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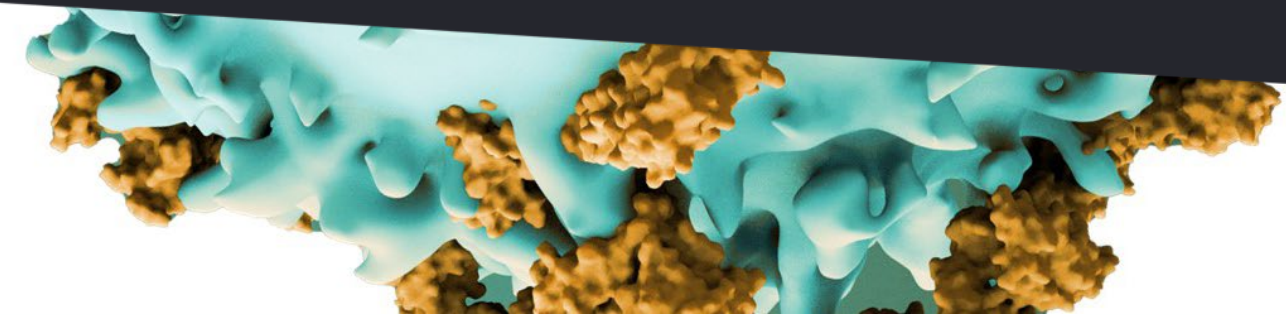
Redefining Standard of Care in Advanced Melanoma

SCOPE data update

11 December 2025



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KEY HIGHLIGHTS

SCOPE STUDY DATA UPDATE

- Strong progression free survival signal with iSCIB1+ and CPIs demonstrating 74% PFS at 16 months
  - **24% PFS delta over real world standard of care and historic controls**
  - Strong PFS data continues across key poorer prognosis sub-groups
  - Early overall survival (OS) data for SCIB1 shows 14% improvement at 26 months over SoC

- Phase 2 SCOPE study achieved its objectives
  - Product: iSCIB1+ selected with broader commercial potential & longer patent life
  - Target population: Defined a broad HLA eligible population representing 80% of patients
    - Patient selection tool identified for Phase 3 responder enrichment
  - Delivery: Intramuscular needle free delivery
  - Follow-on phase 3 trial: PFS expected as the registrational endpoint for future studies

- Regulatory : Scientific advice from US FDA & other regulators supportive of late-stage development

- **Phase 3 ready asset with potential to redefine standard of care for advanced melanoma**

CPIs: Checkpoint inhibitors. PFS: Progression Free Survival. PFS results in target HLA population.

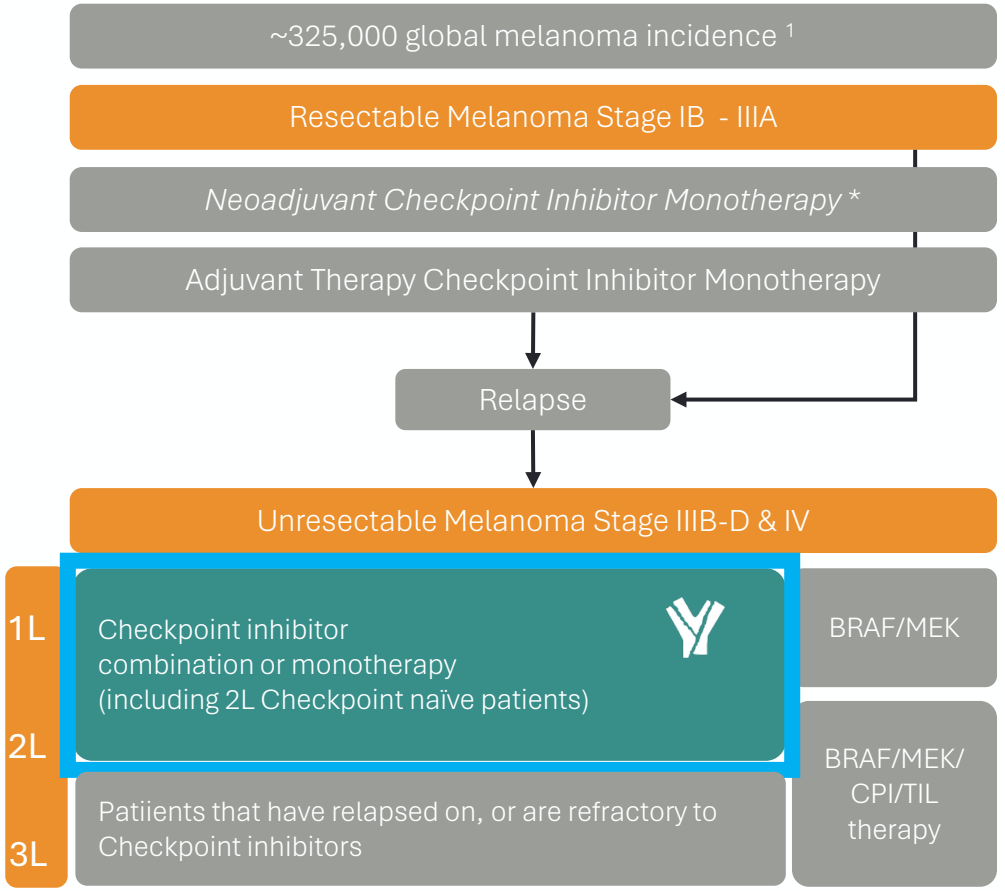
iSCIB1+ has the potential to create a new standard of care for melanoma

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%



Market (Adv disease) for iSCIB1+ estimated: $3bn
Market (Neoadjuvant/Adjuvant disease) for iSCIB1+ estimated $6-9bn

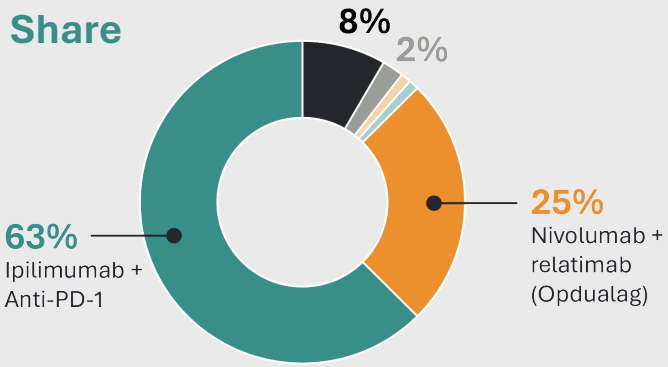
Approved Therapies

Pembrolizumab (Keytruda)

Ipilimumab (Yervoy) plus Nivolumab (Opdivo)

Relatimab (Opdualag)

US Market Share



1L SoC dominated by ipilimumab + anti-PD-1

Source: Leerink market survey Nov 25 Chang et al

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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

