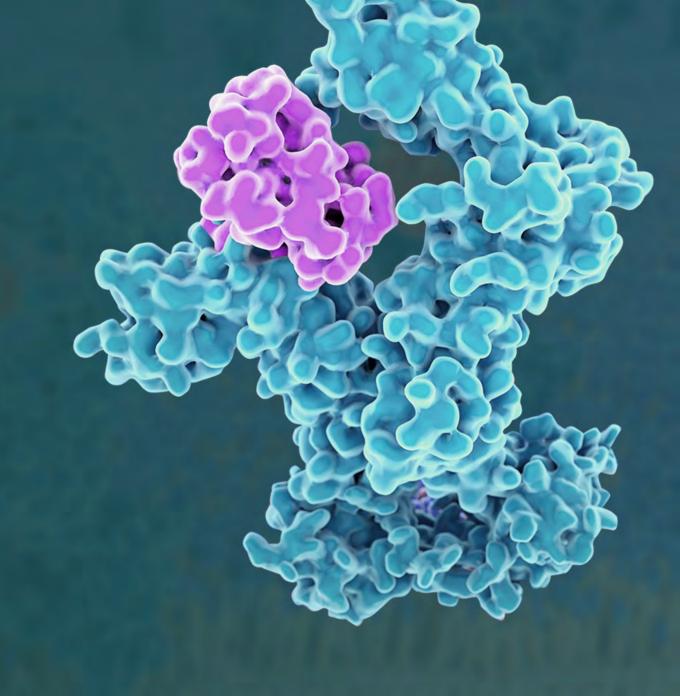
Next-Gen CytokineTherapeutics Summit

Designer
Superkines:
Modulating
Immune Cells of
Choice

Fahar Merchant, Ph.D

President and CEO





Forward Looking Statements

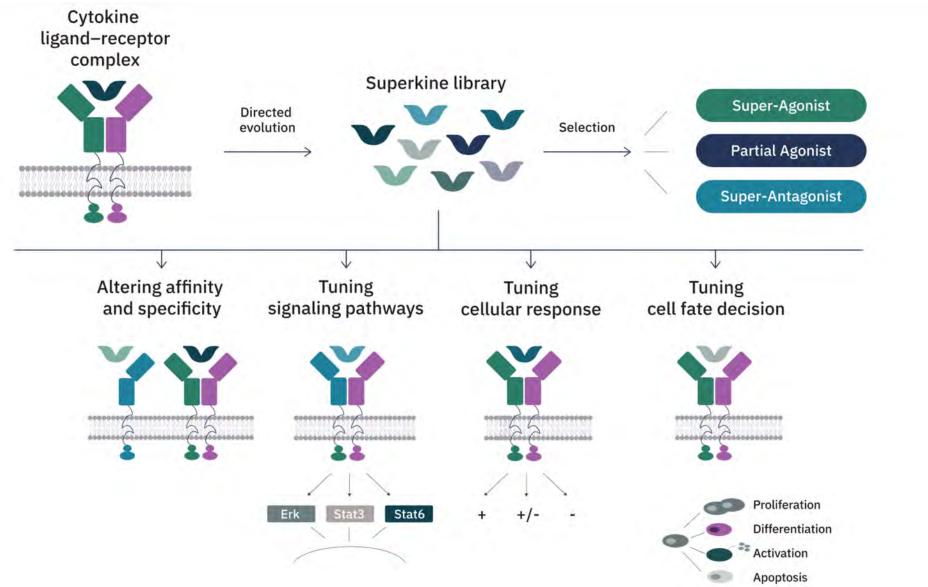
Certain statements in this presentation are "forward-looking statements. Any statements that express or involve discussions with respect to predictions, expectations, beliefs, plans, projections, objectives, assumptions or future events or performance (often, but not always using words or phrases such as "expect", "seek", "endeavour", "anticipate", "plan", "estimate", "believe", "intend", or stating that certain actions, events or results may, could, would, might or will occur or be taken, or achieved) are not statements of historical fact and may be "forward-looking statements".

Forward-looking statements are based on expectations, estimates and projections at the time the statements are made that involve a number of risks and uncertainties which would cause actual results or events to differ materially from those presently anticipated. Forward-looking statements are based on expectations, estimates and projections at the time the statements are made and involve significant known and unknown risks, uncertainties and assumptions. A number of factors could cause actual results, performance or achievements to be materially different from any future results, performance or achievements that may be expressed or implied by such forward-looking statements. These include, but are not limited to, the risk factors discussed in the public filings made by Medicenna with the applicable securities commissions, including the Annual Information Form dated May 14, 2020. Should one or more of these risks or uncertainties materialize, or should assumptions underlying the forward-looking statements prove incorrect, actual results, performance or achievements could vary materially from those expressed or implied by the forward-looking statements contained in this document. These factors should be considered carefully and prospective investors should not place undue reliance on these forward-looking statements.

Although the forward-looking statements contained in this document are based upon what Medicenna currently believes to be reasonable assumptions, Medicenna cannot assure prospective investors that actual results, performance or achievements will be consistent with these forward-looking statements. Except as required by law, Medicenna does not have any obligation to advise any person if it becomes aware of any inaccuracy in or omission from any forward-looking statement, nor does it intend, or assume any obligation, to update or revise these forward-looking statements to reflect new events or circumstances



A Fine Balance: Directed Evolution to Create Superkines





Designer Superkines

Ease of Pipeline Expansion



Relies on Simple and Reliable Manufacturing Platform



Rapid In Vitro Screening of Large Libraries



Allows Bespoke Therapeutic Design

Fusion to Proapoptotic Payloads to Create Empowered Cytokines

> Fc or Albumin Fusions for Long Acting Versions

Superkine Targeting with Antibodies (STAb Cancer™)

