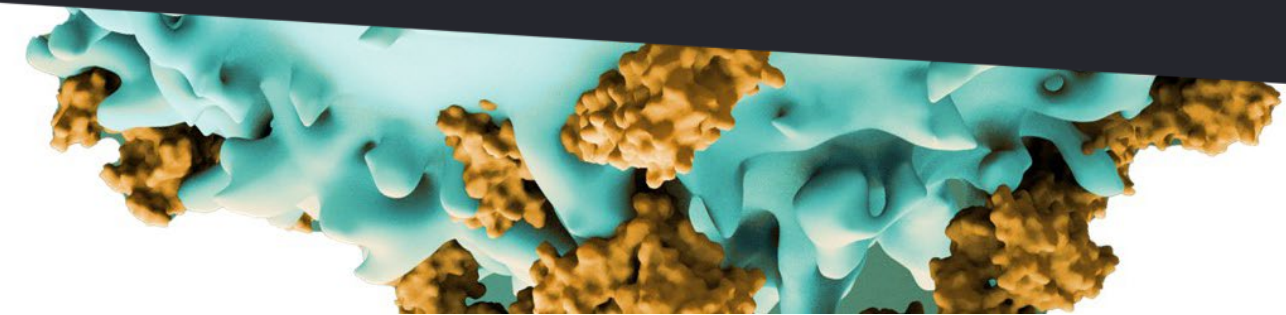
SCANCELL

Transforming Cancer Care
Active Immunotherapy for a Cancer Free Future

FY 2026 Interim Results

29th January 2026



DISCLAIMER

For the purposes of this disclaimer, this “presentation” shall mean and include the slides that follow, the oral presentation of the slides by Scancell Holdings plc (the “Company”) or any person on its behalf, any question-and-answer session that follows the oral presentation, hard copies (including downloaded copies) of this document and any materials distributed in connection with this presentation.

No undertaking, representation, warranty or other assurance, express or implied, is made or given or purported to be given by or on behalf of the “Company”, any of its subsidiaries and subsidiary undertakings (together with the Company, the “Group”) or any of such entities' respective directors, officers, members, employees, agents or advisers (together, the “Representatives”) or any other person as to the accuracy, completeness or fairness of the information or opinions contained in this presentation and (save in the case of fraud) no responsibility or liability (whether in negligence or otherwise) whatsoever is accepted by any of them for any loss howsoever arising from any use of this presentation or its contents or otherwise arising in connection with it.

This presentation is for information purposes only and does not constitute or form part of an offer or invitation to sell or issue, or any solicitation of any offer to subscribe for, any securities in the Company nor shall any part of it nor the fact of its distribution form the basis of, or be relied on in connection with, any contract, investment decision or transaction in the securities of the Company.
This presentation includes or implies statements or information that are, or may deemed to be, "forward-looking statements". These forward-looking statements may use forward-looking terminology, including the terms "believes", "estimates", "anticipates", "expects", "intends", "may", "will" or "should", but are not the exclusive means of identifying such statements. By their nature, forward-looking statements involve risks and uncertainties and recipients are cautioned that any such forward-looking statements are not guarantees of future performance.

There are a number of factors that could cause actual results or developments to differ materially from those expressed or implied by these forward-looking statements and they are subject to significant known and unknown risks and uncertainties (in particular there can be no guarantee that any of the Group's drug candidates will be approved for sale in any market, that any approvals which are obtained will be obtained at any particular time, or that the sales of products marketed or otherwise commercialised by the Group and/or its collaboration partners will achieve any particular revenue or net income levels. As a result, the Group’s actual financial condition, results of operations and business and plans may differ materially from the plans, goals and expectations expressed or implied by these forward-looking statements. No representation or warranty is made as to the achievement or reasonableness of, and no reliance should be placed on, such forward-looking statements. The forward-looking statements contained in this presentation speak only as of the date of this presentation.

The Company undertakes no obligation to update or revise any information contained in this presentation, except as may be required by applicable law or regulation. Each member of the Group and each of their respective Representatives expressly disclaim any liability for any direct, indirect or consequential loss or damage (including, without limitation, loss of profit) suffered by any person as a result of any obligation or undertaking to disseminate any updates, revisions or corrections to any forward looking statements or other information contained in the presentation, including to reflect any change in the Company's or the Group's expectations with regard thereto, any new information or any change in events, conditions or circumstances on which any such statements are based, unless required to do so by law or any appropriate regulatory authority.
Nothing in this presentation is intended to be, or intended to be construed as, a profit forecast or a guide as to the performance, financial or otherwise (including as to future clinical data), of the Company or the Group whether in the current or any future financial year.

