Barinthus Biotherapeutics Corporate Presentation

Guiding the Immune System to Cure Disease

March 20, 2024

NASDAQ: **BRNS**

BARINTHUS BIOTHERAPEUTICS

Disclosure

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Company Overview

Guiding the immune system to cure disease

Diversified pipeline with anticipated near-term clinical milestones

- **4 programs** across infectious diseases, autoimmunity and cancer, with an **additional 4 partnered programs**.
- **3 Phase 2 readouts expected in Q2 2024**.

Strong Cash Position

- Cash of **$142 million**[1].
- Outstanding ordinary shares: 38.6 million.
- Estimated cash **runway into Q4 2025**[1].
- No debt or outstanding warrants.

Validated platforms accumulating clinical data

- Proprietary platforms (ChAdOx, MVA, SNAP) designed to drive **focused immune responses**.
- **Clinical data generated across multiple indications** (HBV infection, HPV infection, prostate cancer, COVID-19).

Our Mission

Advancing the next generation of immunotherapies that lead T cells to gain control over disease and improve patients' lives.

[1]As of December 31, 2023, as reported on Form 10-K on March 20, 2024

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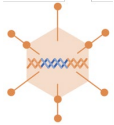
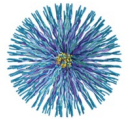
Proprietary Platforms and Approach

Creating More Effective Antigen-Specific Immunotherapies Through Innovative Technologies

	Platform	Technology	Differentiators	Areas of Focus	Candidates
BIOLOGIC	**ChAdOx** 	***ChAdOx*:** Modified, replication-incompetent simian adenoviral vector.	Induced the highest published magnitude of disease-specific T cells.[1-4] Elicit high magnitude, durable and polyfunctional CD8+ and CD4+ T cell responses.[1-4]	Chronic infections and cancer	VTP-300 (HBV) VTP-200 (HPV) VTP-850 (Prostate cancer)
	MVA 	***MVA*:** Well-studied, replication-deficient, attenuated Vaccinia virus.			
SMALL MOLECULE	**SNAP** 	**Self-assembled platform co-delivering multiple antigens and immunomodulators**: SNAP-Tolerance Immunotherapy (TI) SNAP-Cancer Immunotherapy (CI)	Modular design utilizing self-assembly to co-deliver multiple antigens and immunomodulators. Can be combined with ChAdOx and/or MVA in sequential combination regimens.	Autoimmune diseases and cancer	VTP-1000 (Celiac disease)

SNAP: Self-assembling Nanoparticle based on Amphiphilic Peptides.

[1] Swadling et al (2014) *Transl Med.* [2] Ewer et al (2017) *NEJM.* [3] Moyo et al (2017) *PloS One.* [4] Voysey et al (2023) *Clin. Exp. Immunol.*; Ewer et al (2016) *NEJM*; Ogwang et al (2015) *Sci Transl Med*; Ogwang et al (2013) *PloS One*; Elias et al (2013) *J Immunol*; O'Hara et al (2012) *J Infect Dis*; Ewer et al (2016) Curr Opin Immunol. [5] Esposito et al (2020) *Sci Transl Med*.

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Diverse Pipeline With Anticipated Near-Term Clinical Milestones

Harnessing the Power of Antigen-Specific Immunotherapies to Treat Infectious Diseases, Autoimmunity and Cancer

Program	Product Candidate*	Therapeutic For	Preclinical	Phase 1	Phase 2	Phase 3	Status/Anticipated Upcoming Milestones
Infectious Disease Programs	VTP-300 ◆ ✓	Chronic Hepatitis B Virus (HBV) infection					Phase 2b & Phase 2a interim analysis (Q2 2024)
	VTP-200 ▶ ✓	Persistent Human Papillomavirus (HPV) infection					Phase 1b/2 final data readout (Q2 2024)
Autoimmune Programs	VTP-1000	Celiac disease					Phase 1 initiation (Q2 2024)
Cancer Programs	VTP-800/850 ✓	Prostate cancer					Phase 1/2 futility data (2025)

◆ Data supporting proof-of-concept announced ▶ Near-term proof-of-concept readout ✓ Existing human clinical data

ChAdOx + MVA SNAP-TI

*Barinthus Bio has worldwide rights for all product candidates.
These are estimated timelines only and our pipeline may be subject to change.

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VTP-300

Hepatitis B Virus (HBV) Therapeutic

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HBV Chronic Infection Represents a Large Market Opportunity for VTP-300

There is an urgent need to develop effective therapeutic strategies to cure chronic HBV infection.

~300M Patients are **chronically infected** with HBV.[1]

1.5M **New HBV infections** per year.[1]

< 20% Patients are **Diagnosed.**[2]

Limitations of Current Treatments

- Existing therapies typically require chronic treatment.
- NUCs are slow-acting with low cure efficacy.[3]
- Pegylated interferon has significant side effects.[4]
- Less than 10% of patients achieve a functional cure with existing therapies.

HBV: hepatitis B virus; **NUCs**: Nucleos(t)ide analogs.
[1] WHO, Hepatitis B, 2022. [2] Barinthus Bio, Data on file. [3] Broquetas T and Carrion JA, *Hepat Med*. 2002;14:87-100. [4] Van Zonneveld M, et al, *Aliment Pharmacol Ther*. 2005;21(9):1163-71

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VTP-300 Could be a Critical Component to a Functional Cure Regimen for HBV

VTP-300 is an antigen-specific investigational immunotherapy that could be a critical component to enhancing rates of a functional cure. A functional cure will likely require a combination of agents with complementary mechanisms of action.

