



Innate Pharma

Long standing expertise in immunology

Investor and analyst event New York

3 October 2024

EURONEXT : IPH.PA NASDAQ : IPHA

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Investor and Analyst Meeting

Strategic Overview and Outlook

Hervé Brailly

Chief Executive Officer ad interim, Chairman of the Executive Board

Lacutamab

Sonia Quaratino

Chief Medical Officer

ANKET®

Eric Vivier

Chief Scientific Officer

ADC

Yannis Morel

Chief Operating Officer

Monalizumab

Upcoming Catalysts &
Closing Remarks

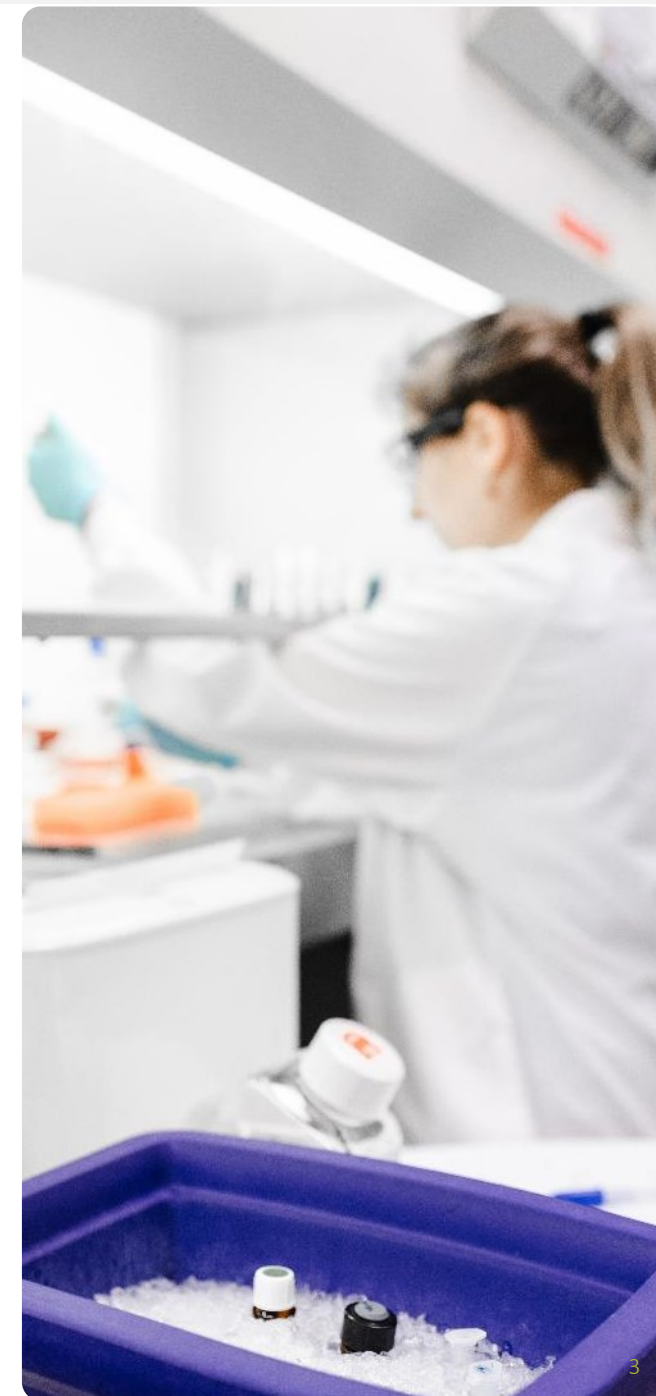
Arvind Sood

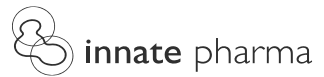
President of US Operations

Q&A

All speakers

2024 Scientific Symposium
10am – 5pm EST Mount Sinai School of Medicine
“Next Generation Immunotherapy Discoveries”





Strategic Overview and Outlook

Hervé Brailly

Chief Executive Officer

Chairman of the Executive Board



Scientific innovation drives our strategy

Leveraging our expertise in **innate immunity and antibody engineering** to develop novel, first-in-class therapies for cancer, advancing a diverse pipeline of proprietary and partnered assets with major biopharma companies



Lacutamab

*Phase 2 at ASCO & ASH
Registrational plans underway*

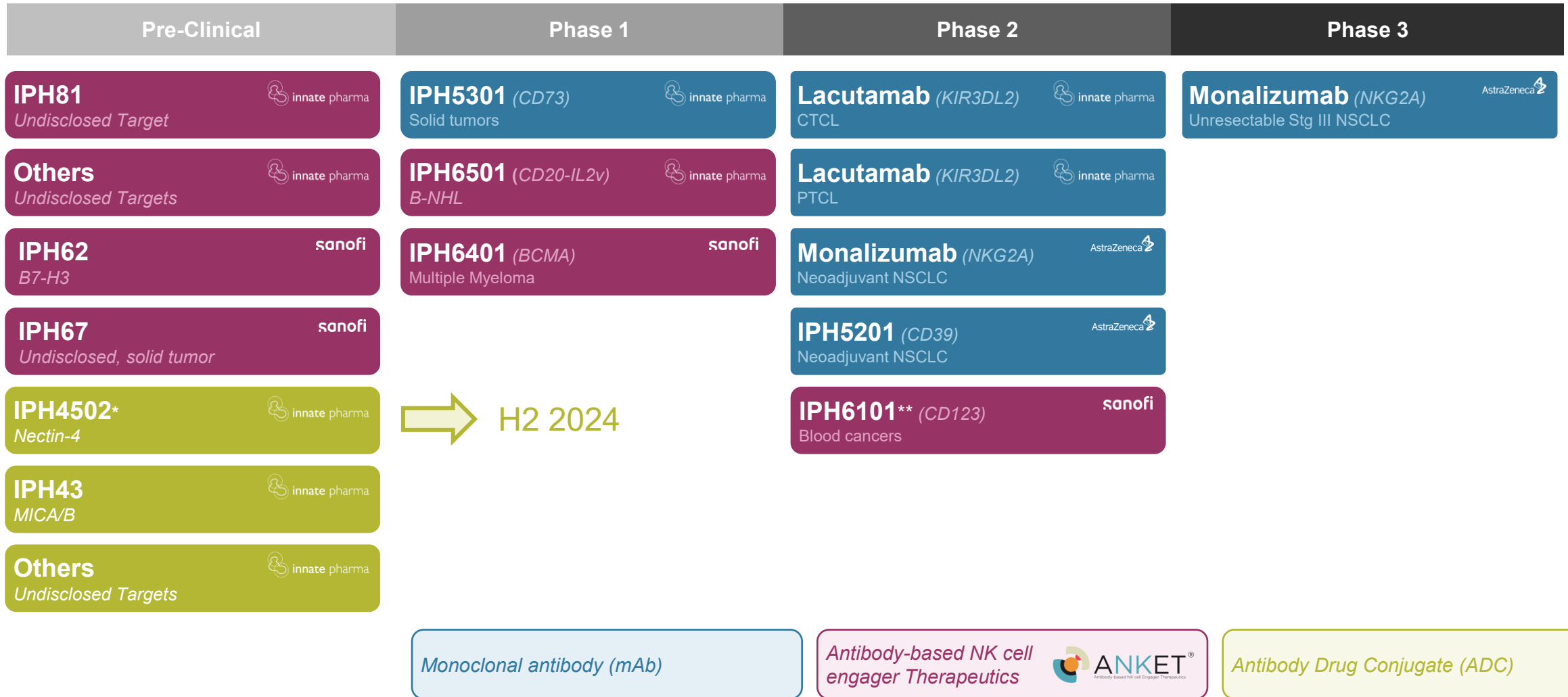
ANKET® & ADC

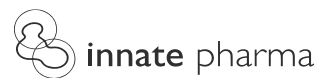
*IPH6501 at ASCO
IPH4502 Phase 1 preparation
SAR'579 progress to Phase 2 & 1L
combo*

Monalizumab

*Phase 3 trial underway,
further Phase 2 data at
ASCO & WCLC*

Our robust pipeline of proprietary & partnered assets





Lacutamab

Sonia Quaratino

Chief Medical Officer



Lacutamab | Clinical Trials

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

Cutaneous T cell lymphoma

Sézary syndrome

~90% KIR3DL2
expression $\geq 1\%$

Mycosis fungoides

TELLOMAK Phase 2 Trial

Sézary syndrome N=56

Minimum of 2 prior therapies, including mogamulizumab



Mycosis fungoides N=107

At least 2 prior systemic therapies



Sézary syndrome
Phase 2

LTFU 2025



Mycosis fungoides
Phase 2

LTFU 2025

Peripheral T cell lymphoma

~18,000 patients
~50% KIR3DL2
expression $\geq 1\%$

KILT Phase 2 Trial

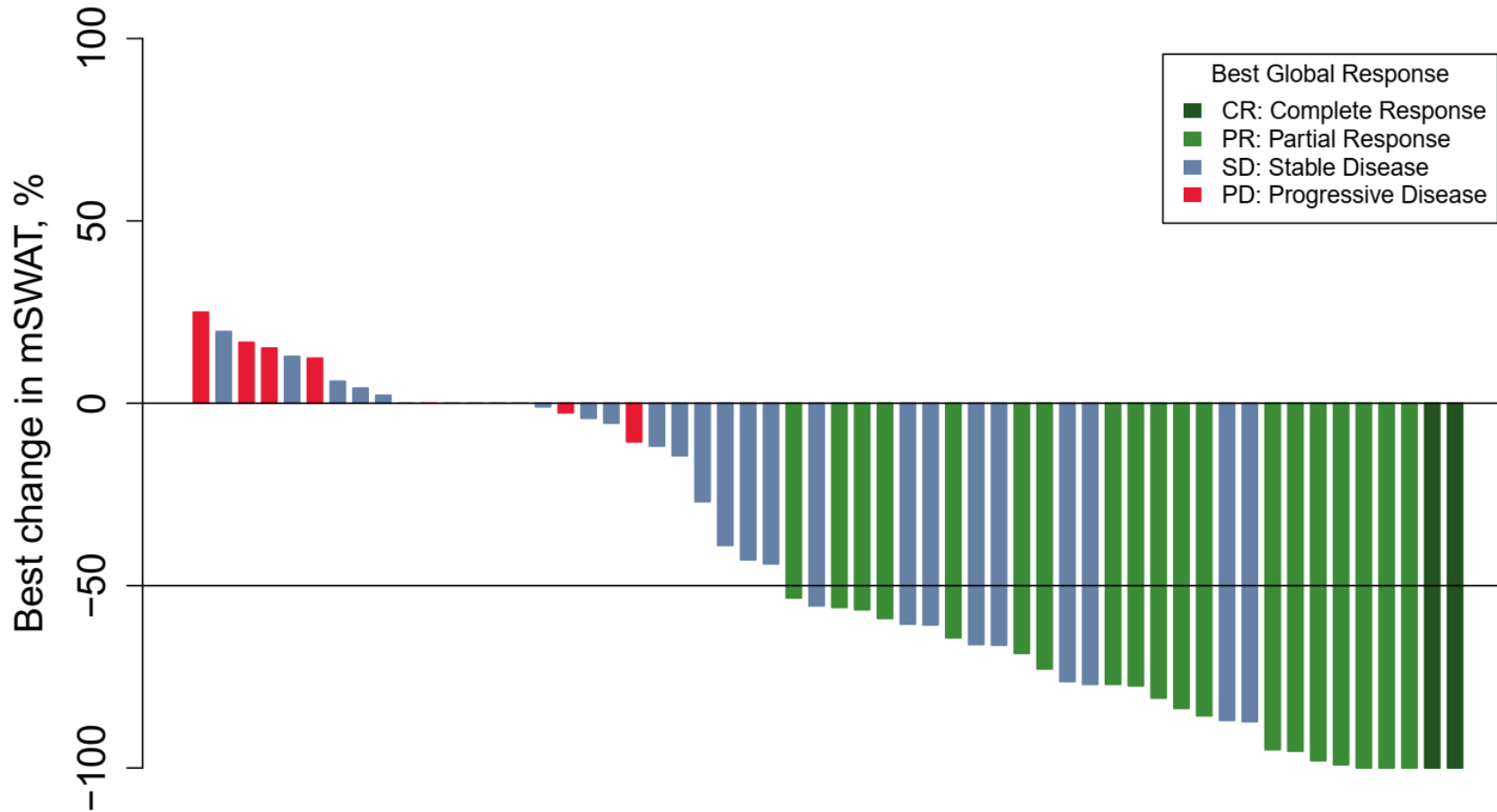
Combination with **GEMOX** chemotherapy (gemcitabine in combination with oxaliplatin)
versus GEMOX alone



Data 2025

TELLOMAK – Sézary syndrome Best Global Response (N=56)

