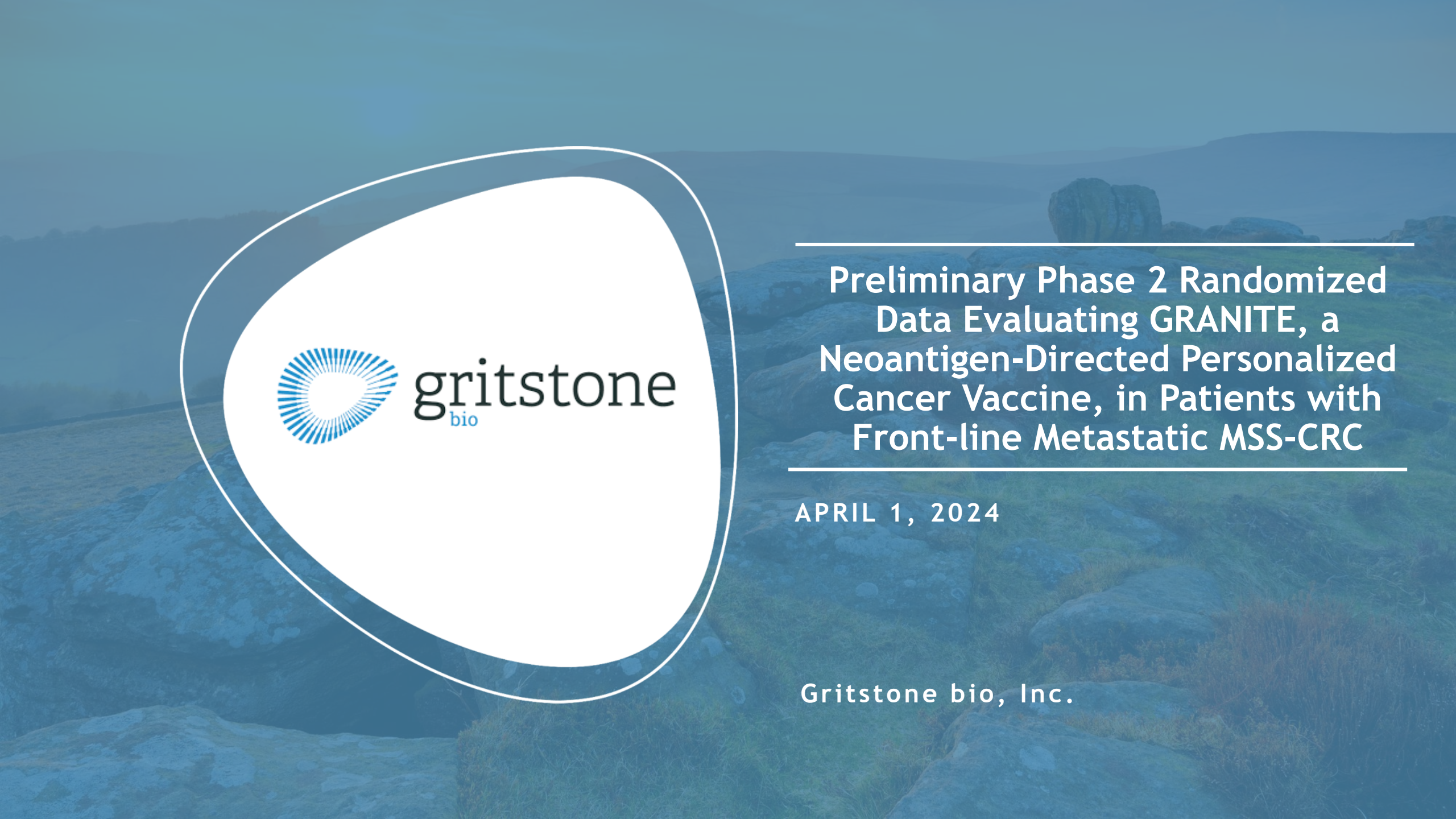

Preliminary Phase 2 Randomized Data Evaluating GRANITE, a Neoantigen-Directed Personalized Cancer Vaccine, in Patients with Front-line Metastatic MSS-CRC

APRIL 1, 2024

Gritstone bio, Inc.

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This presentation concerns drugs that are under clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration. They are currently limited by Federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated. Certain data in this presentation are based on third-party study or cross-study comparisons and are not based on any head-to-head clinical trials. Cross-study or third-party comparisons are inherently limited and may suggest misleading similarities and differences. The values shown in the cross-study or third-party comparisons are directional and may not be directly comparable.

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OVERVIEW: Phase 2 Preliminary Results

Multiple positive signals support driving GRANITE forward toward Phase 3; PFS is viable primary endpoint

	DATA SIGNAL	DATA UTILITY
Progression-free survival (clinical endpoint)		
Early trend in all patients favors GRANITE (HR 0.82) but immature dataset (>60% censoring; 2° endpoint)	POSITIVE	HIGH
Exploratory analysis in hi-risk patients (mature dataset) shows strong treatment effect (HR 0.52)	POSITIVE	MEDIUM
ctDNA (biomarker)		
Short-term ctDNA response (primary endpoint) not informative due to confounding persistent chemo effect	NEGATIVE	LOW
Long-term ctDNA trends favor GRANITE and associate with PFS as expected	POSITIVE	MEDIUM
Patient Population		
Typical metastatic CRC population studied: ~50% $KRAS^{mut}$ and ~75% liver metastases with good balance between arms at randomization	POSITIVE	HIGH

Overview

COLORECTAL CANCER OVERVIEW

GRANITE: A PERSONALIZED NEOANTIGEN-DIRECTED IMMUNOTHERAPY

PHASE 1/2 GRANITE DATA IN REFRACTORY COLORECTAL CANCER (CRC)

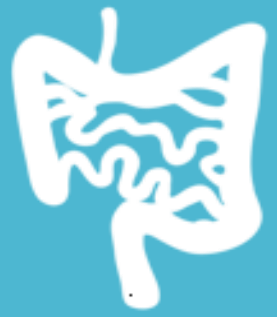
PHASE 2/3 STUDY DESIGN IN FRONT-LINE METASTATIC MSS-CRC (GO-010)

PATIENT DISPOSITION, BASELINE DEMOGRAPHICS AND DISEASE CHARACTERISTICS

PHASE 2 EFFICACY, BIOMARKER, AND SAFETY DATA TO DATE

NEXT STEPS

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]

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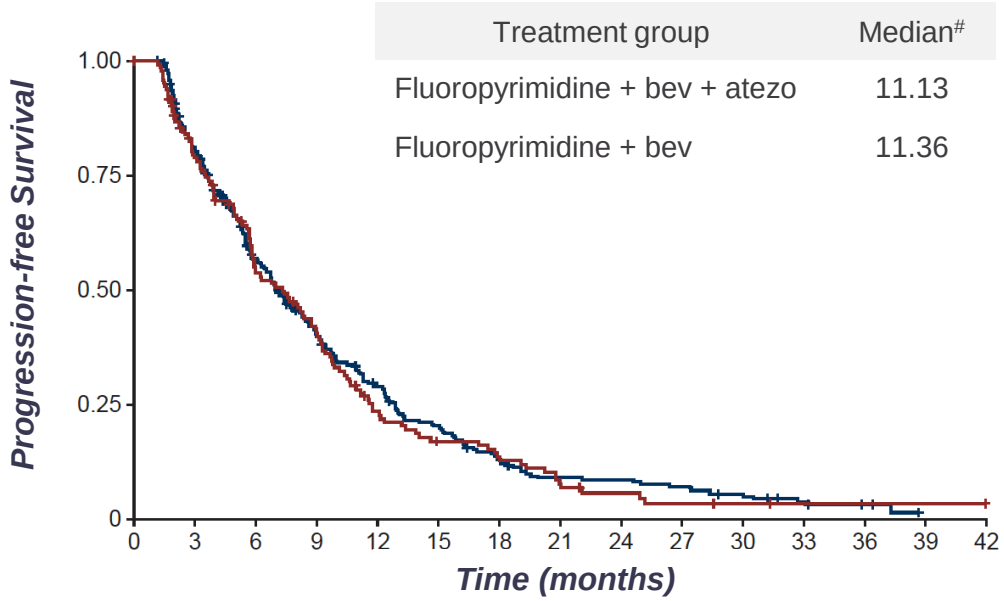
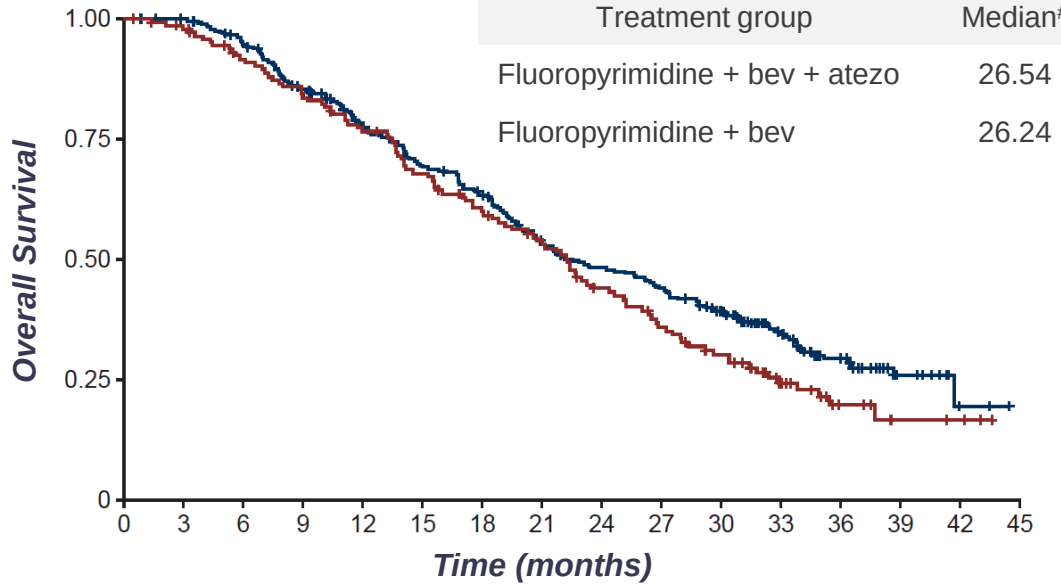
[1]Colorectal cancer statistics per American Cancer Society 2023 Estimates; [2]Xi et al Translational Oncology (2021)

Immunotherapy with anti-PD-L1 mAb Does Not Improve Patient Outcomes when Added to 1L Chemotherapy in MSS-CRC

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



Treatment group	Median#
Fluoropyrimidine + bev + atezo	26.54
Fluoropyrimidine + bev	26.24

 # 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

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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

Low PD-L1

MSS-CRC Tumor cells

anti-PD(L)-1 mAb

Little to no immune response

1 EDGE™

Tumor-specific neoantigens selected

2 Prime

Chimpanzee Adenovirus

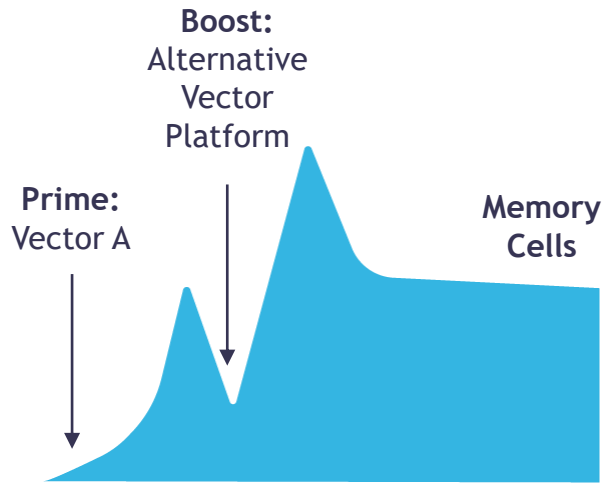
3 Boost

Self-amplifying mRNA

Heterologous Prime-boost

De novo Cytolytic CD8+ T cells

Neoantigens delivered via synergistic vectors to enhance potency and durability



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ctDNA: A Powerful and Versatile Tool in Oncology Drug Development

Circulating tumor DNA (ctDNA) assessment has broad clinical utility across cancer types

PATIENT STRATIFICATION

FDA U.S. FOOD & DRUG ADMINISTRATION

Use of Circulating Tumor DNA for Early-Stage Solid Tumor Drug Development
Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to https://www.regulations.gov. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact Julia Beaver (OCE) at 240-402-0489.

U.S. Department of Health and Human Services
Food and Drug Administration
Oncology Center of Excellence (OCE)
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

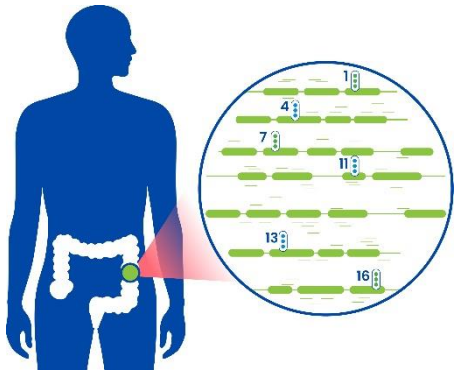
May 2022
Clinical/Medical

> ctDNA may be used to detect a certain targetable alteration, to enrich a high- or low-risk population for study in a trial, to reflect a patient's response to treatment, or potentially as an early marker of efficacy.

