

# Q3 Investor/Earnings Call

## Immune Responses, On Cue™

*Harnessing the Potential of the Human  
Immune System to Treat Cancer*

Nasdaq: CUE

November 14, 2022



**CUE**™  
BIOPHARMA

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# Agenda

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- **Introduction**  
Dan Passeri, CEO
- **Immuno-STATS: TCR-selective Engagers**  
Anish Suri, President and CSO
- **Clinical Update**
  - CUE-101: Representative of IL-2 based CUE-100 series
  - CUE-102: Targeting WT1+ cancersDr. Ken Pienta, Acting CMO  
Dr. Matteo Levisetti, SVP, Clin. Development
- **3Q-FY22 Financial Results**  
Kerri-Ann Millar, CFO
- **Concluding Remarks**  
Dan Passeri, CEO
- **Q&A**  
All

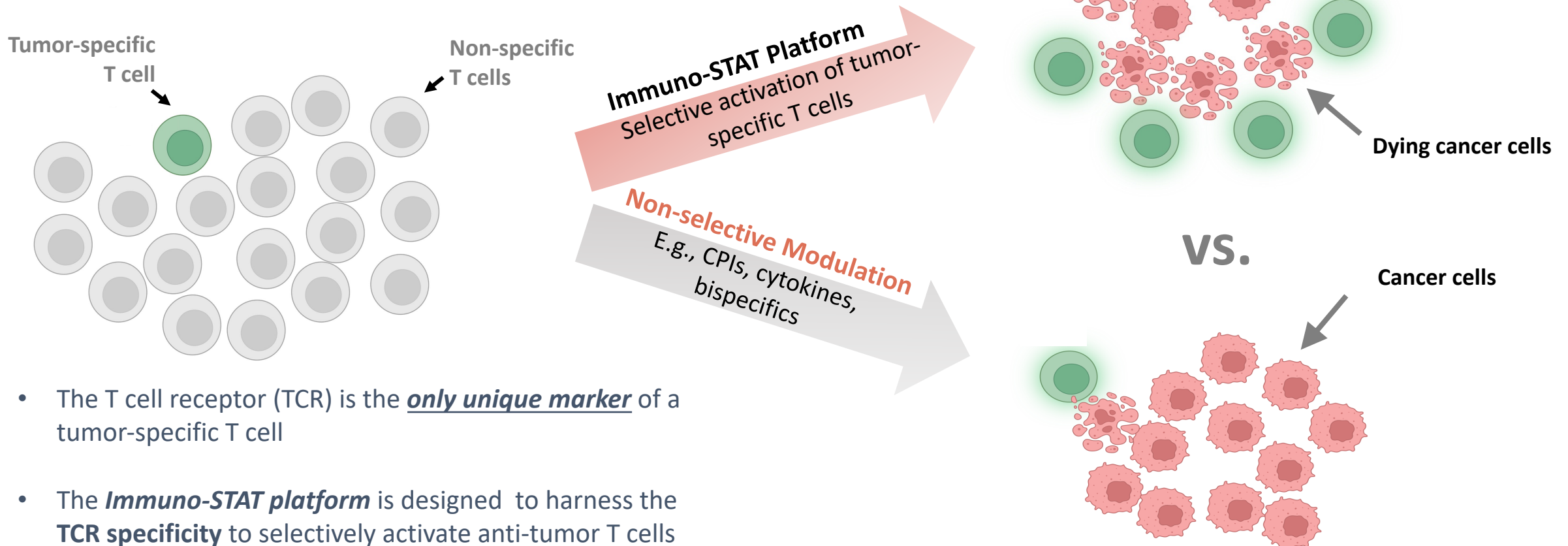
# Immuno-STAT™ (IST) Platform: TCR-selective Engagers of Tumor-specific T cells

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- **CUE-100 Series: TCR engagers that selectively target IL-2 to tumor-specific T cells**
  - *Creates a therapeutic index for harnessing the potential of IL-2 in immuno-oncology*
- **Clinical Validation via CUE-101 (HPV+ R/M HNSCC)**
  - *Monotherapy efficacy in late-stage 3L+ patients (RECIST-based OR and SDs; significant increase in mOS)*
  - *Combination Tx with CPI in 1L patients (current RECIST-based 40% ORR at RP2D, and SDs; survival data maturing)*
  - *Favorable tolerability profile observed to date (>65 patients dosed across mono-tx and combo-tx trials)*
- **Platform modularity enables efficient pipeline expansion into multiple cancers**
  - *CUE-102 (WT-1: CRC, Gastric, Pancreatic, Ovarian) de-risked by CUE-101 clinical data: Ph 1 ongoing*
  - *Phase 1 dose escalation shortened due in part to favorable tolerability profile demonstrated to date by CUE-101*
  - *Neo-STAT™ enables targeting multiple tumor Ags to maximize time and cost efficiencies to expand pipeline*
- **Milestones and potential value drivers**
  - *CUE-101 Monotherapy mOS potential registration path*
  - *CUE-101 Combination with Pembrolizumab to date ORR ≥ 40% / mOS supports potential registration path*

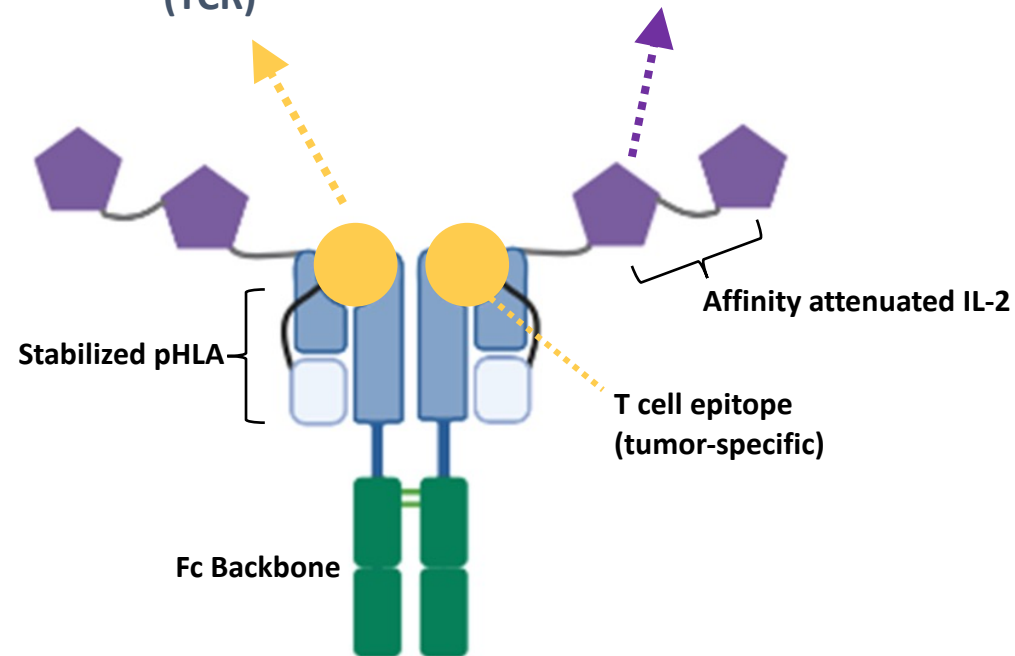
# Tumor-specific T cells are Key for Successful Immunotherapy of Cancers

A minute fraction of the patient's baseline T cell repertoire ( $\sim <0.1\%$ ) is tumor-specific



