gritstone bio

CORPORATE PRESENTATION

The Promise of Potent and Durable Immune Responses

October 2024

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ABOUT GRITSTONE

Developing Next-Generation Vaccines for Oncology and Infectious Disease

Platforms Drive More Potent and Durable Immunity

Best-in-class antigen prediction

Proprietary, next-gen vectors drive response

Fully-integrated Biomanufacturing

Potential best-in-class neoantigen-based personalized cancer vaccine program (GRANITE) in randomized Phase 2 study for MSS-CRC

Self-amplifying mRNA (samRNA) platform has distinct potential benefits versus currently-approved infectious disease vaccines

Upcoming data readouts could further de-risk clinical platforms and potentially enable expansion into additional disease types

Recent & Anticipated Upcoming Milestones

Add'l 12-month data from COVID-19 Phase 1 studies (Apr 2024)

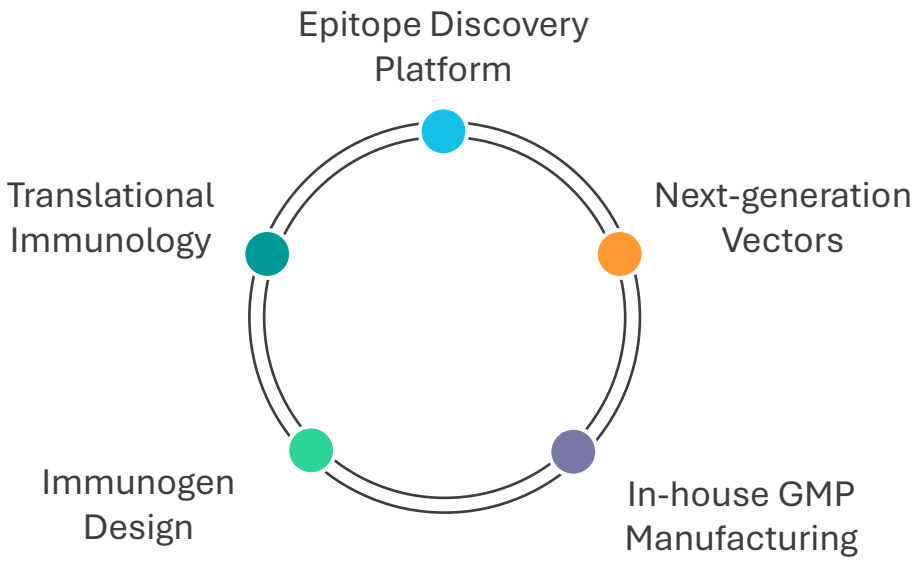
Interim data from Phase 2 GRANITE study (3Q 2024)

Overall Survival Data from Ph2 GRANITE study (2H 2025)

OUR CAPABILITIES

Pursuing More Potent and Durable Immune Responses

Capabilities uniquely designed to address current challenges in cancer and infectious disease



Proprietary artificial intelligence platform (EDGE™) to identify critical T cell targets

Next-gen vectors, ChAd and self-amplifying mRNA*, to drive potent and durable immune responses suited to the clinical context

In-house GMP manufacturing enables personalized and off-the-shelf products (clinical stage and scale-up)

Immunogen design is key component of novel vaccine formats – must be studied in clinical trials

Bench-to-bedside-to-bench: innovative product development pushes scientific boundaries

*Gritstone was the first to introduce self-amplifying mRNA (samRNA) + LNP into clinical trials (2018)

Solid Tumor Programs Ready for Expansion & Partnership

GRANITE and SLATE programs are currently wholly-owned by Gritstone bio, Inc

Sponsor	Target/Approach	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Anticipated Milestones
gritstone bio POC in MSS-CRC enables Phase 2 expansion in different tumor types	Individualized Neoantigens	Front-line microsatellite-stable colorectal cancer (MSS-CRC)			GRANITE		Mid-2025: OS data
	TBD			GRANITE			
	TBD			GRANITE			
	TBD			GRANITE			
gritstone bio Off-the-shelf SLATE platform is ready for plug and play application in many solid tumors	Shared Antigens	KRAS^{mut}-driven tumor types; front-line metastatic			SLATE		Initiate Randomized Ph 2
	TBD			SLATE			
	TBD			SLATE			
NIH NATIONAL CANCER INSTITUTE	Neoantigen Cell Therapy-Vaccine Combination	KRAS^{mut}-driven tumor types	SLATE				IND Cleared in October 2023

EDGE™ Prime-boost samRNA

Ongoing and/or fully planned studies

Potential expansion opportunities

Oncology

Redefining Survival in Solid Tumors

Neoantigen Targeting Immunotherapy

GRANITE (Individualize) & SLATE (Off-the-Shelf)

Individualized Cancer Vaccines are a New Era of Immunotherapy

Potential POC for neoantigen targeting immunotherapies is growing, with multiple randomized studies ongoing

- Genomic Sequencing
- Epitope Identification
- Immunogen Payloads
- Delivery Vectors
- "n of 1" Manufacturing

	gritstone bio[1]	BIONTECH	moderna
Tumor Type	**MSS-CRC (1L)** *Cold*	Melanoma (1L) *Hot*	Melanoma (Adj) *Hot*
Neoantigen Training Data	**Proprietary**	Proprietary	Proprietary
Regimen/Vector	**ChAd prime + samRNA boosts** (heterologous, intramuscular)	mRNA[2] prime + boosts (homologous, intravenous)	mRNA[2] prime + boosts (homologous, intramuscular)
CD8+ T cell Priming[3]	**++**[4]	+	+
Data	**Interim Phase 2 data reported 3Q 2024**	Randomized Phase 2 data expected in 2024	✓ Recurrence-free survival benefit (HR=0.56)

[1] *GRTS vaccine candidates have not been studied head-to-head with those listed.*

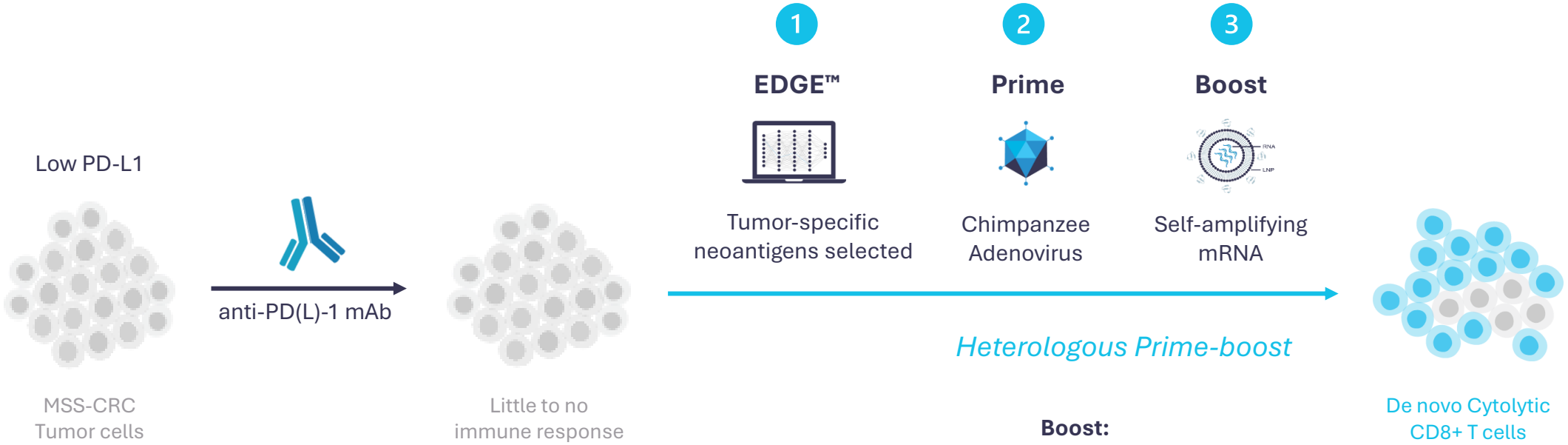
[2] *BioNtech uses optimized Uridine mRNA. Moderna uses Modified Uridine mRNA.*

[3] *Semi-quantitative assessment of strength and breadth of human T cell immune response to neoantigen vaccine based on cross-study comparisons of published data*

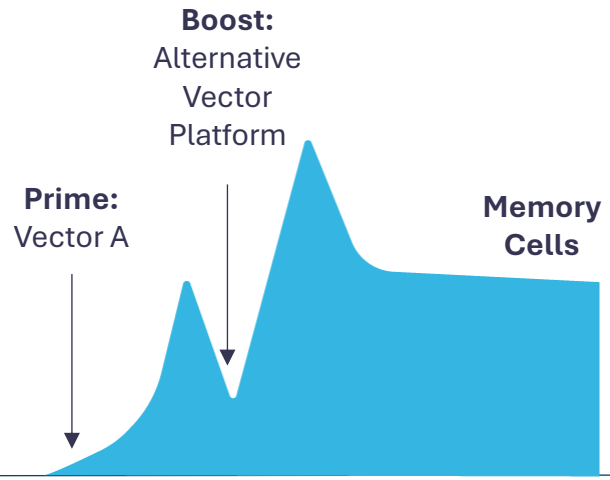
[4] *CD8 T cell priming: Miao et al., Molecular Cancer 20, 41 (2021)*

Gritstone's Approach: Induce CD8+ T cells Against "Cold" Solid Tumors

Antigen selection + prime-boost regimen may be effective in tumors unresponsive to anti-PD(L)-1 therapy

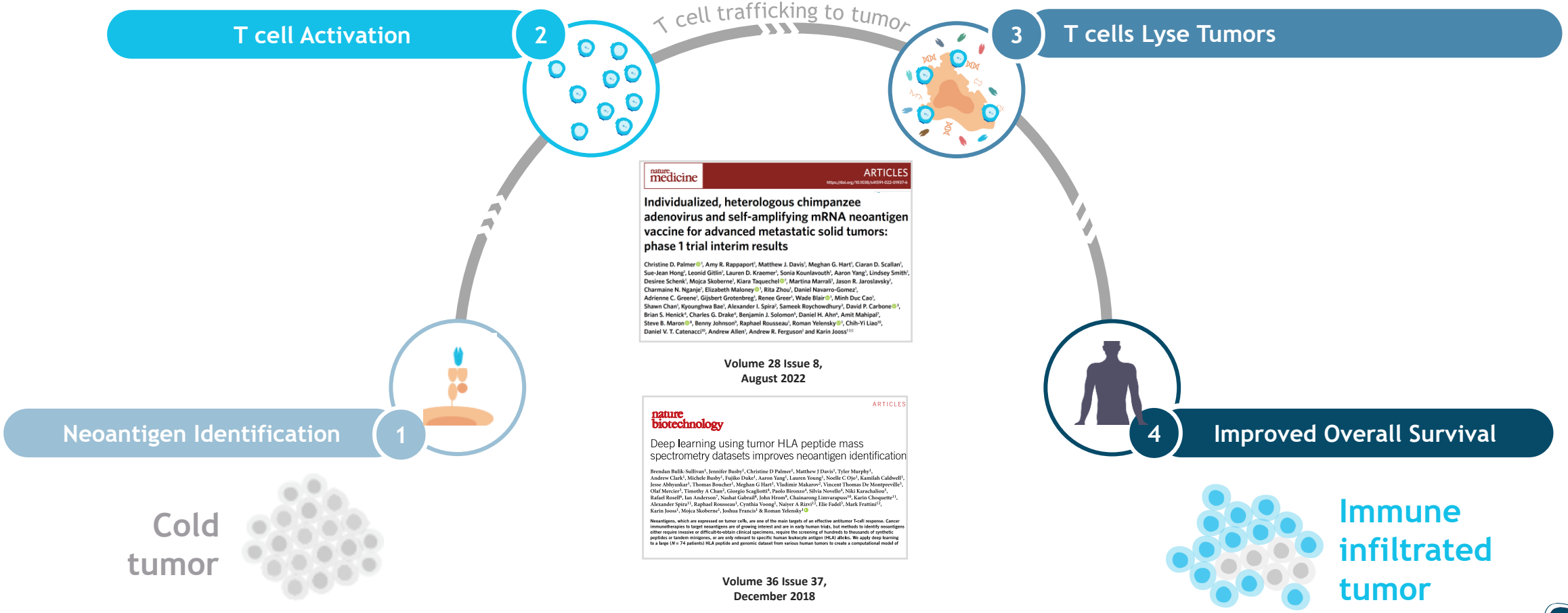


Neoantigens delivered via synergistic vectors to enhance potency and durability



GRANITE Phase 1/2: GRANITE Induces Potent Tumor-Specific T Cell Responses That Appear To Drive Clinical Benefit

