



# Harnessing the Power of Gamma-Delta T Cells

August 2024

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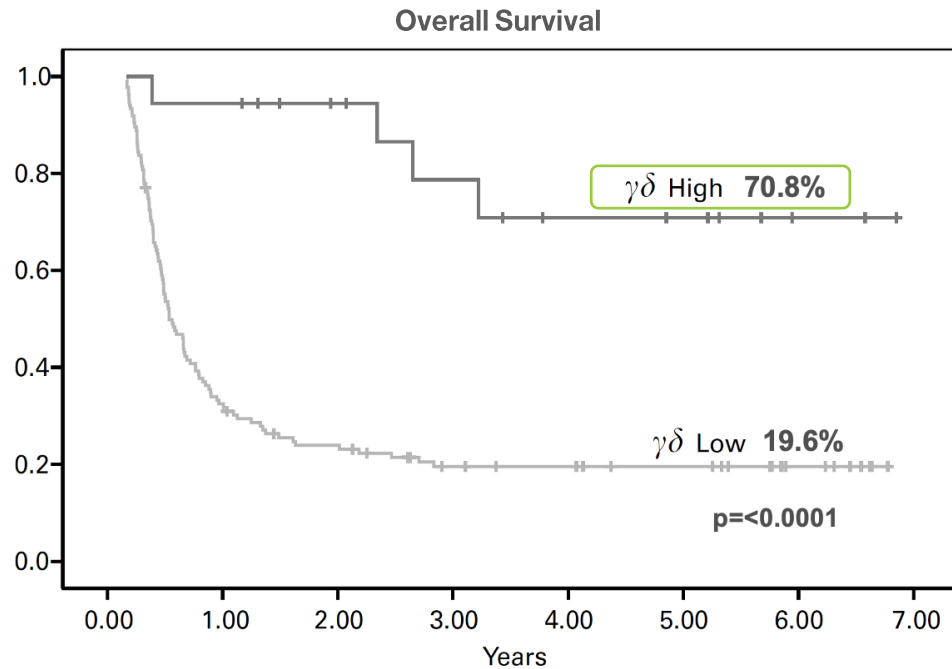


# IN8bio Leading the Fight Against Cancer

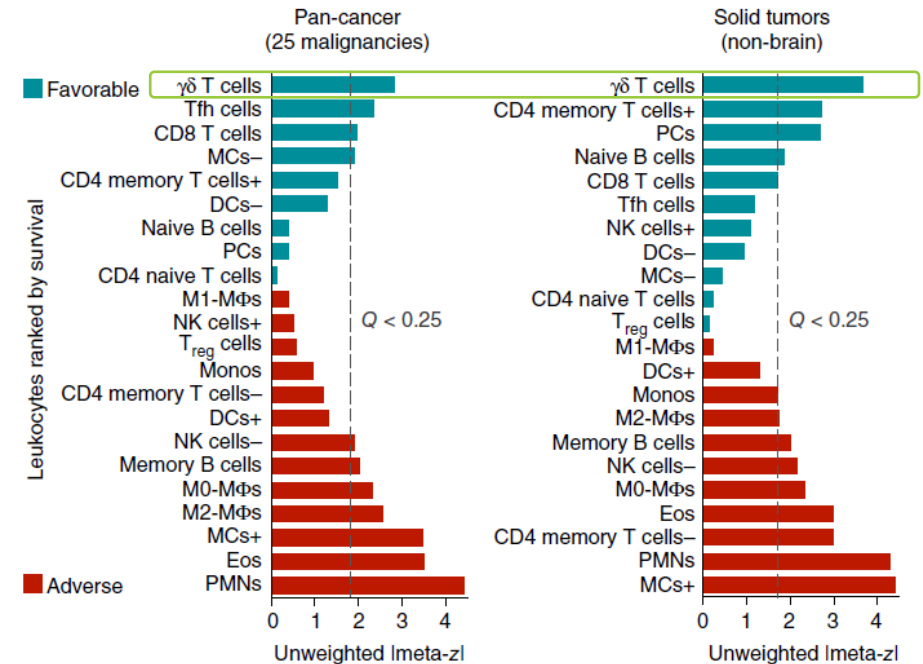
- At IN8bio, our pioneering approach has achieved long-term remissions exceeding 3 years in patients with Acute Myeloid Leukemia (AML) and Glioblastoma (GBM) through two groundbreaking clinical trials
- Unconventional Strategies in the “*War on Cancer*”
  - **Harnessing the Power of Immune Cells:** Our  $\gamma\delta$  T cells are a “Special Operations Force” that act as direct cancer killers while orchestrating a comprehensive immune response
  - **Precision and Safety:** These cells coordinate and direct the actions of the immune system and identify the locations of friendly forces, enemies, and civilians on the battlefield, which helps to reduce the risk of adverse events and toxicities
  - **Durable Remissions:** With over 30 years of expertise in  $\gamma\delta$  T cell research, we have pioneered the field; achieving long-term remissions against challenging cancers with significant unmet needs
- Mission **Cancer Zero™** - Driven by our goal to safely eradicate residual cancer cells, we employ innovative and unconventional strategies to transform treatment outcomes
- IN8bio is redefining cancer treatment with our innovative and novel approaches. Join us in our mission to achieve **Cancer Zero™** and transform cancer care

# $\gamma\delta$ T Cells are Key to Better Survival

**Leukemia Post-HSCT:**  
Improved Patient Survival



**Pan-Cancer:**  
Improved Patient Overall Prognosis



Human data demonstrate that  $\gamma\delta$  T cell levels strongly correlate with improved clinical outcomes

# IN8bio's Thesis for a Successful Cellular Therapy

Our three-pronged approach to targeting cancers:

## Durability

Meaningful **duration of response** can be achieved by increasing the **depth of response** through novel **synergistic combinations**.

## Tolerability

Utilize **novel cell types** with a natural ability to identify and kill malignant cells while **preserving healthy tissue** to avoid toxicities seen with other cell therapy approaches.

## Heterogeneity

Employ an approach that can leverage **endogenous immune mechanisms** to **cover tumor heterogeneity** and drive broader immune activation.

# Robust Pipeline with Multiple Near-Term Clinical Readouts

Product Candidate	Approach	Key Indications	Preclinical	Phase 1	Phase 2	Phase 3	Next Anticipated Milestone(s)^
<b>Hematologic Malignancies (Allogeneic)</b>							
INB-100	DeltEx	AML, MDS					<ul style="list-style-type: none"> <li>Provide LT follow-up, enroll patients and report updates in expansion cohort at DL 2 through remainder of 2024</li> <li>Potential submission of IND for Phase 2 RCT trial^ during 1H25</li> </ul>
<b>Solid Tumors (Autologous)</b>							
INB-200	DeltEx DRI*	GBM (1L)**					<ul style="list-style-type: none"> <li>Additional long-term follow-up in 4Q24</li> </ul>
INB-400	DeltEx DRI	GBM (1L)					<ul style="list-style-type: none"> <li>Data update at medical meetings in 2025</li> </ul>
<b>Solid Tumors (Allogeneic)</b>							
INB-400	DeltEx DRI	GBM (relapsed & 1L)					<ul style="list-style-type: none"> <li>Potentially submit IND for Allo Phase 1b in relapsed GBM in 2025^</li> </ul>
<b>In Development</b>							
INB-300	Non-signaling CAR-T (nsCAR)	TBD					<ul style="list-style-type: none"> <li>FDA guidance on pre-IND planning by 1Q25</li> </ul>
INB-500	γδ iPSC T cells	TBD					

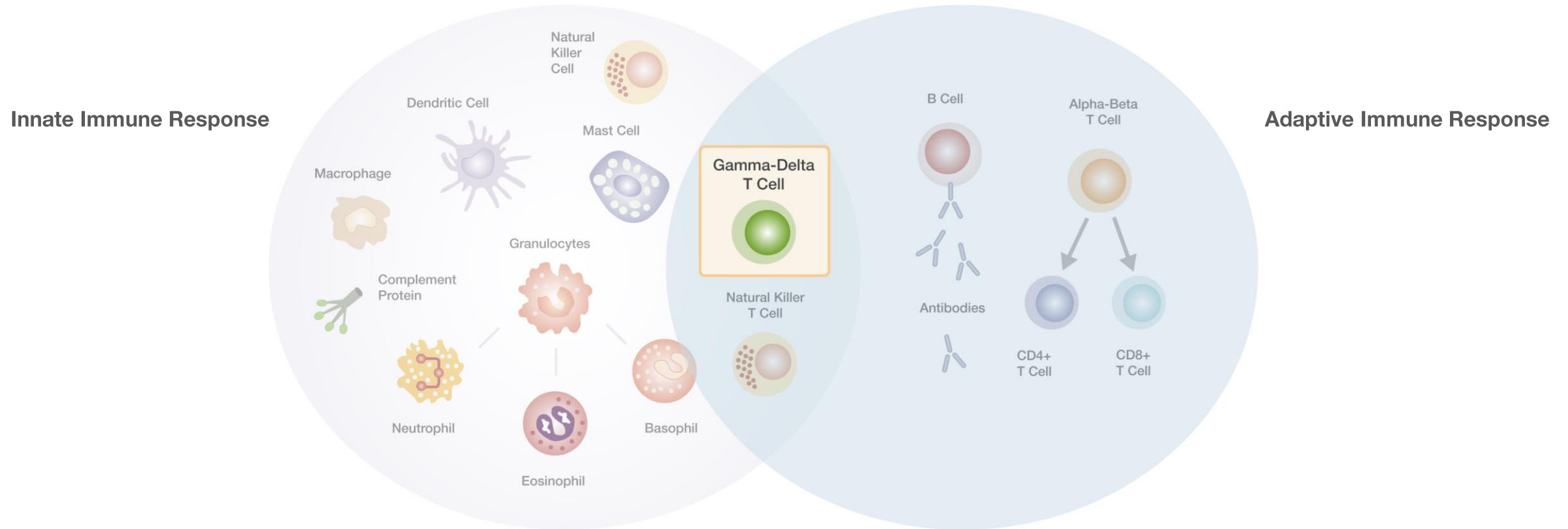
\* DRI = Drug Resistant Immunotherapy, or a chemotherapy resistant cell therapy

\*\* 1L = First line therapy

^ Timing of next anticipated milestones are estimates based on the successful raise of additional capital to fund our programs and are subject to change

# Overview of $\gamma\delta$ T Cells

# $\gamma\delta$ T Cells – Leveraging the Nexus of the Immune System



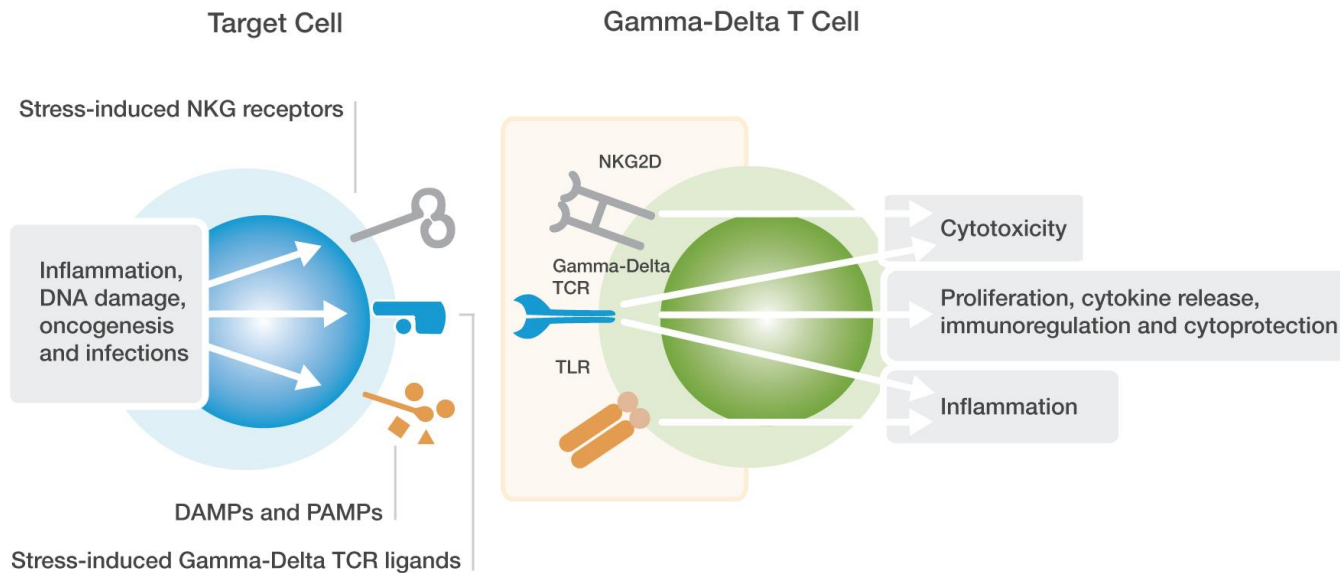
## Key Advantages of Gamma-Delta T Cells

- Persistence of  $\alpha\beta$  T cells without the toxicities
- Safety, recognition and killing abilities of Natural Killer (NK) cells with better durability
- Recognizing between healthy and tumor tissues

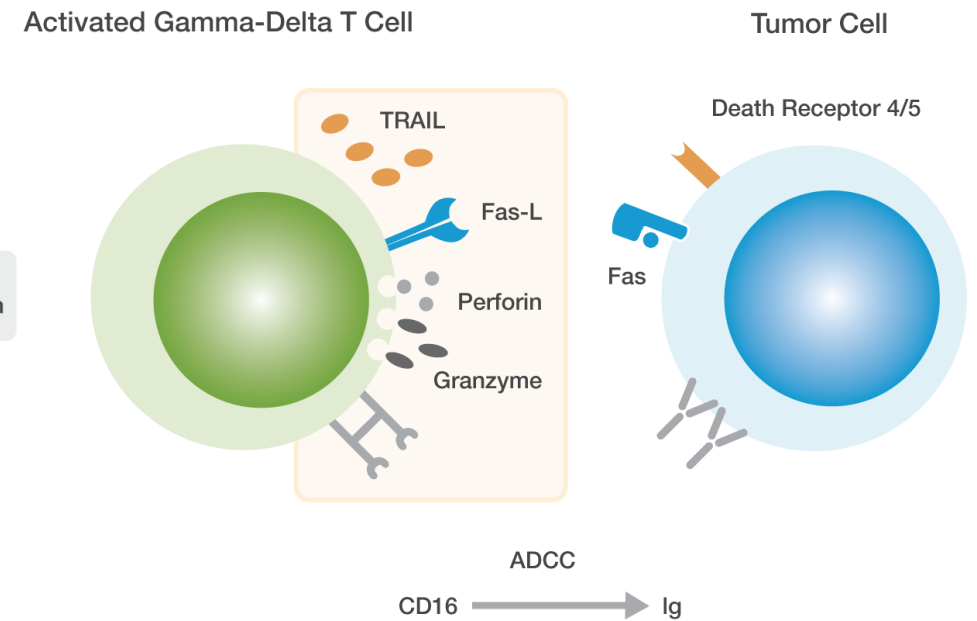


# Multiple Weapons, Multiple Targets for Cancer Treatment

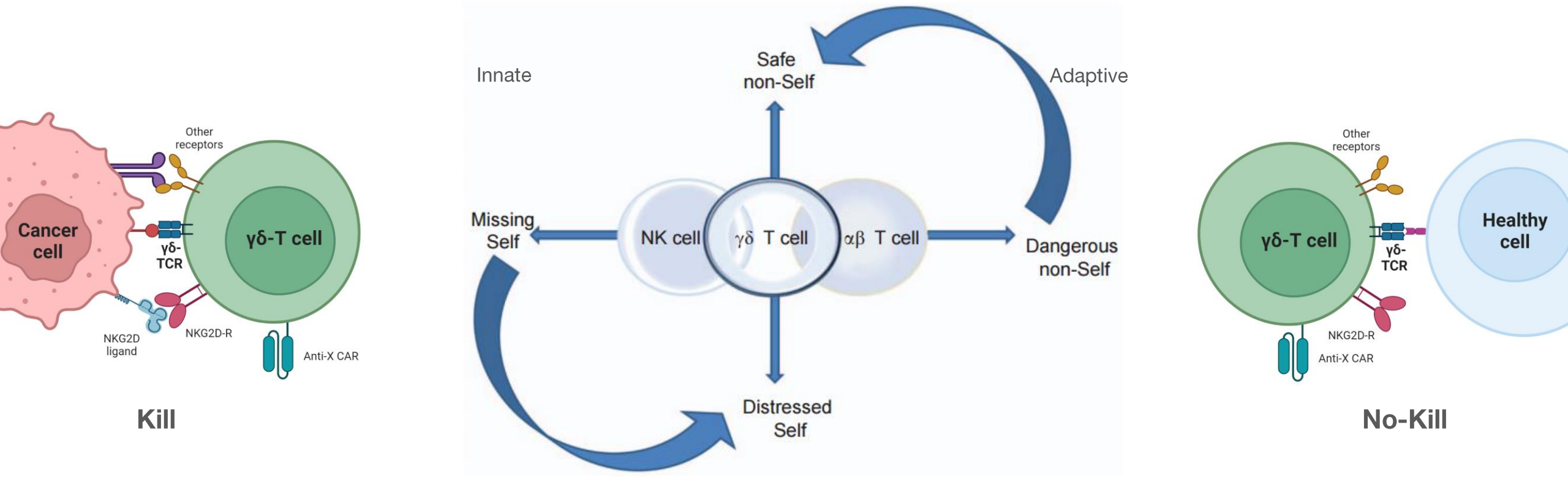
## Sensing Cellular Stress with Gamma-Delta T cells



## Effector Functions of Gamma-Delta T cells



# $\gamma\delta$ T Cells Possess Unique Capability to Distinguish Healthy Cells



Potentially widens the therapeutic index, which will be required to successfully target solid tumors

A background image showing a microscopic view of cells, likely T cells, with a blue and green color gradient. The cells are clustered and have a textured, irregular surface. The background transitions from a dark blue on the left to a lighter green on the right.