Best Global Response = 37.5%

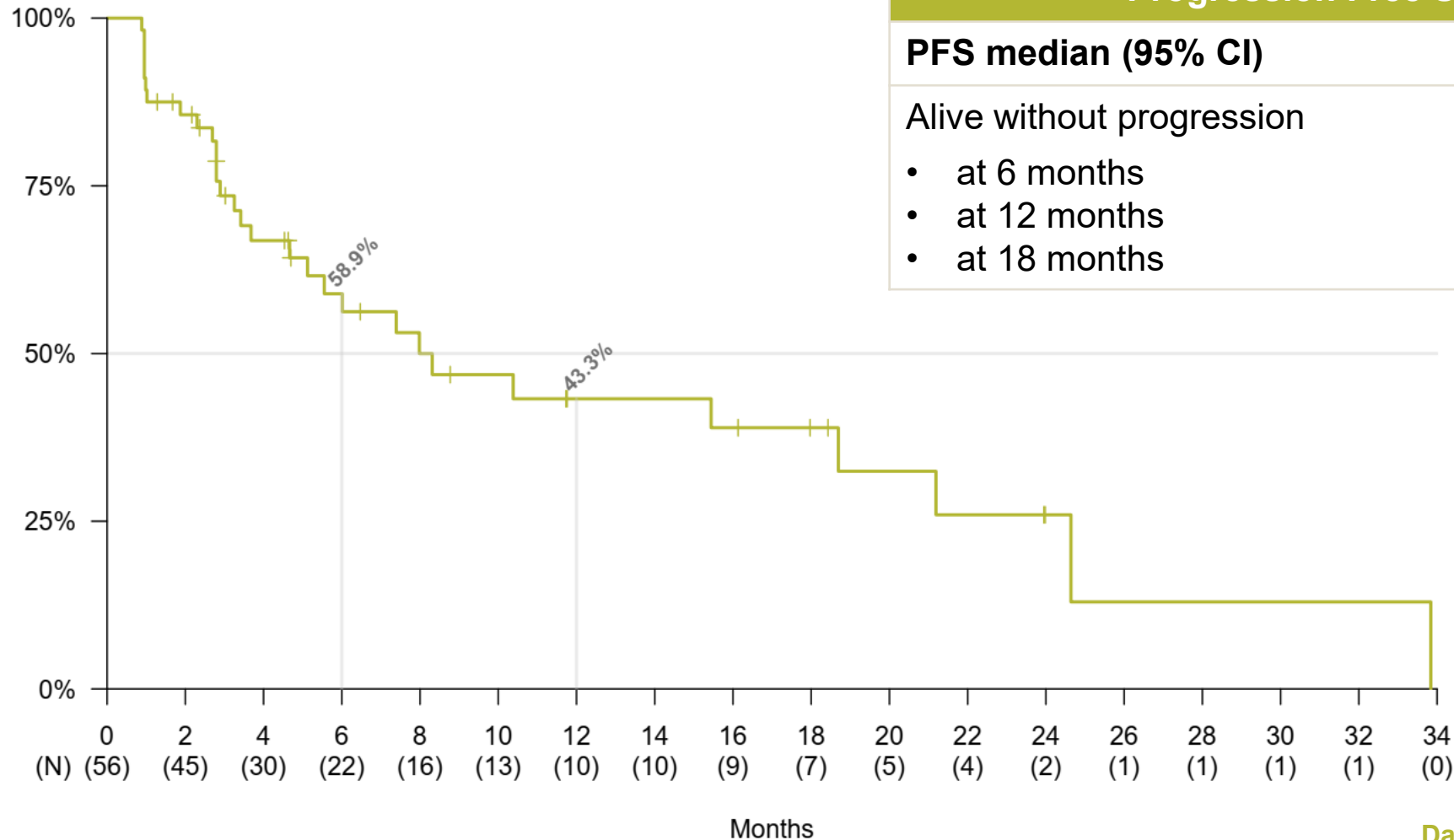


- 21 (37.5%) patients achieved Global Response, including 2 CR and 19 PR
- Median time to Global Response: 2.8 months (range: 1-9)
- Median Duration of Responses **12.3 months (5.2 - NE)**

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

TELLOMAK – Sézary syndrome

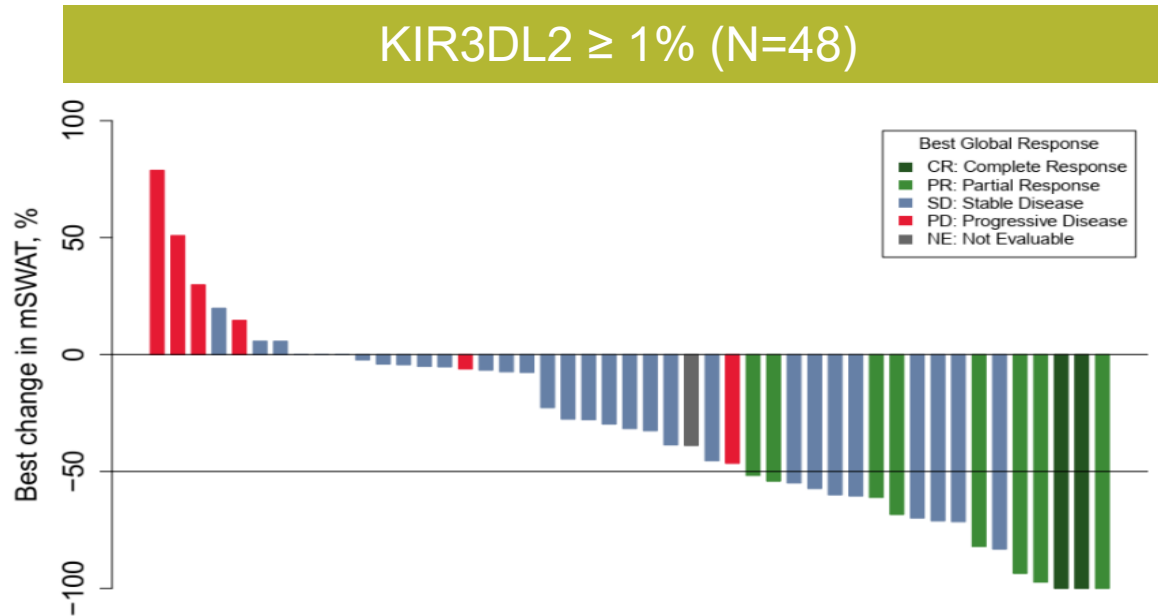
Efficacy results in SS patients: PFS



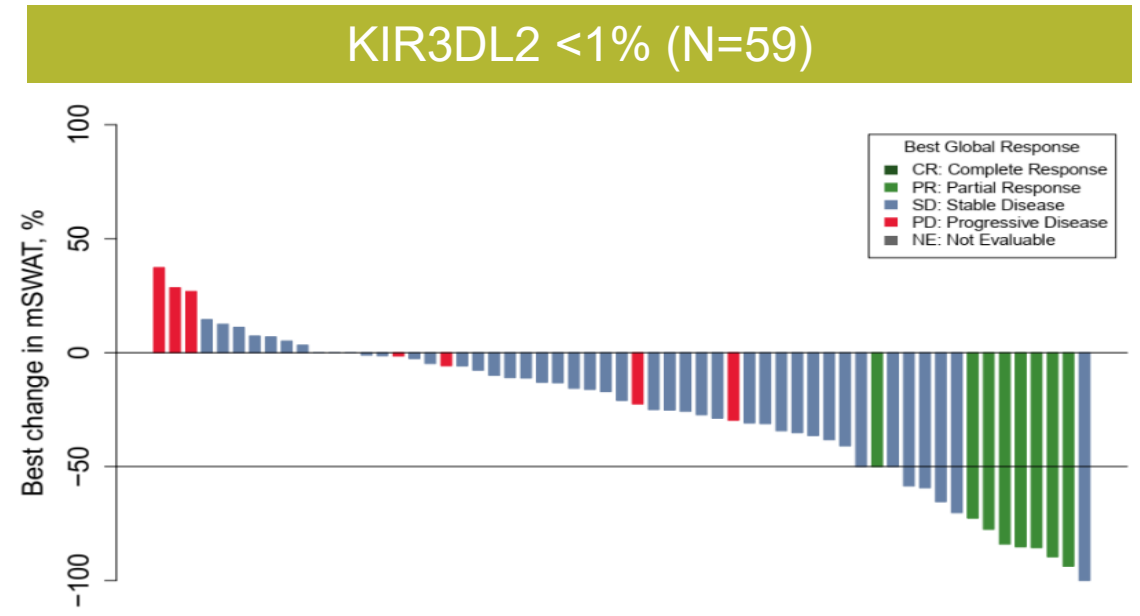
Data cut-off (DCO): May 1, 2023

TELLOMAK – Mycosis Fungoides

Waterfall plot for Best Overall Response by KIR3DL2 Expression Level



- 20.8% patients achieved Global Response, including 2 CR and 8 PR (95% CI 11.7, 34.3)
- Median time to Global Response: 1.0 months (range: 1-5)
- 33.3% of patients achieved a response in the skin (95% CI 21.7, 47.5)

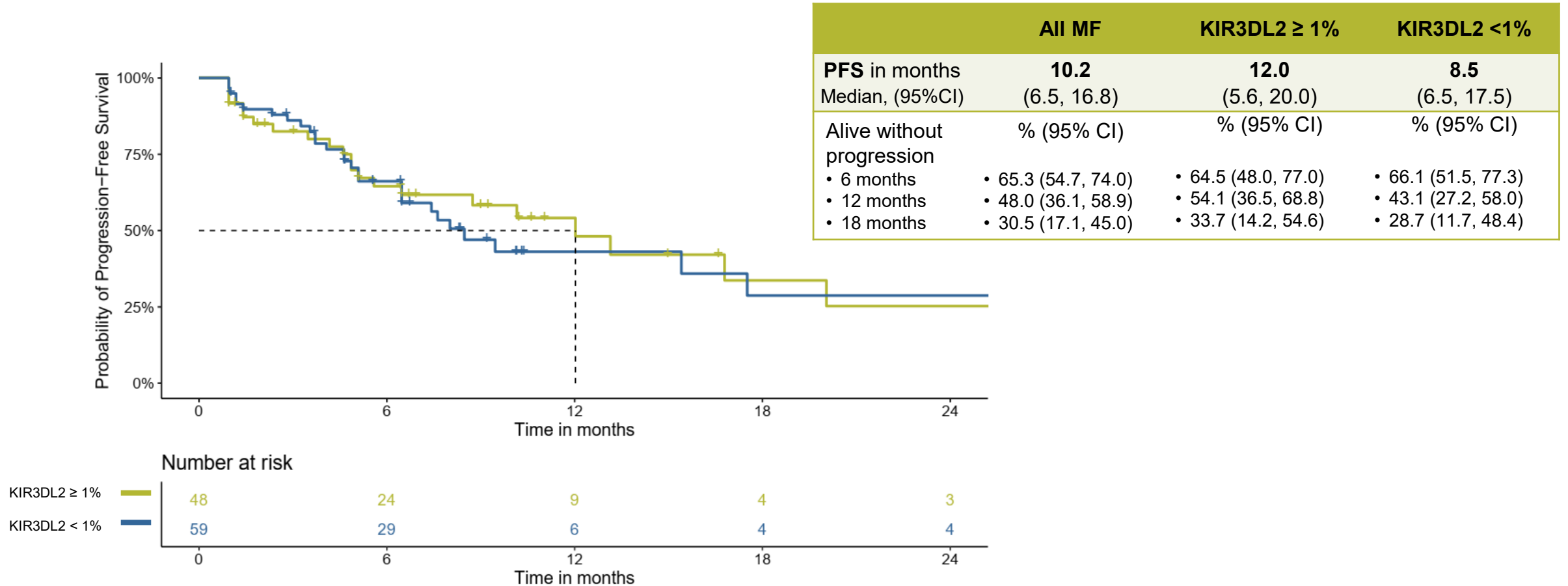


- 13.6% patients achieved Global Response, including 8 PR (95% CI 7.0, 24.5)
- Median time to Global Response: 1.9 months (range: 1-4)
- 25.4% of patients achieved a response in the skin (95% CI 16.1, 37.8)

Global ORR of 16.8% in MF patients regardless of KIR3DL2 expression level

TELLOMAK – Mycosis Fungoides

Efficacy results in MF patients: PFS including by KIR3DL2 Expression Level



Data cut-off (DCO): 13 OCT 23

TELLOMAK – Mycosis Fungoides Patient Case

Patient characteristics

- 68-year-old female
- MF diagnosed in 2016
- 4 previous lines of therapy (PUVA therapy, bexarotene, interferon, methotrexate)
- T2N0M0B1 at baseline
- Response:
 - Skin: PR from W5, CR from W37
 - Blood: CR from W5
 - LN: Not involved (N0 at baseline)
 - Global: PR from W5 then **CR from W37**, still ongoing (last evaluation W153 in Jan 2024)

