

William Blair Growth Stock Conference 2023

Safe Harbor

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In addition, non-GAAP financial measures are included in this presentation. Please see table in appendix for reconciliation to the most directly comparable GAAP measure.



Our Mission

Translate the genetic language of the adaptive immune system into clinical products to diagnose and treat disease

- Founded in 2009
- NASDAQ listed 2019 (ADPT)
- 790 employees

3

700+ publications to date

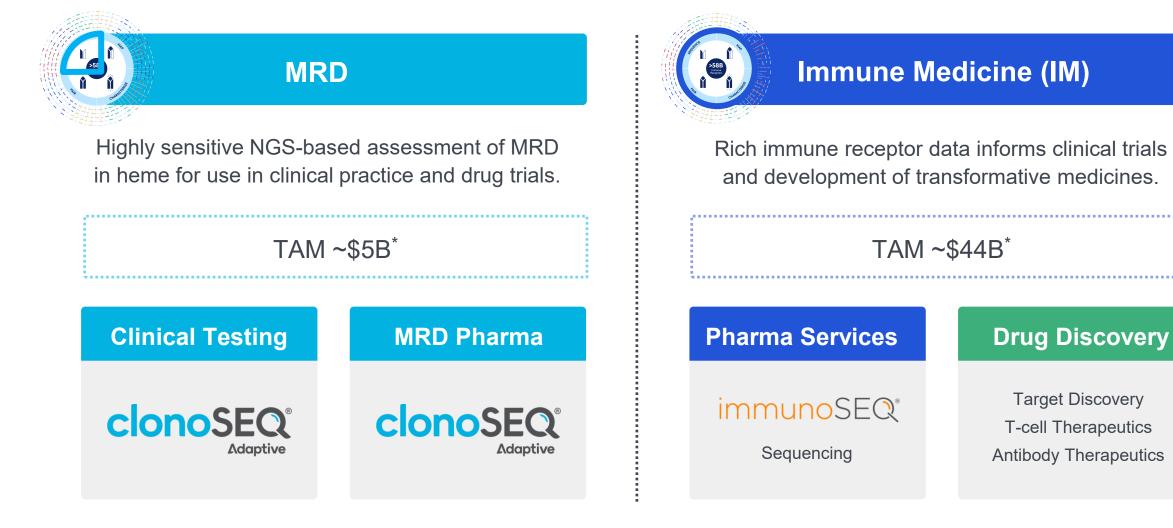


Using the immune system as the source-code for immune medicine





Business areas of focus





* Global TAMs.

Focused strategy on each business area with efficient capital allocation





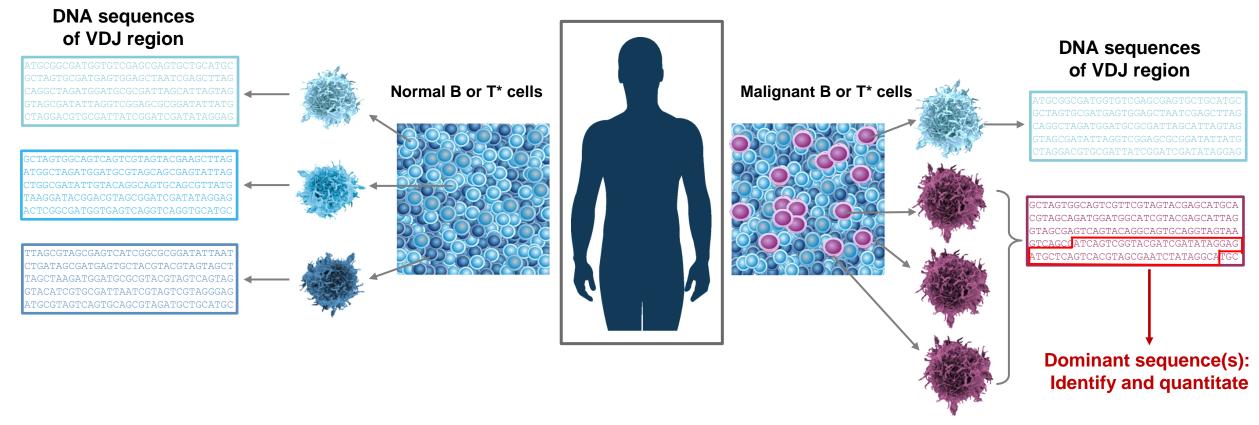
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Monitoring MRD in select blood cancers with our clonoSEQ Assay

Unique DNA sequences are identified for all B or T* cells



*T-cell testing is available as a CLIA-validated LDT and has not been cleared or approved by the FDA.