# Our DeltEx Platform

## $\gamma\delta$ T Cell Engineering and Manufacturing

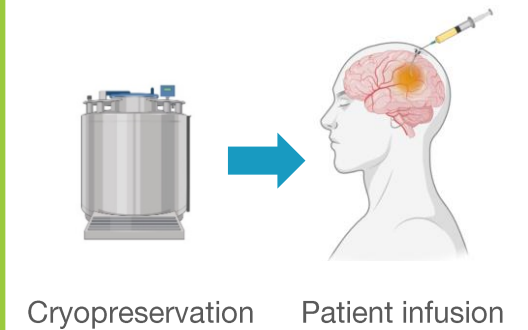
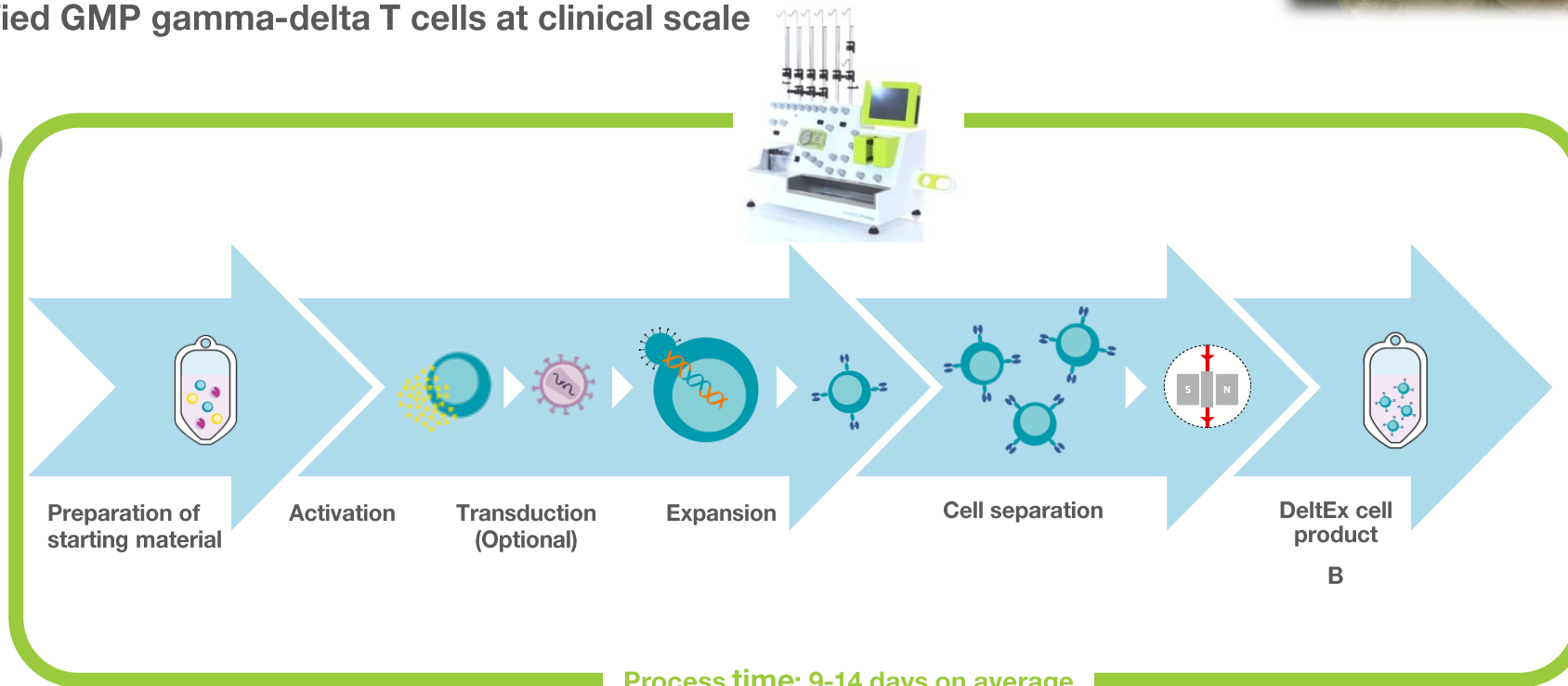
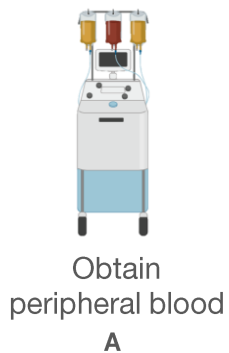
# Manufacturing Primary $\gamma\delta$ T Cells

Clinical Manufacturing for INB-100, -200, -400

- Automated, robust and scalable cell manufacturing in a single, closed system to increase output and reduce risks of contamination
- Designed for efficient scaling for clinical trials and commercial capabilities
- IN8bio's technology can generate **autologous, allogeneic and/or genetically modified GMP gamma-delta T cells at clinical scale**



**IN8bio**  
Process Steps:

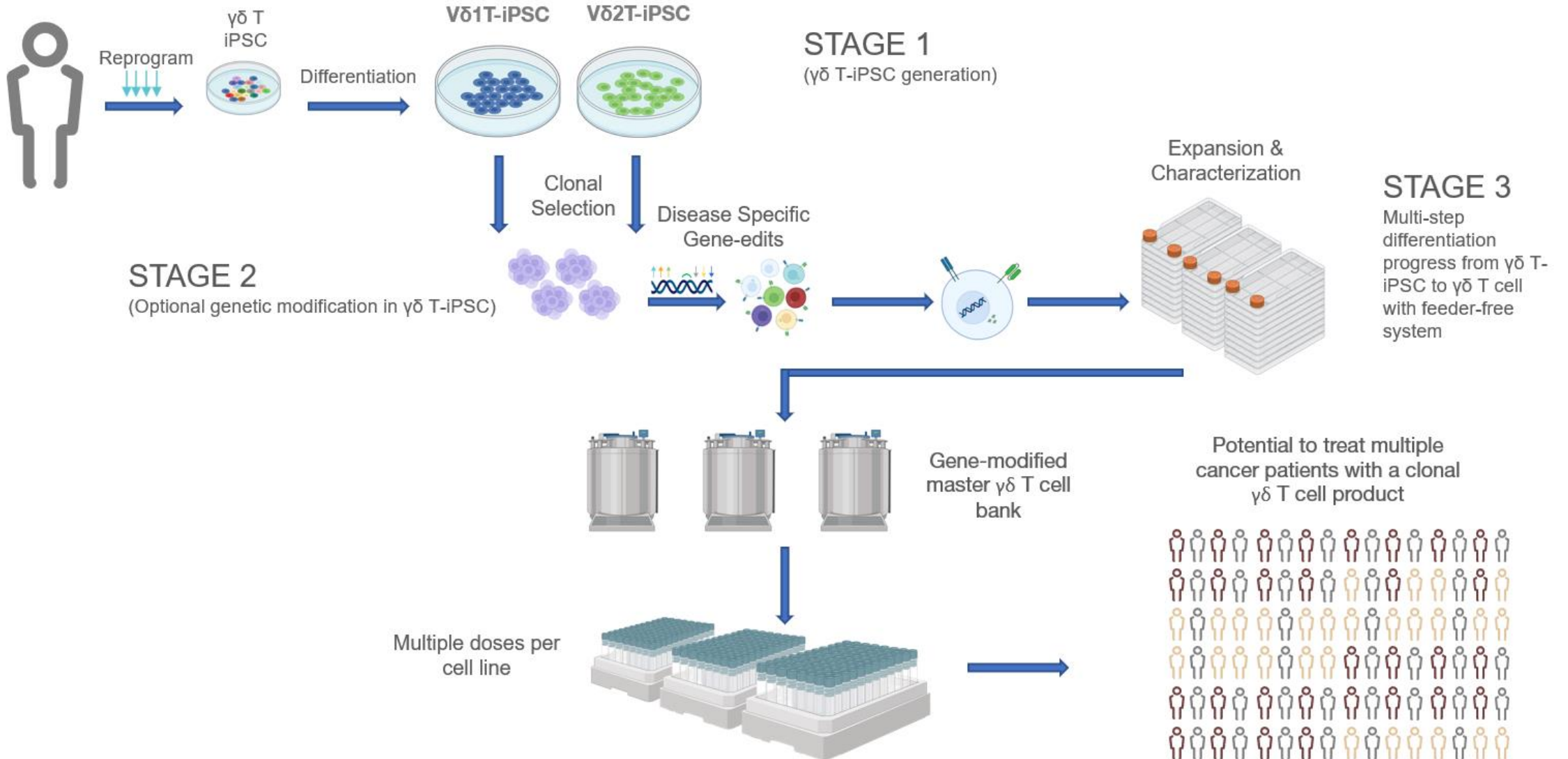


**IN8bio**

Source: IN8bio, Miltenyi, and biorender.com

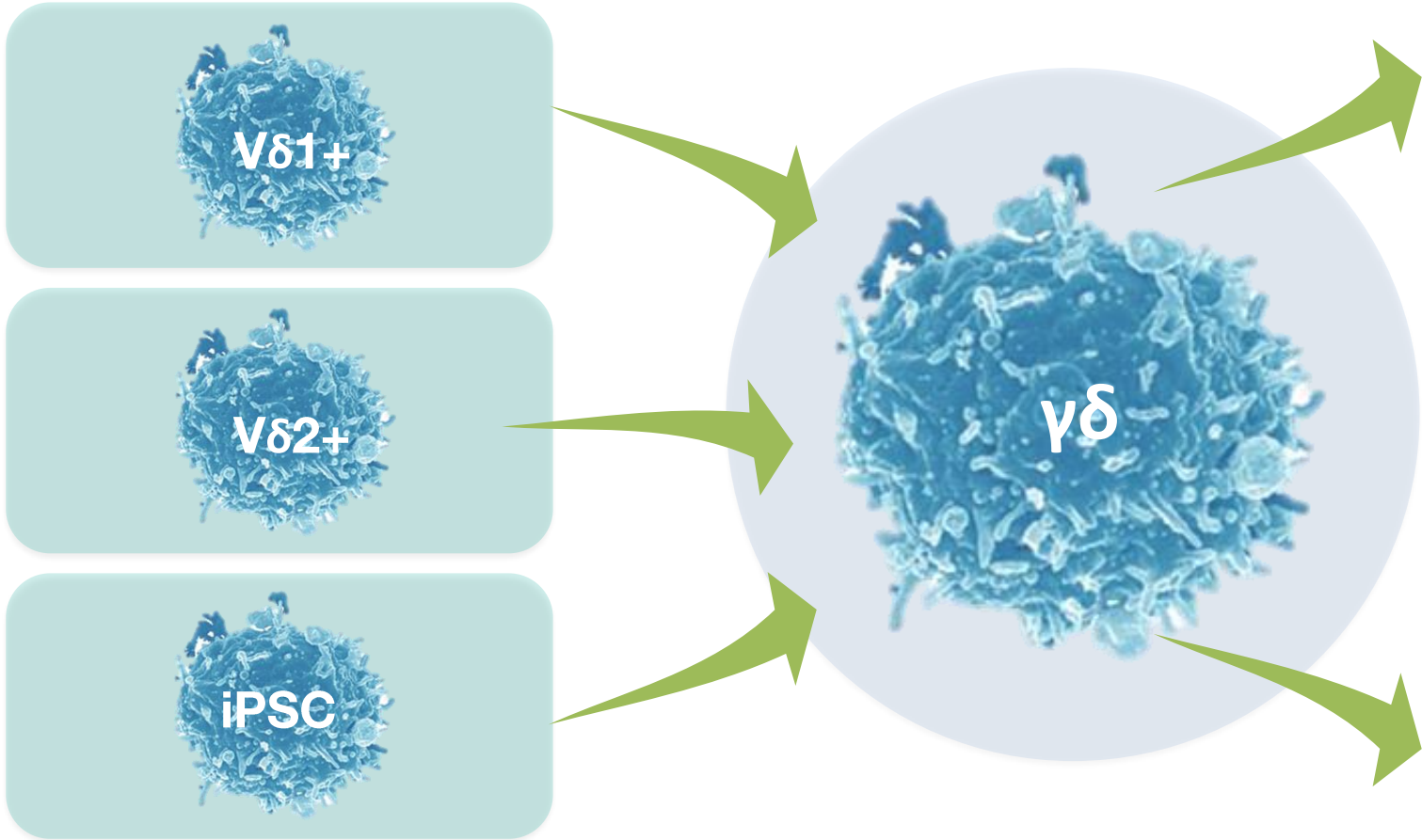
Process time: 9-14 days on average

# Manufacturing iPSC $\gamma\delta$ T Cells

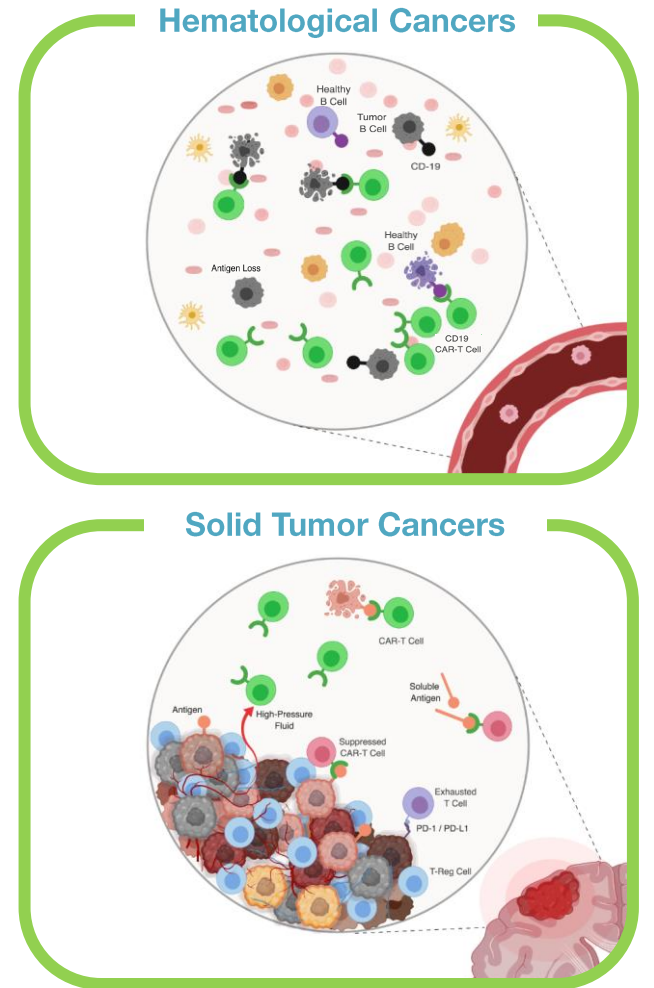


# IN8bio Possesses a Comprehensive $\gamma\delta$ T Cell Platform

## $\gamma\delta$ T Cell Sourcing



## Tumor Targeting



# INB-100

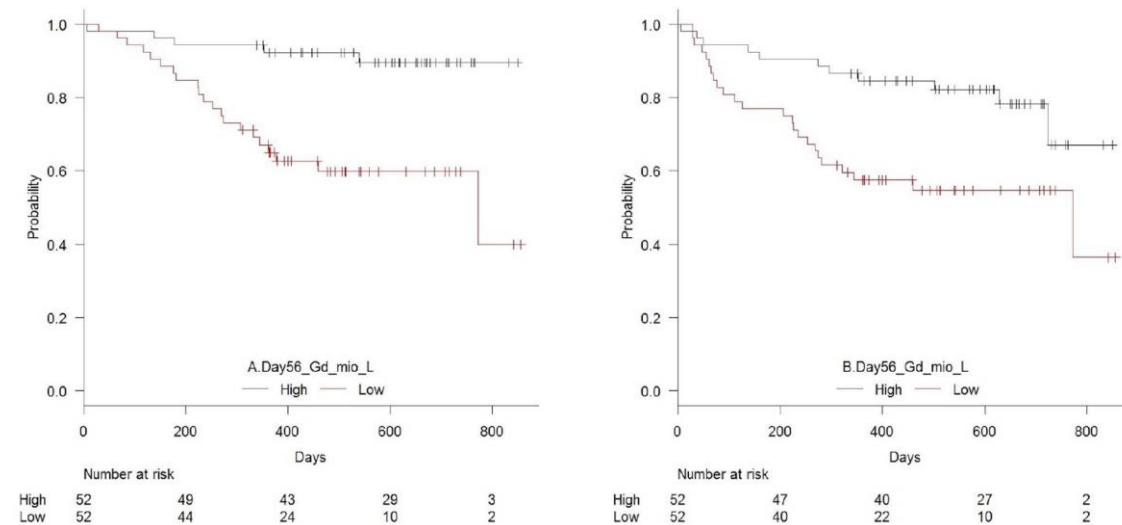
# Post-Transplant Survival Supported by Outside Research

## Improved Overall Survival, Relapse-Free-Survival, and Less Graft-vs.-Host-Disease in Patients With High Immune Reconstitution of TCR Gamma Delta Cells 2 Months After Allogeneic Stem Cell Transplantation

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### Improved Survival



**FIGURE 4 |** Estimated (A) overall survival ( $p = 0.001$ ) and (B) relapse-free survival ( $p = 0.007$ ) in patients with high vs. low concentrations (median  $21 \times 10^6/L$ ) of TCR  $\gamma\delta$  cells 56 days after transplantation,  $n = 104$ .

