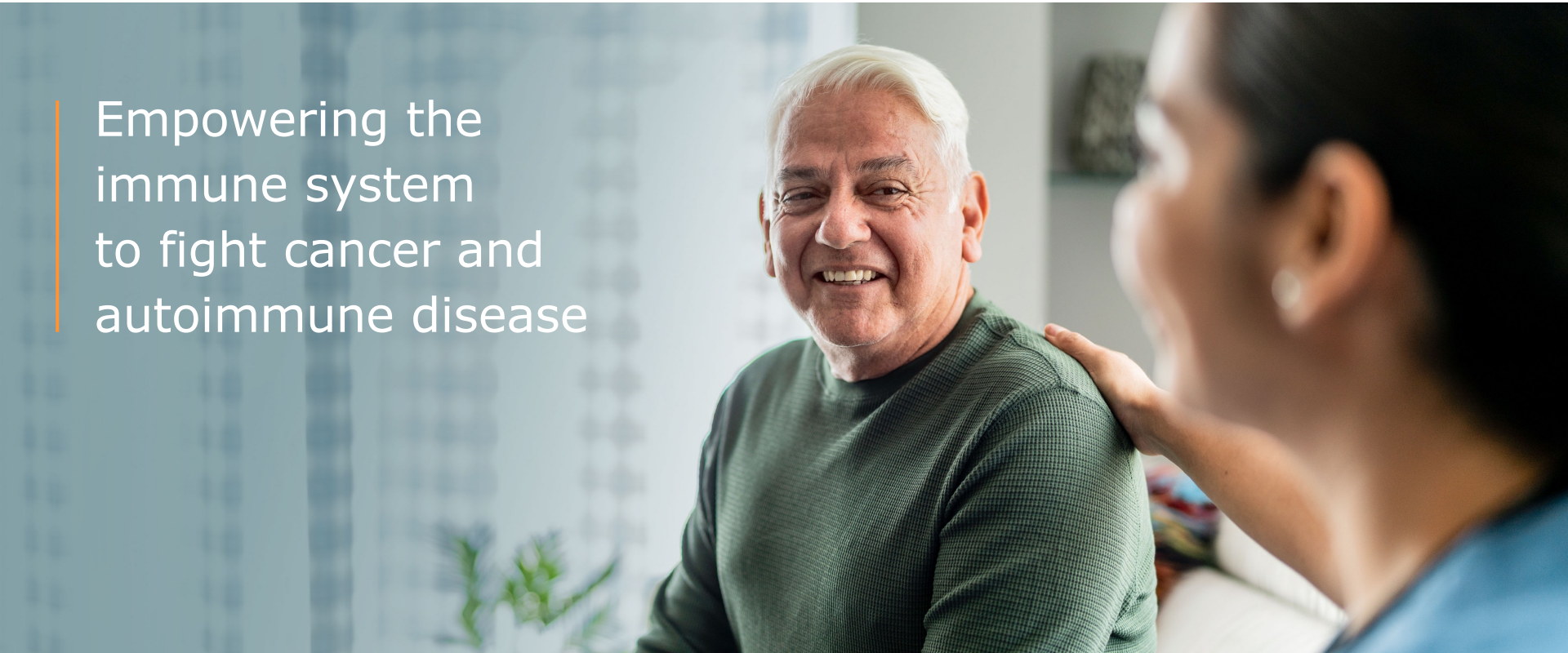
Immutep Corporate Presentation

February 2026 (ASX:IMM, NASDAQ:IMMP)



Forward Looking Statements

The purpose of the presentation is to provide an update of the business of Immutep Limited ACN 009 237 889 (ASX:IMM; NASDAQ:IMMP). These slides have been prepared as a presentation aid only and the information they contain may require further explanation and/or clarification. Accordingly, these slides and the information they contain should be read in conjunction with past and future announcements made by Immutep and should not be relied upon as an independent source of information. Please refer to the Company's website and/or the Company's filings to the ASX and SEC for further information.

The views expressed in this presentation contain information derived from publicly available sources that have not been independently verified. No representation or warranty is made as to the accuracy, completeness or reliability of the information.

Any forward-looking statements in this presentation have been prepared on the basis of a number of assumptions which may prove incorrect and the current intentions, plans, expectations and beliefs about future events are subject to risks, uncertainties and other factors, many of which are outside Immutep's control. Important factors that could cause actual results to differ materially from assumptions or expectations expressed or implied in this presentation include known and unknown risks. Because actual results could differ materially to assumptions made and Immutep's current intentions, plans, expectations and beliefs about the future, you are urged to view all forward-looking statements contained in this presentation with caution.

This presentation should not be relied on as a recommendation or forecast by Immutep. Nothing in this presentation should be construed as either an offer to sell or a solicitation of an offer to buy or sell shares in any jurisdiction.

This presentation is authorised for release by the CEO of Immutep Limited.

Immutep Highlights

A leader in LAG-3 immunotherapy

Four clinical-stage assets designed to safely empower patients' immune systems to fight cancer and autoimmune diseases through the MHC Class II & LAG-3 pathways, including first-in-class immunotherapies eftilagimod alfa (efti) and IMP761.

Phase 3 in 1L NSCLC: Blockbuster potential

Registrational Phase III in collaboration with MSD (Merck & Co.) with potential to establish new standard-of-care in first line non-small cell lung cancer (1L NSCLC), one of the largest oncology markets expected to reach US$48 billion in sales in 2031.[1]

Validation via collaborations

Multiple partnerships and collaborations with large pharma and leading institutions.

MSD · Dr.Reddy's · NOVARTIS · labcorp · IKF · Narodowy Instytut Onkologii · GW Cancer Center

Strong IP and balance sheet

Strong intellectual property (IP) portfolio and 12+ years of potential exclusivity for biologics like efti and IMP761.[2] Cash & cash equivalents of A$129.3 million with runway well into Q2 CY2027.[3]

1. Nature Reviews Drug Discovery 22, 264-265 (23 Jan 2023) doi: https://doi.org/10.1038/d41573-023-00017-9. 2. Biologics Price Competition and Innovation Act (BPCIA). 3. Cash, cash equivalent and term deposit position of A$99.1 million as at 31 December 2025. Receipt of ~A$30 million upfront payment subsequent to quarter's end leading to a pro-forma balance of A$129.3 million, which extends Immutep's cash reach well into Q2 CY2027, not including any potential milestone payments from the Dr. Reddy's agreement.

Deep Clinical Pipeline in Oncology & Autoimmune Diseases

	Indication - Trial	Phase I	Phase II	Phase III	Collaborations	Commercial Rights
ONCOLOGY						
Eftilagimod alfa (efti) MHC Class II agonist	**Lung Cancer** - TACTI-004	Efti + Pembrolizumab + Chemo			MSD	Global manufacturing rights to efti & commercial rights in North America, Europe and Japan
	Lung / Head & Neck Cancers - TACTI-002	Efti + Pembrolizumab			MSD	
	Lung Cancer - INSIGHT-003[1]	Efti + Pembrolizumab + Chemo			IKF	
	Head & Neck Cancer - TACTI-003	Efti + Pembrolizumab			MSD	
	Metastatic Breast Cancer - AIPAC-003	Efti + Chemo				
	Early-Stage Breast Cancer[1]	Neoadjuvant Efti + Chemo			GW Cancer Center	
	Soft Tissue Sarcoma - EFTISARC-NEO[1]	Neoadjuvant Efti + Pembrolizumab + Radiotherapy			Narodowy Instytut Onkologii	
AUTOIMMUNE DISEASE						
IMP761 (LAG-3 Agonist mAb)	**Healthy Volunteers**	IMP761				
IMP731 (Depleting LAG-3 mAb)	**Psoriasis & Ulcerative Colitis**[2]	IMP731				

OUTLICENSED ONCOLOGY PIPELINE

Dr.Reddy's	Commercial rights to efti in all countries outside N America, Europe, Japan, & Greater China[3]
EOC	Commercial rights to efti in Greater China[4]
NOVARTIS	Global rights to LAG525 (ieramilimab), an anti-LAG-3 mAb[5]

Information as of February 2026. 1. Investigator-initiated trial that Immutep has no control over. 2. Trials for IMP731 were conducted by GSK (two Phase I in healthy volunteers & psoriasis and a Phase II in ulcerative colitis), which transitioned this asset back to Immutep in 2024. 3. In December 2025, Immutep entered into a licensing agreement with Dr. Reddy's for efti in all countries outside N America, Europe, Japan, and Greater China. Immutep is eligible to receive up to USD 369.5 million in upfront, milestone payments and double-digit royalties on sales of efti. 4. For EOC's China rights, Immutep may receive milestones plus royalties. 5. To date, Novartis has conducted trials with LAG525 in solid tumours, blood cancers, TNBC, and melanoma. For Novartis' global rights to LAG525 (ieramilimab), Immutep may receive milestones plus royalties.

