A NEW FRONTIER IN T-CELL ACTIVATION AND TARGETING

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LSE: SCLP.L
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A NEW FRONTIER IN T-CELL ACTIVATION AND TARGETING

BROAD IMMUNO-ONCOLOGY PIPELINE

TWO PLATFORMS

- **IMMUNOBODY®** - Potent innovative DNA-based immunotherapy platform for the generation of **high avidity anti-tumour T-cells**

- **MODITOPE®** - Citrullinated peptides that **deliver potent killer T-cells** that target **neo-epitopes**

THREE PRODUCTS

SCIB1, SCIB2, Modi-1

FIVE CANCER INDICATIONS

- Melanoma, lung cancer, breast cancer, ovarian cancer, osteosarcoma
EXPERIENCED MANAGEMENT TEAM

EXECUTIVE CHAIRMAN
DR JOHN CHIPLIN

Recent transaction experience as a director/CEO includes Benitec Biopharma (US IPO), Medistem (acquired by Intrexon), Arana (acquired by Cephalon) and Domantis (acquired by GSK). Prior to Scancell, John was CEO of Polynoma, a Phase 3 cancer vaccine company based in San Diego.

CEO
DR RICHARD GODFELLOW

Formerly in senior management at Astra, Richard ran international clinical trials on Astra’s gastrointestinal and cardiovascular products, including omeprazole, before becoming Director of International Product Marketing. Thereafter, he co-founded Paradigm Therapeutics (acquired by Takeda) and was a Board Director of Enact Pharma (acquired by Protherics/BTG) before co-founding Scancell with Lindy Durrant.

CSO
PROFESSOR LINDY DURRANT

Lindy is an internationally recognised immunologist in the field of tumour therapy and co-founder of Scancell. She has worked for over 20 years in translational research, developing products for clinical trials including monoclonal antibodies and vaccines. She has a Chair in Cancer Immunotherapy at the University of Nottingham.

DEVELOPMENT DIRECTOR
DR SALLY ADAMS

Sally was Head of Neurology & Virology at British Biotech and Development Director at Neures Limited before becoming an independent consultant providing drug development and management services. She has over 25 years of experience including vaccine and cancer immunotherapy development. Sally was appointed Development Director in May 2014.

CONSULTANT
DR PETER BROWN

Former Vice President and Global Head of Oncology at Teva Pharmaceuticals and previously Vice President of Clinical Oncology and Experimental Medicine at Cephalon.

FINANCE DIRECTOR
KEITH GREEN

During the past thirteen years, Keith has had numerous consultancy and interim finance roles for private and AIM listed companies in the life science sector.
THE NEXT STAGE - INTO THE CLINIC

DEVELOPMENT PIPELINE

**IMMUNOBODY® SCIB1**: Targets malignant melanoma. Phase 1/2 study completed with promising results, including strong survival data. Phase 2 combination trial with immune checkpoint inhibitor planned for 2018.

**IMMUNOBODY® SCIB2**: Targets non-small cell lung cancer (NSCLC). Phase 1/2 combination trial with immune checkpoint inhibitor planned for 2018, supported by alliance with Addario Foundation.

**MARKET OPPORTUNITY**

### MODITOPE
- Innovative mechanism of action potentially targets all solid tumours
- Broad patent filing offers potential to dominate the use of citrullinated peptides for the treatment of cancer

### SCIB1
- In combination with checkpoint inhibitors in patients with late stage disease to increase efficacy without compromising safety
- As monotherapy in patients with resected disease (adjuvant setting) to delay or prevent recurrence
- 260,000 patients with stage IIB, IIC, and III melanoma, of which 45% can be treated with SCIB1 at an estimated annual treatment cost of $40k representing a $4b market in the US alone

### SCIB2
- Lung cancer represents a huge medical need; deaths per year greater than melanoma, colon, breast and prostate cancers combined
- Checkpoint inhibitors less effective in lung cancer, with 80% of patients still requiring a better standard of care

*MHC ligands and peptide motifs. Rammensee et al, 1997*
THE MODITOPE® PLATFORM

NOVEL VACCINE PLATFORM THAT DESTROYS TUMOURS WITHOUT TOXICITY

- Targets neo-epitopes to overcome immunosuppression and deliver unprecedented killer CD4+ T-cell responses

- Harnesses the process of **citrullination** to modify proteins
  - Involves the enzymatic alteration of arginine to citrulline in certain proteins
  - Citrullination occurs as a result of a degradation and ‘recycling’ process called **autophagy** that is induced in stressed cells including cancer cells
    * 2016 Nobel Prize in physiology/medicine awarded to Prof Ohsumi for discovery of autophagy mechanisms

