IMA203CD8 Cell Therapy in PRAME-positive Solid Tumors

- Phase 1a Dose Escalation Clinical Data Update

December 11, 2025

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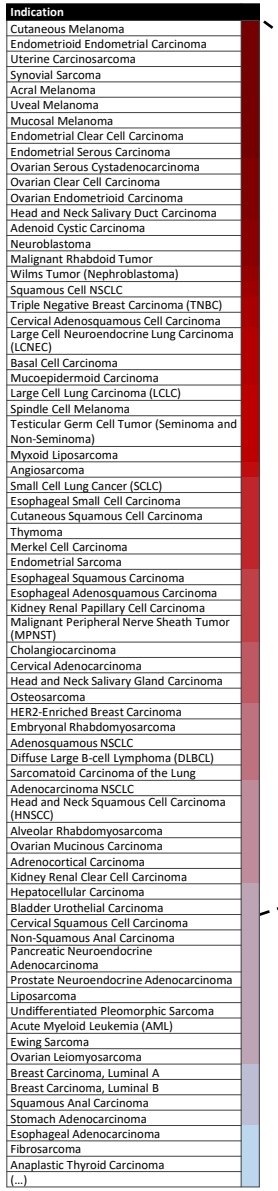
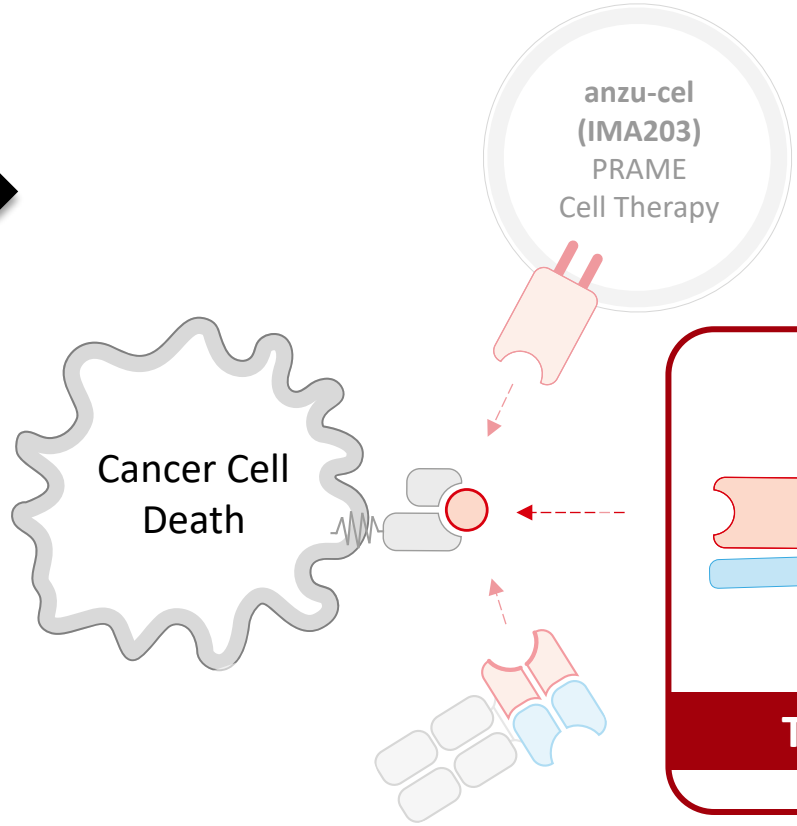
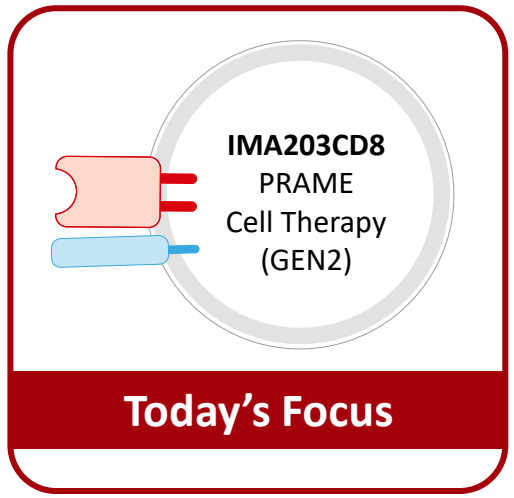
Positioning of IMA203CD8: Expanding to PRAME Cancers beyond Melanoma



PRAME is expressed in more than 50 cancers

Indication	% PRAME+ patients[1]
Cutaneous Melanoma	95%
Uterine Carcinoma	95%
Uterine Carcinosarcoma	95%
Synovial Sarcoma	95%
Uveal Melanoma	90%
Mucosal Melanoma	90%
Ovarian Carcinoma Subtypes	85%
Squamous Cell NSCLC	70%
Triple-negative Breast Carcinoma	65%
Small Cell Lung Cancer	45%
Esophageal Carcinoma Subtype	45%
Kidney Carcinoma Subtype	40%
Cholangiocarcinoma	35%
HER2-Enriched Breast Carcinoma	30%
Adenocarcinoma NSCLC	25%
Head & Neck Squamous Cell Carcinoma	25%
Hepatocellular Carcinoma	20%
Bladder Carcinoma	20%





- **Enhanced pharmacology**
- **Potential to expand to tumor-agnostic label in 2L PRAME cancers across broad spectrum of PRAME expression level**
- **Ovarian carcinoma chosen as initial proof-of-concept**

Anzutresgene autoleucel (anzu-cel, formerly IMA203), [1] Data on file: PRAME target prevalence is based on a proprietary initial mass spec-guided expression threshold applied to RNAseq and/or IHC data (approximate values, values between 95-100% shown as 95%); anzu-cel (IMA203), IM203CD8, IMA402 are being evaluated in separate clinical trials; NSCLC: Non-small cell lung cancer

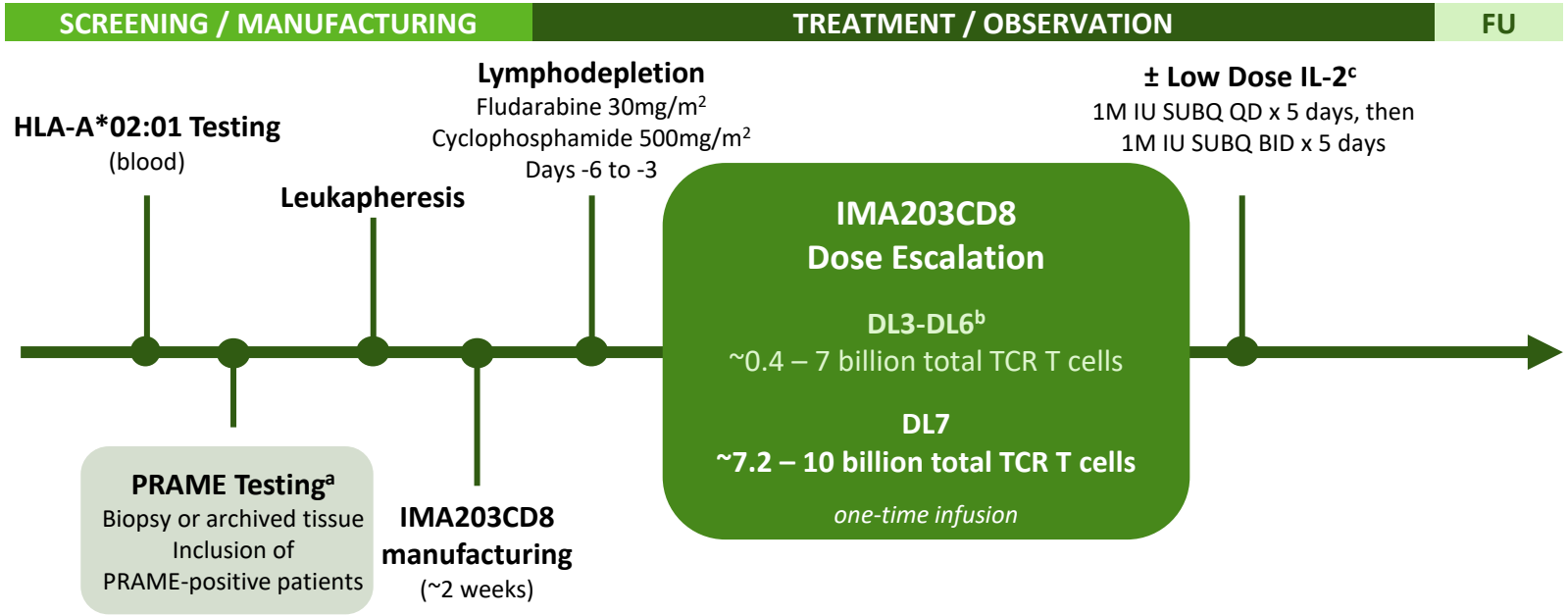
Study Schema: IMA203CD8 in Solid Tumors Expressing PRAME

