IMUGENE

Developing Cancer Immunotherapies

ASX:IMU

Leading Innovation in Cancer Treatment

September 2024

Release authorised by the Managing Director and Chief Executive Officer, Imugene Limited.

Disclaimer

IMUGENE
Developing Cancer Immunotherapies

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.

Imugene is a clinical stage cancer company developing three drug products in CAR T cell therapy and oncolytic viruses.

Investment Highlights

IMUGENE
Developing Cancer Immunotherapies

Market Capitalisation
As of 2 September 2024
A$500M

Cash Position
As of 30 June2024
A$93.1M (Pro-forma)

4 PLATFORM TECHNOLOGIES

Allo CAR T Cell Therapy
CF33 Oncolytic Virus
onCARlytics
B Cell Immunotherapy

LONG-LIFE PATENT PORTFOLIO

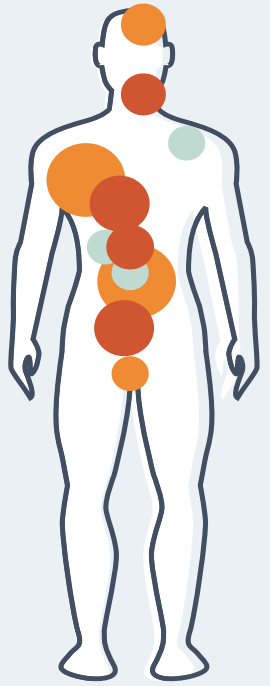
4 CLINICAL STUDIES

> 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
Cholangicarcinoma
Pancreatic
Bladder

