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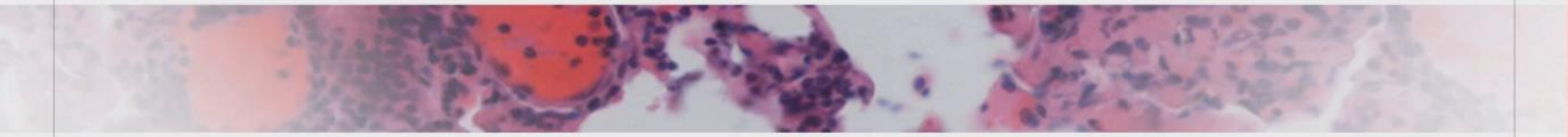

Lacutamab in Patients with Relapsed and Refractory Sézary Syndrome: Results from the Tellomak Phase 2 Trial

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Lacutamab in Patients with Relapsed and Refractory Sézary Syndrome: Results from the Tellomak Phase 2 Trial

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Clinicaltrials.gov: NCT03902184

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Lacutamab

***KIR3DL2**: Targeted treatment in T-Cell Lymphoma*

In development:

- Cutaneous T-cell Lymphoma (CTCL)
  - Mycosis Fungoides (MF)
  - **Sezary Syndrome (SS)**
- Peripheral T-cell Lymphoma (PTCL)

Phase 1 data in SS patients[1]:

- ≥ 2 prior systemic therapies:
- Median Prior Lines of Therapy in SS pts: 2 (2-4)
- Global Objective Response Rate (ORR):
  42.9% (95%CI: 28.0-59.1)
- Median duration of response (DoR):
  13.8 months (95%CI: 7.2-NA)
- Median progression free survival (PFS):
  11.7 months (95%CI: 8.1-NA)

First-in-class humanized anti-KIR3DL2 cytotoxicity-inducing antibody

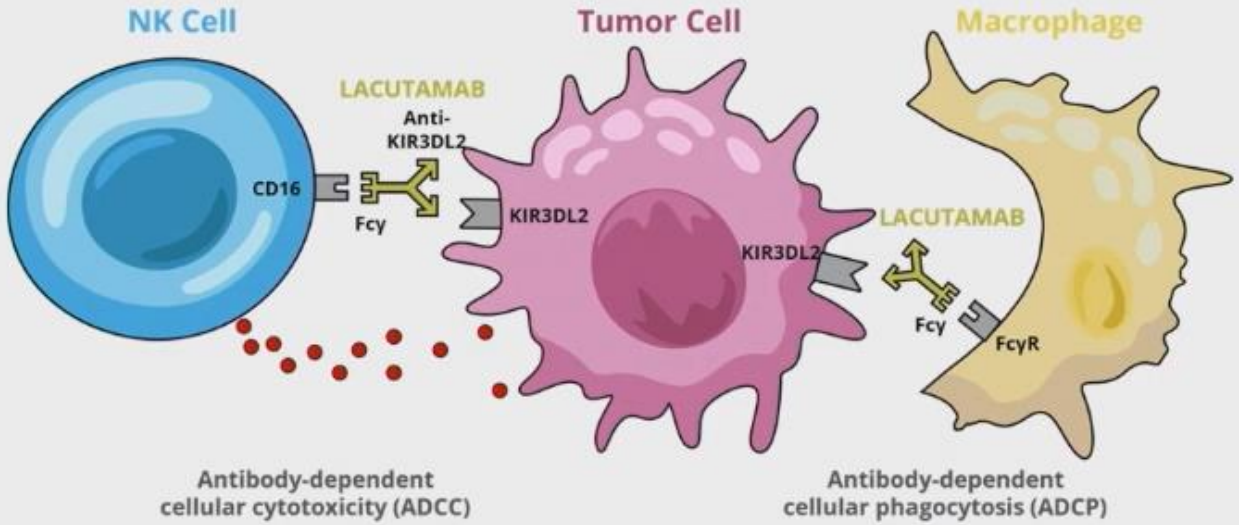
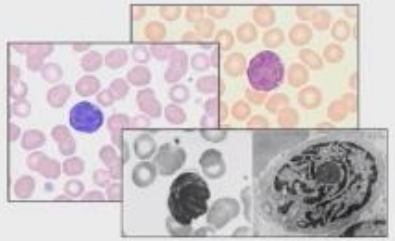


Figure 1: Lacutamab Mechanism of Action

Sezary Syndrome

- 5% of all CTCL
- Poor outcome, high unmet need
- No approved therapy post-Moga



- **Orphan drug designation for the treatment of CTCL (EMA and FDA)**
- **PRIME (EMA) and Fast Track (FDA) designation for SS patients who have been treated by at least 2 prior systemic therapy**

1. Bagot M et al, Lancet Oncol 2019

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Phase 2 Study in Two CTCL Subtypes

Sézary Syndrome (N~60)

Cohort 1

Sézary Syndrome ≥2 prior systemic therapies,

Must include Mogamulizumab as prior therapy

Mycosis Fungoides (N~100)
≥ 2 prior systemic therapies

Cohort 2	Cohort 3	All Comers
KIR3DL2 ≥ 1% Simon 2 Stage	KIR3DL2 <1% Simon 2 Stage	KIR3DL2 ≥ 1% or <1%

Administration

- Lacutamab administered by intravenous infusion weekly for 5 weeks, then every 2 weeks for 10 administrations, then every 4 weeks, until disease progression or unacceptable toxicity

Key Eligibility Criteria

- Relapsed and/or Refractory SS (Stage IVA, IVB; B2 blood in screening)
- No evidence of large cell transformation (LCT), based on central histologic evaluation at screening

Study Endpoints

- Primary endpoint: global ORR
- Secondary endpoints: PFS, OS, DoR, quality of life, safety and tolerability, PK & immunogenicity

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Data cut-off (DCO): May 1, 2023

