



Off-the-shelf CAR T: Pioneering an Off-the-Shelf, Allogeneic T-cell Platform

SITC Adoptive Cellular Therapies Workshop
September 5, 2019

Christopher Haqq, M.D., Ph.D.
Executive Vice President and
Chief Scientific Officer

Nasdaq: ATRA

Ola
EBV+ PTLD champion



Forward-Looking Statements

This presentation and the accompanying oral presentation contain forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts contained in this presentation, including statements regarding our future results of operations and financial position, business strategy, product candidates, regulatory approvals, the initiation, timing, progress and results of preclinical studies and clinical trials and our research and development programs, ability to sell, manufacture or otherwise commercialize our product candidates, research and development costs, timing and likelihood of success, plans and objectives of management for future operations, any royalty payments, and our ability to obtain and maintain intellectual property protection for our product candidates, are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These forward-looking statements are subject to risks and uncertainties, including those discussed in Atara Biotherapeutics' filings with the Securities and Exchange Commission (SEC), including in the "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" sections of the Company's most recently filed periodic reports on Form 10-K and Form 10-Q and subsequent filings and in the documents incorporated by reference therein. Because forward-looking statements are inherently subject to risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control, you should not rely on these forward-looking statements as predictions of future events. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Certain information contained in this presentation and statements made orally during this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and Atara's own internal estimates and research. While Atara believes these third-party studies, publications, surveys and other data to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third-party sources. In addition, no independent source has evaluated the reasonableness or accuracy of Atara's internal estimates or research and no reliance should be made on any information or statements made in this presentation relating to or based on such internal estimates and research.

The content of this presentation is subject to copyright, which will be asserted by Atara and no part of this presentation may be reproduced, stored in a retrieval system, or transmitted in any form or by any means without prior permission in writing from Atara.

Innovative Off-the-Shelf, Allogeneic T-Cell Platform

EBV-specific T cells
from healthy donors

Next-generation
CAR T technologies

State-of-the-art
T-cell manufacturing

Atara MatchMe™
HLA matching and logistics



State-of-the-Art T-Cell Manufacturing

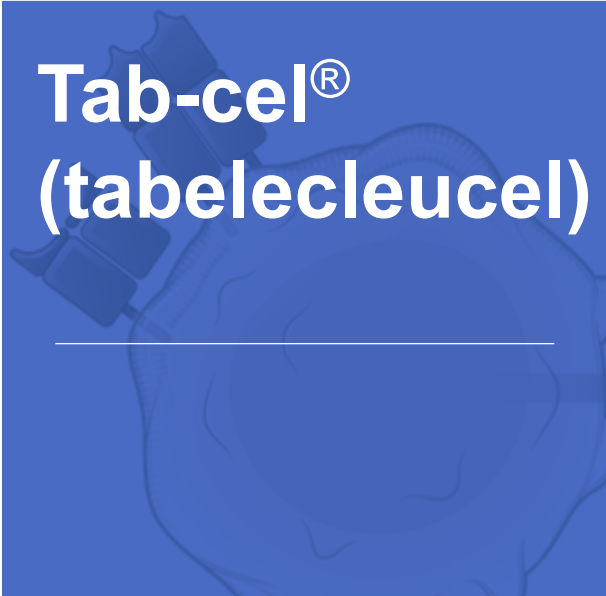
- Dedicated, expandable ATOM (Atara T-cell Operations & Manufacturing) facility in Thousand Oaks, CA
- Flexibility to produce multiple T-cell and CAR T immunotherapies
- Integrated research and process science to enable rapid development and leverage research collaborations
- Designed to global regulatory standards (completed licensure for clinical production)



Pioneering Off-the-Shelf, Allogeneic T-Cell Immunotherapies

Three strategic priorities to create value

Tab-cel[®]
(tabelecleucel)

A detailed illustration of a T-cell, showing its nucleus, mitochondria, and various surface receptors, set against a dark blue background.

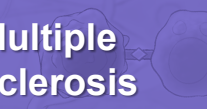
**Multiple
sclerosis**

A detailed illustration of neural cells and myelin sheaths, showing the complex structure of the nervous system, set against a purple background.

**Next-gen
CAR T**

A detailed illustration of a CAR T cell, showing its nucleus, mitochondria, and a large, prominent CAR (Chimeric Antigen Receptor) on its surface, set against a bright blue background.

Robust T-Cell Immunotherapy Pipeline

	Indication/Program	Target	Preclinical	Phase 1	Phase 2	Phase 3	Registration
 Tab-cel® (tabelecleucel)	RR EBV+ PTLD following HCT	EBV					
	RR EBV+ PTLD following SOT	EBV					
	Nasopharyngeal carcinoma ⁽¹⁾	EBV					
	EBV+ cancers ⁽²⁾	EBV					
 Multiple sclerosis	Autologous ATA190: Progressive MS	EBV ⁽³⁾					
	Off-the-shelf, allogeneic ATA188: Progressive MS	EBV ⁽³⁾					
 Next-gen CAR T	Solid tumors⁽⁴⁻⁶⁾	Mesothelin					
	Acute myeloid leukemia⁽⁴⁾	Dual undisclosed					
	B-cell malignancies⁽⁴⁾	CD19-CD20-CD22					
	Off-the-shelf, allogeneic B-cell malignancies	CD19					

EBV+ PTLD: EBV-Associated Post-Transplant Lymphoproliferative Disease; RR: rituximab relapsed/refractory; HCT: allogeneic hematopoietic cell transplant; SOT: solid organ transplant

Other programs: ATA230 (CMV), ATA368 (HPV), ATA520 (WT1) and ATA621 (BK/JCV)

(1) Phase 1b/2 study in combination with anti-PD-1 therapy, KEYTRUDA® (pembrolizumab), in patients with platinum-resistant or recurrent EBV-associated NPC.

