

innate pharma

Lacutamab KOL event

11 June 2024

EURONEXT : IPH.PA NASDAQ : IPHA

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Participants 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



Susan Thornton
(Q&A)

CEO Cutaneous Lymphoma Foundation

Agenda

1. **Introduction – Dr. Quaratino**
2. Results from the Phase 2 TELLOMAK study in Mycosis Fungoides (ASCO 2024) – Dr. Porcu
3. Summary - Dr. Quaratino
4. Q&A

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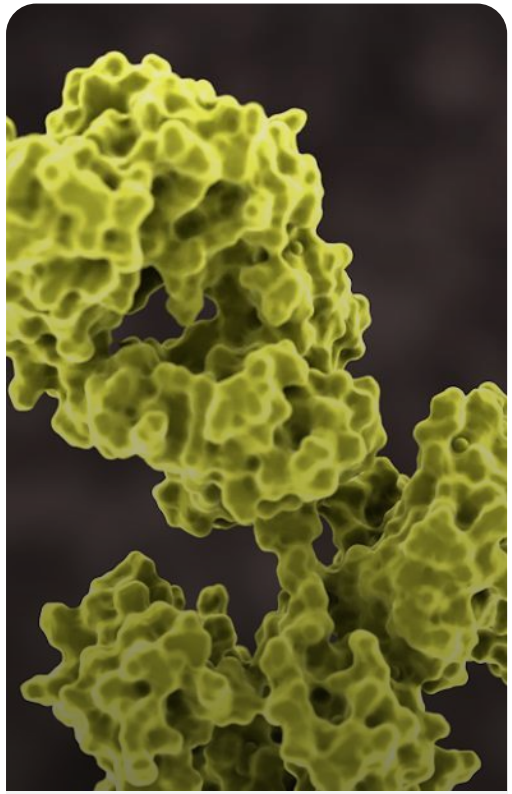
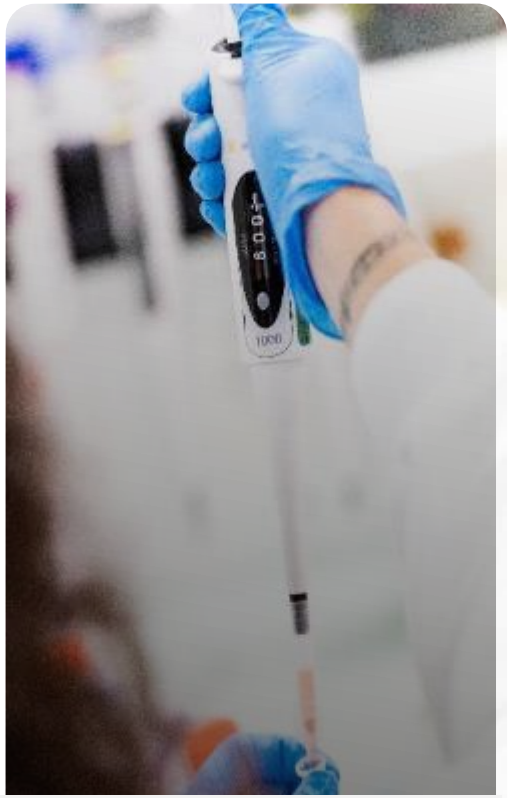
Scientific innovation drives our strategy