Ongoing Phase 1a Dose Escalation Study

Key Eligibility Criteria

- Adults with advanced and/or metastatic solid tumors
- ECOG PS 0-1
- HLA-A*02:01 positive
- PRAME positive
- Patients having received or not been eligible for all available SOC treatment
- Adequate organ function
- No active brain metastasis

Patient Journey



Key Objectives

Primary:

- Safety/tolerability

Secondary:

- Efficacy
- Pharmacokinetics

Busse et al., ESMO-IO 2025

[a] PRAME Testing no longer required for indications with high PRAME prevalence [b] Based on initial safety data observed with anzu-cel (IMA203), dose escalation for IMA203CD8 was initiated at DL3. Total TCR T cells calculated from defined number of TCR T cells/m² body surface area (BSA) per dose level x 1.8 m² BSA (BSA of average patient); [c] Each dose level ≥ DL4c is evaluated ±IL-2: start without IL-2; if considered tolerable, either add IL-2 at the same dose, or escalate to the next dose without IL-2; outpatient IL-2 administration at investigator's discretion. BID: twice daily; DL: dose level; ECOG PS: Eastern Cooperative Oncology Group Performance Status; FU: follow-up; IL: interleukin; IU: international unit; QD: daily; SOC: standard-of-care; SUBQ: subcutaneous; TCR: T-cell receptor.
ClinicalTrials.gov: NCT03686124, Accessed Oct 28, 2025.

Demographics: Baseline Characteristics

	Safety Population[1]	Efficacy-evaluable Population[2]			
	All Indications N=78	**Melanoma[3] n=42**	**Ovarian Carcinoma n=11**	**Synovial Sarcoma n=11**	**Other[4] n=5**
Age, median (range)	60 (20, 85)	62 (23, 85)	60 (35, 75)	40 (20, 66)	54 (38, 71)
Female, n (%)	46 (59)	21 (50)	11 (100)	4 (36)	3 (60)
ECOG PS 1, n (%)	36 (46)	22 (52)	8 (73)	2 (18)	2 (40)
LDH ≥1 x ULN, n (%)	37 (47)	22 (52)	5 (45)	4 (36)	4 (80)
Tumor burden[5] Target lesion sum of diameter [cm], median (range)	9.4 (1.1, 43.4)	8.8 (1.5, 43.4)	9.6 (3.4, 21.6)	9.4 (1.2, 41.1)	6.4 (3.9, 12.3)
Number of tumor lesions[5] Median (range)	5 (1, 25)	4 (1, 25)	5 (2, 25)	7 (1, 15)	6 (5, 14)
Liver metastasis[5], n (%)	33 (45)	24 (57)	4 (36)	1 (9)	1 (20)
Brain metastasis[5], n (%)	4 (5)	4 (10)	0 (0)	0 (0)	0 (0)
Platinum-resistant, n (%)	-	-	5 (45)	-	-

Patient Population with Limited Treatment Options

Busse et al., ESMO-IO 2025

[1] All patients who started lymphodepletion; [2] All patients who received IMA203CD8 infusion and had at least one post-baseline scan or progressive disease; [3] Includes cutaneous melanoma (n=22), uveal melanoma (n=14), mucosal melanoma (n=3), acral melanoma (n=1) and melanoma of unknown primary (n=2); [4] Includes uterine cancer, lung adenocarcinoma, NSCLC and TNBC; [5] For N=74 with available assessment of baseline tumor burden (not available for n=1 cutaneous melanoma, n=2 ovarian carcinoma, n=1 synovial sarcoma in safety population); ECOG: Eastern Cooperative Oncology Group Performance Status; LDH: lactate dehydrogenase; NSCLC: non-small cell lung cancer; TNBC: triple-negative breast cancer; ULN: upper limit of normal.

Demographics: Treatment Experience

Prior Therapy	Safety Population[1]	Efficacy-evaluable Population[2]			
	All Indications N=78	Melanoma[3] n=42	Ovarian Carcinoma n=11	Synovial Sarcoma n=11	Other[4] n=5
Treatment, n (%)					
Radiation	47 (60)	27 (64)	3 (27)	8 (73)	5 (100)
Systemic treatment	77 (99)	41 (98)	11 (100)	11 (100)	5 (100)
Lines of systemic treatment					
Median, (range)	3 (0, 8)	3 (0, 8)	4 (1, 7)	2 (1, 5)	3 (2, 5)
≥3, n (%)	50 (64)	26 (62)	10 (91)	5 (45)	3 (60)
Immune checkpoint inhibitors, n (%)	46 (59)	37 (88)	1 (9)	0 (0)	5 (100)
Chemotherapy, n (%)	52 (67)	18 (43)	10 (91)	11 (100)	5 (100)
Platinum-based regimen, n (%)	27 (35)	5 (12)	10 (91)	0 (0)	5 (100)
Targeted therapies (i.e., ADCs, TKIs), n (%)	15 (19)	8 (19)	4 (36)	0 (0)	0 (0)
TCR-based therapies, n (%)	18 (23)	15 (36)	0 (0)	1 (9)	0 (0)

On Study	All Indications N=78	Melanoma[3] n=42	Ovarian Carcinoma n=11	Synovial Sarcoma n=11	Other[4] n=5
Total infused dose					
TCR T cells [x10^9], median (range)	**1.6 (0.4, 12.5)**	**1.6 (0.4, 11.7)**	**2.3 (1.4, 7.1)**	**1.6 (0.9, 2.1)**	**1.6 (1.3, 2.1)**
CD4 subset	0.9 (0.1, 7.4)	1.0 (0.1, 5.7)	1.3 (0.7, 4.0)	0.6 (0.2, 1.1)	0.7 (0.2, 1.2)
CD8 subset	0.7 (0.2, 8.3)	0.6 (0.2, 0.8)	0.8 (0.4, 3.0)	0.8 (0.5, 1.6)	0.9 (0.7, 1.4)

Heavily Pre-treated Patients Treated with IMA203CD8 at Escalating Doses

Busse et al., ESMO-IO 2025

[1] All patients who started lymphodepletion; [2] All patients who received IMA203CD8 infusion and had at least one post-baseline scan or progressive disease; [3] Includes cutaneous melanoma (n=22), uveal melanoma (n=14), mucosal melanoma (n=3), acral melanoma (n=1) and melanoma of unknown primary (n=2); [4] Includes uterine cancer, lung adenocarcinoma, NSCLC and TNBC.
Total TCR T cells calculated from defined number of TCR T cells/m^2 body surface area (BSA) per dose level x 1.8 m^2 BSA (BSA of average patient).
ADC: antibody drug conjugate; NSCLC: non-small cell lung cancer; TCR: T-cell receptor; TNBC: triple-negative breast cancer; TKI: tyrosine kinase inhibitor.

