

Military Health System Research Symposium – 06 August 2026

Randomized Phase 2 of agenT-797 as a Pathogen-Agnostic Treatment of Hypoxemic Pneumonia/ARDS in Austere and Conflict Environments

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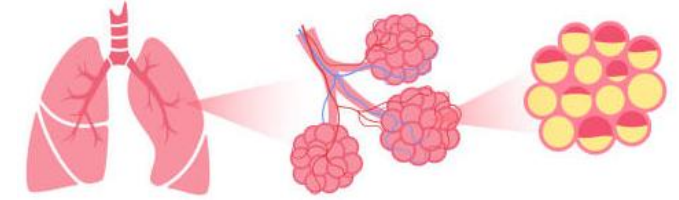
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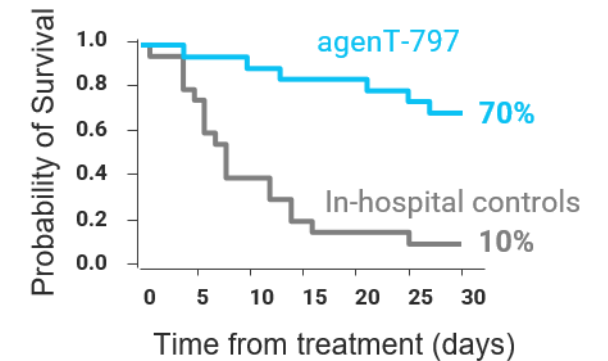
Critical and Pulmonary Illness: Concept of Operations

SMEAC: Situation. Mission. Execution. Administration & Logistics. Command & Signal.

Situation. Incidence of acute respiratory distress syndrome (**ARDS**) post-injury/trauma/illness in conflict zones (i.e. Ukraine) exacerbated by exposure to **MDRO** infections



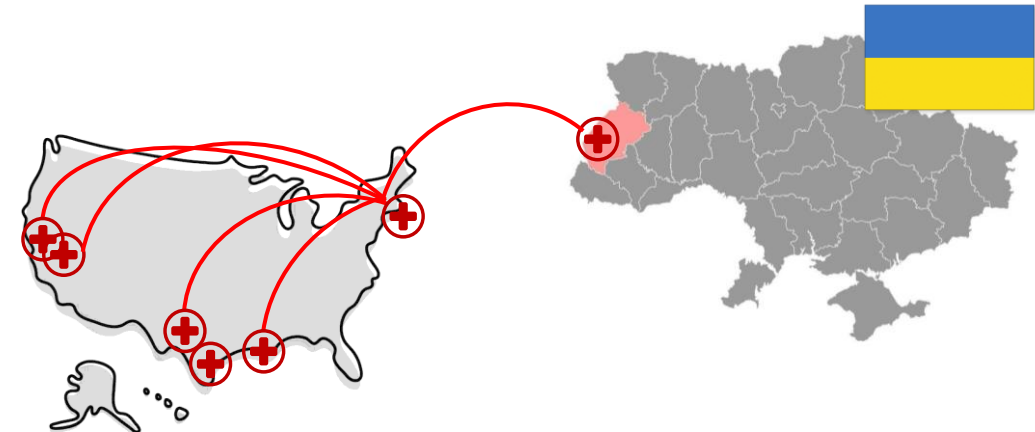
Mission. Restore immune competence with allogenic immune cell therapy, **agentT-797**: pathogen-agnostic, HLA-independent, lymphodepletion-independent therapy in ARDS & severe pneumonia (*Phase 1/2 clinical trial NCT04582201, 2024*)



Execution. Phase 2b/3 Study: agentT-797 in severe hypoxemic pneumonia in patients at First Lviv Territorial Medical Union, Lviv, Ukraine

