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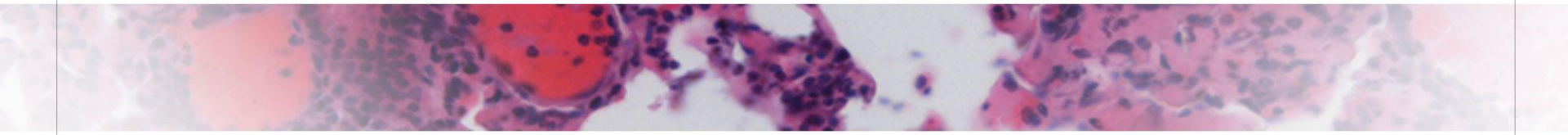

ALPHA2 Study: ALLO-501A Allogeneic CAR T in LBCL, Updated Results Continue to Show Encouraging Safety and Efficacy with Consolidation Dosing

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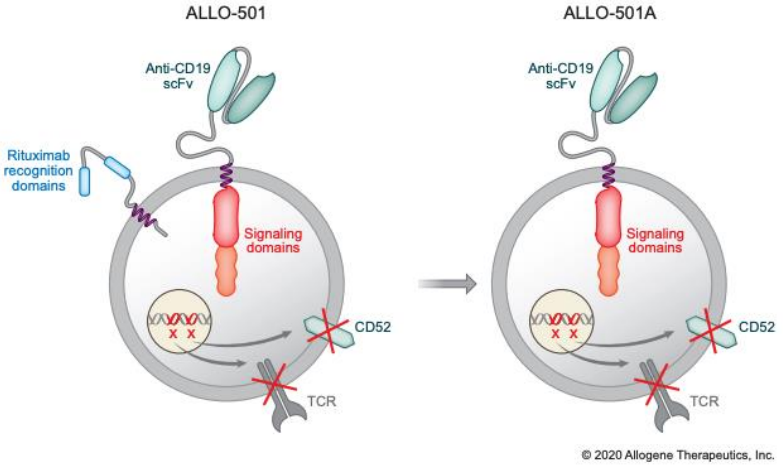
Background

- Allogeneic chimeric antigen receptor (CAR) T cell therapy addresses the challenges of autologous CAR T cell therapy, providing the potential for all eligible patients to receive therapy on demand and the ability to support re-dosing
- ALLO-501A is next generation allogeneic anti-CD19 CAR T c product supported by data from ALLO-501. ALLO-501A lacks rituximab recognition domains, and like ALLO-501 utilizes TALEN®* gene editing specifically designed to
  - Disrupt TCRα constant gene – to reduce the risk of graft-versu host disease (GvHD)
  - Edit CD52 gene – permits use of ALLO-647 (a humanized anti- CD52 mAb) to selectively deplete host T cells while protecting donor cells



*TALEN® gene editing is a technology pioneered and controlled by Cellectis.

ALPHA2: ALLO-501A in R/R LBCL

Phase 1/2, Single-arm, Open-label Study

Key Eligibility Criteria

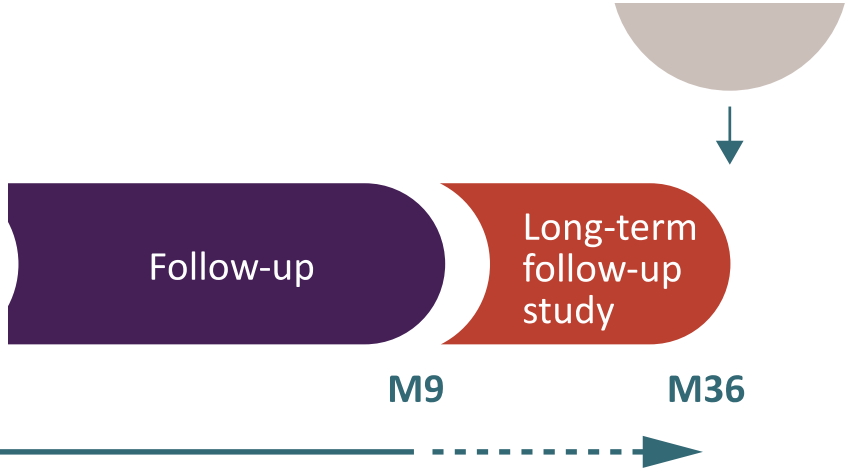
- Non-HLA matched patients with R/R LBCL including diffuse LBCL (DLBCL), transformed follicular lymphoma (tFL), marginal zone lymphoma (tMZL), primary mediastinal B-cell lymphoma (PMBCL), and follicular lymphoma grade 3B (FL 3B)
- ≥2 prior lines of therapy, including an anthracycline and anti-CD20 monoclonal antibody
- ECOG PS of 0 or 1
- Excluded patients with donor-specific antibodies or prior autologous CAR T (As of Amendment 4 for consolidation cohorts)

