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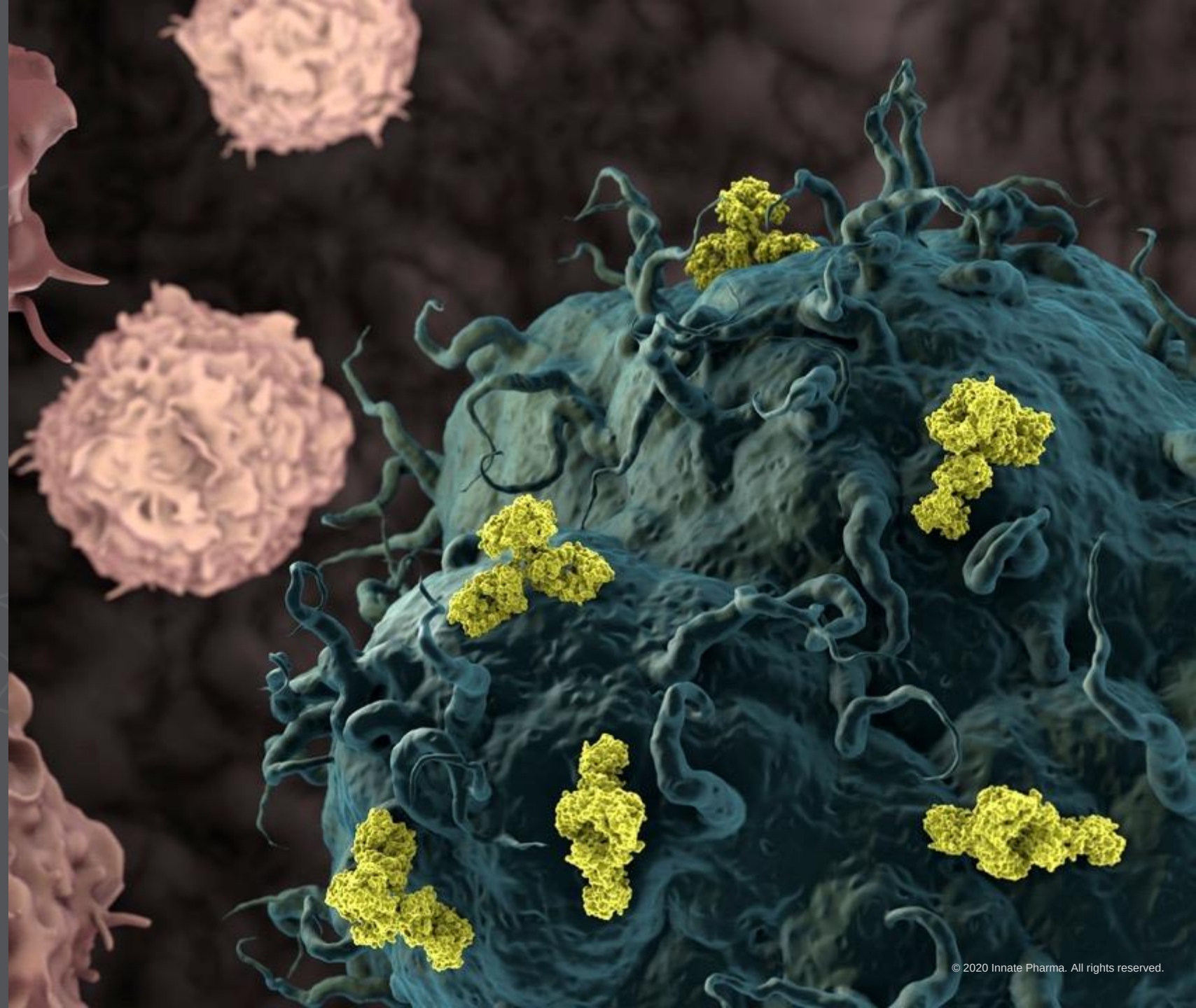
Understanding the Potential of Lacutamab Across T Cell Lymphoma

February 9, 2021



PARIS: IPH.PA NASDAQ: IPHA

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AGENDA

Welcome & Introduction
Mondher Mahjoubi, MD

Lacutamab Overview & Development Strategy
Joyson Karakunnel, MD, MSc, FACP

Epidemiology & Unmet Need in CTCL & PTCL
Pierluigi Porcu, MD

Collaboration with LYSA for PTCL
Olivier Hermine, MD, PhD

Upcoming Catalysts & Concluding Remarks
Joyson Karakunnel, MD, MSc, FACP & Mondher Mahjoubi, MD

Q&A
All

Speakers on today's call

Mondher Mahjoubi, MD
Chief Executive Officer

Chairman of the Executive Board

Joyson Karakunnel, MD, MSc, FACP
EVP, Chief Medical Officer

Pierluigi Porcu, MD
Professor of Medical Oncology, Dermatology and Cutaneous Biology

Director, Division of Hematologic Malignancies and Hematopoietic Stem Cell Transplantation at Thomas Jefferson University, US

Principal Investigator of Innate's Phase 2 TELLOMAK clinical trial

Olivier Hermine, MD, PhD
Professor of Hematology at the University of Paris Descartes

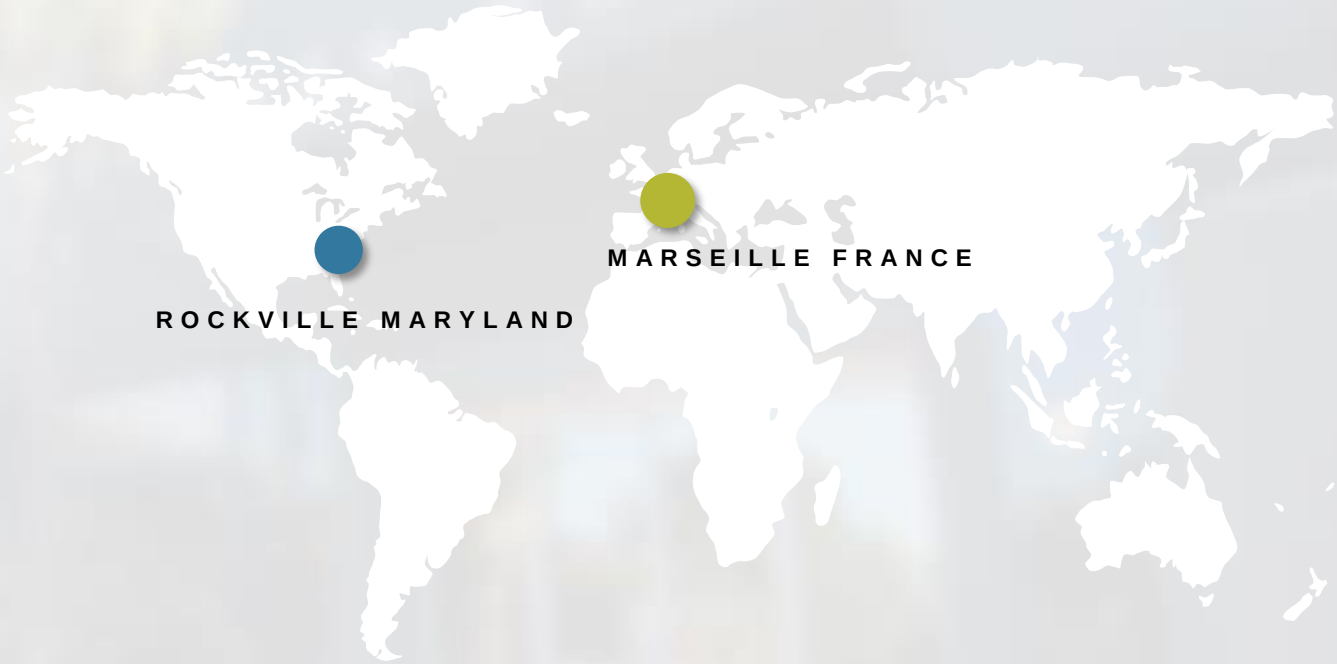
Director, Division of Adult Hematology at Hôpital Universitaire Necker Enfants Malades

Member of the Académie des Sciences

Member of the Lymphoma Study Association (LYSA), France

A Leading Company in the Field of Innate Immunity

- Global, clinical-stage oncology-focused biotech company.
- Scientific excellence in the field of innate immunity with expertise in natural killer cell biology and antibody engineering.
- Focused pipeline of antibodies, including several potentially first-in-class clinical and preclinical candidates in cancers with high unmet medical need.



Founded: 1999

Paris Euronext listing: 2006

Nasdaq listing: 2019

Scientific Innovation Drives Our Strategy

We aim to harness our scientific know-how in innate immunity and antibody engineering to develop oncology products that improve the lives of patients

Drive near-term value with Lacutamab

Advance our innovative R&D pipeline

Build a sustainable business

Strong Science + Strong Partnerships = Robust Pipeline

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Validated Science
in high-impact publications

+

Strong Track Record of Collaborations
with industry and academia

=

Robust Pipeline
with innovative pre-clinical and clinical assets

THE LANCET Oncology
nature
Cell
Science JOURNALS AAAS

Ciml IMMUNOLOGY
EORTC The future of cancer therapy
GUSTAVE ROUSSY CANCER CAMPUS GRAND PARIS
SANOFI
Hôpitaux Universitaires de Marseille | ap hm
AstraZeneca
Lysa
Bristol Myers Squibb
novo nordisk®

Innate's Approach: Harnessing Innate Immunity in Cancer

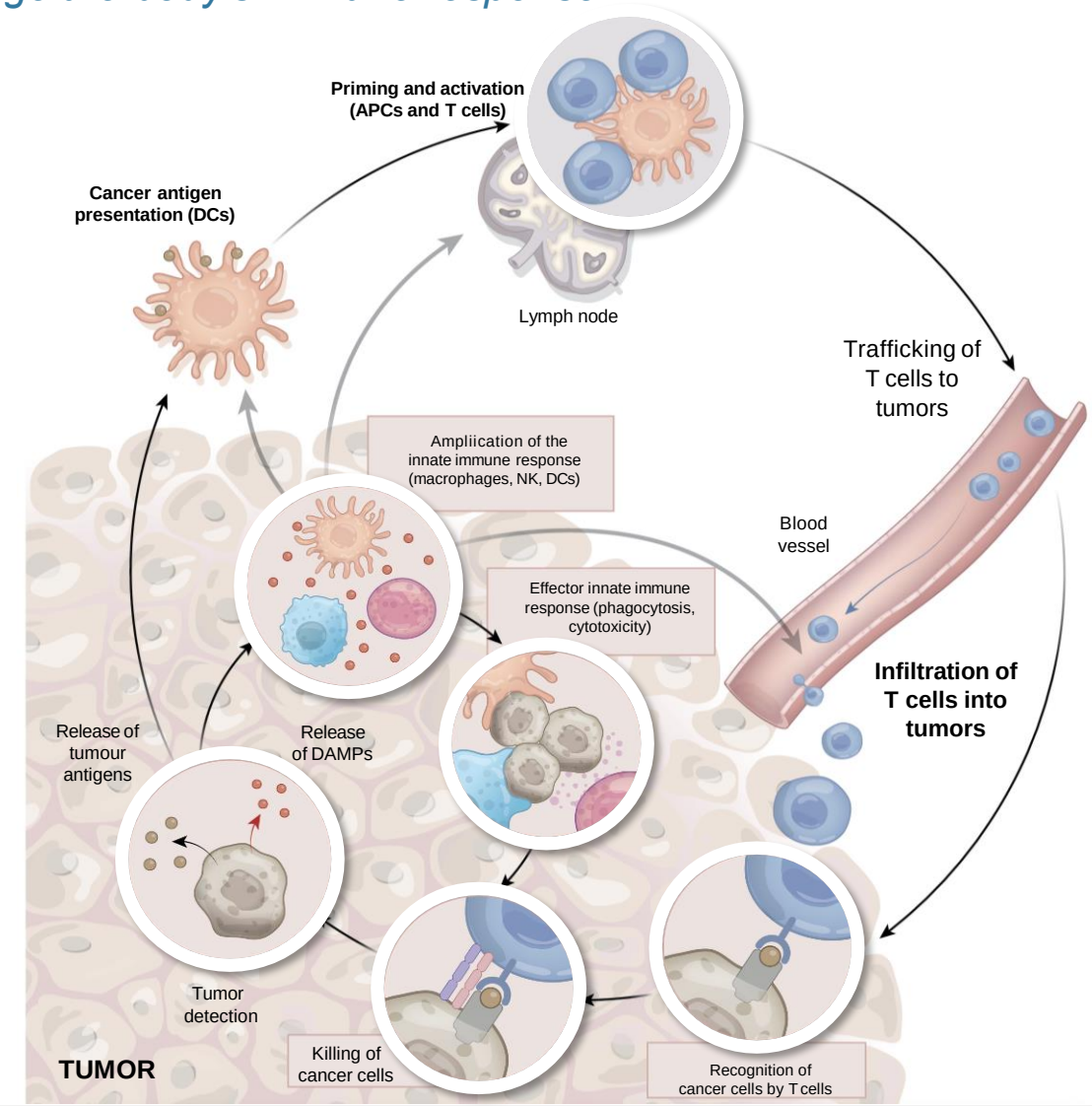
Choosing the right targets to leverage the body's immune response

2 Unleash NK cells

Monalizumab (NKG2A)

1 Engage NK cells towards tumor

Lacutamab (KIR3DL2)
NK cell engagers (NKp46)



3 Reverse suppression

IPH5201 (CD39)
IPH5301 (CD73)

Adapted from Demaria et al., Nature 2019

Innate's Robust Pipeline Leveraging Expertise in Antibody Engineering & Innate Immunity Against Novel Cancer Targets