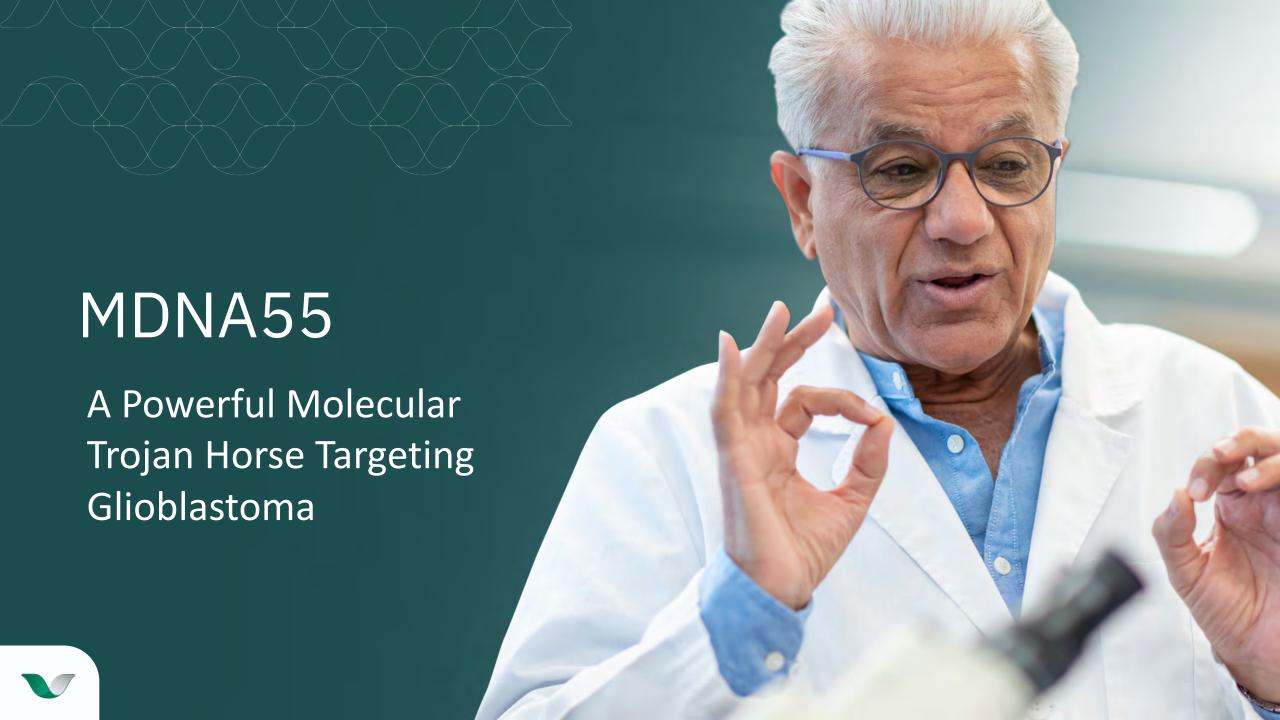
Dual or Trispecific Cytokines (DuCK or TRiCK Cancer™) Mutations to create Super-antagonists

Checkpoint Inhibitors fused with cytokines (CHeCK Cancer™)

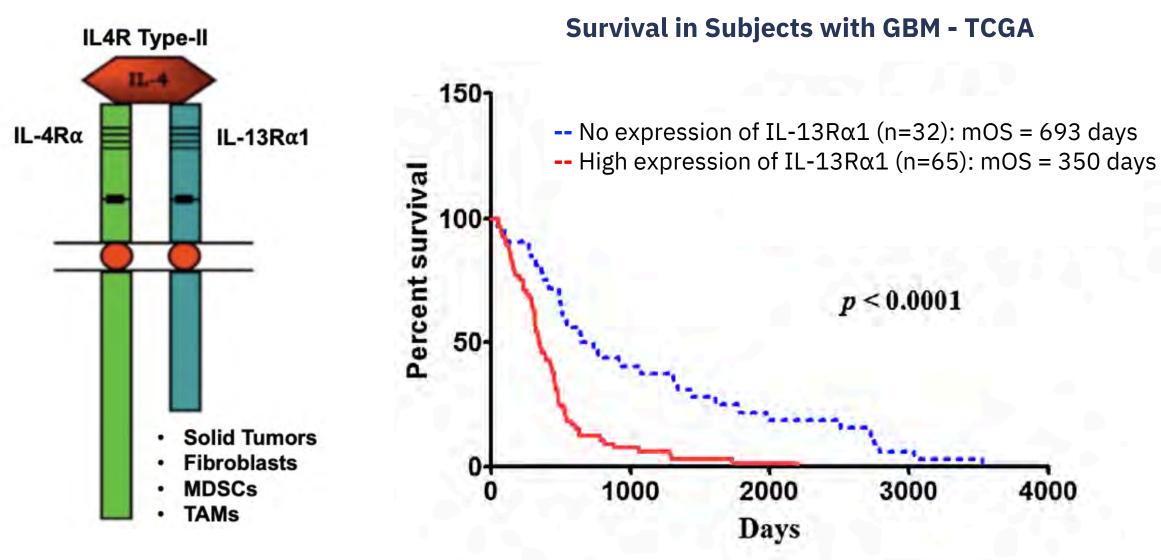
Fusion with Cytokines to Create New Class of Synthekines

> Arming Oncolytic Viruses or CAR-T Cells





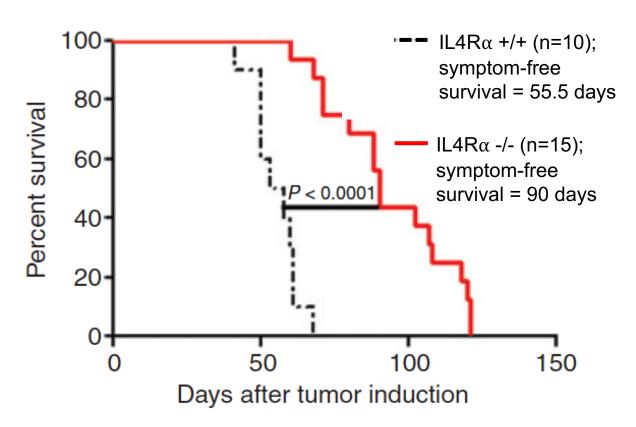
Type 2 IL4R Expression Predicts Poor Survival in GBM





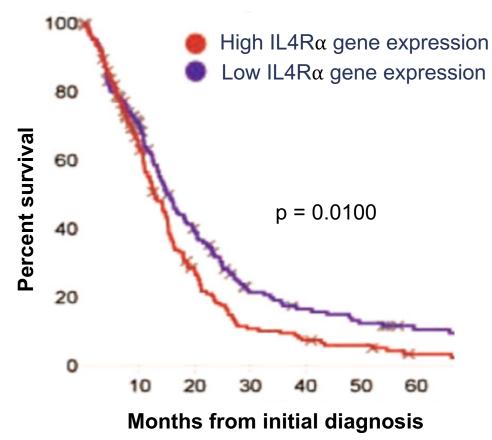
High IL4R α Expression Predicts Poor Survival in GBM

