ImmunityBio

NASDAQ: IBRX

Overview Presentation

June 2022

Forward-Looking Statements

This presentation and the accompanying verbal remarks contain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Statements that are not statements of historical fact are considered forward-looking statements, which are usually identified by the use of words such as “anticipates,” “believes,” “continues,” “goal,” “could,” “estimates,” “expects,” “intends,” “may,” “plans,” “potential,” “predicts,” “indicate,” “projects,” “seeks,” “should,” “will,” and variations of such words or similar expressions. Statements of past performance, efforts, or results of our preclinical and clinical trials, about which inferences or assumptions may be made, can also be forward-looking statements and are not indicative of future performance or results. Forward-looking statements are neither forecasts, promises nor guarantees, and are based on the current beliefs of ImmunityBio’s management as well as assumptions made by and information currently available to ImmunityBio. Such information may be limited or incomplete, and ImmunityBio’s statements should not be read to indicate that it has conducted a thorough inquiry into, or review of, all potentially available relevant information. Such statements reflect the current views of ImmunityBio with respect to future events and are subject to known and unknown risks, including business, regulatory, economic and competitive risks, uncertainties, contingencies and assumptions about ImmunityBio, including, without limitation, (i) whether the FDA will file and/or approve ImmunityBio’s recently submitted BLA and the risks and uncertainties associated with the regulatory approval process, (ii) the ability of ImmunityBio to continue its planned preclinical and clinical development of its development programs, and the timing and success of any such continued preclinical and clinical development and planned regulatory submissions, (iii) ImmunityBio’s ability to retain and hire key personnel, (iv) ImmunityBio’s ability to obtain additional financing to fund its operations and complete the development and commercialization of its various product candidates, (v) ImmunityBio’s ability to successfully commercialize its product candidates and uncertainties around regulatory reviews and approvals, (vi) ImmunityBio’s ability to scale its manufacturing and commercial supply operations for its product candidates and future approved products, (vii) ImmunityBio’s ability to obtain, maintain, protect and enforce patent protection and other proprietary rights for its product candidates and technologies, and (viii) the unknown future impact of the COVID-19 pandemic on certain clinical trials or their milestones and/or ImmunityBio’s business operations or operating expenses. More details about these and other risks that may impact ImmunityBio’s business are described under the heading “Risk Factors” in the Company’s Form 10-K filed with the U.S. Securities and Exchange Commission (“SEC”) on March 1, 2022 and the Company’s Form 10-Q filed with the SEC on May 10, 2022, and in subsequent filings made by ImmunityBio with the SEC, which are available on the SEC’s website at www.sec.gov. ImmunityBio cautions you not to place undue reliance on any forward-looking statements, which speak only as of the date hereof. ImmunityBio does not undertake any duty to update any forward-looking statement or other information.

MISSION:

Innate and Adaptive Immune Memory

Goal: Durable Complete Remission & Prevention of Cancer and Infectious Diseases
Induce Memory NK, T & B Cells

PLATFORMS:

NK, T and B Cells Activators

DAMP Inducers	DNA Vaccine	RNA Vaccine	Recombinant & Cytokines	Toll Receptor Activators	NK Cell Therapy
• Albumin Bound Chemo Modulators • Tumor Associated Antigen Regulators	• hAd5 Adenovirus • EDV Nabisome*	• Self Amplifying RNA (saRNA)	• NK & T Cell Activators • Subunit Protein Antigens	• TLR 4, 7, 8, 9	• NK-92 • Memory Cytokine NK • MSC

PRODUCT CANDIDATES:

Clinical Development From Each Platform

DAMP Inducers	DNA Vaccine	RNA Vaccine	Recombinant & Cytokine	Toll Receptor Activators	NK Cell Therapy
• Aldoxorubicin • Nanatinostat	• hAd5 MUC1 / Brachyury / CEA • hAd5 PSA • hAd5 E6 / E7 (HPV) • hAd5 Spike + Nucleocapsid • EDV EGFR* • EDV Spike*	• saRNA S • saRNA S+N	• N-803 (Anktiva), IL-15 Fusion Protein • Yeast Produced Recombinant RBD	• 3M-052 • GLA • SLA • Squalene	• haNK • PD-L1 t-haNK • CD19 t-haNK • HER2 t-haNK • m-ceNK

*Licensed through a binding term sheet. Definitive agreements pending

CLINICAL INDICATIONS:

Selected Clinical Trials Under Development Per Product

• Bladder Cancer (NMIBC)	**N-803 + BCG** Submitted BLA in May 23, 2022
• Pancreatic Cancer	**N-803 + PD-L1 t-haNK + Aldoxorubicin**
• Lung Cancer	**N-803**
• Glioblastoma	**N-803 + PD-L1 t-haNK + Aldoxorubicin**
• COVID-19 Vaccine	**hAd5 S+N, saRNA S, saRNA S+N, EDV Spike**
• HIV Therapy	**N-803**

Select Active Clinical Trials in Oncology

June 2022

Solid Tumors	Phase	Target Indication	Preclinical	Phase I	Phase II	Phase III	
Bladder	2	BCG Unresponsive NMIBC CIS (Cohort A) QUILT 3.032 **BLA Submitted May 23, 2022**	Single Arm, NMIBC - ***Breakthrough & Fast Track***				NCT03022825
	2	BCG Unresponsive NMIBC Papillary (Cohort B) QUILT 3.032	Single Arm, NMIBC - ***Fast Track***				NCT03022825
	3	BCG Naïve – QUILT 2.005	Randomized, Phase 3, NMIBC				NCT02138734
Lung	3	2L Non-Small Cell Lung Cancer (NSCLC) Checkpoint Relapsed and Refractory, LungMAP – S1800D (SWOG)	Randomized Phase 3, 2L Lung				NCT05096663
	3	1L Squamous & Non-Squamous Non-Small Cell Lung Cancer Checkpoint Alone QUILT-2.023	Randomized Phase 3, 1L Lung Chemo / Chemo Free				NCT03520686
	2	2L / 3L Non Small Cell Lung Cancer (NSCLC) Basket Trial Checkpoint Relapsed and Refractory QUILT-3.055	Multi-Arm, Phase 2, 2L & 3L				NCT03228667
Pancreatic	2	3L Metastatic Pancreatic Cancer QUILT-88 (Cohort C)	Single Arm, Phase 2 Pancreas				NCT04390399
	2	2L Metastatic Pancreatic Cancer QUILT-88 (Cohort B)	Randomized, Phase 2, 2L Pancreas				NCT04390399
	2 / 3	1L Metastatic Pancreatic Cancer QUILT-88 (Cohort A)	Randomized, Phase 2 / 3, 1L Pancreas				NCT04390399
Glioblastoma	1 / 2	Recurrent Glioblastoma	Randomized, Planned Phase 1/2, Glioblastoma				Pending
HPV	1	Human Papilloma Virus (HPV) – Anal, Cervical, Head & Neck	Single Arm, Planned Phase 1/2				Pending
Solid Tumors	1	Advanced Solid Tumors, M-ceNK – QUILT-3.076	Single Arm, Phase 1				NCT04898543

NMIBC – Non-Muscle Invasive Bladder Cancer, **NCI** – National Cancer Institute, **QUILT** – QUantitative Integrated Lifelong Trial, **SWOG** - Southwest Oncology Group, **M-ceNK** – Memory-Like Cytokine Enhanced Natural Killer

Select Clinical Trials in Infectious Diseases

June 2022

Infectious	Phase	Target Indication	Preclinical	Phase I	Phase II	Phase III	
HIV	1	ACTG / NIAID: HIV Broadly Neutralizing Antibodies	Single Arm, Phase 1, HIV				NCT04340596
	2	Thai Red Cross & Walter Reed Army Institute of Research Reducing HIV Persistence by IL-15	Randomized, Phase 2, HIV				NCT04505501
	1	National Institute of Allergy and Infectious Diseases (NIAID) / University of Minnesota Effect of N-803 on B Cell Follicles in Antiretroviral Treated HIV Disease	Single Arm, Phase 1, HIV				NCT04808908
COVID-19	1	**Homologous:** hAd5 S + N Platform, Prime & Boost in USA COVID-4.001 Cohort 1 & 2 (Subcutaneous: SC)	Single Arm, Phase 1				NCT04591717
	1	**Homologous:** hAd5 S + N Platform, Prime & Boost in USA COVID-4.005 Cohort 1 & 2 (SC + Oral)	Single Arm, Phase 1				NCT04732468
	1	**Homologous:** 'The ProVIVA-SA1' Trial in South Africa COVID-4.007 hAd5 S + N Platform, Prime & Boost (Cohort 1, 2, 3 & 6)	Single Arm, Phase 1				NCT04710303
	1 / 2 / 3	**Heterologous Mix & Match:** 'SISONKE Universal Boost T Cell Trial' in COVID-4.010 South Africa Ad26 (Prime) + hAd5 S+N (Boost)	Multi-Arm Randomized Study, Phase 1, 2, 3				
	1 / 2	**Boost:** Self Amplifying RNA (saRNA) Nanostructured Lipid Carrier (NLC) COVID-4.015 THEMBA 2 South Africa, saRNA Alone (Enrolling) COVID-4.016 THEMBA 3 United States (Hoag), saRNA Alone (Pending)	Single Arm, Phase 1				
	1 / 2 / 3	**Boost:** PULA Trial in Botswana (Pending) COVID-4.014 RBD Subunit Protein + 3M-052-Alum	Single Arm, Phase 1				

hAd5 – Human Adenovirus 5, **saRNA** – Self Amplifying RNA, **SC** – Subcutaneous, **RBD** – Receptor Binding Domain

