SCANCELL

DEVELOPING ANTIBODIES AND VACCINES FOR CANCER

# Advancing Cancer Immunotherapy

## Annual General Meeting

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25 October 2024

**LSE: SCLP.L**

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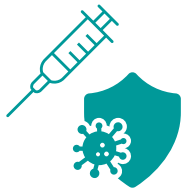
# Key Highlights



- **Positive efficacy signals from lead cancer vaccines with near-term clinical milestones**
  - SCIB1 with doublet CPI for unresectable melanoma exceeds 70% expectation with reported results in 13 patients
  - SCOPE study recruitment at 40 for SCIB1 and 27 for iSCIB1+
  - Modi-1 shown to be safe as a monotherapy with 60% stable disease and now in RCC cohort with doublet CPI therapy
  - SCIB1 data expected Q4 2024 and iSCIB1+ and Modi-1 data expected H1 2025

- **Well prepared and well positioned for the next stages for development**
  - 2025 is a pivotal time to demonstrate a new clinical benchmark with SCIB1/iSCIB1+ for advanced melanoma
  - Global medical oncologists have reviewed and strengthened Scancell's plan for a Phase 2/3 registration study
  - Prepared for next steps of development with strategic partnership with PharmaJet secured & GMP batch progressing
  - Enhanced organisational capabilities with recruitments for CEO, CFO, CMO, Head of Development & Head of BD

- **Cash runway through to Q3 2025, with upside opportunities, beyond value creating milestones**
  - Upside opportunities with exclusive antibody evaluation from major international biotech & SC129 on track with Genmab
  - Financing late 2023 raised gross proceeds of £11.9 million with participation from existing & new life science investors
  - Convertible Loan Notes maturity dates extended post-period by two years with positive cash impact

*CPI: Checkpoint inhibitors; RCC: Renal Cell Carcinoma*

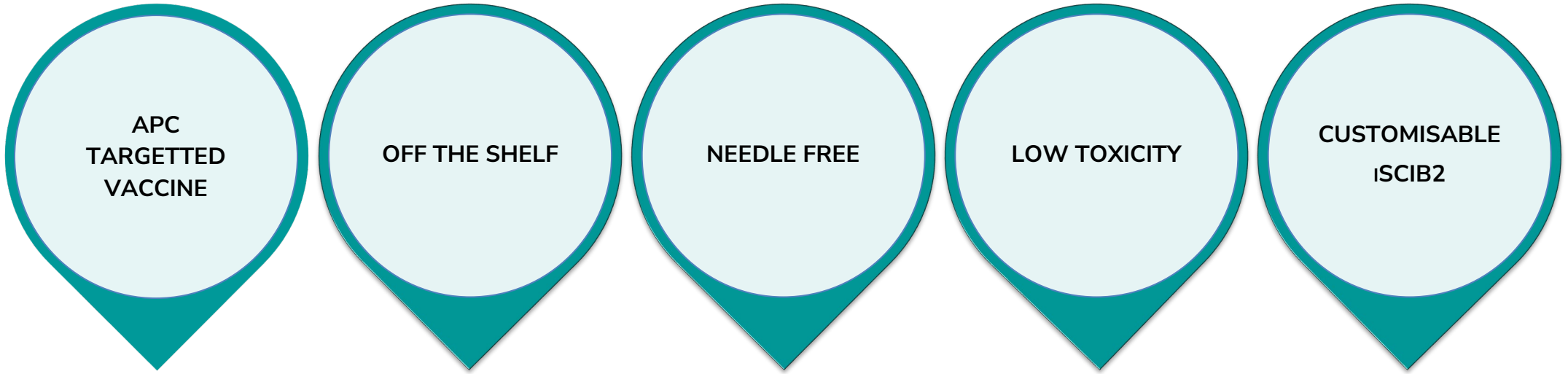
# Pipeline: Multiple Value Drivers with Therapeutic Potential

## Near-term focus on Scope & ModiFY study

| | | Indication | Preclinical | Phase 1 | Phase 2 | Phase 3 | Clinical Data |
|---|---|---|---|---|---|---|---|
| VACCINES | **SCIB1 / iSCIB1+** (SCOPE Study) | Unresectable Melanoma | | | | | **Q4 2024/ H1 2025** |
| | **Modi-1** (ModiFY Study) | Renal cell carcinoma, Head & Neck, Ovarian, TNBC | | | | | **H1 2025** |
| | **iSCIB2** | Multiple solid tumours | | | | | |
| | **Modi-2** | Multiple solid tumours | | | | | |
| ANTIBODIES | **SC129** | Pancreatic, GI Cancers | | | | | **Out licensed to Genmab** |
| | **SC134** | Small Cell Lung Cancer | | | | | |
| | **Glymabs®** | Multiple Tumours | | | | | **Exclusive evaluation with Major Biotech** |
| | **AvidiMab®** | Any mAB target | | | | | |

# Immunobody® DNA Vaccine Platform

## Unlocking potential for non-personalised cancer vaccines




**Targets antigen presenting cells** in vivo to give potent T cell responses, attacking cancer on multiple fronts

**Robust GMP manufacturing** process, stable shelf life and faster route to treatment allowing pricing flexibility. Five-year stability

