sorrento

Therapeutics

Corporate Presentation

Henry Ji, PhD - President and CEO

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Disclaimer

Certain statements contained in this presentation or in other documents of Sorrento Therapeutics, Inc. (the "Company"), along with certain statements that may be made by management of the Company orally in presenting this material, may contain "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995. These statements can be identified by the fact that they do not relate strictly to historic or current facts. They use words such as "estimate," "expect," "intend," "believe," "plan," "anticipate," "projected" and other words and terms of similar meaning in connection with any discussion of future operating or financial performance or condition. These statements are based upon the current beliefs and expectations of the Company's management and are subject to significant risks and uncertainties. Statements regarding future action, future performance and/or future results including, without limitation, those relating to the timing for completion, and results of, scheduled or additional clinical trials and the FDA's or other regulatory review and/or approval and commercial launch and sales results (if any) of the Company's formulations and products and regulatory filings related to the same, and receipt by the Company of milestone and royalty payments may differ from those set forth in the forward-looking statements. Peak sales and market size estimates have been determined on the basis of market research and comparable product analysis, but no assurances can be given that such sales levels will be achieved, if at all, or that such market size estimates will prove accurate.

The Company assumes no obligation to update forward-looking statements as circumstances change. Investors are advised to consult further disclosures that the Company makes or has made on related subjects in the Company's Form 10-K, 10-Q and 8-K reports.

NASDAQ: SRNE

In presenting this material or responding to inquiries in connection with a presentation, management may refer to results, projections or performance measures that are not prepared in accordance with U.S. Generally Accepted Accounting Principles ("GAAP") as reported in the Company's SEC filings. These results, projections or performance measures are Non-GAAP measures and are not intended to replace or as a substitute for results measured under GAAP, but rather as supplement to the GAAP reported results.

Because actual results are affected by these and other potential risks, contingencies and uncertainties, the Company cautions investors that actual results may differ materially from those expressed or implied in any forward-looking statement. It is not possible to predict or identify all such risks, contingencies and uncertainties. The Company identifies some of these factors in its Securities and Exchange Commission ("SEC") filings on Forms 10-K, 10-Q and 8-K, and investors are advised to consult the Company's filings for a more complete listing of risk factors, contingencies and uncertainties effecting the Company and its business and financial performance.

Sorrento™, G-MAB™, CAR.TNK™, TNK Therapeutics™, and the Sorrento logo are trademarks owned by Sorrento Therapeutics, Inc.

All other trademarks and trade names are the property of their respective owners.

Logo - http://photos.prnewswire.com/prnh/20150105/167173LOGO

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

G-MAB Library

Fully Human Antibodies

Highly Successful Screening Hit Rate

(100+ targets screened)

Proprietary Technology

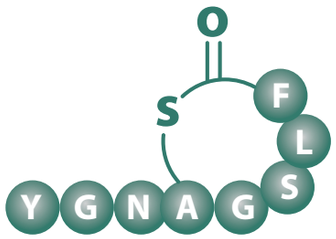
RNA amplification used for library generation

Very High Diversity

2.1×10^{16} *Distinct Antibodies*

Difficult Targets

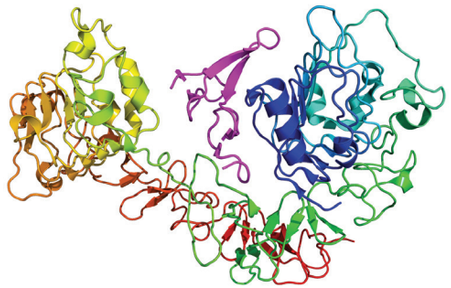
Small Peptides & Tumor Neo-epitopes



AIP-2

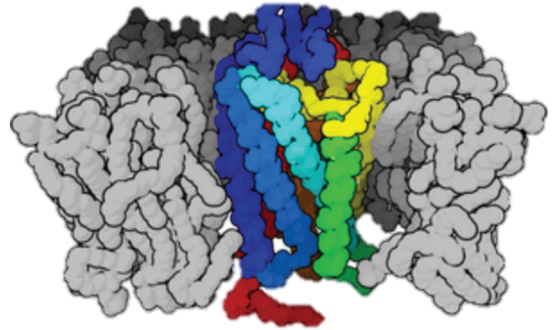
High Value Oncology Targets

PD1, PD-L1, CD123, PSMA, CD47



Most Difficult Targets:

G Protein-Coupled Receptors (GPCRs)



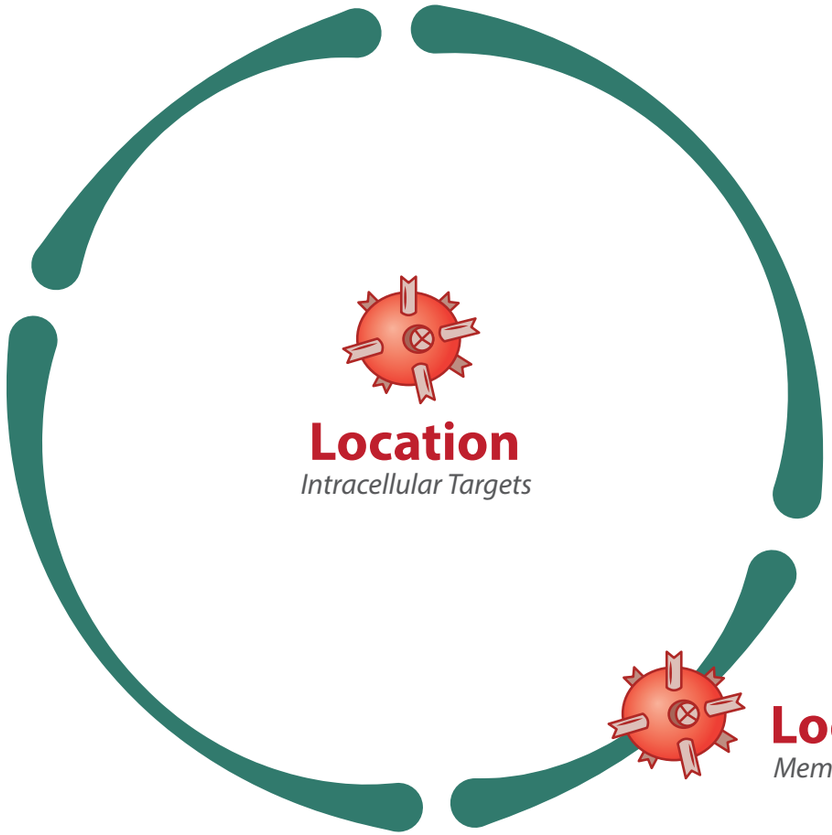
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

Drug Targets:

Location

Secreted Targets
Extra-Cellular



Location

Intracellular Targets

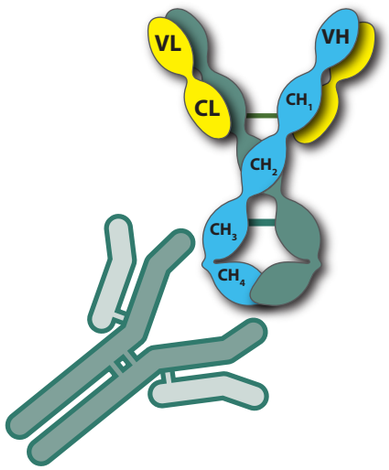
Location

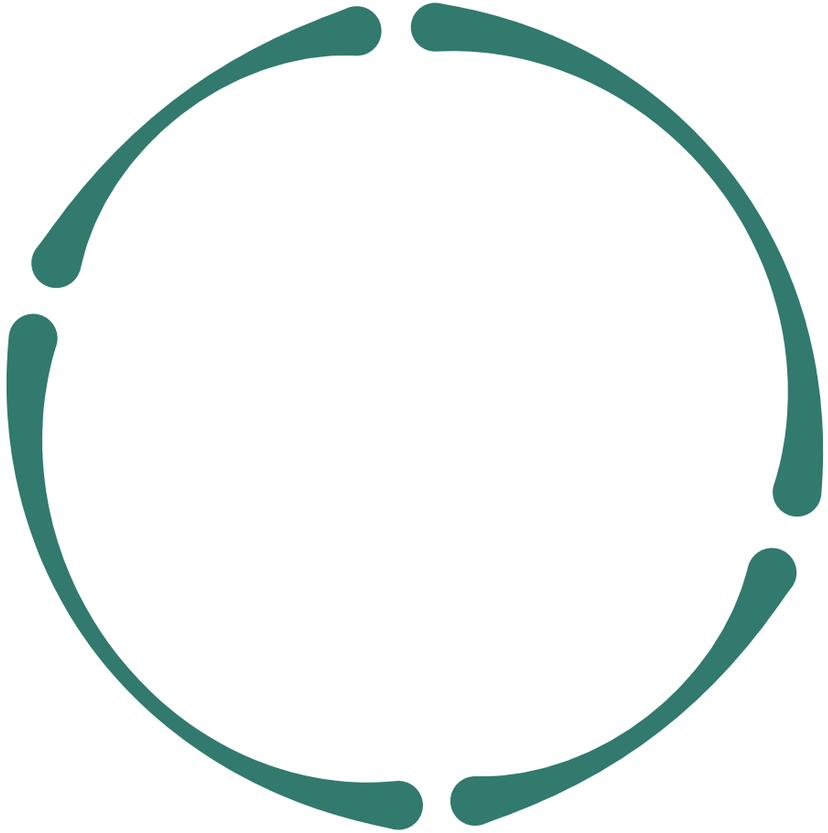
Membrane Targets

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

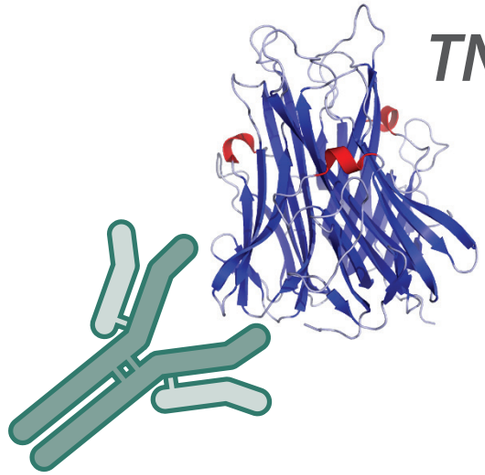
Antibodies against Secreted Targets

IgE



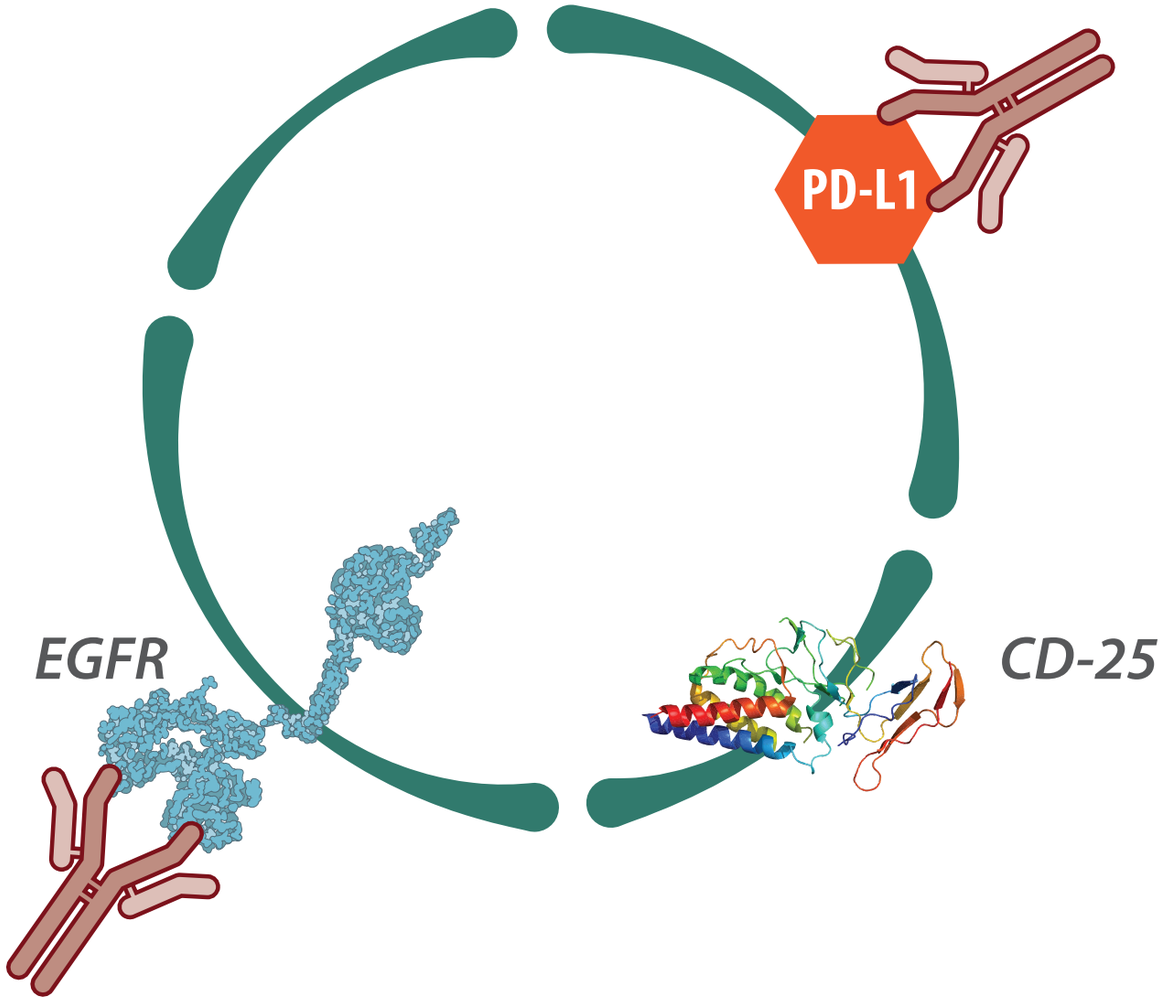


TNF-α



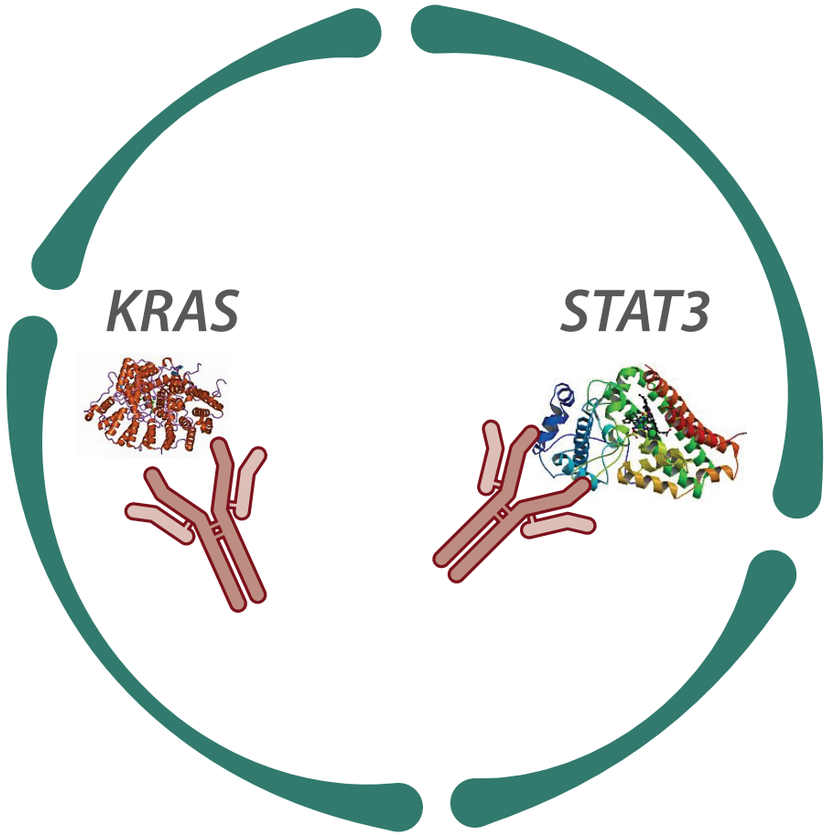
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Antibodies Against Membrane Targets



