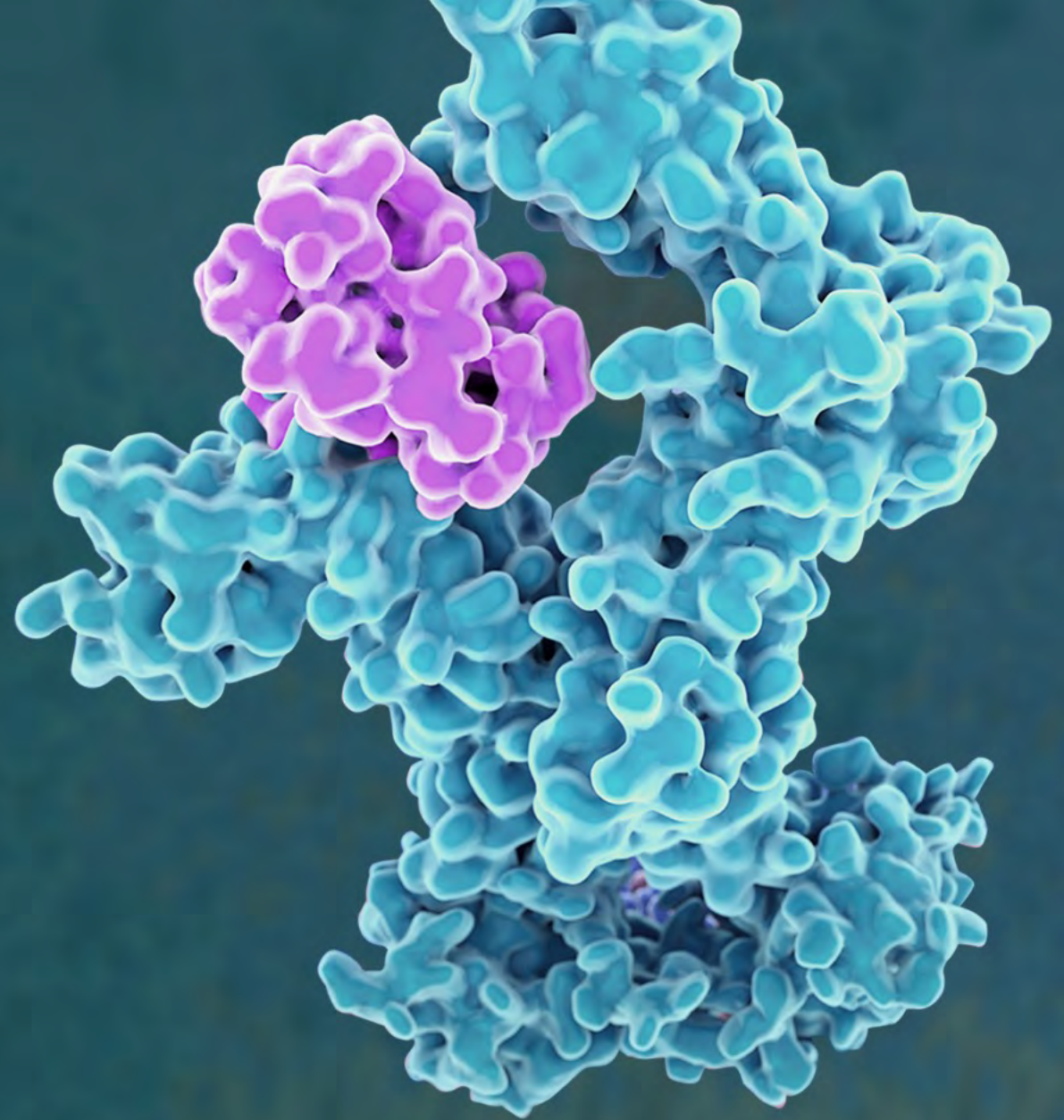


Q2, 2021

# Evolutionary Cytokines Revolutionary Medicines



MEDICENNA

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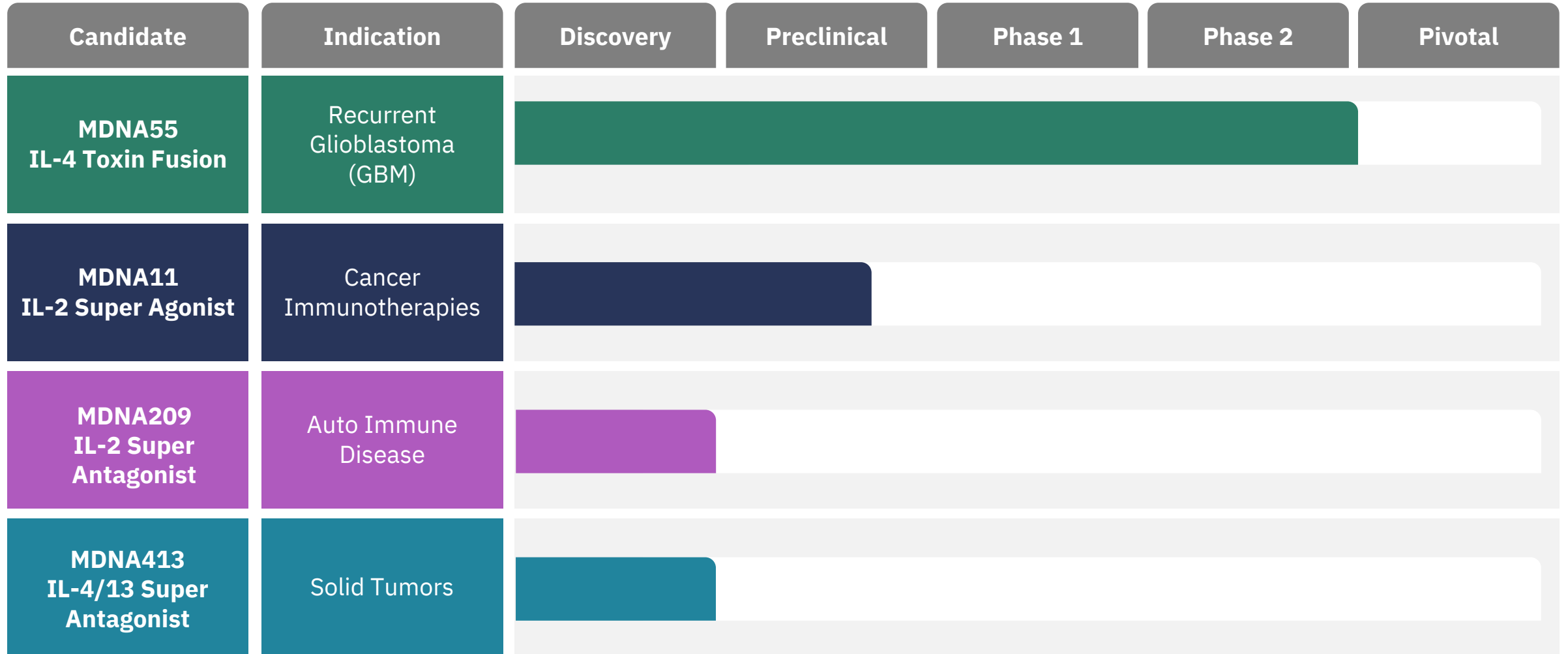
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# Expanding Pipeline Anchored by MDNA55 and MDNA11



# Multiple Near-Term Value Inflection Milestones

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



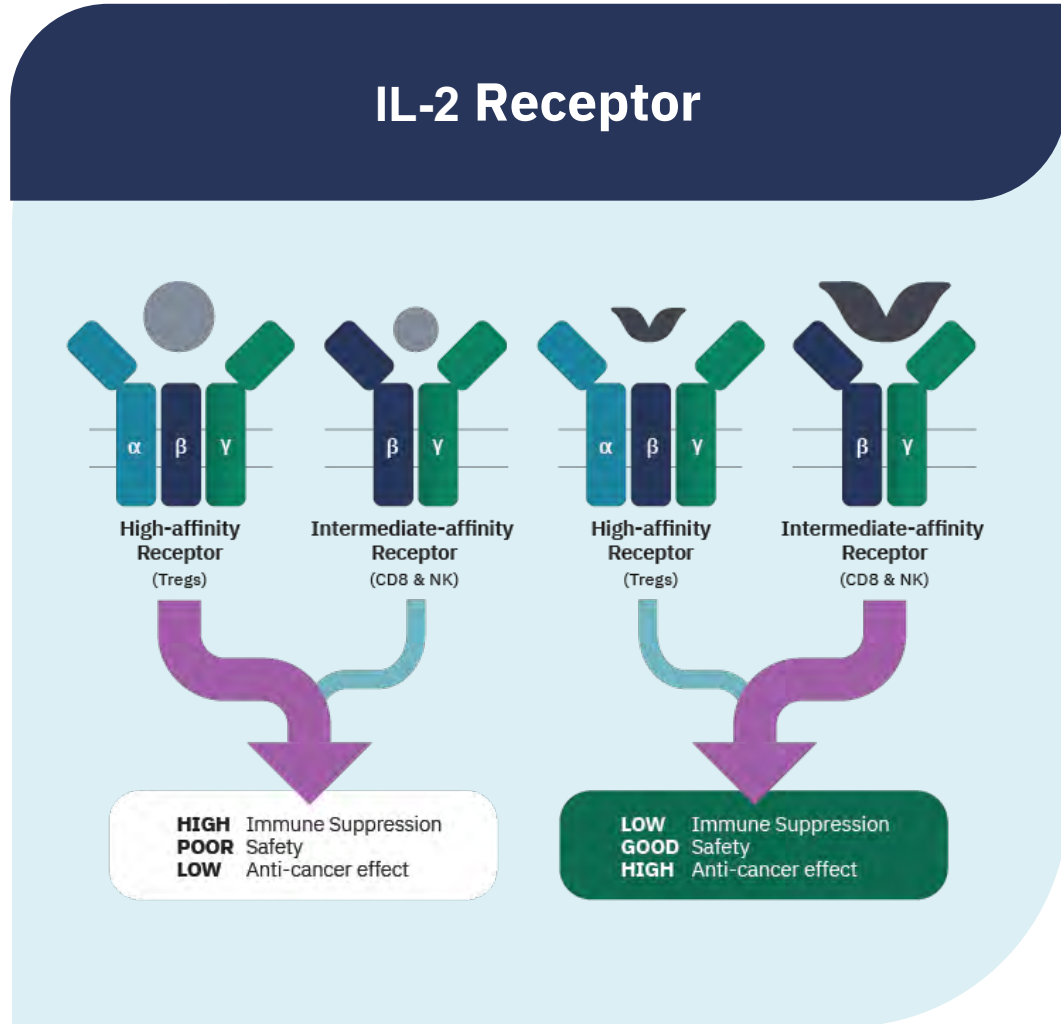


# MDNA11

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-2R $\alpha$ )
- CD122 (IL-2R $\beta$ )
- CD132 (IL-2R $\gamma$ )