**Delivers a spring-powered injection in 0.1 seconds** by means of a narrow stream of fluid that penetrates the skin with a precise dose and depth

**Favourable safety profile** when administered as a monotherapy and in combination with checkpoint inhibitors

**DNA targets can be adapted to target other cancers.** Groundbreaking science leads to validated preclinical results and rapid entry into the clinic

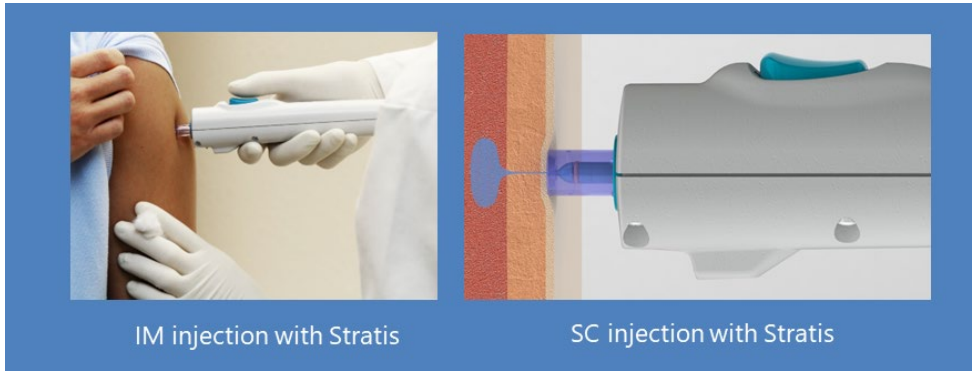
PharmaJet

# Scancell Signs Strategic Partnership with PharmaJet

## Stratis® Intramuscular Needle-free delivery System for development of SCIB1/iSCIB1+

PharmaJet

**Precision Delivery Systems**




### Stratis® IM

**Needle-Free Injection System for 0.5 ml Intramuscular**

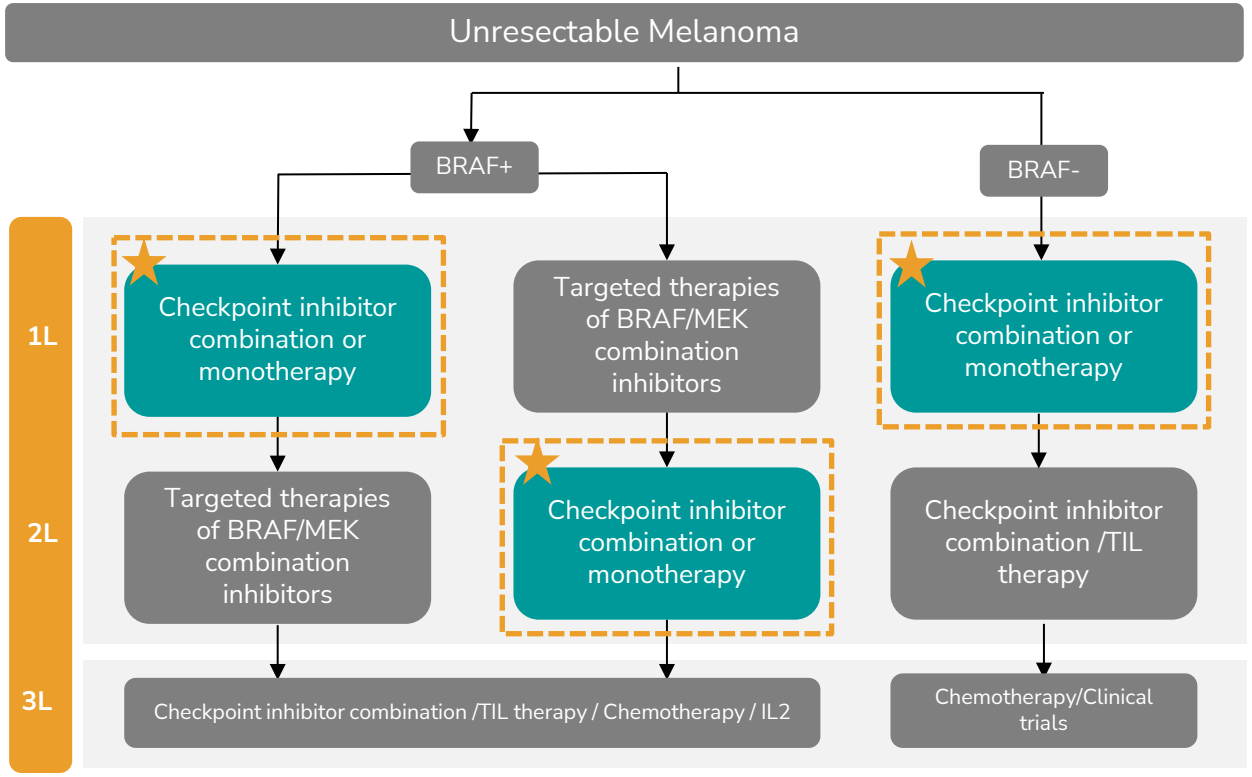
- ✓ **No needle**
- ✓ **Spring-powered**
- ✓ **No external power source**