# CUE-100 Series ISTs: TCR-selective targeting of IL-2 to Tumor-specific T cells

- 1** Target the right T cell (TCR) + **2** Activate the right T cell

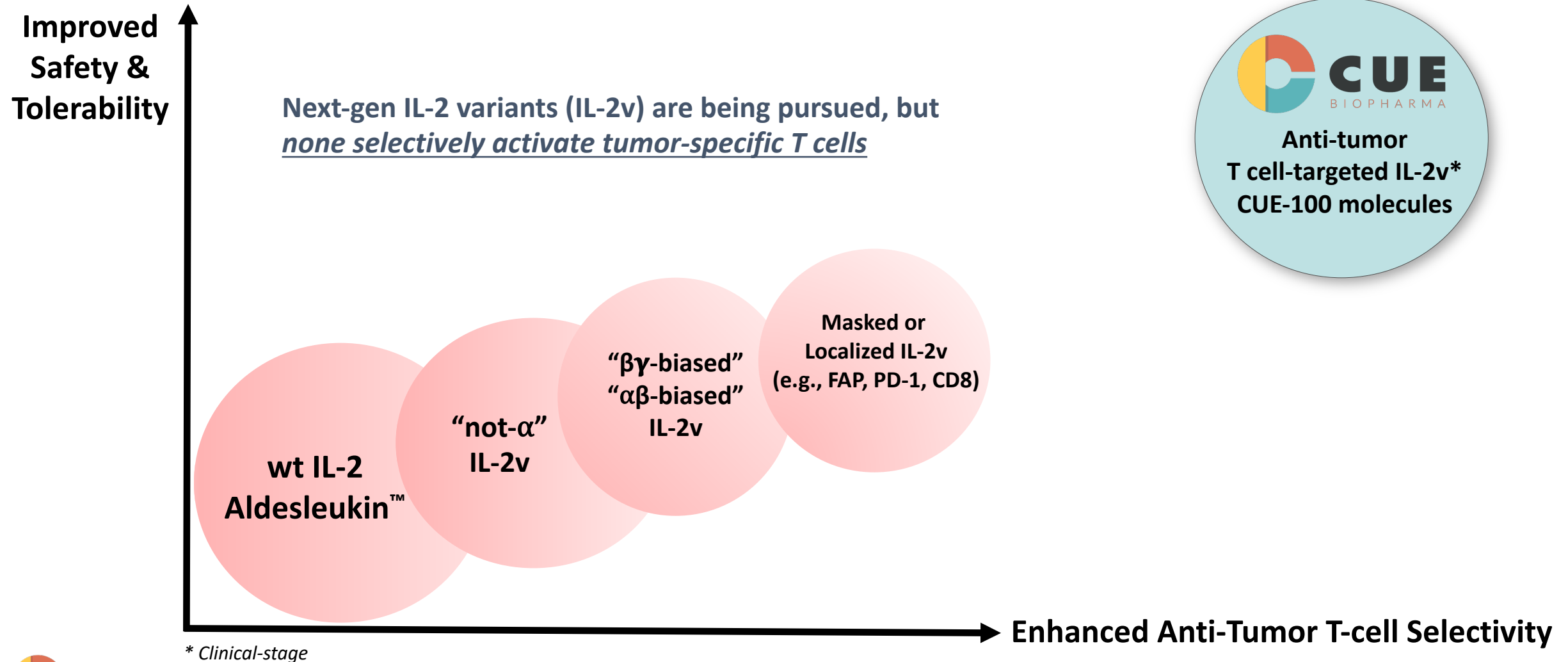


## CUE-100 Series Design

- Single biologic molecule
- Ab-like manufacturability and CMC
- Stable, off-the-shelf
- IV (or SC) administration

- ✓ Designed to Harness TCR-specificity of anti-tumor T cells
- ✓ Engagement of the “right T cell” results in co-stimulation of TCR and IL-2 receptor (IL-2R)
- ✓ Limits systemic activation of irrelevant T cells
- ✓ Designed to create a therapeutic index for IL-2
- ✓ Provides PoC and mechanistic basis for targeting numerous other cytokines and activation signals

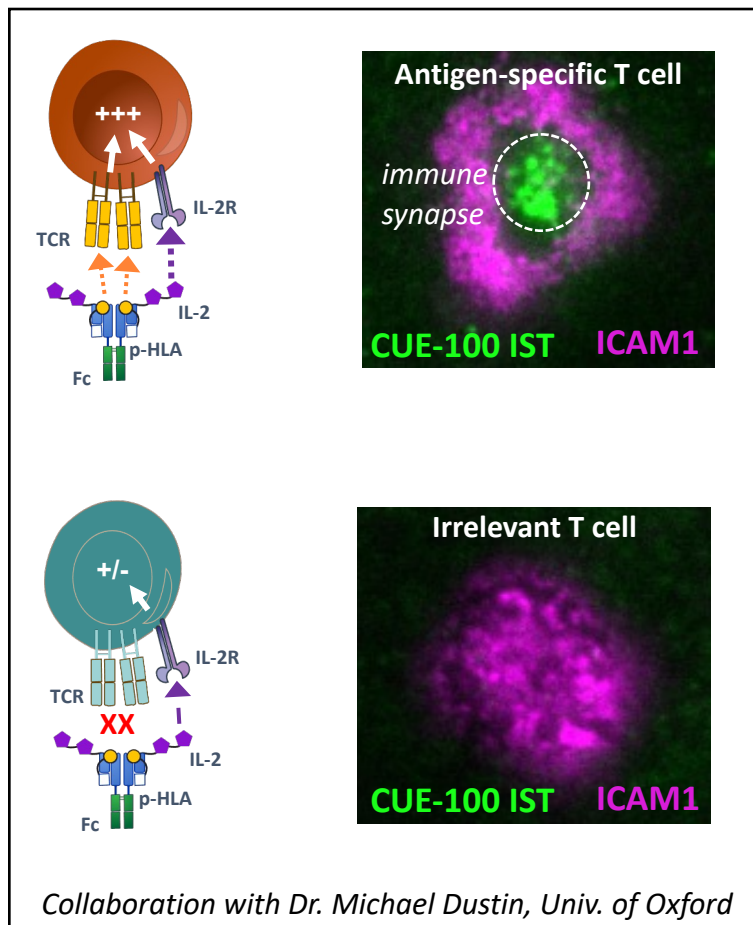
# CUE-100 Series: Potential for Best-in-Class IL-2



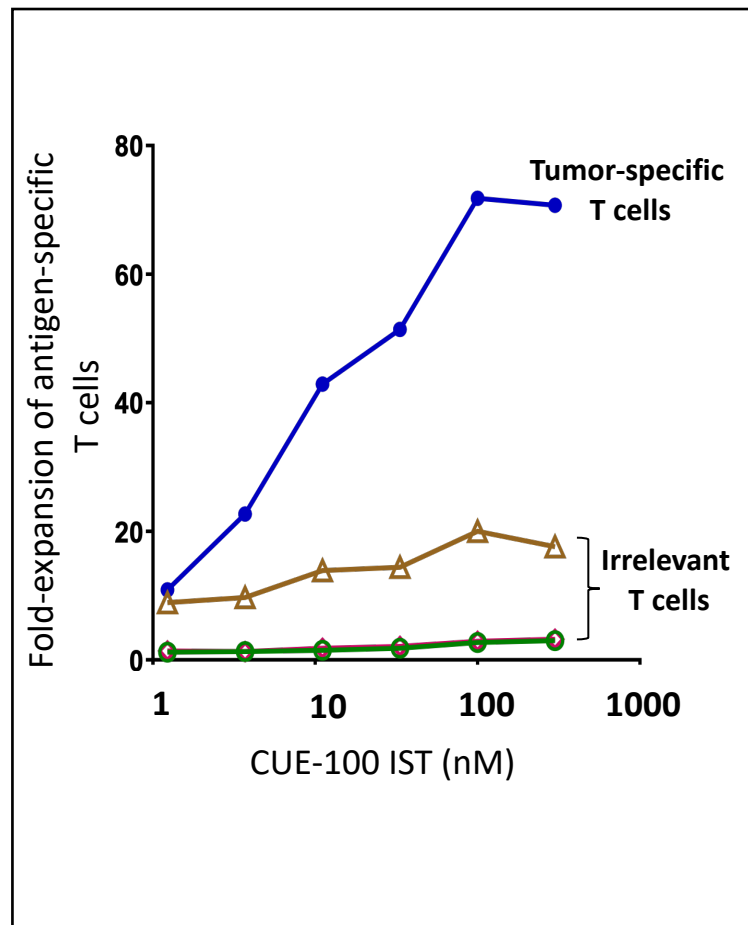


# CUE-100 Series ISTs: Selectivity and Activity

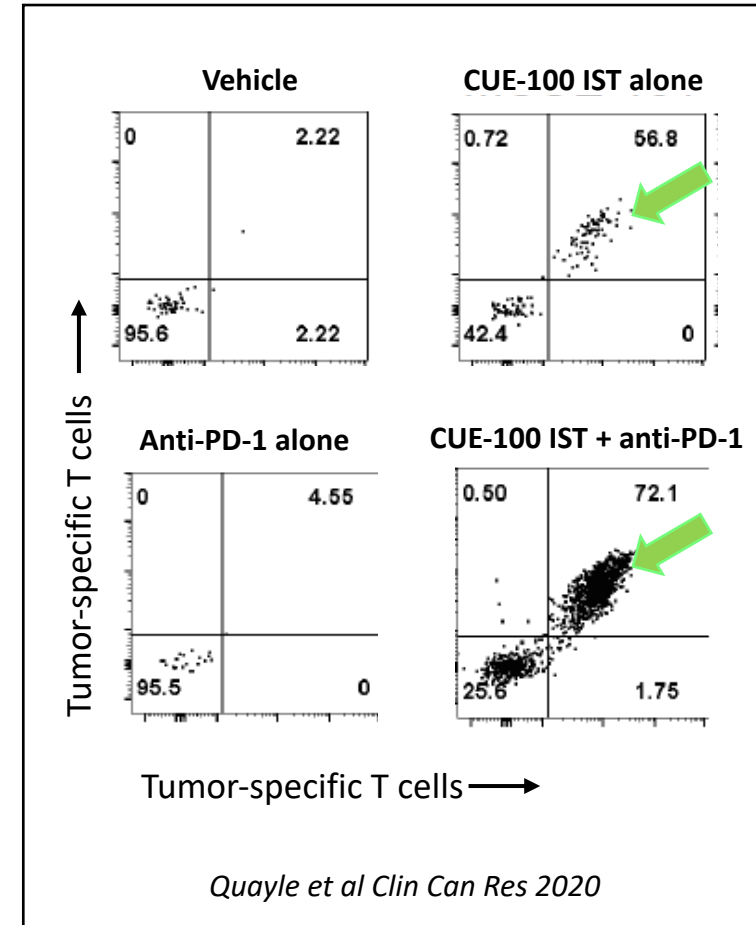
## Selective Engagement (Immune Synapse)