BASELINE ctDNA

Highly Prognostic

THERAPEUTIC MONITORING



> ctDNA response is particularly informative to understand the complexity of stable disease on imaging…and accurately detect the magnitude of therapeutic response,
>
> - Valsamo "Elsa" Anagnostou, M.D., Ph.D.[1]

INCREASE in ctDNA

DECREASE in ctDNA

Disease Progression

Disease Regression

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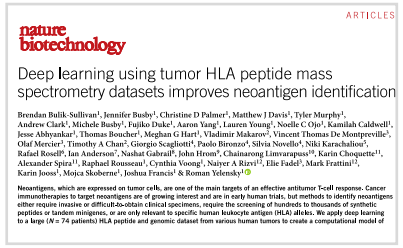
[1]*Johns Hopkins press release announcing Anagnostou et. al Nature Medicine 2023 publication*

GRANITE: Phase 1/2 Data Showed GRANITE Delivered Against its Original Therapeutic Hypothesis

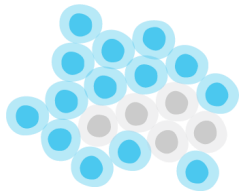
Vaccine-induced neoantigen-specific cytotoxic T cells kill tumor cells and appeared to prolong OS

Volume 28 Issue 8,
August 2022



Volume 36 Issue 37,
December 2018

Cold tumor

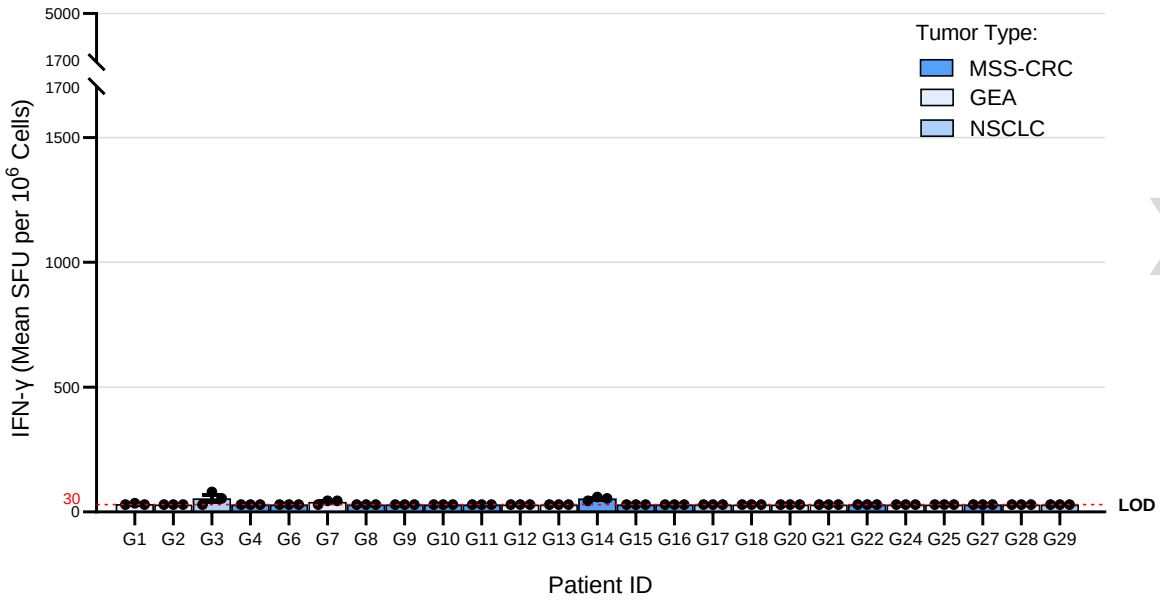


Immune infiltrated tumor

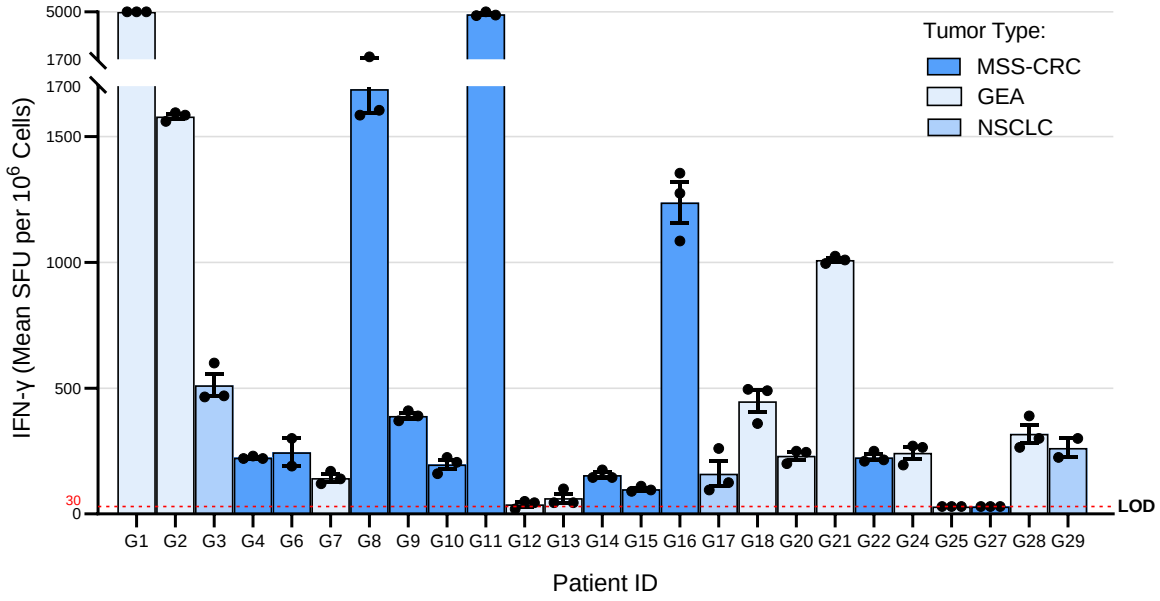
GRANITE Generates Neoantigen-Specific T Cells in the Majority of Patients

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

Baseline



Peak Response Post-GRANITE[1]

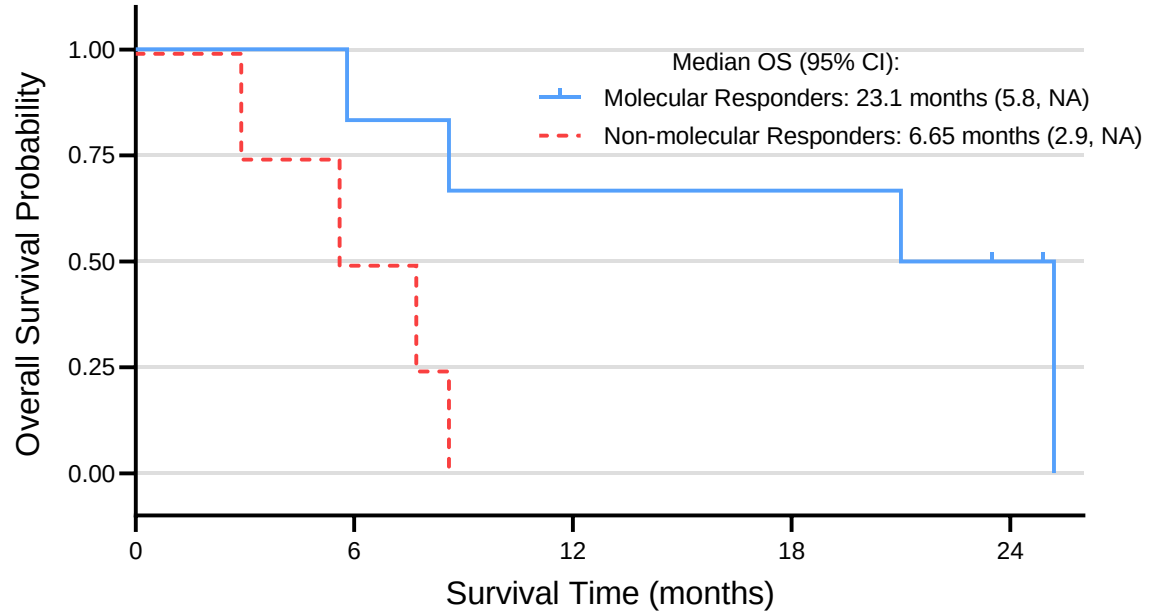


[1] *G5, G19, G23, G26: no samples available; CD8+ T cells as measured by ex vivo ELISpot represent peak responses post-GRANITE treatment*

GRANITE Extended Survival in Molecular Responders

Results from Phase 1/2 study in late-line solid tumors; median OS among molecular responders > 22 months

Overall Survival from MSS-CRC cohort of GRANITE Phase 1/2



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

13 MSS-CRC patients treated; 3 patients were not available for analysis of ctDNA changes; 6 of 10 were molecular responders; Molecular responders defined as patients with ≥30% reduction in ctDNA

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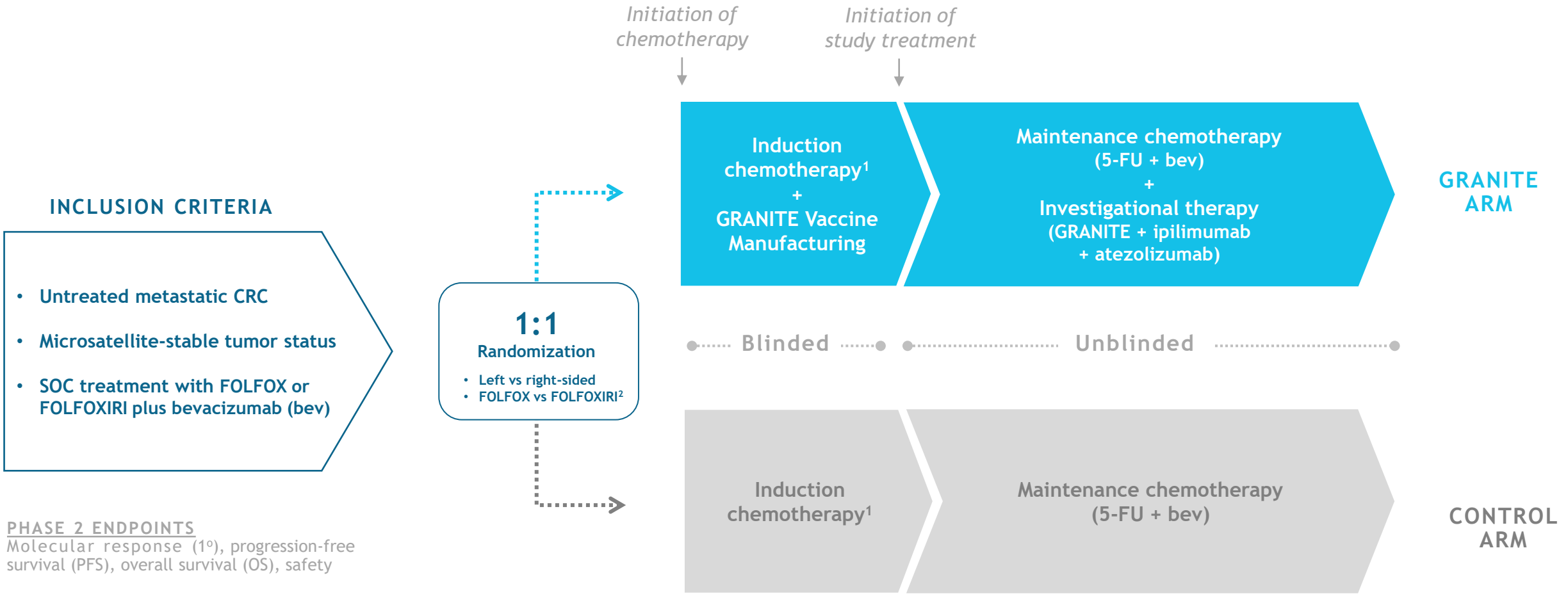
Data on file and Palmer et al Nature Medicine 2022

Data cut: 06 March 2023

Preliminary Efficacy and Safety Data

Phase 2 Study of GRANITE in Front-line Treatment of Metastatic MSS-CRC

GRANITE: Registrational Phase 2/3 Study in Front-line MSS-CRC



PHASE 2 ENDPOINTS
Molecular response (1º), progression-free survival (PFS), overall survival (OS), safety