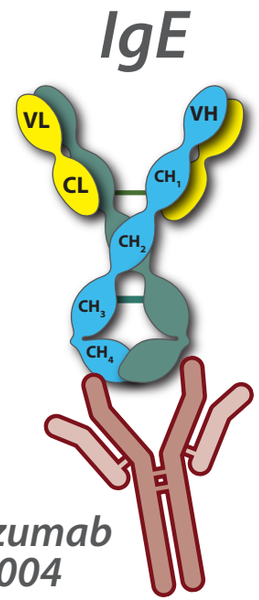
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Antibodies Against Intracellular Targets

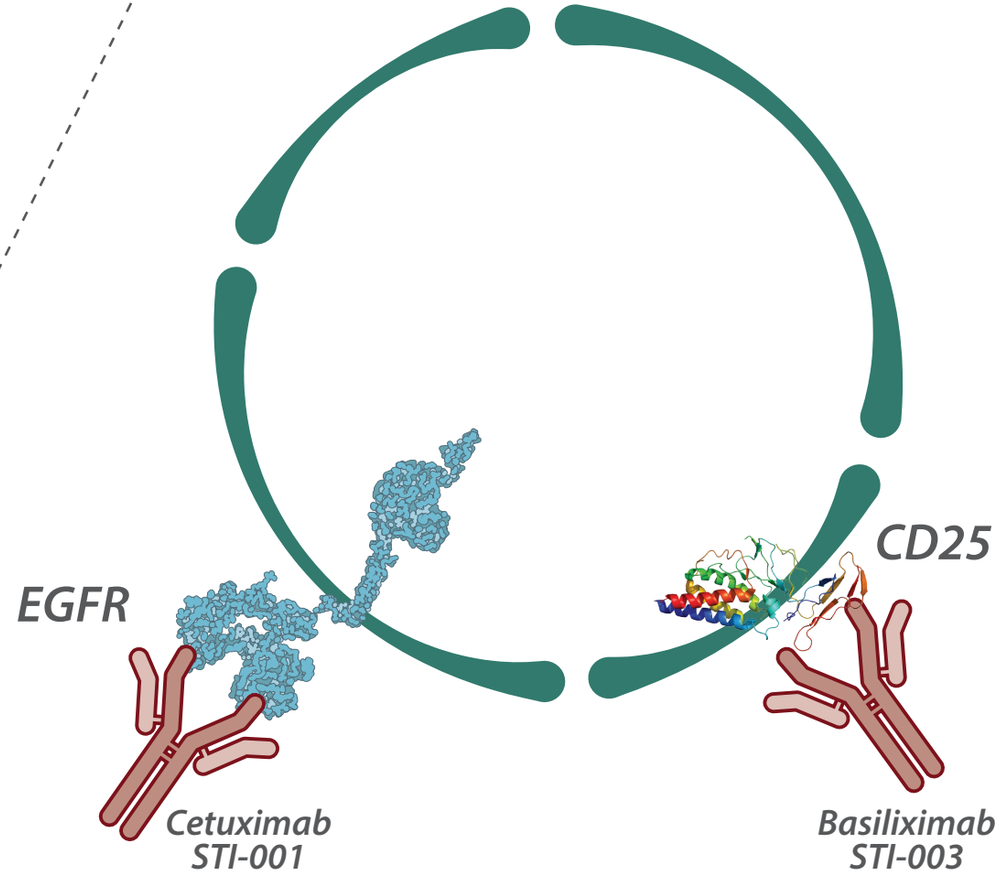


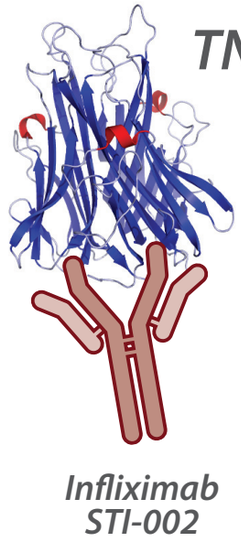
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Sorrento BioSimilar mAb



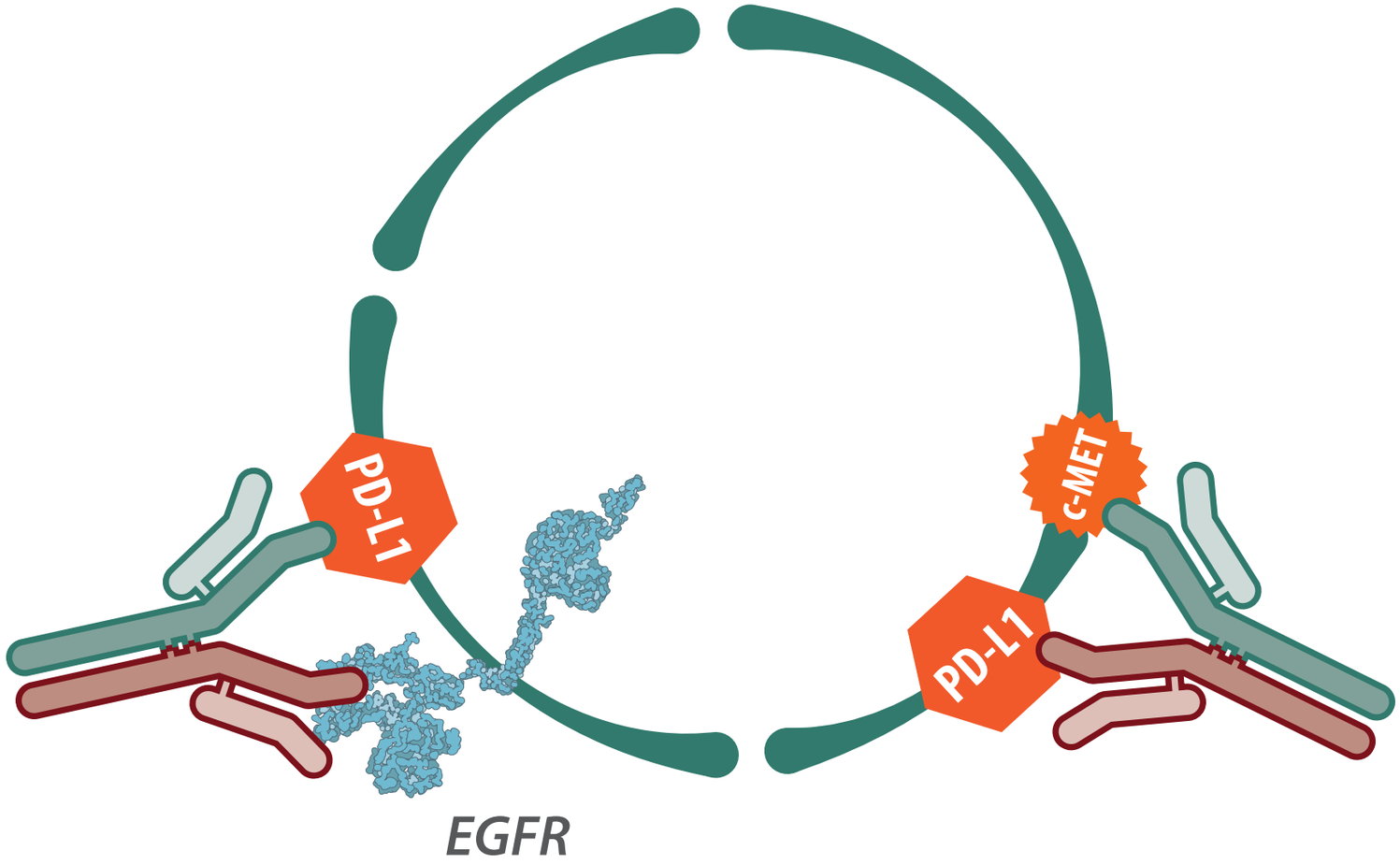
Sorrento BioBetter mAbs





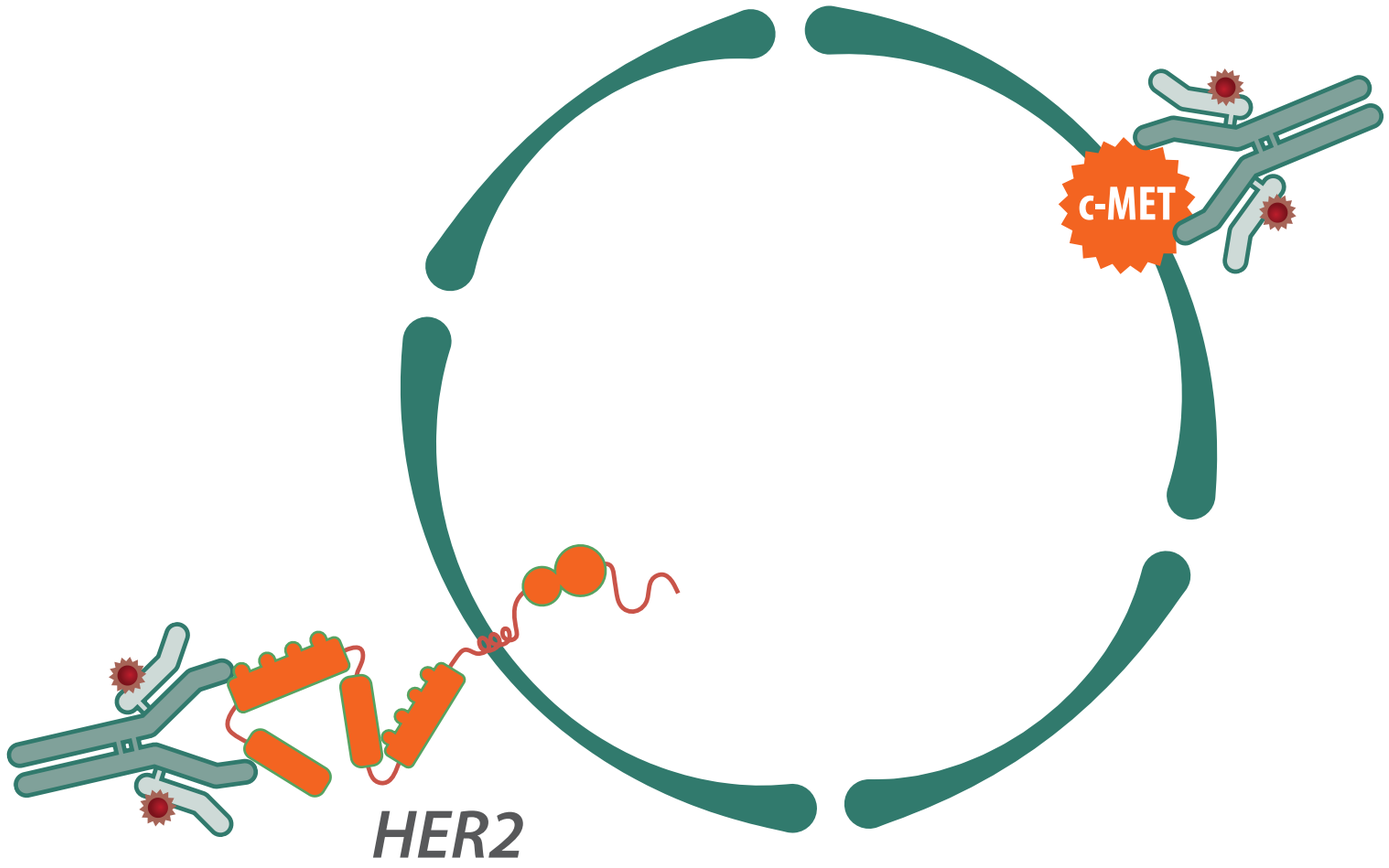
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Bispecific Antibodies



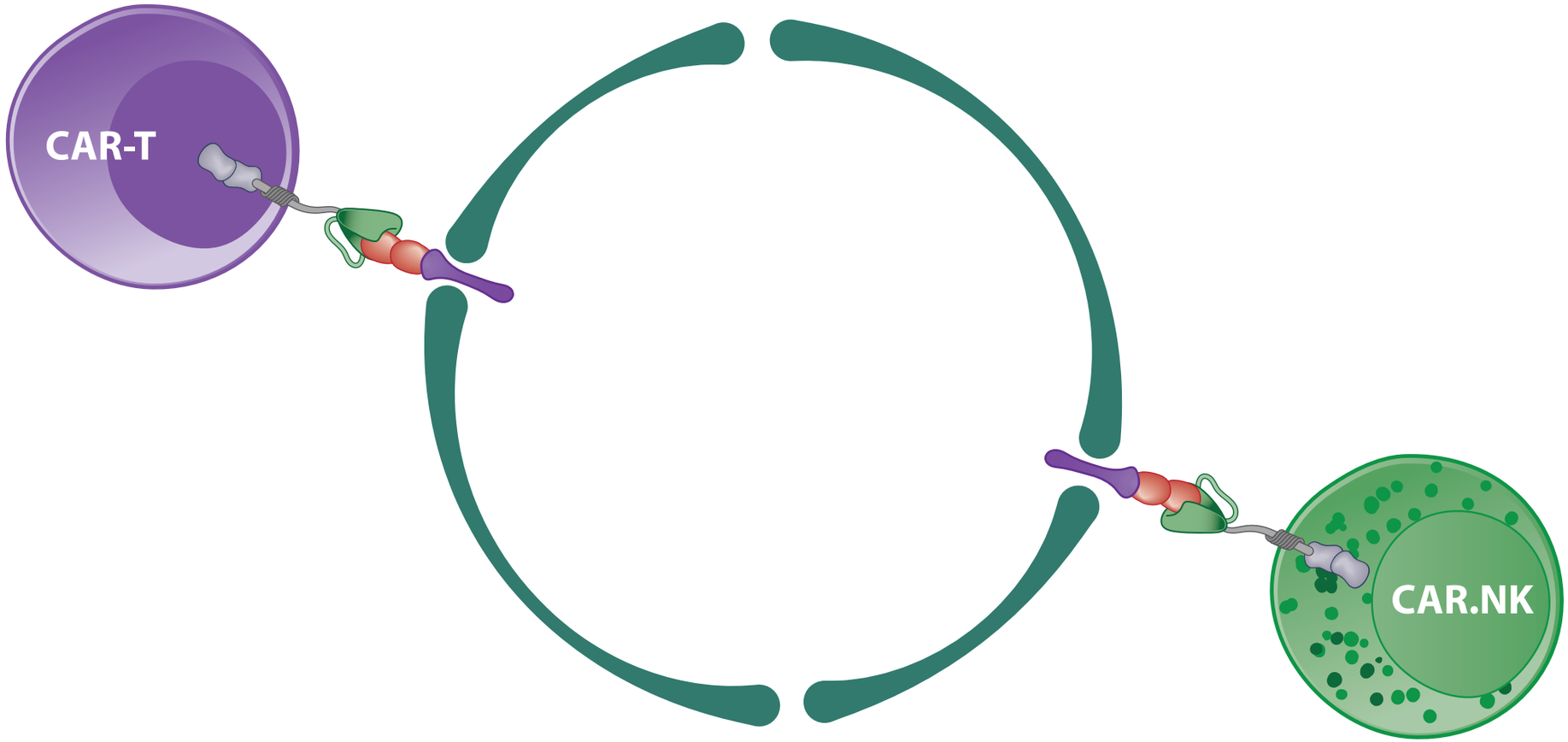
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Antibody Drug Conjugates (ADCs)

