



IMUGENE

Developing Cancer Immunotherapies

ASX:IMU

Leading Innovation in Cancer Treatment

September 2024

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

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Investment Highlights

Market Capitalisation

As of 2 September 2024

A\$500M

Cash Position

As of 30 June 2024

A\$93.1M (Pro-forma)

4 PLATFORM TECHNOLOGIES

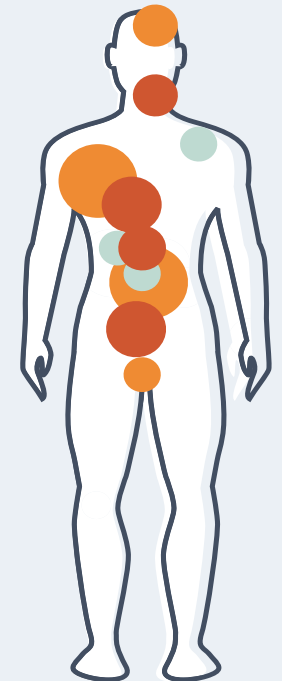
Allo CAR T Cell Therapy
CF33 Oncolytic Virus
onCARlytics
B Cell Immunotherapy

**LONG-
LIFE
PATENT
PORTFOLIO**



DISEASE AREAS

Blood cancers
Breast (TNBC)
Lung (NSCLC)
Gastric
Gastroesophageal
Colorectal (CRC)
Melanoma
Head and Neck
Cholangiocarcinoma
Pancreatic
Bladder