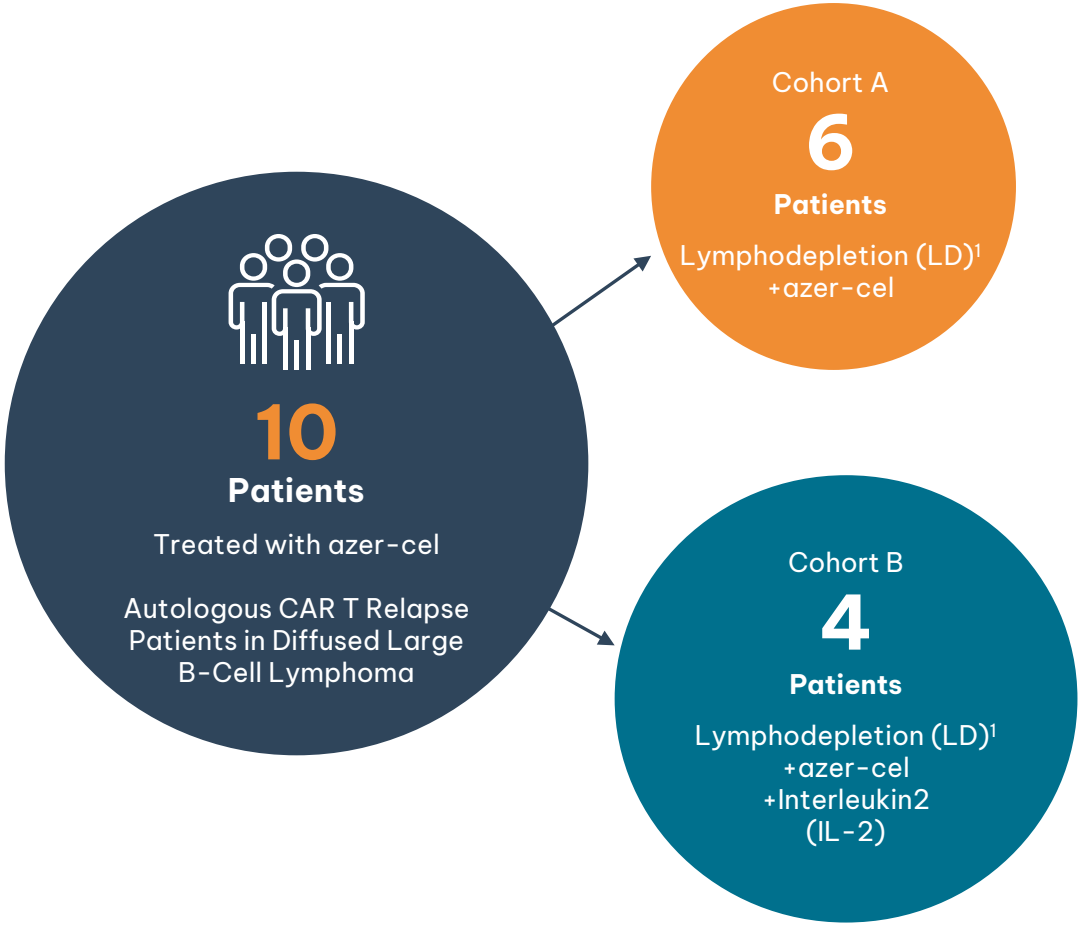


Allo CAR T Cell Therapy
IMUGENE

AZER-CEL CD19 CAR T FOR BLOOD CANCER

67% CR Rates Observed in Phase 1b Cohort B

Allo CAR T Cell Therapy
IMUGENE



	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

*One patient currently SD, probable pseudoprogression; assessment of response at follow up scans.

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 enroll patients into Cohort B across 15 leading cancer centres in the U.S. including, Columbia University, University of Minnesota, Emory and Moffitt Cancer Centres and plans are ongoing to open up to 5 sites in Australia.

[1]Lymphodepletion(LD)/chemotherapy: Aug Cy: Flu 30mg/m2 x 3d, Cy 750mg/m2 x 3d

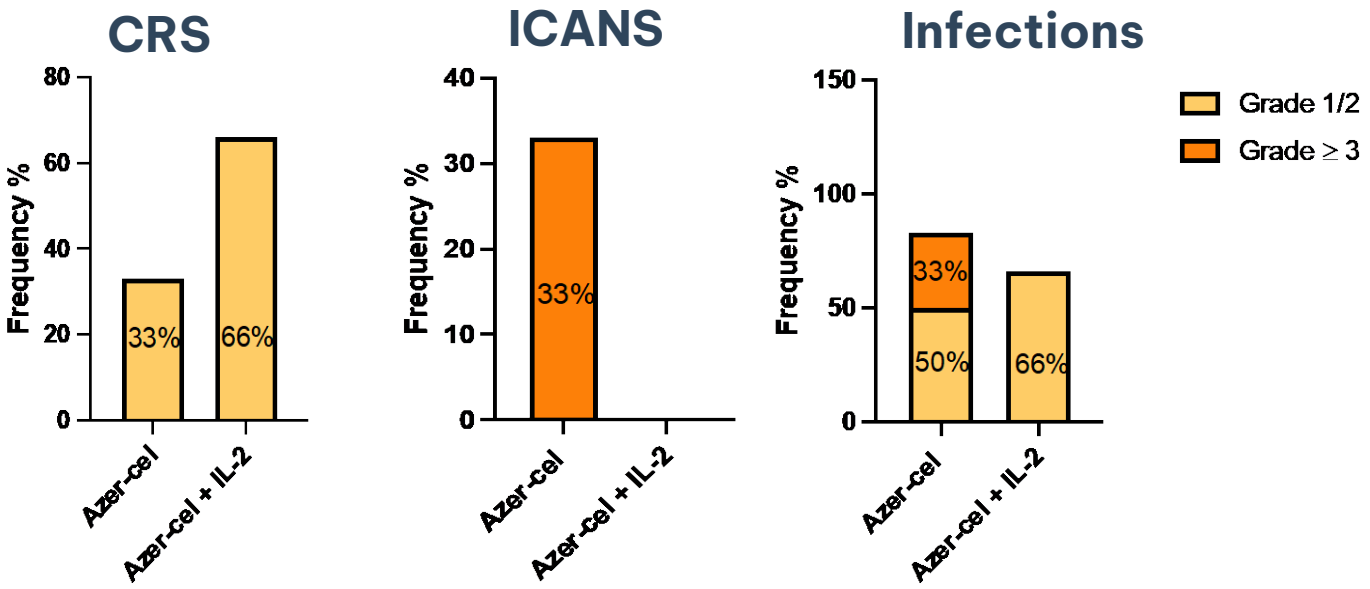
Azer-cel has a Manageable Safety Profile

