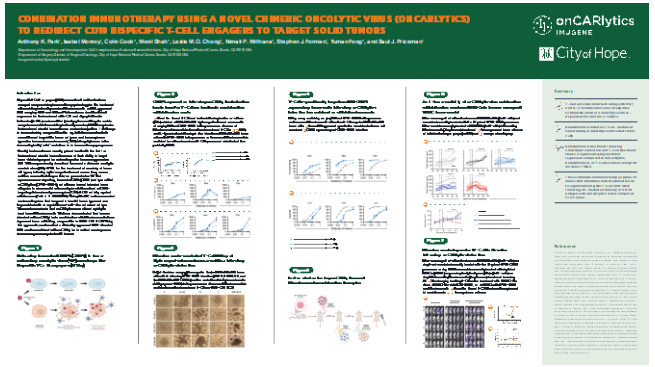
CyCART19®



Artemis®



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



INVESTMENT HIGHLIGHTS

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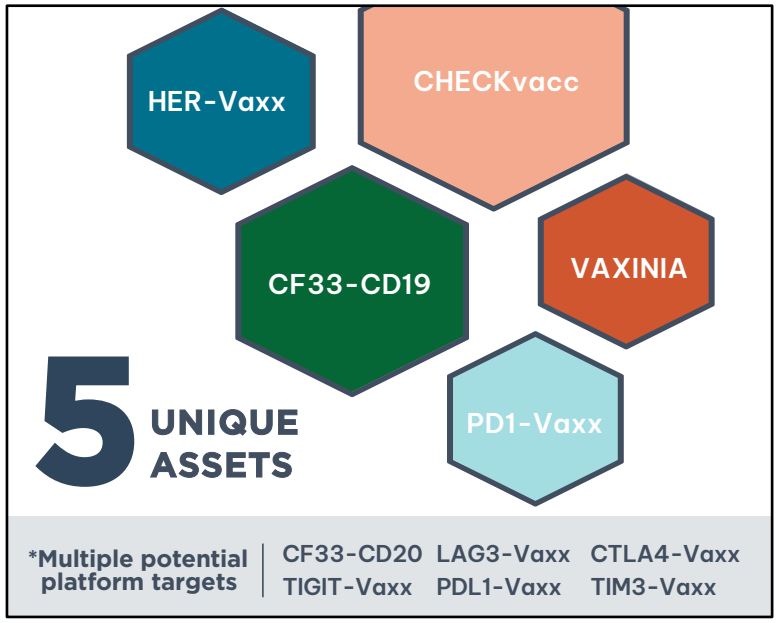
MARKET CAPITALISATION 9th March 2023 — A$835M

CASH AS OF 31st December 2022 — A$162M



5 UNIQUE ASSETS

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

CF33 Oncolytic Virus | onCARlytics | B-Cell Immunotherapies

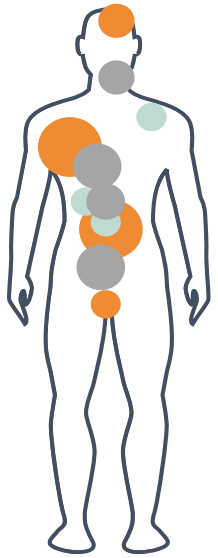
3 PLATFORM TECHNOLOGIES

Celularity | Eureka | Arovella

3 SCIENTIFIC COLLABORATIONS

DISEASE AREAS

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



9 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

VALUE INFLECTION POINTS EXPECTED IN THE NEXT 12 MONTHS

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VAXINIA	MAST: Combination OBD IV
onCARlytics	FPI
HER - Vaxx	neoHERIZON: FPI
HER - Vaxx	nextHERIZON: Interim Data Readout
VAXINIA	MAST: Optimal Biological Dose (Mono IV and/or IT)
HER - Vaxx	neoHERIZON: CTA Clearance
CHECKvacc	DOMINICA: FDA IND
PD1 - Vaxx	neoPOLEM (CRC IST)
CHECKvacc	COH IST: Optimal Biological Dose
PD1 - Vaxx	IMPRINTER: Combination FPI
onCARlytics	FDA IND

RECENTLY ACHIEVED

VAXINIA	MAST: Combination FPI IT and IV
VAXINIA	MAST: IV Cohort 2 Cleared
HER - Vaxx	HERIZON: Publication and Presentation (ASCO GI)
HER - Vaxx	next HERIZON: Trial in Progress Poster (ASCO GI)
VAXINIA	MAST: IV Cohort 1 Cleared
onCARlytics	3 Presentation at SITC
VAXINIA	MAST: IV Arm - 1st Patient Dosed
HER-Vaxx	nextHERIZON: Phase 2 – 1st Patient Dosed
HER-Vaxx	HERIZON: Phase 2 - Final OS readout

INTERNATIONAL LEADERSHIP TEAM WITH EXTENSIVE COMMERCIALISATION EXPERTISE IN THE SECTOR

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Developing Cancer Immunotherapies

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SYDNEY, AU
Managing Director & CEO

Paul Hopper
SYDNEY, AU
Executive Chairman

Charles Walker
BRISBANE, AU
Non-Executive Director

Dr Lesley Russell
PHILADELPHIA, USA
Non-Executive Director

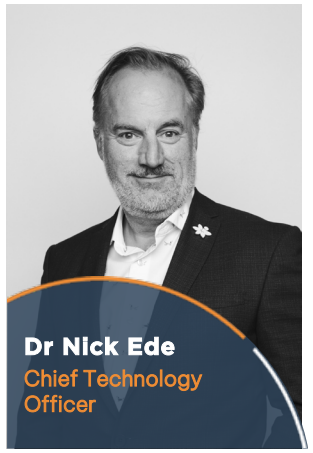
Dr Jens Eckstein
CAMBRIDGE, USA
Non-Executive Director

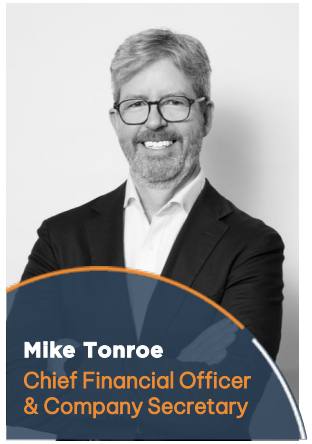
Dr Jakob Dupont
CALIFORNIA, USA
Non-Executive Director

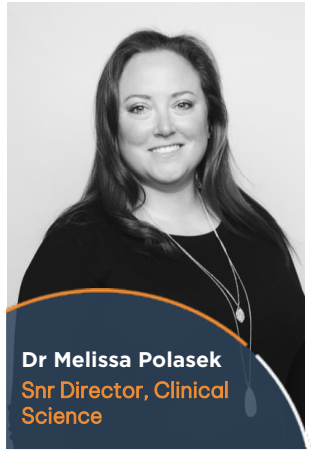
IMUGENE'S MANAGEMENT TEAM

IMUGENE
Developing Cancer Immunotherapies

Experienced management team with significant clinical development expertise







IMUGENE SCIENTIFIC ADVISORY BOARD

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