iTEOS THERAPEUTICS

# Cancer Immunotherapies *by design*™

Nasdaq: ITOS March 2024

# Forward-Looking Statements

This presentation contains forward-looking statements. Any statements that are not solely statements of historical fact are forward-looking statements. Words such as "believe," "anticipate," "plan," "expect," "will," "may," "intend," "prepare," "look," "potential," "possible" and similar expressions are intended to identify forward-looking statements. These forward-looking statements include statements relating to the potential benefits of our product candidates and combinations, including the potential of EOS-984 to revive T cell proliferation and offer large combination opportunity broadly across cancer therapies; belrestotug and dostarlimab representing potential differentiated, high-quality therapies; the expectation that 2024 will be a defining year for iTeos; our clinical and data generation plans for 2024, including initiating a TIGIT Phase 3 registrational study, having data readouts from GALAXIES Lung-201, TIG-006 HNSCC, A2A-005 and EOS-984, and presenting preclinical mechanism of action data from EOS-984; our market opportunities and number of patients potentially eligible for our product candidates; the potential benefits of our collaboration with GSK; and our expected cash runway through 2026.

These forward-looking statements involve risks and uncertainties, many of which are beyond iTeos' control. Actual results could materially differ from those stated or implied by these forward-looking statements as a result of such risks and uncertainties. Known risk factors include the following: success in preclinical testing and early clinical trials does not ensure that later clinical trials will be successful, and early results from a clinical trial do not necessarily predict final results; the data for our product candidates may not be sufficient to support regulatory approval; iTeos may encounter unanticipated costs or may expend cash more rapidly or more slowly than currently anticipated due to challenges and uncertainties inherent in product research and development and biologics manufacturing; the expected benefits and opportunities related to the agreement between iTeos and GSK may not be realized or may take longer to realize than expected due to a variety of reasons, including any inability of the parties to perform their commitments and obligations under the agreement, challenges and uncertainties inherent in product research and development and manufacturing limitations; iTeos may not be able to execute on its business plans, including meeting its expected or planned regulatory milestones and timelines, research and clinical development plans, and bringing its product candidates to market, for various reasons, some of which may be outside of iTeos' control, including possible limitations of company financial and other resources, manufacturing limitations that may not be anticipated or resolved for in a timely manner, negative developments in the field of immuno-oncology, such as adverse events or disappointing results, including in connection with competitor therapies, and regulatory, court or agency decisions such as decisions by the United States Patent and Trademark Office with respect to patents that cover our product candidates; and those risks identified under the heading "Risk Factors" in iTeos' Annual Report on Form 10-K for the year ended December 31, 2023 filed with the Securities and Exchange Commission (SEC) as well as other SEC filings made by the Company which you are encouraged to review. Statements regarding the Company's cash runway do not indicate if and when the Company may access the capital markets.

Any of the foregoing risks could materially and adversely affect iTeos' business, results of operations and the trading price of iTeos' common stock. We caution investors not to place considerable reliance on the forward-looking statements contained in this press release. iTeos does not undertake any obligation to publicly update its forward-looking statements based on events or circumstances after the date hereof.

2024

# A Defining Year for iTeos

**Promising TIGIT:PD-1 Doublet** 1

**Two** Data Readouts Anticipated in 2024

**Unlocking Adenosine Pathway** 2

**Two** Data Readouts Anticipated in 2024

**Funded Through 2026** 3

**~$633M** in cash as of 4Q23

# Deep Pipeline with Four Clinical Readouts in 2024

*Innovative molecules and compelling combinations*

| | Preclinical | Phase 1 | Phase 2 | Phase 3 | Status |
|---|---|---|---|---|---|
| **Belrestotug: IgG1 antibody targeting TIGIT** | | | | | iTEOS GSK |
| **+ dostarlimab** \| 1L NSCLC PDL1 high | | | | | Planned Study |
| **+ dostarlimab** \| 1L NSCLC PDL1 high | | | **GALAXIES Lung-201** | | **Data Anticipated 2024** |
| **+ dostarlimab** \| 1L HNSCC PDL1 high/low | | | **TIG-006** | | **Data Anticipated 2024** |
| **+ dostarlimab + CD96** \| 1L HNSCC PDL1 high | | | **GALAXIES H&N-202** | | Enrolling |
| **+ dostarlimab + chemotherapy** \| 1L mNSCLC | | **TIG-006** | | | Enrolling |
| **+ dostarlimab + CD96** \| Advanced Malignancies | | **NCT03739710** | | | Enrollment Complete |
| **+ dostarlimab + PVRIG** \| Advanced Malignancies | | **NCT05277051** | | | Enrolling |
| **Inupadenant: Small molecule targeting $A_{2A}$ receptor** | | | | | iTEOS |
| **+ chemotherapy** \| Post-IO Chemo-naïve NSCLC | | | **A2A-005** | | **Data Anticipated Late 2024** |
| **EOS-984: Small molecule targeting ENT1** | | | | | iTEOS |
| **Monotherapy** \| Advanced Malignancies | | | | | **Data Anticipated 2024** |

ENT1, Equilibrative Nucleoside Transporter 1; (m)NSCLC, (metastatic) non-small cell lung cancer; HNSCC, head and neck squamous cell carcinoma

# Belrestotug

EOS-448 / GSK4428859A

iTeos and GSK are uniquely positioned to leverage the TIGIT/CD226 axis

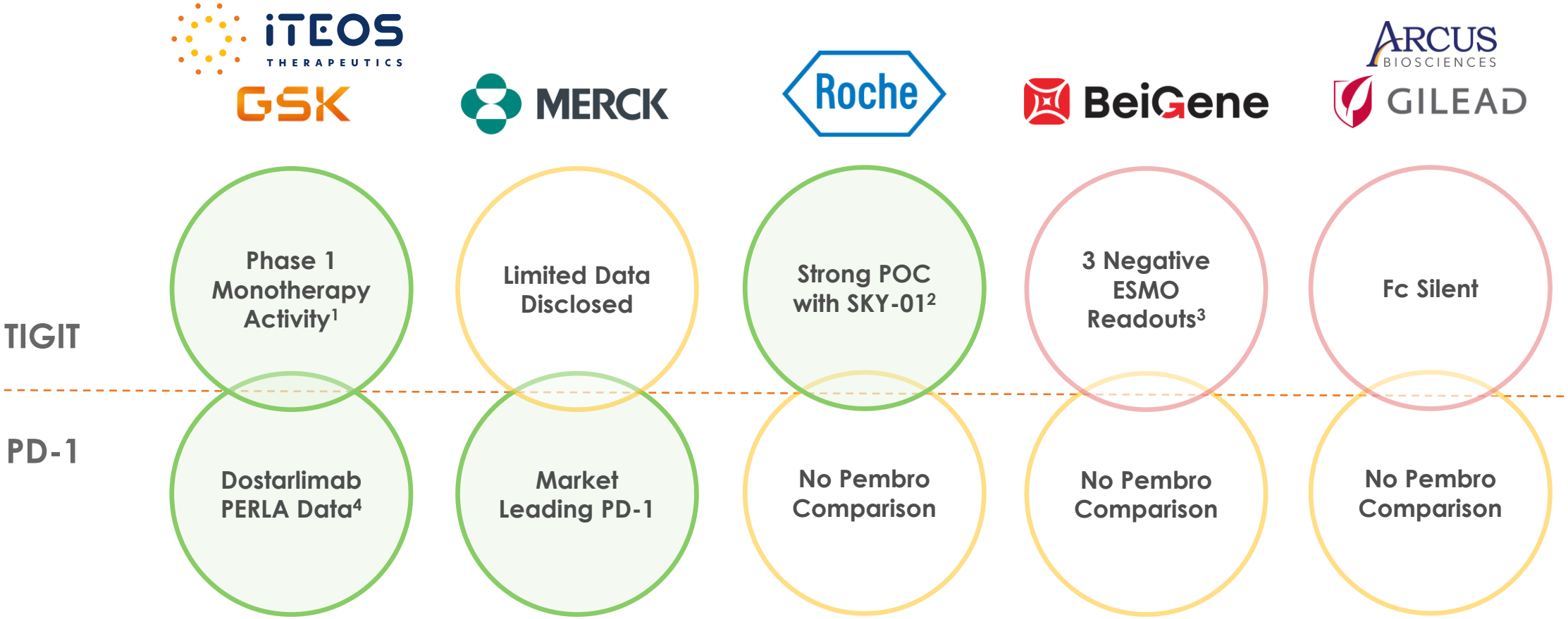
*We Hold An*

# Advantageous Field Position

*Significant momentum in 2023*

# The Need for a Transformative TIGIT:PD-1 Doublet

*Belrestotug + dostarlimab represent potential differentiated, high-quality therapies*




