

Conditionally Active Antibodies for Immuno-oncology

MAY 2023 | Nasdaq: SNSE

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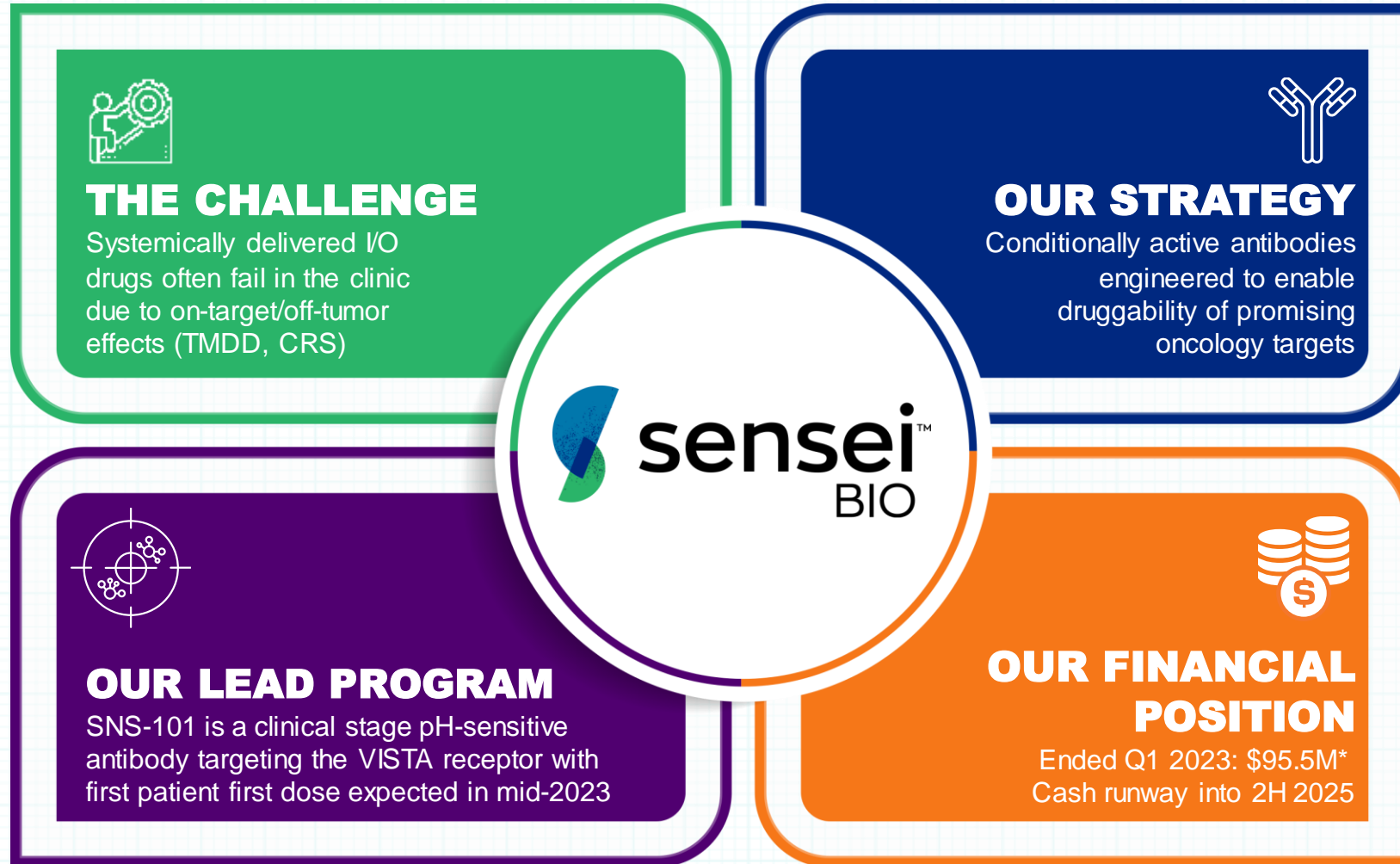
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Engineered Selectivity to Extend the Clinical Reach of Immuno-oncology Agents



Innovative Pipeline of IO Drugs with Broad Commercial Potential

Program (Target)	Indication	Discovery	IND-enabling	Phase 1 / 2 Clinical
SNS-101* (VISTA)	Solid Tumors			
SNS-102 (VSIG4)	Solid Tumors			
SNS-103 (ENTPDase1/CD39)	Solid Tumors			



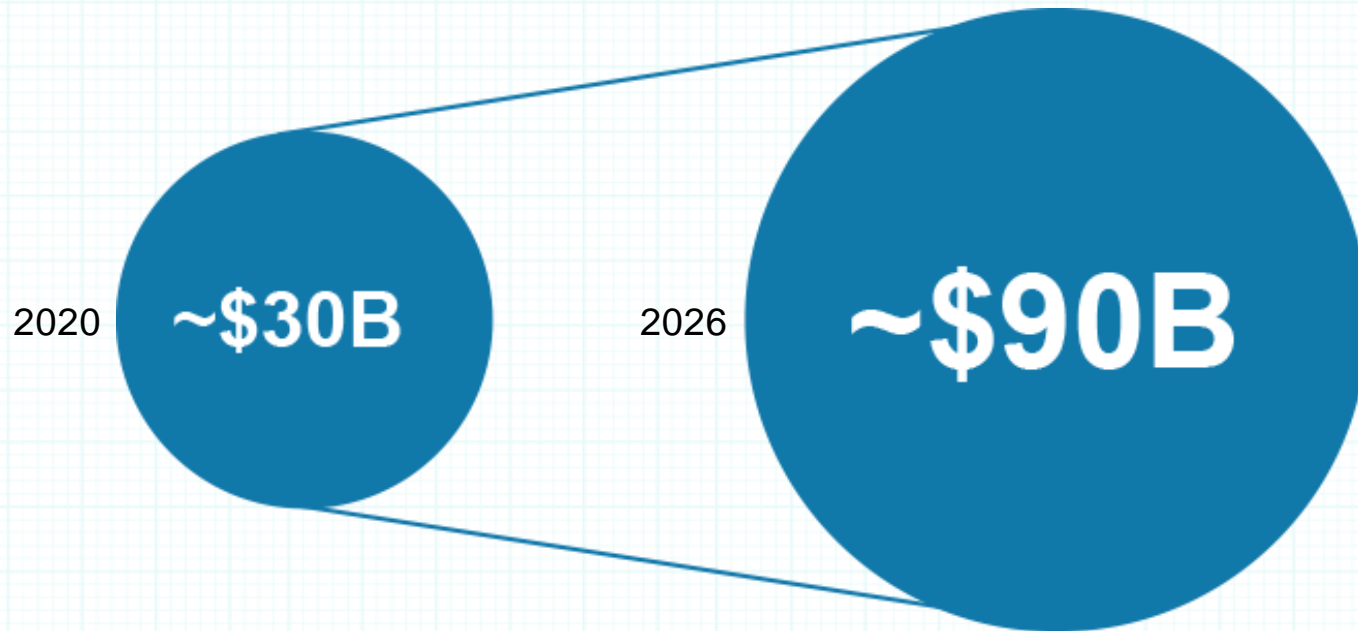
*Sensei has entered into a Cooperative Research and Development Agreement (CRADA) with the National Cancer Institute. The goal of this collaborative effort is to further elucidate the role of VISTA in immune checkpoint resistance and expand the potential of SNS-101 as a combination therapy beyond anti-PD-1.



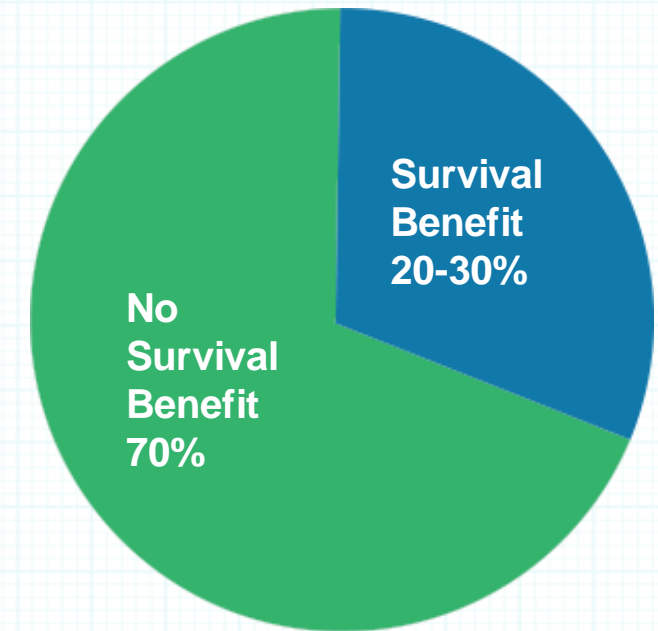
*Sensei has entered into a clinical supply agreement with Regeneron supporting the planned evaluation of SNS-101 in combination with Regeneron's anti-PD-1 therapy Libtayo® (cemiplimab) in a Phase 1/2 clinical trial in solid tumors.

The Modern-Day Challenge in Immuno-Oncology

The PD-1/PD-L1 market is big and growing fast¹



PD-1/PD-L1 monotherapy does not benefit 70% of patients²



Lack of Tumor Targeting is a Major Obstacle to CI Innovation

Industry Problem	Sensei's Solution
<p>Conventional antibodies target immune checkpoints that are highly expressed in normal tissues, resulting in:</p> <p>Dose-limiting toxicities due to on-target/off-tumor action</p> <p>Pharmacological sink effect requires higher and more frequent dosing</p> <p>Suboptimal activity due to poor PK and dose-limiting toxicities</p>	<p>Conditionally active antibodies are selectively targeted to the tumor microenvironment, potentially providing:</p> <p>Little or no toxicity due to selective on-target/on-tumor action</p> <p>Lower and less frequent doses by avoiding normal tissue binding</p> <p>Powerful activity selectively focused on the tumor microenvironment</p>

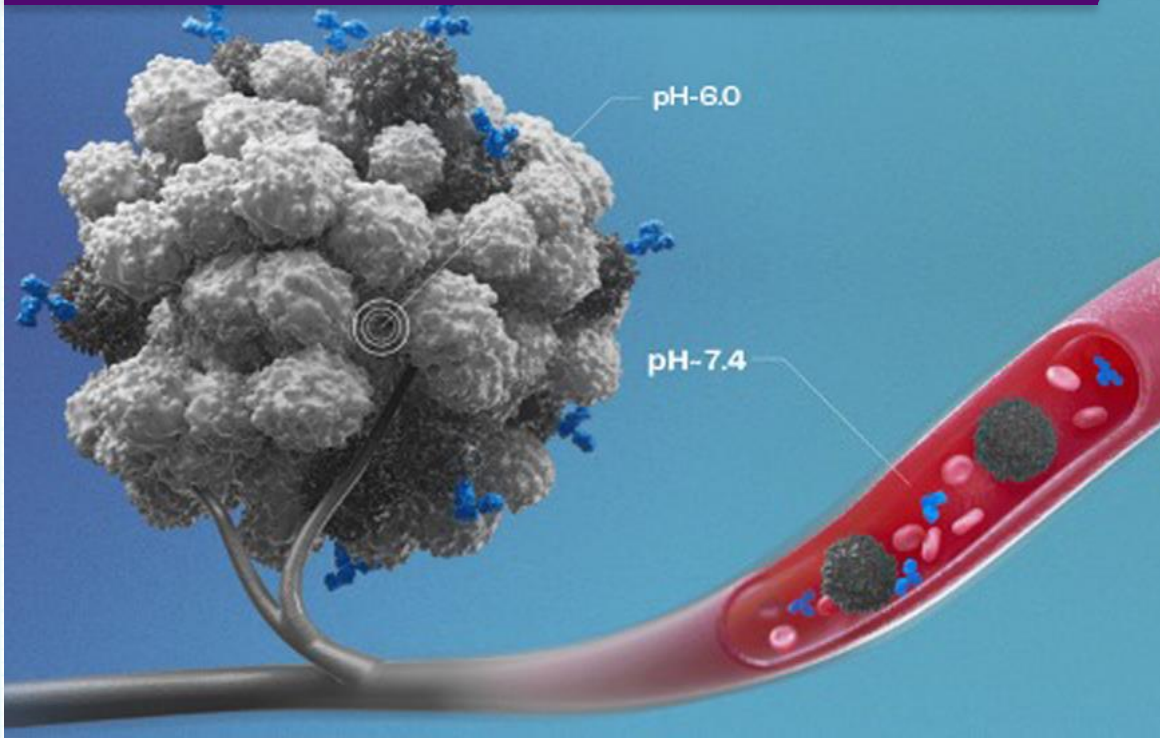
Only one new checkpoint inhibitor has been approved since the original CTLA-4 and PD-1/PD-L1 group



pH-sensitive Antibodies Have Potential to Selectively Bind Their Targets in the Low-pH Tumor Microenvironment

TMAb Platform

The tumor microenvironment of pH ~6 is lower than physiological pH of 7.4



Sensei's technology identifies pH-sensitive antibodies designed to bind only at the tumor

- Exploits the tumor microenvironment using pH-selective properties
- Intended to alleviate undesirable properties:
 - Dose-limiting toxicities due to on-target/off-tumor binding
 - Higher and more frequent dosing due to poor pharmacokinetics (Target-mediated Drug Disposition, or TMDD)
- Bolsters specific activities
- Goal is to unlock previously undruggable immune targets

Commercially Validated Precedent for pH-sensitive Approach

Soliris® (eculizumab), an anti-C5 monoclonal antibody (mAb), was considered standard of care for patients with paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic uremic syndrome, but had a short half-life as a result of extensive TMDD.

Engineering eculizumab using histidine substitutions resulted in a pH-sensitive mAb with markedly improved half-life.