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



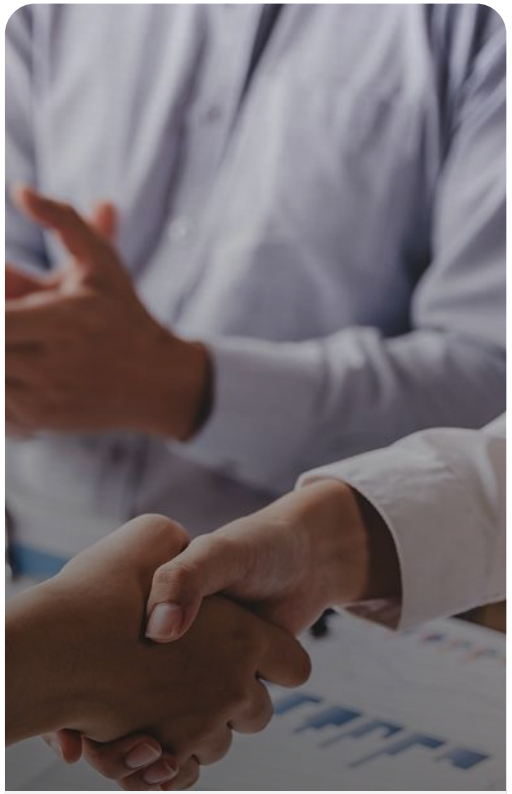
Lacutamab

Phase 2 MF at ASCO, continue to pursue fast-to-market strategy



ANKET® & ADC

IPH6501 at ASCO
IPH45 ADC at AACR
Sanofi progress SAR'579 to Phase 2



Monalizumab

Phase 3 trial underway, further Phase 2 data at ASCO

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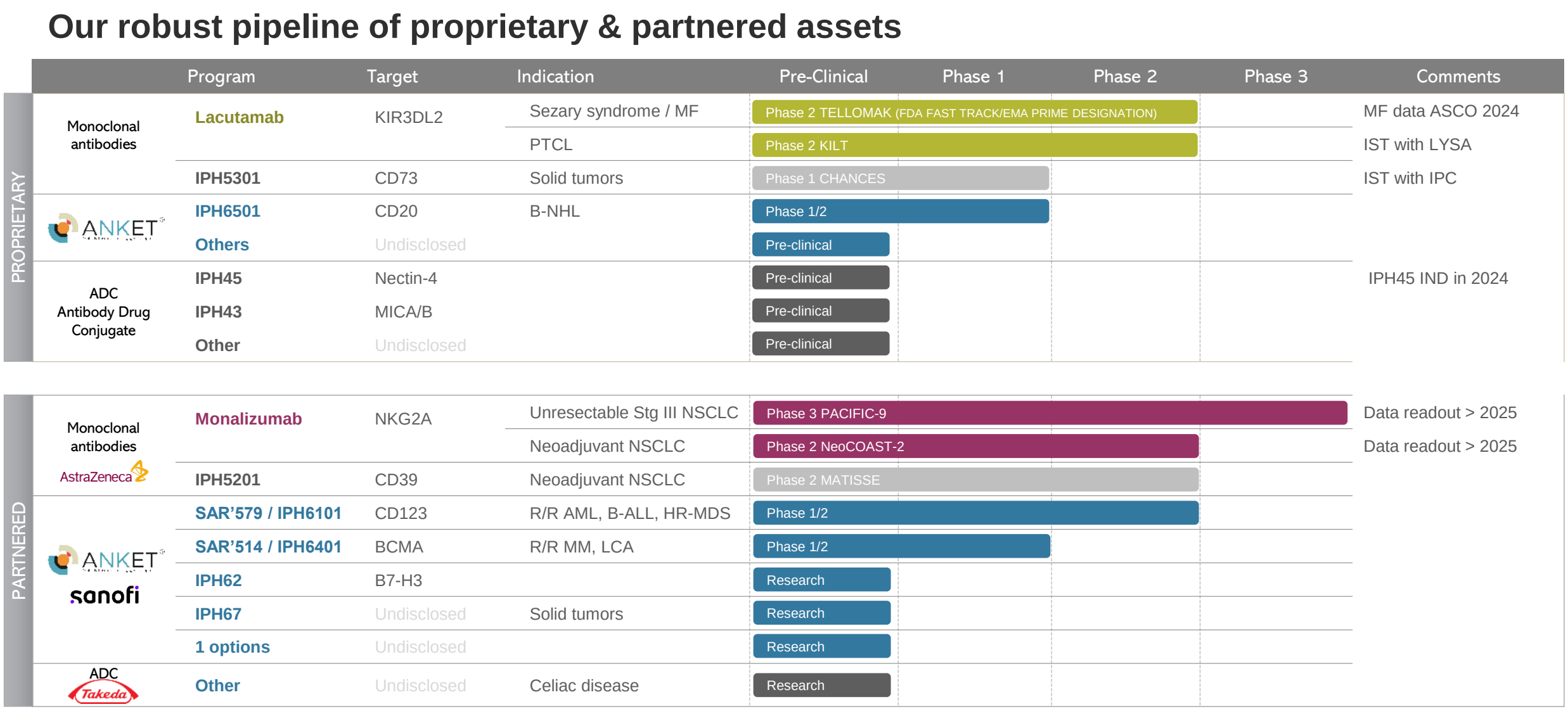
Our robust pipeline of proprietary & partnered assets



ADC: antibody drug conjugate; GemOx: gemcitabine and oxaliplatin; 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

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Five abstracts selected for ASCO 2024



Lacutamab
Anti KIR3DL2 mAb

Phase 2 TELLOMAK

Top-line phase 2 results
R/R mycosis fungoides cohorts
Abstract #7082

IPH6501
IL2v-armed Tetra-specific ANKET® targeting CD20

Phase 1/2

Trial-In-Progress
IPH6501 in R/R CD20-expressing Non-Hodgkin Lymphoma
Abstract #TPS7095

Preclinical assessment

of IPH6501, a first-in-class IL2v-armed tetraspecific NK cell engager directed against CD20 for R/R B-NHL, in comparison with a CD20-targeting T cell engager
Abstract #7030

Monalizumab
Anti NKG2A mAb

Phase 2 COAST

Updated Phase 2 results
Durvalumab ± oleclumab or monalizumab in stage III unresectable NSCLC (AstraZeneca)
Abstract #8046

Phase 2 MOZART

Trial-In-Progress
Phase 2 trial of monalizumab with durvalumab + chemo for extensive stage small cell lung cancer
Abstract #TPS8129

Lacutamab | Clinical Trials

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 (MF)

c. 3,500 patients
~50% KIR3DL2 expression

Peripheral T cell lymphoma

~18,000 patients
~50% KIR3DL2 expression

TELLOMAK

Phase 2 Trial

Sézary syndrome

N=56

Minimum of 2 prior therapies, including mogamulizumab

65th ASH Annual Meeting

Mycosis fungoides

N~100

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

At least 2 prior systemic therapies

2024 ASCO ANNUAL MEETING

KILT

Phase 2 Trial

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

Sézary syndrome Phase 2
First results — ASH 2023
LTFU — 2025

Mycosis fungoides Phase 2
First results — ASCO 2024
LTFU — 2025

Data
2025

Agenda

1. Introduction – Dr. Quaratino
2. **Results from the Phase 2 TELLOMAK study in Mycosis Fungoides (ASCO 2024) – Dr. Porcu**
3. Summary - Dr. Quaratino
4. Q&A

Lacutamab in Patients with Relapsed and/or Refractory Mycosis Fungoides: Results from the TELLOMAK phase 2 trial

Martine Bagot[1], Caroline Ram-Wolff[1], Youn H Kim[2], Auris Huen[3], Stéphane Dalle[4], Brian Poligone[5], Neha Mehta-Shah[6], Anne-Benedicte Duval Modeste[7], Pier Luigi Zinzani[8], Sherida Woei-A-Jin[9], Thomas Eigentler[10], Andrea Combalia[11], Lubomir Sokol[12], Maxime Battistella[13], Alejandro Gru[14], Hélène Moins-Teisserenc[15], Julien Viotti[16], Christine Paiva[16], Agnès Boyer Chammard[16], **Pierluigi Porcu[17]**