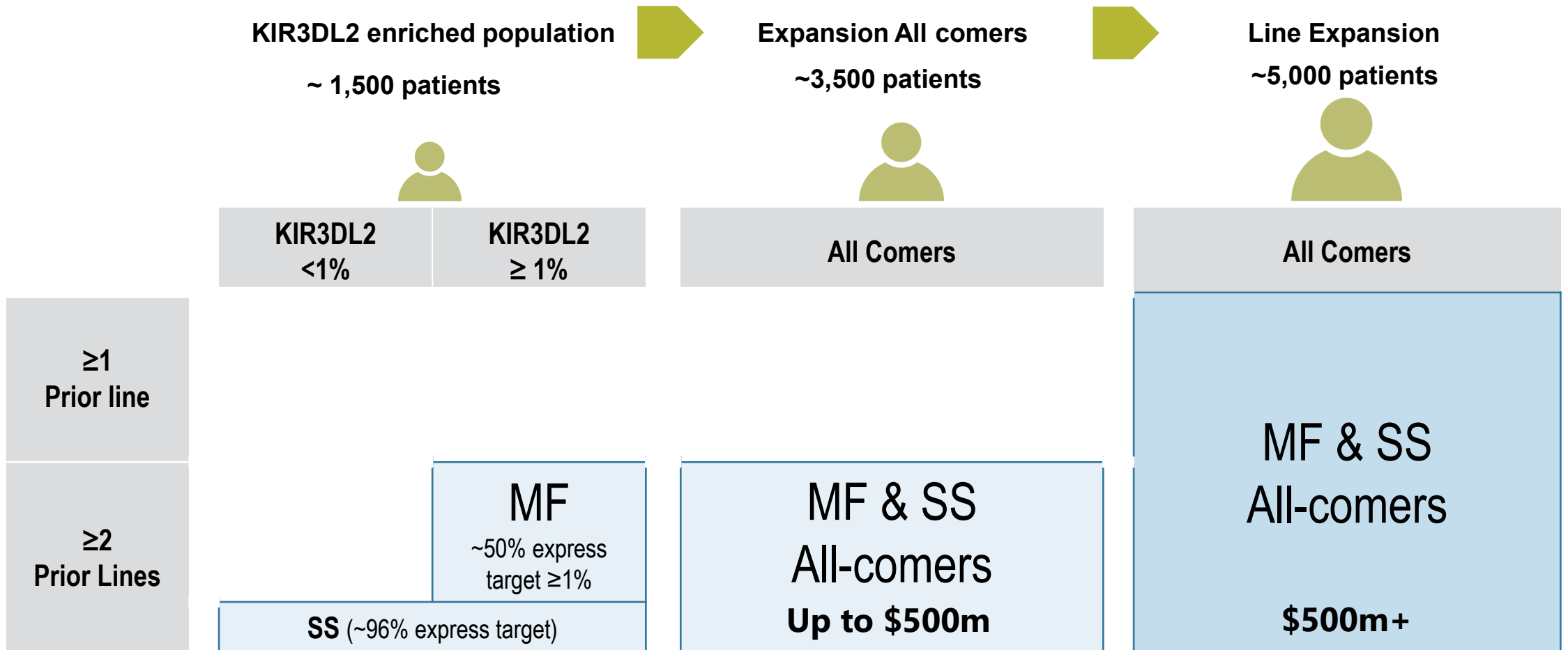
BASELINE October 05, 2020

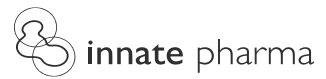


Week 57 March 29, 2022



TELLOMAK data support lacutamab as a potential new SoC in MF & SS with opportunity across patient subgroups and earlier lines of therapy





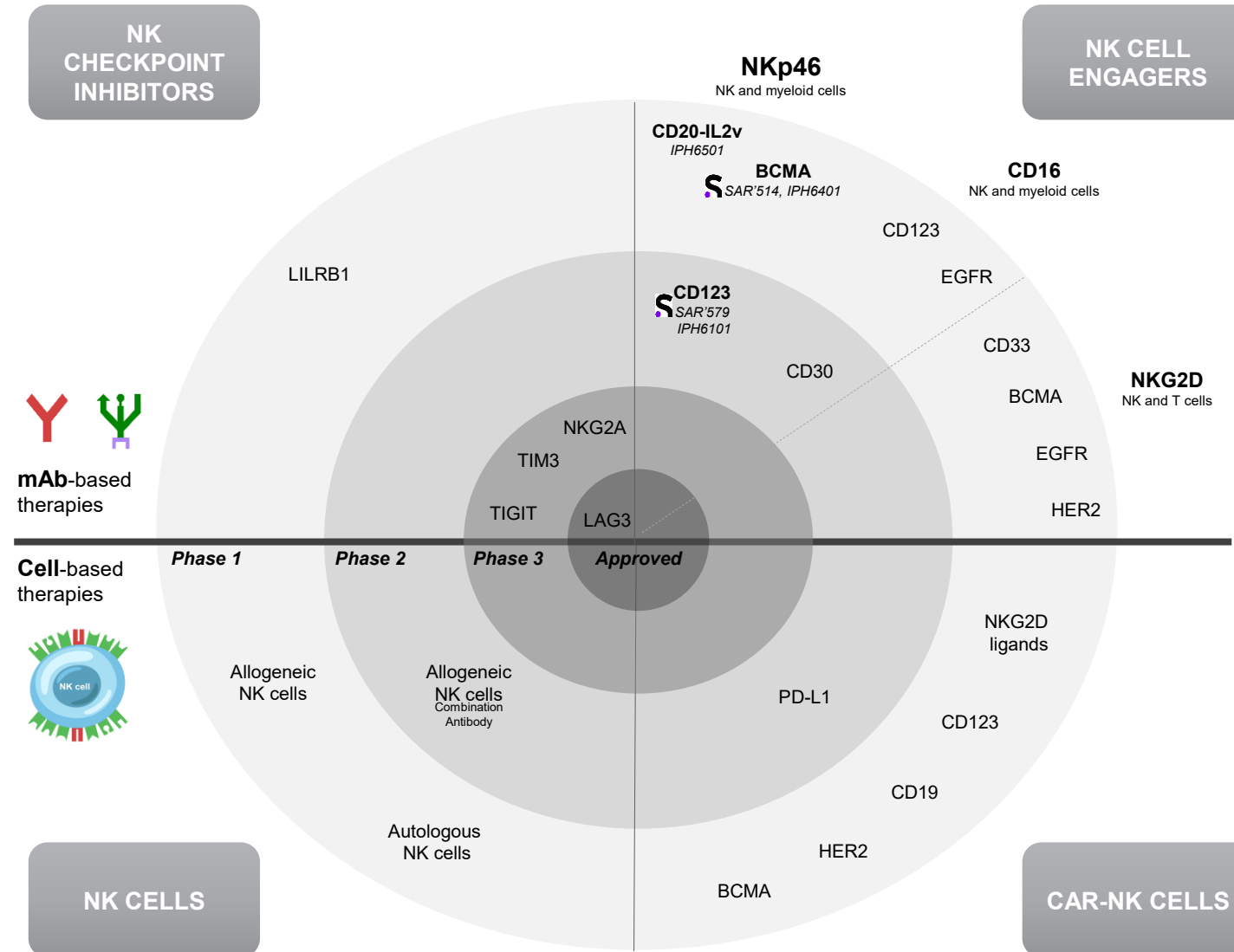
ANKET[®]

Eric Vivier

Chief Scientific Officer



Clinical landscape of NK-cell-targeting approaches in cancer therapy



Harnessing innate immunity in cancer therapy

Olivier Demaria¹, Stéphanie Cornen¹, Marc Daëron^{2,3}, Yannis Morel¹, Ruslan Medzhitov⁴ & Eric Vivier^{1,2,5*}

NATURE | VOL 574 | 3 OCTOBER 2019

Natural killer cell therapies

<https://doi.org/10.1038/s41586-023-06945-1>
Received: 11 September 2023

Eric Vivier^{1,2,3,4,5*}, Lucas Rebuffet⁶, Emilie Narni-Mancinelli⁷, Stéphanie Cornen¹, Rob Y. Iggarashi⁸ & Valeria R. Fantin⁹

Nature | Vol 626 | 22 February 2024 | **727**

ANKET[®]

NK
CHECKPOINT
INHIBITORS

Cell

Anti-NKG2A mAb Is a Checkpoint Inhibitor that Promotes Anti-tumor Immunity by Unleashing Both T and NK Cells

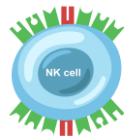
Authors

Pascale André, Caroline Denis, Caroline Soulas, ..., Emilie Narni-Mancinelli, Roger B. Cohen, Eric Vivier



mAb-based
therapies

Cell-based
therapies

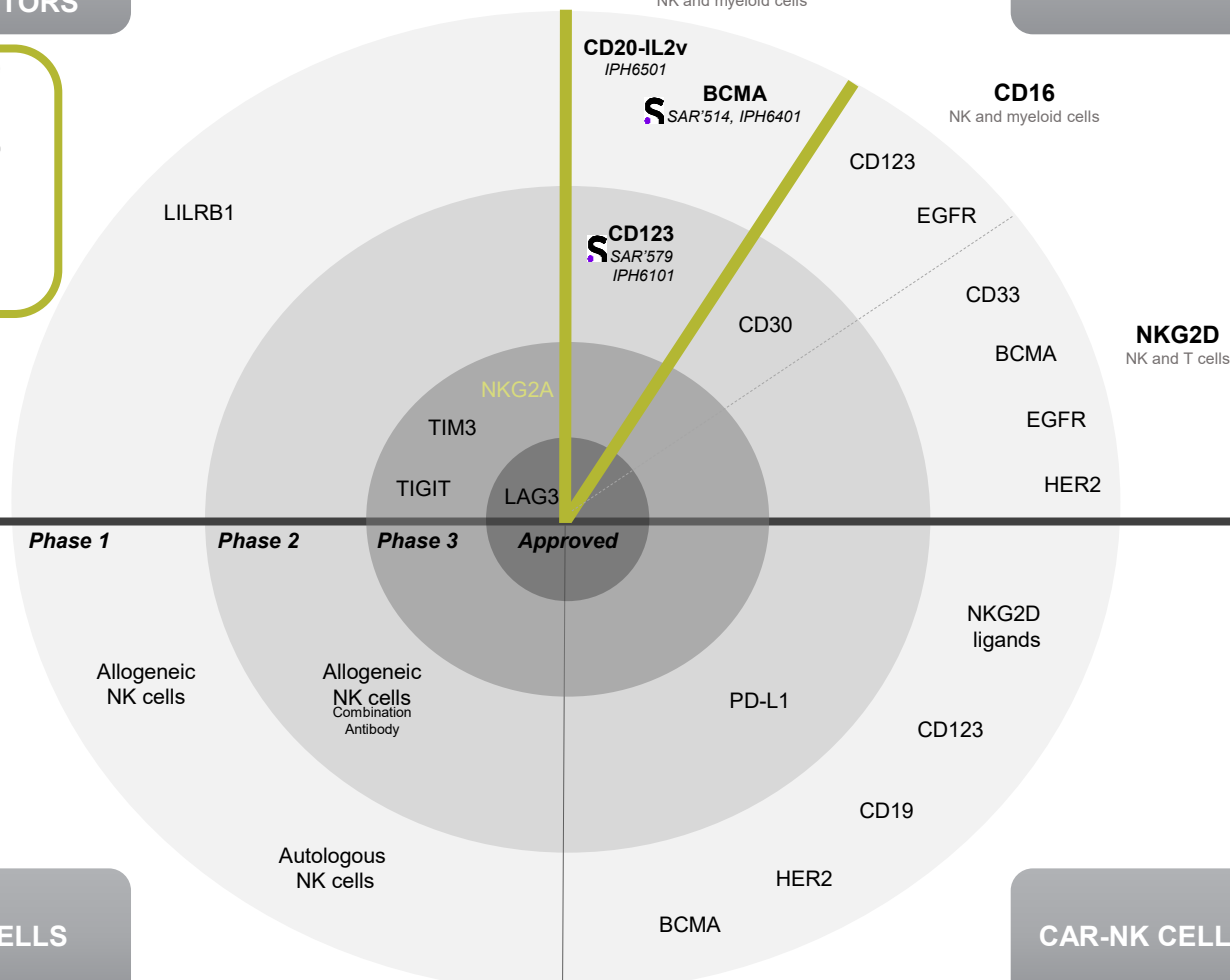


NK CELLS



NKp46
NK and myeloid cells

NK CELL
ENGAGERS



Cell

Multifunctional Natural Killer Cell Engagers Targeting NKp46 Trigger Protective Tumor Immunity

Authors

Laurent Gauthier, Ariane Morel, Nadia Ancertz, ..., Yannis Morel, Emilie Narni-Mancinelli, Eric Vivier

nature biotechnology

Control of acute myeloid leukemia by a trifunctional NKp46-CD16a-NK cell engager targeting CD123

Received: 10 August 2022
Accepted: 20 November 2022
Published online: 14 January 2023
© Check for updates
Laurent Gauthier^{1,2,3,4,5*}, Ariane Morel^{6,7,8}, Nadia Ancertz^{9,10}, Yannis Morel^{1,2,3,4,5}, Emilie Narni-Mancinelli^{1,2,3,4,5}, Stéphanie Cornen^{1,2,3,4,5}, Alexander Bauer¹¹, Magali Agard¹², Françoise Gauthier¹³, Dominique Gauthier¹⁴, Fabrice Rousseau¹⁵, Anne-Laure Bouteiller¹⁶, Ariane Morel¹⁷, Yannis Morel¹⁸, Michelle Chénou¹⁹ & Eric Vivier^{1,2,3,4,5*}

Deciphering tetraspecific natural killer cell engager activity in lymphoma therapy
Demaria et al. *Science Immunology*

