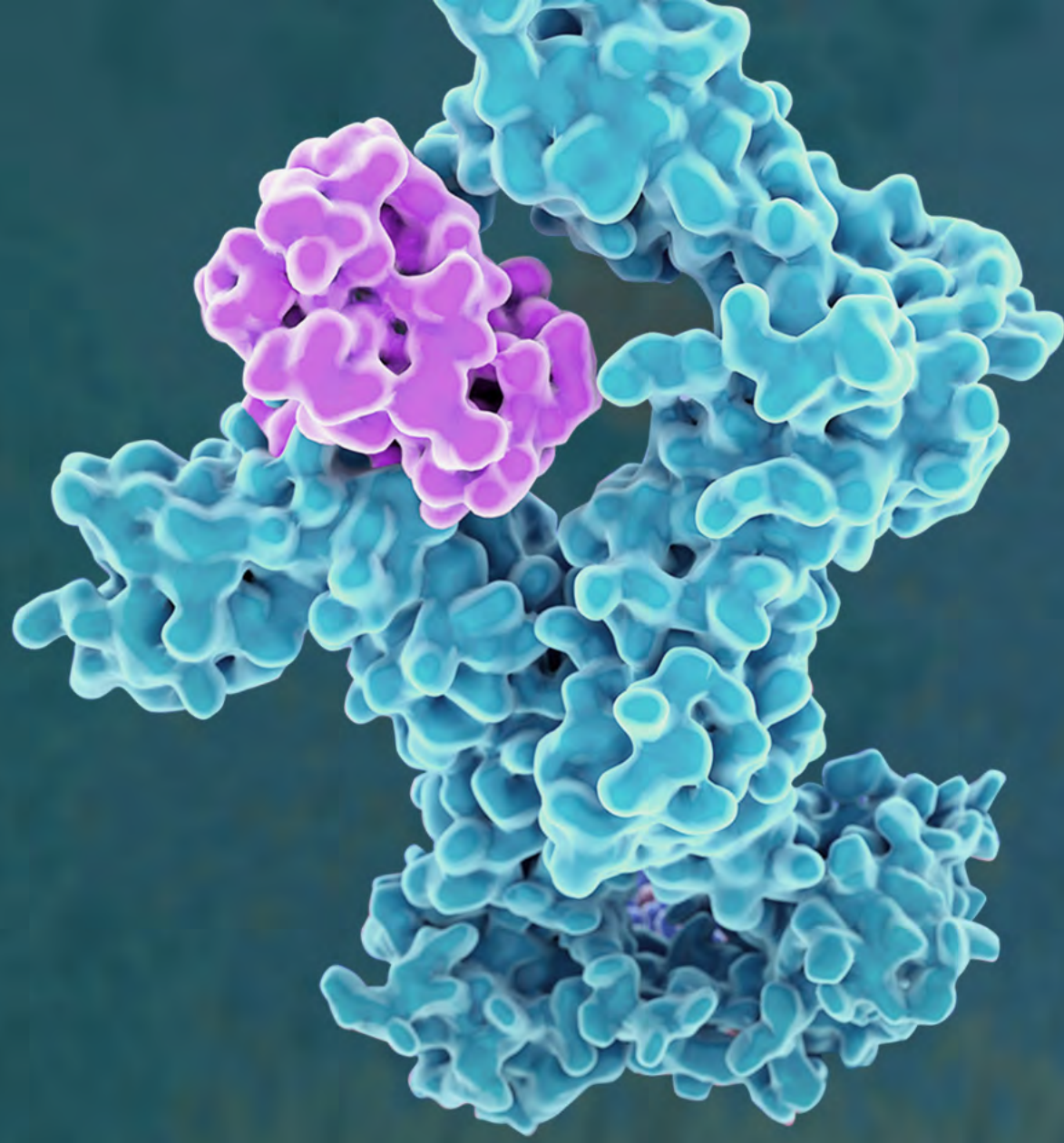
Q1, 2021

Evolutionary Cytokines Revolutionary Medicines



MEDICENNA

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Company Overview

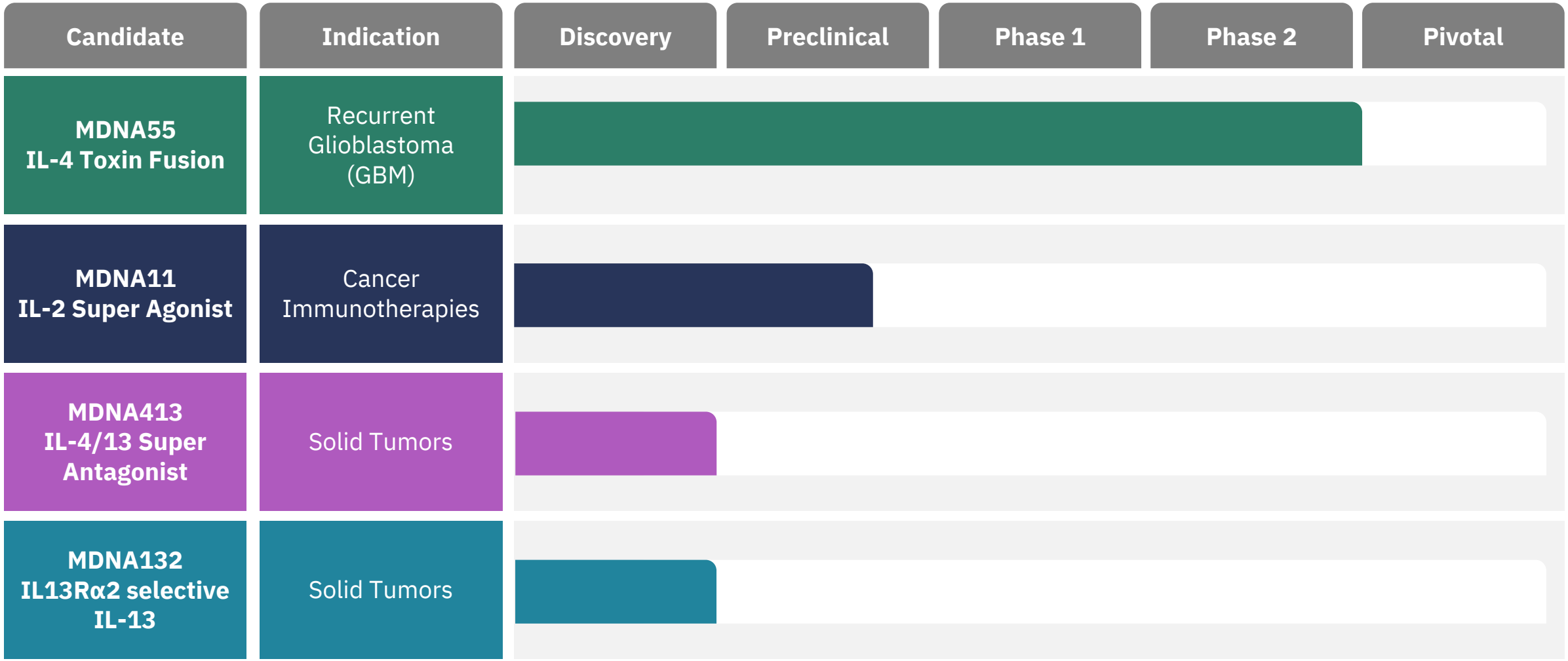
Evolutionary Cytokines, Revolutionary Medicines

Medicenna is a clinical stage immunotherapy company that uses directed evolution to generate engineered interleukins called Superkines that can modulate, fine-tune or amplify the immune system in order to combat the most challenging diseases and inspire hope in patients with unmet needs

Nasdaq	**MDNA**
TSX	**MDNA**
Headquarters	**Toronto, CA**
Cash	**CDN $34.2 million (9/30/20)**
Debt	**$0**
Preferred Shares	**0**
Issued and Outstanding	**48,998,821***
Fully Diluted	**60,223,781***

* As of November 12, 2020

Expanding Pipeline Anchored by MDNA55 and MDNA11



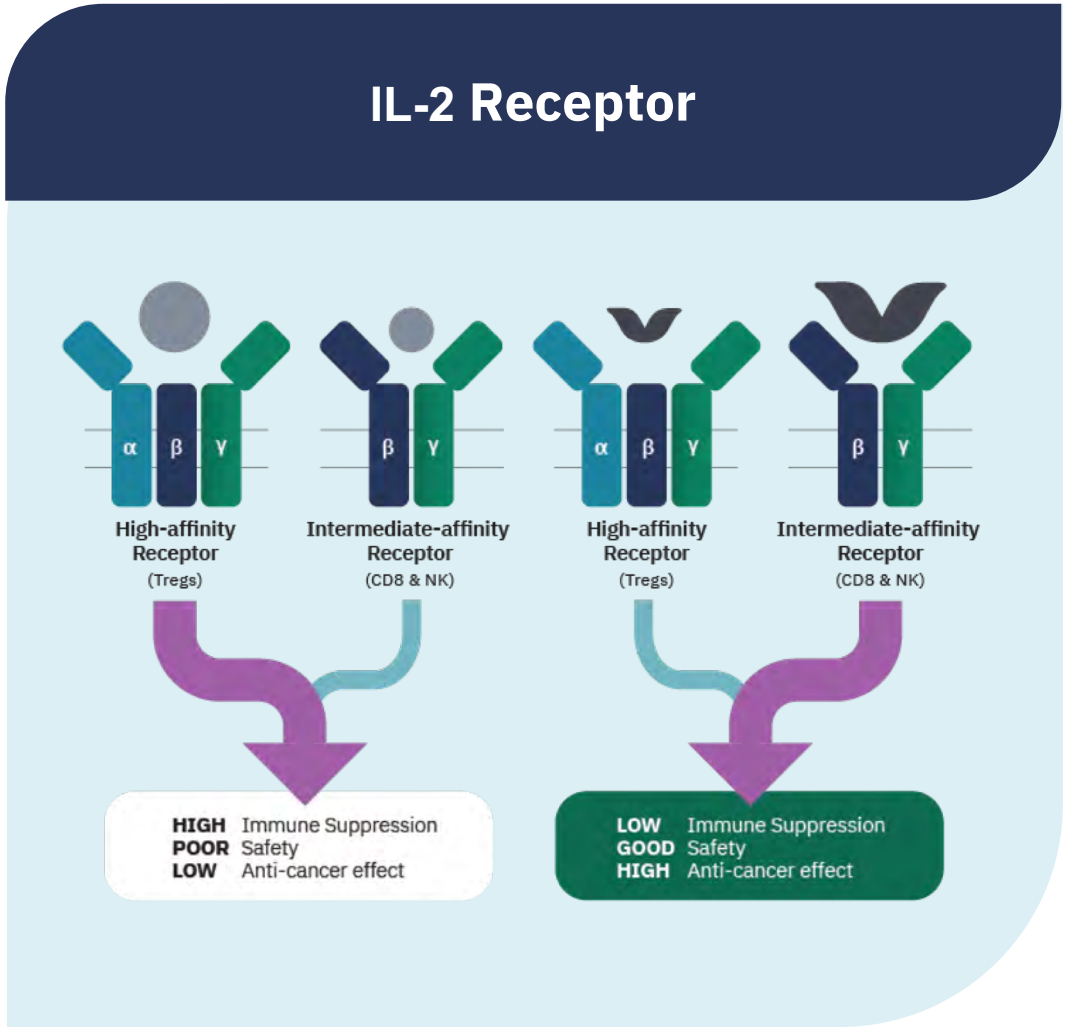
Multiple Near-Term Value Inflection Milestones