Primary Endpoints

- Safety and dose-limiting toxicity of ALLO-647/Flu/Cy followed by ALLO-501A
- Overall response rate by investigator review

Secondary Endpoints

- ALLO-501A cell kinetics
- ALLO-647 PK



- This study evaluated a single dose of ALLO-501A as well as the feasibility of "consolidation" regimens in which a second administration of ALLO-501A cells along with ALLO-647 lymphodepletion (chemo-free) could provide added benefit

Patient Flow and Dosing Regimens

Enrolled (N=29)

Cohort	Dosing Regimen		Safety (N=28)	Efficacy (N=25)
	CAR+ T Cell Dose	**LD***		
Single dose DL1	40 x 10^6 Cells (D0)	FC(900)A(90)	1	1
Single dose DL2	120 x 10^6 Cells (D0)	FC(900)A(90)†	6	5
Consolidation Regimen-1	120 x 10^6 Cells (D0)	FC(900)A(60)	11	9
	120 x 10^6 Cells (D30)	A(30)		
Consolidation Regimen-2	120 x 10^6 Cells (D0)	FC(1500)A(60)	10	10
	120 x 10^6 Cells (D30)	A (30)		

*Overall median follow-up time = **3.2 Months***

- 97% of enrolled pts initiated treatment with a median time from enrollment of 2 days
  - 1 pt enrolled but developed COVID-19 before treatment
- 25 pts were included in the efficacy population
  - 2 treated pts yet to reach tumor assessment at data cut
  - 1 started LD but became ineligible due to CNS PD

* F: 30 mg/m2 of fludarabine at D-5, D-4, D-3; C(900): 300 mg/m2 of cyclophosphamide at D-5, D-4, D-3; A(90) 30 ALLO-647 at D-5, D-4, D-3; A(60): 30 mg ALLO-647 at D-4, D-3 in Consolidation regimen-1 and 20 mg ALLO-647 at D-2, D-1, D0 in Consolidation regimen-2; C(1500): 500 mg/m2 of cyclophosphamide at D-5, D-4, D-3; A (30): 30 mg ALLO-647 at D29

† 2 pts in DL2 received 20 mg ALLO-647 at D-5, D-4, D-3

Patient Disposition, Demographics, and Disease Characteristics

Characteristics		Single Dose		Consolidation Regimens		All pts (N=28)
		DL1 (N=1)	DL2 (N=6)	Consol 1 (N=11)	Consol 2 (N=10)	
Age, mean, years		60.0	51.5	61.5	66.3	61.0
Stage III disease, n (%)		0	3 (50)	2 (18)	2 (20)	7 (25)
Stage IV disease, n (%)		1 (100)	2 (33)	7 (64)	6 (60)	16 (57)
ECOG PS, n (%)	0	0	1 (17)	3 (27)	1 (10)	5 (18)
	1	1 (100)	5 (83)	8 (73)	9 (90)	23 (82)
Baseline LDH > ULN		1 (100)	6 (100)	6 (55)	9 (90)	22 (79)
IPI score, n(%)	3	1 (100)	1 (17)	1 (9)	4 (40)	7 (25)
	4	0	0	5 (46)	3 (30)	8 (29)
Germinal center subtype, n (%)		1 (100)	2 (33)	7 (64)	8 (80)	18 (64)
Double or triple hit, n (%)		1 (100)	2 (33)	4 (36)	4 (40.0%)	11 (39)
Mean # prior regimens (SD)		5.0 (NE)	4.0 (1.8)	2.4 (1)	2.6 (1)	2.9 (1)
Prior transplant, n (%)		0	0	2 (18)	2 (20)	4 (14)
Prior anti-CD19 therapy, n (%)		1 (100)	2 (33)	1 (9)	5 (50)	9 (32)
Primary refractory, n (%)		1 (100)	0	4 (36)	3 (30)	8 (29)

