IMMUNOCORE

Transformative immunomodulating medicines for patients

November 2023

Forward Looking Statements

This presentation contains “forward-looking statements” within the meaning of the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. Words such as “may”, “will”, “believe”, “expect”, “plan”, “anticipate” and similar expressions (as well as other words or expressions referencing future events or circumstances) are intended to identify forward-looking statements. All statements, other than statements of historical facts, included in this presentation are forward-looking statements. These statements include, but are not limited to, the commercial performance of KIMMTRAK including planned launches in additional countries; the ability to translate a pricing agreement into a success launch; the potential benefits and advantages KIMMTRAK will provide for patients; the benefits of Immunocore’s collaboration with the European Organisation for Research and Treatment of Cancer (EORTC); the risk that Immunocore may not realize the anticipated benefits of its collaboration with EORTC; uncertainties relating to regulatory applications and related filing and approval timelines for tebentafusp as a treatment for positive high-risk primary uveal melanoma or other programs subject of the collaboration, including the risk that FDA may not approve any such programs on the currently anticipated timelines or at all, and any marketing approvals, if granted, may have significant limitations on its use; the estimated market size and patient population for KIMMTRAK and Immunocore’s other product candidates; expectations regarding the design, progress, timing, enrollment, scope, expansion, and results of Immunocore’s existing and planned clinical trials, those of Immunocore’s collaboration partners or the combined clinical trials with Immunocore’s collaboration partners; the timing and sufficiency of clinical trial outcomes to support potential approval of any of Immunocore’s product candidates or those of, or combined with, its collaboration partners, Immunocore’s goals to develop and commercialize product candidates based on its KIMMTRAK platform alone or with collaboration partners; the expected submission of investigational new drug applications or clinical trial applications; the potential regulatory approval, expected clinical benefits and availability of Immunocore’s product candidates; and potential growth opportunities and trends, including in connection with product launches in future quarters; and Immunocore’s expected cash runway. 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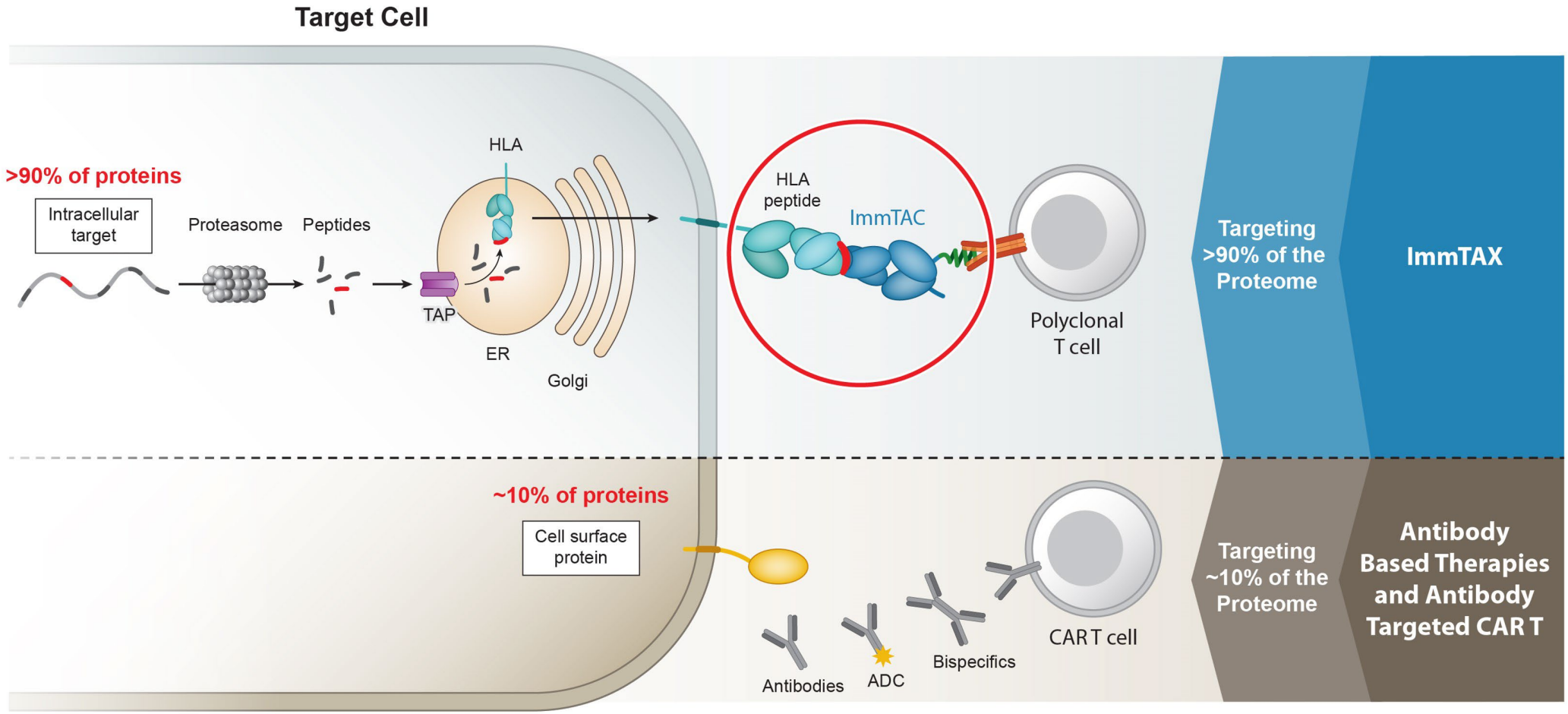
KIMMTRAK™ is a trademark owned or licensed to Immunocore.

Harnessing the immune system to fight disease with targeted, off-the-shelf, bispecific, soluble T cell receptors (TCRs)



TCR therapeutics target >90% of the human proteome

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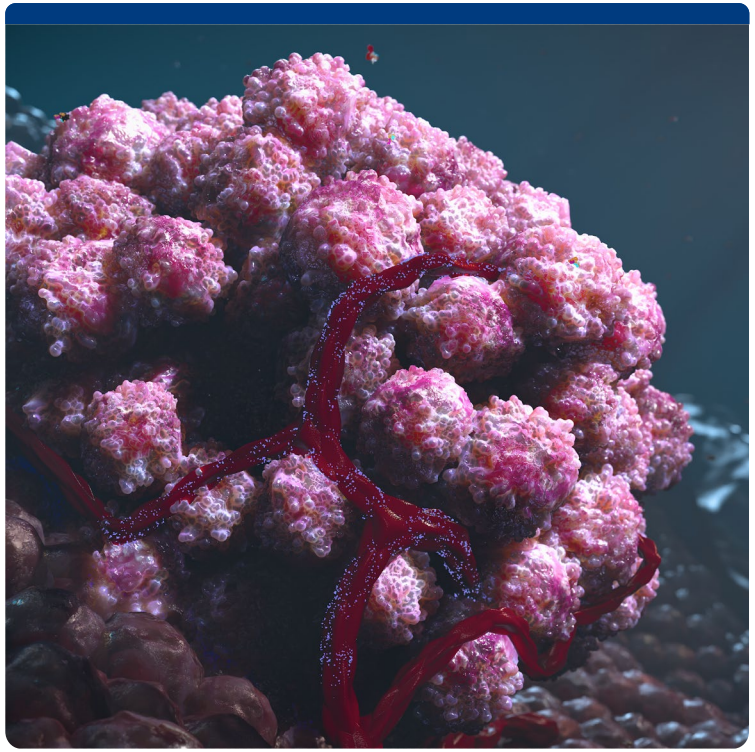
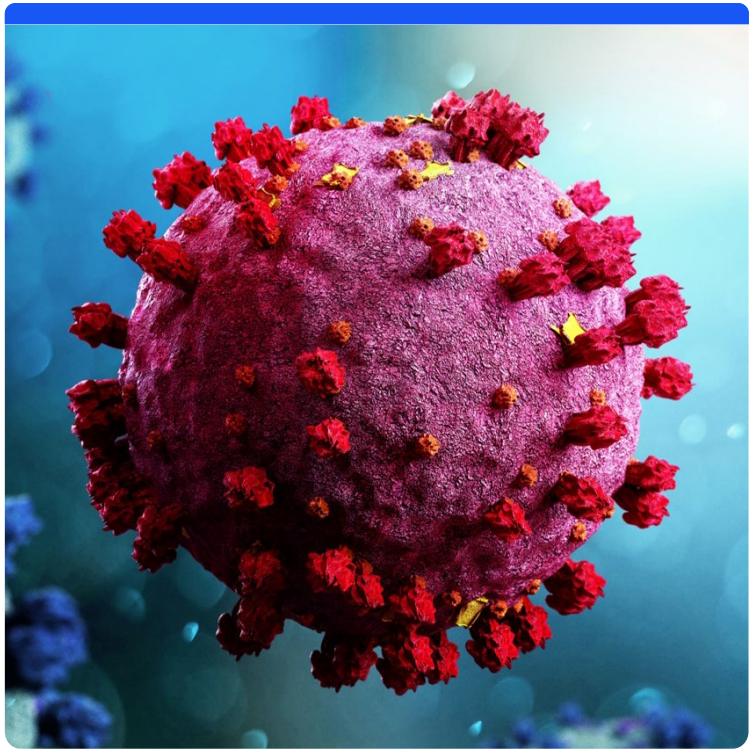
Platform candidates and capabilities across 3 therapeutic areas

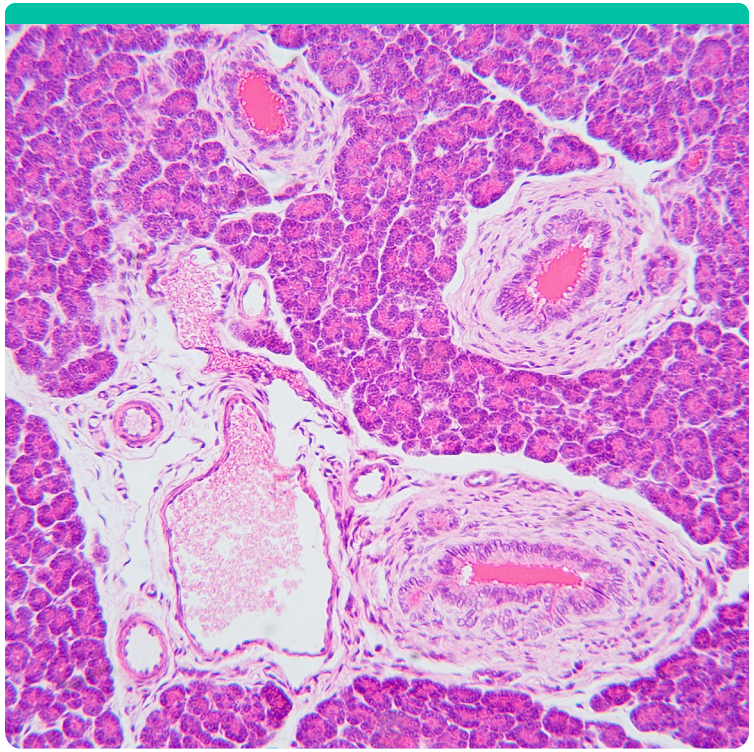
Oncology



Infectious diseases



Autoimmune diseases



Upregulation
of the immune system

Downregulation
of the immune system

Delivering leading bispecific TCR pipeline

Multiple candidates in oncology and infectious diseases

	Candidate	Target (HLA type)	Indication	IND-enabling	Phase 1	Phase 2	Phase 3	Approved	Catalyst
ONCOLOGY	KIMMTRAK	gp100 (A02)	Uveal melanoma						EU Launches | YE23
	KIMMTRAK		Adjuvant uveal (ocular) melanoma			ATOM (EORTC-sponsored)			Randomization Start | 2024
			2L+ cutaneous melanoma			TEBE-AM			Phase 2 Enrolled | 2H24
	IMC-F106C	PRAME (A02)	1L cutaneous melanoma			PRISM-MEL301			Randomization Start | 1Q24
			Multiple solid tumors			Monotherapy dose escalation			Clinical Data | 1H24
			Multiple solid tumors			Combinations with standards of care			
			2L+ cutaneous melanoma						
			PRR ovarian*						
			Advanced endometrial						
			2L+ NSCLC						
	IMC-P115C	PRAME-HLE (A02)	Multiple solid tumors						IND/CTA | 2024
	IMC-T119C	PRAME (A24)	Multiple solid tumors						IND/CTA | 2024
	IMC-R117C	PIWIL1 (A02)	Colorectal, gastric, pancreatic						IND/CTA | 4Q23
INFECTIOUS DISEASES	IMC-M113V[1]	Gag (A02)	Human Immunodeficiency Virus (HIV)						MAD Data | 2024
	IMC-I109V	Envelope (A02)	Hepatitis B Virus (HBV)						

[1] Program is wholly owned, development costs being provided by the Bill & Melinda Gates Foundation (BMGF), Immunocore retains all development and commercialization rights in the developed world. * Platinum refractory or resistant serous ovarian carcinoma.

