

Pioneering
vaccines that
transform
lives.



Immunomic Therapeutics, Inc.

Neoantigen Vaccine Platform





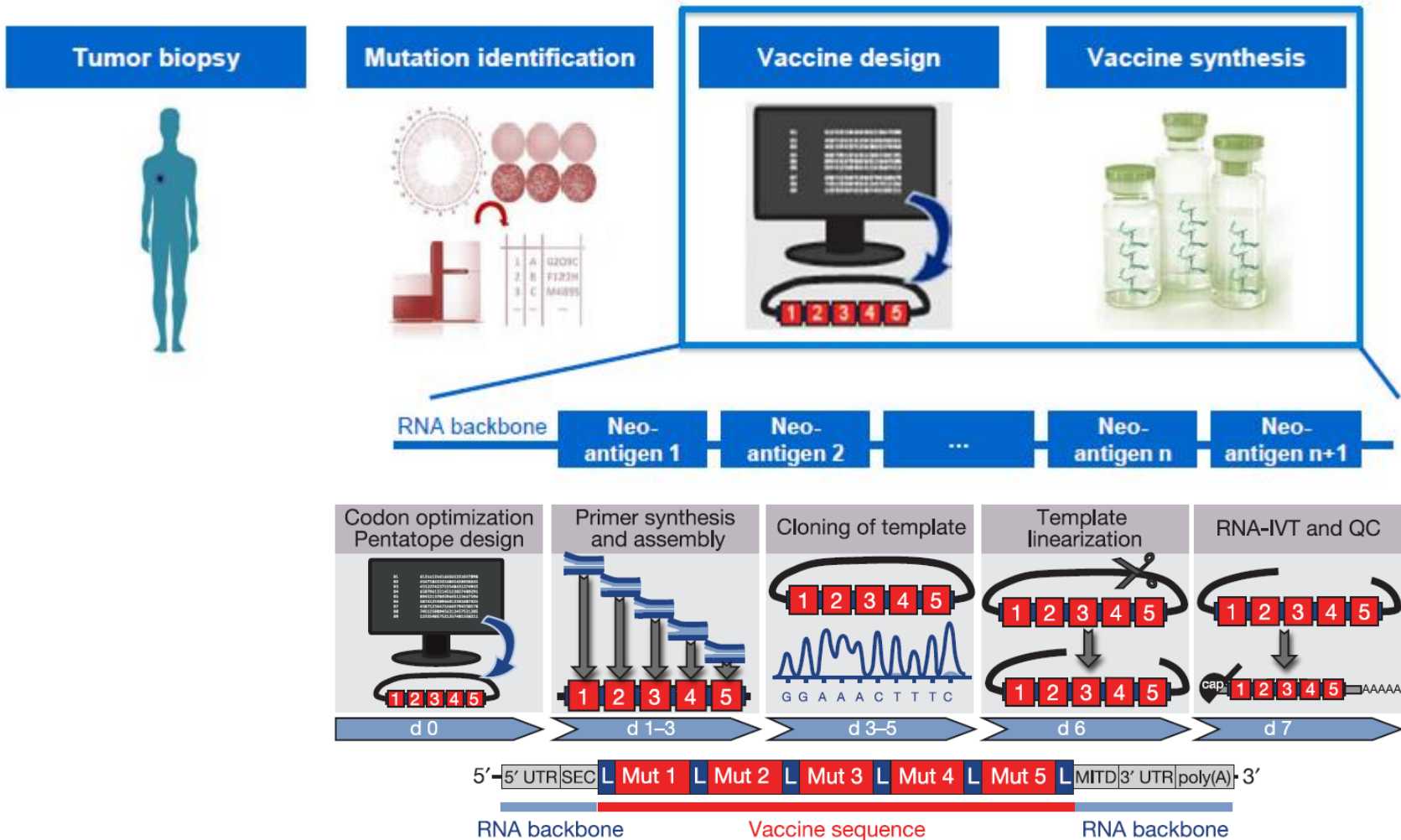
Executive Summary

Neoantigen Vaccine Platform

- **Immunomic Therapeutics is developing novel investigational immunotherapies to treat immunology and oncology diseases based on LAMP-Vax technology**
- **Potential for LAMP vaccines:**
 - Create polyfunctional immune responses
 - Induce antigen-specific Th1-biased TILs at tumor site and activate CD8+ T-cells
 - Th1 CD4+ T-cell activity is believed to be part of effective immune responses to cancer
- **ITI solves two challenges in neoantigen vaccine development**
 - CD4+ T-cells are an important component of natural immune responses to neoantigens
 - Most current vaccine technologies focus primarily on generation of CD8+ T-cells
 - Manufacturing is the critical bottleneck in commercial feasibility
 - ITI has developed workflows that could release vaccine in 12-15 days