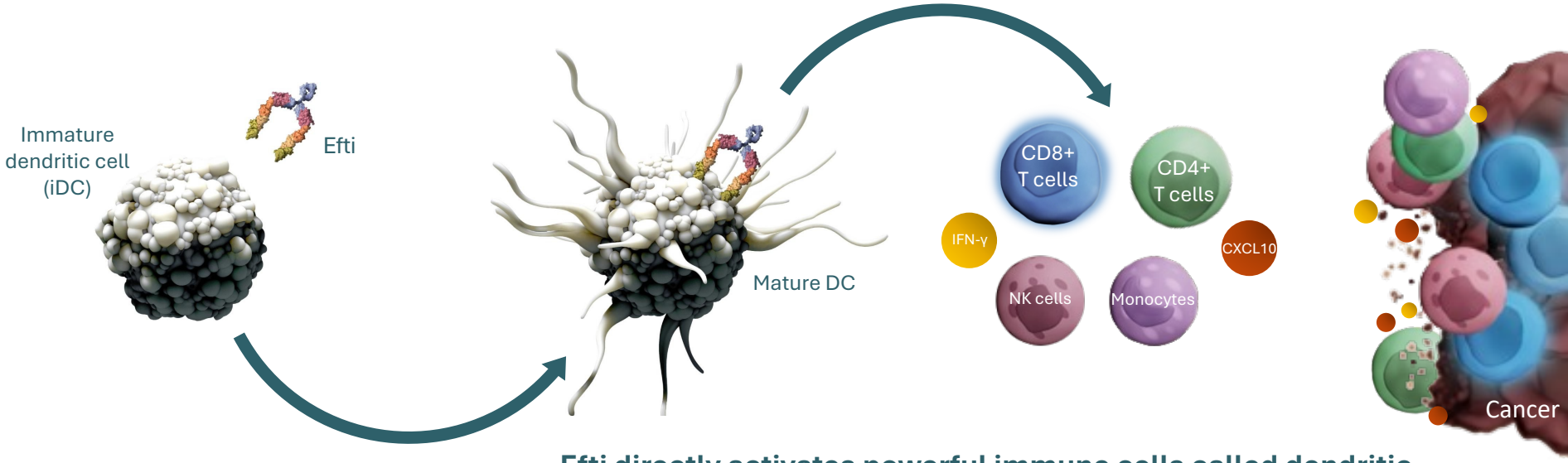
Efti: A soluble fusion protein with the four extracellular domains of LAG-3 fused to human IGg1 backbone

Oncology

Eftilagimod Alfa (Efti):

Only immunotherapy in clinical development that activates antigen-presenting cells or APCs (e.g. dendritic cells, monocytes) directly via the MHC Class II pathway to fight cancer

Activating a Broad Anti-Cancer Immune Response with Efti



Efti directly activates powerful immune cells called dendritic cells by binding to MHC Class II. This initiates a broad adaptive & innate immune response, including priming/activating cytotoxic T cells and generating co-stimulatory cytokines, to fight cancer.

Efti's Key Attributes and Encouraging KOL Feedback

Efti Key Attributes

- **Real innovation** – Efti is a first-in-class asset unlike any in the immunotherapy landscape
- **Pipeline in a product** – Can revolutionize treatment landscape for many solid tumours
- **Low cost of goods** – Allows for reasonable pricing with strong margins
- **Excellent safety profile** – Both as monotherapy and in multiple combination settings
- **Subcutaneous administration** – Convenient and easy to administer

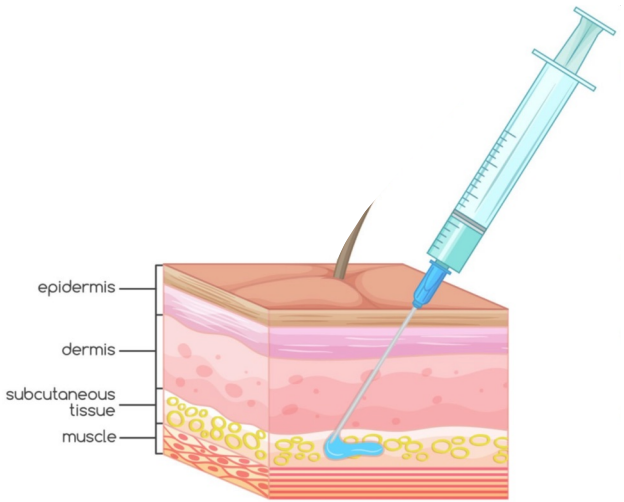
KOL Feedback on Efti & 1L NSCLC Phase III[1,2,3]

- **Robust fundament in NSCLC** – Positive on efti driving higher responses & survival in previous 1L NSCLC trials
- **Easy to administer and safe** – Do not need see high toxicity associated with other therapies
- **Add-on strategy** – Simple add-on to standard-of-care therapy; no change to current practice
- **Easy to enrol** – All-comer PD-L1 trial design allows for easy enrolment with no PD-L1 sub-group exclusions
- **Truly first-in-class** – Efti is not a "me too product" that are often seen in combination trials

1. Immutep Announces Update for TACTI-004 (KEYNOTE-F91) Phase III Trial in First Line Non-Small Cell Lung Cancer, 09 October 2025 press release. 2. TACTI-004: Changing the Treatment Landscape for Patients with Non-Small Cell Lung Cancer, Investor Update, April 2025. 3. Immutep to Present Pivotal TACTI-004 Trial in Progress Poster at the 2025 World Conference on Lung Cancer, 07 July 2025 press release.

Advantages of Subcutaneous Delivery

Subcutaneous administration of efti positions it well in current & future cancer treatment landscape



Efti's subcutaneous delivery:

- Generates systemic anti-cancer immune response
- Improves patient experience vs. intravenous (IV) administration used with other therapeutics:
  - ✓ Less invasive and easier to administer
  - ✓ More flexible leading to increased patient treatment access
- Positions efti well as a combination therapy especially with anti-PD-(L)1 therapies administered either via IV or subcutaneously:
  - ✓ Move underway to subcutaneous administration among top-selling anti-PD-(L)1 therapies.[1] By 2028, MSD & Bristol Myers estimate ~30-40% KEYTRUDA & OPDIVO sales will shift from IV delivery to subcutaneous delivery.[2,3]

1. Between September 2024 and September 2025, Roche, Bristol Myers, and MSD received regulatory approval for anti-PD-(L)1 therapies delivered subcutaneously. 2. Bristol Myers Q4 FY2024 earnings call. 3. MSD's JPM 2025 Presentation.

Immutep's Key Value Driver

TACTI-004 (KEYNOTE-F91) in First Line Non-Small Cell Lung Cancer (1L NSCLC)

- Lung cancer is the leading cause of cancer death and non-small cell lung cancer (NSCLC) comprises 80 to 85% of all lung cancers[1,2]
- ~2.0 million NSCLC diagnoses annually
- Total addressable NSCLC drug market expected to reach US$48 billion in 2031 with over 50% sales from immune checkpoint inhibitors including anti-PD-1[3]

1. Calculated from Global Cancer Observatory (WHO), 2022 data & American Cancer Society, About Lung Cancer; 2.Tang S et al. Immune Checkpoint Inhibitors in Non-Small Cell Lung Cancer: Progress, Challenges, and Prospects. Cells. 2022 Jan 19;11(3):320. doi: 10.3390/cells11030320; 3. Nature Reviews Drug Discovery 22, 264-265 (23 Jan 2023) doi: https://doi.org/10.1038/d41573-023-00017-9.

High Unmet Need in 1L NSCLC

Need for IO-combination therapies that maximize the immune system's ability to fight cancer

Evolution of Immunotherapy (IO) in 1L NSCLC

Immune Checkpoint Inhibitors (ICI) alone

ICIs as monotherapies drive responses in up to 20% of 1L NSCLC patients

ICIs + Chemotherapy

ICIs + chemo expand responses yet room for much improvement and Overall Survival still below 2 years for most patients

Next-generation IO + ICIs + Chemotherapy

Next-gen IO approaches like **efti** may further expand 1L NSCLC patients who respond to ICIs & extend patients' survival

TACTI-002/KEYNOTE-798: Strong Efficacy with Efti + KEYTRUDA

TACTI-002 (Part A) Phase II: Overview & Trial Design

Overview	Screening	Treatment Phase		Follow Up
• Indication: 1L NSCLC • Status: Completed • Enrolment: 114 patients • Locations: 18 centers across six countries	• Advanced/metastatic • Non-squamous/squamous • 0-100% PD-L1 expression • EGFR/ALK negative	Combination Therapy 30mg efti Q2W + 200 mg pembrolizumab Q3W for 8 cycles, followed by 30mg efti + 200mg pembrolizumab for 9 cycles Up to 52 weeks	Monotherapy 200 mg pembrolizumab Q3W for 16 cycles Up to 52 weeks	Primary: ORR (iRECIST) Secondary: ORR (RECIST 1.1), PFS, OS, DOR, Safety, PK/PD

In collaboration with MSD

Tumour Response by PD-L1 Expression Level[1]

	TPS <1% N=32	TPS 1-49% N=38	TPS ≥50% N=20
ORR[1,2,3,4]	31.3%	44.7%	55.0%
mPFS, months[1,2]	4.2	9.3	16.5
mOS, months	**15.5**	**23.4**	**Not Reached**

- Results offer strong evidence of efti's complementary effect with PD-1 inhibitors and its unique stimulation of patients' anti-cancer immune response
- Efficacy across all PD-L1 levels differentiates efti and anti-PD-1 from other chemo-free combinations
- ORR & PFS translate into excellent Overall Survival (OS)


Dr. Felip presenting ORR, PFS, DOR at ASCO 2022

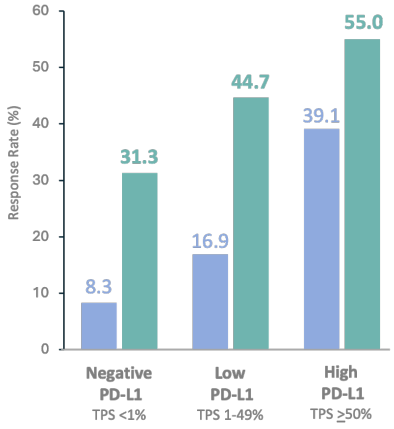

Dr. Iams presenting ORR, PFS, DOR at SITC 2022


Dr. Carcereny presenting Overall Survival at ESMO 2023

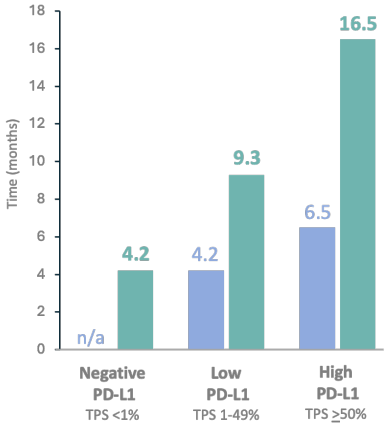
ORR – Objective Response Rate, mPFS – median Progression Free Survival, mOS – median Overall Survival. Data cut-off date: 15 August 2023. Median follow-up 25.1 months. 1. Central assessment of PD-L1 TPS using Dako IHC 22C3 pharmDx (N=90). 2. iRECIST. 3. unconfirmed. 4. Calculated using Clopper Pearson method. Results for PD-L1 central + local (N=108) were as follows for TPS <1% / 1-49% / ≥50%: ORR 27% / 42.9%; 51.7%; mPFS: 4.2 / 8.3 / 16.3; mOS: 14.4 / 23.4 / 38.8.