This presentation and its contents are confidential and should not be distributed, published or reproduced (in whole or in part) or disclosed by recipients to any other person.
Certain information in this presentation has been extracted from announcements made by the Company and this presentation is not a substitute for reading the Company’s announcements in full

INTERIM FINANCIALS KEY HIGHLIGHTS

REGISTRATIONAL P3 STUDY TO REDEFINE SoC IN ADVANCED MELANOMA

- iSCIB1+, a novel DNA active immunotherapy, has shown **best in class potential to redefine standard of care for first line unresectable melanoma**. This is a significant unmet need for patients with an addressable market of $3bn[1]
- iSCIB1+ demonstrates **progression free survival (PFS) of 74% at 16 months**, a strong 24% delta over historic controls. It has the **potential to more than double standard of care PFS with no potentiation of toxicity**.
- Clinical data is supported by **strong translational package data** showing **iSCIB1+ specific memory T-cell responses**
- **iSCIB1+ a differentiated therapy** overcoming predecessor therapy challenges & **with clinical monotherapy efficacy**
- Commercial buildings blocks in place with **strong patent protection through to 2041**
- US FDA IND Clearance received supporting registrational Phase 3 study planned in 2026. Potential commercialisation in 2029
- Additional pipeline assets, Modi-1 and GlyMab Therapeutics have clinical and commercial validation providing additional value inflection points
- Actively evaluating partnering and financing options to proceed with development

1. Management Estimate

SCANCELL PIPELINE

LEAD ASSET READY FOR REGISTRATIONAL STUDY

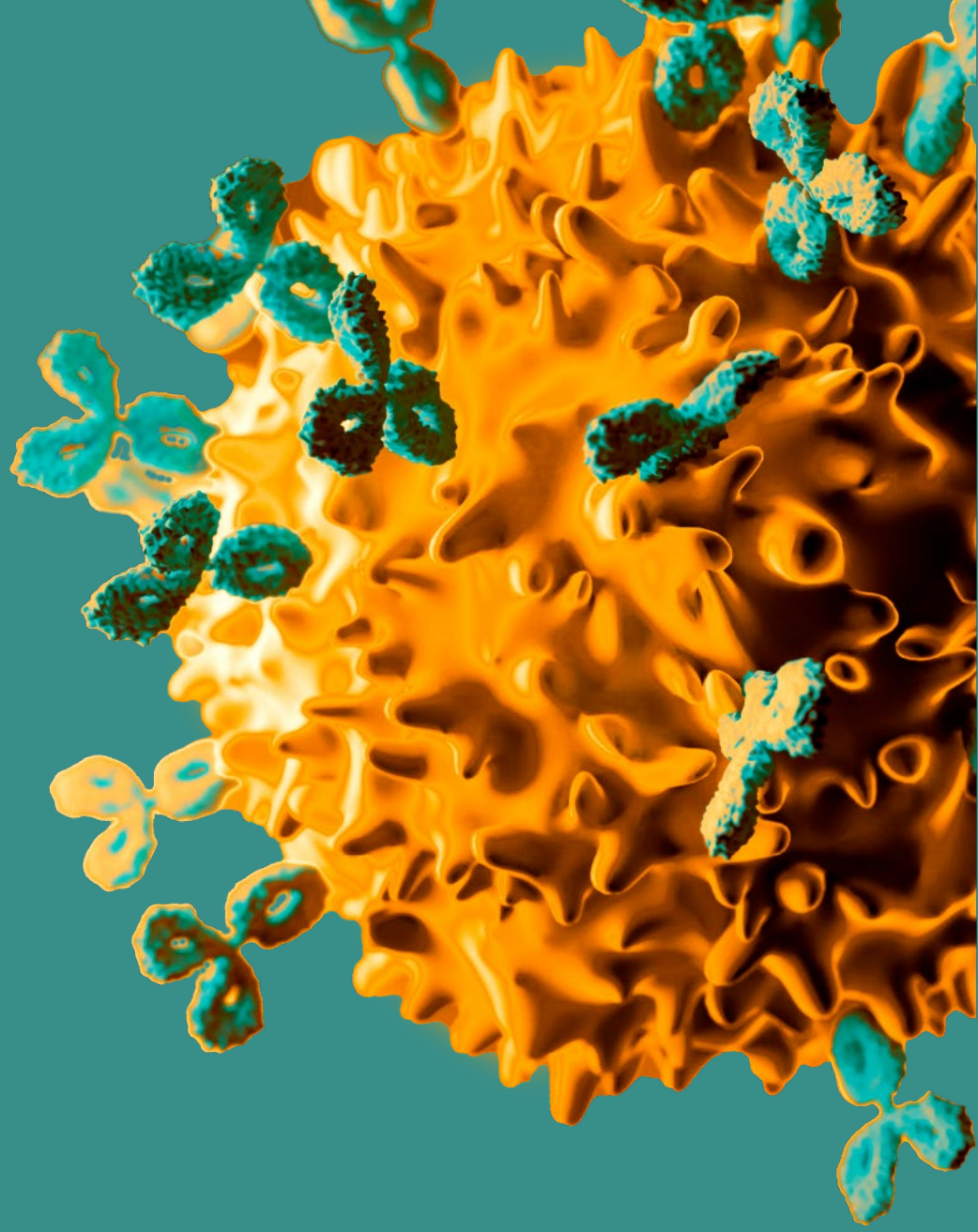
	Product	Indication	Therapy Type	Preclinical	Phase I	Phase II	Phase III	Milestones
Scancell Clinical	SCIB1	Adjuvant Melanoma	Monotherapy					Complete
	SCIB1/ iSCIB1+ **(SCOPE study)**	Advanced Melanoma	Combination with CPIs[1]				PHASE 3[2]	**Phase 3 start mid-2026**
	SCIB2	Non small cell lung cancer	-					
	Modi-1	Multiple	Monotherapy					Complete
	Modi-1 **(ModiFY study)**	Head & Neck and Renal	Combination with CPIs[1]					PFS data in 2026
Partnered	SC129	Solid Tumours	-		Genmab			Development on track
	SC2811	Solid Tumours	-		Genmab			Development on track
GlyMab Tx	SC134	SCLC	-					
	SC27	Various	-					