ImmunityBio: A Leading Immunotherapy Company

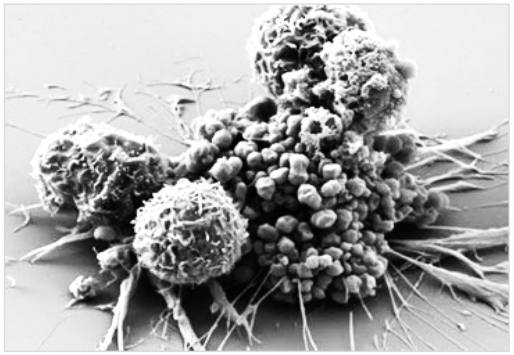
June 2022

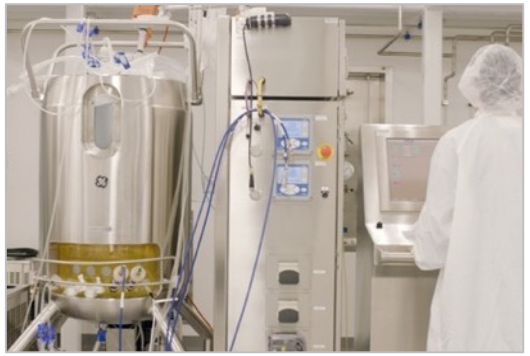
ImmunityBio

NASDAQ: IBRX

>5 Trillion

Over 5 Trillion Natural Killer (NK) Cells Manufactured to Date





6

Immune Enhancing Platforms

DAMP Inducers	DNA Vaccine	RNA Vaccine	Recombinant & Cytokines	Toll Receptor Activators	NK Cell Therapy
• Aldoxorubicin	• hAd5 Adenovirus • EDV Nabisome*	• Self-Amplifying RNA (saRNA)	• NK & T Cell Activators • Subunit Protein Antigens	• TLR 4, 7, 8, 9	• NK-92 • Memory-Like Cytokine NK

2038+

Worldwide Patents Extending to 2035 and Beyond

>700,000

Square Feet of Manufacturing R&D, Office and Corporate Facilities

1,800+

Patients Studied

*Licensed through a binding term sheet. Definitive agreements pending

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells

- IL-15 Fusion Proteins
  Anktiva

Natural Killer Cells

- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

Memory B & T Cells

- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late-Stage U.S. Clinical Trial Updates:

- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells

- IL-15 Fusion Proteins
  Anktiva

Natural Killer Cells

- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

Memory B & T Cells

- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

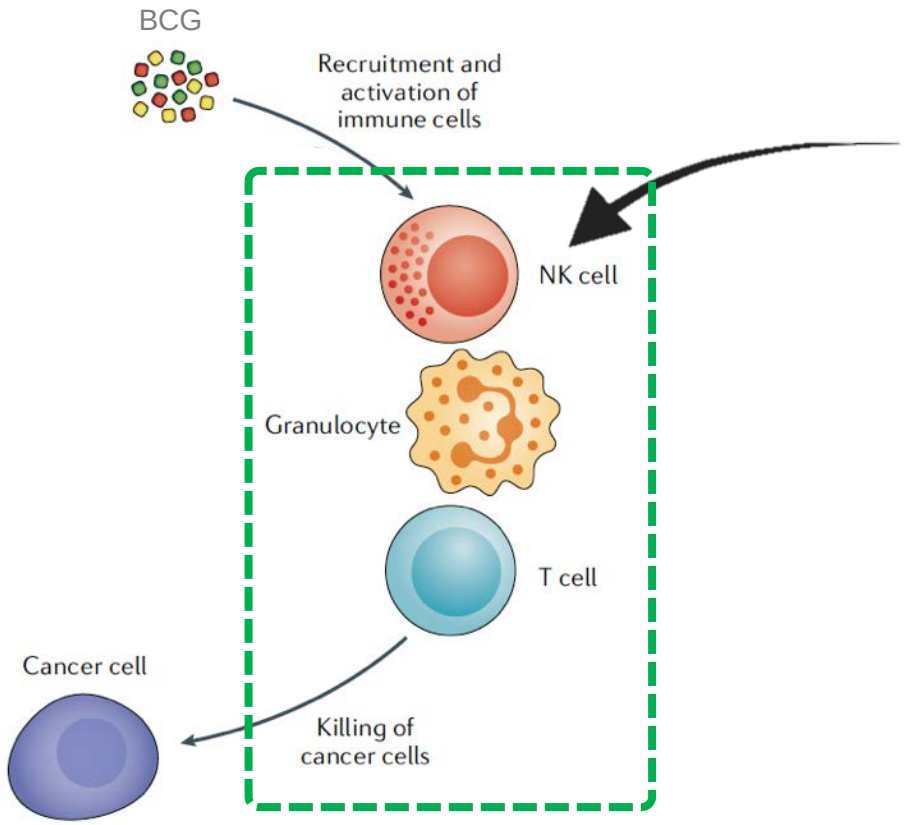
Late-Stage U.S. Clinical Trial Updates:

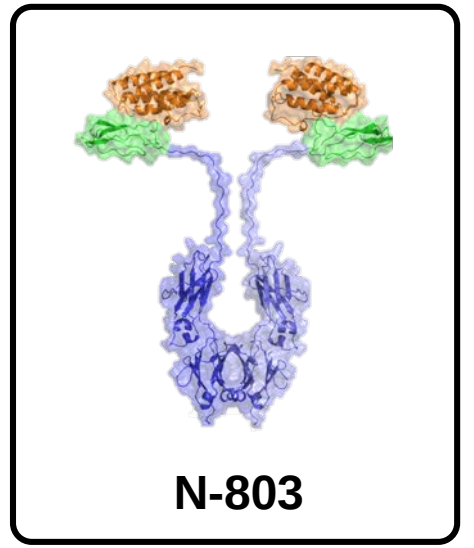
- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

N-803, an IL-15 Superagonist, Proliferates and Activates NK & T Cells, Providing the Secondary Stimulus (The Boost) to Trained Innate Immune Memory of BCG (The Prime)

*"Trained immunity or innate immune memory enables innate immune cells to mount a more robust response **to secondary non-related stimuli [N-803, the boost]** after being initially primed (or trained) by a challenge such as BCG."*

Jelmer H. van Puffelen et al. Nature Reviews 2020



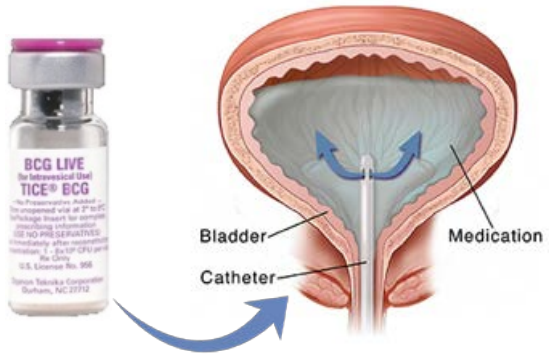


N-803 Proliferates NK & T Cells thereby boosting Immune Memory

QUILT-3.032: NMIBC Trial Rationale

N-803 Synergistic with BCG: Enhances Proliferation of NK and T Cells

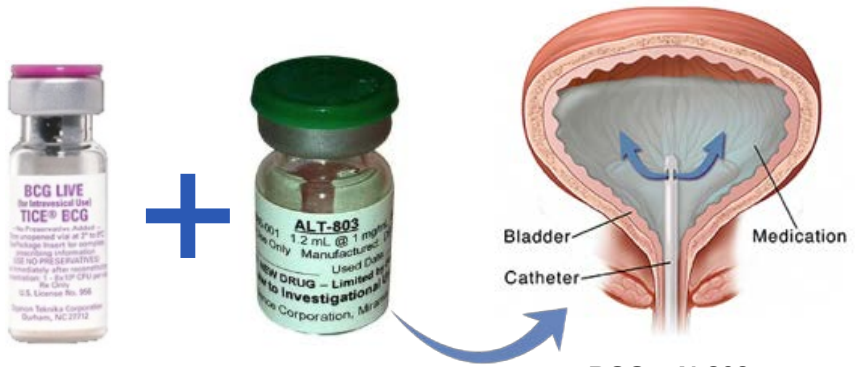
Prime: BCG Activates Natural Killer Cells



BCG

BCG Administered Intravesically

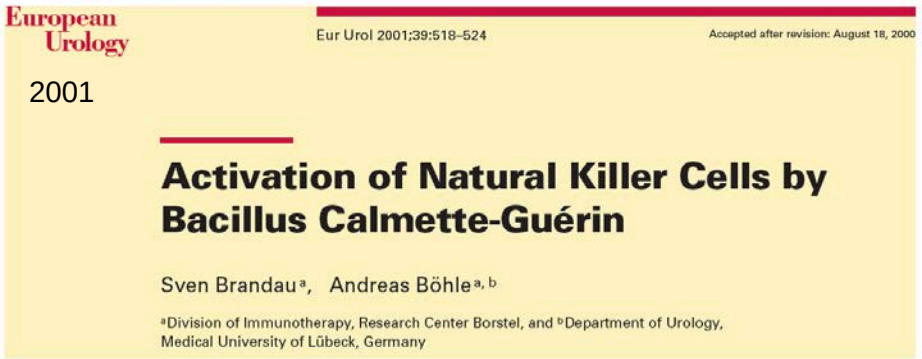
Boost: N-803 IL-15 Proliferates Natural Killer Cells & T Cells



BCG

N-803

BCG + N-803 Administered Intravesically

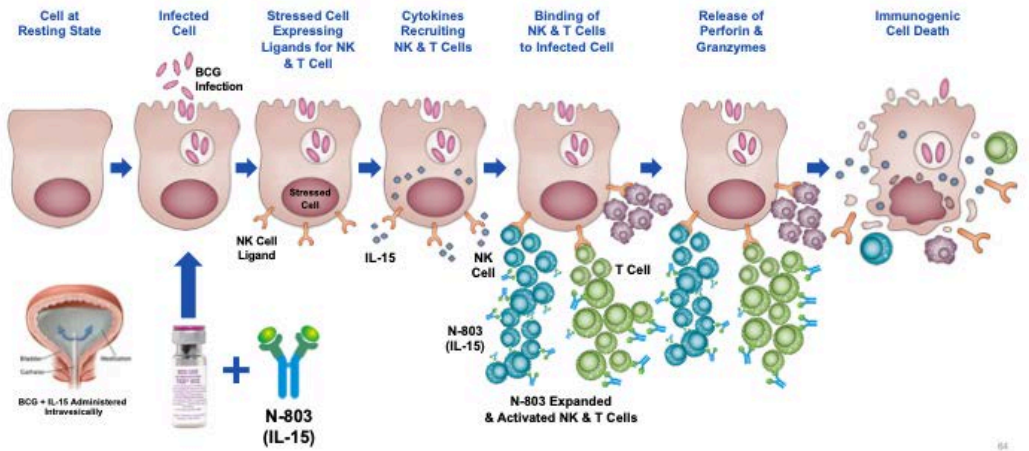


2001

Activation of Natural Killer Cells by Bacillus Calmette-Guérin

Sven Brandau[a], Andreas Böhle[a,b]