TACTI-002: Benchmarking Efti + KEYTRUDA to KEYTRUDA Alone

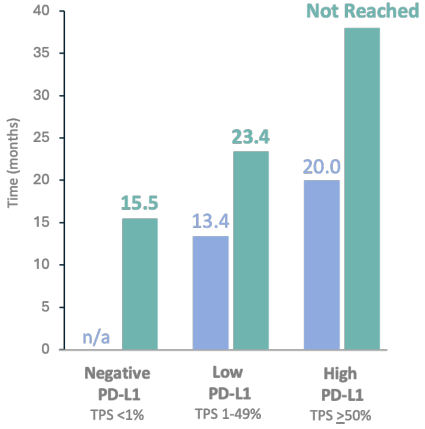
Objective Response Rate



Progression Free Survival



Overall Survival



Efti + KEYTRUDA[1]

KEYTRUDA monotherapy[2]

Compelling efficacy from efti + KEYTRUDA across all PD-L1 levels including 1L NSCLC patients with negative & low PD-L1 (TPS <50%), for whom KEYTRUDA monotherapy works sub-optimally*

** KEYTRUDA monotherapy in 1L NSCLC was not approved by EMA in TPS 1-49% and was not tested after KEYNOTE-001 in TPS <1%[3]*

Comparison of data is from different clinical trials. 1. Data from TACTI-002. 2. KEYTRUDA data for TPS 1-49% & TPS >=50% from publications/EPAR assessment of KN-042, and for TPS <1% from publications of KN-001 that had limited data for PFS/OS in 1L NSCLC group due to size (N=12): (a) Hui et al., Pembrolizumab as first-line therapy for patients with PD-L1-positive advanced non-small cell lung cancer: a phase 1 trial. Ann Oncol. 2017 Apr 1;28(4):874-881,and (b) Garon et al., Five-Year Overall Survival for Patients With Advanced Non–Small-Cell Lung Cancer Treated With Pembrolizumab: Results From the Phase I KEYNOTE-001 Study, JCO 2019: https://doi.org/10.1200/JCO.19.00934. 3. EMA/233126/2020, EMEA/H/C/003820/II/0057 Questions and answers on the use of Keytruda alone in non-small cell lung cancer with low levels of PD-L1; 30 April 2020

TACTI-002: Favourable Safety Profile

Differentiated overall survival from Efti + KEYTRUDA achieved without foregoing safety

Efti + KEYTRUDA and Standard-of-Care Therapies in 1L NSCLC TPS ≥1%	Drug-related Adverse Events Leading to Discontinuation[2]	Median Overall Survival[3]
Efti + KEYTRUDA (pembrolizumab)	**9.6%**	**35.5 months**
Pembrolizumab monotherapy[1]	9.9%	16.4 months
Pembrolizumab + Doublet Chemo (SQ)	16.8%	18.9 months
Ipilimumab + Nivolumab[1]	18.1%	17.1 months
Pembrolizumab + Doublet Chemo (NSQ)	20.5%	23.3 months
Ipi + Nivo + 2 cycles of Doublet Chemo	22.1%	15.8 months

NSQ = Non-squamous; SQ = Squamous

Comparison of data is from different clinical trials. 1. Ipilimumab + Nivolumab approved in US for 1L NSCLC PD-L1 TPS >1% but not in EU; Pembro mono not approved in Europe for TPS 1-49%. 2. Treatment related adverse events leading to discontinuation taken from publications/EPAR assessments of respective trials (KN-042, KN-024, KN-189, KN-021, KN-407, CM-227, CM-9LA). 3. Arrow lengths are proportional representations of Overall Survival data. Data for standard-of-care therapies taken from publications of respective registrational trials (e.g., KN-042, KN-189, KN-407, CM-227, CM-9LA).

INSIGHT-003: Strong Efficacy from Efti + KEYTRUDA + Chemo

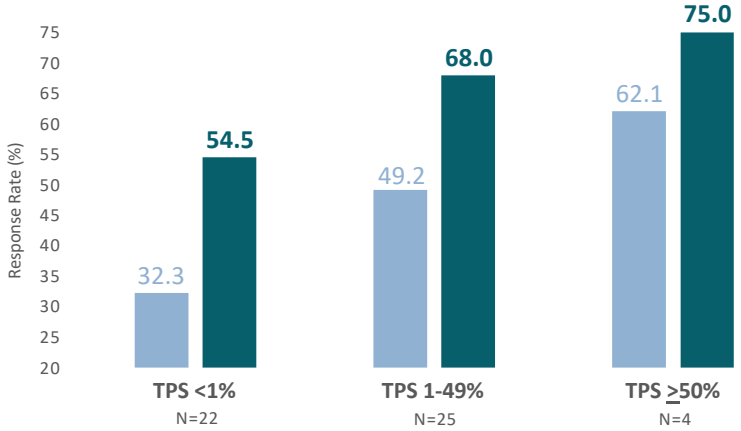
INSIGHT-003 (Stratum C) Phase I: Overview & Trial Design

Overview	Screening	Treatment Phase		Follow Up
• Indication: 1L NSCLC • Status: Ongoing • Recruitment: Completed • Enrolled: ~50 pts • Locations: Multi-center study in Germany	• Advanced/metastatic • Non-squamous • 0-100% PD-L1 expression • EGFR/ALK negative	Induction 30mg efti Q2W + 200 mg pembrolizumab + platinum doublet chemo Up to 24 weeks	Maintenance 30mg efti Q2W/Q3W* + 200 mg pembrolizumab + platinum doublet chemo Max. total study treatment: 52 weeks	ORR, PFS, DOR, OS, and Safety

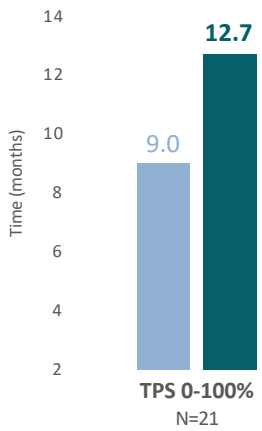
INSIGHT-003 is an investigator-initiated, multi-centre Phase I trial led by Frankfurt Institute of Clinical Cancer Research (IKF)

Benchmarking Efti + KEYTRUDA + Chemo in non-squamous 1L NSCLC to KEYTRUDA + Chemo

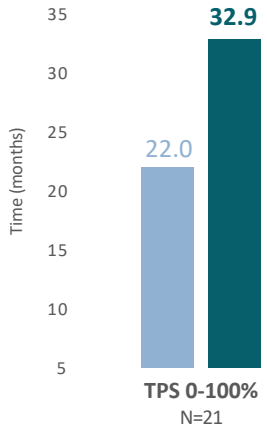
Objective Response Rate



Progression-Free Survival



Overall Survival



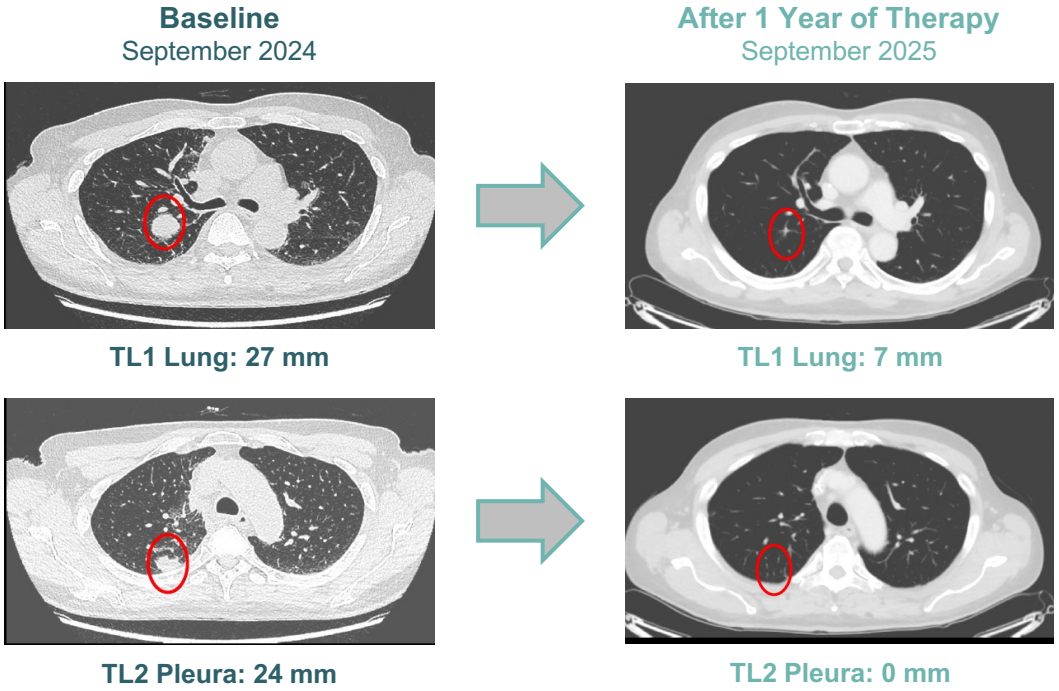
Efti + KEYTRUDA + Chemo[1] | KEYTRUDA + Chemo[2]