Vaccine-induced neoantigen-specific cytotoxic T cells kill tumor cells and appeared to prolong OS



nature medicine — ARTICLES

Individualized, heterologous chimpanzee adenovirus and self-amplifying mRNA neoantigen vaccine for advanced metastatic solid tumors: phase 1 trial interim results

Christine D. Palmer, Amy R. Rappaport, Matthew J. Davis, Meghan G. Hart, Ciaran D. Scallan, Sue-Jean Hong, Leonid Gitlin, Lauren D. Kraemer, Sonia Kounlavouth, Aaron Yang, Lindsey Smith, Desiree Schenk, Mojca Skoberne, Kiara Taquechel, Martina Marrali, Jason R. Jaroslavsky, Charmaine N. Nganje, Elizabeth Maloney, Rita Zhou, Daniel Navarro-Gomez, Adrienne C. Greene, Gijsbert Grotenbreg, Renee Greer, Wade Blair, Minh Duc Cao, Shawn Chan, Kyounghwa Bae, Alexander I. Spira, Sameek Roychowdhury, David P. Carbone, Brian S. Henick, Charles G. Drake, Benjamin J. Solomon, Daniel H. Ahn, Amit Mahipal, Steve B. Maron, Benny Johnson, Raphael Rousseau, Roman Yelensky, Chih-Yi Liao, Daniel V. T. Catenacci, Andrew Allen, Andrew R. Ferguson and Karin Jooss

Volume 28 Issue 8, August 2022

nature biotechnology — ARTICLES

Deep learning using tumor HLA peptide mass spectrometry datasets improves neoantigen identification

Brendan Bulik-Sullivan, Jennifer Busby, Christine D Palmer, Matthew J Davis, Tyler Murphy, Andrew Clark, Michele Busby, Fujiko Duke, Aaron Yang, Lauren Young, Noelle C Ojo, Kamilah Caldwell, Jesse Abbyankar, Thomas Boucher, Meghan G Hart, Vladimir Makarov, Vincent Thomas De Montpreville, Olaf Mercier, Timothy A Chan, Giorgio Scagliotti, Paolo Bironzo, Silvia Novello, Niki Karachaliou, Rafael Rosell, Ian Anderson, Nashat Gabrail, John Hrom, Chainarong Limvarapuss, Karin Choquette, Alexander Spira, Raphael Rousseau, Cynthia Voong, Naiyer A Rizvi, Elie Fadel, Mark Frattini, Karin Jooss, Mojca Skoberne, Joshua Francis & Roman Yelensky

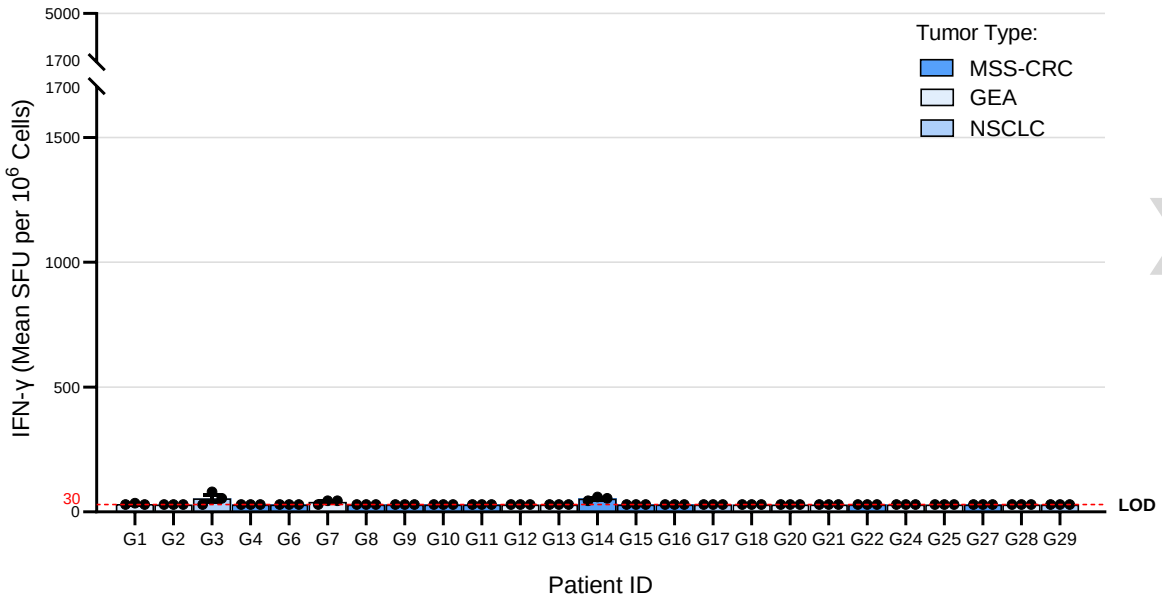
Neoantigens, which are expressed on tumor cells, are one of the main targets of an effective antitumor T-cell response. Cancer immunotherapies to target neoantigens are of growing interest and are in early human trials, but methods to identify neoantigens either require invasive or difficult-to-obtain clinical specimens, require the screening of hundreds to thousands of synthetic peptides or tandem minigenes, or are only relevant to specific human leukocyte antigen (HLA) alleles. We apply deep learning to a large ($N = 74$ patients) HLA peptide and genomic dataset from various human tumors to create a computational model of

Volume 36 Issue 37, December 2018

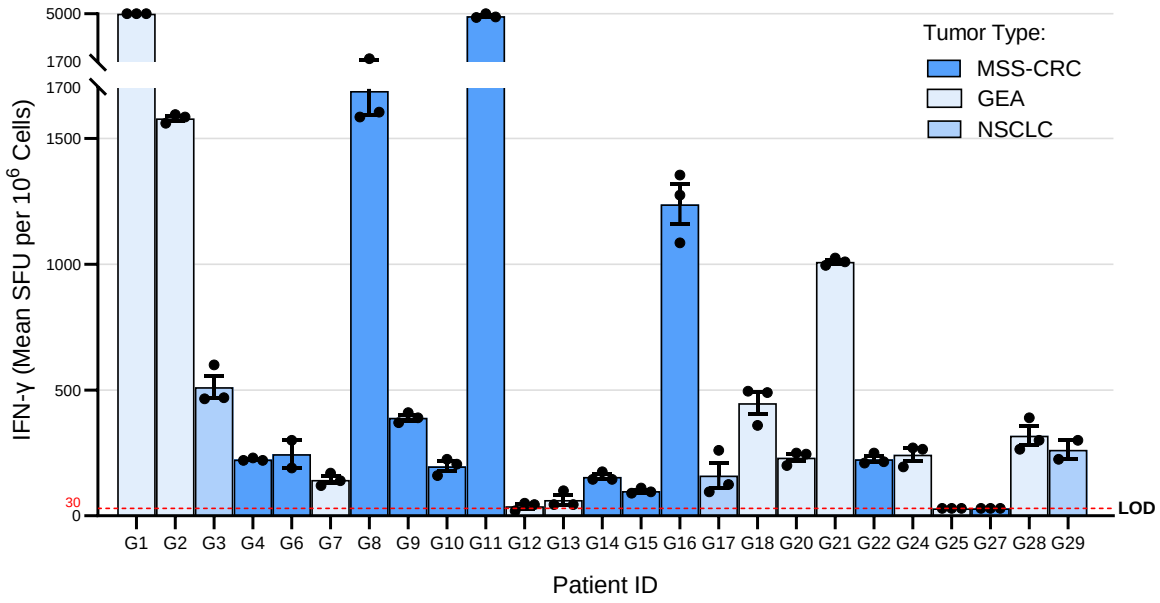
GRANITE Generates Neoantigen-Specific T Cells in Majority of Patients

Results from Phase 1/2 study in late-line solid tumors

Baseline



Peak Response Post-GRANITE[1]

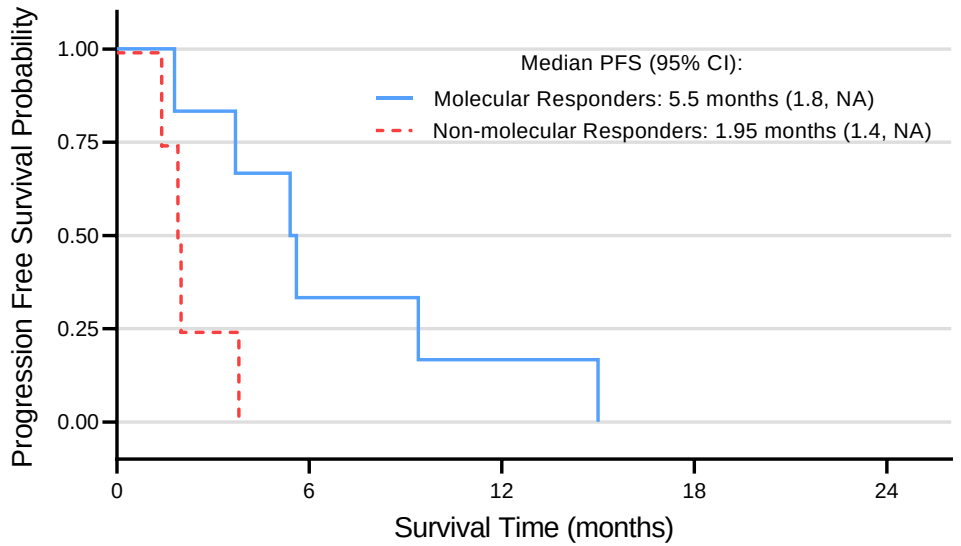


[1] *G5, G19, G23, G26: no samples available; CD8+ T cells as measured by ex vivo ELISpot represent peak responses post-GRANITE treatment*

In Previously Treated Metastatic MSS-CRC, the Benefit of GRANITE is More Pronounced for OS Compared to PFS (GRANITE First-in-Human Trial)

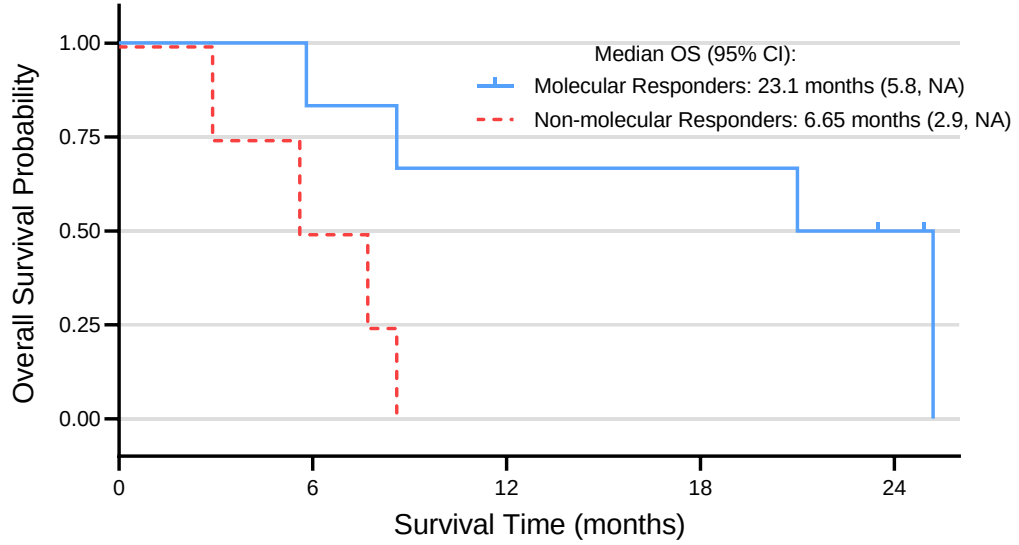
Results from Gritstone's Phase 1/2 study in with previously treated metastatic MSS-CRC

