IMUGENE

Developing Cancer Immunotherapies

Leading Innovation in Cancer Treatment

AGM, November 2024

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

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

Seasoned and Highly Engaged Board Of Directors

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Diverse expertise, market sector leadership and catalysts for value creation

Paul Hopper
Executive Chairman and Founder

RAD RADIOPHARM THERANOSTICS

CHIMERIC THERAPEUTICS

Dr. Jakob Dupont, MD
Non-Executive Director

ATARA BIO®

SOFINNOVA INVESTMENTS

Apexigen

AMBRX

Leslie Chong
CEO & Managing Director

Genentech
A Member of the Roche Group

EXELIXIS®

Roche

gsk

Kim Drapkin
Non-Executive Director and Chair of the Audit & Risk Committee

ACUMEN

Jounce THERAPEUTICS

Millenium PHARMACEUTICALS

Dr. Lesley Russell
Non-Executive Director

AMGEN

Cephalon

teva

amag PHARMACEUTICALS

Enanta Pharmaceuticals

Dr. Jens Eckstein
Non- Executive Director and Chair of the Remuneration & Nomination Committee

gsk

SR One

APOLLO HEALTH VENTURES

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

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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
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Chief Operating Officer

Kite
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Genentech
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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

Investment Highlights

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Market Capitalisation
As of 13 November 2024
A$342M

Cash Position
As of 30 September 2024
A$54.3M (Pro-forma)

4 PLATFORM TECHNOLOGIES

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

LONG-LIFE PATENT PORTFOLIO

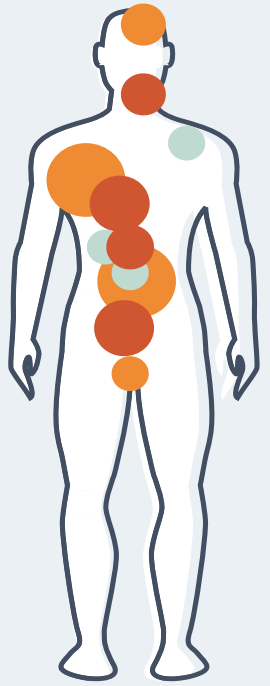
4 CLINICAL STUDIES

> 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
Cholangiocarcinoma
Pancreatic
Bladder



Three Novel Cancer Technologies In Clinical Trials

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Allo CAR T Cell Therapy
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azer-cel CD19 CAR T

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

CF33 Oncolytic Virus
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CF33 Oncolytic Virus
VAXINIA MAST Trial

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

onCARlytics
IMUGENE

onCARlytics CD19 targeting virus
OASIS Trial

Phase 1

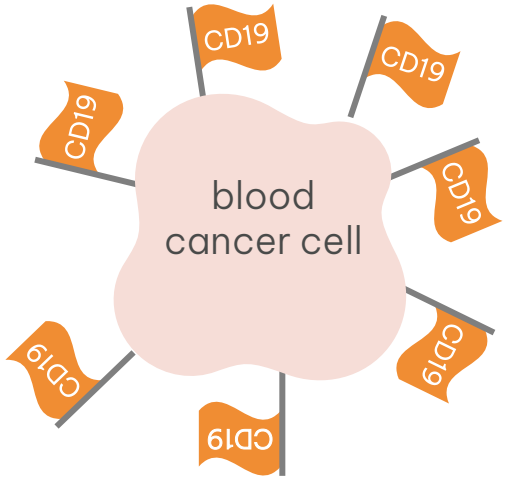
- Novel virus which acts as a CD19 target in solid cancers
- Makes solid cancers visible to CD19 drugs
- Currently in Phase 1 in combination with Blinatumomab (Approved CD19 drug in blood cancers) in solid cancers
- FDA IND

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.

T-cells taken from patient's blood

Patient's T-cells reprogrammed into CD 19 targeted CAR T



Two types of CAR Ts

Personalised aka **autologous**/auto.
Made from the patient's own T-cells and only works for them

Off the shelf aka **allogeneic**/allo
Made from healthy donor T-cells that provide CAR T drug that works for many patients