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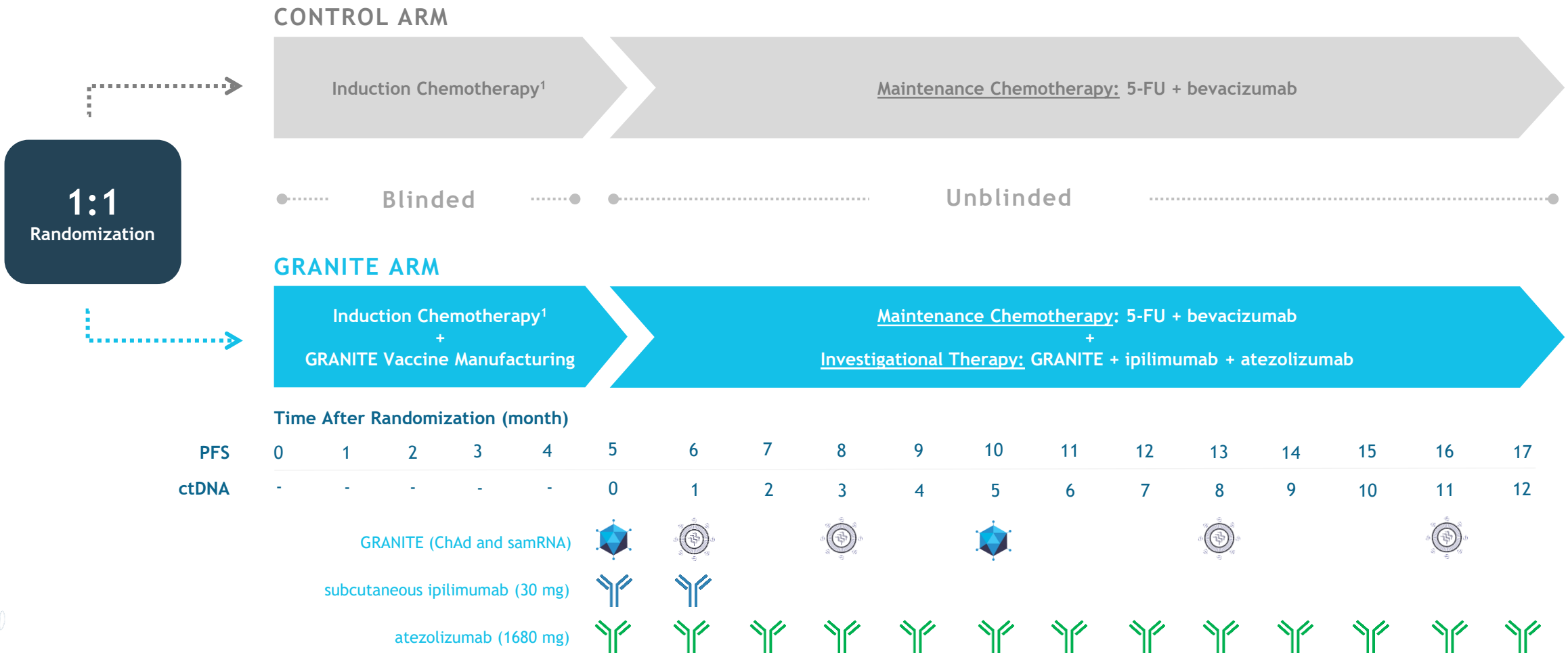
[1] *Standard of Care: Front-line FOLFOX or FOLFOXIRI + bevacizumab*
[2] *Study initially stratified by KRAS status, but updated when protocol eligibility amended to allow patients initiating FOLFOXIRI*

GRANITE: Registrational Phase 2/3 Study in Front-line MSS-CRC



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

69% of GRANITE Recipients Remain on Study vs 50% of Controls

104 Randomized (ITT analysis set)

247 screened (signed vaccine mfg ICF)
171 met the eligibility criteria for vaccine mfg
108 passed neoantigen prediction

Manufacturing

Vaccine arm
51 Randomized
- 4 PD before study treatment
- 4 withdrew consent
- 3 other/not reported

Control arm
53 Randomized
- 3 PD before study treatment
- 1 death
- 6 withdrew consent
- 4 other/not reported

Blinded
Unblinded

Vaccine arm
40 Study treatment eligible
- 1 pt discontinued

Control arm
39 Study treatment eligible
- 8 pts discontinued
- 2 pts did not meet eligibility
- 1 pt pending study treatment

Reason Patient Signed Study Treatment Consent But Did Not Start Study Treatment	Count
Withdrew Consent or pt preference to discontinue chemotherapy (control arm)	8
Ablation surgery & Investigator decision (vaccine arm)	1

Study Treatment

Vaccine arm
39 Started study treatment
12 End of treatment
- 9 pts had radiological PD
- 2 with clinical PD
- 1 pt non-compliant

Control arm
28 Started study treatment
14 End of treatment
- 11 pts had radiologic PD
- 2 with clinical PD
- 1 not reported (pt had PD)

67 Treated analysis set

Mfg = manufacturing; ITT = intent to treat; PD = progressive disease

Data cut: 08 Mar 2024

GO-010 Phase 2 Demographics: Vaccine and Control Arms are Well Balanced

Demographics	Statistics	GRANITE ARM (N=51) N (%)	CONTROL ARM (N=53) N (%)
Age at screening (years)	*Mean (SD)*	*58.1 (11.73)*	*59.7 (11.66)*
<65		35 (68.6)	35 (66.0)
>=65 to <75		10 (19.6)	14 (26.4)
>=75 to <85		6 (11.8)	4 (7.5)
Sex at birth			
Male		32 (62.7)	29 (54.7)
Female		19 (37.3)	24 (45.3)
Ethnicity			
Hispanic or Latino		6 (11.8)	6 (11.3)
Not Hispanic or Latino		41 (80.4)	43 (81.1)
Baseline ECOG PS			
0		30 (58.8)	34 (64.2)
1		21 (41.2)	18 (34.0)

The number of patients may not equal the total due to missing data; ECOG = Eastern Cooperative Oncology Group; PS = Performance Status

Data cut: 08 Mar 2024

GO-010 Phase 2 Colorectal Cancer Characteristics: Patients are Well Balanced for Multiple Prognostic Features (1 of 2)

Characteristics	Statistics	GRANITE ARM (N=51) N (%)	CONTROL ARM (N=53) N (%)
Sidedness			
Right-side		21 (41.2)	20 (37.7)
Left-side		30 (58.8)	33 (62.3)
KRAS status			
Wild Type		23 (45.1)	31 (58.5)
Mutant		26 (51.0)	20 (37.7)
Time to 1st study treatment from metastatic disease diagnosis date (months)			
	n	39	28
	Mean (SD)	7.6 (3.1)	8.0 (3.4)
Stage at Study Entry			
Stage IVA (1 site of metastasis)		24 (47.1)	24 (45.3)
Stage IVB (2 sites of metastasis)		15 (29.4)	15 (28.3)
Stage IVC (peritoneal metastasis)		12 (23.5)	12 (22.6)

The number of patients may not equal the total due to missing data

Data cut: 08 Mar 2024

GO-010 Phase 2 Colorectal Cancer Characteristics: Patients are Well Balanced for Multiple Prognostic Features (2 of 2)

Characteristics	Statistics	GRANITE ARM (N=51) N (%)	CONTROL ARM (N=53) N (%)
Presence of Liver Disease			
Yes		40 (78.4)	39 (73.6)
No		11 (21.6)	14 (26.4)
Number of Metastatic Sites			
1		26 (51.0)	24 (45.3)
2		17 (33.3)	22 (41.5)
≥ 3		7 (14)	7 (14)
Time on Oxaliplatin (weeks)			
	Mean (SD)	22.3 (8.21)	24.9 (11.06)
	Median (Q1, Q3)	22 (17, 25)	24 (18.3, 28.1)
1st Line Chemotherapy Type			
Doublet		39 (76.5)	38 (71.7)
Triplet		10 (19.6)	10 (18.9)
Tumor Mutation Burden (mutations/MB)			
	Mean (SD)	2.9 (1.64)	4.2 (5.97)
	Median (Q1, Q3)	2.7 (1.90, 3.30)	3.2 (2.55, 3.95)

The number of patients may not equal the total due to missing data

Data cut: 08 Mar 2024

GO-010 Phase 2 Colorectal Cancer Characteristics: Patients who Received Study Treatment are Well Balanced for Multiple Prognostic Features

Characteristics	Statistics	GRANITE ARM (N=39) N (%)	CONTROL ARM (N=28) N (%)
Sidedness			
Right-side		14 (35.9)	13 (46.4)
Left-side		25 (64.1)	15 (53.6)
KRAS Status			
Wild Type		18 (46.2)	15 (53.6)
Mutant		19 (48.7)	12 (42.9)
Missing		2 (5.1)	1 (3.6)
Presence of Liver Disease			
Yes		32 (82.1)	20 (71.4)
No		7 (17.9)	8 (28.6)
Stage at Study Entry			
Stage IVA (1 site of metastasis)		19 (48.7)	13 (46.4)
Stage IVB (2 sites of metastasis)		11 (28.2)	8 (28.6)
Stage IVC (peritoneal metastasis)		9 (23.1)	7 (25.0)

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Data cut: 08 Mar 2024

GO-010 Phase 2: Gritstone Successfully Manufactured Vaccine for All Patients

100% Vaccine Manufacturing Success

Gritstone completed manufacturing for 100% of patients who advanced to study treatment stage (GRANITE Arm)

51
Patients randomized

39
Entered STS

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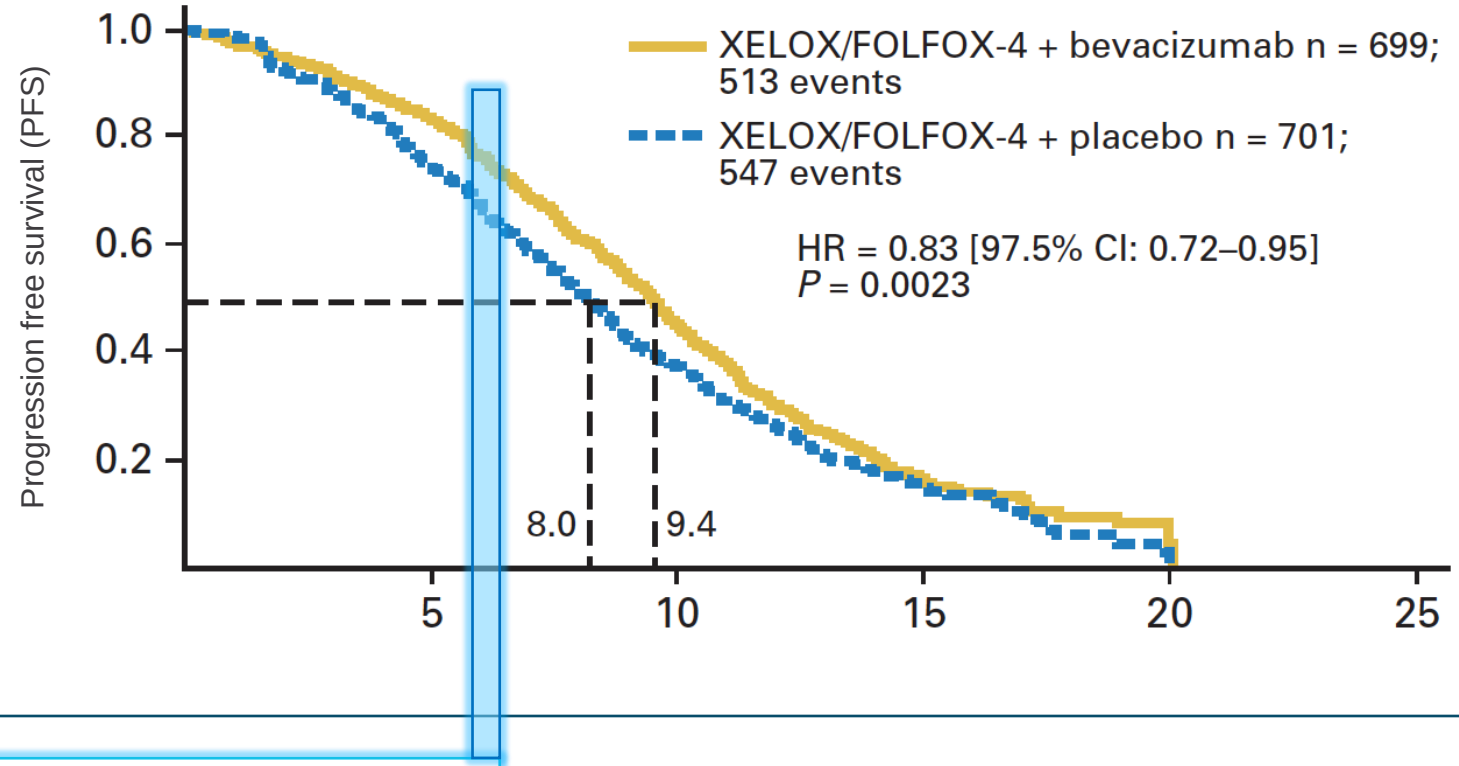
Median PFS in 1st line Metastatic CRC is ~10mo

