innate pharma

LACUTAMAB UPDATE

JUNE 24, 2020

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On today's conference call

Mondher Mahjoubi
Chief Executive Officer
Chairman of the Executive Board

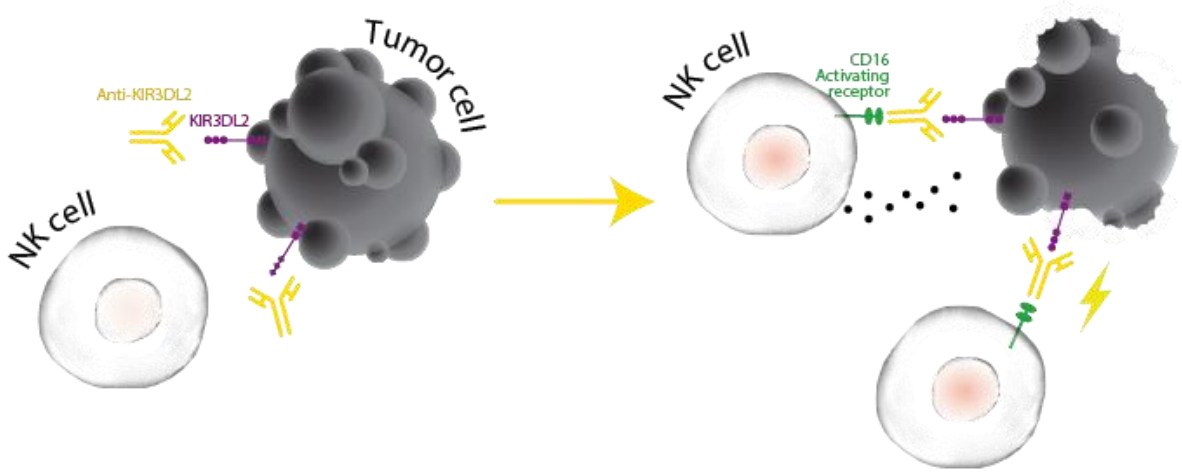
Pierre Dodion
EVP
Chief Medical Officer

Frédérique BRUNE
VP
Development, CMC and Supply Chain

LACUTAMAB, First-in-Class Anti-KIR3DL2 mAb

Our lead proprietary asset and a key value driver for the Company

- Lacutamab under development for the treatment of various forms of T-cell lymphomas (TCL)
- FDA Fast Track designation for Sézary syndrome (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)