Deliver a spring-powered injection in 0.1 seconds by means of a narrow stream of fluid that penetrates the skin with a precise dose and depth

- Stratis® has shown effective uptake of the DNA vaccine
- Widely accepted and favored by patients and clinicians throughout the SCOPE Study
- Stratis® has U.S. FDA 510(k) marketing clearance, CE Mark, and World Health Organization
- Prequalification to deliver medications and vaccines intramuscularly
- License agreement has been completed in preparation for the Phase 2/3 randomized registrational trial planned for 2025

# Treatment landscape for unresectable melanoma

## SCIB1/ iSCIB1+ is used alongside double checkpoint inhibitor nivolumab and ipilimumab




- Phase II SCOPE trial, SCIB1/ iSCIB1+ is used alongside double checkpoint inhibitor nivolumab and ipilimumab as a treatment for unresectable stage III/IV melanoma
- Will set the potential new benchmark for first-line unresectable melanoma
- Addressable population of 60k[1] per annum
- Two cancer vaccines are also in 1L unresectable melanoma combined with PD-1 only – IO Biotech & BioNTech
- The Moderna personalized vaccine is in resectable melanoma and currently in a Phase 3 approval trial due to complete by 2029

*1. Management Estimates*

# SCOPE Study Design

## Eligibility

- Histologically confirmed unresectable AJCC stage III or stage IV melanoma
- No prior treatment for advanced disease
- Suitable for treatment with ipilimumab and nivolumab with measurable disease
- Simon stage 1 >8/15 ORR
- Simon stage 2 >27/43 ORR

## Cohorts

Three cohorts across 16 sites in the UK:

- Cohort 1: SCIB1 + SoC nivolumab and ipilimumab (n=36)
- Cohort 2: SCIB1 + SoC pembrolizumab (n=8)
- Cohort 3: iSCIB1 + SoC nivolumab and ipilimumab (n=27)