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KIMMTRAK® (tebentafusp-tebn) in melanoma

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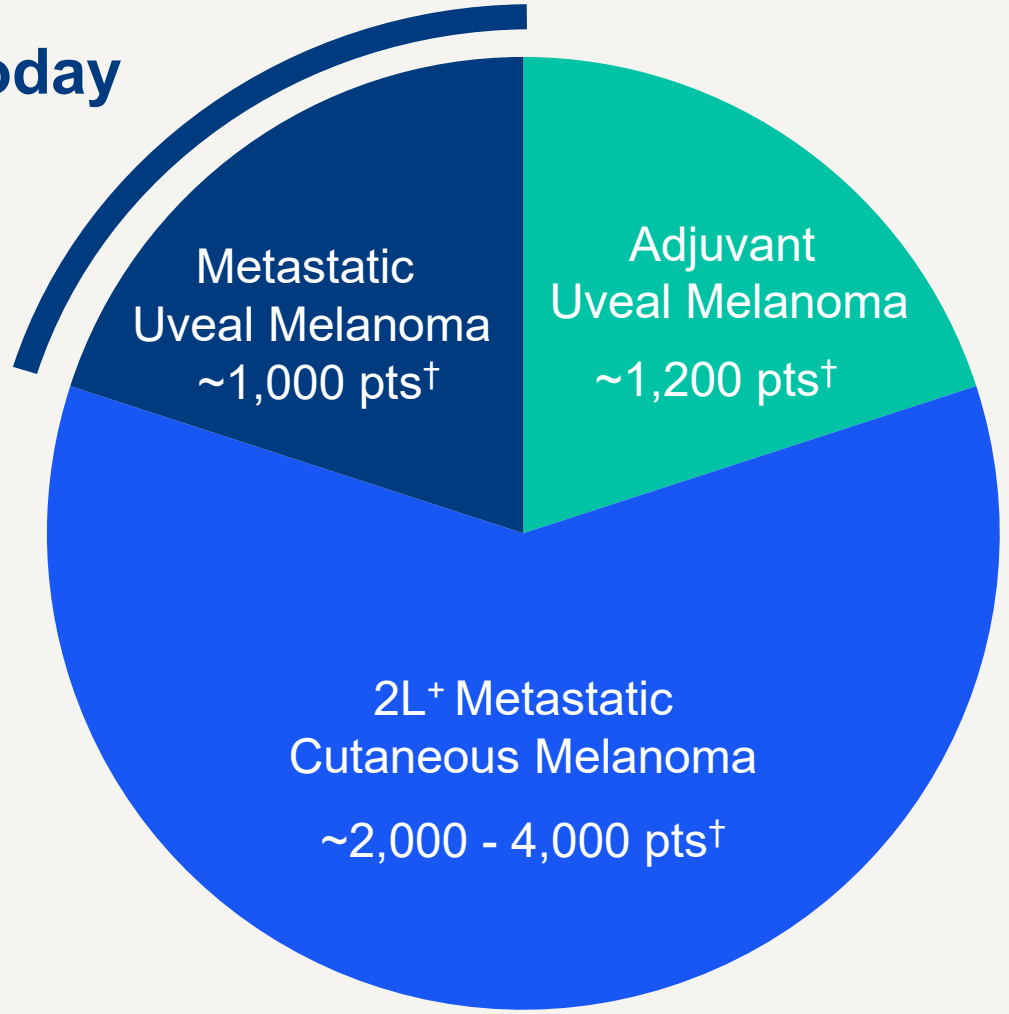
Expanding KIMMTRAK's potential in HLA-A02+ cutaneous and uveal melanoma

- → **KIMMTRAK: First-in-class, off-the-shelf, bispecific therapy**
- → **Using our TCR technology to target gp100 protein in melanoma**

KIMMTRAK Estimated Market Opportunity



† Estimated number of HLA-A*02:01 positive patients per year in the US and EU.

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KIMMTRAK Commercial Performance

Cash runway projected into 2026 with anticipated KIMMTRAK revenues

35+

countries with approval; continued reimbursement expansion globally

~$61M

Q3 KIMMTRAK net sales[1]

~$445M

Cash and cash equivalents as of September 30, 2023

[1] Dollar amounts based on conversion rate of approximately 1.22.

Uveal (or Ocular) Melanoma, UM, is an ultra-rare & aggressive tumor

Definitive treatment of primary uveal melanoma tumor includes surgery or radiation

50% **of uveal melanoma patients are HLA-A02+ patients**

35+ **Approvals globally; KIMMTRAK standard of care in HLA-A02+ patients**

. SOURCE – The Company Estimates

Overall Survival (OS) statistically significant

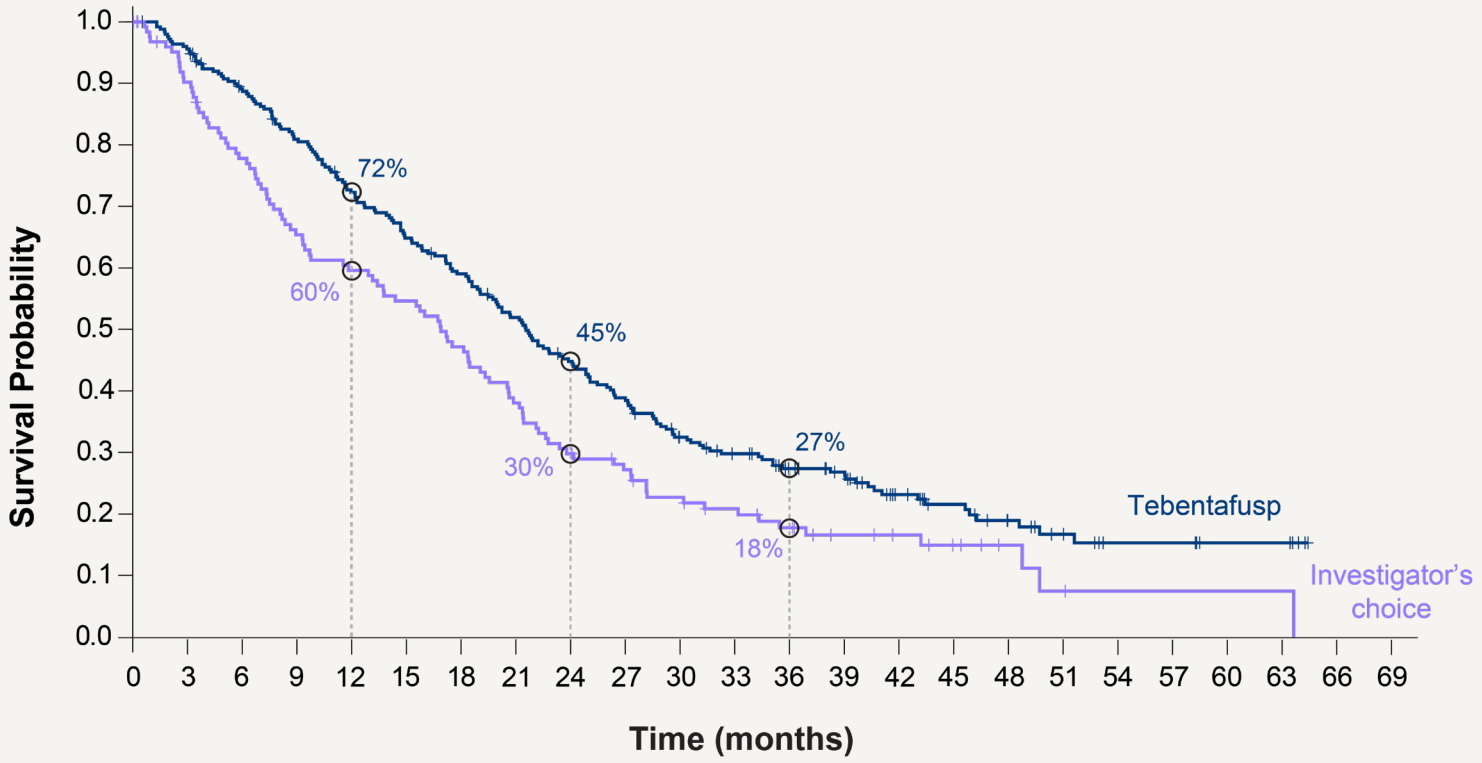
→ **Primary analysis showed that KIMMTRAK extend median OS by 6 months**

21.7 **months median OS**

0.51 **hazard ratio**

The NEW ENGLAND JOURNAL of MEDICINE

OS benefit of tebentafusp maintained vs investigator's choice in first line – 3-year follow-up



No. at risk

Tebentafusp	252	239	218	197	175	157	142	124	106	92	73	64	53	47	32	25	18	13	8	8	5	5	0
IC	126	110	94	79	72	66	57	46	36	31	25	21	17	12	10	7	4	2	1	1	1	1	0

Nathan, P. *et al.* New England Journal of Medicine 2021; 385:1196-1206. Hassel, J., Piperno-Neumann, S. *et al.* New England Journal of Medicine 2023; 10.1056/NEJMoa2304753.

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Safety profile of KIMMTRAK was predictable and manageable

→ **Key KIMMTRAK findings**

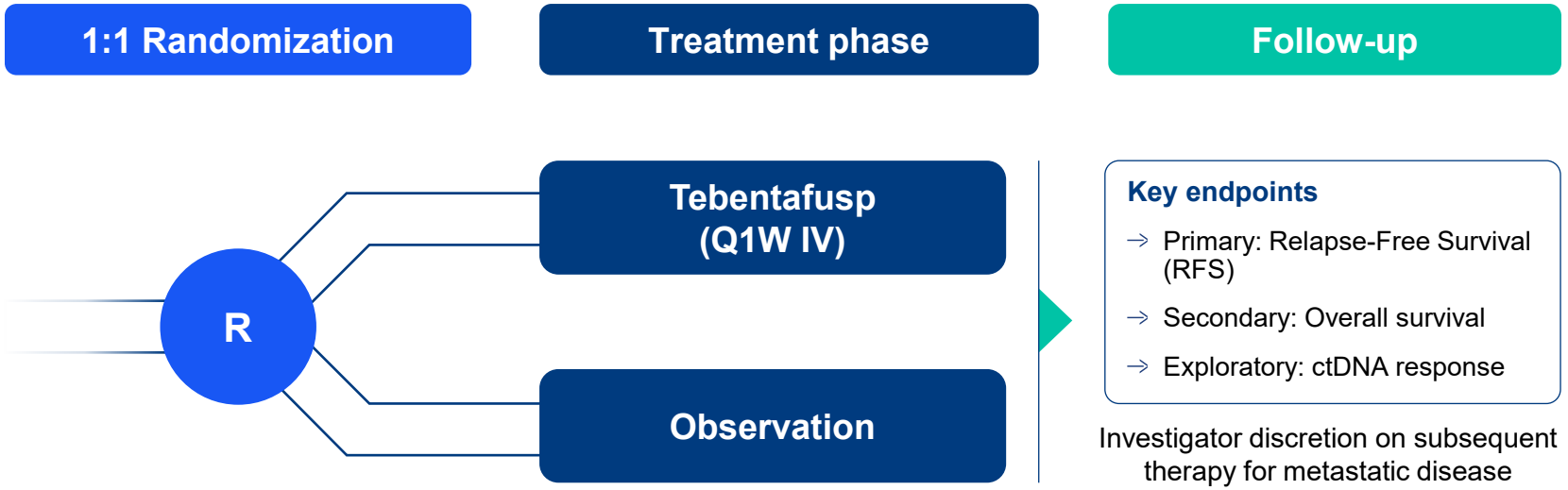
- Adverse Reactions (ARs) consistent with mechanism of action
- Majority of ARs in first 3 weeks
- Low discontinuation rate: KIMMTRAK 2% vs. Investigator's Choice of 4.5%
- No treatment related deaths

	KIMMTRAK (n = 245)*	
Adverse Reactions (AR)	**Any Grade, %**	**Grade 3 or 4, %**
Any	244 (99.6)	110 (45)
Cytokine release syndrome[a]	89	0.8
Rash[b]	83	18.4
Pyrexia	76	3.7
Pruritus	69	4.5
Fatigue[b]	64	5.7
Nausea	49	2
Chills	48	0.4
Hypo-/hyperpigmentation[b]	47	0.4
Abdominal pain[b]	45	2.9
Edema[b]	45	0

* KIMMTRAK, US Package insert, Immunocore Ltd., 2021. Adverse reactions listed are those with any grade >45%. [a] Represents algorithmic identification of CRS cases based on ASTCT grading criteria (Lee *et al.* 2019). [b] Represents a composite of multiple related terms.