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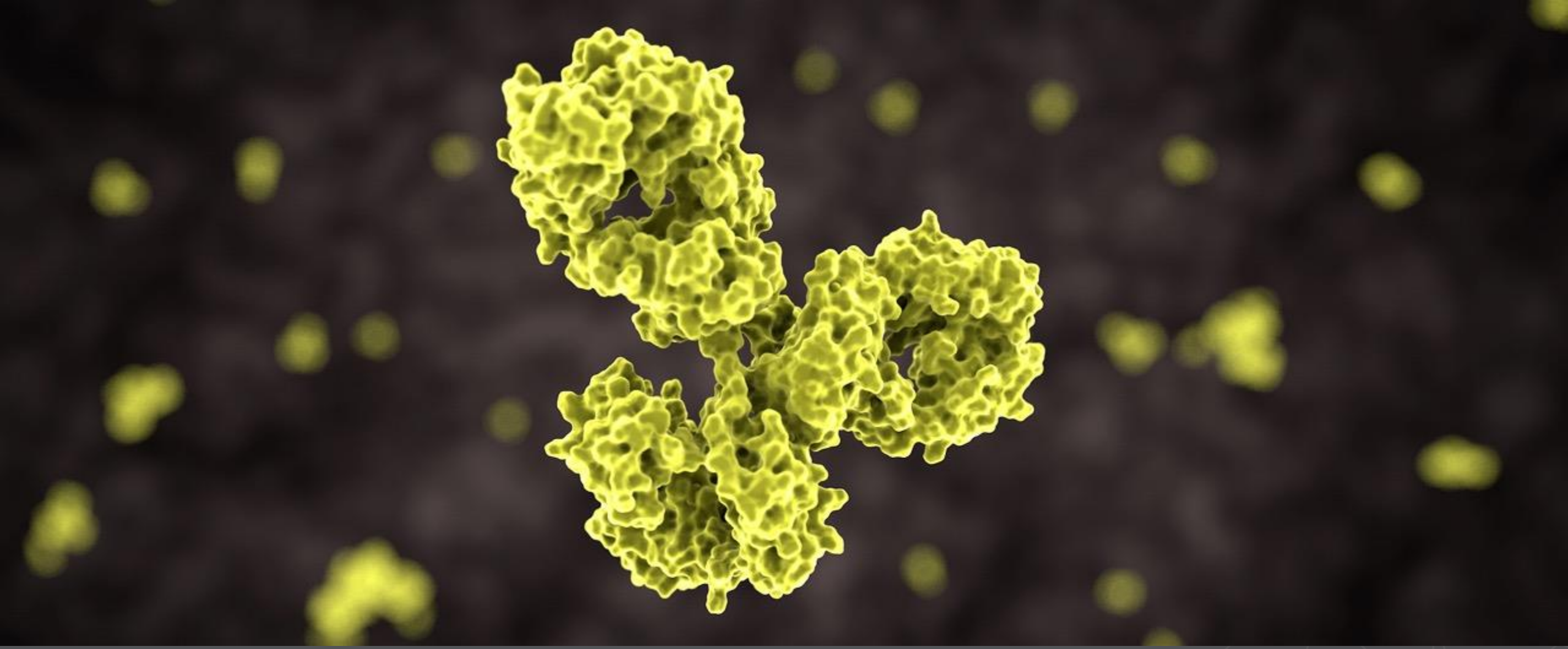
Program	Target	Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Partner
Lacutamab (IPH4102)	KIR3DL2	Sézary Syndrome			PHASE 2 (FDA FAST TRACK/EMA PRIME DESIGNATION)		–
		Mycosis Fungoides			PHASE 2		–
Monalizumab	NKG2A	Squamous Cell Carcinoma of the Head and Neck				PHASE 3	AstraZeneca
		Solid Tumors (including CRC and NSCLC)			PHASE 1/2		
Avdoralimab (IPH5401)	C5aR	Bullous pemphigoid			PHASE 2		-
		COVID-19			PHASE 2		-
IPH5201	CD39	Cancer (solid tumors)		PHASE 1			AstraZeneca
Preclinical portfolio	IPH5301 (CD73), IPH6101**(NKCE) IPH25*, IPH26* (siglec-9), IPH43* (MICA/B), IPH62* (NKCE), IPH64**(NKCE), IPH45, IPH65 (NKCE)		PC				* AstraZeneca ** SANOFI

"CRC" = Colorectal Cancer; "NSCLC" = Non-Small Cell Lung Cancer



Lacutamab Overview & Development Strategy

Joyson Karakunnel, MD, CMO

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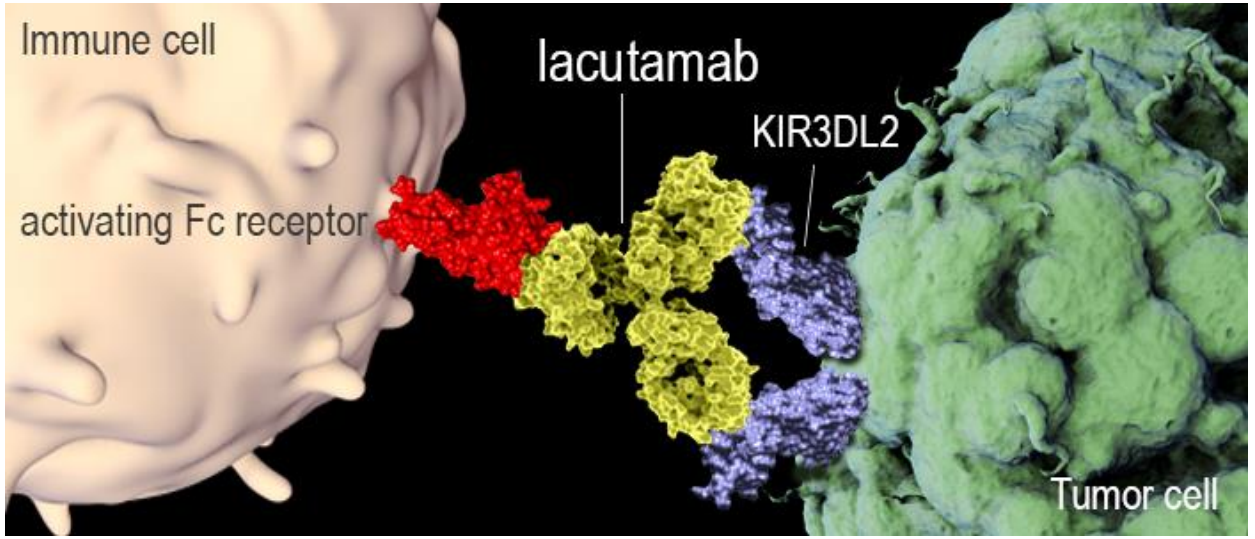
Lacutamab: Lead Proprietary Asset

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

- Lacutamab under development for the treatment of various forms of T-cell lymphomas (TCL)
- Compelling Phase 1 data in Sézary syndrome (SS), published in *Lancet Oncology*
- EMA PRIME and FDA Fast Track designations for SS patients who have received at least two prior systemic therapies
- Orphan drug designation in the EU and US for the treatment of cutaneous TCL (CTCL)
- Development strategy:
  - Fast to market strategy in SS
  - Expansion in other forms of T-cell lymphomas: mycosis fungoides (MF) and peripheral T-cell lymphoma (PTCL)

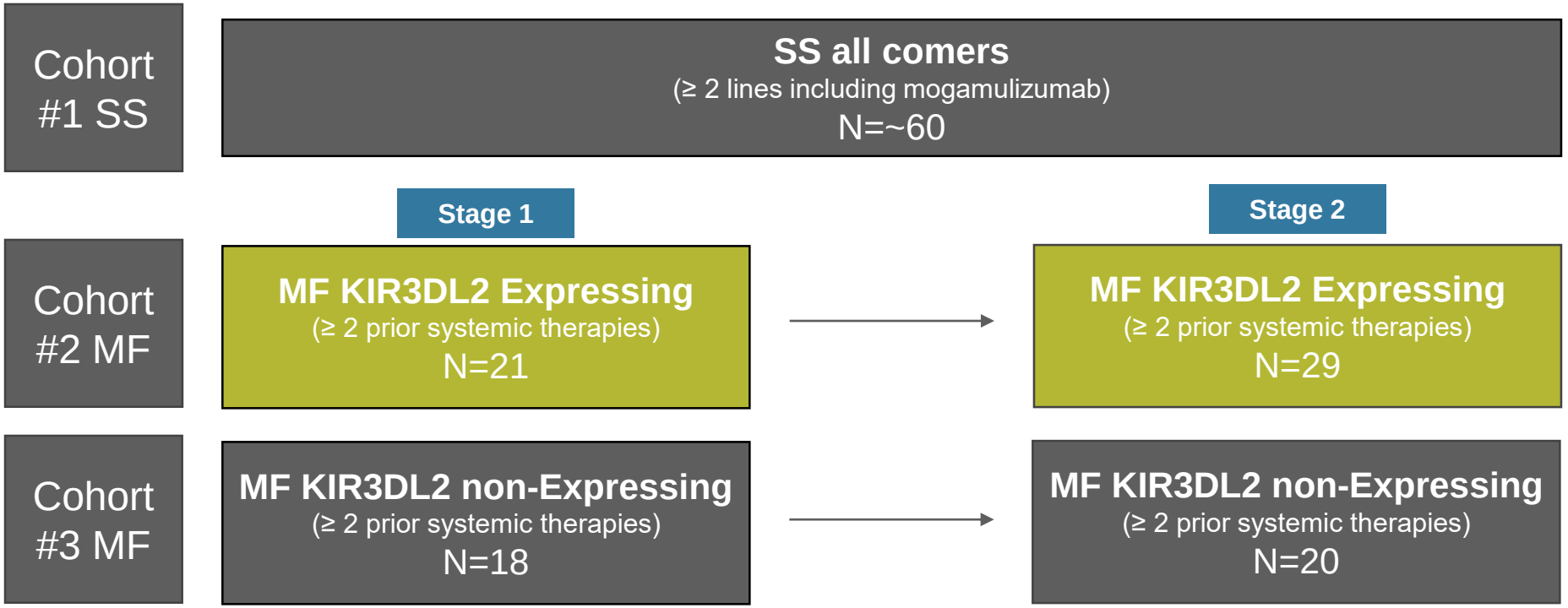


Development Informed by Target Expression

KIR3DL2 EXPRESSION	INCIDENCE *Major markets (US, EU5, Japan), 2025*
SEZARY SYNDROME • >90% of patients express target* • All tissues involved (skin, blood and lymph nodes)	~80–200 patients[1]
MYCOSIS FUNGOIDES • ~50% of patients express target*	2,200–4,000 patients[1]
PERIPHERAL T-CELL LYMPHOMA • KIR3DL2 is expressed in multiple PTCL subtypes • ~50% of patients express target*	~18,000 patients[2]

SS: Roelens, M. et al. (2019); MF: Battistella, Blood 2017; PTCL: M. Cheminant et al, ICML-15 2019
*Target expression is defined by % of KIR3DL2-expressing tumor cells > 1%
1. SS and MF: SEER Incidence Rates and Annual Percent Change by Age at Diagnosis — All Races, Both Sexes, 2008-2017; SEER Cancer Statistics Review 1975-2017; -- Dobos, G. et al. (2020)
2. PTCL: Delve Insights MR Report

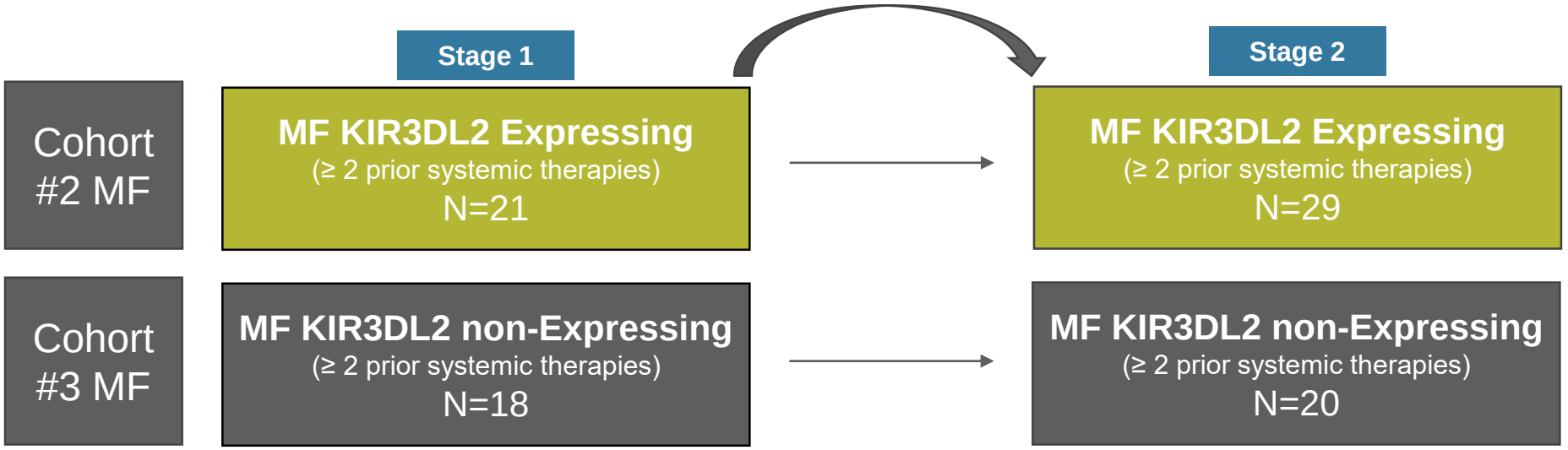
Phase 2 TELLOMAK Study Evaluating Lacutamab Across Subtypes of CTCL



STUDY ENDPOINTS

- Primary endpoint: objective response rate
- Key secondary endpoints: progression-free survival, duration of response, quality of life and adverse events

Early Signals in KIR3DL2-Expressing MF Support Advancing Cohort 2 into Stage 2 of TELLOMAK