- Pts had advanced disease, particularly in consolidation cohorts
  - 62% of pts in consolidation regimens had stage IV disease
  - 38% of pts in consolidation regimens had IPI score of 4
- Heavily pretreated patients in study
  - Mean/Median of 3 prior lines of therapy
  - 29% of all pts were primary refractory

ALLO-501A and ALLO-647 Safety Profile

n (%)*	Single Dose				Consolidation Regimens				All pts (N=28)	
	DL1 (N=1)		DL2 (N=6)		Consol 1 (N=11)		Consol 2 (N=10)			
	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+	All Gr	Gr 3+
IRR	1 (100)	0	2 (33)	0	3 (27)	0	1 (10)	0	7 (25)	0
Cytokine release syndrome (CRS)	1 (100)	0	1 (17)	0	0	0	1 (10)	0	3 (11)	0
Neurotoxicity†	1 (100)	0	2 (33)	0	1 (9)	0	2 (20)	0	6 (21)	0
GvHD	0	0	0	0	0	0	0	0	0	0
Neutropenia	0	0	6 (100)	6 (100)	4 (36)	4 (36)	6 (60)	6 (60)	16 (57)	16 (57)
Any prolonged Cytopenia**	0		1 (17)		0		2(20)		3 (11)	

- Total incidents of SAE-TEAE related to ALLO-501A is 14%

- No GvHD, single Gr 2 ICANs event and manageable CRS
- No dose limiting toxicities (DLTs) for ALLO-647 or ALLO-501A were observed
- Most common AEs were hematologic with neutropenia the most frequent at 57%
- Consolidation 1 appeared to have better safety, including lower rates of cytopenias and infections
- Chromosomal abnormality being investigated in a single pt in Consolidation regimen 2

* Number of patients with AE occurring from the start of study drug up to subsequent anti-cancer therapy. For patients reporting more than one AE within a preferred term, only one AE with the maximum grade is reported

† Analysis done using a broad SMQ of noninfectious encephalopathy/delirium with adjudication by clinical review