## Selective Expansion (Tumor-specific T cells)



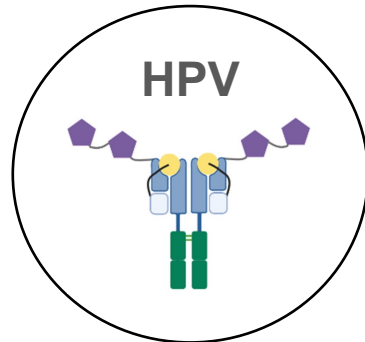
## T cell Activation in Tumors ("hot tumors")





# CUE-101 Provides Clinical PoC and Platform De-risking

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**CUE-101**

## Head & Neck\*

Anal  
Cervical  
Penile  
Vulvar

*\* Ongoing clinical trial*

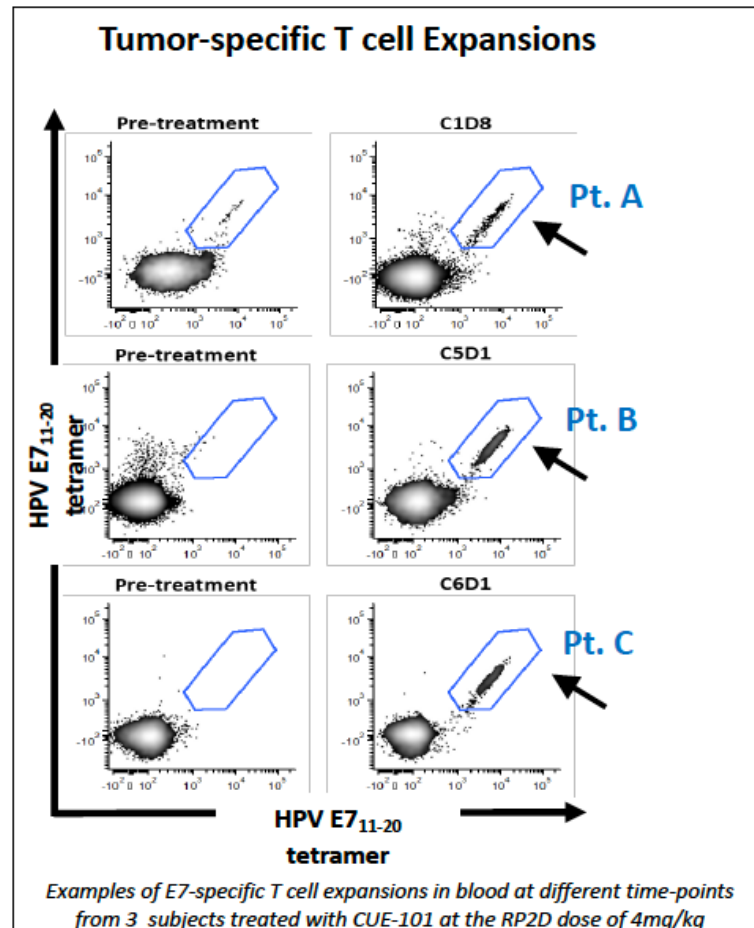
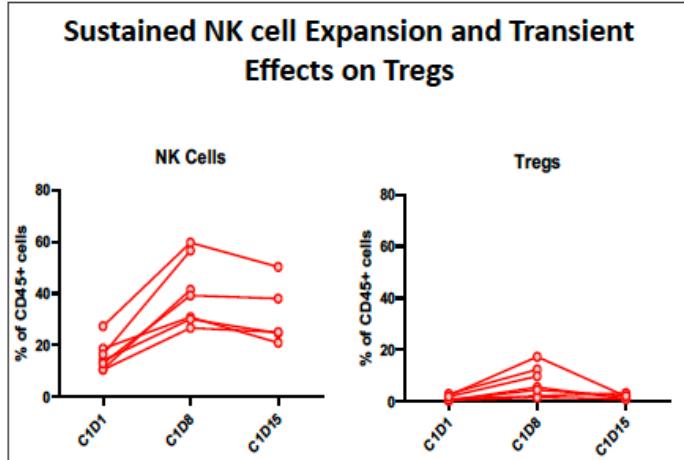
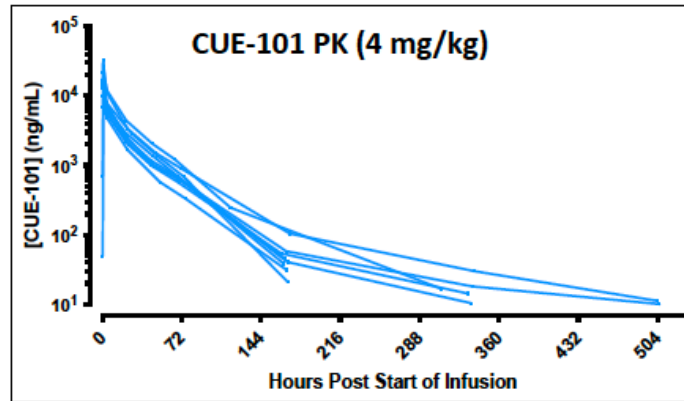
- CUE-101 Monotherapy in 3L+ R/M HNSCC
- CUE-101 + Pembrolizumab Combination in 1L R/M HNSCC
- CUE-101 Neo-adjuvant trial in locally/advanced HNSCC
  - Trial ongoing at Washington University in St. Louis

# CUE-101: Monotherapy Efficacy in 3L+ R/M HNSCC Patients

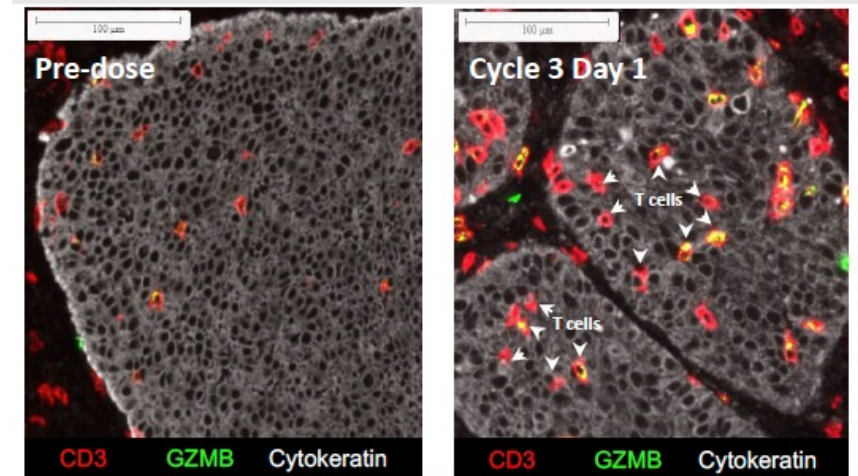
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- ✓ Demonstration of single-agent anti-tumor efficacy
  - *RECIST-based PR and Durable Stable Disease in 3L+ R/M HNSCC patients*
  - mOS benefit emerging from survival follow-up
- ✓ Selective expansion of tumor-specific T cells and NK cells
- ✓ T cell infiltration into tumor and increased tumor necrosis
- ✓ Tolerability at clinically active doses
- ✓ Sustained drug exposure upon repeated dosing with no clinical evidence of immunogenicity to date
- ✓ Fast Track Designation granted

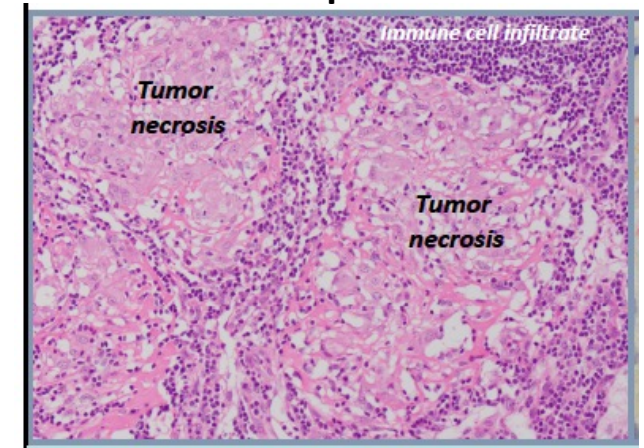
# CUE-101 Monotherapy Patient Data: PK, PD and Tumor Infiltration