(2) Phase 2 multi-cohort study planned with possible indications including EBV+ PTLD with CNS involvement, EBV+ PID/AIDS, EBV+ LMS and other potential EBV-associated diseases

(3) Targeted antigen recognition technology

(4) Development expected to start in autologous setting

(5) Mesothelin is expressed at high levels on the surface of cells in aggressive solid tumors including mesothelioma, triple-negative breast cancer, esophageal cancer, pancreatic cancer and non-small cell lung cancer

(6) MSK investigator-sponsored Phase 1 study (NCT02414269) of a mesothelin-targeted CAR T immunotherapy is ongoing; Atara's CAR T collaboration with MSK will focus on development of a next-generation, mesothelin-targeted CAR T using novel 1XX CAR signaling and PD-1 dominant negative receptor (DNR) checkpoint inhibition technologies.

Pioneering Off-the-Shelf, Allogeneic T-Cell Immunotherapies

Three strategic priorities to create value

Tab-cel[®] (tabelecleucel)

EBV-associated cancers

FDA breakthrough
designation & EMA PRIME
for EBV+ PTLD

Multiple sclerosis

Developing first
T-cell immunotherapy in
autoimmune disease

Next-generation CAR T

Mesothelin-targeted
CAR T immunotherapy
for solid tumors

Off-the-shelf, allogeneic
platform

EBV-Associated Post-Transplant Lymphoproliferative Disease

Aggressive, Often Deadly Cancer with No Approved Therapy

Rare B-cell lymphoma that occurs in immunosuppressed patients after transplant

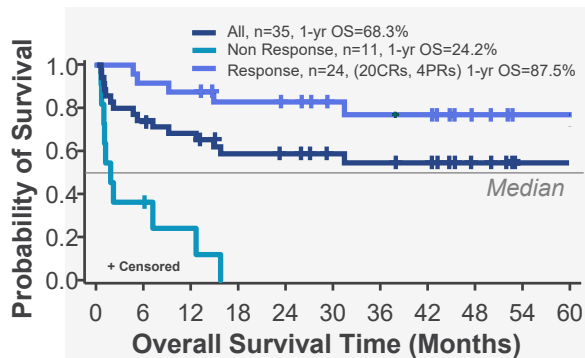


Jessica
EBV+ PTLD champion

- Median age under 40 years vs. around 65 years for all lymphomas
 - **Bone marrow transplant (HCT)**
EBV+ PTLD risk up to recovery of immune system (~1 year)
 - **Solid organ transplant (SOT)**
Chronic risk of PTLD from immunosuppression;
Highest risk within ~1 year of transplant⁽¹⁾
- High mortality in rituximab ± chemo relapsed/refractory patients
 - **Median survival**
HCT: under 1 month⁽²⁾
SOT: 3-12 months^(1,3)

Tab-cel® – Positive Long-Term Outcomes for Patients with EBV+ PTLD Observed in Phase 2 Studies⁽¹⁾

HCT



Number at Risk (Event):

All	35 (0)	26 (9)	23 (11)	18 (14)	17 (14)	14 (14)	13 (15)	12 (15)	6 (15)	3 (15)	3 (15)
Non Response	11 (0)	4 (7)	2 (8)	0 (10)							
Response	24 (0)	22 (2)	21 (3)	18 (4)	17 (4)	14 (4)	13 (5)	12 (5)	6 (5)	3 (5)	3 (5)

Overall survival at 1 year

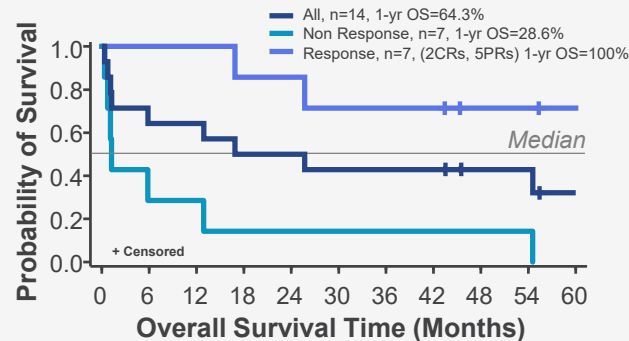
68%

Overall survival at 2 years in responders

83%

Median survival not yet reached⁽²⁾

SOT



Number at Risk (Event):

All	14 (0)	9 (5)	9 (5)	7 (7)	7 (7)	6 (8)	6 (8)	6 (8)	4 (8)	4 (8)	2 (9)
Non Response	7 (0)	2 (5)	2 (5)	1 (6)	1 (6)	1 (6)	1 (6)	1 (6)	1 (6)	1 (6)	0 (7)
Response	7 (0)	7 (0)	7 (0)	6 (1)	6 (1)	5 (2)	5 (2)	5 (2)	3 (2)	3 (2)	2 (2)

