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Lacutamab KOL event

12 December 2023

EURONEXT : IPH.PA NASDAQ : IPHA

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Speakers on Today's Call

Sonia Quaratino
MD, PhD

Chief Medical Officer of Innate Pharma

Pierluigi Porcu
MD

Director, Division of Hematologic Malignancies and Hematopoietic Stem Cell Transplantation, Sidney Kimmel Cancer Center, Jefferson Health, Philadelphia

Agenda

1. **Introduction – Dr. Quaratino**
2. Results from the Phase 2 TELLOMAK study in Sézary Syndrome (ASH 2023) – Dr. Porcu
3. Summary - Dr. Quaratino

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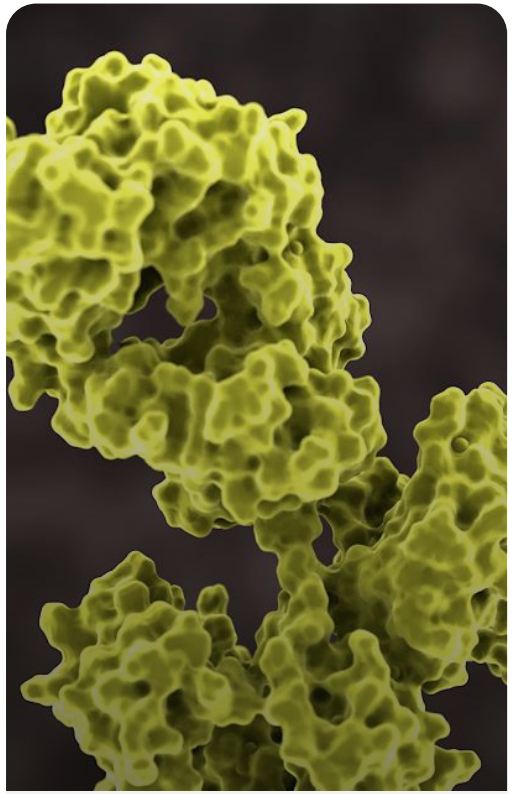
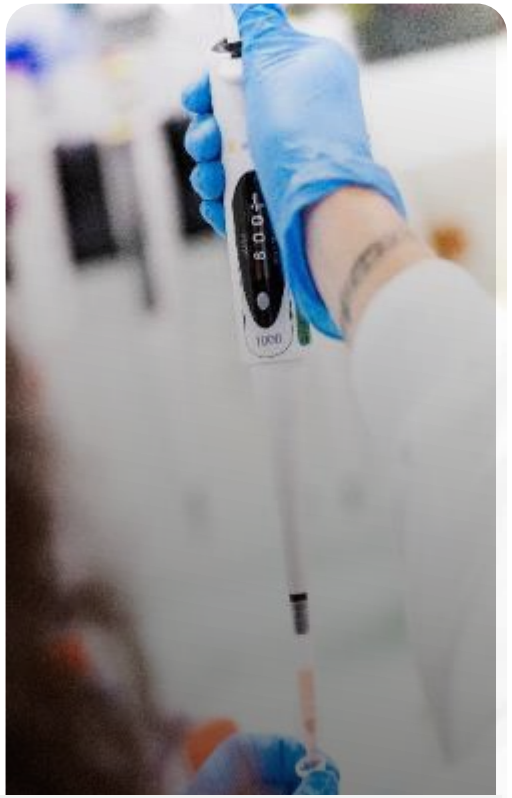
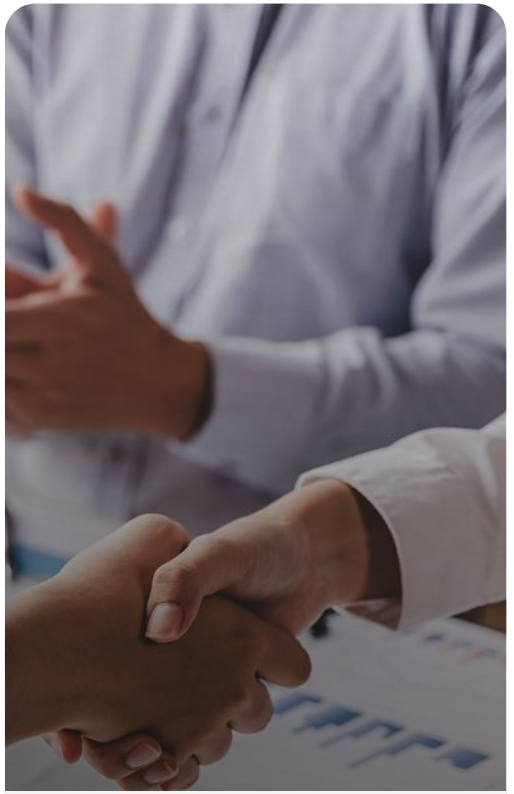
Scientific innovation drives our strategy







Our ambition –
leverage our scientific know-how in innate immunity and antibody engineering to develop cancer drugs that improve the lives of patients.

