TELLOMAK

LACUTAMAB IN PATIENTS WITH ADVANCED MYCOSIS FUNGOIDES ACCORDING TO KIR3DL2 EXPRESSION

STAGE 1 RESULTS FROM THE TELLOMAK PHASE 2 TRIAL

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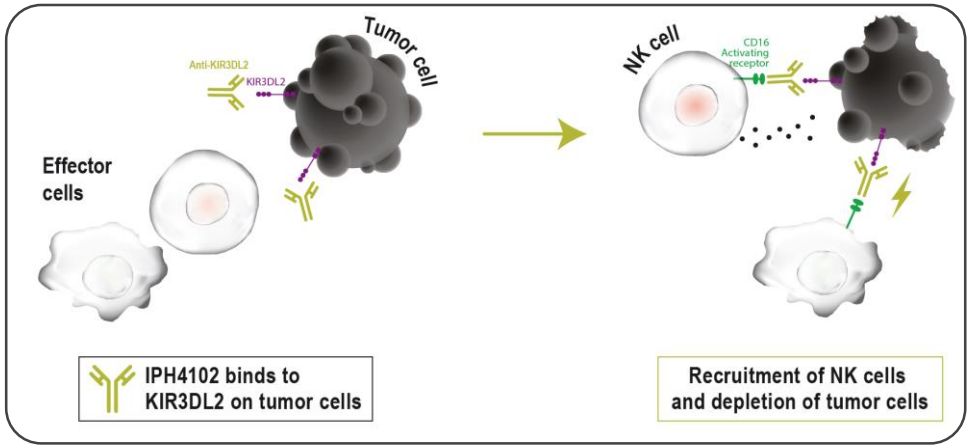
Sponsor: Innate Pharma

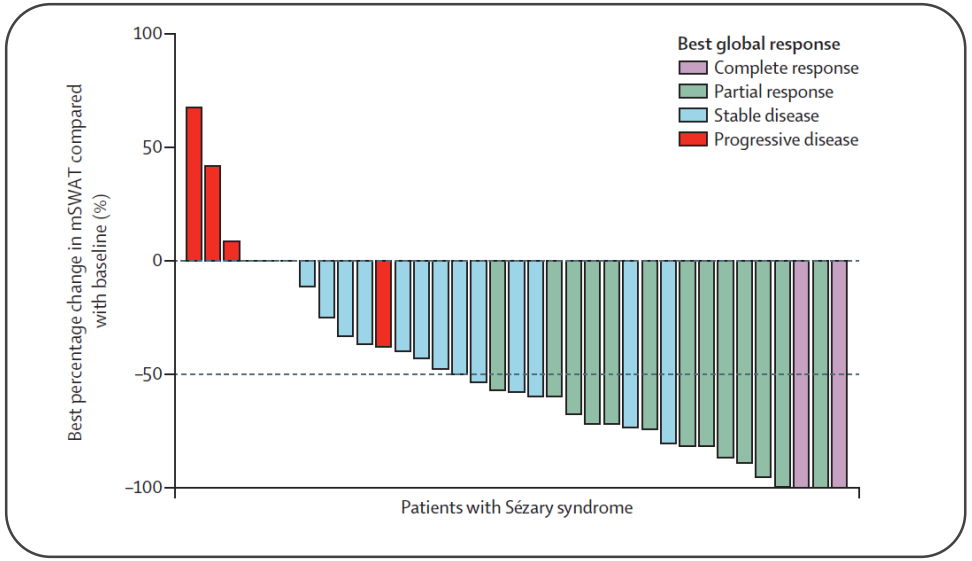
M. BAGOT DISCLOSURES

- Employment or leadership position: N/A
- Consultant or advisory role: Innate Pharma, Kyowa Kirin, Takeda, Galderma, Helsinn/Recordati
- Stock ownership: N/A
- Honoraria: N/A
- Research funding: N/A
- Other remuneration: N/A

