



Q1 2024 Financial Results and Business Updates

17 May 2024



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Agenda

- Welcome and Introduction: Olivia Manser, Director, Investor Relations
- Operational Highlights: Dr. Christian Itin, CEO
- Financial Results: Rob Dolski, CFO
- Upcoming Milestones and Conclusion: Dr. Christian Itin, CEO
- Q&A: Dr. Christian Itin and Rob Dolski

Autolus executed to plan in Q1 2024

Clinical

- Obe-cel progressed according to plan
 - BLA accepted with a PDUFA target date of November 16
 - MAA accepted by EMA end of Q1
 - Commercial and clinical license received by MHRA for Nucleus manufacturing facility
 - Two patients enrolled in SLE Phase 1 CARLYSLE study; first trial site activated in Q1
- Oral presentations confirmed for ASCO and EHA
 - Longer f/u for FELIX study
 - Impact of stem cell transplant
 - Impact of obe-cel persistence on outcome
- Additional poster presentations at EHA
 - Impact of inotuzumab-based bridging therapy
 - Sensitive methods for CAR T persistency measurements

Operational

- Strategic BioNTech collaboration: \$200m equity, \$50m cash upfront
- Underwritten registered direct offering: \$350m gross proceeds
- New board members: Mike Bonney (Chair), Ravi Rao, Bob Azelby, Lis Leiderman

