

Next-generation multi-tumor cell therapy



Disclaimer

This presentation contains "forward-looking statements," as that term is defined under the Private Securities Litigation Reform Act of 1995 (PSLRA), which statements may be identified by words such as "believe," "may," "will," "estimate," "continue," "anticipate," "intend," "expect" and other words of similar meaning. These forward-looking statements involve certain risks and uncertainties. Such risks and uncertainties could cause our actual results to differ materially from those indicated by such forward-looking statements, and include, without limitation: the success, cost and timing of our product development activities and clinical trials; our ability to submit an IND and successfully advance our technology platform to improve the safety and effectiveness of our existing TCR therapeutic candidates; the rate and degree of market acceptance of T-cell therapy generally and of our TCR therapeutic candidates; government regulation and approval, including, but not limited to, the expected regulatory approval timelines for TCR therapeutic candidates; and our ability to protect our proprietary technology and enforce our intellectual property rights; amongst others. For a further description of the risks and uncertainties that could cause our actual results to differ materially from those expressed in these forward-looking statements, as well as risks relating to our business in general, we refer you to our Annual Report on Form 10-K filed with the Securities and Exchange Commission filed for the year ended December 31, 2021, our Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and other filings with the Securities and Exchange Commission. The forward-looking statements contained in this presentation speak only as of the date the statements were made and we do not undertake any obligation to update such forward-looking statements to reflect subsequent events or circumstances.

We urge you to consider these factors carefully in evaluating the forward-looking statements herein and you are cautioned not to place undue reliance on such forward-looking statements, which are qualified in their entirety by this cautionary statement. The forward-looking statements contained in this presentation speak only as of the date the statements were made and we do not undertake any obligation to update such forward-looking statements to reflect subsequent events or circumstances.

We intend that all forward-looking statements be subject to the safe-harbor provisions of the PSLRA.





Next-generation multi-tumor cell therapy

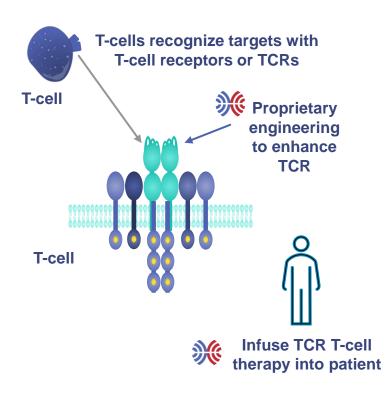


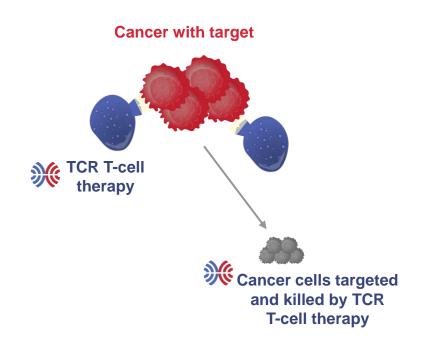
Empowering the immune system to fight cancer with engineered T-cells

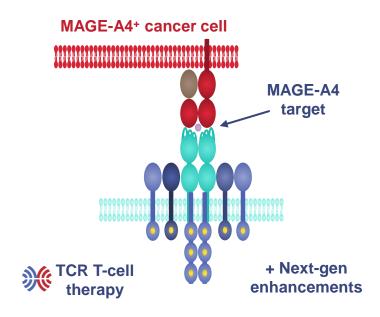
Proprietary technology to engineer T-cell receptors or TCRs

Adaptimmune's TCRs are engineered and enhanced to target solid tumors

Lead program: TCR engineered to target cancer protein called MAGE-A4









Cell therapy industry leaders with expertise to drive clinical and commercial success

We are leaders in T-cell therapy for solid **tumors**

- Engineered TCR T-cell therapies to successfully target solid tumors
- Manufactured and treated 100s of people in our clinical trials
- Afami-cel (our first MAGE-A4 targeted product) has potential to be first marketed engineered TCR T-cell therapy for solid tumors

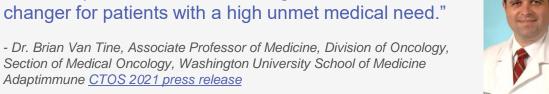
Adaptimmune CTOS 2021 press release

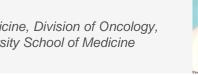
Building a cell therapy company – not a technology platform

- Designed from the bottom up as a cell therapy company
- Integrated capabilities for long-term success
- Aiming to address a wide range of cancer indications



"Afami-cel would provide a new treatment option for patients with synovial sarcoma, offering benefits that we have rarely seen with therapies currently. This is a game changer for patients with a high unmet medical need."