1.Checkpoint inhibitors (CPIs) ipilimumab + nivolumab or pembrolizumab; 2. Subject to financing

SCANCELL

iSCIB1+

Redefining Standard of Care in Advanced Melanoma



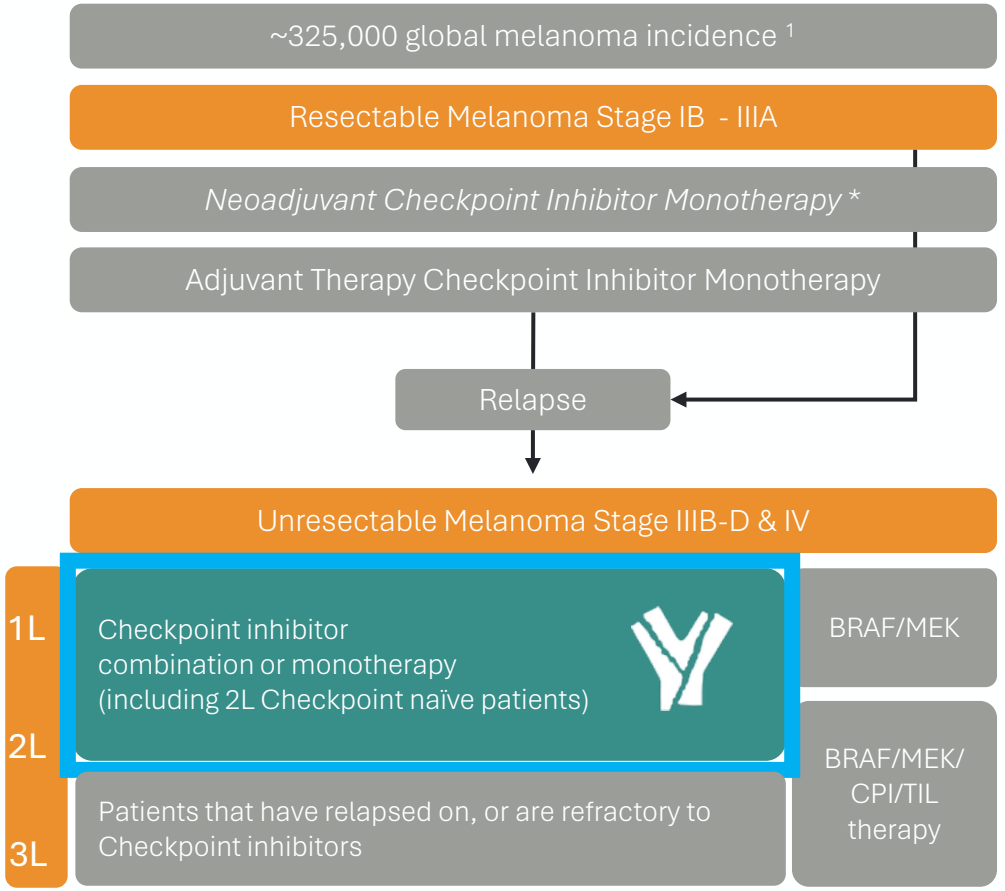
ISCIB1+ HAS THE POTENTIAL TO CREATE A NEW STANDARD OF CARE FOR MELANOMA

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

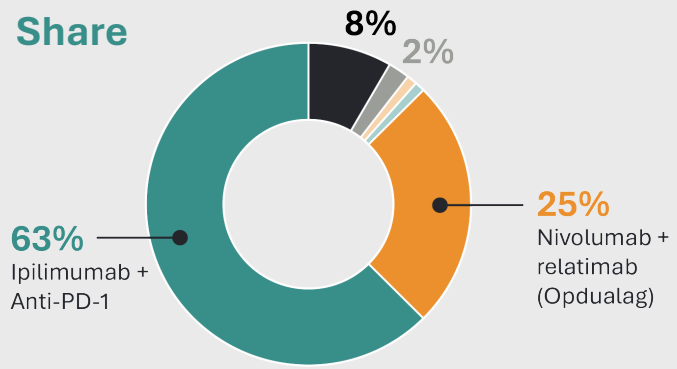
Approved Therapies

Pembrolizumab (Keytruda)

Ipilimumab (Yervoy) plus Nivolumab (Opdivo)

Relatimab (Opdualag)

US Market Share



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

