Adaptimmune: Leading The Cancer Revolution

August 2023

Adaptimmune

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, 2022, 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.

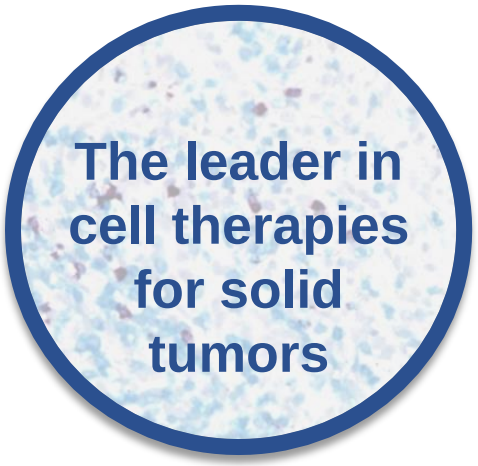
We intend that all forward-looking statements be subject to the safe-harbor provisions of the PSLRA.

Our mission and vision are clear:

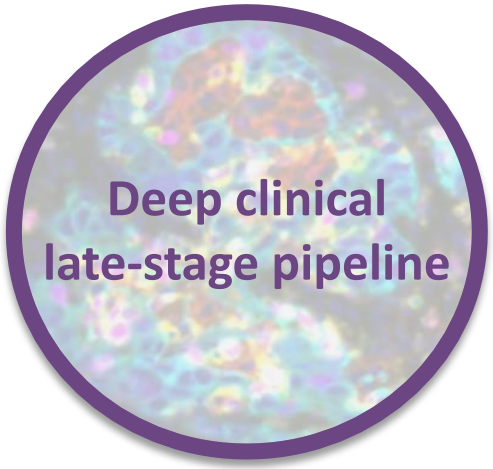
To transform the lives of people with cancer by designing, developing, and delivering cell therapies

Arming cells.
Against cancer.
For good.

A pre-eminent cell therapy company



Solid tumors represent ~90% of all cancers



Paths to products targeting MAGE-A4, NY-ESO, and mesothelin

Clinical development decisions driven by data

Experienced teams successfully advancing and manufacturing T-cell therapies

Strong balance sheet to deliver across programs

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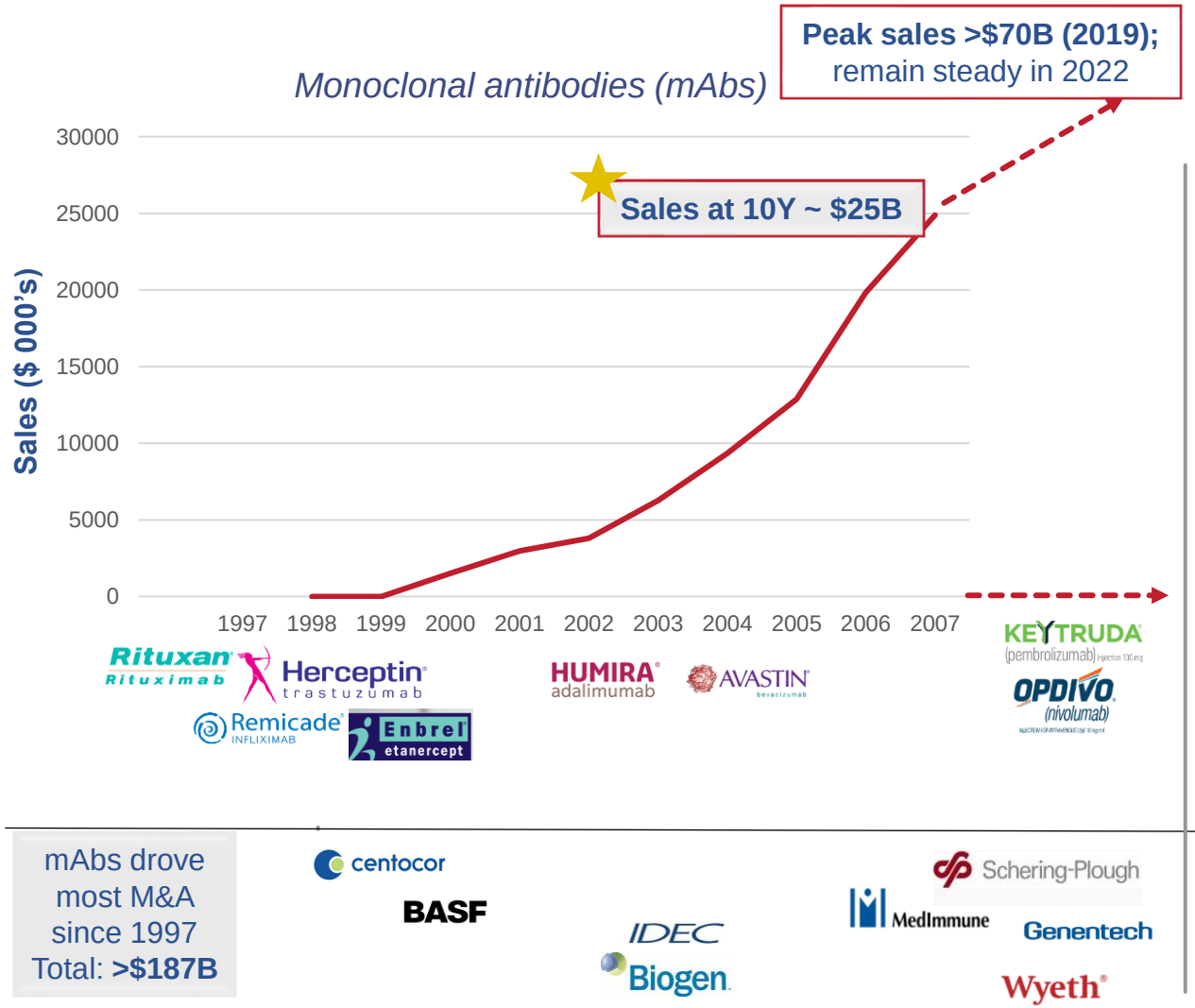
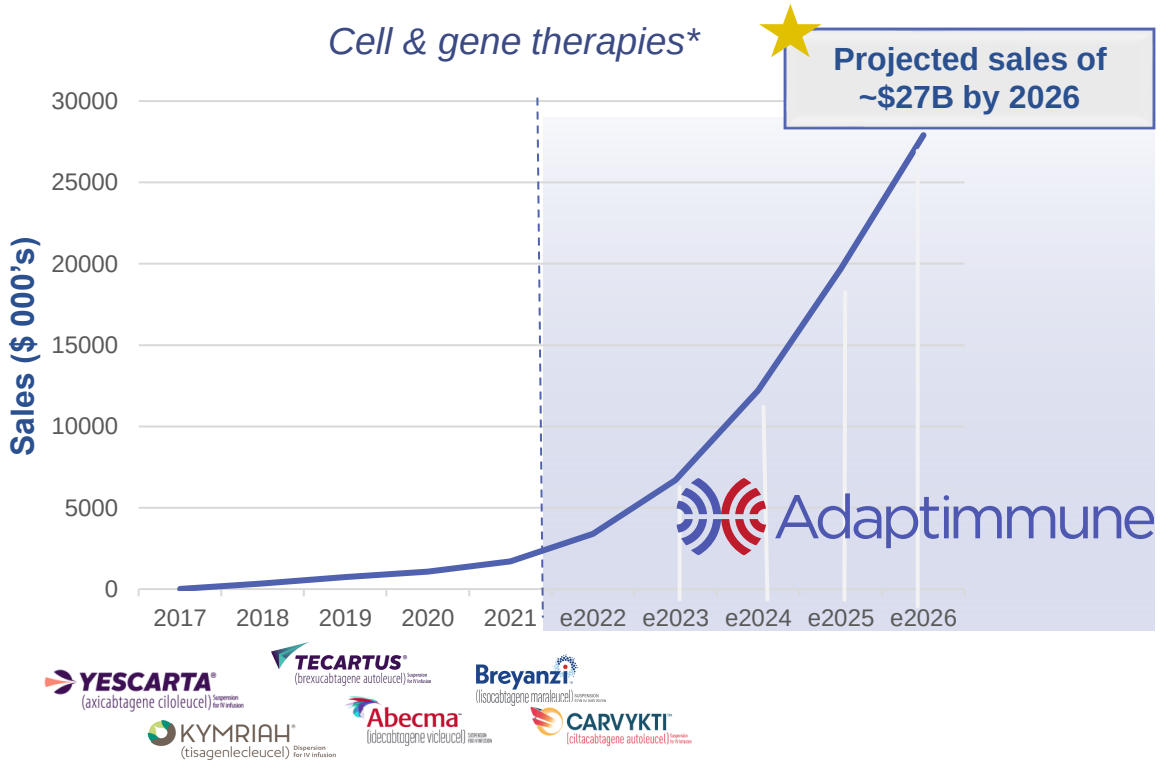
Cell and gene therapies set to transform the treatment landscape





mAbs drove most M&A since 1997
Total: **>$187B**

centocor
BASF
IDEC
Biogen
Schering-Plough
MedImmune
Genentech
Wyeth

M&A of CGT since 2017 already **> $25B**

Kite Pharma
Spark THERAPEUTICS
TMUNITY
JUNO THERAPEUTICS

*includes combination ATMPs - advanced therapy medicinal products
^possible launch dates dependent on FDA approval
Source: Evaluate Pharma – Consensus Forecast Sales, accessed Dec.15, 2022;
additional reference: https://www.rolandberger.com/en/Insights/Publications/Cell-and-gene-therapies-Pharma%27s-next-big-wave.html

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Cell therapy solid tumor space: a significant opportunity

All approved CAR-T therapies

KYMRIAH® (tisagenlecleucel) Dispersion for IV infusion

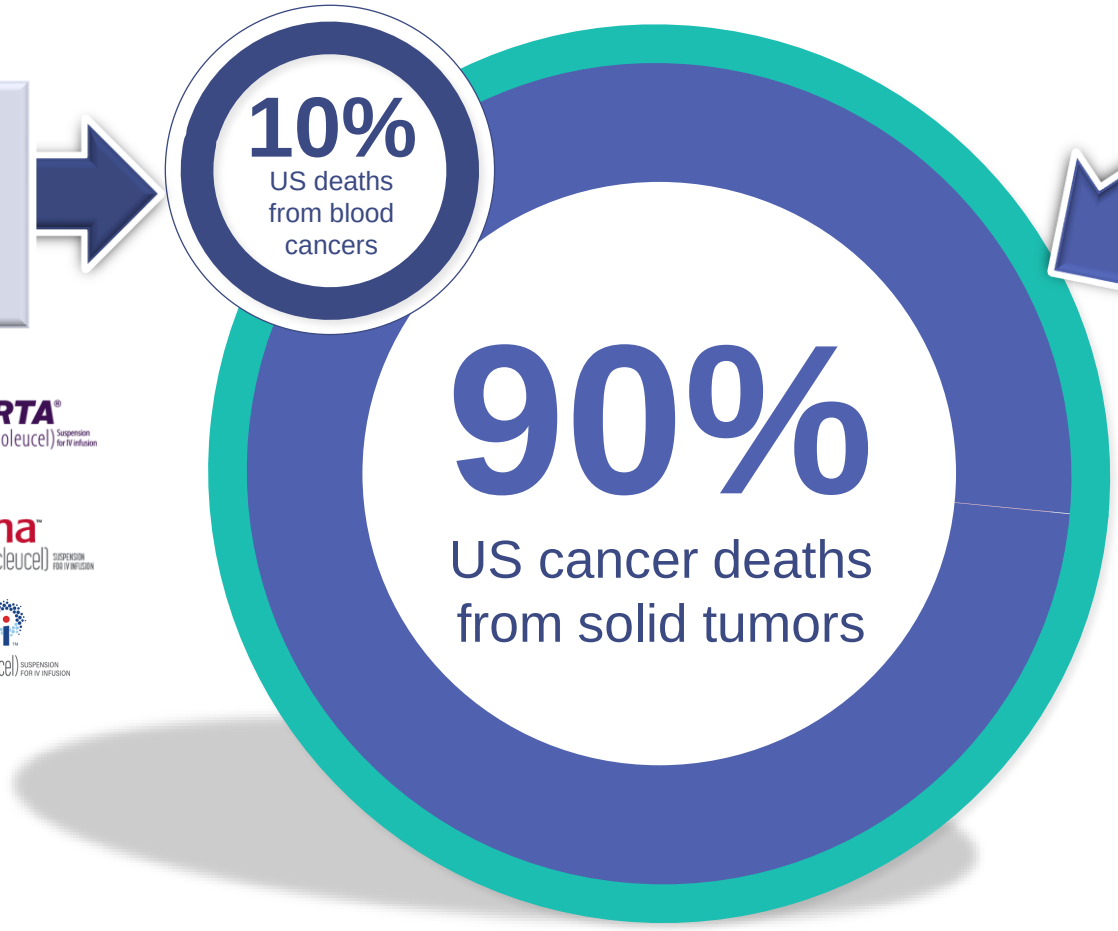
YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