COMMERCIAL BUILDING BLOCKS IN PLACE

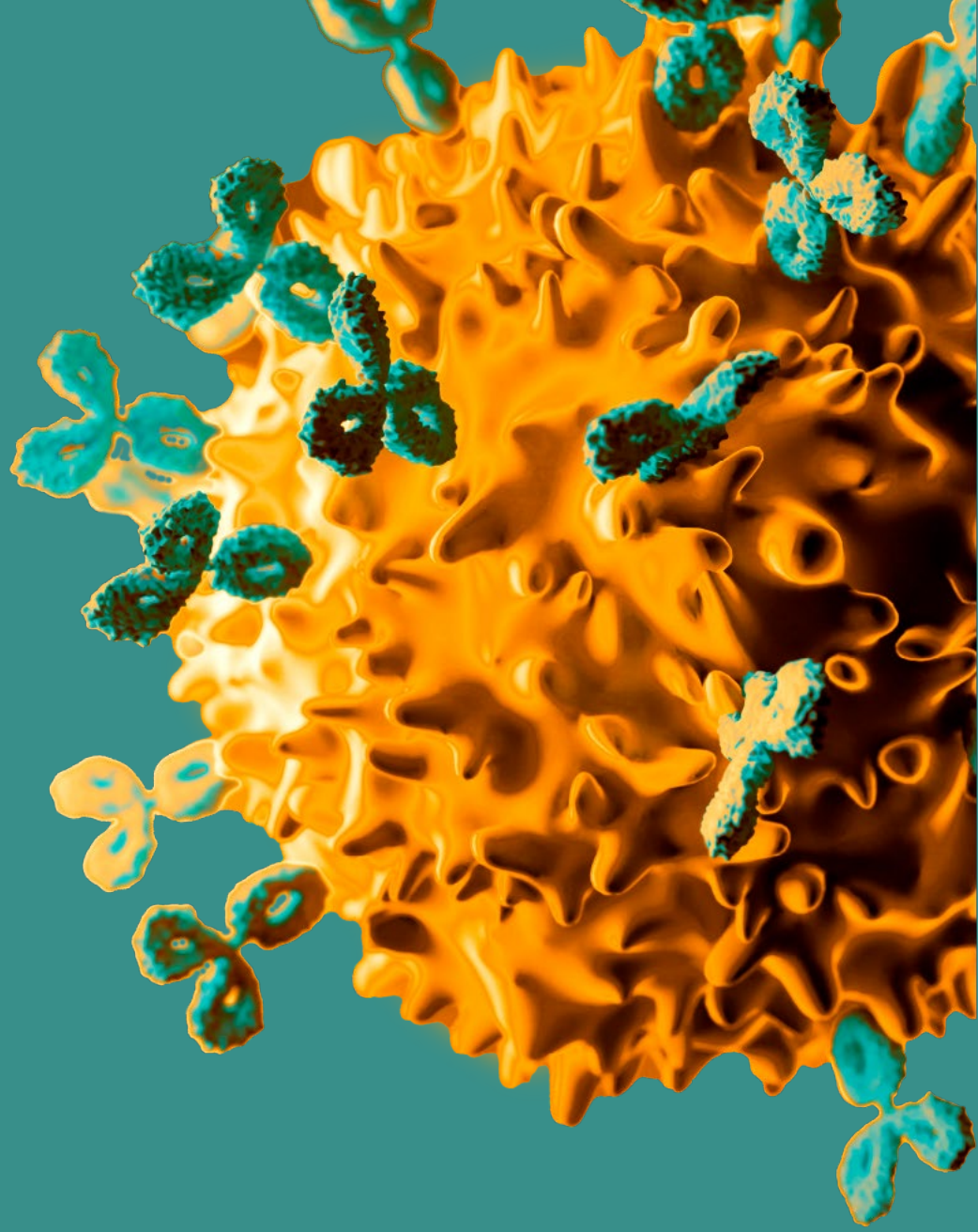
ACCELERATED PLANNING FOR PHASE 3 DEVELOPMENT

					
PRODUCT	**IP**	**MANUFACTURING**	**DELIVERY**	**REGULATORY**	**COMMERCIAL**
Meaningful Clinical benefit Excellent safety profile	Strong worldwide IP 2039+	Off the shelf Scalable process with long stability	Needle-free Convenient for patients	Regulatory support FDA MHRA EMA	Partnering for seamless registration & commercialisation

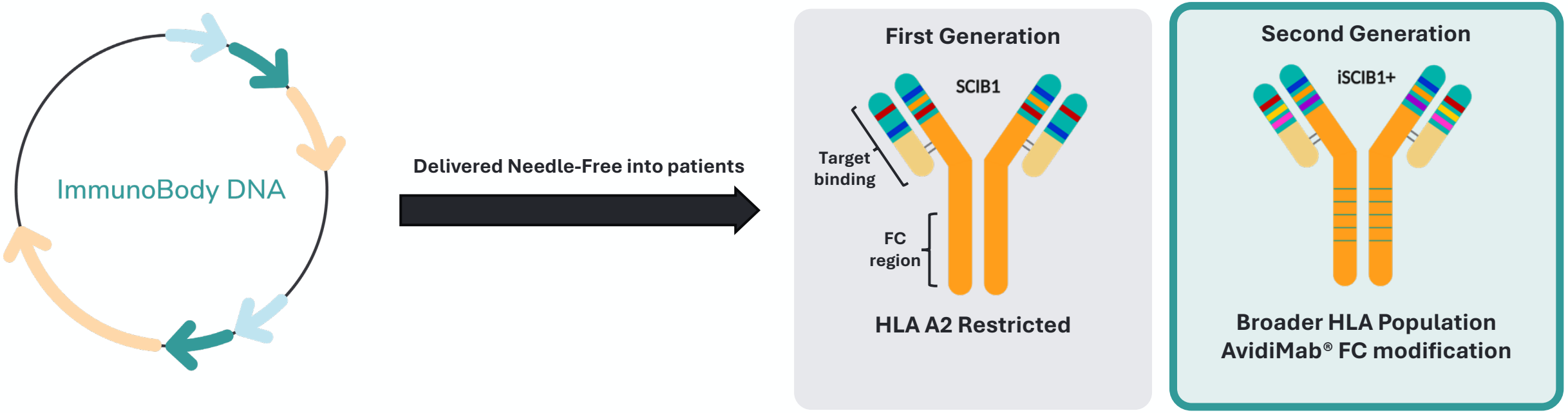
Clear pathway to potential commercialisation in 2029