Antibody Engineering of Solaris Led to pH Sensitivity and Half-Life Improvements

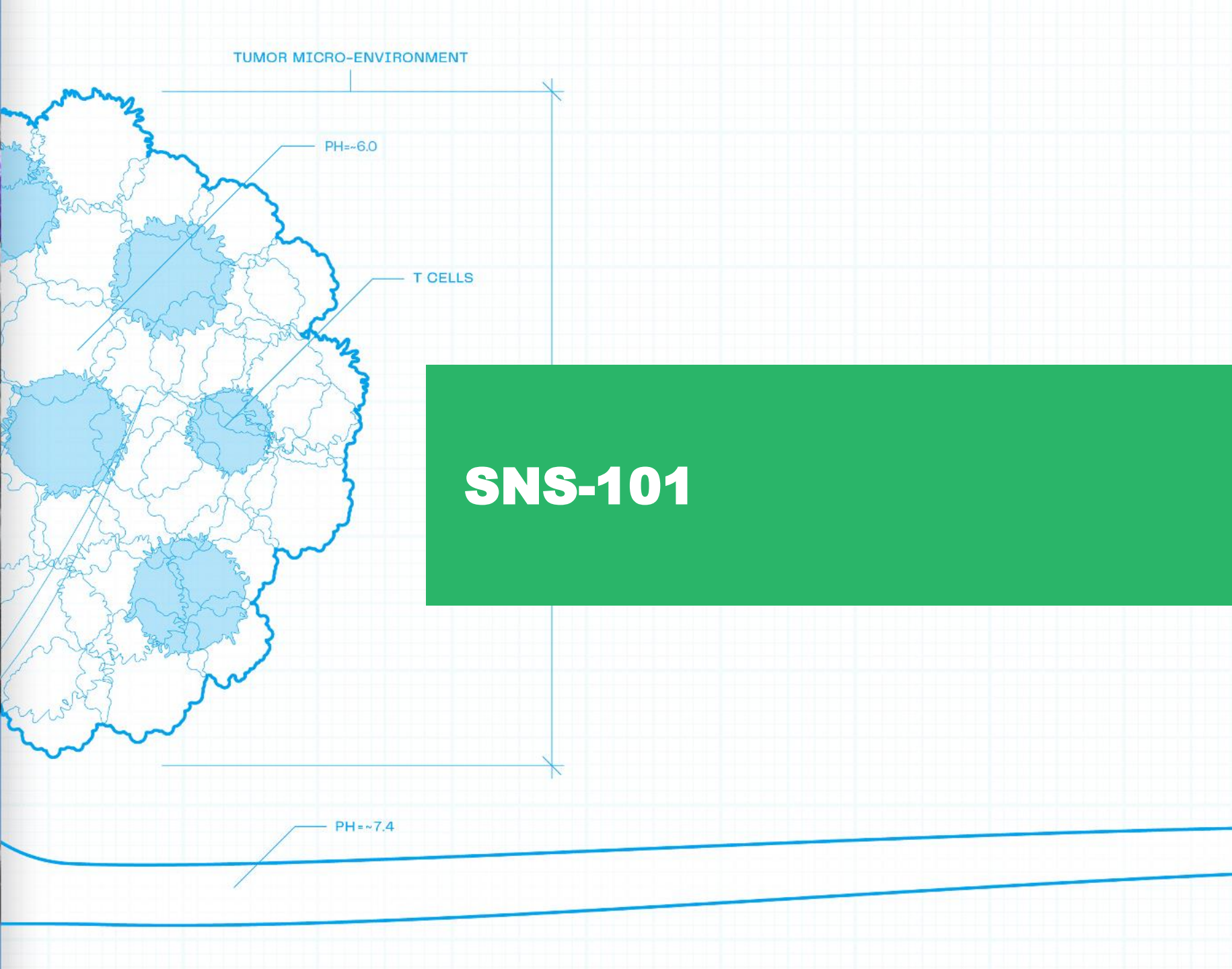
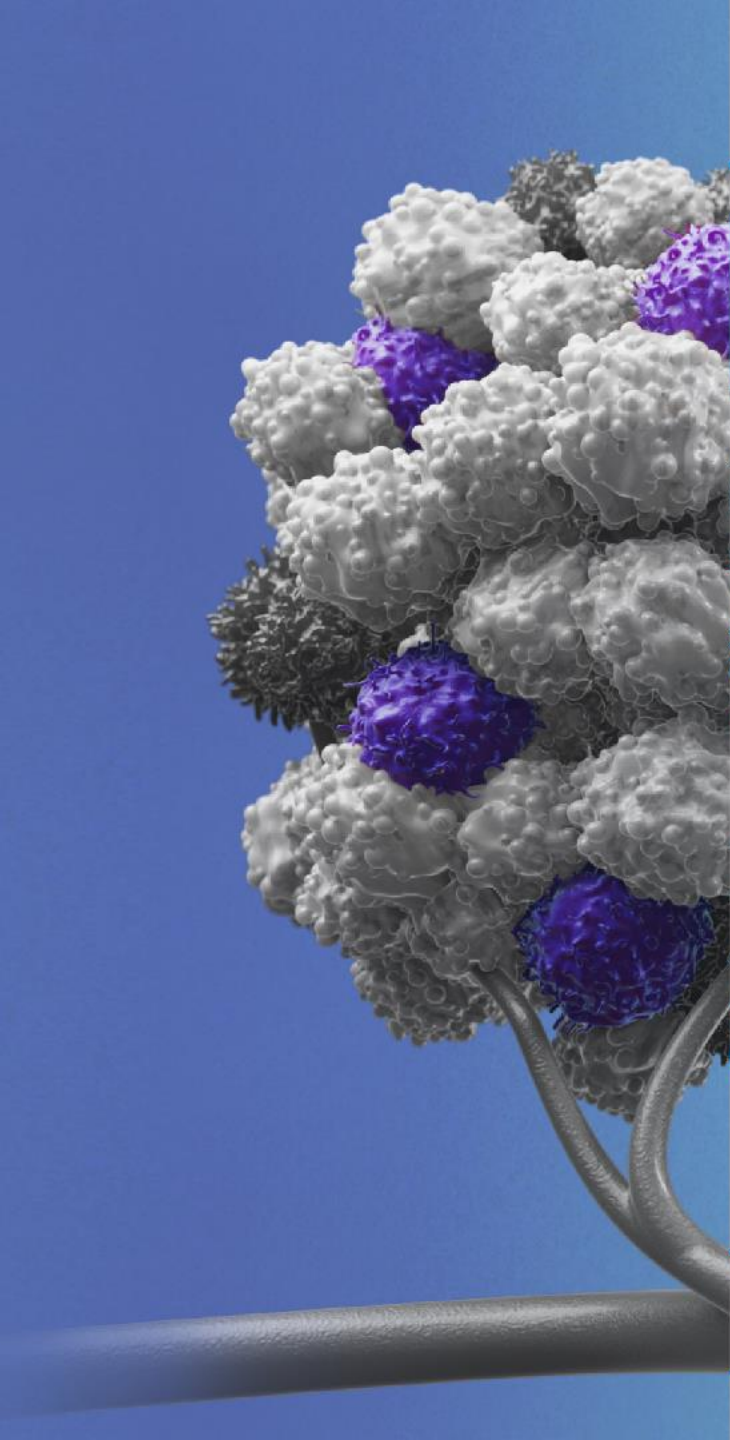
	Soliris (Eculizumab)	→	Ultomiris (Ravulizumab, ALXN1210)
K _D pH 7.4 (nM)	0.03		0.49
K _D pH 6.0 (nM)	0.6		22
t _{1/2} (d)	3.9		13.4

Ravulizumab utilized histidine insertions into the CDR regions (VH_Y27H, VH_S57H) and Fc substitutions (M428L, N434S) of eculizumab

Due to its longer half-life (13.4 d vs 3.9 d), ravulizumab given every 8 weeks achieved noninferiority compared with eculizumab given every 2 weeks for all efficacy endpoints, while maintaining a similar safety profile.

2018: FDA approves Ultomiris® (ravulizumab, ALXN1210)

2020: Ultomiris sales = \$1.08 billion

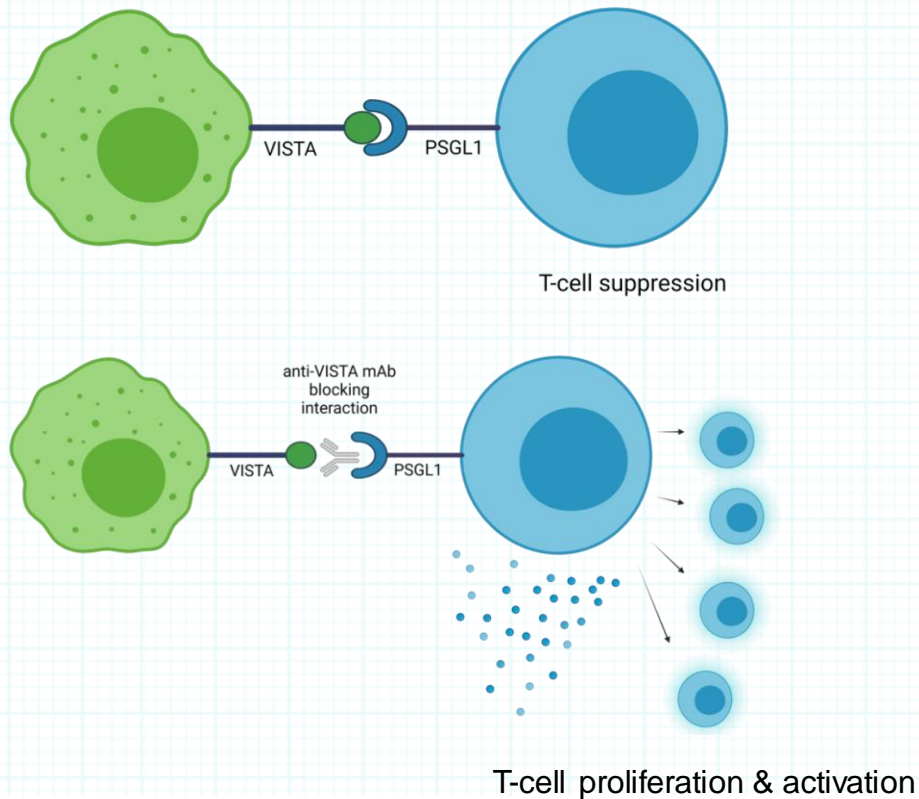


SNS-101

VISTA is a Potent T cell Checkpoint Extensively Expressed on Myeloid Cells¹

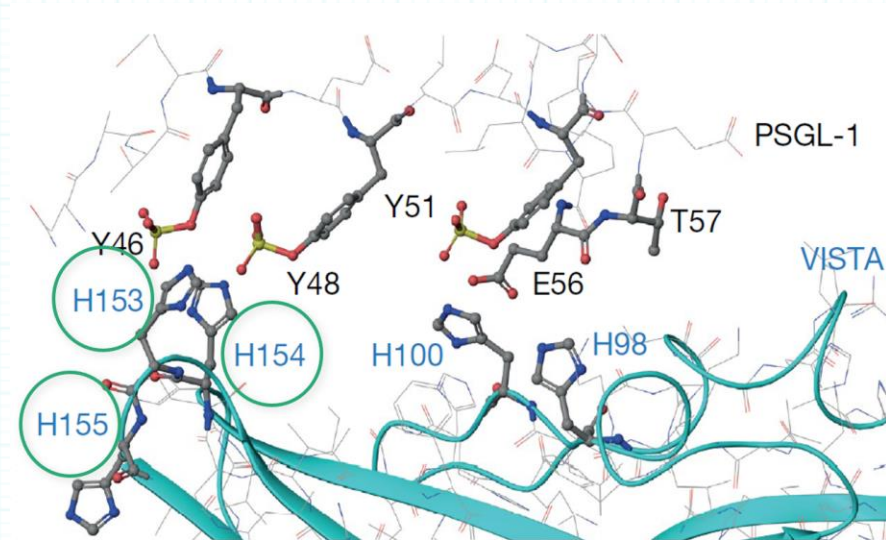
VISTA is a B7 family member that suppresses T cell function

Immunosuppressive function believed to be mediated by PSGL-1 receptor



Extensive VISTA expression on off-tumor myeloid cells demands a conditionally active antibody approach

VISTA has inherent pH sensitivity: its extracellular domain is uniquely rich in histidines²



SNS-101: Selectively Targeting VISTA with a pH-sensitive Antibody

SNS-101 is a differentiated, pH-sensitive antibody

Selectivity for Active VISTA^{pH6} over VISTA^{pH7.4}

Monovalent Affinity (K_D) [nM]

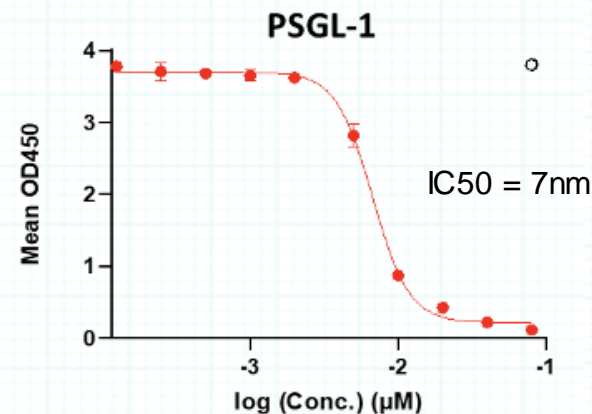
pH 6.0	pH 7.4
0.218	132 (~No binding)