	H1 2021	H2 2021
MDNA11 MDNA11 to be Phase 1 Ready	**Submit application to initiate Phase 1/2 monotherapy study**	**MDNA11 Top-line results**
Next Generation Superkines	**Ongoing optimization and data generation**	**Identify new lead candidate**
Corporate	**Pursue MDNA55 Partnership Opportunities** **Strengthen Management and Advisory Team**	**Pursue pipeline collaboration opportunities**

MDNA11

IL-2 Super Agonist for Cancer Immunotherapy

Targeting IL-2 Receptor Subunits in Cancer Therapy



The IL-2 receptor (IL-2R) consists of three subunits

- CD25 (IL-2Rα)
- CD122 (IL-2Rβ)
- CD132 (IL-2Rγ)

Stimulation of CD122

- Key for the activation of cancer killing immune cells such as CD8+ T cells, naïve T cells, and NK cells.

Stimulation of CD25

- Leads to activation of immunosuppressive Tregs, which abrogate the anti-tumor response
- Causes extreme toxicity

Proleukin (recombinant human [rh] IL-2), which selectively stimulates CD25, is approved for the treatment of metastatic melanoma and renal cell carcinoma

Improved IL-2 Variants are Needed

Medicenna has developed MDNA11 to overcome the shortcomings of Proleukin and competing IL-2 variants

Proleukin

Poor safety profile due to selective stimulation of CD25

- Patients are often unable to receive a full course of therapy
- Patients must be treated in the intensive care unit

Poor pharmacokinetic profile

- Limited half-life duration
- Requires dosing every 8 hours for 9 days

Competing IL-2 variants

Have low CD122 affinity

- Limited efficacy

Rely on pegylation for half-life extension

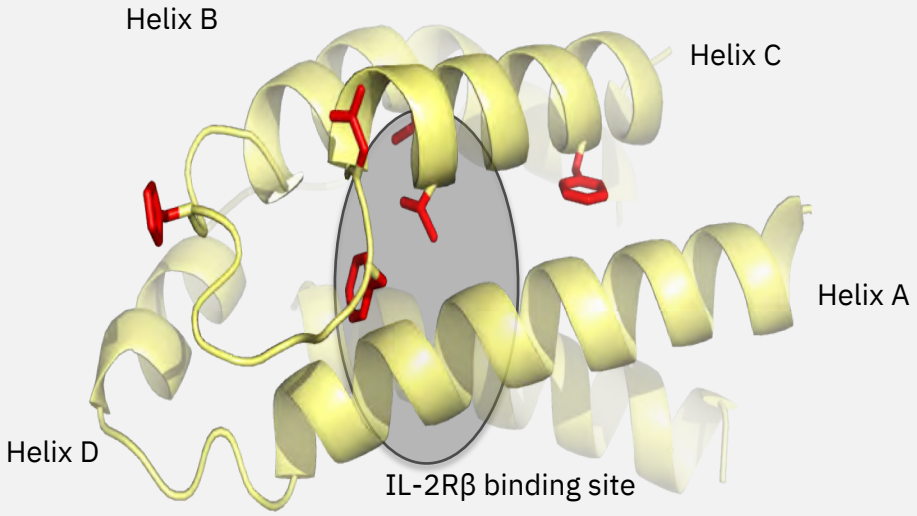
- Complex manufacturing increases cost of goods

Superkines: First-Generation IL-2 Variants

LETTER

nature

Exploiting a natural conformational switch to engineer an interleukin–2 'superkine'

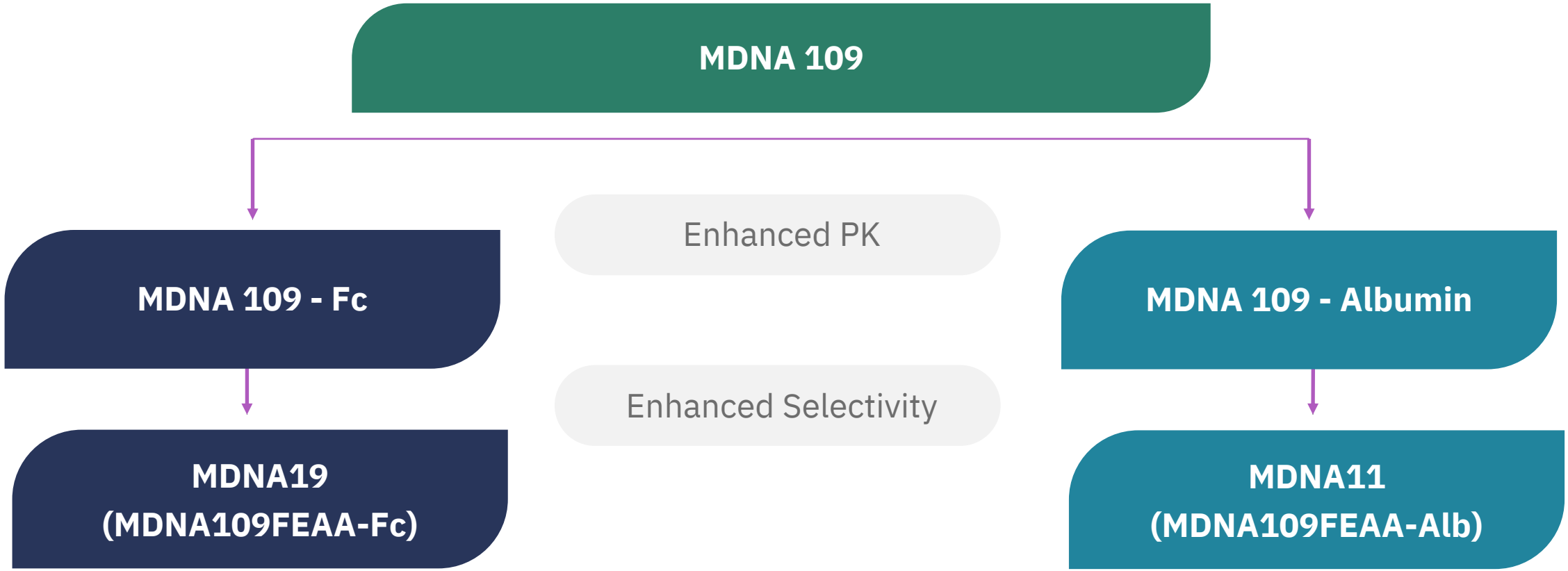


Levin, Bates, and Ring et. al, Nature, 2012

Medicenna's MDNA109 platform produced first generation IL-2 variants with 200-fold higher affinity for CD122 (IL-2Rβ), which is key for the activation of immune cells responsible for cancer killing (CD8+ T cells, naïve T cells, NK cells), yet similar affinity to CD25

	Similar affinity to CD25	**200X increased affinity to CD122**
SPR data (nM)	CD25	CD122
IL-2	6.6	280
MDNA109	**6.6**	**1.4**

MDNA11: Next-Generation IL-2 Superkine

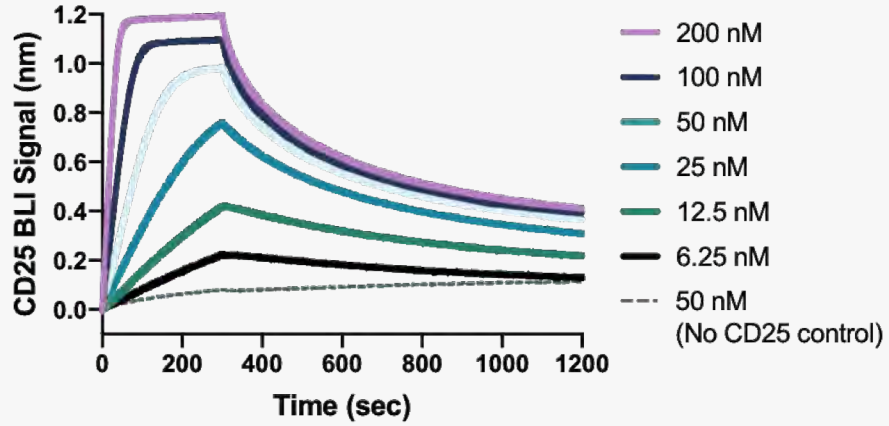


MDNA11 is a next-generation IL-2 superkine with superior CD122 binding without CD25 affinity, thereby preferentially stimulating cancer killing effector T cells and NK cells when compared to competing IL-2 programs.