High level of gamma-delta T cells shown to improve survival in allogeneic transplantation



# Haploidentical Stem Cell Transplantation (HSCT)

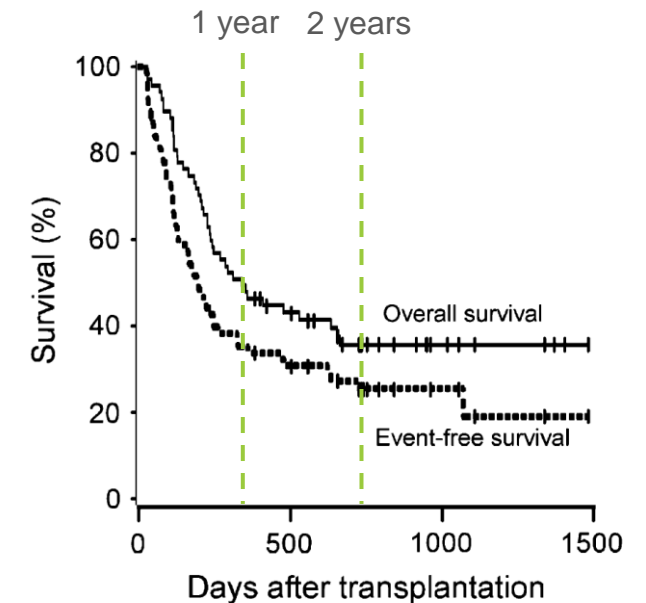
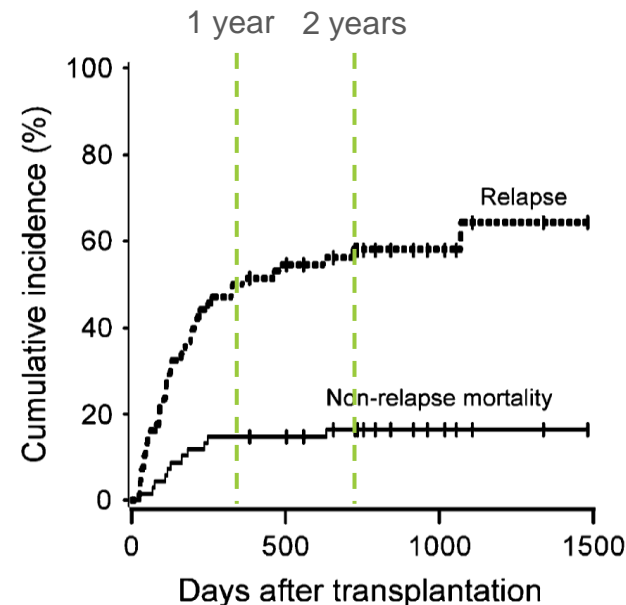
Relapse is the biggest HSCT problem

- Haploidentical transplants and reduced intensity conditioning (RIC) regimens have expanded access to stem cell transplantation
- **Relapse remains the biggest risk post-transplant with a ~51% risk of relapse at 1-year**
- Gamma-delta ( $\gamma\delta$ ) T cells are an inherent anti-cancer immune cell that may be able to preempt relapse in the post-transplant setting
- $\gamma\delta$  T cells respond to stress ligands expressed on tumor cells to eliminate residual leukemia

## HLA-Haploidentical Bone Marrow Transplantation for Hematologic Malignancies Using Nonmyeloablative Conditioning and High-Dose, Posttransplantation Cyclophosphamide

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# INB-100: An Allo Therapy to Reduce Leukemic Relapse

Single-center, dose-escalation trial of DeltEx Allo gamma-delta T cells post-haploidentical HSCT

## Treatment Arms

**Single, ascending dose levels in a 3+3 design:**

1. N = 3 (up to 6) patients, single dose of  $1 \times 10^6$  cells/kg
2. N = 3 (up to 6) patients, single dose of  $3 \times 10^6$  cells/kg
3. N = 3 (up to 6) patients, single dose of  $1 \times 10^7$  cells/kg

← RP2D\*

## Treatment Regimen & Timing

Fludarabine +  
cyclophosphamide + TBI =  
6 days



Haploidentical HSCT\*



INB-100 infusion within 7  
days after engraftment

\*Neutrophil engraftment is ~15-20 days following HSCT

## Key Eligibility Criteria

- Adult patients with a haploidentical donor identified
- KPS  $\geq 70$
- AML in mCR with intermediate/high-risk features or relapsed disease
- CML in any chronic phase
- MDS with intermediate/high-risk features
- ALL in mCR with high-risk features or relapsed disease

## Primary Endpoints

- Safety
- Maximum tolerated dose (MTD) of DeltEx Allo gamma-delta T cell infusion
- Dose limiting toxicity (DLT)

## Secondary Endpoints

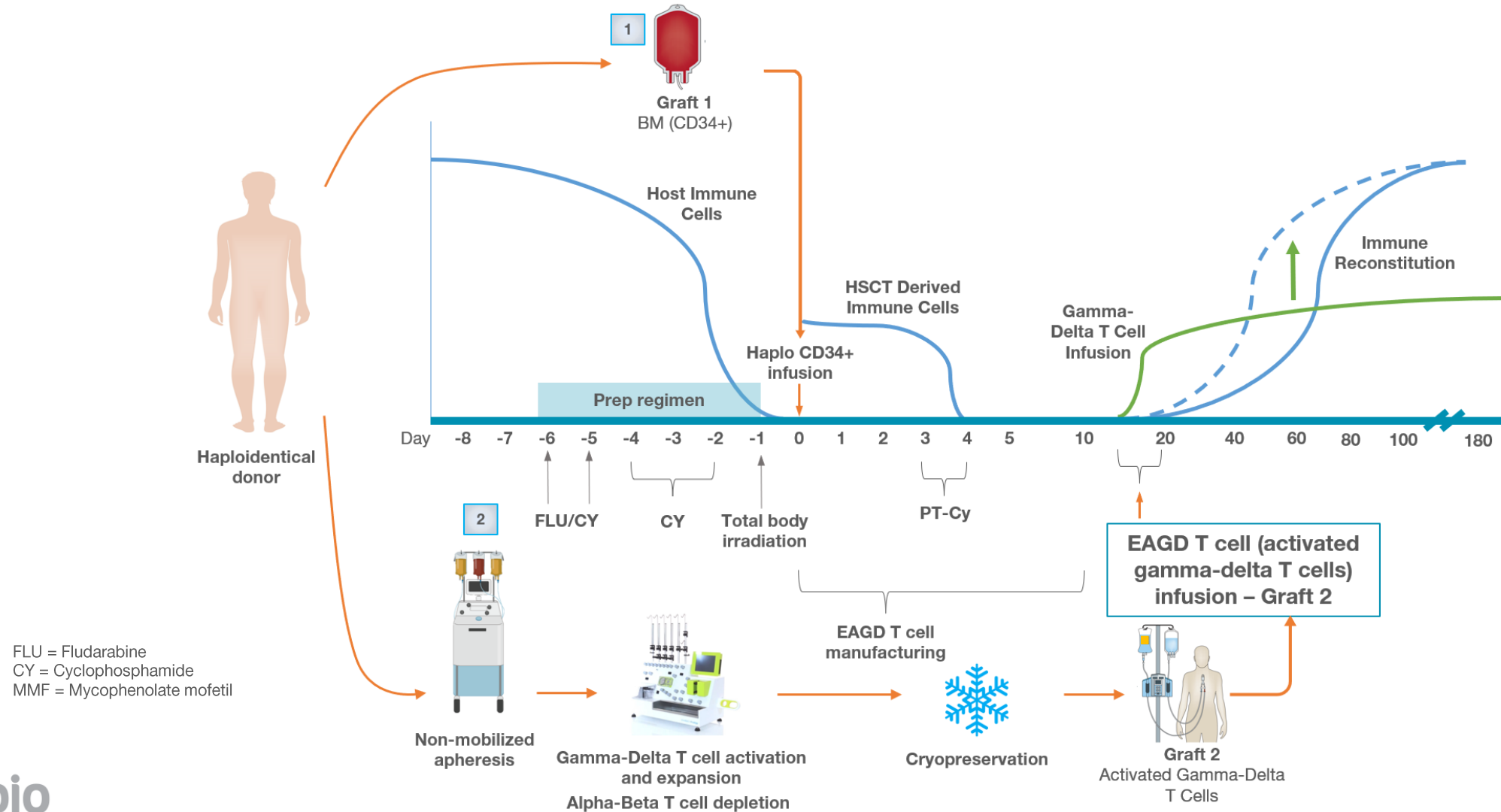
- Incidence of acute and chronic graft versus host disease (aGVHD), relapse, and overall survival

## Site

THE UNIVERSITY OF KANSAS  
CANCER CENTER

# Potential to Provide Protection During a Vulnerable Period

Expanded + activated gamma-delta T cells (EAGD) to prevent leukemic relapse



# Patient Demographics and Summary

Patient	Dose Level	Age / Sex	Prior Therapies	Disease	Acute / Chronic GvHD	CR (mos)	OS (mos)
002	1	63 / female	Idasanutlin + 7+3	<b>High-risk AML trisomy 8+ and del7, FLT3 TKD</b>	Acute G2 skin GvHD Chronic limited mild skin GvHD	<b>51.6+</b>	<b>Alive</b>
003	1	44 / female	7+3	<b>High-risk AML trisomy 8+ and del7, IDH2</b>	Acute G2 GI, Acute G2 rash GvHD	<b>42.4** LTFU</b>	<b>Alive</b>
006	1	66 / male	7+3 IDAC	<b>High-risk relapsed AML</b>	Acute G2 rash GvHD Chronic extensive GvHD	<b>37.6+</b>	<b>Alive</b>
007	1	71 / male	Ven/Aza+Pembrolizumab	AML	Acute G2 rash GvHD Chronic limited mod GvHD	<b>15.5</b>	<b>15.5 died due to IPF</b>
009	2	68 / male	R-CHOP Blinatumomab Inotuzumab Flu/Mel/TBI Vincristine/steroids Flu/cy/brentuximab <b>CAR-T with Tecartus</b>	<b>Relapsed Ph- ALL; TP53 mutated</b>	Acute G2c rash GvHD	<b>14.7</b>	<b>Alive at 21.2+</b>
010	2	63 / female	7 cycles Venetoclax/Aza	AML	Acute G2b rash - GvHD	<b>20.9+</b>	<b>Alive</b>
011	2	68 / male	Hydrea/Peg-IFN	ET with <b>MDS/MPN overlap; TP53 mutated</b>	Acute G1 rash - <u>not</u> GvHD Acute G1 diarrhea - <u>not</u> GvHD	<b>12.5</b>	<b>Alive at 18.0+</b>
012	2	69 / male	2 cycles Venetoclax/Aza	AML		<b>14.6+</b>	<b>Alive</b>
013	2	71 / female	1 cycle Ven/aza/gliteritinib 2 cycles Venetoclax/Aza	AML, <b>FLT3</b>	Acute G1 diarrhea - <u>not</u> GvHD Oral sensitivity- <u>not</u> GvHD	<b>14.3+</b>	<b>Alive</b>
014	2	71 / male	Venetoclax/Dacogen	AML, del20, -Y	Acute G1 diarrhea - <u>not</u> GvHD Acute G1 rash - <u>not</u> GvHD	<b>13.8+</b>	<b>Alive</b>

Average patient age ~68 y/o

Majority have AML

Received up to 7 prior therapies

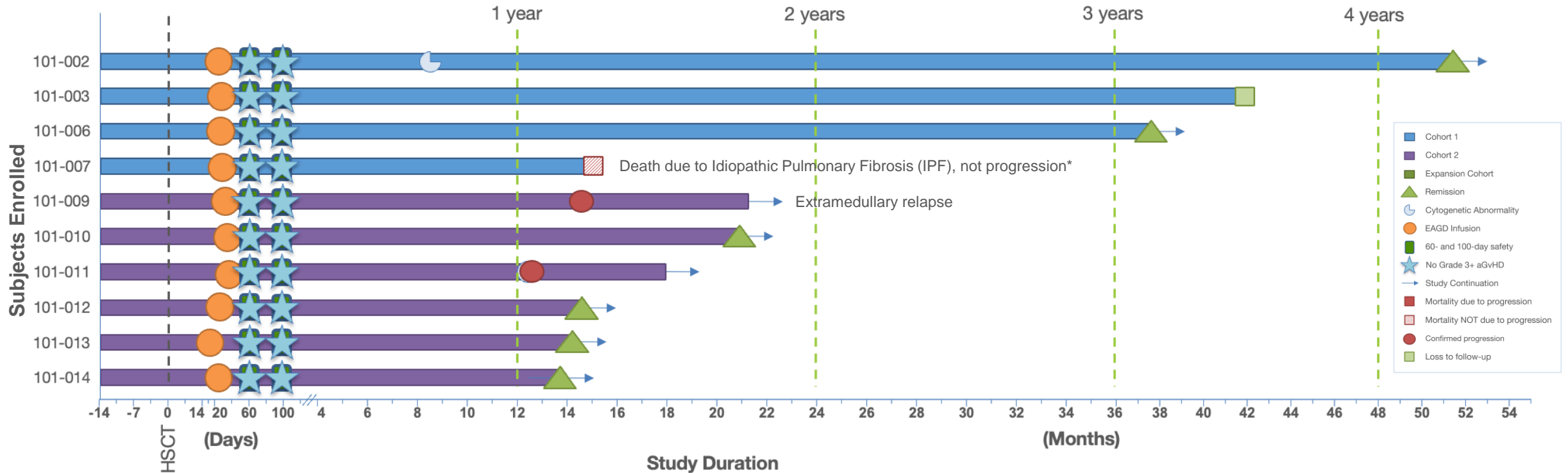
14 enrolled, n=10 dosed and evaluable for safety

- 1 patient expired prior to dosing
- 1 patient received an out of specification product at 6 x 10<sup>5</sup> EAGD/kg
- 1 manufacturing failure
- 1 screen failure due to relapse prior to treatment

Median follow-up = 19.5 mos

# 100% Patients Remained in Morphologic CR $\geq$ 12 Months\*

Three patients with high-risk disease remain relapse free for > 3 years with median follow-up 19.5 months;  
No AML patients have relapsed to date



Note: \*POD = progression of disease;  
\*As of August 1, 2024; Early trial results are not indicative of future results, including the outcome of this trial.

