Off-the-Shelf Engineered iPSC-derived NK and T Cells for the Treatment of Cancer

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Changing the Game in Cell Therapy

Off-the-Shelf Cell Products to Eradicate Cancer



Multiplexed Engineering

Incorporate multiple mechanisms of action to eradicate cancer



Treatment Paradigm

Flexible out-patient treatment strategies to drive deep responses



Mass Production

Reliable manufacturing process with high yield at low cost per dose



Off-the-Shelf

Stable, cryopreserved for on-demand treatment and expanded patient reach

Uniform Products

Consistent identity, purity and potency of cell products

A Novel Starting Cell Source for Cell-based Immunotherapy

Renewable clonal starting material for the generation of homogenous cell products

Human Induced Pluripotent Stem Cells (iPSCs)

Transitioning from a heterogenous process to the cost-effective delivery of optimized cell products



Renewable <u>Clonal</u> Cell Line ---> <u>Homogeneous</u> Cell Products



Fate Therapeutics' iPSC product platform is supported by an IP portfolio of 300+ issued patents and 150+ pending patent applications

iPSC Product Platform

Disruptive Approach Enabling Mass Production of Universal NK Cell and T-Cell Products



Creating novel multiplexed engineered iNK and iT cells with multi-antigen specificity to combat tumor heterogeneity and treatment resistance





FT596: hnCD16 + CAR19 + IL15-RF iPSC-derived NK Cell Product Candidate

Novel Dual-antigen Targeting Strategy to Overcome Tumor Heterogeneity and Antigen Escape for a Durable Response in B cell Malignancies





FT596: hnCD16 + CAR19 + IL15-RF iPSC-derived NK Cell Product Candidate

Novel Dual-antigen Targeting Strategy to Overcome Tumor Heterogeneity and Antigen Escape

Clonal iPSC MCB → Mass production of uniformly-engineered, well-characterized, cryopreserved, off-the-shelf drug product enabling on-demand treatment and broad patient accessibility



The manufacturing process is robust – over 1 trillion iPSCderived NK cells can be produced from a single vial of banked starting material which can be further increased with implementation of larger-scale processes.

Durable CAR-mediated Cytotoxicity

Leukemia xenograft NSG immunodeficient mouse model







Cyclophosphamide: 500 mg/m² IV x 3 days Fludarabine: 30 mg/m² IV x 3 days Rituximab: 1 dose at 375 mg/m² IV per cycle

<u>Regimen A</u> – Monotherapy <u>Regimen B1</u> – Rituximab Combination

- Relapsed / refractory B-cell lymphoma
- Eligibility allows for prior CD19-targeted CAR T-cell therapy
- Single-dose, single-cycle dose escalation: 30M, 90M, 300M, 900M cells per dose ± mAb
- No mandatory hospitalization: may be administered in outpatient setting



FT596-101: Interim Phase 1 Data

1-Dose, 1-Cycle Response Rates Inclusive of Prior Auto CAR19 T-cell Therapy

FT596 Interim Phase 1 Data – <u>1</u> dose × <u>1</u> cycle						
Cycle <u>1</u> , Day 29 Response	n=10 (mono)		n=10 (combo)		n=20 (total)	
TCD I – 1 × 30M	1/3 (33%)	0 CR	0/3 (0%)	0 CR	1/6 (17%)	0 CR
TCD II – 1 × 90M	3/4 (75%)	2 CR	2/4 (50%)	2 CR	5/8 (63%)	4 CR
TCD III – 1 × 300M	3/3 (100%)	1 CR	2/3 (67%)	2 CR	5/6 (83%)	3 CR
≥ 90M FT596 Cells	n=7 (mono)		n=7 (combo)		n=14 (total)	
OR – CD19 CAR T Naïve	6/6 (100%)	3 CR	2/4 (50%)	2 CR	8/10 (80%)	5 CR
OR – Prior CD19 CAR T	0/1 (0)%)	0 CR	2/3 (67%)	2 CR	2/4 (50%)	2 CR
Total	6/7 (86%)	3 CR	4/7 (57%)	4 CR	10/14 (71%)	7 CR

Dose-dependent responses with 10 of 14 patients achieving OR (71%), with 7 achieving CR (50%), following <u>single</u>-dose, <u>single</u>-cycle treatment schedule with ≥ 90M FT596 cells



aCAR19 = autologous CD19-targetetd CAR T-cell therapy; CR = complete response; M = million; OR = objective response; TCD = total cell dose Interim FT596 Phase 1 results are as of June 25, 2021 data cutoff date. Response assessment for 3 patients was entered into database subsequent to data cutoff. Interim FT596 Phase 1 results are inclusive of patients having received prior CD19-targeted CAR T-cell therapy Day 29 protocol-defined response assessment per Lugano Classification

Summary: Prospects for Off-the-Shelf Multi-Antigen Targeting Cellular Therapy



"to reach more patients in need"

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