**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

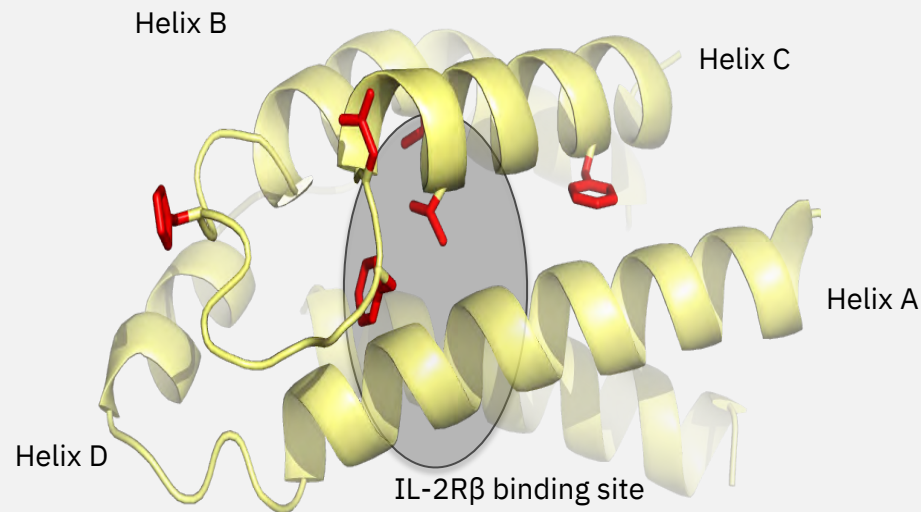
**Proleukin (recombinant human [rh] IL-2), which selectively stimulates CD25, is approved for the treatment of metastatic melanoma and renal cell carcinoma**

# 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

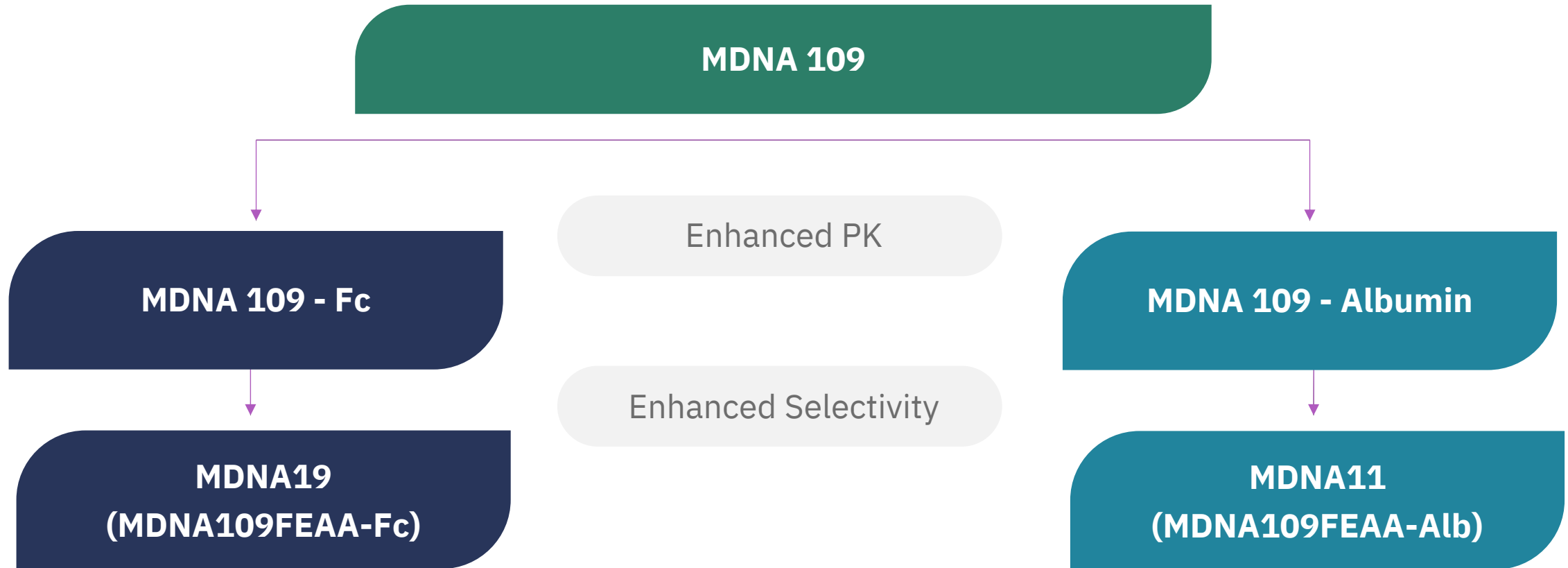
Medicenna's MDNA109 platform produced first generation IL-2 variants with 200-fold higher affinity for CD122 (IL-2R $\beta$ ), which is key for the activation of immune cells responsible for cancer killing (CD8+ T cells, naïve T cells, NK cells), yet similar affinity to CD25



	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.