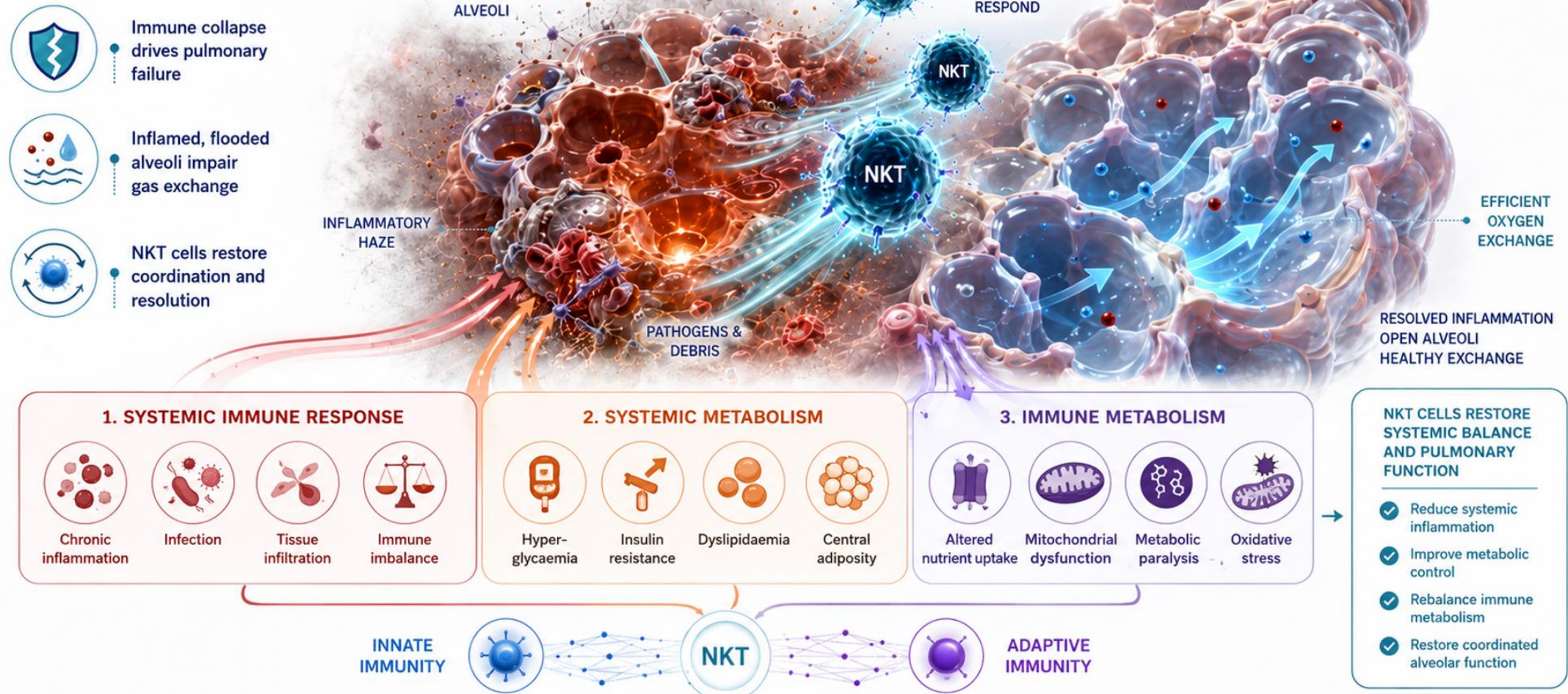
Administration & Logistics: Clinical benefit of agentT-797 shown in first dosed patients, study expansion into U.S. sites upcoming

Command & Signal: Early observations and clinical signal clear path for seamless Phase III transition



Warzone in the Alveoli of the Lungs: Consequences of Austere Conditions on War Fighter Immune Systems