Phase 3 study of FOLFOX+/- bev in 1st line metastatic CRC

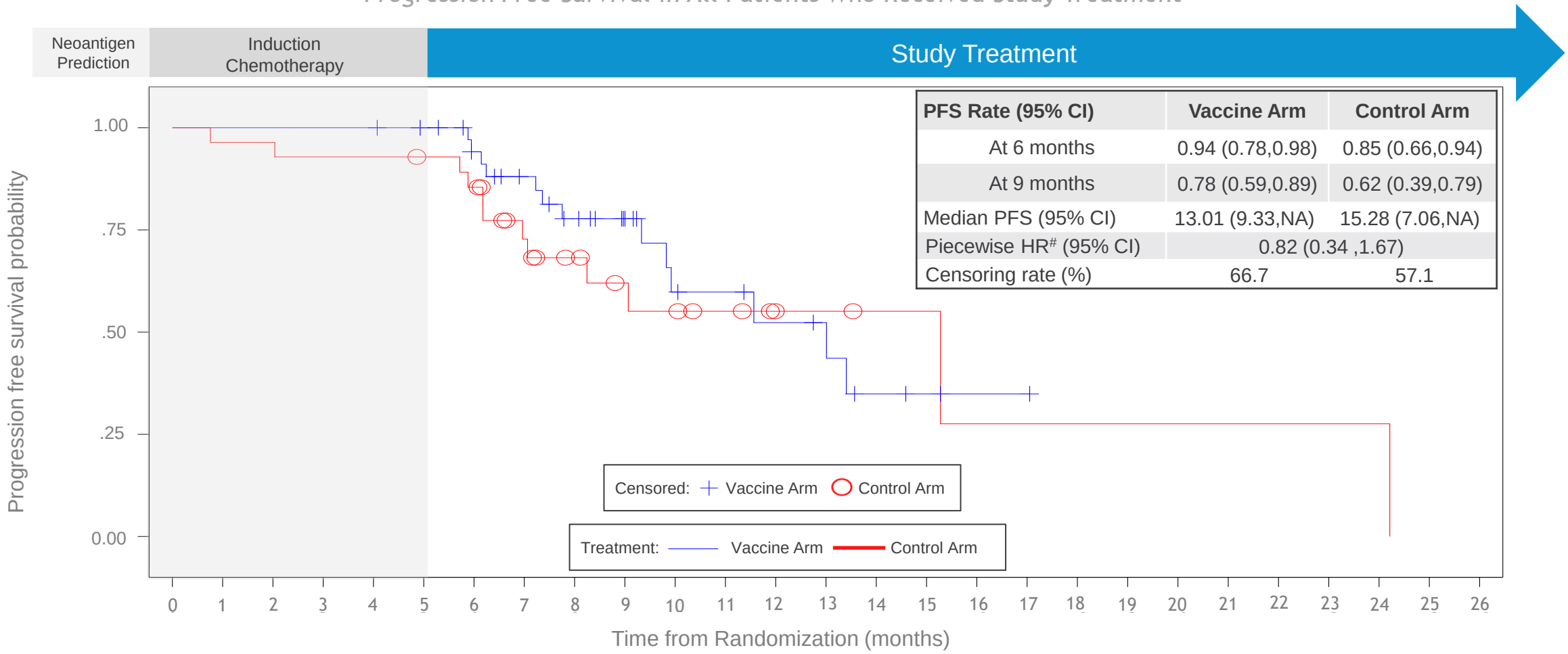


Median follow up for PFS in this study is ~6 months, well short of the expected median PFS

Saltz et al. 2008

Early PFS Trend in All Patients Favors GRANITE Recipients

Progression Free Survival in All Patients Who Received Study Treatment



PFS Rate (95% CI)	Vaccine Arm	Control Arm
At 6 months	0.94 (0.78,0.98)	0.85 (0.66,0.94)
At 9 months	0.78 (0.59,0.89)	0.62 (0.39,0.79)
Median PFS (95% CI)	13.01 (9.33,NA)	15.28 (7.06,NA)
Piecewise HR# (95% CI)	0.82 (0.34 ,1.67)	
Censoring rate (%)	66.7	57.1

Number at Risk

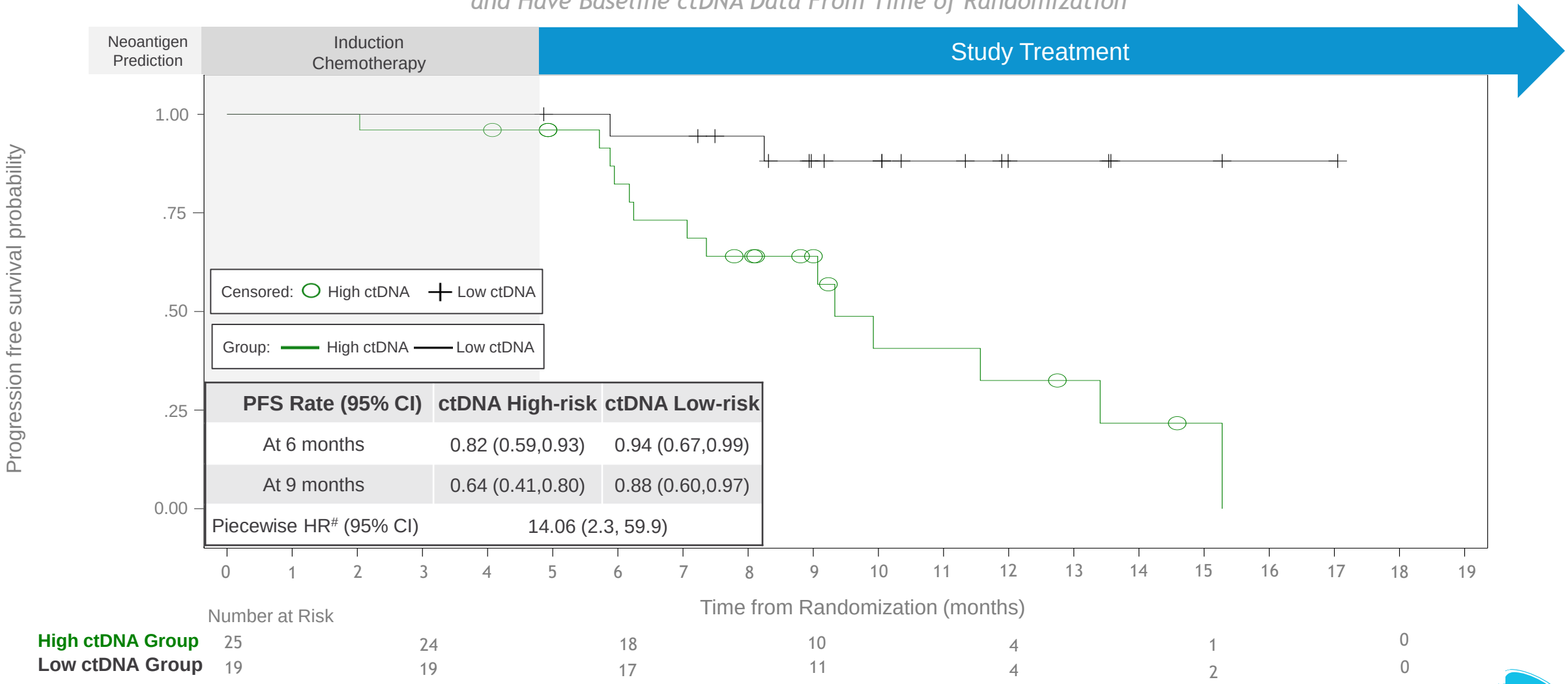
Vaccine Arm	39	39	31	16	7	2	0	0	0
Control Arm	28	26	23	9	3	2	1	1	1

Data cut: 08 Mar 2024

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

Baseline ctDNA is Prognostic and Enables Identification of High-Risk Group (mean VAF >2%[1,2]) in Which Progression Events Occur Faster

Progression Free Survival in All Patients (independent of therapy) who Received Study Treatment and Have Baseline ctDNA Data From Time of Randomization

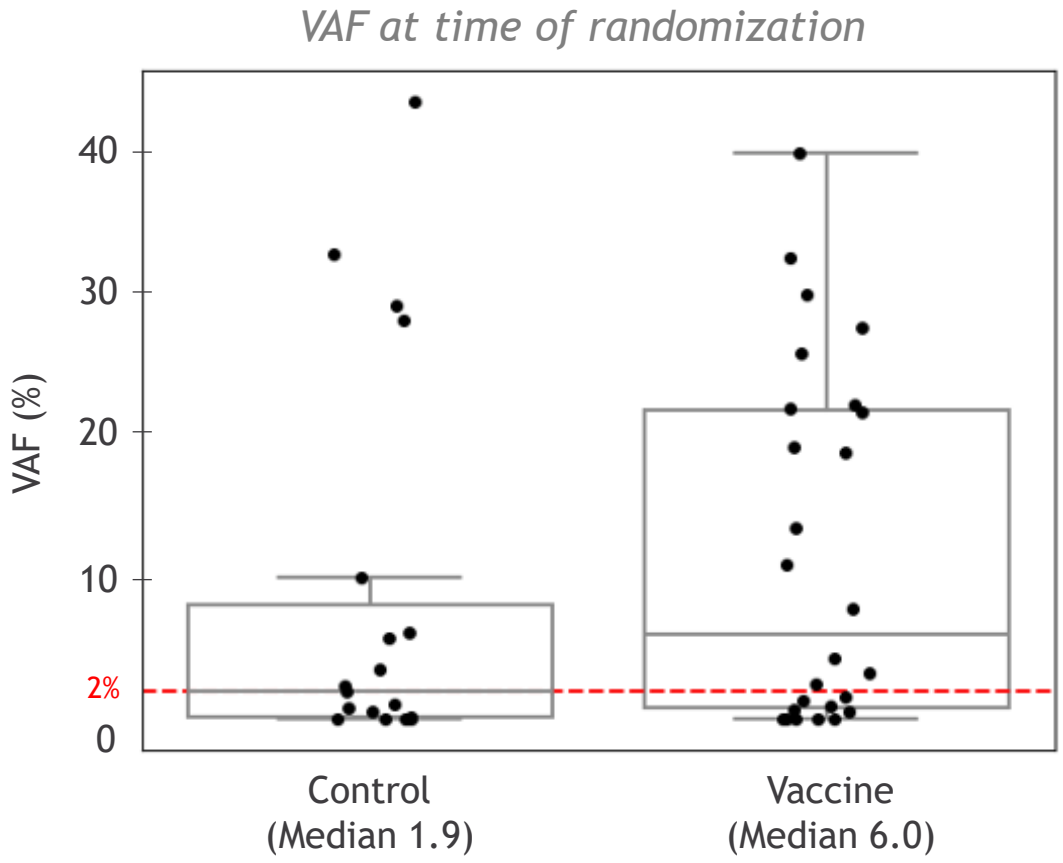


 # calculated using Piecewise Cox- PH model for the following periods: 0 <= t <= 6 month and t > 6 months post-randomization

1. Yi et al. Signal Transduction and Targeted Therapy 2021; 2. Reichert et al. Annals of Oncology 2023; VAF = variant allele frequency

Data cut: 08 Mar 2024

The 2% VAF Threshold Evenly Separates Trial Patients into High and Low Groups



	GRANITE	Control
ctDNA High (25)	16	9
ctDNA Low (19)	10	9

1. Yi et al. Signal Transduction and Targeted Therapy 2021; 2. Reichert et al. Annals of Oncology 2023; VAF = variant allele frequency

Data cut: 12 Mar 2024

GO-010 Phase 2: Patients in ctDNA High Group are Well Balanced for Multiple Prognostic Features

Demographics/Characteristics	Statistics	GRANITE ARM (N=16) N (%)	CONTROL ARM (N=9) N (%)
Age at screening (years)	*Mean (SD)*	*55.8 (11.55)*	*56.1 (10.26)*
Baseline ECOG PS			
0		10 (62.5)	6 (66.7)
1		6 (37.5)	3 (33.3)
Sidedness			
Right-side		4 (25.0)	3 (33.3)
Left-side		12 (75.0)	6 (66.7)
1st Line Chemotherapy Type			
Doublet		13 (81)	8 (89)
Triplet		3 (19)	1 (11)
KRAS Status			
Wild Type		9 (56.3)	4 (44.4)
Mutant		7 (43.8)	4 (44.4)
Presence of Liver Disease			
Yes		14 (87.5)	9 (100)
No		2 (12.5)	0