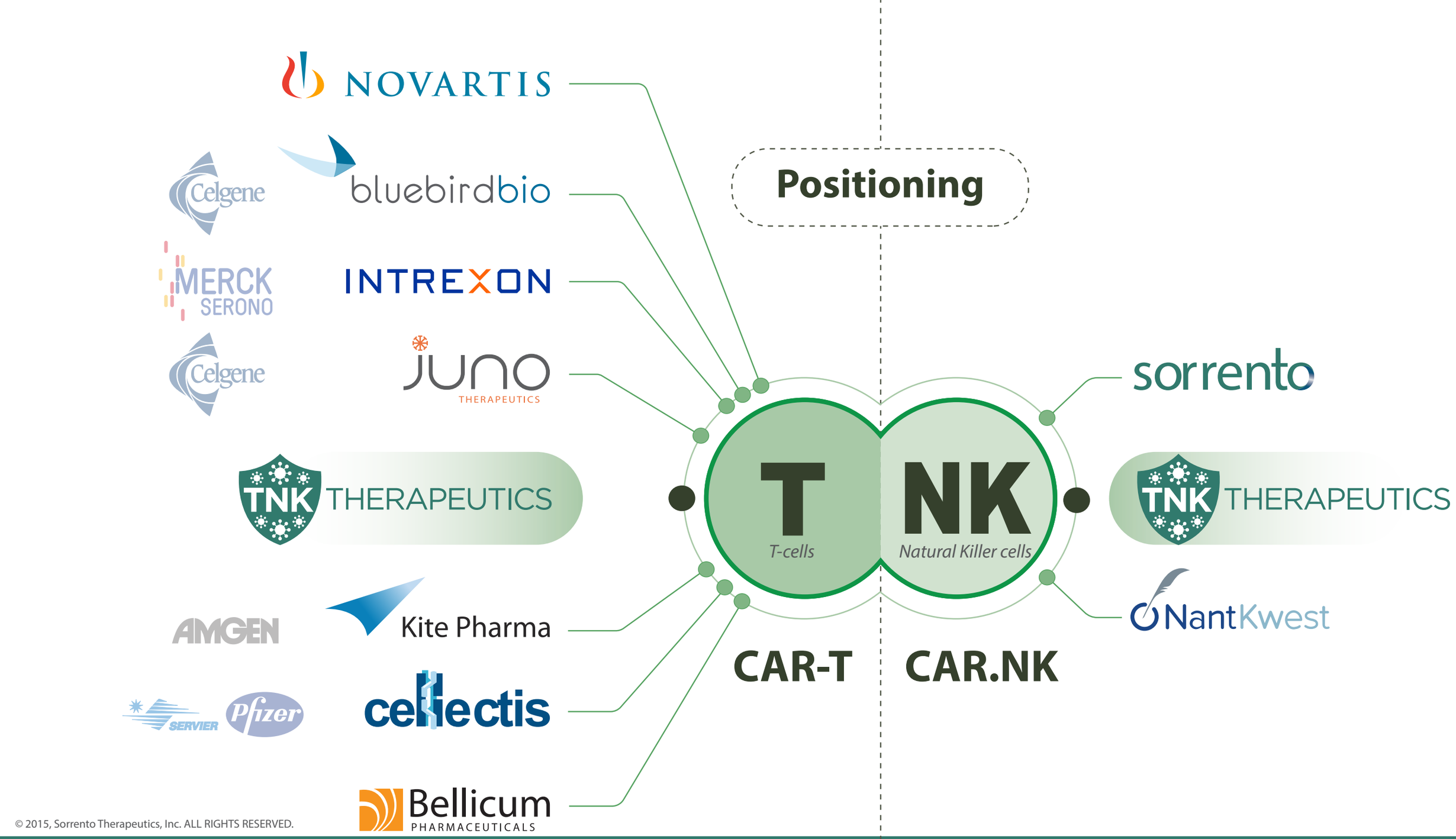


© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Chimeric Antigen Receptors (CARs)

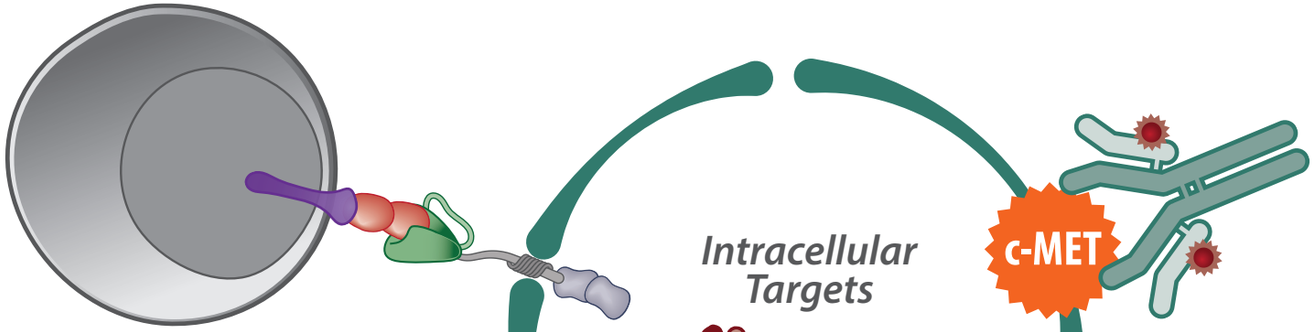


© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

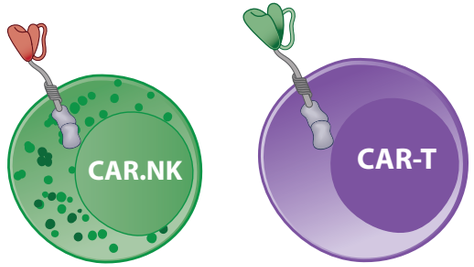


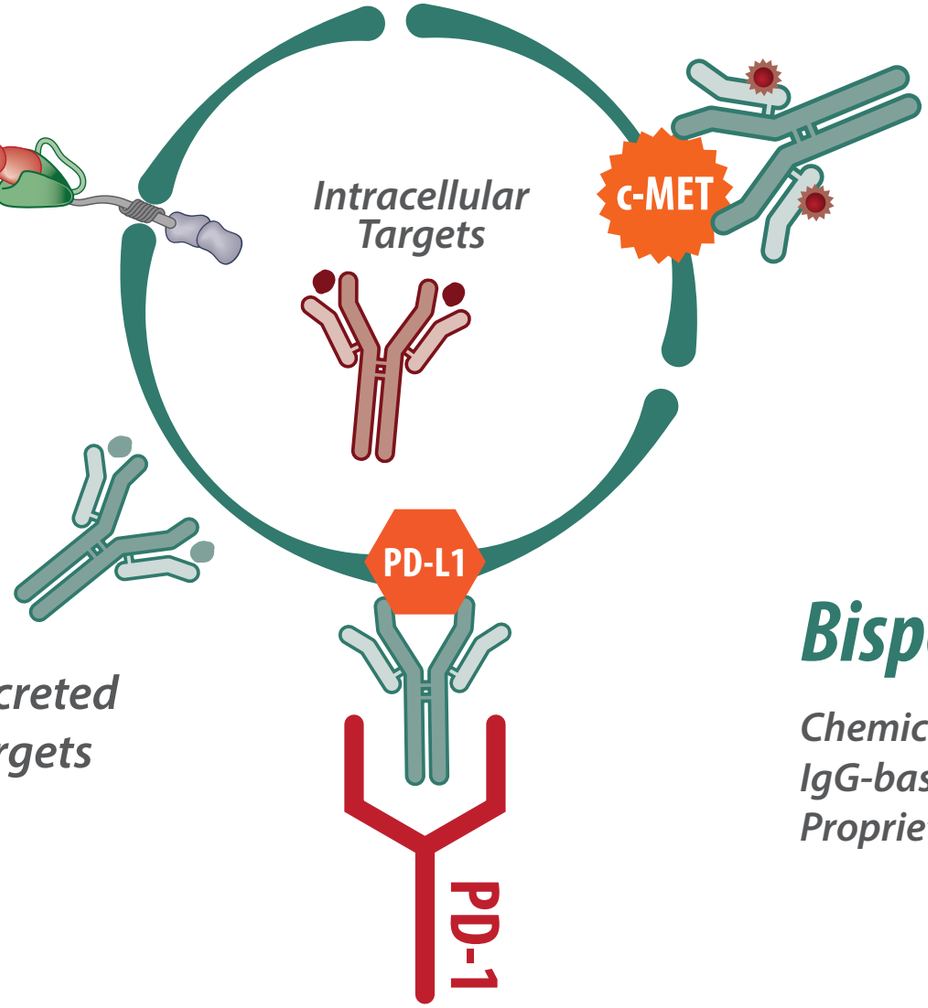
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Sorrento Immunotherapy Platform



Adoptive Immunotherapy



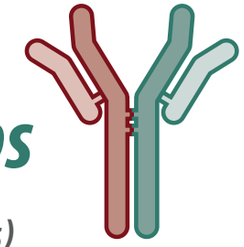


Immuno-Oncology

ADCs

Antibody Drug Conjugates
Proprietary Toxins
Conjugation Chemistries

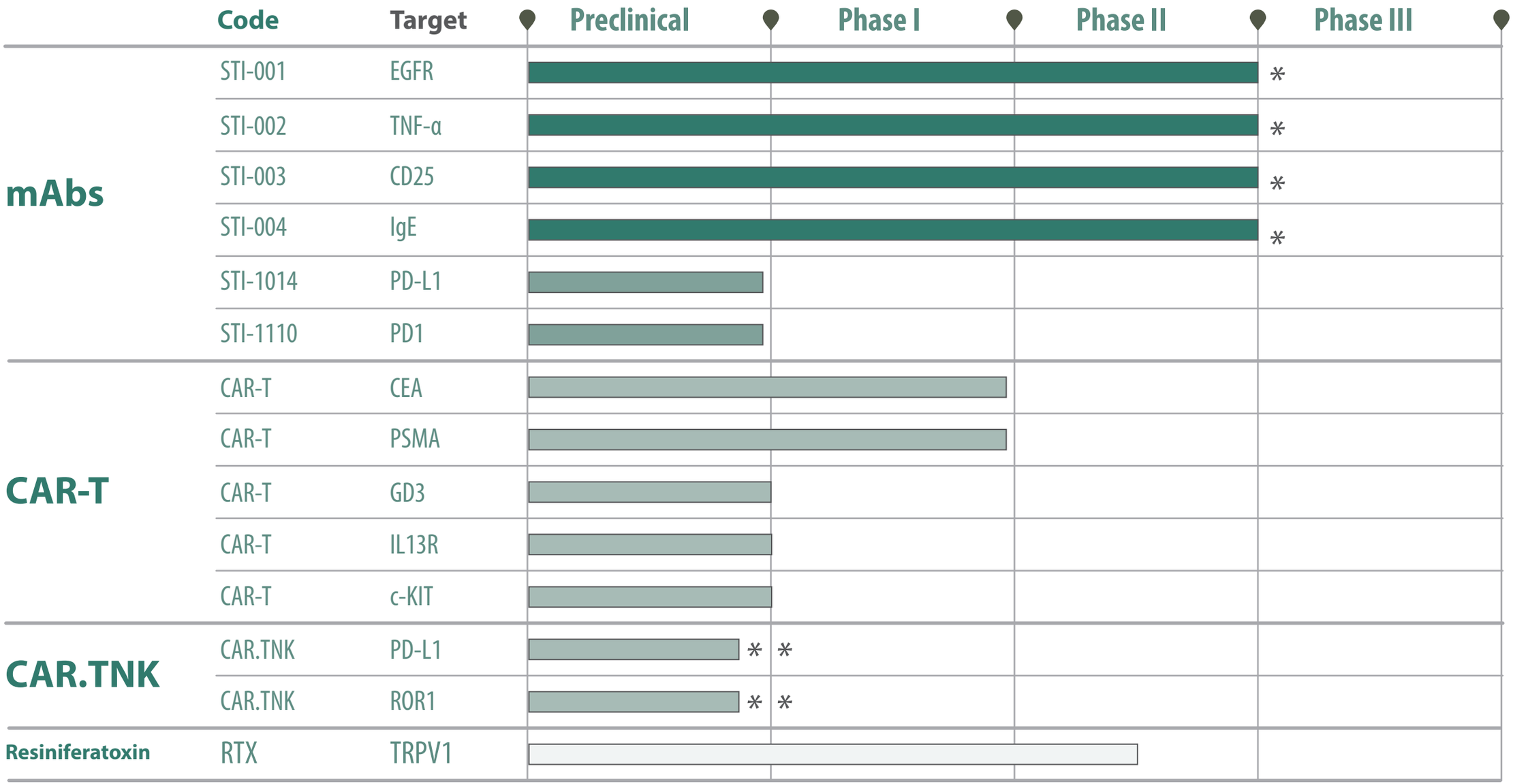
Bispecific Abs



Chemical BsAb (CBAs)
IgG-based
Proprietary Biochemistry

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

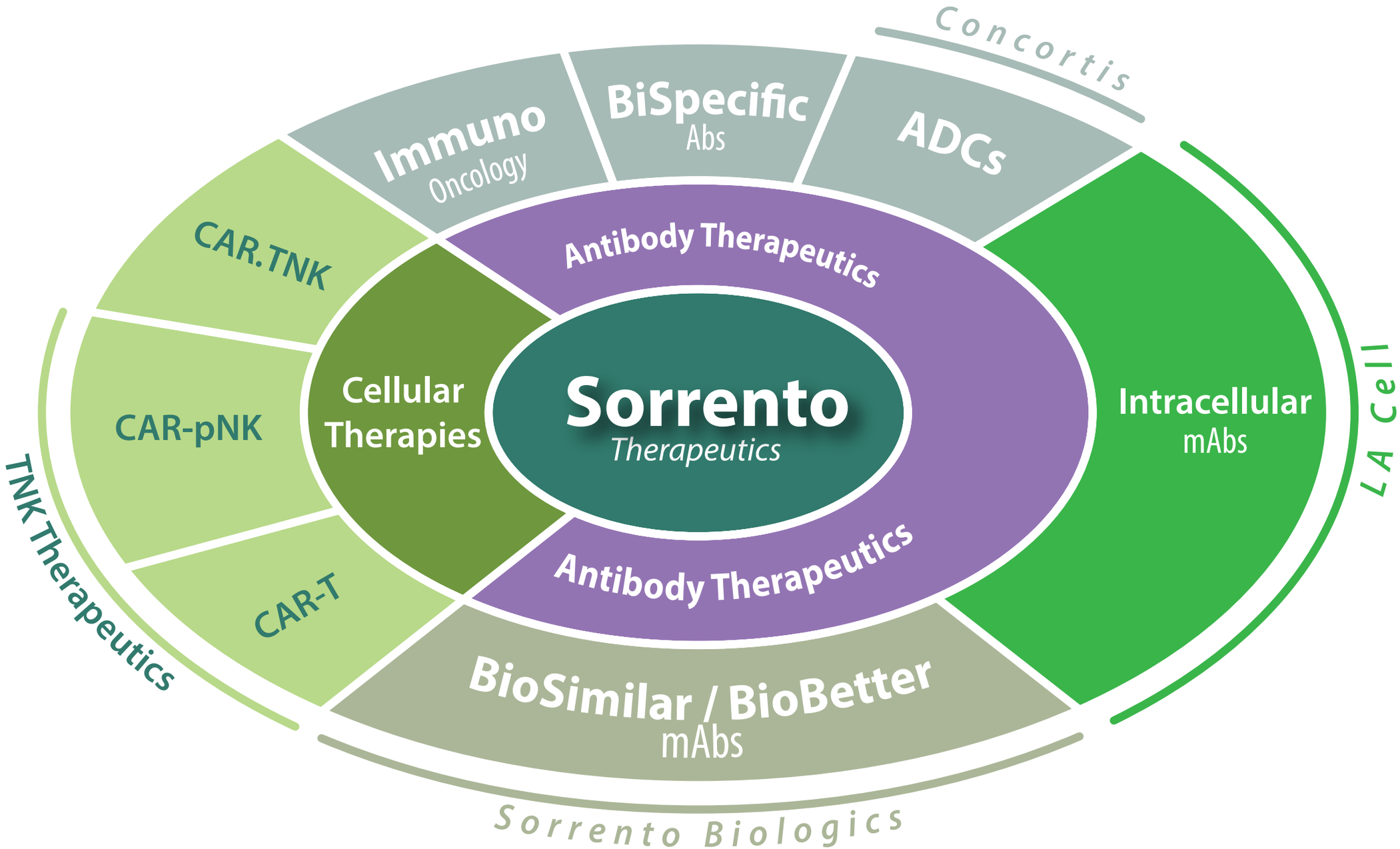
sorrento Pipeline



*** Partnered with NantKwest*

** Completed Phase III in China*

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.



© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

sorrento

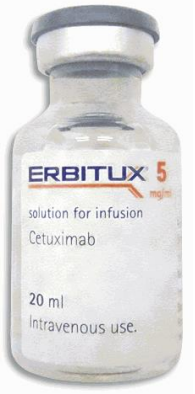
Sorrento Biologics

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

Significant Near-Term Commercial Opportunities

- Worldwide market for biosimilar products with Originators' global sales of $100 B+ in 2014
- Four leading biosimilar / biobetter products have completed Phase 3 trials (in China)
- Targeting $12 B+ market
- Significant opportunities for combination therapies

Product	Generic	Target	Brand	2014 Global Sales (US$)
STI-001	Cetuximab	EGFR	Erbitux	$1.9B
STI-002	Infliximab	TNFα	Remicade	$9B
STI-003	Basiliximab	CD25	Simulect	$114M
STI-004	Omalizumab	IgE	Xolair	$1.1B



(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-001 Biosimilar/Biobetter mAb to Cetuximab

ERBITUX CETUXIMAB *Cetuximab – Eli Lilly/BMS/Merck KGaA*

Backgrounds

Chimeric monoclonal antibody that binds to the extracellular domain of the epidermal growth factor receptor (EGFR)

Binding of Erbitux to EGFR interferes with ligand-mediated activation of the receptor's intracellular tyrosine kinase activity, thus inhibiting EGFR-mediated signaling.

May induce immune system activation through antibody-dependent cell-mediated cytotoxicity (ADCC) and complement-dependent cytotoxicity (CDC)

Approvals / Indications

- *With irinotecan in advanced colorectal cancer*
- *With chemotherapy in late-stage metastatic head and neck cancer*
- *With FOLFIRI for 1st-line treatment of metastatic colorectal cancer*

Market Size

2014: approximately $1.9B globally ($680m in US)

2013: approximately $1.9B globally ($680m in US)

Source: DataMonitor Healthcare (www.datamonitorhealthcare.com)

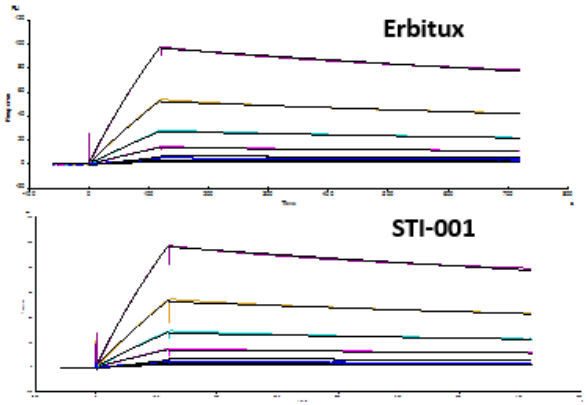
(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

Cetuximab: STI-001 vs Erbitux

	ERBITUX CETUXIMAB	STI-001
Amino acid sequence	Same	Same
Expression system	SP 2/0	CHO
Formulation	PBS buffer	Modified
Specifications	Same	Same
N-Glycosylation Site	-Asn^{297}	-Asn^{297}
Glycosylation Pattern	Gal-α(1,3)-Gal	Gal-α(2,3/6)-Gal
Sialic acid	NGNA	NANA
Immunogenicity	High	Low

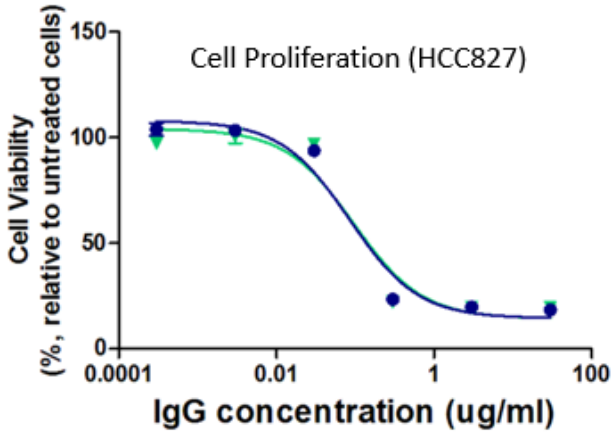
(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-001: Comparable to Erbitux *in vitro* and *in vivo*

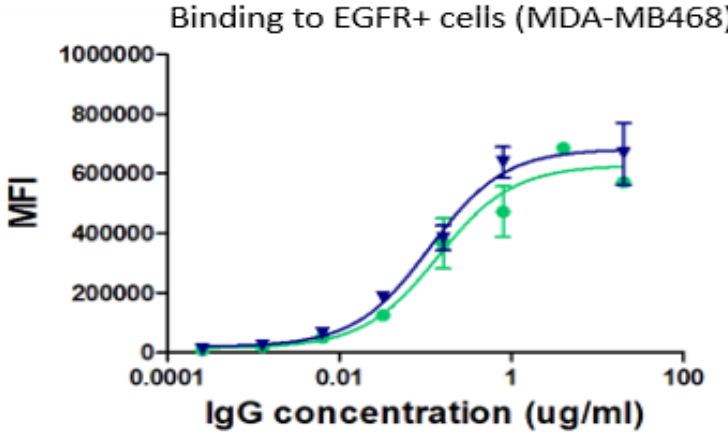


Biacore Kinetics Results

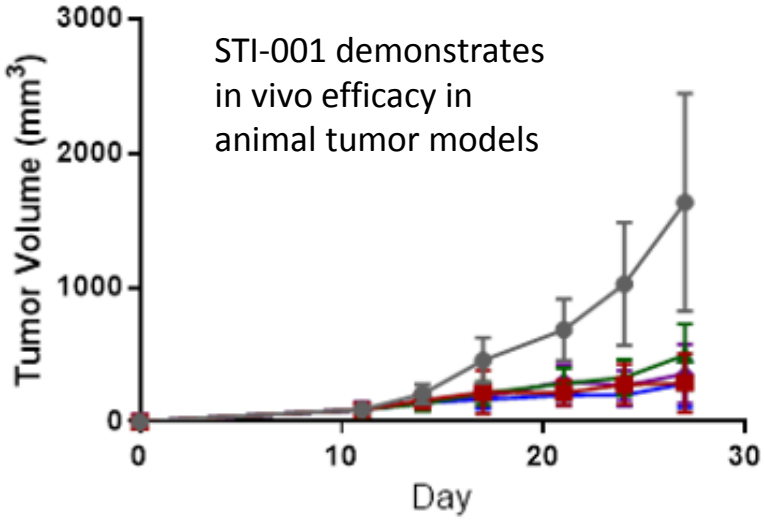
Sample	k_a ($M^{-1}s^{-1}$)	k_d (s^{-1})	R_{max} (RU)	K_D (M)	Chi^2
Erbitux	3.978E4	4.362E-4	300.1	1.097E-8	0.823
STI-001	5.832E4	4.879E-4	250.9	8.36E-9	1.61



	STI-001	Erbitux
IC_{50} (µg/mL)	0.085	0.096



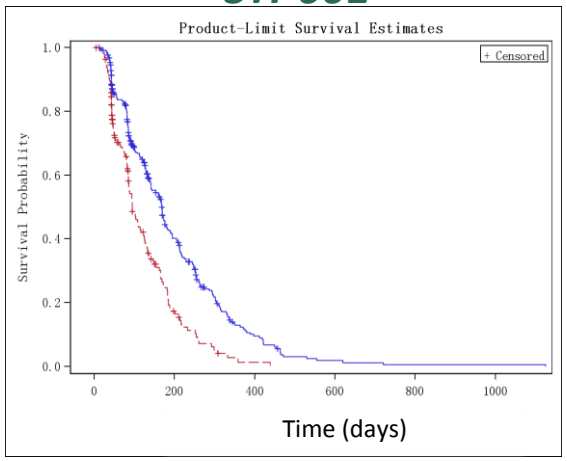
	STI-001	Erbitux
EC_{50} (µg/mL)	0.14	0.11



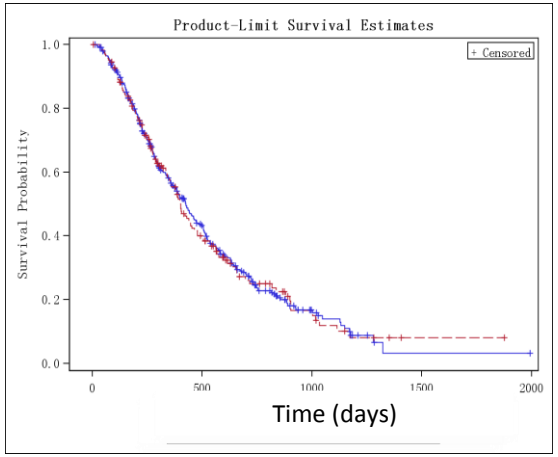
(C) 2015 Sorrento Therapeutics, Inc. All R

STI-001: Demonstrated Clinical Efficacy

STI-001



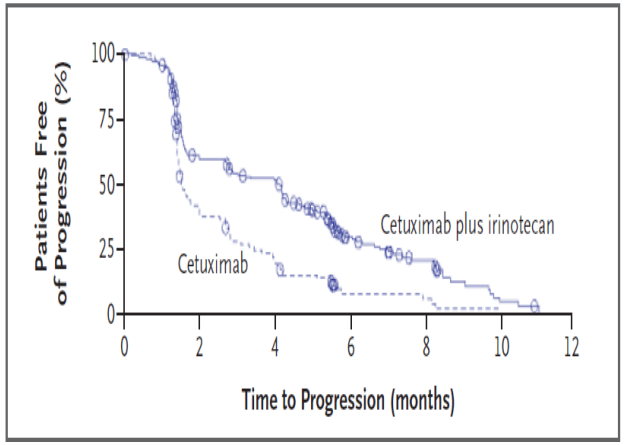
Progression Free Survival (PFS)



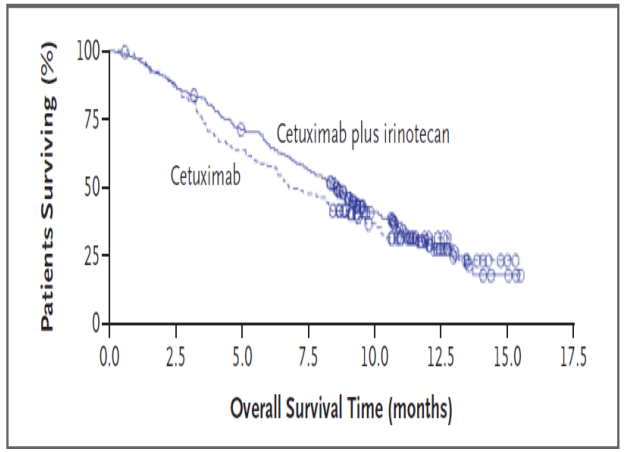
Overall Survival (OS)

	Erbitux Ph3 trial	STI-001 Ph2/3 trial
	Cetuximab + irinotecan (n=218),	STI-001 + irinotecan (n=337)
Overall response rate	22.9 [17.5-29.1)	32.9 [27.9-38.2]
Disease control rate	55.5 [48.6-62.2]	80.1 [75.5-84.2]
Overall survival (months)	8.6	14.1
Time to disease progression (months)	4.1	5.6

Erbitux



Time to progression (TTP)



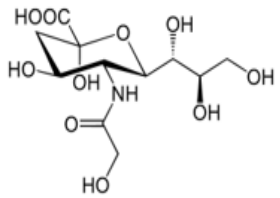
Overall Survival (OS)

N Engl J Med 2004;351:337-45

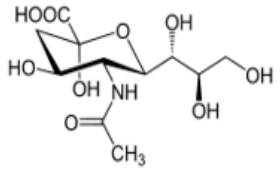
(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-001: Favorable Carbohydrate Structure With Fewer Side Effects

99% of STI-001 sialic acid is human NANA form
97% of Erbitux sialic acid is Non-human NGNA form



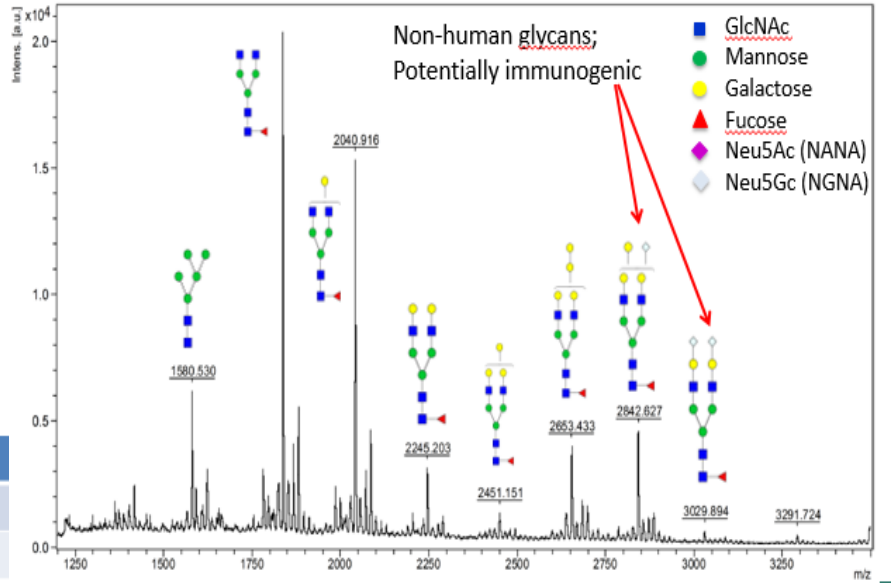
NGNA: N-Glycolyneuraminic acid



NANA: N-Acetylneuraminic acid

Released total sialic acid analysis

	Neu5Gc (NGNA) ng/µg protein	Neu5Ac (NANA) ng/µg protein
Erbitux	0.64	0.02
STI-001	0.05	6.93



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Cetuximab-Induced Anaphylaxis and IgE Specific for Galactose-α-1,3-Galactose

Christine H. Chung, M.D., Beloo Mirakhur, M.D., Ph.D., Emily Chan, M.D., Ph.D., Quynh-Thu Le, M.D., Jordan Berlin, M.D., Michael Morse, M.D., Barbara A. Murphy, M.D., Shama M. Satinover, M.S., Jacob Hosen, B.S., David Mauro, M.D., Ph.D., Robbert J. Slebos, Ph.D., Qinwei Zhou, Ph.D., Diane Gold, M.D., Tina Hatley, M.D., Daniel J. Hicklin, Ph.D., and Thomas A.E. Platts-Mills, M.D., Ph.D.