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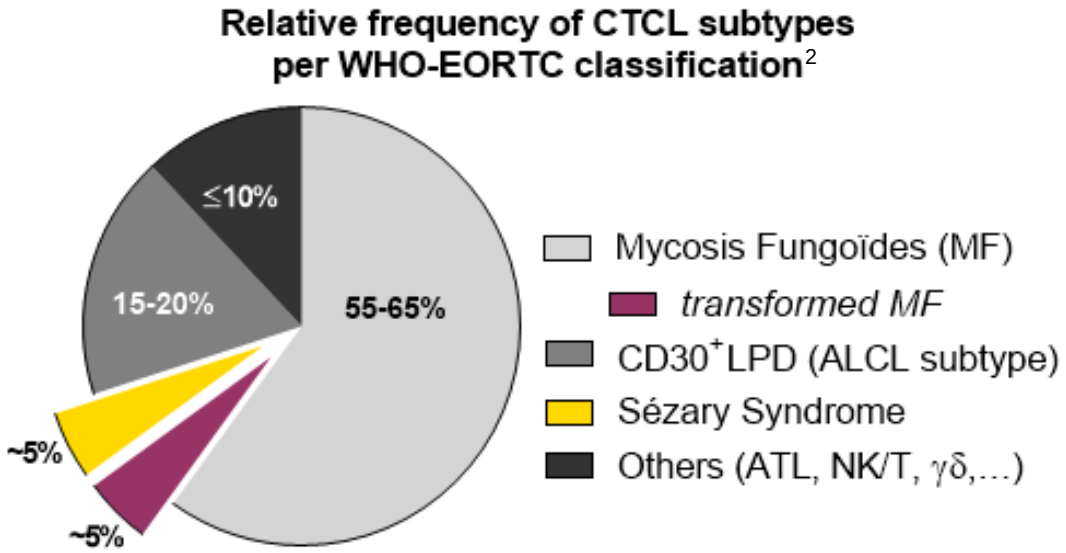
Clinicaltrials.gov: NCT03902184

2024 ASCO ANNUAL MEETING
May 31 – June 4, 2024
McCormick Place | Chicago, IL & Online
am.asco.org
#ASCO24

Mycosis Fungoides

- MF is the most common subtype of CTCL
- About 25% of patients are diagnosed in advanced stage (IIB-IVB), with 5-year survival 15-25%
- Mogamulizumab[1] was the last drug approval (2018) in R/R CTCL indicated for the treatment of patients after ≥1 prior systemic therapies
  - ORR in SS+MF was 28%; and 21% in MF
  - mPFS was 6.7 months
  - Grade 3-4 adverse event in 41% of pts, 19% discontinuations for safety reasons
- **A high medical need remains in this population**



CTCL = Cutaneous T-Cell Lymphoma; ORR = Objective response rate; mPFS = Median Progression Free Survival

1. Kim Y et al, Lancet Oncol 2018; 2. Willemze et al, 1997. EORTC classification for primary cutaneous lymphomas: a proposal from the Cutaneous Lymphoma Study Group of the European Organization for Research and Treatment of Cancer (EORTC) Blood

Lacutamab

- **KIR3DL2** is a killer immunoglobulin-like receptor, expressed in ~90% of SS pts and ~ 50% of MF pts*
- **Lacutamab** is a first-in-class monoclonal antibody designed to specifically deplete KIR3DL2-expressing cells via antibody-dependent cellular cytotoxicity and phagocytosis.
- In recognition of high-unmet need and early potential demonstrated in Phase 1[3], lacutamab has been granted key designations:
  - **Orphan drug designation** for the treatment of CTCL (EMA and FDA)
  - **PRIME** (EMA) and **Fast Track** (FDA) designation for SS patients who have received at least 2 prior systemic therapies