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



Allo CAR T Cell Therapy
IMUGENE

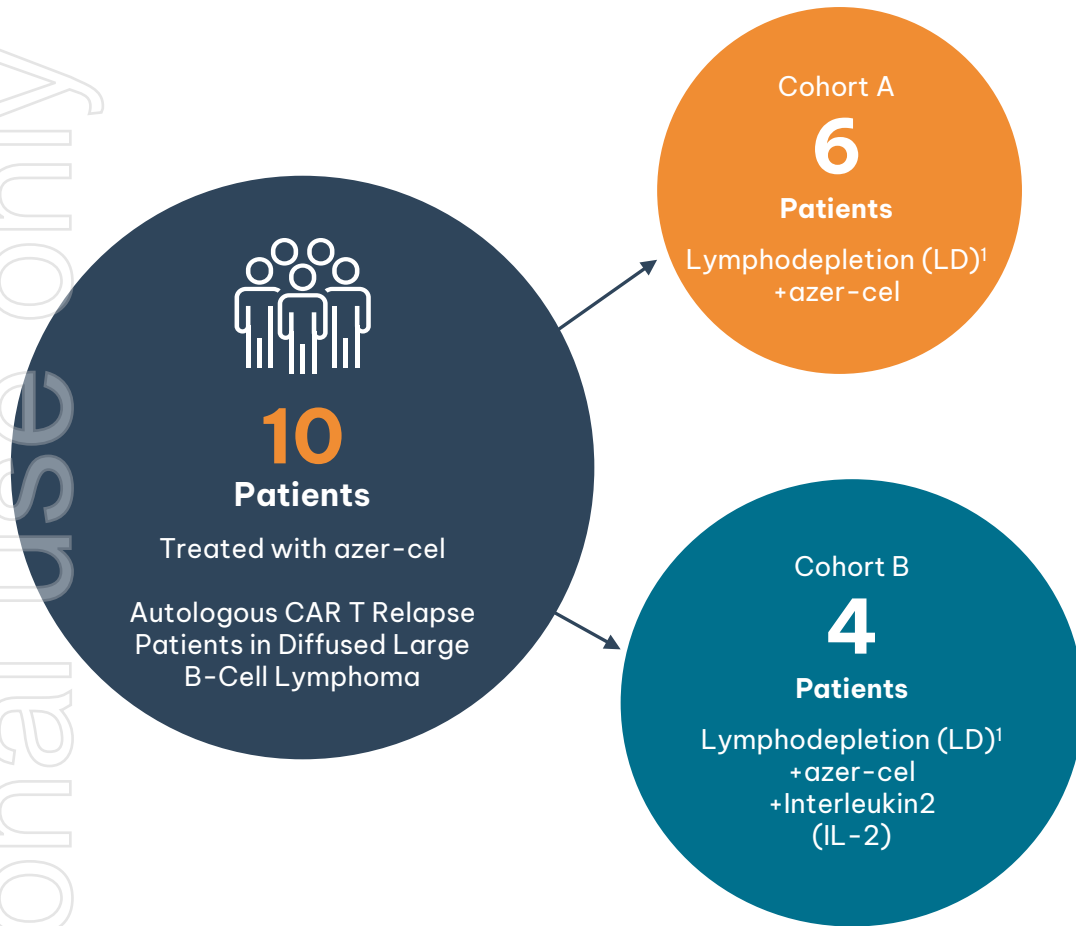
AZER-CEL CD19 CAR T FOR BLOOD CANCER



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67% CR Rates Observed in Phase 1b Cohort B



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

	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

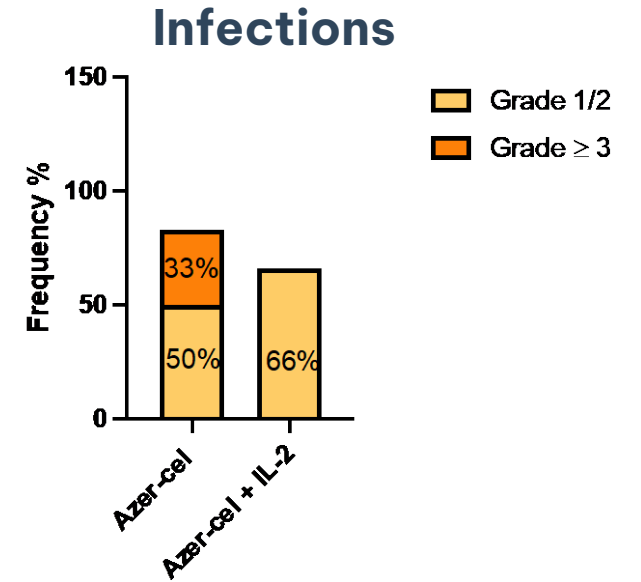
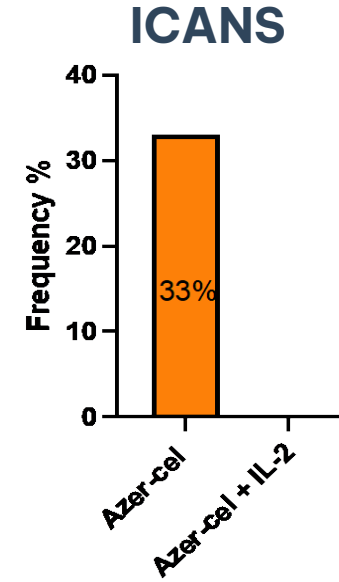
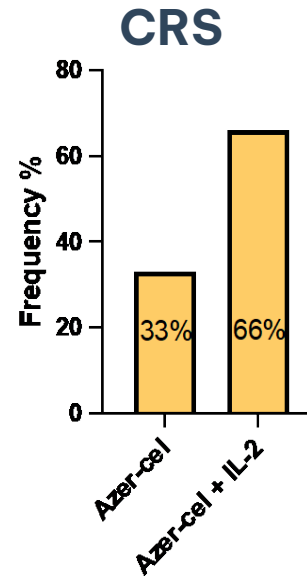
- The first 2 patients treated achieved a complete response (CR), 1 patient had stable disease (SD)*, 1 patient yet to be evaluated
- Responses were seen in patients who failed multiple prior treatments, including autologous CAR T therapies
- Phase 1b trial continues to enroll patients into Cohort B 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.