IMA203CD8: Tolerability in Advanced Solid Tumors

Overall Manageable Tolerability Profile

TEAEs in ≥20% of patients

	N=78[a]	
Preferred term, n (%)	**Any grade**	**Grade ≥3**
Neutropenia	67 (86)	66 (85)
Anaemia	61 (78)	40 (51)
Thrombocytopenia	55 (71)	25 (32)
Nausea	50 (64)	0
Lymphopenia	36 (46)	35 (45)
Fatigue	30 (39)	6 (8)
ALT/AST increased	30 (39)	9 (12)
Rash/Rash maculo-papular	26 (33)	3 (4)
Constipation	25 (32)	0
Hypokalaemia	24 (31)	0
Leukopenia	20 (26)	18 (23)
Vomiting	20 (26)	0
Abdominal pain	17 (22)	2 (3)
Diarrhoea	17 (22)	3 (4)
Pyrexia	17 (22)	0
Hyponatraemia	17 (22)	1 (1)
Headache	16 (21)	0

Adverse events of special interest

	N=78[a]
CRS, any grade, n (%)	**74 (95)**
Grade 1	27 (35)
Grade 2	39 (50)
Grade 3	7 (9)
Grade 4	1 (1)
HLH, any grade, n (%)	**7 (9)**
Grade 1	0
Grade 2	4 (5)
Grade 3	2 (3)
Grade 4	1 (1)
ICANS, any grade, n (%)	**6 (8)**
Grade 1	4 (5)
Grade 2	1 (1)
Grade 3	1 (1)

All TEAEs occurring in at least 16 patients (≥20%) are presented. Grades were determined according to National Cancer Institute Common Terminology Criteria of Adverse Events, version 5.0. Grades for CRS and ICANS were determined according to CARTOX criteria (Neelapu et al, 2018, for patients enrolled under protocol v11.0 and higher according to Neelapu et al, 2019).

- Most frequent TEAEs were anticipated cytopenias associated with lymphodepletion
- Expected and manageable CRS, mostly Grade 1-2, consistent with mechanism of action
- Previously reported DLTs in 2 patients at DL4b
  - Patient DL4b-01: high in vivo TCR T-cell expansion, Grade 4 neurotoxicity, Grade 4 CRS, Grade 3 HLH
  - Patient DL4b-04: Grade 3 CRS defined by Grade 3 ALT elevation which resolved to Grade 2 within 10 days; no need for vasopressors or ventilation
- Further modification of the inclusion/exclusion criteria and IL-2 scheme allowed continuation of dose escalation to DL4c up to present DL7; no further DLTs observed since then
- No IMA203CD8-related Grade 5 events[b]

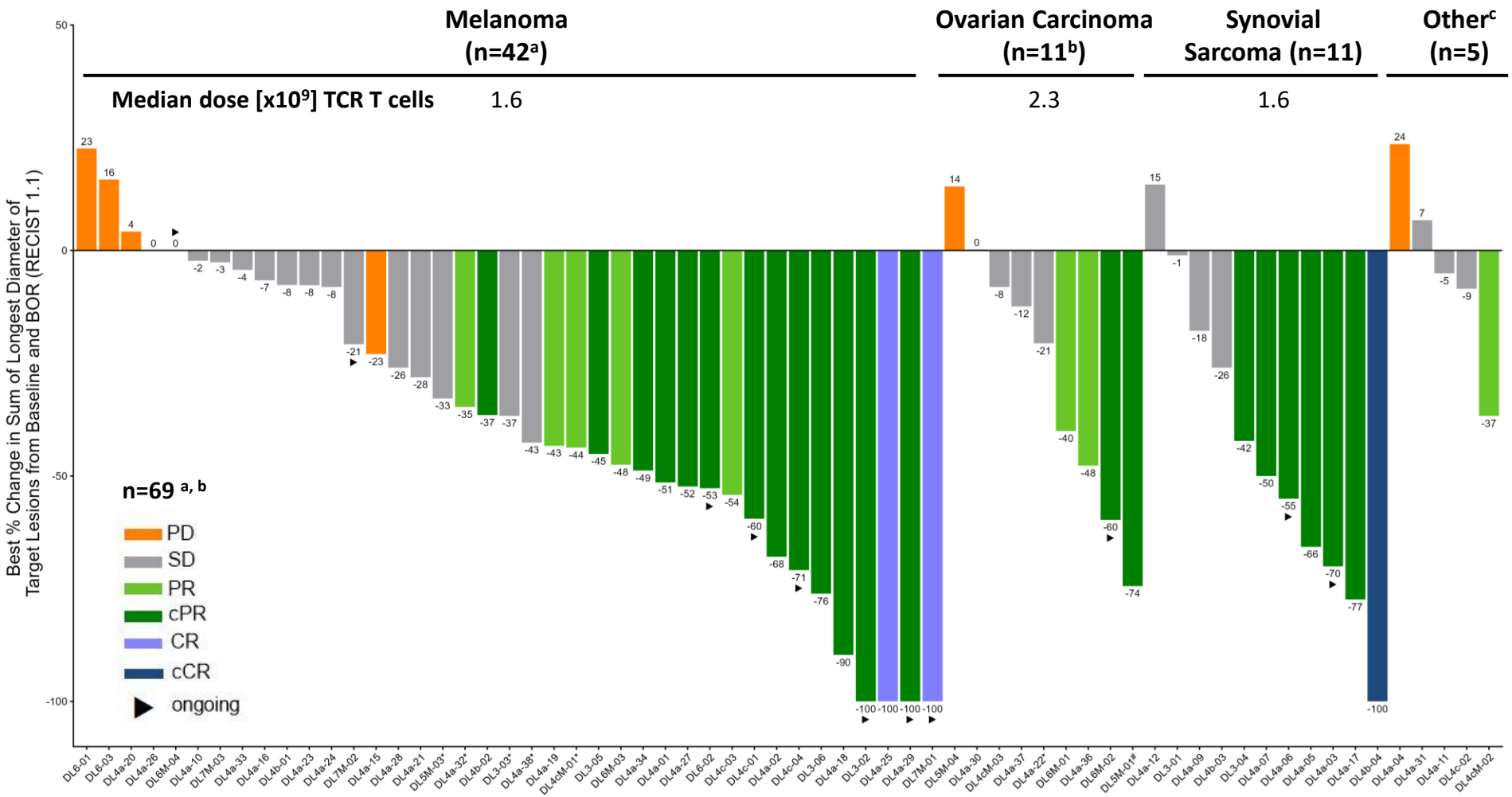
Dose escalation ongoing at DL7 based upon manageable tolerability

Busse et al., ESMO-IO 2025

[a] All patients who started lymphodepletion. Includes one patient that started lymphodepletion but did not receive IMA203CD8 cells yet. Includes one patient without AE entry at date of data cutoff. [b] Possibly-related Grade 5 event as previously reported was determined by the principal investigator to be unlikely related to IMA203CD8 after complete assessment. Patient died from sepsis that was aggravated by immunosuppression from Flu/Cy (possibly related), a grade 4 HLH event, the toxicity management and rapidly-progressing disease.
ALT: alanine aminotransferase; AST: aspartate aminotransferase; CRS: cytokine release syndrome; Cy, cyclophosphamide; Flu, fludarabine; DL: dose level; DLT: dose-limiting toxicity; HLH: hemophagocytic lymphohistiocytosis; ICANS: immune effector cell-associated neurotoxicity syndrome; TCR: T-cell receptor; TEAE: treatment-emergent adverse event.