Additional SNS-101 features

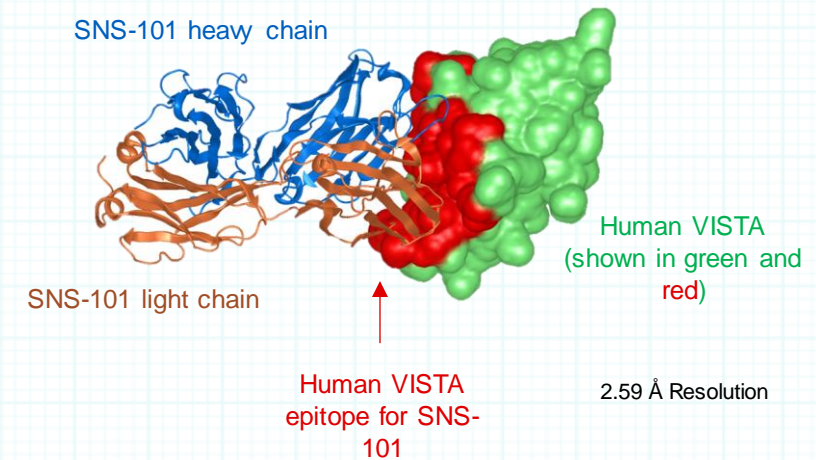
- IgG1 format
- Active Fc

SNS-101 blocks the key receptor regulating VISTA's immunosuppressive activity

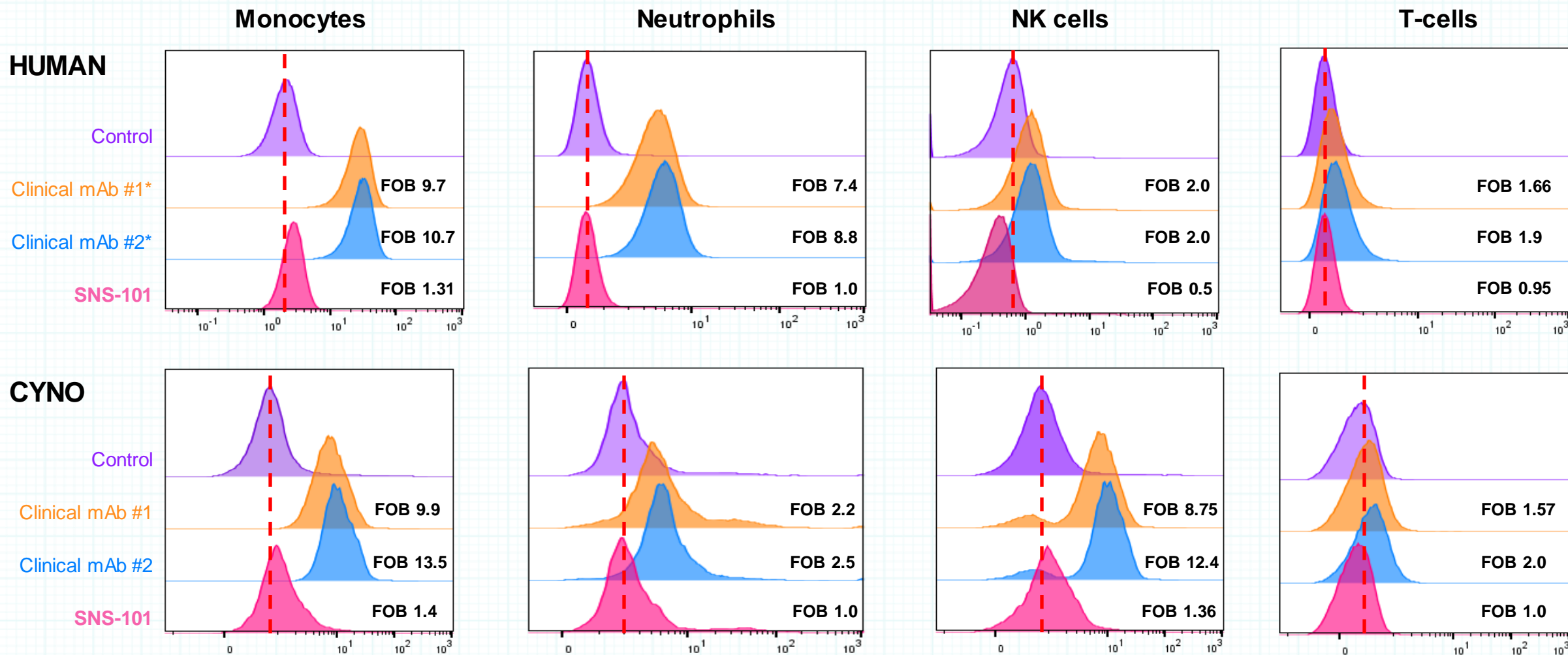
SNS-101 strongly inhibits the VISTA:PSGL-1 interaction and all other potential binding partners at pH 6.0 *in vitro*



VISTA:SNS-101 co-crystal structure demonstrates epitope of SNS-101 encompasses VISTA's PSGL-1 epitope

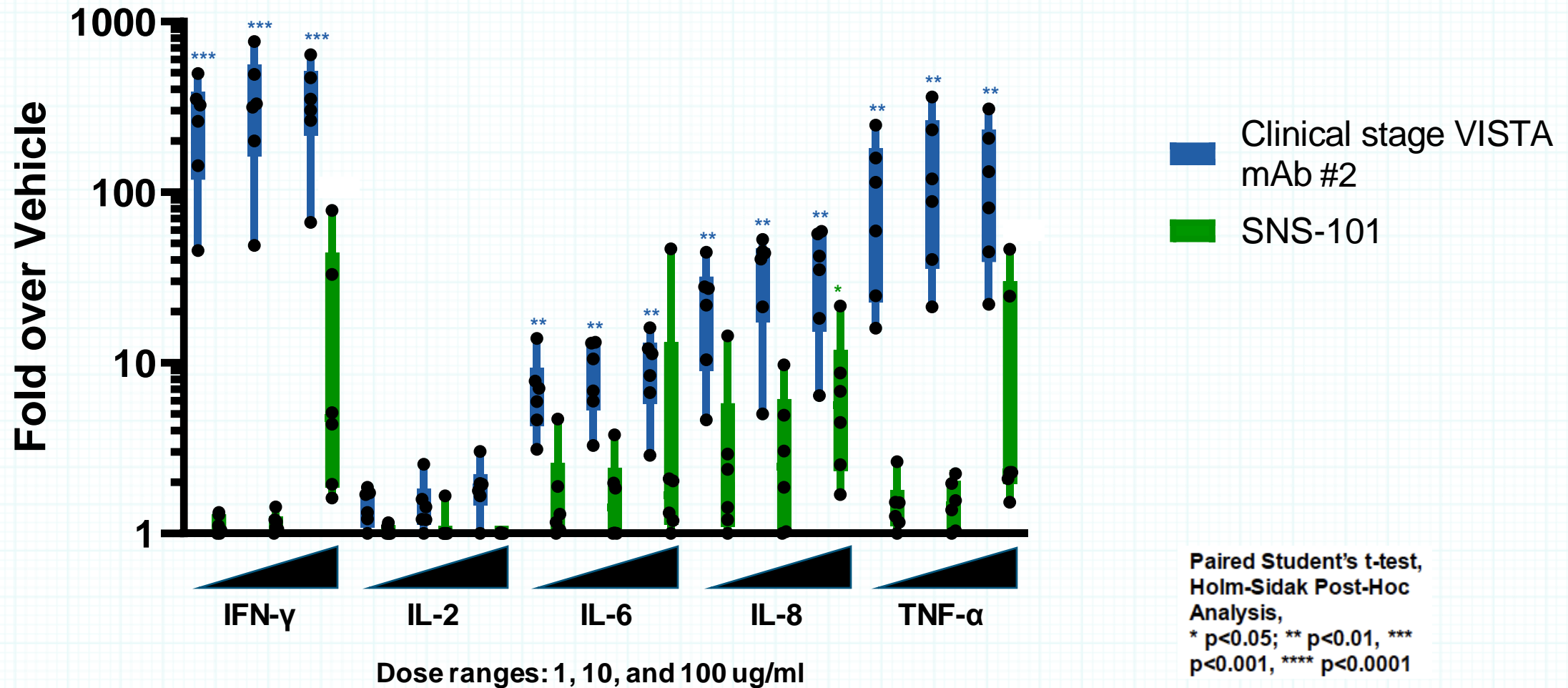


No Significant Binding of SNS-101 to Monocytes, Neutrophils, NK Cells and T-cells in Whole blood at Physiological pH



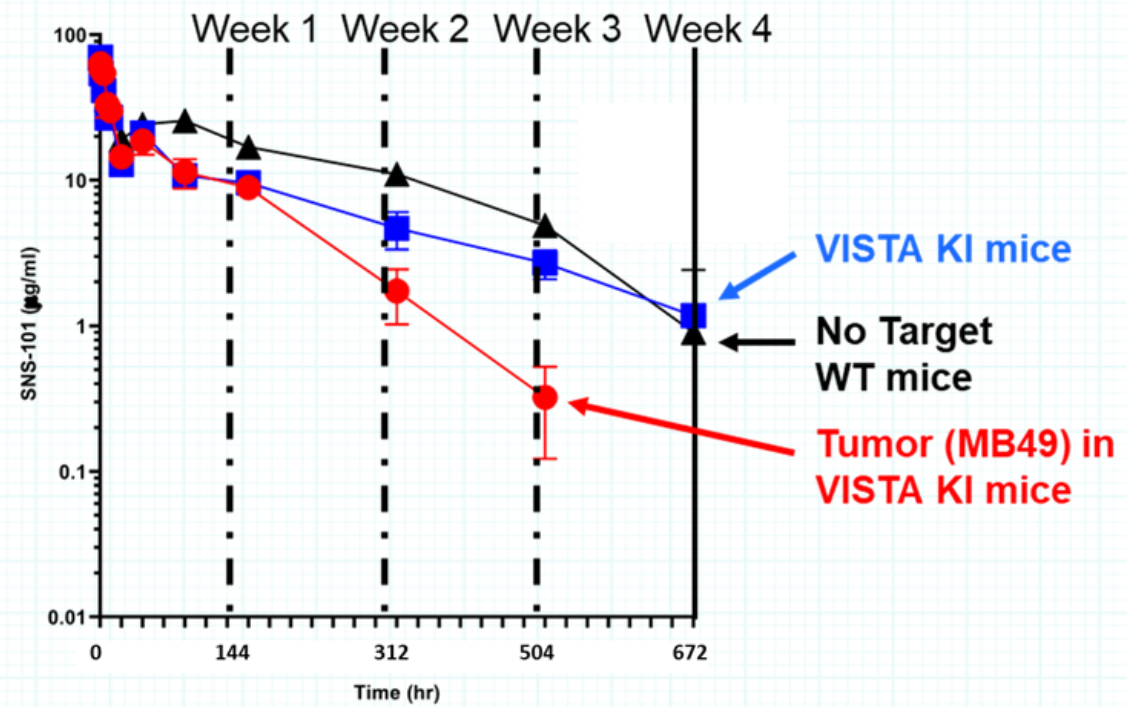
*Clinical mAb #1 & #2 are pH-independent VISTA antibodies

SNS-101 Induced Substantially Lower Cytokine Release in Whole-blood Assay at Neutral pH Compared to pH-independent VISTA Antibody



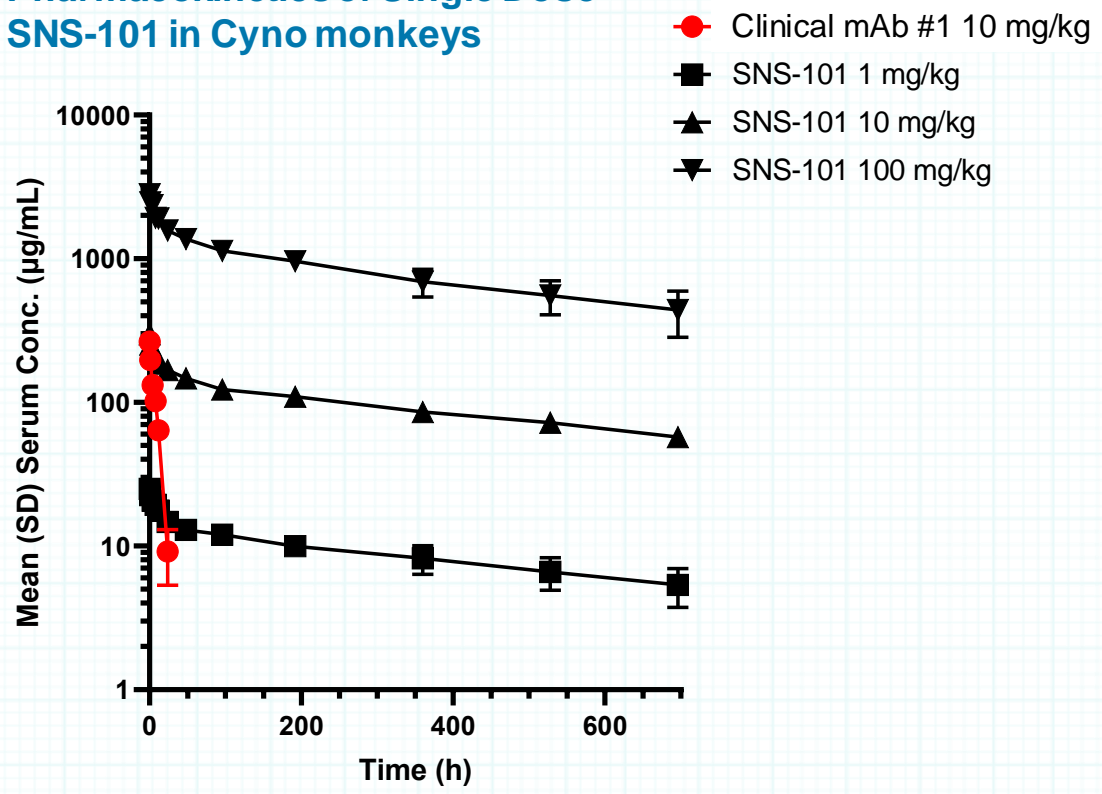
SNS-101 Has Displayed a Favorable Single-dose PK Profile in Preclinical Studies - *No Significant TMDD in Human VISTA KI Mice or Non-human Primates*