Patient baseline characteristics in SS patients *(N=56)*

Patient Characteristics	Cohort 1 - N=56
Age in years, Median (range)	69 (42-86)
Follow-up (months), Median (95% CI)	14.4 (9.0-18.4)
- Female, N (%) - Male, N (%)	22 (39.3) 34 (60.7)
Stage at screening, N (%) - Stage IVA1 - Stage IVA2 - Stage IVB	 36 (64.3) 19 (33.9) 1 (1.8)
B2 blood involvement at screening, N (%)	56 (100.0)
Nodal involvement at screening*, N (%) - N2 - N3 involvement - Nx	 6 (10.7) 20 (35.7) 14 (25.0)
T4 (confluent erythema ≥ 80% BSA)	38 (67.9%)
Number of prior systemic therapies, Median (range) - 2 N (%) - 3-4 N (%) - >4 N (%)	**5 (2–15)** 7 (12.5) 15 (26.8) 34 (60.7)

**Nodal involvement at baseline: N2, N3 or Nx*

Data cut-off (DCO): May 1, 2023

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Efficacy results in SS patients *(N=56)*

	Best Global Response N=56	Best Response in Skin N=56	Best Response in Blood N=56	Best Response in LN N=46*
Best Response, N (%)				
• CR	2 (3.6)	5 (8.9)	15 (26.8)	3 (6.5)
• PR	19 (33.9)	21 (37.5)	12 (21.4)	6 (13.0)
• SD	28 (50.0)	27 (48.2)	24 (42.9)	28 (60.9)
• PD	7 (12.5)	3 (5.4)	5 (8.9)	5 (10.9)
• NE	0	0	0	4 (8.7)
ORR% [95%CI]	**37.5%** [26.0-50.6]	**46.4%** [34.0-59.3]	**48.2%** [35.7-61.0]	**19.6%** [10.7-33.2]

Global Clinical Benefit Rate (CR+PR+SD)
87.5% (95% CI 76.4-93.8)

CR: complete response; PR: partial response; SD: Stable Disease; PD progressive disease; NE: not evaluable; LN lymph nodes
**Includes patients not involved at baseline who progressed in the LN*

Data cut-off (DCO): May 1, 2023

TELLOMAK - NCT03902184

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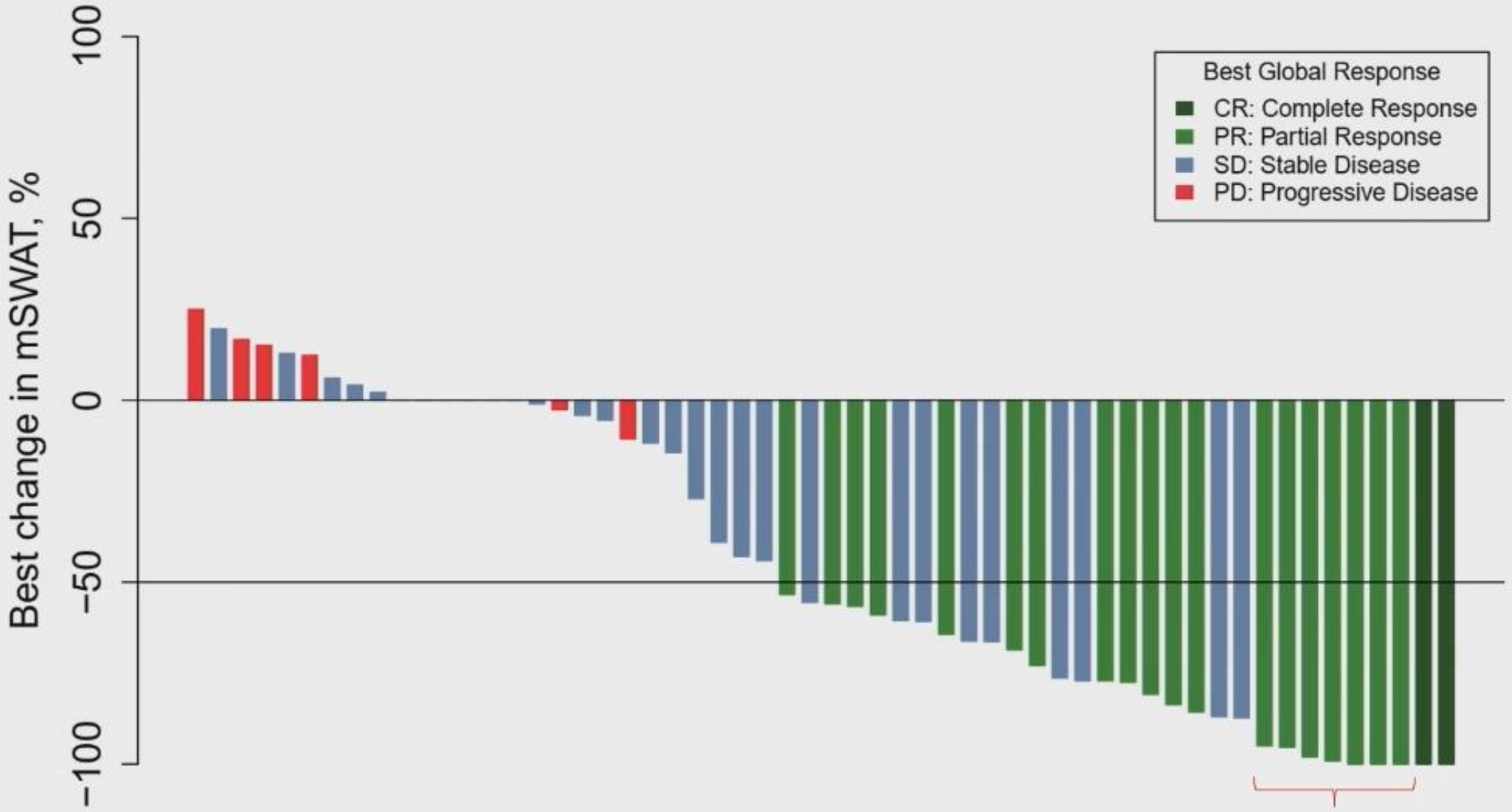
Data cut-off (DCO): May 1, 2023