EORTC Phase 3 Tebe Adjuvant UM Trial Design (ATOM)

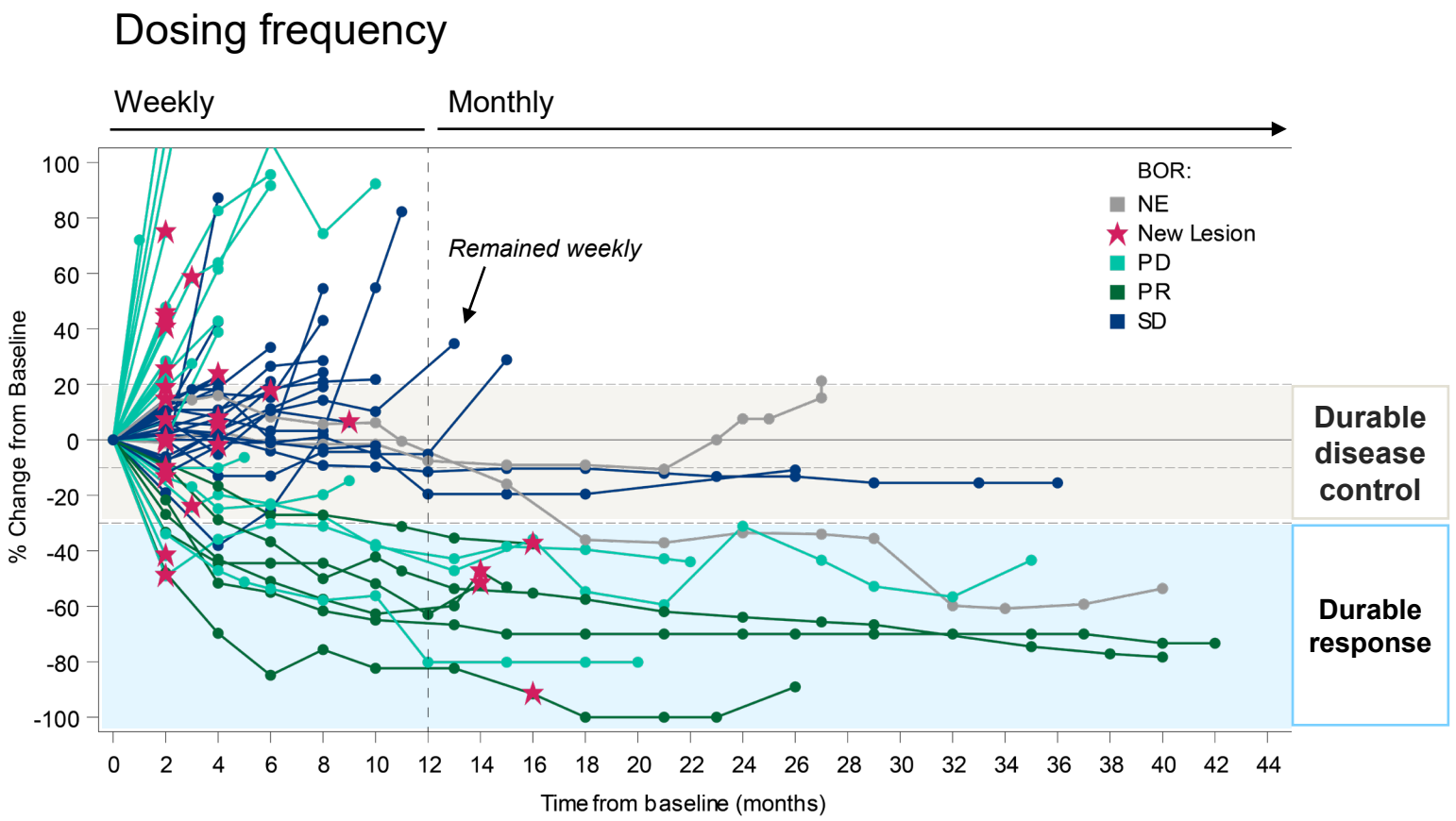
- **~300 HLA-A*02:01 patients**
  - Within 3 months of definitive treatment of high risk primary uveal (or ocular) melanoma
  - No evidence of metastatic disease on imaging
- **Randomized 1:1**
- **Q3 month MRI & ctDNA sample collection from randomization**



- **Anticipate randomization to start 2024**

EORTC – European Organisation for Research and Treatment of Cancer.

Tebentafusp active in cutaneous melanoma



Time from prior anti-PD(L)1	1-yr OS	2-yr OS
Remote	75%	22%
Immediately prior	75%	23%
Benchmark	55%	N/A

→ **Time since last dose of prior anti-PD(L)1 does not impact OS**

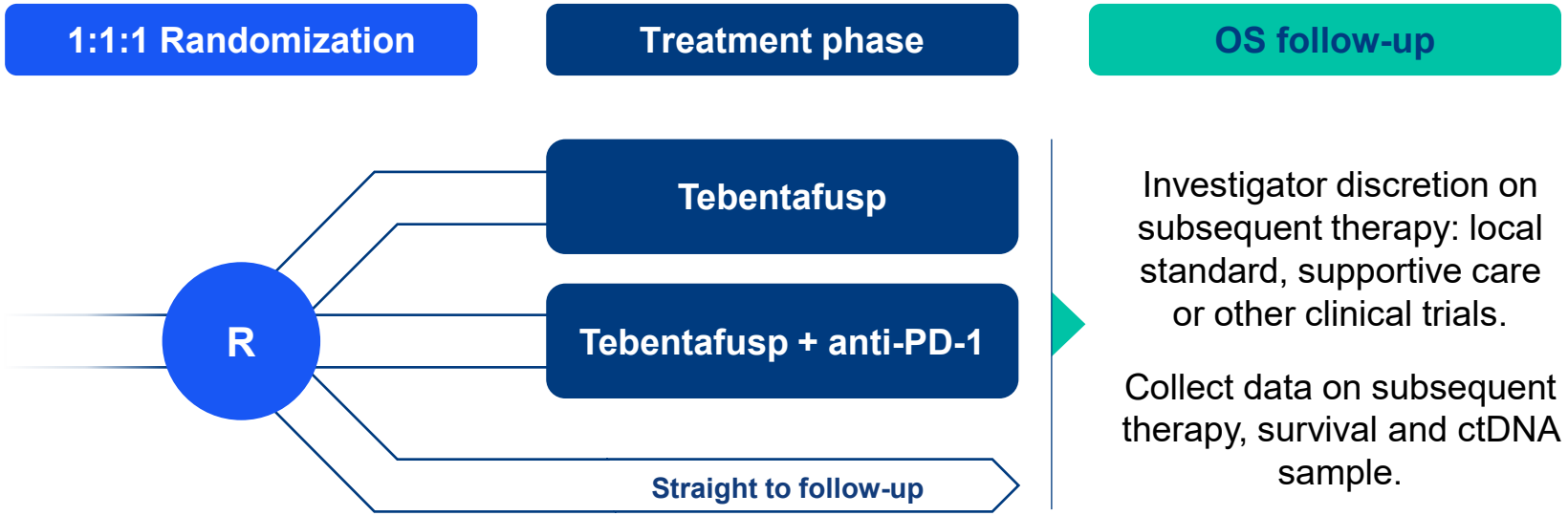
60 cutaneous melanoma (all had prior anti-PD1) received tebentafusp + durvalumab*

Hamid O, *et al. JITC* (2023). Middleton *et al.*, ASCO 2022. Remote = Patients received prior anti-PD1 but it was not most recent therapy prior to enrolment. Immediately prior = anti-PD1 was most recent therapy prior to enrolment.

TEBE-AM – Phase 2/3 trial for previously treated, advanced melanoma patients

Randomization to ‘real world’ treatment as a control arm

- **HLA-A*02:01 advanced melanoma**
  - Uveal melanoma excluded
- **Prior anti-PD(L)1**
  - Progression within 6 months last dose
- **Prior ipilimumab**
- **Prior targeted therapy (BRAFm)**



- **Anticipate Phase 2 enrolment completed 2H 2024**

Phase	Primary Endpoint	Per Arm Size
2	ctDNA and OS	40
3	OS	170

Optionality to review Phase 2 data to inform changes to Phase 3, including line of prior therapy, dropping an Arm and optimize powering of study

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PRAME Franchise: A02, A24, A02-HLE

IMC-F106C-101 PRAME Phase 1 study design

Tumor assessment every 9 weeks

Screening → **Treatment** → **Follow-up**

Weekly IV infusion with intra-patient dose escalation (over 3 weeks)

→ Key eligibility criteria

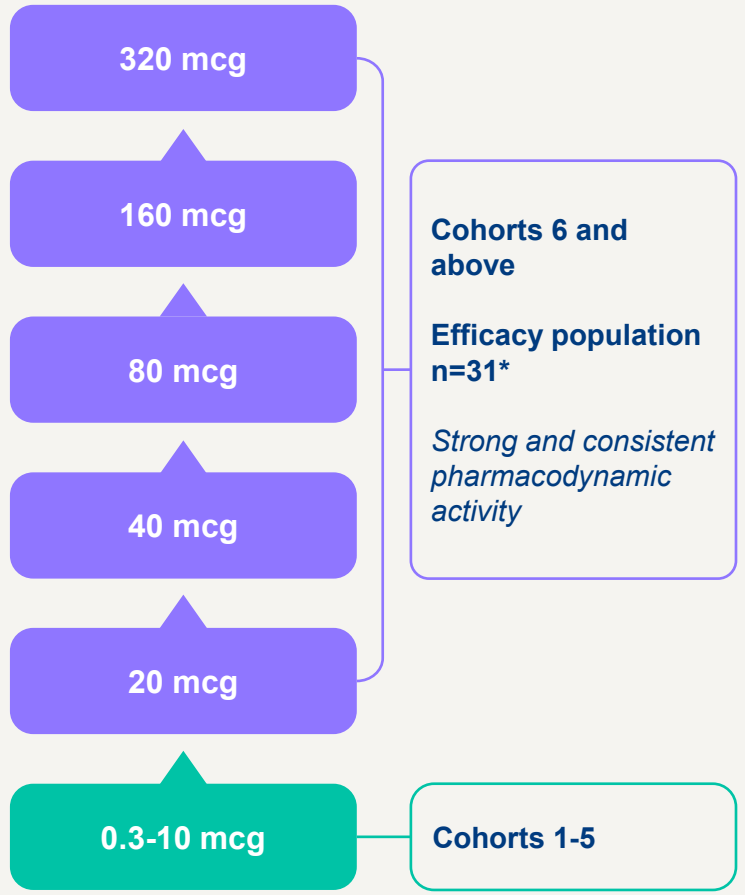
- HLA-A*02:01 (central testing)
- Select advanced solid tumors
- Tumor PRAME by immunohistochemistry
  - High PRAME prevalence: enroll all comers; test retrospectively
  - All other indications: prospective confirmation of PRAME

→ Key objectives

- Primary endpoint
  - Determine MTD/expansion dose
- Secondary endpoint
  - Preliminary antitumor activity
  - Pharmacokinetics
  - Pharmacodynamic markers

Dose escalation

Target Dose, starting day 15



* Of 36 patients treated at target escalation dose of ≥20 mcg, 5 patients were excluded from efficacy analyses as they were PRAME-negative (n=2) or not yet had tumor assessment (n=3).