IMA203CD8: Tumor Reduction During Dose Escalation

All Dose Levels Across Various PRAME-expressing Indications



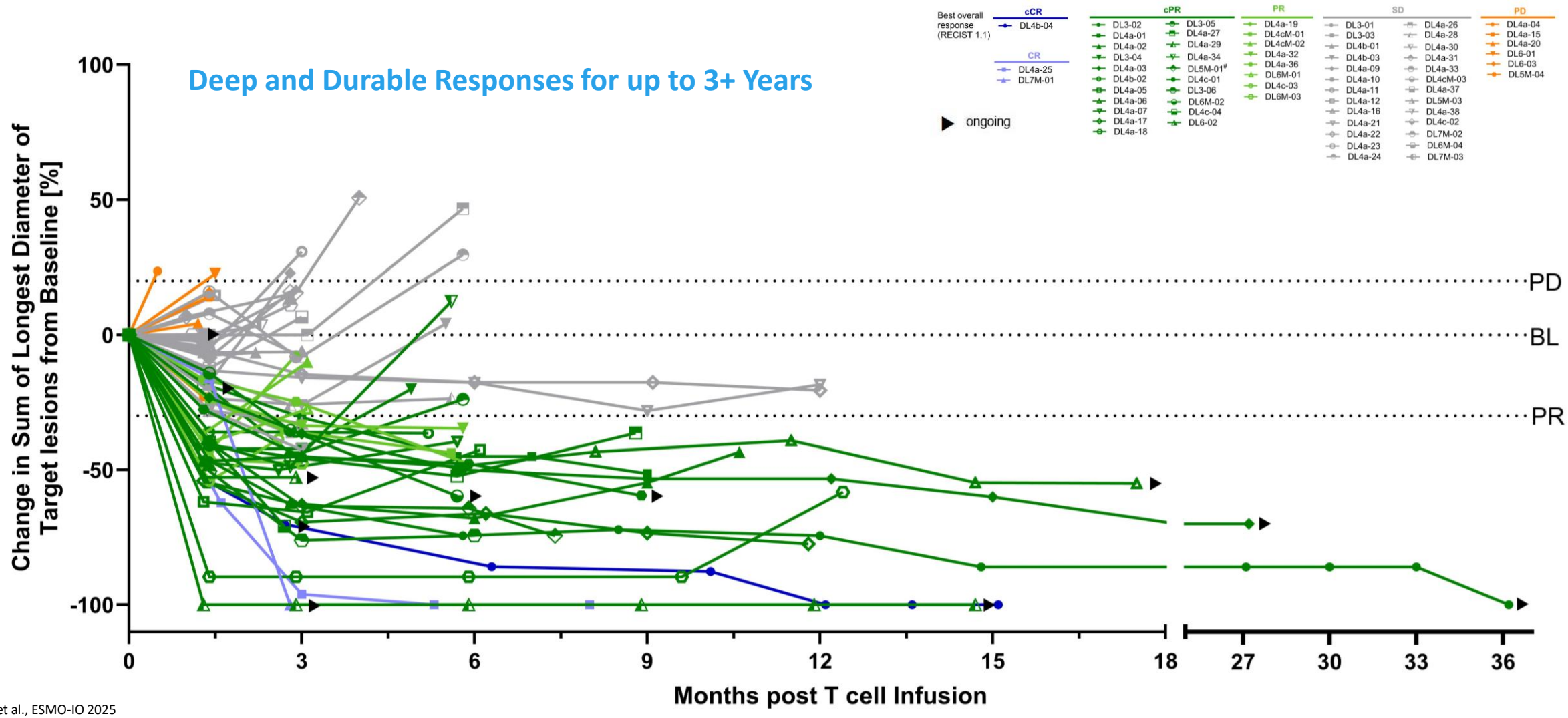
All (n=69)	
cORR	**36% (23/64)**
ORR	46% (32/69)
Tumor reduction	78% (54/69)
DCR (at week 6)	84% (58/69)
mDOR, (range)	9.2 mo (1.5, 36.4+)
mFU	14 mo

Encouraging response rate already at low median dose of 1.6 billion total IMA203CD8 TCR T cells

Busse et al., ESMO-IO 2025

[a] Includes 3 patients without post-baseline scan not depicted in plot: n=2 deceased prior to first scan, n=1 with non-evaluable measurements of target lesions (all DL4a); [b] Includes 2 patients without post-baseline scan not depicted in plot: n=2 deceased prior to first scan (1 DL4a, 1 DL5); [c] Includes uterine cancer, lung adenocarcinoma, NSCLC and TNBC; * best change and RECIST BOR at different timepoints; # Ongoing confirmed PR (RECIST 1.1) as of last scan at month 7.5, suspected clinical progression by clinical site at month 6 in discrepancy to RECIST response due to tumor marker increase; patient off study at month 8 and receiving further anti-tumor treatment; DCR: includes one patient with post-baseline scan at week 5; ORR: according to RECIST 1.1 at any post-baseline scan; cORR: according to RECIST 1.1 for patients with at least two available post-baseline scans (excluding patients with ongoing unconfirmed response) or patients with PD or death at any prior timepoint, patient DL4a-25 had a cPR prior to CR; BOR: best overall response; (c)CR: (confirmed) complete response; DCR: disease control rate; mDOR: median duration of response; mFU: median follow-up; NSCLC: non-small cell lung cancer; (c)ORR: (confirmed) objective response rate; PD: progressive disease; (c)PR: (confirmed) partial response SD: stable disease; TNBC: triple-negative breast cancer.

IMA203CD8: Changes in Tumor Size Over Time During Dose Escalation



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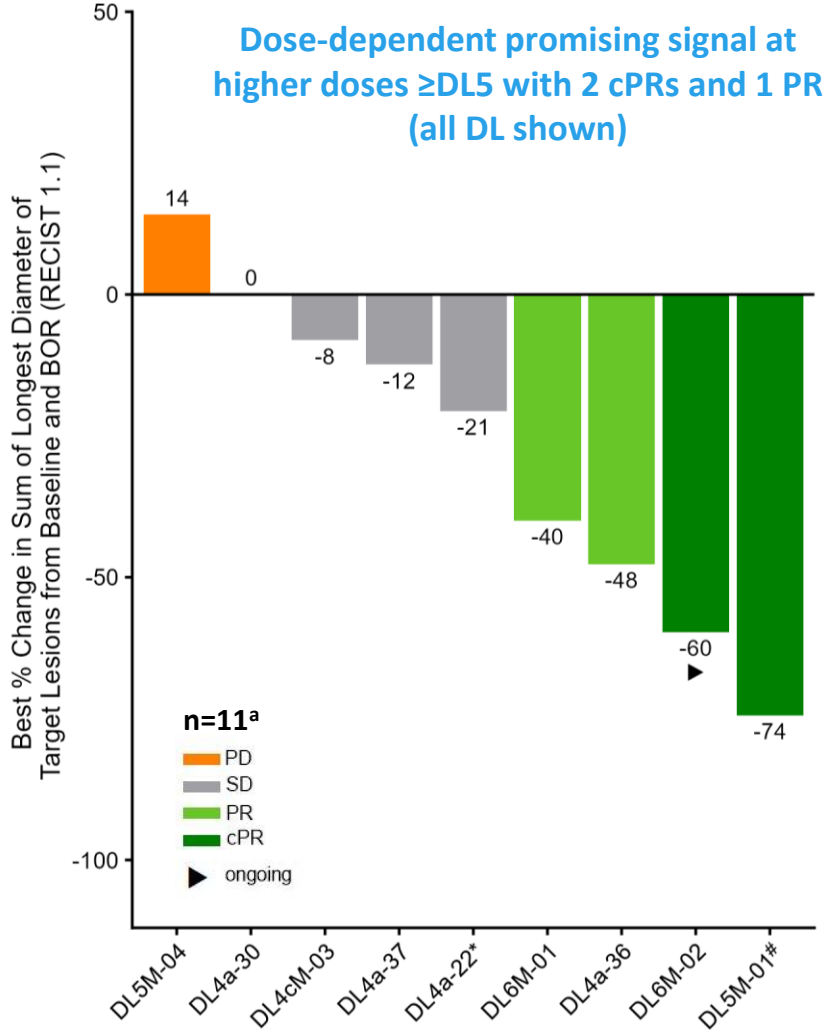
5 patients without post-baseline scan not depicted in plot: n=2 with melanoma deceased prior to first scan, n=1 with melanoma had non-evaluable measurements of target lesions (all DL4a), n=2 with ovarian carcinoma deceased prior to first scan (1 DL4a, 1 DL5);
Ongoing confirmed PR (RECIST 1.1) as of last scan at month 7.5, suspected clinical progression by clinical site at month 6 in discrepancy to RECIST response due to tumor marker increase; patient off study at month 8 and receiving further anti-tumor treatment.
BL: baseline; (c)CR: (confirmed) complete response; PD: progressive disease; (c)PR: (confirmed) partial response; SD: stable disease.