No evidence of GVHD or GR. ≥3 CRS

Allo CAR T Cell Therapy
IMUGENE

Safety Profile

- Manageable CRS occurs within first week but resolves quickly
- In Cohort B, no ICANS has been observed to date
- While infections have occurred, the majority have been Grade 1 or 2



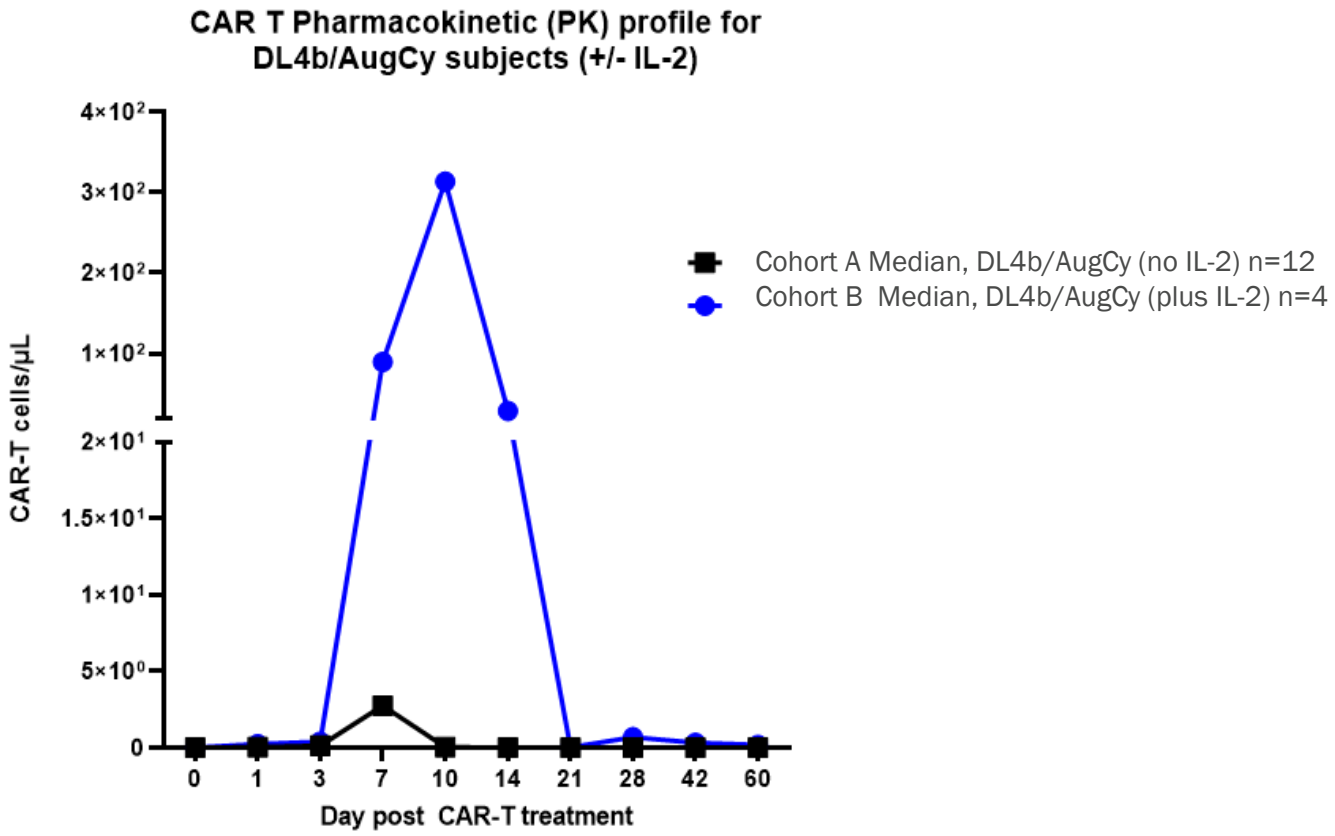
		Cohort A azer-cel N=6	Cohort B azer-cel + IL-2 N=3*
CRS	Time to Onset, Median	0.5 days (0-1)	8.5 days (3-14)
	Duration, Median	1.5 days (1-2)	1 day
ICANS	Time to Onset, Median	4.5 days (4-5)	-
	Duration, Median	3.5 days (3-4)	-