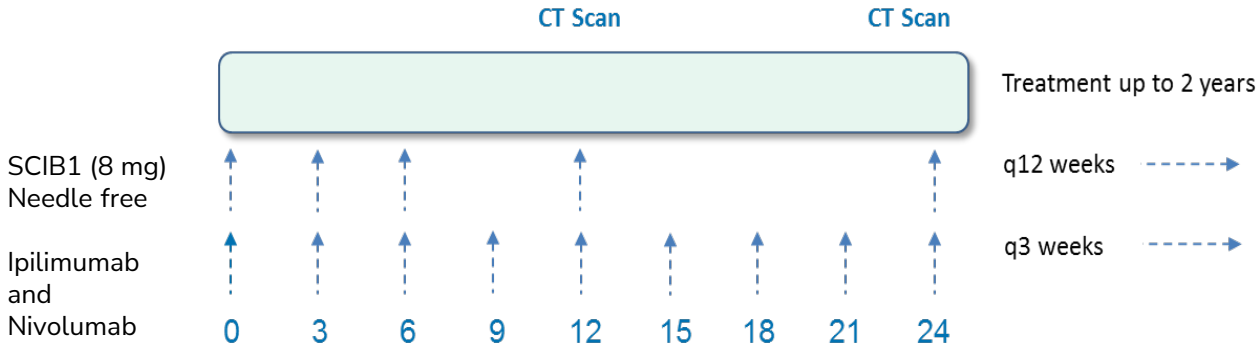
## Endpoints

Primary Endpoints

- ORR

Secondary Endpoints

- DoR
- PFS
- OS
- Safety and tolerability



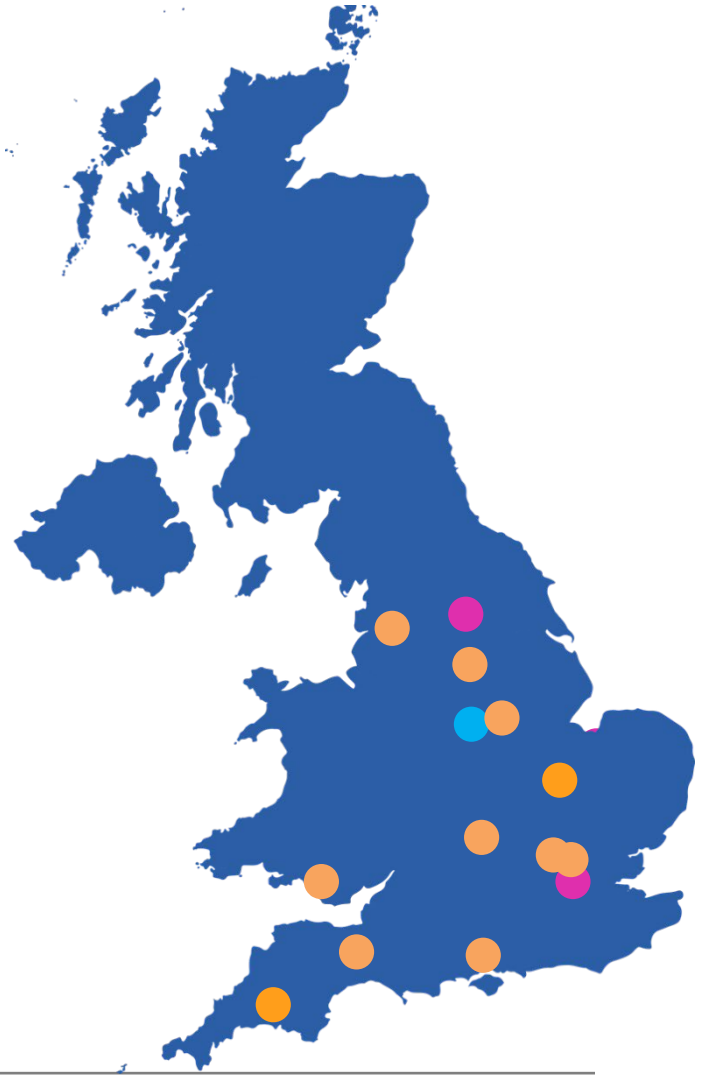

### Assumptions

- Response rate to ipilimumab and nivolumab = 50%
- Response rate of interest for combination = 70%

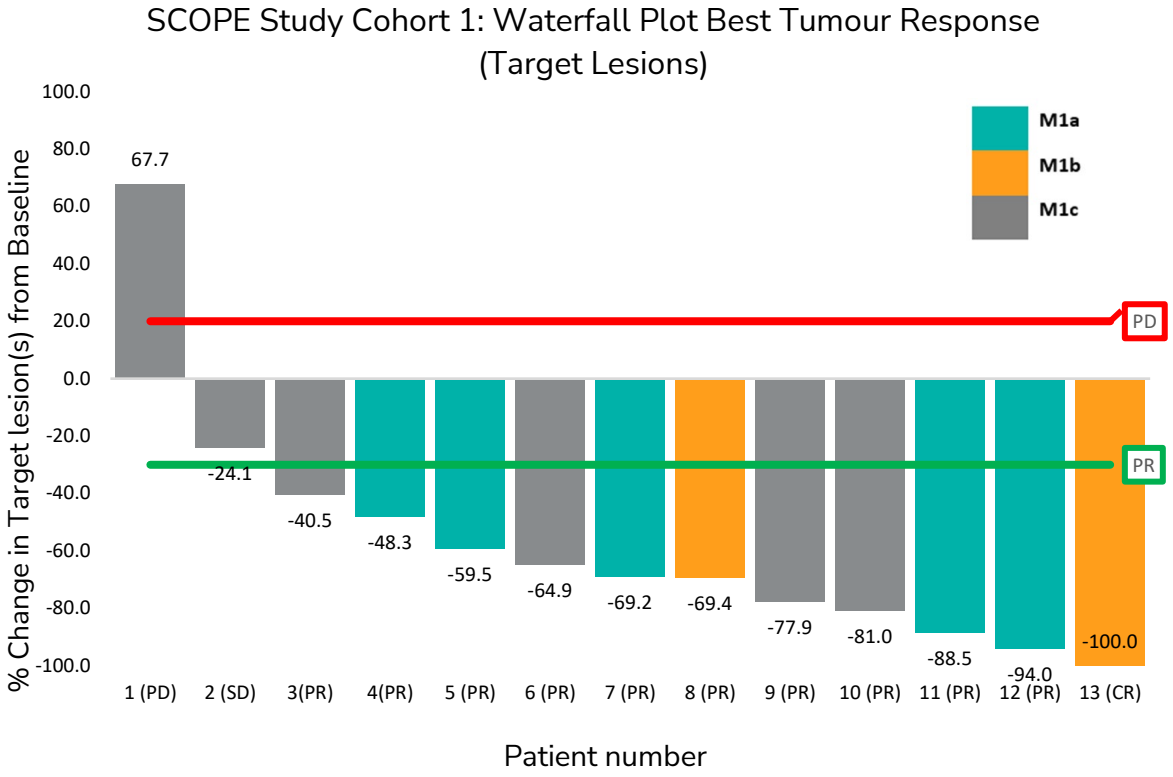
ORR = overall response rate, DoR = Duration of Response, PFS = Progression Free Survival, OS = overall survival, SoC = Standard of Care