Comparison of data is from different clinical trials. 1. Objective Response Rate (ORR), according to RECIST1.1 from evaluable patients (N=51) in INSIGHT-003. Data cut off date for ORR 01 September 2025. Mature OS/PFS from INSIGHT-003 from 21 evaluable patients with a minimum follow up of 22 months. Data cut-off date 15 October 2024. 2. ORR/PFS/OS from KEYNOTE-189; Shirish Gadgeel et al., Updated Analysis From KEYNOTE-189: Pembrolizumab or Placebo Plus Pemetrexed and Platinum for Previously Untreated Metastatic Nonsquamous Non–Small-Cell Lung Cancer. JCO 38, 1505-1517(2020). DOI:10.1200/JCO.19.03136.

INSIGHT-003 Case Study: Patient with PD-L1 TPS 0%

Case study of a 75-year-old male:

- PD-L1 TPS 0%, no actionable genetic alterations
- TTF1 pos. Adeno-Carcinoma, G3
- ECOG PS 1
- cT1c pN2 cM1c, Stage IVb
- Partial Response achieved after treatment cycle 3, which patient maintained until planned end of treatment (week 52)
  - ✓ Patient had complete resolution of pleura tumour lesion



Source: INSIGHT-003 poster presentation at ESMO Congress 2025: "Eftilagimod alpha (soluble LAG-3 protein) combined with 1st line chemo-immunotherapy in metastatic non-squamous non-small cell lung cancer (NSCLC) – Updates from INSIGHT-003 (IKF614)"

Efti with KEYTRUDA Expands ORR & Enhances PFS/OS

Efti + KEYTRUDA **without chemo** and **with chemo** has safely led to compelling ORR, PFS, and OS well above KEYTRUDA +/- chemo in two 1L NSCLC trials that together have enrolled >165 patients

TACTI-002 (N=114)	TPS <1%	TPS 1-49%	TPS ≥50%
Efti + KEYTRUDA ORR (%)	**31.3%**	**44.7%**	**55.0%**
KEYTRUDA alone	*8.3%*	*16.9%*	*39.1%*
Efti + KEYTRUDA PFS (mos)	**4.2**	**9.3**	**16.5**
KEYTRUDA alone	*n/a*	*4.2*	*6.5*
Efti + KEYTRUDA OS (mos)	**15.5**	**23.4**	**NR**
KEYTRUDA alone	*n/a*	*13.4*	*20.0*

INSIGHT-003 (N=51)	TPS <1%	TPS 1-49%	TPS ≥50%
Efti + KEYTRUDA + Chemo ORR (%)	**54.5%**	**68.0%**	**75.0%**
KEYTRUDA + Chemo	*32.3%*	*49.2%*	*62.1%*
Efti + KEYTRUDA + Chemo PFS (mos)	**12.7**		
KEYTRUDA + Chemo	*9.0*		
Efti + KEYTRUDA + Chemo OS (mos)	**32.9**		
KEYTRUDA + Chemo	*22.0*		

Addition of chemo enhances strong efficacy achieved in TACTI-002 with Efti + KEYTRUDA (N=114) in 1L NSCLC

Comparison of data is from different clinical trials. Efti + pembrolizumab (KEYTRUDA) data without chemo from TACTI-002 (NR = Not Reached). Efti + pembrolizumab with chemo from INSIGHT-003. Pembrolizumab monotherapy from KN-042 registrational trial publications/EPAR assessment report for low (TPS 1-49%) and high (TPS ≥50%) and from KN-001 publications for no PD-L1 (TPS <1%). Pembrolizumab + chemo data in 1L NSCLC from KN-189. Relative OS/PFS outperformance in INSIGHT-003 despite only ~19% patients having high PD-L1, who typically respond best to anti-PD- therapy, as compared to ~32% patients having high PD-L1 in KN-189 trial.

Redefining the Treatment Landscape in 1L NSCLC

IMM Collaboration with MSD

Immutep entered into a strategic clinical trial collaboration & supply agreement with MSD in June 2024 for a Phase III to evaluate efti with KEYTRUDA & chemotherapy that has potential to redefine the treatment landscape in 1L NSCLC.

Under the collaboration, Immutep is conducting the jointly-designed trial, MSD is supplying KEYTRUDA, and Immutep retains efti's commercial rights with freedom to operate.

MSD

A leading global pharmaceutical company listed on the New York Stock Exchange (NYSE:MRK)

Exceptional oncology franchise centered on KEYTRUDA®, which had $31.7 billion sales in 2025[1]

immutep
Empowering the Immune System

1. MSD FY2025 report

De-Risked, High-Value Phase 3 Opportunity in 1L NSCLC

Commercial De-Risking

- **MSD (Merck & Co.) Phase III collaboration** is strong validation signaling high confidence in efti program.
- **Add-on therapy** integrates seamlessly into standard of care; easy for physicians to adopt.
- **Strong potential for rapid market uptake** based on treatment simplicity and positioning of KEYTRUDA & chemo as dominant standard of care globally in 1L NSCLC.

Clinical De-Risking

- **Outstanding clinical data** in 165 patients from two prior 1L NSCLC trials with Efti + KEYTRUDA ± chemo showing strong, consistent efficacy signals including compelling overall & progression-free survival
- **Targets a major unmet need** in 1L NSCLC, one of largest cancer indications (+2 million cases annually) that has the highest mortality rate.
- **Broad patient coverage** with squamous and non-squamous patients and all PD-L1 expression (TPS 0–100).
- **KOL enthusiasm** highlighting easy administration, safety in combination, and simple add-on strategy.

Regulatory De-Risking

- **Registration-ready trial design** with endpoints and analysis methods validated by global regulators, big pharma standard.
- **Project Optimus** addressed giving a clear, streamlined development path toward registration.

TACTI-004/KEYNOTE-F91 Phase III Trial in 1L NSCLC

TACTI-004 / KEYNOTE-F91 Phase III: Overview & Trial Design

Overview	Screening		Treatment Phase		Follow Up
• Indication: 1L NSCLC • Status: Ongoing • Recruitment: Ongoing • Enrolment target: ~756 pts • Locations: +150 sites in +25 countries globally	• Advanced/metastatic • Non-squamous/Squamous • 0-100% PD-L1 expression • EGFR/ALK/ROS negative • ECOG 0-1	Randomisation 1:1	Treatment Arm • Efti - Q2W for 6 months; Q3W thereafter • Pembrolizumab - Q3W • Platinum doublet chemo	Control Arm • Placebo - Q2W for 6 months; Q3W thereafter • Pembrolizumab - Q3W • Platinum doublet chemo	Dual primary endpoints: OS & PFS

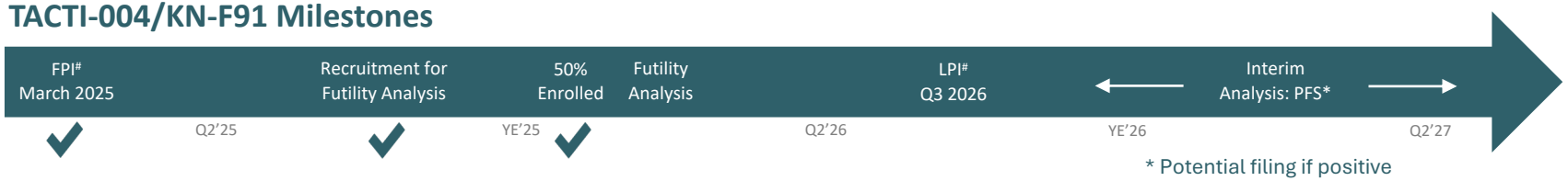
TACTI-004/KN-F91 evaluating *Efti* + *KEYTRUDA* + *chemotherapy* vs. *KEYTRUDA* + *chemotherapy* with dual primary endpoints of progression-free survival (PFS) and overall survival (OS)

- 1:1 randomized, double-blinded enrolling ~756 patients in +150 sites across +25 countries
- Immutep conducting jointly-designed trial, MSD supplying KEYTRUDA (typical ICI supply for this size trial is ~US$100mm), and Immutep retains efti's commercial rights with freedom to operate
- FDA and other regulatory agencies[1] provided positive feedback on study design
- +140 clinical sites across 27 countries have been activated and 378 patients enrolled (50% of trial's targeted enrolment) as of 6 February 2026[2]

1. The Paul-Ehrlich-Institut ("PEI") and the Spanish Agency for Medicines and Health Products ("AEMPS") provided positive feedback on the TACTI-004 trial design in addition to the U.S. FDA. 2. Immutep Achieves 50% Enrolment in Global TACTI-004 (KEYNOTE-F91) Phase III Trial in 1L NSCLC, 6 February 2026.