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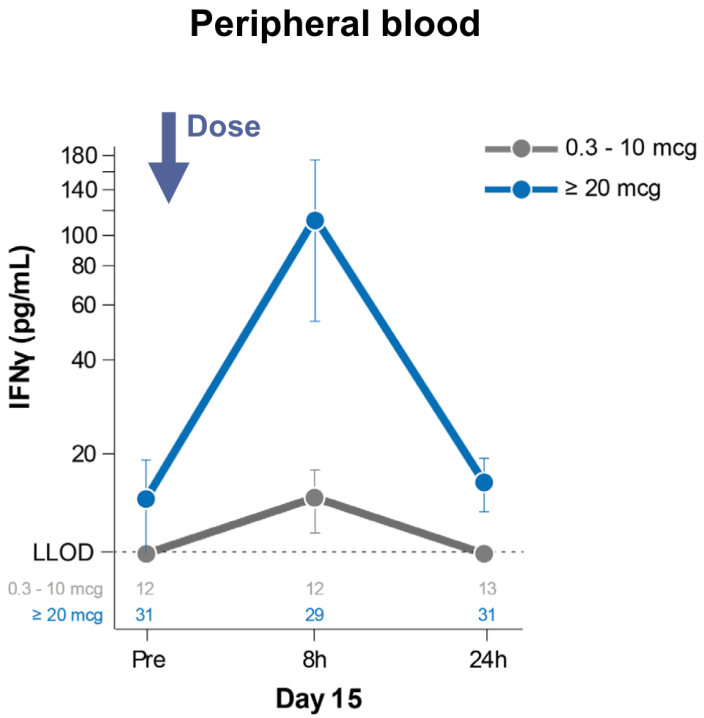
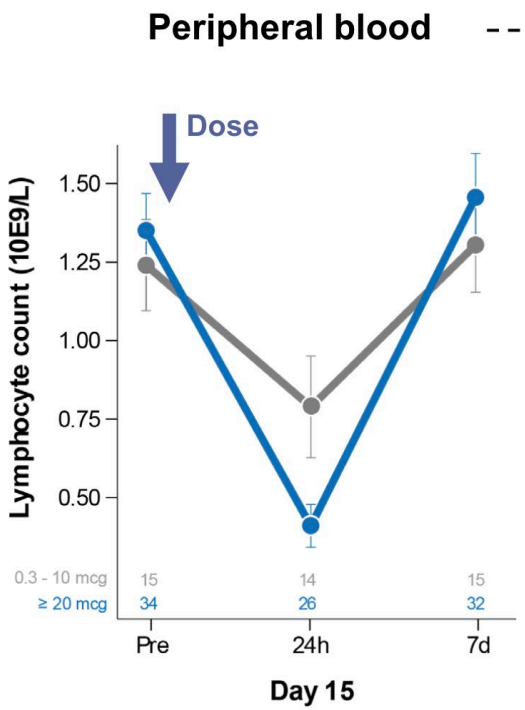
Strong and consistent pharmacodynamic activity at ≥20 mcg IMC-F106C

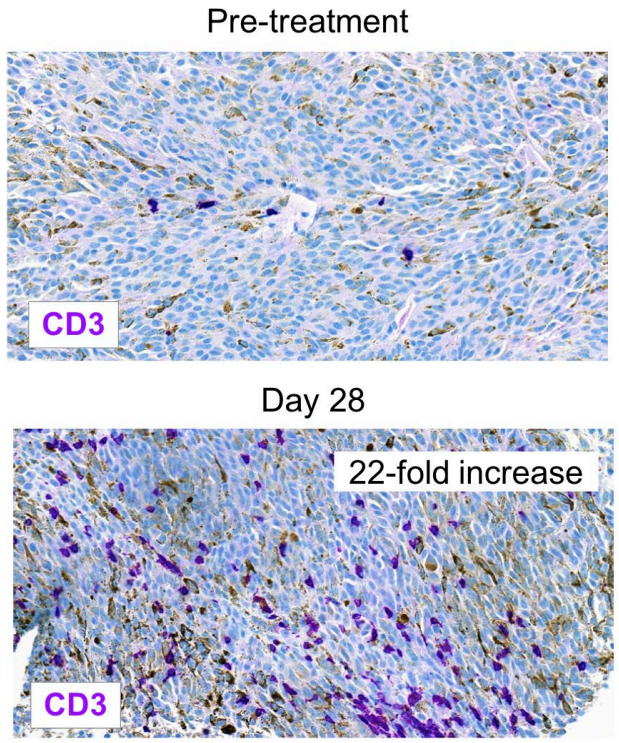
T cell activation and re-direction into tumor seen across ImmTAC platform

→ Interferon-γ induction



→ T cell trafficking





Hamid, O., *et al.*, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

Baseline patient characteristics

→ **Median PRAME H-score (188) in efficacy population was high**

→ **Efficacy population heavily pretreated**

- Ovarian: all platinum resistant
- CM: all received prior anti-PD1 and anti-CTLA4
- NSCLC: all received prior anti-PD1
- TNBC and endometrial: 2-5 prior lines of therapy

	IMC-F106C (n = 55)	
Characteristic	**Safety Population** (n = 55)	**Efficacy Population** (n = 31†)
Age – Mean (range)	60 (26, 79)	61 (36, 79)
ECOG status 0 – n (%)	30 (55%)	19 (61%)
PRAME status (IHC)		
Positive	49 (89%)	28 (90%)
Negative	2 (4%)	0
Not evaluable	4 (7%)	3 (10%)
Median H-score	195	188
Tumor type		
Melanoma	34 (62%)	17 (55%)
Uveal (UM)	26 (47%)	11 (35%)
Cutaneous (CM)*	8 (15%)	6 (19%)
Ovarian Carcinoma	10 (18%)	5 (16%)
Serous (SOC)*	7 (13%)	4 (13%)
Non-serous	3 (5%)	1 (3%)
NSCLC	4 (7%)	4 (13%)
TNBC*	3 (5%)	3 (10%)
Endometrial*	4 (7%)	2 (6%)

* In efficacy population, these tumors enrolled regardless of PRAME immunohistochemistry (IHC) testing, which was evaluated retrospectively. NSCLC squamous also enrolled regardless of PRAME testing. † Of 36 patients treated at target escalation dose of ≥20 mcg, 5 patients were excluded from efficacy analyses as they were PRAME-negative (n=2) or not yet had tumor assessment (n=3). Hamid, O., *et al.*, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

IMC-F106C was well tolerated

Most frequent related AE was Grade 1/2 CRS, consistent with proposed mechanism

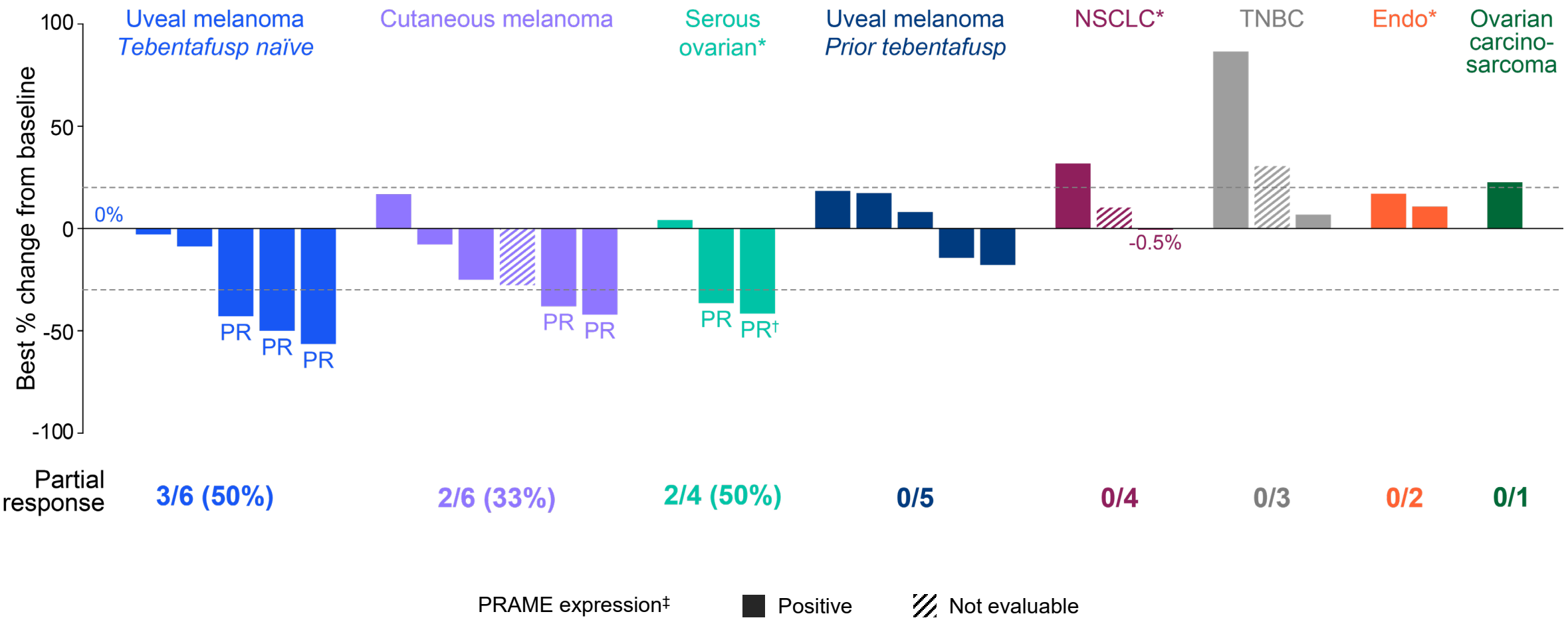
- → **MTD not reached**
- → **No treatment-related discontinuation or Grade 5 related AEs**
- → **CRS events were all manageable**
  - Majority (77%) within first 3 doses
  - 71% Grade 1
  - 29% Grade 2
  - No Grade ≥ 3 CRS
- → **Adverse events attenuate over time**

	IMC-F106C (n = 55)		
Preferred Term (MedDRA v23.1)	**0.3 – 10 mcg†** (n = 18)	**20 – 320 mcg†** (n = 37)	**Total** (n = 55)
All grades (events in ≥ 25% of patients), n (%)			
At least one event	18 (100)	34 (92)	52 (95)
Pyrexia*	10 (56)	21 (57)	31 (56)
Cytokine release syndrome	5 (28)	22 (59)	27 (49)
Fatigue	6 (33)	13 (35)	19 (35)
Hypotension*	3 (17)	15 (41)	18 (33)
Chills	9 (50)	8 (22)	17 (31)
Nausea	7 (39)	10 (27)	17 (31)
Rash	3 (17)	12 (32)	15 (27)
Grade ≥ 3 (Events in > 1 patient), n (%)			
At least one event	6 (33)	13 (35)	19 (35)
Lymphopenia	1 (6)	7 (19)	8 (15)
Aspartate aminotransferase increased	3 (17)	1 (3)	4 (7)
Anemia	1 (6)	2 (5)	3 (5)
Alanine aminotransferase increased	2 (11)	0	2 (4)
Arthralgia	1 (6)	1 (3)	2 (4)
Pyrexia*	0	2 (5)	2 (4)

* Includes events reported as a sign/symptom of CRS. † Safety presented by intended target escalation dose on Day 15. 1/37 patients received only a single dose of 2 mcg and did not reach target dose of ≥ 20 mcg.
Hamid, O., *et al.*, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

Responses observed in multiple tumor types

IMC-F106C ESMO 2022



* Two patients (1 with NSCLC, 1 serous ovarian) discontinued treatment due to PD with scan data not available at DCO. † This serous ovarian patient (H-score 39) had an unconfirmed partial response (uPR) at the time of the ESMO Congress September 2022 presentation, that was subsequently confirmed. ‡ PRAME expression assessed by IHC H-score. Two PRAME-negative patients both had PD (not shown). Endo, endometrial carcinoma; NSCLC, non small cell lung carcinoma; TNBC, triple-negative breast cancer. Hamid, O., *et al.*, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