Pharmacokinetics of Single Dose 5 mg/kg SNS-101 in VISTA Knock-in Mice



Demonstrated a long mean residence time in the blood, indicating a lack of significant target-mediated drug disposition (TMDD) and clearance in non-malignant tissues

Pharmacokinetics of Single Dose SNS-101 in Cyno monkeys

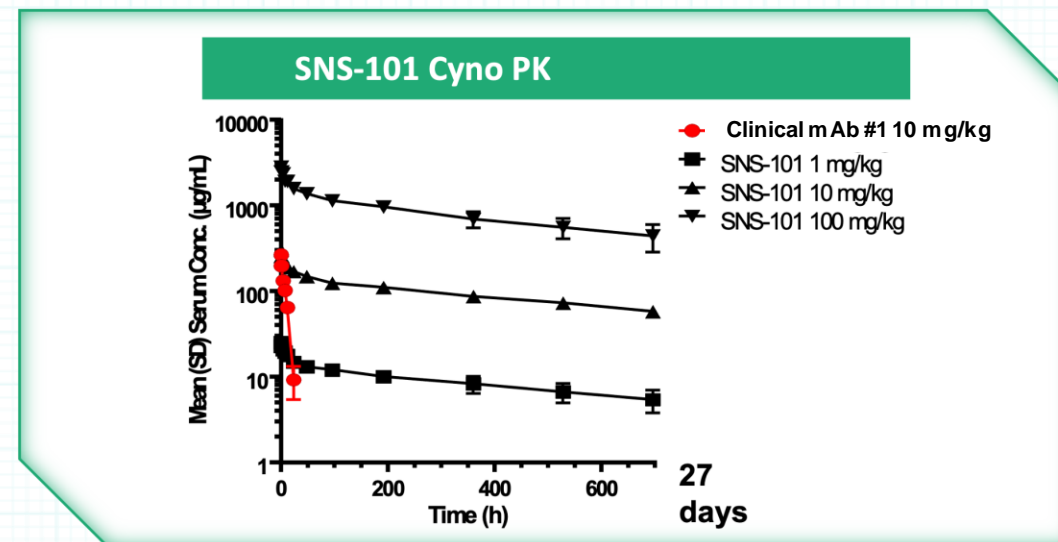


SNS-101 displayed linear elimination kinetics unlike a pH-independent anti-VISTA mAb, which demonstrated TMDD and rapid clearance

PK Sink Continues to be an Issue with Non-pH-Sensitive VISTA programs*

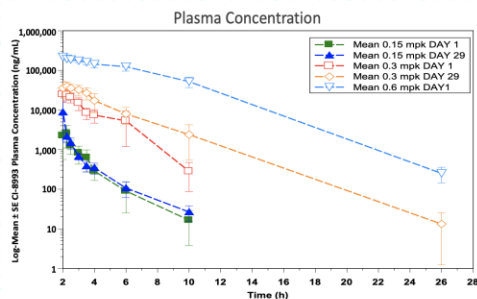
SNS-101 is designed to overcome elimination kinetics and half-life related to PK sink observed in non-pH-sensitive VISTA programs

Linear

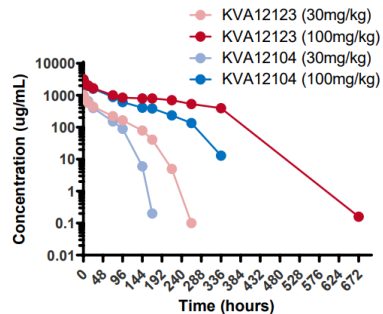


Non-linear

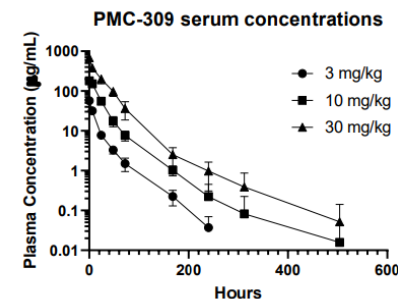
Curis CI-8993 Plasma Concentration



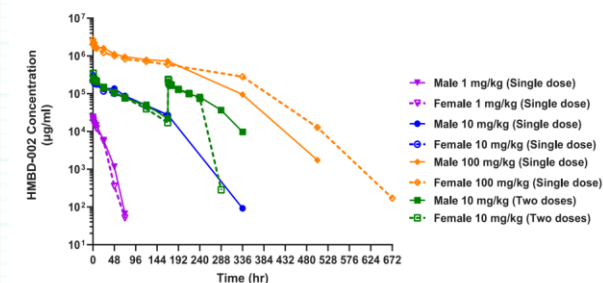
Kineta KVA12123 Cyno PK



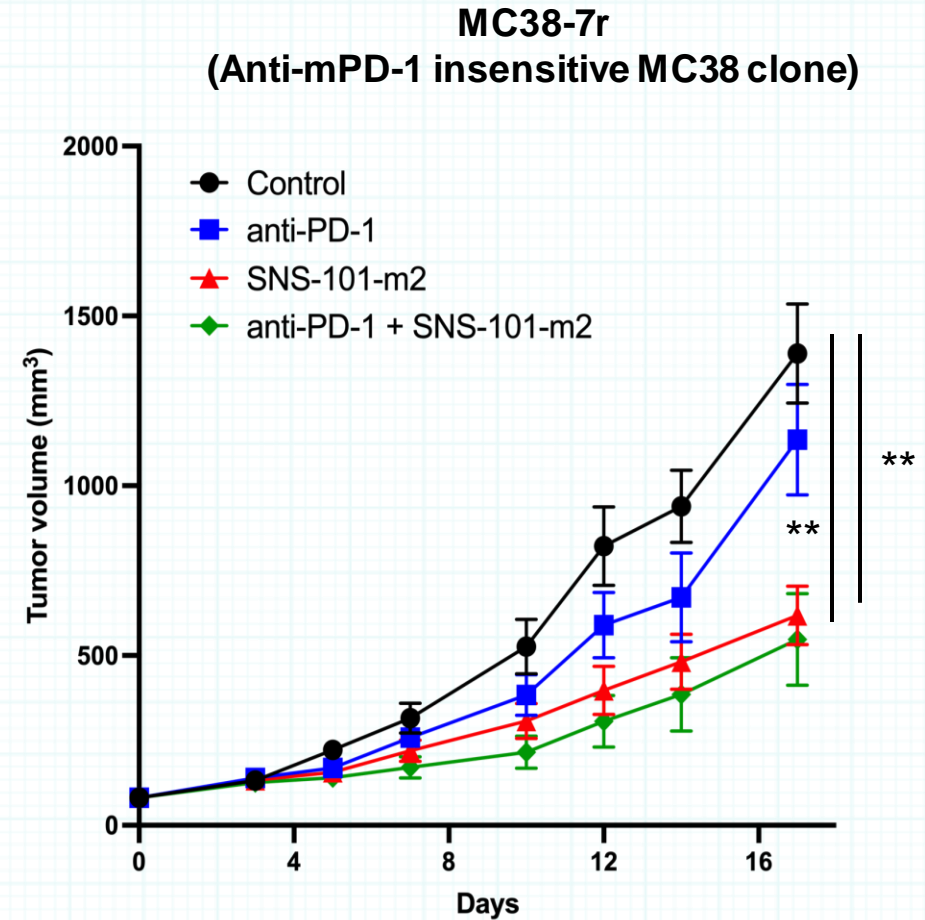
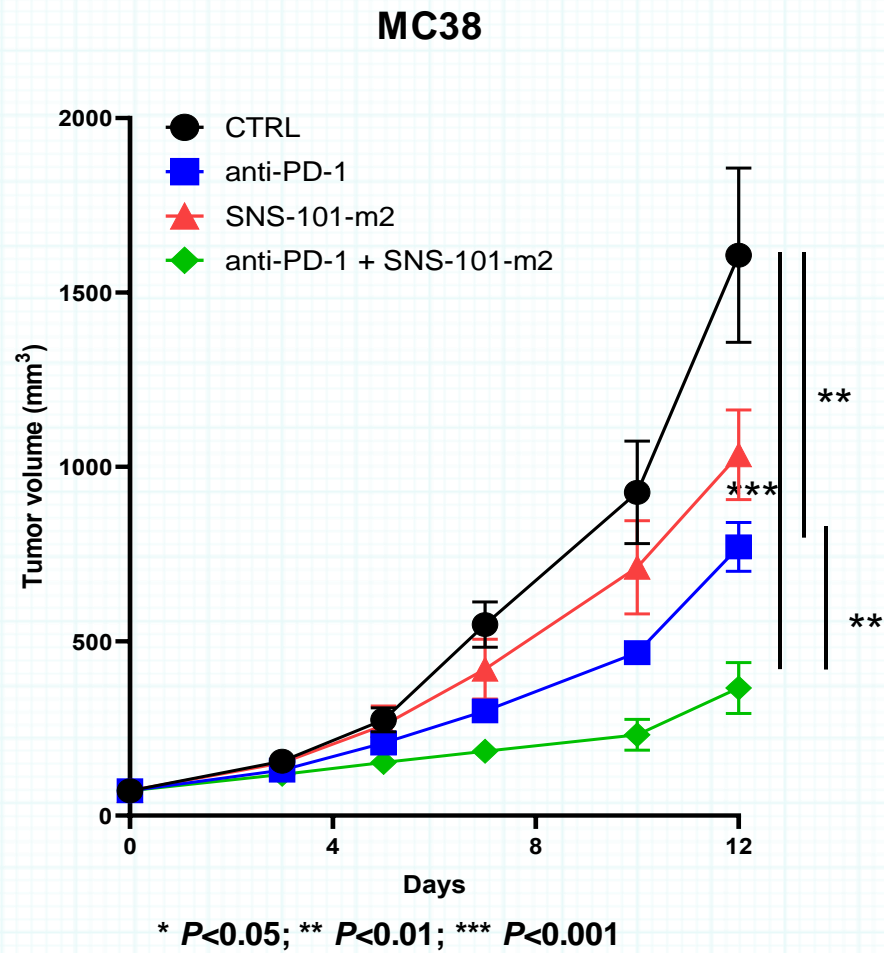
Abcine PMC-309 Serum Conc Cyno



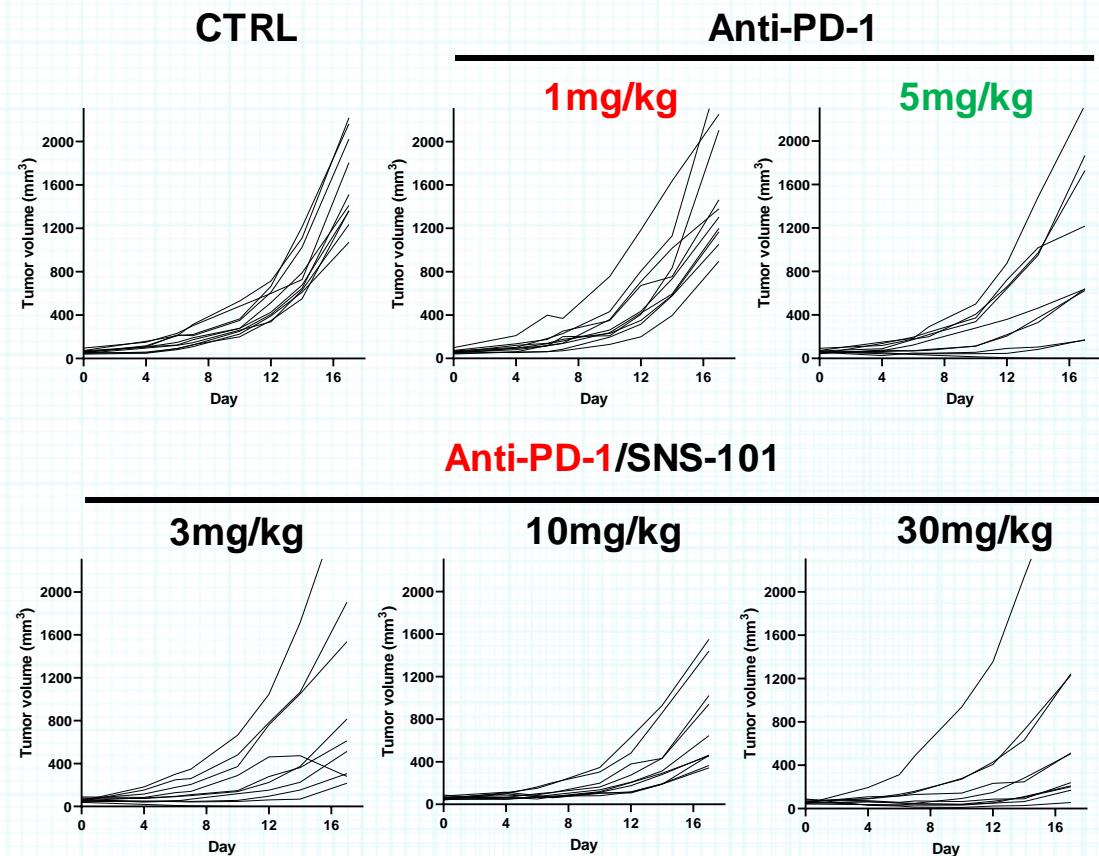
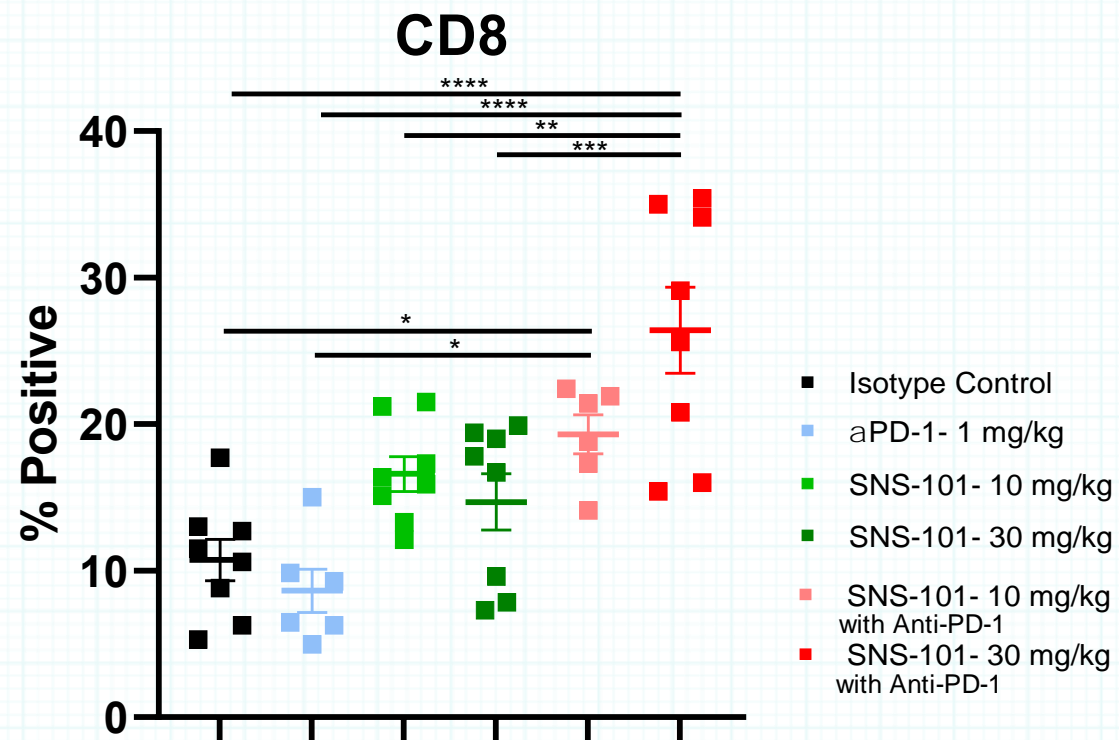
Hummingbird HMBD-002 Preclinical PK



