IN8bio

Harnessing the Power of Gamma-Delta T Cells

November 14, 2026

SNO
Society for NeuroOncology



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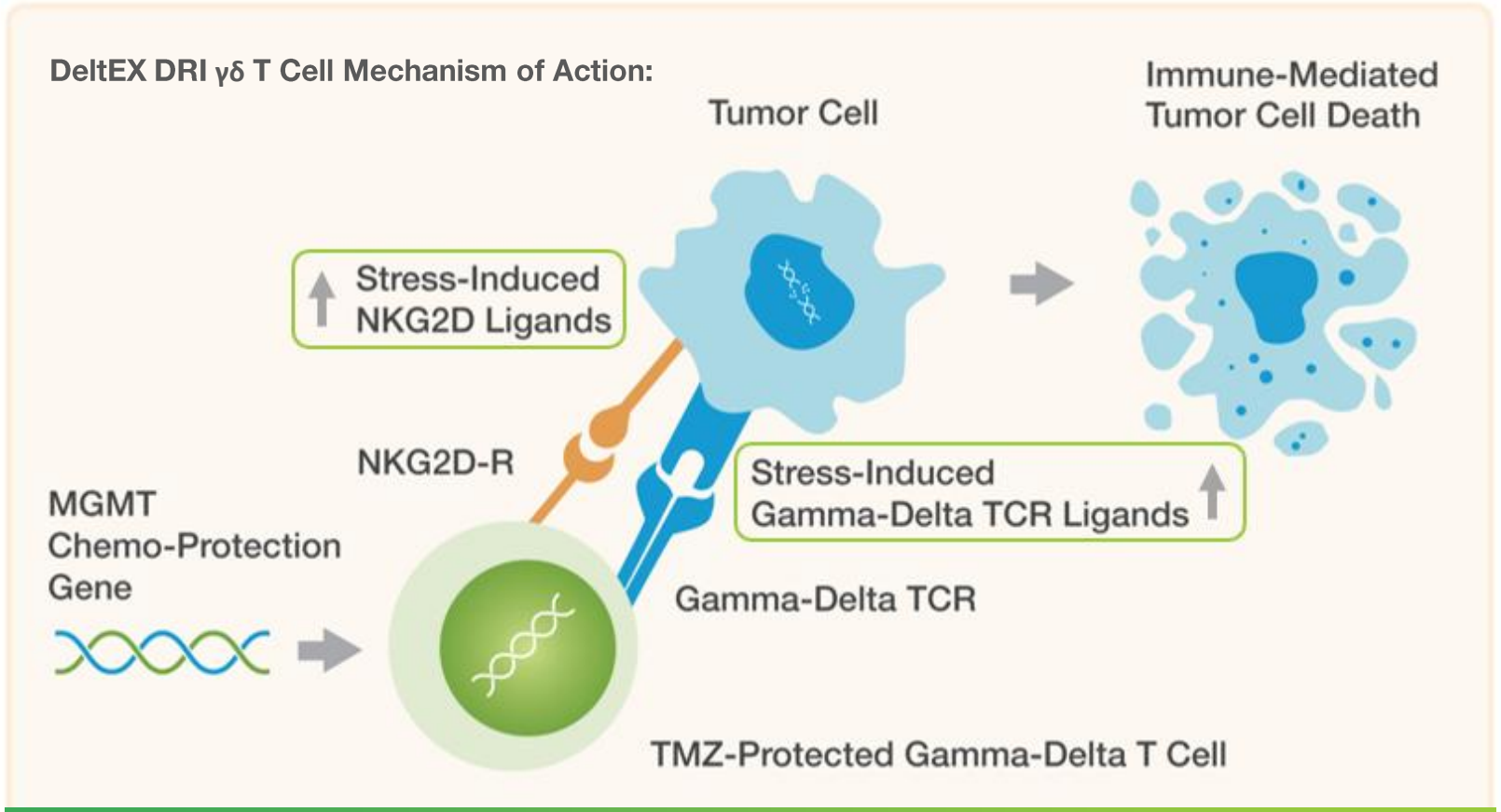
Disclosures