Survival in BALB/c Glioma Mouse Model



Kohanbash G et al. Cancer Res 2013:73:6413-6423

Survival in GBM Patients - TCGA



Data Derived from TCGA GBM Database (https://tcga-data.nci.nih. gov/tcga/)

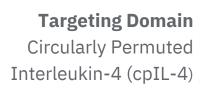


MDNA55: A Targeted Immunotherapy for GBM



MDNA55

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





Lethal Payload

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



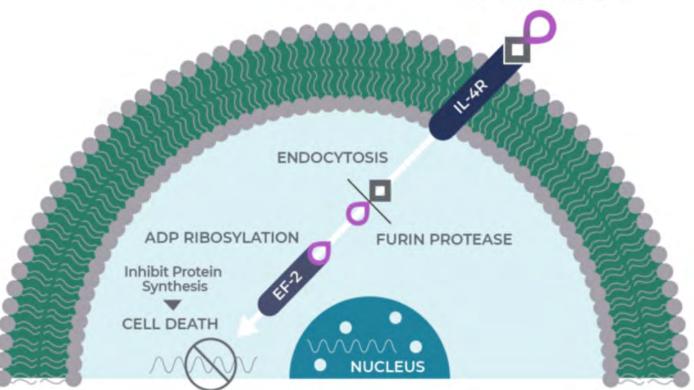
Highly Selective

Avoids off-target toxicity





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

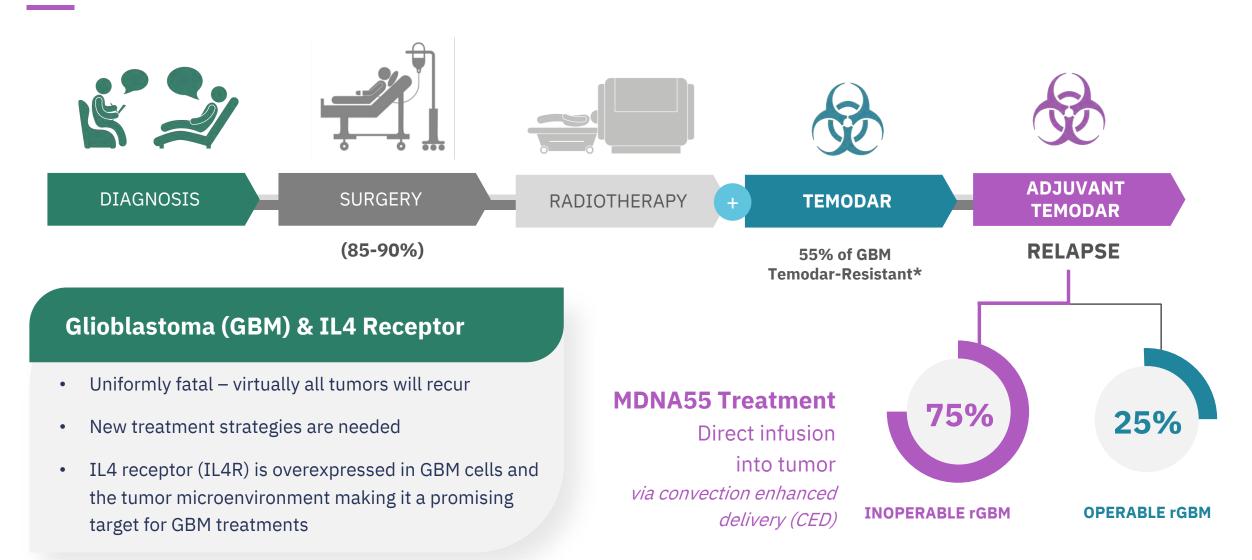


Sustained Immune Memory Response

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



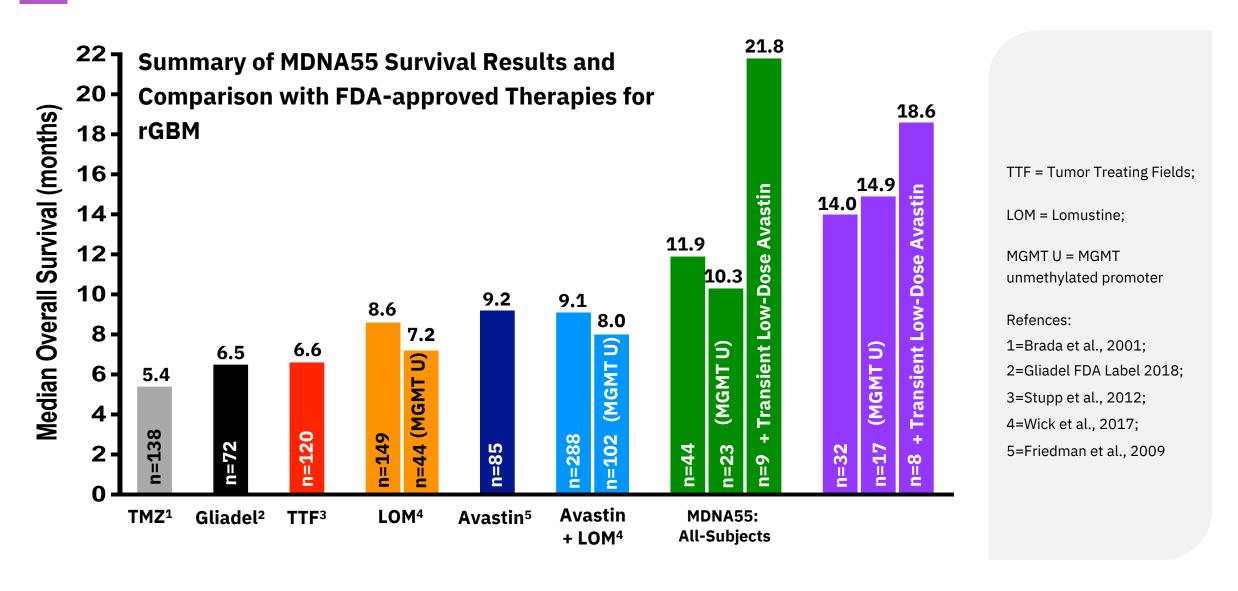
Current Treatment Strategies for GBM are Ineffective