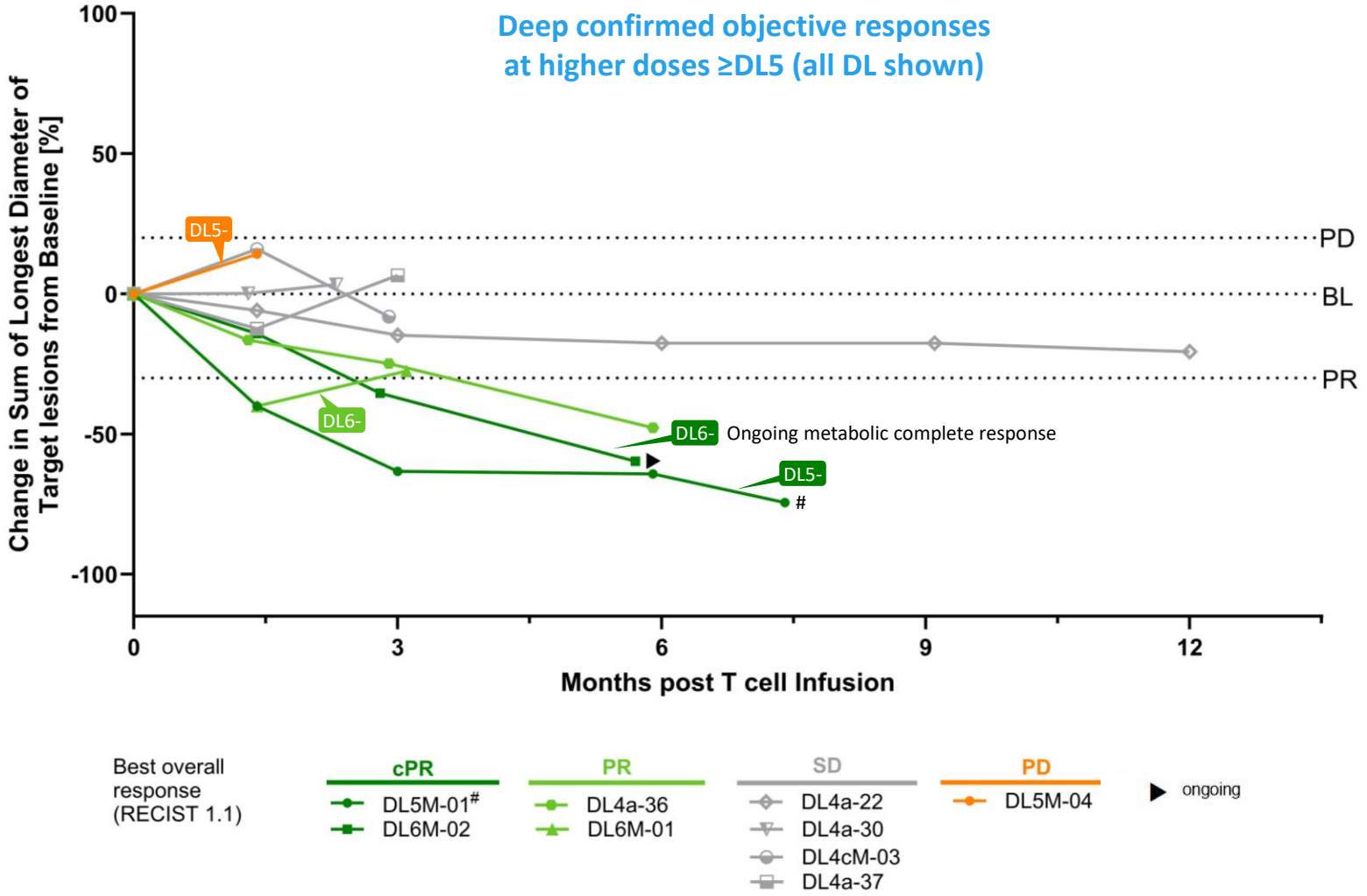
IMA203CD8 in Patients with Ovarian Carcinoma

Dose Escalation at Higher Doses (≥DL5) Ongoing to Unlock Full Potential of IMA203CD8

Dose-dependent promising signal at higher doses ≥DL5 with 2 cPRs and 1 PR (all DL shown)



Deep confirmed objective responses at higher doses ≥DL5 (all DL shown)



Tolerability in ovarian carcinoma was generally consistent with full IMA203CD8 tolerability profile

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[a] Includes 2 patients without post-baseline scan not depicted in waterfall and spider plot: n=2 deceased prior to first scan (1 DL4a, 1 DL5); * best change and RECIST BOR at different timepoints; # Ongoing confirmed PR (RECIST 1.1) as of last scan at month 7.5, suspected clinical progression by clinical site at month 6 in discrepancy to RECIST response due to tumor marker CA-125 increase; patient off study at month 8 and receiving new anti-tumor treatment.
BL: baseline; BOR: best overall response; DL: dose level; PD: progressive disease; (c)PR: (confirmed) partial response; SD: stable disease.

Conclusions

Towards Proof-of-concept for Tumor-agnostic Targeting of PRAME cancers with IMA203CD8

- Manageable tolerability at increasing dose levels with most frequent ≥Grade 3 AEs being anticipated cytopenia
- Encouraging clinical anti-tumor activity after one-time infusion of IMA203CD8 already at a low median dose of 1.6 billion total TCR T cells
- Deep and durable objective responses in advanced solid tumors during dose escalation including beyond melanoma
  - **3 complete responses** plus **2 cPRs** with **-100%** reduction of target lesions
  - **66%** (21/32) of responders showing **deep responses** with tumor reduction of ≥ 50%
  - **7 responses ongoing for ≥ 1 year post infusion**
  - **Promising initial dose-dependent signal in 5 patients with ovarian carcinoma treated at ≥DL5**: 2 cPRs, including 1 ongoing metabolic complete response, and 1 PR – all observed without post-infusion low-dose IL-2
- **Early proof-of-concept data in ovarian carcinoma supports the strategy to position IMA203CD8 in the tumor-agnostic setting of advanced PRAME cancers beyond melanoma, starting with gynecologic cancers**
- **The Phase 1 trial could also support the positioning of IMA203CD8 without the requirement of post-infusion low-dose IL-2 in the future**
- **Dose escalation and determination of RP2D on track to be completed in 2026 to unlock the full clinical potential of IMA203CD8**
- **Efficacy readouts including patients treated at the two highest dose levels (DL6 and DL7) expected in 2026**