William Ho

- IN8bio, Inc. employment and equity options

γδ T Cells Find and Kill Tumors That Hide from Everything Else

Chemotherapy stresses tumor cells; γδ T cells recognize that stress signal and attack



Chemo damages tumor DNA → Tumor displays stress signals → γδ T cell recognizes and kills it

Source: IN8bio, Lamb et al. Plos One, (2013) Vol 8., Issue 1, Held-Feindt et al. Histochemistry and Cell Biology, (2018) 149: 2019-233; https://doi.org/10.1007/s00418-018-1633-5

Phase 1/2 Trial: Do Repeat Doses Drive Deeper Response?

Treatment Arms

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

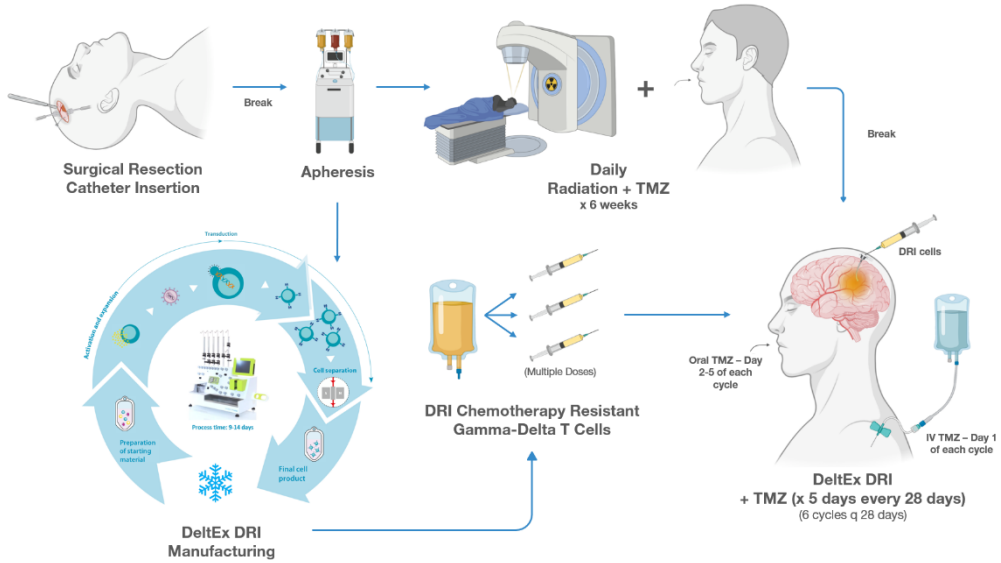
DL1: N = 3 (up to 6) patients, single dose of 1 x 10^7 cells on C1D1
DL2: N = 3 (up to 6) patients, three doses of 1 x 10^7 cells, one dose every 28 D1 of C1-C3
DL3: N = 3 (up to 6) patients, six doses of 1 x 10^7 cells, one dose every 28 days on D1 of C1-C6

Treatment Regimen & Timing

Surgical resection followed by apheresis

6 weeks induction TMZ + radiation

6 cycles maintenance TMZ + DRI



Primary Endpoints

- Safety + Maximum Tolerated Dose

Secondary Endpoints

- Time to progression
- Overall survival
- Biologic response

Site

O'NEAL COMPREHENSIVE CANCER CENTER
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