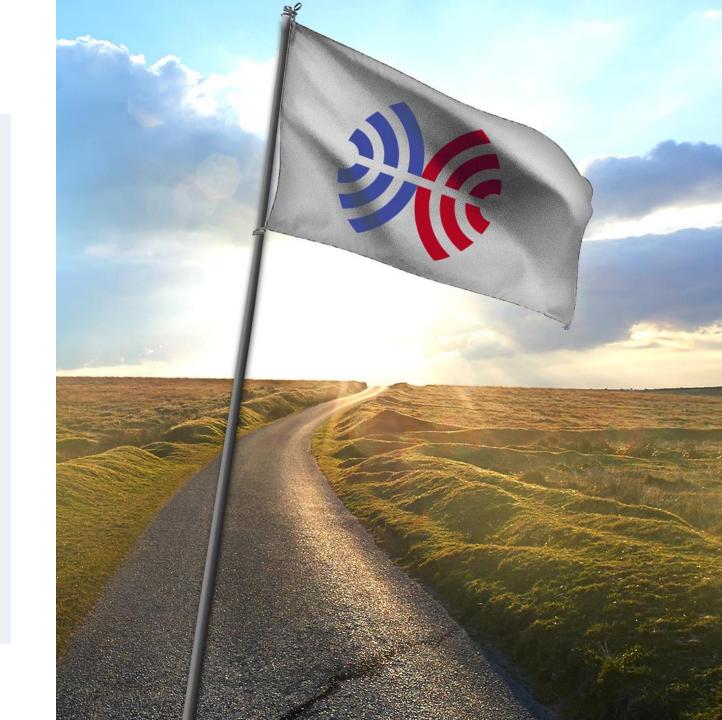






2022 focus

- ✓ BLA for afami-cel
- ✓ Building our MAGE-A4 franchise
- Scaling up manufacturing capabilities
- ✓ Allogeneic progress



Building our MAGE-A4 franchise

MAGE-A4 is a validated target

- Member of cancer testis antigen family
- ✓ "Clean" target
- ✓ Intracellular protein
- ✓ Addressable with a T-cell receptor

MAGE-A4 multiple solid tumor opportunities

- Expressed in many solid tumors
- ✓ Expression levels ranging ~15% to ~70%¹ across broad range of tumors
- ✓ Potential MAGE-A4 population ~95,000²

Responses with MAGE-A4 targeted SPEAR T-cells

- ✓ Synovial sarcoma
- Myxoid/round cell liposarcoma
- ✓ Ovarian cancer
- ✓ Gastroesophageal cancers
- ✓ Urothelial cancer
- ✓ Head and neck cancer
- ✓ Lung cancer
- ✓ Melanoma