Cohort 2 moves to stage 2 after predetermined number of responses was reached

Data-Driven Strategy in PTCL

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NOW

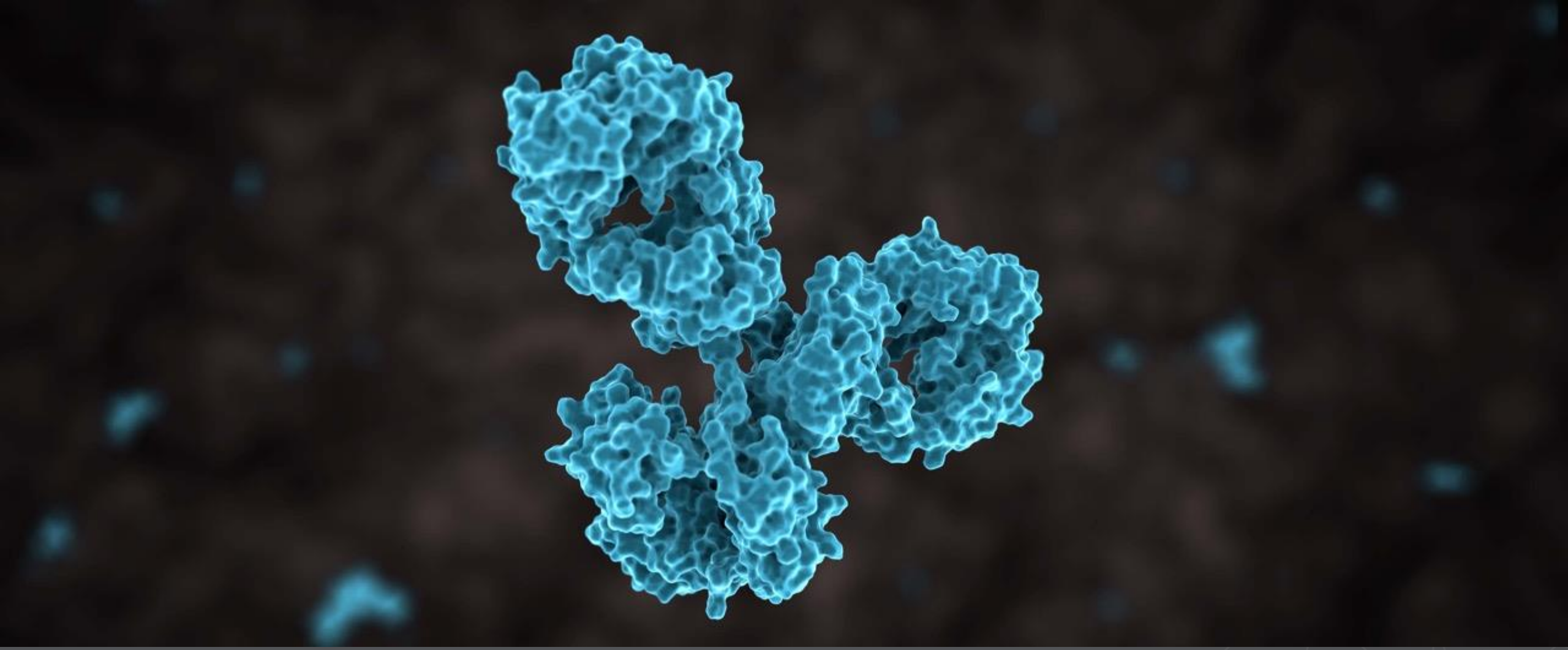
RELAPSE SETTING
Highest unmet medical need; two-pronged approach:

- Single agent activity (monotherapy)
- Combination studies with: 1) GemOx and 2) other SOC

NEXT STEPS

FRONTLINE
Driven by data in relapse setting to advance into earlier lines

- Combination with CHOP



Pierluigi Porcu, MD

Professor of Medical Oncology, Dermatology and Cutaneous Biology

Director, Division of Hematologic Malignancies and Hematopoietic Stem Cell Transplantation at Thomas Jefferson University, US

Principal Investigator of Innate's Phase 2 TELLOMAK clinical trial

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T-cell Lymphomas
Epidemiology, disease spectrum, and clinical unmet need

Pierluigi Porcu, MD

Estimated New Cases (%) of Leukemia, Lymphoma, and Myeloma in the US, 2019

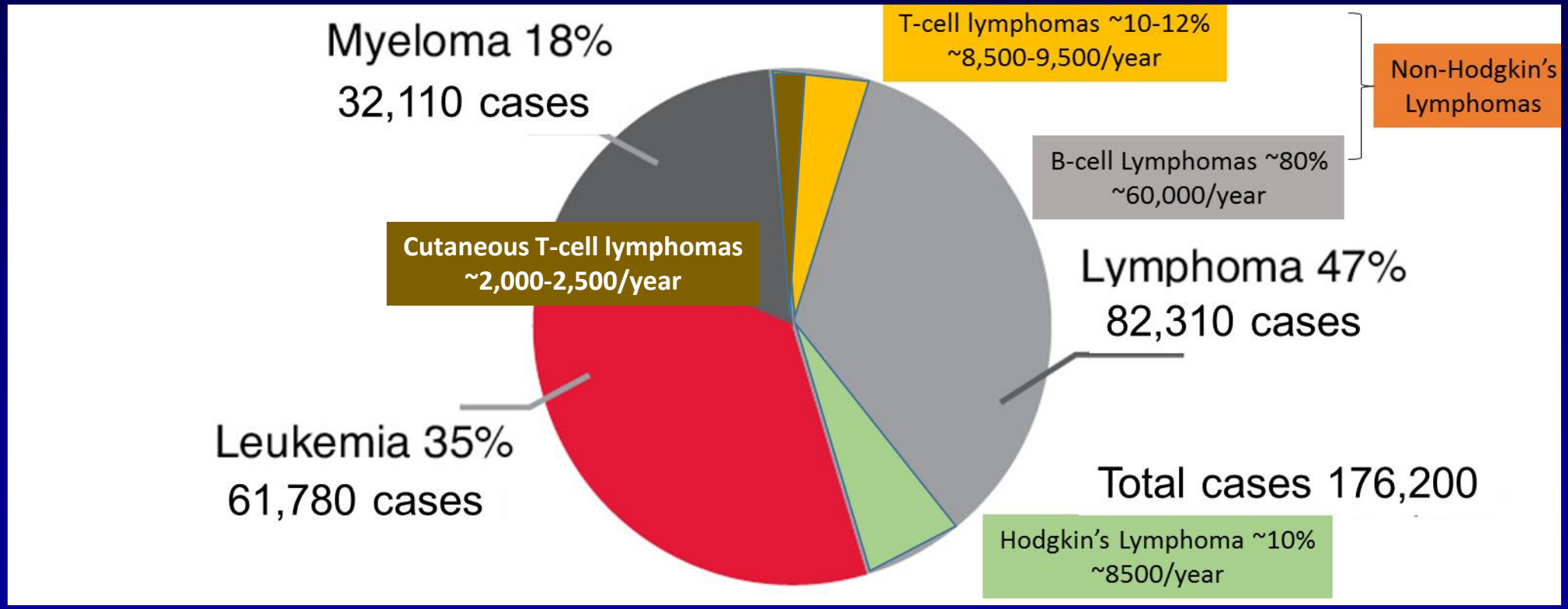
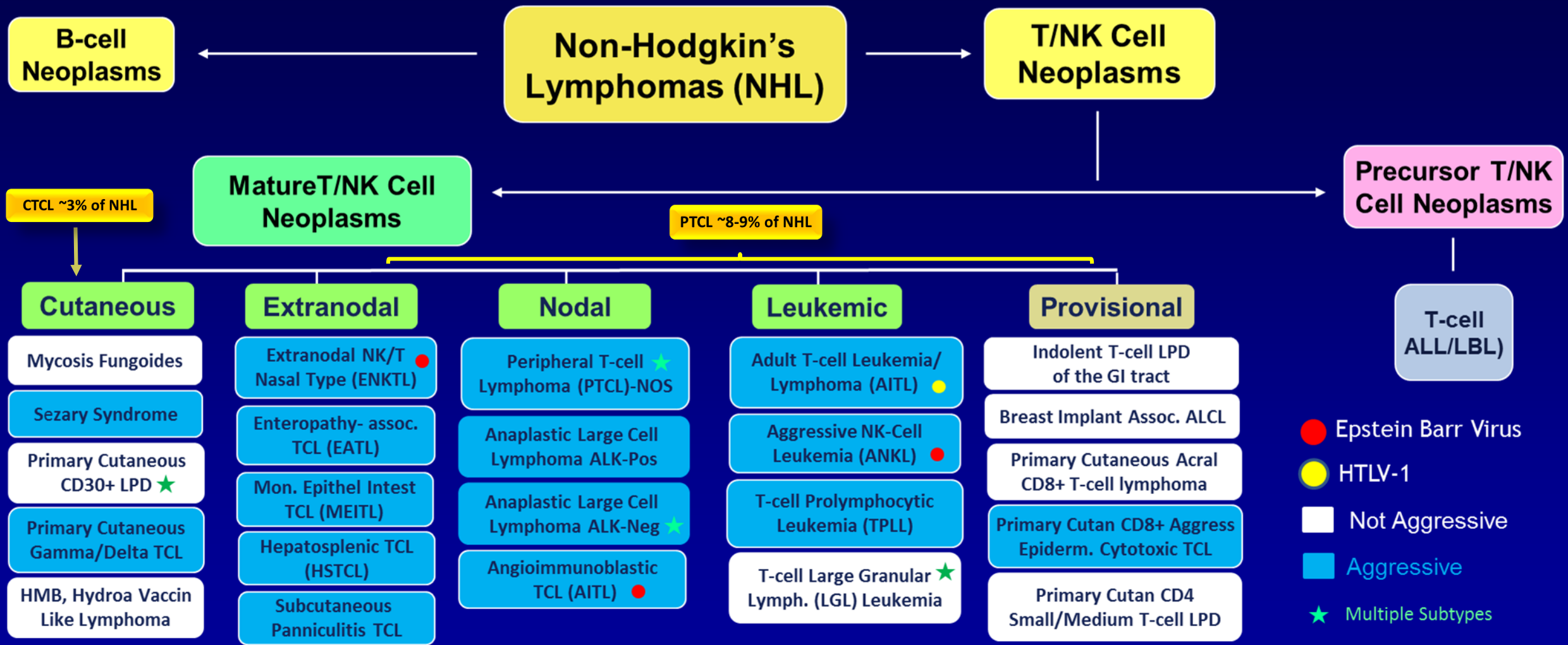


Figure 1 Source: Cancer Facts & Figures, 2019. American Cancer Society; 2019

WHO 2016 Classification of T-Cell Neoplasms



Pierluigi Porcu, MD

Cutaneous T-cell Lymphomas

Pierluigi Porcu, MD

CTCL Incidence Varies by Subtype, Subtypes Difficult to Diagnose

- CTCLs are heterogenous hematologic neoplasms of skin-homing, mature T cells
- Initially skin-limited, they can involve visceral organs, lymph nodes, and blood[1,2]
- Annual incidence rate of CTCL ~0.5 per 100,000 people[3] (~3,000/year); Estimated prevalence ~25-30,000 cases/year[4]
- Median age at diagnosis: 55-60 years
- Average time from disease onset to diagnosis: 6 years [3]

Variable	Geo.	% SS	% MF	% Oth. CTCL
Subtype Split: Most likely [Range]	US[1]	1% [1%-2%]	56% [53%-59%]	43% [39%-46%]
	5EU[2]	4% [3%-6%]	62% [57%-68%]	34% [26%-40%]
	JP[3]	1.5% [1%-2%]	63% [45%-65%]	35.5% [33%-54%]

1 Meta-analysis ranges specific to region is used; -- Dobos, G. et al. (2020) [Meta-analysis with regional estimates]; Bradford, P. T. et al. (2009) [similar proportions, 1.2% SS; 53.75% MF]

2 Meta-analysis ranges specific to region is used -- Dobos, G. et al. (2020)

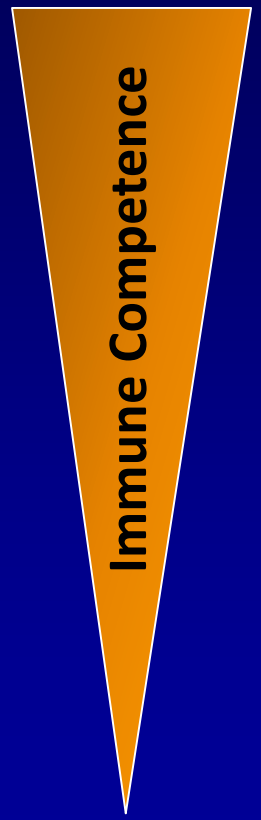
3 Based on Meta-Analysis covering Asian Population [2,187 CTCL Patients] and most recent Japanese Study -- Dobos, G. et al. (2020); K. Fujii et al. (2020) [Data for 2012-2017, N=2090 CTCL, CBCL]; Hamada, T., et al. (2014)

CTCL Subtype (WHO-EORTC Classification 2018)[2]	5-Year Survival
Mycosis fungoides (MF)	88%
Mycosis fungoides variants Folliculotropic MF Pagetoid reticulosis Granulomatous slack skin	 75% 100% 100%
Sézary syndrome (SS)	36%
Primary cutaneous CD30+ LPDs C-ALCL LyP	 95% 99%
Subcutaneous panniculitis-like TCL	87%
Primary cutaneous g/d T-cell lymphoma	11%
Primary cutaneous PTCL, NOS	15%

[a] ***OTHER*** is groups with <1% each, and include additional MF variants; ATL; extranodal NKTCL, nasal type; primary cutaneous g/d TCL, CD8+ AECTCL (provisional), and others. AECTCL, aggressive epidermotropic CTCL; cALCL, cutaneous ALCL; EORTC, European Organization for Research and Treatment of Cancer; LPD, lymphoproliferative disease; LyP, lymphomatoid papulosis; [4]Data from: Cutaneous Lymphoma Foundation

Mycosis Fungoides: A low grade CD4+ T-cell lymphoma

Normal or
Near normal



Impaired

1. A state of <u>dynamic but stable</u> equilibrium

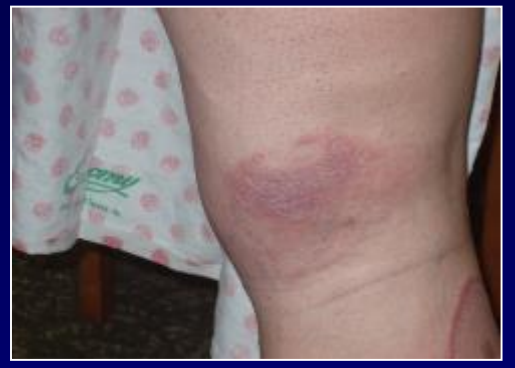
- Evolving (pre)malignant T-cell clone(s)
- Near normal immune system

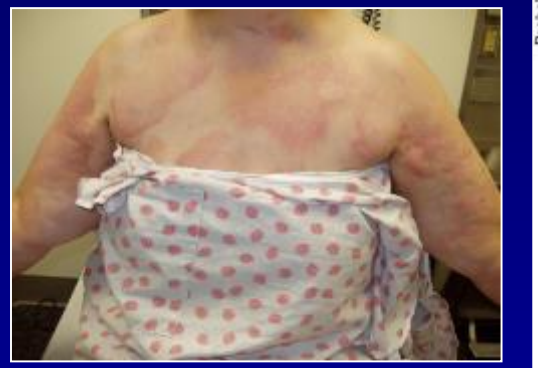
2. A state of <u>dynamic and unstable</u> equilibrium