## T cell infiltration into tumors post-CUE-101 Tx

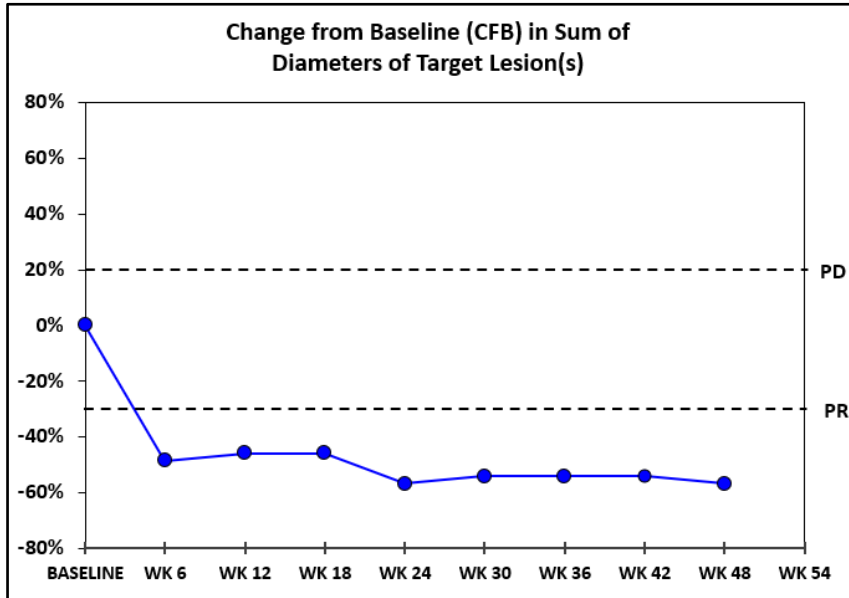


## Tumor necrosis post-CUE-101 Tx



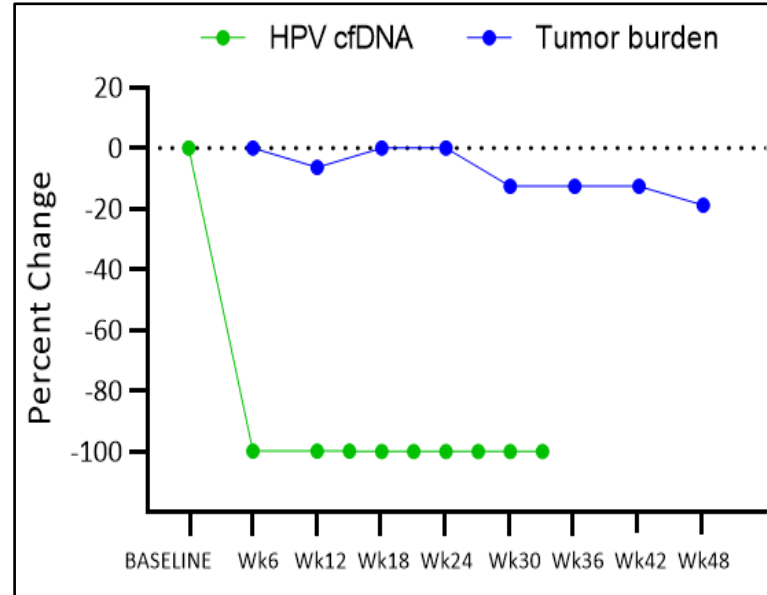
# Patterns of Clinical Efficacy in Patients with CUE-101 Monotherapy

Patient A



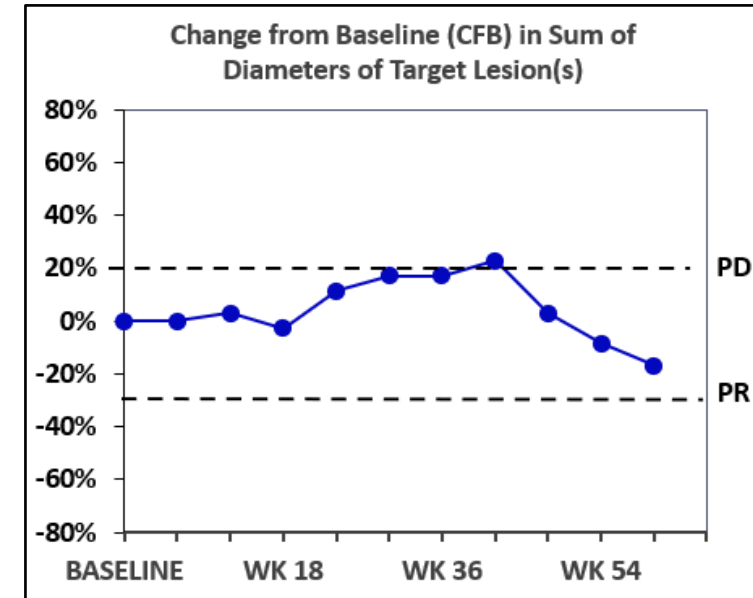
- Rapid tumor reduction and durable PR
- On treatment ~ 1 year

Patient B



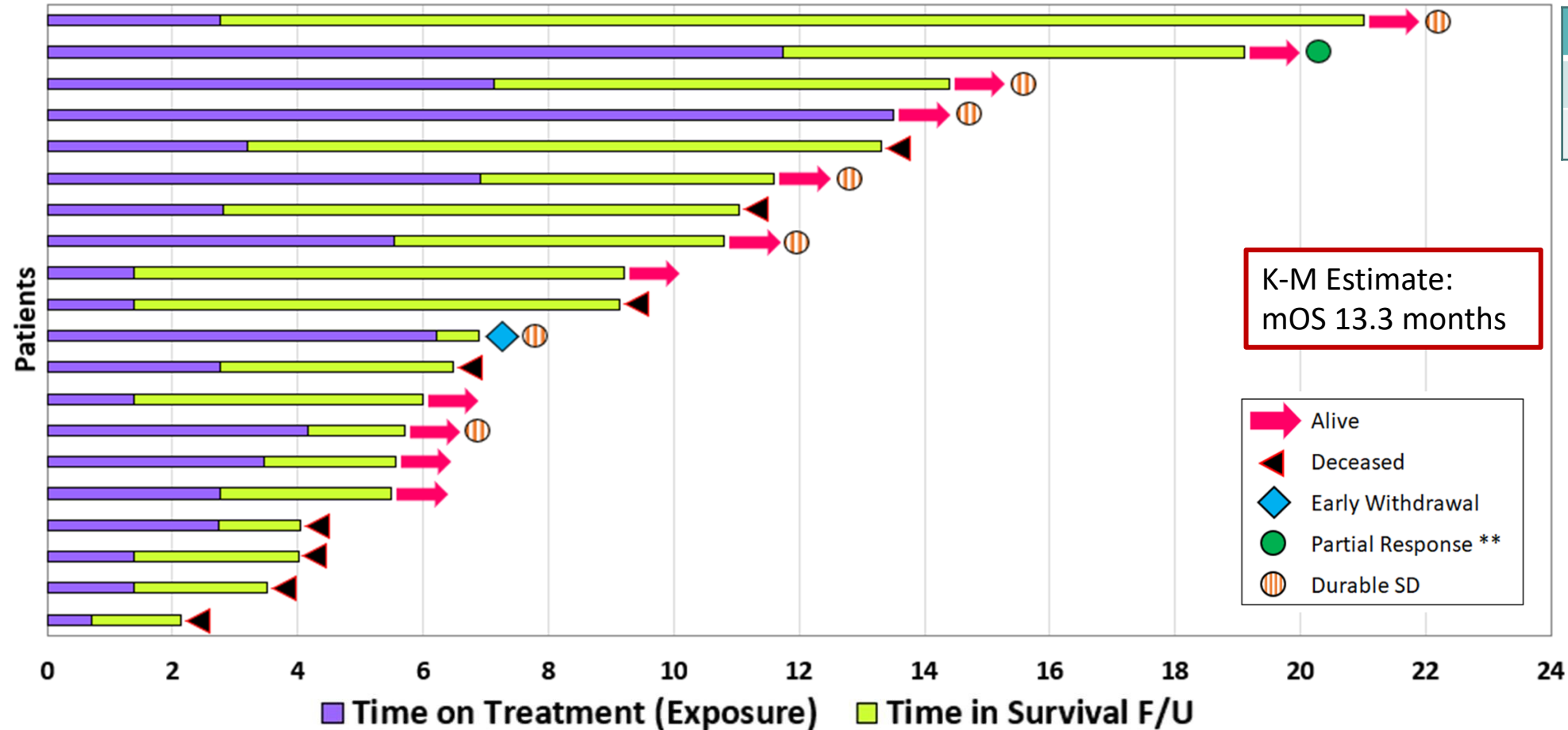
- Durable SD which may be pathologic CR
- Remains on treatment > 1 year with no evidence of HPV cfDNA

