Targeted Immunotherapies to Improve the Lives of People with Cancer

Nasdaq: ITOS

October 2022

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; our clinical plans and expected timelines; our expected cash runway; and the potential benefits of our collaborations, including with GSK.

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, 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 the impact of the COVID-19 pandemic; and those risks identified under the heading "Risk Factors" in iTeos' Quarterly Report on Form 10-Q for the nine months ended September 30, 2022 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 when the Company may access the capital markets. Statements regarding the Company's cash runway do not indicate 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.

iTeos Has a Unique Opportunity to Lead the Next Wave of Advances in Immuno-Oncology

Growing our pipeline and investigating novel combinations in our mission to improve treatment for multiple cancers

11
Clinical studies ongoing/planned including registration-directed trials

2
Potential best-in-class therapies with clinical activity in monotherapy and combination

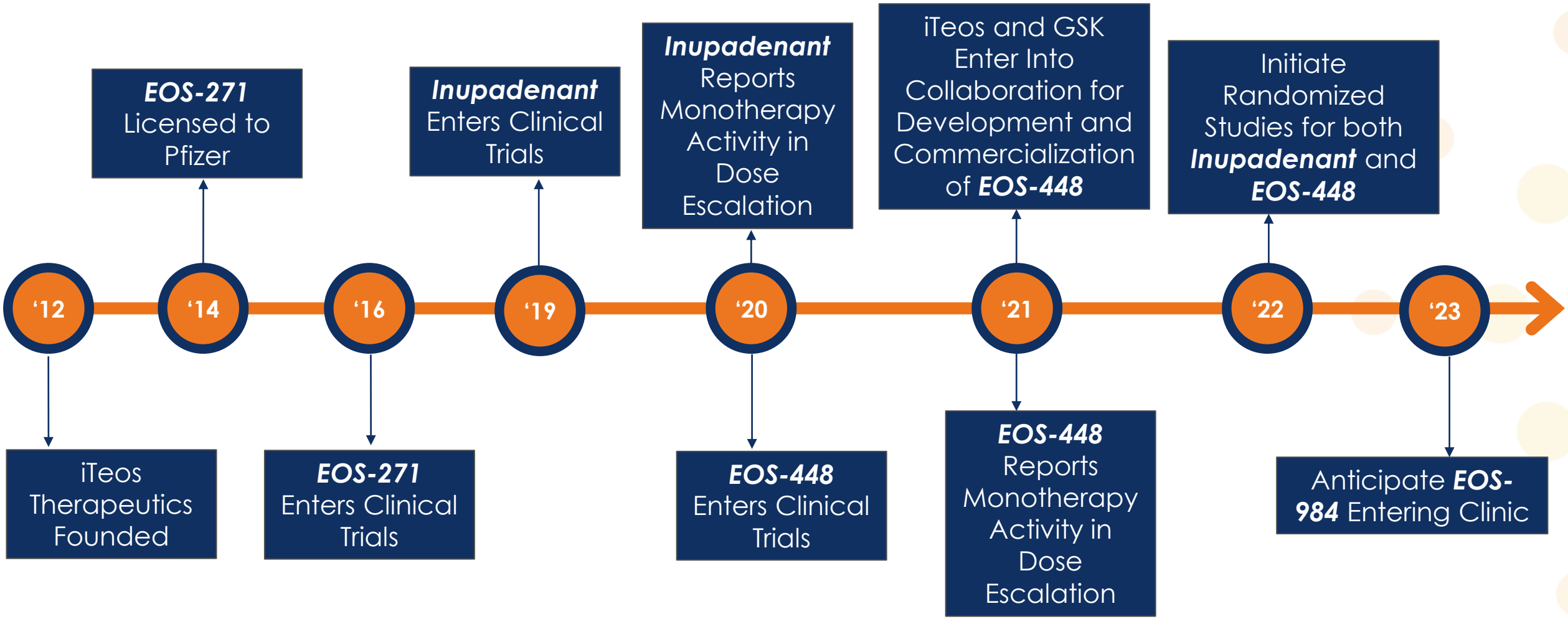
5
Strategic collaborations targeted to effectively advance and expand our pipeline

$752M*
Cash balance fully supports execution of data-driven development plans

100
R&D scientists with deep knowledge in tumor immunology to design and develop best-in-class therapeutics

* As of September 30, 2022

Translating Unique Scientific Capabilities into Differentiated Drug Candidates and Significant Value Creation



iTeos R&D: Differentiated Approach to Building Pipeline and Sustained Value Creation

Science-Driven

1) iTeos digs deep to understand the TME to identify the best targets
2) We design tailored therapeutics to best harness the immune system against cancer