Overall survival at 1 year

64%

Overall survival at 2 years in responders

86%

Median survival of 21.3 months

Pioneering Off-the-Shelf, Allogeneic T-Cell Immunotherapies

Three strategic priorities to create value

Tab-cel® (tabelecleucel)

EBV-associated cancers
FDA breakthrough
designation & EMA PRIME
for EBV+ PTLD

Multiple sclerosis

Developing first
T-cell immunotherapy in
autoimmune disease

Next-generation CAR T

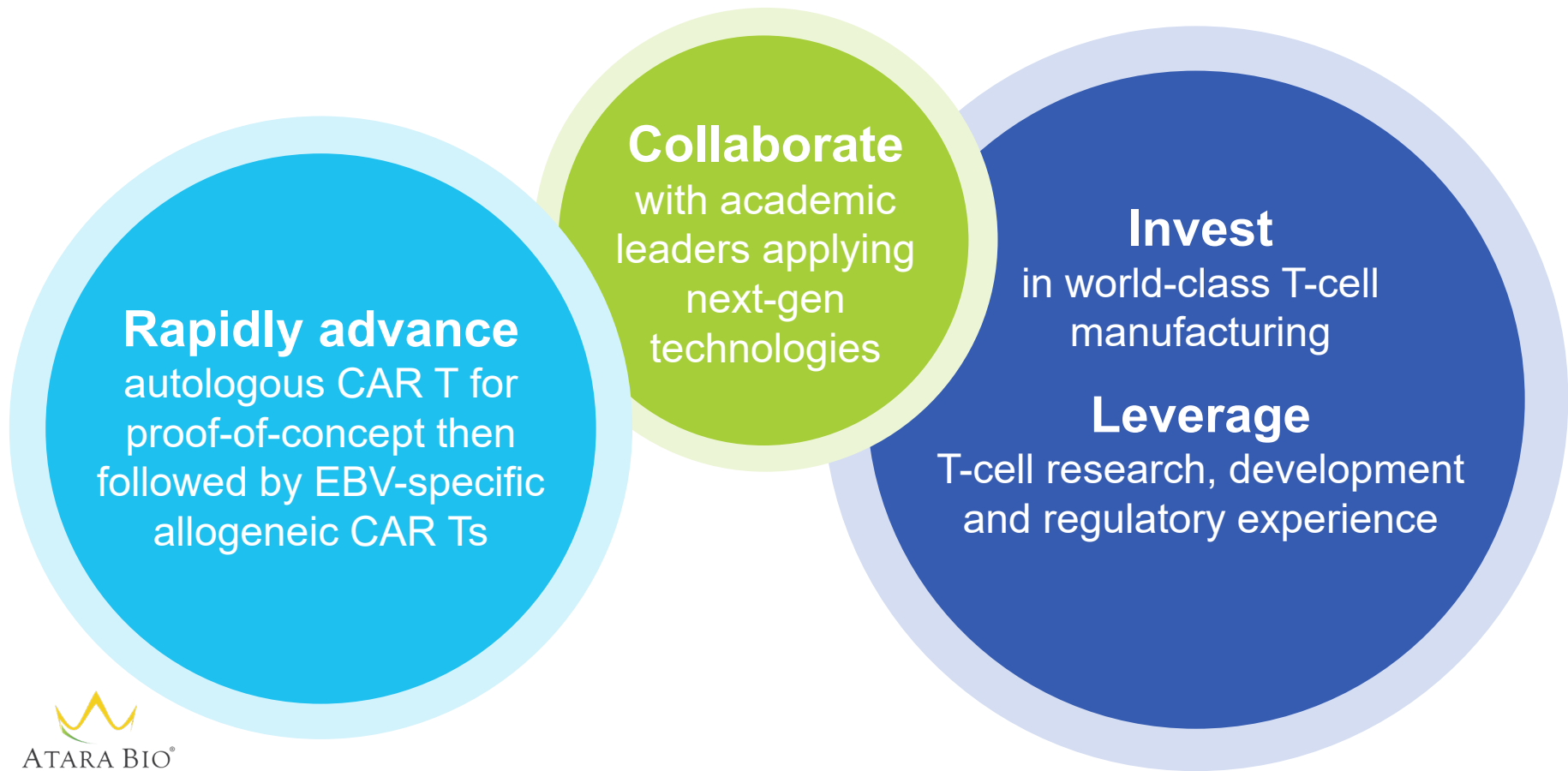
Mesothelin-targeted
CAR T immunotherapy
for solid tumors

Off-the-shelf, allogeneic
platform

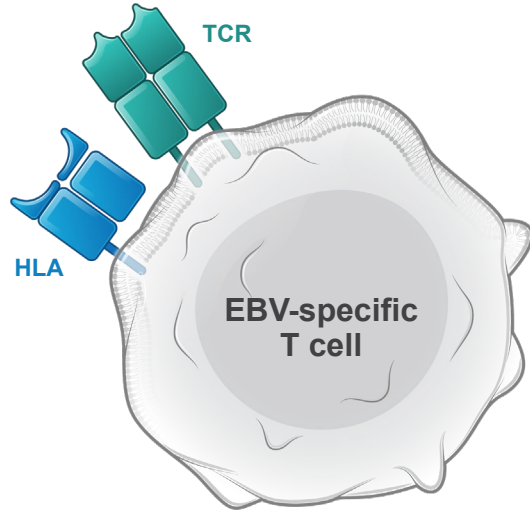
We Have Assembled a Tool Kit of Technologies Designed to Address Current CAR Limitations