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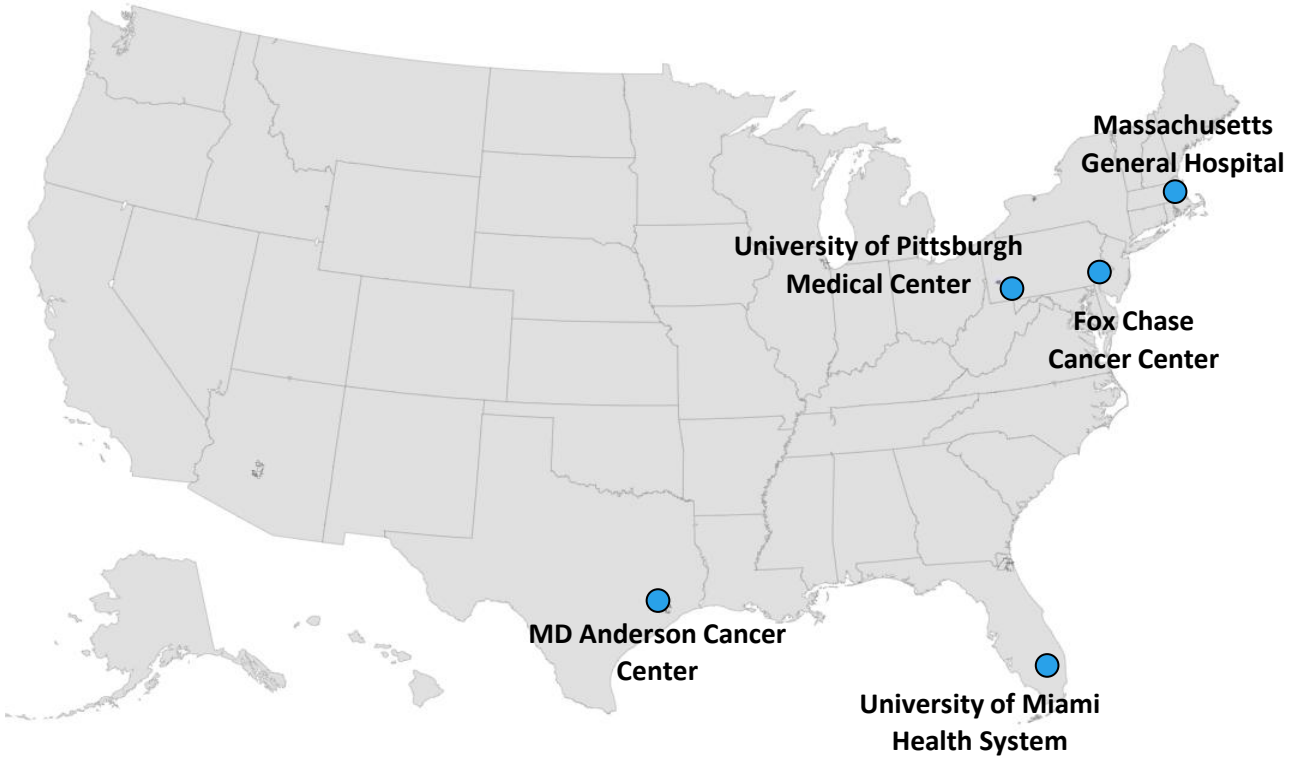
AE: adverse event; cPR: confirmed partial response; RP2D: recommended phase 2 dose.

Thank You – Study Participants & Caregivers

United States



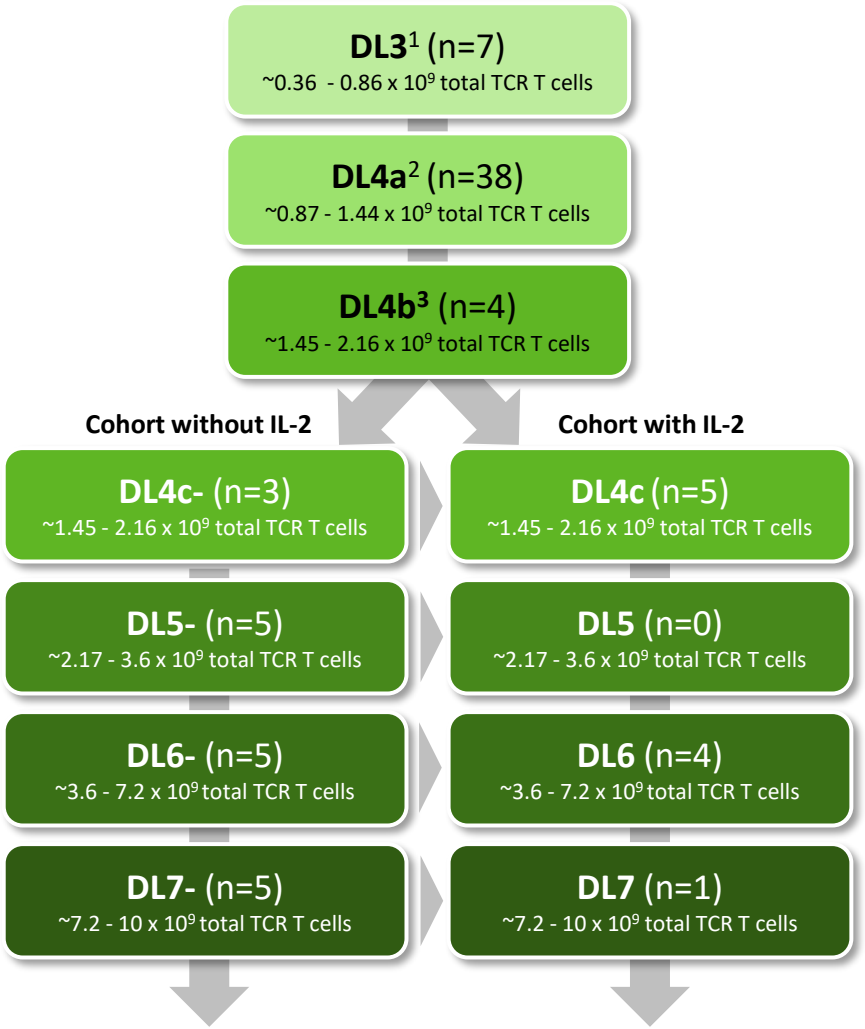
Germany

IMA203CD8 Phase 1 Study
Sponsor: Immatics

Appendix

Phase 1a Dose Escalation Study Design

Safety Population (N=78*)



Patients assigned to the cohort without IL-2 are indicated with an additional "M" in their patient ID depicted in waterfall and spider plots

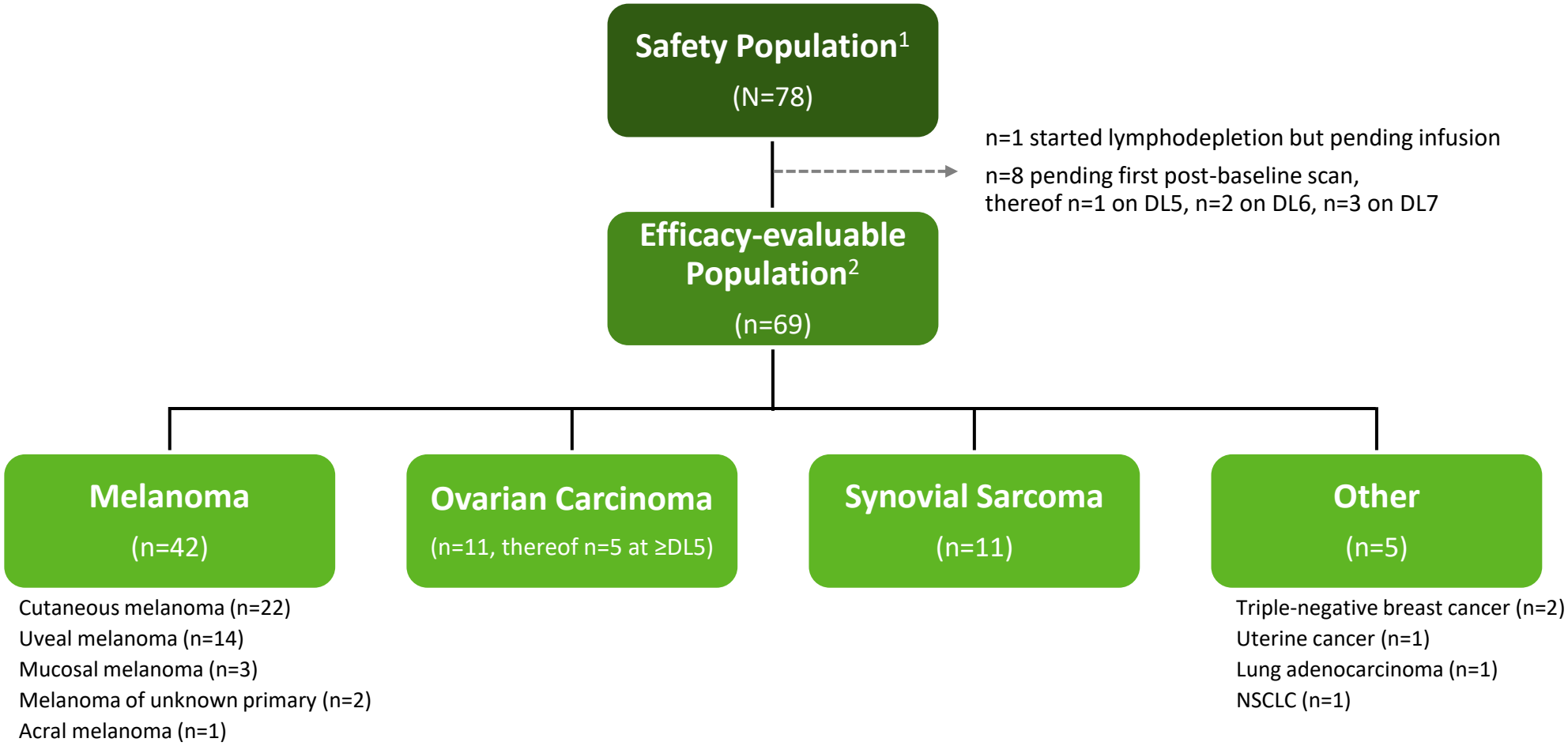
Median dose of 1.6 billion total IMA203CD8 TCR T cells
Dose escalation at DL7 with and without IL-2 ongoing

