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**

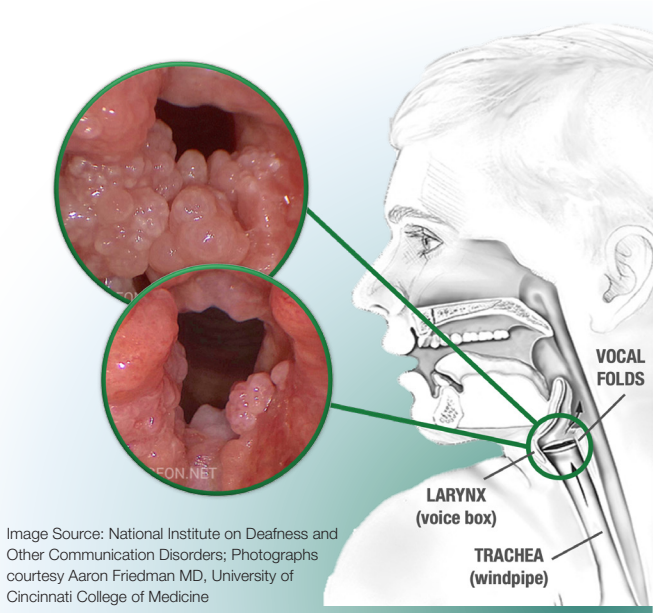


Image Source: National Institute on Deafness and Other Communication Disorders; Photographs courtesy Aaron Friedman MD, University of Cincinnati College of Medicine

> **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 Treatment for RRP in Adults

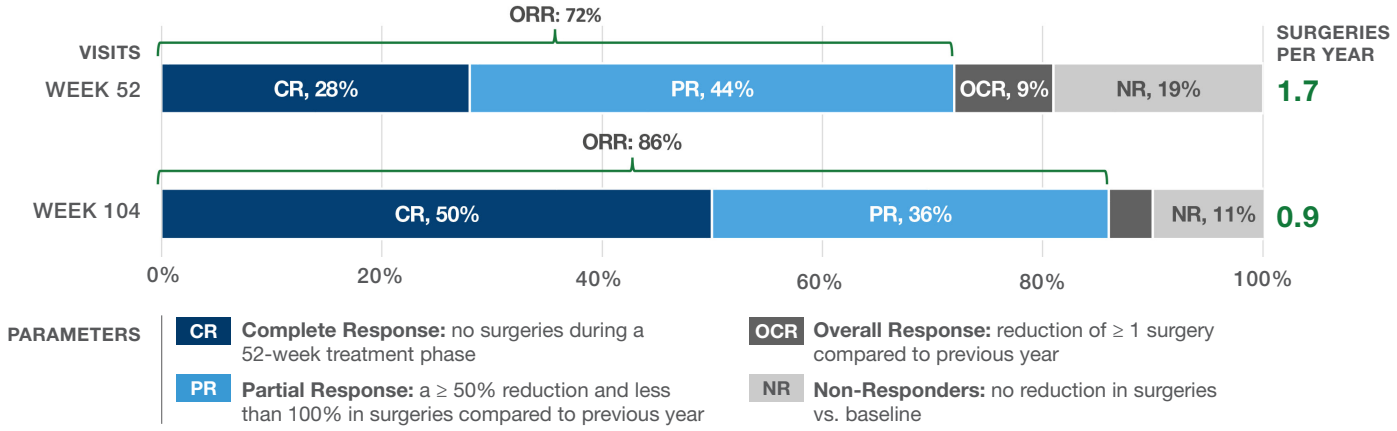
RRP is caused by infection with HPV-6 and/or HPV-11. Most people can clear the viral infection, but some can't leading to the growth of papillomas in the respiratory tract. INO-3107 is designed to enable the immune system to generate new T-cells that can seek out and kill HPV-6 and HPV-11 infected cells, resulting in less papilloma growth and fewer surgeries to remove them. In INOVIO's Phase 1/2 trial of 32 participants (RRP-001), 72% of patients saw a 50 to 100% reduction in the number of surgeries in the first year after starting treatment with INO-3107. 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.