1. iTeos AACR 2021
2. Genentech Phase 3 Skyscraper-01 Study - August 22, 2023 Release
3. ESMO 2023 - AdvanTIG-203, AdvanTIG-206, AdvanTIG-202
4. ESMO 2023 – Phase 2 GSK-sponsored PERLA study in 1L NSCLC

POC, proof of concept; Pembro, pembrolizumab

# Belrestotug: The First And Only TIGIT to Demonstrate Robust Target Engagement

Unique Epitope Binding

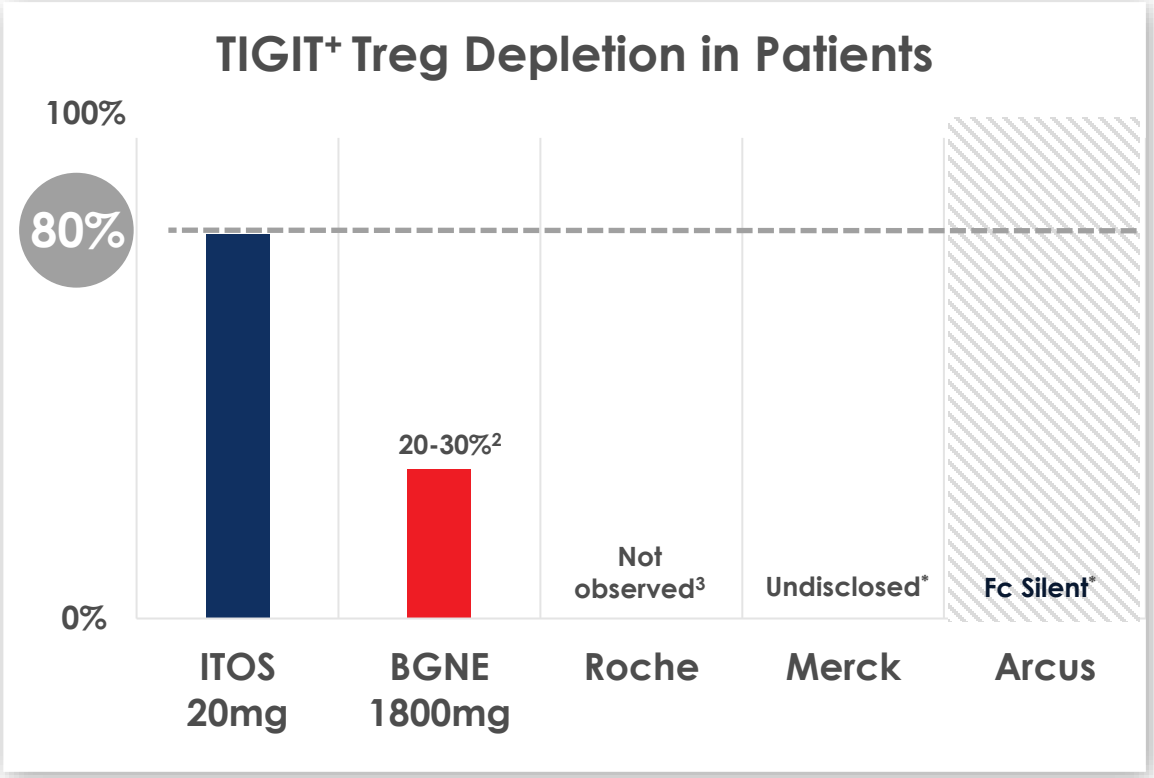
**High Affinity + Potency**

First and only TIGIT with proven

**Treg depletion at all doses**[1]

Only TIGIT to Demonstrate Phase 1

**Monotherapy Activity**[1]



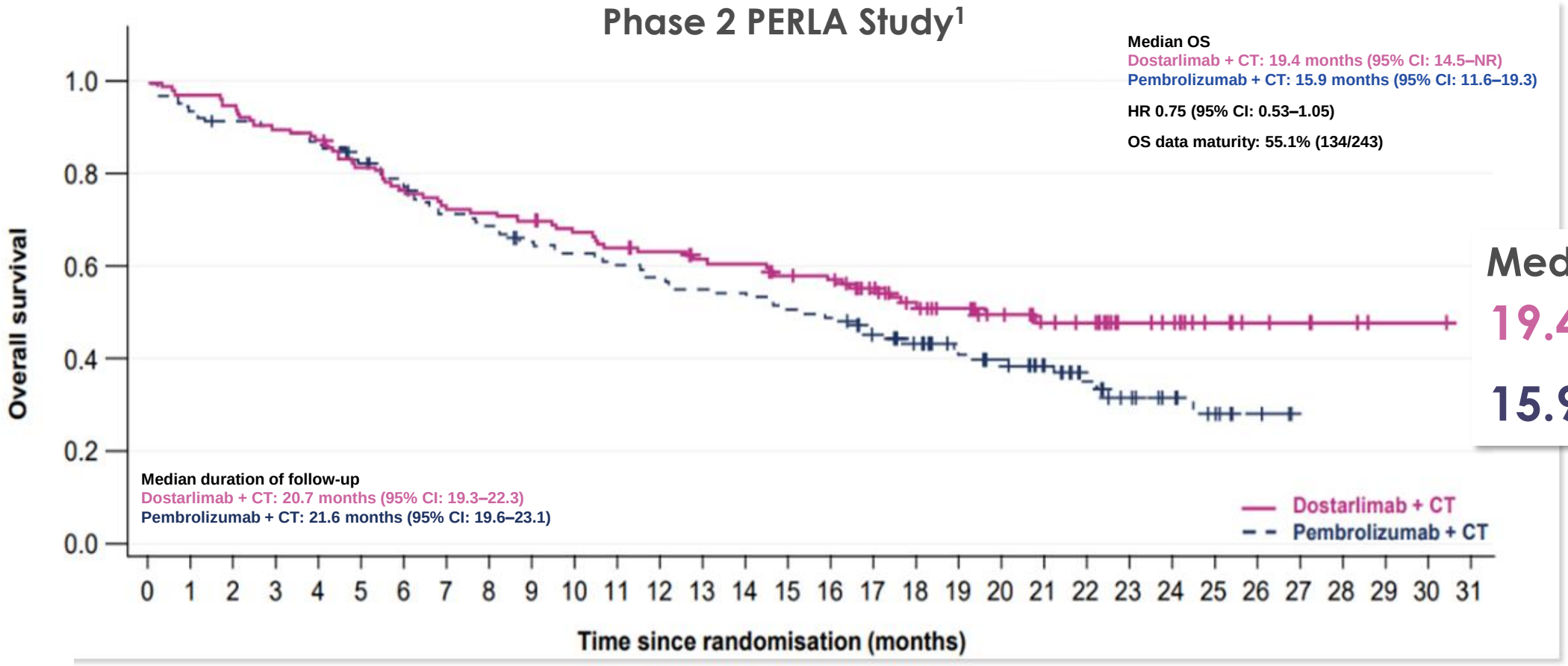

*Merck vibostolimab has yet to publicly show Treg depletion data; Arcus' domvanalimab is an Fc silent TIGIT and not capable of Treg depletion

[3] Ira Melman, Vice President, Cancer Immunology at Genentech: "We would have loved to see Treg depletion…I know that [TIGIT] is also present in fairly high abundance on regulatory T cells but neither in the mouse models nor in cancer patients can we really find much or certainly dramatic evidence that Treg compartment is diminished as a consequence of TIGIT exposure."