iSCIB1+

The Science



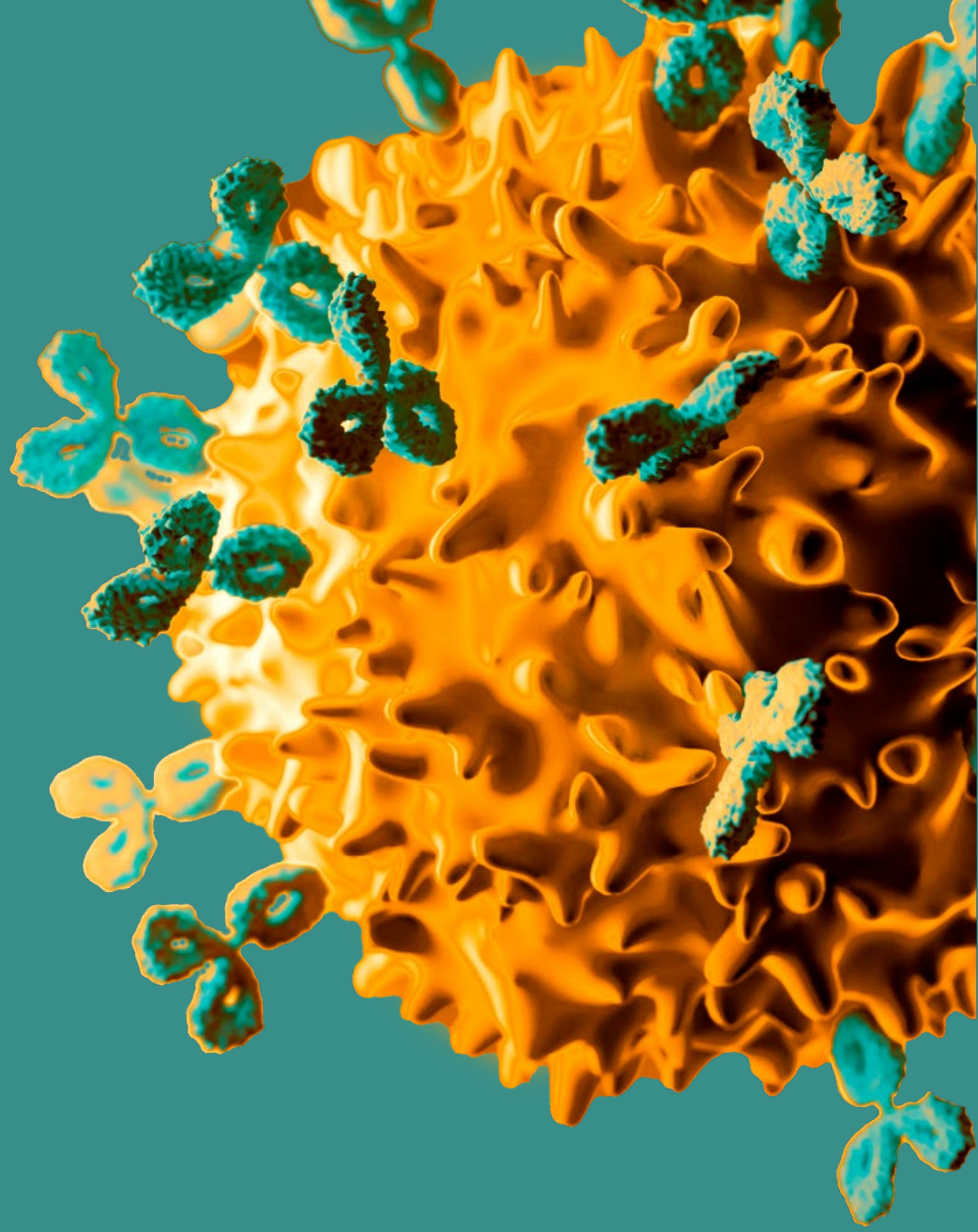
ISCIB1+ IS A DNA IMMUNOBODY® WITH A NOVEL MECHANISM OF ACTION



- **DNA ImmunoBody** is a plasmid encoding a modified antibody;
  - Target Binding: incorporates **gp100 & TRP-2 epitopes** which are known melanoma specific targets
  - Fc region: modified to target CD64 receptor of **activated dendritic cells to stimulate potent T-cells**
- **Targets antigen presenting cells *in vivo*** through direct and indirect Fc targeting via CD64 of activated dendritic cells. This dual mechanism of action increases potency 100-fold.
- iSCIB1+ designed to be efficacious in A1, A2, A3, A31, B35,Bw4, A33, B44 MHC Class 1 HLA types
- iSCIB1+ **works as monotherapy or synergistically in combination with checkpoint inhibitors (CPIs) in the tumour microenvironment**. iSCIB1+ stimulates T-cells whilst CPIs protecting and proliferating T-Cell response.
- **Patent protection to 2039+**

iSCIB1+

The Studies



SCOPE STUDY IN FIRST LINE ADVANCED MELANOMA

Phase 2 open label parallel multi cohort translational study at 16 UK clinical trial sites enrolling over 100 patients

Objective: select product, target population, dosing schedule and endpoints for follow-on phase 3 trial

STUDY POPULATION

Advanced melanoma in combination with standard of care Check Point Blockade

Inclusion Criteria (Summary)

- Histologically confirmed, unresectable Stage III or Stage IV Melanoma
- Not received prior systemic treatment for advanced disease.
- ECOG Performance Status 0 or 1.
- At least one measurable lesion per RECIST 1.1
- Human leukocyte antigen HLA status known

Exclusion Criteria (Summary)

- Acral, Ocular & Mucosal Melanoma
- CNS Metastases
- Exposure to CPI as adjuvant treatment in previous 6 months

Cohort 1 (n=43)

SCIB1 and SoC nivolumab & ipilimumab
Target HLA (A2 haplotype only)

Cohort 2 (n=10) stopped due to change in SOC

SCIB1 and SoC pembrolizumab
Target HLA (A2 haplotype only)

Cohort 3: (n=50, 40 Target HLA[1], 10 Non-Target)

iSCIB1+ and SoC nivolumab & ipilimumab

Cohort 4: (n=43) stopped to accelerate development plans

iSCIB1+ with accelerated priming and SoC nivolumab & ipilimumab

Seek to improve reported outcomes with SOC

Nivolumab & ipilimumab:

- PFS: 46% at 12 months

Pembrolizumab:

- PFS: 35% at 12 months

1. Only 39 evaluable patients as one patient in the Target HLA population was non-evaluable due to brain metastases. ORR = overall response rate, SoC = Standard of Care