Three potential components to a functional cure

Approved	Investigational	Investigational
Inhibit viral replication	Directly **lower** viral antigen Hepatitis B surface antigen burden (HBsAg)	**Stimulate** host immune system response
NUCs Capsid & Entry Inhibitors (*Investigational*)	RNAi Oligonucleotide Monoclonal antibodies (mAbs)	Ag-specific immunotherapies (**VTP-300**) PD-1 Inhibitors Immunostimulants (TLR agonists)

VTP-300 is evaluated in combination with other therapies as a **critical component of a functional cure**.

VTP-300 is designed to engage the host immune system and has been shown to induce sustained HBsAg reduction in Ph2b.

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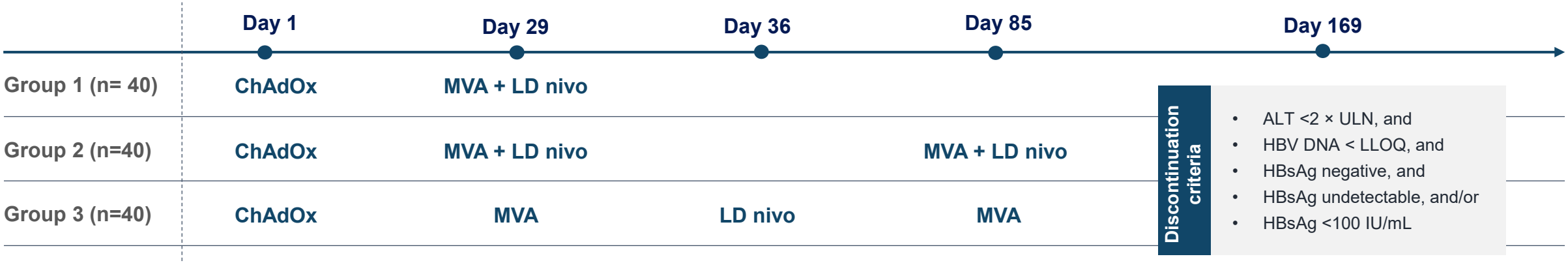
HBV003 – Phase 2b Study – Currently Enrolling Patients

VTP-300 + Low-Dose (LD) nivolumab (N=120) - Initiated in Q4 2022

Objective: Evaluating Additional Dosing and PD-1 Inhibition Timing



Inclusion Criteria

- HBV DNA ≤1,000 IU/mL.
- HBsAg ≤200 IU/mL.
- On NUCs for ≥6 months.

Primary Endpoint

- % participants with a greater than 1 log HBsAg reduction at 6 months after initiation of therapy.

Secondary Endpoints

- Safety: incidence of AEs and SAEs.
- T cell response.

HBV003 results will inform treatment dosing regimen

Group 1: Mirrors Group 3 in HBV002 to further support response effect observed.

Group 2: Assesses if additional dose of MVA-HBV with LD nivolumab at Day 85 further reduces HBsAg.

Group 3: Assesses if delaying LD nivolumab until after MVA-HBV is more optimal (plus adds option of 2nd MVA-HBV dose).

Study Reference: NCT05343481

ALT: Alanine aminotransferase; **LLOQ:** lower limit of quantitation; **ULN**: upper limit of normal.

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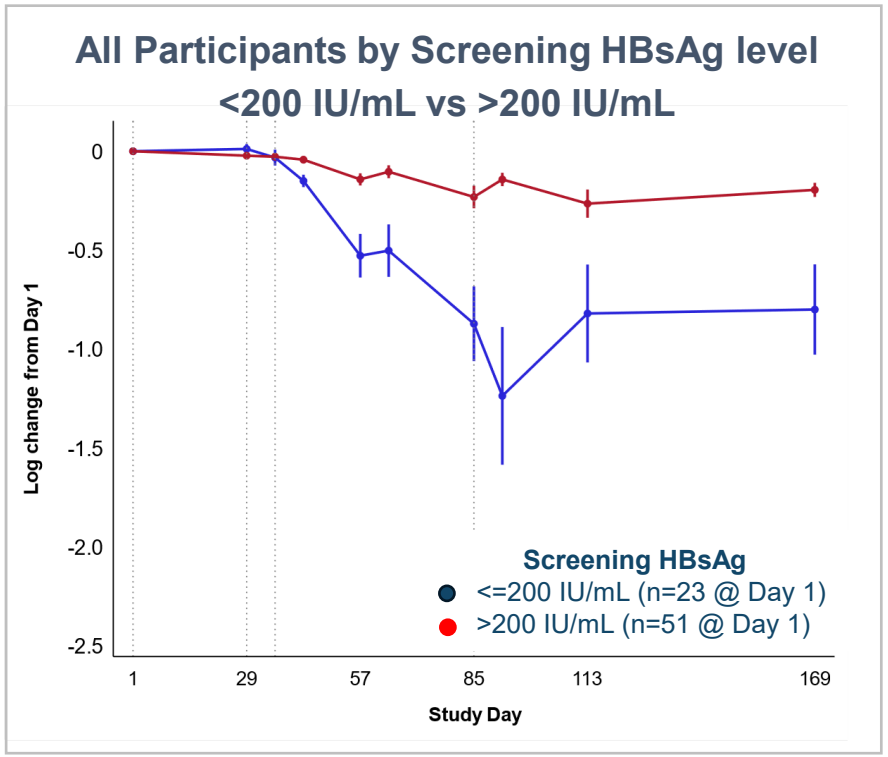
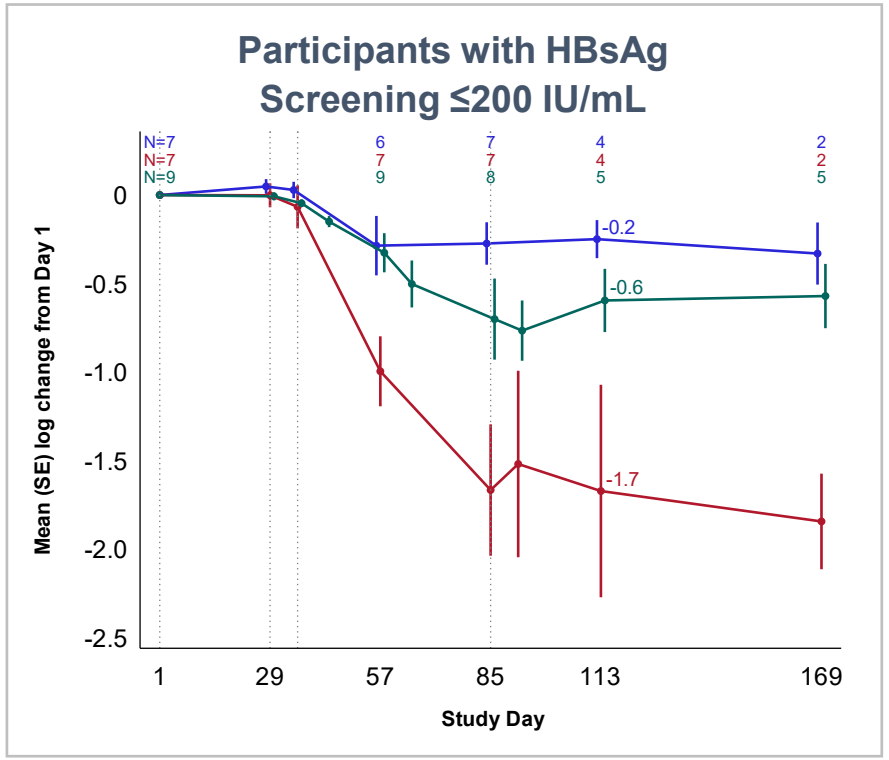
VTP-300 in Combination with Nivolumab Continues to Show Sustained HBsAg Reductions