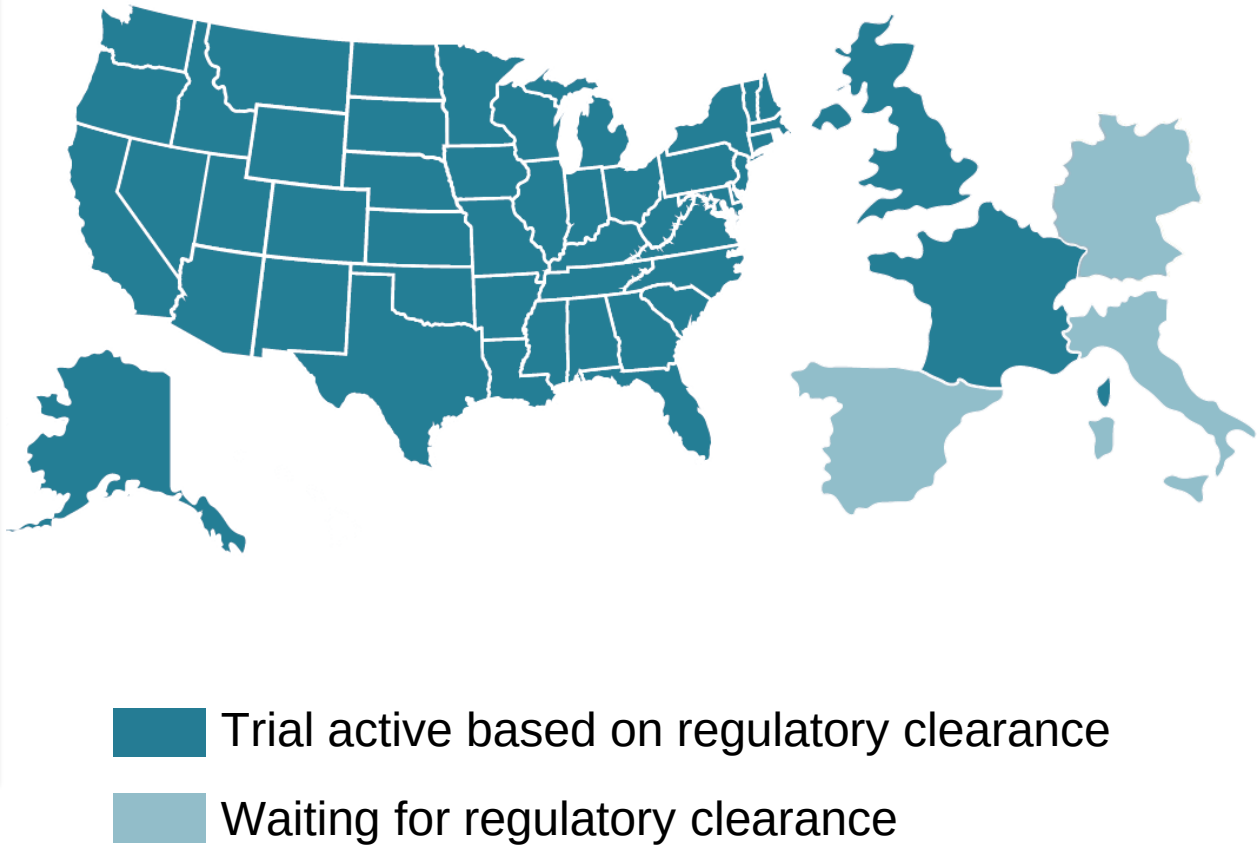


Note: "CTCL" stands for Cutaneous T-Cell Lymphoma, "PTCL" stands for Peripheral T-Cell Lymphoma

TELLOMAK Phase II Study Update

Reactivation of the TELLOMAK trial in Sézary syndrome (SS) and mycosis fungoides (MF) in the US

- **US**
  - > Partial hold lifted by the FDA
- **France and UK**
  - > Recruitment open
- **Germany, Italy and Spain**
  - > Company is consulting respective regulatory authorities in order to resume the trial in these countries



Reactivation of TELLOMAK

Supply resolved, mitigate impact on recruitment

Supply

- New GMP-certified batch ready; basis of IND amendment to FDA, which lifted the partial hold in the US
- Back-up supply secured from a separate manufacturer

Enrollment

- Re-activate sites as soon as possible
- Additional US sites identified and being activated
- Preference given to clinical trial sites with a high prevalence of Sézary syndrome patients treated with mogamulizumab

TELLOMAK Phase II Trial

Progressing Well, Remain on Track

Cohort #1: **Sézary Syndrome** (N~60)
≥ 2 prior systemic therapies that must include mogamulizumab

Data starting in 2022

Mycosis Fungoides (N~90)
≥ 2 prior systemic therapies including biological agents

Cohort #2:
KIR3DL2 expressing, Simon 2 stage

Cohort #3:
KIR3DL2 non-expressing, Simon 2 stage

Data starting in 2021

Source: Porcu 15-ICML
KIR3DL2 expression is defined as ≥1% using central evaluation of KIR3DL2 by immunohistochemistry

Peripheral T-cell Lymphomas (PTCL)

A comprehensive and ambitious strategy based on medical need

Rationale:

- Approximately half of PTCL patients express KIR3DL2*
- Combination with CHOP-like chemotherapies and with GemOx supported by preclinical assays**