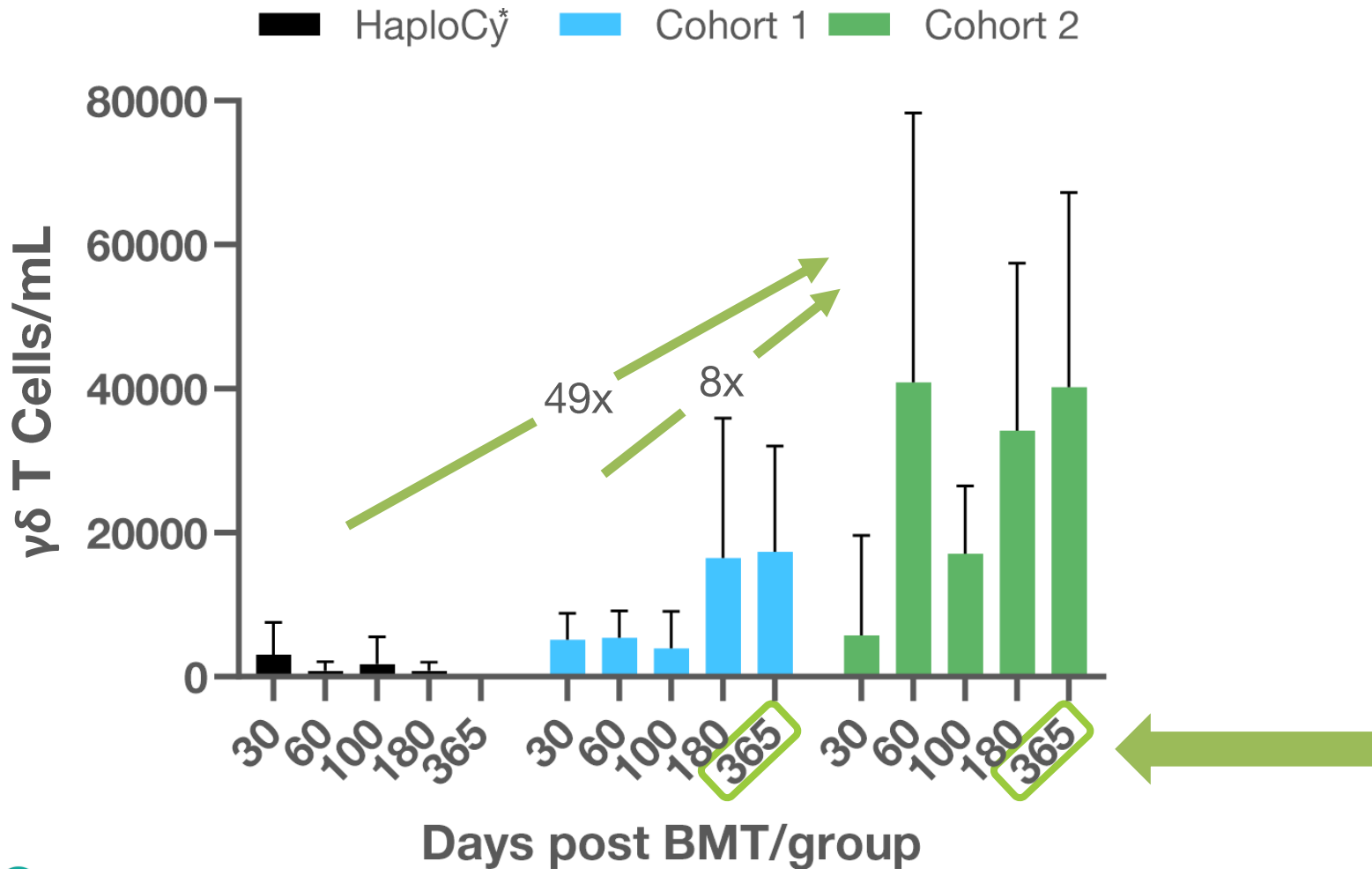
# Chimerism Data Confirms 1-year RFS for 10/10 Patients

	Dose Level 1				Dose Level 2 - RP2D					
	101-002	101-003	101-006	101-007	101-009	101-010	101-011	101-012	101-013	101-014
Infusion										
Day 30										
Day 60									na	
Day 100			na			na				
Day 180		na								
Day 365		na								
Morphologic CR @ 1yr										

- Cohort 1
- Cohort 2
- EAGD Infusion
- Cytogenetic CR
- Morphologic CR
- Mixed chimerism requiring clinical intervention

# One-Year *In Vivo* Persistence and Expansion of $\gamma\delta$ T Cells

## Haplo-Cy vs INB-100



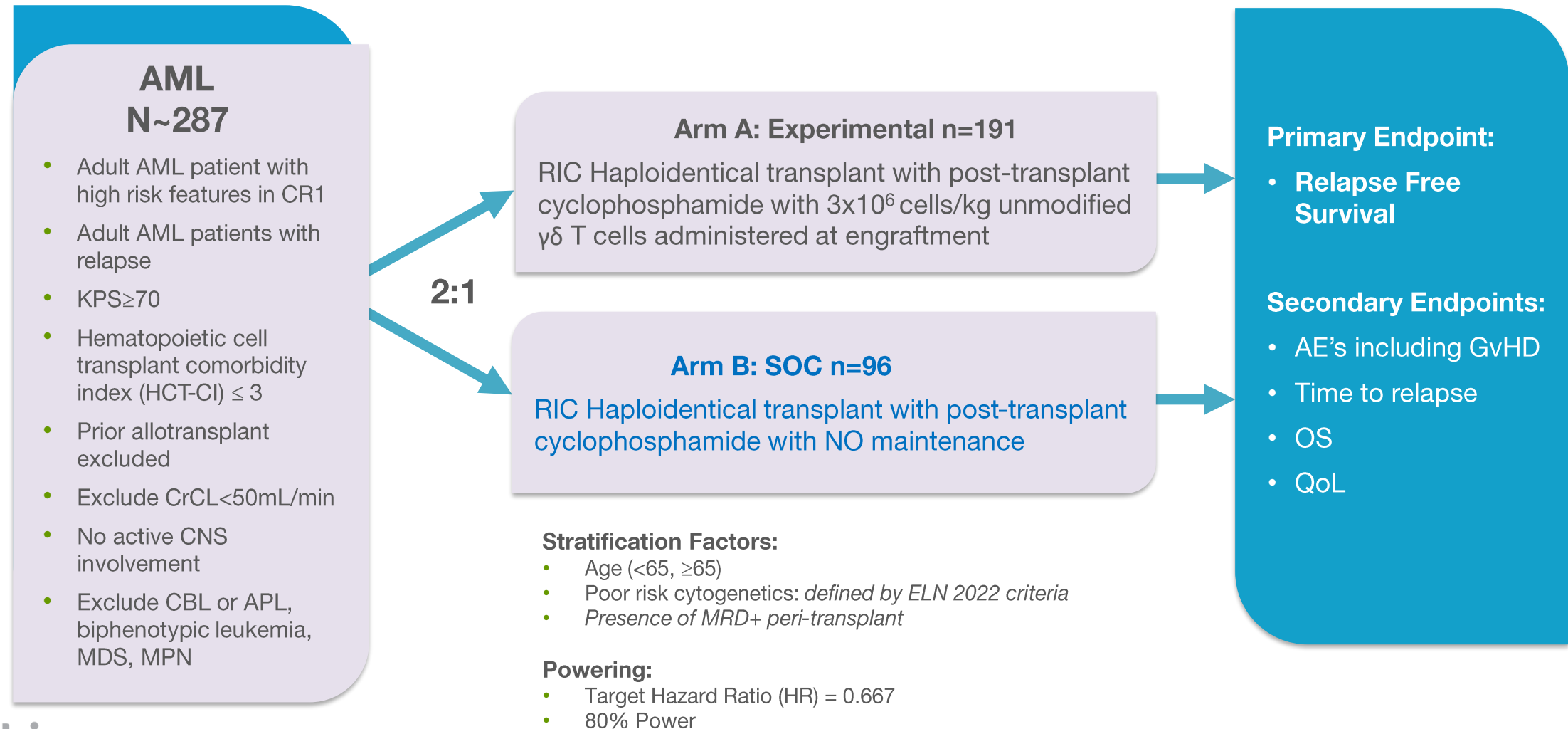
- Comparison of  $\gamma\delta$  T cell count recovery between patients who received haploidentical BMT + post-BMT Cy without  $\gamma\delta$  T cell infusion and INB-100 patients from Cohort 1 and Cohort 2
- Dose dependent increase of circulating  $\gamma\delta$  T cells at Days +60, +100, +180 and +365 for INB-100 treated patients
- Despite Cohort 2 patients receiving 3x the  $\gamma\delta$  T cell dose as Cohort 1, an 8x increase in  $\gamma\delta$  T cells was observed at 60 days
- Continued presence at 365 days suggests **in vivo expansion AND persistence** of cells

# Registrational Trial Design



# Registrational Phase 2 Trial

## $\gamma\delta$ T Cells Maintenance Therapy in AML Patients Undergoing Haploidentical Transplant



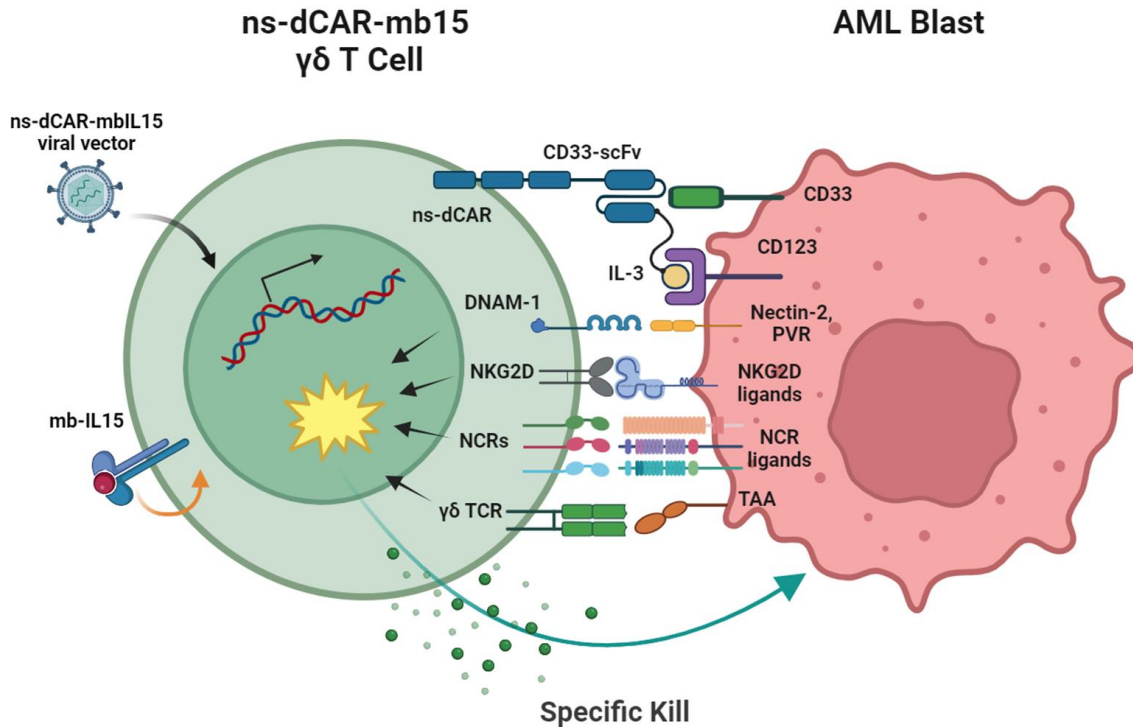
A microscopic view of cells, likely T cells, is shown in the background. The cells are spherical and have a textured, bumpy surface. The image is overlaid with a blue and green gradient. On the left side, there are some abstract circular shapes in shades of blue and green.

# INB-300

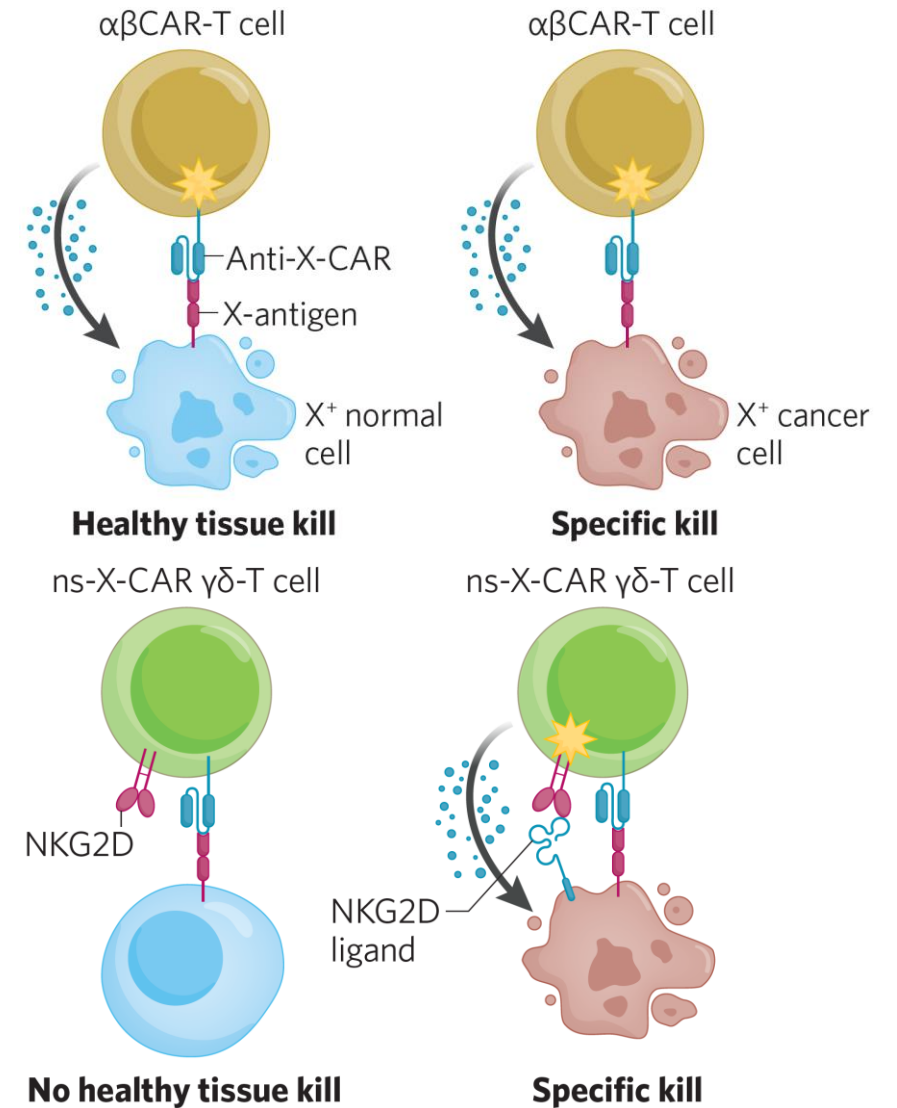
## Novel nsCAR $\gamma\delta$ T Cell Platform