VTP-300

HBV003 Phase 2b – Preliminary Data[1]

- VTP-300 + nivolumab treatment led to **HBsAg reductions in all treatment groups**, which were **most prominent in patients with HBsAg levels ≤200 IU/mL at screening***.
- 7 of 9 **(78%) participants who reached Day 169** with screening HBsAg below 200 IU/mL were **eligible to discontinue NUC therapy**.
- 3 participants have discontinued NUC therapy, with **1 retaining undetectable HBsAg 16 weeks post-discontinuation**.





Day 113: 4 weeks after last MVA dose
Day 169: NUC discontinuation data

*Participants with screening HBsAg <200 IU/mL account for ~30% of those currently on the study.

Group 1
Group 2
Group 3

Next anticipated readout:

Interim data – Q2 2024

- 31% of patients with an HBsAg <200 IU/mL at Day 1 had >1 log HBsAg reductions vs 2% of patients with HBsAg levels > 200 IU/mL at Day 1.
- At Day 113, 23% of patients had >0.5 log reductions and 9% of patients had >1 log reductions in HBsAg levels.

[1] Preliminary data presented as an oral presentation at AASLD, Q4 2023.

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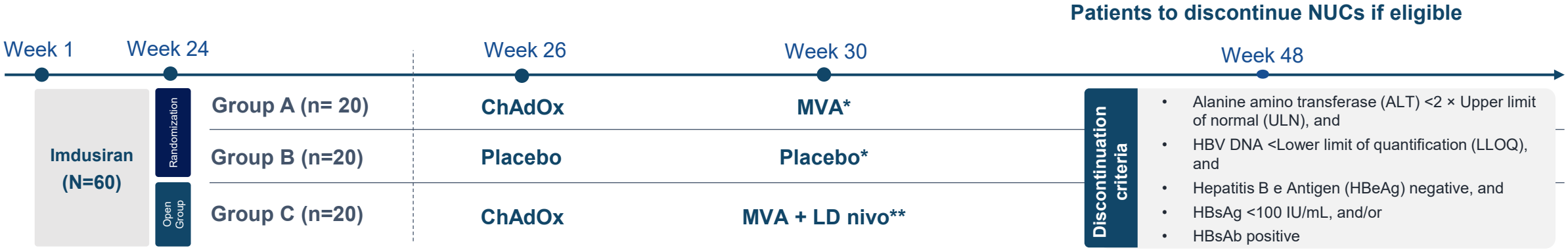
AB-729-202 – Phase 2a Clinical Collaboration with Arbutus: Study Design

VTP-300

Arbutus BIOPHARMA

Imdusiran (RNAi) + VTP-300 +/- low-dose nivolumab (N=60)

Trial expanded in Q4 2022 to include an arm with low-dose nivolumab



Inclusion Criteria

- HBV DNA ≤20 IU/mL.
- HBsAg ≥100 to <5,000 IU/mL.
- On NUCs for at least 1 year.

Primary Endpoints

- Safety: incidence of AEs and SAEs.

Secondary Endpoints

- Change in HBsAg concentration from baseline.
- Proportion of participants with a change in HBsAg from baseline meeting response criteria (≥0.5, 1, 2, or 3 log10 reduction).
- Change in HBV DNA, RNA, core-related antigen, HBsAg antibody, HBsAg e-antibody from baseline.

LD: Low-dose
* Additional MVA/Placebo to be dosed at Week 38, if patients have experienced a ≥0.5 log drop in HBsAg from Week 26 to Week 34.
** Additional MVA+nivo to be dosed at Week 38, if patients have HBsAg ≥10 IU/mL at Week 34.