Growing Capabilities

1) Clinical operations to support global, registrational trials
2) Translational medicine to maximize potential of programs

Promising Pipeline

1) 3 programs in the clinic over 5-year period
2) 2 potential Best in Class drugs in randomized phase 2's
3) Strategic partnership to differentiate TIGIT
4) Capital-efficient strategy

Thoughtful IO Drug Development: Maximize Learnings Early for Targeted Late-Stage Development

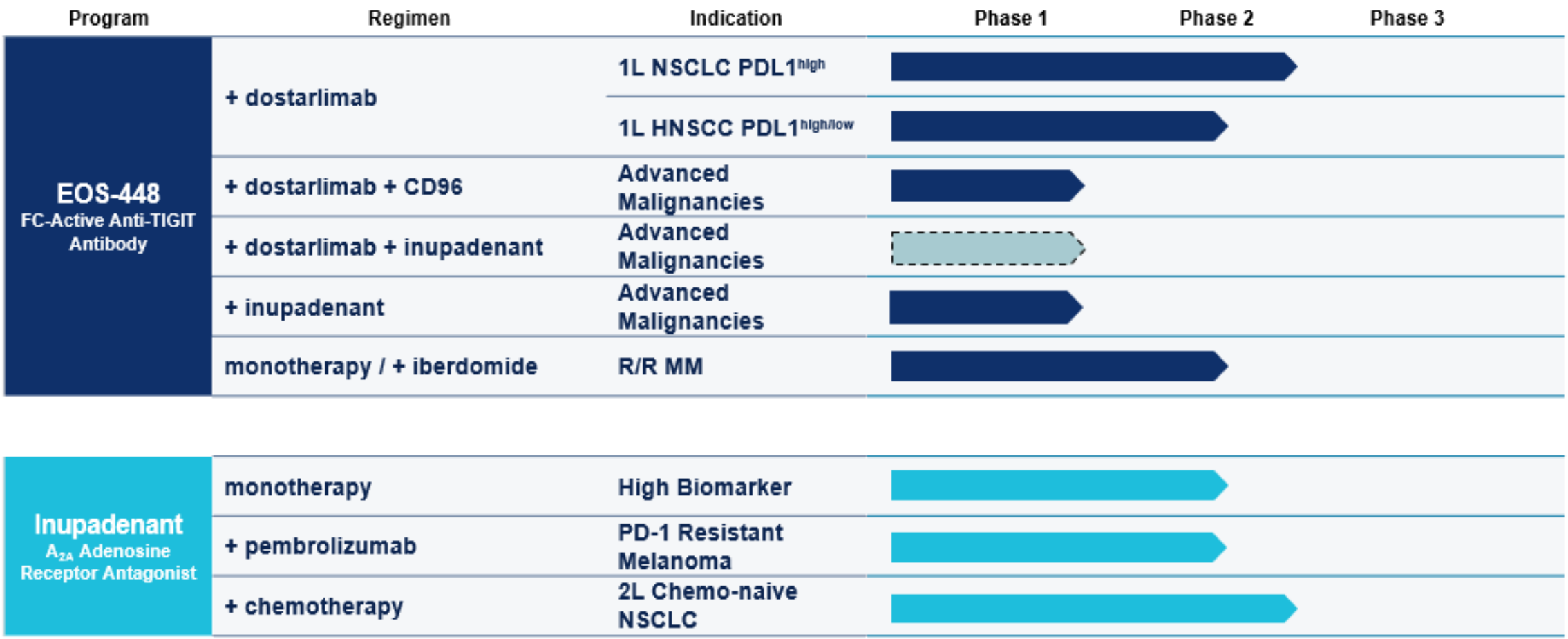
Pre-Clinical and Early Clinical: Invest Early to Optimize Development Path

- Conduct initial studies in cancer patients to detect monotherapy benefit
- Invest in translational medicine to identify possible patient/indication selection biomarkers and confirm target engagement and biologic activity
- Explore multiple combinations, with strong preclinical data and reliable historical control, to determine optimal path forward

Late-Stage Clinical: Incorporate Commercial and Collaborative Potential with Clinical Data

- Aggressively pursue opportunities with high biologic rationale and high unmet need
- Incorporate competitive landscape and commercial potential
- Seek collaborations, where possible, to mitigate cost and expand capabilities

Differentiated Immuno-Oncology Therapeutic Candidates Rapidly Advancing Through an Expansive Development Strategy



