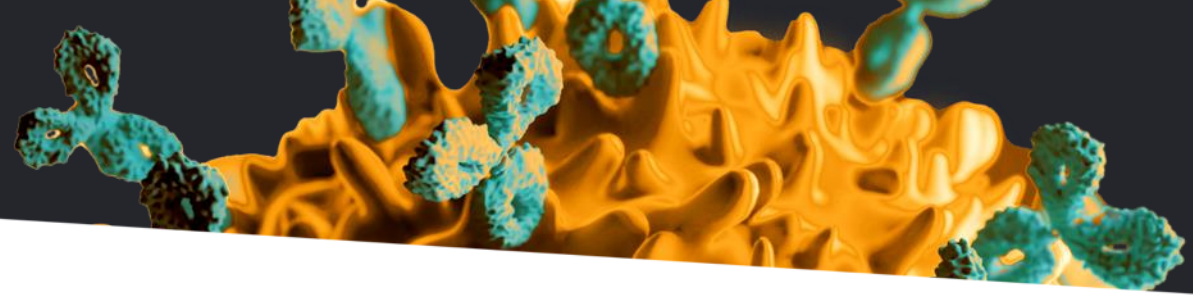

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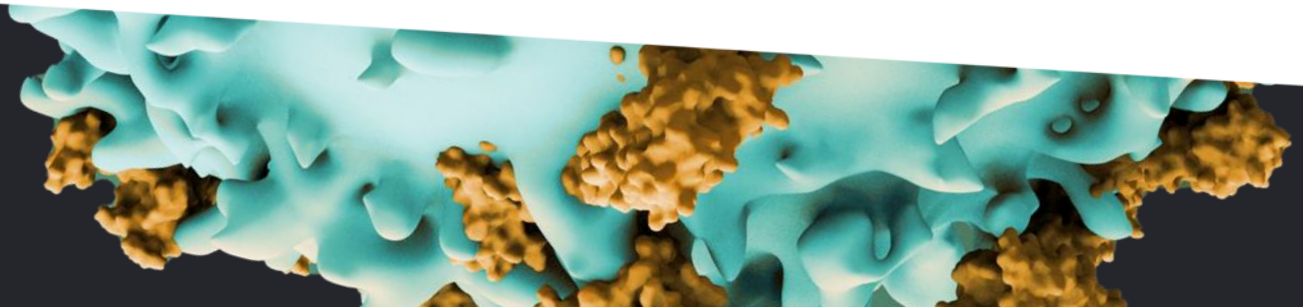
Active Immunotherapy for a Cancer-Free Future

Immunobody® iSCIB1+ strongly improved outcomes in Late-Stage Melanoma SCOPE study results

JULY 22, 2025



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Company Snapshot: Scancell Clinical & GlyMab Tx

- Lead product with unique mechanism & PoC in large Phase 2 in advanced melanoma
- Impressive efficacy, with excellent durability and safety enabling registrational planning
- Experienced leadership team operating at pace and with precision
- GlyMab Tx Ltd, subsidiary developing anti-glycan antibodies from Scancell platform
- Industry-specialist and Institutional investors including Redmile, Vulpes and other specialist life science investors

- Headquartered in Oxford, UK
- Development supported by deep cancer immunology & translational expertise
- Research facility in Nottingham
- Listed on AIM
- ~60 employees
- Cash runway through to H2 26

Genmab

PharmaJet®

NHS Cancer Vaccine Launch Pad

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SCOPE Clinical Program with off-the-shelf DNA immunotherapy as first line in advanced melanoma combined with checkpoint inhibitors.

Read-out of Phase 2 open label parallel multi cohort study at 16 UK clinical trial sites

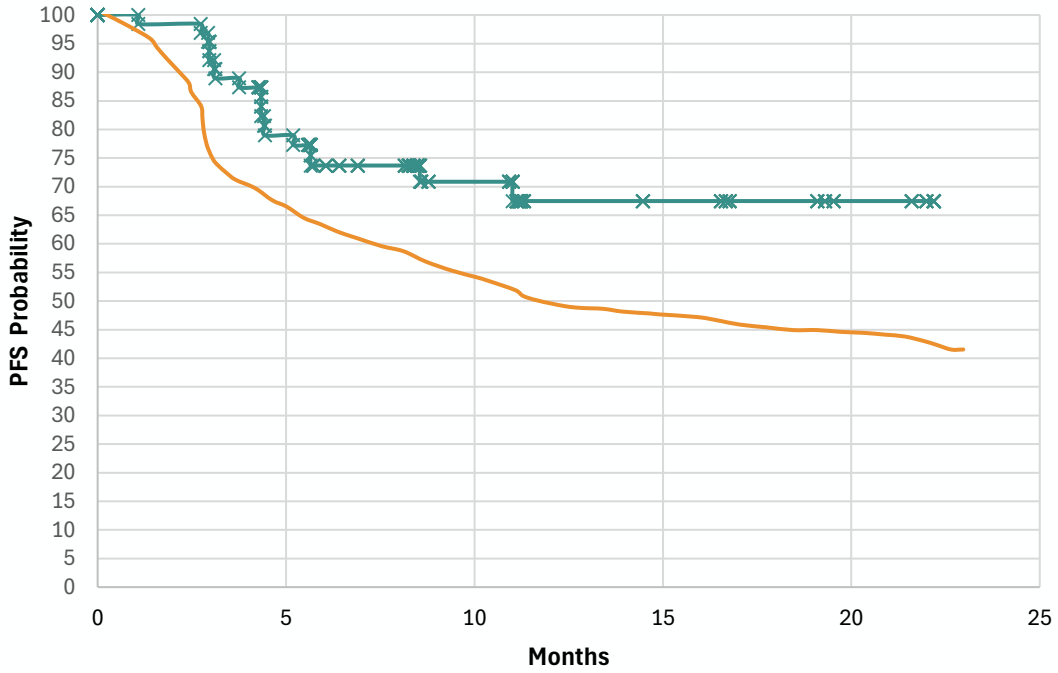
Cohort 1 Target Population (n=38)
SCIB1 and SoC nivolumab & ipilimumab
ORR: 26/38 – 68.4%
DCR: 34/38 - 89.5%

Cohort 3 Target Population (n=29)
iSCIB1+ and SoC nivolumab & ipilimumab
ORR: 20/29 – 68.9%
DCR: 25/29 – 86.2%

Cohort 1 & 3 Target Population (n=67)
SCIB1 or iSCIB1+ and SoC nivolumab & ipilimumab
ORR: 46/67 - 68.6%
DCR: 59/67 - 88.0%

- **Impressive efficacy**
- **Robust safety**
- **Excellent tolerability**
- **Durable responses with prolonged Progression Free Survival**

Cohort 1& 3 Target (development) population Versus Standard of Care (Checkmate-067): PFS



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ORR = Overall Response Rate, DCR = Disease Control Rate, SoC = Standard of Care

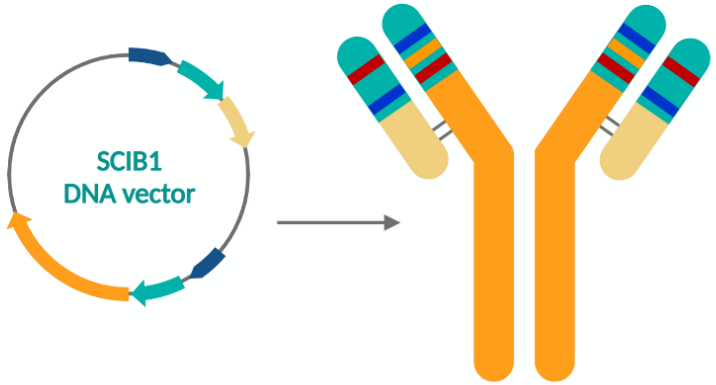
iSCIB1+ selected & development accelerated

- iSCIB1+ selected; shows eqi-potency and safety compared to SCIB1 however, iSCIB1+ is efficacious in a wider population, some 80% of the population (vs 35-40% for SCIB1)
- Long patent life through to 2039
- The study has also identified a **patient selection biomarker for potential use in the registrational study**, enhancing the likelihood of success.
- Overall benefit of adding iSCIB1+ to SoC, is similar to that seen for adding Nivolumab to ipilimumab. Ipi/Nivo has captured 65-70% of the US market for metastatic melanoma patients. This sizes the commercial opportunity of iSCIB1+

"These findings highlight the real potential for a significant clinical benefit for patients with advanced melanoma, where there is an unmet need."

Dr Heather Shaw, lead for the Medical Oncology Skin Cancer Service at University College London Hospital, London and principal investigator of the SCOPE trial

First Gen (SCIB1) and Second Gen (iSCIB1+) Products with Dual Action

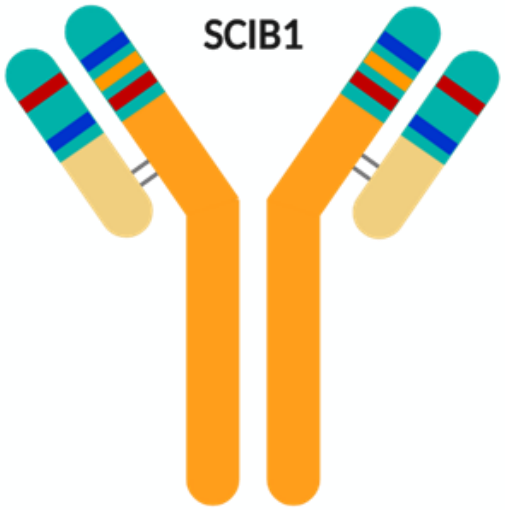


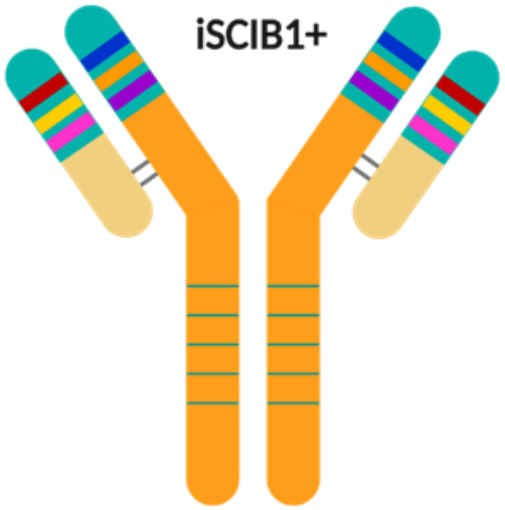
Targets antigen presenting cells *in vivo through* direct and indirect Fc targeting via CD64 of activated dendritic cells.