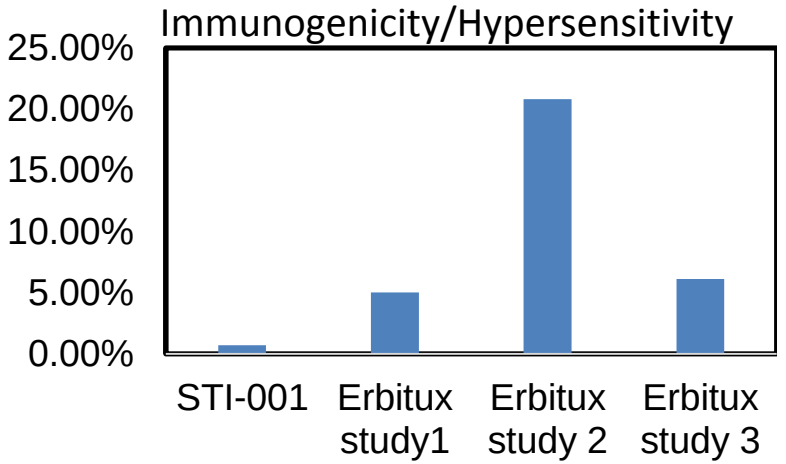
cetuximab's glycoforms. In the Fd glycosylations, 41% contained N-glycolyl neuraminic acid (NGNA) and 78% contained Gal-α-1,3-gal in their structures. These glycosylations have been shown to be responsible for immunogenic responses.[18] Batch-to-batch variations in the glycosylation profiles of cetuximab have also been reported by Sundaram et al.[21]

- *MAbs. 2013 Sep-Oct;5(5):699-710*
- *N Engl J Med. 2008 Mar 13;358(11):1109-17*
- *MAbs. 2011;3:505–12*

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-001: Improved Safety Compared to Erbitux

	Erbitux		STI-001	
AE's Grades 3 & 4	Cetuximab + irinotecan (n=218)	Cetuximab monotherapy (n=111)	STI-001+ irinotecan (n=337)	Irinotecan monotherapy (n=164)
Any	138 (65.1)	50 (43.5)	180 (54.2)	57 (38.9)
Anemia	10 (4.7)	3 (2.6)	3 (0.9)	3 (1.8)
Neutropenia	20 (9.4)	0	53 (15.7)	14 (8.5)
Thrombocy-topenia	1 (0.5)	1 (0.9)	0	0
Diarrhea	45 (21.2)	2 (1.7)	35 (10.4)	12 (7.3)
Asthenia	29 (13.7)	12 (10.4)	19 (5.6)	6 (3.7)
Acne-like rash	20 (9.4)	6 (5.2)	0	0
Nausea and vomiting	15 (7.1)	5 (4.3)	16 (4.7)	16 (9.8)
Abdominal pain	7 (3.3)	6 (5.2)	3 (0.9)	0
Stomatitis	5 (2.4)	1 (0.9)	1 (0.3)	0
Dyspnea	3 (1.4)	15 (13.0)	N/A	N/A
Fever	5 (2.4)	0	5 (1.5)	1 (0.9)



- STI-001 data from phase 2/3 study
- Erbitux study 1 data from product insert
- Erbitux studies 2 and 3 data from *N Engl J Med, 358 (2008), 1109-17*

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-002 BioSimilar / BioBetter mAb to Infliximab

Remicade
INFLIXIMAB

Infliximab – Janssen

Backgrounds

Chimeric monoclonal antibody against tumour necrosis factor alpha (TNF-α)

Approvals / Indications

Crohn's Disease, pediatric Crohn's Disease, Ulcerative Collitis, pediatric Ulcerative Collitis, Rheumatoid Arthritis, Psoriatic Arthritis, Akylosing Spondylitis, Plaque Psoriasis

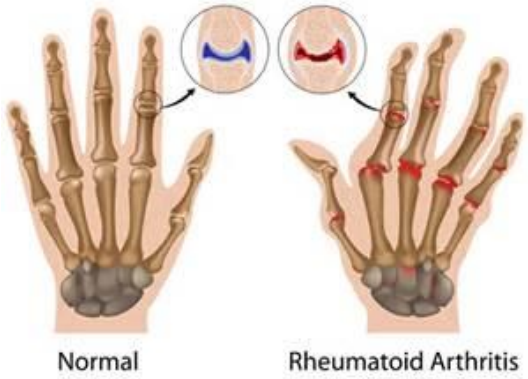
Market Size

Marketing rights divided between Janssen Biotech/Merck/Mitsubishi Tanabe

2014: approximately $9B in sales globally ($5B in US)

2013: approximately $9B in sales globally ($5B in US)

Source: DataMonitor Healthcare (www.datamonitorhealthcare.com)



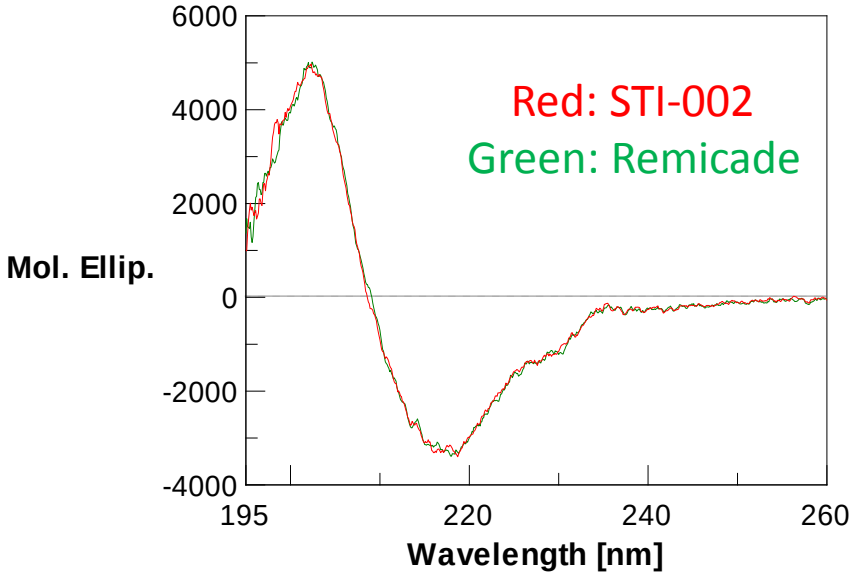
(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

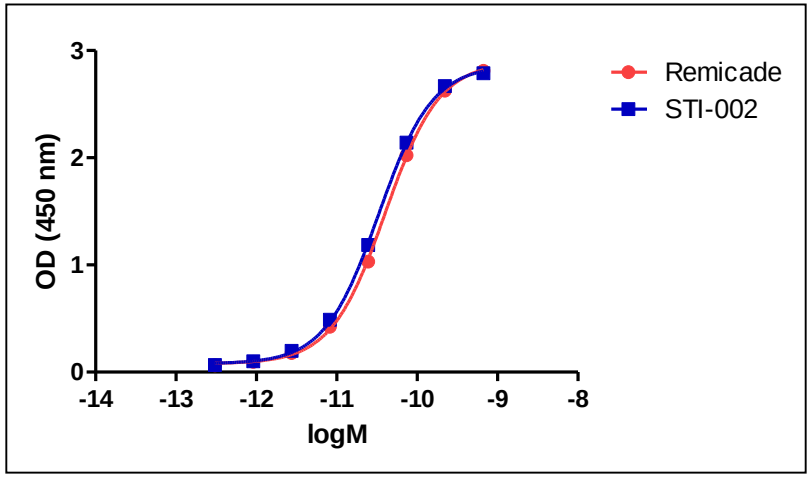
Infliximab: STI-002 vs Remicade

	Remicade® INFLIXIMAB	*STI-002*
Amino acid sequence	*Same*	*Same*
Expression system	*SP 2/0*	*CHO*
Formulation	*Same*	*Same*
Specifications	*Same*	*Same*
N-Glycosylation Site	*-Asn^{297}*	*-Asn^{297}*
Glycosylation Pattern	*Gal-α(1,3)-Gal*	*Gal-α(2,3/6)-Gal*
Immunogenicity	*High*	*Low*

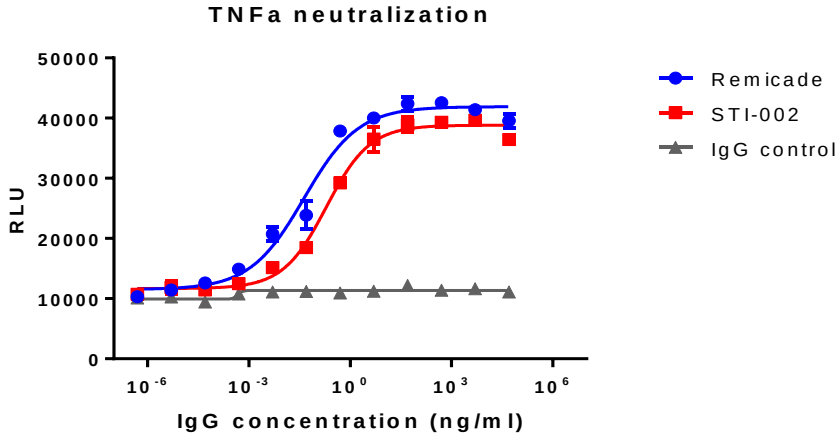
(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-002: Comparable Structure and Function to Remicade

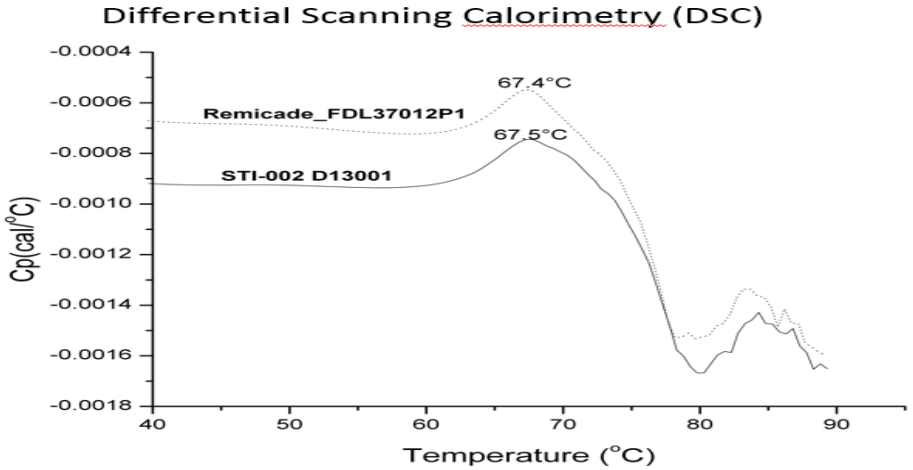




	STI-002	Remicade
EC_{50}	4.025e-011	3.316e-011

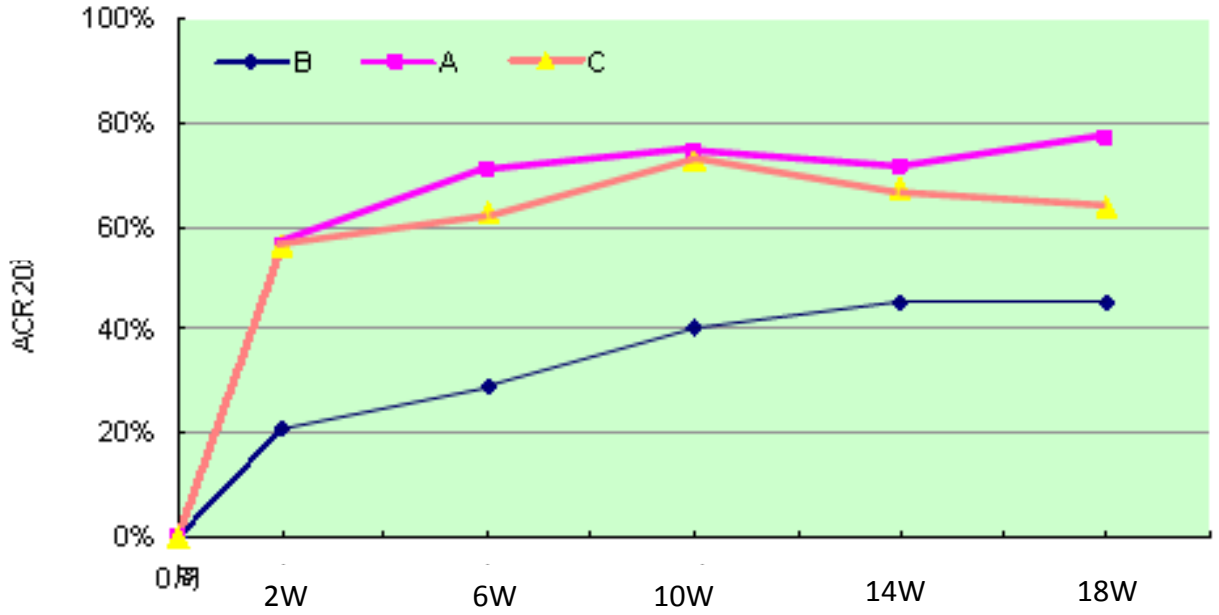


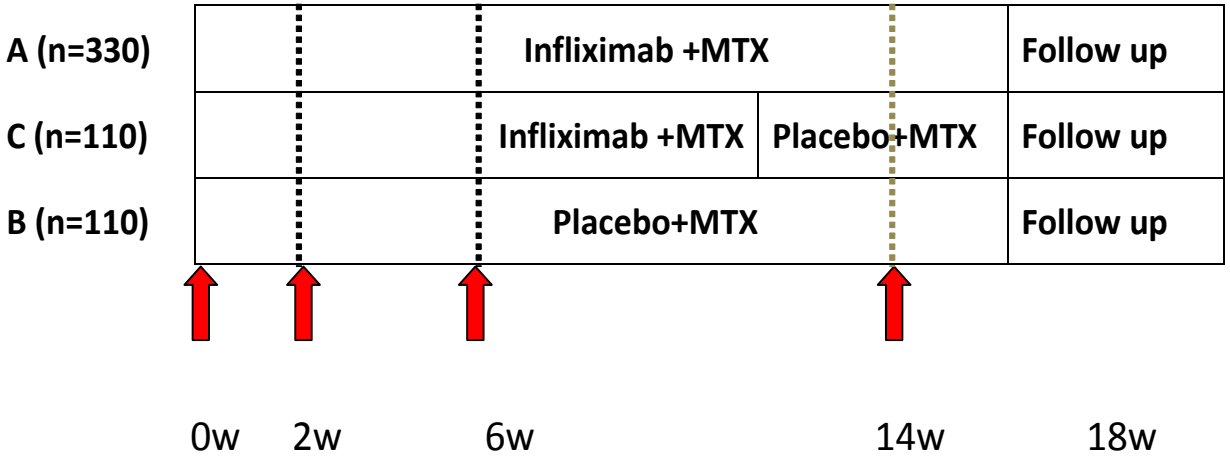
	Remicade	STI-002
EC50	0.0431	0.197



(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

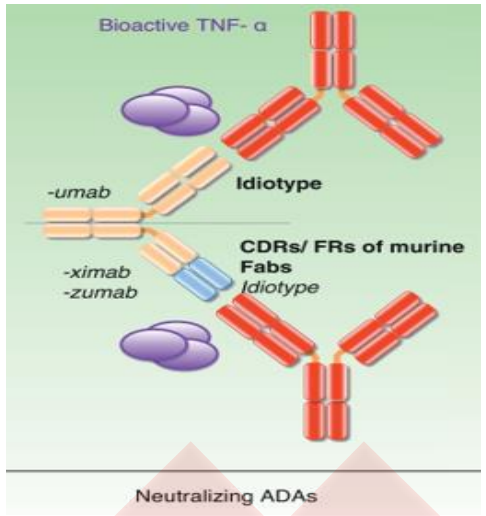
STI-002 Demonstrated Clinical Efficacy in RA Patients





(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-002 Showed Reduced Immunogenic Reactions



Remicade

Table 2: Summary of Immunogenicity Testing - Safety Population – PLANET RA

	REMSIMA™ 3 mg/kg (N=302) n (%)	Remicade® 3 m/kg (N=300) n (%)	Total (N=602) n (%)
Screening			
ADA Positive	9 (3.0)	6 (2.0)	15 (2.5)
NAb Positive (as % of ADA positive)	4 (44.4)	2 (33.3)	6 (40.0)
ADA Negative	292 (96.7)	292 (97.3)	584 (97.0)
EoS			
ADA Positive	157 (52.0)	150 (50.0)	307 (51.0)
NAb Positive (as % of ADA positive) ,	155 (98.7)	147 (98.0)	302 (98.4)
ADA Negative	112 (37.1)	119 (39.7)	231 (38.4)

ADA=Anti-drug antibodies; N=Number of all patients in this group; NAb=Neutralizing antibody
Source: CSR PLANET RA Post-text Table 14.3.6.5

STI-001

Phase I (Healthy volunteers and RA patients)

	Single dose (vd) (Healthy volunteers)			Multi-dose (vd 0,2,6,10,14w)(RA patients)
Dosage	1 mg/kg	3 mg/kg	10 mg/kg	3 mg/kg
ADA incidence	2/9	0/9	0/9	1/10

Phase III (RA patients)

	Multi-dose (vd 0,2,6,10,14w)(combined with MTX)
Dosage	3 mg/kg
ADA incidence	8/339

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-003 Biosimilar/Biobetter mAb to Basiliximab

SIMULECT
basiliximab

Basiliximab – Novartis[1]

Backgrounds

Chimeric monoclonal antibody (IgG1k) that binds to and blocks the binding of IL-2 to IL-2Ra (aka CD25) on the surface of activated T-lymphocytes.