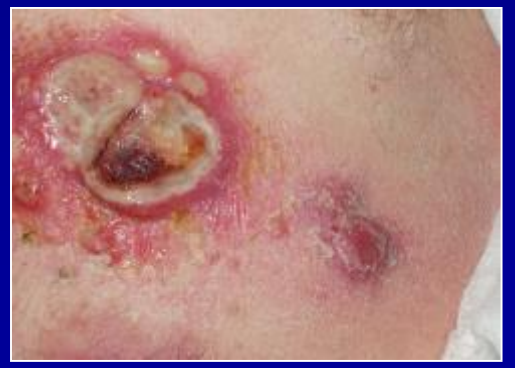
- Evolving malignant T-cell clone
- Defective immune system

3. A population of <u>highly mutated</u> malignant T-cells with

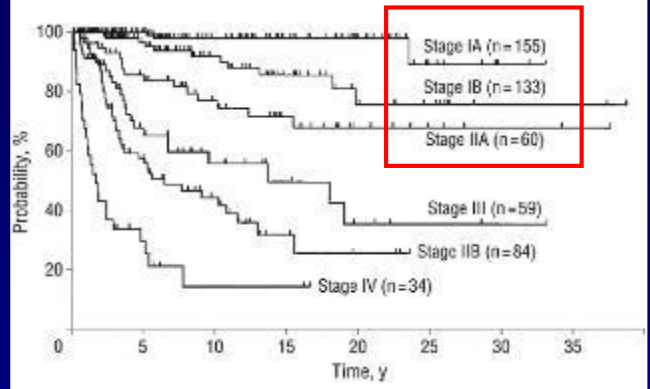
- Vertical, nodular growth
- Aberrant trafficking
- Defective apoptosis
- Progression and death



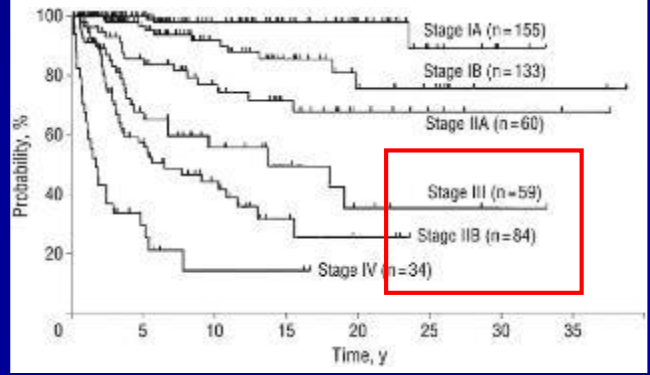




Disease specific survival for
early stage (IA, IB, IIA) MF



Disease specific survival for
advanced stage (IIB, III, IV) MF

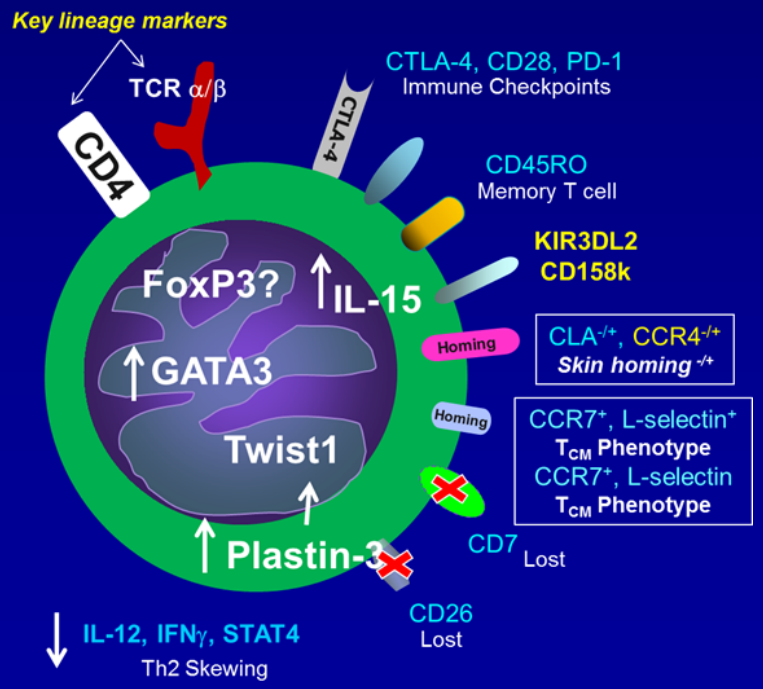


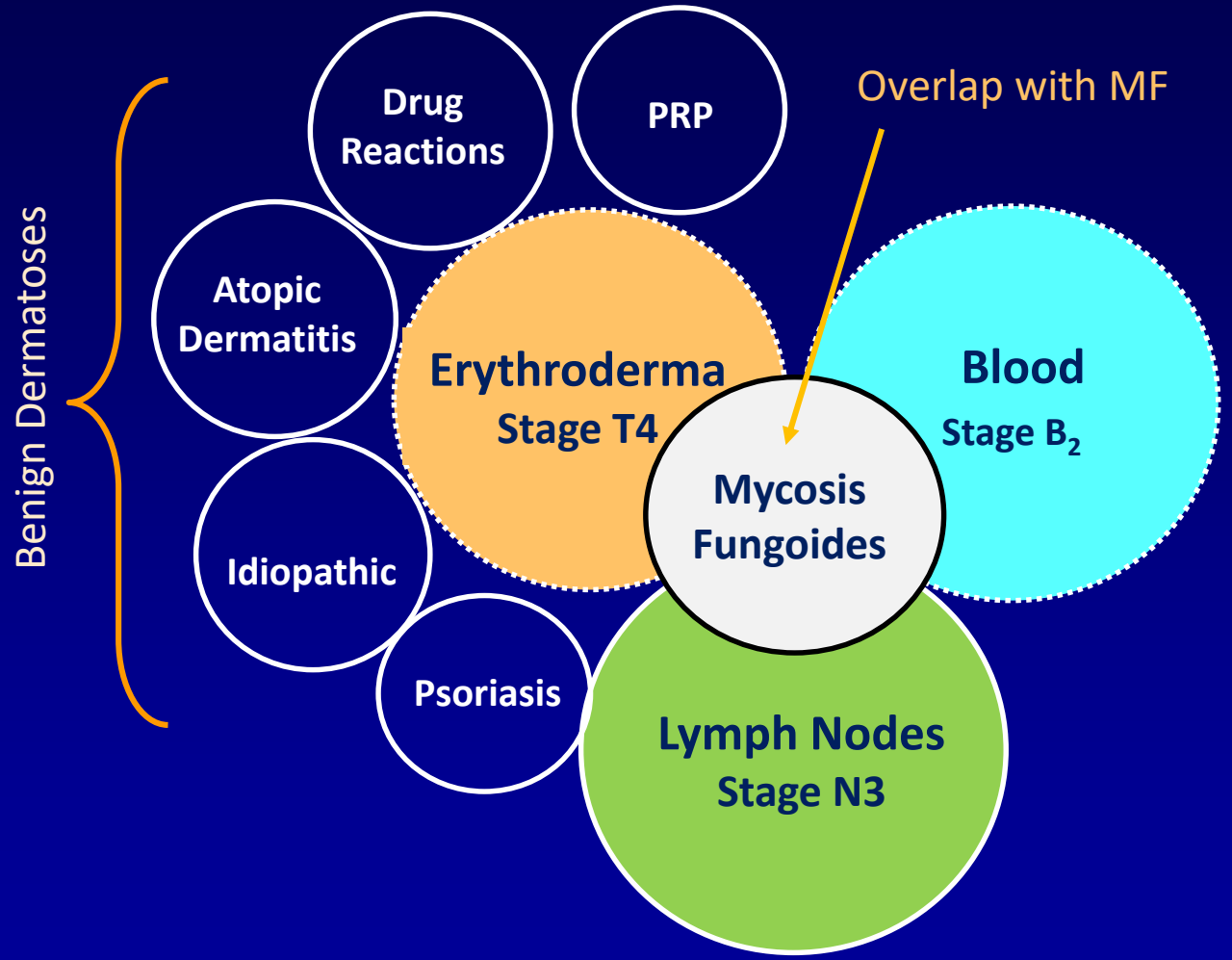
What is Sezary *Syndrome*?

Three clinical elements to determine response in SS

1. Erythroderma (*Skin*)
2. Circulating Tumor Cells (*Blood*)
3. Lymphadenopathy (*Lymph Nodes*)

Sezary Cell Biomarkers

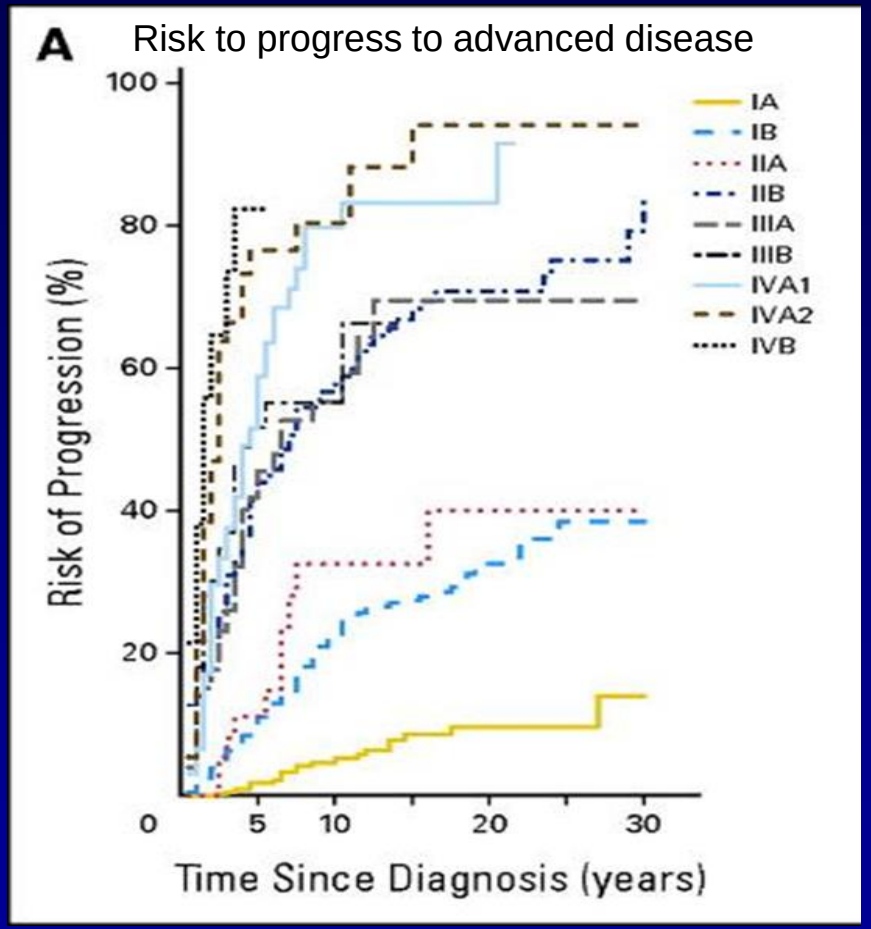




Pierluigi Porcu, MD

Management of CTCL and Risk for Progression

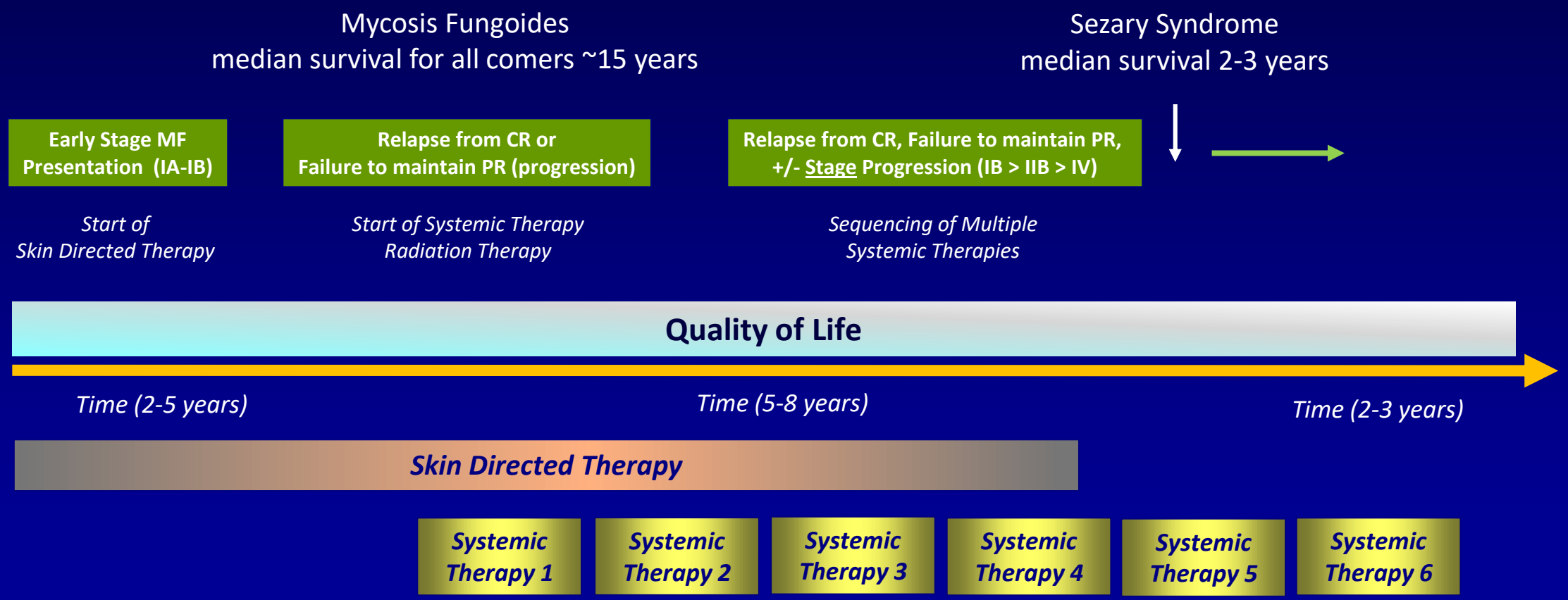
- MF is immunologically responsive
- Multiple therapies necessary over disease course
- Although FDA has approved multiple therapies, there is a high unmet need because most patients progress
- Stable Disease is a meaningful endpoint because provides relief of pruritus and skin symptoms
- 2/3 of the patients are at early stage while 1/3 are at an advanced stage of disease
- All patients will eventually need systemic therapies
- Median survival in advanced stages ranges from 1.5-3.5 years