1. iTeos AACR 2021
2. doi: 10.1136/jitc-2022-SITC2022.0768
3. Piper Sandler Virtual BioInsights KOL Day: Expert Call on Next Generation Cancer Immunotherapy – June 2020

# PERLA: Dostarlimab Is A Quality Anti-PD-1 Backbone

*Positive numerical OS trend in 1L NSCLC favoring dostarlimab + CT vs. pembrolizumab + CT*




**Median OS**

**19.4 Months**

**15.9 Months**

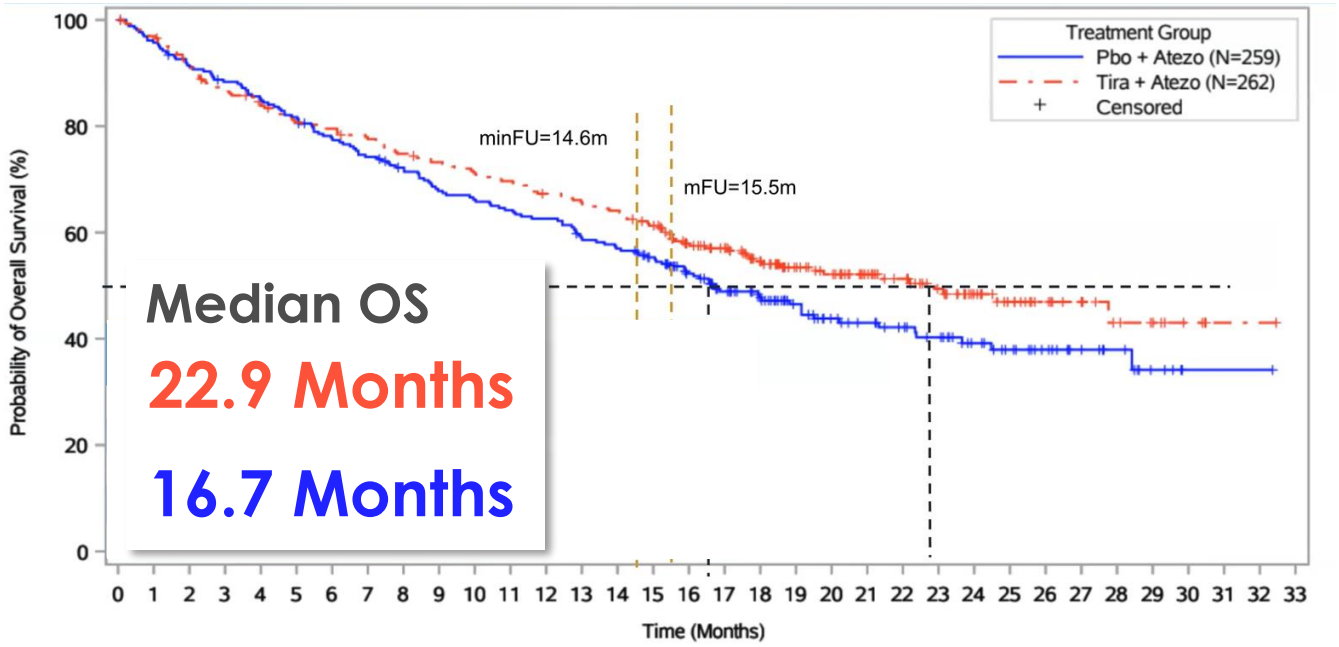
[1]Phase 2 GSK-sponsored PERLA study in 1L NSCLC. Peters S, et al. Annals of Oncology (2023) 34 (suppl_2): S1254-S1335. 10.1016/annonc/annonc1358.
NB: Safety profiles in the secondary analysis of OS were similar and consistent with those previously reported in the primary analysis for the PERLA trial.

CT, chemotherapy; NSCLC, non-small cell lung cancer; OS, overall survival; dMMR, mismatch repair–deficient

# SKY-01: Meaningful Separation of Curves Validates TIGIT

*Quality of components and clinical trial design leave room for improvement*

## Phase 3 SKY-01 IA2[1] in 1L NSCLC




## Key Insights

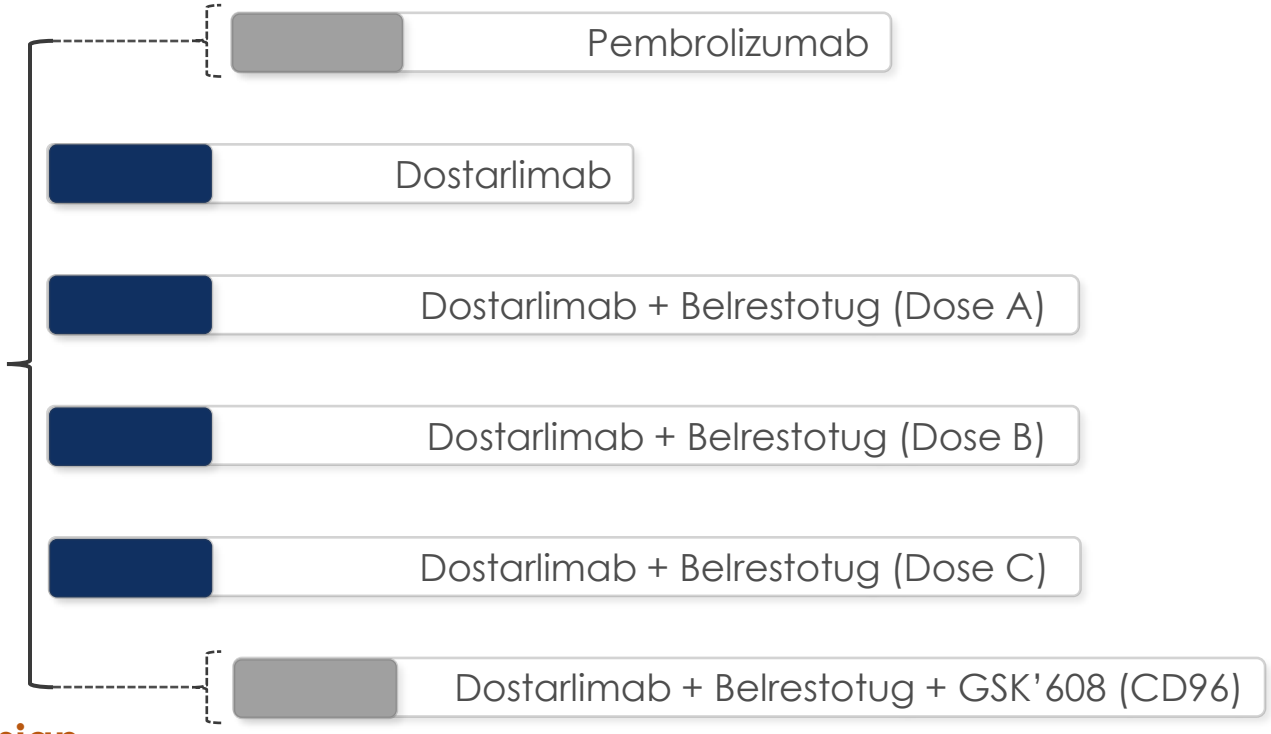
1. **Validated TIGIT as a target** with mOS extended by ~6 months
2. **Robust study design** could provide meaningful efficacy and safety evaluation
3. **Incorporation of pembrolizumab** as SoC control arm

1. Genentech Phase 3 Skyscraper-01 Study - August 22, 2023 Release

SoC, standard of care; OS, overall survival; NSCLC, non-small cell lung cancer

# GALAXIES Lung-201 - Phase 2 in 1L NSCLC

*The largest TIGIT Phase 2 in 1L NSCLC*




## Study Design

**Estimated Enrollment** 300

| | | | |
|---|---|---|---|
| **Status** | Enrolling | **Objectives** | Evaluate Belrestotug + Dostarlimab safety, efficacy, PK/PD |
| **Masking** | Open label | **Primary Endpoint** | ORR |
| **PDL1 Expression** | ≥50% | **Secondary Endpoint** | PFS, OS, DOR |
| **Lines of Therapy** | No prior systemic therapy | **Clinical Trials Listing** | NCT05565378 |
| **Delivery** | IV Infusion | | |