1 Multi-Targeted CARs	2 Next Gen Co-stimulatory domains	3 PD1 Dominant Negative Receptor	4 Other Technologies
Methods of designing multi-targeted CAR T cells directed against two or more identified antigens	Novel CD28 and 4-1BB co-stimulatory domains which may offer more physiologic T cell signaling	Provide intrinsic checkpoint inhibition to unlock solid tumor microenvironment	Artificial antigen presenting cell technology optimizes manufacturing

Atara's Next-Generation CAR T Immunotherapy Strategy



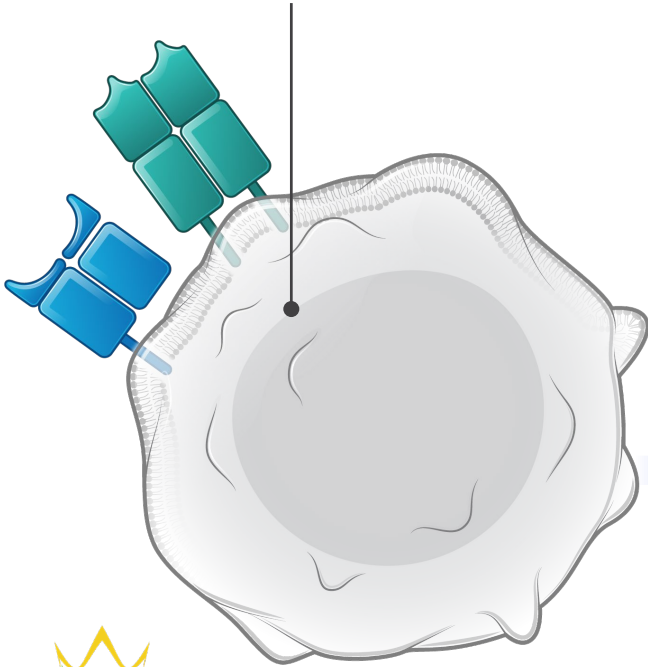
Advantages of EBV-Specific T-Cell Immunotherapy Platform



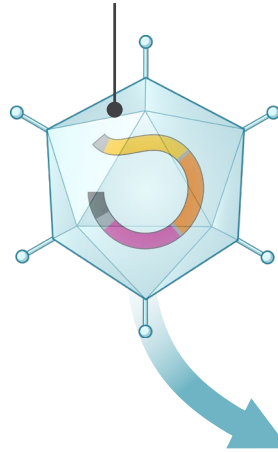
- EBV present in >95% of individuals by age 40
 - Implicated in a wide range of cancers and autoimmune diseases
 - EBV-specific T cells sourced from established healthy donor networks
- No gene editing or HLA edits required
 - Maintaining healthy donor T cell proliferation and persistence advantages
- Risk of GvHD may be reduced by EBV TCR specificity
- EBV T-cells may be immunologically privileged⁽¹⁾
 - Long-term persistence when engineered to express an additional WT1 TCR⁽²⁾
 - Traffic to and embed within solid tumors where their activation can lead to antitumor activity⁽³⁾
 - Expand in immuno-competent patients without lymphodepleting chemotherapy pre-treatment⁽⁴⁾

Atara Next-Generation and Off-the-Shelf, Allogeneic CAR T Approach

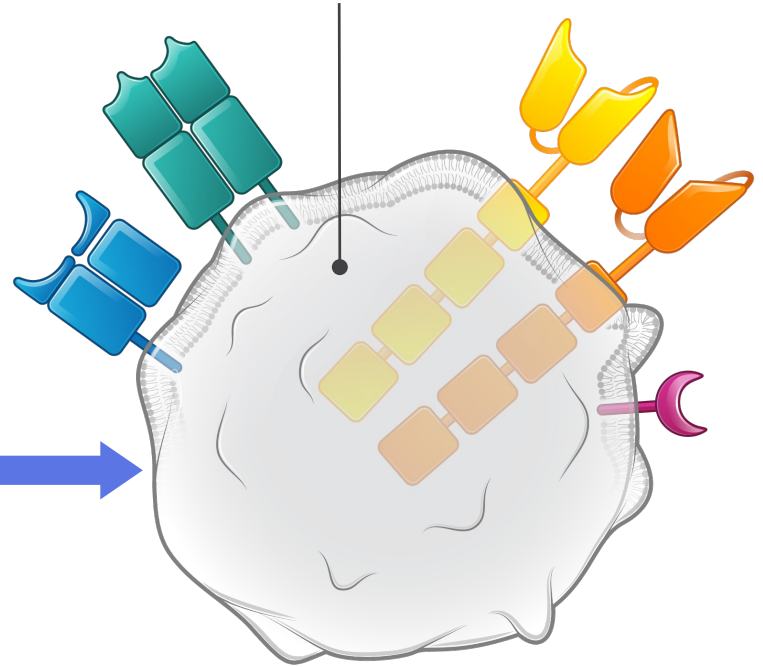
1 EBV-specific off-the-shelf, allogeneic T cell platform



