Precision Immunotherapy for Solid Tumors

Non-confidential Corporate Presentation

April 2025

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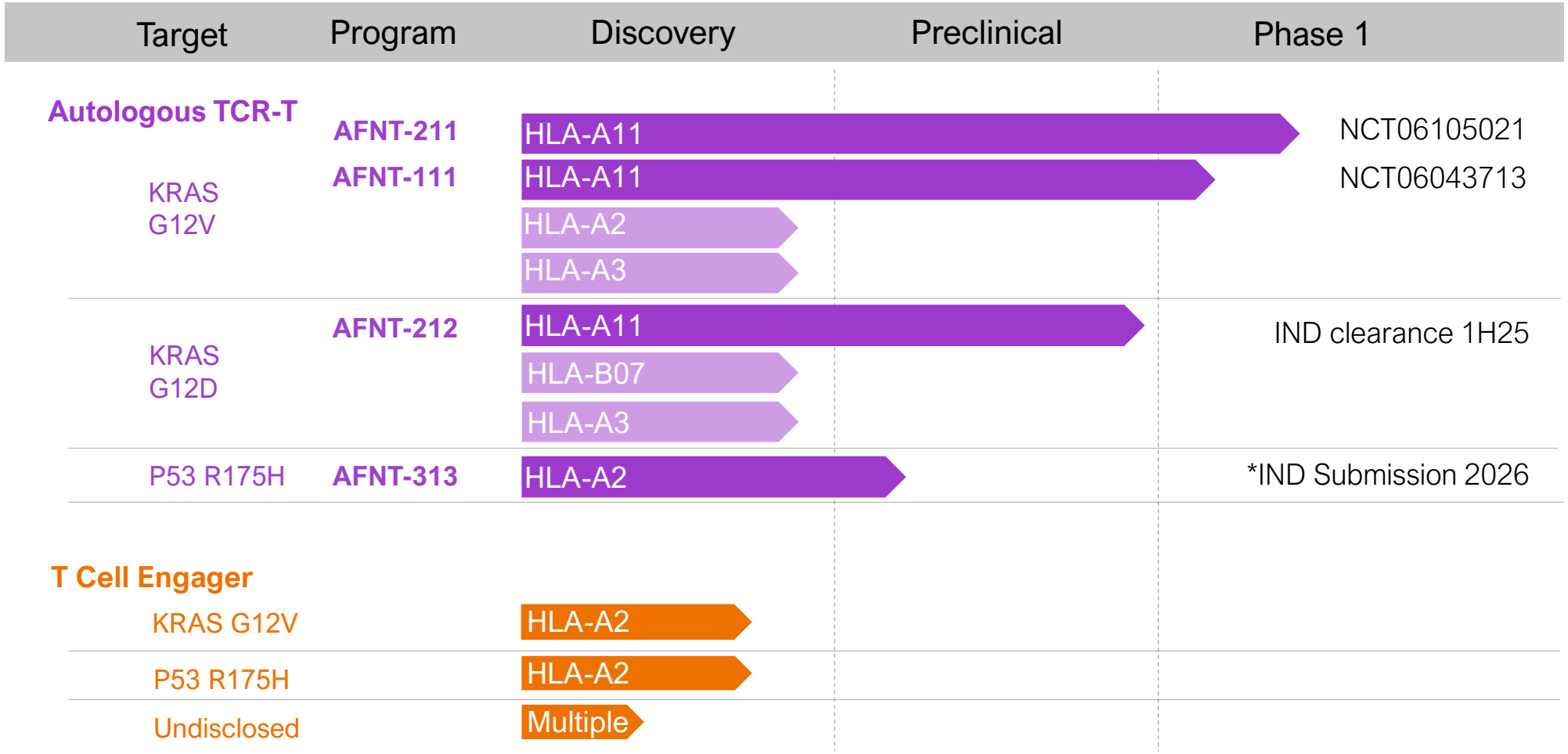
RIGHT TARGETS. RIGHT CELLS. RIGHT PLACE.