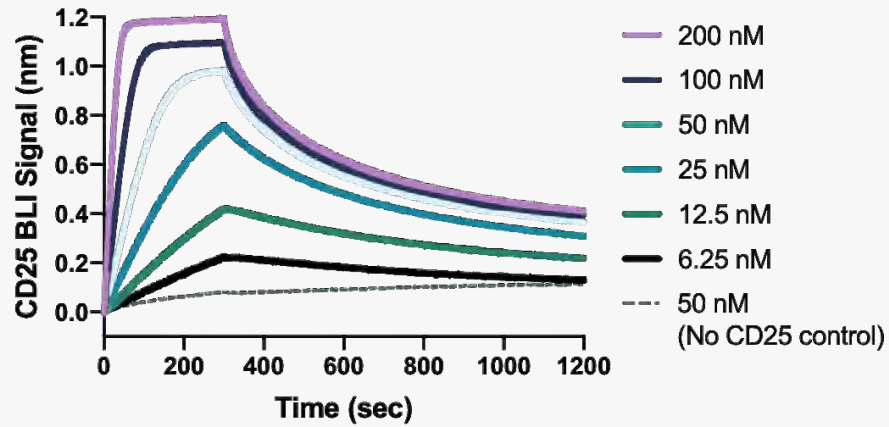




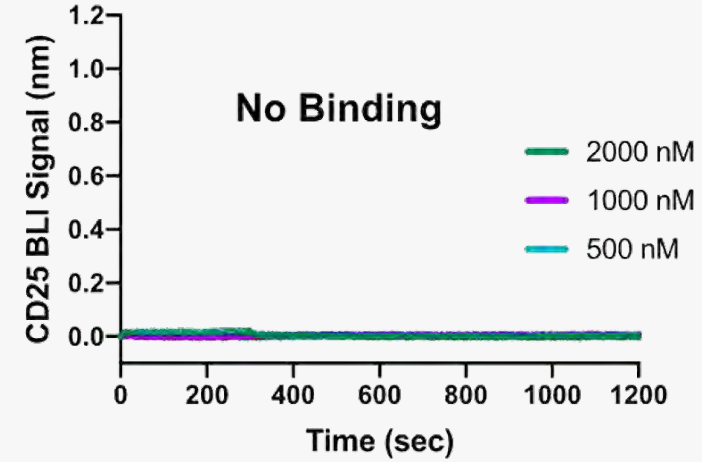
# MDNA11

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

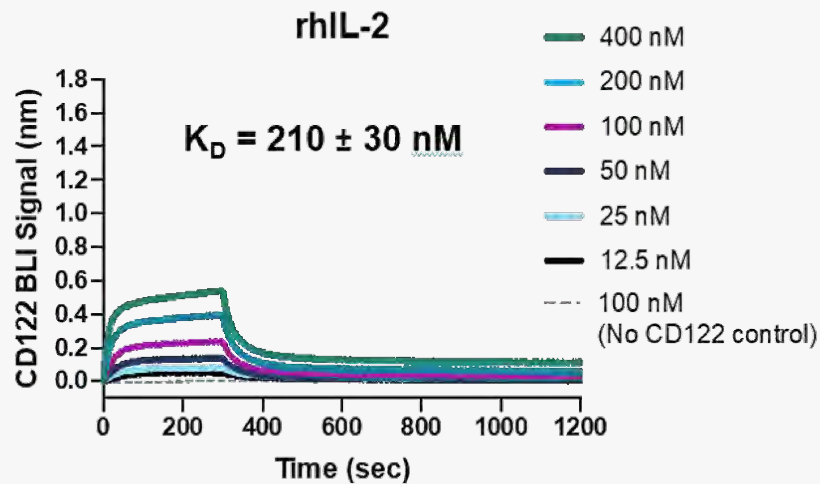
rhIL-2 – CD25 Binding



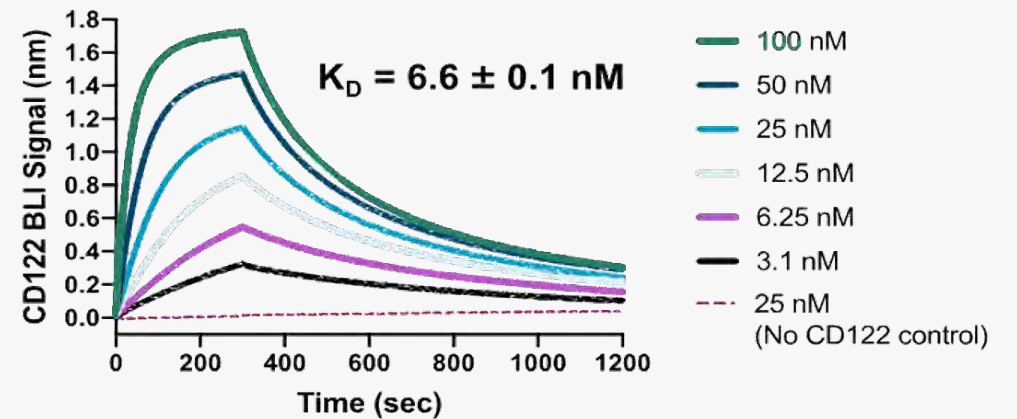
MDNA11 – CD25 Binding



rhIL-2 – CD122 Binding



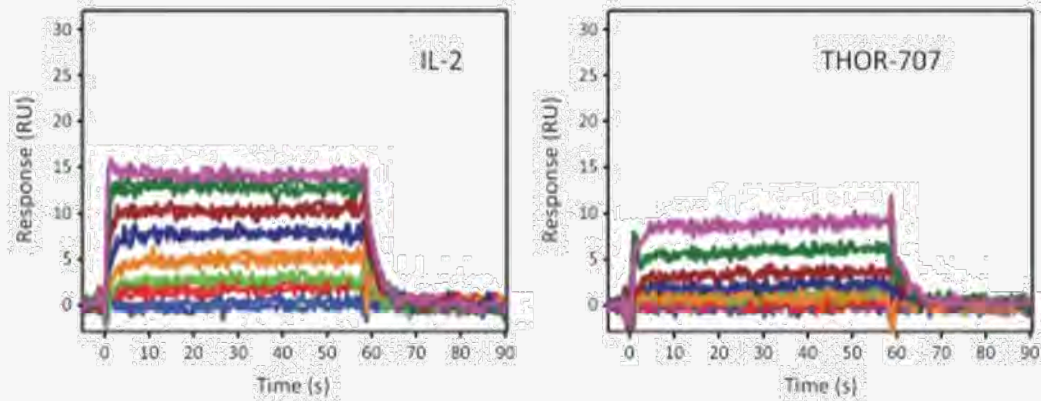
MDNA11 – CD122 Binding



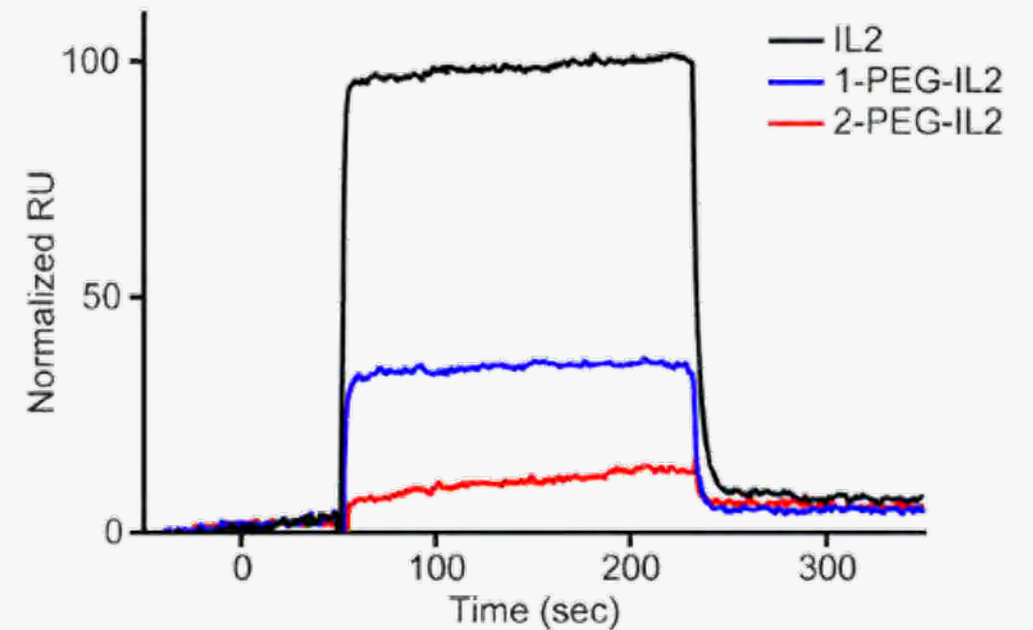
# Competing IL-2 Variants are Weak CD122 Binders

## THOR-707: Reduced Binding to IL2R $\beta$ (CD122)

IL2R $\beta$  (CD122)



## 1-PEG-IL2 (Most Active Form of NKTR-214) is a Weak IL2R $\beta$ (CD122) Binder



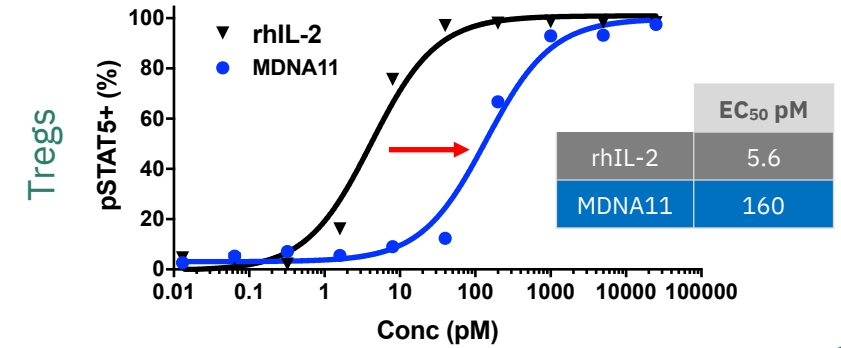
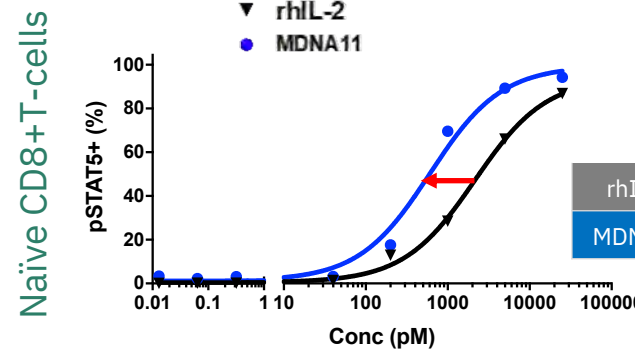
# MDNA11: Enhanced Selectivity & Potency to Immune Cells

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

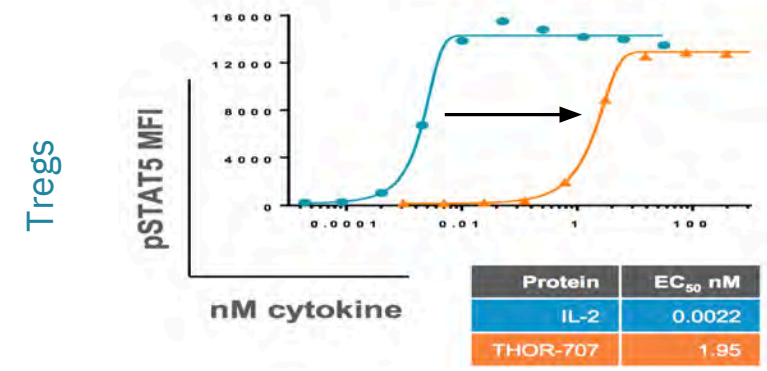
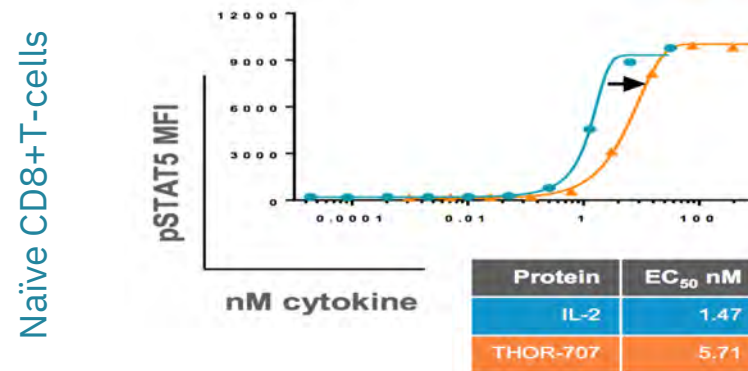


Compared to WT IL-2 (proleukin) THOR-707 has:

Reduced potency toward anti-tumor CD8+ T-cells

Reduced potency toward pro-tumor Treg cells

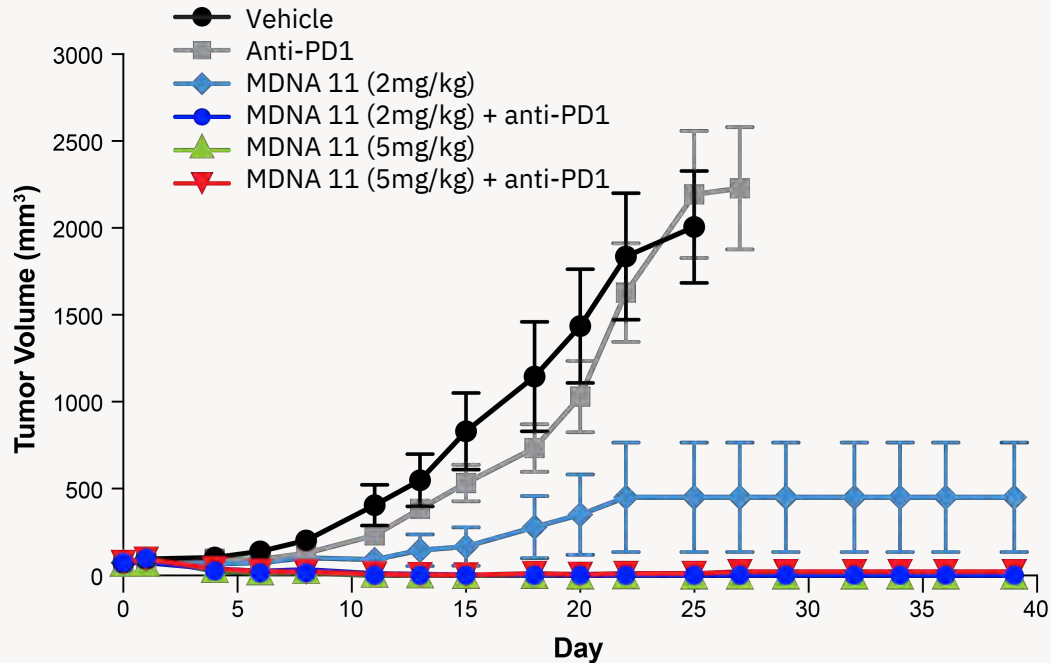
## THOR-707



# Strong Monotherapy and Anti-PD1 Combo Effect

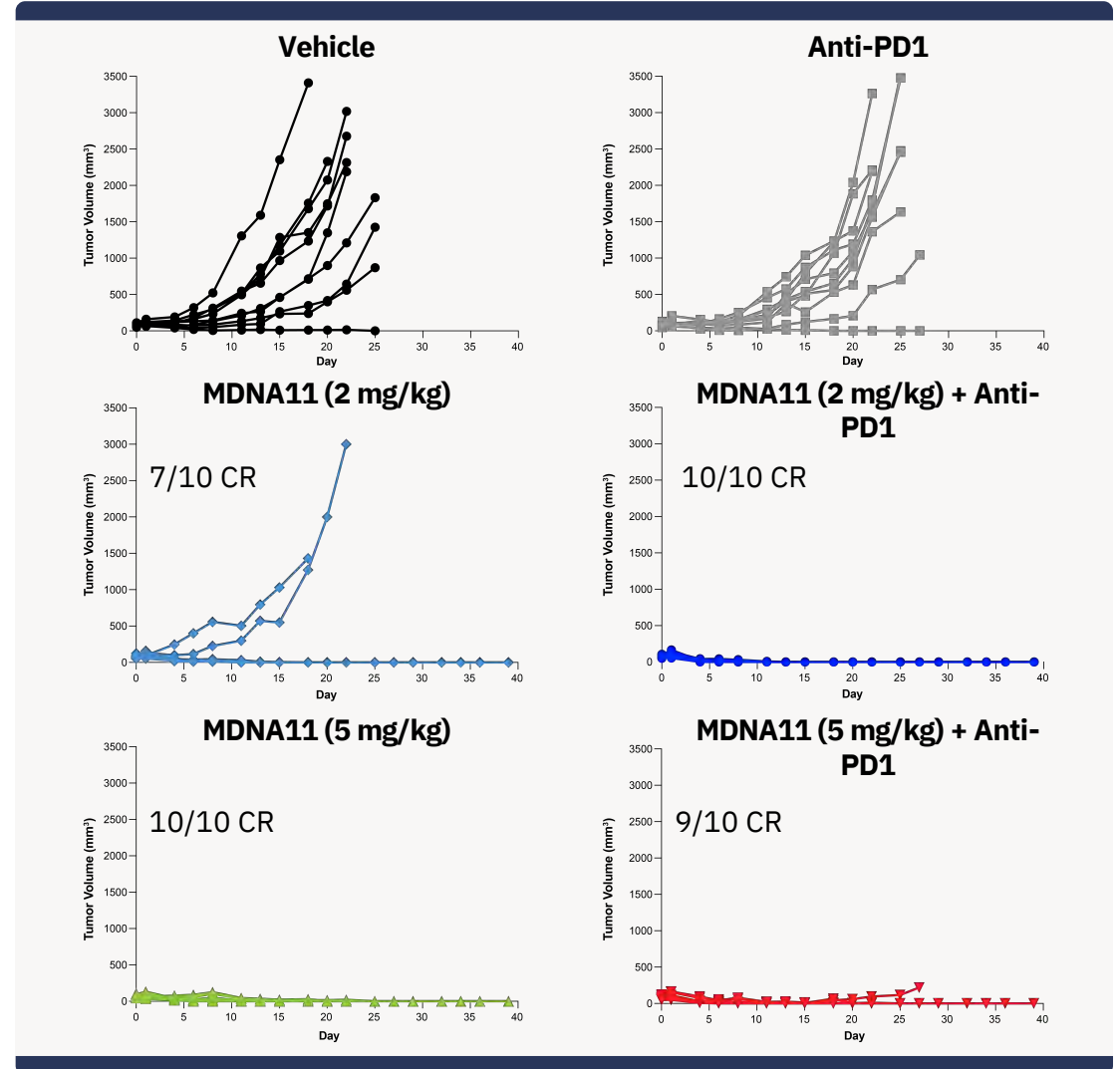
Anti-Tumor Efficacy & Combination Effect with Anti-PD1 in MC38 Tumor Model

## MC38 Tumor Model



MDNA11: IP Q7Dx2  
 Anti-PD1 (RMP1-14; 10 mg/kg): IP BIWx3  
 Average size at initiation of dosing ~ 75 mm<sup>3</sup>  
 Study in C57Bl/6 mice.

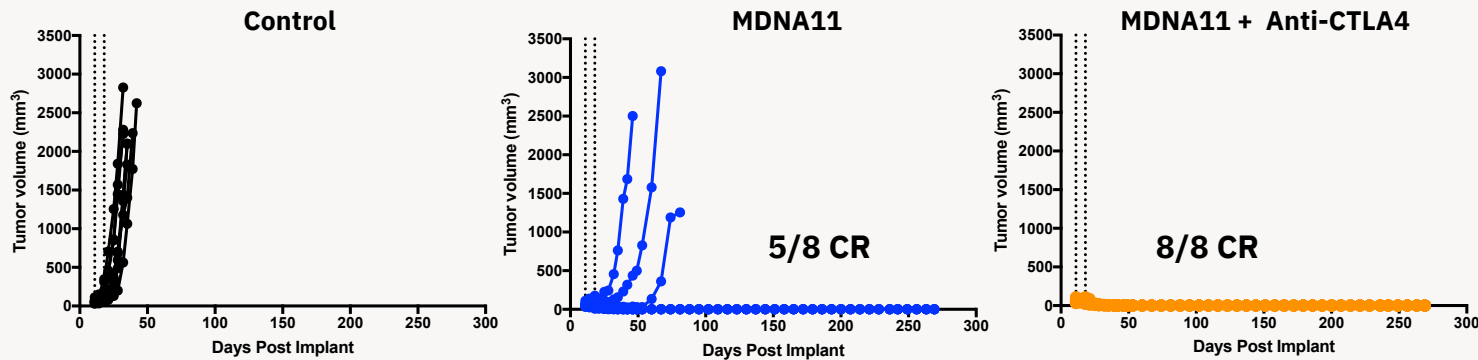
CR: Tumor volume = 0  
 Re-challenge study on-going



# MDNA11 + $\alpha$ CTLA4

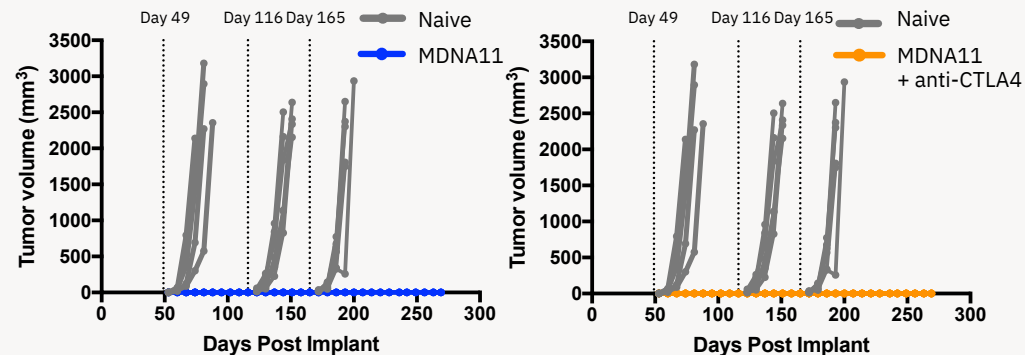
Inhibits Tumor Growth and Induces Memory Response

## Primary Tumors (CT26 in Balb/c Mice)



## Re-challenges

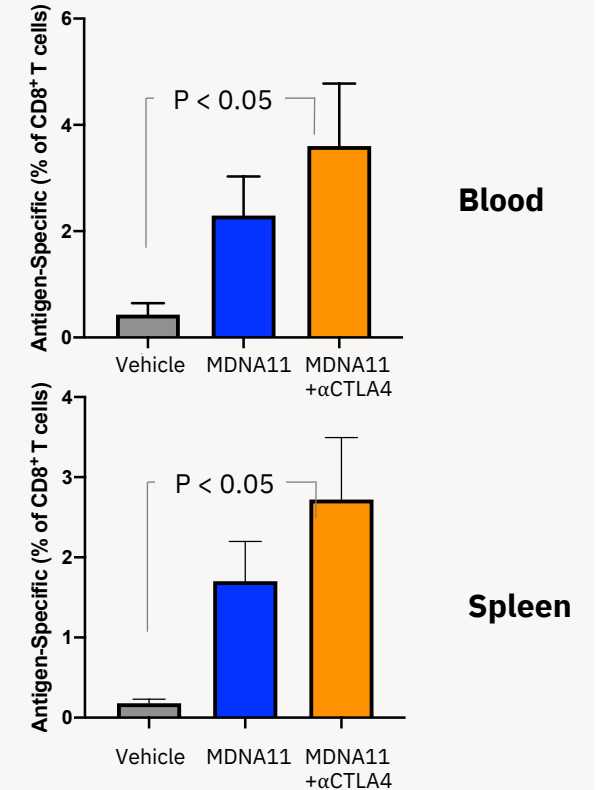
Mice re-challenged with CT26 tumor cells at different sites on their flanks



- Avg. tumor size in the treatment group at time of dosing: ~60 mm<sup>3</sup>
- MDNA11 (5 mg/kg, IP, Q.W x 2wks); Anti-CTLA4 (9D9; 200  $\mu$ g, IP, Q2W x 2wks)

## Antigen-specific CD8 T-cells on Day 270

(MDNA11 treatment on Day 11 & 18)



