ACTengine® IMA203 TCR-T Targeting PRAME in PD1 Refractory Metastatic Melanoma

- Phase 1b Dose Expansion Clinical Data Update

October 10, 2024

Oral presentation by Martin Wermke at the Society of Melanoma Research Congress on October 11, 2024

Data cut-off Aug 23, 2024

Delivering the Power of T cells to Cancer Patients

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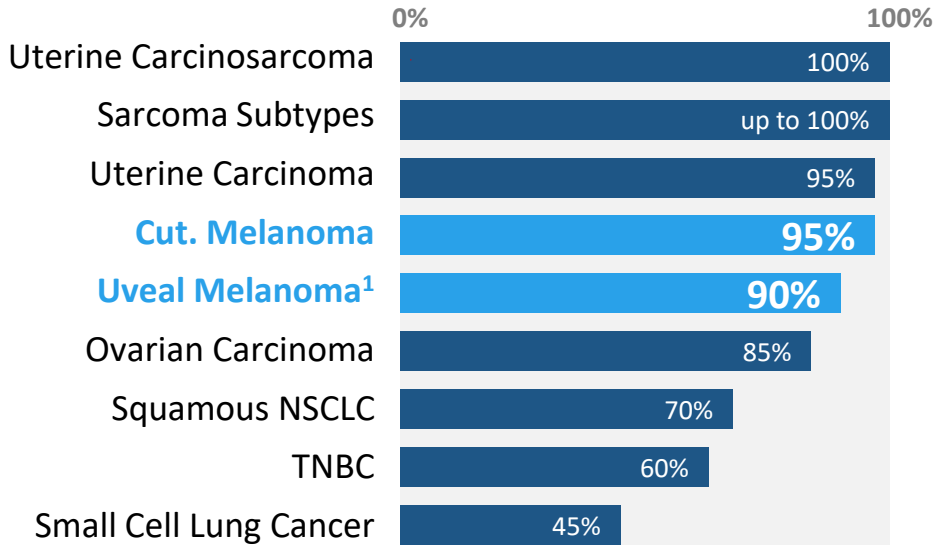
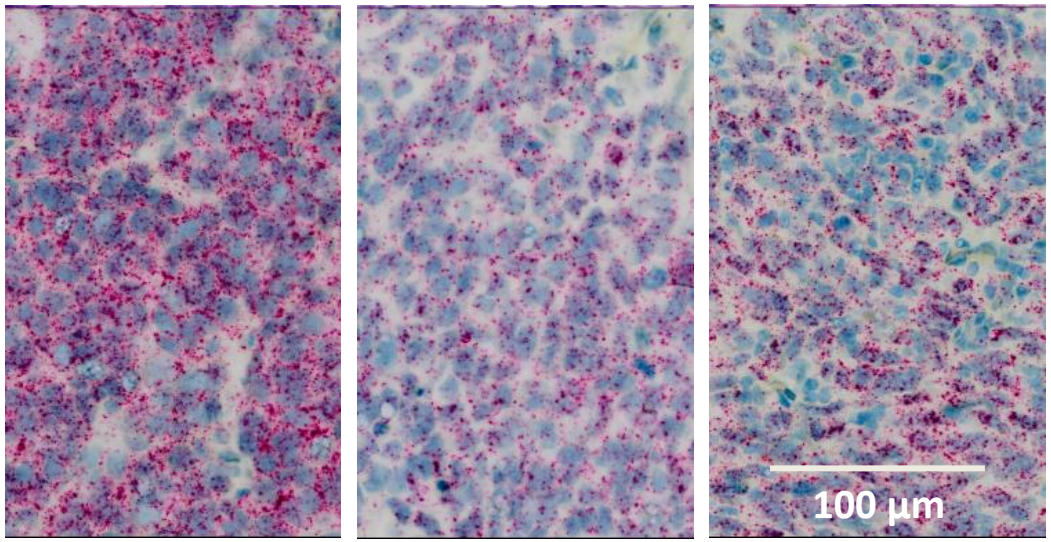
PRAME – A Widely Expressed Cancer Testis Antigen

% PRAME Positive Patients in Selected Indications



Target prevalence based on TCGA (SCLC: in-house) RNAseq data combined with proprietary mass spec-guided RNA expression threshold;
[1] Uveal melanoma target prevalence based on IMADetect qPCR testing of screening biopsies from 61 trial patients.

PRAME RNA Detection in Melanoma Samples (ISH)



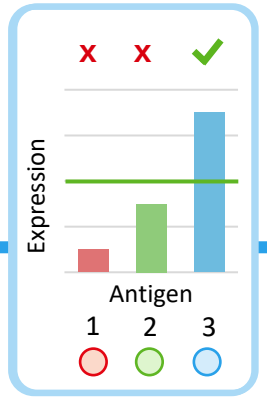
ACTengine® IMA203 TCR-T Monotherapy – Patient Flow

Screening & Manufacturing Phase | **Treatment & Observation Phase** | **Long Term Follow-up**

Safety and efficacy monitoring for 12 months

HLA-A*02 Testing
Blood sample;
Central lab

Leukapheresis



Target Profiling
IMADetect® mRNA assay using
Immatics' MS-guided threshold;
Biopsy or archived tissue

Patient screening data from Immatics' clinical trials:

Cut. Melanoma	95% (138/146)
Uveal Melanoma	89% (54/61)
Uterine Carcinoma	93% (14/15)
Ovarian Carcinoma	81% (48/59)

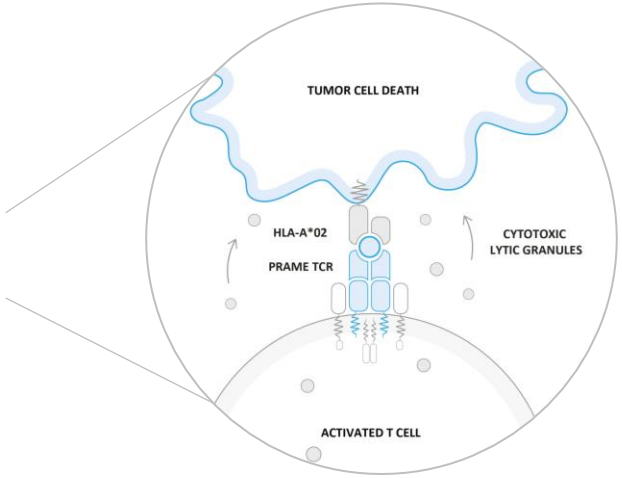
Manufacturing
by Immatics

Short process time of 14 days
7-day manufacturing process
applying CD8/CD4 T cell selection
7-day QC release testing

Lymphodepletion*

Low dose IL-2**

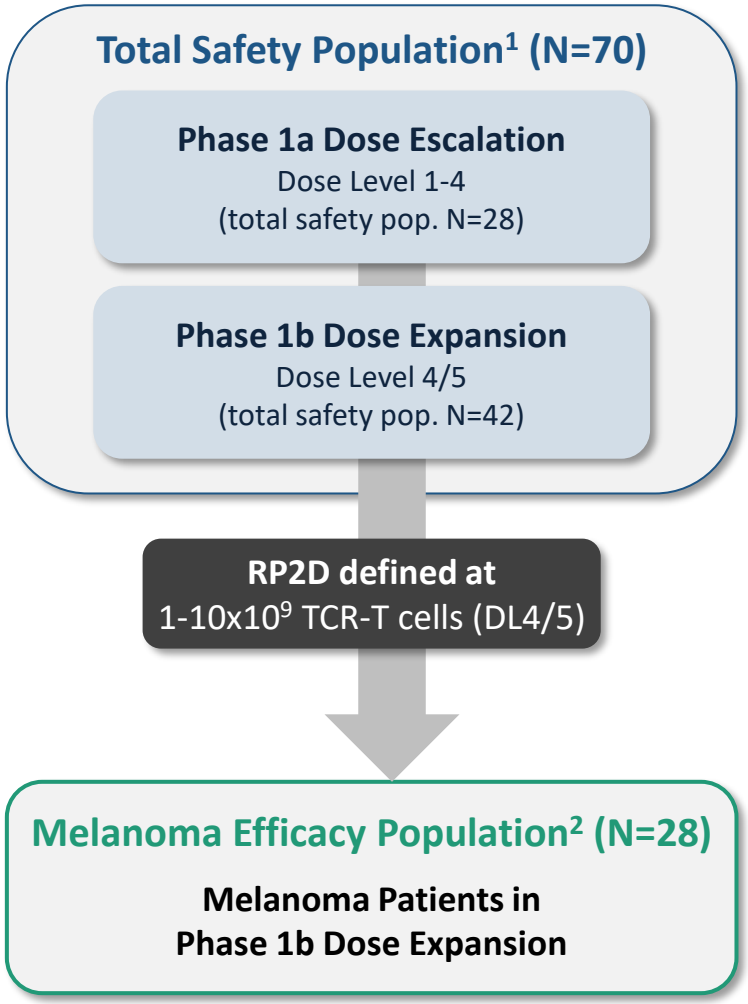
**Infusion of ACTengine®
IMA203 TCR-T Product**



*30 mg/m² Fludarabine and 500 mg/m² Cyclophosphamide for 4 days; **1m IU daily days 1-5 and twice daily days 6-10

ACTengine® IMA203 TCR-T Trial in Melanoma

Heavily Pretreated Patient Population



	Total Safety Population[1]	Melanoma Dose Escalation Population	Melanoma Efficacy Population[2]
	All Comers (Phase 1a and Phase 1b)	Melanoma (Phase 1a)	Melanoma (Phase 1b, at RP2D)
Number of patients	**Total** N=70 Melanoma N=41 Other N=29	**Total** N=11 Cutaneous melanoma N=8 Uveal melanoma N=2 Mucosal melanoma N=1	**Total** N=28 Cutaneous melanoma N=13 Uveal melanoma N=12 Melanoma of unknown primary N=1 Mucosal melanoma N=2
Prior lines of systemic treatment (median, min, max)	3 (0, 9)	4 (2, 7)	2 (0, 6)
Thereof CPI (melanoma only) (median, min, max)	2 (0, 4)	2 (1, 4)	1* (0, 4)
LDH at baseline >1 x ULN [% of patients]	64.3	81.8	60.7
Baseline tumor burden Median Target lesion sum of diameter [mm] (min, max)	117.8 (15.0, 309.8)	117.5 (37.0, 211.0)	107.5 (15.0, 309.8)
Liver/brain lesions at baseline [% of patients]	65.7	63.6	82.1
Dose level	DL1-5	EC1/DL3/4	DL4/5
Total infused dose TCR-T cells [x10^9]	2.09 (0.08, 10.2)	0.586 (0.10, 2.09)	4.1 (1.3, 10.2)

[1] See patient flow in appendix. [2] All infused patients; *Cutaneous melanoma patients had a median of 2 prior lines of checkpoints, see appendix; RP2D: recommended phase 2 dose; CPI: Checkpoint inhibitors; EC1: 0.06-0.12x10^9 TCR-T cells/m^2 BSA; DL3: 0.2-0.48x10^9 TCR-T cells/m^2 BSA, DL4: 0.2-1.2x10^9 TCR-T cells/m^2 BSA, DL5: 1.201 - 4.7x10^9 TCR-T cells/m^2 BSA