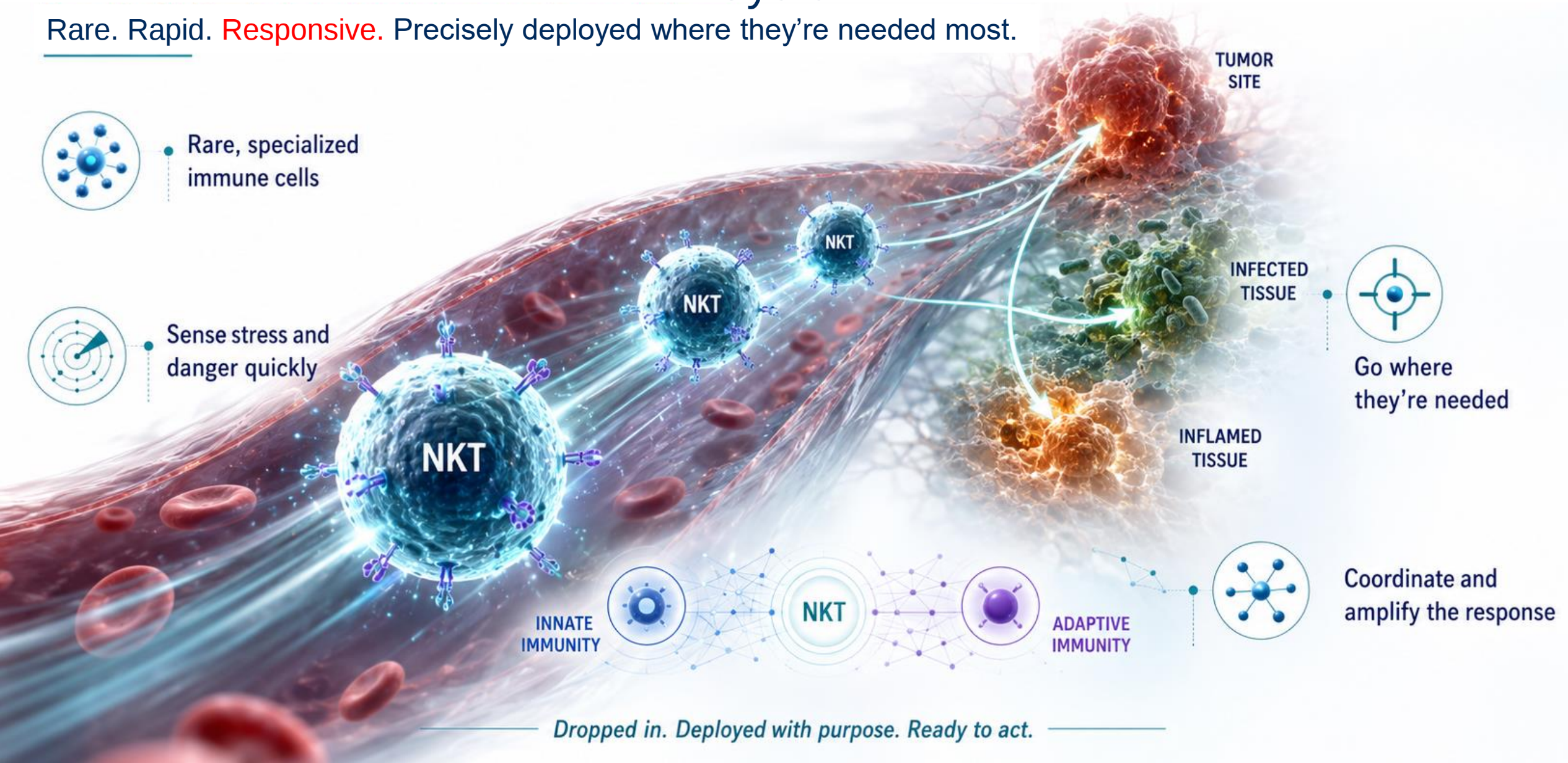
Pulmonary collapse is, in large part, immune collapse. Enter NKT cells.



When systemic immune-metabolic control fails, NKT cells help reestablish pulmonary control.

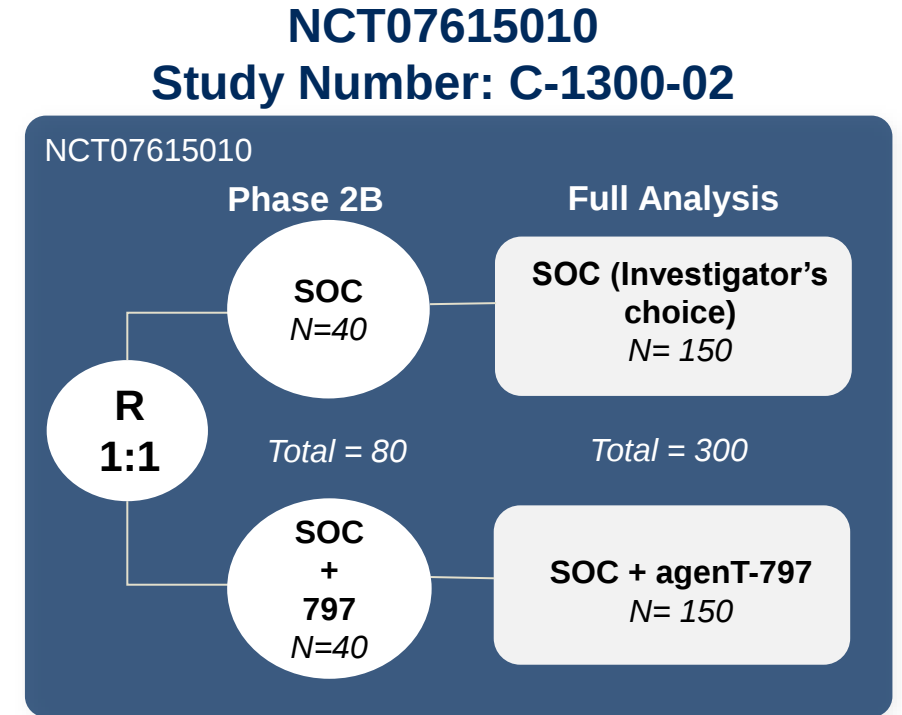
Invariant Natural Killer T (iNKT) Cells: Special Forces of the Immune System

Rare. Rapid. **Responsive.** Precisely deployed where they're needed most.