- Increased citrullination of proteins is observed in autoimmune diseases and results in the expression of **neo-antigens** that become targets of powerful autoimmune responses

- Potent immune responses induced in response to citrullinated proteins can be harnessed and redirected in order to destroy cancer cells

- Powerful anti-tumour effect does not require checkpoint inhibition, offering a new, highly customizable approach in immuno-oncology

- Moditope represents a new class of potent and selective immunotherapy agents, with a strong patent position
STRONG PROGRESS SINCE 2016 FUNDING ROUND

- Efficacy of lead product Modi-1 confirmed in multiple tumour models
- Evolving product pipeline based on new targets and cancer indications – four new targets identified
- Novel adjuvant linker technology reduces dose up to 100 fold
- European patent office response suggests that very broad IP protection for use of citrullinated peptides for the treatment of cancer likely
- Multiple partnering discussions in progress
THE MODITOPE® PLATFORM

LEAD MODITOPE® CANDIDATE MODI-1

- Consists of:
  - Two citrullinated vimentin peptides (Vim-1 and Vim-2)
  - One citrullinated enolase peptide (Eno-1)
- Vimentin and enolase targets are highly expressed in triple negative breast cancer (90%), ovarian cancer (95%), and sarcoma (100%), all with high unmet medical need
- **A single immunization of Modi-1 resulted in a 100% survival rate in multiple animal models**
- **Planning to start clinical trials in multiple indications such as breast cancer, ovarian cancer, sarcomas and renal cancer in 2018**

![Survival Graph](image)

- Control
- Modi-1
- Citrullinated enolase peptide
- Citrullinated vimentin peptides

Day post-tumour implant

% survival

0 20 40 60 80 100

0 10 20 30 40 50

100% SURVIVAL
Successes in the cancer vaccine space include preventative anti-viral vaccines such as Gardasil®, Cervarix® and Recombivax HB®, and therapeutic vaccines such as Provenge® and Imlygic®.

Therapeutic anti-cancer vaccine development has, however, been hampered by high failure rates that may be attributable to a failure to trigger the induction of high avidity (a measure of how well a T cell responds to an antigen) multi-targeted anti-tumour T-cell responses.

Preclinical studies have confirmed that the ImmunoBody® platform delivers high avidity tumour killing T-cell responses that are superior in magnitude to those generated by current anti-cancer vaccines.

The ImmunoBody® platform is a highly customizable multi-epitope delivery system that ensures multi-targeted T-cell responses.

Genentech’s $310 M upfront and near term milestones for in-licensing of BioNTech’s cancer vaccine platform provides further validation of the vaccine approach.
AN ELEGANT, UNIQUE CUSTOMIZABLE DELIVERY VEHICLE THAT TRIGGERS A POTENT MULTI-TARGETED ANTI-TUMOR RESPONSE

- **Multiple** tumor ‘target antigens’ (T-cell epitopes) are engineered into a single human antibody framework.

- Different T-cell epitopes can be grafted into framework allowing for **rapid customization and targeting of different tumor types**.

- The antibody tail (Fc-region) ensures that **vehicle is efficiently taken up by cells involved in triggering T-cell responses** (antigen presenting cells).

- Delivered as a DNA plasmid that **can be engineered in as little as six weeks and is inexpensive to manufacture**.

- Lead ImmunoBody® SCIB1 contains multiple CD4 and CD8 T-cell epitopes derived from melanoma-associated antigens TRP-2 and gp100.
**PATHWAY 1**
Conventional Direct DNA uptake and antigen presentation by APCs

**PATHWAY 2**
Cross Presentation amplification pathway
Cross presentation increases potency 100-fold over direct presentation

**THE IMMUNOBODY® PLATFORM**
INDUCES SUPERIOR HIGH AVIDITY T-CELL RESPONSES COMPARED TO CONVENTIONAL APPROACHES

*This approach is integral to Dendreon’s sipuleucel-T
LEAD PRODUCT – SCIB1 FOR MELANOMA

SCIB1 IMMUNOBODY DESIGN

- Multiple melanoma associated tumour antigens are engineered into a human antibody framework
- Induces high avidity T cells responses compared with conventional approaches
- Innovative dual mechanism of action based on direct and cross-presentation
- Delivered as a DNA plasmid using electroporation
EIGHT PATIENTS REACH 5 YEAR SURVIVAL MILESTONE

SURVIVAL AND RECURRENCE

- Of the 20 patients with resected stage III/IV melanoma enrolled in the SCIB1 trial, 90% remain alive today.
- 12/20 patients with resected disease have no disease recurrence.
- Of the 16 patients who received 2-4mg doses of SCIB1, 7 patients have now survived for more than 5 years (median survival 4.75 years).
- One patient with unresected disease has now survived for more than 5 years.
- Recurrence free survival at 3 years with ipilimumab (46.5%), placebo (34.8%), SCIB1 (69%).

SCIB1 has an excellent safety profile with no dose-limiting toxicities and no serious adverse events related to study drug or delivery device.

1Eggermont et al 2015
LEAD AGENT SCIB1 BOOSTS IMMUNE CHECKPOINT THERAPY

IN A MOUSE MELANOMA MODEL, SURVIVAL RATES WERE SIGNIFICANTLY BOOSTED WHEN ANTI-PD-1 THERAPY WAS COMBINED WITH SCIB1 TREATMENT

- Survival rates achieved with SCIB1 ImmunoBody® alone were comparable to those seen with anti-PD-1 immune checkpoint therapy
- Combination therapy resulted in an impressive 85% survival rate
- SCIB1 also induces PD-L1 expression and memory response
Anti-PD-1 checkpoint inhibitors can significantly extend the survival of previously untreatable late stage melanoma patients but response rates are only about 28–33%.

Therapeutic cancer vaccination and T-cell activation provide a means to increase the immunogenicity of cancers and subsequently the response rate to immune checkpoint therapy.

SCIB1 boosts the effect of a PD-1 antibody to significantly enhance response rates and survival times in preclinical animal models of melanoma. Strong support from leading US Investigators (Flaherty, Chapman, Hamid, Wargo et al).

Pre-IND meeting with FDA on February 2017.

IND on schedule to be submitted in 3Q17.

New SCIB1 batch manufactured and will be released for clinical use in 3Q17.
SCIB2 targets the highly immunogenic NY-ESO-1 cancer antigen

SCIB2 is broadly applicable to many cancer types, including non-small cell lung cancer, synovial sarcomas, melanoma, oesophageal, liver, gastric, prostate, ovarian and bladder cancers

Many trials conducted with NY-ESO-1 based vaccines but only induced weak immune responses

SCIB2 designed to induce high avidity T cell responses in lung patients with a broad range of HLA types
RATIONALE FOR THE SCIB2 PHASE 1/2 COMBINATION TRIAL IN LUNG CANCER

- More patients die each year from metastatic lung cancer than all patients with prostate, breast, colon and melanoma combined
- Anti-PD-1 checkpoint inhibitors can deliver response rates of around 20% but there is still a significant unmet medical need in the majority of patients
- SCIB2 boosts the effect of a PD-1 antibody to significantly enhance survival times in preclinical animal models
- Significant commercial opportunity for a safe combination of SCIB2 plus CI as adjuvant therapy after chemotherapy and radiation to delay or prevent disease recurrence
- Strong support from the Addario Foundation, one of the leading US lung cancer patient advocacy group
LEADING US LUNG CANCER PATIENT ADVOCACY GROUP

- Addario’s first collaboration with any biotechnology company in the US or elsewhere
- Designed to accelerate SCIB2 clinical trials
- Help with planning, assembling high quality investigator group, liaising with pharmaceutical companies and regulators
- Raising profile of the company especially in the US with the industry, financial institutions and KoLs
- Agreement is template for establishing relationships with other advocacy groups representing the interests of patients with breast cancer, childhood cancers and others
RECENT FUNDING HISTORY

- April 2016: £6.3m Placing and Open Offer
- May 2017: £5m Interim Placing including management investment
- Cash: £7m
- Additional funding likely to be required

MAIN SHAREHOLDERS

Calculus Capital
Legal and General
Hygea
A NEW FRONTIER IN T-CELL ACTIVATION AND TARGETING

DIFFERENTIATED IMMUNO-ONCOLOGY
CLINICAL STAGE OPPORTUNITY

Two disruptive immuno-oncology platforms delivering potent killer T cells without serious side effects

Three lead products addressing five high value disease areas

Moditope® platform overcomes immunosuppression and delivers potent killer T cell responses that destroy cancer in animals – lead product Modi-1 targeting breast cancer, ovarian cancer and osteosarcoma

SCIB1 ImmunoBody offers potentially curative potential in resected stage III/IV melanoma patients with survival “well beyond established norms”, mostly without disease progression. 8 patients have now reached 5 year survival milestone.

Second ImmunoBody® SCIB2 partnered with Addario Foundation for planned US clinical trial programme in NSCLC

Strong management team with clinical development track record supported by industry leading scientists

2 PLATFORMS, 3 PRODUCTS, 5 CANCER INDICATIONS
THANK YOU

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