Drive near-term value with lacutamab

Advance our innovative pipeline

Build a sustainable business through partnerships

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Our robust pipeline of proprietary & partnered assets

	Program	Target	Indication	Pre-Clinical	Phase 1	Phase 2	Phase 3	Upcoming Milestone
Proprietary	**Lacutamab**	KIR3DL2	Sezary syndrome / MF	TELLOMAK (FDA FAST TRACK/EMA PRIME DESIGNATION)				ASH/ Final data H2 2023
			PTCL	KILT Phase 2 / Phase 1b				IST with LYSA
	IPH5301	CD73	Cancer (solid tumors)	CHANCES				IST with IPC
	IPH6501 ANKET **Others**	CD20 Undisclosed		Phase 1 starting Pre-clinical				IPH6501 Phase 1 start
	IPH45 **IPH43** **Other**	Nectin-4 MICA/B Undisclosed	ADC	Pre-clinical				
Partnered	**Monalizumab** AstraZeneca	NKG2A	Unresectable Stg III NSCLC	PACIFIC-9				Data readout > 2024
			Neoadjuvant NSCLC	NeoCOAST-2				Data readout > 2024
	IPH5201 AstraZeneca	CD39	Neoadjuvant NSCLC	MATISSE				
	SAR443579 / IPH6101 ANKET **SAR'514 / IPH6401** **IPH62** sanofi **2 options**	CD123 BCMA B7-H3 Undisclosed	R/R AML, B-ALL, HR-MDS R/R MM, LCA	PHASE 1 / 2 PHASE 1 / 2 Research				ASH 2023
	Other Takeda	Undisclosed	ADC Celiac disease	Pre-clinical				

ADC: antibody drug conjugate; MF: Mycosis Fungoides ; PTCL: Peripheral T Cell Lymphoma; NSCLC: Non-small cell lung cancer; AML: Acute Myeloid Leukemia; B-ALL: B-cell Acute Lymphoblastic Leukemia; HR-MDS: High Risk-myelodysplasia; MM: Multiple Myeloma; LCA: Light-chain Amyloidosis; IST: investigator-sponsored study; IND: Investigational new drug

Presentations at the ASH 2023 Annual Meeting

What is presented?

- Lacutamab Phase 2 Sézary syndrome
- Lacutamab Phase 1b PTCL initial data
- SAR443579 (CD123 ANKET) (Sanofi)

Lacutamab | Development

A potential new standard of care in the T-cell lymphomas expressing KIR3DL2

Cutaneous T cell lymphoma

Sézary syndrome

80-200 patients
~90% KIR3DL2 expression

Mycosis fungoides

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

TELLOMAK

Phase 2 Trial

Sézary syndrome

Cohort 1 (N~60)

Minimum of 2 prior therapies, including mogamulizumab

Mycosis fungoides

3 cohorts (N~100)

Cohort 2	Cohort 3	Cohort 4 All comers
KIR3DL2 +	KIR3DL2 -	KIR3DL2 +/-

At least 2 prior systemic therapies

- Sézary syndrome Phase 2 Final data ASH 2023
- Mycosis fungoides Phase 2 Final data H2 2023

Peripheral T cell lymphoma

~18,000 patients
~50% KIR3DL2 expression

Phase 1b/2 Trials

Phase 1b trial

Monotherapy

KILT Phase 2 trial

Combination with GEMOX chemotherapy (gemcitabine in combination with oxaliplatin) versus GEMOX alone

- Preliminary data ASH 2023

Agenda

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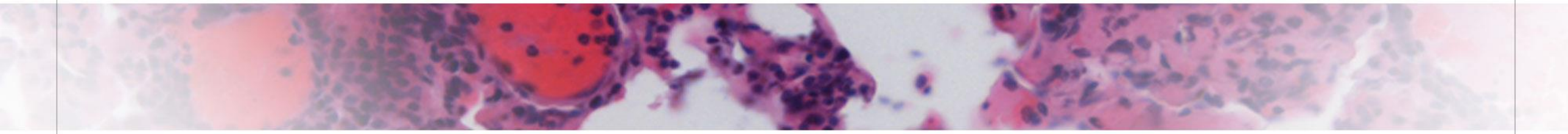
American Society of Hematology
Helping hematologists conquer blood diseases worldwide



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

Publication Number: 185
Submission ID: 173806

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

Martine Bagot[1], Youn H. Kim[2], Larisa J. Geskin[3], Pablo L. Ortiz-Romero[4], Ellen Kim[5], Neha Mehta-Shah[6], Olivier Dereure[7], Saskia Oro[8], Marie Beylot-Barry[9], Stéphane Dalle[10], Eric Jacobsen[11], Frederick Lansigan[12], Caroline Ram-Wolff[1], Michael S Khodadoust[2], Maxime Battistella[13], Alejandro Gru[14], Hélène Moins-Teisserenc[15], Pier Luigi Zinzani[16], Julien Viotti[17], Christine Paiva[17], Marianna Muller[17], Pierluigi Porcu[18]

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Clinicaltrials.gov: NCT03902184

Lacutamab

KIR3DL2 targeted treatment

- In development in:
  - Cutaneous T-cell lymphoma (CTCL)
    - Sézary Syndrome (SS) and Mycosis Fungoides (MF)
  - Peripheral T-cell lymphoma (PTCL)
- Phase 1 data in SS patients after ≥ 2 prior systemic therapies[1]:
  - Median Prior Lines of Therapy in SS population: 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