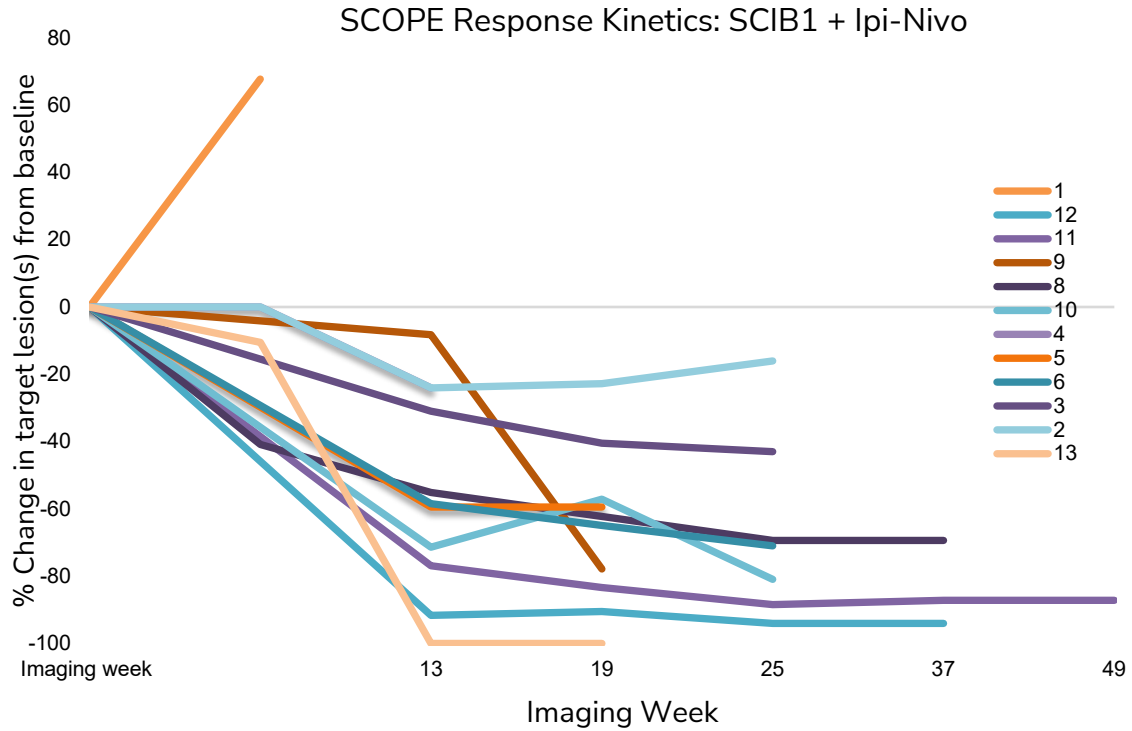
# SCOPE Study Participating Sites

| | Participating Sites | Principal Investigator |
|---|---|---|
| **01** | Nottingham City Hospital | Professor Poulam Patel |
| **02** | Velindre Cancer Centre, Cardiff | Dr Satish Kumar |
| **03** | Mount Vernon Cancer Centre, Northwood | Dr Heather Shaw |
| **04** | Churchill Hospital, Oxford | Dr Miranda Payne |
| **05** | Royal Preston Hospital | Dr Kellati Prasad |
| **06** | Weston Park Hospital, Sheffield | Professor Sarah Danson |
| **07** | Musgrove Park Hospital, Taunton | Dr Clare Barlow |
| **08** | Derriford Hospital, Plymouth | Dr Martin Highley |
| **09** | Royal Free Hospital | Dr Amna Sheri |
| **10** | Guy's Hospital | Dr Amanda Fitzpatrick |
| **11** | Southampton General Hospital | Prof Ioannis Karydis |
| **12** | Royal Derby Hospital (PIC) | Dr Kate Shankland |
| **13** | St James' University Hospital, Leeds | Dr Maria Marples |
| **14** | Royal Marsden Hospital | Dr Kate Young |
| **15** | The Christie | Dr Rebecca Lee |
| **16** | Addenbrooke's Hospital, Cambridge | Dr Pippa corrie |