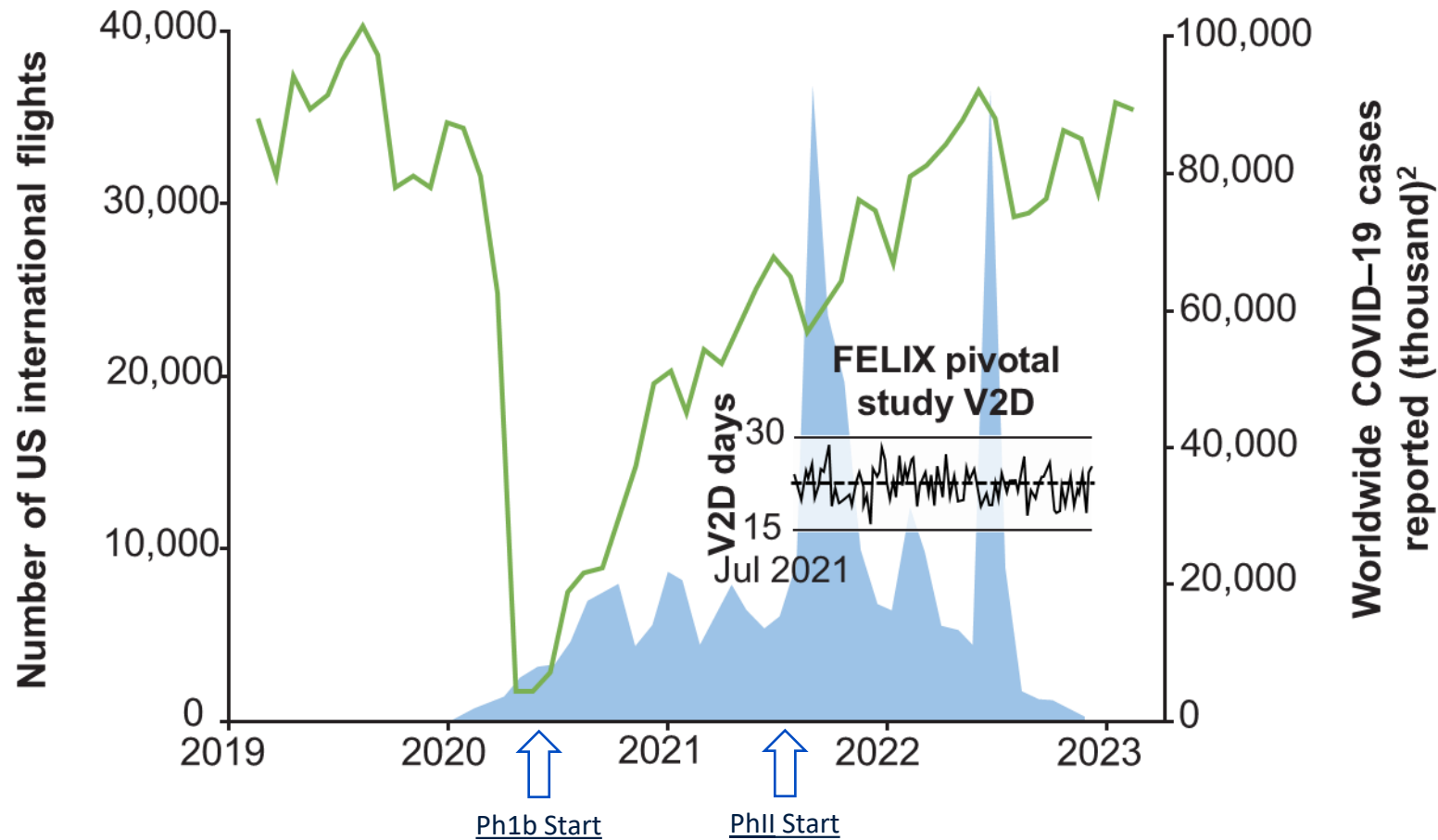


ASH 2023

Obe-cel pooled analysis

FELIX Phase 1b/2 trial

Reliable obe-cel supply for FELIX despite the COVID–19 pandemic



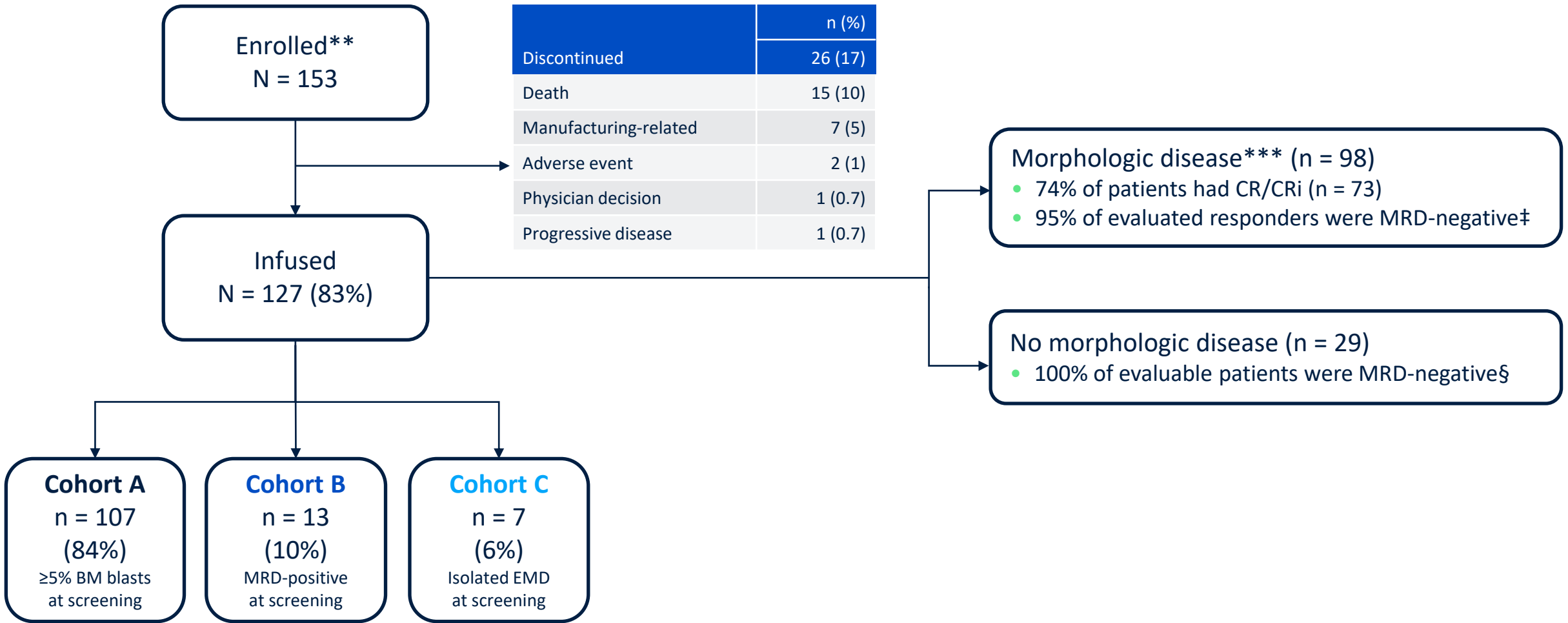
- US international airline flights decreased by 41% compared to flights from pre-COVID–19 pandemic¹
- BUT international flights are reliable and on time
- Sample collection and drug product delivery were successfully maintained, with no batches impacted

¹United States Department of Transportation, Bureau of Transportation Statistics 2021 [online]. Available at: <https://www.bts.gov/data-spotlight/commercial-aviation-2020-downturn-airline-passengers-employment-profits-and-flights> Accessed October 2023;

²World Health Organization COVID–19 dashboard [online]. Available at: <https://covid19.who.int/> Accessed October 2023