TACTI-004 Milestones and Multiple Potential Paths to Success

TACTI-004/KN-F91 Milestones



* Potential filing if positive

Dual Primary Endpoints:

- Progression-free Survival
- Overall Survival
  - ✓ Multiple pre-specified analyses are planned for these dual endpoints, each of which could potentially lead to a BLA and/or MAA filing opportunity

Patient Stratification:

- Important prognostics and predictive markers are used for stratification (e.g. PD-L1 levels and tumour subtypes)

TACTI-004 is a global trial with sites in North & South America, Europe, APAC

Timelines are indicative and subject to change. Interim analyses are dependent on events. A BLA (Biologics License Application) is a submission to the Food and Drug Administration (FDA) to get a biological product approved for marketing in the U.S., while a Market Authorization Application (MAA) is the equivalent application for the European Union. # FPI – First Patient In; LPI – Last Patient In

Global Phase III Landscape for Advanced/Metastatic 1L NSCLC

	No PD-L1 TPS <1%	Low PD-L1 TPS 1-49%	High PD-L1 TPS ≥50%	Non-Squamous	Squamous	% of 1L NSCLC Population
% of 1L NSCLC patient population by segment[2] →	~35%	~35%	~30%	~70%	~30%	→ Up to 100%
Immutep TACTI-004/KEYNOTE-F91 (Efti + KEYTRUDA + chemo)	✓	✓	✓	✓	✓	**100%**
Daiichi Sankyo TROPION-Lung07 (DatoDXd + KEYTRUDA ± chemo)	✓	✓	✗	✓	✗	49%
Gilead EVOKE-03 (Sacituzumab Govitecan + KEYTRUDA)	✗	✗	✓	✓	✓	30%
Daiichi Sankyo TROPION-Lung08 (DatoDXd + KEYTRUDA)	✗	✗	✓	✓	✗	21%

Among these companies that have a CTCSA with MSD utilizing KEYTRUDA for Phase III trials in advanced/metastatic 1L NSCLC[1]:

- Efti is the only immunotherapy whereas other trials use ADCs that have higher toxicity profiles
- TACTI-004 is unique in that it addresses entire PD-L1 population (TPS 0-100%) and squamous (SQ) / non-squamous (NSQ) patients

Among other Phase III trials in advanced/ metastatic 1L NSCLC using KEYTRUDA with no CTCSA or are trying to replace KEYTRUDA:

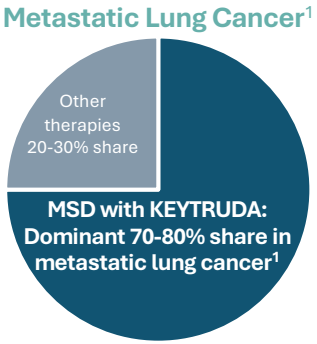
- PD-1/VEGF: Strong ORR & PFS; unknowns to date include durability and translation to OS
- TIGIT: Program terminations (e.g. MSD) and trial failures suggest limited impact[3]
- Anti-LAG-3: Program terminations (e.g. MSD) and a TPS ≥1/NSQ Phase III trial suggest ltd impact[3,4]

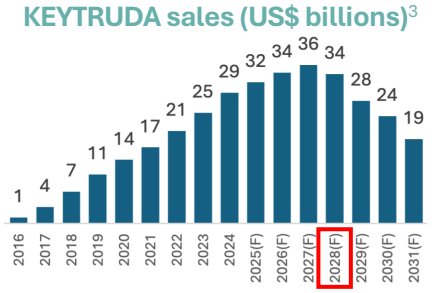
Sources for table: Company reports and clinicaltrials.gov. 1. Clinical Trial Collaboration and Supply Agreement (CTCSA) for Phase III trials in advanced/metastatic 1L NSCLC (stage IIIB/C or stage IV) without actionable mutations. 2. Patient population estimates by PD-L1 expression based on market research and enrolment across 1L NSCLC clinical trials. 3. Merck Provides Update on KeyVibe and KEYFORM Clinical Development Programs Evaluating Investigational Vibostolimab and Favezelimab Fixed-Dose Combinations with Pembrolizumab – 12 December 2024. 4. clinicaltrials.gov - RELATIVITY1093 study in non-squamous 1L NSCLC (primary endpoint OS in TPS 1-49%).

Potential Blockbuster Opportunity in 1L NSCLC and Beyond

Blockbuster Opportunity for Efti in 1L NSCLC:
If TACTI-004 is successful, it presents a potential multi-billion US$ opportunity in 1L NSCLC as efti will be a safe add-on to KEYTRUDA & chemo (estimated ~27% of KEYTRUDA's $31.7 billion in sales from lung cancer)[2]

Broad Potential with Efti Beyond 1L NSCLC:
1L NSCLC may be first of many indications that efti can safely improve efficacy combined with KEYTRUDA, which has over 40 approvals in 18 cancer types





Key loss of IP exclusivity leads to large drop in KEYTRUDA's estimated annual sales

1. MSD Investor Event at ASCO 2024. 2. Source of sales figures and market share estimates: Bloomberg, Wall Street research reports, Grandview Research and Company reports. 3. Source of KEYTRUDA sales: GlobalData

Efti's Potential to Extend IP for PD-1 Inhibitors Beyond Key LOEs

Anti-PD-1*

KEYTRUDA® (pembrolizumab) Injection 100 mg

OPDIVO® (nivolumab)

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

Jemperli® (dostarlimab-gxly) Injection 500 mg

$44+ Billion
in 2025 sales

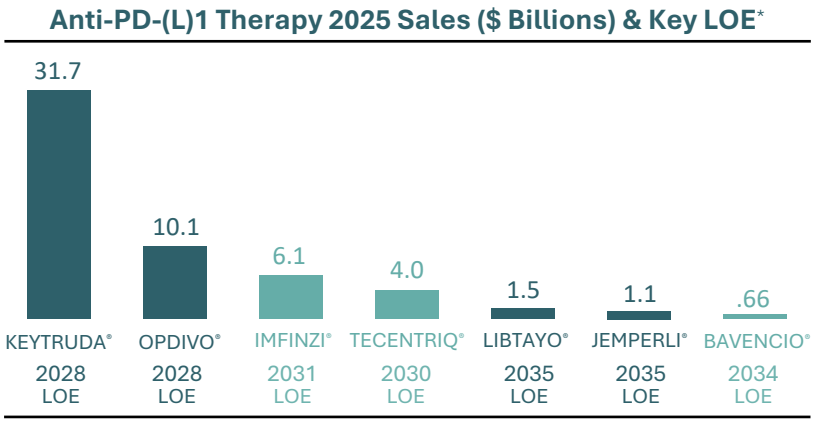
Anti-PD-L1*

TECENTRIQ® atezolizumab

IMFINZI® durvalumab

BAVENCIO® avelumab Injection 20 mg/mL

$10+ Billion
in 2025 sales



- Efti's comprehensive patent portfolio provides an opportunity to enhance and substantially extend established or new PD-(L)1 franchises
- Two leading PD-1 inhibitors, KEYTRUDA & OPDIVO (over $41 billion in 2025 sales), face key patent expirations and loss of exclusivity (LOE) in 2028

*Source of sales figures: Bloomberg & company reports source of ICI sales; Currency: USD. Anti-PD-1 therapies sales in 2025 include pembrolizumab (KEYTRUDA®) ~$31.7B, nivolumab (OPDIVO®) ~$10.1B, cemiplimab (LIBTAYO®) ~$1.45B, dostarlimab (JEMPERLI®) ~$1.1B. Anti-PD-L1 therapies 2025 sales include atezolizumab (TECENTRIQ) ~$4.0B, avelumab (BAVENCIO) ~$660M (estimated; Q4'25 not reported), durvalumab (IMFINZI) ~$6.1B.

Strategic Collaboration and Licensing Agreement for Eftilagimod Alfa (Efti)

Dr.Reddy's

immutep
Empowering the Immune System

Dr. Reddy's Deep Expertise in Licensed Markets

Stock exchange listings:
BSE: 500124 | NSE: DRREDDY
NYSE: RDY | NSEIFSC: DRREDDY

Market capitalization[2]:
- ~ ₹ 1.06 trillion INR (NSE)
- ~ US$ 11.5 billion (NYSE ADR)

Employees:
- ~ 27,000 globally

A Global Pharma Leader - One of the largest integrated pharmaceutical companies serving patients in 83 countries; over US$3.8 billion revenue / US$1 billion EBITDA in FY2025[1]

- Diverse capabilities across generics, biosimilars, specialty and novel medicines with direct presence/experience in 47 Emerging Markets.
- Consistent double-digit growth demonstrates execution excellence.
- Strategic partnerships with top pharma & biotech innovators including Merck, Amgen, Bayer, Sanofi, Junshi, and Nestlé.
- Actively involved in anti-PD-1 via its licensing of toripalimab and via collaboration to co-develop KEYTRUDA (pembrolizumab) biosimilar.[3,4,5]

Dr. Reddy's combines the scale of big pharma with the agility and access of an emerging-market leader, an ideal commercial partner for Eftilagimod Alfa in its licensed markets.

Sources: 1. Dr. Reddy's Q4 & Full Year Financial Results Reports and Investor Presentation – 9 May 2025; Dr. Reddy's Investor Presentation; IQVIA MIDAS. 2. Market capitalization in mid-February 2025. 3. Junshi Biosciences Announces Collaboration with Dr. Reddy's to Develop and Commercialize Toripalimab in 21 Countries – 7 May 2023. 4. Junshi Biosciences Announces Toripalimab's Approval in Australia – 17 January 2025. 5. Alvotech and Dr. Reddy's Enter into Collaboration to Co-Develop Biosimilar Candidate to Keytruda® (pembrolizumab) – 5 June 2025.