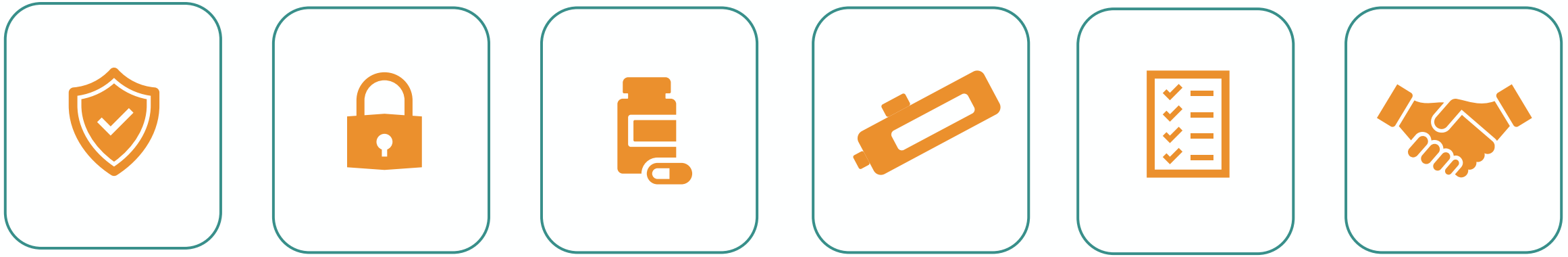
Source: Leerink market survey Nov 25 Chang et al

SCANCELL

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

COMMERCIAL BUILDING BLOCKS IN PLACE

ADVANCING PLANNING FOR PHASE 3 DEVELOPMENT

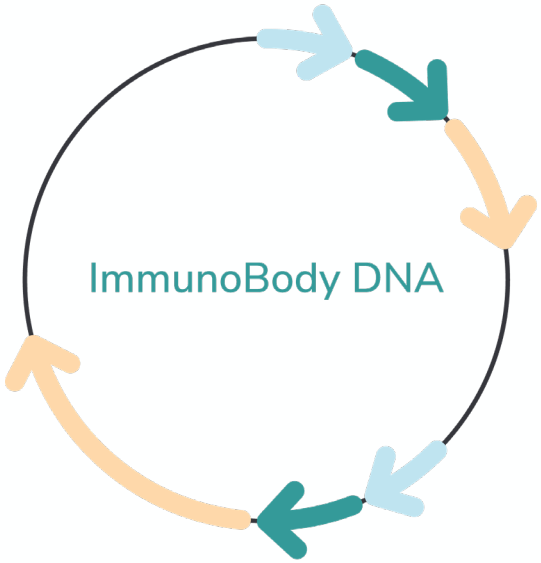


PRODUCT	IP	MANUFACTURING	DELIVERY	REGULATORY	COMMERCIAL
Meaningful Clinical benefit Excellent safety profile	Strong global IP 2041	Off the shelf Scalable process with long stability	Needle-free Convenient for patients	Regulatory support **US FDA Clearence** MHRA EMA	Partnering for seamless registration & commercialisation

