A NEW FRONTIER IN IMMUNO-ONCOLOGY

Corporate Overview
July 2018

LSE: SCLP.L
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A NEW FRONTIER IN IMMUNO-ONCOLOGY

| COMPANY FOCUS | Scancell is developing innovative immunotherapies for the treatment of cancer |
| MARKET OPPORTUNITY | Immuno-oncology is one of the fastest growing sectors in the biopharmaceutical industry (est. CAGR ~20% over next 5 years) |
| PROPRIETARY TECHNOLOGY PLATFORMS | Novel immunogenic antigens and modulation mechanisms that stimulate potent T-cell responses for the treatment or prevention of cancer |
| | Unique mode of action of IMMUNOBODY® and MODITOPE® immunotherapies stimulate immune responses by presenting cancer antigens to trigger potent killer T-cell activation |
| CLINICAL STAGE ASSETS | Four lead products in development |
| | Phase II and Phase I/II studies in preparation targeting multiple cancer indications |
| COMPANY FACTS & FINANCIALS | Scientific founder Professor Lindy Durrant |
| | Corporate offices based in Oxford, UK |
| | 21 employees (10 PhD’s) |
| | AIM listed (SCLP) |

2 PLATFORMS, 4 LEAD PRODUCTS + MULTIPLE CANCER INDICATIONS
Key challenge is to stimulate an effective T cell response to reject or kill the growing tumour

Most vaccine strategies only stimulate low frequency, low avidity T cell responses that fail to control tumour growth

Scancell’s novel therapies stimulate high avidity CD8 and/or CD4 T-cells that efficiently kill tumours

TWO DIFFERENTIATED PLATFORMS

**IMMUNOBODY®**

- DNA-based platform generates high avidity CD8 T-cells by presenting T-cell epitopes of known cancer antigens through a unique dual mode of action

**MODITOPE®**

- Modified peptides that generate potent killer CD4 T-cells to target antigens induced by stress-induced post-translational modifications (siPTM vaccines)

Ref: Chen and Mellman 2013
**IMMUNOBODY®**
- **SCIB1:** Targets malignant melanoma. Phase 1/2 study completed with strong survival data. Phase 2 combination trial with immune checkpoint inhibitor planned for Q4 2018.
- **SCIB2:** Targets NSCLC. Phase 1/2 combination trial with immune checkpoint inhibitor to be funded and sponsored by Cancer Research UK (CRUK).

**MODITOPE®**
- **Modi-1:** Manufacturing process development initiated. Phase 1/2 trial in TNBC, ovarian and sarcoma planned for 1H 2019.
- **Modi-2:** Targets multiple solid tumours. Preclinical development of selected epitopes planned throughout 2018.
- **TCR collaboration:** To clone and characterise T cell receptors against Modi-1 specific epitopes.

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**Lead Candidates**

<table>
<thead>
<tr>
<th>ImmunoBody</th>
<th>Preclinical</th>
<th>Phase 1/2</th>
<th>Phase 2</th>
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<tbody>
<tr>
<td>SCIB1</td>
<td>Completed</td>
<td></td>
<td>Phase 2 combination trial Q4 2018</td>
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<tr>
<td>Melanoma</td>
<td></td>
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<tr>
<td>SCIB2</td>
<td>Phase 1/2 combination trial</td>
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<tr>
<td>NSCLC</td>
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<tr>
<td>Modi-1</td>
<td>Phase 1/2 trial H1 2019</td>
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<tr>
<td>TNBC, ovarian, sarcoma</td>
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<tr>
<td>Modi-2</td>
<td>Preclinical 2018</td>
<td></td>
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<tr>
<td>Anti-solid tumours</td>
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<tr>
<td>Moditope</td>
<td>TCR characterisation</td>
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**mAbs**
- Anti-tumour glycans
- Lead characterisation
Post-translational modifications of proteins occur under conditions of cellular stress. One such modification involves the process of **CITRULLINATION**. Citrullination involves the alteration of proteins due to enzymatic conversion of arginine residues to citrulline. Citrullination occurs as a result of a degradation and 'recycling' process called **autophagy** that is induced in stressed cells, including cancer cells. Citrullinated epitopes presented on MHC class II are recognized by cytotoxic CD4 T cells.