Best Global Response *(N=56)*

Best Global Response = 37.5%



Depth of response

- 2 CR,19 PR
- Multi-compartment efficacy

Median time to GR

- 2.8 mos (range: 1-9)

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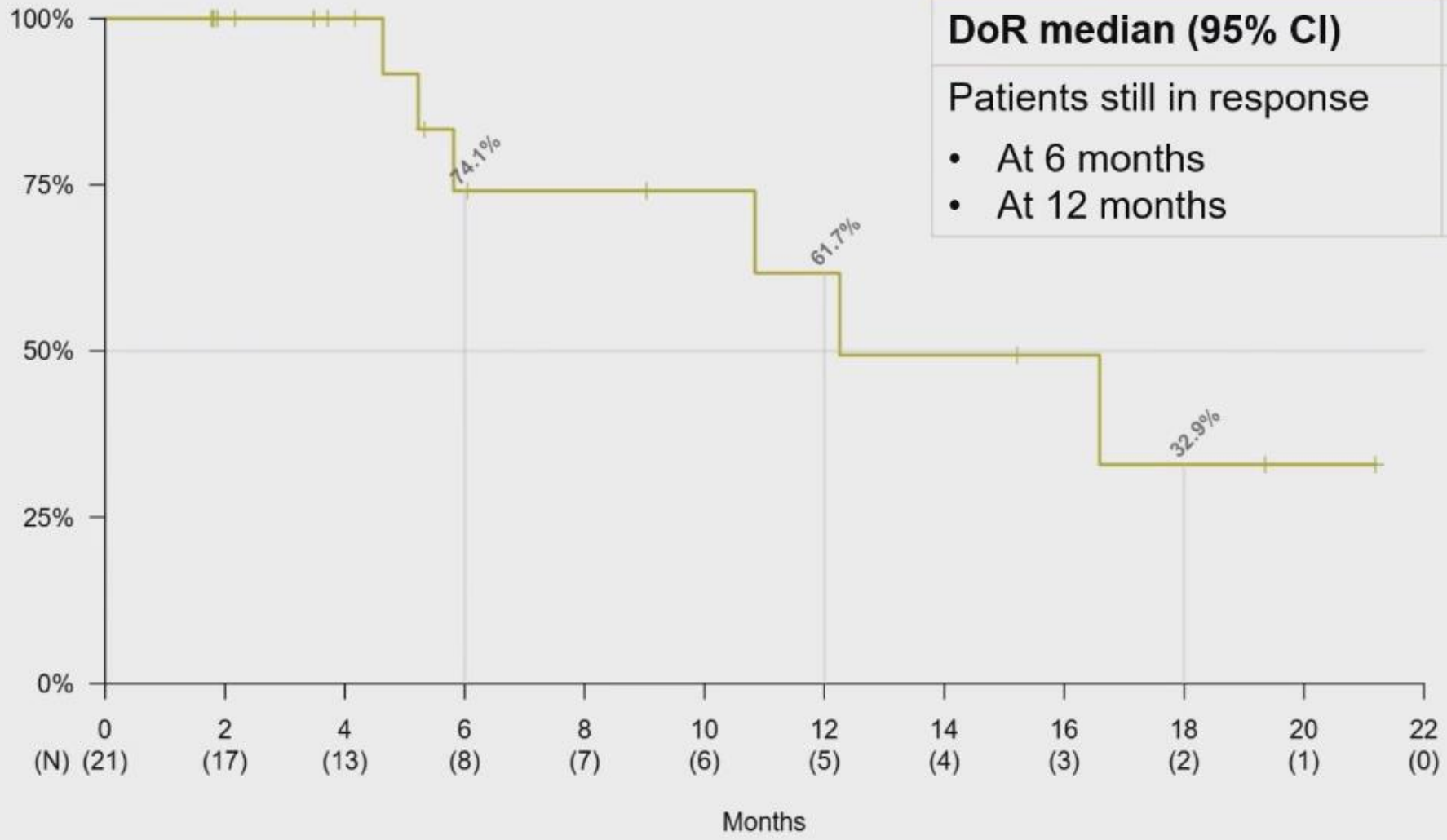
Data cut-off (DCO): May 1, 2023

Duration of Response *(N=21)*

Duration of response (DoR)	
DoR median (95% CI)	**12.3 months (5.2 - NE)**
Patients still in response	% (95% CI)
• At 6 months	74.1%
• At 12 months	61.7%