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



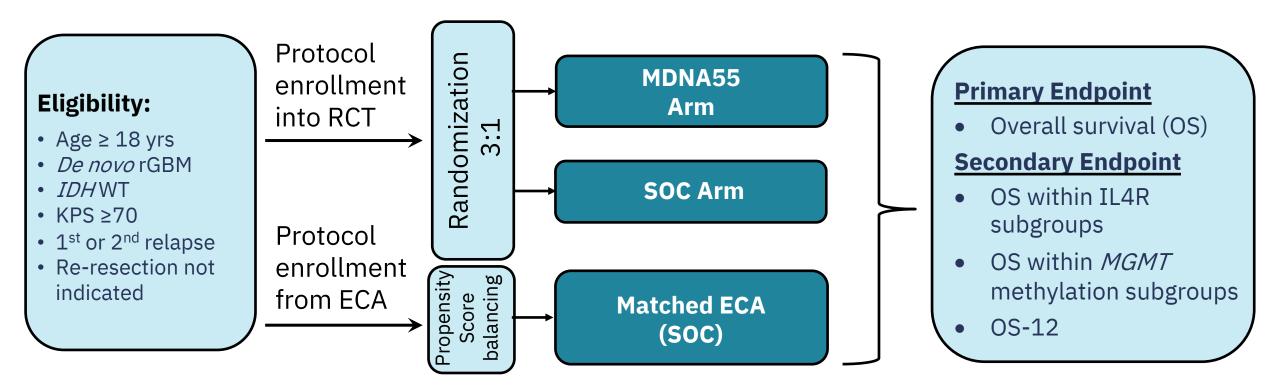
Encouraging Survival Rates Compared to Approved Therapies





Planned Phase 3 Trial

Pioneered a Hybrid Design Using External Control





Future Opportunity: 1 Million IL4R Cancers Annually

>2000 Patient Biopsies Analyzed Consistently Show IL4R Over-Expression

Bladder Colorectal **Breast Head and Neck** 73% **75%** 82% 89% Glioblastoma 76% **NSCLC** Mesothelioma Ovarian **Pancreatic** 96% **79%** 60% 60%



MDNA11

IL-2 Super Agonist for Cancer Immunotherapy

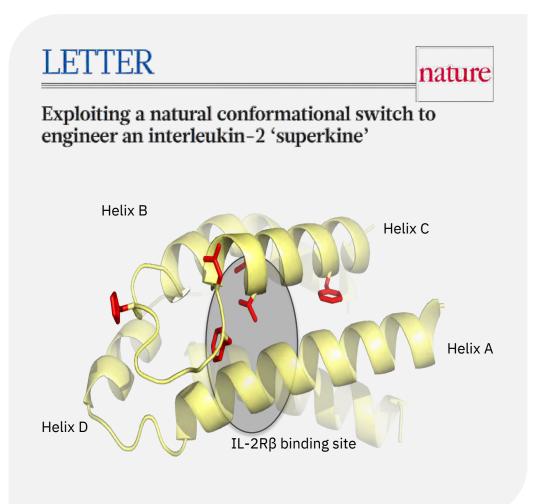


Targeting IL-2 Receptor Subunits in Cancer Therapy

IL-2 β α **High-affinity High-affinity** Intermediate-affinity Intermediate-affinity Receptor Receptor Receptor Receptor (CD8 & NK) (Tregs) (Tregs) (CD8 & NK) **HIGH** Immune Suppression Immune Suppression LOW POOR Safety **GOOD** Safety HIGH Anti-cancer effect Anti-cancer effect LOW



Superkines: First-Generation IL-2 Variants



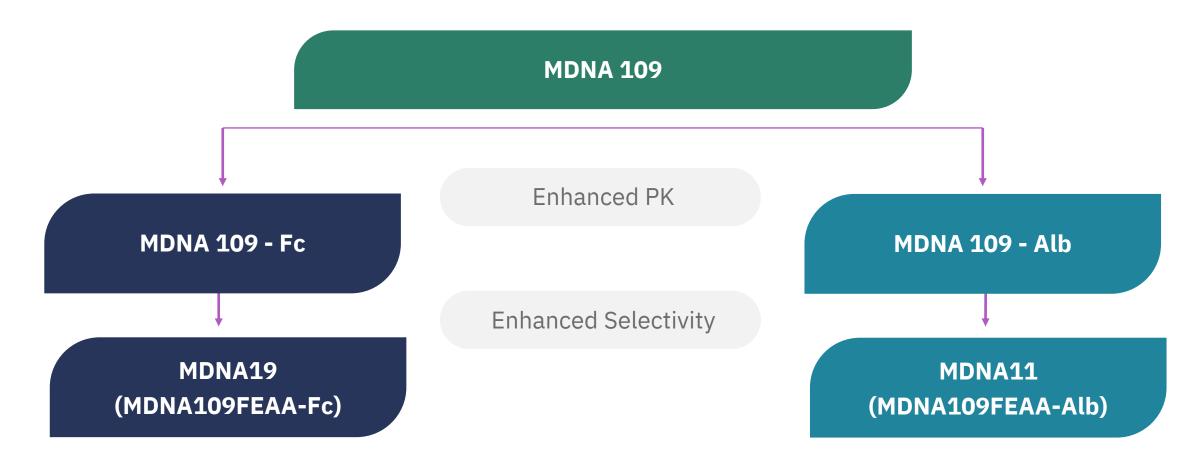
Medicenna's MDNA109 platform produced first generation IL-2 variants with 200-fold higher affinity for CD122 (IL-2R β), which is key for the activation of immune cells responsible for cancer killing (CD8+ T cells, naïve T cells, NK cells), yet similar affinity to CD25

	Similar affinity to CD25	200X increased affinity to CD122
SPR data (nM)	CD25	CD122
IL-2	6.6	28
MDNA109	6.6	1.4