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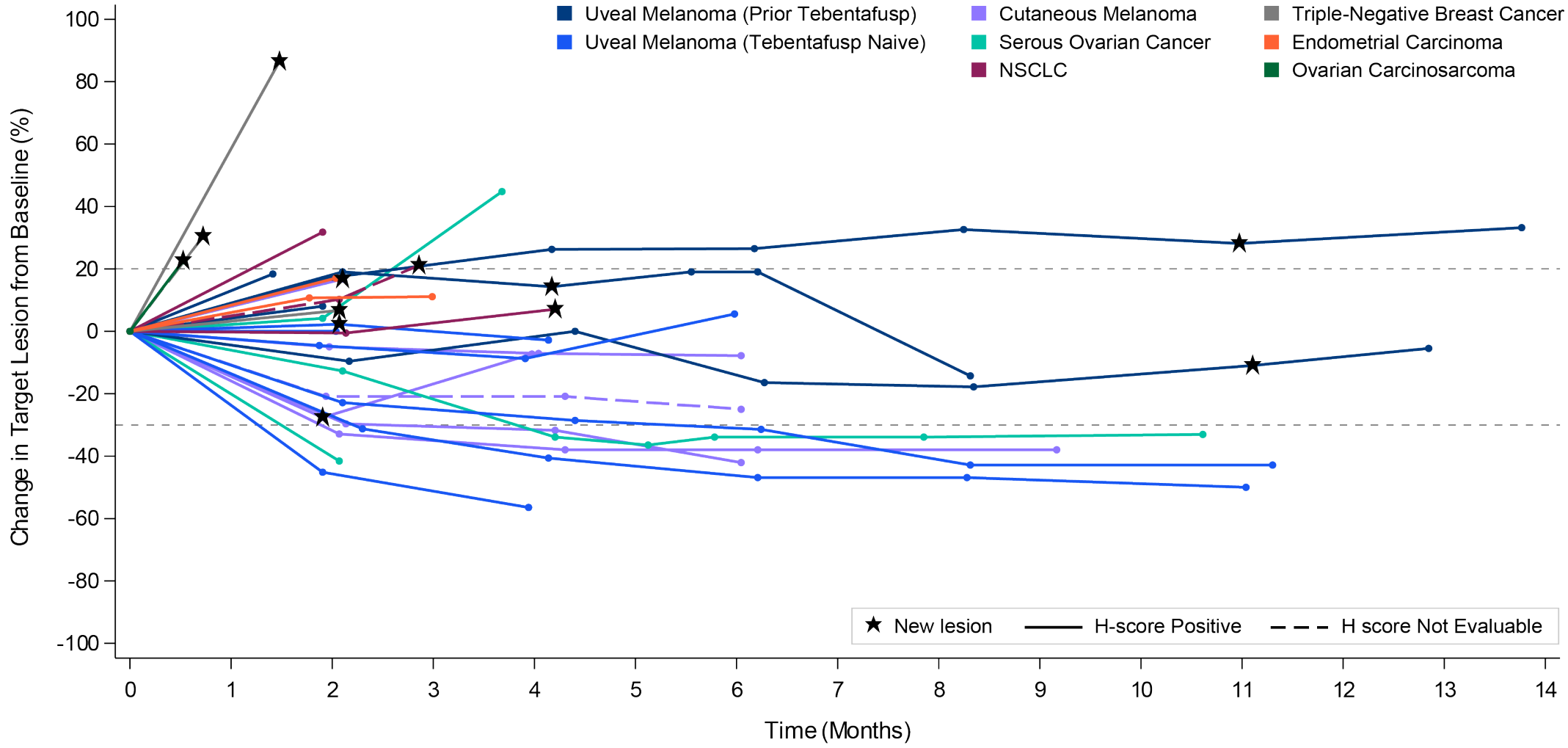
Majority of patients have durable tumor response or stabilization

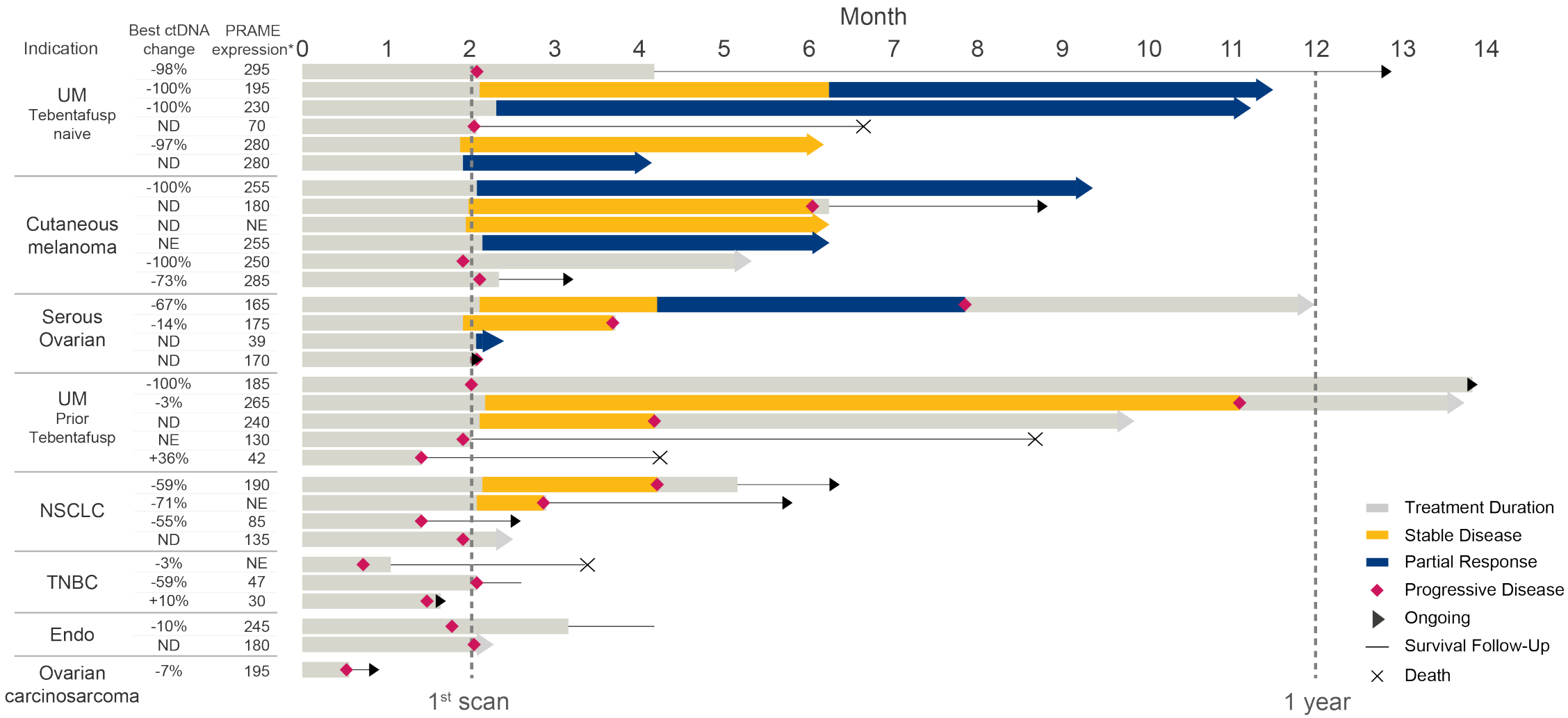
IMC-F106C ESMO 2022



NSCLC, non small cell lung carcinoma. Hamid, O., *et al.*, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

Responses are durable, 6 of 7 PRs still ongoing

IMC-F106C ESMO 2022 | Two PRs ongoing for 7+ months



* PRAME expression assessed by IHC H-score. Endo, endometrial carcinoma; NSCLC, non small cell lung carcinoma; TNBC, triple-negative breast cancer; UM, uveal melanoma; ctDNA, circulating tumor DNA; ND, not yet determined (9 patients pending); NE, not evaluable; PR, partial response. Hamid, O., *et al.*, Annals of Oncology (ESMO 2022) 33 (suppl_7): S331-S355.

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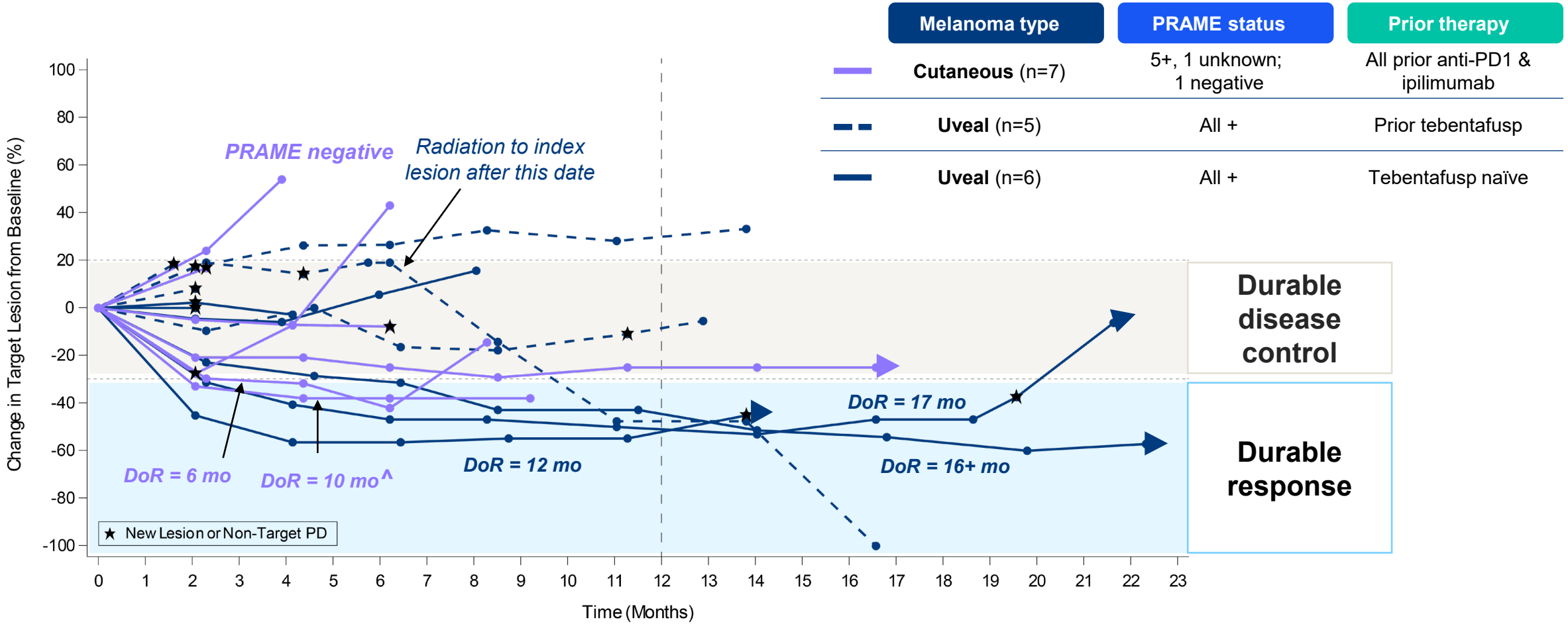
IMC-F106C monotherapy melanoma activity shows durability

Update to ESMO 2022 melanoma patients (n=18)



Data cut-off May 2023 from live data base. DoR= duration of response. ^ Patient had disease progression after Month 12.

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Initiating PRISM-MEL-301 Phase 3 trial in 1L melanoma

IMC-F106C + anti-PD1

→ **Monotherapy durable responses and disease control in heavily pre -treated melanoma, supportive of PFS**
- Supported by emerging data in new patients

→ **Well tolerated and combinable with checkpoints**
- Supported by ongoing study and from tebentafusp + checkpoint study

→ **Platform has greatest benefit in earlier lines and amenable to less frequent dosing on backbone of active therapy**

→ **Focus on 1L melanoma, a large opportunity, with goal to support full approval in all HLA-A02 melanoma**

→ **Successful Type B FDA meeting**

Agreement to Ph3 trial & dose optimization (Project Optimus)

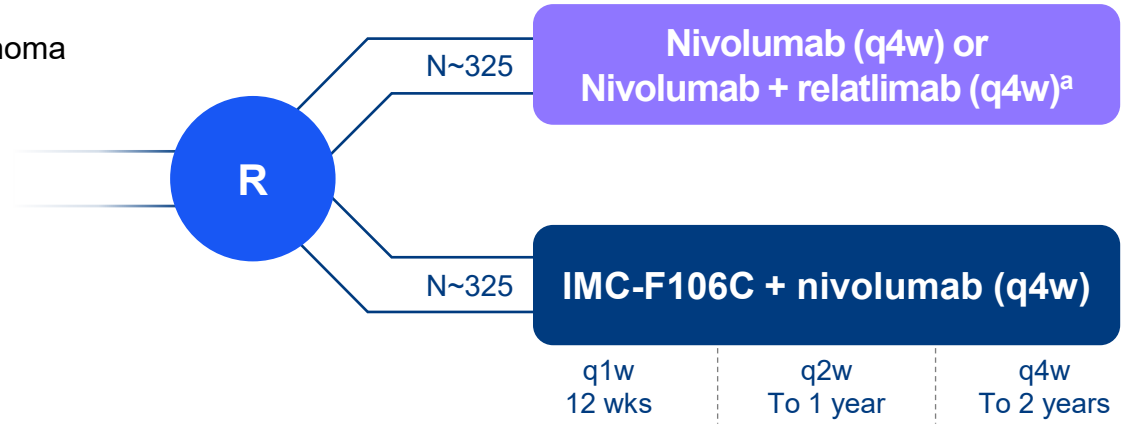
PRISM-MEL301: First line advanced, cutaneous melanoma Phase 3

Design based on Type B FDA meeting

Randomization | **Treatment phase** | **Follow-up**

→ **Key inclusion criteria**
- Previously untreated, advanced melanoma
- HLA-A*02:01
- No prospective PRAME testing

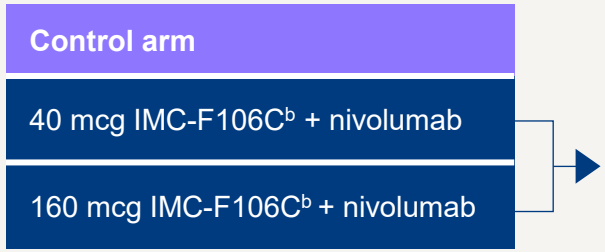
→ **Stratification factors**
- AJCC M stage
- Prior anti-PD1 adjuvant therapy
- BRAF V600 status



Key endpoints
- → Primary: PFS by BICR
- → Secondary: OS, ORR
- → Exploratory: ctDNA

→ **Randomization starts Q1 2024**

Initial randomization includes comparison of two IMC-F106C regimens (~90 patients or 30/arm)



- → Interim analysis of two experimental arms
- → No pause in randomization during review
- → Drop one experimental arm
- → All patients in the 'go-forward' arm included in ITT[C] analysis

[a] Use of nivolumab or nivolumab+relatlimab as control will be country specific. [b] Represents target dose after intra-patient escalation. [c] ITT: intent to treat.