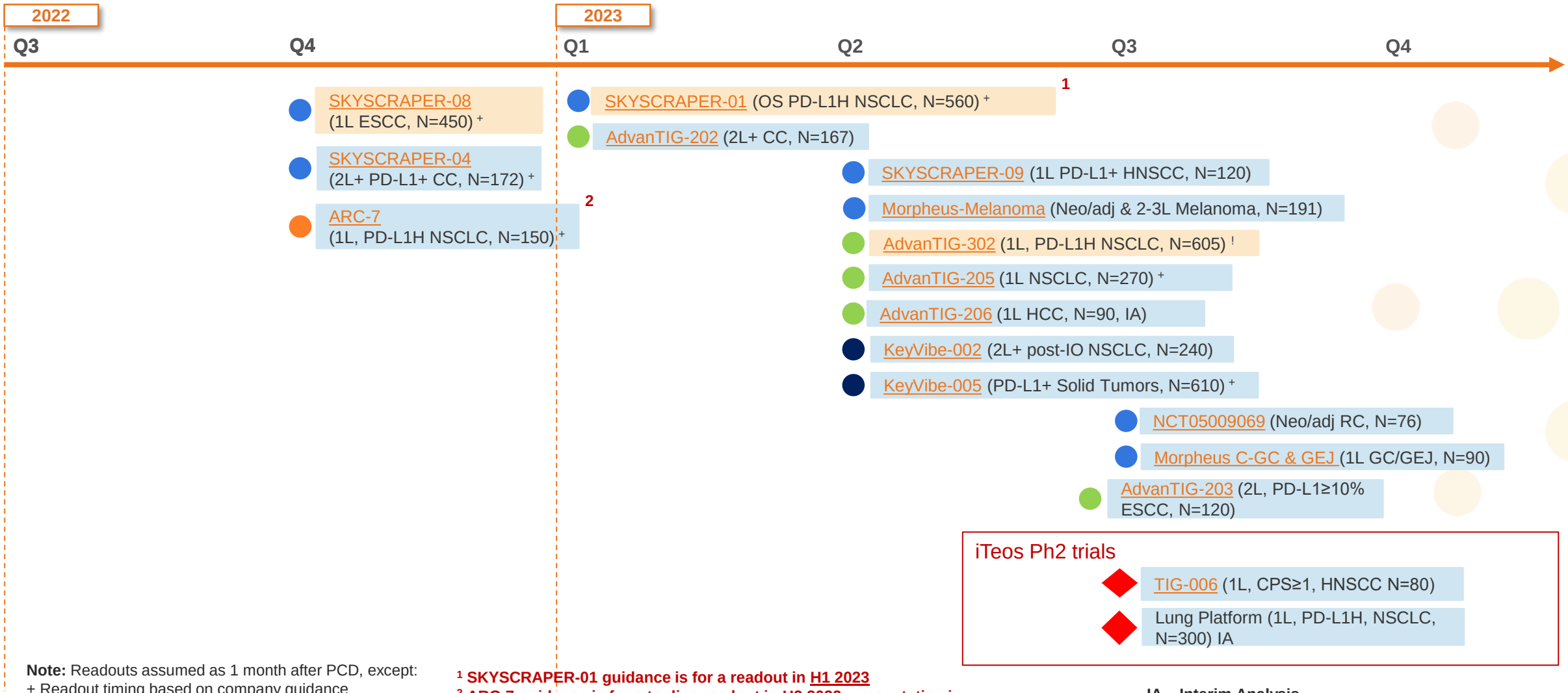
** Studies with solid arrows are active. Studies with dashed arrows are planned*

iTEOS THERAPEUTICS

EOS-448 / GSK4428859A

FcγR-engaging Anti-TIGIT Antibody

Expected TIGIT Readouts (2022-2023)