Progression-free Survival Probability



Number at Risk				
Molecular Responders	6	2	1	0
Non-molecular Responders	4	0		

Overall Survival Probability



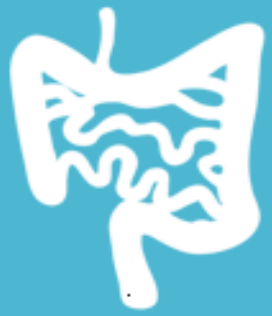
Number at Risk					
Molecular Responders	6	5	4	4	2
Non-molecular Responders	4	2	0		

Data as of March 06, 2023; patients received two prior lines of therapy; baseline ctDNA taken at time of first vaccination

Median PFS in this population is third line treatment setting is ~2 months; Grothey et al. Lancet 2013

Molecular response defined as >30% reduction in ctDNA from baseline (initiation of study treatment)

GRANITE Aims to Address Lack of Immune Reactivity in Solid Tumors with High Unmet Need



Microsatellite-stable Colorectal Cancer

First Indication = MSS-CRC

2nd leading cause of cancer-related deaths [1]

~153,000+ diagnoses expected in US in 2023 [1]

~53,000+ deaths expected in US in 2023 [1]

~11 months
Median progression-free survival [2]

~24 months
Median overall survival [2]

[1]Colorectal cancer statistics per American Cancer Society 2023 Estimates; [2]Xi et al Translational Oncology (2021)

Phase 2: Emerging Benefit for GRANITE vs. Standard of Care in 1L MSS-CRC

Encouraging randomized Phase 2 data

~20% improvement in PFS with GRANITE (HR = 0.79 [0.422, 1.497]) in all treated population

13/39 (33%) GRANITE and 7/30 (23%) of control patients remain on study and free of progression

- Last ctDNA assessment is stably below assay LoQ in 12/13 GRANITE and 4/7 controls
- A progression free survival "tail" may emerge in GRANITE recipients – not expected for chemotherapy

Favorable safety and tolerability profile – no Grade 3/4 AEs related to GRANITE and no treatment discontinuation for AEs

Notable efficacy in patients with low disease burden

More robust improvement in PFS seen in GRANITE patients with low ctDNA at study entry vs. control arm

Low baseline ctDNA is a likely predictive factor

Consistent with the field showing vaccine benefit in adjuvant (ie, low-risk) settings)

Immune data reinforce clinical activity

Functional neoantigen-specific T cells observed in all 16/16 GRANITE patients tested (by ex vivo and/or IVS ELISPOT)

Expansion & increased breadth of neoantigen-specific T cell clones post GRANITE, with persistence after each boost (by TCR sequencing)

Association of PFS and peak ex vivo ELISPOT responses emerging, ex vivo ELISPOT may be a correlate of PFS

Future GRANITE studies

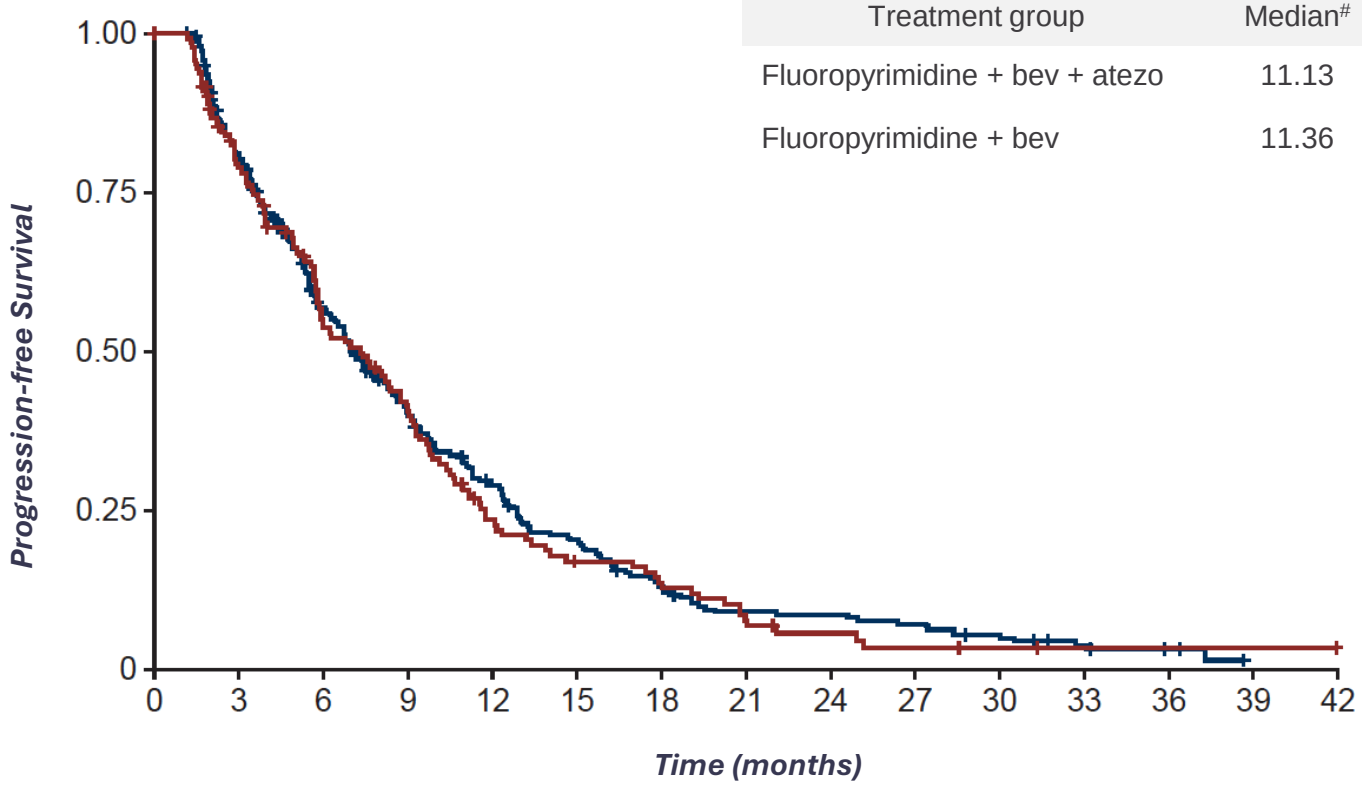
These data define population of metastatic CRC patients expected to derive clinical benefit from GRANITE

A prospective Phase 3 trial is warranted using ctDNA to select suitable patients

(Neo)adjuvant studies in other solid tumor types are also attractive options

There is No Substantial Group of Long-Term Progression-Free Survivors in Metastatic MSS-CRC Patients Treated with Chemo +/- Atezolizumab

MODUL study: atezolizumab as 1st line maintenance with fluoropyrimidine + bevacizumab after FOLFOX+bev induction chemotherapy



Treatment group	Median#
Fluoropyrimidine + bev + atezo	11.13
Fluoropyrimidine + bev	11.36

"If (the PFS hazard ratio) really solidifies in the mature data set, gets down into the sub-0.8 (call it) area, that's a really remarkable result in an indication where immune approaches have been completely dead in the past"

Jon Miller, Evercore Equity Research

 # values reflect additional 4 months as patients in the study were treated after 4 months of FOLFOX as 1L therapy; bev = bevacizumab; atezo = atezolizumab

Modified from Tabernero et al ESMO Open 2022

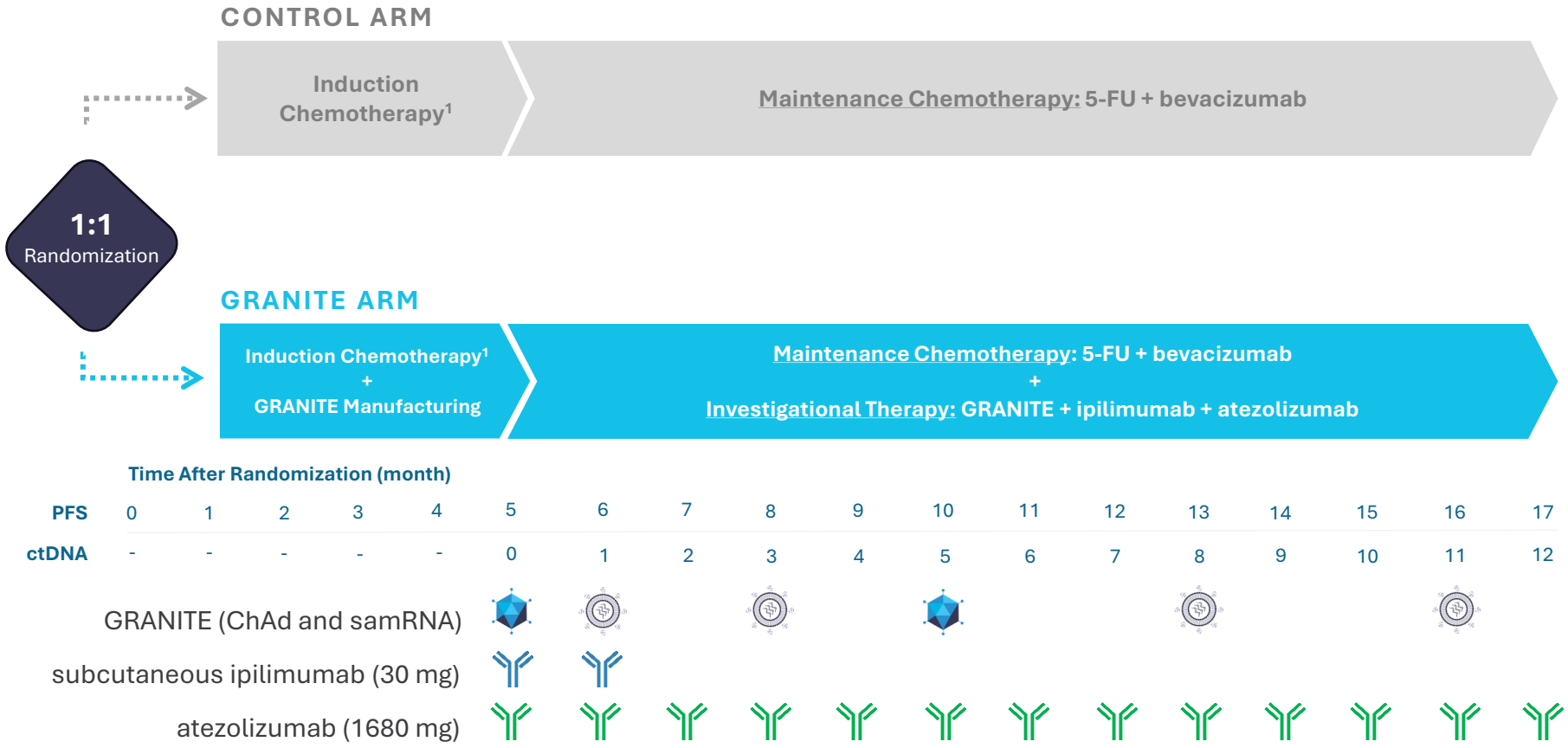
Ongoing GRANITE Randomized Phase 2: 1L Metastatic MSS-CRC (GO-010)

Inclusion Criteria

Untreated metastatic CRC

Microsatellite-stable tumor status

SOC with FOLFOX or FOLFOXIRI + bevacizumab (bev)



Key Endpoints

Molecular response (Primary)

Progression-free survival (PFS)

Overall survival (OS)