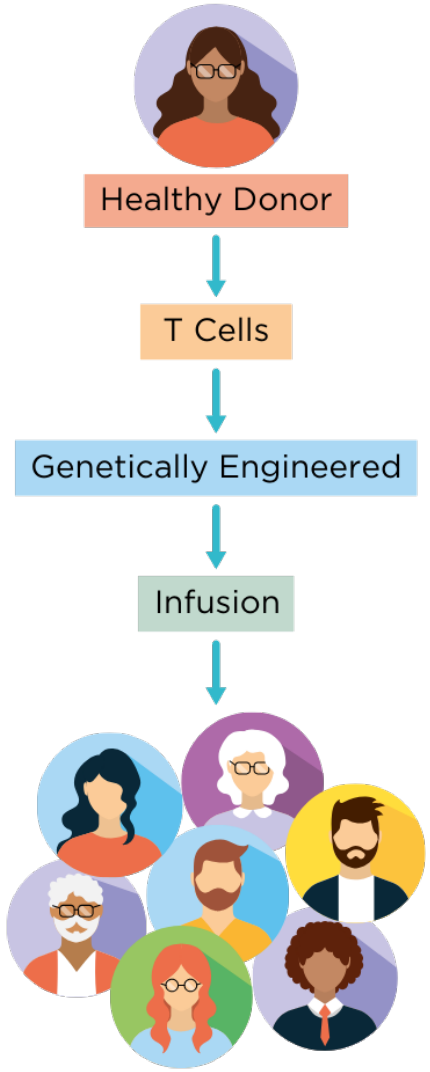
What is Imugene's azer-cel Allogeneic CAR T?

Allo CAR T Cell Therapy
IMUGENE

Azer-cel is an **'off-the-shelf' 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 cancer[1]



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

[1]https://ascopost.com/news/november-2023/novel-strategy-may-improve-outcomes-in-patients-with-treatment-resistant-dlbcl/

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

Allo CAR T Cell Therapy
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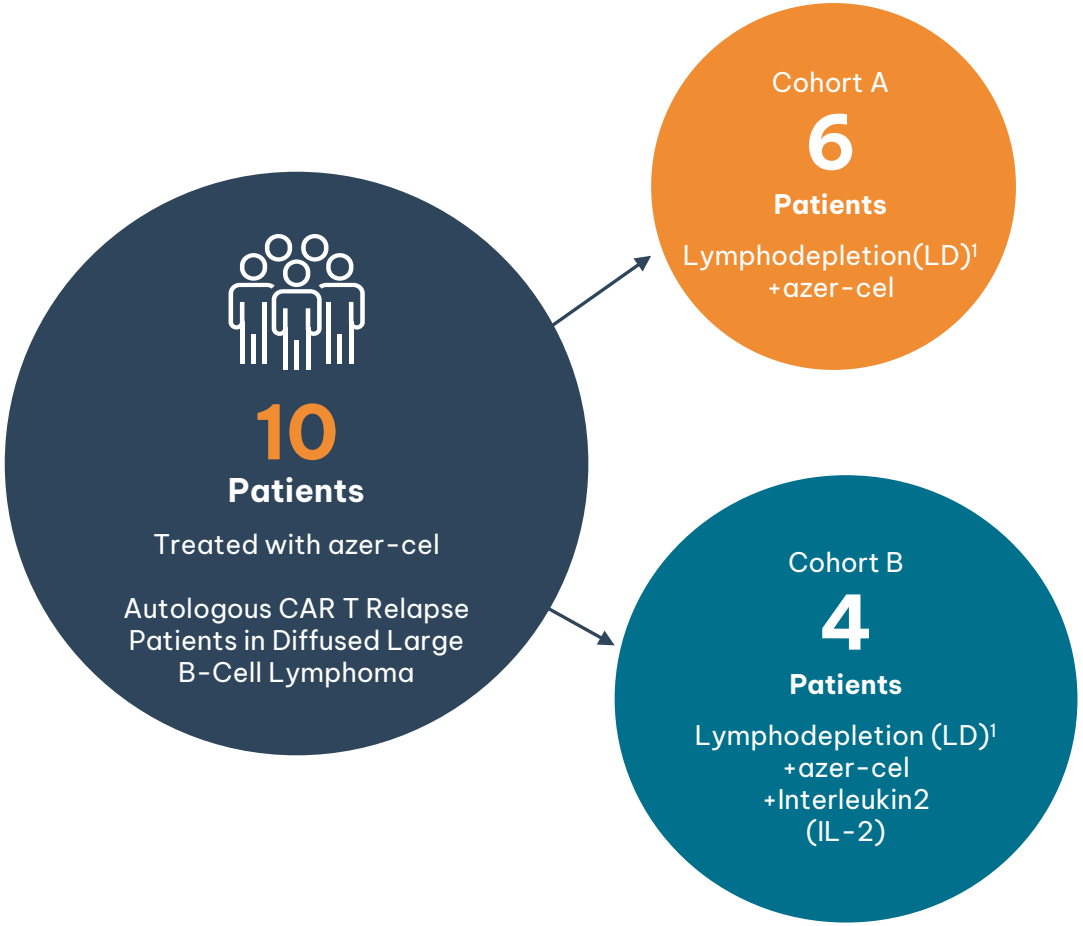