** Defined as grade 3+

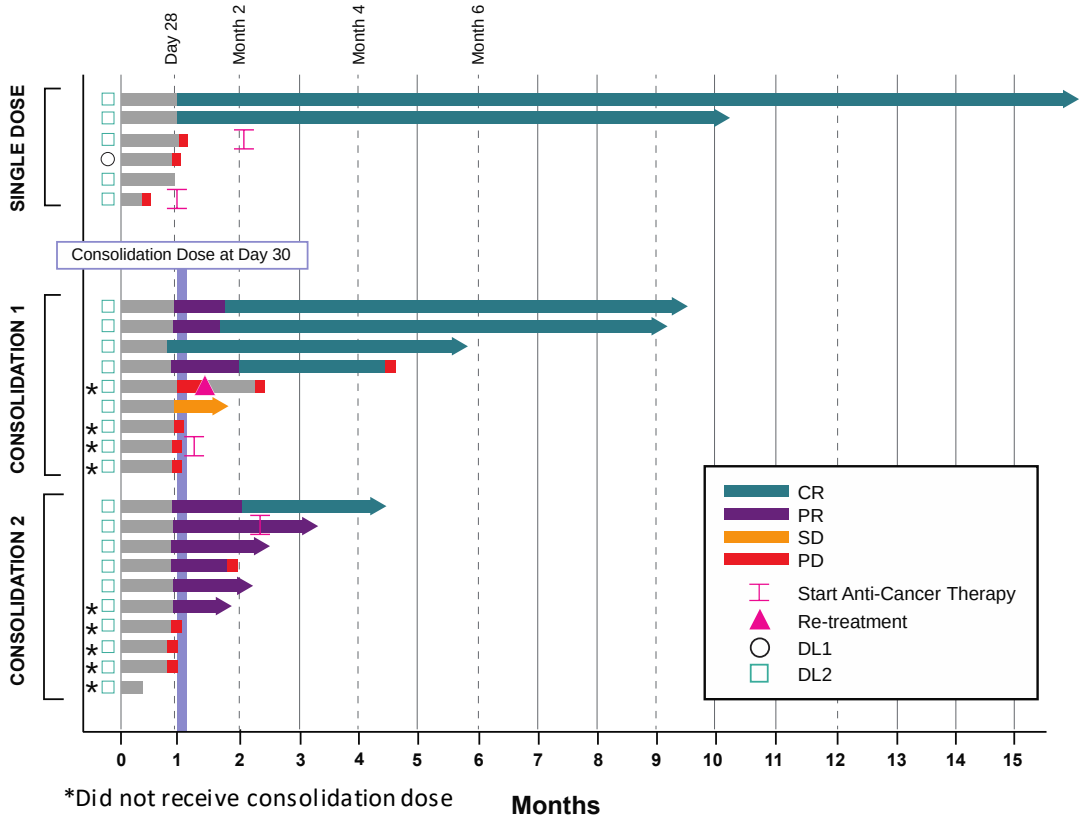
Efficacy of ALLO-501A and ALLO-647

Cell Dose	Single Dose		Consolidation Regimens		All pts
	DL1	DL2	Consol 1	Consol 2	
	N=1	N=5	N=9	N=10	N=25
ORR, n (%) (95% CI)	**0** (0, 98)	**2 (40)** (5, 85)	**4 (44)** (14, 79)	**6 (60)** (26, 88)	**12 (48)** (28, 69)
CR, n (%) (95% CI)	**0** (0, 98)	**2 (40)** (5, 85)	**4 (44)** (14, 79)	**1 (10)** (0, 45)	**7 (28)** (12, 49)
Longest CR durability*	NA	15+	9+	4+	15+

- Deep and durable responses observed across all dosing regimens
- CR rate of 44% (4 of 9) in Consolidation 1 regimen

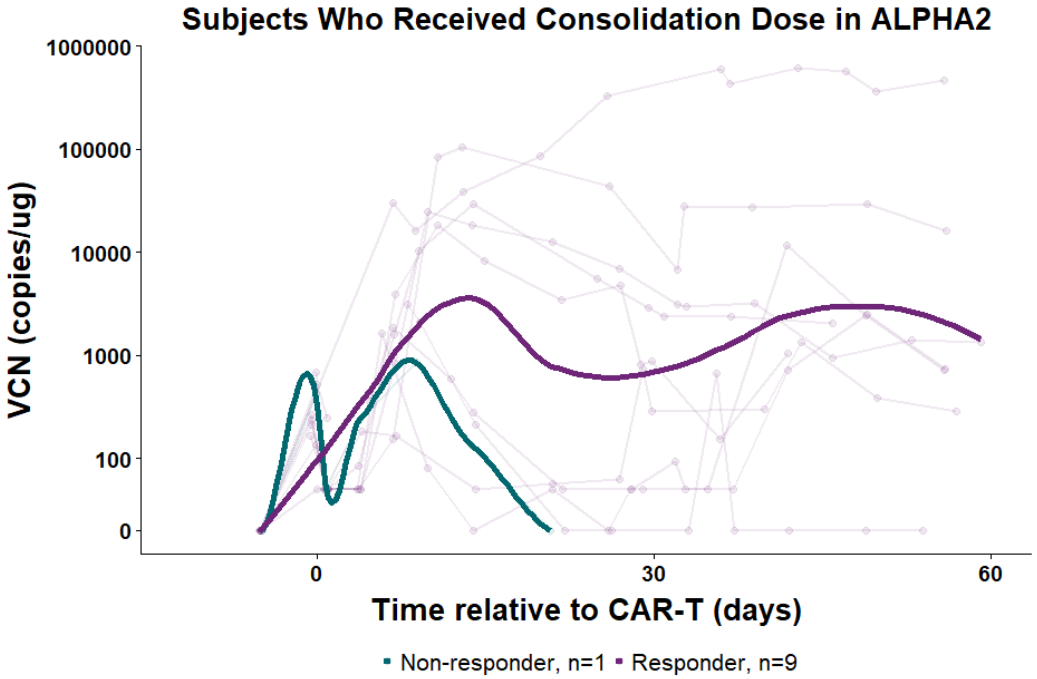
* As of the data cut off, median follow-up of 3.2 months

Ongoing and Durable Responses Observed



- 6 of 7 pts who achieved a CR remain in CR
- Longest ongoing CR at month 15+
- 3 PR converted to CR in Consolidation 1