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



MDNA11: Next-Generation IL-2 Superkine

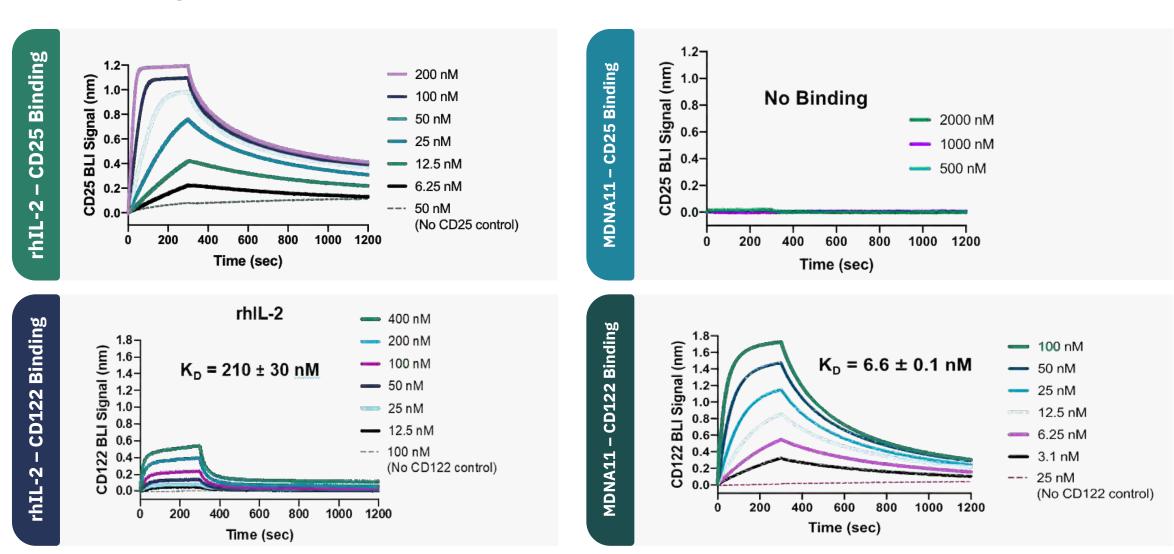


MDNA11 is a *potentially best-in-class next-generation IL-2 superkine* with superior CD122 binding without CD25 affinity, thereby preferentially stimulating cancer killing effector T cells and NK cells when compared to competing IL-2 programs.



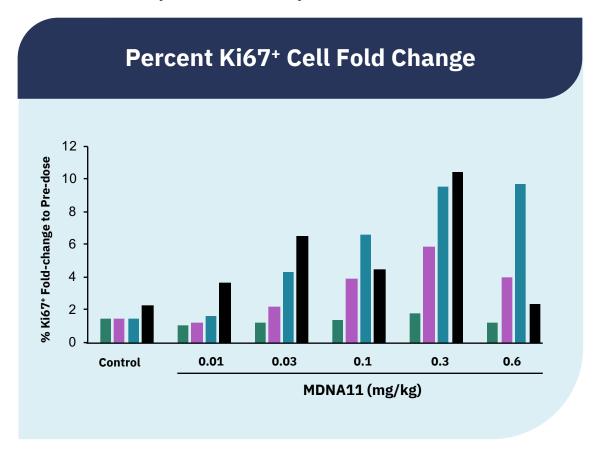
MDNA11

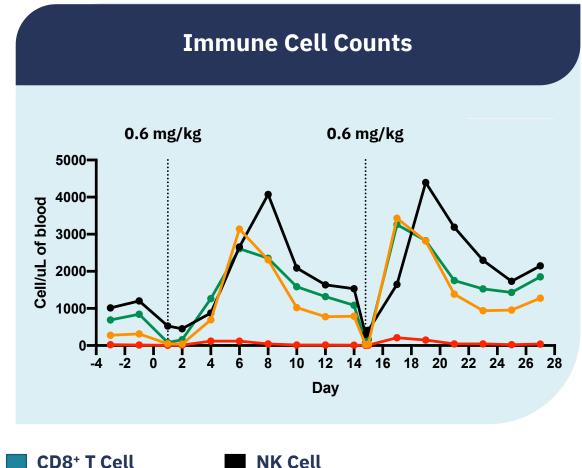
No CD25 Binding and Enhanced Affinity and Selectivity for CD122 Compared to rhIL-2



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.







Tregs

CD4⁺ T Cell

MDNA209

An IL-2/IL-15 Super-Antagonist



Repurposed MDNA109

IL-2 Agonist with Graded Signaling Amplitude

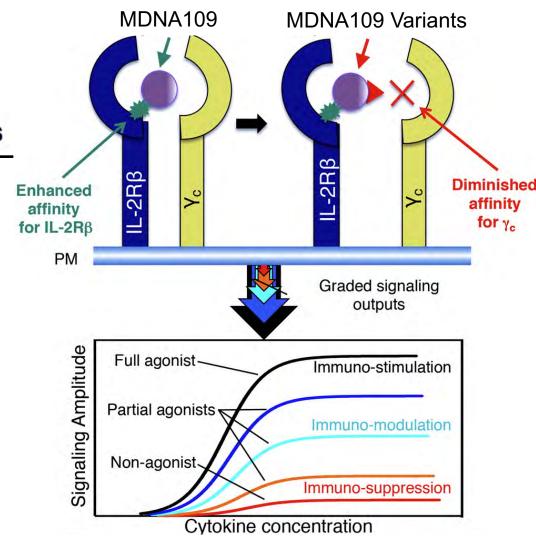


Immunity

Interleukin-2 Activity Can Be Fine Tuned with Engineered Receptor Signaling Clamps

- Partial IL-2 agonists with enhanced binding to IL-2R β (CD122) but attenuated γ_c (CD132) interaction.
- Yields a spectrum of altered signaling amplitudes and biologic effects.

Mitra S, et al., Immunity. 2015 May 19;42(5):826-38.

