Pepinemab – Anti-SEMA4D Antibody for Cancer Immunotherapy



KEYNOTE-B84 Study in HNSCC

June 10, 2022

Forward Looking Statements

To the extent that statements contained in this presentation are not descriptions of historical facts regarding Vaccinex, Inc. ("Vaccinex," "we," "us," or "our"), they are forward-looking statements reflecting management's current beliefs and expectations. Such statements include, but are not limited to, statements about the Company's plans. expectations and objectives with respect to the results and timing of clinical trials of pepinemab in various indications, the use and potential benefits of pepinemab in Head and Neck cancer, Huntington's and Alzheimer's disease and other indications, and other statements identified by words such as "may," "will," "appears," "expect," "planned," "anticipate," "estimate," "intend," "hypothesis," "potential," "advance," and similar expressions or their negatives (as well as other words and expressions referencing future events, conditions, or circumstances). Forward-looking statements involve substantial risks and uncertainties that could cause the outcome of the Company's research and pre-clinical development programs, clinical development programs, future results. performance, or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, uncertainties inherent in the execution, cost and completion of preclinical and clinical trials, uncertainties related to regulatory approval, the risks related to the Company's dependence on its lead product candidate pepinemab, the ability to leverage its ActivMAb[®] platform, the impact of the COVID-19 pandemic, and other matters that could affect the Company's development plans or the commercial potential of its product candidates. Except as required by law, the Company assumes no obligation to update these forward-looking statements. For a further discussion of these and other factors that could cause future results to differ materially from any forward-looking statement, see the section titled "Risk Factors" in the Company's periodic reports filed with the Securities and Exchange Commission ("SEC") and the other risks and uncertainties described in the Company's most recent year end Annual Report on Form 10-K and subsequent filings with the SEC.





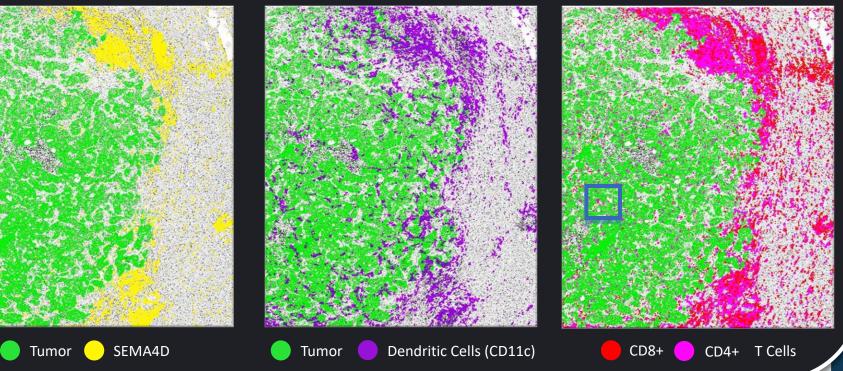
WHY DOES IMMUNE RESPONSE FAIL IN TUMORS?