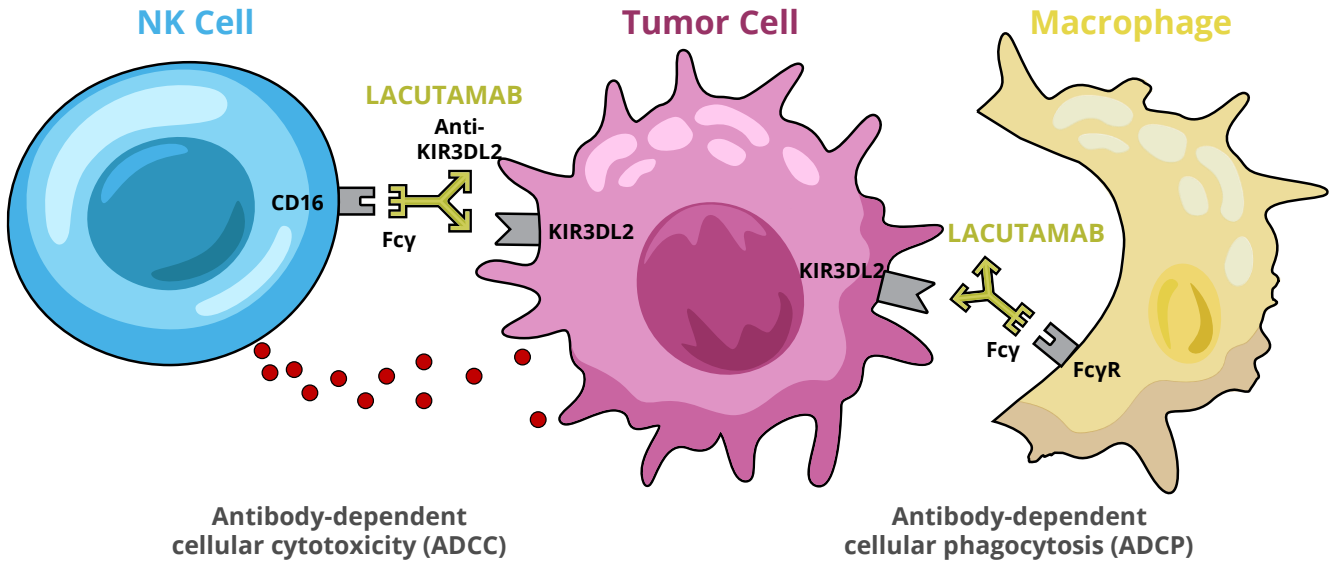

Figure 1: Lacutamab Mechanism of Action

- **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

TELLOMAK - NCT03902184
Phase 2 Study in Two CTCL Subtypes

Sézary Syndrome (N~60)
≥ 2 prior systemic therapies

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

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

Key Eligibility Criteria
- Relapsed and/or refractory stage IVA, IVB SS (B2 blood in screening)
- No evidence of large cell transformation (LCT), based on central histologic evaluation at screening

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

TELLOMAK - NCT03902184

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

Patient Characteristics	Cohort 1 N=56
Age in years, Median (range)	69 (42-86)
- Female, N (%) - Male, N (%)	22 (39.3) 34 (60.7)
Stage of the disease 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 confluence of erythema covering ≥ 80% BSA	38 (67.9%)
N prior systemic lines, Median (range) - 2, N (%) - 3-4, N (%) - > 4, N (%)	5 (2–15) 7 (12.5) 15 (26.8) 34 (60.7)
Follow-up (months), Median (95% CI)	14.4 (9.0-18.4)

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

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

TELLOMAK - NCT03902184

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

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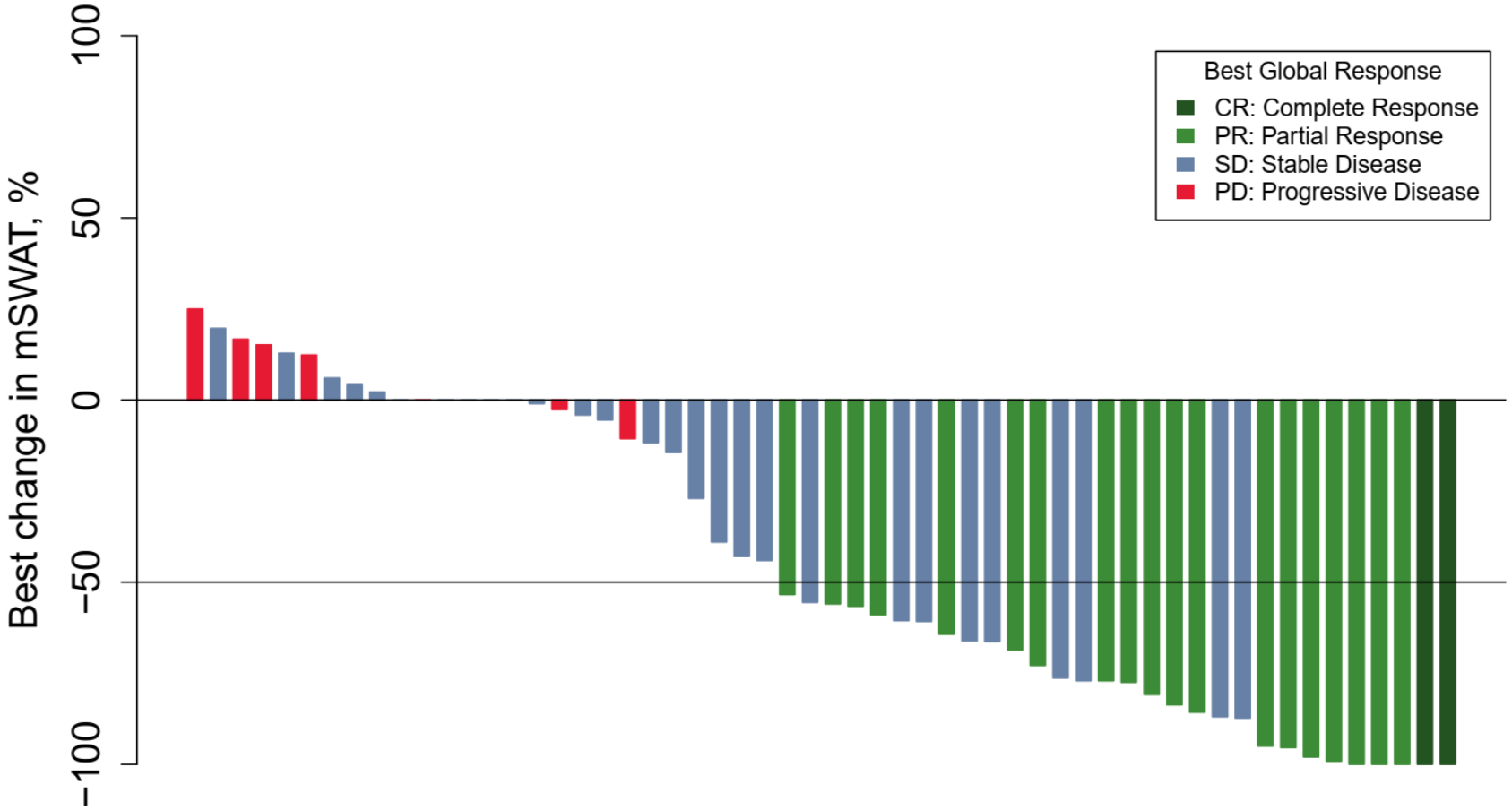
Best Global Response *(N=56)*

