

RECURRENT RESPIRATORY PAPILLOMATOSIS (RRP)

A CHRONIC HPV-RELATED RARE DISEASE

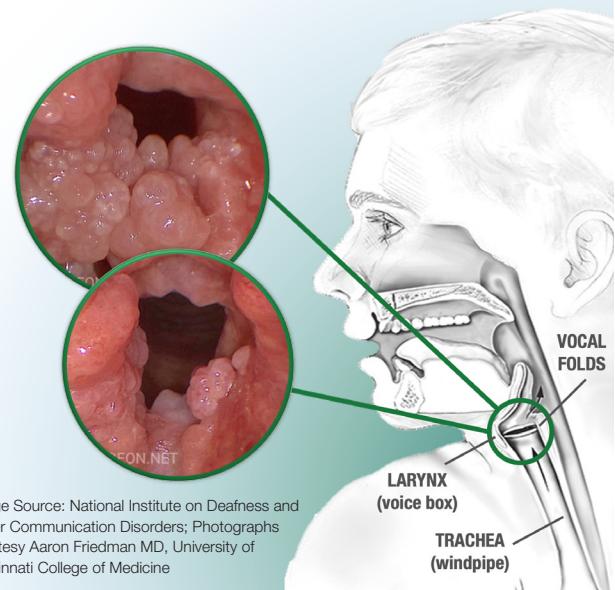
- RRP affects ~14,000 people in U.S., 1.8 per 100,000 new adult cases annually

- Characterized by small, wart-like growths (papillomas) in the respiratory tract
- Repeated surgery is standard of care
- Severe RRP may require hundreds of surgeries over a lifetime

- Every surgery entails:

- **Risk:** potential of irreversible damage to vocal cords
- **Cost:** impact to quality of life, financial

- Patients and their physicians want a therapeutic alternative that addresses underlying cause of RRP/eliminates need for surgery



“RRP patients will tell you that even one reduction in the number of disruptive, invasive surgeries they face would be life-changing.”

– Kim McClellan, President, RRP Foundation

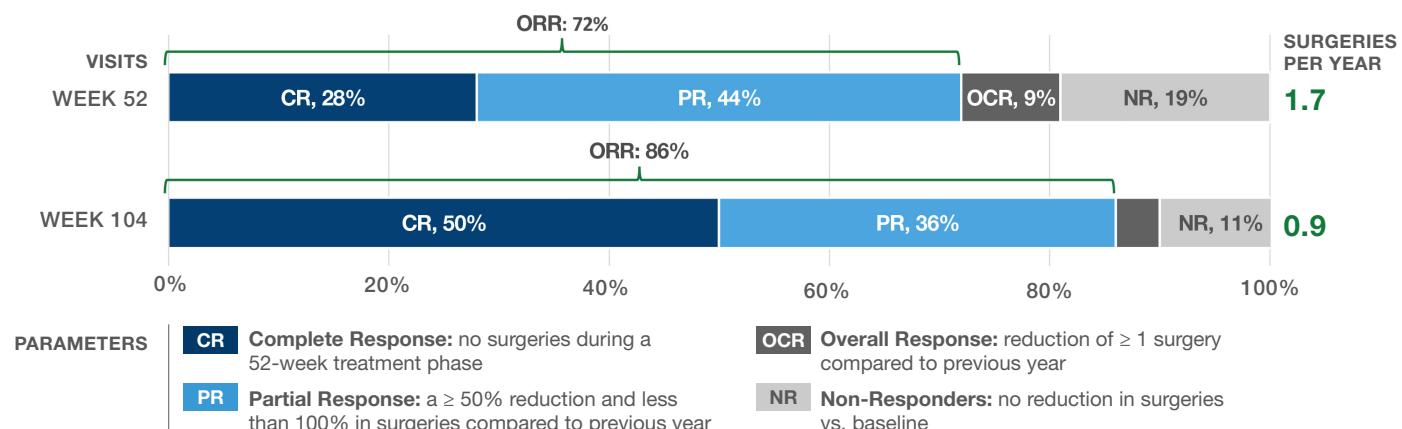
INO-3107: Potential Breakthrough Treatment for RRP in Adults

RRP occurs when patients mount an ineffective immune response to HPV-6 and HPV-11 – the strains of HPV that cause RRP. INOVIO's DNA immunotherapy candidate INO-3107 is designed to enable the immune system to generate new T-cells that can seek out and kill HPV-6 and HPV-11 infected cells, resulting in less papilloma growth and fewer surgeries. In a Phase 1/2 trial of 32 participants (RRP-001), 72% of patients saw a 50 to 100% reduction in the number of surgeries after starting treatment with INO-3107 in the first year. A retrospective study involving 28 of the original trial participants (RRP-002) showed this number increasing to 86% in the second year with no additional dosing. Half of those patients required no surgeries at all.

We believe INO-3107 could become the preferred treatment option for RRP patients and providers if approved based on efficacy, tolerability and its simple, patient-centric treatment regimen. We submitted a Biologics License Application (BLA) seeking accelerated approval for INO-3107 and requested priority review in October 2025. We anticipate receiving file acceptance by the end of 2025, which could result in an approval decision in mid-2026 if priority review is granted. With Breakthrough Therapy and Orphan Drug designations from the FDA, as well as Orphan Drug designation in Europe and the Innovation Passport in the UK, we plan to advance INO-3107 for patients around the world.

Promising Clinical Benefit Observed in RRP Patients

INO-3107 CLINICAL EFFECTS OVER TIME



- Efficacy:** 72% of patients achieved a 50% to 100% reduction in surgeries (ORR) at week 52; 86% by week 104. Complete responses achieved by 28% of patients at week 52; 50% in second 12 month period at week 104
- Tolerability:** most frequently reported treatment-related adverse events (AEs) were transient, related to administration and low grade
- Patient-centric treatment:** Office-based administration that leaves doctor in control; CELLECTRA device easy to use by HCPs; no requirement to maintain minimal residual disease with surgery during dosing window

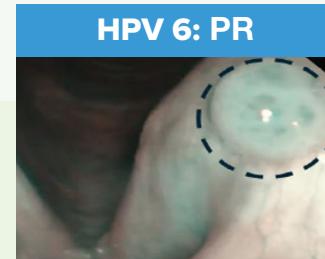
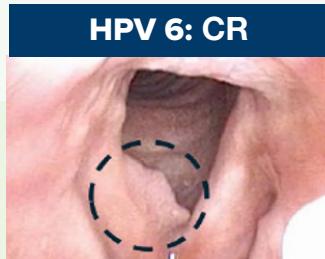
DNA Medicines offer the ability to re-dose to further enhance the immune response and potentially extend clinical improvement

SNAPSHOT: PHASE 1/2 TRIAL

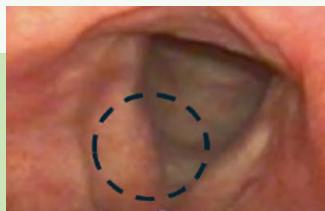
REDUCED NUMBER OF SURGERIES FOR PATIENTS WITH VARYING DISEASE BURDEN

Vocal cord images. RRP is a highly individualized disease and results of treatment with INO-3107 may vary.

BEFORE INO-3107



AFTER INO-3107



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