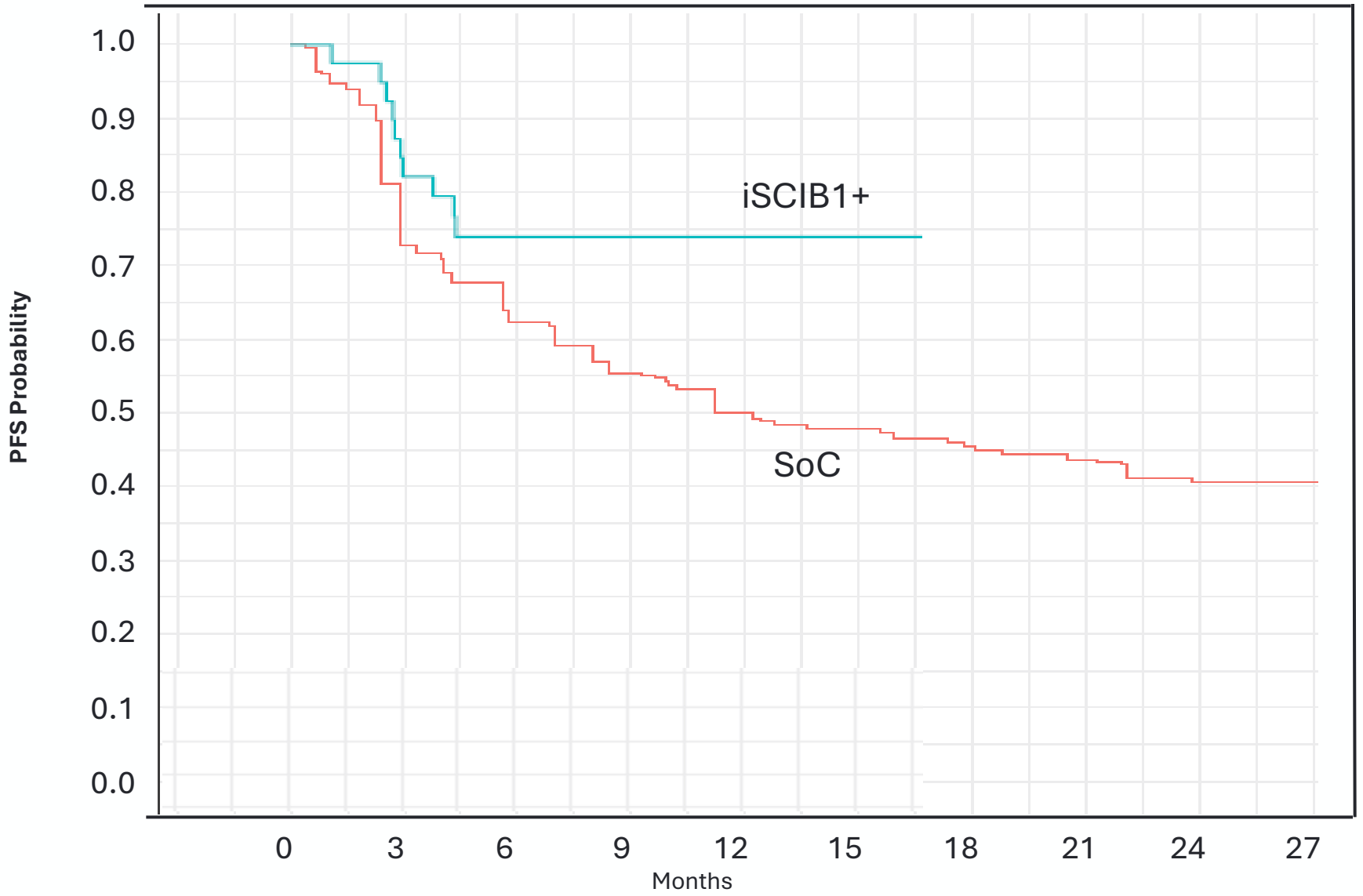
BASELINE CHARACTERISTICS IN SCOPE STUDY

IN LINE WITH HISTORIC CONTROLS

	SCIB1 Cohort 1: (n=43)	iSCIB1+ Cohort 3 (n=50)	ipi + nivo Checkmate 067
Gender			
Male	28 (65%)	21 (42%)	64.6%
Female	15 (35%)	29 (58%)	35.4%
Age			
<65	20 (47%)	33 (66%)	59.8%
≥65 - <75	11 (25%)	15 (30%)	27.7%
≥75	12 (28%)	2 (4%)	12.5%
Stage of Disease at Study Entry			
IIIB/IIIC/IV	1 IIIB / 42 IV	1 IIIC / 49 IV	
M0, M1a or M1b	27 (64%)	29 (58%)	42%
M1c, M1d or Unknown	15 (36%)	21 (42%)	58%
BRAF			
Mutation	21 (49%)	25 (50%)	32.2%
Wildtype	22 (51%)	25 (50%)	67.8%
Lactate Dehydrogenase			
>Upper limit of normal	31 (72%)	35 (70%)	62.3%
≤ULN	12 (28%)	15 (30%)	37.7%
Prior treatment in the adjuvant setting			
Anti-PD-1	11	4	

iSCIB1+: PFS IN TARGET HLA POPULATION AGAINST HISTORIC CONTROLS

STRONG DELTA OVER IPILIMUMAB AND NIVOLUMAB FROM CHECKMATE 067



- iSCIB1+ shows 24% delta over median PFS for SoC (ipi/nivo, Checkmate 067)
- iSCIB1+ is currently showing >10% improvement on PFS vs SCIB1
- This PFS benefit most likely reflects the AvidiMab® modification made to iSCB1+

iSCIB1+ MORE THAN DOUBLING PFS VS STANDARD OF CARE ALONE

BEST IN CLASS THERAPY POTENTIAL

	iSCIB1+ (COHORT 3)	Combined Cohorts	Relativity 047	STANDARD OF CARE (CHECKMATE 067)	STANDARD OF CARE (REAL WORLD)
Patient numbers	39*	80*	355	314	
Combination Agents	Nivolumab + Ipilimumab	Nivolumab + Ipilimumab	Anti-LAG-3 + Nivolumab	Nivolumab + Ipilimumab	
Progression Free Survival (PFS)	**74% 16 months**	**60% 26 months**	mPFS 10.1months	mPFS 11.5 months	mPFS 7.9 months

* Target HLAs; mPFS is median Progression Free Survival. Combined Cohorts includes SCIB1 data from cohort 1 and iSCIB1+ data from cohort 3 all in the target HLA group.