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Imdusiran and VTP-300 Demonstrated Meaningful and Sustained Declines in HBsAg Levels

AB-729-202 Phase 2a – Interim Data[1]

VTP-300

Arbutus BIOPHARMA

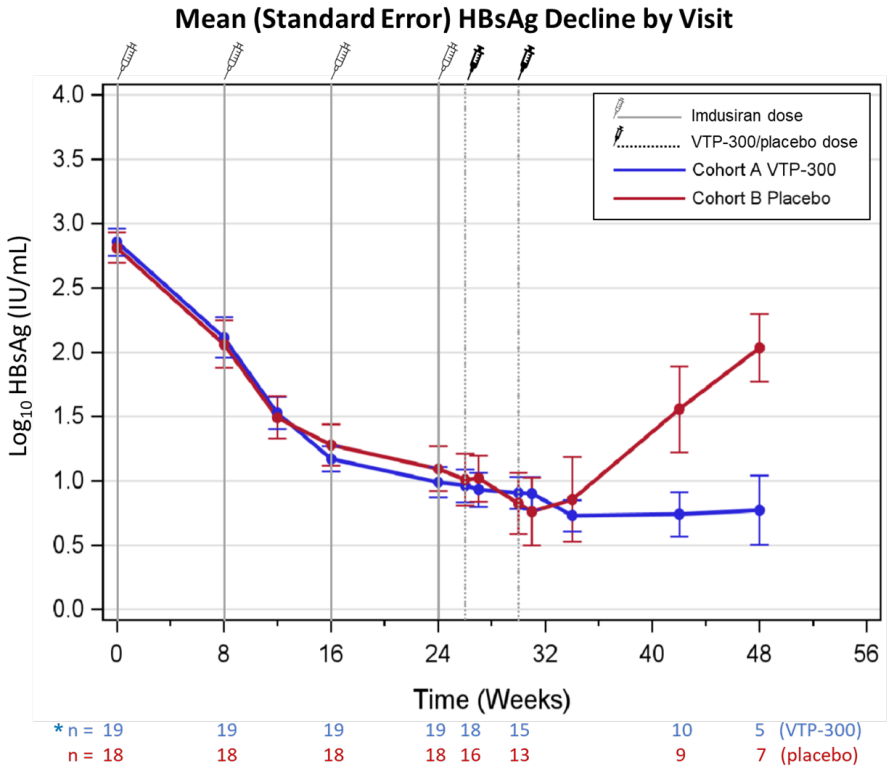
Preliminary results:

- Robust reductions of HBsAg were observed during the imdusiran treatment period, with 33/34 (97%) of subjects <100 IU/mL at the time of VTP-300/placebo administration.
- VTP-300 treatment appeared to **contribute to maintaining low HBsAg levels in the early post-treatment period**.
- **All subjects** who have reached Week 48 in Group A (n=5) were **eligible to stop NUC therapy and remain off-treatment.****
- **HBV-specific T cell IFN-γ production was enhanced** in subjects **receiving VTP-300** (n=4) vs placebo (n=3).

Next anticipated readout:

Interim data – Q2 2024

Mean HBsAg Change from Baseline by Treatment Group



[1] Based on interim data analysis presented as a poster by Arbutus Biopharma at AASLD, Q4 2023.
*3 subjects have not yet reached VTP-300 dosing period and are excluded from plot
**As of data being presented at AASLD, Q4 2023.

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VTP-200

Human Papillomavirus (HPV) Therapeutic

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Guiding the immune system to cure disease

VTP-200

Persistent HPV Infection Remains a Significant Public Health Problem[1]

We are targeting persistent HPV infection – which can lead to precancerous lesions and cervical cancer[1]

HPV is the most common sexually transmitted viral infection in the world[1]

Cervical cancer was the **4th most common** cancer in women globally in 2020.[2] **>95% of cervical cancer** is caused by HPV.[2]

~291 million women worldwide are infected with HPV[4]
>3.6M diagnosed annually with persistent high-risk cervical HPV in US and across 5EU.[6]

Cervical cancer in the US[3]:
~4,000 deaths per year even with screening & treatment
~12,000 cases per year

Cervical cancer worldwide[2]:
~342,000 deaths per year
~604,000 cases per year

VTP-200 aims to address high unmet need for patients with persistent HPV infection

- While HPV prophylactic vaccines are effective at preventing infection, there are **low vaccination rates** exist in many regions of the world and these vaccines **do not eliminate existing infections**.[1]
- Standard of care is **monitoring and excision** once high-grade lesions develop.[1]
- Currently **no treatment** before high-grade lesions develop.[1]
- People with HPV infections report **cancer-related fear**, **worry over lack of treatment** and HPV being a **'ticking time bomb'**.[5]

[1] WHO, HPV vaccines: WHO position paper, 2022
[2] WHO, Cervical Cancer
[3] Center for Disease Control
[4] Lancet Infect Dis. 2007 Jul;7(7):453-9. 10.1016/S1473-3099(07)70158-5
[5] Psychooncology. 2021 Jan; 30(1): 84–92. doi: 10.1002/pon.5540
[6] Barinthus Bio, Data on File

APOLLO (HPV001) – Phase 1b/2 Study Design

Lead-in Phase: (N=9)

Objective: Evaluating VTP-200 immunogenicity and safety

Regions	EU	UK
Group A (n=3)	$ChAdOx\ 2 \times 10^8$ vp $MVA\ 1 \times 10^7$ pfu	
Group B (n=3)	$ChAdOx\ 2 \times 10^9$ vp $MVA\ 1 \times 10^7$ pfu	
Group C (n=3)	$ChAdOx\ 2 \times 10^{10}$ vp $MVA\ 1 \times 10^8$ pfu	