Abecma® (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

CARVYKTI™ (ciltacabtagene autoleucel) Suspension for IV infusion

Breyanzi® (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION



Solid tumors unaddressed opportunity for cell therapies

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Ref: ACS Cancer Statistics 2020

Deep pipeline of opportunities across multiple cancer indications

PROGRAM	TRIAL NAME(S)/ INDICATION(S)/DESIGN	IND-ENABLING	PHASE 1	PHASE 2/3
afami-cel [MAGE-A4]	SPEARHEAD-1 pivotal trial Synovial Sarcoma			
ADP-A2M4CD8 [MAGE-A4]	SURPASS-3 registration-directed trial Platinum resistant or refractory ovarian cancer; Monotherapy; +/- checkpoint inhibitor			
	SURPASS Ph 1 signal finding trial Multiple indications Two arms: Monotherapy; +/- checkpoint inhibitor			
	SURPASS Ph1 (two new 15 patient cohort) Head & neck cancers; urothelial cancers In earlier line therapy +/- checkpoint inhibitor			
lete-cel [NY-ESO]	IGNYTE-ESO Synovial sarcoma and MRCLS			
gavo-cel [mesothelin]	Ovarian + checkpoint inhibitor Malignant Pleural/Peritoneal Mesothelioma (MPM) +/- checkpoint inhibitors			
	PD-1:CD28 Switch Ovarian, MPM, Pancreatic, Colorectal, Triple Negative Breast Cancer			
PRAME	Indications TBD			
CD70	Indications TBD			

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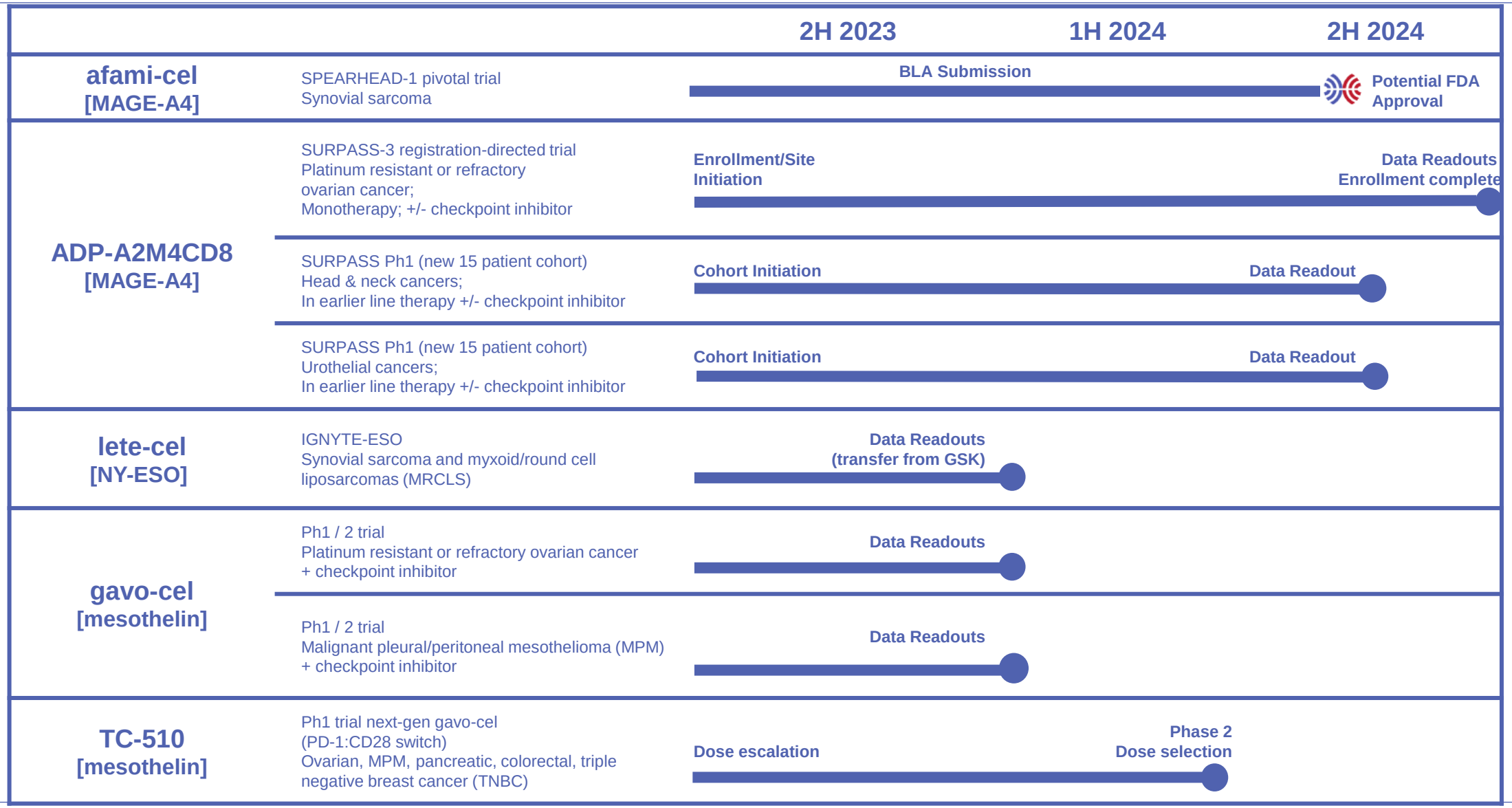
Clinical development decisions driven by data catalysts



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A preeminent cell therapy company with specialized capabilities for success

Unique class of medicines

Highly specialized capabilities

Fully integrated

Company capabilities:

- Wholly focused on cell therapies for solid tumors
- Experienced team
- 7 programs taken into clinic - 5 ongoing, 1st BLA initiated
- Designed and built from ground up as dedicated cell therapy company
- End-to-end from discovery to delivery

US
Philadelphia, PA and Cambridge, MA

- TRuC research
- Autologous cell manufacturing
- Clinical development
- Translational sciences

UK
Oxford and Stevenage

- TCR and allogeneic research
- Vector manufacturing
- Allogeneic manufacturing

Strong balance sheet with cash into 2026 to finance multiple catalysts

Total Liquidity at end of Q2 2023 was ~$205M*

Cash runway anticipated to early 2026

* As of June 30, 2023 - Total Liquidity (a non-GAAP financial measure) is the total of cash and cash equivalents and marketable securities, which is explained and reconciled to the most directly comparable financial measures prepared in accordance with GAAP in our Quarterly Report on Form 10-Q filed with the SEC on August 9, 2023.

TCR programs

Targeting MAGE-A4

Advanced autologous engineered TCR program targeting MAGE-A4

Validated target with annual mortality of >82,000[1] patients (US and EU) with MAGE-A4+ tumors

- **Clinically validated "clean" target**; member of cancer testis antigen family
- **Expression across broad range of solid tumors confirmed** by screening protocol
- In early- and late-phase clinical trials with **acceptable safety profile**, to date, and **responses in multiple solid tumor indications**

- **Expression levels ranging from ~15% to ~70%[2] across tumors**
- **Encouraging responses in:**
  - Synovial sarcoma
  - Ovarian
  - Head & neck
  - Bladder
  - Gastroesophageal
  - NSCLC-squamous
  - Melanoma
  - MRCLS

MAGE-A4 target for both first-gen afami-cel and next-gen (ADP-A2M4CD8) programs

MRCLS: myxoid/round cell liposarcoma; NSCLC: non-small cell lung cancer

1. Mortality figures based on American Cancer Society 2022 (US) and Global Can (EU4/UK 2020)
2. MAGE-A4 expression based on ADAP samples and expression cut off criteria of ≥30% tumor cells at ≥2+ intensity *Synovial sarcoma and MRCLS MAGE-A4 expression based on 1,043 patient samples at November 20, 2020 data cut-off and expression of all other tumor types on 6,167 patients, 1,543 tumor samples at November 19, 2021 data cut-off.

Responses in multiple solid tumor indications expressing MAGE-A4

Responses reported with	Indication	Mortality US, UK & EU4*	MAGE-A4 Expression**	Potential MAGE-A4 +ve Patients	Potential MAGE-A4 +ve Patients Factored for HLA***
afami-cel ADP-A2M4CD8	Synovial sarcoma	1,804+	67	1,209	496
afami-cel	MRCLS	2,000+	34	680	279
ADP-A2M4CD8	Gastroesophageal (esophageal, EGJ, and gastric)	83,384	20	16,677	7,388
afami-cel ADP-A2M4CD8	Head and neck	41,409	22	9,110	4,036
ADP-A2M4CD8	Urothelial	52,568	32	16,822	7,452
afami-cel	NSCLC - squamous	76,875	35	26,906	11,919
afami-cel	Melanoma	19,037	16	3,046	1,349
ADP-A2M4CD8	Ovarian	31,558	24	7,574	3,355
				TOTAL MAGE-A4: 82,024	TOTAL MAGE-A4 HLA A2: 36,274

Significant potential for SPEAR T-cell franchise targeting MAGE-A4

*Mortality figures based on American Cancer Society 2022 (US) and Global Can (EU4/UK 2020) **MAGE-A4 expression based on ADAP samples and expression cut off criteria of ≥30% tumor cells at ≥2+ intensity. Synovial sarcoma and MRCLS MAGE-A4 expression based on 1,043 patient samples at November 20, 2020 data cut-off and expression of all other tumor types on 6,167 patients, 1,543 tumor samples at November 19, 2021 data cut-off ***HLA A2 expression based on ADAP samples of 41% for synovial sarcoma and MRCLS (1,043 patient samples; data cut-off November 20, 2020) and 44.3% for all other tumor types (6,167 patients, 1,543 tumor samples; data cut-off November 19, 2021) +synovial sarcoma and MRCLS figures reflect advanced/refractory treatable patients based on internal primary market research

afami-cel

Afami-cel BLA Progress; Completion Targeted in Q4 2023

Completed Actions

- ✓ Premarket FDA application (PMA) for the MAGE-A4 CDx assay (with partner)
- ✓ Agreed upon confirmatory evidence plan with FDA; Cohort 2 of the SPEARHEAD-1 trial will act as confirmatory evidence for full approval
  - ✓ Enrollment in Cohort 2 complete
- ✓ Favorable FDA feedback on the commercial T-cell potency assay including agreement on the proposed potency dataset for inclusion in the submission
- ✓ Method validation for lot release assays (including potency assays)
- ✓ Vector process performance qualification (PPQ)

In Progress

- ❑ T-cell process performance qualification (PPQ)
- ❑ CMC dossier authoring and preparation

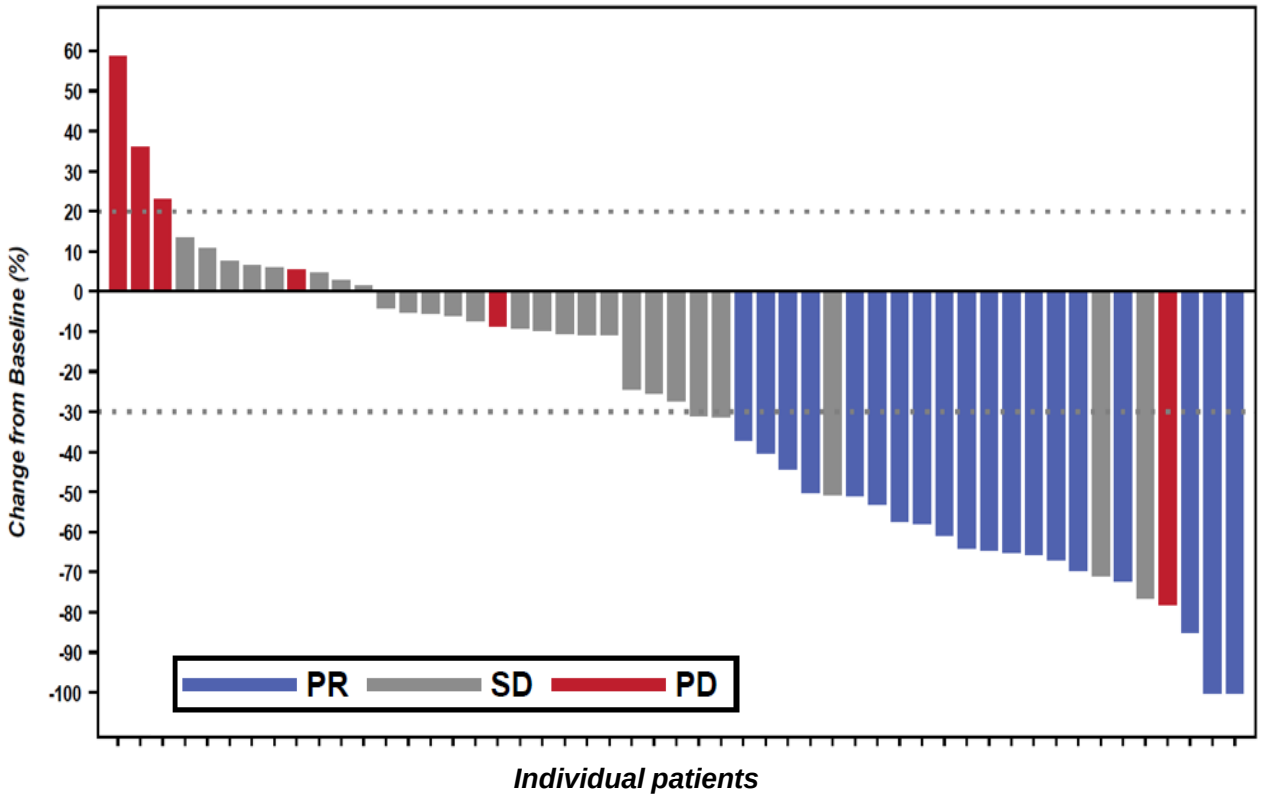
Timing for Rolling Submission

Q4 2022
Preclinical Module Submission
Completed

Q1 2023
Clinical Module Submission
Completed

Target: Q4 2023
CMC Module/ Full BLA Submission Complete

Response rate of 38.6% after a single dose of afami-cel in heavily pre-treated patients with metastatic synovial sarcoma



"Adaptimmune's contribution to improving sarcoma patient outcomes is extraordinary and is well-deserved for recognition. The company's work is taking us many steps closer to finding a cure for sarcoma."