How do we elicit NK killing activity against cancer cells? **ANKET®**



NK SPECIFICITY

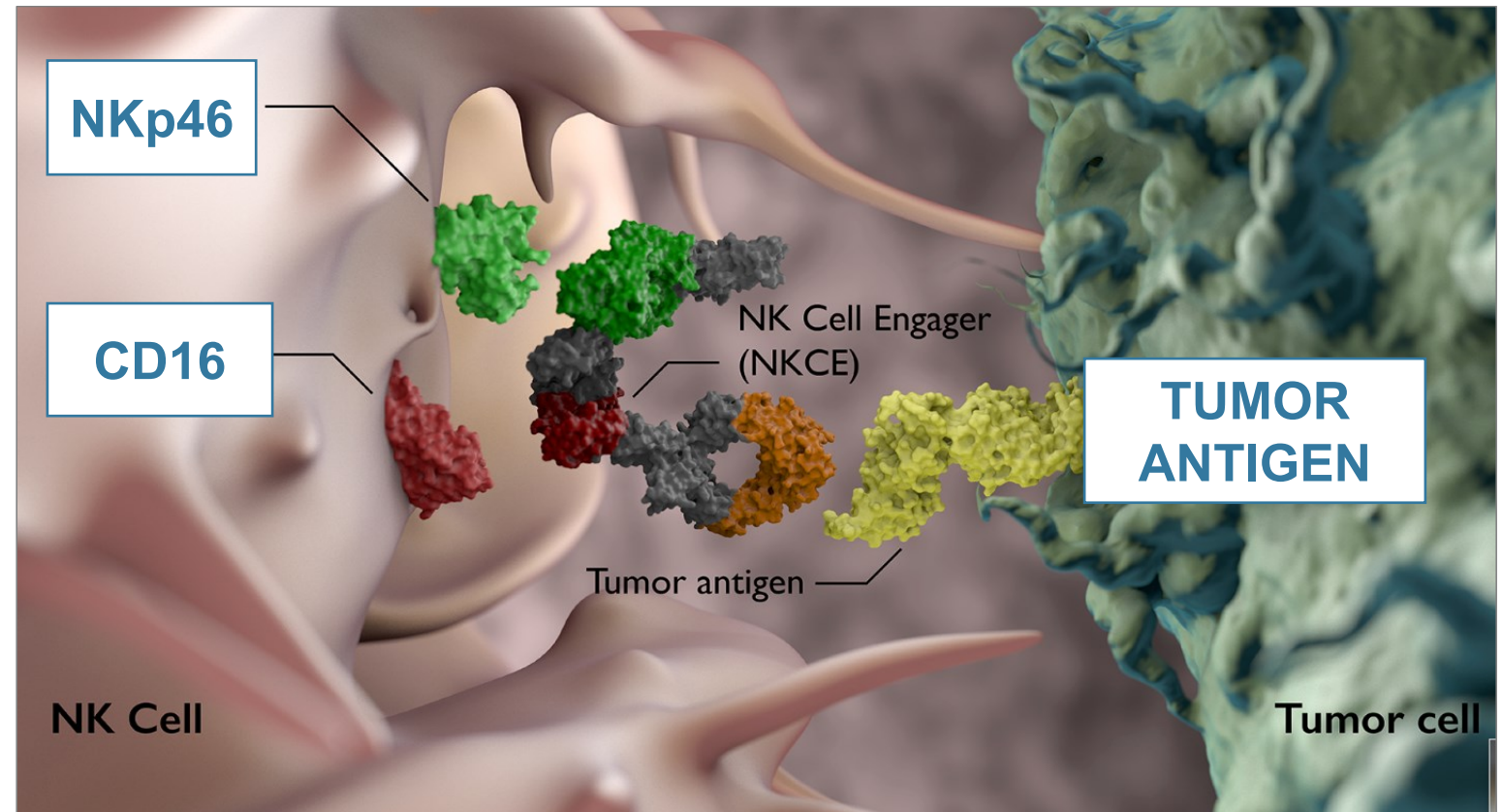
NKp46 is the most specific activating receptor of NK cells

NKp46 STABILITY

Unlike many other activating receptors, NKp46 is conserved on NK cells infiltrating solid tumors

STRONG ACTIVATION

NKp46 induces strong activation that synergizes with CD16 activating receptor engagement



A proprietary platform harnessing NK cells through NKp46

Multiple ANKET® programs targeting hematological malignancies and solid tumors

Growing clinical pipeline

SAR443579 / IPH6101 (CD123)

sanofi

Phase 1 / 2

SAR'514 / IPH6401 (BCMA)

sanofi

Phase 1 / 2

IPH6501 (CD20)

innate

Phase 1 / 2

IPH81 (Undisclosed)

innate

Research

IPH62 (B7-H3)

sanofi

Research

IPH67 (Undisclosed, solid tumor)

sanofi

Research

Option

sanofi

Research

Multiple Targets

innate

Research



FDA Fast Track Designation in AML 2023

SAR443579 progress to Ph2 in R/R AML

New Phase 1/2 in 1L AML in combination with azacytidin + venetoclax

Proprietary IPH6501 in Phase 1/2 in B-NHL : TiP at ASCO 2024

Preclinical poster at ASCO 2024

2024 ASCO
ANNUAL MEETING

SAR'579 / IPH6101 promising preliminary single agent clinical activity in R/R AML

SAR'579 (SAR443579) / IPH6101 is a trifunctional anti-CD123 NKp46-CD16 NK cell engager

sanofi

PHASE 1 / 2 underway in R/R AML,
B-cell ALL or HR MDS

Efficacy results

59 patients (58 R/R AML and 1 HR-MDS)

Median of 2.0 (1.0 – 10.0) prior lines of treatment

Well tolerated up to 6 mg/kg QW

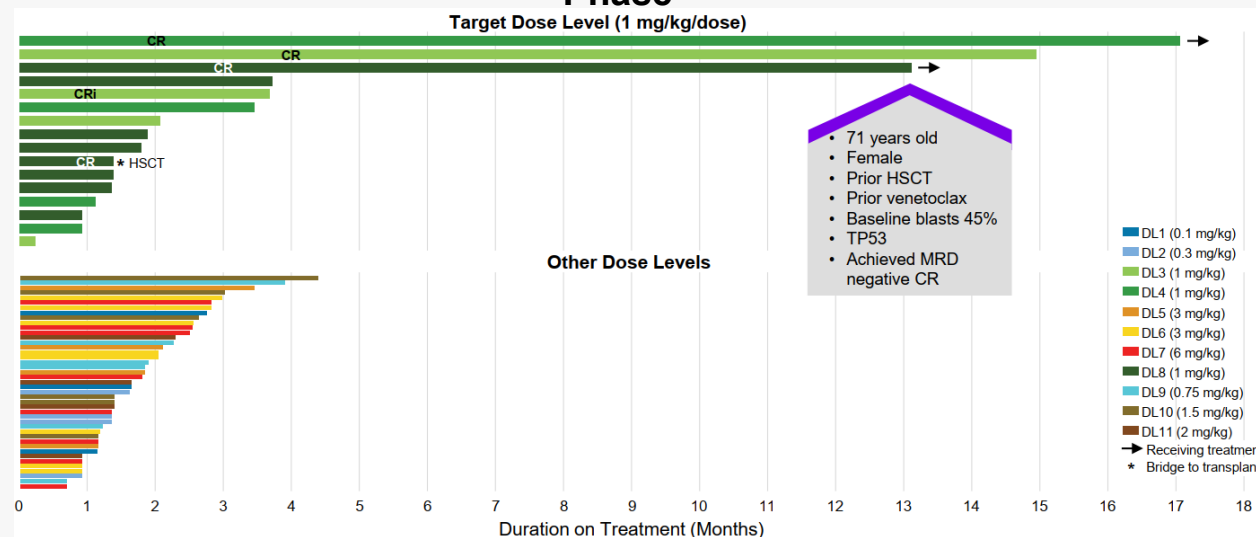
Observed clinical benefit in patients with R/R AML

At final target dose of 1mg/kg QW, **5/15 (33.3%) AML patients achieved a CR** (4CR/1CRi)*

Median treatment duration 7.9 weeks,

Durable CR (>10 months) observed in 3 patients with 2 remaining on maintenance therapy as of the data cutoff (March 21, 2024)

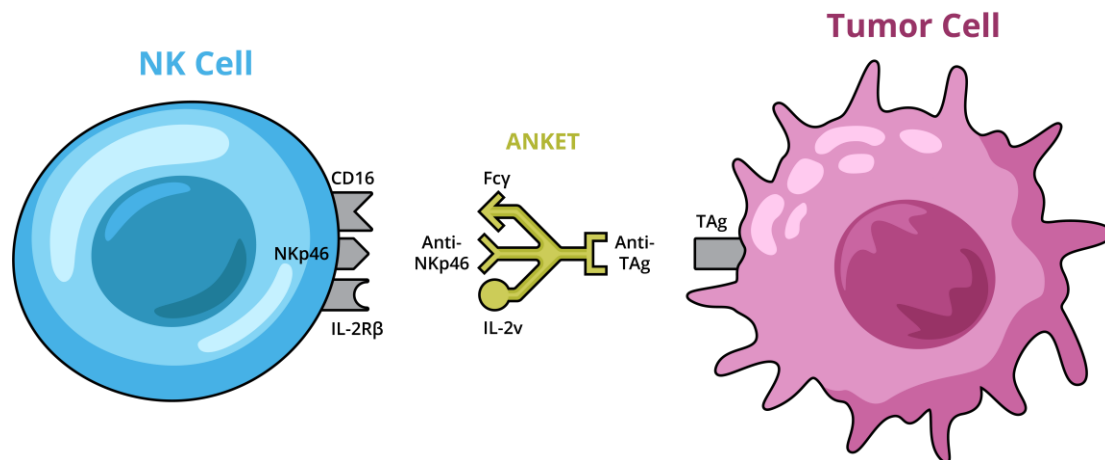
Individual Patient Responses per Investigator: Dose-Escalation Phase



EHA 2024

SAR443579/IPH6101 received Fast Track Designation for the treatment of acute myeloid leukemia

IPH6501, a novel CD20-targeting tetraspecific natural killer cell engager issued from ANKET® platform, has started clinical study in B-cell malignancies



Phase 1/2 first-in-human, multicenter,
in Patients With Relapsed and/or
Refractory Non-Hodgkin Lymphoma
NCT06088654

First patient dosed in March 2024

IPH6501

IL2v-armed
Tetra-specific
ANKET®
targeting CD20

❖ Innovative MOA

➔ Triggers NK cell expansion (IL2v) and cancer elimination

❖ Differentiate vs allogeneic NK cells

➔ Drive activation and proliferation of patient's own NK cells

❖ Overcome resistance (CD16 loss)

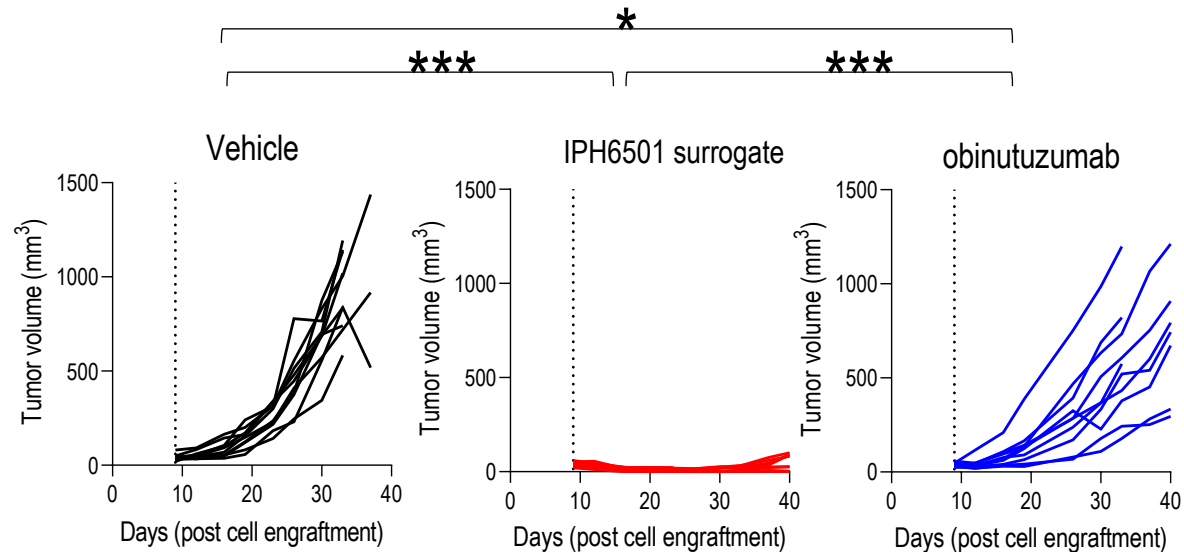
➔ Ensure activation of intra-tumoral NK cells through NKp46

