



Clinical Updates for Advaxis' Pipeline of *Lm*-based Immunotherapies in Oncology

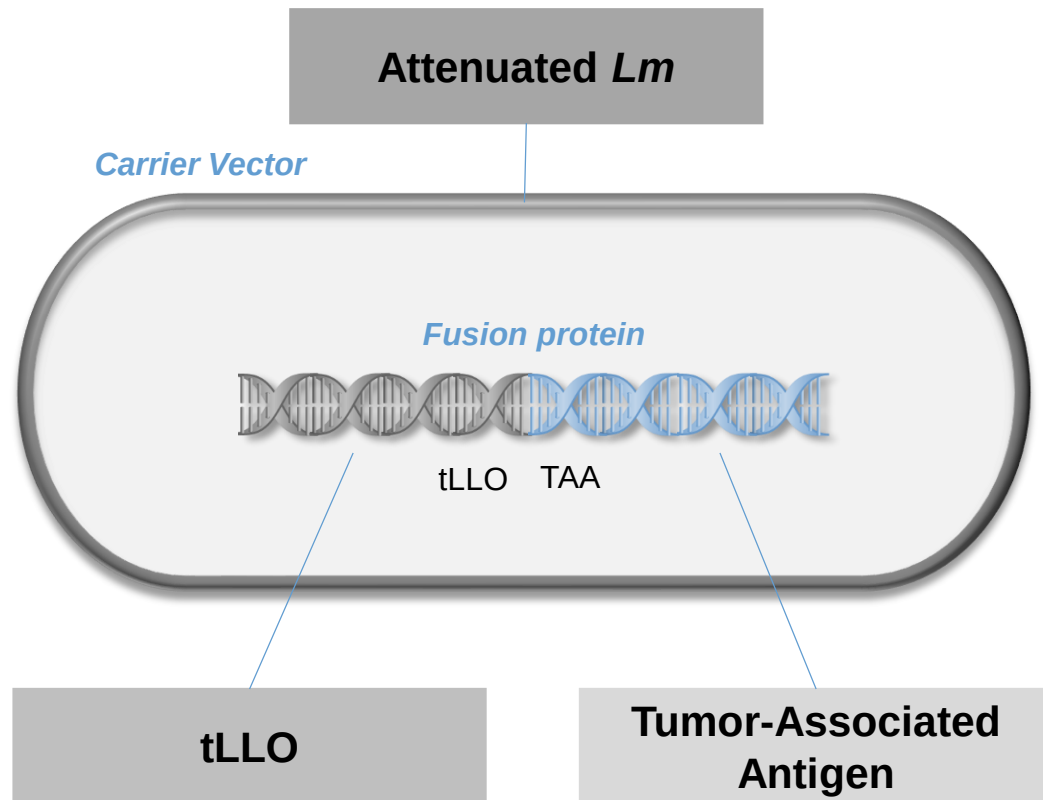
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Chief Medical Officer and Executive Vice President



27 February 2020
New York City, NY

Lm Platform Designed to Trigger Strong Immune Responses against Targeted Antigens