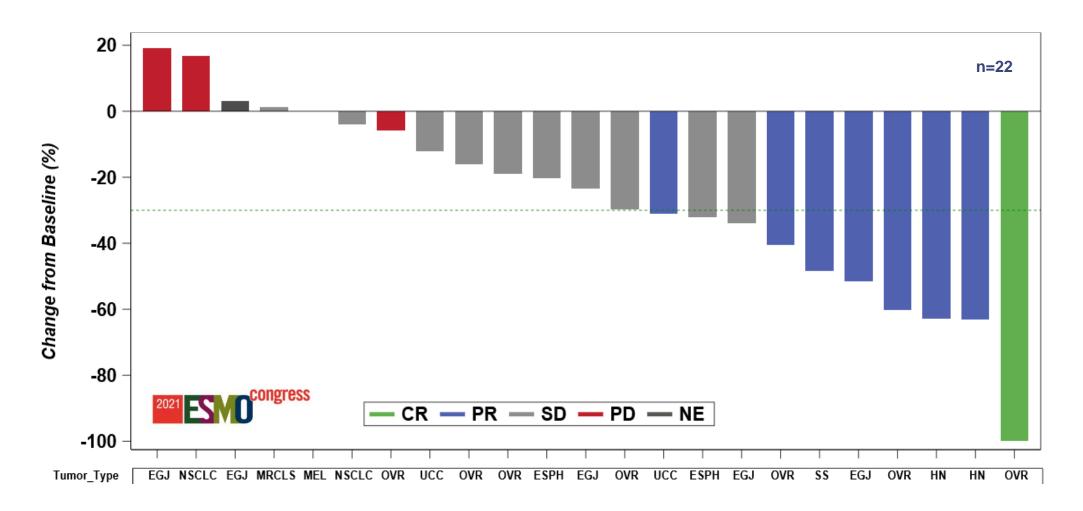




Next-generation multi-tumor cell therapy

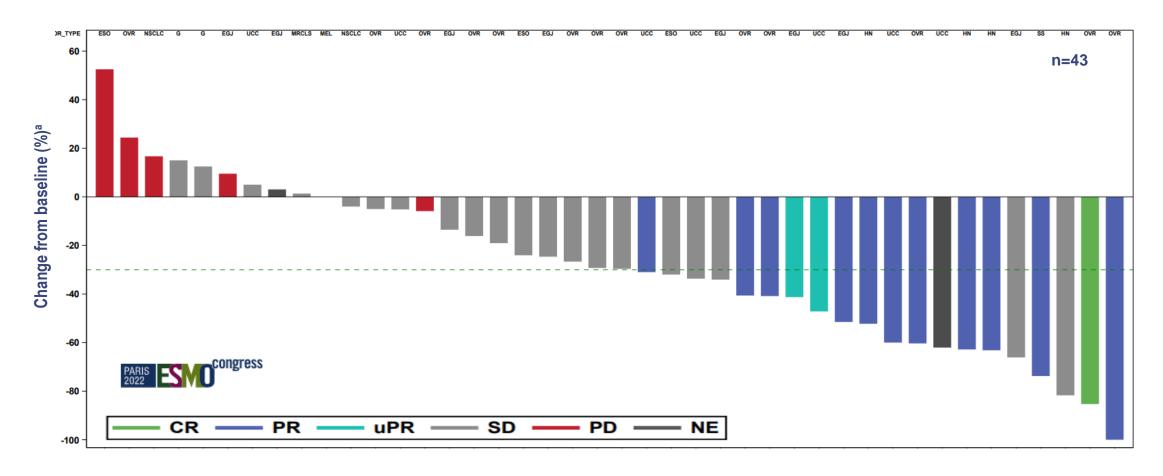


22 evaluable patients at ESMO 2021

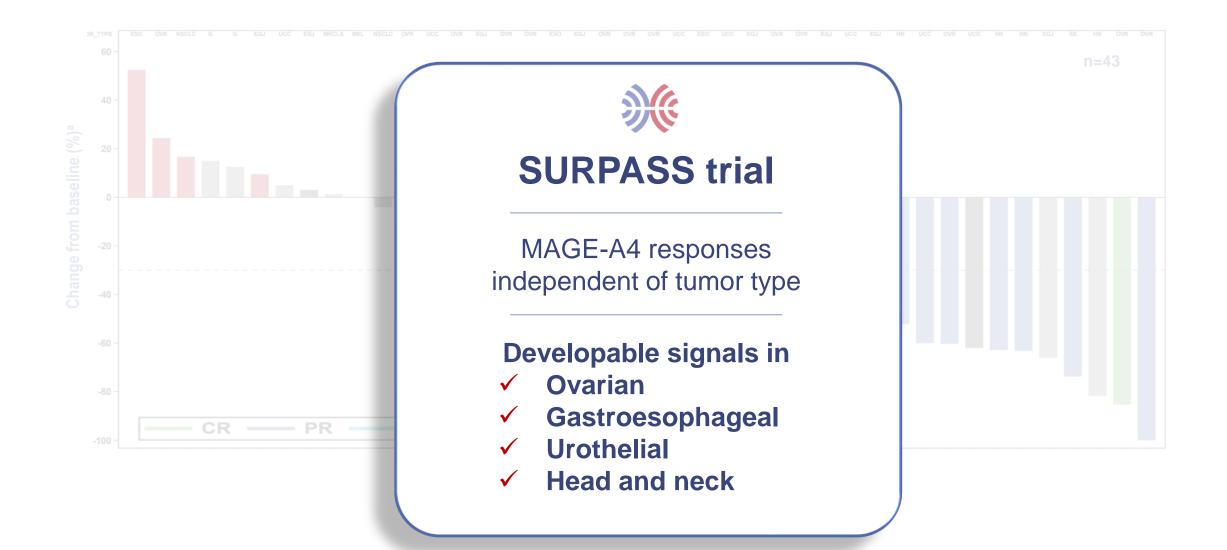




43 evaluable patients at ESMO 2022











"This is an important and exciting time in oncology with TCR T-cell therapies...and their potential to help clinicians manage aggressive and difficult-to-treat cancers."

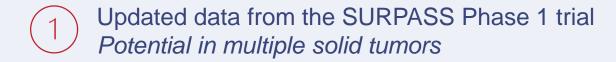
-David Hong, M.D.