This initiates direct and cross-presentation of epitopes to T cells resulting in higher T cell avidity and increased number of T cells to tumour epitopes

- SCIB1 has epitopes from gp100 and TRP-2 (key roles in the production of melanin)
  - They were identified from T cells of patients who achieved spontaneous recovery from melanoma skin cancers
- iSCIB1+ has more epitopes for a broader patient population (also potentially increased potency and an extended patent duration)

Design of SCIB1 & iSCIB1+, and Predicted Target Class 1 HLA Types





SCIB1		Amino acids
✓		H1: gp100 173-190
✓		H2: TRP2 180-188
		H3: gp100 471-492
✓		L1: gp100 44-59
		L2: TRP2 177-205
		L3: TRP2 60-91

Amino acids	iSCIB1+
A2/DR7/DR53/DQ6	✓
A2	✓
DP4/A1/B35	✓
DR4	✓
A2/DP4/A31/A33/A3	✓
DR3/B35/B44	✓

iSCIB1 predicted to stimulate T cells in A2, A3, A31, B35, A33, B44

HLA types of the target population, representing 80% of melanoma patients

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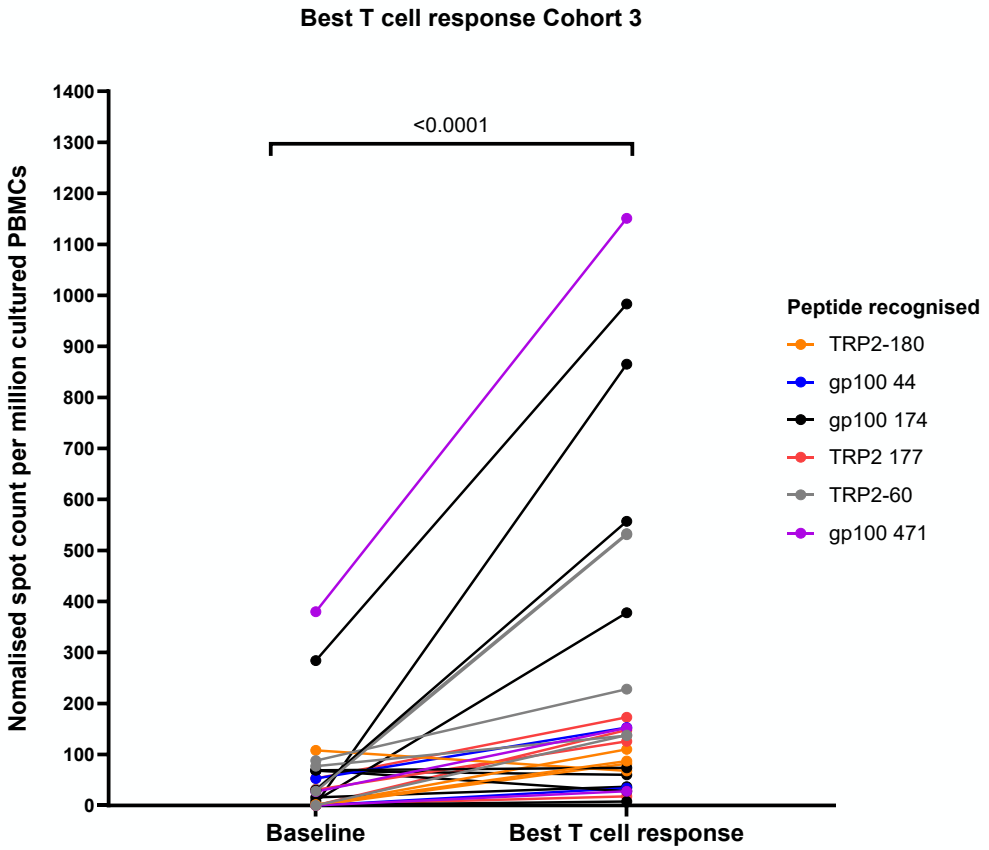
SCOPE Trial – T cell responses

COHORT 3 (ISCIB1+)

- 49 patients in cohort 3 (31 included in table above).
- 19/31 made a T cell response (61%)

CLINICAL RESPONSE	NUMBER OF PATIENTS	POSITIVE T CELL RESPONSE	% POSITIVE
CR/PR	19	15	79%
SD	7	3	43%
PD	5	1	20%

- 9 patients T cell responses are pending first scan
- 5 patients off study where no immunology bloods were received.
- 5 patients excluded as progressed before 13wk scan



T cell response correlates with better clinical response

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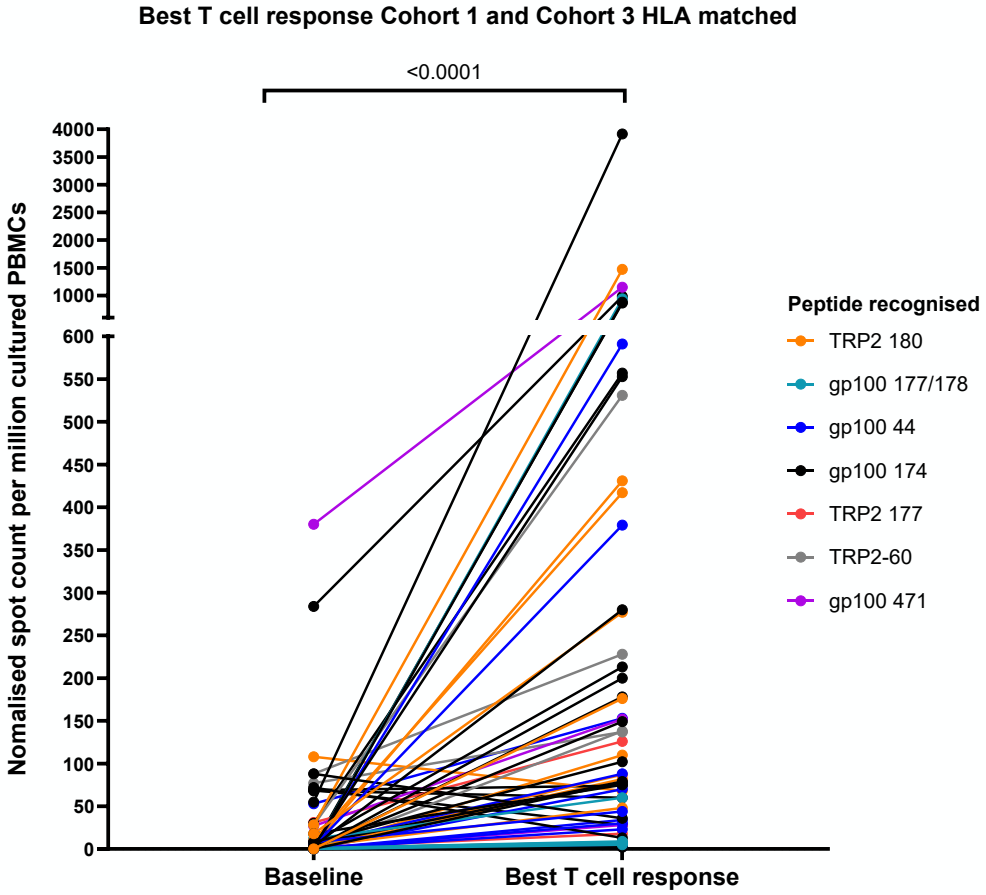
SCOPE Trial – T cell responses

COHORT 1 AND COHORT 3

- 54% of cohort 1 and 72% of cohort 3 respond to both TRP-2 and gp100. Increased response in cohort 3 is due to increased number of epitopes
- 58% of cohort 1 and 68% of cohort 3 respond with a strong response to one or more epitopes

RESPONSE	COHORT 1	COHORT 3
ORR if make a T cell response	15/24 (71%)	12/18 (67%)
ORR if make a CD8 T cell response	14/22 (64%)	**10/12 (83%)**



CD8 responses are important for clinical responses Select HLA class I alleles as biomarkers

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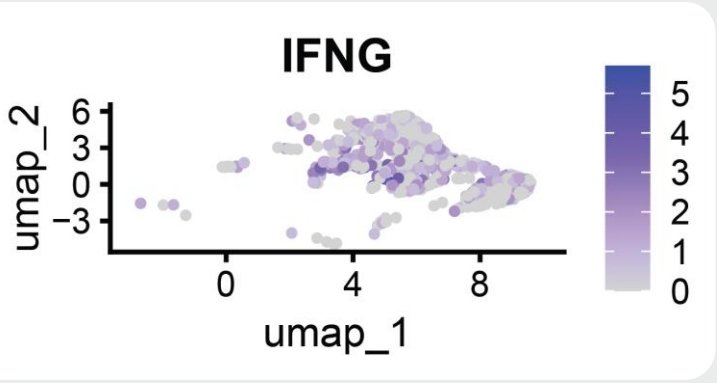
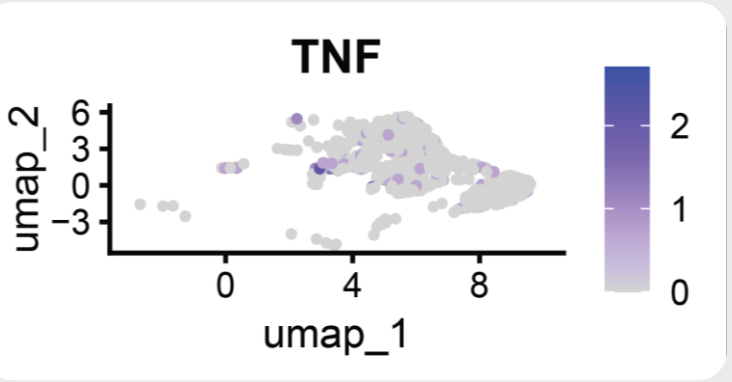
Cells with SCIB1 reactive TCRs show strong cytotoxic signature

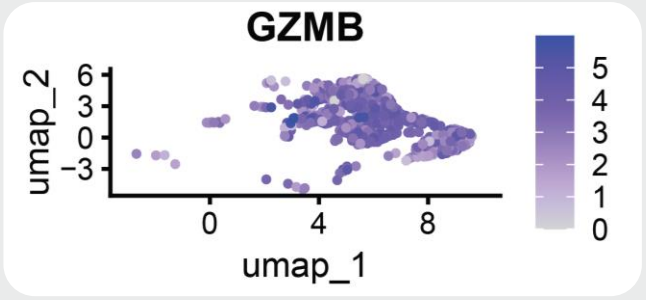
988 **CD8** T CELLS WITH FUNCTIONALLY VALIDATED **SCIB1-SPECIFIC TCRS** (FROM 3 PATIENTS)

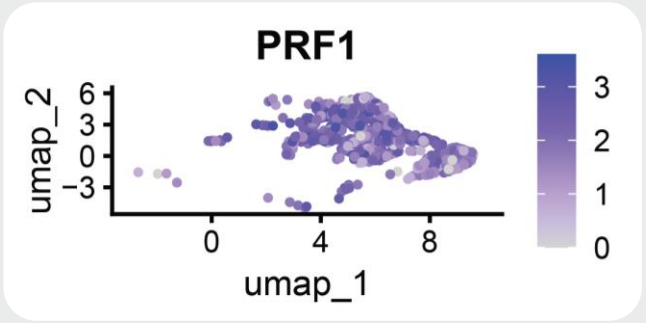
Functionality

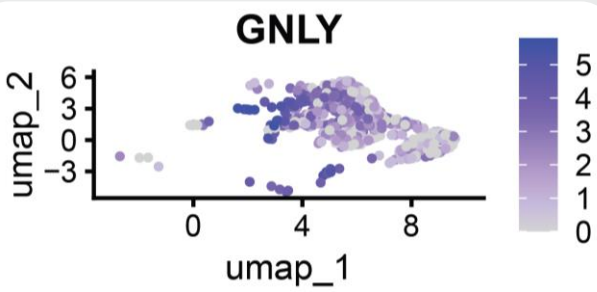




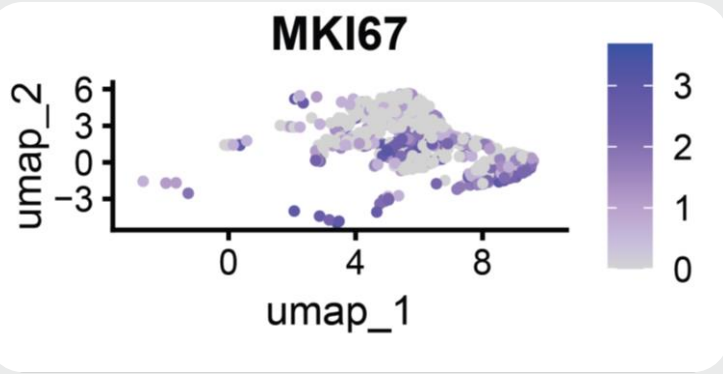
Killing







Proliferation



One dot per cell.
Grey = no expression.