Kim et al. Arch Dermatol. 2003;139:857
Agar et al. JCO 2010;28:4730-4739
Quaglino et al. *Cancer 2012*
Kim Y et al, Arch Dermatol 1999

Pierluigi Porcu, MD

Natural Course of MF – Indolent but progressive, lifelong poor QoL, multiple sequential therapies, not curable



Pierluigi Porcu, MD

Six Systemic Agents are Approved for CTCL Treatment

Therapy	MOA	Approval	Indication	ORR% (year)
Bexarotene (Targretin®) [1, 2]	Retinoid X agonist	FDA/EMA	Cutaneous lesions in patients with CTCL refractory to ≥ 1 prior systemic therapy	32% (2001) 15.8% (2017)
Vorinostat (Zolinza®) [3, 4]	HDAC Inhibitor	FDA	Persistent/recurrent CTCL with cutaneous manifestations on or after 2 prior systemic therapies	30% (2007) 5% (2018 - MAVORIC)
Ontak (Denileukin diftitox®) [5]	Anti-CD25 Cytotoxin	FDA/EMA	Resistant/recurrent CTCL with cells that express CD25	30% (2001)
Romidepsin (Istodax®) [6]	HDAC inhibitor	FDA	CTCL with ≥ 1 prior systemic therapy	34% (2010)
Brentuximab vedotin (Adcetris®) [2]	Anti-CD30 antibody-drug conjugate	FDA/EMA	CD30+ CTCL after prior systemic therapy	67% (2017)
Mogamulizumab (Poteligeo®) [4]	Anti-CCR4 monoclonal antibody	FDA.EMA	R/R MF/SS after ≥ 1 systemic therapy	28% (2018 - MAVORIC)

1. Duvic M et al; Arch Dermatol 2001, 2. Prince M et al; Lancet 2017, 3. Duvic M et al; Blood 2007, 4. Kim Y et al; Lancet Oncol 2018, 5. Olsen E et al; JCO 2001, 6. Whittaker S et al; JCO 2010,

Systemic Treatment Options in CTCL

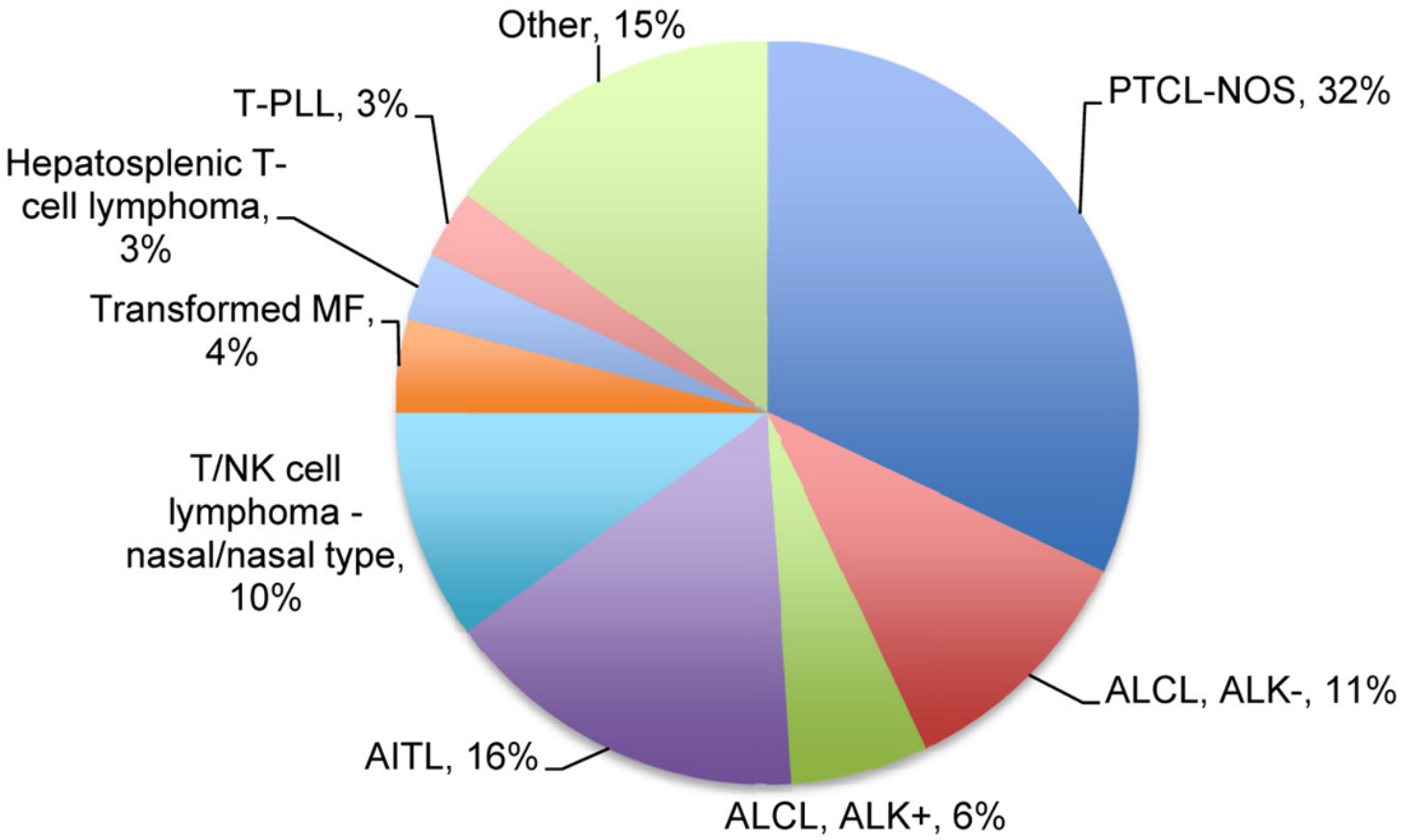
	Mycosis fungoides	Sézary syndrome
1st line	Bexarotene, bexarotene-based combinations	ECP, Bexarotene + interferon
2nd line	Brentuximab / Mogamulizumab	Mogamulizumab
3rd line	Romidepsin / vorinostat ^	
4th line	Interferon, methotrexate, gemcitabine, liposomal-doxorubicin	

^ only available in the US

Peripheral T-cell Lymphomas

Pierluigi Porcu, MD

COMPLETE Registry: Distribution of Diagnoses



A total of 499 patients were enrolled in the COMPLETE study from 40 academic centers and 15 community-based centers. Most (89%) of the patients were enrolled from academic centers. Excisional lymph node biopsy was performed most often (79% of patients), followed by core needle biopsy (14%) and fine needle aspiration (7%). Skin lesions were biopsied in 20% of the patients. The subtypes of reported PTCL or NK-cell lymphomas are shown. Consistent with other data,5, 6 the 3 most common histologic types were PTCL, not otherwise specified (NOS), anaplastic large cell lymphoma (ALCL), both ALK-positive (ALK+) and ALK-negative (ALK–), and angioimmunoblastic T-cell lymphoma (AITL).

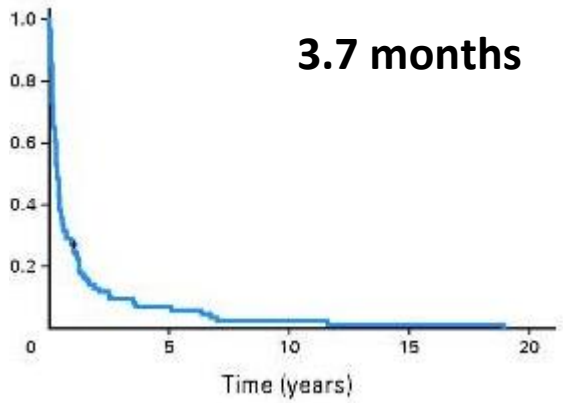
Hsi ED, Horwitz SM, Carson KR, et al. Analysis of Peripheral T-cell Lymphoma Diagnostic Workup in the United States. Clin Lymphoma Myeloma Leuk. 2017 Apr;17(4):193-200

Subtypes vary in geographic distribution and outcome

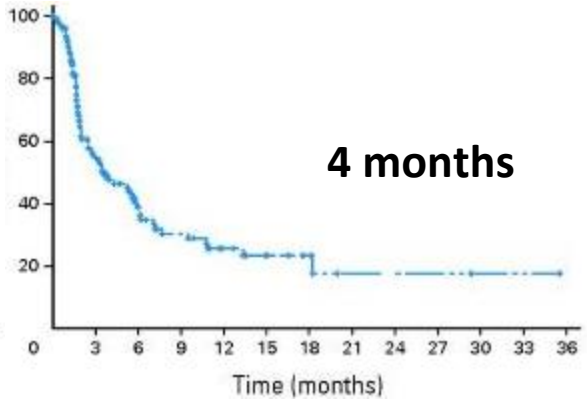
Pierluigi Porcu, MD

Progression Free Survival (PFS): Relapsed/Refractory PTCL

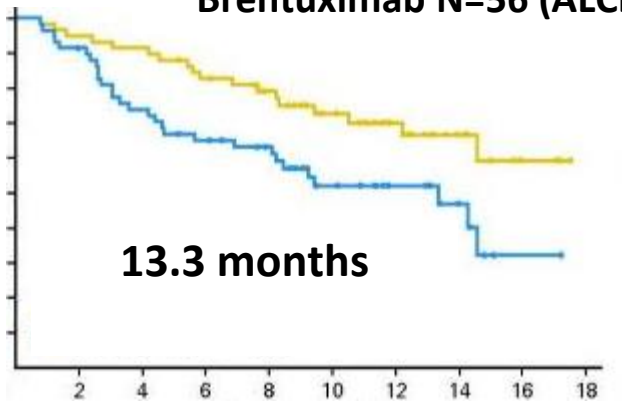
BCCA N=153



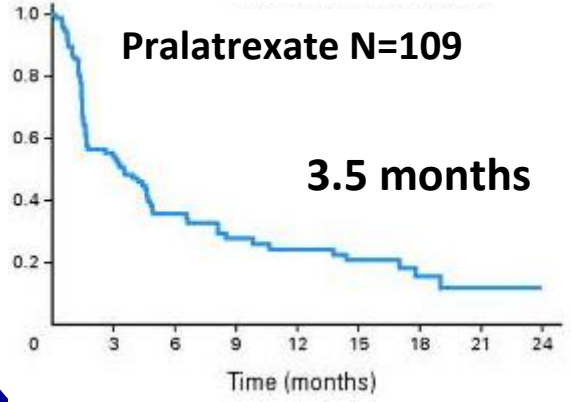
Romidepsin N=130



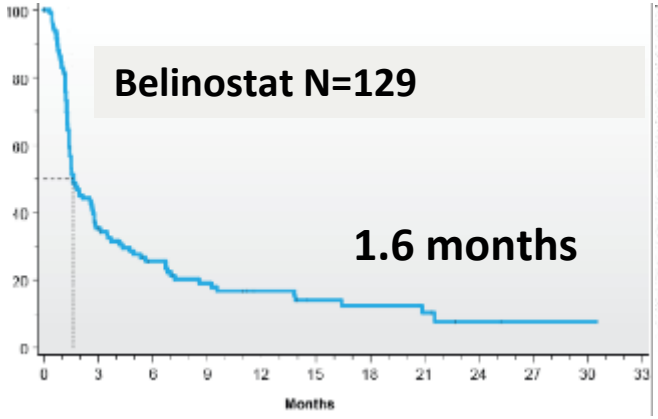
Brentuximab N=56 (ALCL)



Pralatrexate N=109

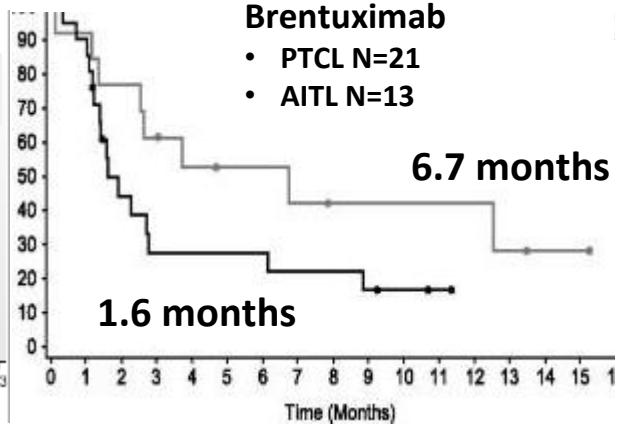


Belinostat N=129



Brentuximab

- **PTCL N=21**
- **AITL N=13**



BV now approved in front line setting for CD30+ PTCL (US) and CD30+ ALCL (EU), thus no longer an option in R/R disease

Mak V et al. JCO 2013;31:1970-1976; O' Connor OA, et al. *J Clin Oncol*. 2011;29:1182-1189; Coiffier B, et al. *J Clin Oncol*. 2012;30 :631-636; O'Connor OA et al ASCO 2013; Pro B, et al. J Clin Oncol. 2012;30:2190-2196; Horwitz S M et al. Blood 2014;123:3095-3100

PTCL: Current "SOC"

	1st line	2nd line	≥ 3rd line
CD30 expressing ~40% (mostly ALCL)	Brentuximab CHP	Combination chemotherapy (e.g. GemOx, DHAP) Romidepsin (FDA approved) Pralatrexate (FDA approved) Belinostat (FDA approved) Single agent chemo (Gemcitabine)	
CD30 non-expressing ~60%	CHOP-like chemo		

ORR	CD30+	~80%	~30-45%
	CD30-	~70%	~30-45%
PFS	CD30+	~48mo	~3-4mo
	CD30-	~20mo	~3-4mo

High unmet need

Pierluigi Porcu, MD

Relapsed/Refractory PTCL: Current Treatment Overview

- Frontline therapy for PTCLs produces good response rates, including complete response rates, but fails to induce durable remission in most patients
- With the exception of ALCL (Brentuximab vedotin), there is no consensus salvage therapy for patients with relapsed/refractory PTCL and limited evidence for selective efficacy in PTCL subtypes
- Current second line and beyond therapies have only modest activity with a low CR rate
- Despite a number of FDA-approved agents, prognosis remains poor