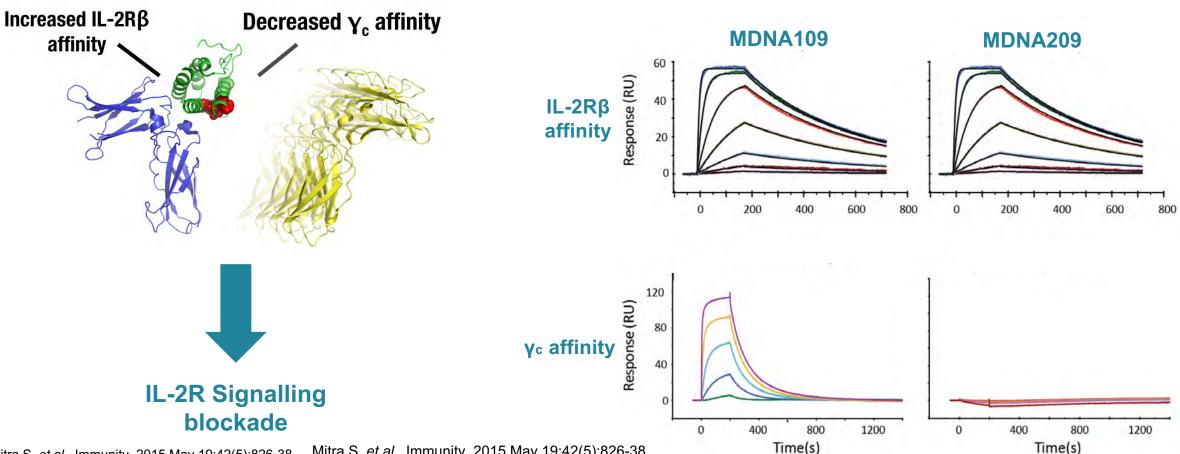




MDNA209: An IL-2/IL-15 Antagonist with a Unique MOA

MDNA209 Design: Based on the MDNA109 scaffold

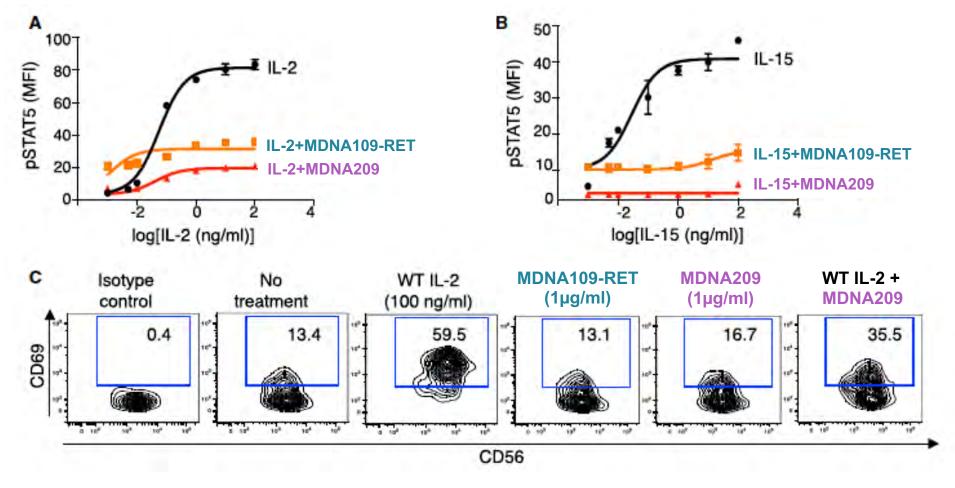
MDNA209 Receptor binding properties: High affinity for IL-2R β but no binding to γ_c



Mitra S, et al., Immunity. 2015 May 19;42(5):826-38. Mitra S, et al., Immunity. 2015 May 19;42(5):826-38



MDNA209 Potently Inhibits IL-2 and IL-15 Signaling



Figures A and B: Pre-activated human CD8+ T cells incubated with IL-2 or IL-15 in the absence or presence of 1 µg/ml of MDNA109-RET or MDNA209

Figure C: MDNA209 blocks IL-2-induced NK cell activation and cytotoxicity

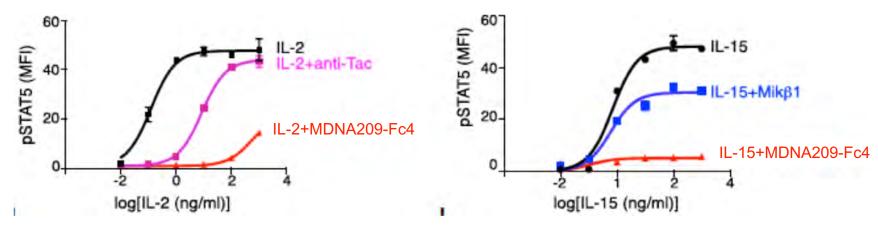
Mitra S, et al., Immunity. 2015 May 19;42(5):826-38



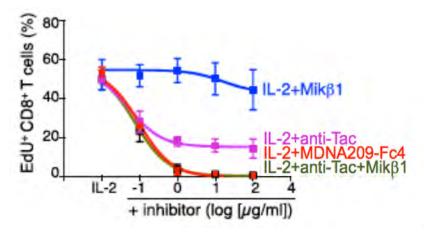
MDNA209-Fc4: Long Acting MDNA209

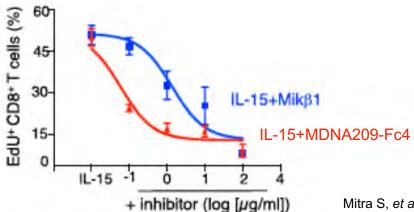
MDNA209 Fused to Fc Domain of hIgG4 Demonstrates Superior Activity on Human CD8+ T Cells

MDNA209-Fc4 more potently blocks IL-2-induced and IL-15-induced signaling than anti-Tac (anti-CD25) or Mikb1 (anti-CD122) mAbs



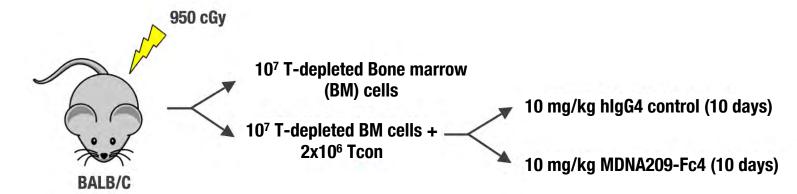
MDNA209-Fc4 more potently inhibits IL-2-induced or IL-15-induced proliferation than anti-CD25 or anti-CD122 mAbs