UAB HEERSINK SCHOOL OF MEDICINE

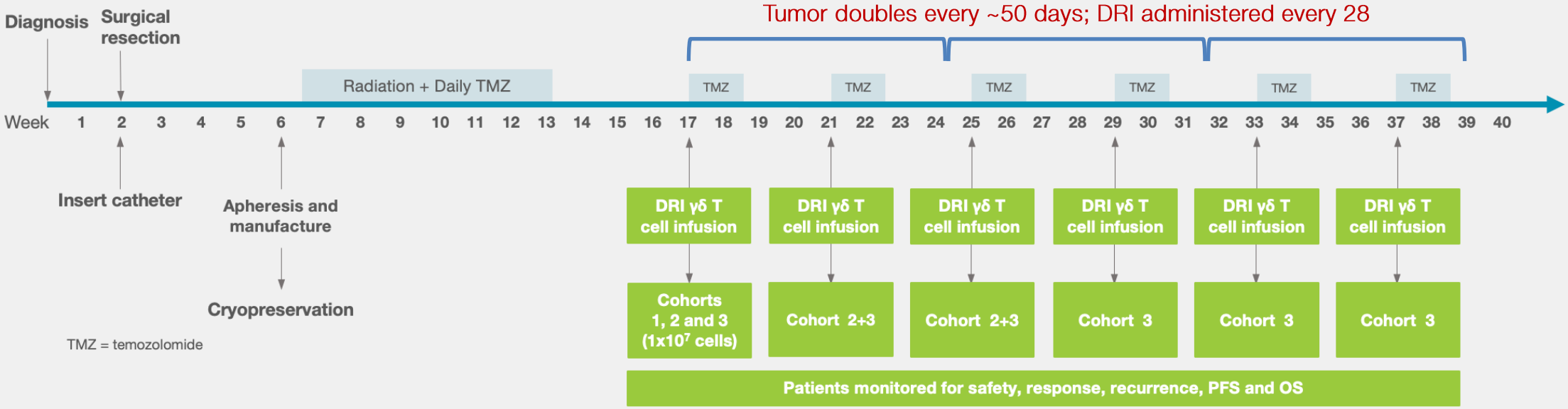
Source: IN8bio, image created with biorender.com

Repeated Doses to Intercept Residual Cells Every 28 Days

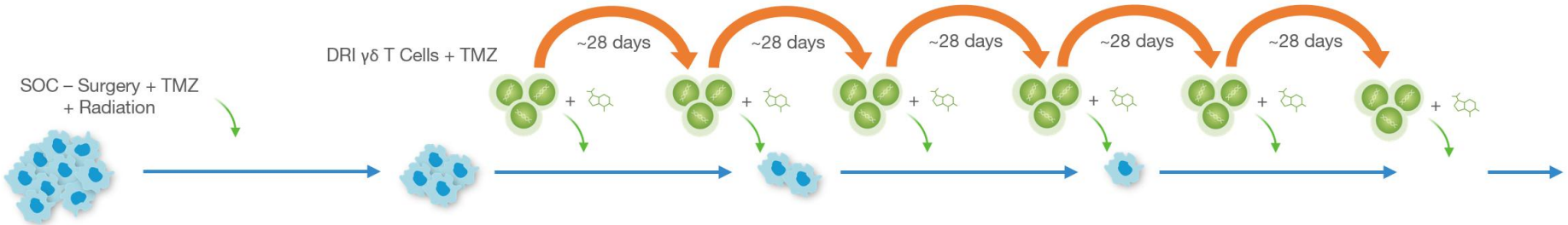
Timed to outpace tumor regrowth, each infusion catches residual cells as they multiply to maintain remission

SOC: Stupp Regimen

IN8bio: DeltEx DRI Therapy



TMZ + adjuvant DRI γδ T cells multiple repeat doses



Source: IN8bio; assumptions: GBM doubling time ~50days (Berntsen et al. Neuro-Oncology, 2015), DRI kills ~50% of cells that are resistant to TMZ therapy

Four Prestigious Cancer Centers…One Consistent Finding

Consistent treatment activity and no major toxicity signals across all sites and treatment arms