FELIX Phase 1b/2 pooled analysis: patient disposition

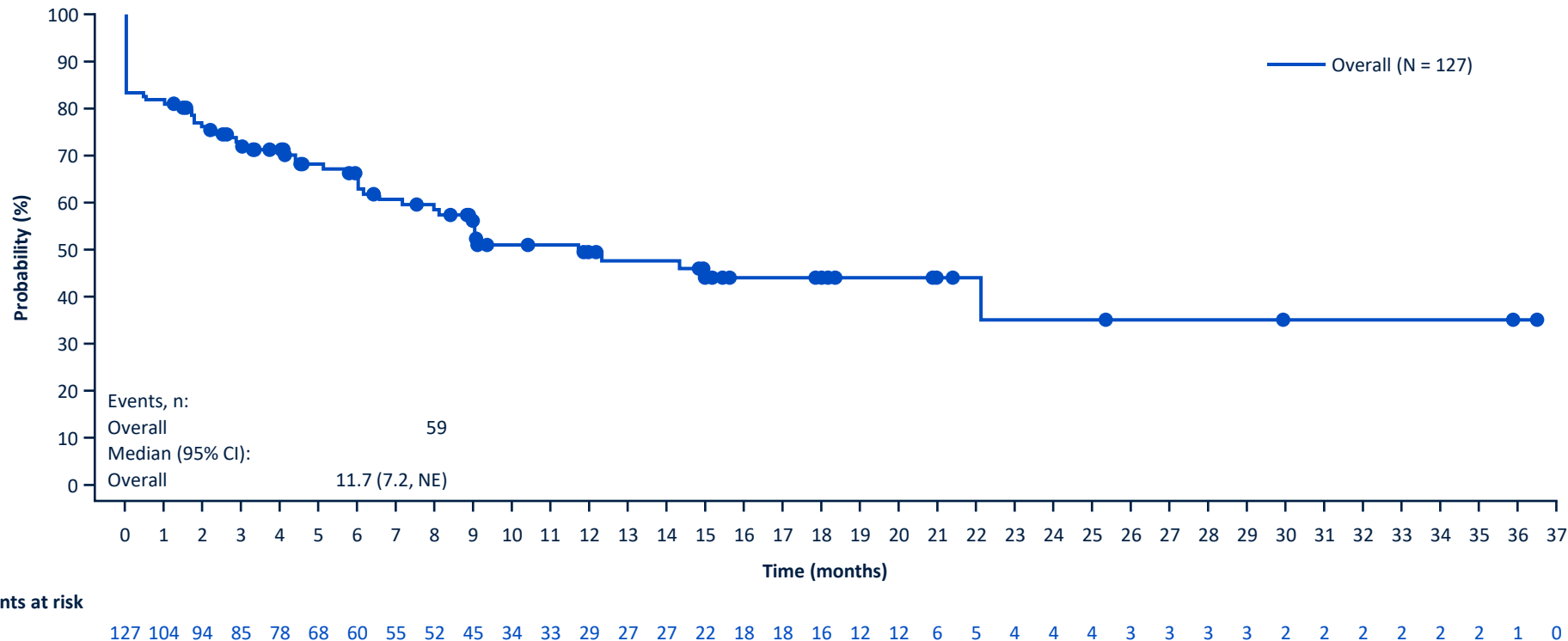
127/153 (83%) enrolled patients received obe-cel*



*Seven patients received Dose 1 only; **All eligibility criteria met and the leukapheresate accepted for manufacturing; obe-cel, obecabtagene autoleucel; Roddie et al., ASH 2023, Data cut-off date: September 13, 2023; ***Morphologic disease defined as ≥5% BM blasts or presence of EMD regardless of BM blast status; †MRD status available for 64/73 patients, as assessed by NGS or flow cytometry; §MRD status available for 27/29 patients, as assessed by NGS or flow cytometry; BM, bone marrow; CR, complete remission; CRi, CR with incomplete hematologic recovery; EMD, extramedullary disease; MRD, measurable residual disease; NGS, next-generation sequencing; obe-cel, obecabtagene autoleucel