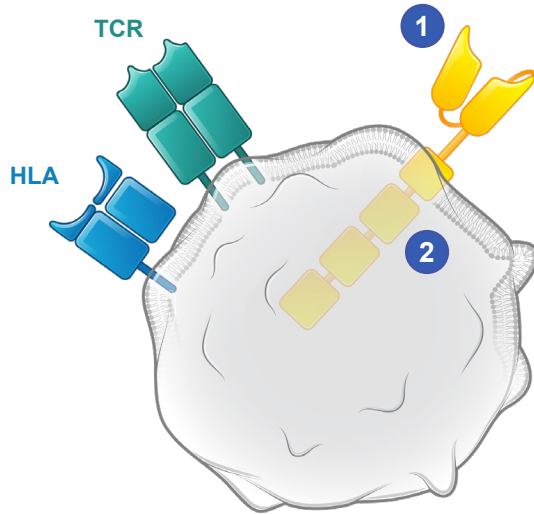
2 Next-generation CAR technologies



3 Off-the-shelf CAR T with broad applications

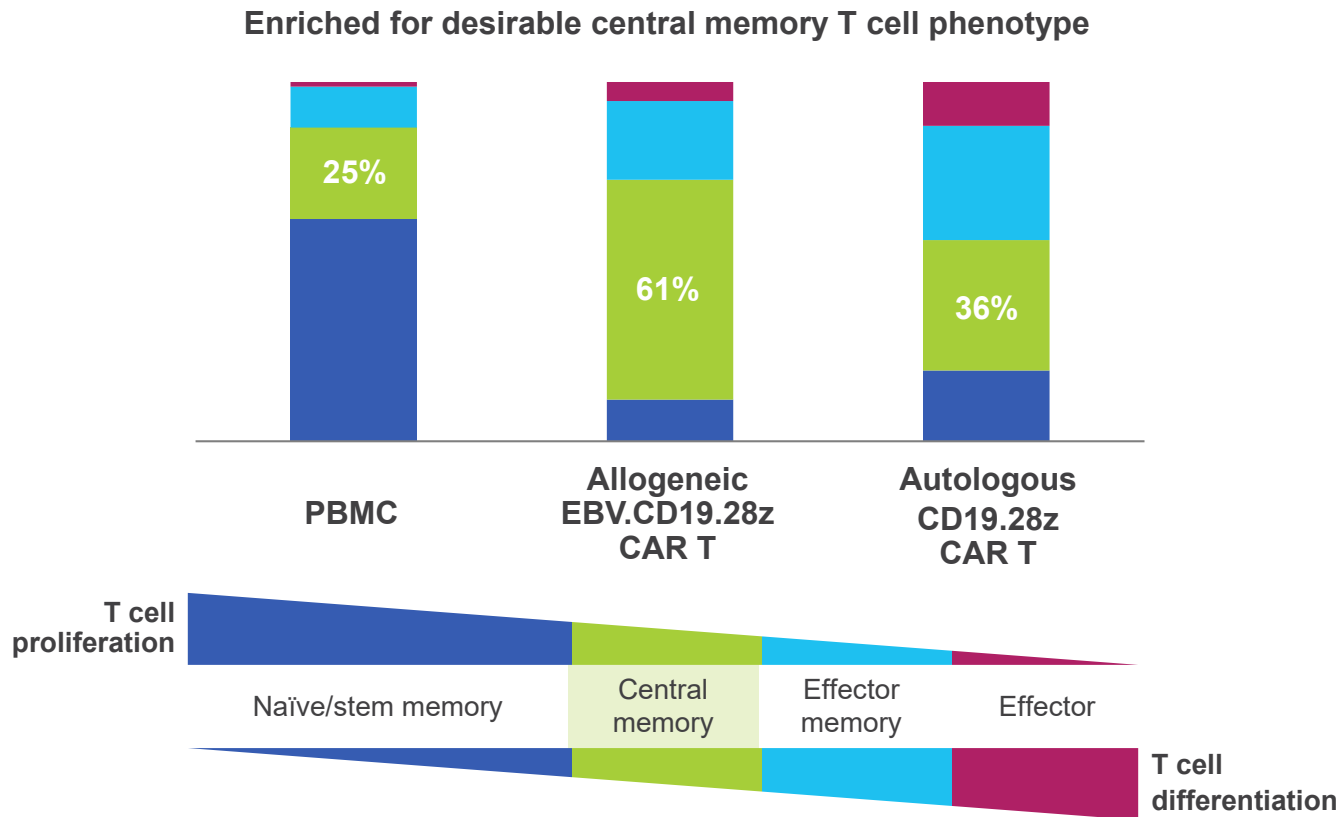


ATA3219: Off-the-Shelf, Allogeneic Next Gen CAR T Immunotherapy Targeting CD19



Key Technologies		
1	scFv	CD19 targeting scFv
2	Co-stimulatory domain	Novel costimulatory domain that may enhance CAR T cytotoxicity, proliferation and persistence