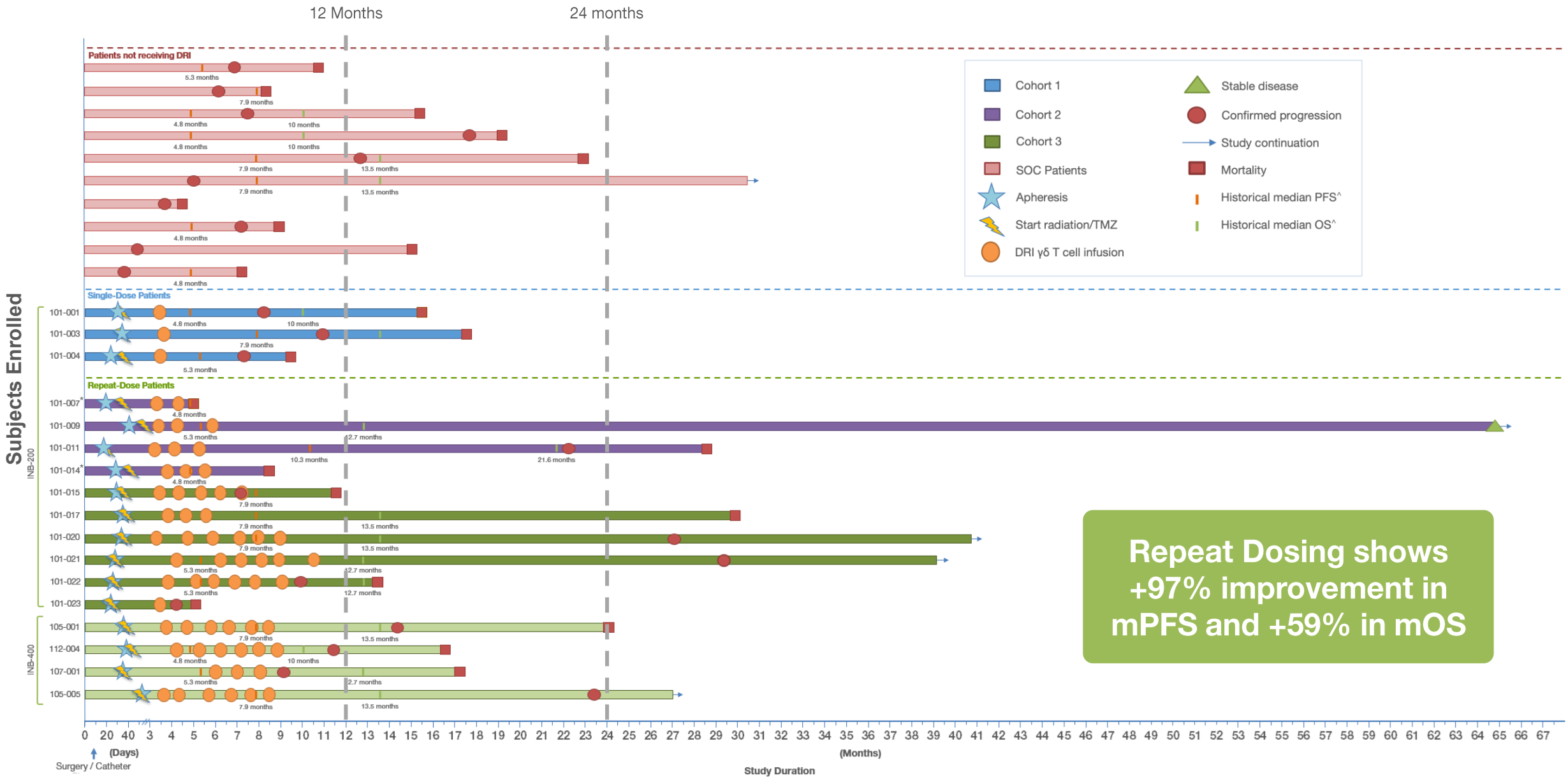


- INB-200 (Phase 1, UAB) and INB-400 (Phase 2, three sites) treated 17 patients combined
- No major toxicity or significant adverse events across any site or treatment arm
- Enrollment suspended in 2024 — no safety or efficacy concerns; data collection on enrolled patients continues

Patient Demographics Comparable Across Cohorts

SOC control group had 80% total resections vs. 43% for DRI patients, a disadvantage for the treatment arm

Treatment Arm	N	Methylation Status	Resection Type		Median Age	Gender
			Subtotal	Total		
Control (SOC) Patients	10	60% Unmethylated	20%	80%	67	60% Male
INB-200 DL1 Patients	3	66% Unmethylated	0%	100%	69	33% Male
INB-200 Repeat Dose Patients	10	50% Unmethylated	60%	40%	62	70% Male
INB-400 Repeat Dose Patients	4	50% Unmethylated	50%	50%	66	0% Male
All Repeat Dose Patients	14	50% Unmethylated	57%	43%	64	50% Male



Repeat Dosing shows +97% improvement in mPFS and +59% in mOS

Note: As of October 30, 2026; *Pts 007 and 014 passed of CV events without progression, patients without progression and who remain alive are not censored in this analysis; Early trial results are not indicative of future results, including the outcome of this trial.