FELIX Phase 1b/2 pooled analysis: EFS in all treated patients*

The event-free survival estimate at 12 months was 50%



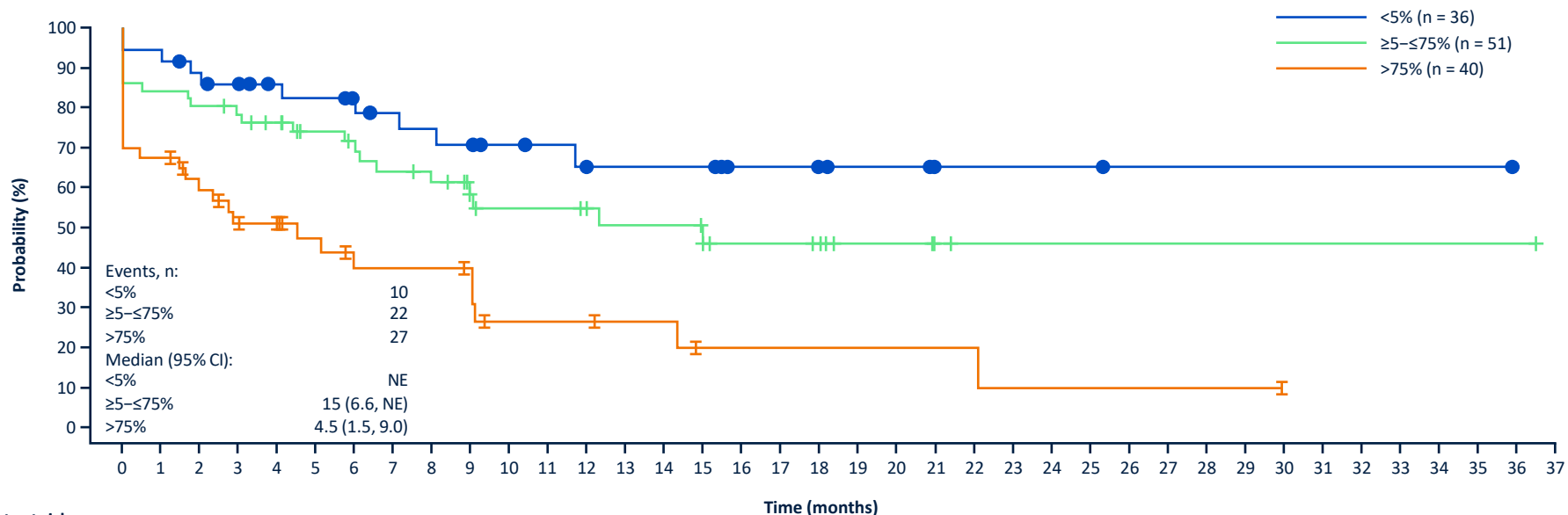
All treated patients (N = 127)	
Median EFS (95% CI), months	11.7 (7.2, NE)
6-month EFS (95% CI), %	65 (56, 73)
12-month EFS (95% CI), %	50 (39, 59)

- Median follow-up time was 16.6 months (range: 3.7–36.6 months)
- 17/99 (17%) responders proceeded to SCT while in remission

*Censoring new non-protocol anti-cancer therapies including SCT with disease assessment by IRRC (data cut-off date: September 13, 2023); Median EFS: ITT population – 9.8 months (95% CI: 5.9, 12.9); CI, confidence interval; EFS, event-free survival; IRRC, Independent Response Review Committee; ITT, intent-to-treat; NE, not evaluable; obe-cel, obecabtagene autoleucel; SCT, stem cell transplant; Roddie et al., ASH 2023

FELIX Ph1b/2 pooled: EFS by leukemic burden prior to lymphodepletion*

Lower leukemic burden is associated with better outcomes



Patients at risk

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
<5% (n = 36)	36	34	31	28	25	24	22	20	19	18	14	13	11	11	11	11	8	8	7	6	6	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	0	0
≥5-≤75% (n = 51)	51	43	41	39	36	31	28	25	23	18	15	15	13	12	12	9	8	8	7	4	4	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
>75% (n = 40)	40	27	22	18	17	13	10	10	10	9	5	5	5	4	4	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	0	0	0	0	0	0	0	

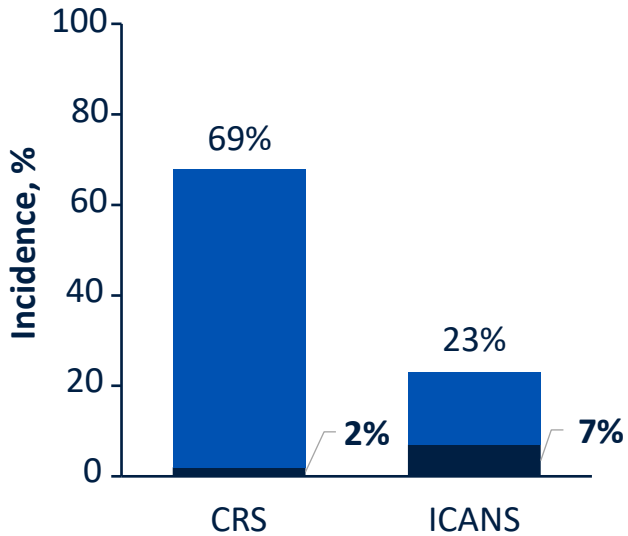
BM blasts % prior to lymphodepletion	<5% (n = 36)	≥5-≤75% (n = 51)	>75% (n = 40)
Median EFS (95% CI), months	NE	15.0 (6.6, NE)	4.5 (1.5, 9.0)
6-month EFS (95% CI), %	83 (65, 92)	72 (57, 82)	40 (23, 56)
12-month EFS (95% CI), %	65 (44, 80)	55 (38, 69)	27 (12, 44)