Data Supplement to Busse et al., ESMO-IO 2025

* Includes one patient who started lymphodepletion but pending IMA203CD8 infusion; [1] Based on initial safety data observed with anzu-cel (IMA203), dose escalation for IMA203CD8 was initiated at DL3; [2] DL4a cleared in Dec 2023; [3] DLTs at DL4b triggered modifications of the eligibility criteria, adapted patient population is treated with DL4c. Each dose level ≥ DL4c is evaluated ±IL-2: start without IL-2; if considered tolerable, either add IL-2 at the same dose, or escalate to the next dose without IL-2; patients depicted according to assigned cohort, two patients in cohort with IL-2 did not receive IL-2 infusions (DL4c-04, DL6-01). Total TCR T cells calculated from defined number of TCR T cells/m^2 body surface area (BSA) per dose level x 1.8 m^2 BSA (BSA of average patient).
BSA: body surface area; DL: dose level; DLT: dose-limiting toxicity; MTD: maximum tolerated dose; TCR, T-cell receptor.

Patient Populations

Various PRAME-Expressing Indications Across All Dose Levels



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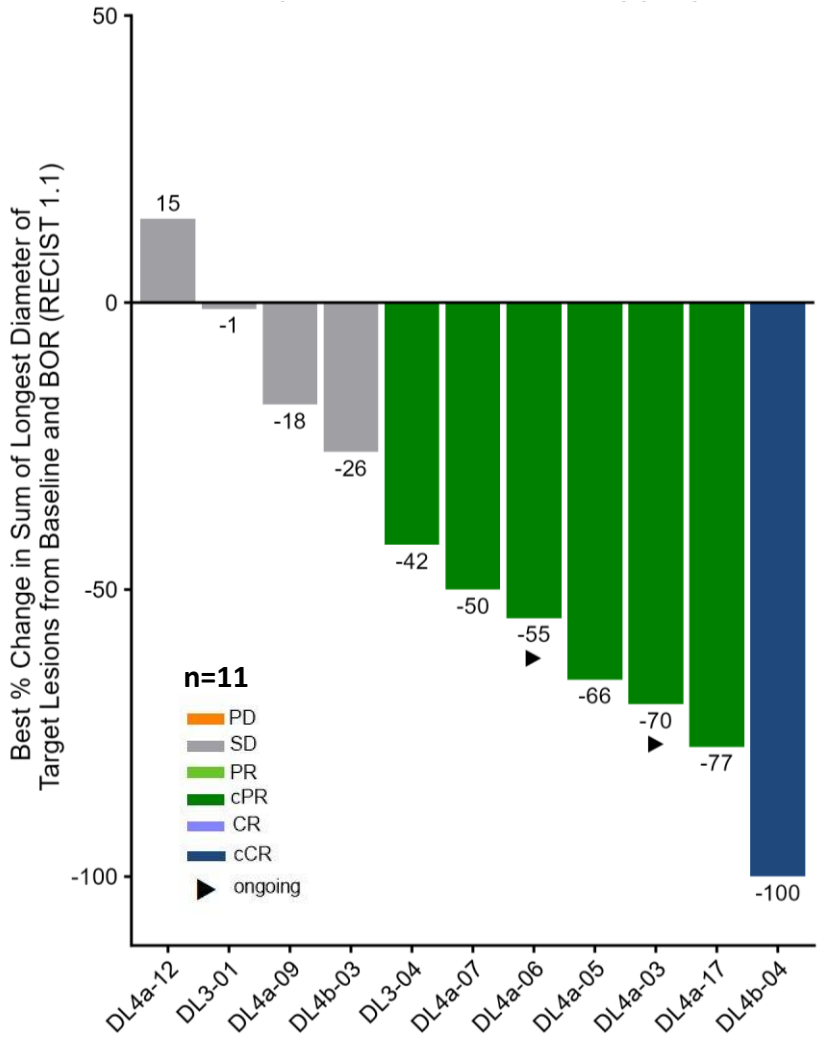
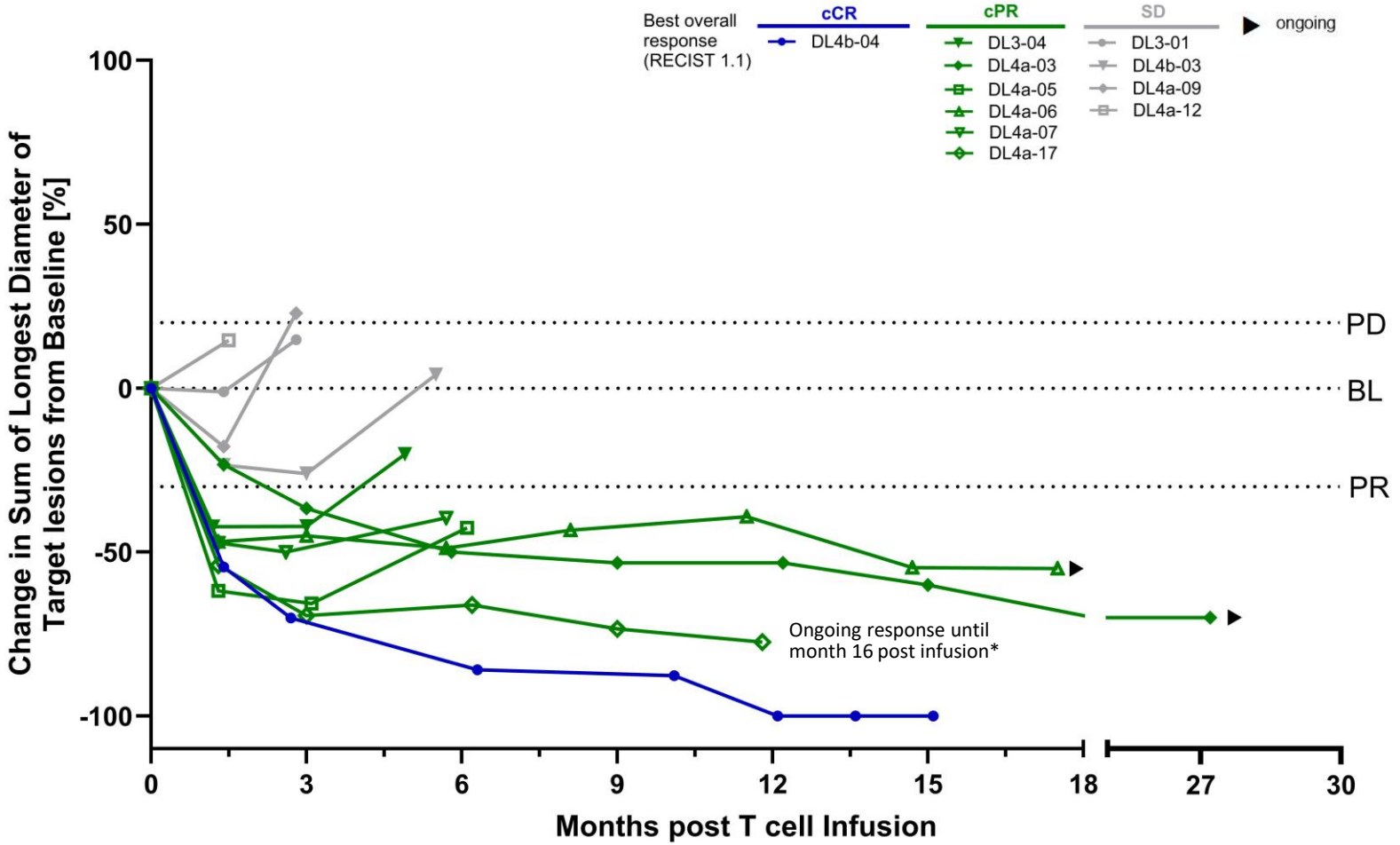
[1] All patients who started lymphodepletion, includes one patient without adverse event entry at date of data cutoff; [2] All patients who received IMA203CD8 infusion and had at least one post-baseline scan or progressive disease.
NSCLC: non-small cell lung cancer.