CRS: Cytokine release syndrome
ICANS: Immune Effector Cell-Associated Neurotoxicity Syndrome

*Data pending for 4th patient Data extract Aug2024

Addition of IL-2 to Dosing Regimen Enhances CAR-T Expansion and Possibly Efficacy In *Vivo*

Allo CAR T Cell Therapy
IMUGENE



IL-2 effect on azer-cel persistence

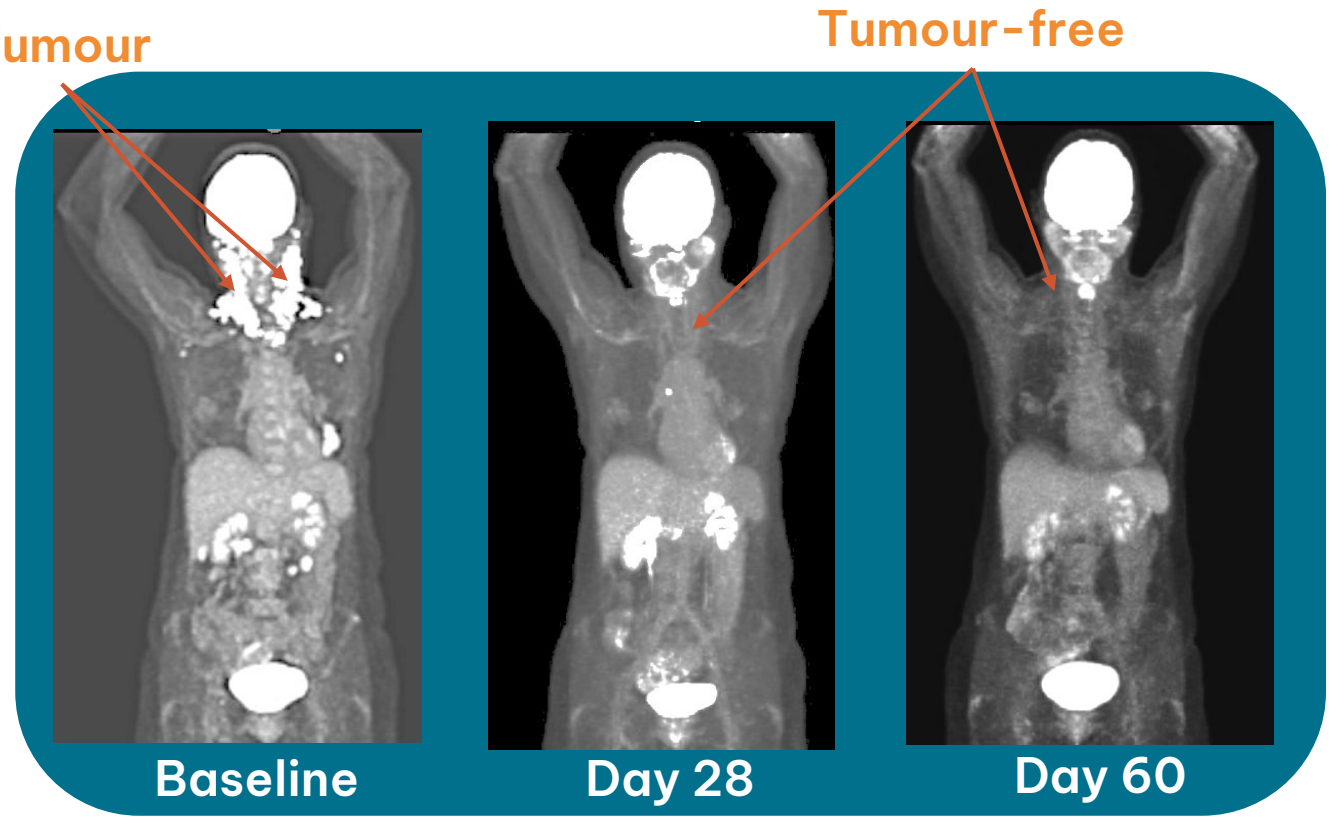
- Limited expansion seen *in vivo* in the absence of IL-2
- Higher C-Max in patients with IL-2
- Addition of IL-2 increases CAR-T persistence out to at least 60 days
- Increased azer-cel persistence likely correlates with therapeutic response