Most Frequent Adverse Events of IMA203 Across All Dose Levels in Phase 1a/b

N=70 Patients in Total Safety Population[1]

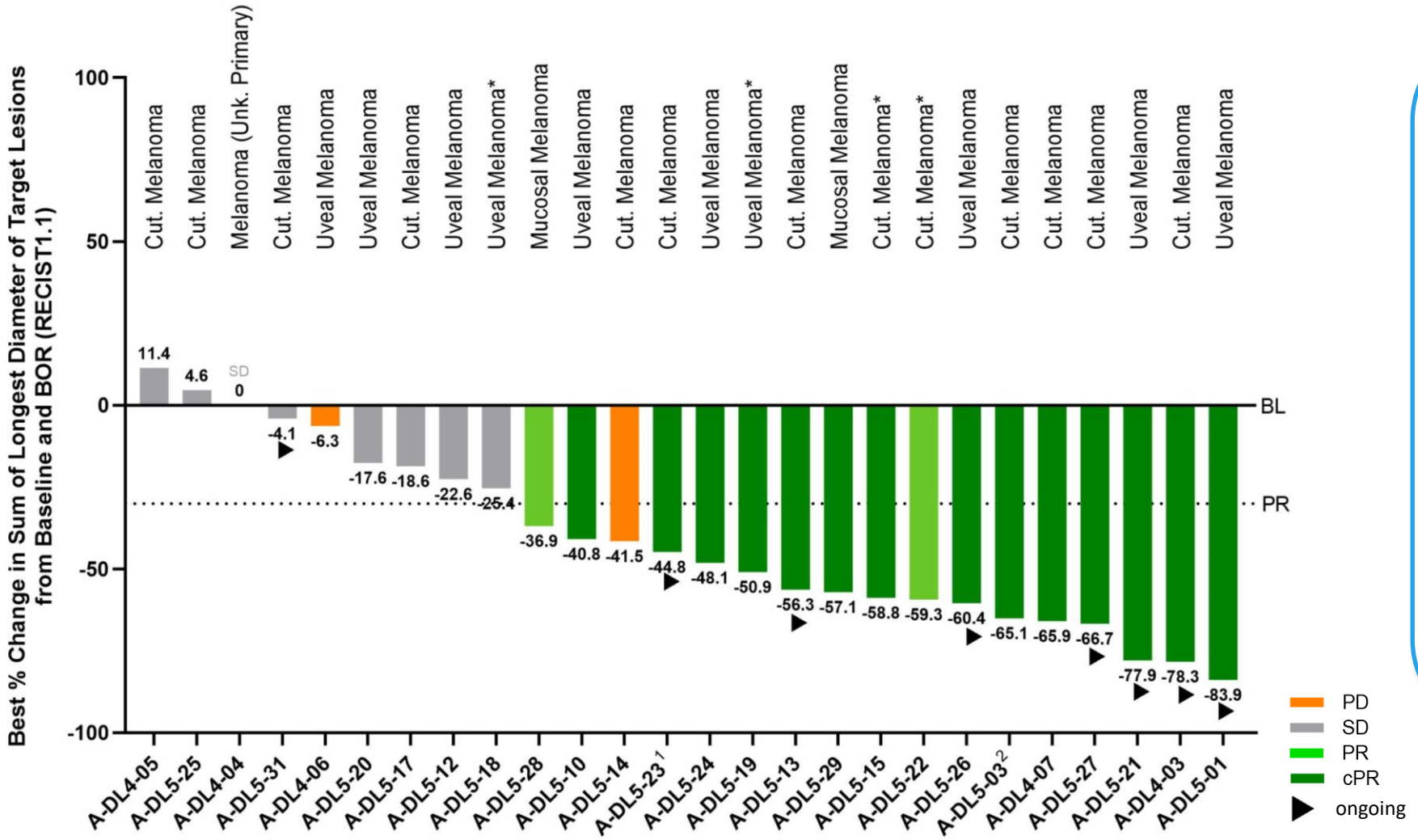
- Most frequent adverse events were **expected cytopenias (Grade 1-4)** associated with lymphodepletion in all patients
- **Mostly mild to moderate cytokine release syndrome (CRS)**
  - 37% (26/70) Grade 1
  - 46% (32/70) Grade 2
  - 11% (8/70) Grade 3[2]
- **Infrequent ICANS (6% Grade 1, 4% Grade 2, 4% Grade 3)**
- **No IMA203-related deaths**
- Full IMA203 monotherapy tolerability profile is available in appendix
- Tolerability in the melanoma subset is generally consistent with the full IMA203 monotherapy tolerability profile

Favorable tolerability profile for IMA203 monotherapy at recommended phase 2 dose ($1x10^9$ to $10x10^9$ TCR-T cells)

[1] See patient flow in appendix; [2] One grade 3 CRS only after exploratory second infusion; CRS and ICANS graded by CARTOX criteria (Neelapu *et al.*, 2019); ICANS: Immune Effector Cell-Associated Neurotoxicity Syndrome.

Best Overall Response for IMA203 in Melanoma

Objective Responses in Heavily Pretreated Patients in Phase 1b (N=28[#])

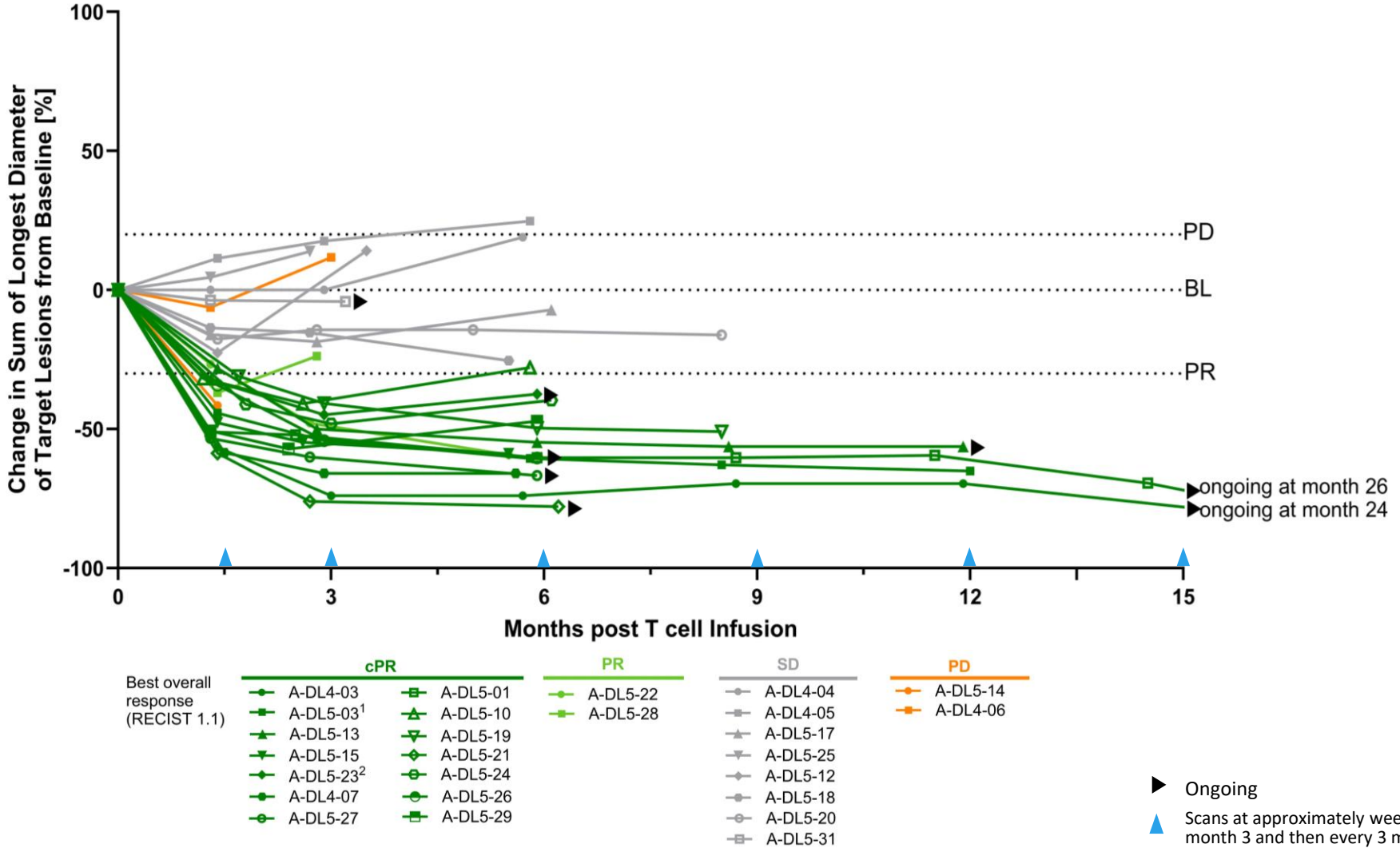


cORR	**54% (14/26)**
median DOR	**12.1 months**
(min, max)	(4.2, 25.5+ months)
mFU	9.3 months
7/14 confirmed responses ongoing	
median PFS	**6.0 months**
(min, max)	(0.3+, 26.8+ months)
median OS	**Not reached**
(min, max)	(0.3+, 26.8+ months)
mFU	8.6 months
ORR	62% (16/26)
Tumor shrinkage**	88% (23/26)
DCR (at week 6)	92% (24/26)

[#]First tumor assessment post infusion pending for two melanoma patients at data-cut; [*]Maximum change of target lesions and RECIST1.1 response at different timepoints. **Tumor shrinkage of target lesions; [1]Patient A-DL5-23 is off study at data cut-off; [2]Patient out of study due to PD (external assessment); Initial ORR: Objective response rate according to RECIST 1.1 at any post infusion scan; Confirmed ORR (cORR): Confirmed objective response rate according to RECIST 1.1 for patients with at least two available post infusion scans or patients with PD at any prior timepoint, patients with ongoing unconfirmed PR not included in cORR calculation; Duration of response (DOR) in confirmed responders is defined as time from first documented response until disease progression/death. Patients with ongoing response will be censored at date of data cut-off. Median DOR is analyzed by using the Kaplan-Meier method; Overall survival (OS) and progression-free survival (PFS) censored at data-cut; BL: Baseline PD: Progressive Disease; SD: Stable Disease; PR: Partial Response; cPR: Confirmed Partial Response; DCR: Disease control rate, mFU: median follow-up

Response Over Time of IMA203 in Melanoma

Durable Responses 2 Years+ after Treatment in Heavily Pretreated Patients in Phase 1b (N=28#)