Lacutamab
KIR3DL2 targeted treatment in T-Cell Lymphoma

- Lacutamab
  - Potential first-in-class humanized anti-KIR3DL2 cytotoxicity-inducing antibody
  - Under development for the treatment of T-cell lymphomas i.e. CTCL (Sezary Syndrome (SS)[1] and Mycosis Fungoides (MF)[2]) & PTCL
- Phase 1[1] data in SS patients who have been treated by at least two prior systemic therapy:
  - Global ORR (95%CI) of 42.9% (28.0-59.1)
  - mDoR of 13.8 months (95%CI 7.2-NA)
  - mPFS of 11.7 months (95%CI 8.1-NA)
- Lacutamab has been granted key designations
  - Orphan drug designation for the treatment of cutaneous TCL (CTCL; EMA and FDA)
  - PRIME (EMA) and Fast Track (FDA) designation for SS patients who have received at ≥2 prior systemic therapies





1. Bagot M et al, Lancet Oncol 2019
2. Lugano 2021, EORTC 2021

Lacutamab
Clinical indications informed by Target Expression

- T-cell lymphomas represent at least two thirds of all primary cutaneous lymphomas with Mycosis Fungoides (MF) and Sézary syndrome (SS) being the most frequent entities.

KIR3DL2 EXPRESSION	INCIDENCE *(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]

APPROVED AGENTS *(US & EU)*

- Bexarotene: "cutaneous manifestations" of CTCL patients → <u>at least one prior systemic therapy.</u>
- Mogamulizumab: R/R MF or SS patients → <u>at least one prior systemic therapy.</u>
- Vorinostat: "cutaneous manifestations" of CTCL patients → <u>at least two prior systemic therapy (only in US)</u>
  - Mavoric[2] Phase 3 efficacy results:
    - Mogamulizumab: ORR: 23%
    - Comparator: Vorinostat: ORR: 7%

- High unmet medical need to develop more effective treatment options for MF patients who have failed <u>**at least two prior systemic therapies**</u>.

*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. MAVORIC trial: Mogamulizumab vs. vorinostat in previously-treated CTCL. Source: Kim et al, Lancet Oncology 2018

TELLOMAK: T-cell Lymphoma anti-KIR3DL2 therapy

Phase 2 Study in Two CTCL Subtypes - NCT03902184

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Sézary Syndrome (N~60) ≥ 2 prior systemic therapies	Mycosis Fungoides (N~100) ≥ 2 prior systemic therapies		
Cohort 1	**Cohort 2**	**Cohort 3**	**All Comers**
All comers, SS, must include mogamulizumab as prior therapy	KIR3DL2+ Simon 2 Stage	KIR3DL2- Simon 2 Stage	KIR3DL2+/-

ADMINISTRATION

- Lacutamab is administered every week for 5 weeks then every 2 weeks for 10 administrations then every 4 weeks until disease progression or unacceptable toxicity

STUDY ENDPOINTS

- Primary endpoint: global objective response rate
- Secondary endpoints: progression-free survival, duration of response, quality of life, safety and tolerability, PK & immunogenicity

KEY ELIGIBILITY CRITERIA

- Relapsed and/or refractory stage IB-IV; ECOG performance status ≤2
- KIR3DL2 ≥ 1% (Cohort 2) or <1% (Cohort 3) based on central evaluation by immunohistochemistry (IHC)
- No evidence of large cell transformation (LCT) based on central histologic evaluation at screening)