Main Phase*: VTP-200 (N=99) – Fully Enrolled

Objective: Evaluating safety data, efficacy data, immunogenicity, dose-response

Group	Day 1	Day 29
1 (n=16)	$ChAdOx\ 2 \times 10^9$ vp	$MVA\ 1 \times 10^7$ pfu
2 (n=16)	$ChAdOx\ 2 \times 10^{10}$ vp	$MVA\ 1 \times 10^7$ pfu
3 (n=8)	$ChAdOx\ 2 \times 10^8$ vp	$MVA\ 1 \times 10^8$ pfu
4 (n=8)	$ChAdOx\ 2 \times 10^9$ vp	$MVA\ 1 \times 10^8$ pfu
5 (n=16)	$ChAdOx\ 2 \times 10^{10}$ vp	$MVA\ 1 \times 10^8$ pfu
6 (n=32)	Placebo	Placebo

60 of the main phase participants will be part of an immunogenicity sub-study

Inclusion Criteria

- High risk HPV positive for >6 months and low-grade cervical lesions.

Primary Endpoint

- Safety: incidence of AEs and SAEs.

Secondary Endpoints

- Efficacy.
- Dose determination for further studies.

Study Outputs

- **Efficacy Data:** % clearance of high-risk HPV and cervical lesions evaluated at 12 months.

SAE: serious adverse events.
*All groups open simultaneously
Study Reference: NCT04607850

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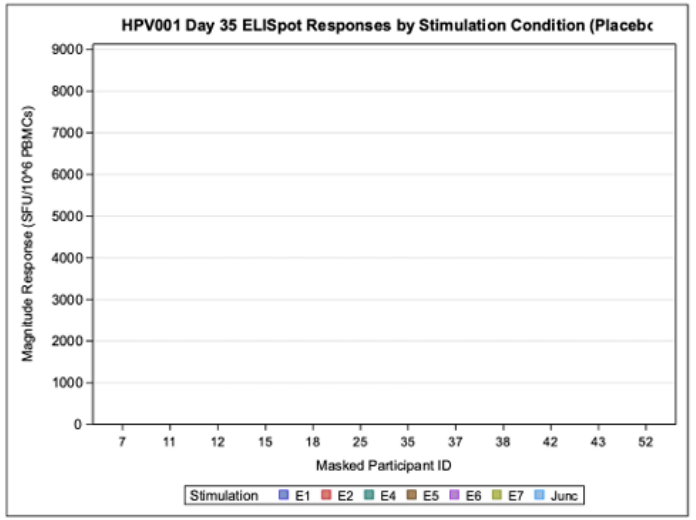
VTP-200 Demonstrated Favorable Tolerability and T Cell Profile - Interim Analysis

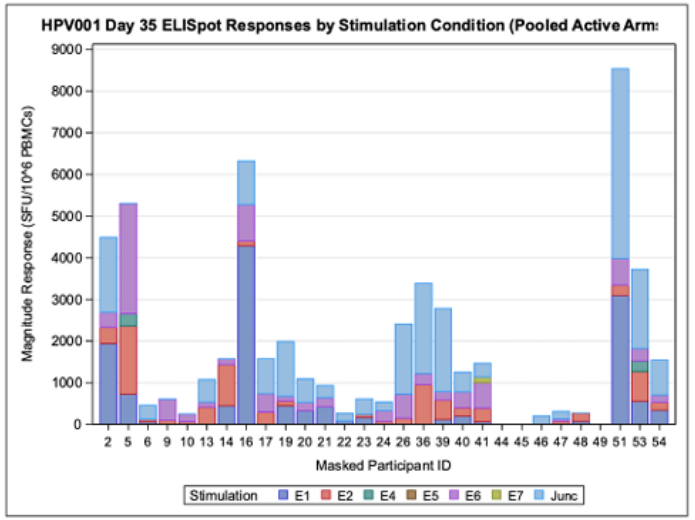
APOLLO (HPV001):
Phase 1b/2 Interim Data[1]

- VTP-200 was generally well-tolerated. No product-related grade 3 unsolicited adverse events, and no product-related SAEs.
- Pooled active groups analysis showed:
  - Robust IFNγ responses, with average of >1,000 spot-forming units/10^6.
  - Strongest T cell responses were observed against the E1, E2 and E6 antigens.
  - Induction of both CD4 and CD8 T cell responses.
- The trial continues as planned to the 12-month primary endpoint.

Placebo Arm



Active Arms (Pooled)



Next anticipated readout:

Final data - Q2 2024

SAE: serious adverse events.
[1] Data from 58 patients who had reached at least the 6-month time point, immunogenicity results available from a subset of participants who entered the immunogenicity sub-study (N=45). Interim data presented at the International Papillomavirus Conference.