Professor and Deputy Chair of Investigational Cancer Therapeutics at of The University of Texas MD Anderson Cancer Center Adaptimmune <u>ESMO 2022 press release</u>



Update on our SURPASS family of trials

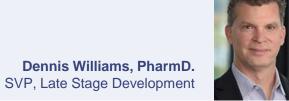
Focused on nimble execution to deliver cell therapies to people with cancer





Elliot Norry, M.D. Chief Medical Officer

Plans for the SURPASS family of trials Developing cell therapies that are curative and mainstream





Cell therapy and the ovarian cancer treatment landscape

Kathleen Moore, M.D. Professor, Division of Gynecologic Oncology, Stephenson Cancer Center at the University of Oklahoma, member of The GOG Foundation, Inc.'s Investigator Council, Associate Director of the GOG Partners



Q&A with the Adaptimmune management team and Dr. Moore



William (Bill) Bertrand **Chief Operating Officer**





SURPASS Phase 1: Objectives of signal finding trial



Safety and tolerability of ADP-A2M4CD8





SURPASS participants across multiple indications have late-stage metastatic disease and are heavily pre-treated



Antitumor activity



Acceptable safety supports further development

AEs related to T-cell infusion in ≥10% of patients

SAEs in ≥5% of patients*

Preferred term	N=44; n (%)
Any AE	40 (90.9)
CRS	32 (72.7)
Neutropenia/neutrophil count decreased	13 (29.5)
Anemia/RBC decreased	10 (22.7)
Pyrexia	10 (22.7)
Fatigue	9 (20.5)
Leukopenia/WBC decreased	7 (15.9)
Rash	7 (15.9)
Thrombocytopenia/platelet count decreased	7 (15.9)
Dyspnea	6 (13.6)
Нурохіа	6 (13.6)
ICANS	6 (13.6)
Pleural effusion	6 (13.6)
Febrile neutropenia	5 (11.4)
Hypotension	5 (11.4)
Sinus tachycardia/tachycardia	5 (11.4)

Preferred term	SAE, N=44; n (%)	Related SAE, N=44; n (%)
Any SAE	27 (61.4)	21 (47.7)
CRS	14 (31.8)	14 (31.8)
Hypoxia	3 (6.8)	3 (6.8)
ICANS	3 (6.8)	3 (6.8)
Pyrexia	3 (6.8)	2 (4.5)

Reported adverse events (AEs) and serious AEs (SAEs) are consistent with those experienced by people with late-stage metastatic cancers undergoing chemotherapy, immuno-oncology therapy and/or adoptive cell therapy



Responses in heavily pre-treated patients

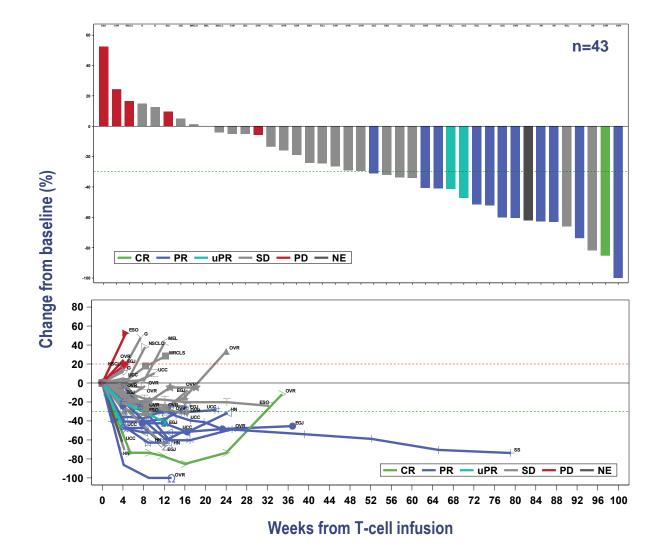
Overall response rate with a single dose of ADP-A2M4CD8

28% to 33%*

confirmed clinical responses in ovarian, esophagogastric junction, urothelial, head and neck, and synovial sarcoma cancers