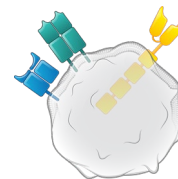
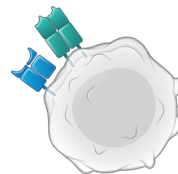
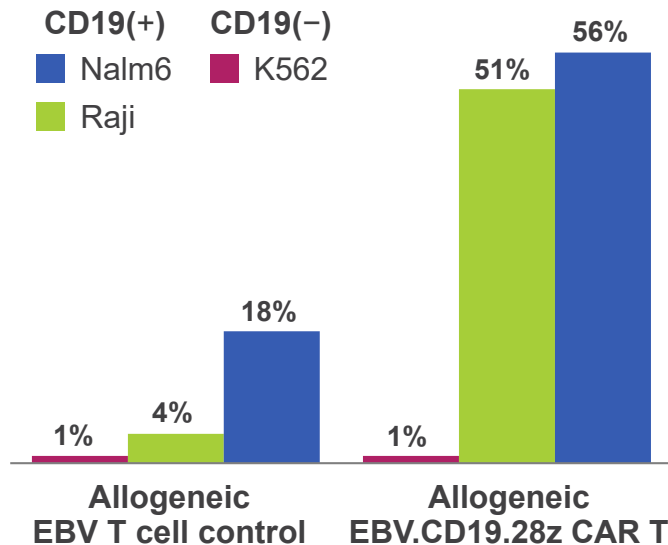
Atara Allogeneic EBV.CD19.28z CAR T Balances Proliferation Capacity and Activated T Cell Function



Atara Allogeneic EBV.CD19.28z CAR T Demonstrates Potent *in vitro* CD19 Activity

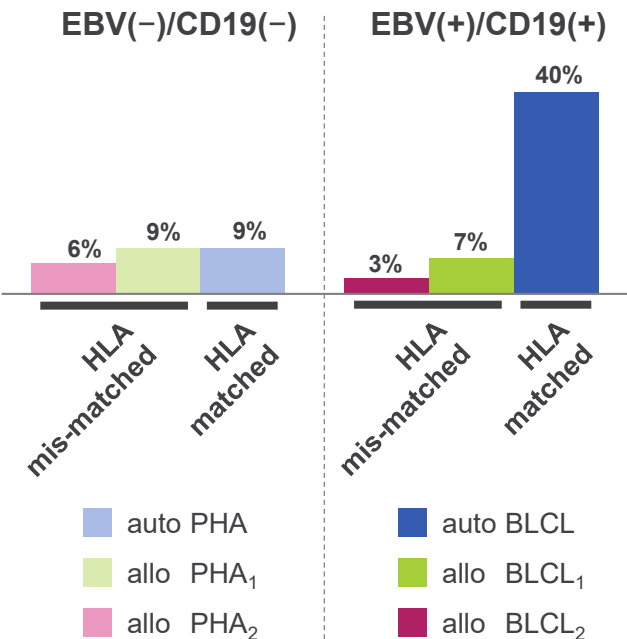
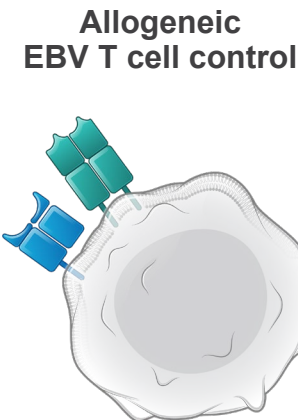
Nalm6, Raji and K562 are the standard cells for CD19 CAR T positive and negative controls

- Left: EBV-specific T cells without CAR shows low activity for CD19(+) and CD19(-) cells
- Right: Allogeneic EBV.CD19.28z CAR T targets CD19(+) cells



Atara Allogeneic EBV-Specific T Cells Require HLA Match

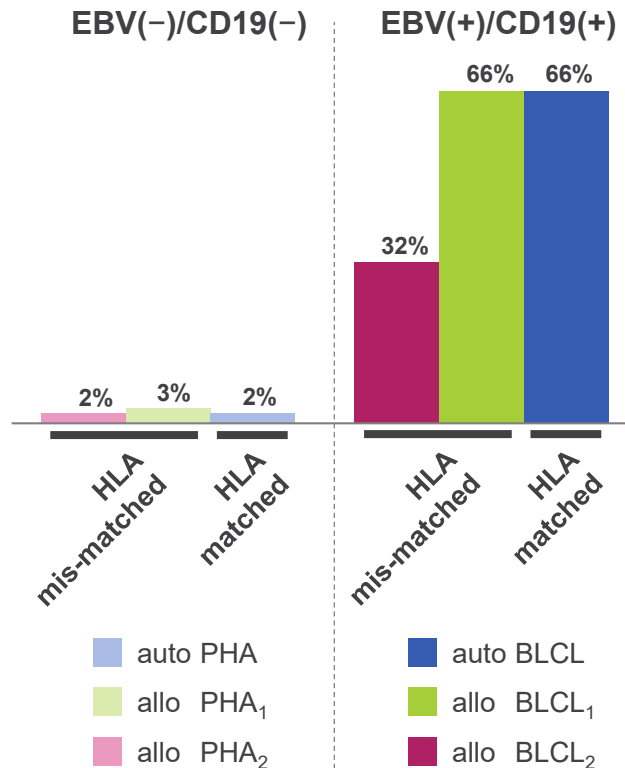
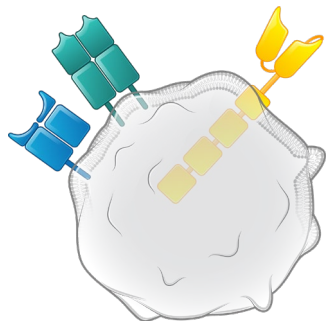
Low levels of off-target alloreactivity designed to minimize GvHD risk