# SCOPE Study: SCIB1 Simon Stage 1 Results Cohort 1

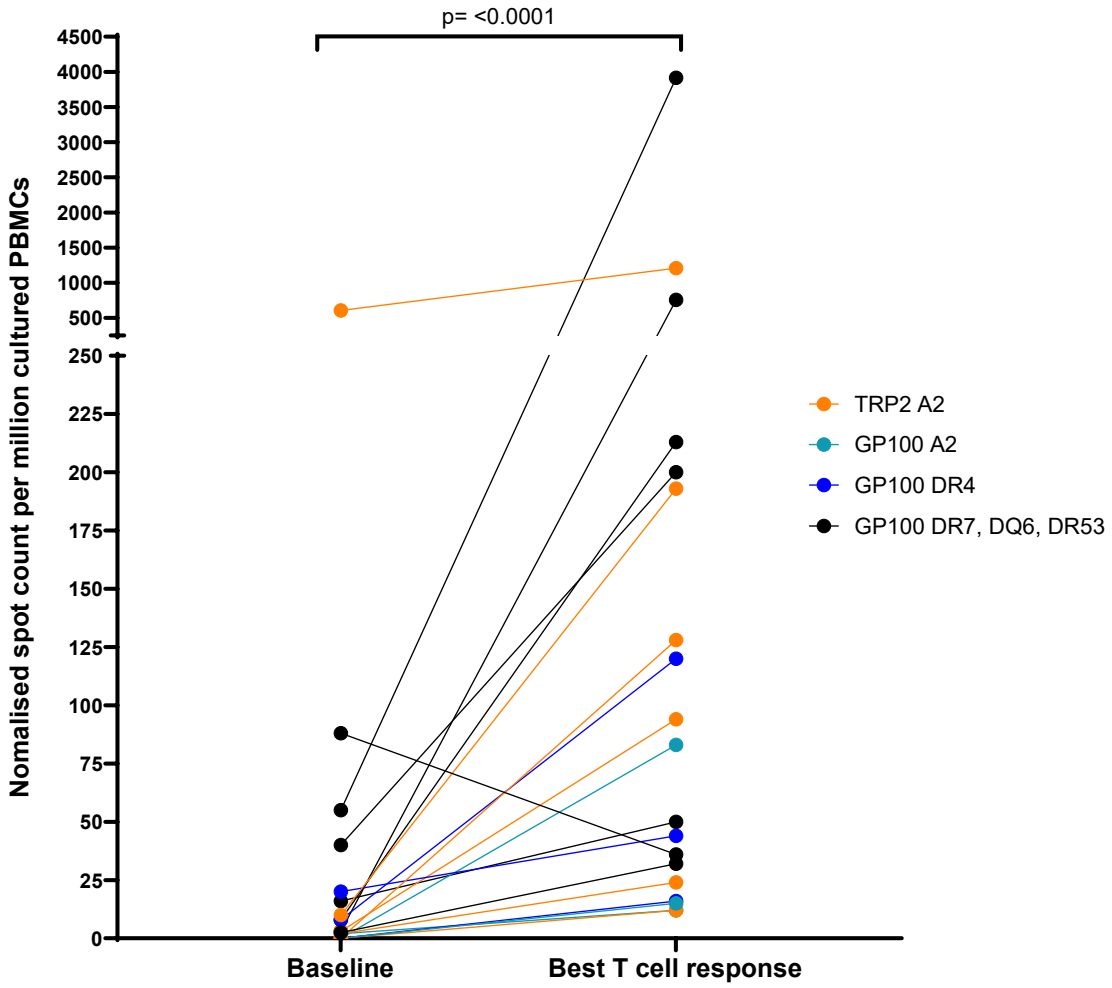



| | N=13 |
|---|---|
| ORR (95% CI)* | 85% |
| Complete response (CR) | 1 |
| Partial response (PR) | 10 |
| Stable disease (SD) | 1 |
| Progressive disease (PD) | 1 |

- Confirmed response in 11/13 patients
- 1 confirmed CR
- 36 patients immunised

# SCOPE Patients Demonstrate Potent Vaccine Specific T Cell Responses




## Cohort 1 patients

- Best T cell response for any peptide at any time point post vaccination plotted against corresponding response at baseline
- All data sets have passed the acceptance criteria
- Positive responses determined using distribution-free resampling (DFR) test
- 19 patients in Cohort 1 who have received 3 or more SCIB1 doses

Wilcoxon rank-sum test

# Physicians view on SCIB1 as a useful addition to standard of care

**An off-the-shelf vaccine used alongside ipi-nivo is viewed positively by physicians**

- The fact that SCIB1 is off-the-shelf rather than personalised is seen as a positive, given that unresectable melanoma can rapidly progress and the logistics of personalised vaccines can be complex

  *"…There is space for off-the-shelf vaccines like SCIB1 as the advantage is you have something available rather than manufacturing the treatment for each patient…" - KOL#5, Medical Oncologist, Cancer Institute*

- Ipi-nivo is viewed by physicians as the current gold standard and SCIB1s use in combination is viewed as an advantage

**More efficacious or later line treatments**

- Treatment options for unresectable melanoma are limited, especially for BRAF- patients who cannot benefit from targeted therapies
- Existing treatments have high failure rates, including the most commonly used SoC ipi-nivo, which fails in c.60% of patients. There is a key unmet need for more efficacious treatments which stop progression in 2/3L treatment
- After failure of 1L treatment, there are few 2L or 3L options that have been approved outside of systemic chemotherapy or entry into clinical trials, which all have a very low remission rate

**iSCIB1+ clinical data is seen positively by KOLs**

- Experts hold a positive view of the efficacy of iSCIB1+ compared to the current SoC, with a 20-percentage point improvement in ORR compared to ipi-nivo being seen as clinically significant

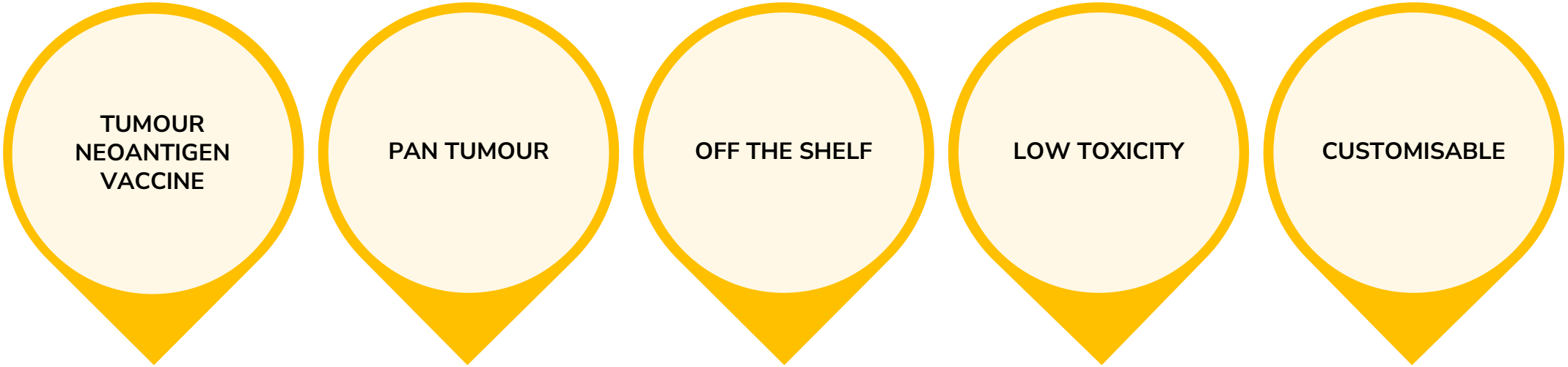
  *"…Based on ORR, this is a promising product. Any improvement in efficacy over the SoC is good…" - KOL#2, Professor of Surgery*