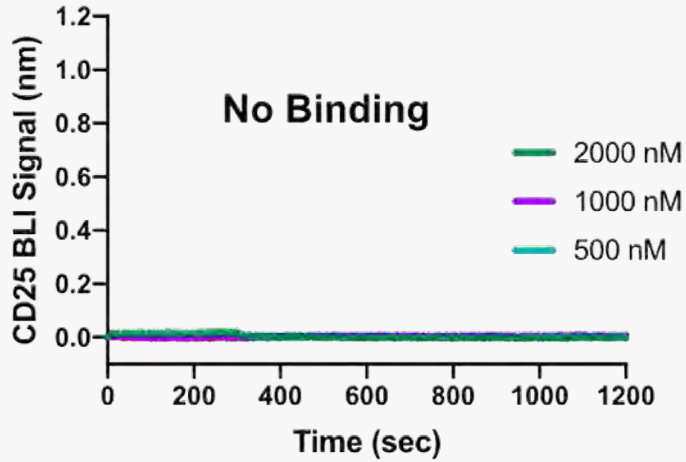
MDNA11

No CD25 Binding and Enhanced Affinity and Selectivity for CD122 Compared to rhIL-2

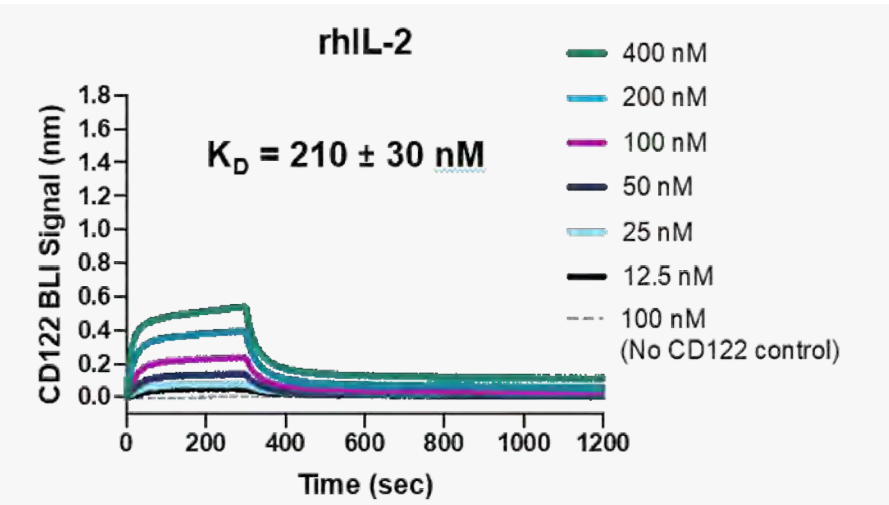
rhIL-2 – CD25 Binding



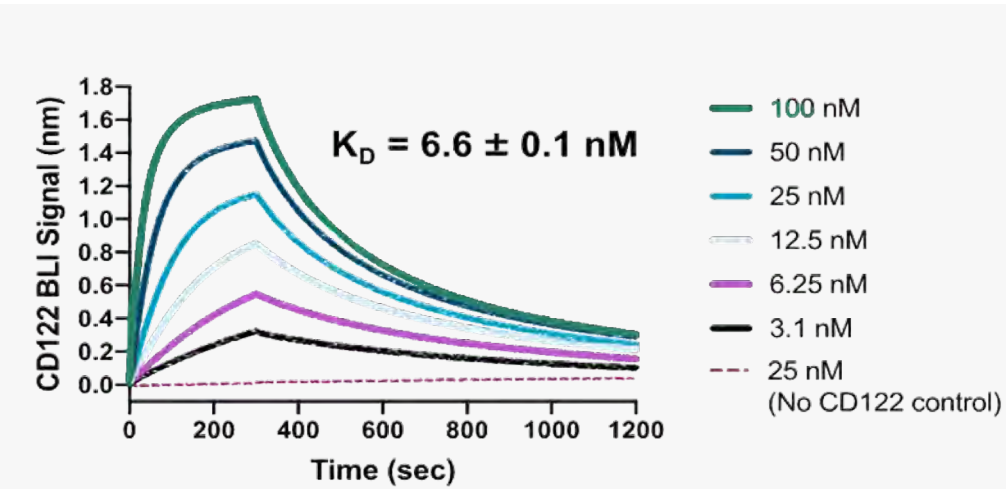
MDNA11 – CD25 Binding



rhIL-2 – CD122 Binding



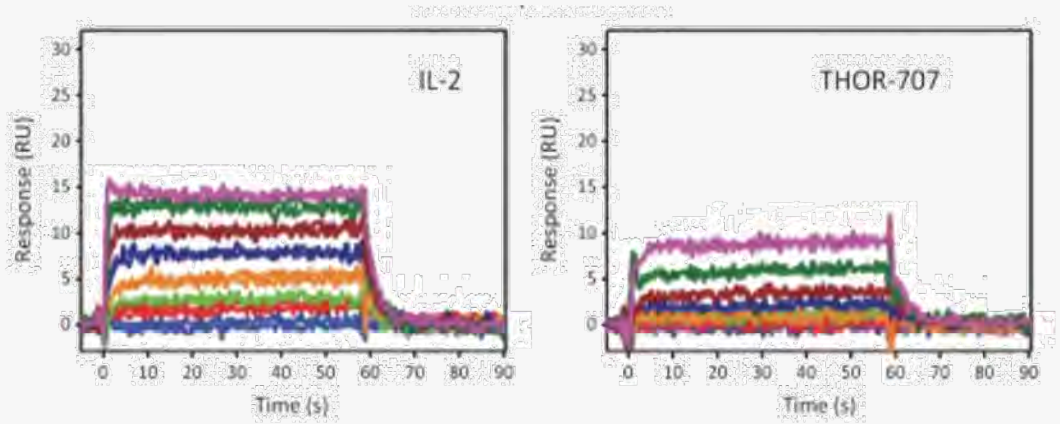
MDNA11 – CD122 Binding



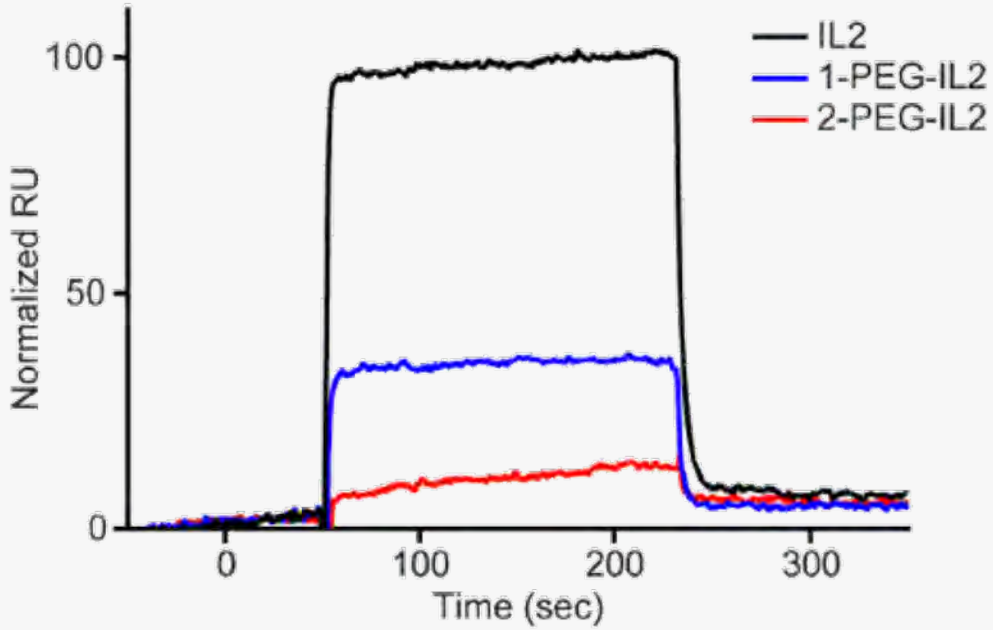
Competing IL-2 Variants are Weak CD122 Binders

THOR-707: Reduced Binding to IL2Rβ (CD122)

IL2Rβ (CD122)



1-PEG-IL2 (Most Active Form of NKTR-214) is a Weak IL2Rβ (CD122) Binder



MDNA11: Enhanced Selectivity & Potency to Immune Cells

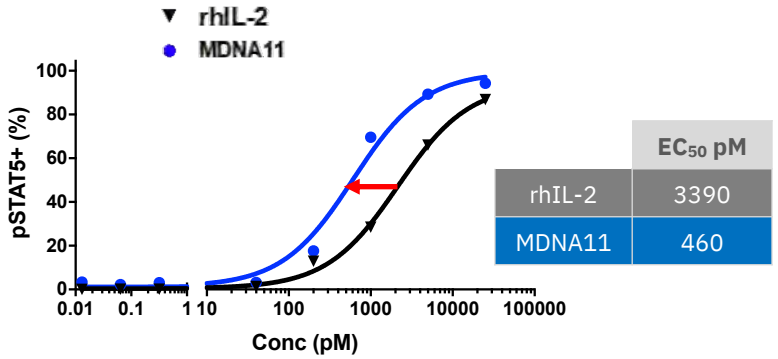
Compared to WT IL-2 (proleukin) MDNA11 exhibits both:

Enhanced potency toward anti-tumor CD8+ T-cells

Reduced potency toward pro-tumor Treg cells

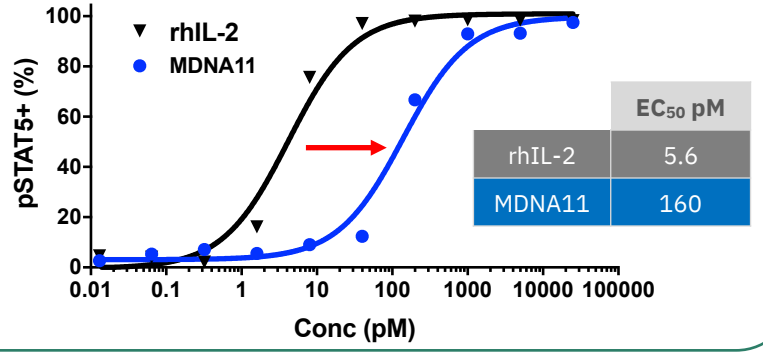
MDNA11

Naïve CD8+T-cells



	EC_{50} pM
rhIL-2	3390
MDNA11	460

Tregs



	EC_{50} pM
rhIL-2	5.6
MDNA11	160

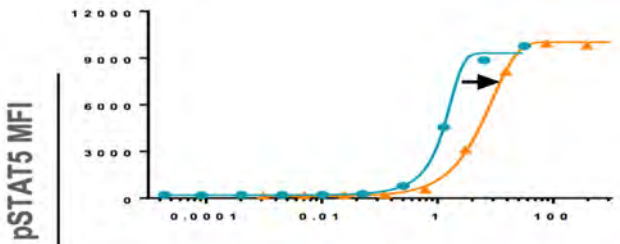
Compared to WT IL-2 (proleukin) THOR-707 has:

Reduced potency toward anti-tumor CD8+ T-cells

Reduced potency toward pro-tumor Treg cells

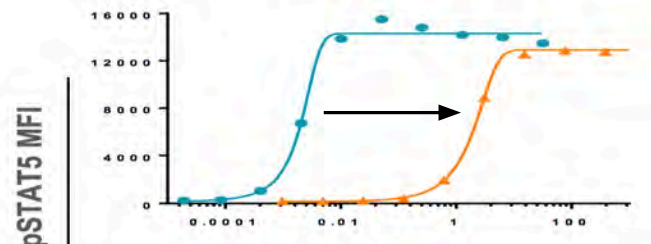
THOR-707

Naïve CD8+T-cells



Protein	EC_{50} nM
IL-2	1.47
THOR-707	5.71

Tregs

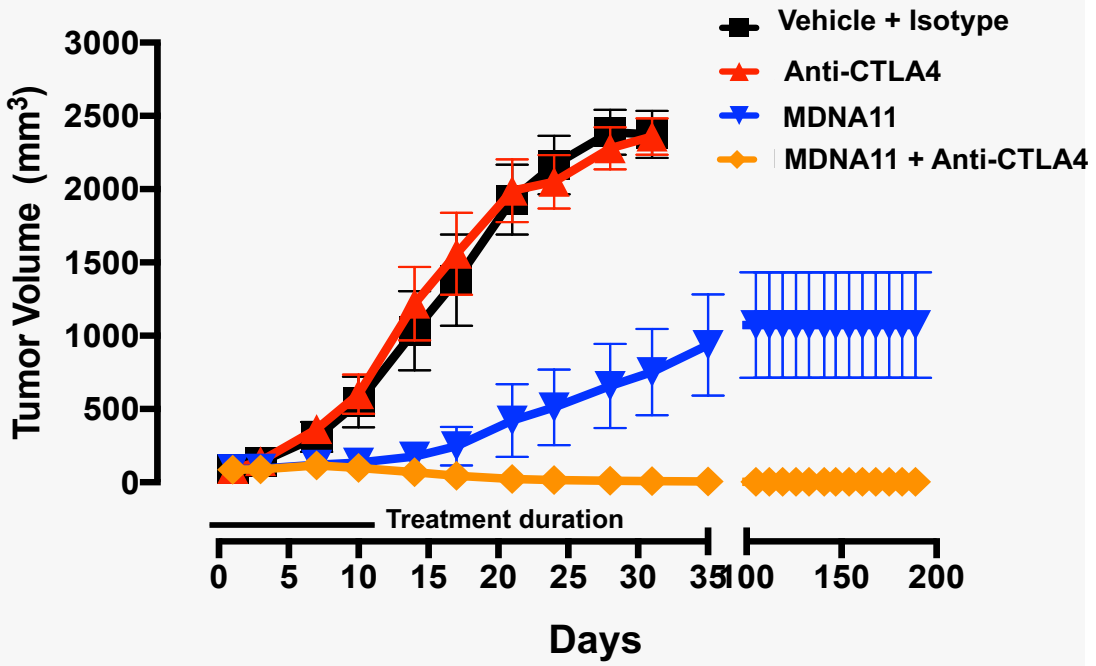


Protein	EC_{50} nM
IL-2	0.0022
THOR-707	1.95

Significant Effect in Combo with Checkpoint Inhibitor

Demonstrated in CT26 Tumor Model

MDNA11 + Anti-CTLA4 (n=10/group)

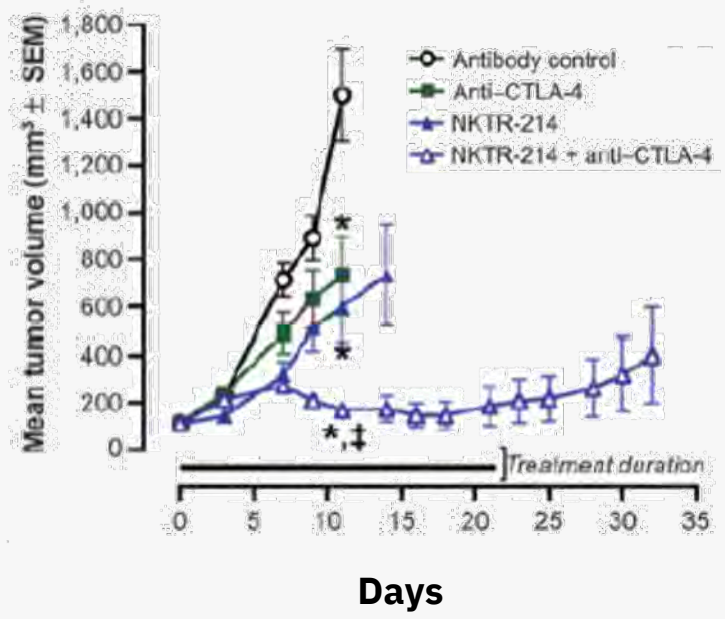


MDNA11 (5 mg/kg, IP, 1x/wk for 2 wks)

Anti-CTLA4 (4F10, 100 µg, 2x/wk for 2 wks)

Average tumor size at initiation of dosing ~ 90 mm^3

NKTR-214



NKTR-214 (0.8 mg/kg, IP, 1x/9 days for 3 doses)

Anti-CTLA4 (4F10, 100 µg, 2x/wk through day 18)

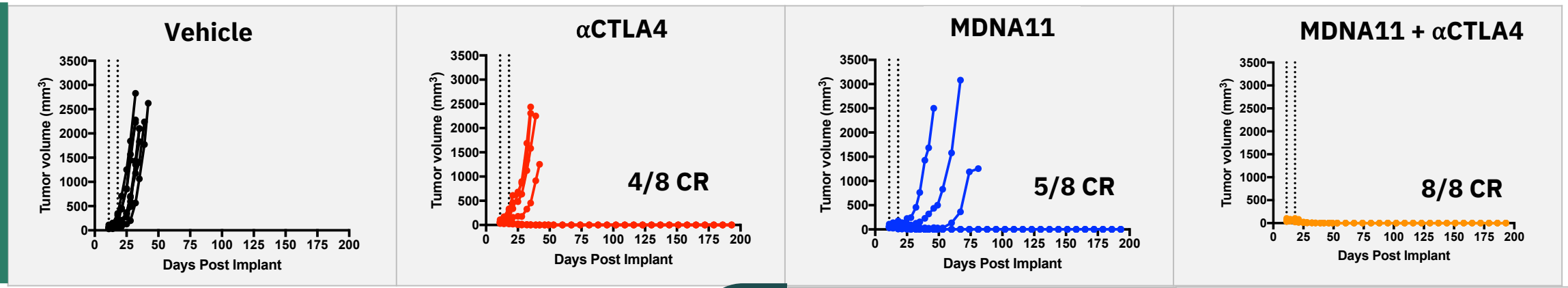
Average tumor size at initiation of dosing ~ 100 mm3

Charych, D. et al, Clin Cancer Res, 2016

MDNA11 + αCTLA4

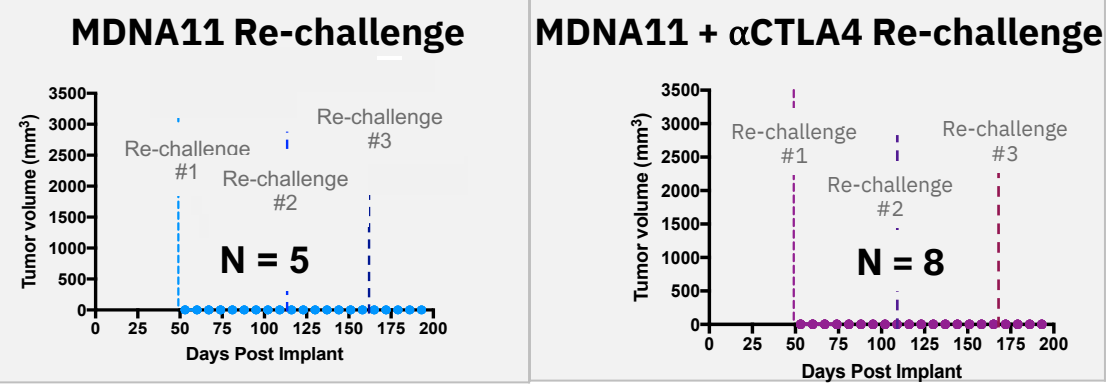
Inhibits Tumor Growth and Induces Memory Response

Primary Tumor



MDNA11 in combination with αCTLA4 exhibited synergistic effect generating 100% complete response in CT26 tumor mice models. Additionally when re-challenged, all mice in **MDNA11 + αCTLA4** group exhibited strong memory response with no tumor growth.