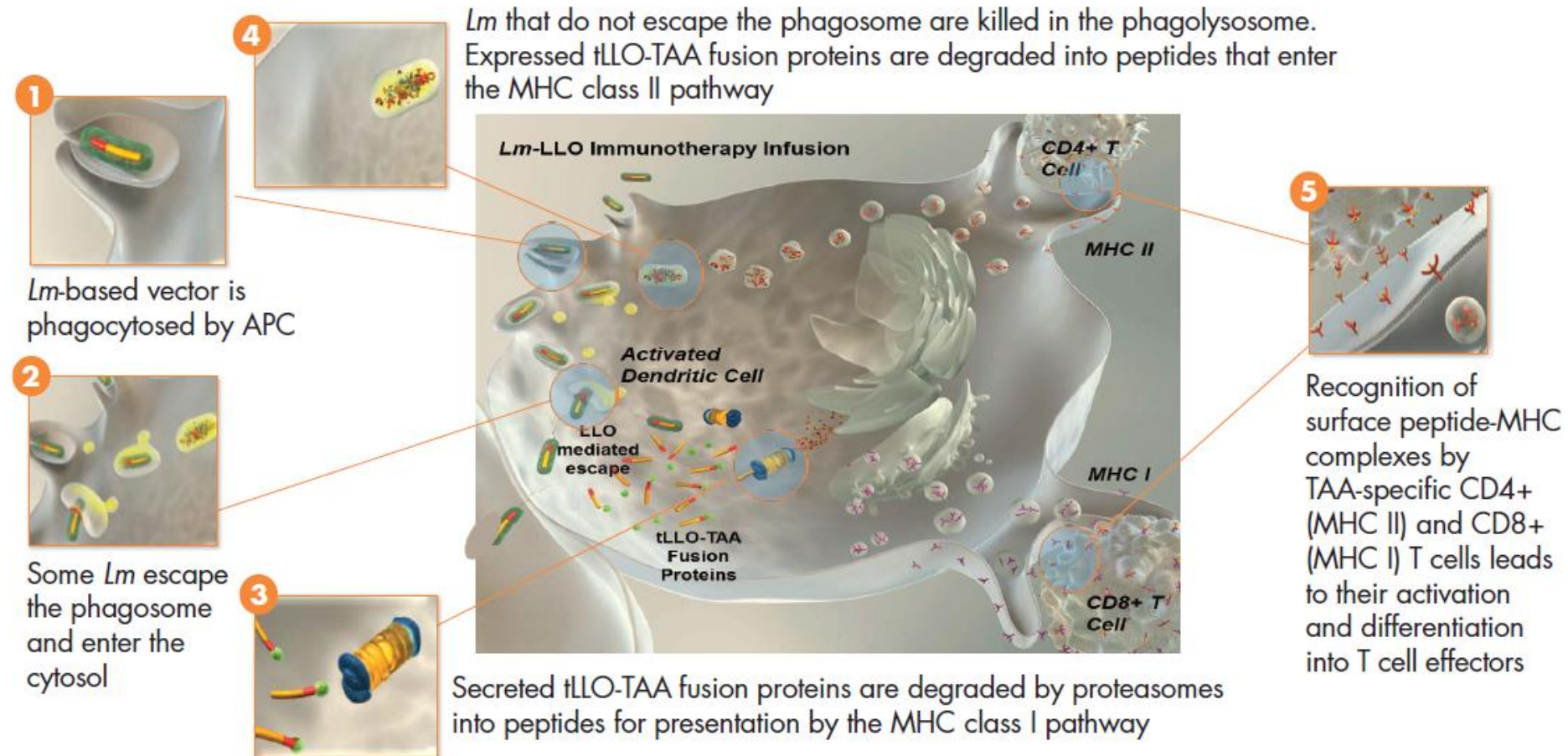
Three Core Components



Comprehensive Immune Activity

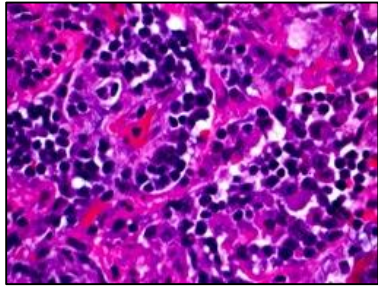
- *Listeria monocytogenes* (*Lm*) bacteria
 - Carrier vector; irreversibly attenuated⁽¹⁾
 - Tropism to spleen, lymph nodes, liver, lung, primary tumor & metastasis
 - Well understood and manageable safety profile, to date
- tLLO
 - Adjuvant properties
 - Neutralize Tregs & MDSCs protecting the tumor
- Diverse tumor-associated antigens
 - Viral antigens (HPV+)
 - Cancer type-specific (PSA, HOT)
 - Patient-specific neoantigens (NEO)
 - Powerful CD8+ T cell response and antigen spreading

Lm Technology™: Overview – Harnessing Unique Life Cycle of *Lm* in APCs

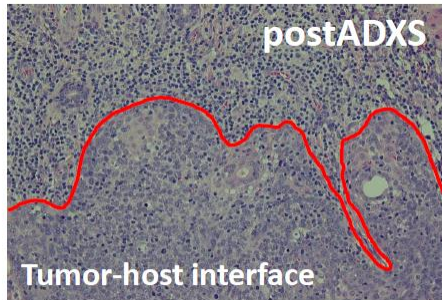


Legend: APC antigen-presenting cell | *Lm* *Listeria monocytogenes* | MHC major histocompatibility complex | TAA tumor-associated antigen | tLLO, truncated listeriolysin O.

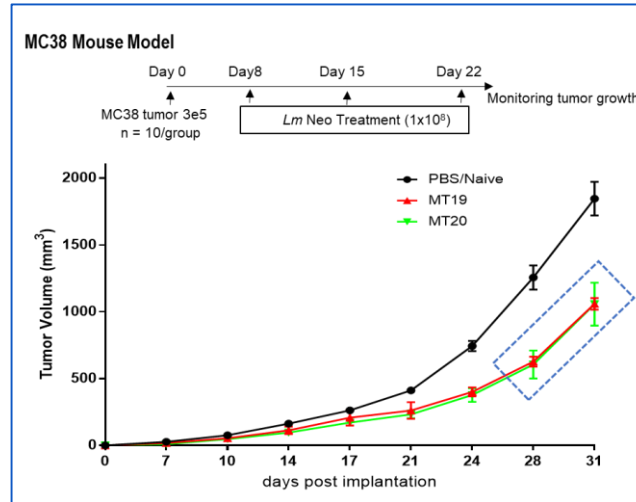
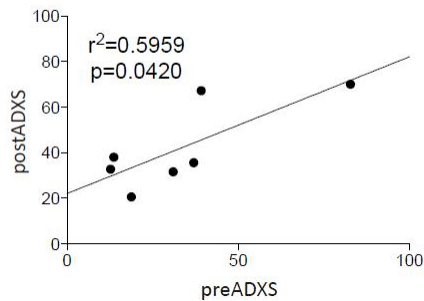
Lm effects on primary tumor and establishment of metastases



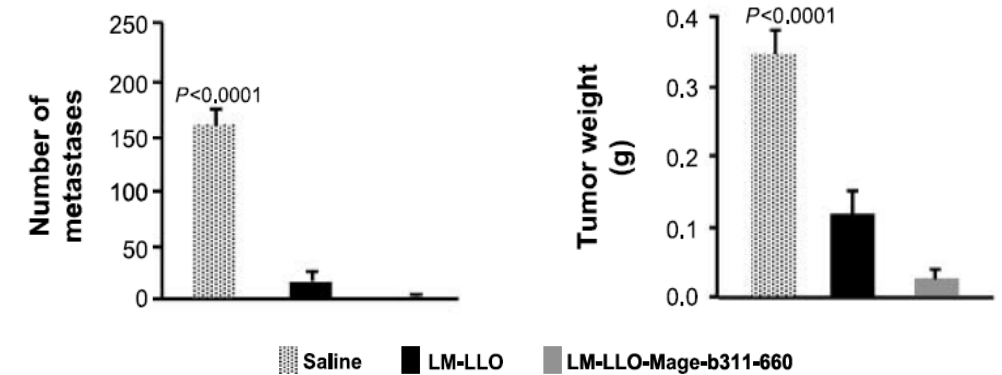
Canine osteosarcoma with T cell infiltration after ADXS-HER2 therapy