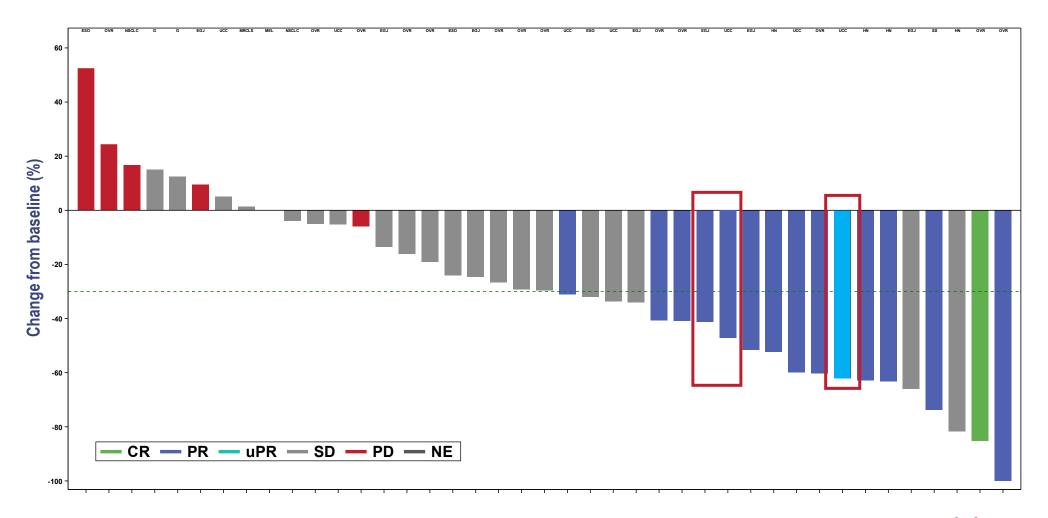
Focusing on ovarian, urothelial, and head & neck cancers

40% to 44%*



X Adaptimmune

Updated response rate is now 33% overall 44% in ovarian, urothelial, and head & neck cancers subset



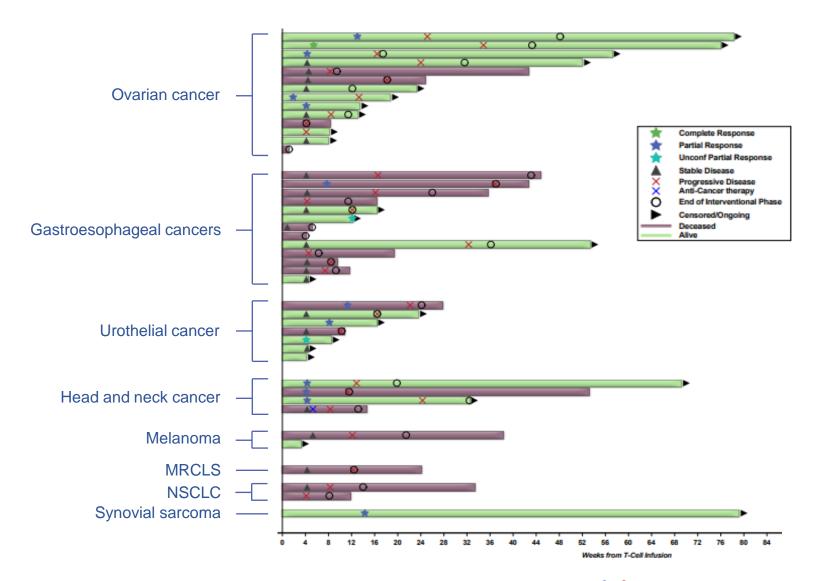


SURPASS trial to-date

> 50% of participants remain alive

Encouraging signals in

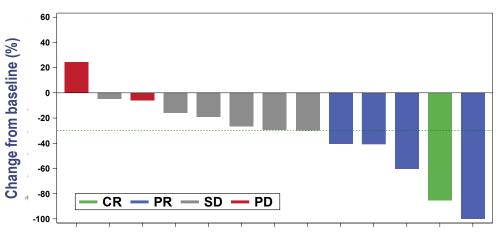
- Ovarian
- Gastroesophageal
- Urothelial
- Head and neck





SURPASS Phase 1: ovarian cancer





SURPASS trial

36% response rate, with 1 CR

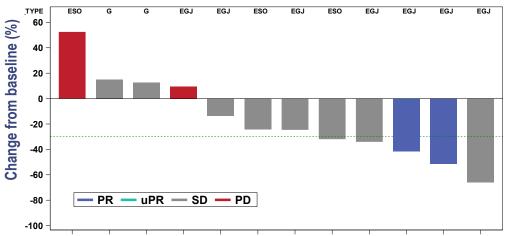
Current platinum-resistant SOC

- Response rate <13%
- Median PFS <4 months



SURPASS Phase 1: gastroesophageal cancers*

Gastroesophageal



SURPASS trial

- Most participants were 3rd line+
- Clear evidence of antitumor activity

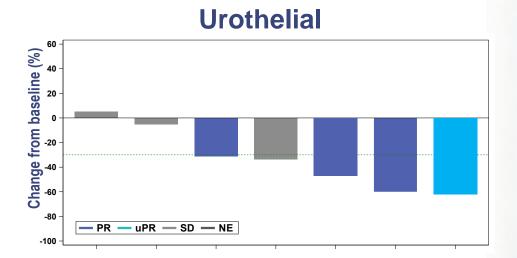
Current SOC

- <25% of people who received chemotherapy make it to 3rd line
- 3rd line median PFS typically 2-3 months