Immune Exclusion

Activated T-cells and dendritic cells can't penetrate tumor

Sema4D is expressed at tumor margin

Sema4D binds PLXN receptors on DCs and restricts penetration

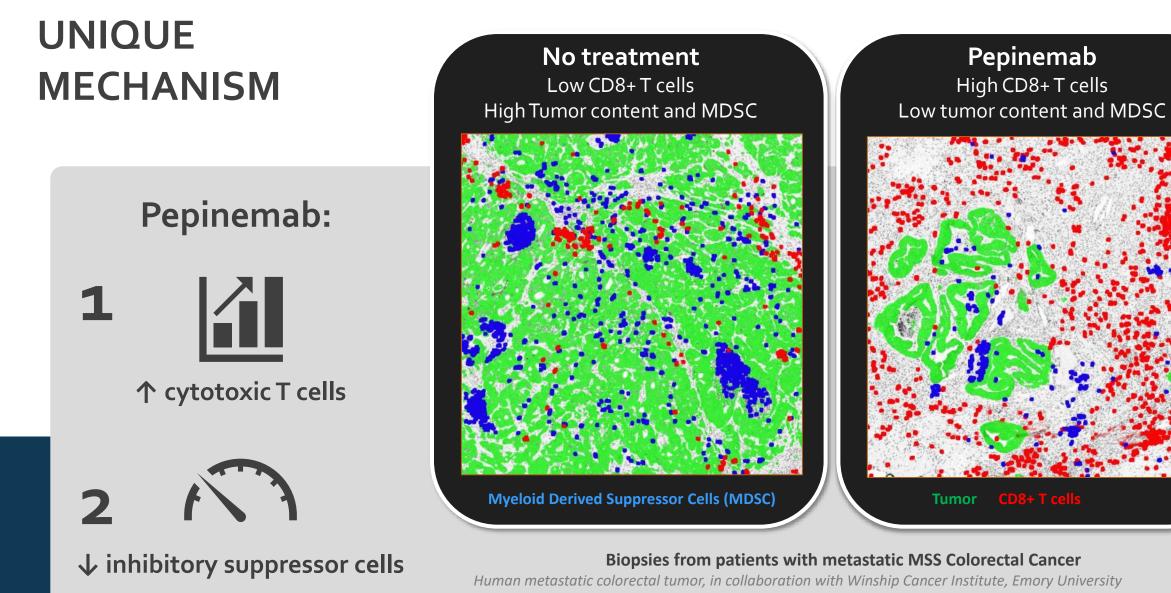


Pro-inflammatory cells are excluded from tumor and build up at the invasive edge CD8 T cells align with Sema4D at the invasive edge of the tumor. Most of these excluded T-cells express Sema4D. Dendritic Cells express receptors for SEMA4D and are heavily excluded at the invasive edge. *Human metastatic colorectal tumor, in collaboration with Emory University (NCT03373188)*



T-cells are excluded

from tumor



integrated biomarker study (NCT03373188), Wu et al. Ann Surg Oncol. 2021



RATIONALE FOR TREATMENT OF HNSCC

Head and Neck cancer (HNSCC)

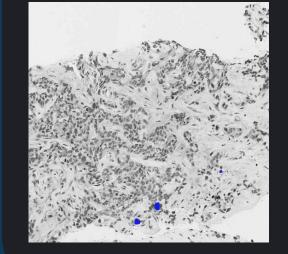
- Data suggest that SEMA4D is strongly expressed in HNSCC & induces high levels of myeloid derived suppressor cells (MDSC)
- Relatively low (17-19%) response rate to immune checkpoint therapy in HNSCC

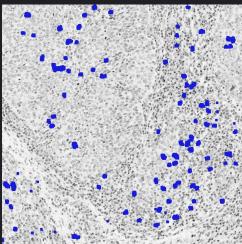


Hypothesis: Inhibiting MDSC with pepinemab may enhance response

to pembrolizumab in HNSCC

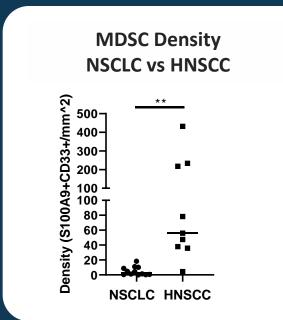
Myeloid Derived Suppressor Cells (MDSC)





NSCLC





KEYNOTE B84 HEAD AND NECK CANCER TRIAL

- All patients receive standard of care Keytruda[®], plus pepinemab for firstline treatment
- > Ph1b Safety: COMPLETE
 - Appeared to be well tolerated
 - RP2D: 20mg/kg pepi and 200mg pembro, Q3W
- > Ph2 Expansion: Accruing
- 17 of 18 sites in USA now actively enrolling
- > Open-label, continuous monitoring