Azer-cel has a Manageable Safety Profile

No evidence of GVHD or GR. ≥ 3 CRS

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



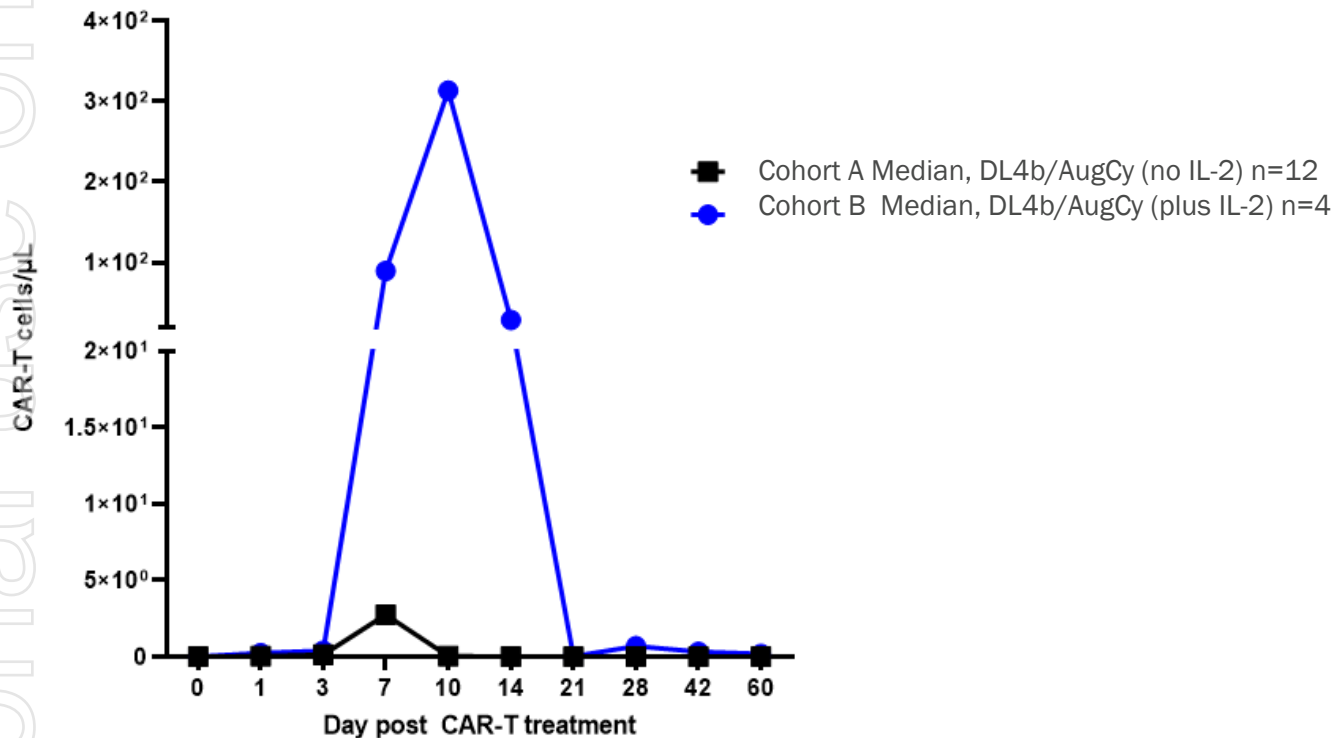
		Cohort A azer-cel N=6	Cohort B azer-cel + IL-2 N=3*
CRS	Time to Onset, Median	0.5 days (0-1)	8.5 days (3-14)
	Duration, Median	1.5 days (1-2)	1 day
ICANS	Time to Onset, Median	4.5 days (4-5)	-
	Duration, Median	3.5 days (3-4)	-

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*

CAR T Pharmacokinetic (PK) profile for DL4b/AugCy subjects (+/- IL-2)