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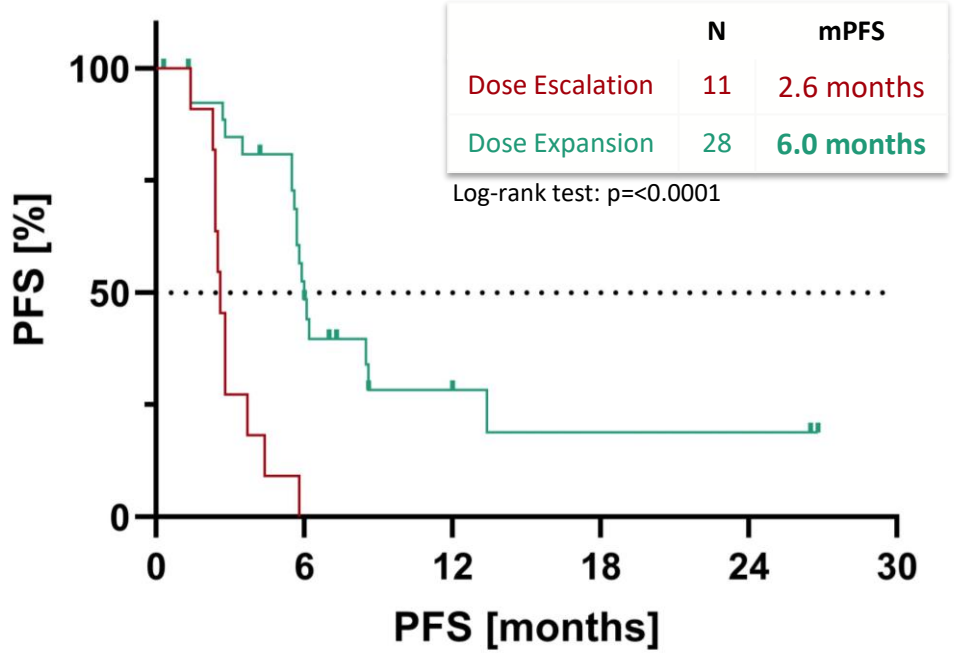
Significant Shift in PFS and OS Between Dose Escalation & Dose Expansion

PFS of 6 Months and OS Not Reached in Melanoma Efficacy Population

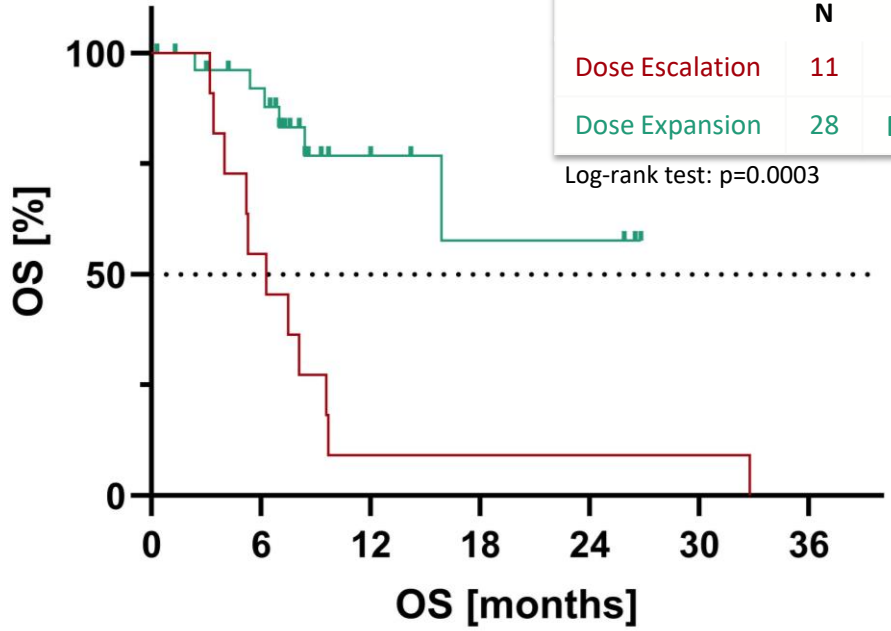
Progression Free Survival



	N	mPFS
Dose Escalation	11	2.6 months
Dose Expansion	28	**6.0 months**

Log-rank test: p=<0.0001

Overall Survival



	N	mOS
Dose Escalation	11	6.3 months
Dose Expansion	28	**Not reached**

Log-rank test: p=0.0003

- Significant shift in PFS and OS between melanoma patients treated during the dose escalation and dose expansion phase
- PFS in dose escalation is comparable to reported data in 2L+ cut. melanoma population*
- OS in dose escalation is shorter than reported OS for 2L+ cut. melanoma population*
- All patients in the dose escalation group died and 20/28 patients are alive in dose expansion

Overall survival (OS) and progression-free survival (PFS) censored at data-cut; * These data are derived from different clinical trials at different points in time with differences in trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

IMA203 Phase 1b in Melanoma: Overview of Studies

PFS and OS Data in 2L+ Melanoma Cohorts

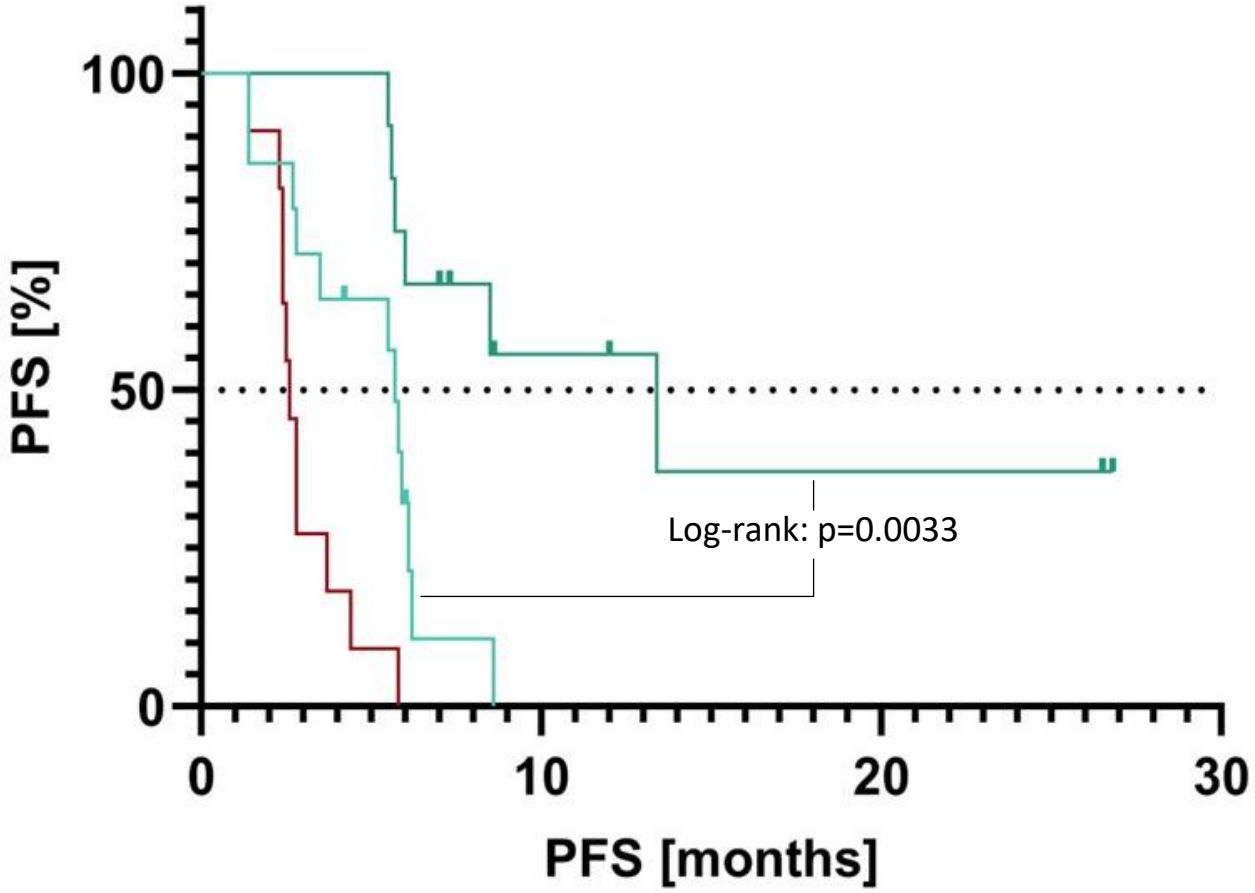
Drug Product	Phase	N	2L+ melanoma patient population	Prior lines of therapies	mPFS (months)	mOS (months)
IMA203 in Melanoma	1b (Dose Expansion)	28	46% cutaneous 43% uveal 11% other	4% n=0, 18% n=1, 32% n=2, 29% n=3:, 4% n=4, 11% n=5, 4% n=6 86% received prior CPI (median of 1 prior line of CPI in overall population, median of 2 prior lines of CPI in cut. melanoma) Median of 2 prior lines, median of 2 prior lines in cut. melanoma	**6.0**	**not reached**
IMA203 in Melanoma	1a (Dose Escalation)	11	73% cutaneous 18% uveal 9% other	0% n=1, 27% n=2, 73% n>2 prior lines 100% received prior CPI (median of 2 prior lines of CPI, median of 2.5 prior lines of CPI in cut. melanoma) Median of 4 prior lines, median of 4.5 prior lines in cut. melanoma	**2.6**	**6.3**
IMA201/202/203 combined in Melanoma	1a (Dose Escalation)	19	63% cutaneous 11% uveal 26% other	0% n=1, 16% n=2, 84% n>2 prior lines 100% received prior CPI (median 3 prior lines of CPI) Median of 4 prior lines, median of 4.5 prior lines in cut. melanoma	**2.5**	**5.3**
Lifileucel (C-144-01, Cohort 2+4)[1]	2	153	54% cutaneous 0% uveal 45% other	median of 3 prior lines (min/max: 1/9) 100% received prior CPI	**4.1**	**13.9**
Tilsotolimod + Ipilimumab (ILLUMINATE-301)[2]	3	238	85% cutaneous 0% uveal 15% other	57% n=1, 27% n=2, 12% n>2 prior lines 99% received prior CPI	**2.9**	**11.6**
Nivolumab + Relatlimab (RELATIVITY-020, D1 Cohort)[3]	1/2	354	68% cutaneous 0% uveal 32% other	46% n=1, 35% n=2, 19% n≥3 prior lines 99% received prior CPI	**2.1**	**14.7**

These data are derived from different clinical trials at different points in time with differences in trial design and patient populations. As a result, cross-trial comparisons cannot be made, and no head-to-head clinical trials have been conducted.

[1] Chesney et al., 2022; [2] Diab et al., 2024; [3] Ascierto et al., 2023.