# A Unique CAR-T Platform that Spares Healthy Tissue

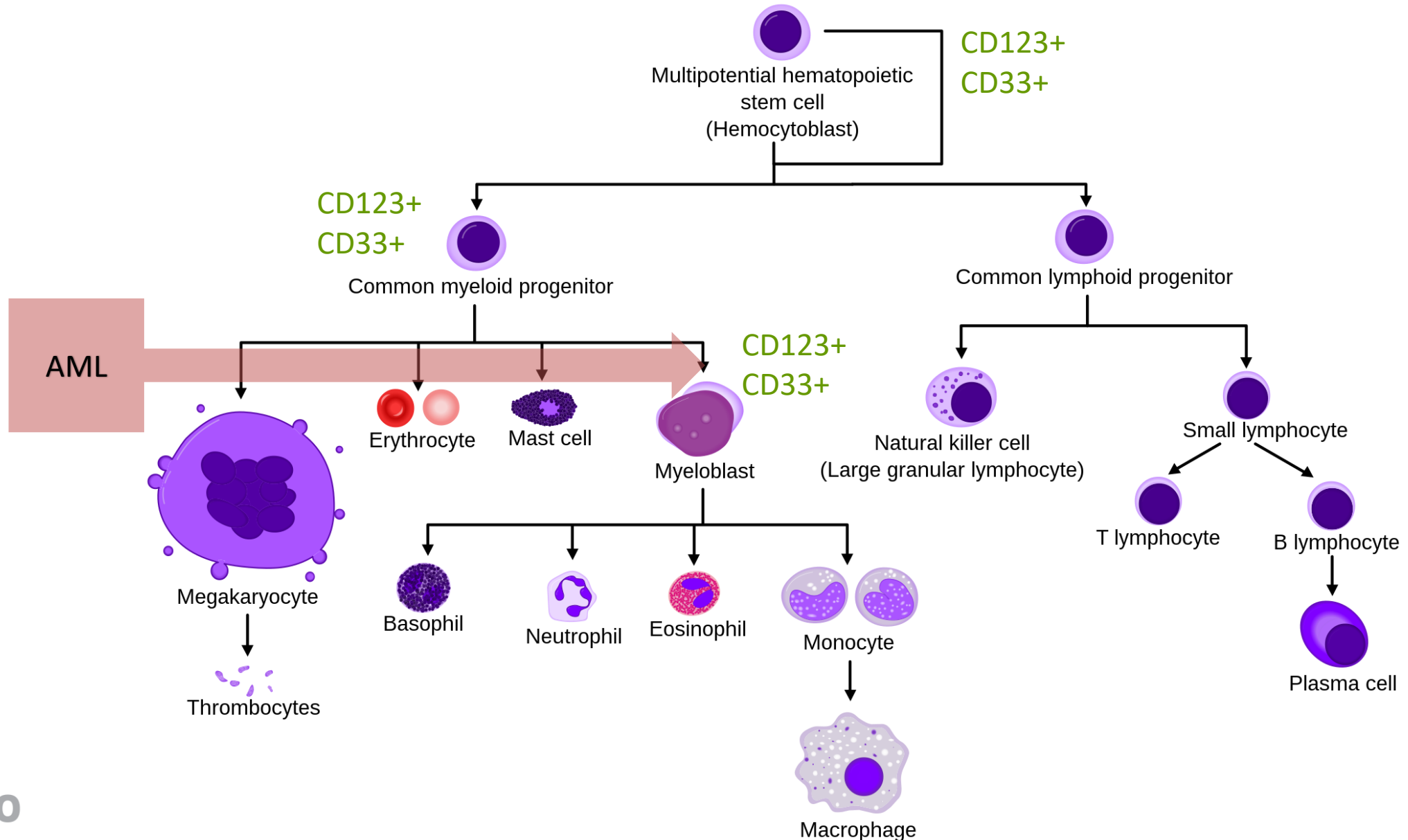
Novel Non-Signaling  $\gamma\delta$  CAR-T Platform (ns-CAR)



- $\gamma\delta$  T cells have a broad-based MHC unrestricted receptor repertoire that can identify and distinguish healthy from stressed cells (infected or transformed) to be targeted for killing



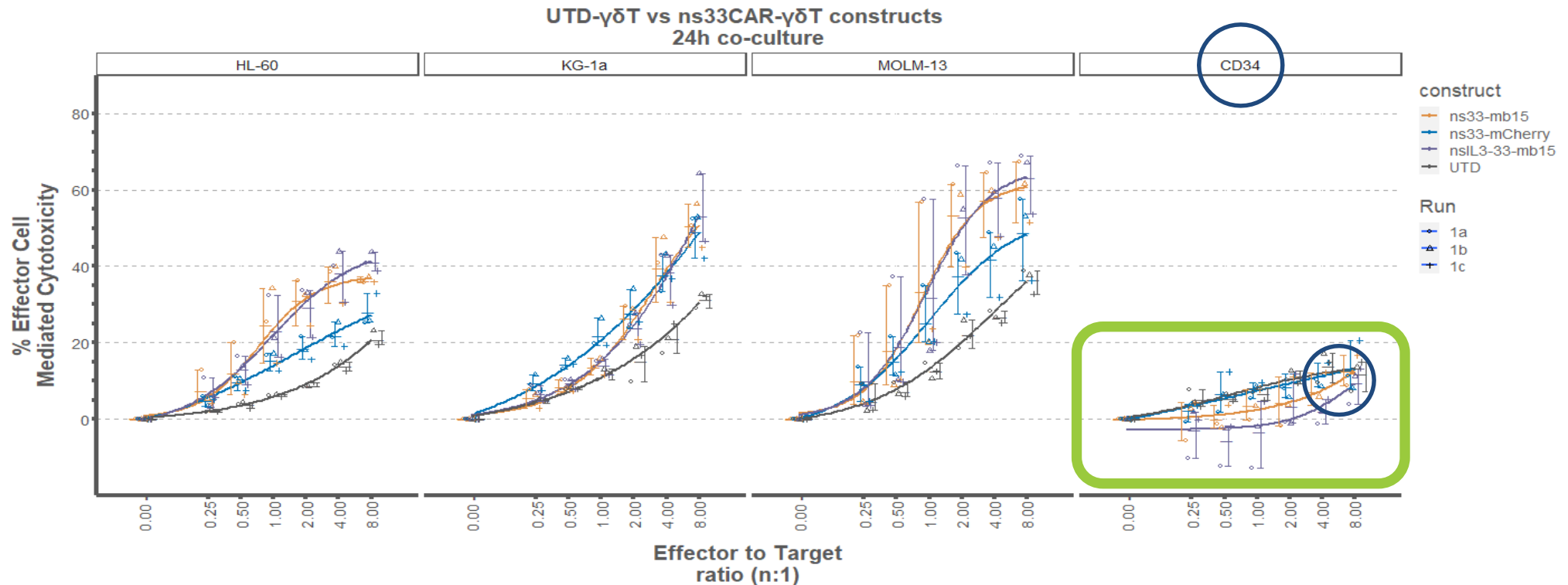
# Overview: Hematopoiesis and AML



# ns- $\gamma\delta$ T CARs Do Not Increase Killing vs. Healthy Cells

Presented at AACR 2024 - CD34+ HPC, HL-60, KG-1a, MOLM-13 are all CD33+ cells

- Cytotoxicity of nsIL3-33mb15 nsCAR against AML cell lines was 5.5x greater than against healthy CD34+ hematopoietic progenitor cells (HPCs)
- Experiments run in triplicate
- nsCAR constructs demonstrated an average 1.8x increase in killing across three AML cell lines at peak
- nsCAR killing was less than untransduced control  $\gamma\delta$  T cells across all constructs

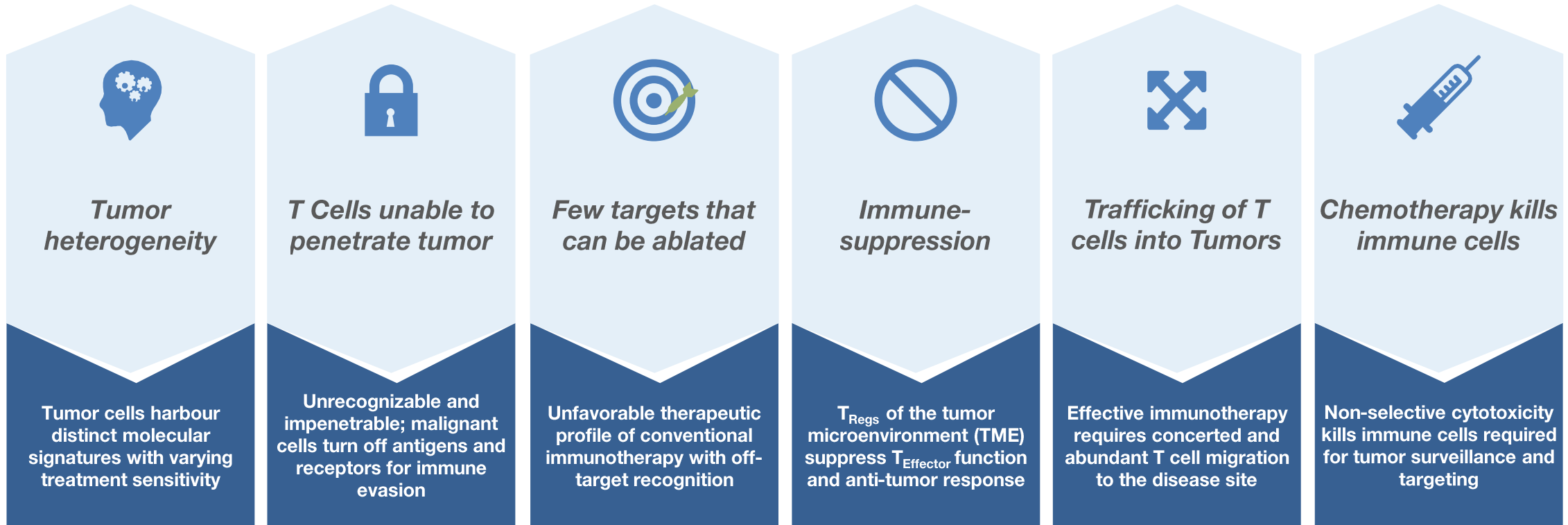


A microscopic view of tumor cells, showing clusters of cells with irregular shapes and sizes, set against a blue and green background. The cells are arranged in a dense, irregular pattern, typical of solid tumors.

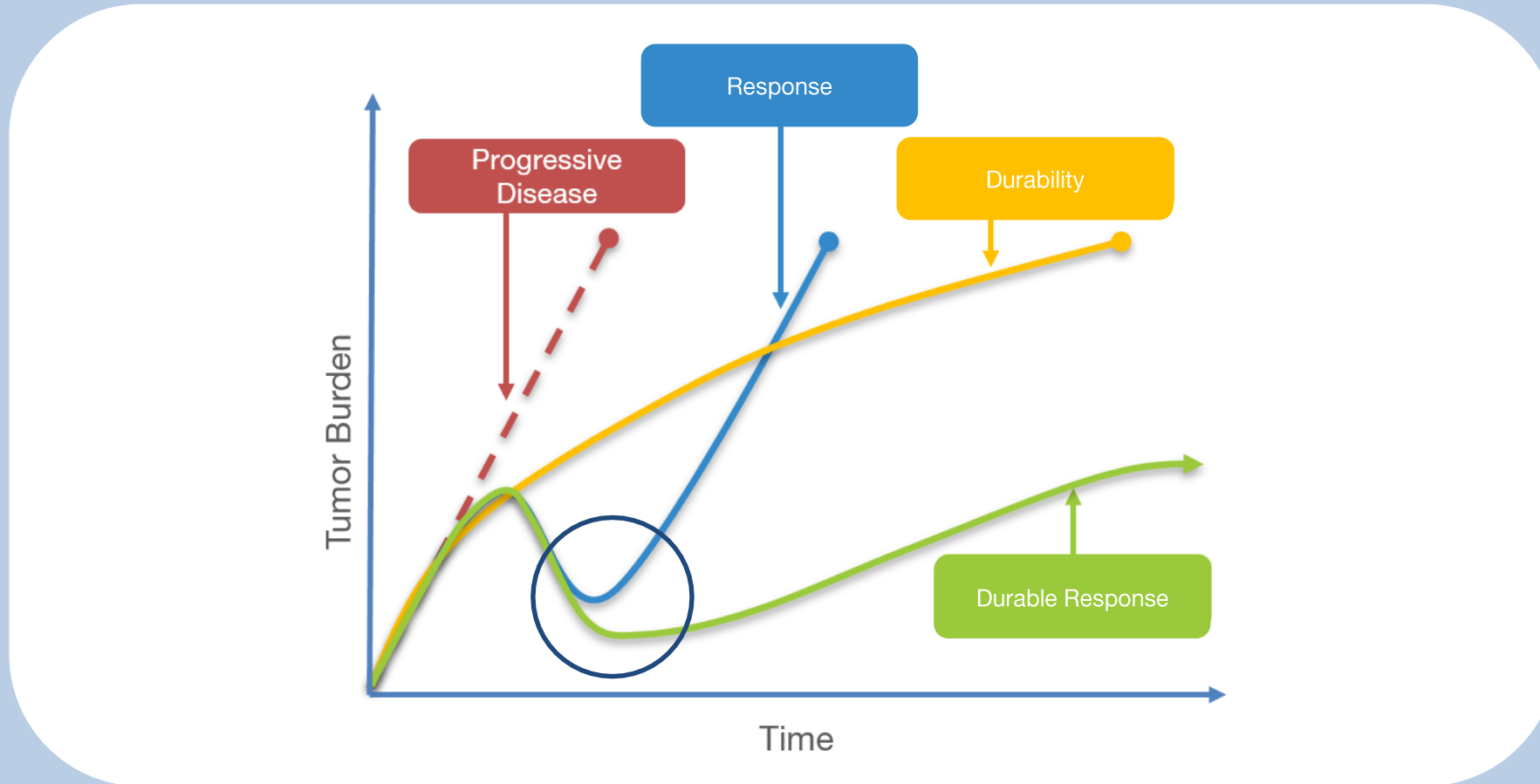
# Targeting Solid Tumor Cancers

# Shortfalls of Conventional Cell Therapies in Solid Tumors

CAR-Ts have demonstrated efficacy in blood cancers but have not had similar results in solid tumors



# Targeting Cancers by Driving Deeper Responses

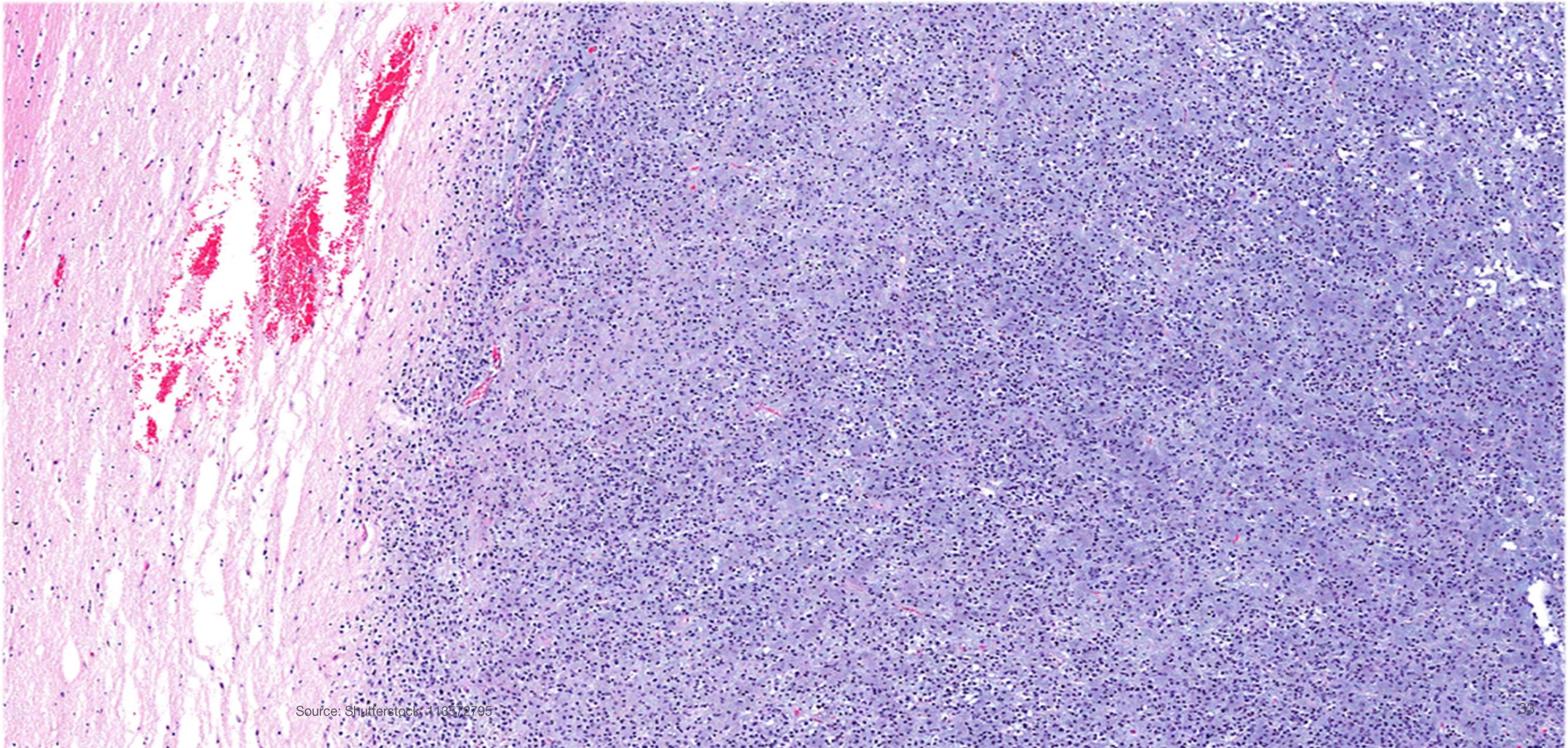


$\gamma\delta$  T cells Genetically Engineered to Survive Chemotherapy Induced Cell Death