We target oncogenic driver mutations to deliver transformative therapies for patients with solid tumors

- Leader in Precision Immunotherapy - developing a deep pipeline of TCR-based therapies that have first-in-class / best-in-class potential
- Focus on targeting the most frequent oncogenic driver mutations in solid tumors; including KRAS and P53
- Proprietary platform technologies to build potent and persistent T cell therapies and generate bispecific T cell engagers
- Science-driven team and founders focused on continued innovation to develop novel therapies with curative potential

First-In-Class Potential for Multiple Products Targeting Oncogenic Drivers in Solid Tumors

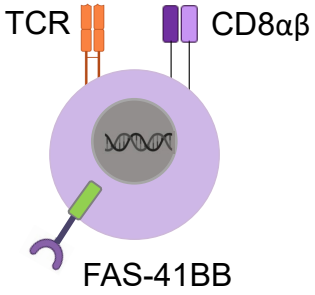


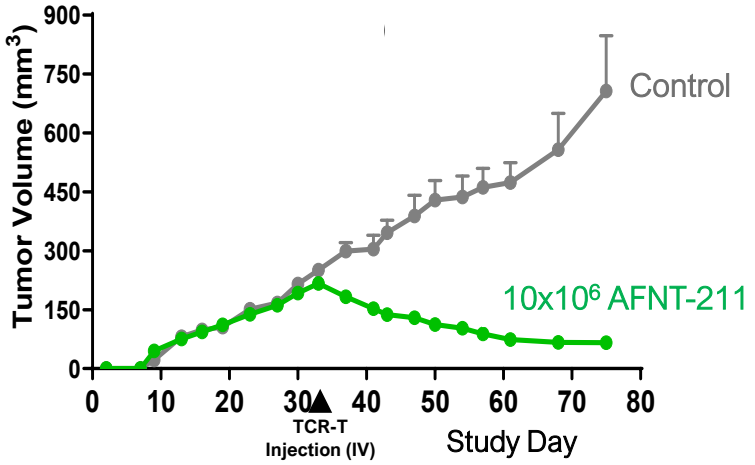
*Planned submission date

Innovative pipeline leverages TAILOR™, TUNE™ & THRIVE™, designed to eradicate difficult-to-treat solid tumors

Enhanced survival in TME

AFNT-211
Integrates
Signal 1+2

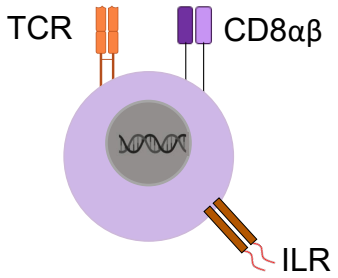


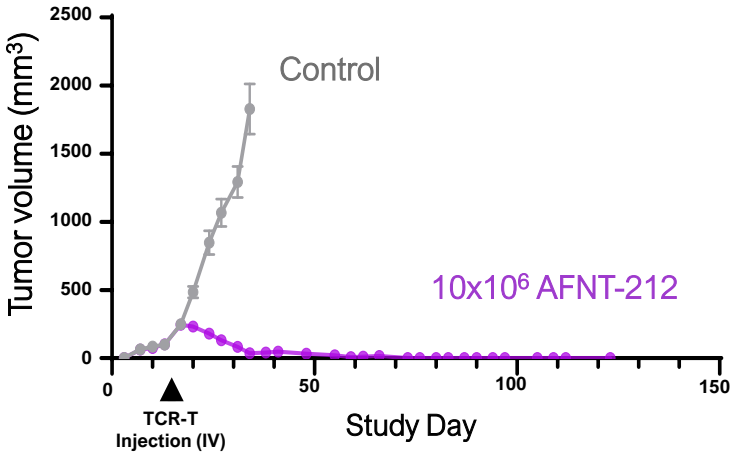


AFNT-211 induced tumor regression in established Breast (SW527) tumors with mut. KRAS G12V