Trial Design Phase 2b/3 Study: agenT-797 in severe hypoxemic pneumonia

- Design:** Part 1: Unblinded (n=20); Part 2: Randomized, double-blind, placebo-controlled
- Phase:** 2b/3 Adaptive (n=80 → n=300)
- Population:** Severe CAP / ARDS / Fungal Pneumonia · P/F <200 mmHg
- Arms:** agenT-797 + SOC vs. Placebo + SOC (1:1)
- Primary:** 28-day all-cause mortality (superiority)
- Secondary:** VFDs, vasopressor-free days, ICU-free days, SOFA trajectories, pathogen clearance
- Interim:** n=40: adaptive re-estimation; BTD if >10% absolute mortality reduction
- Path:** BTD → Phase 3 → BLA · Target filing 2028

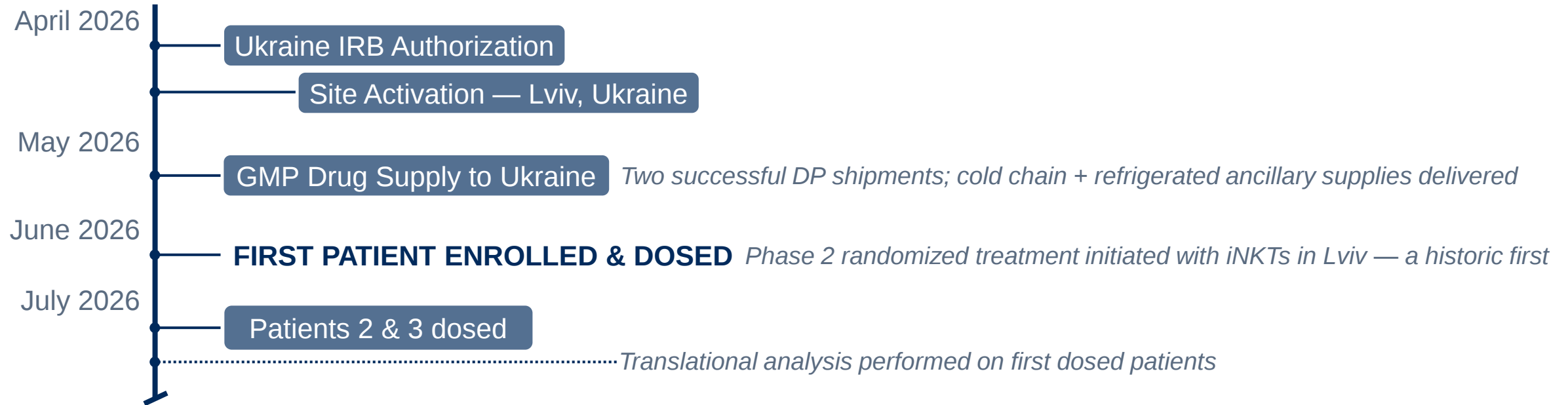


SAB Compromised of World Leaders in Critical Illness/Trauma



Phase 2b/3 ARDS Trial: Preparation to Execution

• ACTIVE & DOSING

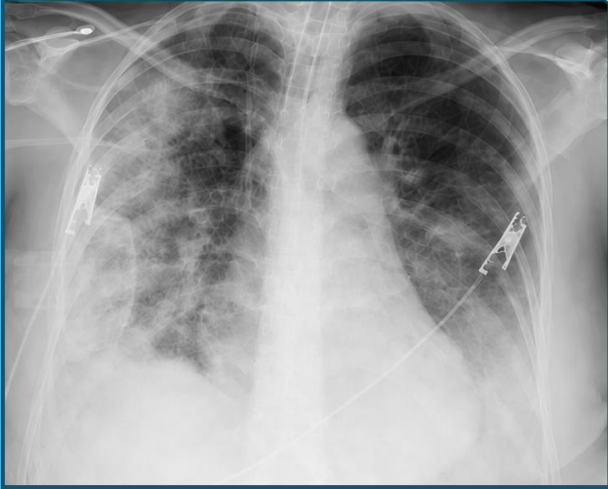