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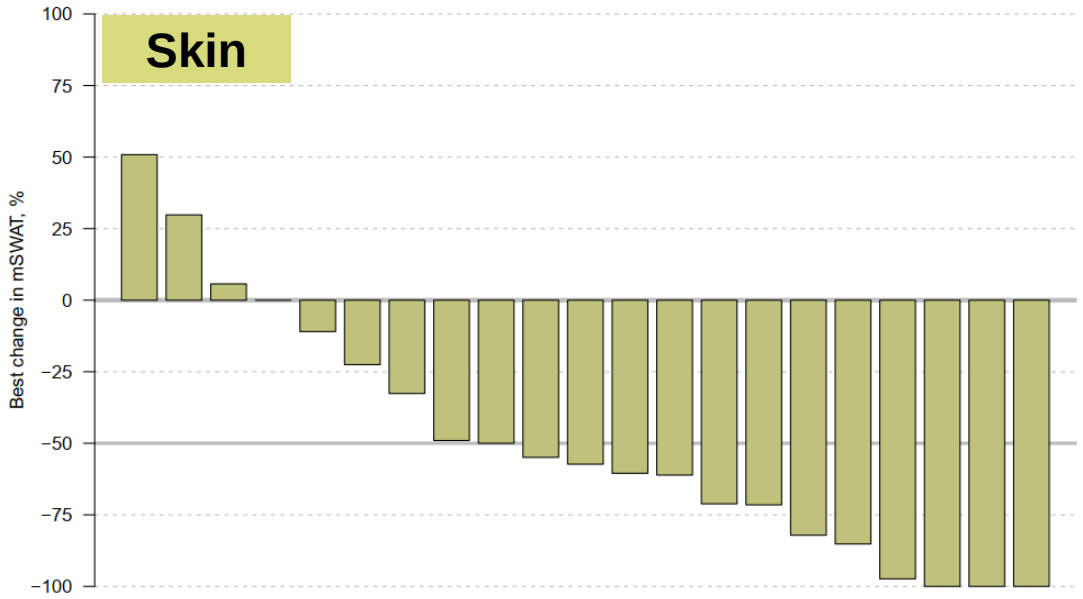
Patient characteristics of MF cohorts 2 and 3

	Cohort 2 KIR3DL2 ≥ 1% (N= 21)	Cohort 3 KIR3DL2 < 1% (N=18)
Age in years, Median (range)	59 (33-77)	58 (19-81)
• Female, N (%) • Male, N (%)	7 (33%) 14 (67%)	3 (17%) 15 (83%)
• Stage IB / II, N (%) • Stage III[1], N (%)	16 (76%) 5 (24%)	15 (83%) 3 (17%)
Blood involvement, N[2] (%)	8 (38%)	4 (22%)
Nodal involvement, N[3] (%)	13 (62%)	9 (50%)
N prior systemic therapies , Median (range)	4 (2-8)	4.5 (2-15)
Follow-up (months), Median (range)	12.2 (3-25)	13.8 (1-24)

1. Stage IV, SS not included
2. Blood involvement at baseline: B1
3. Nodal involvement at baseline: N1, N2 and Nx

TELLOMAK MF Cohort 2

Global Overall Response in patients with KIR3DL2 ≥ 1% (N=21)