Enhanced proliferation in periphery

AFNT-212
Integrates
Signal 1+3

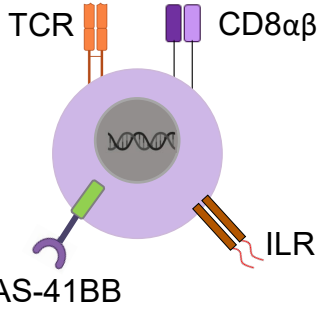


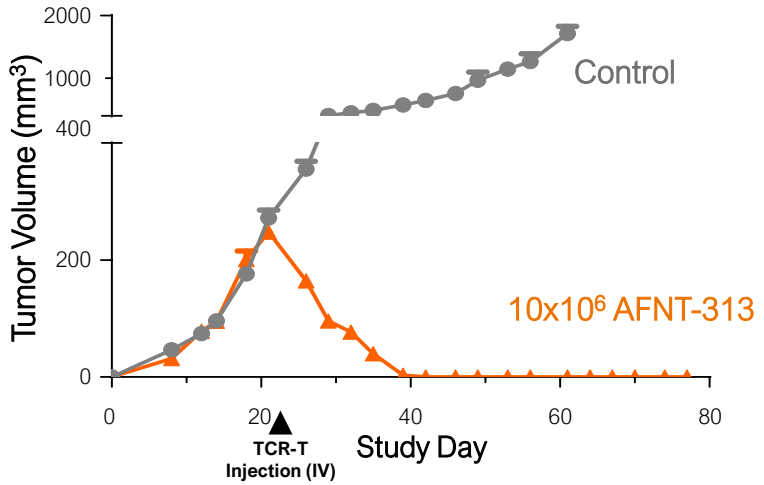


AFNT-212 induced tumor eradication in established Colorectal (CL40) tumors with mut. KRAS G12D

Support in TME & Periphery

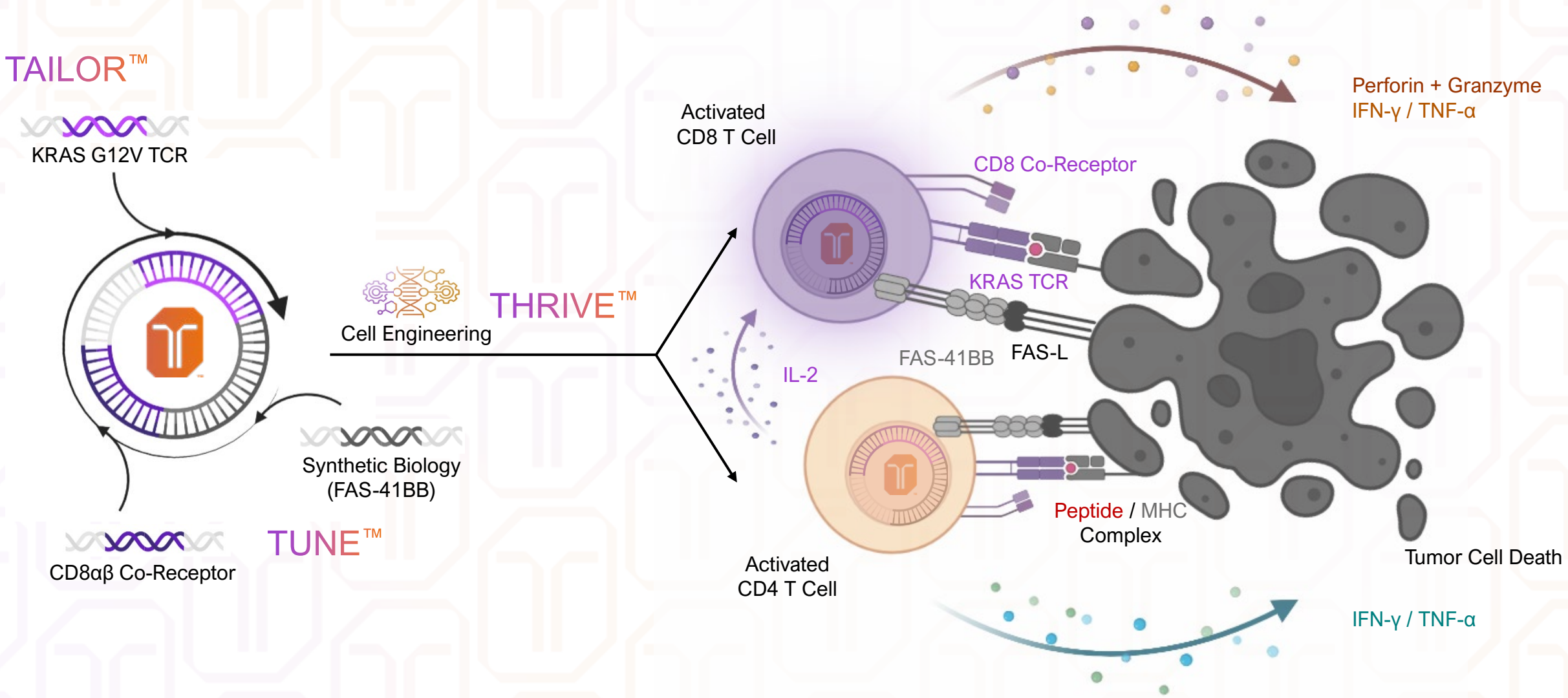
AFNT-313
Integrates
Signal 1+2+3





AFNT-313 induced tumor eradication in established Ovarian (TYK-nu) tumors with mut. p53 R175H