Safety

[1]*Standard of Care: Front-line FOLFOX or FOLFOXIRI + bevacizumab*

Patients are Well Balanced for Multiple Prognostic Features

Characteristics	*Statistics*	GRANITE ARM (N=39) N (%)	CONTROL ARM (N=30) N (%)
Sidedness			
Right-side	n(%)	14 (35.9)	13 (43.3)
Left-side	n(%)	25 (64.1)	17 (56.7)
KRAS Status			
Wild Type	n(%)	18 (46.2)	15 (50.0)
Mutant	n(%)	19 (48.7)	14 (46.7)
Missing	n(%)	2 (5.1)	1 (3.3)
Presence of Liver Disease			
Yes	n(%)	33 (84.6)	22 (73.3)
No	n(%)	6 (17.9)	8 (26.6)
Stage at Study Entry			
Stage IVA (1 site of metastasis)	n(%)	19 (48.7)	12 (40.0)
Stage IVB (2 sites of metastasis)	n(%)	11 (28.2)	11 (36.7)
Stage IVC (peritoneal metastasis)	n(%)	9 (23.1)	7 (23.3)
ctDNA at Start of 1L SOC			
Mean VAF#		12.6%	8.7%
Median VAF#		7.6%	2.6%

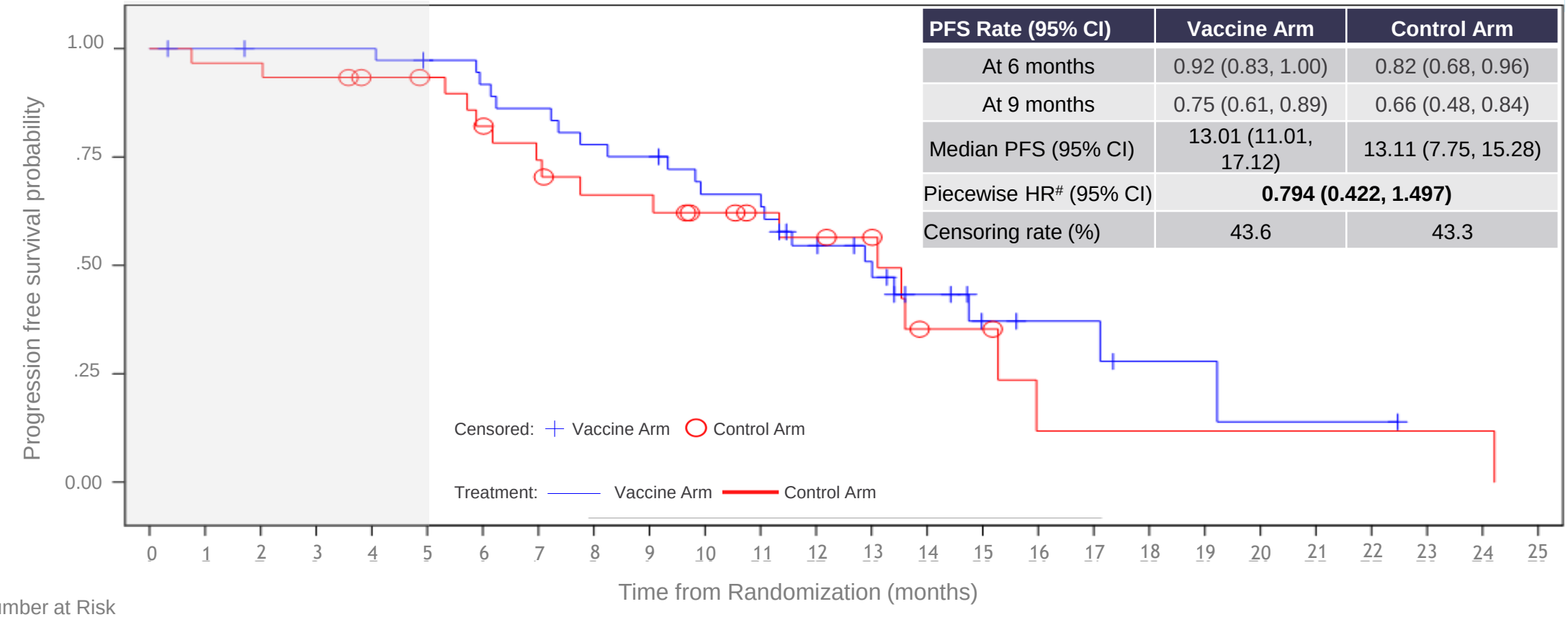
 # VAF = variant allele frequency (a quantitative measure of ctDNA); data available in 36, 25, and 5 patients per group

Data cut: 19 Aug 2024

PFS Trend Apparent in GRANITE Patients with ~30% Continuing on Study

Progression Free Survival in All Patients Who Received Study Treatment

Neoantigen Prediction | Induction Chemotherapy | Study Treatment



PFS Rate (95% CI)	Vaccine Arm	Control Arm
At 6 months	0.92 (0.83, 1.00)	0.82 (0.68, 0.96)
At 9 months	0.75 (0.61, 0.89)	0.66 (0.48, 0.84)
Median PFS (95% CI)	13.01 (11.01, 17.12)	13.11 (7.75, 15.28)
Piecewise HR# (95% CI)	**0.794 (0.422, 1.497)**	
Censoring rate (%)	43.6	43.3

Number at Risk

Vaccine Arm	39	37	33	27	17	5	2	1	0
Control Arm	30	28	22	16	10	4	1	1	1

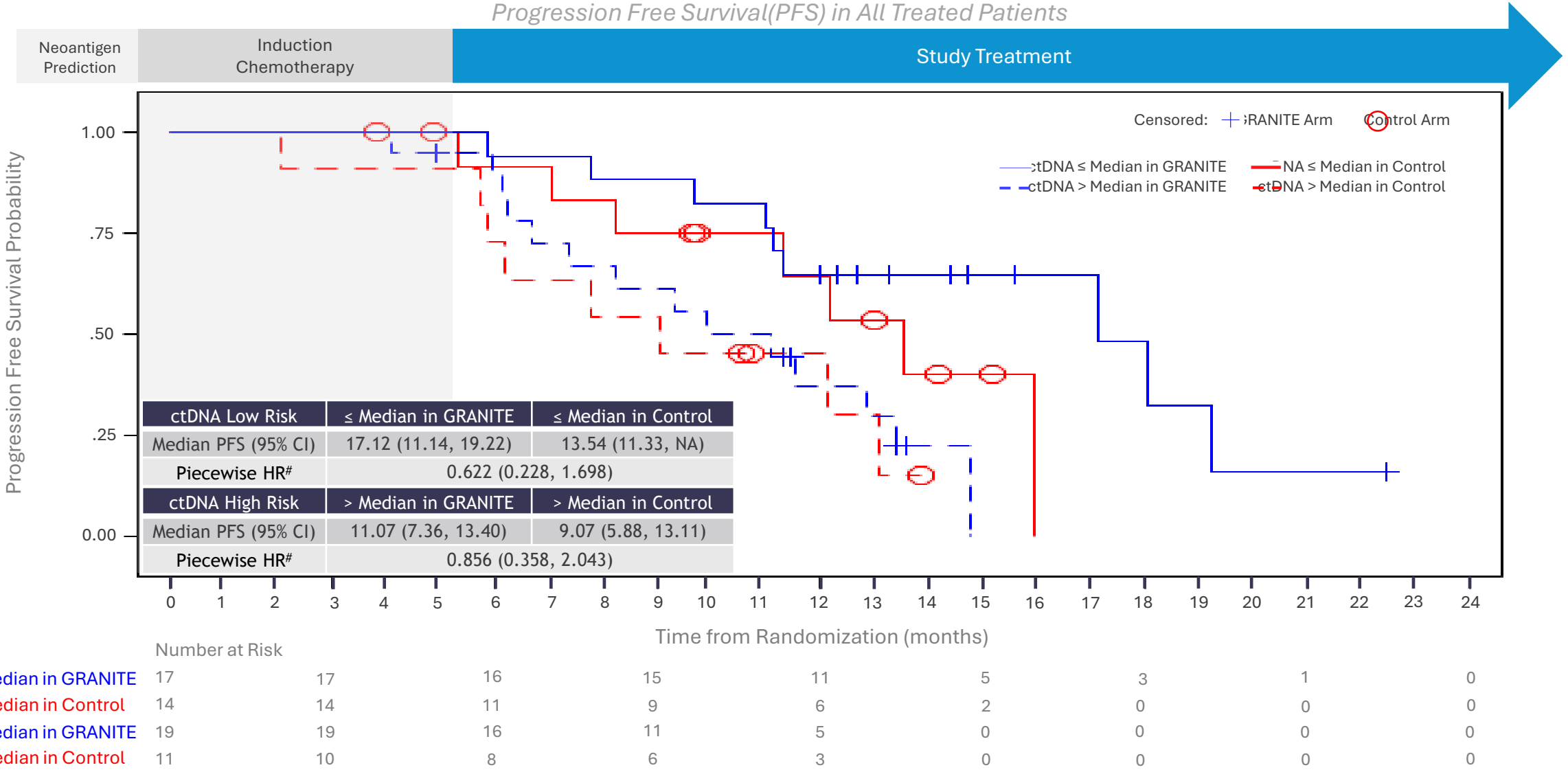
Data cut: 19 Aug 2024

 # calculated using piecewise Cox-PH model for the following periods: 0 <= t <=6 months and every 6 months up to 12 months and t>12 months post-randomization

Patients with Low Disease Burden Demonstrate Greater Benefit

Further follow-up needed to quantify benefit more precisely

Progression Free Survival(PFS) in All Treated Patients



ctDNA Low Risk	≤ Median in GRANITE	≤ Median in Control
Median PFS (95% CI)	17.12 (11.14, 19.22)	13.54 (11.33, NA)
Piecewise HR#	0.622 (0.228, 1.698)	
ctDNA High Risk	**> Median in GRANITE**	**> Median in Control**
Median PFS (95% CI)	11.07 (7.36, 13.40)	9.07 (5.88, 13.11)
Piecewise HR#	0.856 (0.358, 2.043)	

Number at Risk

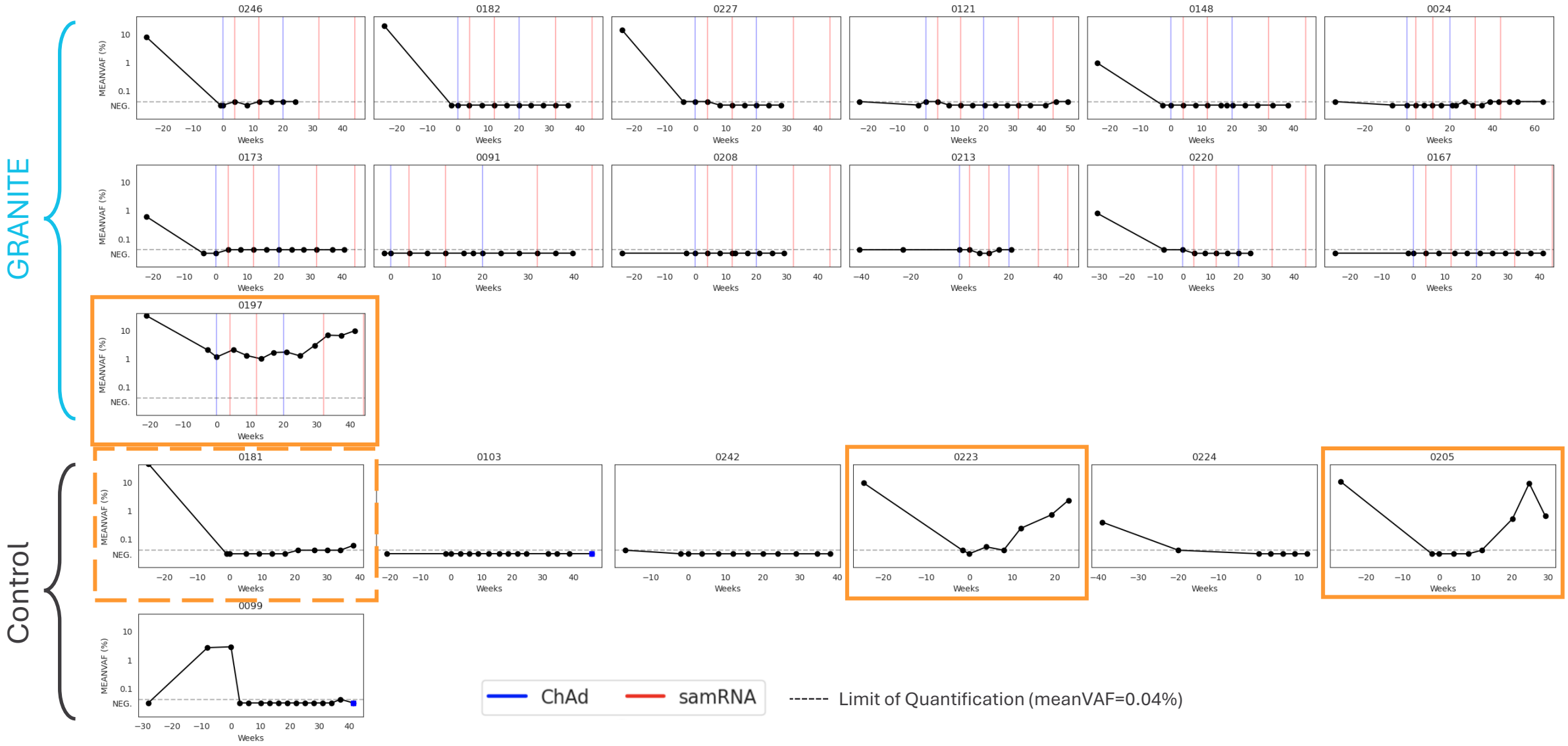
≤ Median in GRANITE	17	17	16	15	11	5	3	1	0
≤ Median in Control	14	14	11	9	6	2	0	0	0
> Median in GRANITE	19	19	16	11	5	0	0	0	0
> Median in Control	11	10	8	6	3	0	0	0	0