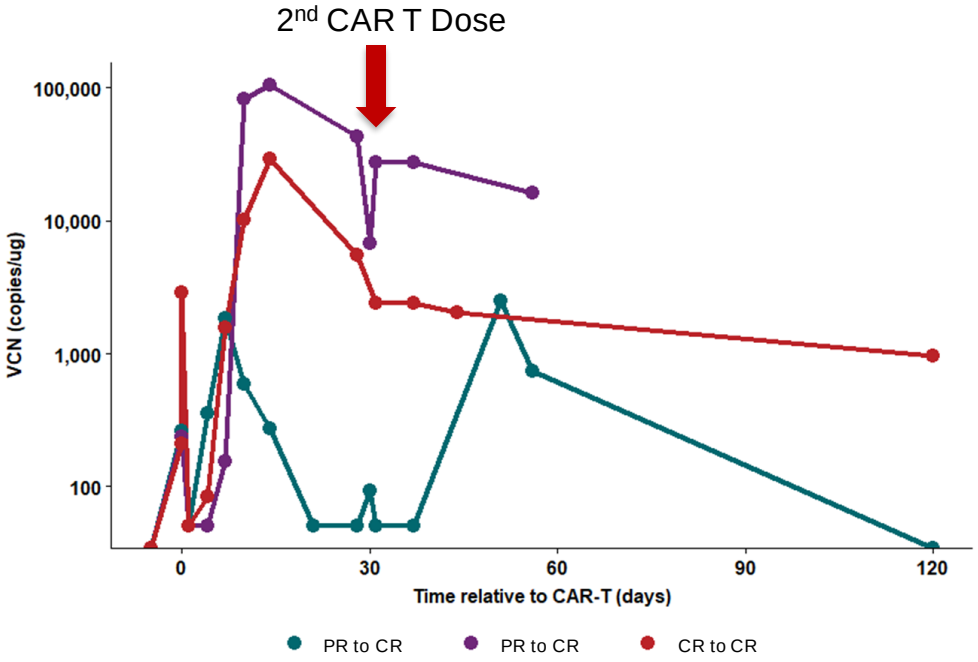
Expansion of CAR T in Patients Who Received Consolidation Regimens



- All pts who received the second consolidation dose on ~D30 are shown
- The dark lines are a smoother which shows the VCN for all pts who responded (purple) or who didn't respond (teal) in consolidation regimens
  - The purple smoother shows the there was CAR T expansion after the 2nd ALLO-501A dose at D30 in responders

VCN = Vector copy number

VCN after Consolidation Shows Expansion and Persistence after 2nd CAR T Dose



- Three representative Consolidation regimen 1 pts who received the consolidation dose on D30 and achieved a CR are shown to the left
- In all three pts CAR T expanded after the 2nd CAR T dose
- ALLO-647 was given without chemotherapy prior to the second CAR T dose and was sufficient for cell expansion

VCN = Vector copy number

Summary

These results demonstrate efficacy and tolerability and feasibility of "off the shelf" CAR T in LBCL

- ALPHA2 trial demonstrated the feasibility of AlloCAR T administration with 97% of patients initiating therapy within a median of 2 days of enrollment
- ALLO-501A/ALLO-647 associated with consistent and manageable safety with no GvHD, no Grade 3 ICANs, no Grade 3 CRS and no DLTs
- Deep and durable responses were observed across all cohorts with 6 out of 7 CR patients remaining in CR out to month 15+. Efficacy of ALLO-501A in LBCL was encouraging and similar to ALLO-501 (ASH Abstract #3878)
- Consolidation 1 regimen (lower Cy dosing) appears well tolerated including lower rates of cytopenias and infections. A 44% CR rate and meaningful cell expansion, including after administration of the second dose, was observed. A non-chemotherapy based ALLO-647 alone for LD was sufficient to allow cell expansion following the 2nd dose of ALLO-501A. In addition, 3 PRs converted to CRs in this regimen.
- Future studies incorporating Consolidation 1 regimen are being planned

THANK YOU

To patients, their families and caregivers,
clinical trial investigators, and sites

ALLO-501/501A are anti-CD19 allogeneic CAR T (AlloCAR T™) therapies being jointly developed under a collaboration agreement between Servier and Allogene based on an exclusive license granted by Cellectis to Servier. ALLO-501/501A uses Cellectis technologies. Servier grants to Allogene exclusive rights to ALLO-501/501A in the US while Servier retains exclusive rights for all other countries.

Disclosure

Lazaros J. Lekakis does not have anything to disclose.
The research support he does for clinical trials goes to University of Miami.