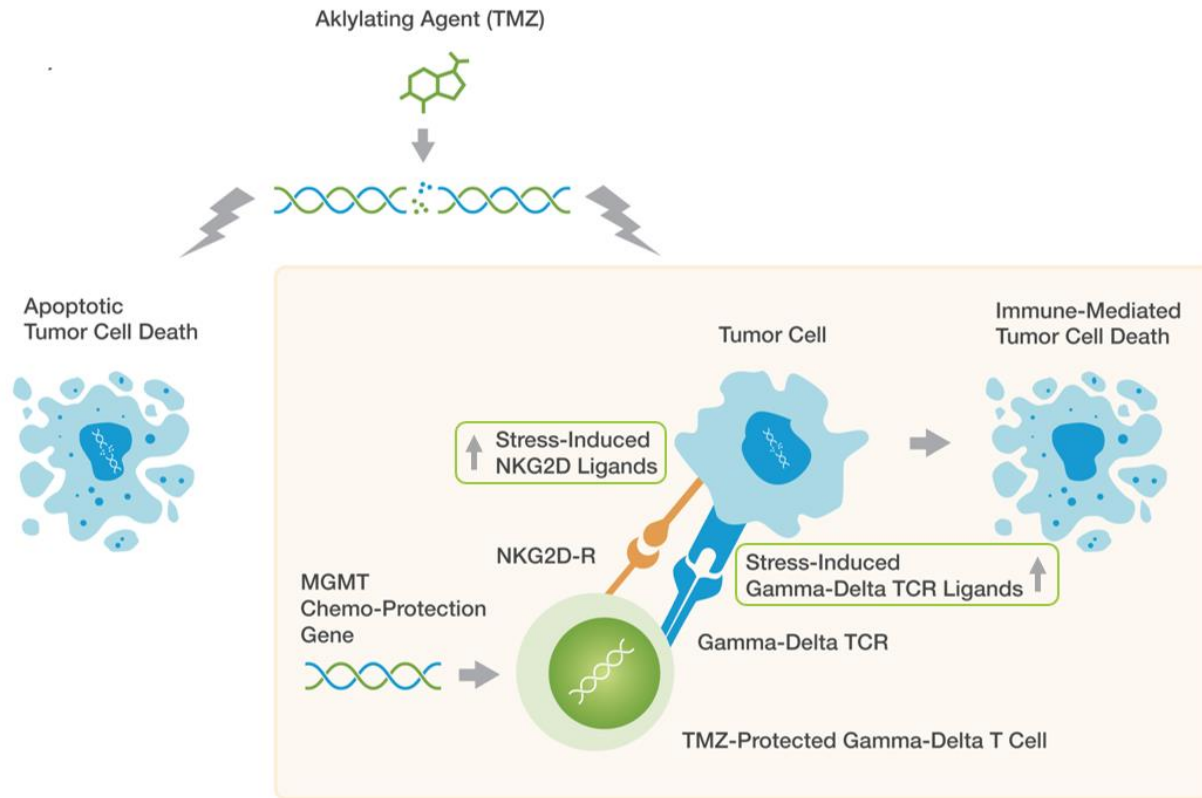
# Overcoming Challenges to Targeting Solid Tumors

Glioma

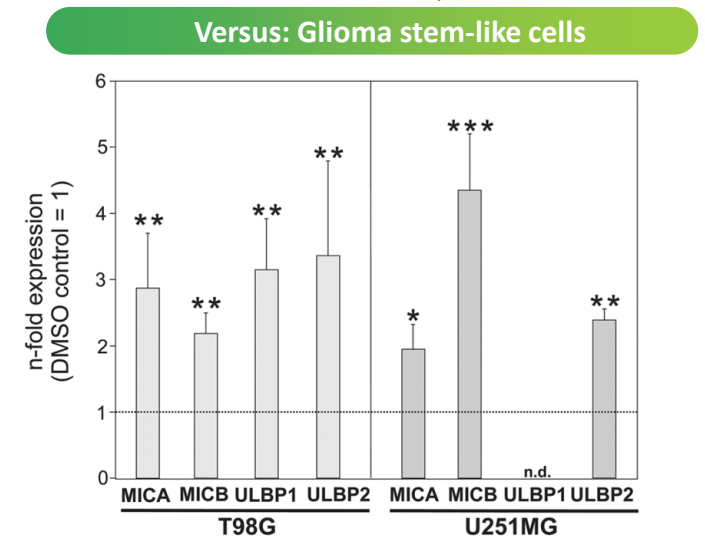
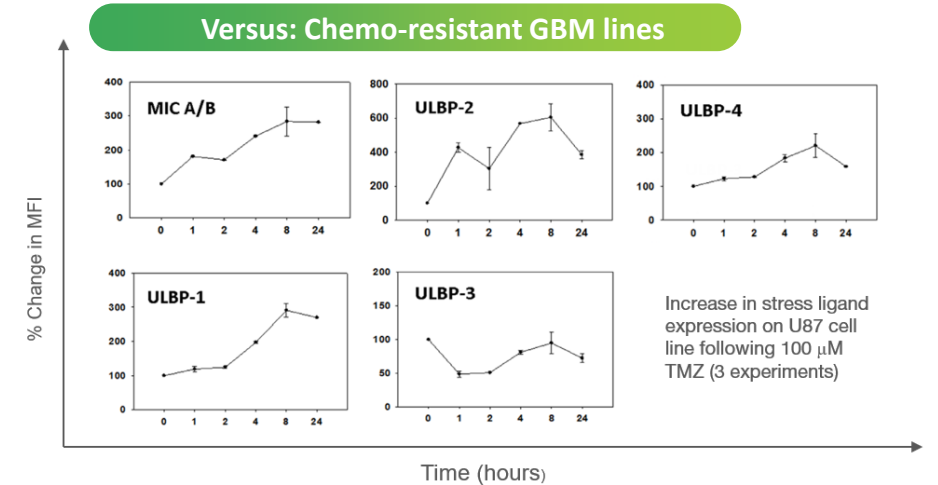


# Targeting the DNA Damage Response (DDR) to Kill Tumors

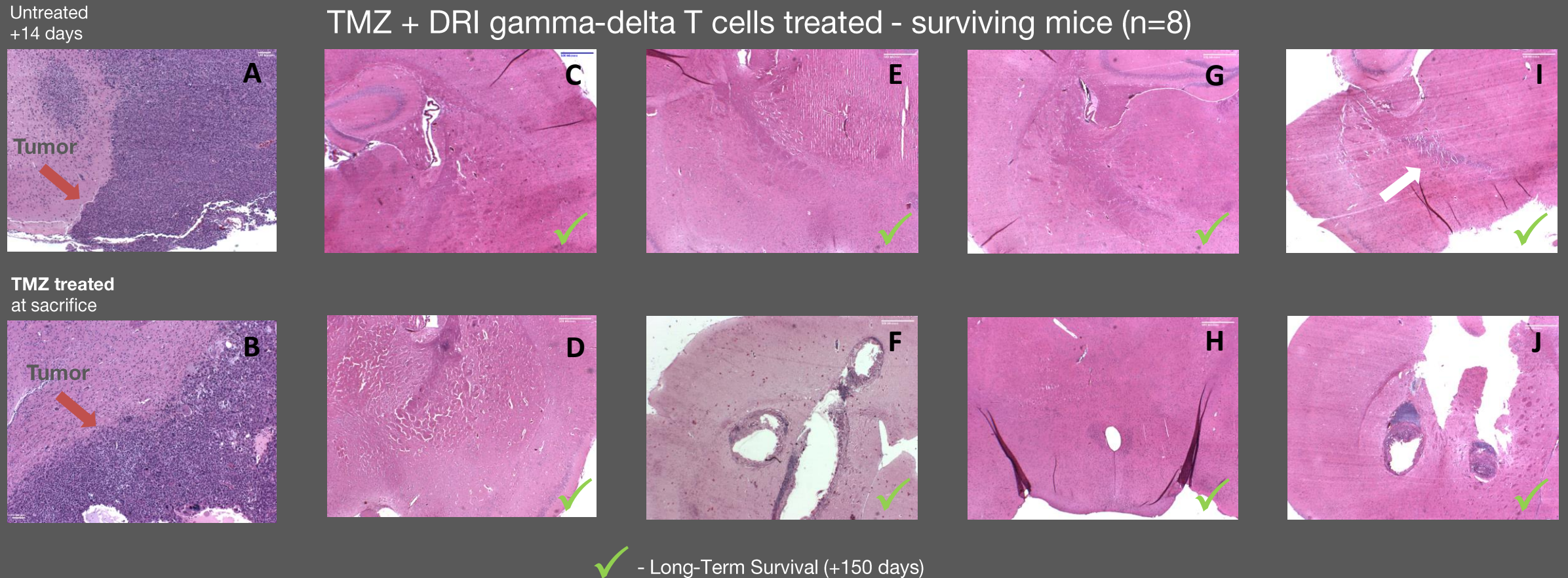
DDR is a biological process that can detect and eliminate cells with DNA damage through increased avidity



TMZ Increases NKG2D-L Expression:



# Targeting the DDR Pathway Eliminates Residual GBM



**Figure 1:** Digital light microscopic images from athymic nude mice that received intracranial injection of  $5 \times 10^5$  GBM tumor cells derived from classical human patient GBM xenograft JX12P. Images (A) show hematoxylin and eosin (H&E) staining of tumor growth (dark purple - noted by red arrow) from untreated mice at +14 days following stereotactic tumor placement in the left caudate nucleus (4x); (B) was obtained at euthanasia following fatal tumor progression from a mouse treated with temozolomide (TMZ) (4x); (Images: C - J) surviving mice treated with TMZ + DRI  $\gamma\delta$  T cells, 80% (n=8) demonstrated long-term survival (+150 days) following tumor placement, at the time of euthanasia these mice demonstrated improved survival with no observable neurologic dysfunction and are negative for H&E staining and the white arrow (I) points to scarring where residual necrotic tumor has been cleared.

A microscopic image showing several clusters of cells, likely glioblastoma (GBM), against a dark background. The clusters are spherical and composed of many small, individual cells. The image is overlaid with a semi-transparent blue and green gradient.

# **INB-200**

## **DeltEx DRI Auto for GBM**

# Pursuing Treatment in GBM: Following the Biology

The biology shows us the multiple advantages of  $\gamma\delta$  T cells in the solid tumor setting, particularly in glioblastoma, where patients have **very limited available treatment options**.



The brain offers a separate compartment that allows direct delivery of cells through a catheter directly to the site of the tumor, increasing E:T ratio and reducing the variable of cell trafficking.

As we move towards allogeneic cell therapy in the solid tumor setting it simplifies the challenges around dealing with host-versus-graft (HvG) effect and the persistence of the delivered cells.

The advantage of going into the brain is that it is one of three organ centers in the body historically considered immune-privileged.

In neuro oncology, the standard of care, Temodar, is lymphodepleting in itself. A separate lymphodepleting protocol such as Flu/Cy is not necessary.

# INB-200: Study Design and Treatment Schema

Fixed dose level (DL) of DRI in a 3+3 design (N=18):

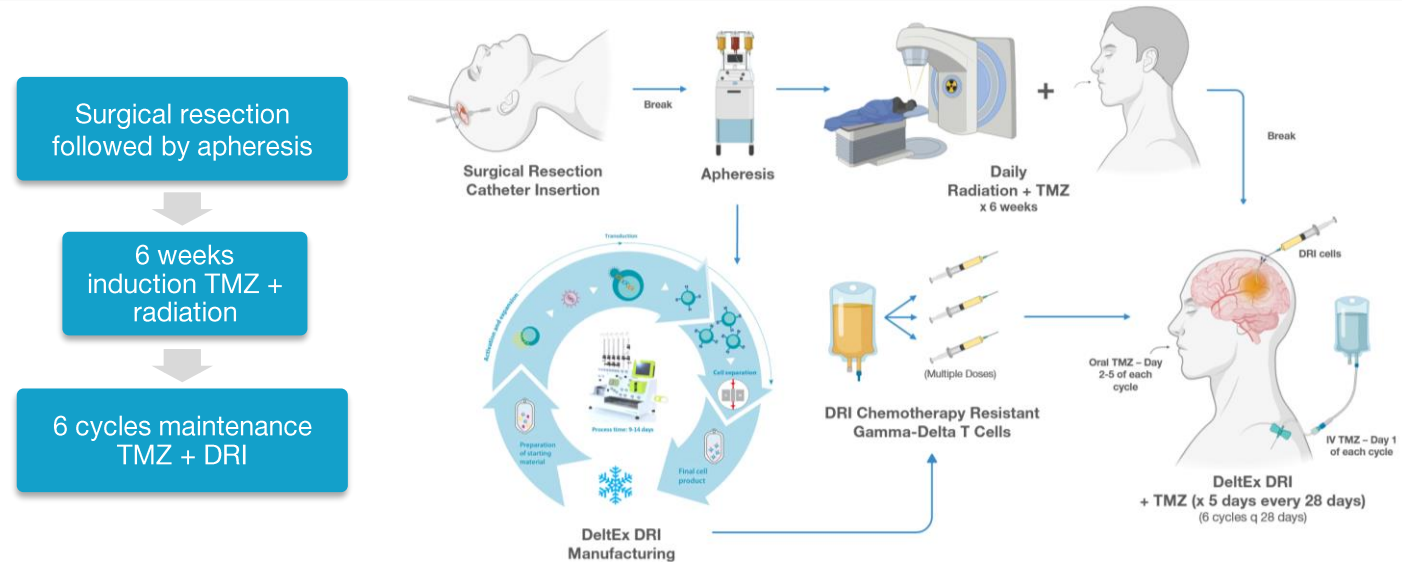
## 🔗 Treatment Arms

DL1: N = 3 (up to 6) patients, single dose of  $1 \times 10^7$  cells on C1D1

DL2: N = 3 (up to 6) patients, three doses of  $1 \times 10^7$  cells, one dose every 28 D1 of C1-C3

DL3: N = 3 (up to 6) patients, six doses of  $1 \times 10^7$  cells, one dose every 28 days on D1 of C1-C6

## 📅 Treatment Regimen & Timing



## 🎯 Primary Endpoints

- Safety
- Maximum tolerated dose (MTD) of DeltEx DRI in two dose frequencies

## 🔍 Secondary Endpoints

- Time to progression
- Overall survival
- Biologic response

# Poor Survival and Standard of Care Hasn't Changed in 18 Years



The NEW ENGLAND  
JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Radiotherapy plus Concomitant and Adjuvant Temozolomide for Glioblastoma

Roger Stupp, M.D., Warren P. Mason, M.D., Martin J. van den Bent, M.D., Michael Weller, M.D., Barbara Fisher, M.D., Martin J.B. Taphoorn, M.D., Karl Belanger, M.D., Alba A. Brandes, M.D., Christine Marosi, M.D., Ulrich Bogdahn, M.D., Jürgen Curschmann, M.D., Robert C. Janzer, M.D., *et al.*, for the European Organisation for Research and Treatment of Cancer Brain Tumor and Radiotherapy Groups and the National Cancer Institute of Canada Clinical Trials Group\*

- N = 573
- Median age 56 (range 19-71)
- PS 2 only 12%
- RT+TMZ median OS 14.6 months
- RT+TMZ median PFS 6.9 months (95% CI 5.8-8.2)
  - MGMT methylated 10.3 months
  - **MGMT unmethylated 5.3 months**

ORIGINAL ARTICLE

## Short-Course Radiation plus Temozolomide in Elderly Patients with Glioblastoma

James R. Perry, M.D., Normand Laperriere, M.D., Christopher J. O'Callaghan, D.V.M., Alba A. Brandes, M.D., Johan Menten, M.D., Claire Phillips, M.B., B.S., Michael Fay, M.B., Ch.B., Ryo Nishikawa, M.D., J. Gregory Cairncross, M.D., Wilson Roa, M.D., David Osoba, M.D., John P. Rossiter, M.B., B.Ch., *et al.*, for the Trial Investigators\*

- N = 562
- Median age 73 (range 65-90)
- PS 1 – 54%; PS 2 – 23%
- RT+TMZ median OS 9.3 months
- RT+TMZ median PFS 5.3 months
  - MGMT methylated 7.9 months
  - **MGMT unmethylated 4.8 months**

# Demographics and Efficacy

Subject	Age / Sex	Cytogenetics	Dose level	Resection	TMZ Maint. Cycles Received	Response	PFS (mos)	OS (mos)
001	68 / M	IDH-WT, MGMT-unmethylated	1	Total	5	SD	8.3	15.6 Died from sepsis
003	74 / F	IDH-WT, MGMT-methylated	1	Total	6	SD	11.9	17.7
004	21 / F	IDH-WT, MGMT-unmethylated	1	Total	3	SD	7.4	9.6
007	74 / M	IDH-WT, MGMT-unmethylated	2	Total	2	Unevaluable	-	5.1 Died w/out progression
009	32 / M	IDH-mutant, MGMT-methylated	2	Total	12	SD	37.9+	Alive
011	56 / F	IDH-WT, MGMT-methylated	2	Total	6	SD	22.2	28.6
014	73 / F	IDH-WT, MGMT-unmethylated	2	Subtotal	6	SD	8.7	8.7 Died w/out progression
015	73 / M	IDH-WT, MGMT-methylated	3	Subtotal	5	SD	7.1	11.8
017	74 / F	IDH-WT, MGMT-methylated	3	Subtotal	3	SD	15.7+	Alive
020	66 / M	IDH-WT, MGMT-methylated	3	Subtotal	6	SD	13.8+	Alive
021	57 / M	IDH-WT, MGMT-unmethylated	3	Total	5	SD	12.3+	Alive
022	53 / M	IDH-WT, MGMT-unmethylated	3	Subtotal	3	SD	9.5+	Alive
023	52 / M	IDH-WT, MGMT-unmethylated	3	Subtotal	1	PD	4.2	5.4