SNS-101 Drove Single-agent Activity and Deepened Anti-tumor Responses to PD-1 in Human VISTA KI Mice



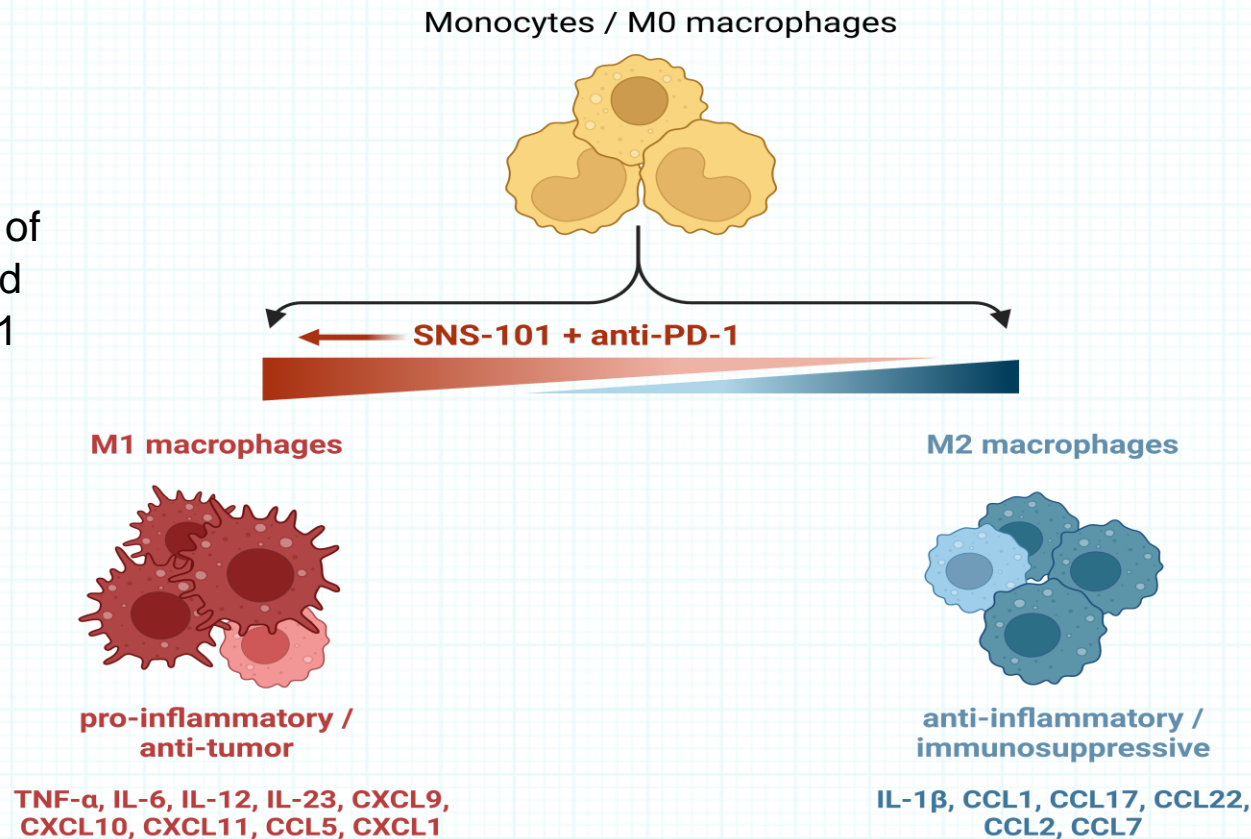
SNS-101 Increased CD8 T-cells in Combination With Anti-PD-1 in MC38 Tumors *In Vivo*



Targeting VISTA and PD-1 Checkpoints in the TME Promotes Anti-tumoral M1 Macrophage Polarization

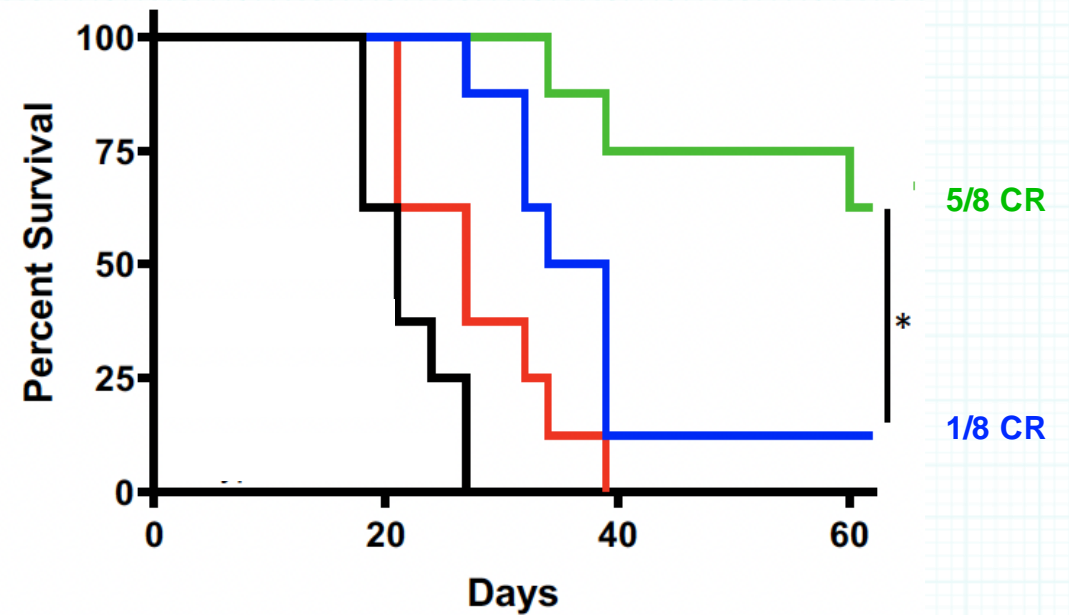
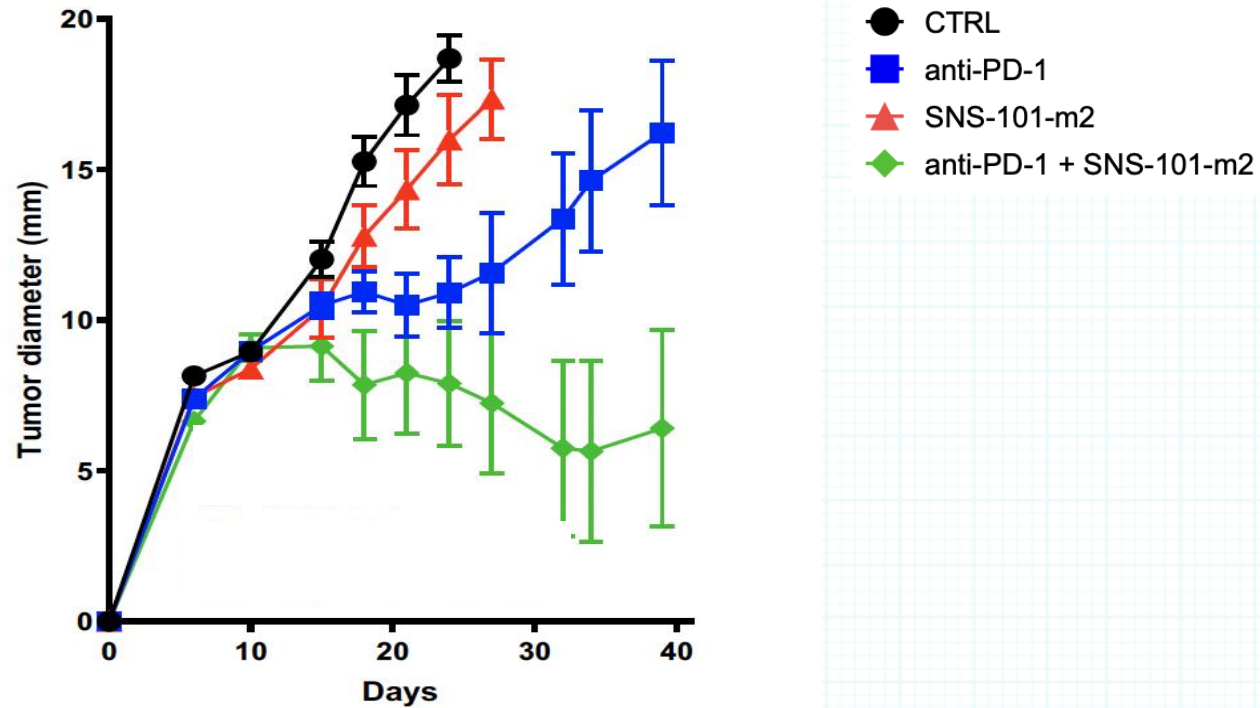
SNS-101 targets suppressive signaling in the myeloid compartment, and in combination with anti-PD-1 may help shift the balance of macrophage polarization toward an anti-tumor M1 phenotype

M1 macrophages are anti-tumorigenic through secretion of pro-inflammatory cytokines and chemokines, and driving of Th1 CD4+ T cell responses



M2 macrophages are immunosuppressive; pro-tumor TAMs are a subset of M2-type cells

SNS-101 Re-sensitized Anti-PD-1 Insensitive Sarcoma Tumors in Human VISTA Knock-in Mice

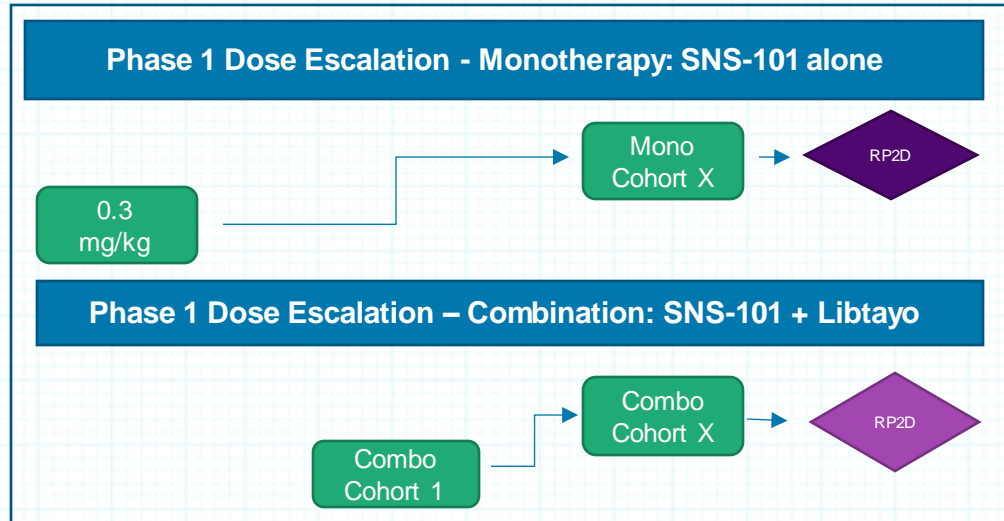


* p<0.05

SNS-101 Phase 1/2 Study

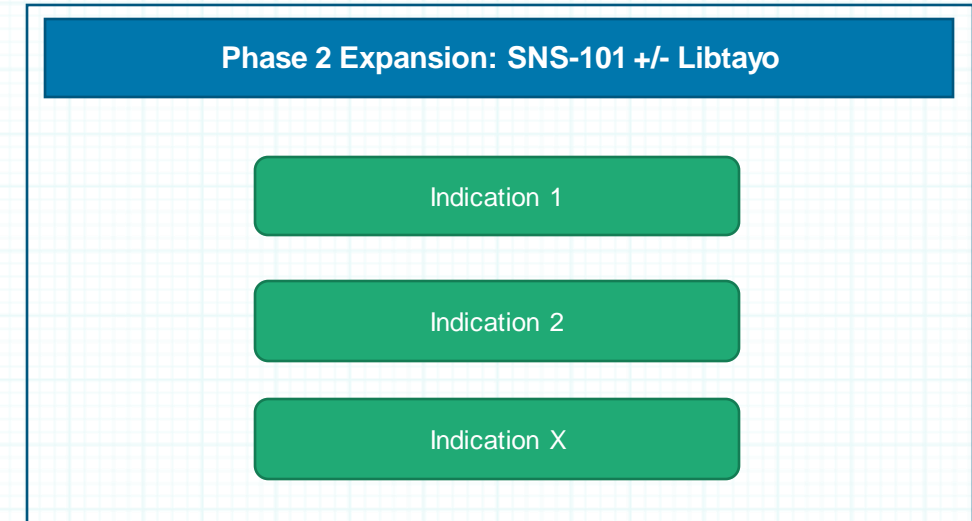
Phase 1 Study Design

Dose escalation using Bayesian Optimal Interval (BOIN) design; plan to initiate combo dosing prior to monotherapy RP2D*