- The safety profile of iSCIB1+ is viewed positively, given that it is in line with that of ipi-nivo and therefore the majority see no reason why an immunostimulant would not be added to CPI treatment

  *"…There is nothing to lose for patients, they would be happy with the improved efficacy, given the safety profile is the same as ipi-nivo …" - KOL#6, Medical Oncologist,*

# Moditope® Vaccine Platform

## Targeting Tumour Neoantigens from stress induced post translational modifications




**Tumour-specific neoantigens**
Modi-1 targets citrullinated peptides, tumour-specific neoantigens generated from stress-induced post translational modifications (siPTMs) via the MHC-II presentation pathway.

**siPTMs occur in all cancer cells**
Citrullination occurs as a result of autophagy induced in stressed cancer cells. Citrullination protects from proteolytic cleavage and creates neo-epitopes

**Robust GMP manufacturing** process, stable shelf life and faster route to treatment allowing pricing flexibility. Five-year stability

**Favourable safety profile** and well tolerated when administered as a monotherapy and in combination with checkpoint inhibitors

**MODI-2**
**Targets siPTMs such as homocittrullination**
Groundbreaking science with strong patent position offering off the shelf pan-cancer vaccine targeting neoantigens in cancer

# ModiFY Study Progress Update

## Monotherapy

- Monotherapy tested 2L/3L in metastatic ovarian, TNBC, Head & Neck and renal cancer
- Safe and well tolerated, with no dose limiting toxicities observed
- Good T cell responses
- 60% of patients showed prolonged periods of stable disease

## Combination therapy

- Combination with anti-PD1 in Head and Neck cancer showing some clinical responses
- Combination with doublet CPI therapy in renal cancer: six patients immunised

## Endpoints

Primary Endpoints

- ORR

Secondary Endpoints

- DoR
- PFS
- OS
- Safety and tolerability

- Early data from patients receiving Modi-1 in combination with anti-PD1 is showing safety and clinical responses
- To build on the results seen in the SCOPE trial, we are investigating Modi-1 in advanced renal cell carcinoma (RCC) in the first line setting, where double checkpoint inhibitor is standard of care
- A cohort was approved in **May 2024**, which will recruit 44 previously untreated RCC patients who will receive the Modi-1 cancer vaccine with CPIs. We believe this will demonstrate that Modi-1 peptides improve the ORR and further demonstrate that double checkpoints are highly effective when synergising with targeted vaccines
- Six patients dosed to date; further clinical data **expected in H1 2025**

# Glymab® Antibody Platform

## Super specific tumour targets


**Targets sugars or glycans preferential expressed on tumours** as the enzymes which attach the glycans are up or down regulated in tumours

**Targets expressed on multiple proteins/lipids on tumours but not on normal cells** making them suitable ADC, TCB, radioimmunotherapy and cell therapy

**Highly tumour specific and high affinity to target** Scancell has unique "know how" to make high affinity IgG Mabs. Favourable safety profile due to low expression on few normal tissues

**Better specificity on known glycan targets which have been tested in the clinic** FucGM1 and Lewisy antibodies with no cross reactivity to similar glycans expressed on normal cells allowing us to make more potent drugs with less toxicity

**Antibody targets can be adapted to target other cancers.** Groundbreaking science leads to validated preclinical results and rapid entry into the clinic

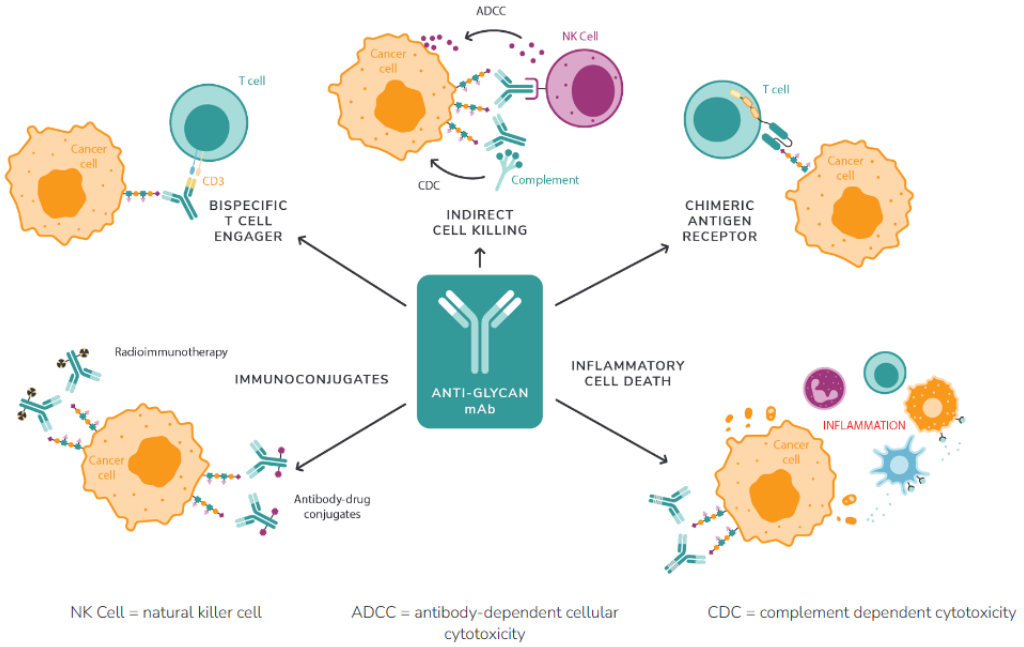
# Portfolio of Patent Protected Anti-Glycan Antibodies with Therapeutic Development Potential