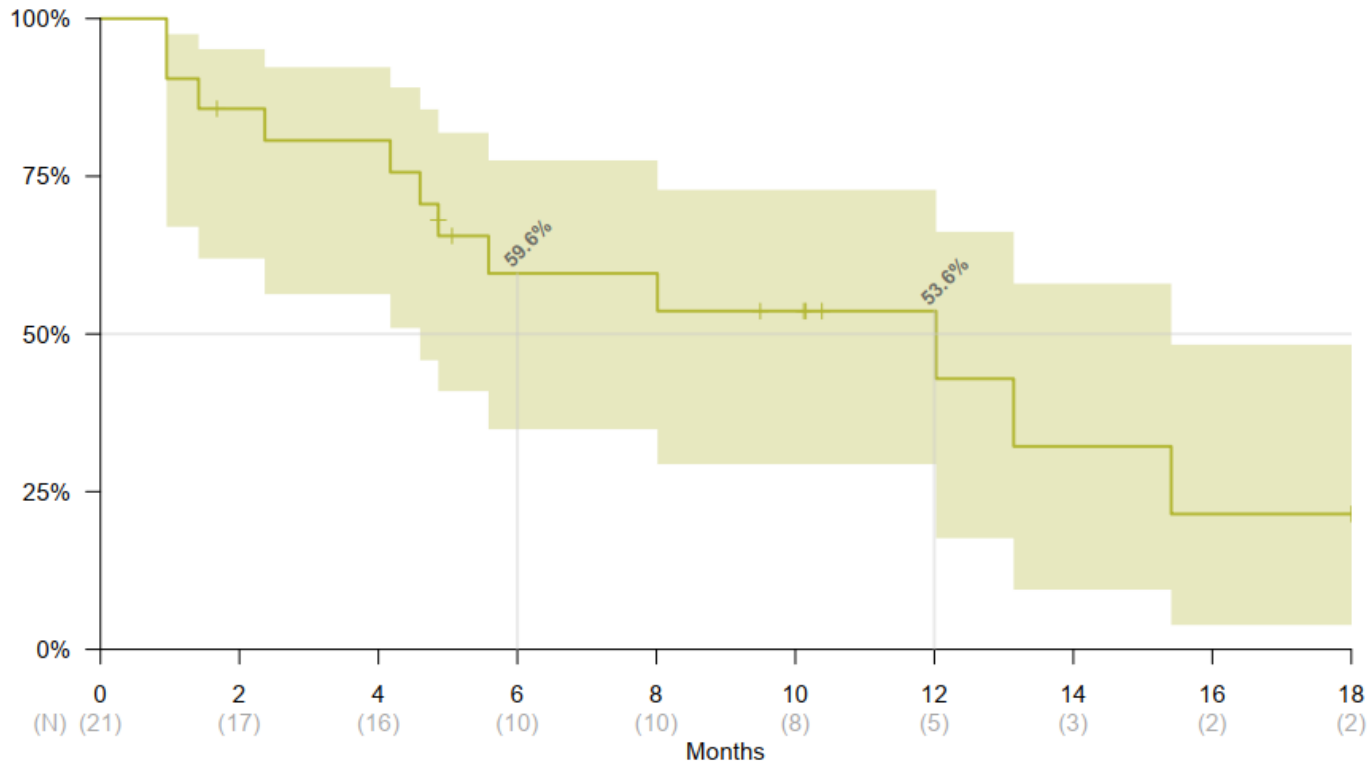
	N	% [95%CI]
Global ORR	6 2CR; 4PR	**28.6%** [13.8-50.0]
Skin	12 2CR; 10 PR	**57.1%** [36.5-75.5]
Blood[1]	5 5CR	**62.5%** [30.6-86.3]
Lymph node[2]	1 1PR	**7.7%** [1.4-33.3]
Viscera	*NA*	*NA*

1. 8 pts with Blood involvement: B1
2. 13 pts with Nodal involvement : N1, N2 and Nx; N1= 2pts, N2=2 pts, Nx = 7 pts, 2 pts not involved at baseline involved progressed during the trial
CR: complete response, N: number, ORR: Overall Response Rate, PR: partial response

TELLOMAK MF Cohort 2

PFS and DoR in patients patients with KIR3DL2 ≥ 1% (N=21)

- **Median PFS = 12.0 mo (4.6–15.4)**
  - PFS at 6 mo (95%CI): 59.6 (34.9-77.5)
  - PFS at 12 mo (95%CI): 53.6 (29.4-72.8)

