SITC 2022 Data Read-out

INVESTOR RELATIONS 2022

November 14, 2022

Ne@ImmuneTech

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Poster Presentation at



- 1. NIT-110 biomarker data (Ph.2a) oral presentation, Poster 657
 - CPI naïve MSS-CRC and PaC
- 2. NIT-107 newly diagnosed GBM (Ph.1) Poster 624
- 3. Other posters
 - NIT-115 squamous cell carcinoma of head and neck (Ph.1 Protocol) Poster 679
 - T cell engager combo (Preclinical) <u>Poster 837</u>
 - Skin cancer (Preclinical) Poster 849



Pembrolizumab plus NT-I7 shows significant clinical efficacy in CPI-naïve r/r MSS-CRC and PaC in the absence of liver metastasis

- 1. Pembrolizumab plus NT-I7 shows remarkable efficacy in immunologically cold CPI-naïve r/r MSS-CRC and PaC in the absence of liver metastasis
- 2. Patients without liver metastasis have higher objective response rate and disease control rates (ORR=30.8%; DCR=69.2%; per iRECIST)
- 3. CD8⁺ T cell infiltration is increased in patients regardless of liver metastasis and correlates with higher overall survival

Higher efficacy in patients without liver metastasis

- Patients without liver metastasis have higher objective response rate (ORR, 30.8%) and disease control rates (DCR, 69.2%) per iRECIST
- Patients with liver metastasis still showed clinical benefit (1 patient with 3 liver lesions had a partial response per iRECIST with 46% tumor reduction, and DCR was 25.6%)



¹ KEYNOTE-016. Le DT et al., PD-1 Blockade in Tumors with Mismatch-Repair Deficiency (2015) N Engl J Med

² O'Reilly et al., Durvalamab with or without Tremelimumab for patients with metastatic pancreatic ductal adenocarcinoma (2019) JAMA Oncol

Liver metastasis impacts overall survival

- Patients without liver metastasis showed significantly higher overall survival
- Among the patients without liver metastasis, the probability of survival rate through 60 weeks (approx. 15months) was 100%, which is significantly higher than in those with liver metastasis



* p<0.05

mOS of SoC for MSS-CRC and PaC

- mOS of SoC for MSS-CRC (3L+) and PaC (2L+) treatments is 7.1 months at best

Treatment	MSS-CRC (3L+)	Treatment	PaC (2L+)
Lonsurf	mOS: 7.1 months	Onivyde	6.1 months
Stivarga	mOS: 6.4 months	*Gemcitabine + Nab-paclitaxel	7.1 months
*Lonsurf + Avastin	9.4 months	*5-FU + Leucovorin	5.9 months
*Fruquintinib	7.4 months	+ Oxaliplatin (mFOLFOX6)	

Source: FDA label *Considerable use of medicines for off-label *SoC data was updated (Jan. 2023)

Increased CD8⁺ TIL regardless of liver metastasis

- CD8⁺ TIL is significantly increased in patients both with and without liver metastasis after Pembrolizumab + NT-I7 combo



Fold Change TIL density [POST:PRE]		
All patients	4.44X	
NO liver metastasis (n = 4)	9.22X	
YES liver metastasis (n = 15)	3.17X	



* p<0.05, ** p<0.01, *** p<0.001, **** p<0.0001

* TIL: Tumor Infiltrating Lymphocytes

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Appendix: NIT-110 study protocol

- CPI-naïve r/r solid tumors
- Pembrolizumab IV (Q3W; 200 mg) + NT-I7 IM (Q6W; 1,200 µg/kg)





NT-I7 added to standard of care chemoradiotherapy in patients with high-grade gliomas is well tolerated

1. CCRT+NT-I7 combo showed promising mOS and mPFS in overall GBM patients

SoC+NT-I7 combo		SoC (CCRT)	
mPFS 13.7 M	mOS 19.1 M	mPFS 6.8 M	mOS 15 M

2. Significant clinical benefit is shown especially in MGMT unmethylated GBM, which is harder to treat than methlylated GBM

SoC+NT-I7 combo		SoC (CCRT)	
mPFS 11.2 M	mOS 15.9 M	mPFS 5.2 M	mOS 12.4 M

mPFS and mOS in patients with GBM

- NT-I7 after completion of radiotherapy and temozolomide demonstrated sustained improvements in mPFS and mOS



CCRT+NT-I7 combo improves mPFS, mOS

- CCRT+NT-I7 combo showed promising mPFS and mOS in overall GBM patients
- Significant clinical benefit is shown especially in MGMT unmethylated GBM patients
- MGMT unmethylated GBM patients is a sub-group who often have a poorer prognosis

Туре	SoC (CCRT) ¹⁻¹¹		SoC + NT-I7	
	Median PFS	Median OS	Median PFS	Median OS
Overall GBM	6.8 month	15.0 month	13.7 month	19.1 month
	(6.2 – 7.3)	(12.5 – 16.7)	(9.5 – 20.3)	(14.9 – 22.0)
GBM with methylated MGMT	9.5 month	22.3 month	19.1 month	21.9 month
	(7.5 – 10.7)	(18.9 – 26.3)	(15.1 – NR)	(20.7 – NR)
GBM with unmethylated MGMT	5.2 month	12.4 month	11.2 month	15.9 month
	(4.1 – 6.3)	(11.1 – 13.4)	(5.4 – 22.4)	(12.3 – 24.3)

¹Hegi et al., 2005 ²Weller et al., 2009 ³Stupp et al., 2005 ⁴Stupp et al., 2009 ⁵Stupp et al., 2014 ⁶Gilbert et al., 2014 ⁷Chinot et al., 2015 ⁸Nabers et al., 2015 ⁹Fabbro-Peray et al., 2019 ¹⁰Annavarapu et al., 2021 *SoC data was updated (Jan. 2023)

Appendix: NIT-107 study protocol

- Targeted newly diagnosed GBM patients
- Surgery → SoC (Chemo/Radiation) + NT-I7 Injection (Q12W, 4 times)
- Ph.1b/2a: Currently in dose escalation (1b) \rightarrow Dose expansion (2a)



NT-I7 development status

- After PoC is demonstrated from ph.1b/2a studies, a pivotal study design will be prepared



- 1. ALC: AACR 2018, AACR 2019, SITC 2019, ASCO 2020, SITC 2020, ASCO 2021, SNO 2021, ITC 2021, AACR 2022, Kim JH et al. Clinical & Translational Immunology; e1168 (2020), Campian JL. et al. Clin Cancer Res. 2022 Mar 15;28(6):1229-1239.
- 2. Tscm: SITC 2021, ASCO 2022
- 3. TIL: ASCO 2021, SITC 2021, ESMO GI 2022, Kim JH et al. Clinical & Translational Immunology; e1168 (2020)
- 4. Tpex: AACR 2022

Major events in 2023

	1H 2023	2H 2023
Data Read-outs	• NIT-110: Solid tumor, CPI Combo Ph.2a interim	 NIT-110: Solid tumor, CPI Combo Ph.2a final NIT-107: GBM, CCRT Combo Ph.1/2 NIT-119: 1L NSCLC, CPI Combo Ph.2 NIT-106: Skin cancer, CPI Combo Ph.2 NIT-109: Gastric cancer, CPI Combo Ph.1 NIT-112: LBCL, CAR-T Combo Ph.1b final

* Plans are subject to change

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THANK YOU

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