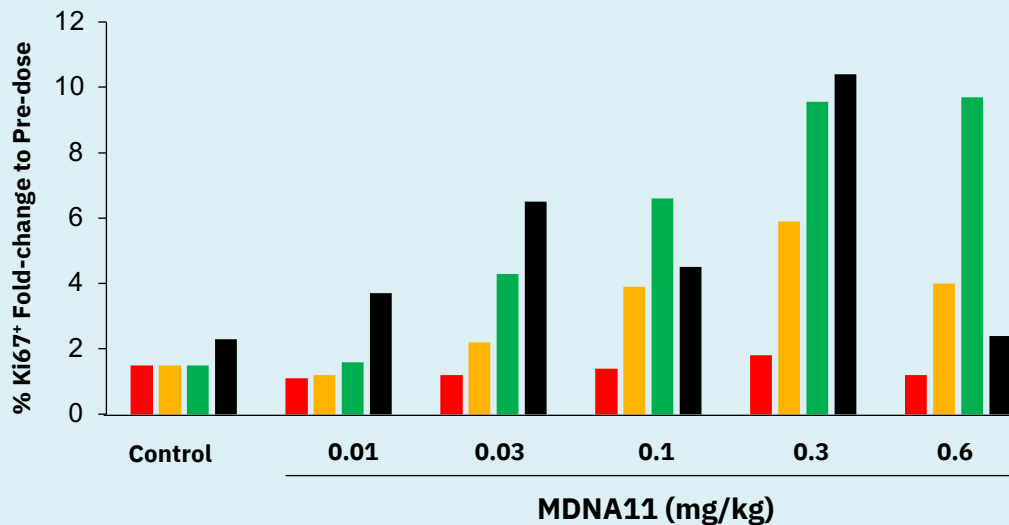
- Antigen-specific CD8T cells detected by anti-CD8 (KT15) and H-2Ld MuLV gp70 Tetramer
- All mice boosted with CT26 cells 5 days prior to analysis



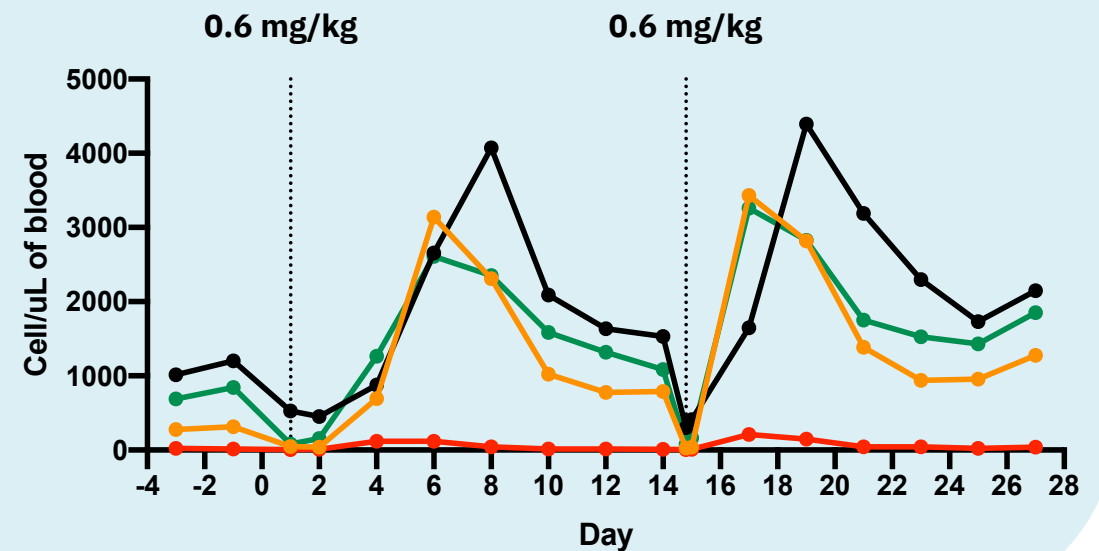
# Non-Human Primates – Increased Immune Cells but Not Tregs

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

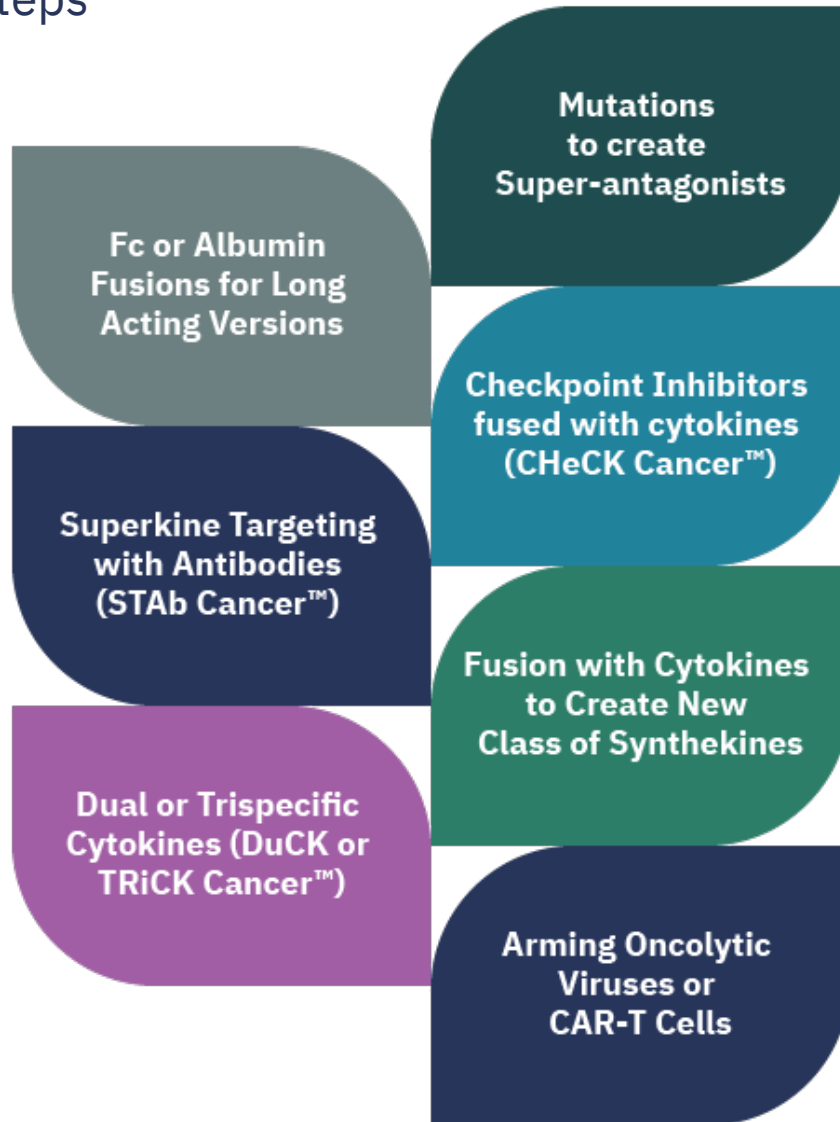
CD8+ T Cell

NK Cell



# IL-2 Superkine Program

## Next Steps



## MDNA11 Next Steps



Initiate Phase 1/2a clinical trial  
**(Mid 2021)**

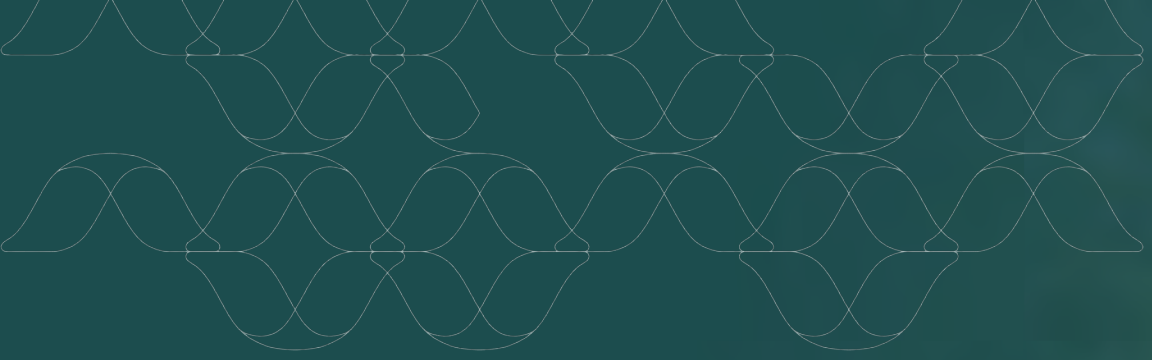


Report top-line Safety, PK/PD and Biomarker Results from Phase 1/2a monotherapy study  
**(End 2021)**