Note: 3.7% VAF is median ctDNA value at study enrollment in all patients

 # HR calculated using Piecewise Cox- PH model for the following periods: 0 <= t <=6 months and every 6 months up to 12 months and t>12 months post-randomization

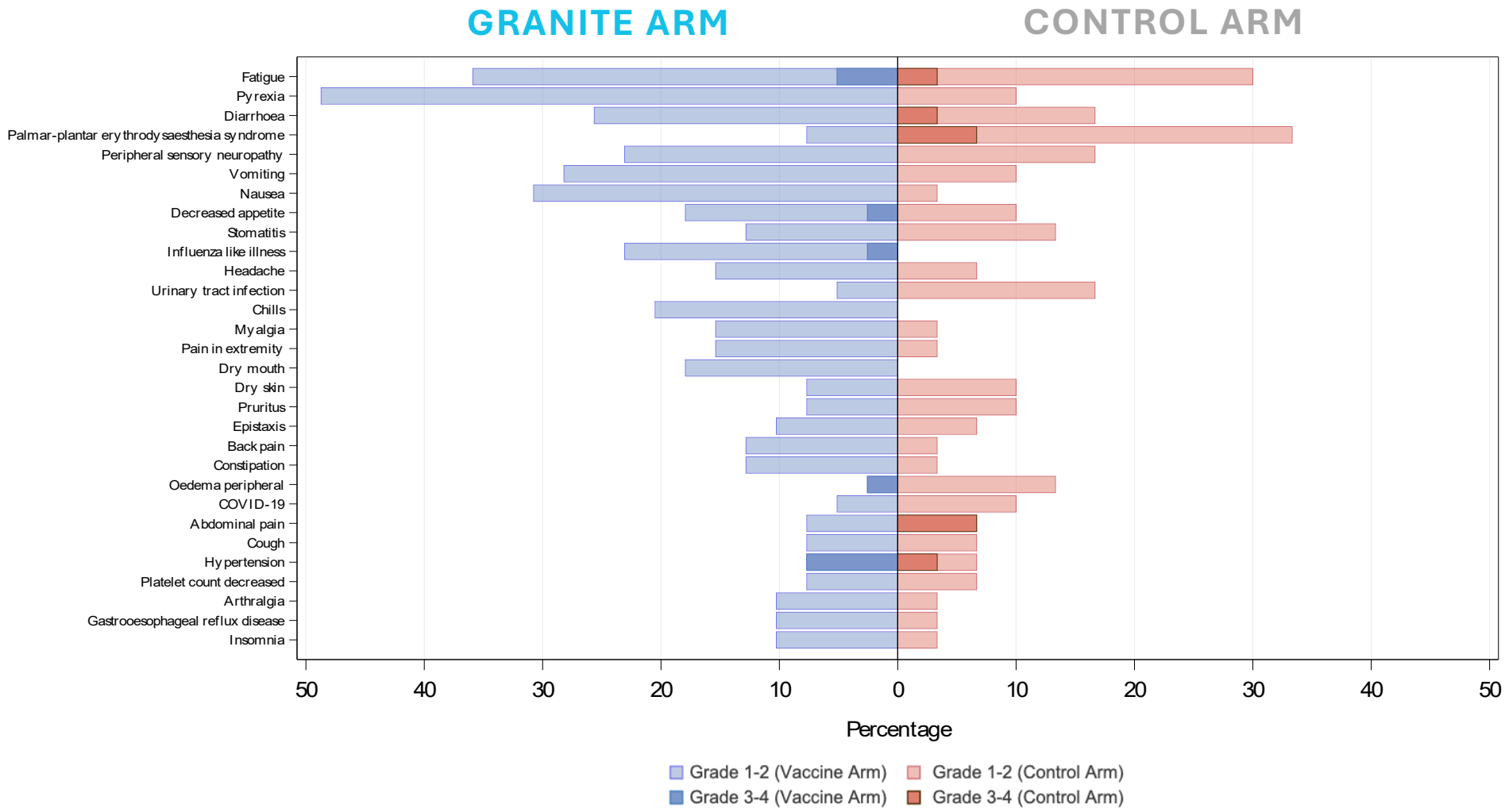
Data cut: 19 Aug 2024

Most Recent ctDNA Levels Are Very Low and Stable in 12/13 GRANITE Patients Remaining on Study (vs 4/7 Controls) – a PFS "Tail" May Emerge



GRANITE Exhibits Favorable Tolerability Profile

Treatment-Emergent Adverse Events



No patients discontinued study treatment due to a treatment-related adverse event

Common adverse events are mild systemic and local effects associated with any potent vaccine (i.e. transient flu-like illness)

One treatment-related SAE-fatigue (upon recovery, patient continued vaccinations without recurrence)

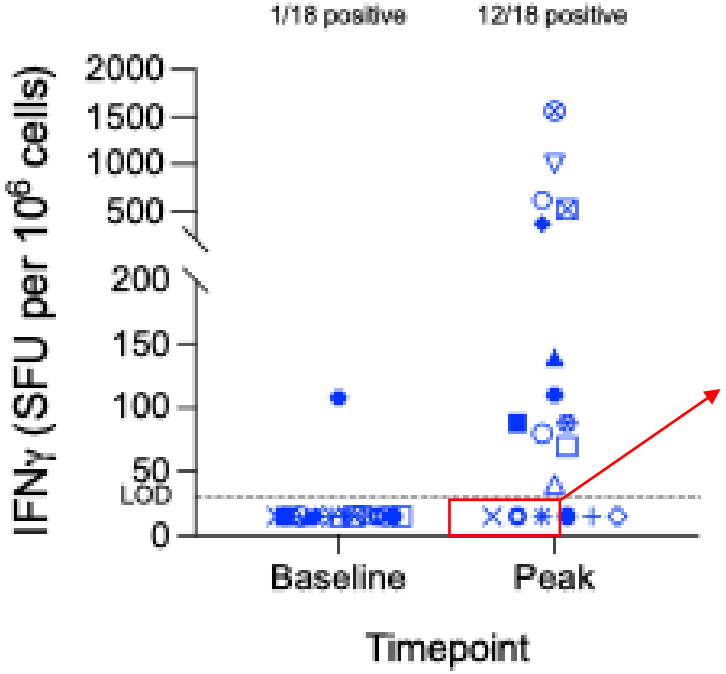
Data cut: 19 Aug 2024

Treatment-emergent adverse events captured from initiation of study treatment

Neoantigen-specific T Cells Are Detectable By Ex Vivo ELISPOT In Majority Of GRANITE Patients Tested With Increased Breadth Compared To Pre-treatment

T cell responses were observed in 12/18 participants by ex vivo ELISpot. 4/4 ex vivo ELISPOT negative participants had a response by IVS ELISPOT. 7/14 (50%) tested patients had a response to >2 neoantigen post vaccination

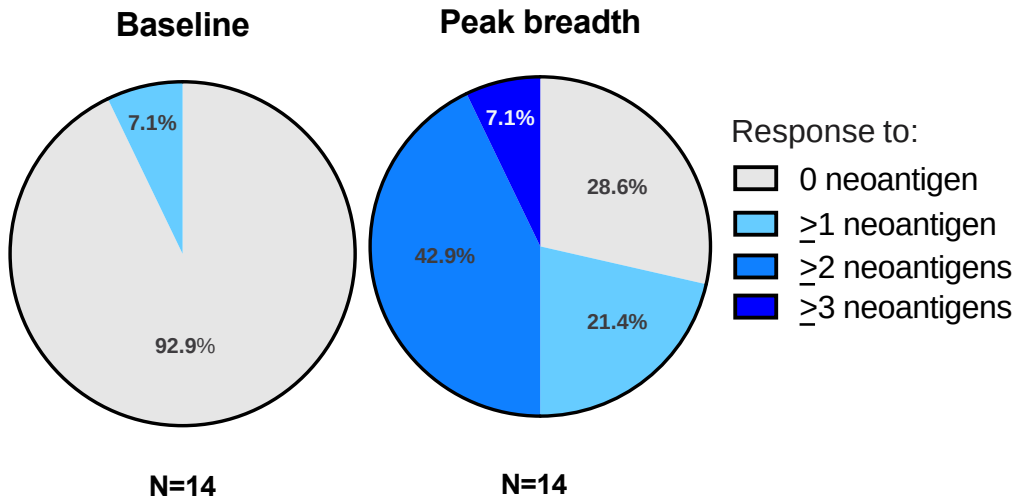
Ex vivo ELISPOT Baseline vs. Peak



IVS ELISPOT

Patient ID	Ex vivo ELISPOT	IVS ELISPOT
G10-025-0029	negative	positive
G10-023-0182	negative	positive
G10-030-0105	negative	positive
G10-066-0133	negative	positive

Breadth of neoantigen-specific T cells by ex vivo ELISPOT

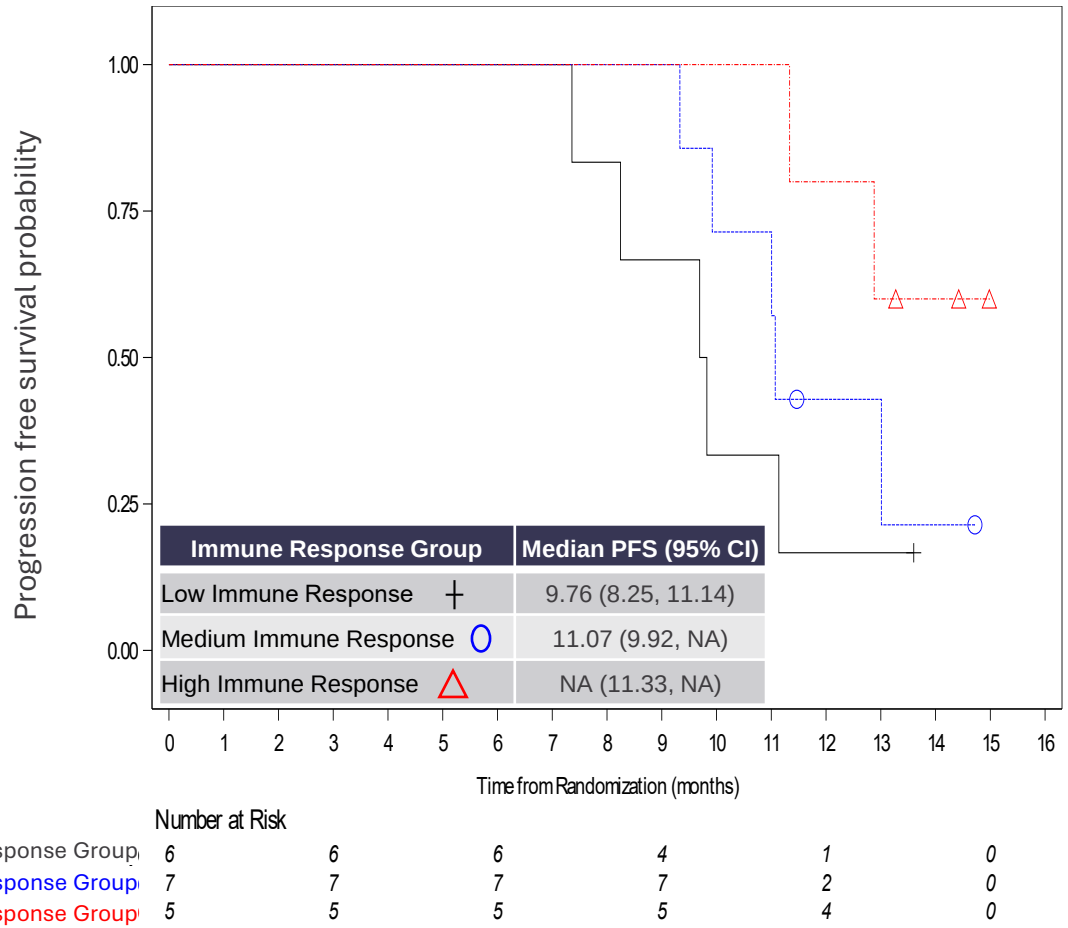


4 peptide pools were used per pt. Peptides representing a mutation are contained within the same pool, with 1 to 10 neoantigens per pool