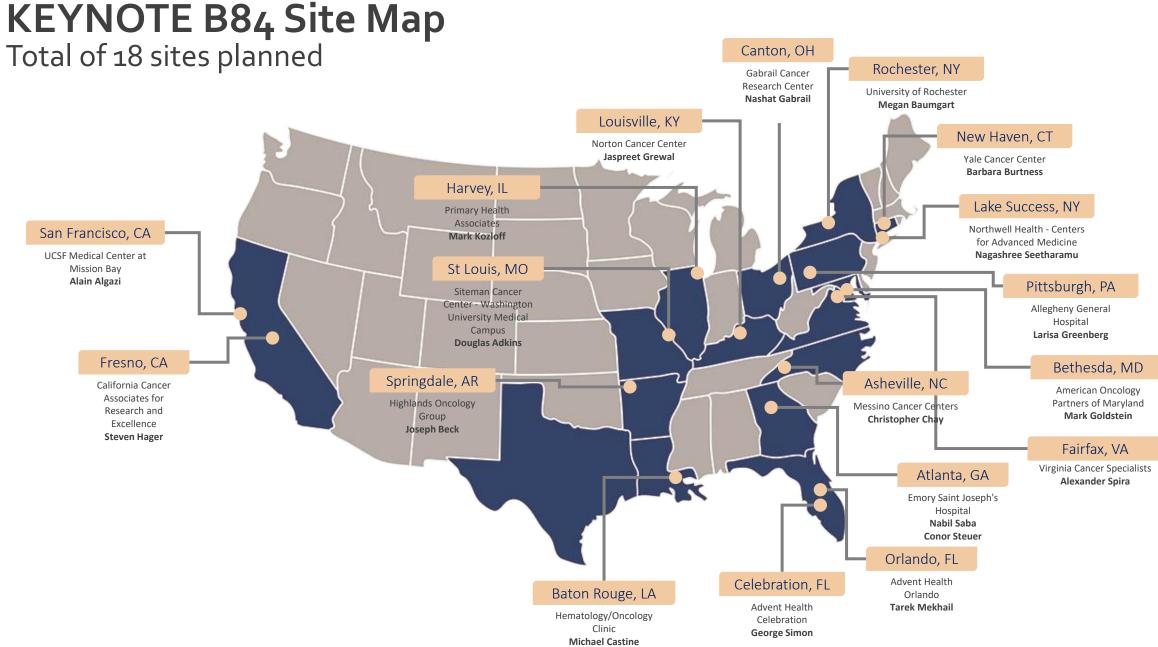
MERCK

KEYNOTE B84: pepinemab + Keytruda® for first-line treatment of recurrent or metastatic head and neck cancer

Phase 1b: Safet• Total of 3 patients	•	hase 2: Expansion Phase PD-L1 high (CPS ≥20) PD-L1 low/negative (CPS <20) Total: up to 62 patients	
IUL 2021	JAN 2022	2H 2022	2H 2023
Safety Period		ا Interim Report ®	Topline Data
		[®] ≤ ^v	
		©≤ ^v ∼midpoint of enrollment ∼ November '22	Objective Response

KEYNOTE-B84: Case studies to illustrate differences in positive response profiles

	Biopsy		Scans		Biomarkers	Adverse
Case Study # 1: CR (confirmed)	week 5	week 9	week 15	week 21		Events
Oropharyngeal cancer Target lesions: metastases to lung (Left 11mm, Right 15mm)	NO malignancy	19% decrease, SD	100% decrease, CR	Confirmed, CR Now 42 Weeks	PD-L1 CPS<20 HPV negative	none of notable severity
Case Study # 2: CR (confirmed)						
Larynx cancer with direct invasion into thyroid and neck Target lesions: neck mass (37mm)	NO malignancy	100% decrease, CR	Confirmed, CR	Continued CR Now 27 Weeks	PD-L1 CPS<1 HPV negative	Grade 1 rash
Case Study # 4: PR (unconfirmed)						
Oropharyngeal cancer Target lesions: metastases to lung (Left 24 mm, Right 23 mm)	Not available	6% decrease, SD	72% decrease, PR	Anticipated July '22	PD-L1 CPS≥20 HPV negative	none of notable severity