Key Terms of Agreement

Key aspects of licensing agreement[1]:

- Dr. Reddy's acquires exclusive license to commercialise Efti in all countries outside North America, Europe, Japan, and Greater China
- Immutep received USD $20 million upfront payment in Jan 2026 and has potential to receive USD $349.5 million in development, regulatory & commercial milestone payments, plus royalties on efti commercial sales
- Immutep retains efti's commercial rights in key pharmaceutical markets: North America, Europe, and Japan
- Immutep retains efti's global manufacturing rights, which it will supply to Dr. Reddy's in its licensed markets

Additional benefits:

- *Significant non-dilutive funding for Immutep prior to completion of TACTI-004 and provides material future upside in emerging markets as Efti advances commercially*
- *KEYTRUDA's ~5-10% sales in DRL territories[2] indicative of Efti's substantial potential on global basis*
- *Preserves flexibility for Immutep to pursue partnering & licensing opportunities in key pharmaceutical markets with global pharma partners*

1. Press Release of Dec. 08, 2025. 2.Sales estimate based on Globaldata, IQVIA MIDAS, and market analytics reports

Additional Oncology Indications

Efti's favorable safety profile & unique activation of immune system allows for multiple combinations in various cancers

- Metastatic Settings:
  - Head and Neck Cancer: Efti + Anti-PD-1
  - Breast Cancer: Efti + Chemotherapy
- Neoadjuvant Settings (Prior to Surgery):
  - Soft Tissue Sarcoma: Efti + Anti-PD-1 + Radiotherapy
  - Breast Cancer: Efti + Chemotherapy

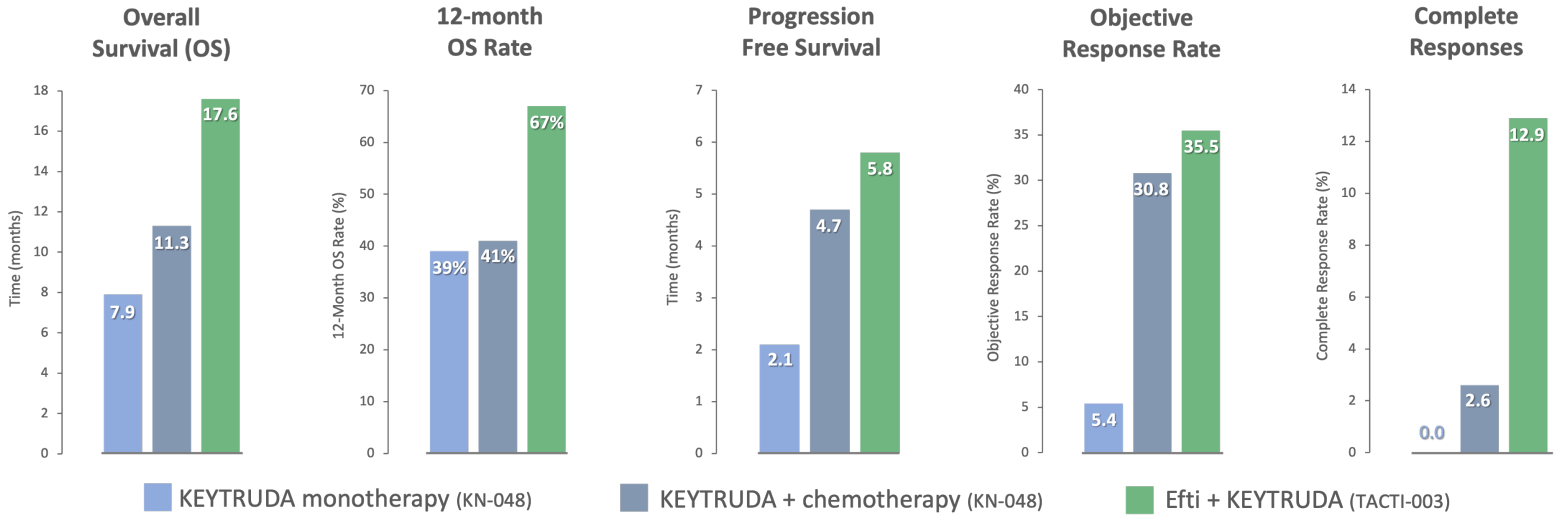
TACTI-003: Strong Chemo-Free Results in 1L HNSCC w/ CPS <1

TACTI-003 / KEYNOTE-C34 Cohort B Phase IIb: Overview & Trial Design

Overview	Screening	Treatment Phase	Follow Up
• Indication: 1L HNSCC • Status: Ongoing • Recruitment: Completed / 33 pts (31 eval) • Locations: Multi-center study across nine countries	• Recurrent/metastatic • PD-L1 below 1 (CPS <1) • ECOG 0-1 • Oral, oropharynx, hypopharynx, larynx	Efti + Pembrolizumab 30mg efti Q2W subcutaneous + 400 mg pembrolizumab Q6W intravenous	ORR, PFS, OS, PK, Biomarker, Tolerability, and Safety

In collaboration with MSD

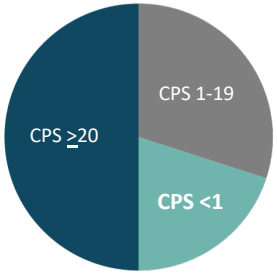
Benchmarking to Efti + KEYTRUDA to KEYTRUDA with/without chemo in PD-L1 expression below 1 (CPS <1)



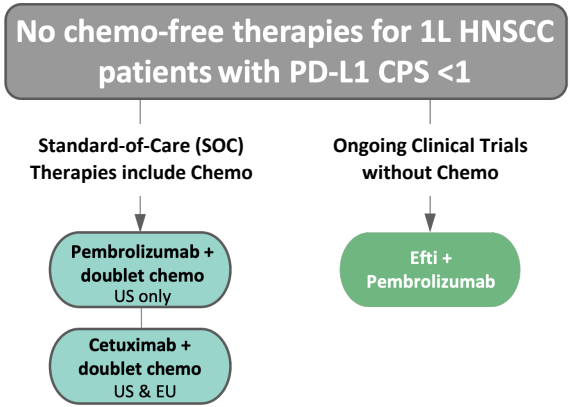
Comparison of data is from different clinical trials with pembrolizumab monotherapy and with chemotherapy from KN-048 trial (https://ascopubs.org/doi/10.1200/JCO.21.02198). Data according to RECIST 1.1.

Limited Competition in 1L HNSCC CPS <1: A Valuable Market

Head & Neck Cancer
$2.8 billion market[1]



CPS <1 represents up to 20% of 1L HNSCC market, valuing this patient segment at >$500 million



Efti + KEYTRUDA shows superior OS, PFS, and durability with less toxicity as compared to SOC therapies & generates high response rates.

Next Steps in 1L HNSCC CPS <1

In August 2025, Immutep announced positive FDA feedback on late-stage clinical development of efti in 1L HNSCC patients with CPS <1.

Potential paths for collaborative clinical development and accelerated approval in 1L HNSCC CPS <1 in light of FDA's Project FrontRunner include:

- ✓ A randomised trial evaluating efti and KEYTRUDA against standard-of-care therapy
- ✓ A single-arm study (e.g. 70-90 patients) with response rates and duration of response as key endpoints, followed by a confirmatory randomized study

1. Extracted from GlobalData in June 2024, 8 Major Markets: US, China, Japan, France, Germany, Italy, Spain, UK. 2. Gormley, M., Creaney, G., Schache, A. et al. Reviewing the epidemiology of head and neck cancer: definitions, trends and risk factors. Br Dent J (2022). https://doi.org/10.1038/s41415-022-5166-x. 3. Johnson, D.E., Burtness, B., Leemans, C.R. et al. Head and neck squamous cell carcinoma. Nat Rev Dis Primers 6, 92 (2020), https://doi.org/10.1038/s41572-020-00224-3. 4. Burtness, B. et al. Pembrolizumab alone or with chemotherapy versus cetuximab with chemotherapy for recurrent or metastatic squamous cell carcinoma of the head and neck (KEYNOTE-048): a randomised, open-label, phase 3 study The Lancet Volume 394, Issue 10212, P1915-1928, Nov 2019.

Primary Endpoint Met in Phase II Trial in Soft Tissue Sarcoma

EFTISARC-NEO Phase II: Overview & Trial Design

Overview	Screening	Treatment Phase	Surgery	Follow Up
• Indication: Soft Tissue Sarcoma • Status: Ongoing • Recruitment: Completed • Enrolled: 40 pts • Location: Poland's national reference centre	• Primary or locally recurrent STS • Grade 2 or 3; primary tumour size 5cm or locally recurrent of any size • Measurable disease (RECIST1.1)	Efti + Pembrolizumab + Radiotherapy • 30mg efti Q2W (W1, W3, W5, W7, W9) • 200 mg pembrolizumab Q3W (W1, W4, W7) • Radiotherapy (50 Gy) for 5 weeks between W2 & W7		Primary Endpoint: tumour hyalinization Secondary Endpoints: DFS, LRFS, DMFS, OS & Safety*

EFTISARC-NEO is an investigator-initiated Phase II trial conducted at Poland's national reference centre for sarcoma, the Maria Skłodowska-Curie National Research Institute of Oncology (MSCNRIO)

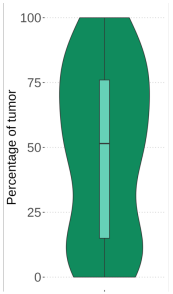
EFTISARC-NEO Phase II trial data led to oral presentations at ESMO 2025 and CTOS 2025

Neoadjuvant efti + KEYTRUDA + radiotherapy (RT) met primary endpoint with median 51.5% tumour hyalinization/fibrosis ($p<0.001$)[1] in resectable soft tissue sarcoma (STS)