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

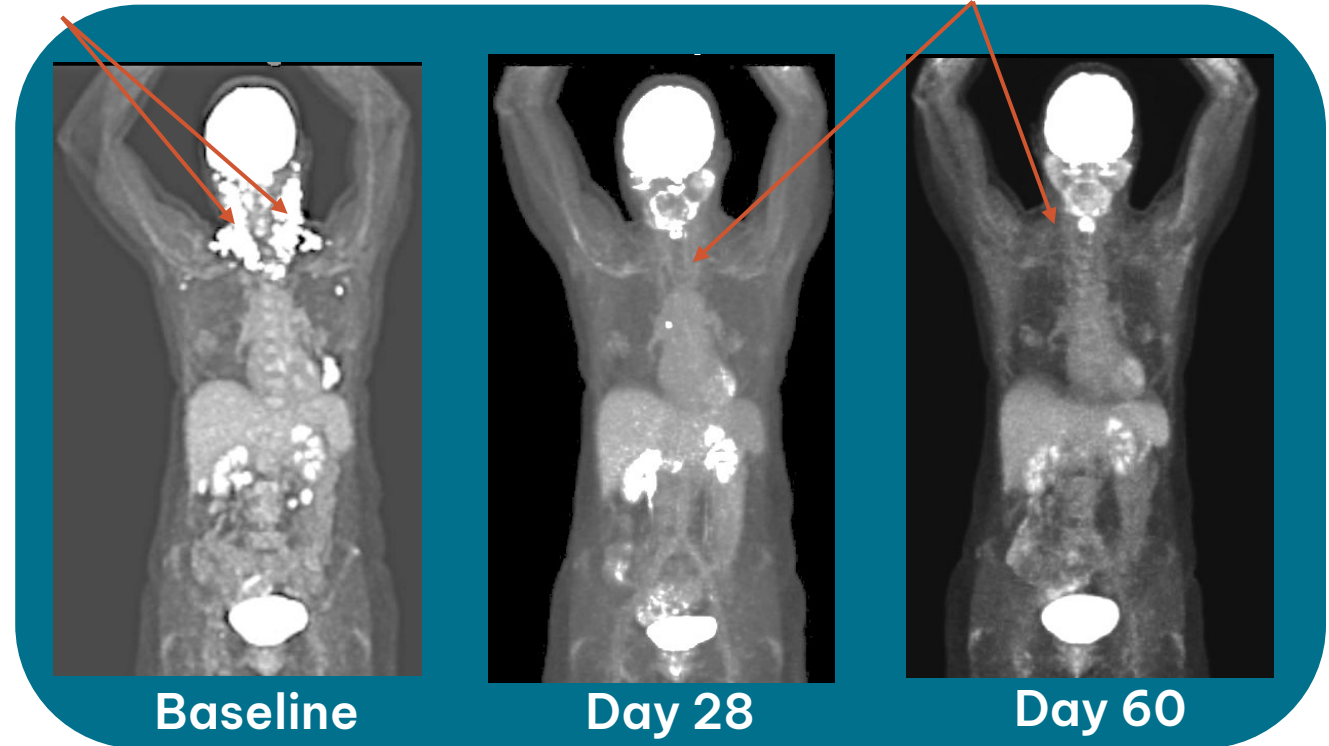
Representative PET Scans of Complete Responses

Subject Treatment Summary

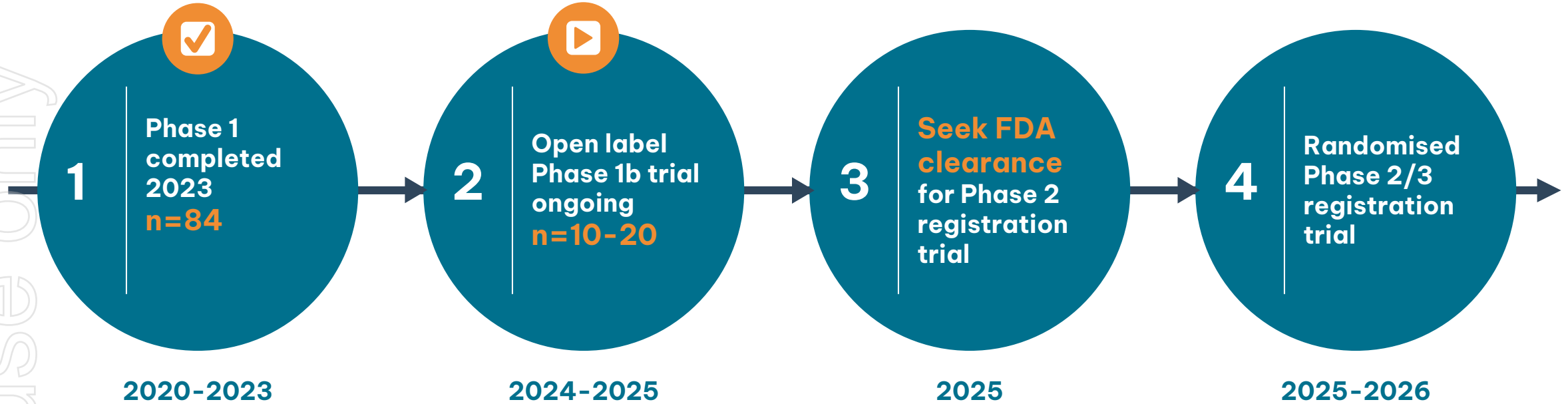
- 60 yo female, first diagnosed with DLBCL, stage IV in Apr 2012. Treated at University of Minnesota (UMN).
- Prior to azer-cel, **patient failed 5 prior lines of therapy**; R-CHOP x 6; Rituxan, RICE x 2 followed by BEAM + auto HCT and maintenance therapy (Rituximab + ADAM17 inhibitor); **Yescarta/Flu/Cy**; 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