Phase 1/2a Efficacy Data **(2022)**





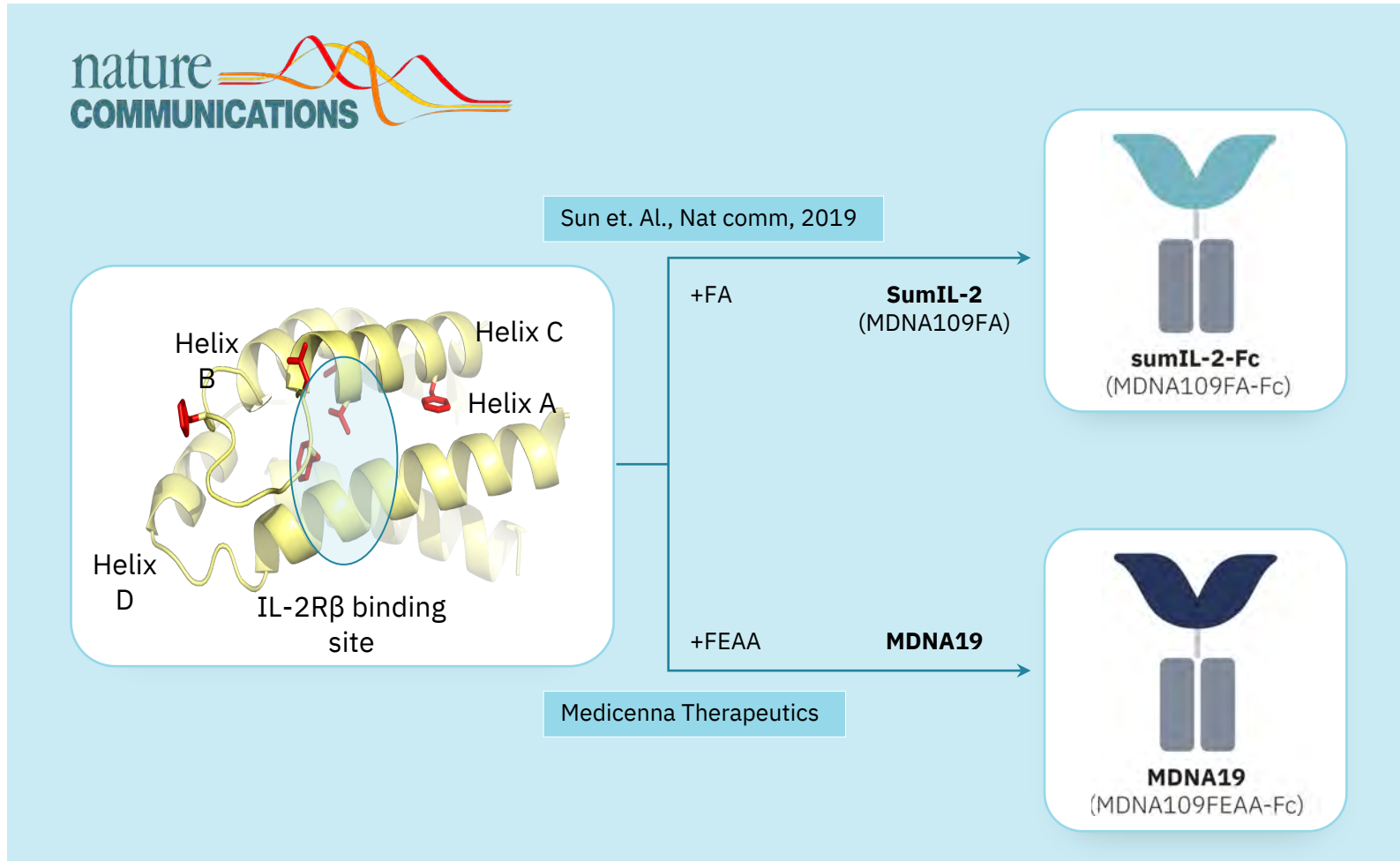
# Bifunctional Superkines for Immunotherapy (BiSKITs)





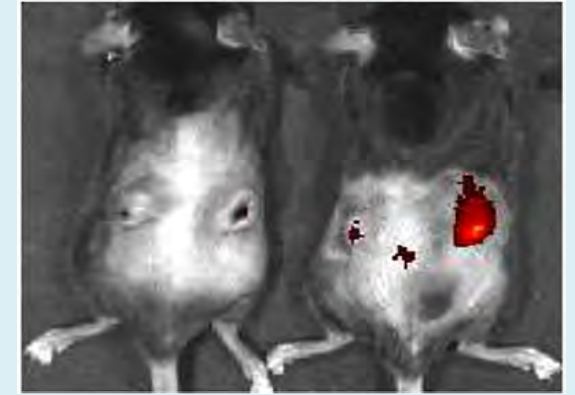
# Superkine Targeted with Antibody (STAb™)

Enhances accumulation in tumors



## Tumor Accumulation

Control  $\alpha$ EGFR-MDNA109FA



Left tumor: MC38  
Right tumor: MC38-EGFR5

Fluorescence images of MC38 (left) and MC38-EGFR5 (right) tumor-bearing mice treated with a single dose of PBS or  $\alpha$ EGFR-MDNA109FA (25  $\mu$ g, IV)

Sun et al., Nature Communications, 2019



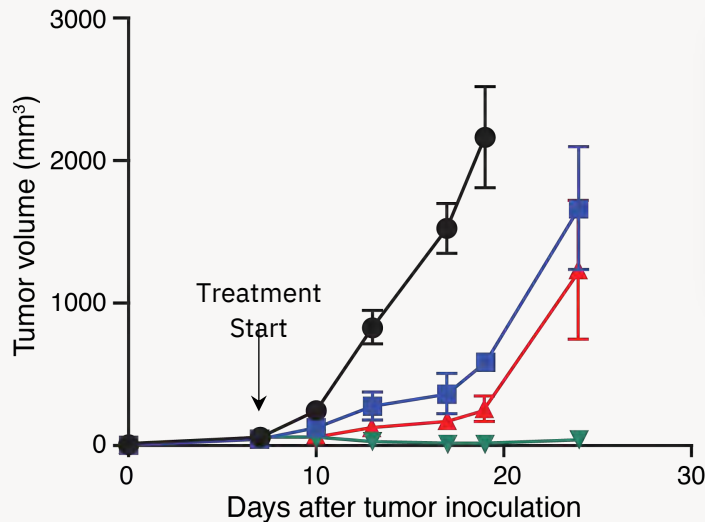
# STAb™ Overcomes Checkpoint Resistance and ‘Cold’ Tumors

## Overcoming Checkpoint Resistance



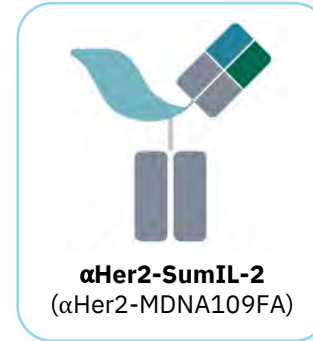
## Synergy with TKI to Tackle Immunological ‘Cold’ Tumors

### B16F10-EGFR5 Tumors

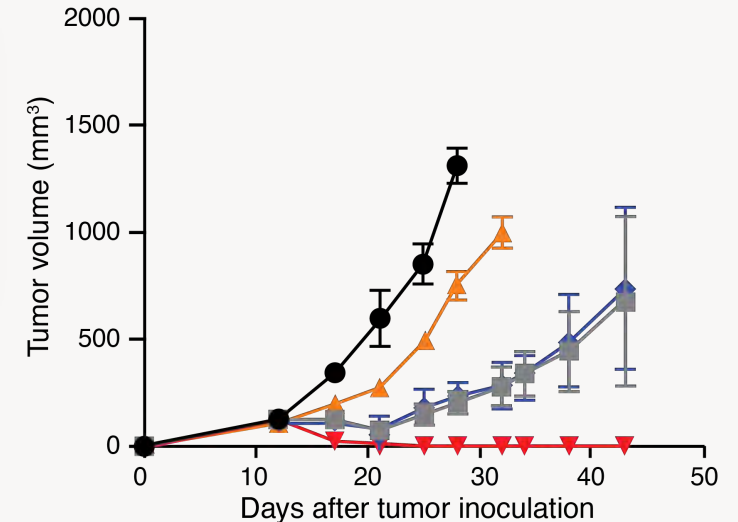


- Ctrl
- a-PD-L1
- ▲ αEGFR-MDNA109FA
- ▼ Combination

IP treated with 25 µg of αEGFR-MDNA109FA-Fc.  
Intratumorally treated with 50 µg of anti-PD-L1 on days 8, 11, and 14.



### TUBO Tumors (overexpress Her2)



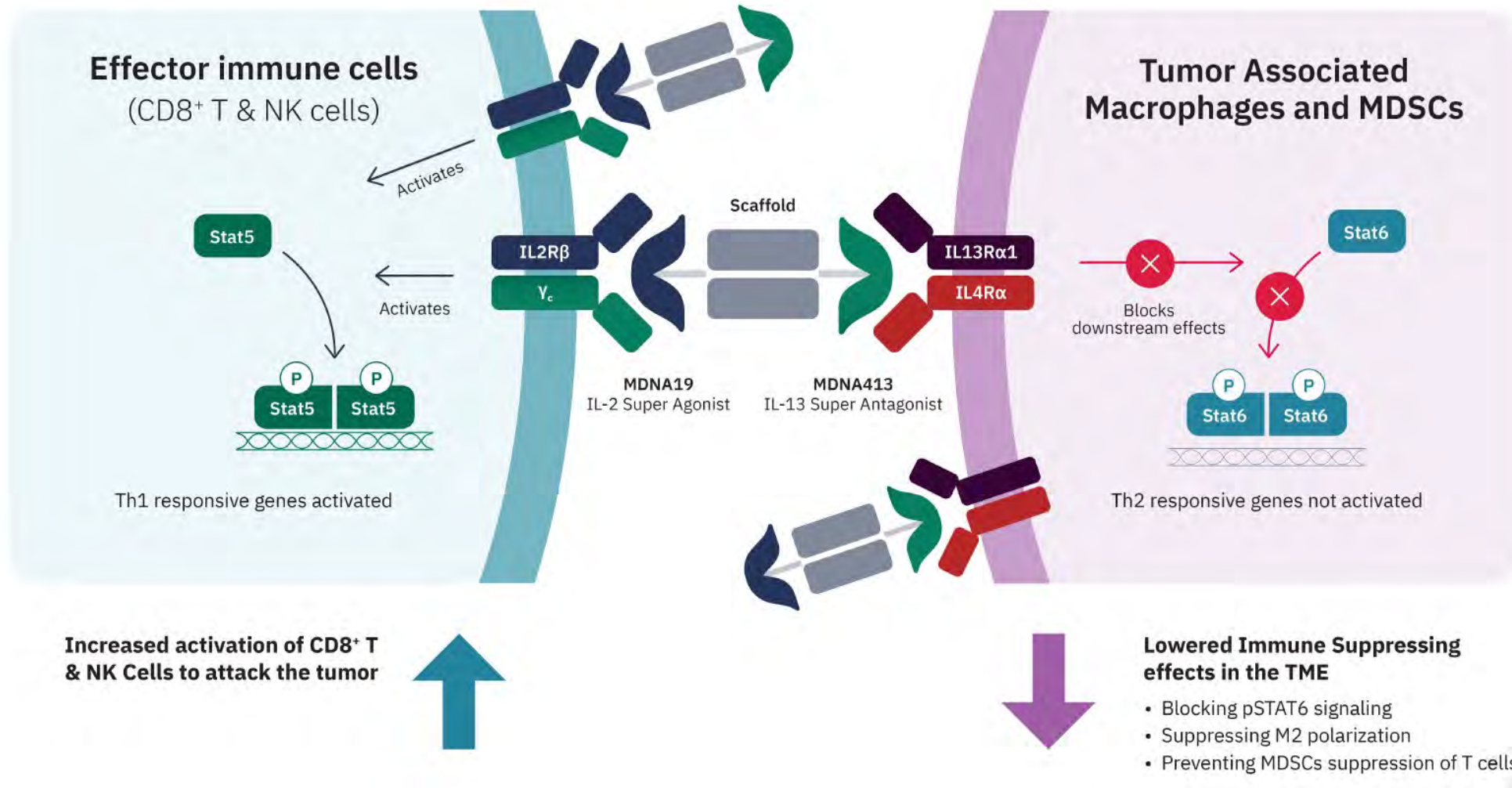
- Ctrl
- Afatinib
- ▲ αHer2-MDNA109FA
- ▼ Afatinib + αHer2-MDNA109FA (concurrently)
- ◆ Afatinib + αHer2-MDNA109FA (post TKI treatment)

IP treated with 20 µg of anti-αHer2-MDNA109FA on either days 12, 15, and 18 or days 25, 28, and 31.  
Orally with 1 mg of Afatinib on days 12 and 17.