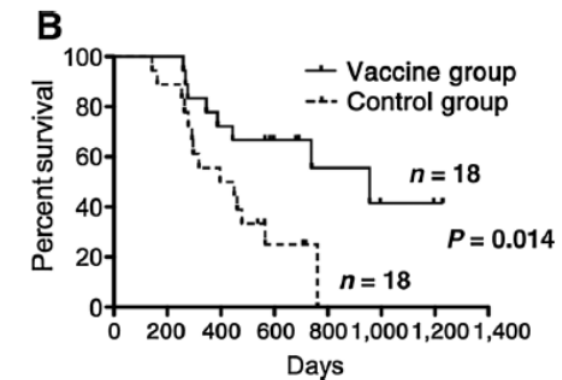
Pre/postADXS TIL



Frequency of metastases and tumor weight after a combination of one preventive and two therapeutic immunizations in BALB/c mice injected with 4T1 tumor cells



Disease-free survival in dogs with osteosarcoma without preexisting metastatic disease treated with ADXS-HER-2 and historical controls



Combination with Checkpoints and Co-Stims May Improve Outcomes

Checkpoint Inhibitors:

- PD-1/PD-L1
- CTLA-4
- TIGIT

Co-stimulatory agonists:

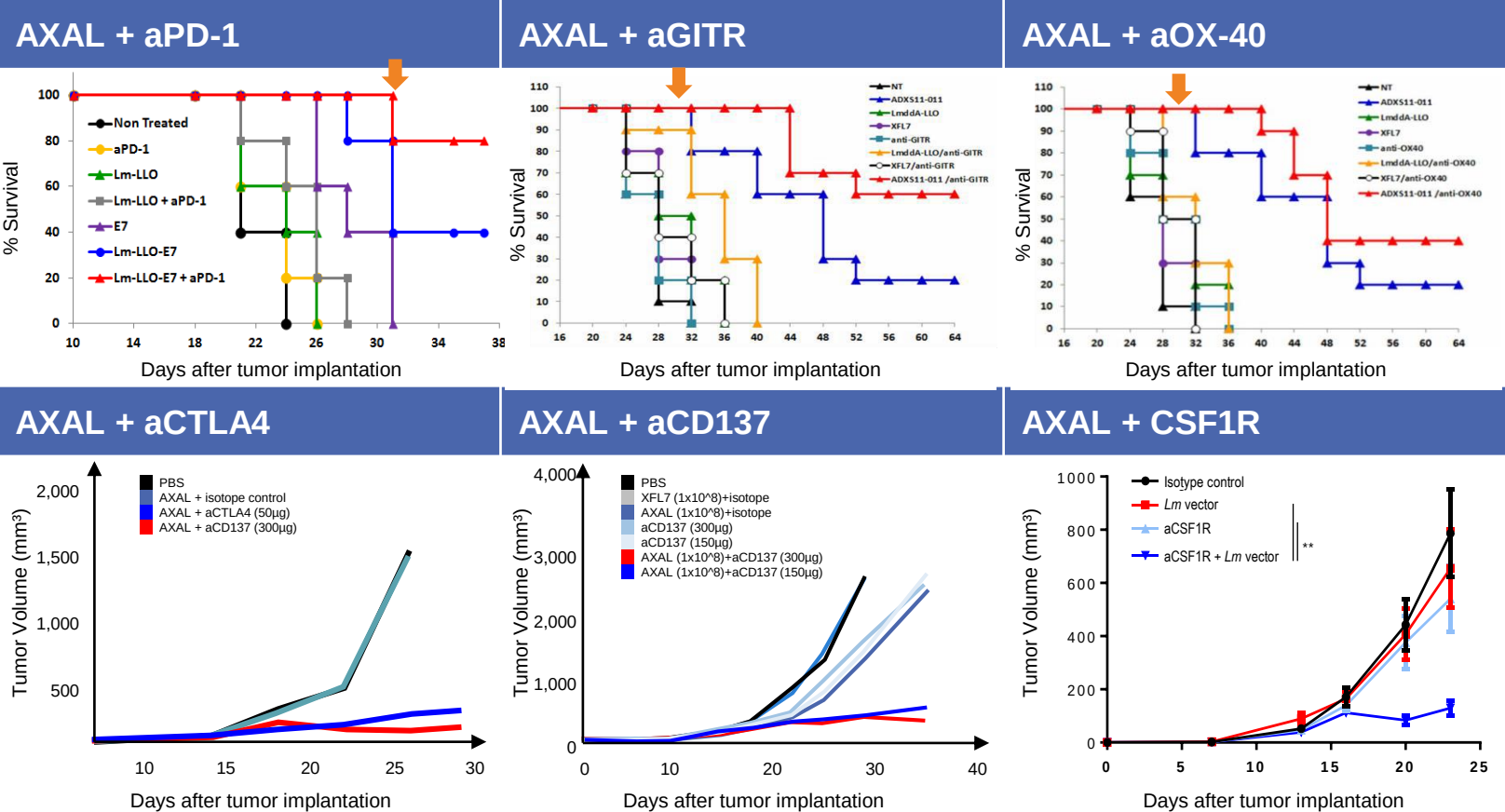
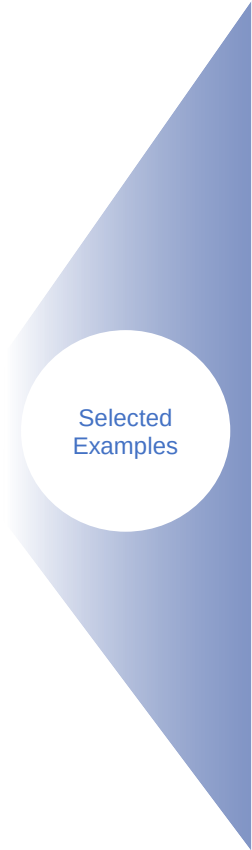
- CD137/41BB
- OX40
- GITR

TME acting agents:

- CSF1R
- HDAC1 inhibitor
- CCR8
- PEG rHuPH20⁽¹⁾

Standard-of-care regimens:

- Chemotherapy
- Radiation



CPI, checkpoint inhibitor; TME, tumor micro-environment.
(1) In collaboration with Halozyme.