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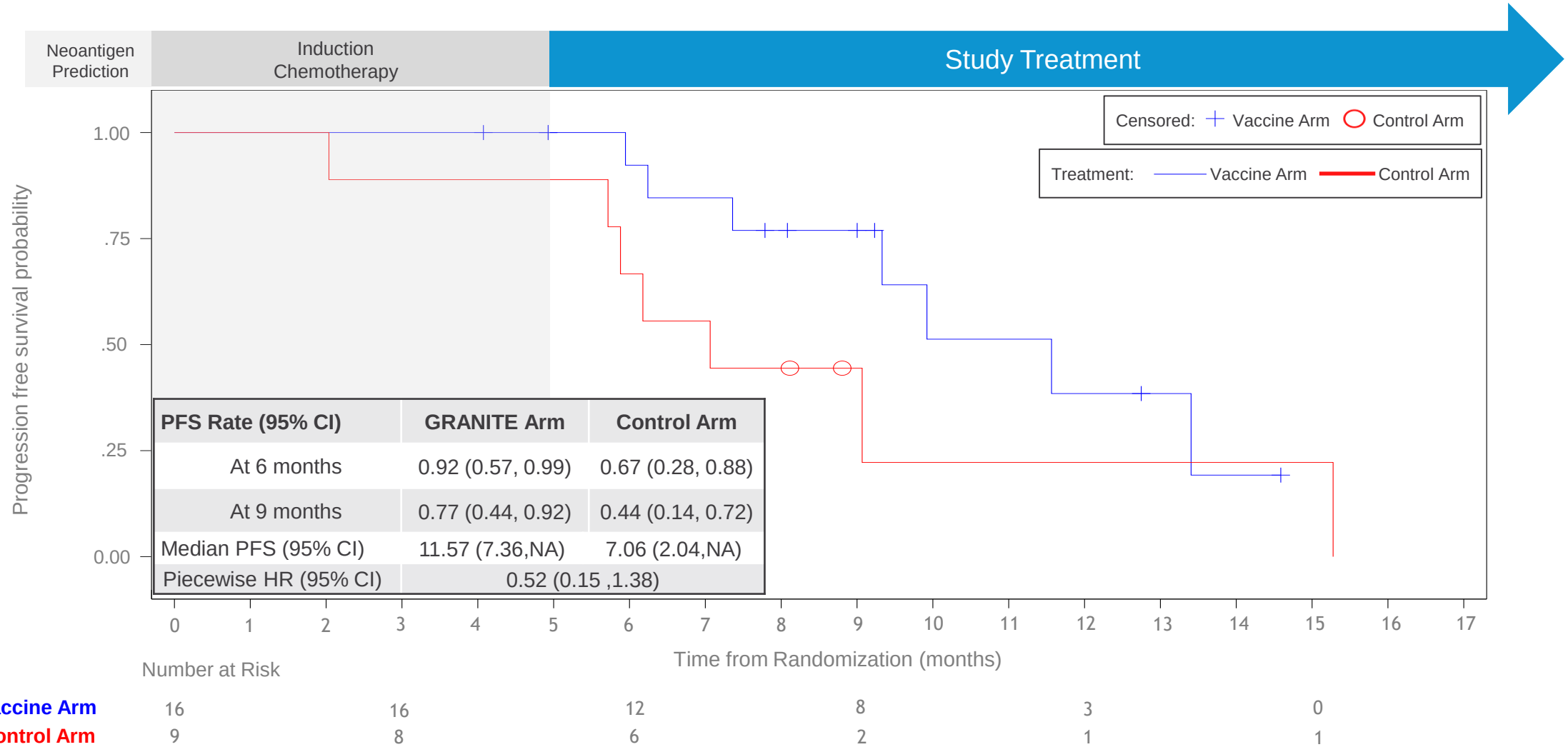
The number of patients may not equal the total due to missing data

Data cut: 12 Mar 2024

GRANITE Extends PFS in High-Risk Group* With Median PFS 12 vs 7mo and Hazard Ratio#=0.52

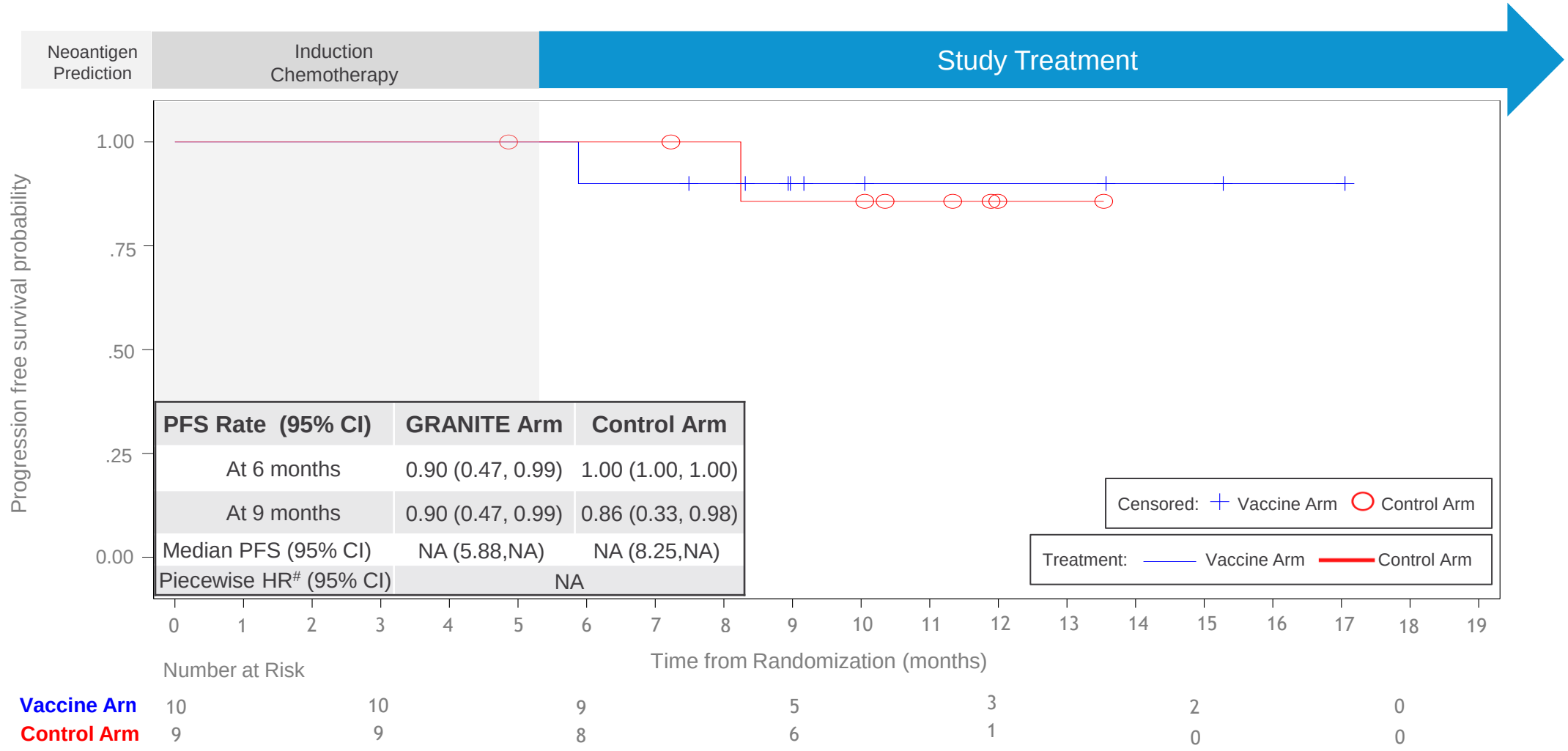


PFS Rate (95% CI)	GRANITE Arm	Control Arm
At 6 months	0.92 (0.57, 0.99)	0.67 (0.28, 0.88)
At 9 months	0.77 (0.44, 0.92)	0.44 (0.14, 0.72)
Median PFS (95% CI)	11.57 (7.36,NA)	7.06 (2.04,NA)
Piecewise HR (95% CI)	0.52 (0.15 ,1.38)	

** High-risk group is ctDNA evaluable patients (ctDNA samples before and after study treatment) with mean VAF >2% at time of randomization; All pts had liver mets except 2 in vaccine arm (1 of which had PD)*
 # HR calculated using Piecewise Cox- PH model for the following periods: 0 <= t <= 6 month and t > 6 months post-randomization
Note: Patients without baseline ctDNA data at study enrollment are excluded

Data cut: 08 Mar 2024

Very Few Events in Low-Risk Group* – PFS Not Currently Evaluable



PFS Rate (95% CI)	GRANITE Arm	Control Arm
At 6 months	0.90 (0.47, 0.99)	1.00 (1.00, 1.00)
At 9 months	0.90 (0.47, 0.99)	0.86 (0.33, 0.98)
Median PFS (95% CI)	NA (5.88,NA)	NA (8.25,NA)
Piecewise HR# (95% CI)	NA	

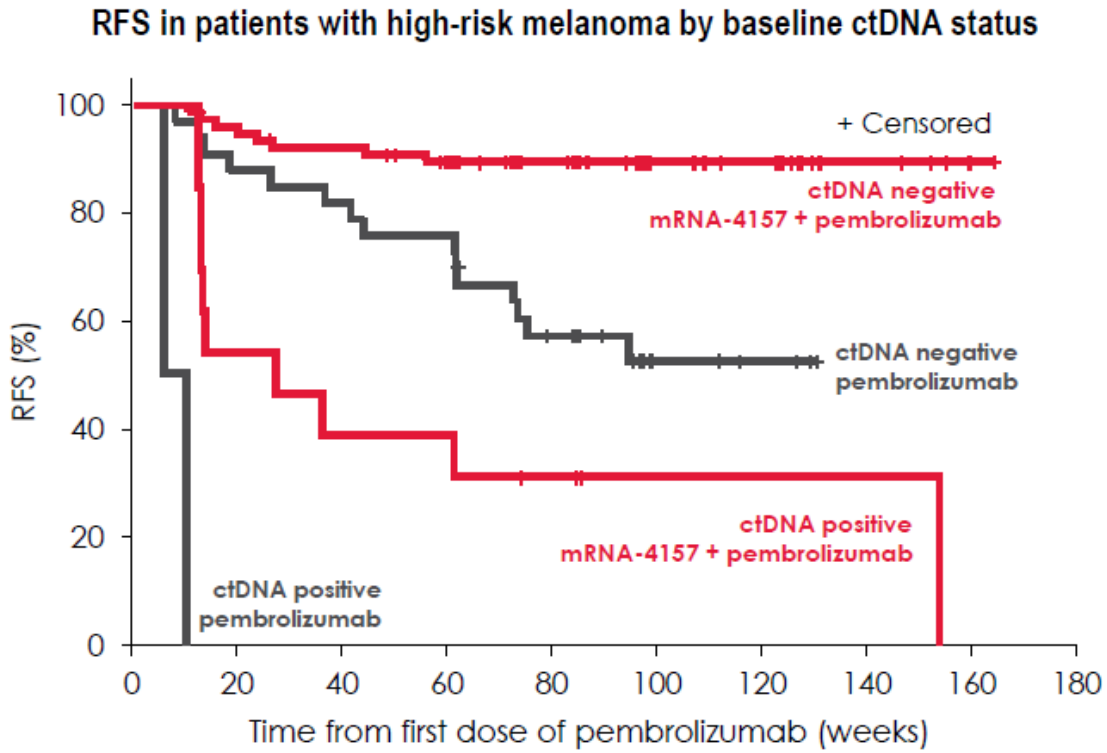
Low risk group ctDNA evaluable patients (ctDNA samples before and after study treatment) with mean VAF ≤ 2% at time of randomization

Note: Patients with no baseline ctDNA data at study enrollment are excluded

Data cut: 08 Mar 2024

Published Data from Moderna Show Emergence of Neoantigen Vaccine Benefit Quickly in ctDNA^{hi} Patients and More Slowly in ctDNA^{lo} Patients

Moderna's personalized cancer vaccine studied in high-risk resected melanoma patients



Number at risk

ctDNA negative mRNA-4157 + pembrolizumab	77	72	69	57	38	18	15	6	1
ctDNA negative pembrolizumab	33	29	27	25	17	6	4	0	0
ctDNA positive mRNA-4157 + pembrolizumab	13	7	5	5	3	1	1	1	0
ctDNA positive pembrolizumab	2	0	0	0	0	0	0	0	0