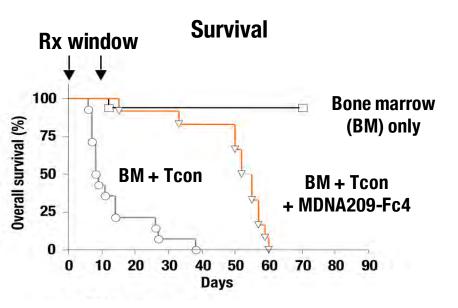


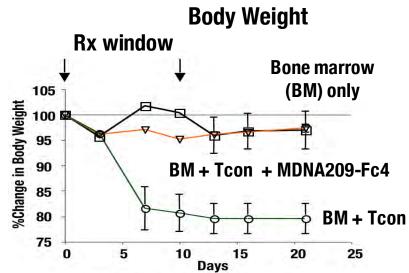


MDNA209-Fc4 is Efficacious in a Graft Versus Host Disease Model

Short Duration of Treatment Has Long-Lasting Therapeutic Effect







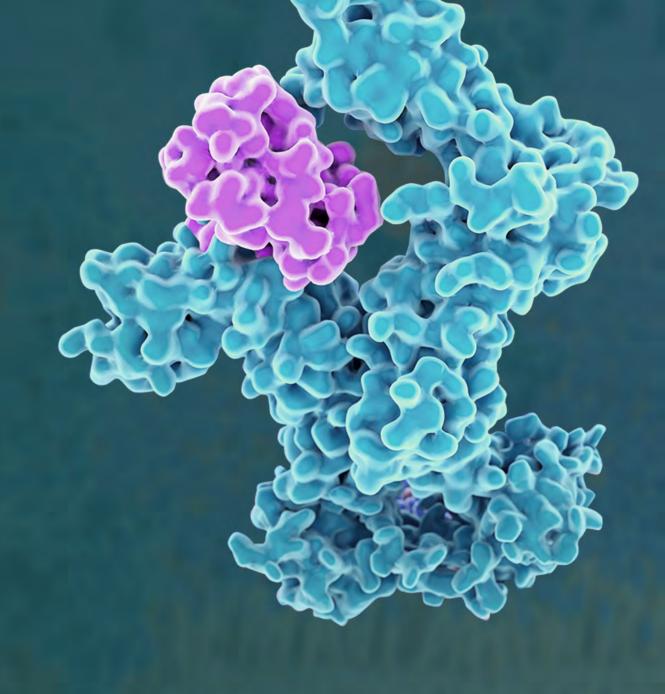
- 10 day treatment with MDNA209-Fc4 provides >5-fold extension of median survival
- GVHD efficacy is key *in vivo* POC of MDNA209-Fc4

Mitra S, et al., Immunity. 2015 May 19;42(5):826-38



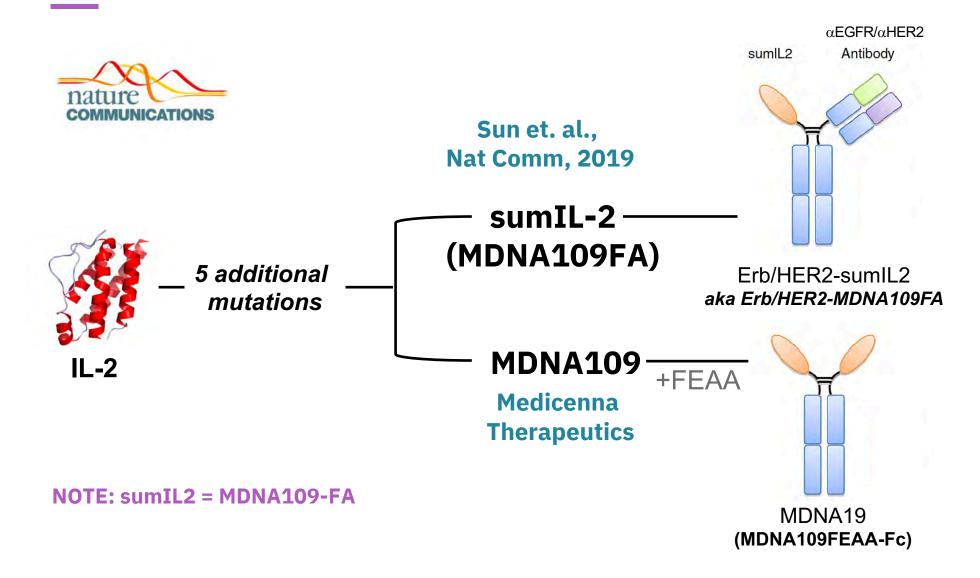
Superkines Targeted with Antibodies: STAb Cancer™

A next-generation tumor-targeting IL-2 preferentially promotes tumor-infiltrating CD8+ T-cell response and effective tumor control



Sun et al., Nat Commun. 2019 Aug28;10(1):3874.

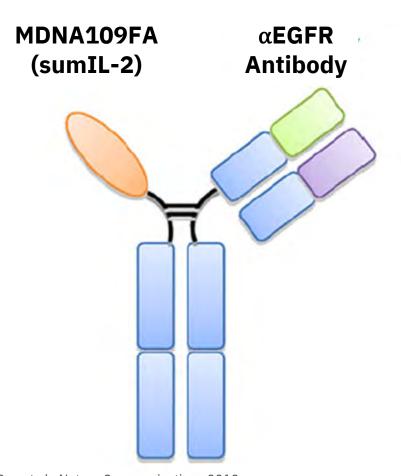
MDNA109 Platform Fusions Used By Sun et al. (Nat Comm., 2019)





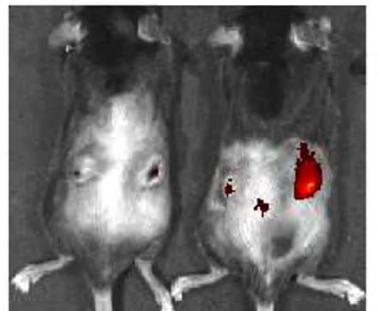
IL-2 Superkine Targeted With Antibody (STAbTM)