Best Global Response = 37.5%

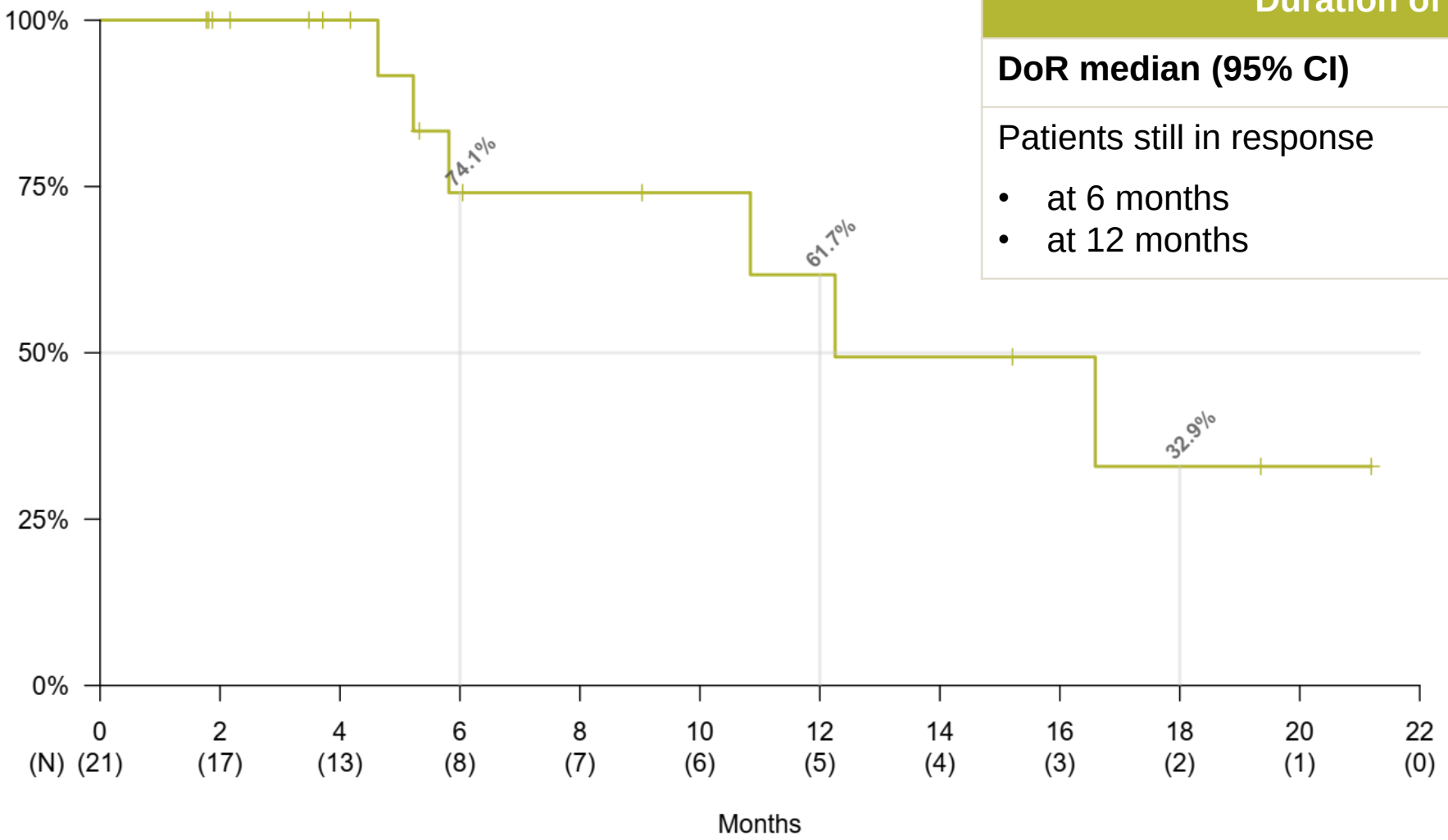


- 21 (37.5%) patients achieved Global Response, including 2 CR and 19 PR
- Median time to Global Response: 2.8 months (range: 1-9)