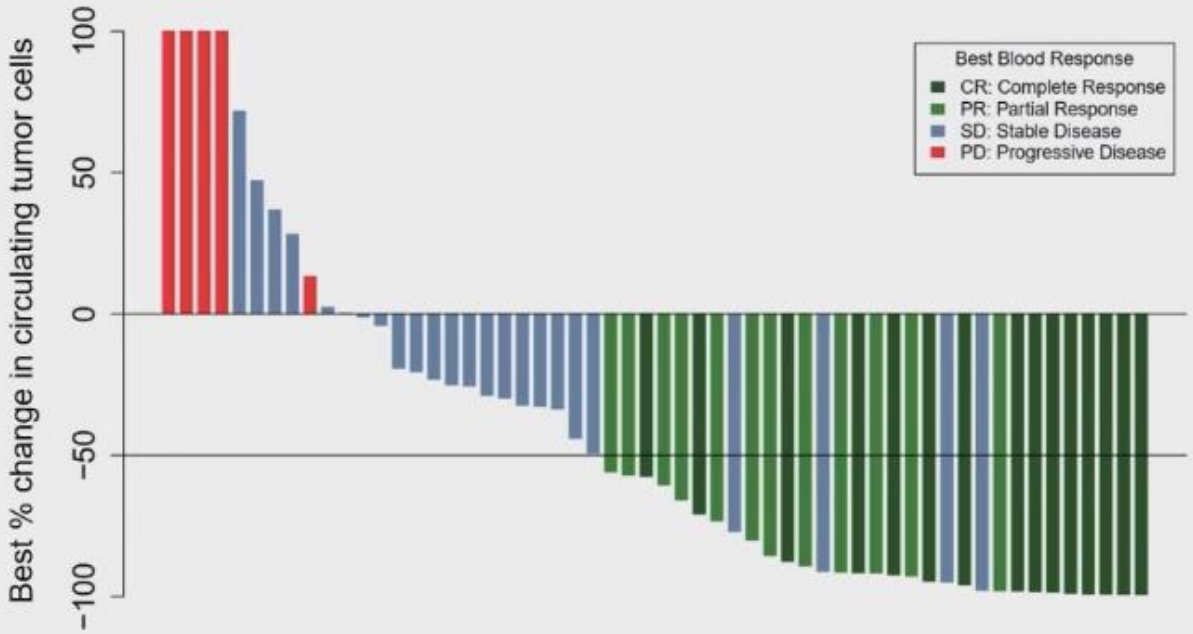


Data cut-off (DCO): May 1, 2023

TELLOMAK - NCT03902184

Best Blood response & according to frequency of KIR3DL2+ circulating tumor cells *(N=56)*

Best Blood Response = 48.2%



- 27 (48.2%) patients achieved a Blood Response
  - 15 CR & 12 PR
- Median Time to Blood Response: 1.0 month (range 1-6)
- *Note 1 unconfirmed CR confirmed after DCO*

Data cut-off (DCO): May 1, 2023

TELLOMAK - NCT03902184

Best Blood response & according to frequency of KIR3DL2+ circulating tumor cells *(N=56)*

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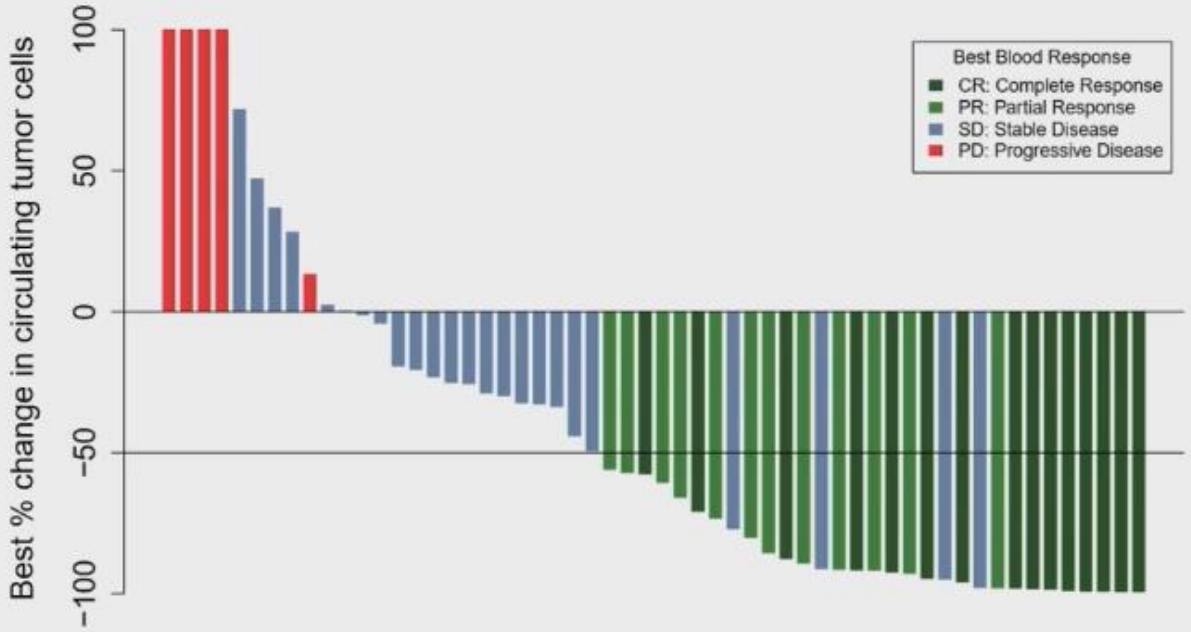
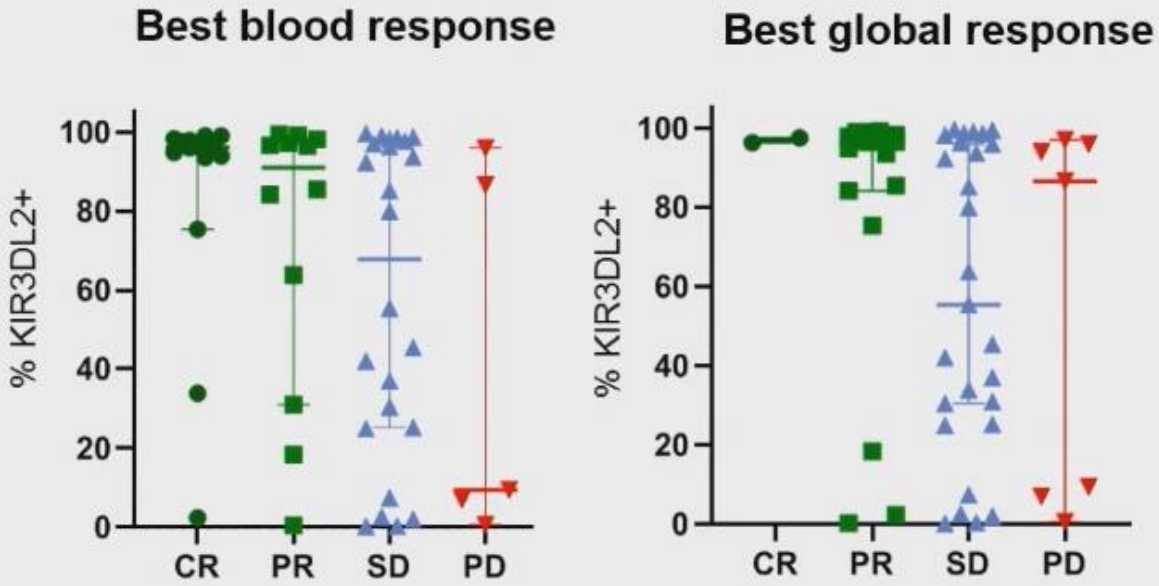