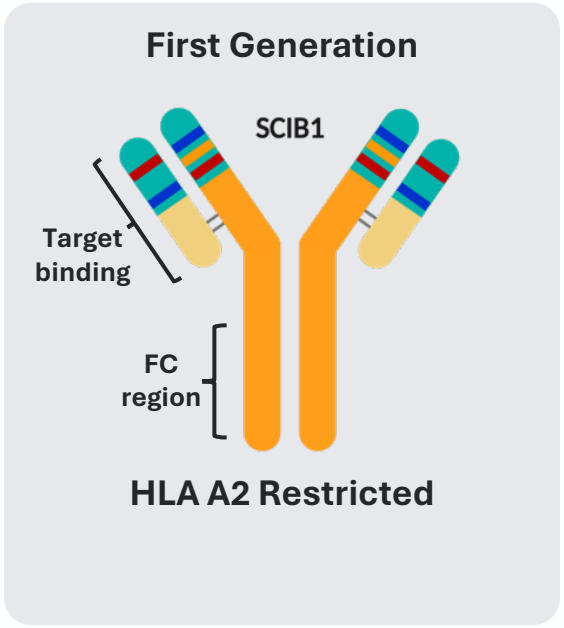
Clear pathway to potential commercialisation in 2029

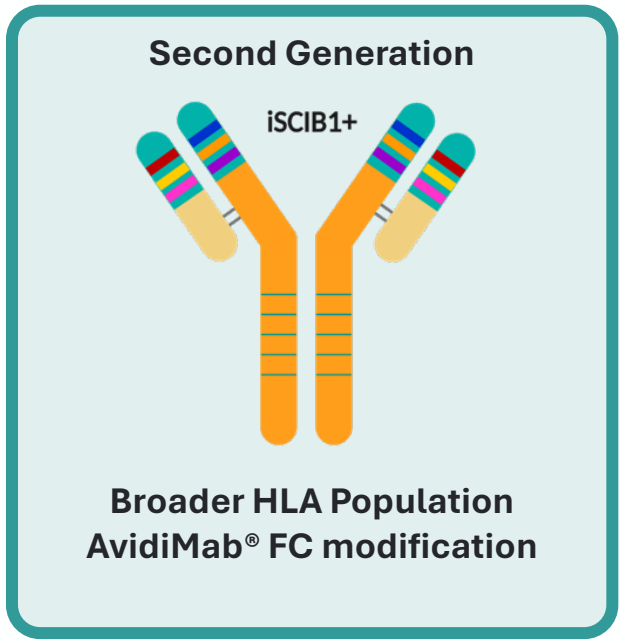
SCANCELL

iSCIB1+ IS A DNA IMMUNOBODY® WITH A NOVEL MECHANISM OF ACTION



Delivered Needle-Free into patients





- **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+ **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 2041**

iSCIB1+ IS A DIFFERENTIATED IMMUNOTHERAPY FOR MELANOMA

Compelling Science

Targeting known Melanoma specific targets: GP100 & TRP-2
→ overcoming weak or wrong antigens
Target activated dendritic cells in-vivo
→ overcoming inadequate immune system priming
Non-personalised approach
→ scalable and cost-effective manufacturing