Competitive Landscape

Benchmarking: BioNTech's Genentech Collaboration



Competitors in Neoantigen Vaccine Development

Timeline of Trials

Product(s)	Company	Indication	2014		2015		2016		2017		2018		2019	
			H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2
IVAC	BioNTech	Melanoma			P1, N=15; NCT02035956									
IVAC	BioNTech	GBM			P1, N=16; NCT02149225									
Peptide	Dana-Farber	GBM			P1, N=16; NCT02287428									
pDNA	Washington U	TNBC					P1, N=15; NCT02348320							
Peptide	Washington U	GBM					P1, N=10; NCT02510950							
Peptide	MD Anderson	Pancreatic						P1, N=40; NCT02600949						
IVAC	BioNTech	TNBC						P1, N=30; NCT02316457						
Peptide	Immatics	Leukemias						P2, N=56; NCT02802943						
NEO-PV-01 + Nivo	Neon	Bladder						P1, N=90; NCT02897765						
AutoSynVax	Agenus	Solid Tumors						P1, N=20; NCT02992977						
Peptide + Pembro	Washington U	NSCLC						P1, N=20; NCT03166254						
pDNA + Imfinzi	Washington U	TNBC						P1, N=24; NCT03199040						

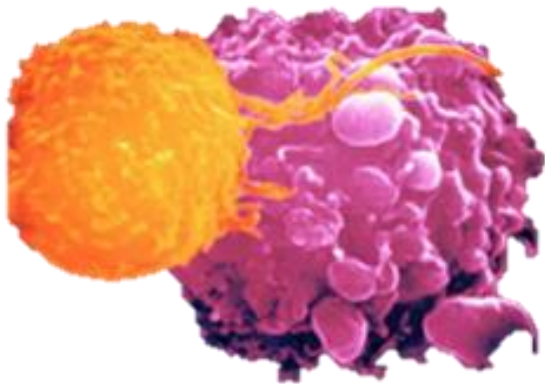
Key Issue for Development of Anti-tumor Vaccines

1. Tumor-related

- Insufficient tumor antigen expression
- Loss of MHC class I expression by tumor
- Production of immunosuppressive factors for T and B cells

2. Immune cells-related

- Insufficient lymphocyte penetration into the tumor tissue
- Lack of T cell help
 - Insufficient MHC-II-restricted antigen presentation
 - Insufficient TH triggering
- Lack or insufficient CTL activity
 - Insufficient MHC-I-restricted antigen presentation
 - Insufficient support by TH cells
 - Scarce lytic activity
- Extrinsic functional blocking of T cells
 - Regulatory and suppressor cells
 - Inhibitory cytokines