[a]Division of Immunotherapy, Research Center Borstel, and [b]Department of Urology, Medical University of Lübeck, Germany



Phase 1: NMIBC – Complete Response in 9 of 9 Subjects

With Durable 24 Month Response When N-803 is Combined with BCG (Trained Innate Immune Memory)

Phase I
NCT02138734
QUILT 2.005

Phase I (N=9)
A Study of Intravesical BCG in Combination With N-803 in Patients With Non-Muscle Invasive Bladder Cancer

N-803 + BCG Inducing 24-Month Durable Response

Durable Complete Responses (CR) or No Recurrence (NR) in 9 out of 9 Patients

Dose (intravesicular instillation)	Patient	Stage	Response Assessments							
			W12	6M	9M	12M	15M	18M	21M	24M
100 µg	1	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
	2	Pap Ta	CR*	CR	CR	CR	CR	CR	CR	CR
	3	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
200 µg	4	Pap T1	IC	CR*	CR	CR	CR	CR	CR	CR
	5	CIS	IC	IC	IC	CR	CR	CR	CR	CR
	6	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
400 µg	7	Pap T1	CR*	CR	CR	CR	CR	CR	CR	CR
	8	CIS	CR*	CR	CR	CR	CR	CR	CR	CR**
	9	Pap Ta	CR*	CR	CR	CR	CR	CR	CR	CR

9 of 9 (100%) Patients Disease-Free at 24 Months

BCG naïve alone (SoC): Historical response rate is 55-75% at 3-6 months post BCG alone

Based on this data, FDA granted Fast Track Designation to the Pivotal Trial

*CR termed as No Recurrence (NR) in Papillary Disease **Negative Cystoscopy Inconclusive Cytology

IC: Inconclusive Cystoscopy

ONCOIMMUNOLOGY
2021, VOL. 10, NO. 1, e1912885 (7 pages)
https://doi.org/10.1080/2162402X.2021.1912885

Taylor & Francis
Taylor & Francis Group

ORIGINAL RESEARCH

OPEN ACCESS

Safety, Tolerability, and Long-Term Clinical Outcomes of an IL-15 analogue (N-803) Admixed with Bacillus Calmette-Guérin (BCG) for the Treatment of Bladder Cancer

Charles J. Rosser[a], Sergei Tikhonenkov[a], Jeffrey W. Nix[b], Owen T.M. Chan[a], Irina Ianculescu[c], Sandeep Reddy[d,c], and Patrick Soon-Shiong[d]

[a]Clinical & Translational Research Program, University of Hawaii Cancer Center,Honolulu, Hawaii; [b]Department of Urology, University of Alabama, Birmingham, Alabama; [c]ImmunityBio, Inc., Culver City, California; [d]NantHealth Inc, Culver City, California

ABSTRACT

Intravesical BCG is active against non-muscle invasive bladder cancer (NMIBC), but bladder cancer will recur and even progress in a significant number of patients. To improve the response rate, N-803, an IL-15 superagonist was administered in combination with BCG. To evaluate the safety and efficacy associated with the use of intravesical N-803 and BCG in patients with BCG-naïve NMIBC. This phase 1b clinical trial used a 3 + 3 dose-escalation design. Participants were enrolled from July 2014 and July 2015, with follow-up and analyses through January 15, 2021. Eligibility criteria included histologically confirmed non-muscle invasive urothelial carcinoma of intermediate or high risk who had not received prior treatment with intravesical BCG (ie, BCG-naïve). All 9 participants met the eligibility criteria, received treatment according to the protocol, and were included in all analyses. Treatment was done once weekly for 6 consecutive weeks with bladder infusion of the standard dose of BCG, 50 mg/instillation, in combination with increasing doses of N-803 (100, 200, or 400 µg N-803 per instillation). No DLTs were noted in any of the dose cohorts. All adverse events (AEs) were manageable and less than grade 3. During the 2-year follow-up, all 9 participants were disease free. Furthermore, 6 y after treatment, all 9 participants (100%) were disease free with no evidence of disease progression and an intact bladder. This phase 1b trial found the combination of intravesical N-803 and BCG to be associated with modest toxic effects, low immunogenicity, and substantial prolonged antitumoral activity; phase 2 trials are in progress.

ARTICLE HISTORY
Received 3 March 2021
Revised 31 March 2021
Accepted 31 March 2021

KEYWORDS
Non-muscle invasive bladder cancer; IL15; BCG

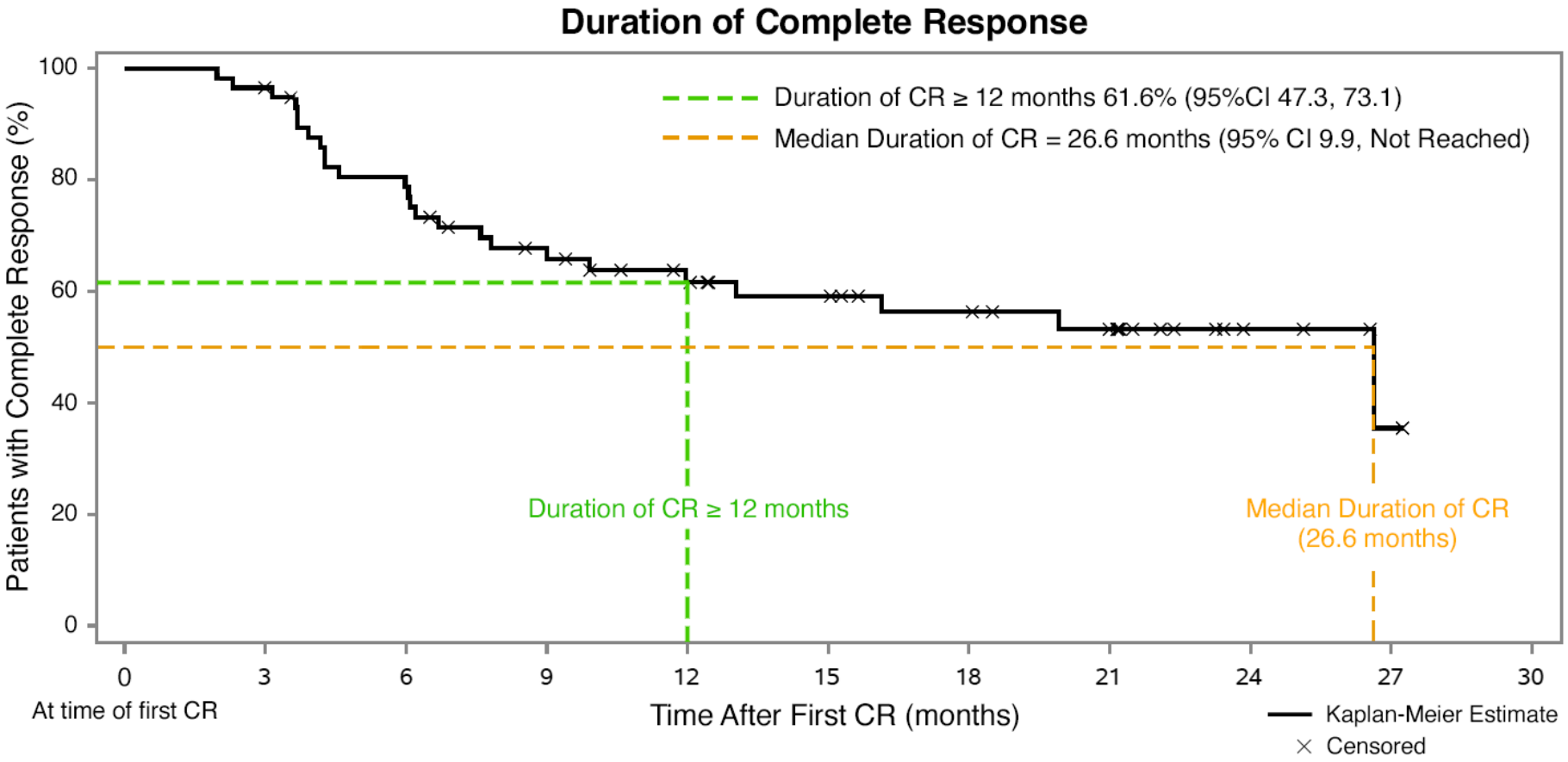
https://doi.org/10.1080/2162402X.2021.1912885

Clinically Meaningful Efficacy Results in Responders Cohort A (CIS)

	Responder Population (N = 58)	QUILT-3.032
Complete Response	Complete Response (n)	58 / 82
	CR Rate (95% CI)	71% (59.6, 80.3)
Duration of Response	Median Duration of Response in Months (95% CI)	26.6 (9.9, NR)
	Duration of Response >=24 Months per KM	53% (38.0, 66.2)
Progression Free Survival	Bladder Cancer Specific Progression Free Survival >= 24 Months per KM	96% (86.2, 99.1)
Cystectomy Avoidance	Cystectomy Avoidance Rate in Responders	91% (53 / 58)
	Cystectomy Rate in Responders	9% (5 / 58)
	Cystectomy Rate in All Patients	16% (13/82)
Safety Profile	Treatment Related SAEs	1%
	Immune Related SAEs	0%
	Treatment Related Grade 4 or 5 AEs	0%

Data Presented ASCO June 2022 by Dr. Karim Chamie

QUILT 3032
26.6 Month Durable Complete Remission in CIS (Cohort A)



Median Duration of CR
26.6 Months

Ongoing Response,
Still on Study
21 / 58 (36%)