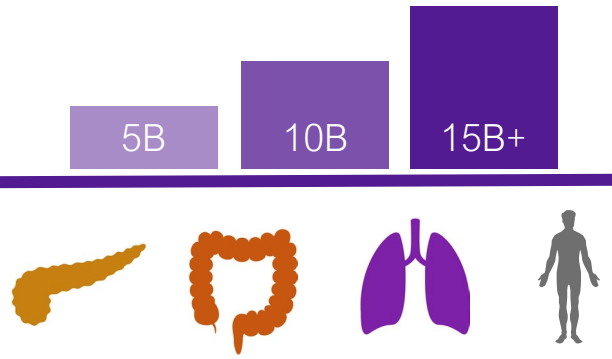
AFNT-211: A11 KRAS G12V TCR Engineered T Cells + FAS-41BB Durability Switch Receptor



AFNT-211: Clinical Development Plan

Phase 1a Basket Trial Dose Finding

KRAS G12V-mutated tumors
& HLA-A*11:01 allele
2nd+ Line



Sample size N=15-20
~10 US clinical trial sites

Optimal Biological Dose / Proof of Clinical Concept

Phase 1b/2 Expansion Cohorts

- PDAC → 2nd/3rd line
- CRC → 2nd/3rd line
- NSCLC → 2nd/3rd line
- Tissue-agnostic → 2nd/3rd line

Sample size up to N=20 per indication

Interim Analysis

Registration Study

Registrational trial design based on data and FDA interaction (e.g. single-arm)

Target N=~80 for potential indication
Expand to 35-40 sites US/EU5/CAN

Aim for approval on ORR & DoR

**Excluding primary brain tumors*

ORR – Overall Response Rate
DoR – Duration of Response

AFNT-211: Patient Journey

Pre-screen

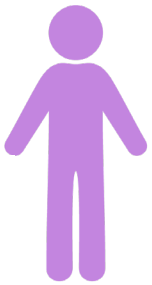
Leukapheresis

Lymphodepletion

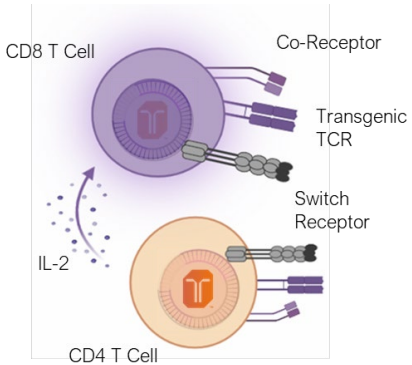
AFNT-211 product infusion

Transition to long term follow up

Patient Monitoring



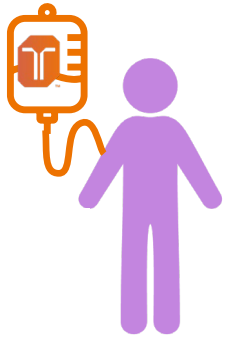
THRIVE™ Manufacturing



elevatebio

~10-day manufacturing
~6-day QC testing

Flu / Cy**



KRAS G12V
HLA-A*11:01

Targeting ~22-day vein-to-vein time

**Lymphodepleting chemotherapy (LDC) with cyclophosphamide 500mg/m2/day and fludarabine 30mg/m2/day intravenously (I.V.) on Days -6 to -3, (4 days),

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Development Pipeline Milestones

AFNT-211
A11 KRAS G12V

- Lead KRAS targeting program
- Phase 1a data generation ongoing in 2L+ solid tumor indications
- Dose escalation proceeding on track across ~10 US sites with indication-specific expansions planned

Completion of Dose Escalation anticipated 2H25

AFNT-212
A11 KRAS G12D

- Doubles addressable KRAS population
- Introduces THRIVE non-viral gene-editing platform to enable future product development
- IND-enabling studies complete

IND clearance 1H 2025

AFNT-313
A2 P53 R175H

- Expands beyond KRAS to address largest P53 population
- Differentiated development candidate designed to integrate immunostimulatory signals for optimal T-cell activation

Pre-IND planning under way

Experienced Management Team Supported by Blue-Chip Investor Syndicate

Executive Leadership

Jak Knowles, MD
Co-Founder and CEO

Dirk Nagorsen, MD
Chief Medical Officer

Kim Nguyen, PhD
Chief Technical Officer

Board of Directors

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Affini-T Therapeutics

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