NSCLC, non-small cell lung cancer; SoC, standard of care; ORR, overall response rate; PFS, progression free survival; OS, overall survival; DOR, duration of response

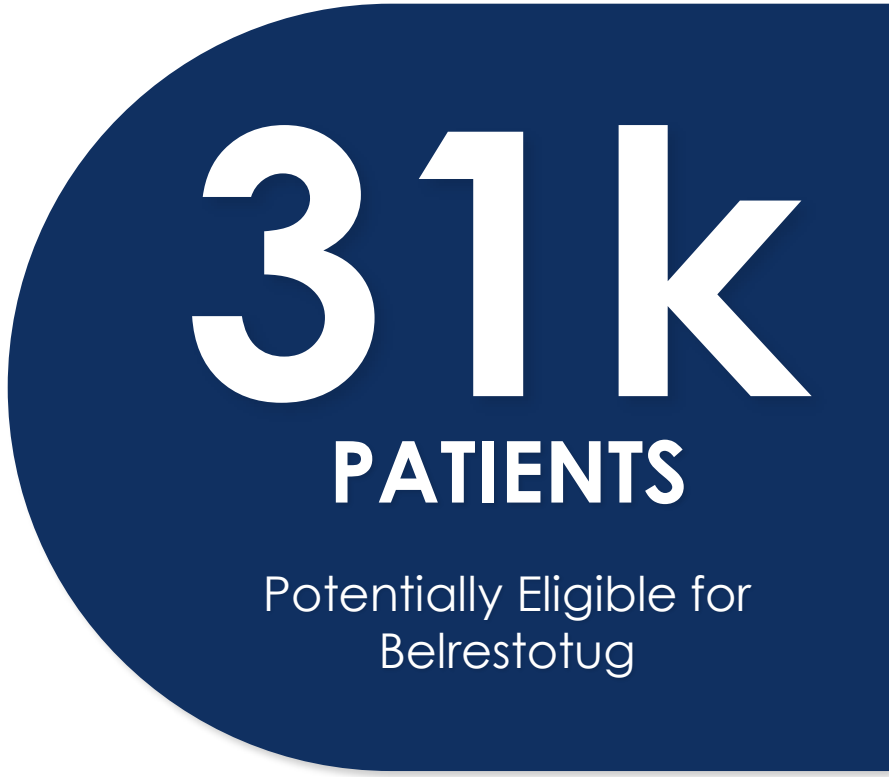
# 1L NSCLC: Building A Meaningful Position

*Evolving competitive landscape favoring a high-quality TIGIT:PD-1 doublet*

**Strong scientific rationale** with high levels of TIGIT+ Tregs, high infiltration of T cells, and highly amenable to IO therapies

**The right Phase 3 strategy** with right dose, right combination, right trial design, and right commercial approach

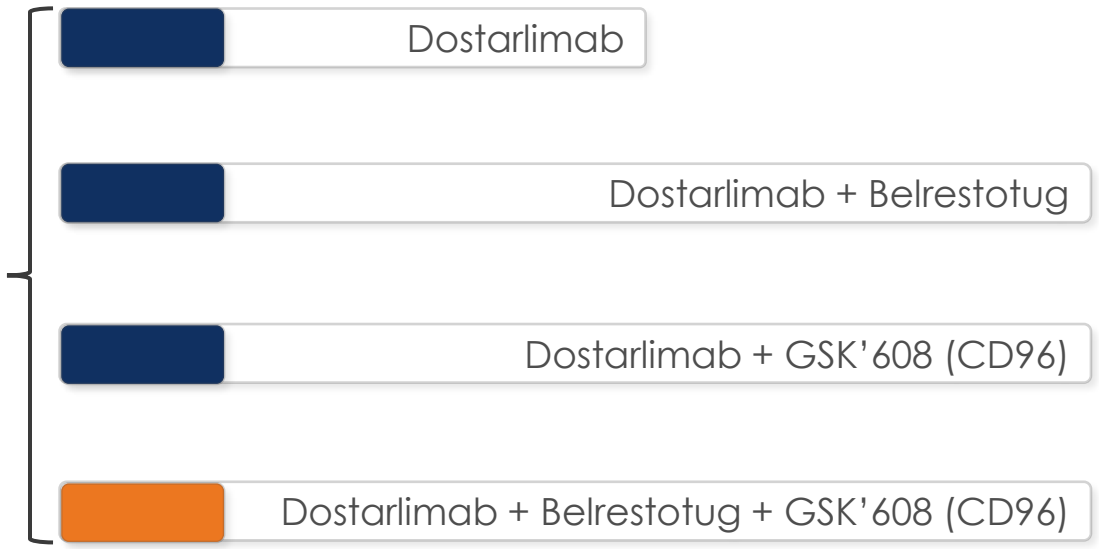
**1L NSCLC launch point** and clinical POC enables future exploration of other NSCLC settings and indications beyond lung




Source: Kantar, internal iTeos analysis

NSCLC, non-small cell lung cancer; IO, immuno-oncology; POC, proof of concept

# GALAXIES H&N-202: Phase 2 in 1L HNSCC



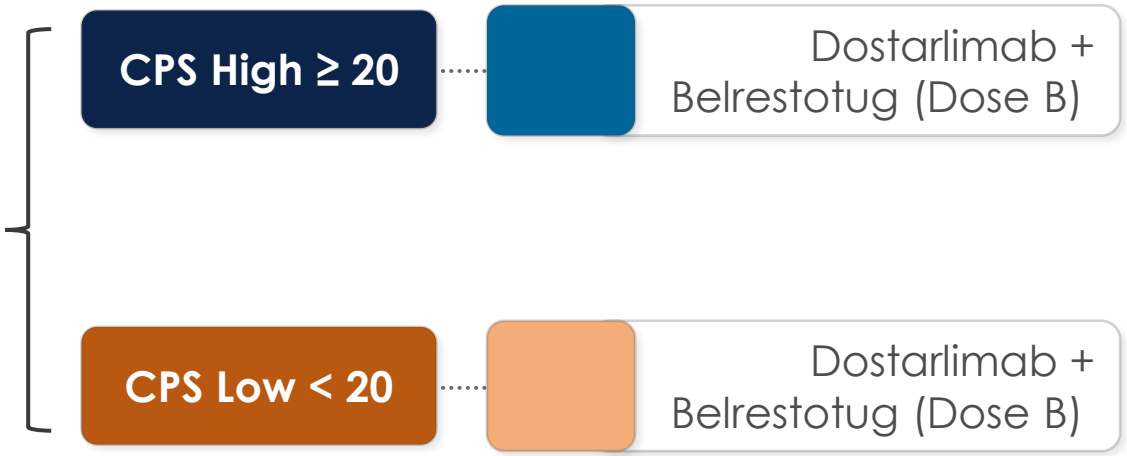

## Study Design

**Estimated Enrollment** 360

| | |
|---|---|
| **Status** | Enrolling |
| **Masking** | Open label |
| **PDL1 Expression** | PDL1+ |
| **Lines of Therapy** | No prior systemic therapy |
| **Delivery** | IV Infusion |
| **Objectives** | Evaluate antitumor activity, safety of Dostarlimab + novel IOs |
| **Primary Endpoint** | ORR |
| **Secondary Endpoint** | PFS, OS, DOR |
| **Clinical Trials Listing** | NCT06062420 |

HNSCC, head and neck squamous cell carcinoma; ORR, overall response rate; PFS, progression free survival; OS, overall survival; DOR, duration of response

# TIG-006 – Phase 2 in 1L HNSCC PDL1 High/Low




## Study Design

**Estimated Enrollment** 80

| | |
|---|---|
| **Status** | Enrolling |
| **Masking** | Open label |
| **PDL1 Expression** | PDL1+ |
| **Lines of Therapy** | No prior systemic therapy |
| **Delivery** | IV Infusion |
| **Objectives** | Evaluate Belrestotug + Dostarlimab in two CPS populations |
| **Primary Endpoint** | ORR |
| **Secondary Endpoint** | PFS, OS, DOR |
| **Clinical Trials Listing** | NCT05060432 |