^{*} including stomach and esophageal cancers; Data cut-off: Aug 1, 2022; with additional scan results received; SOC=standard-of-care; OS=overall survival References for SOC available in Adaptimmune's Sep 9 press release

SURPASS Phase 1: urothelial cancer*

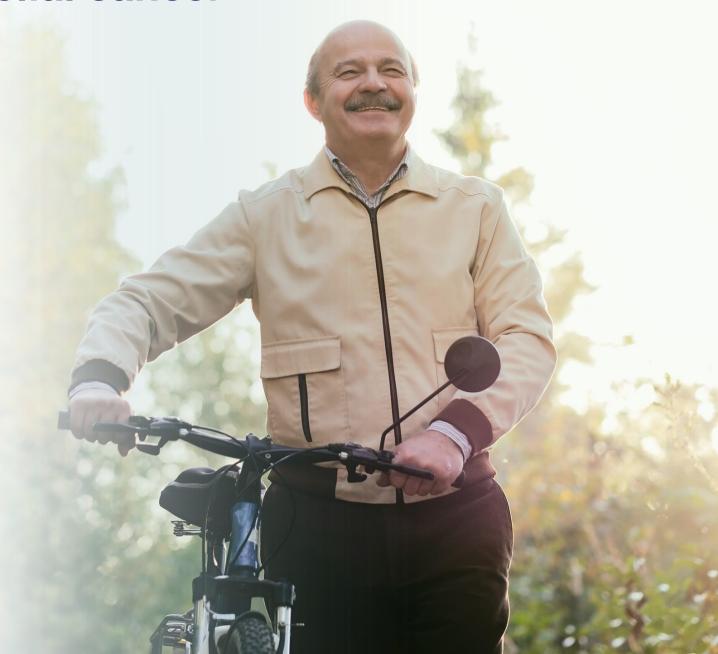


SURPASS trial

3 confirmed PRs and one uPR in seven patients

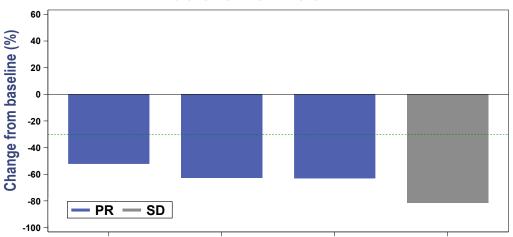
Current SOC

- ~20% response rate with checkpoint inhibitor in 2nd line
- PFS of only ~2 months with pembrolizumab



SURPASS Phase 1: head and neck cancers*

Head and neck

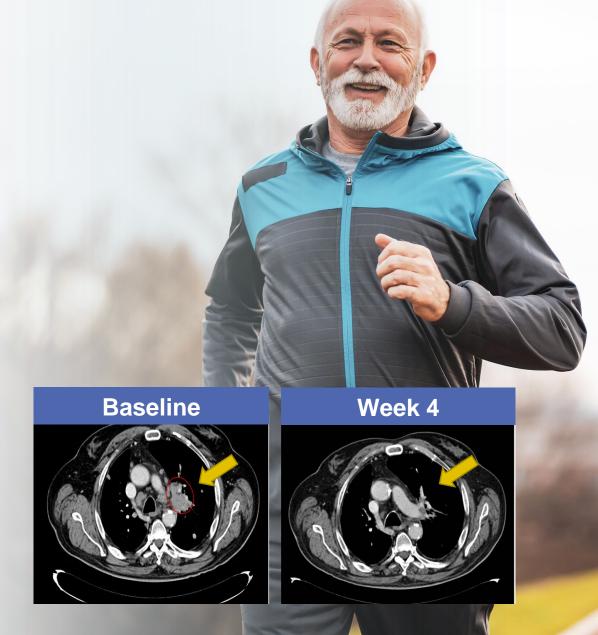


SURPASS trial

- Deep antitumor responses
- 3 of 4 had confirmed PRs

Current SOC

- 1st line pembrolizumab (CPS≥1):
 19% response rate and median
 PFS 3-5 months
- 2nd line and later settings with cetuximab (alone/combination): median PFS <4 months