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

TELLOMAK - NCT03902184

Duration of Response *(N=56)*



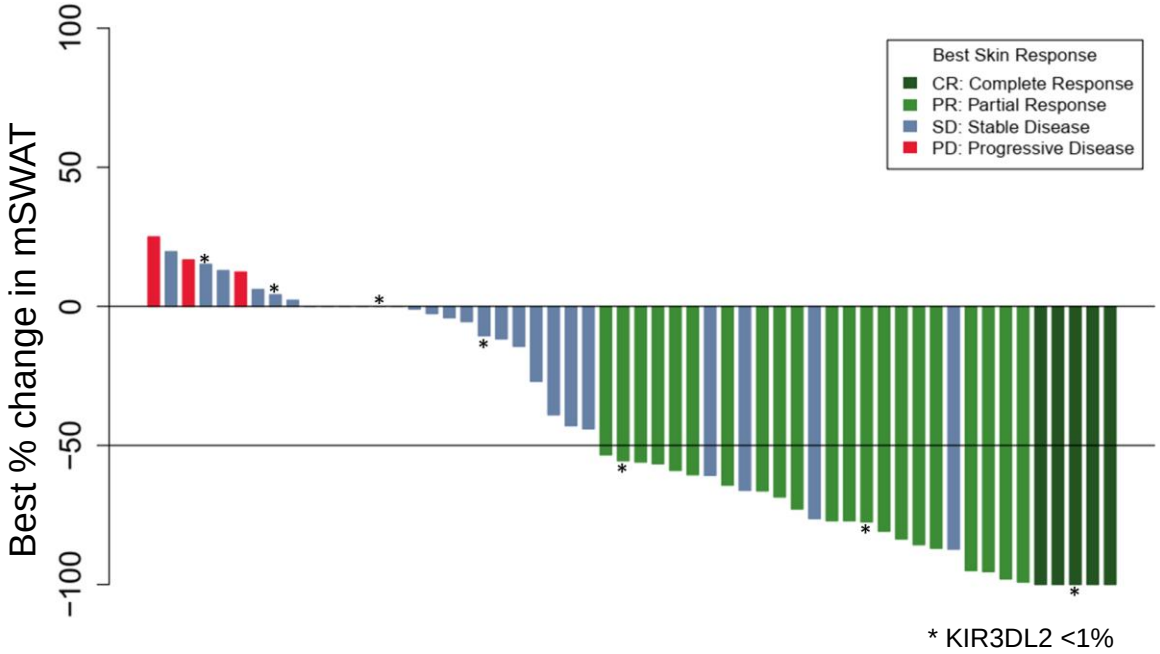
Duration of response (DoR)	
DoR median (95% CI)	**12.3 months (5.2 - NE)**
Patients still in response • at 6 months • at 12 months	% (95% CI) 74.1% 61.7%

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

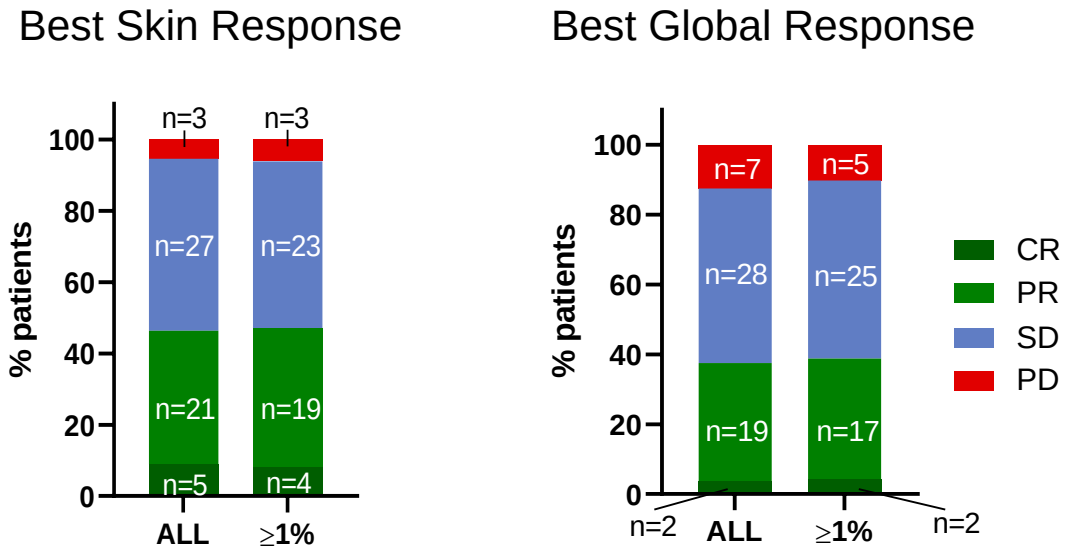
TELLOMAK - NCT03902184

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

Best Skin Response = 46.4%



Best Skin/Global Response by KIR3DL2 status



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

- With a threshold of 1%, KIR3DL2 is expressed in the skin of 87.5% of patients (49/56)
- Response in ≥1% subgroup is consistent with the overall population