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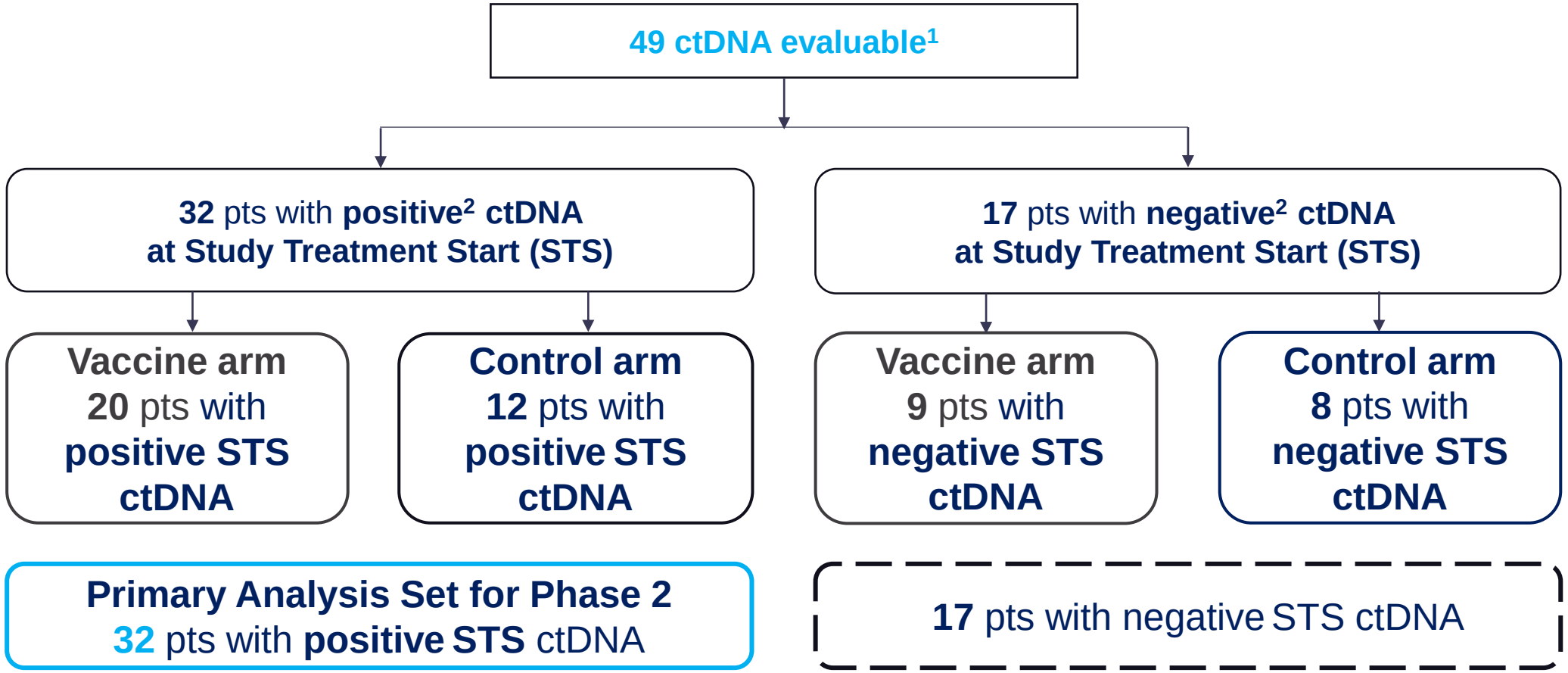
Weber et al. ESMO 2023

CONSORT Diagram for ctDNA Evaluable Patients



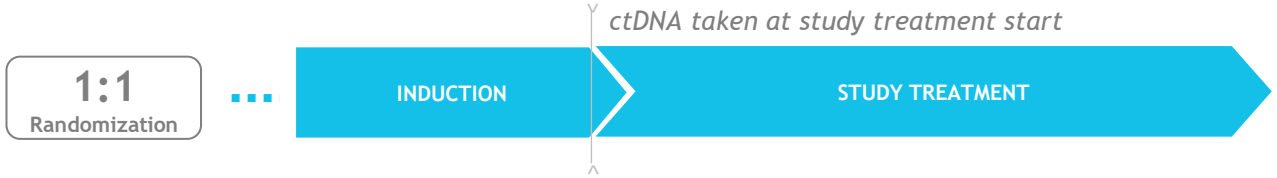
[1] *ctDNA evaluable analysis set = patients who received at least 1 study treatment and have mean VAF data from study treatment start (STS) and at least one post-STS datapoint*

[2] *ctDNA > 0.001% (limit of blank of the assay) is positive; ctDNA <= 0.001% is negative*

Data cut: 12 Mar 2024

Molecular Response Rate, Defined Per Protocol, Similar in Both Arms

ctDNA Positive Patients at Study Treatment Start (STS)		
	Vaccine Arm	**Control Arm**
Number of patients	20	12
Median STS ctDNA: VAF (Q1, Q3)	0.5 (0.3, 1.9)	2.1 (0.5, 8.7)
Patients with molecular response[1], n	**6**	**5**
Molecular response rate (%)	30.0	41.7
Patients with any reduction in ctDNA	9	7



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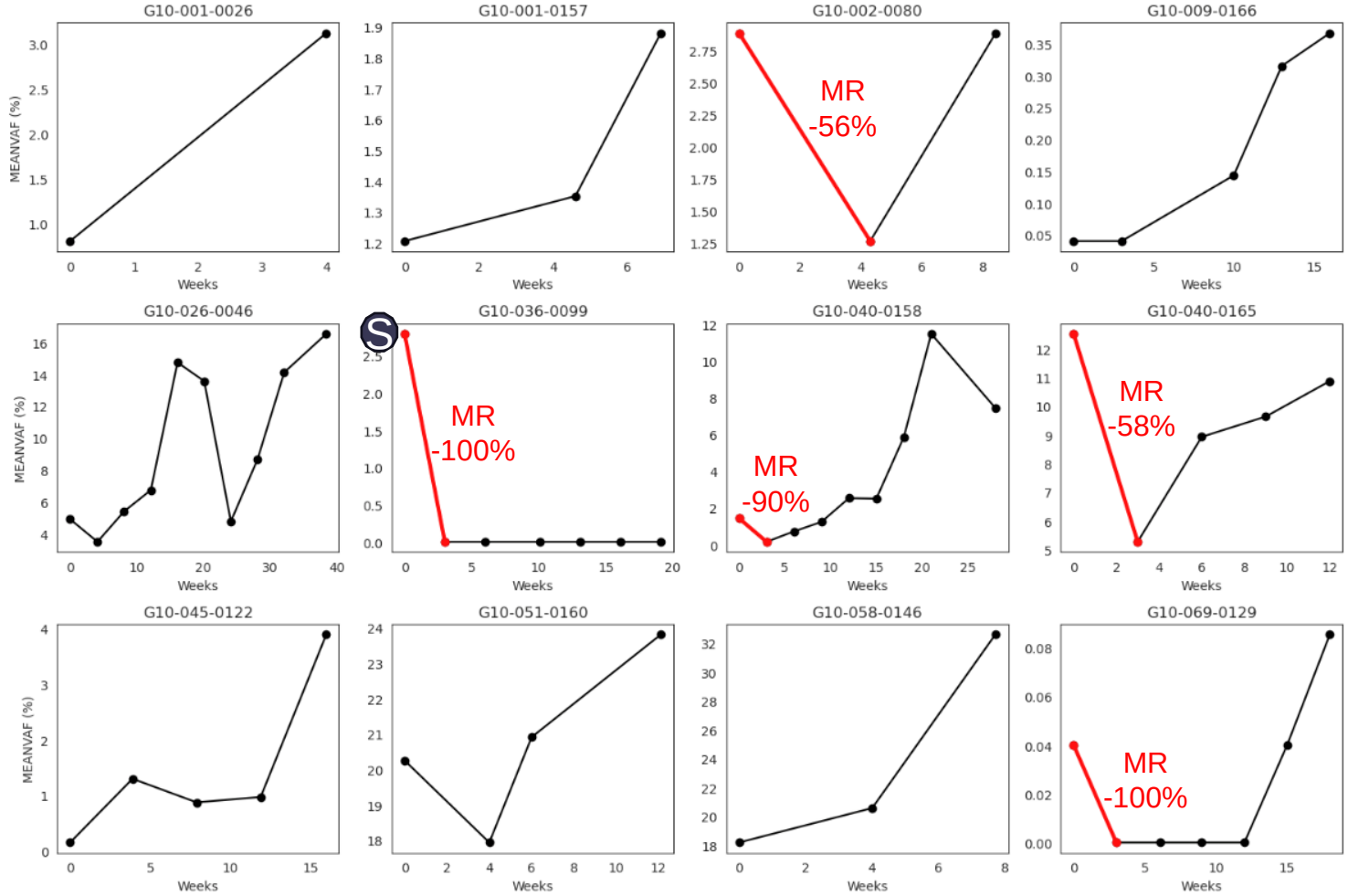
[1]*For patients with positive STS ctDNA, molecular response is defined as a ≥30% reduction at any point post-treatment start*

Data cut: 12 Mar 2024

Some Control Patients Exhibit Unexpectedly Persistent ctDNA Drop Beyond Induction Chemotherapy, Confounding Molecular Response Analysis

Longitudinal ctDNA measured by mean VAF in all control patients that are ctDNA positive at STS



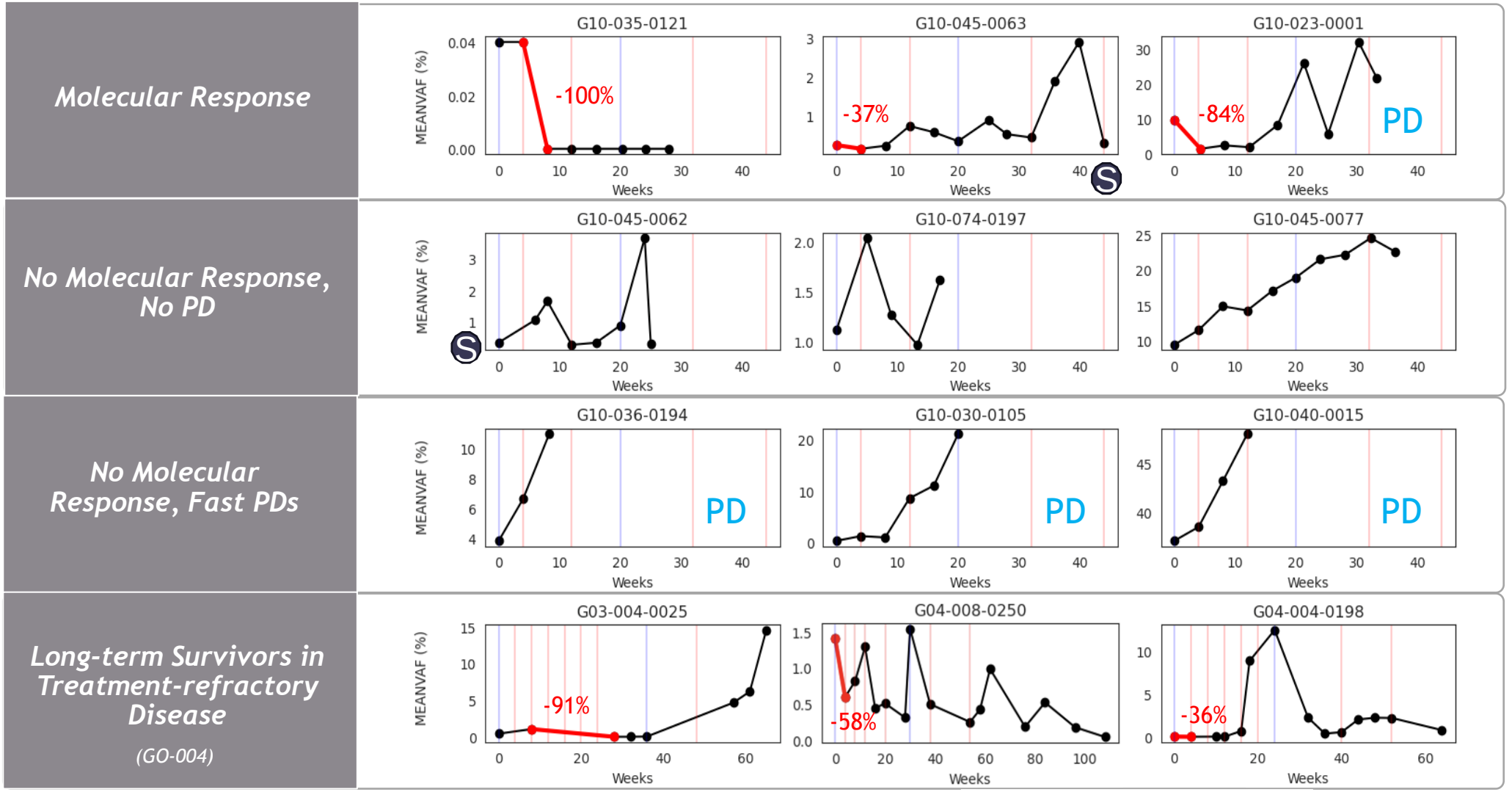
MR = molecular response (≥30% reduction in mean VAF from study treatment start); VAF = variant allele frequency

STS = study treatment start

Data cut: 12 Mar 2024

Several Patterns of ctDNA Response Over Time Observed with GRANITE

Longitudinal ctDNA measured by mean VAF in GRANITE patients that are ctDNA positive at STS



Plotting is not uniform across the Y axis throughout; X axis different on bottom figure; percentages represent change from study treatment start to first timepoint achieving molecular response.