# 1L HNSCC: Potential First-to-Market Opportunity

*Under-served market with strong biological rationale seeking advances*

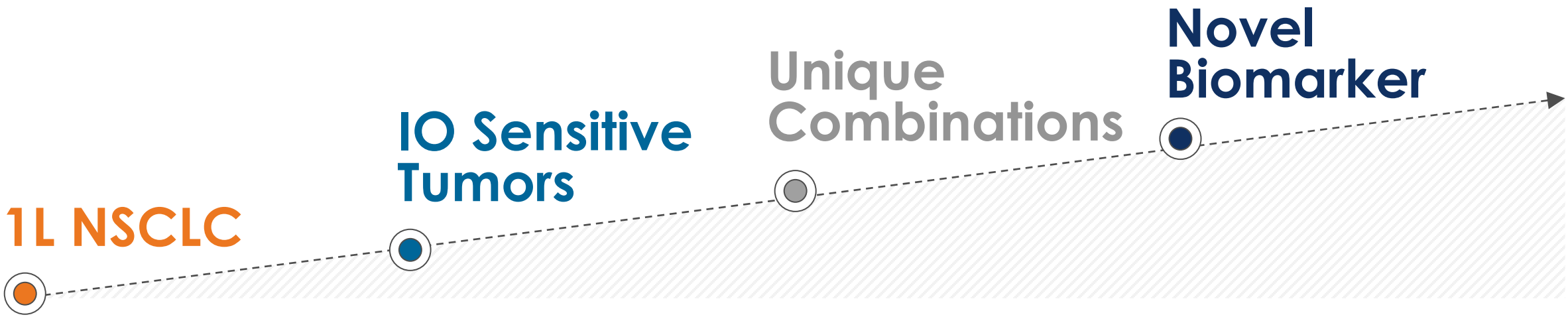
**Strong scientific rationale** with high levels of TIGIT+ Tregs, high infiltration of T cells and the indication being amenable to PD-1 therapy

**Significant market opportunity** due to no ongoing Phase 3 studies, potential to be first-to-market, and the opportunity to expand to the locally advanced setting


Source: Kantar, internal iTeos analysis

HNSCC, head and neck squamous cell carcinoma; mOS, median overall survival

# Belrestotug + Dostarlimab Are Uniquely Positioned to Fully Exploit TIGIT Pathway




**Foundation**

1L NSCLC to serve as launch point for TIGIT:PD-1 doublet

**Expansion**

Target clinically validated indications and improve tumor activity with TIGIT:PD-1 doublet

**Design**

Utilize doublets beyond PD-1 and unique triplets to target complementary mechanisms or drugs limited by exhaustion

**Implementation**

Integrate promising TIGIT biomarker to precisely target sensitive indications and subpopulations

# An Empowering, Strategic Collaboration with GSK

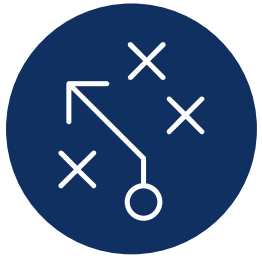
*Data-driven approach to unlock potential of high-quality regimens*

## Success Factors

Quality TIGIT

Proven PD-1

Right Partner



Strategic Approach

**Payments**
**$625M** upfront,
up to **$1.45B** milestones

**Territories**
**US**: co-commercialization and **50/50 profit share**

**Ex-US**: double digit royalties **up to 20%**

**Developmental expenses**
**40%** iTeos / **60%** GSK

PFS, progression free survival; OS, overall survival; dMMR, mismatch repair deficient

# Adenosine Pathway

Unlocking one of the most promising targets responsible for immunosuppression

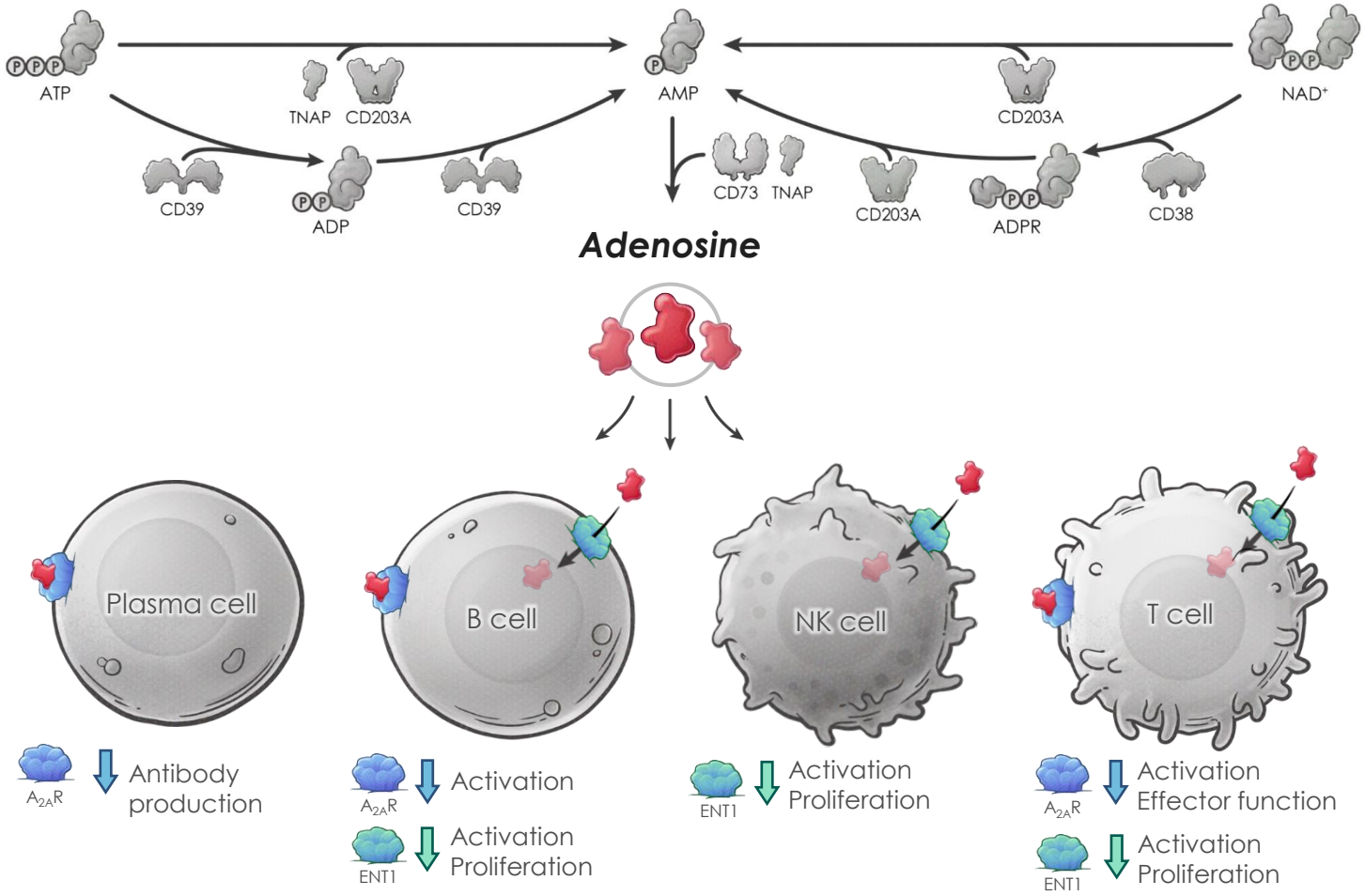
# Supraphysiological Adenosine Synthesis in TME Broadly Suppresses Immune System

**Adenosine created in response to proinflammatory stimuli**, like cell stress from hypoxia and cell necrosis in the tumor