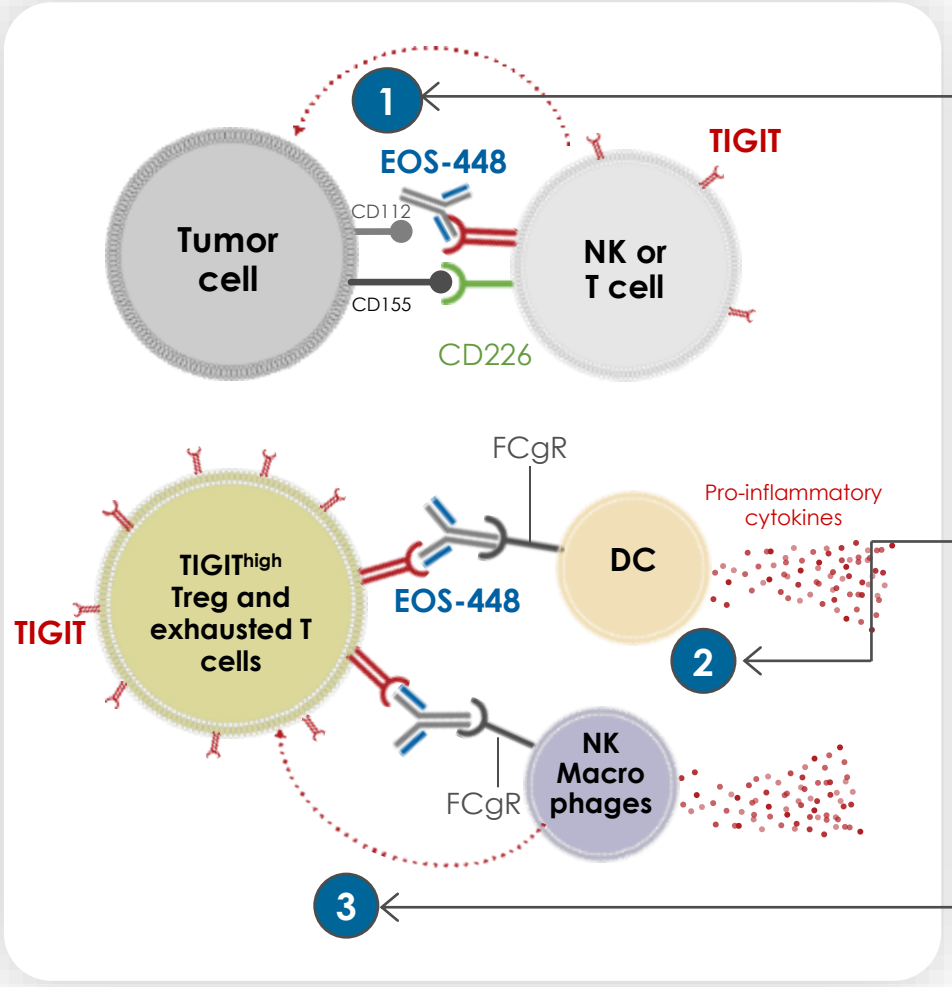


Note: Readouts assumed as 1 month after PCD, except:
+ Readout timing based on company guidance
* Readout timing based on primary information
! Based on internal assessment

[1] SKYSCRAPER-01 guidance is for a readout in H1 2023
[2] ARC-7 guidance is for a topline readout in H2 2022, presentation in H2 2023

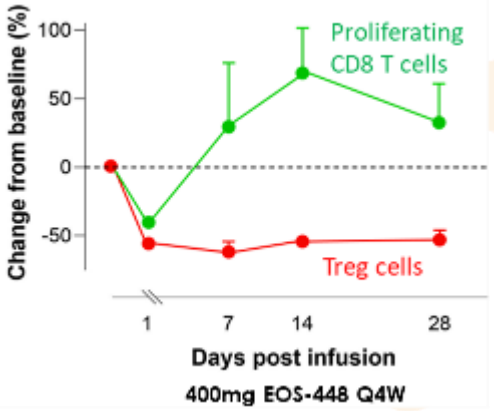
IA – Interim Analysis

EOS-448 Is Designed to Enhance the Anti-tumor Response Through a Multifaceted Immune Modulatory Mechanism

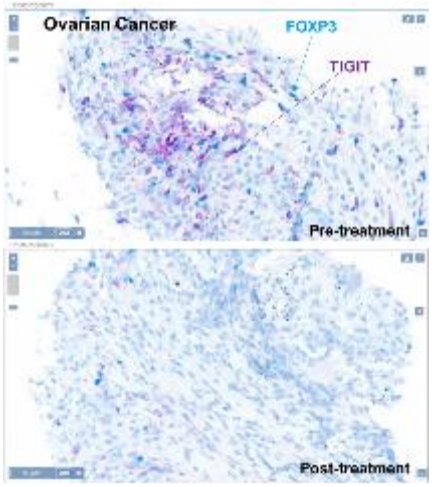


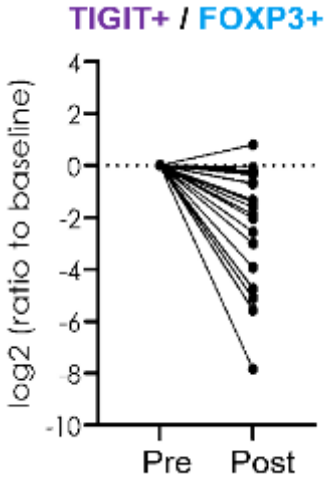
1. Optimized affinity and potency to activate T cell and NK cell killing of tumor cells
2. Pro-inflammatory cytokine release and activation of APCs
3. Depletion of Tregs and exhausted T cells