Re-challenge



→ CT26 tumor (~60 mm3) bearing Balb/c mice were treated with MDNA11 (5 mg/kg 1x/week, 2 weeks) or Anti-CTLA4 (200 µg 2x/week, 2 weeks) by IP injection. Re-challenge experiment performed by implanting 2 x 106 CT26 cells in opposite flank (Day 49, Day 116 and Day 165), without further treatment.

Pilot Non-human Primate (Cynomolgus Monkey) Study

Study Design to Evaluate Safety, PK and PD Profile

Adult cynomolgus monkeys (age: 8-12 years) received 2 doses of MDNA11 by slow IV bolus 14-days apart and monitored for total of 28 days.

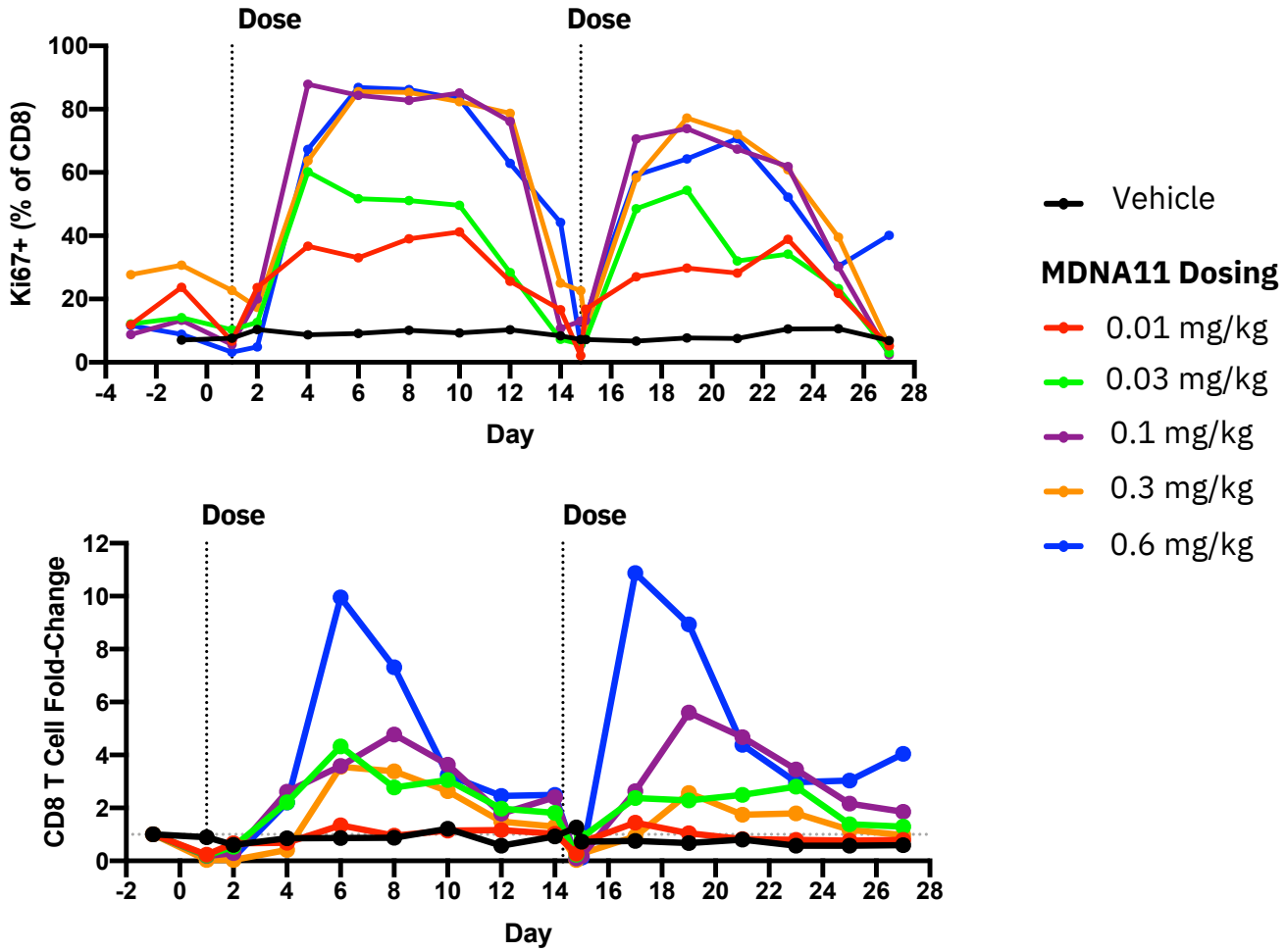
- Dose: 10, 30, 100, 300, and 600 mcg/kg
- One male monkey per group
- One monkey also received single dose of 300 mcg/kg MDNA11 and total of 21 days monitoring

Study measurements included

1. Clinical observations
2. Clinical chemistry
3. Hematology
4. Immune-profiling with Ki67 analysis of peripheral blood
5. Organ weights and macroscopic pathology

→ Sample collection also for (1) PK , (2) ADA and (3) cytokines/chemokines.

Durable, Dose-Dependent Ki67 Expression and CD8+ T-Cell Expansion



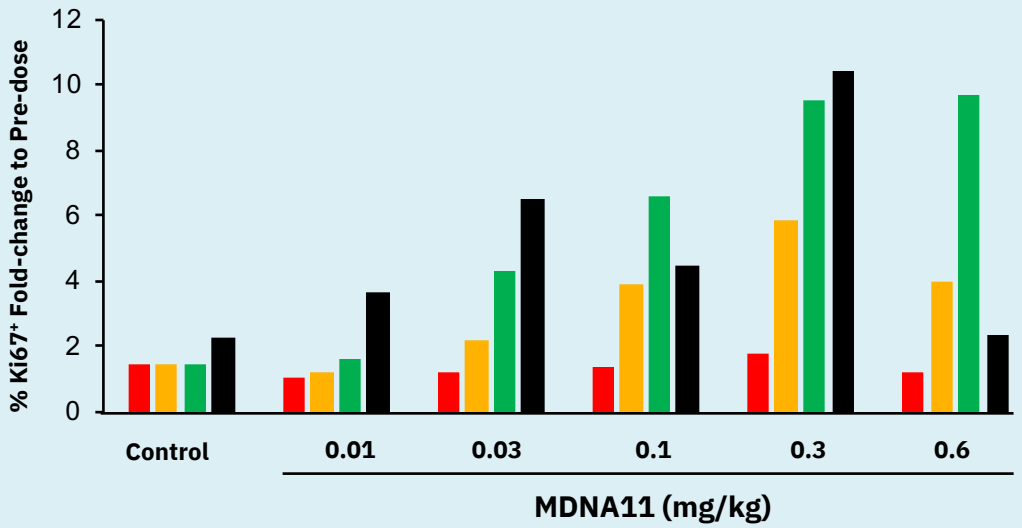
Ki67 is a key marker of anti-tumor CD8+ T-cell proliferation

Target Ki67 expression of >50% clearly demonstrated with MDNA11 treatment

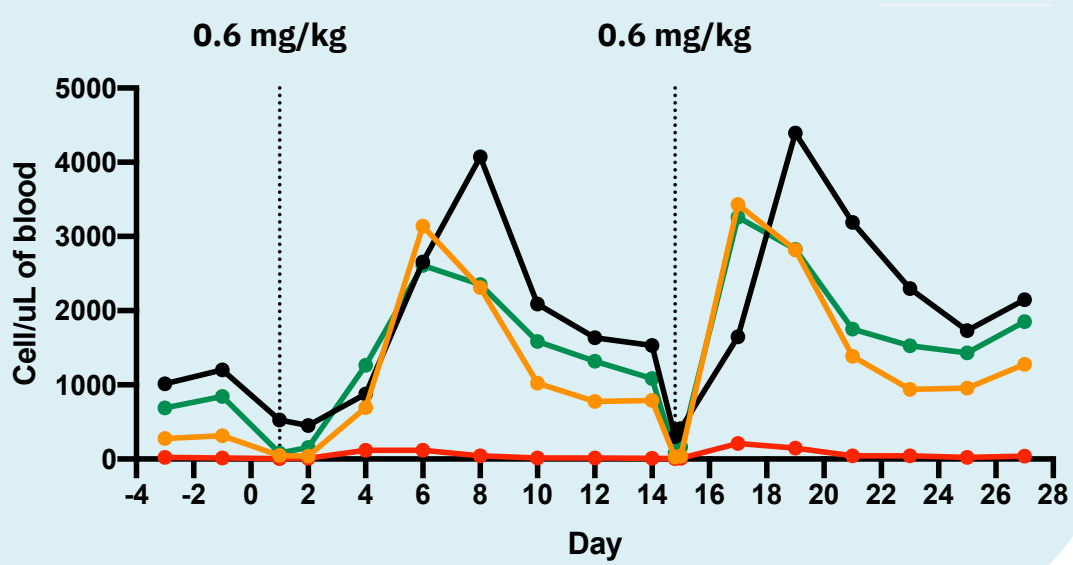
Proliferation & Expansion of Immune Cells but Not Tregs

MDNA11 induced up to 10-fold expansion in cancer-fighting immune cells (CD4+ T, CD8+ T, and NK Cells) in non-human primate study without: (a) Treg expansion, (b) generating anti-drug antibodies, (c) causing hypotension associated with vascular leak syndrome, (d) cytokine storms, or (e) other undesirable immune mediated side effects.