**Difficult to stop adenosine production due to multiple ways of generation**, including enzymes CD39 and CD73

**$A_{2A}R$ engagement** with adenosine impairs cancer cell recognition and immune cell activity

**ENT1 engagement** with adenosine impairs immune cell metabolism, effector function, and proliferation



# Inupadenant: A Class of Its Own

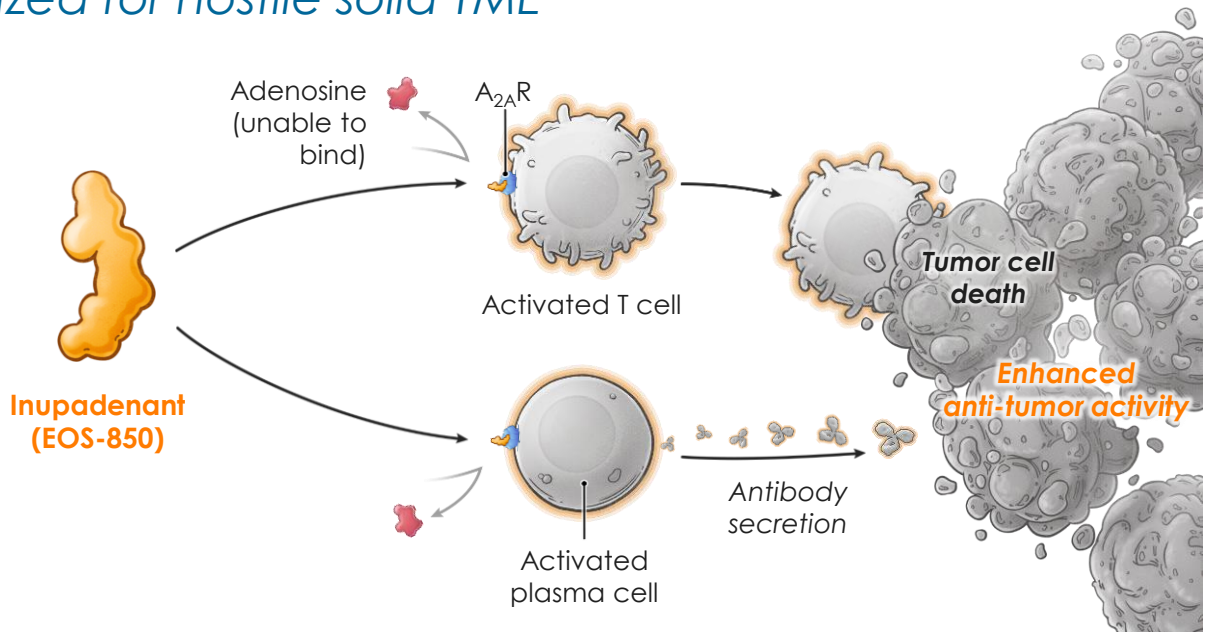
*Best-in-class, highly selective $A_{2A}R$ antagonist optimized for hostile solid TME*

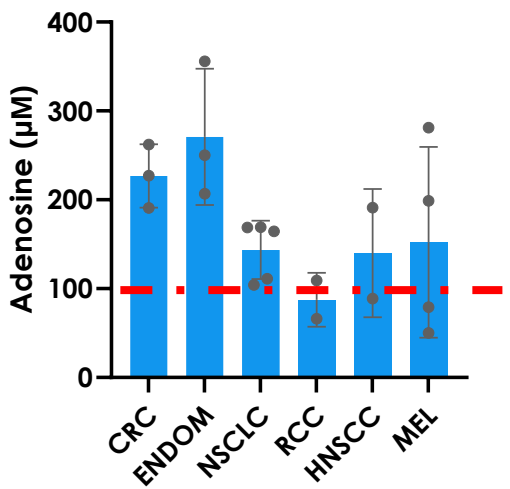
## Targeting $A_{2A}R$

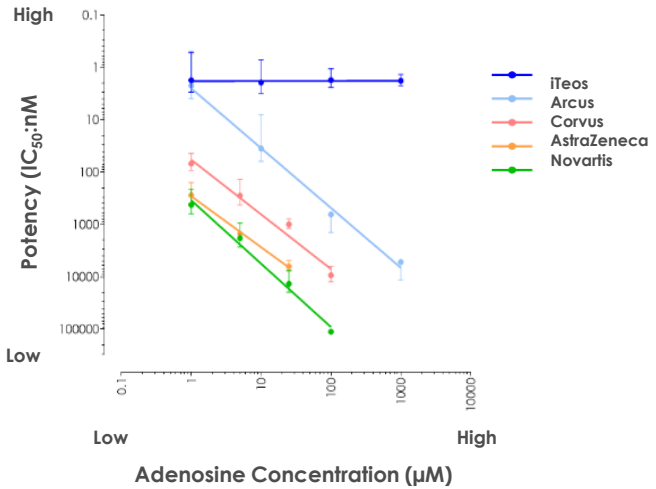
- $A_{2A}R$ activation by adenosine suppresses immune cell responses, inhibiting anti-tumor response
- Inupadenant targets $A_{2A}R$, the final endpoint of the adenosine production pathway, circumventing the multiple ways adenosine is created

## The Insurmountable Profile of Inupadenant

- First company to demonstrate TME adenosine concentration is supraphysiological and varies depending on indication
- First and only $A_{2A}R$ antagonist to maintain activity at high adenosine concentrations

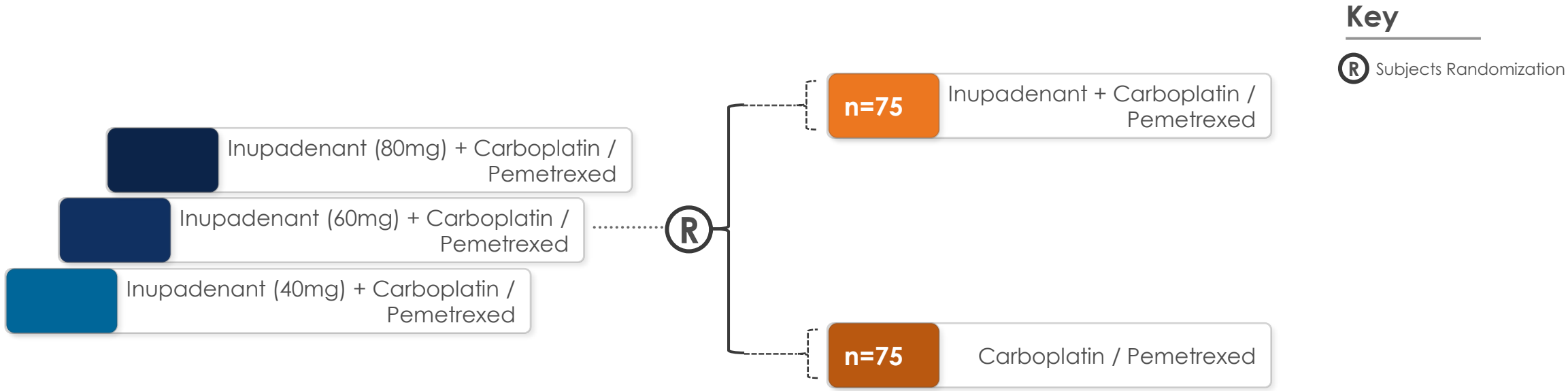



TME, tumor microenvironment

# A2A-005: Phase 2 in 2L NSCLC (Post-IO) Chemo-Naïve




## Study Design

**Estimated Enrollment** 192

| | |
|---|---|
| **Status** | Enrolling |
| **Masking** | Double Blind |
| **PDL1 Expression** | PDL1+ (all %) |
| **Lines of Therapy** | 1; PD-1 Inhibitors |
| **Delivery** | Oral |
| **Objectives** | Evaluate Clinical Benefit of Inupadenant + Chemotherapy |
| **Primary Endpoint** | ORR |
| **Secondary Endpoint** | PFS, OS, DOR |
| **Clinical Trials Listing** | NCT05403385 |