❖ Bystander tumor cell killing

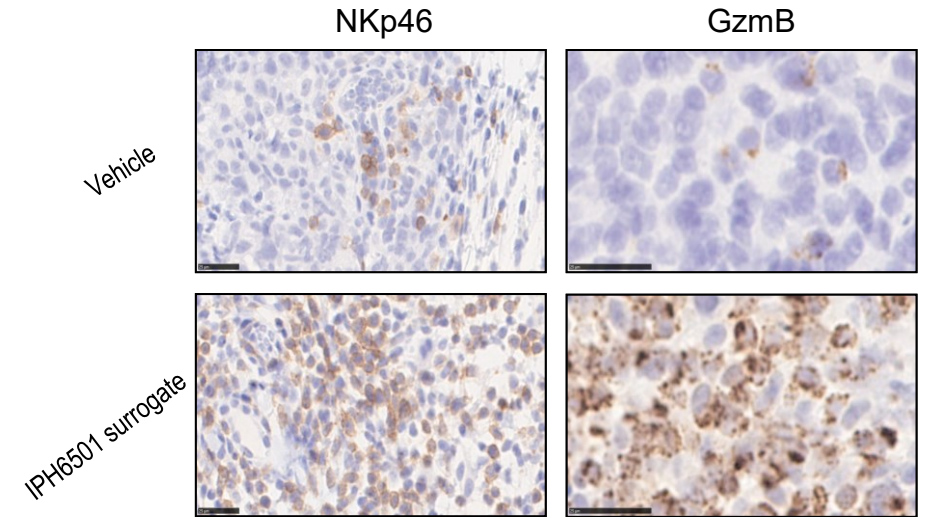
➔ Eliminate tumor escape variants

IPH6501 surrogate induces more efficient anti-tumor activity than obinutuzumab in a human CD20+ tumor model in mice

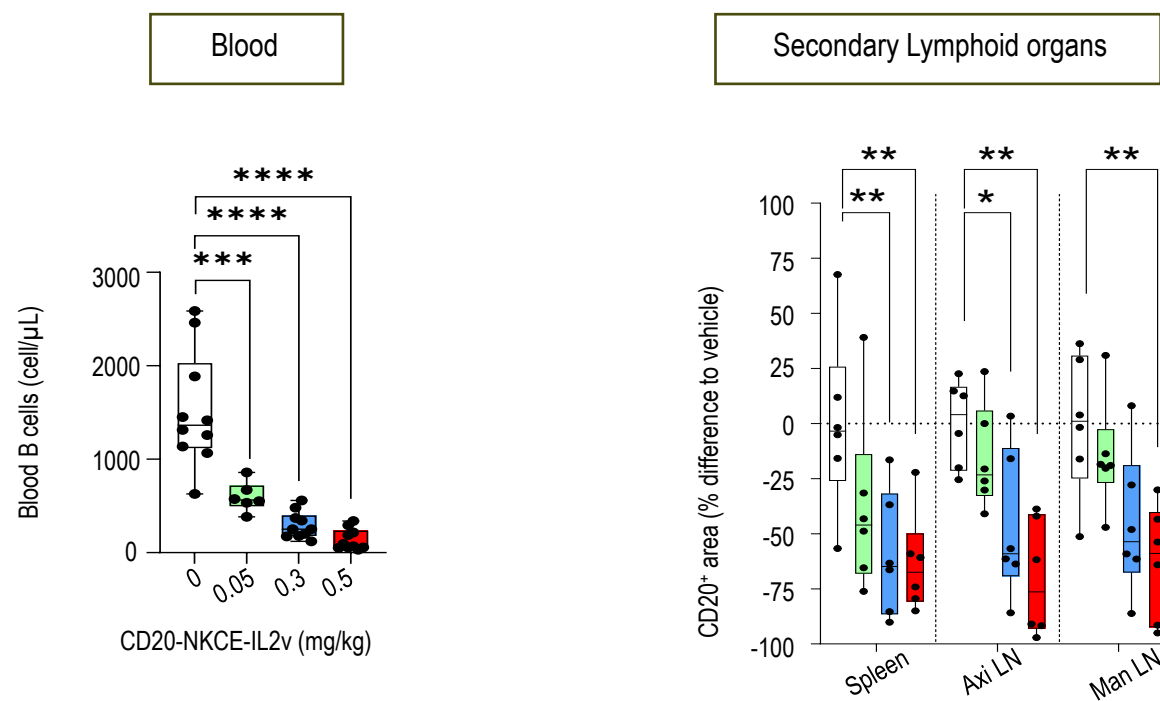
IPH6501 controls tumor growth in vivo



IPH6501 increases NK cell infiltration at tumor bed



IPH6501

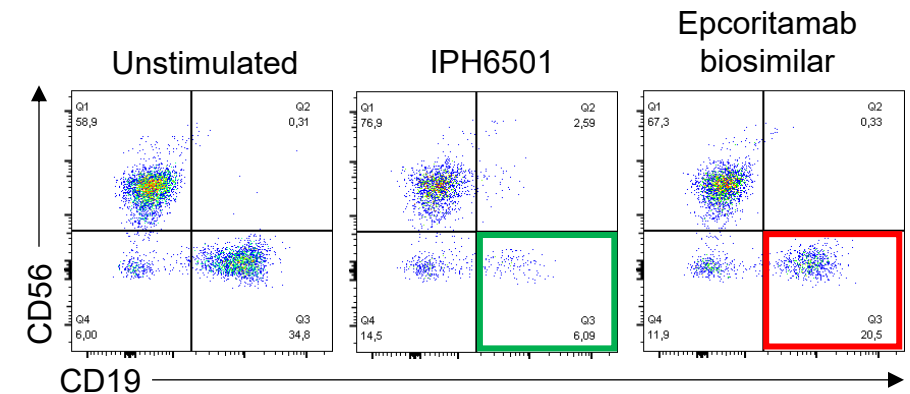
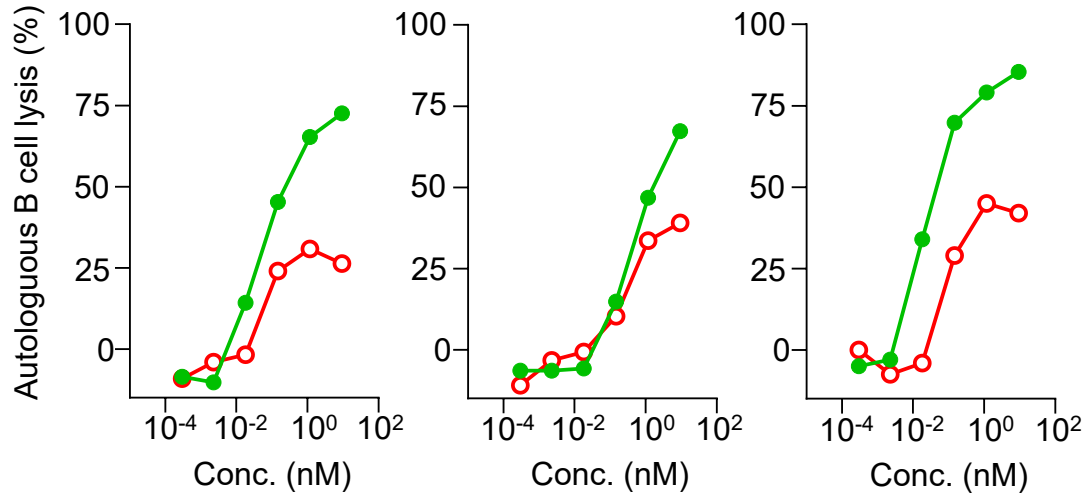


In samples from R/R B-NHL patients, IPH6501 induces higher depletion of autologous B cells than T cell engager (TCE)

- IPH6501
- Epcoritamab biosimilar (CD20-TCE)

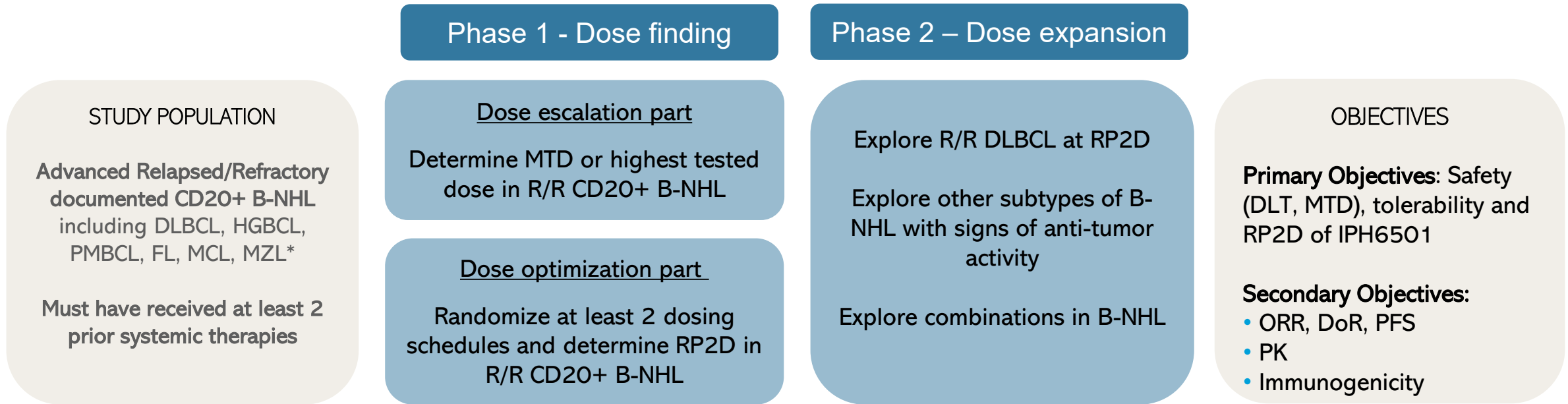


Autologous B cell depletion in samples from R/R BNHL patients



IPH6501 Phase 1/2 study design in R/R CD20+ NHL

A phase 1/2, open-label, multi-center trial investigating the safety, tolerability, and preliminary anti-neoplastic activity of IPH6501 in patients with relapsed and/or refractory CD20-expressing non-Hodgkin lymphoma ([NCT06088654](#))



Phase 1/2 recruitment ongoing with first patient dosed in March 2024

Data will inform next steps

IPH6501 potential path forward

2025

Generate safety data and preliminary signals of activity in CD20+ B-NHL

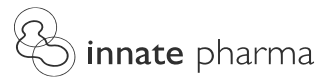
2026

Confirm activity signal with dose optimized in CD20+ B-NHL & select B-NHL subtypes for expansion cohorts

2027 &
beyond

Expansion study in selected B-NHL subtypes & explore combination in earlier lines and other CD20+ B-NHL