Enhanced PFS in Phase 1b Melanoma Patients with Deep Responses

N=26#



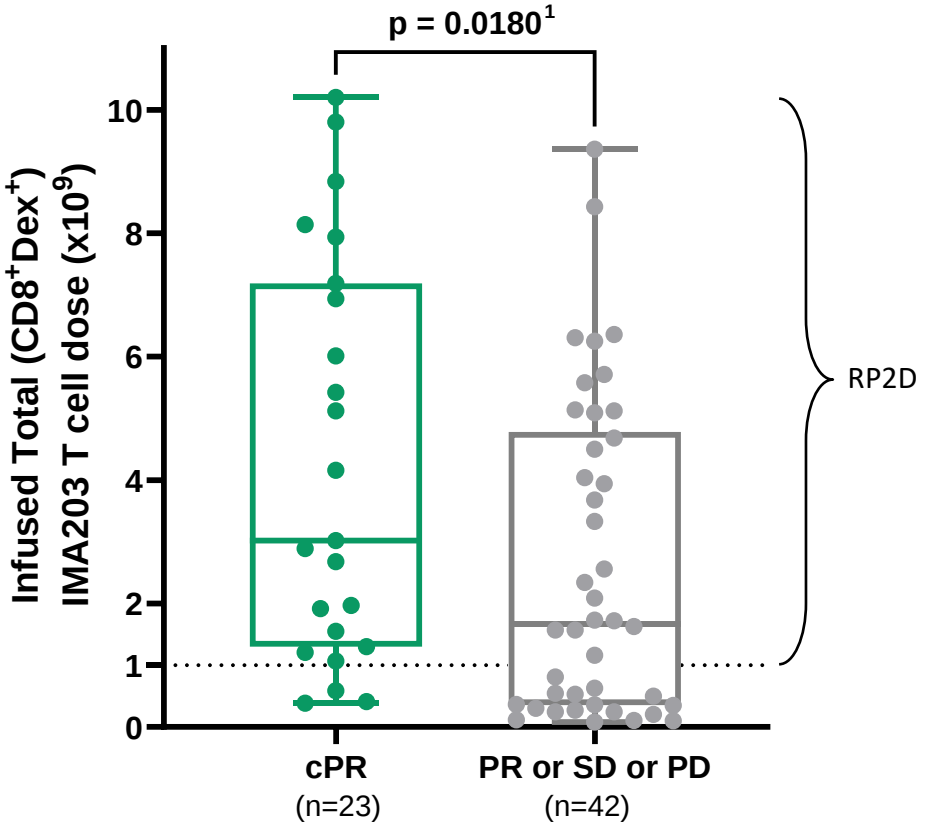
	N	mPFS
Dose Escalation IMA203	11	**2.6 months**
Dose Expansion IMA203 <50% tumor size reduction (including tumor size increase)	14*	**5.7 months**
Dose Expansion IMA203 ≥50% tumor size reduction	12	**13.4 months**

- Approx. half of all patients have a deep response (>50% tumor reduction)
- This subgroup of patients has highly medically meaningful mPFS of more than 1 year
- Patients with <50% tumor reduction (including tumor size increase) still observe a more than 2x longer mPFS as compared to patients treated in dose escalation with suboptimal doses

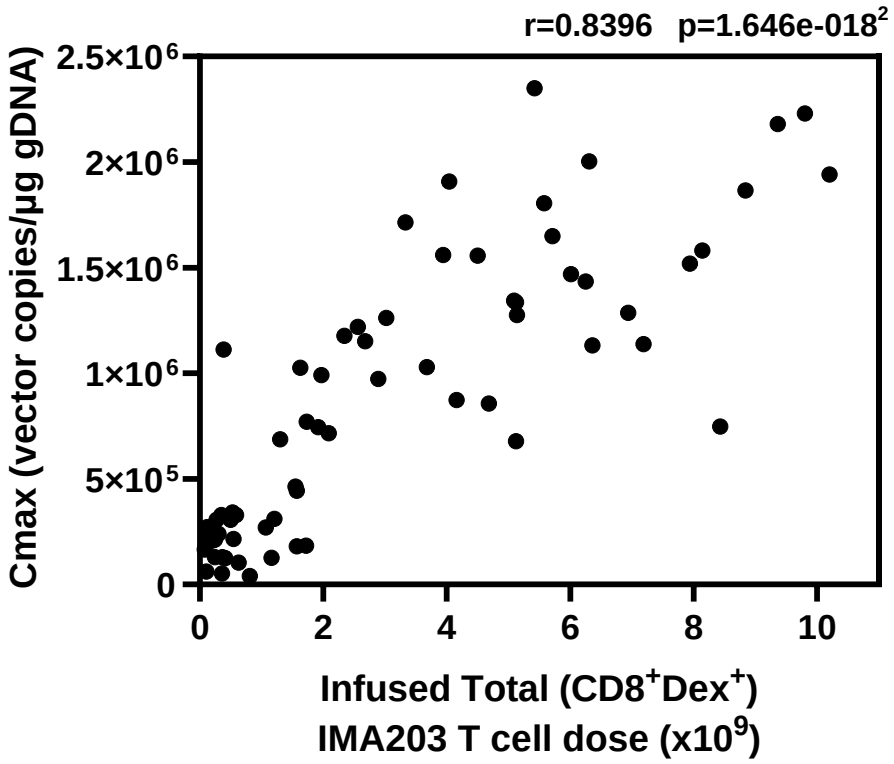
Excluding two patients that were infused but did not have their first tumor assessment post baseline at data-cut;
*Includes one patient with ongoing SD 4.4 months after infusion with tumor reduction <50%

Dose Response Relationship

IMA203 T Cell Dose is Associated with Clinical Activity and IMA203 T Cell Exposure (N=65 out of 68*)



IMA203 T Cell Dose is Associated with Clinical Activity

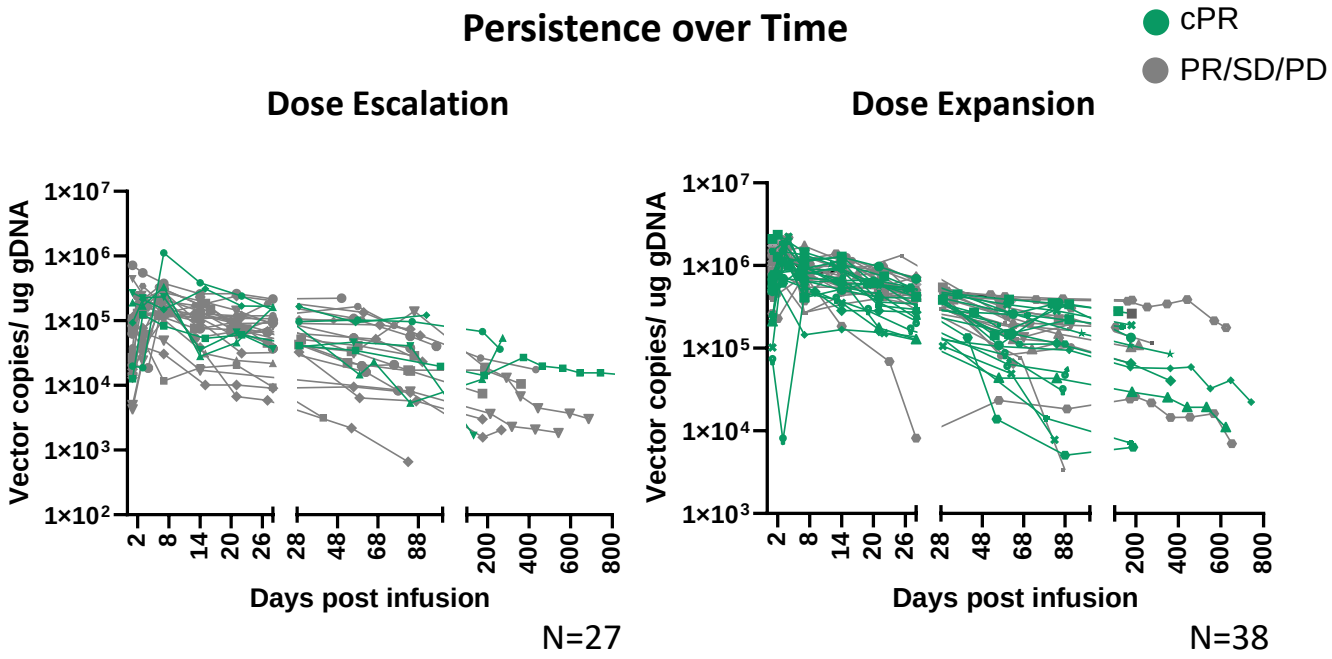


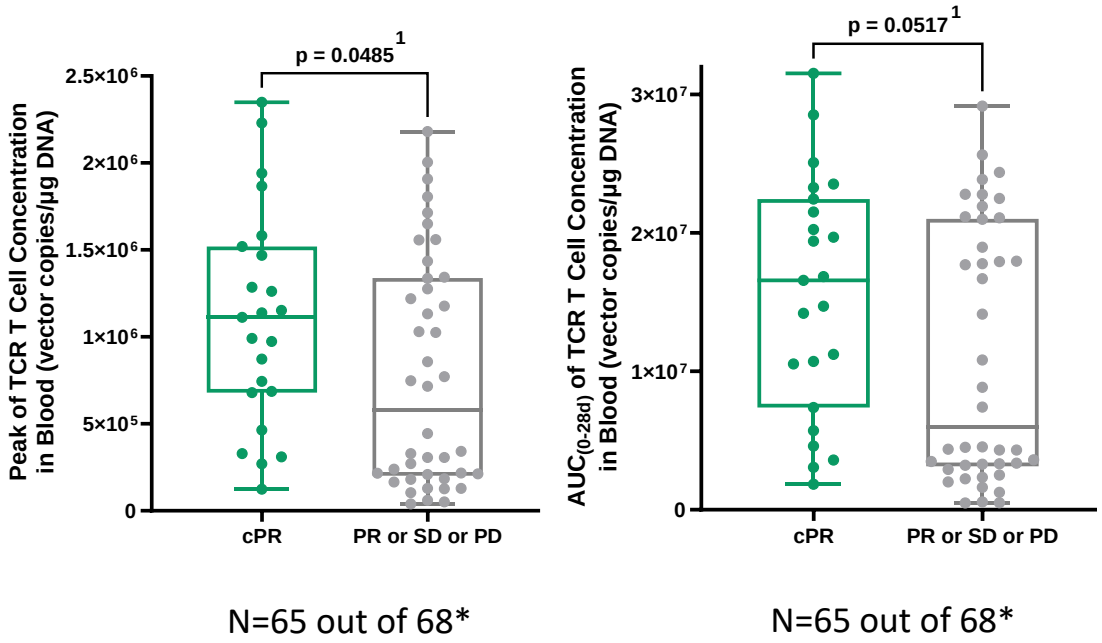
IMA203 T Cell Dose Correlates with T Cell Exposure

[1]Mann-Whitney U test, [2]Spearman Correlation; * no data available yet for patients recently treated;
PD: Progressive Disease; SD: Stable Disease; PR: Partial Response; cPR: Confirmed Partial Response; , RP2D: recommended phase 2 dose

Exposure Response Relationship

IMA203 T Cell Persistence Over Time and T Cell Exposure is Associated with Clinical Response





Rapid T cell engraftment (C_{max}) in all patients with over two years of persistence

Higher C_{max} and persistence in patients treated at higher doses in dose expansion versus dose escalation