*Censoring new non-protocol anti-cancer therapies including SCT with disease assessment by IRRC (data cut-off date: September 13, 2023); BM, bone marrow; CI, confidence interval; EFS, event-free survival; IRRC, Independent Response Review Committee; NE, not evaluable; SCT, stem cell transplant; Roddie et al., ASH 2023

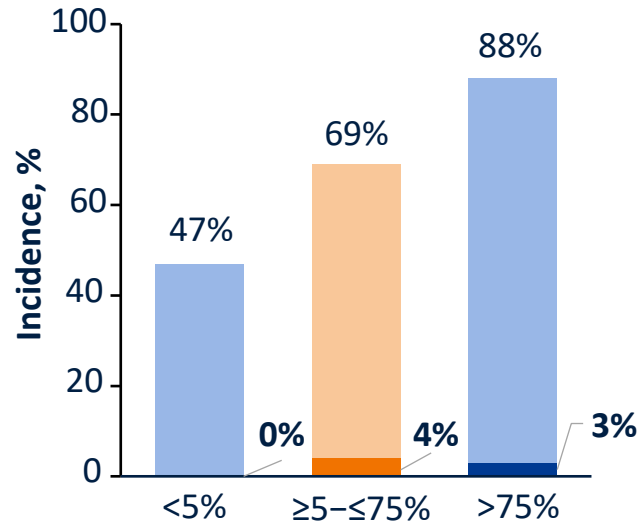
FELIX Phase 1b/2 pooled analysis: CRS and ICANS