Data will inform next steps



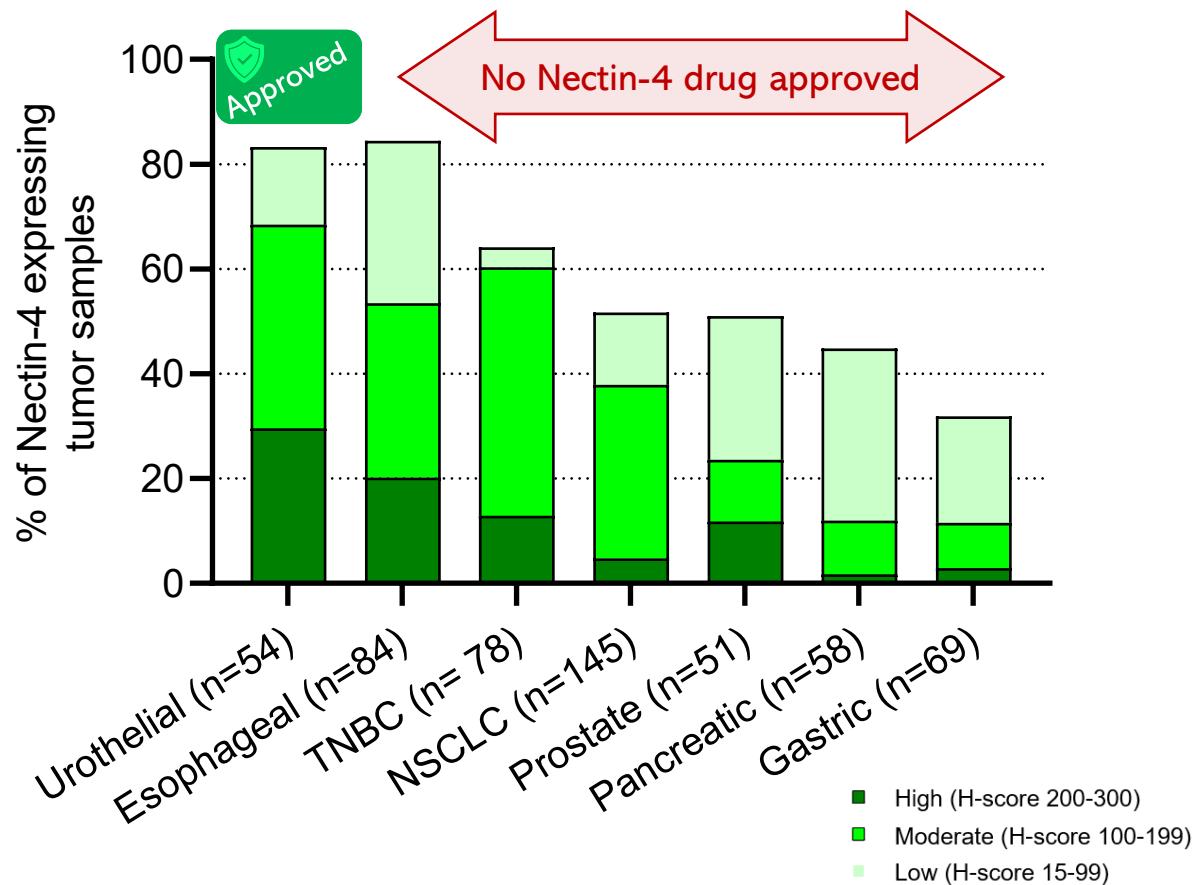
ADC IPH4502

Yannis Morel

Chief Operating Officer



Target Nectin-4 in a broad panel of indications on top of bladder cancer



OPPORTUNITIES

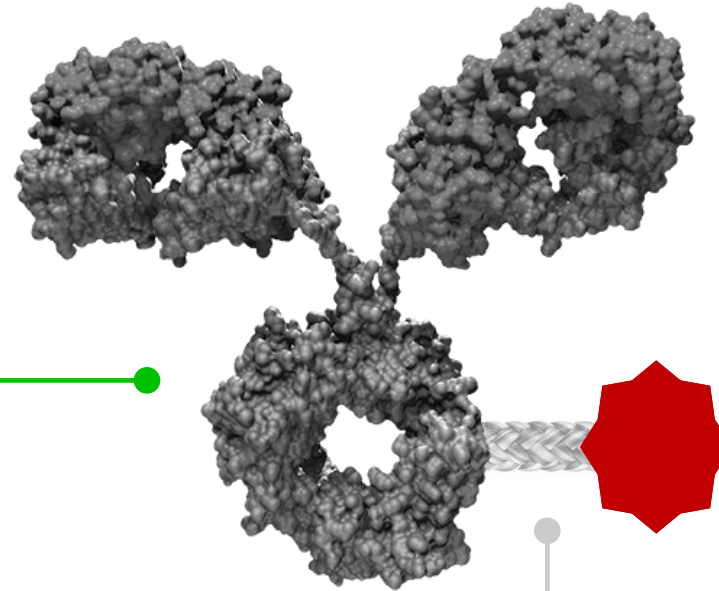
- PADCEV (enfortumab vedotin, EV) is approved in bladder where expression of Nectin-4 is the highest
- Relapses are frequently observed creating a growing medical need in post-EV setting
- EV induces toxicity leading to frequent discontinuation
- Limited evidence that EV is active in other indications

IPH4502 is a novel and differentiated Nectin-4 DAR8 exatecan ADC

Binder

Proprietary humanized anti-Nectin-4 Antibody

- Differentiated epitope, non-overlapping with EV (no competition for binding)
- High affinity and high internalization
- Fc-competent IgG1, with the ability to mediate ADCC and CDC



Payload

Exatecan, a Topoisomerase I inhibitor

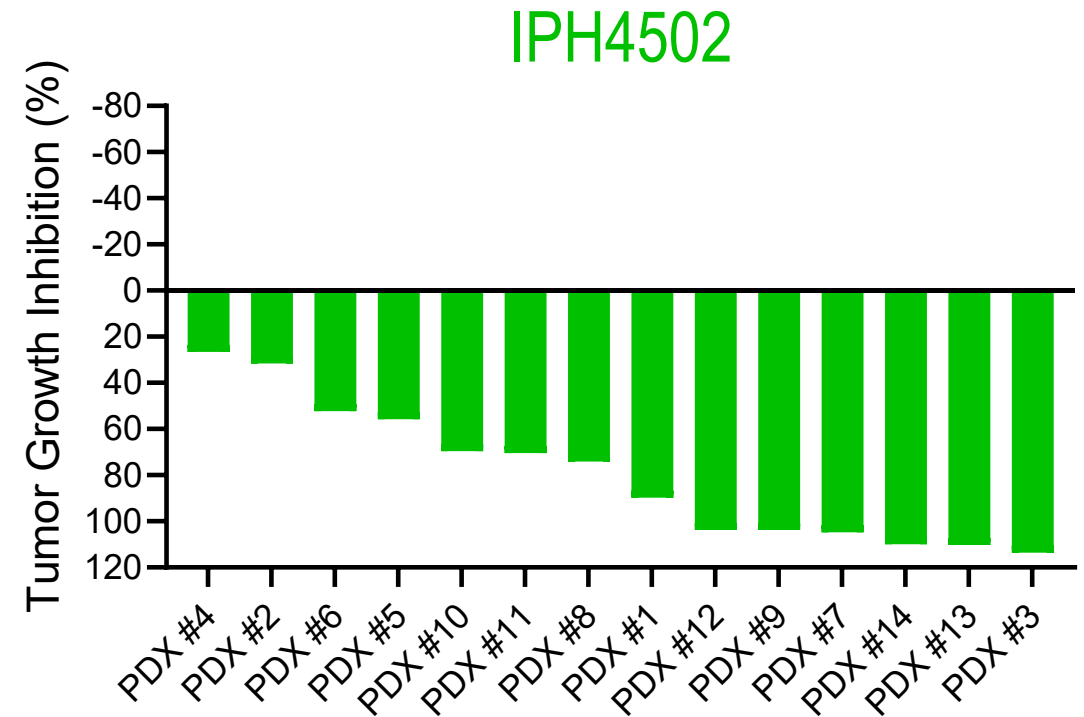
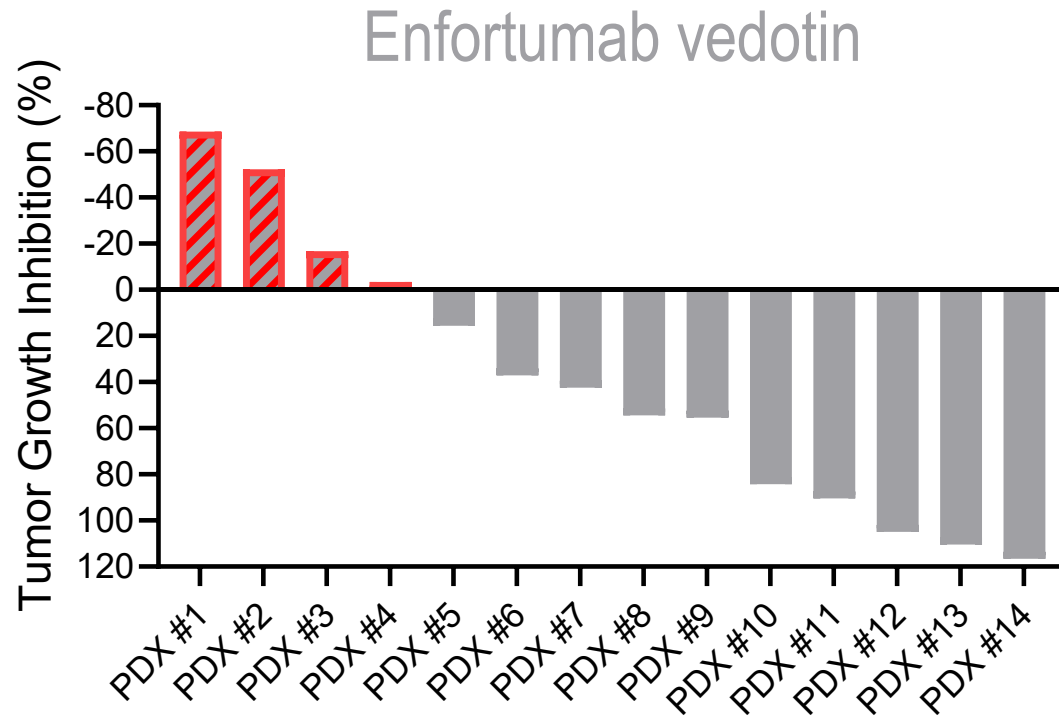
- Optimal therapeutic index expected
- Active in EV/MMAE-resistant models
- Bystander effect, higher activity than MMAE-ADCs in Nectin-4 low/heterogenous expression

Linker

Cleavable

- **Hydrophilic** → improved half-life, low clearance
- **Stable** → improved safety with low release of free drug
- **Excellent conjugability** → high yield manufacturing process

IPH4502 shows broader and stronger efficacy than EV in multiple PDX models from bladder cancer patients

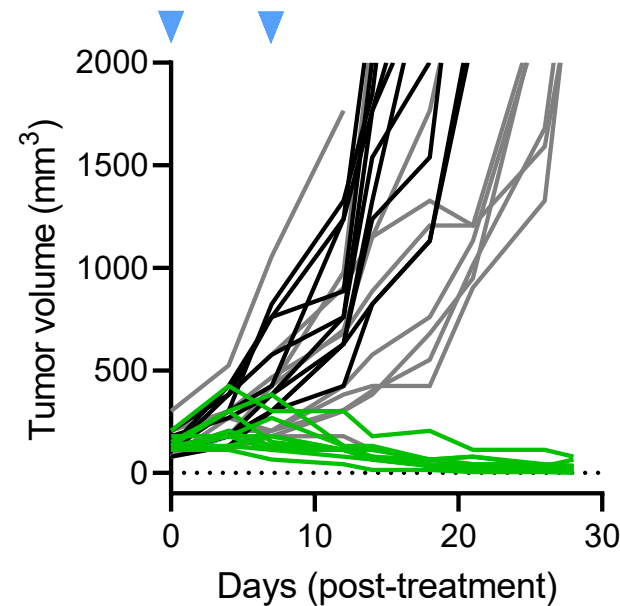
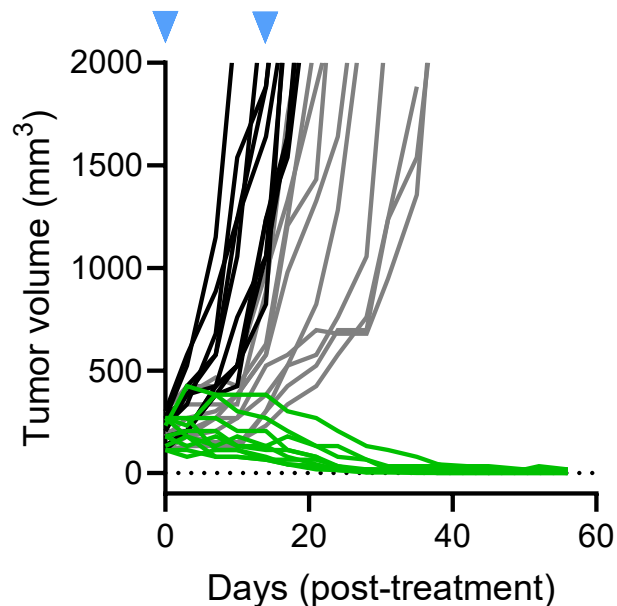
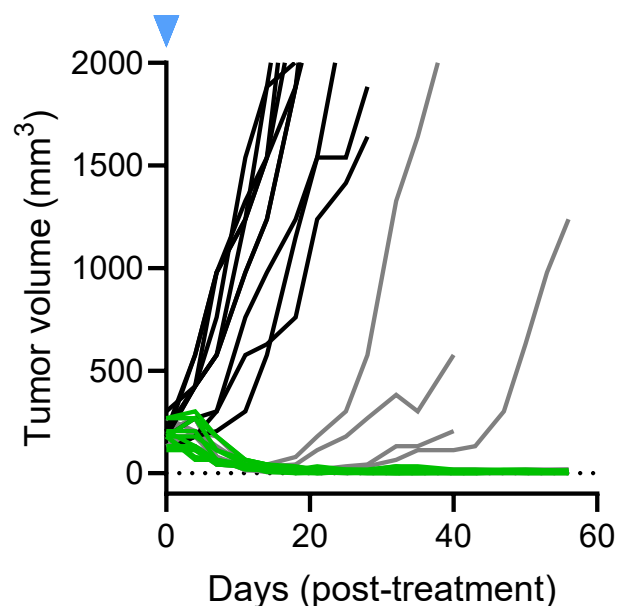
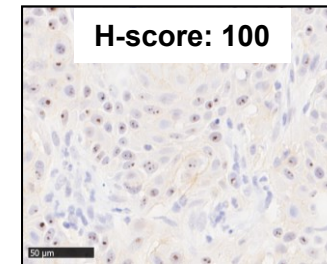
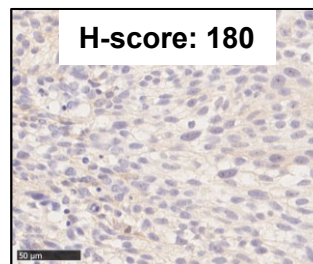
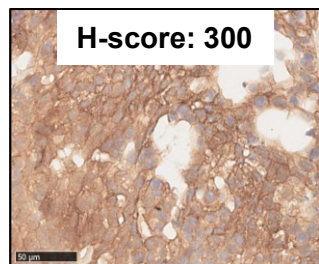


Mice were treated with the same dose (4mg/kg) for both ADCs

Tumor Growth Inhibition (TGI) = relative change in tumor volume compared to the initial mean tumor volume for the treated group (EV or IPH4502) and the control group (IC-Exatecan) on the last day when all mice from IC-Exa group still alive

IPH4502 shows efficacy across various Nectin-4 expression levels & demonstrates superior activity to EV in bladder PDX models