SCOPE Clinical Program with off-the-shelf DNA immunotherapy as first line in advanced melanoma combined with checkpoint inhibitors.

Phase 2 open label parallel multi cohort study at 16 UK clinical trial sites enrolling over 140 patients
Objective: select product and target population for follow-on phase 3 trial

Cohort 1 (n=43)
SCIB1 and SoC nivolumab & ipilimumab
HLA A2 haplotype

Cohort 2 (n=10)
SCIB1 and SoC pembrolizumab
HLA A2 haplotype

Cohort 3 (n=50)
iSCIB1+ and SoC nivolumab & ipilimumab
Mixed HLA haplotypes

Cohort 4 (n=30) - ongoing
iSCIB1+ with accelerated priming and SoC nivolumab & ipilimumab
Mixed HLA haplotypes

Seek to improve reported outcomes with SOC

nivolumab & ipilimumab

- ORR: 50% (checkmate 067)
- ORR: 48% (real world) pembrolizumab
- ORR: 41% (Keynote-001)

Target Population

- Exclude acral melanoma & active brain metastases
- Able to reach week 13 imaging
- HLA MHC class I: A2, A3, A31, A33, B35 & B44 represents 80% of global patient population

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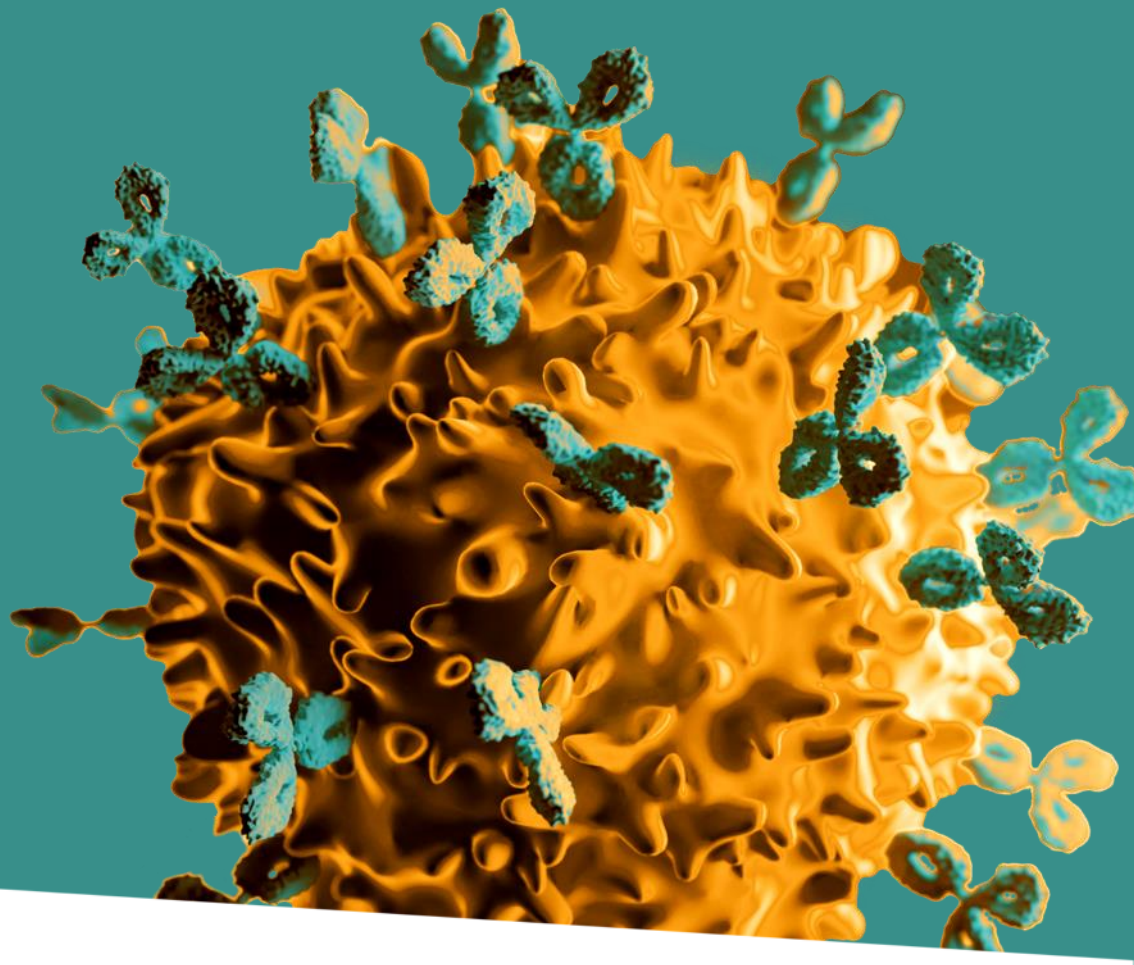
ORR = overall response rate, SoC = Standard of Care

Cohort 1: SCIB1and SoC nivolumab & ipilimumab



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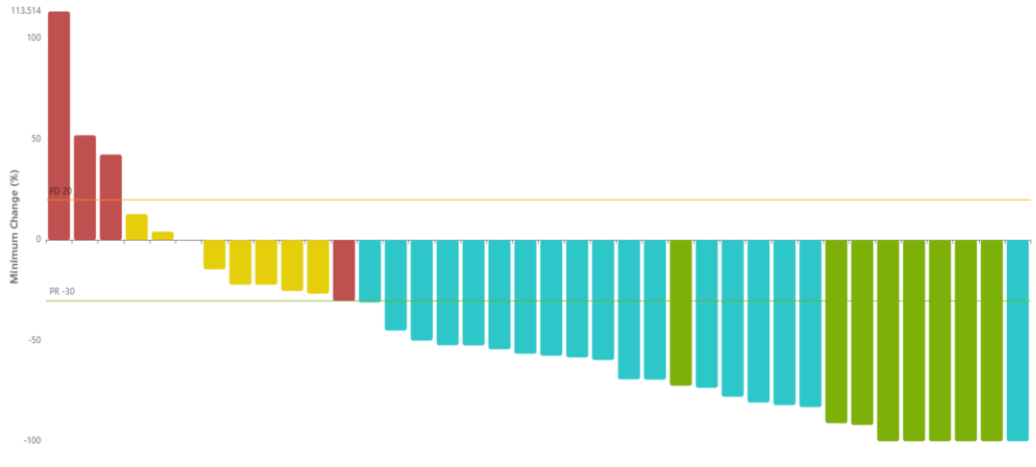
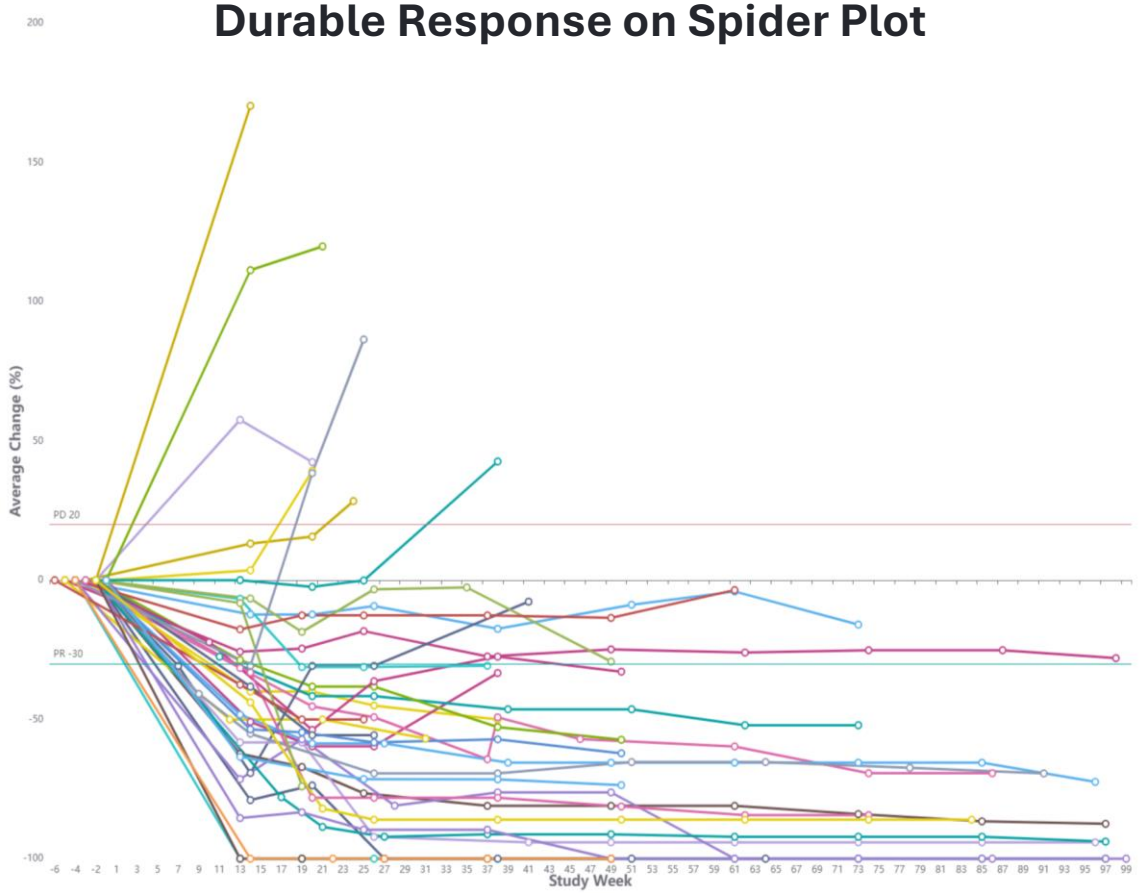
Cohort 1: SCIB1and SoC nivolumab & ipilimumab demonstrates strong efficacy and durability (n=38)