- 27 (48.2%) patients achieved a Blood Response
  - 15 CR & 12 PR
- Median Time to Blood Response: 1.0 month (range 1-6)
- *Note 1 unconfirmed CR confirmed after DCO*

Best Blood/Global Response by KIR3DL2 status



Horizontal bars represent the median ±95%CI

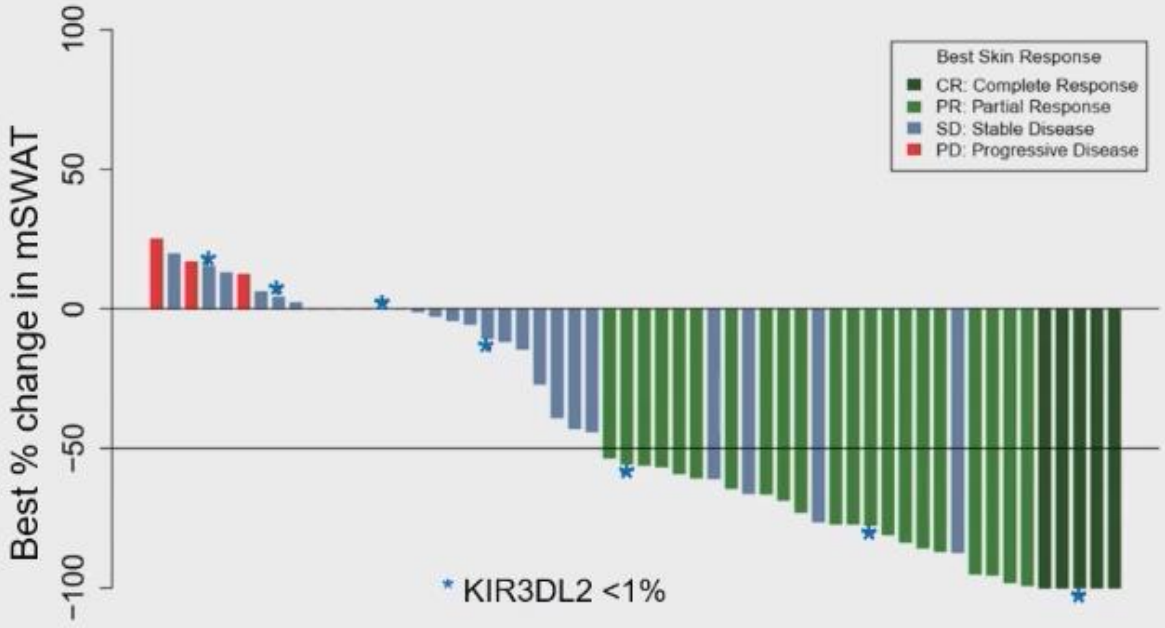
- All patients had KIR3DL2+ circulating tumor cells (CTCs)
- Median frequency of KIR3DL2+ CTCs: 92.3% [0.2- 99.6]

Data cut-off (DCO): May 1, 2023

TELLOMAK - NCT03902184

Best Skin response, Overall and According to KIR3DL2 status in skin *(N=56)*

Best Skin Response = 46.4%



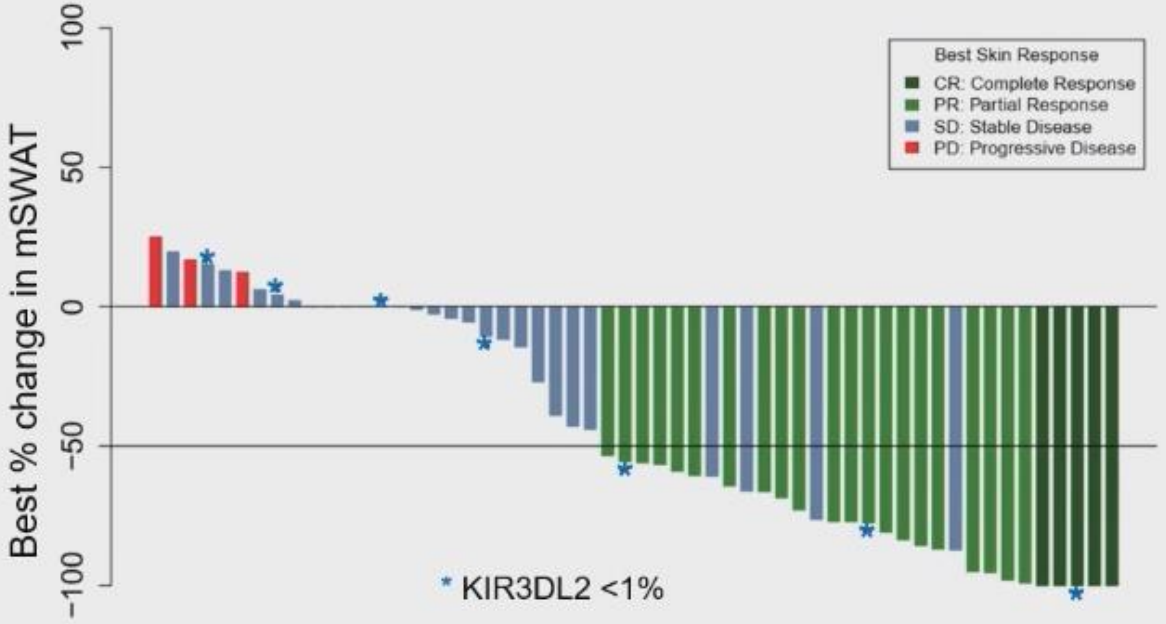
- 26 (46.4%) patients achieved Skin Response
  - 5 CR & 21 PR
- Median time to Skin Response: 2.8 months (range: 1-10)