*One subject still within D28 assessment window

Representative PET Scans of Complete Responses

Subject Treatment Summary

- 60 yo female, first diagnosed with DLBCL, stage IV in Apr 2012. Treated at University of Minnesota (UMN).
- Prior to azer-cel, **patient failed 5 prior lines of therapy**; R-CHOP x 6; Rituxan, RICE x 2 followed by BEAM + auto HCT and maintenance therapy (Rituximab + ADAM17 inhibitor); **Yescarta/Flu/Cy**; Loncastuximab / ibrutinib
- Azer-cel treatment regimen
  - Cohort B: 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 – PR @ D28, CR @ D60 & **D90**



Azer-cel Clinical Development Strategy

Allo CAR T Cell Therapy
IMUGENE

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 registration Phase 2/3 trial

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

IMUGENE
Developing Cancer Immunotherapies

Leslie Chong
Chief Executive Officer & Managing Director

Genentech
A Member of the Roche Group
EXELIXIS
Roche
gsk

Dr. Paul Woodard, MD
Chief Medical Officer

IMMUNE-ONC therapeutics
Bellicum
Genentech
A Member of the Roche Group
AMGEN
EXELIXIS

Dr Bradley Glover, PhD MBA
Chief Operating Officer

Kite
A GILEAD Company
Genentech
A Member of the Roche Group
Roche
celularity
illumina

Ursula McCurry
Chief Clinical Operations Officer

AMUNIX™
Genentech
A Member of the Roche Group
EXELIXIS
SuperGen

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

Fate THERAPEUTICS
Lyell
JUNO THERAPEUTICS
Genentech
A Member of the Roche Group

Dr Monil Shah
Head of Business Development (consultant)

WindMIL THERAPEUTICS
Bristol Myers Squibb
AMGEN
NOVARTIS
Celgene

Expected Upcoming Key Catalysts

IMUGENE
Developing Cancer Immunotherapies

H2 2024

- **azer-cel**: Preliminary early DLBCL Phase 1b data update
- **onCARlytics**: FPI IT Combo Cohort 1
- **onCARlytics**: Early IT and/or IV Combo data
- **VAXINIA**: Second indication trial open
- **VAXINIA**: Preliminary early Bile Tract expansion trial update

Key
FPI: First Patient In
Combo: Combination Therapy
Mono: Monotherapy
DLBCL: Diffuse Large B-Cell Lymphoma (Blood Cancer)
IA: Intra-arterial, **IP**: Intraperitoneal
IT: Intratumoural, **IV**: Intravenous

2025-Beyond

- **azer-cel**: DLBCL Phase 1b interim data update
- **azer-cel**: Target regulatory meeting with FDA
- **azer-cel**: FPI in registration Phase 2/3 study
- **azer-cel**: Expansion into additional blood cancers (Phase 1b Expansion Cohort)
- **onCARlytics**: Data update and trial expansion
- **onCARlytics:** Optimal Biological Dose (OBD) Established
- **onCARlytics + azer-cel** FDA IND and FPI in solid tumours
- **onCARlytics:** Phase 2 FPI
- **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

Investment Highlights

IMUGENE
Developing Cancer Immunotherapies

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

- Novel platforms in immuno-oncology, cell therapy (CAR Ts) and cancer viruses
- Strong cash position of $93 million as at June 2024
- Clinical data readouts over next 12 months
- Deeply experienced cancer drug development management team
- Robust and broad patent portfolio

ASX : IMU

shareholderenquiries@imugene.com
imugene.com

IMUGENE
Developing Cancer Immunotherapies