## Targeting highly specific and highly differentiated glycans preferentially expressed on tumours

| | |
|---|---|
| **SC129** | • **Genmab licensed for ADC/TCB/radioimmunotherapy**<br>• Sialyl-di-Lewis[a]<br>• Pancreatic cancer |
| **SC134** ★ | • T Cell engager is the lead target<br>• Fucosyl GM1<br>• Small cell lung cancer |
| **SC2811** | • SSEA4<br>• Any solid tumour |
| **SC27** | • Lewis[y]<br>• Epithelial cancers, gastric, colorectal, ovarian |

**One antibody is under exclusive evaluation for ADC/TCB/radioimmunotherapy**

## Deliver differentiated products for unmet markets




NK cell = natural killer cell; ADCC = antibody-dependent cellular cytotoxicity; CDC = complement-dependent cytotoxicity

**Value to partners**: novel targets that can be developed into multiple products supported by strong pre-clinical data

**Value to Scancell**: revenue generation through multiple licensing opportunities, develop in-house therapeutic product

# Financials, Timelines and Outlook

# Scancell Key Financial Highlights

| Consolidated Statement of Comprehensive Income (£m) | 12 months 30 April 2024 | 12 months 30 April 2023 |
|---|---|---|
| **Revenue** | **-** | **5.3m** |
| Gross Profit | - | 4.7m |
| Development Expenses | (12.9m) | (11.6m) |
| Administrative Expenses | (5.4m) | (5.0m) |
| **Operating Loss** | **(18.3m)** | **(11.9m)** |
| Finance & Other Income/(Expense) | 9.2m | (2.4m) |
| Taxation | 3.2m | 2.4m |
| **Loss for Year** | **(5.9m)** | **(11.9m)** |

| | | |
|---|---|---|
| Cash & Cash Equivalents | 14.8m | 19.9m |
| Shares Outstanding (Basic) at 31 August 2024 | | 928,979,977 |

- Revenue in FY23 relates to SC129 upfront with **development on track**
- **Exclusive evaluation agreement for Glymab® antibody** signed in June 2024 with major international biotech for $1m
- Development Expenses includes in-house clinical, manufacturing and research costs focused on development on SCIB1, iSCIB1+ and Modi-1 including readiness for next stages of development
- Cash & Cash Equivalents at 14.8m, enhanced post year-end with R&D tax credit of £2.9m & $1m exclusivity payment for antibody
- Convertible Loans Notes maturity dates extended to 2027
- **Cash runway to Q3 2025 beyond clinical milestones**
- Continuously assessing options to **build value and maintain momentum** in the business

*1. Restated; Full Financial Statements available on Company Website*

# Strong pipeline of news flow

| | | 2024 | 2025 | 2026+ |
|---|---|---|---|---|
| VACCINES | SCIB1/ iSCIB1+ **SCOPE** | iSCIB1+ with doublet CPI initiation<br>SCIB1 with doublet CPI results | iSCIB1+ with doublet CPI results<br>**Start Phase 2/3 registration study[1]** | **Results of Phase 2 randomised trial[1]** |
| | **Modi-1** ModiFY | Modi-1 with doublet CPI expansion | Early clinical results | **Phase 2/3[1]** |
| ANTIBODIES | 134 TCB | | | **Phase 1/2[1]** |
| | **GlyMab®/ AvidiMab®** | ← **Licensing** → | | |

[1] Subject to further out-licensing, partnering and/or further financing

CPI: Checkpoint inhibitor
ORR: Overall response rate
PFS: Progression-free survival

# Outlook

## Near term clinical milestones and value drivers

### SCOPE Study

- Full cohort data with SCIB1 and iSCIB1+ in Q4 2024 and H1 2025
- Phase 2/3 seamless registration trial with SCIB1 or iSCIB1+ to begin in 2025

### ModiFY

- ModiFY study data in RCC in combination with checkpoint inhibitors expected in H1 2025

### Antibodies & Other

- Out-licensing discussions for the GlyMab® and AvidiMab® platforms
- Partnering options continually assessed to drive further value in all assets

## Thank you

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