Data Presented ASCO June 2022 by Dr. Karim Chamie

QUILT 3032 Compared to KEYNOTE-057 in NMIBC BCG Unresponsive CIS Disease

Primary Endpoint: Efficacy

Study	N-803 + BCG QUILT-3.032	Pembrolizumab (Balar 2021, ODAC)
STUDY DESIGN	**Pivotal phase 2/3 open-label**	**Phase 2 open-label (KEYNOTE-057)**
Overall Efficacy Population	82	96
Median Duration of Follow-up (months)	23.9	24.1
COMPLETE RESPONSE (CR)		
CR Rate at Anytime		
CR Rate	71%	41%
CR Rate 95% CI	(59.6, 80.3)	(31, 52)
CR Rate in US Population % (n)		
CR Rate, United States Population	71% (58/82) (95% CI: 59.6, 80.3)	29% (10/34) (95% CI: 15.1, 47.5)
CR Rate, International	No Internationally Enrolled Subjects	47% (29/62) (95% CI: 34.0, 59.9)
CR Rate in High Risk Disease State % (n)		
CIS/HG Ta at baseline	81% (13/16) (95% CI: 54.4, 96.0)	29% (7/24) (95% CI: 12.6, 51.1)
CIS/T1 at baseline	67% (6/9) (95% CI: 29.9, 92.5)	42% (5/12) (95% CI: 15.2, 72.3)

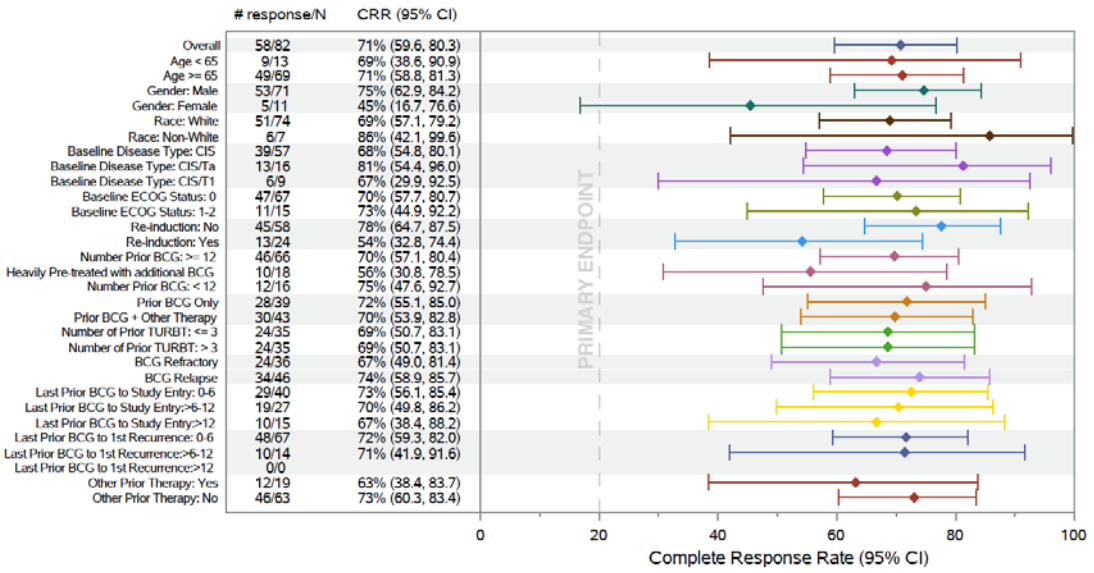
Primary Endpoint: 30% CR rate with the lower bound 95% confidence interval at ≥ 20%

Lower bound 95% CI of QUILT 3032 **>** Upper bound 95% CI of KEYNOTE-057

CR Rate of US Population Differs

Further evidence of a clinically meaningful difference in efficacy across multiple subgroups favoring N-803 plus BCG

COHORT A (CIS +/- Ta T1)



Data Presented ASCO June 2022 by Dr. Karim Chamie

QUILT 3032 Compared to KEYNOTE-057 in NMIBC BCG Unresponsive CIS Disease

Cystectomy Avoidance

Study	N-803 + BCG QUILT-3.032	Pembrolizumab (Balar 2021, ODAC)
STUDY DESIGN	**Pivotal phase 2/3 open-label**	**Phase 2 open-label (KEYNOTE-057)**
Overall Efficacy Population	82	96
CYSTECTOMY AVOIDANCE		
Number of Cystectomy, n (%)		
Cystectomy Rate	13 (15.8%)	40 (41.6%)
Cystectomy Avoidance, No Cystectomy	69 (84%)	56 (58%)
Cystectomy in Non-Responders	8 / 24 (33%)	29 / 57 (51%)
Cystectomy After Initial CR	5 / 58 (9%)	11 / 39 (28%)

Higher cystectomy rate in KEYNOTE-057

KEYNOTE-057: **42%** subjects overall population and **28%** subjects in responders

VS

QUILT 3032: **16%** subjects overall population and **9%** subjects in the responders

Data Presented ASCO June 2022 by Dr. Karim Chamie

QUILT 3032 Compared to KEYNOTE-057 in NMIBC BCG Unresponsive CIS Disease

Safety: Immune Related AEs

Study	N-803 + BCG QUILT-3.032	Pembrolizumab (Balar 2021)
Study design	**Pivotal phase 2/3 open-label**	**Phase 2 open-label (KEYNOTE-057)**
Safety population	171	101
Any adverse immune-mediated events	4.1%[a]	22%
Treatment-related grade 3-5 immune-related AEs	0%	2.9%
Treatment-related serious immune-related AEs	0%	4.9%
Steroid Treatment for Immune Mediated Adverse Events (n)	0	7

- N-803 + BCG Well Tolerated with AEs Comparable to BCG Alone
- Pembrolizumab with Systemic Immune-Related AEs Requiring Steroid Therapy

Data Presented ASCO June 2022 by Dr. Karim Chamie

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells
- IL-15 Fusion Proteins

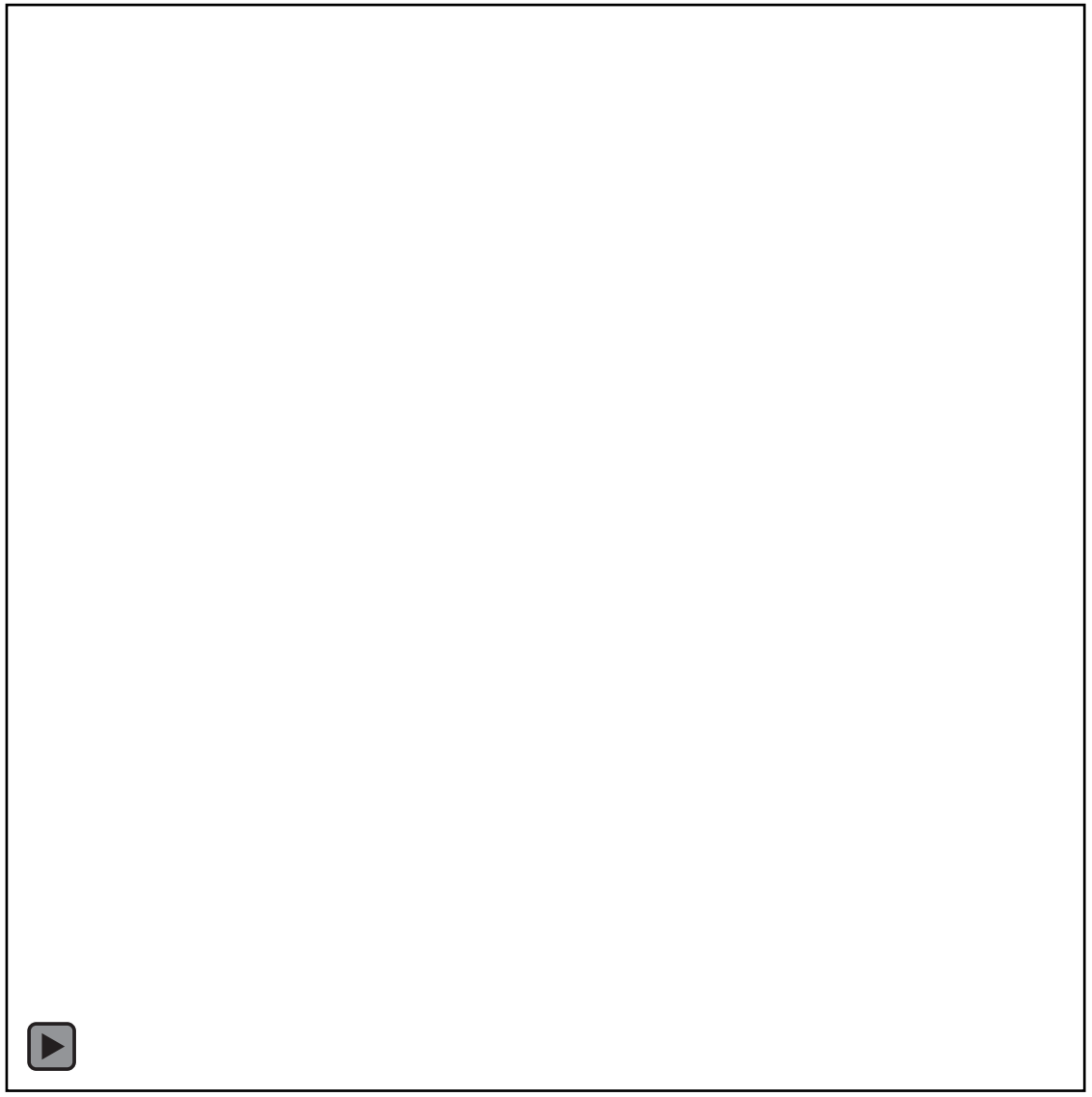
Natural Killer Cells
- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