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

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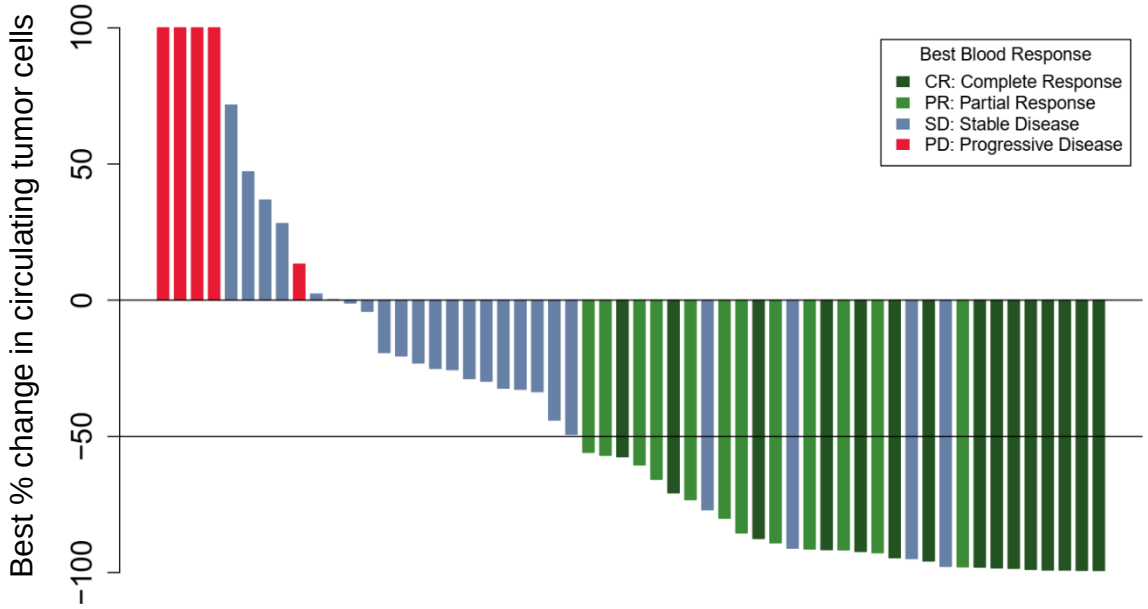
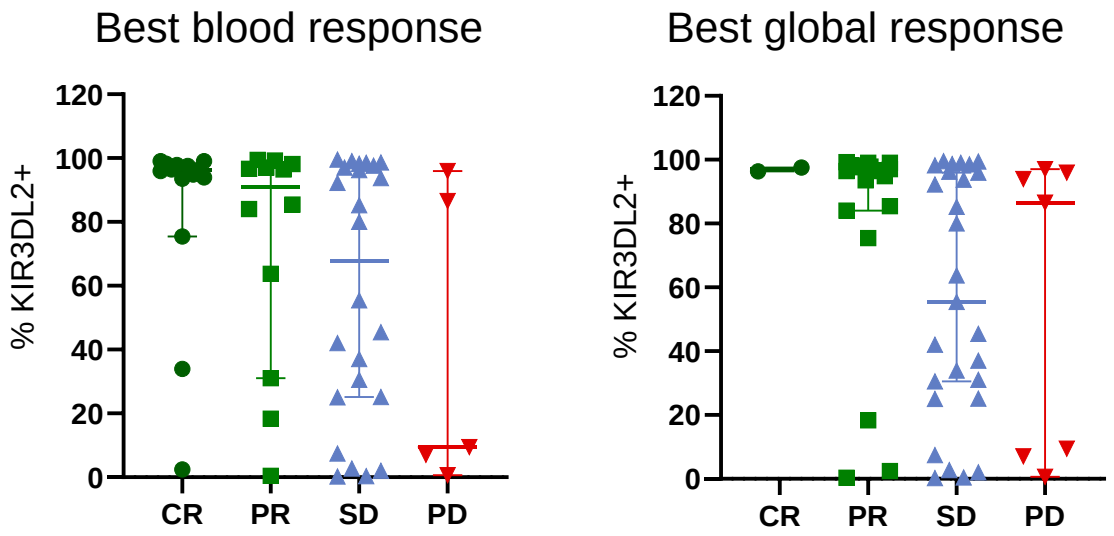
Best Blood response & according to frequency of KIR3DL2+ circulating tumor cells *(N=56)*

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*

Best Blood/Global Response by KIR3DL2 status



horizontal bars in the graph represent the median ±95%CI

- KIR3DL2 expression on circulating tumor cells (CTCs) was found in all patients
- Median frequency of KIR3DL2+ CTCs: 92.3% [0.2- 99.6]

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

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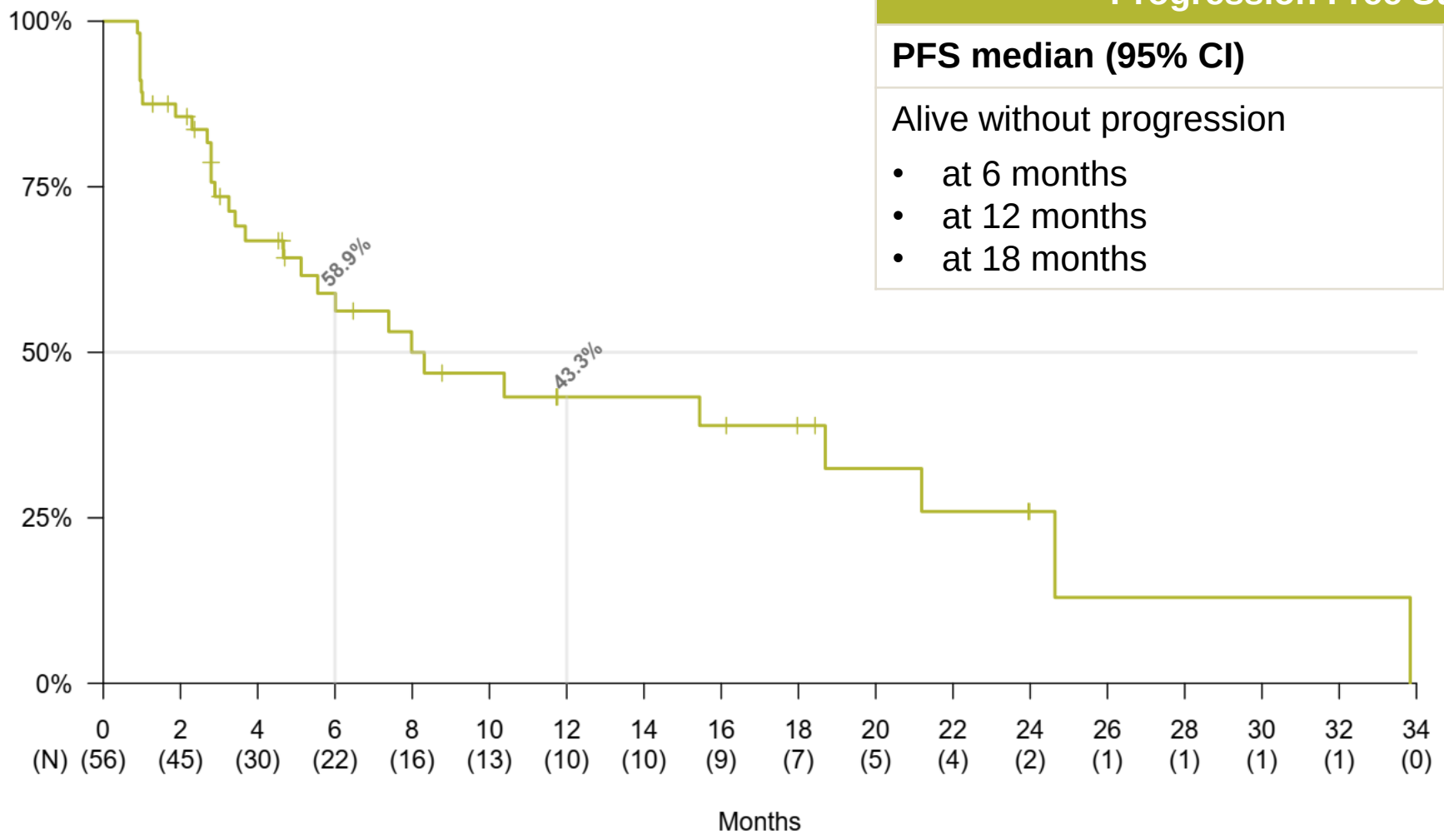
Efficacy results in SS patients: PFS