1 **Relapse setting: highest unmet need and quickest entry in PTCL**

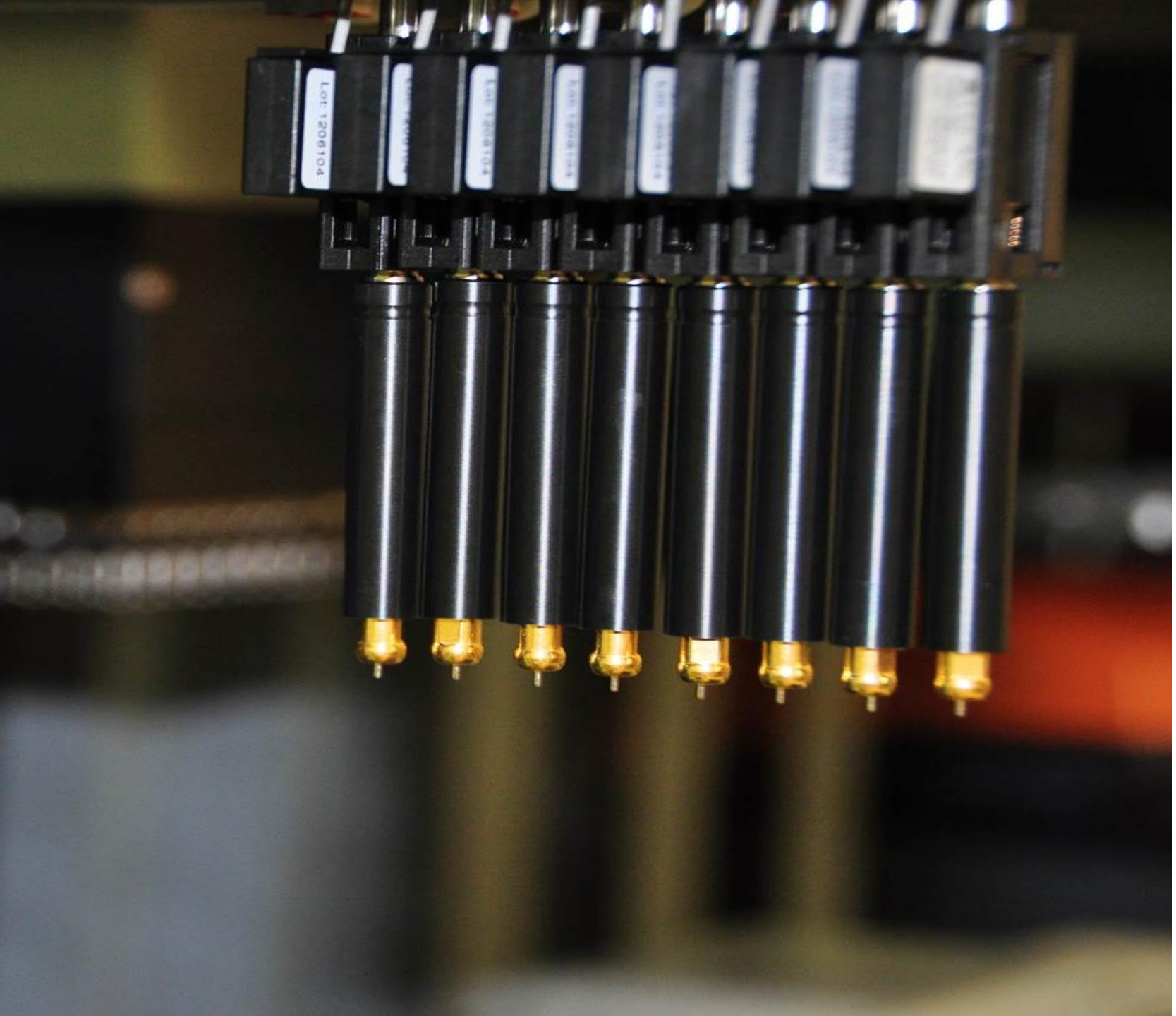
- Combination with GemOx

2 **Frontline: longer-term development strategy to increase cure rates in treatment naive patients**

- Combination with CHOP-like standard regimen

* *Cheminant et al* KIR3DL2 is expressed in peripheral T-cell lymphomas and may be a therapeutic target*, 15-ICML Lugano 2019*

** *Paturel et al* Anti-lymphoma activity of lacutamab (IPH4102), first-in-class anti-KIR3DL2 antibody, is augmented by PTCL chemotherapies*, TCLF-2020*



PIERRE DODION

CLINICAL TRIAL DEVELOPMENT AND RATIONALE

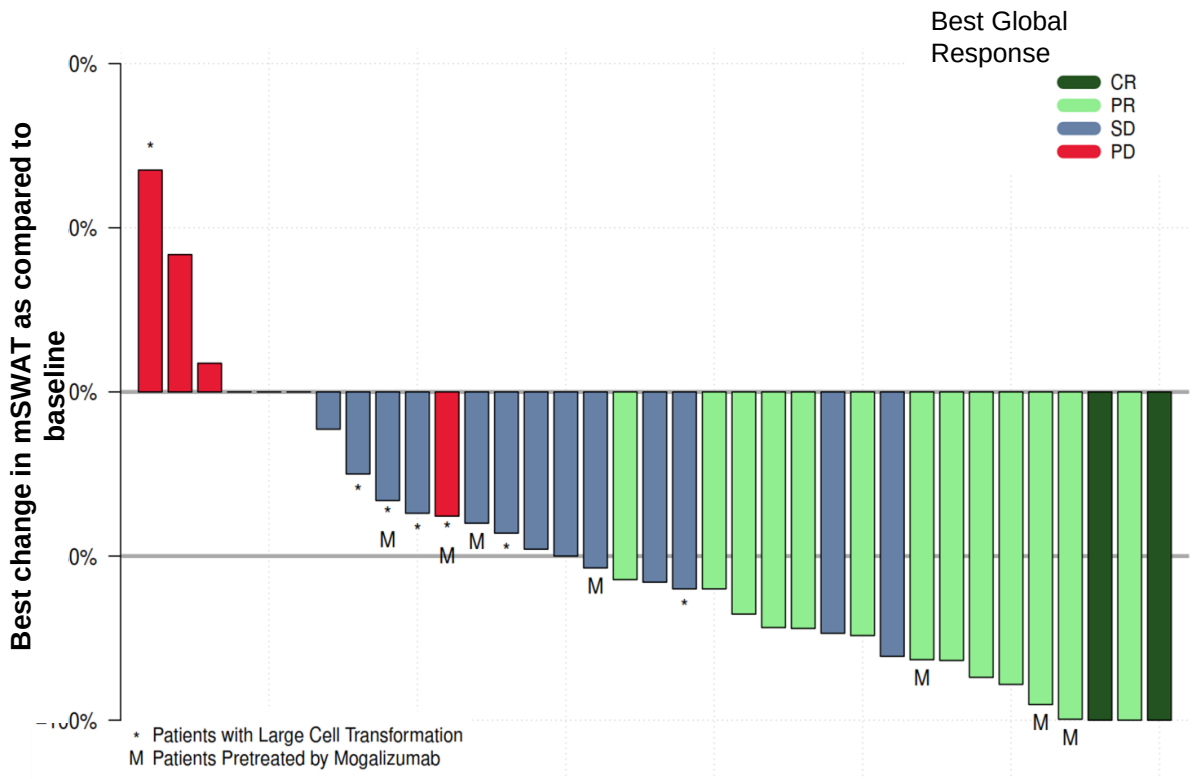
LACUTAMAB: Phase I Clinical Efficacy Results