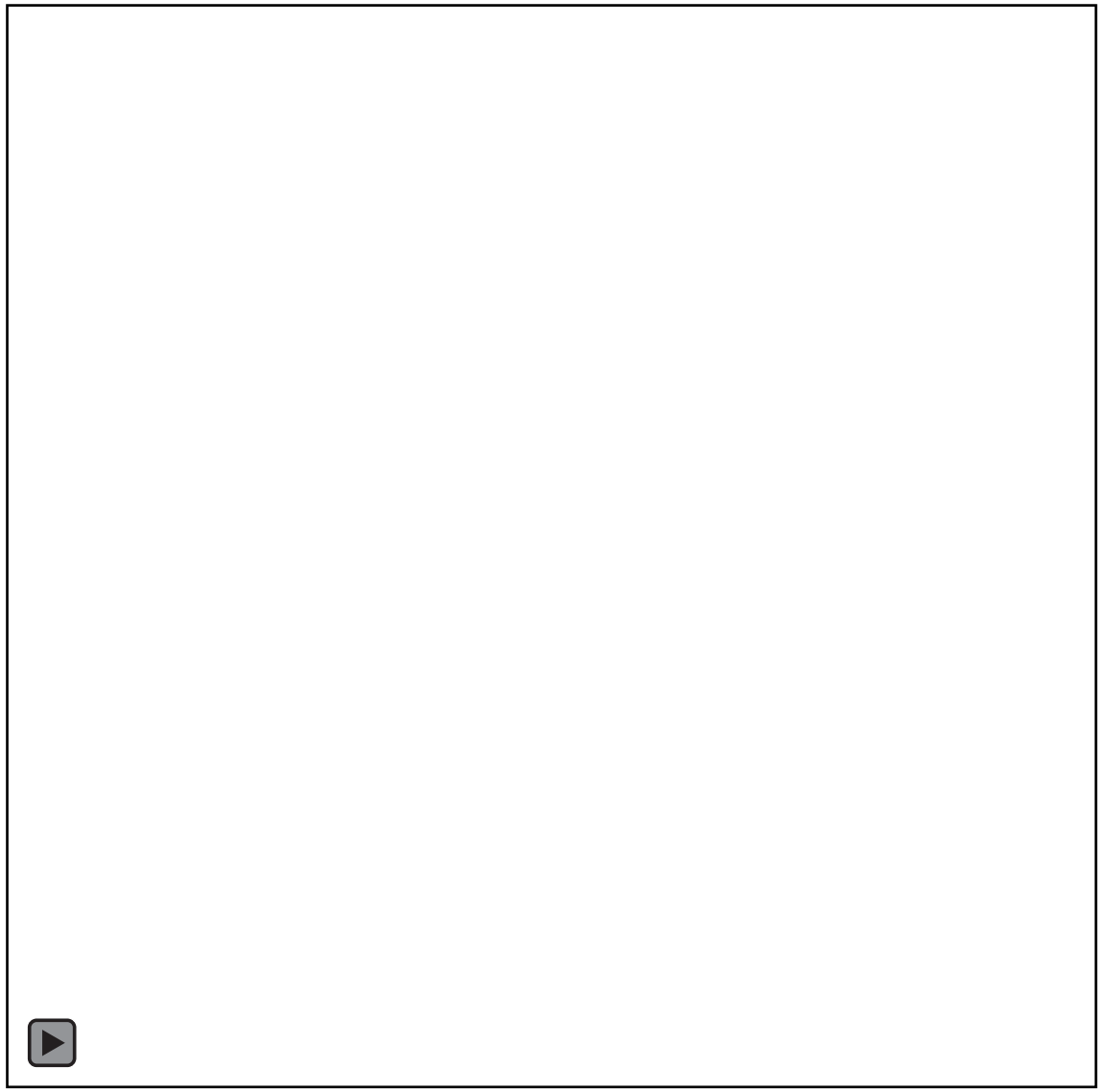
Memory B & T Cells
- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late-Stage U.S. Clinical Trial Updates:

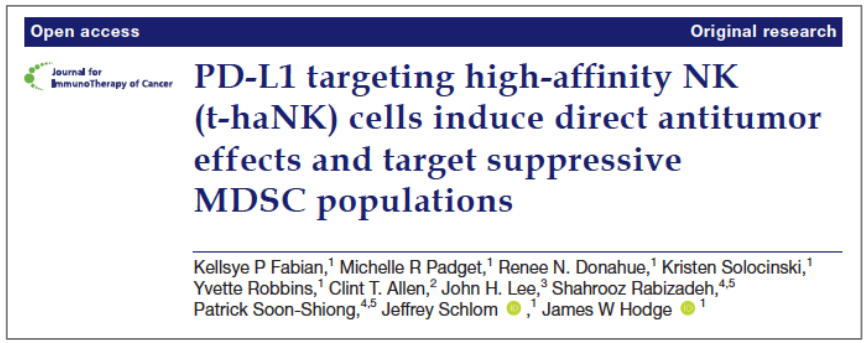
- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

Natural Killer Cells





Exploratory Trial of PD-L1 t-haNK and Anktiva in Combination with Chemo Modulation in Metastatic Pancreatic Cancer

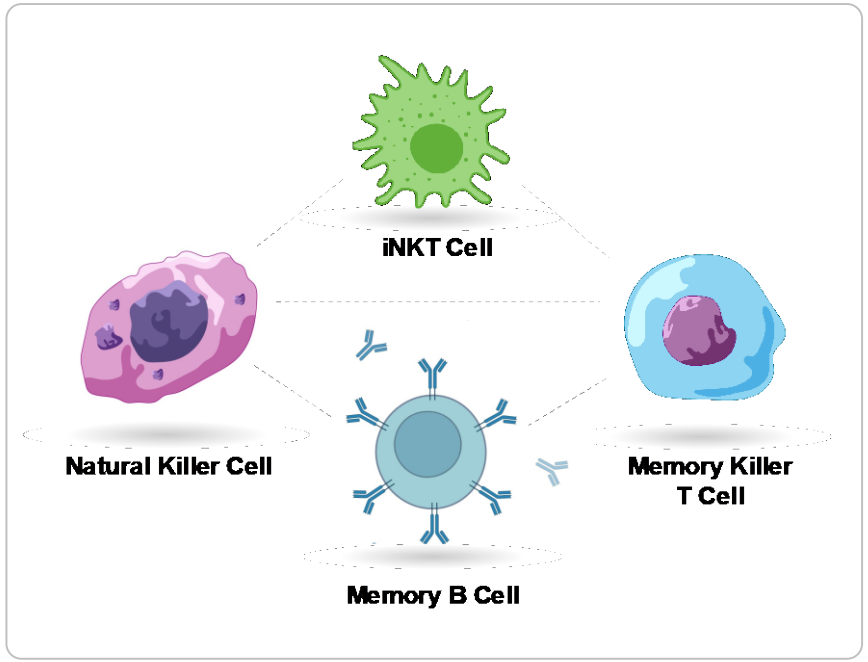


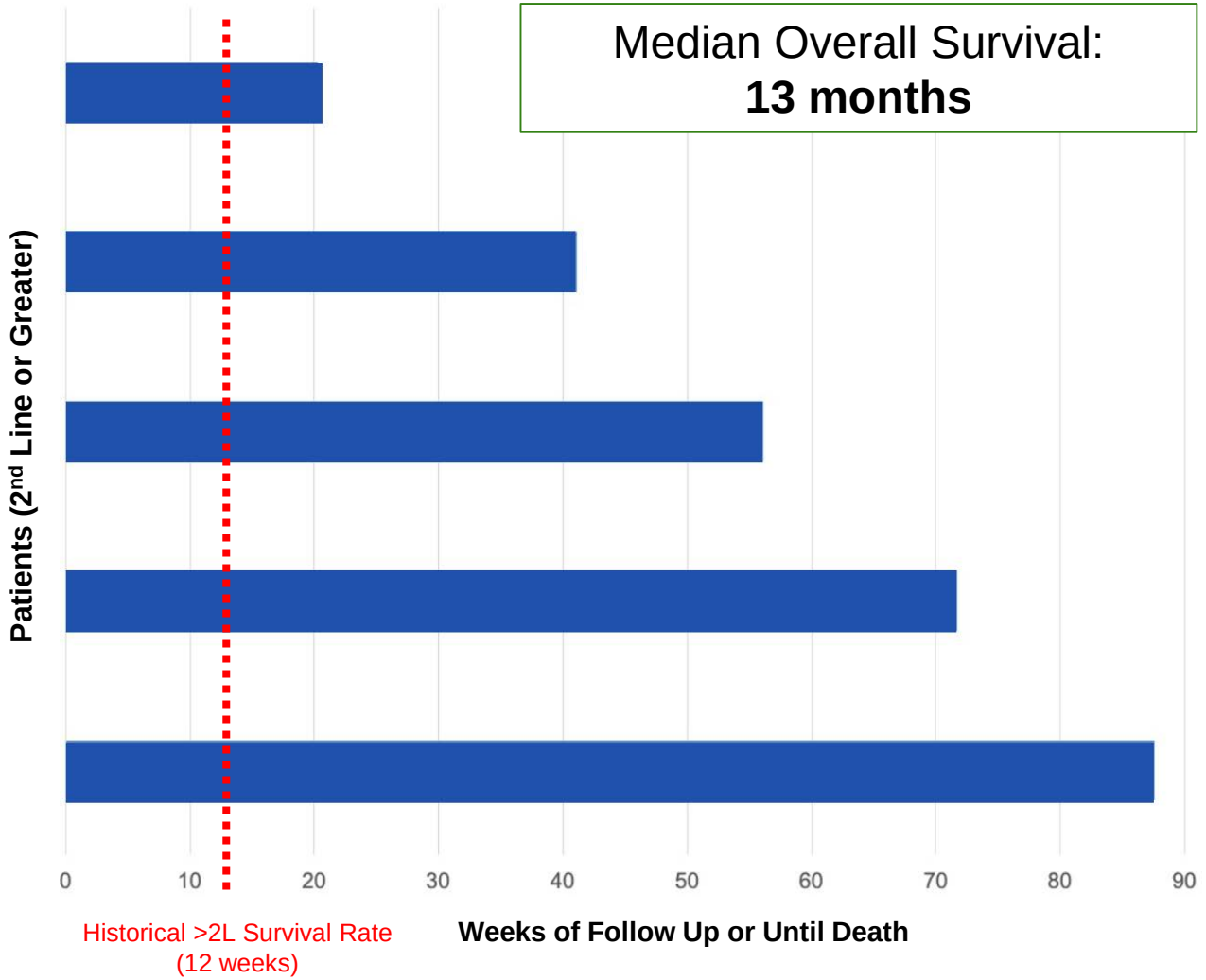
Open access Original research

Journal for ImmunoTherapy of Cancer

PD-L1 targeting high-affinity NK (t-haNK) cells induce direct antitumor effects and target suppressive MDSC populations

Kellsye P Fabian,[1] Michelle R Padget,[1] Renee N. Donahue,[1] Kristen Solocinski,[1] Yvette Robbins,[1] Clint T. Allen,[2] John H. Lee,[3] Shahrooz Rabizadeh,[4,5] Patrick Soon-Shiong,[4,5] Jeffrey Schlom ,[1] James W Hodge [1]





Phase 2 QUILT 88 trial of DAMP inducers combined with IL15 superagonist, N-803 and anti PDL1-t-haNK cell therapy more than doubles historical overall survival with 3rd to 6th line advanced Pancreatic Cancer

Tara Seery[1], Chaitali Nangia[1], Heide McKean[2] Leonard Sender[3], Sandeep Reddy[3], Patrick Soon-Shiong[3]

[1]Hoag Cancer Center, Newport Beach, CA; [2] Avera Cancer Institute, Sioux Falls, SD [3] ImmunityBio Inc. Culver City, CA.