Sarcoma Foundation of America (SFA) CEO, Brandi Felser

ctos 2022 Annual Meeting

Afami-cel is efficacious in heavily pre-treated patients with synovial sarcoma

Sarcoma Foundation of America finding the cure in our time

SFA Honors Adaptimmune Therapeutics with 2022 Vision of Hope Award

Data cut-off August 29, 2022. Cohort 1 data. Data represent percent changes from baseline in sum of diameters (SLD for non-nodal lesions and short axis for nodal lesions) in target lesions through progression or prior to surgical resection.
PD, progressive disease; PR, partial response; SLD, sum of longest diameters; SD, stable disease.

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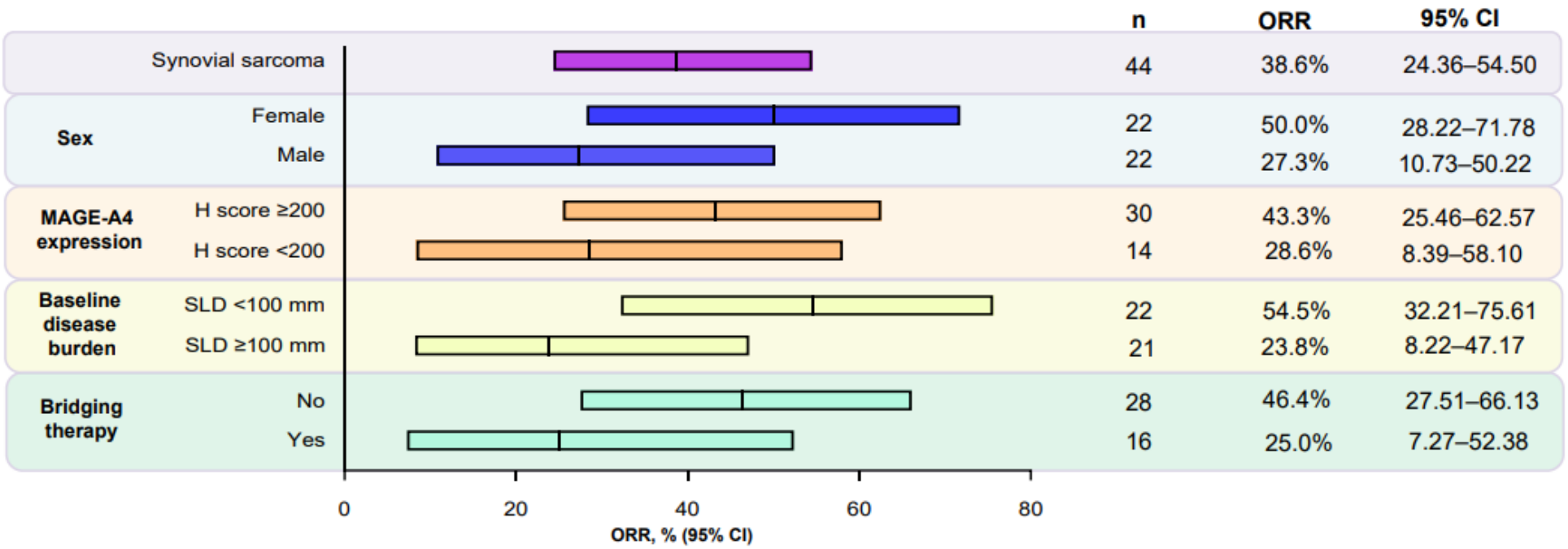
Responses observed across all subgroups.
Higher response rates associated with gender, MAGE-A4 expression, lower disease burden

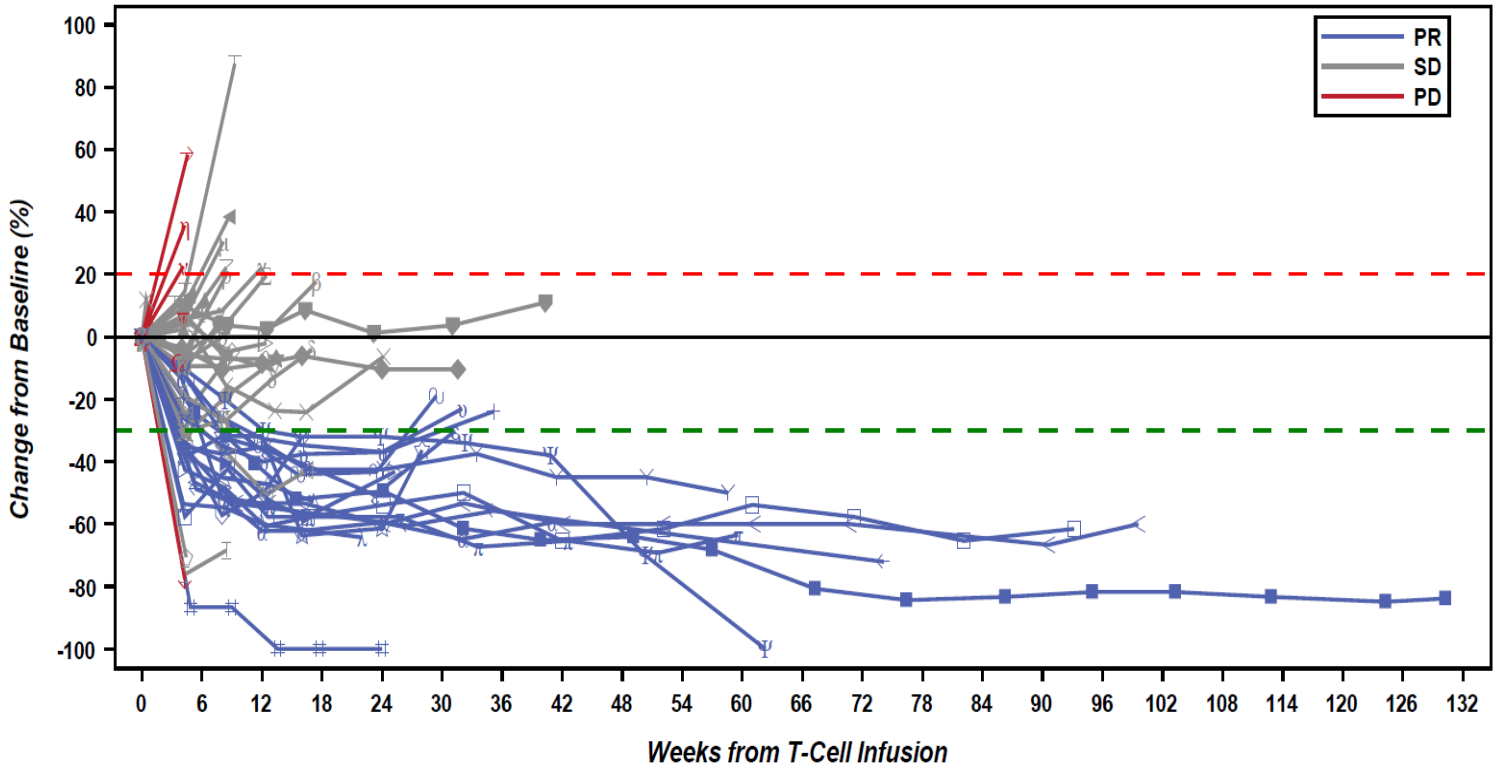


ctos®
2022 Annual Meeting

- Higher response rates in **female** patients and those who had **higher MAGE-A4 expression, lower disease burden** at baseline, or did **not require bridging therapy**
- Responses were similar among patients stratified by age, number of prior lines of systemic therapy, transduced cell dose, and cytokine release syndrome

Data cut-off August 29, 2022. Cohort 1 data. Overall response rate = complete responses + partial responses. Error bars show upper and lower 95% CIs based on exact Clopper-Pearson (exact binomial) method. MAGE-A4, melanoma associated antigen A4; ORR, overall response rate; SLD, sum of longest diameters.

Durable responses after a single dose of afami-cel



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- **Time to response is rapid** with median time to response of 4.9 weeks
- **Median duration of response in synovial sarcoma: 50.3 weeks** (range: 11.7–122.0+)

Data cut-off August 29, 2022. Cohort 1 data. Data represent percent changes from baseline in sum of diameters (SLD) for non-nodal lesions and short axis for nodal lesions in target lesions through progression or prior to surgical resection.
PD, progressive disease; PR, partial response; SLD, sum of longest diameters; SD, stable disease.

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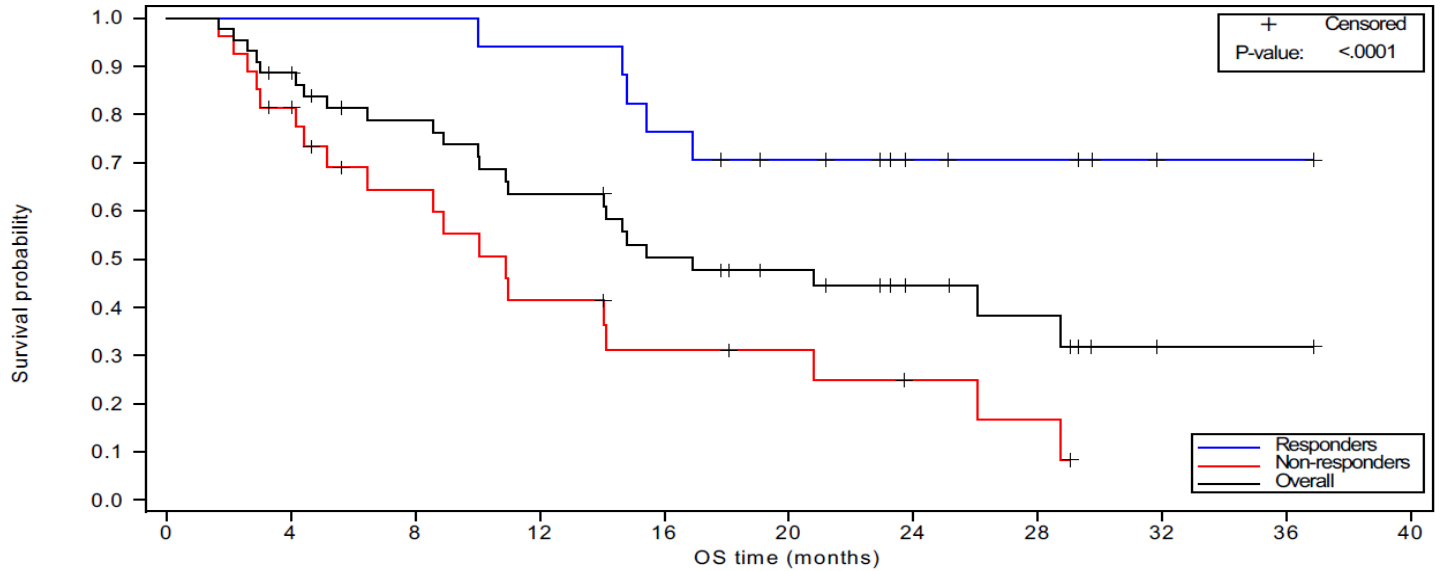
Meaningful survival after afami-cel treatment in synovial sarcoma



Responders	17	17	17	16	13	10	5	4	1	1	0
Non-responders	27	21	14	9	6	5	3	2	0		
Overall	44	38	31	25	19	15	8	6	1	1	0