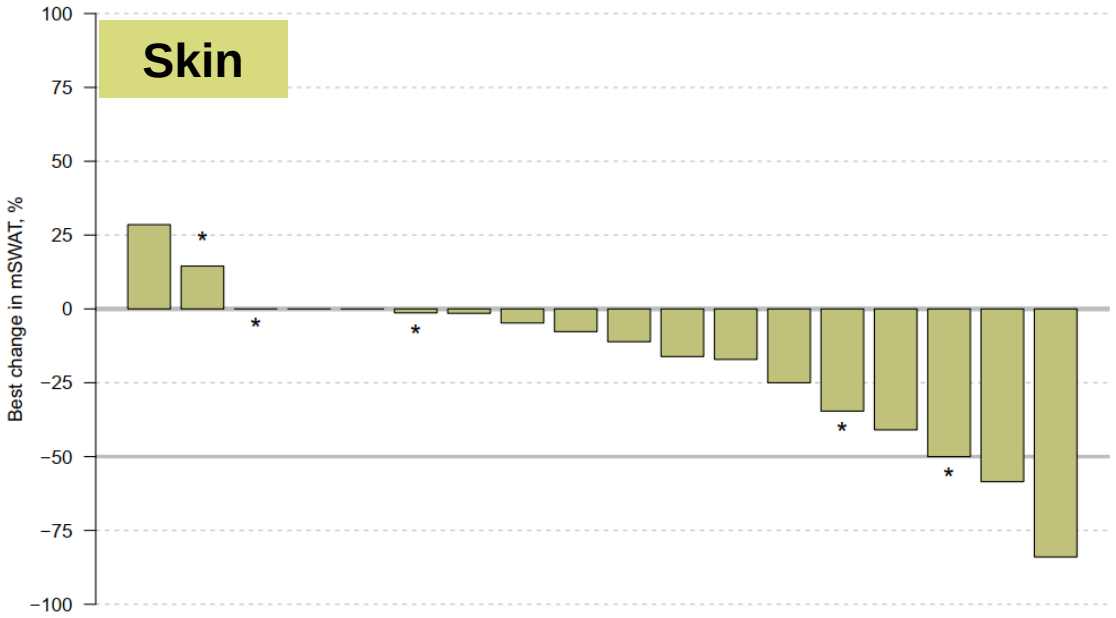


- **Median DOR = 10.2 mo (4.6 – NA)**

N: number, DOR: Duration Of Response, PFS: Progression Free Survival

TELLOMAK MF Cohort 3

Global Overall Response patients with KIR3DL2 < 1% (N=18)



*patient previously treated by Mogamulizumab

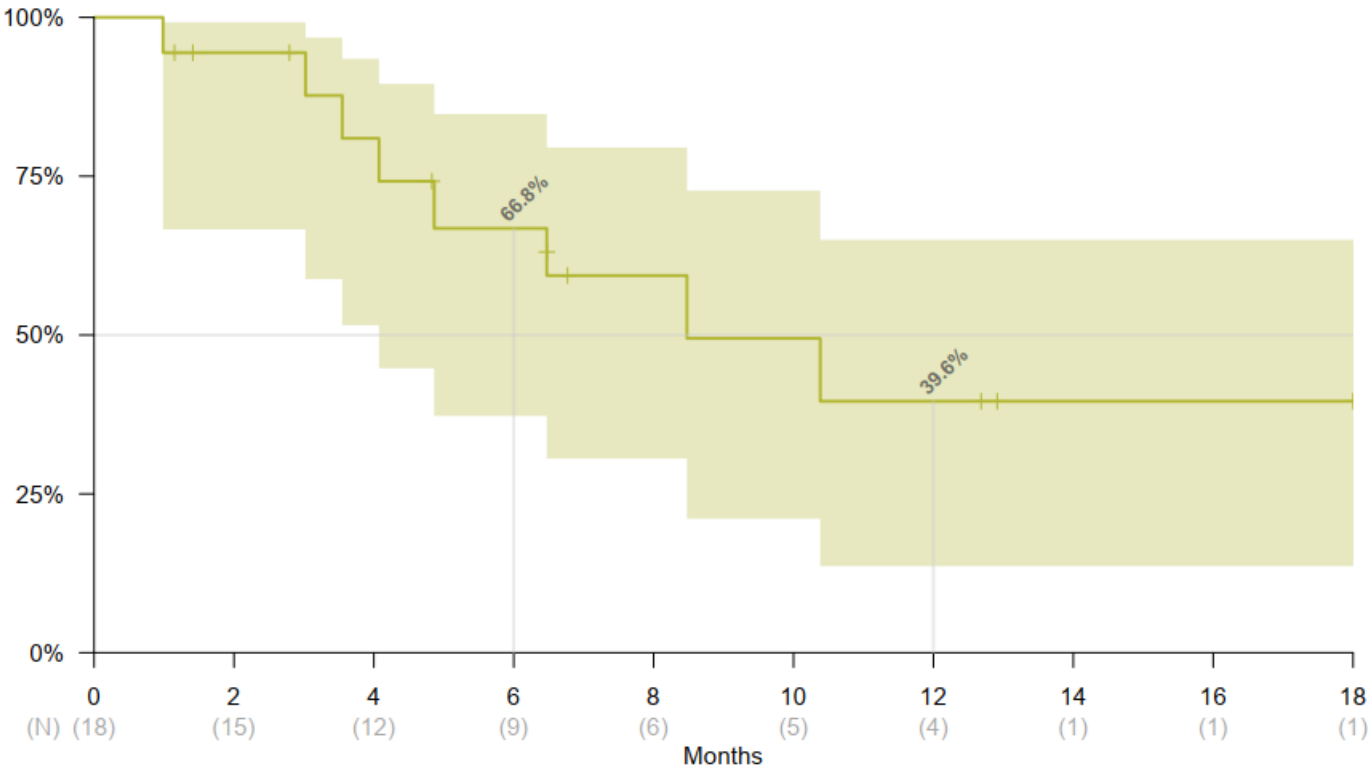
	N	% [95%CI]
Global ORR	2 2PR	**11.1 %** [3.1-32.8]
Skin	3 3PR	**16.7%** [5.8-39.2]
Blood[1]	1 1CR	**25%** [4.6-69.9]
Lymph node[2]	0	**0%**
Viscera	*NA*	*NA*