Pierluigi Porcu, MD

Targeting KIR3DL2 in TCL

Pierluigi Porcu, MD

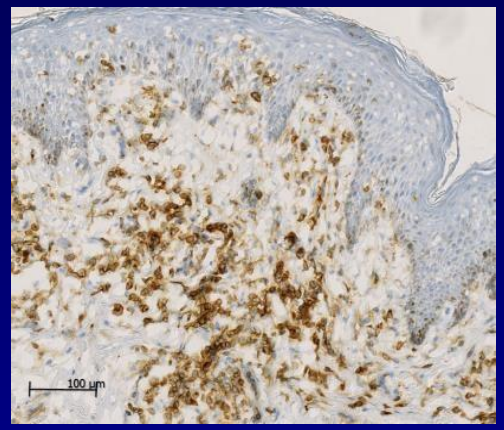
Role of KIR3DL2 in CTCL

- KIR3DL2 is a member of the highly polymorphic family of killer-cell immunoglobulin-like receptors.
- It is expressed on subsets of normal T and NK cells but widely expressed in most subtypes of T-cell lymphoma.
- It is proposed as a the most sensitive diagnostic and prognostic marker for Sezary Syndrome (Hurabielle C et al; Clin Cancer Res 2017). It is also proven useful of follow-up (Bouaziz JD et al; Br J Dermatol 2010)
- In patients with CTCL, high expression is associated with advanced stage, presence of extra-cutaneous involvement and shorter overall survival

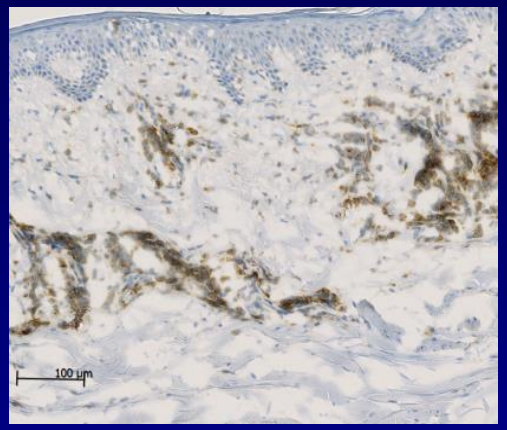
(Battistella M et al; Blood 2017)

KIR3DL2 expression in CTCL, according to WHO-EORTC subtype

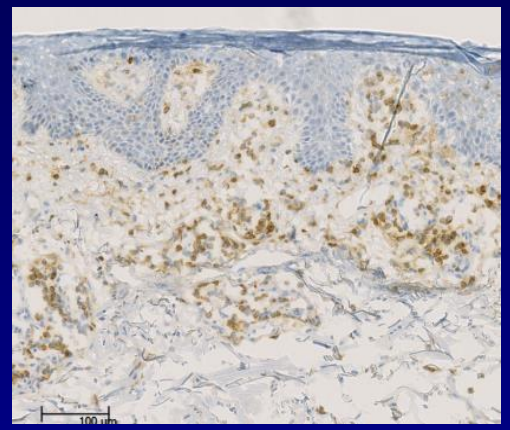
Sézary pt #1
86.5% KIR3DL2+ tumor cells



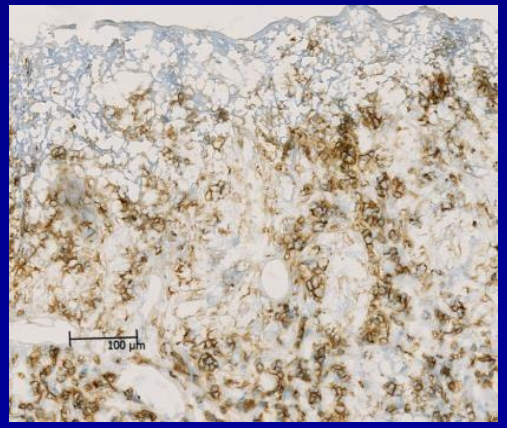
Sézary pt #2
75.5% KIR3DL2+ tumor cells



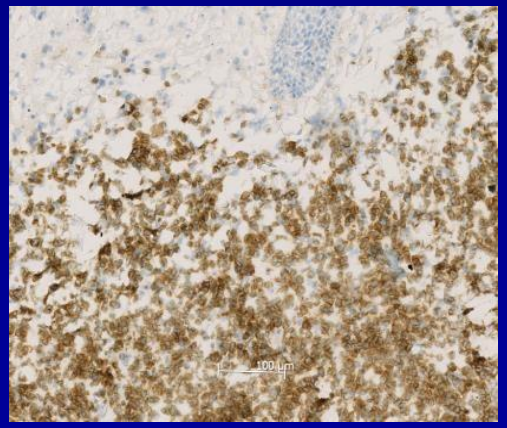
Sézary pt #3
77.5% KIR3DL2+ tumor cells



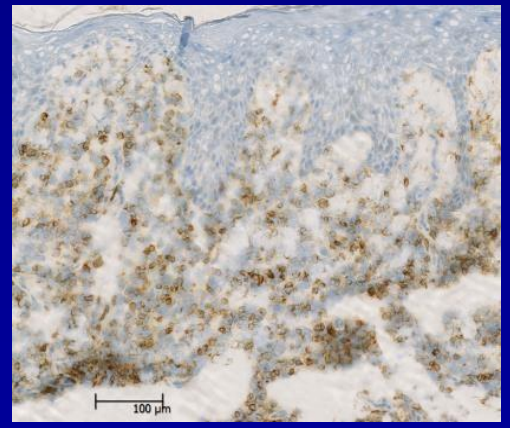
tMF pt #1
88% KIR3DL2+ tumor cells



tMF pt #2
96% KIR3DL2+ tumor cells

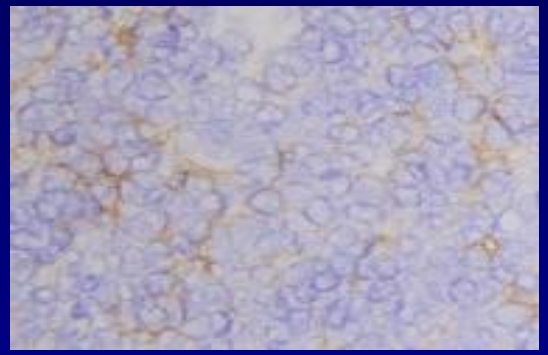


tMF pt #3
83% KIR3DL2+ tumor cells

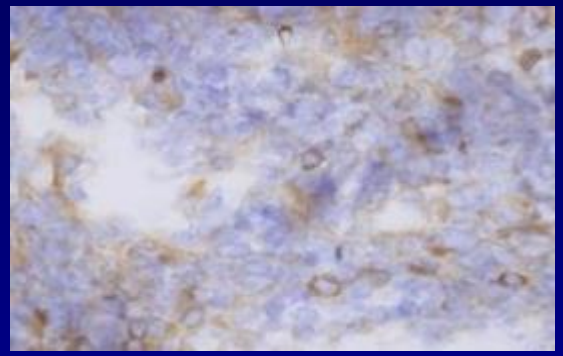


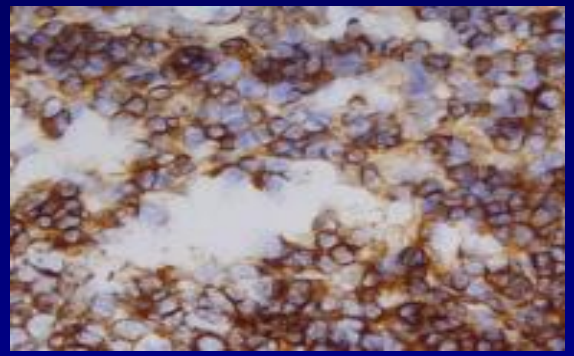
KIR3DL2 expression in PTCL (Innate Pharma proprietary IHC test)

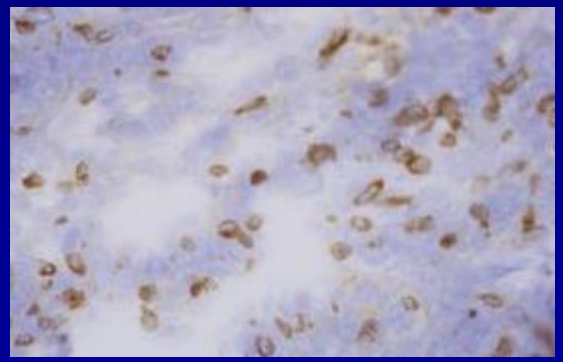
AITL (3/6)

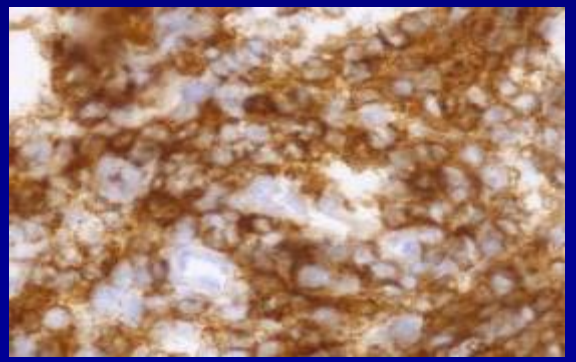


PTCL-NOS (7/11)

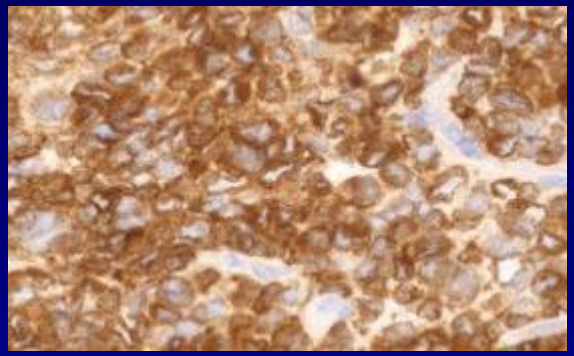


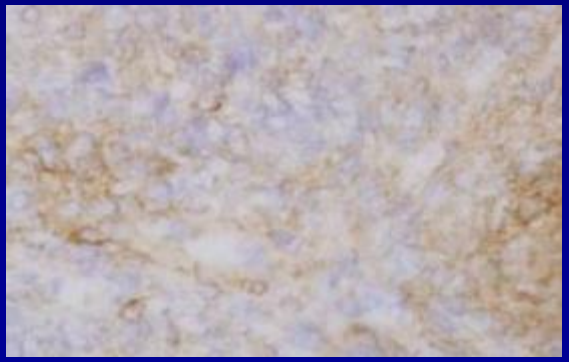






ALCL (6/8)





- AITL: Angio-Immunoblastic T-cell Lymphoma;
- PTCL: Peripheral T-Cell Lymphoma;
- ALCL: Anaplastic Large cell Lymphoma.

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M. Cheminant et al, ICML 2019

Lacutamab: Phase I data

Pierluigi Porcu, MD

Phase 1 Trial Design and Key Results in SS patients

FDA Fast Track Designation granted based on these results

Total 44 patients with CTCL ≥ 2 lines of therapy

- 25 (incl. 20 SS) in dose escalation (intra-patient dose escalation was allowed)
- 19 (incl. 15 SS) in cohort expansion

Recommended Phase 2 Dose: 750mg QW x 4 then Q2W x 10 then Q4W until progression

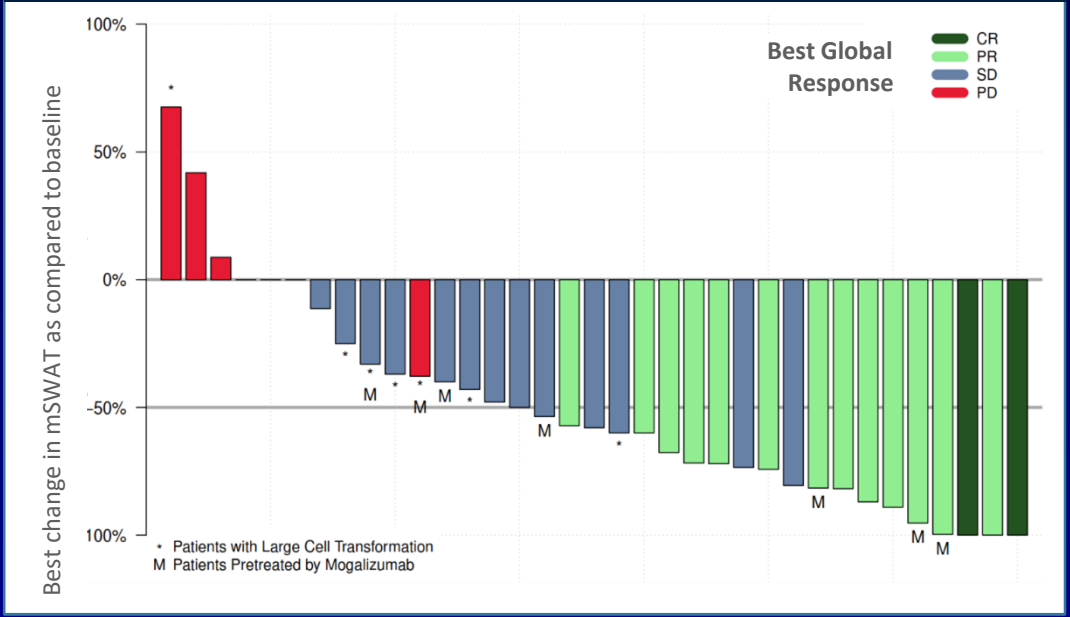
Safety:

- Maximum tolerated dose was not reached
- No DLT[1]s. Most common AE[2]: lymphopenia, fatigue (mostly grade 1–2)

Mavoric[3] Phase 3 efficacy results for SS ≥ 1 line (without LCT[4]):

- Mogamulizumab: ORR: 37% | TTNT[5]: 12.9 months
- Comparator: Vorinostat[6]: ORR: 2% | TTNT: 3.3 months

Sézary Syndrome Subgroup (n=35)



	All SS N=35	SS without LCT[2] N=28	Prior mogamulizumab N=7
Best global response	42.9%	53.6%	42.9%
DOR	13.8	13.8	13.8
PFS	11.7	12.8	16.8

[1]DLT = dose limiting toxicity
[2]AE = adverse event
[3] MAVORIC trial: Mogamulizumab vs. vorinostat in previously-treated CTCL. Source: Kim et al, Lancet Oncology 2018
[4]LCT = large cell transformation
[5] TTNT = Time-to-Next Significant Treatment
[6]Only drug approved in 2L+