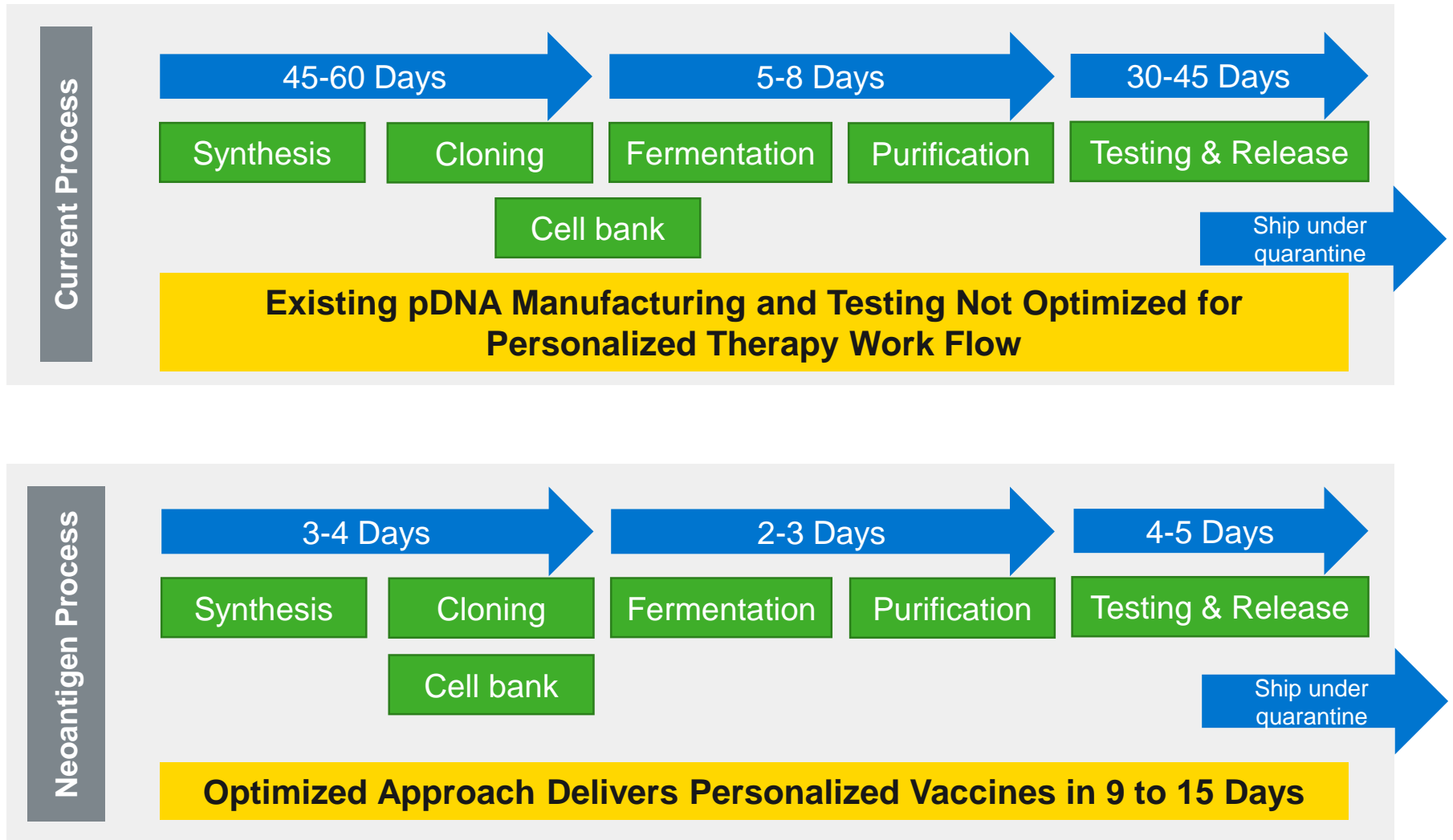


Major elements influencing tumor escape from adaptive immune recognition & destruction

- Other groups have established that neoantigen-targeted vaccines can be designed, manufactured and administered to patients in a clinically relevant time frame
- Neoantigen selection determined by algorithms
 - Three week process: one week for whole exome sequencing, another for validation of epitope presentation and one more for immunogenicity assays
- Once neoantigens have been selected, choosing the **right vaccine modality is critical**
- Type of immune response generated by vaccination:
 - Th1 immune response to neoantigens correlated with improved outcomes
 - LAMP-Vax generates Th1-biased response
- Vaccine manufacturing time frames:
 - Design to QA-released product in less than 8 weeks
 - LAMP-Vax manufacturing can theoretically be completed in 7 weeks
- Ability to target multiple neoantigens in single product
- LAMP-Vax enables these critical design criteria

Manufacturing of Plasmid DNA

Timeline Comparison: Traditional Large-Scale vs. ITI Neoantigen Processes



LAMP-Vax Focused Strategy in Oncology

Comprehensive Vaccine Approaches Currently Being Tested

Antigen Categories & Programs

Viral Antigens

Cancers caused by viruses or where viruses are reactivated

Phase I available, Phase II underway, new animal data in progress

Neo Antigens

**LAMP-Vax to:
Deliver hyper-personalized vaccines**

Quick TAT, **high interest area.**

Data in animal models currently being generated in-house & in collaborations. Will be available Q2/3 2017

Ca Testes & Overexpressed

Known & established cancer antigens, common targets w/ novel approach

Clinical data on approach available
New animal model data available, more in by Q2 2017

Approaches in house and under collaboration tested in models & humans in multiple tumors
Platform dev in parallel supports applications: bioinformatics, delivery, nanoparticles, adjuvants

Thank You



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