Nectin-4
expression

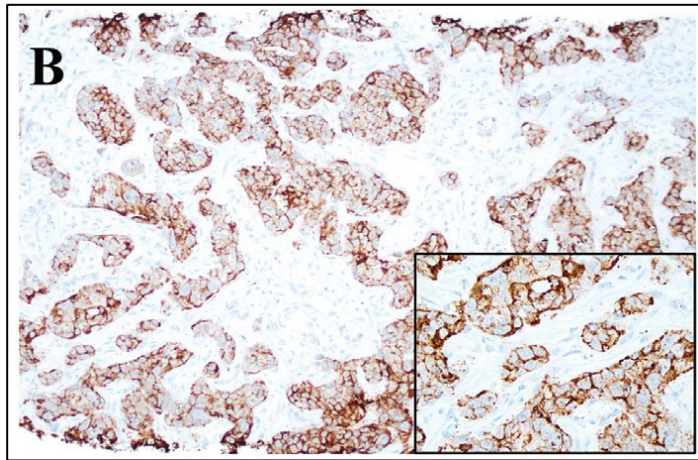


- Vehicle
- IPH4502 (4 mg/kg)
- EV (4 mg/kg)
- Treatment

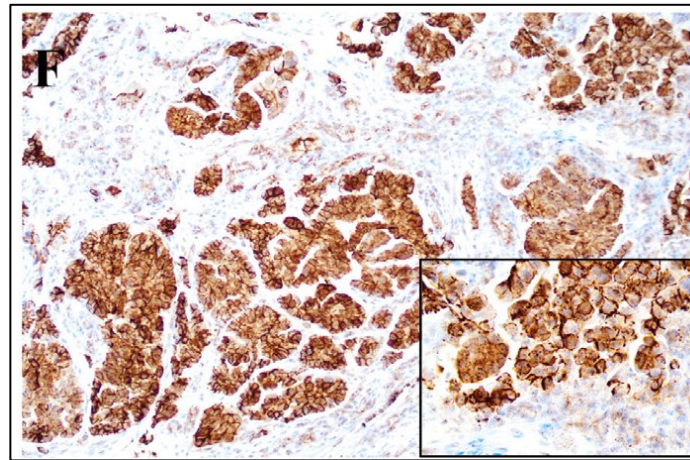
Nectin-4 remains highly expressed in EV-relapsed cancer patients

Nectin-4 expression was assessed by IHC in fresh biopsies from sites of tumor progression following EV from 3 patients

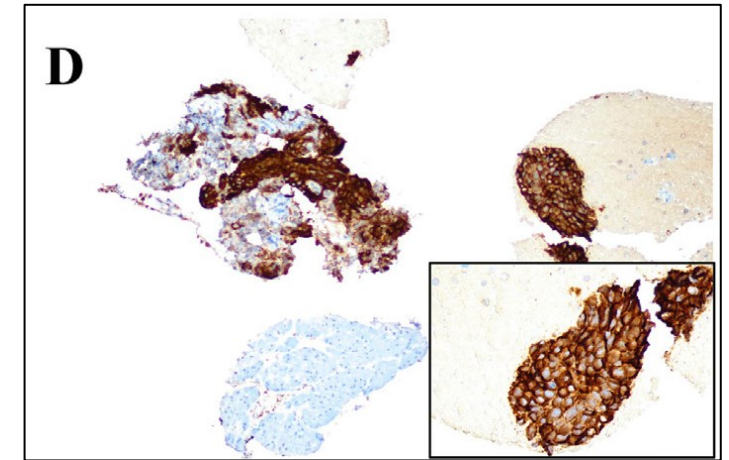
Liver metastasis



Lymph node metastasis



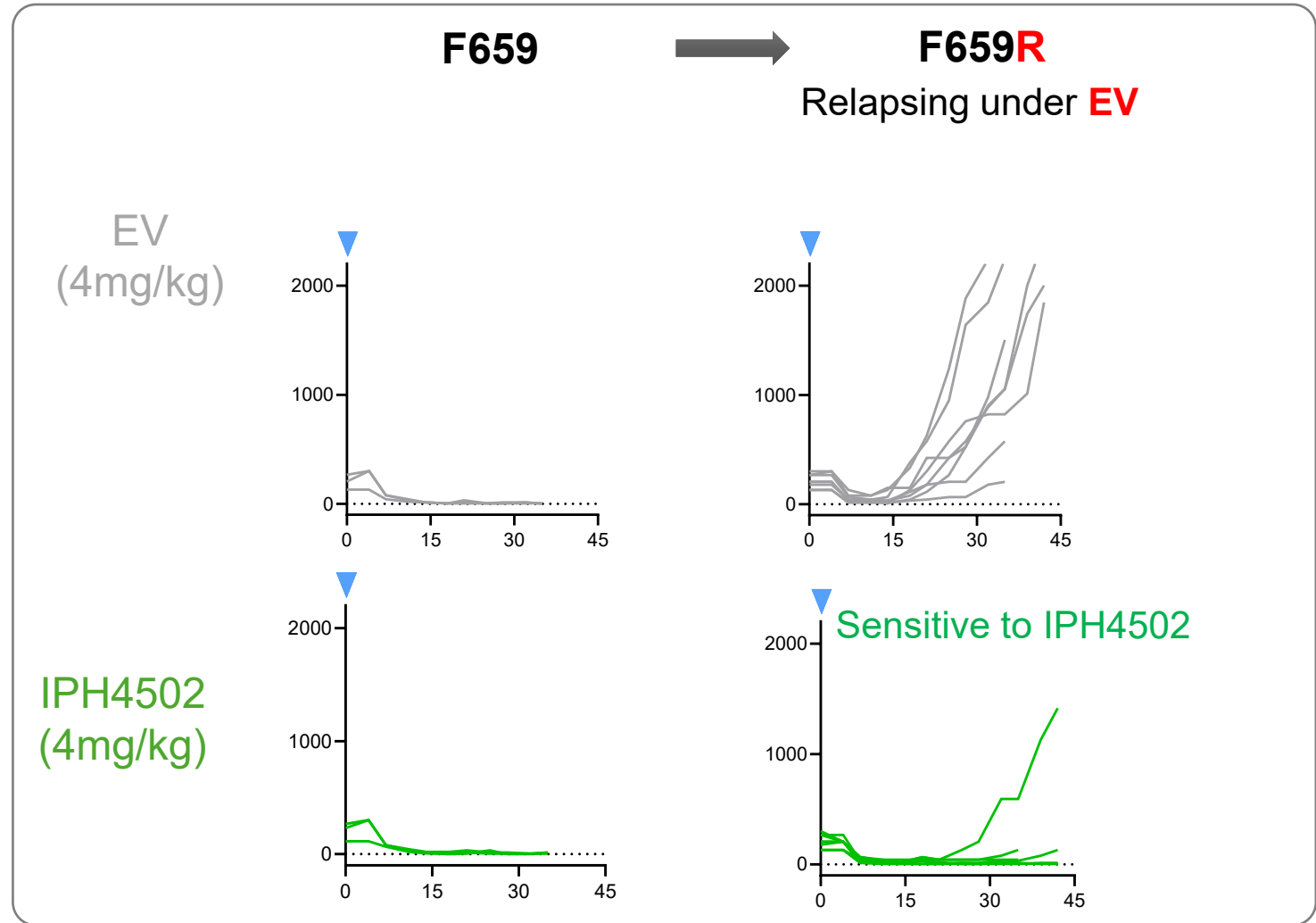
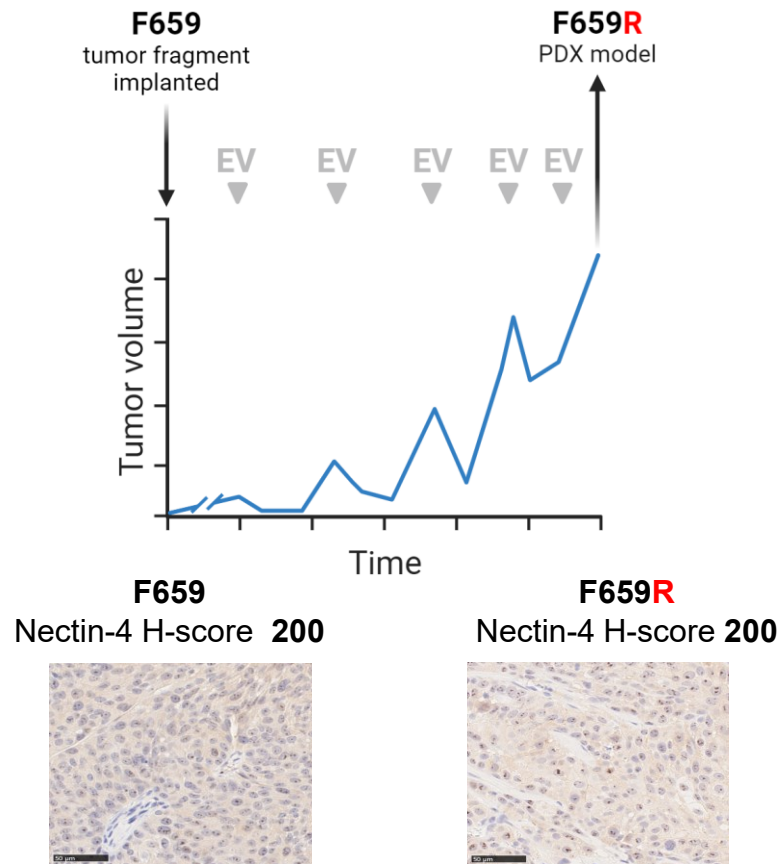
Duodenal metastasis



Nectin-4 expression is conserved in high grade UC patients with disease progression after treatment with EV (between 4-8 cycles)

IPH4502 has anti-tumor activity in a PDX model of EV-acquired resistance

Generation of a PDX model of Urothelial cancer with EV-acquired resistance

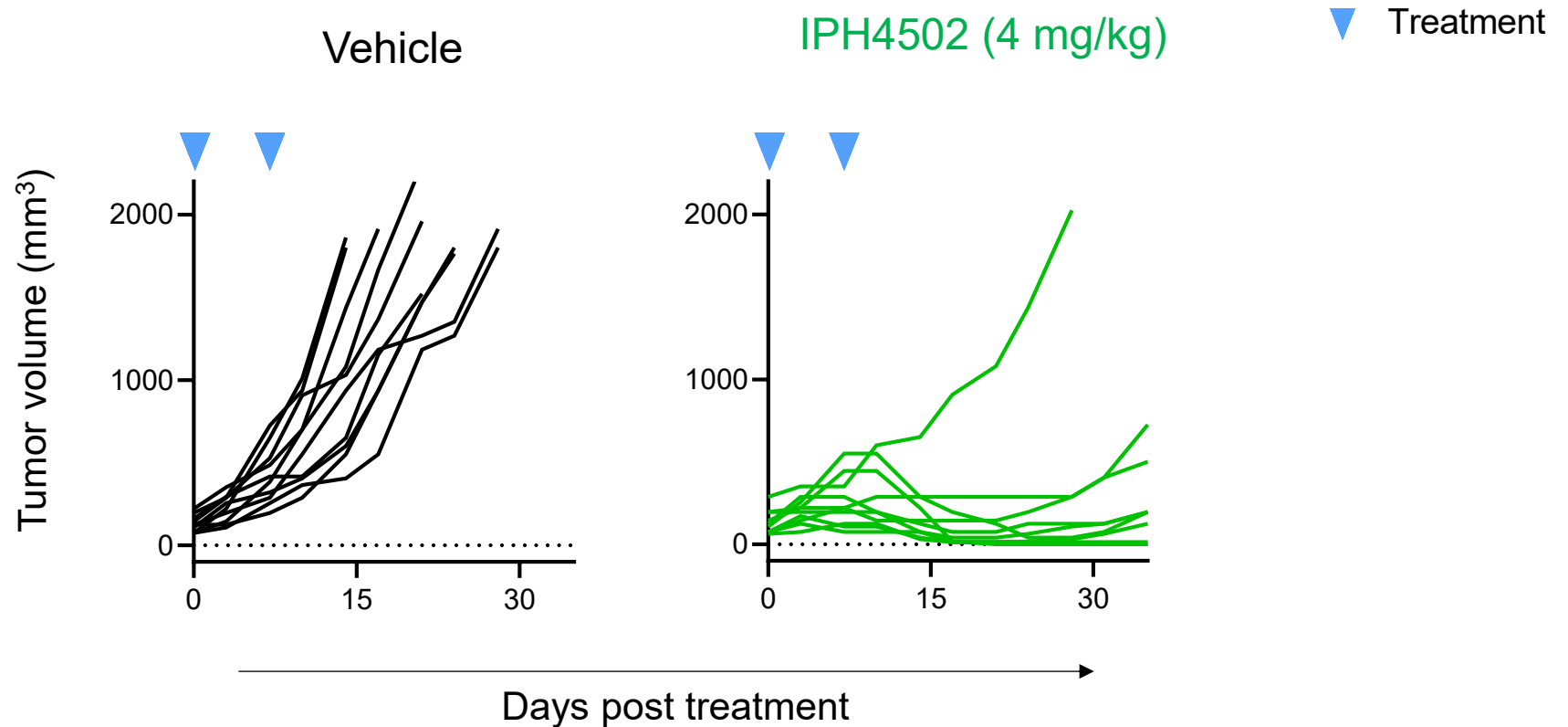
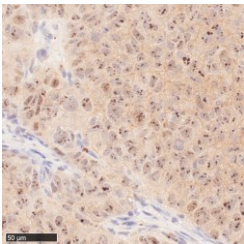