Atara Allogeneic EBV.CD19.28z CAR T Selectively and Specifically Targets CD19 Independent of HLA

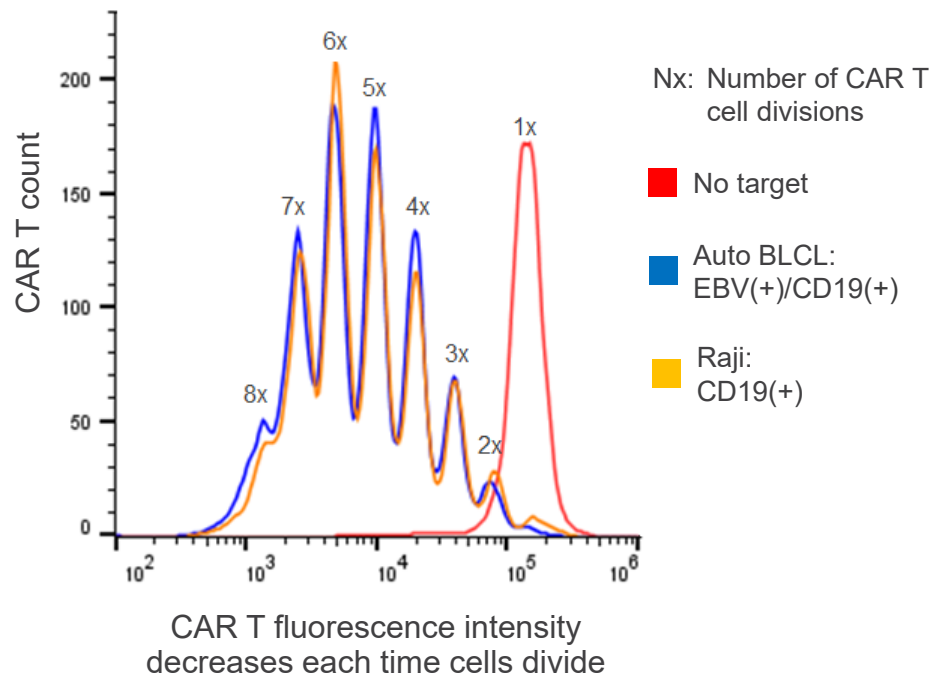
Low levels of off-target alloreactivity maintained

Allogeneic
EBV.CD19.28z CAR T



Atara Allogeneic EBV.CD19.28z CAR T Shows Strong Antigen-Specific Proliferation and Persistence

Robust multi-day proliferation following stimulation with CD19 and EBV/CD19 targets



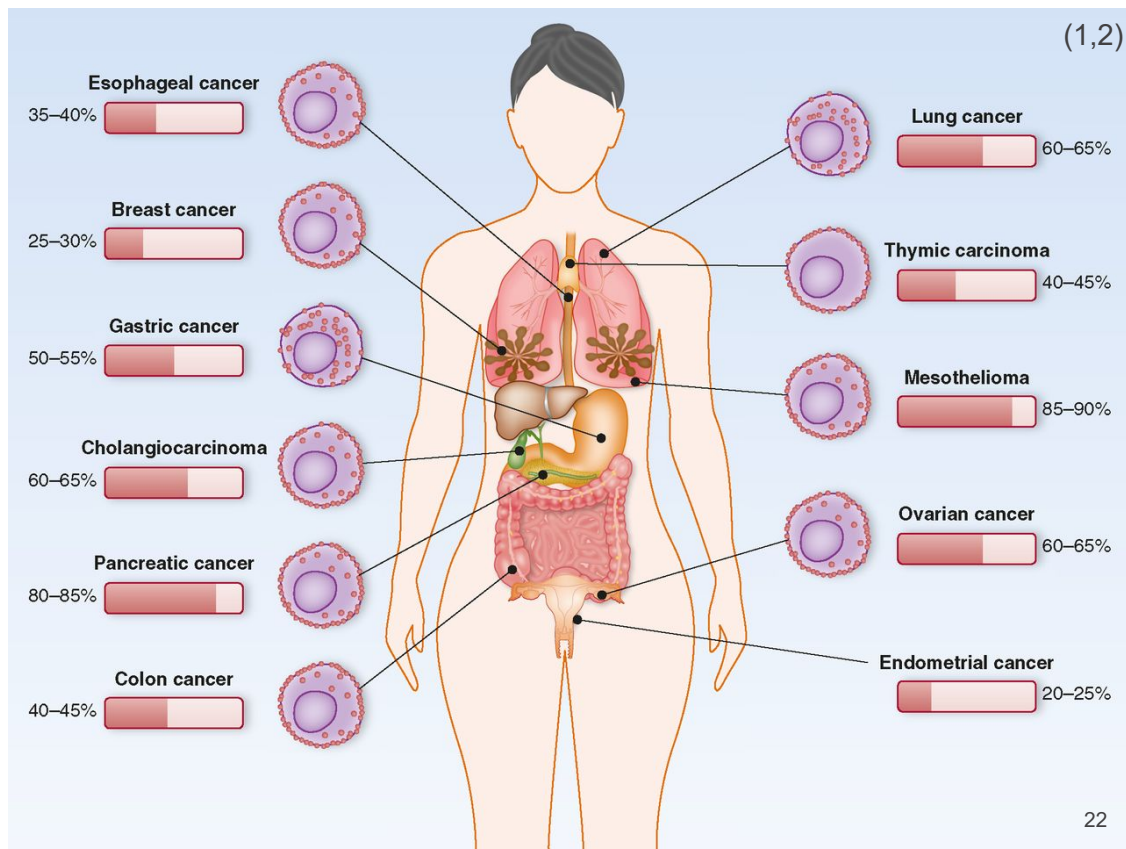
Atara Next Generation CAR T Platform – Conclusions and Next Steps