OS, overall survival; RECIST, Response Evaluation Criteria in Solid Tumors

2023 ASCO ANNUAL MEETING

- Median **Overall Survival** 16.9 months (95% CI: 10.9, NE)
- People who respond to afami-cel have a 24-month survival probability of 70%
- **Historical outcomes** are poor for advanced synovial sarcoma with a **median OS of <12 months** in the second line and beyond treatment setting

Data cut-off March 29, 2023. Data from cohort 1 of SPEARHEAD-1 (NCT04044768)

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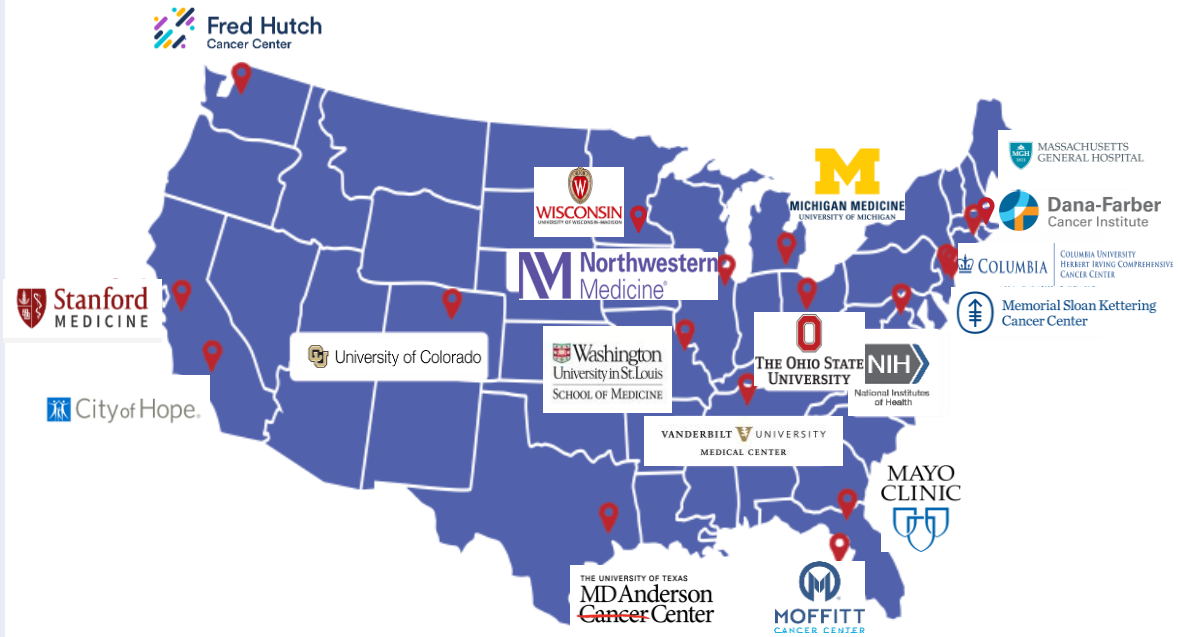
Bringing the potential of afami-cel to patients with synovial sarcoma

Afami-cel is a highly anticipated new treatment option for synovial sarcoma

- Currently very limited options and poor prognosis for advanced patients after 1L: <20% 5-yr survival, <15% ORR
- Adaptimmune has the opportunity to transform treatment, delivering unprecedented ~39% ORR and ~>50 weeks DOR with single dose, in heavily pre-treated patients with advanced disease

Concentrated care, few specialists, and strong experience with afami-cel through engagement in our trials

- About 80 adult Sarcoma Centers of Excellence and 18 afami-cel clinical trial sites in the US
- More than 5 years of clinical experience with afami-cel and fully owned manufacturing, supply, and customer service



1L: first line of systemic therapy, ORR: overall response rate, DOR: duration of response

Opportunity to establish focused commercialization capabilities

Ultra-targeted approach and highly specialized team, sized and customized to cell therapy in rare disease

Focused

15-20 experienced treatment sites and integrated referral networks across CoEs

Access

Strong value proposition in rare, biomarker targeted population with low budget impact to payers

Reliable

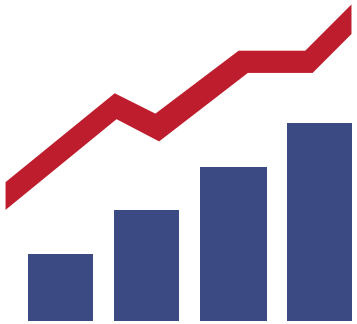
Robust processes, customized to cell therapy, delivering excellent customer experience

Simple

Straightforward testing solution and patient journey from identification to infusion

Caring Boldly

Nimble, specialized, integrated team, passionate to find solutions for patients



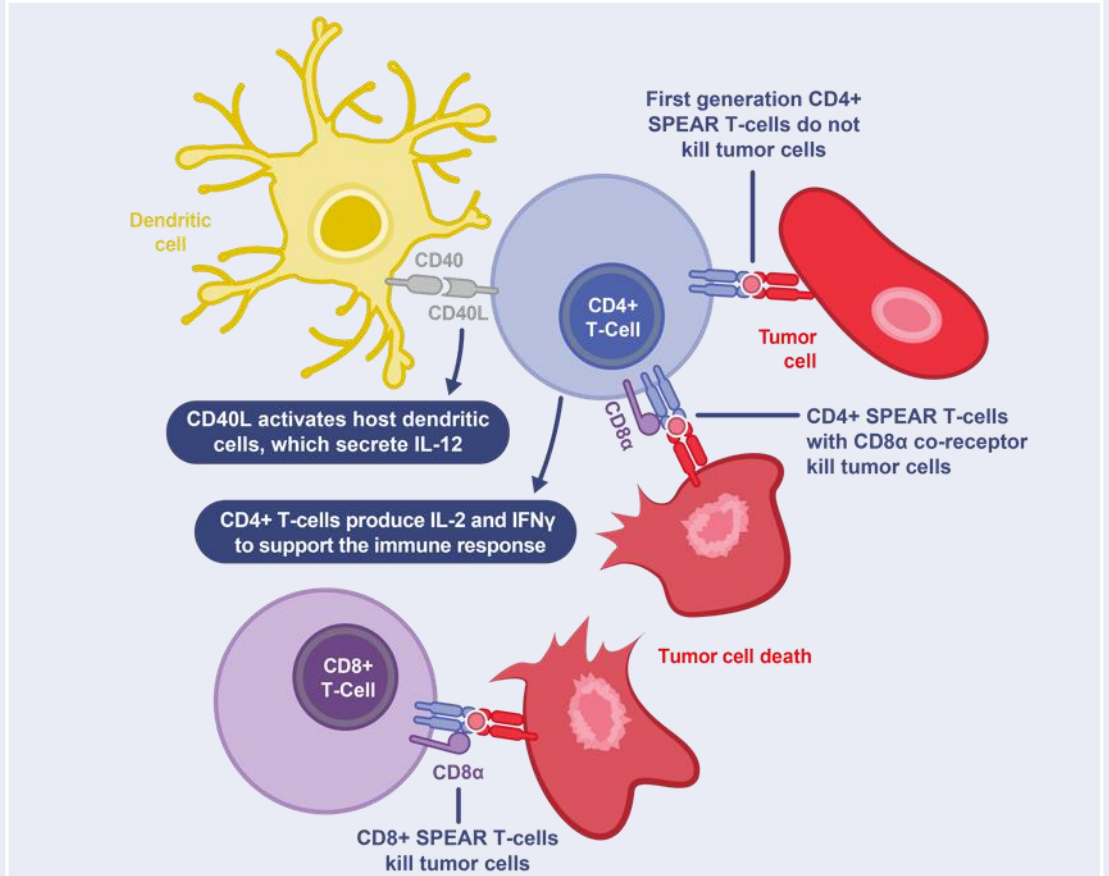
- ✓ **Afami-cel provides an outstanding opportunity to develop the commercial capabilities we will need as we grow to reach more patients across more indications and achieve long-term business sustainability**
  - ✓ Opportunity to build capabilities and establish trust as a fully integrated cell therapy organization
  - ✓ Nimble to deliver contribution with afami-cel, and scalable to grow for pipeline
  - ✓ Enabling faster adoption, lower costs, and excellent experience for next launches, driving towards long-term business sustainability

ADP-A2M4CD8

ADP-A2M4CD8 – SURPASS family of trials

Next-gen product targeting MAGE-A4 designed to be more potent

- ✓ Same MAGE-A4 targeted TCR as afami-cel with the addition of CD8α co-receptor
- ✓ **Designed to be more potent and to more effectively engage the broader immune system compared to first-gen**
- ✓ Single dose of cells
- ✓ Based on results to date, **focusing on ovarian, urothelial and H&N cancers**
  - ✓ **ORR of 52% across the three tumor types**
  - ✓ **~ 15,000 eligible patients per year (with these three tumors) in the US and EU expressing MAGE-A4 and HLA-A2***



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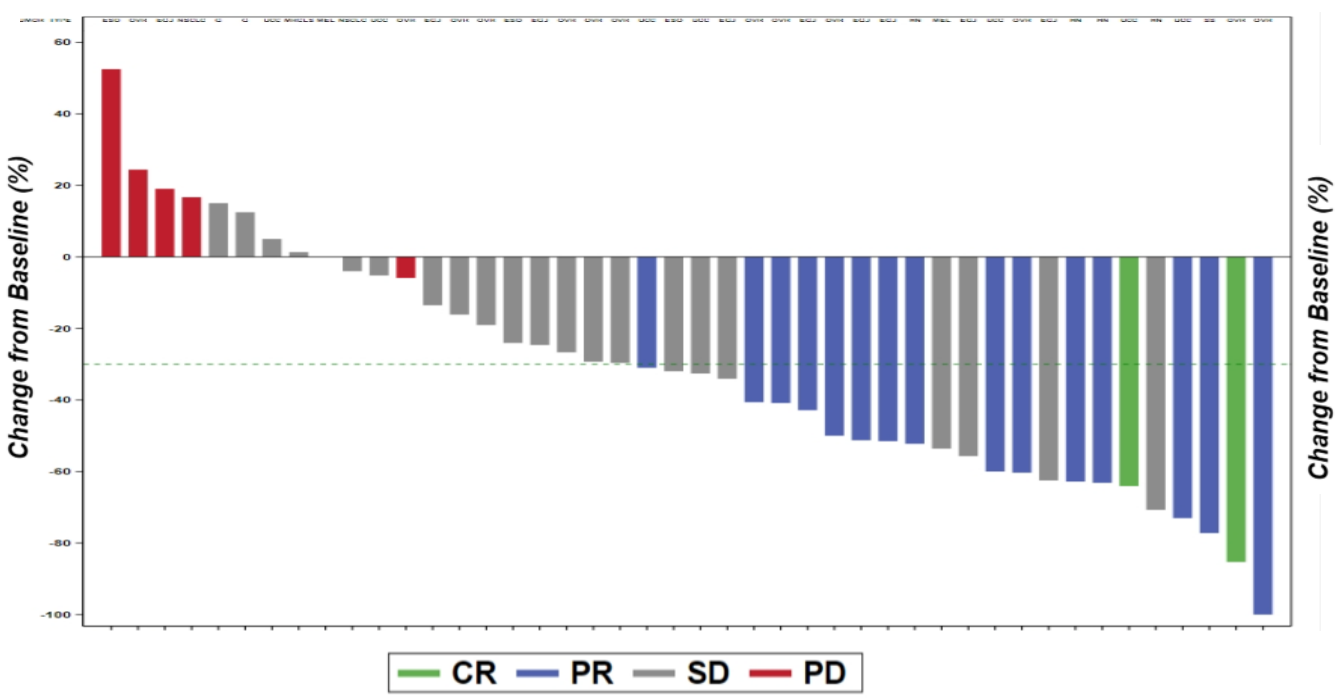
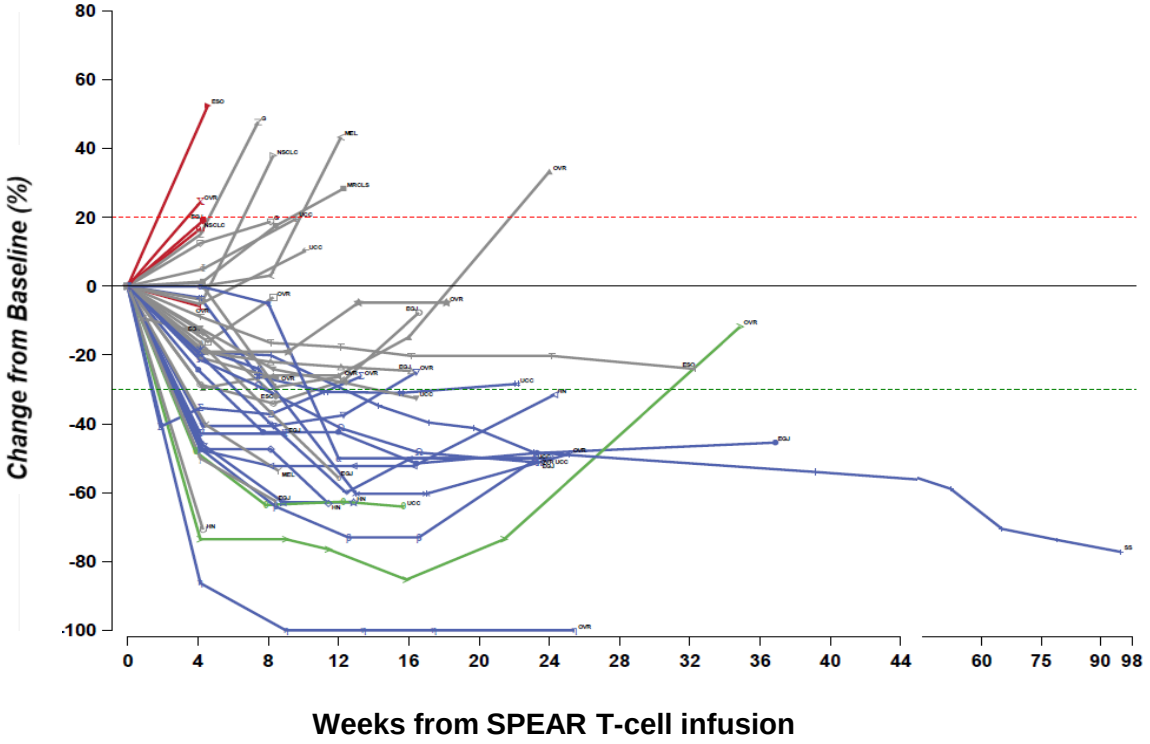
Results consistent: 37% response rate in SURPASS Ph 1 trial