Anticipated Phase 2 Expansion Design

Single-arm, Simon two-stage minimax design incorporating an interim futility analysis






Patient Population	Study Objectives	Dosing
<ul style="list-style-type: none"> Advanced solid tumors 	<ul style="list-style-type: none"> Primary endpoint: safety, tolerability & RP2D Secondary endpoint: PK profile, immunogenicity & anti-tumor activity 	<ul style="list-style-type: none"> SNS-101 +/- Libtayo (350 mg) dosed as an IV infusion once every 3 weeks SNS-101 starting dose = 0.3 mg/kg; Dose escalation/de-escalation will proceed following the BOIN design until the MTD/RP2D is determined


Patient Population	Study Objectives	Dosing
<ul style="list-style-type: none"> Advanced solid tumors <ul style="list-style-type: none"> Tumor types to be determined based on data from Phase 1 study and emerging results from preclinical studies 	<ul style="list-style-type: none"> Primary endpoint: Anti-tumor activity Secondary endpoint: Anti-tumor activity, safety, tolerability, PK profile & immunogenicity 	<ul style="list-style-type: none"> SNS-101 +/- Libtayo (350 mg) dosed as an IV infusion once every 3 weeks Dose will be determined from the Phase 1 study

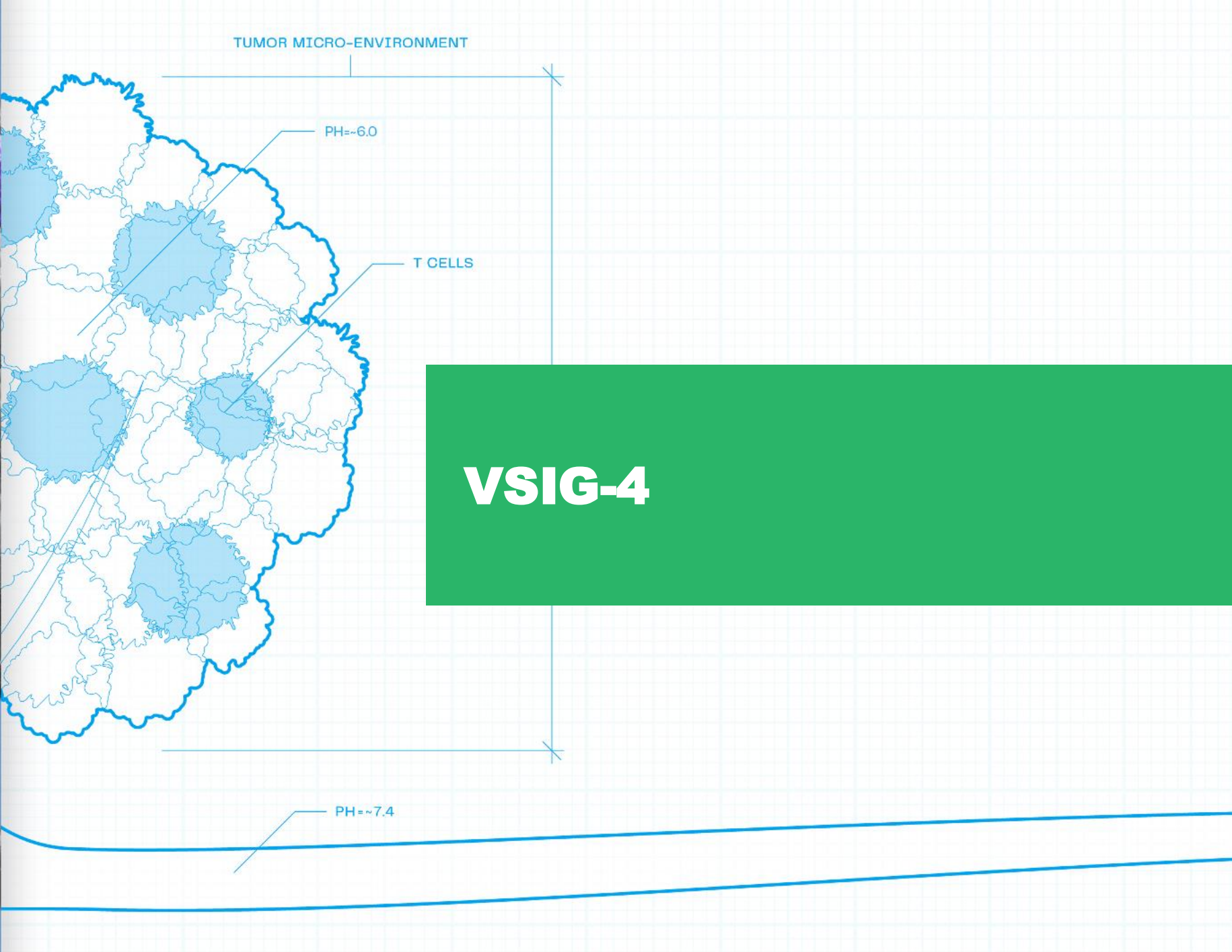
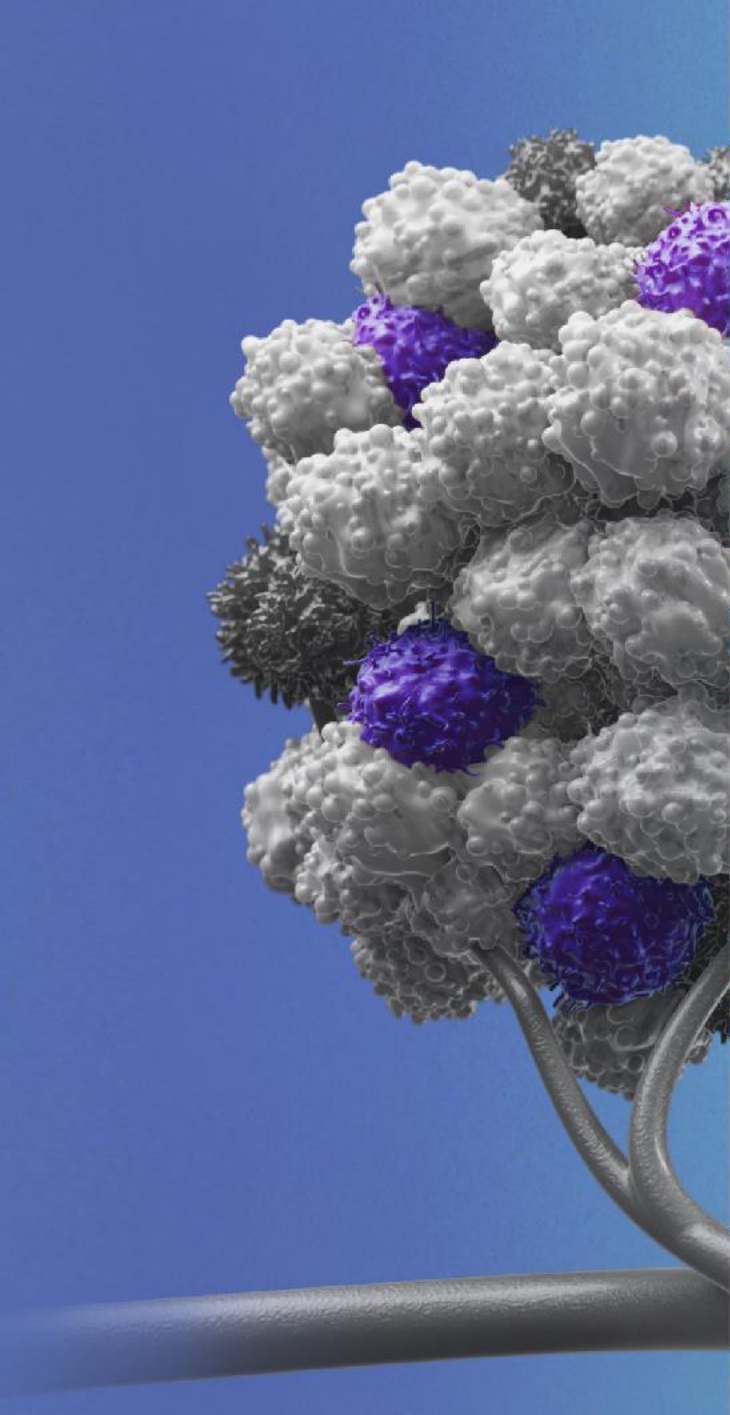
Key Partnerships Supporting SNS-101's Clinical Development

Potential opportunities for combination therapy and biomarker identification

Partner/ Collaborator	Goal	Description
 Clinical Supply Agreement	Supports evaluation of SNS-101 in combination with Libtayo® (cemiplimab) in planned Phase 1/2 clinical trial	<ul style="list-style-type: none"> • Sensei to fund planned clinical trial • Regeneron to provide Libtayo® • Sensei maintains global development and commercial rights to SNS-101
 Cooperative Research & Development Agreement	Further elucidate role of VISTA in immune checkpoint resistance and expand potential of SNS-101 as a combination therapy beyond anti-PD-1	<ul style="list-style-type: none"> • Sensei collaborating with NCI Center for Immuno-Oncology Co-Directors, Jeffrey Schlom, Ph.D., and James Gulley, M.D., Ph.D. • Preclinical studies will assess SNS-101 mechanism of action in combination with therapies beyond anti-PD-1
 Research Collaboration	Further study the mechanism of SNS-101's anti-tumor activity	<ul style="list-style-type: none"> • Sensei collaborating with laboratory of immuno-oncology KOL, Robert Schreiber, Ph.D. • Preclinical studies will include identification of SNS-101 response biomarkers

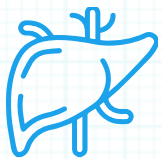
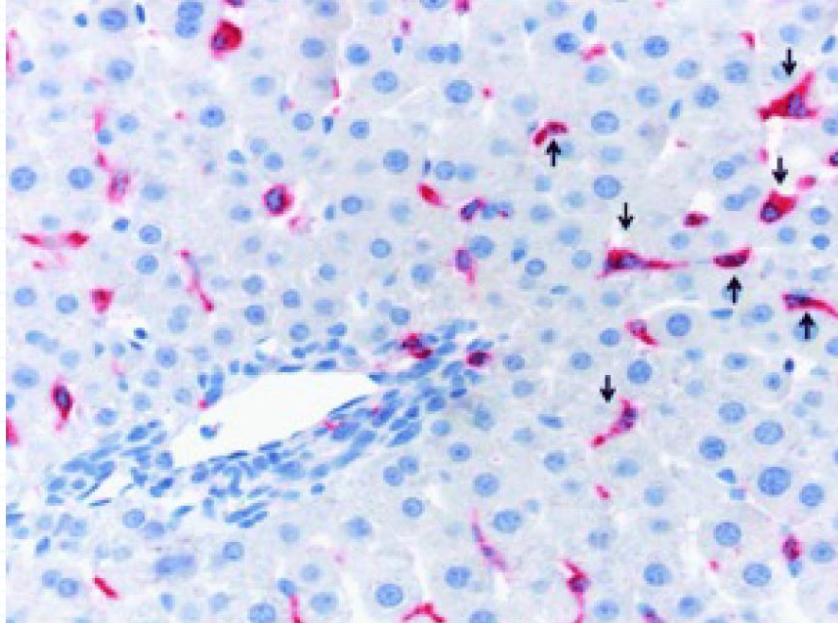
SNS-101 Is a Fully Differentiated Anti-VISTA Antibody

	SNS-101 	CI-8993; JNJ-61610588 (J&J/Curis)	K01401-020; W0180 (Pierre Fabre)	HMBD-002 (Hummingbird)	KVA12.1 (Kineta)	VISTA.18 (BMS)	(PMC-309) Pharm Abcine
Inhibit PSGL-1 Binding	✓	✓	✓	✗	✓	✓	✓
pH Sensitive Binding	✓	✗	✗	✗	✗	✓	✗
Fc Active	✓ (IgG1)	✓ (IgG1)	N/A	✗	✓ (IgG1)	✗ (IgG4)	✓ (IgG1)
Stage	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Preclinical	Preclinical



VSIG4 is an Immunosuppressive Receptor with On-Target, Off-Tumor Challenges

Tissue macrophages (Kupffer cells) in liver

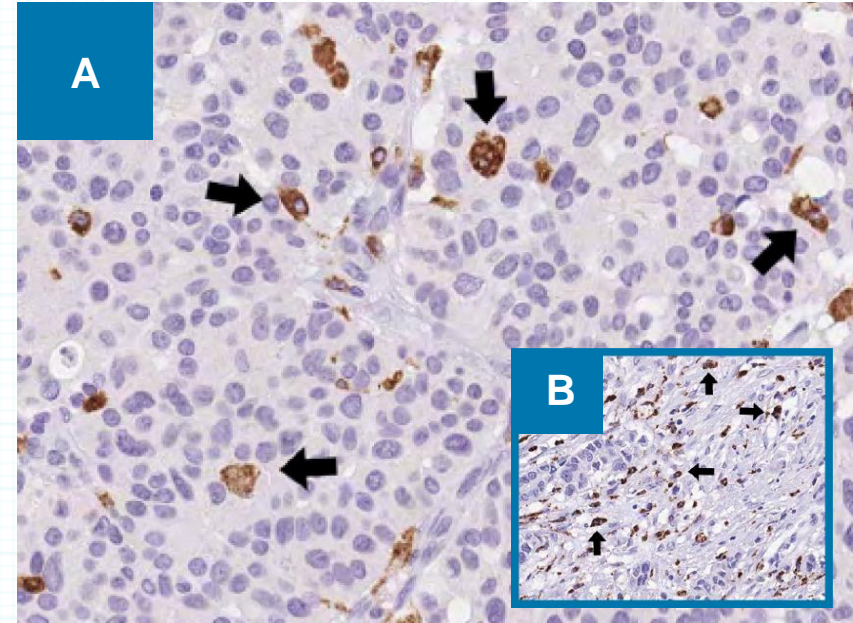


In the liver, VSIG-4 ...