Our Development Strategy

The Past...

Asset Centric

- **ADXS-HPV**
 - HPV+ cancers: cervical, anal & head and neck
- **ADXS-HER2**
 - Breast cancer and sarcomas
- **ADXS-PSA**
 - Advanced prostate cancer
- **ADXS-NEO**
 - Personalized multi-neoantigen immunotherapy
 - TMB approach: NSCLC > CRC > head and neck
- **ADXS-HOT (n >10)**
 - Off-the-shelf, tumor type-specific immunotherapy
 - > 10 discrete constructs have been designed

PoC studies with monotherapy in late stage patients with high tumor burden

The Present...

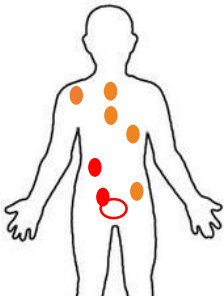
Disease/Patient Centric

- **ADXS-PSA:**
 - KN-046: Phase 1/2 monotherapy data and combination data with Keytruda in Metastatic Castration Resistant Prostate Cancer - Completed
- **ADXS-504:**
 - Phase 1/2 monotherapy data in prostate cancer patients with biochemical recurrence after radical therapy – IST
- **ADXS-503:**
 - Phase 1/2 monotherapy data and combination data with Keytruda in NSCLC – Ongoing

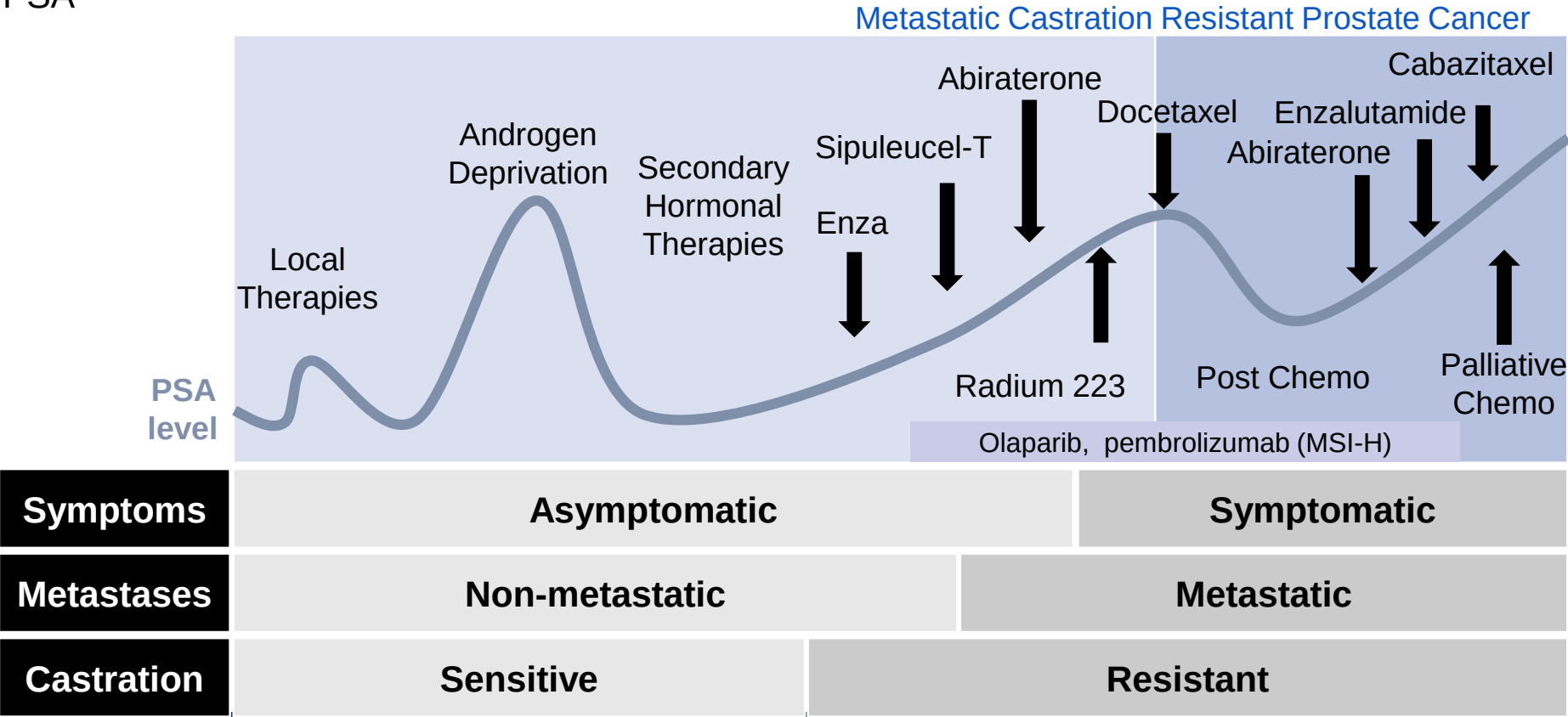
Prolong PFS/OS by selecting pts in earlier stages of the disease and by using combination therapy