Results over 3-fold higher than historical median 15% from standard-of-care RT[2]

Tumour hyalinization/fibrosis is associated with improved survival in patients with STS[3]

Primary Endpoint Met
Tumour Hyalinization/Fibrosis



Median 51.5%
IQR15.0-76.0

p<0.001*

Significant Immune Activation
Inline with Efti's Mode of Action

Serum Biomarker	Fold change (p-value)
CXCL9	**2.5x** (p<0.01)
CXCL10	**1.8x** (p<0.0001)
IL-23	**2.2x** (p<0.05)
IFN-γ	**2.5x** (p<0.05)

High levels of IFN-γ corelated with pathologic responses and destruction of tumour tissue

Source: ESMO Congress 2025 Proffered Paper Oral Presentation and CTOS 2025 Oral Presentation. 1. Compared to historical data and using statistical assumptions. 2. Historical data from RT alone (Schaefer M. et al. Int J Radiat Oncol Biol Phys 2017) as detailed in ESMO 2025 presentation. 3. Rao SR et al.. Extent of tumor fibrosis/hyalinization and infarction following neoadjuvant radiation therapy is associated with improved survival in patients with soft-tissue sarcoma. Cancer Med. 2022 Jan;11(1):194-206. doi: 10.1002/cam4.4428. Epub 2021 Nov 27

Trials Evaluating Efti in Early-Stage & Metastatic Breast Cancer

Early-stage Breast Cancer

GW Cancer Center

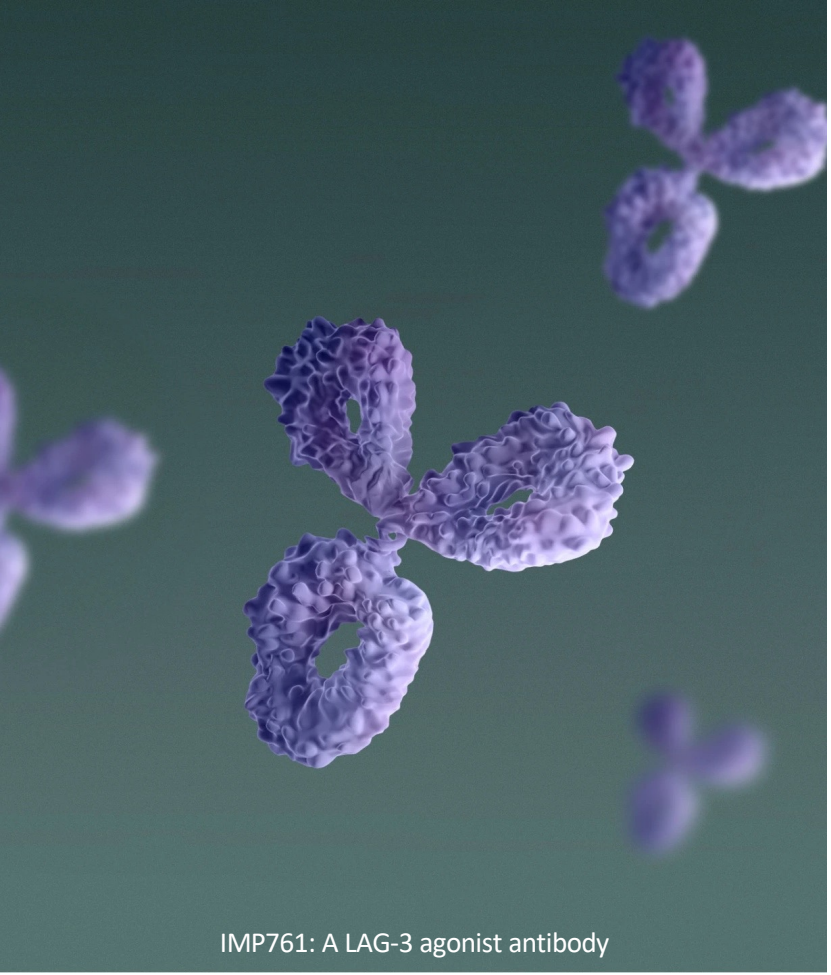
George Washington (GW) Cancer Center initiating Phase II evaluating neoadjuvant efti as monotherapy and with chemo prior to surgery in HR+/HER2-neg patients

- Study primarily funded by grants and GW Cancer Center
- Second investigator-initiated trial (IIT) to evaluate neoadjuvant efti in earlier stage disease where its unique activation of anti-cancer immune response may drive optimal benefit
- Neoadjuvant immuno-oncology increasingly validated setting, leveraging intact tumour to prime durable immune responses and treat potential micro-metastases early
- Neoadjuvant setting significantly increases the addressable patient population

Metastatic Breast Cancer

AIPAC-003 Phase II is evaluating efti in combination with chemo for metastatic HER2-neg/low breast cancer resistant to endocrine-based therapy (ET) and triple-negative breast cancer

- Immunotherapy-chemotherapy combination of eftilagimod alfa (efti) and paclitaxel led to strong response rates and immune activation in heavily pretreated metastatic breast cancer patients
  - Strong ORR / DCR of 41.9% / 87.1% (30 mg efti) and 48.5% / 78.8% (90 mg efti), respectively, in evaluable population (N=64)
  - Substantial increases in immune activation biomarkers including ALC and IFN-γ, consistent with efti's MOA
- Study led to selection of optimal biological dose of 30mg for efti while addressing underserved patient population



IMP761: A LAG-3 agonist antibody

Autoimmune Diseases

IMP761:

First-in-class immunotherapy is a LAG-3 agonist antibody designed to target the root cause of many autoimmune disorders

Targeting Autoimmune Diseases with a LAG-3 Checkpoint Agonist

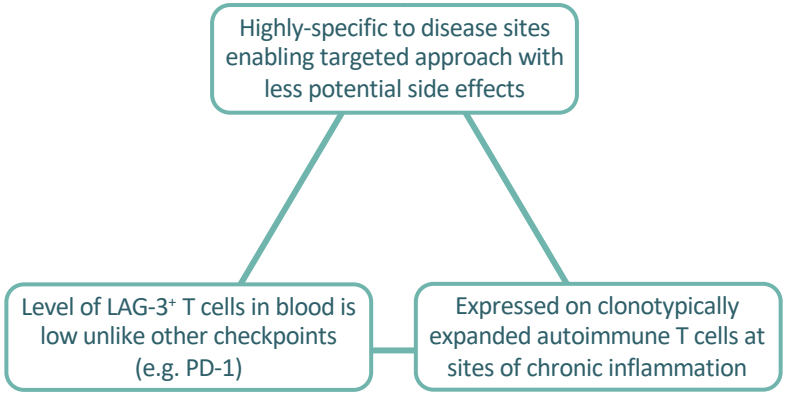
New paradigm to treat the cause - as opposed to the symptoms - of autoimmune disorders

*"Findings further support the potential clinical benefits of a **LAG-3 agonist** in the treatment of human autoimmunity"*[1]

*"**LAG-3 agonism** could be a potential target for future treatment in rheumatoid arthritis"*[2]

*"Manipulation of the **LAG-3 pathway** can serve as a promising therapeutic strategy"*[3]

Unique advantages of LAG-3 allow for a more tissue-targeted approach using an agonist antibody to treat autoimmune diseases



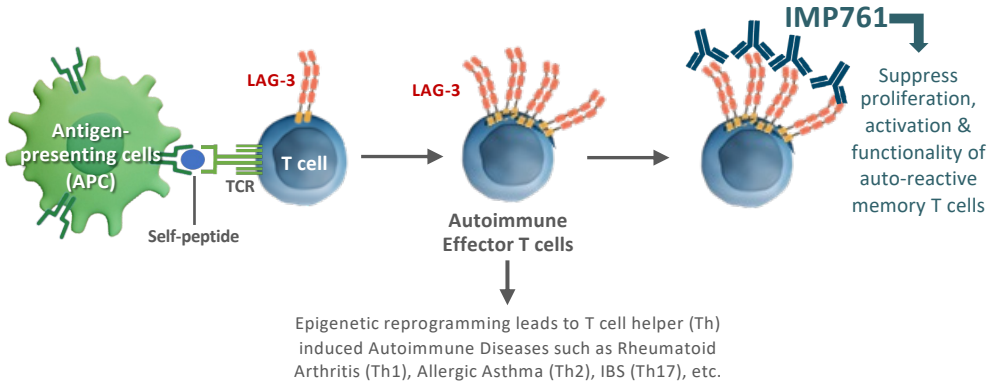
1. Britta E. Jones, Megan D. Maerz, Henry T. Bahnson, Ashwin Somasundaram, Lucas H. McCarthy, Cate Speake, Jane H. Buckner; Fewer LAG-3+ T Cells in Relapsing-Remitting Multiple Sclerosis and Type 1 Diabetes. J Immunol 1 February 2022; 208 (3): 594–602. https://doi.org/10.4049/jimmunol.2100850. 2. Pedersen, J.M., Hansen, A.S., Skejø, C. et al. Lymphocyte activation gene 3 is increased and affects cytokine production in rheumatoid arthritis. Arthritis Res Ther 25, 97 (2023). https://doi.org/10.1186/s13075-023-03073-z. 3. Zhou, X., Gu, Y., Wang, H. et al. From bench to bedside: targeting lymphocyte activation gene 3 as a therapeutic strategy for autoimmune diseases. Inflamm. Res. 72, 1215–1235 (2023). https://doi.org/10.1007/s00011-023-01742-y

IMP761: First-in-Class LAG-3 Agonist a Potential Game-Changer

IMP761 increases "brake" function of the LAG-3 immune checkpoint and its natural down-regulation of auto-reactive memory T cells, which represent the root cause of many disorders.