CLINICALLY MEANINGFUL BENEFIT IN ALL SUBGROUPS ANALYSED

SCOPE STUDY SUBGROUP ANALYSIS ACROSS COMBINED COHORT PATIENTS

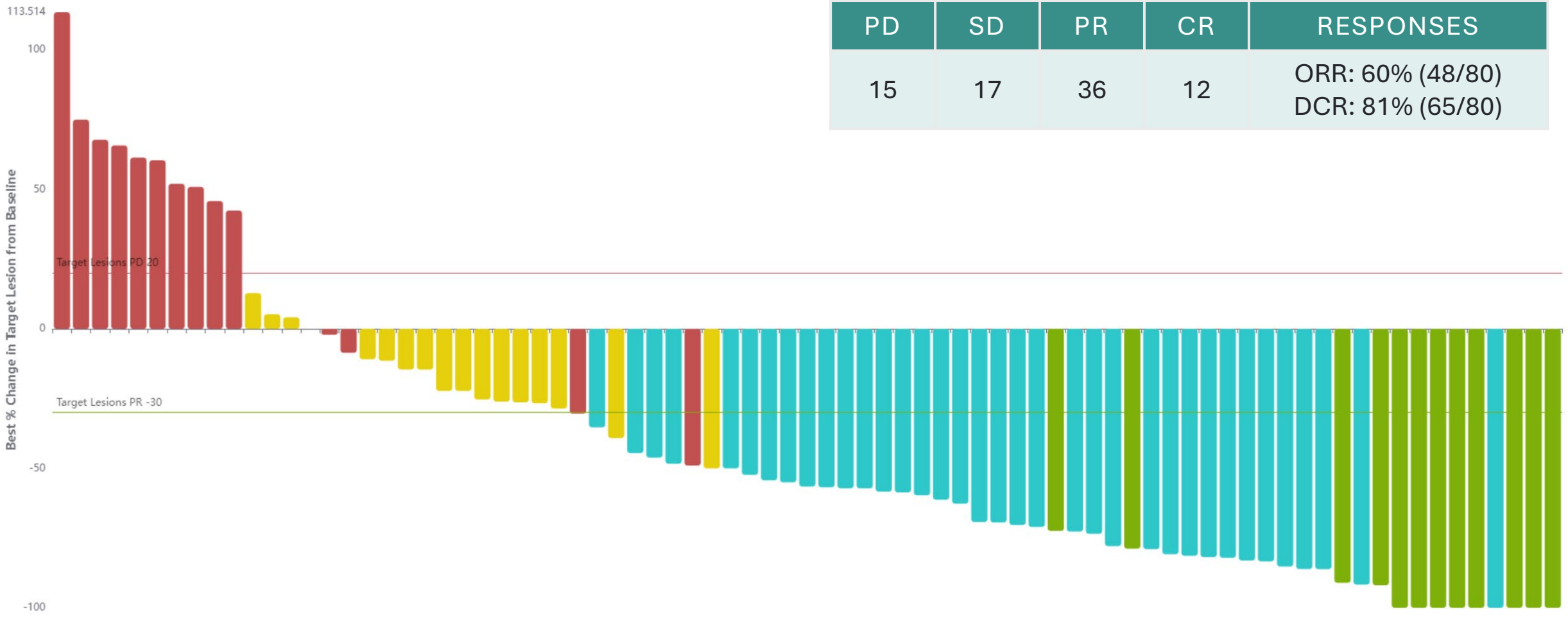
Study	BRAF Status[2]		Prior CPI (+/-)		PD-L1 Status[3]	
	BRAF WT	**BRAF MT**	**No Prior CPI**	**Prior CPI**	**PD-L1 <1**	**PD-L1 ≥1**
SCOPE	63% at 21m (n=41)	70% at 21m (n=37)	63% at 24m (n=62)	49% at 24m (n=18)	64% at 24m (n=25)	60% at 24m (n=26)
Checkmate 067	11.2m mPFS	11.7m mPFS	All Patients (11.5m mPFS)	No Patients	11.2m mPFS	14m mPFS
Real World[1]	12.9m mPFS	12.5m mPFS	13.7 m mPFS	5.9 m mPFS	NA	NA

1. Serra-Bellver et al, Eur Journal of Cancer (2022); 2. Total combined cohort for target HLA is 80 patients, In 2 patients BRAF status could not be determined; 3. PD-L1 status only assessed in 51 patients. mPFS is median or 50% Progression Free Survival.

IMPRESSIVE EFFICACY AND DISEASE CONTROL IN TARGET HLA POPULATION

SCIB1 AND iSCIB1+ WITH SOC, IPILIMUMAB AND NIVOLUMAB (N=80)

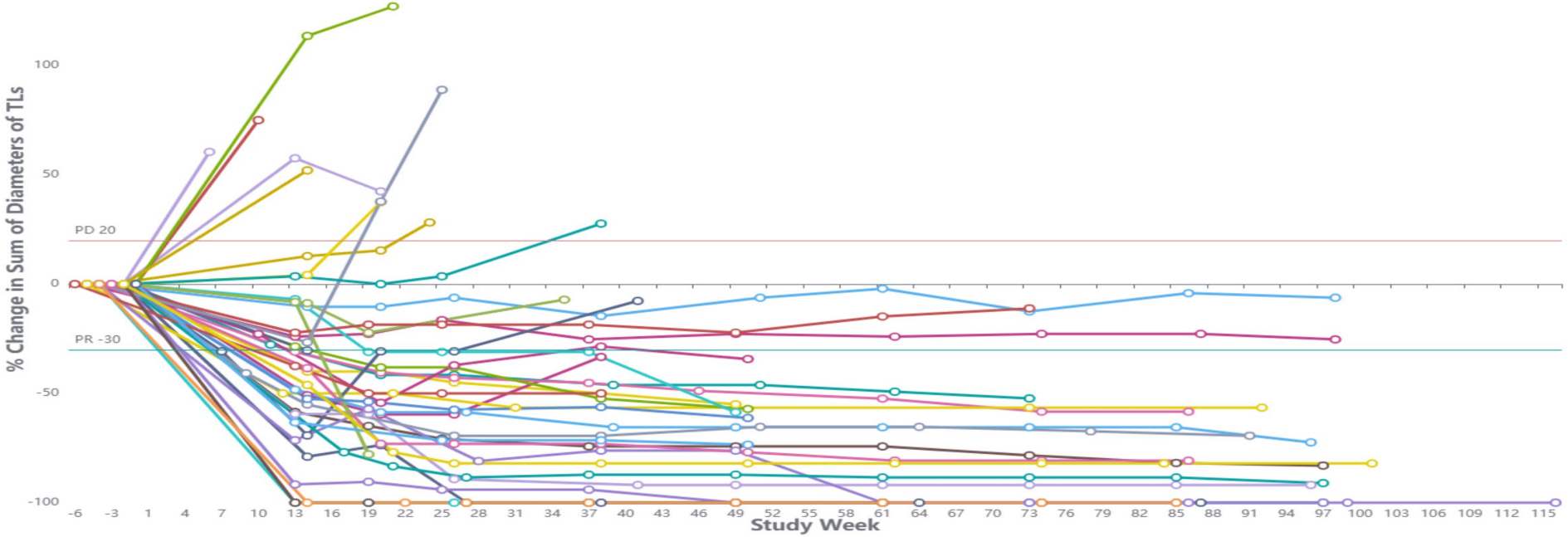
PD	SD	PR	CR	RESPONSES
15	17	36	12	ORR: 60% (48/80) DCR: 81% (65/80)