INOVIO's Biologics License Application (BLA) for INO-3107 as a potential treatment for RRP has been under active review by the FDA since December 2025 when the Agency accepted the file under the accelerated approval program. The Prescription Drug User Fee Act (PDUFA) target date is October 30, 2026. In late April 2026, the FDA conducted its mid-cycle review of the BLA, raising no new significant issues. INOVIO is focused on advancing INO-3107 through the regulatory process and working with the FDA as they complete their review of the BLA, including addressing the potential review issue they noted in their file acceptance letter regarding eligibility for review under the accelerated approval program. INOVIO continues to strongly believe that INO-3107 fulfills the criteria for accelerated approval, meeting a significant unmet need and providing a meaningful therapeutic benefit over existing treatments.

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



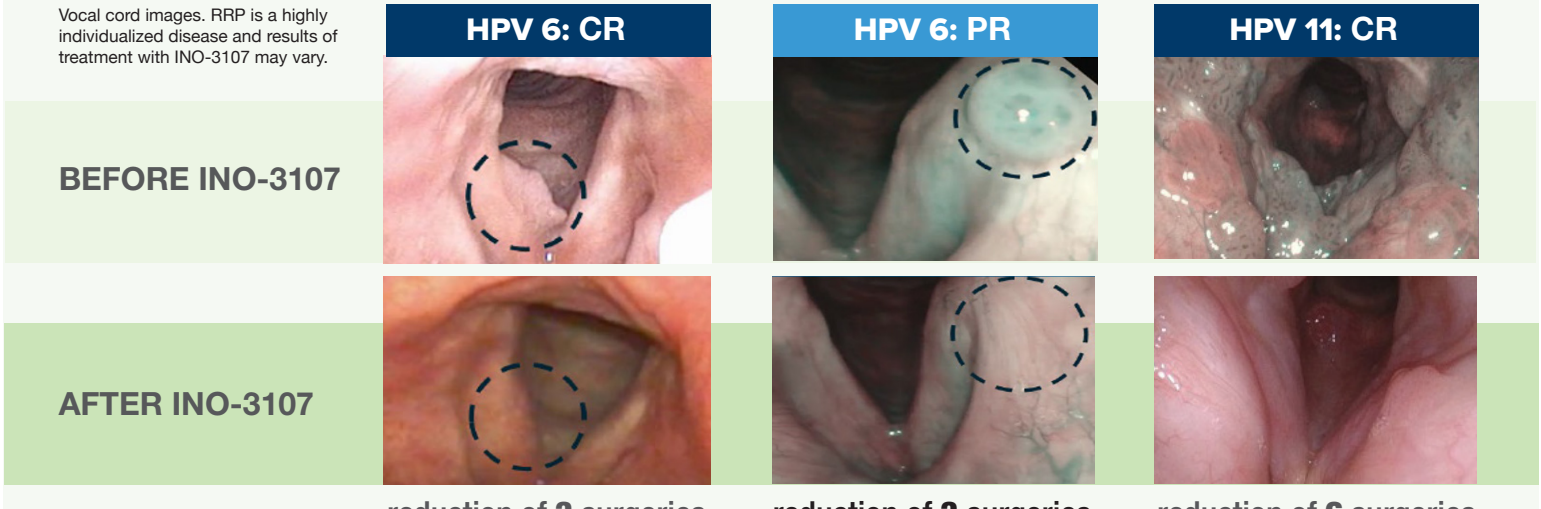
- **Efficacy:** 72% of patients achieved a 50% to 100% reduction in surgeries (ORR) at week 52; 86% by week 104. Complete responses achieved by 28% of patients at week 52; 50% in second 12 month period ending at week 104
- **Tolerability:** most frequently reported treatment-related adverse events (AEs) 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

INO-3107 has a positively differentiated product profile and the potential to treat patients who are not served by existing therapies.

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.



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INOVIO.COM

MEDIA | communications@inovio.com
INVESTOR RELATIONS | investor.relations@inovio.com

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