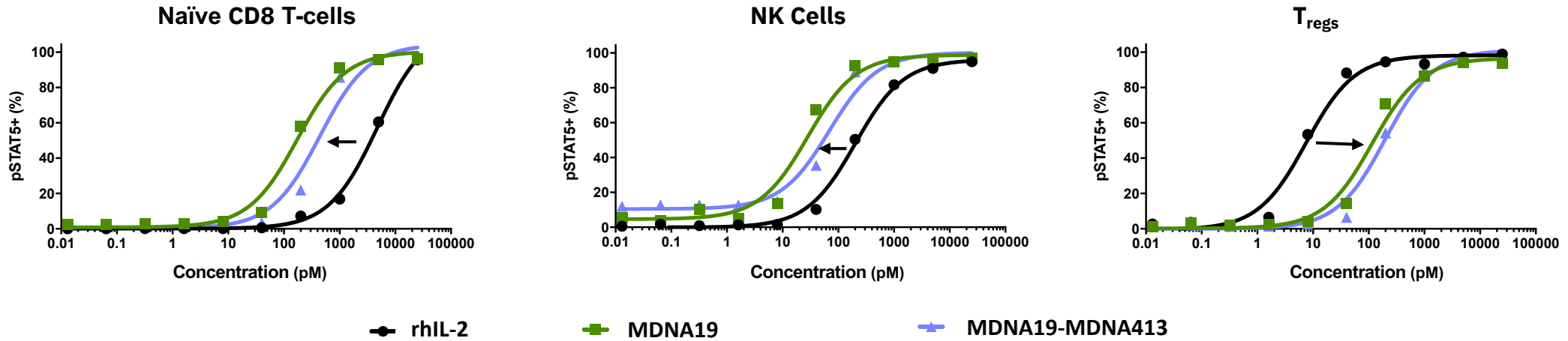
# Dual Specific Cytokine (DUCK Cancer™) Mechanism of Action

MDNA109FEAA-Fc-MDNA413



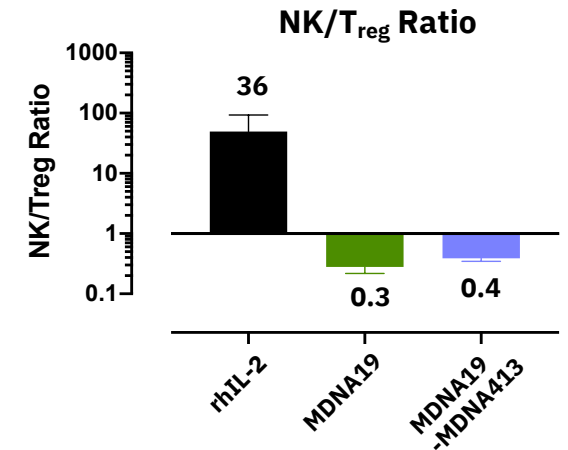
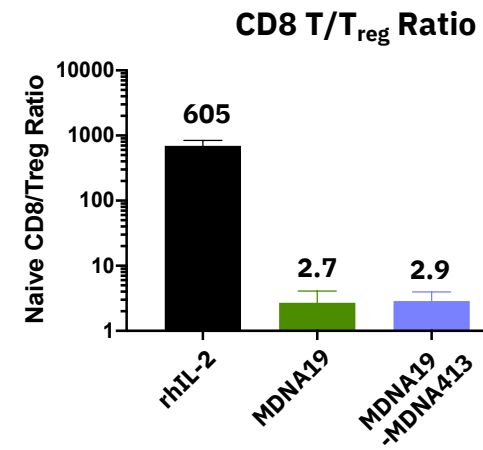
# Bi-Specific Superkine

Enhanced signaling in CD8<sup>+</sup> T and NK cells; diminished signaling in T<sub>regs</sub> IL-2 Agonism maintained



P-STAT5 (EC <sub>50</sub> , pM)	rhIL-2	MDNA19	MDNA19-MDNA413
Naïve CD8 <sup>+</sup> T cells	3389.5	370.6	575.8
NK cells	201.5	71.0	80.1
T <sub>regs</sub>	5.6	135.5	210.3

Studies in human PBMC



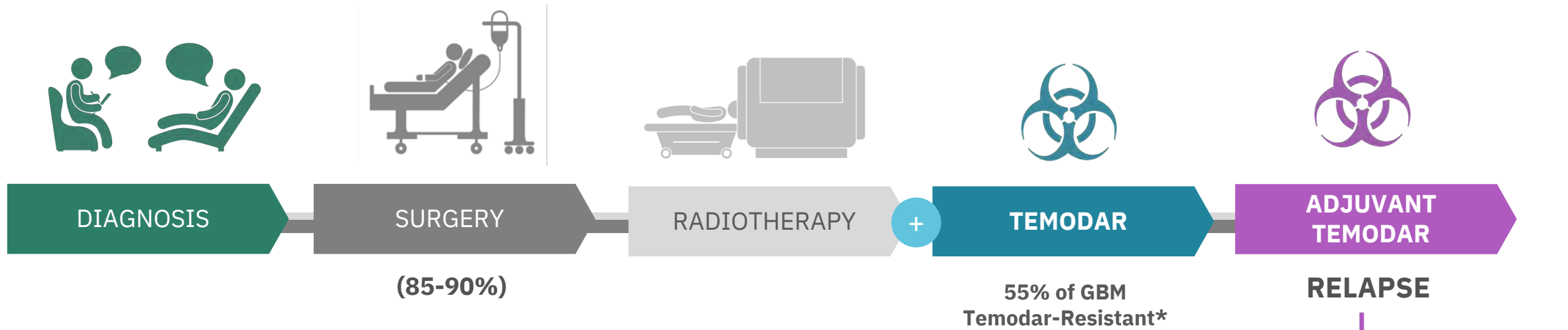


# MDNA55

A Powerful Molecular  
Trojan Horse Targeting  
Glioblastoma



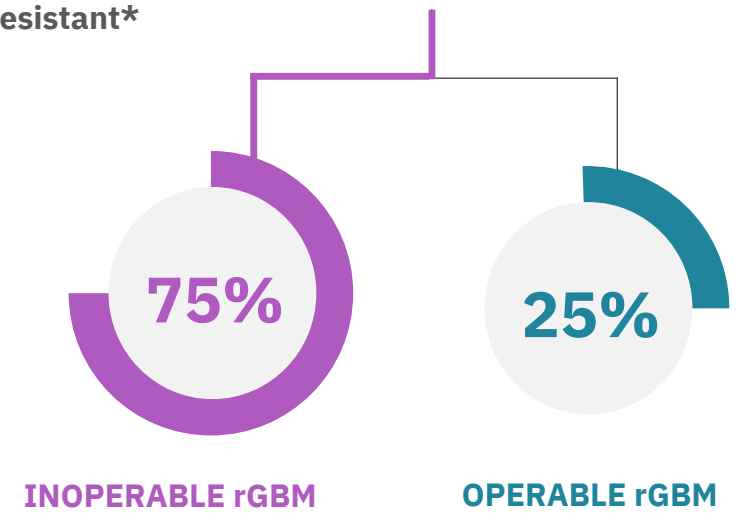
# Current Treatment Strategies for GBM are Ineffective



## 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

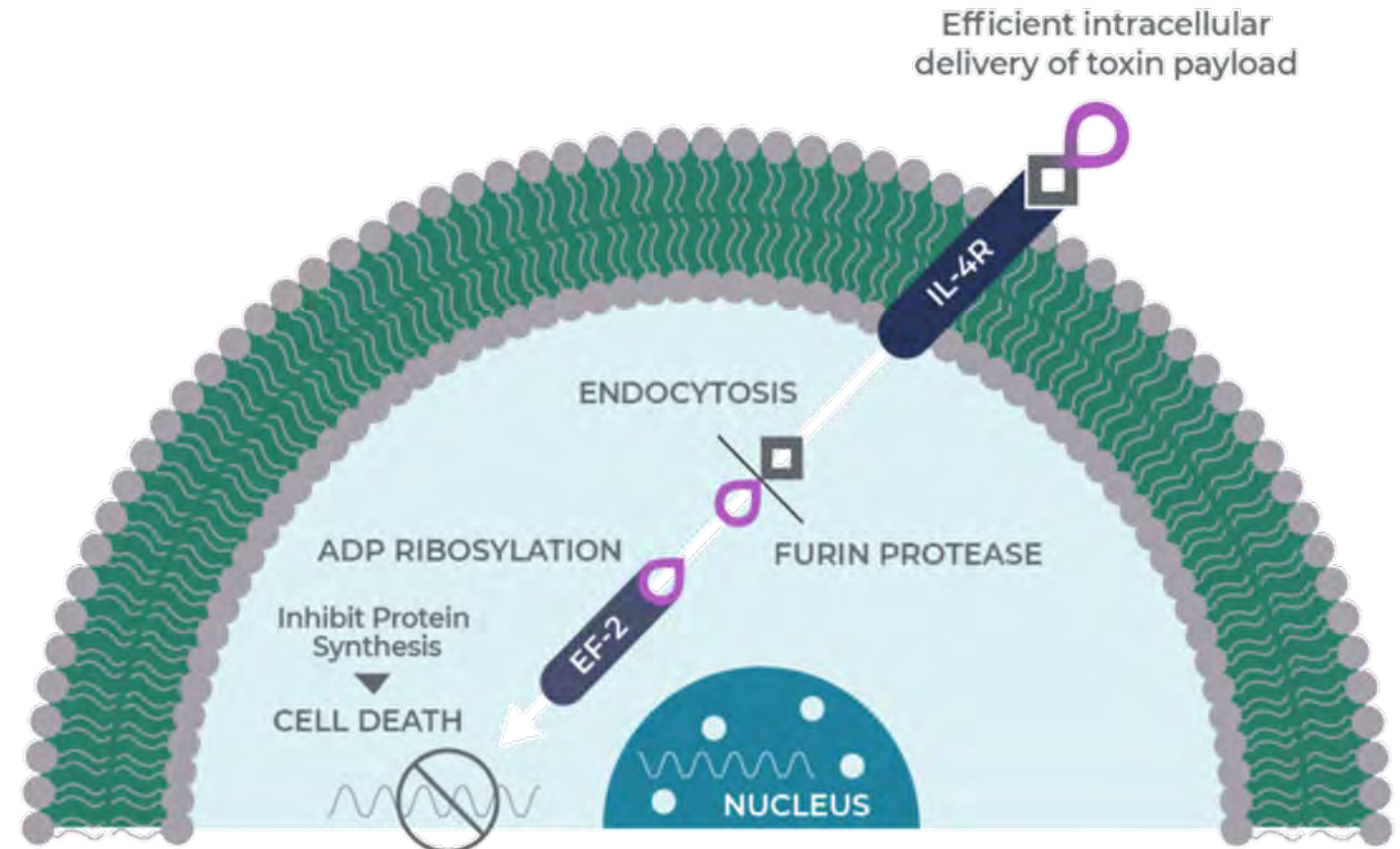
Anti-tumor immunity is initiated and remains active after MDNA55 is cleared