IMA203 T cell exposure (C_{max} & $AUC_{(0-28d)}$) is associated with clinical responses

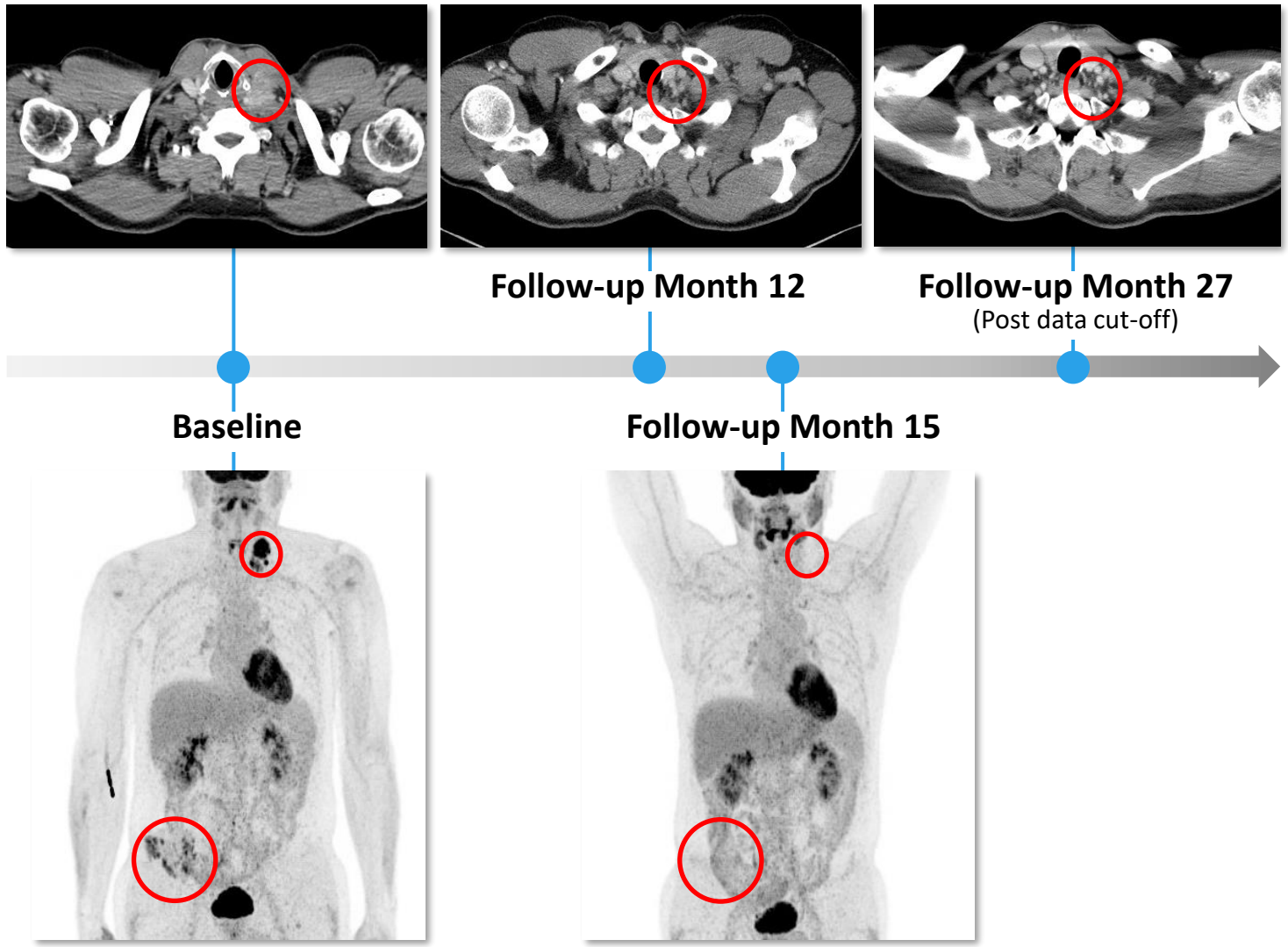
[1] Mann-Whitney U test; * no data available yet for patients recently treated;
PD: Progressive Disease; SD: Stable Disease; PR: Partial Response; cPR: Confirmed Partial Response, AUC: Area under curve

Patient Case A-DL4-03 : Cutaneous Melanoma

PET-based Complete Response 15 Months Post Infusion and Ongoing Response at 24 Months

51-year-old male patient with complete remission according to PET imaging after 15 months and ongoing beyond two years post infusion at data cut

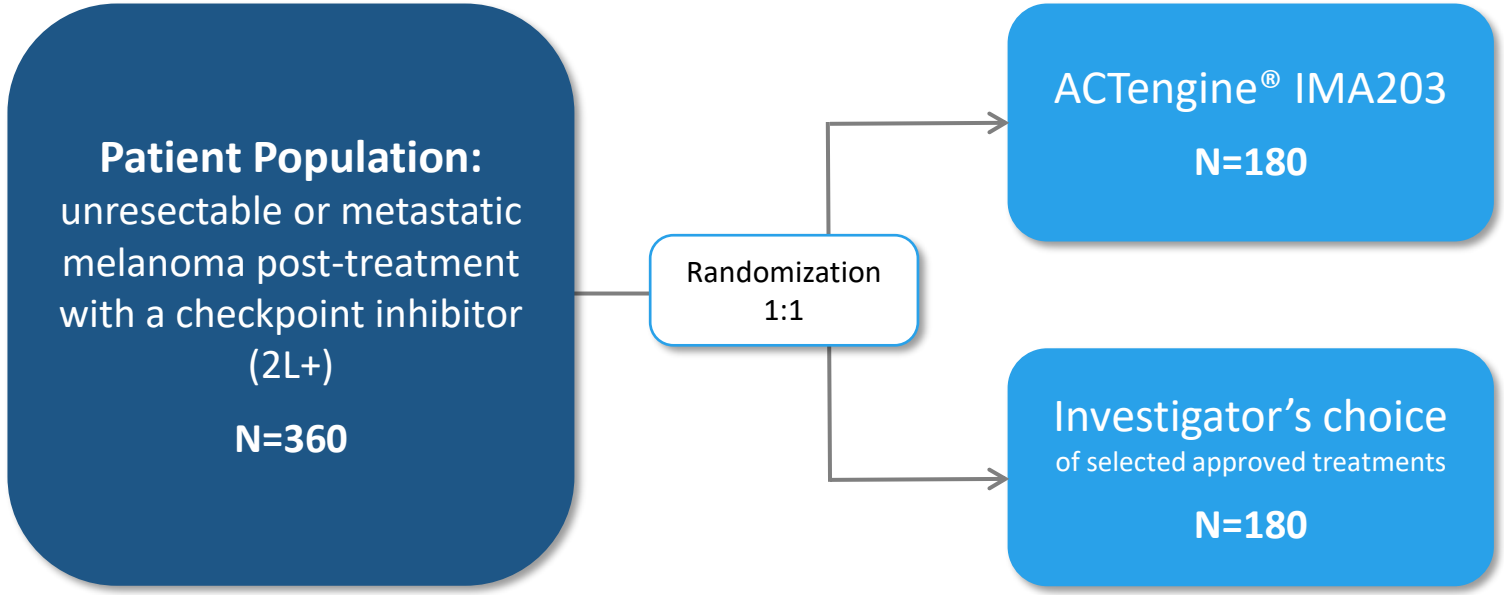
- 5 prior systemic treatment lines:
  - Dabrafenib + Trametinib
  - Pembrolizumab
  - Dabrafenib + Trametinib + Vemurafenib + Cobimetinib
  - Tebentafusp
  - Encorafenib + Binimetinib
- 13 years of cancer history
- 23 mm target lesion in cervical lymph node and non-target lesions in pelvic bone and lung
- Patient received ~$1.3x10^9$ IMA203 TCR-T cells
- Ongoing PR at 24 months post infusion with -78.3% reduction according to RECIST1.1
- Metabolic complete response reported based on investigator-initiated PET imaging at baseline and month 15 post infusion



Images courtesy of treating physician (Dr. Martin Wermke, University of Dresden)

SUPRAME: Registration-enabling Randomized Phase 3 Trial

Trial Design Following Recent Type D Meeting with FDA and SA Meeting with PEI[1]



Endpoints

- **Primary Endpoint**
  - **PFS**
- **Secondary Endpoints**
  - Safety
  - ORR + DOR
  - No OS detriment
  - Patient-reported outcomes (EORTC QLQ-C30, EQ-5D-5L)

Next Steps

- SUPRAME Phase 3 trial is projected to commence in **December 2024**
- Pre-specified interim analysis planned after approx. 200 patients enrolled
- Full enrollment anticipated by late **2026**

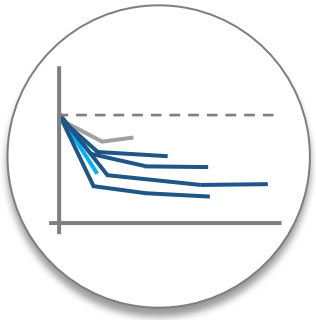
mPFS: median progression-free survival, ORR: objective response rate; [1] Scientific Advice Meeting with Paul-Ehrlich-Institute, the German regulatory authority

ACTengine® IMA203 TCR-T Monotherapy Targeting PRAME in Melanoma

Summary of Clinical Data

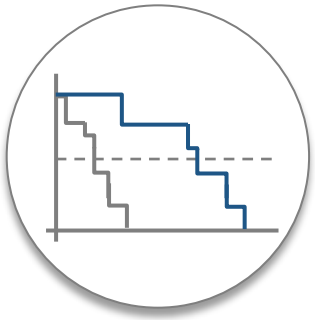
Tolerability

Favorable tolerability profile:
mostly mild to moderate CRS;
infrequent ICANS
(5.7% Gr1, 4.3% Gr2, 4.3% Gr3);
no treatment related deaths



Anti-Tumor Activity & Durability

54% (14/26) cORR and 92% (24/26) DCR;
12.1 months mDOR and ongoing responses for over two years

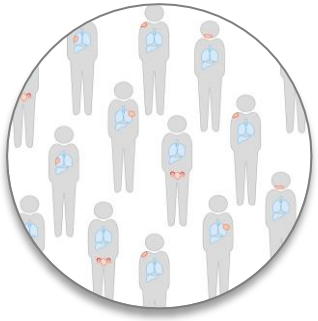


PFS & OS

PFS of 6 months and OS not reached (mFU 8.6 months)