First Treated Patients at First Lviv Territorial Medical Union

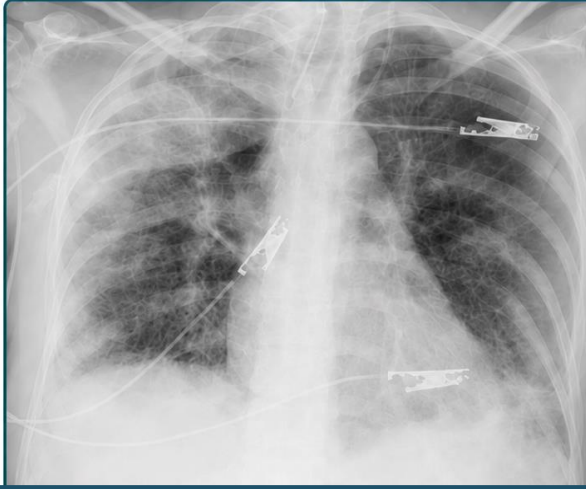
Patient 101-001:
38.6°C



Day 1



Day 21



ICU admission:

- Sputum cultures: *S. pneumonia* + MDRO *Klebsiella*, *Acinetobacter* and *pseudomonas*
- Ventilator PEEP 12, PaO₂ 109, 80% FiO₂ P/F ratio 136

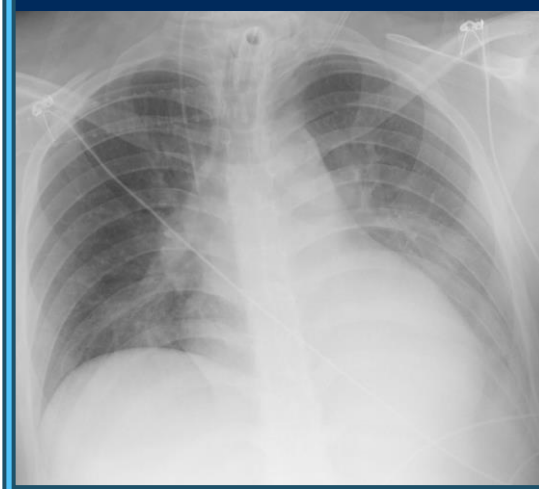
Day 28:

- Alive, afebrile, off pressors, P/F ratio 388

Patient 101-002:
40.1°C



Day 2



Day 26



ICU admission:

- Sputum cultures: MDRO *Klebsiella* + *E. coli*
- Ventilator PEEP 10, PaO₂ 86, 50% FiO₂ P/F ratio 172

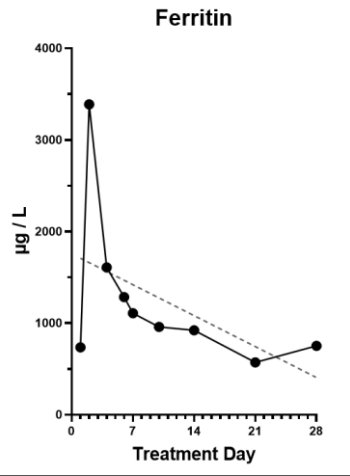
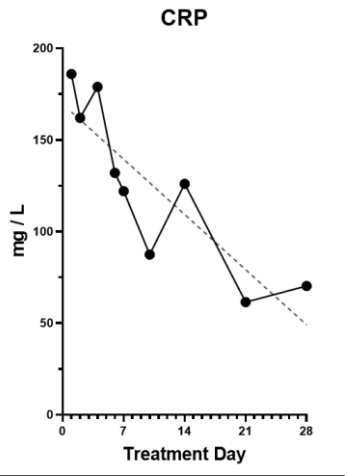
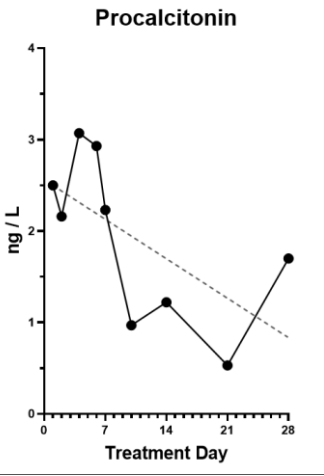
Day 28:

- Alive, afebrile, P/F ratio 467, off ventilator, no new infections → discharged to rehab (post-D28)