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)

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	6 (10.7)
Any Serious TEAEs		13 (23.2)
Any Serious lacutamab-related TEAEs		4 (7.1)
Any Grade[2] 3/4/5 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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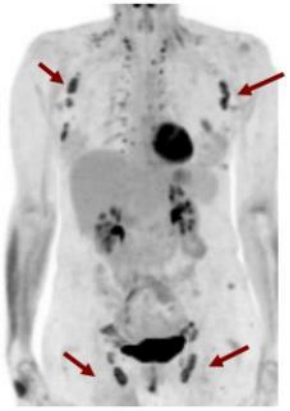
Patient Case #1, ongoing

- 58-year-old female
- 10 previous lines of therapy
- Stage IVA2 (N3) at baseline
- 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

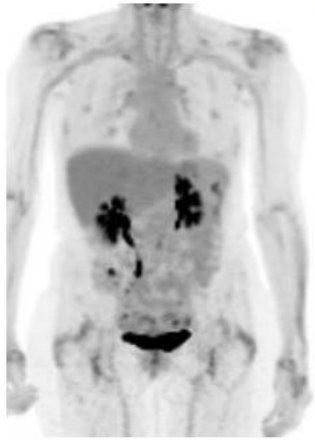


Sézary cells 1473 (B2)

mSWAT 95

LN N3

W45 global CR sustained at W117



Sézary cells 44 (B0)

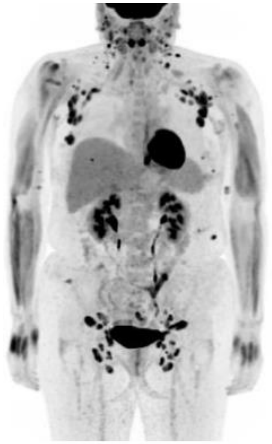
mSWAT 0

LN CR

Patient Case #2, ongoing

- 51-year-old female
- 6 previous systemic lines of therapy
- Stage IVA2 (N3) at baseline
- 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

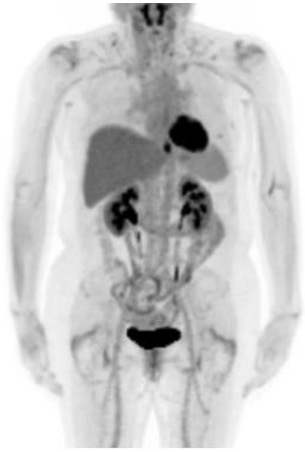


Sézary cells 5526 (B2)

mSWAT 83

LN N3

W13 global CR sustained at W29



Sézary cells 78 (B0)

mSWAT 0

LN CR

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

TELLOMAK - NCT03902184
Conclusions

TELLOMAK is a Phase 2 study evaluating lacutamab monotherapy in CTCL.