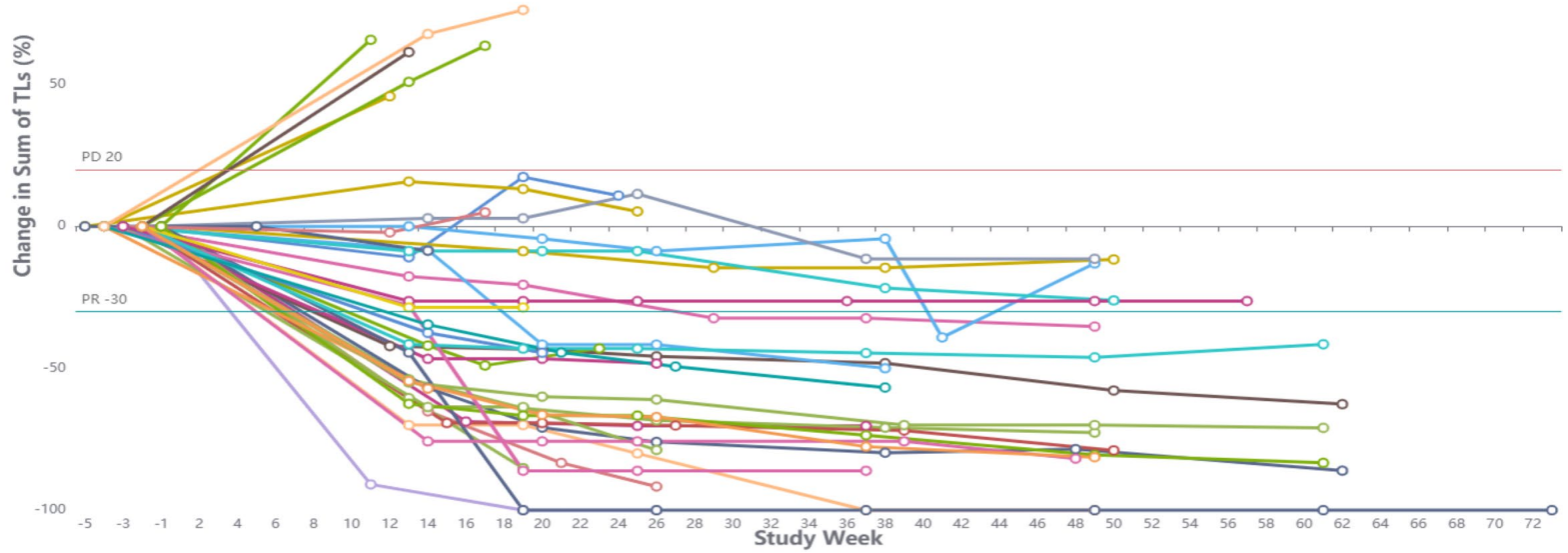
LONG TERM TUMOUR CONTROL REFLECTED IN DURABILITY

SCIB1 AND iSCIB1+ SPIDER PLOTS (ALL TARGET POPULATION)

SCIB1 (N=41) TARGET POPULATION (HLA-A2)



iSCIB1+ (N=39) TARGET POPULATION (HLA-A2, A3, A31, B35,Bw4, A33, B44)



INTERIM SAFETY SUMMARY – SCIB1 & iSCIB1+ (N=133)

THE SAFETY PROFILE OF iSCIB1+ IS BENIGN WITH NO POTENTIATION OF TOXICITIES OF THE CHECKPOINT INHIBITORS

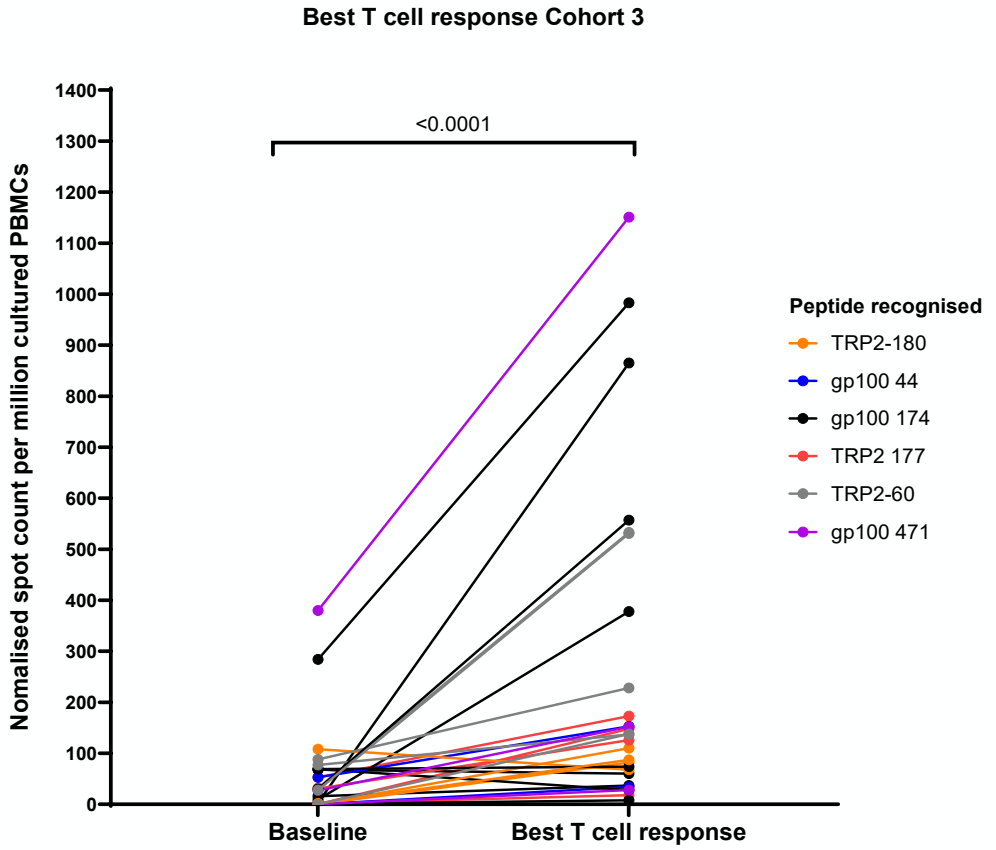
SCIB1 and iSCIB1^{+} was generally safe & well tolerated at 0.4 - 8mg dose: Number of events (% of patients)

Category of Adverse Event	Related to SCIB1 or iSCIB1+ All were transient	Related to checkpoint inhibitors
TEAE	305 (55%) Mainly elevated ALT/AST, injection site bruising, fatigue, gastrointestinal, skin and eye disorders	940 (90%) Mainly elevated ALT/AST, gastrointestinal and skin disorders
TEAE ≥ G3	32 (14%) Most common: elevated ALT/AST and hypophysitis	137 (57%) Most common: colitis, diarrhea, hepatitis, increased transaminases
SAEs	11 (7%) All dually related	109 (49%) Most common: colitis, diarrhea, hepatitis, increased transaminases

STRONG T-CELL RESPONSES TO iSCIB1+ EPITOPES OBSERVED

CLINICAL RESPONSE	NUMBER OF PATIENTS	POSITIVE T CELL RESPONSE	% POSITIVE
CR/PR	19	15	79%
SD	7	5	71%
PD	7	4	57%

- ELISpot assays demonstrated that 19/31 (61.2%) HLA matched patients made a T-cell response to iSCIB1+
- Increased to 79% (15/19) amongst clinical responders
- All six iSCIB1+ epitopes generated CD8 T cell responses
- 83% (10/12) patients with a CD8 response had a clinical response.