- 52% response rate in focus areas of ovarian, urothelial, and head & neck cancers (13/25)
- 75% response rate in focus areas of ovarian, urothelial, and head & neck cancers in patients with 3 or fewer prior lines of therapy (9/12)

Data cut-off: Nov. 23, 2022; CR=complete response: PR=partial response; SD=stable disease; PD=progressive disease

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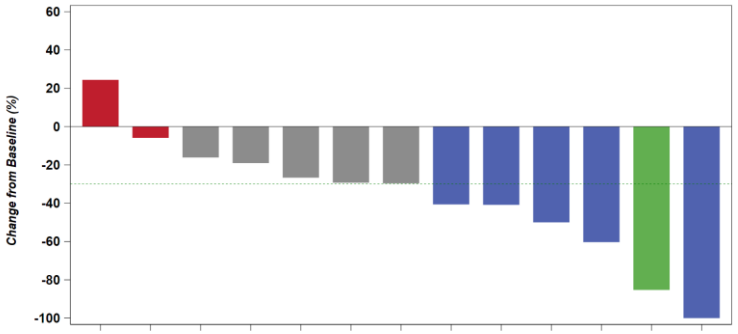
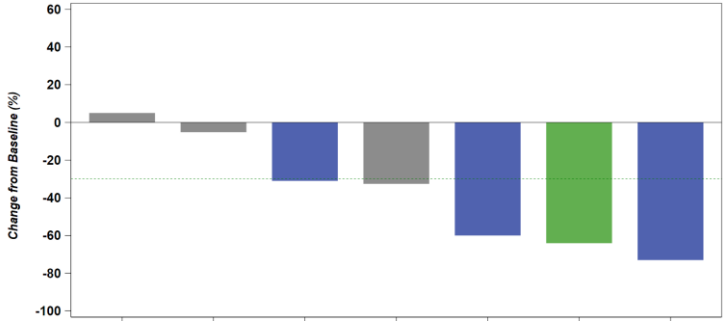
52% ORR in Ovarian, Urothelial and H&N

Ovarian



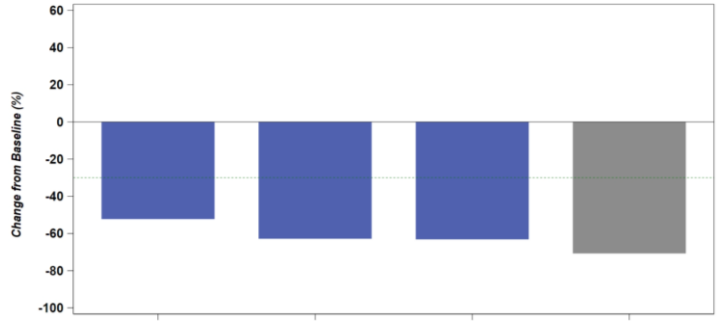
- **1 confirmed CR and 5 confirmed PRs; ORR 43% (6/14)**
- Current platinum-resistant SOC ~13% response rate
- Median PFS 3-4 months

Urothelial



- **1 confirmed CR and 3 confirmed PRs; ORR 57% (4/7)**
- Current SOC in 2nd line ~20% response rate with checkpoint inhibitor
- PFS of only ~2 months with pembrolizumab

Head and Neck*



- **Deep antitumor responses; 3/4 confirmed PRs**
- Current SOC 1st line pembrolizumab (CPS≥1): 19% response rate and median PFS 3-5 months

CR PR SD PD

Data cut-off: Nov. 23, 2022, one non-evaluable patient with ovarian cancer not shown; * oral, pharyngeal, and laryngeal cancers;
References for SOC available in Adaptimmune's Sep 9 press release
CR=complete response: PR=partial response; SD=stable disease; PD=progressive disease; SOC=standard-of-care; PFS=progression free survival

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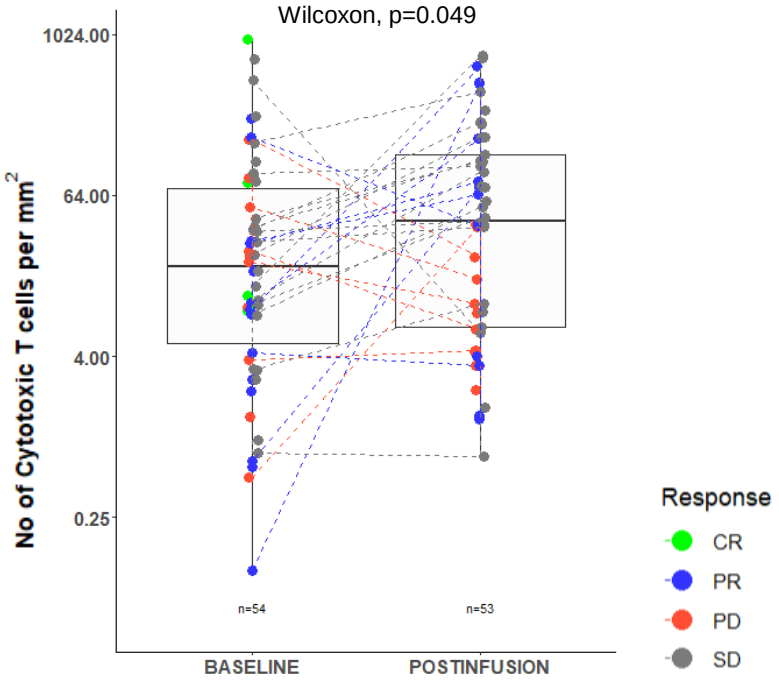
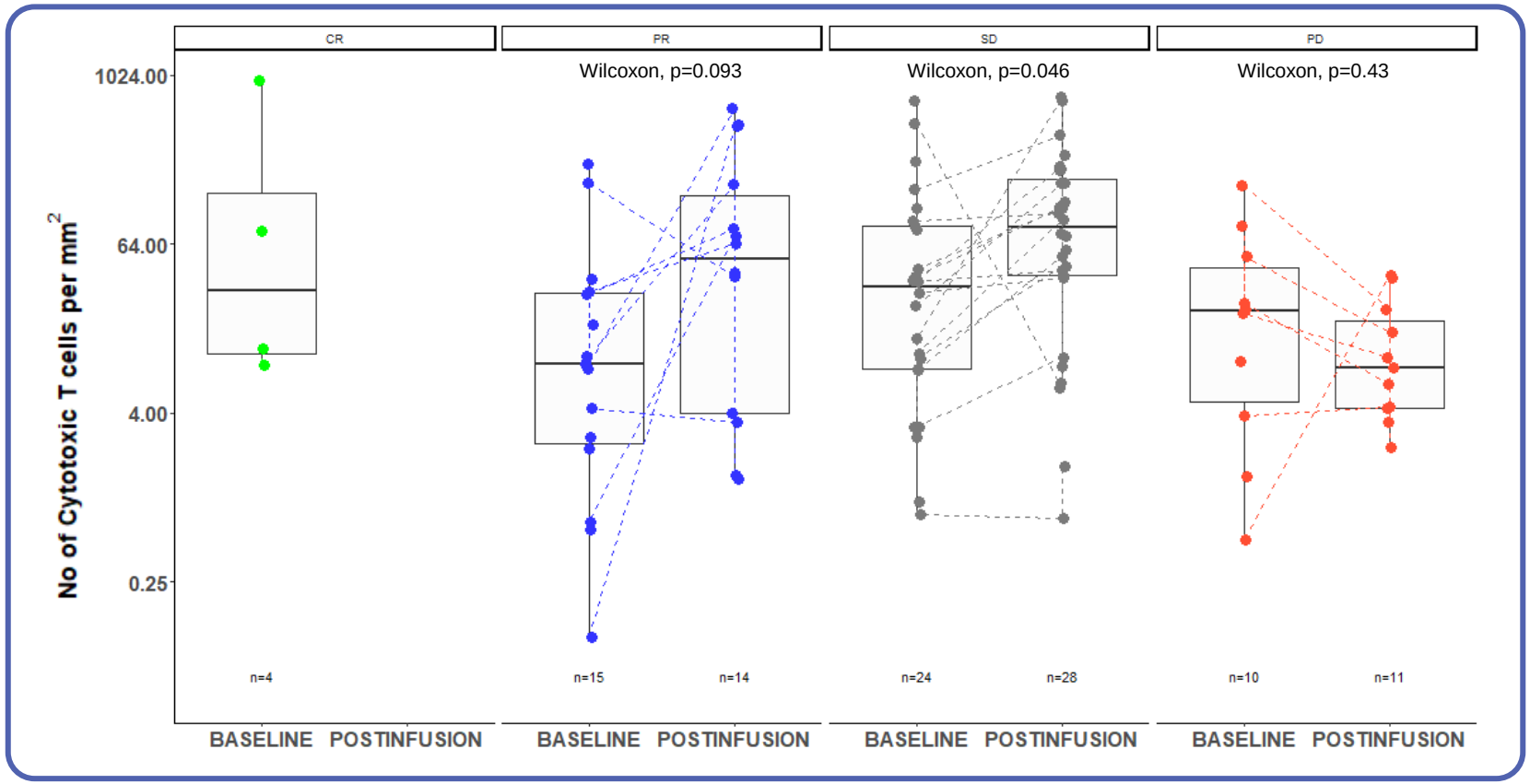
Translational data

SPEAR T-cell therapy drives CD8+ (cytotoxic) T-cells to infiltrate tumors, and correlates with response





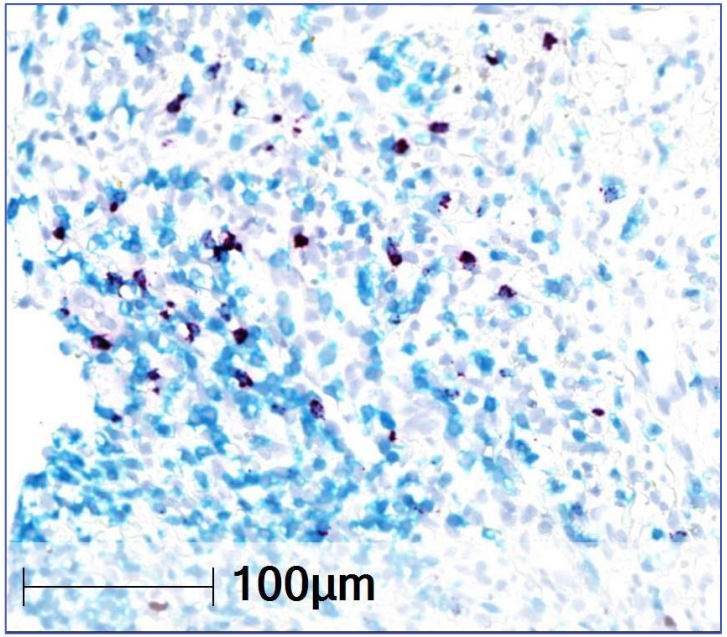
- Responders had lowest baseline infiltration of cytotoxic T-cells -- but greatest post infusion increase
- Potentially “less experienced” tumors have developed fewer mechanisms of resistance