Executing across core areas for PRAME franchise

IMC-F106C-101 Study

Monotherapy	Standard-of-care combinations
Cutaneous melanoma Monotherapy expansion	**Checkpoint inhibitor combinations**
Ovarian Monotherapy expansion	**Chemotherapy combinations**
NSCLC Monotherapy expansion	**ImmTAC combination**
Endometrial Monotherapy expansion	
40 mcg dose optimization (Project Optimus)	

→ **Data to be presented in 1H 2024**

Registrational Studies

New

PRISM-MEL301

Opportunity for 10,000 HLA-A02+ pts/year

→ **Randomization in 1Q 2024**

Building Franchise

PRAME-A02 Half Life Extended (HLE)

PRAME-A24

→ **IND/CTA in 2024**

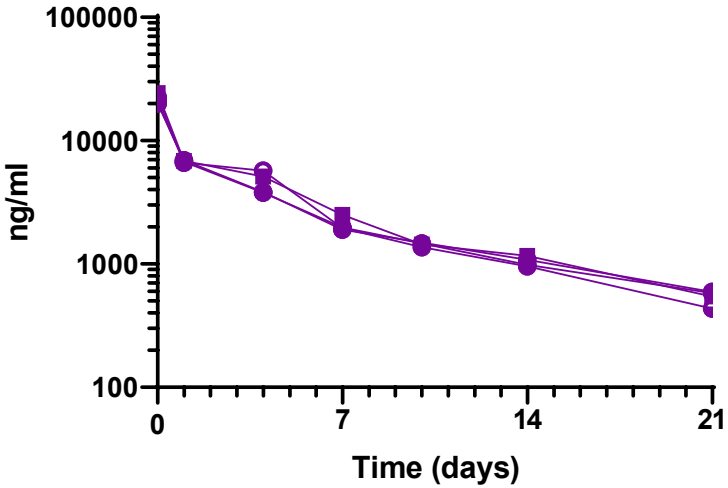
* HLA-A*02:01.

IMC-P115C: Half-Life Extended (HLE) ImmTAC targeting PRAME-A02

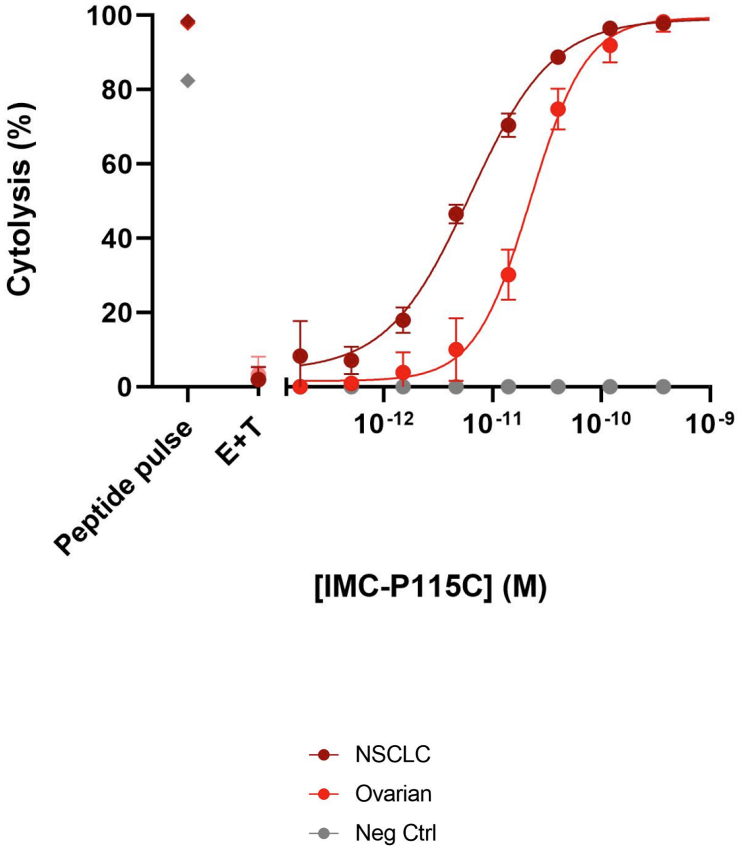
IND enabling studies ongoing

- → **Same PRAME peptide**
- → **Same CD3 end**
- → **Same TCR specificity**
- → **Less frequent dosing**

Half-life ~ 7 days in mouse PK study*



Highly potent *in vitro*



* Half-life estimated using a research tool version of IMC-P115C.

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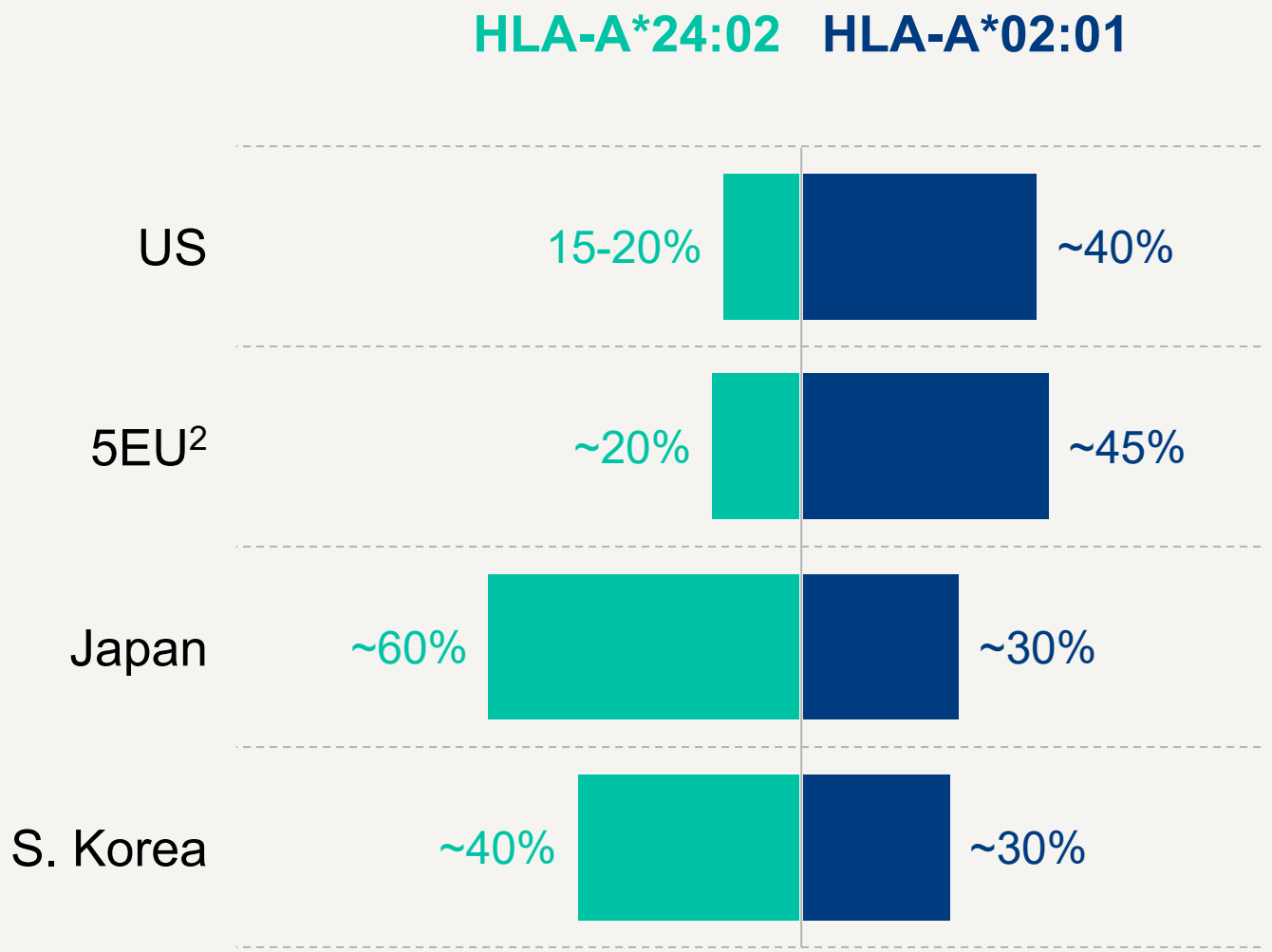
IMC-T119C: ImmTAC targeting PRAME-A24

IND enabling studies ongoing

- → **Patient diversity, including Japan**
- → **Expands beyond PRAME-A02 by ~30% in non-overlapping patients**
- → **PRAME-A02 development as a blueprint**

Expands & diversifies patient population[1]



[1] Prevalence of individual HLA subtypes. [2] 5EU: France, Germany, Italy, Spain, and the United Kingdom.

PRAME-A02 has the potential to benefit a large number of patients

Prevalence of PRAME expression[1]	Tumor type	HLA-A*02:01+, PRAME+ metastatic patients (G7)[2]
70-100%	Endometrial	>10K
	Melanoma	>10K
	Ovarian	>15K
	NSCLC-squamous	>30K
50-70%	NSCLC-adeno	>40K
	SCLC	>15K
	TNBC	>5K
20-50%	SCCHN	>30K
	Gastric	
	RCC	
	Esophageal	
	Cholangiocarcinoma	
	Cervical	

Total ~150,000

PRAME+, HLA-A02 patients/year

[1] PRAME prevalence derived from immunohistochemistry and RTqPCR of patient samples and analysis of TCGA. [2] Epidemiology data from cancer registries and Decision Resources, Annual incidence of metastatic patients.

Novel ImmTAC candidate for GI cancers from our discovery engine

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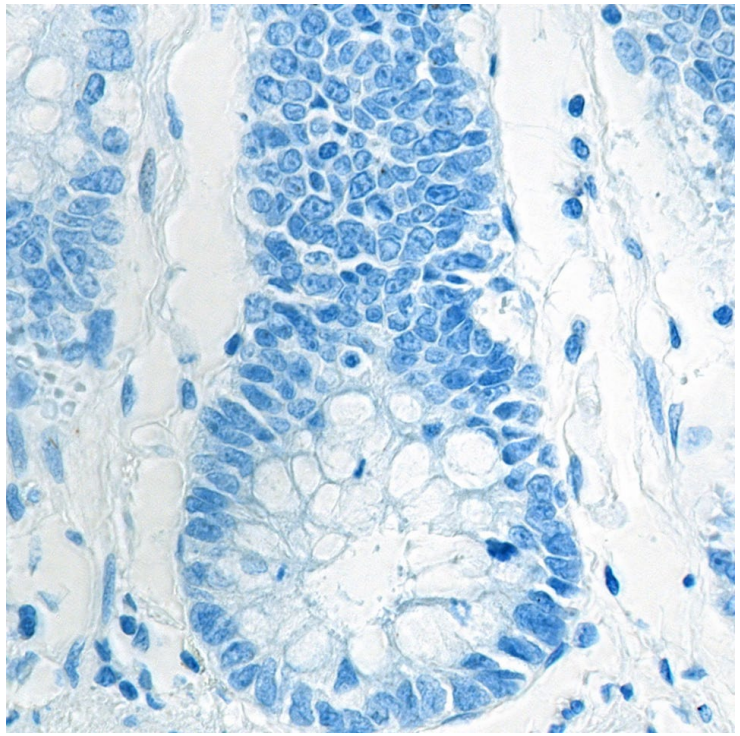
PIWIL1: promising target in colorectal cancer (CRC)

