

First Quarter Financial Results and Operational Progress
May 7, 2020

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## Agenda

- 1. Welcome and Introduction: Dr. Christian Itin, Chairman and CEO
- 2. Operational Highlights: Dr. Christian Itin
- 3. Financial Results and Overview: Andrew J. Oakley, CFO
- 4. Upcoming Milestones and Conclusion: Dr. Christian Itin
- 5. Q&A: Dr. Christian Itin and Andrew J. Oakley

# **Operational Highlights**

Dr. Christian Itin
Chairman and CEO



### **Corporate highlights – first quarter 2020**

#### Advancing our clinical programs to value inflection

- AUTO1 in adult ALL; AUTO1-AL1 pivotal study initiated
  - IND accepted; US sites will be initiated starting Q2 2020
  - First site opened in the UK March 2020 (MHRA CTA approval in January)
  - On track for full data by end 2021
- AUTO3 in DLBCL
  - Ph2 decision point mid-2020
  - Outpatient cohort to be initiated H2 2020
- Additional clinical data expected at ASCO and EHA through May and June 2020
  - AUTO1 in adult ALL (EHA), plan to present updated data, with additional follow up post ASH
  - AUTO3 in DLBCL (ASCO & EHA), plan to present updated data
- Investor calls planned post ASCO and EHA



### **Corporate highlights – first quarter 2020**

#### Advancing our pre-clinical programs to value inflection

- Pre-clinical data updates expected at AACR II
  - AUTO5 in T-cell lymphomas
  - AUTO6NG in SCLC
  - AUTO7 in Prostate Cancer
  - Investor call planned post AACR II
- Manufacturing
  - Continued to manufacture, without interruption, from the Cell and Gene Therapy Catapult
  - Commercial vector supply agreement with MolMed

## **AUTO1:** Key features

Designed for durability of responses without allo-transplant and no severe CRS

#### **Conventional CD19 CARs**

- Approved and near approved CD19 CAR Ts use identical high affinity CD19 binder (FMC63)
- FMC63 has a fast on-rate and a very slow off rate
- Leads to over-activation, exhaustion and high-grade CRS and neurotoxicity

#### **AUTO1**

 AUTO1 has an optimized CD19 CAR with a lower affinity and a fast off rate

- Engages efficiently, delivering a kill,
   disengages rapidly like a normal T cell
- Leads to enhanced activity and lower toxicity

## **AUTO1** may be best-in-class redirected T cell therapy

#### Relapsed/refractory Adult ALL clinical data

		<sup>2</sup> AUTO	1
	<sup>1</sup> Blincyto	All patients	Closed Process <sup>3</sup>
Patient Numbers	271	16	9
CR Rate	42%	87% <sup>◊</sup>	100%
EFS 6m	31%	68% <b>°</b>	100%
CRS ≥ Grade 3	3%	0%	0%
Neurotox ≥ Grade 3	13%	19% <sup>‡</sup>	12%‡

 $<sup>^{\</sup>rm o}$  15 patients evaluable for efficacy with at least 4 weeks follow up or RIP prior to Month 1

- AUTO1 preliminary data suggest manageable safety profile and a high level of clinical activity
- KTE-X19 CR Rate 68-84%, Grade ≥3 cytokine release syndrome (CRS) events occurred in 22-29% and neurologic events 11-38% of patients\*



<sup>&</sup>lt;sup>‡</sup> All three patients had > 50% tumor burden Data cutoff 25-Nov-2019

<sup>&</sup>lt;sup>1</sup>Kantarjian et al., 2017 <sup>2</sup>Roddie et al., ASH 2019 presentation <sup>3</sup>Commerical manufacturing process

## **AUTO1** is the first Autolus program to move into a pivotal study

#### Pivotal study, AUTO1-AL1, in adult ALL:

- CTA approved by the MHRA in January 2020 and US IND accepted by the FDA in April 2020
- Ph1b run-in component in Q2, prior to single arm Ph2 pivotal study
- 100 relapsed / refractory adult ALL patients
- Primary endpoint: overall complete response rate (CR/CRi)
- Secondary endpoints include MRD-negative CR EFS and DoR
- On track for full data by end 2021

## Desired characteristics for broad use of a CAR T therapy for DLBCL

Sustained CRs, low toxicity & toxicity management and broad healthcare utilization

- High sustained complete response rate
  - Preventing target negative relapse
  - Preventing checkpoint mediated resistance / exhaustion
- Safety profile suitable for out patient therapy
  - Low severe CRS without intensive management
  - Low neurotoxicity rates

AUTO3 has been designed to be highly active with a profile suitable for all settings of care including outpatient therapy and oncology clinics.