Biological Data

T cell dose and exposure are significantly associated with clinical response



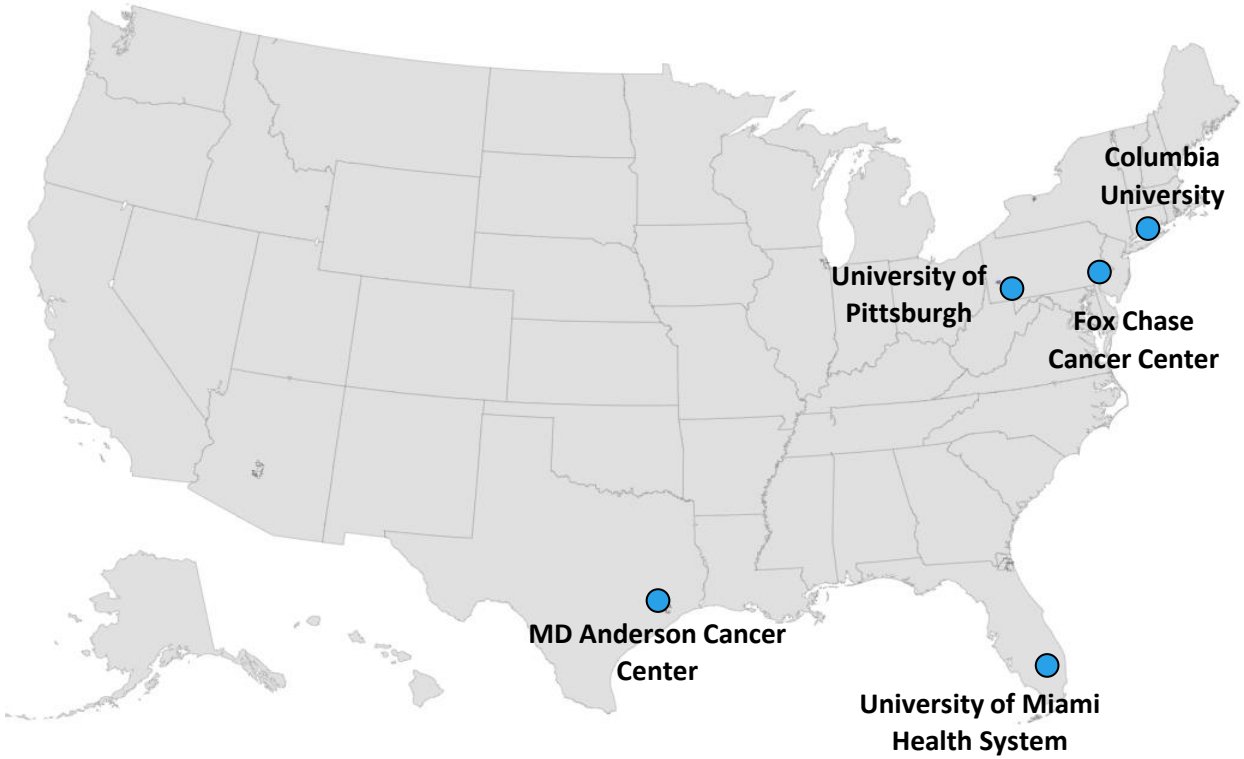
Broad Reach

FDA RMAT designation received in multiple PRAME expressing cancers including cutaneous and uveal melanoma

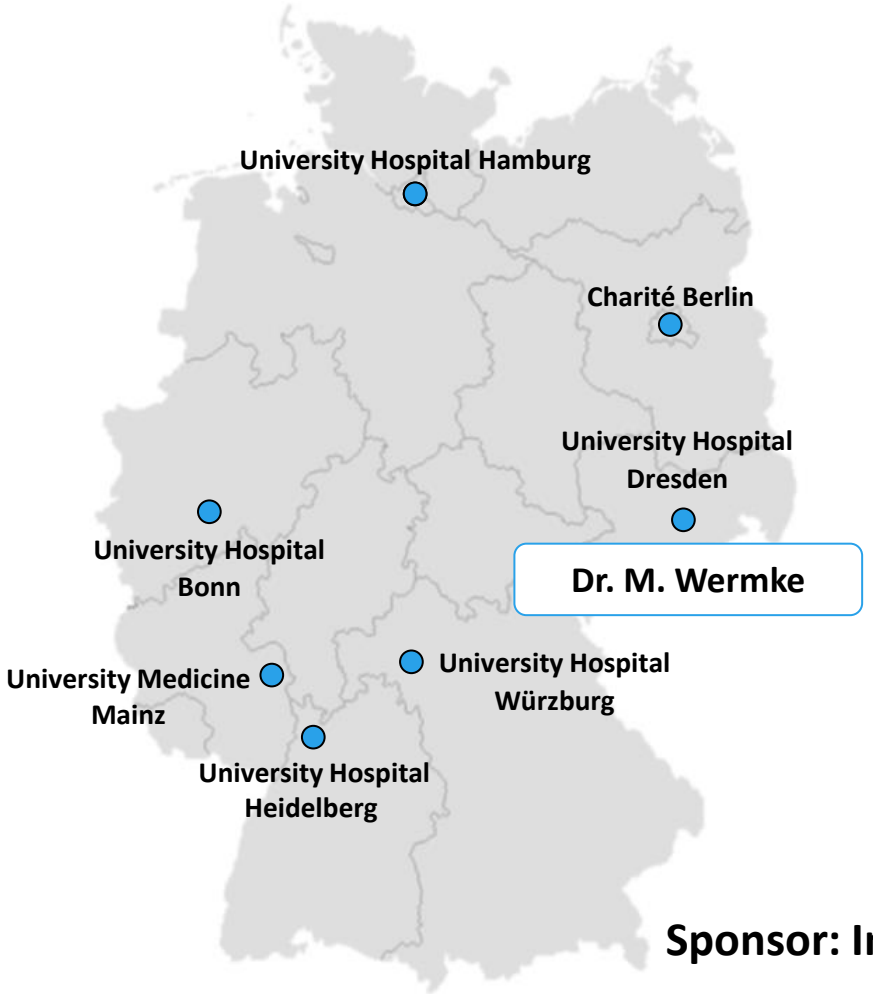
SUPRAME Phase 3 trial is projected to commence in **December 2024**

We are Immensely Grateful to the Patients, Their Families …

United States



Germany



… and the Investigators at the Clinical Sites

Sponsor: Immatics

Appendix

Tolerability Profile of IMA203 Across All Dose Levels in Phase 1a/b

All ≥Grade 3 Adverse Events (N=70[1])

TEAEs by maximum severity for all patients in Phase 1a and Phase 1b (N=70[1])

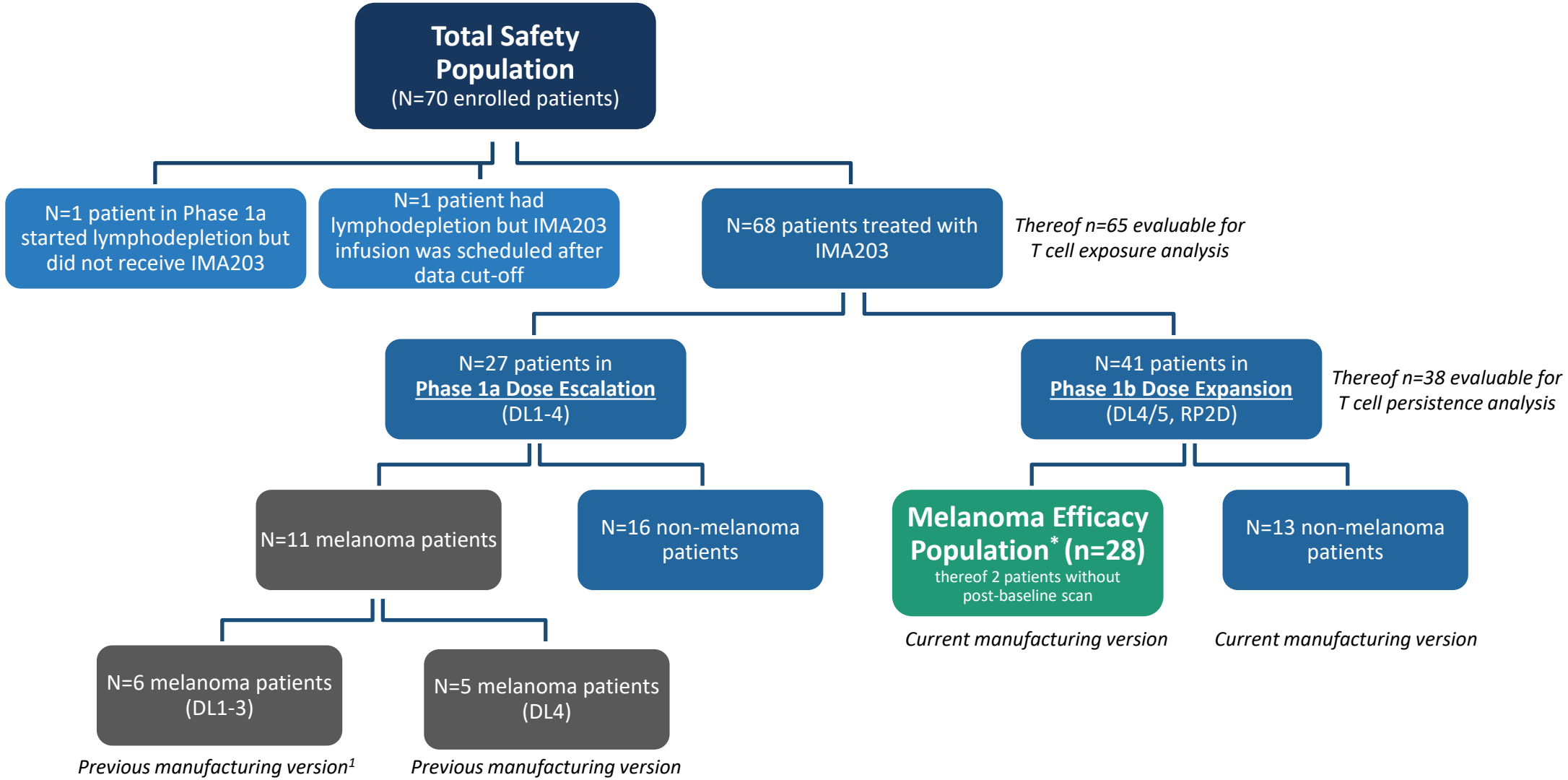
Adverse event (**System organ class**, Preferred term)	≥ Grade 3 No.	≥ Grade 3 %
Patients with any adverse event	70	100.0
Adverse Events of Special Interest	**9**	**12.9**
Cytokine release syndrome	8	11.4
ICANS[2]	3	4.3
Blood and lymphatic system disorders	**70**	**100.0**
Neutropenia	62	88.6
Lymphopenia	39	55.7
Leukopenia	38	54.3
Anaemia	36	51.4
Thrombocytopenia	24	34.3
Febrile neutropenia	2	2.9
Cytopenia	1	1.4
Leukocytosis	1	1.4
Infections and infestations	**10**	**14.3**
Urinary tract infection	2	2.9
Appendicitis	1	1.4
COVID-19	1	1.4
Cytomegalovirus infection reactivation	1	1.4
Enterococcal infection	1	1.4
Human herpesvirus 6 encephalitis	1	1.4
Infection	1	1.4
Orchitis	1	1.4
Sepsis[3,4]	1	1.4
Septic shock[3]	1	1.4
Investigations	**10**	**14.3**
Alanine aminotransferase increased	6	8.6
Aspartate aminotransferase increased	5	7.1
Blood creatinine increased	2	2.9
Blood alkaline phosphatase increased	1	1.4
Blood bilirubin increased	1	1.4
Blood fibrinogen decreased	1	1.4
Lymphocyte count increased	1	1.4
Respiratory, thoracic and mediastinal disorders	**10**	**14.3**
Hypoxia	4	5.7
Pleural effusion	2	2.9
Bronchial obstruction	1	1.4
Dyspnoea	1	1.4
Epistaxis	1	1.4
Laryngeal inflammation	1	1.4
Respiratory failure	1	1.4