The **Moditope®** products exploit this normal immune response to stressed cells, which is largely mediated by cytotoxic CD4 T cells. New class of cancer immunotherapy utilises this mechanism to eradicate tumor cells by immunising with citrullinated peptides (**siPTM vaccines**). European patent grant for any citrullinated epitopes for the treatment of cancer, June 2018.
MODITOPE® LEAD 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 (TNBC) (90%), ovarian cancer (95%), and sarcoma (100%) - all with high unmet medical need
- Modi-1 induced potent anti-tumour responses in mice with established melanoma (B16)
- A single immunization of Modi-1 resulted in a 100% survival rate in animal models

![Graph showing survival rates](image)
PATIENT POPULATION

- Patients with tumours with high vimentin or enolase expression (e.g., sarcoma, TNBC, ovarian)
- Failed or intolerant to standard of care therapies

EXPANSION PHASE

DOSE ESCALATION

Dosing regime
- Dose escalation: 10, 50, 250 µg
- Weeks 1, 3, 6, 12 and 24
- Patients may continue to receive Modi-1 at 12-week intervals up to 2 years

Targeting:
- First patient treated 1H19
- First efficacy and safety data 1H20
MODITOPE MILESTONES

EXTERNAL VALIDATION OF MODITOPE® IMMUNOTHERAPY PLATFORM
INTERNAL PROJECTS ADVANCED AND EXPANDED

MODITOPE®

- Research collaboration to develop T-cell based therapies established with BioNTech
- License agreed with ISA Pharmaceuticals for development of Amplivant® Modi-1 conjugate therapy
- GMP manufacturer contracted for production of Modi-1/Amplivant® conjugate
- UK-based study expected to start in 1H19
- Citrullinated peptides identified for inclusion in new Modi-2 vaccine targeting multiple solid tumours
- Shortlisted for CRUK Grand Challenge award; Project Blueprint
Proprietary patent protected platform

Several cancer associated T cell epitopes are engineered into a human antibody framework to make a genetic antigen/antibody complex

Delivered as a DNA plasmid using electroporation

Nano-vesicle delivery under evaluation

Novel dual mechanism of action based on direct and cross-presentation

SCIB1 for melanoma (TRP-2/gp100 melanoma associated antigens): Phase 1/2 clinical trial complete, Phase 2 planned

SCIB2 for lung cancer (NY-ESO-1): Clinical development partnership with CRUK
SCIB1 IN PATIENTS WITH MELANOMA

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

**TUMOR RESPONSE**

Patient with tumor received 8 mg SCIB1 and showed a marked reduction in size of detectable lung lesions.

**SURVIVAL IN RESECTED PATIENTS**

- Overall survival with SCIB1 treatment superior to historical survival rates.
- 14 of 16 resected patients receiving 2-4 mg doses have survived for more than 5 years (February 2018).
- Melanoma recurrence rates are lower in SCIB1-treated patients than historical controls.

![Graph showing recurrence-free survival over time](image-url)

**Graph Details:**
- **X-axis:** Months since study entry
- **Y-axis:** Recurrence-free survival (%)
- **Legend:** Recurrence-free survival (%)
- **Data Points:** Data points indicating survival rates at various time intervals.
SCIB1 IN MELANOMA PATIENTS

PATIENTS WITHOUT TUMOUR PRESENT AT STUDY ENTRY

Study entry

5 years

Disease-free patients

Patients with recurrence

Deceased patients

SCIB1 dose (2/4 mg)

Disease recurrence

Death

Surgery

Radiotherapy

Electrochemotherapy

Ipilimumab

Nivolumab

Pembrolizumab

Months from study entry

-60 -50 -40 -30 -20 -10 0 10 20 30 40 50 60 70 80

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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 for SCIB1 ImmunoBody® monotherapy ≈ anti-PD-1
- Monotherapy viable option for resected melanoma patients
- Combination therapy resulted in an 85% survival rate
- SCIB1 also upregulates PD-L1 expression and memory response
SCIB1 PLUS CHECKPOINT INHIBITOR COMBINATION PHASE 2 STUDY DESIGN

PATIENT POPULATION

- Histologically confirmed, unresectable AJCC stage III or stage IV melanoma
- No prior systemic treatment for advanced disease
- Suitable for treatment with Keytruda (pembrolizumab), with measurable disease
- Part 1 – safety run-in (n=6); Part 2 – additional 19 patients; total = 25 patients