This specific, high affinity binding to IL-2Ra competitively inhibits IL-2-mediated activation of lymphocytes, a critical pathway in the cellular immune response involved in allograft rejection.

Approvals / Indications

Indicated for the prophylaxis of acute organ rejection in patients receiving renal transplantation when used as part of an immunosuppressive regimen that includes cyclosporin and corticosteroids.

Market Size

2012: approximately $117M globally [1]

2013: approximately $114M globally [1]

[1] *Source: Simulect® package insert-- https://www.pharma.us.novartis.com/product/pi/pdf/simulect.pdf*

[2] *Source: http://www.genericsweb.com/Pipeline%20Watch/Pipeline%20Watch%20April%202013%20-%20Basiliximab.pdf*

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

Basiliximab: STI-003 vs Simulect

	SIMULECT basiliximab	STI-003
Amino acid sequence	Same	Same
Expression system	SP 2/0	CHO
Formulation	Same	Same
Specifications	Same	Same
N-Glycosylation Site	-Asn^{297}	-Asn^{297}
Glycosylation Pattern	Gal-α(1,3)-Gal	Gal-α(2,3/6)-Gal
Sialic acid	NGNA	NANA
Immunogenicity	High	Low

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

STI-004 Biosimilar mAb to Omalizumab

Omalizumab – Novartis/Genentech

Backgrounds

Xolair (omalizumab; Roche/Novartis), a humanized monoclonal antibody product, inactivates immunoglobulin E (IgE), preventing the inflammatory events that lead to asthma exacerbations. Omalizumab inhibits the binding of IgE to the high-affinity IgE receptor on the surface of mast cells and basophils.

This is the only FDA approved biologic used in treatment of asthma.

Approvals / Indications

US/EU: *Moderate to severe allergy-related asthma that is inadequately controlled with inhaled corticosteroids alone for patients 12 years or older*

chronic idiopathic urticaria/chronic spontaneous urticaria (CIU/CSU)

EU: *Children 6-11 years with severe persistent allergic asthma*

Market Size

2014: approximately $1.8B globally ($1.1B in US)

2013: approximately $1.5B globally ($850m in US)

Future sales forecast – $2B globally in 2015, $2.2B in 2016,

Source: DataMonitor Healthcare (www.datamonitorhealthcare.com)

(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

Omalizumab: STI-004 vs Xolair

	Xolair	STI-004
Amino acid sequence	Same	Same
Expression system	CHO	CHO
Formulation	High sucrose	Modified
Specifications	Same	Same
N-Glycosylation Site	-Asn^{297}	-Asn^{297}
Glycosylation Pattern	Gal-α(2,3/6)-Gal	Gal-α(2,3/6)-Gal
Sialic acid	NANA	NANA
Immunogenicity	Low	Low

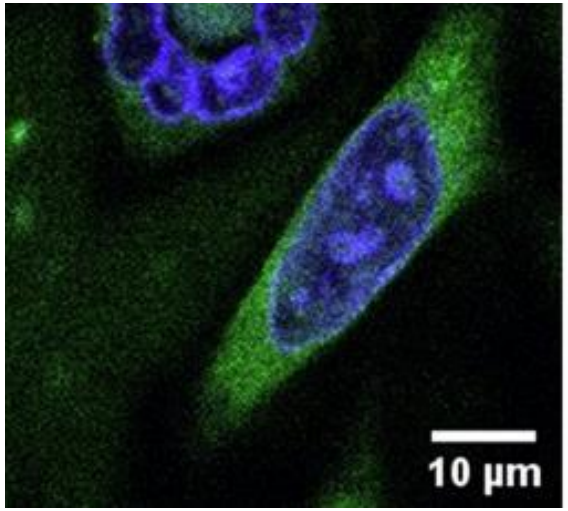
(C) 2015 Sorrento Therapeutics, Inc. All Rights Reserved.

LA Cell, Inc.

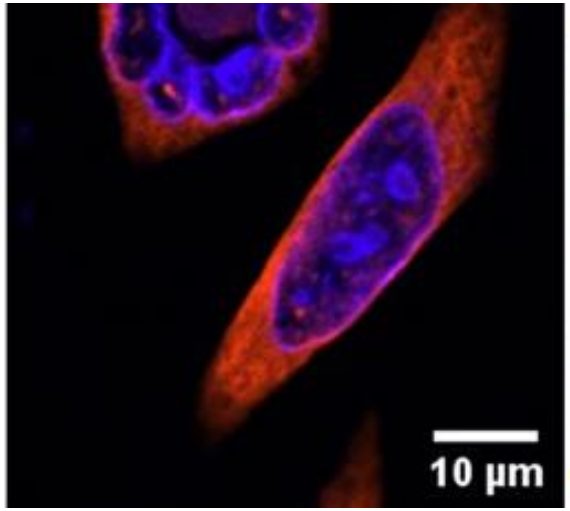
Cell-internalizing Antibody Technology for Drugging of Undruggable Targets

© 2015 LA Cell, Inc. All Rights Reserved.

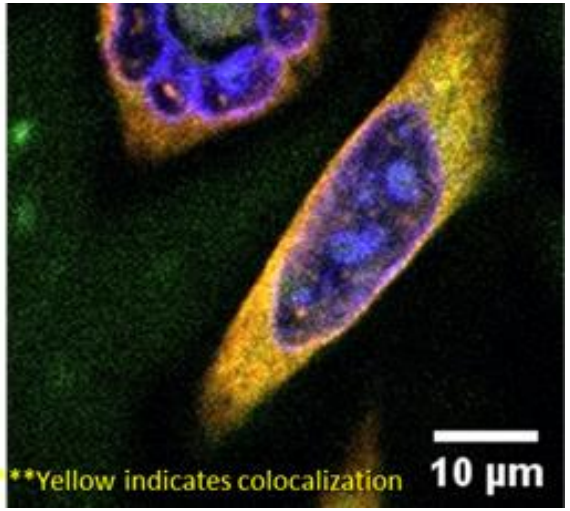
Cell-internalizing Antibodies Penetrate into Live Cells and Recognize Their Targets



1. Modified anti-MYC tag antibody stains live CHO cells transfected with MYC- and FLAG-tagged tubulin



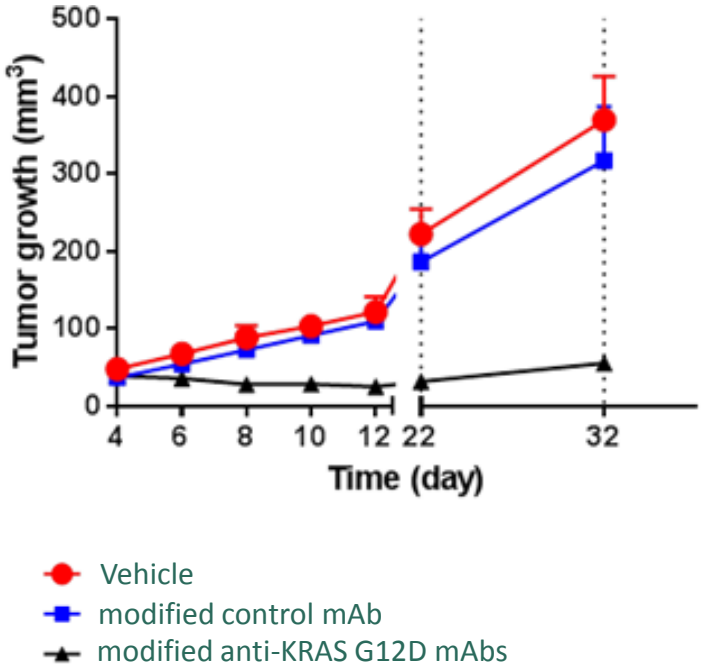
2. Cells were fixed and then stained with unmodified anti-FLAG tag antibody



3. Yellow signal (overlay of green & red fluorescent signals) shows colocalization of both antibodies to tubulin

© 2015 LA Cell, Inc. All Rights Reserved.

Anti-tumor Effect of Modified anti-KRAS G12D mAbs in PANC-1 Tumors

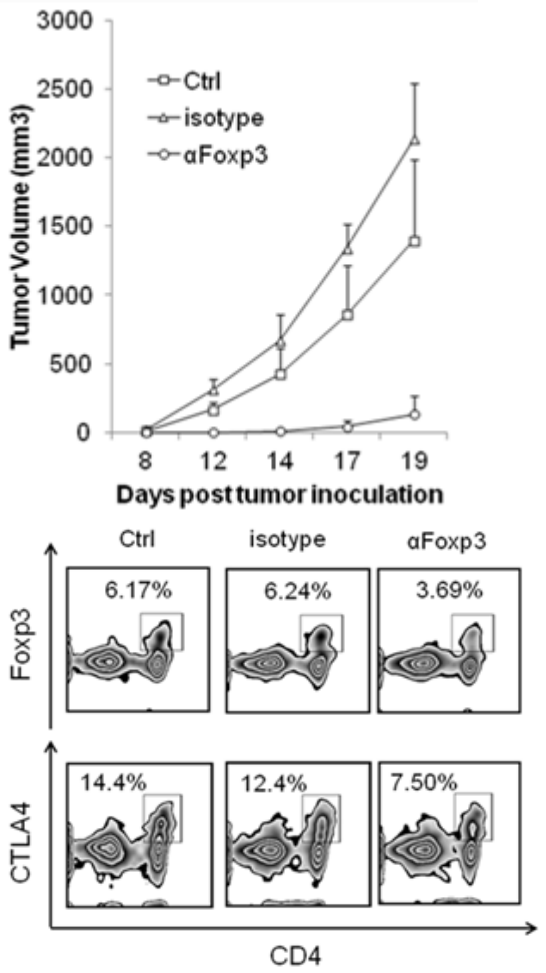


- KRAS mutations, especially KRAS G12D, common in pancreatic and lung cancers
- No drugs yet that directly inhibit KRAS oncogenic activities
- Modified KRAS G12D antibodies effectively inhibit KRAS oncogenic activity in vivo, leading to potent antitumor effects.

Human PANC-1 pancreatic cancer cells were engrafted in athymic nude mice. Once tumors reached 5 mm in diameter, they were treated locally with 10 µg/mouse every other day as indicated. Tumor volumes were measured to determine the growth rate. SD shown; T-test: ***, P<0.001.

© 2015 LA Cell, Inc. All Rights Reserved.

Targeting FoxP3 by the Cell-internalizing Antibody Reduces Tumor-associated Tregs and Tumor Growth

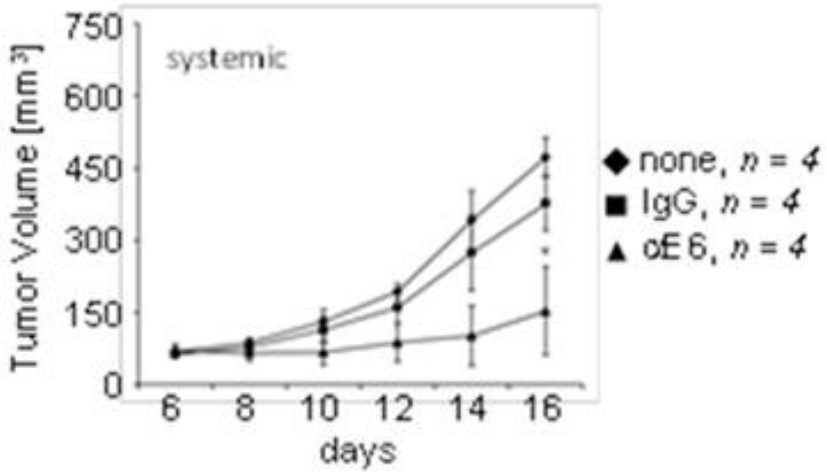


- Regulatory T cells (Tregs) suppress anti-tumor immune responses
- Foxp3 is essential for Tregs maintenance
- However, Foxp3 is deemed undruggable
- Modified Foxp3 antibodies inhibit Foxp3, reducing tumor Tregs and tumor growth

0.2 x10^6 B16 tumor cells were injected s.c., and modified control mAbs, or Foxp3 antibodies (10 µg/mouse) were administered on days 2, 5, 7, 9, and 11. The study concluded on day 20 and tumor lymphocytes were isolated and stained for intracellular levels of FoxP3 and CTLA-4.

© 2015 LA Cell, Inc. All Rights Reserved.

Anti-tumor Efficacy of Modified Antibodies Targeting HPV16/18 E6 Oncoprotein in Cervical Cancer



- Human papillomavirus (HPV) E6 and E7 proteins represent promising targets for therapy of cervical cancer and head-and-neck cancer
- Currently no effective antiviral agent available for anti-cancer therapy available
- Modified antibody against HPV16/18 E6 effectively inhibits E6 function in cervical cancer model, leading to the inhibition of tumor growth

Human CaSki cancer cells were engrafted in athymic nude mice and treated systemically every other day with vehicle, modified IgG control or anti-E6 antibodies as indicated.

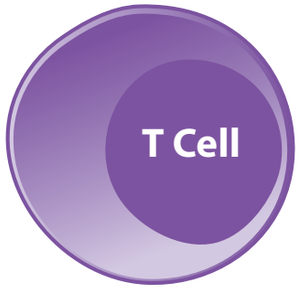
© 2015 LA Cell, Inc. All Rights Reserved.

The Cell-Penetrating Antibody Delivery Platform

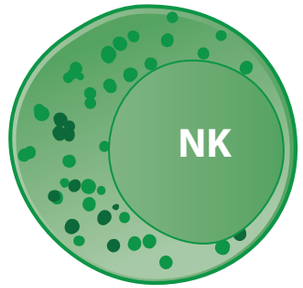
- Conjugation of antibodies with specifically-modified short oligonucleotides enables efficient cellular internalization, intracellular target recognition and inhibition
- Various conjugation chemistries, including both covalent and non-covalent attachment
- Broad range of indications, e.g. oncology, infectious diseases, and inflammation
- Use with other modalities (proteins, peptides, nucleic acids)

© 2015 LA Cell, Inc. All Rights Reserved.