Adverse event (**System organ class**, Preferred term)	≥ Grade 3 No.	≥ Grade 3 %
table continued…		
Metabolism and nutrition disorders	**7**	**10.0**
Hypokalaemia	3	4.3
Hyponatraemia	3	4.3
Hypophosphataemia	2	2.9
Dehydration	1	1.4
Failure to thrive	1	1.4
Vascular disorders	**7**	**10.0**
Hypertension	6	8.6
Hypotension	1	1.4
Renal and urinary disorders	**6**	**8.6**
Acute kidney injury	4	5.7
Nephritis	1	1.4
Proteinuria	1	1.4
Gastrointestinal disorders	**5**	**7.1**
Abdominal pain	3	4.3
Diarrhoea	1	1.4
Ileus	1	1.4
Vomiting	1	1.4
General disorders and administration site conditions	**4**	**5.7**
Fatigue	1	1.4
General physical health deterioration[3]	1	1.4
Pyrexia	1	1.4
Swelling face	1	1.4
Skin and subcutaneous tissue disorders	**4**	**5.7**
Rash maculo-papular	3	4.3
Eczema	1	1.4
Cardiac disorders	**3**	**4.3**
Atrial fibrillation[5]	3	4.3
Eye disorders	**2**	**2.9**
Periorbital oedema	1	1.4
Ulcerative keratitis	1	1.4
Injury, poisoning and procedural complications	**2**	**2.9**
Humerus fracture	1	1.4
Infusion related reaction	1	1.4
Musculoskeletal and connective tissue disorders	**2**	**2.9**
Back pain	1	1.4
Muscle spasms	1	1.4

Adverse event (**System organ class**, Preferred term)	≥ Grade 3 No.	≥ Grade 3 %
table continued…		
Nervous system disorders	**2**	**2.9**
Headache	1	1.4
Posterior reversible encephalopathy syndrome	1	1.4
Endocrine disorders	**1**	**1.4**
Inappropriate antidiuretic hormone secretion	1	1.4
Hepatobiliary disorders	**1**	**1.4**
Cholangitis	1	1.4
Immune system disorders	**1**	**1.4**
Haemophagocytic lymphohistiocytosis	1	1.4
Reproductive system and breast disorders	**1**	**1.4**
Vaginal haemorrhage	1	1.4

All treatment-emergent adverse events (TEAEs) with ≥ Grade 3 regardless of relatedness to study treatment. Adverse events were coded using the Medical Dictionary for Regulatory Activities. Grades were determined according to National Cancer Institute Common Terminology Criteria of Adverse Events, version 5.0. Grades for Cytokine release syndrome and ICANS were determined according to CARTOX criteria (Neelapu et al., 2019). Patients are counted only once per adverse event and severity classification. Based on interim data extracted from open clinical database (23-Aug-2024); [1] Two patients with disease progression after first IMA203 infusion received exploratory second IMA203 infusion. They had these ≥ Grade 3 TEAEs only after second infusion, which are included in the table: First patient: Abdominal pain, Cytokine release syndrome, Diarrhoea, Hypokalaemia, Proteinuria; Second patient: Humerus fracture, Muscle spasms, Neutropenia, Thrombocytopenia; [2] ICANS: Immune effector cell-associated neurotoxicity syndrome; [3] Fatal Adverse events were not considered related to any study drug; [4] Patient died from sepsis of unknown origin and did not receive IMA203 TCR-T cells; [5] DLT: Dose limiting toxicity in phase 1a at DL2 reported on March 17, 2021.

IMA203 Phase 1 Patient Population Flow Chart



* Melanoma efficacy population excludes 5 patients treated at DL4 in Phase 1a of the trial as reported in the May 2024 update, based on different manufacturing version used that affects the T cell product (see slide 22); Current manufacturing version: T cell enrichment process using monocyte depletion (negative selection) or CD8/CD4 positive selection; prior manufacturing version: manufacturing process without specific T cell enrichment; [1] Except one DL3 patient with current manufacturing version.

Baseline Characteristics of Melanoma Patients in Phase 1a and Phase 1b

Focus on Cutaneous and Uveal Melanoma

	Melanoma Dose Escalation Population		Melanoma Efficacy Population[1]	
Indication	**Cutaneous Melanoma (N=8)**	**Uveal Melanoma (N=2)**	**Cutaneous Melanoma (N=13)**	**Uveal Melanoma (N=12)**
Prior lines of systemic treatment (median, min, max)	4.5 (2, 7)	2 (2, 2)	2 (1, 5)	2.5 (0, 6)
Thereof CPI (melanoma only) (median, min, max)	2.5 (2,4)	1 (1,1)	2 (1, 3)	1 (0, 4)
LDH at baseline >1 x ULN [% of patients]	75.0	100.0	69.2	58.3
Baseline tumor burden Median Target lesion sum of diameter [mm] (min, max)	106.3 (37.0, 211.0)	153,5 (109.9, 198.0)	123.0 (15.0, 309.8)	107.5 (38.6, 210.0)
Liver/brain lesions at baseline [% of patients]	50.0	100.0	69.2	91.7
Dose level	EC1/DL4	EC1, DL3	DL4/DL5	DL4/DL5
Total infused dose TCR-T cells [$x10^9$]	1.115 (0.099, 2.09)	0.417 (0.248, 0.586)	4.04 (1.3, 10.2)	4.33 (1.62, 8.43)

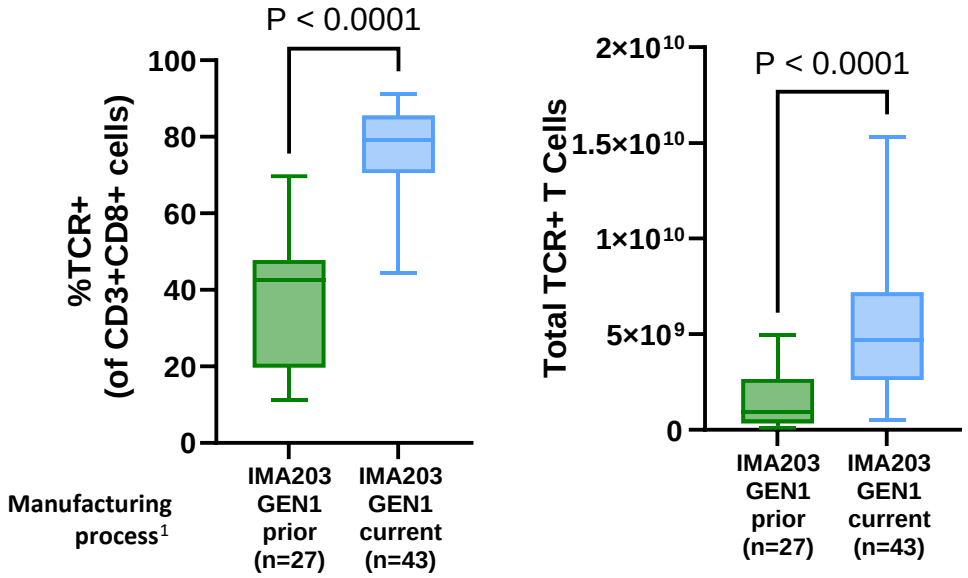
Cutaneous melanoma patients in Phase 1b had similar prior CPI exposure, higher tumor burden and higher incidence of liver/brain lesions compared to Phase 1a

[1] All infused melanoma patients in Ph1b dose expansion; CPI: Checkpoint inhibitors;
EC1: 0.06-0.12x10^9TCR-T cells/m^2 BSA; DL3: 0.2-0.48x10^9 TCR-T cells/m^2 BSA ; DL4: 0.2-1.2x10^9TCR-T cells/m^2 BSA, DL5: 1.201 - 4.7x10^9 TCR-T cells/m^2 BSA

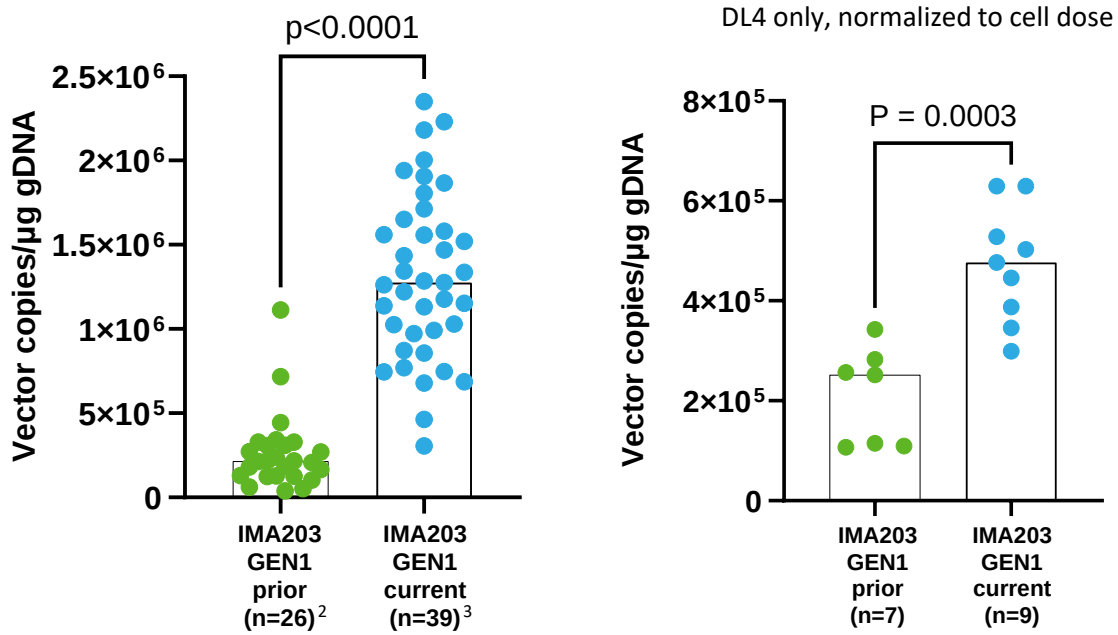
Favorable TCR-T Product Characteristics and High TCR-T Levels in Patients

Manufacturing Improvements Implemented in Phase 1b Enhance Key Features of the Cell Product