Wilcoxon matched pairs signed rank test; Response Evaluation Criteria in Solid Tumors (RECIST) v1.1 by investigator review

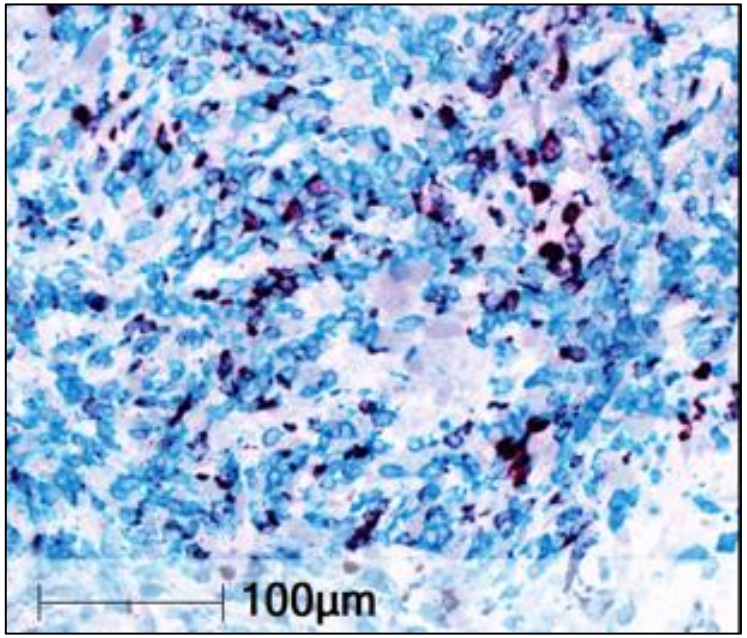
After a single dose: engineered T-cells are present in solid tumors

Other immune cells are also recruited, indicating engagement of the broader immune system in antitumor activity

Synovial Sarcoma



Ovarian



Tumor CD3 (endogenous T-cells) SPEAR T-cells

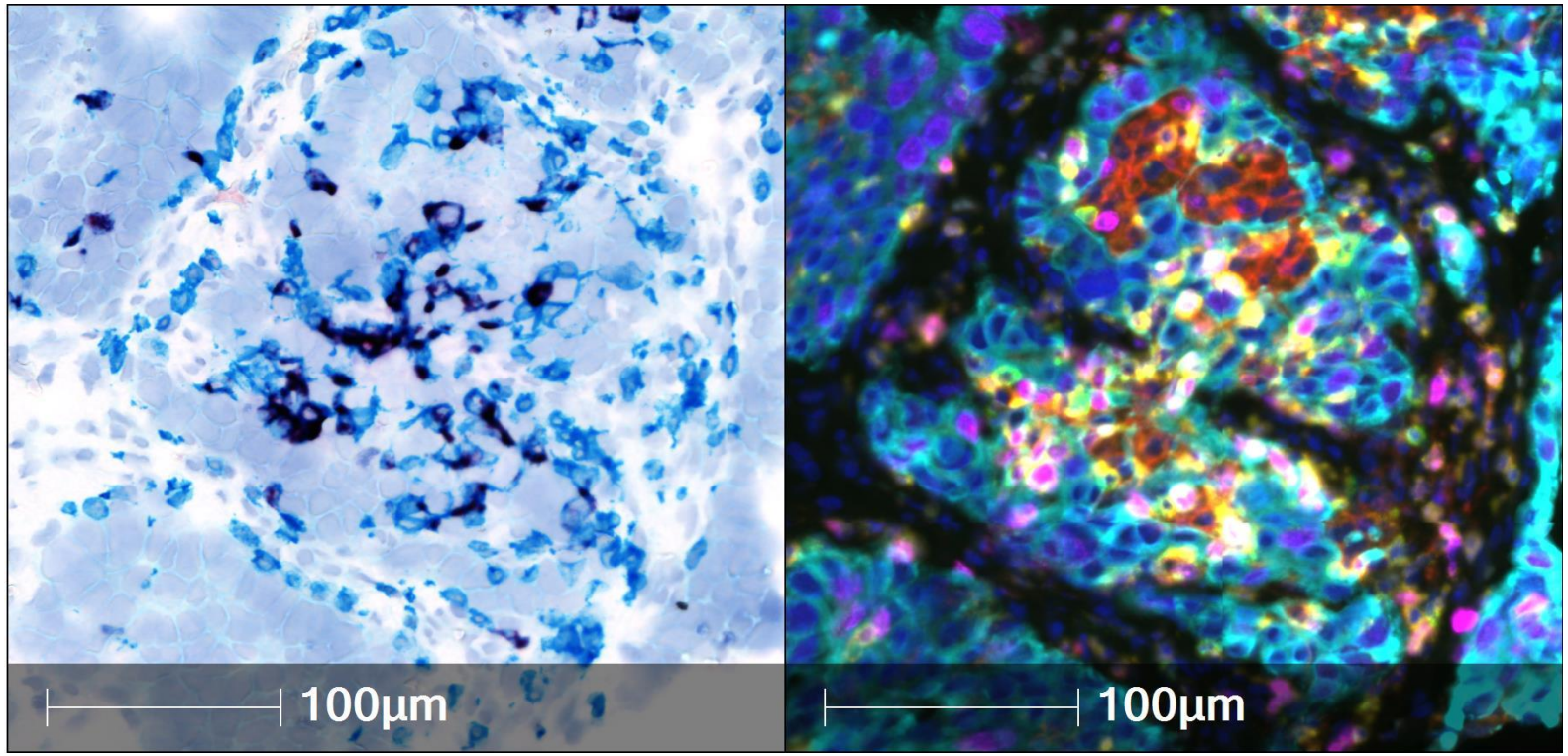
Ovarian = week 6, Liver, Ovarian cancer, HT_T1900969, (07670175B0023S)
Synovial Sarcoma =Week 4 (Day 51 post infusion), Lung, Synovial Sarcoma, ADP-0044-002, HT_C2200009(12640224B)

Translational data supports use of checkpoint inhibitor combination

Analysis of tumor biopsy shows upregulation of PD-L1 and other inhibitory markers in non-responding patient

Significant **engineered T-cell** infiltration into tumor

Further staining demonstrates high levels of T-cell activation alongside **PD-L1+** tumor cells



Tumor **CD3 (endogenous T-cells)** **SPEAR T-cells**

CD3 - T-cell Marker
CD4 - Helper T-cell marker
CD8 - Cytotoxic T-cell marker
Ki67 - Proliferation marker
PD-L1 - Immune evasion marker
Granzyme B - Activation marker
FoxP3 - Regulatory T-cell marker
PanCK- Tumour marker

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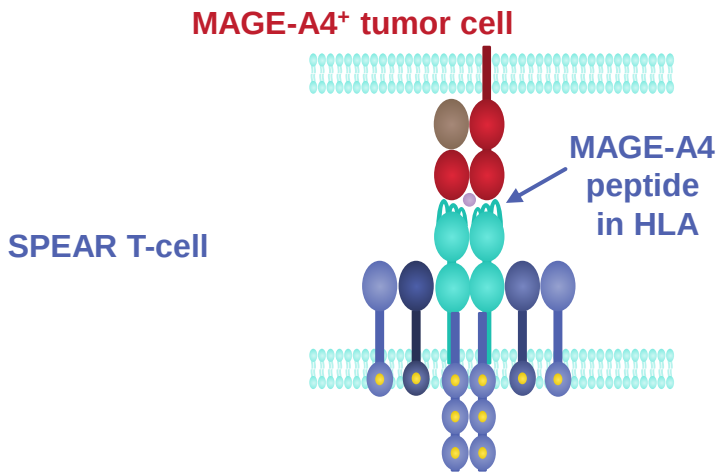
TRuC programs

Targeting Mesothelin (MSLN)

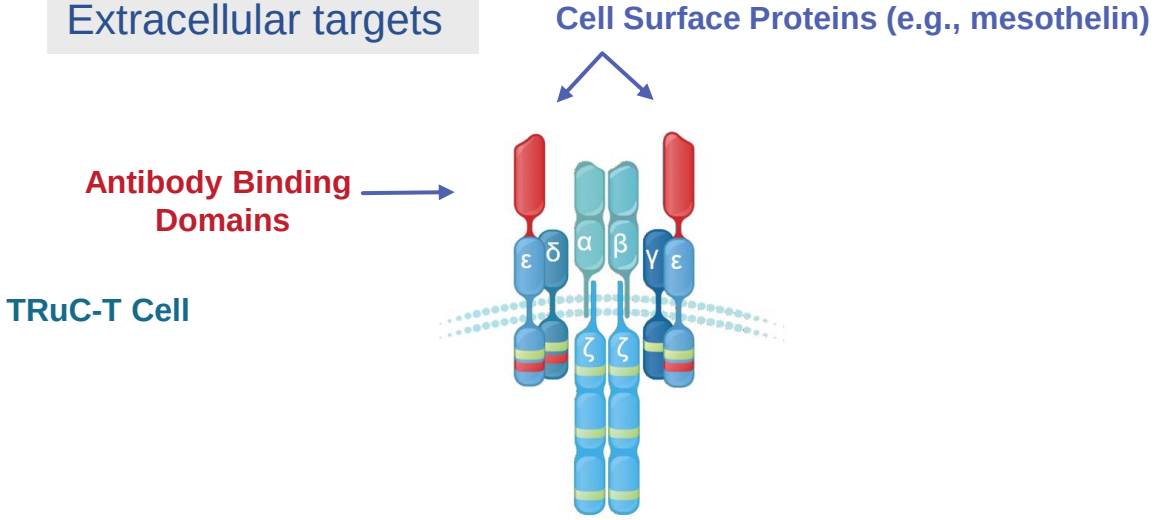
Complementary platforms drive broad access to solid tumors

Clinically validated cell therapies in solid tumors all utilize the full TCR complex

Intracellular targets



Extracellular targets



SPEAR T-cell Platform
proprietary engineered TCR targeting MAGE-A4

Optimized affinity TCRs and next-gen modifications

TRuC® Platform (T-Cell Receptor Fusion Constructs)
targeting MSLN

Single-domain antibody, fused to the CD3-epsilon leveraging endogenous TCR signalling

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Phase 2 autologous engineered TRuC program targeting Mesothelin

Validated target with annual mortality of ~215,000 patients* across multiple target indications

- Mesothelin (MSLN) is a highly expressed surface protein antigen expressed across a broad range of solid tumors
- Unique characteristics of TRuC program support treatment of patients with tumors expressing MSLN, no limitations by HLA subtype
- TRuC cells are engineered for fast and efficient efficacy, migration and durable responses

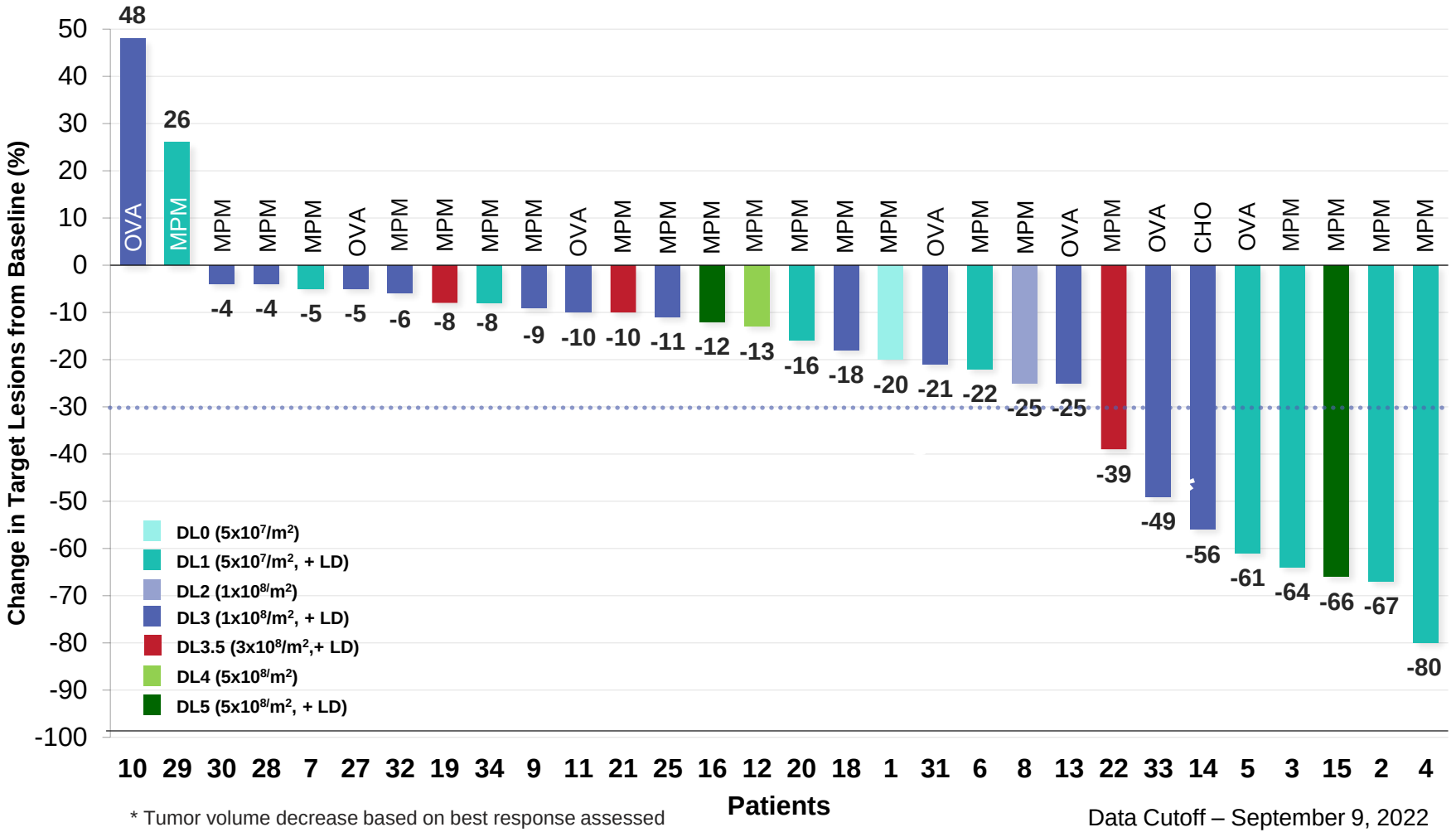
- Expression levels ranging from ~20% to ~76%[2] across tumors including:
  - ~ **58% of Ovarian cancer patients**
- Others include:
  - Pancreatic
  - Triple Negative Breast (TNBC)
  - Colorectal
  - Mesothelioma
  - NSCLC
  - Cholangiocarcinoma