- Median age: 68
- 54% unmethylated
- 23 enrolled, five products unable to be manufactured
- Of 13 treated, 5 remain in follow-up
- 8 deaths:
  - 7 due to PD or disease-related issues
  - Other:
    - Cardiac event (007)



# Patient 009 – Surpassing Expectations for IDH-mut Glioma

The NEW ENGLAND JOURNAL of MEDICINE

## RESEARCH SUMMARY

### Vorasidenib in IDH1- or IDH2-Mutant Low-Grade Glioma

Mellinghoff IK et al. DOI: 10.1056/NEJMoa2304194

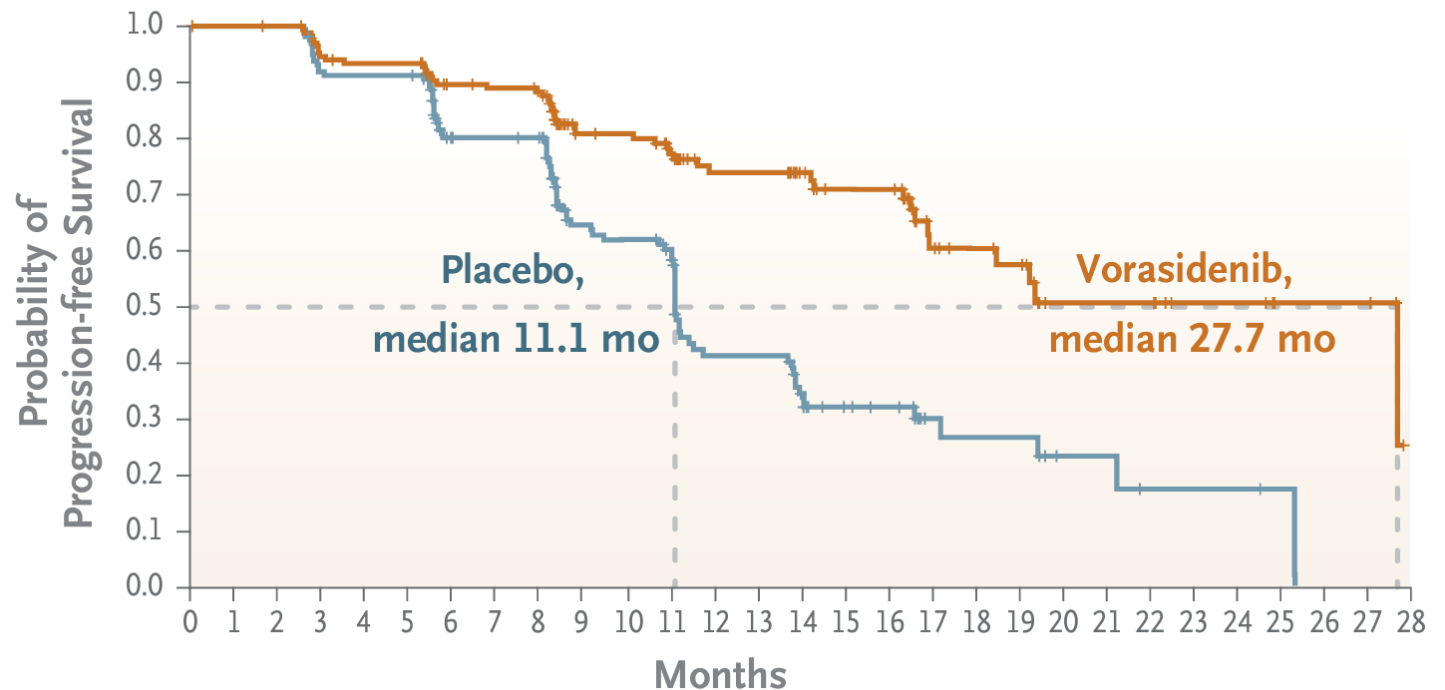
#### CLINICAL TRIAL

**Design:** This phase 3, double-blind, randomized, placebo-controlled trial tested the clinical effects of vorasidenib — an oral brain-penetrant inhibitor of mutant IDH1 and IDH2 enzymes — in patients with residual or recurrent grade 2 IDH-mutant glioma who had undergone surgery as their only previous treatment.

**Intervention:** 331 patients were assigned to receive oral vorasidenib (40 mg once daily) or matched placebo in 28-day cycles. The primary end point was imaging-based progression-free survival.

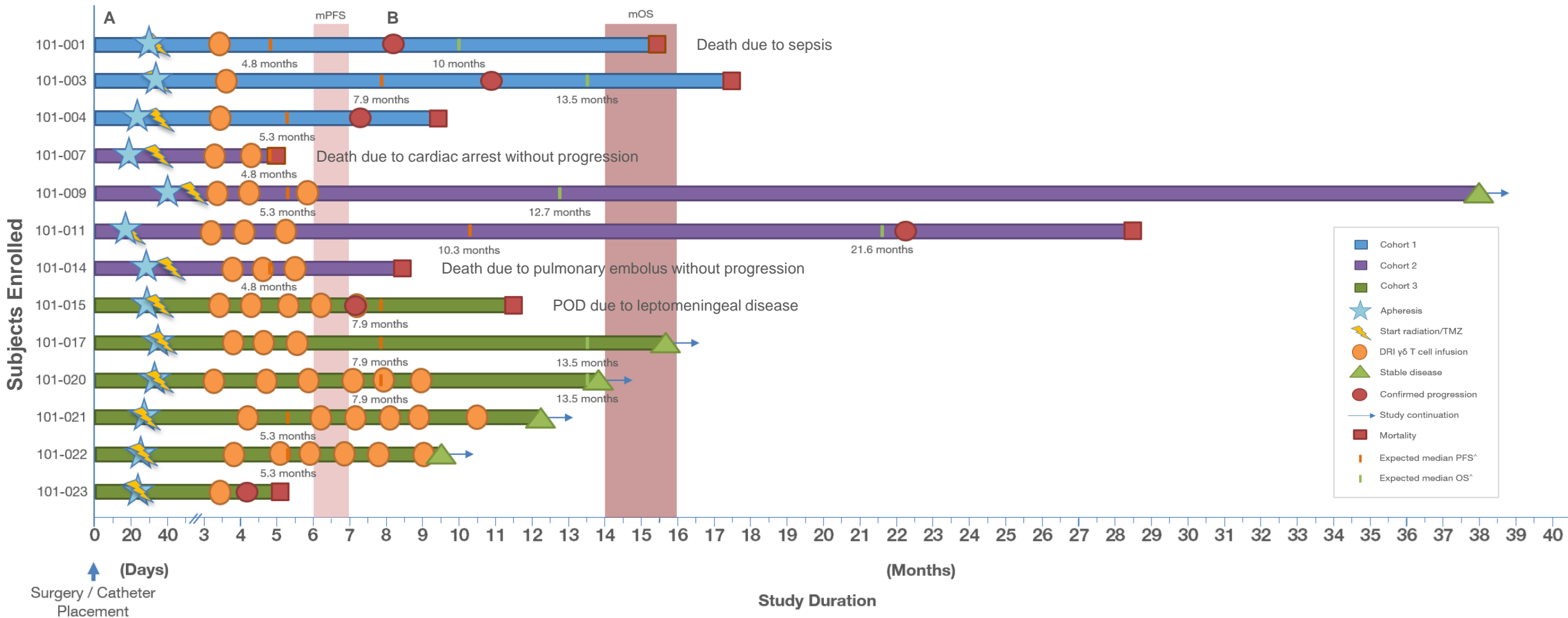
#### Progression-free Survival

HR for disease progression or death, 0.39 (95% CI, 0.27–0.56);  $P < 0.001$



# 92%\* Exceeding Stupp Regimen Median PFS of 7 months

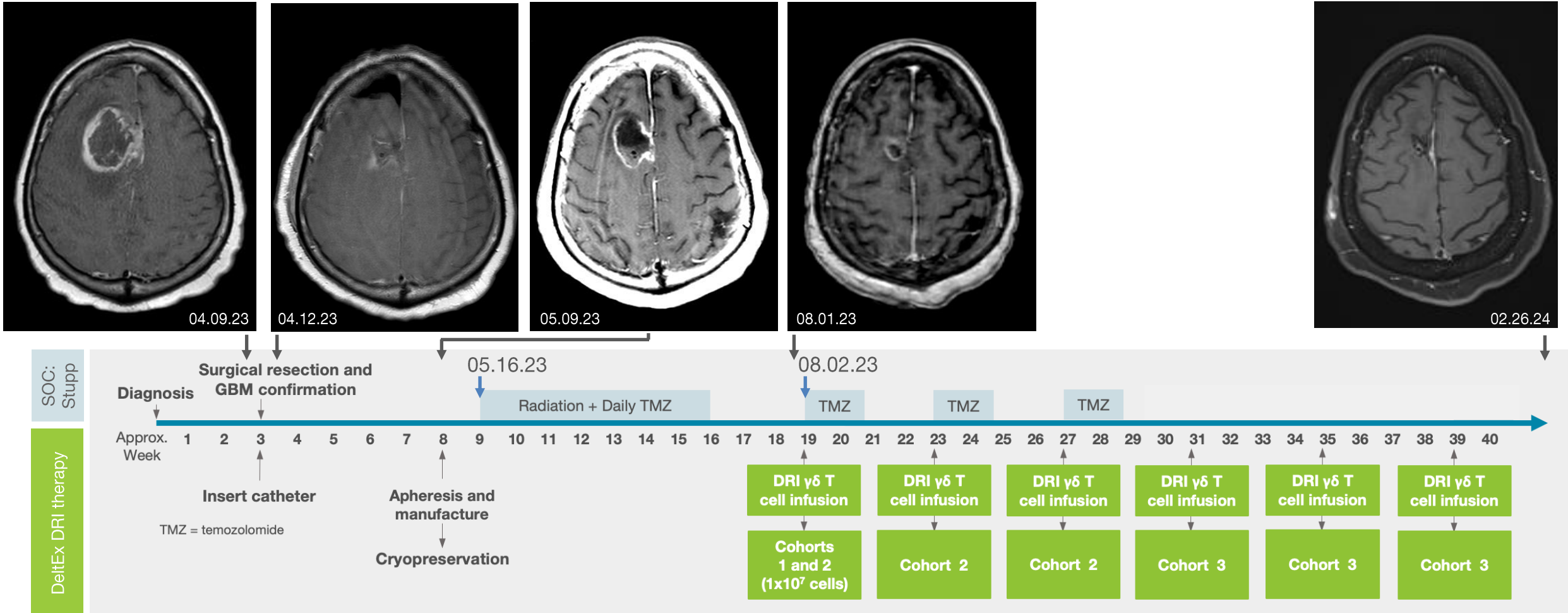
Median Follow-up: 12.3 months



Note: \*Of Evaluable Subjects; POD = progression of disease; As of August 1, 2024; Source: ^NEJM 2005; 352:987-996 & 352:997-1003 DOI: 10.1056/NEJMoa043330, DOI: 10.1056/NEJMoa043331; NEJM 2017; 376:1027-1037 DOI: 10.1056/NEJMoa1611977; X Not yet treated; Early trial results are not indicative of future results, including the outcome of this trial.

# Patient 017 – Female 77y, IDH-wt, MGMT-methylated

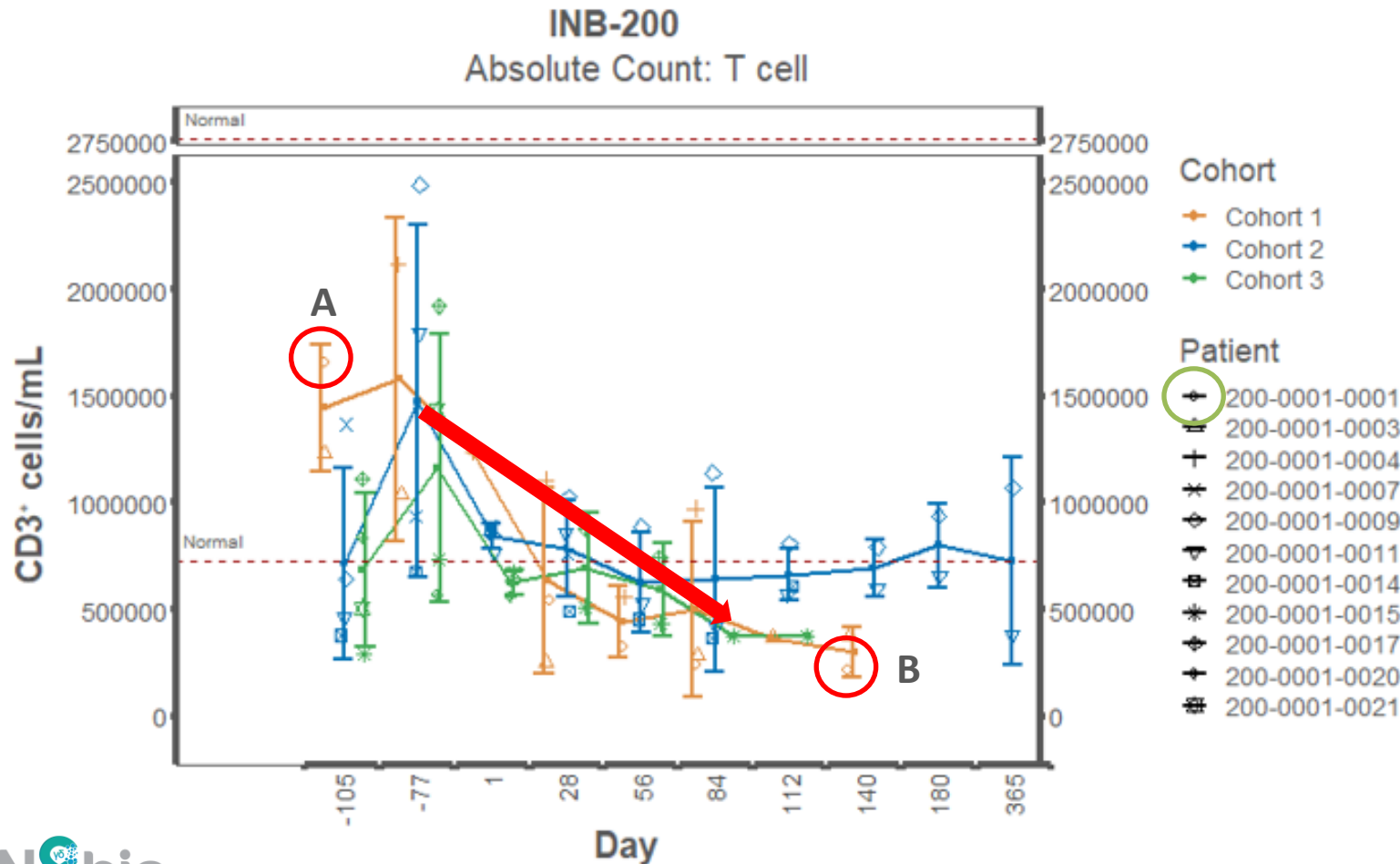
Remains alive and relapse-free at 12.7+ months; “Demonstrated continued slight decrease in size of heterogenous enhancing lesions and decrease in size of nodular enhancing component”



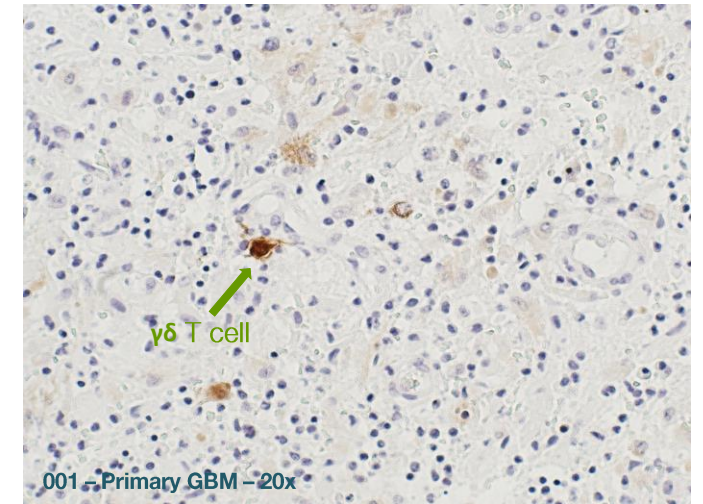
Results from one patient are not indicative of future results including the outcome of this trial  
Source: IN8bio and UAB