CLIA, Clinical Laboratory Improvement Amendments; D, diversity genes; FDA, Food and Drug Administration; J, joining genes; LDT, laboratory-developed test; MRD, measurable (minimal) residual disease; NGS, next-generation sequencing; V, variable genes.

Adaptive

clonoSEQ is the gold standard for MRD in heme malignancies



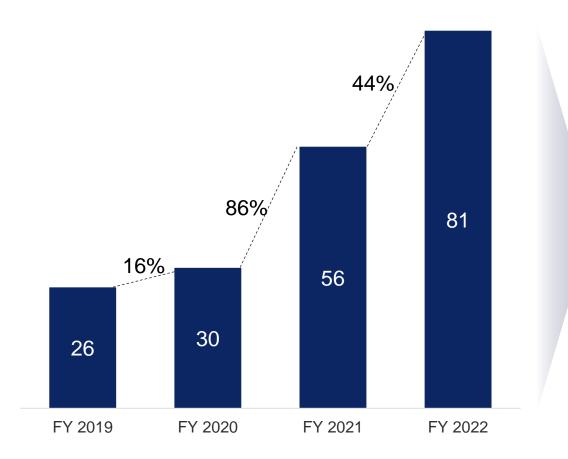
- Highest sensitivity detects **one in 1M** cancer cells
- Only FDA approved MRD assay for ALL, MM and CLL*
- **150+** publications, **100+** ongoing studies
- 260M+ covered lives
- NCCN guidelines ALL, MM, CLL
- **60+** pharma partners, **187** active clinical trials
 - >\$400M in in potential regulatory milestones

* All indications are CLIA validated including DLBCL

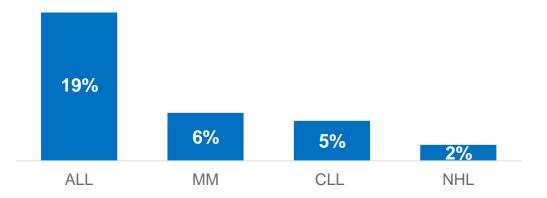


We are in early innings of penetration with significant opportunity to grow...

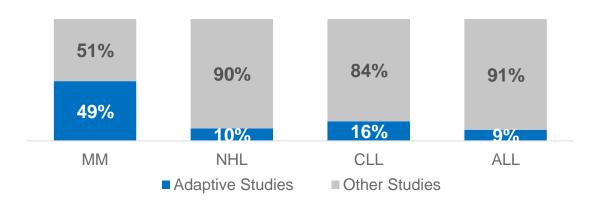
MRD Business Revenue (\$M)¹



Used in ~5% of lymphoid cancer patients in US²



Overall Pharma penetration of ~21%³



¹ Exclude regulatory milestones from pharma partners.

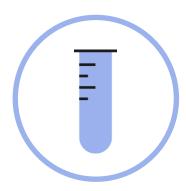
² Incidence and prevalence from SEER database; 10 yr prevalence used for CLL and MM, 5 yr. prevalence used for ALL

³ Penetration rate estimated based number of trials using clonoSEQ divided by the total number of all active trials in ALL, NHL, CLL and MM



Expanding clonoSEQ utilization in lymphoid cancer patients

Three-pronged strategy to increase penetration while enhancing customer experience (EPIC integration), expanding coverage and increasing ASP



Increase testing in blood

- 35% in blood as of Q1'23
 - □ 15% in MM
 - □ 29% in ALL
 - 89% in CLL
- Increase community penetration
 - □ (18% of clonoSEQ in Q1'23)



Expand into NHL (DLBCL)

- Filing with FDA (DLBCL)
- Seek guideline inclusion
- Increase use in DLBCL clinical trials