1. 4 pts with Blood involvement: B1
2. 9 pts with Nodal involvement : N1, N2 and Nx; N1= 3 pts, N2= 1 pts, Nx = 5 pts
CR: complete response, N: number, ORR: Overall Response Rate, PR: partial response

TELLOMAK MF Cohort 3

PFS and DoR in patients with KIR3DL2 < 1% (N=18)

- **Median PFS = 8.5 mo (4.1 – NA)**
  - PFS at 6 mo (95%CI): 66.8 (37.3-84.8)
  - PFS at 12 mo (95%CI): 39.6 (13.6-65.0)



- **Median DOR = NA (NA – NA)** (At DCO, the two patients were still in response with a DoR of 3.6 and 10.2 months respectively)

N: number, DOR: Duration Of Response, PFS: Progression Free Survival

TELLOMAK MF Cohorts 2&3 (N=39)

Treatment Emergent related Adverse Events[1] (at least 5%)

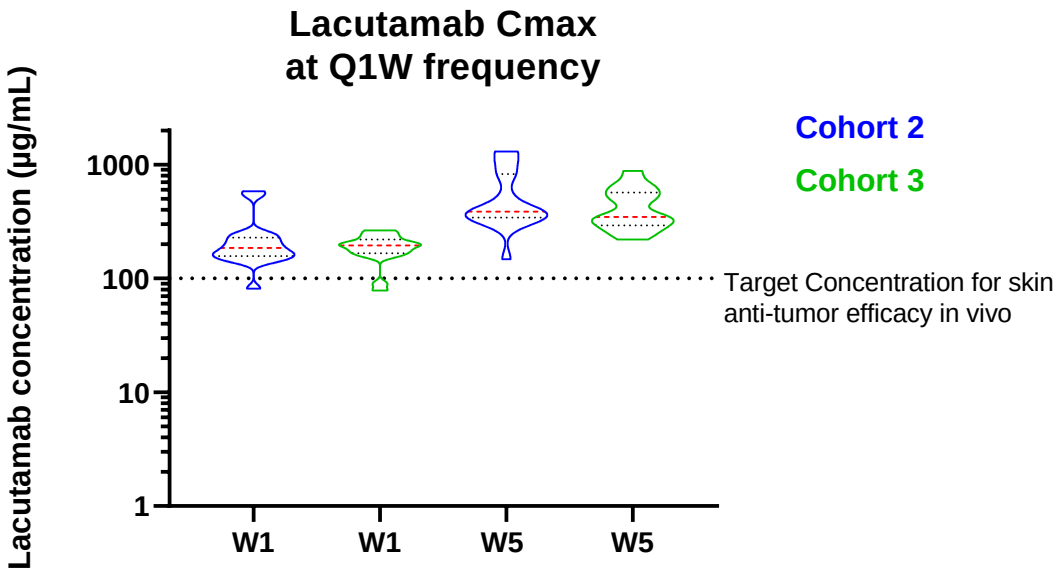
		Total N=39 n (%)
Any treatment-emergent AEs (TEAEs)		36 (92.3)
Any Lacutamab-related TEAEs		23 (59.0)
Most frequent Lacutamab-related TEAEs	• Asthenia	5 (12.8)
	• Arthralgia	4 (10.3)
	• Nausea	3 (7.7)
Any Serious TEAEs (SAEs)		7 (17.9)
Any Serious Lacutamab-related TEAEs		2 (5.1)
Any Grade 3/4/5[2] Lacutamab-related TEAEs		2 (5.1)
Any Lacutamab-related Death[3]		1 (2.6)