Aim to improve frequency, depth & durability of response

Combination therapies

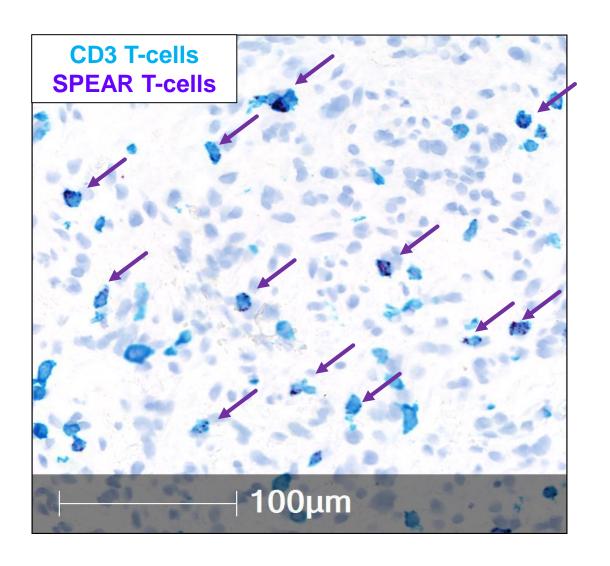
 Further exploit immune response to enhance and maintain T-cell activation

Earlier lines of treatment

 Healthier patients, more favorable tumor microenvironment, and better T-cells to harvest

Next-generation approaches

Modify products genetically and epigenetically to enhance efficacy



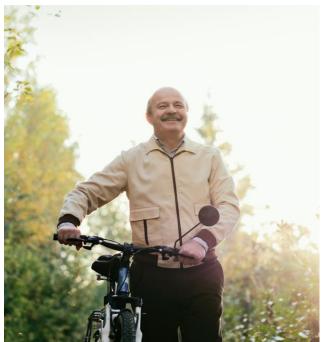


SURPASS trial: path to advance next-gen therapy

- Acceptable safety profile
- Efficacy signals in four tumor types with high unmet medical need
- Signal finding trial will continue to enroll including combination arm













Strategy for our SURPASS family of trials

Advance clinical development

In patient populations with developable signals

Combination therapy strategies

To enable enhanced efficacy

Target earlier lines of treatment

Based on the patient populations and standard of care



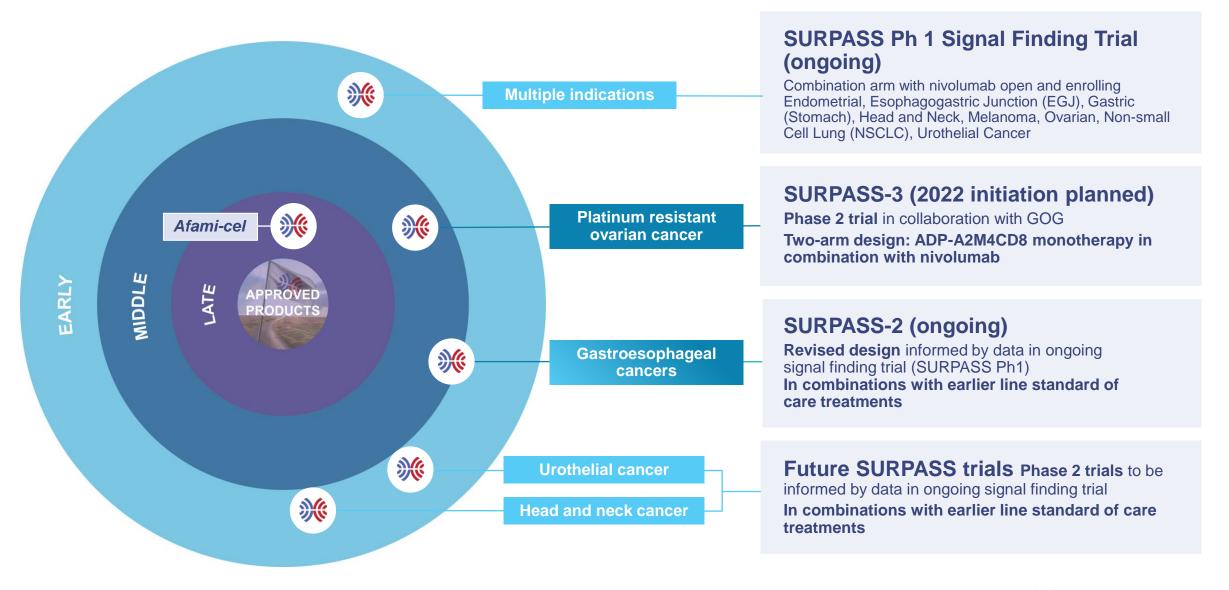








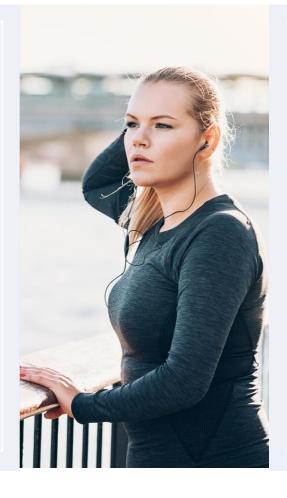
Aiming for marketed products





SURPASS-3: Signals direct development in ovarian cancer

- 13 of 14 people had reductions in target lesions
- 86% disease control rate (12 of 14)
- 36% had confirmed clinical responses including one complete response