PFS and OS Demonstrate a Strong Treatment Effect

Repeat dosing of DRI γδ T cells consistently resulting in better outcomes despite fewer Total resections

Treatment Arm	Median PFS (m)	Median OS (m)	Patients Alive at Two Years (%)
Historical NEJM Data	6.9	14.6	26.5%
Control (SOC) Patients	6.6	13.2	(1/10) 10%
INB-200 DL1 Patients	8.0	15.7	(0/3) 0%
INB-200 Repeat Dose Patients	16.1	21.1	(5/10)* 50%
INB-400 Repeat Dose Patients	13.0	20.9	(2/4) 50%
All Repeat Dose Patients	13.0	20.9	(7/14) 50%

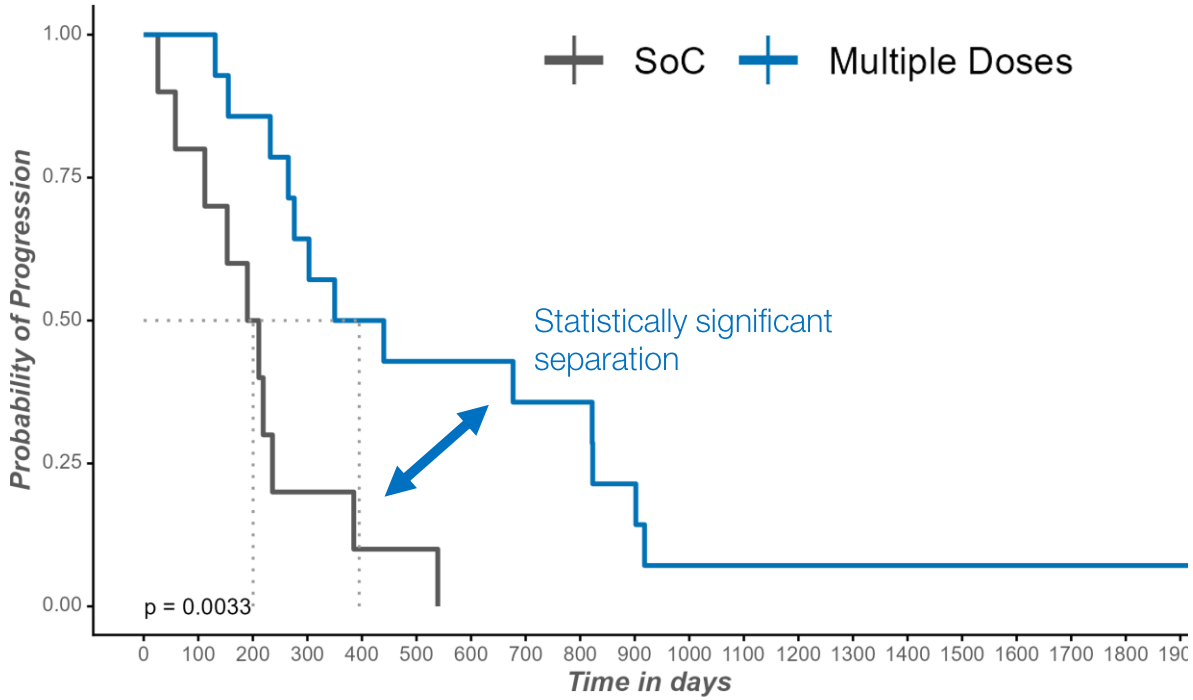
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DRI Patients Live Significantly Longer Without Progression