CRC is historically insensitive to immune checkpoints

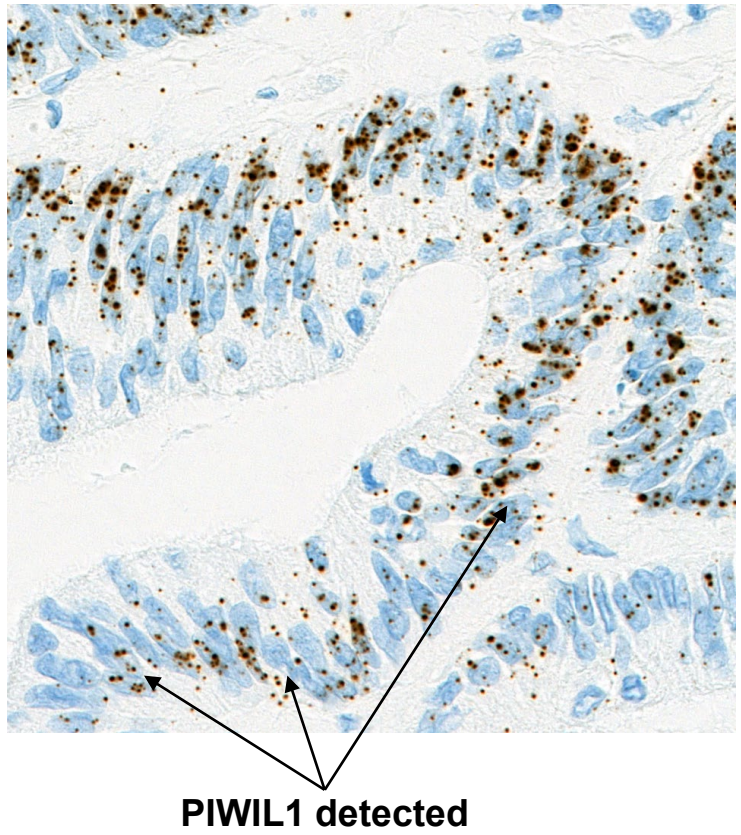
- → **Negative prognostic marker in multiple cancers**, involved in tumor progression
- → **Expressed in CRC, historically insensitive to IO**, and across major subgroups^
- → **25% CRC patients have broad PIWIL1 expression** (e.g., > 75% of tumor cells positive)

PIWIL1 RNA *in situ* hybridization

Normal colon



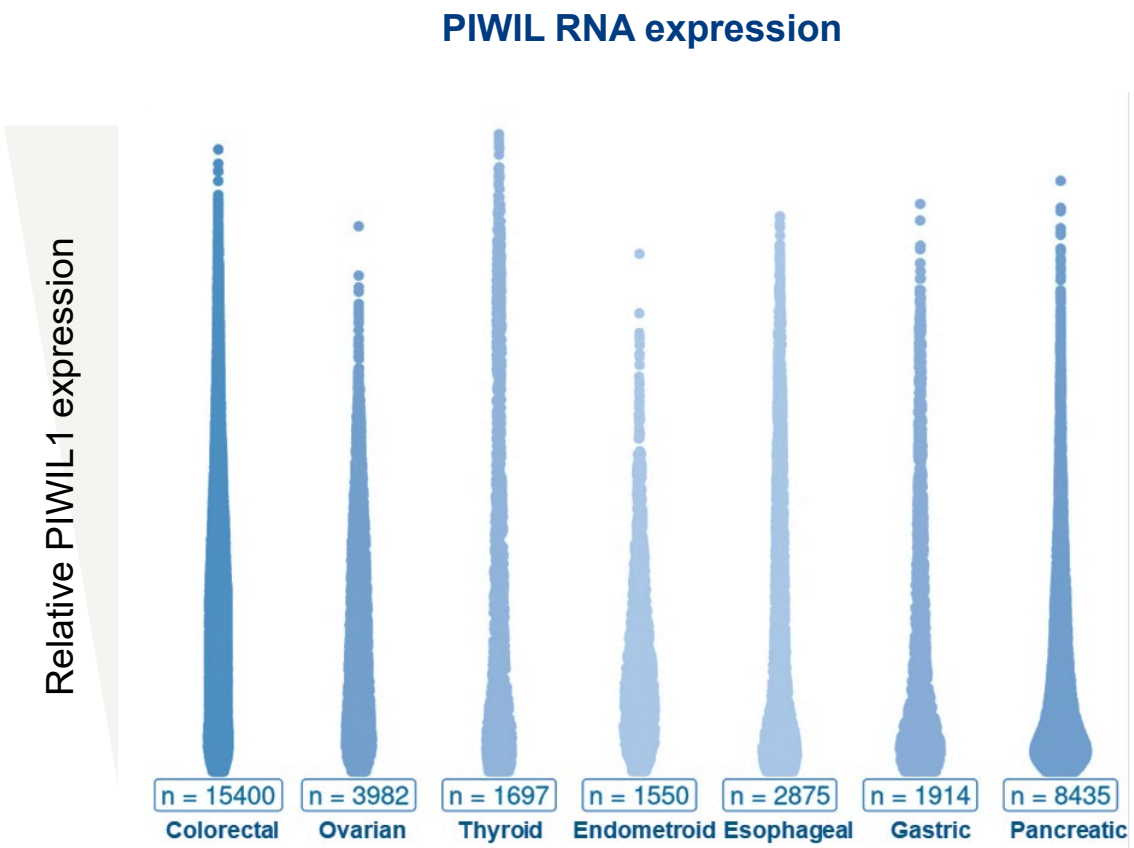
Colon adenocarcinoma



PIWIL1, piwi-like protein1, MSS. ^ Including mutant & wildtype RAS and BRAF; microsatellite stable (MSS) and microsatellite instability (MSI)-high.

IMC-R117C: First-in-class immunotherapy targeting PIWIL1 (PIWIL1 x CD3)

IND or CTA submission on track for Q4 2023



n = mRNA sample size

Total >35,000

PIWIL1+, HLA-A02 patients/year

Prevalence of PIWIL1 expression	Tumor type	HLA-A*02:01+, PIWIL1+ metastatic patients (G7)
20-30%	Colorectal	>20K
	Esophageal	
15-20%	Ovarian	~10K
	Gastric	
~10-15%	Endometroid	~6K
	Pancreatic	

PIWIL1, piwi-like protein1.

Pursuing a functional cure in infectious diseases

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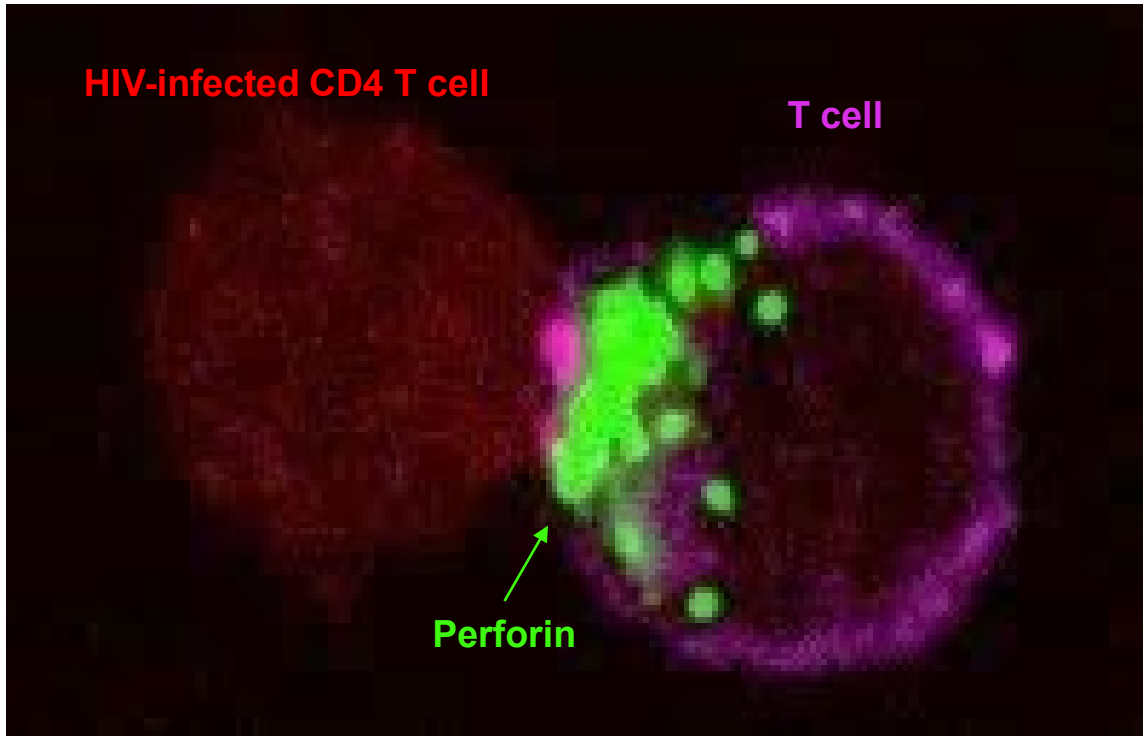
IMC-M113V redirects T cells to eliminate HIV-infected cells in vitro

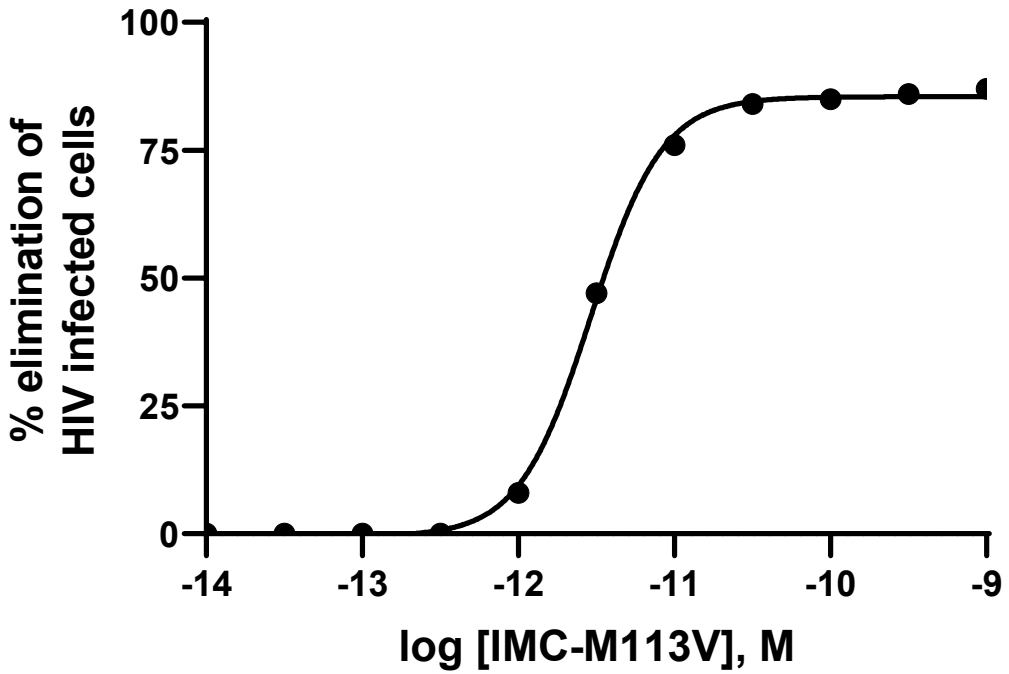
Enables productive cytotoxic T cell interface*



HIV gag protein

CD8 protein

Potent killing of HIV infected CD4 T cells



Targets: C8166 A2B2M cells (HLA-A*02:01^{hi}) + HIV

Effectors: CD8+ T cells from HIV-naïve donors

* Research tool version of IMC-M113V.