Positioning of ADXS-PSA in the Prostate Cancer Treatment Landscape

ADXS-PSA expresses a truncated fragment of the listeriolysin (tLLO) fused to human PSA



Metastases
● Bone
● Measurable/visceral

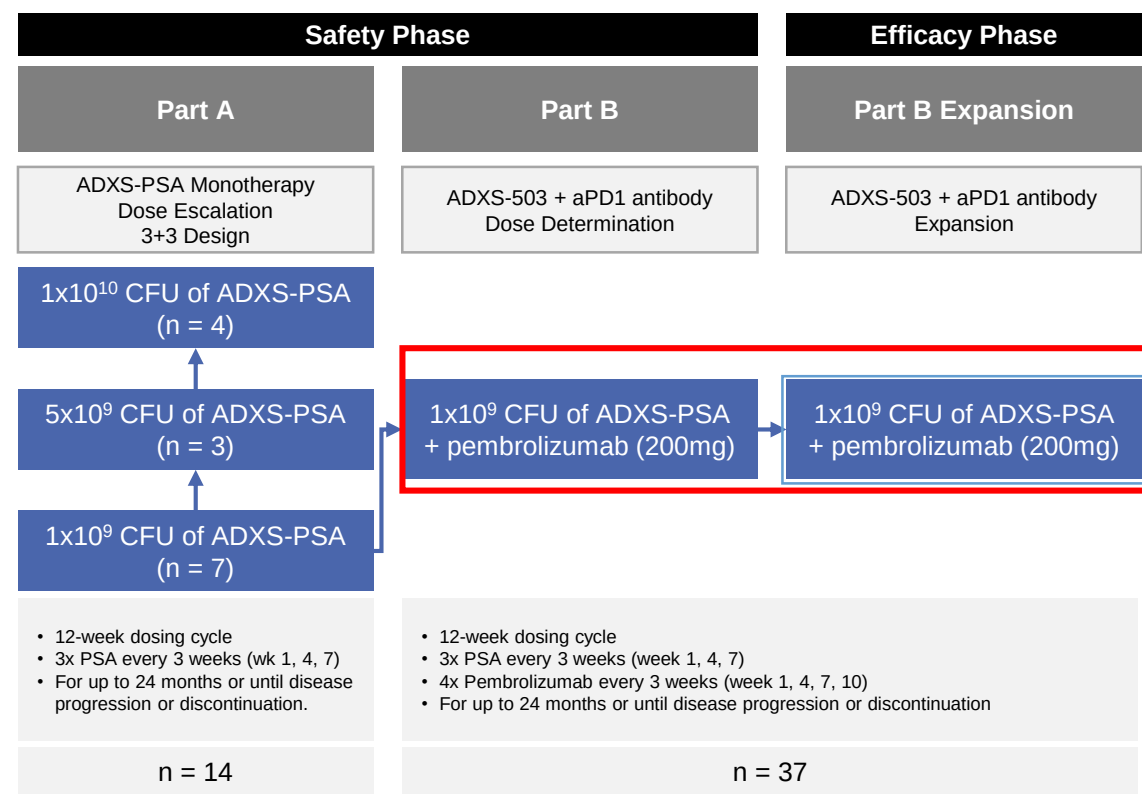


KEYNOTE-046 ± Pembrolizumab in mCRPC

ClinicalTrials.gov Identifier: NCT02325557

Title: A Phase 1/2 Dose-Escalation and Safety Study of ADXS31-142 Alone and in Combination With Pembrolizumab in Patients With Previously Treated Metastatic Castration-Resistant Prostate Cancer

Trial design:

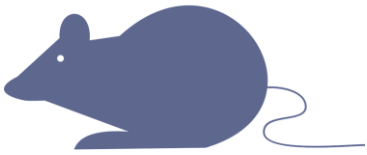


- **Keynote-046 PhI/II study**
 - Parts A - ADXS-PSA Monotherapy
 - Part B - ADXS-PSA 1x10⁹ CFU +/- 200mg pembrolizumab established as R2PD
- **Part B-combination might be associated with prolonged survival**
 - MSI-H negative status
 - visceral metastases ~30%
 - prior chemotherapy ~60%
 - prior NGHAs ~90%

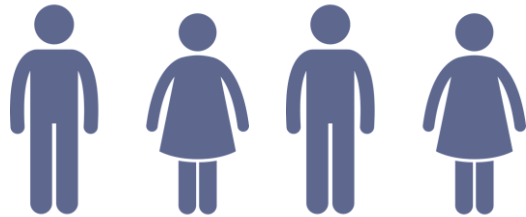
	N	Events	Median	95% CI
Overall	37	16	33.7	15.4-33.6
No prior docetaxel	17	3	NR	15.1-NR
Post-docetaxel	20	13	16.0	6.4 -34.6
Prior visceral mets	11	6	16.4	4.0-NR
No visceral mets	26	10	33.7	15.1-NR

ADXS-HOT PROGRAM

Targeting Multiple Hotspots, OFAs and CTAs Increases Patient Applicability and Clinical Activity Potential



Hotspot mutations have demonstrated **pre-clinical activity** in Advaxis' *Lm* Technology¹



ADXS-HOT constructs **target both public, or shared, hotspot neoantigens** and multiple proprietary tumor associated antigen targets, including oncofetal antigens (OFAs) and cancer testis antigens (CTAs)