LOD = 30 SFU/10^6 cells

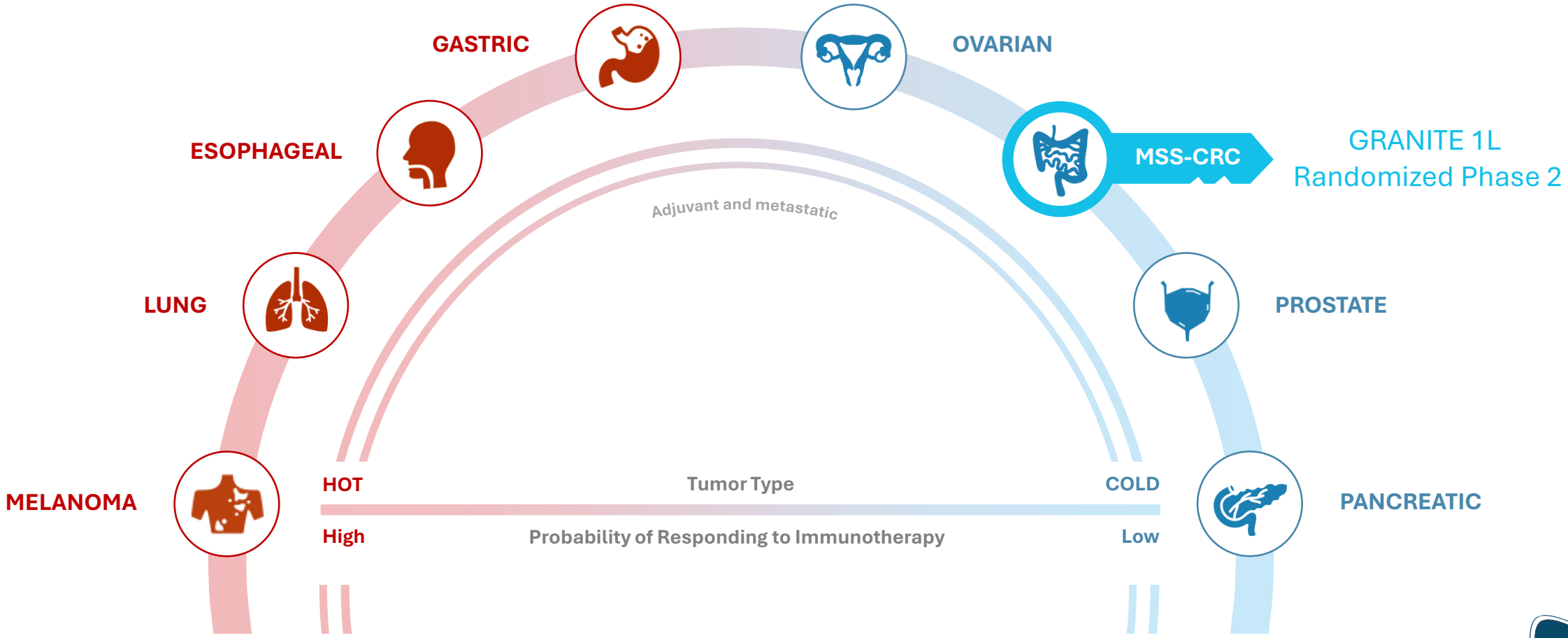
Association Between PFS And Peak Ex Vivo ELISPOT Responses Is Observed

Association: PFS and ex vivo ELISPOT positivity



Positive Phase 2 Results Could Unlock Additional Tumor Types

Success in MSS-CRC supports expansion to both “cold” and “hot” tumors



SLATE: Off-the-Shelf Neoantigen Vaccines for Solid Tumors

Shared neoantigen program utilizing same antigen selection and vectors as GRANITE

1

Neoantigen Selection

Relevant

Shared neoantigens identified by proprietary AI platform (EDGE™)

2

Heterologous Prime-Boost

ChAd + samRNA

delivery vectors synergize to enhance potency and durability of immunogen payload

3

Solid Tumor Application

Multiple

tumor types addressed via off-the-shelf cassette and streamlined manufacturing

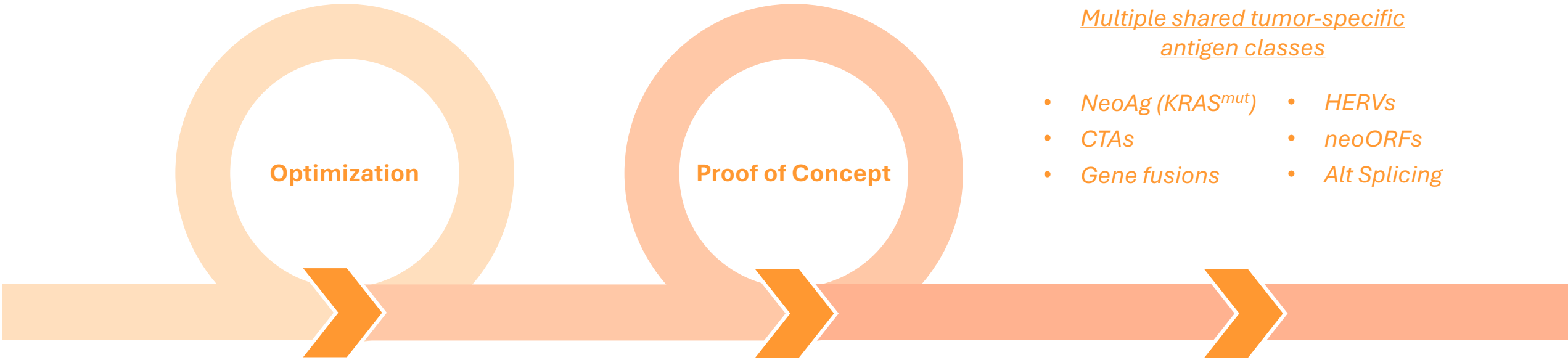
Molecular Response Associated with Prolonged OS in MSS-CRC and NSCLC

Phase 1/2 Proof-of-Concept: Median Overall Survival in Late-line MSS-CRC and NSCLC[1]

1. 39% molecular response rate* and favorable safety profile of SLATE reinforces therapeutic potential of neoantigen approach
2. Phase 2 data further supports the correlation seen between molecular response and overall survival in late-line solid tumors
3. Phase 2 data in late-line patients supports moving KRAS-directed candidate into earlier lines of treatment

Data collected from Phase 1/2 SLATE study (NCT03953235); 7 of 18 subjects (MSS-CRC and NSCLC) demonstrated molecular response; molecular response defined as >30% reduction in ctDNA from baseline (initiation of study treatment).

SLATE: Serving Solid Tumor Patients via Shared Neoantigen Immunotherapy



Refined payload of v1 cassette after initial studies indicated immunodominance of non-KRAS antigens

KRAS-dedicated v2 cassette demonstrated Phase 2 proof of concept in MSS-CRC and NSCLC patients

Optimized and validated SLATE cassette now ready for "plug and play" application across solid tumor indications

CTAs – cancer testis antigens ; HERVs – human endogenous retroviruses; neoORFs – noncanonical open reading frames

Infectious Disease

Leaving no strain behind

Prophylactic & Therapeutic

Self-amplifying mRNA Vaccines

Infectious Disease Approach and Collaborations Provide Potential Upside

Collaborator	Indication	Preclinical	Phase 1	Phase 2	Collaboration Terms
BARDA	Prophylactic COVID-19 (Spike + TCE)		CORAL		The BARDA Contract, as amended, consists of a base period (currently ending on or before March 31, 2025) and a total contract period-of-performance (base period + 2 stages gated at BARDA's discretion) of up to ~4 years.
CEPI	Prophylactic COVID-19 (Spike + TCE)		CORAL		CEPI to provide up to $25.6M in funding to conduct a Phase 1 study in South Africa (CORAL-CEPI).
NIH NIAID	Prophylaxis COVID-19 (Spike + TCE)		CORAL		Phase 1 trial conducted via NIAID-supported Infectious Disease Clinical Research Consortium (IDCRC). Gritstone has received multiple milestone payments.

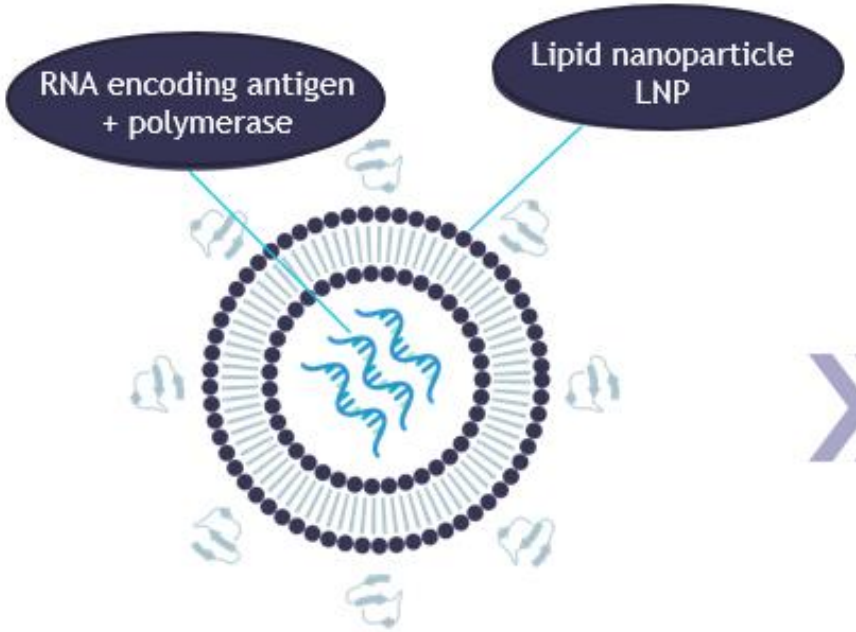
Collaborator	Indication	Preclinical	Phase 1	Phase 2	Collaboration Terms
GILEAD	Therapeutic HIV Cure		HIV		Gilead to conduct Phase 1 and is responsible for all R&D. Gritstone to provide vaccine delivery platform and is eligible to receive up to $785M in milestone payments, in addition to commercial royalties.
BILL & MELINDA GATES foundation	Therapeutic HPV Cure				Undisclosed*

EDGE™ Prime-boost samRNA

**In late 2023, BARDA informed the Company that any potential funding beyond the base period is expected to be administered under a new award made by the Rapid Response Partnership Vehicle ("RRPV Consortium"). In early 2024, we applied to the RRPV Consortium for funding of our Phase 2b CORAL Study extending beyond the base period of the BARDA Contract. There is no certainty that the RRPV Consortium, which selects awardees at BARDA's discretion, will accept our application and on what terms. As of June 30, 2024, BARDA and Gritstone have amended the base period under the BARDA Contract to extent to March 31, 2025. Also, as of June 30, 2024, BARDA had not made the decision to proceed with either of the two stages, nor have we been awarded a new award by or entered into a new agreement with the RRPV Consortium, the terms and financials of any such new agreement may be different from the terms and financials of the BARDA Contract.*

Self-amplifying mRNA: Addressing Current Vaccine Limitations for ID

Well-tolerated, scalable platform technology offering potential advantages over first-generation mRNA



Next Generation mRNA Platform

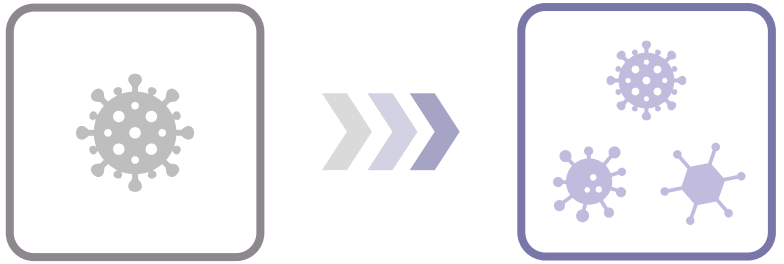
Once inside the cell, the RNA replicates, leading to high and durable antigen expression.