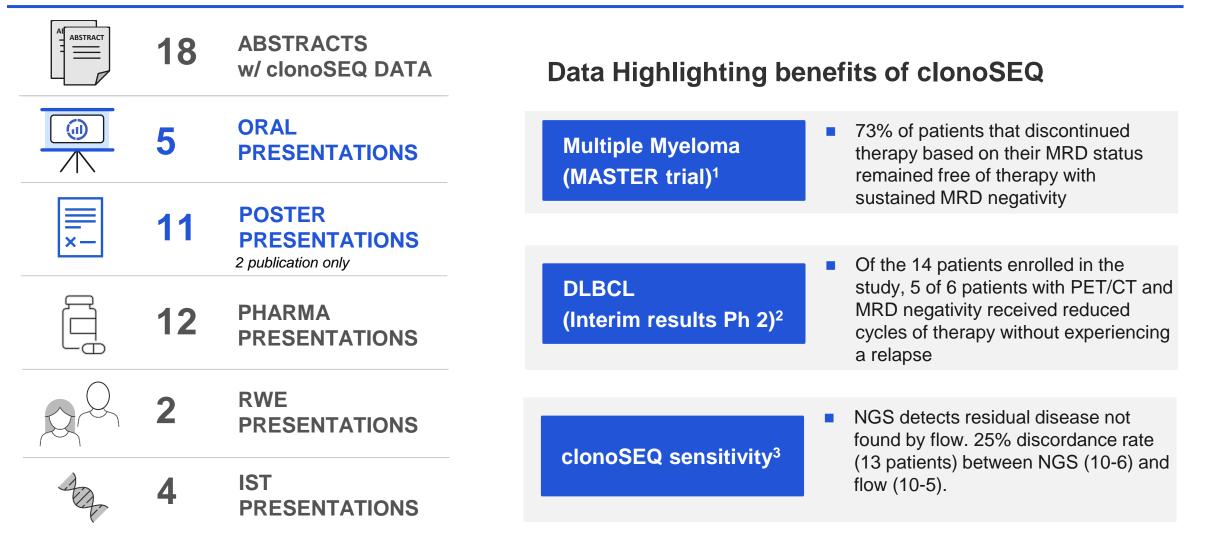


Increase usage /patient

- Clinical and real-world studies
 - Therapy escalation
 - Therapy discontinuation



Significant clonoSEQ abstracts at ASCO/EHA 2023



1. Quadruplet induction therapy, ASCT and MRD-modulated consolidation and treatment cessation in newly diagnosed multiple myeloma: final analysis of the MASTER trial

12 2. Phase II trial of split-dose R-CHOP for older patients with diffuse large B-cell lymphoma (DLBCL)

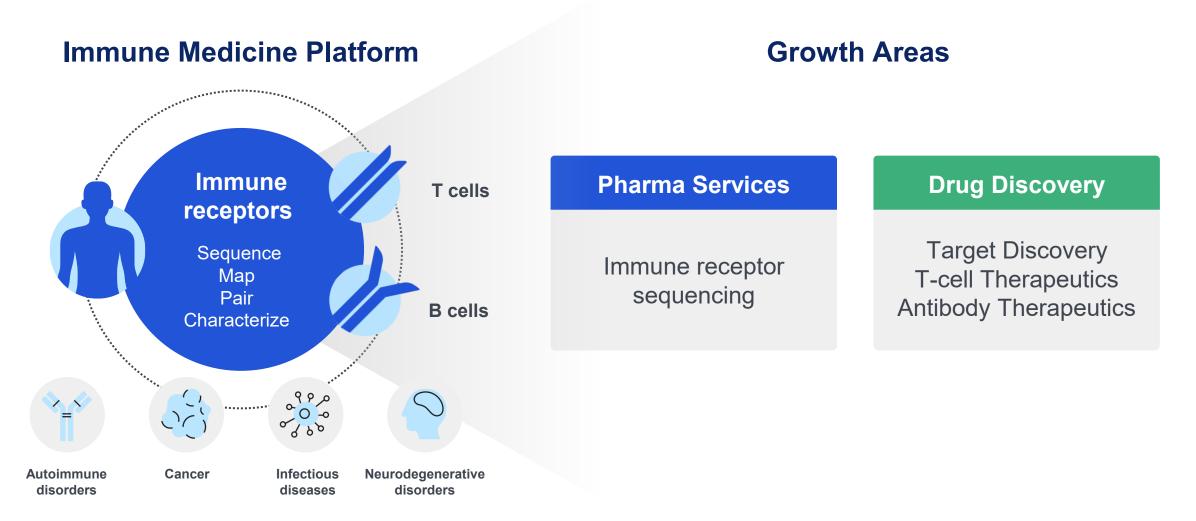
3. Comparison of next-generation sequencing and flow cytometry in detecting minimal residual disease in adult acute lymphoid leukemia: Evaluating clinical outcomes in a single-center study.