Demonstrated Induction of Effector CD8 T Cells While Depleting Immunosuppressive Tregs



EOS-448 Depletes TIGIT+ Cells in the Tumor Microenvironment





Testing Multiple Opportunities for Late-Stage Development

NSCLC

HYPOTHESIS:

Leveraging existing data in NSCLC with a differentiated approach

Immune sensitive tumor with strong scientific rationale for TIGIT activity

Triple combinations to engage multiple mechanisms of immunosuppression

Phase 2b

Planned path to registrational trial

HNSCC

HYPOTHESIS:

HNSCC opportunity to be among first to market

Immune sensitive tumor with strong scientific rationale for TIGIT activity

Phase 2a

Planned path to registrational trial

Multiple Myeloma

HYPOTHESIS:

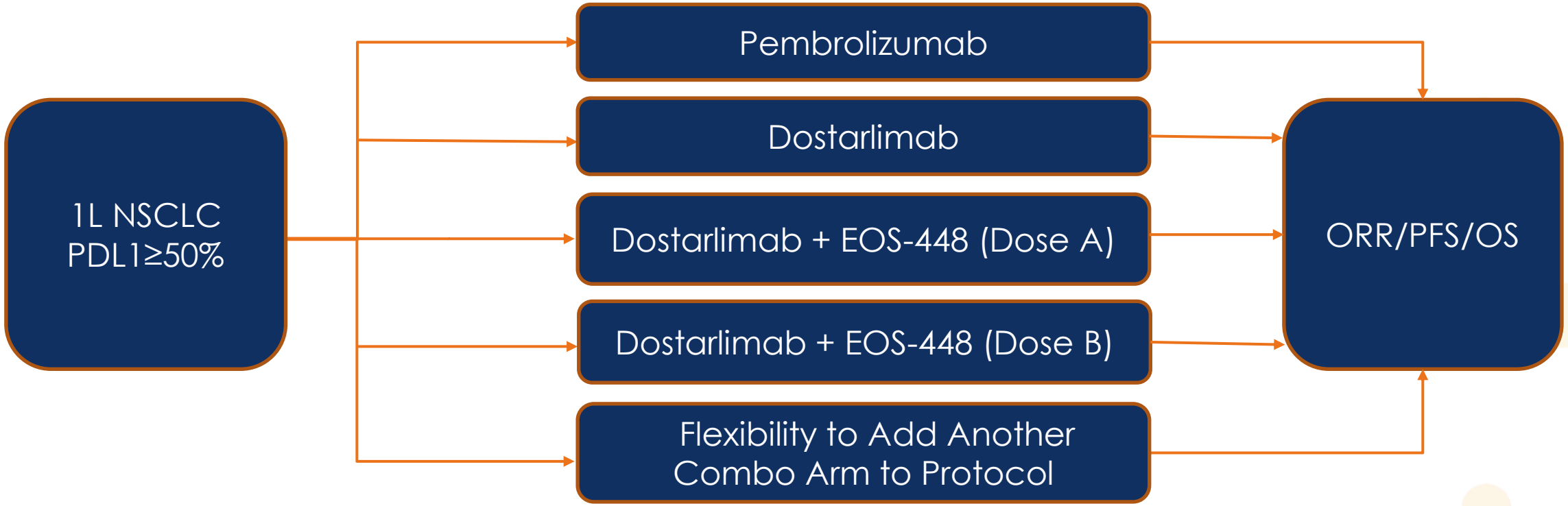
In collaboration with Fred Hutch, preclinical data showed a key role for TIGIT in multiple myeloma and a stronger anti-tumor response when combined with a CelMod molecule like iberdomide

Phase 2a

Planned path to post transplant patients

Lung Platform

Randomized Phase 2 in 1L NSCLC to evaluate doublet, other combos and biomarkers



Study Design	**Phase 2, multicenter, randomized, open-label study, N=300 - NCT05565378**
Aim	**Evaluate the overall response rate for the combination of EOS-448 and dostarlimab vs standard of care in 1L NSCLC PDL1 ≥50% patients**
Biomarker	**Enrolled patients must provide a fresh tumor tissue sample or archival sample collected within 6 months of screening for the evaluation of biomarkers**