Clinical Validation

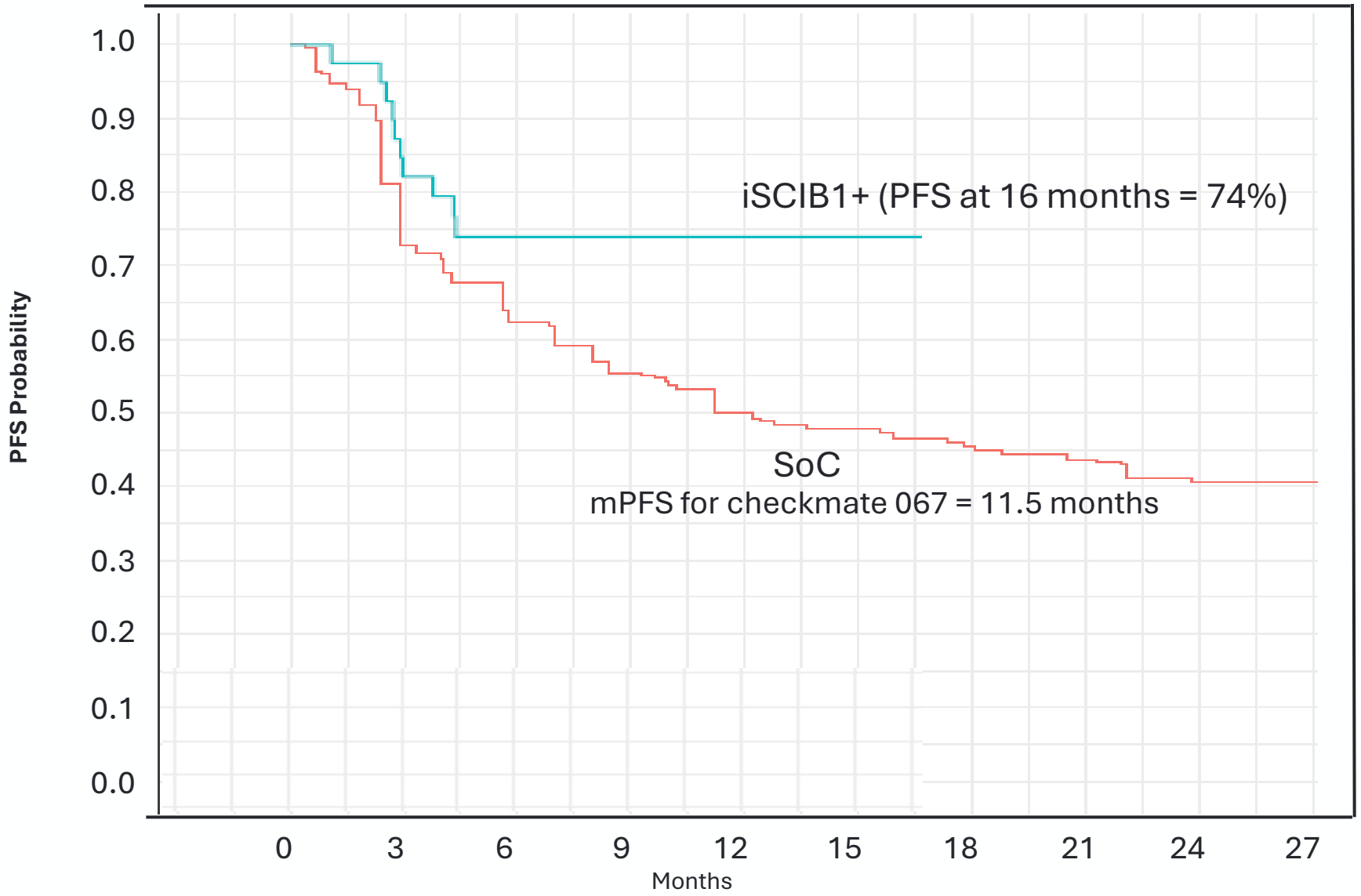
Demonstrated Monotherapy Activity
→ known single agent efficacy and favourable safety
Combination with standard of care therapy
→ redefines standard of care for Advanced Melanoma
US FDA IND clearance with surrogate endpoint of PFS
→ overcoming predecessor challenges with a clearly defined path forward
Identified Biomarker
→ Allows patient selection for responders, derisking development

Commercial Potential

Potential for use in NeoAdjuvant/Adjuvant or even preventative setting
→ expanding market potential for iSCIB1+ given favourable safety
Near-term commercialisation opportunity (2029)
→ with regulatory approval for development already received

iSCIB1+: PFS in target HLA population against historic controls

STRONG DELTA OVER IPILIMUMAB AND NIVOLUMAB FROM CHECKMATE 067



- **iSCIB1+ showing 24% delta over median PFS for SoC** (ipi/nivo, Checkmate 067)
- In Checkmate 067, at 24 months ipi+nivo reported a 6% delta over nivo alone
- **Interim overall survival improvement emerging positively** vs benchmarks (SCIB1 currently 16% improvement)