- Increase penetration in community setting
- Complete EMR (EPIC) integration
- Growth impact from DLBCL in 2H
- Filing with FDA for approval of DLBCL assay
- Read-out data for use in blood in MM
- Additional data on therapy discontinuation
- ASP increase



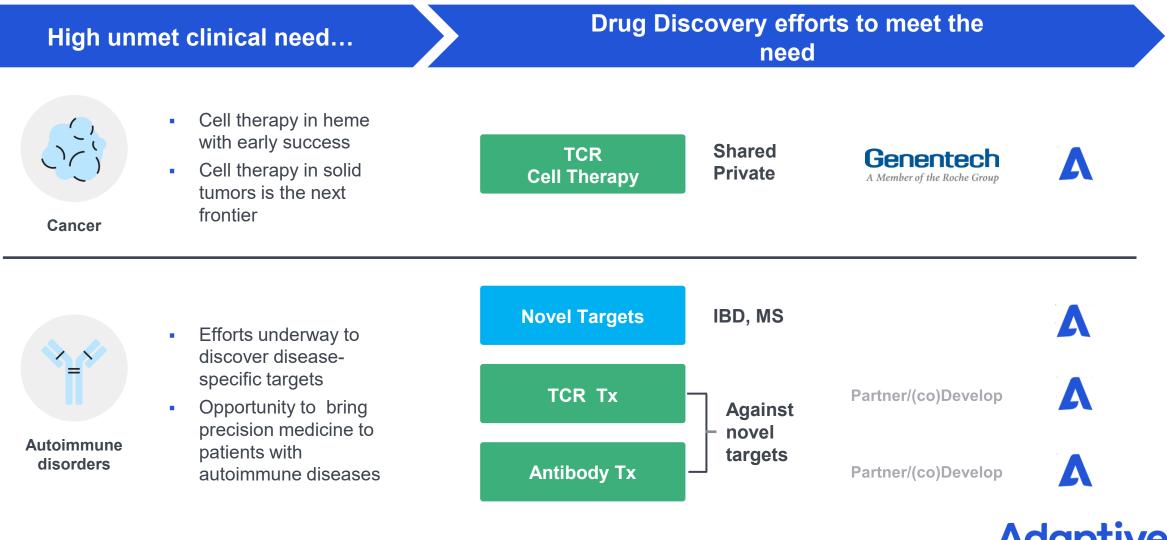
Immune Medicine

Immune Medicine





Immune receptor data fuels our pipeline in cancer and autoimmune disease



We are making good progress with GNE on two cell therapy programs

TCRs targeting shared cancer neoantigens 1st TCR candidate selected to progress as a potential therapeutic product candidate
Delivered 2 additional TCR data packages for Genentech consideration
We are focused on supporting GNE in speed to the clinic for this first candidate

Fully personalized process

Established private product prototype

- Successfully identified and characterized TCRs to patient-specific tumor mutations Completed "end-to-end" process runs to start to define early product development
- We are focused on standardizing and optimizing our process



On track to achieve Immune Medicine key milestones for 2023

- GNE collaboration
 - □ Speed to the clinic with lead shared product candidate
 - Complete private product prototype; transition focus to IND-readiness
- Deliver key "go/no go" proof points in autoimmune disorders drug discovery programs



FY 2023 guidance

Revenue: 2023 full year revenue range \$205M - \$215M

- □ MRD and Immune Medicine revenue represents ~55% / 45% of total revenue at mid-point
- □ >50% clonoSEQ test volume growth vs FY 2022

• FY 2023 operating expenses:

□ Expect FY OPEX (including cost of revenue) below FY 2022

2023 quarterly cash burn at average of ~\$40M



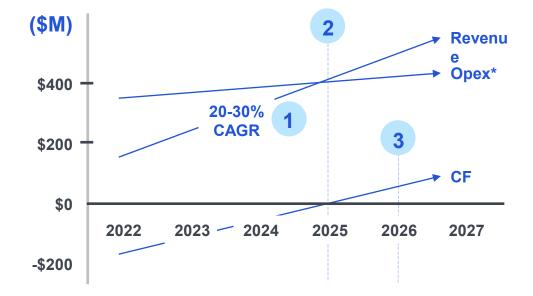
Strong Financial highlights

Path to Profitability / Cash Flow breakeven

Estimated 5 yrs P&L progression



- 2019-2022 CAGR of 30%
- **2** Adj EBITDA¹ positive 2025
 - Prudent spend management
- **3 Cash Flow Breakeven** 2026
 - \$441M cash & cash equivalents as of 3/31/23
 - Cash on hand >3 years



* Opex in this chart excludes stock comp, depreciation and amortization Chart not at scale



¹ Adjusted EBITDA excludes stock comp

Adaptive Biotechnologies Key Takeaways

- Gold standard MRD test in blood cancers with significant penetration ahead
- Differentiated capabilities to discover & develop immune receptors as therapeutics
- Well capitalized with clear path to profitability

Thank You.