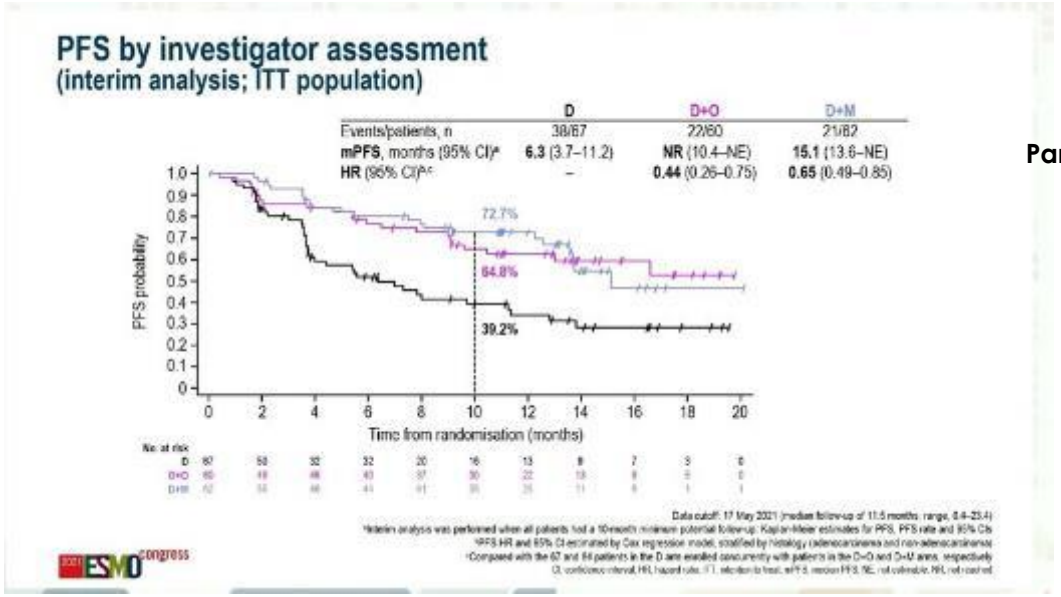
iTEOS THERAPEUTICS

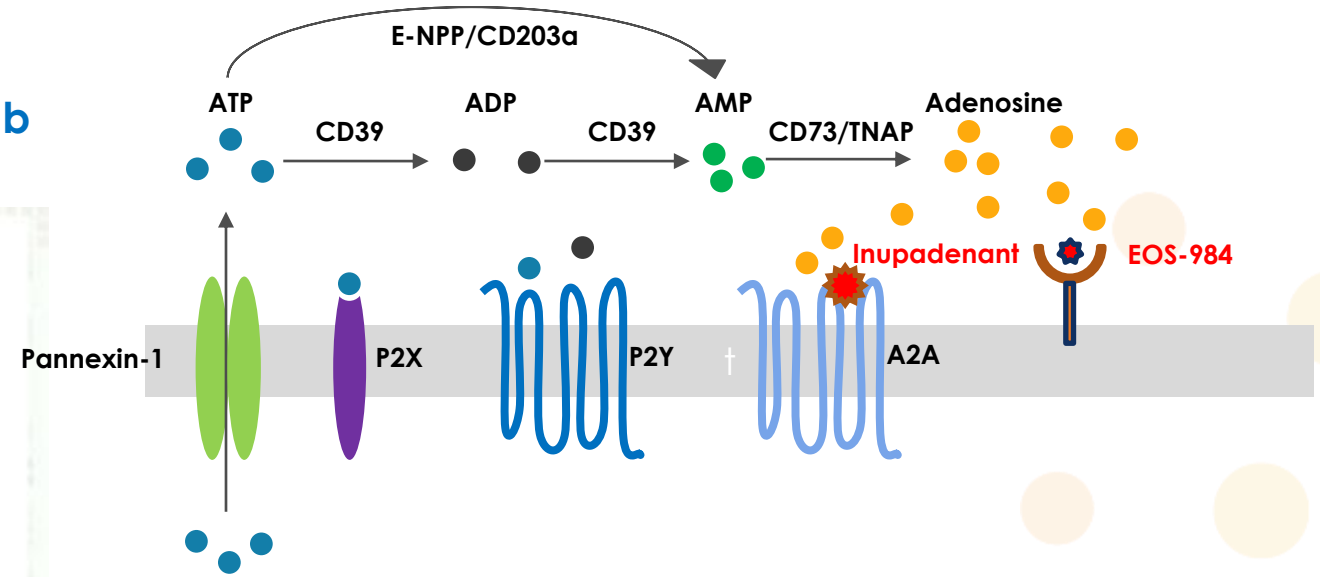
Inupadenant

Targeting the Endpoint of the Adenosine Pathway to Maximize Therapeutic Benefit

Early Clinical Data to Support the Adenosine Pathway

Ph 2 COAST provides POC for Durva + Oleclumab (CD73) in PACIFIC setting in NSCLC





"We are particularly encouraged by the positive data from the combination therapy of durvalumab and oleclumab. We believe these results not only serve as a proof of concept for oleclumab, but also clinically validate targeting CD73, and probably, broadly the adenosine pathway, for cancer immunotherapy."