Patient C



- Durable SD
- Remains on treatment > 1 year

# Increased Overall Survival in 3L+ Patients Treated with CUE-101 Monotherapy (n=20)



## 2L R/M HNSCC (KEYNOTE-40)

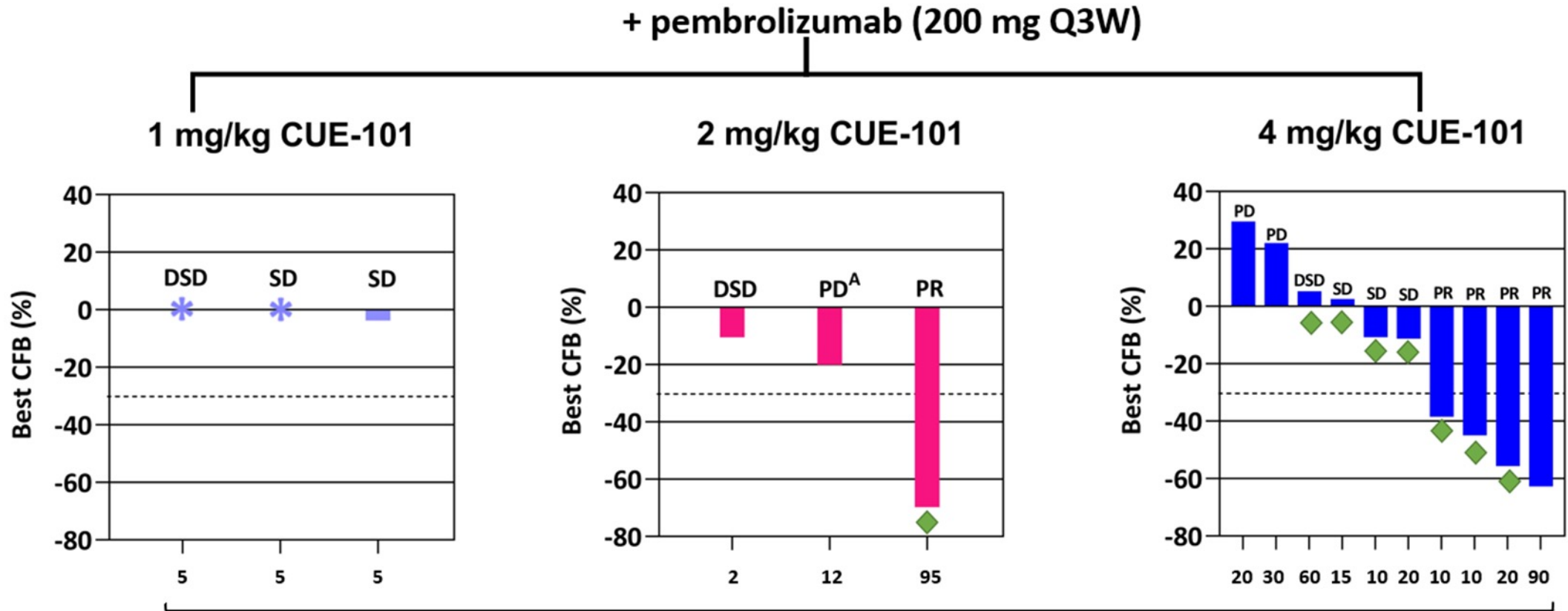
mOS

8.4 months

*Lancet 2018*

Overall survival in months for all monotherapy patients treated in CUE-101-01, at 4 mg/kg, from time of 1st dose of drug (Cycle 1 Day 1). PR (partial response) is indicated by a green circle; Durable SD (stable disease) is indicated by a hatched orange circle (requires SD at  $\geq 2$  consecutive scans at 6-week and 12-week visits). \*\* Onset and duration of the response is not indicated on the plot. Kaplan-Meier Analysis CUE-101 mOS 13.3 month; [95% Confidence Interval (9.1, NA)].

# CUE-101 in Combination with Pembrolizumab in 1L R/M HNSCC: 40% ORR at 4 mg/kg RP2D



PR: Partial Response  
SD: Stable Disease  
DSD: Durable Stable Disease  
PD: Progressive Disease  
A: PD at C3 in non-targets, targets stable  
\* : Best CFB = 0%  
◆ : Ongoing on treatment

PD-L1 Expression (CPS)

1L R/M HNSCC (KEYNOTE-48)