PHASE 3 DOUBLE BLINDED RANDOMISED ADAPTIVE REGISTRATIONAL STUDY

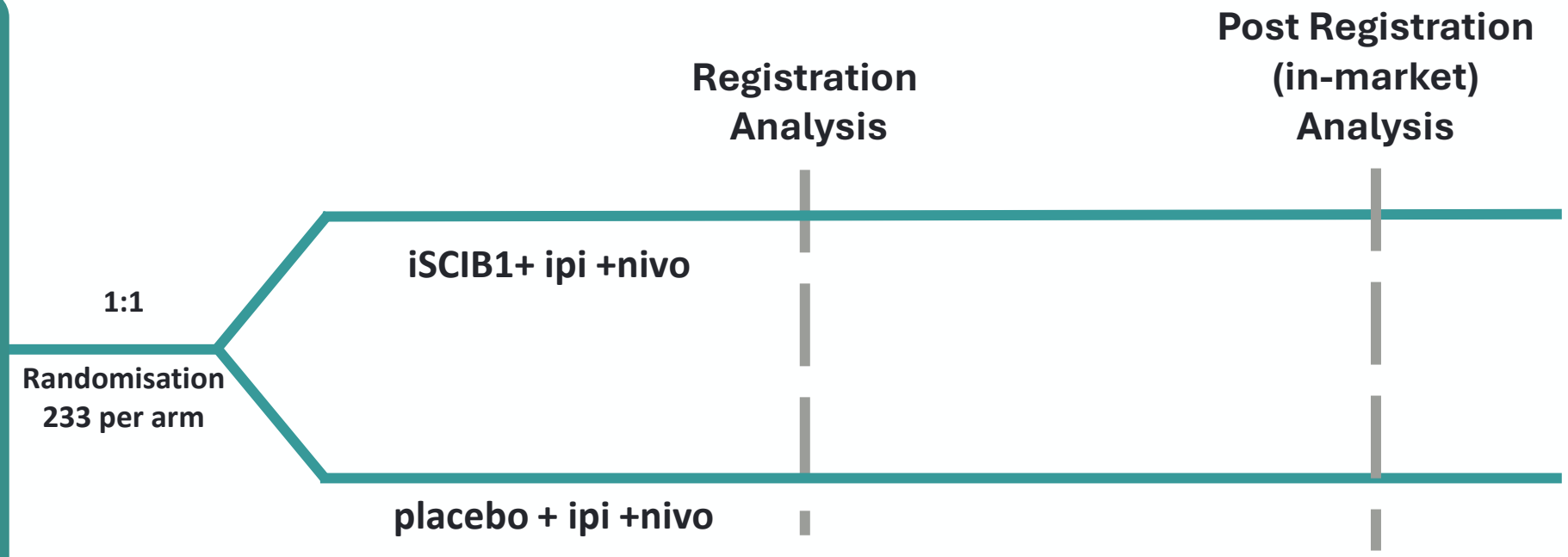
INDICATIVE PLAN

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

RISK MITIGATION ON STUDY DESIGN

- Phase 2 was a translation study to determine parameters for Phase 3
- Statistical power modelled on conservative delta from Phase 2
- Adaptive design included to enable size increase
- Detailed assessment of patient characteristics vs historic SoC studies (Checkmate 067) and real world current studies

- Market risk mitigation
- Two studies (metastatic disease and neoadjuvant study)
- Monotherapy arm, building on monotherapy data and development in combination with CPI (mechanistically synergistic agents)

REGULATORY STRATEGY WITH POSITIVE MOMENTUM

FDA – IND cleared 23 Jan 2026

- 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) – provided and completed ✓
  - Agreed no requirement for a DART study and acceptance on non-clinical ✓

IND granted with surrogate primary endpoint (Accelerated Approval)