First-in-class humanized anti-KIR3DL2 antibody

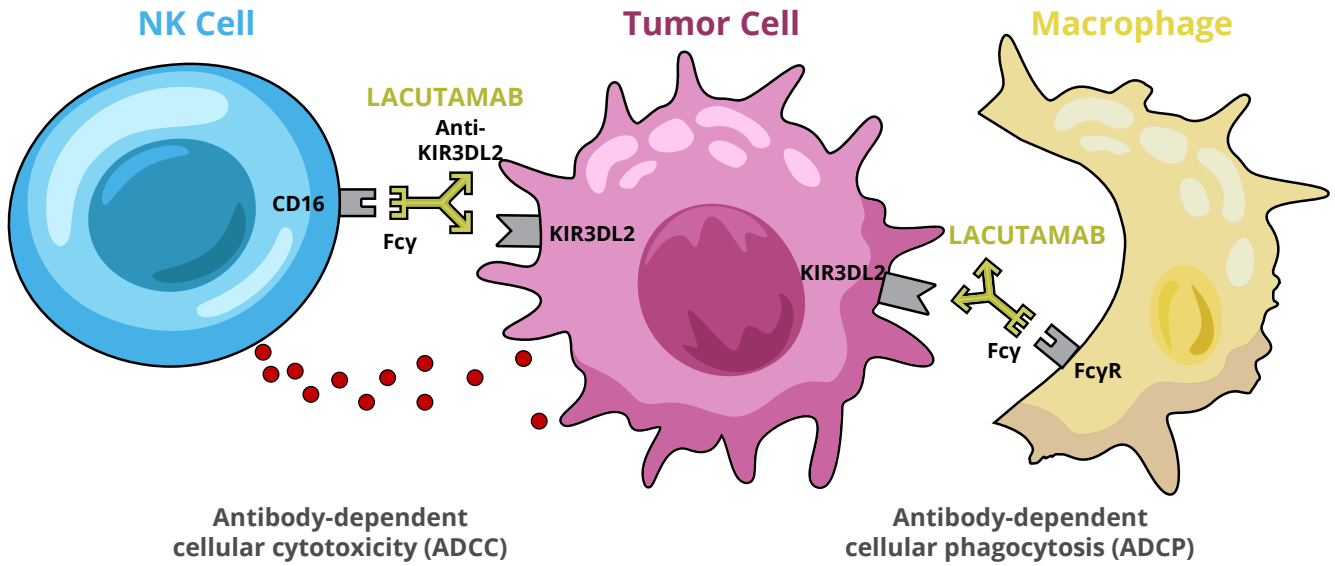


Figure 1: Lacutamab Mechanism of Action

*expression threshold set to ≥ 1% of positive mononucleated cells in skin biopsy

3. Bagot M et al, Lancet Oncol 2019

TELLOMAK : Phase 2 Study in Sezary Syndrome and Mycosis Fungoides

Mycosis Fungoides (N~107)
≥ 2 prior systemic therapies

Cohort 2	Cohort 3	All Comers
KIR3DL2 ≥ 1% Simon 2 Stage	KIR3DL2 <1% Simon 2 Stage	KIR3DL2 ≥ 1% or <1%

Key Eligibility Criteria

- Relapsed and/or refractory stage IB-IV MF
- At least 2 prior systemic therapies
- No evidence of large cell transformation (LCT), based on central histologic evaluation at screening

Study Endpoints

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

Treatment

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

ORR: Objective Response Rate; DoR: duration of response; PFS: progression free survival

* KIR3DL2 expression based on central evaluation by immunohistochemistry (IHC) assay for use on frozen tissue

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TELLOMAK
Patient baseline characteristics in MF patients *(n=107)*

	All MF N=107	KIR3DL2 ≥ 1% N=48	KIR3DL2 <1% N=59
Age in years, Median (range)	62 (19-82)	59 (28-82)	65 (19-81)
Sex • Male, N (%) • Female, N (%)	 72 (67.3) 35 (32.7)	 28 (58.3) 20 (41.7)	 44 (74.6) 15 (25.4)
Stage at baseline, N (%) • I • II • III • IV	 44 (41.1) 38 (35.5) 15 (14.0) 10 (9.3)	 19 (39.6) 15 (31.3) 10 (20.8) 4 (8.3)	 25 (42.4) 23 (39.0) 5 (8.5) 6 (10.2)
Prior systemic lines, Median (range) Prior mogamulizumab, N (%)	4.0 (1-14) 34 (31.8)	4.5 (2-12) 13 (27.1)	4.0 (1-14) 21 (35.6)
Follow-up in months, Median (95%CI)	11.8 (9.9, 13.8)	12.7 (10.0, 16.6)	10.6 (8.3, 12.0)

Data cut-off (DCO): 13 OCT 23

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TELLOMAK

Efficacy results in MF patients *(N=107)* and by KIR3DL2 expression level

ITT set	All MF N=107	KIR3DL2 ≥ 1% N=48	KIR3DL2 <1% N=59
Olsen 2011 Global ORR % (95%CI)	**16.8% (10.9, 25.0)**	**20.8% (11.7, 34.3)**	**13.6% (7.0, 24.5)**
CR n (%)	2 (1.9)	2 (4.2)	0 (0.0)
PR n (%)	16 (15.0)	8 (16.7)	8 (13.6)
SD* n (%)	74 (69.2)	30 (62.5)	44 (74.6)
PD n (%)	13 (12.1)	6 (12.5)	7 (11.9)
NE n (%)	2 (1.9)	2 (4.2)	0 (0.0)
Time to global response (mo) median (range)	1.0 (1-5)	1.0 (1-5)	1.9 (1-4)
Skin response (n=107) % (95%CI)	29.0% (21.2, 38.2)	33.3% (21.7, 47.5)	25.4% (16.1, 37.8)
Olsen 2022 Global ORR % (95%CI)	**22.4% (15.6, 31.2)**	**29.2% (18.2, 43.2)**	**16.9% (9.5, 28.5)**

**SD includes 2 pts uPR confirmed after DCO & 1 new uPR after DCO*

Data cut-off (DCO): 13 OCT 23

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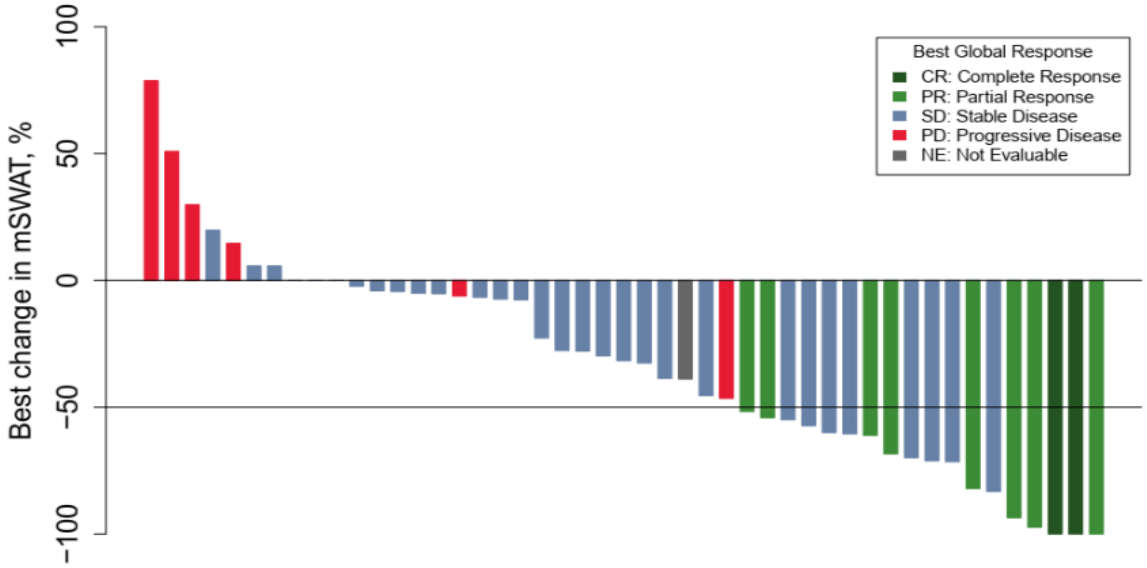
TELLOMAK