STS = study treatment start; PD = progressive disease

Clinical data cut: 08 Mar 2024
ctDNA data cut: 12 Mar 2024
GO-004 data cut: 06 Mar 2023

Majority of GRANITE Recipients With High Baseline ctDNA Have Seen Levels Drop and Remain Progression Free, Unlike Controls

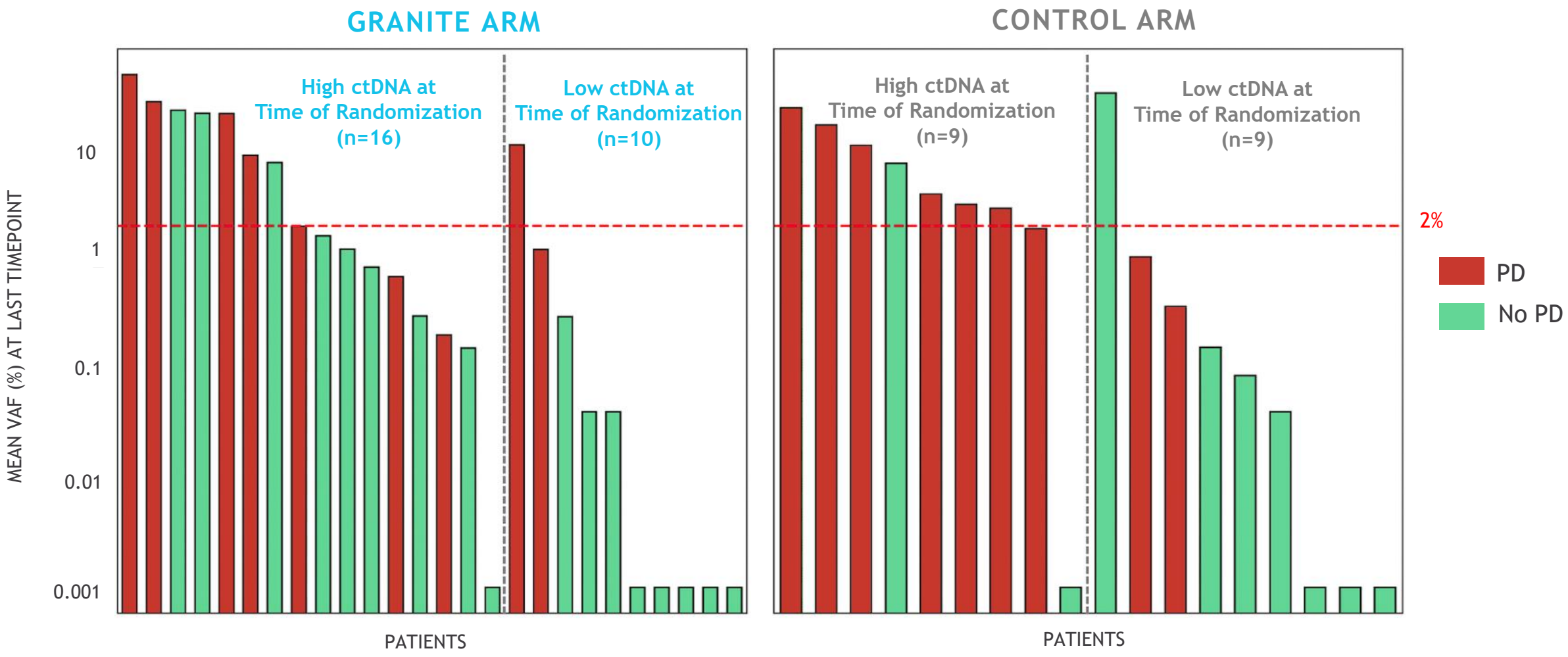
VAF threshold of 2% at baseline; change in VAF from baseline to last timepoint (schema below)

Baseline (at time of randomization)[1]	ctDNA ≤2% at Last Timepoint		Patients with PD	
	GRANITE	*Control*	*GRANITE*	*Control*
High ctDNA	**9 / 16 (56%)**	**2 / 9 (22%)**	**7 / 16 (44%)**	**7 / 9 (78%)**
Low ctDNA	9 / 10 (90%)	8 / 9 (89%)	2 / 10 (20%)[2]	2 / 9 (22%)[3]

[1]Baseline ctDNA taken at time of randomization; [2]one of the two GRANITE patients with low ctDNA at baseline had clinical progression that was not confirmed radiologically; [3]one of the two Control patients with low ctDNA at baseline had clinical progression that was not confirmed radiologically.

Clinical data cut: 08 Mar 2024
ctDNA data cut: 12 Mar 2024

Long-term ctDNA Trends Correspond with PFS and Favor GRANITE



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ctDNA <= 0.001% is negative

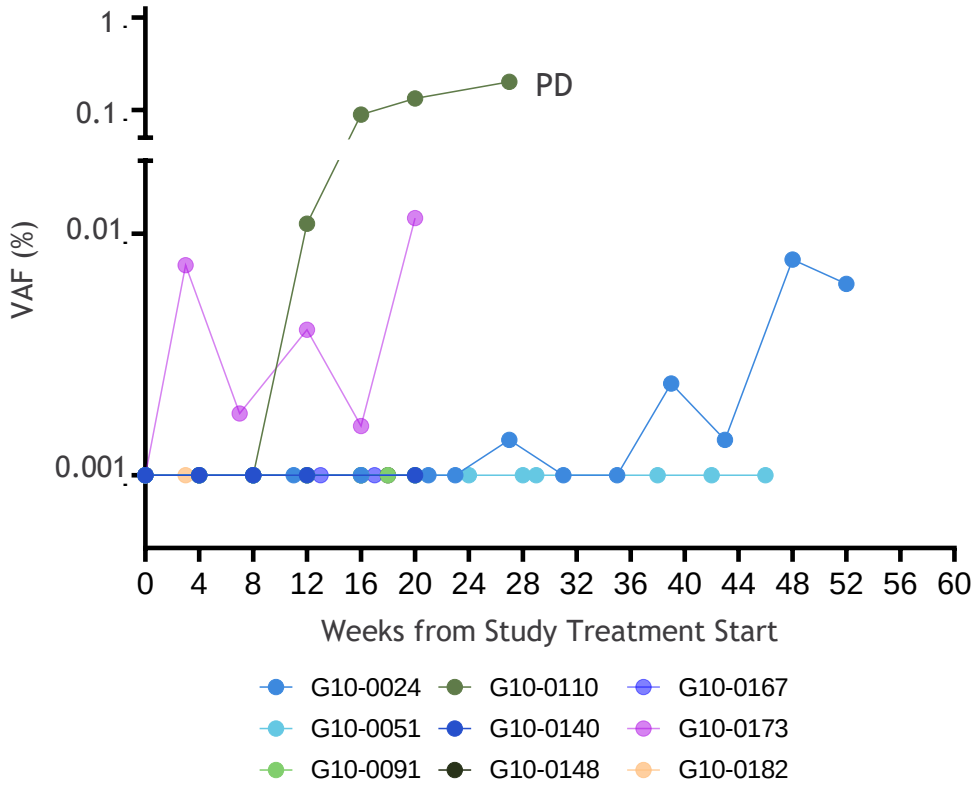
Clinical data cut: 08 Mar 2024
ctDNA data cut: 12 Mar 2024

Sustained ctDNA Negativity in 67% of GRANITE Treated Patients (1/9 with PD) Compared to 38% of Control Patients (3/8 with PD)

ctDNA over time in ctDNA negative patients at study treatment start

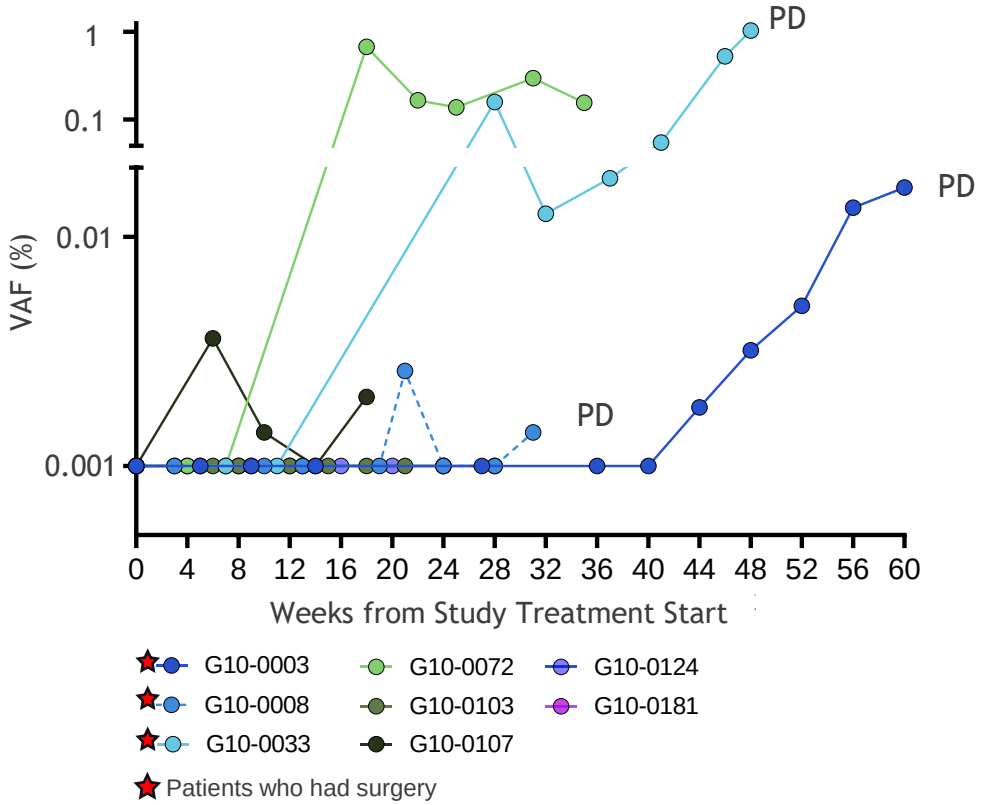
GRANITE ARM

6 of 9 (67%) patients stay ctDNA negative
1/9 pts (11%) had disease progression



CONTROL ARM

3 of 8 (38%) patients stay ctDNA negative
3/8 patients (38%) had disease progression



G10-0008 surgery prior to study treatment start
G10-0003 surgery ~12-16 wks after study treatment start
G10-0033 surgery ~8-12 wks after study treatment start

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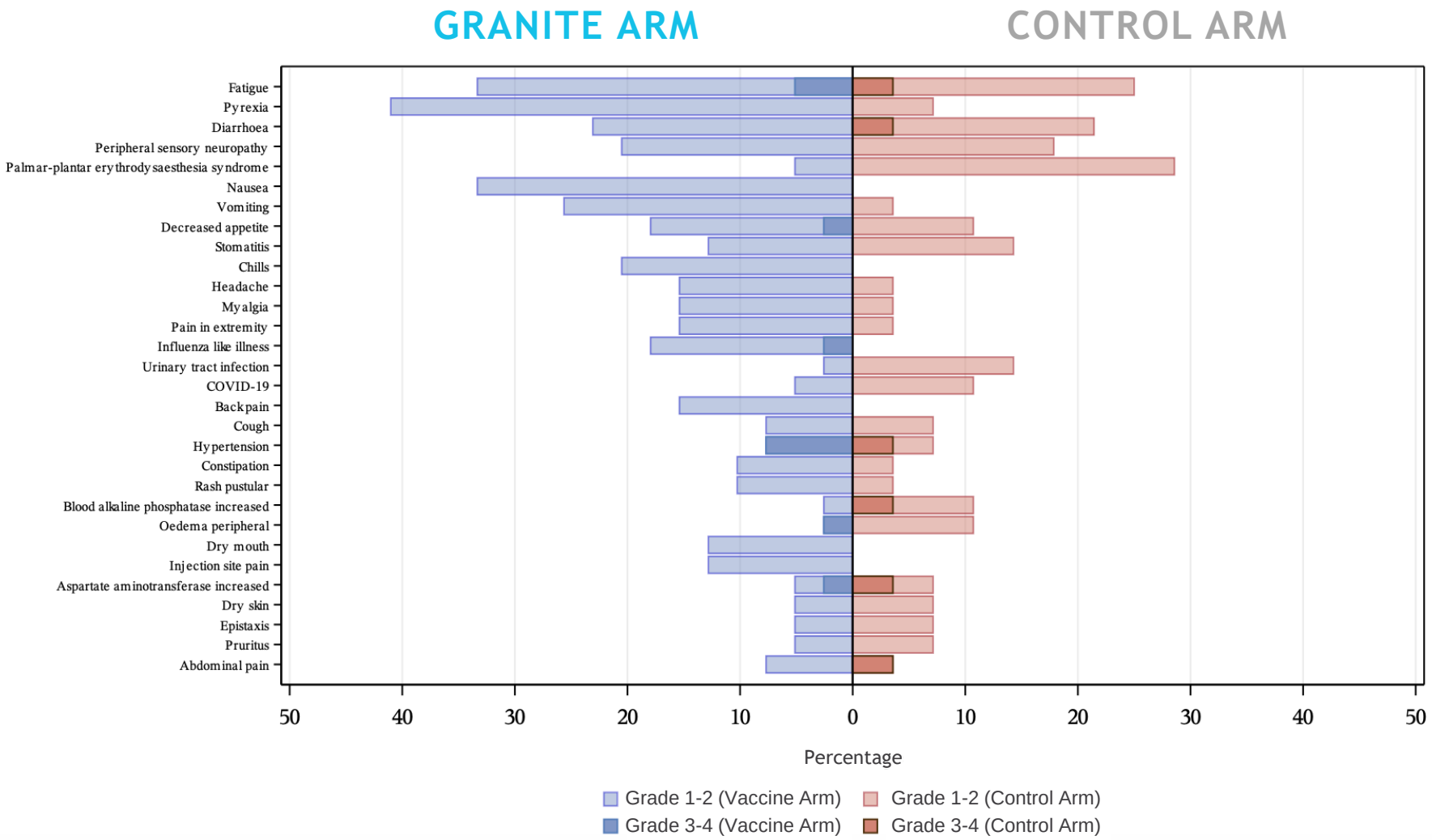
VAF = variant allele frequency; Data cut: 12 Mar 2024