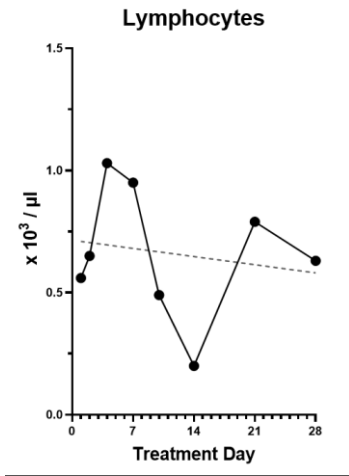
First Treated Patients at First Lviv Territorial Medical Union

101-001

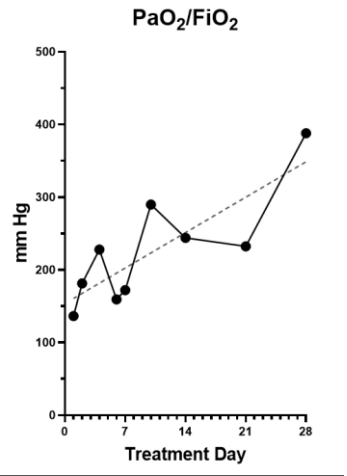
Inflammation resolution



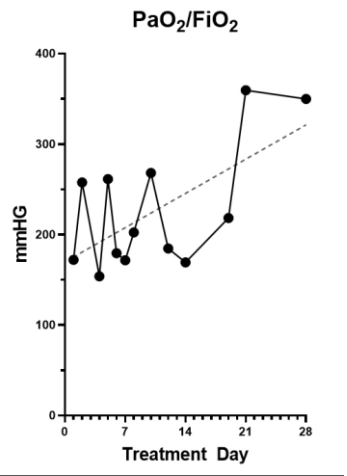
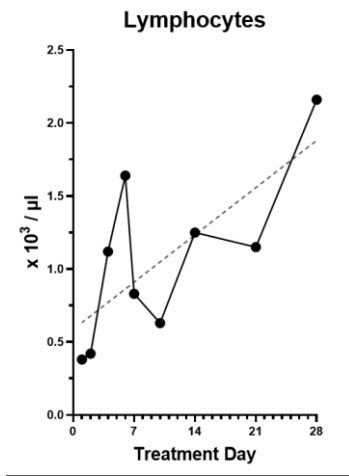
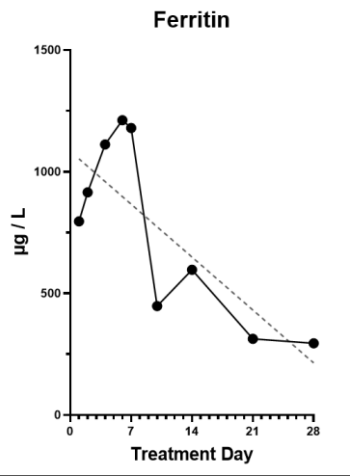
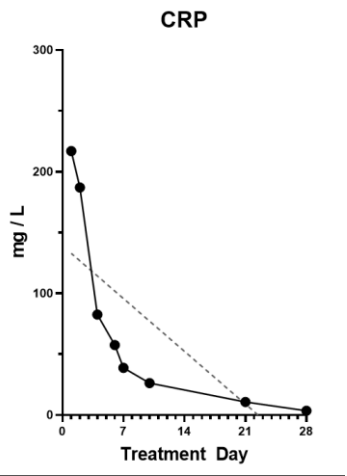
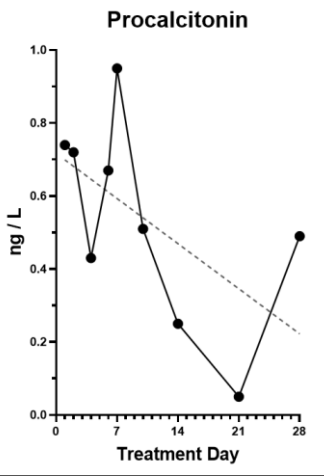
Immune reconstitution