Is expressed on Kupffer cells¹⁻²

Appears to drive significant target-mediated drug disposition (TMDD) and clearance

Tumor-associated macrophages in tumor and stroma (inset)



In the tumor microenvironment, VSIG-4 ...

Correlates with immunosuppressive "M2" macrophage infiltration³

Inhibits T cell activation⁴

Promotes tumor growth based on data from a syngeneic Lewis lung carcinoma model in knockout mice⁵

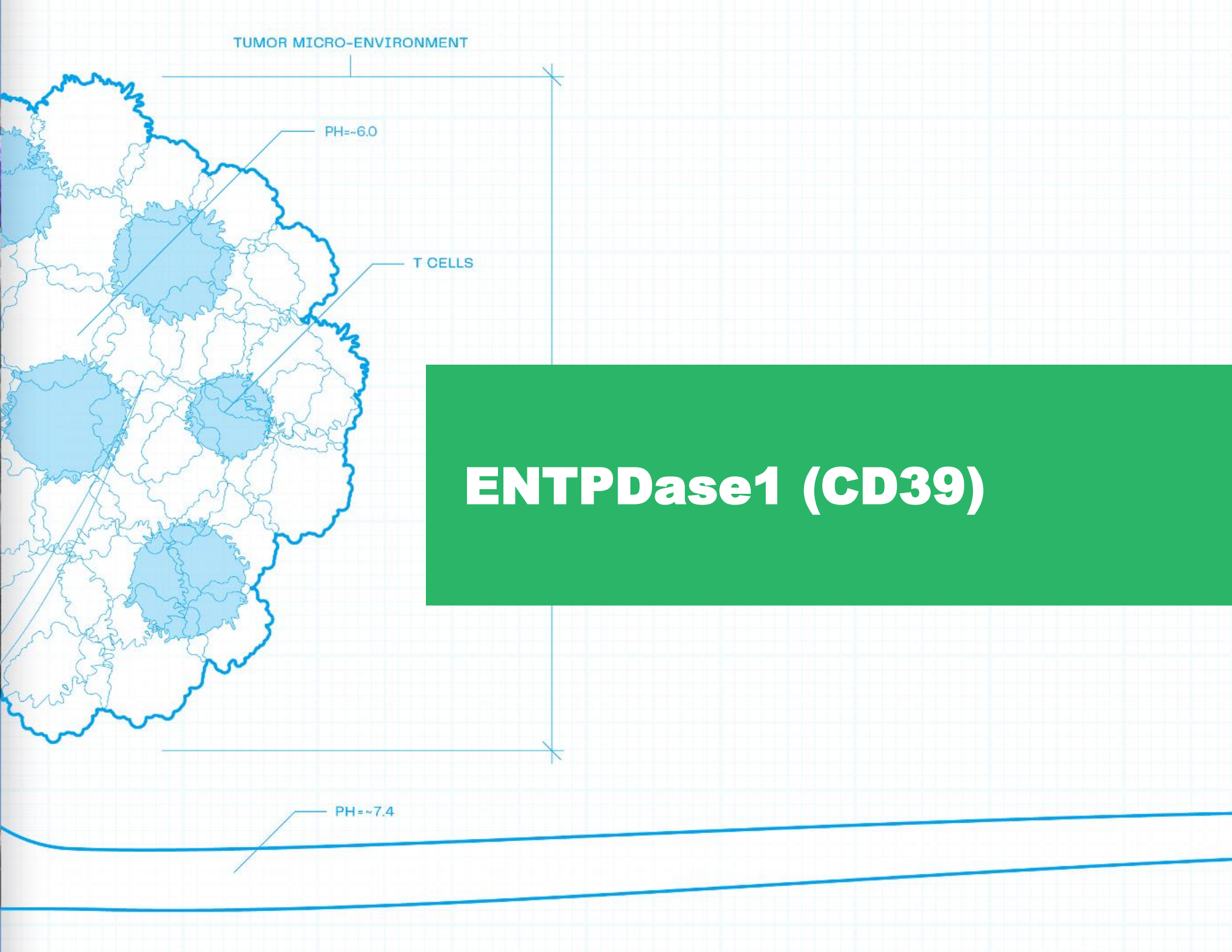
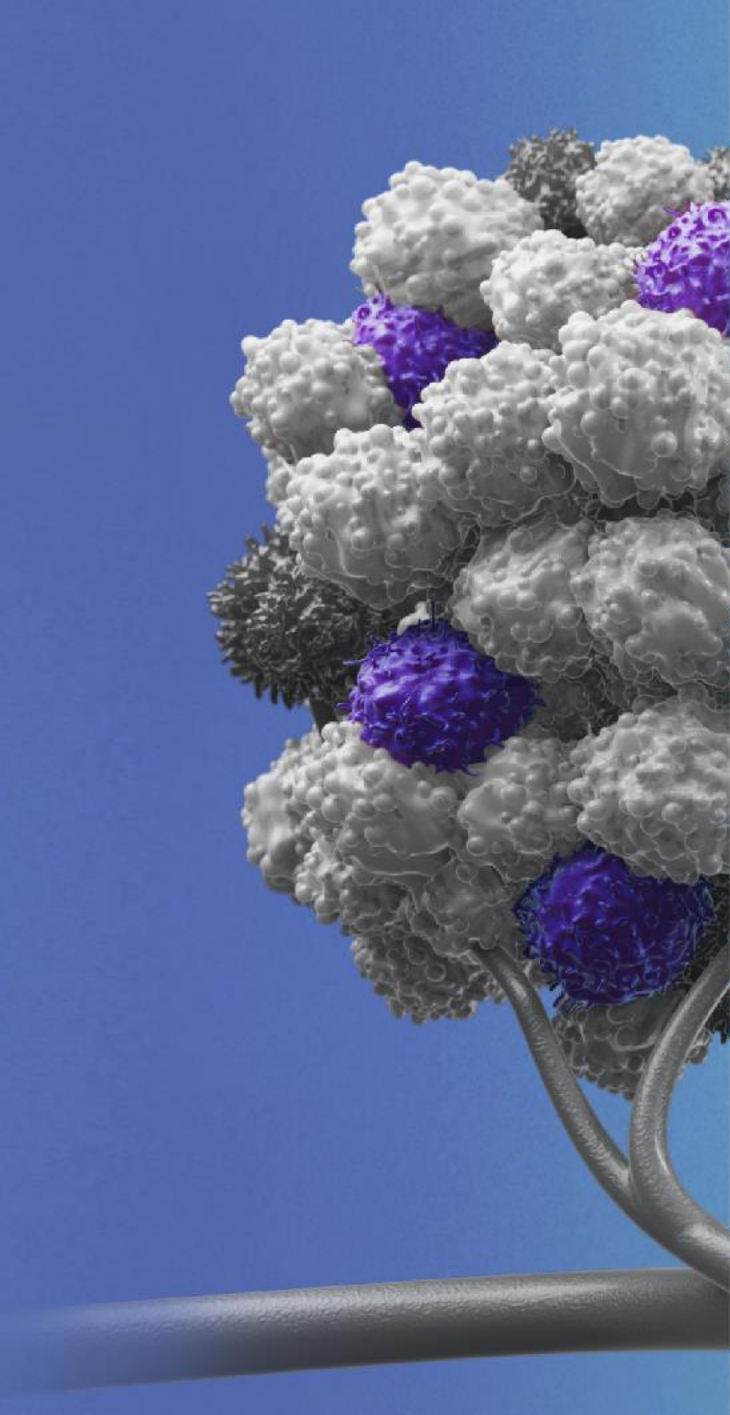
Sensei Has Identified pH-sensitive VSIG4 Antibodies

pH-Sensitive VSIG4 Parental Antibodies Selected for Further Optimization

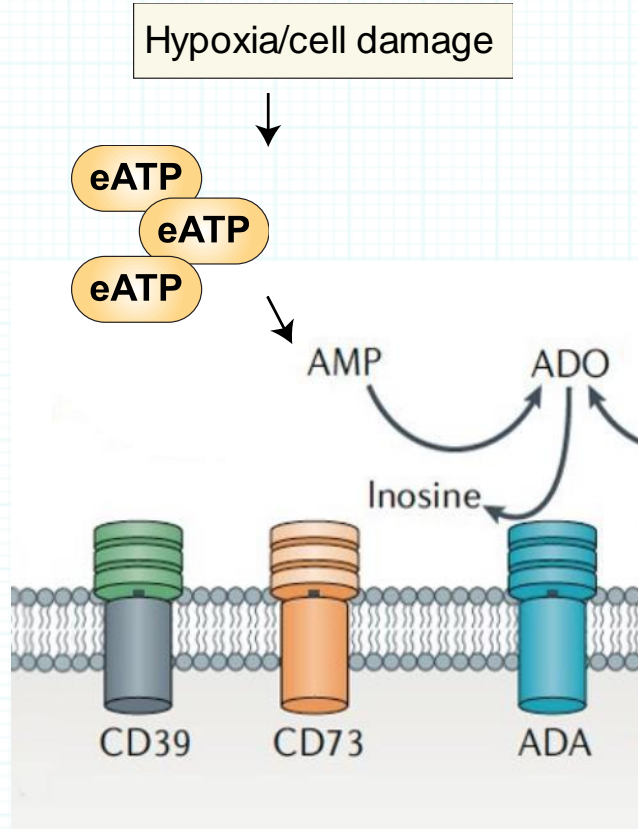
- Program milestones to date:
 - Identified 8 parental antibodies for optimization and are currently testing progeny antibodies;
 - Identified pH-sensitive antibodies highlighting the potential breadth of the TMAb platform;
 - Identified novel VSIG4 receptors on primary T-cells by Hi-Res proteomics, which are currently in verification stage.
- Plan to select product candidate in 2023

Antibody Reference #	Ratio of pH Selectivity (6.0 vs 7.4)	Blockage of Immobilized VSIG4-T-cell Inhibition	Blockage of Cellular VSIG4-T-cell Inhibition
1	1	+	+
2	7	+	+
3	1	+	+
4	3	+	+
5	3	+/-	+
6	25	+	+
7	1	+	+
8	2	-	+

* Ratio assessed by flow cytometry on VSIG4 overexpressing cells



ENTPDase1 (CD39) is the Rate Limiting Enzyme in the Production of Immunosuppressive Adenosine



- Primary function is conversion of extracellular ATP (eATP) to adenosine (ADO), which exerts immunosuppressive properties through binding to A2a/A2b receptors (ADA)
- Expressed on various immune cells in both tumors and normal tissues
- Development of a TMAb antibody has potential for improved safety and PK profile compared to competitor CD39 mAbs