- HC WAINWRIGHT

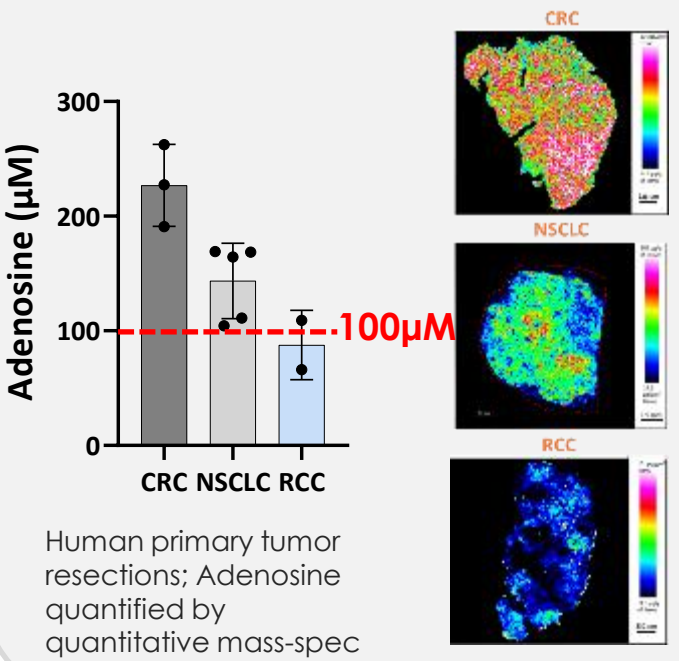
"We believe these (COAST) results are also positive for the combination of checkpoint and adenosine inhibitor mechanisms in NSCLC and other solid tumors"

- SVB LEERINK

Inupadenant is the First Adenosine Pathway Inhibitor Designed for the Treatment of Cancer

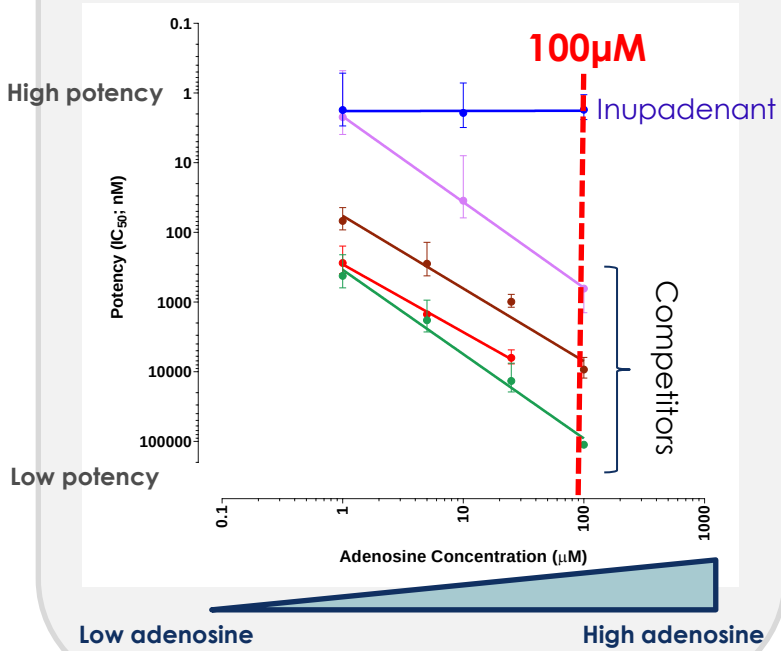
Optimized for Activity at the High Adenosine Concentration Found in Tumors

Very High Concentrations of Immunosuppressive Adenosine Found in Tumor Microenvironment

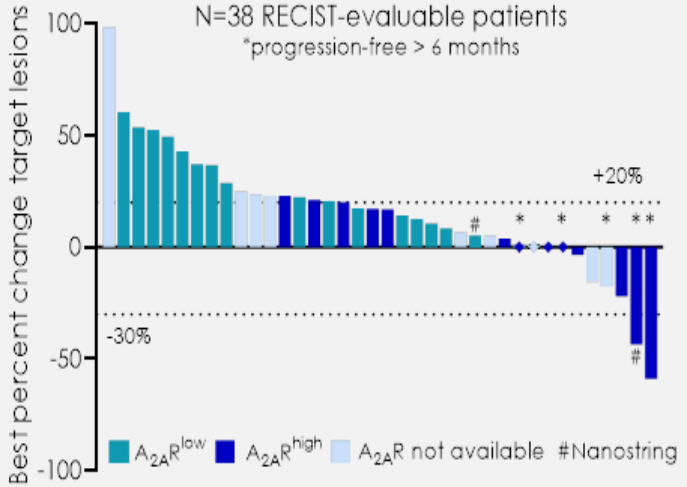


Human primary tumor resections; Adenosine quantified by quantitative mass-spec imaging (QMSI)