MHRA & EMA

- Scientific reviews also completed
- Good alignment with FDA perspectives

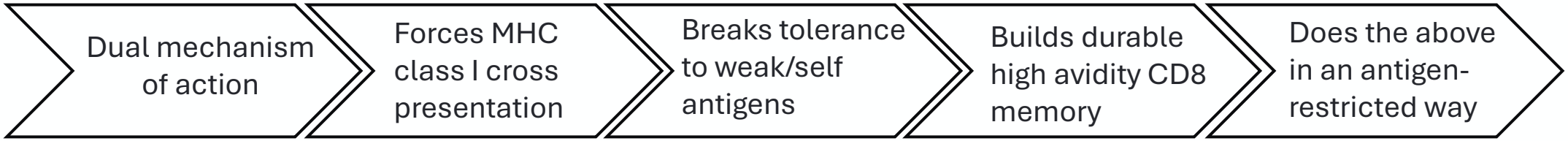
Breakthrough designation in preparation

Additional regulatory approvals in preparation

CTA near-complete

VALIDATED IMMUNOBODY PLATFORM EXPANSION TO ADDITIONAL CANCERS

T-CELL REPROGRAMMING PLATFORM



ImmunoBody Platform

		INDICATION	PRE-CLINICAL	PHASE I	PHASE II	PHASE III	MILESTONES
SCIB1	Monotherapy	Adjuvant melanoma					**Complete**
iSCIB1+	Combination with CPIs*	Advanced melanoma				Randomised P3 Neo/Adjuvant	**Additional clinical readouts H2-25** **Phase 3 start H2 26**
iSCIB2+	NY-ESO-1	Solid Tumours					
iSCIB3+	ND	Ovarian					
iSCIB4+	ND	PDAC, NSCLC, MSS CRC					

* Ipilimumab + nivolumab or pembrolizumab

Planned development subject to financing
Additional opportunity

SCANCELL

MULTIPLE MAJOR MARKETS TODAY & MAJOR POTENTIAL EXPANSION

Platform	Tumour	Current	Future
iSCIB1+	Melanoma	**1L Metastatic (registrational) ✓**	Neoadjuvant/Adjuvant Uveal, Acral, Mucosal
	Brain cancer		Glioblastoma
iSCIBx (ImmunoBody®)	Solid tumours		PDAC, Ovarian, CRC, others
Modi-1	HNSCC	**Phase 2 ✓**	Phase 2b/3
	RCC	**Phase 2 ✓**	Phase 2b/3
Antibodies GTL134TCAB	SCLC	**FIH 2027**	NSCLC
GTL27, SLAN	Solid tumours		Gastrointestinal, Ovarian, other

FINANCIAL HIGHLIGHTS

CASH RUNWAY TO H2 2026 WITH ADDITIONAL UPSIDE OPPORTUNITIES

Consolidated Statement of Comprehensive Loss (£m)	6 months 31 October 2025	6 months 31 October 2024
Revenue	**-**	**-**
Gross Profit	-	-
Development Expenses	(6.2m)	(8.0m)
Administrative Expenses	(2.7m)	(2.5m)
Operating Loss	**(8.9m)**	**(10.5m)**
Finance & Other Income/ (Expense)	2.1m	(3.3m)
Taxation	1.1m	1.3m
Loss for Year	**(5.7m)**	**(12.5m)**

Consolidated Position of Financial Position (£m)	31 October 2025	30 April 2025
Non-Current Assets	2.1m	2.5m
Cash & Cash Equivalents	8.6m	16.9m
Other Current Assets	4.7m	3.7m
Total Assets	**15.4m**	**23.1m**
CLNs & Derivative Liabilities	(20.3m)	(23.2m)
Other Liabilities	(3.5m)	(3.7m)
Net Liabilities	**(8.4m)**	**(3.8m)**

- Additional Genmab milestones anticipated in 2026. Most recent revenue recognised in 6 months to 30 April 2025.
- Development Expenses focussed on SCOPE completion and Phase 3 preparation.
- Administrative Expenses remain controlled with increase due to non-cash share-based payment expense.
- Cash & Cash Equivalents of £8.6m with £3.0m tax credits received post-period. Cash runway remains to H2 2026 with upside opportunities.
- £1m early partial redemption of convertible loan notes during period. Maturity remains August and November 2027.
- GlyMab Therapeutics Limited incorporated during period to hold in-house antibody portfolio and provide strategic optionality for development.

SCANCELL DEVELOPMENT MILESTONES

MULTIPLE NEAR-TERM MILESTONES

	Product	H1 2026	H2 2026
Scancell Clinical	**iSCIB1+**	US FDA IND Clearance ✓ US Fast Track Application UK, EMA and other Regulatory clearances	Build US clinical capabilities **P3 Registrational Study Initiation[1]**
Scancell Clinical	**Modi-1**	PFS data in Head & Neck PFS in Renal Cell Carcinoma with CPIs	
Partnered	**SC129 / SC2811**		Additional development milestones
GlyMab Tx	**SC134, SC27 and SLAN**	Business development with novel TCAB Antibody discovery activity	

1. Subject to financing or partnering

Q&A