IMA203CD8 in Patients with Synovial Sarcoma

Promising Clinical Activity with Deep and Durable Responses at Low Doses (DL1-DL4a)





Tolerability in synovial sarcoma was generally consistent with full IMA203CD8 tolerability profile

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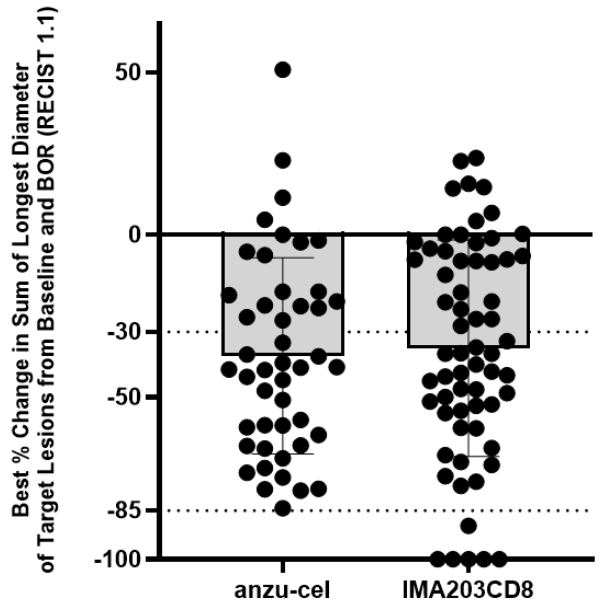
* Measurement of target lesions at month 16 post infusion not available; BL: baseline; BOR: best overall response; (c)CR: (confirmed) complete response; DL: dose level; PD: progressive disease; (c)PR: (confirmed) partial response; SD: stable disease.

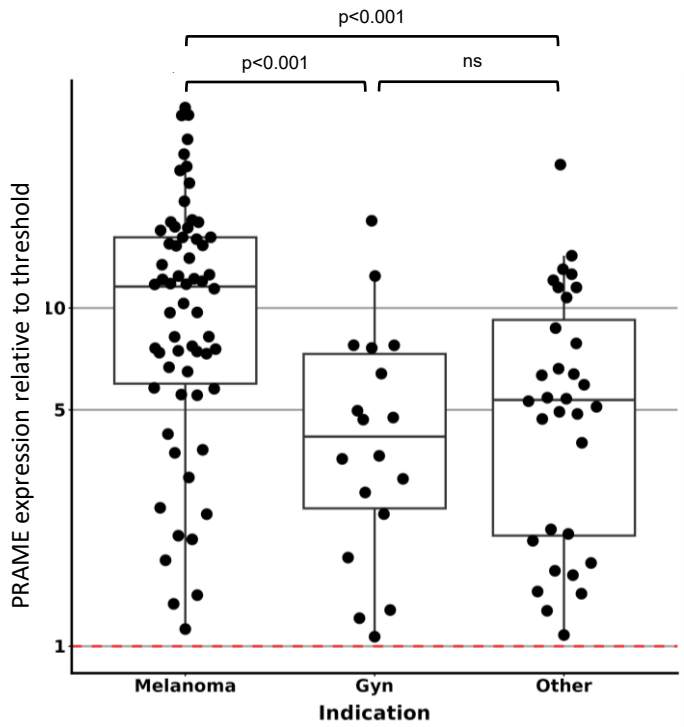
Opportunity of IMA203CD8 across Broad Range of PRAME Expressing Indications

Deep responses with IMA203CD8 at low doses



	anzu-cel	IMA203CD8
Number of patients	n=46	n=69
Total infused dose TCR-T cells [x10^9]	4.59 (1.00-10.20)	1.60 (0.44-11.70)
Tumor burden at baseline (mm)	104.0 (21.0-309.80)	93.10 (12.40-434.40)

Potential for targeting PRAME expressing tumors with IMA203CD8



IMA203CD8 offers similar **depth of response** at 1.6 x 10^9 total infused dose compared to those demonstrated by anzu-cel at ~ 3x higher dose. With **higher doses** currently being explored, IMA203CD8 may offer an **enhanced opportunity** to treat cancers across a broad spectrum of **PRAME expression** including ovarian carcinoma, uterine cancer, sqNSCLC, triple-negative breast cancer and others

Data on file; PRAME expression: evaluated biopsies (FFPE tissue) prior to treatment with anzutresgene autoleucel (anzu-cel, formerly IMA203) or IMA203CD8, melanoma: cutaneous melanoma, uveal melanoma, acral melanoma, melanoma of unknown primary, Gyn (gynecologic cancers): ovarian carcinoma and endometrial cancer; Other: head and neck cancer, lung cancer, synovial sarcoma, triple-negative breast cancer and others; PD: progressive disease; SD: stable disease; (c)PR: (confirmed) partial response; sqNSCLC: squamous cell non-small-cell lung cancer

IMA203CD8 and Anzu-cel (IMA203) in Cutaneous Melanoma

Cutaneous melanoma	IMA203CD8 Ph1a Dose Escalation	Anzu-cel (IMA203) Ph1a Dose Escalation	Anzu-cel (IMA203) Ph1b Dose Expansion at RP2D
Data cutoff	Oct 27, 2025	Sep 30, 2023	Apr 7, 2025
Efficacy-evaluable patients[1]	22	8	14
Tumor burden (target lesion sum of diameter) [cm], median	6.0	10.6	12.1
Total infused dose TCR T cells [x10^9], median	1.6	1.1	4.0
cORR[2]	39% (7/18)	25% (2/8)	50% (7/14)

- Promising IMA203CD8 dose escalation data at low median dose, but too early for conclusive comparison to anzu-cel
- IMA203CD8 has entered higher dose levels at ~7.2 - 10 billion total TCR T cells outside melanoma to unlock its full clinical potential, next data update expected in 2026

Anzutresgene autoleucel (anzu-cel, formerly IMA203);
[1] All patients who received anzu-cel or IMA203CD8 infusion and had at least one post-baseline scan or progressive disease; [2] cORR (confirmed objective response rate): according to RECIST 1.1 for patients with at least two available post-baseline scans (excluding patients with ongoing unconfirmed response) or patients with PD or death at any prior timepoint