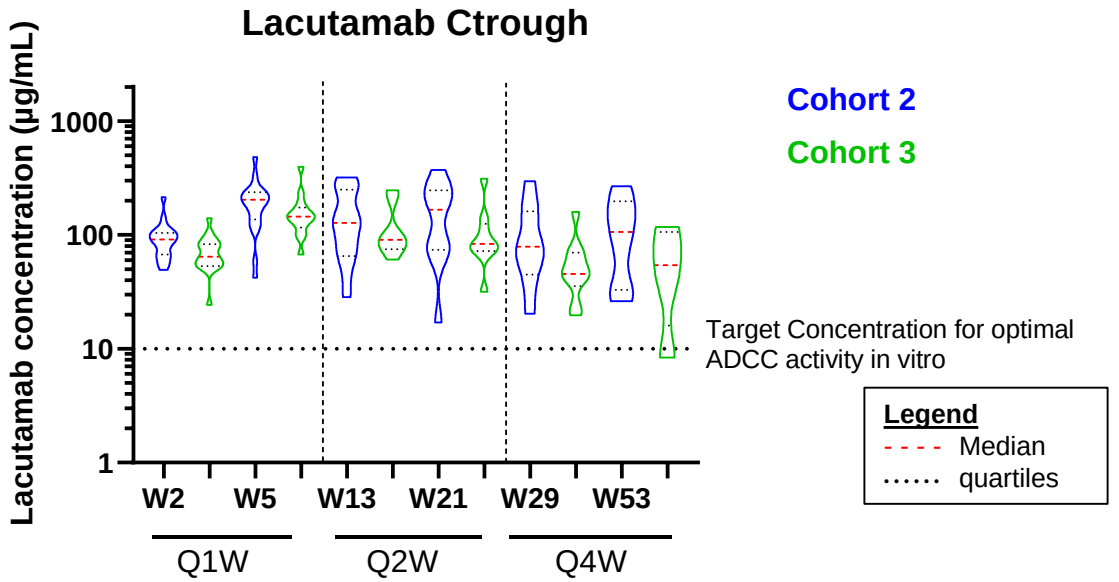
1. Event / as defined by the treating investigator
2. NCI NCI Common Terminology Criteria for Adverse Events (CTCAE)
3. 24Nov2020 Interstitial lung disease, Gr3 probably related, 11Nov2020 discontinued study treatment. Mar2022 Interstitial lung disease, Gr5 probably related

TELLOMAK MF Cohorts 2&3 (N=39)

PK and Immunogenicity

- Lacutamab has low immunogenicity in MF patients, with no impact on PK profile
- PK profile was consistent with Phase 1 data[1], obtained is SS patients
- Target concentration for skin anti-tumor efficacy and for optimal ADCC activity is reached