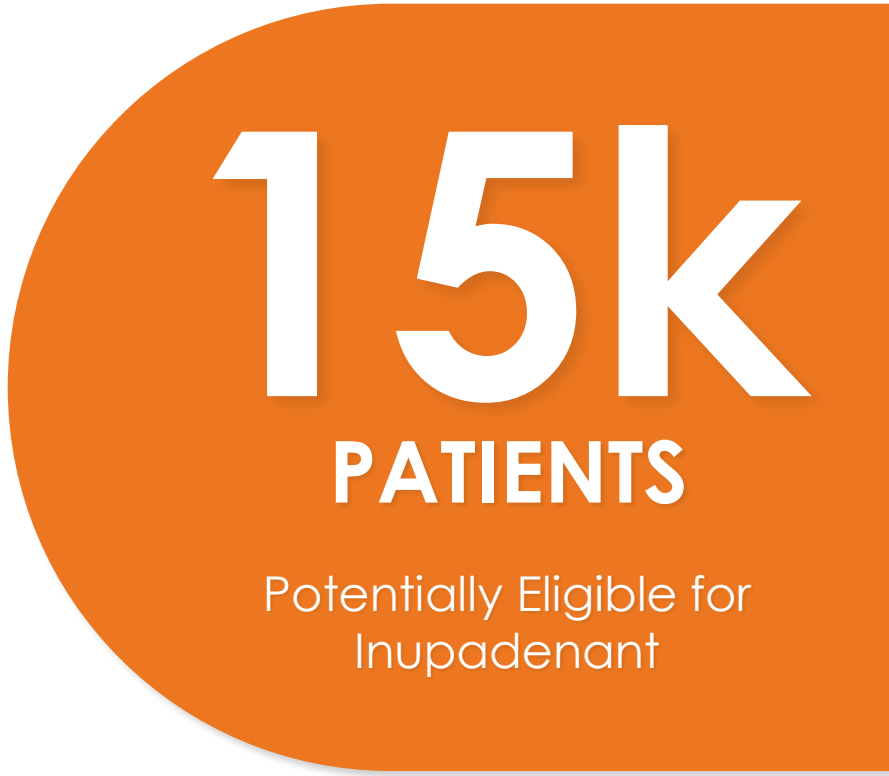
# Inupadenant Counteracts Chemotherapy's Key Downfall

*2L NSCLC is an under-served population with strong biological rationale seeking advances*

**Chemotherapy increases adenosine levels via cell death**, hindering the immune system and plasma cell activity

**Inupadenant maintains potency + function at high adenosine levels**, potentially enhancing chemotherapy therapeutic response

**Currently only clinical trial in 2L NSCLC platinum-naïve setting**




Source: Kantar, internal iTeos analysis

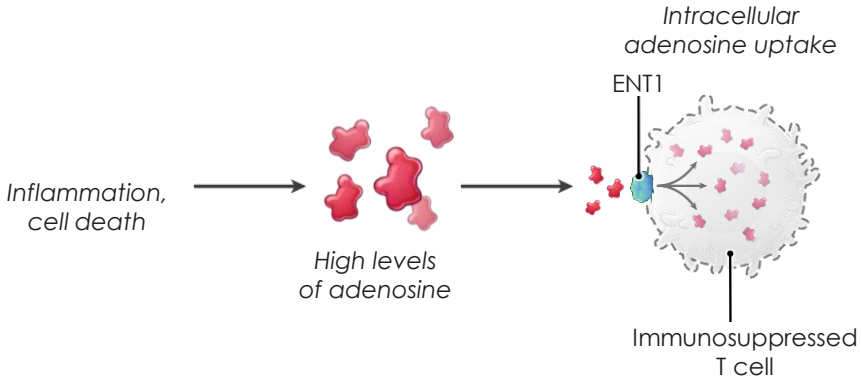
NSCLC, non-small cell lung cancer; TME, tumor microenvironment

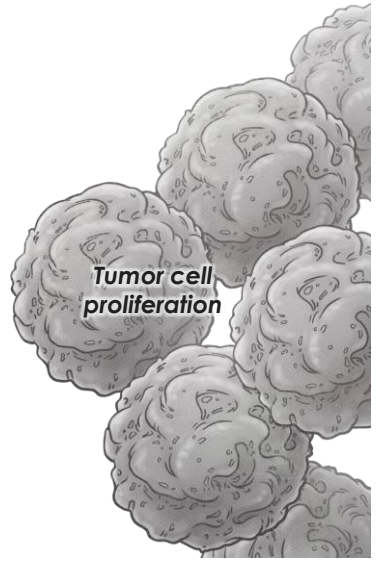
# EOS-984: Enhancing T Cell Proliferation in the Hostile TME

*One of the most meaningful discoveries in the adenosine pathway*

## The Role of ENT1

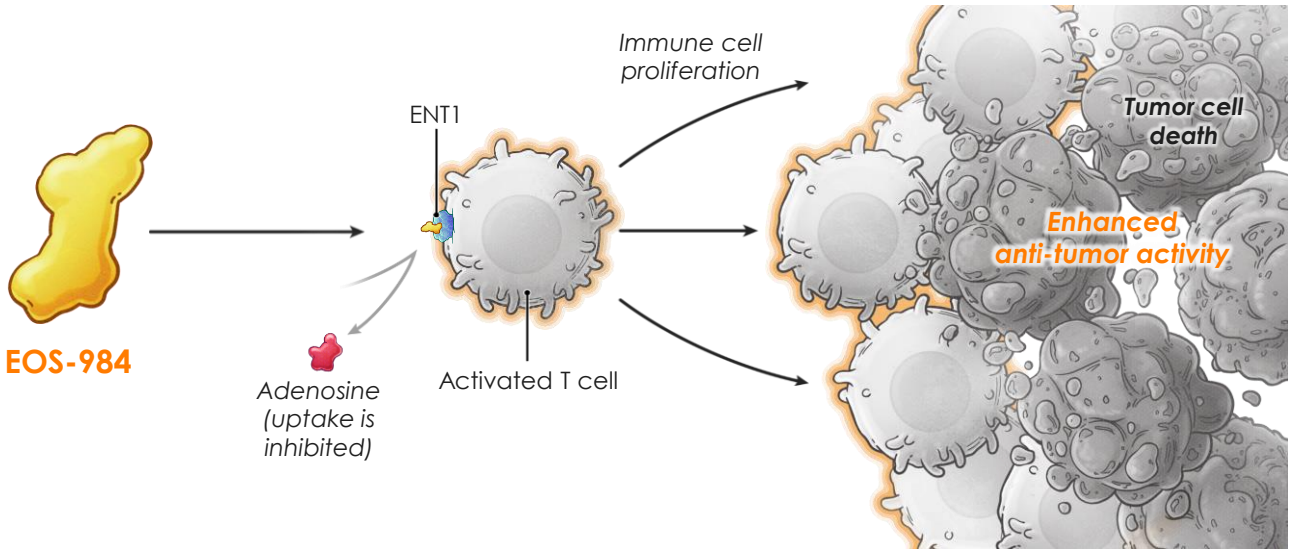
- Dominant transporter of adenosine on lymphocytes effecting:
  - T cell metabolism
  - T cell effector function
  - T cell expansion
  - T cell survival




## The Opportunity to Revive T Cell Proliferation

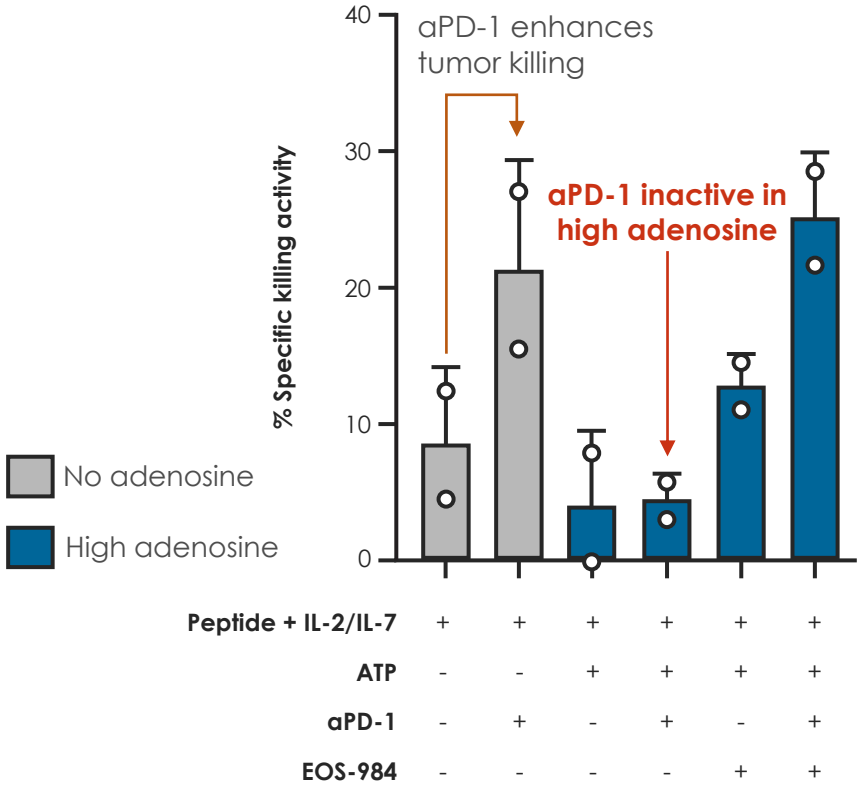
- First company to understand how adenosine transports into T cells and inhibits proliferation
- EOS-984 offers large combination opportunity broadly across cancer therapies