Data cut-off (DCO): May 1, 2023

TELLOMAK - NCT03902184

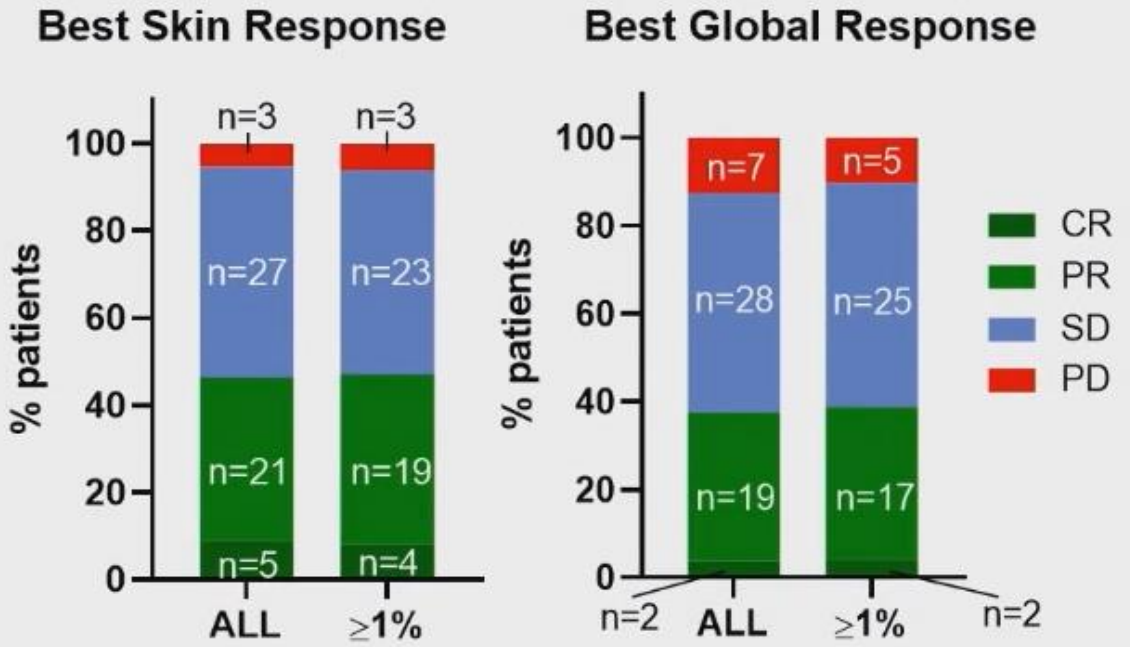
Best Skin response, Overall and According to KIR3DL2 status in skin *(N=56)*

Best Skin Response = 46.4%



- 26 (46.4%) patients achieved Skin Response
  - 5 CR & 21 PR
- Median time to Skin Response: 2.8 months (range: 1-10)

Best Skin/Global Response by KIR3DL2 status



- 87.5% of patients (49/56) had ≥1% expression of KIR3DL2; only 7 (12.5%) had <1% expression
- Response in ≥1% subgroup consistent with overall study population

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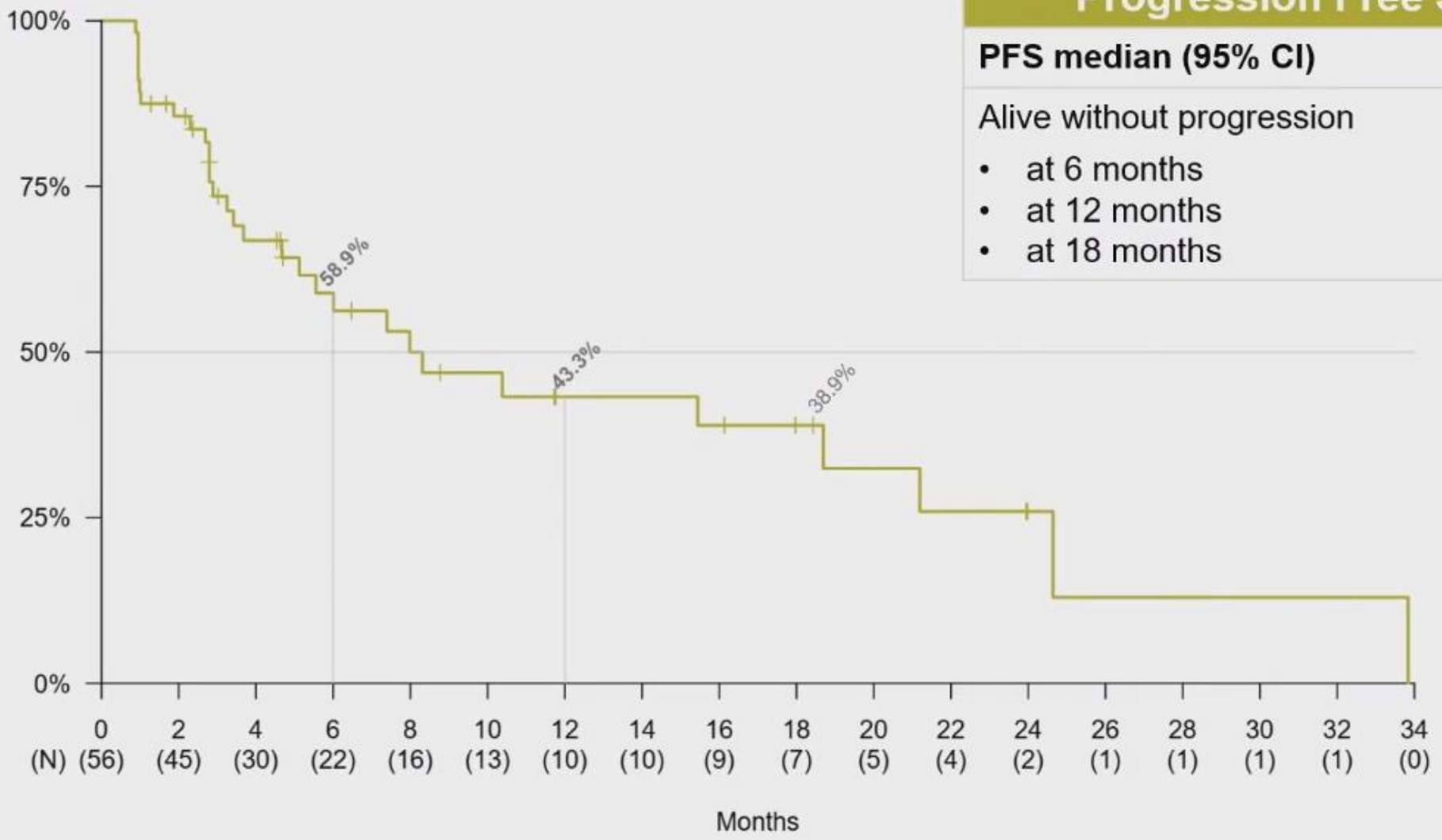
Data cut-off (DCO): May 1, 2023