Tumour

Tumour-free



Azer-cel Clinical Development Strategy



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



Leslie Chong
Chief Executive Officer
& Managing Director

Genentech
A Member of the Roche Group

EXELIXIS



Dr. Paul Woodard, MD
Chief Medical Officer

IMMUNE-ONC
therapeutics

Bellicum

Genentech
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AMGEN

EXELIXIS



**Dr Bradley Glover, PhD
MBA**
Chief Operating Officer

Kite
A GILEAD Company

Genentech
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celularity

illumina



Ursula McCurry
Chief Clinical
Operations Officer

AMUNIX

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A Member of the Roche Group

EXELIXIS

SuperGen



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

Fcte
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

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

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

Key

FPI: First Patient In

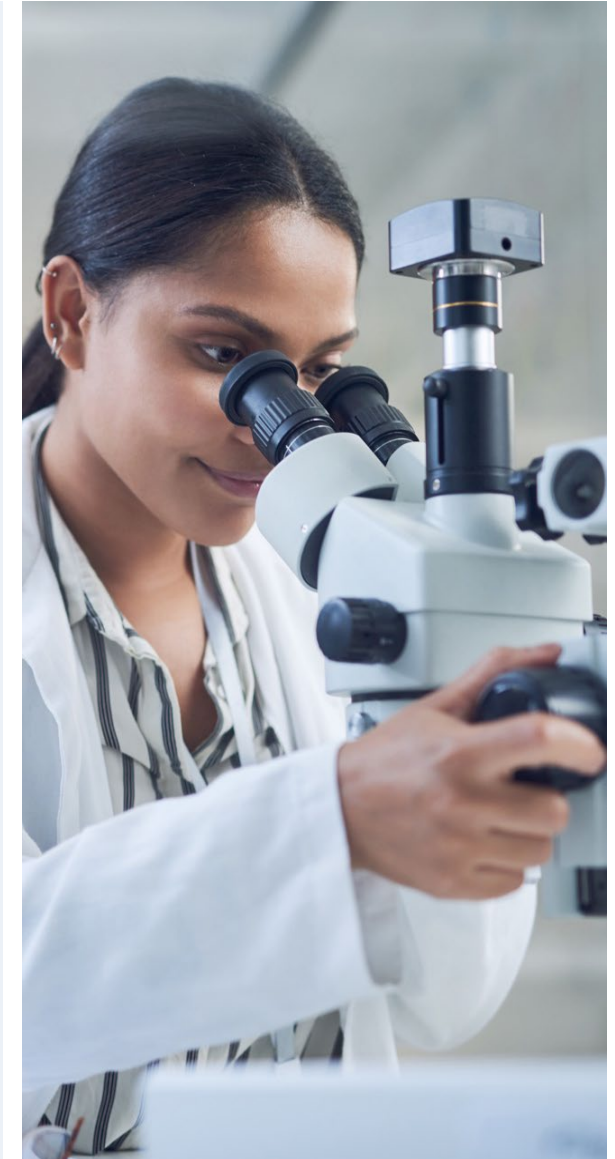
Combo: Combination Therapy

Mono: Monotherapy

DLBCL: Diffuse Large B-Cell Lymphoma (Blood Cancer)

IA: Intra-arterial, **IP:** Intraperitoneal

IT: Intratumoural, **IV:** Intravenous



Investment Highlights



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



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