

PRESS RELEASE

Immunocore to Present New Data from IMCgp100-102 Trial in Metastatic Uveal Melanoma at 2018 ASCO Annual Meeting

(Oxford, UK and Conshohocken, US, 22 May 2018) Immunocore Limited, a leading T cell receptor (TCR) company focused on delivering first-in-class biological therapies that have the potential to transform lives, today announces that new data from its phase I/II dose escalation trial of its wholly-owned, lead programme, IMCgp100, in metastatic uveal melanoma (mUM) will be presented at the American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago on 4 June 2018.

Redirected T cell lysis in patients with metastatic uveal melanoma with gp100-directed TCR IMCgp100: Overall survival findings (abstract 9521, poster #348) will be presented by Takami Sato, MD, PhD, Department of Medical Oncology, Kimmel Cancer Center, Thomas Jefferson University, in the melanoma/skin cancers poster session on Monday 4 June, 13:15-16:45 CDT. The poster presentation will include updated data and additional findings from the IMCgp100-102 clinical trial.

“Patients with metastatic uveal melanoma have an extremely rare form of eye cancer and there are currently few treatment options that can address their needs,” said Dr. Chris Coughlin, Chief Medical Officer at Immunocore. *“We are actively recruiting for our pivotal trials in metastatic uveal melanoma, and are looking forward to sharing updated overall survival data from our IMCgp100-102 study at this year’s ASCO meeting.”*

About Metastatic Uveal Melanoma

Uveal melanoma is an aggressive form of melanoma which affects the eye, with a poor prognosis and no standard of care.¹ Although it is the most common primary intraocular malignancy in adults,² the diagnosis is rare, with approximately 4,000 new patients diagnosed globally each year (1,500 cases/year in US).³ Up to 50% of people with uveal melanoma will develop metastatic disease.^{1,4} When the cancer spreads beyond the eye, only approximately 40% of patients will survive for one year.⁵

About the IMCgp100-102 Phase I/II Trial

In this study of IMCgp100 is administered on a weekly basis with an intra-patient escalation dosing regimen. The dose escalation portion of the study has been completed, which identified the recommended Phase II intra-patient dose. The Phase II portion of the study is ongoing evaluating both the safety and efficacy in patients with metastatic uveal melanoma. The currently enrolling cohort is assessing IMCgp100 in patients who have experienced disease progression after 1 or 2 prior lines of therapy, which may include up to 1 line of liver directed therapy. Approximately 150 patients will be enrolled in the Phase II portion and the estimated enrolment completion date is September 2019. For more information about enrolling IMCgp100 clinical trials for metastatic uveal melanoma, please visit ClinicalTrials.gov ([NCT02570308](https://ClinicalTrials.gov/ct2/show/study/NCT02570308), [NCT03070392](https://ClinicalTrials.gov/ct2/show/study/NCT03070392)).

About IMCgp100

IMCgp100 is a novel bi-specific biologic T cell redirection therapy that specifically targets the melanoma-associated antigen gp100, and which is now in pivotal studies for mUM. IMCgp100 was granted Orphan Drug Designation by the US Food and Drug Administration in 2016 and Promising Innovative Medicine designation under UK Early Access to Medicines Scheme in 2017.

About ImmTAC® Molecules

Immunocore's proprietary TCR (T Cell Receptor) technology generates a novel class of bi-specific biologics called ImmTAC (Immune mobilising monoclonal TCRs Against Cancer) molecules that enable the immune system to recognise and kill cancerous cells. ImmTAC molecules are based on synthetic, soluble TCRs engineered to recognise intracellular cancer antigens with ultra-high affinity and selectively kill cancer cells via an anti-CD3 immune-redirecting effector function. ImmTAC molecules can access up to nine-fold more target antigens than typical antibody-based approaches, including monoclonal antibodies. Based on the demonstrated mechanism of T cell infiltration into human tumours, the ImmTAC mechanism of action holds the potential to tackle solid "cold" low mutation rate tumours, the majority of tumours that do not adequately respond to currently available immunotherapies.

About Immunocore

Immunocore, a leading T Cell Receptor (TCR) biotechnology company, is focused on delivering first-in-class biological therapies that have the potential to transform the lives of people with serious diseases. The Company's primary therapeutic focus is oncology and it also has programs in infectious and autoimmune diseases. Immunocore has a pipeline of proprietary and partnered programs in development and the lead program, IMCgp100, has entered pivotal clinical studies as a treatment for patients with metastatic uveal melanoma. Partners include Genentech, GlaxoSmithKline, AstraZeneca, Lilly, and the Bill and Melinda Gates Foundation. Immunocore is headquartered at Milton Park, Oxfordshire, UK, with an office outside Philadelphia, USA. The Company is privately held by a broad international investor base. For more information, please visit www.immunocore.com.

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- ¹ Carvajal, RD, Schwartz, GK, Tezel, T, *et al.*, 2017. Metastatic disease from uveal melanoma: treatment options and future prospects. *British Journal of Ophthalmology*, 101(1), 38-44.
 - ² Mahendraraj K, Lau CS, Lee I, *et al.*, 2016. Trends in incidence, survival, and management of uveal melanoma: a population-based study of 7,516 patients from the surveillance, epidemiology, and end results database (1973–2012). *Clinical Ophthalmology*, 10, 2113.
 - ³ Data on file
 - ⁴ Kujala E, Mäkitie T, Kivelä T. 2003. Very long-term prognosis of patients with malignant uveal melanoma. *Investigative Ophthalmology & Visual Science*, 44, 4651.
 - ⁵ Khoja L, Atenafu E, Joshua A, and The International Rare Cancer's Initiative-Ocular Melanoma Group. 2016. Meta-analysis of phase II trials in metastatic uveal melanoma (MUM) to determine progression-free (PFS) and overall survival (OS) benchmarks for future phase II trials: An irci-ocular melanoma initiative. *Journal of Clinical Oncology* 34:15_suppl, 9567-9567.