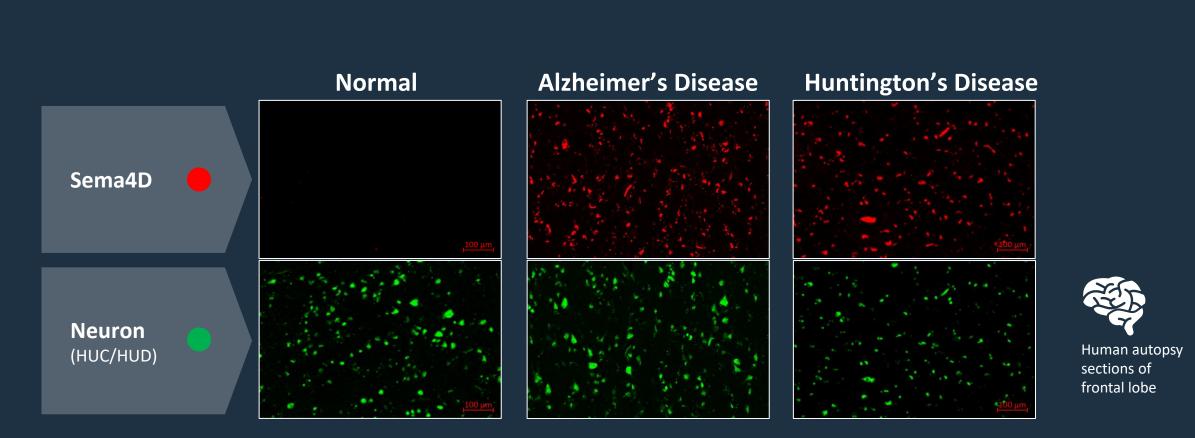


Pepinemab – Anti-SEMA4D Antibody for Huntington's and Alzheimer's Disease



Novel Mechanisms New Medicines

SEMA4D IS UPREGULATED IN NEURONS DURING ALZHEIMER'S AND HUNTINGTON'S DISEASE PROGRESSION



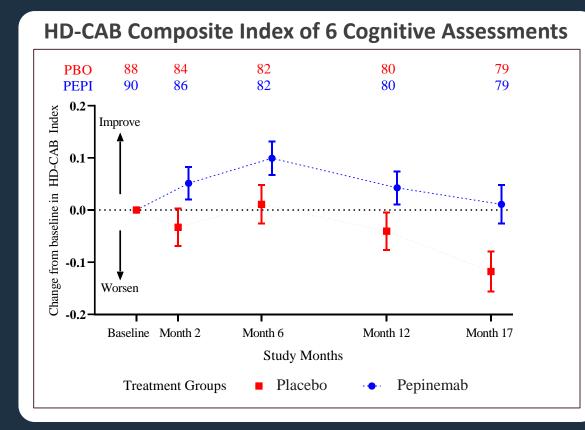
Semaphorin 4D is upregulated in neurons of diseased brains and triggers astrocyte reactivity Elizabeth E Evans, Vikas Mishra, Crystal Mallow, Elaine Gersz, Leslie Balch, Alan Howell, Ernest S. Smith, Terrence L. Fisher, Maurice Zauderer* Journal of Neuroinflammation, 2022, *In Press*.



COGNITIVE ASSESSMENT BATTERY (HD-CAB)

Co-Primary and pre-specified Exploratory analysis





CCÍNEX

Andrew Feigin et al. Nature Medicine, 2022, In Press.

Two-item HD Cognitive Assessment: Pre-specified Co-Primary

LS Mean Difference Estimate (95% CI)	One-sided p-value	Favors Pepinemab	Critical value
OTS: -1.98 (-4.00, 0.05)	0.028	Yes	No [0.025]
PTAP: 1.43 (-0.37, 3.23)	0.060		[0.025]

HD-CAB Composite Index: Pre-specified Exploratory

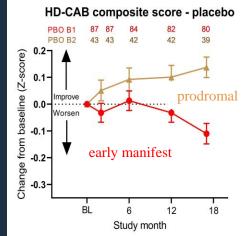
LS Mean Difference Estimate (95% CI)	One-sided p-value	Favors Pepinemab	Critical value
0.13 (0.03, 0.23)	0.007	Yes	Yes [0.025]

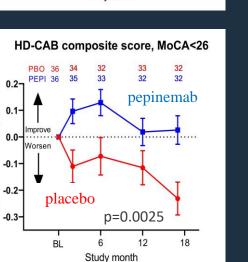
COGNITIVE ASSESSMENT BATTERY (HD-CAB)

Exploratory and Post-hoc analysis

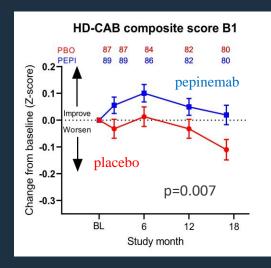


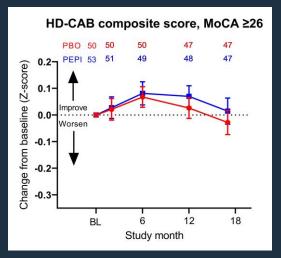
- "Learning effect" is lost when HD symptoms become manifest
- Pepinemab treatment restores the ability to benefit from experience (ie, to learn)





Change from baseline (Z-score)