Efficacy results in SS patients: PFS (*N=56*)

Progression Free Survival (PFS)	
PFS median (95% CI)	**8.0 months (4.7-21.2)**
Alive without progression	% (95% CI)
• at 6 months	58.9 (43.3 - 71.5)
• at 12 months	43.3 (27.3 - 58.2)
• at 18 months	38.9 (22.9 - 54.7)



Confidential

Data cut-off (DCO): May 1, 2023

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Treatment Emergent related Adverse Events[1]

		Total N= 56 N (%)
Any treatment-emergent AEs (TEAEs)		54 (96.4)
Any lacutamab-related TEAEs		32 (57.1)
Most frequent (>10%) lacutamab-related TEAEs	• General disorders and administration site conditions*	15 (26.8)
	• Skin and subcutaneous tissue disorders	7 (12.5)
	• Gastrointestinal disorders	6 (10.7)
	• Investigations (Labs)	6 (10.7)
Any Serious TEAEs		13 (23.2)
Any Serious lacutamab-related TEAEs		4 (7.1)
Any Grade[2] 3, 4, or 5 lacutamab-related TEAEs		10 (17.9)
Any lacutamab-related TEAEs leading to discontinuation**		3 (5.4)
Any death due to AEs***		3 (5.4)
Any death due to lacutamab-related AEs		0 (0)

** Fatigue 7 (12.5%), Asthenia 4 (7.1%), Peripheral edema 3 (5.4%); ** Toxic skin eruption, Skin fissures, Pruritus and AST elevation; *** Sepsis, Acute respiratory failure, Infection, Grade 5 all not related to lacutamab.*
Of note, post DCO, one patient died with transformed cell lymphoma/HLH.

1. Event / as defined by the treating investigator
2. NCI Common Terminology Criteria for Adverse Events (CTCAE)

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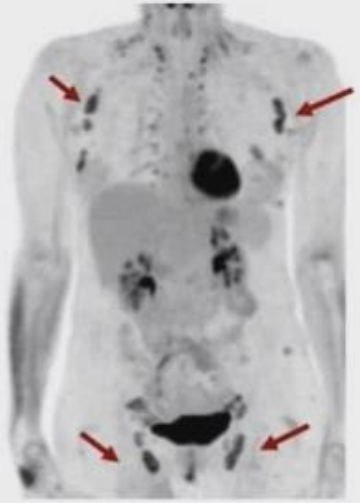
Data cut-off (DCO): May 1, 2023

Patient Case #1, ongoing

- 58-year-old female
- Lines of therapy: 10
- Baseline Stage: IVA2 (N3)
- Response sustained at W117:
  - Skin: PR at W13 → CR at W45
  - Blood: CR at W5
  - LN: PR at W5 → CR at W13
  - Global: PR at W13 → CR at W45

Baseline

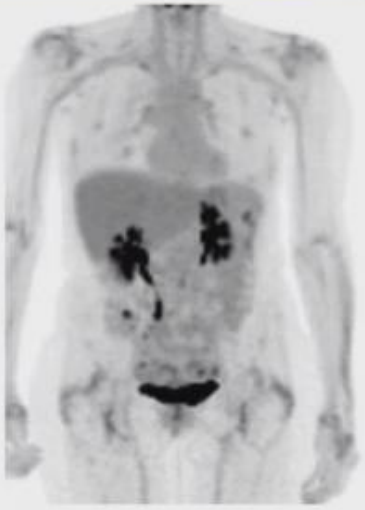


Sézary cells 1473 (B2)

mSWAT 95

LN N3

Global CR @W45 Sustained @W117



Sézary cells 44 (B0)

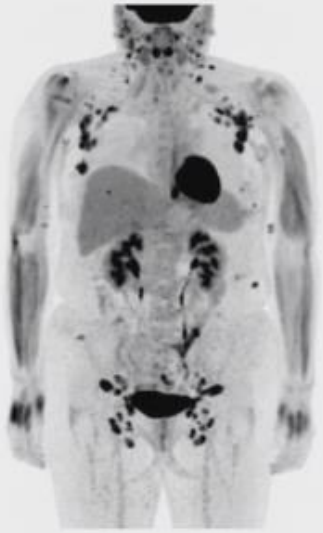
mSWAT 0

LN CR

Patient Case #2, ongoing

- 51-year-old female
- Lines of therapy: 6
- Baseline Stage: IVA2 (N3)
- Response sustained at W29:
  - Skin: PR at W5 → CR at W13
  - Blood: CR at W5
  - LN: CR at W5
  - Global: PR at W5 → CR at W13