Low rates of Grade ≥ 3 CRS and/or ICANS were observed

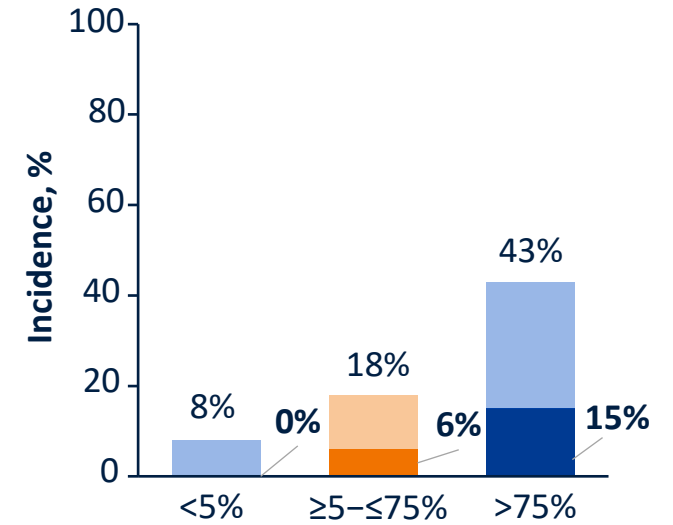
CRS and ICANS in all patients



CRS by % BM blasts



ICANS by % BM blasts



BM blasts % at lymphodepletion

Light colors = grade ≤ 2
Dark colors = grade ≥ 3

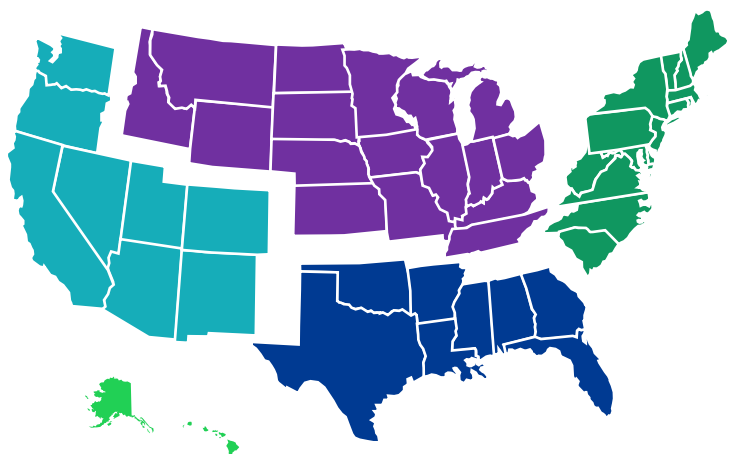
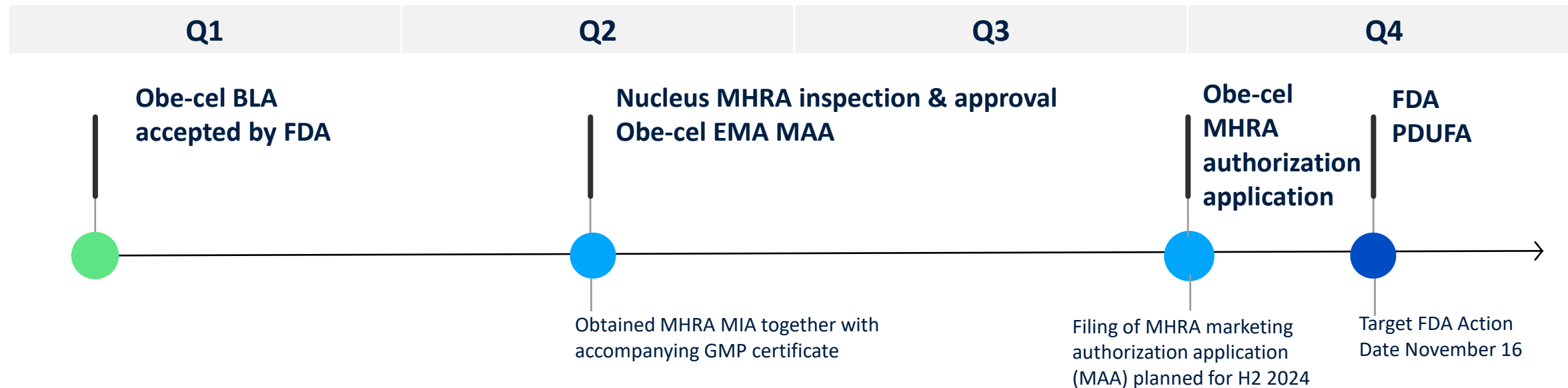
- No grade ≥ 3 CRS and/or ICANS were observed in patients with <5% BM blasts at lymphodepletion
- Vasopressors were used to treat CRS in 2.4% of patients
- The treatment was generally well tolerated
- Two deaths were considered treatment-related per investigator assessment: neutropenic sepsis (n = 1); acute respiratory distress syndrome and ICANS (n = 1)



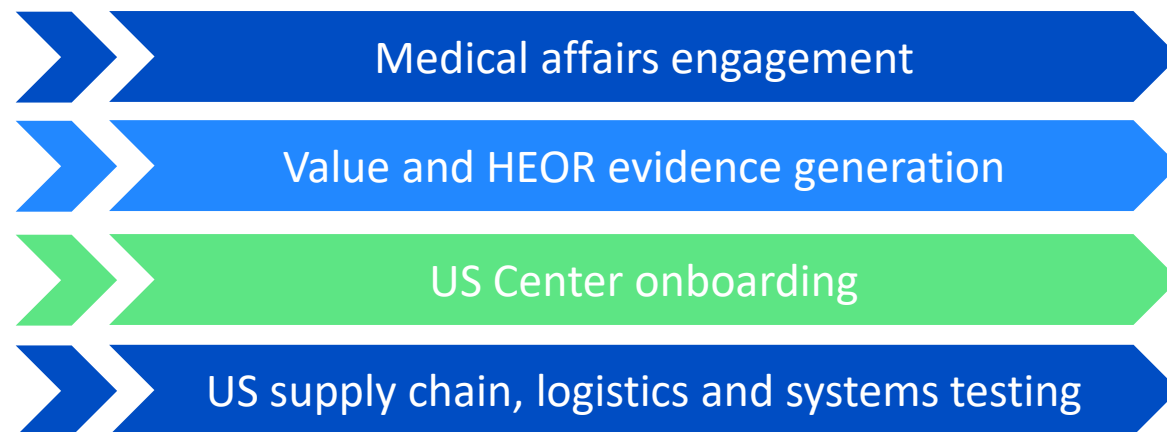
Commercial Launch Readiness

Obe-cel steps to commercialization

Roadmap to a commercial launch in r/r adult ALL



**Commercial
Readiness**



The Nucleus – Our Commercial Manufacturing Facility

State of the art design and operations established – groundbreaking to complete validation in 2 years