1. Bagot M et al, Lancet Oncol 2019

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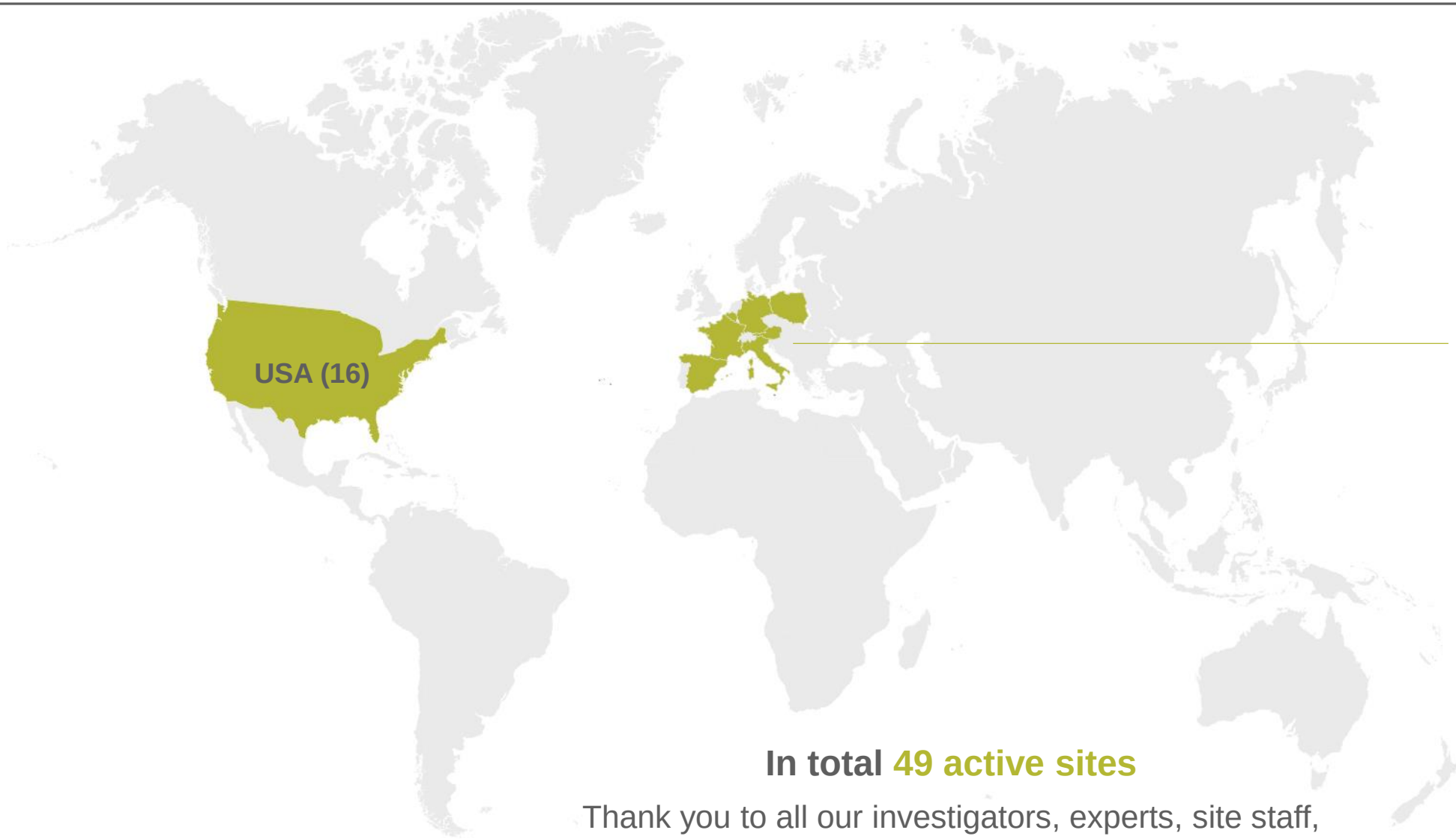
Conclusions - Preliminary data from Stage 1

- Within the advanced and heavily pre-treated population enrolled in TELLOMAK, Lacutamab demonstrates clinical activity with a favorable safety profile.
- Lacutamab met the predefined threshold of activity in the KIR3DL2 expressing MF patients cohort (Cohort 2) required to progress to Stage 2. However, the predefined threshold of activity in the KIR3DL2 non expressing MF patients cohort (cohort 3) was not met.
- Lacutamab showed low immunogenicity and reached target concentration in both the KIR3DL2 expressing and non-expressing patients.
- Enrollment to TELLOMAK continues* and final data in 2023 with long-term follow-up will provide more mature conclusions, including on duration of response and progression free survival.

*Cohort 1 (SS); Cohort 2 (KIR3DL2 expressing MF); All Comers cohort

With Thanks



France (10)

Germany (8)

Spain (6)

Italy (4)

Belgium (3)

Austria (1)

Poland (1)

In total 49 active sites

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