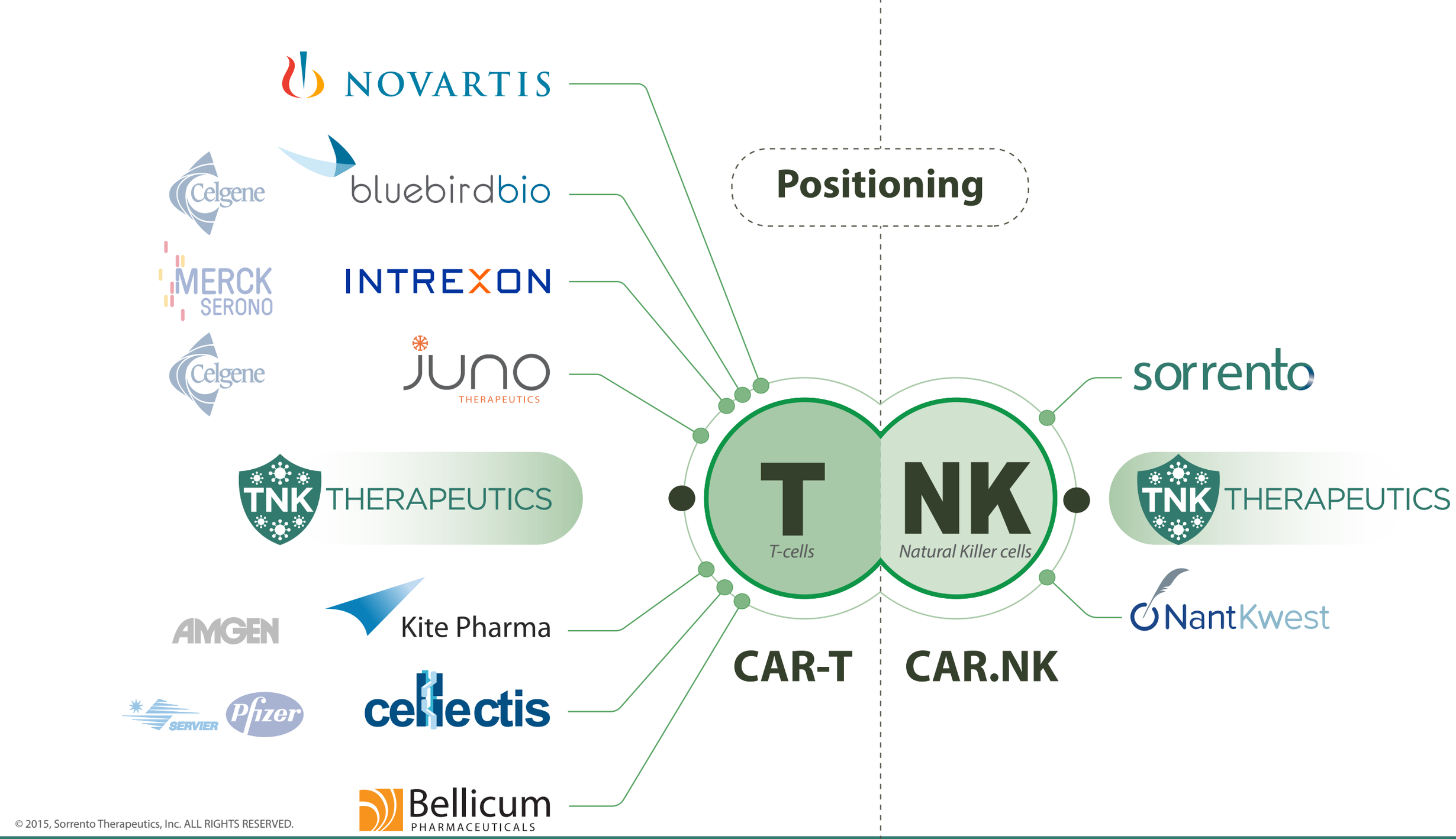
TNK THERAPEUTICS



Harnessing Adaptive and Innate Immunity



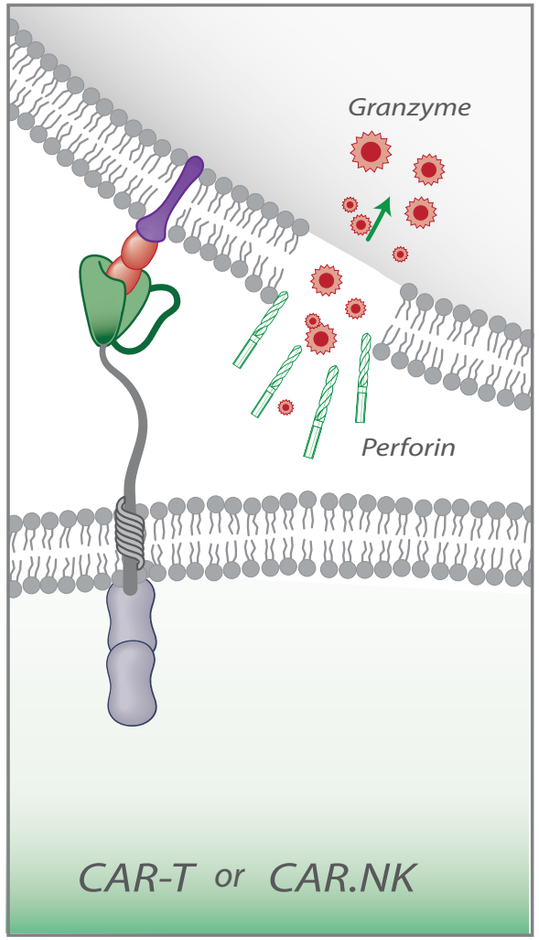
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.



© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

G-MAB ™
Library

CAR-T *and* CAR.NK



CAR-dependent cell killing

Clinical stage programs for solid tumors

Chimeric Antigen Receptor (CAR)-based Immunotherapies harnessing:

- *T-cell immunity with* CAR-T therapy (autologous)
- *Natural Killer cell immunity with* CAR.NK therapy (off-the-shelf)

Multi-pronged strategy to increase safety and efficacy

Precision Medicine approach:
Treating cancer patients with matched CAR-based immunotherapies

Local delivery:
Increasing tumor killing and reducing systemic toxicity

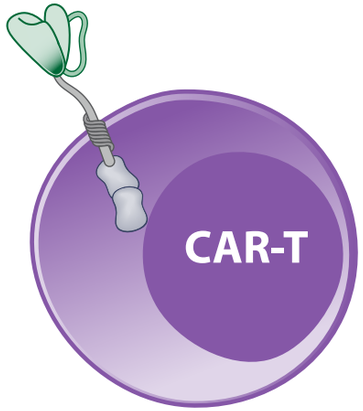
***Combination treatment*:**
Overcoming tumor-induced immunosuppression

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Therapeutic Platform

CAR-T Programs

Technology Acquisition

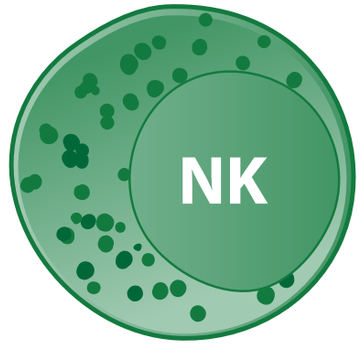


G-MAB

sorrento

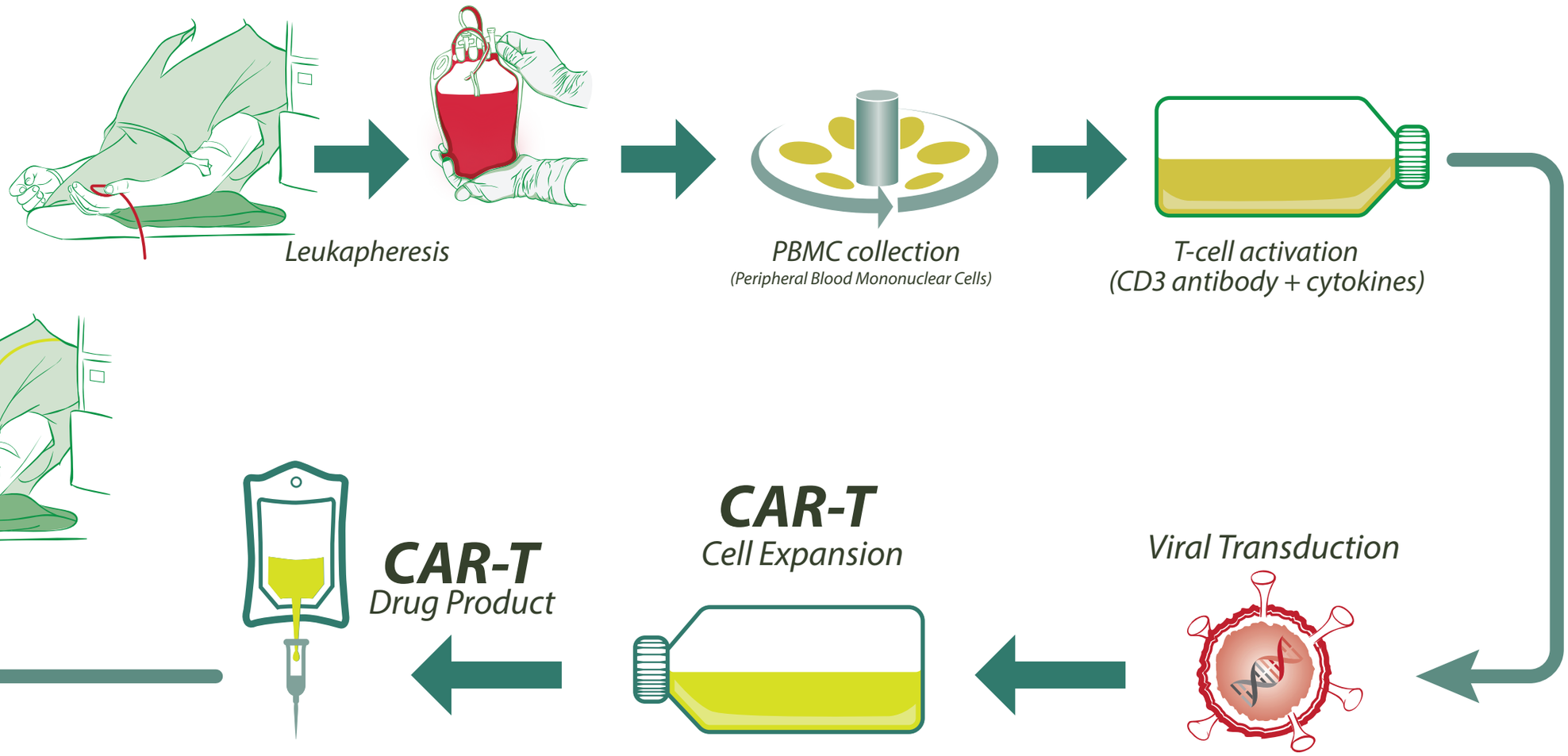
Fully human antibody library

CAR.NK



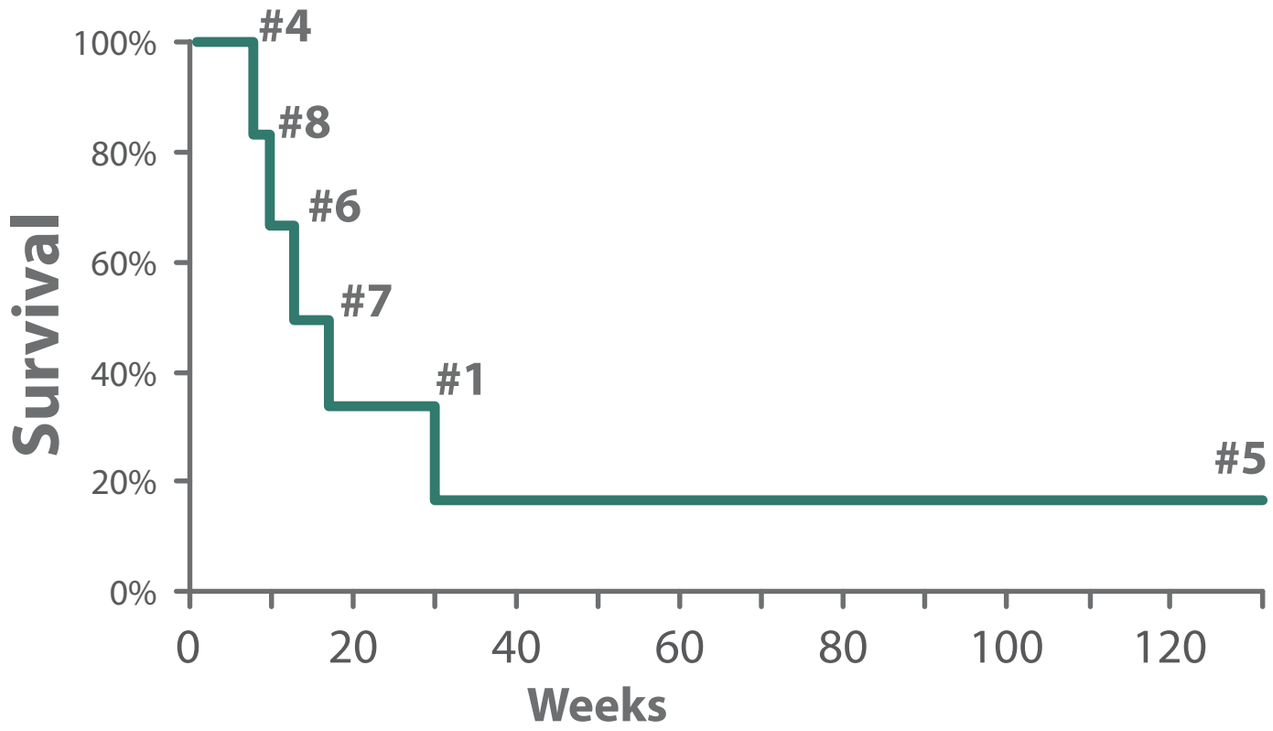
© 2015, TNK Therapeutics, Inc. ALL RIGHTS RESERVED.

Autologous CAR-T Manufacturing



© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

CEA CAR-T in Metastatic Liver Cancer Patients



ACTIVITY IN HEAVILY PRE-TREATED GROUP

P#5 alive >130 weeks

Average of 2.5 lines prior chemotherapy

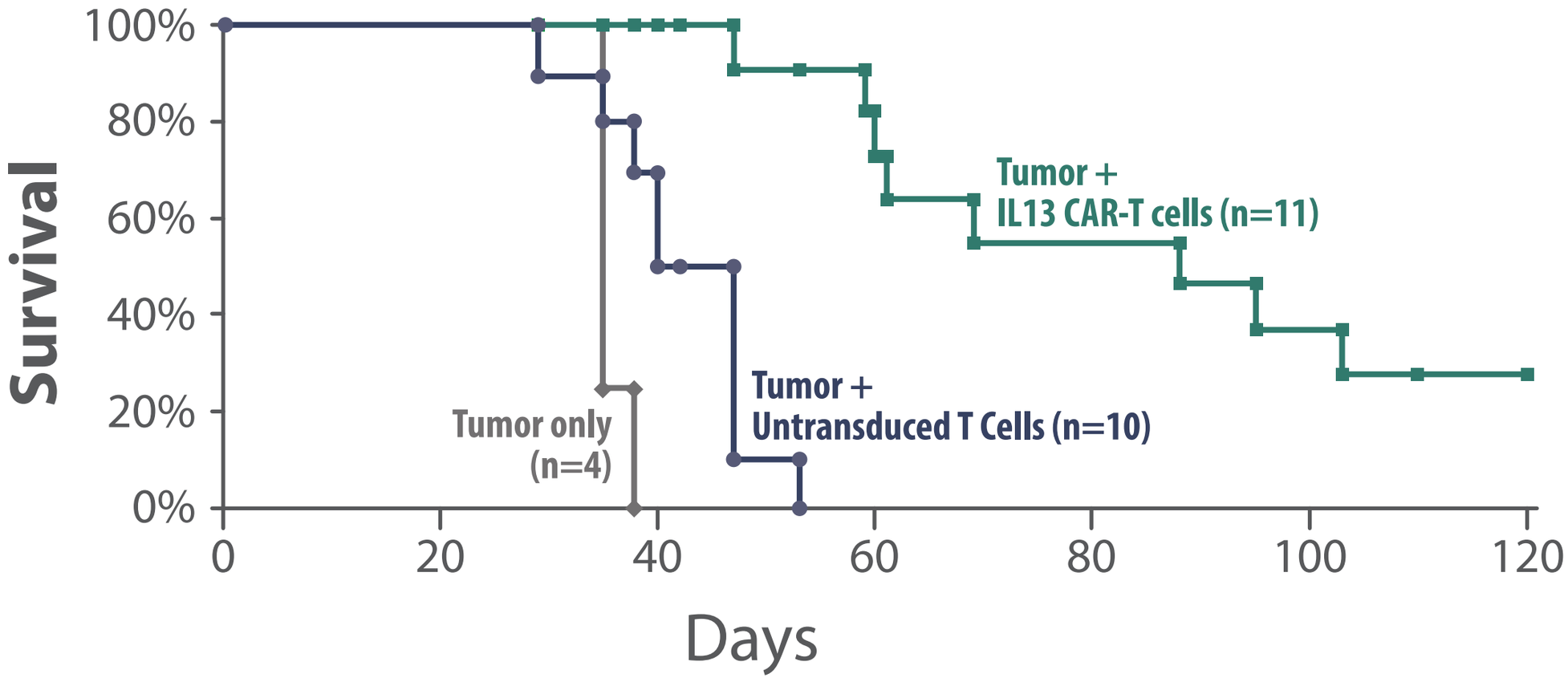
Average size of largest tumor = 8.4 cm

4 patients with > 10 liver tumors

Source: Katz et al. (Clin Cancer Res 2015 July 15)