Waterfall plot for Best Overall Response by KIR3DL2 Expression Level

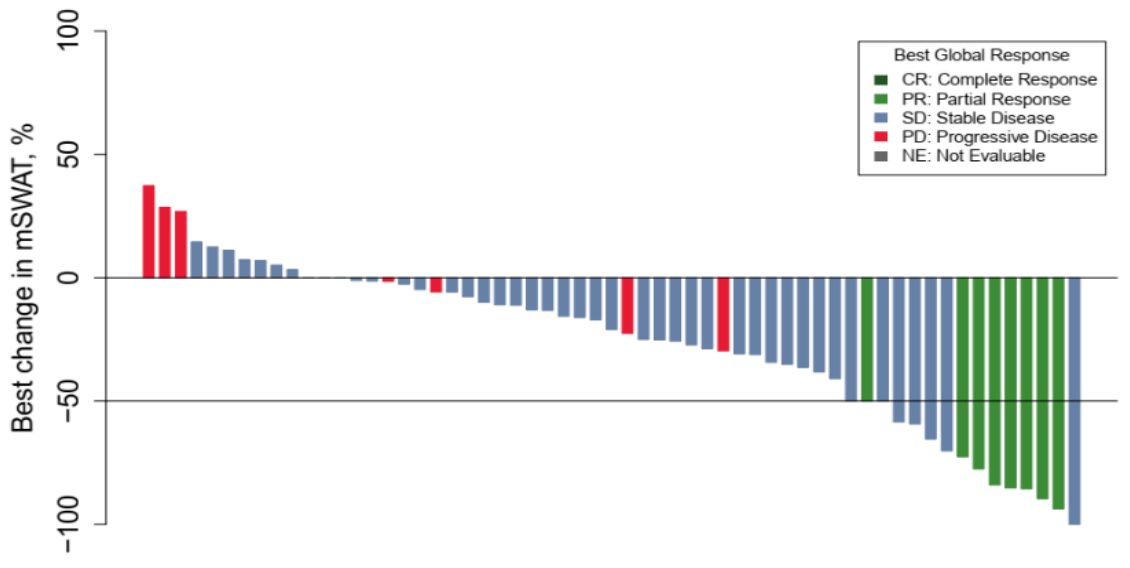
Response criteria based on Olsen 2011

KIR3DL2 ≥ 1% (N=48)



- 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)

KIR3DL2 <1% (N=59)



- 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)

Early and deep responses observed in MF patients regardless of KIR3DL2 expression level

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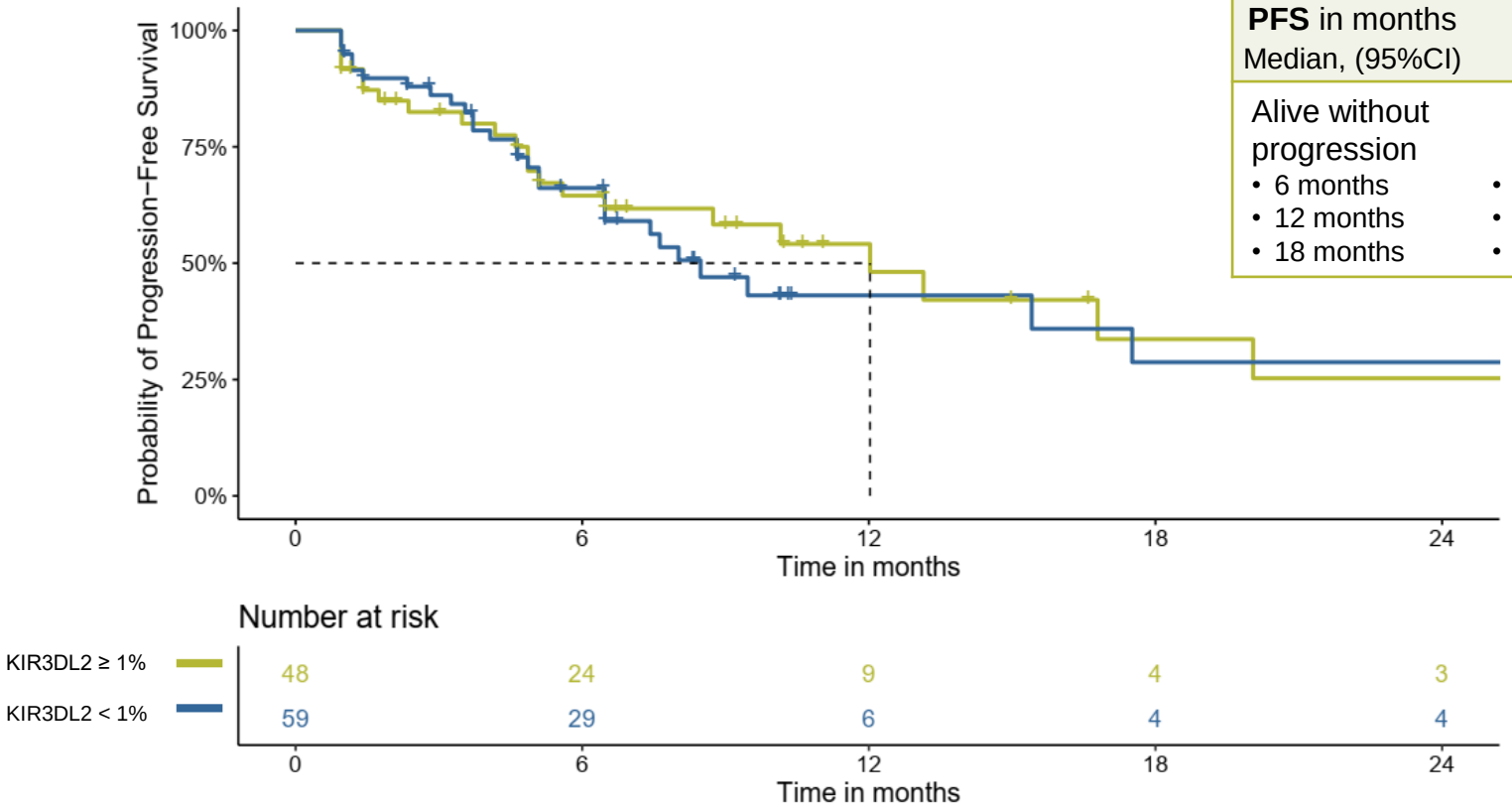
TELLOMAK