Tumor Accumulation Enhances Therapeutic & Memory Response



Increased accumulation in EGFR-overexpressing Tumors

Control αEGFR-MDNA109FA



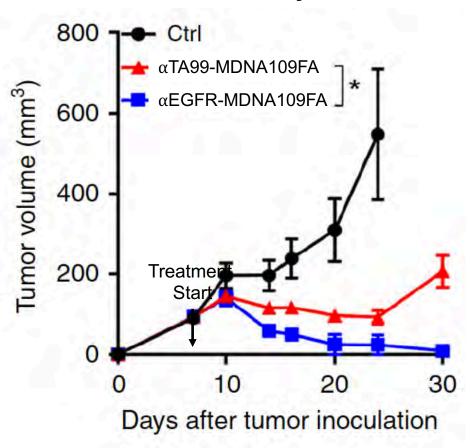
Fluorescence images of MC38 (left) and MC38-EGFR5 (right) tumor-bearing mice treated with a single dose of PBS or αEGFR-MDNA109FA (25 μg, IV)

Left tumor: MC38

Right tumor: MC38-EGFR5

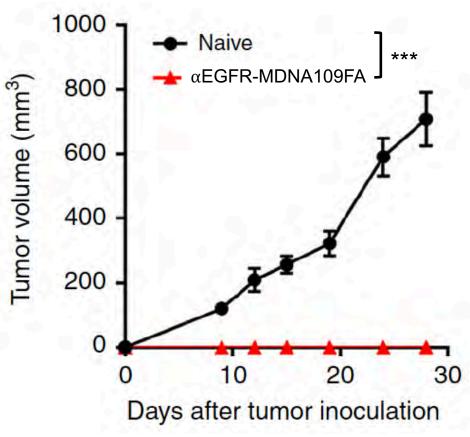
Accumulation at Tumor Site Enhances Therapeutic & Memory Response

MC38-EGFR5 Primary Treatment



C57BL/6 mice were (n = 5/group) injected subcutaneously with 5 \times 10⁵ of MC38-EGFR5 cells, and then i.v. treated on days 7 and 10 with PBS, 25 μ g of α EGFR-MDNA109FA or 25 μ g α TA99-MDNA109FA.

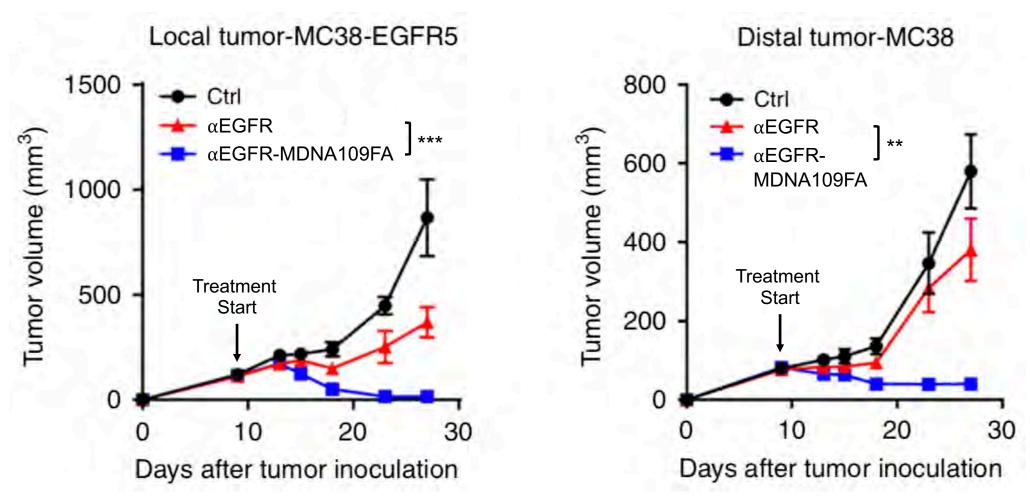
MC38-EGFR5 Re-challenge



C57BL/6 mice or mice with tumor clearance by α EGFR-MDNA109FA (n = 5/group) were rechallenged 3 months later with 3 × 10⁶ of MC38-EGFR5 (SQ), and the growth of the tumor was measured and compared twice a week



STAbTM Activated Cytotoxic T Lymphocytes Can Control Distal Tumors

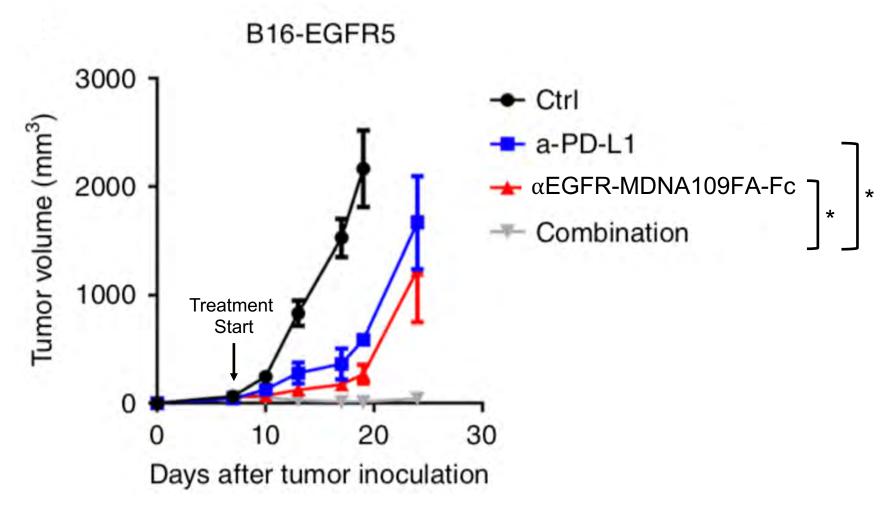


C57BL/6 mice (n = 5 group) were injected SQ with 5 \times 10⁵ MC38 (left flank) and MC38-EGFR5 (right flank) cells. MC38-EGFR5 tumor was intratumorally treated with 10 μ g Cetuximab (α EGFR) or 10 μ g α EGFR-MDNA109FA on days 9, 12, and 15. The volume of both tumors was measured twice a week. **P < 0.01, ***P < 0.001

Sun et al., Nature Communications 2019



STAbTM Therapy Overcomes Checkpoint Blockade Resistance



C57BL/6 mice (n = 5/group) were injected SQ with 5 \times 10⁵ of B16F10-EGFR5 cells and IP treated with 25 μ g of α EGFR-MDNA109FA-Fc or/and intratumorally treated with 50 μ g of anti-PD-L1 on days 8, 11, and 14. *P < 0.05



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Thank you