Mesothelin is target for both first-gen gavo-cel and next-gen (TC-510) programs

*Refs: Inaguma 2017, SEER Statistics, Morello 2016, Tozbikian 2014
NSCLC Non-small cell lung cancer

Consistent tumor regression in patients with gavo-cel

Tumor Regression in 93% of Patients, Disease Control Rate 77%
Results reported in Nature Medicine



* Tumor volume decrease based on best response assessed

Data Cutoff – September 9, 2022

Blinded Independent Central Review

	All	gavo-cel + LD
ORR	20%	22%
MPM ORR	18%	21%
Ovarian ORR	29%	29%

DCR = PR or SD lasting at least 3 months

Ovarian Cancer Results
ORR: 29% (gavo-cel + LD)
PFS: 5.8 months
OS: 8.1 months

DL, Dose Level; LD, Lymphodepletion; DCR, Disease Control Rate; ORR, Overall Response Rate; PR, Partial Response; SD, Stable Disease

Hassan, R., Butler, M., O'Cearbhaill, R.E. *et al.* Mesothelin-targeting T cell receptor fusion construct cell therapy in refractory solid tumors: phase 1/2 trial interim results. *Nat Med* (2023). https://doi.org/10.1038/s41591-023-02452-y

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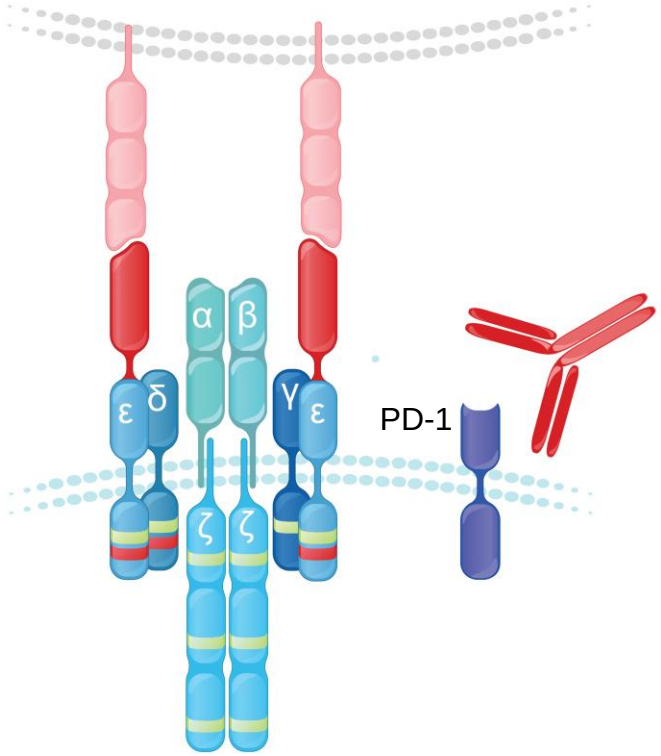
Improving gavo-cel efficacy: combination with anti-PD1 and next-gen enhancements (TC-510)

gavo-cel + anti-PD1

Re-invigorate TRuC-T cells



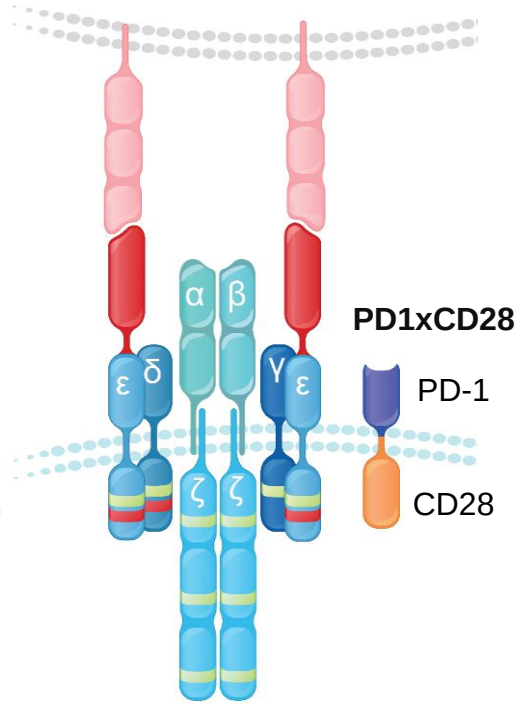
- Enhances gavo-cel and TILs in the tumor microenvironment
- Reverts T cell exhaustion

Ph 2 trial in combination with nivolumab in ovarian cancer and mesothelioma with opportunity for redosing with cells

TC-510 = gavo-cel plus PD1xCD28 switch in dose escalating in Ph1 studies in multiple indications

PD1xCD28 Switch

Maintenance of T cell potency



- Enhances T cell activity in tumor microenvironment
- Delays T cell exhaustion

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Preclinical autologous programs targeting PRAME and CD70 and next-gen toolbox

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Preclinical autologous engineered TCR program targeting PRAME

Validated target with annual mortality of >160,000[1] patients (US and EU) with PRAME+ tumors

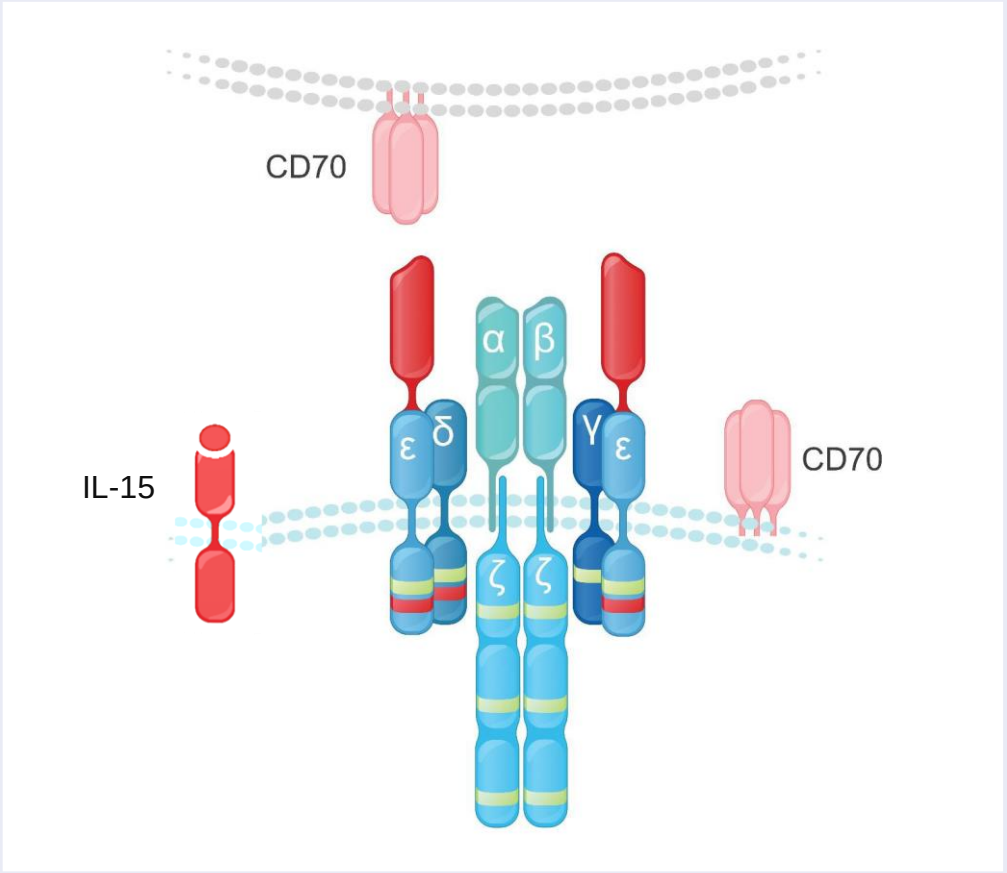
- **Clinically validated "clean" target;** member of cancer testis antigen family
- **Unique opportunity** in a broader range of tumors than other targets
- First-gen in preclinical development to be **IND-ready in 2023**
- Considering next-gen approaches and potential synergy with MAGE-A4

- **Highly expressed across a broad range of solid tumors including:**
  - Breast
  - NSCLC
  - Kidney
  - Gastroesophageal
  - Melanoma
  - Endometrial
  - Ovarian
  - Head & neck

1. Mortality figures based on American Cancer Society 2022 (US) and Global Can (EU4/UK 2020); PRAME Expression data source: Qiagen Oncoland TCGA_B38

TC-520 targeting CD70: Next-gen approach to attractive target

- ✓ **Versatile target** expressed in:
  - **hematological malignancies: acute myeloid leukemia (AML), lymphoma**
  - **solid tumors: renal cell carcinoma (RCC),**
- ✓ Expression in normal cells limited to a subset of activated T-cells, B-cells and dendritic cells
- ✓ **Path to first-in-class autologous CD70 cell therapy with membrane bound IL-15 to enhance persistence**
- ✓ Clinically validated target: POC demonstrated in AML with αCD70 mAb in AML (argenx)



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Innovative toolbox to improve depth and durability of responses

Next-generation platform approaches

Persistence, trafficking T-cell effectiveness

- CD8
- Checkpoint inhibitors
- IL15
- IL7 + CCL19*

Overcoming tumor microenvironment

- PD-1 switch
- Checkpoint inhibitors
- dnTGFbeta
- SiP and TiP technology**

Multi-targeting and platform approaches

- Overlapping target screening (e.g., MAGE-A4, MSLN and PRAME in ovarian cancer)
- Dual targeting
- Allogeneic platforms

*Noile-Immune
** Alpine Immune Sciences

Cell therapy manufacturing and supply for engineered TCR T-cells

Patient cell journey for autologous engineered TCR T-cell products

Current GMP manufacturing time of ~10 to 14 days

Identification and enrollment in the trial

Collection to cryopreservation ~2 days

- ✓ WBC collection (apheresis)
- ✓ Courier to manufacturing facility
- ✓ Cryopreservation

GMP manufacturing ~10 to 14 days

- ✓ Thaw WBCs and isolate T-cells
- ✓ Lentiviral transduction of SPEAR TCR
- ✓ T-cell expansion
- ✓ Cryopreserve dose prior to release testing