RECIST 1.1 Best Overall Response: Waterfall Plot

PD	SD	PR	CR	RESPONSES
4	8	18	8	ORR: 68.4% (26/38) DCR: 89.5% (34/38)



Durable Response on Spider Plot



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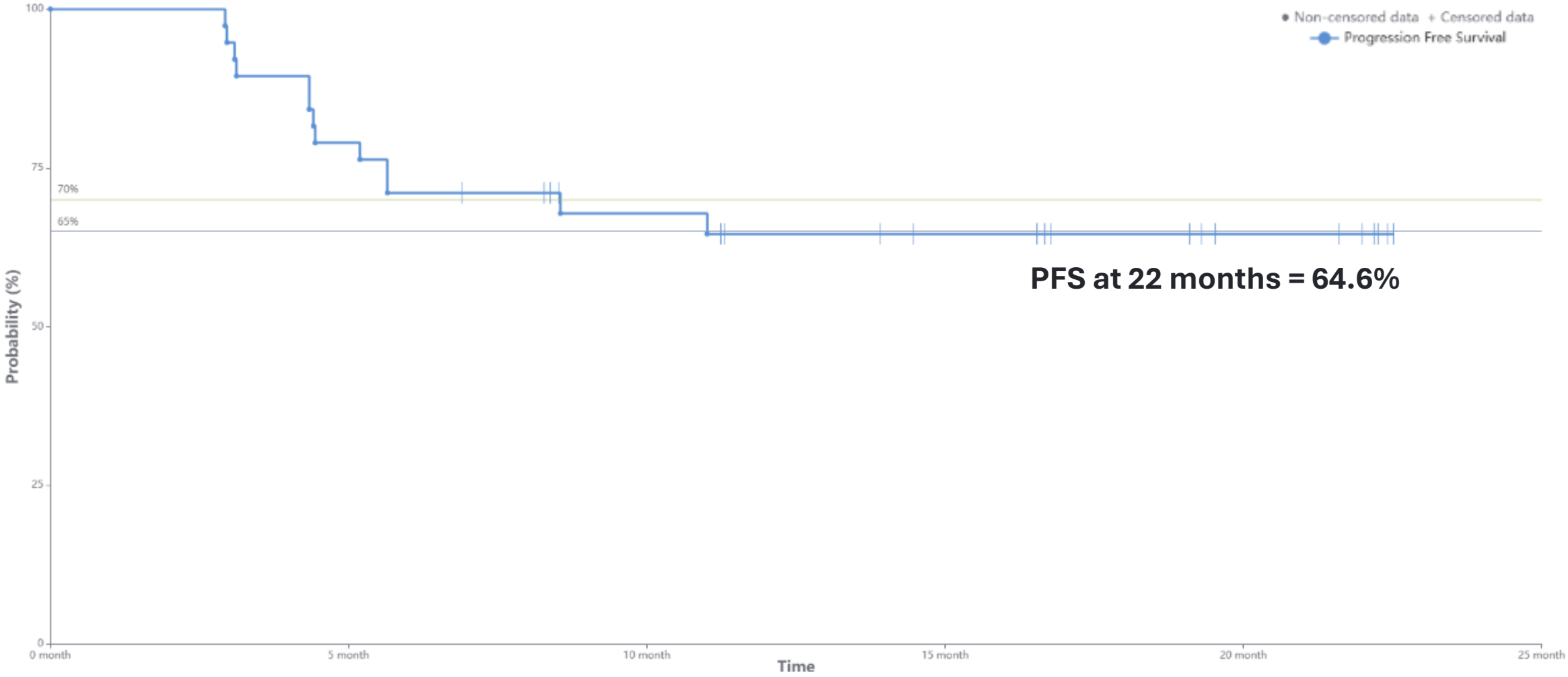
Cohort 1: Progression Free Survival SCIB1and SoC nivolumab & ipilimumab – Target Population (n=38)



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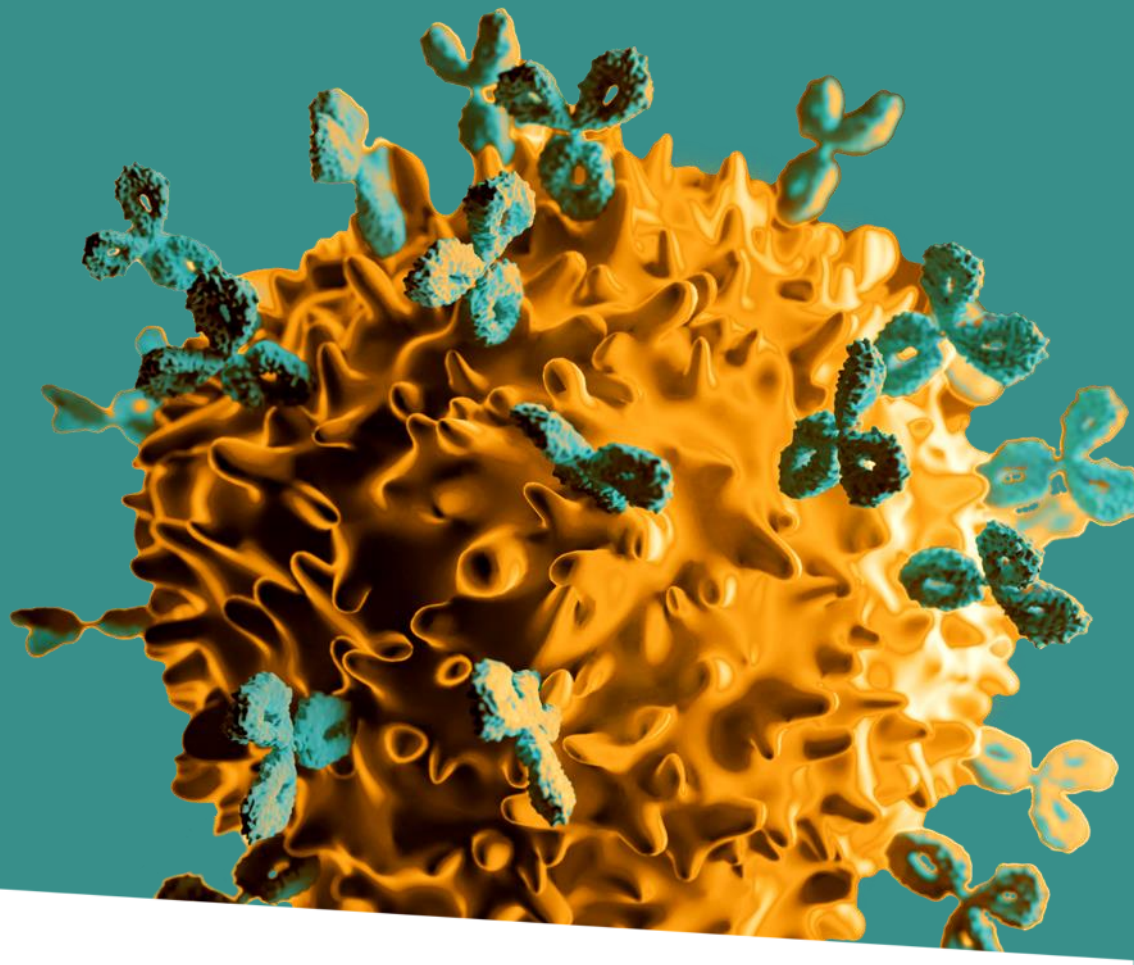
Cohort 2: SCIB1and SoC pembrolizumab



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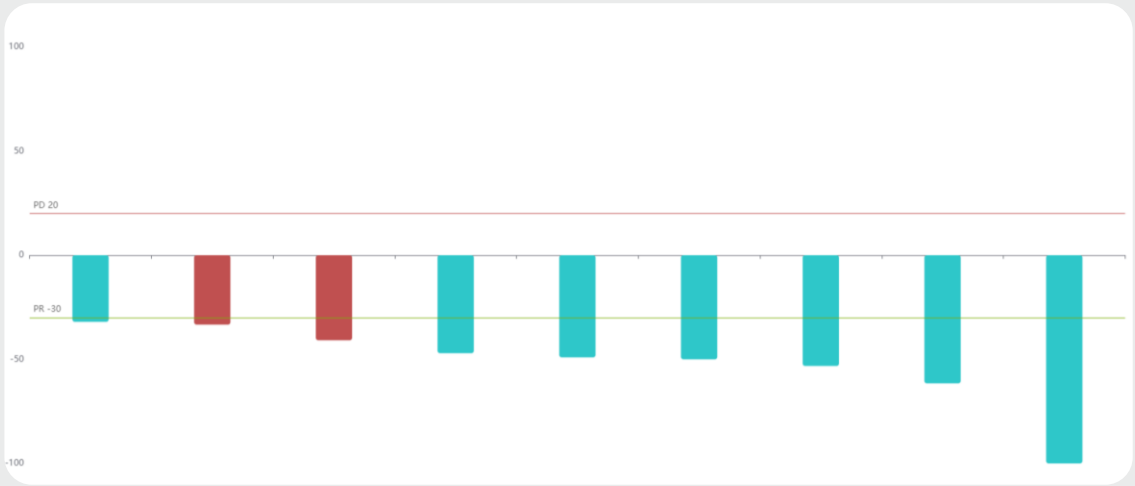
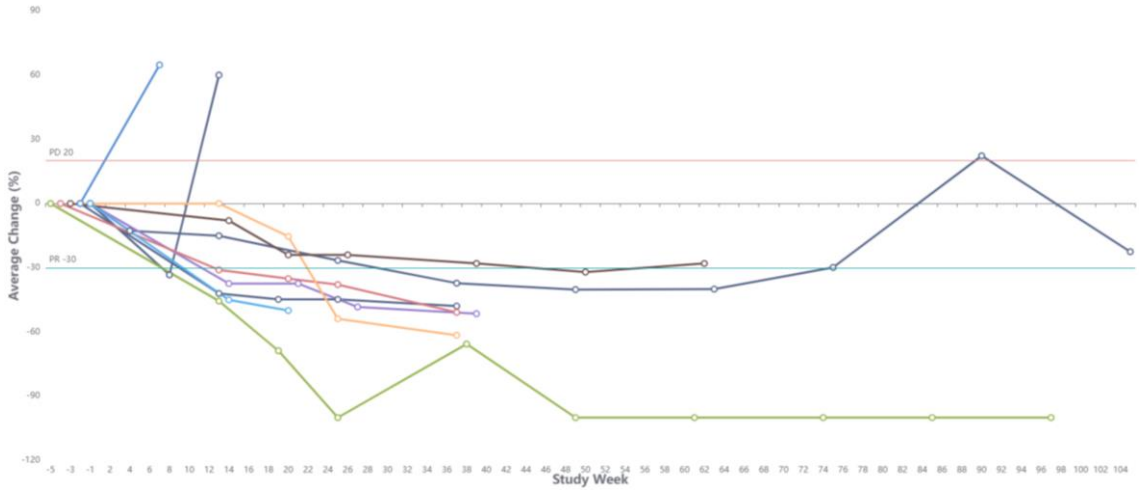
Cohort 2: SCIB1and SoC pembrolizumab – Target Population (n=9)

RECIST 1.1 Best Overall Response: Waterfall Plot

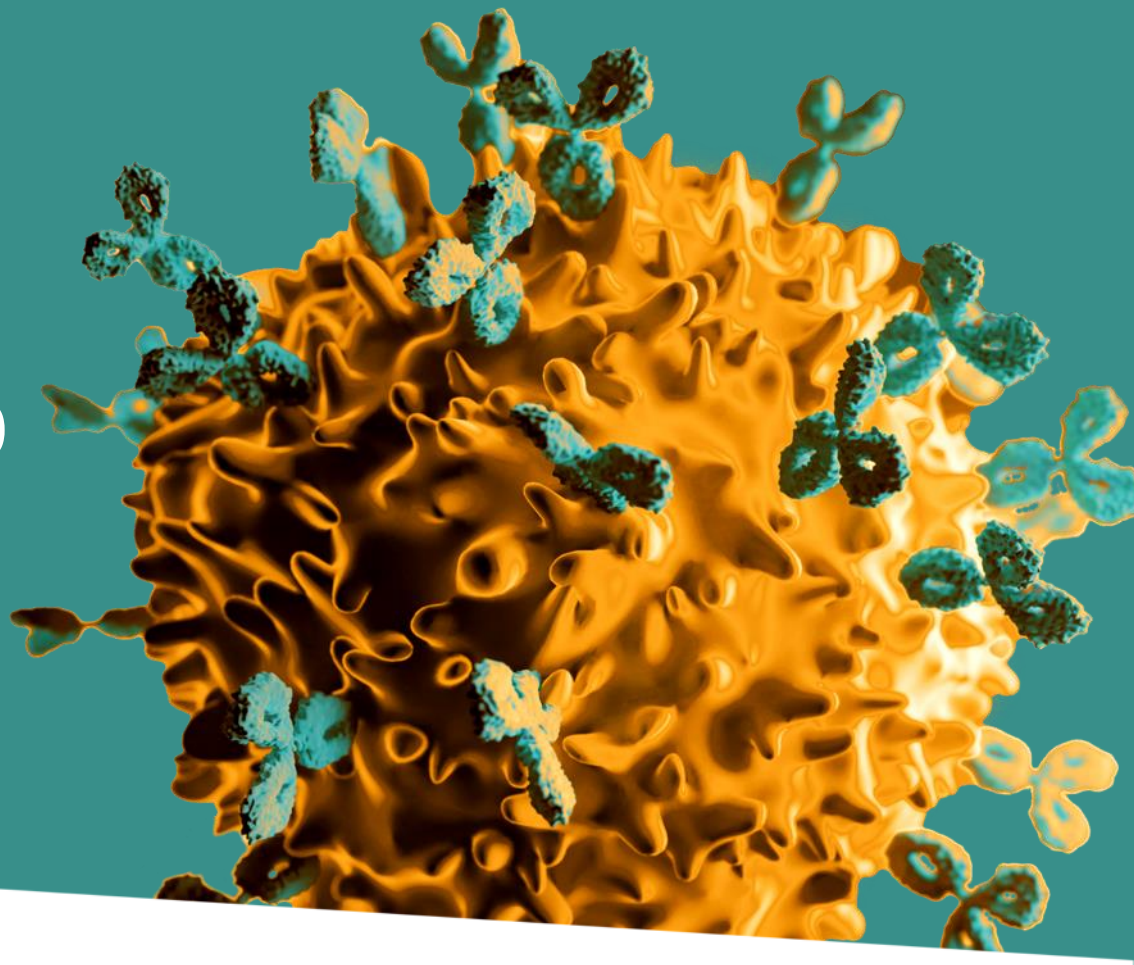
PD	SD	PR	CR	RESPONSES
2	-	7	-	ORR: 77.8% (7/9) DCR: 77.8% (7/9)



Durable Response on Spider Plot



Cohort 3:
iSCIB1+ and SoC nivolumab & ipilimumab



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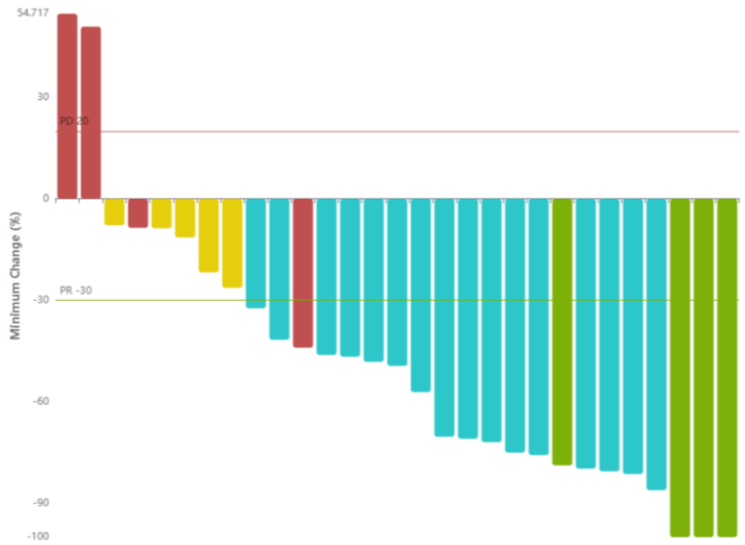
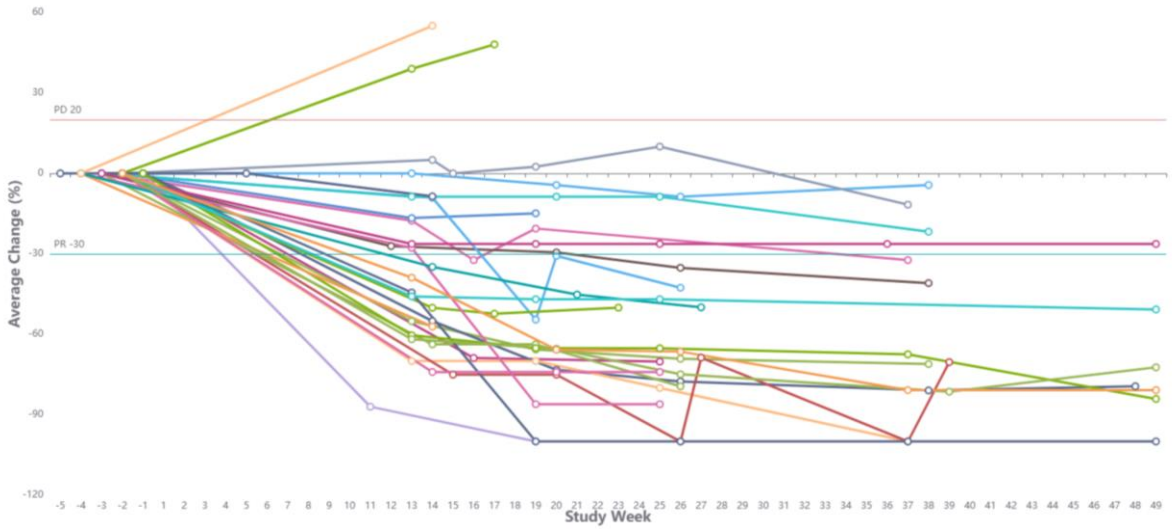
Cohort 3: iSCIB1+ and SoC nivolumab & ipilimumab – Target Population (n=29)

RECIST 1.1 Best Overall Response: Waterfall Plot

PD	SD	PR	CR	RESPONSES
4	5	16	4	ORR: 68.9% (20/29) DCR: 86.2% (25/29)



Durable Response on Spider Plot



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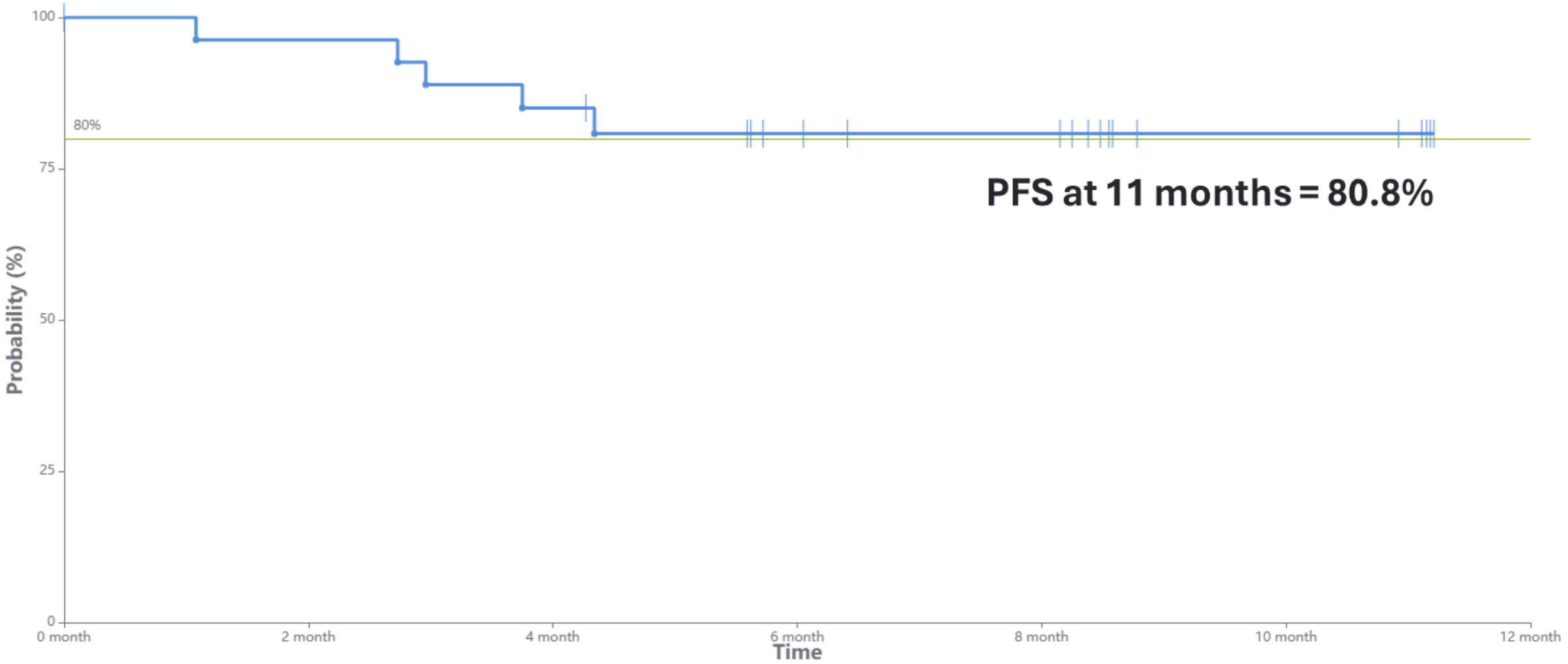
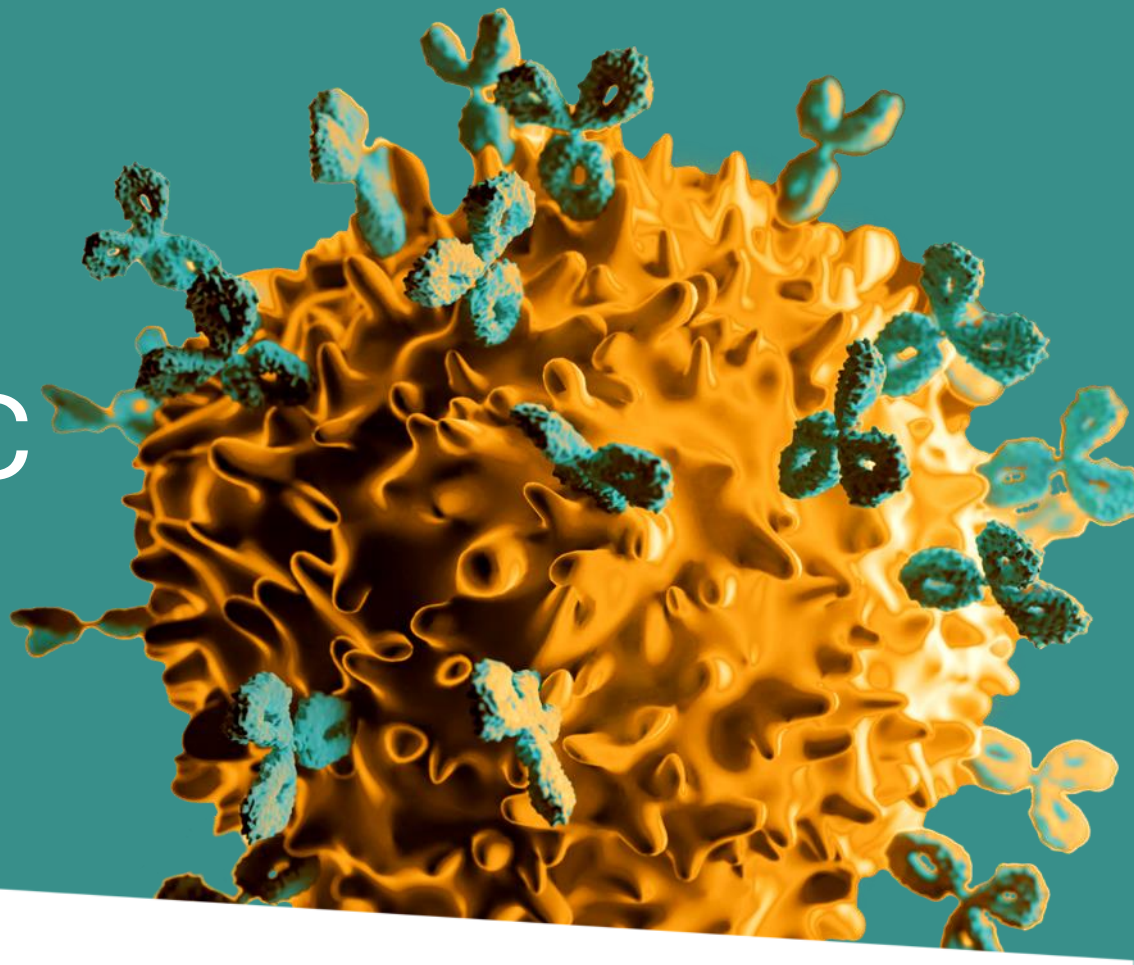
Cohort 3: iSCIB1+ and SoC nivolumab & ipilimumab – Progression Free Survival Target Population (n=29)



Cohort 1 & 3:
SCIB1 or iSCIB1+ and SoC nivolumab & ipilimumab



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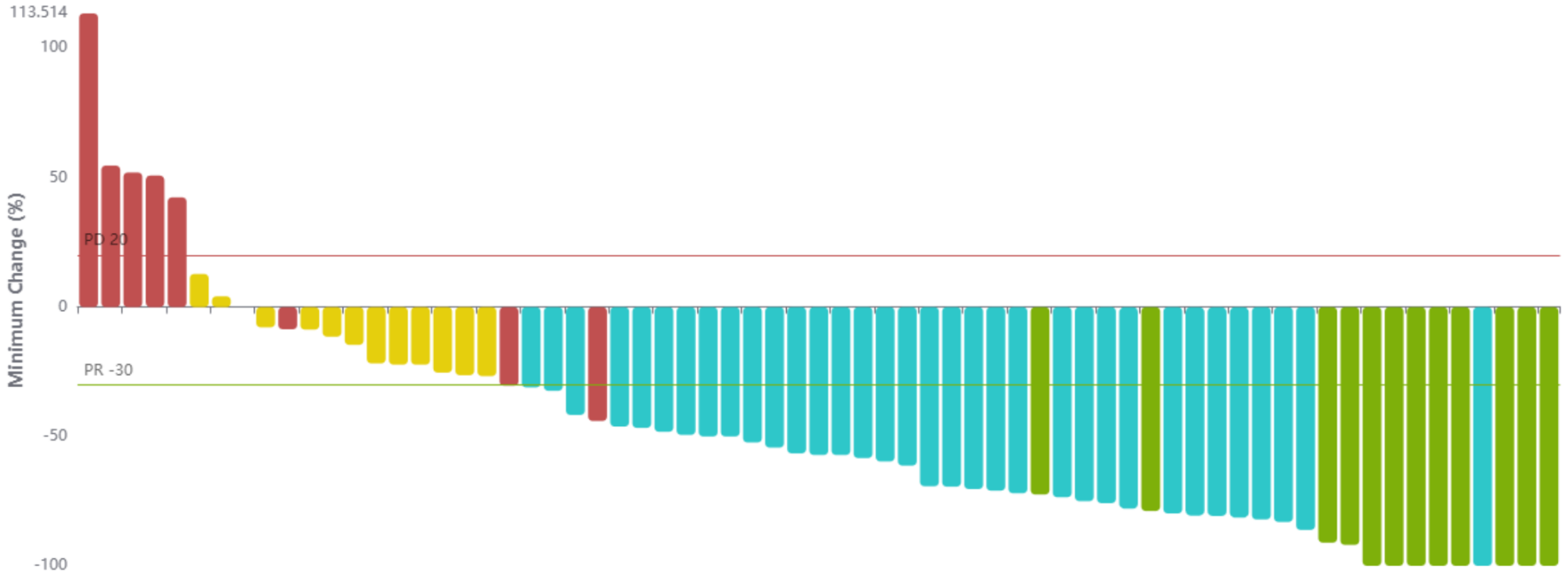
Impressive Efficacy in the Proposed Development Population (Cohort 1& 3; n=38+29 = 67)

Cohort 1 & 3 RECIST 1.1 Best Overall Response (BOR): Waterfall Plot



PD	SD	PR	CR	RESPONSES
8	13	34	12	ORR: 68.6% (46/67) DCR: 88% (59/67)

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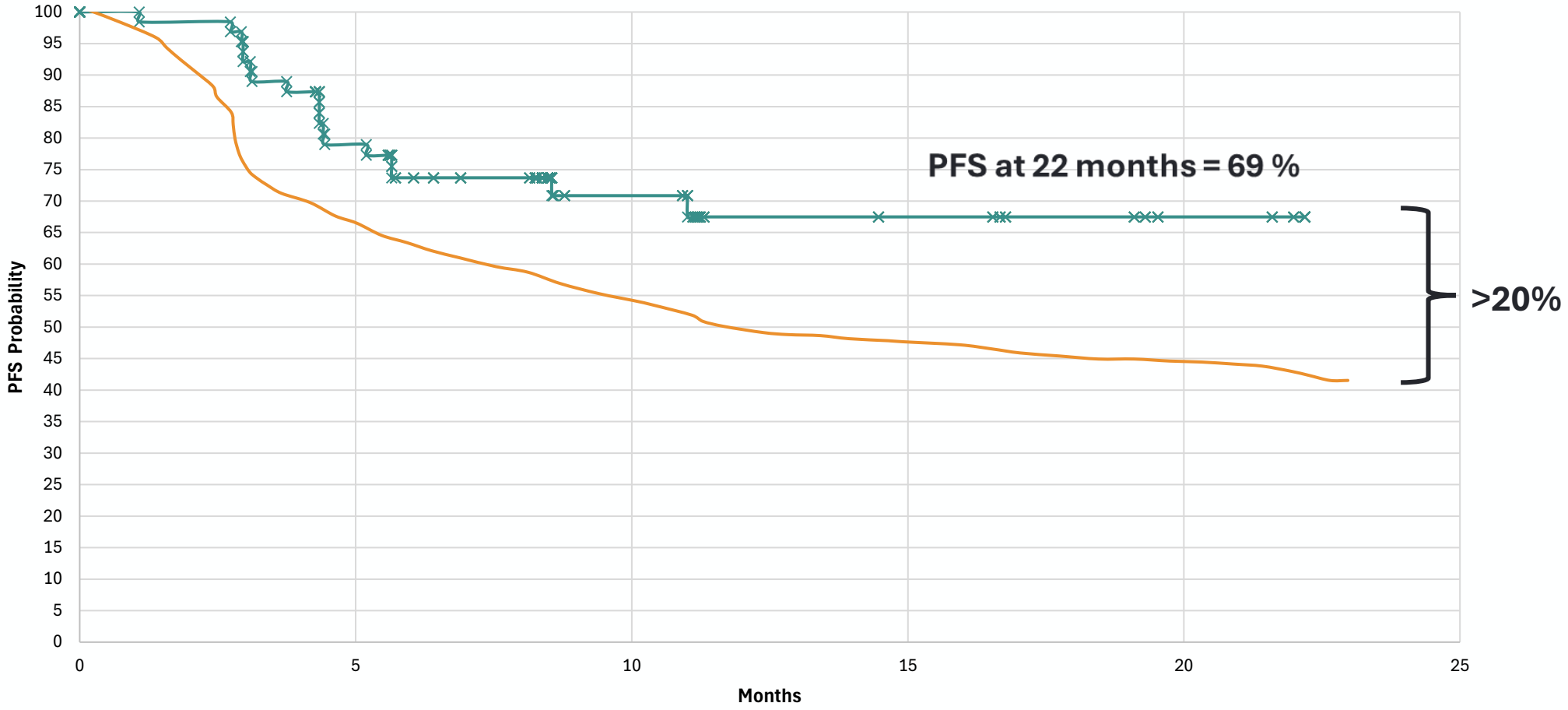
Cohort 1& 3 Target (development) population Versus Standard of Care (Checkmate-067): PFS



Safety Summary table – All Cohorts (1-4): TEAEs

	TOTAL EVENTS	EVENTS RELATED TO SCIB1 AND ISCIB1+	EVENTS RELATED TO CPI	EVENTS RELATED TO THE ADMINISTRATION PROCEDURE	NOT RELATED
All AEs (subjects)	1689	258	732	124	575
SAEs	123	11	92	0	20
AEs > G3	163	30	113	3	17
Grade Undefined	47	1	5	1	40

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- **Impressive efficacy**
- **Robust safety**
- **Excellent tolerability**
- **Durable responses with prolonged Progression Free Survival**

Follow-on Phase 3 Trial

Selected Product
iSCIB1+ DNA Immunobody vaccine

Target Population
- HLA MHC class I: A2, A3, A31, A33, B35 & B44
- Exclude acral melanoma & active brain metastases
- Able to reach week 13 imaging

Control arm
- SoC nivolumab & ipilimumab

Treatment arm
- Addition of iSCIB1+ with accelerated priming

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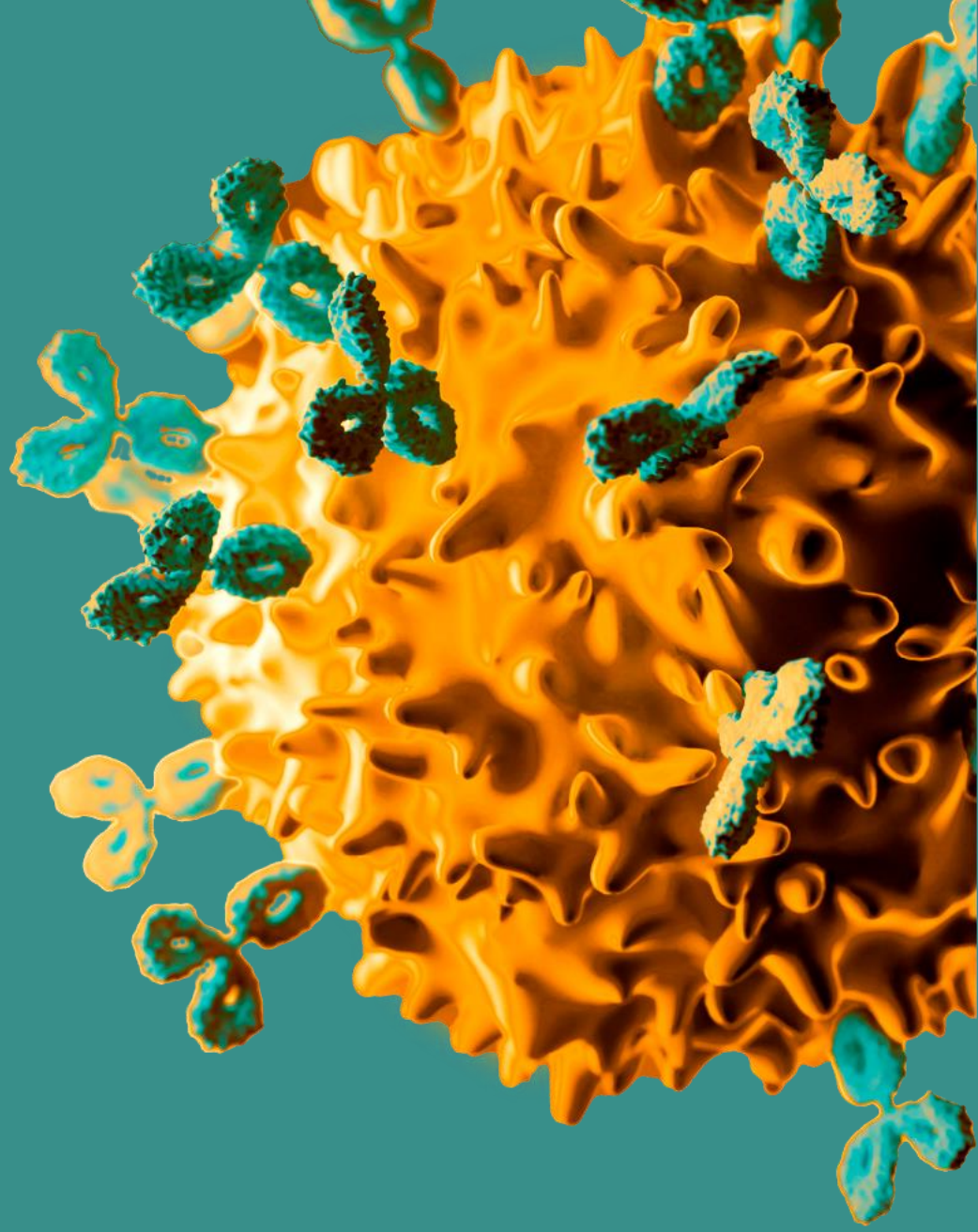
ORR = Overall Response Rate, DCR = Disease Control Rate, SoC = Standard of Care

Development and Commercial Opportunity



Data showing strongly improved outcomes in Late-Stage Melanoma

	COHORT 3 (iSCIB1+)	COHORT 1 (SCIB1)	COHORT 2 (SCIB1)	STANDARD OF CARE (CHECKMATE 067)	STANDARD OF CARE (REAL WORLD)
	Target HLAs	**Target HLAs (HLA-A2 only)**	**Target HLAs (HLA-A2 only)**	**NA**	**NA**
Combination Agents	Nivolumab + Ipilimumab		Pembrolizumab	Nivolumab + Ipilimumab	
ORR	69%	68%	78%	50% (confirmed) 57% (unconfirmed)	48%
DCR	86%	90%	78%		58%
PFS	81% at 11m	65% at 22m	Median PFS: 26.8m	Median PFS: 11.5m	Median PFS: 7.9m

Clinical benefit of iSCIB1+ with standard of care over standard of care equates to a 20% improvement in all parameters

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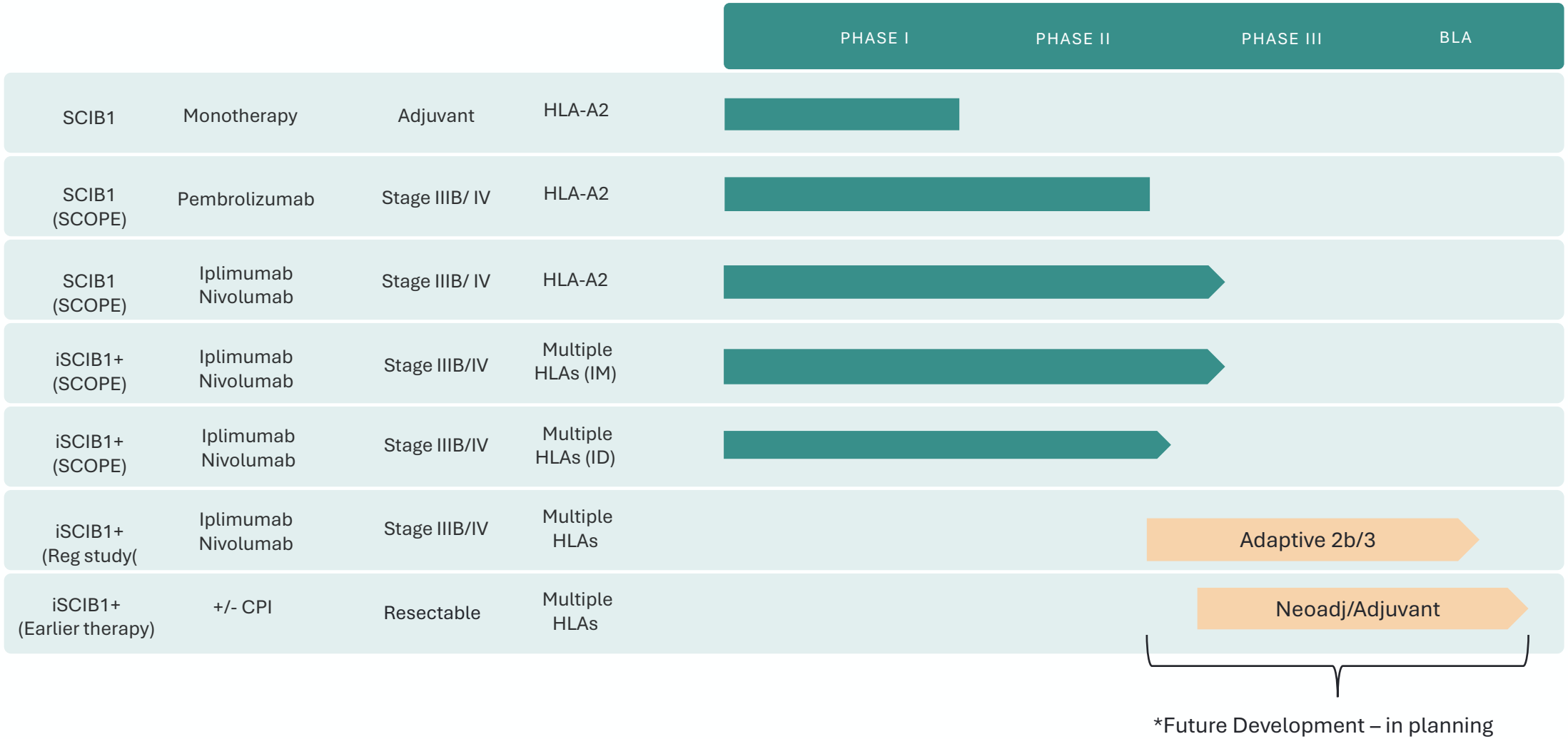
SCIB/iSCIB1+ Clinical Development Status and Advances

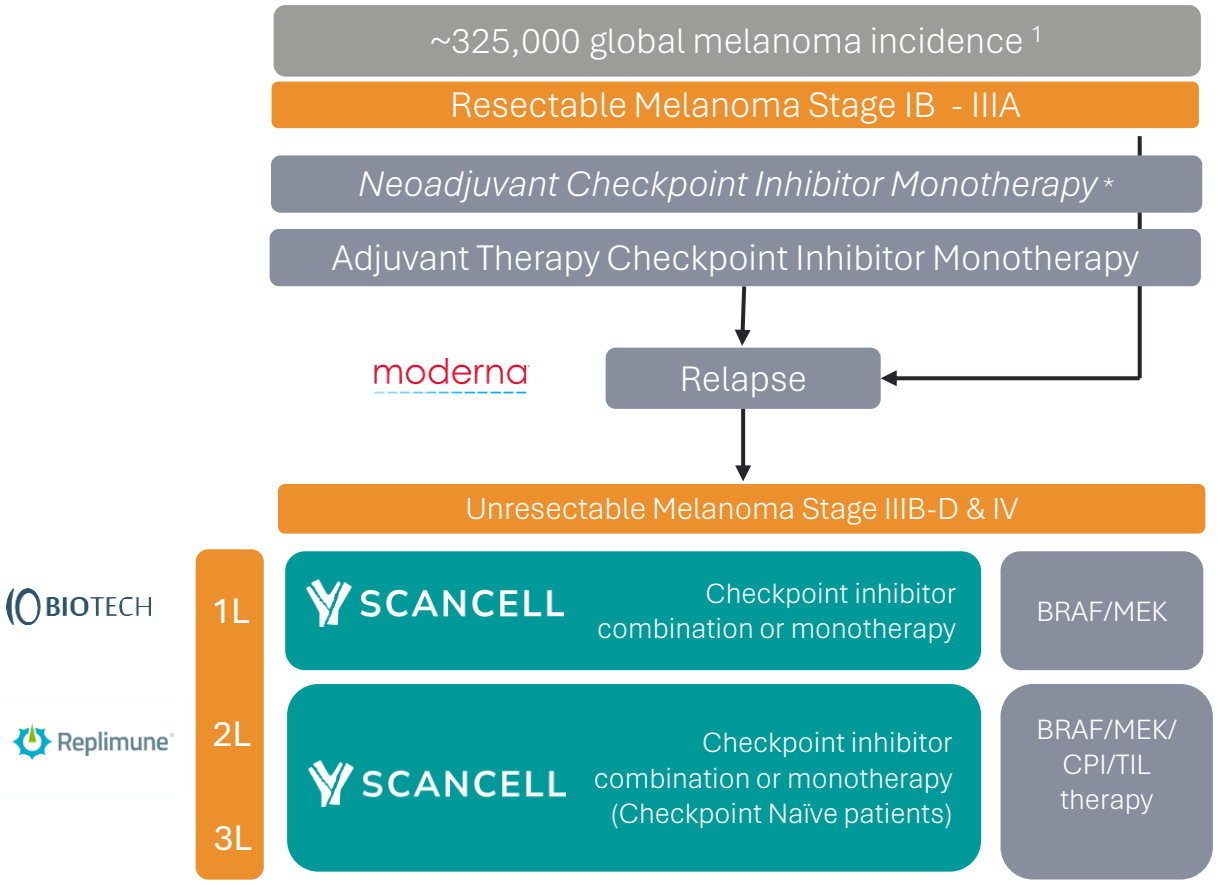


* Subject to financing and regulatory approvals

iSCIB1+ has the potential to create a new standard of care for melanoma

Unmet Need

- ~58,000 deaths per year
- 50% of patients treated with checkpoint inhibitors are refractory or soon relapse
- 5-year survival of Stage IV melanoma is <23%



Approved Therapies

MERCK Pembrolizumab (Keytruda)

Bristol Myers Squibb® Nivolumab (Opdivo) Ipilimumab (Yervoy)

MERCK
Pembrolizumab (Keytruda)

Bristol Myers Squibb®
Nivolumab (Opdivo)
Ipilimumab (Yervoy)
Relatimab (Opduolag)

IOVANCE BIOTHERAPEUTICS
Amtagvi®

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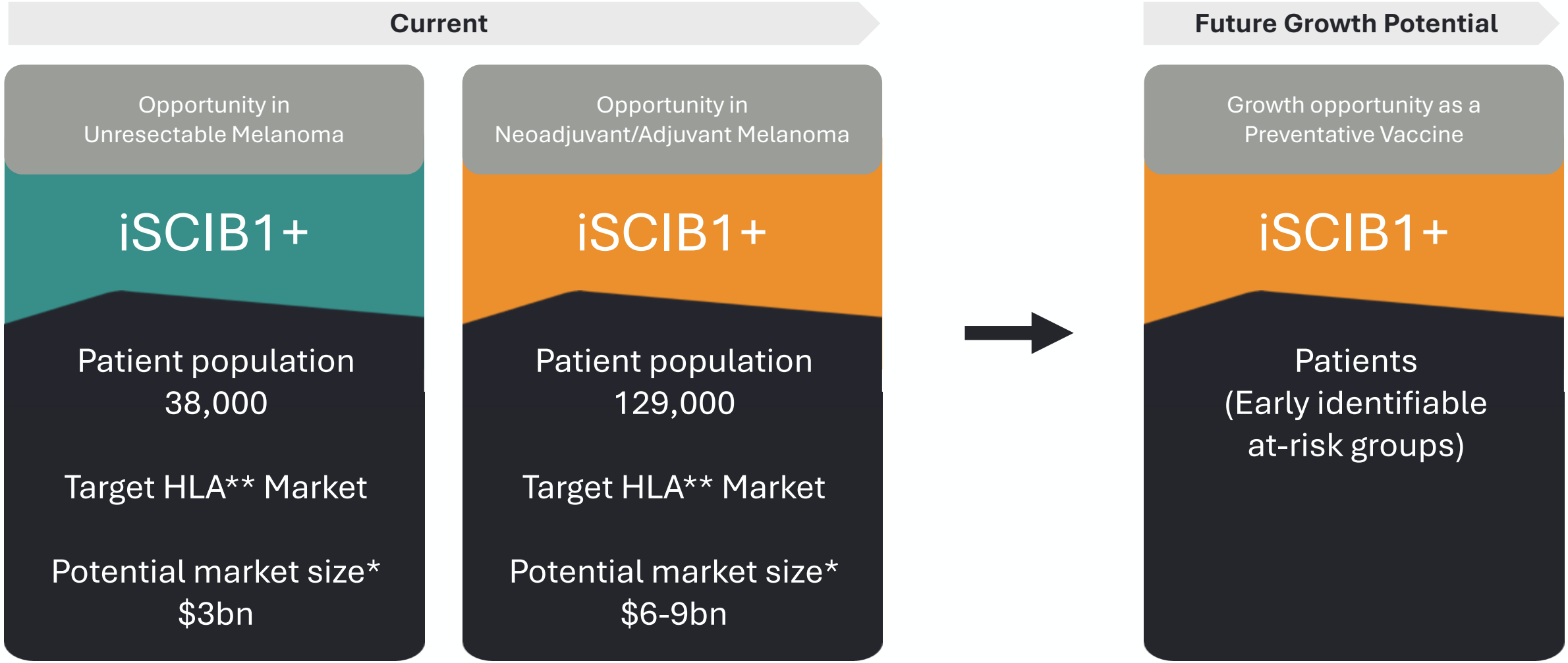
[1]JAMA Dermatol. 2022;158(5):495-503. doi:10.1001/jamadermatol.2022.0160; Cancer 2020;126:1166-1174

*neoadjuvant use of checkpoint inhibitors in melanoma remains investigational and is not yet part of standard clinical practice

Sizable global markets with potential to expand to earlier settings as a driver of future growth



**HLA-A allele frequencies by country in Europe, the Near East & North Africa – Eupedia

*Management Estimates, global patient population estimated for 2038

Key Milestones

MULTIPLE CATALYSTS ACROSS THE PIPELINE IN NEAR TERM, WITH CASH TO H2 2026

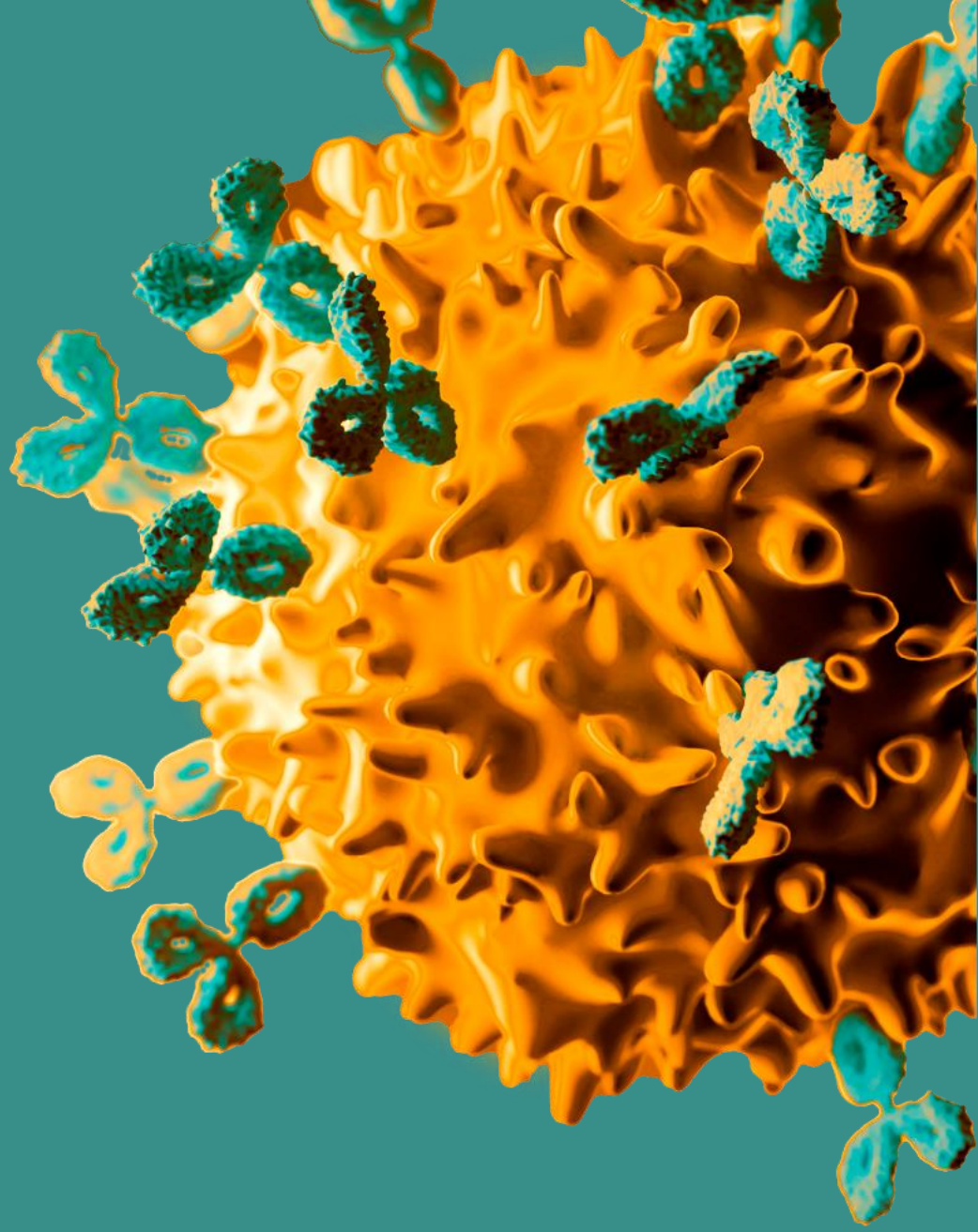
		2025 H1	2025 Q3	2025 Q4	2026+
CLINICAL	SCIB1+ SCOPE	**NHS CVLP Partnership** ✓ **iSCIB1+ cohort 3 enrolment** ✓	**SCIB1 full cohort 3 week-25 ORR data (mid-year)** ✓ **iSCIB1+ full cohort 3 week-25 ORR data (mid-year)** ✓	**iSCIB1+ PFS and early Overall Survival data** **iSCIB1+ early cohort 4 data (end of year)** **Regulatory filings**	**P2/3 randomised study**[1]
	Modi-1 ModiFY	**Modi-1 Head & Neck non futility completed** ✓	Modi-1 RCC + CPIs interim data	Modi-1 H&N further data	**Phase 2**[1]
GTL	SC134	In-house development (within GTL)			**Phase 1**[1]
	SC27	In-house development (within GTL)			

Planning for randomised study (iSCIB1+)

Proactive Business Development

[1] Subject to further out-licensing, partnering and/or further financing CPI: Checkpoint inhibitor; RCC: Renal Cell Carcinoma; H&N: Head and Neck

Thank you



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