Over 10 drug candidates designed using this approach

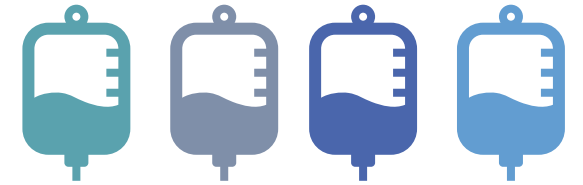
CD8 + T cell activity vs. hotspot mutations has been documented in a personalized neoantigen vaccine program, ADXS-NEO

coverage of nearly
100%

ADXS-HOT constructs can include **over 30 antigen targets** and are designed to allow for multiple shots on goal to control the tumor in nearly all patients

Antigen spreading could further increase the potential number of targets

Can be used as **monotherapy and/or in combination** with other cancer treatments like checkpoint inhibitors



Off-the-shelf and available for patients to start treatment immediately

Manufactured in bulk with good stability keeping **cost of goods low** vs. "individualized" products

HOT ADXS-503 in metastatic NSCLC

Off-The-Shelf *Lm*-vector Designed to Trigger Strong Anti-Tumoral Immune Responses with Targeted Antigens

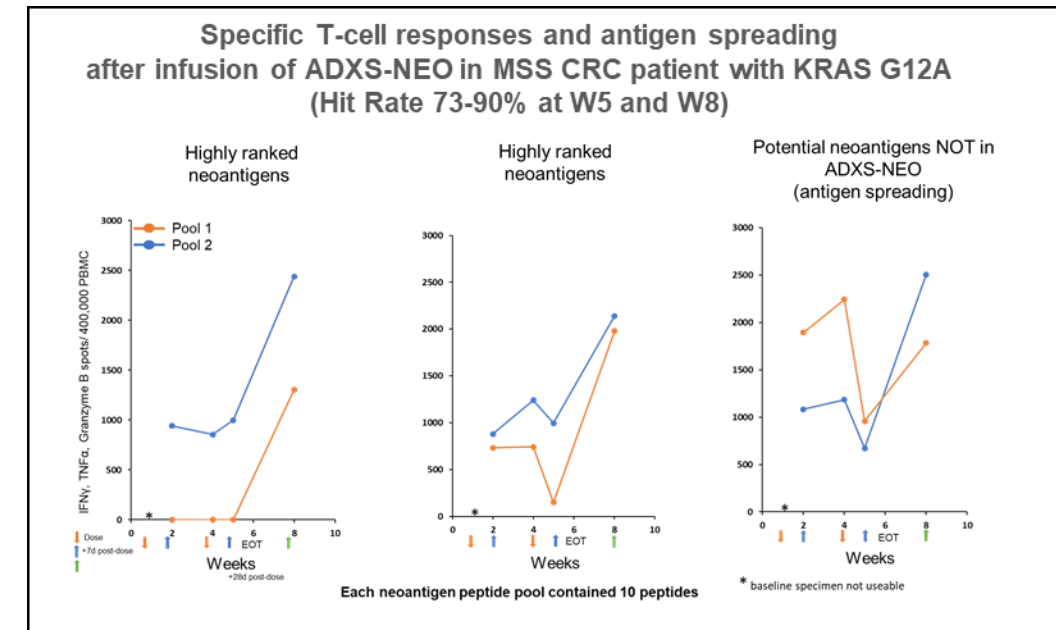
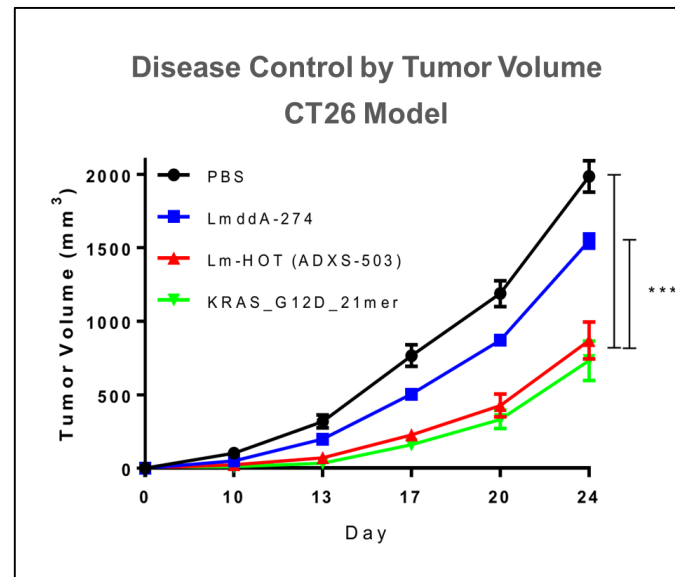
ADXS-503 expresses a truncated fragment of the listeriolysin (tLLO) fused to highly prevalent antigens in cancer genes:

11 hot spots in:

KRAS, EGFR, U2AF1, BRAF, PIK3CA and TP53

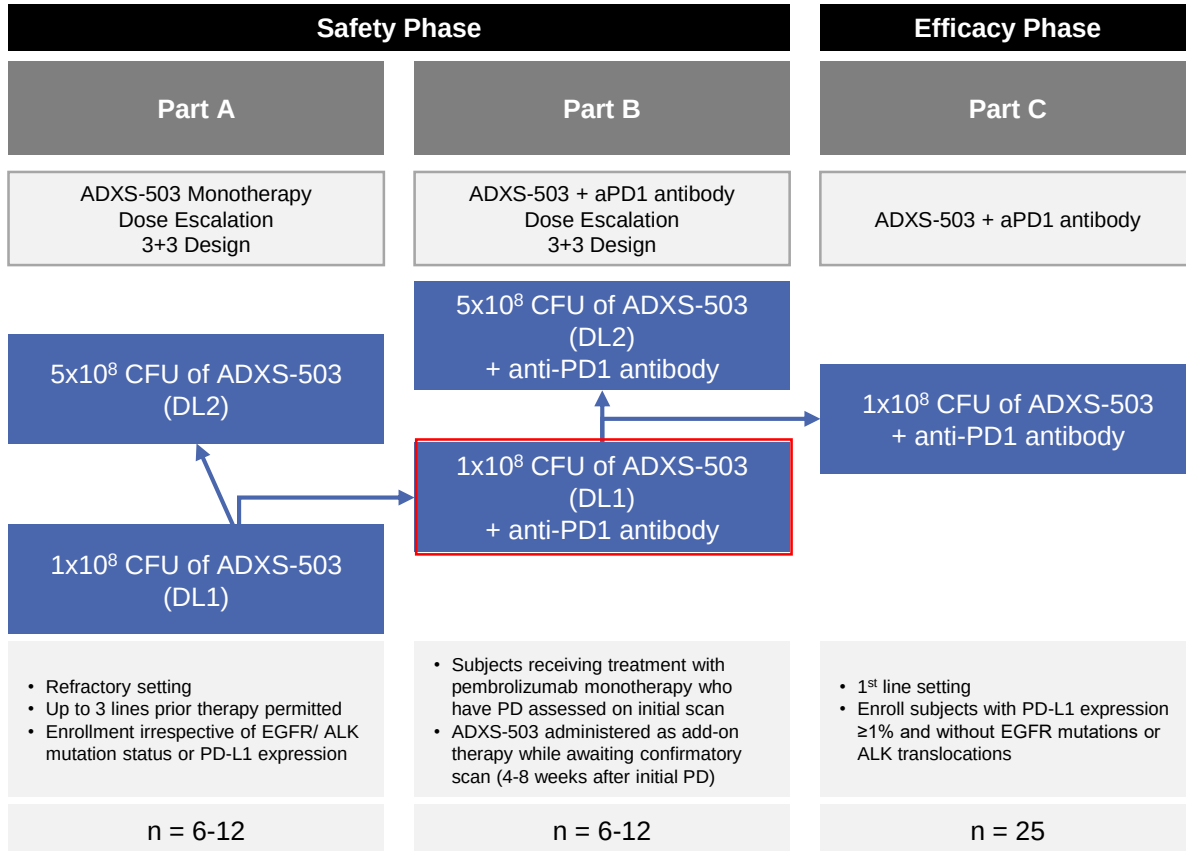
11 oncofetal & cancer testis:

CEACAM5, STEAP1, RNF43, MAGE A6, NYESO1, GAGE1



ADXS-503 ± Pembrolizumab in recurrent & first line therapy of NSCLC

Tithe: A Phase 1/2, Open-Label Study of ADXS-503 Alone and in Combination with Pembrolizumab in Subjects with Metastatic Squamous or Non-Squamous Non-Small Cell Lung Cancer



ClinicalTrials.gov Identifier: NCT03847519

Endpoints:

Primary

Tolerability/ Safety

Secondary

Clinical activity
RP2D

Exploratory

Immunological

Preliminary Results

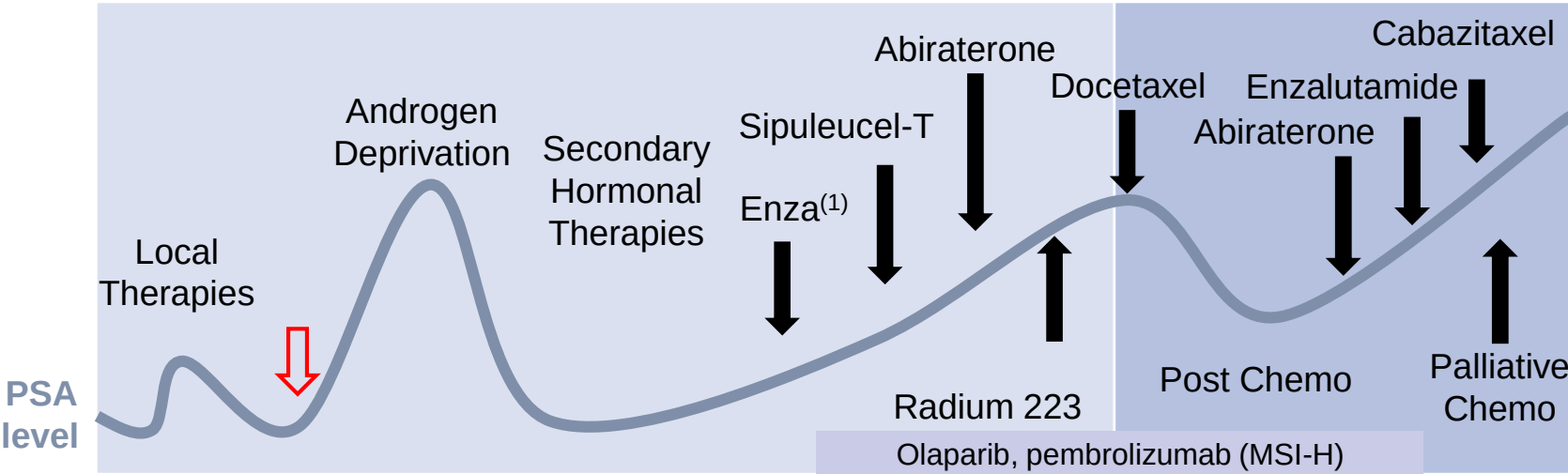
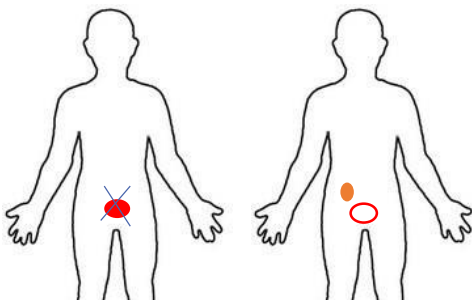
- Part A, in monotherapy and Part B, in combination with Pembrolizumab
 - Completed Part A (n= 7)
 - No dose limiting toxicities observed
 - Most AEs were grade 1-2 chills, fever and nausea; reversible and manageable
 - SD observed in 3 pts
 - Currently enrolling patients in Part B (n=2)
 - Safe and tolerable in 2 pts treated at DL-1
 - One SD and one PR observed
- Immune-correlative work in progress