To clinical site for infusion

- ✓ Release testing

Apheresis to product release ~30 days

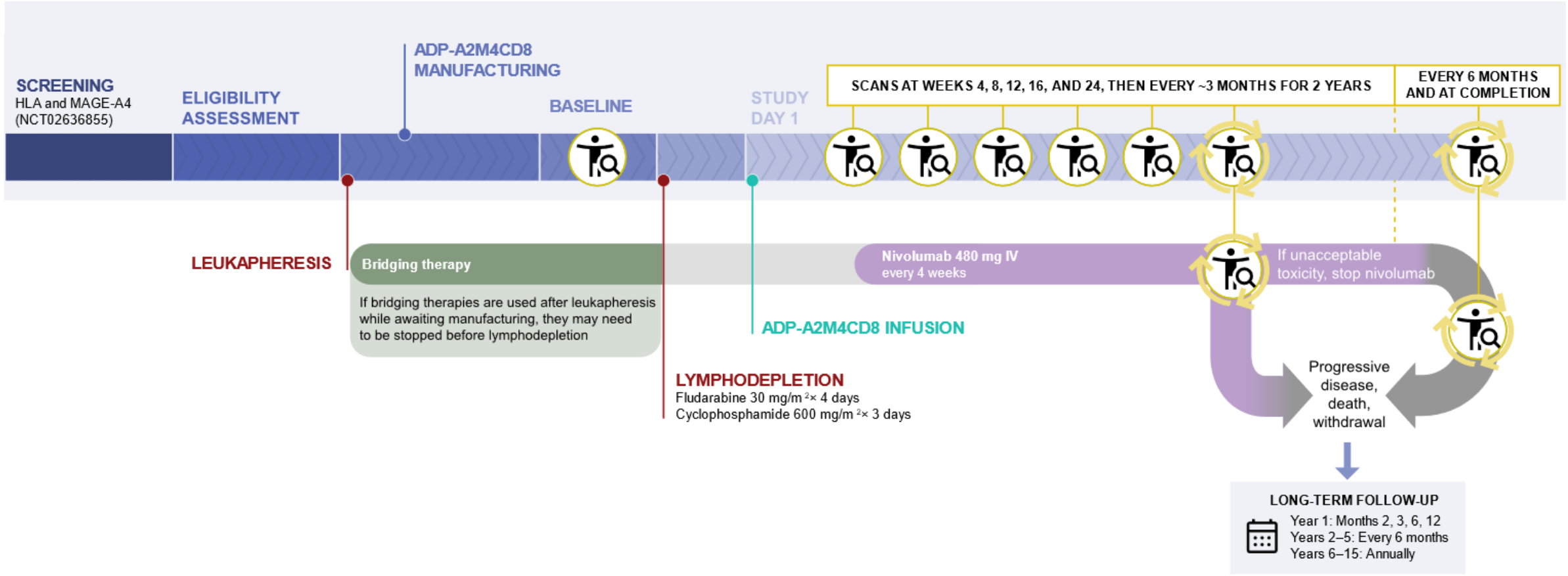
WBC=white blood cell; TCR=T-cell receptor

Appendix

SURPASS trial designs

SURPASS Phase 1 (NCT04044859): ADP-A2M4CD8 TCR T-cell therapy as monotherapy or in combination with nivolumab

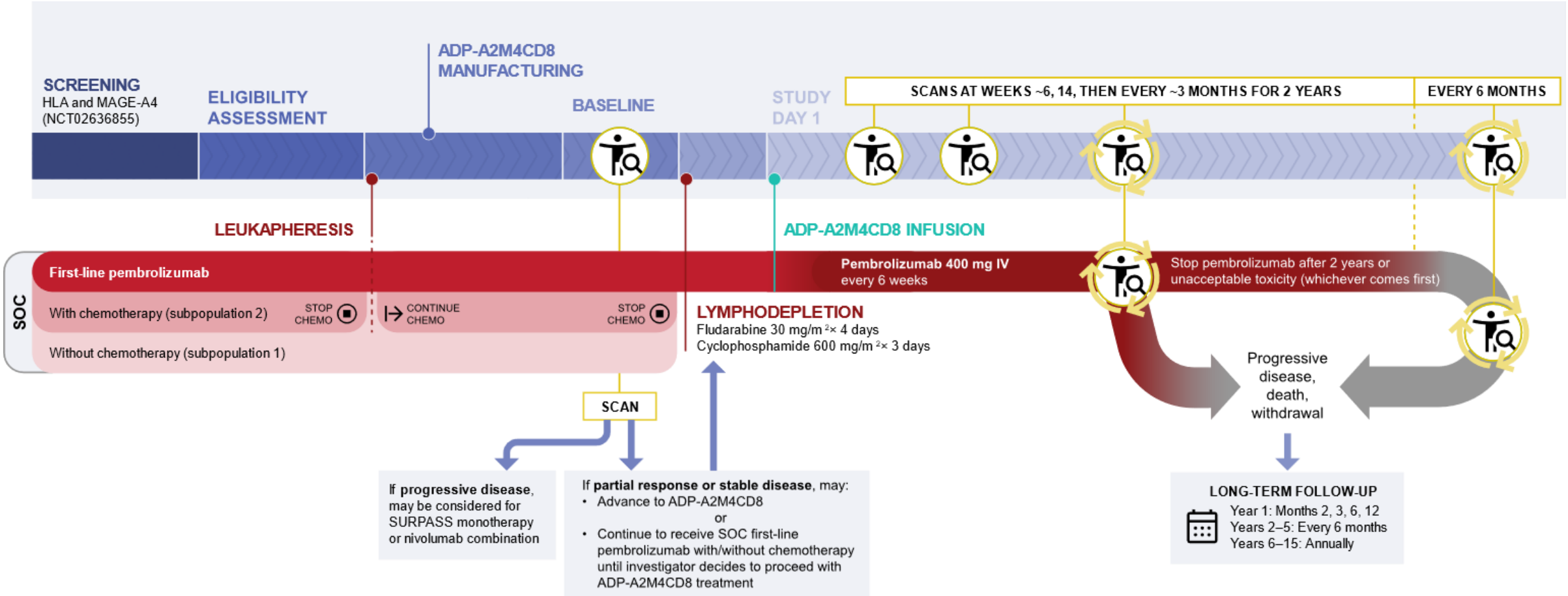
- Focus on patients with urothelial carcinoma, head and neck carcinoma, ovarian carcinoma



Patients with esophageal, esophagogastric junction, or gastric carcinoma, non-small cell lung cancer, head and neck carcinoma, ovarian carcinoma, melanoma, or endometrial carcinoma can be treated in this basket trial; monotherapy expansion cohort N-60; nivolumab combination expansion cohort N=30

SURPASS Phase 1 (NCT04044859) new H&N cohort: First-line ADP-A2M4CD8 TCR T-cell therapy in combination with pembrolizumab

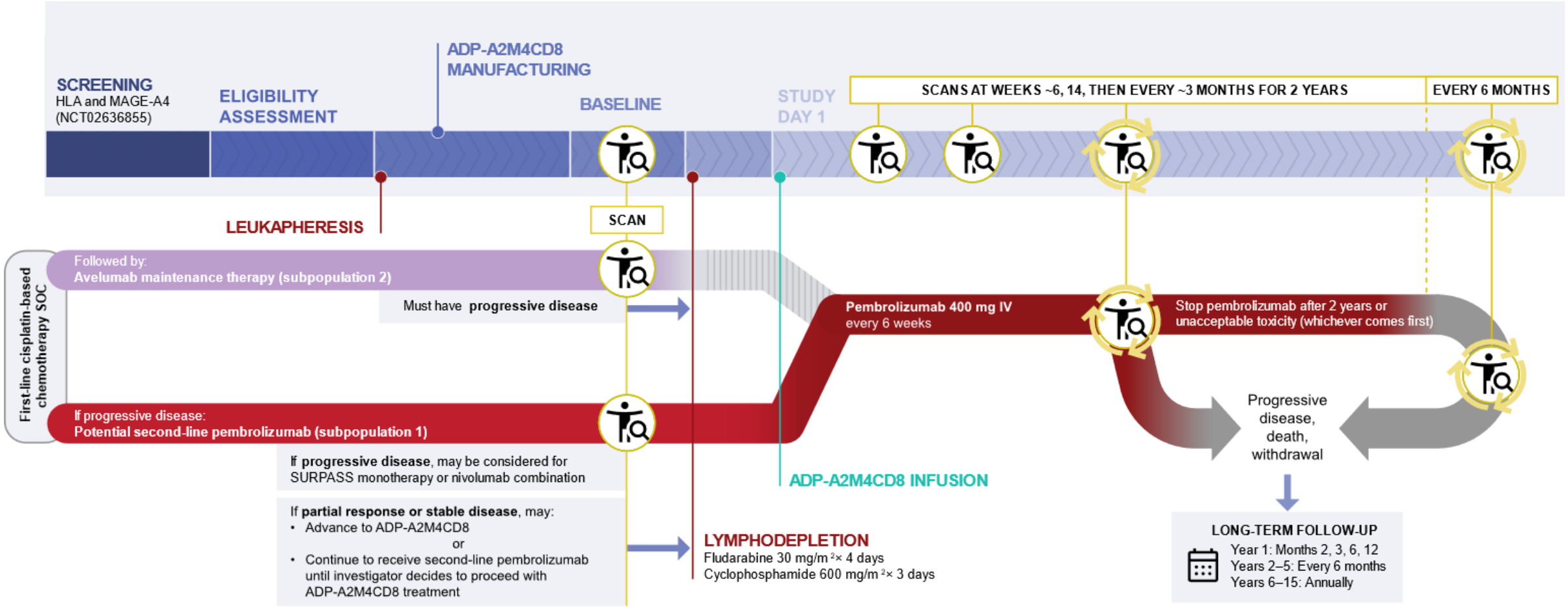
- In patients with unresectable locally advanced or newly metastatic H&N tumors with CPS≥1



CPS, combined positive score; H&N, head and neck; SOC, standard of care; N=15

SURPASS Phase 1 (NCT04044859) new urothelial cohort: Second-line ADP-A2M4CD8 TCR T-cell therapy in combination with pembrolizumab following first-line cisplatin-based chemotherapy

- In patients with unresectable, locally advanced, or newly metastatic urothelial tumors



SOC, standard of care; N=15

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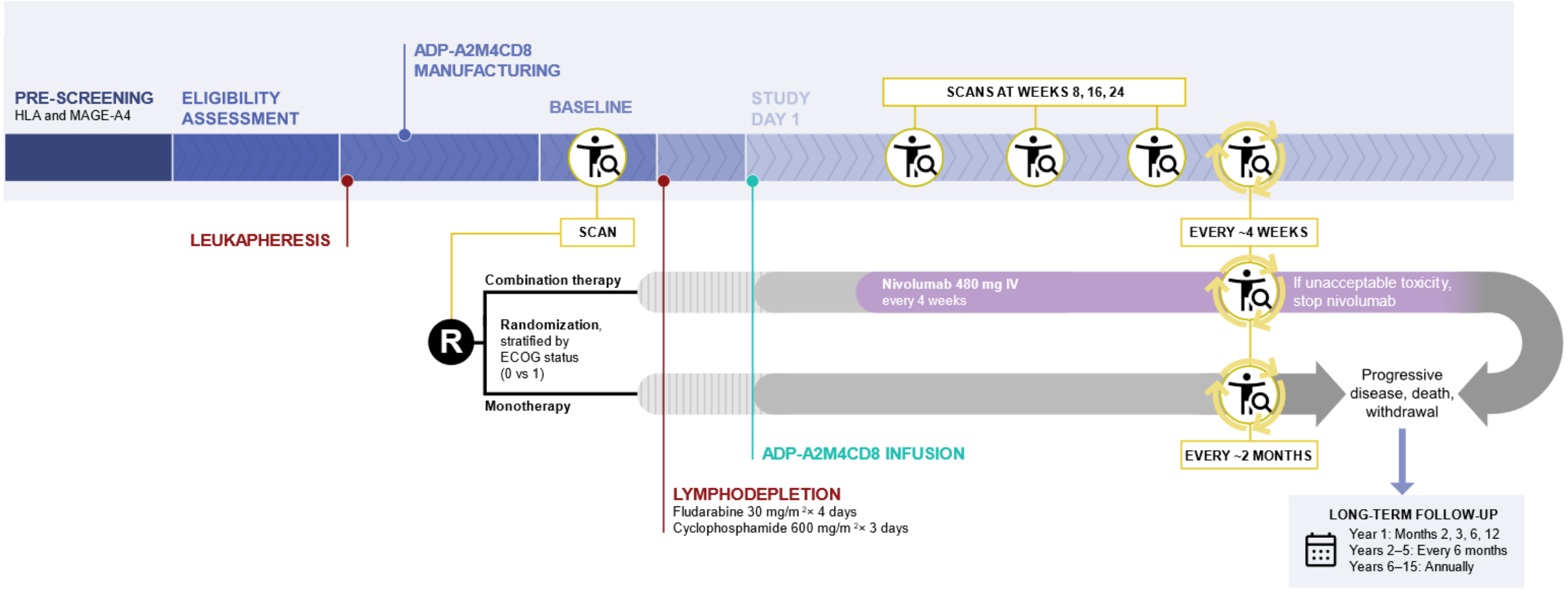
SURPASS-3 Phase 2 (NCT05601752): Randomized ADP-A2M4CD8 TCR T-cell therapy alone or in combination with nivolumab

- In patients with recurrent ovarian carcinoma



ECOG, Eastern Cooperative Oncology Group; N=66 randomized 1:1 (33 monotherapy:33 combination with nivolumab)

Adaptimmune: Leading The Cancer Revolution

August 2023

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