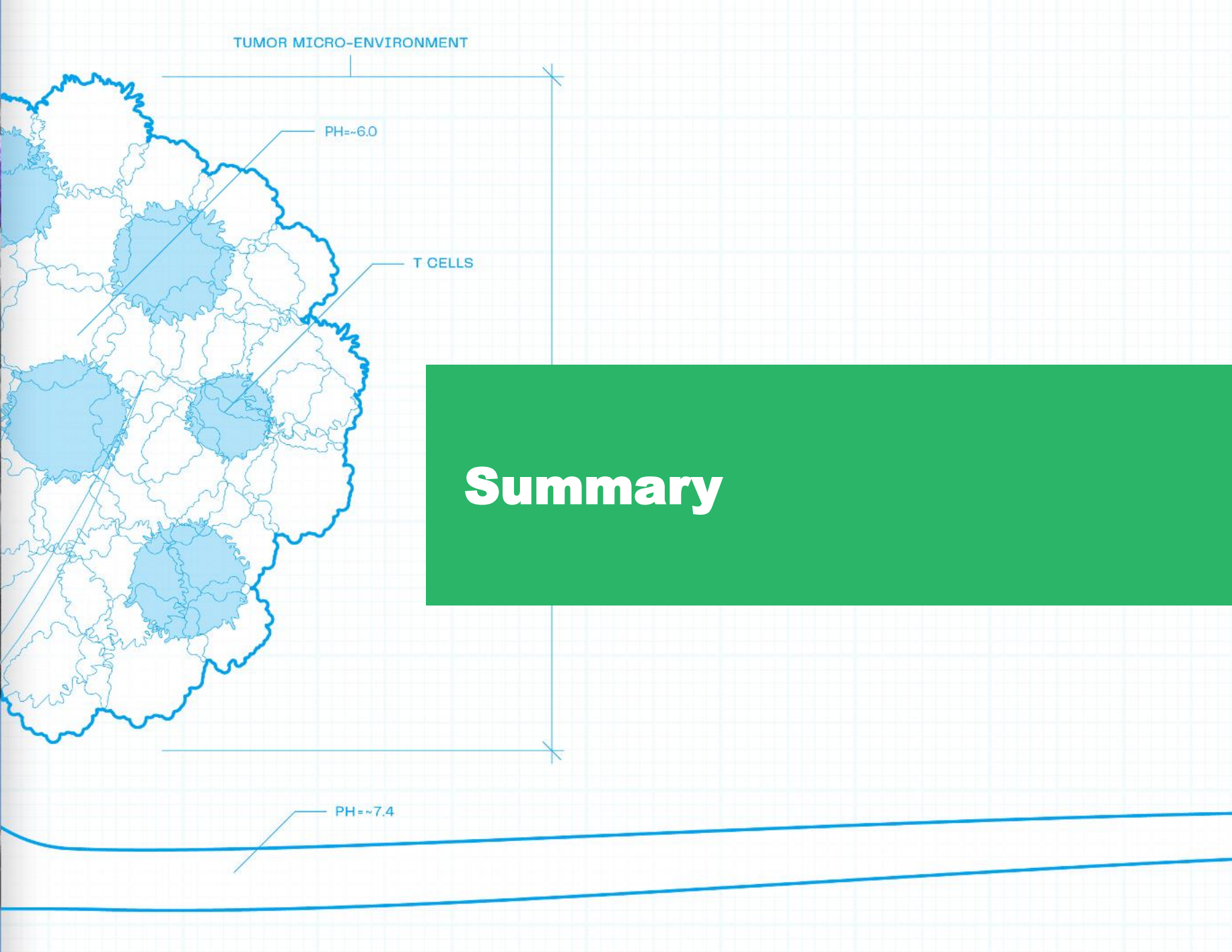
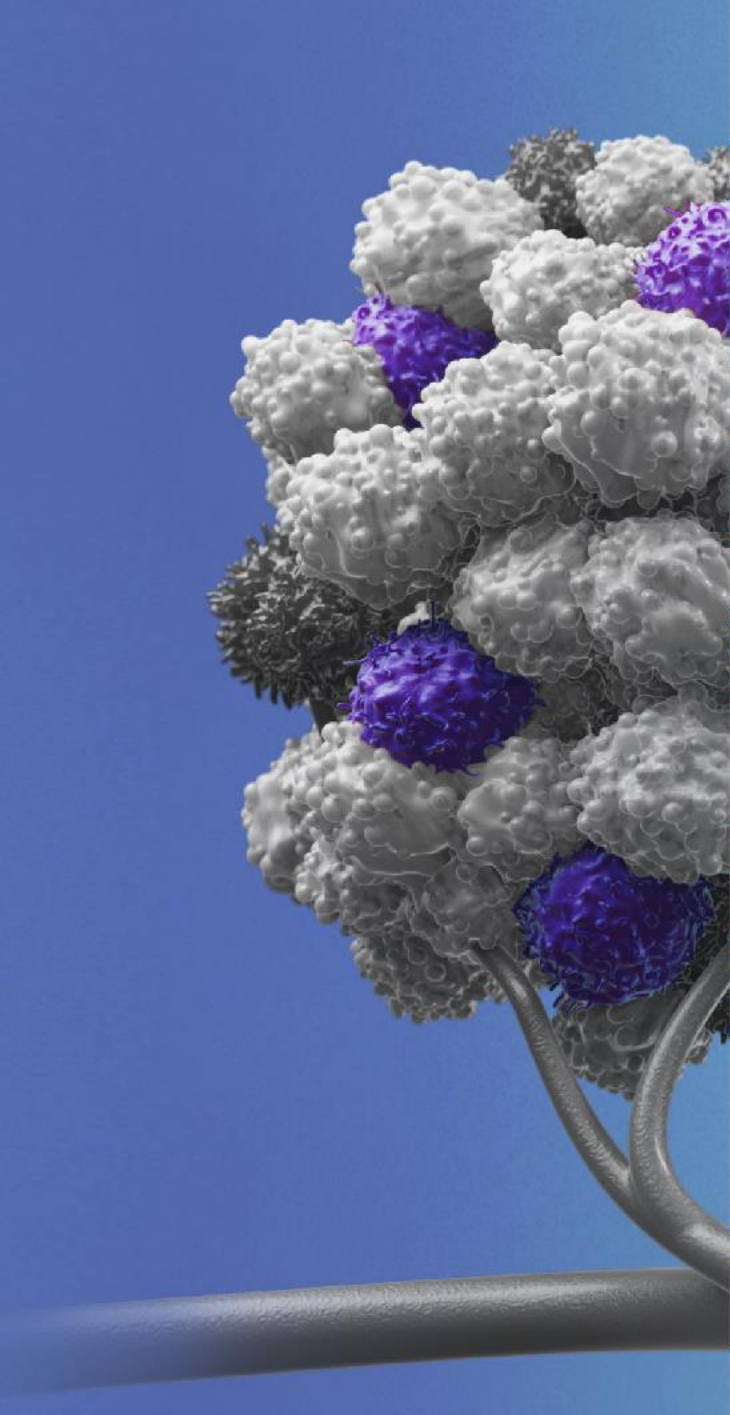


Sensei Has Identified pH-sensitive ENTPDase1 (CD39) Antibodies

- Program milestones to date:
 - Identified 8 parental antibodies for further optimization, and currently testing progeny antibodies
 - Identified pH-sensitive parental antibodies for lead optimization
- Plan to select lead product candidate in 2023

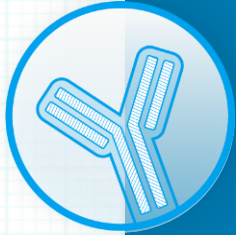
pH-Sensitive CD39 Parental Antibodies Selected for Further Optimization

Antibody Reference #	Ratio of pH Selectivity (6.0 vs 7.4)
1	1
2	6
3	4
4	5
5	18
6	1
7	1
8	1



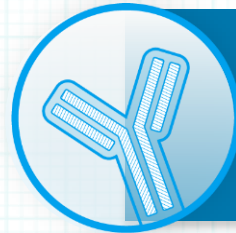
Summary

Expected Program Milestones



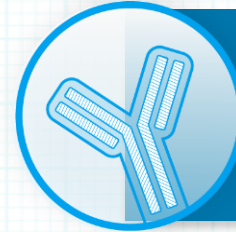
SNS-101 (anti-VISTA)

- **Mid-year 2023:** First patient first dose
- **2024:** Topline Phase 1 monotherapy data
- **2024:** Initial Phase 1 combination data



SNS-102 (anti-VSIG4)

- **2023:** Select product candidate



SNS-103 (anti-ENTPDase1/CD39)

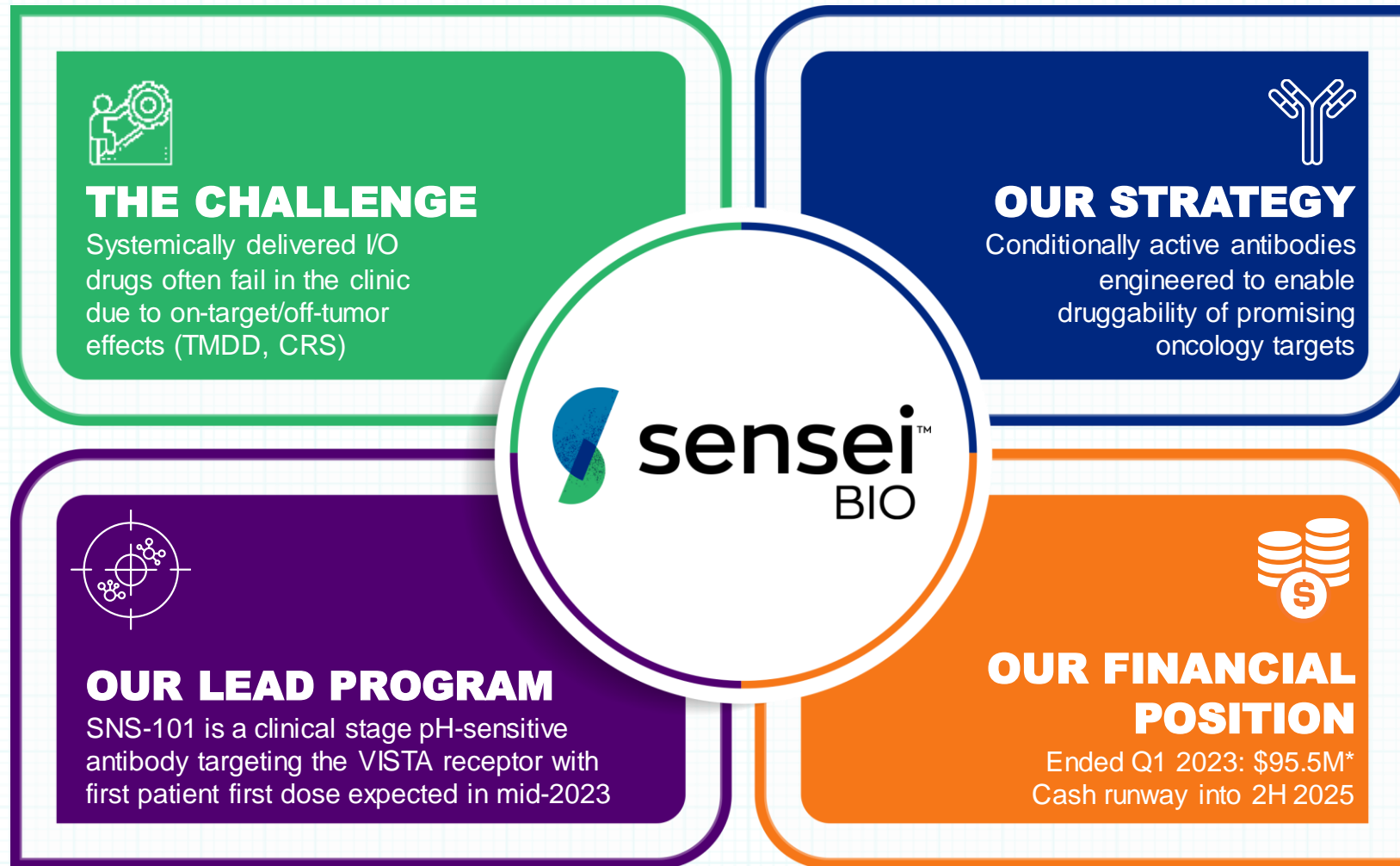
- **2023:** Select product candidate



TMAb Platform

- Advance one program forward to IND-enabling studies following product candidate selection
- ✓ **2023:** Initiate fourth TMAb discovery program focused on developing a conditionally active bispecific antibody

Engineered Selectivity to Extend the Clinical Reach of Immuno-oncology Agents



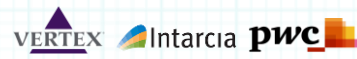
Seasoned Leadership Team



John Celebi, MBA
President and CEO



Erin Colgan
Chief Financial Officer



Patrick Gallagher
Chief Business Officer

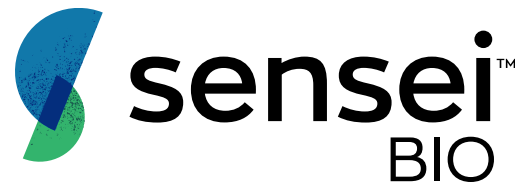


Edward van der Horst, Ph.D.
Chief Scientific Officer



Christopher Gerry, J.D.
VP, General Counsel





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Appendix

References for Slide 24

1. Helmy KY, Katschke KJ Jr, Gorgani NN, Kljavin NM, Elliott JM, Diehl L, Scales SJ, Ghilardi N, van Lookeren Campagne M. CRlg: a macrophage complement receptor required for phagocytosis of circulating pathogens. *Cell*. 2006 Mar 10;124(5):915-27. doi: 10.1016/j.cell.2005.12.039. PMID: 16530040.
2. Voillet V, Berger TR, McKenna KM, Paulson KG, Tan WH, Smythe KS, Hunter DS, Valente WJ, Weaver S, Campbell JS, Kim TS, Byrd DR, Bielas JH, Pierce RH, Chapuis AG, Gottardo R, Rongvaux A. An In Vivo Model of Human Macrophages in Metastatic Melanoma. *J Immunol*. 2022 Aug 1;209(3):606-620. doi: 10.4049/jimmunol.2101109. Epub 2022 Jul 11. PMID: 35817516; PMCID: PMC9377377.
3. Reviewed in Small AG, Al-Baghdadi M, Quach A, Hii C, Ferrante A. Complement receptor immunoglobulin: a control point in infection and immunity, inflammation and cancer. *Swiss Med Wkly*. 2016 Apr 5;146:w14301. doi: 10.4414/smw.2016.14301. PMID: 27045607.
4. Vogt L, Schmitz N, Kurrer MO, Bauer M, Hinton HI, Behnke S, Gatto D, Sebbel P, Beerli RR, Sonderegger I, Kopf M, Saudan P, Bachmann MF. VSIG4, a B7 family-related protein, is a negative regulator of T cell activation. *J Clin Invest*. 2006 Oct;116(10):2817-26. doi: 10.1172/JCI25673. PMID: 17016562; PMCID: PMC1578631.
5. Liao Y, Guo S, Chen Y, Cao D, Xu H, Yang C, Fei L, Ni B, Ruan Z. VSIG4 expression on macrophages facilitates lung cancer development. *Lab Invest*. 2014 Jul;94(7):706-15. doi: 10.1038/labinvest.2014.73. Epub 2014 May 26. PMID: 24862966.