Pembro ORR 19%

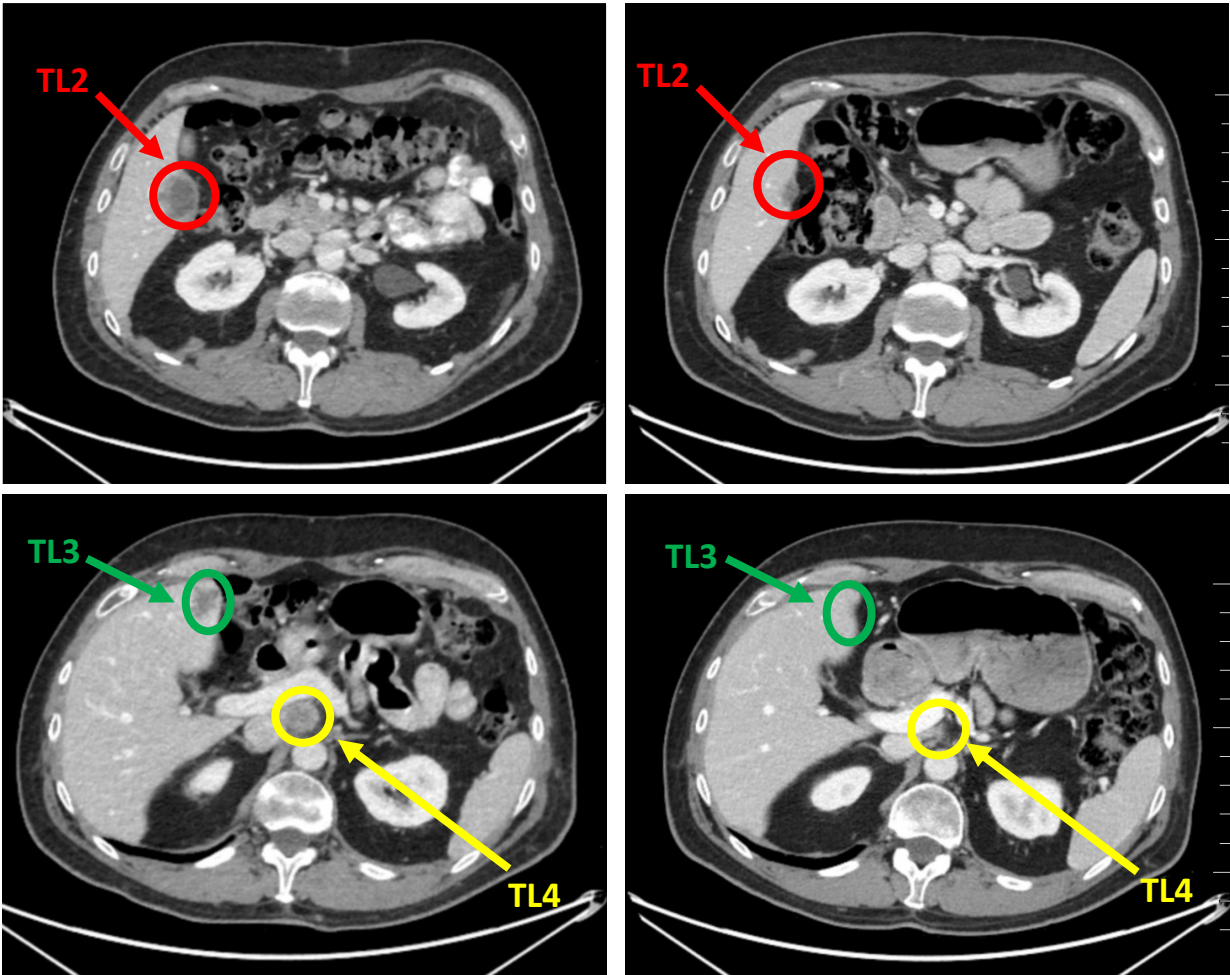
*Lancet 2019*



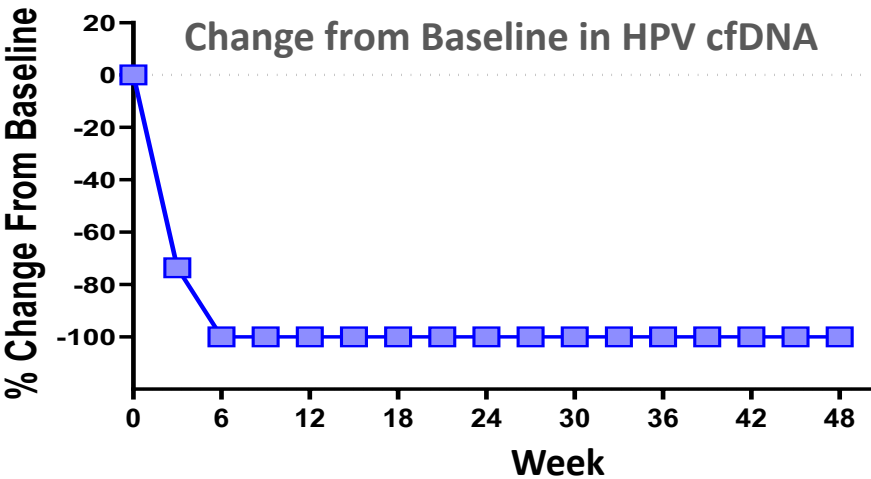
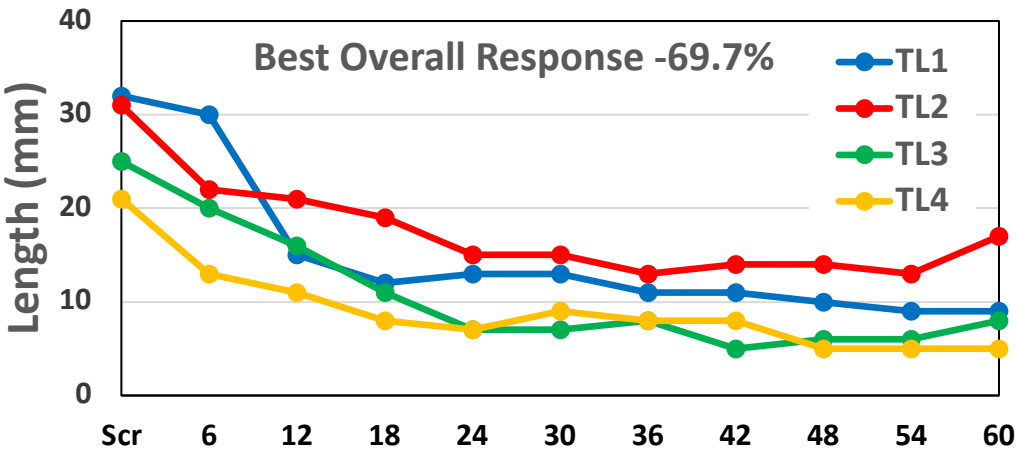
# CUE-101: Case Study – Confirmed PR in Combo Patient (2 mg/kg + pembrolizumab)

Baseline

Week 18



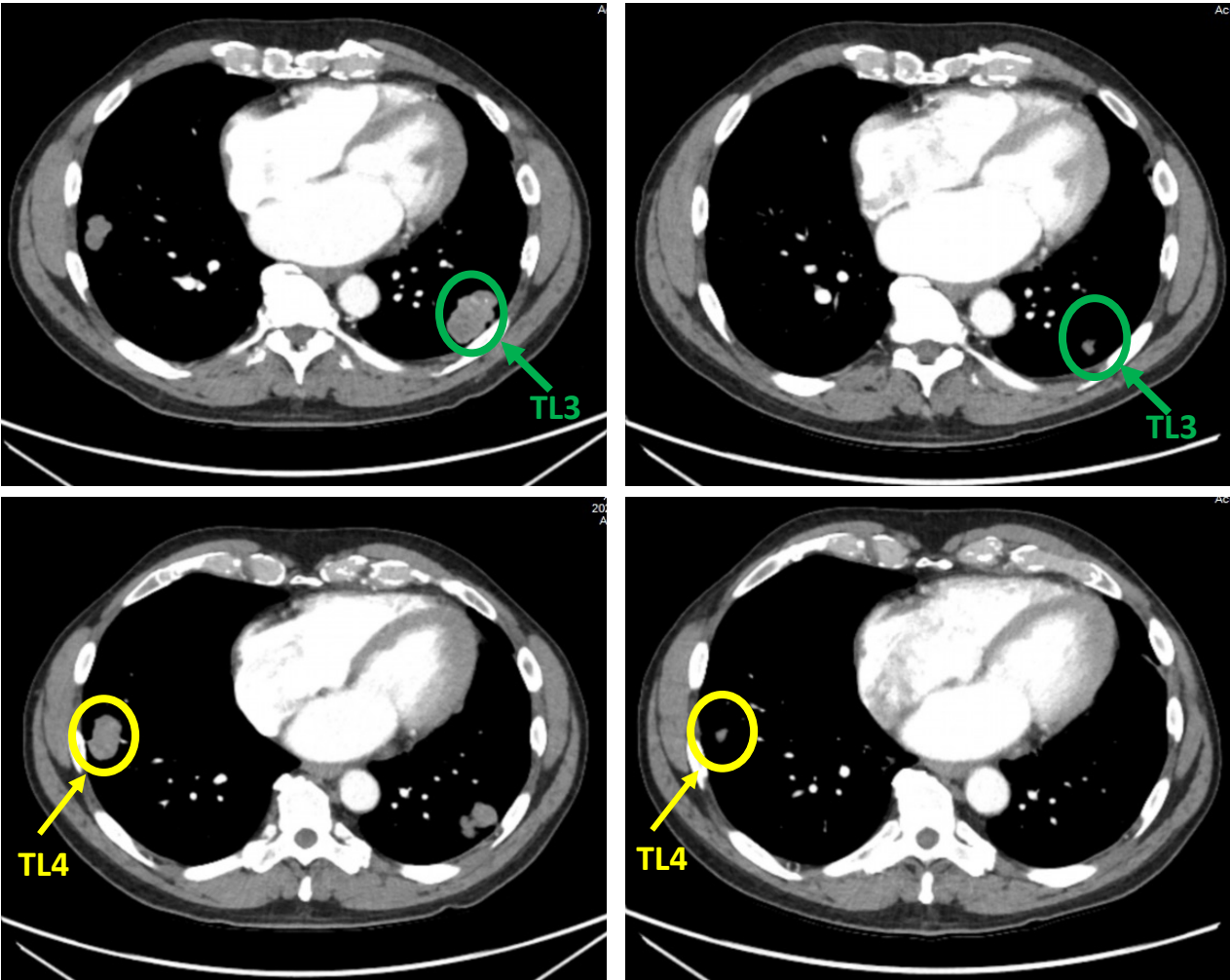
Longitudinal Target Lesion (TL) Measurements



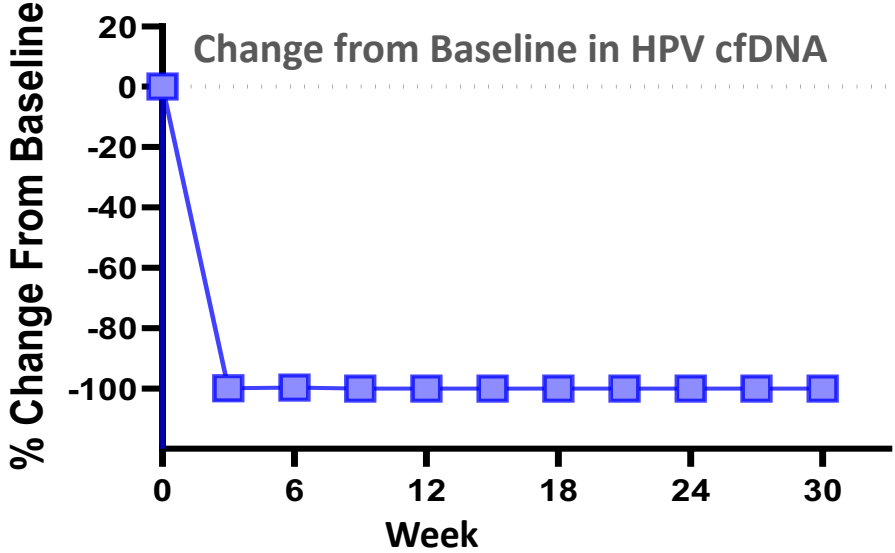
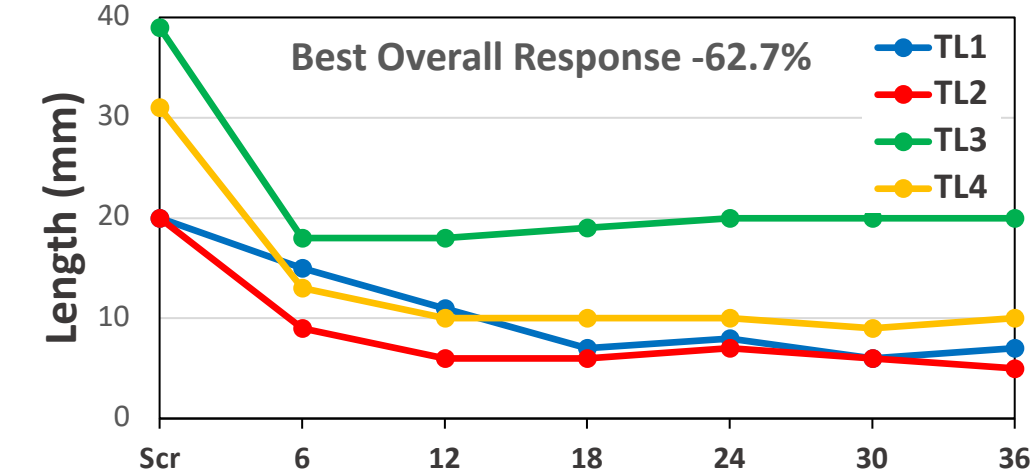
# CUE-101: Case Study – Confirmed PR in Combo Patient (4 mg/kg + pembrolizumab)