PFS separation is statistically significant

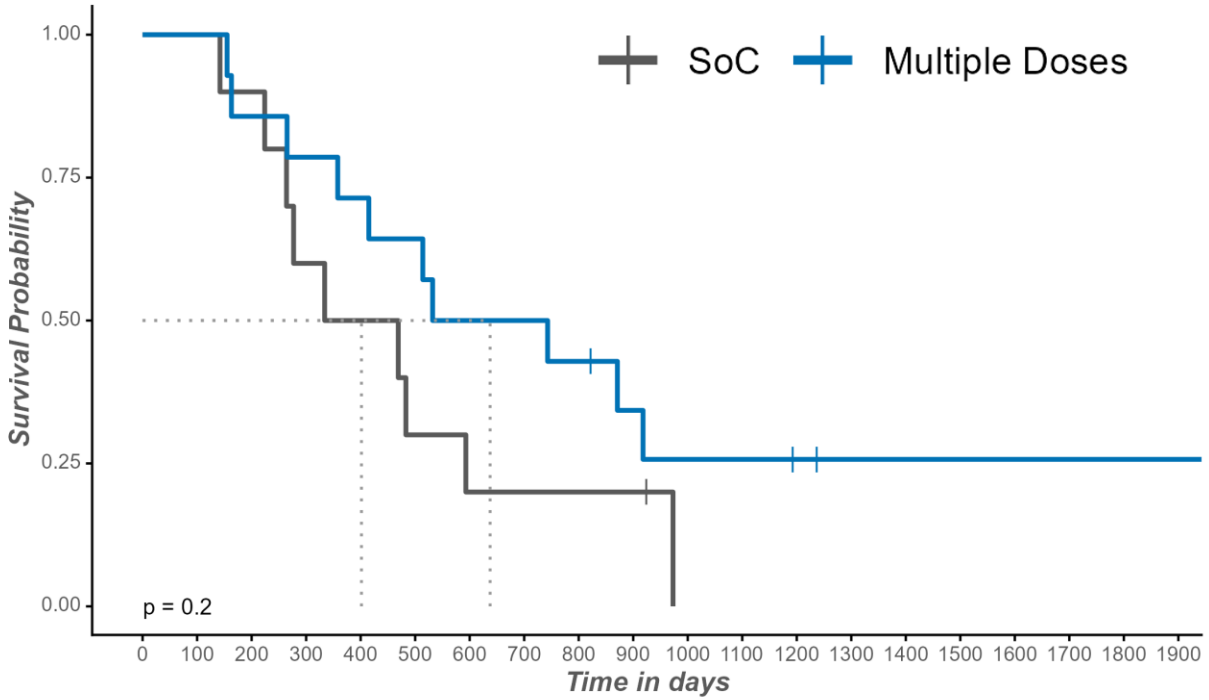
DeltEx DRI intervention; GBM Progression-free analysis

Kaplan-Meier Estimates



DeltEx DRI Intervention: GBM Survival Analysis

Kaplan–Meier Estimates



Note: As of October 30, 2026; Data censored for patients who have no progression and/or remain alive or lost to follow-up (LTFU, control group only); Early trial results are not indicative of future results, including the outcome of this trial.

Conclusions and Future Directions

Outpatient treatment of newly diagnosed glioblastoma patients using an MGMT gene-modified γδ T cell therapy is feasible with a Rickham catheter placed for long-term longitudinal use

- **Safety:** No treatment-related serious adverse events (SAE's), with no observed CRS, ICANs or neurotoxicity and no treatment related deaths
- **Cell Infiltration:** Paired biopsies from multiple treated vs. untreated subjects confirm significant infiltration of γδ T cells, as well as CD3+ and CD8+ T cells
- **Activity and Efficacy:** There is a discernible dose-response towards longer PFS and OS as patients transition from single to multiple dose cohorts
- **Current Trial Predicament:** INB-400 Phase 2 trial (NCT05664243) was suspended due to lack of funding sources

Acknowledgements

- All patients and their families!
- UAB Department of Neurosurgery
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  - Cell Therapy Laboratory at UAB
- The Ohio State University Wexner Medical Center
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- Cleveland Clinic
- The IN8bio, Inc Team







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