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



	All MF	KIR3DL2 ≥ 1%	KIR3DL2 <1%
PFS in months Median, (95%CI)	**10.2** (6.5, 16.8)	**12.0** (5.6, 20.0)	**8.5** (6.5, 17.5)
Alive without progression	% (95% CI)	% (95% CI)	% (95% CI)
• 6 months	• 65.3 (54.7, 74.0)	• 64.5 (48.0, 77.0)	• 66.1 (51.5, 77.3)
• 12 months	• 48.0 (36.1, 58.9)	• 54.1 (36.5, 68.8)	• 43.1 (27.2, 58.0)
• 18 months	• 30.5 (17.1, 45.0)	• 33.7 (14.2, 54.6)	• 28.7 (11.7, 48.4)

Data cut-off (DCO): 13 OCT 23

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TELLOMAK
Patient Case

Patient characteristics	BASELINE October 05, 2020	Week 57 March 29, 2022

- 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)





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TELLOMAK
Patient Case

Patient characteristics	December 07, 2021	March 30, 2023

- 74-year-old male
- MF diagnosed in 2020
- 2 previous lines of therapy (bexarotene, extracorporeal photopheresis)
- T2BN2M0B1 at baseline
- Response:
  - Skin: PR from W5 until W69
  - Blood: PR from W13
  - LN: SD (N2 at baseline)
  - Global: PR from W13 until W69





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TELLOMAK
Summary of adverse events

Patients with at least one	All MF N=107	KIR3DL2 ≥ 1% N=48	KIR3DL2 <1% N=59
TEAE	97 (90.7)	43 (89.6)	54 (91.5)
Related[1] TEAE	62 (57.9)	29 (60.4)	33 (55.9)
TESAE	25 (23.4)	13 (27.1)	12 (20.3)
Related TESAE	4 (3.7)	2 (4.2)	2 (3.4)
Grade ≥3 TEAE	26 (24.3)	13 (27.1)	13 (22.0)
Related Grade ≥3[2]	4 (3.7)	2 (4.2)	2 (3.4)
TEAE leading to discontinuation	6 (5.6)	3 (6.3)	3 (5.1)
Related TEAE leading to discontinuation	3 (2.8)	1 (2.1)	2 (3.4)
AE leading to death	2 (1.9)	1 (2.1)	1 (1.7)

1. Related Event as defined by the treating investigator; 2. NCI Common Terminology Criteria for Adverse Events (CTCAE); TE(S)AE treatment emergent (serious) adverse event;
Data cut-off (DCO): 13 OCT 23

TE(S)AE treatment emergent (serious) adverse event;

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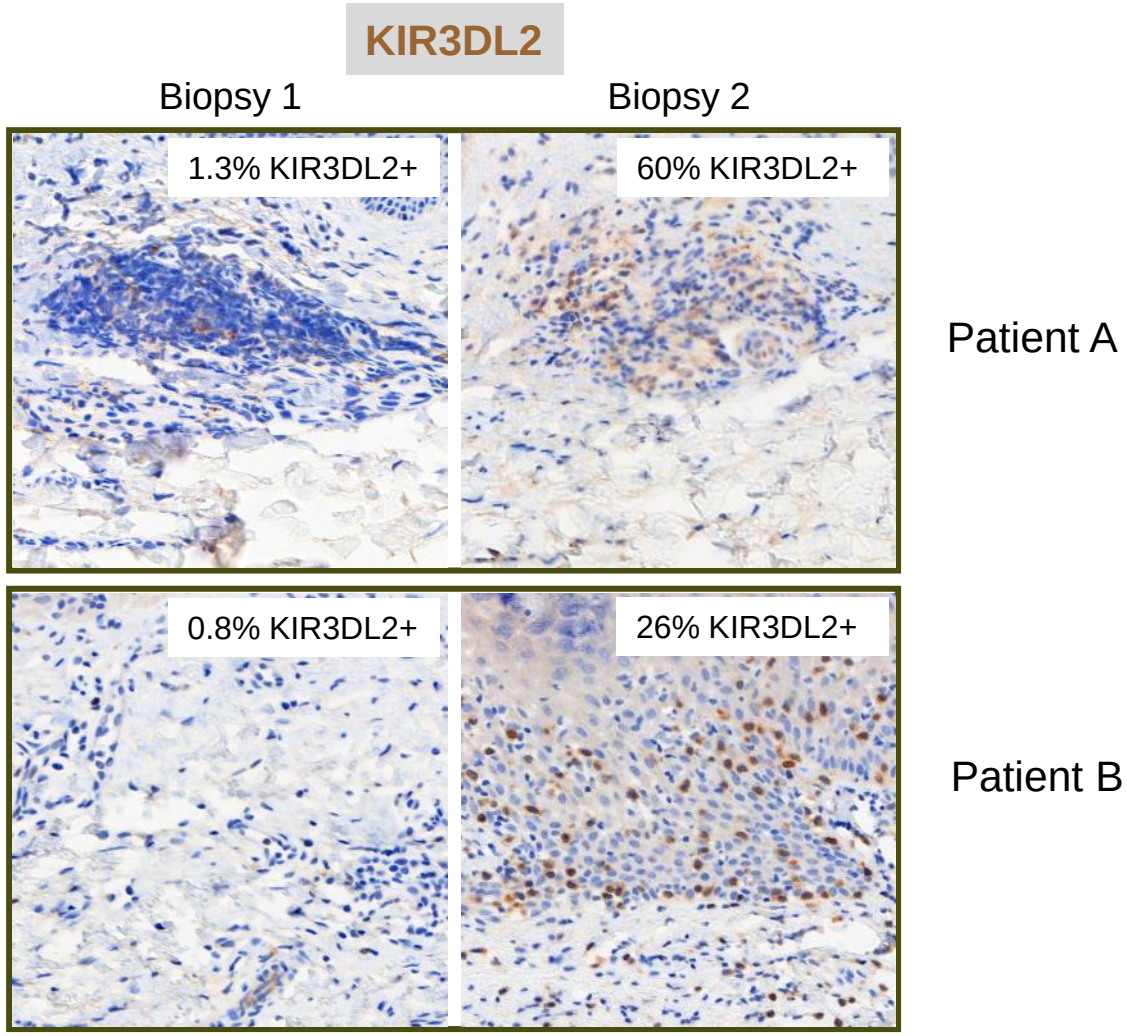
TELLOMAK
Most Common Related Adverse Events