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

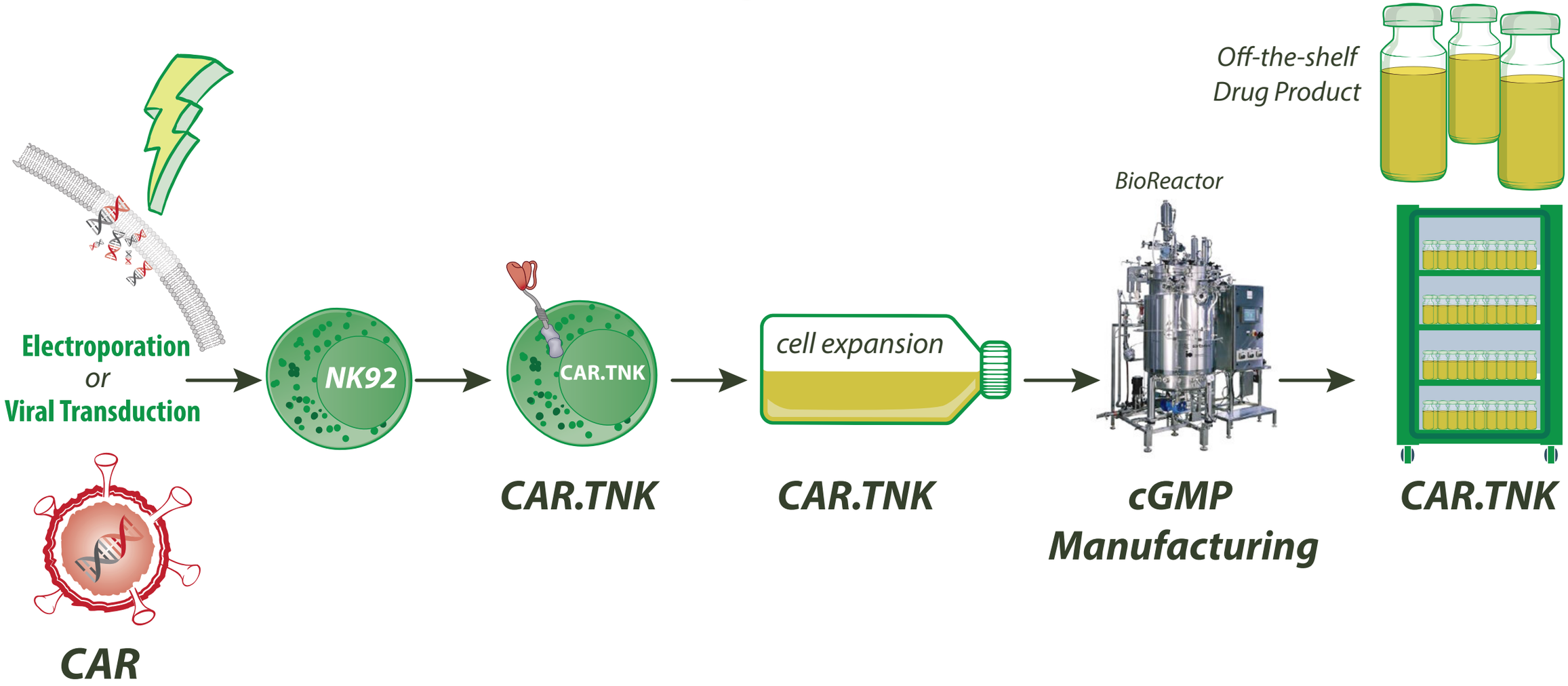
IL13 CAR-T: Inhibition of Tumor Growth of Xenograft Glioma



Source: Kong et al. Clin Cancer Res. 18(21):5949-60, 2012

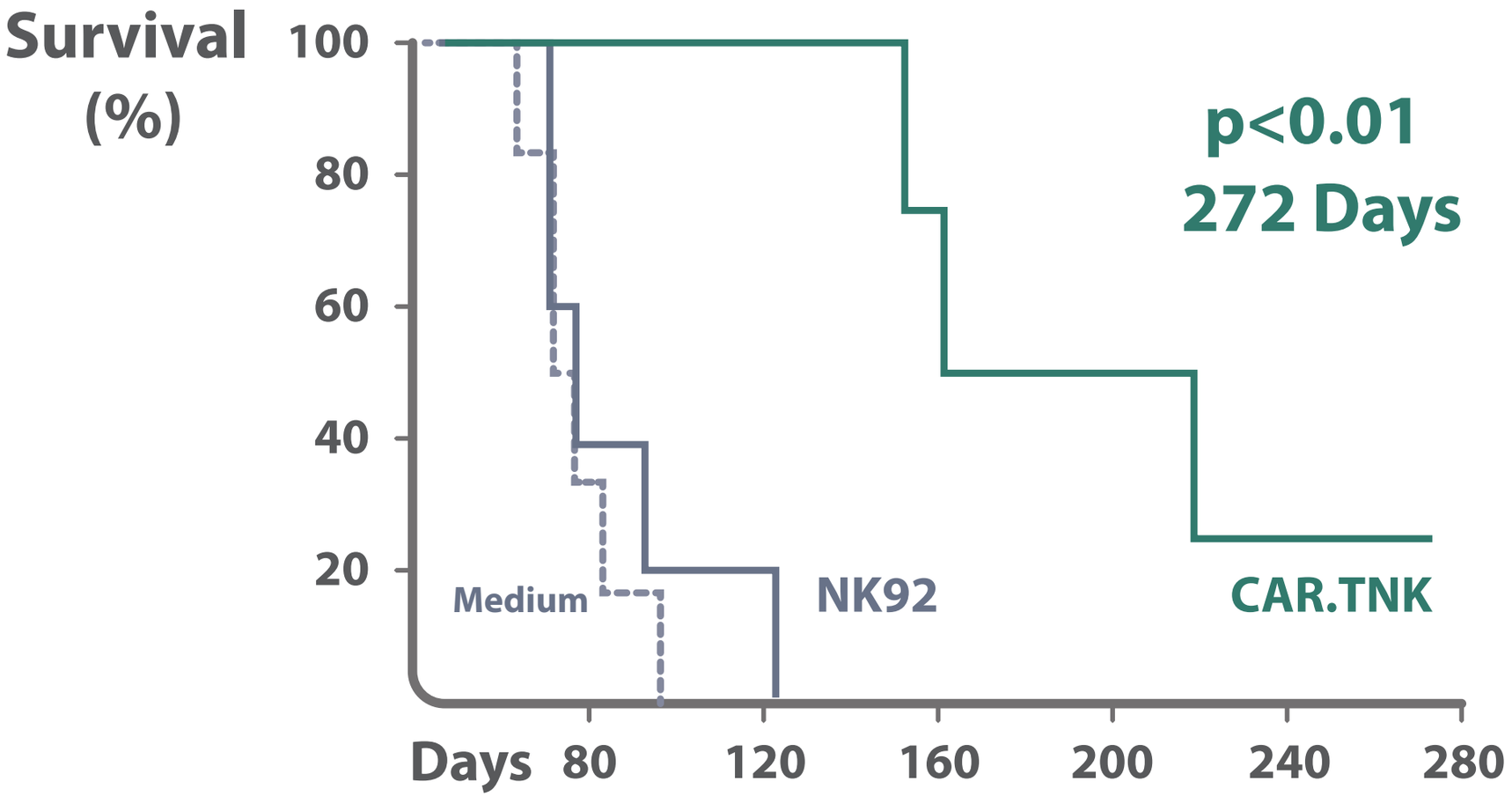
© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

CAR.TNK cGMP Manufacturing Process



© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

HER2.TNK in Glioma Model



Source: *Schönfeld et al., Mol Ther. 23(2):330-8, 2015*

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Diagnostic Platform

CTC

(Circulating Tumor Cells)

Cytolumina TECHNOLOGIES, CORP.

CTC Panel for Cancer Patients

Exclusive License for cell-based therapies

G-MAB

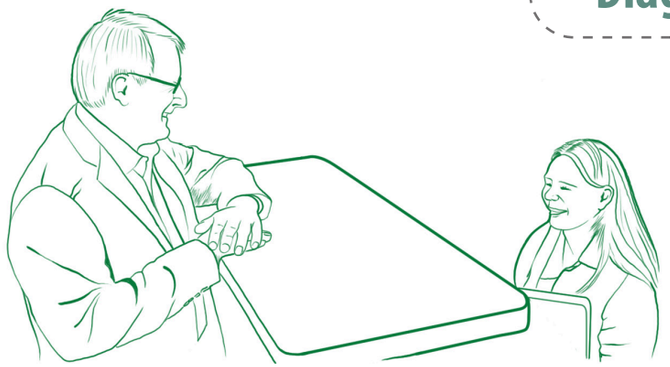
sorrento

Fully human antibody library

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.

Precision Medicine

Diagnostic

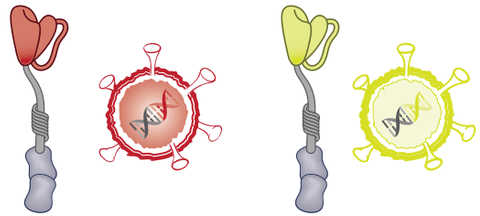


Hospital

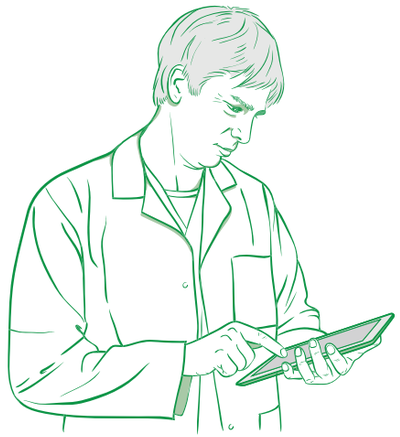
Patients

Profiling

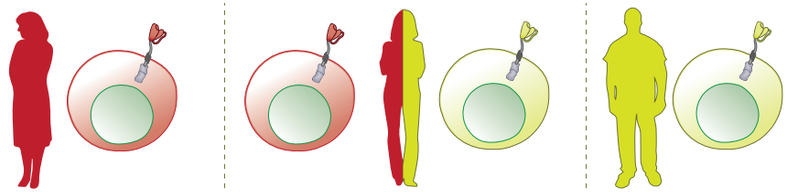
CAR Selection



CARs

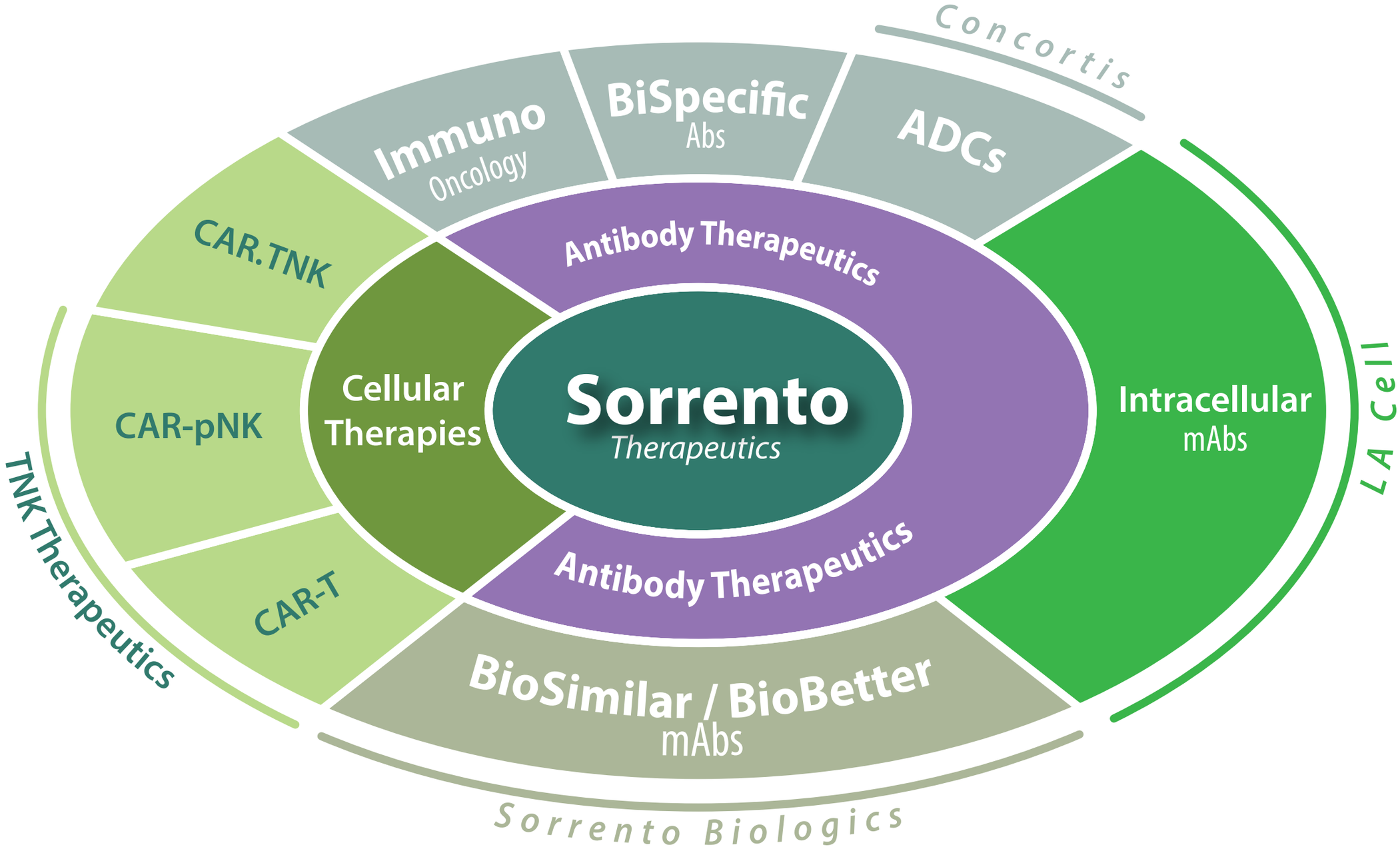


Treatment
& Maintenance



CAR-T / CAR.NK

© 2015, Sorrento Therapeutics, Inc. ALL RIGHTS RESERVED.


Concortis
Immuno
Oncology
BiSpecific
Abs
ADCs
CAR.TNK
CAR-pNK
CAR-T
TNK Therapeutics
Antibody Therapeutics
Cellular
Therapies
Sorrento
Therapeutics
Antibody Therapeutics
Intracellular
mAbs
LA Cell
BioSimilar / BioBetter
mAbs
Sorrento Biologics

sorrento

Therapeutics

Contact

Henry Ji, PhD - President and CEO

hji@sorrentotherapeutics.com
(858) 668-6923