IPH4502 shows anti-tumor efficacy in PDX model from Nectin-4+ cancer indication beyond bladder

PDX model of TNBC

TNBC

Nectin-4
H-score: 200

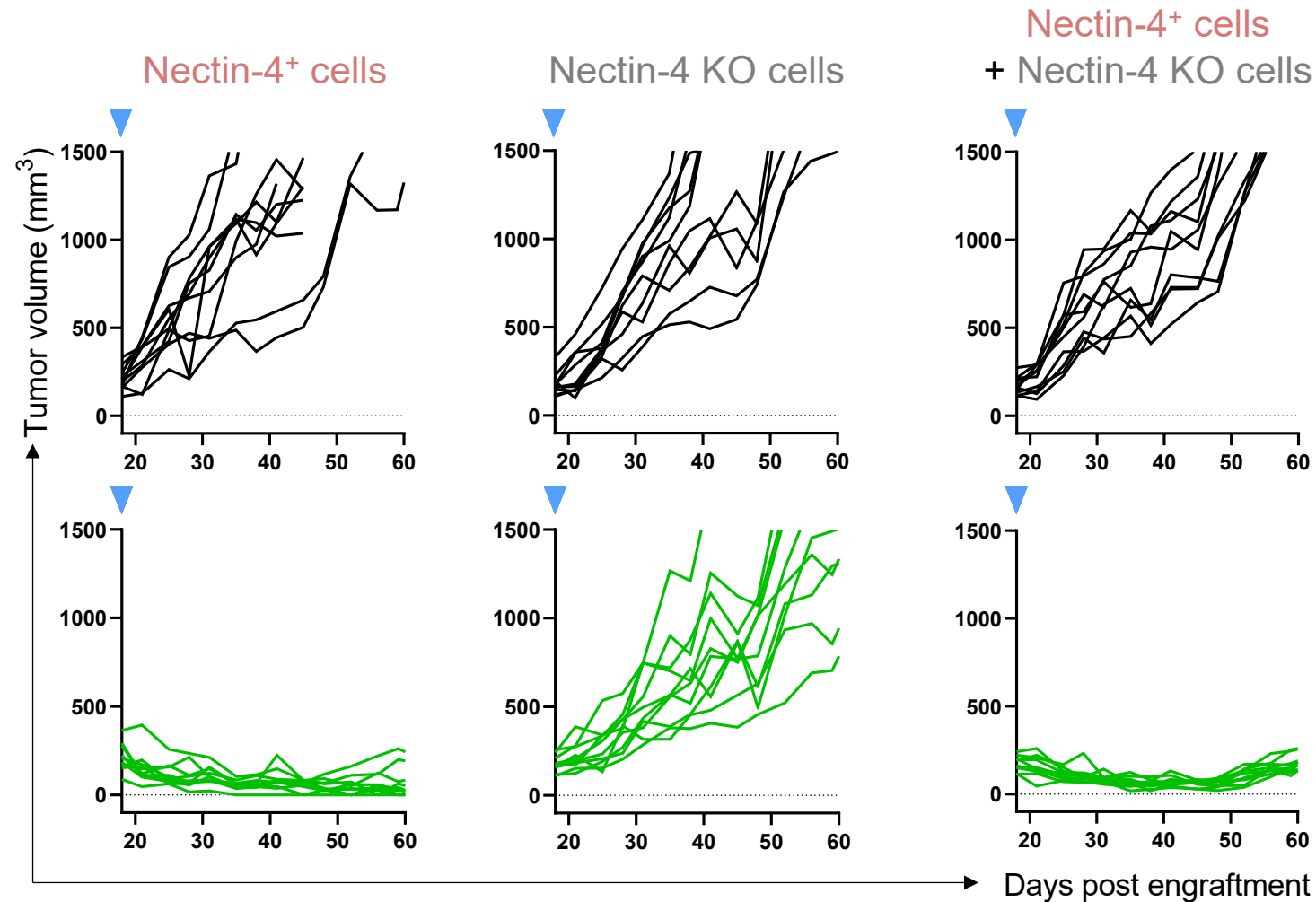


IPH4502 shows target-dependent bystander effect in vivo allowing to address Nectin-4 heterogeneous expression

SUM190-PT cells

Vehicle

IPH4502
(3 mg/kg)



IPH4502 potential path forward

2024
2025

IND **cleared** and generate preliminary Phase 1 safety data

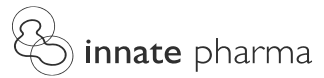
2026

Establish preliminary activity signal in Nectin-4 expressing tumor types with low and high expression levels

Beyond

Dose optimization and exploration of combination in expansion cohorts

Data will inform next steps



Monalizumab

Yannis Morel

Chief Operating Officer



Monalizumab development in lung cancer

Clinical studies in NSCLC

Phase 2 NeoCOAST

Stg I-III A NSCLC

monalizumab + durvalumab

In progress

Phase 2 NeoCOAST-2

Stg II-III A NSCLC

Arm 2: monalizumab + durvalumab +/- CTx

In progress

Phase 2 COAST

Unresect. Stg III NSCLC

monalizumab + durvalumab

Phase 3 PACIFIC-9

Unresect. Stg III NSCLC

3 arms including Arm B: monalizumab + durvalumab



999 pts

STAGE I

STAGE II

STAGE III

STAGE IV

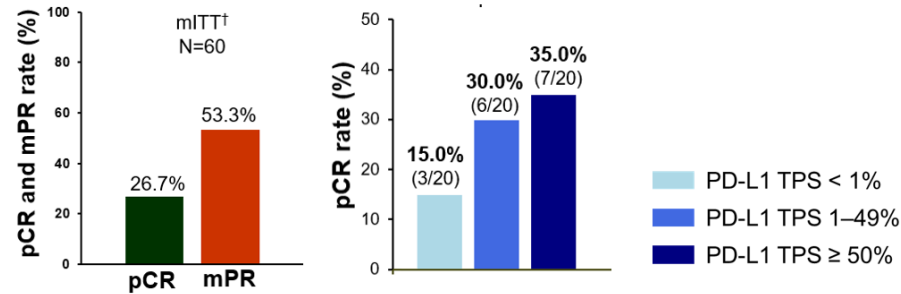
NSCLC Resectable

NSCLC Unresectable

Metastatic

Phase 2 clinical data

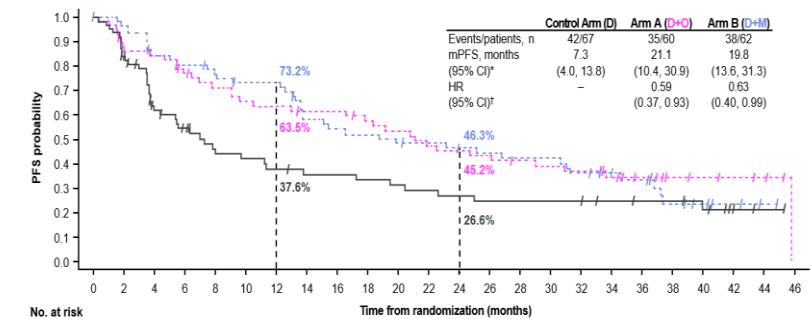
NeoCOAST-2 preliminary analysis



2024 World Conference on Lung Cancer

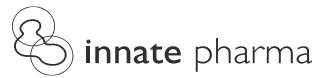
COAST updated results

2024 ASCO[®] ANNUAL MEETING



Arm 2: Neoadjuvant durvalumab + monalizumab + CTx and Adjuvant durvalumab + monalizumab

durvalumab ± oleclumab or monalizumab



Upcoming Catalysts & Closing Remarks

Arvind Sood

EVP, US Operations



Newsflow and upcoming catalysts

Delivering across our strategic objectives

Proprietary

- **Lacutamab TELLOMAK | end of Phase 2 FDA interaction**
- IPH5301 (CD73) | Phase 1 data at ESMO 2024

- Lacutamab PTCL | Phase 2 Data

- IPH6501 ANKET® (CD20 IL2v) | Phase 1 progress

- **IPH6501 ANKET® (CD20 IL2v) | Phase 1 data**

- **IPH45 ADC (Nectin-4) | Phase 1 start**

- **IPH45 ADC (Nectin-4) | Phase 1 data**

2024

>2025

Partnered

- SAR'579 / IPH6101 ANKET® (CD123) | Phase 2 start (Sanofi)
- SAR'514 / IPH6401 ANKET® (BCMA) | Phase 1 progress (Sanofi)

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

- 4 ANKET® licensed | Next steps (Sanofi)
- 1 ANKET® option | (Sanofi)

Key Takeaways

Create value for patients and shareholders

Clinical stage company with growing differentiated first-in-class pipeline

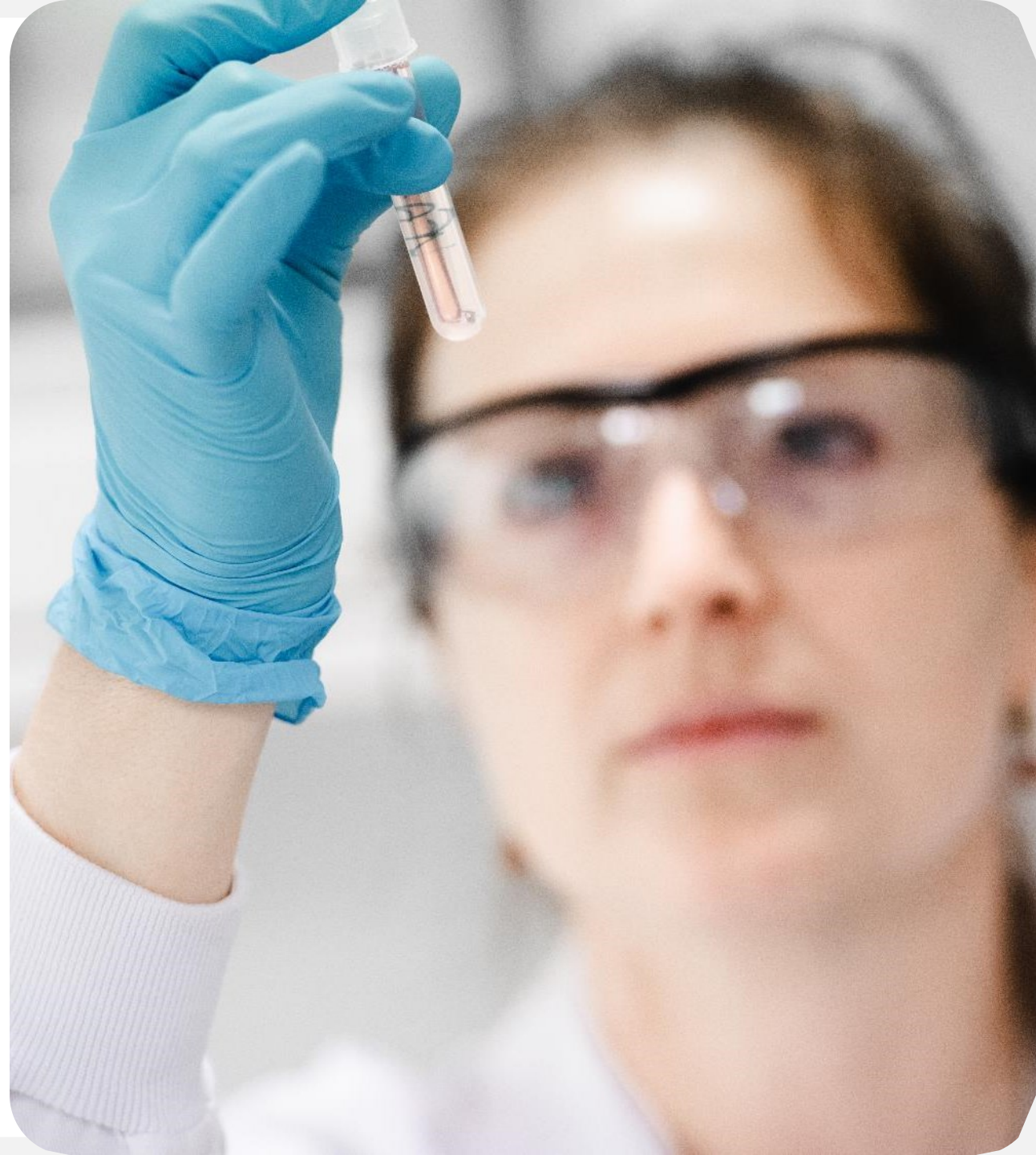
- **LACUTAMAB TELLOMAK DATA**
 - Top-line results in CTCL shared at ASCO and ASH
 - Regulatory strategy
- **EXPAND ANKET® CLINICAL PORTFOLIO – LEAD IN HEMATOLOGY INDICATIONS**
 - First patient dosed in Ph1/2 clinical trial with IPH6501, a proprietary 2nd generation ANKET® in B-cell NHL
 - SAR'579 progressed to Phase 2 by Sanofi, Front line combination study initiated
- **PURSUING DIFFERENTIATED ADCS**
 - IPH45, anti nectin-4 Antibody Drug Conjugate progressing towards Phase 1 in H2 2024

Cash position of €102m* as of June 30, 2024 with anticipated runway to end 2025

*Including short term investments (€21.8m) and non-current financial instruments (€10.3m)



Q&A





Thank you

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