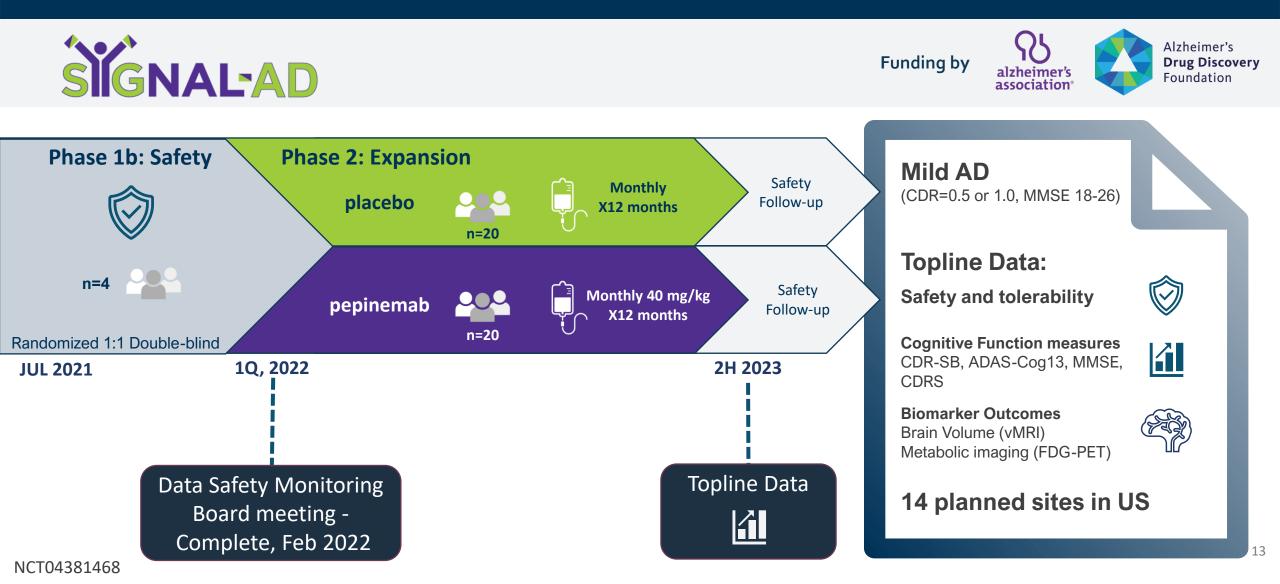


Pepinemab antibody blockade of SEMA4D in early Huntington's Disease: the randomized, placebo-controlled, phase 2 SIGNAL trial Andrew Feigin, Elizabeth E. Evans, Terrence L. Fisher, John E. Leonard, Ernest S. Smith, Alisha Reader, Vikas Mishra, Richard Manber, Kimberly A. Walters, Lisa Kowarski, David Oakes, Eric Siemers, Karl D. Kieburtz, Maurice Zauderer*, and the Huntington Study Group SIGNAL investigators **Nature Medicine, 2022, In Press.**