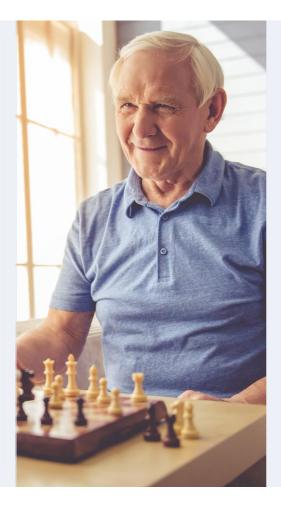
- Proceed with SURPASS-3
 Phase 2 trial (GOG-3084) in people with platinum resistant ovarian cancer
- ADP-A2M4CD8 in monotherapy and in combination with nivolumab in a two-arm design
- Collaborate with The GOG Foundation, Inc. (GOG)





SURPASS-2: Signals direct development in gastroesophageal cancers

- 13 people received ADP-A2M4CD8
- Two confirmed responses
- Clear antitumor activity with an encouraging disease control rate (10 out of 13 people)



Planning to amend the SURPASS-2 trial (initiated last year) to include:

- Combination with standard-of-care therapies, such as checkpoint inhibitors
- Earlier lines of treatment



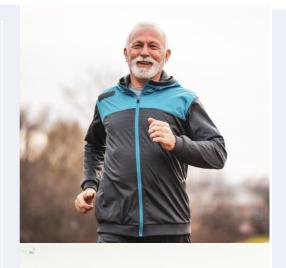
SURPASS Phase 1 trial: Signals direct development in urothelial and head and neck cancers

Urothelial cancer*

- 6 out of 7 people with reductions in target lesions
- 3 had confirmed responses

Head and neck cancers**

3 out of 4 confirmed responses

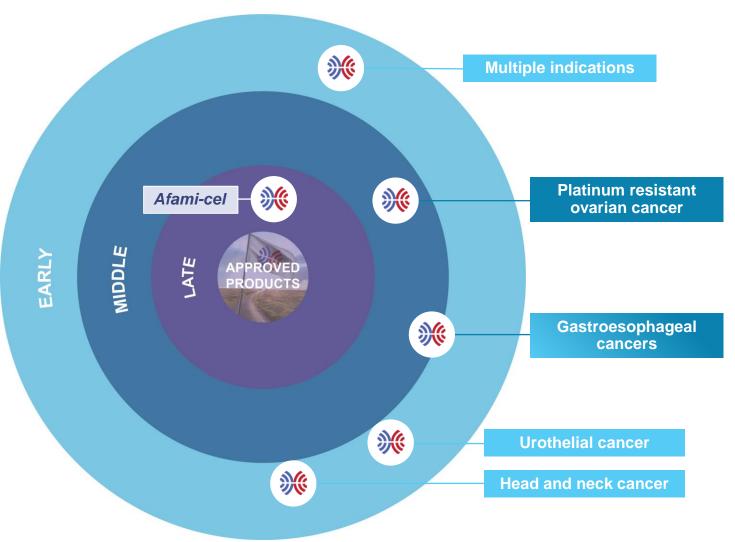


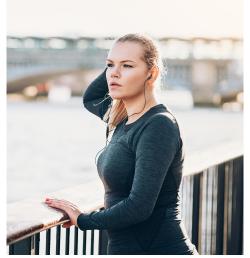


- Continue trial enrollment
- Explore additional trial in combinations with earlier line standard-of-care treatments

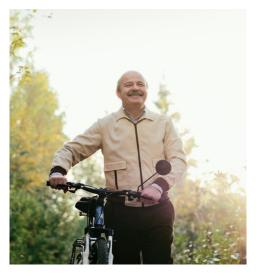


Designing trials to serve as many people as we can

















Strategy for our SURPASS family of trials

Advance clinical development

In patient populations with developable signals

Combination therapy strategies

To enable enhanced efficacy

Target earlier lines of treatment

Based on the patient populations and standard of care