NCT04390399

BACKGROUND

Pancreatic cancer will claim an estimated 47,050 lives in the USA in 2020. In patients with advanced disease (>3rd line) the median overall survival is 3 months. We hypothesize that effective response against pancreatic cancer requires a coordinated approach that orchestrates both the innate and adaptive immune system. We further hypothesize that by orchestrating the activation of the entire immune system, we could accomplish immunogenic cell death with durable responses in this previously immunotherapy unresponsive disease. We describe a novel combination immunotherapy protocol of low-dose chemo-radiation to enhance antigen cascade and reduce MDSC's, cytokine-induced NK and T cell activation and proliferation via N-803 (Anktiva, IL-15 cytokine fusion protein), and off-the-shelf PDL1-targeted high-affinity NK cell (PD-L1 t-haNK) infusion.

STUDY EXPERIMENTAL TREATMENT

Days 1 and 15, every 4 weeks:
- Nab-paclitaxel
- Gemcitabine

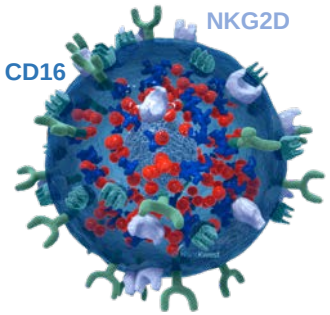
Days 1–5 and 15–19, every 4 weeks:
- Cyclophosphamide

Days 1, 8, 15, and 22; for first cycle only:
- SBRT (not to exceed 8 Gy, exact dose to be determined by the radiation oncologist)

Day 8, every 4 weeks:
- Aldoxorubicin HCl
- N-803 (15 µg/kg SC)

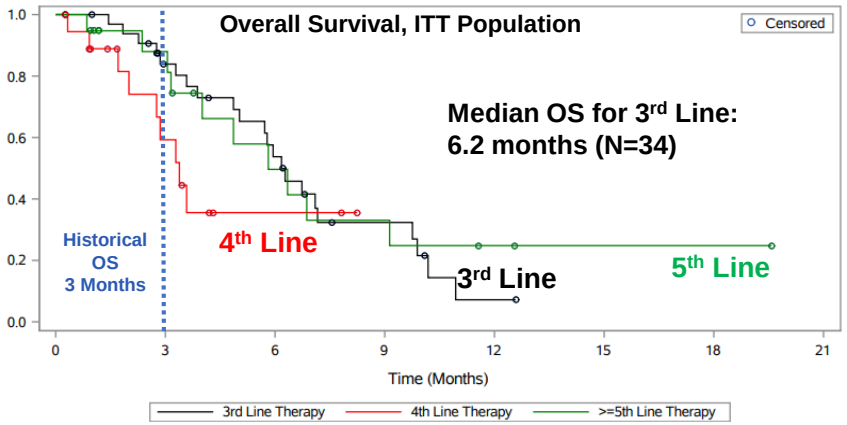
Days 1, 8, and 15; every 4 weeks:
- PD-L1 t-haNK (~2 × 109 cells/dose IV)

PD-L1 t-haNK



PD-L1 t-haNK
NKG2D
PD-L1/CD16/erIL2

RESULTS



Median OS for ITT (≥ 3rd, 4th and 5th line): 5.8 months (N=78)

TABLE 1

Demographics	N / (%)
Age	62 (24, 78)
Age≥65	42%
M:F	58/42
ECOG 0-1	96%
Metastasis	93%

TABLE 2

Any grade TR-AE >10%	%
Chills	47
Pyrexia	46
injection site rxn	40
fatigue	36
anemia	50
neutropenia	19
thrombocytopenia	13
vomiting	28
nausea	26
stomatitis	13
decreased appetite	14
infusion rxn	13

TABLES 1,2,3: **Demographics, Treatment related Adverse Events (AEs), TR G3+AEs:** Median 3 cycles (1,18),

TABLE 3

Grade ≥3 TR AE ≥5%	%
anemia	41
neutropenia	29
thrombocytopenia	17
fatigue	5

KEY FINDINGS

- Nant Cancer Vaccine (NCV) **more than doubled median OS** versus historical OS (Manax ASCO GI 2019) of 3 months after >2L
- In QUILT 88 median OS in **3rd line** subjects (n=34) was **6.2 months** (95% CI: 4.9, 9.8)
- Overall survival for ITT population (N=78) of **3rd, 4th and 5th line is 5.8 months** (95% CI: 4.0, 6.9)
- Treatment related (TR) SAE's were uncommon (6%), no TR deaths were reported
- All treatments were performed as outpatient
- Treatment ongoing for 25 patients

CONTACT

info@immunitybio.com 310-883-1300 Main

REFERENCES

1. Fabian KP, Padget MR, Donahue RN, Solocinski K, Robbins Y, Allen CT, Lee JH, Rabizadeh S, Soon-Shiong P, Schlom J, Hodge JW. PD-L1 targeting high-affinity NK (t-haNK) cells induce direct antitumor effects and target suppressive MDSC populations. J Immunother Cancer. 2020 May;8(1):e000450. doi: 10.1136/jitc-2019-000450. PMID: 32439799; PMCID: PMC7247398.
2. Lee MY, Robbins Y, Sievers C, *et al.* Chimeric antigen receptor engineered NK cellular immunotherapy overcomes the selection of T-cell escape variant cancer cells. *Journal for ImmunoTherapy of Cancer* 2021;**9**:e002128. doi: 10.1136/jitc-2020-002128
3. Wolfson B, Franks SE, Hodge JW. Stay on Target: Reengaging Cancer Vaccines in Combination Immunotherapy. Vaccines (Basel). 2021 May 15;9(5):509. doi: 10.3390/vaccines9050509. PMID: 34063388; PMCID: PMC8156017.
4. Chu Y, Nayyar G, Jiang S, Rosenblum JM, Soon-Shiong P, Safrit JT, Lee DA, Cairo MS. Combinatorial immunotherapy of N-803 (IL-15 superagonist) and dinutuximab with ex vivo expanded natural killer cells significantly enhances in vitro cytotoxicity against GD2+ pediatric solid tumors and in vivo survival of xenografted immunodeficient NSG mice. J Immunother Cancer. 2021 Jul;9(7):e002267. doi: 10.1136/jitc-2020-002267. PMID: 34244307; PMCID: PMC8268924.