Percent Ki67⁺ Cell Fold Change



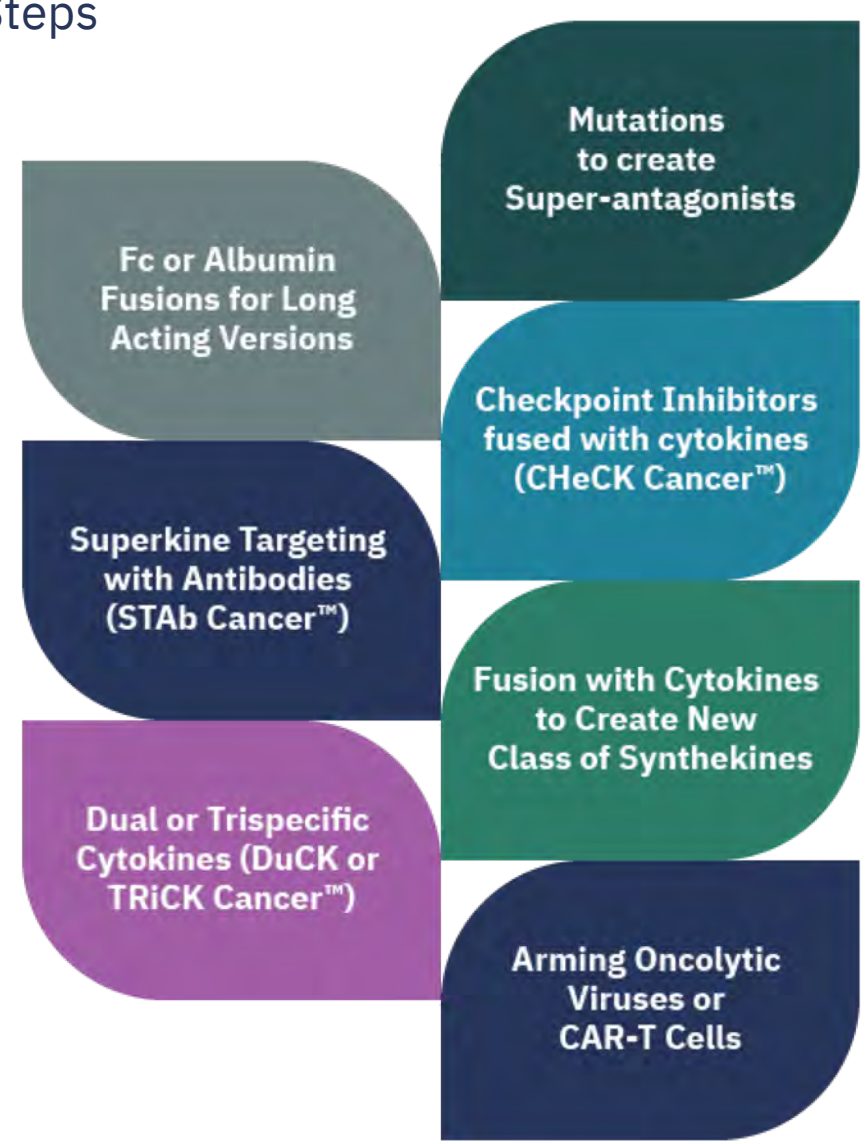
Immune Cell Counts



Tregs CD4⁺ T Cell CD8⁺ T Cell NK Cell

IL-2 Superkine Program

Next Steps



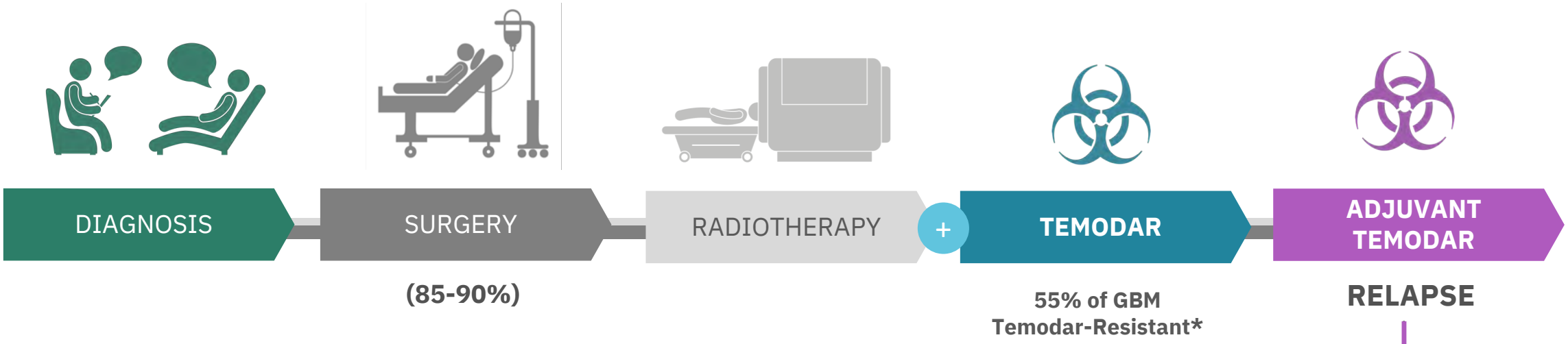
MDNA11 Next Steps

- Initiate Phase 1 clinical trial **(Mid 2021)**
- Report top-line Safety, PK/PD and Biomarker Results from Phase 1 monotherapy study **(End 2021)**
- Phase 1 Efficacy Data **(2022)**

MDNA55

A Powerful Molecular Trojan Horse Targeting Glioblastoma

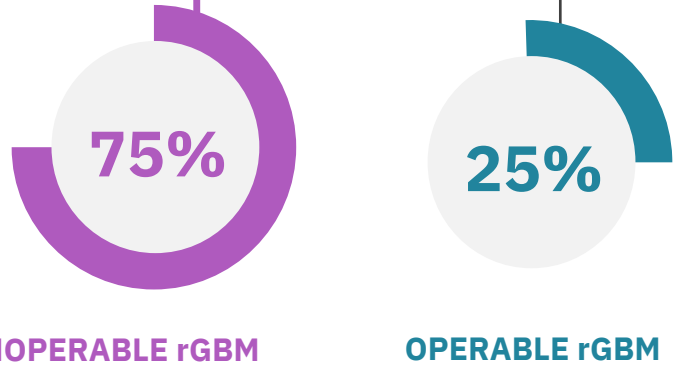
Current Treatment Strategies for GBM are Ineffective



Glioblastoma (GBM) & IL4 Receptor

- Uniformly fatal – virtually all tumors will recur
- New treatment strategies are needed
- IL4 receptor (IL4R) is overexpressed in GBM cells and the tumor microenvironment making it a promising target for GBM treatments

MDNA55 Treatment
Direct infusion into tumor
via convection enhanced delivery (CED)



* Expression of the DNA repair protein O6-methylguanine-DNA methyltransferase (MGMT) is responsible for resistance to Temodar used in GBM treatment.

MDNA55: A Targeted Immunotherapy for GBM

MDNA55

Targets the IL4R, which is expressed in brain tumors and in the tumor microenvironment (TME), but not the healthy brain

Highly Selective

Avoids off-target toxicity

Disrupts the TME

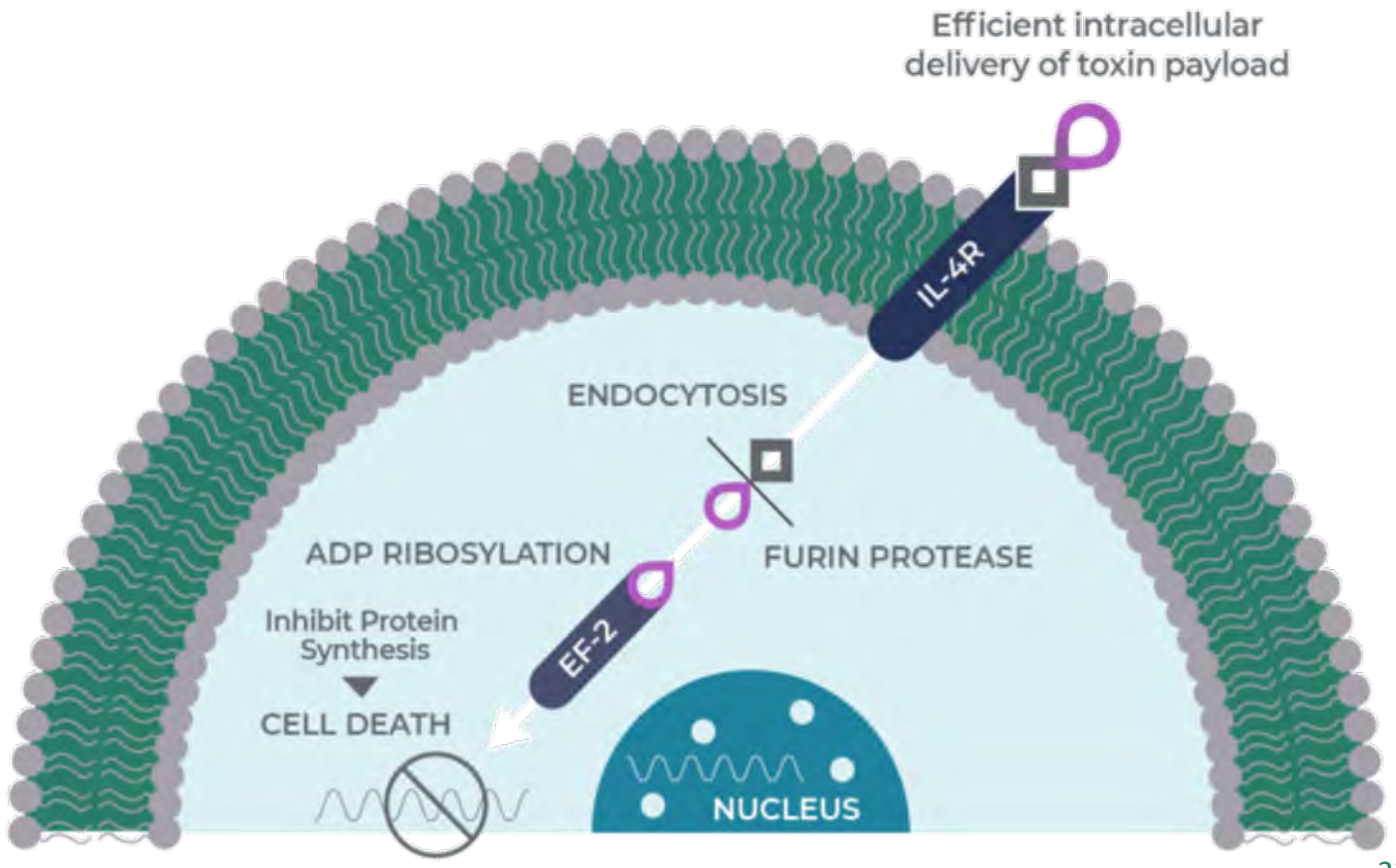
By targeting IL4R positive cells found throughout the TME, MDNA55 unblinds the tumor to the body's immune system