Robust TCR-T product features



Increased peak IMA203 T cell levels in patients

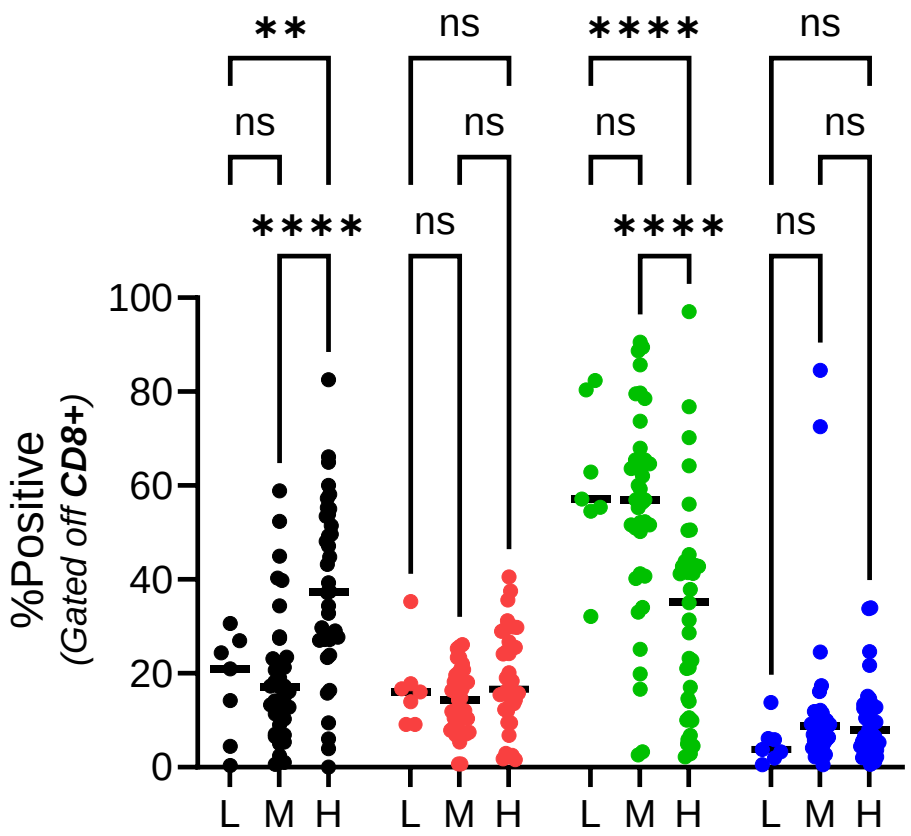


- Manufacturing improvements including T cell enrichment process (i.e. removal of monocyte fraction or CD4/CD8 selection) implemented in Phase 1b lead to improved TCR-T product features and increased TCR-T levels in patients
- The efficacy-evaluable population in this analysis (data cut-off Aug 23, 2024) focuses on this patient population only and reflects the expected population and product to be evaluated in the pivotal trial

[1] Current: T cell enrichment process using monocyte depletion (negative selection) or CD8/CD4 positive selection; prior: manufacturing process without specific T cell enrichment;
[2] one patient started lymphodepletion but did not receive IMA203 T cells; [3] no data available yet for patients recently treated

T Cell Selection Results in 'Younger' Phenotype of the TCR-T Product

Consequently, Terminally Differentiated T Cells are also Decreased



- Tnaive
- T-cm
- T-em
- T-eff

L = Low enrichment (n=7, prior manufacturing version)
M = Medium enrichment (n=37, current manufacturing version)
H = High enrichment (n=38, current manufacturing version)

Presented at the Process Development Summit 2024; L: No specific T cell enrichment; M: monocyte depletion (negative selection); H: CD4/CD8 T cell selection (positive selection);
Results are represented as separated scatter with median; *p<0.05, **p<0.01, ***p<0.001, ****p<0.0001, ns = not significant by a two-way ANOVA with Tukey's Multiple Comparisons.

Melanoma Patients Treated with IMA203 in Phase 1b Dose Expansion

Efficacy-evaluable Population (n=28*)

Patient ID	Indication	No of prior treatment lines	Prior treatments	Total infused dose TCR-T cells[1] [x10^9]	BOR	BOR (Max % change of target lesions)	Comment	Reason for Progression
A-DL5-01	Uveal Melanoma	1	ARRY614 + Nivolumab	4.16	cPR	-83.9	Ongoing response at 26.8 months PFS	
A-DL4-03	Cut. Melanoma	5	Dabrafenib + Trametinib Pembrolizumab Dabrafenib + Trametinib + Vemurafenib + Cobimetinib Tebentafusp Encorafenib + Binimetinib	1.30	cPR	-78.3	Ongoing response at 26.5 months PFS	
A-DL5-13	Cut. Melanoma	3	Nivolumab Pembrolizumab Ipilimumab + Nivolumab	9.80	cPR	-56.3	Ongoing response at 12.0 months PFS	
A-DL5-21	Uveal Melanoma	2	Valproic acid + Sunitinib Tebentafusp	7.19	cPR	-77.9	Ongoing response at 8.6 months PFS	
A-DL5-26	Uveal Melanoma	2	Melphalan Tebentafusp	8.14	cPR	-60.4	Ongoing response at 7.3 months PFS	
A-DL5-27	Cut. Melanoma	1	Relatlimab + Nivolumab	10.20	cPR	-66.7	Ongoing response at 7.0 months PFS	
A-DL5-31	Cut. Melanoma	3	Ipilimumab + Nivolumab AB122 + AB154 Encorafenib + Binimetinib	3.68	SD	-4.1	Ongoing stable disease at 4.2 months PFS	
A-DL5-23	Cut. Melanoma	3	Ipilimumab + Nivolumab Encorafenib + Binimetinib Relatlimab + Nivolumab	6.94	cPR	-44.8	Ongoing response at 6 months PFS, patient off study at data-cut due to investigator decision (radiation of one target lesion)	
A-DL5-03	Cut. Melanoma	3	Interferon Pembrolizumab Ipilimumab + Nivolumab	5.12	cPR	-65.1	Response until 13.4 months PFS	Progression as determined by external assessment
A-DL5-19	Uveal Melanoma	6	Pembrolizumab Clinical trial intrahepatic PV10 Ipilimumab + Nivolumab Clinical trial Anti-CTLA-4 NF AB + XRT Clinical trial foghorn FHD-286 Pembrolizumab	5.42	cPR	-50.9	Response until 8.5 months PFS	Non-target lesion progression
A-DL5-24	Uveal Melanoma	3	NOX66-005 Idronoxil with radiotherapy IDE196 + Crizotinib LVGN3616 + LVGN6051 + LVGN7409 + Bevacizumab + Cyclophosphamide	2.89	cPR	-48.1	Response until 6.2 months PFS	Non-target lesion progression and new lesions
A-DL5-29	Mucosal Melanoma	2	Nivolumab Ipilimumab + Nivolumab	7.94	cPR	-57.1	Response until 6.0 months PFS	Target lesion and non-target lesion progression
A-DL5-10	Uveal Melanoma	1	SEAGEN CD40 Agonist	2.68	cPR	-40.8	Response until 5.8 months PFS	Target lesion progression
A-DL4-07	Cut. Melanoma	2	Nivolumab + Ipilimumab Brektovi + Mektovi + Nivolumab + Relatlimab	1.55	cPR	-65.9	Response until 5.7 months PFS	New lesions
A-DL5-15	Cut. Melanoma	1	Pembrolizumab	3.02	cPR	-58.8	Response until 5.6 months PFS	New lesions

* First tumor assessment post infusion pending for two melanoma patients at data-cut; [1] Transduced viable CD8 T cells;
BOR: Best overall response; DL: Dose level; PD: Progressive Disease; SD: Stable Disease; PR: Partial Response; cPR: Confirmed Partial Response; PFS: Progression-free survival (censored at data-cut)

Melanoma Patients Treated with IMA203 in Phase 1b Dose Expansion (cont.)

Efficacy-evaluable Population (n=28*)

Patient ID	Indication	No of prior treatment lines	Prior treatments	Total infused dose TCR-T cells[1] [x10^9]	BOR	BOR (Max % change of target lesions)	Comment	Reason for Progression
A-DL5-22	Cut. Melanoma	2	Ipilimumab+Nivolumab Tafinlar + Mekinist	6.31	PR	-59.3	Disease stabilization until 2.7 months post infusion, unconfirmed response from 2.7 until 5.5 months PFS	New lesions
A-DL5-28	Mucosal Melanoma	3	Ipilimumab + Nivolumab Avapritinib Opdualag	3.33	PR	-36.9	Unconfirmed response until 2.8 months PFS	Target lesion progression
A-DL5-20	Uveal Melanoma	5	Ipilimumab + Pembrolizumab Tebentafusp Ipilimumab + Nivolumab IDE196 + Binimetinib FHD-286	8.43	SD	-17.6	Disease stabilization until 8.6 months PFS	Non-target lesion progression
A-DL5-17	Cut. Melanoma	2	Ipilimumab + Nivolumab+Tociliziumab Nivolumab + Relatlimab + Tocilizumab + Ipilimumab	4.04	SD	-18.6	Disease stabilization until 6.1 months PFS	New lesion
A-DL4-05	Cut. Melanoma	4	Nivolumab Nivolumab + Ipilimumab Dabrafenib + Trametinib Nivolumab	1.63	SD	11.4	Disease stabilization until 5.9 months PFS	New lesions, target lesion progression
A-DL4-04	Melanoma (Unk. Primary)	1	Ipilimumab + Nivolumab	1.73	SD	0.0	Disease stabilization until 5.7 months PFS	Non-target lesion progression and a new lesion
A-DL5-18	Uveal Melanoma	2	Tebentafusp Ipilimumab + Nivolumab	5.71	SD	-25.4	Disease stabilization until 5.5 months PFS	New lesion
A-DL5-12	Uveal Melanoma	3	Tyrosinase peptides Nivolumab + Ipilimumab + Denosumab Tebentafusp	4.50	SD	-22.6	Disease stabilization until 3.5 months PFS	Target and non-target lesion progression, new lesions
A-DL5-25	Cut. Melanoma	2	Ipilimumab + Nivolumab Axitinib + Nivolumab	5.14	SD	4.6	Disease stabilization until 2.7 months PFS	Non-target lesion progression, new lesions
A-DL4-06	Uveal Melanoma	0	NA	2.56	PD	-6.3	Progressive disease at 1.4 months PFS	New lesion
A-DL5-14	Cut. Melanoma	2	Nivolumab Encorafenib + Binimetinib	2.34	PD	-41.5	Progressive disease at 1.4 months PFS	New lesions
A-DL5-32	Uveal Melanoma	5	Ipilimumab + Nivolumab Tebentafusp Ipilimumab + Nivolumab DYP-688 Ipilimumab + Nivolumab	3.18	N/A	N/A	First scan post infusion pending at data cut-off	
AA-1	Uveal Melanoma	3	Ipilimumab + Nivolumab Darovasertib Tebentafusp	1.62	N/A	N/A	First scan post infusion pending at data cut-off	

*First tumor assessment post infusion pending for two melanoma patients at data-cut; [1] Transduced viable CD8 T cells;
BOR: Best overall response; DL: Dose level; PD: Progressive Disease; SD: Stable Disease; PR: Partial Response; cPR: Confirmed Partial Response; PFS: Progression-free survival (censored at data-cut)

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