SCAN ME

ASCO Annual Meeting
June 2022

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells

- IL-15 Fusion Proteins

Natural Killer Cells

- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

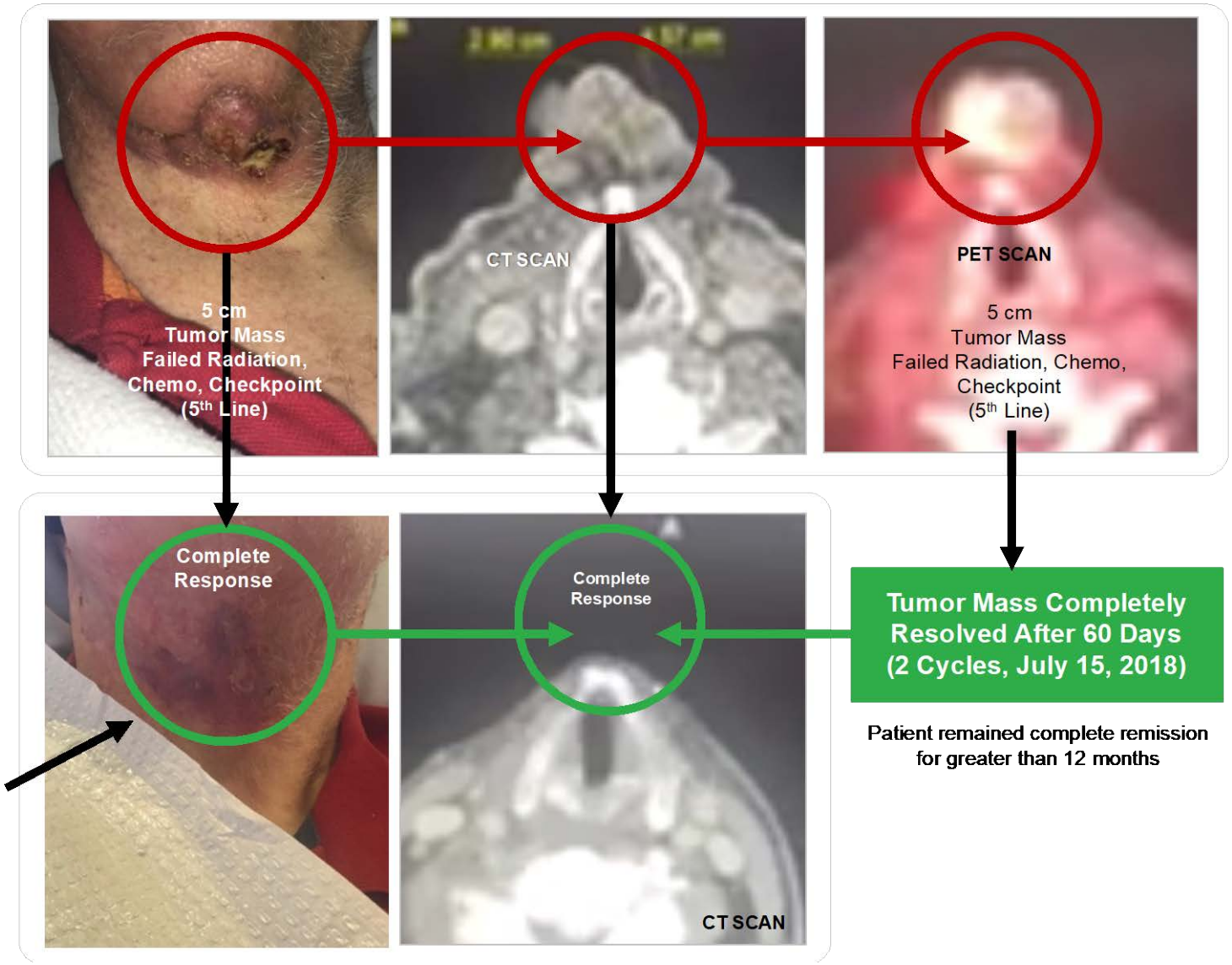
Memory B & T Cells

- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late Stage USA Clinical Trial Updates:

- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

Complete Response: 5th Line Metastatic Head & Neck Cancer



NANT Cancer Vaccine Therapies Used:

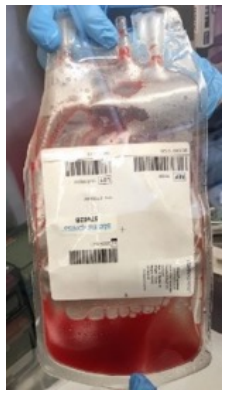
- haNK
- N-803
- Ad5 CEA
- Chemo

Memory-Like Cytokine Enhanced Natural Killer (M-ceNK) Cells from Peripheral Blood First-in-Human Clinical Trials

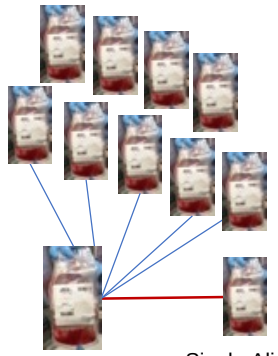
Day 1

Autologous Apheresis
Patient White Cell Collection

Day 1



Autologous
Apheresis
White Cells



Single Aliquot
For Enrichment

Aliquot One Bag into
10 Lots for
Cryopreservation

Day 17

Concentrate
0.3 – 1.0 x 10^9 NK Cells

Day 17

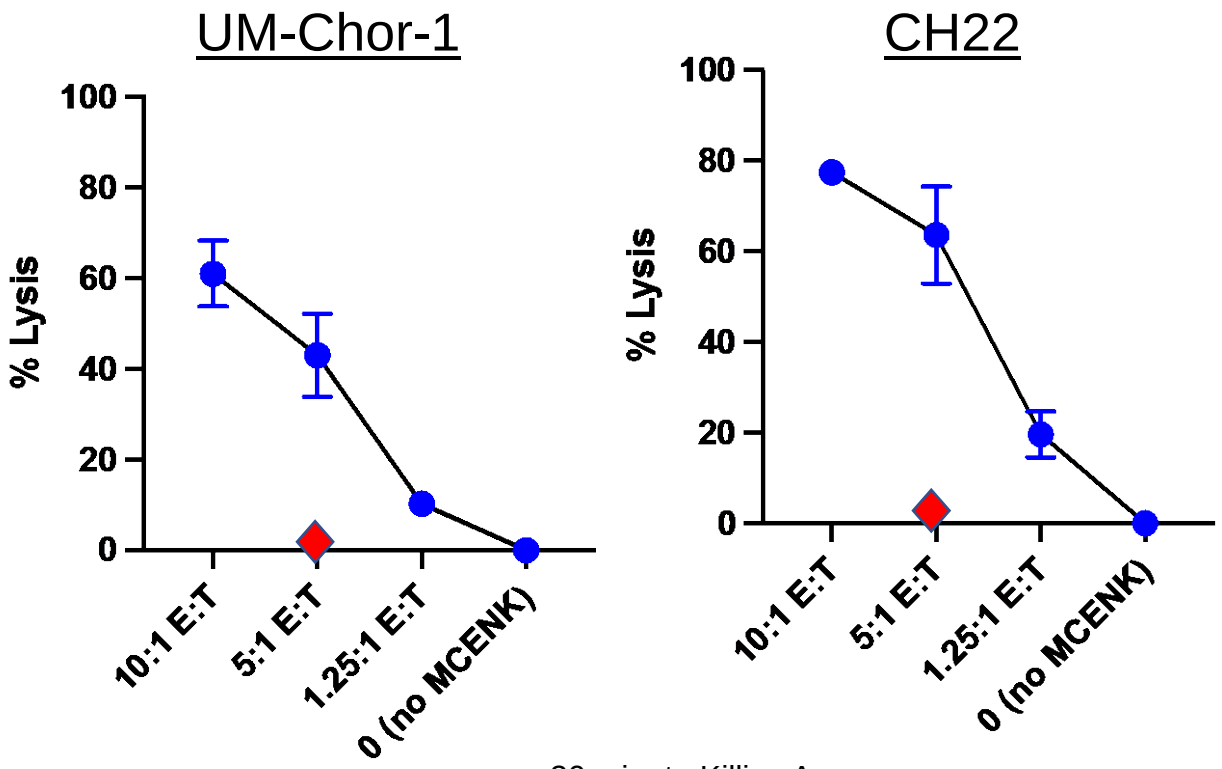
Autologous Cytokine
Enhanced Natural Killer Cells
for Transfusion
0.3 – 1.0 x 10^9 NK Cells

First-in-human subjects dosed with M-ceNK in 2022

NCT04898543

Chordoma Cells Lines are Efficiently Killed by M-ceNK Cells

MCENK Cells
HD NK Cells



30 minute Killing Assay

- Two chordoma tumor cell lines (UM-Chor-1, CH22) were incubated with M-ceNK cells.
- Tumor cell killing was assessed over 18h.
- Depicted is 30 minute killing.
- Timepoint after this showed 100% killing at all ratios containing M-ceNK cells.
- HD NK cells were assessed at a single 5:1 ratio.

NIH NATIONAL CANCER INSTITUTE

CRADA with NCI, Unpublished

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells
- IL-15 Fusion Proteins

Natural Killer Cells
- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

Memory B & T Cells
- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late-Stage U.S. Clinical Trial Updates:

- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

Median Overall Survival of Anktiva Compared to Any Therapy in Patients Who Progressed on Checkpoint Inhibitor

Additional Therapy Following Checkpoint Inhibitor Progression

Median OS: 6.1 Months

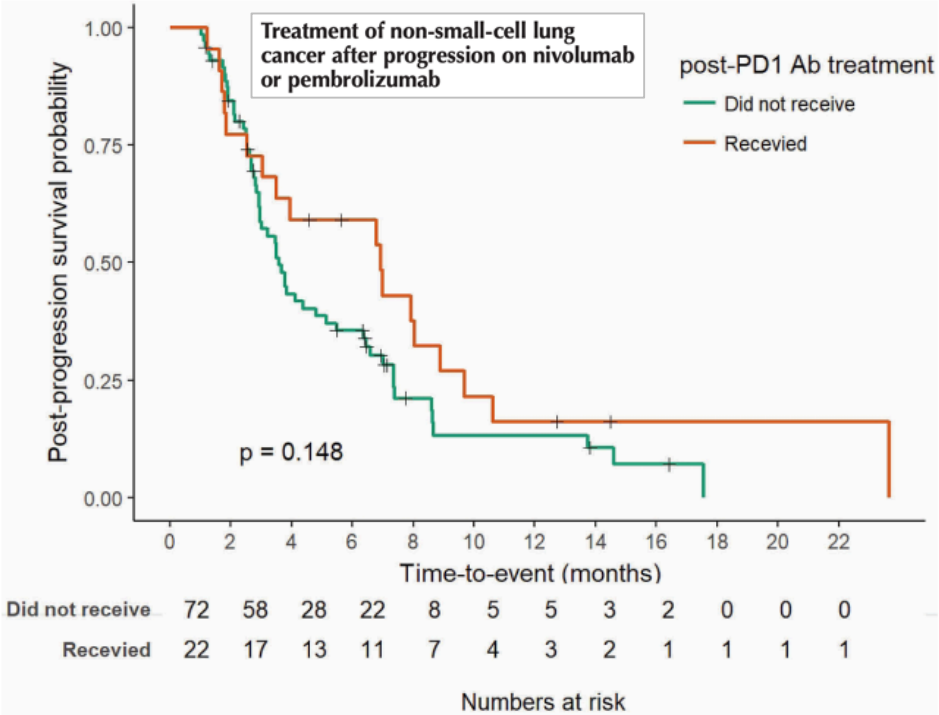
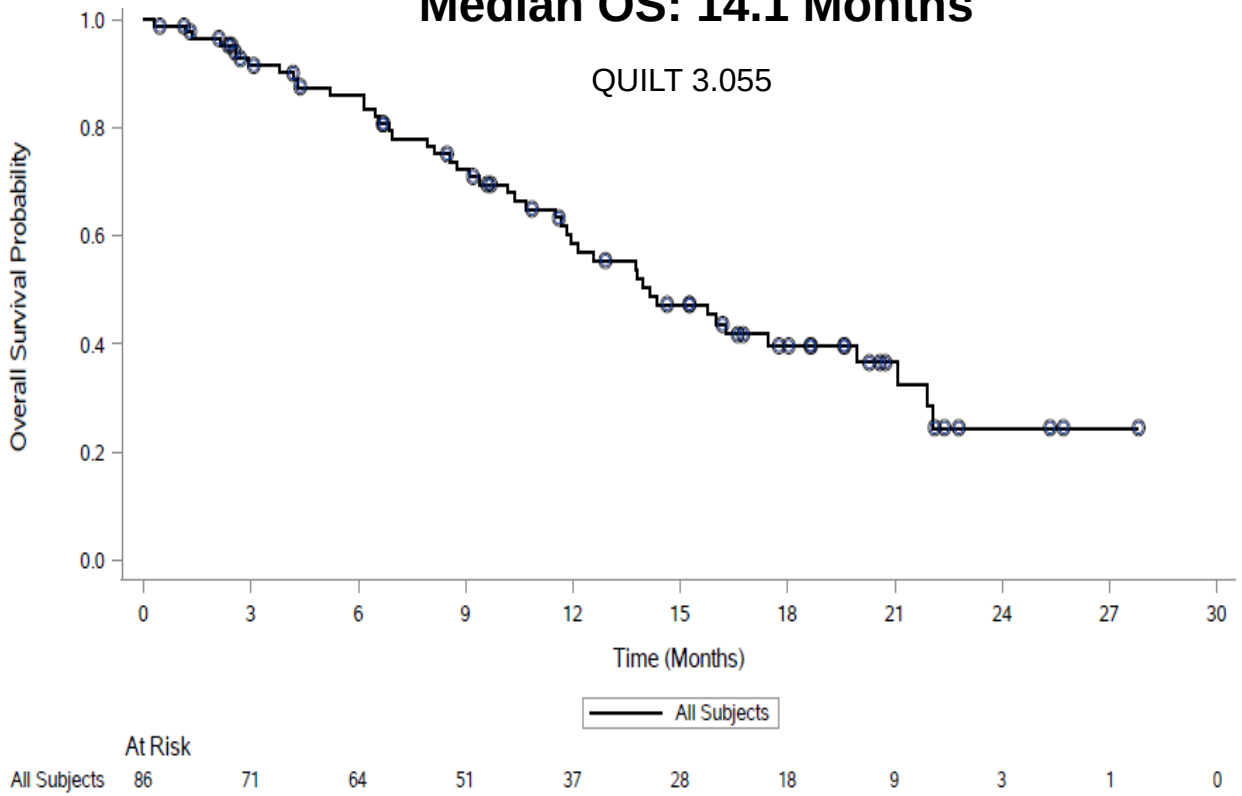