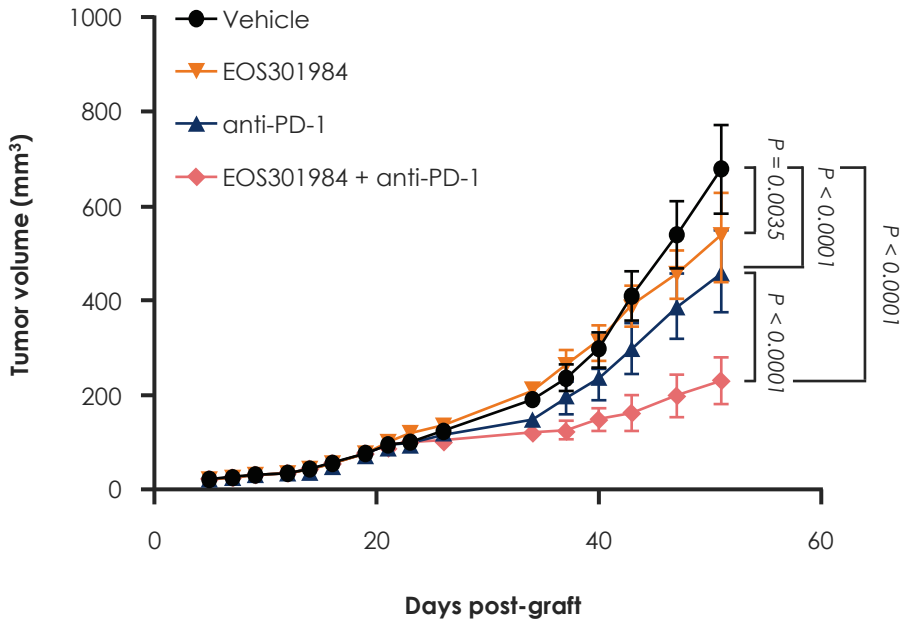

TME, tumor microenvironment; ENT1, Equilibrative Nucleoside Transporter 1

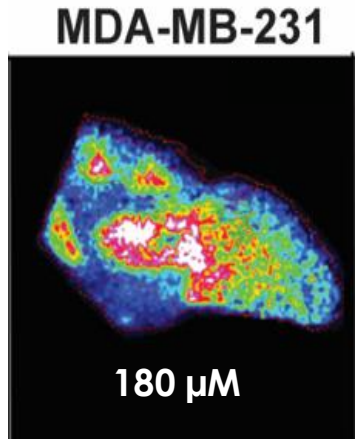
# Anti-PD-1 Activity Enhanced by Restoration of T Cell Proliferation by EOS-984

## EOS-984 + aPD-1 combination maximizes tumor killing by functional memory T cells



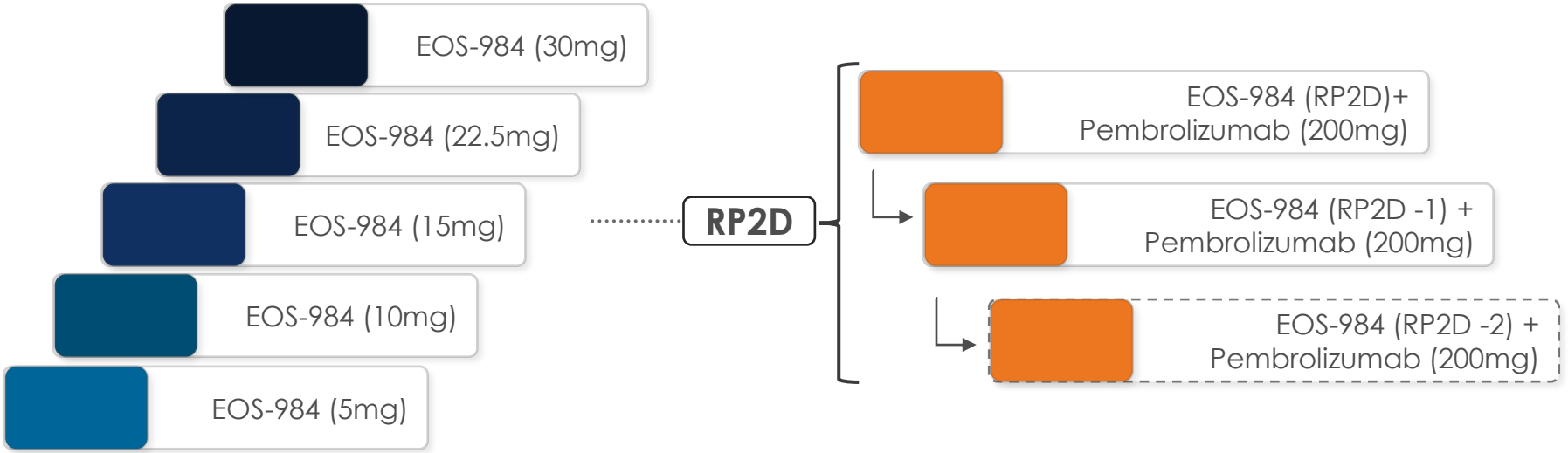

## Humanized TNBC model (MDA-MB-231) containing high adenosine



# EOS-984: Phase 1 in Advanced Solid Tumors

*Evaluation of target engagement and impact on T cells in TME*




## Study Design

| | |
|---|---|
| **Status** | Enrolling |
| **Masking** | Open Label |
| **PDL1 Expression** | PDL1+ (all %) |
| **Lines of Therapy** | All-comers |
| **Delivery** | Oral |

| | |
|---|---|
| **Objectives** | Evaluate Safety/Tolerability of EOS-984 as a Monotherapy and in Combination with Pembrolizumab |
| **Primary Endpoint** | Safety/Tolerability, PK/PD |
| **Secondary Endpoint** | ORR, PFS, OS, DOR |

TME, tumor microenvironment; RP2D, recommended Phase 3 dose; PK/PD, pharmacokinetic/pharmacodynamic; ORR, overall response rate; PFS, progression free survival; OS, overall survival; DOR, duration of response

# 2024: Pivotal Year of Data Generation

*Innovative portfolio leveraging deep tumor immunology expertise*

## TIGIT

**1L NSCLC**

(Phase 2 GALAXIES LUNG-201)

**1L HNSCC**

(Phase 2 TIG-006)

## Adenosine Pathway

**$A_{2A}R$ - 2L NSCLC**

(Phase 2 A2A-005)

**ENT1 - MOA**

(EOS-984 Preclinical)

**ENT1 - Advanced Malignancies**

(EOS-984 Phase 1)

## Funded Through Significant Milestones

As of 4Q23

**~$633M**

In cash, cash equivalents and short-term investments

**Runway through 2026**

NSCLC, non-small cell lung cancer; HNSCC, head and neck squamous cell carcinoma; ENT1, Equilibrative Nucleoside Transporter 1; MoA, Mechanism of Action

iTEOS THERAPEUTICS

# Cancer Immunotherapies *by design™*

Nasdaq: ITOS March 2024