# $\gamma\delta$ T Cells are Infiltrating and Persisting in Tumor Tissue

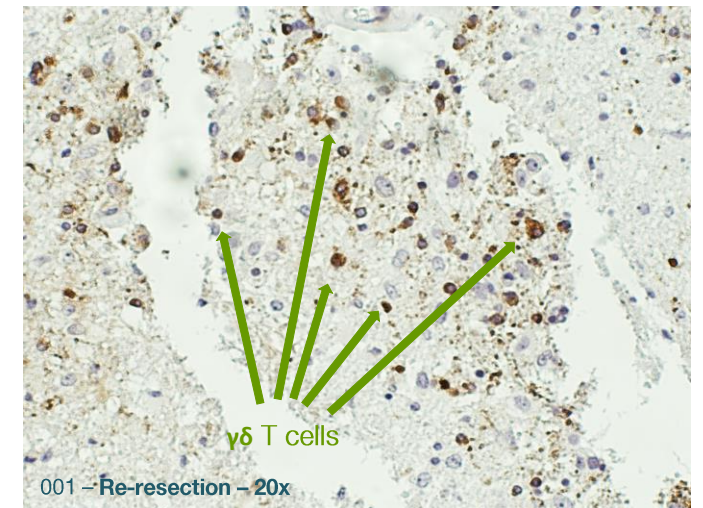
Preserved  $\gamma\delta$  cells in relapsed tumor 148 days post-DRI infusion despite significant peripheral lymphodepletion in patient 001



**Biopsy A: at diagnosis**



**Biopsy B: at relapse, 148 days after single dose**



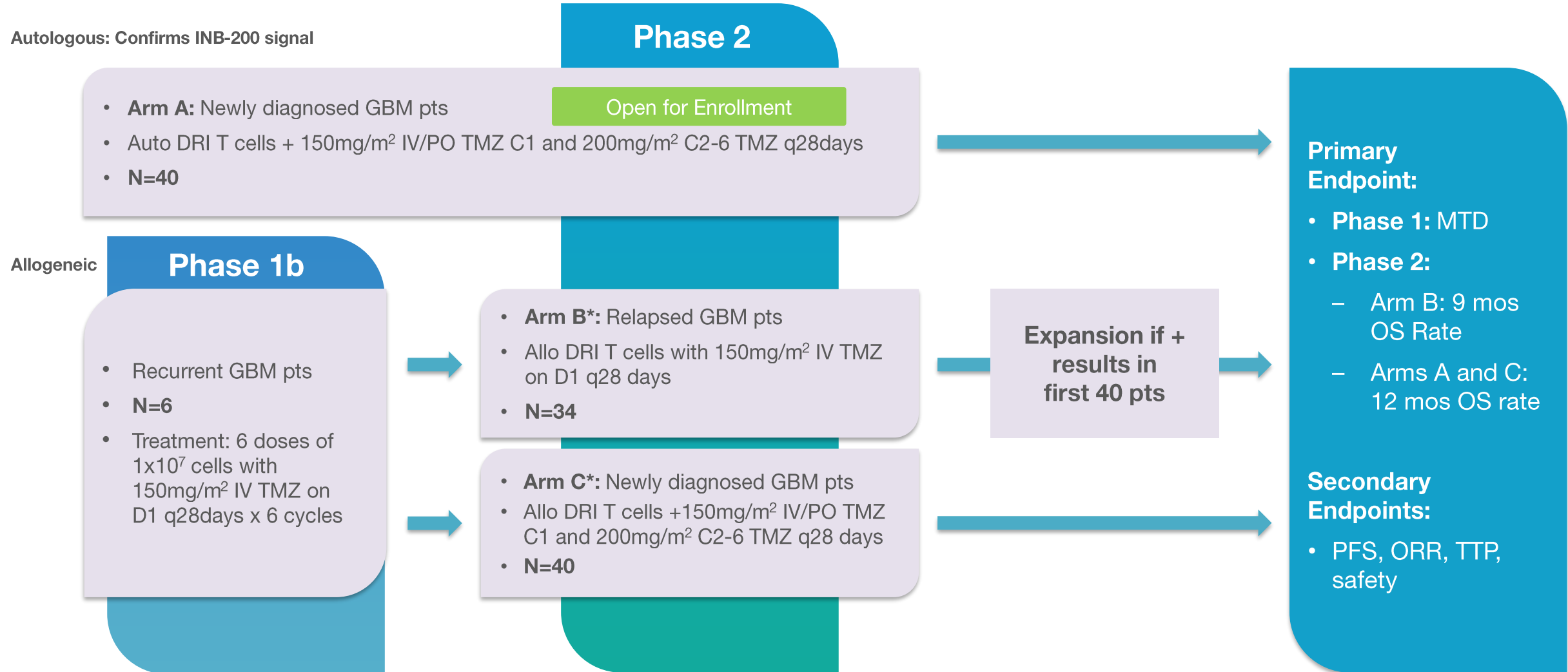
A microscopic view of brain cells, showing a dense cluster of cells in the center and a more sparse cluster on the right. The background is a gradient of blue and green.

# **INB-400**

## **DeltEx DRI for GBM**

**Phase 2 – “Arm A” Enrolling Newly Diagnosed GBM Patients**

# INB-400: Study Design and Treatment Schema



# INB-400: Enrolling Centers - NCT05664243

	Company/Hospital/Institution	City (Investigator)
1	University of Alabama at Birmingham (UAB) - The Kirklin Clinic	Birmingham, AL
2	Cleveland Clinic Foundation	Cleveland, OH
3	H. Lee Moffitt Cancer Center and Research Institute	Tampa, FL
4	OSU Wexner Medical Center -James Cancer Hospital	Columbus, OH
5	UCLA-Neuro-Oncology	Los Angeles, CA
6	UCSD Medical Center	La Jolla, CA
7	University of Louisville Health Care - James Graham Brown Cancer Center	Louisville, KY
8	University of Minnesota	Minneapolis, MN
9	Board of Regents of the University of Wisconsin	Madison, WI
10	Albert Einstein College of Medicine	Bronx, NY
11	Indiana University	Indianapolis, IN
12	Mayo Clinic	Rochester, MN
13	Mayo Jacksonville	Jacksonville, FL
14	Washington University in St. Louis	St. Louis, MO
15	Yale University/Yale New Haven Hospital	New Haven, CT

Currently open and enrolling sites

Site of Principal Investigator

\*UAB is lead center other centers have been identified, screened and in process of site activation

# Corporate



# Deep Experience Across Development and Biotechnology



**William Ho**  
Co-Founder,  
President and Chief  
Executive Officer



**Lawrence  
Lamb, PhD**  
Co-Founder and  
Chief Scientific  
Officer



**Patrick  
McCall, CPA**  
Chief Financial  
Officer



**Trishna  
Goswami, MD**  
Chief Medical Officer



**Kate Rochlin,  
PhD**  
Chief Operating  
Officer



**Glenn Schulman,  
PharmD, MPH**  
Head IR and Corporate  
Communications

## IN8bio's team has deep experience in cell therapy & oncology expertise:

- Diverse leadership team brings decades of extensive background in oncology discovery, business insights, franchise creation, product development, regulatory affairs, and commercialization
- Business development and licensing expertise across biopharmaceutical and biotechnology companies
- Founding of a private healthcare investment fund and management of public investments and cross-over portfolio at leading healthcare venture capital firm, New Leaf Venture Partners
- Specialization in transplantation immunology and recognized innovation in the field of  $\gamma\delta$  T cells
- Leadership of Curadigm's spin-out from Nanobiotix and platform collaborations and partnerships
- Proven and measurable successes in bringing high-profile candidates to market, including Stemline, Immunomedics and Gilead Sciences



# IN8bio Key Advisors

## Board of Directors



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**Bruce Levine, PhD**  
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**Marcela Maus, MD, PhD**  
Mass General  
Hospital



**Bianca Santomaso, MD, PhD**  
MSKCC








# Historical & Anticipated Milestones Across Pipeline<sup>^</sup>

## Balance Sheet









(as of June 30, 2024)

- Cash of ~\$10.2M
    - Provides runway into 1Q25
    - Potential for up to ~\$33M in additional capital at increasing valuations from convertible securities issued in 4Q23
  - \$0 debt
  - \$108.2M accumulated deficit on \$122.0M raised
- 
- Ticker: **INAB**
  - 46.8 million common shares outstanding as of August 1, 2024

### 2023 2H

- INB-100  100% of Patients in Phase 1 leukemia trial in mCR (ASH Dec. 11, 2023)
- INB-200  Additional Phase 1 data (cohorts 2 & 3) in GBM (SNO Nov. 17, 2023)
- INB-300  Positive preclinical data demonstrated proof-of-concept of nsCAR CD33 platform @ R&D Day
- INB-400  Initiation of enrollment of first patient in 2H23
- INB-500  iPSC development update (SITC Nov. 4, 2023)

### 2024 ●

- INB-100  Enroll patients in expansion cohort at DL 2
  -  Report long-term follow-up results at multiple medical meetings in 2024
  -  Potentially submit IND for registrational RCT trial in AML
- INB-200  Completion of Phase 1 enrollment
  -  Long-term follow-up results at multiple medical meetings in 2024
- INB-300  Updated proof-of-concept data on nsCAR platform targeting AML at American Association for Cancer Research (AACR) 2024
- INB-400  Dose first patient in 1H24
  -  Potentially submit IND for Allo Phase 1b in relapsed GBM in 2025

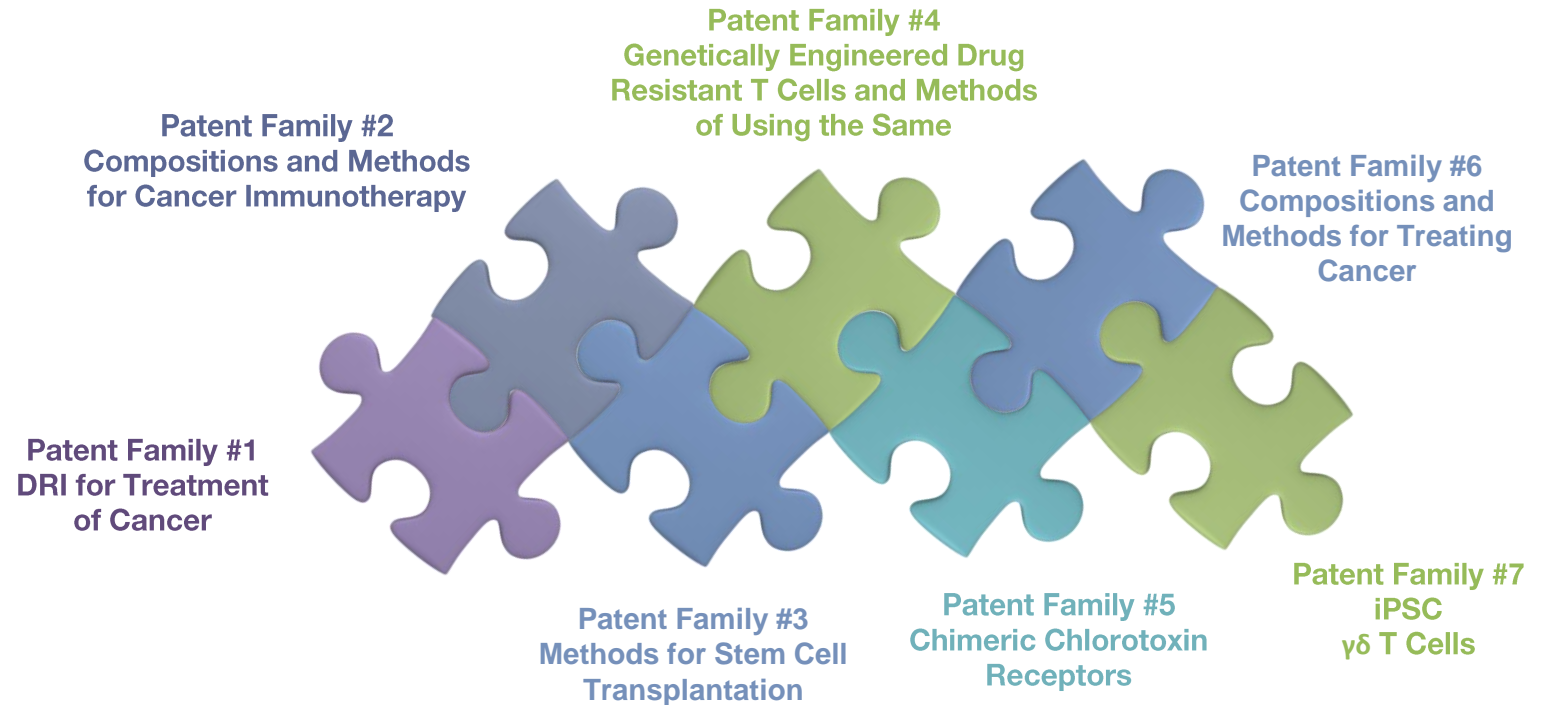


<sup>^</sup>Timing of next anticipated milestones are estimates based on the successful raise of additional capital to fund our programs and subject to change

# A Robust Intellectual Property Portfolio

Coverage inclusive of both issued and allowed (US, EU and worldwide) methods-of-use and composition-of-matter patents

- Data and “Know-How” exclusively licensed from the University of Alabama at Birmingham (UAB), Emory University (Emory) and Children’s Healthcare of Atlanta (CHOA)
  - Includes all in-vivo and in-vitro data and patient data from any clinical trials
  - Manufacturing expertise including GMP expansion and transduction of  $\gamma\delta$  T cells
- Broad strategy for coverage across multiple disease states



# Harnessing the Power of Gamma-Delta ( $\gamma\delta$ ) T Cells...



## Unique Platform

We are using  $\gamma\delta$  T cell therapy in a differentiated way, focusing on synergistic combinations

Approach based on biology unique to  $\gamma\delta$  T cells

Most comprehensive in the industry, with proprietary genetic engineering and cell-type specific manufacturing capabilities

Platform to be applied across multiple indications



## Robust Pipeline

Most advanced and deepest  $\gamma\delta$  T cell pipeline targeting multiple oncologic indications

3 clinical stage candidates

- INB-100 in leukemias
- INB-200 in GBM
- INB-400 in GBM

2 preclinical platforms, with multiple planned INDs over the next few years<sup>^</sup>

- INB-400 – allogeneic in GBM
- INB-100 – Potential registrational trial in leukemia

Multiple clinical milestones in 2024

- INB-100 in leukemias
- INB-200 in GBM



## Strong Expertise

Experts in  $\gamma\delta$  T cell development

Team's acumen and experience have significantly de-risked our CMC processes and procedures

Successfully advanced a novel approach to the use of gamma-delta T cells as part of a synergistic immunotherapy approach

Recognized leaders with seminal contributions to the development and manufacturing of  $\gamma\delta$  T cells

Seasoned management team with strong drug development expertise



## Market Leader

First to bring genetically modified  $\gamma\delta$  T cells into the clinic

First to bring allogeneic  $\gamma\delta$  T cells into the clinic through the FDA

Pursuing rigorous science to achieve better patient outcomes

Standing up for patients with limited to no treatment options

Working to achieve our mission of "Cancer Zero™" the complete removal of cancer cells in patients

# IN8bio Harnessing the Power of $\gamma\delta$ T Cells



- Utilizing innovative approaches to efficiently advance our programs
- Demonstrating the ability to execute and to build our business methodically and intentionally
- Pursuing rigorous science to achieve better patient outcomes
- Completed enrollment in INB-100 and INB-200 Phase 1 trials
- Actively enrolling patients in INB-400 Phase 2 trial
- Near-term value creating milestones with presentations and clinical data updates at medical meetings throughout 2024

# The Unmet Need in Oncology Trials is Significant

*“When I was first diagnosed with AML, we (my wife and I) were updating the will and planning for the worst. Dr. McGuirk and his team discussed the gamma-delta clinical trial and asked if I wanted to participate. I was hoping for a cure, but I figured if I were not to make it, others might learn something from my participation in the trial. We were resigned for the worst but Dr. McGuirk and this trial gave us hope. Today we are living a pretty normal life with people in our community, the church and family. They prayed for us and for a successful treatment. Right now I am feeling good and we are so thankful.” – INB-100 patient*

Join Us on Our Mission to Achieve...

# Cancer Zero™

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