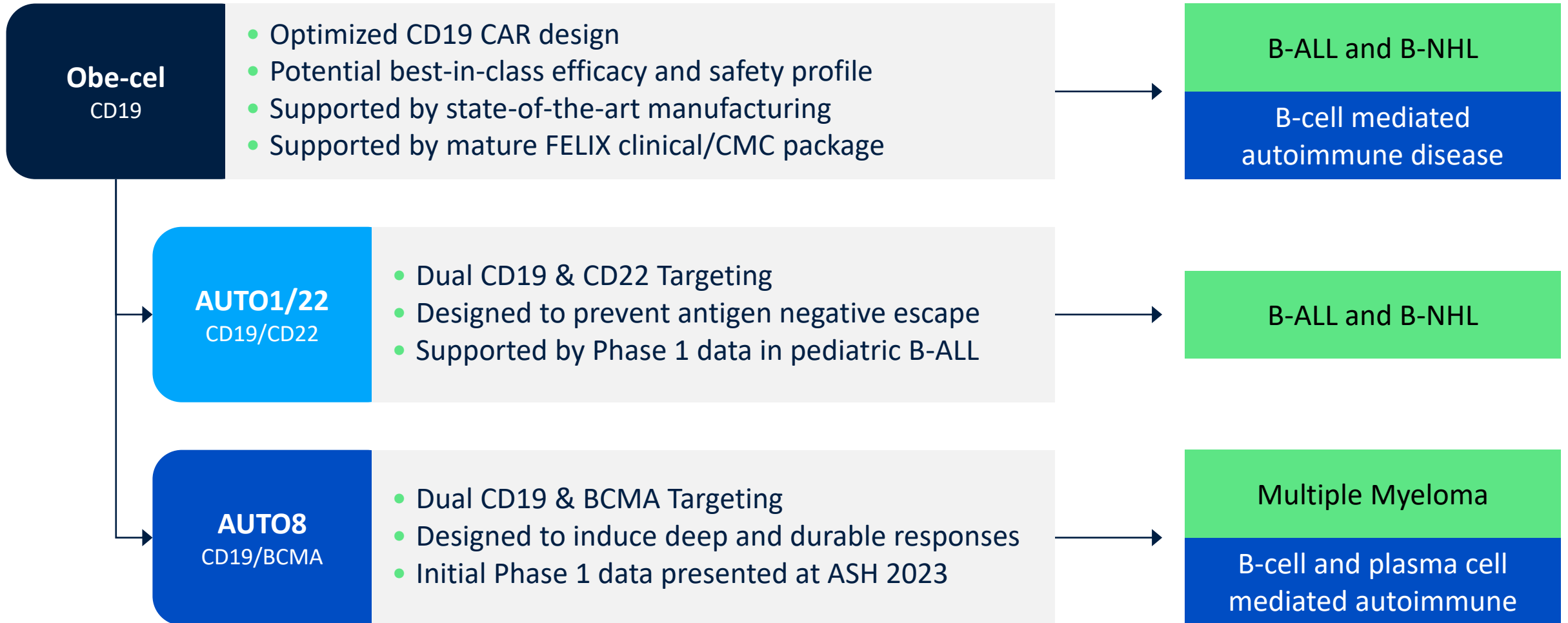
- ~70,000 sq ft facility
- Modular build using PAMs
- 70% built off-site
- 60% reduced build time
- BREEAM Excellent rating for sustainability
- Designed for 2,000+ batches per year
- Target vein to delivery time 16 days at launch



Expanding the obe-cel opportunity

Deep value program with potentially broad applicability

The obe-cel product family and franchise opportunity



Dynamic environment in cell therapy for autoimmune patients

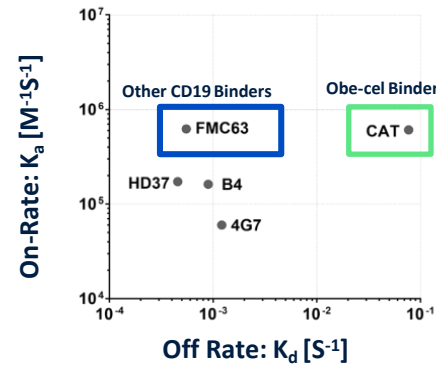
Thoughts on clinical data from compassionate use and limited clinical trial experience

- Available clinical data is largely based on compassionate use experience, not clinical trials
- A Kymriah-like autologous CAR T program showed transformational clinical outcomes in refractory autoimmune patients
 - To date a single myositis patient relapsed after 18 months (compassionate use cohort)
- With T cell engagers (TCE), initial experience with blinatumomab with experimental c.i.v. administration resulted in clinical improvement, without eliminating the B cell compartment fully
 - "T cell engagers did not appear to drive deep/durable remissions beyond treatment and as such would require chronic therapy", Georg Schett*
- Redosing in autoimmune patients may be challenging due to the risk of immunogenicity of CAR T and s.c. administered T cell engager products

Obe-cel is similar to Erlangen CD19 CART

- Erlangen CD19 CART was developed for treating paediatric ALL
 - CD19 CAR is identical to Kymriah
 - Manufacturing modified from Kymriah
 - Initial data shown in paediatric ALL patients at ASH 2021 in line with data from Kymriah
- Obe-cel has a modified design to reduce immunological toxicity compared to Kymriah
- Obe-cel experience in pediatric and adult ALL confirm differentiated profile
 - High level of molecular complete remissions
 - Lasting responses
 - Similar persistence of CART cells
 - Reduced immunological toxicity (CRS, ICANS)

Differentiated CD19 engagement (fast off-rate)