72% of patients responded to both TRP-2 & gp100 thus reducing risk of immune escape

PHASE 3 DOUBLE BLINDED RANDOMISED ADAPTIVE REGISTRATIONAL STUDY

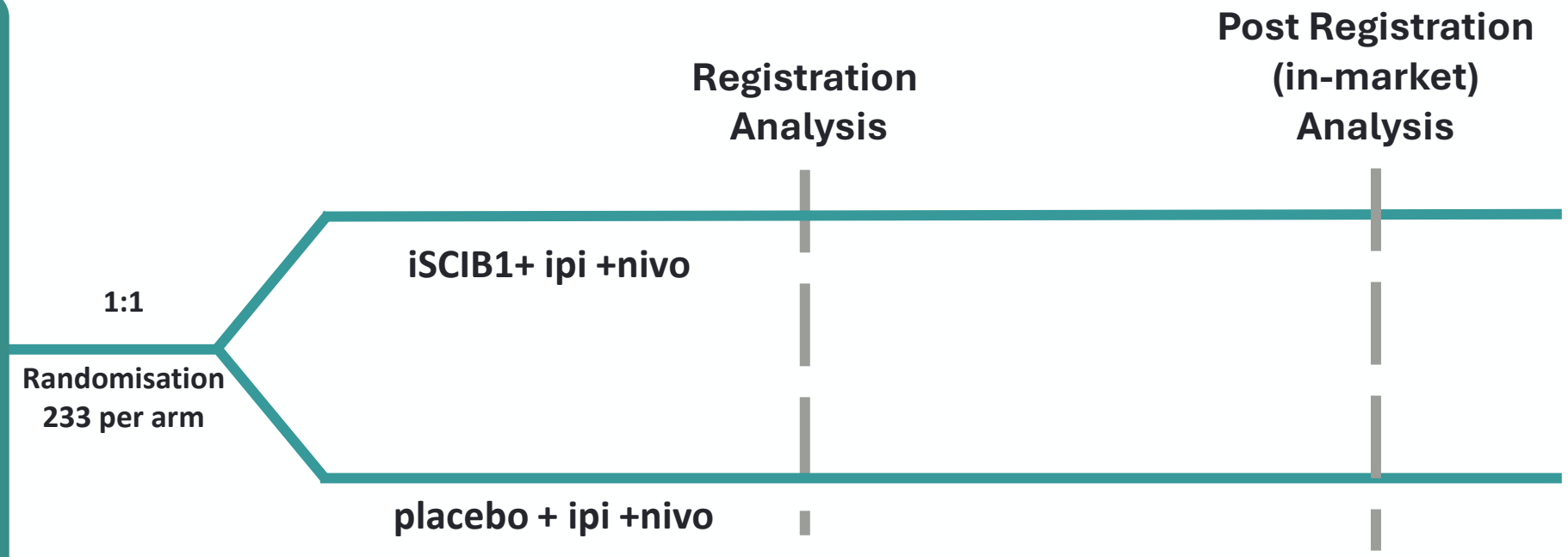
INDICATIVE PLAN

Selected Product:
iSCIB1+

Target Population:
- Stage III & IV unresectable melanoma
- HLA Haplotypes: A2, A3, A31, B35, B44, Bw4
- Exclude acral melanoma & active brain metastases

Control arm:
- SoC nivolumab & ipilimumab

Treatment arm:
- Addition of iSCIB1+



466 Patients in total

Stratification Factors:
1. BRAF status: WT / M
2. Previous adjuvant therapy: Y vs N
3. No of metastatic lesions: <3 or >3
4. Baseline LDH<1.5 ULN or >1.5 ULN

Regulatory Strategy with positive momentum

FDA

- Type B/Pre-IND meeting held
  - Accepted our proposed 8mg intramuscular dose (Project Optimus ✓)
  - Data, study design and stats plan, endpoints ✓
  - CMC manufacturing process ✓
  - Requested additional comparability testing (in IND) – work underway
  - Agreed no requirement for a DART study and acceptance on non-clinical ✓

MHRA

- Scientific review meeting held
  - Good alignment with FDA perspectives (less detailed feedback at this time)

EMA

- Scientific Review scheduled for mid Dec-25

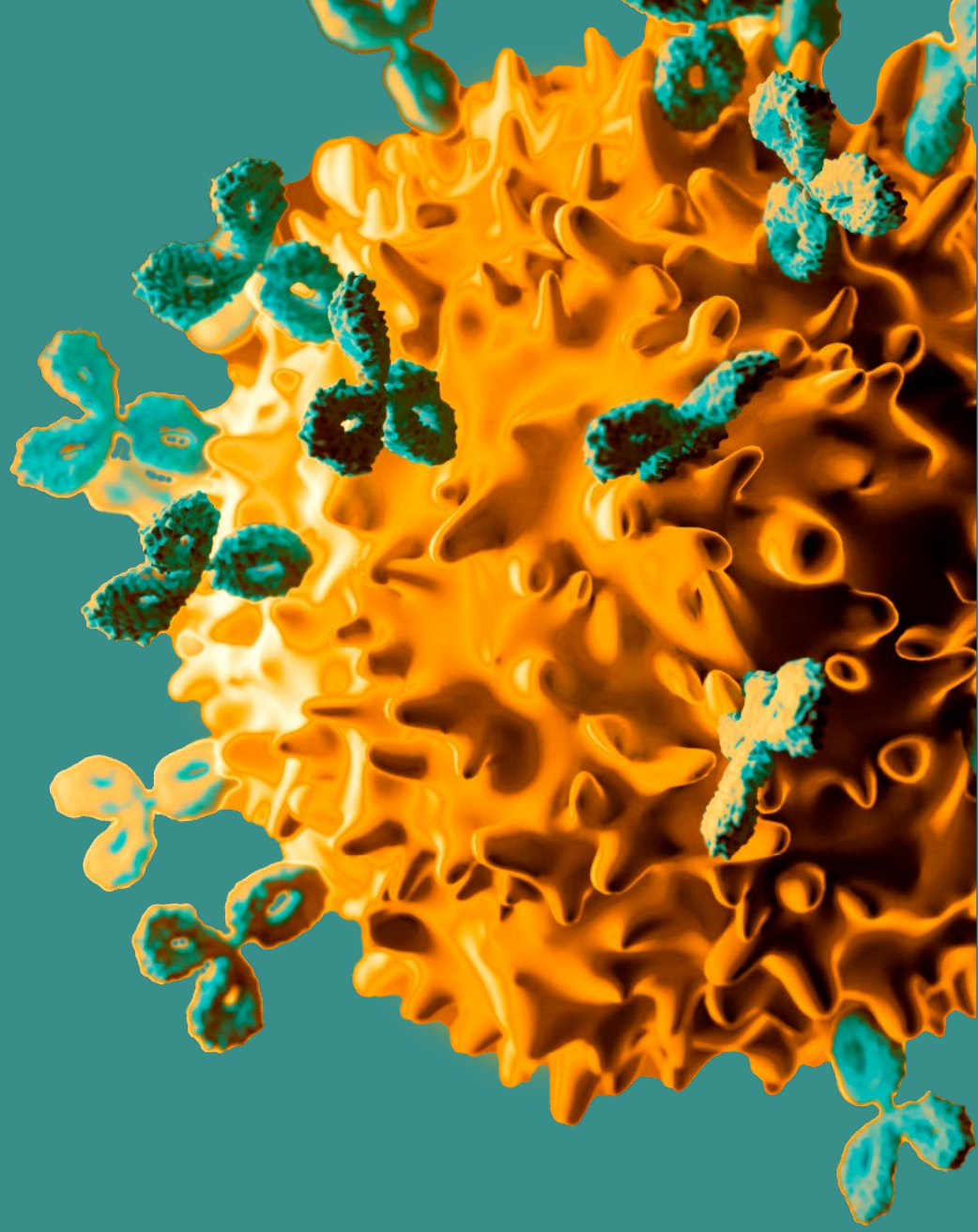
BREAKTHROUGH DESIGNATION (BTD)/ ACCELERATED APPROVAL