	Evaluable patients: Cohort A+B (N=9)	Evaluable patients: Cohort A (N=6)	Evaluable patients: Cohort B (N=3)
Overall Response Rate %	4 (44%)	2 (33%)	2 (67%)
Complete Response %	3 (33%)	1 (17%)	2 (67%)
Best Durability (Time of response)		<60 days	>120 days on going

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

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

Representative PET Scans Of Complete Responses

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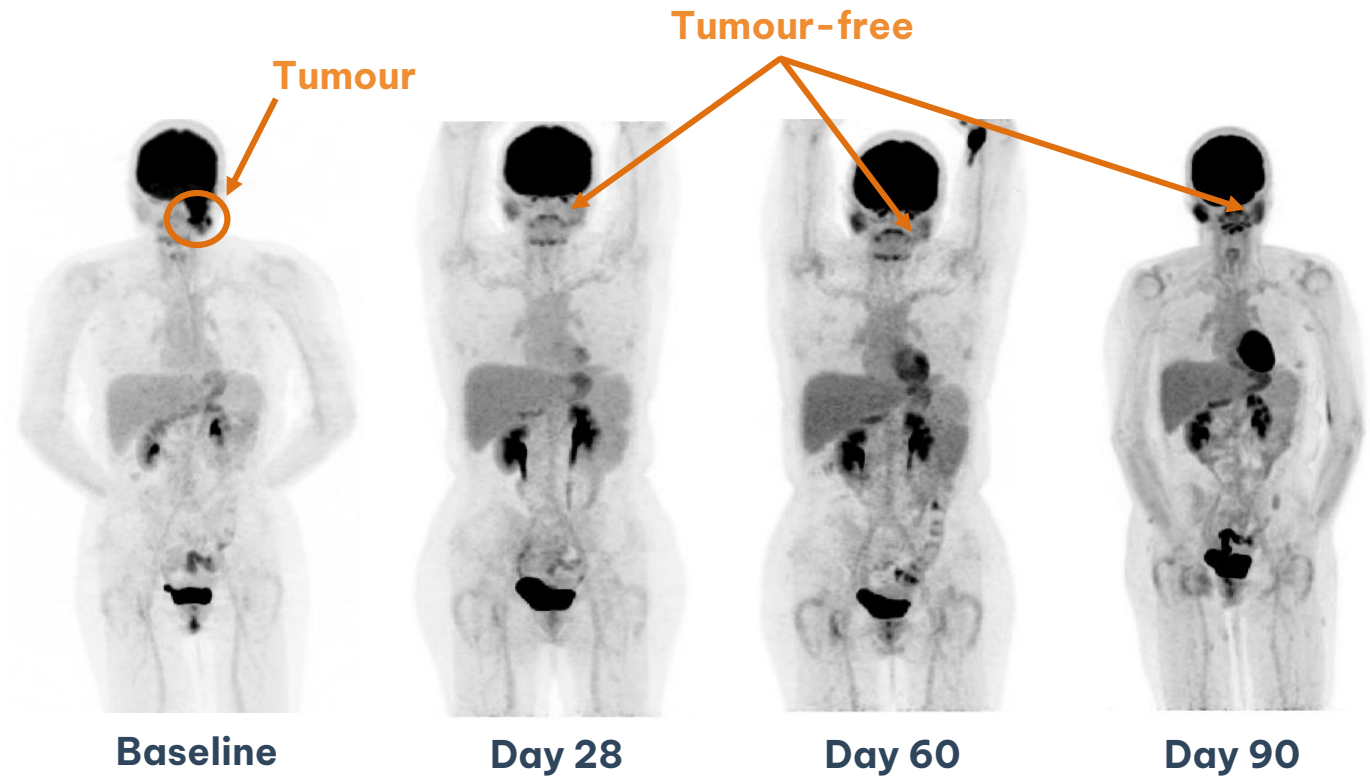
Subject Treatment Summary

- 47 yo female, first diagnosed with High-grade B-cell 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
  - DL4b (500 x 106 CAR T cells)
- **Notable Safety Events–No CRS/ICANS**
- Response – CR @ D28, D60 & **D90**