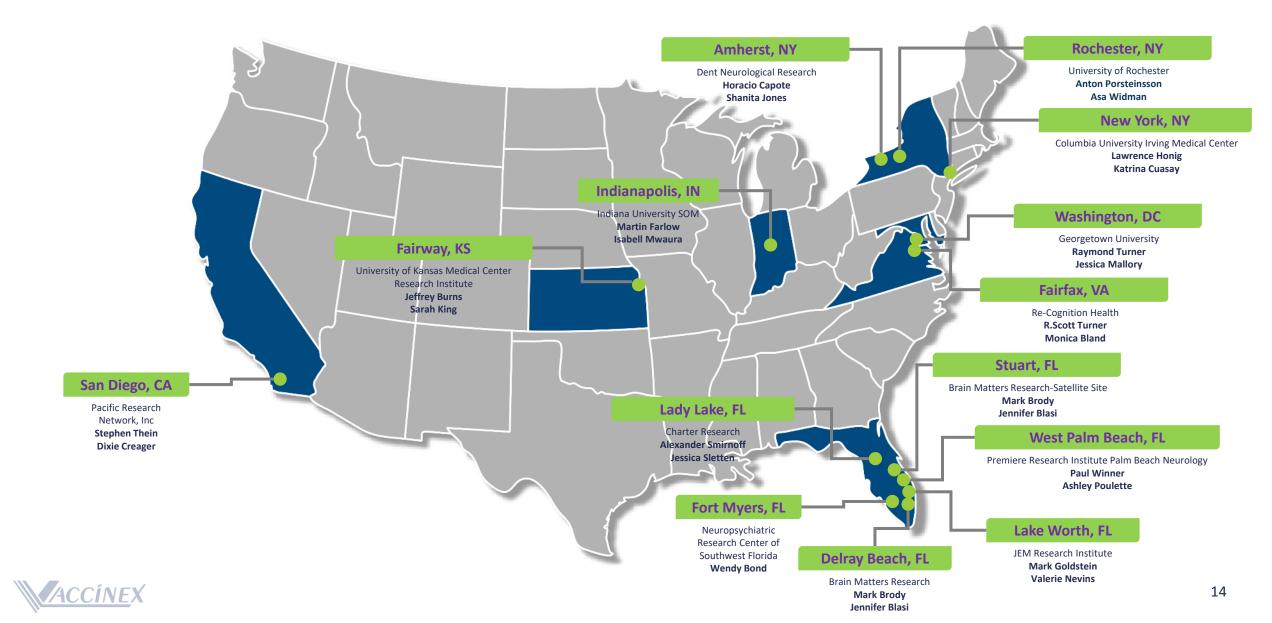


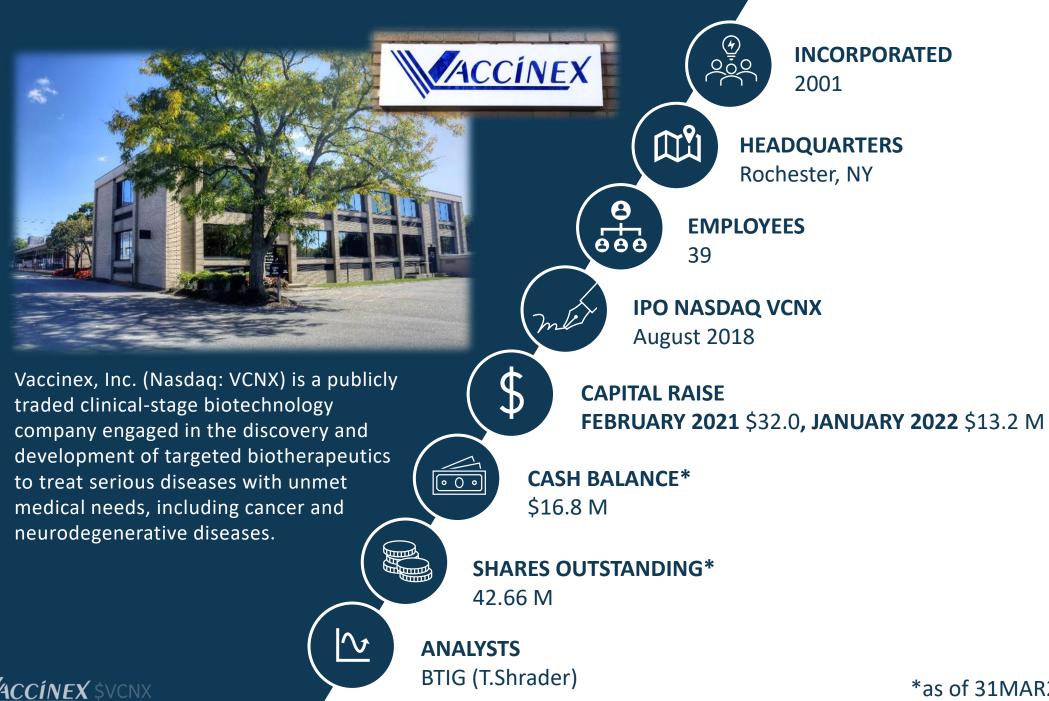


ALZHEIMER'S DISEASE Phase 1b/2 Trial Design



Signal-AD Site Map





*as of 31MAR2022 15

PIPELINE and MILESTONES

Research/Preclinical Pha	ase 1 Phase 2	Phase 3	Partner/Funding	Milestone
Pepinemab Antibody Platform (a	anti-Semaphorin 4D Mab)			
Dncology				
Pepinemab COMBO with Avelu Non Small Cell Lung Cancer	umab in	CLASSICAL- Lung	Merck, KGaA Darmstadt	Complete, Published 2021
Pepinemab COMBO with Pemi Head and Neck Cancer	brolizumab in	KEYNOTE- B84	MERCK Merck, MSD	Ongoing Next data 2H 202
leurology				
Pepinemab in Huntington's Di (Orphan Drug and Fast Track Desig		SIGNAL		Complete, Nat. Med in pres
Pepinemab in Alzheimer's Dis	ease	SIGNAL-AD	Alzheimer's alzheimer's association	Ongoing Data 2H 2023

All Studies Sponsored by:

