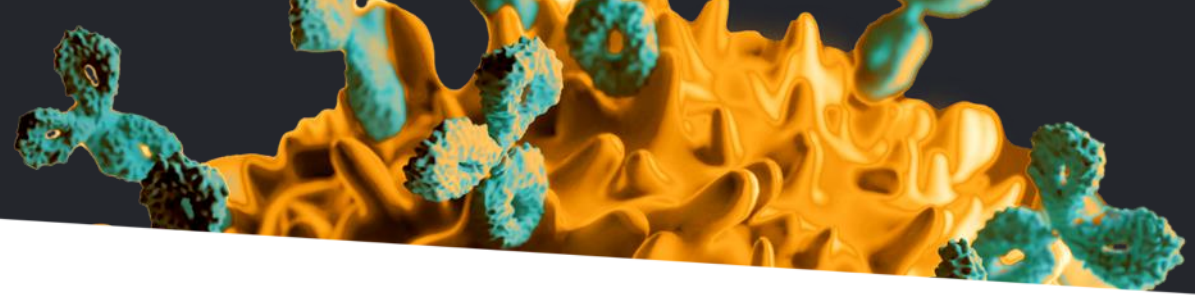
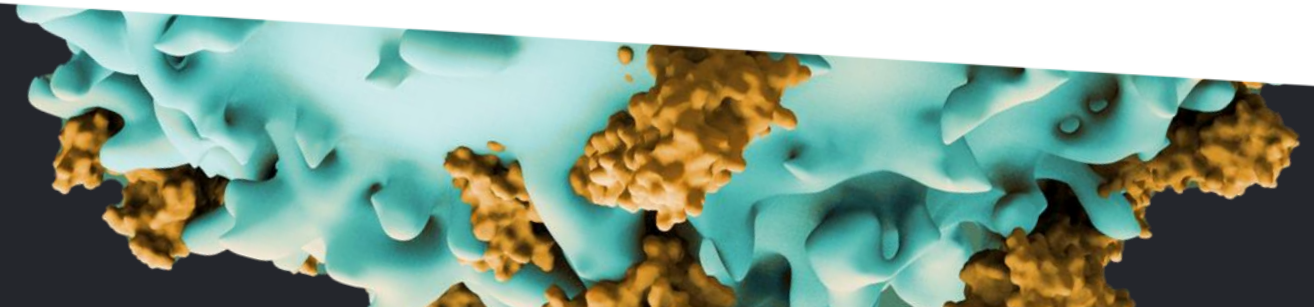


SCANCELL

FY25 Interim Results
Products, People and Progress

PHIL L'HUILLIER CEO
SATH NIRMALANANTHAN CFO

JANUARY 2025



Company Snapshot

Two differentiated products in clinical development in markets with major unmet needs.

- Impressive efficacy, with long-term immune control of tumours and good safety profile

Research and development supported by deep cancer immunology & translational medicine expertise

Leadership team bolstered with industry-experienced CEO and CMO with late-stage development expertise

Industry specialist investors (Redmile, Vulpes and others)

Execution focus, with cash to H2 2026

Key Highlights

CLINICALLY VALIDATED VACCINES, COMMERCIALLY VALIDATED ANTIBODIES

SCOPE

INTERIM DATA IN ADVANCED MELANOMA

84% DCR
72% ORR*

*CPI CONTROL 48%

IND READY COMMERCIALLY VIABLE PRODUCT FOR RANDOMISED STUDY

STRATEGIC PARTNERSHIP FOR NEEDLE FREE DELIVERY — PharmaJet

SCIB1 43 PATIENT 25-WEEK ORR DATA EXPECTED IN H1 2025

MODIFY

HNSCC | RCC

SCCHN 43% ORR**
EARLY CLINICAL READ OUTS EXPECTED IN H1 2025 FOR BOTH INDICATIONS

**CPI CONTROL 19%

OVER 20 CLINICAL SITES ACROSS 2 STUDIES

19 PATENT FAMILIES

3 OFF THE SHELF VACCINES

CASH RUNWAY BEYOND CLINICAL MILESTONES

STRENGTHENING LEADERSHIP TEAM & BOARD

ANTIBODIES FROM THE GLYMAB® PLATFORM

Genmab

2 LICENCES TO GLYMABS®

PRECLINICAL VACCINES FROM MODITOPE® & IMMUNOBODY®

Experienced Leadership Team Bolstered with Industry-Expertise now set for Execution

Phil L'Huillier
Chief Executive Officer

MSD · Cancer Research Technology · Catalym (catalyzing immunotherapy) · artios (DNA Damage Response) · PsiOxus Therapeutics

Professor Lindy Durrant
Chief Scientific Officer & Founder

University of Nottingham UK | CHINA | MALAYSIA

Nermeen Varawalla
Chief Medical Officer

Boston Scientific · BTG · RELIEF Therapeutics · Atlantic Healthcare

Sath Nirmalananthan
Chief Financial Officer

Boston Scientific · BTG · KPMG · ICR The Institute of Cancer Research · reckitt · NOMURA · Prenetics

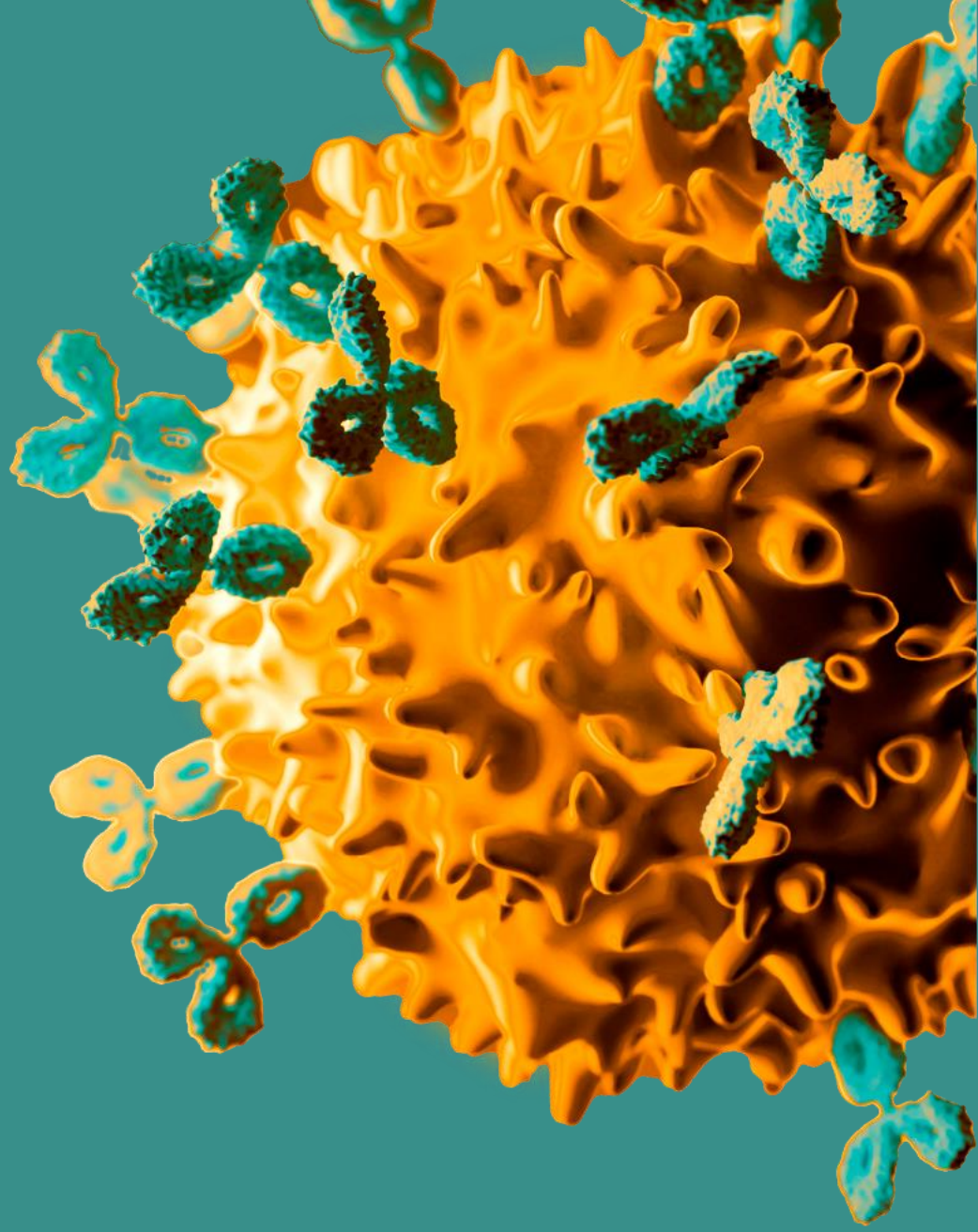
Mandeep Sehmi
Head of Business Development

isogenica The VHH Company™ · Cancer Research Technology · ImaginAb · University of Leicester · abcam

Callum Scott
Head of Development

Benchmark® Animal Health · University of Aberdeen · Allergy Therapeutics PLC · knoell

Lead Vaccine Products in Advanced Melanoma



Differentiated Vaccine Products Across Multiple Indications

UNLOCKING POTENTIAL FOR NON-PERSONALISED CUSTOMISABLE VACCINES FROM THE IMMUNOBODY® PLATFORM

DUAL ACTING, APC TARGETED VACCINE

OFF THE SHELF

PATIENT CONVENIENT NEEDLE FREE DELIVERY

EXCELLENT SAFETY PROFILE

CUSTOMISABLE (FOR NEW PRODUCTS)

Additionally, we differentiate on mechanism:

- Target the high affinity Fc receptor, CD64, expressed on activated antigen presenting cells
- ImmunoBody® targets antigen presenting cells via human IgG1 antibodies that binds strongly to CD64 and in which the T cell epitopes are inserted in the CDRs (a genetic antigen:antibody complex)

SCIB1/iSCIB1+ Aims to Improve on 5-year Survival of Advanced Melanoma Patients

KEY FACTS

- Global annual incidence of 320,000 patients, ~58,000 deaths per year
- 50% of patients treated with checkpoint inhibitors do not respond and some patients progress further after treatment
- Less than 23% of patients will survive Stage IV melanoma after 5 years

- Scancell SCIB vaccine works synergistically with standard of care checkpoint inhibitors (CPI)
- **CPIs open up immune access to the tumour, Scancell vaccines boost the immune system to attack the exposed tumours**
- Feedback from melanoma oncologists highlight the patient benefit and opportunity

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

"...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

More efficacious or later line treatments

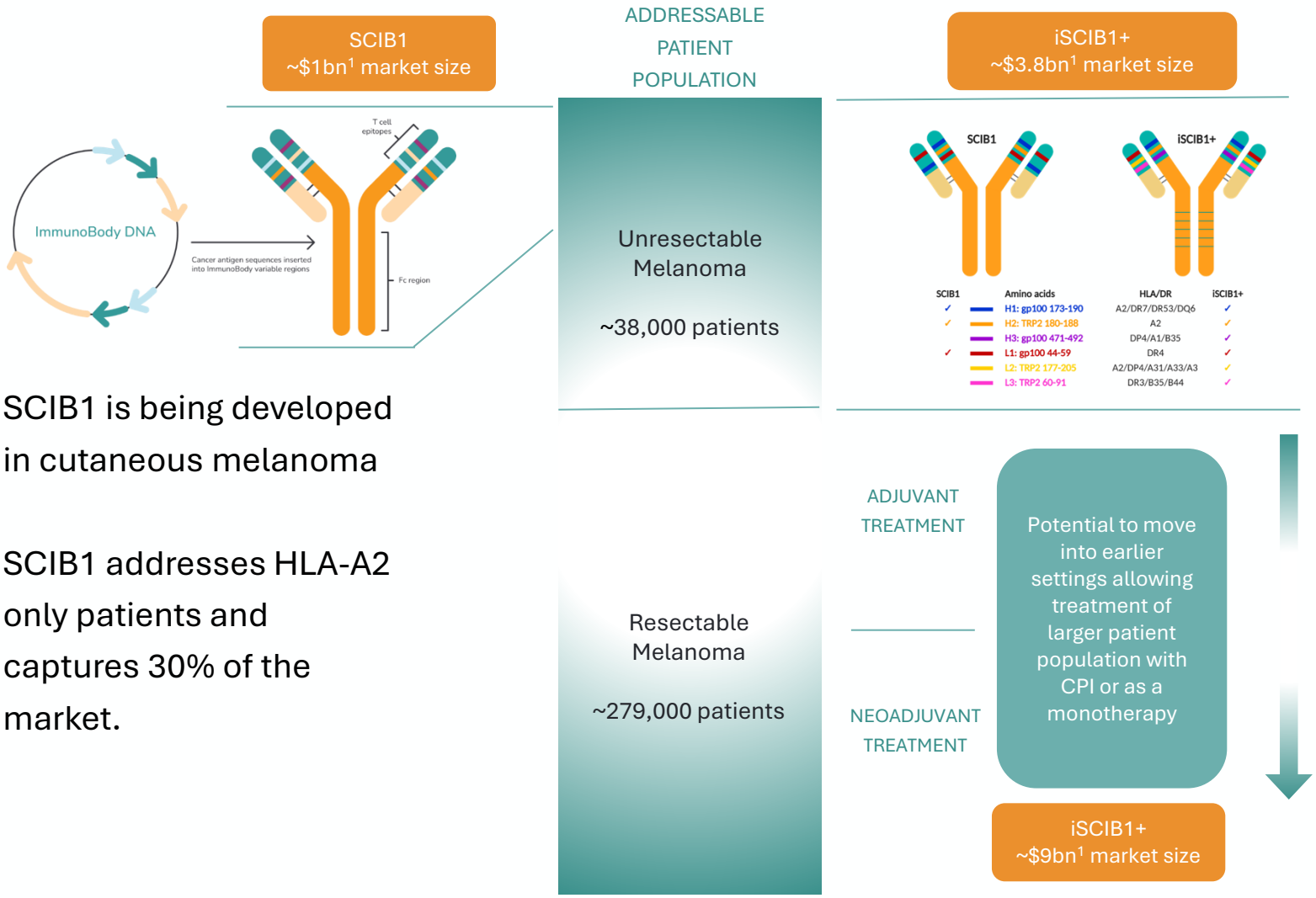
Existing treatments have high failure rates, including the most commonly used SoC ipi-nivo, which fails in c.60% of patients. There is a key unmet need for more efficacious treatments which stop progression in 2/3L treatment

SCIB1 clinical data is seen positively by KOLs

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

"...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

Market Opportunity in Melanoma substantial



SCIB1 is being developed in cutaneous melanoma

SCIB1 addresses HLA-A2 only patients and captures 30% of the market.

iSCIB1+ second generation vaccine offering:

- Improved product allowing 100% access to the addressable patient population
- AvidiMab® modification increases potency
- 15 years extended patent protection

[1] Management estimates

SCOPE Study Design (138 patients)

Eligibility

- Unresectable stage III or IV melanoma
- Frontline patients
- Suitable for treatment with ipilimumab and nivolumab with measurable disease

Four Cohorts (16 sites)

- SCIB1 + SoC nivolumab & ipilimumab (n=43)
- SCIB1 + SoC pembrolizumab (n=9)
- iSCIB1+ Intramuscular + SoC nivolumab and ipilimumab (n=43)
- iSCIB1+ Intradermal + SoC nivolumab & ipilimumab (n=43)

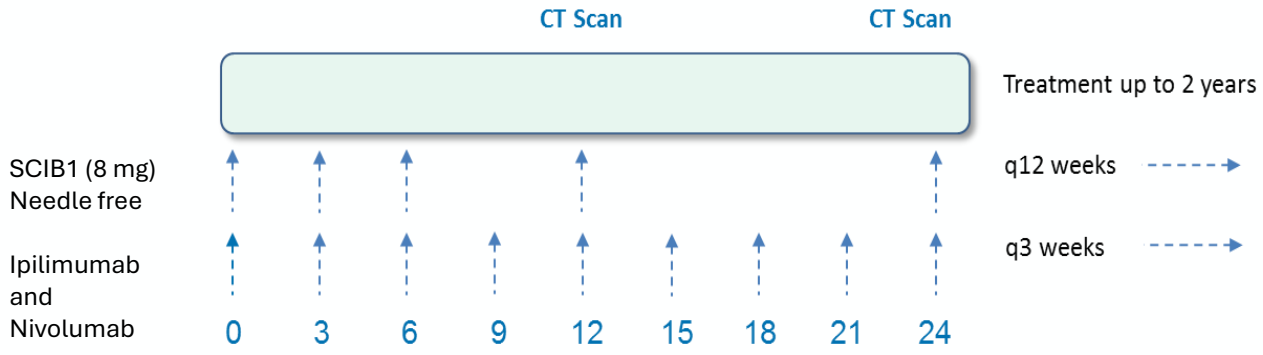
Endpoints

Primary Endpoints

- ORR

Secondary Endpoints

- DoR
- PFS
- OS
- Safety and tolerability



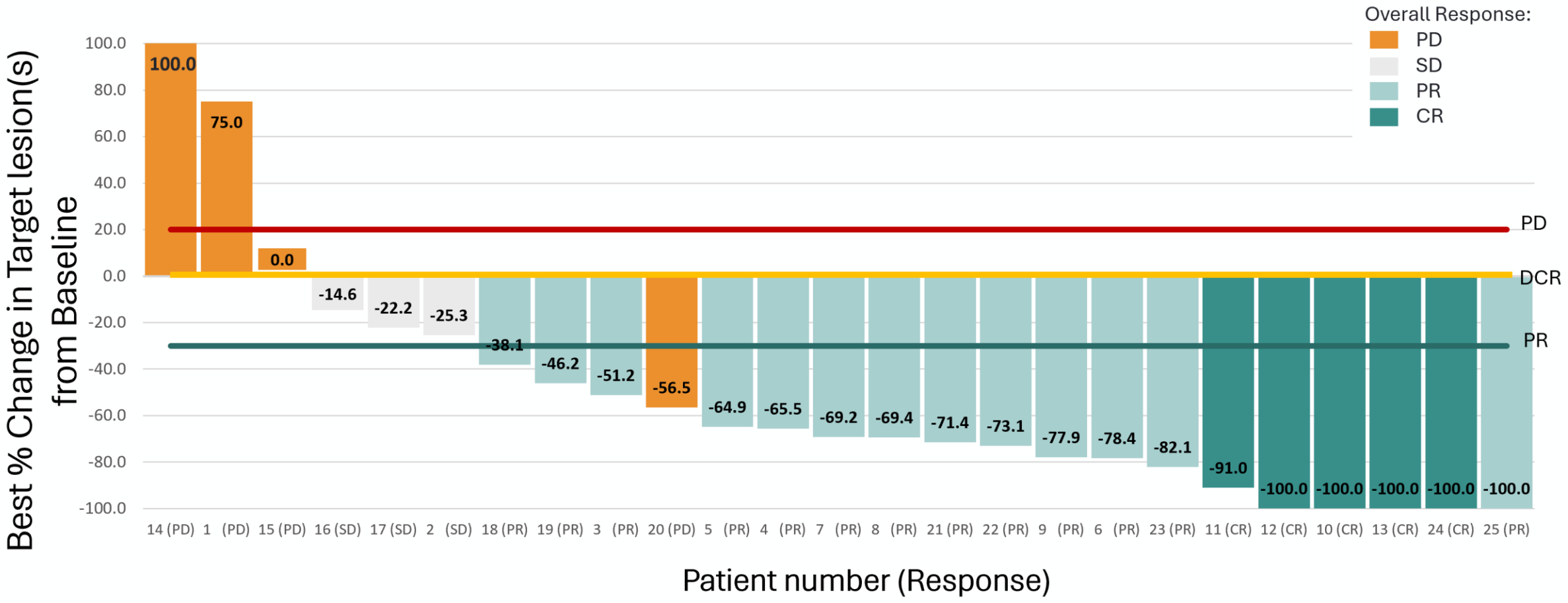
Assumptions

- 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

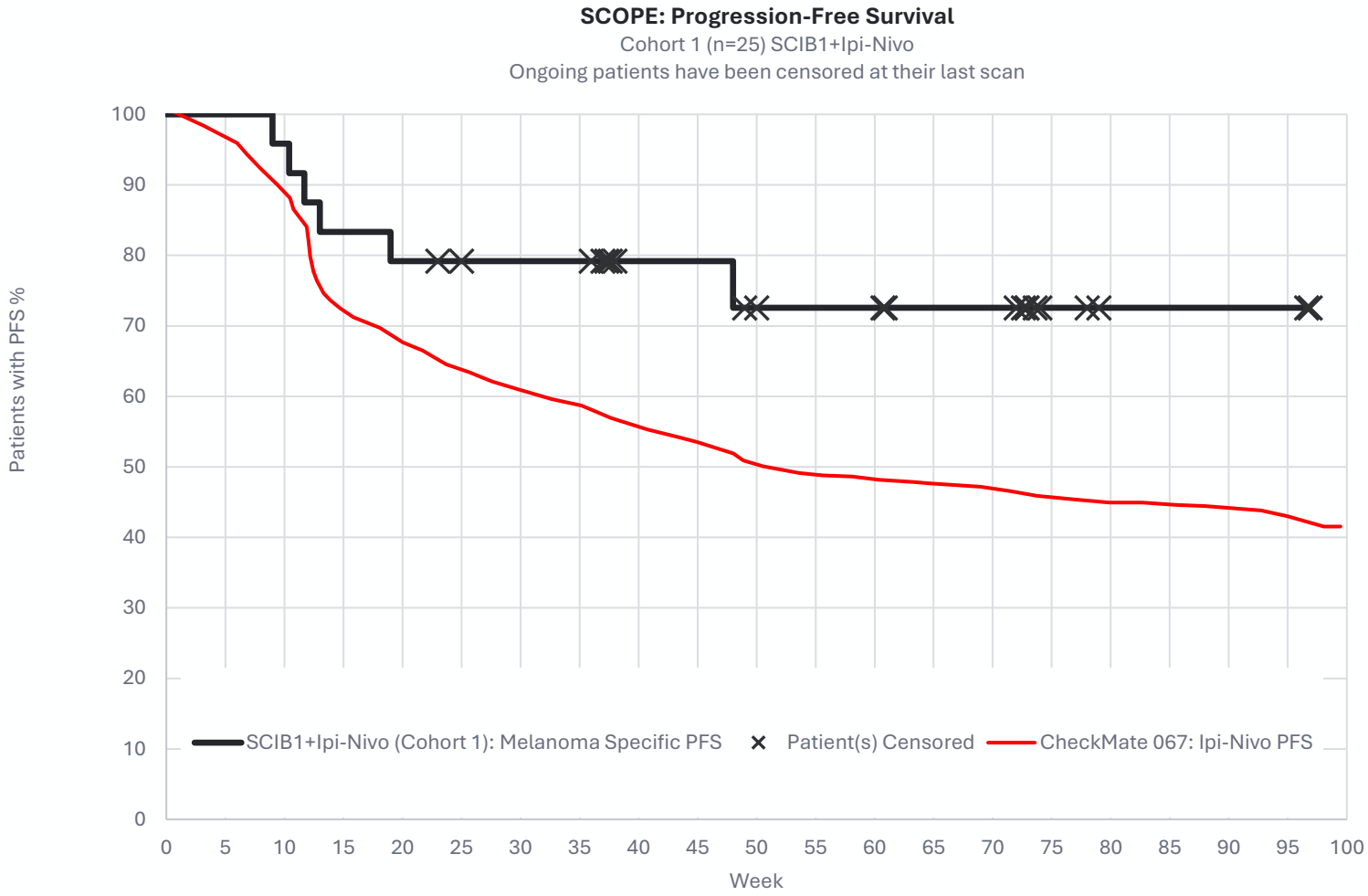
Strong tumour reduction, superior to historic controls giving potential marked improvement of patients

25 PATIENTS AT 25 WEEKS DEMONSTRATING 72% ORR AT 6 MONTHS



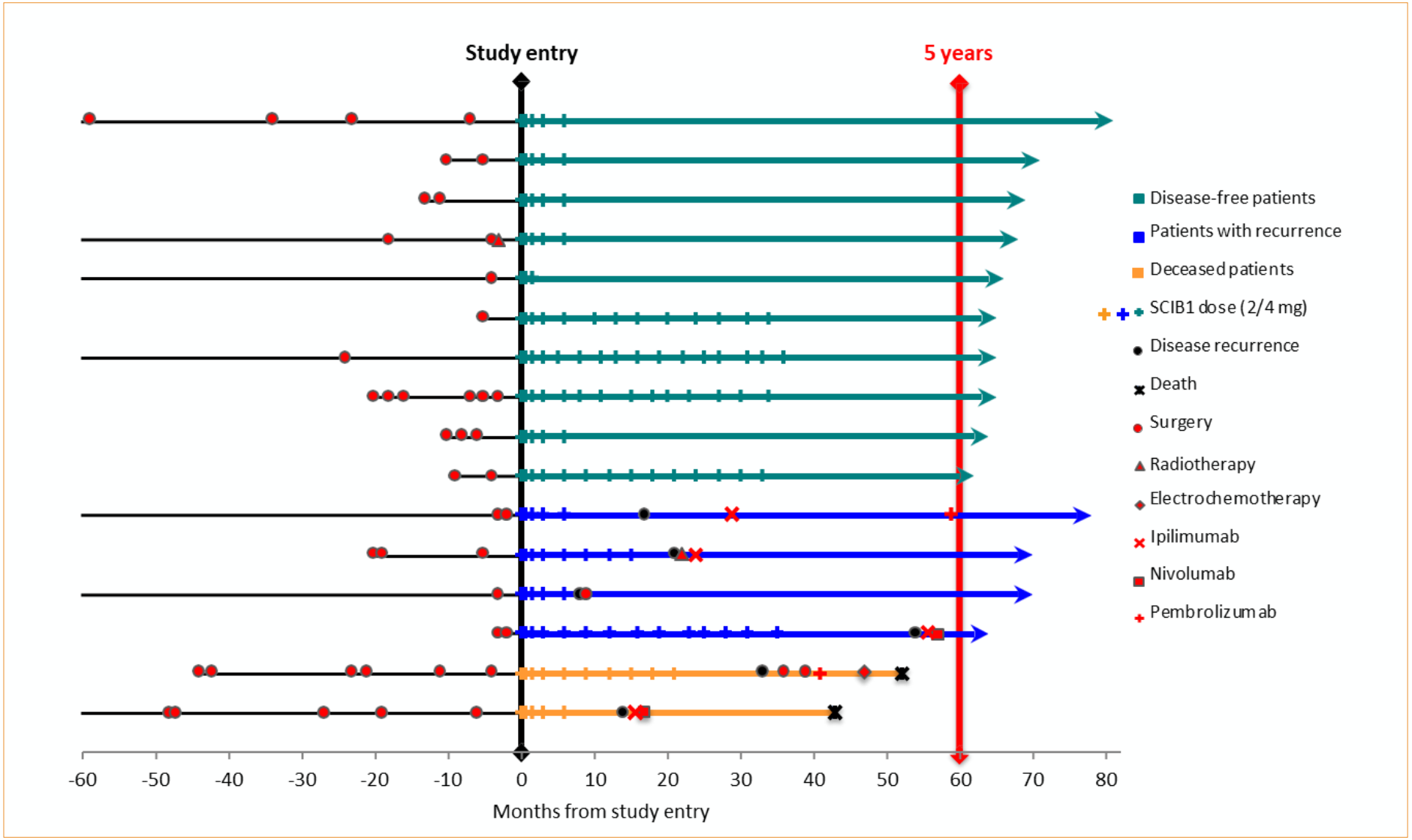
Progression free survival, superior to historic controls giving potential for long term immune control of tumours

25 PATIENTS AT 25 WEEKS DEMONSTRATING 80% PFS AT 6 MONTHS



SCIB1 has Previously Demonstrated Efficacy as a Monotherapy

- SCIB1 has previously demonstrated efficacy as a monotherapy post resection
- 88% of patients disease-free for 5+ years



Superiority to Current Therapies Strongly Demonstrated

	SCOPE Cohort 1 N=25	Real World Outcomes with double checkpoints[1]
Disease Control Rate (DCR)	84%	58%
Objective Response Rate (ORR)	72%	48%
Complete response (CR)	5 (20%)	16%
Partial response (PR)	13	
Stable disease (SD	3	
Progressive disease (PD)	4	

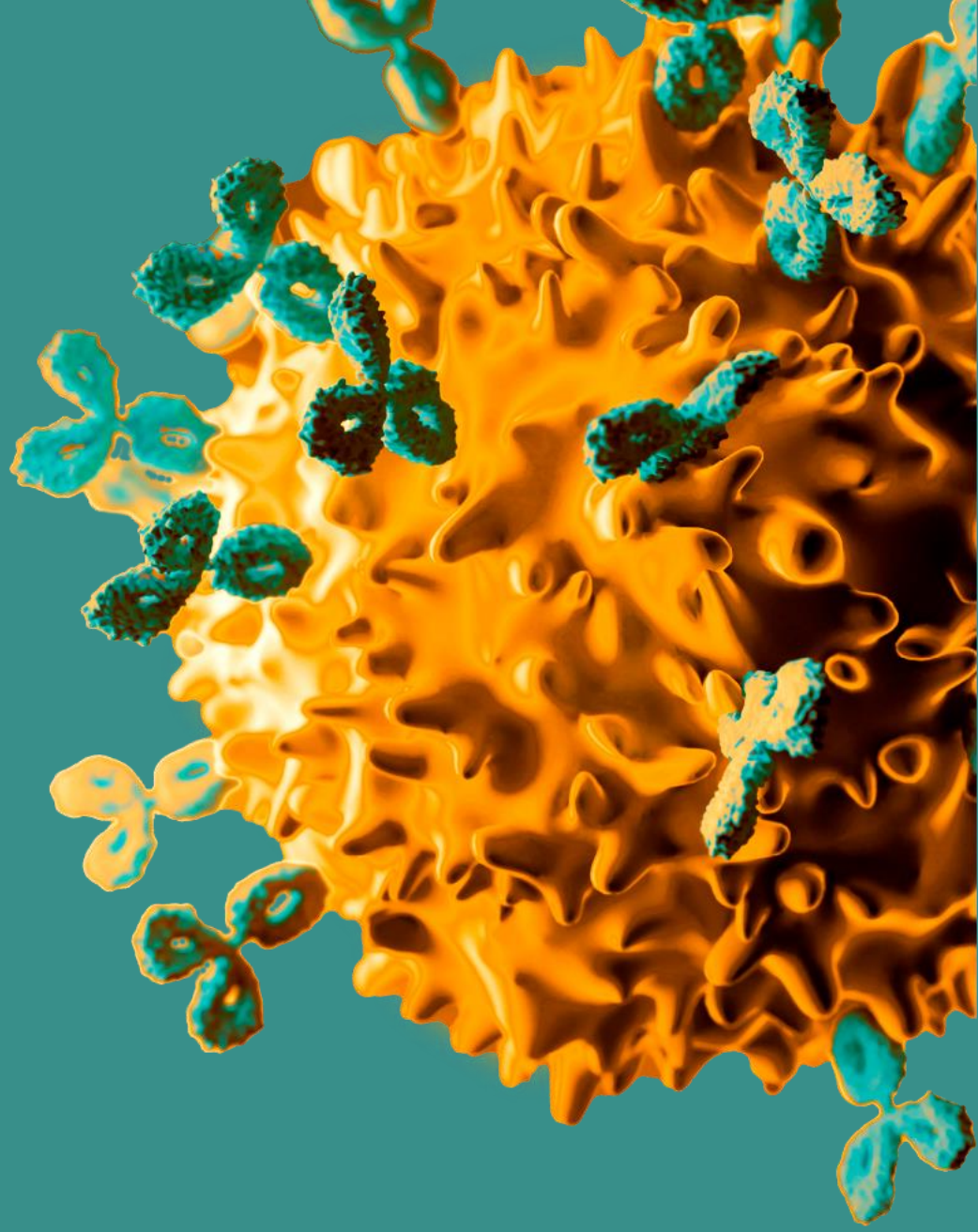
1.Real world outcomes in advanced melanoma; Eur J Canc, (2022.)

- Compelling efficacy data, outperforming current SoC benchmarks
- Improved durability of response
- Excellent safety profile
- Potential also for neoadjuvant / adjuvant settings

Status and Next Steps for our Lead Product

- SCIB1 cohort now fully recruited with 43 patients and 25-week ORR data expected in H1 2025
- iSCIB1+, a next generation vaccine recruiting well, with 25-week ORR data expected mid-year
- Intradermal (ID) cohort with iSCIB1+ added to the SCOPE study. Industry is moving towards ID and will provide delivery route comparison. Early results from this cohort expected in H2 2025.
- The strategic partnership with PharmaJet for use of the Stratis® needle-free delivery for clinical trials and commercial sales sets the company up for further development.
- Manufacturing processes for iSCIB1+ have been improved readying product for further development
- Planning underway for randomised studies on path to registration

Modi-1, our second product for Head & Neck and Renal Cancers



Moditope® Vaccine Platform

TARGETING STRESS INDUCED POST TRANSLATIONAL MODIFICATIONS

TUMOUR NEOANTIGEN VACCINE

PAN TUMOUR

OFF THE SHELF

LOW TOXICITY

CUSTOMISABLE

- Modi-1 targets citrullinated peptides, tumour-specific neoantigens generated from stress-induced post translational modifications (siPTMs)
- Peptides from two different proteins have been combined in this way to reduce the possibility of tumour escape

Modi-1 – Addressing Multiple Advanced Solid Tumours with Poor Treatment Outcomes

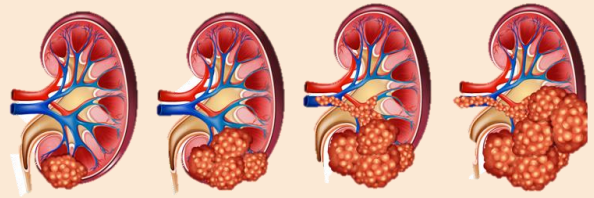
MARKET OPPORTUNITY

SCCHN is the 9th most common malignant tumor, representing 6% of all cancer cases

Anticipated to reach an annual incidence rate of 1.37 million new cases by 2040

The median overall survival of patients with HPV-negative HNSCC is approximately 1 year

Market anticipated to reach $8.1B by 2031



Renal Cell Cancer is the eighth most common cancer in the United States

Poor late-stage prognosis, with a 5-year survival rate of only 12% for metastatic disease

The RCC market is projected to reach $12.7B by 2032

SCANCELL

https://www.nature.com/articles/s41598-021-97365-6
https://www.nature.com/articles/s41416-019-06027#:~:text=1%2C4,and%20has%20a%20better%20prognosis
https://doi.org/10.1038/d41573-023-00186-7

ModiFY Study Design

Combination therapy

Combination with anti-PD1 in Head and Neck cancer showing clinical responses at Simon Stage 1

Combination with doublet CPI therapy in Renal cancer

Endpoints

Primary Endpoints

- ORR

Secondary Endpoints

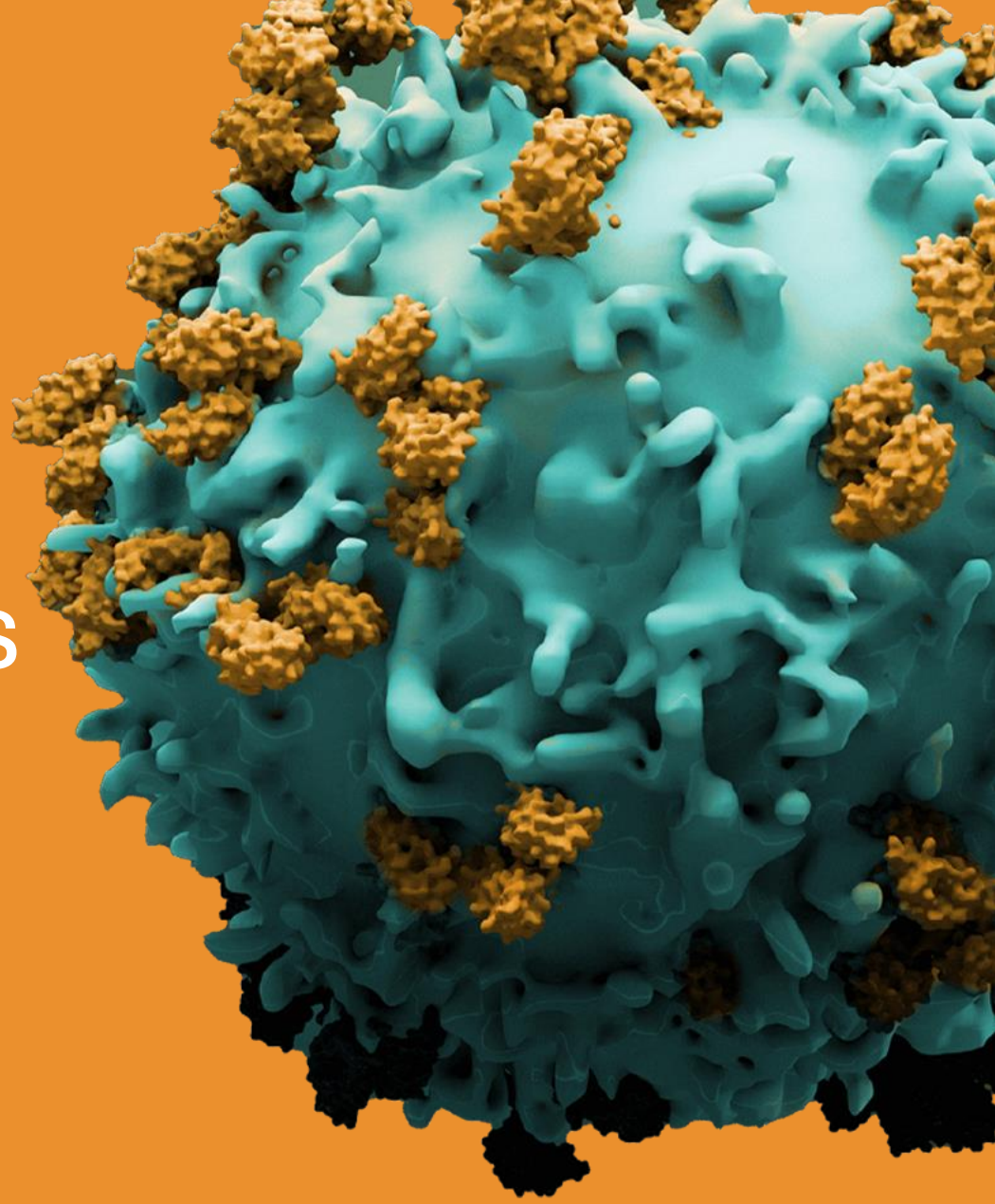
- DoR
- PFS
- OS

- Modi-1, a citrullinated peptide off the shelf vaccine, is being developed for solid tumours in combination with checkpoint inhibitors (CPIs).
- HPV negative head and neck squamous cell carcinoma (HNSCC) cohort evaluating Modi-1 with Pembrolizumab alone has passed non-futility at Simon Stage 1
- Advanced renal cell carcinoma (RCC) cohort evaluating Modi-1 in combination with double CPI as a first line therapy approved and added to the ModiFY study. RCC cohort recruiting effectively with early clinical read-out expected in H2 2025.
- Moditope® patent granted by U.S. Patent and Trademark Office (USPTO).

Modi-1 Moditope® shows non-futility in HPV negative Head and Neck Squamous Cell Carcinoma (HNSCC)

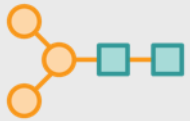
- Study designed to determine if the overall objective response rate (ORR) in patients could be improved by combining Modi-1 Moditope® in combination with standard of care single agent checkpoint inhibitor pembrolizumab
- Partial response demonstrated in 3/7 patients as determined by RECIST 1.1 tumour assessment at their 25-week scan
- Modi-1 shows ORR of 43% at week 25 in 7 patients with Head & Neck cancer
- Compared to historical ORRs of 19% for pembrolizumab and 13% for nivolumab
- Second stage of clinical trial underway; further read-outs in H2 2025

GlyMabs® - Unique antibodies targeting Glycans



GlyMab® Antibody Platform

SUPER SPECIFIC TUMOUR TARGETS



TARGETS TUMOUR ASSOCIATED GLYCANS

MULTIPLE THERAPEUTIC FORMATS

HIGH AFFINTY AND SPECIFICITY

CLINICALLY VALIDATED TARGETS

GROWING PIPELINE

"A key challenge targeting this high potential class is generating antibodies with high affinity & specificity"
Borois et al Cancers 2022, 14, 645

The Scancell Platform and expertise overcomes these limitations

Industry Validation Demonstrating Therapeutic Potential of GlyMabs®

STRONG COMMERCIAL INTEREST FOR LEAD ANTIBODY SC134

SC129	• Sialyl-di-Lewis[a] • Pancreatic cancer	Genmab
SC134	• Fucosyl GM1 • Small cell lung cancer	
SC2811	• Not disclosed • Any solid tumour	Genmab
SC27	• Lewis[y] • Epithelial cancers, gastric, colorectal, ovarian	

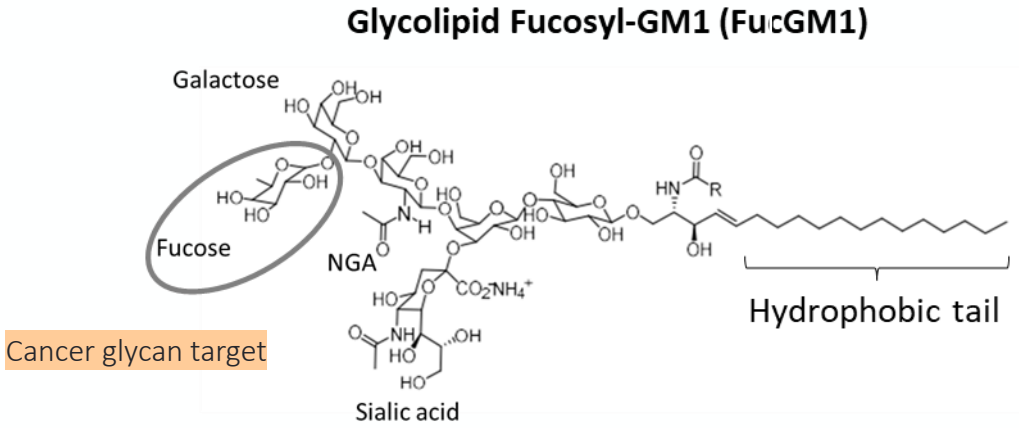
- SC129 licensed to Genmab in 2022. Potential milestones of up to $624m, plus royalties. Development progressing well
- SC2811 licensed to Genmab in December 2024. Upfront payment plus potential milestone payments of up to $630m plus royalties
- SC134 is the lead asset in the GlyMab® platform and has strong commercial interest to be developed as an ADC and T cell engager
- Evaluation of how greater value can be added to Scancell antibodies assets is underway

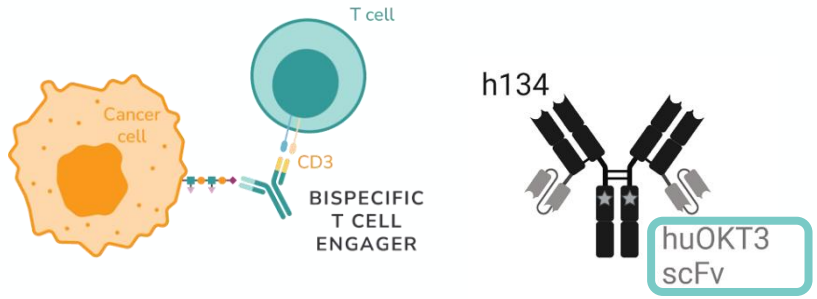
SC134 targeting FucGM1

- **Key attributes of target**
  - FucosylGM1 glycolipid
  - Highly tumour-specific (>70% of SCLC tissues)
  - Normal human distribution
  - Clinically validated (BMS)

- **Competitive attributes**
  - Monoclonal IgG1 Humanised antibody with patent protection. Patent granted in China.
  - SC134 bispecific has retained good yield, stability and specificity when produced in large quantities (2L)
  - Developability analysis ongoing

- **Lead asset, with potential to be developed as an ADC or T cell engager**





› Mol Cancer Ther. 2024 Nov 4;23(11):1626-1638. doi: 10.1158/1535-7163.MCT-24-0187.

SC134-TCB Targeting Fucosyl-GM1, a T Cell-Engaging Antibody with Potent Antitumor Activity in Preclinical Small Cell Lung Cancer Models

Foram Dave [# 1], Poonam Vaghela [# 1], Bryony Heath [1], Zuzana Dunster [2], Elena Dubinina [1], Dhruma Thakker [1], Katie Mann [3], Joe Chadwick [3], Gaëlle Cane [3], Bubacarr G Kaira [1], Omar J Mohammed [1], Ruhul Choudhury [1], Samantha Paston [3], Tina Parsons [1], Mireille Vankemmelbeke [1], Lindy Durrant [1]

Affiliations + expand

PMID: 39186309 PMCID: PMC11532774 DOI: 10.1158/1535-7163.MCT-24-0187

SCANCELL

Financials & Outlook

Scancell Key Financial Highlights

For the 6 months ended 31st October 2024

Consolidated Statement of Comprehensive Income (£m)	6 months 31 October 2024	6 months 31 October 2023
Revenue	-	-
Research & Development Expenses	(8.0m)	(5.7m)
Administrative Expenses	(2.5m)	(2.4m)
Operating Loss	**(10.5m)**	**(8.1m)**
Finance & Other Income / (Expense)	(3.3m)	4.5m
Taxation	1.3m	1.0m
Loss for Year	**(12.5m)**	**(2.5m)**

Consolidated Position of Financial Position (£m)	31st October 2024	30 April 2024
Non-Current Assets	2.8m	1.7m
Cash & Cash Equivalents	9.1m	14.8m
Other Current Assets	4.7m	7.1m
Total Assets	**16.6m**	**23.6m**
CLNs & Derivative Liabilities	(26.1m)	(23.1m)
Other Liabilities	(6.0m)	(4.0m)
Net (Liabilities) / Assets	**(15.5m)**	**(3.5m)**

Full Financial Statements available on Company Website

- **Genmab exercised option for second antibody**, SC2811, for $6m in upfront payment
- SC129, first out licenced antibody to Genmab, **development on track** for future milestones
- Research & Development expenses includes **investments in manufacturing** to ensure readiness for late-stage development
- Cash & Cash Equivalents at **£9.1m enhanced post period** with financing, Genmab license exercise and FY24 R&D tax credit of £2.7m.
- Financing in December 2024 raised gross proceeds of £11.3m with **existing and new life sciences investors**
- Convertible Loans Notes maturity dates extended by 2 years with interest deferred and accrued resulting in **net positive cash impact**.
- Cash runway to **H2 2026 beyond multiple clinical milestones**.
- Explore **business development opportunities** and **strategic options** to drive development of its products and unlock shareholder value.

Corporate & Development Milestones Achieved in 2024 and Anticipated in 2025

POSITIONED TO ACCELERATE CLINICAL DEVELOPMENT TO DELIVER EFFECTIVE CANCER VACCINE THERAPIES AND DEVELOPMENT OF GLYMAB® ANTIBODIES

2024

- 84% DCR in SCOPE study from interim data ✓
- SCIB1 cohort of 43 patients fully enrolled ✓
- iSCIB1+ cohort initiated ✓
- Successful raise of £11.3M ✓
- Modi-1 RCC cohort added to ModiFY study ✓
- Genmab take license to second GlyMab® ✓
- Key hires (CMO, CEO, board appointments) ✓

2025+

- Modi-1 Head & Neck Simon Stage 1 completed ✓
- SCIB1 full cohort 1 week-25 ORR data
- iSCIB1+ full cohort 3 week-25 ORR data
- iSCIB1+ early cohort 4 intradermal week-25 data
- Modi-1 RCC + CPIs early data
- Modi-1 HNSCC study fully enrolled
- Continue proactive business development discussions
- Planning for randomised study SCIB/iSCIB1+ product

SCANCELL

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