Lung reconstitution



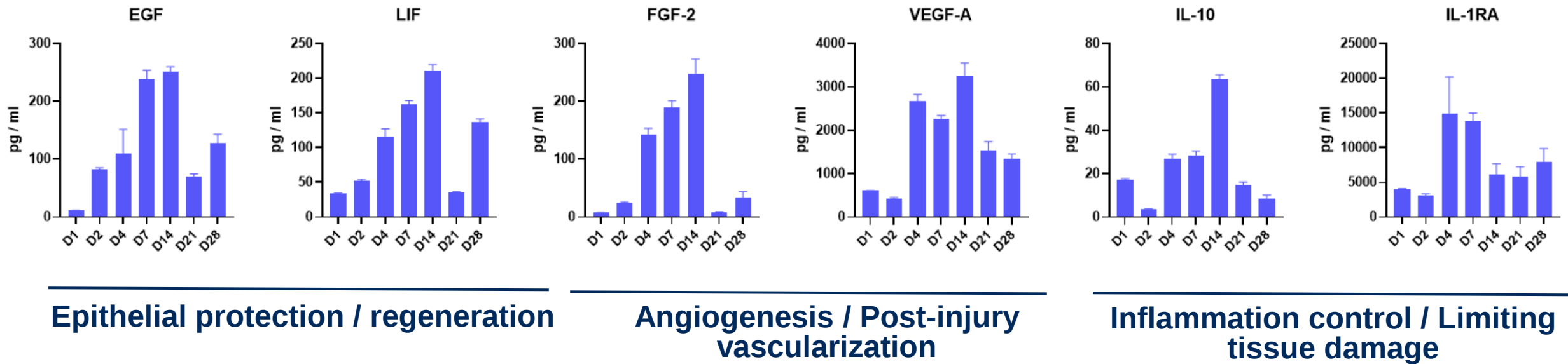
101-002



Baseline = Treatment Day 1, pre-infusion

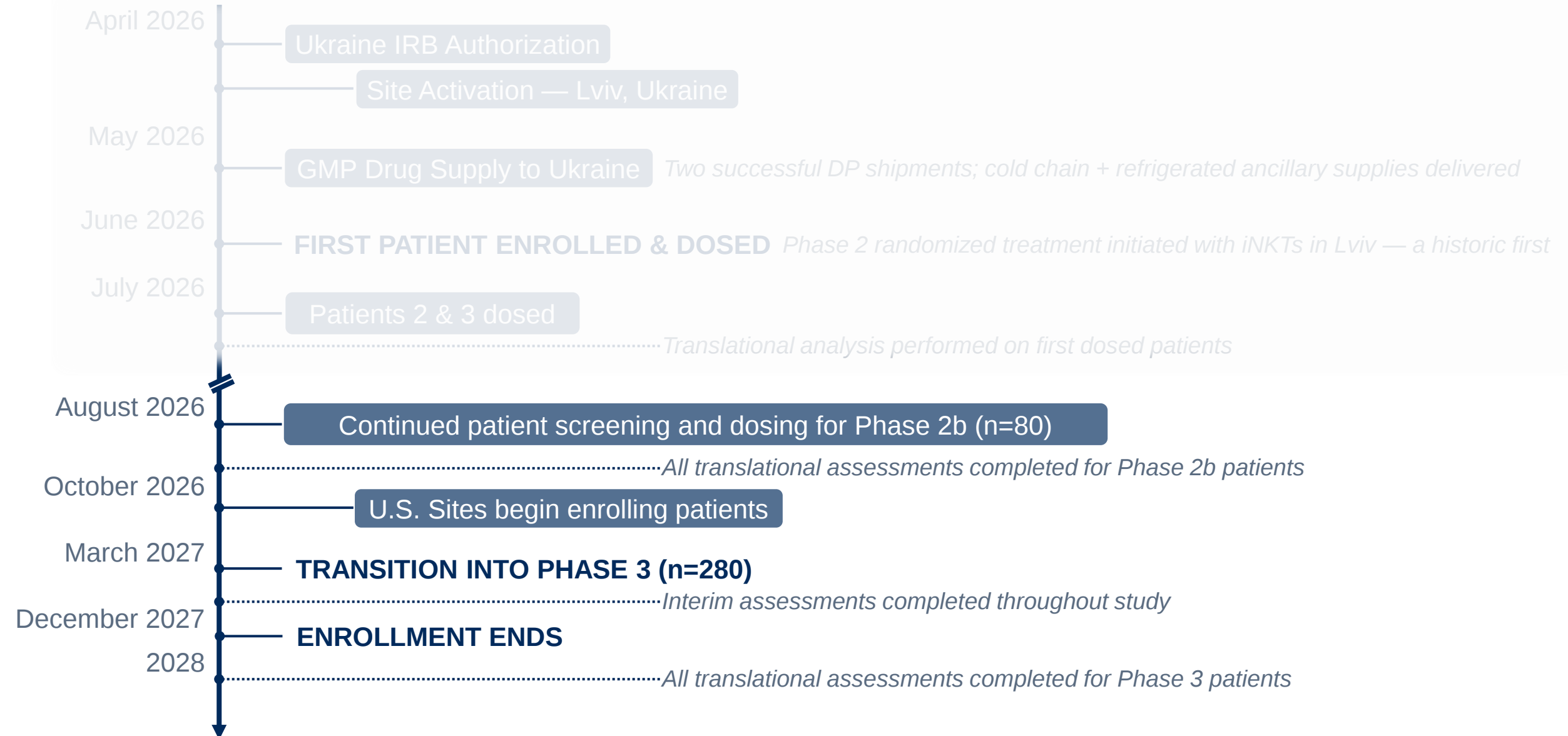
Activation of Pulmonary Repair Pathways

101-001: BAL Biomarker Analysis indicates activation of multiple tissue repair pathways



Phase 2b/3 ARDS Trial: Trial Expansion Ongoing

• ACTIVE & DOSING



Early Observations of Phase 2b/3 ARDS Mission

**Progressive improvement
observed with clear clinical
signal & benefit in the first 2
dosed patients**

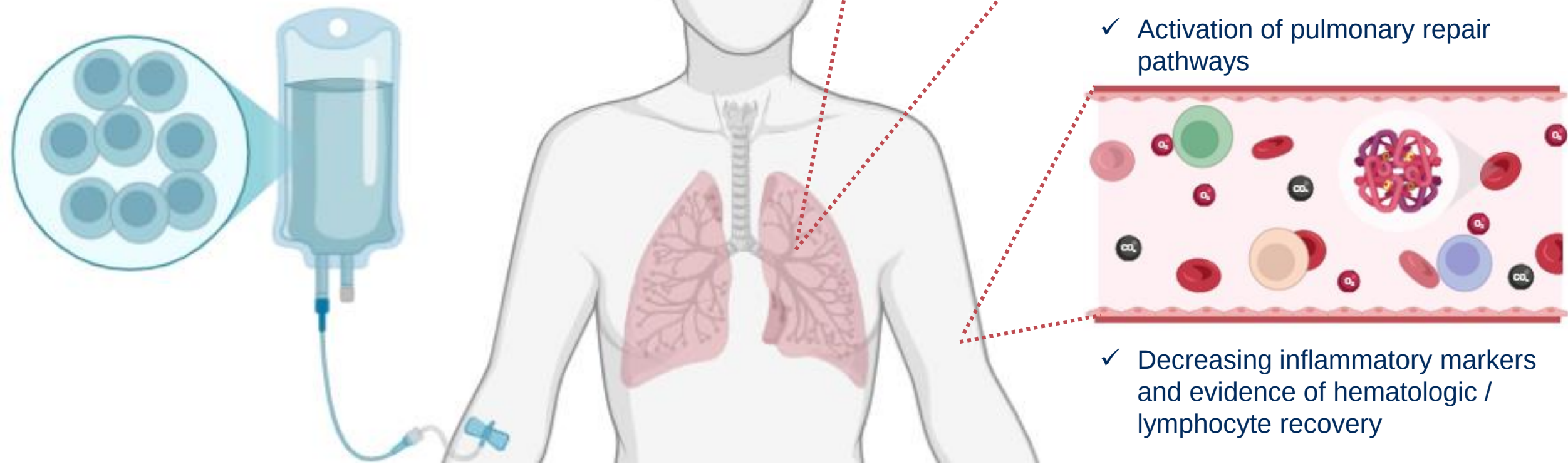
- ✓ Safe, tolerable profile, no major SAEs

- ✓ No development of new infections following agentT-797 infusion

- ✓ Improvement in oxygenation reflected by increased $\text{PaO}_2/\text{FiO}_2$ ratios and reduced respiratory impairment

- ✓ Activation of pulmonary repair pathways

- ✓ Decreasing inflammatory markers and evidence of hematologic / lymphocyte recovery



Acknowledgments

MiNK Therapeutics

Jennifer S. Buell, PhD
Marco A. Purbhoo, PhD
Thiago Favano, PharmD
Lilian Guardian, RN, MBA
Sandra Craig

Nils-Petter Rudqvist, PhD
Reed Masakayan, PhD
Erika Smith-Mahoney, PhD

**COL John B. Holcomb, MD,
US Army Retired**

The University of Alabama at
Birmingham, Heersink School of
Medicine, Department of Surgery

First Lviv Territorial Medical Union, St. Panteleimon's Hospital, Lviv, Ukraine

Maryana Svirchuk
Khrystyna Orlynska, MD
Demian Kalysh, MD
All clinical staff at First Lviv Territorial Medical Union

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