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VTP-1000

Immune Tolerance Program

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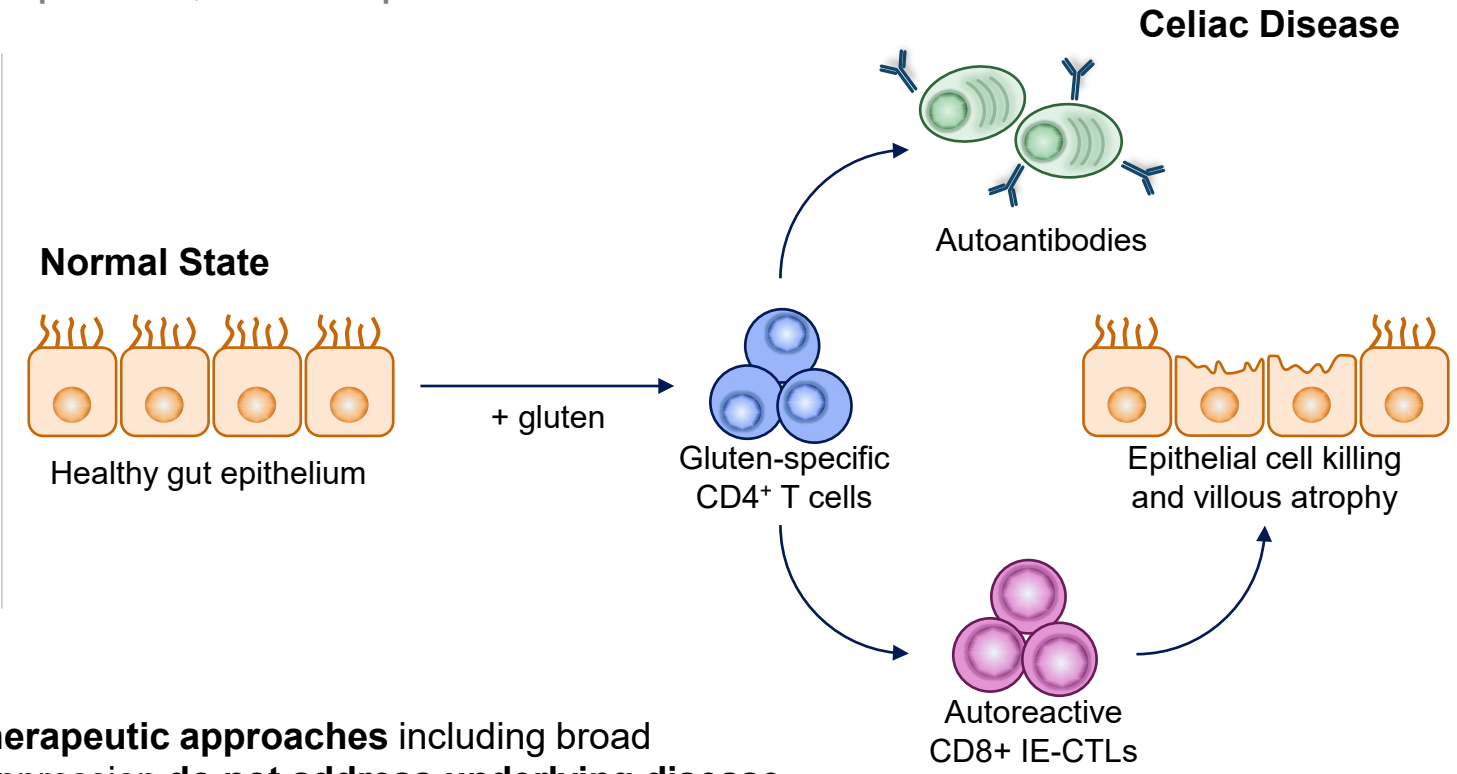
Guiding the immune system to cure disease

Celiac Disease is a Serious Autoimmune Disease with No Effective Treatment Except Strict Gluten-Free Diet

VTP-1000 aims to restore immune balance in a precise, celiac-specific manner.

~1%	of people in Western countries have Celiac Disease.[1]
▲ 7.5%	increasing incidence per year.[2]
~17%	Of patients are correctly diagnosed, which is rising with awareness.[3,4]



VTP-1000 is designed to induce gluten-specific Tregs and reduce gluten-specific Teff cell response.

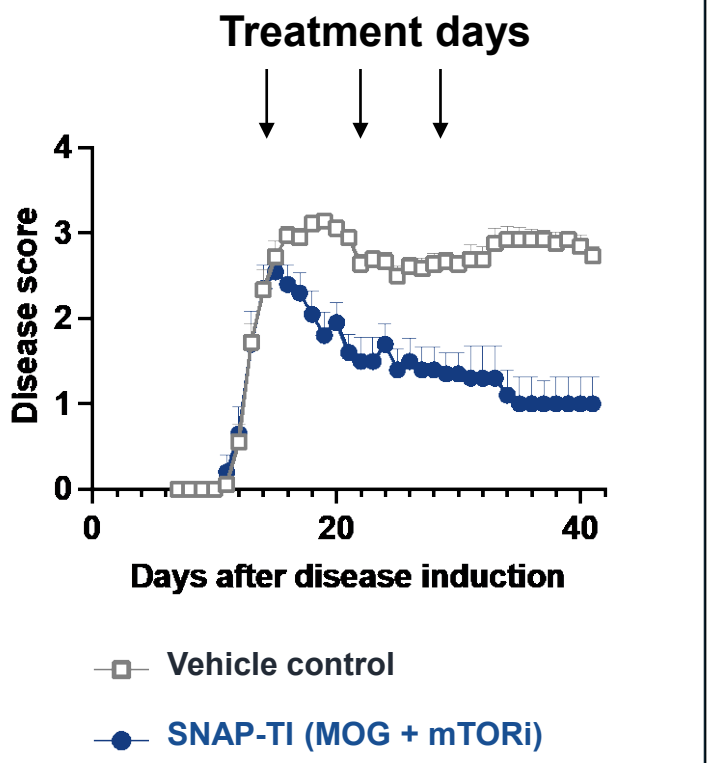
- **Current therapeutic approaches** including broad immunosuppression **do not address underlying disease**, can cause severe side effects, and are not curative.

[1] Al-Toma, A., et al. (2019) United European Gastroenterol J. 7(5), 583-613.
[2] King, J.A., et al. (2020) Am J Gastroenterol. 115(4), 507-525.
[3] Clinical Gastroenterology and Hepatology 2018; 16:823-36.
[4] European Journal of Ped; 2021, 180: 1941-1946.