FIGURE 3 Post-progression survival after cessation of PD-1 monoclonal antibody (Ab) in 22 patients who received post-progression therapy and 72 patients who did not within 30 days of PD-1 Ab cessation.

doi: 10.3747/co.27.5495

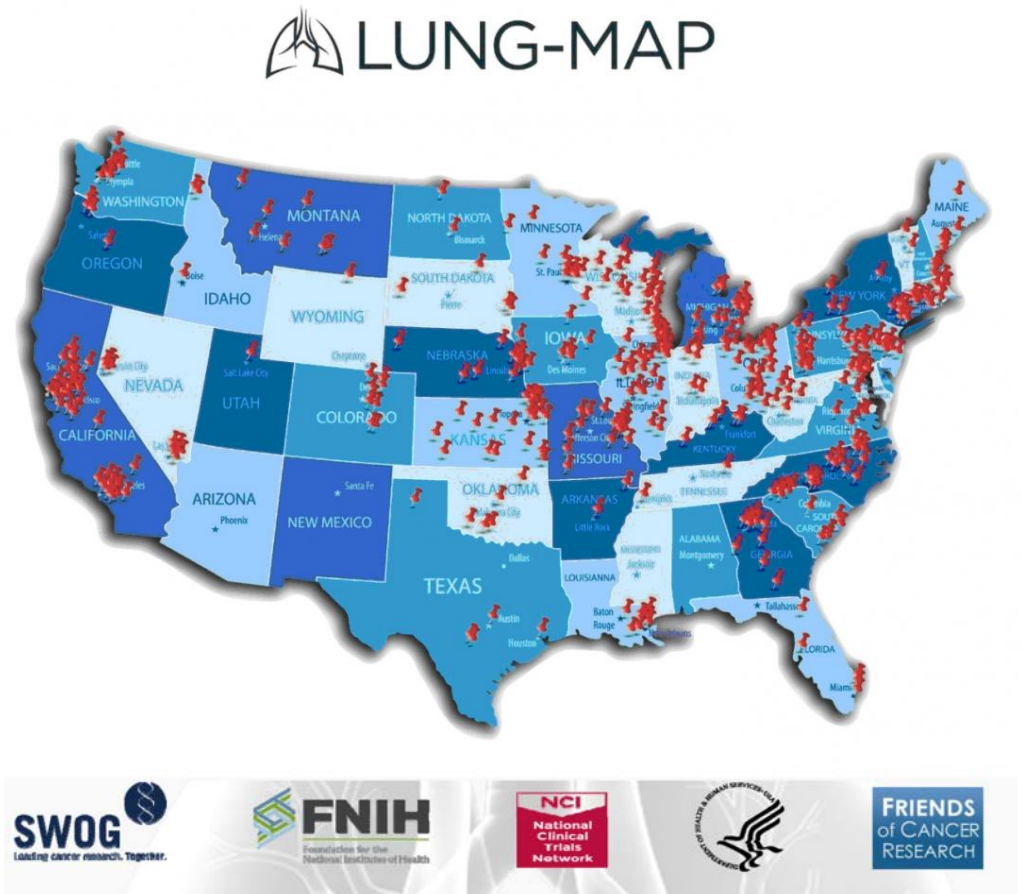
Anktiva IL-15 Therapy Following Checkpoint Inhibitor Progression

Median OS: 14.1 Months



Note: Subjects alive were censored at the last contact date in database.

Anktiva Selected by LUNG-MAP for 2nd Line Patients who Progressed on Checkpoint Therapy



NCT05096663

ImmunityBio Announces First Participants Have Been Enrolled in Lung-MAP Trial Studying Anktiva to Activate NK and T Cells in Non-Small Cell Lung Cancer

April 25, 2022

- Novel combination therapy of Anktiva, an IL-15 superagonist, and Keytruda targeted at patients with lung cancer who have failed checkpoint inhibitor therapy
- The study currently includes nearly 200 U.S. sites and will involve 478 patients when fully enrolled
- Nearly 237,000 new cases of lung cancer estimated to be diagnosed in the U.S. this year, making it the second most common cancer in the U.S.

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells
- IL-15 Fusion Proteins

Natural Killer Cells
- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

Memory B & T Cells
- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late-Stage U.S. Clinical Trial Updates:

- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

ImmunityBio HIV Clinical Programs: Active Phase 1/2 Clinical Trials in Progress

Phase 1 B Cell Follicle Study
Principle Investigator: Tim Schacker, UMinn
NCT04808908
10 HIV+ (ART) patients treatment, ART + N-803
Fully Enrolled

Phase 1 ACTG 5386: N-803 +/- 2 bNABs in HIV+ subjects
Principle Investigator: Tim Wilken, Weill Cornell Medicine
NCT04340596
46 HIV+ patients on ART randomized to Arm A or B
- Arm A: N-803 alone
- Arm B: 2 bNAbs + N-803

Trial Active

Phase II Thailand Trial: N-803 in Acute HIV Infection
Study Chair: Denise C Hsu, MD PhD – Henry M. Jackson Foundation
NCT04505501
15 Acutely infected HIV patients on ART: N-803 Treatment Alone vs. Placebo
11 Enrolled (May 2022)

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells

- IL-15 Fusion Proteins

Natural Killer Cells

- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

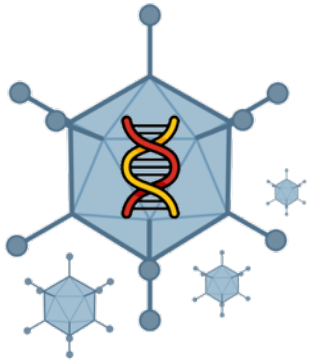
Memory B & T Cells

- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late Stage USA Clinical Trial Updates:

- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine

ImmunityBio Vaccine Platforms Against COVID



Adeno
hAd5

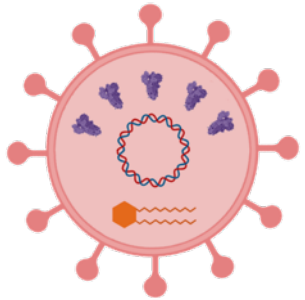
Human Adenovirus 5 DNA Based

- Spike & Nucleocapsid T Cells
- Memory B and Memory T Cells

mRNA
saRNA

Self Amplifying RNA

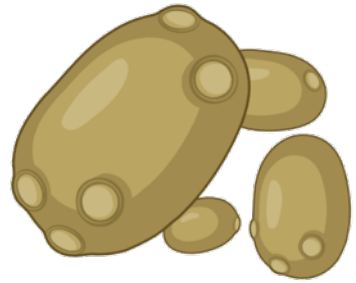
- Potent Antibodies
- Spike & Nucleocapsid T Cells
- Memory B and Memory T Cells



Nabisome*
EDV

Endosome Delivery Vector

- Potent Antibodies
- Spike & Nucleocapsid T Cells
- Invariant NK-T Cells
- Memory B and Memory T Cells



Yeast
RBD Subunit Protein

RBD + 3M-052 Adjuvant

- Potent Antibodies
- Spike & Nucleocapsid T Cells

*Licensed through a binding term sheet. Definitive agreements pending

Orchestrating the Immune System

First-in-Class Comprehensive Platforms

NK + T Cells

- IL-15 Fusion Proteins

Natural Killer Cells

- NK-92 Off-the-Shelf
- Autologous m-ceNK
- iNKT Cells

Memory B & T Cells

- Adenovirus
- Subunit Proteins
- Toll Receptor Activators
- saRNA

Late-Stage U.S. Clinical Trial Updates:

- Bladder Cancer
- Pancreatic Cancer
- Head & Neck Cancer
- Lung Cancer
- HIV
- COVID Vaccine