- To be submitted with IND

What do we know today about the Pharma perspectives?

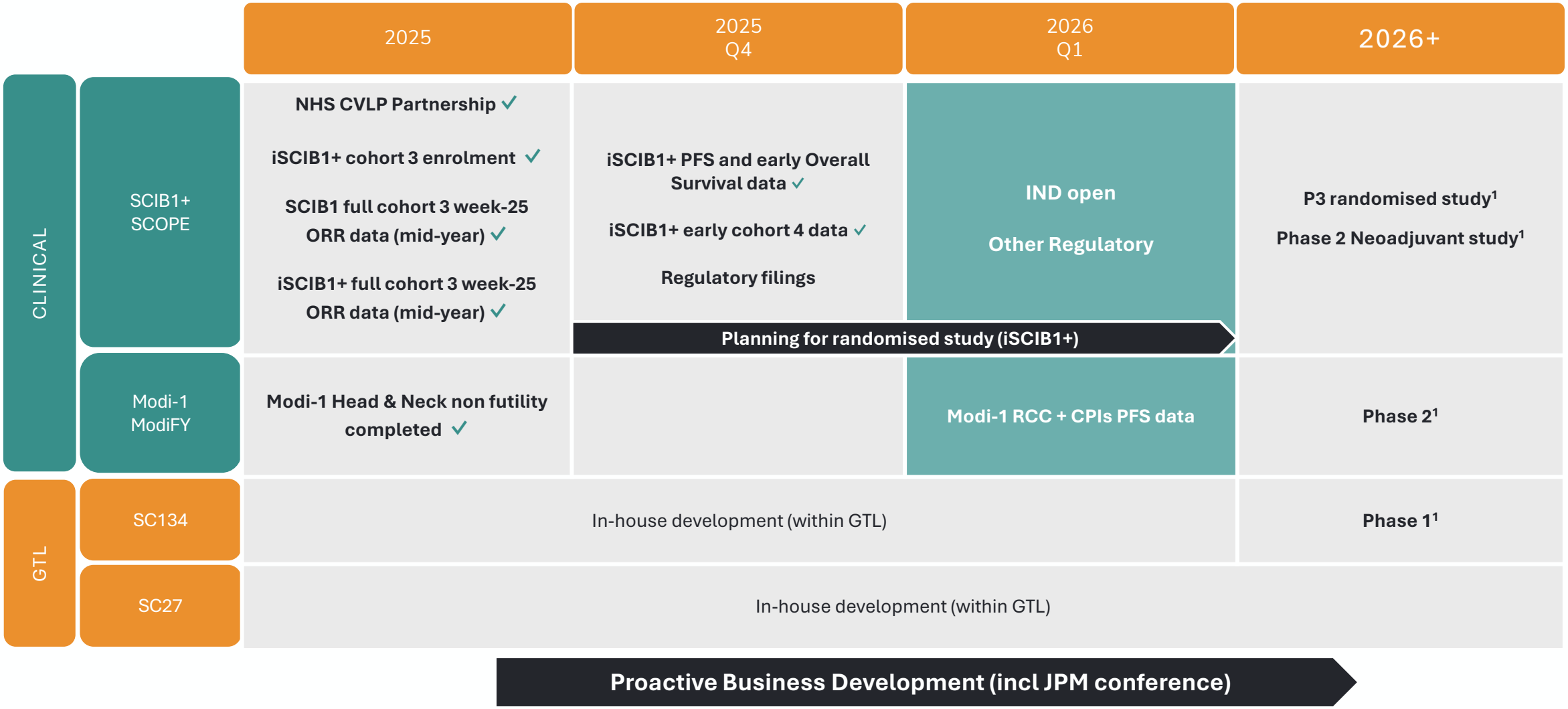
PROGRAM	CURRENT PERSPECTIVES	POSITIVE ATTRIBUTES
iSCIB1+	• Melanoma is treated well with CPIs • Cancer vaccines – limited success to date • CPIs are becoming legacy pipeline for likes of Merck and BMS • Our data is starting to be viewed as positive • Some show interest in multi-tumour type vaccines • Important to demonstrate clinical benefit in a randomised clinical study	• Strong Phase 2 data emerging, well tolerated • Novel mechanism and platform • Understanding about how product works • Large unmet need (5th largest cancer) • Patient population defined • Earlier disease settings also an opportunity • With maturing of our data, increasingly viewed as positive

Scancell Outlook



SCANCELL DEVELOPMENT MILESTONES

MULTIPLE MILESTONES ACHIEVED WITH PHASE 3 PLANNING ON TRACK



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

iSCIB1+ READY FOR PHASE 3 DEVELOPMENT

Scalable manufacturing in place

- High quality formulation with long-term stability
- GMP manufacturing for late-stage development

Needle-free device license agreement secured

- Stratis® Intramuscular Needle Free Injector
- Covers development and commercial supply

Clinical Trial designs being finalised

- On track for US FDA regulatory filings soon

Future development will take in account timely development and shareholder value

iSCIB1+ READY TO REDEFINE STANDARD OF CARE IN ADVANCED MELANOMA

The **prolonged progression free survival** demonstrates iSCIB1+ in combination with checkpoint inhibitors has **potential to redefine standard of care**. This therapy combination increases the number of advanced melanoma patients who would benefit and improves the duration of their clinical response versus equivalent timepoints with checkpoint inhibition alone, thus representing **an important step forward for patient outcomes**

Dr Heather Shaw

Lead for the Medical Oncology Skin Cancer Service at University College London Hospital
Principal investigator of the SCOPE trial at Mount Vernon Cancer Centre

Thank you for listening
Q&A session