Potential Benefits of samRNA Over Currently-Approved Vaccines:

Durable antibody responses	Broad T cell responses	Dose-sparing regimens

Gritstone's Differentiated Approach to COVID-19

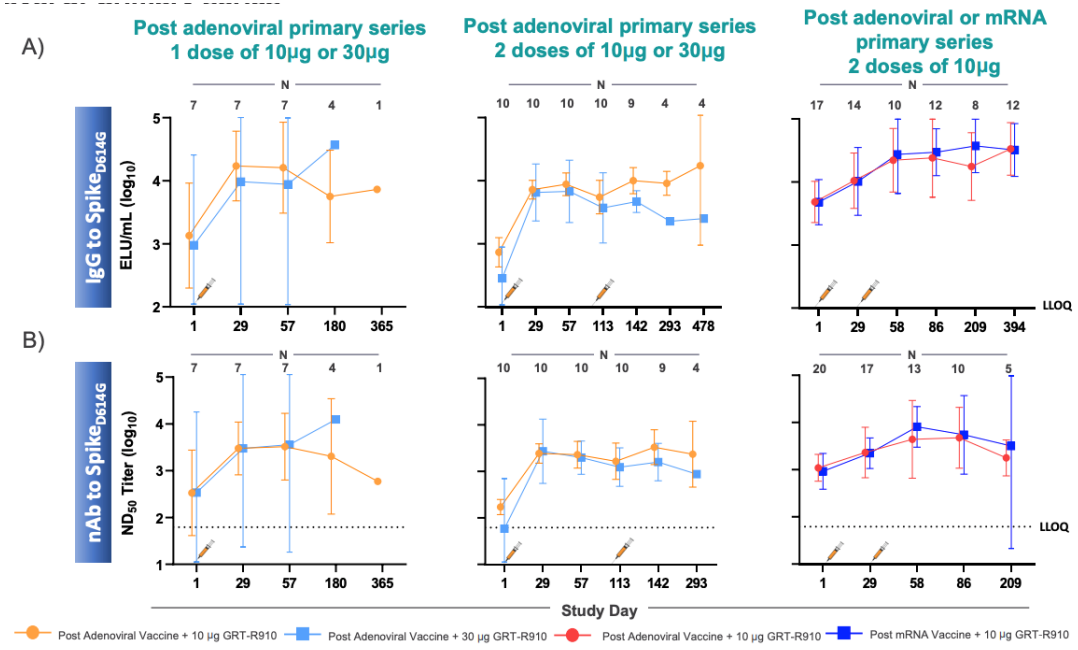
Novel "Spike-plus" approach designed to drive durable and broad immunity

1st Generation mRNA (Spikevax, Comirnaty)		Gritstone self-amplifying mRNA (CORAL)
nAbs Against Spike Only That Wane After 4-6 Months		Durable nAbs Against Spike; T cells Against Conserved Viral Targets
Spike-specific Immunity Subject to Viral Mutation and Immune Evasion		Broad T cell Immunity May Enable Cross-Variant Protection
High-dose, Repeat Boosts		Low Dose, Durable Response

Phase 1 Results Highlight Differentiated Long-lasting Antibody Response

Potent neutralizing antibody (nAb) levels sustained through 12 months across global patient populations

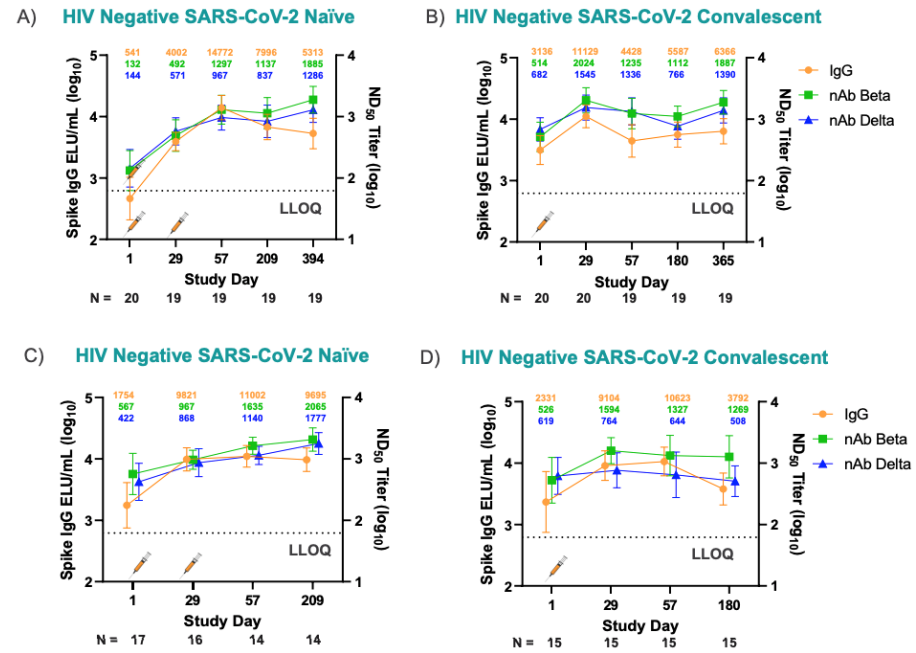
CORAL-BOOST: Elderly UK Population, samRNA Following Adenoviral or mRNA Primary Series



Binding antibodies (IgG) (A) and nAbs (B) against SpikeD614G measured in participants after receiving boost dose(s) of 10µg or 30µg of GRT-R910 post adenoviral and 30µg mRNA vaccine primary series. Geometric means with 95% confidence intervals are shown. Lower limit of quantitation (LLOQ): 50.3 ELU/mL; 62 ND50 Titer

[CORAL-BOOST ID Week 2023 Poster]

CORAL-CEPI: Young, Unvaccinated S. African Population, samRNA as Single Dose or Homologous Prime Boost



IgG bAb levels to Spike$_{WT}$ (ELU/mL) and nAb titers against Beta and Delta variants (ND50 titer) are shown for participants receiving 1 or 2 doses of 10µg GRT-R914 (A and B) or GRT-R912 (C and D). Geometric means with 95% confidence intervals are shown. Lower limit of quantitation (LLOQ): 62 ND50 Titer (nAb), 50.3 ELU/mL (IgG)

[CORAL-CEPI ID Week 2023 Poster]

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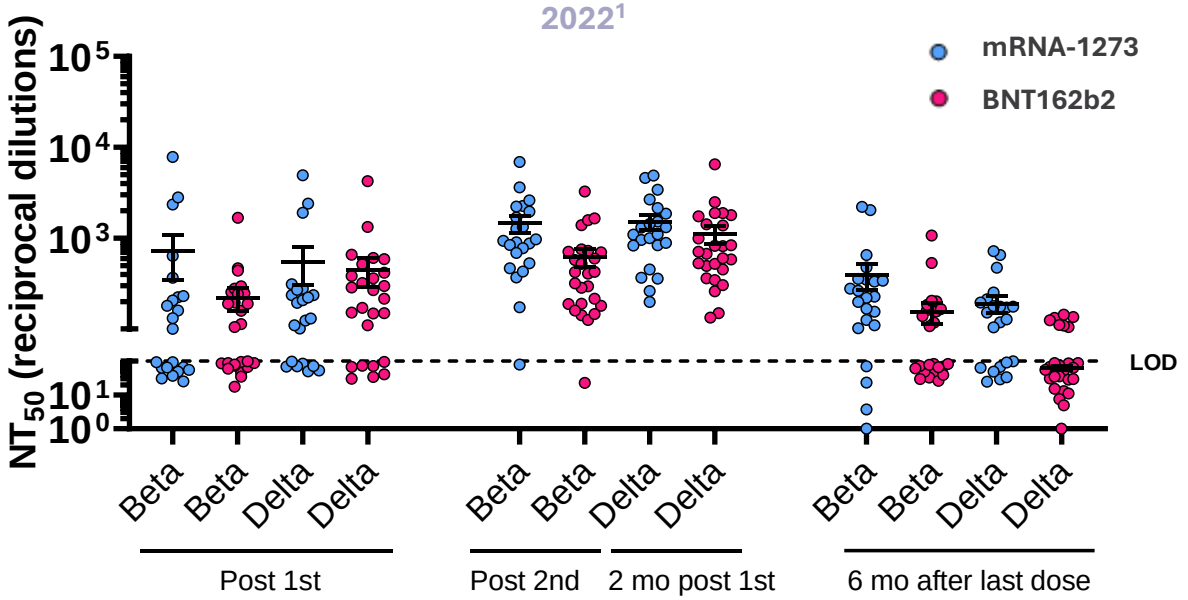
** Full datasets provided in the respective posters*

nAb Durability in Previously Unvaccinated Subjects (Beta and Delta VOCs)

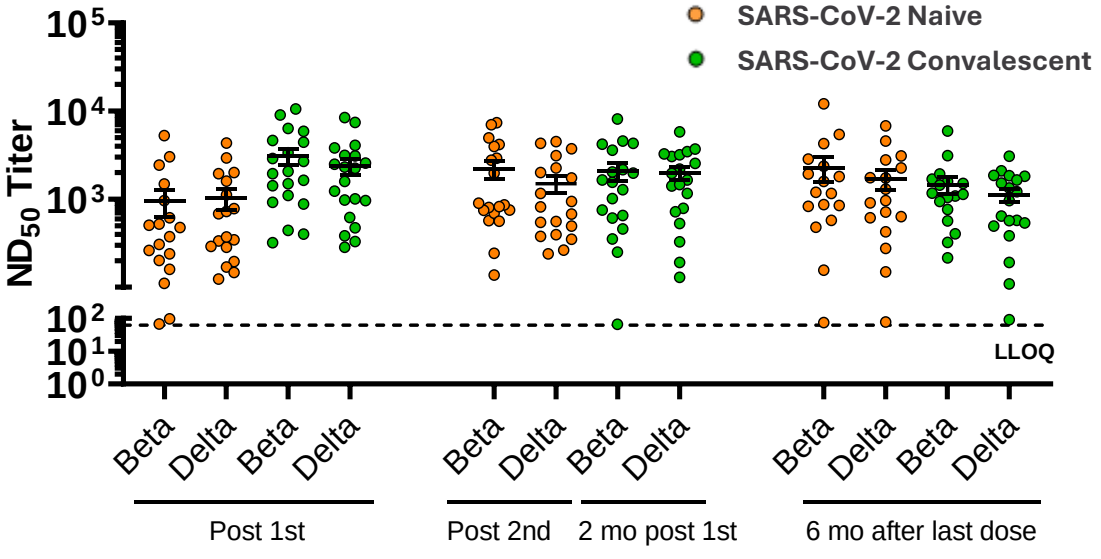
Cross-study 6-month data vs. Moderna and Pfizer shown; vaccines not studied head-to-head directly