Baseline

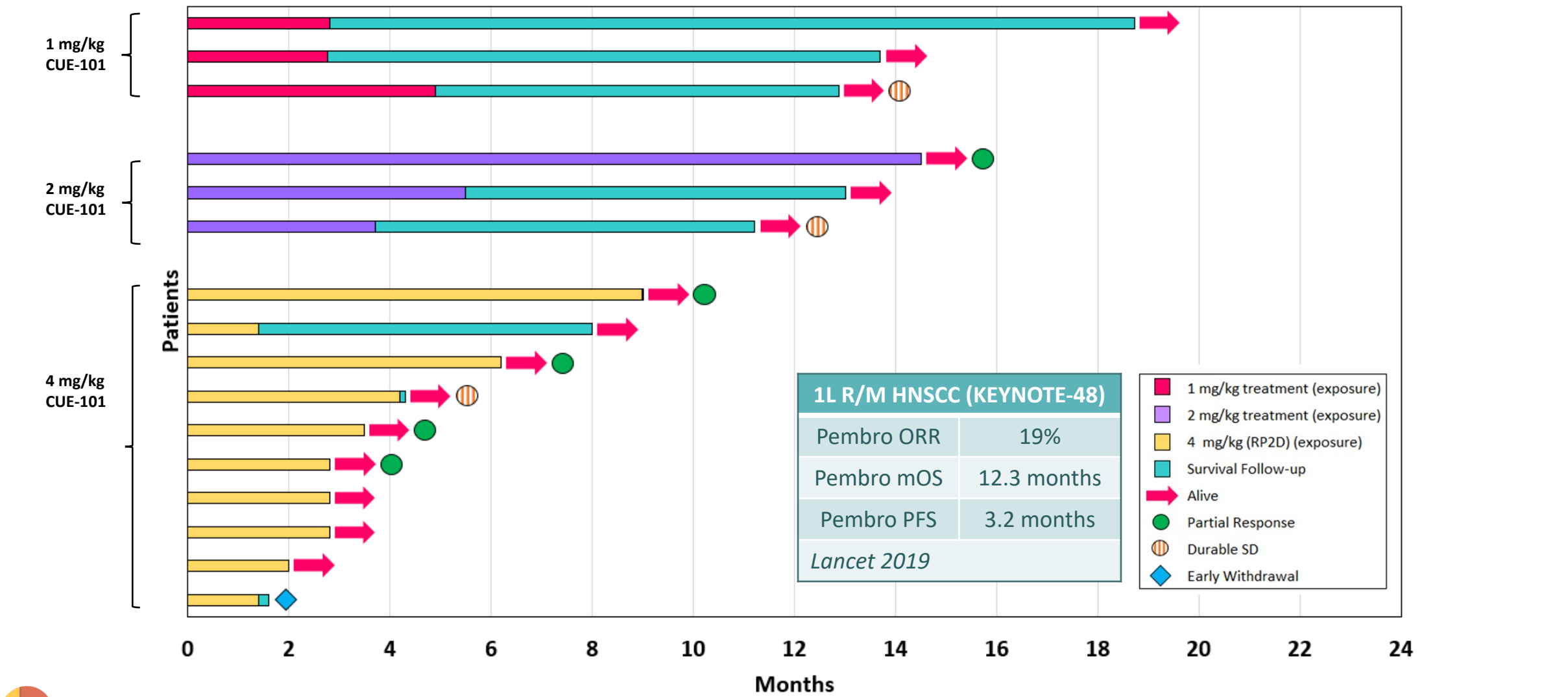
Week 12



Longitudinal Target Lesion (TL) Measurements



# Overall Survival by Dose in CUE-101 Combination Therapy Patients



# Registrational Path Options

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- **CUE-101 Monotherapy**

- Fast Track Designation granted for the treatment of R/M HPV+ HNSCC
- Potential Phase 3 registrational trial option: CUE-101 vs. Investigator's Choice of chemotherapy in patients that have failed prior chemo and CPI, Primary Endpoint: Overall Survival

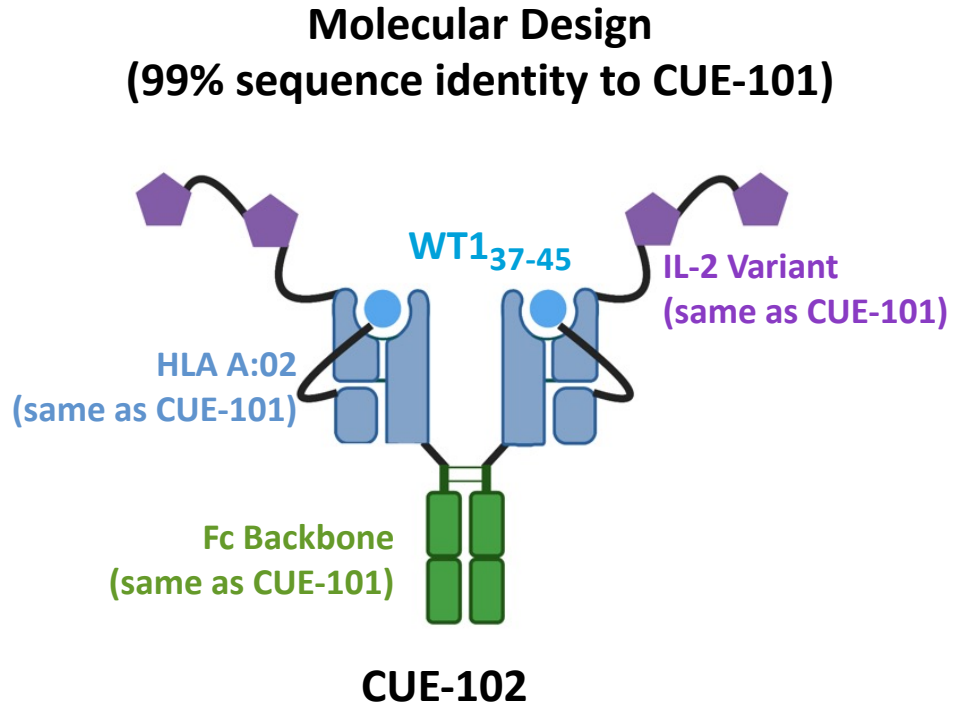
- **CUE-101 Combination therapy with pembrolizumab**

- Fast Track Designation granted for the treatment of R/M HPV+ HNSCC
- On track for completion of enrollment of expansion cohort (n=20)
- Potential Phase 3 registrational trial option: CUE-101 + pembrolizumab vs pembrolizumab in 1L R/M HNSCC patients, Primary Endpoints: ORR, PFS; Secondary Endpoints: OS, PROs

***FDA Fast Track Designation*** (granted 10/03/2022) facilitates the development and expedited review of new drugs that treat a serious medical condition and fill an unmet medical need by providing:

- More frequent meetings and written communication with the FDA
- Eligibility for Accelerated Approval and Priority Review if criteria are met
- Rolling review