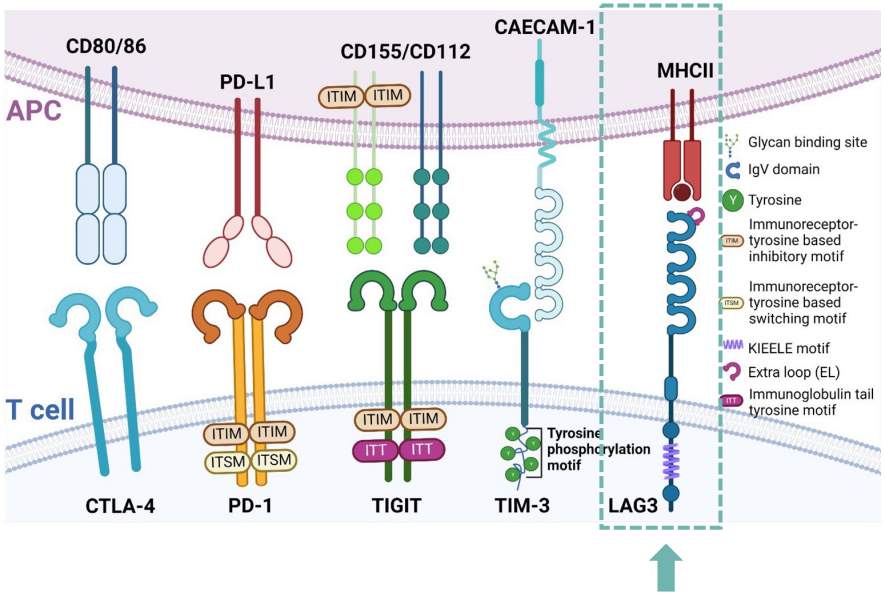
As a LAG-3 agonist, IMP761 may treat many autoimmune diseases including:

- ✓ *Rheumatoid arthritis: market size est. $29.6 billion**
- ✓ *Type 1 diabetes: market size est. $9.9 billion**
- ✓ *Multiple sclerosis: market size est. $32.9 billion**



Market estimates sourced from GlobalData: rheumatoid arthritis market estimate of ~$29.6 billion in 8MM countries in 2029, Type 1 diabetes market estimate of ~$9.9 billion in 7MM countries in 2033, multiple sclerosis market estimate of ~$32.9 billion in 7MM countries in 2028

IMP761: Strong Inhibition of TCR Signalling & T Cell Activation



Unique LAG-3 signalling pathway with no tyrosine-based ITIM motif

- Unlike 100+ inhibitory receptors including PD-1, LAG-3 has no tyrosine-based ITIM motif in its cytoplasmic domain[1]
- Inhibitory motifs unique to LAG-3 explain in part clear & rapid inhibition of T cell receptor (TCR) signalling induced by IMP761 in preclinical studies[2]
- IMP761 strongly blocks T cell activation via TCR in preclinical studies and has shown encouraging T cell suppression in a Phase I trial

1. ITIM motif (S/I/V/LxYxxI/V/L). 2. Three unique inhibitory motifs (KIEELE, repeated EP, FXXL). Lui, Y., Davis, S.J. LAG-3: a very singular immune checkpoint. Nat Immunol 19, 1278–1279 (2018) https://doi.org/10.1038/s41590-018-0257-1. N Jantz-Naem et al, Front. Oncol., 17 February 2023, Sec. Cancer Metabolism, Vol 13 -https://doi.org/10.3389/fonc.2023.1060112. Maeda, Takeo K. et al. Atypical motifs in the cytoplasmic region of the inhibitory immune co-receptor LAG-3 inhibit T cell activation Journal of Biological Chemistry, April 2019, Volume 294, Issue 15, 6017 - 6026

First-in-Human Phase I Trial of IMP761

World-class research institute, CHDR, conducting first-in-human study

Overview / Key Milestones:

- Placebo-controlled, double-blind Phase I in healthy volunteers
- Single ascending dose portion of study has successfully completed 0.9, 2.5, 7 mg / kg levels[1]
- Substantial reduction in T cell activity highlights the potential efficacy of IMP761 in treating autoimmune diseases[1]
- Update anticipated in 1H CY2026 including presentation of data at a major medical conference

Single Ascending Dose (SAD): Healthy volunteers

Part A: Cohort 1-SAD-A : 3 Subjects 0.0075 mg/kg + 2 placebo COMPLETED	FIH Microdosing	Single IV	
Part B: Cohort 2-SAD-B : 0.03 mg/kg + 1 placebo Cohort 3-SAD-B : 0.1 mg/kg + 1 placebo Cohort 4-SAD-B : 0.3 mg/kg + 2 placebo Cohort 5-SAD-B : 0.9 mg/kg + 2 placebo Cohort 6-SAD-B : 2.5 mg/kg + 2 placebo Cohort 7-SAD-B : 7.0 mg/kg + 2 placebo COMPLETED	**3x KLH immunization**, Delayed Type Hypersensitivity (DTH)	PK/PD	Single IV

Multiple Ascending Dose (MAD): Healthy volunteers

Part C: Cohort 9-MAD-C : X mg/kg + 2 placebo Cohort 10-MAD-C : Y mg/kg + 2 placebo	PK	Multiple (Q4W) IV

CHDR
Centre for Human Drug Research

Centre for Human Drug Research (CHDR) in Leiden, the Netherlands, offers a unique Keyhole Limpet Hemocyanin (KLH) challenge model allowing for evaluation of IMP761's pharmacological activity

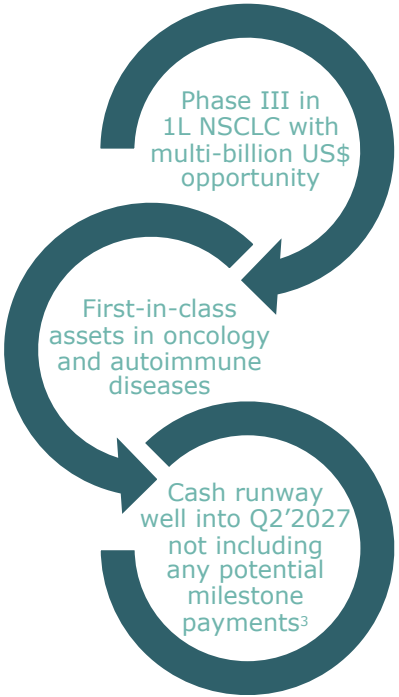
1. December 2025 - Immutep Announces Positive Update from Phase I Study of IMP761, a First-in-Class LAG-3 Agonist Antibody for Autoimmune Diseases

Upcoming Milestones

- **Non-Small Cell Lung Cancer:**
  - ❑ TACTI-004 futility analysis in Q1 CY2026
  - ❑ TACTI-004 completion of patient enrolment Q3 CY2026
  - ❑ Interim analysis (event driven, PFS) end of CY2026 through mid-2027
- **Soft Tissue Sarcoma** – Update from EFTISARC-NEO Phase II including initial data on the trial's survival-related endpoints
- **Head and Neck Squamous Cell Carcinoma** – Ongoing evaluation of potential options for collaborative clinical development & paths for accelerated approval in 1L HNSCC CPS <1
- **Early-Stage Breast Cancer** – Initiation of the new IIT Phase II evaluating neoadjuvant efti
- **Autoimmune Diseases:**
  - ❑ Updates are anticipated in 1H CY2026 and beyond
  - ❑ Potential presentation of IMP761 data at a major medical conference
- **Additional Updates** from ongoing clinical trials, partnered programs, and potential expansion of clinical trial pipeline

Timelines are indicative and subject to change.

Summary



- **Immutep is a leader in immunotherapy with substantial opportunity in both oncology & autoimmune disease**
- **Efti is the only immunotherapy that activates the immune system via MHC Class II pathway and has significant potential to redefine cancer treatment landscape**
  - ✓ Potential to change the treatment paradigm in 1L NSCLC, one of largest commercial markets in oncology expected to reach US$48 billion in drug sales with >50% from immunotherapy in 2031[1]
  - ✓ Expands responders and enhances efficacy when combined with anti-PD-(L)1 therapy (e.g. KEYTRUDA), and safety profile plus easy subcutaneous delivery key attributes in current & future anti-PD-(L)1 therapy treatment landscape
  - ✓ Well-positioned in terms of CMC, clinical development, regulatory interactions, and IP
- **IMP761, the world's first LAG-3 agonist antibody, is a potential game-changer in treatment of autoimmune diseases**
  - ✓ Encouraging safety/efficacy in Phase 1; may treat large indications (e.g. rheumatoid arthritis, T1D, multiple sclerosis)
- **Multiple collaborations with large pharma and academia globally**
- **Strong IP portfolio; 12+ years of potential exclusivity for efti/IMP761 as biologics[2]**
- **Cash & cash equivalents of ~A$129 million provide runway well into Q2 CY2027, not including any potential milestone payments from Dr. Reddy's agreement[3]**

1. Nature Reviews Drug Discovery 22, 264-265 (23 Jan 2023) doi: https://doi.org/10.1038/d41573-023-00017-9. 2. Biologics Price Competition and Innovation Act (BPCIA). 3. Cash, cash equivalent and term deposit position of A$99.1 million as at 31 December 2025. Receipt of ~A$30 million upfront payment subsequent to quarter's end leading to a pro-forma balance of A$129.3 million, which extends Immutep's cash reach well into Q2 CY2027, not including any potential milestone payments from the Dr. Reddy's agreement.

Thank You

immutep
Empowering the Immune System