Gritstone's samRNA vaccine candidate elicits durable nAb responses against Beta and Delta variants, in contrast to FDA-approved Moderna and BioNtech/Pfizer mRNA vaccines

Adapted from: Evans et al. Sci. Transl. Med. 2022[1]



CORAL-CEPI: Gritstone samRNA[2] (10 µg)



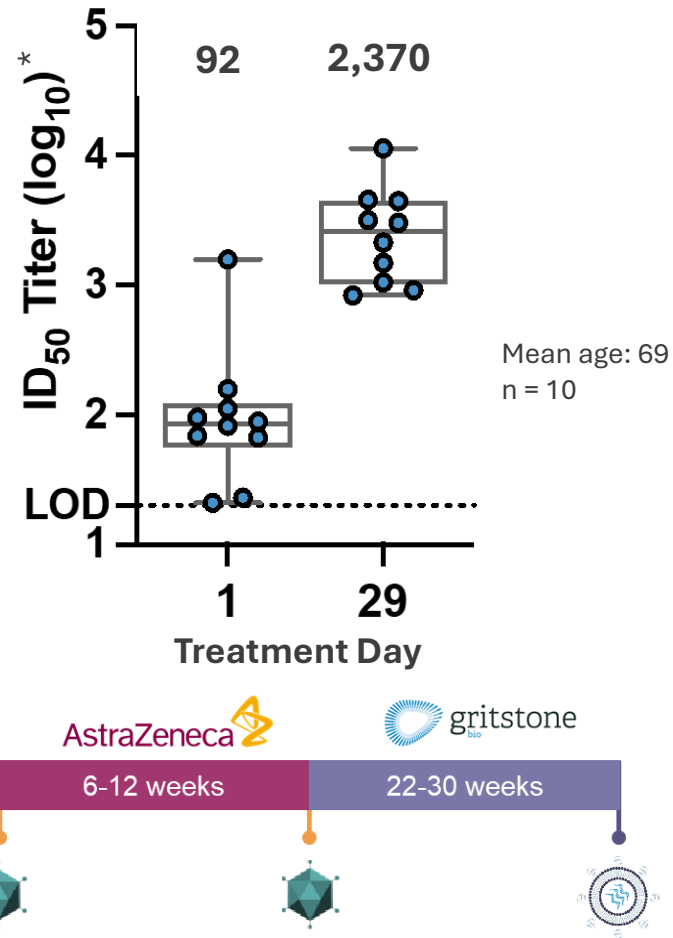
[2] *SARS-CoV-2 naïve (orange): Participants received 2 doses with anti-N seronegative at baseline. nAb data were collected at Day 29 (Post 1st dose), Day 57 (Post 2nd dose), and Day 209 (6 month after last dose). SARS-CoV-2 convalescent (green): Participants received 1 dose with anti-N seropositive at baseline. nAb data were collected at Day 29 (Post 1st dose), Day 57 (2 months post 1st dose), and Day 180 (6 month after last dose). Error bars indicates means ± SEs; the dashed horizontal line indicates the limit of detection (NT50 < 100) for Evan et al. Sci. Transl. Med. 2022. and it is lower limit of quantification (ND_{50} <62) for GO-012 data.*

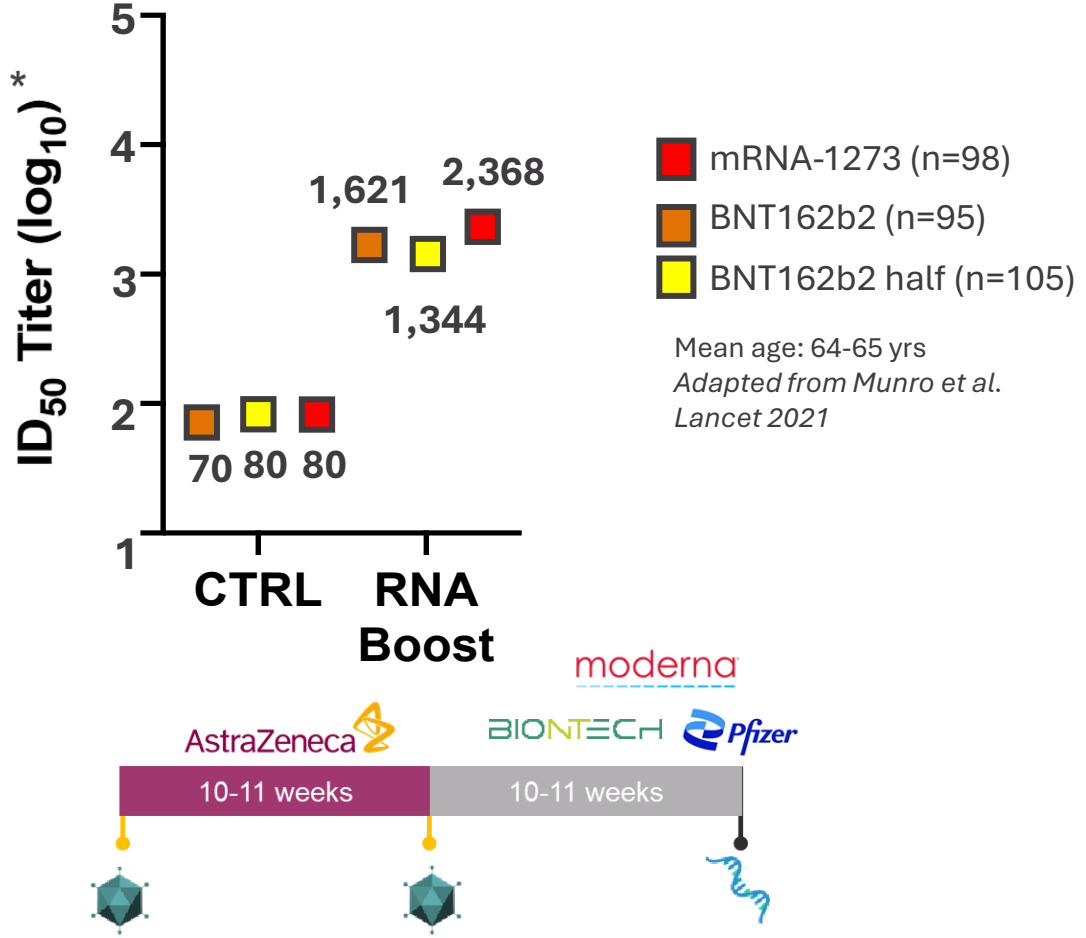
[1] Evans et al. Sci Transl Med. 2022 Mar

CORAL-BOOST: samRNA Boost Elicited Similar nAbs at up to 1/10th the Dose

Cross-study comparison: 10µg of samRNA elicited similar nAbs as 100µg of Moderna (mRNA-1273) after AZ primary series*

Neutralizing antibodies (geomean) against Wild Type Variant





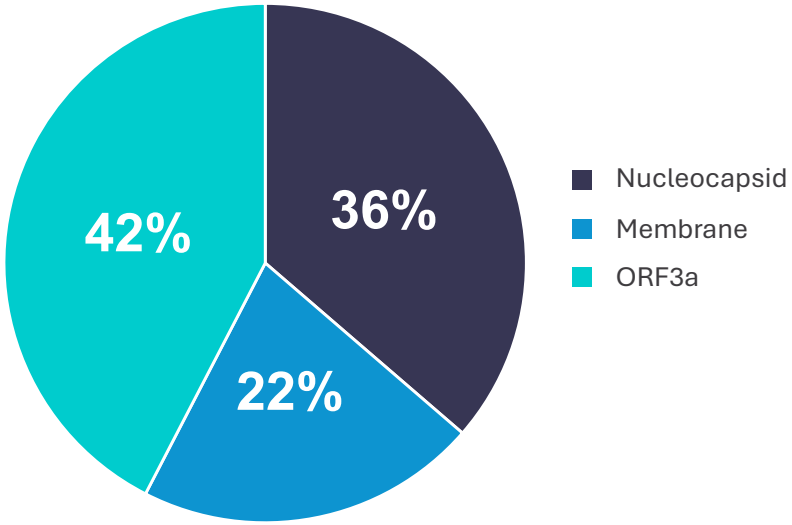
Not studied head-to-head directly. ID50 = Median infective dose; Geomean ID50 titer values notated CTRL: Equivalent meningococcal conjugate vaccine; Treatment day = day 1 GRTS samRNA boost dose was administered. Boxes and horizontal bars denote interquartile range (IQR) and median neutralization, respectively. Whisker endpoints are equal to the maximum and minimum values below or above the median +/- 1.5 x IQR.

Phase 1 Results: Robust and Broad CD8+ T cell Induction

samRNA has driven potent cytotoxic cellular responses against Spike and non-Spike SARS-CoV-2 viral epitopes

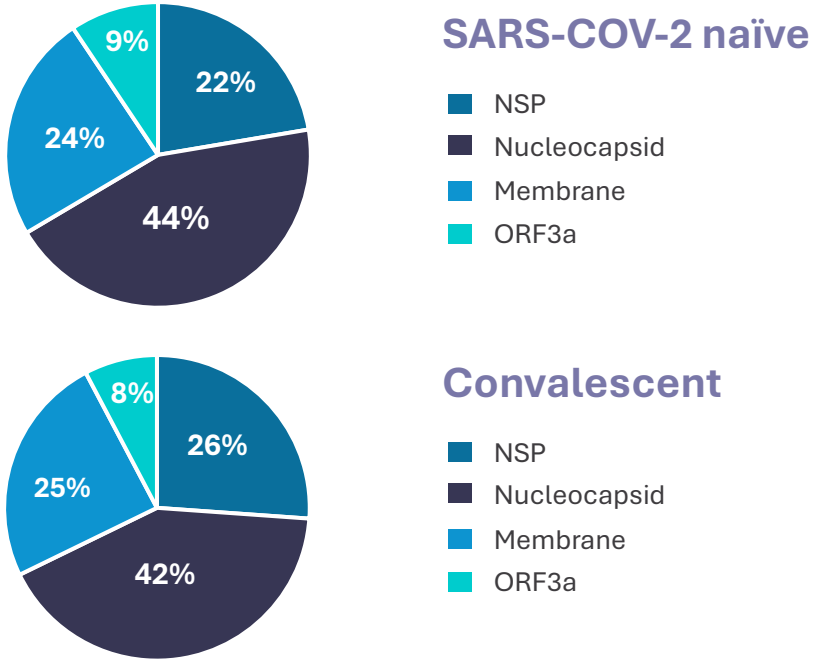
CORAL-BOOST: Non-Spike CD8+ T cell responses after single 10ug samRNA boost following Vaxzevria (AstraZeneca) primary series

Proportion of responses to TCE5 regions assessed by post-IVS ELISpot



TCE5 overlapping peptide (OLP) pools to TCE5 Nucleocapsid, Membrane and ORF3a regions assessed by post-IVS ELISpot (post-treatment timepoint)

CORAL-CEPI: Previous SARS-CoV-2 exposure does not affect T cell responses post-vaccination



Frequency of peak T cell responses to TCE components at post- vaccination timepoint are shown for naïve (n=7) and convalescent (n=7) subjects following one or two doses of GRT-R914.

ABOUT GRITSTONE

Developing Next-Generation Vaccines for Oncology and Infectious Disease

Platforms Drive More Potent and Durable Immunity

Best-in-class antigen prediction

Proprietary, next-gen vectors drive response

Fully-integrated Biomanufacturing

Potential best-in-class neoantigen-based personalized cancer vaccine program (GRANITE) in randomized Phase 2 study for MSS-CRC

Self-amplifying mRNA (samRNA) platform has distinct potential benefits versus currently-approved infectious disease vaccines

Upcoming data readouts could further de-risk clinical platforms and potentially enable expansion into additional disease types

Recent & Anticipated Upcoming Milestones

Add'l 12-month data from COVID-19 Phase 1 studies (Apr 2024)

Interim data from Phase 2 GRANITE study (3Q 2024)

Overall Survival Data from Ph2 GRANITE study (2H 2025)

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