GRANITE Exhibits Favorable Tolerability Profile

Treatment-Emergent Adverse Events



- No pts discontinued study treatment due to an AE
- One treatment-related SAE-fatigue (upon recovery, pt continued vaccinations without recurrence)
- Common adverse events are the mild systemic and local effects associated with any potent vaccine, i.e. transient flu-like illness

Treatment-emergent adverse events captured from initiation of study treatment

Data cut: 08 Mar 2024

Preliminary Conclusions

✔ EARLY PFS TRENDS FAVOR GRANITE

- Overall progression free survival (PFS) data demonstrate trend of extended PFS in GRANITE recipients; data immature (62% censoring)
  - 69% of GRANITE recipients remain on treatment vs 50% of controls
  - Arms begin separating 1-2 months after initiation of GRANITE, consistent with expected kinetics
- ctDNA assessment at time of randomization allows for population separation into high- and low-risk groups (>2% and ≤ 2% variant allele frequency respectively) and progression events are frequent/early in the high-risk group
- In high-risk patients, PFS prolongation is seen in GRANITE recipients (median PFS 12 vs 7 mo; HR=0.52)

✔ LONG-TERM ctDNA TRENDS ASSOCIATE WITH PFS, FAVOR GRANITE

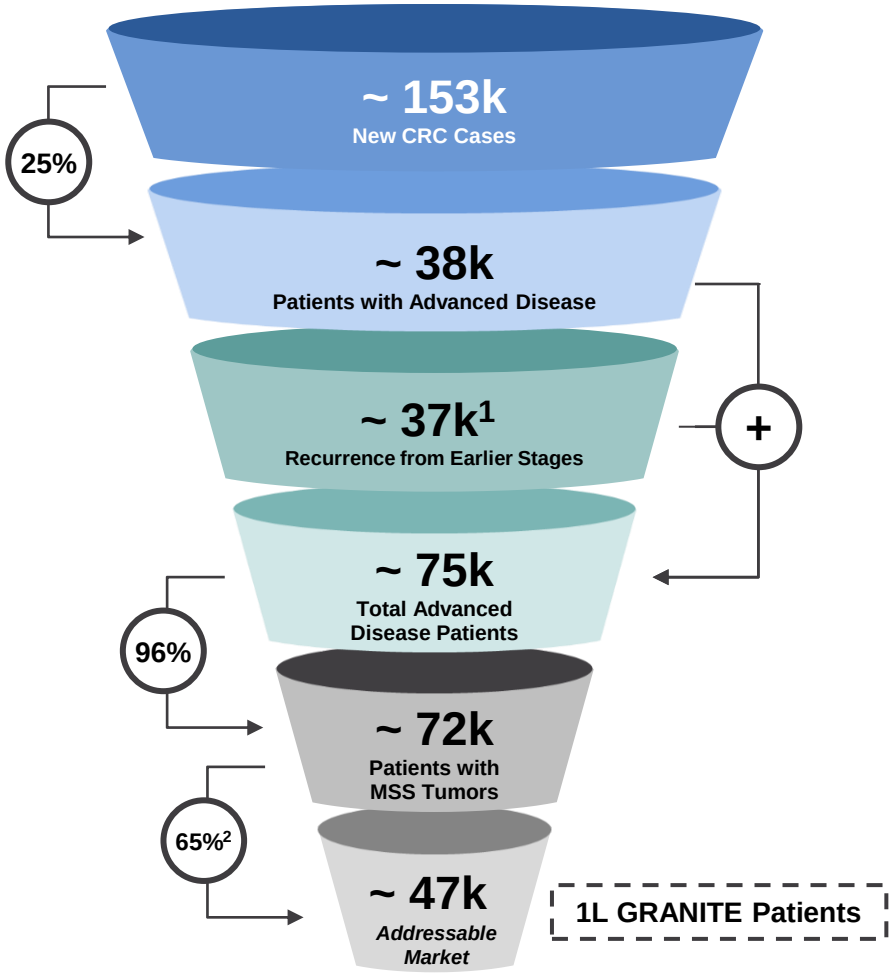
- Longer-term ctDNA responses align with PFS trends and favor GRANITE vs. control patients
  - High-risk group: ctDNA shifted from high (>2% VAF) to low (<2% VAF) in 56% (9/16) GRANITE patients vs 22% (2/9) control patients; PD observed in 44% (7/16) vs 78% (7/9), respectively
  - Low risk group (ctDNA negative): Sustained ctDNA negativity was observed in 67% (6/9) GRANITE recipients vs 38% (3/8) control patients. PD observed in 11% (1/9) and 38% (3/8) of these patients, respectively
- Short-term molecular response as defined by protocol (≥30% decrease in ctDNA) is uninformative;
  - ctDNA response as defined (≥30% reduction at any one time point in this setting) approximately equal in both arms: 30% (6/20) in vaccine arm; 42% (5/12) in control arm

✔ FOLLOW UP

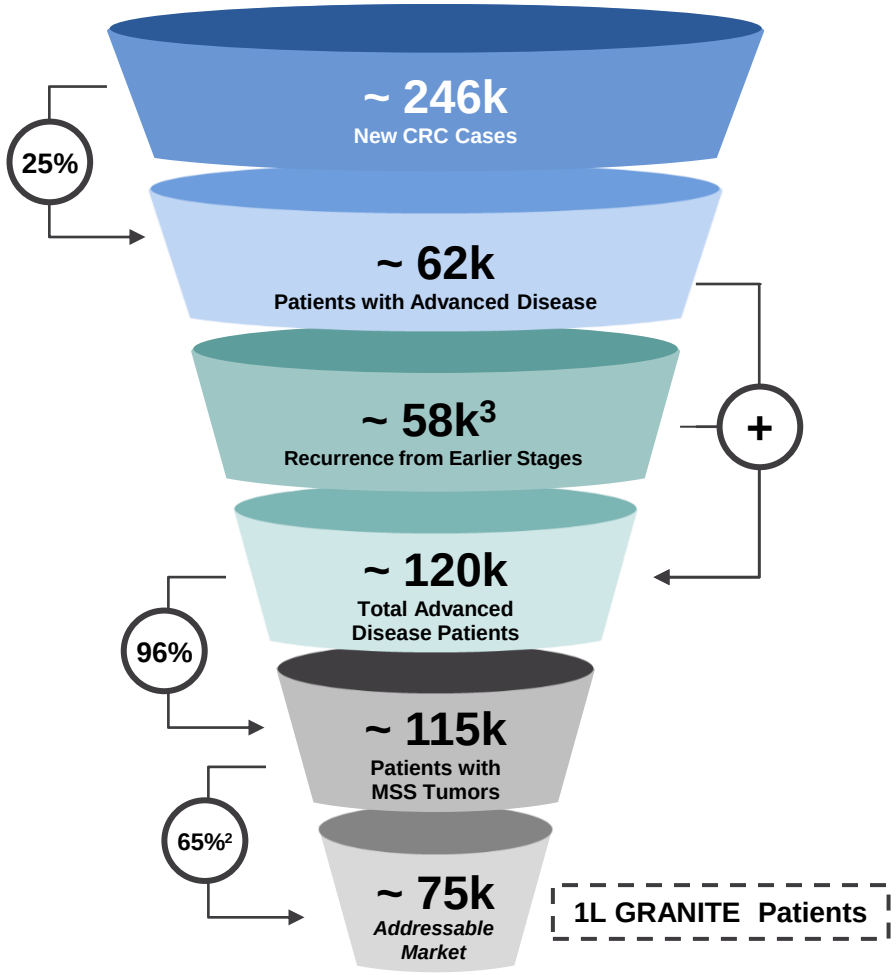
- Mature PFS data in total population expected in 3Q24
- Mature OS data in total population expected 1H25

Colorectal Cancer Patient Funnel

2023 US Patient Builds



2023 EU5 Patient Builds



Sources: SEER, Global Data, and Gritstone estimates

1 Estimate of 37k includes roughly 9k patients recurring from Stage I-II, 13k from Stage III resectable, and 15k from Stage III unresectable
2 65% is Gritstone's current, conservative cutoff for eligibility based on patients' mutational burden
3 Estimate of 58k includes roughly 14k patients recurring from Stage I-II, 20k from Stage III resectable, and 24k from Stage III unresectable

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Competitive Landscape: Gritstone is Taking a "Leapfrog" Approach

Unlike Moderna and BioNTech, we have selected a cold tumor for randomized POC based on prior signals

	gritstone bio[1]	BIONTECH	moderna
POC Tumor Type	**MSS-CRC (1L)** *Cold*	Melanoma (1L) *Hot*	Melanoma (Adj) *Hot*
Neoantigen Prediction	**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	✓ Prelim randomized Phase 2 data (a Phase 2/3 study)	Randomized Phase 2 data expected in 2024	✓ Recurrence-free survival benefit (HR=0.56)

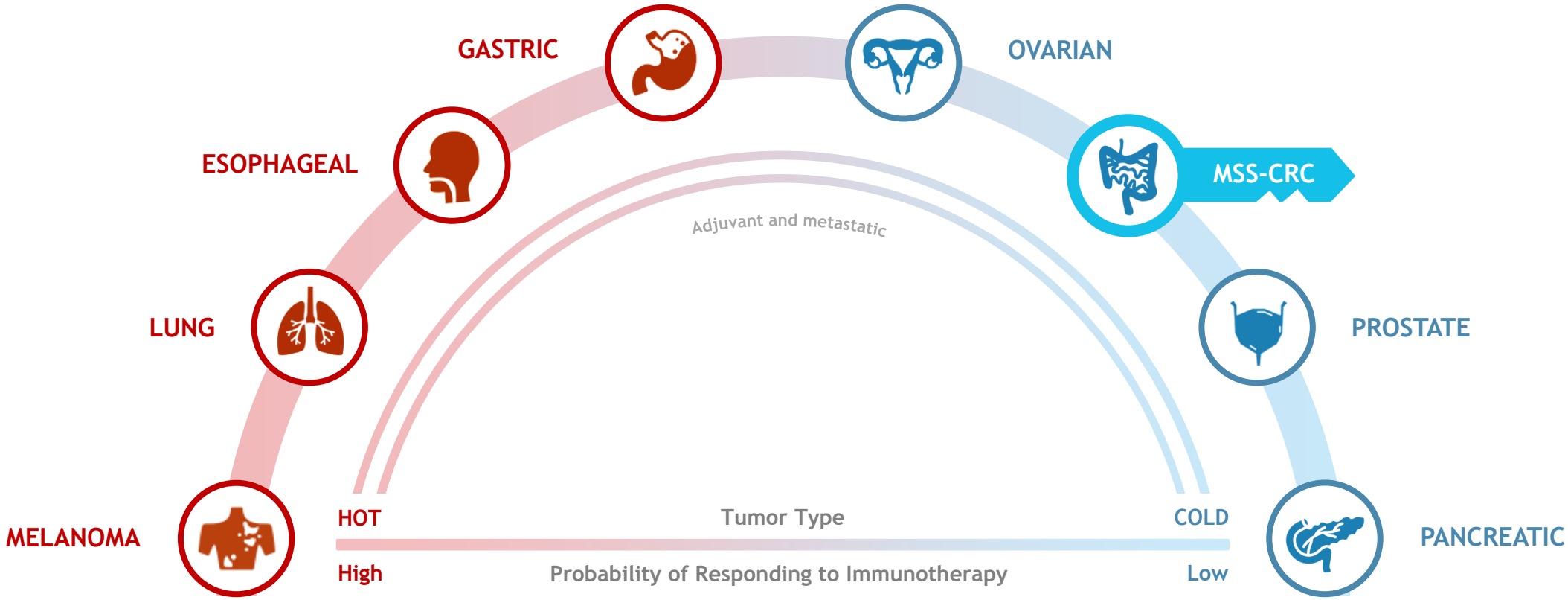
[1]GRTS vaccine candidates have not been studied head-to-head with those listed.

[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)

Potential Phase 2/3 Success in MSS-CRC Unlocks Greenfield GRANITE Opportunity Spanning Solid Tumor Spectrum



GRANITE Next Steps

- **CONTINUE TO COLLECT PHASE 2 DATA**
  - PFS data to maturity (3Q24)
  - Add'l ctDNA data (3Q24)
  - OS data (Expected 1H25)
- **DISCUSS PHASE 3 ENDPOINT WITH FDA (& OTHER REGULATORS) ONCE PFS DATA MATURE**
- **LAUNCH (GLOBAL) PHASE 3 PIVOTAL TRIAL IN 1L MSS-CRC IN 2025**
- **CONTINUE TO REFINE BIOMANUFACTURING PROCESS FOR SCALE AND EFFICIENCY**
- **DISCUSS GRANITE PROGRAM EXPANSION WITH PROSPECTIVE PARTNERS**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THANK YOU