Related TEAE Most frequent (>5%) or of interest, n (%)	All MF N=107	KIR3DL2 ≥ 1% N=48	KIR3DL2 <1% N=59
Fatigue	12 (11.2)	7 (14.6)	5 (8.5)
Nausea	12 (11.2)	4 (8.3)	8 (13.6)
Asthenia	11 (10.3)	5 (10.4)	6 (10.2)
Arthralgia	11 (10.3)	5 (10.4)	6 (10.2)
Diarrhea	7 (6.5)	4 (8.3)	3 (5.1)
Skin infection	4 (3.7)	2 (4.2)	2 (3.4)
Adrenal insufficiency	2 (1.9)	1 (2.1)	1 (1.7)
Cholestasis	2 (1.9)	0 (0.0)	2 (3.4)
Hepatic cytolysis	1 (0.9)	0 (0.0)	1 (1.7)
Infusion related reaction	1 (0.9)	1 (2.1)	0 (0.0)
Interstitial lung disease	1 (0.9)	0 (0.0)	1 (1.7)

Data cut-off (DCO): 13 OCT 23

KIR3DL2 expression on MF patients

- Intra-patient variability observed between biopsies
- 34/107 (32%) MF patients had only 1 biopsy for KIR3DL2 status determination
- Ongoing biomarker analyses from MF patients may better inform patient response to lacutamab



expression threshold set to 1% mononucleated cells

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TELLOMAK
MF Conclusions

- TELLOMAK is a Phase 2 study evaluating lacutamab monotherapy in CTCL. The study enrolled MF patients with ≥ 2 prior systemic therapies
- In the MF population
  - Lacutamab treatment induced early responses in heavily pretreated patients with MF
  - Anti-tumor activity was observed in patients who expressed KIR3DL2 ≥1% and < 1% at baseline
  - The median PFS of 10.2 months (6.5,16.8) of the whole MF population results is very promising, considering the number of previous systemic lines and the lack of available drugs
  - Importantly, no safety concerns nor delayed toxicities were identified and lacutamab was very well tolerated
  - The excellent tolerability of lacutamab provides a strong rationale for further investigation in combination with other anti-lymphoma agents
- These data support further development of lacutamab to bring improved treatments to patients with CTCL

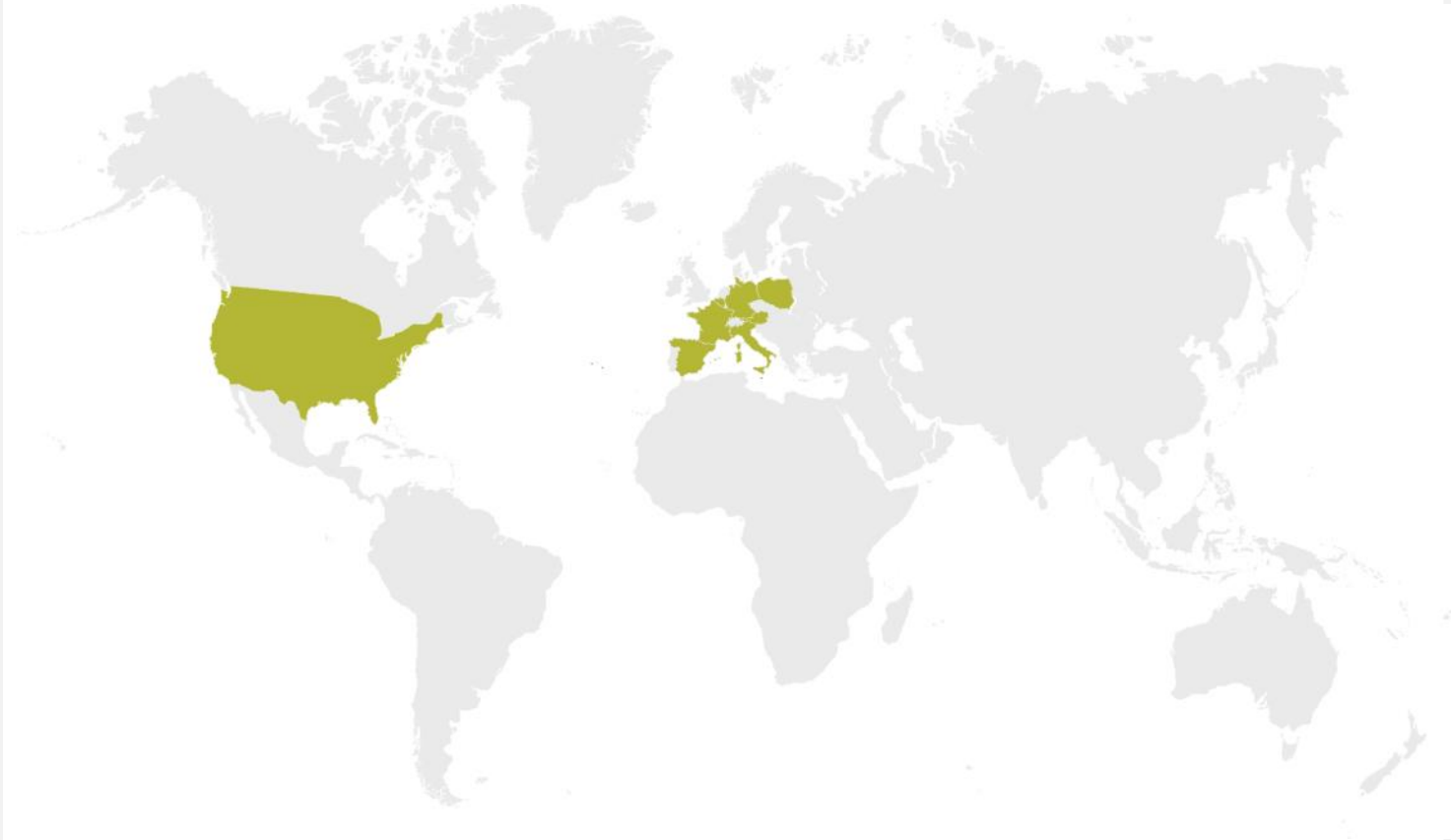
Enrollment to TELLOMAK is completed
Long-term follow-up will provide more mature data on the key study endpoints.