Inupadenant is an Insurmountable, Highly Selective $A_{2A}R$ Antagonist



Potential Predictive Biomarkers Could Help to Optimize our Clinical Strategy

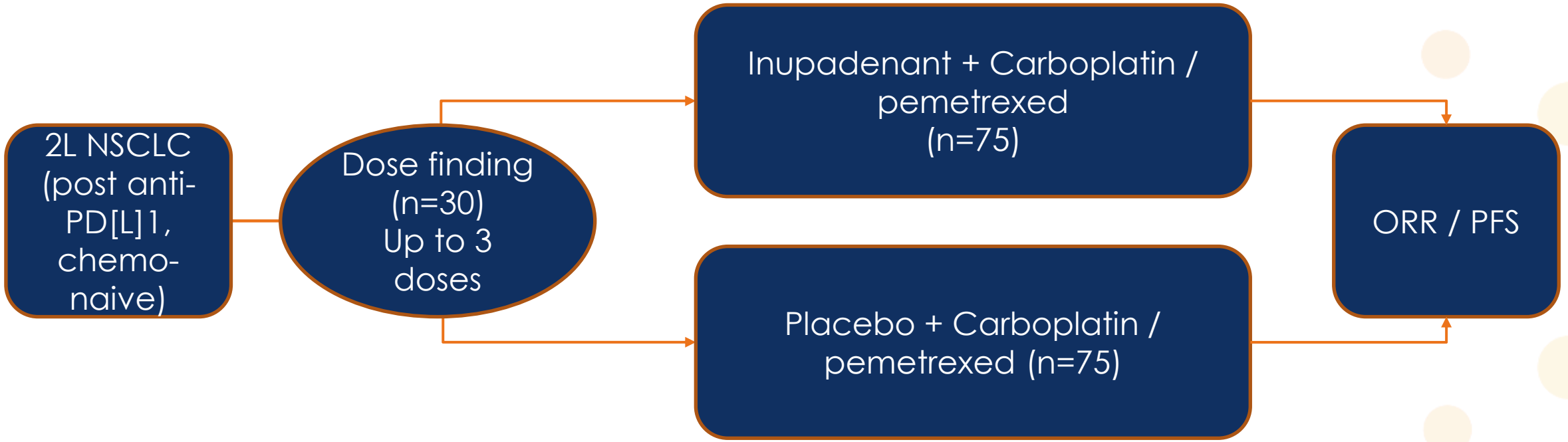


Testing Multiple Hypotheses and Evaluating External Data to Optimize Development Pathways

Enhance patient selection	Combination with immunogenic chemo	Address potential mechanism of resistance
HYPOTHESIS: Inupadenant given as monotherapy to patients expressing high levels of biomarkers will have better outcomes (compare to IO-001 and historical controls)	**HYPOTHESIS:** Inupadenant + chemo given post IO (chemo-naïve) can improve outcome compared to chemo alone	**HYPOTHESIS:** Inupadenant + aPD-1 given in IO-exposed patients can improve outcome compared to aPD-1 alone (historical control)
Biomarker-high	2L Chemo-naïve NSCLC	PD-1 resistant melanoma
Phase 2a ongoing	Phase 2b ongoing	Phase 2a ongoing

A2A-005

Randomized Phase 2 in 2L NSCLC (post-IO): chemo vs. chemo + inupadenant



Study Design	**Phase 2, multicenter, 2-arm randomized, double-blind, placebo-controlled study**
Aim	**Additive clinical benefit by combining inupadenant with chemotherapy in 2L NSCLC**
Biomarker	**Assess biomarker status and outcome in active and control arms in order to define whether biomarker is prognostic, predictive or both**

Combining Expertise in Oncology, a Strong Portfolio, and Dedication to Improve the Lives of People with Cancer

Leverage our deep understanding of targets and our differentiated therapies to select optimal combinations and indications

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Strong cash position, with runway into 2026, allowing us to achieve multiple inflection points across our portfolio

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Continue to utilize iTeos expertise to progress our internal pipeline and explore collaboration opportunities

iTEOS THERAPEUTICS

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