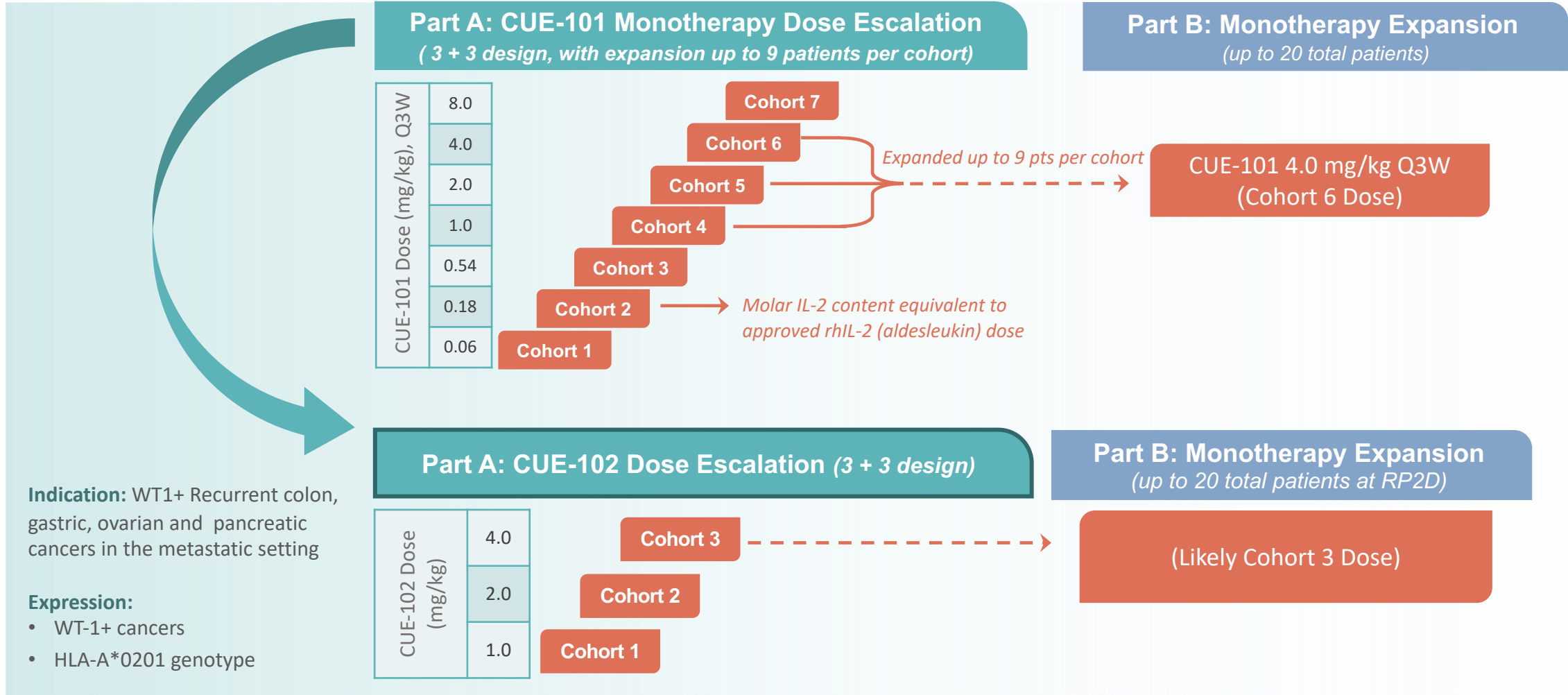
# CUE-102 Wilms Tumor 1 (WT1): Broad Potential Opportunity in Multiple Solid and Heme Cancers



- IND approval for CUE-102 harnessed the clinical de-risking observed with CUE-101, leading to potential advantages:
  - Clinical development efficiencies (approval to start at a higher dose and minimize cohorts for dose escalation)
  - Regulatory advantages (FDA did not require additional IND tox)
- CUE-102 targets a dominant T cell epitope from WT1
- WT1 is an attractive onco-fetal tumor antigen with significant expression in numerous solid and heme cancers
  - Solid: CRC, Ovarian, Lung, Gastric, Pancreatic, Breast, GBM
  - Heme: AML/MDS, ALL, MM

**Phase 1 Monotherapy Trial Currently Enrolling**  
**(NCT05360680)**

# CUE-101 Accelerates CUE-102 Clinical Development by Enabling Dose Escalation to Start at 1 mg/ kg



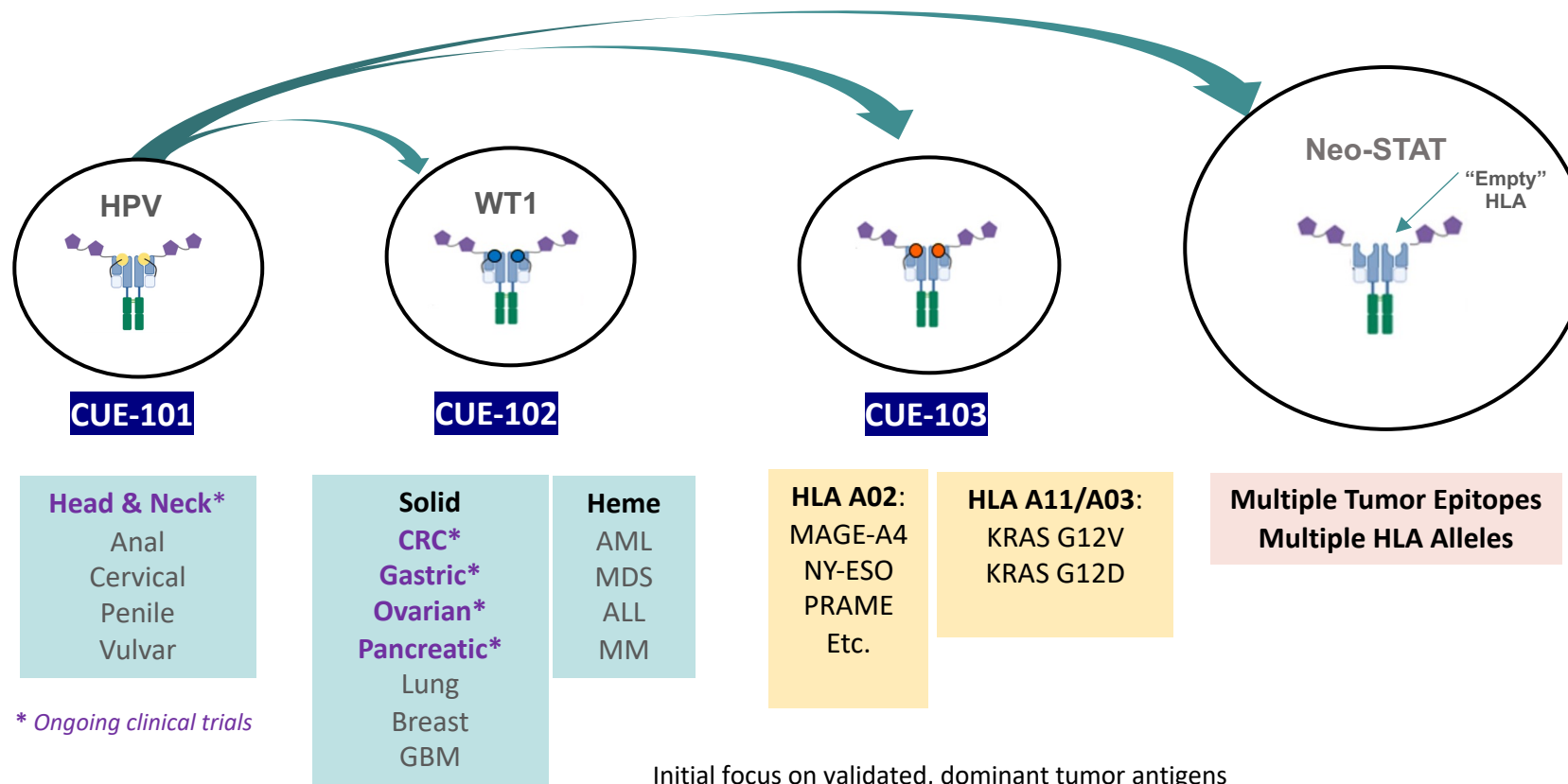
**Abbreviations:** Q3W, once every 3 weeks; rhIL-2, recombinant human interleukin-2; RP2D, Recommended Phase 2 Dose



# CUE-100 Series: Broad Potential Opportunities in Cancer Immunotherapy

*We believe clinical PoC with CUE-101 de-risks and validates CUE-100 series*

**Structural similarity creates potential regulatory and development efficiencies**



# Cue Biopharma, Inc: Q3 2022 Financial Highlights

## Cue Biopharma, Inc. Selected Consolidated Statement of Operations Data (in thousands, except share data)

	Three Months Ended September 30,	
	2022	2021
<b>Collaboration revenue</b>	\$ 68	\$ 2,395
<b>Operating expenses:</b>		
General and administrative	3,528	4,125
Research and development	7,571	11,288
Total operating expenses	11,099	15,413
<b>Loss from operations</b>	(11,031)	(13,018)
<b>Other income:</b>		
Total other income, net	76	25
<b>Net Loss</b>	\$ (10,955)	\$ (12,993)
Net loss per common share – basic and diluted	\$ (0.31)	\$ (0.41)
Weighted average common shares outstanding – basic and diluted	35,383,430	31,315,178

## Cue Biopharma, Inc. Selected Consolidated Balance Sheet Data (in thousands)

	September 30, 2022	December 31, 2021
Cash and cash equivalents	29,726	64,371
Marketable securities	29,457	-
Total current assets	61,700	68,469
Working Capital	51,478	55,681
Total assets	76,300	83,401
Total Stockholders' equity	50,764	65,492

# Upcoming Anticipated Key Milestones

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- CUE-101 Monotherapy (mature mOS data EOY 2022 – define potential registrational trial mid 2023)
- CUE-101 + pembrolizumab Combination Therapy (preliminary ORR 2Q 2023 on 20 patients with potential registrational trial being defined by EOY 2023)
- CUE-102 Monotherapy (data from dose escalation by mid 2023-significant potential market opportunities for WT1 positive cancer indications)
- We believe maturing clinical datasets may catalyze significant BD/Corp Dev opportunities for pipeline expansion

# Thank You

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## Immune Responses, On Cue™

*Harnessing the Potential of the Human  
Immune System to Treat Cancer*