Shorter half-life of interaction compared to binders used in approved products

- obe-cel = 9.8 seconds (CAT)
- Kymriah® = 21 minutes (FMC63)

	obe-cel			Kymriah
	CARPALL ¹	FELIX ²	FELIX ² low disease burden	ELIANA ³
Indication	Pediatric	Adult	Adult	Pediatric
n	14	127	29	75
ORR	86%	78%	100%	83%
12mth EFS	54%	50%	65%	50%
CRS any Grade	93%	69%	47%	77%
CRS ≥ Grade 3	0%	2%	0%	48%
ICANS any Grade	50%	23%	8%	71%
ICANS ≥ Grade 3	7%	7%	0%	22%

1. Ghorashian et al., *Nature Medicine* 2019

2. Roddie et al, ASH 2023

3. USPI 2023, Maude et al., *NEJM* 2018

Low disease burden defined as <5% bone marrow blast at lymphodepletion

Phase 1 study in r/r SLE – open for enrollment

Primary goal of the Phase 1 study will be confirming the fixed dose in adult SLE patients

CARLYSLE Study

- A Single-Arm, Open-Label, Phase I Study to Determine the Safety, Tolerability and Preliminary Efficacy of Obecabtagene Autoleucel in Patients with Severe, Refractory Systemic Lupus Erythematosus (SLE)*

Study details

- **Number of patients:** 6 (option to add further cohort of 6 patients)
- **Primary endpoint:** to establish the tolerability and safety of obe-cel in patients with severe, refractory SLE
- **Secondary endpoints:** to evaluate the preliminary efficacy of obe-cel using measures of SLE disease activity
- **Dosing:** 50×10^6 CD19 CAR-positive T cells
- **Follow up:** up to 12 months






- First two patients enrolled; initial clinical data expected in late 2024

Other pipeline programs and technologies




A broad portfolio of potential next
generation modular T cell therapies

Autolus pipeline

Obe-cel product family

Product	Indication	Target	Study Name	Partner	Phase	Status/Expected Milestones
Obe-cel	Adult B-ALL	CD19	FELIX		Pivotal	Submitted to EMA and FDA (PDUFA November 16, 2024)
Obe-cel	Systemic Lupus Erythematosus	CD19	CARLYSLE		Phase 1	Initial data late 2024
Obe-cel	B-NHL and CLL	CD19	ALLCAR19		Phase 1	Data in peer reviewed journal
Obe-cel	PCNSL	CD19	CAROUSEL		Phase 1	Data in peer reviewed journal
AUTO1/22	Pediatric ALL	CD19 & CD22	CARPALL	 	Phase 1	Data in BLOOD August 2023
AUTO8	Multiple Myeloma	CD19 & BCMA	MCARTY		Phase 1	Updated clinical data in H2 2024

Additional pipeline programs

Product	Indication	Target	Study Name	Partner	Phase	Status/Expected Milestones
AUTO4	TRBC1+ Peripheral TCL	TRBC1	LibrA T1		Phase 1	Data in peer reviewed journal
AUTO5	TRBC2+ Peripheral TCL	TRBC2	–		Preclinical	Data in peer reviewed journal
AUTO6NG	Neuroblastoma	GD2	MAGNETO	 	Phase 1	Study open for enrollment
AUTO9	Acute Myeloid Leukemia	CD33, CD123 & CLL1	TBD		Preclinical	Estimated Phase 1 start 2025

* BioNTech holds an option to co-fund and co-commercialize



Oncology



Autoimmune

Financial Results

Financial summary (unaudited)

USD	Q1 2024 (\$ '000)	Q1 2023 (\$ '000)	Variance (\$ '000)
License revenues	10,091	1,292	8,799
R&D	(30,671)	(27,388)	(3,283)
G&A	(18,177)	(9,284)	(8,893)
Loss on disposal of property and equipment	-	(3,768)	3,768
Total operating expense, net	(38,757)	(39,148)	391
Other (expense) income, net	(1,605)	782	(2,387)
Interest Income	6,933	3,446	3,487
Interest expense	(19,269)	(4,905)	(14,364)
Income tax benefit	8	14	(6)
Net loss after tax	(52,690)	(39,811)	(12,879)

	Q1 2024 (\$ '000)	Q4 2023 (\$ '000)	Variance (\$ '000)
Cash and cash equivalents	758,529	239,566	518,963



Upcoming news flow

Autolus planned news flow

Anticipated Milestone or Data Catalysts	Anticipated Timing
Obe-cel FELIX data update at ASCO, EHA & ASH 2024	June & December 2024
Obe-cel Marketing Authorization Application to MHRA	Second half 2024
Obe-cel U.S. FDA PDUFA target action date	November 16, 2024
Obe-cel in autoimmune disease – initial data from SLE Phase 1 study	Late 2024

Autolus

Thank you