Assumptions

- Response rate to Keytruda = 30%
- Response rate of interest for combination = 55%

Trigger to advance development ≥12 RECIST responses in 25 patients
COMMERCIAL SUCCESS IN THE ONCOLOGY MARKET

Market Share
- First or best-in-class
- Good market access/supply chain
- Unprecedented efficacy: game changer
- Well-tolerated therapy adding to existing SOC therapy: combination therapy opportunities

Eligible Patient Population
- Expanding into additional cancer types
- Moving toward the earlier disease setting within each cancer type
- Use of predictive biomarkers identifying best responders

Clinical Value
- Impact on survival and fulfillment of unmet needs
- Well-tolerated safety profile in comparison to existing SOC
- Durable response to treatment
- Combination opportunities based on good safety profiles

A NEW FRONTIER IN IMMUNO-ONCOLOGY
IDENTIFIED OPPORTUNITIES IN A RANGE OF TREATMENT SETTINGS

**IMMUNOBODY®**

**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

**SCIB2**
- Lung cancer huge unmet 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 requiring a better SOC

**MODITOPE®**

**Modi-1 & Modi-2**
- siPTM vaccine class
- Innovative mechanism of action potentially targets all solid tumours
- Modi-1 and Modi-2 will target tumours that are unresponsive to existing immunotherapy (turning “cold” tumours to “hot”)
- Identification of Modi-specific TCRs provides a novel pathway for CD4-based TCR therapy
A Placing of approximately £7.5 million plus open offer proceeds of £1.2 million, total gross proceeds £8.7 million

USE OF FUNDS*

**IMMUNOBODY®**

**SCIB1**
- SCIB1-checkpoint inhibitor Phase 2 US combination study in late stage melanoma, planned to start 4Q18, subject to funding
  - File IND
  - Commencement of the Phase 2 combination trial utilising Ichor TriGrid v2.0 electroporation device

**SCIB2**
- Support CRUK development of SCIB2 for NSCLC

**MODITOPE®**

**Modi-1**
- Preparation for the First-In-Human study with Modi-1 in patients with TNBC, ovarian cancer and sarcoma planned to start 1H19, subject to funding
- Identification of Modi-specific TCRs in collaboration with BioNTech

**Modi-2**
- Initiate pre-clinical Modi-2 development programme for oesophageal, gastric, pancreatic and colorectal cancers

*Including cash resources and anticipated tax credits
### DIFFERENTIATED IMMUNO-ONCOLOGY CLINICAL STAGE OPPORTUNITY

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<thead>
<tr>
<th>2 PLATFORMS, 4 LEAD PRODUCTS + 5 CORE ACTIVITIES</th>
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<tbody>
<tr>
<td><strong>CLINICAL DATA</strong></td>
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<tr>
<td>▶ Generate meaningful clinical data to address unmet needs: two clinical read-outs (SCIB1 Phase 2 &amp; Modi-1 Phase1/2) anticipated in next 2 years</td>
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<td><strong>PIPELINE EXPANSION</strong></td>
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<tr>
<td>▶ Extend utility of Moditope platform beyond Modi-1 and Modi-2 in association with key industry players e.g., TCRs (BioNTech) and pending CRUK Grand Challenge</td>
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<td>▶ In-licensing of mAbs</td>
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<tr>
<td><strong>TECHNOLOGY PARTNERSHIPS</strong></td>
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<tr>
<td>▶ Evaluate and implement enabling technologies to de-risk development e.g., TriGrid (Ichor) and Amplivant (ISA Pharmaceuticals)</td>
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<tr>
<td><strong>CLINICAL PARTNERSHIPS</strong></td>
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<tr>
<td>▶ Establish relationships with key opinion leaders and clinical networks to ensure utility in clinical practice e.g., CRUK and patient advocacy groups (Addario)</td>
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<tr>
<td><strong>INDUSTRY PARTNERSHIPS</strong></td>
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<tr>
<td>▶ Explore synergies with large Pharma/Biotech companies in identifying combination therapies for optimal outcomes e.g., checkpoint inhibitors</td>
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Thank you

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Email: cliffholloway@scancell.co.uk