CF33 VAXINIA Can Infect and Kill Cancer Cells

CF33 Oncolytic Virus
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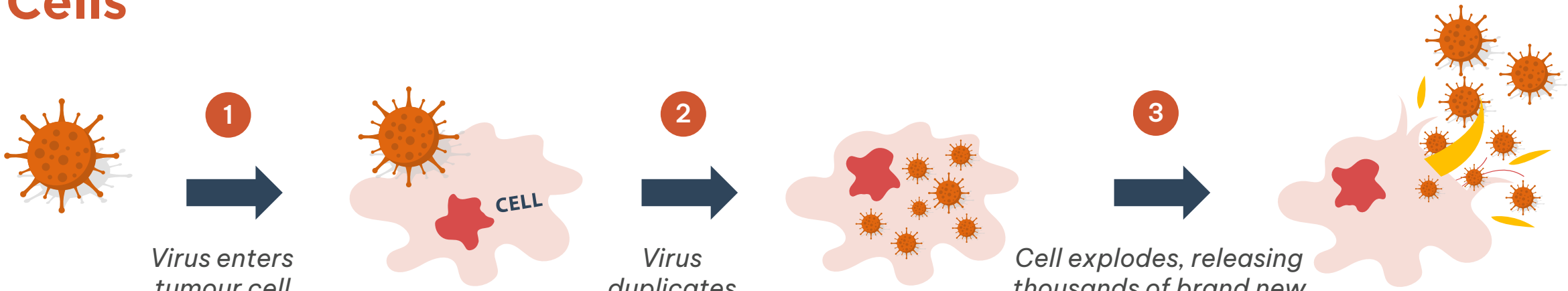


Virus enters tumour cell

Virus duplicates itself

Cell explodes, releasing thousands of brand new virus particles

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 response[1]

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

CF33 Oncolytic Virus
IMUGENE

Patients[1]
- >40 patients have been dosed and evaluated (at least their first scan at day 42)

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

ST VINCENT'S HOSPITAL MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Karmanos CANCER INSTITUTE

HIGHLANDS ONCOLOGY

City of Hope

Cancer Center

UNIVERSITY OF UTAH HUNTSMAN CANCER INSTITUTE

FDA U.S. FOOD & DRUG ADMINISTRATION

FAST TRACK Designation

Orphan Drug Designation

[1]Preliminary study update as of June 2024; data and number of evaluable patients subject to change with full statistical analysis

What is Imugene's onCARlytics CD19 virus?

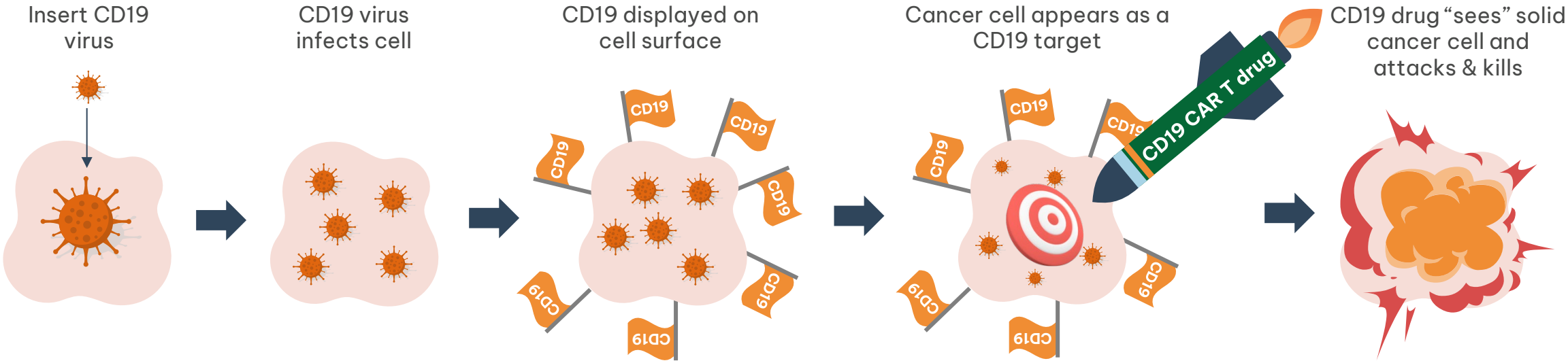
onCARlytics
IMUGENE

Imugene's novel onCARlytics 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



2024 Highlights

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- **azer-cel**: Three Complete Responses in azer-cel Phase 1B DLBCL trial
- **azer-cel**: First Australian site open for Phase 1b Clinical Trial
- **VAXINIA**: Positive early 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

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- **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 Combo status
- **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 Start-up
- **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

Imugene Commercialisation Strategy

Multiple Value Realisation Pathways

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COMPANY ACQUISITION

PARTNER WITH BIG PHARMA

LICENSE TECHNOLOGIES SEPARATELY

DEVELOP / COMMERCIALISE INDEPENDENTLY

- The global model for biotech commercialisation is to out-license the technology to Big Pharma in Phase 1b/2 trials
- Conducting Phase 3 trials, obtaining FDA approval for the product not within the remit of biotech
- Out-licensing is highly dependent upon demonstrating safety in Phase 1 and convincing signals of efficacy in Phase 1b/2
- Licensing deals are generally structured with an up-front cash payment, payments upon reaching certain development milestones such as entering Phase 3 trials, payment on FDA approval of the drug, and royalties on net sales when the drug is on the market

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