- Leverages innovative licensed technologies and EBV-specific T cell expertise
- Rapid ability to advance CAR T programs integrating research and process science under one roof (ATOM facility)
- EBV.CD19.28z CAR T demonstrates
 - High CAR transduction
 - Increased frequency of central memory T cell phenotype
 - Specific and selective CD19 activity
 - Low levels of off-target alloreactivity designed to minimize GvHD risk
 - Strong antigen-specific proliferation
- Developing an off-the-shelf, allogeneic CAR T targeting CD19 using next generation costimulatory domain (ATA3219)

Licensed Mesothelin-Targeted CAR T Immunotherapy for Solid Tumors from Prasad Adusumilli's Lab at MSK

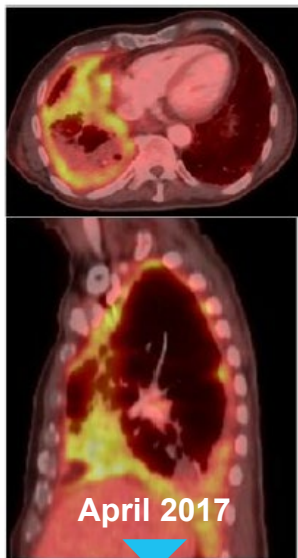
Mesothelin is an attractive target associated with aggressive solid tumors

- Aberrant mesothelin expression promotes cancer cell proliferation and confers resistance to apoptosis
 - Associated with mesothelioma, triple-negative breast cancer and non-small cell lung cancer
- Mesothelin-associated cancers⁽¹⁾
 - Incidence: ~340,000 patients
 - Prevalence: ~2 million patients

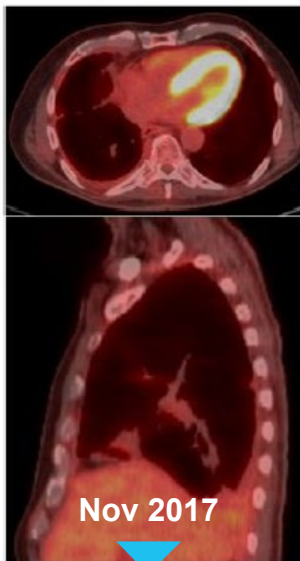


Prioritized Mesothelin-Targeted Next-Generation CAR T

Positive MSK Phase 1 Results Support Autologous ATA2271 Program



73-year-old with unresectable biphasic mesothelioma⁽²⁾



Complete response after CAR T + PD-1;
No additional therapies for 16 mo

- Positive ASCO 2019 results from ongoing MSK Phase 1 study for mesothelin-targeted CAR T⁽¹⁾
- 16 malignant pleural mesothelioma patients treated following preconditioning cyclophosphamide plus PD-1 and minimum follow-up time of 3 months
 - 80% overall survival (OS) at 12 months
 - 63% best overall response rate (ORR)
 - Three durable investigator assessed complete responses (CR)⁽³⁾
 - Seven partial responses (PR)
- Generally well-tolerated with no CAR T-related toxicities higher than grade 2
 - Unique scFv binds to mesothelin only above cancer threshold, avoiding major on-target, off-tumor toxicity

Next-Generation CAR T Oncology Pipeline Expanding with Novel Technology Collaborations

	Indication	Target	CAR T Technologies	
ATA2271	Solid tumors ⁽¹⁾	Mesothelin	PD-1 DNR Novel 1XX co-stimulation Autologous ⁽²⁾	 Memorial Sloan Kettering Cancer Center
ATA2321	AML	Dual-targeted undisclosed	Novel co-stimulation Autologous ⁽²⁾	 MOFFITT CANCER CENTER
ATA2431	B-cell malignancies	CD19-CD20- CD22	Novel co-stimulation Autologous ⁽²⁾	 MOFFITT CANCER CENTER
ATA3219	B-cell malignancies	CD19	Off-the-shelf, allogeneic Novel co-stimulation	 ATARA BIO®

Prioritized the mesothelin-targeted next-generation CAR T program with an IND planned for autologous ATA2271 in advanced mesothelioma in 2020

Nasdaq:
ATRA

Thank you



Ayden
EBV+ PTLD champion