Data cut-off (DCO): 13 OCT 23

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 our investigators, experts, site staff, and ultimately the patients and their families

Agenda

1. Introduction – Dr. Quaratino
2. Results from the Phase 2 TELLOMAK study in Mycosis Fungoides (ASCO 2024) – Dr. Porcu
3. **Summary - Dr. Quaratino**
4. Q&A

MAVORIC Phase 3 trial: mogamulizumab vs. vorinostat in previously-treated CTCL

MAVORIC
Subgroups exploratory analysis – MF subgroup

MF	Vorinostat n = 99	Mogamulizumab n = 105
ORR %	7.1	21
PFS in months Median (95% CI)	3.10 [2.87 – 4.70]	5.40 [3.97 – 7.57]

After ≥ 1 systemic therapy

TELLOMAK data provides increased confidence in lacutamab potential
In terms of CTCL segments & longer duration of treatment

~ 1,500

	KIR3DL2 <1%	KIR3DL2 ≥ 1%
≥1 Prior line		
≥2 Prior Lines	SS [95% express target ≥1%]	MF [50% express target ≥1%]

Previous Target Population

≥2 prior systemic lines
SS & MF KIR3DL2+

~3,500

	All Comers w/Subgroup Analysis
≥1 Prior line	
≥2 Prior Lines	MF & SS All-comers

Population Expansion

≥2 prior systemic lines
SS & MF **all comers**

~5,000

	All Comers w/Subgroup Analysis
≥1 Prior line	MF & SS All-comers

Population & Line Expansion

≥1 prior systemic line
SS & MF **all comers**

Numbers indicate the drug-treated eligible population in each segment. Epidemiology sources: Bradford, P. T. et al. (2009), Dobos, G. et al. (2020), Talpur, R. et al. (2012); Quaglino, P. et al. (2012), Innate Pharma Tellomak and clinical insights. Stratinova Consulting Forecasting Department

Newsflow and upcoming catalysts

Delivering across our strategic objectives

- IPH5301 (CD73) | Phase 1 data

- SAR'579 / IPH6101 ANKET® (CD123) | Phase 2 (Sanofi)
- SAR'514 / IPH6401 ANKET® (BCMA) | Phase 1 (Sanofi)
- IPH65 ANKET® (CD20) | Phase 1 start
- IPH45 ADC (Nectin-4) | IND

- Lacutamab Phase 2 TELLOMAK | Final data MF ASCO
- Lacutamab CTCL | Next steps

- 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)
- IPH67 ANKET® (undisclosed) | Next Steps (Sanofi)
- ANKET® option | (Sanofi)
- IPH6501 ANKET® (CD20) | Phase 1 data
- IPH45 ADC (Nectin-4) | Phase 1 start

- Lacutamab Phase 2 PTCL | Data

2024 **>2025**

Innate Key Pillars

Create value for patients and shareholders

Established expertise in immuno-oncology

- **LACUTAMAB TELLOMAK DATA**
  - First results in mycosis fungoides shared at ASCO 2024, results in SS shared at ASH 2023
  - Planning for FDA interaction for a fast to market strategy
- **EXPAND ANKET® CLINICAL PORTFOLIO** – LEAD IN HEMATOLOGY INDICATIONS
  - Start of Ph1/2 clinical trial with IPH6501, a proprietary 2nd generation ANKET® in B-cell NHL
  - SAR'579 progressed to Phase 2 by Sanofi
- **PURSUING DIFFERENTIATED ADCs**
  - IPH45, a pre-IND anti-Nectin-4 Antibody Drug Conjugate oral presentation at AACR 2024

Strong cash position to end 2025

€ 113.9m* as of March 31, 2024 (excluding €4m from Sanofi received in April 2024)

*Including short term investments (€21.3m) and non-current financial instruments (€10.1m)

Agenda

1. Introduction – Dr. Quaratino
2. Results from the Phase 2 TELLOMAK study in Mycosis Fungoides (ASCO 2024) – Dr. Porcu
3. Summary - Dr. Quaratino
4. **Q&A**



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Thank you

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