Sustained Immune Memory Response

Anti-tumor immunity is initiated and remains active after MDNA55 is cleared

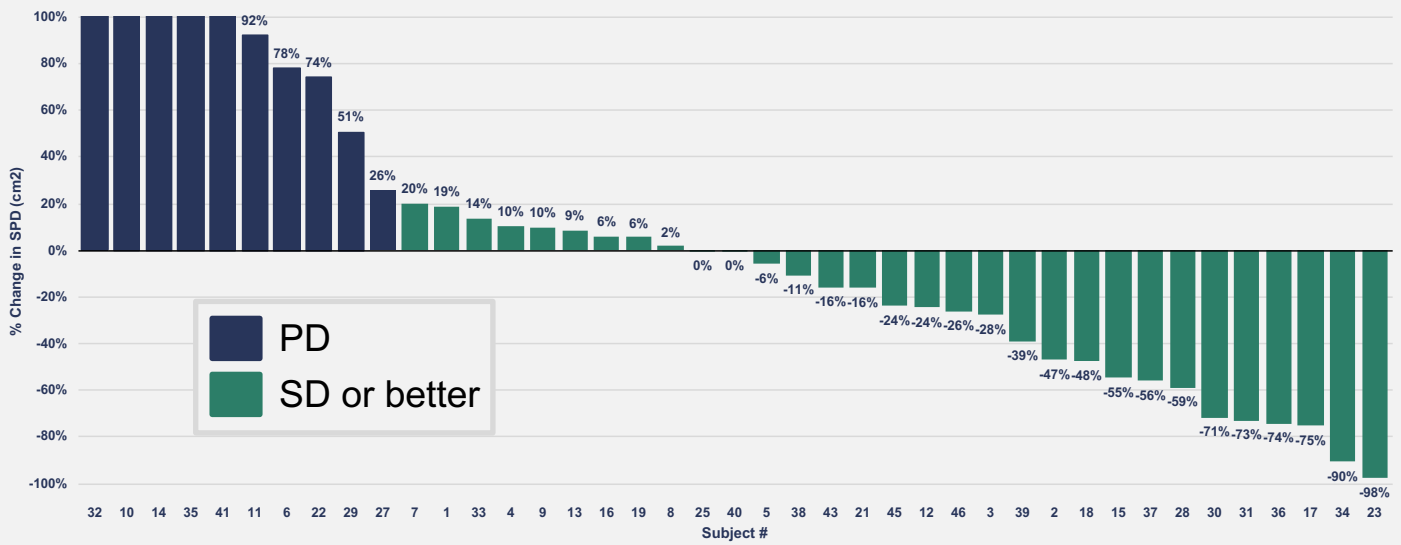
Targeting Domain
Circularly Permuted Interleukin-4 (cpIL-4)

Lethal Payload
Catalytic domain of *Pseudomonas* Exotoxin A (FDA approved Moxetumomab pasudotox)



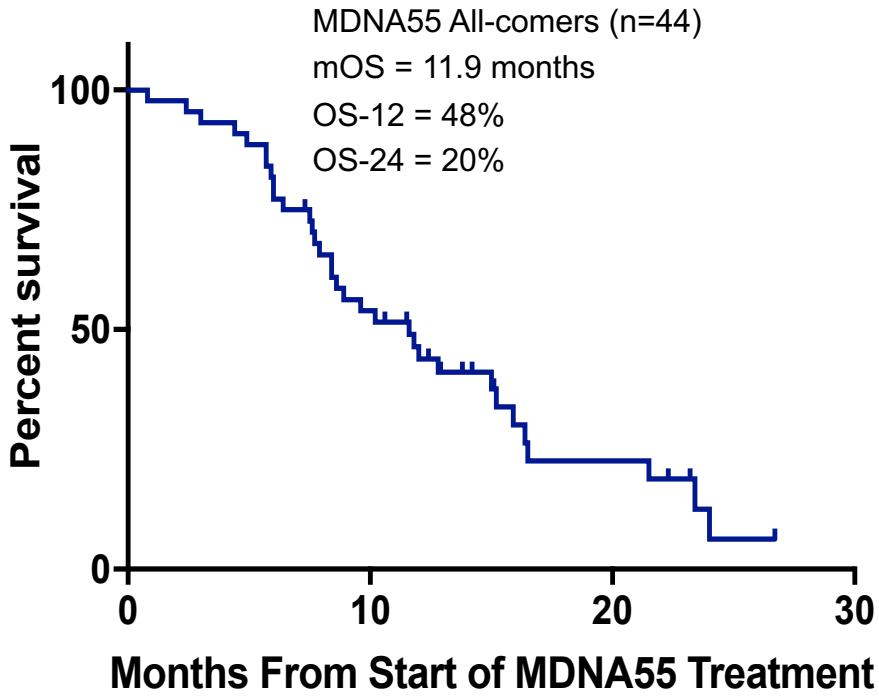
High Tumor Control Rate & Extended Survival

Best Response per Modified RANO (following initial PsP)



Shown is tumor response from nadir based on radiologic assessments only

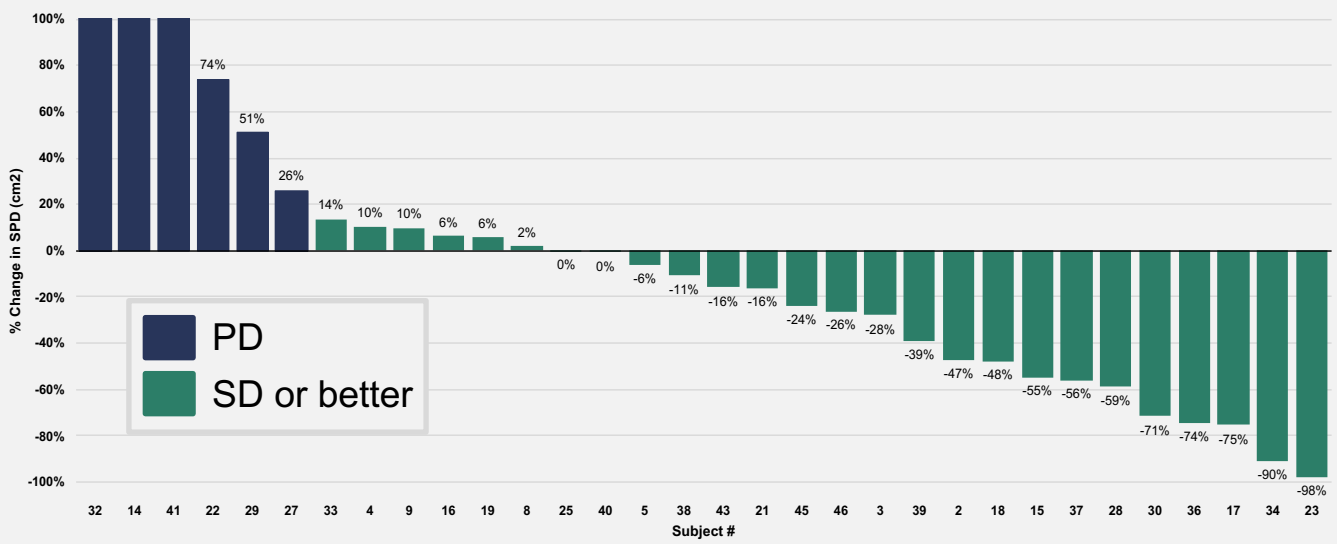
Tumor Control Rate = 76% (31/41)