## Widespread adoption of CAR T products has been limited by toxicities

High rates and severity of toxicities require intensive management and inpatient care

	Yescarta <sup>#</sup>	Kymriah/ JCAR017#	AUTO3
Best CRR	54%	40-53%	55%*
Ongoing CR rate	36% at 6m	29-35% at 6m	tbd
CRS ≥ grade 3	11%	2-23%	0%
NTX any grade	64%	21-30%	0%
NTX ≥ grade 3	28%	10-12%	0%
Toxicity management	Intensive		Minimal
Healthcare utilization	Inpatient Treatment		Outpatient Positioning

All CRs ongoing at a median f/u of 2 months (1-12 month)

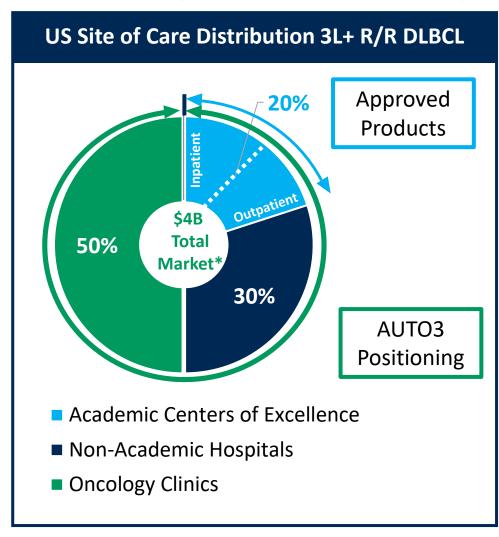
# CRS rates achieved with intensive management

AUTO3: Jan 2020 Data cut (AUTO3 + Pembro  $\geq$  150 x10<sup>6</sup>) Nellapu et al., 2017 Schuster et al., 2019 Abramson et al., 2019 (ASH)



## AUTO3 is designed to reach total addressable r/r DLBCL population

**AUTO3** has the potential to be a true outpatient therapy



#### **Approved CD19 CAR T Products**

- Patients receive approved products as inpatients in CoEs because of the high rate & severity of toxicities plus intensity of patient management
- Market opportunity limited to ~20% of patients

#### **AUTO3 Products**

- Minimal tox management of AUTO3 should allow treatment across all settings of care
- Increased healthcare utilization of AUTO3 grows the addressable market and maximizes reimbursement options compared to approved products
- >80% of 3L+ and 2L DLBCL patients treated outside of academic CoEs



## **Opportunity to expand the current Alexander study**

#### **Enhanced value proposition for AUTO3 in the outpatient setting**

- Company on track to deliver further data from Ph1/2 Alexander study at ASCO and EHA
- Ph2 decision point mid-2020
- Positive safety profile supports outpatient use
- Plan to add a 20 patient cohort to ongoing Ph1/2 ALEXANDER study in H2 2020, with treatment in an outpatient setting, to confirm feasibility of design for potential pivotal study
- Broad outpatient access substantially increases the commercial opportunity

# Financial Results

Andrew J. Oakley CFO



# **Financial summary**

USD m	1Q 2019	1Q 2020	Variance
Grant Income	2.0	0.3	(1.7)
R&D	(22.6)	(31.3)	(8.7)
G&A	(9.6)	(7.6)	2.0
Total Op Expenses, net.	(30.2)	(38.6)	(8.4)
Interest Income	0.5	0.5	0.0
Other Income	(0.9)	4.5	5.4
Tax Benefit	3.4	3.7	0.3
Net Loss	(27.2)	(29.9)	(2.7)

USD m	Dec 31 2019	Mar 31 2020	Variance
Cash Balance	210.6	243.3	32.7



# **Upcoming Milestones and Conclusions**

Dr. Christian Itin
Chairman and CEO



# Multiple clinical data points expected through 2020

Product	Indication	Target	Event
B Cell Maligna	incies		
AUTO1	Adult ALL	CD19	<ul> <li>Ph1 long-term follow up Q2 &amp; Q4 2020</li> <li>Ongoing recruitment and dose last patient H1 2021</li> </ul>
AUTO1NG	Pediatric ALL	CD19 & 22	• Start Ph1 H1 2020
AUTO3	DLBCL	CD19 & 22	<ul><li>Ph1 data Q2 &amp; Q4 2020</li><li>Decision on Ph2 mid-2020</li></ul>
AUTO3NG	DLBCL	CD19 & 22	<ul> <li>Ready to start Ph1 H2 2020, life cycle mgmt</li> </ul>
Multiple Mye	loma		
AUTO8	Multiple Myeloma	BCMA & CAR X	Start Ph1 study H2 2020
T Cell Lympho	oma		
AUTO4	TRBC1+ Peripheral TCL	TRBC1	Ph1 interim data Q4 2020
GD2+ Tumors			
AUTO6NG	Neuroblastoma; Melanoma; Osteosarcoma; SCLC	GD2	• Start Ph1 Q4 2020
Allogeneic Ap	proach		
NA	NA	NA	• Start Ph1 Q4 2020





### Autolus poised for value inflection in 2020

#### AUTO1

- Initiating recruitment for UK & US in Autolus' first pivotal program in Adult ALL in Q2 2020
- Granted orphan drug designation by the FDA for treatment of ALL
- Pediatric ALL moving forward with AUTO1/AUTO1NG

#### AUTO3

- Ph1 data update to be presented at ASCO and EHA 2020
- Outpatient treatment cohort to start H2 2020 to support broad utilization of AUTO3 in DLBCL
- Decision on Ph2 targeted for mid-2020
- Additional value inflection in 2020 from our preclinical solid tumor and hem-onc programs
- Key data releases expected at upcoming medical conferences
  - Presentations targeted for AACR, ASCO, EHA, SITC and ASH
  - Investor updates expected following each medical conference
- Strong balance sheet with \$243.3m in cash as of March 31, 2020



Q&A

Dr. Christian Itin (Chairman and CEO) Andrew J. Oakley (CFO)