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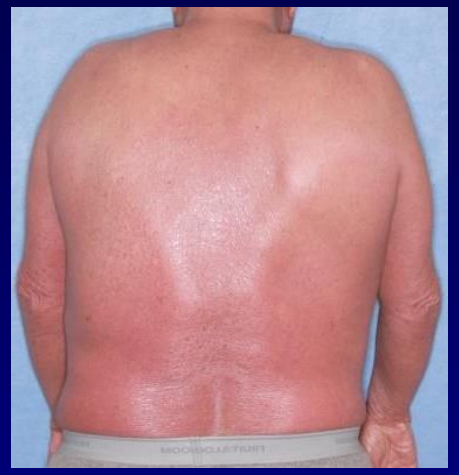
Representative PATIENT pictures: PATIENT 11-024

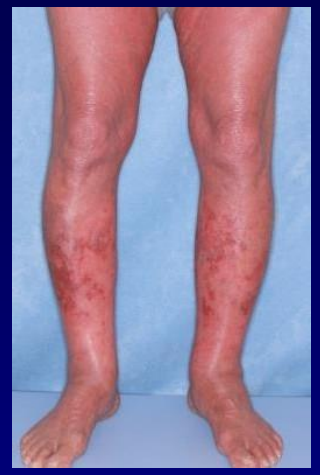
Patient 11-024:

- 75-year old male
- Sézary Syndrome diagnosed in AUG 2011
- 6 lines of previous therapies (incl. MTX, INFα, vorinostat then mogamulizumab, BEX, pembrolizumab)
- Started at 3 mg/kg on 16OCT16
- Global PR since W14 (3 mg/kg)

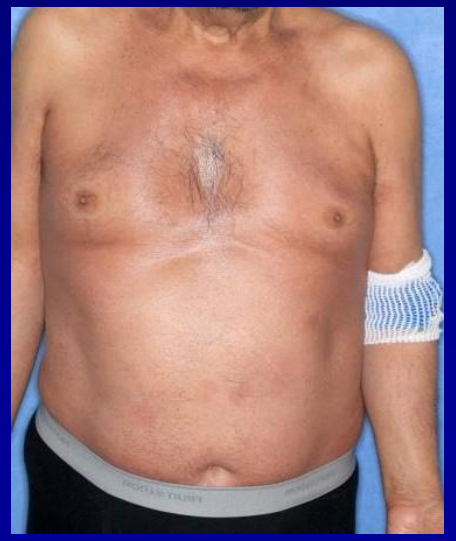
As of June 2017

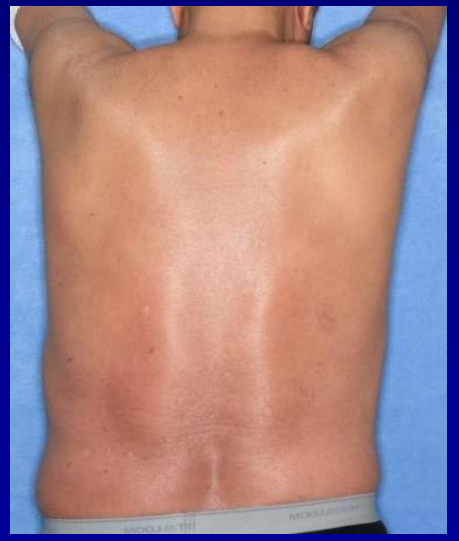
Screening

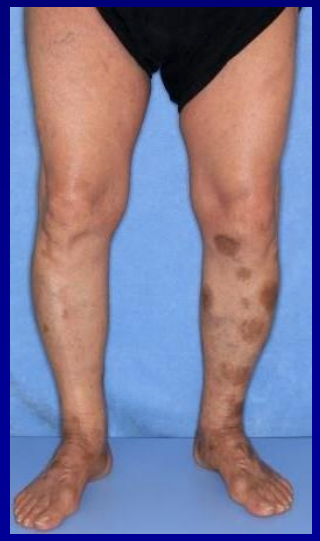




W28 Sustained PR







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Putting Lacutamab Phase 1 Data into Clinical Context

Recent results in MF/SS patients

	Mogamulizumab	Vorinostat
Patient population	Patients who received at least one prior systemic therapy	
Response rate	MF/SS: 28% MF: 21% SS: 37%	MF/SS: 5% MF: 7% Sézary: 2%
Median progression-free survival	MF/Sézary: 7.7 months	MF/Sézary: 3.1 months
Time to next treatment*	MF/SS: 11 months MF: 8.8 months SS: 12.9 months	MF/SS: 3.5 months MF: 4.1 months Sézary: 3.3 months
FDA label	Patients who received at least one prior systemic therapy	Patients who received at least two prior systemic therapies

Pierluigi Porcu, MD

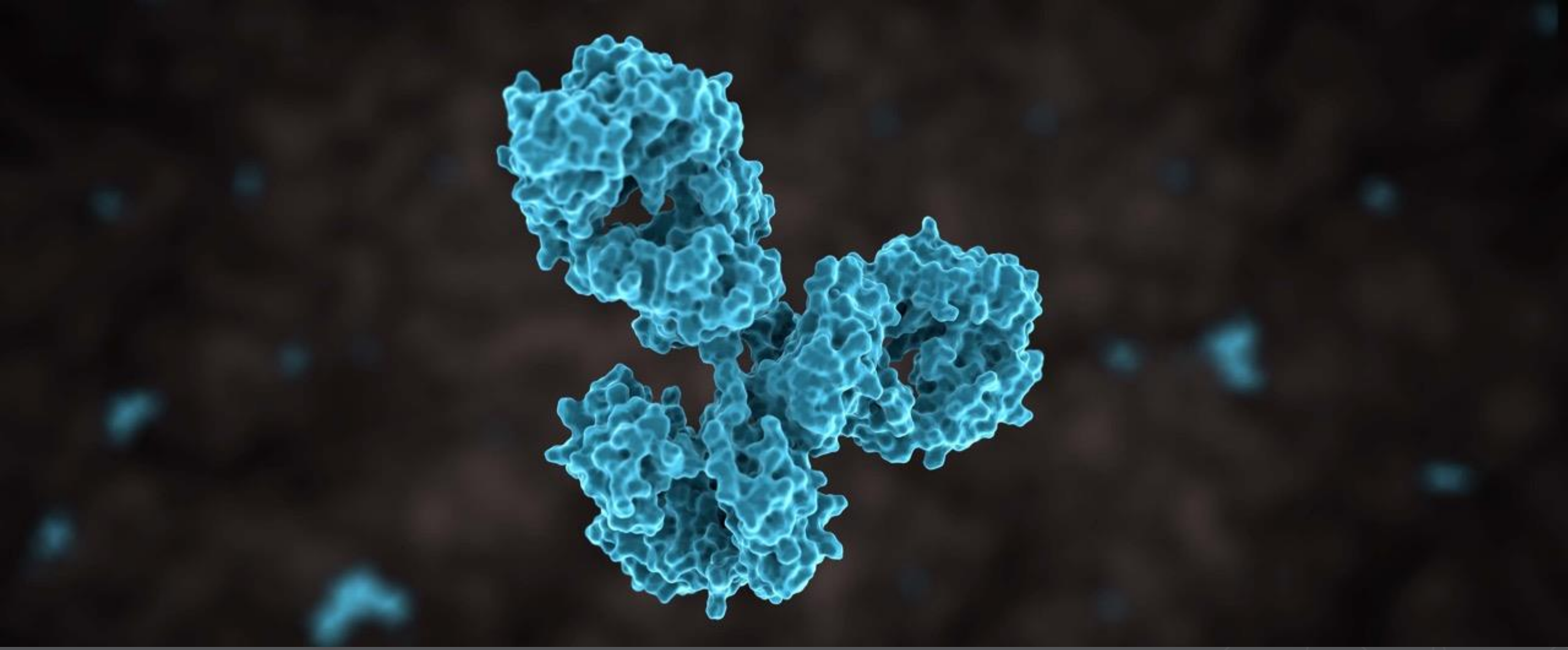
Pro et al, Proc Am Soc Clin Oncol 2019; ^ Kim Y et al, Lancet Oncol 2018

Main Conclusions

- SS represents an area of highest unmet medical need within CTCL
  - Lacutamab has promising activity with 43% Global Response highly meaningful. If data confirmed in TELLOMAK > important paradigm shift in SS patients with ≥2 prior systemic therapies

- MF most common CTCL subtype; patients often suffer poor QoL secondary to skin infiltration by tumor cells.
  - Activation of stage 2 of TELLOMAK cohort 2 (KIR3DL2 expressing) shows proof of concept preliminary activity with Lacutamab in these patients. More mature data needed to measure actual magnitude of benefit

- Limited advances have been observed in the field of PTCL with exception of CD30 targeting, mostly in ALCL.
  - There is a high need for novel agents that can improve outcomes, particularly in R/R setting
  - Available scientific rationale supports the investigation of Lacutamab in PTCL, as monotherapy and in combination.



Olivier Hermine, MD, PhD

Professor of Hematology at the University of Paris Descartes

Director, Division of Adult Hematology at Hôpital Universitaire Necker Enfants Malades

Head of Lab. Cell. and mol. mechanisms of hematological disorders and therapeutic implications, INSERM U1163/Imagine Institute

Member of the Académie des Sciences & Principal Investigator of the LYSA Phase 2 KILT, France

innate pharma

Introducing
LYSA & LYSARC

TOMORROW, BETTER TREATMENT FOR LYMPHOMA PATIENTS

Our Network

- Cooperative network of +500 lymphoma specialists
- 120+ centers
- 4 countries: France, Belgium, Portugal, Israel
- Numerous international collaborations
- Strong track record for oncology breakthroughs

+ Instituto Português de Oncologia of Lisbon
+ Sheba Medical Center of Tel Aviv

Our Missions

Gather lymphoma specialists

→ organized network of professionnals and opinion leaders

Disseminate knowledge on lymphoma

→ scientific journals, international congresses, towards patients

Design research programs and clinical trial protocols

→ at all stages of the disease
→ from phase 1 to 4, long-term follow-up
→ clinical, biological, anatomo-pathological and epidemiological studies

130+
Research Projects

Our Databases and Collections

30,000+ studied patients

LYSA-P

LYSA-IM

LYSA-BIO

Clinical Trial

Proof of concept for new projects

Data

clinical

biological

imaging

anatomo-pathological

\+

Biological Material

PROPRIETARY DATABASE 23,000+ PATIENTS

Bioinformatics Biostatistics

Ancillary Studies

imaging
biology
genomics
…

Publications

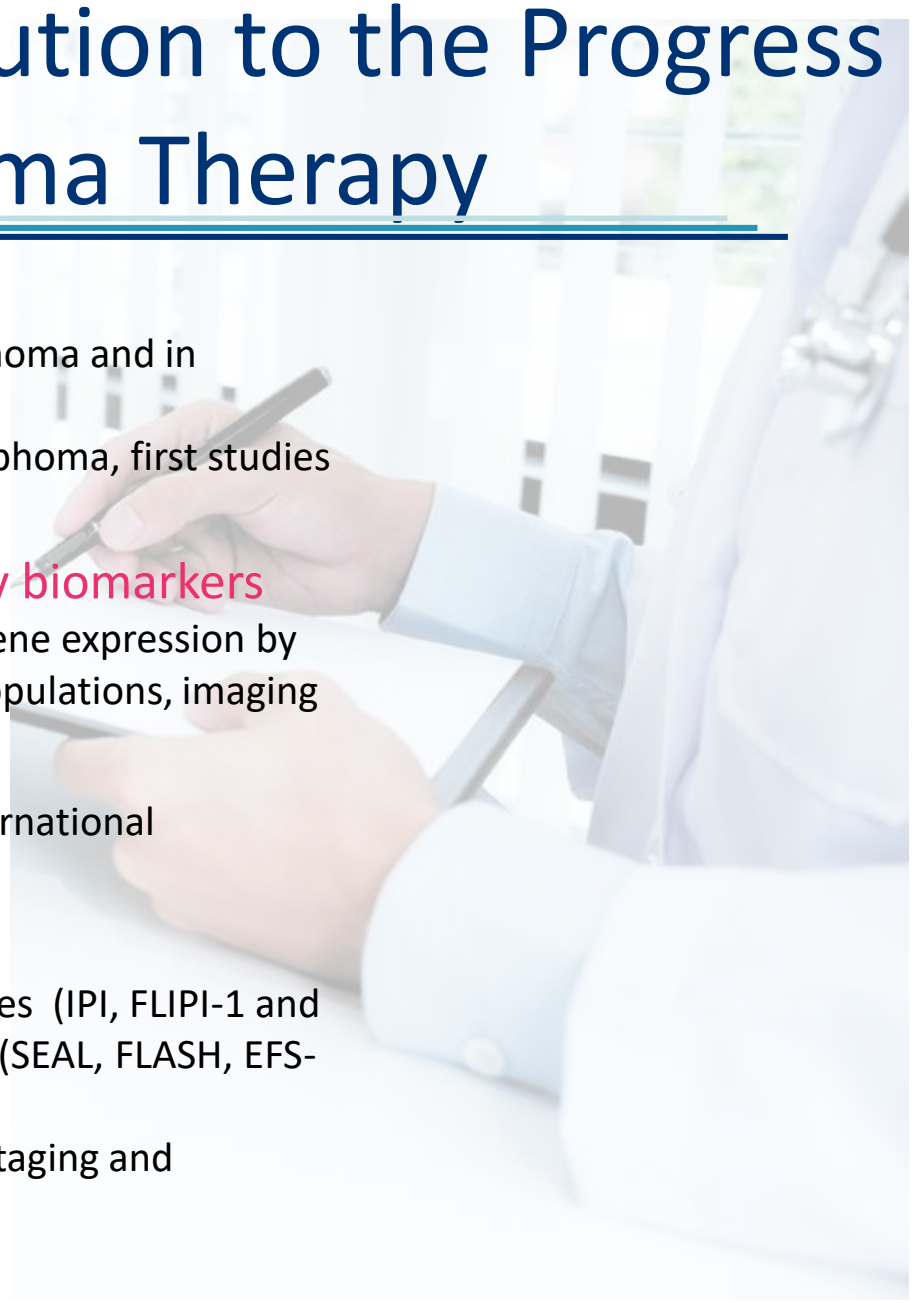
Collaborations

Academic
& Industrial

Collections

- biological
- imaging
- tumoral

A Visible Contribution to the Progress of Adult Lymphoma Therapy



- Landmark phase II & III trials
  - benefit of rituximab in diffuse large cell lymphoma and in follicular lymphoma (former GELA group)
  - role of adjuvant radiotherapy in localized lymphoma, first studies with PET-CT adapted therapy
- Identification and characterization of key biomarkers
  - host genomics, plasma derived biomarkers, gene expression by RT-MLPA , immunomonitoring of blood subpopulations, imaging
- High scientific production
  - +250 publications, presentations at main international congresses, scientific meeting organization
- Contributions at the international level
  - standards of lymphoma care, prognostic indices (IPI, FLIPI-1 and -2, ...), response criteria, surrogate endpoints (SEAL, FLASH, EFS-24),
  - standardization of PET-CT use in lymphoma staging and response assessment
  - WHO lymphoma classification updates