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Phase 1 Soluble T cell Receptors In Viral Eradication ('STRIVE')

A first in human, open-label dose escalation study evaluating IMC-M113V in people with treated HIV

Single Ascending Dose

→ **Key inclusion criteria**
- Participants living with HIV (PLWH) on anti-retroviral therapy (ART)

→ **Regimen:**
- Single dose

→ **Key endpoint:**
- Primary: Safety

→ **Key biomarker:**
- T cell activation

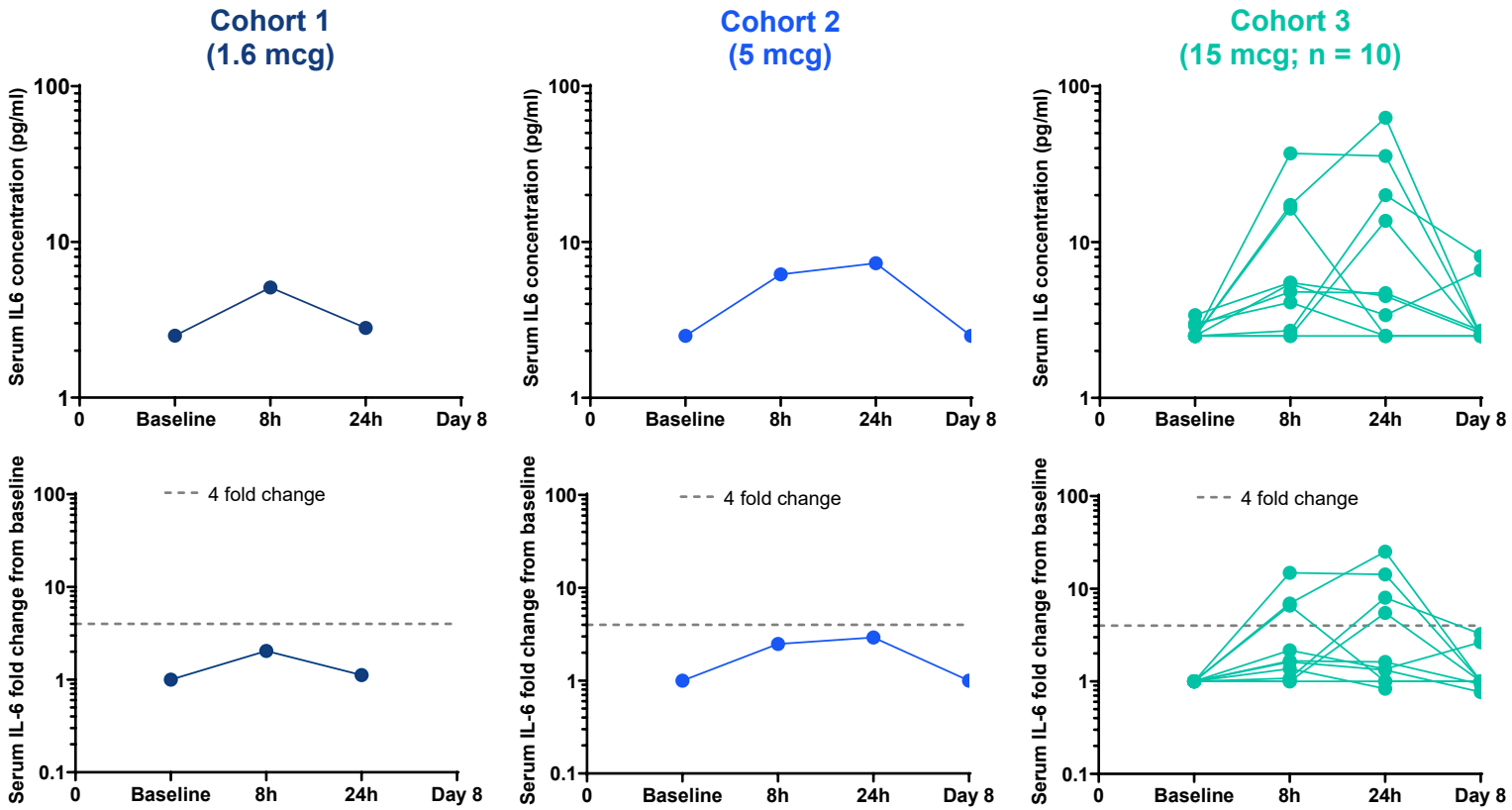
15 mcg, n = 10

5 mcg, n = 1

1.6 mcg, n = 1

15 mcg was well tolerated and met pre-defined biomarker threshold for expansion

Well tolerated and biologically active



Active dose definition: ≥ 4-fold increase in plasma IL-6 at 8-24 hours post-dose.

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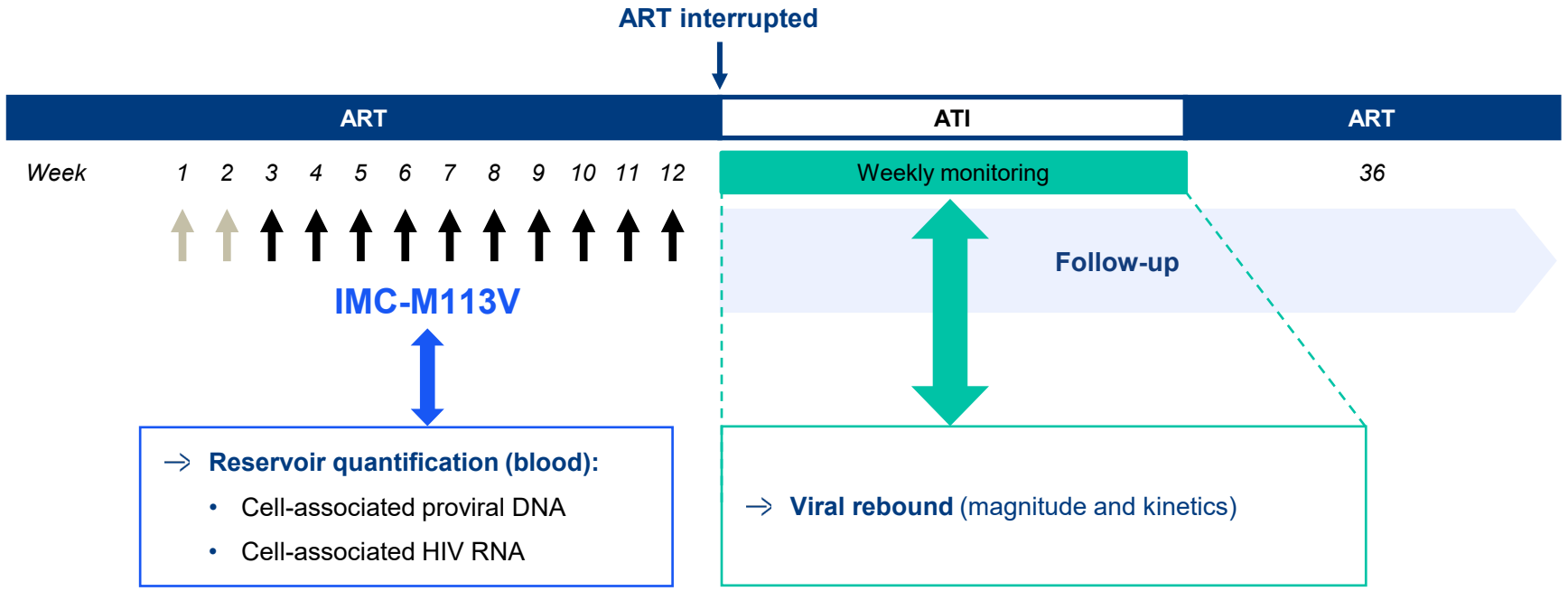
IMC-M113V multiple ascending dose portion now open

Goal is to determine safety and anti-viral activity

→ **Key inclusion criteria**
- PLWH on ART

→ **Regimen:**
- Weekly for 12 weeks



Phase	Primary Endpoint
Proviral HIV DNA	Defective and intact virus
HIV Gag RNA	Active viral transcription
HIV viral rebound	Infectious virus

PLWH: People living with HIV; ART: Anti-retroviral therapy; ATI: ART treatment interruption.

Our unique approach for functional cure of chronic Hepatitis B

Immune-mediated viral clearance

Reactivate exhausted T cells

Bristol Myers Squibb

GILEAD

Redirect non-exhausted T cells

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→ **Key advantages of redirecting non-exhausted T cells**

- Same CD3 MoA validated in oncology
- Independent of natural T cell reactivity to Hepatitis B
- Goal is functional cure with finite treatment

→ **Mass-spectrometry antigen discovery engine for HBV**

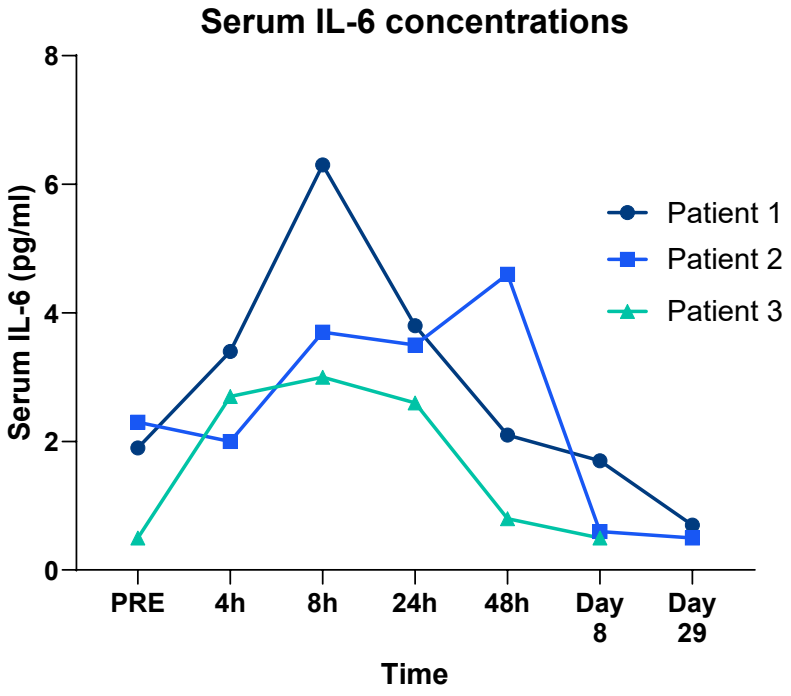
- Pipeline funnel (e.g., conserved sequences, pHLA presentation/stability, mimetic risk)
- Seven optimal targets identified from envelope, core capsid, and polymerase

pHLA, peptide-HLA.

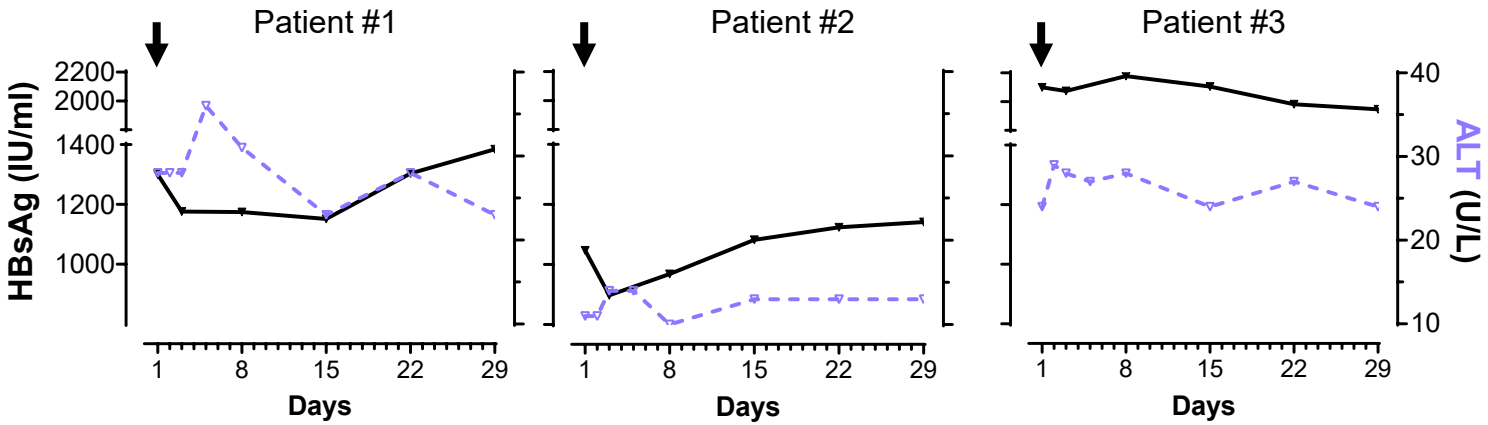
IMC-I109V: Encouraging signs of activity observed in HBV

Initial results from single 0.8 mcg dose presented at EASL 2022

Induction of IL-6 in all 3 patients[1]



Transient decrease in HBsAg transiently coincided with transient increase in ALT[1]



[1] Bourgeois, *et al.* EASL 2022. Arrow indicates timing of administration of IMC-I109V.

Upcoming milestones

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Looking ahead

→ Commercial milestones

KIMMTRAK	Commercial launch in another major EU country (Italy)	1H 2023 ✓
	Launches in several EU & ROW countries (Israel, Austria, Finland, Belgium and Switzerland)	2023 ✓
	Pricing reimbursement agreement in Germany	3Q 2023 ✓
	Pricing reimbursement agreement in France	2024

→ Clinical milestones

KIMMTRAK	Complete randomization of Ph 2 2L+ cutaneous melanoma (TEBE-AM)	2H 2024
	First patient randomized in Ph 3 registrational adjuvant uveal melanoma trial (ATOM); EORTC	2024
PRAME Franchise	First patient randomized in Ph 3 registrational 1L cutaneous melanoma (PRISM-MEL301)	1Q 2024
	Clinical data from Phase 1 PRAME trial	1H 2024
	IND/CTA for PRAME-HLE trial	2024
	IND/CTA for PRAME-A24 trial	2024
Addl. Oncology	IND/CTA for PIWIL1 (First patient dosed expected 1H24)	4Q 2023
Infectious Diseases	Complete enrollment in Ph 1 HIV MAD/POC trial	2024
	Enroll Ph 1 HBV MAD (now including HCC) trial	2024

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Thank you