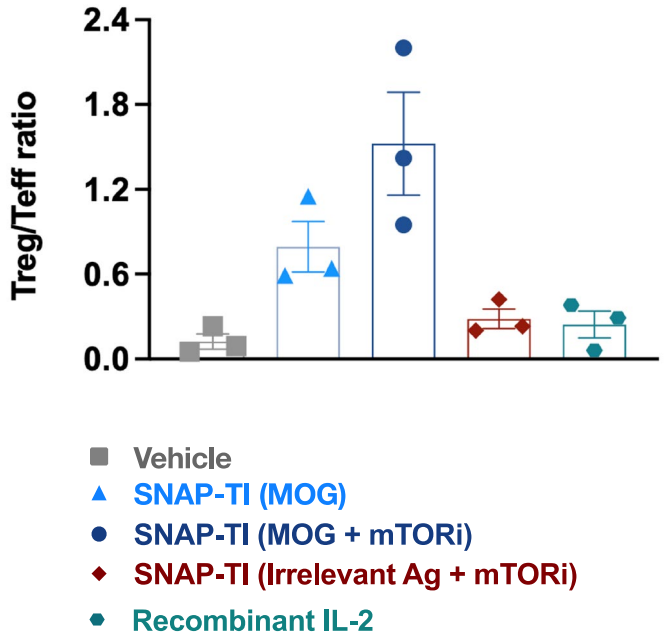
SNAP-TI Platform – Pre-Clinical Results

Inducing antigen-specific tolerance to address autoimmune diseases

SNAP-TI Given IM Treated Established EAE Disease in Mice[2]



SNAP-TI Increases Treg to Teff Ratio in Mice to Impact Disease[2]



VTP-1000: Tolerance induction in Celiac

Immunomodulator and antigens co-delivered by **IM injection** in self-assembled SNAP-TI designed to achieve a favorable antigen-specific Treg to Teff ratio.

Next anticipated milestone:

FPFD: Q2 2024

[1] Singh. P, et al, Clinical Gastroenterology and Hepatology 2018.
[2] Unpublished preclinical data, Barinthus Bio, Data on File.

MOG: myelin oligodendrocyte glycoprotein
mTORi: mechanist target of rapamycin

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VTP-850

Prostate Cancer Immunotherapeutic

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Guiding the immune system to cure disease

Prostate Cancer Remains a Health Priority with High Diagnosis and Recurrence Rates

VTP-850 is a next generation ChAdOx-MVA multi-antigen product candidate designed to induce cytotoxic T cells and prevent advancement to metastatic disease.

Prostate cancer is the **4th most common cancer** diagnosis in the world.[1]	Prostate cancer worldwide[3]:	
1 in 8 men will be diagnosed with prostate cancer in their lifetime.[2]	**~1.4M**	new cases diagnosed.
20-40% of patients with non-metastatic prostate cancer experience biochemical recurrence after local therapy (e.g., prostatectomy).	**~375K**	deaths per year.

VTP-850 is a novel immunotherapy candidate aiming to prevent advanced disease.

- Biochemical recurrence is indicated by rising PSA levels with no evidence of disease on conventional imaging, meaning the disease was not cured by local therapy.[4]
- Treatment options for patients with biochemical recurrence include systemic therapies such as hormonal or chemotherapy, resulting in toxicity and side effects.

[1] WHO, 2022.
[2] American Cancer Society, 2023
[3] World Cancer Research Fund International. 2020.
[4] Simon Ni, et al. Am Soc Clin Oncol Educ Book. 2022.

PSA: Prostate Specific Antigen.
Study Reference: NCT05617040

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VTP-800 First-Generation Single-Antigen Immunotherapy Showed Meaningful Reduction in PSA

Phase 2a ADVANCE: VTP-800 + Anti-PD-1 in mCRPC

Study in metastatic castration-resistant prostate cancer (mCRPC) patients using ChAdOx-MVA plus nivolumab

VTP-800 antigen: 5T4

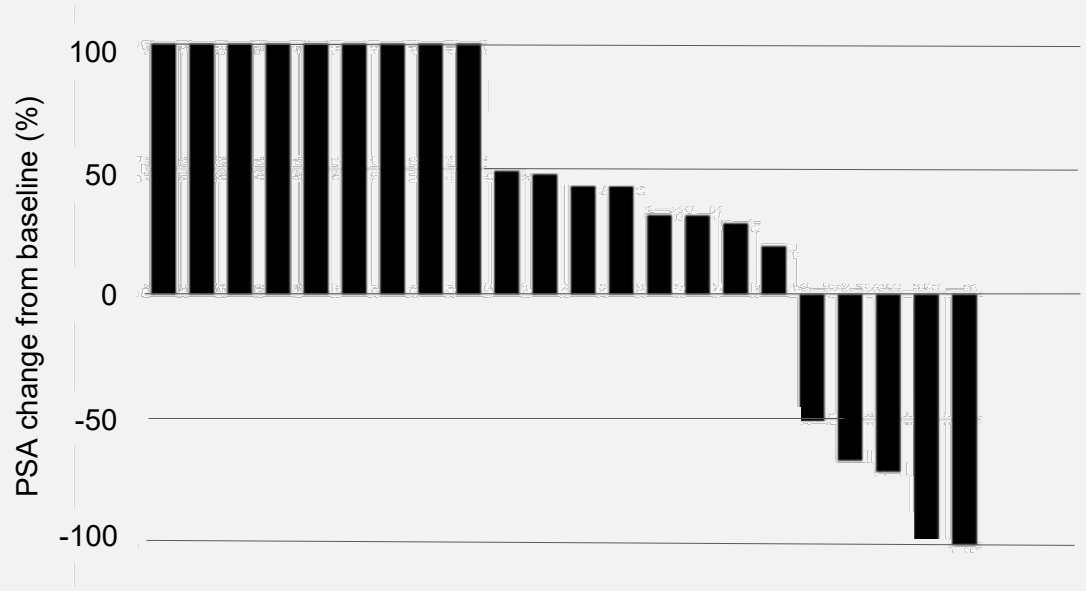
Target patient population: 23 mCRPC patients enrolled.