HOT ADXS-504 in the Prostate Cancer Treatment Landscape

ADXS-504 expresses a truncated fragment of the listeriolysin (tLLO) fused to highly prevalent antigens in cancer genes:

14 hot spots in:
CHEK2, RGPD8, ANKRD36C, SPOP, AR

10 oncofetal & cancer testis in:
PSA, PSMA, STEAP, SART3, RNF43, PAGE4, CEACAM5, SSX2, MAGEA4

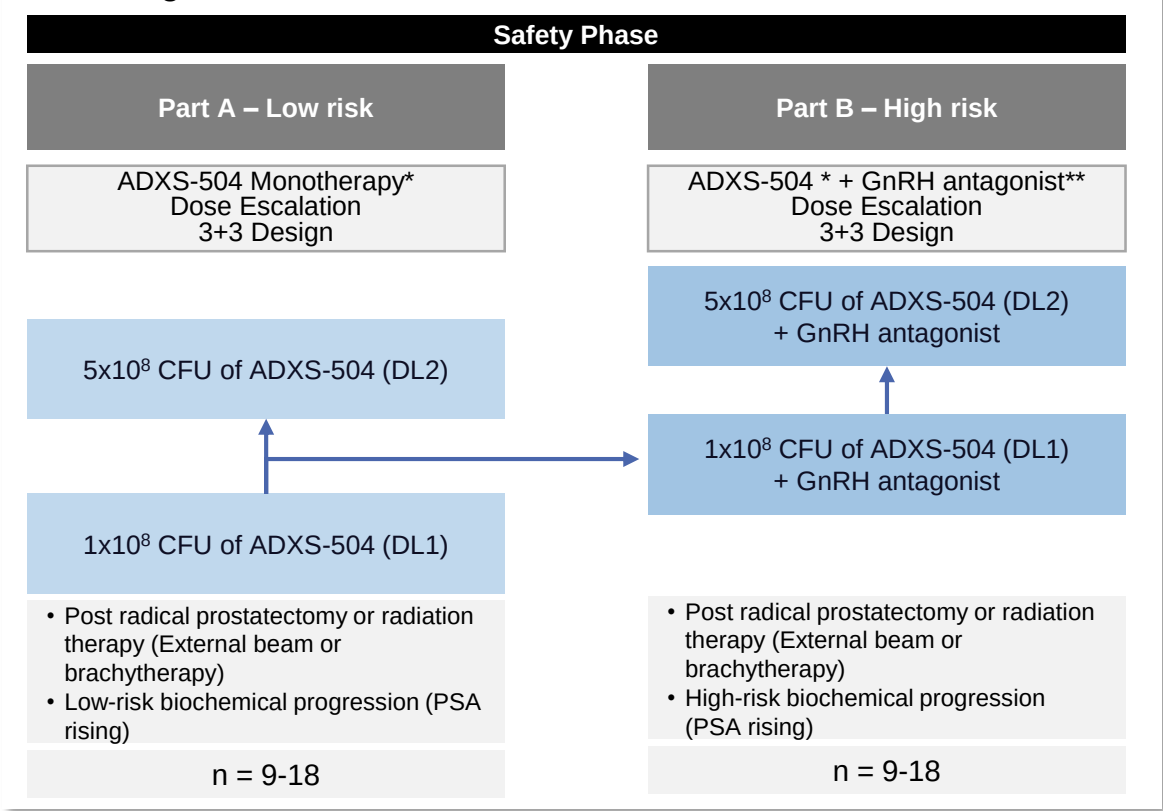


Symptoms	Asymptomatic		Symptomatic
Metastases	Non-metastatic		Metastatic
Castration	Sensitive		Resistant

ADXS-504 in Biochemically Recurrent Prostate Cancer

Title: A Phase 1 Study of ADXS-504, a Cancer Type Specific Immunotherapy in Subjects with Biochemically Recurrent Prostate Cancer

Trial design:



Endpoints:

- Primary**
Tolerability/ Safety
- Secondary**
PSA response
- Exploratory**
rPFS
PSADT
Immunological

Potential benefits:

- To delay progression after radical prostatectomy/ radiotherapy
 - Low risk patients: monotherapy
 - High risk patients: combination with degarelix (gonadotropin-releasing hormone (GnRH) receptor antagonist)⁽¹⁾
- To delay ADT hormone therapy and decrease long term toxicity, e.g., sarcopenia, insulin insensitivity, fractures, CVD, weight gain, etc.

Notes: * Dosing schedule: q4w for 6 doses | ** Dosing schedule: 4 doses only | (1) Alternative GnRH could be used.
Legend: ADT androgen deprivation therapy.

Our gratitude...

To our patients and their families

To our experts

ADX-PSA

Dr. Mark N. Stein, Columbia University
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Dr. Lawrence Fong, UCSF
Dr. Ronald Tutrone, Chesapeake, MD
Dr. Anthony Mega, Rhode Island Hospital
Dr. Elaine T. Lam, U. Colorado University

ADX-NEO

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ADX-503

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ADX-504

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