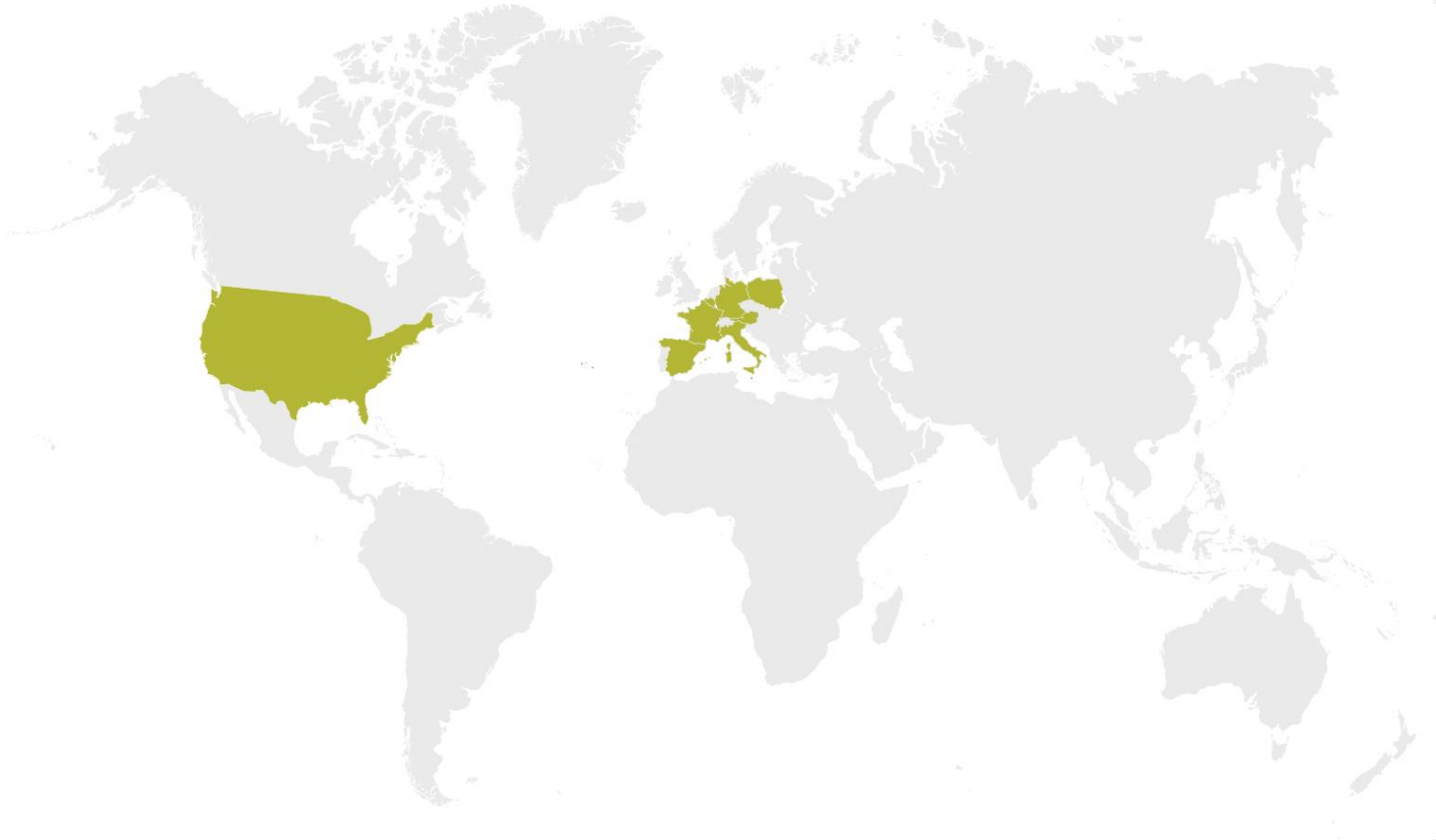
- Cohort 1 enrolls relapsed and/or refractory SS patients with ≥ 2 prior systemic therapies including mogamulizumab, a high unmet medical need population with no approved therapy.
- This analysis (56 patients), confirms robust clinical activity of lacutamab with favorable safety profile.
  - Patients were heavily pretreated (median 5 prior systemic therapies) and had highly refractory disease
  - Responses, including CRs, were observed in multiple compartments:
    - Overall 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 DoR: 12.3 months (95% CI: 5.2-NE)
    - 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

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 sites

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



Study sponsored by Innate Pharma

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

Agenda

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3. **Summary - Dr. Quaratino**

Newsflow and upcoming catalysts

Delivering across our strategic objectives

2023 ASCO ANNUAL MEETING

- SAR'579 / IPH6101 ANKET® (CD123) | Phase 1 (Sanofi)
- SAR'514 / IPH6401 ANKET® (BCMA) | Phase 1 (Sanofi)
- IPH6501 ANKET® (CD20) | Phase 1 start

EHA EUROPEAN HEMATOLOGY ASSOCIATION

- Lacutamab Phase 2 TELLOMAK | Final data SS & MF
- Lacutamab Phase 1b PTCL | preliminary data

- Monalizumab PACIFIC-9 | Phase 3 readout (AZ)
- Monalizumab NeoCOAST-2 | Phase 2 readout (AZ)
- IPH5201(CD39) MATISSE | Phase 2 readout (AZ)

- SAR'579 / IPH6101 ANKET® (CD123) | Next steps (Sanofi)
- SAR'514 / IPH6401 ANKET® (BCMA) | Next steps (Sanofi)
- IPH62 ANKET® (B7-H3) | Next Steps (Sanofi)
- 2 ANKET options | (Sanofi)
- IPH6501 ANKET® (CD20) | Phase 1 data
- IPH45 ADC (Nectin-4) | Phase 1 start

- Lacutamab CTCL | Next steps
- Lacutamab Phase 1b PTCL | Final data

2023 **2024+**

Summary

Create value for patients and shareholders

Strategic Priorities

Early R&D focus to drive value through later stage partnerships

Robust pipeline of Antibody engineering capabilities

- Advancing lacutamab
- Maximizing ANKET® platform
- Continuing to explore ADC

Track record of strategic partnerships

AstraZeneca (monalizumab, IPH5201), Sanofi (SAR443579 / IPH6101, SAR'514 / IPH6401, IPH62, 2 options), Takeda (ADC)

Strong cash position

- €121.9m* as of September 30, 2023
- Sufficient to fund operations into H2 2025

*Including short term investments (€22.0m) and non-current financial instruments (€32.2m)

innate pharma

Thank you

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EURONEXT : IPH.PA NASDAQ : IPHA