CHANGES IN TUMOR MEASUREMENTS ACROSS ALL DOSE LEVELS

<table>
<thead>
<tr>
<th>Dose (x10^6)</th>
<th>Phase I</th>
<th>Effect</th>
<th>Phase II</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>DL8</td>
<td>3 patients</td>
<td>1 PR (33%)</td>
<td>2 patients</td>
<td>1 PR (50%)</td>
</tr>
<tr>
<td>DL10</td>
<td>3 patients</td>
<td>1 PR (33%)</td>
<td>2 patients</td>
<td>1 PR (50%)</td>
</tr>
<tr>
<td>DL12</td>
<td>3 patients</td>
<td>1 PR (33%)</td>
<td>2 patients</td>
<td>1 PR (50%)</td>
</tr>
<tr>
<td>DL14</td>
<td>3 patients</td>
<td>1 PR (33%)</td>
<td>2 patients</td>
<td>1 PR (50%)</td>
</tr>
<tr>
<td>DL16</td>
<td>3 patients</td>
<td>1 PR (33%)</td>
<td>2 patients</td>
<td>1 PR (50%)</td>
</tr>
</tbody>
</table>

TUMOR ASSESSMENT: PATIENT RESPONSES

**Patient 0105-0031**
42 year old male with HER2+ (HIC 2+/FISH+) stage IV metastatic gastric adenocarcinoma. Previously treated with 2 lines of HER2-directed therapy (including Trastuzumab Deruxtecan) + chemotherapy. The patient also received bridging chemotherapy with HER2-directed therapy. The subject progressed 3 months after treatment.

**Patient 0203-0021**
59 year old male with HER2+ (IHC 2+/FISH+) stage IV metastatic gastric adenocarcinoma. Previously treated with 3 lines of HER2-directed therapy (including Trastuzumab Deruxtecan) + chemotherapy. The patient also received bridging chemotherapy with HER2-directed therapy. The subject progressed 3 months after treatment.

PHASE I SAFETY DATA

Safety Summary:
- 1 patient experienced a DLT (grade 3 pneumonitis) that resolved with standard care intervention.
- 11 patients experienced 14 CRS events which resolved with standard care intervention.
- Grade 1, n=7
- Grade 2, n=6
- Grade 3, n=1
- No Observed Immune Effector Cell-Associated Neurotoxicity (ICANS)
- Most grade 2 events were expected and related to LD chemotherapy.

PHASE I/II Trial Investigating Safety and Efficacy of Autologous TAC01-HER2 in Relapsed or Refractory Solid Tumors (TACTIC-2)

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INTRODUCTION

- The T cell antigen coupler (TAC) is a novel, proprietary chimeric receptor that facilitates the re-direction of T cells to tumor cells and activates T cells by co-opting the endogenous T cell receptor complex, with the goal to elicit a safe and durable anti-tumor response. In preclinical models, TAC-engineered T cells effectively eradicate tumor cells in vitro and in vivo without toxicities typically associated with engineered T cells products. TAC01-HER2 is an autologous T-cell product comprising T-cells expressing the HER2 TAC, which specifically recognizes HER2+ cells.
- TACTIC-2 (NCT04722751) is an open-label, multicenter phase I/II study that aims to establish safety, maximum tolerated dose (MTD), recommended phase 2 dose (RP2D), pharmacokinetic profile, and efficacy of TAC01-HER2 in patients with HER2-positive solid tumors by immunohistochemistry that are 1+, 2+, or 3+ (i.e. breast, lung, pancreatic, colorectal, gastric, and others) who have progressed on prior anti-cancer therapies.
- We present updated preliminary data from Cohorts 1-4 (20 participants) that highlight safety and efficacy data; the study further elucidates potential therapeutic impact to patients with HER2 overexpressed solid tumors.

TAC SCIENCE

TAC achieves TCR activation via a C03 binding domain while tightly binding the target of interest, HER2. TAC thus co-opts natural TCR function and provides intracellular co-receptor signaling via LCK, mimicking pharmacologic TCR activation.

TRIAL DESIGN

Phase I Dose Escalation
- DL1, 6 Patients Treated
- DL2, 3 Patients Treated
- DL3, 1 Patients Treated
- DL4, 3 Patients Treated

Phase II Dose Expansion
- Group A: (2 x 3-/4-/5-/6+/7+/8+) Trastuzumab Emtansine (TAC01-HER2) + Best Supportive Care + Bevacizumab
- Group B: (2 x 3-/4-/5+/6+/7+/8+) TAC01-HER2 + Best Supportive Care + Bevacizumab

Lymphodepleting Chemotherapy:
- 3 consecutive days of fludarabine (Flu+ IV (30 mg/m²) and cyclophosphamide (Cy) IV (300 mg/m²)) +/- Mesna IV (due to national shortage of fludarabine, modified LDC given per institutional standard)
- Planned Enrollment of 36 Patients; 2nd-4th Line of Treatment. One DLT of G3 pneumonitis and one G3 CRS were observed, which resolved with standard care intervention:
- IL-6 was detected in the blood of patients at the indicated dates post-treatment (D1-day of reatment): Lines represent the mean value of all subjects in a cohort. IL-4 concentration was TAC01-HER2 dose dependent, with subjects at Cohorts 3 and 4 having higher IL-4 concentrations than Cohorts 1 and 2.
- Gray rectangle represents physiological levels.

Primary Endpoints: Safety: DLTs, AE
Secondary Endpoints: Efficacy (ORR, DoR, OS; RP2D: PK

Eligibility Criteria
- Patients with advanced, metastatic, unsuccessful solid tumors which express HER2 after at least 2 lines of therapy, at least 1 measurable lesion per RECIST version 1.1, ECOG performance score 0-1, grade 1 or baseline for any prior treatment related toxicities.

PHASE I/II PROGRESS: Phase I trial completed. Phase II enrollment begins in Q4 2023.

SAFETY

Sponsorship: This Phase I/II Clinical Trial has been fully funded by Triumvira Immunologics Inc.

Disclosure: Dr. Olson has received consulting fees from GLG Consulting, Alphasights Consulting. Inverse and Neravets. Contact: daniel.olson@va.gov, Daniel.Olson2@imeddiabetes.com

ACKNOWLEDGMENTS: Clinical Trial Sites and Apheresis Unit staff: Princess Margaret Cancer Centre, The University of Chicago Medical Center, Dana Farber Cancer Institute, MD Anderson Cancer Center, Rutgers Cancer Institute as well as the patients and their families.

DOI: Dr. Olson has received consulting fees from GLG Consulting, Alphasights Consulting, Iovance and Novartis.

Appendix E: Tumor Markers (Carcinoembryonic Antigen [CEA], Hepatitis B Virus [HBV], Hepatitis C Virus [HCV], and Human Immunodeficiency Virus [HIV])

Summary & Conclusions

- Demonstrated early signals of clinical activity, highlighting two partial responses (in a stage IVb gastric cancer patient and a stage IV GEJ patient, at DL 2 and 4, respectively) and a disease control rate (DCR) of 48% at 1st scan across DL 2-4. In gastric/oesophageal patients, the DCR is 86% while the ORR is 29% across DL 2-4.

EFFICACY

Efficacy

Interim results from the Phase I TACTIC-02 study suggest manageable safety for TAC-01 HER2 treatment. One DLT of G3 pneumonitis and one G3 CRS were observed, which resolved with standard of care measures. No ICANS reported to date across all cohorts.

TRIAL PROGRESS: Phase I trial completed. Phase II enrollment begins in Q4 2023.