Efficacy data readouts:

- >50% reduction in PSA compared to baseline was seen in 22% of patients (5/23).
- Historical comparator with a PSA response to anti-PD-1 alone is ~9%.[1]
- 3 patients with PSA response also had measurable tumors and achieved clinical responses.

Phase 2 ADVANCE:

Serum PSA Results[2]



mCRPC: metastatic castration-resistant prostate cancer; **PSA:** prostate-specific antigen.

[1] Antonarakis, E. et al. Journal of Clinical Oncology 2020

[2] Data courtesy of Prostate Cancer Vaccine Group, Jenner Institute, UO. mCRPC: Metastatic Castrate Resistant Prostate Cancer

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PCA001 – Phase 1/2 Study of VTP-850 Design

Ongoing Phase 1/2 study for Multi-Antigen VTP-850, a Next-Generation Candidate, Futility Data Expected 2025

Phase 1: Lead-in Phase

VTP-850 (N=15-18)

Objective: Dose finding for Phase 2, evaluation of safety and immunogenicity.

VTP-850 antigens:

- **5T4**
- **PSA**
- **PAP**
- **STEAP**

Cohort 1 **Low dose**	**(n=3-6)**	**IM/IM**
Cohort 2 **Full dose**	**(n=6)**	**IM/IM**
Cohort 3 **Full dose**	**(n=6)**	**IM/IV**

Phase 2: Main Phase

VTP-850 (N=125)

Objective: Futility analysis, POC, durability of response rate.

Stage 1 objective:

Futility analysis based on PSA response.

(n=25*)

Dosing: IM + IM/IV⁺

Stage 2 objective:**

Establish proof of concept based on overall PSA response and duration of response.

(n=100)

Dosing: IM + IM/IV+

Inclusion Criteria

- Hormone sensitive prostate cancer.
- Biochemical recurrence after definitive local therapy.
- No metastases by standard radiography.

Primary Endpoints

- Safety: incidence of AEs and SAEs.

Secondary Endpoints

- PSA response, durability of PSA response, duration of PSA response, metastasis-free survival, time to metastasis, time to start of androgen deprivation therapy.

Next anticipated milestone:

Futility data: 2025

* Including 6 participants from Phase 1. ** If 4 or more of the 25 participants at the RP2R (including the Phase 1 participants who received the same dose regimen) have a PSA response, Stage 2 will be opened to enrolment of up to 100 additional participants.
⁺ Dosing dependent on outcome of Phase 1.
Study Reference: NCT05617040

BARINTHUS

Partnered Programs

Guiding the immune system to cure disease

BARINTHUS BIOTHERAPEUTICS

Barinthus Bio's Partnered Pipeline

Program	Product Candidate		Partner	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Barinthus Bio Rights	Status/Anticipated Upcoming Milestones
Cancer Programs	VTP-600	**NSCLC therapeutic** in combo. with checkpoint inhibitor + chemo	LUDWIG CANCER RESEARCH / CANCER RESEARCH UK						**Worldwide** (76% of Sub.)	Phase 1/2a ongoing
Prophylactic Programs	VTP-500	**MERS**	UNIVERSITY OF OXFORD / CEPI						**Worldwide**	Initiation of Phase 2
	VTP-400	**Zoster**	CanSinoBIO						**Worldwide** (excl. China)	Phase 1 ongoing
	VTP-900	**COVID-19 Coronavirus**	AstraZeneca	VAXZEVRIA®, COVISHIELD™					**Licensed by OUI to AZ**	Fully approved in EMA/UK

Existing human clinical data ChAdOx only

ChAdOx ± MVA

Company Highlights

Guiding the immune system to cure disease

BARINTHUS BIOTHERAPEUTICS

Financial Overview and Catalysts

Guiding the immune system to cure disease

Current cash position

$142 million[1] as of December 31, 2023.

No debt or outstanding warrants.

Estimated cash runway into Q4 2025[1].

Expected near-term catalysts[2]

Q2 2024

- **VTP-200 (HPV)**: Phase 1b/2 APOLLO (HPV001) final safety, efficacy and immunogenicity data
- **VTP-1000 (Celiac)**: Phase 1 GLU001 FPFV
- **VTP-300 (HBV)**: Phase 2b HBV003 and Phase 2a AB-729-202 interim analysis data

[1]As of December 31, 2023, as reported on Form 10-K on March 20, 2024

BARINTHUS

Investment Highlights

Proprietary platforms (ChAdOx, MVA, SNAP) designed to drive powerful immune responses in therapeutic and prophylactic settings.

Pipeline of 5 programs in infectious diseases, autoimmunity and cancer

Clinical data in HBV, HPV, prostate cancer and the Oxford-AstraZeneca COVID-19 vaccine.

Multiple anticipated near-term data readouts and clinical trial initiations from three Phase 2 programs and two Phase 1 programs.

Expanding into autoimmunity with targeted immunotherapies in high unmet need areas with no current treatment, such as Celiac disease.

Established partnerships in **4 programs** with leading institutions and biotech companies.

BARINTHUS

Guiding the Immune System to Cure Disease

Thank You

BARINTHUS BIOTHERAPEUTICS