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



## Lethal Payload

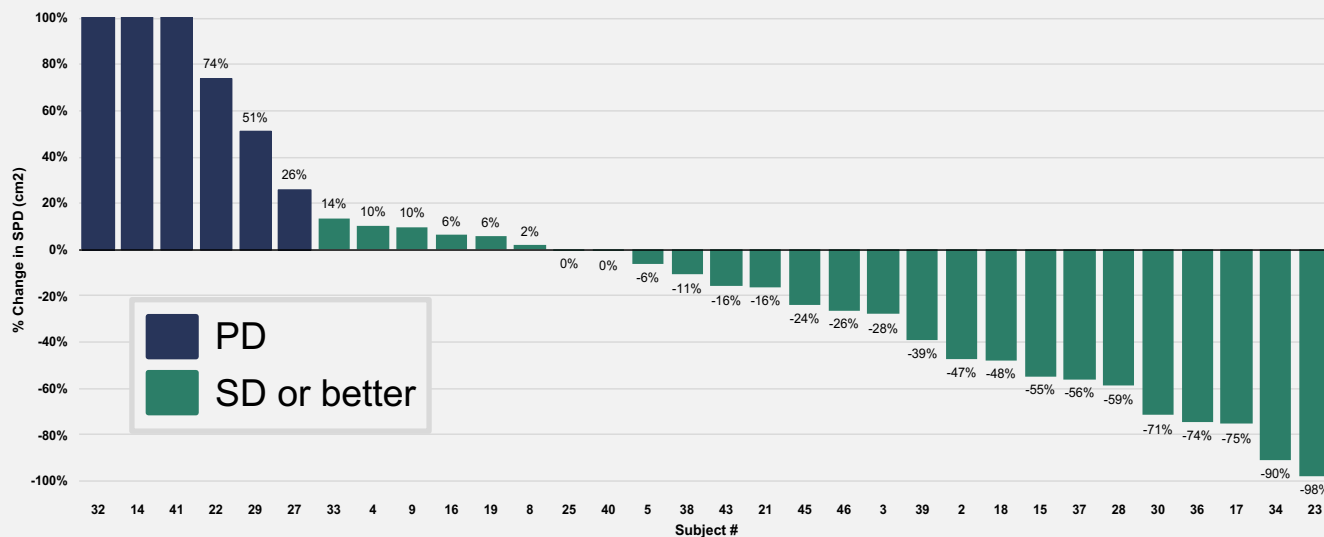
Catalytic domain of *Pseudomonas* Exotoxin A (FDA approved Moxetumomab pasudotox)



# Improved Tumor Control Rate & Survival in Proposed Population

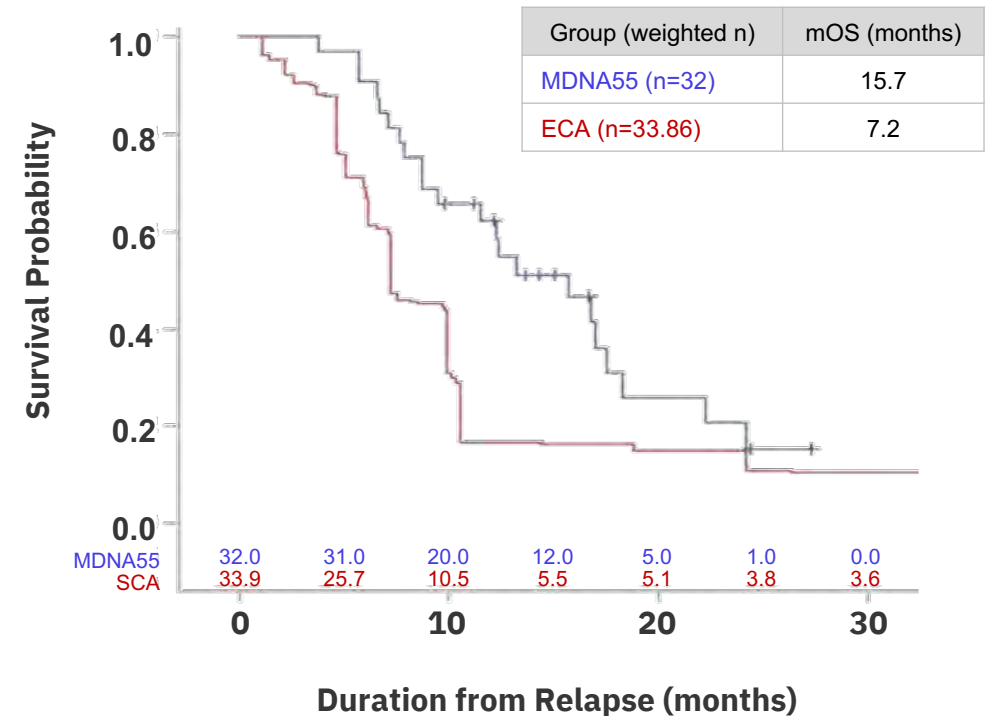
A Proposed Population comprised of all IL4R High (irrespective of dose) as well as IL4R Low subjects receiving the high dose showed over 100% improvement in survival when compared to an External Control Arm (ECA)

## Best Response per Modified RANO (following initial PsP)



Shown is tumor response from nadir based on radiologic assessments only

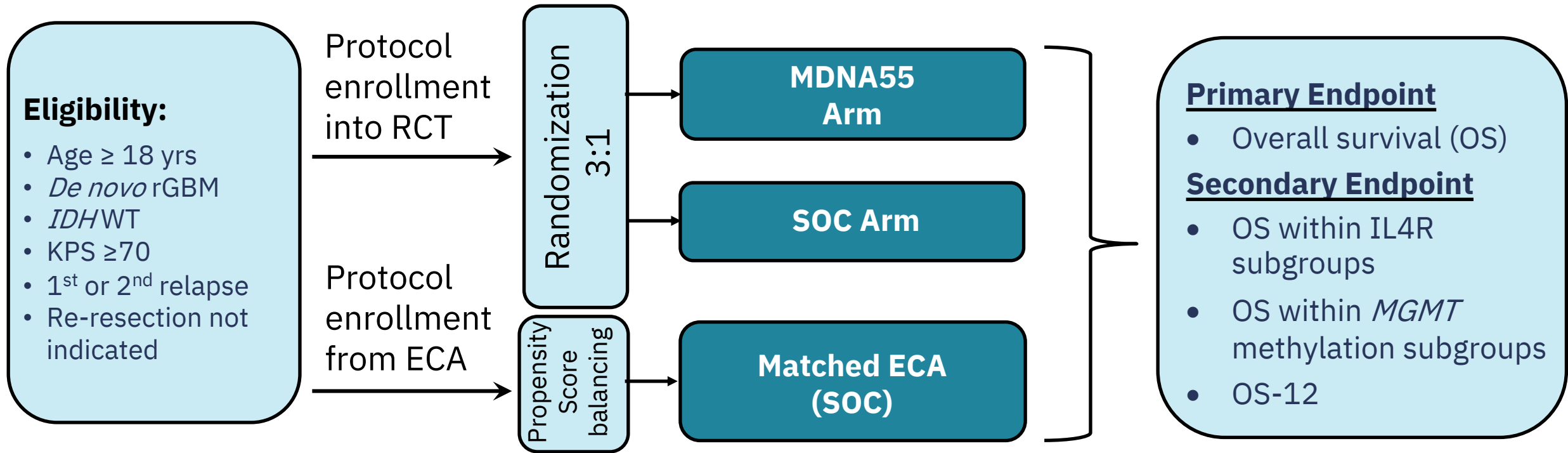
**Tumor Control Rate = 81% (26/32)**





# Planned Phase 3 Trial

Pioneered a Hybrid Design Using External Control



# 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

<b>Nasdaq</b>	<b>MDNA</b>
<b>TSX</b>	<b>MDNA</b>
<b>Headquarters</b>	<b>Toronto, CA</b>
<b>Cash</b>	<b>CDN \$40.4 million**</b>
<b>Debt</b>	<b>\$0</b>
<b>Preferred Shares</b>	<b>0</b>
<b>Issued and Outstanding</b>	<b>53,551,555*</b>
<b>Fully Diluted</b>	<b>62,073,786*</b>

\*As of May 27, 2021

\*\*As of March 31, 2021



# Thank you

**Fahar Merchant, PhD**

President and CEO

**Elizabeth Williams**

Chief Financial Officer



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