Baseline

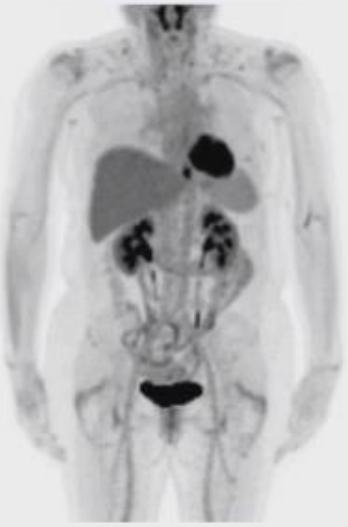


Sézary cells 5526 (B2)

mSWAT 83

LN N3

Global CR @W13 Sustained at W29



Sézary cells 78 (B0)

mSWAT 0

LN CR

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Conclusions

TELLOMAK is a Phase 2 study evaluating anti-KIR3DL2 lacutamab monotherapy in CTCL

- Cohort 1: R/R SS patients with ≥ 2 prior systemic therapies, one of which must be mogamulizumab
  - High unmet medical need population with no approved therapy post-Mogamulizumab
- This analysis on 56 patients confirms robust clinical activity of lacutamab with favorable safety profile.
  - Patients were heavily pretreated (median 5 prior systemic therapies)
  - Responses, including CRs, observed in all compartments
    - Global ORR 37.5% [26.0-50.6]
    - Blood ORR 48.2% [35.7-61.0]
    - Skin ORR 46.4% [34.0-59.3]
  - In patients who achieved a global response,
    - Median time to global response: 2.8 months (range: 1-9)
    - Median time to blood & skin response: 1.0 month (range 1-6) & 2.8 months (range: 1-10) respectively
    - Median DoR: 12.3 months (95% CI: 5.2-NE)

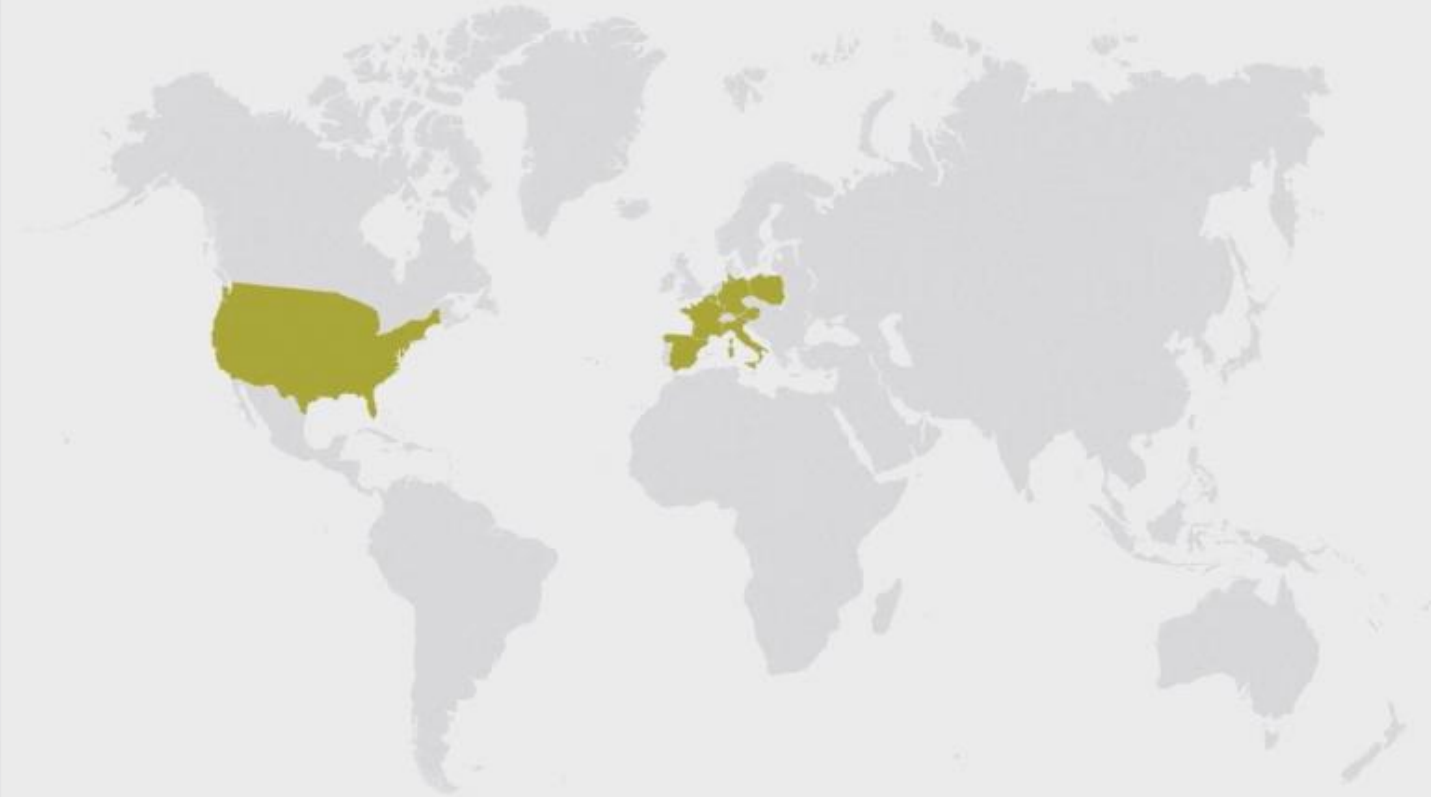
Enrollment to TELLOMAK is completed
Long-term follow-up will provide more mature data on the key study endpoints

TELLOMAK - NCT03902184

With Thanks

53 active European and US sites

- USA (17)
- France (10)
- Germany (8)
- Spain (6)
- Italy (4)
- Belgium (3)
- Poland (3)
- Austria (2)



Thank you to all the patients and their families, our investigators, and site staff

Study sponsored by Innate Pharma