Subgroup analysis

	All Sézary syndrome (SS) N=35	SS without LCT [1] N=28	Prior treatment with mogamulizumab N=7
Best global response - CR - PR - SD - PD	**42.9% (28.0 – 59.1)** 2 (5.7%) 13 (37.2%) 16 (45.7%) 4 (11.4%)	**53.6% (35.8 – 70.5)** 2 (7.1%) 13 (46.5%) 11 (39.3%) 2 (7.1%)	**42.9% (15.8 – 75.0)** 0 3 (42.9%) 3 (42.9%) 1 (14.2%)
DOR [2]	13.8 (7.2 – NR[4])	13.8 (7.2 – NR)	13.8 (7.2 – NR)
PFS [3]	11.7 (8.1 – NR)	12.8 (8.2 – NR)	16.8 (8.1 – NR)

1. LCT: Large Cell Transformation tested centrally on frozen tissue
2. Duration of Response Median (95% CI)
3. Progression Free Survival
4. NR: Not Reached

Sézary Syndrome Subgroup (n=35)



Data Cut-off: October 15, 2018

Bagot et al, Lancet Oncology 2019

LACUTAMAB in Sézary syndrome vs "Standard of care"

Potential pivotal trial for high unmet need population

- No systemic therapy has shown clinical benefit in patients who have received at least two prior systemic therapies
  - Vorinostat (HDAC) is the only drug approved in this setting in the US, but not in Europe
  - This approval was granted only for the cutaneous manifestations of CTCL

- Vorinostat recently demonstrated an ORR of 5% and PFS of 3.1 months in MF/SS patients in 2nd line*:
  - ORR in the SS subpopulation was 2%
  - Progression-free survival (PFS) of 3.1 months

- Single arm, non-randomized design for potential registration endorsed by FDA

* MAVORIC phase 3 clinical trial which tested mogamulizumab against vorinostat in r/r MF/SS pts who received at least one prior systemic therapy, *Kim Y et al, Lancet Oncol 2018*

LACUTAMAB in MF vs "Standard of care"

TELLOMAK trial designed to give a signal to move forward with Phase 3 decision

	Mogamulizumab	Vorinostat
Patient population	Patients who received at least **one** systemic therapy	
Overall Response rate	MF: 21%	MF: 7%
Progression free survival	MF/SS: 7.7 months	MF/SS: 3.1 months
FDA label	Patients who received at least **one** prior systemic therapy	Patients who received at least **two** prior systemic therapies

** Kim Y et al, Lancet Oncol 2018*

LACUTAMAB Development Strategy

Reach Market Fast

Niche indication

High unmet need

Single arm cohort

- Strategy endorsed by FDA
- Compelling Ph 1 data, Fast Track Designation

Explore Impact of KIR3DL2 Expression on Clinical Outcome

Pts stratified based on baseline KIR3DL2 expression

- Enrich population with biomarker

Expand to Multiple Indications

Parallel signal-finding Ph 2 cohorts/trials

Sized to inform Ph 3 design in MF

- No clinically active option in 3L MF
- Addresses multiple medical needs in PTCL:
  - Relapse: combo with GemOx supported by strong preclinical rationale
  - First line in combination with standard chemo

Q&A