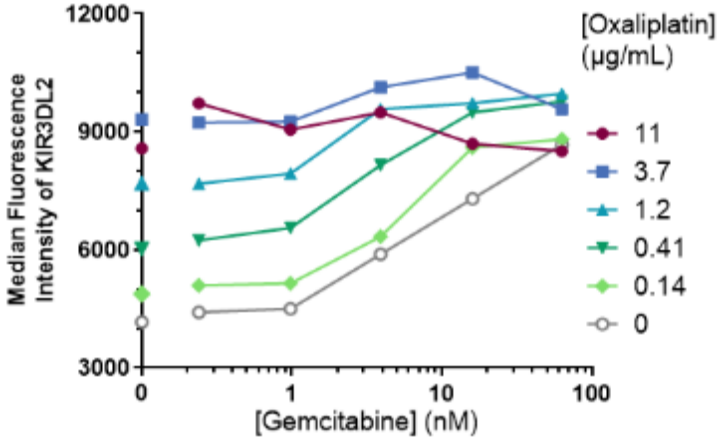
LYSARC

The Lymphoma Academic Research Organisation

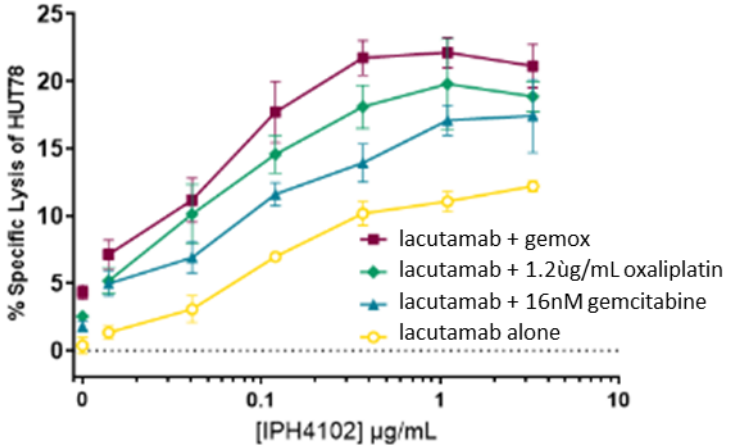
Rational for combining lacutamab with GEMOX

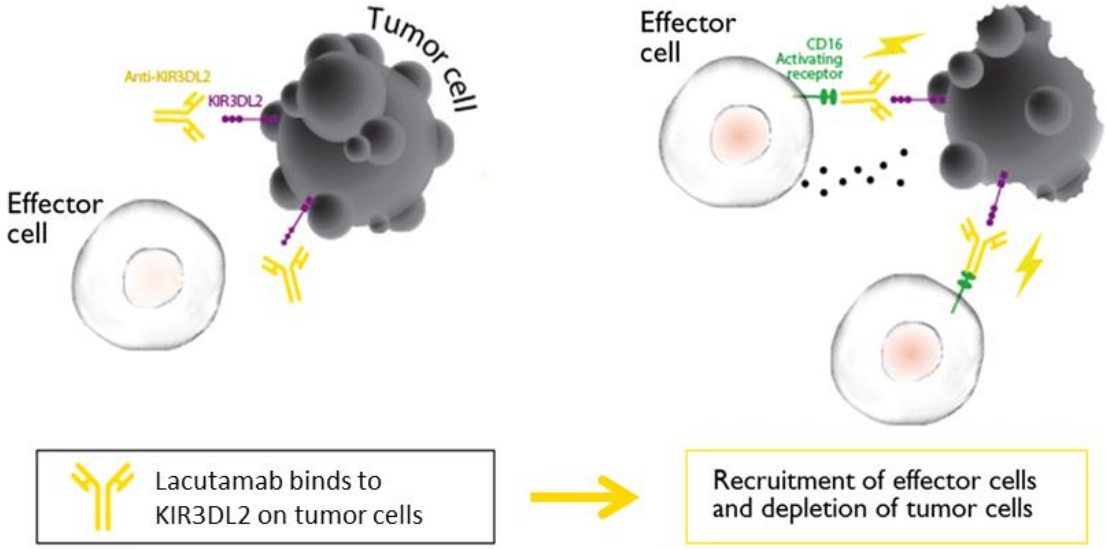
Combination of Lacutamab with Gemox has synergistic anti-tumor activity *in-vitro*

Increased surface KIR3DL2 expression by GEMOX



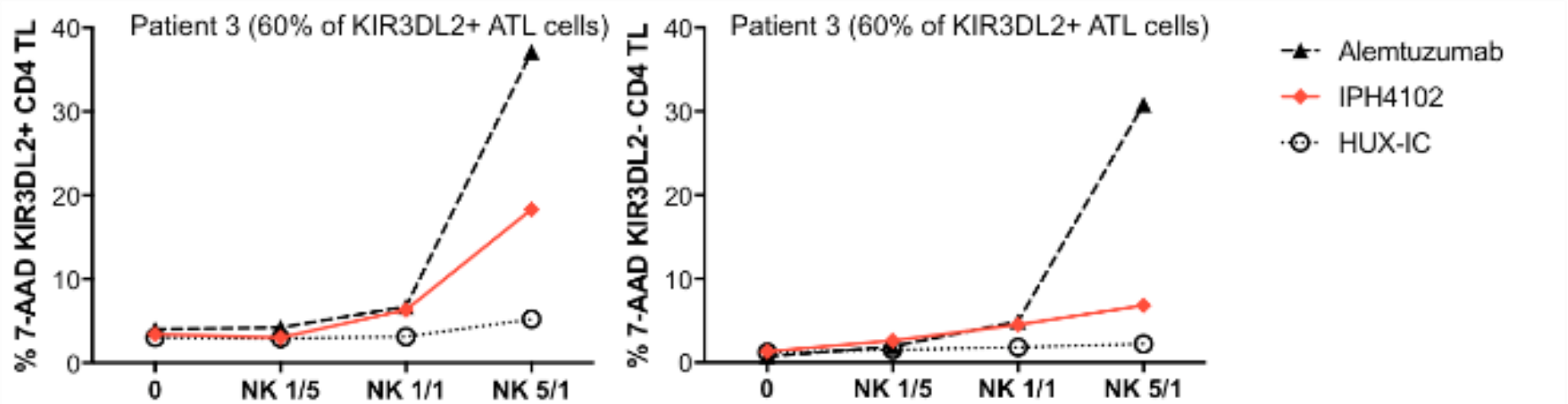
Enhanced ADCC of IPH4102 by GEMOX



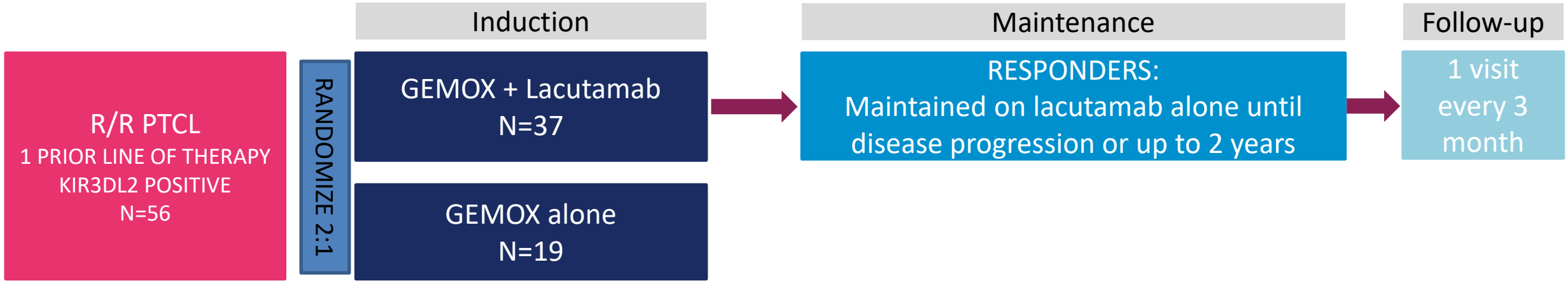


Combination of Lacutamab with Gemox has synergistic anti-tumor activity *in-vitro*

Lacutamab efficiently eliminates KIR3DL2+ primary ATL tumor cells by autologous NK cells *ex vivo*



KILT: Randomized Phase 2 Clinical Trial of Lacutamab in Combination with GEMOX in r/r PTCL



- **Primary endpoint:** median progression free survival
- **Key secondary endpoints:** response rate, toxicity and rate of overall survival at 12 months

LYSA expects to initiate KILT study in 2H 2021

Global lacutamab overview

Joyson Karakunnel, MD, CMO

innate pharma

Developing a New Standard of Care Across KIR3DL2-Expressing T-Cell Lymphomas

innate pharma

Cutaneous T-Cell Lymphoma (CTCL)

Peripheral T-Cell Lymphoma (PTCL)

Phase 2 TELLOMAK Trial

Sezary Syndome

80-200 patients
>90% KIR3DL2 expression

- Fast to market approach
- Niche indication with high unmet need
- Trial expanded (pivotal potential)
- Fast Track Designation & PRIME

Mycosis Fungoides

2,200-4,400 patients
~50% KIR3DL2 expression

- Expand potential beyond SS
- Explore impact of KIR3DL2 expression on clinical outcome
- Reached the pre-determined no. of responses needed to advance to stage 2
- Non expressors enrolling

Multi-trial Strategy From Relapsed to Frontline PTCL

~18,000 patients
~50% KIR3DL2 expression

- Monotherapy
- Combination + GemOX (LYSA) & SOC in relapsed setting
- Follow data into earlier lines (in combination with CHOP)

Summary & Upcoming Catalysts

Mondher Mahjoubi, MD, CEO

innate pharma

Summary: Driving Value Across our Business

innate pharma

Driving near-term value with Lacutamab

- Deliver TELLOMAK with read-outs beginning in 2021
- Start of PTCL program

Progressing an innovative and robust R&D portfolio

- Advancing NK cell-targeted portfolio
- Monalizumab – ongoing Phase 3 trial in H&N cancers

Building a sustainable business

- Strengthen financial position
- Cash horizon to end 2022

Harnessing innate immunity to create novel therapeutics in areas of unmet medical need

Key Catalysts Over the Next 24 Months

2021

LACUTAMAB

- Preliminary Phase 2 efficacy data in MF
- Start of PTCL studies

MONALIZUMAB

- Preliminary data on the combination of monalizumab, cetuximab and durvalumab in IO-naïve patients with R/M SCCHN

PRECLINICAL

- Update on NKCE platform development

2022

LACUTAMAB

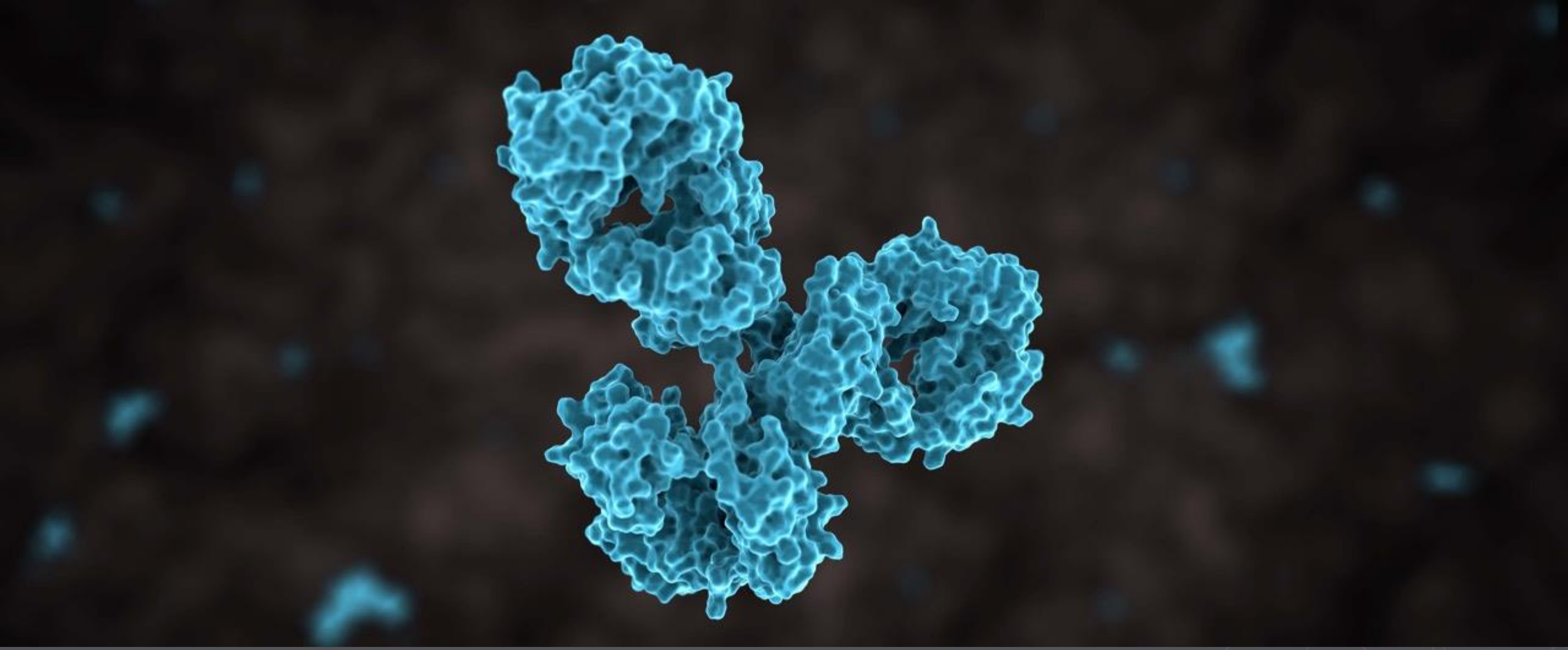
- Preliminary Phase 2 efficacy data in SS
- Stage 2 MF data

AVDORALIMAB

- BP Phase 2 data

PRECLINICAL

- Further progress with preclinical pipeline



Q&A

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