Improved Tumor Control Rate & Survival in Proposed Population

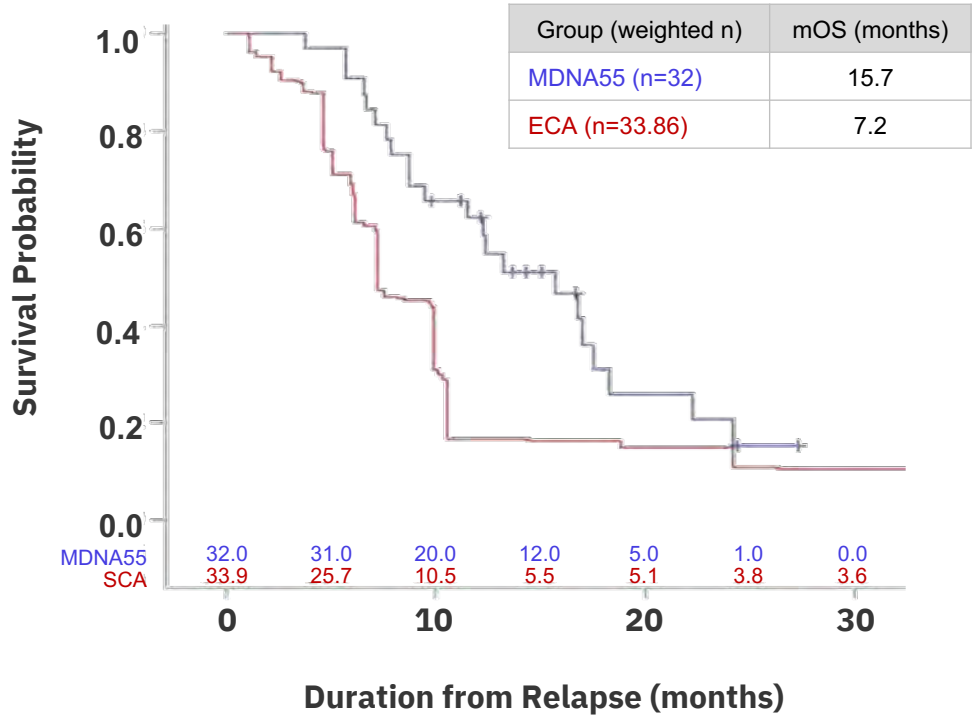
A Proposed Population comprised of all IL4R High (irrespective of dose) as well as IL4R Low subjects receiving the high dose showed over 100% improvement in survival when compared to an External Control Arm (ECA)

Best Response per Modified RANO (following initial PsP)



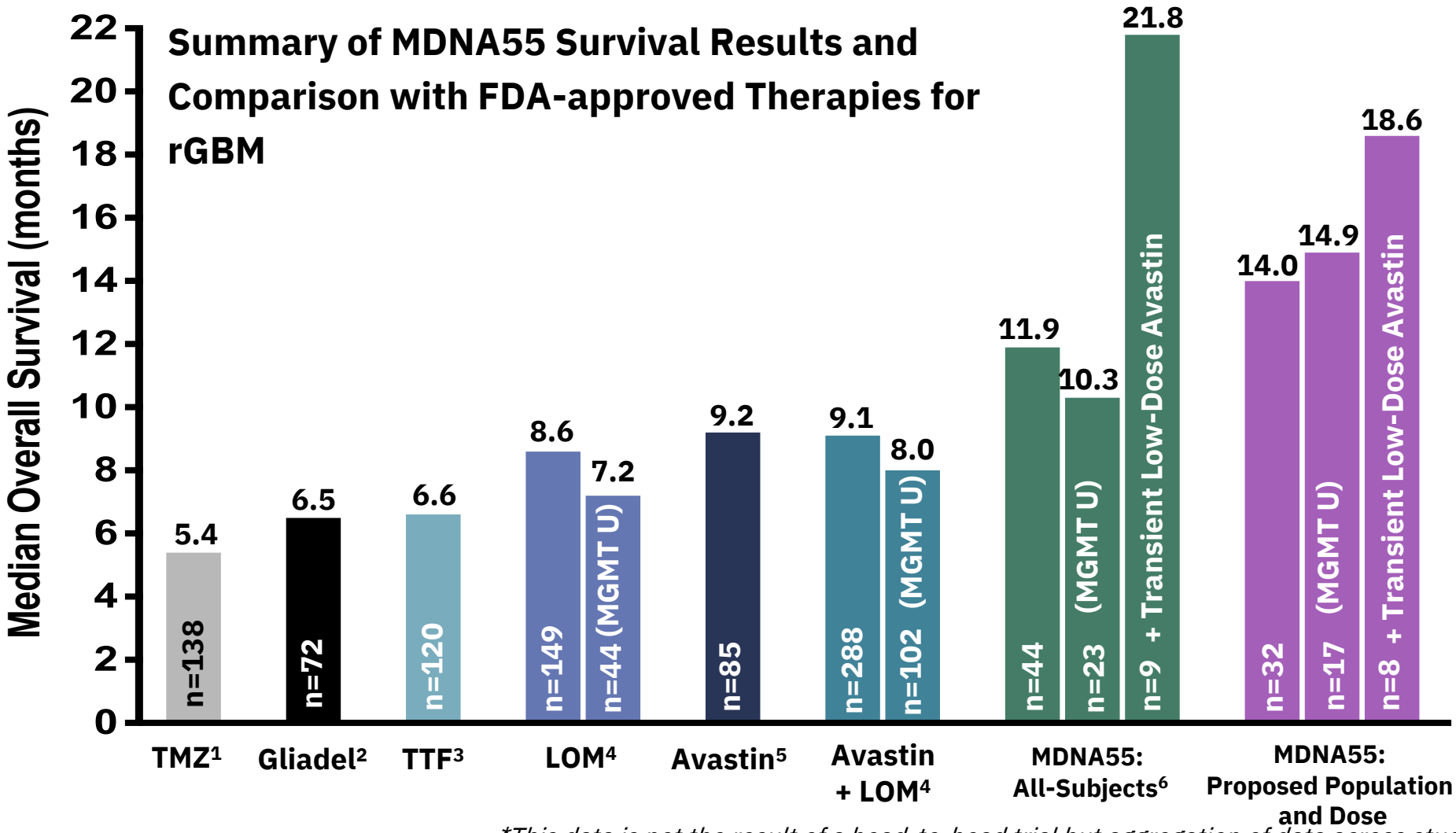
Shown is tumor response from nadir based on radiologic assessments only

Tumor Control Rate = 81% (26/32)



Group (weighted n)	mOS (months)
MDNA55 (n=32)	15.7
ECA (n=33.86)	7.2

Encouraging Survival Rates Compared to Approved Therapies*



TMZ = Temozolomide;

TTF = Tumor Treating Fields;

LOM = Lomustine;

MGMT U = MGMT unmethylated promoter

Refences:

1=Brada et al., 2001;

2=Gliadel FDA Label 2018;

3=Stupp et al., 2012;

4=Wick et al., 2017;

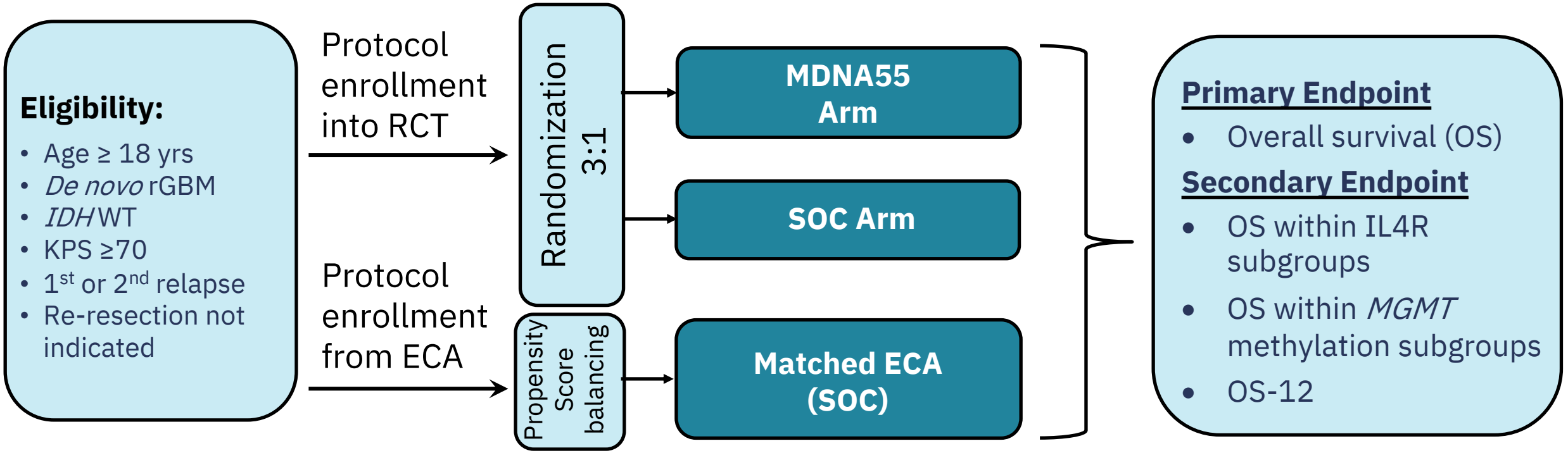
5=Friedman et al., 2009

6=Sampson et al, 32nd EORTC-NCI-AACR Symposium

**This data is not the result of a head-to-head trial but aggregation of data across studies and, as result, drawing comparisons across independent clinical trials is subject to numerous risks and uncertainties including a lack of comparability of data*

Planned Phase 3 Trial

Pioneered a Hybrid Design Using External Control



Brain Cancer Represents a Significant Market Opportunity

Market Size Estimated at $2 Billion Annually

Tumor Type	Annual Incidence[1]	Projected Market[2]
Recurrent Glioblastoma (rGBM)	33,300	$650M[4]
Metastatic Brain Cancer[3]	91,500	$1.30B[5]
Pediatric Glioma	3,800	$50M[5]
Total	**133,500**	**$2.0B**

Brain Cancer Next Steps

Pursue Partnership Strategy for Further Development

1. GLOBOCAN 2012 http://globocan.iarc.fr/Default.aspx
2. U.S., Europe and Japan
3. Metastatic Brain Cancer numbers from colon, breast and kidney cancer only
4. Assumes peak sales for rGB monotherapy and combination therapy at $43K per patient – BioXcel Strategic Analysis Report, 2014
5. Assumes 33% treatable with MDNA55 and priced at $43K per patient - BioXcel Strategic Analysis Report, 2014

Thank you

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